

## Diagnosis

<b>Key Document code:</b>	WAHT-TP- 020	
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<b>Approved by:</b>	Neurology Directorate Governance Meeting	
<b>Date of Approval:</b>	9 <sup>th</sup> May 2022	
<b>Date of review:</b> <b>This is the most current version and should be used until a revised document is in place</b>	9 <sup>th</sup> May 2025	

### Key Amendments

Date	Amendment	Approved by
May 2022	Documents re-approved with no amendments	Neurology Directorate Governance

Patients may have accompanying cranial nerve lesions, cortical, cerebellar and pyramidal signs.

All patients with papilloedema need urgent scanning to exclude a symptomatic intracranial mass lesion.

#### Inclusion criteria:

Bilateral disc swelling where intracranial SOL and IH cannot be excluded.

N.B may be unilateral if contralateral optic atrophy

#### Exclusion criteria – alternative differential diagnoses for disk swelling\*

Vascular CRVO, Malignant hypertension, NAION

Inflammatory (Ocular) AION, Scleritis, Uveitis, Optic neuritis

(Orbital) Wegeners, Sarcoidosis, Chug Strauss, IgG4 disease, TED

Infective- e.g. Toxoplasma

Toxic optic neuropathy (drug associated)

Hypotony

Diabetic papillopathy

\*Managed under care of named Consultant Ophthalmologist