

MR teaching

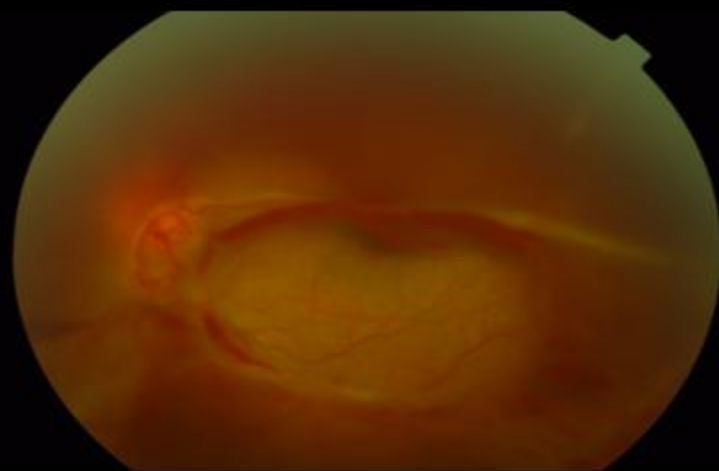
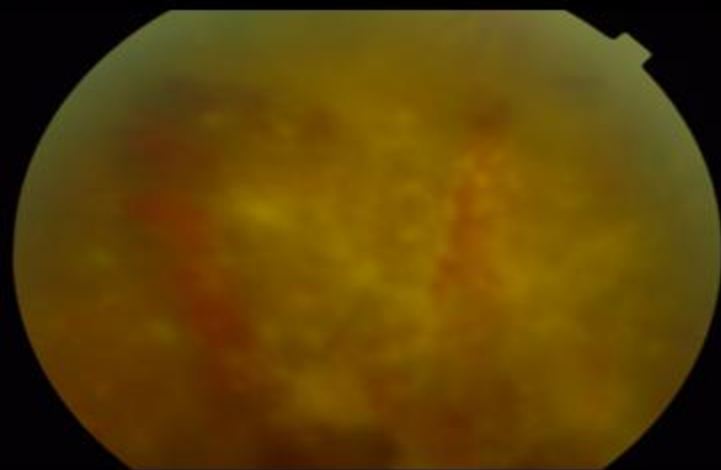
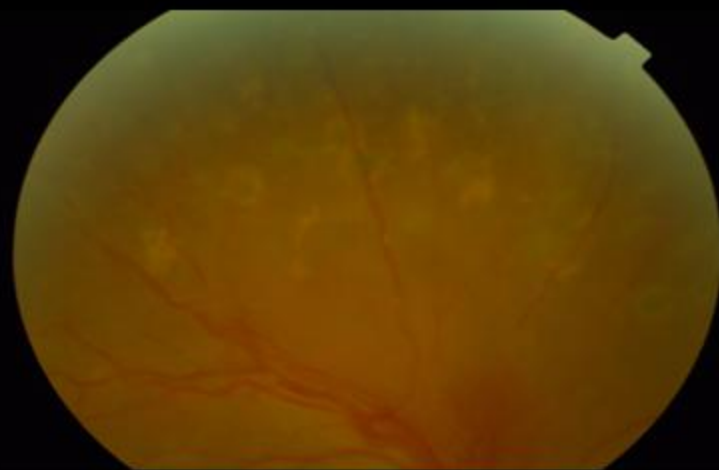
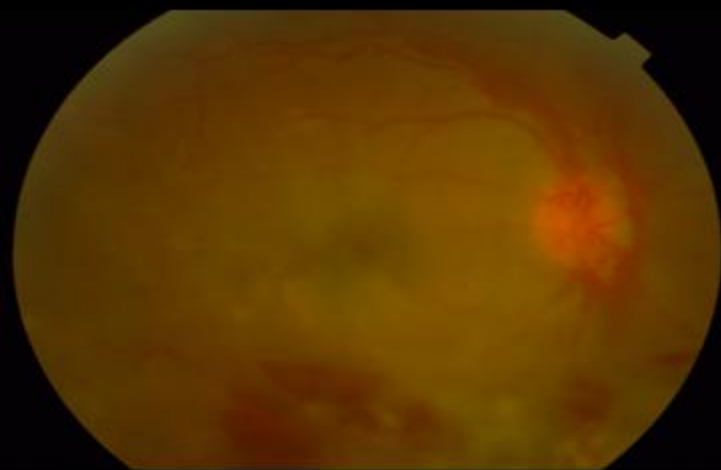
Saruban Pasu

21/2/14

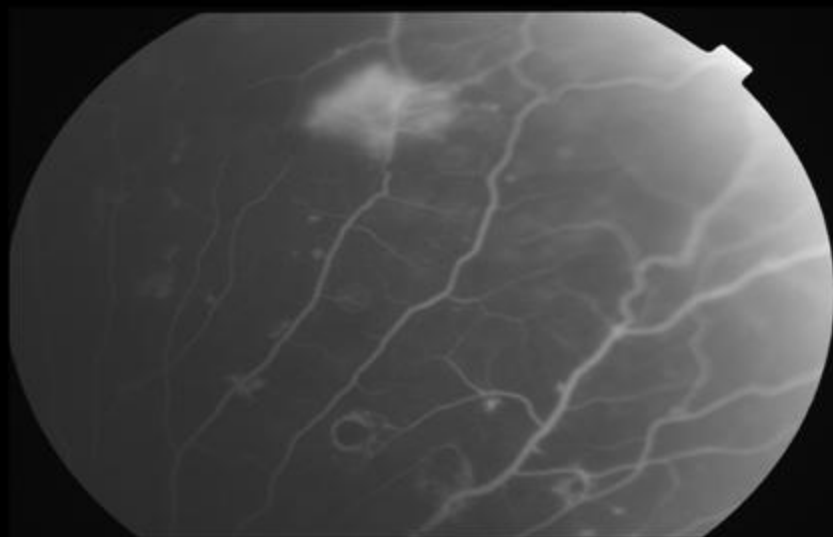
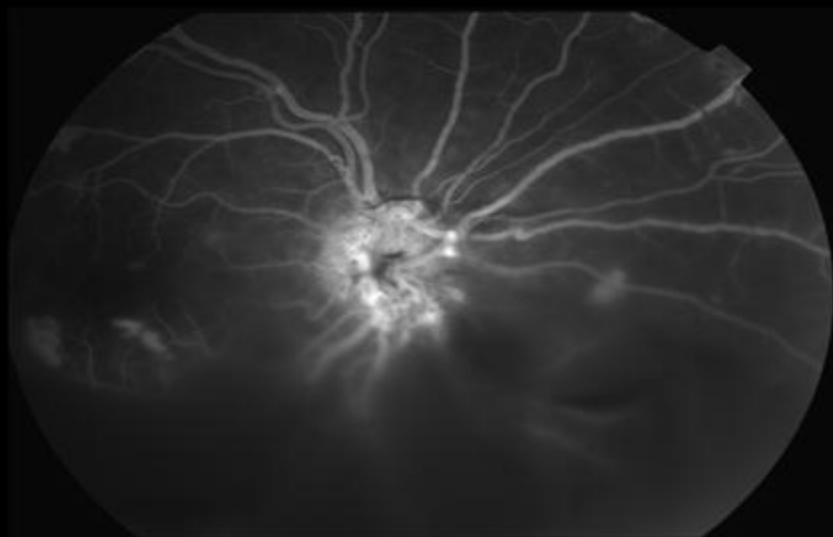
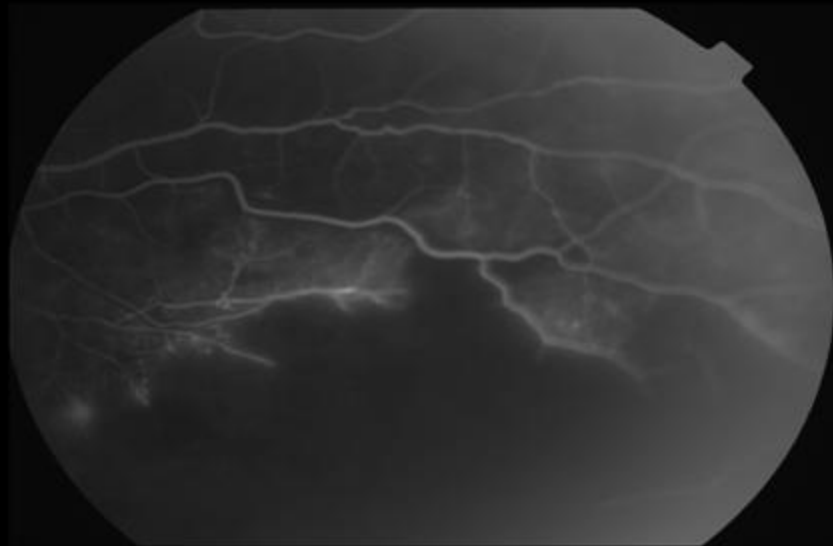
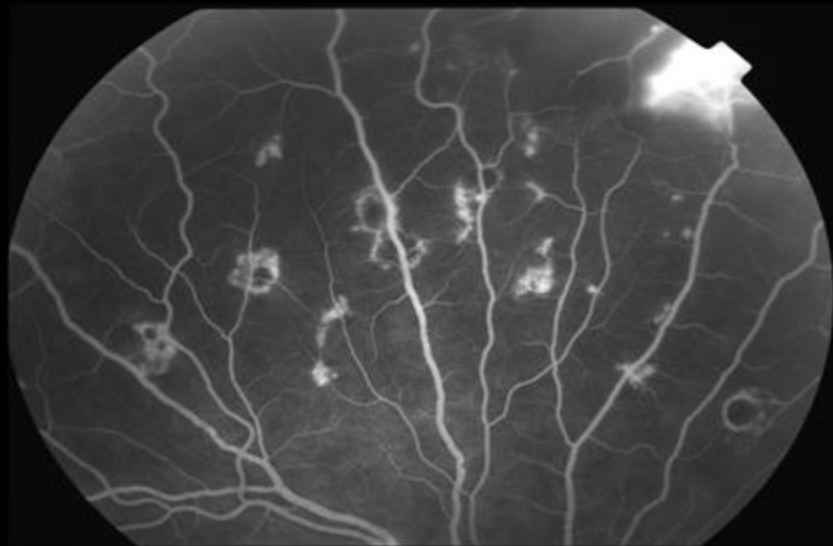
Eales disease

- Idiopathic inflammatory venous occlusion
 - Perivascular phlebitis
 - Peripheral nonperfusion
 - Neovascularisation
- Vision loss is due to sequelae of recurrent VH

Colour Pictures



FFA



- Healthy males 20-30s
- Floaters and reduced vision due to VH
- 50-90% develop bilateral involvement

Retinal phlebitis

- Mid peripheral venous dilation
- Perivascular exudates
- Superficial retinal haemorrhages

Peripheral nonperfusion

- Junction between perfused and nonperfused is sharply demarcated
 - Micro-aneurysms
 - Shunts
 - Beading
 - Exudates
 - Cotton wool spots

Neovascularisation

- NVD or NVE
- Likely to lead to recurrent VH
 - Old blood
 - Fibrous organisation
 - Tractional retinal detachment

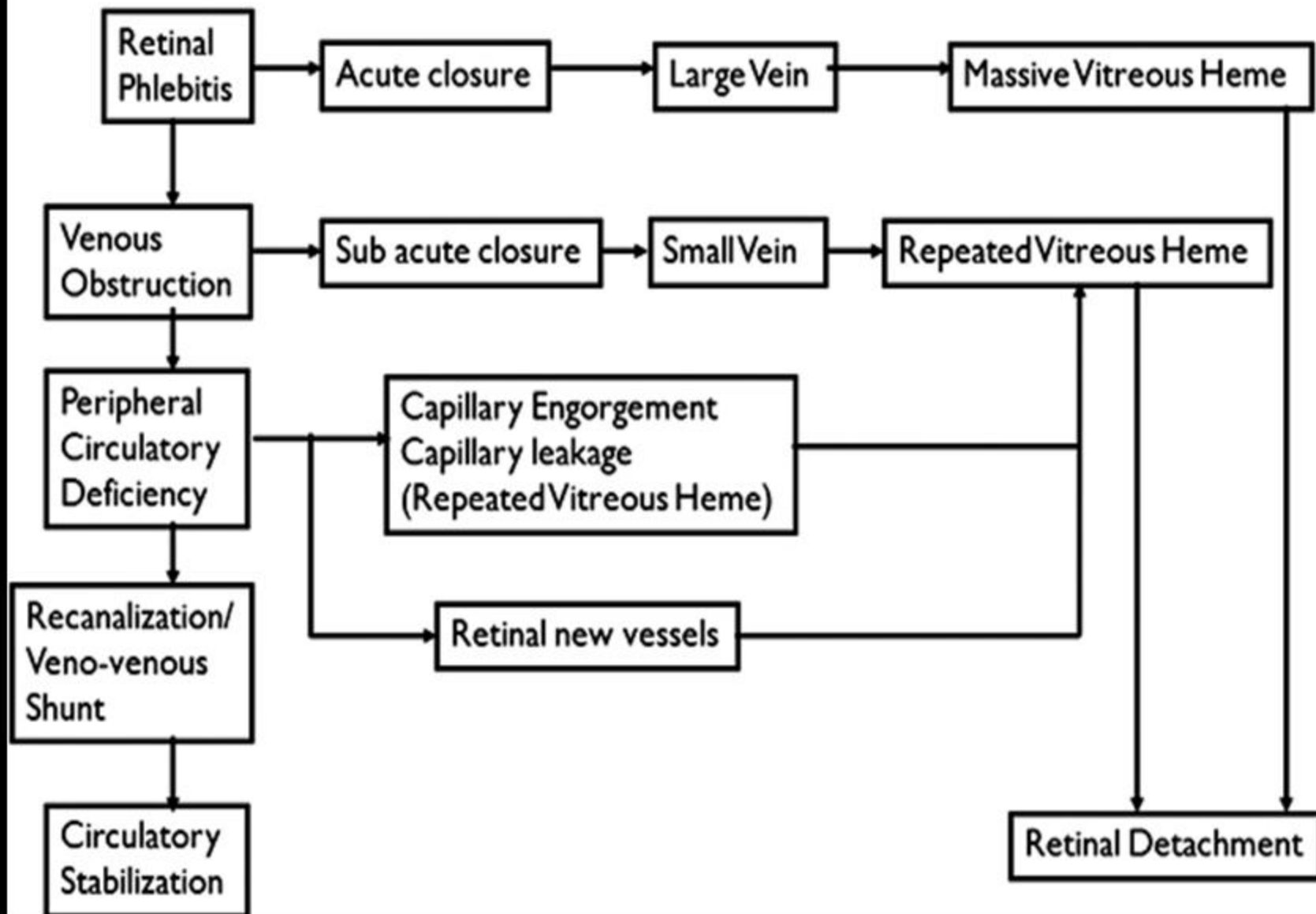
FFA

- Active vasculitis
 - staining of vessel wall or frank extravasation
- Venous stasis
 - engorged tortuous veins distal to obstruction
 - Engorged capillary bed
- NV
 - Leakage and late staining stop after resolution of venous inflammation

Natural History

- Variable remission VS total blindness
- NV is cause of recurrent VH
- NV can regress spontaneously replaced by glial tissue
 - TRD

Natural History



Retinal vasculitis mimicking Eales

- Systemic
 - Leukaemia
 - Lyme
 - MS
 - Sacroid
 - Syphilis
 - SLE
 - Toxo
 - TB
 - Wegners
- Ocular
 - Behcets
 - Birdshot
 - Coats
 - Par planitis
 - Viral retinitis

Proliferative vascular retinopathy mimicking Eales

- Systemic

- Diabetes
- Sarcoid
- Sickle

Ocular

- BRVO
- CRVO
- Coats disease
- Pars planitis
- ROP

Treatment

- Steroids
 - Oral VS periocular VS intravitreal
- Anti VEGF therapy as a adjunct (case series only)
- PRP
 - Full VS segmental
- Vitrectomy
 - Unresolved VH /TRD