CASE NOTES

PAPILLITIS COMPLICATED BY CENTRAL RETINAL ARTERY OCCLUSION*

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Case Report

A man aged 28 years was admitted to hospital with a 2-week history of failing vision in the left eye.

Examination.—He was found to have a visual acuity in the left eye of 6/60 eccentrically. There was pain on movement and tenderness over the superior rectus insertion. No uveitis was present. The pupil reactions were sluggish to direct light, normal consensually. Fundus examination of the left eye showed a severe papillitis with massive swelling of the disc and surrounding haemorrhages. The veins were somewhat dilated and the arteries appeared normal. The only remaining field in this eye was a small area above fixation.

The right eye was normal.

No abnormality was found on examination of the nervous system or elsewhere. There was a past history of gonorrhoea successfully treated, but the Wassermann reaction was negative both in the blood and in the cerebrospinal fluid. The latter was normal apart from a slightly raised protein. A full blood count, erythrocyte sedimentation rate estimation, and x ray of the optic foramina gave normal results.

Treatment.—He was given ACTH injections but after about one week he noticed that the remaining vision in the eye had been lost, and examination showed that there was in fact no perception of light. The disc appearance was substantially unchanged but in addition the arteries had become very narrow and there was a cherry-red spot at the macula in the centre of a milky-white posterior pole. Retrobulbar Priscol and subsequent oral vaso-dilators had no effect and when last seen the oedema was decreasing and the disc was becoming pale.

Discussion

Central retinal artery occlusion is an unusual complication of papillitis. Walsh (1957) mentioned that the oedema of the disc in optic neuritis may sometimes be passive, in that swelling associated with a patch of demyelination far back in the optic nerve may lead to compression of the central vein. Possibly a similar process was at work in the present case the raised intra-neural pressure having been high enough to occlude the central retinal artery.

My thanks are due to Mr. A. J. B. Goldsmith and Dr. M. Kremer for permission to publish this case.

REFERENCE

WALSH, F. B. (1957). "Clinical Neuro-Ophthalmology", 2nd ed., p. 303. Baillière, Tindall and Cox, London; Williams and Wilkins, Baltimore.

* Received for publication March 9, 1962.