

Case report: Bilateral optic perineuritis with total blindness

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ABSTRACT

Objective: Reporting a case of bilateral perineuritis with total blindness. Our aim of this case report is to increase awareness of an atypical presentation of optic perineuritis presented with an acute severe bilateral vision loss, its management and clinical outcome. **Method:** A case report. **Results:** Optic perineuritis also known as perioptic neuritis is an orbital inflammatory disorder in which the specific target tissue is the optic nerve sheath that can be either idiopathic or as a manifestation of systemic inflammatory disorders or specific infections. We report a case of a 56-year old female with idiopathic bilateral optic perineuritis with total blindness (no perception of light) in both eyes. Clinical examination revealed bilateral optic disc swellings. Radio imaging studies were suggestive of optic perineuritis. She was started on high dose intravenous methylprednisolone for 5 days and followed by a course of oral steroids. She responded well to steroid therapy. Following treatment, her vision improved in both eyes. **Conclusion:** Optic perineuritis often mistaken for acute demyelinating optic neuritis as the clinical presentation and ophthalmic findings are very similar. Hence it's important to distinguish between the two of them. Early diagnosis will result in better management and improve the visual prognosis.

KEY WORDS:

Optic perineuritis, visual loss

Choroidal tuberculoma

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ABSTRACT

Objective: To report three cases of choroidal tuberculomas with a different outcome. **Method:** Retrospective case series. **Results:** Three patients (two male and one female), aged of 52, 50 and 25 years old were immunocompetent. All three presented with a unilateral blurring of vision of a week to two months duration. Vision at presentation was 6/12, 6/60 and 6/24 respectively. First two patients had unilateral solitary yellowish subretinal mass at midperiphery (one associated with exudative retinal detachment and vitritis) while the later involved posterior pole. The second patient had positive PCR TB test (vitreous) and positive Mantoux with concurrent disseminated tuberculosis (TB meningitis). Others were negative of systemic tuberculosis while ocular investigations for TB were not done. All patients showed a positive response to ATT over a period of 2–6 weeks. First two cases improved to 6/9 and 6/6 vision, unfortunately, the later remained at CF 3ft from late treatment, complicated with choroidal neovascularization. The retrospective analysis noted him to have 'contact' sign (attachment between the retinal pigment epithelial–choriocapillaris layer and the neurosensory retina over the granuloma) on OCT scan, however, was treated as central serous chorioretinopathy initially. **Conclusion:** ATT is cost-effective and well-tolerated. The key to saving the affected eye is to make a prompt diagnosis and early treatment. Apart from clinical clues and laboratory tests, OCT is useful to reveal a distinctive feature of 'contact' sign.

KEY WORDS:

Choroidal tuberculoma, disseminated tuberculosis, 'contact' sign