Pediatric optic neuritis: Points to ponder!

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Sir,

I read with great interest this article titled, "Clinical profile and neuroimaging in pediatric optic neuritis in Indian population: A case series" by Khadse *et al*.[1] The article states that it is the first series of childhood optic neuritis reported in Indian literature and their contribution is impressive. However, after reading the article, I have few concerns and need some clarifications from the authors.

Optic neuritis in children is considered to be common following viral prodrome and vaccination.[2,3] Did any of the cases in the study developed optic neuritis after vaccination? Acute disseminated encephalomyelitis (ADEM) is a common demyelinating disorder of childhood which can present with optic neuritis and have brain lesions. It is clinically difficult to differentiate a multiphasic ADEM from multiple sclerosis (MS) in a setting of clinically isolated syndrome as optic neuritis alone.[4] It is mentioned in the article that only one patient had ADEM and four patients were diagnosed as MS, but the clinical and radiological features of ADEM are not clearly explained. They have also mentioned one of the four patients diagnosed as MS, who later developed transverse myelitis and urinary incontinence, how they were able to support still MS – was the patient negative for neuromyelitis optica (NMO) antibody and was magnetic resonance imaging (MRI) spine negative for longitudinal extensive transverse myelitis signal? So, what are the supportive features for and against NMO spectrum disorder for that patient? Also, how did they differentiate ADEM from MS clinically and radiologically? They have noted abnormal MRI brain in 26/40 children, but quoted as 25% of focal demyelinating lesions in Table 2 – how does this tally! Please clarify.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

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Access this article online

Quick Response Code:

Website: www.ijo.in

DOI: 10.4103/ijo.IJO_597_17

Cite this article as: Ambika S, Padmalakshmi K. Pediatric optic neuritis: Points to ponder!. Indian J Ophthalmol 2017;65:1267.