Multi-level retinal hemorrhage secondary to acute immune thrombocytopenic purpura (ITP) exacerbation

Category(ies): Retina / Vitreous

Contributor: Joanna IM Silverman, MD and Thomas A. Oetting, MD, MS

Photographer: Michael Edrington , CRA

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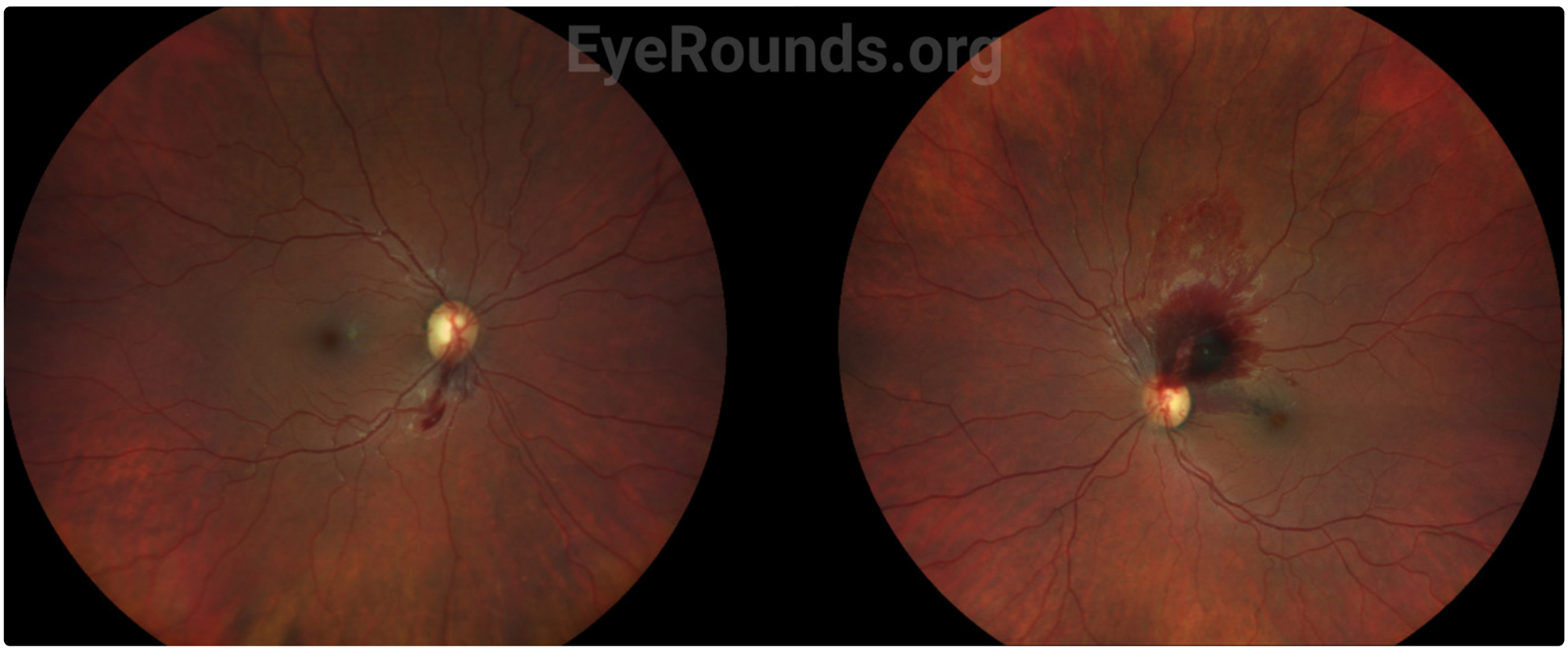
This patient initially presented with a symptomatic paracentral scotoma OS>OD. She was found to have a platelet count of 0 and a small concomitant intracranial hemorrhage, though the latter was thought to be noncontributory to her retinal findings. Fundus photos demonstrate superficial, intraretinal, and subretinal involvement, including flame hemorrhage that indicate involvement of the sub-ILM layer, as well as disc hemorrhage. She unfortunately was lost to follow-up, but per her Hematology clinic notes, her visual symptoms have improved after receiving IVIG, Decadron, and Rituxan infusions. Treatment for her ITP is ongoing. Despite ITP being a disease of impaired coagulability, retinal hemorrhage is exceptionally rare. Beyond retinal hemorrhage, additional ocular manifestations of ITP include vitreous hemorrhage secondary to intracranial bleeding (similar to Terson's syndrome), NAION, optic tract hemorrhage, and subconjunctival hemorrhage.



Fundus photos demonstrating bilateral, multi-level peripapillary retinal hemorrhages OS>OD in a 21-year-old female with acute immune thrombocytopenic purpura (ITP) exacerbation.

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References:

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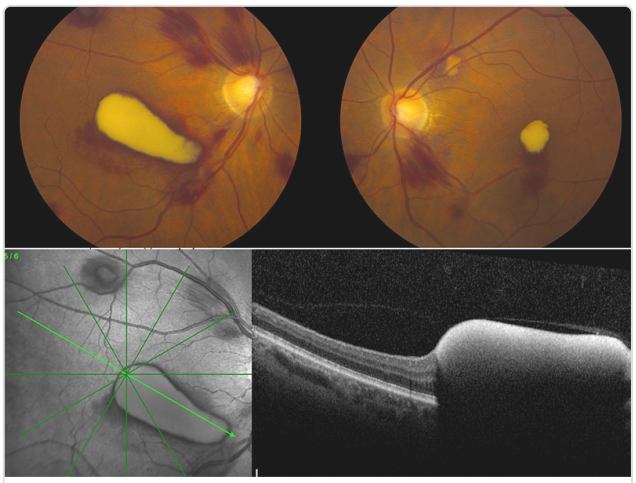

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University of Iowa
Roy J. and Lucille A. Carver College of Medicine
Department of Ophthalmology and Visual Sciences
200 Hawkins Drive
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