MULTIFOCAL CHOROIDITIS AS THE FIRST MANIFESTATION OF SARCOIDOSIS

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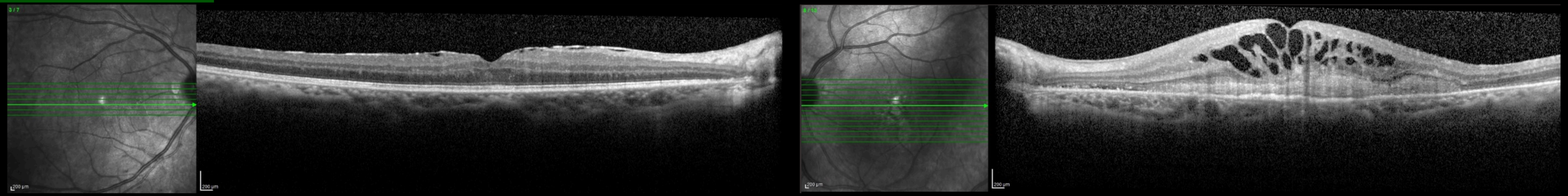
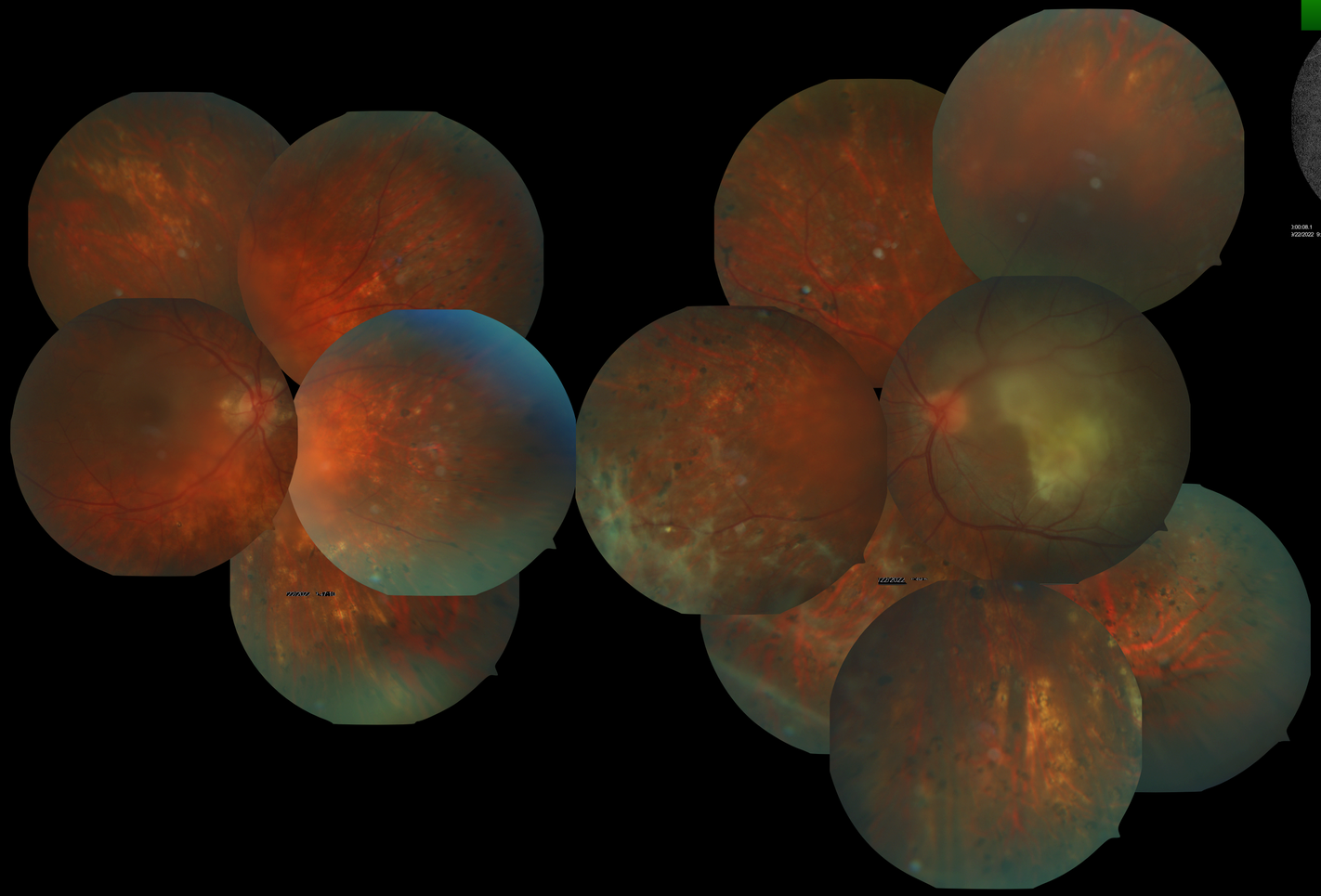
- **Purpose:** To describe the case of a patient with multifocal choroiditis who was diagnosed with sarcoidosis.
- **Methods**: This is a case report study developed with a female patient attended at the Hospital das Clínicas da Unicamp in March 2021 with follow-up. The patient in question agreed to participate in the present study, upon signing the free and informed consent form.
- For the elaboration of this research, we used the data collected during the anamnesis and detailed ophthalmological examination, including multimodal evaluation.
- **Case report:** Female patient, 43 years old, with progressive and painless low visual acuity in the left eye for three months. She referred to associated photopsias. She denies ocular or systemic pathologies and ocular trauma.
- **BVAC**: 0.3/Count Fingers
- **Biomicroscopy**
    - Both eyes (BO): calm eye, transparent cornea with mutton fat keratic precipitates, anterior chamber formed with 2/4+ flare, iris with posterior synechiae in right eye (OD) and trophic left eye (LE), phakic, photomotor reflex gift.
- Applanation tonometry: 11/11 mmHg

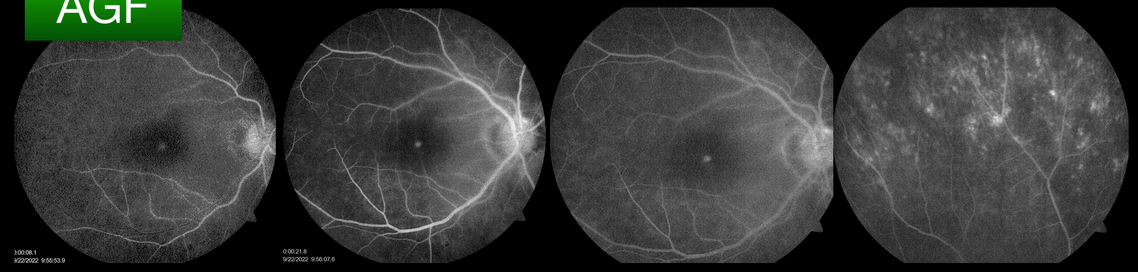
- **Fundoscopy:**
    - Both eyes (BO): Vitreous with 1+/4+ cellularity in the RE and 2/4+ in the LE, applied retina in all four quadrants with peripheral pigmentary lesions, diffuse vascular thinning, altered macular brightness in the RE, and neovascular membrane of macular fibrotic appearance in the LE, optic disc with peripapillary atrophy and physiological excavation.
- **Fluorescein angiography** LE: hyperfluorescent spots without vascular leakage
- **Spectral domain macular optical coherence tomography**
    - RE: hyperreflective epiretinal membrane, no signs of neovascular membrane, no intra or subretinal fluid
    - LE: subretinal hyperreflective material compatible with neovascular membrane with intraretinal fluid

Baseline OCT



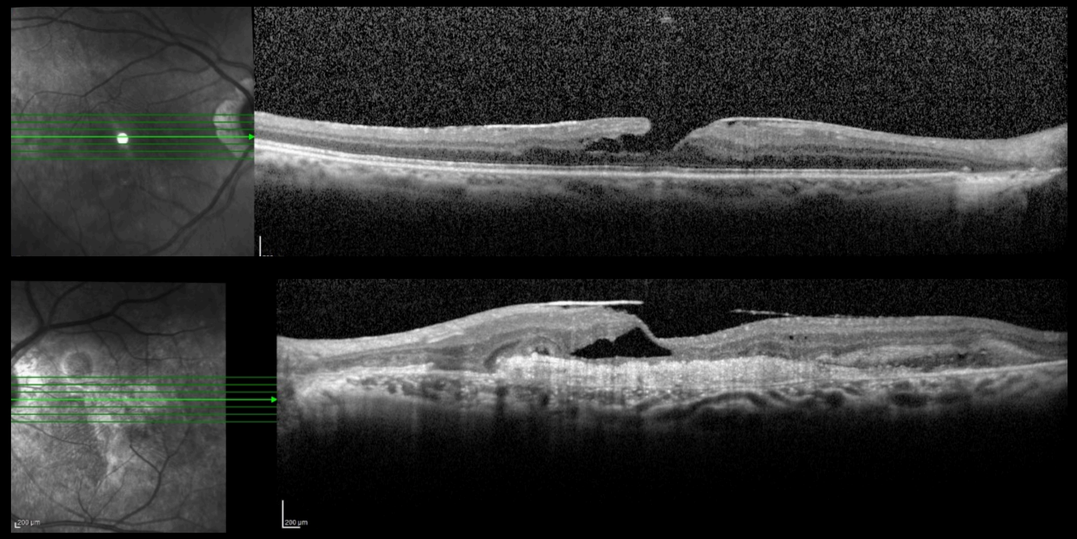


AGF



8'' 12'' 39'' 1'7''

OCT - 1 year *follow up*



- Bronchoscopy was performed for confirmatory diagnosis with the result of a granulomatous inflammatory process.
- The patient is being followed up at the service, currently adalimumab 40 mg every 14 days started since March 2022 and prednisone 7.5 mg with good disease control. In the last examination carried out in February 2023, he showed a BVAC of 0.67 and counting fingers, with no signs of activity since July 2022, in slow regression of corticosteroid therapy.

- **Results and discussion:**
- Sarcoidosis is a chronic multisystem inflammatory disease of unknown etiology characterized histologically by non-caseating granulomas. About 30–60% of patients with sarcoidosis develop ophthalmic changes, and bilateral granulomatous intraocular inflammation is a frequent presentation.
- Diagnosis based on biopsy with a compatible uveitis was labeled as definitive ocular sarcoidosis by IWOS.
- Criteria described in two thirds of patients with ocular sarcoidosis according to IWOS are: granulomatous keratic precipitates “mutton fat” and/or nodules of the iris and trabecular meshwork, multiple peripheral chorioretinal lesions (active and/or atrophic), nodular and/or segmental periphlebitis (± candle wax drippings) and/or retinal macroaneurysm, optic disc nodule(s)/granuloma(s) and/or solitary choroid nodule, and bilaterality.
- The differential diagnosis of multifocal choroiditis and panuveitis includes those diseases that can produce a multifocal choroidopathy, such as punctiform internal choroiditis (PIC), syphilis, tuberculosis in endemic areas, and sarcoidosis.
- Although multifocal choroiditis has been described, it is not usually presented as the first manifestation.