

Ophthalmic artery MRI in an arteritis-related central retinal artery occlusion

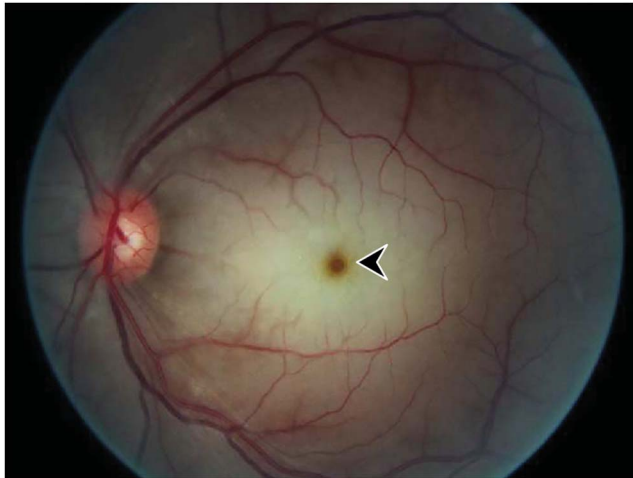
David Weisenburger-Lile, MD, Michael Obadia, MD, Armelle Cahuzac, MD, and Augustin Lecler, MD

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Correspondence

Dr. Weisenburger-Lile
david.wl@orange.fr

Figure 1 Fundus aspect of a central retinal artery occlusion



Fundus photograph demonstrates a cherry-red spot (arrowhead) and a diffuse pallor of posterior pole.

A 45-year-old woman with a cutaneous lupus without antiphospholipid antibody, treated by prophylactic anticoagulation, presented with an acute and severe painless vision loss of the left eye. Central retinal artery occlusion (CRAO) was diagnosed on ophthalmologic examination (figure 1). MRI suggested a primitive inflammation of the ophthalmic artery (figure 2). There was no evidence of a cardiac or carotid emboli or a vasculitis. She was treated with antiaggregant without success.

In CRAO, a hypersignal diffusion of the papilla and the optic nerve on MRI has been reported,^{1,2} but direct observation of an arteritis is unusual.

Author contributions

D. Weisenburger-Lile: writing the manuscript and data collection. M. Obadia, A. Cahuzac, A. Lecler: critical revision of manuscript for intellectual content. A. Lecler: MRI acquisition. A. Cahuzac: ophthalmologic exploration.

Study funding

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Disclosure

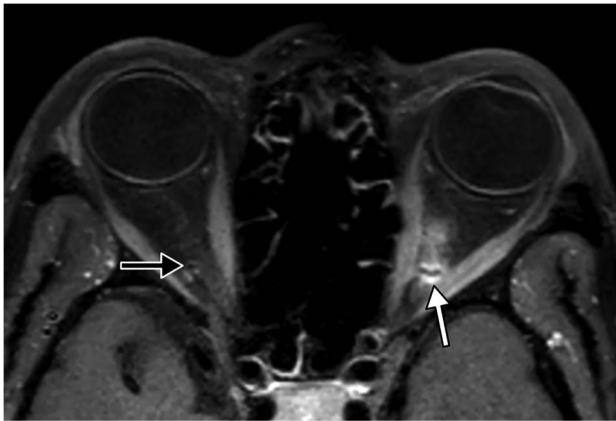
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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From the Department of Neurology, Stroke Center (D.W.-L., M.O.), and Departments of Ophthalmology (A.C.) and Radiology (A.L.), Fondation Ophtalmologique Adolphe de Rothschild, Paris, France.

Figure 2 MRI aspect of a primitive inflammation of the ophthalmic artery



High-resolution postcontrast T1-weighted MRI shows an enhancement and a thickening (white arrow) of the left ophthalmic artery wall. The right ophthalmic artery is normal (black arrow).

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