

NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY (NA-AION) AND PSEUDO-FOSTER KENNEDY SYNDROME - CASE REPORT

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CASE REPORT

A 59-year-old man is admitted to our clinic due to the sudden painless loss of vision in his right eye. At presentation, his best-corrected visual acuity was 0.2 s.c for the right eye and hand movement for the left eye. The intraocular pressure by applanation tonometry was 14 mmHg in the right eye and 10 mmHg in the left eye. In the Ishihara test, the patient could distinguish colors. From the anamnesis of life, the patient had chronic hypertension and diabetes mellitus. Also, the patient claimed that 10 years ago he had lost the sight in his left eye after the same symptoms. The findings on external examination and slit-lamp examination of the anterior segment were within normal limits. The fundus of each eye was examined after pharmaceutical mydriasis with tropicamide and phenylephrine hydrochloride ophthalmic solutions. The optic nerve disc in the right eye was imprecisely delimited, had a swollen appearance and the cupping was absent, this aspect being highly suggestive for papillary edema. The macula appeared within normal limits. The ophthalmoscopy examination of the left eye showed optic atrophy. The performed perimetry showed defects in most of the visual field of the right eye, including absolute scotoma in the peripheral part, while in the left eye absolute scotoma almost in the entire visual field. Optical coherence tomography showed normal macular thickness in both eyes. Fluorescein angiography (FA) showed delayed filling of blood vessels in both eyes, as well as leakage in the right eye. The patient was further investigated in order to establish the etiological diagnosis and the course of treatment. The complete blood count and erythrocyte sedimentation rate had normal values, there were no significant findings at the neurological exam, which included a cerebral MRI, and the endocrinological examination was within normal limits. Considering these complementary investigations, we established the diagnosis of Pseudo-Foster Kennedy syndrome, as a consequence of NA-AION. The patient was treated for several weeks with corticosteroids and aspirin, but the treatment was not successful.

Keywords: Non-Arteritic Anterior Ischemic Optic Neuropathy (NA-AION), Pseudo-Foster Kennedy syndrome (PFKS), optic disc edema, optic nerve atrophy.