# Vitiligo in the eyes

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**ABSTRACT**

**Objective:** To report a case of unilateral APMPPE (Acute Posterior Multifocal Placoid Pigment Epitheliopathy). **Method:** a Case report. **Results:** A 32-year-old man presented with left paracentral vision loss and photopsia for one month. His visual acuity on the left eye was 6/18 and right was 6/7.5 with no relative afferent papillary defect. Anterior segment examination bilaterally was unremarkable with intraocular pressure of 17mmHg. Fundus examination of the left eye revealed multifocal white placoid lesions at macula superior to the fovea. Optic disc appeared pink and not swollen, vitreous was clear. Right fundus examination was normal. Left Humphreys visual field testing showed central scotoma with inferior field defect and enlarged blind spot. Right eye showed no visual field defect. Fundus Fluorescein Angiography of the left eye revealed multiple hypofluorescent lesions corresponding to the placoid lesions during its early phase. A diagnosis of APMPPE was made and he was conservatively managed. On subsequent follow-up, his vision improved to 6/7.5. Some lesions on fundus disappeared and some replaced with hyperpigmentation. However, OCT showed progressive thinning of retinal nerve fibre layers. The visual field defect although persistent involved a smaller than before on the Humphreys visual field. Neurologic and systemic workouts were unremarkable. No exact aetiology was found, except blood investigations showed leucocytosis with lymphocyte predominance. **Conclusion:** Although APMPPE is a rare condition and is usually bilateral. It could still present unilaterally and should be suspected when young healthy adults present with atypical and sudden visual field loss.



# Warthin's tumour, active thyroid eye disease and latent tuberculosis in a man

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**ABSTRACT**

**Objective:** To present a case of active thyroid eye disease and accidental findings of Warthin's tumour and latent tuberculosis. **Method:** A 53-year old Malay man presented with bilateral progressive restricted eye movements in all gazes associated with diplopia, eye redness and fullness of upper lid for 1 month. Visual acuity was 6/9 bilaterally. RAPD was negative. There was mild red desaturation on the right eye, other optic nerves examinations unremarkable. There was no proptosis. Right fundus examination revealed optic disc swelling with choroidal striation and tortuous but not dilated retinal vessels. Left fundus was normal. Systemic examination revealed 4x4 cm swellings at both parotid areas with palpable submandibular lymph nodes. The thyroid gland was not palpable and the patient was clinically euthyroid. **Results:** Thyroid function test revealed subclinical hyperthyroidism with anti-thyroid peroxidase of 600IU and anti-thyroglobulin of 4000IU suggestive of Grave's disease. CT scan of the neck revealed encapsulated enhancing lesion from both parotid tail suggestive of Warthin's tumour and multiple enlarged cervical lymph nodes. TB workup was done, which revealed an elevated ESR of 35mm/hr with a positive Mantoux test and thus he was treated as latent tuberculosis. FNAC of the neck swellings confirmed the diagnosis of Warthin's tumour. Systemic steroid was then started for sight-threatening Grave's disease. He is planned for bilateral superficial parotidectomy soon. **Conclusion:** There was a dilemma in diagnosing this patient as he presented with multiple pathologies. There were also challenges in managing both TED and latent TB due to the presence of infection and autoimmune conditions simultaneously.