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# TWOP TIPS

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# RETROBULBAR OPTIC NEURITIS (RBON)



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## TIPS

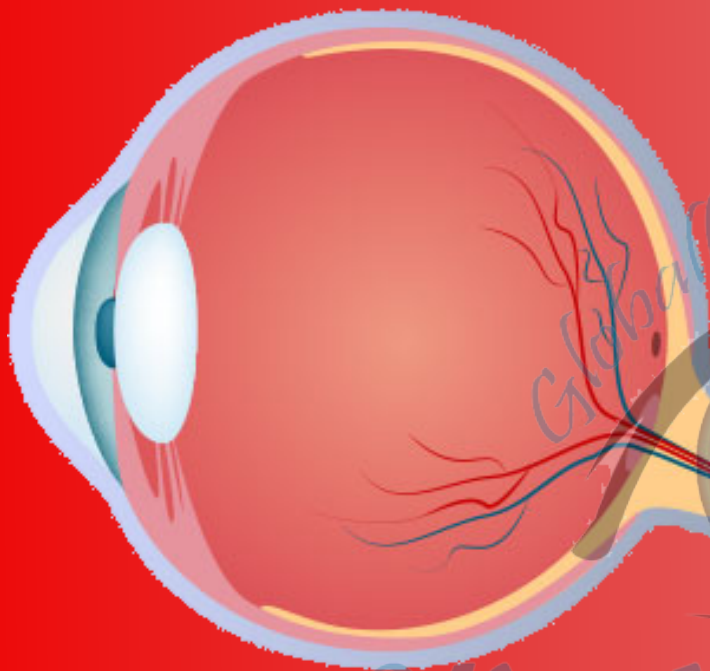


It was dubbed as the disease where "the doctor sees nothing, and the patient sees nothing"

- **Symptoms:** Unilateral decrease in vision
- **Onset:** May be gradual/insidious more than acute
- **Ocular Motility:** Pain is found on lateral eye movement, periocular discomfort

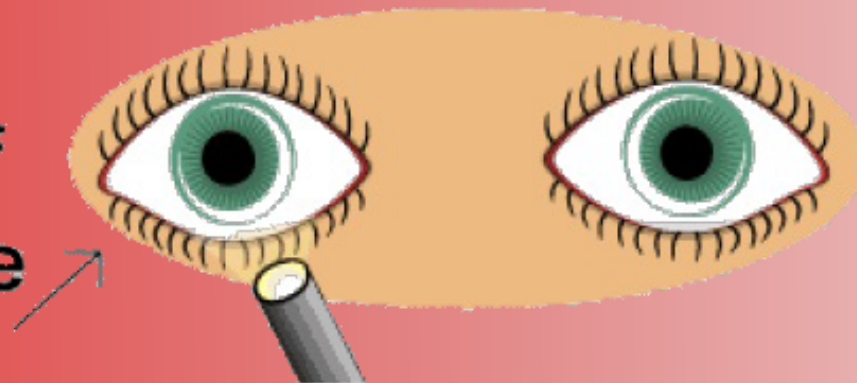


## TIPS



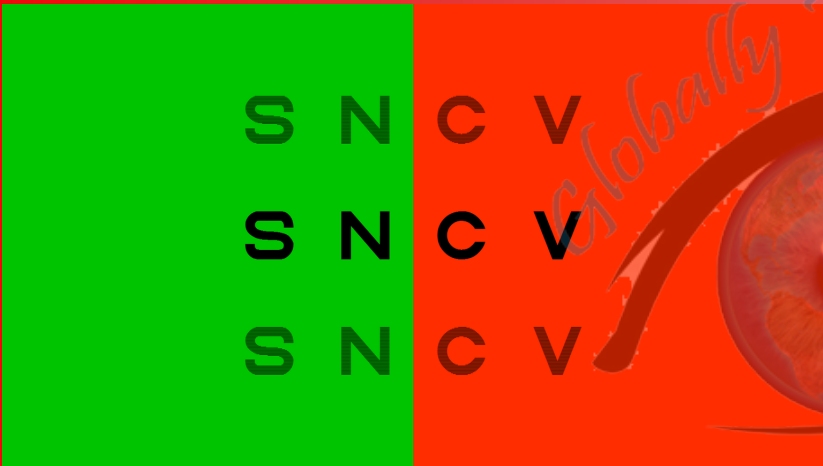
- **Ophthalmoscopic Appearance:** The optic nerve and internal examination are unremarkable in appearance in approximately 60-70% of cases
- **Pupils:** RAPD may be present

Positive  
RAPD of  
Right Eye



## TIPS

- **Clinical Tests:**



S	N	C	V
S	N	C	V
S	N	C	V

-R=G desaturation test: Perform Duochrome or Ishihara monocularly and the affected eye will find the colour to appear faded or washed out. Typically, females wouldn't be expected to have an acquire CV defect.

-Snellen letter chart: Occasionally the letters are seen as blurry

## TIPS



- **Clinical Tests:**

- **Contrast Sensitivity** such as Pelli-Robson chart or other contrast sensitivity test may be used: Decreased CS will be found monocularly
- **Visual Fields:** May be unaffected or may have enlargement of the blind spot

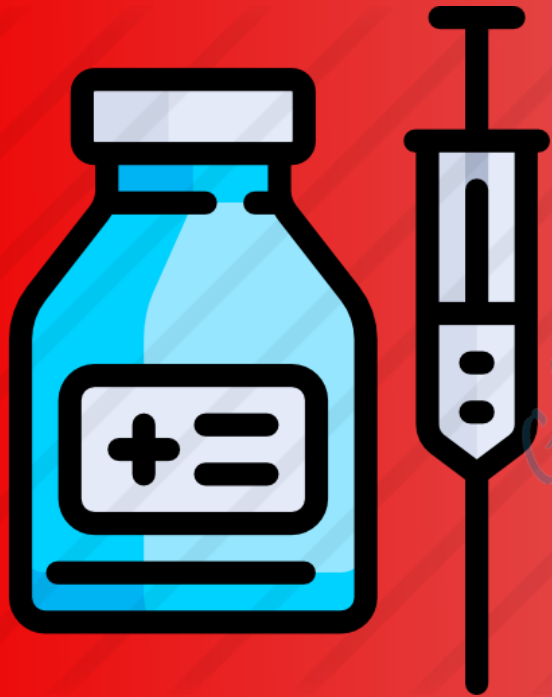


**\*Females are more prevalent than males, typically affect young females 18-35 years**

**\*\*Not affected or predicated by any General Health condition**



## TIPS



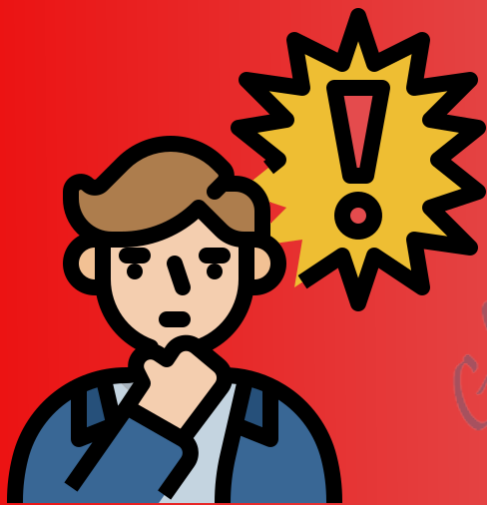
- **Management:** will need to be referred for the administration of IV steroids to reduce the inflammation

- **Differential diagnosis:**

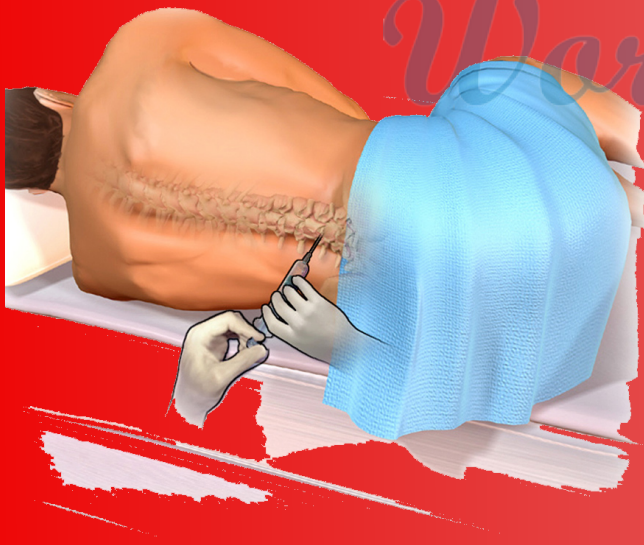
- Optic neuritis
- Papillitis
- Anterior ischaemic optic neuropathy



## TIPS



It does tend to be an association of the demyelination of the optic nerve which can be an association with multiple sclerosis.



A lumbar puncture/spinal tap may be performed at the hospital.

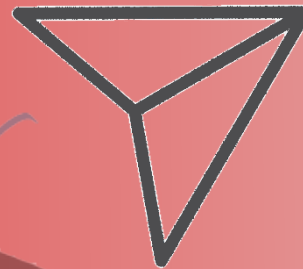
Usually, an occurrence of 4-5 demyelinating attacks or required before an official diagnosis of multiple sclerosis is made.



Wow, what a cool content



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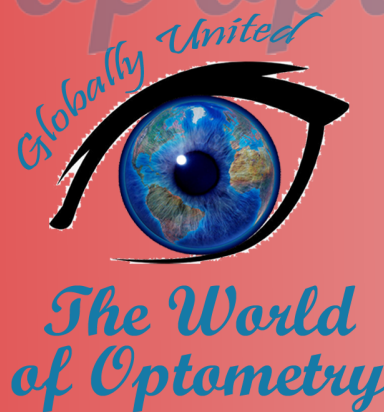


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