

# CASO CLÍNICO

E1 THAÍS BASTOS

# CASO CLÍNICO

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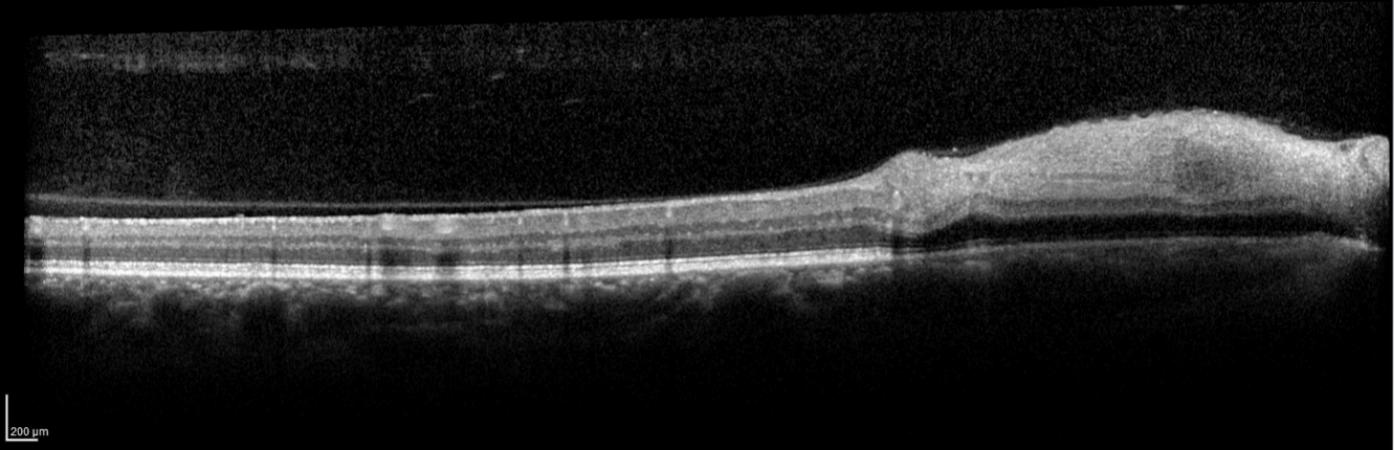
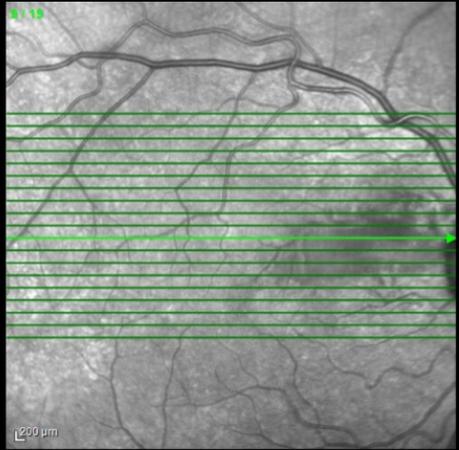
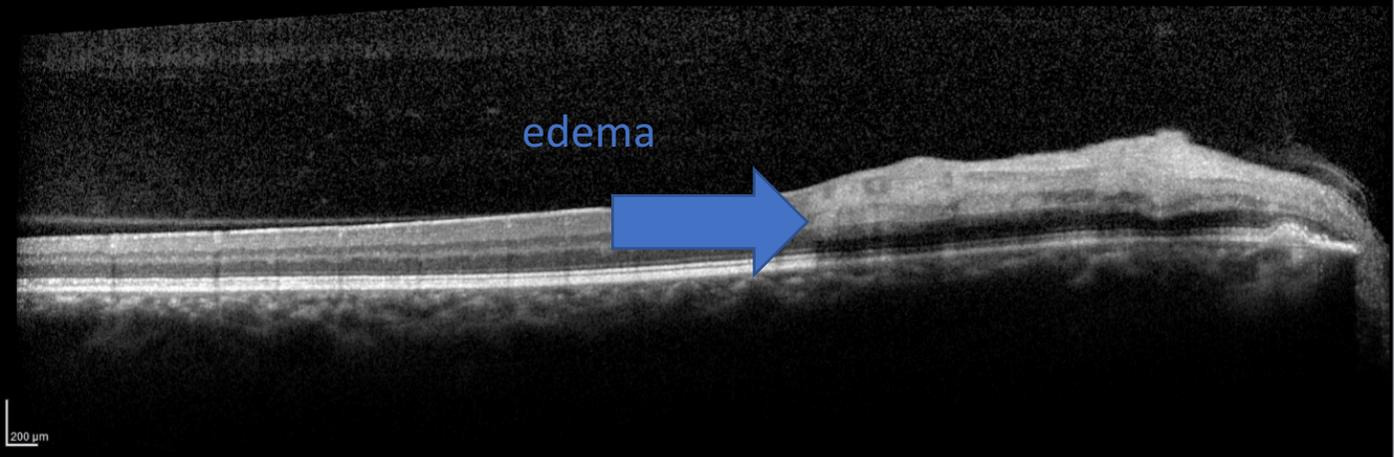
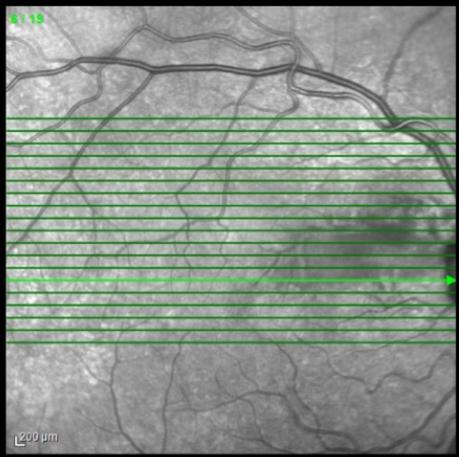
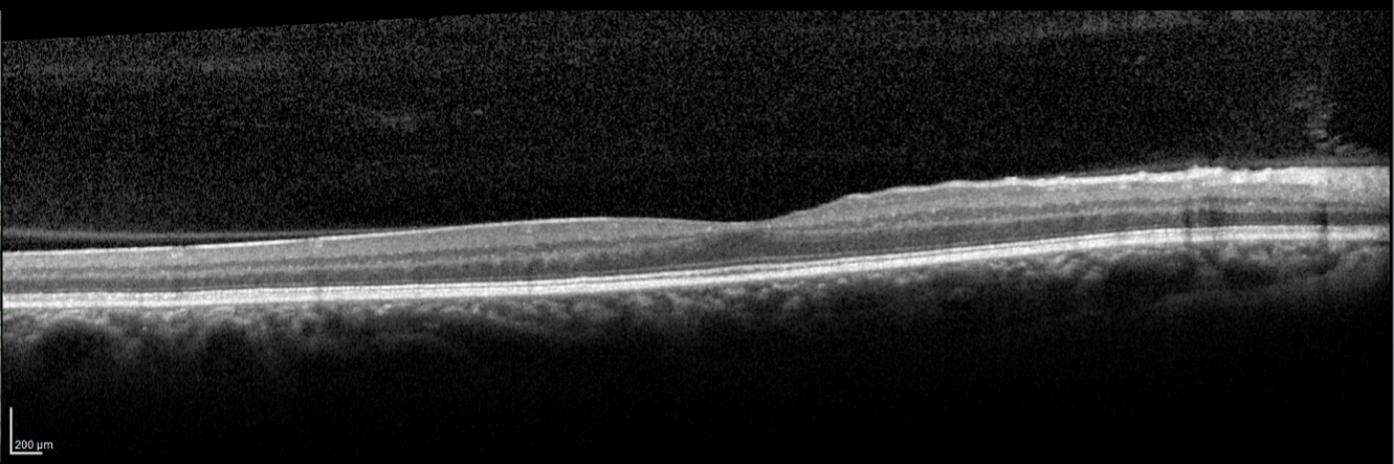
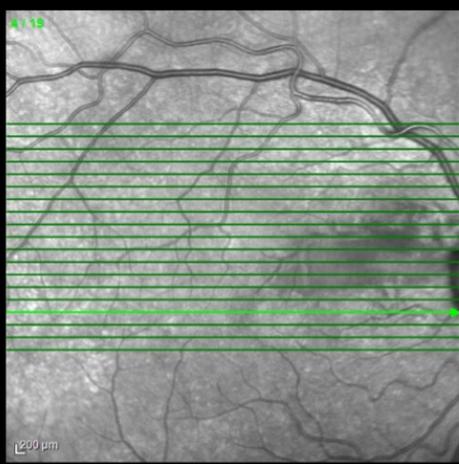
- ID: masculino, 53 anos
- Paciente refere moscas volantes, associado a percepção súbita de escotoma em olho direito há três dias. Nega trauma.
- Nega queixas sistêmicas
- Antecedentes oculares: nega
- Antecedentes pessoais: AVC em 2004, hipercolesterolemia, depressão.

# EXAME

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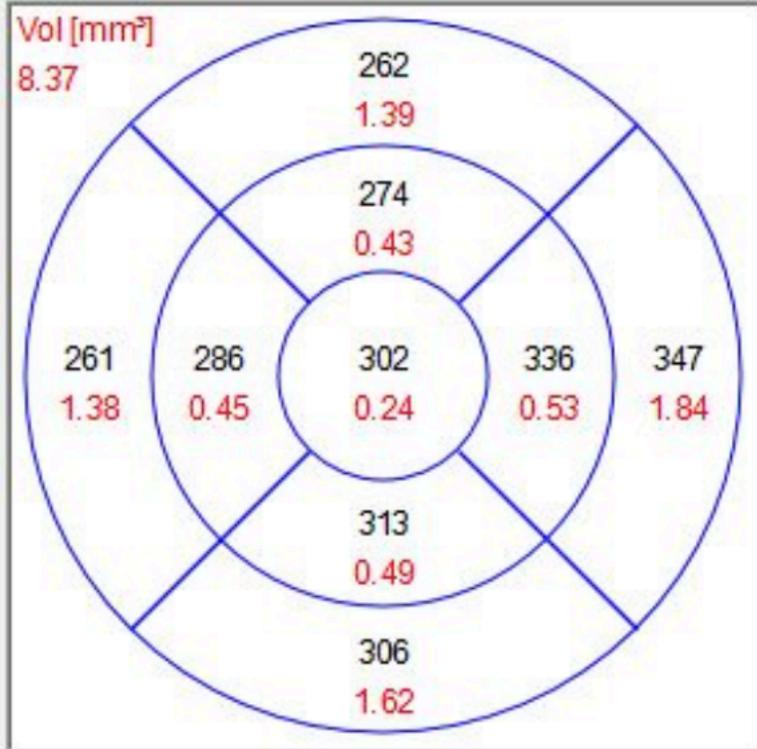
- Avsc
  - OD 20/50
  - OE 20/20
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- Biomicroscopia AO: olho calmo, córnea transparente, CA ampla, s/RCA, cristalino transparente.





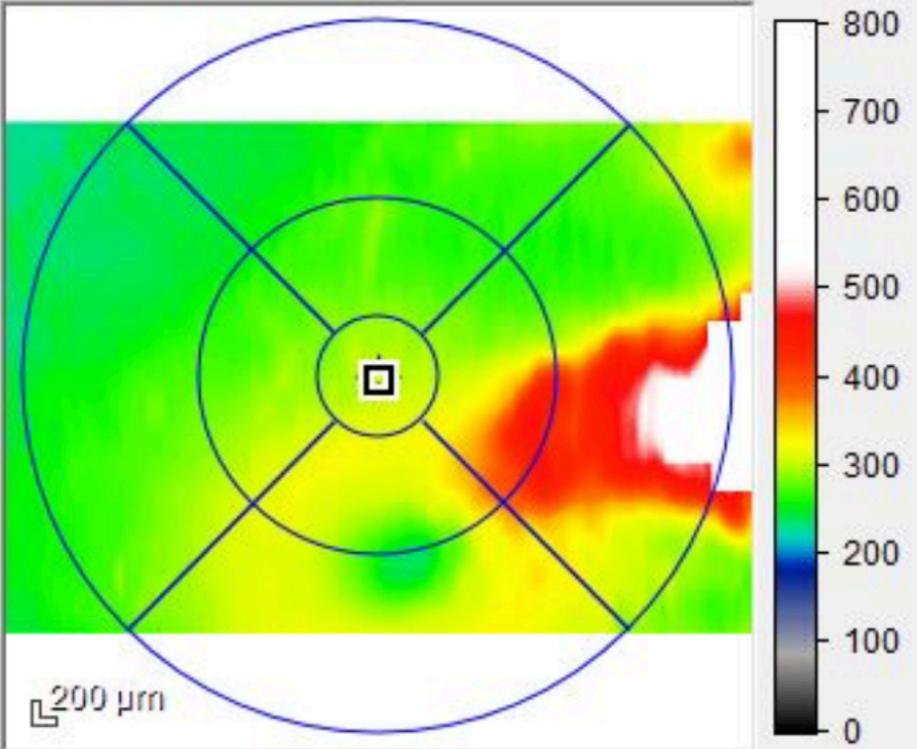
Examination: 07/05/2019

### Average Thickness [ $\mu\text{m}$ ]



- Marker: 306  $\mu\text{m}$
- Center: 306  $\mu\text{m}$
- Central Min: 283  $\mu\text{m}$
- Central Max: 324  $\mu\text{m}$

### Retina Thickness [ $\mu\text{m}$ ]



# HIPÓTESE DIAGNÓSTICA/CONDUTA

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- OCLUSÃO ISOLADA DE ARTÉRIA CILIO-RETINIANA
  
- CD:
  - rastreio de doenças sistêmicas (principalmente arterite de células gigantes)
  - rastreio de fatores de risco trombo-embólicos
  - observação

# OCCLUSÃO DA ARTÉRIA CILIORRETINIANA

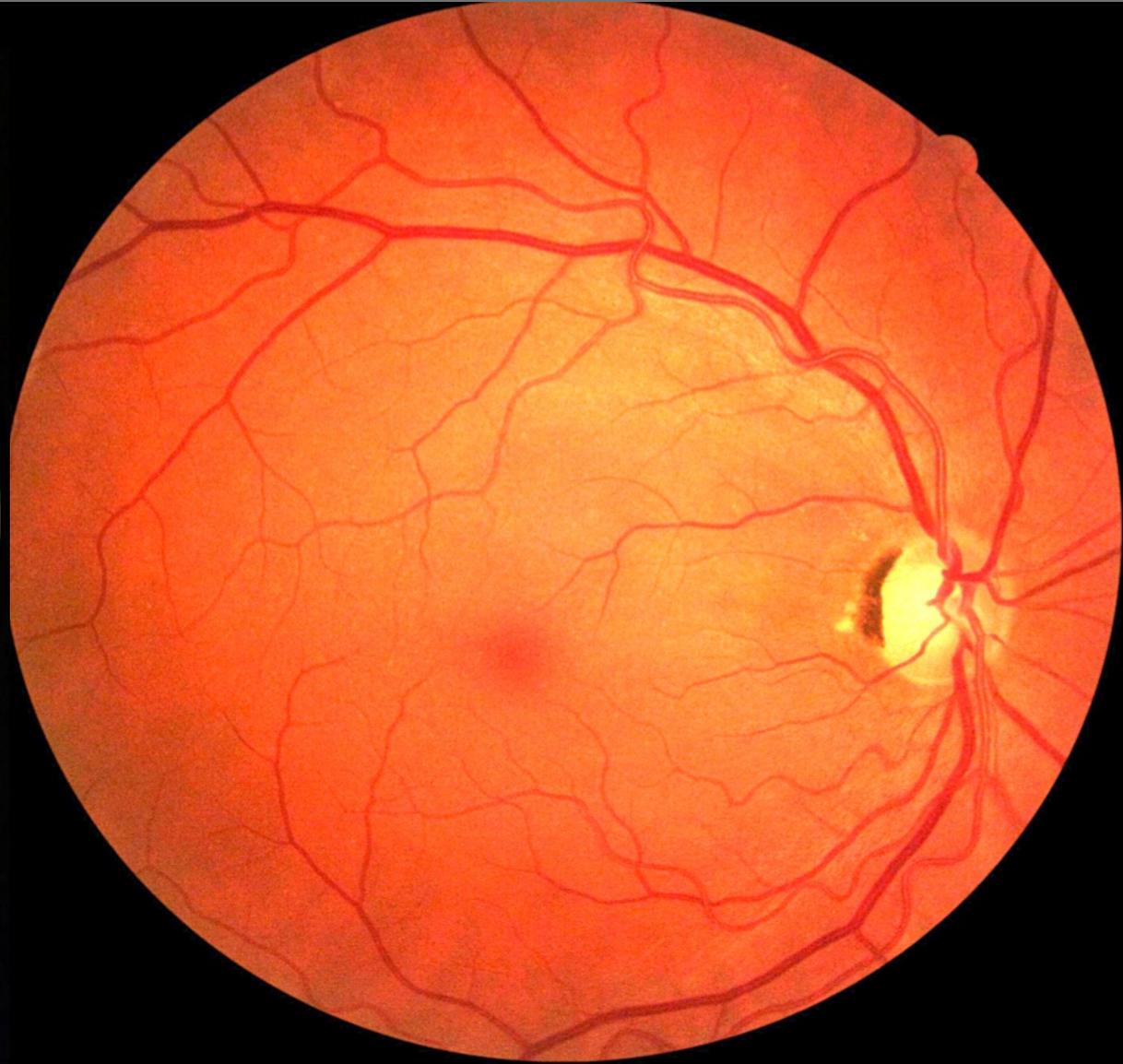
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- ARTÉRIA CILIORRETINIANA: presente em 20% da população
- Origem na circulação coroidiana.  
Isoladamente, associado a arterite de células gigantes, associada a oclusão de veia central da retina ou associada a neuropatia óptica isquêmica
- Oclusões isoladas são raras: correspondem a menos de 5% das oclusões arteriais da retina
- Quando isolada, tem bom prognóstico (90% atinge visão melhor que 20/40)

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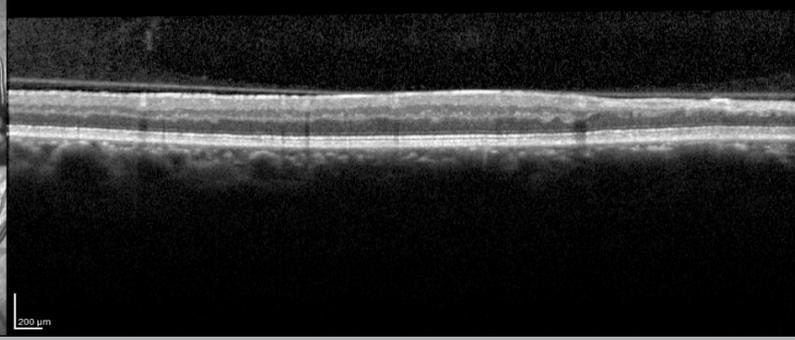
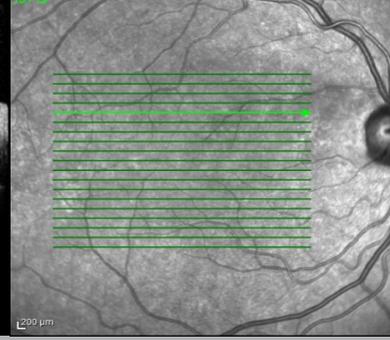
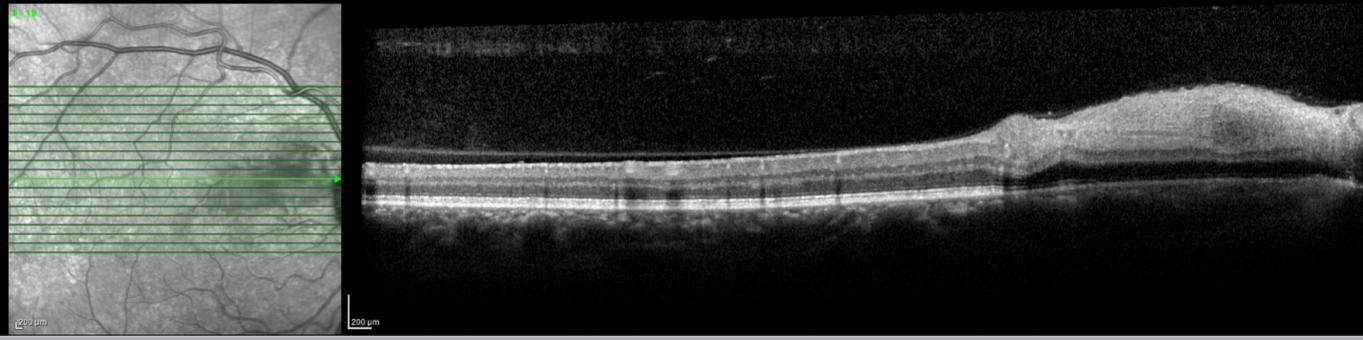
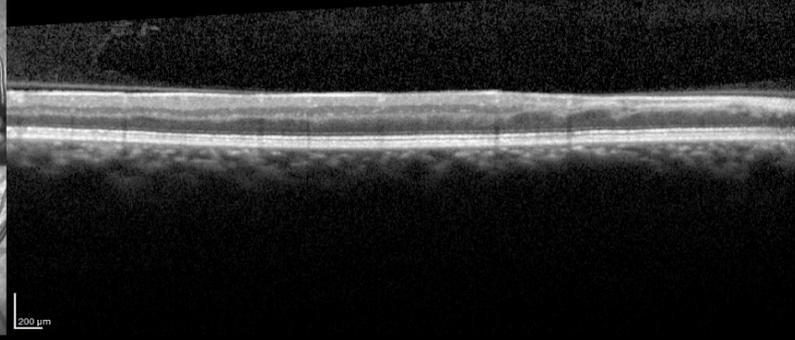
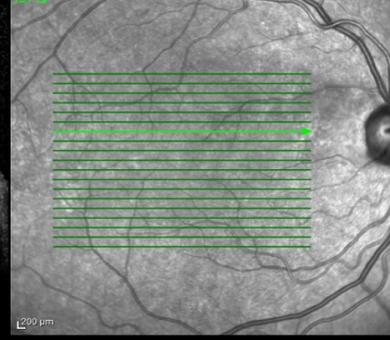
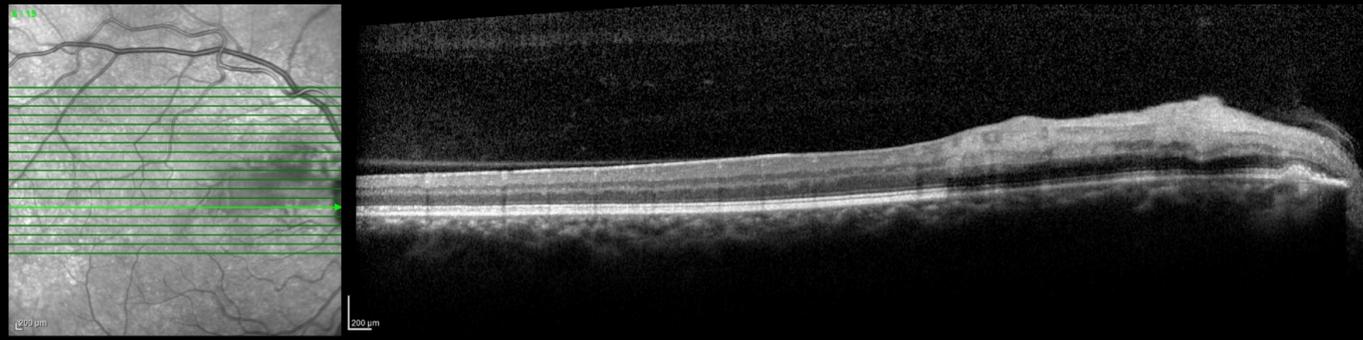
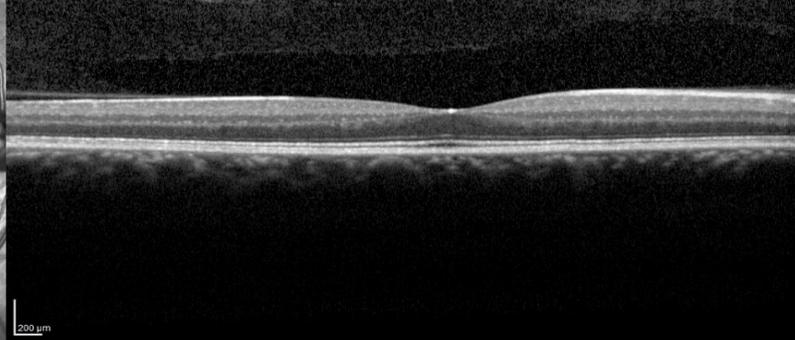
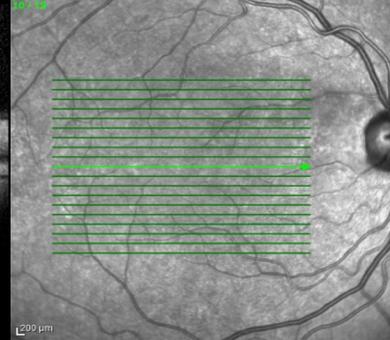
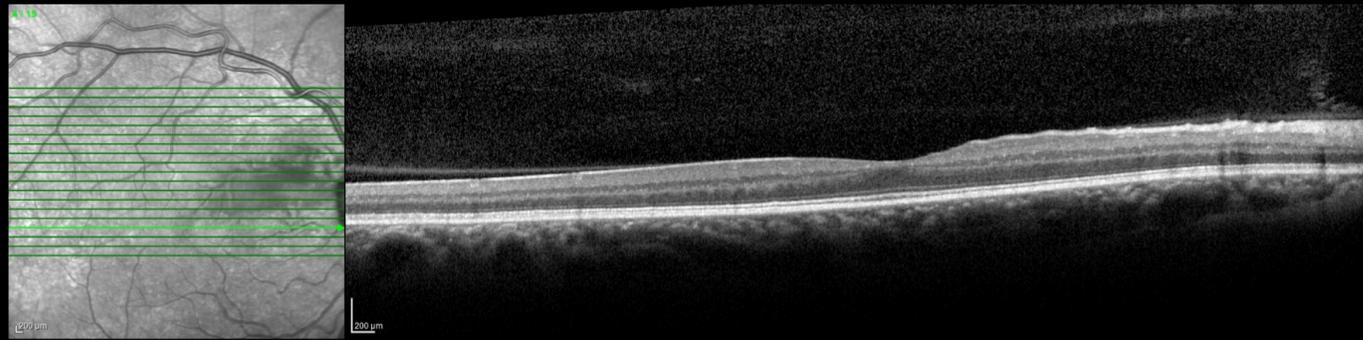


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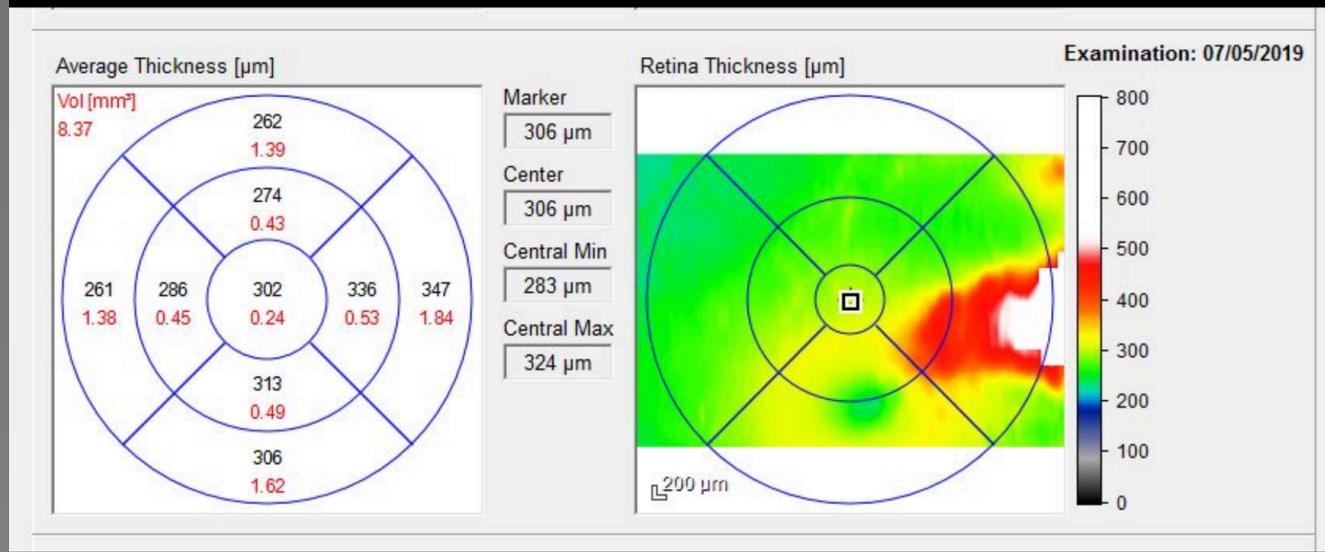


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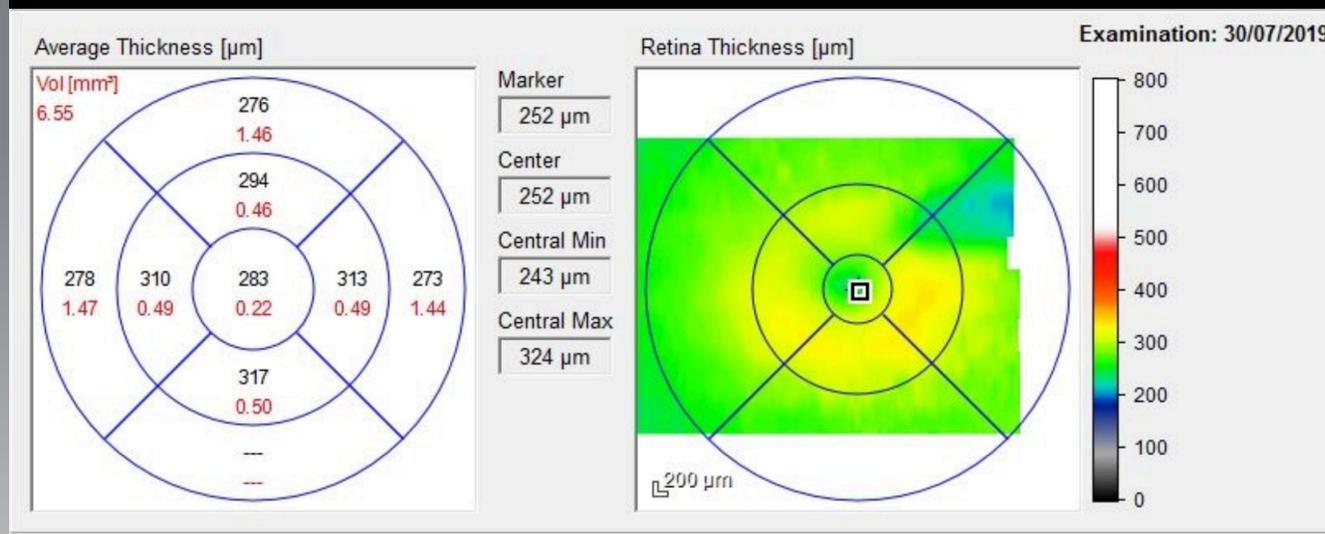
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OBRIGADA!