A case report on rare disease: Bilateral nanophthalmic uveal effusion syndrome

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ABSTRACT
Objective: Uveal effusion syndrome is a rare disorder characterized by the accumulation of serous transudate in the suprauveal space resulting in ciliochoroidal thickening, ciliochoroidal detachment, and serous nonrhegmatogenous retinal detachment. The pathophysiology of the disease involves primary scleral abnormalities that predispose the eye to vortex vein obstruction and acts as a barrier to diffusion of extravascular protein out of the eye. Furthermore, increased choroidal permeability, intrinsic choroidal alterations and decreased scleral permeability would lead to osmotic fluid retention. The most common presenting complaint is painless visual impairment due to fluid collection. Standard treatment for uveal effusion syndrome is surgical sclerotomy. **Method:** Case presentation: A 34-year-old Malay man presented with right eye (OD) gradually blurring of vision for 1-year duration. He has history of left eye (OS) blurring of vision and investigated but defaulted his follow up. His left eye was legally blind since 25 years old. **Results:** On examination, his visual acuity was 5/60 for right eye (OD) and light perception for left eye (OS). Anterior segment examinations were normal. Fundus examination (OD) showed hyperaemic swollen optic disc, 360 degreechoroidal detachment, inferior exudative retinal detachment with dilated and tortuous vessels. Fundus examination (OS) showed mild pallor optic disc, diffuse leopard spots and dull foveal reflex. B scan ultrasonography showed choroidal detachment for right eye with scleral thickness 2.28mm (OD) and 2.34mm (OS). A scan ultrasonography showed 19.46mm (OD) and 18.53mm (OS). The patient was planned for right eye sclerectomy window but repeat fundus examination OD one day prior to operation showed flat retina with resolving subretinal fluid. The operation was deferred as patient had spontaneous resolution. **Conclusion:** This case illustrates one type of uveal effusion syndrome and even though standard treatment is surgery, spontaneous resolution of uveal effusion can happen and it is quite uncommon.

A rare case of atypical optic neuritis in isolated sphenoid sinusitis

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ABSTRACT
Objective: To report a case of an unusual ocular complication of sinusitis; atypical optic neuritis in isolated fungal sphenoid sinusitis. **Method:** A Case Report. **Results:** 67 years old Malay Gentleman, no underlying comorbidity, presented with painless, progressive inferior field loss to total scotoma over two weeks. He had occasional episodes of flu-like symptoms especially exposed to cold weather. At presentation, left eye relative afferent pupillary defect was positive. Visual acuity 6/12 OD and PL OS. Anterior segment bilateral eyes were unremarkable. Posterior segment left eye showed a blurred margin of the optic disc. The investigation revealed significantly elevated erythrocyte sedimentation rate while other investigations were normal. Computed tomography Brain features suggestive of left chronic sphenoid sinusitis. The case was referred immediately to otorhinolaryngology team, and he underwent left sphenoidotomy via transethmoidal approach by the team. Operative finding consistent with features of fungal sphenoid sinusitis. Postoperatively he had been treated with systemic antifungal and antibiotic. Over three weeks of treatment, the visual acuity OS improved to CF. Optic disc-less hyperaemic and visual field widen. **Conclusion:** Sphenoid sinus related directly to orbital content and optic nerve. Atypical optic neuritis might represent on-going chronic sphenoid sinus inflammation in origin thus high index of suspicion and imaging should be indicated to ensure early ORL referral for further appropriate management.

KEY WORDS:
Ocular complication of fungal sphenoid sinusitis