Case Presentation

Sana S. Siddique
Presenting Complaint

• 53 year old female

• Pain, redness and swelling OU for 4 weeks

• Decrease in VA OD

• Photophobia

• Migraine like headaches

• Received flu shot for flu symptoms
History of Presenting Complaint

• Diagnosed with Iritis OU and angle closure OD

• Treated with:
  PredForte every 2 hours OD and every hour OS
  Pilocarpine for possible angle closure

• Image distortion OD

• CT of orbit and blood work ordered

• Referred to Dr. Foster
Past History

- Chickenpox
- Scarlet fever
- Rubella
- Measles
- Mumps
- Shingles (3 episodes)
- Cervical stenosis
- Menopause at 43 years
• During pregnancy the patient’s mother suffered from:
  • Hepatitis
  • Mumps
  • Bursitis

• Treated with DES in 2nd trimester till delivery
Review of Symptoms

- Recent flu with viral symptoms
- Tinnitus
- Sinus problems
- Migraine like headaches
- Allergies to
  - Propoxyphene HCL
  - Tetracycline
Surgical History

• Tonsillectomy

• IUD removal in ER

• Infected Bartholin gland I&D

• Breast lump I&D
Family History

• Eye problems

• Allergies

• Arthritis
Eye Examination

• V/A
  OD FC@2
  OS FC@2

• IOP
  OD 16 mmHg
  OS 13 mmHg

• Pupils fixed OU

• Eyelids, adnexae, conjunctiva normal OU
• Cornea clear and compact OU

• Anterior chamber
  OD 2.5+ cell & flare
  OS 2+ cell & flare

• Iris normal OU

• Lens clear OU
Differential Diagnosis

- Vogt-Kayanagi-Harada syndrome
- Posterior Scleritis
- Lupus choriodopathy
- Chronic granulomatous uveitis
- Primary intraocular B-cell lymphoma
- Lyme disease
- Uveal effusion syndrome
VKH Diagnostic Criteria

1. No history of trauma or surgery
2. No clinical or lab evidence suggestive of other ocular diseases
3. Bilateral ocular involvement
4. Neurological/auditory findings
5. Integumentary findings

Complete VKH: 1-5
Incomplete VKH: 1-3 and either 4 or 5
Probable VKH: 1-3 must be present
• Poliosis & ocular inflammation
  – Ali-ibn-Isa in 1st century AD and
  – Schenkl in 1873
  – Hutchinson in 1892
  – Vogt in 1906

• Primary posterior uveitis with exudative RD in association with CSF pleocytosis in 1926 – Harada

• Bilateral chronic iridocyclitis with poliosis and alopecia in 1929 - Koyanagi

• Grouped as VKH syndrome in 1949 by Bruno & McPherson
Laboratory studies

- CBC: Normal
- C3 122 (90-180 mg/dl)
- C4 40 (16-47 mg/dl)
- CRP 1.8 (0-7.9 mg/dl)
- FTA-ABS: Nonreactive
- ANA
  - ANA Screen Negative
  - ANA Titer <1:40 (<1:40 )
• HLA-B7
• HLA-B35
• HLA-DR1
• HLA-DR15
• Cryoglobulins: Negative
• IL-6 1.74 (0.31-5.0 pg/ml)
• IL-10 14.4 (up to 15.5 pg/ml)
• TNF-α 1.6 (1.2-15.3 pg/ml)
Treatment

• PredForte OU

• Cyclomydrl QID OU.

• Prednisone 60mg/day and 1gm Solumedrol IV

• Cellcept was discussed

• Vision increased to 20/25 OD and 20/30 OS from FC@2 OU within a week
• CellCept 2gm/day was started

• Prednisone was tapered at 10 mg/wk

• VA improved to 20/20 OD and 20/25 OS

• Cellcept was reduced to 1.5gm/day due to fatigue
Two months later

- VZV shingles
- Cellcept stopped
- Acyclovir prescribed for VZV
- Prednisone PO restarted at 30mg/day
- Patient cited her VA improved off Cellcept and on Acyclovir 800mg 5 times/day
• Multiple recurrences of VZV (recurrent episode #4)
• Occult malignancy??!!
• Diagnostic vitrectomy for suspected lymphoma masquerade considered
Two Weeks Later

• VKH quiescent on 30mg/day of Prednisone and PredForte

• Shingles resolved

• Cyclosporine 100mg BID

• Azathioprine 50mg TID
One Month Later

• Cyclosporine increased to 200 mg/day

• Azathioprine increased to 150 mg/day

• Prednisone tapered to from 30mg/day to 20mg/day
Two Months Later

- VZV reactivation ( # 5) in T4-5 dermatomal distribution

- Acyclovir 800mg 5 times/day

- Neurotin 600 mg PO TID
One Month Later

- Anterior segment showed 2+ cells

- Vision decreased to 20/30 (20/20) OD and 20/60 (20/25) OS
• Treated with pulse IV Solumedrol 1000mg over a three day period

• Pred Forte 8 times/day OU

• Inflammation controlled
Four Months Later

- Active inflammation OU today on Pred Forte She will continue Pred Forte Q1h OU
- Solumedrol 1000mg
- Eyes quiet in a week
- Patient maintained on Neurontin 1200mg and Pred Forte
- Retisert implantation is planned as soon as insurance details are finalized.
Seven Months Later

• VZV recurrent episode # 6

• Treated with Acyclovir

• Valtrex 1000mg BID prescribed, per her PCP's request, to prevent shingle flare-ups
Two Months Later

- Retisert implant approved and performed

- Cataract OS

- Left eye cataract extraction six months later

- Secondary glaucoma treated with Cosopt
Progress

• No episodes of inflammation to date
• No flare up of shingles
• Currently on
  Valtrex 1g QID
  Neurontin 2400mg QD
• Lagophthalmus
• Vision is
  OD 20/20
  OS 25/20
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