CASE REPORT – OCULAR TUBERCULOSIS

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PURPOSE/INTRODUCTION

- Ocular Tuberculosis occurs through hemathogenic dissemination of Mycobacerium tuberculosis from a primary site of infection (usually pulmonar)
- Tuberculosis Uveitis prevalence is variable, being higher in developing countries.

METHODS

- This case report was obtained by literary review of scientific articles and evaluation of the patient's medical record

RESULTS

- 46 yo female presents low vision complaint for the last 6 months on OD.
- PFH relates her Father treated Pulmonary TB 5 Years ago.
- Ophthalmologic examination:
  - BCVA 20/100 OD, 20/20 OS | IOP = 17mmHg OU
  - BMA difuse scarce KP's on the córnea OD. ACR +2/4 OD. OS was normal
  - Fundus: (Images)
    - OD Large exsudative White-yellowish lesion from peripapilar region to nasal periphery and Nasal Superior CR lesion. OS was normal;
  - Lab: A Mantoux test was performed (PPD) = 25mm
- Her initial empiric treatment for Ocular Toxoplasmosis was suspendend and she was then promptly forwarded to Infectology and oral RIPE was Initiated.

DISCUSSION

- Ocular Tuberculosis can manifest as Anterior, Intermediary or posterior uveitis.
- Posterior Uveitis is the most common presentation of ocular TB and can itself present as a myriad of entities:
  - Choroid Tuberculae, Multifocal Choroiditis
  - Choroid/Retinal Granulomas, Subretinal Abssesses
  - Serpiginous-like choroiditis, Retinal Vasculitis
  - Exsudative Retinal Detatchment, Neurorretinitis
  - Cystoid Macular Oedema
- Implemented treatment (RIPE) led to disease activity and infamation decrease. Images were taken on presentation and 3 months.

CONCLUSION

- The present case raises the importance of considering ocular tuberculosis as a differential diagnosis in patients with chorioretinitis, (extensive or not) - specially if it consists of a chronic active lesion - and the importance of early diagnosis and prompt treatment to prevent vision loss and potential systemic spread of the disease
- Current Treatment for ocular TB include RIPE (Rifampicin, Izoniazid, Pyrazinamide, Ethambutol) Orally. The duration depends on individual circumstances and case severity, but usually a 9-month period.