A 45 year old hypertensive patient presented to the emergency medical room (EMR) with sudden onset of severe headache, episode of vomiting, visual loss and confusion. A C.T scan and MRI brain was done revealing a large hematoma in the region of posterior part of left thalamus. The patient was disoriented in time, place and had right visual field hemianopia. The headache and higher functions became normal with control of intracranial pressure and supportive therapy. There were no motor or sensory symptoms or signs. This case is unique as a large thalamic hematoma presented with only visual field deficit and no sensory or motor system affection.

Blood hemogram done was normal. Renal and liver function test were also normal. The lipid profile revealed elevated LDL of 128 mg%, VLDL 32 mg% and Triglycerides of 242 mg%. The automated static perimetry revealed right homonymous hemianopia.

In view of clinical findings and neuroimaging along with evidence of right homonymous hemianopia, affection of left lateral geniculate body (LGB) due to thalamic hemorrhage was confirmed. For control of raised intracranial tension (ICT) the patient was started on injection mannitol (100ml, 20%) TDS and supportive treatment of injection Phenytoin (100 mg TDS) and injection Citicoline 500 mg BD. For control of systemic hypertension the patient was started on tablet amlopidine (5 mg) which stabilised BP at 150/100 mm Hg. The patient was reviewed 3 months later and there were no motor or sensory deficits. The visual field loss recovered partially and the hematoma size decreased on repeat CT scan.

According to a review of 100 patients of thalamic bleed, ocular features are commonly seen in patients with posterolateral, anterolateral, and medial thalamic hemorrhage. Gaze preference towards the lesion was seen in 72% with large thalamic hemorrhage (> 4 cm diameter). Other common signs seen were horizontal or vertical gaze palsy, skew deviation, one and a half syndrome, pupillary abnormality and hemianopia. Only 3 out 100 (3%) patients have demonstrated contralateral visual field hemianopia.1

A few case reports also describe isolated visual field loss as sole feature of localised small hematoma of the lateral geniculate body.2,3

Large intracranial bleed involving the basal ganglia and thalamus were present as acute emergency with signs of raised intracranial pressure and neurological deficit. Severe motor and sensory deficit may be present along with speech or higher function loss. Damage to the neighbouring cortical structures or brainstem may progress to involve cranial nerves. However, our patient had mainly visual field loss with a large hematoma involving the posterior thalamus.
References:

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