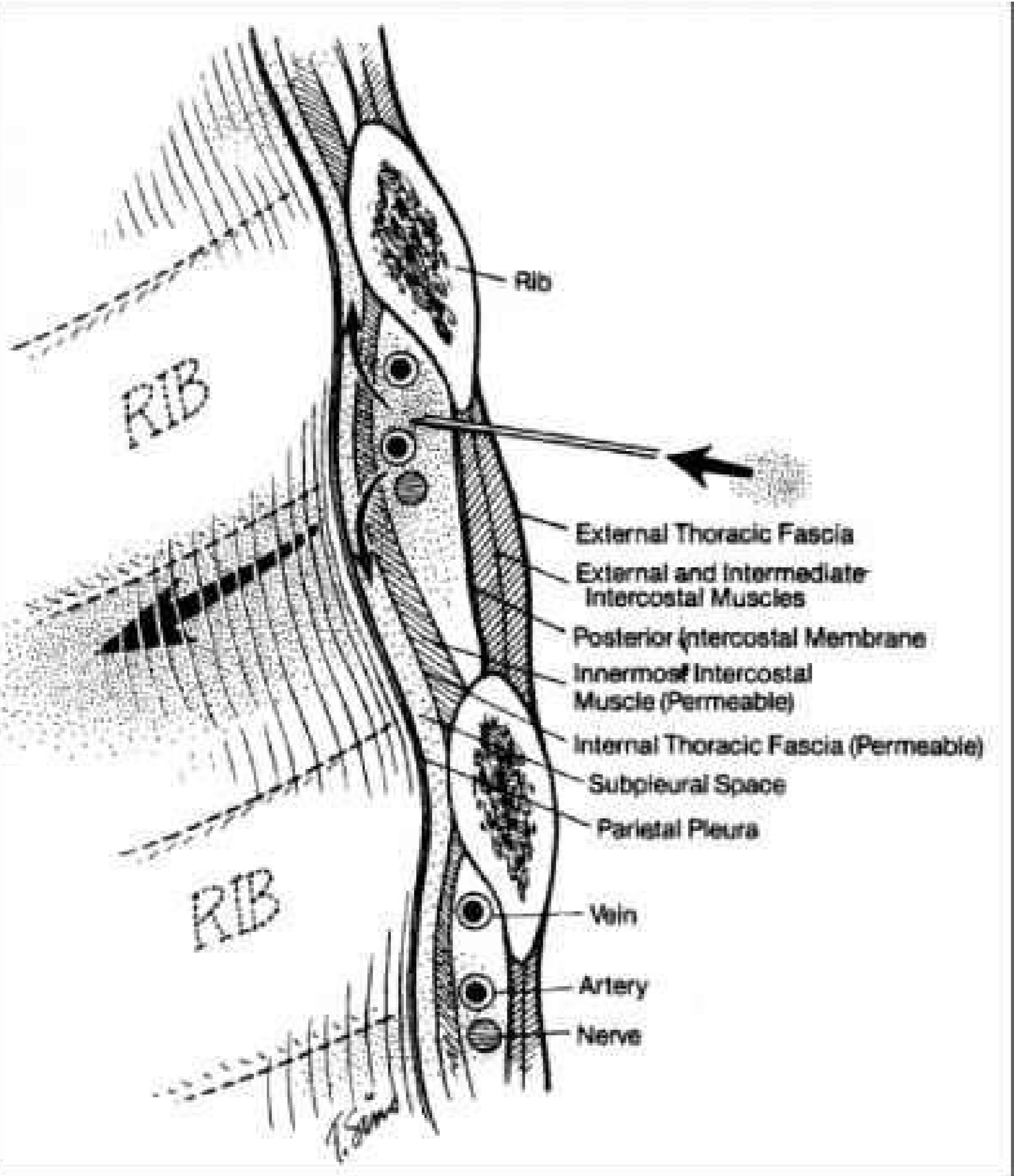
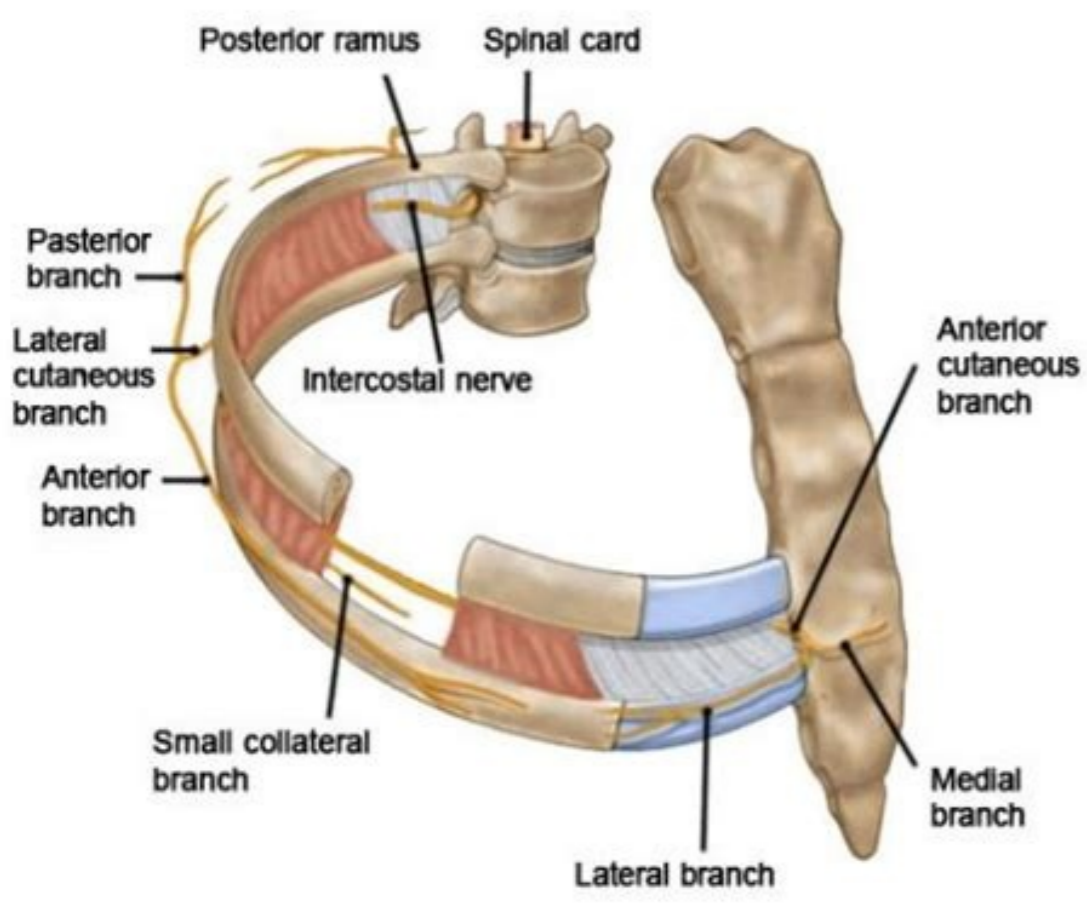


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OPTIC NEURITIS DUE TO SOLVENT ABUSE

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Solvent abuse is a public health problem in Brazil particularly among young adults and children. Inhalation of toluene-based products is popular with solvent sniffers because of the euphoric effect and easy availability of these substances. Chronic inhalation of toluene may result in a variety of neurologic complications like cerebellar dysfunction, optic atrophy, pyramidal tract signs, cranial nerve abnormalities. Also, personality changes, emotional instability and general cognitive decline have been attributed to its abuse¹.

We report an unusual case of acute optic neuritis induced by thinner sniffing.

CASE

A 34-year-old man presented with an acute visual loss. He was admitted to the hospital reporting a sudden and progressive loss of visual acuity after sniffing a hole can of thinner during uninterrupted 48 hours. This homeless patient had a history of chronic solvent abuse for five years, moderate alcohol ingestion and tabagism, but denied other substances abuse. At the moment of the admission, 4 days after the beginning of the symptoms, he related to see only countenances. The physical examination and vital data were normal. The neurological examination was normal except for presenting bilateral mydriasis with severe

reduction of the photomotor and consensual responses. Visual acuity was worse than 20/200. Ophthalmological examination demonstrated bilateral papilloedema, with normal ocular pressure and ocular movements. Other cranial nerves were normal. Laboratory examinations are listed in Table. Lumbar puncture showed 130 mmHg opening pressure, 27 red blood cells/mm³, 1 leucocyte/mm³, glucose concentration 75 mg/dL, protein 39 mg/dL and VDRL was negative. Magnetic resonance imaging (MRI) showed bilateral symmetric hyperintense lesions in the deep white matter, corpus callosum (splenium), centrum semiovale (Fig 1) and pons (Fig 2). EEG was irregular without specific pathological findings. The patient was treated with methylprednisolone 1 gr/day for three days associated with replacement of B complex vitamins. Six days after the admission, the patient ran away from the hospital and one month later returned in the neurology clinic relating important improvement of the visual acuity.

DISCUSSION

Today, organic solvents contained in industrial and domestic products are the most commonly abused volatile substances. Formerly, benzene was the major organic solvent in paints, lacquers, and thinners. However, benzene is toxic to bone marrow and liver and has been replaced by n-hexane or toluene (methyl benzene), which are neuro-

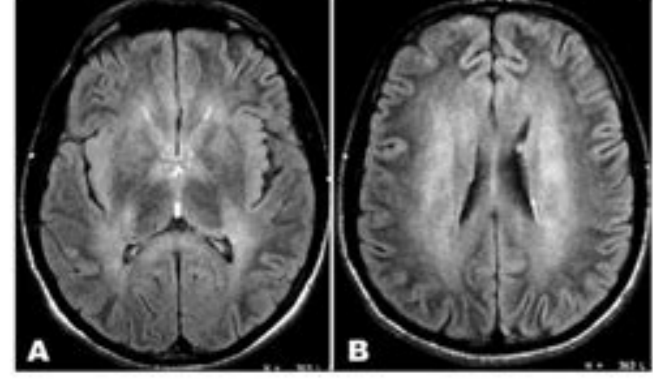


Fig 1. MRI: A) Axial FLAIR image shows bilateral symmetric hyperintense lesions in the deep white matter, corpus callosum (splenium) and B) centrum semiovale.

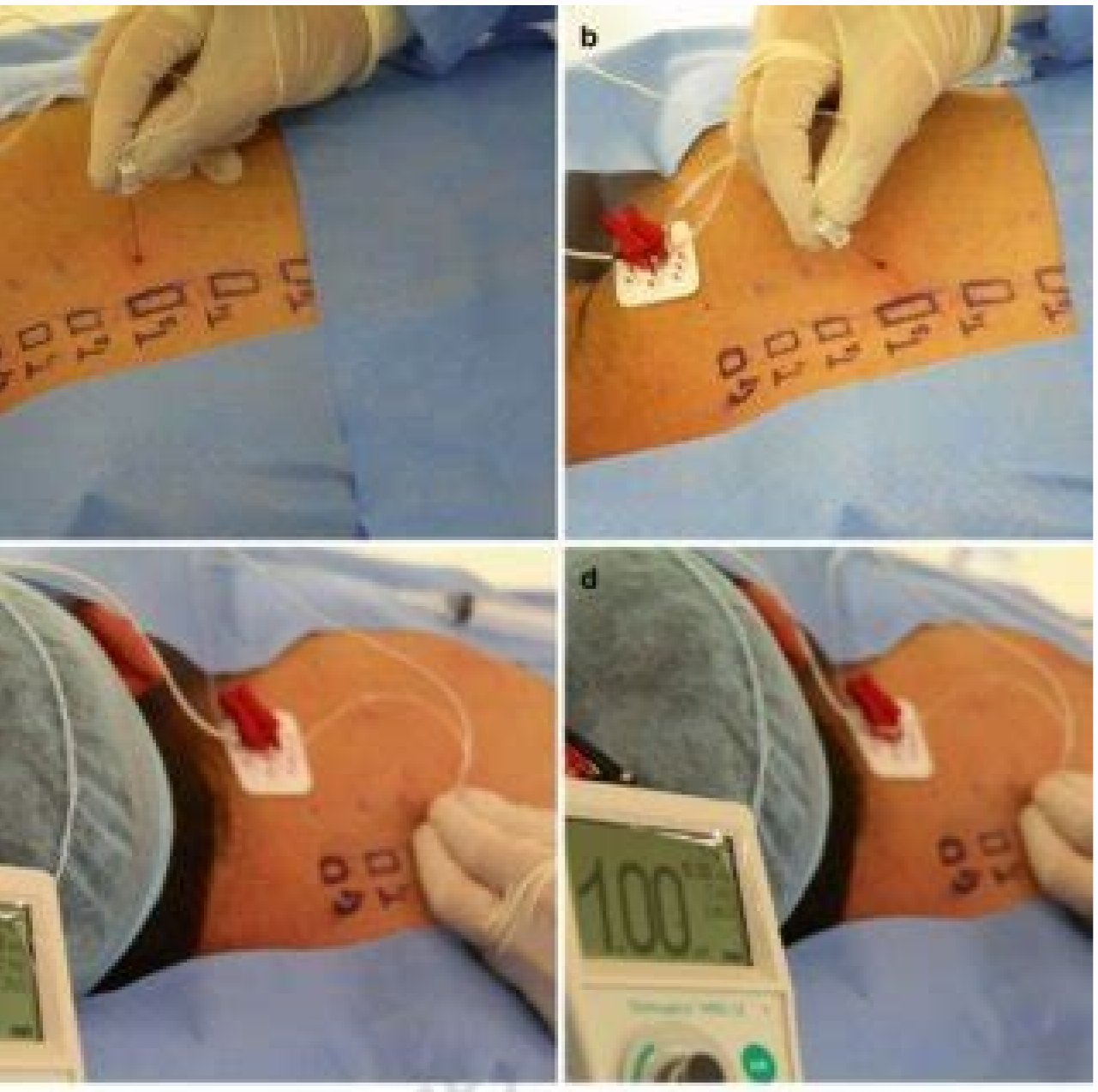
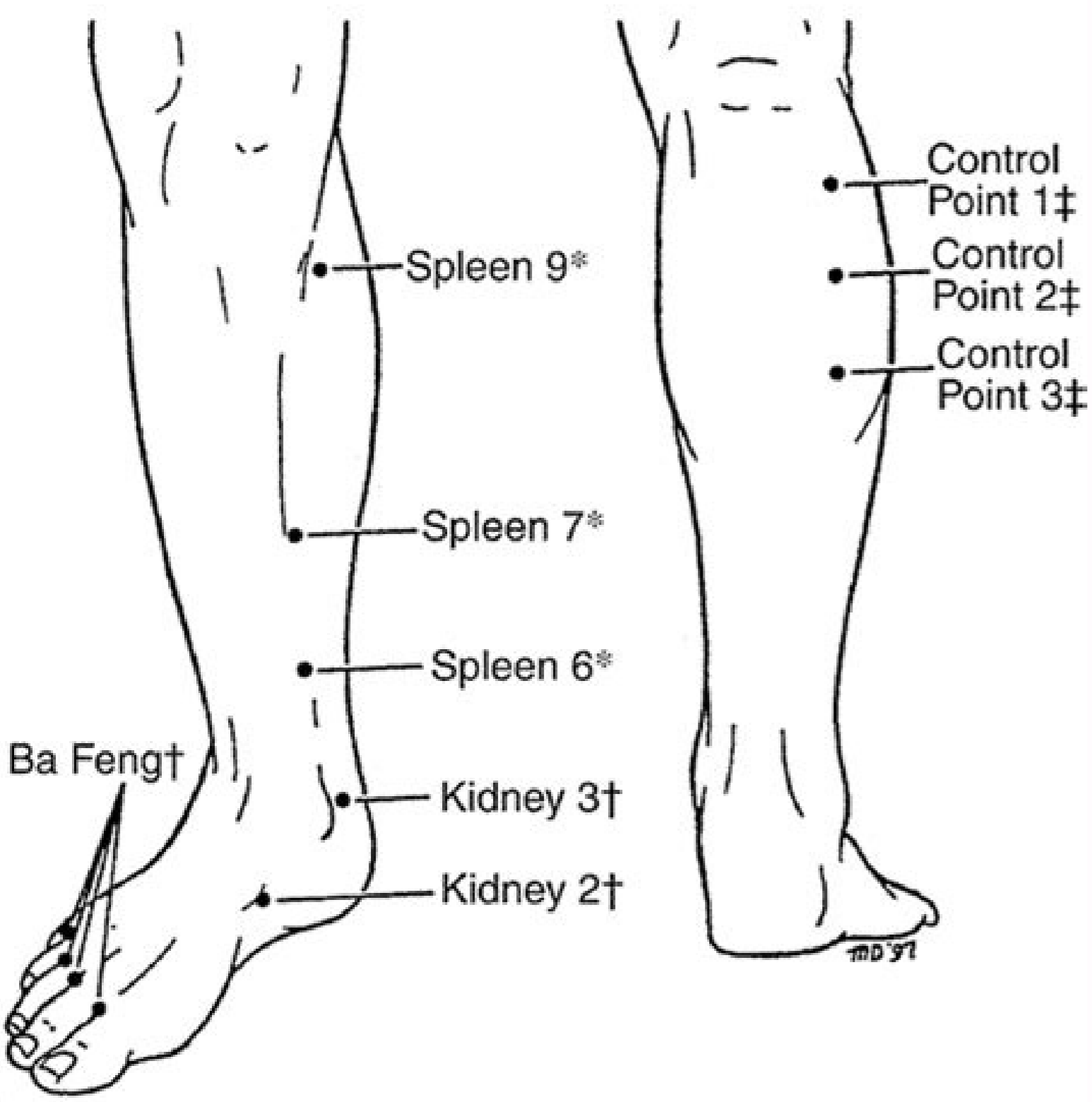
NEURITE ÓPTICA RELACIONADA AO ABUSO DE SOLVENTE

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- * Standardized Acupuncture Regimen
- † Supplemental Acupuncture Points
- ‡ Control Points



À ávelop is 37 years old, white, smoker, it was hospitalized with dry cough and left-hand pain (he). Macicez and the murderous vesicle decrease in the mothers of him. The computerized axial tomography of Tã F Rax revealed the nodular expansive injury of the seventh ribas, projecting within the He, with a soft part density and a discreet improvement of the contrast. Histology and Immunohistokamics were compatible with Benigno Schwannoma. We consider that the diagnosis of intercostal benign Schwannoma should be ventured before all the intrastating rear or lateral mass that cursed with poor symptoms and the absence of clinical manifestations of malignant. Schwannoma; Intercostal Schwannoma; Benigno Schwannoma a 37 -year -old white man, smoker, was interned for dry cough and pain in the left Emithorax (he). The exam showed a reduced vesicle in vesicle in the third part of He. The tomography of the chest computer has shown a vast nodular lesion of the 7th Arco Coster which is projected inside the He, with the density of the bulk part and the discreet improvement of the opposite. Immunohistochemistry was compatible with Benigno Schwannoma. We consider that the diagnosis of Schwannoma Benigno Intercosta must be taken before all the rear or lateral inthoracic mass that follows with small symptoms and abstraction of the evilness. Schwannoma; Intercostal Schwannoma; Schwannoma Schwannoma benigno benigno of the intercostal nerve that simulates neoplastic foal: clinical case Schwannoma nerve interstal benign that simulated the pulmonary neoplasm: clinical case Carlos Artega Rodrã F Guzi; Alexandre Henrique Narcondo Á à © SSI Munhozi; Josã © Antonio Zampierii; Antonio Pajudua Gã E à'mez Silvaiv; Otto Hernandez Fustesv service of the Mother Hospital Mother School Our lady of light pinhais, pinhais pr brasil; toranic surgery and surgerye aigolotamotnis aloccip anu noc euges ehc elaretal o eroiretsop acicrotartini assam al attut id amirp aserp erness eved onginew amonnawhcs olled elatsocretni isongaid al omairedisnoC .ongineb amonnawhcs ol noc elibatpmoc are yrtsimehcothsih-onumi .otsartnoc lad otnemaroilgim otercsid e etnarbmogni etrap alled .Atisned noc .EH led onretni'lla atteirop ehc retsoc o7 ocral'led avispapsee eraludon enoisei anu otartsom ah yhpargomohr retupmoc xarot aL .EH alled aidem etrap azret allen aloicseiv id obmum led enoizunimid anu otartsom ah emase'L .)EH(ortsinis ecarotime'llen erolod e acces essot ereva rep otanretni otats "À ,erotamuf ,inna 73 id oncaib omou nU TCARTSBA .ongineb amonnawhcs ,latsocretni amonnawhcs ,amonnawhcs :evahc-sarvalaP .edadingilam ed sacinãlc sepããtsetfinam ed aicnããsua e aigolotamotnis assacse moc attedelam euq elaretal uo roiretsop acic;ãrotartini assam adot etna odatneva res eved latsocretni onginew amonnawhcs ed ocitsããngaid o euq somaredisnoC .ongineb amonnawhcs moc sievãtãpmoc marof acimãugotsih-onumi nu e aigolotaus anU .etsartnoc olep eclaea otercsid e elom etrap ed edadised moc .EH od roiretni o arap es-odnatejorp ,ocra latsoc o7 od raludon avispapxe oEãsel uolever xarããt ed adazirodatupmoc laixa aifargomot A .EH od oid©ãm oããret on odãunimid ralucisev oirããmrum e zecicam ,emase oã .)EH(odreuqse xarããtimeh on rod e aces essot moc odanretni ioi ,atsigabat ,ocnarb ,sona 73 ed memoH rãC me atsilaicepsEIII RPCUP ,airããtinumoC e railimaF anicideM artsmo atsilaicepsEII RPCUP .oEããacudE me ertseM ,acid©ãM acinããC e aigolotueN ed atsilaicepsE e rotpecerPI)RP-CUP(;ããnaraP od acipããtaC edadisevinU aicããftnoP ad siatipsoH ;lisarB RP abituruC ,urujaC oirããtisrevinU eladepso Otam Ed Larutan ,Oridasac ,Odasac ,OCNARB ,SONA 73 Ed Memoh os os os os os sac.)2002-4991 .yilldum(laidnum arutaretil arutaretil or e arilisarB arutaretil an latsces ed odnuhdhed odnawh odnuhdhed Uqotsih-onumi e ocigãã

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