

An 18 years old right-handed fully immunized female from middle socioeconomic status without any systemic comorbidities and without any significant abnormal birth history presented with delayed walking and standing till 17 months, difficulty in walking since 3 years of age and diminution of vision for same duration. At present, she is having independent sitting balance but she is unable to stand without support. There are no history of convulsion, neonatal jaundice, prolonged fever, vomiting, diarrhea, respiratory infection/aspiration, syncope, palpitation, neck rigidity and other constitutional symptoms or poor academic performance. Her bladder and bowel habits are normal.

On ocular examination, it was noted right-sided divergent squint present (Fig. 1) and nystagmus in both vertical and horizontal gaze. On ophthalmological examination, bilateral optic atrophy was present with loss of visual acuity but hand movement along with perception of light (PL) and projection of rays (PR) were present in right eye. Finger counting from 3 feet was present along with PL, PR on left eye. MRI scan of brain with CV junction was normal.

She was diagnosed a case of ataxic cerebral palsy with optic atrophy. Considering her visual disability she was struggling for study and community ambulation.

Please opine regarding further rehabilitating management.



Fig. 1: Right sided divergent squint