Combined anterior and posterior scleritis associated with central retinal vein occlusion: a case report.

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Abstract

PURPOSE: The purpose of this study is to report an uncommon presentation of anterior and posterior scleritis with central retinal vein occlusion

METHODS: We report a 30-year-old female presenting with unilateral anterior and posterior scleritis with concurrent central retinal vein occlusion, the subsequent work-up, and the management. The patient presented with decreased vision and extraocular and intraocular inflammatory signs in the left eye.

RESULTS: At presentation, the best corrected visual acuity in the right eye (OD) was 20/20 and left eye (OS) was perception of light, with inaccurate projection of rays in all quadrants. Intraocular pressure was 12 mmHg in both eyes. OS showed mild proptosis with lid edema. Ocular movements were free and full in both eyes. The bulbar conjunctiva showed nodular anterior scleritis. OS showed mild vitreous haze with an exudative detachment at the posterior pole, disc edema with dilated, congested and tortuous veins and multiple dot blot hemorrhages, flame-shaped hemorrhages, and soft exudates throughout the posterior pole and mid-periphery An ultrasound B scan showed a large hypoechoic area in the sub-Tenon's space (T-sign) suggestive of periocular fluid collection and thickened sclero-choroidal complex. Orbital ultrasound did not show evidence of any orbital mass or any increase in extraocular muscle thickness. Fundus fluorescein angiography showed few areas of pinpoint hyperfluorescence in the early phase with leakage in the late phase, leakage from the optic disc and vascular staining and pooling of dye in areas of exudative detachment in the late phases in the left eye. Systemic work-up was within normal limits. The patient responded well over the next month with systemic and topical steroids showing complete resolution of the scleritis and exudative retinal detachment.

CONCLUSION: Simultaneous anterior and posterior scleritis with concurrent central retinal vein occlusion is a rare entity requiring prompt diagnosis and systemic work-up for efficient management.