eOftalmo

Visual loss of central origin

Perda visual de origem central

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A 61-year-old man with a history of sudden and painless lower visual field defected for approximately 7-8 months.

General systemic complaints: the patient denied nausea, vomiting, or alterations in strength, sensitivity, or speech.

The patient denied any previous history of ophthalmic diseases.

Personal history: systemic arterial hypertension, diabetes mellitus.

On examination

Visual acuity: 20/20 in both eyes (OU).
Pupillary reflexes present and symmetrical, with no relative afferent pupillary defect.
External ocular muscles: no changes.
Intraocular pressure: 14mmHg in OU.
Biomicroscopy without changes.
Fundus: no changes.

Complementary tests

The visual field showed lower left quadrantanopia, sparing the macula (Figure 1). Optical coherence tomography of the nerve-fiber and ganglion-cell layers was within normal parameters. Magnetic resonance imaging showed an area of encephalomalacia superior to the right calcarine sulcus (Figure 2).

DISCUSSION

The presence of a left-homonymous defect in the visual field locates the defect as postchiasmatic to the right. The absence of pupillary defect and the absence of loss of nerve-fiber layer localizes the defect as postgeniculate. Inferior quadrantanopias are commonly found in parietal optic radiation lesions.

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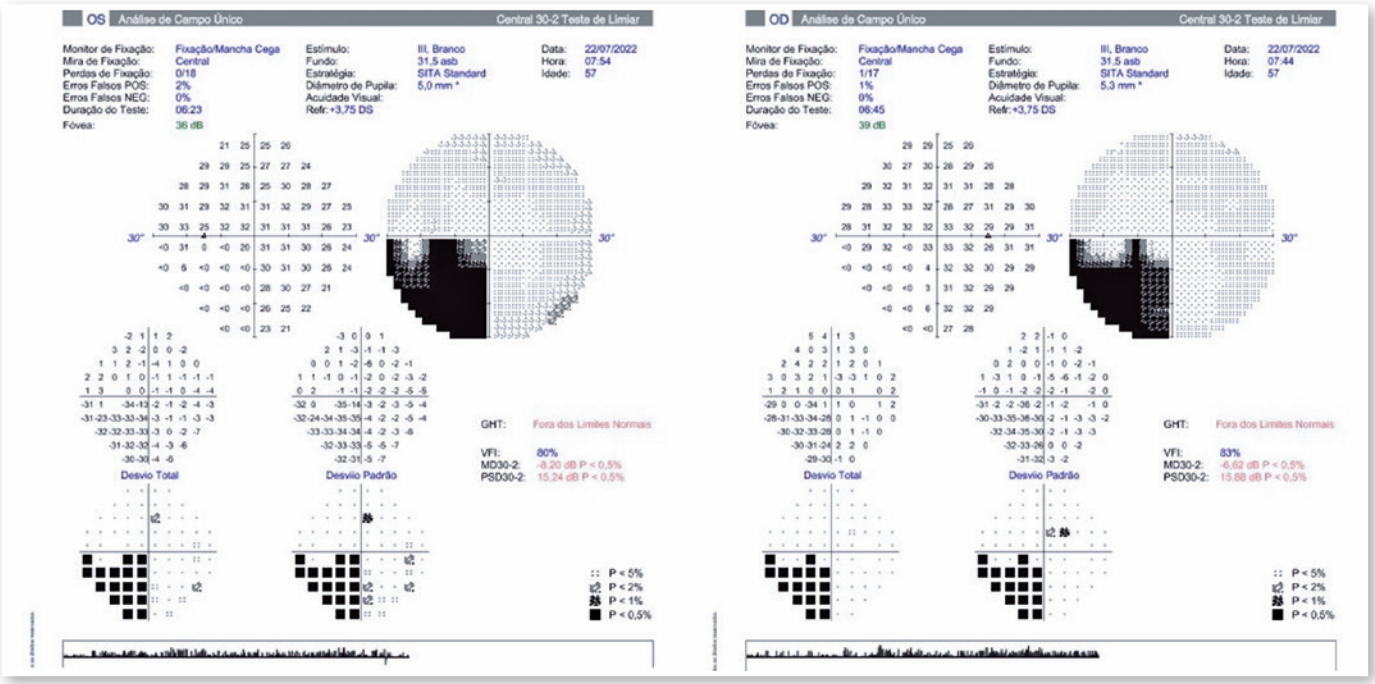

Figure 1. Visual field.

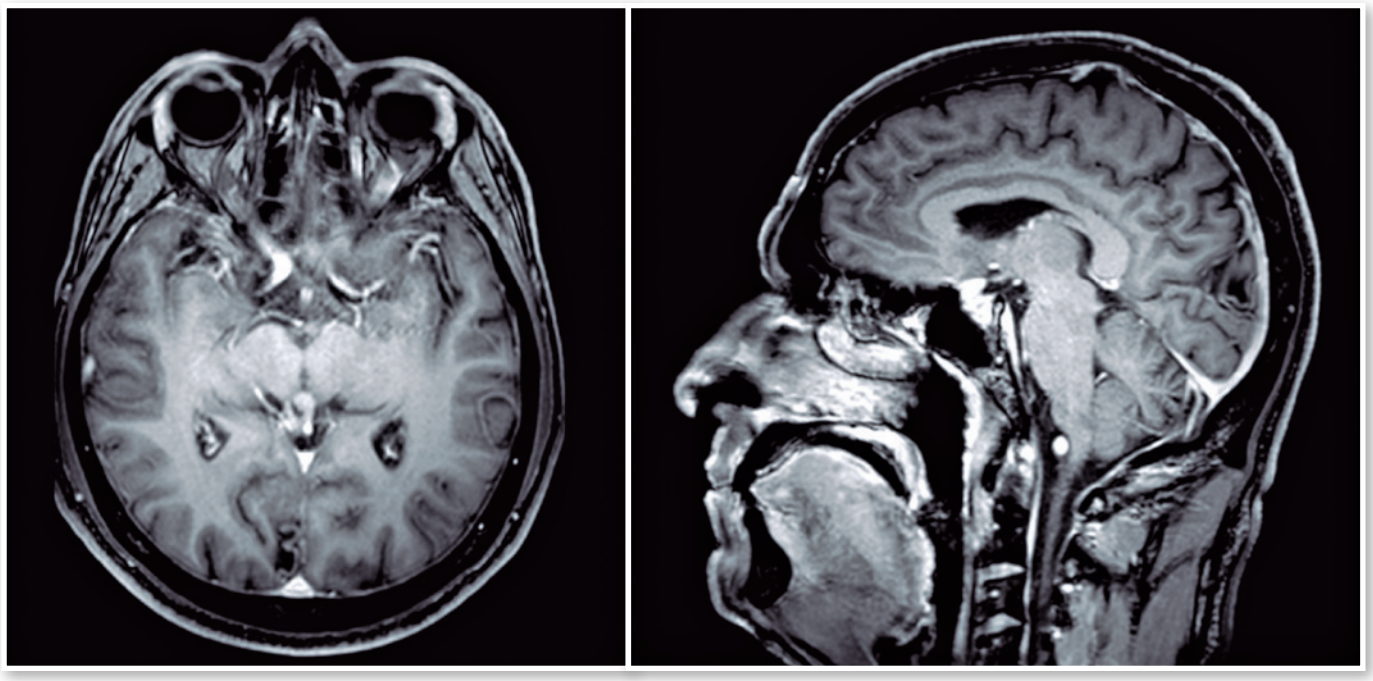

Figure 2. Magnetic resonance imaging.

However, the fact that this lesion spares the macula leads one to think of an occipital cortical lesion superior to the calcarine fissure, which was confirmed on imaging[1].

REFERENCES

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