

# Doctor I can't see!

*Doutor, não consigo ver!*

Cortical blindness is defined as a loss of vision secondary to lesions of the striate cortex in the occipital lobes. The most common cause of cortical blindness is occipital lobe infarction in the vascular territory of the posterior cerebral arteries (PCA)<sup>1,2</sup>, but other etiologies include: posterior reversible encephalopathy syndrome, trauma, infections and neoplasms.

We present a case of a 70-year-old man with a history of hypertension that presented to the emergency department with sudden onset of bilateral visual loss, being able to perceive only light. He denied any other neurological symptoms. There was no history of trauma or migraine. The patient's blood pressure was 170/85 mmHg, pulse rate was 70 beats/min and regular. The neurological examination revealed symmetric bilateral homonymous hemianopia with preserved pupillary light reflex and accommodation reflex. There are no other deficits and fundus examination revealed normal optic discs. Blood tests were within normal range. Urgent cerebral computed tomography scan was performed 2 hours after the symptoms and showed dubious right occipital cortico-subcortical hypodensities (Figure 1). Brain magnetic resonance (Figure 2) revealed bilateral ischemic lesions involving both posterior cerebral artery territories. Magnetic resonance angiography did not show any defect on the vascular territory (Figure 3). Further investigations, including cardiac monitoring, echocardiography and carotid doppler ultrasound, were normal. Six months later the patient was diagnosed with atrial fibrillation.

PCA infarction occurs in about 5-10% of all ischemic strokes and is most often secondary to emboli from the heart or vertebrobasilar circulation<sup>2</sup>. The etiology of the infarction cannot be determined in at least 25% to 38% of patients<sup>2,3</sup>. The prevalence of bilateral occipital infarction is not known and appears to be very rare<sup>1</sup>, but is a medical emergency and should be considered an important differential diagnosis for sudden onset bilateral blindness.

## References

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## Diagnóstico: Bilateral occipital infarction

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Figure 1. Computed tomography scan: questionable right occipito-temporal cortico-subcortical hypodensity.



Figure 2. Brain magnetic resonance imaging: from left to right FLAIR and T2-weighted showing bilateral ischemic lesions involving both posterior cerebral artery territories, asymmetrically.

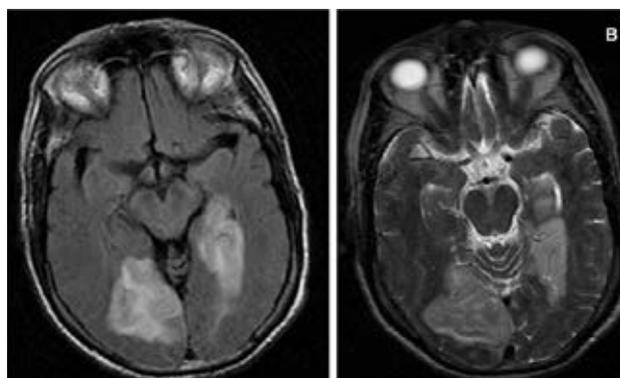


Figure 3. Magnetic resonance angiography: not revealing any defect on the vascular territory.

