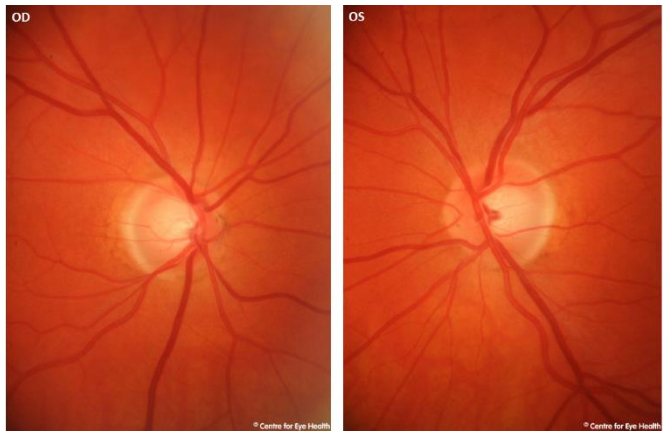
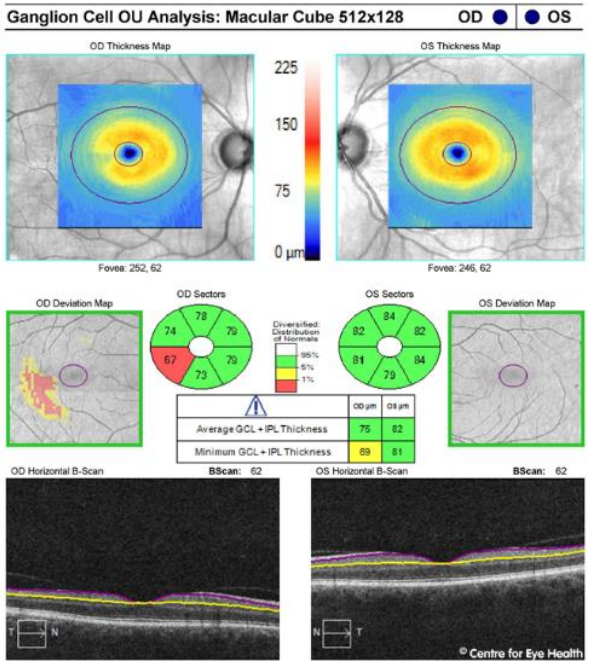
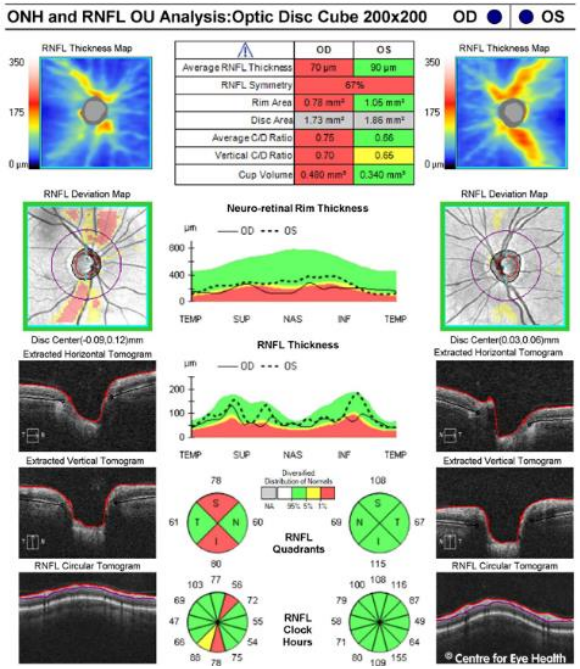
CFEH facebook Cases

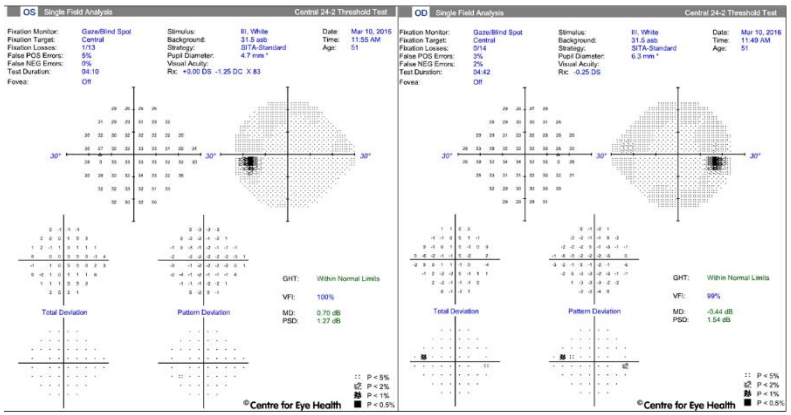
CFEH Facebook Case #47

A 52 year old Caucasian male presented for a glaucoma assessment. His glaucoma risk factors include myopia and age. His best corrected acuities were 6/6 in each eye. A slit lamp and gonioscopic examination revealed no evidence of secondary glaucomas. Pachymetry showed average corneal thicknesses of 558µm (OD) and 551µm (OS) and IOP's were 16mmHg (OD) and 15mmHg (OS). Imaging results are below. What would be your management of this patient?









Proudly brought to you by LEARNING FOR VISION

Centre for Eye Health

Optometry NEW SOUTH WALES AUSTRALIAN CAPITAL TERRITORY

Proudly brought to you by LEARNING FOR VISION

Centre for Eye Health

Optometry NEW SOUTH WALES AUSTRALIAN CAPITAL TERRITORY

ANSWER

This patient has notable thinning of both the superior and inferior neuro retinal rim and retinal nerve fibre layers in the right eye. A tentative diagnosis of normal tension glaucoma was proposed, however given the low risk profile in conjunction with the IOP and other clinical results being symmetrical, the patient was referred for an MRI to rule out neurological causes.

The MRI results showed a right pituitary adenoma with associated cystic degeneration. The patient was subsequently referred to a neurologist and an endorcrinologist.

The clinical pearl here is that in cases of asymmetrical RNFL loss, neurological causes must be excluded.