

Case Report

Central Serous Retinopathy in A Male Patient with Takayasu Disease – A Rare Presentation

Sharmeen Akram, Azam Ali, Khabir Ahmad

Pak J Ophthalmol 2010, Vol. 26 No. 4

.....
See end of article for
authors affiliations

.....
Correspondence to:
Section of Ophthalmology
Department of Surgery
Aga Khan University, Karachi

Received for publication
June' 2010
.....

Takayasu disease is a rare large and medium vessel arteritis. It was reported by Dr Mikito Takayasu in 1908. It is more common in Asia especially in Japan where about 150 cases are reported per year¹. The disease is reported all over the world with an incidence of 2.6 per million / year. The disease is more common among females. The ophthalmic vascular changes of Takayasu arteritis are described in the literature²⁻⁸, and are related to hypoxic changes with involvement of the carotids and retinal artery stenosis. We report a rare atypical presentation of ocular Takayasu disease in a male patient which was successfully managed.

CASE REPORT

A 28-year-old male with known Takayasu disease presented to our eye clinic with a 6-month history of progressively worsening blurred vision in the left eye. On eye examination, his distant vision was 20/40 OD and 20/50 OS (uncorrected), corrected vision was 20/20 OD (-1 DS) and 20/25 OS (-1 DS). Anterior segments of both eyes were normal. The right eye posterior segment was normal while the left eye

posterior segment showed macular edema. Fundus fluorescence angiography revealed central serous retinopathy (Fig 1 and 2). He responded well to intravitreal Ranibizumab and Argon Laser (Fig 3 and 4) with a vision returning to 20/25 unaided over a 9 month period.

DISCUSSION

Takayasu disease rarely affects males as it is more common in young females. In addition, Takayasu retinopathy has various modes of presentation which are mainly caused by hypoxia resulting in microaneurysms, ischemia, optic neuropathy or secondary to hypertensive changes. Our case showed none of these changes instead the patient presented with a normal retinal vasculature with macular edema resulting from central serous retinopathy (CSR) which responded to the standard treatment. Causes of CSR are not well-established yet. However it is thought to be due to retinal pigment epithelial insult, or leakage from choriocapillaries. Also neurosensory detachment are known to occur in patients on long term corticosteroids following organ transplants. The relationship

between Takayasu disease and CSR is not established in the literature and in our case, this presentation could be related to long term corticosteroids or may be associated or unassociated to the Takayasu disease.

Author's affiliation

Sharmeen Akram
Section of Ophthalmology
Department of Surgery
Aga Khan University, Karachi

Azam Ali
Section of Ophthalmology
Department of Surgery
Aga Khan University
Karachi

Khabir Ahmad
Section of Ophthalmology
Department of Surgery
Aga Khan University
Karachi

REFERENCE

1. **Koide K.** Takayasu arteritis in Japan. *Heart and Vessels.* 1992; 7: 48-54.
2. **Demir MN, Hazirolan D, Altiparmak UE, et al.** Takayasu's disease and secondary ocular ischemic syndrome. *J Pediatr Ophthalmol Strabismus.* 2010; 47: 54-7.
3. **Koz OG, Ates A, Numan Alp M, et al.** Bilateral ocular ischemic syndrome as an initial manifestation of Takayasu's arteritis associated with carotid steal syndrome. *Rheumatol Int.* 2007; 27: 299-302.
4. **Kaliaperumal S, Gupta A, Sengupta S, et al.** Unilateral hemorrhagic keratouveitis as the initial presentation of Takayasu's arteritis. *Indian J Ophthalmol.* 2007; 55: 397-8.
5. **Vedantham V, Ratnagiri PK, Ramasamy K.** Hypotensive retinopathy in Takayasu's arteritis. *Ophthalmic Surg Lasers Imaging.* 2005; 36: 240-4.
6. **Kaushik S, Gupta A, Gupta V, et al.** Retinal arterial occlusion in Takayasu's arteritis. *Indian J Ophthalmol.* 2005; 53: 194-6.
7. **Rodriguez-Hurtado FJ, Sabio JM, et al.** Ocular involvement in Takayasu's arteritis: response to cyclophosphamide therapy. *Eur J Med Res.* 2002; 7: 128-30.
8. **Karam EZ, Muci-Mendoza R, Hedges TR.** 3rd. Retinal findings in Takayasu's arteritis. *Acta Ophthalmol Scand.* 1999; 77: 209-13.