

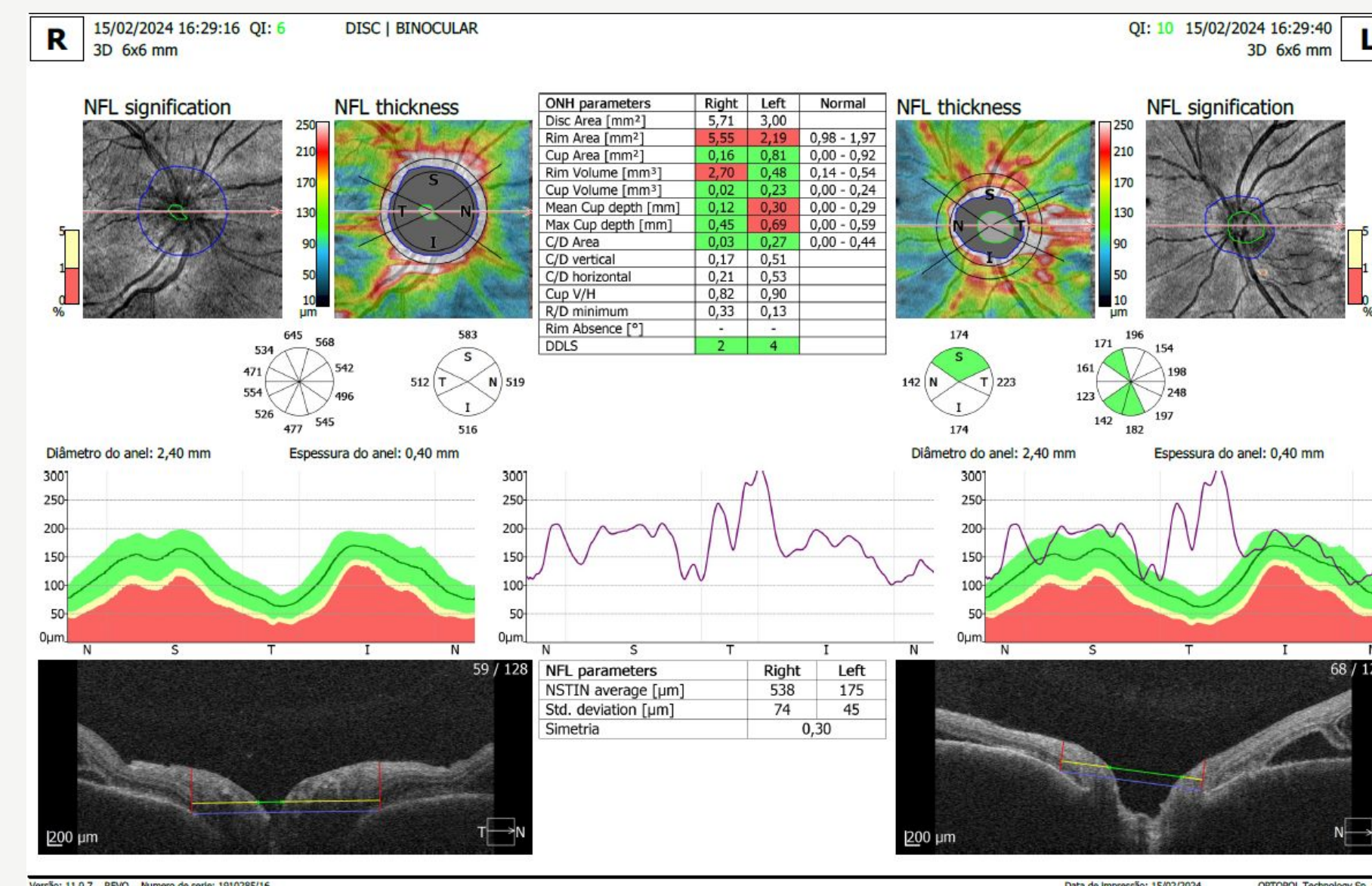
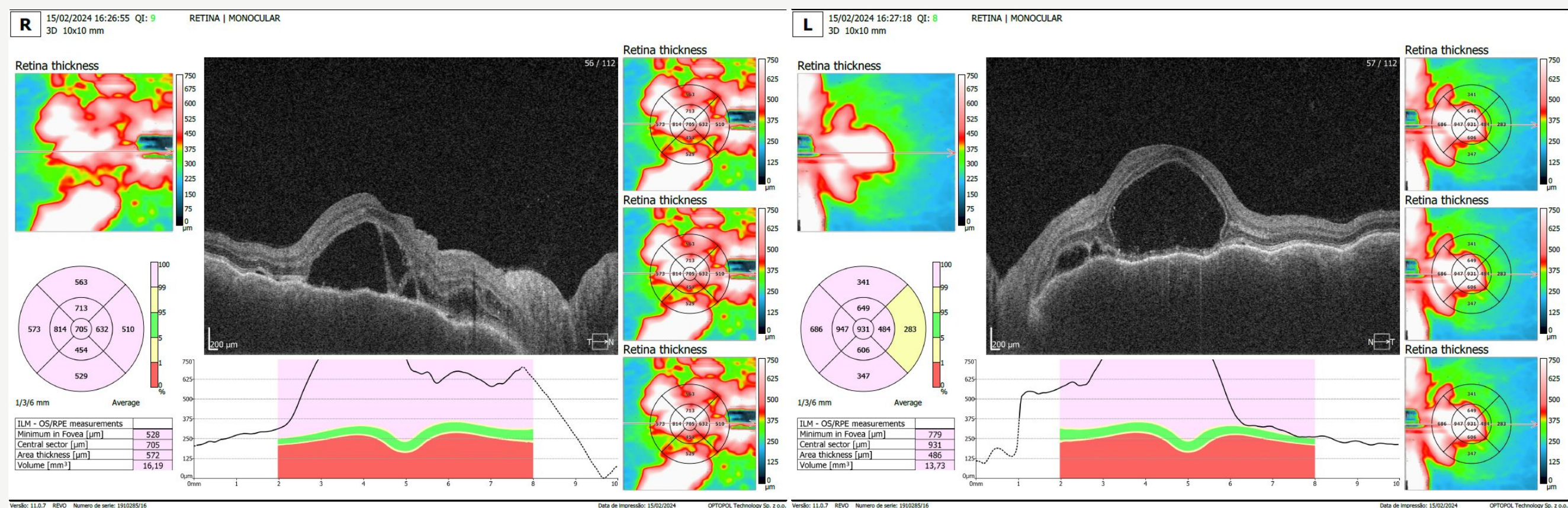
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PURPOSE

A diabetic patient presented with symptoms suggestive of Vogt-Koyanagi-Harada (VKH) syndrome, presenting with choroidal white lesions, macular edema with bacillary layer detachment (BALAD) and optic nerve edema in the right eye. Treated with topical and oral corticosteroids, resulting in clinical improvement. Differential diagnosis are diabetic retinopathy, central serous chorioretinopathy and infectious posterior uveitis.

METHODS

A 45-year-old diabetic male presented with a sudden onset of vision loss in the right eye. Past medical history was significant for poorly controlled diabetes mellitus type 2, diagnosed ten years prior. On examination, visual acuity was 20/200 in the right eye and 20/20 in the left. Fundus examination of the right eye revealed choroidal white lesions, significant macular edema with evidence of BALAD, and optic nerve edema. Fluorescein angiography confirmed the presence of multifocal areas of leakage, consistent with inflammation.



RESULTS

The patient was treated with topical 1% prednisolone acetate four times daily, oral prednisone 60 mg/day with a gradual tapering schedule and glycemic control. Outcome: improvement was observed within four weeks of treatment initiation. Visual acuity in the right eye improved to 20/40. Fundoscopic examination showed resolution of choroidal lesions, significant reduction in macular edema and BALAD and normalization of optic disc appearance. The patient continued on a tapered dose of oral corticosteroids with monitoring for potential side effects.

DISCUSSION

This case highlights that the prompt recognition and aggressive treatment with corticosteroids, both topical and oral, was pivotal in treating choroidal white lesions, macular edema with BALAD, and optic nerve edema in a diabetic patient with suspected VKH syndrome. This case emphasizes the importance of a comprehensive approach to diagnosis and the effectiveness of corticosteroids in managing complex ocular conditions associated with systemic diseases.