

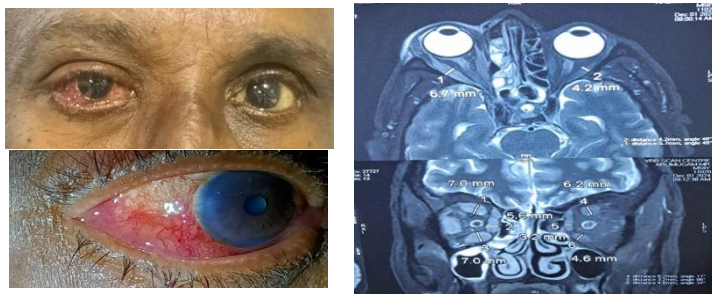
### EYE-CONIC CASE

Glimpse of an enticing case scenario

### CAROTICO CAVERNOUS FISTULA

- DR. LAKSHMI MENON

A 59 year old male came with complaints of prominent RE with watering and redness for the past 10 days. He was a k/c/o hypertension, had history of head injury due to fall 6 months back. On examination, Best corrected visual acuity in RE 6/18, LE 6/9. IOP with Goldmann Applanation Tonometer was 26 mmhg in RE and 15 mmhg in LE. Color vision was 1/17 in RE, normal in LE. Axial Proptosis in RE with Hertles exophthalmometry was 17-88-11. On slit lamp examination, RE conjunctival congestion and chemosis with dilated episcleral vessels -corkscrew vessels noted temporally. Extraocular movements was restricted in all gazes with diplopia on extreme gazes with RAPD in RE noted. LE-Anterior segment examination was within normal limits. Fundus examination was normal in both eyes. No change in proptosis with posture or Valsalva, On palpation, no thrill, pulsations or retropulsion and no bruit on auscultation. Provisional diagnosis of RE - Thyroid Eye disease or Carotico-cavernous fistula (CCF) was made. Advised Thyroid Profile and MR angiogram, which showed dilated right superior ophthalmic vein with enlarged Extra ocular muscles and right cavernous sinus with multiple flow signals communicating with internal carotid artery suggestive of CCF. Thyroid Profile was within normal limit. Topical Antiglaucoma medications and Steroids initiated. Urgent referral to interventional radiologist was advised for Endovascular embolization.



CCF is an abnormal connection between the internal carotid artery or external carotid artery and the cavernous sinus. This connection causes arterial blood to flow directly into the venous system, leading to increased pressure and potential complications. CCFs can be traumatic, spontaneous, or iatrogenic. Symptoms may include exophthalmos, chemosis, eyelid swelling, and vision loss. The diagnosis of CCF is usually made using imaging like angiography, CT, or MRI. Treatment options include endovascular embolization, surgery, or both. If left untreated, can lead to vision loss, stroke, and even death.

### RIDDLE ME

DR. MANISHA

### EYE QUEST

To tease your brain a little

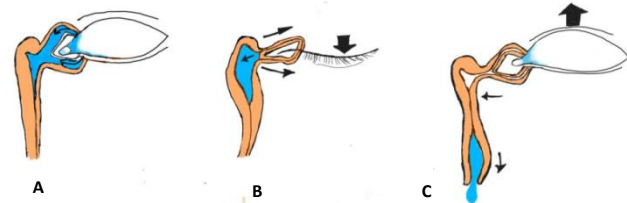
1. I am a small White spot, I usually like children with flattened face, short neck, single line in palm and low set ears.
2. I am a line, I like to stay on threads that support lens.
3. When the 6th Nerve Falters, the gaze goes astray, I am a Surgical Fix when the nerve lost its way. I split a muscle and join the other muscle with disinsertion – Name the surgery.
4. In thyroid grasp I show, In dim light my secret reveals in pupil., I am a sign.
5. I am a tool open a path for the saline to flow, Small and precise in hands I rest, A dilating job I do the best. – What am I?
6. A streak of green, A leak unfolds, A fluid flows where it should stay, I reveal the damage without delay. – Name the test?
7. I am a scientist, with array of lines I test the view, Distortions here gives a warning to.

### LACRIMAL PUMP

- Dr. NALEENA

### EYE-OPENER

Lets brush-up our basics



- A. In relaxed state , puncta lie in the tear lake.
- B. Eyelid closing movement - contraction of orbicularis oculi muscle occurs a. Contraction of pretarsal orbicularis -> compression of ampulla and shortens canaliculi -> propels the tear fluid towards lacrimal sac b. Contraction of preseptal orbicularis which inserts into lacrimal sac -> pulls the lacrimal sac open-> creates a negative pressure -> draws tears into sac
- C. Eyelids Opening Movement – Orbicularis Relaxes a. Relaxation of Pretarsal orbicularis – canaliculi and puncta reopens -> canaliculi refills -> completes the cycle b. Relaxation of Preseptal orbicularis – lacrimal sac collapses -> expels fluid down the Nasolacrimal duct

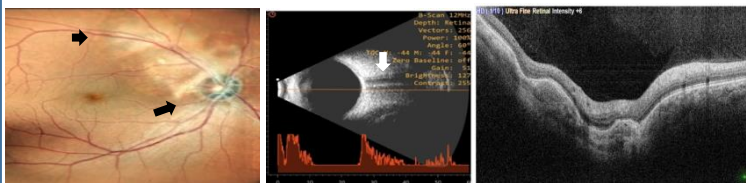
### EYE-WORTHY SNAP

Captured clinical findings

### CHOROIODAL OSTEOMA

- DR. HRUDYA

Right eye color fundus photograph of 44 year old male , showing subretinal irregularly elevated lesion of size 2 DD seen at the superior disc margin and extending along superotemporal arcade, not involving the macula. On ultrasound B scan of Right eye, there is a lesion at disc margin with 100% reflectivity and acoustic shadowing present - **Pseudo-optic nerve** OCT showing homogenous Choroidal elevation with minimal backshadowing.



Rare benign intraocular ossification. Occurs sporadically in young females in 2<sup>nd</sup> and 3<sup>rd</sup> decade. Calcification can occur when there is an abundant blood supply – delivers the osteoblasts to organize the architecture of Haversian system. Complications include CNVM usually associated with SRF and hemorrhage- detected as elevated grey green subretinal tissue.

D	S	T	A	R	G	A	R	D	T	A	R	T
R	H	R	E	T	S	O	F	N	D	E	Y	M
R	K	F	U	C	H	U	R	E	L	E	J	V
T	L	A	Y	A	N	D	O	A	H	X	B	J
Y	D	K	H	O	D	A	D	O	U	S	T	K
M	A	L	Y	U	G	I	N	H	C	S	L	E
N	N	M	R	A	O	Z	E	H	V	M	Q	H
L	D	I	I	R	B	H	T	J	G	E	T	R
T	Y	V	E	Q	U	M	T	F	X	G	Q	L
O	S	H	V	O	S	S	I	U	S	N	Y	I
I	P	S	H	L	N	A	M	I	Z	R	N	C
S	A	M	P	A	O	E	L	E	S	I	T	H

### EYE HUNT Answers

October 24

1. Malyugin
2. Spheroidal
3. Vossius
4. Elschnig
5. Sampaolesi
6. Dandys
7. Stargardt
8. Khodadoust
9. Mittendorf
10. Foster fuch

Congratulations Dr. Sara for winning

### EYE APPRECIATE

Dr. Tahira Agarwal award for Best Case presentation in Kalpavriksha conducted by Dr. Agarwals eye hospital, September 2024

### STUDENT LEAD



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