

In our own experience, we have seen patients who have been referred to us after consultation with ophthalmologists and even after neuro-imaging but with no measurement of blood pressure.

A diagnosis of posterior reversible encephalopathy syndrome should be considered in any child presenting with the above symptoms. Blood pressure should be measured in all children and especially so in these children. Acute glomerulonephritis is a common cause of acute hypertension in children and should be investigated for.

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## Cortical blindness in a child with acute glomerulonephritis

Sir,

We read with interest the article on “Cortical blindness in a child with acute glomerulonephritis” by Kaarthigeyan and Vijayalakshmi.<sup>[1]</sup>

However, we do not agree with their statements that “hypertensive encephalopathy and cortical blindness in children with acute glomerulonephritis are extremely rare” or that “Posterior reversible encephalopathy syndrome (PRES) revealing acute glomerulonephritis is extremely rare in children.”

The syndrome of hypertensive encephalopathy has been described in about 5% of hospitalized patients with acute glomerulonephritis. This may be accompanied by signs of central nervous system dysfunctions such as headache, vomiting, depressed sensorium, convulsions, aphasia, memory loss, and visual disturbances and appears to occur more often in a child who is minimally to moderately edematous as compared to those with severe edema.<sup>[2]</sup>

### References

1. Kaarthigeyan K, Vijayalakshmi AM. Cortical blindness in a child with acute glomerulonephritis. *Indian J Nephrol* 2012;22:42-4.
2. Brouhard BH, Travis LB. Acute postinfectious glomerulonephritis. In: Edelmann CM, editor. *Pediatric Kidney Disease*. 2<sup>nd</sup> ed. Boston, Little Brown and Company; 1992. p. 1199-221.

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