Corticosteroid Use in Traumatic Optic Neuropathy

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A 47 year old male presented with decreased vision of the left eye after falling down the stairs. Exam showed a vision of no light perception in the left eye, 4+ relative afferent pupillary defect, and a normal fundus exam. Computed tomography (CT) orbit showed displaced acute fracture of the medial wall and roof of the left orbit as well as a fracture of the left optic canal concerning for optic nerve compromise. This clinical picture was likely traumatic optic neuropathy. Patient was started on IV Solumedrol 30 mg/kg loading dose, followed by 5.4 mg/kg q 6 hours for 48 hours. He was also started on brimonidine to help improve optic nerve perfusion although his intraocular pressure was normal at 17. On Day 12, it was noted his vision improved to count fingers from not even being able to see light. At 5 weeks, patient’s vision continuing to be count fingers and his optic nerve developed temporal optic nerve pallor. At 4 months, his vision was also count fingers and his left optic nerve progressed to show diffuse optic nerve pallor.

**REFERENCES**