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Special Article - Clinical Cases and Images

Hollenhorst Plaque After Cardiac Catheterization

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Clinical Image

A 61 year-old woman with Ehler'sDanlos syndrome presented with sudden, painless loss of vision in the right eye for less than 1 day. She had recent embolic bifrontal and left parietal cerebral infarctions that had been successfully treated with tPA 1 month prior; she had no significant residual deficits and was discharged on aspirin. During that hospitalization, she had a normal cardiac catheterization in the setting of troponinemia. She described a "lipstick-shaped" clouding of her inferior vision that appeared bright red initially and gradually turned gray. Funduscopic examination revealed a Hollenhorst plaque in the superior branch of the central retinal artery (Figure A), and automated perimetry (Humphrey, 24-2) revealed a corresponding paracentral deficit inferiorly (Figure B). The patient was admitted for evaluation for stroke given high concomitance of cerebral infarction with ocular emboli [1]. MRI, MRA, and echocardiography were unrevealing; the patient was discharged on Aggrenox (Plavix allergy).

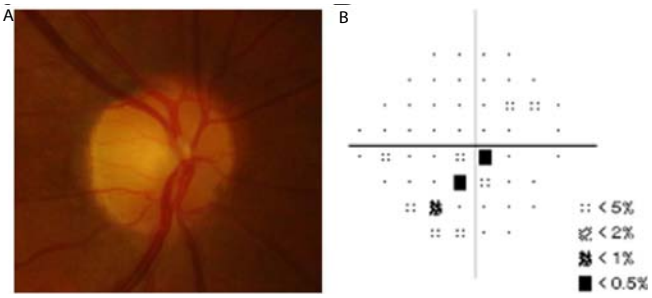

Figure A and B: (A) High magnification fundus photograph of the right eye depicting a Hollenhorst plaque in the superior retinal artery overlying the optic disc.
(B) Corresponding 24-2 Humphrey visual field pattern deviation plot depicting scattered inferior paracentral field loss in the right eye.

References

1. Helenius J, Arsava EM, Goldstein JN, Cestari DM, Buonanno FS, Rosen BR, et al. Concurrent acute brain infarcts in patients with monocular visual loss. Ann Neurol. 2012; 72: 286-293.

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