HLA-A29 Birdshot RetinoChoroiditis (BRC) with bilateral occlusive vasculitis and proliferative retinopathy: a case report

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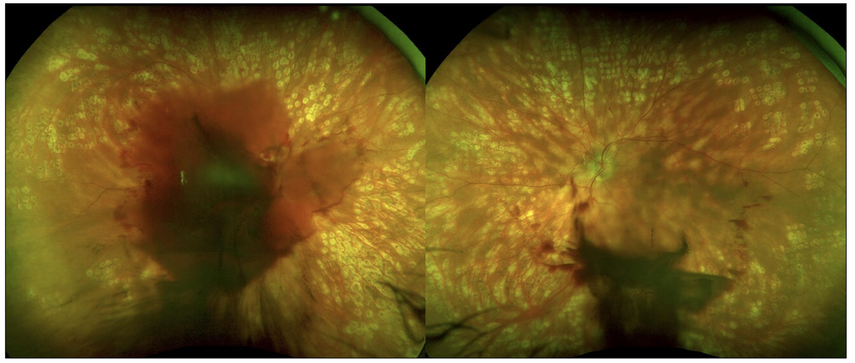
Purpose

Birdshot Retinochoroiditis is a bilateral inflammatory condition characterized by retinal vasculitis (with profuse leakage) and stromal choroiditis.

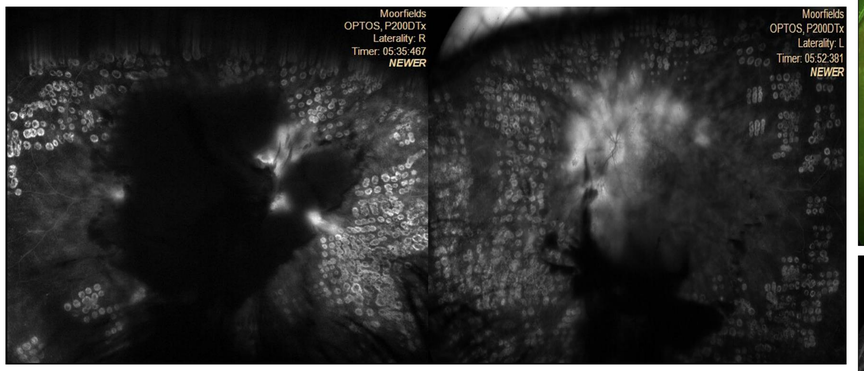
Methodology

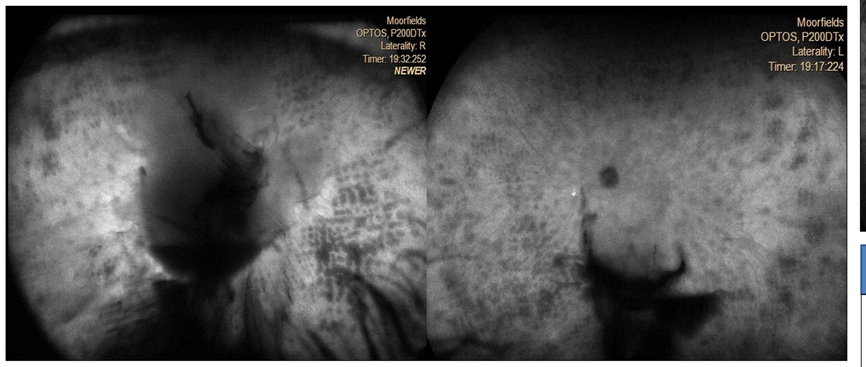
A 51-year-old healthy female patient presented with history of recurrent bilateral vitreous haemorrhages (VH) for the last year. She reported bilateral night and colour vision changes, few months before the first VH. BCVA was HM in the right eye and 6/24 in the left eye. There were no signs of anterior segment inflammation bilaterally. Fundus examination showed dense VH over the posterior pole in the right eye and inferior VH in the left eye with bilateral panretinal photocoagulation laser spots (performed elsewhere). There were bilateral optic nerve head and retinal neovascular membranes and rice-shaped cream-coloured lesions around the optic nerve and the posterior pole of the left eye.



Results

Fluorescein/Indocyanine Green Angiography revealed bilateral occlusive retinal vasculitis with proliferative retinopathy and bilateral stromal choroiditis. **"Scan the QR code for more imaging"**





Further investigations (full blood work-up, cardiovascular risk factors' control, Carotid Doppler and Brain MRI) excluded any systemic conditions and confirmed the presence of HLA-A29 and lupus anticoagulant. A diagnosis of Birdshot Retinochoroiditis was made, and high dosage of oral steroids was initiated. Subsequently, she was referred to Vitreoretinal service, for bilateral Vitrectomy+endolaser, and to Rheumatology, regarding possible diagnosis of Systemic Lupus Erythematosus (SLE). Bilateral Vitrectomies were performed, and SLE was excluded.

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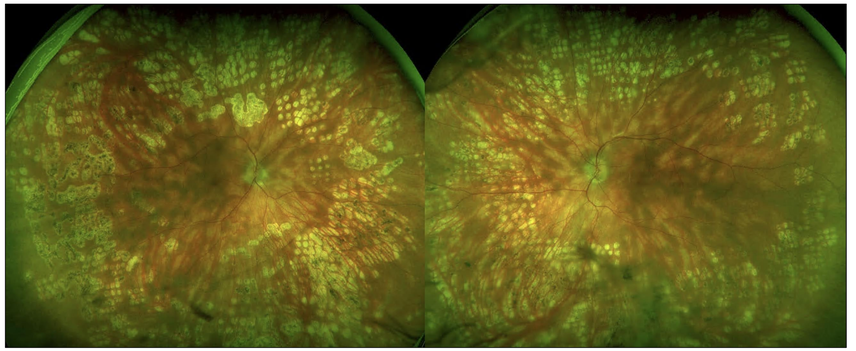
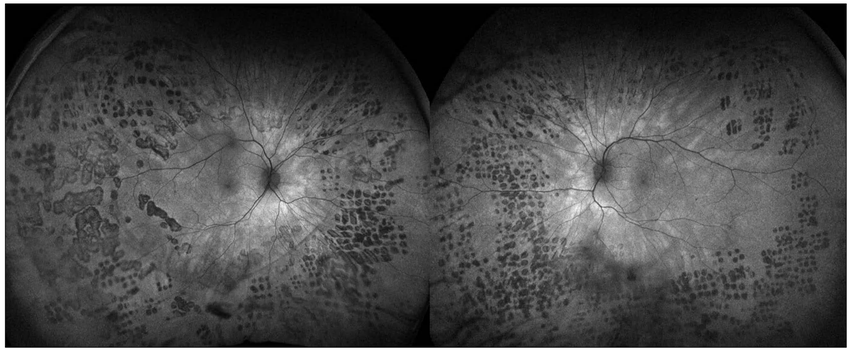
Results





Conclusion

To the best of our knowledge, although peripheral retinal ischaemia has been reported in eyes with chronic BRC, this is the first case of proliferative retinopathy developing in BRC, without any other factors to explain the severe vascular occlusion.

References:

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