ABSTRACT:

AIM: Visual impairment in Gliomatosis cerebri can occur due to optic nerve involvement

CASE SUMMARY: Forty five year old male with complaints of gradual painless loss of vision in both eyes since 2 years. Patient denied light perception in both eyes. Pupils were 3mm sluggishly reacting to light. Dilated fundus both eyes showed blurred disc margins, hyperemic disc, arteries were attenuated, veins tortuous. Patient was started on Levetiracetam 500mgTDS, Carbamazepine 400mgTDS, oral Dexamethasone 4mgBD. MRI brain taken showed diffuse infiltrating glial tumor. Biopsy was advised to confirm the diagnosis. Patient declined treatment in view of the poor prognosis.

TAKE HOME MESSAGE

Treatment includes anticonvulsants and steroids but prognosis is very poor
ABSTRACT:

AIM: To present an unusual case of papilledema with normal CSF opening pressure.

Case summary: 49 years old hypertensive male with normal BMI presented with both eyes blurred vision, headache, tinnitus and transient visual obscurations for 1 month. Blood pressure was 150/90mmHg. Visual acuity in both eyes was 6/18 and 6/24. Anterior segment was normal. Pupils were reacting and colour vision was intact. Fundus examination showed bilateral severe disc edema. Neuroimaging had widened perioptic csf space and venogram was normal. CSF opening pressure was 230 mm water and analysis was normal. After 3 months of antiedema treatment patients signs and symptoms improved.

Take home message: Not always ICP is raised in papilledema. Clinical correlation is always vital.
ABSTRACT:

AIM: We report a complication of manual carotid artery compression.

CASE SUMMARY

A 78 years male, BCVA OD 6/9, OS 6/36, OS ptosis, abduction limitation, conjunctival congestion, OU lasered PDR, with left carotid cavernous fistula confirmed on digital subtraction angiography was advised manual carotid compression, lost to follow up for 2 months, presented with diminution of vision post compression, OD 6/18, OS PL+ve, OS corkscrew vessels, fundus OD as before, OS dilated and tortuous veins with multiple haemorrhages s/o venous stasis retinopathy due to raise in back pressure.

TAKE HOME MESSAGE

Close follow up and compliance is to be emphasised to the patient.
ABSTRACT:

AIM: Case report of chronic unilateral disc edema with an unknown etiology

Case Summary

A 26 year female presented with gradual painless blurring of vision in right eye since 3 months. BCVA was 6/6 OU, Pupils no RAPD, colour vision good. Fundus showed gross disc edema in OD, HVF normal in OU. Neuroimaging revealed soft tissue at optic nerve head and thickening of optic nerve anteriorly, suspected and managed for granulomatous pathology. On follow up maintained vision of 6/6, but had an increase in disc edema.

Take home message.

This case the d/d was ONH granuloma /ONH mass. With 6/6 vision do we wait and watch or intervene.
Abstract ID: 25  
Presenting Author: Komma Swetha  
Co-Authors: Ambika Selvakumar  
Shikha Rajesh Bassi  
Smita Praveen  
Veena Noronha  
Abstract Title: DEADLY TRANSIENT VISUAL LOSS...TO WATCH IN YOUNG AGE  
Abstract Topic: Case Presentation

ABSTRACT:

AIM: We report a case of ischemia of left optic nerve and left half chiasma.

CASE SUMMARY

A 53 years male, smoker presented with OS loss of vision since 5 hours, OS 2 episodes of transient vision loss in last week, with spontaneous recovery. No known systemic diseases, BCVA OD 6/5, OS CF CF, OS RAPD, OU fundus normal. HVF OD - temporal defects. MRI revealed hyperintense signal in left optic nerve and left half of chiasma with no post contrast enhancement s/o ischemia, absent flow in left intracranial internal carotid artery and carotid doppler showed 97% occlusion with thrombus.

TAKE HOME MESSAGE

Acute and transient visual loss needs prompt evaluation.
**Abstract ID:** 28  
**Presenting Author:** K.Padmalakshmi  
**Co-Authors:** Ambika Selvakumar, Smita Praveen, Shikha Bassi  
**Abstract Title:** Chronic papilledema – the diagnostic dilemma  
**Abstract Topic:** Case Presentation

**Content:**

**ABSTRACT:**

**AIM:** We report a case of papilledema with incidental cavernous lesion

**CASE SUMMARY**

A 37 year old female presented with progressive painless DOV OD 2.5 years and sudden painless vision drop OS 1 month. She was treated elsewhere with systemic steroids. Right eye had No PL vision and left eye CF50cm. Disc was pale in OD and OS showed pallid disc edema. MRIbrain was suggestive of IIH with incidental right cavernous sinus lesion. MRVbrain suspected thrombosis of TSS which was confirmed by DSA. Atypical workup was negative. Her opening pressure was 30mmHg. Patient was advised ONSF in OS

**TAKE HOME MESSAGE**

Early and prompt diagnosis may prevent permanent vision loss
AIM: We report a case of sudden, painful, monocular vision loss in a 33 year old patient which improved after one week.

CASE SUMMARY: A 33-year-old male patient with complains of sudden onset dimness of vision and mild pain in right eye had presented to a local doctor. Vision recorded on initial examination was PL+ in right eye and 6/9 in left eye. He was diagnosed as a case of retrobulbar neuritis and started on Inj. Methylprednisolone followed by oral steroids and oral multivitamins. The patient presented 10 days later to our outpatient department with right eye vision 6/18 and left eye vision 6/9. There was no history of nausea, vomiting, headache, diplopia or any other neurological complaints. Pupil in right eye showed RAPD with sluggish reaction to light. Colour vision in right eye was impaired whereas it was normal in the left eye. Fundus examination revealed neuro-retinal rim pallor in right eye and moderate temporal NRR pallor in left eye. Perimetry revealed bitemporal hemianopia with central scotoma in right eye. VEP showed normal latency in both eyes. MRI on initial examination revealed haemorrhage in suprasellar region on the right, tracking along the right optic tract. Follow-up MRI after one month showed minimal patchy enhancement in a small SOL in relation to optic chiasma on the right with partly resolved bleed, suggestive of a cavernous angioma with bleed.

TAKE HOME MESSAGE: A complete neuro-ophthalmological examination at onset of symptoms would have localised the pathology and diagnosed this rare entity.
ABSTRACT:

AIM: To describe neurological and visual recovery in gas geyser syndrome

CASE SUMMARY

A 32 year old lady, presented with blurring of vision (OD - FC 3 metre, N18; OS - 20/200, N18 with OU loss of colour vision) since 3 days with headache following LOC for 2 hours after a bathroom fall on a hill station 3 days back. With OU temporal optic nerve pallor, severe visual field loss, MRI showed hypoxic changes in occipital lobes. With a diagnosis of Gas Geyser Syndrome; she was treated with hyperbaric oxygen to recover her vision (OU - 20/20 P, N6 with Normal Colour Vision) in 2 months

TAKE HOME MESSAGE

To highlight management of gas geyser induced neurological and ocular manifestations
Abstract ID: 40
Presenting Author: Shamika Ghaisas
Co-Authors: Anuj Sharma
Surendra pal
Abstract Title: An unusual case of ocular cysticercosis mimicking third nerve palsy.
Abstract Topic: Case Presentation

ABSTRACT:

AIM: To discuss an unusual presentation and management of 3rd nerve palsy.

CASE SUMMARY

A 12 year old boy presented with sudden onset moderate ptosis and limitation of elevation in the right eye since 1 day. Urgent MRI was done considering partial 3rd nerve palsy. But it revealed an isolated cysticercus cyst in the superior rectus LPS complex. He was treated with oral Albendazole under oral steroid cover with follow up Bscan ultrasounds. After 3 days, there was complete ptosis due to an expected inflammatory reaction, however there was complete resolution after 2 weeks of therapy.

TAKE HOME MESSAGE

Ocular cysticercosis can mimic CN palsies and should be a differential
ABSTRACT:

**AIM** (max. 70 characters)To create awareness among treating ophthalmologists that any squint / refractive error in a child need to be reevaluated / reassessed in setting of any neurological symptoms unrelated to the underlying chronic condition

**CASE SUMMARY** (max. 500 characters)A six year old male child was brought to the outpatient department of our ophthalmology department by his mother a year back with complaints of poor distant vision noted at school from past six months. Mother also gave history of intermittent outward squinting of left eye predominantly. Child did not comprehend for vision with any of the paediatric charts too. Hirschberg showed 15 degree exotropia. Atropine refraction was OD +6.00 DS/-2.00DC @20 DEG, OS + 6.00 DS/- 2.75 DC@ 170 DEG. Dilated fundus examination was unremarkable. As the child was unable to cooperate for a post mydriatic test, the child was prescribed glasses and las symbols were also given to be taught at home and called after two months for detalevisin and squint assessment with glasses. The child was brought for follow up, after a year, child was reading 6/18 OD and OS 6/24, near vision N 8 both eyes with paediatric chart. Alternate cover test showed 30 PD exotropia, freely alternating, extra ocular movements were full in both eyes. Dilated fundus examination was within normal limits. The parents were asked to continue same glasses and emphasised that squint surgery will be required to align the eyes. A month back child was brought for squint surgery but mother gave history of child complaining of headache on waking up with vomiting from few weeks. Examination revealed nothing novel. Fundus examination was normal with no evidence of disc oedema. But owing to symptoms coorelating with suspicion of raised intracranial tension we referred the patient to paediatrics department where a CT scan of brain with orbit was advised. Neuroimaging which was done a fortnight later due to delay by the parent revealed heterogeneously enhancing mass lesion in the region of pineal gland and posterior third ventricle, splenium of corpus callosum and adjacent parafalcine left parietal lobe with nodular foci of calcification causing obstructive
Findings were suggestive of neoplastic etiology probably pinealoblastoma / germinoma. Repeat fundus evaluation at that visit revealed early papilloedema with splinter haemorrhage.

**TAKE HOME MESSAGE** (max. 70 characters) It is better to over investigate any child with neuroimaging with history of suspicion of neurological symptoms which may appear totally unrelated to the prevailing refractive error or squint.
ABSTRACT:

Background and Objectives:
Hypoxic-ischemic encephalopathy (HIE) is an important cause of permanent damage to CNS tissues that may result in neonatal death or manifest later as developmental delay or cerebral palsy. Incidence is estimated to be approximately 2-4 per 1000 live births. Neuroimaging evidence of acute brain injury seen on brain MRI with Hypoxia-Ischemia is also considered as a significant feature as per the recent task force on neonatal encephalopathy. The presence and the severity of visual impairment could be predicted by the clinical severity of HIE shown at birth. A comprehensive approach of analysing the clinical severity and neuroimaging features helps in better understanding of the patterns of visual impairment.

The objective of this study is to evaluate the relationship between the ocular findings and MRI pattern of lesions in diagnosed cases of perinatal HIE.

Materials and Methods:
It is a prospective observational study in which 25 diagnosed cases of HIE were recruited from neuro-ophthalmology clinic of a tertiary eye care center. HIE patients between 6 months to 5 years were included in the study. Hemodynamically unstable cases, patients with acquired encephalopathy and subjects refusing to give consent were excluded.

MRI scan and ocular examination was done of all the patients meeting the inclusion criteria.

Results:
Out of 25 patients meeting the inclusion criteria 5 patients had a history of prematurity, 19 were males and 6 were females, all the patients had a history of neonatal intensive care unit stay.

MRI examination showed 12 patients had periventricular leukomalacia, 7 patients had diffuse cerebral atrophy, encephalic cysts were found in 5 patients, MRI was normal in 1 patient.

On ocular examination 17 patients had infantile esotropia, 2 patients had infantile exotropia and 6th cranial palsy was found in 2 patients. Disc pallor was found in 16 patients. Visual acuity was normal in 1 patient.

Mean abnormal visual acuity ranged between 0.47 to 1.778 logMAR units. Mean visual acuity range in patients with periventricular leukomalacia on MRI was between 1 to 1.47 logMAR units (6/60 to 2/60) patients with diffuse cerebral atrophy had mean visual acuity range between 1 to 1.778 log MAR units (6/60 to 1/60), and patients with encephalic cysts had visual acuity range of 1 to 1.3 log MAR units (6/60 to 3/60).

In patients with visual acuity between 1.778 to 1.30 logMAR (1/60 to 3/60) 4 had cerebral atrophy, 3 had encephalic cyst and 8 had periventricular leukomalacia on MRI. 4 patients with periventricular leukomalacia, 3 patients with diffuse cerebral atrophy and 3 patients with encephalic cysts had visual acuity of 1 logMAR units (6/60).
History of premature birth was present in 7 of 25 patients of which 3 patients had cerebral atrophy, 1 patient had encephalic cyst and 3 patients had periventricular leukomalacia on MRI. Visual acuity in these patients ranged from 1.3 to 1.778 log MAR units (1/60 to 3/60).

Conclusion:
Radiological findings have a positive correlation with ocular findings and visual acuity suggesting that MRI can be a better predictor of visual impairment in patients of HIE.

References:
1. Ambalavana N, Carlo WA, Shankaran S: Predicting outcomes of neonates diagnosed with hypoxic ischemic encephalopathy, Pediatrics, 118 2006:2084-2093
ABSTRACT:

AIM: To emphasise the role of ocular Doppler in takayasu arteritis.

CASE SUMMARY - Ocular manifestations of Takayasu Arteritis include hypo perfusion and hyper perfusion conditions leading to diminution of vision along with fundus findings. We report a case of 22 years old female with complaint of transient obscuration of vision both eye from last 1 week. Visual acuity of 6/6 both eyes, fundus normal, anterior segment normal, pupil cycle time 940 ms right eye, 946 ms left eye, visual fields unreliable due to frequent obscuration of vision, visual evoked potential normal in both eyes. Patient was known case of takayasu arteritis on treatment for last three years. Ocular Doppler showed damped flow of blood in ophthalmic artery (10 cm/sec) and posterior ciliary artery along with thickening of the wall. Dose of immunomodulators was increased and anticoagulants were added to the treatment. Patient was relieved of symptoms in 2 weeks.

TAKE HOME MESSAGE - Our study emphasises the role of ocular Doppler in subclinical ocular presentation of Takayasu Arteritis.
ABSTRACT:

**AIM:** To highlight the importance of visual fields use the ‘power of 6’

**CASE SUMMARY:** Two patients came with blurring of central vision, one patient in one eye and the other one in both eyes. Vision was 6/6 in each eye. Anterior segment and fundus was grossly normal in both the eyes. The only thing abnormal was the visual fields. Both had a similar paracentral quadrantanopic defect with the exception of being unilateral in one patient and bilateral in the other patient. It was on the basis of this visual fields that the appropriate diagnosis was attained.

**TAKE HOME MESSAGE:** To provide an algorithm to differentiate glaucomatous from neurological field defects.
**ABSTRACT:**

**AIM:** To highlight the importance of timely and appropriate intervention in papilloedema.

**CASE SUMMARY:** A 65 years female patient presented to us with dimunition of vision and headache and was already a diagnosed case of Idiopathic intracranial hypertension with papilloedema and was on treatment with the neurologist for the past 3 years with poor compliance to the treatment. Patient had progressively worsening visual fields with an appearance of flattening disc. Patient got timely and proper intervention that not only helped salvaged her visual function but reversed her visual fields to near normal.

**TAKE HOME MESSAGE:** Flattening of disc in IIH may not always be resolving, instead be decompensating.
ABSTRACT:

AIM: Young male of 28 years old presented with sudden onset diplopia and complete ptosis of right eye, gives past history of right hemicranial pain for last few weeks before onset of present symptoms. No history of trauma or associated neurological involvement. On examination there is complete ptosis with grossly reduced extraocular movements and anisocoria with involvement of papillary reaction both direct and consensual in right eye and normal looking fundus. Visual field was normal. MRI head and orbit and MR Angiography reveal no abnormality. As a diagnosis of exclusion, a diagnosis of ophthalmoplegic migraine was made and patient was treated with systemic oral steroids (1mg/kg body weight). Within weeks of starting systemic oral steroids, ocular movements improved, ptosis recovered and papillary reaction became normal (clinical photograph and video). However, 3 months after stopping steroids there was recurrence of similar episode (clinical photograph and video), for which repeated MRI head and orbit was done and again started with systemic steroids. Patient recovered fully till date. This case highlights differential diagnosis of ophthalmoplegic migraine incase of sudden onset ptosis, diplopia, gross restriction of extraocular movements, however all investigations have to be carried out to rule out any organic lesion.