

**OPHTHALMIC FINDINGS IN A PATIENT WITH SYSTEMIC DISEASE OF
“LARGE VESSEL VASCULITIS”**

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PURPOSE: To present the ophthalmological findings in a patient with systemic disease of “large vessel vasculitis” (LVV)

METHODS: A 54-year-old Caucasian woman presented with a history of recent fatigue and low-grade fever. She was admitted to the hospital due to anaemia and pericarditis and underwent systematic investigation for inflammatory syndrome (ESR:114mm , CRP:169mg/L, Hb:7,3g/dl). Laboratory tests were negative for rheumatoid arthritis, sarcoidosis and SLE. Mantoux test was negative and quantiferon test was indeterminate. She was referred to our clinic to exclude intraocular inflammation.

RESULTS: The patient was asymptomatic. Best corrected visual acuity (BCVA) was 1.0 bilaterally. Anterior segment examination was normal. Fundoscopy revealed no signs of vitritis. There was a peripapillary whitish fluffy retinal lesion (right eye-RE) and few flame-shaped retinal haemorrhages peripapillary (left eye-LE). She underwent blood transfusion and treated with NSAIDS. One week later her BCVA remained stable while retinal lesions and haemorrhages were resolving. Ultra wide field fluorescein angiography demonstrated “hot disk” bilaterally with no signs of vasculitis. In RE the retinal lesion demonstrated hyperfluorescence. In OCT the retinal lesion appeared as a hyperreflective area at the retinal nerve fiber layer. PET CT scan results were consistent with the diagnosis of “large vessel vasculitis”. She was prescribed per os steroids and treatment for latent tuberculosis. Three months later both the retinal lesions and haemorrhages have completely resolved.

CONCLUSIONS: LVV is a systemic chronic inflammatory disease affecting mainly large blood vessels. Ocular manifestations may affect the optic nerve and inner retina manifested with retinal haemorrhages and focal lesions.