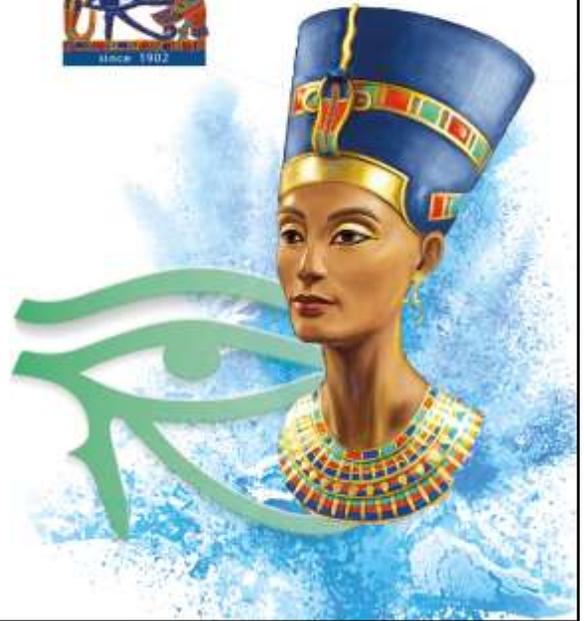


المؤتمر السنوي الدولي للجمعية المصرية  
INTERNATIONAL CONGRESS OF THE  
EGYPTIAN OPHTHALMOLOGICAL SOCIETY  
**EOS 2023**



## One disease with different faces

Ashgan M. Asaad., MSc.



### Case (1)

- 32 years old male.
- Complaint : **outward deviation** of both eyes.
- Seeking for **strabismus surgery**.

- **Examination**



## Case (1)

	Right Eye	Left Eye
<b>BCVA</b>	0.2	0.2
<b>EOMs</b>	Free EOM movements Intermittent XT /Fair control	
<b>IOP</b>	11	12
<b>Cornea</b>	Clear	Clear
<b>AC</b>	No cells/ No flare	No cells/ No flare
<b>Pupil</b>	RRR	RRR
<b>Lens</b>	Clear	Clear
<b>Vitreous</b>	Vitreous cells/haze +3	Vitreous cells /haze +3
<b>Fundus</b>	Hazy view of attenuated and sheathed vessels	



## Case (1)

- On meticulous history taking:
- He mentioned that he was smoker and had previous attacks of **oral and genital ulcerations**.
- **Behçet disease** was considered and immunology refer was done.
- The exotropia was explained that it was intermittent with good control and he lost the control after developing posterior uveitis and diminution of vision.



## Case (2)

- 23 years old male patient.
- Complaint: Bilateral diminution of vision > 1 year ago.
- History of **weight loss**, **poor appetite**, **skin brown patches**.
- **TB** diagnosis was made by +ve quantiferon gold test 1 year ago and antituberculous therapy was completed with no improvement of VA.
- **Examination:**



## Case (2)

	Right Eye	Left Eye
<b>BCVA</b>	CF 50 cm	1/60
<b>IOP</b>	10	12
<b>cornea</b>	Prominent corneal nerves Iris pigments on the back of the cornea	
<b>AC</b>	cells +3/ flare +1	cells +2 / flare +1
<b>Pupil</b>	RRR Persistent pupillary membrane	RRR
<b>Lens</b>	Iris pigments on anterior capsule	
<b>Vitreous</b>	Vitreous cells / haze +2	Vitreous cells / haze +1
<b>Fundus</b>	Hazy view of attenuated and sheathed vessels	



## Case (2)

### Laboratory investigations:

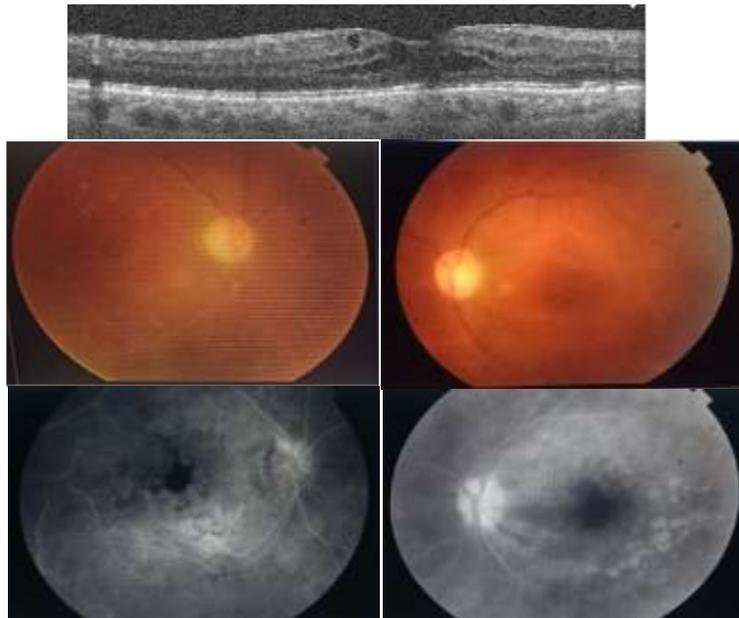
- ESR .. 1<sup>st</sup> hour (10)– 2<sup>nd</sup> (22).
- CRP....(3.2).
- Liver function tests .... Normal.
- Kidney function tests .... Normal.
- Quantiferon gold test ... positive.



## Case (2)

### FFA and OCT macula were done:

- Perivascular leakage, vasculitis and papillitis.
- Macular edema.



## Case (2)

- Refer to both immunology and chest consultation.
- After immunology consultation **Behçet disease** was diagnosed by skin lesions and appearance of both **oral and penile ulcers**.
- After chest consultation: Bilateral subtenon injection of steroids was done and immunosuppression therapy was started.
- VA was improved to 1/60 (OD) and 3/60 (OS) after one month of immunosuppression.



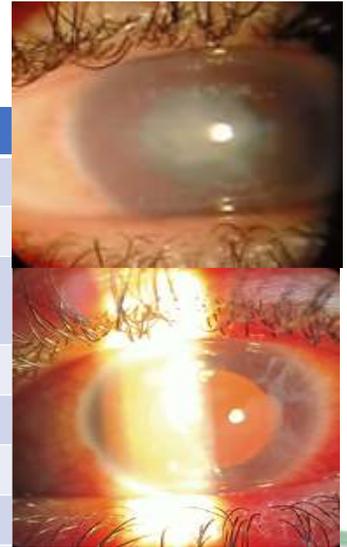
## Case (3)

- 28 years old male patient, smoker.
- Complaint: Bilateral diminution of vision since childhood with worsening few months ago.
- Vague history of **corneal trauma** in infancy.
- Seeking for **corneal transplantation**.
- On examination: **skin lesions** were observed and history of **recurrence** was taken.
- **Herpetic keratitis** was suspected and oral acyclovir 400 (1×5) was taken with no improvement.
- **Examination:**



## Case (3)

	Right Eye	Left Eye
<b>BCVA</b>	1/60	4/60
<b>IOP</b>	5	6
<b>Cornea</b>	Vascularized central opacity	Paracentral opacity
<b>AC</b>	No cells / flare.	No cells / flare.
<b>Pupil</b>	RRR	RRR
<b>Lens</b>	clear	clear
<b>Vitreous</b>	Posterior vitreous cells / haze +2	
<b>Fundus</b>	Hazy view of retinitis, sheathed and ghost vessels	



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## Case (3)

### Laboratory investigations:

**RBCs : Normocytic Normochromic .**  
**WBCs : Mild absolute Neutrophilia ,**  
**Platelets : Adequate**

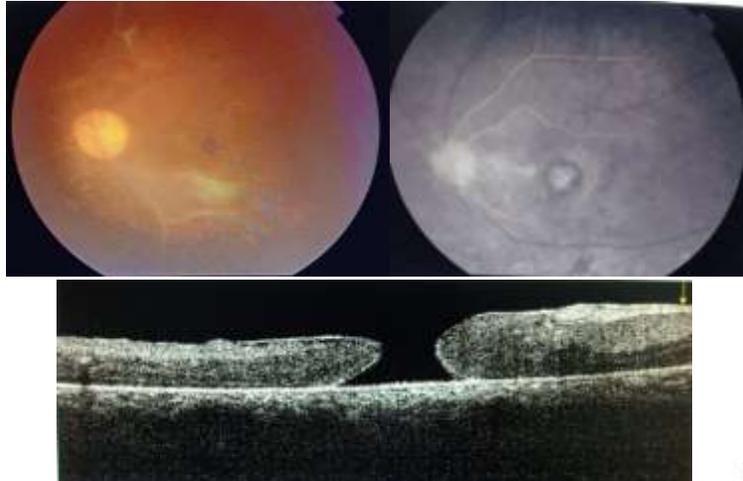
			Ref. range
<b><u>KIDNEY FUNCTIONS</u></b>			
◆ Creatinine (Serum)	0.87	mg/dL	0.5 - 1.5
<b><u>LIVER FUNCTIONS</u></b>			
◆ GPT(ALT)	18	IU/ml	up to 40
<b><u>SERODIAGNOSIS</u></b>			
◆ CRP( Quantitative)	4.1	IU/ml.	Negative < 6.0

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## Case (3)

**FFA of left eye showed:**

- ▶ vasculitis and papillitis.
- ▶ Macular hole confirmed by OCT.



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## Case (3)

**On meticulous history taking:**

- He was suffering from attacks of **oral and genital ulcers**.
- **Behçet disease** was considered and immunology refer was done.
- Steroid and immunosuppressive therapy was started.

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## Behçet disease (BD)

- **Behçet disease** is a chronic, recurrent, multisystem disease.
- Characterized by occlusive and necrotizing **vasculitis**.
- **Ocular involvement**, which is seen in up to 70% of patients, is characterized with anterior uveitis, retinitis, retinal vasculitis, vitritis, retinal vein occlusion, macular edema, optic disc hyperemia, and edema.



## Behçet disease

### Diagnostic Criteria.... The International Study Group for Behçet Disease (ISGBD),

- **Recurrent oral ulceration** characterized by oral ulcers at least three times in a 12 month period, plus at least two of:
  - **Genital ulceration,**
  - **Ocular inflammation,**
  - **Characteristic skin lesions:** (erythema nodosum, pseudofolliculitis, acneiform nodules, papulopustular lesions) and
  - **Positive pathergy reaction:** pustule 24–48 hours after a sterile needle prick (>95 %specific, but often negative in European and North American patients).
- **But, presentation does not always conform to the criteria above.**



## Behçet disease

- **Additional features include:**
- **Vascular lesions.** Aneurysms, including pulmonary and coronary and venous thrombosis or thrombophlebitis.
- **Arthritis** occurs in 30%, though arthralgia is more common.
- **Dermatographia**, similar to the **pathergy reaction**, indicates skin hypersensitivity and consists of the formation of erythematous lines following stroking or scratching.
- **Neurological manifestations (5%)** such as meningoencephalitis of the brainstem, dural sinus thrombosis and cerebral aneurysms.
- **Gastrointestinal inflammation**, especially ileocecal.
- **Hepatic and renal lesions** are relatively uncommon.



## Association of BD with Strabismus

Journal of the Korean Ophthalmological Society 1991;32(8):675-682.  
Published online August 1, 1991.

### Isolated Unilateral Lateral Rectus Muscle Palsy in Neuro-Behret Syndrom.

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#### Abstract

Behcet syndrome is a chronic systemic disease developing recurrent oral and genital ulceration, ocular inflammation, arthritis and neurological manifestations. Anterior uveitis and occlusive retinal vasculitis are the most common ocular manifestation of Behcet syndrome. A 29 years old Korean male with abducens palsy (6th cranial nerve palsy) was found to have oral aphthae, genital ulcer, skin lesion and other neurological manifestations (weakness and sensory loss of lower extremities, ataxic gait, speech disturbance and urinary difficulty), but he had neither ocular manifestation such as uveitis nor retinal vasculitis.





## Take home message

- ▶ Don't rush for the first presentation before systematic examination and meticulous history taking.
- ▶ Fundus examination is mandatory in strabismus cases to exclude sensory causes.
- ▶ Fundus examination is mandatory in all cases of keratitis and uveitis to exclude posterior uveitis and for classification of the case (anterior, intermediate, posterior or pan-uveitis) according to SUN classification.
- ▶ Combined pathologies exist in the field of uveitis.
- ▶ Infectious agents such as TB and HSV act as environmental triggers of BD in addition to genetic factors.



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***Thank you***

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