Uveitis

A PAINFUL RED EYE IN AN INTRAVENOUS DRUG ABUSER: WHEN NOT EVERYTHING IS WHAT IT SEEMS

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Purpose: To emphasize the diagnostic challenge of ocular inflammatory diseases.

Methods: Description of a case-report.

Results: A 47-year-old male, with a history of injectable drug consumption, presented to our emergency department with a painful red eye and vision impairment. Ophthalmological exam revealed a reduction of best-corrected visual acuity on the right, and an hypopionic uveitis. An exuberant media opacity precluded fundoscopy. B-scan ultrasonography was suggestive of vitritis. In the setting of intravenous drug abuse, the suspicion of infective endogenous endophthalmitis was raised. Vitreous samples were collected, and intravitreal antibiotic injections were performed. However, microbiological analysis of vitreous biopsy was negative, as were blood and urine cultures. Chest X-ray, transthoracic echocardiogram, and cerebral CT were out of notice. Finally, investigation to exclude other possible infectious etiologies of uveitis, were negative too. Blood analysis revealed a positive HLA B27 result. At the end, this was a case of a spondyloarthropathy associated-anterior uveitis, in an HLA B27-positive man. Posterior segment findings were probably the result of spillover to the vitreous, then worsened by an inadvertently induced vitreous hemorrhage during vitreous biopsy. The exuberant clinical picture at presentation, the epidemiological context of injectable drugs uses, and the iatrogenic vitreous hemorrhage during sampling, acted as confounding factors that lead us in the wrong direction.

Conclusion: Ocular inflammation is one of the most challenging fields in all ophthalmology. Uveitis can be caused by an enormous variety of etiologies, all with the same clinical signs and symptoms, that makes the diagnostic process truly puzzling.