Ophthalmic Images

Purtscher-Like Retinopathy Associated With Atypical Hemolytic Uremic Syndrome

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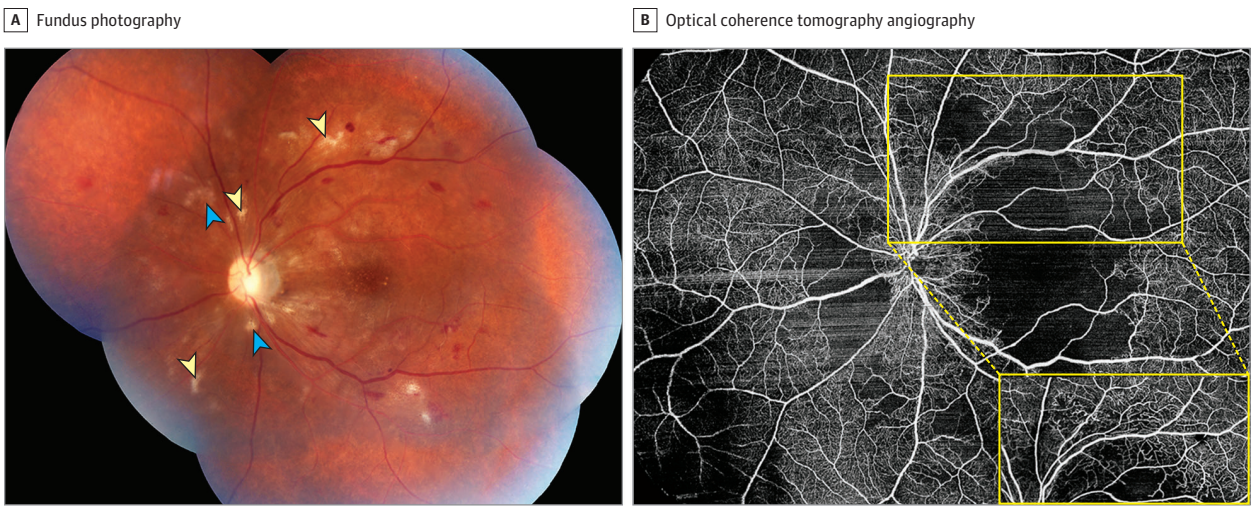

Figure. Fundus photography (A) and optical coherence tomography angiography (B) of Purtscher-like retinopathy in patient with atypical hemolytic uremic syndrome. A, Image shows Purtscher flecken (yellow arrowheads), nerve fiber layer infarcts (blue arrowheads), and intraretinal hemorrhages. B, Image demonstrates an area of retinal vascular nonperfusion (upper square) and an area of retinal revascularization (lower square).

A 38-year-old woman presented with progressively blurry vision bilaterally for 10 days. Visual acuity was light perception OU. She was diagnosed with atypical hemolytic uremic syndrome (aHUS) after initial inspection notable for microangiopathic hemolytic anemia, thrombocytopenia, and acute kidney failure.[1] Fundus photography in the left eye (**Figure**, A) revealed multiple Purtscher flecken (ie, polygonal intraretinal whitening with a clear area on either side of the retinal arteries, veins, and precapillary arteries[2]), nerve fiber layer infarcts, and intraretinal hemorrhages at the initial presentation. Ultra-widefield optical coherence tomography angiography (OCTA) (Figure, B) demonstrated areas of retinal vascular nonperfusion at the posterior pole and nasal side of the optic disc.

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The patient underwent 4 courses of eculizumab infusions and adjuvant treatment with vasodilators. One-year follow-up showed that best-corrected visual acuity was 6/200 OD and 16/200 OS with retinal revascularization seen on OCTA in the previous area of vascular nonperfusion (Figure, B, lower square).

ARTICLE INFORMATION

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