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VKH OR POSTERIOR SCLERITIS: A DIAGNOSTIC DILEMMA!

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A 47-year-old female presented with sudden onset, painful diminution of vision in both eyes for the last 2 weeks. The uncorrected visual acuity was FCCF with PR accurate in both eyes with intraocular pressure of 14 mmHg. Anterior chamber did not have cells or flare, however retrolental cells were present with a grading of 2+ in both eyes. Dilated fundus examination revealed disc edema and inferior exudative retinal detachment in both the eyes. The patient had no known systemic illness and was not on any systemic medication.

FFA was done and large areas of leakage was noted in both the eyes. Typical pinpoint leaks at the level of retinal pigment epithelium was absent. However, irregular patchy choroidal fluorescence was present. Bilateral disc leak was present. ICG revealed hypo as well as hyperfluorescent areas of leakage in both the eyes. Macular OCT was done and bilateral subretinal fluid was noted along with choroidal thickening. Ultrasonography revealed T-sign in the left eye, however right eye T-sign was absent.

A diagnosis of VKH was made. The patient was started on intravenous pulse methy-prednisolone 1gm in 250ml normal saline once a day for three days. She was started on oral tablet wysolone 50mg OD and oral tablet azoran 50mg OD. Her blood sugars and blood pressure was within normal limits. Her complete blood count, liver function and kidney function tests were within normal limits. Her blood was negative for TPHA and VDRL. Her chest Xray was normal. Her blood was negative for ANA and RF factor.
One two weeks follow up, patients vision improved to 5/60 PR accurate in both the eyes. Pain on movement had reduced in both the eyes. Retrolental cells reduced to 1+ in both the eyes. Inferior exudative retinal detachment was resolving in both the eyes.

The patient did not fit into the diagnostic criteria of either posterior scleritis or VKH. A diagnosis of VKH was made as all her investigations came out to be negative for making a diagnosis of infective or immune mediated etiology for posterior scleritis.