



GLAUCOMA, SUP. OCULAR EXTERNA

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OCULAR SARCOIDOSIS: A CASE OF UNUSUAL PRESENTATION.

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INTRODUCTION:

Sarcoidosis is a multisystem granulomatous condition of unknown etiology in which the eye and its adnexa can be affected in up to 50% of patients. Ocular sarcoidosis generally presents early in the course of the disease and frequently co-exists with asymptomatic systemic involvement although, rarely, it may also precede it by several years. Diagnosis is supported by classic clinical and radiologic findings and by histologic evidence of noncaseating epithelioid granulomata. Steroids represent the basis of treatment and their appropriate and timely institution can prevent many visual debilitating complications which could result in permanent vision loss.

PURPOSE:

To present a rare case of isolated ocular sarcoidosis with an unusual presentation.

DESCRIPTION:

We describe the case of an 88-year old diabetic patient who presented acutely with a red eye and ipsilateral superior eyelid swelling. Her previous history included blindness in the same eye due to chronic open-angle glaucoma, systemic hypertension and a cardiac arrhythmia, all treated accordingly. Slit-lamp examination was remarkable for hyperemia, chemosis, a purulent exudate, slight corneal edema and anterior granulomatous uveitis; the ocular fundus was unobservable due to a dense brunescant cataract but ultrasound revealed some vitreous banding and slight flocculation. Prompt treatment with topical steroids and antibiotics was initiated. An elevated index of suspicion for systemic infection and/or autoimmunity lead to additional workup which was unremarkable except for an elevated erythrocyte sedimentation rate. Imaging through X-ray and CT scans provided no further diagnostic clues. Ultimately, a palpebral biopsy was undertaken after which the diagnosis of sarcoidosis was established. Systemic steroids were then initiated.

OUTCOME:

Systemic treatment lead to gradual improvement of the patient's symptoms and steady control of ocular inflammation.

CONCLUSION:

Isolated ocular sarcoidosis is rare and can be hard to diagnose given the absence of classical findings of concomitant systemic involvement leading to diagnostic confusion and patient exposure to potentially unnecessary treatments. Therefore, it is important to maintain a high index of clinical suspicion since sarcoidosis remains a frequent etiology for ocular inflammation.