

Typical optic neuritis?

Case

A 20-year-old lady presented with complaints of decreased vision in the left eye (OS) with pain on eye movements of 3 days duration. There was no associated systemic history. On examination, best-corrected visual acuity was 6/5 in right eye (OD) and 6/18 in OS with reduced contrast sensitivity and red-green color defect. Ocular motility was normal in both eyes. Pupillary examination revealed grade 2 relative afferent pupillary defect (RAPD) in OS. OD was essentially normal. Fundus examination showed blurred disc margins in OS [Fig. 1a] with an inferior altitudinal and superotemporal visual field defect on Humphrey 30-2 program (SITA-standard) [Fig. 1b].

What is Your Next Step?

- Start conservative treatment with course of systemic corticosteroids
- Magnetic resonance imaging (MRI) brain and orbit with contrast
- Wait and watch for natural recovery
- Refer to a neurologist for further management

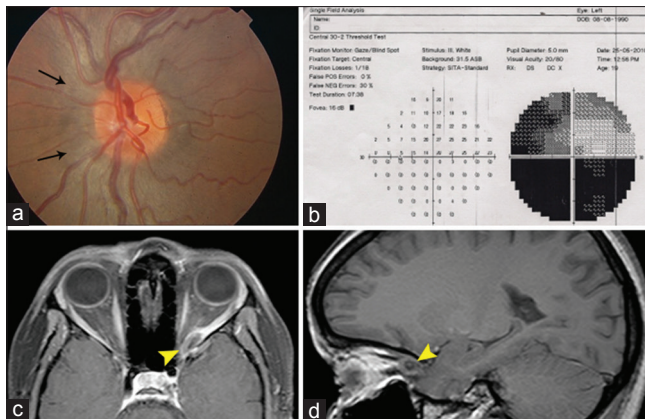


Figure 1: Blurred optic disc margin OS (a) and inferior altitudinal and superotemporal visual field defect (b) with thickening of the posterior part of the laterla rectus on axial MRI (c) and a cyst with scolex on sagittal MRI (d)

Findings

MRI of the orbit (1.5 Tesla) revealed a thickening in the most posterior part of the left lateral rectus muscle close to its origin [Fig. 1c, yellow arrowhead]. The T2-weighted sagittal sections clearly demonstrated a ring enhancement and central bright signal, suggesting a scolex [Fig. 1d, yellow arrowhead] and possibly cysticercosis of the left lateral rectus muscle crowding the left orbital apex, and compressing the optic nerve. Treatment with oral albendazole and corticosteroids was initiated. One

month later, she regained vision of 6/5 OS with normalization of her color vision, contrast sensitivity, and visual field.

Diagnosis

Compressive optic neuropathy secondary to orbital myocysticercosis OS.

Correct Answer: B.

Discussion

Orbital cysticercosis typically presents with conjunctival injection, ocular motility disorder and ptosis.^[1-4] This young girl with features of left optic neuropathy had pain on eye movements and edema of the left optic nerve fulfilling the criteria of classic optic neuritis. However, even with such typical presentation, it is important to consider cysticercosis as a masquerade, especially in endemic areas. Cysticercosis can respond to oral albendazole and corticosteroids, but before its initiation, MRI orbit with evaluation of thin cuts should be ordered to confirm the diagnosis. This case report highlights a rare presentation of myocysticercosis simulating optic neuritis.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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