SOCIETY TIDINGS

Proceedings of the 36th Annual Upper Midwest Neuro-Ophthalmology Group Meeting, 24 July 2015, Chicago, Illinois, USA

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This year, the 36th annual meeting of the Upper Midwest Neuro-Ophthalmology Group (UMNOG) was held on 24 July 2015, at Northwestern University, Chicago, Illinois. A diverse group of neuro-ophthalmologists from Wisconsin, Ohio, Missouri, Michigan, and Illinois, including three fellows in training, gathered to discuss interesting cases and advances in the field. The meeting was organised and chaired by Dr. Heather Moss, University of Illinois at Chicago, Chicago, Illinois, and Dr. Ivy Dreizin, University of Wisconsin, Madison, Wisconsin. Our host at Northwestern University was again Dr. Nicholas Volpe, whom we would like to thank for welcoming us at this beautiful institution.

Dr. Heather Moss opened the meeting with a warm welcome that was then followed by a talk demonstrating Bruch's membrane opening displacement on optical coherence tomography (OCT) within 1 hour following intracranial pressure (ICP) lowering by lumbar puncture in patients with idiopathic intracranial hypertension. The study supports use of Bruch's membrane displacement as a non-invasive marker of ICP changes.

Dr. Walter Jay, Loyola University, Maywood, Illinois, discussed the respective roles of temporal artery ultrasound and biopsy for diagnosis of giant cell arteritis. Even though there have been a number of studies confirming ultrasound to be a sensitive test for diagnosis, the majority of attendees reported that their practice relies on biopsies for diagnosis, citing lack of availability of expertise at their institutions to perform and interpret the ultrasounds.

Dr. Michael Rosenberg, Northwestern University, Chicago, Illinois, presented an interesting case of a

37-year-old woman with history of pseudotumor cerebri diagnosed during pregnancy, with classic symptomatology and elevated opening pressure during lumbar puncture, but with unilateral papilloedema. The opposite eye had an atrophic disc. Group discussion focused on the aetiology of new symptoms and appropriate management.

Dr. Yair Ivanir, neuro-ophthalmology fellow at the University of Michigan, Ann Arbor, Michigan, presented a curious case of oscillopsia in pregnancy. Imaging revealed a diagnosis of Chiari malformation type I with tonsillar herniation and no other abnormal imaging findings. Discussion centered on management of the condition and safety of vaginal delivery and epidural and spinal anaesthesia in patients with tonsillar herniation.

Dr. Thong Pham, also a neuro-ophthalmology fellow at the University of Michigan, Ann Arbor, Michigan, presented the case of a 15-year-old patient with constellation of symptoms and signs including headaches, bilateral papilloedema, hydrocephalus, and type I Chiari malformation with tonsillar herniation. This patient underwent initial extraventricular drain placement for shunting, followed by craniotomy with decompression and subsequent ventriculoperitoneal shunt placement, with complete recovery. An algorithm for management of Chiari I was presented, and surgical management of type I Chiari malformation was discussed by the audience.

Dr. Susan Benes, Ohio State University, Columbus, Ohio, presented three interesting cases of bilateral disc swelling with different aetiologies. The first was parainfectious with multiple positive antibodies, including for *Bartonella*,

Lyme, and Epstein-Barr virus. The second patient was a 21-year-old male with juvenile diabetes mellitus and bilateral disc oedema, who presented with subacute visual loss and concern for tuberculosis (TB). The last case was an 80-year-old male with gradual bilateral visual loss over 10 years and sudden visual blurring, with abnormal fundus concerning for retinal fluid between disc and macula. An association between an inflammatory aetiology of his symptoms and asbestos exposure in Libby, Minnesota, in the distant past was discussed.

Dr. Evan Price, Loyola University Chicago, Chicago, Illinois, presented his research on current practices in hydrochloroquine retinopathy screening among neuro-ophthalmologists, which was conducted via a Web-based survey that was sent to the UMNOC e-mail list. Differences between practice and screening recommendations for this medication were highlighted. Discussion focussed on why many of physicians perform yearly screenings instead of recommended 5-year ones.

Dr. John Chen, Mayo Clinic, Rochester, Minnesota, presented initial observations of optic nerve disease using OCT angiography, a novel imaging technique with which the peripapillary capillary network and deep vascular plexus can be visualised with much more detail than traditional fluorescein angiography. With this method, chronic optic neuropathies with atrophy of the nerve and thinning of retinal nerve fibre layer had shown reduction in the blood flow within the disc and peripapillary capillaries.

Dr. Sangeeta Khanna, St. Louis University, St. Louis, Missouri, presented a puzzling case of a 69-year-old female with sudden painless monocular blindness that developed over one day, mild disc swelling, borderline high normal sedimentation rate, and retinal nerve fibre layer thinning on OCT, who was started on steroids for presumed giant cell arteritis. Discussion focused on features distinguishing arteritic from non-arteritic ischaemic optic neuropathies.

Next was Dr. Michael Lee, University of Minnesota, Minneapolis, Minnesota, who described the case of an 11-year-old girl with severe vision loss out of left eye and a positive

14484 LHON mutation, who has been treated with idebenone for 3 years without vision loss in the right eye or thinning of the retinal nerve fibre layer in the left eye. Further work-up revealed abnormal electroretinogram (ERG) in the left eye. Discussion was targeted on whether the vision loss in the left eye could be attributed to Leber's hereditary optic neuropathy or not.

Dr. Robert Tomsak, Kresge Eye Institute, Detroit, Michigan, presented the case of a 12-year-old girl with an incidental finding of right homonymous hemianopsia and thinning of upper temporal retinal nerve fibre layer in both eyes. Neuro-imaging showed a cystic lesion with cerebrospinal fluid (CSF) characteristics compressing the left optic tract. Diagnosis of giant tumefactive perivascular spaces was made. Literature review regarding this condition emphasised the typical benign course of these types of lesions.

Dr. Jonathan Trobe, University of Michigan, Ann Arbor, Michigan, first gave us a task of localizing a lesion in a 53-year-old diabetic lady with acute right horizontal saccadic paresis (with sparing of pursuit), left arm ataxia, and drifting to the left on tandem gait. Imaging showed acute right dorsomedial pontine stroke, specifically affecting right pontine paramedian reticular formation (PPRF). Review of literature and discussion were focused on dissociation between saccades (slowing) and smooth pursuit (preserved) due to the fact that pursuit pathways do not synapse on PPRF.

Dr. Sophia Chung, St. Louis University, St. Louis, Missouri, presented a case of recurrent complete unilateral ptosis upon awakening in a healthy 35-year-old woman. Diagnosis was apraxia of eyelid opening. She reviewed the literature and concluded that although this has been described in association with focal brain lesions, degenerative neurological disease or medications, it also occurs in an idiopathic benign form.

The next presentation was by Dr. Cherie Farakash, University of Michigan, Ann Arbor, Michigan. She presented a case of a 15-year-old girl status post resection of 4th ventricle tumour, with post-surgical syndrome of "cerebellar mutism." A year after surgery, she developed oscillopsia with palatal tremor and had olivary

hypertrophy on brain magnetic resonance imaging (MRI). Literature review and discussion emphasised a common anatomical basis for oculopalatal myoclonus and cerebellar mutism.

Dr. Jorge Kattah, University of Illinois at Peoria, Peoria, Illinois, described a case of “area postrema” syndrome with dorsomedullary lesion on brain MRI. Work-up for neuromyelitis optica (NMO) spectrum disorder was discussed along with appropriate management in monophasic presentations not (yet) meeting diagnostic criteria for NMO.

Dr. Nicolas Volpe, Northwestern University, Chicago, Illinois, presented three cases demonstrating rare aetiologies of transient monocular blindness. These included one associated with a carotid pipeline embolisation device, one associated with an orthopaedic anomaly, and another associated with vascular occlusive disease in the chest.

The last talk was given by Dr. Steven Roth, anaesthesiologist at University of Illinois at Chicago, Chicago, Illinois. He presented an epidemiologic study of visual loss associated with spinal

fusion surgery. Data showed that over years incidence of ischaemic optic neuropathy has declined. Cortical blindness was strongly associated with younger age, but the methodology did not distinguish between whether this was a pre-existing condition or a surgical complication in this population.

For the second year, we closed the day with multiple brief case presentations in exciting and energetic session called “flea circus.” Every case was followed by spirited discussions.

Once again, we would like to thank all the attendees for joining us for another UMNOC meeting! We were glad to see everyone enthusiastically participating in relaxed but extremely educational atmosphere. For those interested in attending next year or participating in UMNOC’s mailing list, please e-mail Dr. Ivy Dreizin at ivy.dreizin@uwmf.wisc.edu or Dr. Heather Moss at hemos@uic.edu.

Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.