Recurrent unilateral posterior scleritis as a primary manifestation of rheumatoid arthiritis: case report

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INTRODUCTION

Posterior scleritis (PE) is an inflammation of the posterior scleral artery, difficult to diagnose and frequently diagnosed late. Which can lead to irreversible consequences for the patient's visual acuity.

The main symptoms and signs of eye disease are: eye pain, redness , reduced visual acuity and inflammation of the scleral vessels. The main signs are subretinal granulomas, exudative retinal detachment, proptosis, abrupt appearance of hyperopia, ultrasonographic and OCT changes.

About 40% of cases are associated with some systemic disease. Females are more commonly affected. The most frequent age is between 40 and 59 years.

Treatment depends on an early and correct diagnosis, in addition to a multidisciplinary evaluation. Evaluation in conjunction with a rheumatologist is often necessary. Clinical control is performed using corticosteroids and/or immunosuppressants.

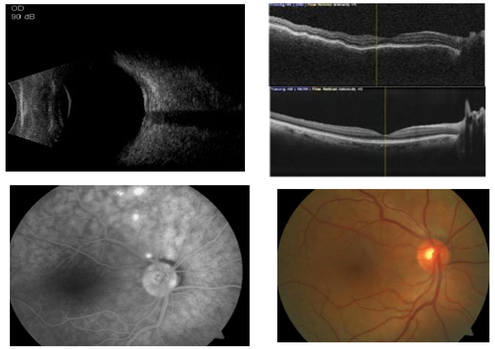
CASE REPORT

A.B.S., female, 51 years old. Previously healthy and without the use of continuous medication. He was admitted to the Emergency Room of the Hospital Visão de Olhos complaining of intense ocular pain, photophobia, tearing and blurred vision in the right eye for 8 days. He denied trauma or previous episodes.

The corrected visual acuity was 20/40 in the right eye (OD) and 20/20 in the left eye (LE). Biomicroscopy of the OD showed vascular engorgement, negative phenylephrine test, photoreactive pupil. OE without changes. Fundoscopy showed no alterations. The initial diagnosis was anterior scleritis, systemic corticosteroid therapy was initiated and evaluation of the retinal sector.

Retinal mapping showed serous detachment in the OD and hypertensive retinopathy in the OA. At USG, inverted “T” sign and posterior vitreous detachment in the AO. Fluorescent retinography showed areas of hyperfluorescence superior to the optic nerve in the RE. On OCT, serous retinal detachment and folds at the posterior pole were visualized.

After the exams, the diagnosis of posterior scleritis was confirmed, and the treatment instituted in the emergency room was maintained, with clinical improvement of the condition. But after 5 months, the patient presented recurrence of the condition with corrected visual acuity in the RE of 20/100 and 20/20 in the LE. Treatment with Prednisone 1mg/kg/day was performed at weaning and evaluation with a rheumatologist. On return in 1 month visual acuity in RE was 20/20. After this last episode, the patient went to the rheumatologist who made the diagnosis of Rheumatoid Arthritis and therapy with Methotrexate and Folic Acid was started, without new ocular recurrences since then.



DISCUSSION

Posterior scleritis is an inflammatory condition of the eye that often goes undiagnosed in the initial evaluation. It can lead to irreversible complications in the patient's vision. It has some clinical signs and suggestive exams, it can be unilateral or bilateral and also be associated with systemic diseases, such as Rheumatoid Arthritis. Its treatment is based on systemic corticosteroid therapy and control of the underlying disease.

With this case, it can be seen that knowledge about clinical, laboratory and imaging examination alterations, such as ultrasound, characterized by the “T” sign, can lead to earlier diagnosis and treatment. With a significant benefit in the prognosis of the patient.

In addition, it is important to note that having access to a multidisciplinary team and other specialties such as Rheumatology are of fundamental importance for disease control, thus reducing relapses.

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