

Case Report

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[Celiac disease in a teenager revealed with Wernicke Encephalopathy](#)

Background: Wernicke encephalopathy is an acute neurological condition defined by a clinical triad of ophthalmoplegia, ataxia, and confusion. This disease is due to thiamine deficiency.

Case presentation: After persistent diarrhea and vomiting, a 15-year-old boy presented up-beating nystagmus, with binocular vertical diplopia and unstable gait. An etiological workup revealed a celiac disease. Magnetic resonance imaging showed bilateral periaqueductal region lesions.

Treatment and discussion: Because of suspected Wernicke's encephalopathy, the patient was treated with thiamine replacement and significant improvement of symptoms took place. Wernicke encephalopathy is a serious medical disorder with enormous morbidity and mortality. Evaluation should include patient history with a physical and ophthalmologic examination and laboratory workup with appropriate imaging.

Conclusion: Undiagnosed celiac disease can lead to malabsorption of vitamin B1 causing acute symptoms of Wernicke encephalopathy.

Case Report

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[Osseous Choristoma with in a Dermolipoma: 17 Years Old Girl Case Report](#)

Bone choristoma within a dermolipoma is a rare epibulbar tumor with a low prevalence. It is a benign tumor that does not usually cause discomfort or functional problems to patients who suffer from it. Its treatment is surgical and with an aesthetic purpose.

We report the case of a 17-year-old patient with a bone choristoma, a tooth, within a dermolipoma.

Epibulbar bone choristoma is a rare benign tumor that causes little discomfort to patients who suffer from it and is asymptomatic in most cases. Computed tomography (CT) is essential in its diagnosis and its treatment is surgical, but always due to aesthetic reasons.

Short Communication

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[Clinically Observable Ocular Manifestations of Axonal Transport](#)

This report illustrates and provides a novel explanation for post-trabeculectomy improvements in the visual field, cup disc contours, and apparent deepening of an arcuate nerve fiber layer (NFL) defect after trabeculectomy for open-angle glaucoma. These changes are all plausible manifestations of recovered axonal transport and thickening retina, previously thinned by elevated intraocular pressure (IOP). Serial pre-and post-operative clinical fundus photos in case 1(A,B) demonstrate increased prominence of an inferior temporal arcuate nerve fiber layer defect, improved cup disc ratio, and visual field following eye pressure lowering by + 50% after trabeculectomy. Case 2 (C,D) also demonstrates obvious cup disc improvement in post-operative photos with associated improvement in visual field after trabeculectomy and lowering IOP by + 30%. We suggest that elevated IOP suppresses primarily orthograde axonal transport resulting in nerve fiber layer (NFL) thinning that can recover back to normal thickness when IOP is surgically lowered by the magnitude achieved in these two examples.

Case Report

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[New Onset Seizures in a Child Taking 0.01% Atropine Drops](#)

Introduction: Myopia is a refractive disorder commonly diagnosed in childhood that follows a progressive course. It is considered a global epidemic with nearly 23% of the world's population being diagnosed with this condition. Moreover, myopia is increasing in prevalence worldwide, demonstrated by studies in Asian and Western populations. This has important implications as myopic progression to high myopia is associated with significant morbidity and visual disability if left untreated. Of these treatments, the pharmacologic agent atropine has demonstrated the greatest efficacy in reducing myopia progression.

Case report: This is a case report of an 11-year-old male treated with 0.01% atropine drops for myopia progression that developed new-onset seizures. The seizures were characterized as benign epilepsy with central temporal spikes and ceased when drops were discontinued.

Discussion: Atropine 1% drops have previously been associated with new or increased seizure activity in a handful of case reports, however, it is our knowledge that this is the first report associated with 0.01% drops. This is important given the growing use of 0.01% drops as well as higher concentrations such as 0.025 % and 0.05% for the treatment of pediatric myopia.

Conclusion: While it cannot be proven that the drops were causative in the seizure events, it is important to consider prior seizures as a relative contraindication to the use of these drops. Atropine has the potential to exacerbate seizure activity, so it is possible that the 0.01% atropine drops played a role in the patient's seizures. Also, any diagnosis of new-onset seizures in pediatric patients should prompt discontinuation of drops at seizure onset.
