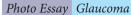


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The red blood-stained end-staged iris tissue!!!!!

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A patient, 40-year-old man, came with complete loss of vision in the right eye. He has been a chronic diabetic, uncontrolled, and not under medications.

On examination, he had perception of light present in right eye (PL+) vision. On the slit lamp, his right eye was severely congested. Iris showed multiple blood vessels, both thick and thin creeping from the periphery to the pupillary margin. The vessels were present 360° around the iris tissue which made the pupil non-reactive with inferior synechiae. Intraocular pressure was 26 mm Hg, under medications [Figure 1]. Posterior segment revealed chronic retinal detachment on indirect examination.

This clinical picture gives a differential diagnosis of chronic retinal detachment, uncontrolled end-staged glaucoma, posterior segment tumors, and long-standing trauma to the eye.

Rubeosis iridis or iris neovascularization is characterized by proliferation of blood vessels over the iris surface, and it occurs in reaction to ischaemic change in retina. Common causes of rubeosis iridis are Proliferative diabetic retinopathy (PDR), central retinal vein occlusion, long-standing



Figure 1: Iris showed multiple blood vessels, both thick and thin creeping from the periphery to the pupillary margin. The vessels were present 360° around the iris tissue which made the pupil non-reactive.

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retinal detachment and ocular ischaemic syndrome.[1] These new blood vessels start from the pupillary border and often involve trabecular meshwork. If left untreated, it leads to neovascular glaucoma.^[2] Rubeosis iridis, secondary to PDR are treated with panretinal photocoagulation.[3] Role of anti - VEGF (vascular endothelial growth factor) injection has been described in rubeosis iridis.[4]

The goal of any healthcare setup should be to prevent eyes from reaching this end-stage disease. Multiple level health-care professionals should come together and orient themselves toward the commonest eye conditions and their treatments in the early stage.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Pagoulatos D, Georgakopoulos C. Rubeosis iridis. Pan Afr Med J 2017;28:279.
- Available https://morancore.utah.edu/section-10from: glaucoma/neovascularization-of-the-iris-rubeosis-iridis [Last accessed on 2019 Jul 13].
- Rehák J. Rubeosis iridis and neovascular glaucoma: I. Etiopathogenesis and treatment--the present state of the problem. Acta Univ Palacki Olomuc Fac Med 1992;134:101-3.
- Davidorf FH, Mouser JG, Derick RJ. Rapid improvement of rubeosis iridis from a single bevacizumab (Avastin) injection. Retina 2006;26:354-6.

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