Painful red eye – Dilemma in diagnosis

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ABSTRACT
Objective: To report a dilemma in diagnosing a case of exogenous endophthalmitis in a patient presented with rubeosis and cornea opacity. **Method:** a Case report. **Results:** A 79-year-old lady presented with a 1-week history of pain and redness of the right eye. She was initially treated as rubeotic glaucoma in another centre one month prior to presentation and was on 5 antiglaucoma medications. Her intraocular pressure was under control but she defaulted on her follow-up thereafter. She presented again a month later with a gradual drop in vision and her family members noticed a central corneal opacity. Examination of her right eye revealed no perception to light, an inflamed conjunctiva with a central large cornea stromal abscess. The anterior chamber was shallow with the presence of rubeotic iridis superonasally. There was no fundal view and B scan showed multiple vitreous loculations. Left eye showed no abnormalities. She was treated as RE exogenous endophthalmitis possibly from infected corneal bullae of a decompensated cornea due to prolong high intraocular pressure. She received repeated intravitreal antibiotics since she refused evisceration advised for the poor prognostic eye. Topical and oral antibiotics were commenced and anti-glaucoma medications were continued. Ocular and systemic investigations were normal. Her vision remained the same, but there was an overall clinical improvement in the stromal abscess and vitreous loculations. **Conclusion:** Exogenous endophthalmitis is a clinical diagnosis and a high index of suspicion should be warranted in cases with atypical presentations.

KEY WORDS:
Painful red eye, rubeotic glaucoma, exogenous endophthalmitis, antiglaucoma, intravitreal antibiotics

Parinaud's syndrome in a case of pineal germinoma

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ABSTRACT
Objective: To report a case of pineal germinoma presenting with parinauds syndrome. **Method:** a Case report. **Results:** A 20-year-old gentleman, presented with 3 months history of worsening, throbbing occipital headache which was worse at night, associated with vomiting. It was preceded by intermittent deviation of both eyes but he denied diplopia or blurring of vision. There was no other symptom of neurological deficit. Vision was good in both eyes with no relative afferent pupillary defect but patient had pupillary light-near dissociation. Extraocular movement showed upward gaze palsy with convergence-retraction nystagmus and limited abduction bilaterally. Fundus revealed bilateral swollen optic disc suggestive of papilloedema. Systemic examination was unremarkable. There was tritanomaly on the right eye and mixed deuteranomaly and tritanomaly on the left eye elicited by D-15 colour vision test. Humphrey's visual field showed central scotoma in the right eye. Computed tomography of the brain demonstrated pineal gland mass with obstructive hydrocephalus and generalized cerebral edema. He subsequently underwent ventriculo-peritoneal shunt and image-guided biopsy. Cerebrospinal fluid (CSF) showed negative for malignant cells and histopathologically, the mass was compatible with a germinoma. There was no evidence of hypothalamic-pituitary axis or endocrinological disorder and tumour markers were normal except beta human chorionic gonadotrophin which was markedly raised (679.7 mU/mL). Postoperatively, symptoms were resolved and his eye movements had improved significantly. He was then referred to oncology team for radiotherapy. **Conclusion:** Parinaud's syndrome is an important clinical presentation of pineal germinoma. Pineal germinoma is rare, but is often associated with obstructive hydrocephalus. Therefore, prompt diagnosis, imaging and neurosurgical intervention is necessary.

KEY WORDS:
Parinauds syndrome, dorsal midbrain syndrome, pineal tumour, germinoma