Progression of retinal artery occlusion from one eye to the other seems to be a characteristic finding in Susac syndrome

Progressão de oclusão da artéria da retina de um olho para o outro parece ser um achado característico da síndrome de Susac

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Dear Editor;

We read the article "Unilateral central retinal artery occlusion as the sole presenting sign of Susac syndrome in a young man: case report" written by Apóstolos-Pereira et al., with interest⁽¹⁾. They represented a patient who was diagnosed as Susac syndrome. Retinal artery occlusion is one of the pathognomonic sign of the Susac syndrome. This case was also reported to have retinal artery occlusion first in right eye and 3 weeks later in left eye. When we analyze literature, we see progression of eye impairment to be same among Susac patients. Retinal artery occlusion develops in one eye and in other eye within weeks or months. O'Halloran et al., reported a series of 5 Susac patients⁽²⁾. Eye impairment of two patients have been reported to be unilateral initially but became bilateral within 3 months. Same progression pattern was reported for 5 patients by Martinet et al.⁽³⁾. In two case reports, branch retinal artery occlusion (BRAO) have been reported to occur in one eye and in other eye within months.

We understand from these case reports that, retinal artery occlusion in Susac syndrome begins in one eye and pass to other eye

within weeks or months. This progression pattern seems to be characteristic for Susac syndrome⁽⁴⁾. Therefore, Susac syndrome should be kept in mind especially for young patients who have unexplained retinal artery occlusion in one eye. Aggressive steroid treatment in these patients may survive their healthy eye⁽⁵⁾.

REFERENCES

- Apóstolos-Pereira SL dos, Kara-José LB, Marchiori PE, Monteiro ML. Unilateral central retinal artery occlusion as the sole presenting sign of Susac syndrome in a young man: case report. Arg Bras Oftalmol. 2013;76(3):192-4.
- O'Halloran HS, Pearson PA, Lee WB, Susac JO, Berger JR. Microangiopathy of the brain, retina, and cochlea (Susac syndrome). A report of five cases and a review of the literature. Ophthalmology. 1998;105(6):1038-44.
- Martinet N, Fardeau C, Adam R, Bodaghi B, Papo T, Piette JC, et al. Fluorescein and indocyanine green angiographies in Susac syndrome. Retina. 2007;27(9):1238-42. Comment in: Retina. 2008; 28(8):1174; author reply 1174-5.
- 4. Murata Y, Inada K, Negi A. Susac syndrome. Am J Ophthalmol. 2000;129(5):682-4.
- 5. van Winden M, Salu P. Branch retinal artery occlusion with visual field and multifocal erg in Susac syndrome: a case report. Doc Ophthalmol. 2010;121(3):223-9.

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