Pseudo-Papilloedema

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The fundus-picture of pseudo papillitis or pseudo papilloedema in the hypermetropic eye is well known. Myopic eyes can also lead to diagnostic difficulties, especially when not only nasally but right around the edge of the optic disc a mushrooming effect is found which in some cases causes a disappearance of the excavation of the disc. Four cases admitted to the Neurological Univer-

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Fig. 1.

sity Clinic with complaints of headache and showing "papilloedema" were the reason for this communication.

It appeared that in those families a typical optic disc phenomenon could be traced. All the members of a certain branch of the family had a very small, sharply defined protruding white disc edge temporally, not a myopic conus. Some of them showed, usually unilaterally, the picture of supertraction—a slightly overhanging hazy not well-defined nasal disc edge. Two of those

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examined showed a general hazy, grey-coloured disc protruding forwardly approximately 4 D (Fig. 1).

All patients examined were myopic to different degrees. Astigmatism was not seen more often than usual.

Discussion (covering the two preceding papers).

Vos: Supertraction papillae in myopia are often accompanied by haemorrhages. Were these observed by the speaker?

von Winning: (a) The observation of the development of retrolental fibro-plasia without the characteristic winding and dilated vessels is significant, because it appears that the absence of the vascular changes does not exclude the disease. Ophthalmoscopy of the periphery is also necessary in premature children.

Diffuse fine pigmentations of the fundus are regularly seen in the cicatricial stage. This may be a reaction to the apposition of a detached retinal area.

Vasoconstriction is also characteristic in the cicatricial stage. In this case, the phenomenon may have been favoured by the administration of oxygen.

Weve: It is Professor Brinkmaris opinion, based on his experiments with cutaneous vessels, that, apart from the influence of oxygen, light—especially bluish-violet light—may cause vascular spasms. With regard to the fact that the drawing of the sketches required the application of ophthalmoscopy more often and for longer periods than usual, the possibility of light as a causal

factor of the transient “disappearance” of the retinal vessels should be considered. It may, therefore, be recommendable to carry out ophthalmoscopy with yellow or orange-yellow light. Dekking: Still, I should prefer to leave aside the possibility that there was an inflammatory process and no retrolental fibroplasia. An inflammatory tumour, situated peripherally at the retina, and caused, e.g., by toxoplasmosis, may, in the long run, also give rise to falciform detachment.

Copper referred to the recent investigations by Norman Ashton, in which it was observed through an ocular window how, on sudden elevation of the O₂ concentration, the retinal vessels became almost invisible on account of spasm.

Planten replied to Vos: I have not observed papillary haemorrhages in these cases. On the contrary, the vessels were always absolutely normal;

to von Winning: As a matter of fact, I did not see the vascular changes distinctly before the changes in the inferior temporal area of the fundus had developed. Before that time I did not notice anything particular, apart from the black cap on the head of the optic nerve;

to Dekking: The fact that I did not observe inflammatory phenomena refers especially to the anterior segment of the eye

in which von Winning occasionally noticed iridal hyperaemia and the Tyndall phenomenon. The changes in the fundus around the falciform detachment did not strike me as inflammation scars either

but as degenerative areas.