

# In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

No. 99-464V

November 15, 2006

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CANDACE MARIE KORT, \*

Petitioner, \*

v. \*

SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, \*

Respondent. \*

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Alleged hepatitis B vaccine followed six months later by pseudotumor cerebri; no proof of causation

## ORDER TO SHOW CAUSE

Petitioner filed a petition dated July 16, 1999, under the National Childhood Vaccine Injury Act, 42 U.S.C. §300aa-10 et seq., alleging that hepatitis B vaccine she received on June 18, 1996, July 18, 1996, and December 1996-January 1997 caused an unspecified adverse reaction.

## FACTS

Petitioner was born on November 11, 1976.

On September 23, 1997, petitioner saw Dr. Ouano, an ophthalmologist, complaining of transient monocular visual loss in the left eye for approximately three months (putting onset at June 1997 or at least six months after her purported third hepatitis B vaccination). Med. recs. at Ex. 5, p. 20. Her father had optic neuritis and multiple sclerosis (as well as leukemia). Her

paternal uncle and grandfather had optic neuritis. *Id.* Dr. Ouano concluded that petitioner did not have the clinical profile for optic neuritis because she did not have pain on eye movement and did not have afferent pupillary defect. Petitioner had intact visual acuity. Dr. Ouano diagnosed papilledema.<sup>1</sup> *Id.*

On September 25, 1997, petitioner had an MRI done of her brain and eye orbits because of left eye papilledema. The impression of Dr. Ann B. Willms was that there was no evidence of optic nerve enlargement or abnormal enhancement. Med. recs. at Ex. 5, p. 25.

On September 26, 1997, petitioner returned to Dr. Ouano following her MRI which showed her optic nerves to be unremarkable. She continued to have several episodes a day of temporary visual loss lasting less than 30 seconds, but otherwise felt well and had no headache. Med. recs. at Ex. 5, p. 19. Dr. Ouano concluded petitioner had unilateral papilledema, probably representing pseudotumor cerebri.<sup>2</sup> There did not appear to be a drug-induced cause.

On September 29, 1997, petitioner saw Dr. Khaled F. Jreisat, a neurologist. Petitioner's papilledema started three months earlier with some headache. A wisdom tooth was pulled and birth control pills were discontinued (birth control pills can cause pseudotumor). Petitioner had

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<sup>1</sup> “[E]dema of the optic disk (papilla).” Dorland’s Illustrated Medical Dictionary, 30<sup>th</sup> ed. (2003 ) at 1359.

<sup>2</sup> <http://www.revoptom.com/HANDBOOK/SECT53a.HTM>

### **Signs and Symptoms**

Pseudotumor cerebri (PTC) is encountered most frequently in young, overweight women between the ages of 20 and 45. Headache is the most common presenting complaint, occurring in more than 90 percent of cases. Dizziness, nausea, and vomiting may also be encountered, but typically there are no alterations of consciousness or higher cognitive function. Tinnitus, or a "rushing" sound in the ears, is another frequent complaint. Visual symptoms are present in up to 70 percent of all patients with PTC, and include transient visual obscurations, general blurriness, and intermittent horizontal diplopia. These symptoms tend to worsen in association with Valsalva maneuvers and changes in posture. Reports of ocular pain, particularly with extreme eye movements, have also been noted.

not had any recent headaches but she had intermittent blurriness if she bent or moved her head. That certainly did not correlate clinically with a diagnosis of optic neuritis since her vision was 20/20. Her neurological examination was normal. Med. recs. at Ex. 1, p. 25.

On September 30, 1997, petitioner saw Dr. Cameron. On examination, there was no evidence at all of edema on the right side, whereas the left eye showed marked edema and abnormality of the surface. Med. recs. at Ex. 5, p. 16.

On October 6, 1997, petitioner saw Dr. Cameron. She had been having a few more headaches than before. Dr. Cameron spoke to Dr. Buckley at Duke who felt petitioner did have pseudotumor cerebri despite her family history. He recommended petitioner start taking Diamox. Dr. Cameron warned her of possible side effects from Diamox. Med. recs. at Ex. 5, p. 14.

On October 15, 1997, petitioner saw Dr. Chance and complained of tingling of her fingers and feet, fatigue, tongue burning, and numbness of her tongue. These are side effects of Diamox which she had been taking because of the papilledema in her left eye. Dr. Chance said to decrease Diamox. Med. recs. at Ex. 5, p. 15.

On March 3, 1998, petitioner saw Dr. Ulrickson, complaining of visual acuity blackout in her left eye for 11 months. The blackout started occurring daily eight months previously. Visual acuity always returned to normal after each episode. She stated the visual acuity blackout occurred ten times a day, lasting about 10 seconds, and slowly returning to normal. It was positionally-related. She had headaches in the late afternoon twice a week. She noted some tingling in her right hand only after writing. The doctor's impression was atypical presentation of pseudotumor cerebri with papilledema. Med. recs. at Ex. 4, p. 4.

On September 17, 2002, petitioner returned to Dr. Ouano. She had not been examined since 1997. She now complained of blurred vision, especially in the left eye, but denied transient visual loss. She described herself as in good health. Dr. Ouano's impression was pseudotumor cerebri with inactive papilledema and mild optic atrophy on the left. Petitioner was advised to lose weight (she weighed 195 pounds and was 5'7" tall). Med. recs. at Ex. 5, p. 11.

On November 20, 2002, petitioner returned to Dr. Ouano, complaining of a single episode of loss of peripheral vision in the right eye, lasting about four hours. She had nausea and headache associated with this visual change. Her vision returned to baseline. On examination, there was no distinct optic nerve edema or pallor. Dr. Ouano's impression was transient peripheral vision disturbance which he suspected was a migraine phenomenon. Med. recs. at Ex. 5, p. 9.

On November 26, 2002, petitioner had an MRI done of her brain because of pseudotumor cerebri. Dr. Joe Buff found no significant intracranial abnormalities. Med. recs. at Ex. 5, p. 23.

### **DISCUSSION**

There are three reasons that petitioner is unlikely to prevail in this case. Firstly, petitioner has not provided evidence that she received hepatitis B vaccine. Secondly, petitioner has been diagnosed on numerous occasions by ophthalmologists and a neurologist to have pseudotumor cerebri, which is not a neurologic disease. She has never been diagnosed with either optic neuritis or MS. Thirdly, petitioner's onset of pseudotumor cerebri was at least six months, if not more, from her alleged third hepatitis B vaccination.

The undersigned does not believe that petitioner will find an expert medical witness to offer an opinion that, assuming she proves she received hepatitis B vaccination, the vaccine was

a substantial factor in causing her pseudotumor cerebri six or seven months later and but for her receiving hepatitis B vaccine, she would not have had pseudotumor cerebri.

The petitioner is ORDERED TO SHOW CAUSE by **January 19, 2007** why this case should not be dismissed.

**IT IS SO ORDERED.**

November 15, 2006  
DATE

s/Laura D. Millman  
Laura D. Millman  
Special Master