



CASE REPORT

Papilledema in Juvenile

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Advance

This is a case report of advanced papilledema in a nine-year old white female of Ukrainian descent. The study is presented to emphasize the undetected presence of a severe condition through several months of home and school involvement, and a recent general physical checkup with her family physician, as well as its prognosis.

Case Description and Chief Complaint

The young lady, a Grade four student, presented at my office on March 15, 1976 complaining that her distance acuity did not seem clear and she could not see the chalkboard in school. Case history revealed this to be her first eye examination and that she had first noted the initial slight blur as far back as the fall of the previous year when starting Grade four. She had mentioned it at home, but the blur problem did not seem serious enough to pursue at that time. The patient had just been through a general routine medical checkup and there was no mention to her physician about any visual disturbances, and in turn, no other finds had been recorded to indicate any problem with her general health. As well, her dental health had been checked and treated uneventfully.

Diagnostic Data

Initial (uncorrected) visual acuities:

at 6 m	at 40cm
OD 20/50+	very reduced
OS 20/40	acuity and accommodative abilities

Best corrected visual acuities:

at 6 m	at 40cm
OD 20/25	
OS 20/25	as above
(but difficult to achieve)	

Use of pinhole disc did not significantly improve the acuities with unstable Rx of:

OD 0/-1.00 x 075
OS 0/-1.25 x 095

There was some suspicion of malingering at this point due to the inconsistent and unreliable answers. I suspended remaining binocular examination procedures in favor of external and internal ophthalmoscopic examination to assess ocular health.

External examination of the eyes and adnexa was unremarkable with only a slight left upper lid ptosis of unknown origin or duration.

Fundus examination, however, was remarkable and alarming. Both discs were very edematous with all margins obscure. The retinal vessels showed increased tortuosity with a marked increase in the AV ratio due to venous dilation. The retina displayed a number of small intraretinal hemorrhages and the retinal grounds were of poor quality and color, with large pigmented blue-green areas encompassing most of each retina.

Discussion and Conclusion

With her physician in the same office area as myself, I conferred with him and found he had not done an internal ocular investigation, because the patient was coming to my office for a complete eye examination.

It was decided, in the interest of time, to refer the patient to an ophthalmologist whose office also included a neurologist. The eye report concurred with our recorded findings and chronic papilledema was diagnosed with a follow-up neurological assessment revealing a tumor at the base of the brain (Blasto-cytoma), which required immediate removal as it was considered life threatening at this late time. Most often the central acuities are not affected in papilledema unless the condition persists for some time. As well as reduced acuities centrally, it can also lead to development of a secondary type of optic atrophy which, fortunately, did not happen here.

Follow-up examination on July 2, 1976, three and one-half months following surgery for removal of the tumor, revealed complete recovery with no lingering eye signs, no physical impairments and acuity easily correctable to 20/20 OU with a simple myopic correction.

This case is presented to indicate not only how easily this pathologic condition can exist undetected, even under the scrutiny of other professionals, but also to show how necessary it is to provide immediate corrective attention and how favorable a prognosis can result.

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