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Antiphosphlipid syndrome presenting with atypical ischemic optic neuropathy: A case report

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We report an atypical presentation of Antiphospholipid syndrome in a 40 year old male who presented with headache and left eye pain. Upon examination he had left severe optic disk edema and retinal hemorrhages surrounding the optic disk, which made optic neuritis a less likely differential diagnosis. Patient had a mild RAPD on the left eye with good color vision and absence of profound visual acuity loss. MRI was performed and it excluded thrombosis or intracranial abnormality. Our patient received steroids; however, patient did not improve after the course. After exclusion, our differential diagnoses were consistent with an atypical optic neuritis vs. ischemic optic neuropathy. Onset of the disease as well as the presence of hemorrhages excluded atypical optic neuritis. Even though the age of the patient was younger for ischemic optic neuropathy, the diagnosis was made after the exclusion of all other causes including infectious and non-infectious causes of optic neuritis. Medical treatment was preferred to any invasive treatment. Antiphospholipid syndrome should be considered in the differential diagnosis of NAION in middle age individuals. This is often difficult, as ocular manifestations of APS can be variable. Antiphospholipid syndrome is an autoimmune disease that has been strongly associated with arterial or venous thrombosis that can affect virtually any organ resulting in an acute to indolent chronic ischemic presentations. Deep vein thrombosis is considered the most common manifestation affecting 29 to 55% of patients with APS. Ocular involvement occurs in 8 to 88% of the patients. It can be the first clinical presenting sign of APS and it has wide range that can be unilateral or bilateral from visual acuity reduction and amaurosis fugax to transient scotoma and visual field defect. Conjunctival hyperemia, ocular discomfort and pain have often been reported in the literature as common symptoms of APS patients.

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