

Conclusion: We report a rare case of high-altitude retinopathy associated with air travel. Physicians need to keep this in view as a cause of unexplained retinal hemorrhages. This is the first reported case of HAR following air travel in Nigeria.

References

1. Chang, B., Nolan, H. and Mooney, D. High-altitude flight retinopathy. *Eye* 18, 653–656 (2004). <https://doi.org/10.1038/sj.eye.6700730>
2. Mullner-Eidenbock A, Rainer G, Strenn K, Zidek T. High-altitude retinopathy and retinal vascular dysregulation. *Eye* 2000; 14: 724–729

sildenafil on average, 100 mg thrice a month for 7 years, and used it a night before the onset of symptoms. At presentation, his unaided visual acuity in the right eye was 6/36 and remained the same with pinhole and NPL in the left eye. Retinal findings with direct ophthalmoscope and slit lamp with 90D lens revealed dot hemorrhages in the macula, dilated and tortuous retinal veins, and attenuated arterioles in the right eye. There was also a delay in dye filling in the inferior veins compared to superior on fundus fluorescein angiography (FFA) [Figure 1]. The central visual field (CVF) showed a central and paracentral scotoma (Figure 2a). Clinical features were suggestive of a mild non ischemic central retinal vein occlusion. He was observed, a week post-incident, his vision was 6/18, 1-month post his vision was 6/9, and 6 months post his vision

Transient Loss of Vision Associated with Sildenafil

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Introduction: Sildenafil is a recreational drug used to enhance sexual performance. It is also used in the treatment of erectile dysfunction, pulmonary hypertension, and age-related macular degeneration. Sildenafil has also been found to cause a reduction in vision which occasionally is reversible.¹

Case Report: We report a case of a 62-year-old businessman who was found to have sudden painless reduction in vision which he described as a dark shade covering his vision with an occasional blue tint in his vision. This was his only eye as he had lost vision in the left eye following trauma 51 years ago. He takes

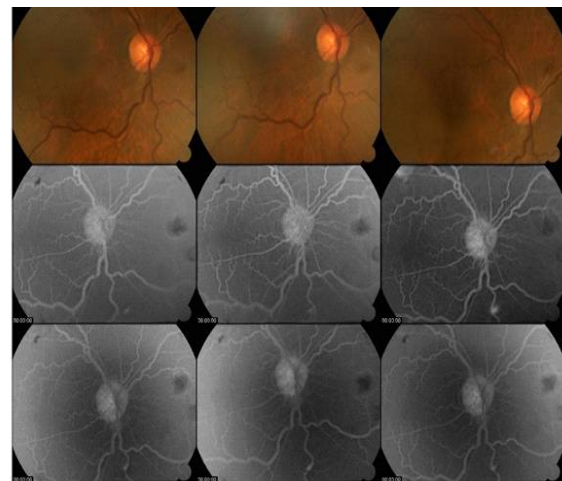


Figure 1: Fundus fluorescein angiography showing dilated tortuous venules, attenuated arterioles, delay in venous filling in the inferior venules.

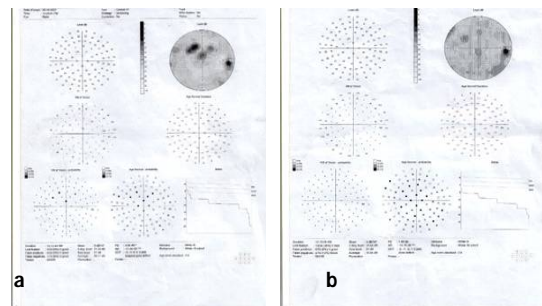


Figure 2a: Central visual fields done 11 days after onset of symptoms, showing central and paracentral scotoma.

Figure 2b: Central visual field done 6 weeks post onset of symptoms, showing reduction of the central and paracentral scotoma.

had improved to 6/6. The visual field done at 6 weeks post incident showed a reduction in the central and paracentral scotoma.

Conclusion: Sildenafil can be associated with a transient deterioration of vision.

Keywords: *Central retinal vein occlusion, Cyanopsia, Sildenafil, Transient loss of vision*

References

1. Ausó E, Gómez-Vicente V, Esquivá G. Visual Side Effects Linked to Sildenafil Consumption: An Update. *Biomedicines*. 2021;9 (3):291. Published 2021 Mar 12. doi:10.3390/biomedicines9030291

A Case of Atypical Central Serous Chorioretinopathy in Occult Pulmonary Tuberculosis at MDR-Lighthouse Medical Eye Centre Lokoja

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Background: Central serous chorioretinopathy (CSCR) is a common cause of acute or subacute unilateral central vision loss, characterized by serous neurosensory macula detachment due to increased permeability of the choroidal capillaries alongside retinal pigment epithelial dysfunction.^{1,2,3} Atypical CSCR cases are usually characterised by multiple or large serous macula detachments which do not resolve spontaneously unlike in typical CSCR, in addition to unusual Fundus Fluorescein Angiography (FFA) patterns.^{4,5,6,7}

Case Report: A 45-year-old African male, former cattle herder and currently security officer presented with a four-day history of sudden, painless and progressive loss of vision in the right eye, involving distant and near vision. He had a positive history of image distortion but there was

no glare, seeing of haloes around light, floaters, flashes of light, or curtain field defect. There was also no history of chronic use of steroids or sex enhancing drugs. He lost vision in the left eye three years prior to presentation following blunt ocular trauma and had been reliant on vision from the index eye for his daily activities. He did not use prescription spectacles and had not undergone any ocular surgery.

He had no long standing systemic disease except for systemic hypertension which was diagnosed two months prior to presentation and he was regular on his prescription anti-hypertensive medications. He had no history of chronic cough, fever, or night sweats.

Ocular examination revealed an unaided visual acuity in the right eye of 6/60 with no improvement with pinhole. The anterior segment was quiet and dilated funduscopy revealed multiple peripapillary and macular retinal detachments with subretinal serous exudation. Intraocular pressure (IOP) was 13mmHg. Amsler grid test revealed metamorphopsia. Fundus photograph, fluorescein angiography, and optical coherence tomography of the right eye at presentation are shown in Figures 1(a), 2(a & b), and 3(a) respectively.

Visual acuity in the left eye was light perception with poor projection. There was 360-degree posterior synechiae, intumescent opaque lens with no fundal view. IOP was 02 mmHg.

General and systemic examination were essentially normal. Investigations performed included Complete Blood Count which showed leukocytosis with lymphocytosis and retroviral screening which was non-reactive. In addition, VDRL test was negative and ocular ultrasound scan was normal in the right eye, with the left eye showing a cataract with total retinal detachment. Chest radiograph showed a wedge shaped right upper lobe lung consolidation with air bronchogram and Mantoux test was positive.

A diagnosis of right atypical central serous chorioretinopathy secondary to occult pulmonary tuberculosis was made. He was co-managed with pulmonologists and placed on anti-tuberculous medications: Rifampicin, Isoniazid, Pyrazinamide, Ethambutol, Streptomycin.^{6,8} Subthreshold micropulse macula laser was initially administered to the right eye at presentation with no improvement in symptoms and was repeated one week after commencing anti-tuberculous medications.