

Ocular Sarcoidosis Presenting As Anterior and Posterior Scleritis: Case Report and Review

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Luton & Dunstable Hospital, UK

A 55 year old Afro-Caribbean lady was referred to the casualty eye clinic with a 3 day history of a painful red right eye along with worsening vision, accompanied by a right sided headache and a slightly droopy eyelid. Her general health was good and she took no regular medication. There was no history of previous respiratory problems. Snellens visual acuity was 6/24 in the right eye improving to 6/18 with pinhole, and 6/6 unaided in the left eye. Examination showed a firm, tender swelling in the outer part of the right upper eyelid corresponding with an enlarged and inflamed lacrimal gland, which itself was easily visible on pulling up the eyelid. There was a marked diffuse anterior scleritis. Anterior chamber showed +2 cells and flare. Intraocular pressure was 26 mm Hg and the pupil was sluggishly mobile. Dilated fundus examination showed a diffuse haze suggesting a brisk vitritis. There was retinal edema at the posterior pole which tended to increase inferiorly where it assumed the configuration of an exudative retinal detachment. The macula showed radiating folds as a result of the edema. S-scan ultrasound showed prominent thickening of the sclera) which indicated the presence of posterior scleritis. A clinical differential diagnosis of sarcoidosis/ pseudotumour/myositis was made. The lady was admitted and commenced on 40mg of oral prednisolone and topical dexamethasone 2 hourly. At 24 hours the visual acuity had improved to 6/9 and there was considerable reduction in pain around the eye. The lacrimal gland swelling had subsided. The anterior segment was still fairly injected although much more comfortable. Retinal edema had markedly reduced with an almost complete resolution of the exudative detachment by the 3rd day. The anterior chamber reaction also diminished in severity. The lady was then sent home on a tapering dose of oral prednisolone and topical steroids.