

## Purtscher's Retinopathy

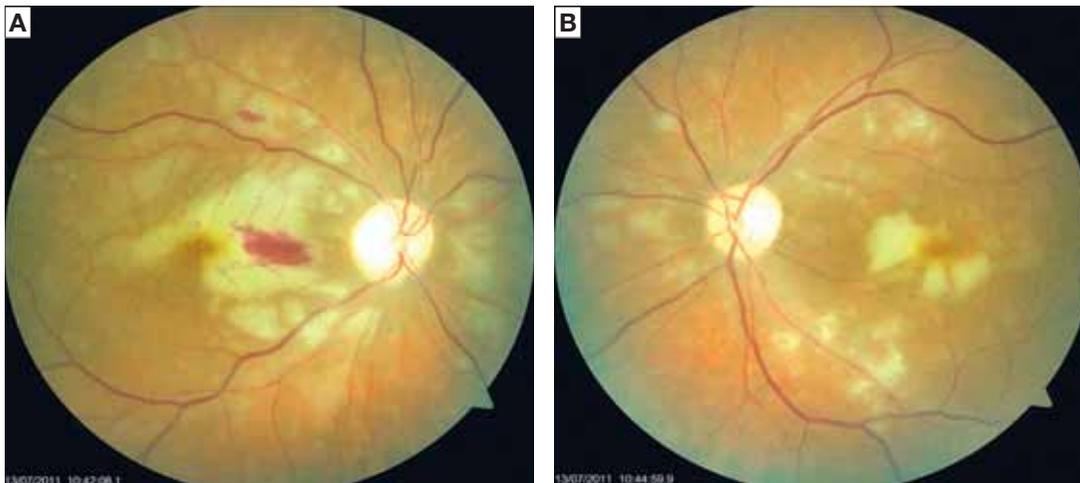
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**Milka Mavija,<sup>1</sup>**  
**Vesna Jakšić<sup>2</sup>**<sup>1</sup>Clinical Center Banja Luka,  
78000 Banja Luka, Republic of  
Srpska, Bosnia and Herzegovina<sup>2</sup>Clinical Center Zvezdara,  
11000 Beograd, Serbia**Correspondence**

Milka Mavija, MD, Ph.D.

Email: milkamavija@yahoo.com

**Figure 1. Purtscher's retinopathy – right eye A, left eye B.**

A 62-year-old man with sudden loss of vision in both eyes was admitted as an emergency case. He gave a history of a recent trauma from an accident with a tractor that overturned on him and compressed his chest. At admission, his visual acuity in both eyes was limited to counting fingers at a half-meter distance. There were no other abnormal findings in the anterior segment apart from semi-mydriatic pupils with poor reaction to light.

We found numerous “cotton-wool” exudates in both ocular fundi as a sentinels of neuronal damage<sup>1</sup>; these were mostly within peri-papillary and inter-papillomacular areas. Our patient had a multiple retinal pale patches as a sign of ischaemia (Figures 1, A and B) and retinal hemorrhages (Figure 1 A).

Following acute compression injuries to the thorax or head, a patient may experience visual loss due to Purtscher's angiopathic retinopathy in one or both eyes.<sup>2,3</sup> The mecha-

nism remains unclear and somewhat controversial. Embolization of leukocytes can cause arterial occlusion and infarction of the microvascular bed. Because of its known association with trauma, acute pancreatitis and vascular diseases, leukocyte aggregation by complement C5a is believed to underly microvascular embolization in the eye.

**References**

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