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RECURRENT TRANSIENT UNILATERAL VISION LOSS IN A CHILD – DIAGNOSTIC DILEMMA AND MANAGEMENT STRATEGIES

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A 9-year-old girl was referred for urgent evaluation due to sudden transient and recurrent right sided vision loss. She had a normal neurology examination at presentation. She underwent further investigations taking differential diagnosis of unilateral vision loss. A lumbar puncture was performed and diagnosis of idiopathic intracranial hypertension (IHT) was established. IHT is a disorder characterized by raised intracranial pressure of unknown aetiology and absence of space occupying lesion. The diagnosis is done using modified Dandy criteria. Common manifestations include headache, diplopia, tinnitus and sometimes bilateral papilledema with visual disturbances. Untreated cases may develop blindness. There is still disagreement about diagnostic lumbar puncture in children with unilateral transient vision loss. This case highlights the concerns involved in diagnosis; early management and long term follow up of such cases. Classical IHT presents with bilateral papilledema with headache and or with visual disturbances. Atypical or monocular involvement as presenting feature of IHT needs to be included in differential diagnosis. Long term follow up is needed to rule out other potentially evolving causes of visual loss, especially in children.

Biography

Samarth Burle after completing core training in Pediatrics is starting Pediatric Intensive Specialty Training at South West Deanery, UK. He is also pursuing research in Clinical Education from Edinburgh University. His prior training was in India where he completed fellowship in Intensive Care Medicine. He has special interest in education, quality improvement and research in cluster investigations

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