

CASO CLÍNICO

E1 THAÍS BASTOS

CASO CLÍNICO

- ID: masculino, 68 anos
- Paciente refere escotoma em OE há 20 dias.
- Antecedentes oculares: nega
- Antecedentes pessoais: HAS

EXAME

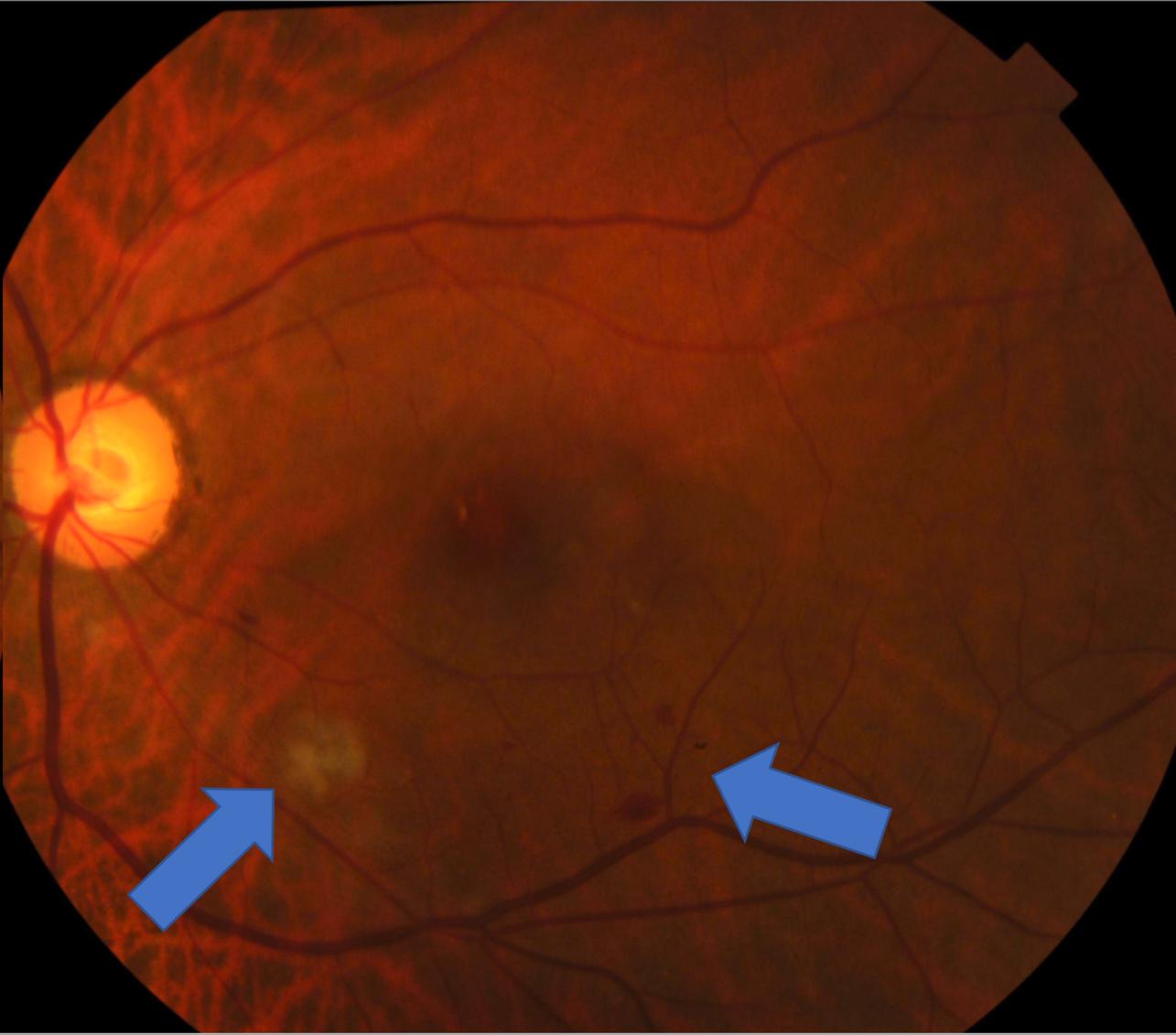
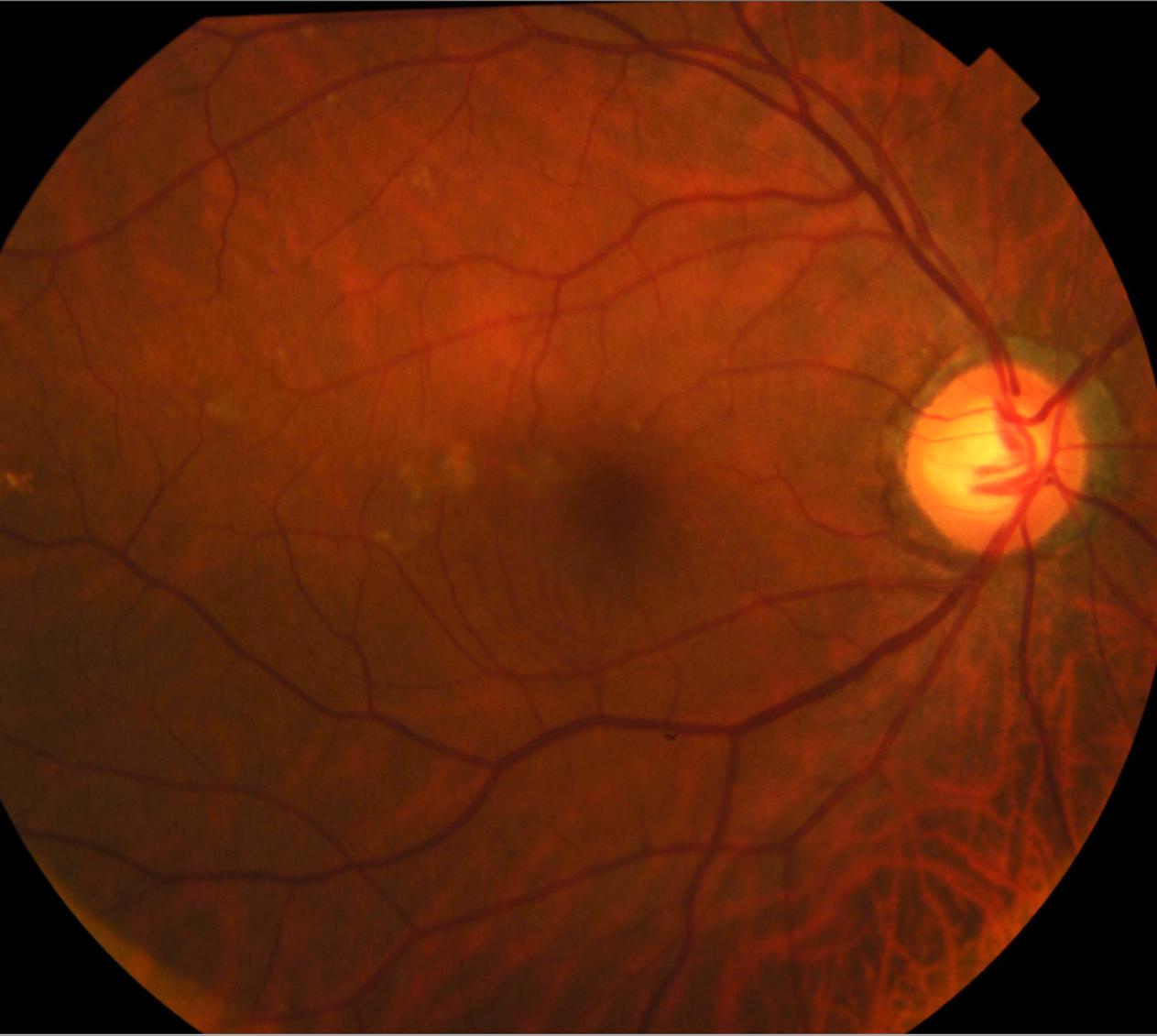
- AV C/C

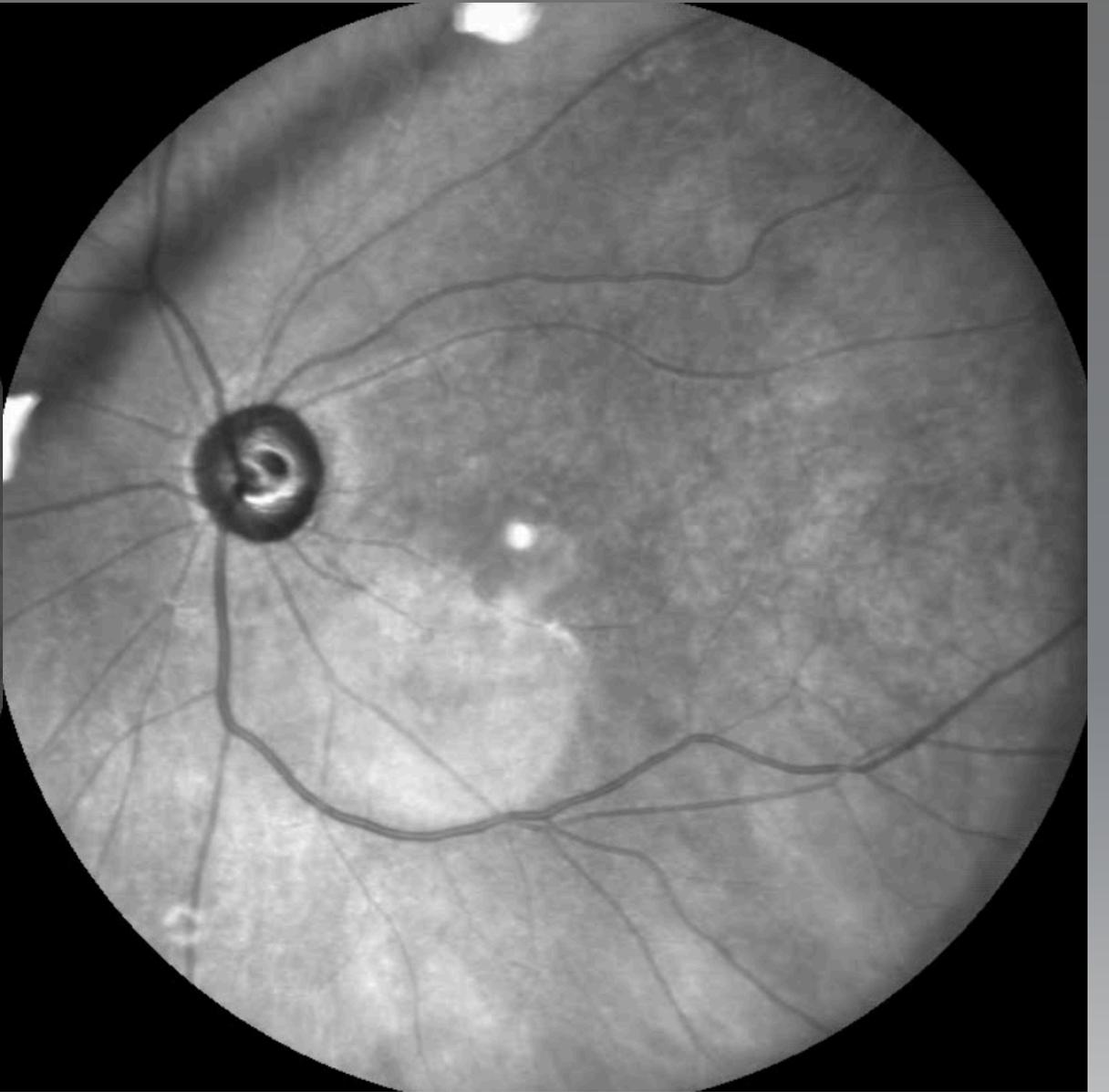
 - OD 20/30

 - OE 20/400

-

- Biomicroscopia AO: olho calmo, córnea transparente, CA ampla, s/RCA, cn incipiente





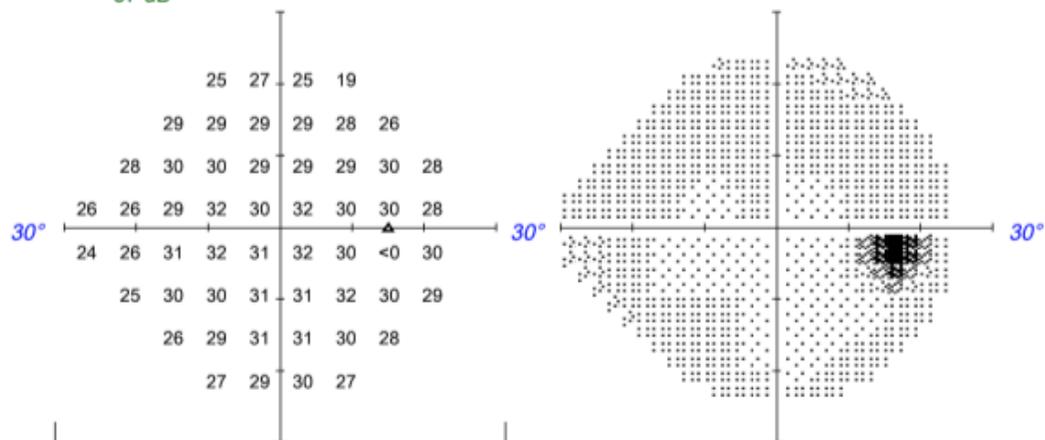
OD Análise de Campo Único

Central 24-2 Teste de Limiar

Monitor de Fixação: **Fixação/Mancha Cega**
 Mira de Fixação: **Central**
 Perdas de Fixação: **1/10**
 Erros Falsos POS: **0%**
 Erros Falsos NEG: **0%**
 Duração do Teste: **02:46**
 Fóvea: **37 dB**

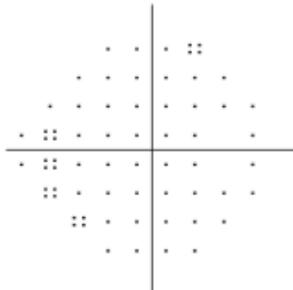
Estímulo: **III, Branco**
 Fundo: **31,5 asb**
 Estratégia: **SITA Fast**
 Diâmetro de Pupila: **4,2 mm ***
 Acuidade Visual:
 Refr: **+3,25 DS**

Data: **15/09/2020**
 Hora: **09:21**
 Idade: **68**



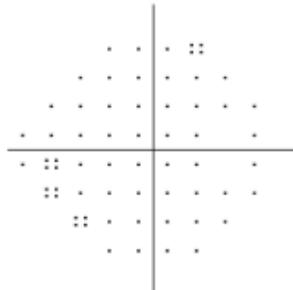
-2	1	-1	-6				
1	0	0	0	0	-2		
0	0	-1	-2	-2	0	1	0
-1	-3	-2	0	-2	0	-1	-2
-3	-3	-1	0	-2	0	-1	0
-4	-1	-2	-1	-1	1	0	0
-4	-1	0	1	0	-1		
-1	0	1	-3				

Desvio Total



-2	0	-1	-7				
0	0	0	0	0	-2		
-1	0	-1	-2	-2	-1	0	-1
-1	-3	-2	0	-2	0	-2	-2
-4	-4	-1	-1	-2	0	-2	0
-4	-1	-2	-1	-1	0	-1	-1
-4	-1	0	0	0	-2		
-2	0	0	-3				

Desvio Padrão



GHT: **Dentro dos Limites Normais**

VFI: **99%**
 MD24-2: **-0,92 dB**
 PSD24-2: **1,33 dB**

:: P < 5%
 ☒ P < 2%
 ★ P < 1%
 ■ P < 0,5%

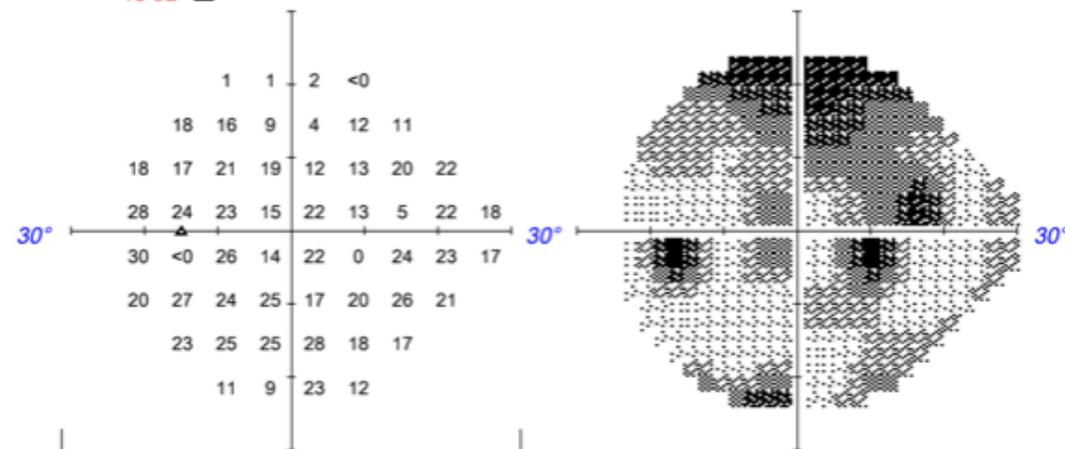
OS Análise de Campo Único

Central 24-2 Teste de Limiar

Monitor de Fixação: **Fixação/Mancha Cega**
 Mira de Fixação: **Central**
 Perdas de Fixação: **2/14**
 Erros Falsos POS: **1%**
 Erros Falsos NEG: **4%**
 Duração do Teste: **04:35**
 Fóvea: **18 dB** ■

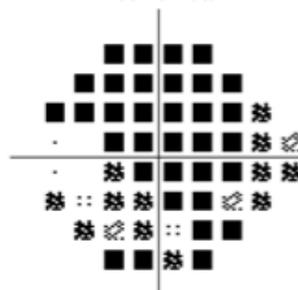
Estímulo: **III, Branco**
 Fundo: **31,5 asb**
 Estratégia: **SITA Fast**
 Diâmetro de Pupila: **4,0 mm ***
 Acuidade Visual:
 Refr: **+3,25 DS**

Data: **15/09/2020**
 Hora: **09:28**
 Idade: **68**



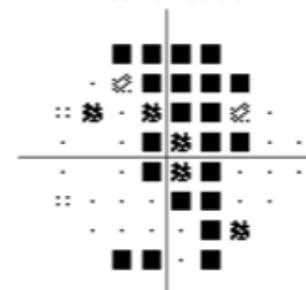
-25	-25	-25	-29				
-9	-12	-20	-25	-17	-17		
-10	-12	-9	-12	-19	-18	-10	-6
-2	-8	-17	-10	-19	-26	-7	-9
1	-6	-19	-10	-32	-7	-6	-9
-10	-3	-7	-7	-14	-12	-4	-8
-7	-5	-5	-3	-13	-12		
-18	-20	-6	-16				

Desvio Total



-19	-20	-19	-23				
-3	-6	-14	-19	-11	-11		
-4	-7	-3	-6	-13	-12	-4	-1
4	-2	-11	-4	-13	-20	-1	-3
7	0	-13	-4	-26	-1	0	-4
-4	3	-1	-1	-9	-6	1	-2
-1	1	0	3	-7	-6		
-12	-15	-1	-10				

Desvio Padrão

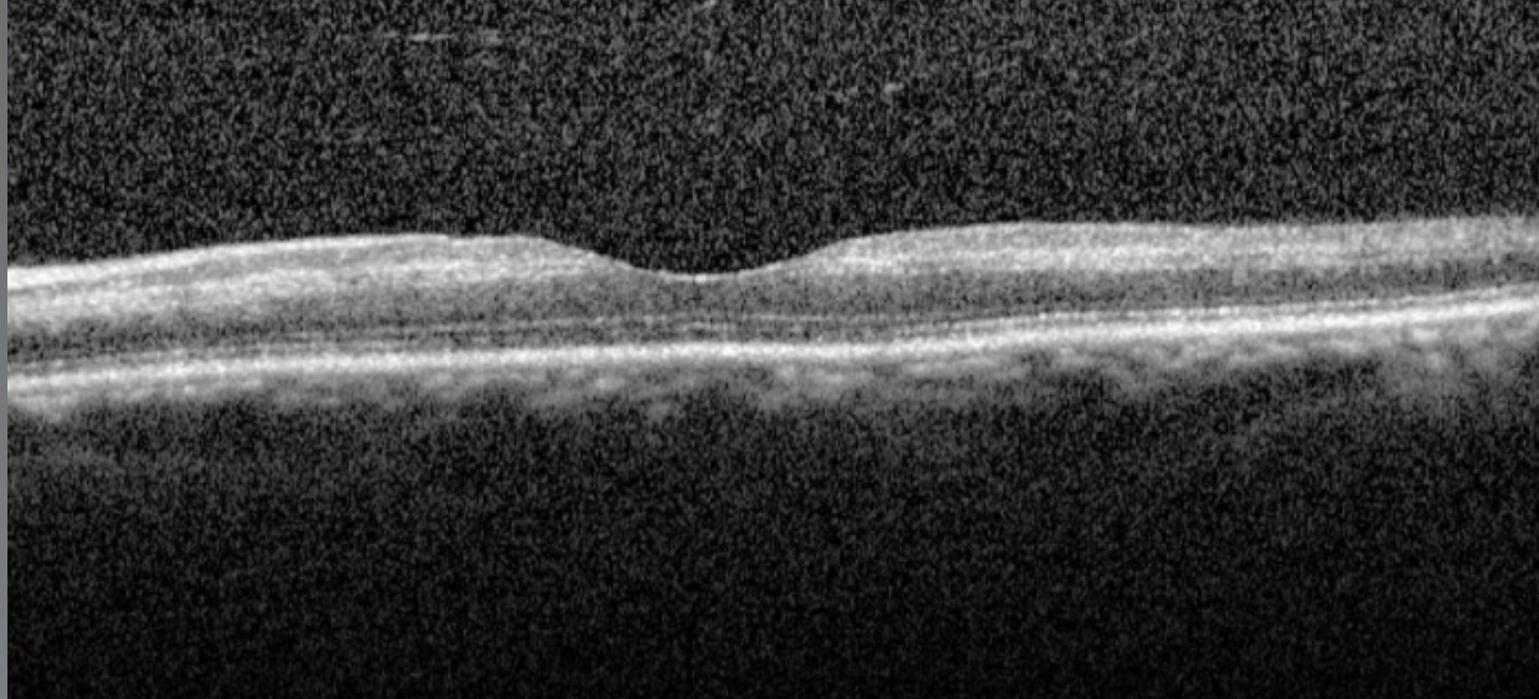


GHT: **Fora dos Limites Normais**

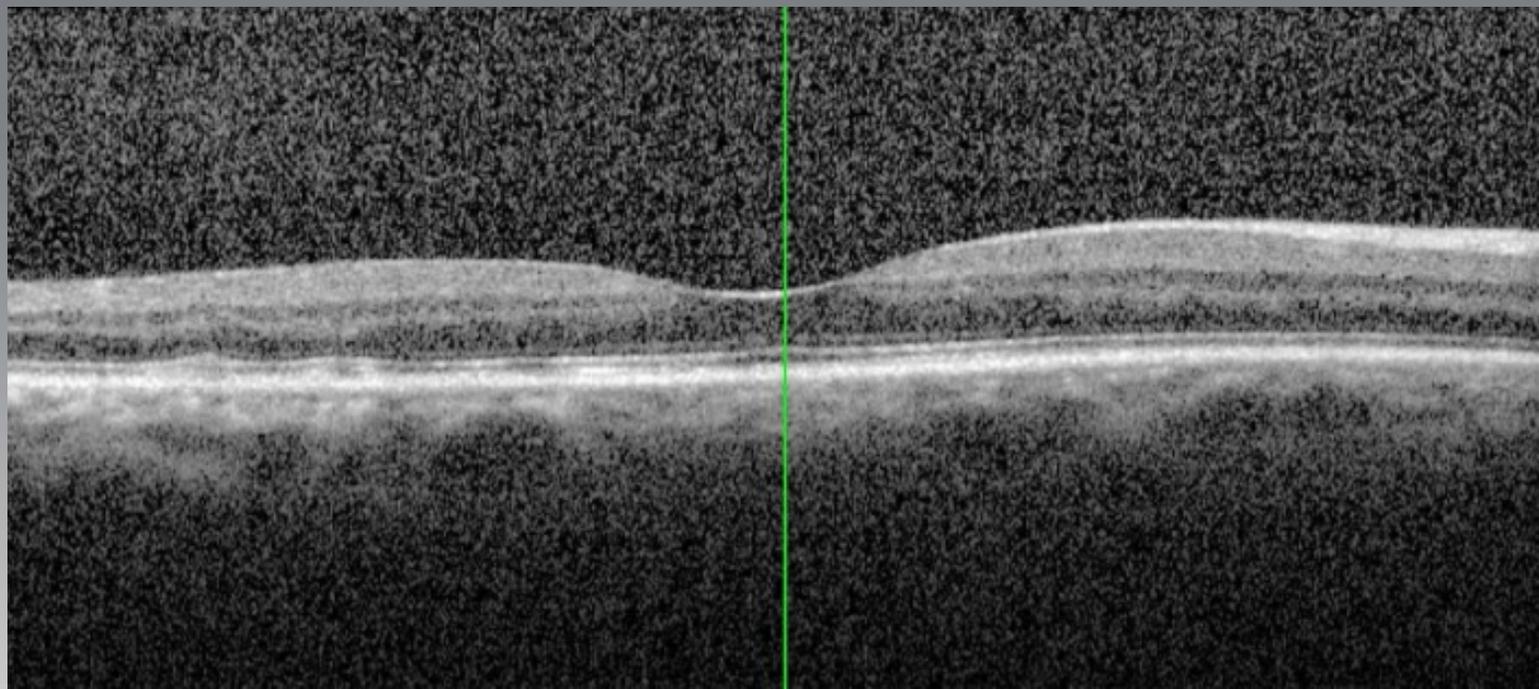
VFI: **63%**
 MD24-2: **-12,78 dB P < 0,5%**
 PSD24-2: **7,77 dB P < 0,5%**

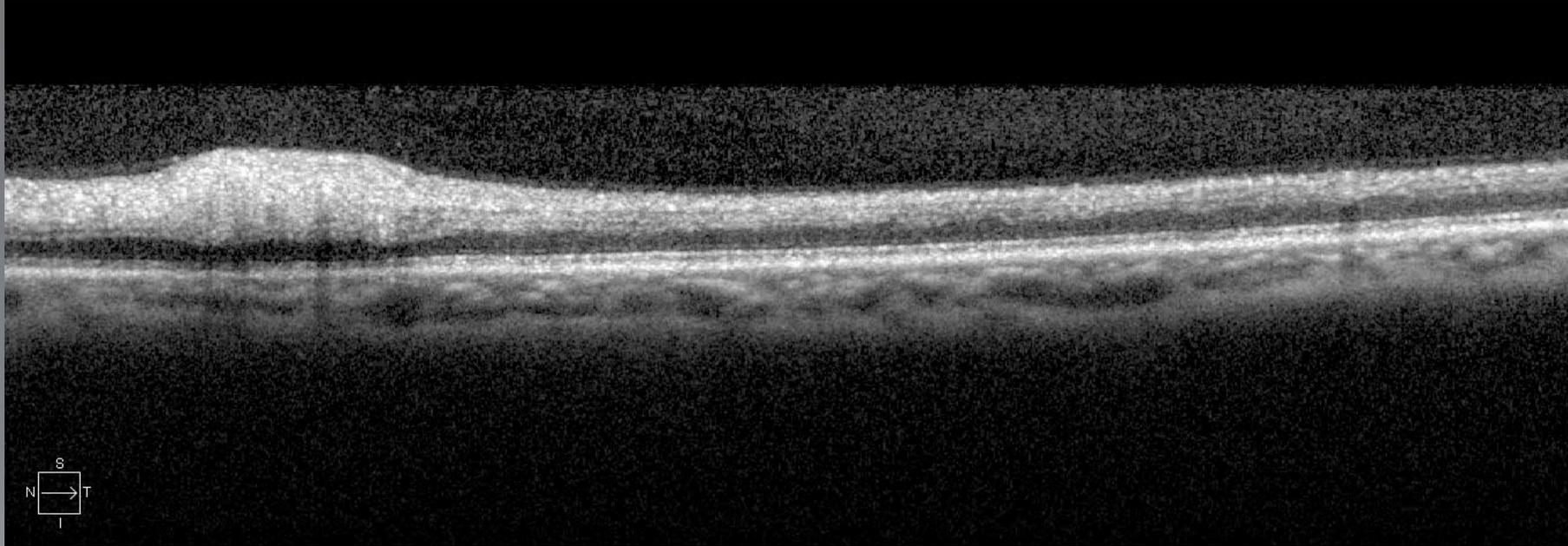
:: P < 5%
 ☒ P < 2%
 ★ P < 1%
 ■ P < 0,5%

OD

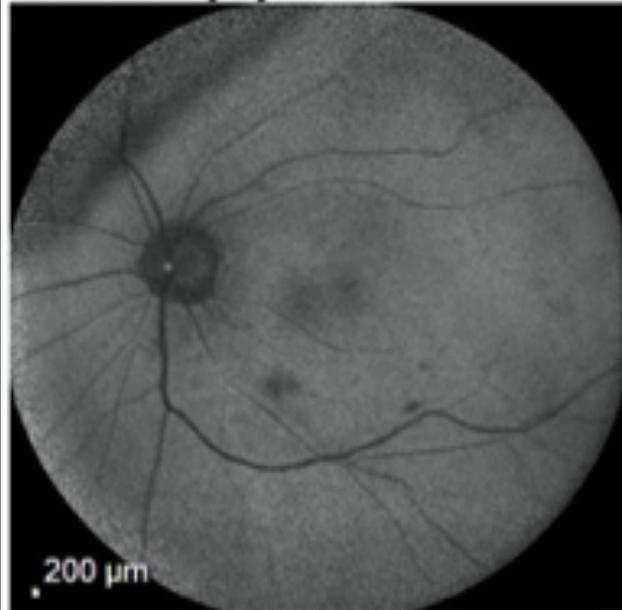


OE

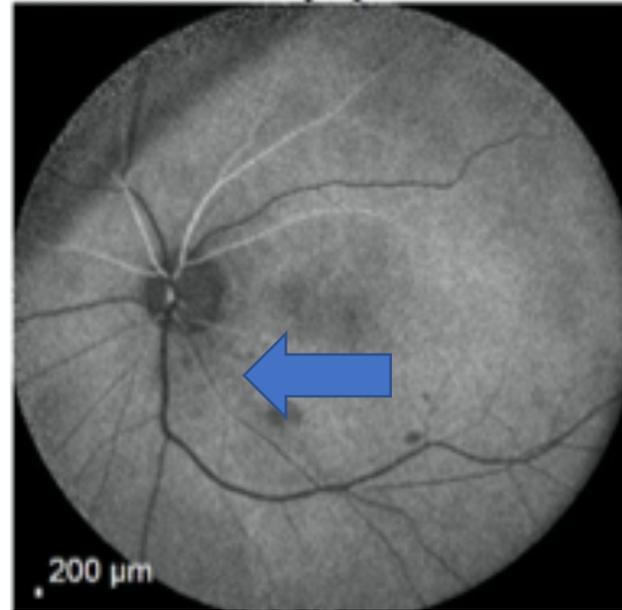




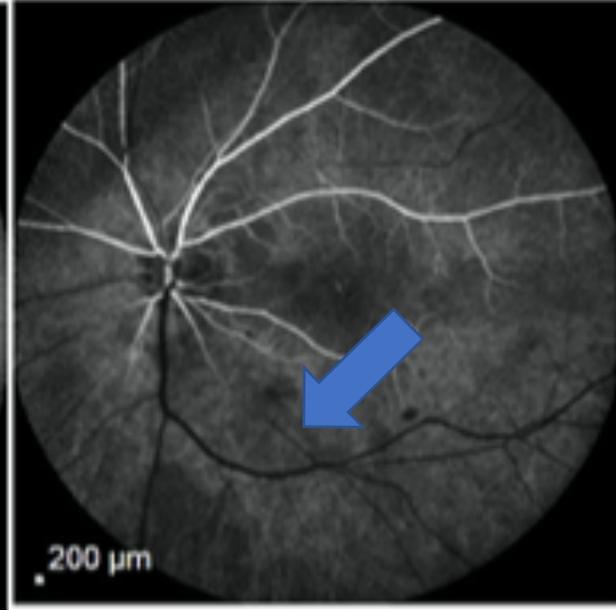
BAF 55° ART [HS]



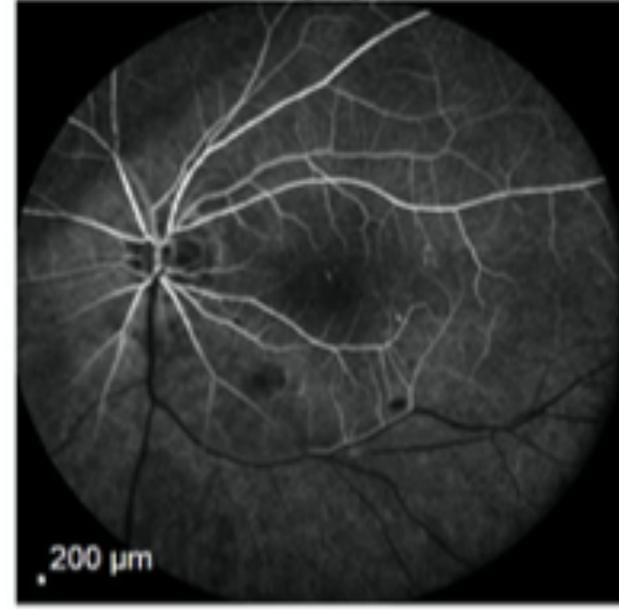
FA 0:10.35 55° ART [HS]



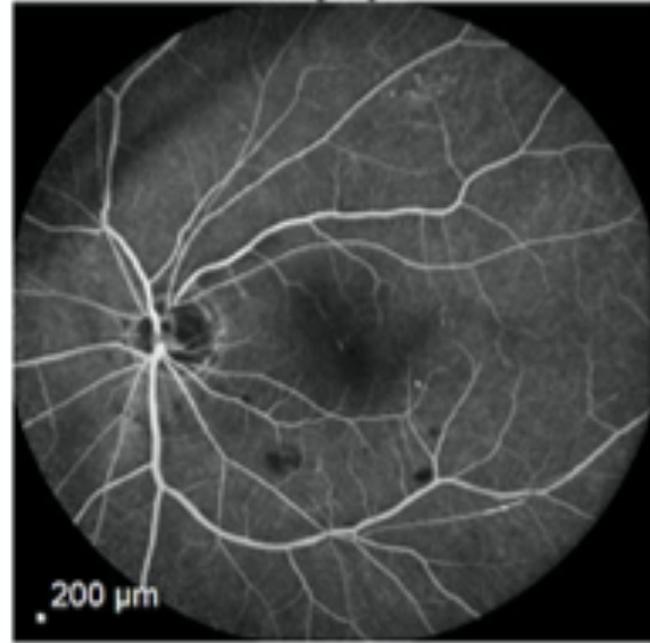
FA 0:14.46 55° ART [HS]



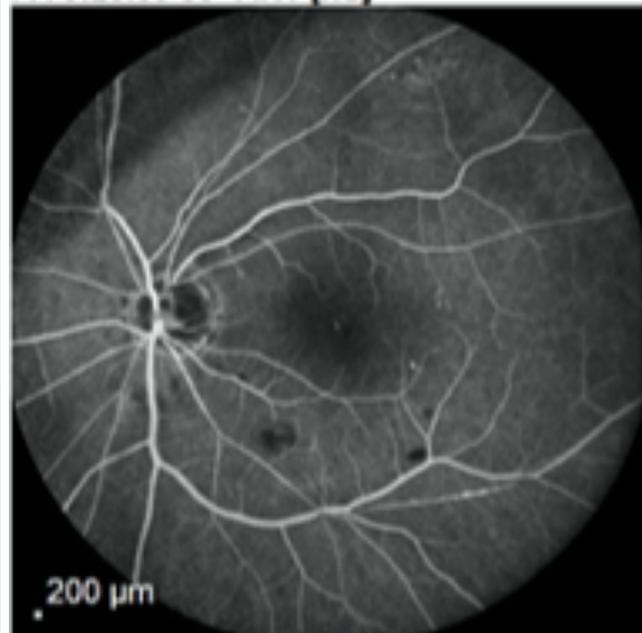
FA 0:18.92 55° ART [HS]



FA 4:00.30 55° ART [HS]



FA 5:23.89 55° ART [HS]



HIPÓTESE DIAGNÓSTICA/CONDUTA

- OCLUSÃO DE RAMO DE ARTÉRIA CENTRAL DA RETINA

- CD:
encaminhamento ao neurologista

OACR

- Causa mais comum: embólica – PROVENIENTE DE PLACA NA CARÓTIDA
- SINAL TIPICO: mancha vermelho-cereja – casos agudos
- A maior parte da palidez da retina tende a se resolver
- Evolui para atrofia

- Oclusões de ramo – melhor prognóstico
- SINAIS MAIS SUTIS

OBRIGADA!