Challenging Cases

Description, Imaging and Discussion

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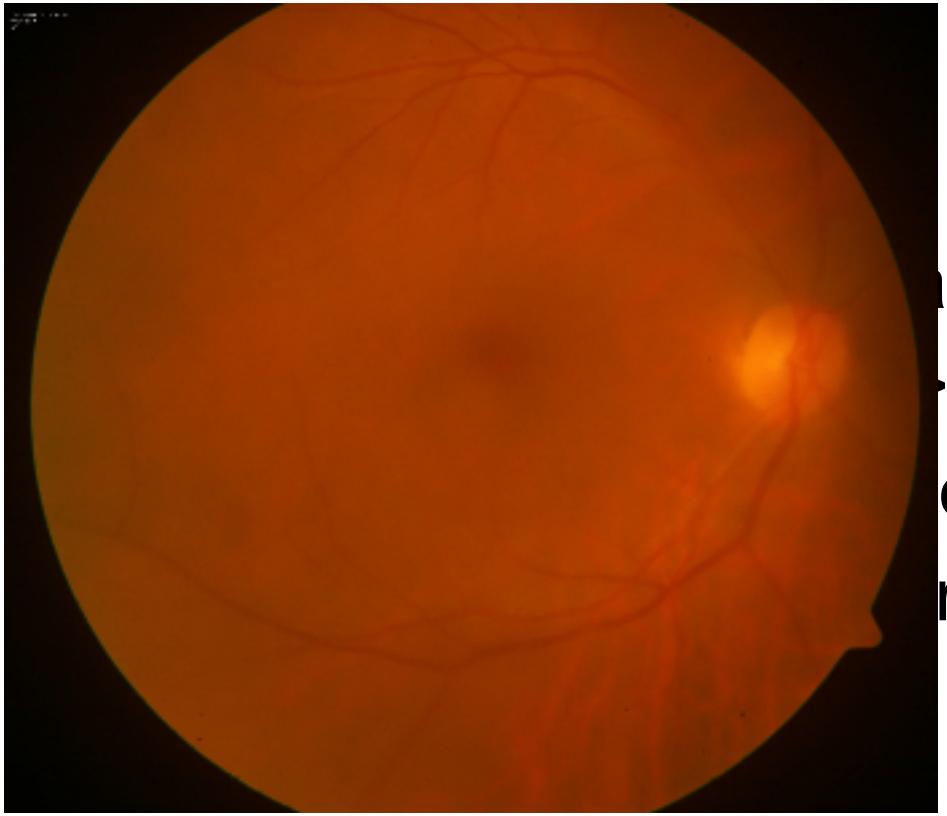
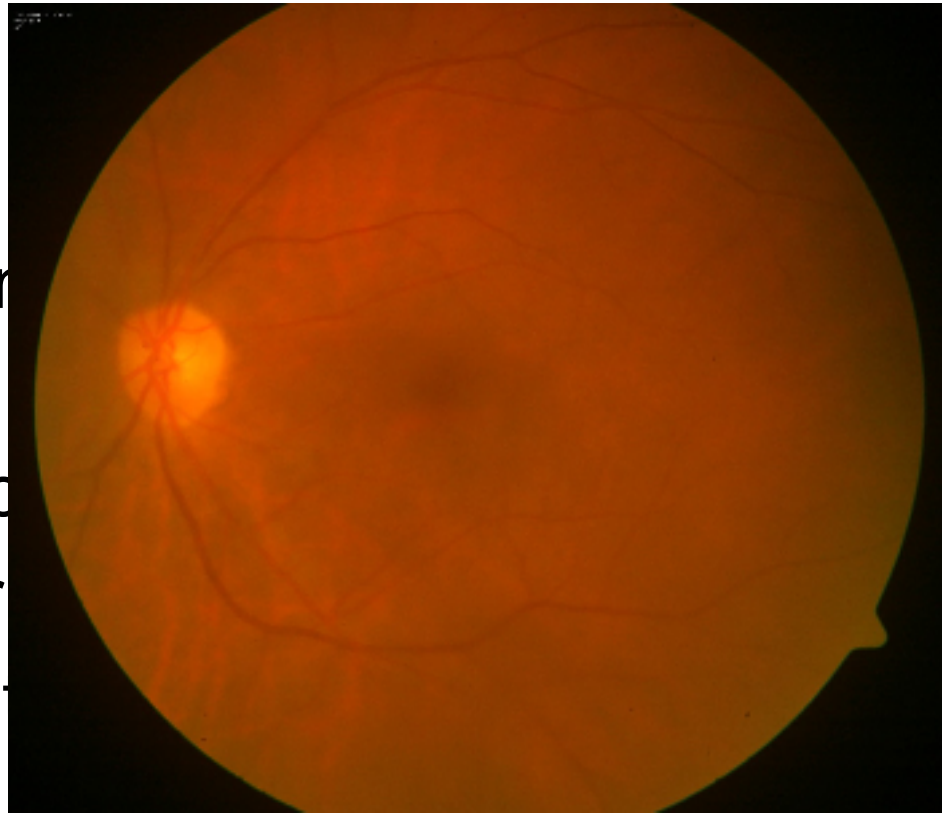
Emirates Society of Ophthalmology
جمعية الإمارات لطب وجراحة العيون

Conflicts of Interest: None

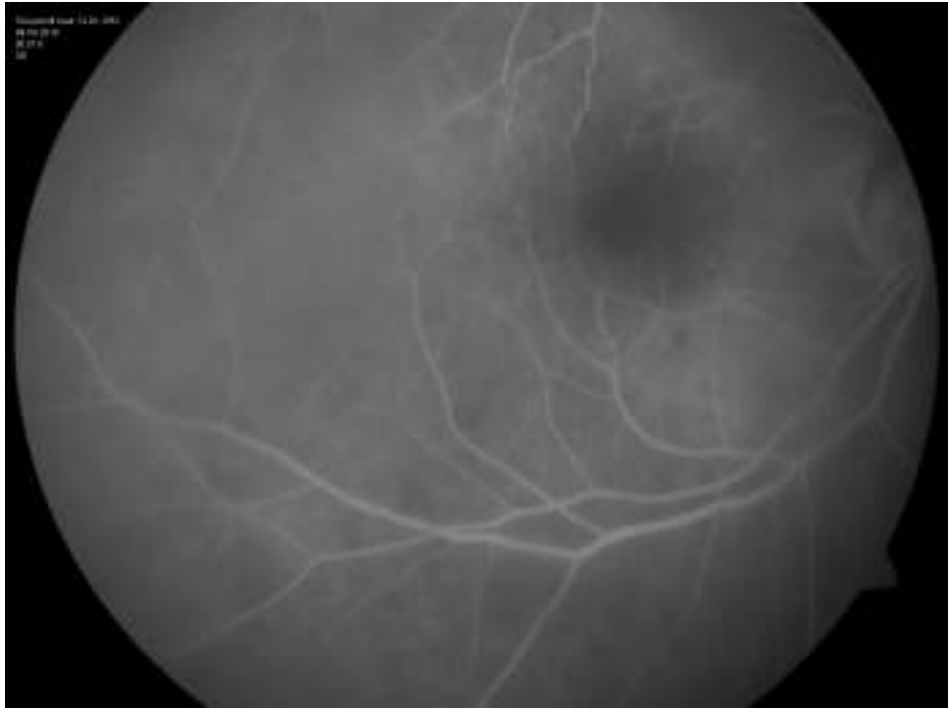


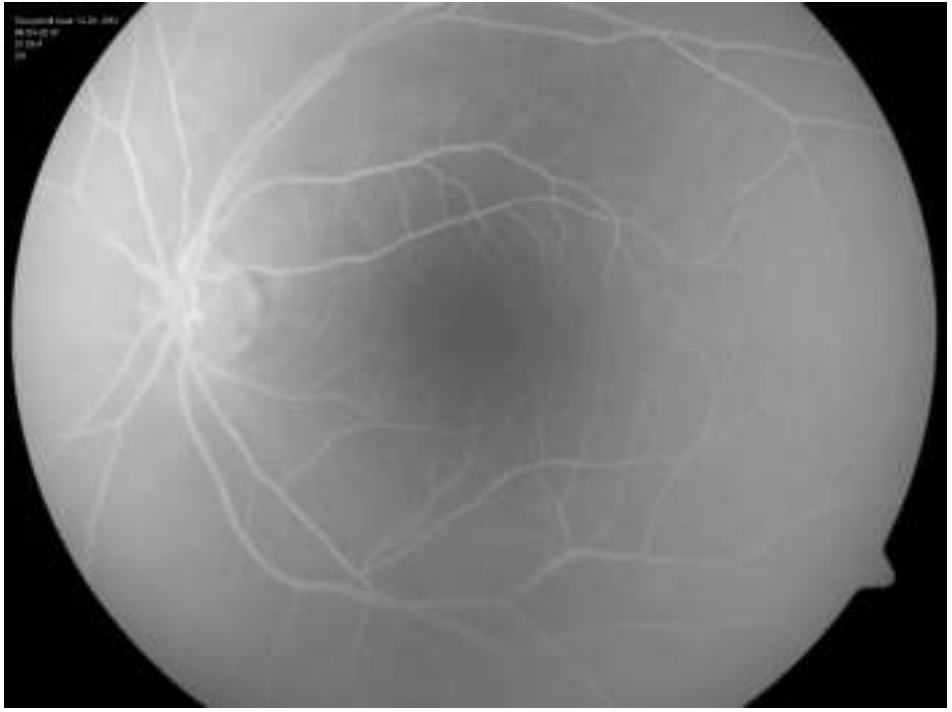


Initial Thoughts

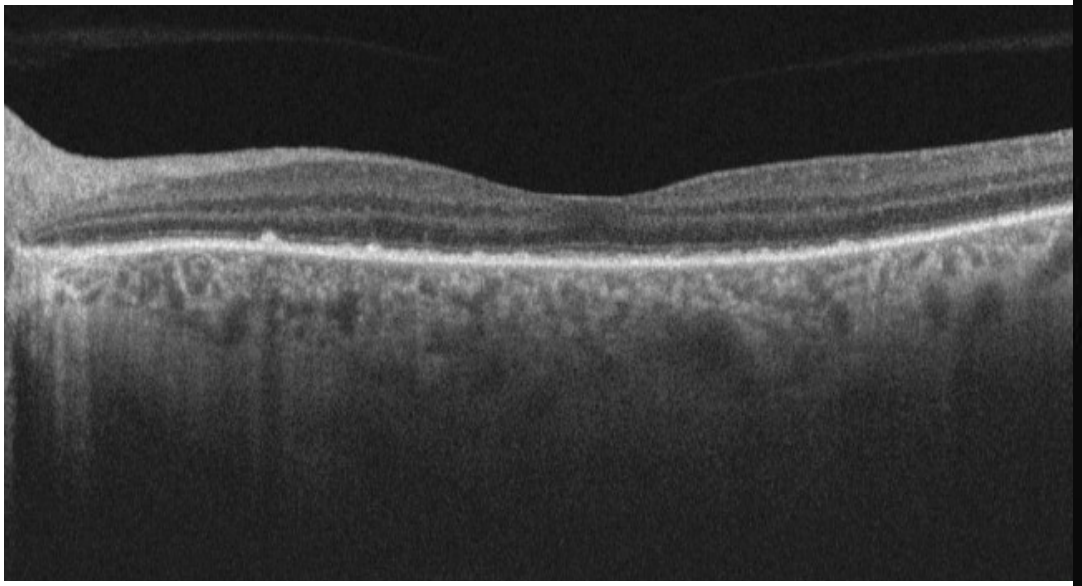
Do you think of intermediate uveitis (sarcoid, given breathing issues?)

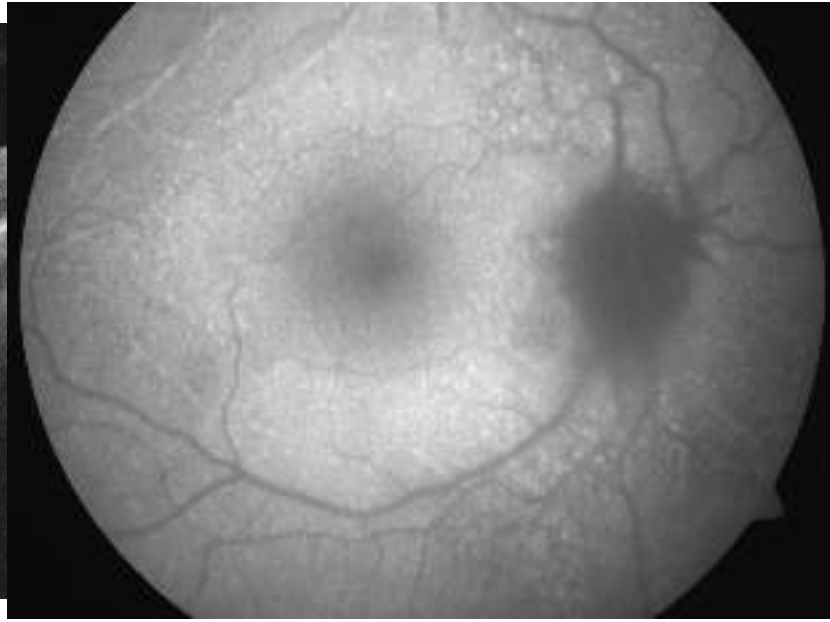
What would be your next step?





1. Do you still believe this is uveitis?
2. Could this be amyloidosis?





Does this image change anything?

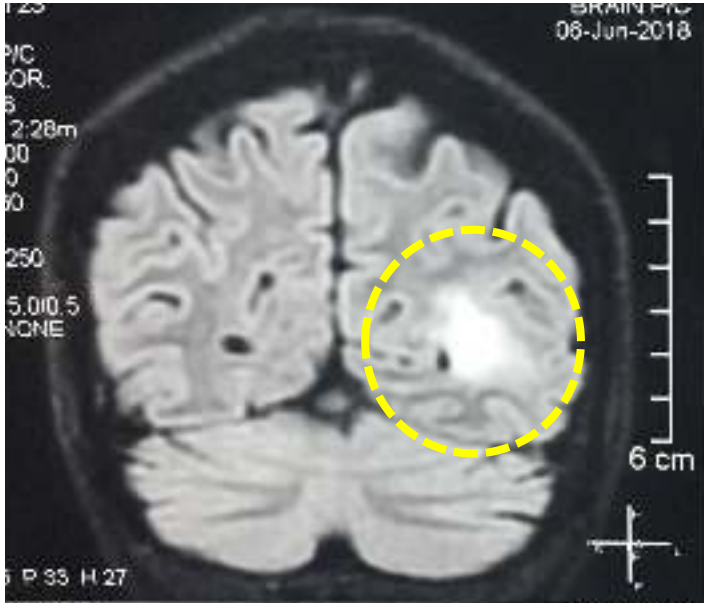
Next step:

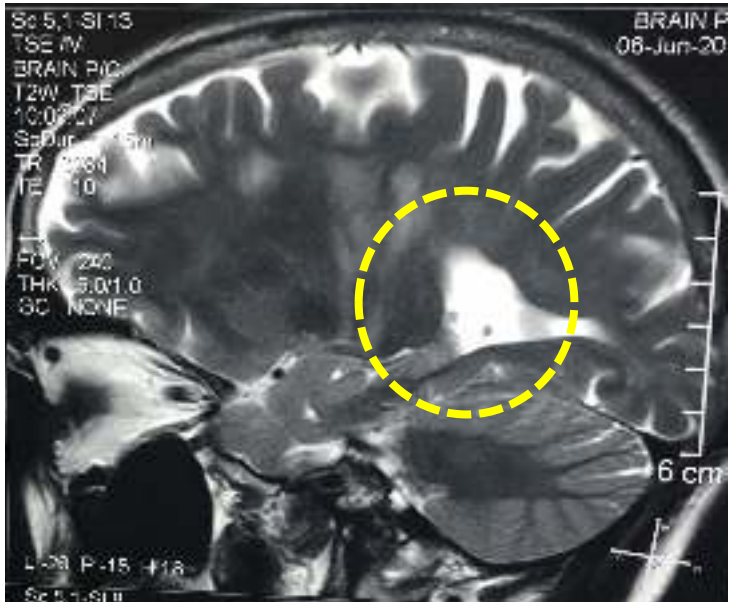
1. Diagnostic PPV
2. Topical and oral corticosteroids
3. Steroid implant

Diagnostic PPV
Brain MRI

Neuroimaging

Mild headache, No slurring of speech or paresis



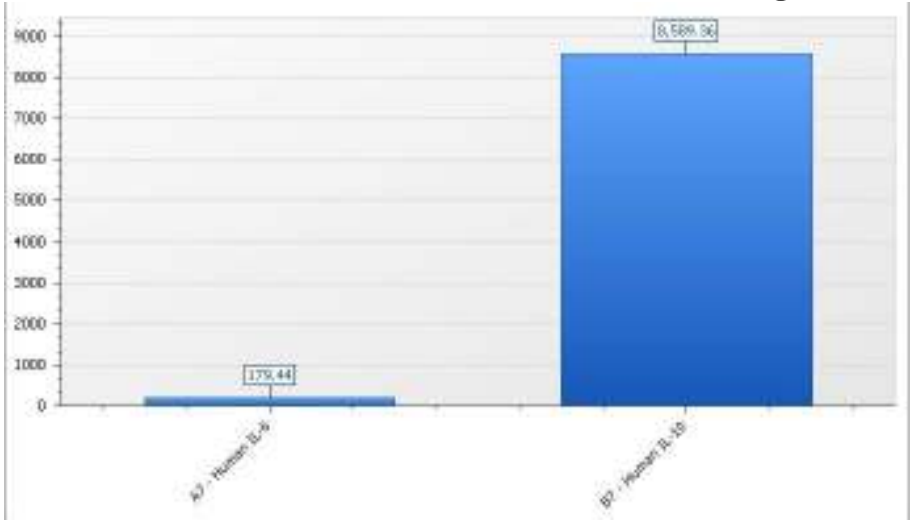


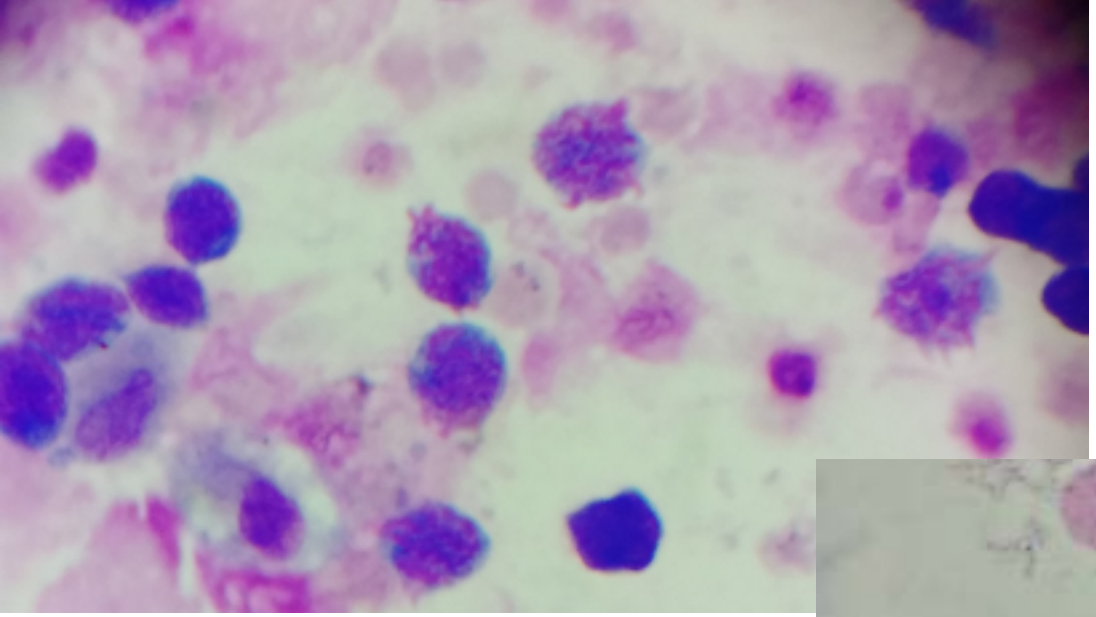
MRI Brain showed FLAIR and T2W hyperintensities in the deep white matter and midbrain

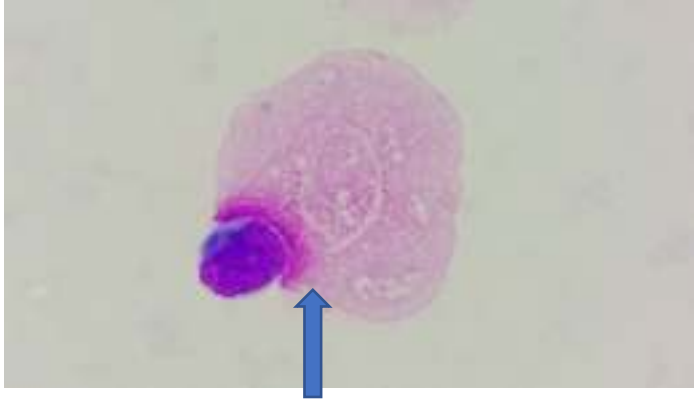
Possibility of ischemic versus inflammatory focus. Lymphoma could not be ruled out.

CSF Analysis: Normal; no malignant cells seen.

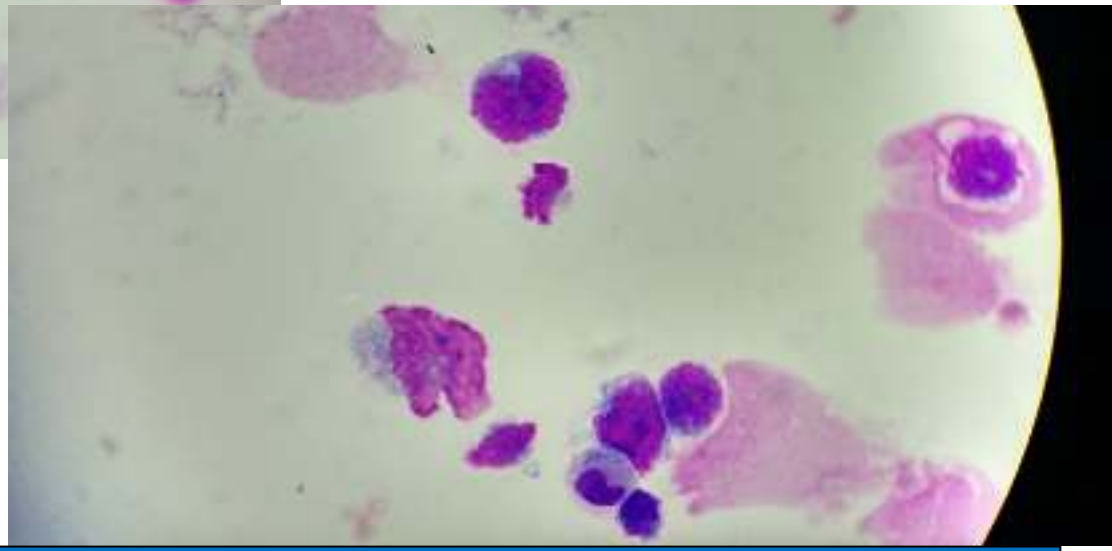
However, CSF IL6-1L10 ratio showed significantly elevated IL-10







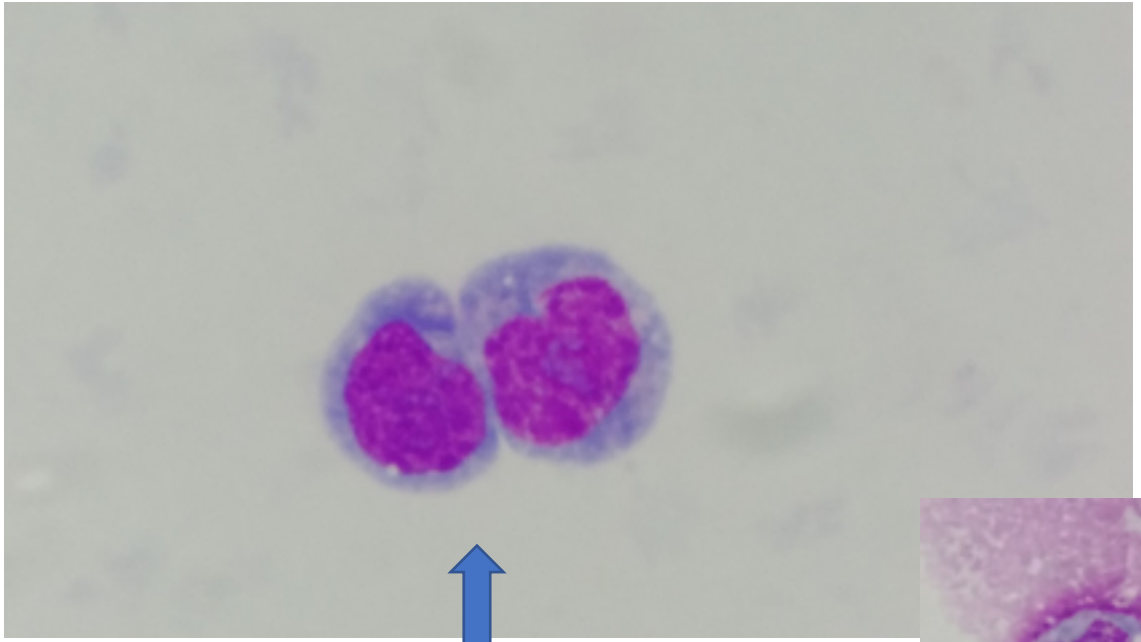
Degenerated/Smudged cell



Preliminary cytology findings showed presence of a cellular sample

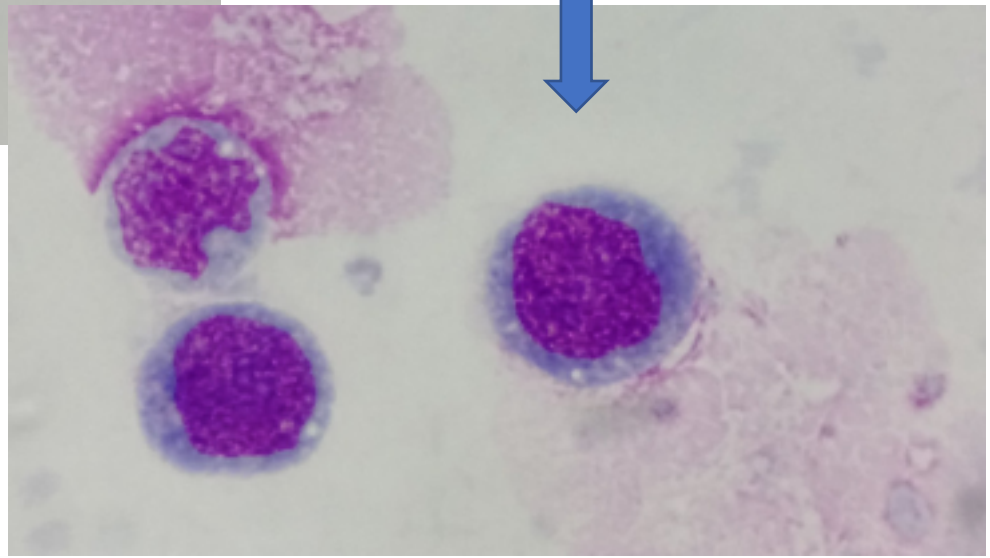
Lymphocytes seen; degenerated cells plenty

Slide preparation and fixation performed within the next hour



Diagnosis clinched by observing a single lymphoblastic cell in dividing phase

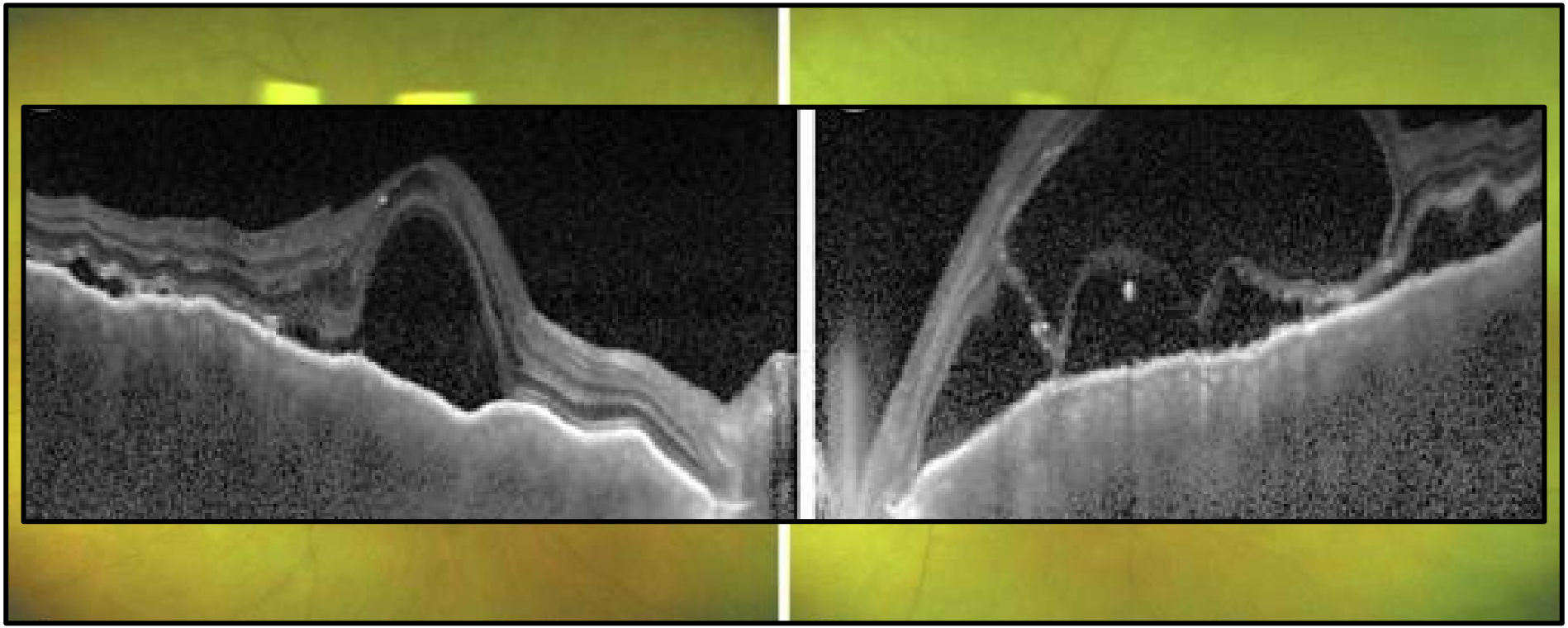
Other cells observed with large nucleoli and opened up chromatin



Case #2

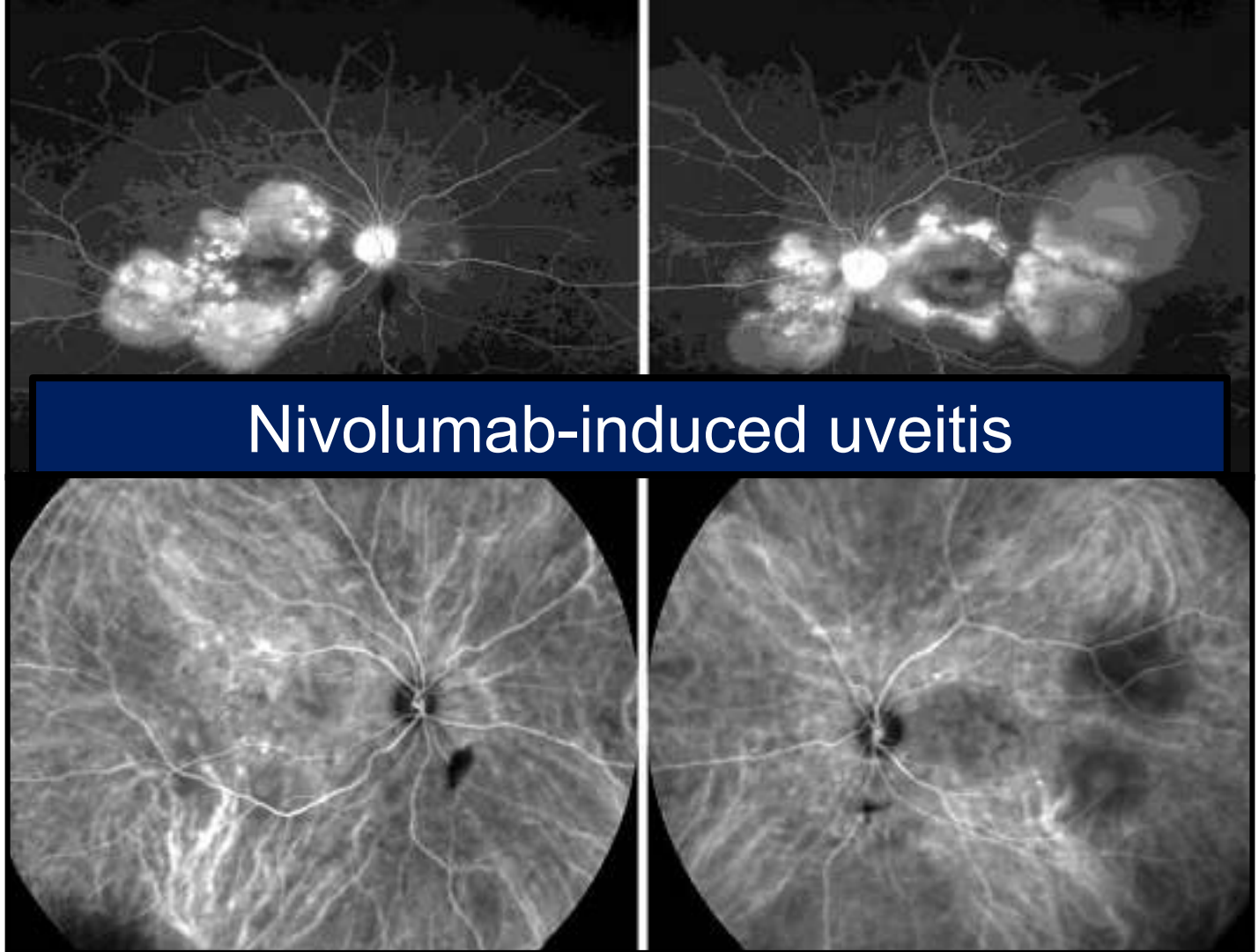
- 63-year-old Male
- Decreased vision OU
- Sudden-onset painless

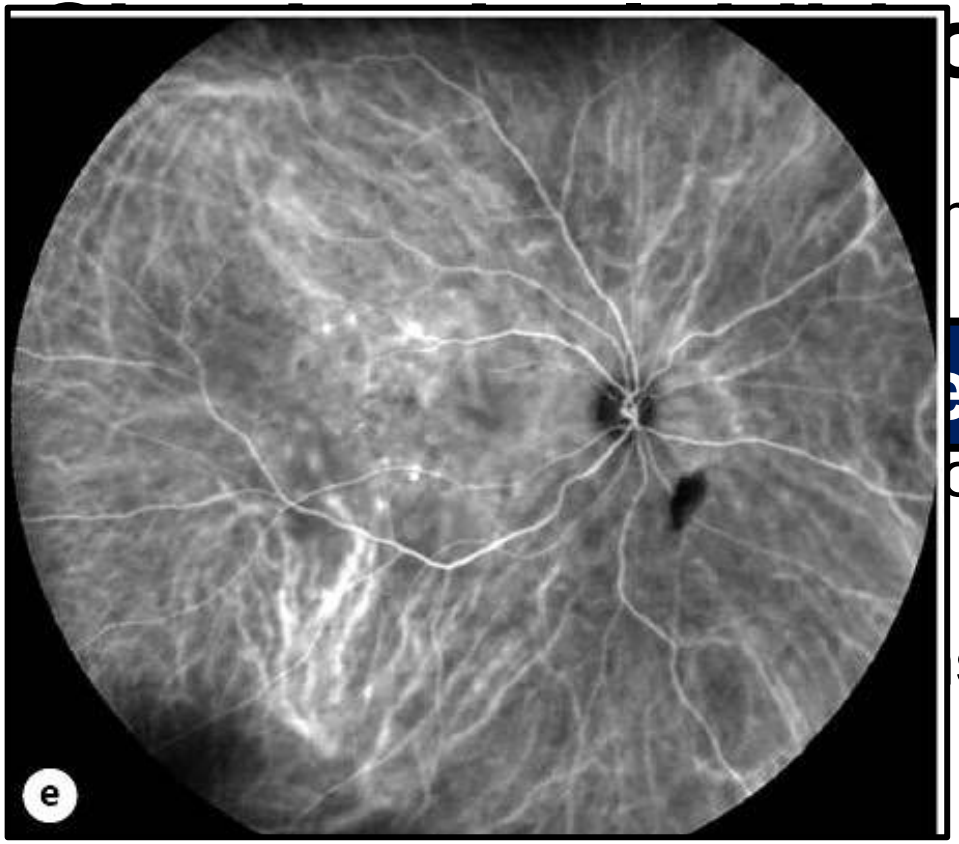
What do you think?

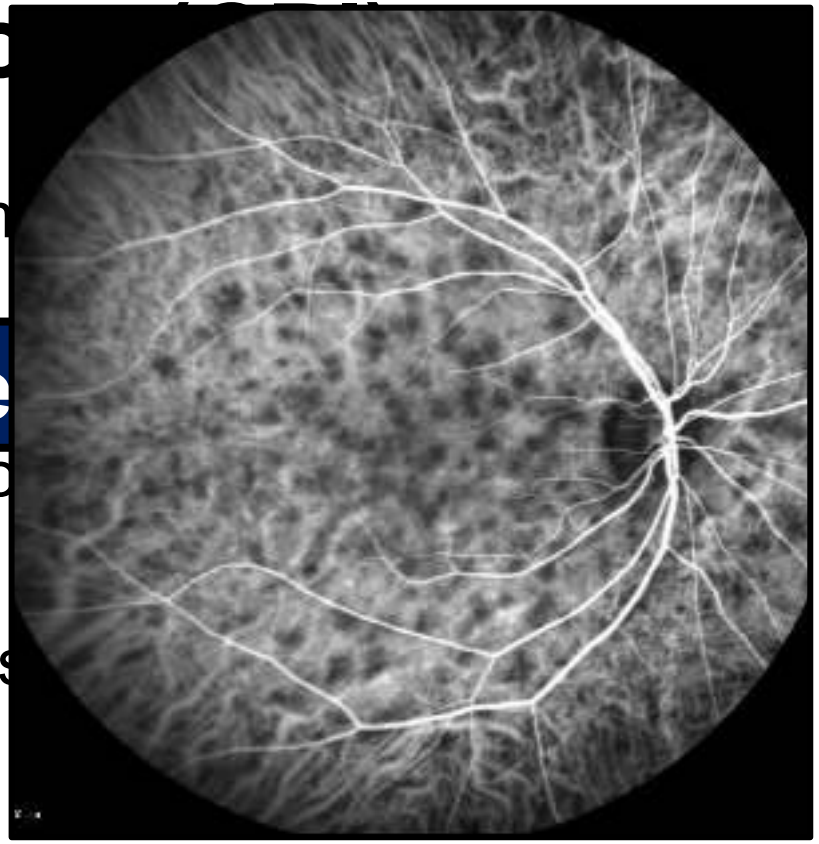


What would be your next step?

1. More imaging
2. Labs to rule out common uveitis
3. MRI for uveal effusion syndrome


Nivolumab-induced uveitis





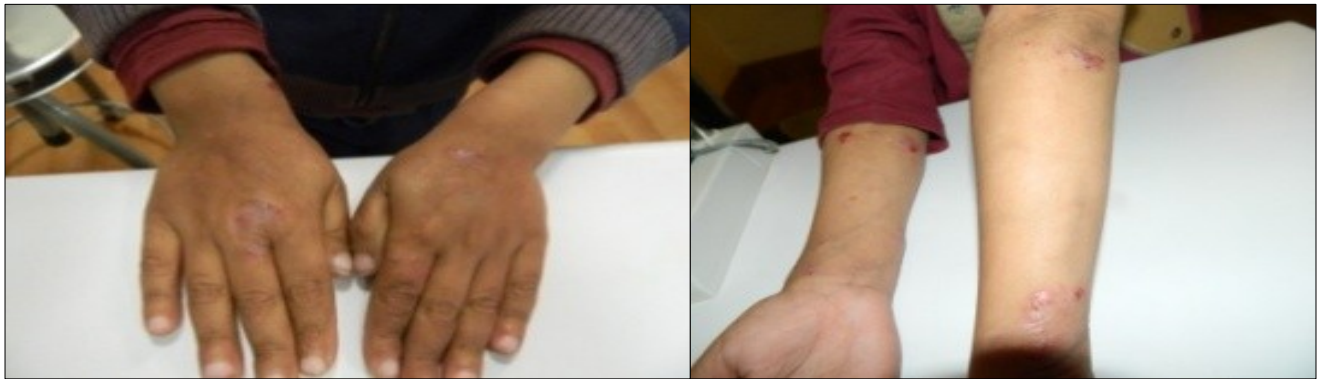
Nivolumab

VKH

	SARCOID-LIKE REACTION	VKH-LIKE REACTION
Manifestation	Anterior uveitis Granulomatous inflammation	Multiple SRD Choroidal thickening
ACE levels	High	Normal
Pathology	Non-caseating granulomas (lymphadenitis)	Isolated ocular

Case #3

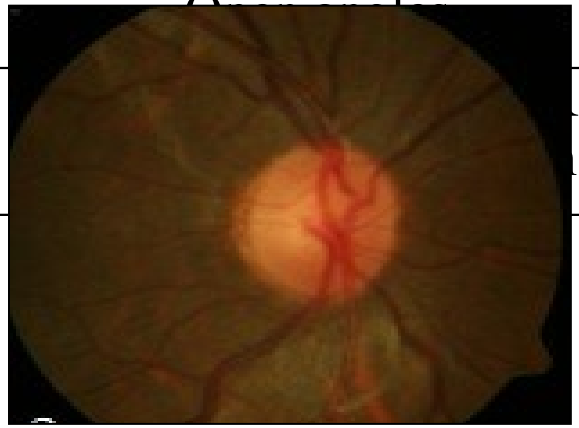
- **Presenting complaints:** A 6-year-old boy diagnosed with unilateral raised intraocular pressure (IOP)
- **Systemic History:** Bloody loose stools, recurrent erythematous skin rash – chronic bullous disease (biopsy revealed leucocytoclastic vasculitis), femur osteomyelitis.
- **Treatment History:** Systemic steroids (1mg/kg/day), intravenous immunoglobulin (IVIG) 3 weekly, mesalamine



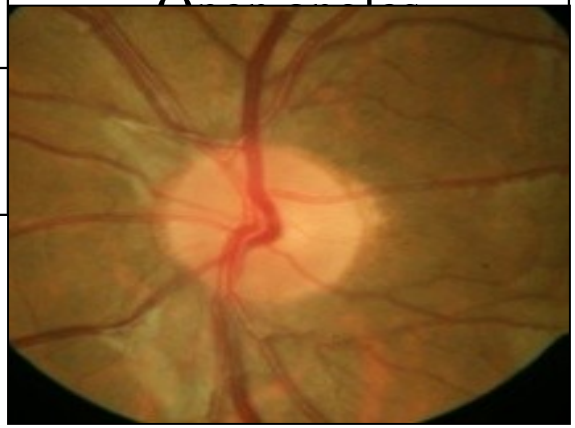
Ocular Examination

	Right Eye (OD)	Left Eye (OS)
BCVA	20/20	20/20
IOP (GAT) mmHg	32 (no drugs)	19
Anterior segment	Old healed KPs	Clinically normal
[illegible]	[illegible]	[illegible]

Old Healed KPs



Healthy optic disc (OD)



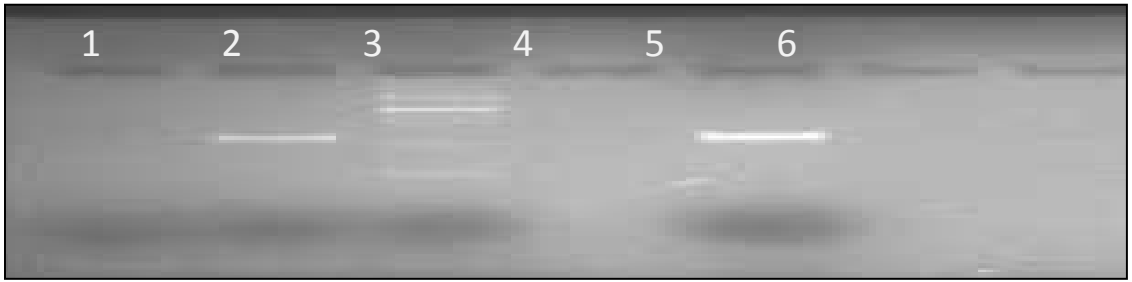
Healthy optic disc (OS)

Possibilities

- Steroid Induced Glaucoma
- Uveitic Glaucoma
- Possner-Schlossman Syndrome (in a child?!)

Further Course

- Clinically diagnosed as **Wiskott Aldrich Syndrome (WAS)**
- Possible viral etiology thought; AC tap sent for polymerase chain reaction (**PCR**) which was **positive** for CMV
- Since the patient was **immunocompromised,** started on oral and topical ganciclovir with frequent topical betamethasone
- The IOP responded to **topical steroids** and lowered to 18 mm Hg without drugs



PCR : Lane 1: Negative Control; 5: positive control; 2: positive result in our patient

Ocular Examination

	Right Eye (OD)	Left Eye (OS)
BCVA	**20/60**	20/20
IOP (GAT) mmHg	**48**	15
Posterior segment	Cup-disc ratio **0.7**; NRR **thinning**	Cup-disc ratio 0.4

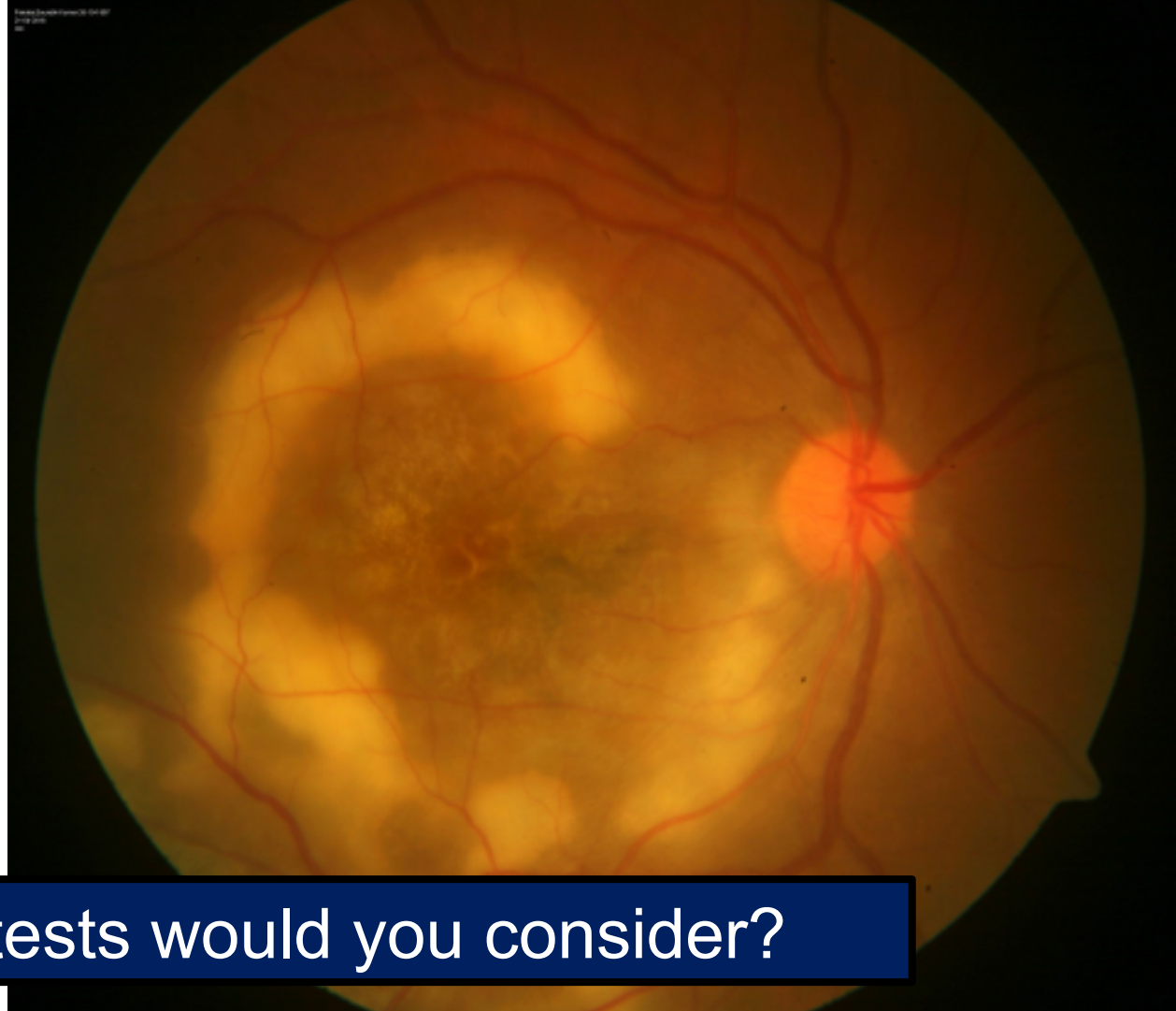
What would be your next step?

1. Glaucoma surgery
2. Rule out recurrent uveitis
3. Think of Steroid-responsiveness

- Regimen for CMV retinitis was followed; biweekly **intravitreal ganciclovir** with topical ganciclovir and oral valganciclovir with topical steroids
- The child received a total of **8 biweekly** injections each time under general anesthesia

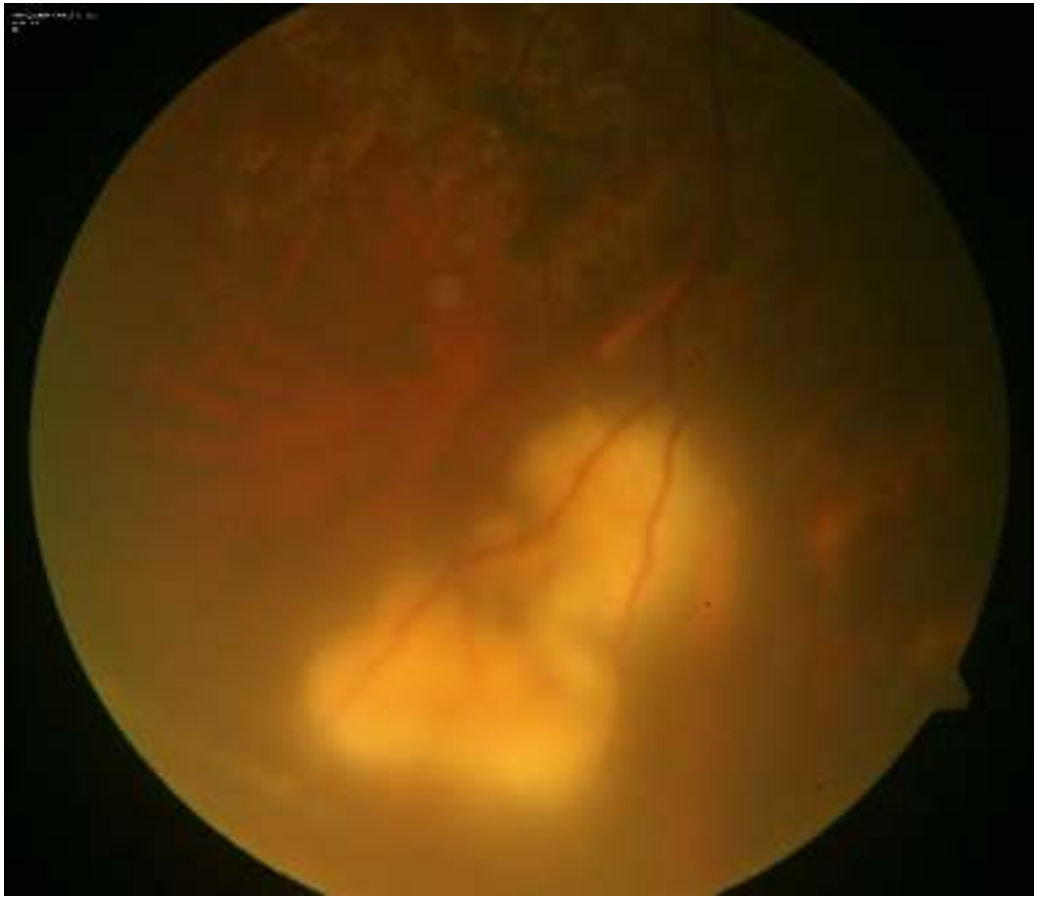
Case #4

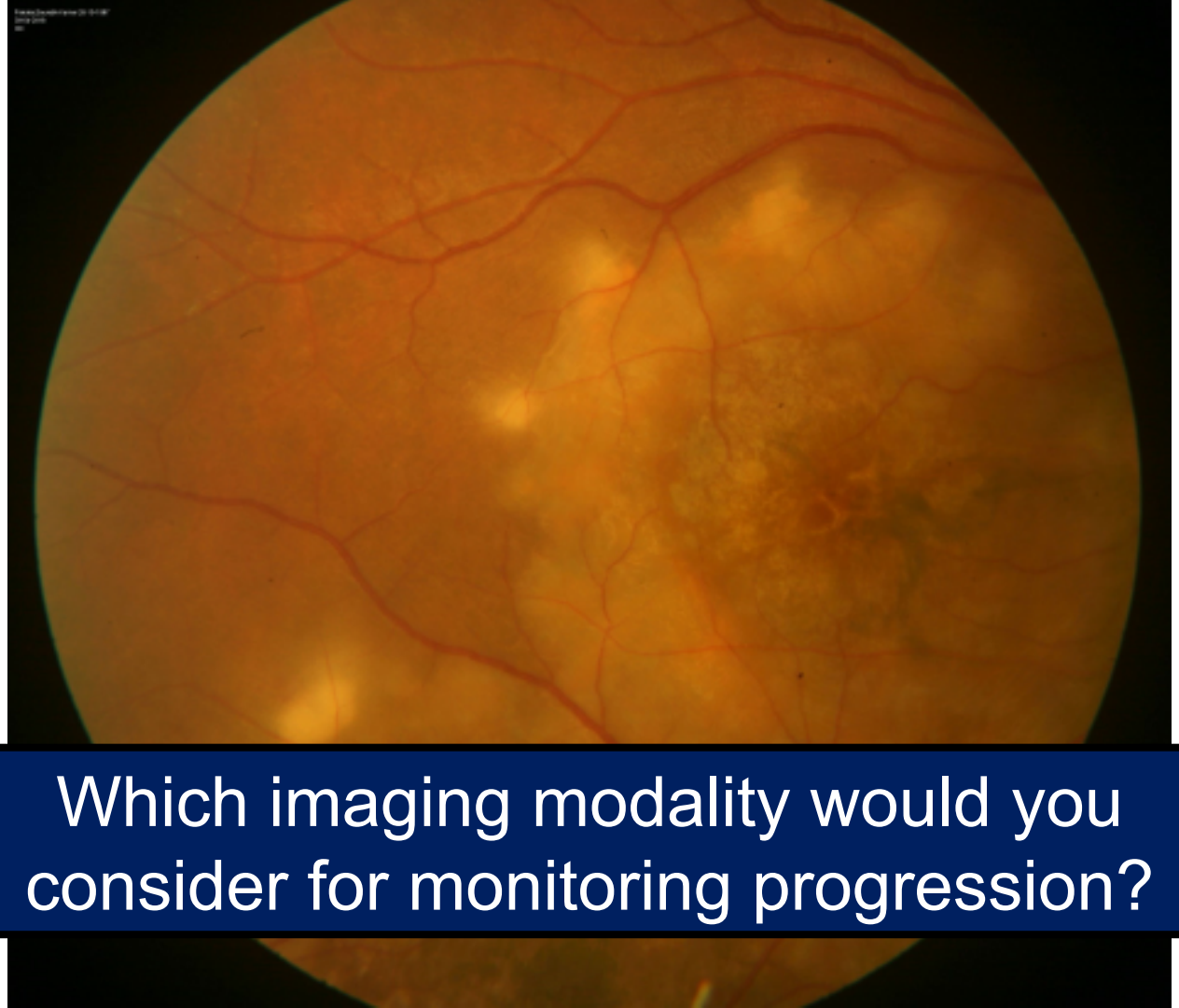
- 20-year-old male
- Decreased vision, right eye



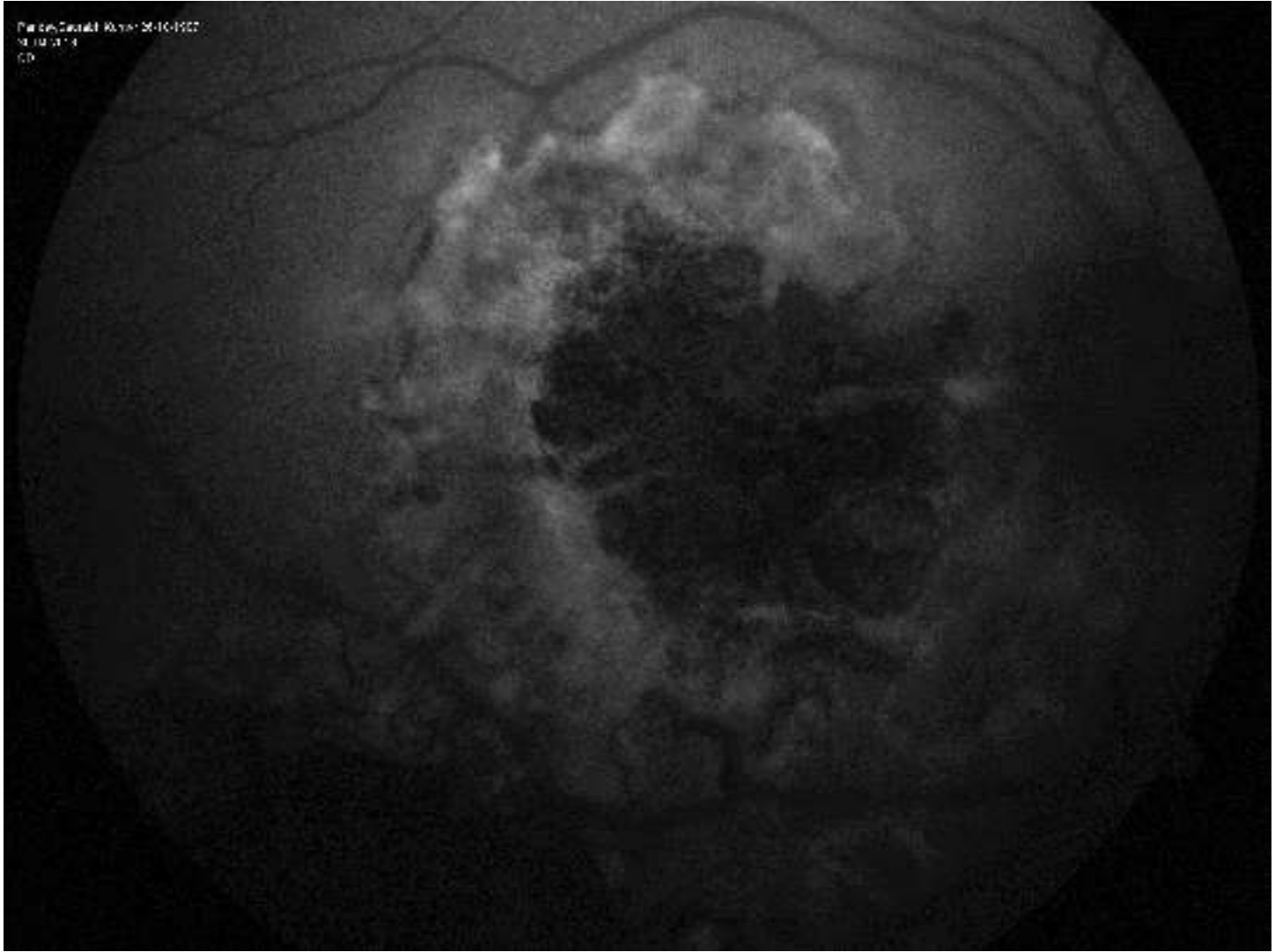
Which tests would you consider?

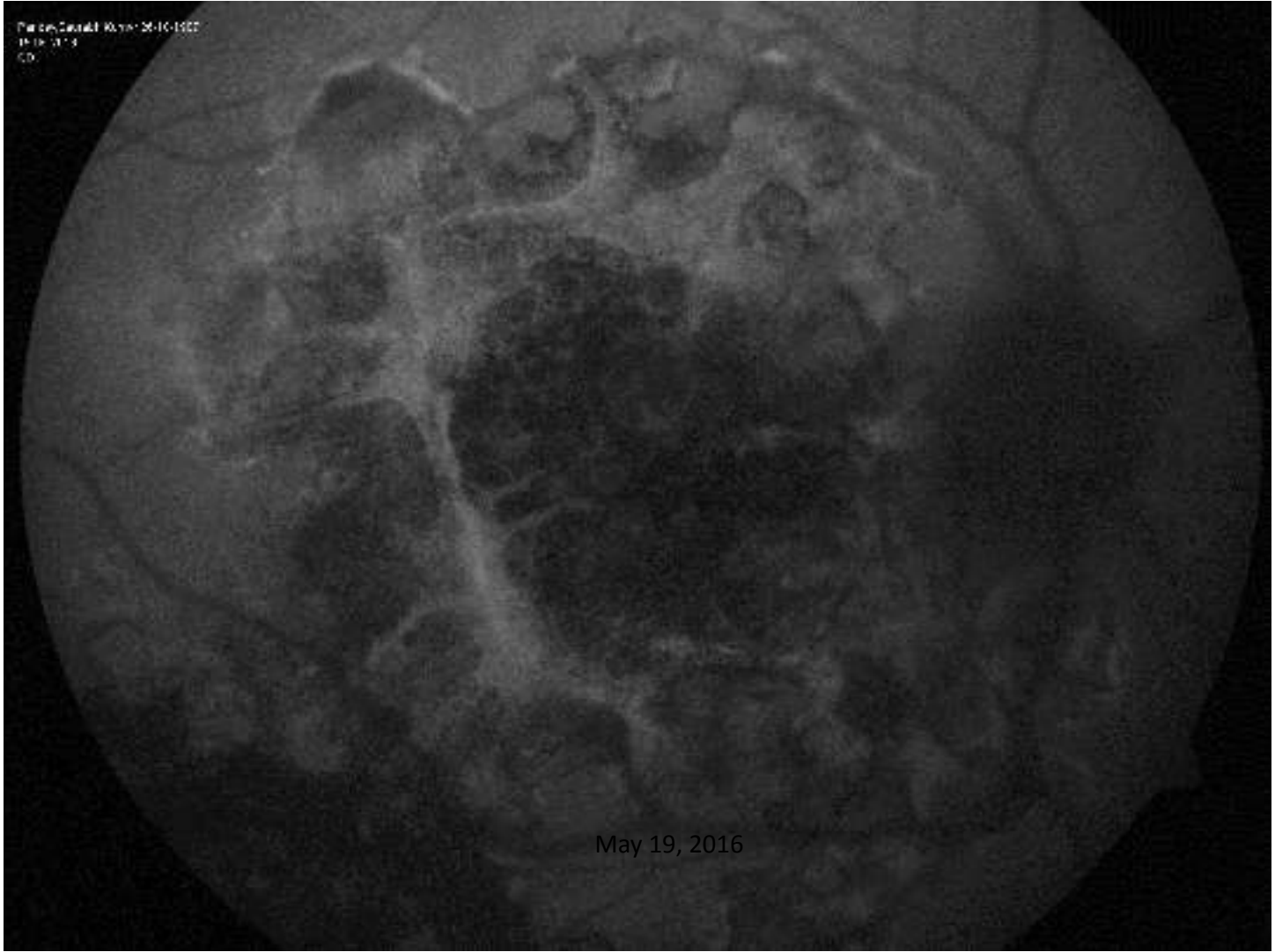
- Mantoux Positive
- CECT chest suggestive of lesions
- VDRL/TPHA negative



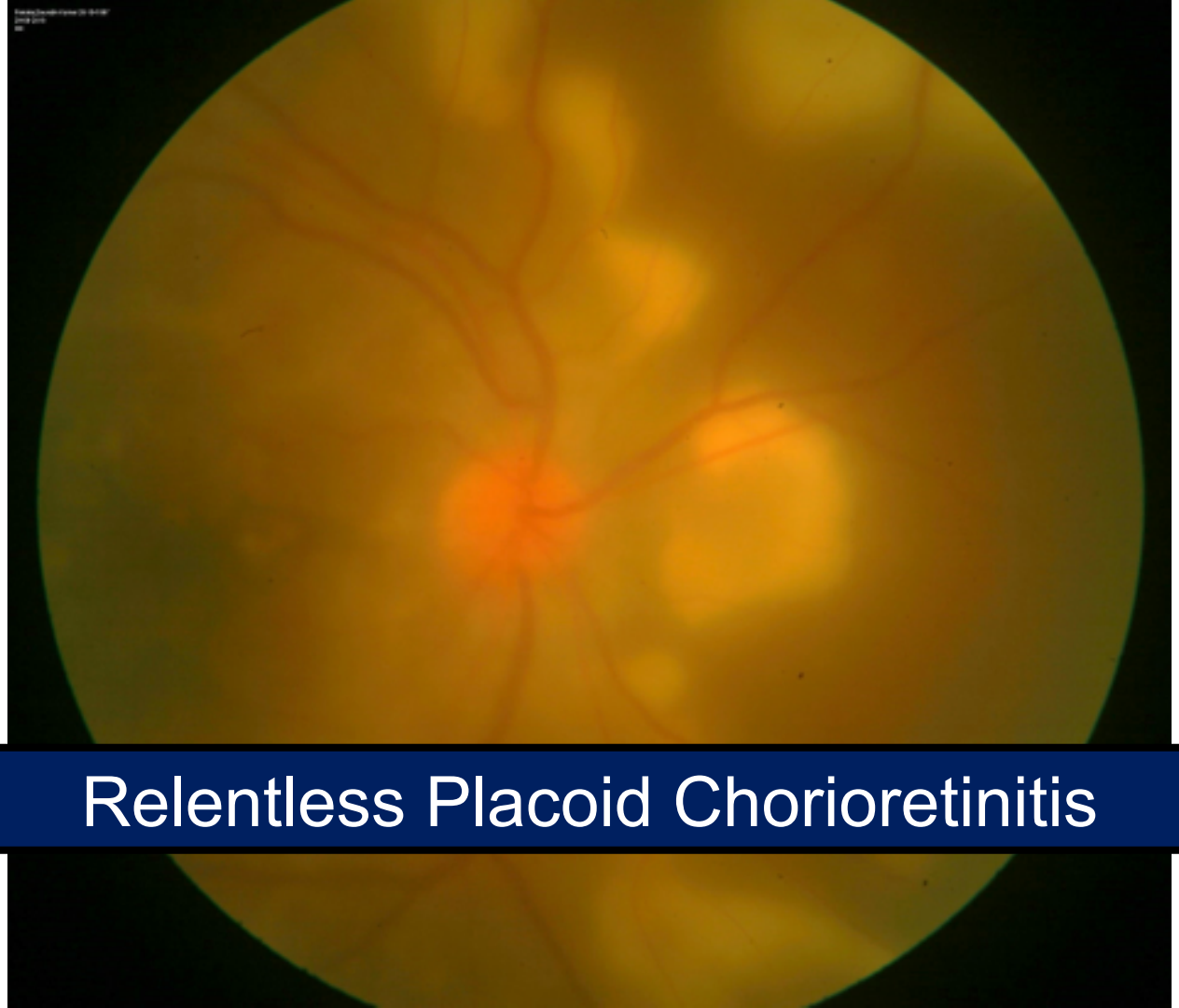


Which imaging modality would you consider for monitoring progression?





May 19, 2016



Relentless Placoid Chorioretinitis

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