Reversible Neuropraxic Visual Loss Induced by Allergic Aspergillus Flavus Sinomycosis

Mohammad Attallah, Mustafa Hashash, Hamad Al-Muhaimeed, Surayie Dousary, Abdulrahman Al Rabah, and Suliman Kharashi

ABSTRACT

This work reports a patient with visual loss treated successfully with surgical removal of the Aspergillus flavus sinomycosis. Vision was partially reversed within hours after surgery before starting planned corticosteroid therapy. The patient's visual acuity continued to improve steadily until it became equal to that of the other eye. The immediate gain in vision and continued improvement without corticosteroid therapy suggest a new hypothesis for VIMUI or allergic sinonasal Aspergillosis. Simple mechanical pressure alone of the aspergillus mass over the nerve can produce visual loss, and this loss is reversed by removing the mass without corticosteroid therapy. (American Journal of Rhinology 13, 412-414, 1999)

Visual loss has been known to complicate bacterial sinusitis.1 Some authors report reversal of the visual loss after treating the sinusitis,2-4 whereas others note no return of vision after similar interventions.5

Visual loss has also been reported after sino-nasal mycosis. Return of vision depends on the magnitude of the mycotic lesion, type of fungus, and patient immunity. Bipolaris sinomycosis is noted to cause primary impaired ocular mobility, proptosis, and loss of vision that can be reversed by early surgical drainage with corticosteroids and anti-fungal therapy.6 Permanent visual loss secondary to Fusarium sinomycosis spreading to cause endophthalmitis has been reported in an immuno-compromised patient who was suffering from acute lymphocytic leukemia.

Visual loss also is known to occur after Aspergillus sinusomycosis. The invasive form has a poor prognosis for return of vision, but the allergic variant can be reversed by debulking the Aspergillus flavus mass in conjunction with corticosteroid therapy.7 Such treatment assumes the lost vision was partially due to a Heroic invasion involving the optic nerve, and Uat iihi reaction could be levelled with steroid therapy.

This article reports a case treated only by surgical decompression that postulates a new hypothesis for the pathogenesis of the visual loss induced by allergic sinonasal Aspergillosis.

REFERENCES