Posters

A Case of Bilateral Macular Haemorrhage Associated with Autoimmune Haemolytic Anaemia

C Haynes-Hinds, J James
Georgetown Public Hospital Corporation

Purpose: To describe a case of bilateral macular haemorrhage associated with autoimmune haemolytic anaemia.
Methods: In this observational case report a 26-year old female of East Indian decent, diagnosed with autoimmune haemolytic anaemia, presented with a two-week history of blurred vision in the right-eye and one-week history in the left-eye. Fundus examination revealed large bilateral macular haemorrhages.
Results: Both eyes showed similar visual acuity with pinhole, hand movement. Fundus bio-microscopy examination revealed mild disc oedema, extensive multi-layered retinal haemorrhages, including bilateral foveal preretinal and sub-retinal haemorrhage with, accompanying macular oedema. Serous retinal detachment was noted in the left-eye. The macular oedema and haemorrhages receded partially after blood transfusion and administration of systemic steroids. Two months later, the majority of the retinal haemorrhages resolved spontaneously. Visual acuity improved significantly.
Conclusions: The retinal manifestations associated with autoimmune haemolytic anaemia is not well known. This is one of the few documentations of bilateral macular haemorrhage occurring in this condition.

Ocular Manifestations in Presumed Zika-positive Infants, Born to Zika-positive Mothers in Southern Trinidad

AA Jagessar, G Sohanpal, N Persad, A Armoogum

Introduction: The zika virus has had definitive correlation to brain anomalies such as microcephaly but to date, the link between ophthalmological manifestations have yet to be conclusive. This study aims to investigate such, by describing the incidence of ocular manifestations in patients presenting with positive monoclonal antibody screening test for zika in pregnancy. In doing so, this will be in keeping with the recent directive from The World Health Organization (WHO), which declared zika as a public health emergency, indicative of the necessity to investigate and correlate ophthalmologic findings to any possible zika linkages to improve screening and thus management practices.

Findings in this condition are substantive for vision loss and thus, show predilection for the macular area, congenital glaucoma, optic disc and optic nerve abnormalities in dilated fundoscopy. Development of screening criteria including inclusive and exclusive criteria is crucial towards establishing proper screening guidelines and prevention of late stage presentation, facilitating early treatment, thus, improving prognosis.
Methodology: The infants of 53 zika-positive mothers confirmed *via* serology were included in this study. Infants were examined *via* dilated ophthalmoscopy. Mothers found positive for zika titres were classified according to the period of gestation at the time of diagnosis. Serological investigations were used to rule out human immunodeficiency virus and syphilis. Serology for toxoplasmosis, rubella and cytomegalovirus are currently pending.
Results: Fifty-three infants were included in the study. The period of gestation at the time of diagnosis were classified based on trimester, with 22.6% occurring in the 1st trimester, 35.8%, 2nd trimester and 37.7% occurring in the 3rd trimester and 3.9% undocumented with respect to the time of the diagnosis. Significant ophthalmologic findings included: bilateral optic nerve hypoplasia accounting for 5.7% and macular pigment mottling in 1.9% of the sample population.

Two Dominican Cases of Periorbital Necrotizing Fasciitis following Alcohol-related Trauma

S Saleh[1], H Shillingford-Ricketts[2]
[1]The University of Ottawa and The Ottawa Hospital, Ottawa, Canada and [2]Princess Margaret Hospital, Goodwill, Dominica

Objective: To report two cases of periorbital necrotizing fasciitis due to alcohol-related ocular trauma in two otherwise healthy, immunocompetent Dominican men.
Methods: Two healthy men, aged 52 years and 59 years, presented to the Princess Margaret Hospital in Dominica with left and right periorbital swelling and erythema, respectively. Both men had sustained periocular trauma while intoxicated with alcohol and presented within three days of injury with progressive tense swelling of the affected eyelid and decreased vision. The initial diagnoses in both cases were periorbital cellulitis, a much more commonly encountered condition. However, the clinical progression and the sloughing appearance of the wounds raised the suspicion of necrotizing fasciitis. The patients were started on early intravenous antibiotic therapy and underwent surgical debridement.
Results: Debridement of the eyelids revealed soft-tissue necrosis with full-thickness skin loss down to the orbicularis muscle and multiple collections of pus. With early medical and surgical intervention, the necrotizing fasciitis resolved in both cases with preserved visual acuity and minimal residual cosmetic defects.
Conclusion: Necrotizing fasciitis is a rare but potentially fatal soft-tissue infection that requires early diagnosis and intervention with broad-spectrum parenteral antibiotics and aggressive surgical debridement. A high index of suspicion may be needed for periorbital skin infections secondary to alcohol-related trauma.