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Cortical blindness post coronary angiogram-A rare but frightening complication

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Cortical blindness is a rare but frightening complication following coronary angiogram probably due to contrast penetration in occipital lobes in susceptible individuals. A case report of 82 years old man was admitted with collapse. Investigations showed NSTEMI with T wave inversion in lateral leads and Troponin rise. Severe LCX disease was found on coronary angiogram, which was stented with DES with good angiographic results. Patient became blind 30 minutes after the procedure. Clinical examination showed diminished visual acuity to light perception bilaterally. Light reflex and fundoscopy was unremarkable. Motor, sensory & cerebellar systems were normal. No other abnormality was detected. CT head scan showed bilateral contrast enhancement in the occipital lobes. Patient was not considered for thrombolysis due to symmetrical bilateral focal neurological presentation, which is uncommon in cerebrovascular accidents. Patient had a partial recovery of vision while in observation ward and had complete recovery within 24 hours. Patient remained asymptomatic at 2 months follow-up post discharge. A clinical diagnosis of "cortical blindness" was made, however it was thought to be unlikely due to thrombo-embolism secondary to cardiac catheterization so thrombolysis was withheld (symmetrical bilateral focal neurological lesions are very uncommon in cerebrovascular accidents). A quick literature search showed case reports of cortical blindness linked with coronary angiography and such blindness almost always spontaneously recovers in hours-to-days time. Although the exact cause is unknown it is postulated that there is a direct neurotoxic effect of contrast in occipital cortex potentiated by prolonged lying position during coronary angiogram. Other possible mechanisms include spasm of the posterior cerebral arteries, dissection of the aortic arch, and contrast-induced hypotension.

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Hypolipidemic effect and antioxidant activity of *Tamarindus indica* (Tamarind) leaves in hypercholesterolemic-fed rats

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Background/Aims: Higher cost and side effects that are made by some anti-cholesterol drugs which used in long time is the reason why some people change to herb therapy. One of the herbs is *Tamarindus indica* (Tamarind) leaves. This research aims to determine hypolipidemic effect and antioxidant activity of extract of Tamarind Leaves (ETL).

Methods: Samples used were 25 rats, divided into 5 groups: Negative control (CMC 0.5%), positive control (Ezetrol® (Ezetimibe 1.26 g/KgBW)), ETL 1st, 2nd, and 3rd dose in a row 0.93 g/KgBW, 1.86 g/KgBW and 3.73 g/KgBW.

Results: Paired-samples T-test showed ETL significantly lower total cholesterol (TC) and triglyceride (Tg) level when compared to both of control groups ($p<0.05$), but Low-density Lipoprotein Cholesterol (LDL-C) and High-density Lipoprotein Cholesterol (HDL-C) level had no significant difference ($p>0.05$). TC level also were analyzed with Kruskal-Wallis test, Tg and LDL-C level were analyzed with one-way ANOVA test. ETL exhibited the significant reduction between groups ($p<0.05$), but Tg and HDL-C level had no significant difference ($p>0.05$). Furthermore, the data of TC level were analyzed with Post Hoc test and there was a significant difference between both of control group and all variance ETL doses ($p<0,05$); In LDL-C level had a significant difference between both of control group, ETL 1st and 2nd Dose. For antioxidant activity, Malondialdehyde (MDA) level between pre and post intervention had significant difference ($p<0.05$). Furthermore, the data were analyzed with one-way ANOVA test, but ETL exhibited no significant difference in MDA and Superoxide Dismutase (SOD) level ($p>0.05$).

Conclusion: All ETL doses have hypolipidemic effect and antioxidant activity. ETL also has similar effect with ezetimibe. Saponin, flavonoid, and tanin that contained likely contribute to these pharmacologic effects.

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