Permanent Bilateral Loss of Vision in Pregnancy

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Permanent blindness in pregnancy is rare. Eclampsia can occasionally cause temporary blindness due to retinal detachment (1-3%). A case of pregnancy with severe anaemia which developed total loss of vision in one eye and marked loss of vision in the other eye due to occlusion of the central retinal artery and vein in both the eyes, is reported here. Cause of occlusion of vessels, even after available investigations was not clear, probably due to embolus, spasm of vessels, hypertension, arterio sclerosis, valvular heart disease, trauma, diabetes, leukaemia and sickle cell disease.

Mrs I, 25 year old, Gravida 2, Para 1, Living 1, was admitted on 31-10-1996 with 32 weeks of pregnancy. She complained of loose motions, breathlessness and generalised weakness since 15 days.

On examination: Patient was moderately built and poorly nourished. She had severe pallor and, grade IV edema. BP – 110/70mmHg. CVS: Tachycardia and haemic murmur were present.

Abdominal examination: Fundal height – 27cms; Abdominal girth – 34", Uterus – 30 to 32 weeks, relaxed; FHR – 140/min.

Investigations: Hb% - 4g% an admission and 6.0gm% after blood transfusion; Urine: Alb & Sug – nil, Micro – NAD; C/S – E. Coli, sensitive to Norflox and Ciproflox; Blood group – O+ve; VDRL – Non reactive; HbsAg & HIV – Negative; Blood urea – 25 mg%; S. Creatinine – 1.2mg%; S. uric acid – 3.2mg%; Total proteins – 5.3g%, alb – 3.0g%, Globulin – 2.3g%; Complete hemogram: Hb-6g%, RBCs – 2.3 million / cumm., ESR – 95 mm at the end of an hr., TC – 4600 cells/cumm, DC: N-22, L-71, E-1, M-2, Myelocytes – 4, platelets- 1.4 lakhs/cumm, Peripheral smear – macrocytic picture.; PCV –19%; MCV-82.6cu.m; MCH – 26mg; MCHC – 31.5%; Bone marrow aspiration: megaloblastic picture; skull X-ray – (17143/96)-NRA; Test for RBC sickling – negative; USG – single live fetus of 31 wks of gestation with cephalic presentation.

During her stay in the hospital, one week after admission, the patient complained of sudden loss of vision in the right eye and marked dimness of vision in the left eye.

Fundoscopy (6-11-96): Right eye: Disc-haemorrhages over the disc, other details not made out; Macula – haemorrhages present; Vessels-veins dilated, arterial narrowing present; Back ground-multiple superficial flame shaped hemorrhages with patches of retinal opacification. Left eye: Disc-hyperaemic, haemorrhages present, margins not made out, cup not seen; Macula – haemorrhages in perimacular area, macular edema present; Vessels-venular dilation and arterial narrowing present; Back ground-multiple hemorrhages seen.

Impression: Bilateral Central Retinal Artery and vein occlusion

Vision: Right eye – no perception of light; Left eye – finger counting from 3 metres.

Repeat fundoscopy: on 2-1-97.; Imp.: post papilloedemic optic atrophy.

Treatment: Treated antenatelly with antibiotics and oral supplements. 2 pints of compatible blood was transfused. Patient was delivered by emergency LSCS on 19-12-96.; for the indication of fetal distress; Baby-female, 2.8kg. Total duration of stay in the hospital was 57 days.

Condition of the baby in Hospital: Baby cried immediately after birth. Its general condition was satisfactory. Birth weight was 2.8 kg, length was 50 cms and head circumference was 35 cms. Respiration was spontaneous and the baby passed meconium one hour after delivery. General examination was normal,. Respiratory system examination showed few bilateral crepitations. Other systems were normal. There were no obvious congenital anamolies, and the baby was mature.

A stomach wash was given and thin meconium stained fluid was aspirated. Baby was put on Inj: CP 1 lakh units bd for 5 days and was breast fed exclusively.

Baby had mild fever (37.8c°) on 31-12-1996. Respiratory system examination showed occasional bilateral rhonchi, baby was put on Inj: Ampicillin 125 mg bd for 5 days. Fever subsided.

Baby was discharged on 6-1-1997. General condition was satisfactory. Systemic examination was normal. Cry activity and reflexes were found to be good.