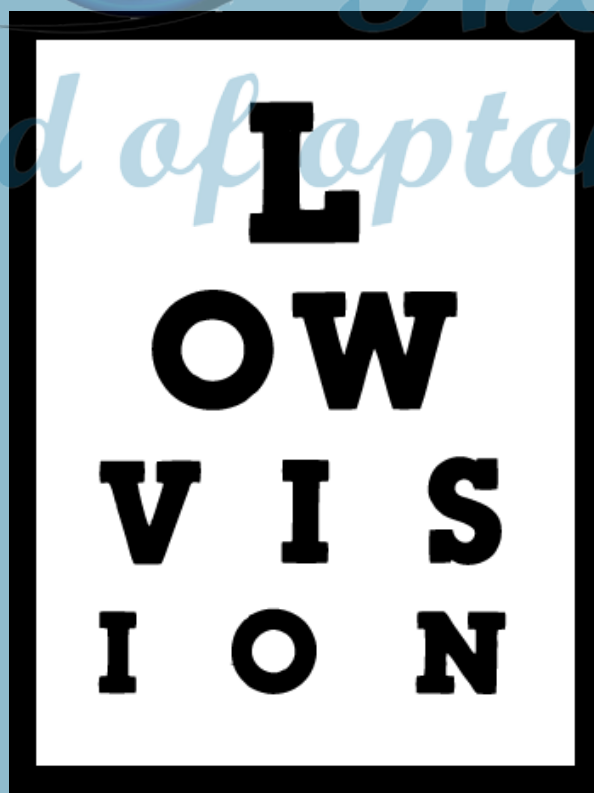




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Two Case Study

High Hyperopia & Optic atrophy due to Intracranial Lesions



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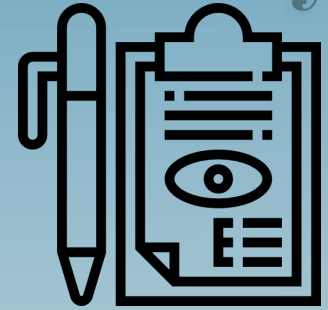
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Patient History



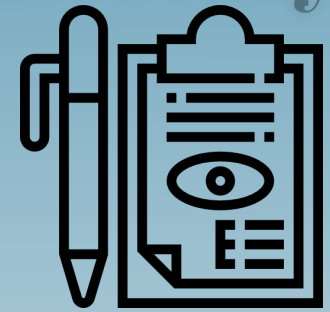
CHIEF COMPLAINTS:

- 28 years old, Male, Technician level Education; Carpenter.
- Old Rx; High Hyperopia corrective glasses that got lost. Subject was only using spectacles for reading.
- Read slowly and prefer over light lamps.
- Views better at an angle, tilts head often towards right dominantly, improves Distance vision but near remains poor.
- Patient came in for a fresh refraction.
- Came to the clinic with a guide but normally able to move without assistance during the day. Poor night vision.



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Patient History



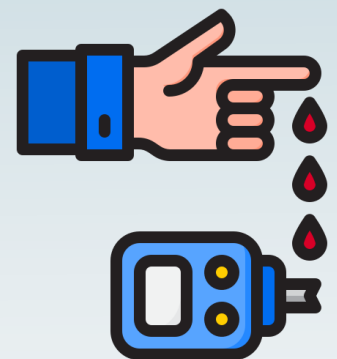
OCULAR HISTORY: History of contact lenses that didn't improve vision and nuisance so patient resented wearing them and finally stopped.

Psychological build up to determine readiness of low vision aid if need.

Deep rooted amblyopia, ex anopsia. Long standing since childhood. Pseudophakia on both eyes at age 5. Diagnosed with Neonatal cataract. No Underlining Orbital factors. Normal display.

PAST MEDICAL HISTORY: Known diabetic that was detected at an early stage: 14 years of age. Been under management for this

FAMILY HISTORY: No known family hx of ocular diseases.



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Ocular Examination

Visual Acuity (UNAIDED)

- OD 3/36
- OS 3/60

IOP (GOLDMANN)

- 20mmHg
- 22mmHg

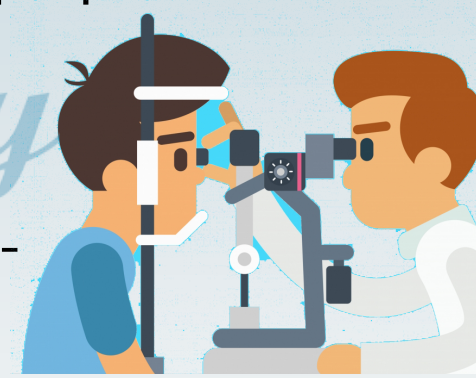


Refractive error

- OD +13,00
- OE +15,00 -2,25 x 180°

Pupils: Inactive pupil

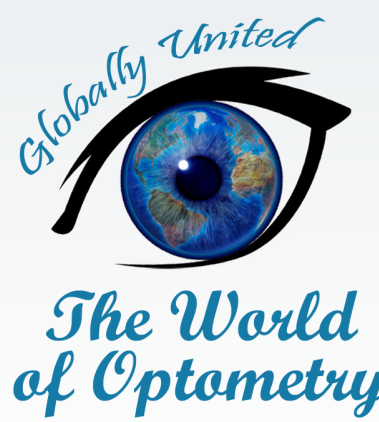
EOM: ----FULL----



*Not much improvement in VA with correction

Orbital mobility Normal on all tropias

- **Visual field** 18 degrees



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Clinical Findings

Fundus Evaluation

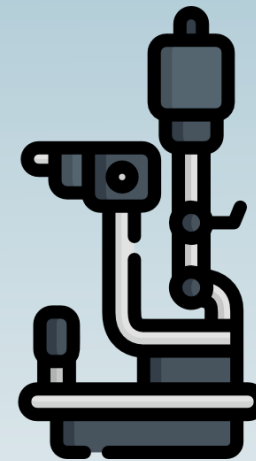
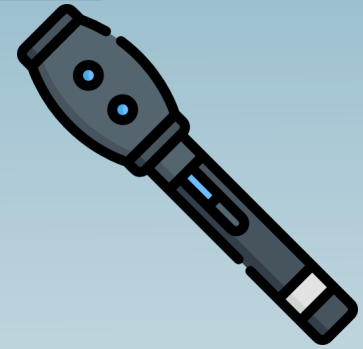
- Posterior chamber requires +6D to view Fundus
- Optic atrophy due to intracranial lesions
- CDR 0.7
- No Diabetic retinopathy

PIO

- Hypertension Readings Normal
- DM 11 mmhg, Managed under medication.

Slit Lamp Findings

- Lids/Lashes: Clear OU
- Conjunctiva/Sclera: Normal OU
- Cornea: Clear OU.
- Anterior Chamber: Shallow Anterior Chamber, but deep posterior chamber requires +6D to view Fundus.
- Lens: Pseudophakia



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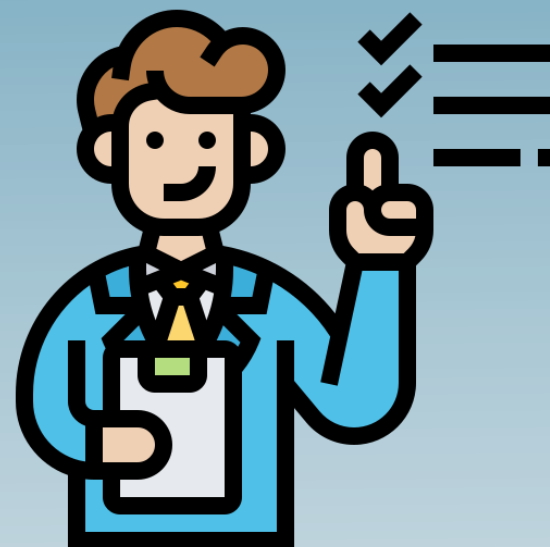


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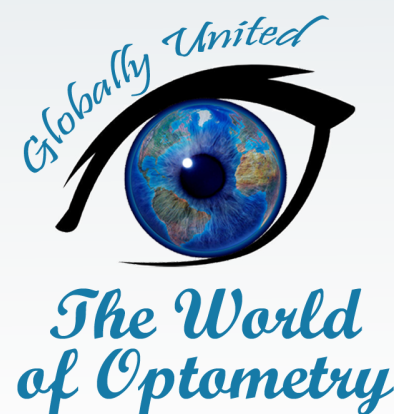
DRAG TO THE SIDE
DRAG TO THE SIDE

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Diagnosis



High Hyperopia & Optic atrophy
due to intracranial lesions



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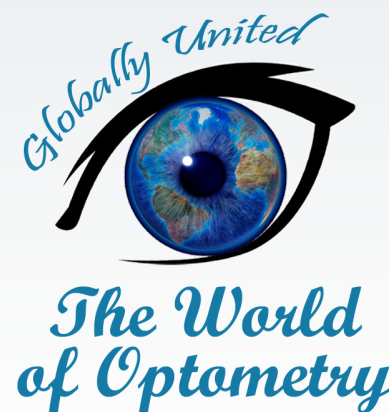
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Management

- Trial contact lenses could not improve vision
- Hand magnifiers x3 preferable for near vision
- Trial Telescope spectacles improve near vision to 20/160 with X2.5
- Patient prefers Telescope clip on more to magnifiers for work and can remove boosting self esteem
- Improve response from patient
- Uncorrected distance vision because the patient prefers clear untinted lenses to his previous plus lenses that proved bulky, heavy and tiresome



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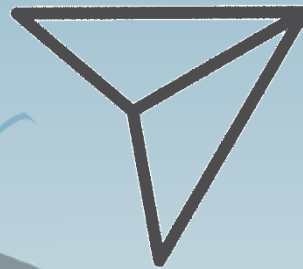
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