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,¹ its presence warrants testing for this treatable, serious disease, especially in a normotensive elderly patient.

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Financial Disclosure: None.

REFERENCE