Workshop EUNOS 2023

1.Unexplained visual loss: Susan Mollan

Loss of vision is a cardinal symptom of many neuro-ophthalmic diseases. This workshop will provide the framework to approach loss of vision not explained by visible ocular disease. It will tell you seven simple questions for history taking and key diagnostic tests in the examination to allow a narrow differential diagnosis.
In the second part of this session, targeted investigations from blood tests to electrophysiological testing will be discussed ensuring a correct and timely diagnosis is made. Ocular imaging including optical coherence tomography will be highlighted and delegates will benefit from the case examples of serious pathology not to be missed.

2. Functional visual loss ; Jan Pott

Most doctors find patients with a functional or non-organic disease hard to deal with. This is largely determined by the uncertainty of the physician in dealing with these patients. This workshop will explain the epidemiology and symptoms of functional visual loss in ophthalmology. The diagnosis is not only based on the exclusion of organic abnormalities but one should also be aware of positive signs or inconsistency in symptoms. One of the most challenging parts in the care for these patients is the explanation of the nature of the symptoms in your consulting room. A systematic approach of these patients can be very helpful. In this workshop the dos and don'ts in confronting the patient with the diagnosis will be explained.

3. Swollen optic disc; Aki Kawasaki

Acquired disc swelling is sometimes difficult to distinguish from pseudo-edema of the disc. An accompanying history of visual loss and presence of other ocular or systemic findings assist this distinction. In the absence of visual or other complaints, disc swelling may simply be a pseudo-edema or a congenital anomaly and initial evaluation may be directed to excluding this diagnosis. On the other hand, sudden visual loss and disc edema represents an acute optic neuropathy that is not likely to be congenital anomaly. It is also important to distinguish unilateral vs bilateral disc swelling as the diagnostic considerations differ.

4.Transient Visual Loss; Axel Petzold

"I briefly lost vision after quickly getting up" is something which we all experienced. Mostly this is entirely normal. "I briefly lost vision in one eye whilst driving" can be a warning sign for a life threatening stroke. In both situations the doctor needs to think of a vascular cause. The workshop will cover the spectrum of conditions which can give rise to these symptoms. This will be illustrated with interactive case presentations. You will learn to separate non-embolic from embolic aetiologies by taking a structured history. This is essential for triage of "high risk" patients for urgent management. Likewise the approach will help with treatment of the large number of patients who have frequent attacks of transient visual loss which are not at risk for a stroke.

5. Diplopia; Sui Wong

Diplopia counts as one of the most common symptoms encountered in all aspects of ophthalmological and neurological practice. In order to correctly localize the origin of the symptom of diplopia, the physician should possess background knowledge of the motor function of the eyes as well as the pathways exiting the brain which govern the eye movements. Since diplopia has a multitude of origins (from deep brain structural abnormalities to lenticular opacities) it is important to assume a hierarchical methodology in order to arrive at the correct diagnosis. Therefore the lecture will hierarchically delineate causes of diplopia such as: (1) CNS origin (cortex, sub-cortex, brainstem), (2) PNS origin (cranial nerves along their complex courses), neuromuscular junction and muscle origins. The correct identification of the localization of the problem, i.e. Binocular vs.

monocular, neurogenic vs. myogenic, neurogenic vs optical, will be explained. The correct identification of the localization will lead to the correct treatment of the problem. Treatment of diplopia will be briefly discussed.

6. Headache; Misha Pless

Headache is a common symptom encountered in the Ophthalmology and Neuro-ophthalmology clinics. In this workshop, we will cover the headache syndromes that may be encountered in the setting, including migraine, raised intracranial pressure headaches, cluster headaches, trigeminal neuralgia and the trigeminal autonomic cephalgias. Practical approaches for the management of this will be covered in this workshop.

7.Visual Field loss: Fion Bremner

Perimetry has always had a central role in the investigation of 'afferent' diseases in neuro-ophthalmology. In this workshop we will concentrate on the following aspects of this dark art:

1. When should you test the peripheral vision? Although the need for perimetry is usually obvious, we will discuss some situations in which perimetry may not be a 'first line investigation' but can be very helpful
2. What technique should we choose to measure the visual fields? We will consider a wide range of options from lo-tech/bedside assessments to hi-tech solutions using fixed equipment, and discuss what considerations to take into account when deciding on the best approach for each individual patient
3. How do we interpret the results? We will summarise the patterns of visual field loss associated with lesions at different locations within the visual system, and consider the false positives, false negatives and other bear traps of perimetry in clinical practice!

8.Vertigo; Konrad Weber

Vertigo and dizziness are popular excuses to refer your ophthalmology patient to a neuro-otology colleague. With a focused history and a structured exam, it is often possible to attribute the symptoms to one of the top five vestibular diagnoses. And with just a few basic examination techniques, you will be able to diagnose and treat many of your dizzy patients yourself.

In the second part of the workshop, we will discuss modern vestibular tests, which allow testing all six sensors of the labyrinth individually. The video head impulse test has become the first-line screening test for horizontal semicircular canal function, which is increasingly used in the emergency room. The different vestibular tests help to identify typical disease patterns and treat patients, for example, with benign paroxysmal positional vertigo.