

Choroidal tuberculoma in the absence of pulmonary or miliary tuberculosis

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ABSTRACT

Objective: To report a case of a choroidal granuloma in an immunocompetent individual who presented with sudden onset of unilateral painful loss of vision. **Method:** a Case report. **Results:** A 54-year-old female with underlying hypertension presented with sudden painful reduced vision over her left eye for a week, associated with redness, throbbing left temporal headache and fever for 4 days prior to the onset of ocular symptoms. Left eye visual acuity was hand movement, with a positive relative afferent pupillary defect. The anterior segment was normal but fundus showed a hyperaemic swollen disc with a yellowish subretinal lesion suggestive of granuloma over inferotemporal arcade affecting macula with exudative retinal detachment and macular star. Her right eye was normal. Systemic examination was unremarkable. B-scan ultrasound showed choroidal lesion with excavation, showing low to medium internal reflectivity and a positive T-sign suggestive of posterior scleritis. Optical coherence tomography revealed pigment epithelial detachment with subretinal fluid. Fundus fluorescent angiography showed non-specific late hyperfluorescent choroidal staining which does not show leaking from vessels. Blood investigation showed raised leucocytosis and C-reactive protein. Mantoux test was positive. She was started on antituberculous treatment and showed marked improvement of vision (6/9) and posterior segment signs. **Conclusion:** Posterior uveitis is the most common manifestation of intraocular tuberculosis. A prompt diagnosis and accurate management are important to treat this potentially blinding condition.

KEY WORDS:

Choroidal granuloma, chorioretinitis, posterior scleritis

Cladosporium conjunctivitis

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ABSTRACT

Objective: To report a rare case of fungal conjunctivitis. **Method:** A case report. **Results:** 61-year-old Malay lady with underlying hypertension, presented with right eye pain, redness, swelling and discharge of two weeks duration. She denied any preceding trauma or constitutional symptoms. Right eye vision was 6/12, left eye 6/9. No relative afferent pupillary defect detected. The right conjunctiva was injected with generalized chemosis and follicles were present. The cornea was clear, anterior chamber was quiet and funduscopy was normal. Left eye examination was unremarkable. Topical antibiotic was prescribed for right eye conjunctivitis. During the third week of follow up, the chemosis worsened. A computed tomography scan of orbit and brain was arranged to rule out carotico-cavernous fistula, however this was negative. The diagnosis was revised to ocular glandular syndrome after she developed right submandibular lymphadenopathy. Systemic doxycycline and gentamicin were given. Investigations revealed raised total white cell count and erythrocyte sedimentation rate, Mantoux test and Bartonella IgM serology were positive and negative Mycobacterium tuberculosis polymerase chain reaction (MTB PCR). The infectious disease team was consulted at this juncture. Antituberculous treatment was instituted for presumptive right tuberculous conjunctivitis, while awaiting the conjunctival biopsy result. The biopsy revealed an acute on chronic conjunctivitis, while fungal culture grew *Cladosporium* sp. The diagnosis was re-revised to fungal conjunctivitis and systemic antifungal was commenced, while the antituberculous drugs were discontinued. **Conclusion:** Fungal infection of the conjunctiva is rarely reported and occurs mostly in patients with a weakened conjunctival defence mechanism. Early diagnosis and treatment are crucial to prevent vision-threatening complications.

KEY WORDS:

Fungal, conjunctivitis, cladosporium