



Unusual presentation of posterior scleritis

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ABSTRACT

Posterior Scleritis presents with serous retinal detachment, choroidal folds or both. We are presenting a female patient who showed signs of Neuroretinitis in fundus during early stages. A routine B-scan was done which revealed Positive T-sign suggestive of Posterior Scleritis. The patient was started on I.V steroids and had a drastic improvement in her vision. This case demonstrates the importance of B-scan as a routine investigation in evaluation of the optic nerve and retinal inflammations even in clear media. At later stages the patient presented with a lesion mimicking choroidal melanoma. This case is presented for its rarity.

Keywords : posterior scleritis, Neuroretinitis, T-sign

INTRODUCTION

Posterior scleritis is a rare condition which manifests usually as serous retinal detachment, choroidal folds or both. Here we present a patient with posterior scleritis who presented with findings mimicking neuroretinitis at early stages and choroidal melanoma during follow up.

CASE REPORT:

A 42 year old female presented to our OPD with sudden loss of vision in left eye for a period of one week duration. Loss of vision was associated with redness and mild pain. She also gave history of redness and pain in her left eye on and off for a period of 6 months. On examination she had visual acuity of 1/60 for distance which was not improving with pin hole and N60 for near vision in her Left eye. Her vision in right eye was 6/6 for distance and N9 for near vision.

Her anterior segment was within normal limits. Intra ocular pressure was 18mmHg with Applanation tonometer. Colour vision was defective in left eye. Fundus examination in right eye was normal. The fundus in left eye revealed pale disc with blurred margins and peripapillary edema. The patient was started on oral steroids.

After 1 week of follow up, the patient had relative afferent pupillary defect in left eye. Fundus showed shallow serous fluid in the papillomacular region and macula with few exudates in the macular region revealing macular star appearance. A presumptive diagnosis of neuroretinitis was made.

A routine B-scan was done which revealed fluid in the tenon's space around the optic nerve with positive T-sign which is diagnostic of Posterior Scleritis. A revised clinical diagnosis of posterior scleritis was made.

Routine investigations were normal. Hb : 8.6 gm %, Platelet : 4.85 lakh/cumm , PCV : 29 % , RBS :98 mg/dl , RBC : 4.27 million/cumm, MCV : 68 fl, MCH : 20 pg, MCHC : 30, ESR : 39 after 1 hr, TC: 12,300 cells/cumm, N : 87 % E : 4 % , L : 9 % , AEC : 492/cumm, ANA : negative, RF : negative, CRP : within limits, Mantoux Test : Negative, VDRL : Non reactive, HIV : Negative, Chest X Ray – Normal Study, MRI Brain - Normal Study

The patient was started on IV Methyl Prednisolone 1g for three days followed by oral steroids. The macular exudates were resolving and her vision improved to 6/9 with pinhole 6/6 within one week but her colour vision continued to be defective.

During follow up a posterior pole lesion was noted mimicking choroidal melanoma. This lesion was found to be stable during 3 years of follow up.

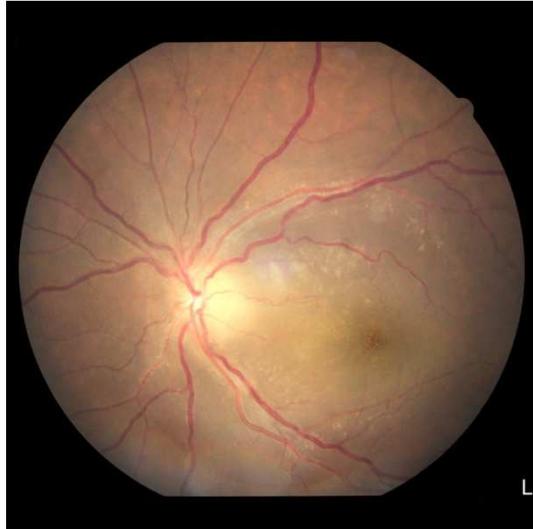


Fig 1: Fundus photography showing pale disc with blurred margin

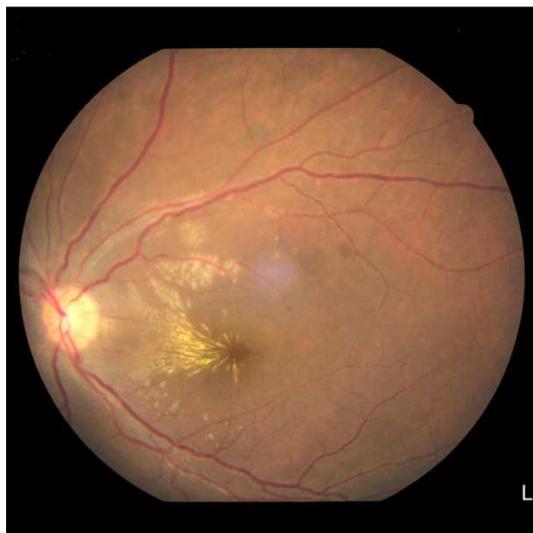


Fig 2: Fundus photography showing macular star appearance after 1 week

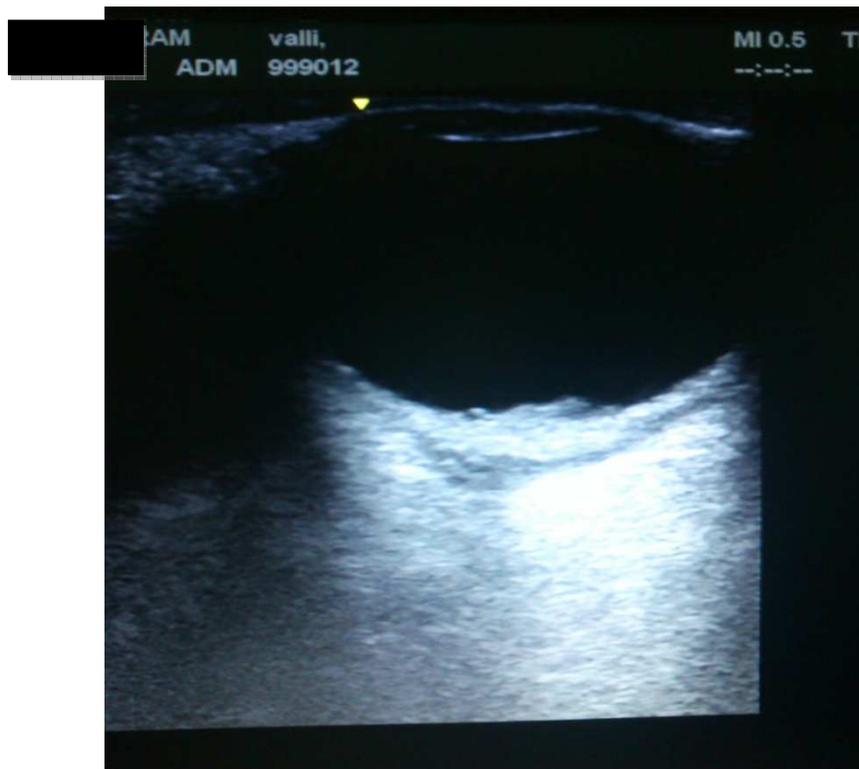


Fig 3: B-Scan showing Positive T-Sign

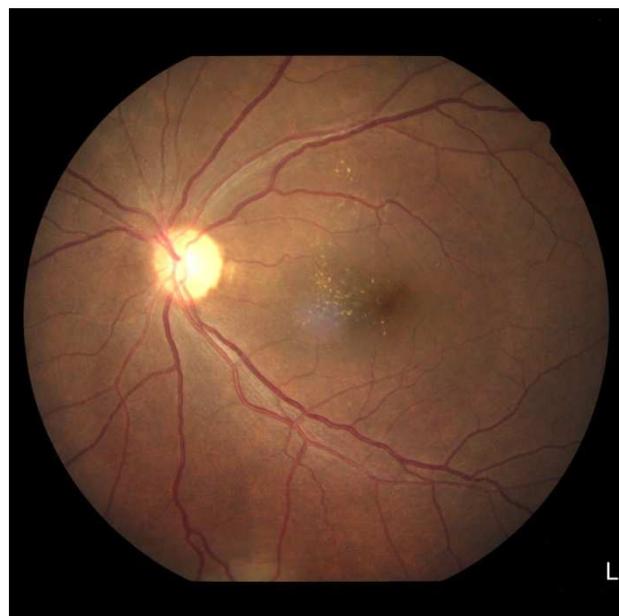


Fig 4: Fundus photography showing resolving macular edema during follow up



Fig 5: Fundus Photography showing a lesion mimicking choroidal melanoma

DISCUSSION

Posterior scleritis is an uncommon inflammatory disorder which is associated with autoimmune diseases. It has the potential to cause irreversible visual loss if left untreated [1]. The major complaint of posterior scleritis is pain and defective vision[2]. In our case the patient presented with pain, redness and sudden loss of vision. Fundus examination revealed macular star mimicking neuroretinitis and positive T-sign in B-Scan suggesting Posterior scleritis[3]. At later stages it mimicked choroidal melanoma[4]. This case demonstrates the utmost importance of B-scan as a routine investigation in evaluation of the optic nerve and retinal inflammations even in clear media. Making the right diagnosis is crucial in this case because of the different treatment modalities for neuroretinitis and posterior scleritis and also because of the excellent visual recovery in posterior scleritis when treated early with steroids [5].

This case is presented for its rare and atypical presentation – Posterior scleritis mimicking as neuroretinitis initially and choroidal melanoma at later stages.

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