

SCREEN RECORDER

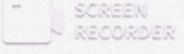


HISTORY

PAPILLITIS: Rapid vision loss preceded with respiratory infection or fever



PAPILLEDEMA : headache and vomitting





PRESENTATION

PAPILLITIS IS UNILATERAL



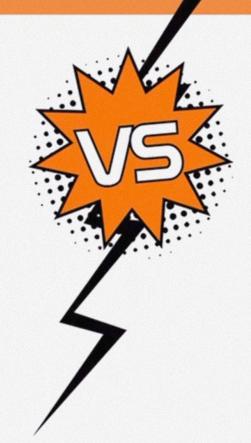
PAPILLEDEMA IS BILATERAL



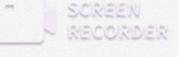


VISION

SUDDEN and SEVERE LOSS OF VISION.

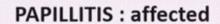


UNIMPAIRED INITIALLY

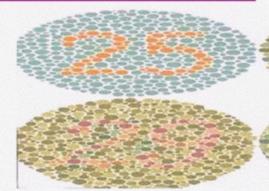




COLOR VISION



PAPILLEDEMA: not affected











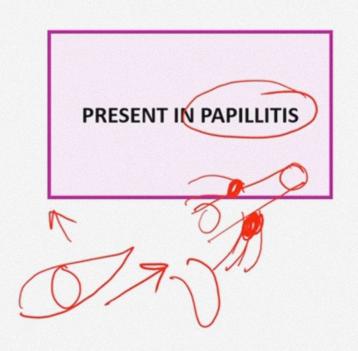
Redusation

1

SCREEN RECORDER



PAIN / TENDERNESS

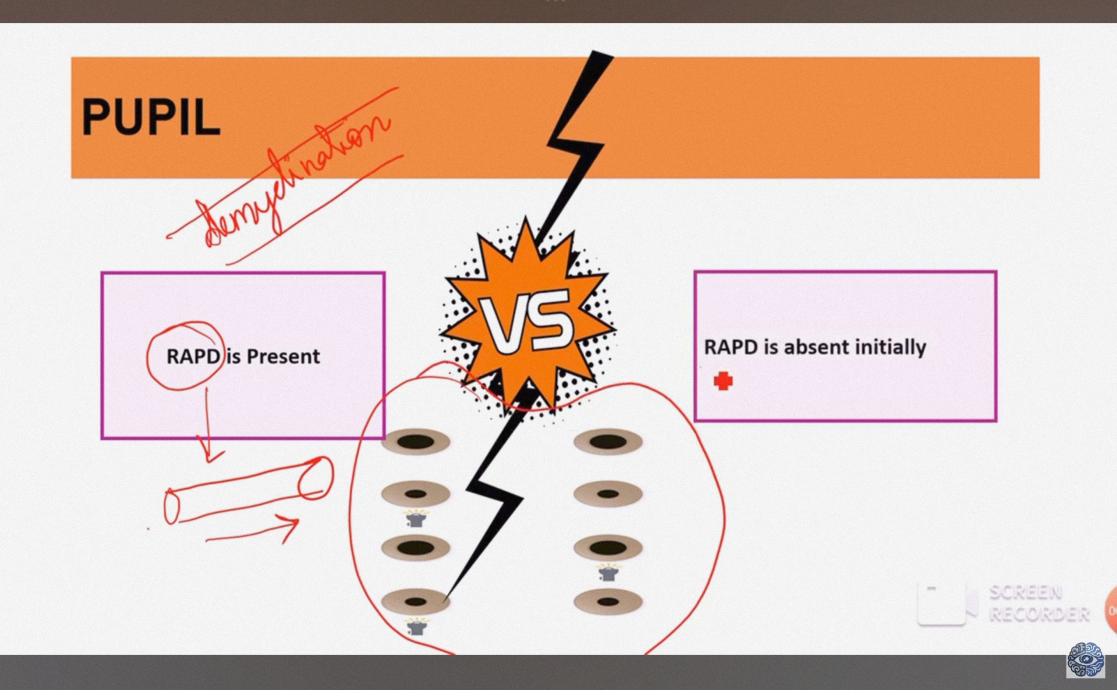




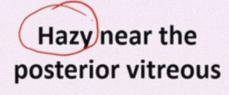
ABSEN N PAPILLEDEMA





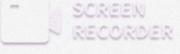


MEDIA









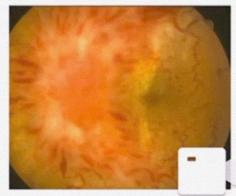


HEMORRHAGES AND EXUDATES

PAPILLITIS



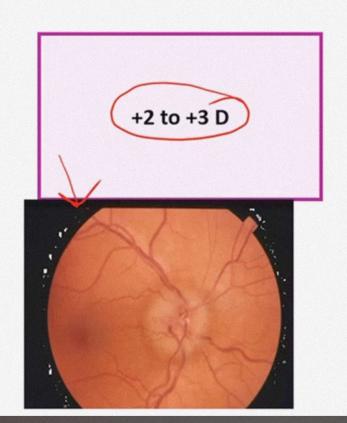
MORE especially in advanced PAPILLEDEMA

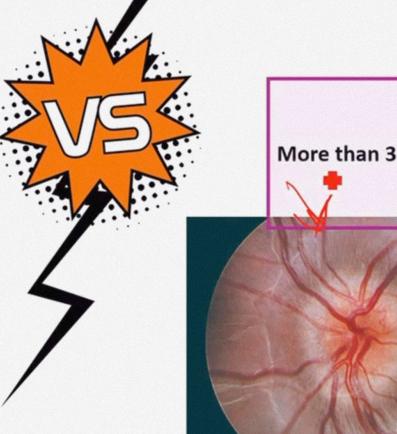


SCREEN



DISC SWELLING

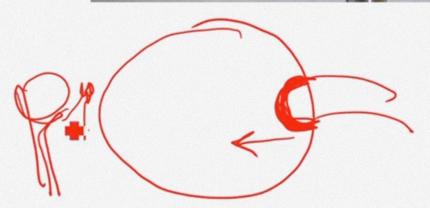


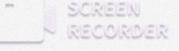








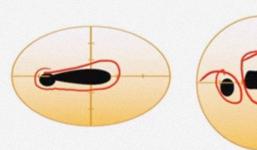






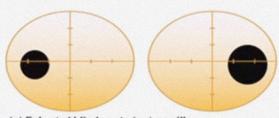
VISUAL FIELDS

Central or centrocaecal scotoma





ENLARGED BLIND SPOT, LATER gradual constriction of fields



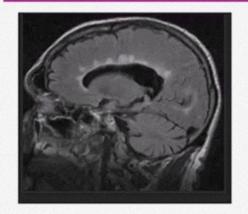
(a) Enlarged blind spots (e.g. papillo



SCREEN

CT / MRI

PAPILLITIS USUALLY
SHOWS DEMYELINATION



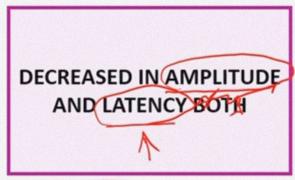


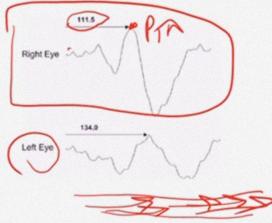
PAPILLEDEMA: CAUSES OF RAISED ICT SEEN





VEP (VISUAL EVOKED POTENTIAL)







NORMAL





	PAPILLITIS_	PAPILLEDEMA
HISTORY	Prior fever or infection	Headache and Vomitting
LATERALITY	Unilateral	Bilateral
VISION	Sudden loss, severe	Mild loss, gradual
COLOR VN	Affected	Not Affected
PAIN	On movement of eye	none
PUPIL	RAPD	normal
MEDIA	May be hazy	Normal
HEMORRHAGES AND EXUDATES	Mild	Severe present
DISC SWELLING	Less than +3 D	May be more than +3 D
VISUAL FIELDS	Central or centrocaecal	Enlargement of blindspot
CT/ MRI	Demyelination	Hydrocephalous, Space occupying lesion



