

middle aged female made the diagnosis of idiopathic intracranial hypertension (IIH), after cerebrospinal fluid (CSF) aspiration, CSF pressure were normal and medications to lower intracranial pressure didn't improve patient condition. After 3 weeks, the patient referred to ophthalmology department when blurring of vision of right eye started to develop. Finding of bilateral granulomatous panuveitis with multifocal choroiditis in both eye has proved the diagnosis. CSF pleocytosis is a strong neurological feature⁽⁴⁾

Conclusion:

VKH disease is an autoimmune disease that has various clinical features, bilateral optic disc edema presentation combined with headache may give other diagnosis to neurologists, we recommend detailed ophthalmological evaluation including visual acuity, visual fields for any optic disc edema especially if it is associated with drop of vision where papilledema is unlikely. Slit lamp examination may declare other ocular findings that may be presented together with optic disc edema which may help to reach the final diagnosis.

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