

Central Retinal Vein Occlusion in a Young Heavy Smoker Male

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1. Clinical Image

A 34-year-old male presented to the office with impaired vision OS for 1 week. The patient had no past medical or past ocular history. Patient endorsed smoking, 1 pack-per-day for more than 10 years. His vision was 20/20 OD and hand-motion OS on presentation. IOP was 17 OD and 20 OS. Slit lamp examination of ocular surface, anterior chamber, lens and vitreous were unremarkable. Upon retinal exam, a classic pattern of blood and thunder was noted, consistent with central retinal vein occlusion (CRVO). Wide field imaging, red free imaging and fluorescein angiography confirmed the diagnosis by showing a very striking appearance of this condition. Although clinical studies have not definitively linked tobacco use to CRVO, smoking is a well known arteriosclerotic risk factor.

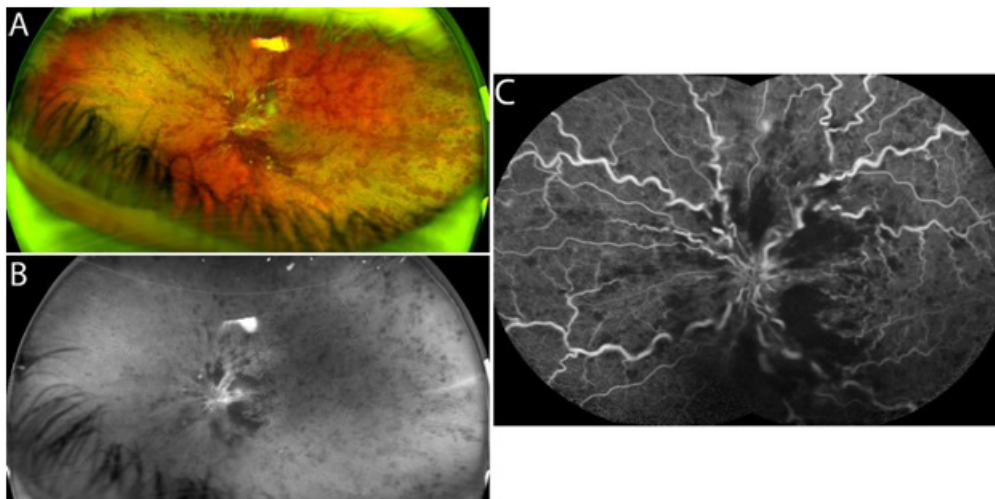


Figure 1: Classic appearance of “blood and thunder” in central retinal vein occlusion.

A) Wide field and **B)** red-free wide field images showing dilated and tortuous veins, widespread blot hemorrhages and hyperemic retina. **C)** Fluorescein angiography showing dilated and tortuous veins and widespread blocking.