A 28-year-old woman presented with rapidly progressing visual loss and left eye pain. Ophthalmologic examination, tonometry, and optical coherence tomography were normal, but static perimetry showed a left central scotoma. MRI revealed a left optic nerve lesion highly suggestive of cavernous venous malformation (CVM) (figure). Conservative treatment with oral corticosteroids was started. Pain decreased and visual acuity improved progressively to total recovery. Sequential follow-up MRI over 3 years showed no change in the lesion.

The optic nerve is a rare location of CVM. Surgical resection remains the standard treatment, but a less invasive approach might be preferred.

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**Disclosure**
The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.
References

Appendix Authors

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<tr>
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NEW EPISODE

Disease Activity in Pregnancy and Postpartum in Women with MS Who Suspended Rituximab and Natalizumab (see the November issue of Neurology® Neuroimmunology & Neuroinflammation)

In the first segment, Dr. Stacey Clardy talks to National Academy of Medicine inductee Dr. Merit Cudkowicz about her research and work. In the second part of the podcast, Dr. Clardy talks with Dr. Katharina Fink about antibody therapy for pregnant women with multiple sclerosis.

Disclosures can be found at Neurology.org.

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Sophie Anglaret and Augustin Lecler
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