

BILATERAL OPTIC DISC HEAD DRUSEN MANIFESTING AS UNILATERAL EPISODIC VISUAL FIELD OBSCURATION: A CASE REPORT

TEK TARAFLI, EPİZODİK GÖRME ALANI DEFECTİ İLE KENDİNİ GÖSTEREN BİLATERAL OPTİK SİNİR BAŞI DRUZENİ: OLGU SUNUMU

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SUMMARY: Optic nerve head drusen (ONHD) are formed within the substance of the optic disc due to the accumulation of calcified hyaline-like material. They are generally misdiagnosed as papilledema since they elevate the disc and blur the disc margins. In this report, we describe a 22-year-old female patient with unilateral, episodic, partial visual field obscuration diagnosed as bilateral ONHD, the and pathogenesis, diagnosis and possible complications of disc drusen are discussed.

Key Words: Optic Nerve Head Drusen, Visual Field Defect, Pseudopapilledema.

INTRODUCTION

Optic nerve head drusen (ONHD) are the accumulations of calcified hyaline-like material within the substance of the optic nerve head (1). They are also called hyaline or colloid bodies. Since ONHD cause irregular elevation of the optic disc and blur its margins, it should be evaluated in the differential diagnosis of papilledema (2). In fact, these lesions commonly present as pseudopapilledema.

Herein, we report a case of unilateral, episodic, partial visual field obscuration diagnosed as bilateral ONHD.

CASE REPORT

Our patient was a 22-year-old female with a one-year history of transient shadowing at the lower part of her right visual field. These episodic

ÖZET: Optik sinir başı druzeni (OSBD), optik diskte kalsifiye, hyalen benzeri bir materyalin birikmesi sonucu oluşur. Optik disk elevasyonu ve disk sınırlarında silikliğe neden oldukları için genellikle yanlış olarak papilödem teşhisi konulur. Bu yazıda, tek taraflı, epizodik, parsiyel görme alanı bulanıklığı şikayeti ile başvuran ve bilateral OSBD tespit edilen 22 yaşındaki kadın hasta sunulmuştur. Disk druzeninin patogenezi, tanısı ve olası komplikasyonları tartışılmıştır.

Anahtar Kelimeler: Optik Sinir Başı Druzeni, Görme Alanı Defekti, Psödopapilödem.

visual field obscurations appeared 5-6 times a day and lasted for seconds. No headache accompanied these events. From her history, it was learned that a prior ophthalmological examination at another center revealed no abnormalities and a neurological examination was suggested. Her neurological examination performed at our Neurology Department was within normal limits except for the appearance of the optic discs. Since a detailed history and a diagnostic work-up including cranial magnetic resonance imaging revealed no abnormality, a repeat ophthalmological evaluation including perimetry was warranted. In her ophthalmological examination performed at our department, vision was 20/20 bilaterally, and anterior segments and intraocular pressures were normal. A fundus examination revealed irregularly elevated discs and nodular, glistening

complications, particularly visual field defects.

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