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UNEXPLAINED PERIPHERAL VISUAL FIELD PROBLEMS IN AN ADULT PATIENT – A CASE REPORT

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INTRODUCTION

Medically unexplained visual symptoms are quiet common in ophthalmology practices these days. This particular patient presented to us for with just visual field problems which were distressing & no visual loss as such, which is quiet different to a majority where the patient has frank loss of vision.

Most case reports relating to such cases suggest an element of psychosomatic conversion diseases with psychiatric support necessary.[1,2] Visually disturbing symptoms without a clearly identifiable cause are quiet distressing to the patient & frustrating to the treating doctor.[3] The patient was evaluated in a stepwise fashion with the most dangerous diagnoses excluded first, but no treatable cause of her symptoms was found for close to 3 weeks, until her symptoms spontaneously resolved.

CASE REPORT

A 66 yr old female patient presented to the out-patient department in June 2020 with complaints of a shadow in the right eye upper aspect since around 1 week. She was clear in her description & insisted several times that it did not resemble a floater. She did not have any variations of her symptoms & the shadow was the only symptom that she had. She had no history of fever of sore throat before the onset of these symptoms & was not a high myope pre-surgery. She felt that her sister had similar symptoms around 6 months ago & was diagnosed with migraines, which improved with medications. She was a non smoker & occasional drinker with no history any other drug/ medication/ supplement use.

Her past ocular history was significant for cataract surgery on the right eye a year ago & had a right eye Nd YAG capsulotomy done 3 months ago. She was otherwise well & was not on treatment for any other medical problems.

On examination, the patient's visual acuity without aid was 6/6 in both eyes. Her visual fields were within normal limits in both eyes. Her pupils showed normal reaction to light in both eyes & showed no relative afferent pupillary defect. Her colour vision was normal in both eyes. Her right eye had a posterior chamber intraocular lens & an irregular Nd YAG capsulotomy opening causing a flap of the posterior capsule to form over the right supero-temporal quadrant. This capsular flap was quiet peripheral & did not seem to be the probable causative factor for this patient's symptoms. But she was still offered the choice of undergoing a Nd YAG capsulotomy to cut this flap out in her right eye. She was also advised that the symptoms could have a neurological cause including stroke, although less likely, as well as migraine. Hence was referred to the neurologist for further evaluation.

She returned after her neurology consultation & she underwent a neurology & a stroke work up including an MRI scan of her head & orbits. She was found to not have any problems which were found to need treatment from the neurology side. We then performed an Nd YAG capsulotomy to cut the overhanging flap in her right eye. This procedure was uneventful & the flap was completely removed.

The patient was then reviewed in 2 weeks. On this review visit, she mentioned that her symptoms were still present & did not show any variation compared to previous visits. Now that the clinical impression tended to steer towards retrobulbar neuritis, she was advised systemic work up with blood tests a few of which included evaluation of vitamin B1, B2, B12, folic acid levels and heavy metal screening including 24h urine, Aquaporin 4 IgG, along with few autoimmune markers. She was counselled about her condition & was offered regular follow ups.

All of which came make as back as negative & no cause was found. She was reviewed in a weeks time & on this visit the patient mentions that all of her symptoms had subsided exactly a day after she was last seen. She was re-examined again & was found to have no ocular abnormalities.

She was then followed after a couple of months by both ophthalmology & neurology without any new symptoms or signs. She was last reviewed in Jan 2021 & has not experienced any new symptoms from those last year.

DISCUSSION

The patient came with visual symptoms which were medially unexplained, the approach that the ophthalmologist took here was very prudent in that the life threatening diseases were ruled out first before sight threatening conditions were addressed. The most probable causative condition, given her presentation & findings would have been an optic neuropathy of unknown etiology.

Most case reports relating to such cases suggest an element of psychosomatic conversion diseases with psychiatric support necessary.[1,2] Visually disturbing symptoms without a clearly identifiable cause are quiet distressing to the patient & frustrating to the treating doctor.[3] The patient was evaluated in a stepwise fashion with the most dangerous diagnoses excluded first, but no treatable cause of her symptoms was found for close to 3 weeks, until her symptoms spontaneously resolved.

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