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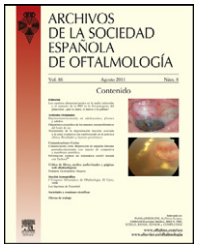

Short communication

Visual fields defect as initial presentation of neurosarcoidosis☆

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ABSTRACT

Case report: A 29-year-old man who suffered from progressive loss of peripherical vision in the previous few weeks. He was being studied for hormonal dysfunction.

The visual field showed superior arciform defect in the right eye and a superior altitudinal defect in the left eye. The endocrinology study showed hypopituitarism secondary to a neurosarcoidosis.

Discussion: Neurosarcoidosis is very rare, and can produce irreversible visual fields defects. Prompt diagnosis and treatment are essential to maintain visual function.

Alteraciones campimétricas como manifestación inicial de una neurosarcoidosis

Palabras clave:
Campo visual
Neurosarcoidosis
Visión

RESUMEN

Caso clínico: Varón de 29 años que refería alteraciones progresivas de la visión periférica en las últimas semanas. Se encontraba en estudio por disfunción hormonal.

La campimetría presentaba un defecto arciforme superior, en ojo derecho y defecto altitudinal superior en ojo izquierdo y el estudio endocrinológico reveló disfunción hormonal secundaria a neurosarcoidosis.

Discusión: La neurosarcoidosis es un cuadro muy poco frecuente que puede producir alteraciones visuales irreversibles. Su diagnóstico y tratamientos precoces son fundamentales para preservar la función visual.

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Introduction

Sarcoidosis is a multisystemic disease of unknown etiology that has been related with infectious, environmental and genetic factors. Its prevalence is of 40 cases per hundred thousand inhabitants and is more frequent in women between 30 and 40 years of age. It is characterized by the accumulation of positive CD4 lymphocytes and monocytes in tissues as well as by the presence of granulomas and alteration of the normal tissue structure. The most frequently affected organs are ganglions, lung, skin, eyes, kidney and spleen. The most frequent presentation is the accidental finding of bilateral hiliary adenopathies in chest X-rays, with or without pulmonary infiltrates.[1,2]

The diagnosis is established with a compatible clinical and radiological condition, with the demonstration of epithelioid non-calcified granulomas and/or a positive Kveim–Siltzbach test.[1,2]

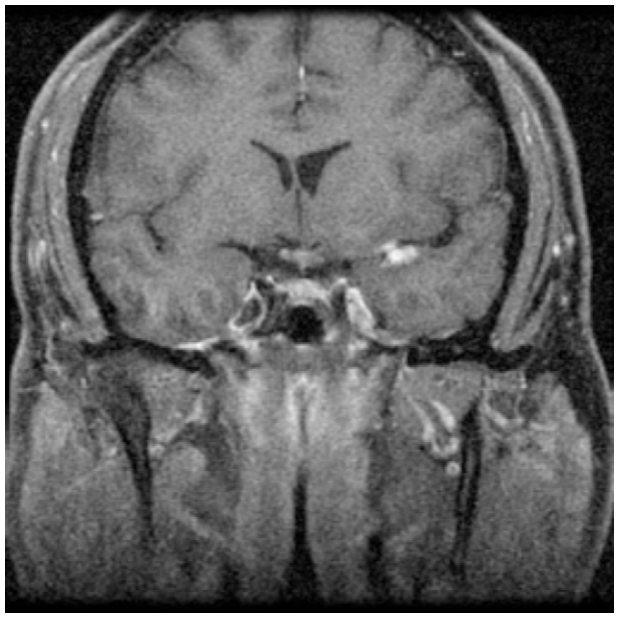

Fig. 2 – Coronal section showing a mass in parietal–temporal lobe and enhancement at the level of the pituitary gland.

Case report

A 29-year-old man visited the practice due to peripheral vision alterations with a few weeks evolution, recently associated to pituitary hypofunction expressions.

Upon exploration, the patient exhibited a visual acuity (VA) of 1 in both eyes (BE), with anterior pole, intraocular pressure and ocular fundus (OF) normal. The visual field (VF) (Octopus 1-2-3 program G1X) revealed upper arch-shaped defect with some peripheral alterations in the right eye (RE), while the left eye (LE) exhibited an upper altitudinal defect as well as peripheral defects (Fig. 1).

Urine analysis revealed hypodensity of water while hormonal studies exhibited undetectable FSH and LH and testosterone and growth hormone below normal levels.

Nuclear magnetic resonance (NMR) exhibited a dilatation of the left lateral ventricle, periventricular involvement of the

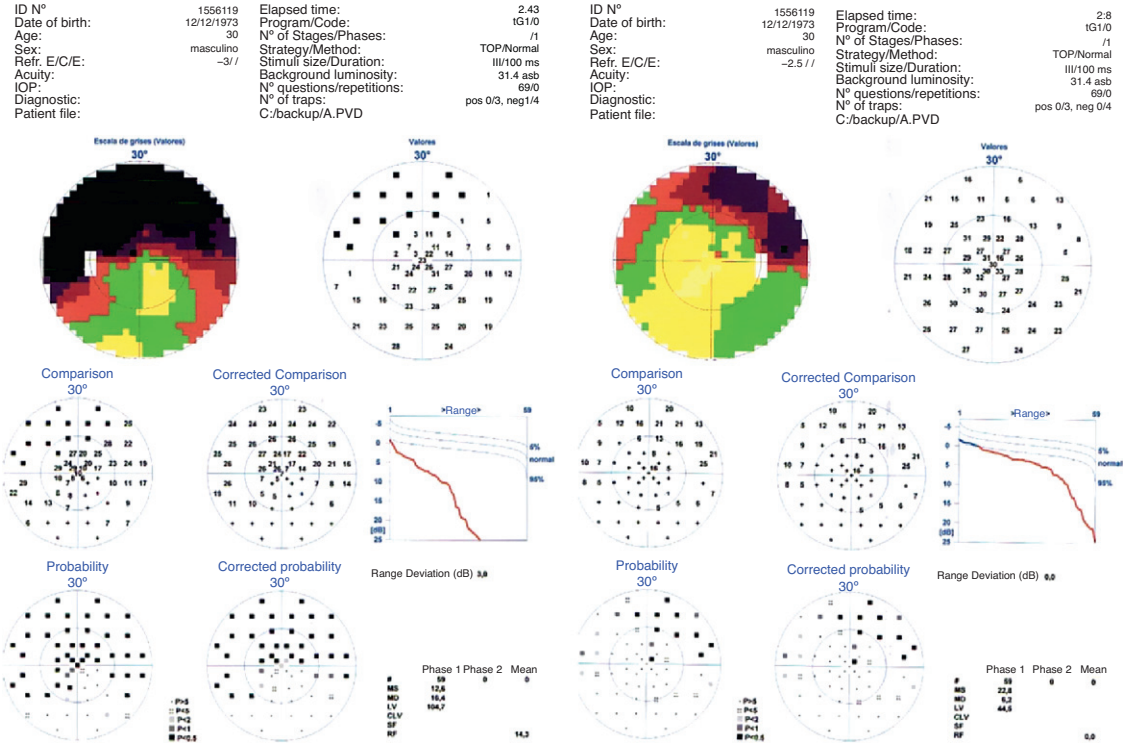

Fig. 1 – Visual field at onset, showing upper arc-shaped defect with some peripheral alterations in RE, with LE showing upper altitudinal defect as well as peripheral defects.