

11. Handley JD, Baruah BP, Williams DM, Horner M, Barry J, Stephens JW. Bariatric surgery as a treatment for idiopathic intracranial hypertension: a systematic review. *Surg Obes Relat Dis*. 2015;11:1396–403.
12. Levin AA, Hess D, Hohler AD. Treatment of idiopathic hypertension with gastric bypass surgery. Case report. *Int J Neurosci*. 2015;125:78–80.
13. Wakerley BR, Tan MH, Ting EY. Idiopathic intracranial hypertension. *Cephalalgia*. 2015;35:248–61.
14. Lancione RR Jr, Kosmorsky GS. When does low mean high? Isolated cerebral ventricular increased intracranial pressure in a patient with a Chiari I malformation. *J Neuroophthalmol*. 2001;21:118–20.
15. Mechanick JI, Youdim A, Jones DB, Timothy Garvey W, Hurley DL, Molly McMahon M, et al. Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient-2013 update: cosponsored by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Surg Obes Relat Dis*. 2013;9:159–91.

J.R. Pérez-Sánchez^{a,*}, M. Arnoriaga Rodríguez^b,
F. Díaz-Otero^a, I. Bretón Lesmes^b

^a *Servicio de Neurología, Hospital General Universitario Gregorio Marañón, Madrid, Spain*

^b *Servicio de Endocrinología y Nutrición, Hospital General Universitario Gregorio Marañón, Madrid, Spain*

* Corresponding author.

E-mail address: javineuro@hotmail.com

(J.R. Pérez-Sánchez).

<https://doi.org/10.1016/j.nrleng.2018.09.014>
2173-5808/

© 2018 Published by Elsevier España, S.L.U. on behalf of Sociedad Española de Neurología. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Temporal crescent syndrome vs arcuate scotoma[☆]



Síndrome de la media luna vs. escotomas arciformes

Dear Editor,

It was with great interest that we read the article by Camacho-Velasquez et al.¹ describing a case of left monocular temporal scotoma, which was attributed to temporal crescent syndrome of ischaemic origin.

The case report includes the results of the Humphrey visual field test for the left eye, which shows arcuate scotomas crossing the midline in the inferior visual field.

Temporal crescent syndrome is a visual field defect caused by lesions to the most anterior part of the primary visual cortex. The most striking feature of the syndrome is that patients exhibit monocular scotomas despite the lesion being retrochiasmatic.²

Visual field defects in this syndrome are located between 60° and 90° in the temporal hemifield of the eye contralateral to the lesion; they cannot therefore be detected with the Humphrey visual field test as this technique usually focuses on the central 30° of the visual field.²

Defects can nonetheless be seen with confrontation visual field testing (when the examination begins at the

periphery); graphical representation requires a technique including the whole visual field (e.g., Goldmann perimetry).

In the case presented by Camacho-Velasquez et al., if the scotoma is monocular, as the authors state, it should be attributed to an artefact or a prechiasmatic lesion as it involves the central 30° of the visual field. On the contrary, if it is secondary to a transient ischaemic attack, a congruent visual field defect should be detected in the contralateral eye.

References

1. Camacho-Velasquez JL, Rivero-Sanz E, Pérez-Lázaro C, Tejero-Juste C. Síndrome de la media luna secundario a ataque isquémico transitorio. *Neurología*. 2016; <http://dx.doi.org/10.1016/j.nrl.2016.08.009>.
2. Landau K, Wichmann W, Valavanis A. The missing temporal crescent. *Am J Ophthalmol*. 1995;119:345–9.

J.M. Losada Domingo^{*}, I. Caballero Romero

Servicio de Neurología, Hospital Universitario Cruces, Barakaldo, Bizkaia, Spain

* Corresponding author.

E-mail address: josemaria.losadadomingo@osakidetza.eus

(J.M. Losada Domingo).

<https://doi.org/10.1016/j.nrleng.2017.01.010>
2173-5808/

© 2017 The Author(s). Published by Elsevier España, S.L.U. on behalf of Sociedad Española de Neurología. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

[☆] Please cite this article as: Losada Domingo J, Caballero Romero I. Síndrome de la media luna vs. escotomas arciformes. *Neurología*. 2019;34:495.