A 96-year-old woman with neovascular age-related macular degeneration (nAMD) presented with a 2-week history of bilateral eye pain and reduced vision 18 days following bilateral intravitreal faricimab injections. Before initiating faricimab, she had received 15 ranibizumab injection sand then 38 aflibercept injections in the right eye, and 21 aflibercept injections in the left eye over 8 years. At her last bilateral faricimab injections, visual acuity (VA) was 20/120ODand 1/36OS. She had no history of intraocular inflammation (IOI), systemic autoimmune disease, or medications associated with retinal vasculitis. Presenting VA was 20/160 OD and counting fingers OS, with intraocular pressure of 31 mmHg OU, keratic precipitates, and bilateral anterior and posterior vitreous cells. Attenuation of retinal arterioles and veins was associated with2 blot hemorrhages and pallor of the inferotemporal retina without emboli in the left eye.

Optical coherence tomography angiography had choriocapillaris flow voids, more marked in the left eye (Figure 1B). Ultra-wide field fundus fluorescein angiogram (UWF-FFA) demonstrated peripheral retinal venous, arteriolar, and capillary nonperfusion and hyperfluorescent leakage of retinal veins, arteries, and optic discs, with veins more involved than arteries and the left eye more affected than the right. Results for chest radiography, syphilis serology, QuantiFERON gold, rheumatoid factor, angiotensin-converting enzyme, antinuclear antibody, and antineutrophilic cytoplasmic anti-body were unremarkable. With only mild inflammation, neither anterior nor vitreous taps for bacterial, fungal, or viral polymerase chain reaction analyses were performed.