



## Images

# Acute visual deterioration and headaches in a patient with suprasellar lesion: Question

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### 1. Clinical background

A 62-year-old woman presented with a history of headaches for two weeks and sudden loss of vision in her left eye. Neurological examination revealed right eye acuity 6/6, left eye 6/9.5, left eye relative afferent pupillary defect (RAPD), red desaturation reduced in the same eye, confrontation visual fields showed non-congruent

right homonymous hemianopia. Fundoscopy did not show any sign of papilledema or chronic optic atrophy (Fig. 1). There was no other focal neurological deficit [1–8].

Head computer tomography (CT) with and without contrast revealed a hyperdense non enhanced suprasellar lesion closely related to the left optic chiasma. Brain magnetic resonance imaging (MRI) (Fig. 2) was performed (see Fig. 3).

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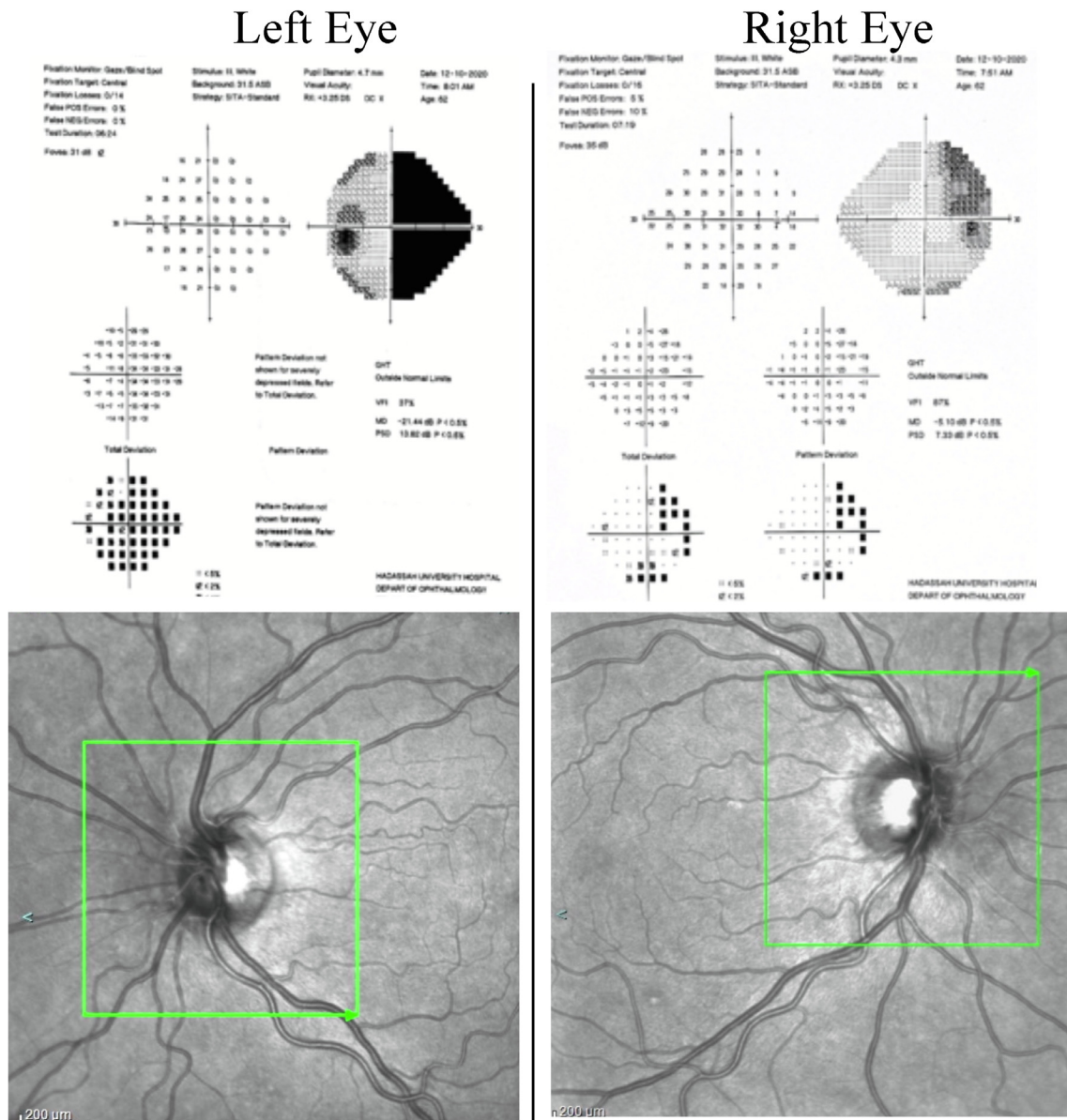


Fig. 1. Automated visual fields showing right homonymous hemianopia. Fundoscopy without sign of papilledema or chronic optic atrophy.

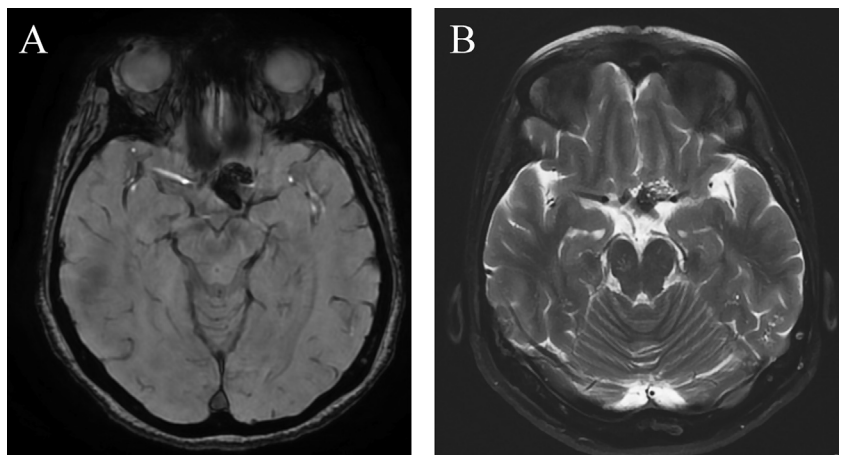
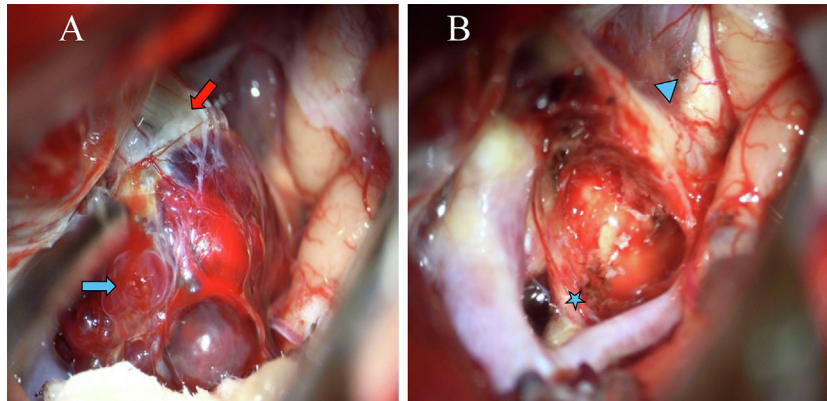


Fig. 2. A) Axial T1-weighted gadolinium-enhanced MRI, and B) axial T2-weighted MRI showing a left side non-enhancing hypointense suprasellar lesion, in a 62-year-old woman.



**Fig. 3.** A) Intraoperative image of the left optic tract cavernoma removal (blue arrow) through a left pterional craniotomy, compressing the left optic nerve (red arrow) B) Intraoperative image after removal of the cavernoma, showing the left optic tract (blue star) and the optic chiasm (blue arrow head).

**2. What is the most likely diagnosis**

- a. Pituitary adenoma
- b. Craniopharyngioma
- c. Optic nerve glioma
- d. Optic tract cavernoma

Answer on page: 312

**Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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