JMSCR Vol||11||Issue||11||Page 94-95||November 2023

http://jmscr.igmpublication.org/home/
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: https://dx.doi.org/10.18535/jmscr/v11i11.13

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

A Short Case Report

An abnormal immediate increase in the intraocular pressure post-intravitreal injection inpatients with Eales disease

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Introduction

In 1880, British ophthalmologist Henry Eales described Eales' disease for the first time[(1)]. Recurrent vitreous hemorrhaging is a hallmark of Eales' disease[(2)]. The systemic anti- tuberculosis and the steroids usually control the disease and subsequently resolve the vitreous hemorrhage[(3)], but when the vitreous hemorrhage persists, anti-VEGF is an option[(4)].

Case Presentation

A 25-year-old female diagnosed with Eales disease has been referred to our medical center for apars plana vitrectomy for her unresolved vitreous hemorrhage in the left eye. The possible risks of a pars plana vitrectomy had been discussed, and the patient decided not to have surgery and instead had anti-VEGF and topical non-steroidal anti-inflammatory treatment.

Due to local economic and insurance issues, after the informed consent, we treated the eye with a label OFF anti-VEGF, which is best afforded by the patient. The recommended dose was injected by the trained nurse, and while the patient went to take her prescriptions, she experienced severe pain and no light perception. Immediately, the intraocular pressure was checked, and it was 63 mmHg, which can happen with the recommended doses of anti-VEGF, especially in hypermetropic eyes like ours[(5)]. This is our third case of Eales disease, which develops the same condition with different anti-VEGFs. The first case was a 41-year-old male, and the second case was a 33-year-old male. This is the third case that arose to our attention. To find any association between the Eales disease and the high post-anti-VEGF injection, more data collection is needed to ensure an association.

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