

To report a case of isolated optic neuritis as a presenting sign of latent tuberculosis in immunocompetent adult

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ABSTRACT

Objective: To report a case of isolated optic neuritis as a presenting sign of latent tuberculosis in an immunocompetent adult. **Method:** a Case Report. **Results:** A 64-year-old Indian lady, presented with acute onset of left eye blurring of vision for one week. She is systemically well with the history of TB contact previously. At presentation, visual acuity on the right eye was 6/9 and left eye vision was 6/36 with positive relative afferent pupillary defect over the left eye. Light brightness and red saturation were reduced to 70% as compared to right eye with left central visual field defect. The anterior segments of both eyes were normal. Fundus examination on right eye revealed pale disc and left eye showed a hyperaemic disc with blurred disc margin and splinter haemorrhage. Systemic examination was unremarkable. CT scan result was normal. The ESR and CRP were raised. CSF was clear with normal opening revealed low glucose and normal protein. CSF TB-PCR was negative. Mantoux test showed 15mm induration. Quantiferon-TB Gold test was indeterminate. She was diagnosed with latent tuberculosis and started with oral Akurit 4. She completed a total dosage of 3g intravenous methylprednisolone and 11 days of oral prednisolone 1mg/kg. She showed improvement after on 1 month of Akurit 4. Her visual acuity on the left eye improved to 6/12. Her light brightness and red desaturation on left eye improved to 100%. **Conclusion:** Isolated optic neuritis as a presenting sign of latent tuberculosis in an immunocompetent adult is uncommon and need to emphasize for early diagnosis and initiation of treatment.

Topical steroid in contact lens-related Acanthamoeba keratitis

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ABSTRACT

Objective: To present different clinical presentations, treatment and outcome of topical steroid that worsens the contact lens-related Acanthamoeba keratitis. **Method:** a Case report. **Results:** Case 1: A 36-year old lady with a history of wearing contact lens presented with two weeks history of right eye pain associated with a blurring of vision and redness. Vision right eye recorded as 6/60 pinhole 6/24. Cornea examinations revealed the presence of subepithelial opacity centrally with perineural infiltrate. The patient was treated with topical chlorhexidine 0.02% and polyhexamethylene biguanide (PHMB) 0.02% for every two hours. Cornea culture was positive for Acanthamoeba spp. Post-treatment two weeks later her vision improved to 6/9. Case 2: A 22-year old lady, presented with one-month history of right eye redness with minimal pain and progressively worsening vision. She is also a contact lens wearer. Her vision on the right eye was perception to light (PL). Relative afferent pupillary defect (RAPD) was negative. The cornea was generally hazy with an epithelial defect and perineural infiltration. She was then treated with topical cefuroxime 5% and gentamicin 0.9% and topical chlorhexidine 0.02%. Acanthamoeba culture and polymerase chain reaction (PCR) was negative. Her vision clinically improved from PL to 6/12 after five weeks of treatment. Both patients shared a history of being treated with topical steroid prior to ophthalmology visit which worsened the eye condition. **Conclusion:** Initial diagnosis of Acanthamoeba keratitis can be challenging. However, a high index of suspicion needs to be weighed especially in contact lens-related cases. Early diagnosis and right management are necessary to hit hard on the organism.

KEY WORDS:

Acanthamoeba keratitis, contact lens