Case Report

A rare case of subhyaloid haemorrhage in pregnancy induced hypertension treated successfully with ophthalmologic intervention

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Abstract

Pregnancy induced hypertension can be defined as blood pressure > or = 140/90mmhg after 20 weeks of pregnancy (1). It occurs in approximately 5% of pregnant females (2). Ocular involvement ranges from mild blurring of vision to complete blindness due to retinal detachment and visual cortex ischemia. Presenting a rare case of sudden diminution of vision due to pregnancy induced hypertension with complete recovery following ophthalmological intervention rather than obstetric.
Keywords: Pregnancy induced hypertension, subhyaloid hemorrhage, subhyaloidectomy.

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INTRODUCTION

Pregnancy induced hypertension, which can affect almost every organ system of the body, has potentially devastating consequences for both mother and baby[3]. The most common ocular complaint is visual blurring (amaurosis fugax); however, other symptoms have also been noted, including photopsias, scotomas and diplopia[4]. Total visual recovery is frequent and parallels the resolution of oedema[4]. Progression of retinal changes correlates with progression of PIH and foetal mortality due to similar vascular ischaemic changes in placenta.[7]

CASE REPORT

A 36 year old female with 36 weeks of amenorrhoea was referred to Ophthalmology department with a history of diminution of vision in the left eye for 8 hours. The diminution of vision was sudden in onset and was associated with a reddish hue in front of the left eye. The diminution was not associated with pain. There was no history of any ocular trauma. The patient was diagnosed of having pre-eclampsia and was on tablet amlodipin 5mg OD. The blood pressure at the time of examination was 150/90mmHg. The patient was Gravida 3, Para 2, Living 1, Abortion 1. She had taken all the ANC care. She was a known case of pre-eclampsia in current pregnancy with no evidence of the disease in previous pregnancies. On examination the vision in the right eye was 6/9 and that in the left eye was finger counting close to face. The anterior segment findings in both eyes were within normal limits. On dilated fundus examination the right eye fundus was normal while in the left eye a subhyaloid haemorrhage was noted adjacent to the disc on the temporal side involving macula. It was associated with macular oedema.

Figure 1: Fundus photograph showing subhyaloid hemorrhage involving macula

OCT showed raised area suggestive of subhyaloid hemorrhage.

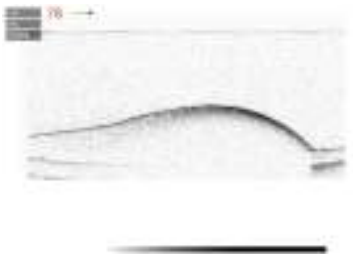

Figure 2: Fundus photograph showing subhyaloid haemorrhage involving macula

The patient was started with nepafenac eye drops three times a day. A laser subhyaloidectomy was done but there was no resolution of the hemorrhage. Vitrectomy was done with peeling of the epiretinal membrane. The vision improved to 6/9 after treatment.

Figure 3: Showing reduced subhyaloid haemorrhage and macular oedema

DISCUSSION

The history and examination of the patient revealed that the sudden diminution of vision was due to subhyaloid hemorrhage due to pregnancy induced hypertension. Pregnancy induced hypertension can lead not only to diminution of vision but total loss of vision can also occur due to grave consequences like retinal detachment[5]. Vision can very well be restored to a considerable extent if treated earlier as in this case. Generally it is the obstetric intervention that restores the vision as delivering the baby or medical management of hypertension but in this case vision did not improve even after delivery of the baby making vitrectomy with epiretinal membrane peeling necessary for restoration of vision.

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