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Intravitreal injections success for BRVO in a young patient with Factor V Leiden mutation

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We present a case of a 38 year old Caucasian male who presented to out of hours services with a sudden deterioration of visual acuity in both eyes over a period of 2 weeks. The presenting visual acuity was perception of light in the left eye and 6/5 in right eye. Visual acuity for this patient is normally 6/6 in left eye and 6/5 in the right eye with glasses. Examination of the eyes at the first visit revealed panuveitis, hypopyon in the anterior segment and severe vitritis of the left eye for which steroid treatment was initiated. Fundal view was not possible however, intraocular pressure was normal. The right eye was grossly normal. While on treatment for panuveitis and awaiting hematology review, the patient presented to A&E 10 days later with a sudden deterioration in visual acuity to 6/24 in the right eye. Ocular examination of the fundus with slit lamp revealed a branch retinal vein occlusion (BRVO) of the right eye with macular edema. Ocular examination of the left eye revealed a clearing hypopyon and hazing fundal view. The patient was initiated on steroid treatment for right eye and brought to clinic the next day for consultant review. Assessment of risk factors revealed a past medical history of Budd Chiari syndrome secondary to heterozygote Factor V Leiden (FVL) mutation. This was diagnosed three years prior after diagnosis of a deep vein thrombosis. A further investigation revealed him to be Activated Protein C (APC) resistance and the patient was diagnosed with FVL. While under surveillance with hematology extensive intra-abdominal venous thrombosis resulting in a Budd Chiari syndrome was discovered due to the patients' hypercoagulable state. To relieve this thrombosis a stent was inserted and the patient was commenced on once daily 90 mg of low molecular weight clexane. Despite this attempt at anti-coagulation the patient developed a BRVO which required urgent treatment. An optical coherence tomography (OCT) exam was performed to assess the retinal infrastructure and fluid collections. The OCT results were grossly abnormal for the right eye and treatment for BRVO was commenced immediately after urgent discussion with hematology. Once daily oral steroids 80 mg and atropine drops were continued for the left eye panuveitis and the patient was also listed for intravitreal Lucentis injections for the BRVO. The patient was seen back in clinic within one week with grossly improved visual acuity and OCT results. The visual acuity was 6/24 in the left eye and 6/9 in the right eye. The patient is due to have a fluorescein angiography as a few retinal hemorrhages were noted on fundal examination at the patients most recent visit. The patient is also awaiting their second Lucentis injection.

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Stem cell transplantation in lymphoma

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Curative treatment options for relapsed or refractory lymphoma are limited. Both autologous and allogeneic hematopoietic stem cell transplantation have been used in this setting. Traditionally, allogeneic stem cell transplantation has been associated with a lower relapse rate than autologous stem cell transplantation due to the graft versus lymphoma effect. Traditionally, this benefit from allogeneic transplantation was offset due to higher non-relapse mortality when compared to autologous transplant. With the introduction of reduced intensity and non-myeloablative regimens, the non-relapsed mortality from allogeneic transplantation has decreased in the last decade. However, in selected high risk lymphomas, the use of reduced intensity transplant alone may lead to early relapse prior to the emergence of an effective graft versus lymphoma effect. In such situations a tandem approach of autologous transplantation followed by reduced intensity allogeneic transplantation has been successful. In addition, the use of alternative donor transplants has widely expanded the donor pool for allogeneic transplants. Recent data suggests that transplantation from haploidentical donors yield similar results to matched related donors in lymphoma. Careful selection of transplant modality based on disease characteristics and comorbidities is a key to successful stem cell transplantation in lymphoma.

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