Optic Nerve Head Drusen. Same presentation, different workup

POSTER

Mário Ramalho; Catarina Pedrosa; Cristina Santos; Susana Pina; Fernando Vaz

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Hospital Prof. Dr. Fernando Fonseca, Chief of Ophthalmology: Antonio Melo, MD

INTRODUCTION

Optic nerve head drusen (ONHD) were first described in 1868 by Liebreich. They are mostly bilateral and assymptomatic, although some degree of visual field defect can be shown. Most cases of pseudopapilledema are due to the presence of optic nerve head drusen and there are some clinical characteristics that can help to differenciate one from another but the use of recent technology is needed to confirm the diagnosis.

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2. Kyoung Min Lee, MD. Et al. (2011) Differentiation of Optic Nerve Head Drusen and Optic Disc Edema with Spectral-Domain Optical Coherence Tomography; Ophthalmology 2011;118:971–977
3. Patricia Flores-Rodríguez et al.(2012) Ophthalmic Features of Optic Disc Drusen. Ophthalmologica 228(1):59-66
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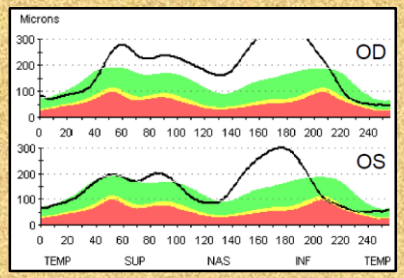
Case 1

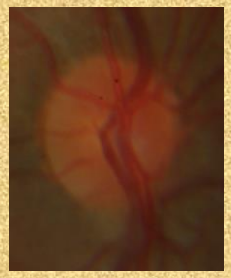




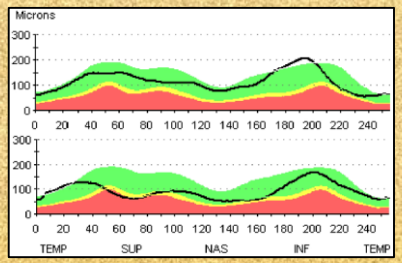


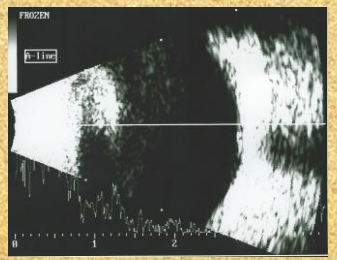
10 year-old boy
Routine Examination
Neck pain
Optic disc enlargement

Case 2

14 year-old girl
Routine Examination
Optic disc enlargement





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DISCUSSION

The calcium salts of optic nerve head drusen often demonstrate autofluorescence, wich can be readily seen in superficial drusens. OCT can be of most importance in diferentiating ONHD from optic disc edema (ODE). The most common pattern in ONHD OCT is a thinning of RNFL, however both optic atrophy with RNFL thinning and RNFL elevation, or thickening, can be present in ONHD as well as ODE. B-scan ultrassonography is still the most usefull exam for ONHD.

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CONCLUSION

ONHD is a diagnostic challenge. In the first case, the visualization of optic disc enlargement led to the acquisition of OCT images which showed increased RNFL thickness, a prompt neurologic workup was taken, only to show calcification of ONHD in CT-scan. Afterwards B-scan ultrassonography and autofluorescence retinography confirmed the diagnosis. In the second case the optic nerve morfology was highly suggestive of ONHD, so OCT, B-scan ultrassonography and autofluorescence retinography confirmed the diagnosis.

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I HAVE NO FINANCIAL DISCLOSURES

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