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Short communication

Colour vision abnormality as the only manifestation of normal pressure hydrocephalus[☆]



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ABSTRACT

Clinical case: The case is presented of a 73-year-old male patient who referred to having black and white vision. Computed tomography showed normal pressure hydrocephalus (NPH). Magnetic resonance imaging was not performed because the patient refused to undergo further examinations.

Discussion: Achromatopsia may be the first or only NPH symptom. It may be prudent to ask patients with NPH regarding colour vision.

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Anormalidad en la visión del color como única manifestación de hidrocefalia normotensiva

RESUMEN

Caso clínico: Presentamos el caso de un paciente varón de 73 años que acudió refiriendo visión en blanco y negro. La tomografía computarizada demostró hidrocefalia normotensiva (HNT). No se llegó a realizar resonancia magnética porque el paciente renunció a ser sometido a nuevos exámenes.

Discusión: La acromatopsia puede ser la primera o la única clínica de HNT. Puede ser prudente preguntar a los pacientes con HNT con respecto a la visión de color.

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Palabras clave:

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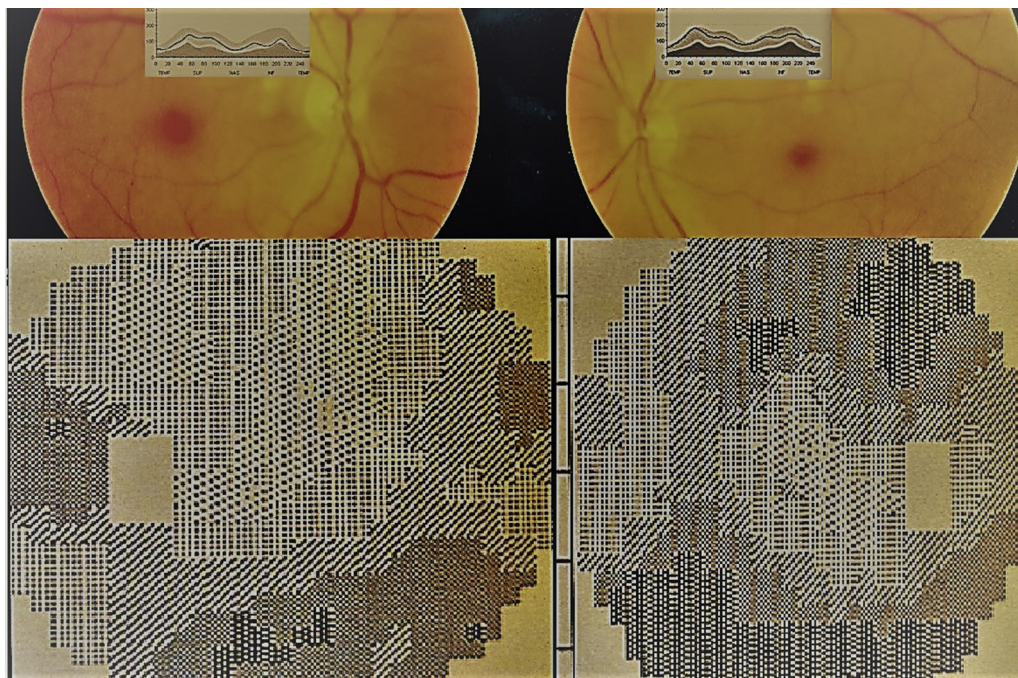


Fig. 1 – Top: peripapillary CFN retinographies and OCT that discarded neuropathy as the cause of achromatopsia. Bottom: visual fields demonstrating bihemispheric compromise giving rise to complete achromatopsia.

Introduction

Hydrocephalus occurs when an excess of cerebrospinal fluid (CSF) accumulates in brain ventricles.¹ When, despite said excess fluid, CSF pressure measured with lumbar puncture is normal, hydrocephalus is normotensive (NTH).¹ When brain ventricles increase in size due to excess CSF, they could interrupt and damage adjacent brain tissue. NTH mainly affects patients between 60 and 70 years of age.¹ The case of a male with NTH with color vision alteration as sole clinic expression of NTH is presented.

Clinic case report

Male, 73, without relevant personal or familial history, referred to the ophthalmological by primary physician to discard age-related maculopathy. The patient referred black and white vision and gray shades with onset several weeks earlier, without diminished vision, alterations in the sizes of objects, photopsia or photophobia. The patient was not in medical treatment and denied having ingested drugs or psychotropic preparations. Best corrected visual acuity in both eyes was 0.7, which improved to 0.8 with stenopeic. Ocular pressure measured with applanation was 15 mmHg in both eyes. Anterior pole examination revealed bilateral nuclear cataract with normal posterior pole (Fig. 1 top). Macular optical coherence tomography (OCT) macular and peripapillary CFN OCT were taken with normal results (Fig. 1 top). Computerized campimetry showed bilateral compromise (Fig. 1 bottom). The patient was unable to carry out the 100 Hue Farnsworth-

Munsell (FM100) test consisting in random grouping of colors. However, he was able to read the Ishihara pseudo-isochromatic tables. Computerized axial tomography (CAT) enabled diagnostic for normotensive hydrocephalus (Fig. 2). A standardized neuropsychological evaluation revealed slight behavioral and cognitive signs with slight verbal memory impairment. The patient refused to perform additional narrow radiological studies and neurological examinations. He was offered inter-consultation with neurosurgery that was also declined.

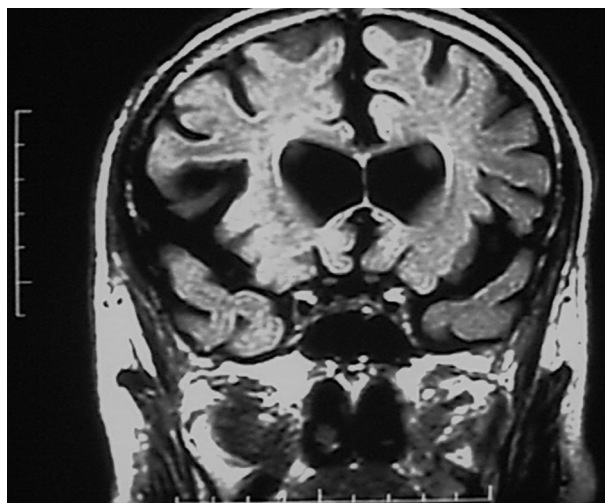


Fig. 2 – Coronal CAT: NTH showing ventricular enlargement with brain parenchyma atrophy.

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