It was all yellow: a rare case of adult-onset Coats disease

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ABSTRACT

Coats disease, first described by Coats in 1908, is an idiopathic non-hereditary condition with retinal telangiectasia associated with retinal exudation that may progress to retinal detachment. Its median age of presentation was 6 years with male predominance (3:1). We report a rare case of a Coats disease in a non-juvenile patient. A 21-year-old lady with no known medical illness presented with left eye progressive blurring of vision and visual field loss for two months duration. Visual acuity of the left eye was hand movement with positive relative afferent pupillary defect. Anterior segment examination showed signs of granulomatous uveitis in the left eye evidenced by mutton-fat keratic precipitates, Busacca nodules and cells of 2+. Left eye fundus examination revealed extensive subretinal exudates involving the macula with inferior exudative retinal detachment and preretinal haemorrhages. Uveitic blood workups were unremarkable. Fundus fluorescein angiogram revealed multiple small vessels vasculitis at periphery and "light bulb" telangiectatic vessels at inferotemporal quadrant. Additionally, optical coherence tomography showed loss of foveal contour with massive subretinal fluid and exudates. Patient was given a trial on intravitreal Aflibercept and started on tapering dose of oral steroids. However, despite maximal medical treatment, patient vision was poor. Although Coats disease is primarily a disease of childhood and most commonly affecting males, we should consider its diagnosis in adult or female patients. Early presentation of adult-onset Coats disease usually offers good prognosis, but late presentation with complications may lead to irreversible damage and poor visual outcome.