

Atypical ocular tuberculosis presentation

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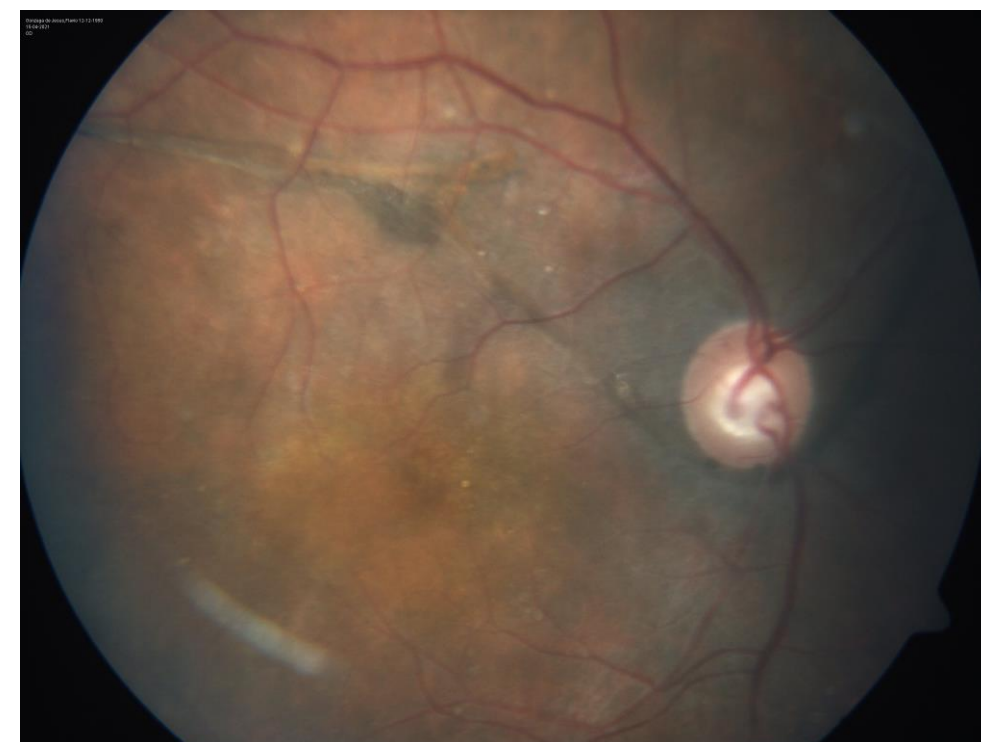
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Purpose

Tuberculosis (TB) is a systemic disease that constitutes a serious problem for public health in Brazil¹. Ocular involvement is described in 1-2% of TB cases². The extreme variability of ocular manifestations in addition to the difficulty in isolating the bacillus can make routine clinical diagnosis challenging³. This case report could contribute to a deeper understanding of the disease in order to help identify and diagnose rare cases.

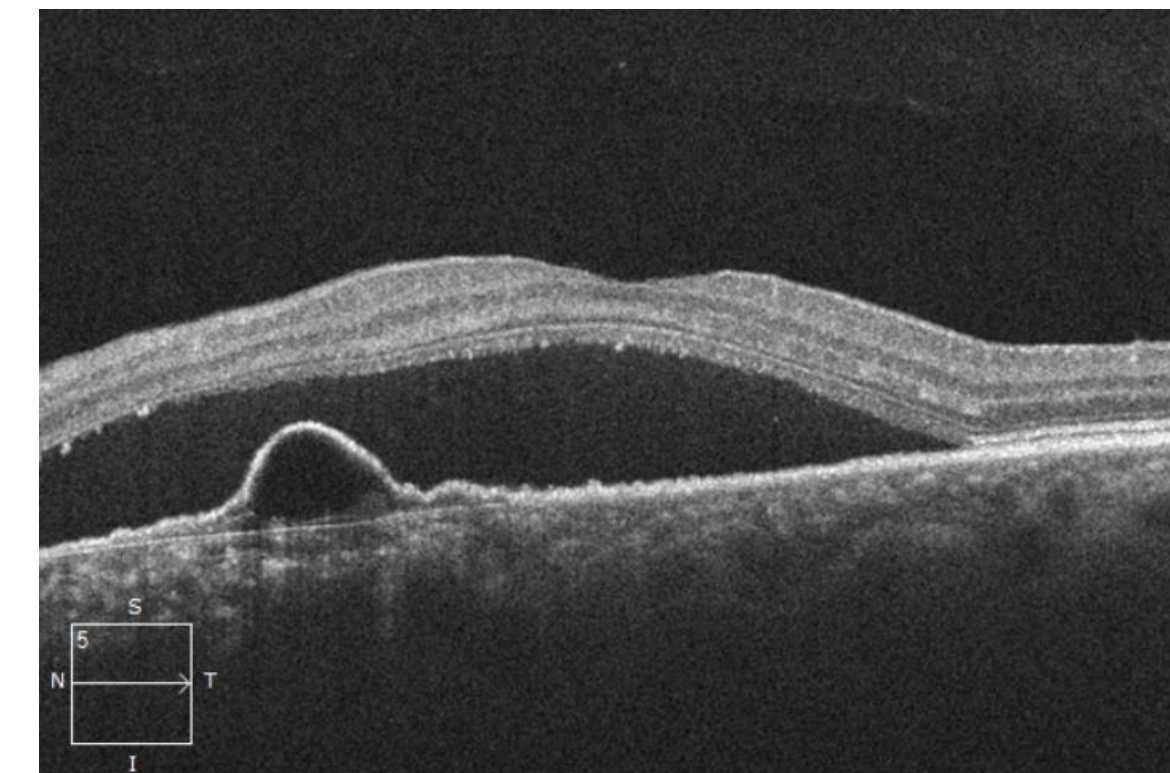
Case report

70-year-old man presenting decreased vision in left eye (OS) for 15 days. History of glaucoma controlled with medication and chronic central serous chorioretinopathy. Reports social work with homeless people. In examination, presented corrected visual acuity of 20/80 in both eyes (OU) and biomicroscopy of the anterior segment showed no changes. Intraocular pressure was 12 mmHg in the right eye (OR) and 21 mmHg in OS. Fundoscopic examination showed increased optic disc excavation OU. Presented an elevation in the macular region and mild vitriitis in OS. Macular optical coherence tomography in OS showed detachment of both the neurosensory retina and the retinal pigmented epithelium (RPE). In the course of systemic enquiry, tuberculin skin test presented with firm bump of 22 mm diameter.

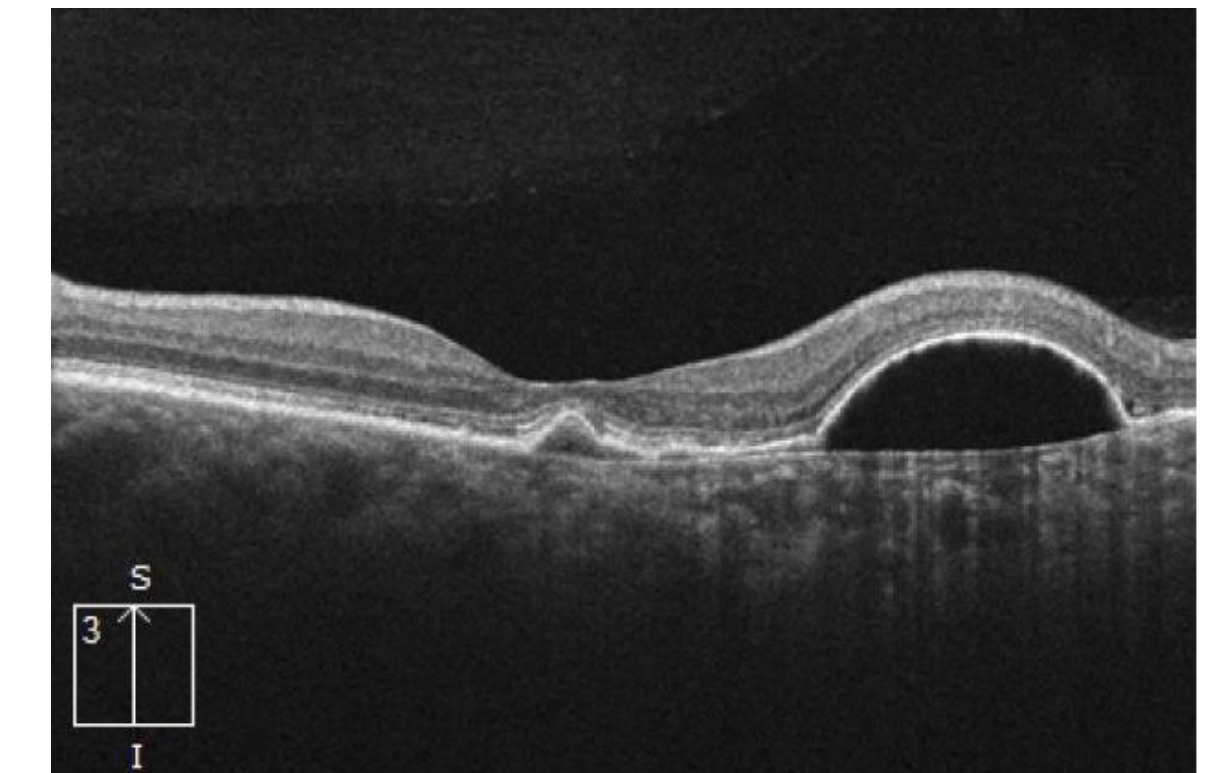


Discussion

Diagnose ocular tuberculosis can be challenging. Most patients have presumed diagnosis based on epidemiology, consistent ocular phenotypes and corroborating tests, such as tuberculin skin testing⁴. Exudative retinal detachment is a rare presentation of the disease, although some cases have been reported in the literature⁵. In this case, tuberculosis was suspected due to detachment of the RPE and retina, associated with the vitriitis and increased intraocular pressure. The patient was treated only with antituberculin drugs and showed significant improvement. Thus, the presumed diagnosis was corroborated.



Before treatment



After treatment

References

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