Warfarin, Winter, and Central Serous Chorioretinopathy

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Abstract. Central serous chorioretinopathy (CSC) is a retinal disease characterised by diminution of vision and neurosensory macular detachment. Here we present a rare case of a 50-year-old male with a history of deep vein thrombosis, who developed CSC after warfarin intake plus his two episodes of CSC developed in subsequent winter seasons.

Case

A 50-year-old male presented to us this winter with complaint of blurring of vision in the right eye for one week. He stated that he was started on warfarin therapy for deep vein thrombosis a few days ago, and the medicine might be the reason for his decreased vision. He also said that he had a similar episode of decreased vision in his right eye the previous winter, which settled back to normal after two months. He had no previous records with him. He was a non smoker, non alcoholic and vegetarian. On examination, his general physical and systemic examination was within normal limits. His vision in the right eye was 6/9 which improved to 6/6 with +0.50 D sphere while visual acuity in the left eye was 6/6. The pupillary reactions, ocular movements, slit lamp examination, intraocular pressure, gonioscopy and color vision were normal in both the eyes. Fundus examination of the right eye revealed a characteristic “ring reflex” (corresponding to the serous neurosensory detachment) at the macula and Optical coherence tomography (OCT) revealed neurosensory detachment with subretinal fluid (Figure 1). Fundus fluorescein angiography (FFA) facility was not available with us.

Taking into account the above signs, symptoms and investigations, a diagnosis of CSC was made. His routine blood profile was normal. The patient was started on tablet Eplirenone 25 mg once a day (OD), tablet Acetazolamide 250 mg OD and nepafenac eye drops 0.3% OD. He was advised to review after 3 weeks plus bring with him, all his old medical records. The patient presented to us after one month and his old records revealed that he had CSC in the right eye last winter. On examination of his right eye, his vision had improved to 6/6. His OCT also was near normal though he complained of distorted vision.

The association of warfarin with CSC has never been reported before. This association may be a coincidence or otherwise. Similarly, CSC occurring in winter season may be a coincidence or otherwise. Hence, further studies are warranted.
Discussion

CSC most commonly affects the young and the middle aged, with Asian people and males being predominantly affected [1]. Risk factors for development of this disease include Type A personality, steroid use, Cushing’s syndrome, collagen vascular diseases, pregnancy, alcohol, hypertension, and Helicobacter pylori infection [2]. The common signs and symptoms are a history of sudden decrease in vision, metamorphopsia, scotoma, or decreased color vision [3]. OCT of such patients show a characteristic neurosensory detachment with subretinal serous fluid accumulation [4]. According to a study, the prevalence of CSC development was the highest in spring [5].

CSC is mostly a self-limiting disease and in most cases, it resolves spontaneously within 2–3 months. When indicated, treatment options include laser photocoagulation, verteporfin photodynamic therapy and intravitreal bevacizumab [6]. Drugs like eplerenone, acetazolamide, aspirin, melatonin, propranolol, rifampicin, mifepristone, and finasteride have also been used with success [7].

Source of Support-None

The paper being submitted has not been published, simultaneously submitted, or already accepted for publication elsewhere.

Conflicts of Interest

The authors declare that they have no competing interest.

Financial Disclosure(s)

The authors have no proprietary or commercial interest in any material discussed in this article.

References