

Ischemic optic neuropathy

Ischemic [optic neuropathy](#) is the most common cause of the very uncommon [postoperative visual loss](#).

Often bilateral.

Elevated [ICP](#) transmits pressure to [retina](#) → [blood flow](#) stasis, as well as mechanical trauma to optic chiasm from enlarging [third ventricle](#) (latter more commonly thought to be responsible for [bitemporal hemianopia](#), but could, if unchecked, progress to complete [visual loss](#)). Also, if [hypotension](#) and [anemia](#) were present, consider the possibility of ischemic [optic neuropathy](#), which may be anterior, or posterior (the latter of which carries a poorer prognosis).

If [hypotension](#) and [anemia](#) were present, consider the possibility of ischemic [optic neuropathy](#),

Usually associated with significant blood loss (median: 2 L), and/or prolonged [operative time](#) (≥ 6 hrs).

All cases had anesthetic time > 5 hrs or blood loss > 1 L. [Blood loss](#) can cause [hypotension](#) (may cause release of endogenous [vasoconstrictors](#) in addition to reduced blood flow due to low hemodynamic pressure) and increased [platelet aggregation](#). It is not due to direct pressure on the globe in most cases, and can occur at any [age](#) and even in otherwise healthy patients. No association with age, HTN, [atherosclerosis](#), [smoking](#) or [DM](#).

Classification

[Anterior ischemic optic neuropathy](#).

[Posterior ischemic optic neuropathy](#) (carries a poorer [prognosis](#)).

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