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I didn’t just bleed in my brain, but in my eyes too

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ABSTRACT

Objective: To report a case of Terson syndrome. **Method:** a Case report. **Results:** A 31-year-old gentleman with newly diagnosed hypertension presented with non-progressive, painless blurring of vision bilaterally for the past 3 weeks. The onset of blurring of vision started after discharged from another hospital for hypertensive bleed with cerebral oedema. It was not preceded by head trauma. On examination, vision RE was 6/36, pinhole (ph) 6/36, LE was 6/12 ph 6/12 with no RAPD. Anterior segment and intraocular pressure were unremarkable. Bilateral fundus showed papilloedema with multilayer patches of haemorrhages at the posterior pole. CT Brain showed intraventricular bleed. The patient was managed conservatively by optimizing the blood pressure. He was seen back three weeks later. Ocular examinations showed similar visual acuity however with resolving papilloedema and retinal haemorrhages. **Conclusion:** This case illustrates an atypical aetiology of Terson syndrome. In Terson syndrome, intraocular haemorrhage usually resolves spontaneously but vitrectomy can be considered if haemorrhage persists after 3 months. Visual loss is usually reversible but permanent impairment of vision can occur in a non-clearing haemorrhage. Thus, early referral to an ophthalmologist is warranted in the suspected case of retinal haemorrhage.

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Juvenile myasthenia gravis: A rare case

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ABSTRACT

Objective: To report a rare case of juvenile myasthenia gravis. **Method:** a Single observational case report. **Results:** An 8-year-old Chinese girl with no known premorbid history presented with right eye ptosis which was preceded by an episode of upper respiratory tract infection. Her droopy eyelid was persistent for months and her mother noticed it worsening progressively throughout the day. On examination, best-corrected visual acuity both eyes were 6/6. There was right eye ptosis obscuring the visual axis that improved with ice pack test. Both eyes had an unequal degree of ophthalmoplegia and no other neurological deficit was elicited. Anterior segment and fundus examination of both eyes were normal. Cogan's lid twitch and fatigability were present. Serum Acetylcholine antibody receptor was positive. CT scan showed features of acute on chronic sinusitis with normal findings of the brain and orbit. She was started on oral pyridostigmine. She presented again six weeks later with a complaint of difficulty in chewing and smiling. The case was co-managed with a paediatric neurologist and the patient was then started on tapering dose oral prednisolone. She has been symptom-free for the past four months since commencement of treatment. **Conclusion:** Juvenile myasthenia gravis is a rare, autoimmune condition of childhood that shares many characteristics with that of the common adult form of the disease.

KEY WORDS:

Juvenile myaesthenia gravis, ice pack test, serum acetylcholine antibody receptor, pyridostigmine