When love makes a lover (transiently) blind: A case report describing postcoital Valsalva retinopathy

Quand l'amour rend aveugle (transitoirement) : un cas de rétinopathie de Vasalva post-coïtale

We report a case of post-coital Valsalva retinopathy. A 28-year-old woman presented to our emergency department complaining of sudden visual loss in the right eye during sexual intercourse. She had no significant medical history. Visual acuity in the right eye was reduced to "hand motion". Examination of the right fundus (figure 1) revealed two retrohyaloid, an intra-vitreal, and a retinal haemorrhage. The left-eye fundus was normal. Optical coherence tomography (OCT) showed a thick retrohyaloid haemorrhage and the macula was not visualized (figure 2). All serum markers were within normal ranges. Gradual spontaneous improvement was evident in the absence of treatment. At 3 months, her visual acuity had recovered to 10/10. The fundus haemorrhages disappeared. Macular OCT revealed, however, that the foveal profile was subnormal, with asymmetric aspect due to an adherent macular epiretinal membrane; the premacular posterior hyaloid had become detached from the retina following the initial episode of retrohyaloid bleeding (figure 2).

Discussion

Valsalva retinopathy is characterised by bleeding from the perimacular retinal capillaries. Such retinopathy usually develops following the performance of a Valsalva maneuver, defined as a forcible expiration effort against a closed glottis, causing a sudden rise in intrathoracic and venous pressure, finally triggering perimacular bleeding [1]. Haemorrhage may be intraretinal, retrohyaloid, or intravitreal. Sexual activity has been but rarely reported to trigger Valsalva retinopathy [2–4]. More conventional inducers are vomiting or blowing efforts, gastrointestinal endoscopy, general or epidural anaesthesia, pregnancy [5], work activities [6], the “choking

Figure 1

Colour retinography of a right eye with Valsalva retinopathy

A. A retrohyaloid premacular haemorrhage (yellow arrow); a retrohyaloid suprapapillar haemorrhage (green arrow) with blood level; a vitreous haemorrhage (blue arrow); a disseminating premacular retrohyaloid haemorrhage; and scattered retinal haemorrhages (white arrow) are evident. The retrohyaloid haemorrhage is delimited by the boundaries of the posterior hyaloid separation (green arrow). B. Normal retinography of macular area of the left eye.
game”, and refractive surgery. The prognosis is generally good; the condition improves spontaneously in the absence of treatment. As observed in our case (figure 2), retrohyaloid haemorrhage may frequently lead to the development of a macular epiretinal membrane [7]. However, macular pigment migration may cause visual loss [5]. To avoid such rare sequelae, and/or accelerate the elimination of retrohyaloid blood, some clinicians use Nd-YAG laser hyalidotomy [8] to facilitate the passage of blood from the retrohyaloid space to the vitreous cavity. Also, surgery, such as vitrectomy may be prescribed if the condition does not spontaneously improve [4]. A general assessment sometimes reveals an underlying pathology promoting bleeding [9].

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References


Caroline Tolou1, Laurence Mahieu1, Samira Hamid1, Frédéric Matonti2, Vincent Soler1
1University Toulouse Hospital, hôpital Pierre-Paul-Riquet, Ophthalmology Department, Toulouse, France
2Hôpital Nord, Ophthalmology Department, chemin des Bourrely, 13015 Marseille, France

Correspondence: Vincent Soler, CHU Toulouse Purpan, hôpital Pierre-Paul Riquet, Ophthalmology Department, place Baylac, 31059 Toulouse cedex France vincentsoles@yahoo.fr

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