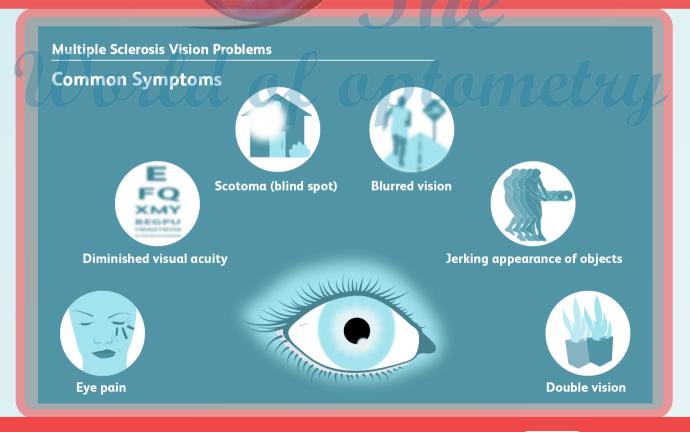
TWOP Discussion

MULTIPLE SCLEROSIS AND









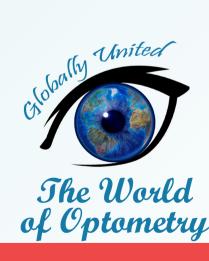


INTRODUCTION

Multiple Sclerosis, a neurodegenerative diseases, affects the CNS which results in demyelination of axons.

It is characterized by demyelinating lesions of axons in the CNS, causes communication problems between CNS and rest of the body.

Multiple Sclerosis affects an estimated 2.1 million people worldwide.



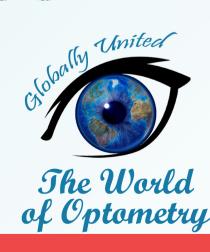




SYMPTOMS

The **Symptoms** vary depending on the location of the lesion which includes changes in:

- Autonomic functions
- Motor functions al aptam
- Sensory functions







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OCULAR MANIFESTATION

Multiple Sclerosis often presents with ocular manifestation secondary to inflammatory demyelination of visual pathway. Symptoms include:



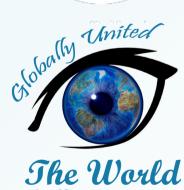
- Blur vision
- Double vision
- Loss of vision (Partial ot Complete)

Majority of patients experience at least episode of ocular involvement in the course of their disease.

Age of on set: 15-45 years

Females are more commonly affected than males with a ratio of 2to 1.





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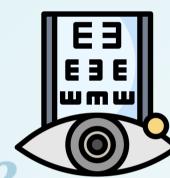




EXAMINATION

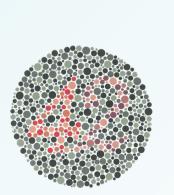
Physical evaluation includes:

- Cranial nerve evaluation interference
- Tendon reflexes
- Strength
- Gait
- Coordination



Ophthalmic examination includes:

- **EOM** movements
- Reactions
- Inflammation
- Slit lamp examination of the optic disc
- Acuity
- Colour vision
- Contrast sensitivity





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MULTIPLE SCLEROSIS

- Optic neuritis treatment trial showed that clinically definite Multiple Sclerosis development in 50% of ONTT patients in 15 years.
- Visual symptoms like decreased vision, visual field defects and colour vision defects recover within weeks to months.







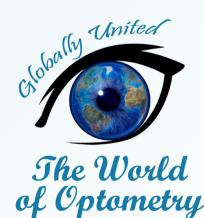


MULTIPLE SCLEROSIS

 A majority of patients achieve 20/20 vision one year after an acute episode while 8 % of patients retain a acuity worse than 20/40. Visual However recurrent episodes are associated with less favourable prognosis.











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