

## A Case of Bilateral sudden loss of vision in a primi one day after caesarian twin delivery

**KEYWORDS** 

Twin Pregnancy post partum vision loss, Vasospasm, Ischemia, Blindness.

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ABSTRACT We are reporting a case of sudden bilateral vision loss in a female of 18 years old with twin pregnancy who has responded with intravenous methyl prednsilone and supportive therapy patient has regained normal vision within 48 hours. As all the investigations were found to be normal the probable cause for loss of vision could be transient vasospasm with ischemia involving posterior cerebral arteries supplying visual cortex.

Case Details: Female–18 Years, Address–Resident of Patamata, Vijayawada, Married–2-Years, Primi–Twin pregnancy (USG), Menarche-Regular Periods,

**Personal History**-Moderately built,Moderately Nourished,No History of DM, HT.,Not Anemic, No Cyanosis, No Clubbing of fingers.,Weight: 64.00 Kgs, HB %: 12 Grams.,Vaccination done,Iron folic acid tablets, Good nutrition given.

Family History: Nil significant, Vital data – Normal, No H/o any psychological disorders or Hysteria

**Antenatal History:** Conceived after 18months of marriage ,Had regular menustruval periods

Had No surgical or Medical problems before marriage, Had regular antinatal checkups.

Presenting complaints- Not able to see anything 24Hrs. after caesarian twin delivery,No history of trauma, No H/o pain redness watering. Present complaints started as slow deminition of vision progressed to present status within ½ Hr. Patient has undergone LSCS under spinal anesthesia. Surgery was not associated with any complication either on the table or post operatively.

Investigation done - Hb%: 13grms.,RBS: 146mgs,TC,DC, ESR - Normal,VDRL- Negative,ECG - Normal,MRI Brain - Normal,Blood Urea - Normal Ultra Sonography of abdomen showed twin pregnancy before surgery,Cross consultation done with,Psychiatrist ,ENT surgeon,Nuero surgeon & Physician,Anesthatist ,Ophthalmologist. Her blood sugar levels were normal throughout gestational period,There was H/o hyper tension, but her BP was raised to 160/100 two days before operation.Patient has not landed up in eclampsia

**Treatment History-** Drugs given during and after caesarian section,IV fluids, Antibiotic course, Injection Botropase, Injection Vitamin-K, Injection Rantac, Injection decadron and Injection Vasodilators

**Ophthalmic examination-** Patient was tense and apprehensive with anxiety.

**Vision-**Perception of light +/- both eyes,Anterior segment both eyes normal,Extra ocular movements normal - both eyes,Lacrimal apparatus normal - both eyes,Pupil - NSRL,

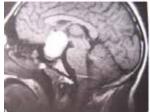
Direct and Indirect – Normal,No Afferent Pupilary Defect ,Posterior segment examination showed completely normal fundus with clear media,Disc Blood vessels – Normal,CD Ra – 0.30 : 1.00,Foveal reflex present, Perphery of fundus normal.,No Signs of Disc Oedema ,No raised ICT signs,No Papilledema ,No Hemorrahge in the posterior pole. Digital tension in both eyes was found to be normal

Diagnosis: We have made a diagnosis of postpartum cortical blindness, Other possibility is hysterical blindness, Treatment given-Intravenous methyl prednislone Injection – 120Mg, Anti inflammatory eye drops,

Review of literature: Few cases of this type were reported in the literature, but patients regained vision from 2-7days,Our patient has regained vision of 6/6 both eyes within 24Hrs,Other investigations ,ERG, EOG & VEP, Carotid angiography (Cerebral angiography).

Sudden, bilateral loss of vision in both can occur in postpartum mothers starting from day 1 after delivery to 2-3 weeks, which may be due to vasogenic spasm or shock of PCA which supplies cerebral cortex including visual cortex. This loss of vision will be regained back up to normal 6/6 level in most of the cases. There may not be any H/o DM, HT, or blood dyscrasiasis, eclampsia, septicemia etc. Irreversible vision loss is very rare after un eventful delivery. The other causes for vision loss after delivery could be hysterical blindness, hypoglycemic shock with visual agnosia, abnormal behavior with malingering.

## Patient Pictures:





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