

المؤتمر السنوي الدولي للجمعية الرمدية المصرية

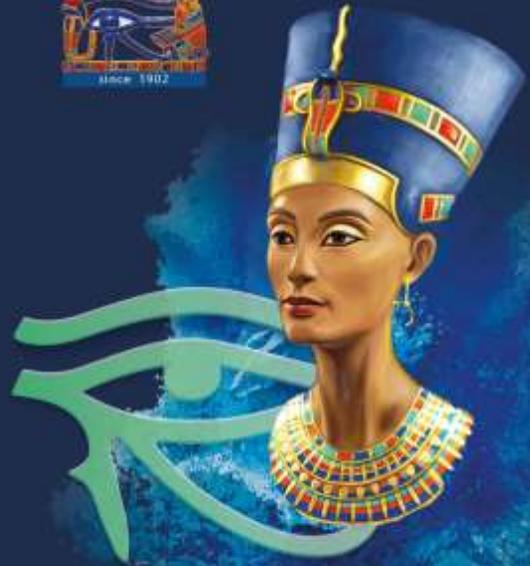
INTERNATIONAL CONGRESS OF THE

EGYPTIAN OPHTHALMOLOGICAL SOCIETY  
**EOS 2023**



## Start where others stop!

**Marwa Abdullah Hegazy**  
3rd year ophthalmology resident at Egyptian  
fellowship program.  
Alexandria Ophthalmology Hospital



- **A 25 years old lady came to the clinic complaining of severe headache, associated with rapid deterioration of vision, which started two weeks ago.**
- **Past medical history:** Irrelevant.
- **Past ocular history:** \*She was examined by other doctor and spinal tap was performed 1 week ago.  
\*Steroids eye drops was initiated two days ago.  
\*No past ocular trauma.

**EOS 2023**



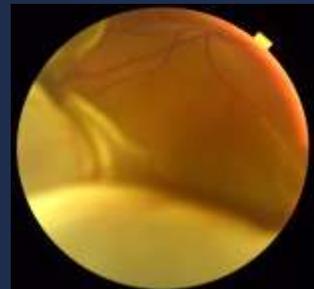
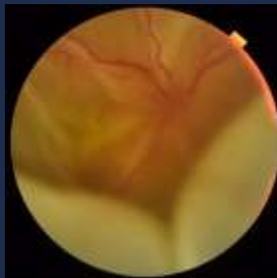
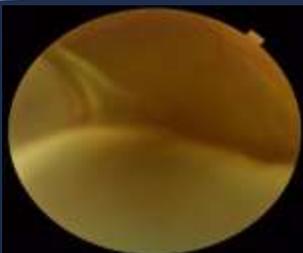
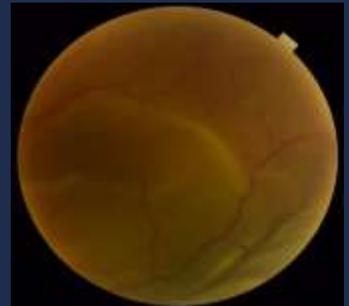
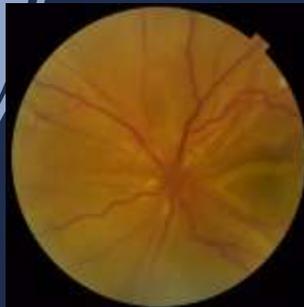
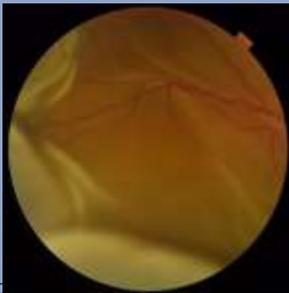
## On Examination:

|               | OD   | OS   |
|---------------|--|--|
| <b>Vision</b> | PL   | CF 1m  |
| <b>Cornea</b> | Clear  | Clear  |
| <b>Pupil</b>  | Sluggish reaction  | Sluggish reaction  |
| <b>AC</b>     | No cells or flare  | No cells or flare  |
| <b>Lens</b>   | Clear with some <u>iris pigments</u> on the anterior capsule | Clear with some <u>iris pigments</u> on the anterior capsule |
| <b>IOP</b>    | 16   | 14   |



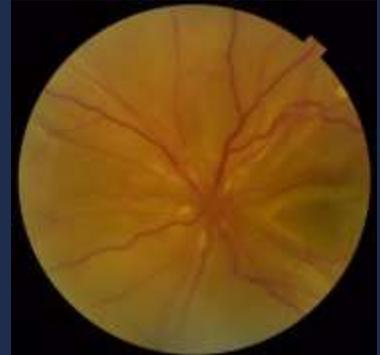
## Fundus Examination:

### • Right Eye:



## Fundus Examination:

• :Left Eye:



So let's put all these data together!

- Bilateral exudative retinal detachment with hot disc in young female patient.
- Spinal tap analysis revealed that open CFS pressure = 10cmH<sub>2</sub>O (within normal range) and showed **Pleocytosis** on cytochemical analysis.
- Iris pigmentation on anterior lens capsule which is highly suggestive of previous anterior uveitic attack, that become at quiescent stage due to the start of steroids eye drops 2 days ago.

EOS2023

- (The patient refused to do FFA as she has family history of allergy)
- So the provisional diagnosis was **Vogt-Koynagi-Harada disease**.
- Before starting the steroids therapy, we had to exclude infectious causes (as **TB** or **Sarcoidosis**), so Chest X-ray and Quantiferon test was ordered and they were free.

EOS2023



## Treatment

- High dose oral steroid therapy (Prednisone tablets 80mg/day)
- Topical steroids eye drops (Prednisolone acetate 5 times/day)
- Immunomodulatory therapy (Azathioprene 50mg tab/day)
- Proton pump inhibitor tablets.
- Cycloplegics eye drops.

EOS2023



AMERICAN JOURNAL  
OF OPHTHALMOLOGY™

Log in 🔍 ☰

AMERICAN ACADEMY  
OF OPHTHALMOLOGY™

Log in Shop 🛒

Search AAO.org 🔍

**Conclusion**

High-dose corticosteroids with IMT within 3 months resulted in improved visual outcomes and a reduced risk of developing chronic recurrent uveitis compared with IMT given as clinically indicated.

pubmed.ncbi.nlm.nih.gov

Abstract ▾ Full text links 📄

**Conclusions:** The results suggest that IMT as first-line therapy for VKH is associated with a superior visual outcome when compared to steroid as monotherapy or with delayed addition of IMT.

**Clinical significance**

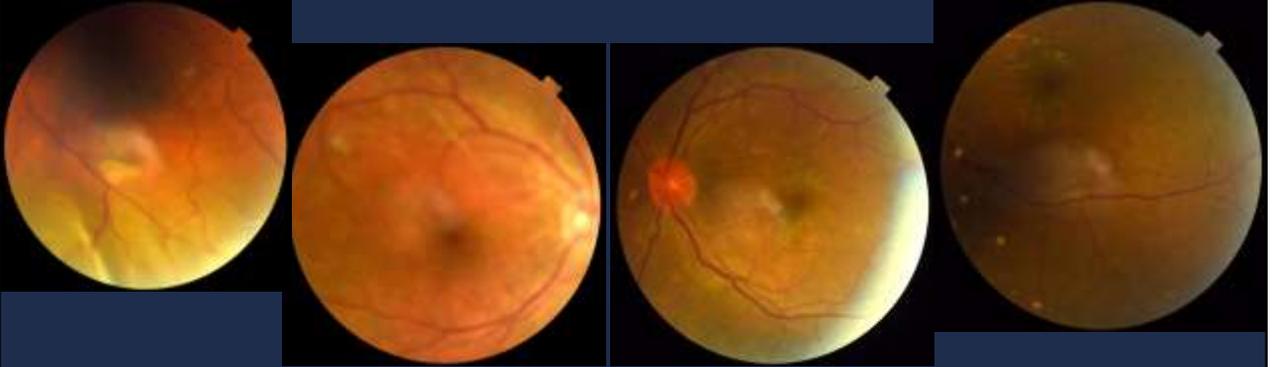
Results from this study show that early immunomodulator treatment of acute VKH syndrome was associated with improved long-term visual acuity compared with conventional treatment regimens.



## 1st Follow up after 1 week:

|   | OD          | OS           |
|---|-------------|--------------|
| <b>Vision at first presentation</b>   | <u>PL</u>   | <u>CF 1m</u> |
|  |             |              |
| <b>Vision at first follow up</b>  | <u>CF1m</u> | <u>0.16</u>  |

## 1st Follow up after 1 week:



- There was an improvement but there's still some multifocal points of exudative retinal detachment.



## So sub-tenon Triamcinolone Acetonide injection was decided.

NIH National Library of Medicine  
National Center for Biotechnology Information

Log in

PubMed<sup>®</sup>  
Advanced



**Conclusions:** This study demonstrated that isolated STI therapy is a useful, minimally invasive, primary treatment option for patients with acute VKH without systemic disorders.

NIH National Library of Medicine  
National Center for Biotechnology Information

Log in

PubMed<sup>®</sup>  
Advanced



**SUB-TENON TRIAMCINOLONE ACETONIDE INJECTION IN A PREGNANT PATIENT WITH VOGT-KOYANAGI-HARADA DISEASE**

Tomoko Nakamura et al. Retin Cases Brief Rep. 2018.

## 2nd Follow up after 2 weeks



- There was a great improvement, The retina is attached.

|   | OD                 | OS                 |
|---|--------------------|--------------------|
| <b>Vision at first presentation</b>       | <u>PL</u>          | <u>CF 1m</u>       |
| <b>Vision at first follow up</b>          | <b><u>CF1m</u></b> | <b><u>0.16</u></b> |
| <b>Vision at 2<sup>nd</sup> follow up</b> | <b><u>0.4</u></b>  | <b><u>0.6</u></b>  |

- At this visit, the patient could finally recognize my face **for the first time!**

## Plan:

- Slow tapering of systemic steroids (over 3 months) is planned to guard against the risk of recurrence.
- Slow tapering of the topical steroids.
- Continuation of IMT & Cycloplegics ED
- The patient is still on follow up visits..



## Take home messages.

- **Decisions before incisions,**  
Not every retinal detachment case is a surgical case.
- **Start where others stop,**  
A good history taking can help you to expect how the case presented even if you're not her first physician
- Early aggressive therapy with systemic corticosteroids and early use of **Immunomodulatory Therapy** is the key for effective treatment of VKH disease
- Consider **Posterior sub-tenon injection of triamcinolone** as a minimally invasive procedure, safe, and could be used as an isolated therapy specially in pregnant women.



• Special thanks to my dear  
**PROF. Dr. Mohamed Hassan Said**

**THANK YOU!**

