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Clinical case of a patient with homonymous hemianopsia

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In this case report, we present a case of a 58-year-old patient, who was presented to ophthalmologic emergency room due to left-sided homonymous hemianopsia as a part of the esophageal adenocarcinoma with metastasis to the brain. When the patient was first examined, he reported, that for about two months, he occasionally could not see the outer half of the visual field of his left eye. Furthermore, he experienced headaches and felt more tired and dizzy. In his medical history, he revealed, that three months prior, he had successfully completed treatment for adenocarcinoma of the distal esophagus. Visual acuity on the right eye was 0.7 with correction and on the left eye 0.9 with correction according to Snellen. During the examination, we performed anterior and posterior biomicroscopy, eye movement assessment, RAPD, fundus photography, OCT of the macula and static perimetry. In the ocular examination, except for mild fibrosis of the left posterior lens capsule, there were no abnormalities. RAPD was absent. OCT of the macula did not show any pathological retinal changes. The visual field test revealed a complete left-sided homonymous hemianopsia. The patient was referred for further diagnostics to the neurology department, where they found left sided hemiparesis and performed an urgent CT scan of the head, which revealed hypervascular metastases in the subcortical regions of the right frontal, right occipital, right parietal and left cerebellar areas, with significant edema and shift of the brain matter to the left. In our case, the complete left-sided homonymous hemianopsia with an absent RAPD, was most likely the result of a metastasis in the right occipital lobe with extensive edema of the white matter. With this case, we aim to emphasise the importance of a thorough medical history, which is often crucial for the proper further management of the patient.

Klinični primer pacienta s homonimno hemianopsijo

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Predstavljamo klinični primer 58-letnega pacienta, ki smo ga obravnavali v oftalmološki nujni ambulanti, zaradi levostranske homonimne hemianopsije v sklopu razsoja adenokarcinoma požiralnika z metastazami v možganih. Pacient je ob prvem pregledu v oftalmološki ambulanti navajal, da približno 2 meseca občasno ne vidi zunanje polovice vidnega polja levega očesa. Ob tem ga boli glava in zdi se mu, da je bolj utrujen in omotičen. V anamnezi o pridruženih obolenjih pove, da je pred tremi meseci uspešno zaključil zdravljenje adenokarcinoma distalnega dela požiralnika. Vidna ostrina je bila desno 0,7 s korekcijo in levo 0,9 s korekcijo po Snellenu. Med obravnavo smo opravili preiskave sprednje in zadnje biomikroskopije, bulbomotoriko, RAPD, fotografiranje očesnega ozadja, OCT makul in testiranje vidnega polja s statično perimetrijo na aparatu Octopus. V očesnem statusu, razen začetne fibroze leve zadnje lečne kapsule, ni bilo odstopanj od normale. RAPD je bil odsoten. OCT makul ni pokazal patoloških sprememb mrežnice. Preiskava vidnega polja je pokazala popolno levostransko homonimno hemianopsijo. Napoten je bil na nadaljno diagnostiko v nevrološko nujno ambulanto, kjer so ugotavljali levostransko hemiparezo in opravili urgentni CT glave s kontrastom, ki je pokazal hipervaskularne metastaze subkortikalno desno frontalno, desno okcipitalno, desno parietalno in levo cerebelarno, z izrazitim edemom ter pomikom možganovine v levo. V našem primeru je šlo za popolno levostransko homonimno hemianopsijo z odsotnim RAPD, kar nakazuje, da je najverjetnejši vzrok zanjo metastaza desno okcipitalno in pridružen obsežen edem bele možganovine. S primerom želimo poudariti pomen natančne anamneze, ki je velikokrat ključnega pomena za pravilno nadaljno obravnavo pacienta.