A 38-year-old woman presented with progressively blurry vision bilaterally for 10 days. Visual acuity was light perception OU. Laboratory testing revealed microangiopathic hemolytic anemia, thrombocytopenia, and acute kidney failure. Fundus photography in the left eye (Figure, A) revealed polygonal intraretinal whitening with a clear area on either side of the retinal arteries, veins, and precapillary arteries, 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.

The patient underwent systemic therapy and vascular support. At 1-year follow-up, best-corrected visual acuity had improved to 6/200 OD and 16/200 OS, with revascularization observed in the previously ischemic zones (Figure, B, lower square).