eyelids (40×, 100×) was negative. The condition disappeared and the patient remained stable during the past 6 months.

Treatment of blepharitis associated to Demodex must target the elimination thereof by daily palpebral cleaning (sterile towels, soaps) as well as local lubricants. Cleaning crusty formations from palpebral edges utilizing topical ether has been applied with excellent results.1

Recently, oral ivermectin has been postulated as a new treatment for resistant chronic blepharitis due to infestation by the said parasite. As described by Nogueira et al.2 the use of this drug seems to be an efficient and safe alternative in addition to its advantages such as ease of posology and absence of adverse effects. However, the use of this drug in our patient did not diminish the number of parasites or improve the symptoms.

In conclusion, the application of cotton swabs dipped in ether associated to conventional topical measures is a safe method and provides good results in short periods of time. It constitutes a classical, efficient and economic alternative for patients with chronic blepharitis associated with infestation by Demodex resistant to treatment with oral ivermectin.

REFERENCES


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Intracranial hypertension and pulmonary hypertension. Causality or coincidence?∗

Hipertensión intracraneal e hipertensión pulmonar. ¿Causalidad o casualidad?

Dear Sir,

Pulmonary hypertension (PHT) is a disease having variable etiology which can exhibit ophthalmological expressions as a result of diminished venous flow caused by increased systemic venous pressure (SVP). This increase is due to right side cardiac insufficiency and could even inhibit adequate drainage of cerebrospinal fluid (CSF), producing increase in subarachnoid or intraventricular pressure and causing intracranial hypertension (ICHHT). The literature has described ocular expressions in patients with PHT as the increase of arbitrary and episcleral SVP could produce ocular complications, notably dilatation of conjunctival and episcleral veins, central retina vein occlusion, uveal effusion with choroidal detachment, intraocular pressure increase and exudative retina detachment.1

Female, 56, who visited the emergency service due to bilateral blurred vision and occipital cephalalgia. No nausea, vomits, fever or other systemic alterations. History included idiopathic PHT classified as class II of the New York Heart Association, controlled with medical treatment (digoxin and diuretics), in stable condition for the past 5 years. An ophthalmological examination performed 15 months earlier gave absolutely normal results. The emergency service examination reported visual acuity of 0.8 in both eyes. Anterior

pole biomicroscopy examination was normal and funduscopy evidenced papilledema (Fig. 1) verified by means of optic coherence tomography. Lumbar puncture was made, finding an opening pressure of 370 mm H₂O, thus confirming the ICHT diagnostic. CSF analysis was normal and the imaging tests [nuclear magnetic resonance (Fig. 2) and phleboresonance] were normal. The patient was diagnosed with idiopathic benign ICHT (HII) associated to severe PHT in stable condition with medical treatment and PVC normal.

HII or pseudotumor cerebri is a clinic entity of unknown etiology. It is described in the literature has increased PIC with normal CSF composition and in the absence of space-occuping intracranial injuries which could produce the HII. Typically, it occurs in obese females in fertile age and has been associated with the use of corticoids, tetracycline, growth hormone, thyroid diseases, vitamin D deficiency, vitamin A excess, venous sinus thrombosis, malnutrition, mastoiditis, supra-renal insufficiency or iron-deficiency anemia. Hypertension due to compromising of cranial venous flow as occurs in pulmonary diseases in right side cardiac insufficiency or intracranial arteriovenous malformations has also been associated to the development of HII.

In the case being discussed, the presence of HII is of doubtful origin. We considered the possibility of HII associated to PHT despite the stability of the pulmonary condition and SVP in the past 5 years against HII which develops casually in the midst of a severe but stable PHT under medical treatment. The first possibility would be related with partial and transient SVP increases, sufficient to develop HII and secondary papilledema despite adequate management of PVC with said medical treatment.

As conclusion, we wish to emphasize the importance of the ophthalmologist in the study of systemic diseases and cooperation with other medical specialties, considering that adequate ophthalmological examination can constitute the starting point for diagnosing and treating said diseases.

REFERENCES


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