

LE SCOTOME CENTRAL POSITIF ET TRANSITOIRE
(SIGNE DE WEEKERS) DANS LA NÉVRITE OPTIQUE
RÉTROBULBAIRE, AU COURS DE L'INTOXICATION
AIGÜE PAR L'ALCOOL MÉTHYLIQUE

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Le professeur Weekers a réussi à mettre en évidence un scotome central positif et transitoire dans la névrite rétrobulbaire, due à l'intoxication chronique nicotino-alcoolique (1). Sans être constant, ce symptôme cependant s'observe avec une grande fréquence au stade d'état de l'affection. Le scotome central positif et transitoire n'est pas absolument pathognomonique de la névrite toxique nicotino-alcoolique, mais en dehors de cette maladie, il est très rare.

Weekers a laissé en suspens le point de savoir si le scotome central positif existe également dans les névrites rétrobulbaires dues à d'autres intoxications que celle qui a fait l'objet de ses observations.

Je relaterai ci-après un cas de névrite rétrobulbaire bilatérale, survenue au cours d'une affection rare, dans une intoxication aiguë par l'alcool méthylique. J'ai observé, chez ce malade, un scotome central positif à un œil, celui qui était le plus gravement atteint.

I observed this condition in one eye, the one with the more attack

OBSERVATION. — M. L... Jean, est âgé de 41 ans, il ne possède pas d'antécédents pathologiques héréditaires ou personnels.

Le 19 janvier 1935, le malade se saoule et, dans son ivresse, il absorbe un verre à liqueur d'alcool méthylique. A partir de ce moment il ressent des douleurs épigastriques, du pyrosis et a des vomissements.

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9x11
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Nous voyons le malade le 3^e jour; il est prostré, son facies est hagard, pendant qu'on l'examine il tombe en syncope. A d'autres moments, il est extrêmement agité, veut s'enfuir, ne comprend pas les questions qu'on lui pose; il est dans un état de complète confusion mentale. De plus, il se conduit comme un aveugle heurtant les obstacles qui se présentent. a

(1) Arch. d'Ophthalm., 1932, p. 485, 1934, p. 497.

Arch. d'Ophthalmologie, t. 52, Août 1935.

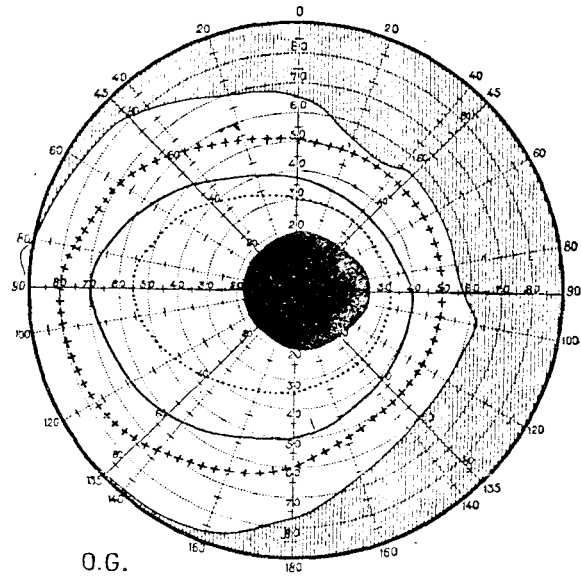


FIG. 1 a.

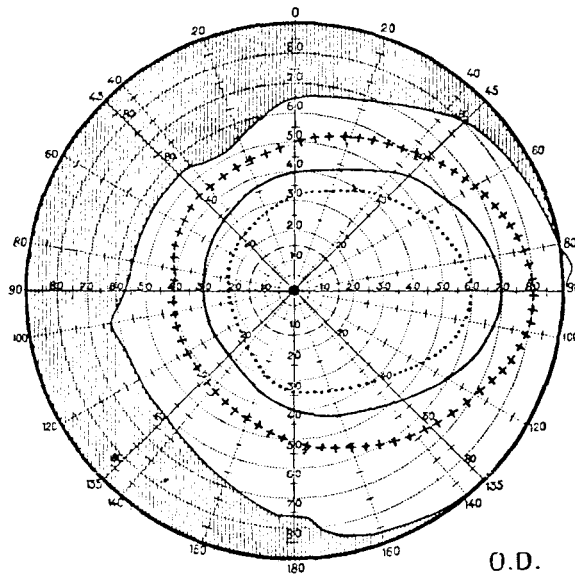


FIG. 1 b.

Transitory and positive central scotoma (Weekers) in the retrobulbar optic neuritis in the course of acute methyl alcohol intoxication

Professor Weekers could already show a transitory positive central scotoma in the retrobulbar neuritis because of chronic nicotine-alcohol intoxication. Without being constant, this symptom is frequently observed in the stage of affection. The transitory positive central scotoma is not absolutely pathognomic of the nicotine- alcohol toxic neuritis, but outside this disease it is very rare.

Weekers left open if the positive central scotoma exists as well in the retrobulbar neuritis caused by other intoxications like the one he is referring his observations to.

Following I will report about a case of bilateral retrobulbar neuritis which comes from a rare affection, a methyl alcohol intoxication. I observed the positive central scotoma in one eye of the patient, the more affected one.

Observations

M C Jean, 41 years old, has no hereditary pathologic or personnel antecedents. On the 19.01. 1935 he drinks and being drunk he absorbs a glass of methyl alcohol liquor. From this moment he suffers epigastric pain, pyrosis and vomiting.

We see the patient the 3rd day: he is exhausted, his facial expression disconcerted, during his examination he "falls en syncope" (either becomes unconscious or speechless). The next moment, he is very excited, wants to flee and doesn't understand the questions he is asked, he is total mentally confused. Besides he behaves like a blind and clashed on obstacles ahead to him.

The examination of his urine shows traces of albumin and 6 g of sugar per litre. 2 days later the urine will be normal.

The amount of urea in the blood is 79cg per litre on the 22nd, 1,18 g the 25th and 0,25 g on the 30. 01. 1935.

The first survey of the eyes on the 22.01. is affected by the psychic stage of the patient. However we can detect that the powers of vision are severely reduced. (The fingers on 0,25m) The pupils are rigid, the middle and margin of the eyes normal.

The following days the psyche of L. Jean is improving much. On the 31.01. 35, the patient can count the fingers until 1 m on the right eye, on the left eye he sees the movement until 0,25m. He tells us that the view of this eye has always been weaker than on the right eye.

The pupils start to react weakly to light, the photo motor reflex is more accuse on the right. The optic field in the periphery is normal on every side, but presents an enormous central scotoma. The following days the condition of the patient is progressively improving. The central scotoma in the right eye is getting better and on the 14. 03. 1935 it vanishes. The powers of vision in this moment are 5/6 and ready to pass to 5/5.

The negative central scotoma on the left eye diminishes but is still visible on 14. 03. 1935; the powers of vision progress until 5/60 (fig1)

It is during this observation that we saw a transitory, positive central scotoma in the left eye. The right eye which was weaker affected never showed this symptom.

Using the method for the nicotine- alcohol retrobulbar neuritis described by Weekers, first it wasn't possible to find a positive central scotoma on the left side in spite of the enormous negative scotoma.

In the beginning of the intoxication when we put the patient in front of a strongly lightened white sheet of paper with one eye covered, the free eye darkened for some seconds, he said that he sees the paper uniform grey. It is not before the 12.02. 1935 when the negative scotoma became smaller, that the patient said he could see a grey, oval shadow in the middle of the paper of about 1 cm diameter dissolving towards the white margin. He could even draw this positive scotoma on the paper. It was no latent period existing, the shadow existed about one second.

The next days we experienced this phenomena again. So the patient draw lines round the spot, the same ones professor Weekers noticed by nicotine- alcohol intoxication. (fig2, B) At last on the 25. 02. 1935 it isn't possible any more to show the transitory positive central scotoma.

The feature of Weekers which was discovered during nicotine- alcohol intoxication exists as well after acute methyl alcohol intoxication, but it isn't there in other retrobulbar neuritis. (multiple sclerosis, syphilis, diabetes, etc.)

It could be important for the differential etiologic diagnostic which is often difficult concerning retrobulbar neuritis.

It seems to be inherent to the toxic form of the neuritis and from this point of view, it would be interesting to research it in other retrobulbar neuritis of toxic origin.