

Picture quiz



This 30-year-old woman presents with headache, nausea and confusion developing over the last 4 weeks. The appearance in both fundi is similar. The visual acuity is 6/6 and 6/9. Pupils respond equally to light. Extraocular movements are full.

Tick ALL that are TRUE

Question 1

The following signs are visible:

- a. Hard exudates
- b. Intra-retinal haemorrhage
- c. Swelling of the disc
- d. Cotton wool spots
- e. Optic pallor / atrophy

Question 2

The following are likely diagnoses:

- a. Papillitis due to multiple sclerosis
- b. Hypertensive retinopathy
- c. Diabetic retinopathy
- d. Raised intracranial pressure
- e. Migraine

Question 3

The following is indicated:

- a. Lumbar puncture
- b. X-ray of the orbit
- c. Referral for brain imaging (MRI / CT scan)
- d. Careful history taking of medications
- e. Tensilon test.

ANSWERS

1. Answer b and c. There is a swollen disc (disc edge not clearly visible) with a flame shaped haemorrhage above the disc superiorly.
 2. Answer d. In papillitis the visual acuity is decreased. Hypertensive and diabetic retinopathy often have hard and soft exudates. Migraine would not last for so long. The symptoms of headache, nausea and confusion are typical of raised intracranial pressure (ICP) which is confirmed by the presence of swollen discs (papilloedema).
 3. Answer c and d. Lumbar puncture should not be performed in the presence of papilloedema as it may cause 'coning' and death. There is no evidence of orbital disease (no proptosis and normal ocular movements). An MRI is indicated to look for an intra-cranial space occupying lesion. Some medications cause raised ICP so a careful history of medicine use is important. The Tensilon test is used to investigate myasthenia gravis which is not indicated here.

IAPB Vision Atlas



The IAPB Vision Atlas website is a compilation of the latest data and evidence relevant to all those who

believe that in the 21st Century no one should have to live with avoidable blindness or sight loss – from eye conditions many of which can be easily treated or prevented and for which cost-effective solutions are readily available.

The IAPB Vision Atlas is designed around two main sets of data: the estimates of the burden of blindness and visual impairment made by the Vision Loss Expert Group (VLEG) and national level performance against the key indicators laid out in the World Health Assembly resolution 66.4 'Universal Eye Health: a Global Action Plan 2014 – 2019' (the GAP).

Do visit it here:

<http://atlas.iapb.org>

Courses

MSc Public Health for Eye Care, London School of Hygiene & Tropical Medicine

10 fully funded scholarships available for Commonwealth Country Nationals. Course aims to provide eye health professionals with the public health knowledge and skills required to reduce blindness and visual disability in their setting. For more information visit:

www.lshtm.ac.uk/study/masters/mscpec.html or email Romulo.Fabunan@Lshtm.ac.uk

Eye Banking Course: New international qualification course for eye bankers. Suitable to all service and experience levels. The *Specialist Certificate* course starts in September 2017 (with option to work towards *Graduate Certificate* afterwards). Expressions of Interest via: <http://commercial.unimelb.edu.au/custom-education/courses/eyebanking> or please contact Heather Machin, Subject Coordinator, via: heather.machin@unimelb.edu.au

University of Cape Town Community Eye Health Institute

www.health.uct.ac.za

or email

chevron.vanderross@uct.ac.za

Kilimanjaro Centre for Community Ophthalmology International

www.kcco.net or contact Genes Mng'anga at genes@kcco.net

Lions Medical Training Centre

Write to the Training Coordinator, Lions Medical Training Centre, Lions SightFirst Eye Hospital, PO Box 66576-00800, Nairobi, Kenya.

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Next issue



CLAIRE WALKER

The next issue of the *Community Eye Health Journal* will be on the theme: : **Continuing Professional Development**