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Case Report

Spontaneous Retrohyaloid Hemorrhage Revealing Immune Thrombocytopenic Purpura: A Case Report

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Abstract

Retrohyaloidal, or pre-retinal hemorrhage is a localized collection of blood most often between the posterior hyaloid and the internal limiting membrane.

It is a frequent complication of various retinal pathologies such as proliferative diabetic retinopathy, retinal arterial macroaneurysms, and may be more rarely secondary to a Valsalva or spontaneous maneuver.

We report the case of a 34-year-old female patient consulting in the ophthalmological emergency room for a sudden, painless drop in visual acuity in the right eye in which the examination finds a retro-hyaloid hemorrhage and a general clinical anemic syndrome.

The objective of our work is to underline the semiological importance of a unilateral decrease of visual acuity in the context of a hemorrhagic syndrome.

The occurrence of retro-hyaloid hemorrhage should suggest a syndrome hemorrhagic, which is most often associated with severe anemia. This must lead to an emergency etiological assessment, which can allow the diagnosis of a immunological thrombocytopenic purpura.

Keywords: Anemia; Diagnosis; Thrombocytopenic Purpura

Introduction

Retrohyaloidal, or pre-retinal hemorrhage is a localized collection of blood most often between the posterior hyaloid and the internal limiting membrane.

It is a frequent complication of various retinal pathologies such as proliferative diabetic retinopathy, retinal arterial macroaneurysms, and may be more rarely secondary to a Valsalva or spontaneous maneuver.

We report the case of a 34-year-old female patient consulting in the ophthalmological emergency room for a sudden, painless drop in visual acuity in the right eye in which the examination finds a retro-hyaloid hemorrhage and a general clinical anemic syndrome.

The objective of our work is to underline the semiological importance of a unilateral decrease of visual acuity in the context of a hemorrhagic syndrome.

Case Report

This is a patient with no pathological history, consulting in the emergency room ophthalmological for a sudden painless drop in visual acuity of the right eye with amputation of the temporal visual field.

On ophthalmological examination, there was reduced visual acuity on counting the fingers at 1m, examination of the anterior segment was unremarkable, and on the fundus, we found inter-maculopapillary retrohyaloid hemorrhage.

The examination of the fellow eye was unremarkable. In addition, the general examination showed a clinical anemic syndrome consisting of pallor, headache, tinnitus, and effort dyspnea. Retinal fluorescein angiography was performed, ruling out a vascular retinal cause. An emergency biological assessment revealed severe hypochromic microcytic anemia with a hemoglobin level of 4.2 g/dL, as well as severe thrombocytopenia with 11,000 platelets/mm3. The patient was then transferred to hematology where the diagnosis of immune thrombocytopenic purpura was made.

The patient received a blood transfusion and systemic corticosteroid therapy.

The evolution was positive with the increase of the rate of platelets, and a progressive improvement of the visual acuity in the right eye to $10/10^{th}$.

Discussion

The occurrence of retinal hemorrhage during isolated severe thrombocytopenia is rare.

According to the literature, severe anemia is often associated with it, often during purpura idiopathic thrombocytopenia [1]. Rare cases presenting with vitreoretinal hemorrhage as part of purpura immunological thrombocytopenia have been described, and can sometimes constitute the sign revealing of the latter, as is the case of our patient [2,3].

Conclusion

The occurrence of retro-hyaloid hemorrhage should suggest a syndrome hemorrhagic, which is most often associated with severe anemia. This must lead to an emergency etiological assessment, which can allow the diagnosis of a immunological thrombocytopenic purpura.

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