Posters

Pseudo-Science and Pseudo-Foster Kennedy Syndrome

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Foster Kennedy syndrome is a rare disorder associated with frontal lobe tumours. Classically, it presents with ipsilateral optic atrophy associated with contralateral papilloedema. These clinical findings of Foster Kennedy syndrome occur when an anterior intracranial mass directly compresses the ipsilateral optic nerve, causing atrophy, and at the same time increases intracranial pressure resulting in contralateral papilloedema. When unilateral disc swelling and contralateral optic atrophy occur in the absence of a frontal lobe tumour, it is referred to as Pseudo-Foster Kennedy syndrome. For example, if one optic disc has been afflicted with a previous condition resulting in optic atrophy, disc swelling may not be observed in that eye even in the presence of raised intracranial pressure. In addition, some retinal vascular diseases may cause optic disc swelling with consecutive optic atrophy in one eye, followed by a similar event in the fellow eye.

We describe a case of Pseudo-Foster Kennedy syndrome discovered in an 82-year old man. The patient was a known diabetic and hypertensive for several years, being managed on herbal therapy administered by his wife. He presented to his first Ophthalmology clinic visit with a blood pressure reading of 208/90 mmHg and a blood glucose level of 376 mg/dl. His visual acuity was No Light Perception in his right eye and 20/200 in his left eye. A relative afferent pupillary defect associated with optic disc atrophy was noted in his right eye. Examination of his left eye revealed a swollen optic disc accompanied by scattered retinal haemorrhages and a full thickness macular hole. The patient was clinically examined by an Internist and had several investigations performed, including a renal function test, urinalysis, chest X-ray, electrocardiogram and head computed tomography (CT) scan. All investigations proved to be normal. In view of his elevated blood pressure and papilloedema, the patient was treated as a hypertensive emergency with impending target organ damage. A diagnosis of Pseudo-Foster Kennedy syndrome was made as the CT scan ruled out an intracranial mass. Ultimately, we concluded that the right optic atrophy may have been secondary to previous non-arteritic anterior ischaemic optic neuropathy and the left optic disc swelling could have been due to uncontrolled hypertension with Grade 4 hypertensive retinopathy or a retinal venous occlusive event.

Treatment of Corneal Neovascularization Using Anti-VEGF Injections

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Background: Corneal neovascularization results when there is an imbalance between anti-angiogenic factors and pro-angiogenic factors, one of the most important being vascular endothelial growth factor (VEGF). This complex problem leads to corneal opacification and impaired visual acuity. Neovascularization also increases the risk of corneal graft failure. We present a case of corneal neovascularization compromising the visual axis as a consequence of neurotrophic keratopathy treated with anti-VEGF injections.
Method: Monthly intrastromal, followed by topical, VEGF inhibitor bevacizumab were administered. The eye was padded overnight after instillation of Tobradex ointment (tobramycin + dexamethasone, Alcon Laboratories).
Results: Bevacizumab led to the initial resolution of corneal neovascularization. Neovascularization recurred at the third month. However, this was much reduced and the cornea cleared, allowing a view of the retina which was previously not seen.
Conclusion: These findings suggest that VEGF inhibitors are effective in the treatment of corneal neovascularization with regression of the new vessels and a clear visual axis. This treatment could provide a window for corneal grafting.

'Bete Noire de la Orbite'

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A 54-year old gentleman had a right orbital mass for the past two years. It was considered a lacrimal gland mass, with previous inconclusive biopsy. The mass progressively increased in size with disorganization of periocular structures. Computed tomography (CT) imaging showed an infiltrative homogenous mass on the lateral orbital wall. An orbital exenteration was performed and squamous cell carcinoma was confirmed with 1 mm clear margins. The author discusses CT-guided diagnosis and the uniquely challenging procedure to the orbital surgeon.

Lisch and His Nodules

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A seven-year old was referred by the optician with unusual lesions. The child's previous history included treatment for labile systemic hypertension. Upon more specific enquiry, it was discovered that he had multiple *cafe au lait* spots. Clinical examination confirmed Lisch nodules; there were no other ocular/orbital features. The author emphasizes vigilance and multidisciplinary management.

A Comparison of Central Corneal Thickness (CCT) in Normal vs Primary Open-angle Glaucoma (POAG) Patients – Study 1

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This is a prospective study to compare central corneal thickness (CCT) between known primary open-angle glaucoma (POAG) and normal patients. The pilot sample size is 100 eyes (50 per group); all patients were over 20 years. The control group showed mean CCT 543 µm (range 481–616 µm); the POAG showed mean CCT 535 µm (range 441–619 µm). Notably, 80% of eyes in both groups had a CCT < 555 µm. The authors recommend further studies to qualify this risk factor in our population.