CASE REPORT

A RARE CASE REPORT OF MULTIPLE EVANESCENT WHITE DOT SYNDROME PRESENTING AFTER PHYSICAL EXERTION

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INTRODUCTION:

- MEWDS is an inflammatory chorioretinopathy that affects mainly young, healthy women in the second to fourth decades of life. A flu-like illness is present in about one half of the patients.
- OCULAR MANIFESTATIONS - acute, unilateral, painless visual loss. Bilateral cases have been reported, but they tend to be asymmetrical.
- Visual acuity gradually returns to baseline levels. The temporal scotoma and photopsias may take considerably longer to resolve (several months).^[13] Recurrences are uncommon but have been reported.^[14] Visual prognosis is good even among patients who have recurrences.
- An attempt is made in this article to determine the etiology and visual outcome of MEWDS.

CASE HISTORY: A 25yr old man presented with sudden dimness of vision after walking for a long distance. On examination pupils were sluggishly reactive and visual acuity was CF 2mts in both eyes. Fundus examination showed clear media with multiple whitish spots deeper to the retinal vessels affecting the entire fundus beyond equator. Macula showed retinal folds with shallow detachment. FFA showed initial blocked fluorescein and staining of lesions in late films.

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DISCUSSION: MEWDS is an inflammatory chorioretinopathy that affects mainly young, healthy women in the second to fourth decades of life. A flu-like illness is present in about one half of the patients.

OCULAR MANIFESTATIONS - acute, unilateral, painless visual loss. Bilateral cases have been reported, but they tend to be asymmetrical. Often complain of a scotoma and associated shimmering photopsiae, in the temporal visual field.

Ocular findings include a variable amount of vitritis, optic disc edema, and, characteristically, multiple white spots at the level of the RPE or deep retina in the posterior pole. Retinal vascular sheathing may be present. A characteristic granular appearance to the fovea is present acutely, and the fovea usually does not return to a normal appearance. Choroidal scarring resembling multifocal choroiditis may develop in some patients, especially those with chronic MEWDS.

DIAGNOSIS -Diagnosis is made by the typical ocular manifestations of the disease.

Visual field testing---- reveal enlargement of the blind spot.

Fluorescein angiography---- reveal leakage from disc capillaries and late punctate staining of the RPE.

Indocyanine green angiography---- multiple hypofluorescent areas in the posterior pole.

Electrophysiological studies---- reveal a profoundly decreased a-wave amplitude on the electroretinogram and early receptor potential amplitudes in the acute phase of the disease.

Because MEWDS has a self-limited course, no specific treatment is necessary.

CONCLUSION: Though the etiology is uncertain, this is a case of MEWDS with history suggestive association with physical exertion.

REFERENCES:

1. Figurska M, Stachowska U, Kozera M. Klin Oczna. Multiple evanescent white-dot syndrome-- case report. 2012;114(4):297-300. Polish.
2. Abi-Ayad N, Prince N, Kodjikian L. Multiple evanescent white dot syndrome (MEWDS) J Fr Ophtalmol. 2011 Sep;34(7):508-10
3. Yanoff M, Duker JS, Posterior uveitis of unknown cause: In Ophthalmology, 3rd ed. Mosby, 2008.