A rare case of bilateral serpiginous choroiditis

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ABSTRACT

Objective: To report a rare case of bilateral serpiginous choroiditis. **Method:** a Case report. **Results:** A 52-year-old man presented with bilateral sudden painless blurring of vision of 3 weeks' duration. The generalized blurring of vision was more evident at night. He also complained of difficulty in reading. Otherwise, there were no other eye complaints or history suggestive of tuberculosis or malignancy. Visual acuity was 6/18, 6/12 bilaterally with OD N18 OS N24. There was no relative afferent pupillary defect. Anterior segment findings were normal. There were no anterior vitreous cells. Bilaterally eye pressures were 12 mmHg.Fundus examination showed extensive right chorioretinal atrophy surrounding the peripapillary region and fovea with extension towards the superior and inferior arcade in a snakeline manner. Left fundus showed similar findings but less extensive. There was no retinitis or vitritis. Fundus autofluorescence test showed the lesion was hypoautofluorescent with hyperautoflourescent edges. Fundus fluorescent angiography showed hyperfluorescent edges. Baseline blood investigations were normal and infective screening was negative including for tuberculosis. A diagnosis of bilateral serpiginouschoroiditis was made. The patient was treated with oral prednisolone 1mg/kg od with a tapering dose every 2weekly.On the second week of oral prednisolone, the patient felt an improvement in his vision. **Conclusion:** Serpiginous choroiditis is a rare chronic inflammatory disease. Classical fundus findings include asymmetric bilateral disease with striking grey-white lesions emanating in a finger-like manner from the optic nerve. Investigations such as fundus autofluorescent and fundus angiogram are important in assessing disease activity. Since this disease is rare, there is no consensus regarding the optimal treatment regimen. However systemic and local corticosteroids may be used in the treatment of active lesions.

KEY WORDS:

Serpiginous choroiditis, chronic inflammation, finger-like lesion

A rare case of ligneous conjunctivitis

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ABSTRACT

Objective: To present a rare case of ligneous conjunctivitis. **Method:** a Case report. **Results:** A six-year-old boy complained of bilateral eye redness and discharge for 3 years duration. Prior to the presentation, the patient had seen a number of general practitioners and ophthalmologists and had been treated with both topical antibiotics and steroids. On examination, his visual acuity was 6/18 for the right eye and 6/36 for the left eye. The palpebral conjunctiva in both eyes was inflamed and thickened with the presence of pseudomembranes. Examination of the cornea showed punctate epithelial erosions. However, the anterior chamber and fundi were normal. He was initially prescribed with guttae fluorometholone and guttae moxifloxacin along with preservative-free artificial tears. However, as there was no improvement, a biopsy of the thickened conjunctiva was taken for histopathological examination. The results were consistent with ligneous conjunctivitis. As ligneous conjunctivitis is often associated with plasminogen deficiency, the patient was referred to the paediatrics department for further laboratory examination and transfusion of fresh frozen plasma (FFP). **Conclusion:** Ligneous conjunctivitis is a rare form of chronic and recurrent conjunctivitis. This case illustrates the clinical presentation including signs and symptoms and the need for awareness among ophthalmologists.

KEY WORDS:

Ligneous conjunctivitis; plasminogen deficiency