A RARE PRESENTATION OF TUBERCULAR UVEITIS

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Purpose: To report a rare ocular tuberculosis case presenting with severe retinal vasculitis and developing Eales-like retinal disease during the follow-up period. Method: A 22-year old male patient presented with decreased vision in his right eye. Best corrected visual acuity (BCVA) was 20/80 in the right and 20/25 in the left eye. Severe vasculitis involving almost all retinal vessels, retinal hemorrhages, exudates, severe macular edema and optic disc inflammation in right and occlusive retinal vasculitis in the periphery of left eye were noted. After clinical and laboratory workup, patient was considered as idiopathic retinal vasculitis and treated with intravenous followed by oral methylprednisolone and azathioprine treatment. Results: BCVA increased to 20/20 in both eyes and retinal vasculitis improved significantly. However, at the sixth month of follow up peripheral retinal neovascularizations developed. Argon laser photocoagulation was applied to ischemic areas and the patient was re-investigated for associated diseases. PPD was 22 mm and Quantiferon test was positive. A diagnosis of possible tubercular uveitis was made but the patient refused the treatment. Few weeks later, disc neovascularization and vitreous hemorrhage developed in right eye. An intravitreal bevacizumab, vitreoretinal surgery and endolaser were applied. After surgery, patient accepted receiving medical treatment. During the 7 months of anti-tuberculosis treatment period, no recurrence of uveitis was observed. Conclusion: Tubercular uveitis may present with a variety of clinical manifestations including Eales disease. Thus the diagnosis and treatment of tubercular uveitis may frequently be delayed. Tuberculosis should be considered in uveitis survey, especially in endemic countries.