

# Bilateral Choroidal Ischemia in Giant Cell Arteritis

**A** 71-YEAR-OLD WOMAN experienced vision loss for 2 weeks in her right eye along with jaw pain, headache, fevers, and malaise. Her visual acuity was 20/200 OD and 20/30 OS. She had a right afferent pupillary defect. Findings from her fundus examination were normal except for rare cotton-wool spots (**Figure 1**). Her blood pressure was normal. A fluorescein angiogram revealed delayed choroidal filling in both eyes (**Figure 2** and

**Figure 3**). She was immediately started on therapy with high-dose oral prednisone. Results from temporal artery biopsy were positive. One month later, her visual acuity had improved to 20/40 OD and 20/30 OS.

## COMMENT

Although isolated choroidal ischemia without a retinal vascular occlusion or optic nerve swelling is a rare manifestation of giant cell arteritis,<sup>1</sup> its presence warrants testing for this treatable, serious dis-

ease, especially in a normotensive elderly patient.

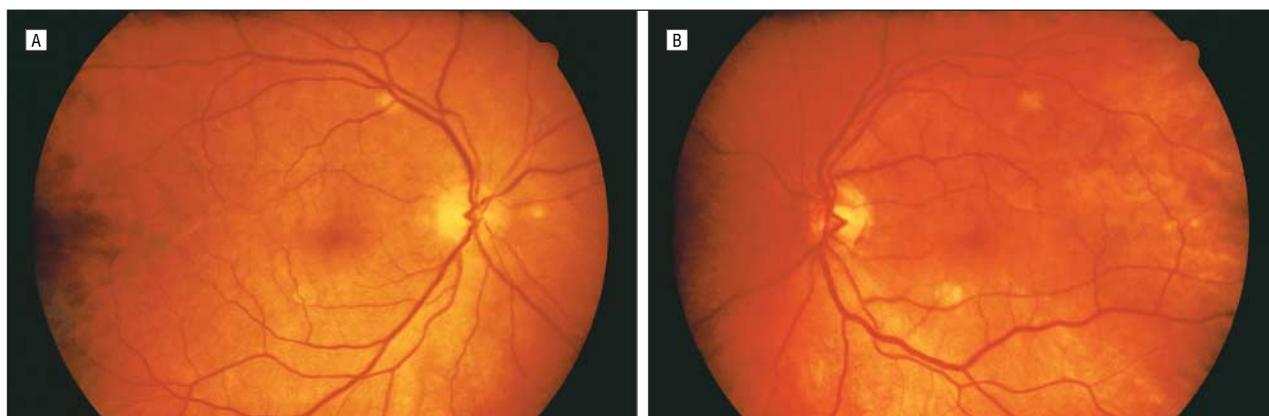
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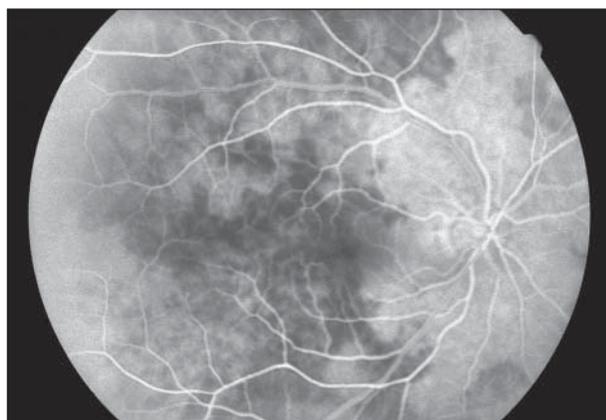
**Financial Disclosure:** None.

## REFERENCE

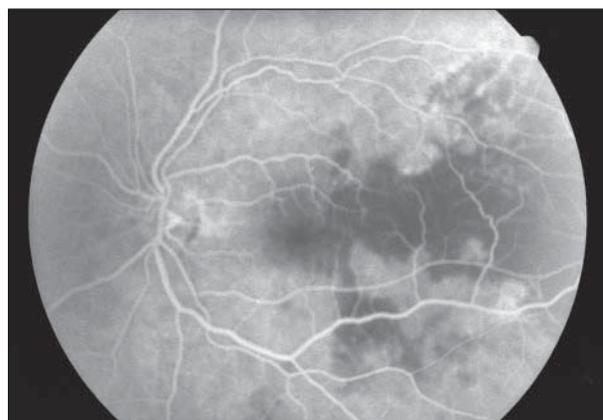
1. Quillen DA, Cantore WA, Schwartz SR, et al. Choroidal nonperfusion in giant cell arteritis. *Am J Ophthalmol.* 1993;116:171-175.



**Figure 1.** Fundus photographs showing cotton-wool spots in both eyes. There are no retinal vascular occlusions and there is no optic disc swelling.



**Figure 2.** Laminar phase fluorescein angiogram of the right eye. Dark areas are regions of choroidal ischemia. This eye eventually had complete filling of the choroid at 100 seconds.



**Figure 3.** Venous phase fluorescein angiogram of the left eye. Dark areas are regions of choroidal ischemia. Even at 4 minutes, the temporal choroid did not fill. The eye eventually developed hyperpigmentation in the area of nonperfusion.