Case Report

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

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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 year\(^1\). 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 literature\(^2\)\(^\text{a}\)\(^\text{b}\)\(^\text{c}\)\(^\text{d}\)\(^\text{e}\), 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 microanuerysms, 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

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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.

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