VOGT KOYANAGI HARADA SYNDROME AND IT´S EARLY DIAGNOSIS

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PURPOSE

To report the value of early diagnosis for the treatment of VKH Syndrome

METHODS

Data collection from medical records and test results.

RESULTS

Female patient, 23 years old, Caucasian, sought an ophthalmological emergency department with decreased visual acuity (VA) and pain in both eyes for 05 days, sudden onset and no trauma associated. She also reported headache and tinnitus. Visual acuity (VA) in the right eye 20/150 and in the left eye 20/50. Biomicroscopy without alterations, fundoscopy showed 2+/4 papilledema in the both eyes, without vitritis. Retinography confirmed papilledema, but without signs of subretinal fluid or serous detachment. Macular OCT without alterations. With the diagnostic hypotheses of VKH syndrome and orbital pseudotumor, acetazolamide and potassium chloride were introduced while awaiting laboratory tests in order to exclude infectious causes. It was requested a cranial and orbital magnetic resonance imaging. She returned 10 days later, with normal exams, referring worsening of vision, tinnitus and onset of bilateral hearing loss. AV right eye: 20/100 and left eye: 20/150. Biomicroscopy in both eyes with lower endothelial keratic precipitates, posterior synechiae 360° and anterior chamber reaction 2+/4+. Fundoscopy with maintained papilledema. Before the evolution of the condition with a bilateral granulomatous panuveitis, infectious causes excluded and traumatic, the diagnosis of VKH Syndrome was closed. Treatment was introduced with oral corticosteroid therapy at an immunosuppressive dose (prior prophylaxis with albendazole), corticosteroids and tropicamide topical, with periodic returns. The patient developed with improved vision and extraocular symptoms. Currently, she is currently undergoing ophthalmological follow-up and rheumatologic, with finalized immunosuppressive treatment.

DISCUSSION

The Vogt-Koyanagi-Harada Syndrome (VKH) is a multisystemic, rare and autoimmune disease against melanocytes (a fact that justifies a higher rate in black people). It mainly affects women between 20-50 years old. It is a severe, bilateral, diffuse uveitis, with multiple serous retinal detachments, papilledema, vitritis, psychological and skin involvement. Systemic corticosteroid therapy is the mainstay of treatment. Immunosuppressants have also been used. Although five diagnostic criteria are described for VKH, incomplete presentation is more common, which difficult the diagnosis and delay the initiation of treatment, contributing to a worse prognosis with ocular and extraocular complications.