

Langerhans cell histiocytosis: An enigma, wrapped in a dilemma

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ABSTRACT

Objective: To report a case of unilateral upper lid swelling in a healthy young boy, with a final diagnosis of Langerhans Cell Histiocytosis. **Method:** a Case Report. **Results:** 1 year 4 months old, Malay boy presented with left upper lid painless swelling, increasing in size of one-month duration. No associated history of trauma or exposure to active tuberculosis. On examination, noted left eye upper lid swelling of ill-defined margins, with mechanical ptosis and prominent blood vessels. Preliminary blood results were normal excluding other sinister conditions such as leukaemia. Radiological investigation via Magnetic Resonance Imaging (MRI) showed expansile skull lesion involving the roof of the orbit with both cystic and a solid component, and also noted erosion of the anterior cranial fossa and the roof. There was also another lesion over the left temporal bone with intracranial extradural extension. He underwent diagnostic incisional biopsy. Intraoperatively noted the presence of capsulated abscess with an unhealthy inner wall. Ochre coloured liquid mixed with blood, non-foul smelling aspirated and sent for cytology. The cytological result revealed atypical histiocytic cells; giving rise to the final diagnosis of Langerhans Cell Histiocytosis. The child is currently being co-managed with the paediatric oncology team. **Conclusion:** Eyelid swelling in paediatric age group can be challenging and needs multi-fold investigations to be done; haematological, radiological as well as histological. A high index of suspicion and a multi-disciplinary approach is much needed in managing these cases well.

KEY WORDS:

Paediatric, Langerhans cell histiocytosis

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Leptospiral panuveitis: The elusive predator

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ABSTRACT

Objective: We aim to report a rare case of bilateral non-granulomatous panuveitis secondary to leptospirosis. **Method:** A case report. **Results:** We examine a middle-aged male with complaints of bilateral blurring of vision, eye redness and pain for 1 month. The patient denied any antecedent history of pyrexia and accompanying symptoms prior to presentation. On examination, visual acuity over the right and left eye were 6/36 and 6/24 respectively. Slit lamp examination over both eyes reveals an anterior chamber packed with cells and numerous fine keratic precipitates with posterior synechiae. Both eye fundus examinations showed multiple vitreous opacities with optic disc swelling accompanied by tortuous retinal vessels. His symptoms improved with oral antibiotics accompanied by multiple courses of subconjunctival and topical steroid applications. Serological test returned positive for *Leptospira*. **Conclusion:** Leptospiral uveitis is commonly underdiagnosed due to the nature of leptospirosis being able to be symptom-free. Ocular manifestations can be seen in the systemic bacteraemic phase, however, presenting more commonly in the immunological phase of the disease. Varying ocular manifestations in the intrinsic nature of different causes of uveitis are able to mimic one another which further complicate the process of diagnosis.

KEY WORDS:

Leptospira, panuveitis