RECURRENT VITREOUS HAEMORRHAGE ASSOCIATED WITH THROMBOANGIITIS OBLITERANS*

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THROMBOANGIITIS obliterans has been considered to be a disease of the blood vessels which usually affects the vessels of the limbs. It has been established, however, that it can affect any of the blood vessels in the body, including those which supply the brain and the retina. This is the report of a case which presented with vitreous haemorrhage, and in which the diagnosis of thromboangiitis obliterans was not made until other signs became manifest.

Case Report

A man aged 34 years attended the Eye Clinic at St. Dunstan's on June 28, 1954. He stated that he had noticed blurring of vision of the right eye in 1949. A short time afterwards the left eye was similarly affected and recurrent attacks of blurred vision had occurred since that time, causing general and steady progressive deterioration of vision.

Examination:

Right Eye: Visual acuity counting fingers at a distance of one ft. Old keratic precipitates, posterior synechiae, vitreous opacity with appearance of organization.

Left Eye: Visual acuity 3/60. Old keratic precipitates, posterior synechiae, vitreous haze, sheathing of retinal arteries with an appearance of complete obstruction in places.

The diagnosis of perivasculitis retinae was made and he was not accepted as a St. Dunstaner in view of the fact that active disease was present and that some degree of visual acuity might be regained. He was re-examined in January, 1955, when the condition was unchanged and again in September, 1955, when vitreous haemorrhages had reduced the vision of both eyes to perception of hand movements. It was then recommended that he should be admitted to the Eye Sanatorium at Swanley and he remained there as an in-patient from September, 1955, until April, 1956, during which time there was little improvement in the condition of his eyes. He was registered on discharge as a blind person, the right eye being unable to perceive light and the left seeing only hand movements. On examination in September, 1957, he could not perceive light with either eye.

In 1954 he had developed a skin rash in both legs and this was considered to be a manifestation of sarcoidosis which it was thought might also have caused the perivasculitis retinae. Between 1954 and 1958 he suffered occlusion of a number of arteries, large and small, in the arms and in the legs, some of these resulting in gangrene of varying severity, and thromboangiitis obliterans was diagnosed. Albuminuria was found in

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762
1956, and in 1958 he suffered attacks of nausea, anorexia, vomiting, and anaemia, indicating the onset of uraemia, doubtless due to thrombophlebitis of the renal vessels. He died on August 1, 1959, from uraemia, and no post mortem examination was performed.

Discussion

This case is reported to illustrate involvement of the retinal and renal vessels by the condition of thromboangiitis obliterans; it indicates that this diagnosis should always be considered in a patient who presents with spontaneous vitreous haemorrhage. Thromboangiitis obliterans, which it is said usually affects medium-sized arteries, has been regarded as an inflammatory type of vascular disease. Recent work suggests that this concept may be wrong and that it should be regarded as a degenerative disease, akin to atherosclerosis but occurring usually in younger patients.
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