

A CASE OF INTRAVESICAL BACILLUS CALMETTE-GUERIN-RELATED ENDOPHTHALMITIS AND RETINITIS CONFIRMED WITH RETINAL BIOPSY

Very interesting case for uvea specialists with special interest in Ocular Tuberculosis

This case represents a rare presentation of intravesical BCG-related disseminated infection. Intravesical BCG stimulates a local cell-mediated response that destroys malignant cells in case of superficial bladder cancer. It is generally well tolerated, although it rarely can result in secondary systemic infection. Therefore, IBCG endophthalmitis should be considered in the setting of ocular inflammation in patients with a history of bladder cancer with previous treatment with BCG.

DEVELOPMENT AND PROGRESSION OF A LAMELLAR MACULAR HOLE WITH LAMELLAR HOLE-ASSOCIATED EPIRETINAL PROLIFERATION

Interesting case for Retina specialists

Lamellar macular holes with associated epiretinal proliferation (LHEP) are mostly described as a stable condition. However, this case report demonstrates that Epimacular cell proliferation showed progression over time that appeared to be associated with morphologic changes of the LMH including shape of the lamellar defect, amount of LHEP, and contractive properties of epiretinal tissue. A proper follow up for degenerative Lamellar macular holes associated with LHEP is important to decide for appropriate time of intervention.

The readers may also read another interesting article published in Retina 39(11):2090-2098, November 2019. Where in results of PPV for tractional Lamellar MH/ Macular Pseudoholes verses degenerative LMH were compared.

DEXAMETHASONE INTRAVITREAL IMPLANT FOR CHOROIDAL NEOVASCULARIZATION DURING PREGNANCY

Interesting case for general ophthalmologist and Medical retina specialists

The current case series of three cases wherein deximplant was given during second trimester of pregnancy. Visual improvement was seen one month post injection and remained stable upto 12 months follow up. All patients had an uneventful prenatal course and full term normal delivery. Dexamethasone implant is an important treatment option for CNV during critical period of pregnancy. Antivegf drugs are not indicated during pregnancy, as they may enter the systemic circulation and inhibit vegf which is important for fetal circulation.

HEMORRHAGIC VASCULITIS AND RETINOPATHY HERALDING AS AN EARLY SIGN OF BACTERIAL ENDOPHTHALMITIS AFTER INTRAVITREAL INJECTION

Important information for general ophthalmologists and retina specialists

With an increasing use of anti-vegfs for multiple indications of retinal diseases often on monthly basis, the risk of endophthalmitis has been increasing. Also, sterile inflammatory reactions to the pharmacological agents is not uncommon. Therefore, delay in the diagnosis can delay the initiation of antimicrobial treatment which may worsen the prognosis.

This cases series of three cases presented with haemorrhagic vasculitis with retinal haemorrhages as the early clinical sign of infectious endophthalmitis post anti-vegf injection. This emphasises prompt initiation of antimicrobial therapy in these cases to possibly salvage visual potential of the affected eye.

INTERMEDIATE UVEITIS ASSOCIATED WITH PERIODIC FEVER, APHTHOUS STOMATITIS, PHARYNGITIS, AND CERVICAL ADENITIS SYNDROME

Important case for uvea specialists

Periodic Fever, Aphthous Stomatitis, Pharyngitis, and Cervical Adenitis (PFAPA) syndrome is an auto-inflammatory (AI) fever disorder in childhood. This disorder has never been reported to be associated with any type of ocular inflammation. These two cases are novel cases of intermediate uveitis associated with PFAPA. In addition to CME, both patients developed significant, sight-threatening structural complications (vitreous haemorrhage and tractional retinal detachment) requiring surgical intervention during the course of their disease. While pars plana vitrectomy may be of benefit for carefully selected pediatric patients with poorly controlled inflammation, its role as a therapeutic modality before the introduction of immunosuppression awaits critical evaluation in well controlled studies.

RETINAL AND CHOROIDAL VASCULAR OCCLUSION FOLLOWING AQUEOUS MISDIRECTION SYNDROME IN A PATIENT WITH SICKLE CELL TRAIT

Important observation for both Glaucoma and Retina specialists

A patient treated for bilateral chronic angle-closure glaucoma with sequential glaucoma filtration device surgery developed sequential bilateral aqueous misdirection syndrome. The left eye developed retinal arterial and localized choroidal vascular occlusions subsequent to an acute elevation in intraocular pressure and possibly the use of oral acetazolamide. The patient was subsequently found to have sickle cell trait. The right eye developed aqueous misdirection with acute elevation of intraocular pressure as well, but the patient was not treated with oral acetazolamide and did not develop vascular occlusion.

Several studies have documented retinal and choroidal vascular occlusions in patients with sickle cell trait.

Retinal and choroidal vascular occlusions can be the presenting sign of a patient with sickle cell trait. Sickle cell screening may be beneficial in African American or Middle Eastern patients after an acute rise in intraocular pressure, particularly before initiation of treatment with oral carbonic anhydrase inhibitors.