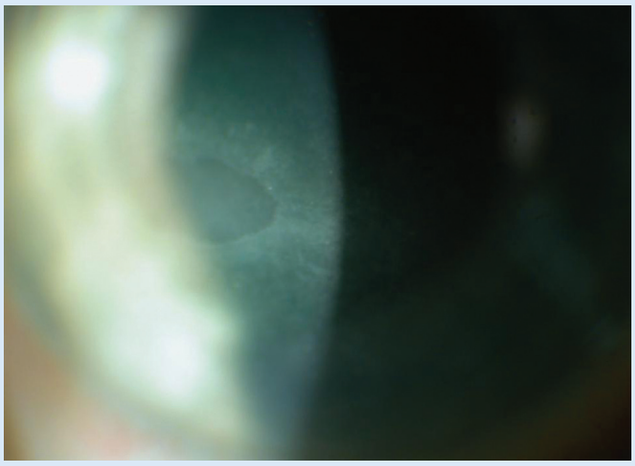
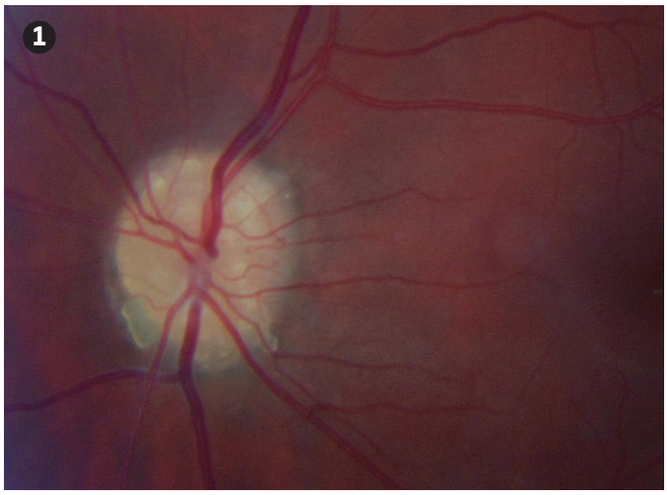
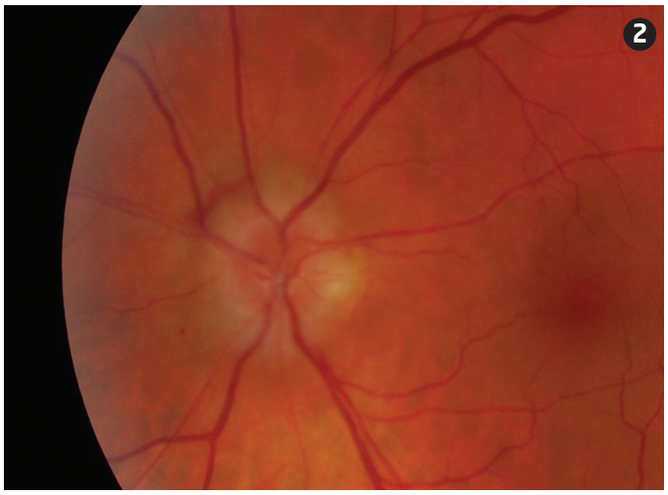
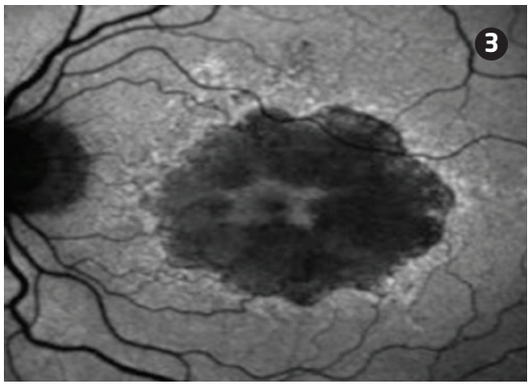


Name the condition





Bill Harvey discusses last week's condition (16.07.10)



These discs (Figure 1 shows the left disc) show features associated with disc drusen. These common (one in 300 prevalence) lesions are of great interest to eye care practitioners as they may mimic a number of other more sight-threatening conditions. Disc drusen themselves have little impact at all other than occasional field and, rarely, acuity compromise. The lesions are extracellular concretions of cellular debris and waste products which accumulate within the optic nerve head just anterior to the lamina cribrosa. They seem to develop faster where there is nerve compression and they tend to follow in families along an autosomal-dominant pattern of inheritance. I have only ever seen them as a bilateral condition.

In the early stages of development they may result in the nerve head appearing congested or swollen and therefore mimic papilloedema. This pseudopapilloedema is not of any concern but it is common and sensible practice to refer anyway to confirm the aetiology of swelling (Figure 2). This might easily be done with an OCT if available. Disc drusen are also known to autofluoresce when viewed under the same light conditions as used for fluorescein angiography (but without any introduction of fluorescein). Autofluorescence is currently seeing a re-emergence as a technique for assessing retinal pigment epithelium (RPE) health and therefore the monitoring of AMD progression. Figure 3 shows an autofluorescence image of an atrophic macular degeneration patient. Dark areas represent RPE death.

Increasing amounts of disc drusen may lead to a reduction of function of retinal nerve fibre bundles and result in early arcuate scotoma field defects. These may be referred as an early suspect glaucoma until confirmation of the disc drusen as the cause is established. Again, an OCT may be of particular use here in averting unnecessary referral.