CASE REPORT

BILATERAL PAPILOEDEMA IN A CASE OF REACTIVATED BREAST CARCINOMA SECONDARY TO IDIOPATHIC INTRACRANIAL HYPERTENSION

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INTRODUCTION: A 48 years old female was referred with blurring of vision in OU since 10 days. She was operated for breast carcinoma 3 years back with completion of one cycle of Radiotherapy and Chemotherapy. She was diagnosed with reactivation of metastasis in liver and stomach for which she was undergoing CT (6 cycles April-July). BCVA was 6/12 and N6 in OU. Colour vision and contrast sensitivity were normal. On examination pupils central & were reacting to light. Slit lamp showed no iris seeding, no NVI and quiet anterior segment. Applanation tensions of both eyes were 14 mm Hg. Fundus showed OU Marked Disc edema with peripapillary haemorrhages and retinochoroidal folds at macula. Patient was started on systemic steroids. B scan and MRI orbit was advised to rule out Optic nerve head metastasis, choroidal metastasis and optic nerve drusen- which were negative and CSF study was normal. 1 week later, BCVA improved 6/9 in OU while fundus showed OU marked disc edema with choroiretinal folds (OD patons folds at macula) with Breakthrough Hemorrhage in vitreous in OD. High dose steroids, acetazolamide and aspirin were started and BCVA improved 6/6 in 2 weeks with reappearance of spontaneous venous pulsations. After improvement of vision, steroids were tapered and dose of acetazolamide was decreased. 2 weeks later, patient came with blurring of vision with headache and tinnitus. BCVA was reduced to 6/9 in OU. Fundus showed marked increase in the disc edema. Neurosurgery reference was done for surgical options: optic nerve sheath decompression and fenestration or shunt surgery.

DISCUSSION:

- Idiopathic intracranial hypertension is a diagnosis of exclusion.
- It is characterized by rise of intracranial pressure without any mass lesions in the brain.
- Mechanisms include: increased CSF production, increase in volume of brain or blood (Secondary to increased viscosity of blood) or obstruction to the venous flow of the brain.
- Various diagnostic criterias are available to diagnose this condition.⁽¹⁾
- Normal MRI/CT with normal CSF analysis with high opening CSF pressure >25 cm H₂O in presence of signs and symptoms of raised intracranial pressure and no mass lesions are points to be considered. (Modified Dandy's criteria).⁽¹⁾
- Control of intracranial pressure is done with medical therapy like carbonic anhydrase inhibitors, antiplatelets and high dose steroids.
- In this case, there was a gradual increase in visual acuity with decrease in disc edema with medical therapy but due to venous stasis there was breakthrough hemorrhage into the vitreous cavity.
- For this case, there was a need for surgical intervention because patient was intolerant to maximum medical therapy with reactivation of symptoms on decreasing the dose
- Choice of surgery: shunt surgery to relieve patient of tinnitus, headache along with visual symptoms.⁽²⁾

CASE REPORT

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OD- Disc edema

OS-Disc edema

OD-red free

OS – red free

OD-breakthrough
hemorrhage

OS-breakthrough
hemorrhage

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OD red free

OS red free

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