

A patient with blurred vision

A previously well 43-year-old man presented with a 1-month history of gradual loss of vision in his right eye. This was painless and there were no other focal neurological deficits. Other than 7 kg of unintentional weight loss over the preceding 9 months, he had no other symptoms. Ophthalmology opinion was that this was probable right-sided optic neuritis with an associated reduction in visual acuity of 6/9. The rest of his clinical examination and routine blood tests were normal.

A non-contrast magnetic resonance image of the brain (**Figure 1**) showed bilateral optic neuritis without focal parenchymal disease, suggestive of demyelination. Chest X-ray showed bilateral hilar lymphadenopathy; subsequent computed tomography confirmed gastro-hepatic, para-aortic and aorto-caval lymphadenopathy.

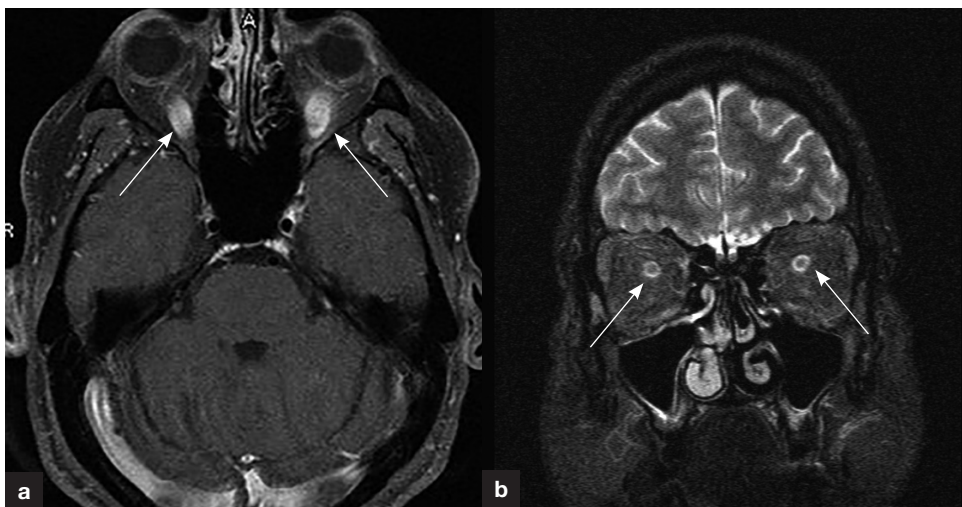


Figure 1. a. Axial T1-weighted and (b) coronal T2-weighted post-gadolinium magnetic resonance sequence (arrows indicating bilateral uniformly enhancing optic nerves; the nerves demonstrate moderate swelling indicating acute bilateral optic neuritis).

Lymph node biopsy taken via endobronchial ultrasound showed non-caseating granulomata; Ziehl–Neelsen stain was negative. The patient had a normal lumbar puncture, without oligoclonal bands, and negative autoimmune and infectious screens for optic neuritis. After respiratory physician involvement, the rare unifying diagnosis of systemic sarcoidosis causing an optic neuritis was made.

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