

Raised Optic Disc Guideline:

Patients are often referred to RCH ophthalmology and neurology for evaluation of raised optic discs. Referrals come from optometrists, ophthalmologists and other physicians.

The main differential diagnosis for raised optic discs includes papilloedema and pseudopapilloedema.

Papilloedema is optic disc swelling that is due to raised intracranial pressure. Raised intracranial pressure can be secondary to an intracranial mass, venous outflow obstruction, excess production or obstructed flow of cerebrospinal fluid. It can also be caused by idiopathic (primary) intracranial hypertension or it can be secondary intracranial hypertension that is caused by a drug, metabolic, endocrine or systemic abnormality.

Pseudopapilloedema is disc elevation without raised intracranial pressure and the most common cause is Drusen; an optic disc abnormality with buried hyaline bodies but the appearance can also be seen with congenital tilted discs and hyperopia.

Below is a diagnostic and management guideline developed by the Ophthalmology and Neurology departments to aid in the management of patients presenting with raised optic discs.

