Sudden Onset Bilateral Visual Loss Due To Possible Giant Cell Arteritis

Pramanik R

An eighty five years old hypertensive female without any history of dyslipidaemia or diabetes or thyroid disorder admitted for rehabilitation management due to severe weakness and poor mobility preceding two weeks history of cough, fever, fatigue and arthalgia. There was no past history of stroke, carotid occlusive disease, coagulation disorder or heart disease. Suddenly she complained of bilateral painless loss of vision.

On examination, light perception was absent and there was no direct or consensual light reflex. Fundoscopic examination within hour and onwards did not show any oedema or box scarring of retinal arteries or vein and intra-ocular tension was measured to be normal. She was emotionally stable and did not suffer from any prior psychological illness. She was also complaining of mild headache for last three to four days which was exacerbated for last one day.

Her MRI brain(fig 1) showed age related atrophy, few old infarcts and signal change in bilateral optic nerve, more on right side. Her visual evoked potential (Fig 2) showed retino-optic pathway abnormality. Surprisingly her ESR was 106 in 1st hour. There was tenderness over bilateral temporal artery at that time. Hence she was treated as a case of Giant Cell Arteritis affecting bilateral retinal artery causing sudden, painless loss of vision. She was immediately treated with a trial of bolus dose of intravenous steroid followed by oral prednisolone. She was further rehabilitated with specific orientation, mobility techniques and gait aids like long cane.

Figure 1

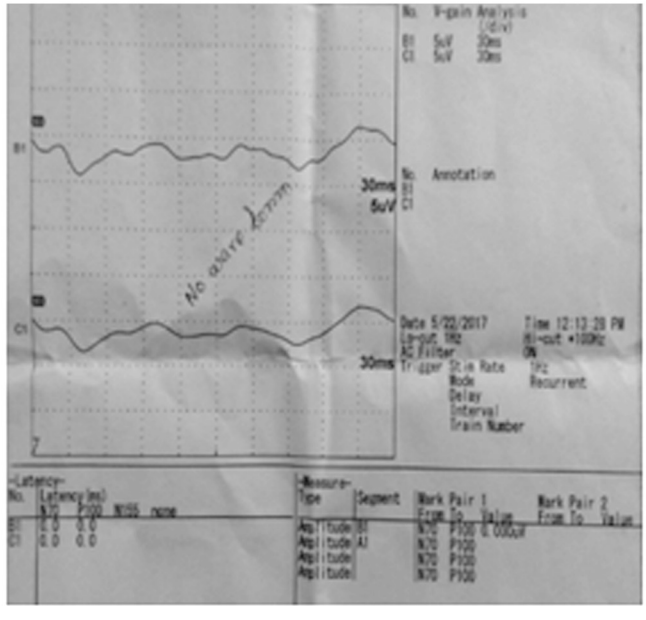

Figure 2

Authors' affiliation:
MD, MRCP (UK), Associate Professor, PMR, IPGME&R, Kolkata
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