Chronic relapsing inflammatory optic neuropathy (CRION) is a recurrent optic neuropathy which is steroid sensitive. CRION is usually bilateral, often with pain and the magnetic resonance imaging (MRI) of the brain is normal while MRI of the optic nerves with contrast usually shows enhancement of the nerves, but not always. Laboratory work up is non-contributory and an underlying autoimmune disease can not be diagnosed.
We describe our experience with six cases, five of whom were women and one man. The age ratio was between 27 and 54. All the patients had recurrent attacks of optic neuropathy on either side and all the attacks were sensitive to steroids. Because of the side effects of steroids, we had to use other immunosuppressants along with steroids. Three patients responded well to azathioprine and the dose of the steroids could be tapered. One patient, although had given response to oral prednisone before, could only have improvement in her vision after plasmapheresis. The male patient responded to steroids, but not to other classical immunosuppressants. His symptoms could be taken care of with infliximab.
The treatment of patients with CRION is not easy and the risk/benefit ratio of each medication should be weighed carefully. Especially in the case of infliximab, although it is a very powerful immunosuppressant, it can cause optic neuritis as a side effect.