

Neuro-Ophthalmology

**NON ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY AND
OBSTRUCTIVE SLEEP APNEA: AN OVERLOOKED ASSOCIATION?**

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PURPOSE: The association of NA-AION and cardiovascular risk factors is well known. More recently, OSA has been recognized as a strong risk factor and the non-compliance with CPAP therapy was identified as the strongest risk factor for fellow eye involvement. We describe a case series of patients with NA-AION diagnosis, identifying their associated risk factors.

METHOD: Retrospective analysis of patients with the diagnosis of NA-AION in a two-year period. **Results:** 42 patients with confirmed NA-AION diagnosis were identified: 37 had unilateral NA-AION, 3 unilateral NA-AION with later fellow eye involvement and 2 had bilateral NA-AION. The most commonly identified risk factors were dyslipidaemia (86.5%), high blood pressure (71.4%), OSA (15; 35.7%) and diabetes mellitus (23.8%). While the diagnosis of dyslipidaemia, HBP and DM were already known before the occurrence of NA-AION in most patients, 80% of patients diagnosed with OSA had no known diagnosis beforehand. Of the 15 patients with OSA, 8 had moderate-to-severe OSA and 7 had mild OSA. All 5 patients with bilateral NA-AION or unilateral NA-AION with later fellow eye involvement were diagnosed with OSA, which was moderate-to-severe in 4 patients.

CONCLUSION: OSA is an underdiagnosed condition which seems to be strongest risk factor for the occurrence of NA-AION and for fellow eye involvement, according to the literature. Pneumology consultation and sleep study should be considered in all patients with new diagnosis of NA-AION, particularly if suggestive signs or symptoms of OSA. The diagnosis and treatment of OSA might reduce fellow eye involvement and improve the patient's health globally.