Images in Medicine

Valsalva retinopathy

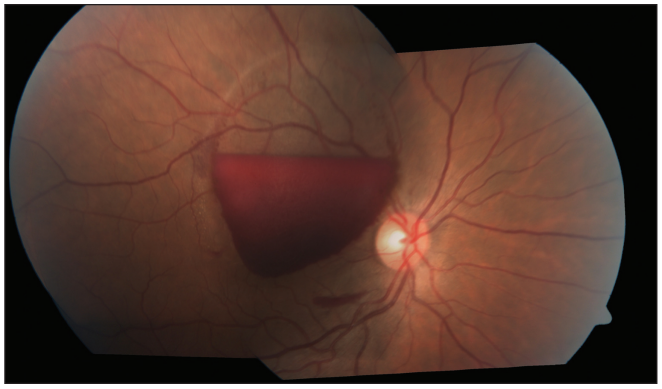

FIG 1. The right fundus shows a large boat-shaped haemorrhage obscuring the fovea

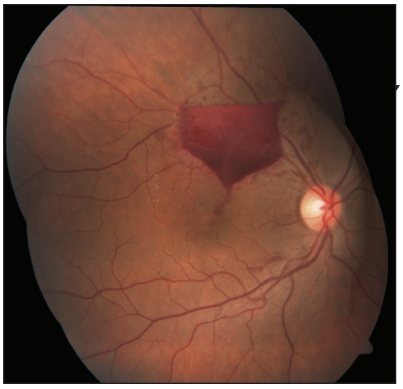

FIG 2. One month after presentation the size of the haemorrhage decreased, the fovea became visible and the vision improved

A 36-year-old woman presented to us with sudden onset, painless diminution of vision in the right eye after a bout of vomiting. Her visual acuity was 2/60 in the right eye, and 6/6 in the left eye. Examination of the left eye was normal. The fundus of the right eye showed bright red haemorrhage, obscuring retinal vessels, with a sharp horizontal upper border (Fig. 1). A diagnosis of valsalva retinopathy resulting in preretinal (sub-internal limiting membrane) haemorrhage was made. Blood pressure, complete blood counts, fasting blood sugar and coagulation profile were normal. Within one month the haemorrhage receded from the fovea of the right eye and the patient regained 6/6 vision (Fig. 2). Valsalva retinopathy typically results after a sudden bout of increased intrathoracic pressure. It typically resolves with time, with gain of normal vision. The differential diagnoses include diabetic retinopathy, aplastic anaemia, leukaemia, trauma, retinal artery macroaneurysm, subarachnoid haemorrhage (Terson syndrome), sickle cell disease and shaken baby syndrome. Most such cases can be managed by observation, propped up position and stoppage of anticoagulants, if any. However, poor vision in the other eye or professional demand may require laser procedures such as Nd-YAG hyaloidotomy or vitrectomy.

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