Brief summary of the literature

David J. Browning MD, PhD

Patchy ischemic retinal whitening describes faint macular ischemic whitening in a perivenular distribution found in acute nonischemic central retinal vein occlusion (CRVO), usually found in younger patients. It is associated with relative scotomas, with cilioretinal artery insufficiency in approximately 50% of cases, and usually resolves in 3-6 weeks with incomplete resolution of the scotomas. The fluorescein angiogram is typically unremarkable. OCT has revealed paracentral acute middle maculopathy correlating with the ischemic whitening, mainly involving the inner nuclear layer of the retina, and particularly striking in the en face view. Laboratory workup is typically shows no abnormality. The prognosis is good, and no particular treatment is necessary, although serial monitoring is a good strategy to detect any unexpected deterioration.

Issues raised by the case

- The main clinical issue is recognition. In contrast to most cases of central retinal vein occlusion, there is a relative paucity of intraretinal hemorrhage, but venous dilation is typically evident. Patients are usually younger than the median age reported in large series of CRVO. This patient had no risk factors for CRVO, which is often the case. Blood pressure was normal. She was taking no medications.
- 2. The pathoanatomy and pathophysiology of PIRW and PAMM are controversial.

 The competing hypotheses are the serial and parallel conceptions of the intermediate and deep capillary plexuses in the inner retina. The serial hypothesis posits that the blood in the intermediate and deep plexuses is more deoxygenated because these plexuses are downstream of the superficial capillary plexus. The parallel hypothesis denies a serial anatomy and instead posits that the cells of the inner nuclear layer have higher oxygen demands and deplete intracapillary oxygen more than retinal cells of the ganglion cell layer surrounding the superficial plexus.

References

- 1. Browning DJ. Patchy ischemic retinal witening in acute central retinal vein occlusion. 2002; 109: 2154-9.
- 2. Rahimy E, et al. Paracentral acute middle maculopathy in nonischemic central retinal vein occlusion. Am J Ophthalmol. 2014; 158:372-80.
- 3. Fouquet S, et al. The 3D retinal capillary circulation in pigs reveals a predominantly serial organization. IOVS 2017; 58:5754-63.
- 4. McLeod D. Misery perfusion, diffusive oxygen shunting and interarterial watershed infarction underlie oxygenation-based hypoperfusion maculopathy. Am J Ophthalmol. 2019; 205:153-64.

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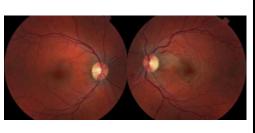
Patchy Ischemic Retinal Whitening

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9/3/2019 28 year woman with sudden blurring and a paracentral relative scotoma OS for 3 days

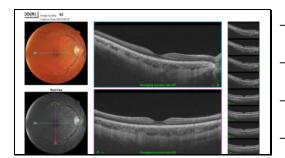
- Negative review of systems
 On no medications
 Denies drug use, OTC use, smoking
 Occasionally drinks alcohol
 No recent overseas travel
 BP 109/70
 VA 20/20 OU
 VIDP 15 OU
 Slit lamp normal OU
 Fundus as shown

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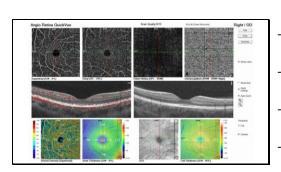
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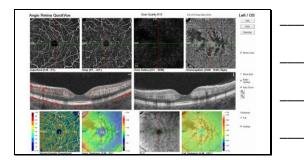
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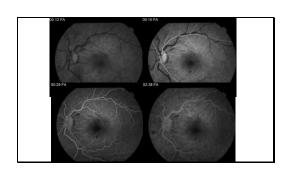
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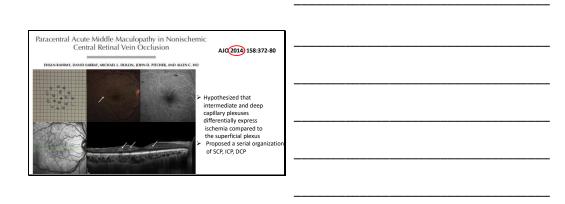
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What is your diagnosis?
What workup would you obtain?
What treatment would you
recommend?
What prognosis would you give her?

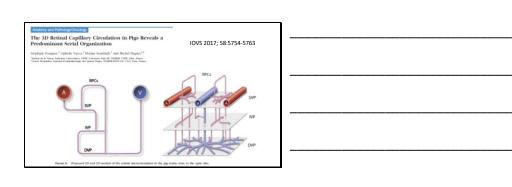
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Patchy Ischemic Retinal Whitening in Acute Central Retinal Vein Occlusion Data J. Browning Mil. PGD Objective I Greated a new Locka discoverable in recombinate control efforts and more large of the production and the purpose produce and the purpose produce and the purpose produce and the purpose produce and purpose and purpose produce and purpose produce and purpose and purpose and purpose purpose and purpose and purpose purpose and purpose and

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PERSPECTIVE

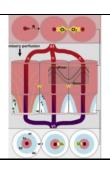
Misery Perfusion, Diffusive Oxygen Shunting and Interarterial Watershed Infarction Underlie Oxygenation-Based Hypoperfusion Maculopathy

DAVID MOTEON

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9/18/2019 Blurring improving, scotoma smaller

- •VA 20/20 OU
- •IOP 15 OU
- •Pupils: No RAPD
- •9/30/2019 Continues to improve
 - Advised to return in 1 year or prn

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Questions, Comments, Discussion