"Doc, I'm blind on one side!"

David Yue, MD

Dan, a 65-year-old retiree, presents with a 24-hour history of being unable to see the left half of his face in the mirror. He states his vision has improved slightly in the last few hours, but he still can't see the left upper quadrant of his visual field.

There are no complaints of headaches, nausea, or vomiting. There is no history of chest pains, shortness of breath, or bowel or urine incontinence. He denies any numbness, weakness, or slurred speech.

He was last seen by an ophthalmologist a few weeks ago and was diagnosed as having a right cataract, which required surgery.

There is no known history of hypertension, diabetes, or hypercholesterolemia. He did have a myocardial infarction 21 years ago, and an episode of transient ischemic attack four years after that, with a left-sided weakness lasting only six hours. There is no history of atrial fibrillation.

He is a social drinker, consuming one drink per week and is an ex-smoker of 40 pack years. Surgical history is negative.

His examination results are listed in Table 1.

He is immediately referred to the emergency department .

Table 1

Exam results upon presentation

- Blood pressure: 220/110 mmHg
- Regular pulse: 88 beats/minute
- Respiratory rate: 24 breaths/minute
- Temperature: 36.3 C
- Speech: Normal
- Glasgow coma scale: 15/15
- Pupils: Equal, reactive to light and accommodation
- Funduscopic exam: No papilledema
- Right cataract noted
- Cranial nerves exam: Fluctuating loss of vision in left upper lateral quandrant visual field
- Cardiothoracic exam: Normal breath sounds and heart sounds; abdomen palpation and auscultation unremarkable
- Gait steady and muscle strength 5/5 in all four extremities
- Sensory exam: Normal; reflexes 2+ and symmetrical; cerebellar function intact

What's your diagnosis?

a) Multiple sclerosis
b) Right occipital lobe infarction
c) Pituitary tumour
d) Anterior ischemic optic nerve neuropathy

Answer:
Right occipital lobe infarction

The computed tomography scan of Dan's head shows an area of decreased attenuation in the right occipital region, compatible with a recent infarct and accounting for the patient's visual symptoms. He also has an area of decreased attenuation seen in relation to the external capsule region on the left, compatible with small vessel ischemic change.

Bilateral carotid Doppler ultrasounds show no significant atheromatous plaque formation.

Table 2

Dan's lipid profile

- Total cholesterol: 5.50 mmol/L
- Triglyceride: 2.00 mmol/L
- Low-density lipoprotein: 3.79 mmol/L
- High-density lipoprotein: 0.80 mmol/L

He is diagnosed with a right occipital infarct. He is discharged on enteric-coated acetylsalicylic acid, 325 mg, ramipril, 5 mg daily, and simvastatin, 20 mg daily for cardiovascular accident prophylaxis, hypertension, and hyperlipidemia.

At the time of discharge, he has no deficit in visual field. Dx

The embolus that causes right occipital lobe infarction is located at the right posterior temporal artery.

His electrocardiogram shows non-specific diffuse sinus tachycardia and T-wave changes, with sinus rhythm of 72 beats per minute. His blood work is all within normal limits, except an elevated fasting lipid profile (Table 2).

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