Here we describe a case of a 37-year-old female individual who presented with sudden-onset blurred vision in both eyes 4 days after testing positive for COVID-19. She reported mild symptoms of COVID-19 infection that did not require hospitalization, such as malaise, headaches, fever, and loss of taste and smell, but she did not endorse a cough. Infection was confirmed with a series of 3 positive rapid antigen test results for SARS-CoV-2. Prior to infection, she had received 2 doses of the messenger RNA–based Pfizer-BioNTech vaccine. Her ocular history was remarkable for a bilateral YAG peripheral iridotomy in 2019 for high hyperopia.

At initial presentation, visual acuity with habitual correction measured 20/150 OD and 20/80 OS. Her intraocular pressures were 17 mm Hg OD and 15 mm Hg OS. Anterior segment examination showed a relative afferent pupillary defect on the left. Dilated fundus examination revealed nerve fiber layer infarcts, intraretinal hemorrhages, and Purtscher flecken bilaterally (Figure 1A). Spectral-domain optical coherence tomography revealed thickening and hyperreflectivity of the nerve fiber layer and areas of subretinal fluid and intraretinal edema bilaterally (Figure 1B). No additional testing for thrombophilia (such as platelet levels, prothrombin time, or partial thromboplastin time) or complement levels was performed. and was counseled on the self-limiting nature of the condition.

One month later, visual acuity with habitual correction improved to 20/30 OD and 20/50 OS and pinhole improvement to 20/30. Fundus examination showed considerable improvement to the nerve fiber layer infarcts, intraretinal hemorrhages, and Purtscher flecken bilaterally (Figure 2A). Spectral-domain optical coherence tomography revealed considerable improvement to the nerve fiber layer thickening and intraretinal edema, with a persistent small amount of subretinal fluid (Figure 2B).