

Hale & Hearty

Emergencies in the Aging Eye

Temporal (Giant cell) arteritis causes abrupt vision loss in the Aging Eye.

If recognized and treated early with high dose steroids vision can be saved.

Temporal arteritis is important to recognize early as if left untreated it can progress to vision loss in both eyes.

Symptoms:

- Scalp pain or tenderness
- Jaw claudication (pain when chewing)
- sudden vision loss (transient or partial or complete)
- double vision
- Other symptoms include generalized malaise, weight loss, fever, pain and tenderness of the muscles and joints (polymyalgia rheumatica)

This is a disease of large and medium sized arteries and affects patients who are over 55 years of age. It is very important to diagnose this condition as soon as possible. If immediate high dose steroid treatment is not started then about 40% patients will lose vision in both eyes leading to blindness. It is tragic to go blind in this fashion because immediate steroid treatment will stop the blindness.

In general, as soon as the diagnosis is suspected, high dose corticosteroid (in

the range of 80 mg or more of prednisone) is given. The blood tests requested are:

1. **Sedimentation rate (ESR)**
2. **C-reactive protein (CRP)**
3. **Blood counts and hematocrit.**

The ESR is usually very high and values more than 100 are not unusual. Several other blood tests to find some or the other immune disease may also be requested but these do not affect the immediate management decisions. Once the steroid is given, a biopsy of the temporal artery (in the scalp) is performed to confirm the diagnosis. Since this is a generalized disease, a general medical and rheumatology evaluation will also be performed.

The eye examination classically reveals an afferent pupillary defect (Unreactive pupil to direct light) and an altitudinal (horizontal) field of vision defect (i.e. there is a difference in the clarity between upper and lower half of the objects you see). The color of objects appear desaturated when viewed from the affected eye - so while from the normal eye you are able to see red color as

Your Eyes

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Patient with temporal arteritis.

red, from the affected eye it appears faded or pinkish. The optic nerve or part of it may be swollen (the margins are blurry).

The clinical signs may vary. Therefore despite whether clinical signs are present or not, if the symptoms are present to warrant suspicion of temporal arteritis, a high loading dose of steroids is given and then one gains ample time to evaluate the diagnosis.

To summarize:

You should not ignore any blurriness of vision if you have a history of polymyalgia or are having scalp tenderness or jaw pain while chewing food. 

FYI ABOUT TEMPORAL ARTERITIS

- Rare before 50 years old, mean age of onset 70 year old
- 10 times more common in over 80 years old as in 50 - 60 years old.
- Female affected twice as often as men.
- More common in northern latitudes (15-30/100,000 person) as compared to southern latitudes (less than 2/100,000).
- More common in Northern European ancestry.
- Most frequently involve: Branches of the external carotid artery, including the posterior ciliary arteries that supply the optic nerve.
- May involve aorta and its upper extremity branches, vertebral artery. Lower extremity arteries and mesenteric arteries is rarely affected. Intracranial arteries are essentially spared.

Dr. Richard Meister is the Medical Director of the Eye Surgery Center of Northern California. Information on this or other eye care topics is available from the center at 5959 Greenback Lane, Citrus Heights, CA 95621. Call them at (916) 723-7400 or visit www.LASERMEISTER.com for more information.

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