Latent Nystagmus

Background

the patient visually, emotionally, and socially, is often associated with other
is typically horizontal in nature. Congenital nystagmus, which can affect
two to three months of life. The nystagmus usually presents bilaterally and

jerk nystagmus when one eye is covered, with the fast phase away from the

occlusion of the non-fixating eye. These patients will typically present with a

head turn in the direction of the fast component.1,2,3

Manifest Latent Nystagmus

Manifest latent nystagmus presents with the fast phase moving
towards the fixating eye without occlusion, and intensity increases with oc-
closure of the non-fixating eye. These patients will typically present with a

head turn in the direction of the fast component.1,2,3

Spasmus Nutans

Spasmus nutans patients present with a triad of asymmetrical pen-
dular nystagmus, head turn, and head shaking or nodding of the head. Onset
usually occurs between six months and three years of life and will sponta-
neously resolve over one to two years.1,2,3

Congenital Nystagmus

Patients with congenital nystagmus usually develop the condition by two
to three months of life. The nystagmus usually presents bilaterally and is
typically horizontal in nature. Congenital nystagmus, which can affect the
patient visually, emotionally, and socially, is often associated with other

eye conditions, it may also be idiopathic.1,2,3

Limited therapies are available for patients with nystagmus. Patients
with nystagmus typically have a stable null point that can only be altered with
some with type of therapy or intervention. This case report highlights an
adult with congenital nystagmus who underwent an alteration in her null
point later in life without therapeutic intervention.

Case Summary

A 37-year-old Caucasian female presented to the clinic for a yearly eye
exam. The patient’s ocular history included congenital nystagmus. She
experienced horizontal pendular nystagmus and stated that it had been
present since early infancy. She was diagnosed with congenital blindness
at three months of age. At six months, she was seen at Bascom Palmer Eye
Institute, where her parents were told that she did indeed have vision.
Records show that she has worn vision correction since age three.

Medical records further indicate that when she had her first glasses
at age three (+3.25-2.25 x 010 OD, +3.25-2.5 x 175 OS), her visual acuity was
OD: 20/40+, OS: 20/30, OU: 20/30. The patient preferred a left head

resulting in a constant right gaze, in order to utilize her null point.

She had global stereopsis but no local. At a follow up visit when the patient
was still age three, she was best corrected to OD: 20/40, OS: 20/30. Her
vision remained stable until age 10, when visual acuity showed OD: 20/25,
OS: 20/25 (+3.50-3.75 x 010). Records show that the patient still had a left head
turn at this time, resulting in a constant right gaze, in order to utilize her null point.

At age three (+3.25-2.25 x 010 OD, +3.25-2.5 x 175 OS), her visual acuity was
OD: 20/40+, OS: 20/30, OU: 20/30. The patient preferred a left head

vertical, as she was seen at Bascom Palmer Eye Institute, where her parents were told that she did indeed have vision.

null point. A better understanding of nystagmus, null point, and changes in null

point is beneficial for all clinicians.

Null Point Change in Nystagmus

At the most recent eye exam, the patient denied any distance or near
blurred. She reported no complaints with her eyes or vision. Her last eye exam
was eight years ago. Family and medical history were all normal except for
thyroid dysfunction, for which the patient was taking 75 mg of Synthroid.

At three months of age, the patient was seen at Bascom Palmer Eye
Institute, where her parents were told that she did indeed have vision.
Records show that she has worn vision correction since age three.

Discussion

The patient’s medical records reflect that as a child she used a left
head turn to decrease the frequency of nystagmus and improve her vision.
However, her null point changed, and she adapted to primary gaze with no
decline in vision as a teenager. Absent surgical intervention, it is unusual for
a patient to experience a change in null point.

References


