LETTERS TO THE JOURNAL

Sir,

Recurrent Visual Loss Secondary to an Iris Microhaemangioma

A 55-year-old woman presented to our casualty department in August 1993 with a history of sudden loss of vision and mild discomfort in the right eye shortly after waking up. She described her vision as being roughly hand movements, followed by rapid improvement half an hour later. She had had three similar episodes in the previous 6 months, each occurring shortly after awakening. On two occasions she had presented to the casualty department some 5 hours later and a 'mild iritis' was diagnosed. However, in this particular episode she had also noticed 'blood in the eye' on inspection in the mirror. There was no history of trauma or associated cardiac or neurological symptoms. Her general health was good.

At the time of examination 2 hours later, her visual acuity had already improved to 6/6. There was a 1 mm hyphaema in the right eye with a blood clot at the 6 o'clock position of the pupillary margin (Fig. 1). Intra-ocular pressures measured 43 mmHg in the right eye and 18 mmHg in the left with open angles. Ocular and physical examination revealed no further abnormality.

After treatment with acetazolamide and a topical beta-blocker, her intraocular pressure stabilised with complete resolution of the hyphaema by the next day. At the site of the previous clot on the pupillary margin, a small tuft could be seen at high magnification. There was also a small iris remnant on the lens capsule, which disappeared over the following few days. A full blood count, clotting screen and urine analysis were normal.

It seems likely that the source of the hyphaema was an iris microhaemangioma at the pupillary margin. Larger vascular malformations of the iris have previously been documented by Fuchs.[1] Cobb *et al.*[2] described over 100 cases of 'vascular tufts' at the pupillary margin. They found an association with diabetes mellitus and myotonic dystrophy. These tufts occasionally bleed and because of rapid resolution, may mimic amaurosis fugax. They are thought to represent microhaemangiomas and fluorescein studies have revealed them to be more numerous than can be detected by direct inspection.[3]

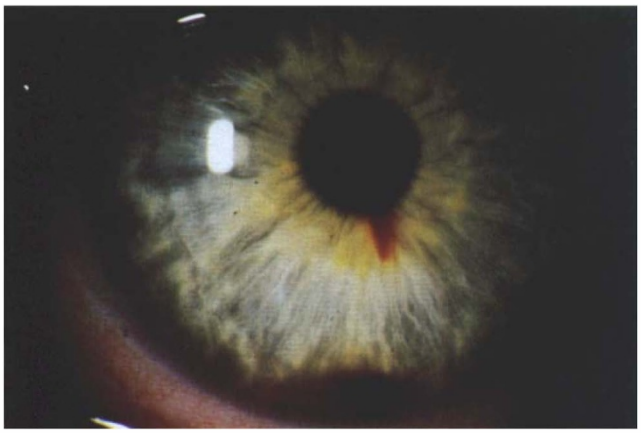

Fig. 1. *The right eye showing a 1 mm hyphaema and a blood clot at the 6 o'clock position of the pupillary margin.*

This particular case serves to remind us that in any patient who complains of transient loss of vision suggestive of amaurosis fugax but who is not examined very soon after, an iris microhaemangioma ought to be considered, especially if a few cells are later detected in the anterior chamber. Its recurrent nature shortly after awakening has not, to our knowledge, previously been described and we wonder whether the formation of a small posterior synechia coupled with pupillary dilatation following sleep miosis may account for this type of presentation. The patient may describe seeing 'blood in the eye' on looking in the mirror. A history of erythropsia or red desaturation may suggest the presence of blood in the anterior chamber. Gonioscopy may be useful in revealing a small resolving hyphaema. Unnecessary investigations and treatment of the carotid circulation may thus be avoided.

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References

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2. Cobb B, Shilling JS, Chisholm IH. Vascular tufts at the pupillary margin in myotonic dystrophy. Am J Ophthalmol 1970;69: 573–82.
3. Rosen E, Lyons D. Microhaemangiomas at the pupillary border. Am J Ophthalmol 1969;67:846–53.

Sir,

Scleritis Associated with Coxsackle B Type 5 Infection

A variety of ocular complications has recently been described as accompaniments, usually rare, of Coxsackie

