

CLINICAL IMAGE

Anisocoria in a hyperthyroid patient working as an ambulance nurse

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Keywords – Anisocoria, acute loss of vision, patient-related factors

A 44-year-old woman reported to the emergency department because she experienced an acute deteriorated vision in her left eye. Apart from hyperthyroidism, treated medically, she was healthy. There was no history of headache, pain, trauma, fever or previous ophthalmological conditions. The patient did not wear glasses or lenses and worked as a first responder ambulance nurse.

On examination, the patient's vital signs were normal. There was a striking anisocoria, with an evidently dilated right pupil which was only slightly reactive to light, and a normal pupil

reaction in the left eye. There was no tearing of the eye, and no bulging or reddening of the sclerae/conjunctival erythema. Vision in the right eye was 1.0 and the left eye had a vision of 0.9. In retinoscopia, both maculae and retinae were unremarkable. Eye movements were normal. No ptosis of the eyelids was seen. On palpation of the neck, no abnormal swellings or lymph nodes were found.

On further history taking, she reported to have handled a broken ampoule of atropine that day. In retrospect, this image equals the clinical presentation of patients in whom atropine droplets have been applied for ophthalmic examination. The loss of vision in the left eye was explained by persistent contraction of the left pupil due to constant light exposure in the right eye.

This case illustrates that circumstances in a patient's occupation can be the key to finding the diagnosis. A person's work environment or substance handling are of unequivocal importance in history taking.

Figure 1. Clinical image at presentation.

