

Abstract:

Anterior ischemic optic neuropathy occurs due to decreased blood supply to the optic nerve head. It is divided into a) Arteritic anterior ischemic optic neuropathy (A-AION) and b) Non-arteritic anterior ischemic optic neuropathy (NAION). These two conditions have entirely different ethology and approach to their diagnosis and management is completely different [1].

This case report describes the diagnostic and treatment journey of a 65-year-old male patient admitted to National Hospital Kandy, Sri Lanka. The patient presented with sudden-onset visual loss in the left eye, a history of hypertension, and a previous stroke episode. Various diagnostic tests were conducted, revealing elevated inflammatory markers, positive IgA antibodies for CMV, EBV, and HSV, and MRI brain findings suggestive of demyelinating brain stem changes consistent with multiple sclerosis. Despite initial treatment with IV Methylprednisolone, the patient showed no response, leading to a diagnosis of Non-Arteritic Anterior Optic Neuropathy.

This case underscores the challenges in diagnosing and managing complex neurological conditions and the aptitude needed to make precise decisions with sound judgement and discretion.