Clinical Study on Hypertensive Retinopathy

Presenting Author - Dr. Mahesh, Co- Author- Prof. J.P. Behera, Prof. R.C. Mahapatra, Asso. Prof. Dr. B.N.R. Subudhi

Introduction :

- u Systemic hypertension is one of the most common disease in adult population.
- u Hypertensive retinopathy represents the ophthalmic finding of end organ damage secondary to systemic hypertension.
- u It commences asymptomatically, so its early detection & thence the quality of life.
- u Retinal vessels can be assessed because of their unique accessibility & inference can be made as to the condition of vessels of similar size elsewhere in the body.

Aim of this study cont :

- u Relation of retinopathy with age of the individuals.
- u To study the fundal changes in relation to the duration of hypertension.
- u To classify these fundal changes according to its severity & correlate the finding with magnitude & duration of hypertension & systemic hypertensive complication.

Material and Methods :

- u This study was conducted in the department of Ophthalmology, M.K.C.G., Berhampur, from Dec. 2009 to Sept. 2010.
- u A total of 226 hypertensive patients were examined out of which 100 were found to manifest hypertensive retinopathic changes.
- u These 100 patients were further evaluated and analyzed.

Prevalence of Hypertensive systemic Complications A cross Hypertensive Retinopathic Gradings

Grading	LVH	CAD	CVA	MICROABU- LUMINURIA
Grade I	3(6.38%)	3(6.38%)	0	5 (10.63%)
Grade II	3(8.22%)	3(8.22%)	2(5.887%)	7(20.58%)
Grade III	2(11.76%)	3(17.64%)	4(23.52%)	11(64.70%)
Grade IV	0	0	0	1(50.0%)

- u Higher percentage of patients with LVH along with CAD was noted with grade II compaired to grade III
- u CVA was more common in grade III patients (23.52%).
- u Microalbuminuria was strongly related to the presence of grade III hypertensive retinopathy and was found in 64.70% of cases with grade III retinopathy.

Discussion :

- u In the present study, the prevalence of microalbuminuria was 24% in the overall study group. But with individuals with duration of hypertension < 10yrs, the prevalence was 18.91%.
- u Grade III hypertensive retinopathy was associated with microalbuminuria in 64.70%. (Shantha GP, Bhaskar E, and et al., in their study showed that, Microalbuminuria showed a strong association with retinopathy (P<0.0001).

Source of Data

- 1 Hypertensive patients who fulfill the inclusion and exclusion eriteria, attending the outpatient section at the department of Ophthalmology, M.K.C.G., Berhampur.
- 2 Hypertensive patients who fulfill the inclusion and exclusion criteria, referred from other departments to the Department of Ophthalmology, M.K.C.G.< Berhampur.
- 3 Sample size : 100 patients of hypertensive retinopathy.
- 4 Sampling method : Cross-sectional survey study.
- 5 In the present study KWB classification was used to grade retinopathic changes and Scheie's classification for retinal arteriolosclerosis.
- 6 Inclusion criteria :
 - 1 All hypertensive patients presenting with features of hypertensive retinopathy of varying severity.

Essential hypertension : Systolic BP > 140mmHg.

Diastolic BP>90mmhg.

Malingant hypertension : Systolic BP>240mmHg.

Diastolic BP > 140mmHg.

2. Hypertension associated with ocular complications like retinal venous obstruction, neovascularisation, arterial obstruction.

Exclusion Criteria:

- u All the patient who deny consent for Fundus examination.
- u All patient with media opacities.
- u Diabetic retinopathy / Individuals with hyperglycemic status.
- u Ocular ischemic syndrome & Bilateral CRVO
- u Collagen vascular disease; Hyper viscosity syndrome.
- u Anemic retinopathy, sickle cell retinopathy, Radiation retinopathy.
- 7. Investigation done in this study

Results :

Distribution of Retinopathic Grading (Keith Wagner's & Barker's Grading)

Grading	No. of Cases	% Age
Grade I	47	47%
Grade II	34	34%
Grade III	17	17%
Grade IV	2	2%

In the present study maximum percentage of cases (47% had Grade I hypertensive retinopathy.

A higher percentage of Grade II and Grade III was noted in the age group of individuals > 70yrs, than Grade I, whereas Grade I constituted the bigger fraction among other age groups.

A higher percentage of patients with chronic hypertension manifested with Grade II and Grade III retinopathic changes than grade I changes, which constituted the major fraction among patients with hypertension of lesser duration.

In the present study highest percentage of patients (35%) had stage II systemic blood pressure.

u Controlled blood pressure levels manifested with Grade I hypertensive retinopathic changes in 56.25% of cases, but also manifested with Grade II in 31.25% and Grade III in 12.50%.

- u Stage I hypertension manifested with Grade I retinopathic changes in 53.57% of patients and 35.71%, 10.71% with Grade II and Grade III retinopathic changes respectively.
- u Stage II hypertension manifested with Grade I retinopathic hypertension in 42.85% of patients.
 Grade II retinoathic changes were as common and manifested in 37.14% of these patients.
- u 26.31% of patients with severe hypertension showed Grade III hypertensive retinaoathy, compared to 12.50% of patients with controlled blood pressure and 10.71% with stage I disease.

SIGNS	NO. OFCASES	%AGE
Arterial Narrowing Gr I	15	44.12%
Arterial Narrowing Gr II	17	50.0%
Arterial Narrowing Gr III	2	5.88%
Arterial Narrowing Gr IV	2	11.76%
Aycrossing Changes	17	100%
Gunn'ssign	32	94.11%
Gunn'ssign only	8	29.42%
Salu'ssign only	2	5.89%
Microaneurysms	2	5.89%
Proximal Venous Congestion	5	14.70%
Focal Arteriolar Narrowing	2	5.89%
Segmental Arterial Narrowing	2	5.89%
Memoprhages	16	94.11%
Dot & Blot Haemorrhages	4	23.52%
Cotton Wool Sports	13	76.147%
Exudates Soft & Hard	7	41.17%
Brvo	2	11.76%
Retinal Oedema	1	5.88%

Orissa Journal of Ophthalmology

- u A-V Crossing changes were noted in allmost all cases.
- u Gunn's sign & Haemorrhages was the most common finding of the AV crossing changes (94.11%)
- u Salu's sign manifested in (70.58%) of cases and was seen as the sole AV crossing change in 2 cases (5.89%).
- u Proximal venous congestion was noted in 5 cases (14.70%).
- u Haemorrhages was the most common finding in Grade II, III retinopathy.
- u Single hemorrhages was noted in 4 cases (11.76%).
- u A single vein occlusion (2.94%) in the suporeotemporal region was noted.
- u Cotton wool spots were noted in 13 cases (76.47%)
- u Soft & hard exudates was noted in 7 cases (41.17%)

Conclusion :

- u Hypertensive retinopathy is present in less than half of the patients examined and Grade I hypertensive retinopathy (47%) is the most common type noted.
- u There is a significant correlation between increasing age, blood pressure levels and severity of sclerotic changes with severity of netinopathy.
- u Patients with CVA and Microalbuminuria show significant association with increasing grades of Hypertensive retinopathy, indicating microvascular damage.
- u This warrants an evaluation concerning these systems in patients, especially with grade III hypertensive retinopathy.

BIBLOGRAPHY

- 1. The Eye and Systemic diseases, second edition, Albert and Jakobick, Philadelphia, Vol - IV, Section XIV, Chapter 273, pg no 3769.
- Retina, second edition, Editor in chief Stephan J. Ryan, M.D. vol-2 Medical retina, Edited by Andrew P. Schachat, M.D., Robert T. Murphy, M.D. Mosby. Section 5 Retinal Vascular disease, chapter 79-81. pg no. 1393 - 1420.
- 3. Duane's Clinical Ophthalmology, revised edition

1994, William Tasman, Edward Jaeger, Vol 3, Diseases of the Retina, chapter 13, pg. no. 1 - 21.

- Ophthalmology, second edition, Myron Yanoff, Jay S. Duker, Mosby, Part 6: Retina and Vitreous. Section 5: Vascular disorders 520-521, 584-589, 591, 593, 602, 624.
- 5. Sihota R, Tandon R. editors. Diseases of the retina. Chap 20 In: Parson's Diseases of the Eye, 20th ed. New Delhi, Elsevier; 2003. p. 293-294.
- 6. Principles and Practice of Ophthalmology, Peyman, Sanders, Goldberg, Jaypee, W.B. Saunders, Vol III, part seven, chapter 26, pg. no. 1633 - 1640.
- 7. Text book of the fundus of eye, Isaac C. Michaelson, 3rd edn. Churchill Livingstone, chapter 3, pg. 89-98.
- 8. Harrison's Principles of Internal Medicine, 16th edition, McGraw Hill companies, 2005, Vol 2, chapter 230, p 1463 1480.
- 9. Essentials of Medical Pharamacology, 6th edition, K.D. Tripati, Jaypee, 2008, Section 8, chapter 40, pg no 539 - 556.
- Robbin and Cotran's Pathologic Basis of Disease, 7th edition, Kumar, Abbas, Fausto, Elsevier, Unit II, chapter 11, p. 511 - 529.
- Kearney, Patricia M; Whelton, Megan; Reynolds, Kristi; Whelton, Paul K; He, Jiang, Worldwide prevalence of hypertension: a systematic review. Journal of Hypertension: January 2004 - Volume 22 - Issue 1 - pp 11-19.
- 12. w w w . w h o i n d i a . o r g / NMH_Resources_National_CVD_databaseFinal_Report
- 13. Todkar SS, Gujarathi VV, Tapare VS. Period prevalence and

Sociodemographic factors of hypertension in rural Maharashtra: A cross-

sectional study. Indian J Community Med 2009; 34: 183-7.

- 14. World Health Report 2002: Reducing risks, promoting healthy life. Geneva, Switzerland: World Health Organization. 2002.
- 15. Tien Yin Wong and Rachel McIntosh, Hypertensive retinopathy signs as risk indicators of cardiovascular morbidity and mortality. British Medical Bulletin

2005; 73-74(1): 57-70.

- Sat Sharma, MD and Claude Kortas, MD. Hypertension : eMedicine Specialties>Nephrology
 > Hypertension and the Kidney. Updated: Aug 6, 2008.
- 17. Steven Shea, Handbook of Hypertension. Volume 20. Epidemiology of Hypertension. American Journal of Epidemiology Vol. 153, No. 7 : 715-716.
- Rajeev Gupta1 and V. P. Gupta, Hypertension epidemiology in India: Lessons From Jaipur Heart Watch. Cardiovascular Diseases Current Science 2009; 97(3): 349.
- Maj KS Brar, Lt Col S Ramesh, Methods In Medicine: Technique of Blood Pressure Measurement. MJAFI 2003; 59: 51-52.
- 20. Carlson, CS, Eberle MA, Kruglyak L, Nickerson DA. Mapping complex disease loci in whole-genome association studies. Nature 2004; 429; 446-452.
- 21. Chobanian AV, Bakris GL, Black HR, et al. National Heart, Lung, and Blood Institute; National High Blood Pressure Education Program Coordinating

Committee. Seventh report of the Joint National Committee on Prevention,

Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension. 2003; 42: 1206-1252.

- 22. Carretero OA, Oparil S. Essential hypertension. Part I: definition and etiology. Circulation 2000; 101 (3): 329-35.
- 23. Sanjay Vikrant, SC Tiwari, Essential Hypertension-Pathogenesis and

Pathophysiology. Indian Academy of Clinical Medicine 2001; 2(3): 139-142.

- 24. w w w . a m e r i c a n h e a r t . o r g / presenter.jhtml?identifier=4756-American heart association
- 25. Seth Bender, Richard Devereux, Peter Okin, Risks of electrocardiographic left ventricular hypertrophy in hypertensive individuals and benefits of treatment

induced regression Export. Current Cardiovascular Risk Reports 2009; 3(4): 247-254.

26. Ghanem WM, Murín J, Bulas J. Significance of left

ventricular hypertrophy in hypertension. Vnitr Lek. 1998; 44(9): 513-7.

 Sofia M. Voyaki, Aris D. Efstratopoulos, Athanasios A. Baltas, Leonidas C. Mourgos and Antrea Stavrianou. Hypertensive complications associated

With metabolic syndrome. Am J Hypertens 2005; 18:169A-170A; P-453.

28. Amenta Francesco, Ditullio Maria Antonietta, Tommassoni Daniele. Clinical

And experimental hypertension. 2003; 25(6): 359-380.

- 29. Anil K. Bidani; Karen A. Griffin. Pathophysiology of Hypertensive Renal Damage. Hypertension 2004; 44: 595.
- 30. Hayreh. S. Hypertensive retinopathy. Ophthalmologica 1989; 198: 173.
- 31. Susic D. Hypertension, ageing, and atherosclerosis: The endothelial interface. Med Clin North Am 1997; 81: 1238.
- 32. The Eye and Systemic diseases, second edition, Albert and Jakobick, Philadelphia, Vol - IV, Section V, Chapter 323, pg no 4513 / 48.
- 33. The Eye and Systemic diseases, second edition, Albert and Jakobick, Philadelphia, Vol - IV, Section V, Chapter 323, pg no 4513 / 49.
- J.B. Walsh. Hypertensive retinopathy. Description, classification, and prognosis. Ophthalmology-October 1982. Vol. 89, Issue 10, Pages 1127-1131.
- 35. Tso MO., Jampol LM. Pathophysiology of hypertensive retinopathy. TOPHTH. Volume 89, Issue 10, Pages 1132-1145 (1 October 1982).
- 36. The Eye and Systemic diseases, second edition, Albert and Jakobick, Philadelphia, Vol - IV, Section V, Chapter 323, pg no 4506 - 4525.
- 37. Leishman R. The eye in general vascular disease: Hypertension and arteriosclerosis. Br J Ophthalmo 1957;141:641.
- Harazny JM, Ritt M, Baleanu D, Ott C, Heckmann J, Schlaich MP, Michelson G, Schmieder RE. Increased wall:lumen ratio of retinal arterioles in male patients with a history of a cerebrovascular event. Hypertension. 2007; 50:623-629.

Orissa Journal of Ophthalmology

- 39. Mathiassen ON, Buus NH, Sihm I, Thybo NK, Morn B, Schroeder AP, Thygesen K, Aalkjaer C, Lederballe O, Mulvany MJ, Christensen KL. Small artery structure is an independent predictor of cardiovascular events in essential hypertension. J Hypertens. 2007; 25: 1021-1026.
- 40. Tso M, Jampol L. Pathophysiology of hypertensive retinopathy. Ophthalmology 1982; 89: 1132.
- 41. Report of the National High Blood Pressure Education Program Working Group on High blood Pressure in Pregnancy. Am J Obstet Gynecol 2000; 182: S1-S22.
- 42. American College of Obstreticians and Gynecologists. Diagnosis and Management of preeclampsia and eclampsia. ACOG practice bulletin no. 33. Obstet Gynecol 2002; 99: 159-167.
- 43. The Eye Disease Case Control Study Group. Risk factors for Branch retinal Vein occlusion. Am. J Ophthalmol 1993; 116:286-96.
- 44. Internal Medicine, editor in chief Jay. H. Stein, 5th edition, Elseiver.
- 45. Duncan BB, Wong TY, Tyroler HA et al. Hypertensive retinopathy and Incident coronary heart disease in high risk men. Br. J Ophthalmol 2002, 86: 1002-1006.
- Bert-Jan H van den Born, Caroline A A Hulsman, Joost B L Hoekstra, Reinier O Schlingemann, Gert A. Value of routine funduscopy in patients with hypertension: systematic review. BMJ 2005; 331: 73.
- 47. Wong TY, Mitchell P. Hypertensive retinopathy. N Engl J Med. 2004; 351: 2310-2317.
- 48. Roland E. Schmieder. A Window to Vascular Remodeling in Arterial Hypertension. Hypertension. 2008; 51: 43.
- Roberto Pontremoli; Antonella Sofia; Maura Ravera; Clizia Nicolella; Francesca Viazzi; Angelito Tirotta; Natia Ruello. Prevalence and Clinical Correlates of Microalbuminuria in Essential Hypertension. The MAGIC Study. Hypertension. 1997; 30: 1135-1143.
- 50. Shantha GP, Bhaskar E, Kumar AA, Sundaram V, Senghor A, Swaminathan P, Sundaresan M, Srinivasan Y, Abraham G. Accuracy of retinal

changes in predicting microalbuminuria among elderly hypertensive patients: a crosssectional study from a teaching hospital in South India. Int Urol Nephrol 2009; 41(1): 137-43.

- 51. Yuet Wan. Comparison of antihypertensives for prevention of CHD and stroke prevention. Hypertension 2005; 46: 386-392.
- 52. Dr. Muhammad Zakaria, Khalid Amin, Israr Kafeel. Prevalance of retinopathy in hypertensive patients. The Professional 2004; 11(03).
- 53. NIOH, Department Information, Occupational medicine division.
- 54. Wong TY, Klein R, Couper DJ, Cooper LS, Shahar E, Hubbard LD, et al. Retinal microvascular abnormalities and incident stroke: the atherosclerosis

Risk in communities study. Lancet 2001; 358: 1134-40.

- 55. Ronald Klein, MD, MPH; Barbara EK. Klein, MD, MPH; Scot E. Moss, MA; Qin Wang, MD. Hypertension and Retinopathy, Arteriolar Narrowing, and Arteriovenous Nicking in a Population. Arch Ophthalmol. 1994; 112(1): 92-98.
- Tien Yin Wong, Ronald Klein, A.Richey Sharrett, MD, Teri A Manolio, Larry D Hubbard, Emily K Marino, Lewis Kuller et al. The prevalence and risk

Factors of retinal microvascular abnormalities in older persons: the Cardiovascular Health Study 2003; 110(4): 658-666.

- 57. B B Duncan, T Y Wong, H A Tyroler, C E Davis, and F D Fuchs. Hypertensive retinopathy and incident coronary heart disease in high risk men. Br J Ophthalmol. 2002; 86(9): 1002-1006.
- A. Richey Sharrett, Larry D. Hubbard, Lawton S. Cooper, Paul D. Sorlie, Rosemary J. Brothers, F. Javier Nieto, Joan L. Pinsky and Ronald Klein.

Retinal Arteriolar Diameters and Elevated Blood Pressure. The Atherosclerosis Risk in Communities Study. American Journal of Epidemiology 150(3): 263-270.

59. Tien Yin Wong, Ronald Klein MD, David J Couper PhD, Lawton S Cooper MD, Eyal Shahar MD, Larry D Hubbard MAT, Marion R Wofford MD and A Richey Sharrett MD. Retinal microvascular abnormalities and incident stroke: the Atherosclerosis Risk in Communities Study. The Lancet 2001; 358: 1134-1140.

- Bert-Jan H van den Born, Caroline A A Hulsman, Joost B L Hoekstra, Reinier O Schlingemann, Gert A van Montfrans. Value of routine funduscopy in Patients with hypertension: systematic review. BMJ 2005; 331: 73.
- 61. Roberto Pontremoli; Antonella Sofia; Maura Ravera; Clizia Nicolella; Francesca Viazzi; Angelito Tirotta; Natia Ruello. Prevalence and Clinical Correlates of Microalbuminuria in Essential Hypertension; The MAGIC Study. Hypertension 1997; 30: 1135-1143.
- 62. Ferronia P, Basilib S, Paolettib V, Davic G.

Endothelial dysfunction and oxidative stress in arterial hypertension. 2006; 16(3): 222-233.

63. Roland E. Schmieder. Hypertensive Retinopathy, A Window to Vascular

Remodeling in Arterial Hypertension. Hypertension. 2008; 51: 43-4.

- 64. Fiona White, Herbert Jelienk. Awareness and pharmacotherapy of hypertension in a rural community. Medical Principles and Practices 2009; 18(4).
- 65. Macedo ME, Lima MJ, Silva AO, Alcantara P, Ramalhinho V, Carmona J. Prevalence, awareness, treatment and control of hypertension in Portugal: the PAP study. J Hypertens 2005; 23(9): 1661-6.

You cannot believe in God until you believe in yourself. The more we come out and do good to others, the more our hearts will be purified, and God will be in them. All the powers in the universe are already ours. It is we who have put our hands before our eyes and cry that it is dark. YOU know, I may have to be born again, you see, I have fallen in love with mankind.

BY the study of different RELIGIONS we find that in essence they are one.

- Vivekananda