

World Journal of *Clinical Cases*

World J Clin Cases 2023 September 16; 11(26): 6031-6317



Contents

Thrice Monthly Volume 11 Number 26 September 16, 2023

MINIREVIEWS

- 6031 Diabetes among Muslims during Ramadan: A narrative review
Ochani RK, Shaikh A, Batra S, Pikale G, Surani S

ORIGINAL ARTICLE

Retrospective Cohort Study

- 6040 Clinical evaluation of ventilation mode on acute exacerbation of chronic obstructive pulmonary disease with respiratory failure
Wang JJ, Zhou Z, Zhang LY

Retrospective Study

- 6051 Predictive value of preoperative albumin-bilirubin score and other risk factors for short-term outcomes after open pancreatoduodenectomy
Zavrtanik H, Cosola D, Badovinac D, Hadžialjević B, Horvat G, Plevel D, Bogoni S, Tarchi P, de Manzini N, Tomažič A
- 6066 Lyophilized recombinant human brain natriuretic peptide for chronic heart failure: Effects on cardiac function and inflammation
Li F, Li H, Luo R, Pei JB, Yu XY
- 6073 Continuous renal replacement therapy with oXiris® in patients with hematologically malignant septic shock: A retrospective study
Wang J, Wei SR, Ding T, Zhang LP, Weng ZH, Cheng M, Zhou Y, Zhang M, Liu FJ, Yan BB, Wang DF, Sun MW, Cheng WX
- 6083 Serum basic fibroblast growth factor and interleukin-1 β predict the effect of first-line chemotherapy in patients with advanced gastric cancer
Zheng L, Gan LH, Yao L, Li B, Huang YQ, Zhang FB, Kuang MQ, Fang N
- 6091 Multinucleated giant cells of bladder mucosa are modified telocytes: Diagnostic and immunohistochemistry algorithm and relation to PD-L1 expression score
Gulinac M, Velikova T, Dikov D

Clinical Trials Study

- 6105 Comparing the efficacy of regen-cov, remdesivir, and favipiravir in reducing invasive mechanical ventilation need in hospitalized COVID-19 patients
Hegazy SK, Tharwat S, Hassan AH

META-ANALYSIS

- 6122 Risk factors for stroke recurrence in young patients with first-ever ischemic stroke: A meta-analysis
Xia Y, Liu H, Zhu R

SCIENTOMETRICS

- 6132** Unveiling the hidden world of gut health: Exploring cutting-edge research through visualizing randomized controlled trials on the gut microbiota

Zyoud SH, Shakhshir M, Abushanab AS, Koni A, Shahwan M, Jairoun AA, Abu Taha A, Al-Jabi SW

CASE REPORT

- 6147** Rivaroxaban for the treatment of heparin-induced thrombocytopenia with thrombosis in a patient undergoing artificial hip arthroplasty: A case report

Ly FF, Li MY, Qu W, Jiang ZS

- 6154** Mepolizumab induced palmoplantar psoriasis: A case report

Artosi F, Diluvio L, Vultaggio M, Campione E, Bianchi L

- 6159** Early diagnosis of renal pelvis villous adenoma: A case report

Li LL, Song PX, Xing DF, Liu K

- 6165** Identification of the dominant loop of a dual-loop macro-reentry left atrial flutter without prior intervention using high-density mapping technology: A case report

Yu SD, Chu YP

- 6170** Surgery for fibrous dysplasia associated with aneurysmal-bone-cyst-like changes in right proximal femur: A case report

Xie LL, Yuan X, Zhu HX, Pu D

- 6176** Efficacy of abatacept treatment in a patient with enteropathy carrying a variant of unsignificance in *CTLA4* gene: A case report

Musabak U, Erdoğan T, Ceylaner S, Özbek E, Suna N, Özdemir BH

- 6183** Postpartum hemophagocytic lymphohistiocytosis: A case report

An JH, Ahn JH

- 6189** Non-arteritic anterior ischemic optic neuropathy combined with branch retinal vein obstruction: A case report

Gong HX, Xie SY

- 6194** Large colonic lipoma with a laterally spreading tumor treated by endoscopic submucosal dissection: A case report

Bae JY, Kim HK, Kim YJ, Kim SW, Lee Y, Ryu CB, Lee MS

- 6200** T/myeloid mixed-phenotype acute leukemia treated with venetoclax and decitabine: A case report

Park S, Jeong EJ, Kang JH, Lee GW, Go SI, Lee DH, Koh EH

- 6206** Severe inflammatory disorder in trisomy 8 without myelodysplastic syndrome and response to methylprednisolone: A case report

Pan FY, Fan HZ, Zhuang SH, Pan LF, Ye XH, Tong HJ

- 6213** Aggressive variant prostate cancer: A case report and literature review
Weng XT, Lin WL, Pan QM, Chen TF, Li SY, Gu CM
- 6223** Typical Zollinger-Ellison syndrome-atypical location of gastrinoma and absence of hypergastrinemia: A case report and review of literature
Zhang JM, Zheng CW, Li XW, Fang ZY, Yu MX, Shen HY, Ji X
- 6231** Left epigastric isolated tumor fed by the inferior phrenic artery diagnosed as ectopic hepatocellular carcinoma: A case report
Liu HB, Zhao LH, Zhang YJ, Li ZF, Li L, Huang QP
- 6240** Squamous cell carcinoma associated with endometriosis in the uterus and ovaries: A case report
Cai Z, Yang GL, Li Q, Zeng L, Li LX, Song YP, Liu FR
- 6246** Intestinal obstruction due to giant liver cyst: A case report
Küçük A, Mohamed SS, Abdi AM, Ali AY
- 6252** Difficulties in diagnosing angiomatoid fibrous histiocytoma of the head and neck region: A case report
Michcik A, Bieñ M, Wojciechowska B, Polcyn A, Garbacewicz Ł, Kowalski J, Drogoszewska B
- 6262** Efficacy of tolvaptan in an infant with syndrome of inappropriate antidiuretic hormone secretion associated with holoprosencephaly: A case report
Mori M, Takeshita S, Nakamura N, Mizuno Y, Tomita A, Aoyama M, Kakita H, Yamada Y
- 6268** Recurrent hemoptysis in pediatric bronchial Dieulafoy's disease with inferior phrenic artery supply: A case report
Wang F, Tang J, Peng M, Huang PJ, Zhao LJ, Zhang YY, Wang T
- 6274** Variant of Guillain-Barré syndrome with anti-sulfatide antibody positivity and spinal cord involvement: A case report
Liu H, Lv HG, Zhang R
- 6280** Secondary pulmonary infection by *Fusarium solani* and *Aspergillus niger* during systemic steroid treatment for COVID-19: A case report
Usuda D, Kato M, Sugawara Y, Shimizu R, Inami T, Tsuge S, Sakurai R, Kawai K, Matsubara S, Tanaka R, Suzuki M, Shimozawa S, Hotchi Y, Osugi I, Katou R, Ito S, Mishima K, Kondo A, Mizuno K, Takami H, Komatsu T, Oba J, Nomura T, Sugita M
- 6289** Collision tumor of primary malignant lymphoma and adenocarcinoma in the colon diagnosed by molecular pathology: A case report and literature review
Jiang M, Yuan XP
- 6298** Successful resolution of gastric perforation caused by a severe complication of pancreatic walled-off necrosis: A case report
Noh BG, Yoon M, Park YM, Seo HI, Kim S, Hong SB, Park JK, Lee MW
- 6304** Bilateral dislocation of the long head of biceps tendon with intact rotator cuff tendon: A case report
Sohn HJ, Cho CH, Kim DH

- 6311** Delayed diagnosis of abdominal Henoch-Schonlein purpura in children: A case report

Guo H, Wang ZL, Tao Z

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Vikram K Mahajan, MD, Professor, Dermatology, Venereology and Leprosy, Dr. Radhakrishnan Government Medical College, Kangra 177001, Himachal Pradesh, India. vkm1@rediffmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2023 Edition of Journal Citation Reports® cites the 2022 impact factor (IF) for WJCC as 1.1; IF without journal self cites: 1.1; 5-year IF: 1.3; Journal Citation Indicator: 0.26; Ranking: 133 among 167 journals in medicine, general and internal; and Quartile category: Q4.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Hua-Ge Yin; Production Department Director: Xu Guo; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

September 16, 2023

COPYRIGHT

© 2023 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Non-arteritic anterior ischemic optic neuropathy combined with branch retinal vein obstruction: A case report

Hong-Xia Gong, Shi-Yong Xie

Specialty type: Medicine, research and experimental

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): B
Grade C (Good): C
Grade D (Fair): D
Grade E (Poor): 0

P-Reviewer: Lee KS, South Korea; Morya AK, India; Sotelo J, Mexico

Received: April 28, 2023

Peer-review started: April 28, 2023

First decision: July 3, 2023

Revised: July 16, 2023

Accepted: August 17, 2023

Article in press: August 17, 2023

Published online: September 16, 2023



Hong-Xia Gong, Shi-Yong Xie, Tianjin Key Laboratory of Ophthalmology and Visual Science, Tianjin Eye Hospital, Tianjin 300020, China

Hong-Xia Gong, Shi-Yong Xie, Clinical College of Ophthalmology, Tianjin Medical University, Tianjin 300020, China

Hong-Xia Gong, Shi-Yong Xie, Neuroophthalmology, Nankai University Affiliated Eye Hospital, Tianjin 300020, China

Corresponding author: Hong-Xia Gong, Doctor, Chief Physician, Tianjin Key Laboratory of Ophthalmology and Visual Science, Tianjin Eye Hospital, No. 4 Gansu Road, Heping District, Tianjin 300020, China. ghx13512908433@163.com

Abstract

BACKGROUND

Non-arteritic anterior ischemic optic neuropathy (NAION) is an independent disease characterized by edematous optic discs. In eyes with branch retinal vein occlusion (BRVO), the arteries and veins in the ethmoid plate of the optic disc are relatively crowded; however, a combination of the two is clinically uncommon. Herein, we reported a patient with NAION and concealed BRVO, for which the treatment and prognosis were not similar to those for NAION alone.

CASE SUMMARY

Herein, we report a case of NAION with concealed BRVO that did not improve with oral medication. A week later, we switched to intravenous drug administration to improve circulation, and the patient's visual acuity and visual field recovered. Hormonal therapy was not administered throughout the study. This case suggested that: (1) Fundus fluorescein angiography (FFA) can help detect hidden BRVO along with the NAION diagnosis; (2) intravenous infusion of drugs to improve circulation has positive effects in treating such patients; and (3) NAION with concealed BRVO may not require systemic hormonal therapy, in contrast with the known treatment for simple NAION.

CONCLUSION

NAION may be associated with hidden BRVO, which can only be observed on FFA; intravenous therapy has proven effectiveness.

Key Words: Non-arteritic anterior ischemic optic neuropathy; Branch retinal vein

occlusion; Fundus fluorescein angiography; Field; Vision; Prognosis; Case report

©The Author(s) 2023. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Herein, we report a case of non-arteritic anterior ischemic optic neuropathy (NAION) complicated by concealed branch retinal vein occlusion (BRVO). Visual function recovered following an intravenous drip of circulatory drugs. This suggests that: (1) Fundus fluorescein angiography can help detect hidden BRVO; (2) the intravenous administration of drugs to improve circulation has positive effects in such patients; and (3) these patients may not require systemic hormonal therapy. These concepts differ from the concepts adopted regarding the treatment and prognosis of the previously reported simple NAION.

Citation: Gong HX, Xie SY. Non-arteritic anterior ischemic optic neuropathy combined with branch retinal vein obstruction: A case report. *World J Clin Cases* 2023; 11(26): 6189-6193

URL: <https://www.wjgnet.com/2307-8960/full/v11/i26/6189.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v11.i26.6189>

INTRODUCTION

Non-arteritic anterior ischemic optic neuropathy (NAION) is a prevalent eye condition in individuals aged > 50 years. It is characterized by reduced visual acuity and visual field defects associated with physiological blind spots[1-4]. NAION is an independent disease that occurs frequently in older patients with chronic atherosclerotic lesions. Optic disc crowding is a distinctive characteristic of patients with NAION[5]. Moreover, branch retinal vein occlusion (BRVO) occurs as a result of the obstruction of blood flow return caused by intraretinal thrombosis, chronic inflammatory response, or vascular endothelial cell proliferation. In affected eyes, the retinal arteries and veins are typically crowded at the optic disc sieve[6]. Epidemiological studies have identified hypertension, diabetes, and atherosclerosis as risk factors for BRVO and for NAION. Patients with NAION combined with BRVO have clinical features that differ from those of patients with NAION alone. We encountered a patient with NAION combined with occult BRVO, whose final vision and visual field were restored.

CASE PRESENTATION

Chief complaints

A woman aged 62 years visited our clinic with a sudden onset of vision loss and a blockage sensation in the left eye in the morning.

History of present illness

The patient experienced a decrease in vision with an obstruction sensation for 1 d, without eye pain or rotational pain.

History of past illness

She had a medical history of hypertension but denied any history of other systemic diseases.

Physical examination

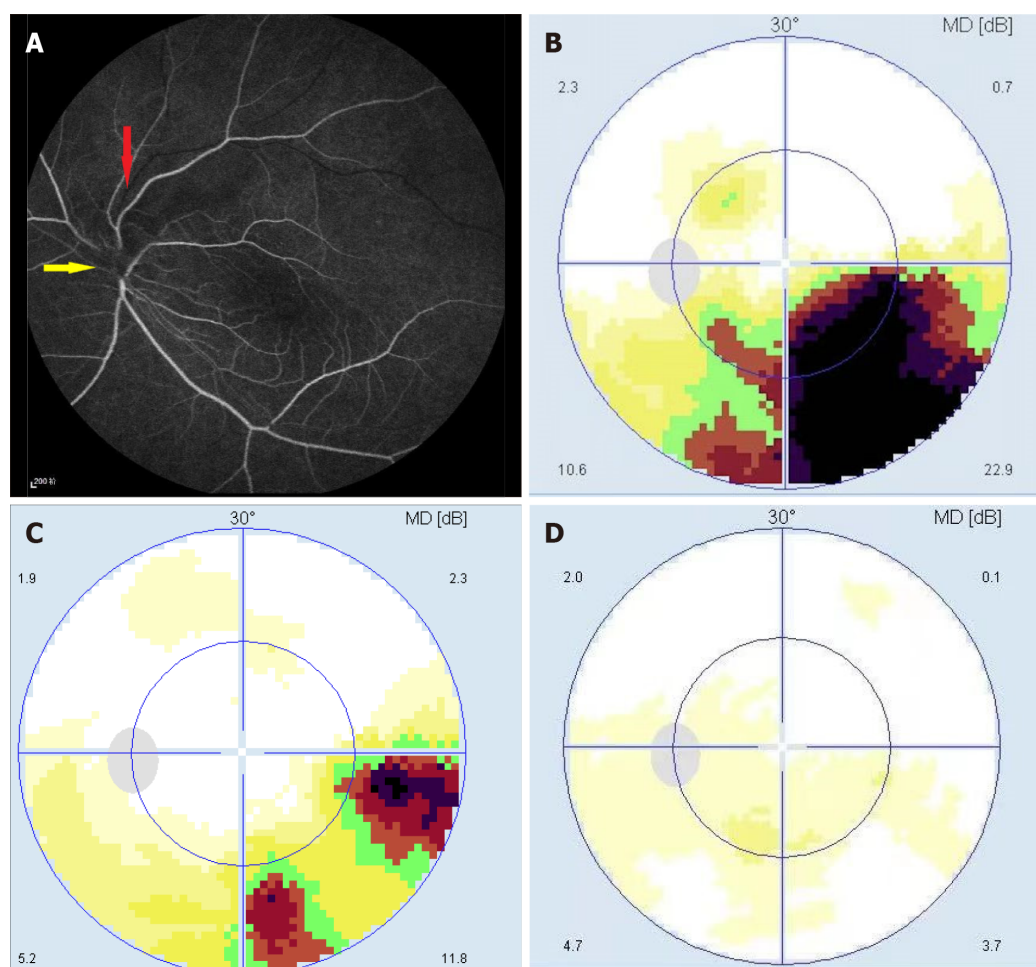
Her visual acuity was 0.8 and 0.2 in the right and left eye, respectively, with an intraocular pressure of 12.6 mmHg and 13.2 mmHg, respectively. On clinical ophthalmological examination of the left eye, the anterior segment was normal, with a relative afferent pupillary defect (+). Localized edema above the optic disc was light in color, with a clear and reddish lower boundary, and the foveolar reflex was absent.

Imaging examinations

Fundus fluorescein angiography (FFA) of the left eye revealed early hypofluorescence over the optic disc, with unfilled superior temporal branch veins at 18.12". Moreover, laminar flow was visible in the other branch veins (Figure 1A). Visual field examination revealed an inferior temporal fan-shaped defect in the left eye (Figure 1B).

FINAL DIAGNOSIS

NAION combined with branch retinal vein obstruction.



DOI: 10.12998/wjcc.v11.i26.6189 Copyright ©The Author(s) 2023.

Figure 1 Fundus fluorescein angiography and visual field before and after treatment for non-arterial anterior ischemic optic neuropathy combined with retinal branch vein occlusion. A: On this fundus fluorescein angiography image, the yellow arrow at 18.12° indicates low fluorescence above the optic disc, and the red arrow shows that the superior temporal branch vein is unfilled. Laminar flow is visible in the other branch veins; B: During the patient's visit, a fan-shaped defect was observed in the lower visual field and was connected to the optic disc; C: The patient's lower visual field defect improved after 2 wk of an intravenous drip; D: After 3 wk of an intravenous drip, the patient's visual field had almost recovered completely.

TREATMENT

The patient received a week of oral treatment with nerve-nourishing and circulation-improving drugs. This was followed by an intravenous drip of nerve-nourishing and circulation-improving drugs [we injected ginkgo leaf extract (5 mL: 17.5 mg; Yuekang Pharmaceutical Group Co., Ltd., GYZZ H20070226) 15 mL, diluted with 0.9% sodium chloride solution for 250 mL, intravenous drip; the dosage was fixed] for 3 wk.

OUTCOME AND FOLLOW-UP

After a week of oral treatment with nerve-nourishing and circulation-improving drugs, no significant improvement was observed. However, after the intravenous drip of nerve-nourishing and circulation-improving drugs for 2 wk, edema in the upper optic disc was reduced, the color was lighter, visual acuity improved to 0.5, and the visual field also improved (Figure 1C). With the continuation of intravenous treatment for 1 wk, the visual acuity improved to 0.8, the boundary of the optic disc became clear, and the color of the upper optic disc became pale. Additionally, the visual field was restored (Figure 1D).

DISCUSSION

NAION is a significant cause of vision loss in individuals aged > 50 years. Current evidence states that this condition occurs due to poor perfusion of the optic disc caused by structural and blood flow abnormalities[7,8]. It is a typically isolated event in adults and frequently occurs in older patients with chronic atherosclerotic lesions. Crowding of the optic

disc is believed to be a characteristic of NAION[5]. Moreover, BRVO impairs blood return owing to intraretinal thrombosis, chronic inflammatory reactions, or vascular endothelial cell proliferation. Typically, in the affected eye, the retinal arteries and veins are relatively crowded at the sieve plate of the optic disc[6]. Hypertension and a hypercoagulable blood state have been identified as risk factors for BRVO, as for NAION. Optic disc perfusion is usually constant, and the terminal perfusion of the optic nerve is particularly vulnerable. Retinal blood flow resistance affects perfusion pressure, and drugs such as vasospasms or antihypertensives may destroy the automatic regulatory mechanism of the optic disc[5,9]. Therefore, it is speculated that the hypercoagulable state of blood, decreased diastolic function of branch veins, and crowded optic discs may lead to blood flow disorders at the optic disc, resulting in the occurrence of hidden BRVO followed by NAION. One hypothesis suggests that the retinal vein originates from the optic nerve capillaries and flows into the central retinal vein; thus, its obstruction can cause venous insufficiency[10]. NAION may result from optic disc edema triggered by venous insufficiency. Studies have shown that NAION, which is almost a moderate nerve injury caused by venous diseases, differs from inflammatory anterior ischemic optic neuropathy, which is similar to the severe nerve injury caused by arterial cerebral infarction. Furthermore, pathophysiological evidence suggests that the etiology of NAION may be venous in origin[11]; thus, BRVO contributes to the occurrence of NAION. Another hypothesis states that various conditions affecting the optic nerve lead to retinal vein occlusion and that BRVO is a secondary phenomenon. Central retinal vein occlusion (CRVO) associated with brain pseudo-tumors is caused by an increased intracranial pressure, which directly compresses the optic nerve and blood vessels through the intravaginal optic nerve space, communicating with the subarachnoid space. CRVO associated with neuritis and optic gliomas is caused by a mechanical obstruction. Similarly, in our case report, compression of the swollen optic nerve might have led to BRVO[8]. Further studies are required to elucidate these underlying mechanisms.

Occult BRVO is defined as a prominent retinal vein rupture or hemorrhage that is not observed on fundus examination. However, on FFA, delayed branch retinal vein filling, in comparison with that in the other branch veins, was noted, which corresponded to areas of optic disc edema. Although FFA is not essential for diagnosing NAION, we recommend performing it along with NAION examination, as FFA is typical for most of NAION cases, showing localized hypofluorescence of the optic disc in the early stages and segmental hyperfluorescence of the optic disc in the middle and late stages. Moreover, FFA aids in the detection of occult retinal vascular lesions and facilitates differential diagnosis.

It is widely accepted that corticosteroid administration may benefit patients with NAION[12], as it reduces optic disc edema, thus minimizing secondary damage to the optic nerve owing to edema compression. For our patient, we did not administer hormones, and recovery of the visual field at the end of treatment may suggest the presence of NAION combined with occult retinal branch vein obstruction, where visual impairment was not primarily caused by the mechanical effect of the crowded optic disc. Van *et al*[13] reported a case of NAION combined with central retinal vein obstruction, in which optic disc edema was further exacerbated after the administration of intravenous steroids, indicating that the increased disc swelling might have resulted from the procoagulant effect of systemic steroid therapy. Similarly, in patients with NAION combined with occult BRVO, early aggressive intravenous circulatory therapy without hormonal therapy may be beneficial for improving perfusion and achieving a good prognosis. Additionally, controlling systemic risk factors remains a significant concern in patients with NAION combined with occult BRVO.

CONCLUSION

Herein, we present the rare case of an elderly woman with NAION combined with occult BRVO. The patient's vision and visual field eventually recovered. This case highlights the necessity of performing FFA to detect occult BRVO and that a favorable prognosis may be achieved following intravenous treatment, which improves circulation.

FOOTNOTES

Author contributions: Gong HX contributed to manuscript writing, editing, and data collection; Xie SY contributed to conceptualization and supervision; All authors have read and approved the final manuscript.

Informed consent statement: Informed written consent was obtained from the patient for the publication of this report and any accompanying images.

Conflict-of-interest statement: All the authors report no relevant conflicts of interest for this article.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Hong-Xia Gong [0000-0001-5173-1776](#).

S-Editor: Qu XL

L-Editor: Webster JR

P-Editor: Zhao S

REFERENCES

- 1 **Han M**, Zhao C, Han QH, Xie S, Li Y. Change of Retinal Nerve Layer Thickness in Non-Arteritic Anterior Ischemic Optic Neuropathy Revealed by Fourier Domain Optical Coherence Tomography. *Curr Eye Res* 2016; **41**: 1076-1081 [PMID: [26580572](#) DOI: [10.3109/02713683.2015.1084640](#)]
- 2 **Morrow MJ**. Ischemic Optic Neuropathy. *Continuum (Minneapolis Minn)* 2019; **25**: 1215-1235 [PMID: [31584535](#) DOI: [10.1212/CON.0000000000000767](#)]
- 3 **Khalili MR**, Bremner F, Tabrizi R, Bashi A. Optical coherence tomography angiography (OCT angiography) in anterior ischemic optic neuropathy (AION): A systematic review and meta-analysis. *Eur J Ophthalmol* 2023; **33**: 530-545 [PMID: [35844139](#) DOI: [10.1177/11206721221113681](#)]
- 4 **Mohammed-Brahim N**, Clavel G, Charbonneau F, Duron L, Picard H, Zuber K, Savatovsky J, Lecler A. Three Tesla 3D High-Resolution Vessel Wall MRI of the Orbit may Differentiate Arteritic From Nonarteritic Anterior Ischemic Optic Neuropathy. *Invest Radiol* 2019; **54**: 712-718 [PMID: [31335635](#) DOI: [10.1097/RLI.0000000000000595](#)]
- 5 **Di Zazzo G**, Guzzo I, De Galasso L, Fortunato M, Leozappa G, Peruzzi L, Vidal E, Corrado C, Verrina E, Picca S, Emma F. Anterior ischemic optical neuropathy in children on chronic peritoneal dialysis: report of 7 cases. *Perit Dial Int* 2015; **35**: 135-139 [PMID: [25904772](#) DOI: [10.3747/pdi.2013.00330](#)]
- 6 **Fekrat S**, Finkelstein D. Current concepts in the management of central retinal vein occlusion. *Curr Opin Ophthalmol* 1997; **8**: 50-54 [PMID: [10173082](#) DOI: [10.1097/00055735-199706000-00009](#)]
- 7 **Basile C**, Addabbo G, Montanaro A. Anterior ischemic optic neuropathy and dialysis: role of hypotension and anemia. *J Nephrol* 2001; **14**: 420-423 [PMID: [11730278](#)]
- 8 **Abu el-Asrar AM**, al Rashaed SA, Abdel Gader AG. Anterior ischaemic optic neuropathy associated with central retinal vein occlusion. *Eye (Lond)* 2000; **14** (Pt 4): 560-562 [PMID: [11040900](#) DOI: [10.1038/eye.2000.143](#)]
- 9 **Bordas M**, Tabacaru B, Stanca TH. Non-arteritic anterior ischemic optic neuropathy - Case report. *Rom J Ophthalmol* 2018; **62**: 231-245 [PMID: [30505994](#) DOI: [10.22336/rjo.2018.36](#)]
- 10 **Levin LA**, Danesh-Meyer HV. Hypothesis: a venous etiology for nonarteritic anterior ischemic optic neuropathy. *Arch Ophthalmol* 2008; **126**: 1582-1585 [PMID: [19001228](#) DOI: [10.1001/archophth.126.11.1582](#)]
- 11 **Tesser RA**, Niendorf ER, Levin LA. The morphology of an infarct in nonarteritic anterior ischemic optic neuropathy. *Ophthalmology* 2003; **110**: 2031-2035 [PMID: [14522783](#) DOI: [10.1016/s0161-6420\(03\)00804-2](#)]
- 12 **Hayreh SS**, Zimmerman MB. Non-arteritic anterior ischemic optic neuropathy: role of systemic corticosteroid therapy. *Graefes Arch Clin Exp Ophthalmol* 2008; **246**: 1029-1046 [PMID: [18404273](#) DOI: [10.1007/s00417-008-0805-8](#)]
- 13 **van Zaane B**, Nur E, Squizzato A, Gerdes VE, Büller HR, Dekkers OM, Brandjes DP. Systematic review on the effect of glucocorticoid use on procoagulant, anti-coagulant and fibrinolytic factors. *J Thromb Haemost* 2010; **8**: 2483-2493 [PMID: [20735729](#) DOI: [10.1111/j.1538-7836.2010.04034.x](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

