

ISOLATED HOMONYMOUS QUADRANTANOPIA ASSOCIATED WITH STATOKINETIC DISSOCIATION -- A CASE REPORT

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Purpose: To describe a 38-year-old male developing visual field defect associated with statokinetic dissociation.

Method: Interventional case report.

Result: A 38-year-old male presented to our clinic with a complaint of sudden onset of left side visual field loss. The entire ophthalmological examinations gave normal results except for the visual field examinations. Goldmann perimetry revealed a left homonymous inferior quadrantanopia. Image of computerized topography displayed an infarction area over the right occipital lobe. During the subsequent follow-ups, the patient could detect moving targets, but not stationary objects inside the defective visual field. This unique symptom is named statokinetic dissociation, also known as Riddoch phenomenon.

Conclusion: Statokinetic dissociation (Riddoch phenomenon) can present as a leading sign of visual field recovery. It may be clinically overlooked and misdiagnosed. Careful series kinetic visual field examinations to trace the subsequent evolution are important for its differential diagnosis.

Key words: homonymous quadrantanopia, Riddoch phenomenon, statokinetic dissociation

INTRODUCTION

Riddoch phenomenon, in which a stimulus is perceived during motion but not with stationary presentation, was also known as statokinetic dissociation. It was first described in 1917 by George Riddoch¹, who had

been a temporary officer in the Royal Army Medical Corps. He examined World War I soldiers demonstrating a dissociation of visual perception because of gunshot wounds that injured the occipital lobe. Patients could perceive motion in a portion of the visual field otherwise blind² due to occipital lobe injury. The phenomenon was clearly revealed by markedly different results

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