

# Progressive visual decline in a Rotterdam harbor crane operator

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## CASE REPORT

A 74-year-old male was admitted to the hospital complaining of progressive visual decline. Medical history revealed diabetes mellitus, atrial fibrillation, hypercholesterolemia and gout. He worked as a crane operator in the harbor of Rotterdam, the Netherlands. At presentation, he reported a weight loss of 10 kg in the last three months. Visual acuity was 0.16 in both eyes. Initial laboratory investigation revealed a significantly raised erythrocyte sedimentation rate (128 mm/h) but otherwise no abnormalities. Computed tomography and magnetic resonance imaging of the brain showed no significant abnormalities. The ophthalmologist performed funduscopy and fluorescein angiography (figures 1A and 1B).

## WHAT IS YOUR DIAGNOSIS?

See page 453 for the answer to this photo quiz.

**Figure 1A.** Fundoscopy of the right eye. Most notable are the mild vasoconstriction, blurring of the optic margins (indicating papilledema) and the yellow and white subretinal spots in the posterior pole of the retina. These findings suggest inflammation of the choroid and retina or the presence of inflammatory cells in the vitreous.



**Figure 1B.** Fluorescence angiography of the right eye showing hyperfluorescence in and around the papillary and perimacular areas, and diffuse staining in the posterior pole of the retina, between the optic disc and the macula. Hyperfluorescence is indicative of increased permeability to fluorescein in the blood-retina barrier. This is seen in chorioretinitis, a form of posterior uveitis with inflammation of the choroid and retina of the eye.

