

Seeing through optic disc tuberculoma

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ABSTRACT

Optic disc tuberculoma is rare but significant manifestation of tuberculosis (TB), especially in immunocompromised patients. Hereby we would like to report a case of optic disc tuberculoma. A 34-year-old female with underlying HIV and tuberculous lymphadenitis presented with right eye (RE) blurring vision for 2 weeks. Examination revealed RE vision 6/18, left eye (LE) 6/9. Relative afferent pupillary defect positive (RAPD) in RE with reduced light and red saturation. RE fundus showed optic disc (OD) swelling with no splinter haemorrhage or choroidal lesion. LE fundus normal. CECT brain and orbit revealed enlarged right optic nerve. She was diagnosed with RE optic neuritis secondary to TB and treated with antituberculosis medication (AKurit-4). Steroid was not given due to ongoing infection. She was non-compliant with medication, leading to deterioration of RE vision to 6/24 after 2 weeks with reduced light, red saturation and positive RAPD. RE fundus showed OD swelling with splinter haemorrhage and a granuloma lesion measuring 3-disc diameter (DD) inferonasal to the OD. She was diagnosed RE optic neuropathy secondary to optic nerve tuberculoma, and treatment was supplement with intramuscular streptomycin. On follow up RE vision improved to 6/9, with improving light and red saturation. Fundus examination showed RE OD swelling and splinter haemorrhage resolved, and granuloma size reduced to 1.5DD. Optic disc tuberculomas are rarely reported, and required treatment duration remains unclear. In this case, our required additional streptomycin on top of first line AKurit-4, which condition later shows improvement.