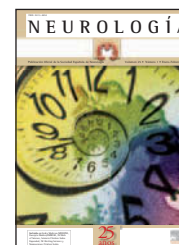




# NEUROLOGÍA

www.elsevier.es/neurologia



## IMAGE OF THE MONTH

### Bilateral posterior ischaemic optic neuropathy<sup>☆</sup>

### Neuropatía óptica isquémica posterior bilateral

E. Correas Callero, \* R. Gordo Mañas, J. Hernández Gallego

*Servicio de Neurología, Hospital Universitario 12 de Octubre, Madrid, Spain*

We present the case of a 44-year-old male with a personal history of chronic alcoholism who was admitted to intensive care diagnosed with pneumococcal bacterial meningitis. While admitted to this unit, the patient was in a critical state and showed complications of haemodynamic instability with episodes of severe hypotension that required aggressive fluid treatment and vasoactive drug administration (norepinephrine). He improved after receiving support treatment and the appropriate antibiotics, recovering awareness and autonomy. It was then that he reported bilateral blindness. During the neurological examination, we saw bilateral amaurosis and medium pupils, unresponsive to light with preserved reflex accommodation. The fundus showed no papilloedema. The rest of the examination did not present any additional neurological focus. A magnetic resonance scan was undertaken, which showed contrast enhancement in the

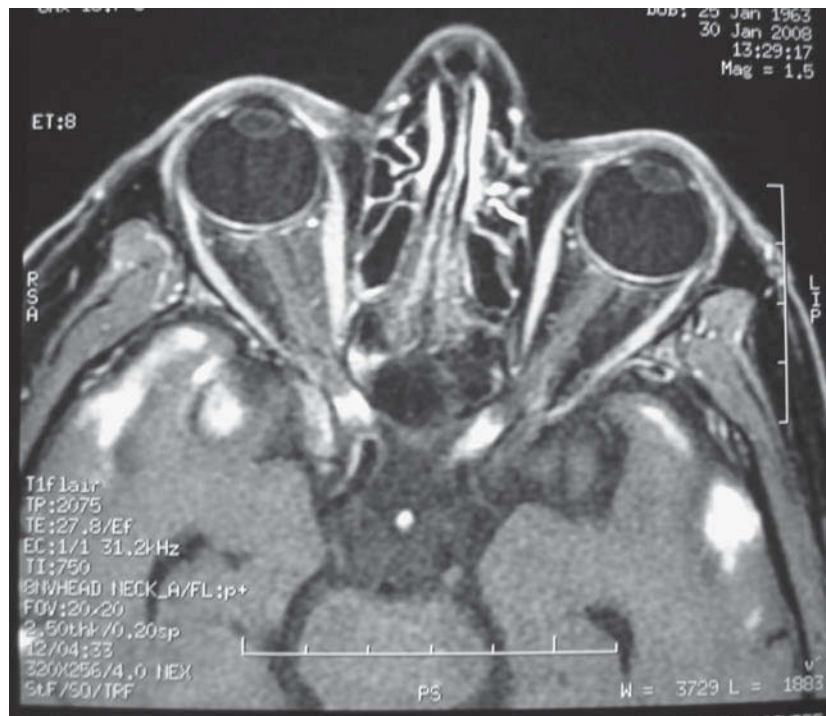
optic nerves, a finding limited to the short pathway of the intracranial optic nerves and in pre-chiasmatic location (fig. 1). Bilateral posterior ischemic optic neuropathy (PION) was diagnosed in the critical patient. The evolution has been very bad, with no recovery of visual acuity after 12 months.

In the critical patient, PION is a controversial entity that has not been described extensively and, in the majority of cases, is the cause of blindness that is permanent<sup>1</sup> and bilateral. There are several factors involved that affect its aetiology, such as severe and prolonged hypertension, haemodilution secondary to aggressive fluid treatment, anaemia and the use of vasopressor agents.<sup>2</sup> No treatment has currently been seen to be effective. The negative prognosis and the enormous medical-legal importance of this entity make its knowledge essential so that necessary measures can be taken to prevent it.

<sup>☆</sup>The work set out on these pages was presented as a poster at the 2008 SEN annual meeting, in the Neuro-Ophthalmology section.

\* Corresponding author.

E-mail: elisssa\_m@hotmail.com (E. Correas Callero).



**Figure 1** Magnetic resonance imaging study of the orbits. Fat-suppression T1 sequence. After double-dose paramagnetic contrast was administered, the uptake of both optic nerves in their intracranial portion can be seen.

## References

1. Sadda SR, Nee M, Miller NR, Biousse V, Newman NJ, Kouzis A. Clinical spectrum of posterior ischemic optic neuropathy. *Am J Ophthalmol*. 2001;132:743-50.
2. Hayreh SS. Posterior ischemic optic neuropathy: clinical features, pathogenesis, and management. *Eye*. 2004;18:1188-206. Review