A 74-YEAR-OLD MAN WITH HYPERTENSION PRESENTED WITH VISION REDUCED to only light perception in his right eye. A relative afferent pupillary defect was observed, and retinal examination showed an occlusion of the central retinal vein. The abnormal pupillary response was caused by retinal ischemia. A hypoperfused retina exudes angiogenic factors such as vascular endothelial growth factor (VEGF). New vessels formed on the pupil (Panels A and B show low and high magnification, respectively) and also in the angle, the aqueous drainage system that surrounds the iris. Angiogenesis in the angle can occlude the drainage pathway, causing glaucoma and the complication of a painful, sightless eye. Regression of iris neovasculature was achieved with the use of intravitreal anti-VEGF therapy and maintained with the use of scatter laser photocoagulation of the ischemic retina. The patient’s vision in the affected eye remained unchanged, and hypertension was the risk factor associated with this ocular vascular occlusion. Owing to the severity of disease at baseline, there was no visual improvement.

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