

An 'Open-Ishihara-Book' Case of What Lies Beneath...

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A 76-years-old male presented to our Emergency Department (ED) with a three-day history of refractory headache, nausea and photophobia, with an associated left visual field loss. His past medical history included migraine with typical prodromal presentations of nausea and photophobia, with preceding large monocular fortification spectra (which typically resulted in prolonged periods of left-sided visual field losses). The reason for the presentation on this occasion was related to the headache intensity. The ingestion of sumatriptan, as was indicated prior to his ED presentation, had good effect with partial resolution of the headache and nausea.



[Table/Fig-1]: Right Occipital Ischaemic Infarct

The reviews which were made by both the ED and the Ophthalmology staff revealed no objective visual defects despite the patient maintaining the presence of the left-sided visual field abnormality. However, the application of an *ishihara* booklet by the Ophthalmology Registrar uncovered a left Homonymous Hemianopia. A subsequent CT scan of the head which was done, revealed a right occipital cortex ischaemic stroke [Table/Fig-1].

This case demonstrates the ongoing need for the clinical application of *ishihara* charts [Table/Fig-2] in the clinical practice, something which we perceive, is diminishing in the clinical practice. Importantly, this case reinforces the need for an objective and a thorough examination, irrespective of the likelihoods which are associated with a premorbid history. Equally, caution is required in dismissing the subjective presentations when objective findings are lacking.



[Table/Fig-2]: Ishihara booklet

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