International Journal of Applied Research 2015; 1(8): 715-716

International Journal of Applied Research

ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2015; 1(8): 715-716
www.allresearchjournal.com
Received: 18-06-2015
Accepted: 20-07-2015

Dr. M. Vijaya leela
Osmania Medical College,
Hyderabad, India.

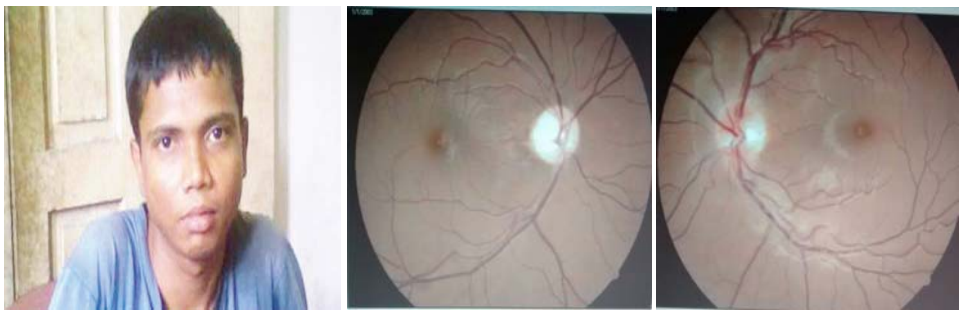
A case of Devic's disease in a 15 year old male patient – A case report and study of literature

M. Vijaya leela

Abstract
A 15 year old male, presented with defective vision in Left eye from 5 days, which is sudden in onset, not associated with any other symptoms. He had history of similar complaint to the Right eye 6 months back. There is History of spastic quadric paresis 6 months back following an acute febrile illness. HE also had lack of sensation of passing urine. On examination visual acuity right eye – 6/24 with pin hole 6/18, left eye 6/60 with pinhole 6/60. Extra ocular movements normal in all directions. Pupils – normal size reacting to light. Fundus: right eye – media clear, optic disc margin well circumscribed, pale disc, vessels normal, foveal reflex dull. Left eye: media clear, optic disc slightly hyperemic, margins well circumscribed, vessels normal, foveal reflex dull.
Investigations: CT brain and MRI brain done.
Case report: A 15 year male patient presenting with blurring of vision in Left eye from 5 days

Keywords: flat plate collector, multi-effect humidification, suitability, passive, active, resident time.

Introduction
Here we are presenting a case of Devic's disease in a 15 year old male.



Right eye Left eye

Discussion
1) It is characterized by bilateral optic neuritis associated with ascending myelitis, entailing a progressive quadriplegia and anesthesia. This condition is not characterized by remissions and is not associated with ocular palsies and nystagmus.
2) Device disease (neuromyelitis optica), which is a very rare disease that may occur at any age. It is characterized by bilateral optic neuritis and the subsequent development of transverse myelitis (demyelination of the spinal cord) within days or weeks.
3) Neuromyelitis optica (NMO) is a demyelinating syndrome consisting of a severe myelopathy associated with optic neuritis; the optic neuritis is often bilateral and may precede or follow myelitis by weeks or months. A specific serum antibody test is available. NMO is also associated with SLE and antiphospholipid antibodies as well as with other connective tissue diseases.
4) Neuromyelitis optica (NMO), also known as Devic's disease or Devic's syndrome, is a heterogeneous condition consisting of the simultaneous inflammation and demyelination of the optic nerve (optic neuritis) and the spinal cord (myelitis). It can be monophasic or recurrent. It is an autoimmune disease (autoimmune astrocytopathy, or

Correspondence:
Dr. M. Vijaya leela
Osmania Medical College,
Hyderabad, India.

autoimmune astrocytic channelopathy) in which a person's own immune system attacks the astrocytes of the optic nerves and spinal cord

Although inflammation may also affect the brain, the lesions are different from those observed in the related condition, multiple sclerosis. Spinal cord lesions lead to varying degrees of weakness or paralysis in the legs or arms, loss of sensation (including blindness), and/or bladder and bowel dysfunction. The main symptoms of Devic's disease are loss of vision and spinal cord function. Optic neuritis may manifest as visual impairment with decreased visual acuity, although visual field defects, or loss of color vision may occur in isolation or prior to formal loss of acuity. Spinal cord dysfunction can lead to muscle weakness, reduced sensation, or loss of bladder and bowel control. The typical patient has an acute and severe spastic weakness of the legs (paraparesis) or all four limbs (quadriparesis) with sensory signs, often accompanied by loss of bladder control.

References

1. Comprehensive ophthalmology fifth edition A.K. Khurana, 331.
2. Khanski clinical ophthalmology 7th edition
3. Harrison 17th edition
4. Internet- Wikipedia