

DIABETIC PAPILOPATHY ASSOCIATED WITH PERIDISCAL AND PERIDISCAL HEMORRHAGE: CASE REPORT

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PURPOSE

Diabetic papillopathy is rare ocular manifestation of diabetes mellitus may present with mild blurring of vision.

METHODS

To report a case of diabetic papillopathy, its diagnosis and treatment, in a 46-year-old female patient.

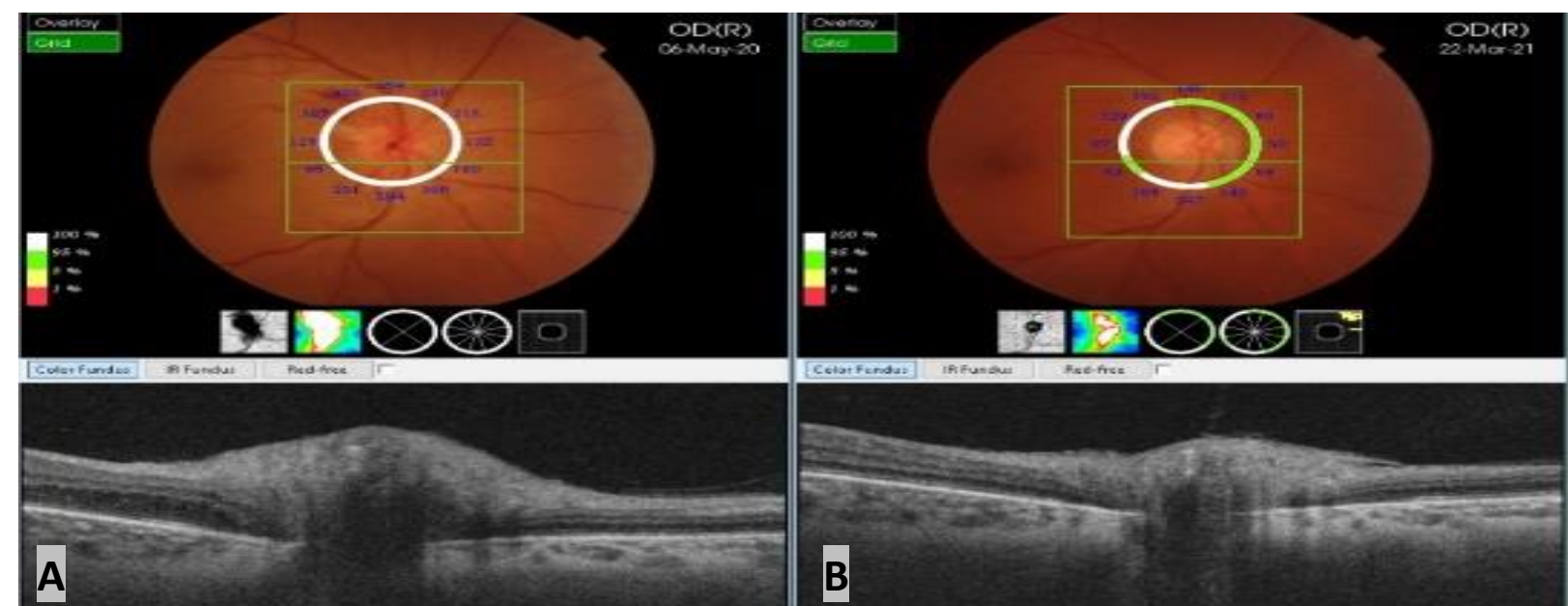
RESULTS

Female, 46 years old, white, Brazilian, attended the service complaining of low visual acuity. During the examination, bilateral disc edema was evident, and investigation began. PPH: Type 2 Diabetes Mellitus. Among the diagnostic hypotheses were considered: increased intracranial pressure, pseudotumor, neuritis, NOIA OR NOIA-NA, among others. Biomicroscopy: slight opacity of the lens, more evident in the RE. Retinal mapping revealed the presence of bilateral disc edema, Peridiscal and Epidiscal hemorrhage and microaneurysms. The following tests were requested: HbA1c, fasting blood glucose, ECG, Carotid Echo Doppler, head CT, Angiography, OCT of the macula and optic disc. The exams confirmed the presence of optic disc edema HB1A was 14.2 mg/dL. Cardiological evaluation for the source of emboli did not reveal their presence. The diagnostic hypothesis formulated was Diabetic Papillopathy. In the subsequent months, there was an improvement in glycated hemoglobin levels, which were reduced from 14.2% to 7.2%. There was a decrease in disc edema. The patient also underwent laser photocoagulation for DR with ischemia.

CONCLUSION

The patient's diagnosis was Diabetic Papillopathy. The incidence of Diabetic Papillopathy is difficult to estimate due to its low constancy, with reports of a

frequency of 0.4% among all Caucasian diabetic patients. The patient did not present symptoms of intracranial hypertension, change in visual acuity, alcoholism or smoking as risk factors and was thus able to rule out the respective diagnoses: papilledema, papillitis and toxic neuritis. Being aware of the diagnosis and early treatment of this pathology is essential.



A: Before starting treatment, patient with glycated hemoglobin of 14.2. B: After treatment with angiogenic injections and metabolic control (glycated hemoglobin of 7.2).

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