

Recurrent transient unilateral vision loss in a child – diagnostic dilemma and management strategies- Samarth Burle- Yorkshire School of Paediatrics

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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 papilloedema 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 papilloedema 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.