CR27 Sub-inner limiting membrane haemorrhage successfully treated with pars plana vitrectomy – case report

Mislav Mokos[a], Lorena Karla Rudež[b], Tomislav Jukić[a,b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Department of Ophthalmology, University Hospital Centre Zagreb, Zagreb, Croatia*

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Mislav Mokos 0000-0001-9319-9255, Lorena Karla Rudež 0000-0003-4332-3769, Tomislav Jukić

KEYWORDS: bevacizumab; perflutren; hemorrhage; vitrectomy

INTRODUCION/OBJECTIVES: Preretinal haemorrhages typically occur at the boundary between the posterior hyaloid and inner limiting membrane (ILM). Sub-ILM haemorrhages have been observed in various clinical contexts and are likely to cause significant visual impairment due to their tendency to occur in the macular region. CASE PRESENTATION: A 73-year-old female patient presented to the emergency ophthalmological department with a curtain-like vision loss in her left eye lasting for five days. She used long-term warfarin therapy due to a previous pulmonary embolism. The dilated fundus exam of her left eye showed sclerotic vessels and a large macular haemorrhage. Fundoscopy of her right eye revealed sclerotic retinal vessels, cotton wool spots in the temporal region, and small hard drusen in the medioretina. The ultrasound exam of her left eye showed an oval-shaped, solid elevation on the posterior pole of the retina with a base width of 5.4 mm and a height of 1.9 mm with the sclera, homogenous internal reflectivity, and collapsed vitreous body. Optical coherence tomography (OCT) was compatible with sub-ILM haemorrhage. Central vitrectomy was performed along with the application of triamcinolone. The ILM was detached, which was followed by the application of perfluoropropane and bevacizumab. Significant improvement has been observed 14 days after the treatment. CONCLUSION: Sub-ILM hemorrhage is an ophthalmologic emergency that is difficult to clinically differentiate from subhyaloid hemorrhage since the diagnosis is usually confirmed during the surgery. Sub-ILM hemorrhage is commonly treated by pars plana vitrectomy, which has been successfully used in our patient.

CR28 Takotsubo cardiomyopathy (broken heart syndrome)

Doroteja Đekić[a], Anja Ćuk[a], Boško Skorić[a,b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Department of Cardiovascular Diseases, University Hospital Centre Zagreb, Zagreb, Croatia*

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Doroteja Đekić 0000-0002-2811-4398, Anja Ćuk 0000-0002-5992-8327, Boško Skorić 0000-0001-5979-2346

KEYWORDS: chest pain; stress cardiomyopathy; Takotsubo cardiomyopathy; ventricular dysfunction

INTRODUCTION/OBJECTIVES: Takotsubo cardiomyopathy (TC), also known as stress cardiomyopathy is an uncommon disease characterized by acute left ventricle (LV) failure that mimics acute coronary syndrome (ACS) but lacking evidence of obstructive coronary artery disease. It is usually precipitated by severe emotional or physical stress although its' pathophysiology is not yet fully known. Most patients are women past the age of 50. In-hospital mortality is 3-4%. CASE PRESENTATION: We present a case of a 70-year-old woman with a history of hypertension, stable angina pectoris and hyperlipoproteinemia. A day after Babcock-Cockett surgery for varicose veins was performed, she presented with sudden precordial pain and blood pressure of 190/130 mmHg. ECG showed ST-segment elevation in the precordial leads and negative T-waves in II, III and aVF. The patient was given a loading dose of aspirin and nitroglycerine. Urgent coronary angiography showed nonsignificant atherosclerotic lesions, while left ventriculogram demonstrated a systolic apical ballooning and hyperkinesis of the basal segments typical for TC. Global LV systolic function was severely reduced (EF 30%). Both serum troponin and NT-proBNP were increased. She was treated with aspirin, atorvastatin, fondaparinux and ramipril. The patient recovered and heart ultrasound 8 days later showed normalized global systolic LV function (EF 50%) with a small apical zone of hypocontractility. In her last heart ultrasound, 8 years later, LV function was still preserved. CONCLUSION: Although TC mimics the dramatic clinical presentation of ACS, it's characterized by transient regional LV dysfunction, the absence of significant coronary artery disease and is generally well managed with supportive therapy.