Handstand induced visual loss: Valsalva retinopathy

Huw Oliphant, Christopher Holmes, Ali Hassan, Paul Baddeley

DESCRIPTION

We present a case of a 32-year-old man who presented with a history of right-sided sudden visual loss, approximately 6 h following an intense workout session in the gymnasium. The patient had a history of having had refractive eye surgery approximately 18 months prior in both eyes. After completing a session of ‘push-ups’ in a handstand position, the patient subsequently developed a sudden visual loss in the right eye.

On presentation to the hospital eye service, he demonstrated visual acuity of 6/18 in the right eye, and vision of 6/5 in the left. The anterior segment was within normal limits, with no relative afferent papillary defect. Dilated funduscopy revealed a large pre-retinal macular haemorrhage and several scattered intraretinal haemorrhages (figure 1). A diagnosis of Valsalva retinopathy was made, and based on patient preference a decision was made to manage conservatively.

Valsalva retinopathy was first described in 1972, being a premacular haemorrhage following exhalation against a closed glottis. This results in a sudden rise in intrathoracic pressure, which in turn leads to rupture of peri-foveal capillaries, giving the classic appearance demonstrated in figure 1. Valsalva retinopathy can often be managed conservatively, achieving favourable visual outcomes. Alternative management strategies can involve Nd:YAG laser to the posterior hyaloid, or vitrectomy.

Learning points

▸ To the best of our knowledge, this exact mechanism of developing Valsalva retinopathy has not previously been described.
▸ With ‘boot-camp’ style training sessions becoming ever more popular, it is a diagnosis non-specialists should consider following an intense physical exertion followed by sudden visual loss.
▸ Multiple management options are available, but ultimately conservative treatment will result in favourable visual outcome.

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REFERENCES