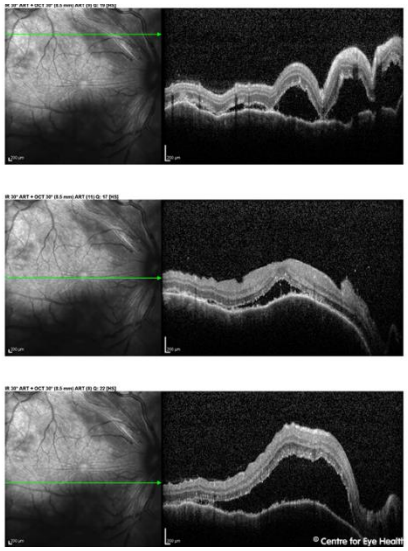
CFEH facebook Cases

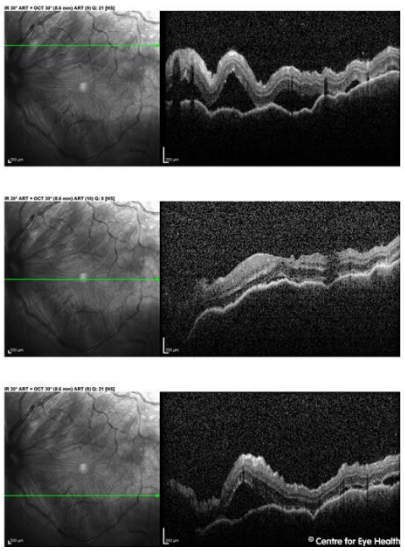
CFEH Facebook Case #51

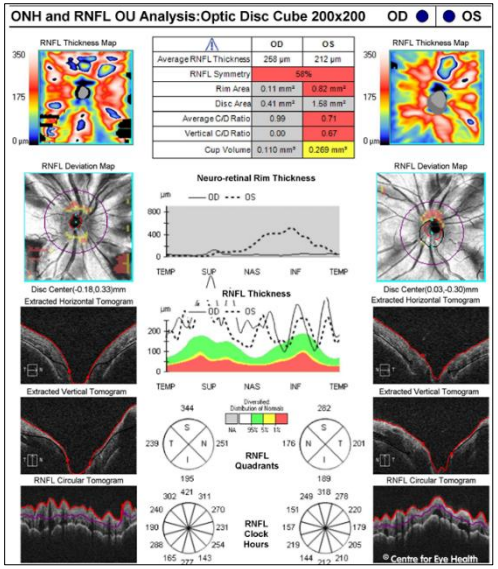
A 51 year old male presented complaining of red, sore eyes bilaterally for the last 3 days. He was prescribed Chlorsig drops qid at the emergency department of his local hospital however these were not helping. Pinhole acuities were 6/30 (OD) and 6/15 (OS). Pupil reactions were sluggish with the right eye affected more than the left. The right pupil showed relative miosis and there were cells the anterior chamber of both eyes but more notable in the right eye. Angles were narrow on gonioscopy. How would you manage this patient and what is a likely diagnosis?

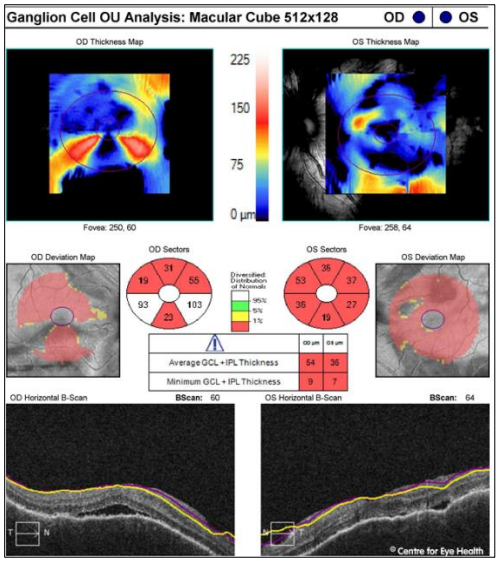
OD



OS

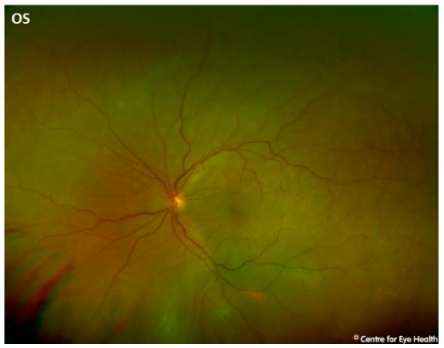






OD

OS



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ANSWER

The patient was referred urgently to the local public hospital ophthalmology clinic where he was diagnosed with posterior scleritis and treated with steroids and NSAIDs. The scleritis was thought to possibly be related to a systemic connective tissue disorder.

Scleritis may be due to infection, autoimmunity or trauma with an autoimmune aetiology being most common. Scleritis is associated with underlying systemic disease in approximately 36–57% of patients. The underlying systemic disease is most often rheumatoid arthritis. Scleritis is a painful, destructive inflammation deep in the sclera that produces uveal effusion and secondary angle-closure glaucoma. It can potentially cause permanent damage to the eye and vision, however early treatment has been shown to be effective in controlling inflammation and limiting visual loss. It can occur in all age groups, with a median age of 50 years.

Posterior scleritis may present with a wide range of clinical signs and symptoms that include periocular pain, headache, pain on eye movement and reduced vision. Clinical findings associated with this condition can include fluid in the Tenon capsule (episcleral space), swelling of the optic disc, a distended optic nerve sheath, retinal detachment and scleral nodules however 17% of cases show no abnormal ocular signs(nodular scleritis). Up to 60% of patients have associated anterior scleritis identified at some stage of the disease process. High penetration OCT and B-mode ultrasonography have been used to show a thickening of the choroid during acute posterior scleritis, decreasing over time with treatment and thickening again with reactivation of the disease.