

Breathlessness and blind

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ABSTRACT

To report a rare case of vaping induced acute vascular ischemic event presenting as left cilioretinal retinal artery occlusion. A 36-year-old woman with underlying childhood bronchial asthma presented with left eye acute loss of vision which was preceded by temporary loss of vision lasting for 10 minutes. She presented to our clinic 24 hours after onset of vision loss. She is a heavy smoker since she was 16 years old (20 pack years). She started heavy vaping every 4 hourly since 5 years ago. On the presentation, her left eye's visual acuity was light perception in all quadrants with positive relative afferent pupillary defect and reduced left optic nerve function over the left eye. Both eye anterior segment examinations were unremarkable. Left fundus examination revealed a cherry red spot, pale retina, and boxcarring of the retina vessels at all quadrants which corresponded to retina artery occlusion. Right eye fundus was unremarkable. Immediate left ocular massage, carbogen therapy and intraocular pressure- lowering agent was administered. Her vision improved to hand movement after intervention. Fundus fluorescein angiography revealed delayed arterio-venous filling with an enlarged fovea avascular zone and cilioretinal artery occlusion. Echocardiography and computed tomography angiography and vein (CTA and CTV) were normal. She was also investigated for infective, haematological, hyperviscosity and autoimmune causes but all were unremarkable. Patient was co-managed with medical team and was started on anticoagulant. Unfortunately, her left eye vision only recovered to hand movement. Vaping-related clotting phenomena may lead to sight threatening conditions such as central retinal artery occlusion. Prompt investigation and treatment should be carried out to avoid systemic complications such as cardiovascular and cerebrovascular events.