

Posterior uveitis with active cicatricial lesion, toxoplasmosis, vasculitis and vitreous hemorrhage

Authors: Leandro Cesar Cotta, Rafael de Oliveira Sousa, Pedro Augusto Parreira Monteiro, Rafael Eidi Yamamoto, Douglas Henrique Teixeira, Franciolly Roberto Pires, Tiago Sousa Maia Justiniano Ribeiro

INTRODUCTION

Uveitis is a prevalent disease that mainly affects young people and can lead to vision loss, requiring a good diagnostic investigation of the possible causes to minimize its deleterious effects in function of its multifactorial origins.

The case reports the journey of a young patient, who was admitted to the emergency department of ophthalmology with a sudden decrease in vision in his left eye. In the exams was found active cicatricial lesions, venous occlusion, vitreous hemorrhage, vasculitis, IgG toxoplasmosis and HLA-B51 positive.

CASE REPORT

Patient, male, 16 years old, complaint of sudden visual loss in the left eye. On ophthalmologic examination, he has visual acuity count fingers in the left eye, normal reflexes and normal intraocular pressure, with no other alterations.

After initial assessment, the patient was referred for evaluation by a retinal specialist and underwent to retinal mapping presenting active cicatricial lesions and vasculitis in both eyes (figure 1 and 3), venous occlusion and vitreous hemorrhage in the left eye (figure 3), in addition IgG positive for toxoplasmosis and HLA-B51 positive.

Ultrasound examination compatible with vitritis or vitreous hemorrhage in the left eye (figure 2).

In a joint evaluation with an infectologist, treatment for toxoplasmosis was initiated and the patient was referred to a rheumatologist for further diagnostic investigation for associated rheumatological diseases such as Lupus, ARIJ, Behçet and others.

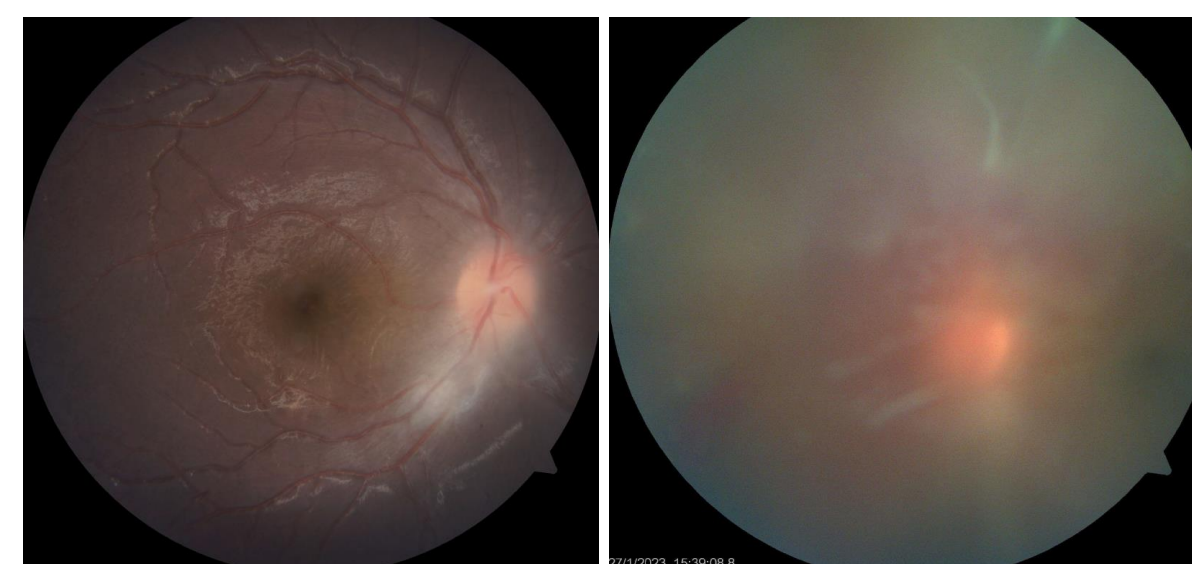


Figure 1 – Retinal photography

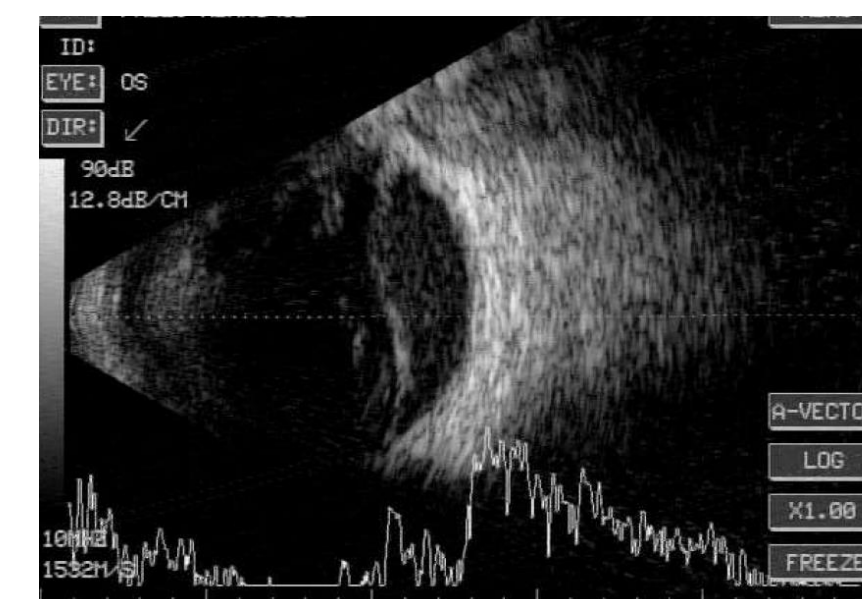


Figure 2 – Ultrasound left eye

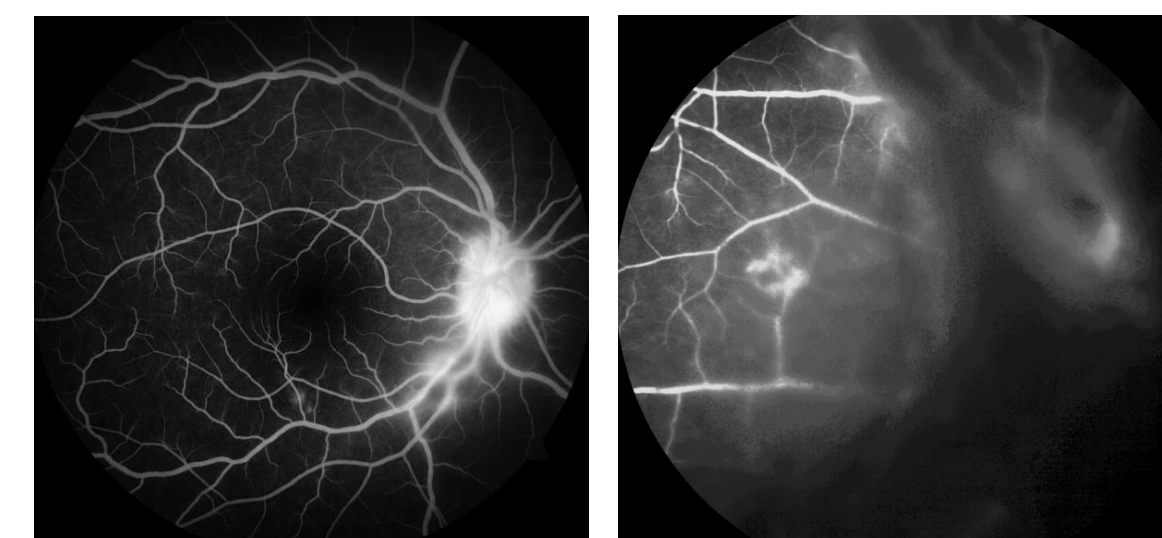


Figure 3 – Fluoricein angiography

DISCUSSION

The analysis shows the importance of deepening the multiprofessional investigation, since uveitis can have multifactorial origins. The elucidation of the different origins is essential to reduce recurrences and the severity of potential injuries resulting from this involvement, although the case has not yet shown the outcome with the diagnosis through the exams.

REFERENCES

- 2021-2022 Basic and Clinical Science Course. Section 09, Uveitis and ocular inflammation. San Francisco: American Academy of Ophthalmology, 2021.