

A rare case of toxic anterior segment syndrome post-intravitreal triamcinolone

Mohd Ishaq Abdul Hakim, Nor Ain Mohd Rawi, Azian Adnan, Rona Asnida Nasaruddin, Hanizasurana Hashim

Hospital Selayang, Kementerian Kesihatan Malaysia
Pusat Perubatan Universiti Kebangsaan Malaysia, Universiti Kebangsaan Malaysia

ABSTRACT

Objective: To report a rare case of toxic anterior segment syndrome post-intravitreal triamcinolone. **Method:** A case report. **Results:** A 56-year old man with diabetes mellitus presented with sudden onset, painless blurring of vision in the left eye of three days duration. He had intravitreal triamcinolone injection done at another centre for diabetic macular oedema. Immediately post-injection, he experienced persistent worsening of vision that he sought a second opinion at our centre. He was otherwise well, with no preceding fever or systemic symptoms of active infection. On presentation, his vision was counting finger with intraocular pressure (IOP) of 28mmHg. There was neither lid swelling, conjunctival chemosis nor eye discharge. Examination revealed limbal to limbal corneal oedema with descemet folds and poor iris details. Anterior chamber (AC) showed intense inflammatory cells of 4+ with hypopyon level of 2mm, flare and fibrin at the pupillary margin. Whitish particle aggregates were seen in the AC. The pupil was fixed and mid-dilated. B-scan ultrasound revealed vitreous opacity with no loculation. Clinically and symptomatically, he showed improvement post-steroid challenge. Hence, he was commenced on intensive hourly topical corticosteroids, topical antiglaucomas, mydriatics and hypertonic saline. His vision improved to 6/36 a week post-intensive treatment, with resolved corneal oedema, reducing inflammatory cells, lesser triamcinolone aggregates in the AC and normalised IOP. Fundus examination showed moderate non-proliferative diabetic retinopathy with severe diabetic macular oedema. **Conclusion:** TASS is a rare complication of anterior segment surgery, even rarer post-intravitreal injection. Early diagnosis and aggressive treatment are paramount to prevent vision-threatening sequelae.

KEY WORDS:

Toxic anterior segment syndrome, TASS, triamcinolone

Atypical presentation of ocular toxoplasmosis with nodular scleritis

Nur Nadia bt Ahmad Tarmizi, Norshamsiah Md Din, Rosiah Bt Muda

Pusat Perubatan Universiti Kebangsaan Malaysia, Universiti Kebangsaan Malaysia
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Kementerian Kesihatan Malaysia

ABSTRACT

Objective: To report an atypical presentation of toxoplasmic retinochoroiditis associated with nodular scleritis in an elderly patient. **Method:** a Case study. **Results:** A 65-year old lady with no underlying medical illness presented with a 3 week history of redness and pain in the right eye associated with floaters. She had no previous eye infection that required oral medication or contact with pets. There was no history of immunocompromise, taking immunosuppressive therapy, trauma or eye surgery. Her visual acuity was 6/12 in the right eye and 6/9 in the left. Intraocular pressure was normal in both eyes. Anterior segment examination of the right eye revealed localized nodular scleritis at the superotemporal area, clear cornea with generalized fine keratic precipitates and grade 3+ cells in the anterior chamber. Right fundus showed fluffy edged greyish-yellowish lesion suggestive of retinochoroiditis about one disc diameter at the superotemporal quadrant with minimal vitritis and vasculitis. No scar was seen adjacent to the lesion. B scan ultrasonography revealed no associated posterior scleritis. Ocular examination of the left eye was unremarkable. Toxoplasma IgG serology later came back positive. Patient was diagnosed with ocular toxoplasmosis associated with nodular scleritis and treated with dexamethasone eye drop and oral trimethoprim and sulphamethoxazole 960mg bd for 6 weeks. She responded well to treatment with the nodular scleritis completely resolved and contracting retinochoroiditis with subsequent scarring. **Conclusion:** Toxoplasmosis should be considered as a differential diagnosis in patients with scleritis associated with retinochoroiditis. This case highlights the atypical manifestation of ocular toxoplasmosis, which is a common cause of infectious uveitis.

KEY WORDS:

Toxoplasmosis, atypical, nodular scleritis