- 2 Lai TY, Kwok AK, Lam DS, Bhende P. Progression of diabetic retinopathy after endophthalmitis. Ophthalmology 2000; 107: 619-621.
- 3 Gardner TW, Antonetti DA, Barber AJ, LaNoue KF, Levison SW. Diabetic retinopathy: more than meets the eye. Surv.Ophthalmol 2002; 47 (Suppl 2): S253-S262.
- 4 Antonetti DA, Lieth E, Barber AJ, Gardner TW. Molecular mechanisms of vascular permeability in diabetic retinopathy. Semin Ophthalmol 1999; 14: 240-248.
- 5 Gupta A, Gupta V. Diabetic maculopathy and cataract surgery. Ophthalmol Clin North Am 2001; 14: 625-637.
- 6 Jaffe GJ, Burton TC, Kuhn E, Prescott A, Hartz A. Progression of nonproliferative diabetic retinopathy and visual outcome after extracapsular cataract extraction and intraocular lens implantation. Am J Ophthalmol 1992; 114: 448-456.
- The Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. N Engl J Med 1993; 329: 977-986.
- 8 The relationship of glycemic exposure (HbA1c) to the risk of development and progression of retinopathy in the diabetes control and complications trial. Diabetes 1995; 44: 968-983.

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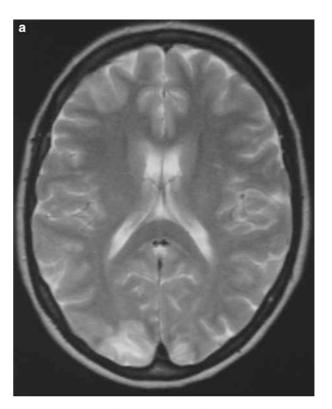
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Sir, Permanent visual loss following traumatic cortical contusion

Cortical blindness as a result of head trauma is a rare phenomenon characterized by transient visual loss, normal pupillary response and normal fundal examination.1 We report a case of permanent cortical visual loss following a closed head injury sustained in road traffic accident.



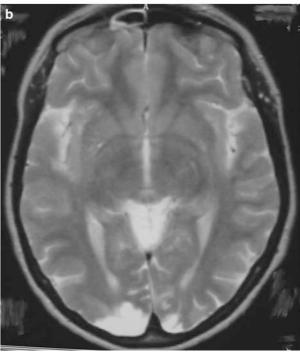


Figure 1 T2-weighted MRI of the brain. (a) At 1 week after the accident, MRI shows bilateral occipital cortical high signal intensity lesions more marked on the right side, consistent with nonhaemorrhagic contusions. (b) At 1 year after the accident, MRI shows focal bilateral occipital cortical loss, more on the right side, consistent with gliosis or focal atrophy secondary to previous contusion.



Case report

A 50-year-old female was referred to Eye Casualty at Cork University Hospital because of bilateral loss of central vision following a road traffic accident. On admission to hospital the day after injury, the patient's corrected visual acuity was 6/60 in each eye with normal pupillary reaction, clear media, and normal fundi. With the same correction, visual acuity prior to the head injury, had been recorded 6/9 in the right eye and 6/6 in the left eye, 12 months earlier. Visual fields to confrontation suggested bilateral central scotoma that was confirmed on the Humphrey visual field analyser. Brain MRI and CT scans revealed bilateral occipital lobe contusions, more pronounced on the right side (Figure 1).

After 2 weeks, the pattern of central scotoma changed to a left homonymous paracentral scotoma. At 3 months, her corrected visual acuity had improved to 6/24 in the right eye and 6/18 in the left eye. Further recovery, however, has not occurred in the 20 months since the accident. At present, her visual fields appear normal to confrontation, but the Humphrey visual field analyser shows a small area of reduced sensitivity indicating a relative central scotoma, denser in the left hemifield (Figure 2).

Comments

To date, few cases of prolonged post-traumatic cortical blindness have been reported.²⁻⁷

Typically, cortical blindness is a transient phenomenon, which follows minor head trauma and is thought to be the result of a migraine-type vascular spasm.8 The majority of reported cases are in children, with vision returning to normal within a few hours.^{9,10} Cerebral contusions are associated with capillary bleeding and usually occur on the gyral surface of the brain. Contusions are rare, however, in the cerebellum and occipital lobes.11

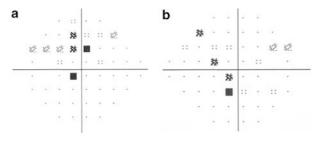


Figure 2 Pattern deviation diagrams on central 24-2 threshold test with Humphrey visual field analyser, 20 months after the accident. (a) left eye; (b) right eye.

To the best of our knowledge, this is the first reported case of an isolated occipital lobe contusion resulting in bilateral loss of vision.

References

- 1 Rodriguez A, Lozano JA, Del Pozo D, Homar PJ. Posttraumatic cortical blindness. Int Ophthalmol 1993; 17: 277-283.
- 2 Pradet-Diehl P, Masure MC, Lauriot-Prevost MC, Vallat C, Bergego C. Impairment of visual recognition after a traumatic brain injury. Rev Neurol (Paris) 1999; 155: 375-382.
- 3 Ichikawa T, koizumi J, Sakuma K, Nagase S, Shimizu F, Nose T. A long-term cortical blindness after head trauma. Jpn J Psychiatry Neurol 1987; 41: 19-23.
- Kay EM, Herskowitz J. Transient post-traumatic cortical blindness: brief v prolonged syndromes in childhood. I Child Neurol 1986; 1: 206-210.
- Holms GL. Prolonged cortical blindness after closed head trauma. South Med J 1978; 71: 612-613.
- Singh UK. Prolonged traumatic transient cortical blindness following head injury. Indian Pediatr 1991; 28: 1190-1192.
- Babovic S, Zietlow SP, Garrity JA, Kasperbauer JL, Bower TC, Bite U. Traumatic cortical artery dissection causing blindness. Mayo Clin Proc 2000; 75: 296-298.
- Harrison DW, Walls RM. Blindness following minor head trauma in children: a report of two cases with a review of literature. J Emerg Med 1990; 8: 21–24.
- Gleeson AP, Beattie TF. Post-traumatic cortical blindness in children: a report of four cases and a review of the literature. J Accid Emerg Med 1994; 11: 250-252.
- 10 Chalumeau P, Cantagrel S, Barthez-Carpentier MA, Maheut-Lourmiere J, Santini JJ. Post-traumatic cortical blindness. Arch Fr Pediatr 1993; 50: 895-896.
- Stark DD, Bradley WG Magnetic Resonance Imaging. Mosby Inc, St. Louis; 1999, 3rd ed. p 1354.

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