

Case Study:
*Rapid onset of
proliferative
retinopathy*

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DESP

A graphic on the right side of the slide featuring three concentric, curved bands in yellow, green, and blue. The text 'Putting people first' is written in a sans-serif font, with 'Putting' in blue, 'people' in orange, and 'first' in blue.

Putting
people
first



April 2013 25y/o

T1 diag 2001

R - 6/12
(amblyopic)

L - 6/9

R1 M0 R1 M0

Previously R0 M0 at
first recorded
screening 2009



April 2013

L - R1 M0

- **History of poor control/noncompliance**
- **Patient's HbA1c 2009-2013 was always in the region of 14%**
- **In 2014 she came back home after a period of travelling and was admitted to hospital**



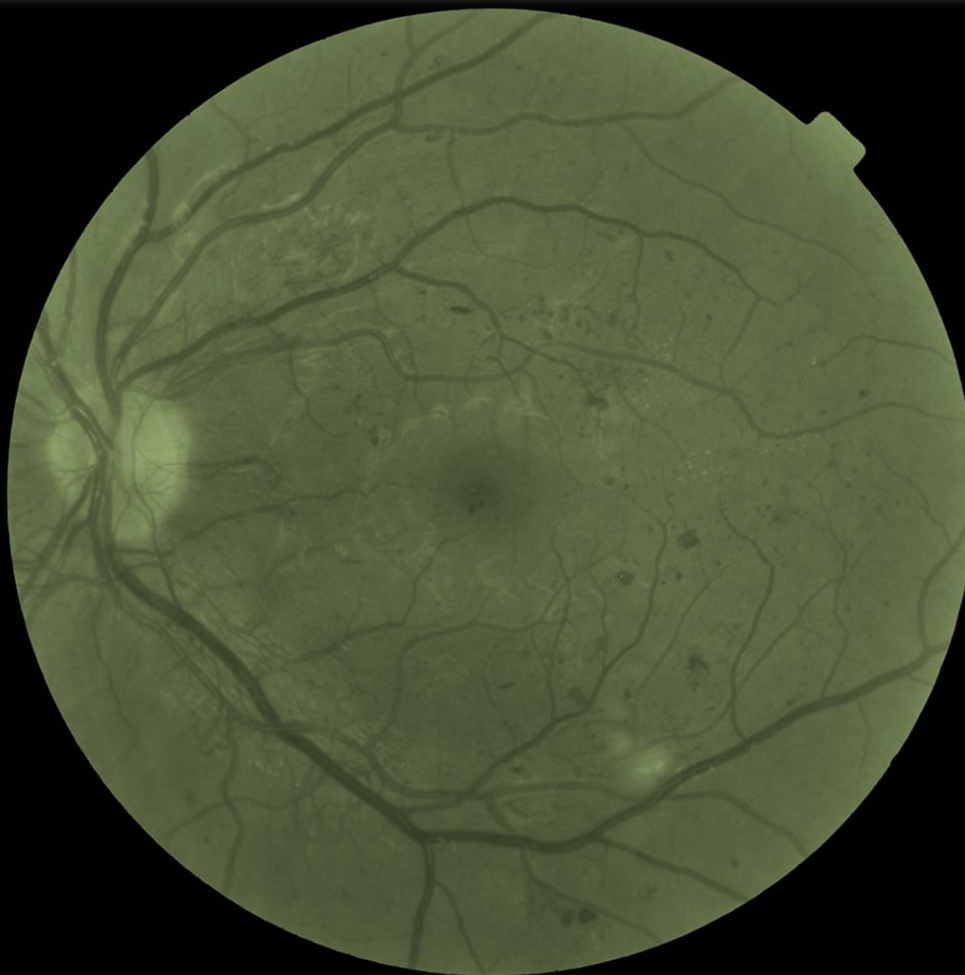
May 2014

R - R3A M1 6/18



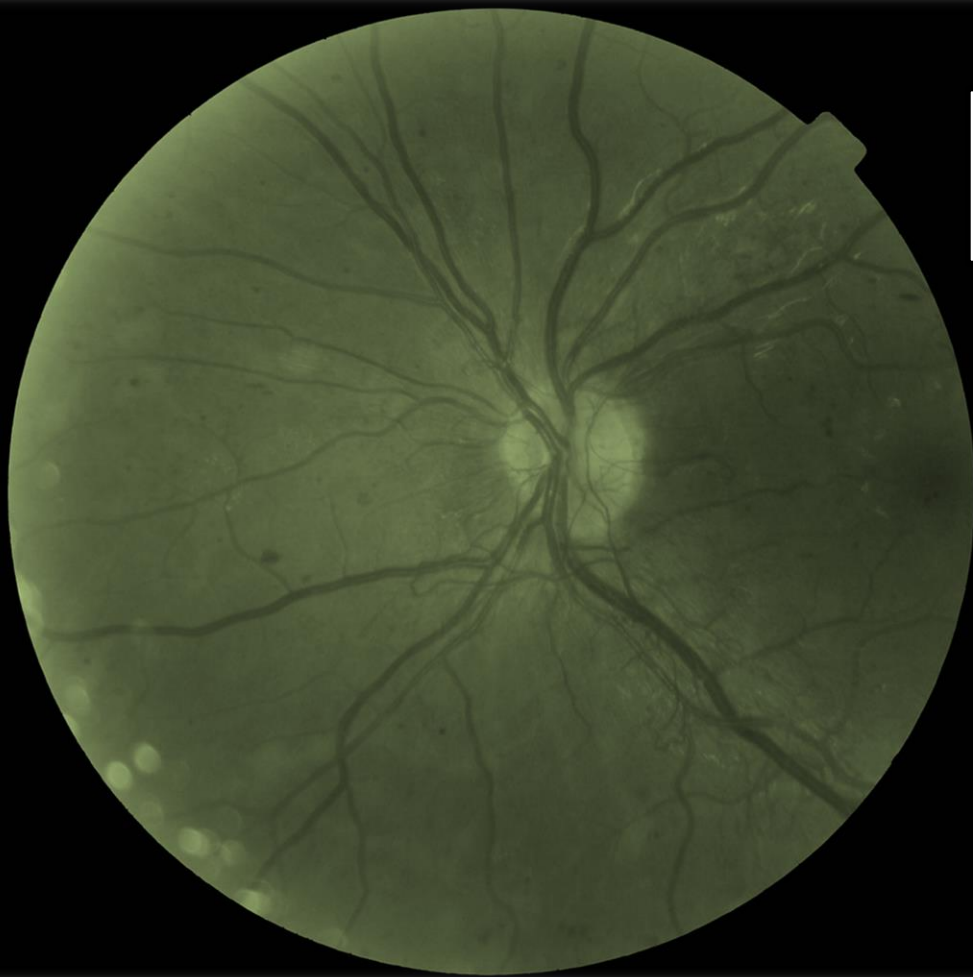
May 2014

R - R3A M1



May 2014

L - R3A M1 6/6



May 2014

L - R3A M1

As of June 2016

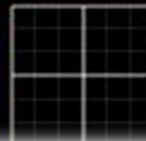
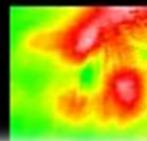
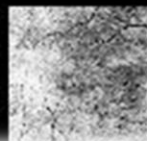
- **R3A M1 R3A M1**
- **R 6/36 L 6/24**
- **9 PRP treatment sessions in b/e**
- **1 anti-VEGF treatment left eye**
- **Bilateral vitrectomy**

Overlay

Grid

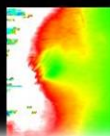
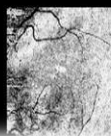
Circle

June 2016
R - R3A M1



Overlay
Grid
Circle

June 2016
L - R3A M1



What might make younger patients more susceptible to poor diabetic control?

- **Change of lifestyle/career**
- **New relationships**
- **Travelling/gap year**
- **Pregnancy**

Concluding comments

- **Young T1 diabetics may be more susceptible to rapid proliferative changes.**
- **Treatment can be intensive and on going.**
- **An earlier screening interval for young T1 R1 patients?**