

Teaching NeuroImages: Retinal migraine in action

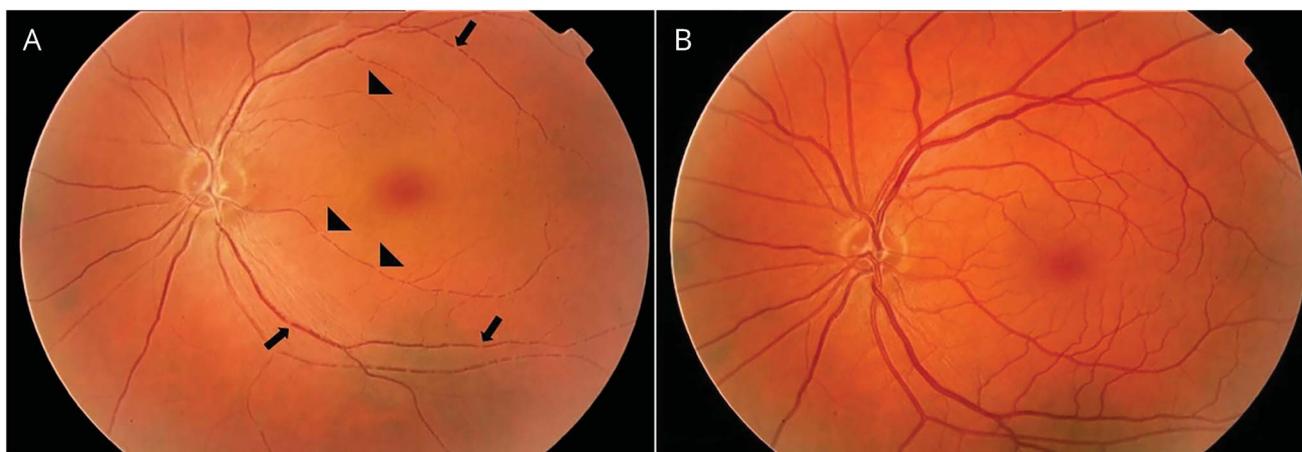
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Figure Fundus photography



(A) Ictal and (B) postictal. (A) During the episode of visual loss, multiple vasoconstrictions of the left central retinal artery (arrows)/vein (arrowheads) and their branches. (B) Complete resolution of vasoconstriction 10 minutes after the previous picture, when the patient reported his vision was back to normal baseline.

A 56-year-old man with migraine headache reported a 2-day history of 5 episodes of left eye visual loss, each lasting 5 minutes. He described seeing a curtain moving in nasal to temporal direction, disappearing gradually, followed by a left periorbital pulsatile headache lasting 10 minutes.

Ophthalmologic and neurologic examinations were normal. Head and neck MRI/magnetic resonance angiography and cardiac and rheumatologic investigations were unrevealing.

Ictal fundus photography showed multiple vasoconstrictions of the central retinal artery/vein and their branches (figure, A), with resolution 10 minutes later (figure, B). Aspirin and valproate were initiated.

Though migraine pathophysiology is controversial, vasospasm remains a possible contributor/epiphenomenon in retinal migraine.¹

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Reference

1. Kowacs PA, Utiumi MA, Piovesan EJ. The visual system in migraine: from the bench side to the office. *Headache* 2015;55(suppl 1):84–98.

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