USE OF MICROPERIMETRY IN ADULT VITELLIFORM MACULAR DYSTROPHY

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Introduction. Adult-onset foveomacular vitelliform dystrophy (AOFVD) is a relatively uncommon, heterogeneous macular disease, presented in the fourth to sixth decade of life. Most often, AOFVD is misdiagnosed as age-related macular degeneration. The visual prognosis is generally favorable, but visual loss can occur from chorioretinal atrophy and choroidal neovascularization (Grob, 2014).

Case report description. A 76-year-old male presented with bilateral visual impairment during last 6 months. The patient had hyperopia since early adolescence. The patient had history of cerebral insult in 2009, surgery of prostate adenoma, renal cyst.

Examination determined best corrected visual acuity (BVA) V_{OD}=0.1cc+2.0Dsph=0.4/0.5, V_{OS}=0.15cc+1.5Dsph=0.5/0.6. Intraocular pressure (IOP) in both eyes was 13 mmHg.

Slit-lamp biomicroscopy revealed anterior chamber- normal depth with clear aqueous humor. Pupils were centrally located, isocoria was seen. Lens opacity was observed, stating diagnosis of cataract. Optic nerve head was seen without pathological changes. Prominent macula with circular, yellowish lesion was noticed during examination.

Optical Coherence Tomography (OCT) demonstrated the vitelliform material as a highly reflective dome-shaped lesion located in the retinal pigment epithelium (RPE) of macular region. Ultrasonoscopy showed bilateral dystrophic changes in vitreous body.

The following diagnosis for both eyes were applied - dystrophia retinae centralis pseudovitelliformis, cataracta senilis centralis, PES, hyperopia I.

On follow-up visit: BVA V_{OD}=0.1cc+2.5Dsph=0.4, V_{OS}=0.1cc+1.5Dsph=0.6. IOP in both eyes was 18 mmHg. OCT showed status without progression. Microperimetry for macular region was made - loss of macular integrity in both eyes, abnormal average threshold was seen in right (OD=26dB) and left eye (OS=20.3dB). In addition, relatively unstable fixation stability in OD (P1=67%, P2=84%) and stable fixation stability in OS (P1=86%, P2=95%) was noticed.
**Conclusions.** Microperimetry assesses the visual function of a specific area of the retina and fovea, and correlates to the OCT structural changes.

**Summary.** A 76-year-old male presented with bilateral visual impairment during last 6 months. Slit lamp biomicroscopy revealed prominent macula with circular, yellowish lesion. OCT demonstrated the vitelliform material as a highly reflective dome-shaped lesion located in RPE. Microperimetry assesses the visual function of a specific area of the retina and fovea, and correlates to the OCT structural changes.

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**URGENT BILATERAL UTERINE ARTERY EMBOLIZATION DUE TO REOCCURRING PROFUSE VAGINAL BLEEDING IN A PATIENT WITH CERVICAL CANCER IVB**

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**Key words.** bilateral uterine artery embolization, profuse vaginal bleeding, cervical cancer IVB.

**Introduction.** Cervical cancer is second most common cancer type after breast cancer, which affects women in ages of 15-44 in the EU. Intermittent bleeding from genital tract is an early sign of this disease, which after genital tract manipulations can complicate into a strong metrorrhagy. Uterine arterial embolization (UAE) has recently emerged as a highly effective percutaneous technique for controlling acute and chronic genital bleeding in gynecologic disorders. Benefits for the patient include low complication rates, avoidance of surgical risks, fertility preservation, and shorter hospitalizations. However, in Latvia it’s mostly used in treatment of fibroids and heavy bleeding after childbirth, and we present the first case of uterine artery embolization in the management of a patient with massive vaginal bleeding associated with cervical cancer IVB.

**Case report description.** 32 year old patient was admitted to REUH „Oncology Centre of Latvia ” electively for diagnostic and treatment plan formation due to diagnosis of squamous cell cervical cancer IVB (T3bN1M1). She had complaints of intermittent bloody discharge from the genital tract with first incidence 2 years prior, 2 months ago due to a sudden heavy metrorrhagy she was admitted to a hospital, abrasion and histology was done, and she was