

ABSTRACT

AIM :

- Ø To study the clinical profile of patients with intracranial tumours presenting to the Neuro-Ophthalmology department of a Tertiary eye care centre.
- Ø To correlate the ocular manifestations and site of the intracranial tumour.
- Ø To study the behavior and natural course of the Brain tumour.
- Ø To study the prognosis of each tumour after treatment.

METHOD:

A prospective study of 192 consecutive patients who were proven to have Intracranial tumour clinically and radiologically from a period of June 2011 to June 2013 for a period of 2 years who presented to the Department of Neuro-Ophthalmology, Aravind eye hospital, Madurai. All these patients underwent a thorough ophthalmological and neurological evaluation.

RESULTS:

Out of a total of 192 patients, 104 (54.2%) were males and 88 (45.8%) were females. The mean age was 41.97 years. Pituitary adenomas (46.9%), Meningiomas (24%), Acoustic neuroma (8.3%) were the most common Brain tumours encountered. 156 patients (81.3%) had Defective vision at presentation, while Temporal pallor (34.9%) and primary optic atrophy (27.6%) were the commonest

fundus changes. Bitemporal hemianopia is the most common field defect followed by generalized constriction. There was a statistically significant association between best corrected visual acuity at presentation and follow up best corrected visual acuity ($p < 0.001$). Thus the visual prognosis depends upon the vision at presentation. There was a significant association between type of tumour and age group ($p < 0.001$), but there was no association between gender and type of tumour ($p = 0.096$)

CONCLUSION:

Any brain tumor is inherently serious and life-threatening because of its invasive and infiltrative character in the limited space of the intracranial cavity. Usually detection occurs in advanced stages when the presence of the tumor has caused unexplained symptoms. Improved diagnostic techniques are allowing Intracranial tumours to be detected at increasingly earlier stages, but cases are still seen with Neuro-ophthalmological symptoms as the presenting symptoms.

KEYWORDS:

Intracranial tumours, Defective vision, Bitemporal field defect, optic disc changes, Neuroimaging, multiple Brain tumours.