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Neuro-ophthalmologic diagnoses you do not want to miss

Aim: The presentation will elaborate on twelve neuro-ophthalmologic disorders, part of a longer list, which can potentially cause death or blindness if not diagnosed and treated correctly

Aneurysmal third nerve palsy. Aneurysm is not the most common compressive lesion causing third nerve palsy, but it has the highest mortality if untreated. Giant cell arteritis is an idiopathic inflammatory vasculitis affecting small –to-medium size arteries, which can cause blindness, but also cerebral infarction and cardiac ischemia. Myasthenia gravis is an autoimmune disease of the neuromuscular junction, which has both an ocular and generalized form. Myasthenic crisis is a neurologic emergency, which causes paralysis of the muscles of breathing. Pituitary apoplexy results from hemorrhagic infarction of the pituitary gland, and causes acute endocrine and neurologic symptoms.

Pseudotumor cerebri or idiopathic intracranial hypertension is a condition of unknown cause that produces elevated intracranial pressure and papilledema primarily in young obese females. In 24% of cases can cause visual dysfunction. Primary optic nerve sheath meningioma is the most common tumor of the optic nerve sheath, and it typically presents with a slowly progressive optic neuropathy characterized by a variable loss of visual acuity. Pituitary adenomas are the most common cause of chiasmal lesions in adults. The most common symptom of a chiasmal compressive lesion is gradual, painless, progressive and bilateral vision loss.

Fungal optic neuropathy may complicate meningitis resulting from a variety of molds and yeasts. The prevalence of these disorders increases in immunocompromised or immunosuppressed patients with diabetes, lymphoreticular disorders or AIDS. Neuromyelitis optica or Devic disease is characterized by acute or subacute loss of vision in one or both eyes caused by acute optic neuropathy preceded or followed within days or weeks by a transverse or ascending myelopathy. Horner syndrome is manifested with acute neck pain and a miotic pupil. It may be caused by a lesion along the sympathetic pathway that supplies the head, eye and neck. Toxic/nutritional optic neuropathies usually develop over months with a painless, bilateral, symmetric and progressive loss of central vision, but some cases may present with acute and severe vision loss such as poisoning with methanol or ethylene glycol. Transient monocular visual loss lasting minutes in an altitudinal fashion should be considered to be ischemic, due to cardioembolic source or giant cell arteritis, until proven otherwise.

Biography

Born in 1950 in the region of Transylvania, Romania. He Graduated from the Hebrew University – Hadassah Medical School in Jerusalem, Israel in 1974. In 1985 he finished his residency in Ophthalmology, and in 1990 a fellowship in Neuro-Ophthalmology at the University of Michigan in Ann-Arbor, MI, USA. For the last twenty-five years is the head of the Neuro-Ophthalmology service at the Hadassah Medical Center in Jerusalem, Israel. In addition to his longstanding clinical work, he has collaborated internationally with several medical services in research studies, wrote few chapters in medical textbooks, co-authored almost forty articles published in the international medical literature, lectured in many Ophthalmological & Neuro-Ophthalmological conferences and organized tens of courses along the years in Neuro-Ophthalmology in various meetings.

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