

Joint Event 7th International Conference on Otolaryngology: ENT Surgery & 2nd International Conference on

Otolaryngology online Volume: 9

2nd International Conference on Dental Health and Oral Hygiene

September 05-06, 2019 | London, UK

Can Rhinologist contribute to visual loss management?

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It is a prospective study wherein all the cases of vision loss secondary to skull base lesions and the lesions affecting optic nerve causing vision loss were included. The causes were traumatic optic neuropathy, idiopathic intracranial hypertension, pituitary tumors, angiofibromas, esthesioneuroblastomas and dysthyroid optic neuropathy. The management of these cases by surgical means optic nerve decompression, optic nerve fenestration, the medical management including the role of stem cell therapy is discussed.

Materials and methods: A total of 234 cases of visual loss secondary to above causes were included and the

management in the form of surgical endonasal endoscopic optic nerve fenestration, optic nerve decompression in addition to management of the primary lesion was done. The monitoring was done using visual acuity, Visual evoked potential, fungus parameters.

Results: The visual improvement varied depending upon the etiology and the duration of visual loss. The vision improved in 71.4% of the cases in trauma cases wherein the presentation was early. In 97.4% of IIH cases, the vision improved.

Conclusions: Early intervention and appropriate intervention does result in significant visual improvement.

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