

Rituximab in chronic relapsing inflammatory optic neuropathy (CRION)

Variant Chee Nee Vern, Lakana Kumar Thavaratnam

Hospital Kuala Lumpur, Kementerian Kesihatan Malaysia

ABSTRACT

Objective: To discuss a case of chronic relapsing inflammatory optic neuropathy (CRION) that had a better response to rituximab in adjunct with corticosteroids compared with other immunomodulating agents. **Method:** A case report. **Results:** A 29-year-old gentleman presented with sudden onset of right eye blurring of vision. He has underlying well controlled bronchial asthma. His visual acuity of the left eye was 6/9 but right eye was finger counting with a relative afferent pupillary defect (RAPD) grade 1 and enlarged blind spot on Bjerrum test. The anterior and posterior segment examinations were otherwise unremarkable. CT orbit showed thickening of the right optic nerve. His investigations revealed no evidence of demyelination, autoimmune disease, infections or sarcoidosis. He had 4 relapses in 6 months despite being given IV methylprednisolone, plasmapheresis, IV immunoglobulin. Oral prednisolone was not able to be tapered off. Methotrexate and subsequently mycophenolate mofetil were added on to prednisolone over the course of 6 months. However right eye pain and RAPD grade 1 persisted despite treatment. He was subsequently started on IV rituximab with a tapering dose of prednisolone and his symptoms have improved with no new relapse in 6 months since the first dose of IV rituximab. **Conclusion:** The symptoms and signs of CRION responded well to corticosteroid therapy but rituximab aided in its remission in which its role in CRION is yet to be fully understood.

KEY WORDS:

Rituximab, relapsing, optic neuritis, immunotherapy

Septic cavernous sinus thrombosis: A case report

Tanusha D, Kumar L

Hospital Kuala Lumpur, Kementerian Kesihatan Malaysia

ABSTRACT

Objective: To report a case of septic cavernous sinus thrombosis. **Method:** a Case report. **Results:** A 39-year-old male, with no medical history presented with 2 weeks of left-sided headache, 2 days history of sudden onset left eyelid swelling, pain and blurring of vision. He had dental caries but no sinusitis or an earache. On examination, his temperature was 38.2°C. Right eye vision was 6/6 and Left eye counting finger. Reverse RAPD was negative. There was LE periorbital oedema, ptosis, proptosis, chemosis, the pupil was fixed and dilated. Fundus examination revealed pink optic disc with cup-disc ratio of 0.5, no papilloedema, vessels, retina and macula normal. Intraocular pressure over LE was 35 with complete ophthalmoplegia and reduced sensation over the left forehead. RE examination and neurological examination was normal. Blood investigation showed Haemoglobin 12.5, TWBC 14.1, Platelet 202 and ESR 94. CECT/CTA of brain and orbit showed hypodense filling defect within the left superior ophthalmic vein and bilateral cavernous sinus suggestive of thrombosis and orbital cellulitis. Infective screening, blood and urine cultures were negative. The patient was co-managed with the neuro-medical and dental team. He was treated as LE orbital cellulitis with high IOP and acute surgical 3rd,4th,5th,6th cranial nerve palsy secondary to cavernous sinus thrombosis. The patient was treated with anti-glaucoma, topical antibiotics, analgesics, intravenous Tazosin, subcutaneous Fondaparinux bridged with Warfarin after which his symptoms slowly improved. **Conclusions:** Cavernous sinus thrombosis is a rare but serious disease associated with significant morbidity and mortality. Early diagnosis and prompt treatment are crucial to improving outcomes in this potentially fatal disease.

KEY WORDS:

Cavernous sinus thrombosis, fatal, anticoagulant