Central Retinal Vein Occlusion following Poppers Use in a Healthy Young Male

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Clinical Image

The patient is a 33-year-old male with no past ocular or medical history who presented to the office with several days of left retroorbital pain and headache but no vision changes or vision loss. Ocular examination revealed visual acuity in both eyes without correction of 20/20. Pupils were equal, and no afferent pupillary defect was noted. External ocular motility was intact, and no visual field defects were demonstrated on confrontation field testing. Color testing was normal with an 8/8 score on the Ishihara test. Intraocular pressure was 14 OD and 16 OS. Slit-lamp examination demonstrated an unremarkable adnexal, anterior chamber, lens, and vitreous. Dilated examination of the posterior pole of the left eye showed optic nerve edema and dilated tortuous vessels, and several patchy hemorrhagic areas in the typical “blood and thunder” fashion. These findings were consistent with a central retinal vein occlusion (CRVO). Serology tests including complete metabolic panel, complete lipid panel, PT, PTT, INR, fibrinogen activity, antiphospholipid antibody panel, ACE, Lyme antibody, ESR, CRP, ANA, P-ANCA, C-ANCA, RPR, FTA/ABS, and homocysteine were all within normal limits.

Upon further history taking, the patient admitted to several episodes of repeated “poppers” use, just days prior to the presenting symptoms. “Poppers” are a recreational substance belonging to the alkyl nitrite family of compounds [1]. They are commonly inhaled to provide a brief euphoria, and are also used for sexual arousal [1]. While previous clinical studies have shown that these substances can cause maculopathy [1], it has not been shown to cause a CRVO specifically. If a proper history is not taken, and the right questions are not asked in an otherwise young healthy patient with a CRVO, the true etiology can easily be missed.

References


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