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INTERNATIONAL PUBLICATIONS

ORIGINAL ARTICLE

Pansinusitis Causing Bilateral Optic Neuritis in a 9-year-old Child

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ABSTRACT

Sinusitis is a rare cause of optic neuritis in children. This case illustrates bilateral optic neuritis in a 9-year-old child caused by pansinusitis. It demands an accurate diagnosis with a prompt management. A proper treatment of sinusitis is essential to prevent this complication.

KEYWORDS: Pansinusitis; Bilateral optic neuritis; Children

INTRODUCTION

Childhood optic neuritis is an uncommon condition which differs from adult onset optic neuritis. Bilateral optic neuritis is more frequent in children and frequently associated with systemic infections such as measles, mumps, chicken pox, pertussis, infectious mononucleosis and immunizations. Childhood optic neuritis has a lower risk of recurrence and progression to multiple sclerosis compared with adult (Luchinetti et al., 1997).

In contrast, acute sinusitis is a common disorder affecting children and accounted for 21% of the antibiotic prescriptions in paediatric (Anon et al., 2004). It is defined as the inflammation of the mucosa of the paranasal sinuses. It is always overlooked but responds well to the medical treatment.

Case Report

A 9-year-old boy presented with sudden onset visual loss in both eyes for 1 day. It was painless and progressively worse. It was associated with mild headache. There was no history of upper respiratory infection, skin lesion or history of recent immuniza-

tion. He denied symptoms of recurrent nasal congestion or facial pain.

The visual acuity was counting finger in both eyes. Relative afferent pupillary defect was positive in the right eye with a blurred and swollen optic disc. The left optic disc looked hyperaemic. There was mild tenderness upon pressure at the frontal area. Other ENT examinations were unremarkable. The neurological examination was essentially normal.

CT-scan of the orbit and brain showed features suggestive of optic neuritis in both eyes with signs of inflammation in the ethmoids, maxillary, frontal and sigmoid sinuses (Figures 1 and 2). The ESR and total white cell counts were raised. The MRI brain



FIGURE 1 CT-scan shows a thickened and irregular optic nerve in both eyes.

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