

Funduscopy is a must for All Ophtha Clinic Patients

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Received: September 27, 2019; Published: October 23, 2019

DOI: 10.31080/ASOP.2019.02.0076

A 17 year old female patient came to our clinic complaining of acute onset esotropia in the left eye that has been ongoing for 3 days accompanied with intermittent double vision.

Medical history

The patient has a history of anemia and genital bleeding that occurred 2 months ago (for which she consulted a gynecologist who then put her on a treatment regimen).

The patient has no history or head trauma or any past history of diabetes or hypertension.

When asked the patient stated that she suffers from chronic headache and deny any vomiting or nausea.

Upon examination, the following was found

Best corrected, Visual acuity

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- Right eye: 6/6
- Left eye: 6/6

Refraction

- RE: - 2.00 sphere
- LE: -2.00 sphere

Eye movements exam shows the presence of esotropia with a 15 degree angle.... eye movement is normal and there are no restrictions in movement on either side.

First impression was 6<sup>th</sup> nerve paralysis

Slit lamp exam shows a transparent cornea, transparent lens and a normal anterior chamber pupil reactions are normal in both eyes.

Fundus examination showed the presence of a third degree Papilledema with hemorrhage surrounding the nerve in both eyes.

A CT scan was ordered urgently (due to MRI being unavailable) and the CT scan revealed the presence of a big intracranial occupy-

ing lesion measuring 5.5x5 cm with severe edema surrounding the lesion.

The patient was then referred to a Neuro surgeon and the necessary procedures were performed.

An MRI with contrast was ordered and performed for the patient and it gave the following significant findings:

Cerebellum: Retro cerebellar cyst presence of intracranial hemorrhage.

Evidence of altered signal intensity lesion in the right occipital region with high signal on T1WI and low signal on SWI indicative of intra-tumoral bleed with thick enhancing capsule measuring 2.2x1.7cms associated with severe surrounding edema with resultant severe midline shift of approximately 1.15 cm and compression of right lateral ventricle compression along with shift to contra-lateral side.

The edema/lesion measures 5.5x9.6cms

Visualized orbits: No intra-coanal or intra-orbital pathology seen.

Based on MRI findings, a decision was made to surgically remove the tumor.

The patient underwent surgery in a Central hospital and a near complete resection of the tumor was achieved.

Pathology showed the presence of a grade 4 Glioma.

A decision was made, based on the pathological findings, to follow up the patients treatment with regular sessions of radiation therapy.

The moral taken from this case

It should be emphasized that a fundus examination should be performed for every patient presenting at an Ophthalmology clinic as a routine procedure regardless of what condition the patient may be complaining of fundus examination is an extremely important procedure that takes only seconds to perform.

**Conclusion**

Fundus examination is a key procedure in discovering dangerous, sight and life threatening diseases starting with such ones as glaucoma and ending with malignant tumors.

**Volume 2 Issue 10 November 2019**

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