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Intermediate uveitis associated with retinal vasculitis secondary to Behçet disease

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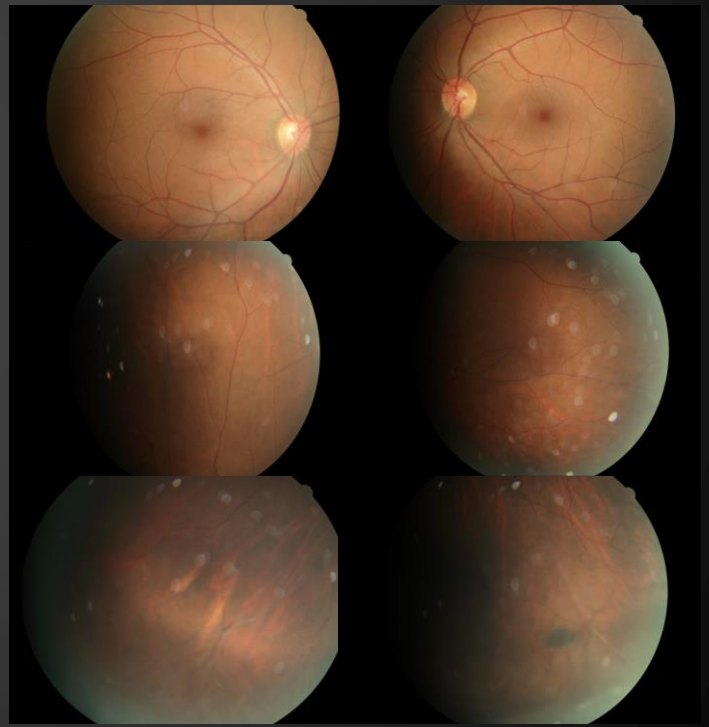
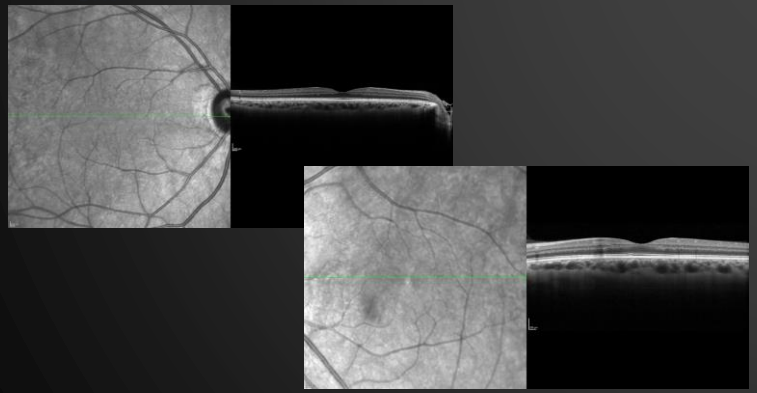
Case Report

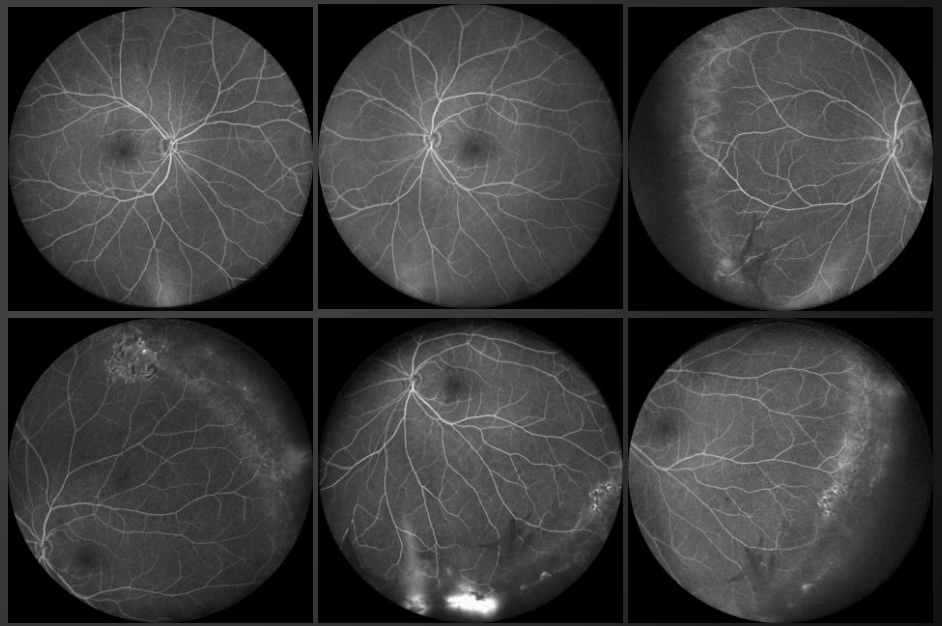
- 41-year-old male patient
- Long-term reduction in visual acuity, myiodopsia and photopsies.
- Ocular inflammation 4 years ago, when he lived in Turkey, in which there was no diagnostic conclusion and was treated with oral and topical corticosteroids.
- Recurrent episodes with oral and genital ulcers during activity peaks, exanthematic lesions in the back and forearms
- Bipolar disorder, on lithium and quetiapine. Past laser photocoagulation.
- Exam: visual acuity of 20/40 in both eyes. Biomicroscopy: normal. Fundoscopy: Vitreous opacifications (snowballs), more evident in the left eye, photocoagulation spots on the periphery, peripheral vasculitis.



Multimodal Imaging

- OCT: no alterations
- Fluorescein angiography: peripheral ischemia more evident in the OS with hyperfluorescence (leakage) in the lower periphery delimiting neovascular lesion.





- Extensive workup for uveitis was requested, detecting positivity for HLA-B51. Treatment with oral prednisone was initiated, laser photocoagulation was indicated to treat peripheral neovascularization and the patient was referred to rheumatology for evaluation and systemic treatment.
- Clinical diagnosis: presence of oral, genital and skin lesions + bilateral ocular inflammation sparing choroid

DISCUSSION

- Behçet disease is a rare autoimmune condition and presents a spectrum of ocular manifestations, notably uveitis and retinal vasculitis.
- It may present with blurred vision, floaters and visual field deficits.
- Systemic manifestations include recurring genital ulcers, arthritis and cutaneous lesions.
- HLA-B51 positivity (present in 50-77% of the patients affected) supports diagnosis.
- Treatment includes oral corticosteroids and immunomodulatory medications.
- Timely identification and collaborative intervention with rheumatology specialists are imperative for averting long-term visual morbidity.

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