

**P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE**

(Established and managed by the National Health & Education Society)

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Pediatric Ophthalmologist, Squint Specialist and Neuro-Ophthalmologist
Fellow: Royal Childrens Hospital, Australia, Moorfields Eye Hospital, UK & Univ Hosp of Wales, UK

REPORT

Date: 12th December 2024

Patient: Satviki Patidar (HH: 1919810)

I saw Satviki Patidar in my clinic today. She's a case of infiltrative lesion on the left side thalamo capsular area impinging on left optic chiasm and midbrain. She had her last examination in our clinic on 12th February 2024. Parents notice a squint since September 2024. Seizures have been controlled since August 24.

On examination she has best corrected vision of ⁶/₉ in both eyes, left being slightly worse than right. There is a left eye exotropia measuring 20°. This exotropia is nearly constant. Extraocular movements are full. Color vision is normal in both eyes. Pupil examination is normal in both eyes and there is no anisocoria. That is bilateral variable Ptosis it ranges from +1 to +3 MRD. Found this examination shows mild temporal pallor. There is no papilledema Confrontation perimetry reveals right homonymous hemianopia.

She's a case of seizures with brain SOL Showing concomitant divergent ^{squint} ~~joint~~ with bilateral variable ptosis with mild optic atrophy. That is mildly reduced visual acuity compared to last time. The squint is most likely a decompensation of fusion secondary to seizures. There is no obvious cranial nerve palsy.

Yours Sincerely,

Dr Ashwin Sainani DO, FRCS

Consultant Pediatric Ophthalmologist, Strabismologist and Neuro-Ophthalmologist