Vitreous Disorders

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VITREOUS HEMORRHAGE

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- blood extravasation within or around vitreous body.

ETIOLOGY

- 1) retinal neovascularization neovascular fragile vessels (e.g. diabetic retinopathy!!!, retinal vein occlusion, retinopathy of prematurity)
- 2) posterior vitreous detachment with retinal vascular tear, retinal tears, ocular trauma
- 3) subretinal bleeding with **secondary extension** into vitreous.
- 4) TERSON syndrome: SAH → acutely elevated ICP transmitted to retinal venules via optic nerve; 33% SAH patients have associated intraocular hemorrhage!!!
- N.B. coagulation disorders / anticoagulant therapy does not cause vitreous hemorrhage!

<u>Clinical features</u> - large FLOATERS, painless monocular VISUAL LOSS.

hemorrhage tends to absorb slowly.

Complications:

- 1) **hemosiderosis bulbi** with photoreceptor toxicity
- 2) **glaucoma** secondary to blockade of trabecular meshwork by formed *ghost cells* (develop from long-standing blood cells in vitreous)
- 3) severe **floaters**
- 4) **myopic shift** and **amblyopia** in infants.

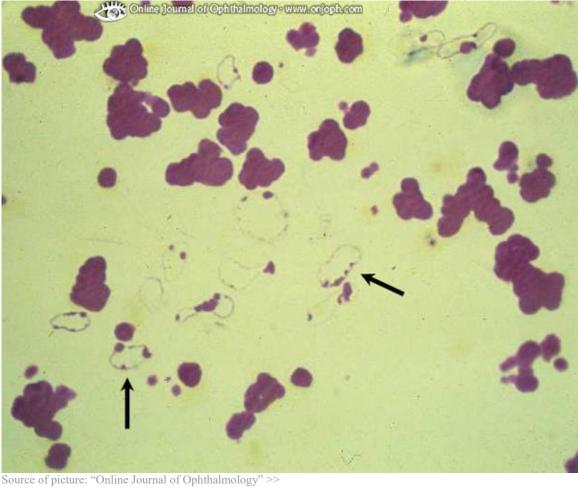
<u>Diagnosis</u> - black reflex on ophthalmoscopy; blood impedes complete fundus examination (H: B-scan ultrasonography).

N.B. examine carefully to *rule out possible retinal detachment*!

Old Vitreous Hemorrhage; diffuse yellowish opacity through which one may get orange reflex; it consists of breakdown products of hemoglobin:



Old Vitreous Hemorrhage, Histology; hemoglobin breakdown products are seen in addition to *erythrocyte* ghost cells (arrow):



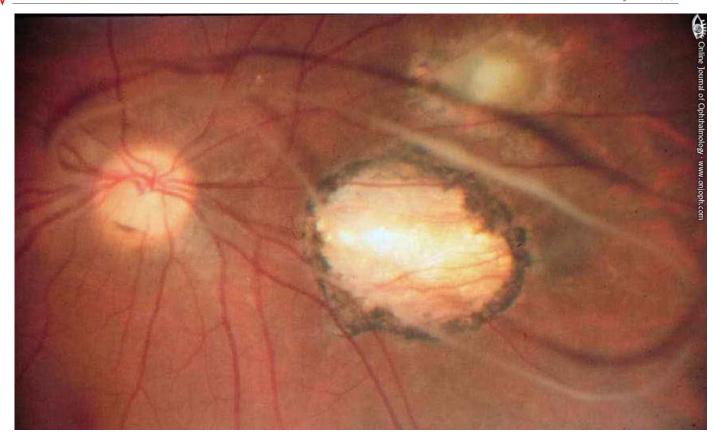
TREATMENT

- bed rest with head elevated 30-45° with occasional bilateral patching (to allow blood to settle inferiorly). treat cause (e.g. photocoagulation of new vessels).
- **localized bleeding** → photocoagulation.

nonclearing vitreous hemorrhage → pars plana vitrectomy.

more prevalent in *highly myopic* and *older* persons.

- POSTERIOR VITREOUS DETACHMENT contraction of vitreous gel \rightarrow separation from retina \rightarrow macroscopic opaque aggregates of vitreous
- fibers floating in vitreous \rightarrow FLOATERS (become less noticeable with time).



Posterior vitreous detachment without Weiss ring:



 $\underline{\text{Bibliography}} \text{ for ch. "Ophthalmology"} \rightarrow \text{follow this Link} >>$