Purpose: Diabetic papillopathy (DP) is a potential ocular complication of diabetes, presenting as unilateral or bilateral optic disc swelling, with little or no appreciable optic nerve dysfunction and variable degrees of visual loss. Some authors believe that DP is a particular form of non-arteritic anterior ischemic optic neuropathy (NAION), once both entities are considered as ischemic optic neuropathies.

Methods: Case report of a recently diagnosed diabetic patient presenting with bilateral sequential optic disc edema.

Results: A 52-year-old male presented for screening of diabetic retinopathy with an asymptomatic left optic disc swelling. His medical history included type 2 diabetes diagnosed two months earlier.

On examination, best-corrected visual acuity (BCVA) was 20/20 in the right eye and 20/25 in the left eye. Pupillary examination revealed a mild left RAPD. Colour vision testing remained normal. Fundus examination showed a swollen hyperemic left disc. Right optic disc was crowded, with clear margins.

Six-months later, the patient developed blurred vision involving his right eye (BCVA 20/25). Isolated right optic disc edema was noticed.

Fluorescein angiography and optical coherence tomography were performed, confirming disc edema and thickening of retinal nerve fiber layer. Magnetic resonance imaging showed no brain or orbital pathology.

Optic disc edema resolved spontaneously over the course of three months, with resulting atrophy. Patient’s final BCVA was 20/25 in both eyes, with no further deterioration.

Conclusions: Diabetic papillopathy has been considered a benign optic neuropathy, with unclear pathogenesis. There is no validated therapy and further investigation is warranted to identify potentially modifiable risk factors.