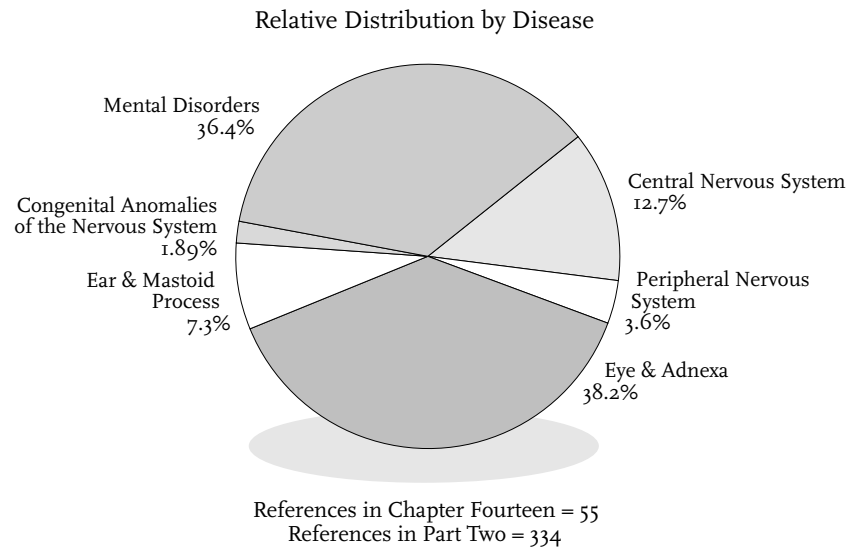


14. Remission of Nervous System, Sense Organs, and Mental Disorders



Remission of Nervous System, Sense Organs, and Mental Disorders



Diseases of the nervous system and sense organs (ICD•9•CM* code numbers 320-389) includes disorders of the central and peripheral nervous systems, the eye and adnexa, and the ear and mastoid process. Central nervous system disorders include meningitis, Alzheimer's and Parkinson's disease, multiple sclerosis, cerebral palsy, paralytic syndromes such as quadraplegia, epilepsy, migraine headaches, and other brain conditions such as arachnoid cysts. Peripheral nervous system disorders include neuralgias, neuropathies, myasthenia gravis, and muscular dystrophies. Eye disorders include glaucoma, cataracts, retinal defects, and impaired vision. Vertigo, tinnitus, hearing loss, and otitis media are some of the disorders of the ear included in this category.

Mental disorders (ICD•9•CM code numbers 290-319) encompass a wide range of organic and behavioral conditions. Some of the conditions include senile dementia, alcohol and drug dependence, abuse and psychoses, amnesia, schizophrenia, and depression, anxiety, hysteria, eating disorders, sexual dysfunction, sleep disorders, and acute stress reactions, mental disorders due to brain damage and mental retardation.

Congenital anomalies of the nervous system (ICD•9•CM code numbers 740-744) include anomalies of the

brain such as anencephalus, spina bifida, hydrocephalus, spinal cord anomalies, and anomalies of the eye such as congenital glaucoma and cataracts.

There are 55 references in Chapter 14 (16.5% of the 334 references in Part Two)—16 annotated and 39 supplemental. Remission of diseases of the nervous system and sense organs comprise 34 of the references, remission of mental disorders, 20 references, and resolution of congenital anomalies, 1 reference. Full text of 12 case reports is included. Table One summarizes the contents of Chapter 14.

Table One: References and Case Reports in Chapter Fourteen †

| Disease/Disorder | References (number) | Cases (number) | Cases (%) |
|-------------------------------------|---------------------|----------------|-----------|
| Central & Peripheral Nervous System | 9 | 1 | 0.8% |
| Eye & Adnexa | 21 | 10 | 8.3% |
| Ear & Mastoid Process | 4 | 0 | 0.0% |
| Congenital Anomalies | 1 | 1 | 0.8% |
| Mental Disorders | 20 | 0 | 0.0% |
| Totals | 55 | 12 | 10.0% |

† Total number of case reports in Part Two is 120.

* The International Classification of Diseases 9th Revision (ICD•9•CM) is a volume that provides an international standard for the classification of diseases. It was prepared by the Commission on Professional and Hospital Activities [Ann Arbor, Michigan: Edwards Brothers, Inc.], April 1986.

Central and Peripheral Nervous System Disorders

Spontaneous Disappearance of a Large Middle Fossa Arachnoid Cyst

BELTRAMELLO A; MAZZA C
Surgical Neurology 24(2): Aug 1985; 181-183

Extracted Summary

A case of a large middle fossa arachnoid cyst that spontaneously disappeared is reported. The possible mechanisms involved in the natural cure of this lesion and the indications for surgical versus conservative treatment of middle fossa arachnoid cysts are discussed.

SELECTED CASE REPORT

A boy, aged 14, who had been complaining of frontal headache for some weeks, suffered from a generalized epileptic seizure in June, 1980. On admission, neurologic examination disclosed no signs of increased intracranial pressure and the patient was symptom free.

An electroencephalogram showed only slight diffuse abnormalities and antiepileptic therapy with phenobarbital was begun. X-ray films of the skull revealed a localized thinning and bulging of the left temporal bone. In December, 1980 a computed tomography (CT) scan showed a huge fluid collection on the left, located in the middle cranial fossa. The oval-shaped lesion had sharp edges; there was no perifocal edema but significant contralateral ventricular shift was evident. On the basis of the findings of the CT scan, a diagnosis of left middle fossa arachnoid cyst was made. Considering that the lesion was large but the symptoms slight, it was decided, in agree-

ment with his parents' wishes, to wait until the school term ended before making any decision as to treatment. Then, a metrizamide cisternography would be performed, before carrying out any operation.

A CT scan on July 2, 1981, 7 months after the first examination, revealed a cyst markedly decreased in size. Furthermore, there was no longer compression of the ventricular system. A subsequent CT scan on November 16, 1981, showed a further decrease in size of the cyst. In June, 1982 it had almost completely disappeared and ipsilateral ventricular dilatation had become evident.

The boy has continued antiepileptic therapy and has not experienced any other seizures. His neurologic examinations have remained normal. At a recent clinical examination 5 years after his initial symptoms, the boy was found in perfect health; CT scan was unaltered.

SUPPLEMENTAL REFERENCES CENTRAL AND PERIPHERAL NERVOUS SYSTEM DISORDERS

Remission of Symptoms in Multiple Sclerosis

VARNEY DHM

Medical Journal of Australia 2(1): Jul 4 1970; 44-45

MMPI Profiles in Exacerbation and Remission of Multiple Sclerosis

CLEELAND CS; MATTHEWS CG; HOPPER CL

Psychological Reports 27(2): Oct 1970; 373-374

Ocular Myasthenia: Multiple Recurrences and Spontaneous Remissions

HOCHMAN MS

Journal of the American Medical Association 247(1): 1982; 62

Palatal Myoclonus Syndrome with Spontaneous Recovery in a Child

BOULLOCHE J; AICARDI J

Archives Francaises de Pediatrie 41(9): Nov 1984; 645-47

Spontaneous Remission in Spasmodic Torticollis

FRIEDMAN A; FAHN S

Neurology 35(Suppl 1): April 1985; 272

Spontaneous Remission of Cerebral Palsy

TAUDORF K; HANSEN FJ; MELCHIOR JC; PEDERSEN H

Neuropediatrics 17(1): Feb 1986; 19-22

Spontaneous Remission of Paralysis Due To Spinal
Extradural Hematoma: Case Report
EMERY DJ; COCHRANE DD
Neurosurgery 23(6): Dec 1988; 762-764

Spontaneous Resolution of Cervical Spinal Epidural
Hematoma
ANDERSON TJ; DONALDSON IM
Postgraduate Medical Journal 65(765): 1989; 488-490

Disorders of the Eye and Adnexa

Spontaneous Complete Absorption of a Cataractous Lens

CORIN N

Archives of Ophthalmology 55: 1956; 118

Extracted Summary

A case in which the complete absorption of both a cataractous lens and its anterior capsule 29 years after development of the toxic cataract is reported. The patient was able to regain 20/20 corrected vision in spite of amblyopia of such duration.

SELECTED CASE REPORT

A married woman aged 45 was first seen by me on August 10, 1949, and presented the following history: Twenty-three years previously the patient had had an acute iritis of the left eye. Six months after this episode she could perceive only light with the left eye. The past history relative to the right eye was negative. The condition of both eyes had remained in status quo from that time until the date of my first examination on August 10. Examination at that time revealed a mature complete cataract in the left eye with no synechia. The eye was quiet and the patient was symptom-free. The right eye was essentially negative. The visual acuity was 20/20 in the right eye and limited to light perception and projection in the left eye.

The patient was again seen by me on February 2, 1952, at which time presbyopic lenses were prescribed. There was no change in the left eye. The patient returned on April 5, 1955, and stated that spontaneously on March 15, 1955, the left eye had become red and acutely painful.

This condition persisted for a few days, after which there was marked photophobia. Examination revealed total aphakia. The anterior capsule and the lens had absorbed completely, and under the slit lamp fine, dust-like particles were seen on the anterior face of the vitreous. The visual acuity was 20/20 in the right eye and limited to finger counting at 3 feet in the left eye. With a +7.25 sphere visual acuity was corrected to 20/20 in the left eye. Reexamination was performed on June 11 and September 29. On both occasions the pupil was widely dilated with 10% phenylephrine (Neo-synephrine). The dust-like particles on the anterior face of the vitreous have remained unchanged. Otherwise the vitreous is clear. No sign of the lens or its capsule was found in the vitreous after an exhaustive search with a widely dilated pupil. Tension in the left eye, as measured with the MacLean tonometer, has remained within normal limits. Corrected visual acuity is still 20/20. The eye has remained symptom-free to the present date.

Spontaneous Regression of Pseudoparalysis of the Inferior Oblique Muscle

COSTENBADER FD; ALBERT DG

Archives of Ophthalmology 59: 1958; 607-608

Extracted Summary

A case of pseudoparalysis of the inferior oblique muscle that disappeared spontaneously is presented. Speculation as to the pathogenesis is given.

SELECTED CASE REPORT

In 1949, one of us (F.D.C.) saw a 3-year-old white boy with a history of an intermittent vertical strabismus since infancy. He was found to hold his head turned slightly to the left, with chin elevated. There was complete lack of motion in the field of action of the left inferior oblique. He was seen again at ages 5 and 6 years. At these visits, there was still complete absence of elevation in adduction O.S. The left superior oblique functioned normally; there were no abnormal torsional movements noted with the eye adducted, and movements and fusion

were normal in all other fields. An investigation of the sheath of the left superior oblique was suggested but was not done.

About six months later the child was seen again. The anomalous head position had disappeared, and there was now complete recovery of motion in the field of the left inferior oblique muscle. He was orthophoric in the six cardinal fields of gaze at distance and displayed a concomitant esophoria of 4 delta for near. Fusion seemed stable in all fields when examined by the red green test.

Spontaneous Recovery in a Case of Superior Oblique Tendon Sheath Syndrome of Brown

ADLER FH

Archives of Ophthalmology 61: 1959; 194

Extracted Summary

A case of superior oblique tendon sheath syndrome is reported in which the patient, a child of four, experienced a spontaneous cure.

SELECTED CASE REPORT

The child, 4 years of age, was first seen September 8, 1955, with a typical picture of a left inferior oblique paralysis. I advised doing a force-duction test under anesthesia and deciding at that time what operative procedure to carry out, depending upon whether or not this was found to be a true Brown syndrome. This advice was not accepted, and the parents decided to do nothing about the condition. The child was seen again on May 26, 1958, no treatment having been given in the meantime. The eyes

were straight in all positions of gaze, there being no sign of any left inferior oblique paralysis remaining.

While it cannot be stated with certainty that this was a true superior oblique tendon sheath syndrome, it indicates that spontaneous recovery is possible in cases either of this syndrome or of inferior oblique paralysis. Immediate operation is therefore not indicated and, in view of the uncertain operative results, should probably be deferred until these children are older.

Spontaneous Regression of Senile Retinoschisis

BYER NE

Archives of Ophthalmology 88(2): Aug 1972; 207-209

Extracted Summary

A 62-year-old white woman with typical senile retinoschisis in the lower temporal quadrant of each eye showed spontaneous, simultaneous disappearance of the intraretinal lesions in both eyes. The left eye with the larger lesion showed a corresponding absolute field defect which persisted. The existence of such cases strengthens the justification of conservatism in the management of this disease.

SELECTED CASE REPORT

A 62-year-old white woman was first examined in June, 1970, because of symptoms produced by a very recent vitreous detachment in the right eye. Her visual acuity was 20/15 in each eye with the following corrective lenses: OD +2.00 -0.50 x 175; and OS +1.75 sphere. Anterior chambers were of normal depth, and the examination of the anterior segments was within normal limits. The intraocular tension was 5/5.5 = 17

millimeters (Schiotz) in each eye. Fundus examination showed the presence of an axial midvitreal opacity in the right eye, which explained the patient's complaint of seeing a "hairnet" in the right eye.

Examination of the periphery of each fundus revealed in addition the presence of moderately large, bilateral, infero-temporal areas of typical senile retinoschisis. In the right eye, the retinoschisis extended from 6 to 8:30

meridians and posteriorly an estimated distance of 4 1/2 disc diameters. In the left eye, it extended from 3;30 to 6 meridians and posteriorly an estimated distance of 6 disc diameters. In the left eye it had a rather high dome, and in both eyes the anterior surface was marked by the presence of many clusters of discrete white surface dots. No retinal breaks were seen in either layer in either eye.

Examination of the peripheral visual fields with Goldmann perimeter four months later showed only a questionable loss on the right, but on the left eye, a definite peripheral constriction was present in the upper nasal field corresponding to the area of retinoschisis. This field loss was dense and with steep borders as shown by the fact that the defect was identical with both the 16 and the 64 mm² examining objects. The findings were discussed with the patient but no treatment was recommended. She was asked to return for reexamination in one year.

The patient returned in June, 1971, but had no significant symptoms to report. Her visual acuity was again 20/15 in each eye with correction, and the external examin-

ation and intraocular tension were within normal limits. Fundus examination with pupils widely dilated showed some very interesting changes. In the right eye, the previous area of elevation due to retinoschisis had completely disappeared. However, the many clusters of white surface dots remained and were as obvious as before. In the left eye, the moderately high dome of the inner layer of the retinoschisis cavity had flattened remarkably to the point that it was clinically doubtful whether there were any elevation at all. Here too the clusters of white dots were unchanged.

Examination with the Goldmann contact lens and slit lamp confirmed the absence of an elevated inner layer in the left eye, but revealed the typical mottled texture of the retina in the area previously occupied by the retinoschisis cavity. The Goldmann perimeter revealed a very similar defect in the upper nasal field as had been measured eight months previously, and was again identical with the 16 and the 64 mm² objects.

Spontaneous Healing of Central Vein Thrombosis in Early Gravity

HUISMANS H

Klinische Monatsblätter für Augenheilkunde und Augenärztliche Fortbildung 168(3):

March 1976; 423-425

Extracted Summary

The author reports on spontaneous healing of central vein thrombosis of both eyes in gravity (Mens III). The 24-year-old patient is still healthy.

SELECTED CASE REPORT

Mrs. K., 24 years old (Turkish). Gravity (Mens III). Supported by an interpreter, we learned that the previously healthy patient had had an acute loss of vision of the left eye 3 weeks ago. However, the visual performance was spontaneously regained a few days later. One week ago she also suffered from almost complete loss of vision of the right eye, but in the meantime she had regained some of her vision in this eye.

Blood pressure was 120/80 mmHg both sides; SR 0.3 p Gbn, SL 1.0. Inner ocular pressure was right 16, left 14 mmHg. The visual fields showed a magnification of the blind spot and relative central thrombosis with mark I/2 right. These changes didn't exist in the left eye. However, on both sides a concentric narrowing of the outer limits was found. Slit-lamp investigations revealed that the anterior sections were without symptoms and the refracting media clear. The fundus of the right eye showed the disc to have unclear boundaries due to an edema extending towards the periphery, 1-2 diopters prominent. All retinal vessels were enlarged. The V. temporalis retinae superior and the end part of the V. nasal retinae superior were extremely distorted and partly appeared to be interrupted

by edema. Some single strands protruded from the retinal level. Directly in the upper outer angle of the Omega-like dichotomy of the V. temporalis retinae superior closest to the disc there was a "cotton-wool" focus. The retinal arterioles were narrowed. In the center of the retina there was a blistery edema. The line and spot shaped hemorrhages revealed their location in the nerve fiber layer by their radial order. They extended far into the periphery and partly covered the retinal vessels. Examination of the fundus of the left eye revealed that the boundary of the longitudinally oval disc were slightly unclear due to a retinal edema stretching into the middle periphery. There was a hyperemia of the nasal half of the disc. The disc, however, was located in the retinal level, and there were no hemorrhages of the vascular funnel. The center of the retina didn't show any pathological changes. All the retinal venioles were enlarged, whereas the arterioles were narrowed. In parts the vessels were obscured by the retinal edema. Very few paravasal punctual hemorrhages are found. Gynecological and neurological examination revealed no pathological findings.

The patient was diagnosed with central vein throm-

bosis, which was, according to the anamnesis, about 8 days old, with spontaneous healing in the left eye

Considering the spontaneous healing of the central vein of the left eye and the intact gravidity (Mens III) no immediate medication treatment was initiated. The patient was observed first every 2 days, later every 4 days. No

treatment proved to be the correct course of action since a considerable improvement in the findings was observed within a few days. By the eleventh day of observation there was almost complete spontaneous healing.

(Noetic Sciences translation)

“Spontaneous Healing” of Hypermature Morgagnian Cataract: Case Report with Photographs

OPPONG MC; KERN R

Klinische Monatsblätter für Augenheilkunde und Augenärztliche Fortbildung 176(4):
April 1980; 678-680

Extracted Summary

Spontaneous rupture of the lens capsule in hypermature morgagnian cataract is rare. A case report with photographs of spontaneous resorption of the lens cortex and clear pupil without secondary glaucoma or cyclitis is presented.

SELECTED CASE REPORT

An 80-year-old female patient came to us, consulting us about a diabetic retinopathy. Her diabetes mellitus was known for about 10 years. Having a mature cataract on both sides, an intracapsular cataract extraction on the right side had been performed without complications 17 years ago. Eight weeks later the patient had a definitive aphacial correction (+10.0 sph right). As a result she had a vision of 1.25. Since then the patient had not seen an optician, although a cataract extraction on the left side at a later time had been recommended to her. She reported having seen better with her left eye during the last few years. The eye had been without irritation and pain. Findings: vision right: with +10.0 sph = 1.0; vision left: with +10.0 sph = 1.0; tension on both sides 15 mmHg (Applanation). Slit-lamp examination of the right eye: Front part without irritation; camera oculi anterior deep; Pupil round, prompt reaction to light. Aphacia with intact

membrane of the vitreous body; small thrombosis in the upper region at 12 o'clock. Fundus examination in mydriasis: vital disc, macula and periphery of fundus with discrete ectopy of pigment. Fundus vessels with moderate sclerosis and irregular caliber.

Slit-lamp examination of the left eye: Conjunctiva and cornea without irritation; camera oculi anterior deep; pupil round, prompt reaction to light; tremulous iris; posterior lens capsule and hyaloidea intact; in mydriasis the downward dislocated, brown, hard lenticular nucleus outside the optical axis between iris and posterior lens capsule. On the lens capsule whitish dots of spotty lens masses. View on fundus mainly clear upon direct ophthalmoscopy and the 3 mirror contact glass; filtration angle circular, open and only moderately pigmented; disc and findings of fundus same as on the right eye, no diabetical disturbance.
(Noetic Sciences translation)

Spontaneous Regression of Senile Cataract

RIEGER G

Klinische Monatsblätter für Augenheilkunde und Augenärztliche Fortbildung 177(6):
Dec 1980; 816-818

Extracted Summary

Spontaneous regression of senile cataract, an extremely rare occurrence, is illustrated with reference to findings in a woman patient born in 1892. The lens capsule was intact; an irritation which had gone unnoticed by the patient had led to posterior synechia of the iris and to the formation of a precapsular membrane in the lower pupillary region. At the time of examination intraocular pressure was in the upper normal range (20 mmHg). Following treatment of the aphakia with appropriate cataract lenses the patient attained a remarkable 0.6% vision and Jaeger 3.

SELECTED CASE REPORT

A woman patient (born 1892) had had a cataract of the left eye for about 20 years. The cataract caused almost total blindness and, as a consequence, clear outward squinting of this eye, while initially the other eye was satisfactory. According to the patient, the right eye also deteriorated during the last years, caused by cloudiness of the anterior and posterior part of the lens. On the other hand the patient had noticed that the almost blind left eye had improved during the last years. She had not had any trouble, either pain or irritated eyes. At previous optician's examinations, cataract operations had been discussed which the patient refused out of fear.

About 3 years ago she came to us to ask if glasses would help her condition. The examination revealed a strabismus divergens in the left eye, a moderate hypermetropia on both sides, presbyopia. The front parts of the right eye were without irritation and straight, there was a dense cataract with opaque front and posterior ring and a sclerosis of the nucleus. No details could be seen any more on the fundus of the right eye (red light). The

performance without correction was reduced to 0.16 p (2), Jaeger 9, single words. The intraocular pressure was 18 mmHg (Applanation). On the left side, the front parts were also without irritation, camera oculi anterior deep, the looking movements revealed a clear iridodoneis, the Tyndall was negative. Instead of the lens there was an almost clear (at least the upper part) folded lens capsule. On its lower part there was an almost triangular greyish-white membrane. Posterior synechia of the iris with the front lens capsule existed in this part. At the lens equator some remains of the lens with vacuoles were found. The view on the fundus was very good on big parts and revealed a clear sclerosis of the retinal and choroidal vessels, but apart from that no major pathological changes. After correction of the refractive fault and receiving corresponding glasses, the old patient attained a 0.6 vision and Jaeger 3. According to her relatives the patient could still read until her death. Applanation tension in mydriasis was 20 mmHg in the borderline range.

(Noetic Sciences translation)

Spontaneous Regression of an Anterior Chamber Cyst: A Case Report

WINTHROP SR; SMITH RE

Annals of Ophthalmology 13(4): April 1981; 431-432

Extracted Summary

Cysts in the anterior chamber are relatively rare, and the natural course is usually a gradual increase in size over a period of years. They may remain stationary but rarely, if ever, regress.

The purpose of this report is to document the spontaneous regression of an anterior chamber cyst in a 12-year-old boy over a three-month period. This case emphasizes the importance of a conservative approach to management of such cysts.

SELECTED CASE REPORT

A 12-year-old boy noted slight redness and irritation of the right eye. The only pertinent history was an elbow injury to the same eye five months previously. This injury was treated with drops by a school physician and good vision resulted. At the time of our initial examination, vision was 20/25+ in both eyes. The right anterior chamber contained a cyst filled with clear fluid. A vascular pattern in the wall of the cyst was located in the superficial stroma of the iris extending into the angle inferiorly. The cyst was easily seen under transillumination, and the intraocular pressure was normal. There was slight injection of the conjunctiva. Because of the history of trauma, the diagnosis of probable epithelial inclusion cyst of the anterior chamber was considered.

The vision was good and the eye was not significantly inflamed, so the patient was observed without medication. No significant change in the cyst was noted for two months.

When the patient returned three months later, the cyst had disappeared. A faint white scar was present in the area of the iris and cornea previously occupied by the cyst. There were synechiae to the anterior lens capsule, but the iris was no longer distorted, and the angle was free of any cystic change. The eye was quiet, vision was 20/20, and the intraocular pressure normal. The patient has continued to do well over the ensuing 24 months with no recurrence of the cyst.

Opsoclonic Cerebellopathy

BACHMAN DS

Archives of Neurology 39(6): June 1982; 387

Extracted Summary

A gradual, complete, spontaneous remission of opsoclonic cerebellopathy with no therapy is reported. At last observation, two years from the onset of the syndrome, the youngster was 4 years old and entirely normal in intelligence, with no evidence of ataxia or abnormal eye movements.

SELECTED CASE REPORT

A 2-year-old boy was admitted to the hospital shortly after the onset of ataxia. Medical and family histories were unremarkable. Results of a general examination were normal. There were no dysmorphic features, and his intelligence was appropriate for his age. The fundi were normal. The child had severe truncal and limb ataxia to such degree that he could not walk or sit without titubation. There was also obvious opsoclonus, with random, prominent, conjugate eye movements. Otherwise, his cranial nerves, reflexes, and strength were normal.

The following laboratory results and levels were normal or negative: computed tomography (CT) of the head; urinary vanillylmandelic acid (VMA), homovanil-

lic acid (HVA), and metanephrines; CSF studies; aryl sulfatase; lysosomal enzymes; intravenous pyelogram; roentgenographic bone survey; isotope bone scan; CT of the body; EEG; and bone marrow examination. Measurements of urinary VMA, HVA, and metanephrine levels obtained 1 1/2 months later were again normal.

Treatment with corticotropin was recommended, but declined. No therapy was instituted, and the symptoms slowly abated. At last observation, two years after onset of the syndrome, this youngster was 4 years old and entirely normal in intelligence, with no evidence of ataxia or abnormal eye movements.

Spontaneous Regression of Retinal Lesions in Coats' Disease

DEUTSCH TA; RABB MF; JAMPOL LM

Canadian Journal of Ophthalmology 17(4): Aug 1982; 169-172

Extracted Summary

Coats' disease is characterized by vascular anomalies in the retina that are usually associated with exudates. In the absence of treatment the disease almost always progresses toward loss of vision and, often, loss of the eye. This report describes three patients in whom some of the retinal lesions apparently regressed spontaneously; only two other such patients are mentioned in the literature. These patients may have had a form of Coats' disease that has a better prognosis than usual for the eye.

SELECTED CASE REPORT

Case 1: A healthy 58-year-old man came to us for evaluation of his vision. Eighteen months before, he had suddenly and painlessly lost the central vision in his right eye, and since then his vision had not improved. The patient had always had poorer vision in his right eye. He did not know if any members of his family had eye disease. The best corrected visual acuity was 20/300 on the right side and 20/25-2 on the left. All abnormalities detected by ocular examination were in the right eye: there was a moderate cellular infiltrate in the vitreous,

and at the fundus were extensive hard lipid exudates in the macular region, as well as large capillary aneurysms, hemorrhage and scarred areas; fluorescein angiography revealed capillary aneurysms and telangiectasia in addition to destruction of the choriocapillaris underlying the scarred areas. A diagnosis of Coats' disease was made. In view of the absence of lipid and vascular changes in the scarred areas, it was thought that the scarring represented regressed Coats' lesions.

SUPPLEMENTAL REFERENCES DISORDERS OF THE EYE AND ADNEXA

Retinal Detachment with Spontaneous Regression in Renal Failure

SHARPSTONE P; LEE HA

British Medical Journal 5505: Jul 9 1966; 92-93

Bilateral Superior Oblique Tendon Sheath Syndrome Occurrence and Spontaneous Recovery in One of Uniovular Twins

LOWE RF

British Journal of Ophthalmology 53(7): 1969; 466-471

Spontaneous Healing of Glaucoma

ARKIN W

Klinika Oczna 43(8): Aug 1973; 883-888

Spontaneous Disappearance of Early Postoperative Preretinal Retraction: A Sequel of Retinal Detachment Surgery

BYER NE

Archives of Ophthalmology 90(2): Aug 1973; 133-135

Spontaneous Recovery in Microstrabismus

KEINER ECJF

Ophthalmologica 177(5): 1978; 280-283

Spontaneous Regression of Parafoveal Exudates and Serous Retinal Detachment in a Patient with Tuberous Sclerosis and Retinal Astrocytomas

PANZO GJ; MEYERS SM; GUTMAN FA; KOLLARITS CR;

LEDERMAN RJ

Retina 4(4): Fall-Winter 1984; 242-245

Spontaneous Remission of Glaucoma in Scleromalacia Perforans: A Case Report

PERLSTEIN SH; YABLONSKI ME

Annals of Ophthalmology 16(3): Mar 1984; 229-230

Von Hippel-Lindau Disease: Case Report of a Patient with Spontaneous Regression of a Retinal Angioma

WHITSON JT; WELCH RB; GREEN WR

Retina 6(4): 1986; 253-259

Spontaneous Remission of Paraneoplastic Ocular Flutter and Saccadic Intrusions

FURMAN JMR; EIDELMAN BH; FROMM GH

Neurology 38(3): Mar 1988; 499-501

Spontaneous Resolution of Primary Congenital Glaucoma

LOCKIE P; ELDER J

Australian and New Zealand Journal of Ophthalmology

17(1): Feb 1989; 75-77

Spontaneous Reabsorption of a Rubella Cataract

SMITH GTH; SHUN-SHIN GA; BRON AJ

British Journal of Ophthalmology 74: Sep 1990; 564-565

Disorders of the Ear and Mastoid Process

Sudden Hearing Loss with Spontaneous Recovery

ALTSHULER MW; WELSH OL

Journal of Speech and Hearing Disorders 31(2): May 1966; 166-171

Extracted Summary

A case report is presented of a 69-year-old woman who experienced sudden unilateral hearing loss with spontaneous, complete recovery. The results of the audiological testing, performed two and one-half days, three and one-half days, and one week, six weeks, and six months after the insult, are presented. It is suggested that recovery from sudden deafness after the use of drugs be viewed in light of the fact that some cases of sudden deafness recover spontaneously. This by no means negates the need for immediate referral to the otologist. It is also strongly suggested that the better ear be audiotically evaluated as rigorously as the affected ear.

SUPPLEMENTAL REFERENCES
DISORDERS OF THE EAR AND MASTOID PROCESS

Investigations on the Spontaneous Remissions in Sudden Hearing Loss (Untersuchungen Zur Spontanremission beim Akuten Hörsturz)

WEINAUG P

HNO-Prax (Germany, East) 7(2): 1982; 86-93

Investigations on the Spontaneous Remissions in Sudden Unilateral Isolated Vestibular Loss (Untersuchungen zur Spontanremission des Akuten Isolierten Einseitigen Vestibularisausfalls)

WEINAUG P

HNO-Prax (Germany, East) 9(4): 1984; 287-291

Spontaneous Remission in Sudden Deafness (Die Spontanremission beim Hörsturz)

WEINAUG P

HNO (Germany, West) 32(8): Aug 1984; 346-351

Congenital Anomalies of the Nervous System

Spontaneous Resolution of Fetal Hydrocephalus

DREAZEN E; TESSLER F; SARTI D; CRANDALL BF

Journal of Ultrasound in Medicine 8(3): Mar 1989; 155-157

Extracted Summary

Hydrocephalus, when diagnosed prenatally, is usually progressive and frequently associated with other anomalies. Few of the survivors have had a normal development. We are reporting a case in which hydrocephalus was identified in the second trimester, progressed for a short period and then resolved before birth, with a subsequent normal outcome.

SELECTED CASE REPORT

A 25-year-old woman, was referred by her obstetrician because of a previous child with multiple malformations that included a congenital heart defect, dysmorphic facies including frontal bossing, hypertelorism, flat nasal bridge, highly arched palate, bifid uvula, ear abnormalities, cryptochidism, intestinal malrotation, and mild mental retardation. The pregnancy and delivery had been uncomplicated. Chromosome and metabolic studies were normal. No specific diagnosis had been made. The family history was negative except for a male first cousin (through the maternal grandmother's sister) who was mildly retarded and had a speech problem. The patient requested amniocentesis and this was completed without incident; the result was a 46, XX, apparently normal chromosome pattern. One hundred cells were examined for a fragile X, but this was negative. Alpha-fetoprotein

(AFP) was 1.21 mg% (normal) and acetylcholinesterase negative. She was referred for follow-up ultrasound studies because early hydrocephalus was noted. The third and fourth ventricles were normal in size. No associated anomalies were detected, except for a tiny choroid plexus cyst first seen at 32 weeks. Hydrocephalus started to diminish at 21 weeks and the ventricles were normal in size at 36 weeks. An apparently normal female infant weighing 2,955 grams with Apgars of 8 and 9 was delivered by cesarean section at 39 weeks. Pediatric and neurologic examinations were normal. Cranial ultrasound studies at 2 1/2 months were entirely normal except for the small choroid plexus cyst. At 15 months, her development has been entirely normal and the head circumference has remained at the fiftieth percentile.

Mental Disorders

Spontaneous Recovery in Alcoholics: A Review and Analysis of the Available Research

SMART RG

Drug and Alcohol Dependence 1: 1975/1976; 277-285

Extracted Summary

Clear statements about spontaneous recovery of alcoholics are difficult. The problem has not been directly approached in many treatment studies or in special surveys. Most of our information comes from studies of alcoholics not applying for treatment and perhaps they do not apply because their symptoms are controllable or because they realize (correctly?) that their prognosis is good.

Tentatively, it is possible to support the following statements: (i) Many studies have found spontaneous recovery among alcoholics to occur. The overall rates vary from 10% (Newman, 1965) to 42% (Goodwin et al., 1971) for alcoholics not seeking treatment. Yearly rates vary from 1 to 33% considering all types of studies. (ii) Only one study provides corroborated evidence on spontaneous recovery among alcoholics seeking treatment (Kendall and Staton, 1965) and it shows that about half recover without treatment, over varying follow-up intervals. It suggests yearly recovery rates of 3.7 to 7.4%, depending upon the criterion of recovery. (iii) We cannot be sure whether spontaneous recovery equals or exceeds that of any type of treatment. There is strong suggestive evidence from Kendall and Staton's study that recovery rates via treatment and without treatment may be very close. (iv) The reasons for spontaneous recovery are not well understood but probably include changes in health, jobs, marriages and residence. The highest rates (33%) have been found in alcoholics being treated for physical illnesses as a consequence of drinking. (v) More studies of the extent and reasons for spontaneous recovery are required. The best studies for this purpose would involve random assignment of alcoholics seeking treatment to treated and waiting list studies. (vi) Investigations of spontaneous recovery should focus on concomitant changes in social stability but also informal "treatment" by friends, relatives and Alcoholics Anonymous.

Spontaneous Remission in Alcoholics

Empirical Observations and Theoretical Implications

TUCHFELD BS

Journal of Studies on Alcohol 42(7): 1981; 626-641

Extracted Summary

The histories of 51 subjects (35 men and 16 women) with chronic drinking problems are studied. Since these subjects seemed to resolve their drinking problems without professional treatment the authors sought to analyze these cases to determine, first, whether spontaneous remission of alcoholism occurs and, second, how this remission occurs.

Spontaneous Remission from the Problematic Use of Substances

An Inductive Model Derived from a Comparative Analysis of the Alcohol, Opiate, Tobacco, and Food /Obesity Literatures

STALL R; BIERNACKI P

International Journal of the Addictions 21(1): 1986; 1-23

Extracted Summary

Despite obvious theoretical and treatment implications, the study of how individuals end the “compulsive” use of substances without formal treatment (“spontaneous remission”) remains a relatively neglected topic. This paper reviews the literature germane to spontaneous remissions from four substances (opiates, alcohol, food/obesity, and tobacco) selected for their widely variant meanings within the mainstream North American culture. Common processes important to spontaneous remission from these four substances are identified and form the basis of an inductively derived model of spontaneous remission behavior. This model, relevant to interactionist theory, is offered for further, empirical testing.

SUPPLEMENTAL REFERENCES MENTAL DISORDERS

Factors in Spontaneous Healing in Psychoreactive Disorders (Faktoren der Spontanheilung bei Psycho-reaktiven Störungen)

LANGEN D

Acta Psychiatrica Scandinavica 41(3): 1965; 428-435

Spontaneous Recovery from Stuttering

SHEEHAN JG; MARTYN MM

Speech and Hearing Research. Journal 9(1): 1966; 121-35

Spontaneous Recovery of Children and Young Persons from Mental Disorders (Spontant Tillfrisknande hos barn och ungdom med psykisk störning)

OTTO U

Lakartidningen 65(40): Oct 2 1968; 3935-3946

Spontaneous Remission: Fact or Artifact?

SUBOTNIK L

Psychological Bulletin 77(1): Jan 1972; 32-48

Long-Term Remission in Schizophrenia with an Early Onset (Zagadnienie Długotrwałych Remisji po Wczesnych Rzutach Schizofrenii)

SULESTROWSKA H

Psychiatria Polska 6(3): May-Jun 1972; 259-265

One of the Variants of Lucid Catatonia with Long-term Remissions (Ob odnom iz variantov liutsidnoi katatonii s dlitel'nymi remissiiami)

IZMAILOVA LG

Zhurnal Nevropatologii I Psikiatrii IM. SS. Korsakova 76(12): Dec 1976; 1847-1853

Spontaneous Remission from Alcoholism: A Community Study

SAUNDERS WM; KERSHAW PW

British Journal of Addiction 74(3): Sep 1979; 251-265

A Unified Theory of Psychotherapy, Behaviour Therapy and Spontaneous Remission

EYSENCK HJ

Zeitschrift für Psychologie 188(1): 1980; 43-56

Spontaneous Recovery or Statistical Artifact?

COOKE DJ

British Journal of Addiction 75(3): June 1980; 323-324

Spontaneous Remission in Erectile Impotence

SEGRAVES RT; KNOPF J; CAMIC P

Behavior Research and Therapy Newsletter 20(1): 1982; 89-91

Spontaneous Remission of Misarticulations

MADISON CL

Perceptual and Motor Skills 54(1): Feb 1982; 135-142

An Examination of Spontaneous Remission from Problem Drinking in the Bluegrass Region of Kentucky

STALL R

Journal of Drug Issues 13(2): Spring 1983; 191-206

What Happens in Spontaneous Remissions? An Exploratory Study of 4 Depressed and Anxiety Neurosis Patients (Was geschieht bei Spontanremissionen? Eine Explorationsstudie bei vier depressiven bzw. angstneurotischen Patientinnen)

SCHWEITZER J

Der Nervenarzt 55(5): May 1984; 249-256

Cognitive Processes Associated with Spontaneous Recovery from Alcoholism

LUDWIG AM

Journal of Studies on Alcohol 46(1): Jan 1985; 53-58

Spontaneous Remission of MAOI-Induced Anorgasmia

NURNBERG HG; LEVINE PE

American Journal of Psychiatry 144(6): Jun 1987; 805-7

Spontaneous Remission of MAOI-Induced Anorgasmia [letter]

NATHAN SG

American Journal of Psychiatry 145(1): Jan 1988; 134-135

Spontaneous Remissions in Psychoneurotic Diseases. Significance for the Theory and Practice of Psychotherapy (Spontanremissionen bei psychoneurotischen Erkrankungen. Bedeutung für Theorie und Praxis der Psychotherapie)

ZACHER A

Fortschritte der Medizin 106(17): Jun 10 1988; 360-362