

Case series of chronic relapsing inflammatory optic neuropathy

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ABSTRACT

Objective: To report a case series on Chronic Relapsing Inflammatory Optic Neuropathy. **Method:** a Case report. **Results:** Case 1 and 2 involve a 29-year-old Malay and a 21-year-old Indian lady both presented with a unilateral blurring of vision and examination showed features of optic neuritis. They were treated with IV methylprednisolone and then tapering dose oral steroid. They have multiple episodes of relapses and treated accordingly. Serum antiaquaporin-4 and oligoclonal band were negative. The imaging was normal. They are on oral steroid and azathioprine. Case 3 is a 23-year-old Malay gentleman with a blurring of vision bilaterally in 2006. His examination showed optic neuritis and treated with IV methylprednisolone then tapering oral steroids. He had multiple attacks of optic neuritis. His imagings were normal with negative results of serum anti-aquaporin-4 and CSF oligoclonal band. He is on oral steroid and azathioprine. Case 4 is a 29-year-old Malay gentleman presented with right eye blurring of vision in November 2015 and examination showed optic neuritis. He was treated with IV methylprednisolone and a tapering dose of oral steroids. He relapsed twice. His imaging was normal. Serum aquaporin 4 and CSF oligoclonal band were negative. He was on oral prednisolone and azathioprine, however, was unable to tolerate the azathioprine and was changed to oral methotrexate. He was treated with IVIG due to citrate toxicity but developed a reaction. He is currently on prednisolone and rituzimab. **Conclusion:** CRION is a diagnosis of exclusion involving a recurrent condition of optic neuritis that responds to steroid treatment

Challenges of managing ocular trauma in multiple facial fractures

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ABSTRACT

Objectives: Multiple facial fractures involving the orbital often present associated injuries of the eyeball and the surrounding extraocular structures. The severity varies from a subconjunctival hematoma to a globe perforation or optic nerve lesion which leads to visual impairment. Surgical approach and implant selection which aims to prevent further deformity and visual impairment should be carefully considered. **Methods:** Case report. **Results:** A 23-year-old male complained of loss of vision of right eye with multiple facial fractures due to a traffic accident. Right eye examination showed no light perception and corneal rupture with uveal prolapse. Palpebral oedema, hematoma, and subconjunctival bleeding were found in both eyes. Orbital CT scan revealed comminuted fracture according to Le Fort II-III classification with haemorrhage in right bulbous oculi. The patient was diagnosed with a destroyed right eye, Le Fort II-III fractures, and palpebral hematoma of both eyes. Antibiotic and anti-inflammatory drugs were given before the operation. Wound debridement and evisceration with dermatofat graft of right eye, open reduction and internal fixation with plate and screw were done in collaboration with ENT surgeon to manage the Le Fort II-III fractures. **Result:** Despite the loss of function of the right eye, adequate orbital volume was achieved. Position and movement of the eyeball improved. Aesthetical improvement was prominent with minimal scarring. **Conclusion:** Management of ocular trauma in multiple facial fractures poses additional challenges due to the complexity of the fracture pattern. Adequate assessment and early surgical approach should be done simultaneously with multidisciplinary teams to obtain better result.

KEY WORDS:

Multiple facial fractures, ocular trauma