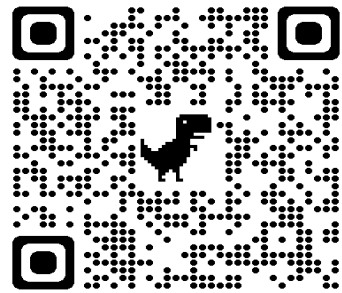




التصنيف الدولي لالتهاب العصب البصري

[https://doi.org/10.1016/S1474-4422\(22\)00200-9](https://doi.org/10.1016/S1474-4422(22)00200-9)



18-JAN-2024, 09:00-09:20

Journées du Club Algérien de Neurophthalmologie
CHU Nedir Mohamed Tizi Ouzou

axel petzold

Expertisecentrum Neuro-ophthalmology Amsterdam UMC



Divulgations

NIHR UK, UCSF
Stichting MS Research NL
Novartis, Heidelberg Academy



Contenu

- Contexte
- Procédure Delphi
- Comité
- Classification
- Critère diagnostique
- Résumé



Premier enregistrement historique de Névrite optique

Hunain Ibn Is-Haq (808-873): “Therefore we see that the vision has ceased or diminished without our finding any change in the pupil and there is a heaviness in the head and particularly its deep part and the parts surrounding the orbit. We know that the affection is caused by an abundant moisture which has run to the optic nerve of the eye and has compressed or swelled it . . . the argument for the obstruction of the nerve is if you shut one eye [the unaffected eye] and observe whether the pupil of the other is dilated.”

[https://doi.org/10.1016/S1474-4422\(22\)00200-9](https://doi.org/10.1016/S1474-4422(22)00200-9)

The Lancet Neurology

ICON

The screenshot displays the website interface for The Lancet Neurology. On the left, there's a header with the logo and a section titled 'Series and commissions' featuring a large fundus image and the article 'Optic Neuropathies'. The main content area is divided into columns. The first column lists 'Series from the Lancet journals' with 'Optic Neuropathies' as the featured article, including its executive summary and related content. The second column shows 'The most downloaded articles in the last 90 days' with three articles listed, each with a 'Download PDF' link. The right side of the page has navigation tabs like 'Latest published', 'Articles in press', etc.

تشخيص وتصنيف التهاب العصب البصري
سيم إدراج جميع مؤلفي ICON 2022
DOI:10.1016/S1474-4422(22)00200-9, 1134-21:1120:2022
دا لانسيت نيورولوجي
لا يوجد إجماع بشأن تصنيف التهاب العصب البصري، ولا تتوفر معايير تشخيصية دقيقة. ويعني هذا الواقع أن تشخيص الاضطرابات التي يكون التهاب العصب البصري فيها أول مظهر قد يكون أمراً صعباً. التشخيص الدقيق لالتهاب العصب البصري في العرض يمكن أن يسهل العلاج في الوقت المناسب للأفراد المصابين بالصلب المتعدد أو اضطراب طيف التهاب النخاع والعصب البصري أو المرض المرتبط بالأجسام المضادة للبروتين السكري قليل النقصن المايلين. تشير البيانات الوائبة إلى أن التهاب العصب البصري، بشكل تراكمي، يحدث في أغلب الأحيان بسبب العديد من الحالات الأخرى غير الصلابة المتعددة. في جميع أنحاء العالم، يختلف سبب التهاب العصب البصري وإدارته حسب الموقع الجغرافي، وتوافر العلاج، والحلقة العرقية. لقد قمنا بتطوير معايير تشخيصية لالتهاب العصب البصري وتصنيف المجموعات الفرعية لالتهاب العصب البصري. تعتمد معاييرنا التشخيصية على المظاهر السريرية التي تسمح بتشخيص التهاب العصب البصري المحتمل؛ يمكن أن تؤدي المزيد من الاختبارات شبه السريرية، باستخدام تصوير الدماغ والمدار والشبكية، جنباً إلى جنب مع الأجسام المضادة وبيانات المؤشرات الحيوية البروتينية الأخرى، إلى تشخيص التهاب العصب البصري المؤكد. يمكن أيضاً تطبيق الاختبارات شبه السريرية بأثر رجعي على العينات المخزنة وفحوصات الدماغ أو شبكية العين التاريخية، والتي ستكون مفيدة لدراسات التحقق من الصحة المستقبلية. تتمتع معاييرنا بالقدرة على تقليل محاطر التشخيص الخاطئ، وتوفير معلومات عن مسار مرض التهاب العصب البصري الذي يمكن أن يوجه تصميم تجارب العلاج المستقبلية، وتمكين الأطباء من الحكم على

<https://discovery.ucl.ac.uk/id/eprint/10156457/>



UCL

Expertisecentrum Neuro-ophthalmology Amsterdam UMC

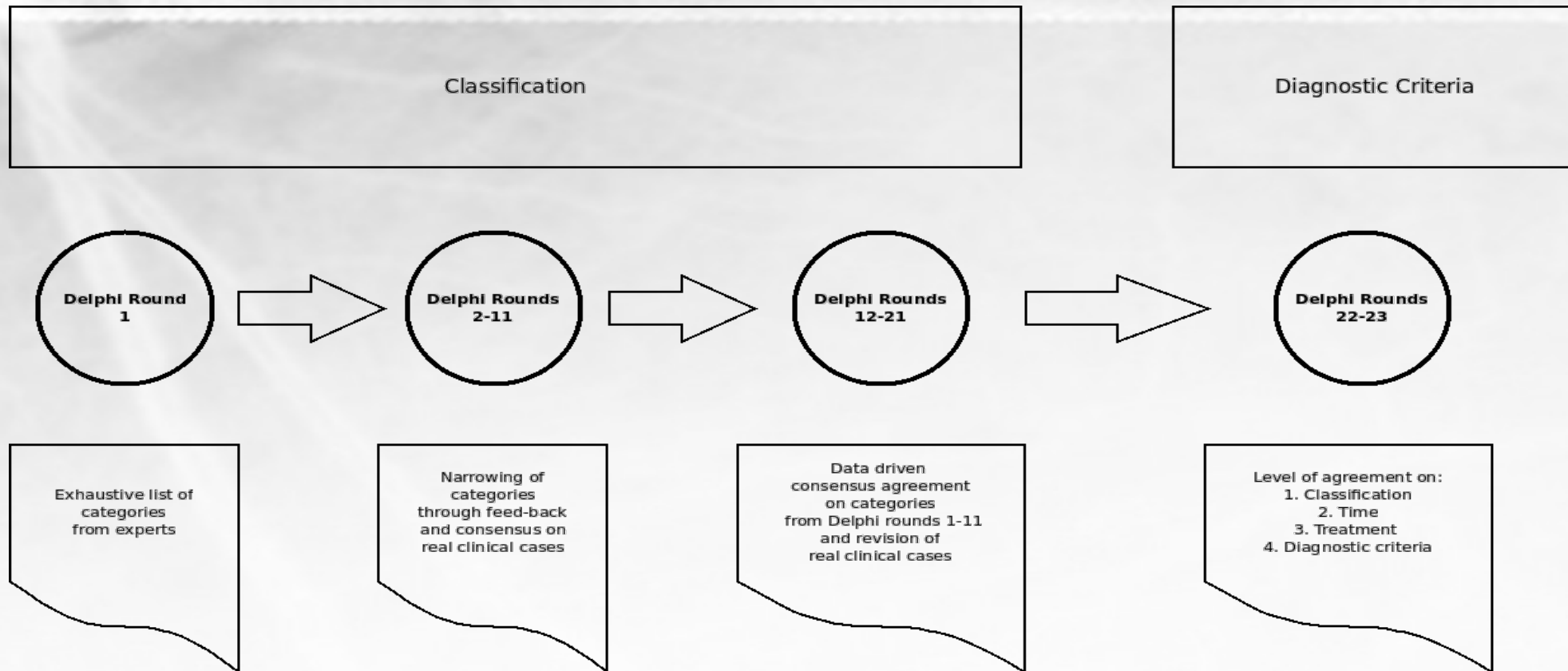


Contenu

- Contexte
- **Procédure Delphi**
- Comité
- Classification
- Critère diagnostique
- Résumé



Procédure Delphi

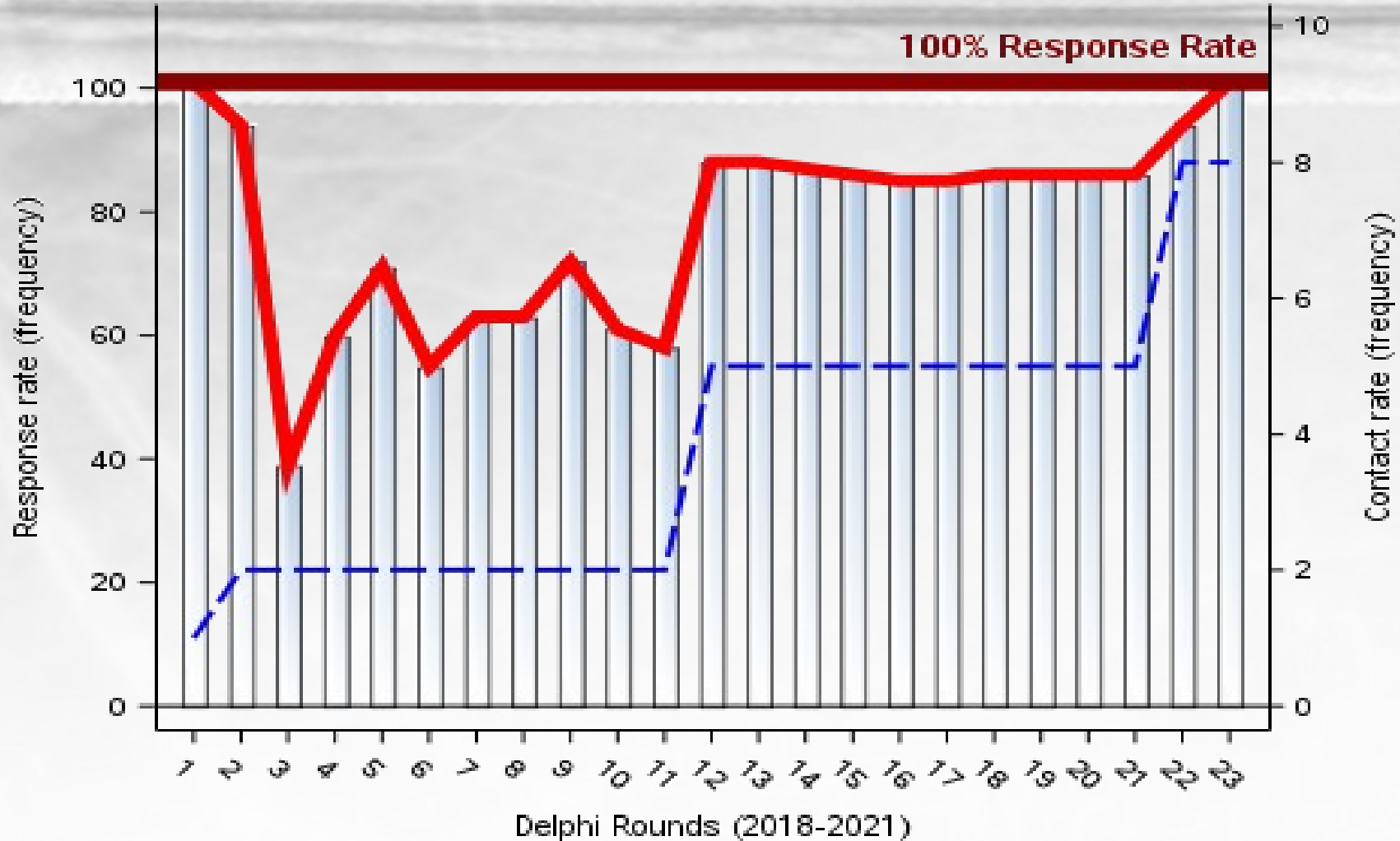


Définition du consensus >80%

Expertisecentrum Neuro-ophthalmology Amsterdam UMC



Delphi (2018-2021)



Cas clinique exemplaire

ICON

- A 50 year old man had developed a febrile illness with fatigue, anosmia and loss of taste. About 3 weeks later he experienced bilateral retrobulbar pain, worsening on eye movements with visual loss. Visual loss progressed over 7 days before he presented to Moorfields Eye Hospital. Visual acuities were reduced to RE hand movement and LE count finger. There was a right RAPD and bilateral swollen optic discs. He was treated with high dose steroids (1g/day i.v. for 5 days). Within 4 days his vision recovered to a VA of RE 6/9 and LE 6/5.

I have seen similar case(s) before / This is a new case for me

- His MRI (coronal T1 with contrast, Figure 29) showed contrast enhancement of both optic nerves and nerve sheets. There were no lesions typical for multiple sclerosis elsewhere in the brain.

This information changed my clinical working diagnosis /

This information confirmed my clinical working diagnosis

- A nasopharyngeal swab was positive for COVID (PCR). Routine blood tests were normal. He was seronegative for AQP4 and MOG. The CSF showed matched oligoclonal bands.

This makes a definite diagnosis /

This is non-specific

- I think this patient has a diagnosis of (please type your own answer here) [...]

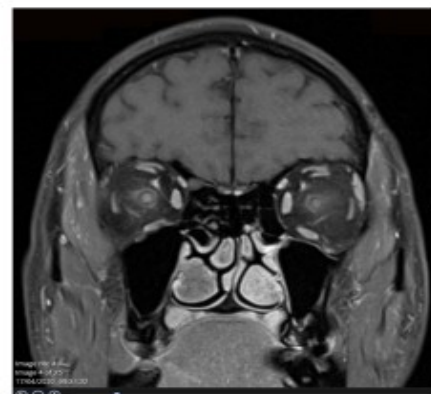


Figure 29: Case 5 MRI.

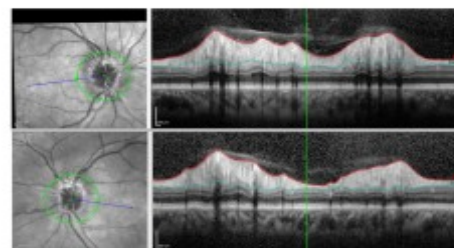


Figure 30: Case 5 OCT.

- Do you think the three week interval between onset of COVID and his bilateral optic neuritis is acceptable to strongly consider this to be a post-infectious optic neuritis? yes/ no
- The bilateral optic disc swelling was documented by OCT (Figure 30).

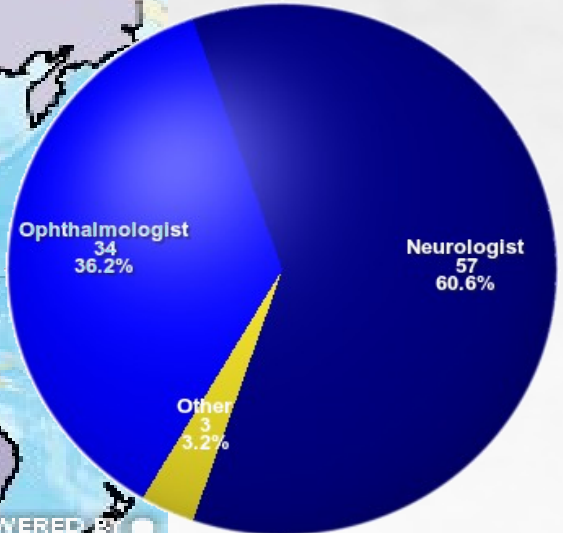
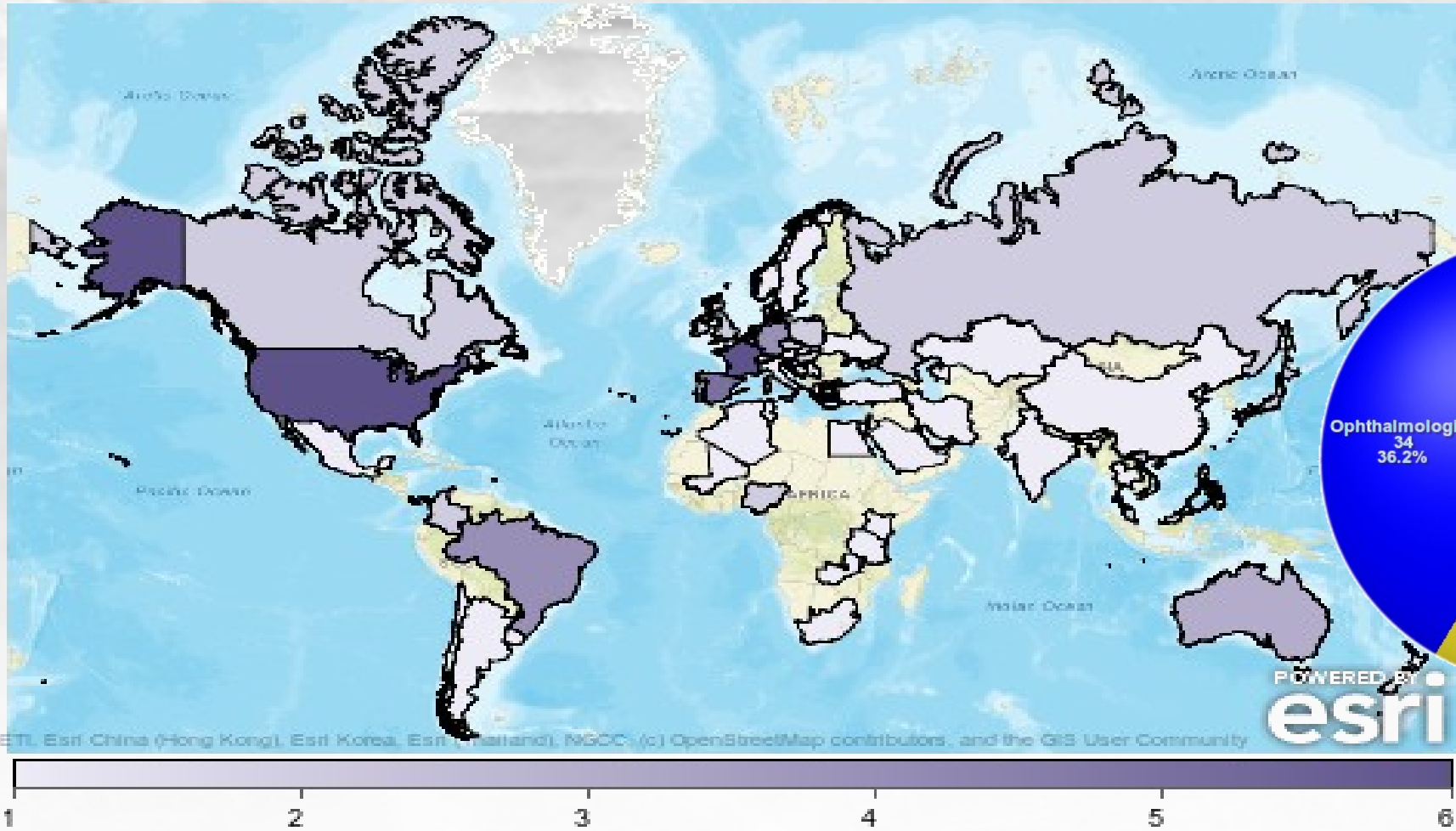


Contenu

- Contexte
- Procédure Delphi
- **Comité**
- Classification
- Critère diagnostique
- Résumé



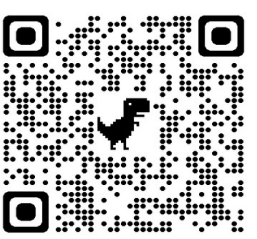
Commite



World wide distribution of number of experts

1 2 3 4 5 6

POWERED BY
esri





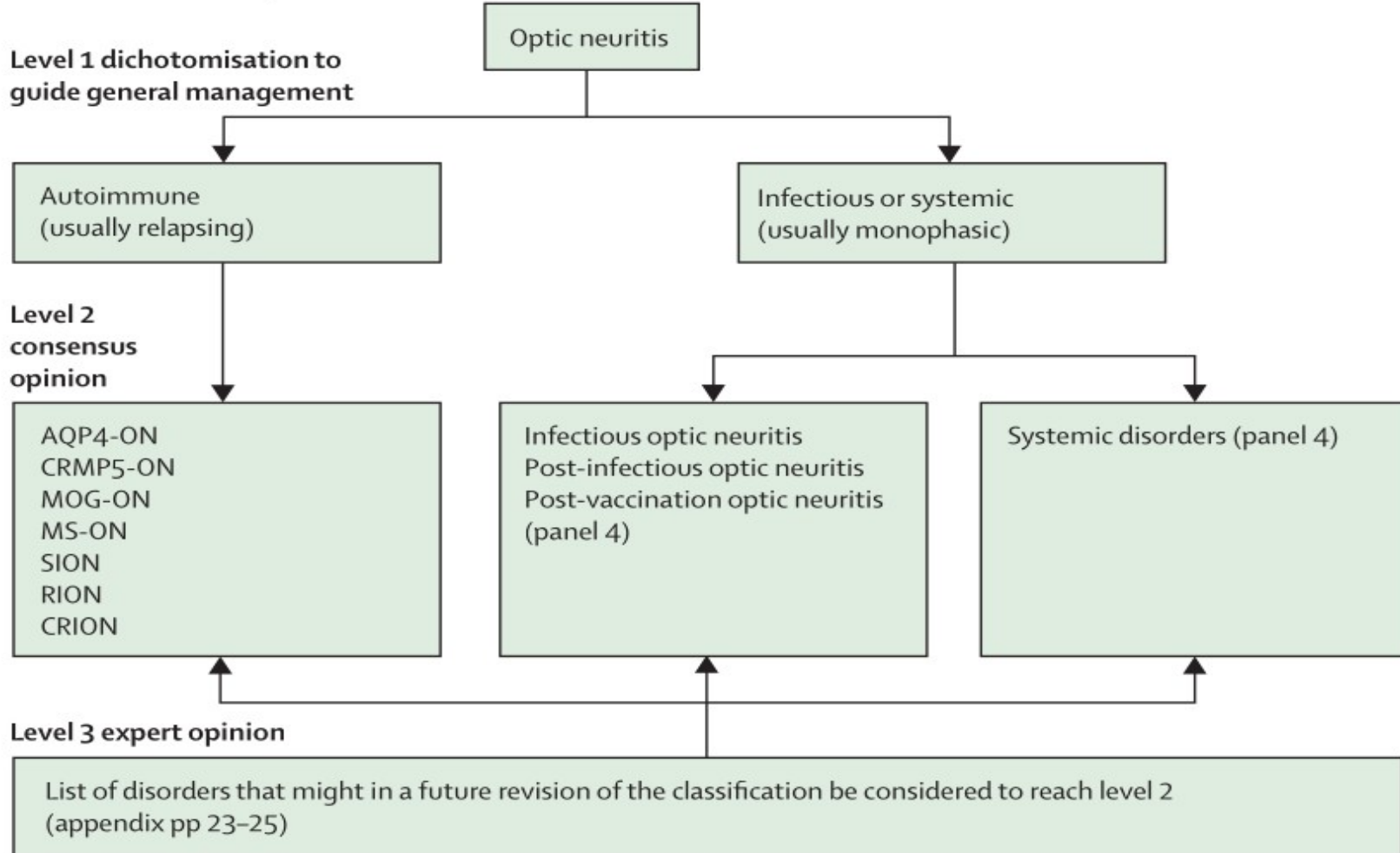
Contenu

- Contexte
- Procédure Delphi
- Comité
- **Classification**
- Critère diagnostique
- Résumé



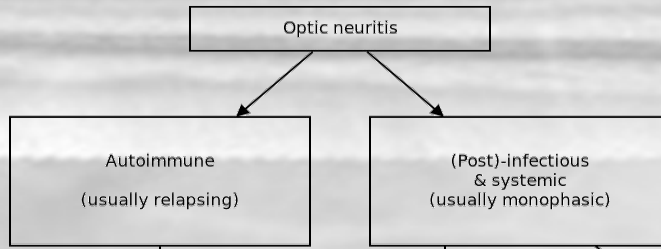
Classification

B Classification of optic neuritis





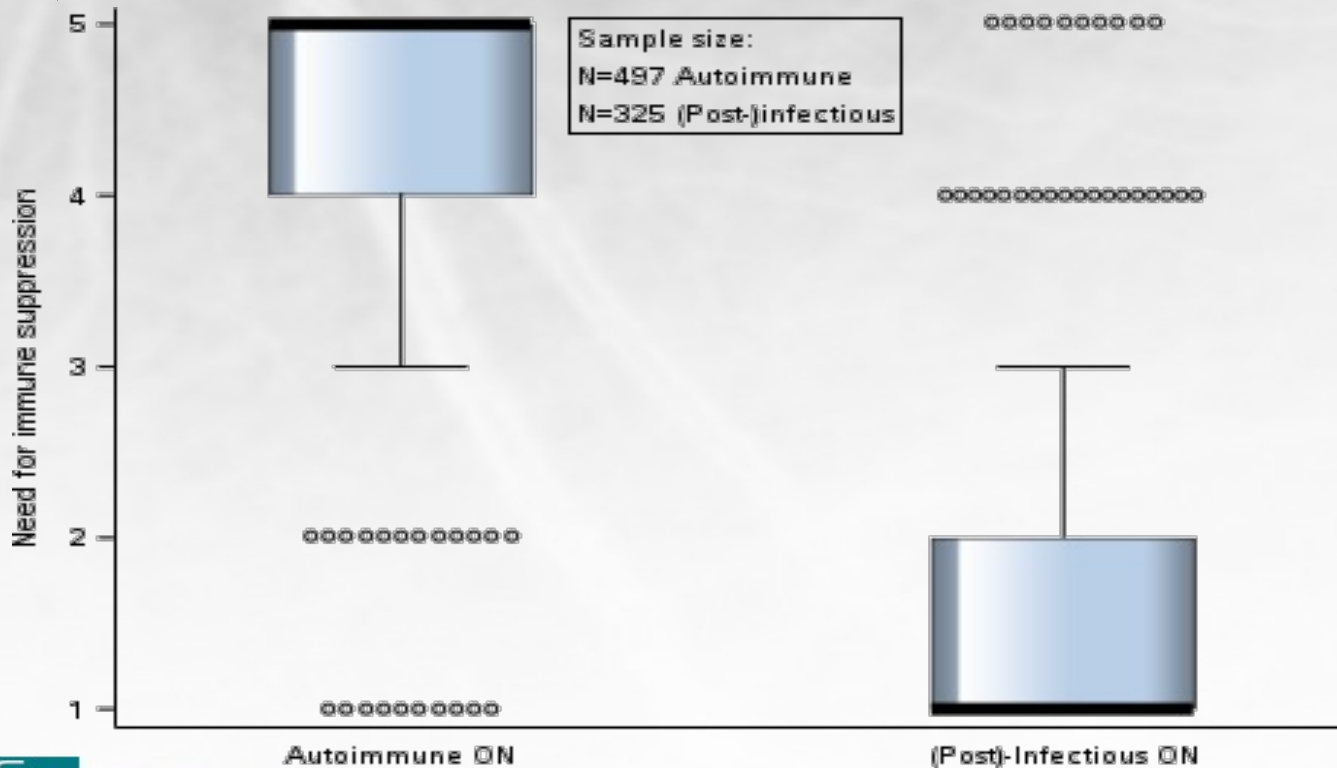
Niveau 1 de la classification



Niveau 1: 95% consensus

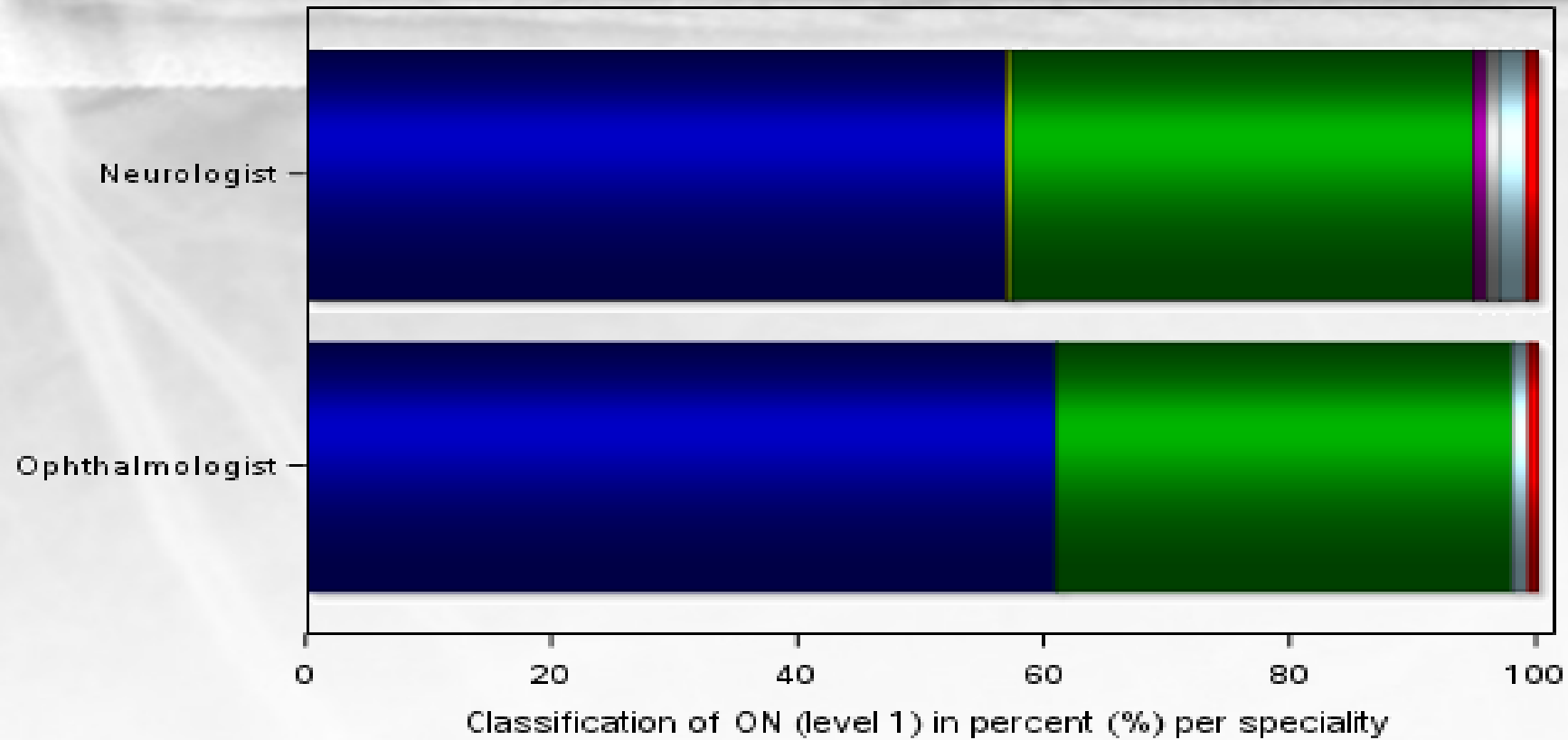
Les résultats de la procédure itérative Delphi ronde 2-21

Relevant pour la prise en charge des malades



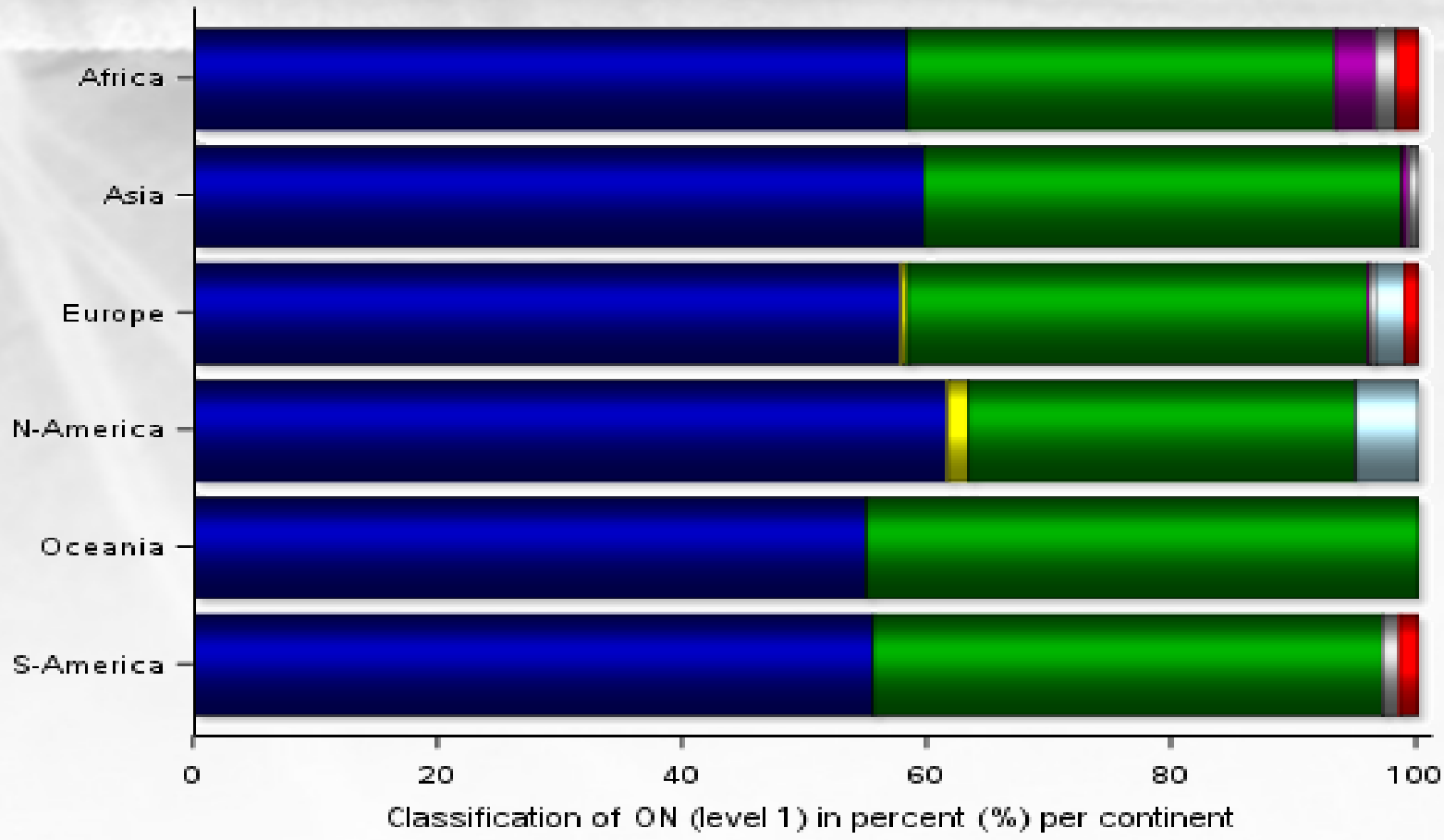


Consensus: spécialiste





Consensus: continental





Clinique

Panel 3: Signs and symptoms aiding the clinical classification of optic neuritis and exclusion of alternative pathologies

Clinical presentation*:

- Sequence of symptoms over time
- Preceding infection or vaccination
- Ethnic background or location
- Progression of pain or visual loss (>2 weeks)
- Absence of pain
- Associated epilepsy†
- Simultaneous bilateral ON
- Evidence of retinitis or retinal dysfunction from OCT or electrophysiology
- Presence of severe optic disc oedema
- Absence of optic disc oedema
- Unexplained optic atrophy in either eye at onset
- Fever or other systemic symptoms and signs‡
- Other focal neurological signs

Disease course§:

- Progressive loss of vision
- Progressive retinal layer atrophy for more than 12 months
- Sequential bilateral optic neuritis
- Absence of spontaneous recovery (>3 months)
- Corticosteroid dependence

Medical history:

- Medical history of cancer or diseases listed in panel 4
- Family history of a suspected hereditary optic neuropathy
- Family history of other mitochondrial cytopathy



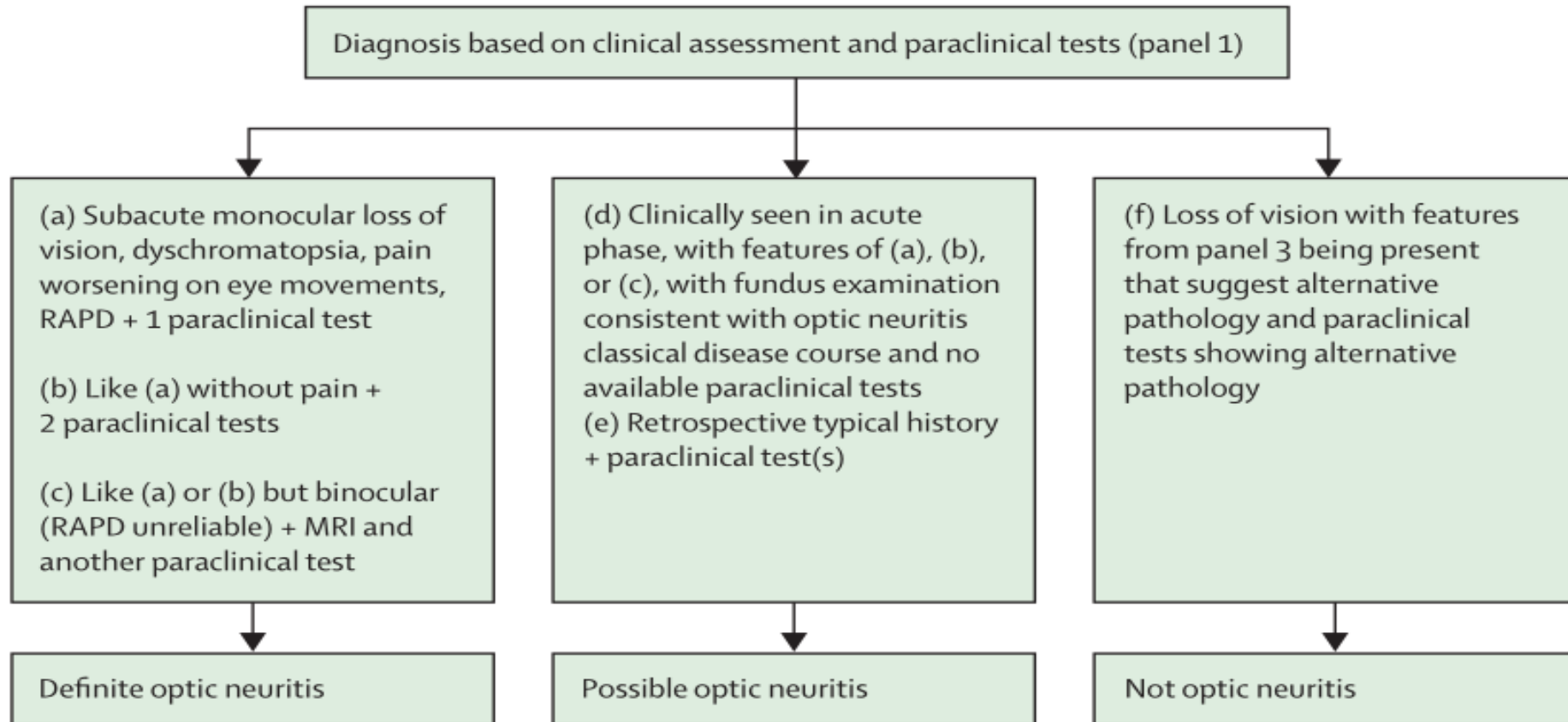
Contenu

- Contexte
- Procédure Delphi
- Comité
- Classification
- Critère diagnostique
- Résumé



Diagnostique

A Diagnosis of optic neuritis





Panel 1: Diagnostic criteria for optic neuritis

Clinical criteria

- A: Monocular, subacute loss of vision associated with orbital pain worsening on eye movements, reduced contrast and colour vision, and relative afferent pupillary deficit
- B: Painless with all other features of (A).
- C: Binocular loss of vision with all features of (A) or (B).

Paraclinical criteria

- OCT: Corresponding optic disc swelling acutely or an inter-eye difference in the mGCIPL of $>4\%$ or $>4\mu\text{m}$ or in the pRNFL of $>5\%$ or $>5\mu\text{m}$ within 3 months after onset.
- MRI: Contrast enhancement of the symptomatic optic nerve and sheaths acutely or an intrinsic signal (looking brighter) increase within 3 months.
- Biomarker: AQP4, MOG, or CRMP5 antibody seropositive, or intrathecal CSF IgG (oligoclonal bands).

Application of the clinical and paraclinical criteria

Definite optic neuritis

- (A) and one paraclinical test
- (B) and two paraclinical tests of different modality
- (C) and two different paraclinical tests of which one is MRI

Possible optic neuritis

- (A), (B), or (C) if seen acutely but in absence of paraclinical tests, with fundus examination typical for optic neuritis and consistent with the natural history during follow-up
- Positive paraclinical test or tests, with a medical history suggestive of optic neuritis



Contenu

- Contexte
- Procédure Delphi
- Comité
- Classification
- Critère diagnostique
- **Résumé**



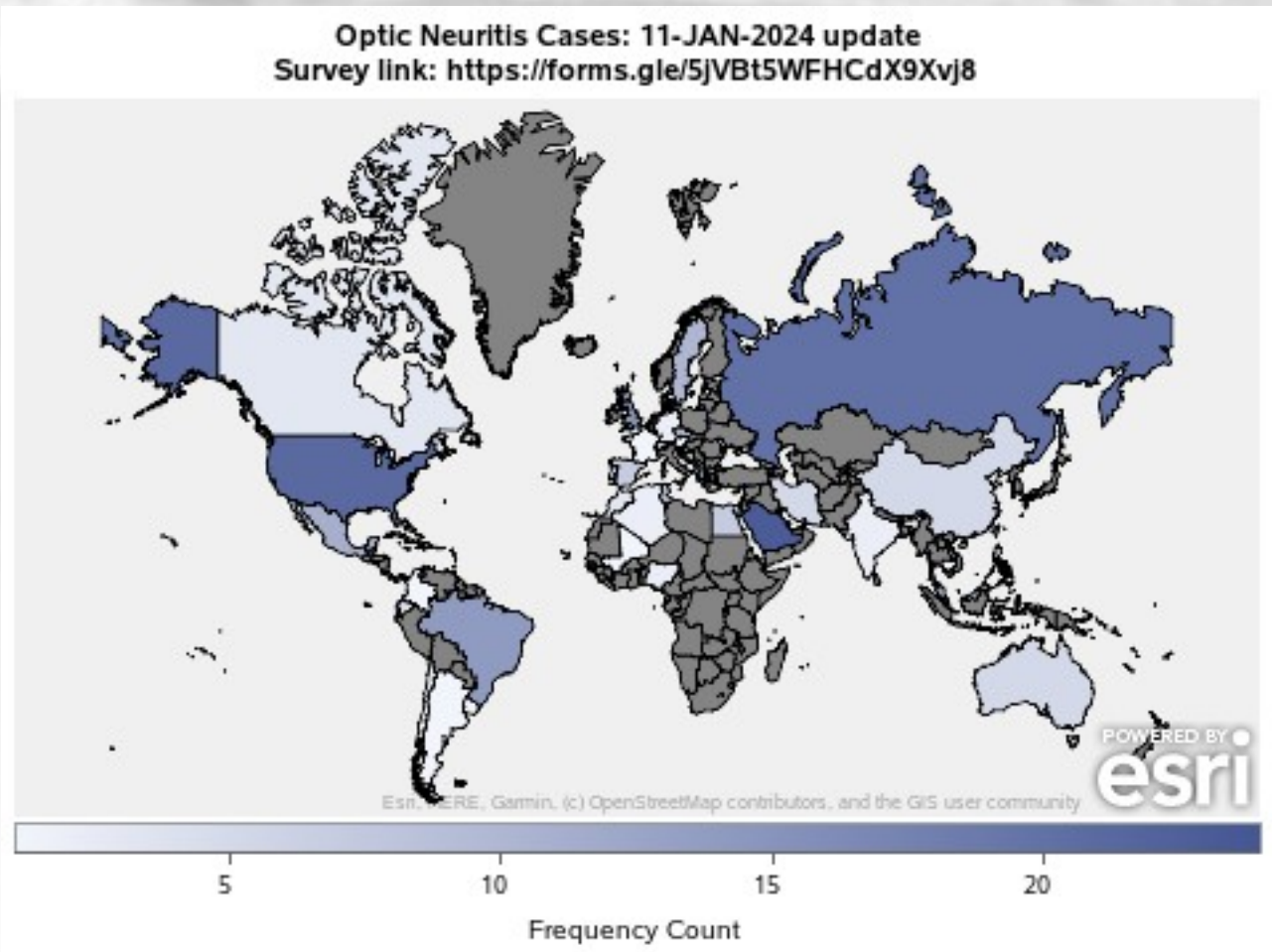
Résumé

- Névrite optique: développement d'une perspective internationale, après Hunain Ibn Is-Haq
- Critère nouvelles avec tomographie par cohérence optique (sensitivité 61-100%), IRM (sensitivité 22-44%), biomarqueur (spécificité >95%)
- Classification nouvelle que priorise la pratique clinique
- Nous avisons des révision future





شكراً لك Merci



Thème : Œil et Cerveau

18 ET 19 Janvier 2024, Auditorium CHU NEDIR MOHAMED Tizi Ouzou

ICON

Sous l'égide de la Société Algérienne de Neurologie et de Neurophysiologie Clinique (SANNC) et du Centre hospitalo-universitaire de Tizi Ouzou

Premières Journées du Club Algérien de Neuro-ophtalmologie du comité des maladies inflammatoires de la SANNC

Thème : Œil et Cerveau

18 ET 19 Janvier 2024, Auditorium CHU NEDIR MOHAMED Tizi Ouzou

Première journée : SEP et affections apparentées

08H30-09H00 : Accueil des participants et mot de bienvenue. N. TOUBAL, Y. MOUZAOU, A. TALEB, S. DAUDI

1^{ère} Session : Docteur je vois flou !

Modérateurs : N. TOUBAL, R. GOUIDER, S. DAUDI, A. AIDI

09H00-09H20 : Classification internationale des neuropathies optiques ICON 2022. A. PETZOLD ; HOLLANDE

09H20-09H30 : NO inflammatoire, risque de SEP. S. BOUROKBA ; service de neurologie CHU ANNABA

09H30-09H40 : OCT et CV devant une neuropathie optique. E. SINI, S. BELKACEM ; service d'ophtalmologie CHU TO

09H40-09H50 : IRM en neuroophtalmologie. K.BAGHDADI, S. Belahsene, A. Hesnaoui, M. Benmihoub, C.Aimeur ; service de radiologie CHU MUSTAPHA ALGER

09H50-10H10 : Neuroimaging of NMOSD and MOGAD in IRAN. M.A. SAHRAIANE; IRAN

10H10-10H20 : CRION ET RION : Entité toujours en vigueur ? S. BAHBOUH ; service de Neurologie EHS AIT IDIR ALGER

10H20-10H30 : Neuropathies optiques atypiques. I. FATACHE, H. BOUZENADA ; HCA AIN NAADJA ALGER

10H30-10H40 : Débat et pause café

Modérateurs : S. NOUIOUA, S. FEKRAOUI, A. ALLIOUCHE, S. BOUROKBA

10H40-11H00 : ADEM, SEP, NMOSD: Comment s'y retrouver ? P. LABAUGE; FRANCE

11H00-11H10 : Manifestations neuro-ophtalmologiques des vascularites. S. SOROR ; service de neurologie CHU CONSTANTINE

11H10-11H20 : Spectre NMO à Tizi-Ouzou. F. MILOUDI, H. SI AHMED, S. DAUDI ; service de neurologie CHU TO

2^{ème} Session : Docteur je vois double!

Modérateurs : M. TAZIR, H. BOUZENADA, H. ZOBIRI, K.DIB

11H20-11H30 : Diplopie en ophtalmologie. Y. YAMRANENE, S. BELKACEM ; service d'ophtalmologie CHU TO

11H30-11H40 : CAT devant une chute de la paupière supérieure. A. CHENTOUF, service de neurologie CHU ORAN

11H40-11H50 : Ophtalmoplogie en unité neuromusculaire. S. NOUIOUA ; service de neurologie EHS CHERCHEL

11H50-12H00 : Neuro-papillites inflammatoires. M. MALEK, D. SOUTOU ; service d'ophtalmologie HCA AIN NAADJA

12H00-12H10 : Débat

12H10-12H30 : SYMPOSIUM

3^{ème} Session : Docteur ça vient de mon œil ou de mon cerveau ?

Modérateurs : F. MESSAOUDI, A. CHENTOUF, K. BAGHDADI, N. LAKRI

13H30-13H50 : Œil et démence. E. ATTAL; Alger

13H50-14H00 : Cécité corticale: De la clinique à la neuro-imagerie. H. ZOBIRI, service de neurologie, CHU SETIF

14H10-14H20 : Vision et épilepsie. H. SI AHMED, F. MILOUDI, M. LOUNIS, S. DAUDI ; service de neurologie CHU TO

14H20-14H30 : PEV et SEP : Entre démyélinisation et remyélinisation S. MEZEGHENA; service de neurophysiologie CHU TO

14H30-14H40 : Nystagmus physiologiques et pathologiques ; Pr AINOUCHE , ORL ,Alger

14H40-14H50 : Oculomotricité et maladies neuro-dégénératives. N. ABABOU, S. DAUDI ; service de neurologie CHU TO

14H50-15H00 : Débat

15H00-15H20 : Symposium

4^{ème} Session : Docteur est-ce un AVC ?

Modérateurs : M. SADI BELOUIZ, H. SI AHMED, S. BAHBOUH, Y. KOUBCI

15H20-15H30 : Approche des signes visuels dans la pathologie neuro-vasculaire. B FEKRAOUI ; service de neurologie CHU Constantine

15H30-15H40 : Œil et AIT : M. LOUNIS, H. SI AHMED, S. DAUDI ; service de neurologie CHU TO

15H30-15H40 : Maladie de Fabry et Œil : N.BAHMANI, H.SI AHMED, S.DAUDI ; service de neurologie CHU TO

15H40-15H50 : OEIL et céphalées : S.Daoudi service de neurologie CHU Tizi-Ouzou

15H50-16H00 : Débat

Deuxième journée : Cas cliniques et expérience des services

8H45-9h00 : Neuro-ophtalmologie :RCP méditerranéenne des maladies inflammatoire : Pr Aymen Tourbah ,France

1^{ère} Session

Modérateurs : F. BOULANE, S. BELAHSENE, K. BOUAITA, M.KOHIL

09H00-09H10 : Œdème papillaire en ophtalmologie. M.DJABOUR, service d'ophtalmologie CHU BAB EL OUED, Alger

09H10-09H20 : Hypertension intracrânienne idiopathique: Diagnostic et prise en charge. M. LOUANCHI, service de Neurologie CHU ANNABA

09H20-09H30 : Aspects thérapeutiques de l'HIC idiopathique. M. AIT BACHIR, neurochirurgie, CHU TO

09H30-09H40 : PEC de l' HIC idiopathique à Blida. S. TLIBA, service de neurochirurgie, CHU Blida

09H40-09H50 : IRM et HIC idiopathique; A. HOUALI, service de radiologie CHU TO.

09H50-10H00 : OCT et champ visuel en pratique. Z. KESSAL, HOPITAL DRAA EL MIZAN TO

10H00-10H15 : Débat et pause café

2^{ème} Session

Modérateurs : S. DAUDI, S. BELKACEM, K BAGHDADI, M. LOUANCHI

10H15-10H25 : SEP ou pas SEP ? N. BENMERZOUGA ; service d'ophtalmologie CHU ANNABA

10H25-10H35 : Situation déroutante. H. KHENOUF ; Libéral SETIF

10H35-10H45 : NO infectieuse ou pas. I. BOUKHIRANE, S. NOUIOUA; service de neurologie EHS CHERCHEL

10H45-10H55 : Vrai ou faux œdème papillaire ? G. HAMOUDI, F. MILOUDI, H. SI AHMED, S. DAUDI ; service de neurologie CHU TO

10H55-11H05 : Pseudo HIC et Aréa postréma chez un adolescent. M. IDJOURDIKANE, H. SI AHMED, M. LOUNIS, N. ABABOU; service de neurologie CHU TO

11H05-11H20 : Débat et pause café

11H20-11H50 : Symposium

11H50-12H00 : Recommandations et création du club de neuro-ophtalmologie