

18th Joint event on

EUROPEAN OPHTHALMOLOGY CONGRESS & OCULAR PHARMACOLOGY

December 04-06, 2017 | Rome, Italy

Optic nerve sheath decompression medial approach experience of prince sultan military medical city

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Introduction: Idiopathic intracranial hypertension (IIH), also known as primary pseudo tumor cerebri, is a disorder of increased intracranial pressure (ICP) with normal Neuroimaging and CSF composition and no underlying etiology. The incidence of IIH in many Middle East countries has been estimated at 2.02–2.2/100,000 in the general population, which is higher than the Western rate. When vision impairment in a patient with papilledema is persistent, prompt treatment is required in hopes of preventing permanent loss of vision. If medical treatment is not effective, we can have surgical option like ventriculo-peritoneal shunt, lumbo-peritoneal shunt or optic nerve sheath decompression.

Methods: Retrospective, non comparative, interventional case series. Thirty cases underwent by using ONSD medial approach in Ophthalmology Department in Prince Sultan Military Medical City from 1995 to 2017. All these patients were referred from the Neurology Department. 26 patients were diagnosed as increased idiopathic intracranial pressure and 4 patients with secondary increased intracranial pressure. All patients underwent full Neuro ophthalmic assessment including visual acuity, visual field pre-operative and post-operative. The treatment of IIH patients depends on their symptoms and vision status. The indications for ONSD Progressive visual loss who fail maximum medical therapy, severe bilateral disc swelling or visual loss in patients who do not comply with medical therapy. Secondary increase in ICP due to non-resectable tumor and Presence of additional risk factors like Renal failure, Hypertension, SLE and others.

Results: Main outcome measures the visual acuity, visual fields, and surgical complications will be discussed. Thirty patients underwent ONSD, in one eye with the worst visual field, 26 patients out of 30 (86%) cases due to idiopathic increased intracranial pressure, four patients (13%) cases due to secondary increased ICP. After ONSD 22 patients 73% improved visual field in both eyes. Six patients 20% stabilized visual field in both eyes, one patient 3% deteriorated post-operative vision secondary to operative complication.

Conclusion: Optic Nerve Sheath Decompression effectively stabilizes or improves visual function in the majority of patients with PTC and visual loss. However, it may fail at any time after surgery; patients with PTC need to be followed-up routinely with visual field assessment to detect deterioration of visual function. Bilateral disc edema resolved and visual field improvement seen most cases when only one eye underwent optic nerve sheath decompression.

Key words: Optic Nerve Sheath Fenestration, Decompression, Pseudo Tumor Cerebri.

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