

Case Conference

02/18/2011

Chief Complaint

09/2010

- ♂ 36 years old
- Emergency → blurry vision and flashing lights OD days of evolution. No redness. No pain.

Background

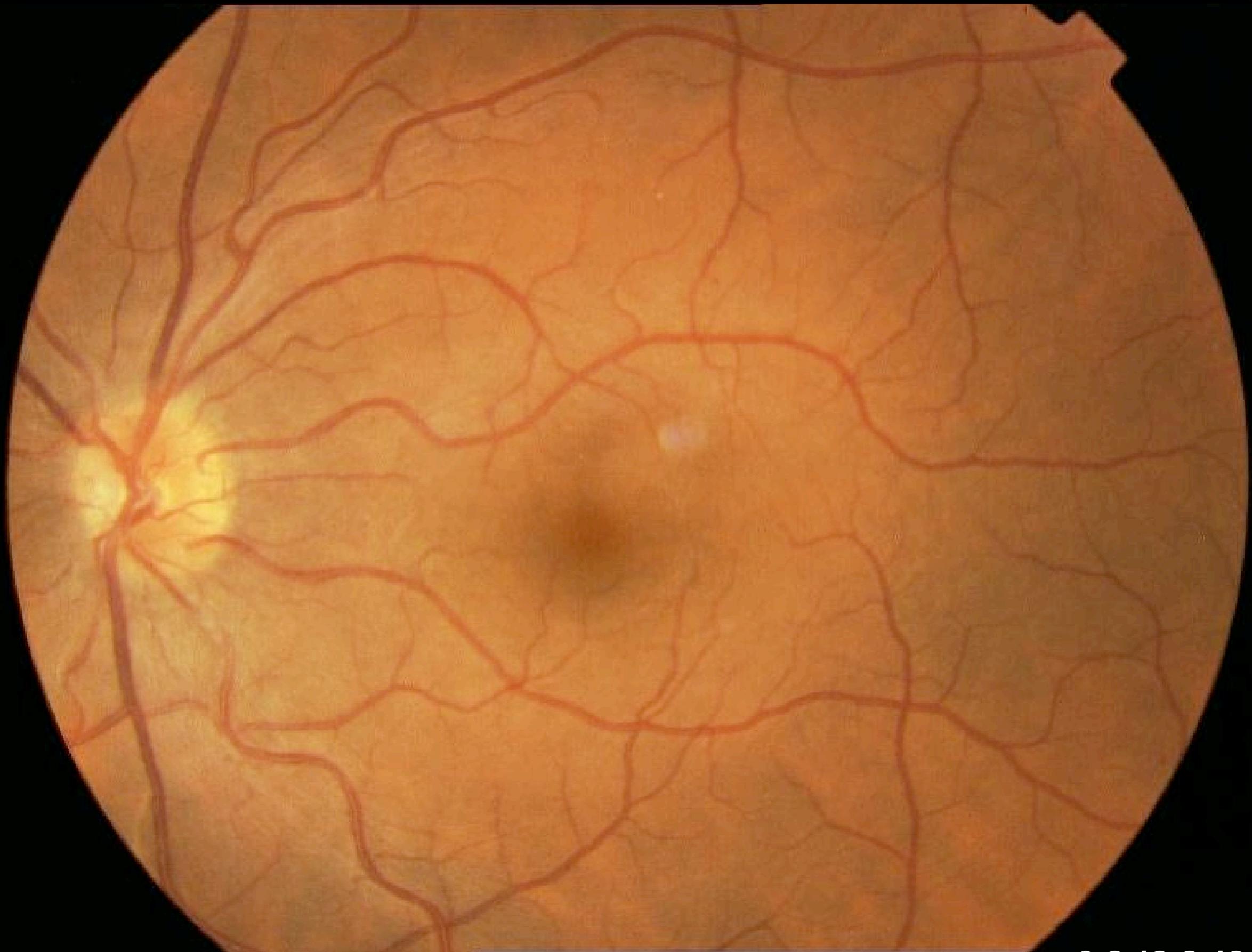
- No systemic disease
- No previous treatments

Eye Exam

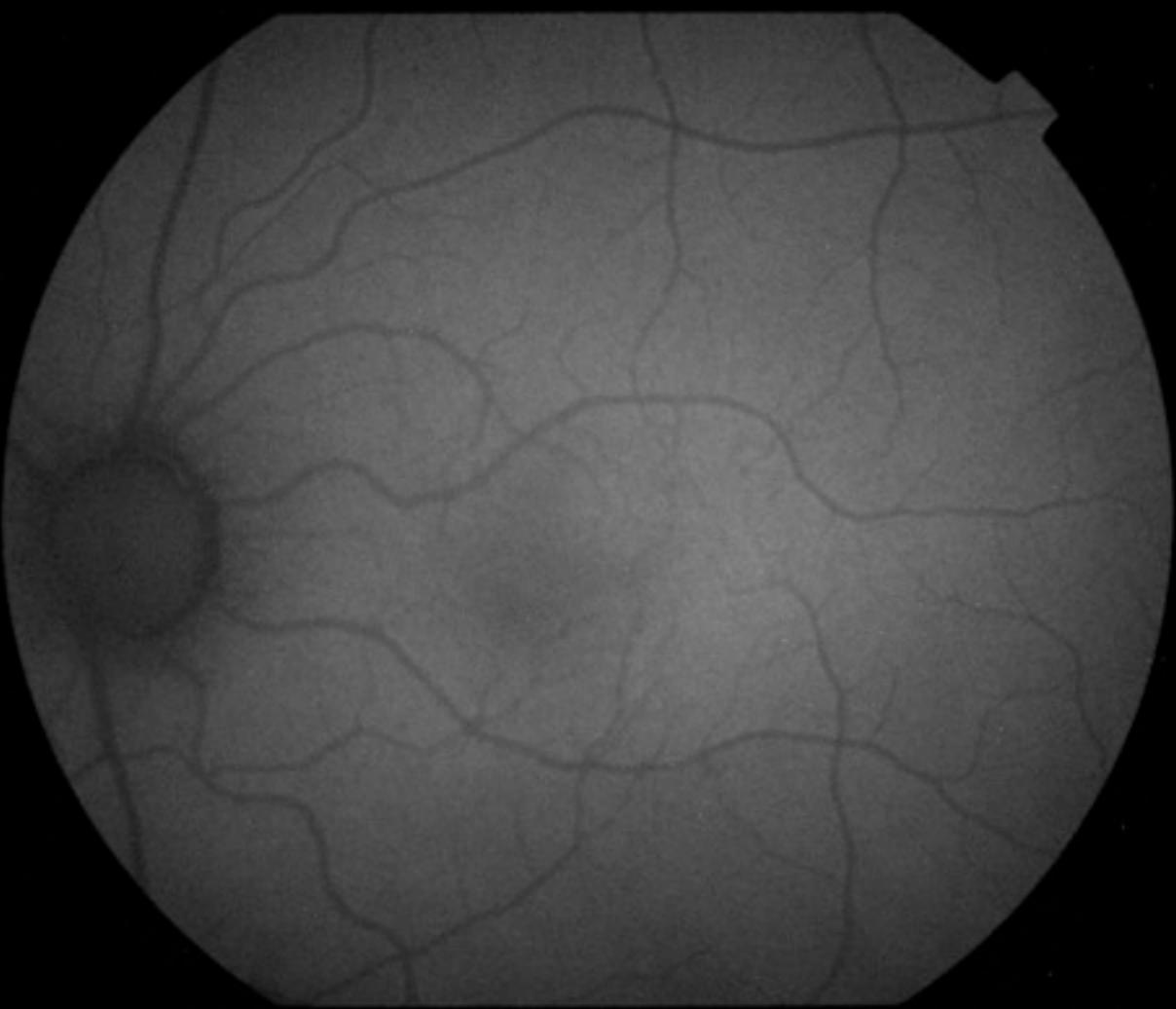
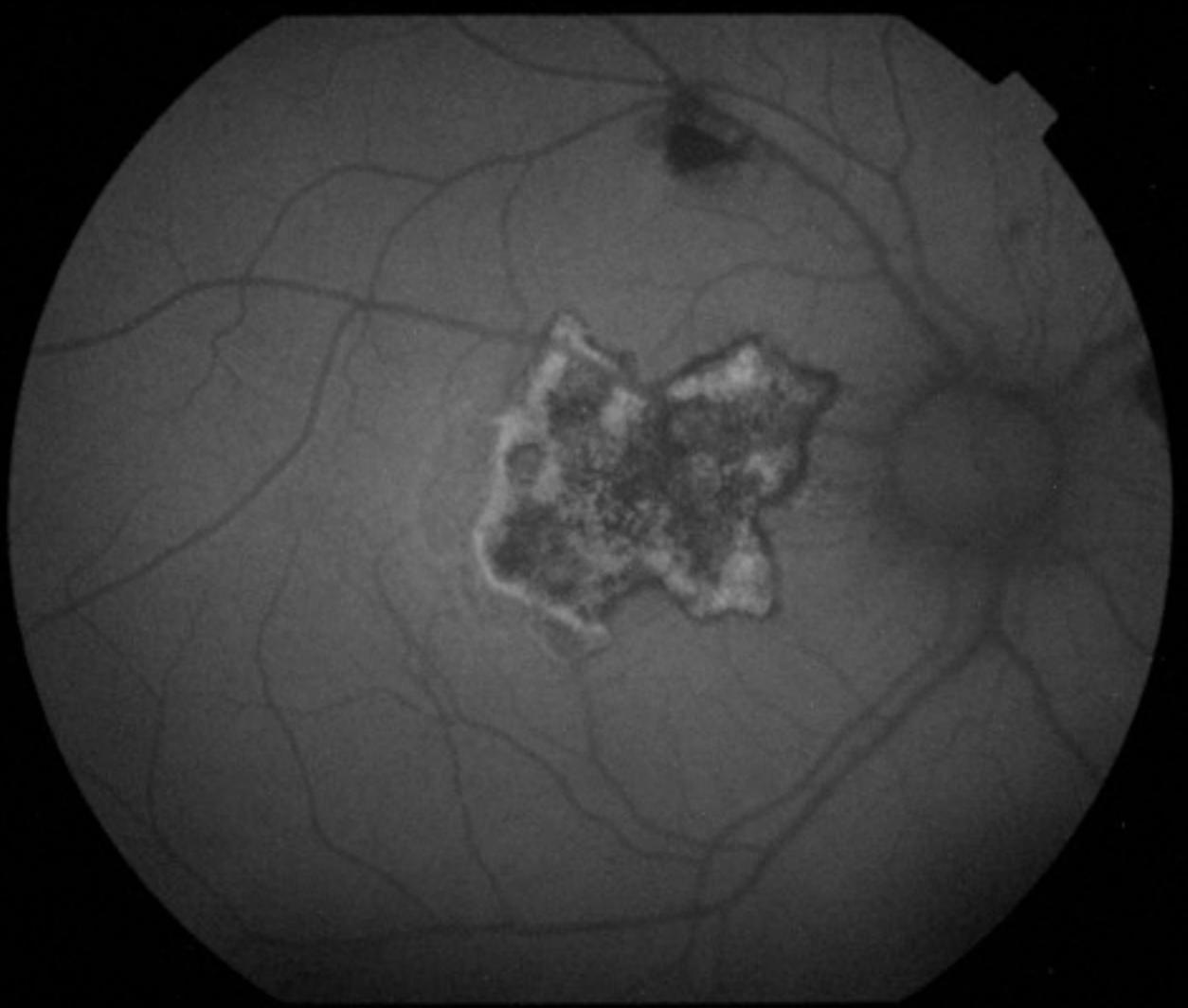
	<u>OD</u>	<u>OS</u>
<u>VA sc:</u>	HM	20/20
<u>IOP:</u>	15 mmHg	17 mmHg
<u>Cornea:</u>	Clear and Compact	Clear and Compact
<u>AC:</u>	No cells	No cells
<u>Lens:</u>	Clear	Clear
<u>Vitreous:</u>	No cells, no haze	No cells, no haze

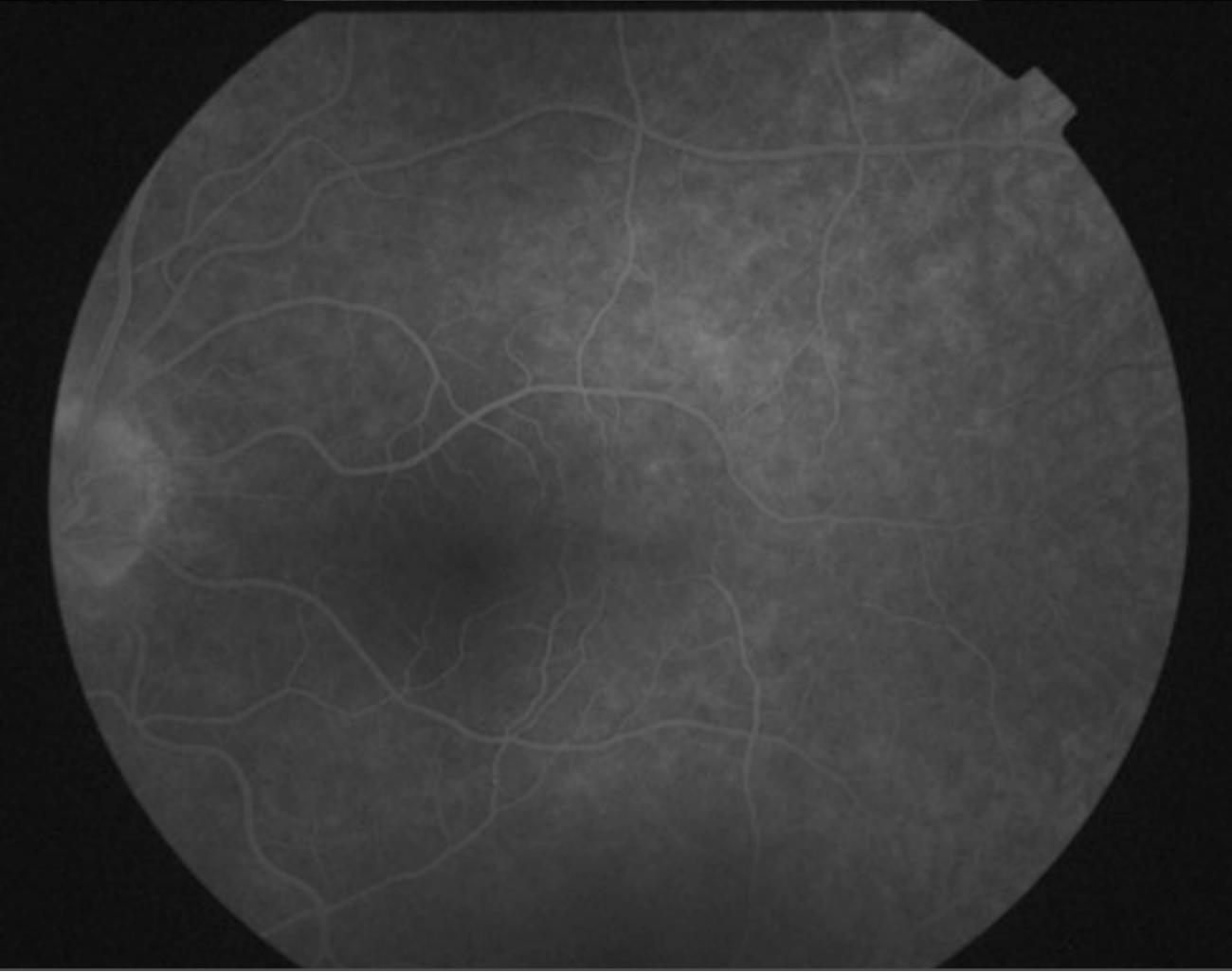
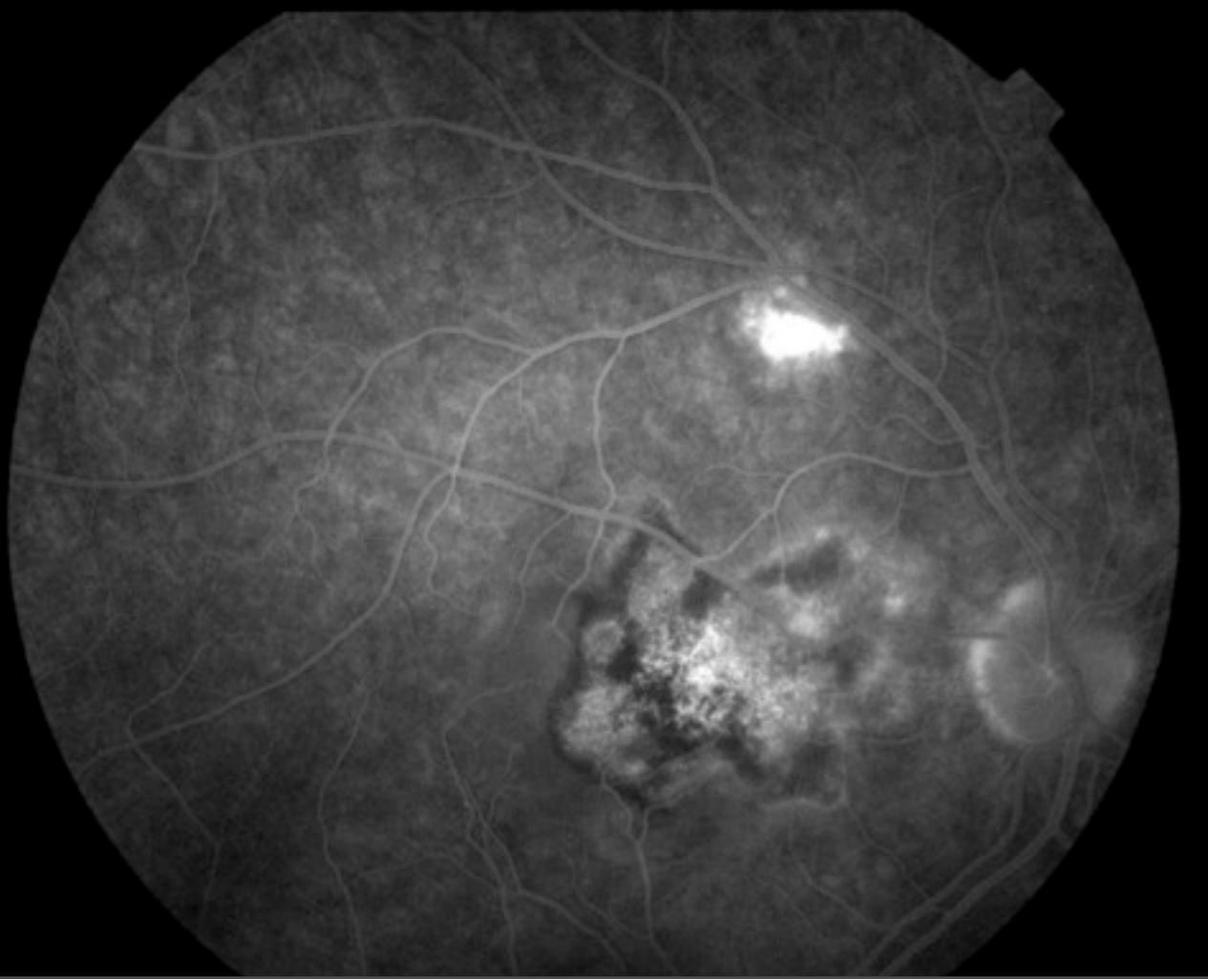
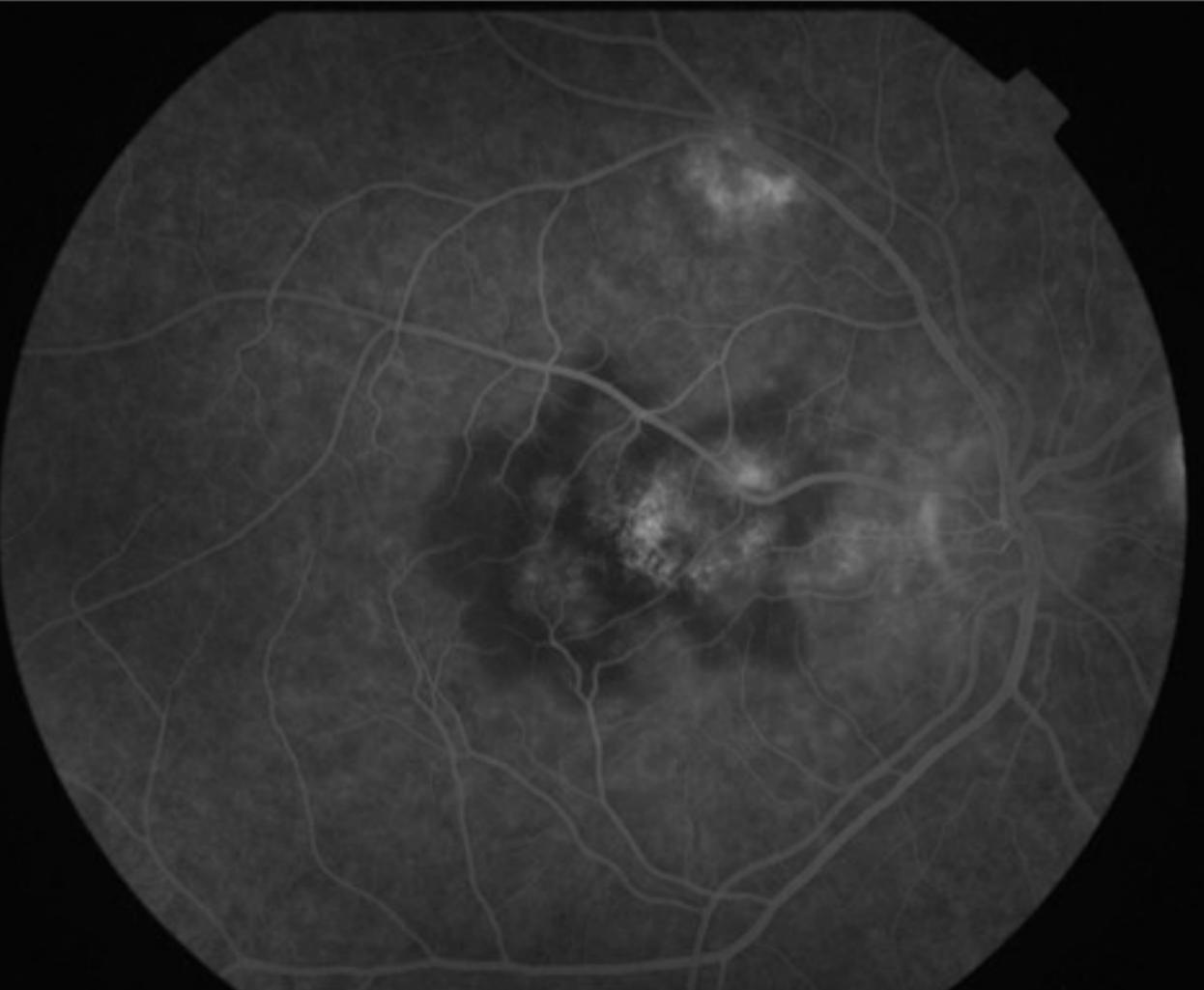


09/22/2010



09/22/2010





Diagnosis

APMPPE

Multifocal Choroiditis

Toxoplasmosis

Serpiginous-like (TB, sarcoidosis,
infectious..)

Serpiginous Choroiditis

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Serpiginous Choroiditis

Clinical Course

Diagnosis

~~APMPPE~~

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Diagnosis

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Serpiginous Choroiditis

Clinical Course

No Vitritis

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Serpiginous Choroiditis

Clinical Course

No Vitritis

Diagnosis

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~~Toxoplasmosis~~

Serpiginous-like (TB, sarcoidosis,
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Serpiginous Choroiditis

Clinical Course

No Vitritis

Diagnosis

Diagnosis

Serpiginous
choroiditis

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Serpiginous
choroiditis

Serpiginous-like
choroiditis

Diagnosis

Serpiginous
choroiditis

Serpiginous-like
choroiditis

Bilateral

Yuxtapapilar area

Non intraocular inflammation

Non multifocal

Ancillary test negative

Diagnosis

Serpiginous
choroiditis

Serpiginous-like
choroiditis

Bilateral

Monolateral

Yuxtapapilar area

Non-yuxtapapilar

Non intraocular inflammation

Intraocular inflammation

Non multifocal

Multifocal

Ancillary test negative

Ancillary test positive

Diagnosis

Serpiginous
choroiditis

Serpiginous-like
choroiditis

Bilateral

Monolateral

Yuxtapapilar area

Non-yuxtapapilar

Non intraocular inflammation

Intraocular inflammation

Non multifocal

Multifocal

Ancillary test negative

Ancillary test positive

Ancillary Test

- Mantoux= 18 mm (No previous vaccination)
- Quantiferon= Positive
- X-Ray Chest= Normal; no micobacteries or bacilli on sputum
- Serology *Bartonella Henselae*= Ig G I/128; Ig M negative
- Negative: Tularemia, chlamidya, Rickettsia, Coxiella, HBV, HCV, Syphilis, Lyme, ANA, ANCA

Diagnosis

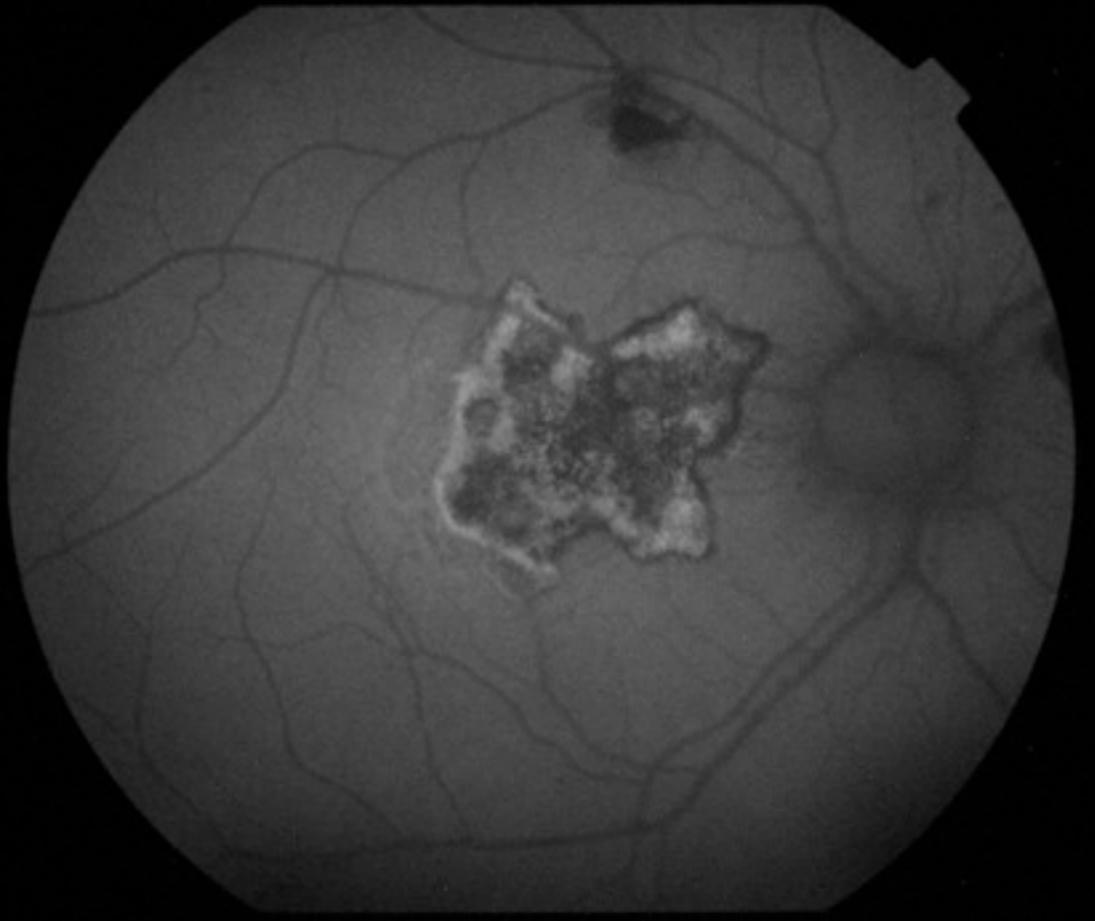
- Serpiginous-like Choroidopathy
- Ocular Tuberculosis

Treatment

- Started Treatment with 3 drugs (9 months)



09/22/2010

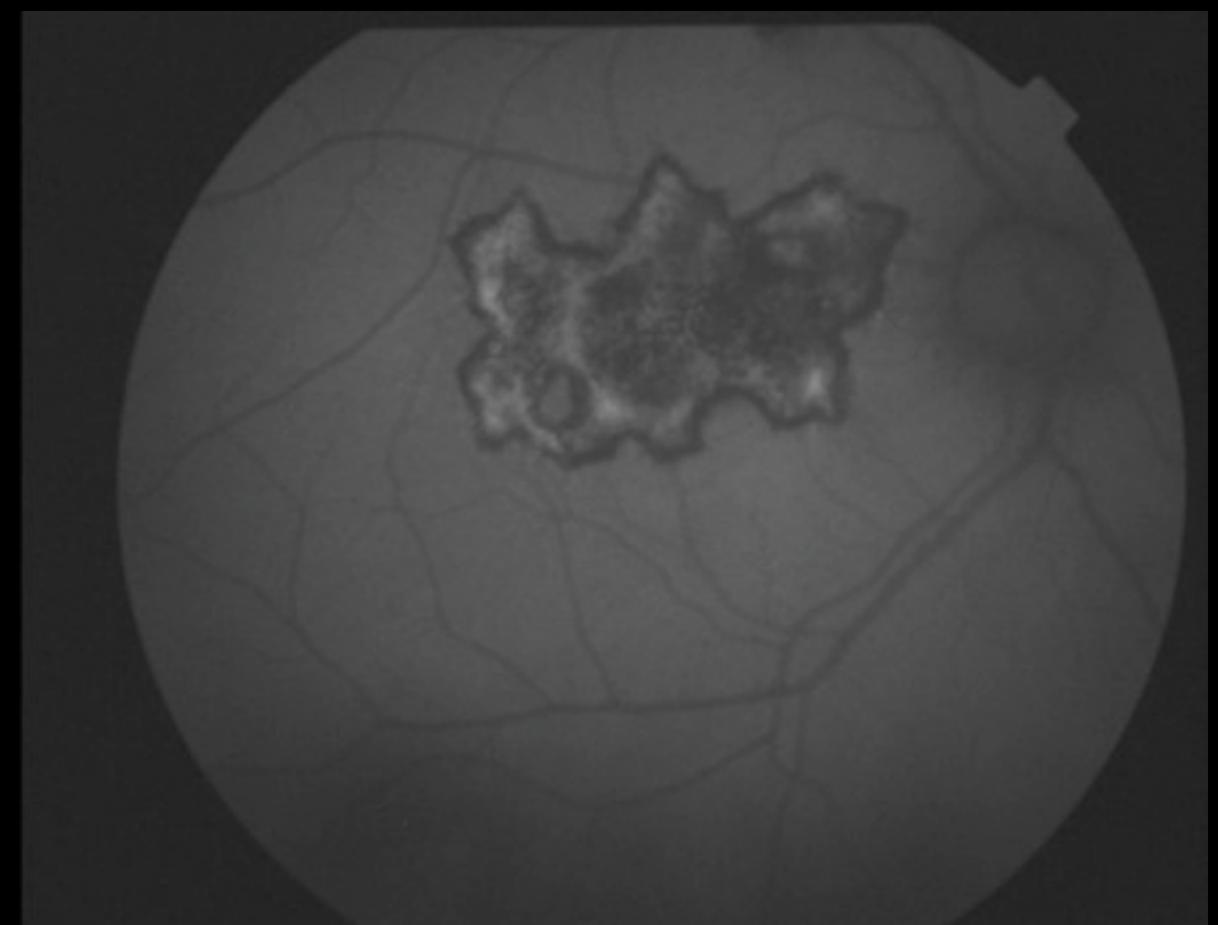
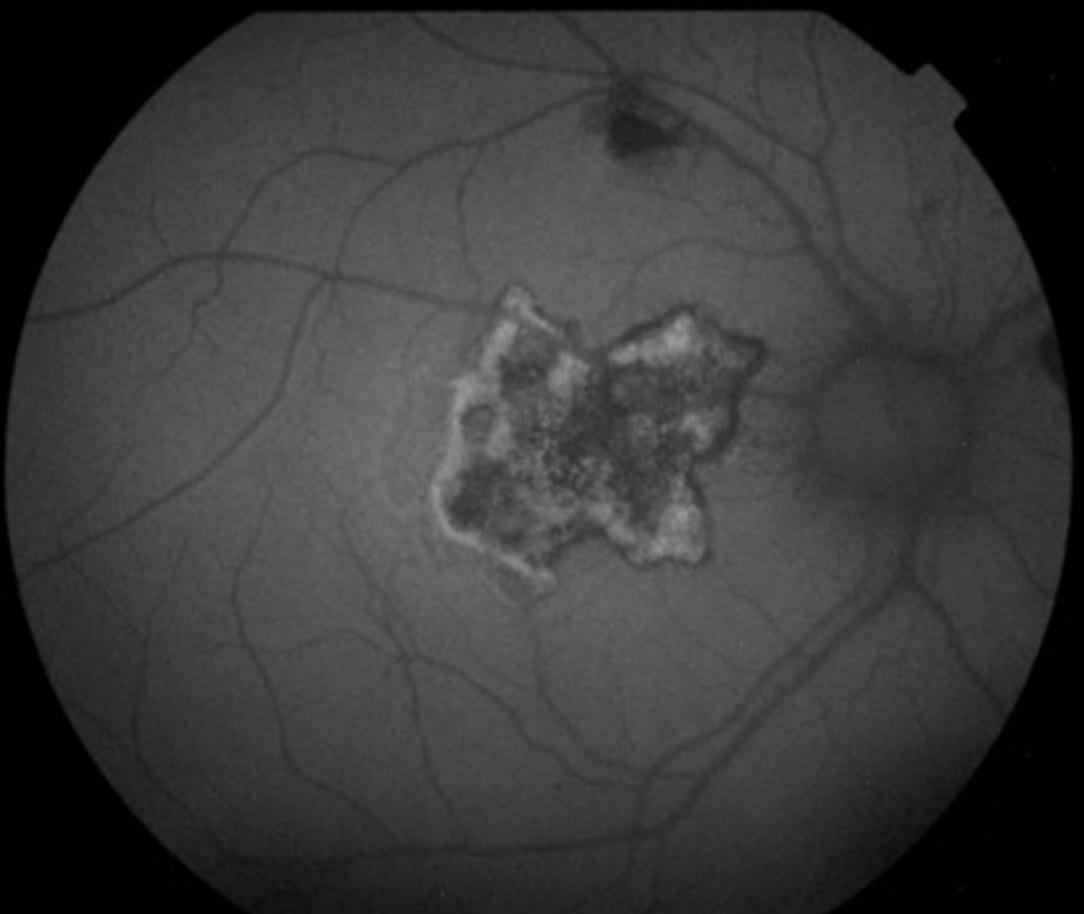


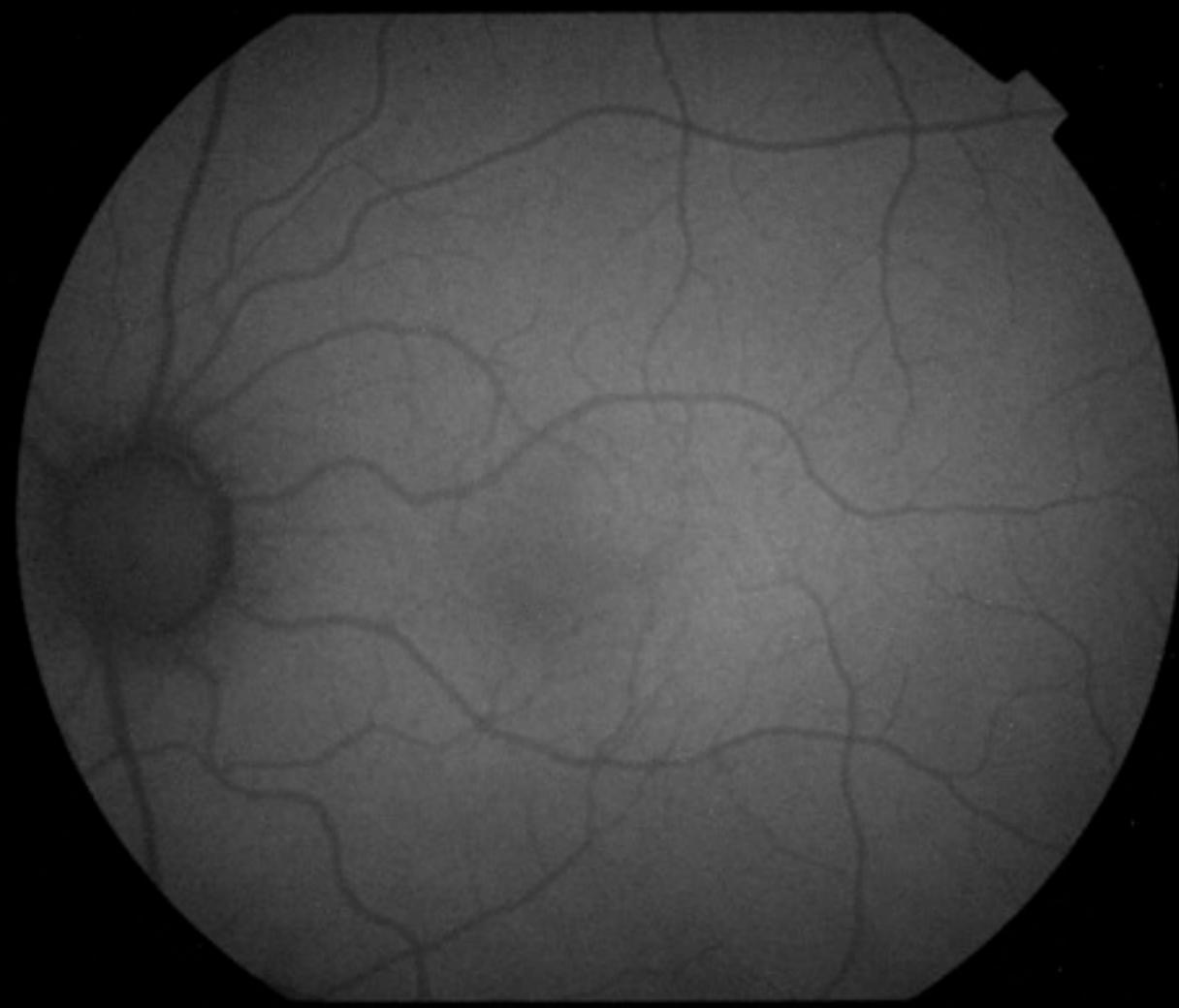


09/22/2010



11/04/2010





09/22/2010



11/04/2010

Follow-up

12/2010

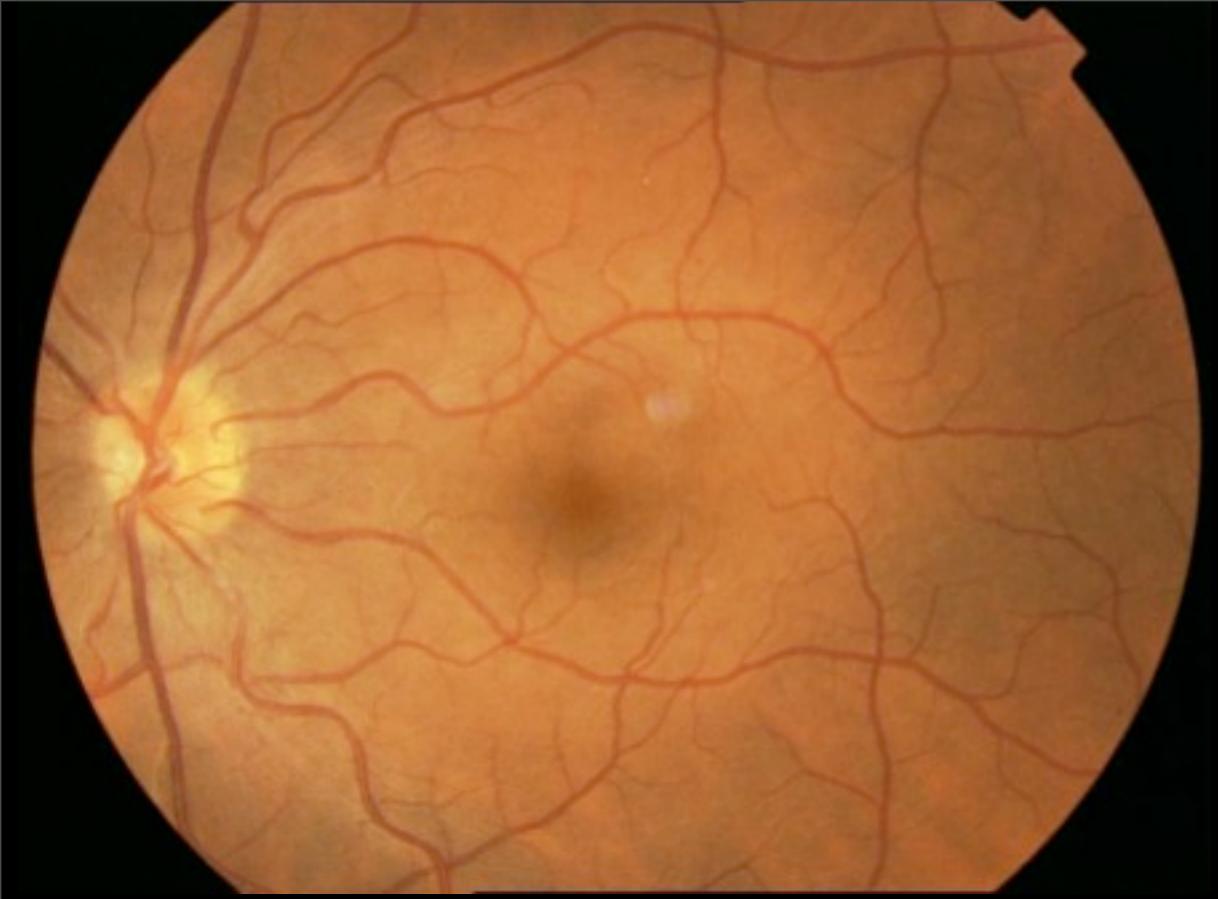
- Emergency ➔ Flashes/Floaters OS

Follow-up

12/2010

- Emergency ➔ Flashes/Floater OS

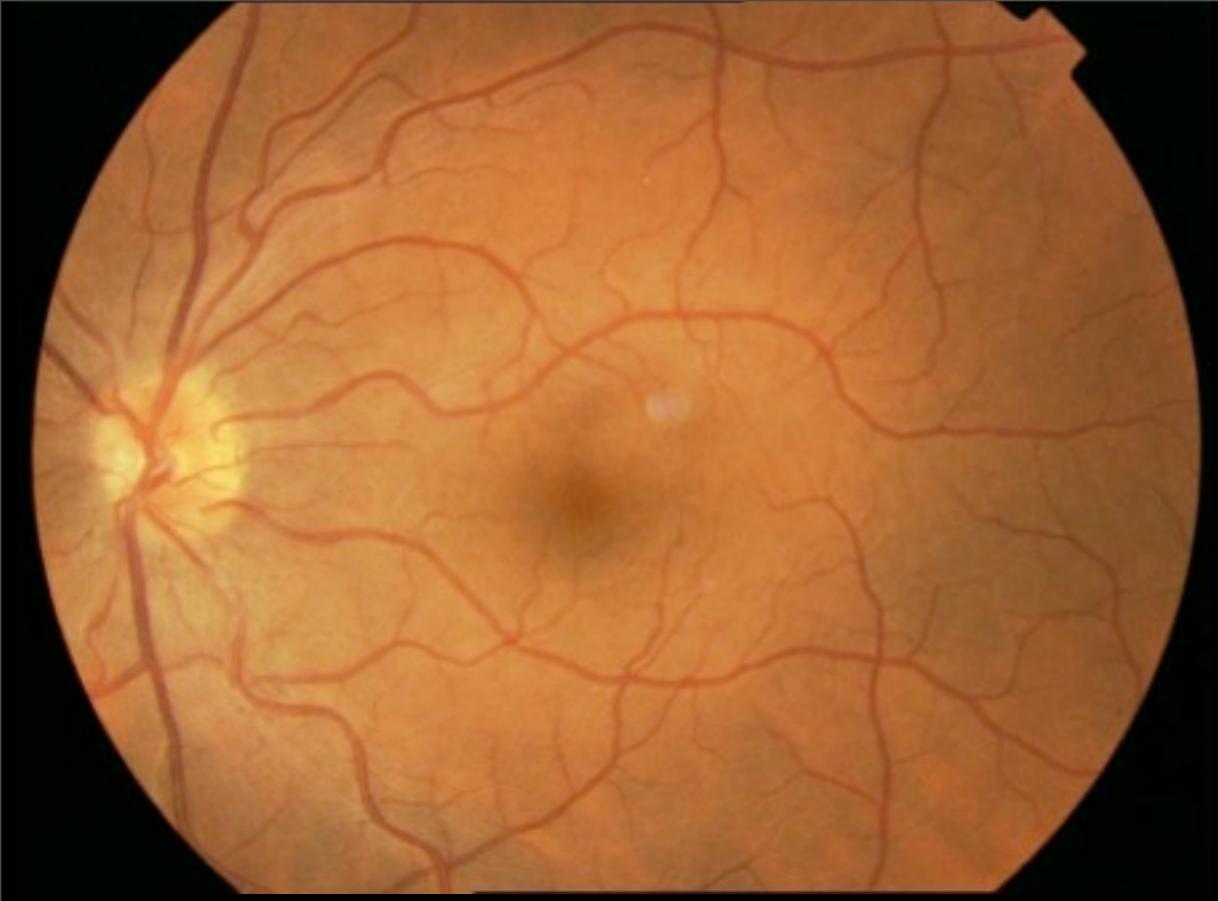
VA: OD CF Im OS 20/20



11/04/2010



12/02/2010



11/04/2010

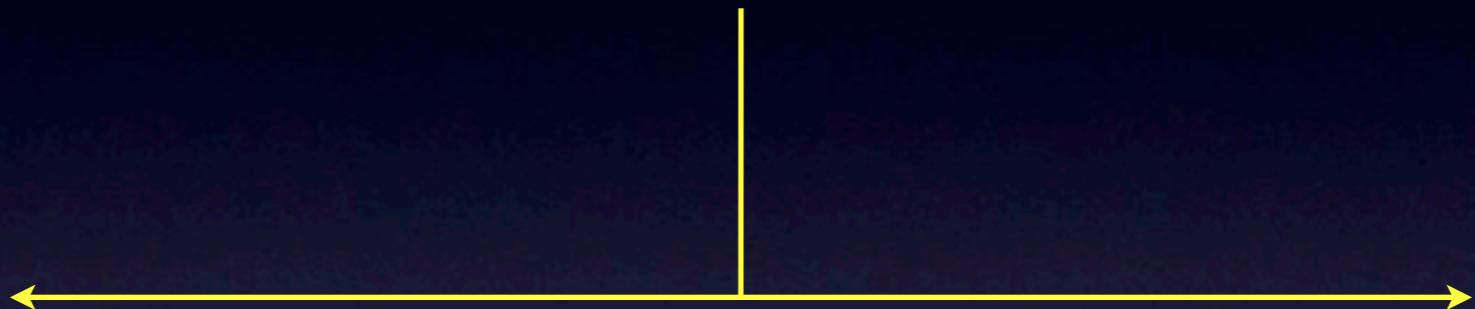


12/02/2010



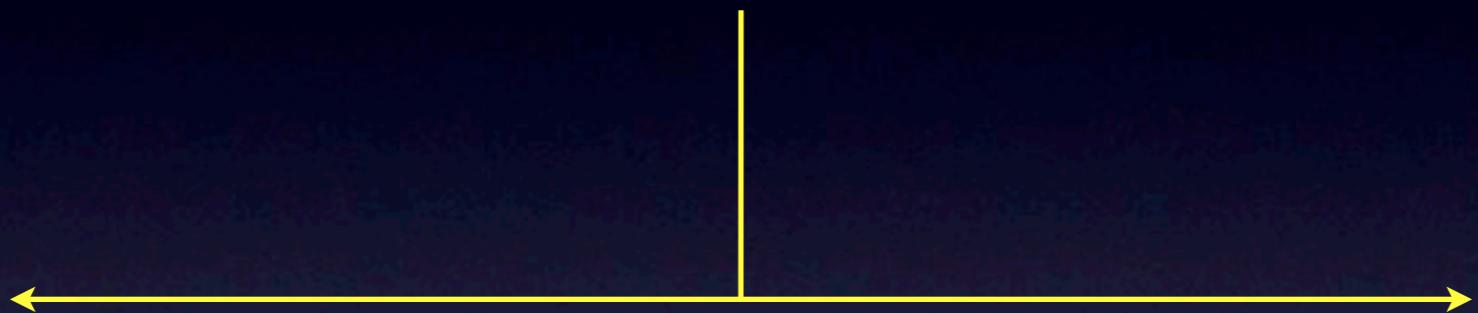
Reassess Diagnosis

Lack the response to treatment



Reassess Diagnosis

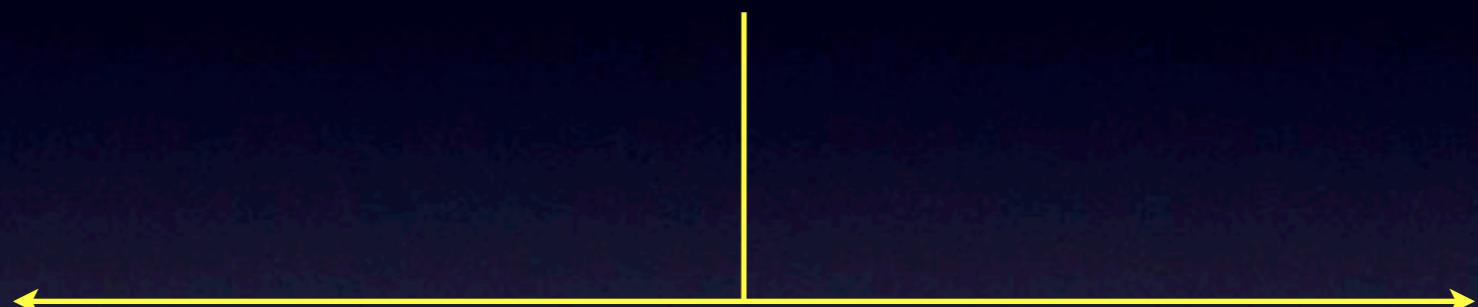
Lack the response to treatment



It is a TB but it is too soon

Reassess Diagnosis

Lack the response to treatment

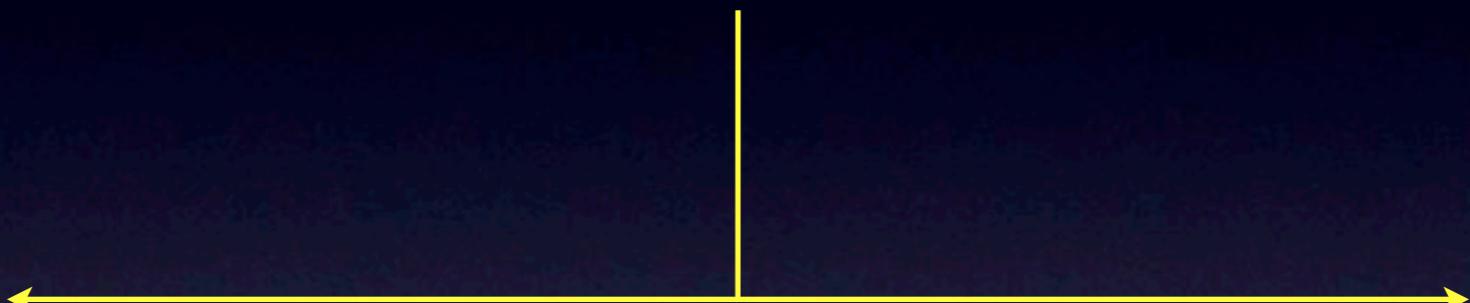


It is a TB but it is too soon

Something else

Reassess Diagnosis

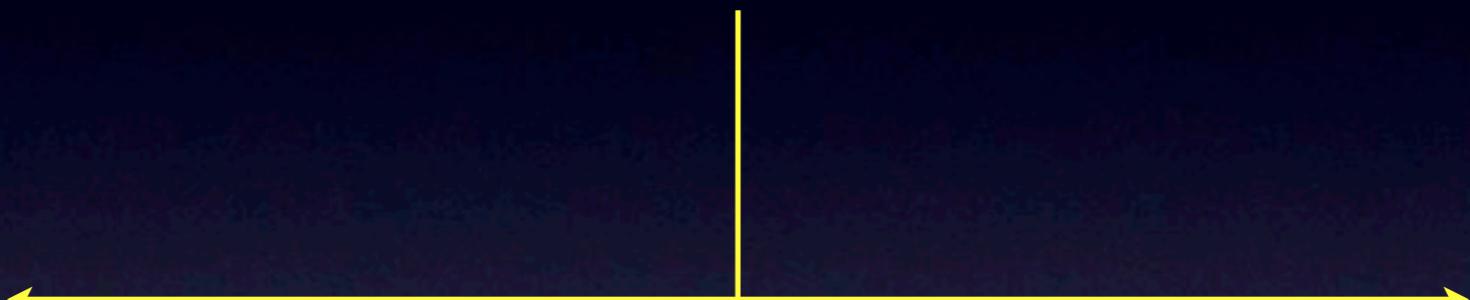
Lack the response to treatment



- IgG (ELISA) *Bartonella henselae* (1/128)

Reassess Diagnosis

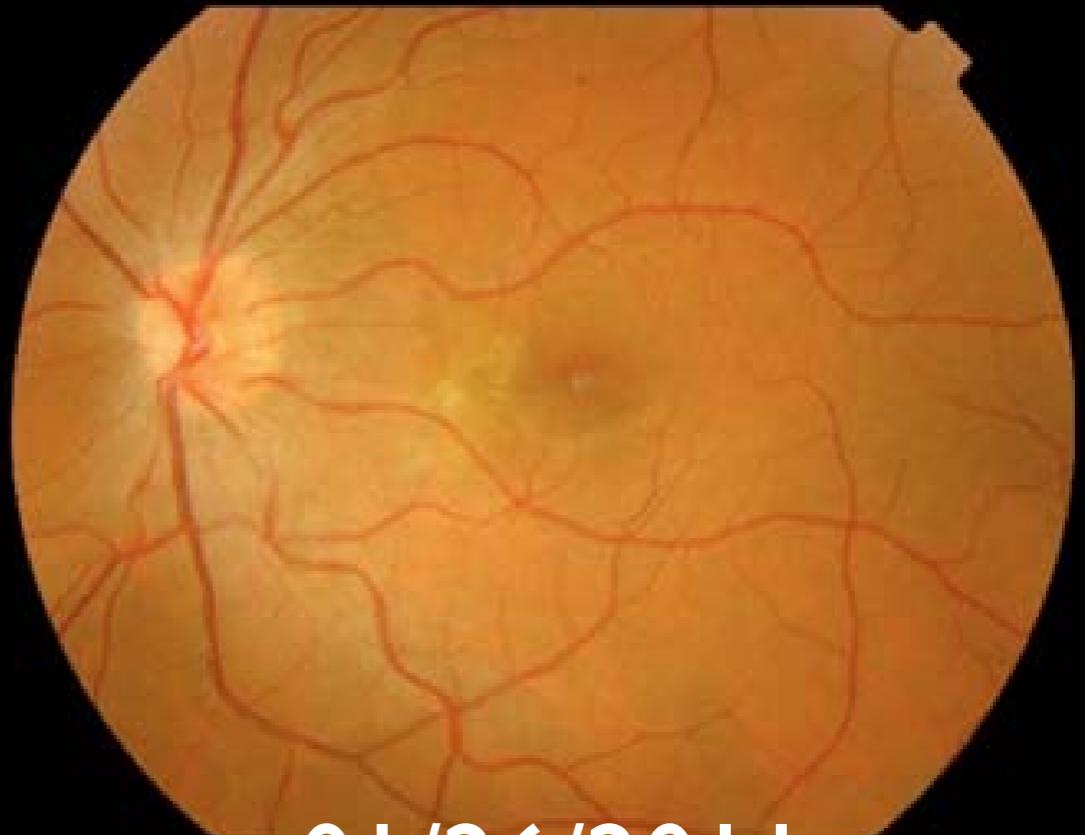
Lack the response to treatment



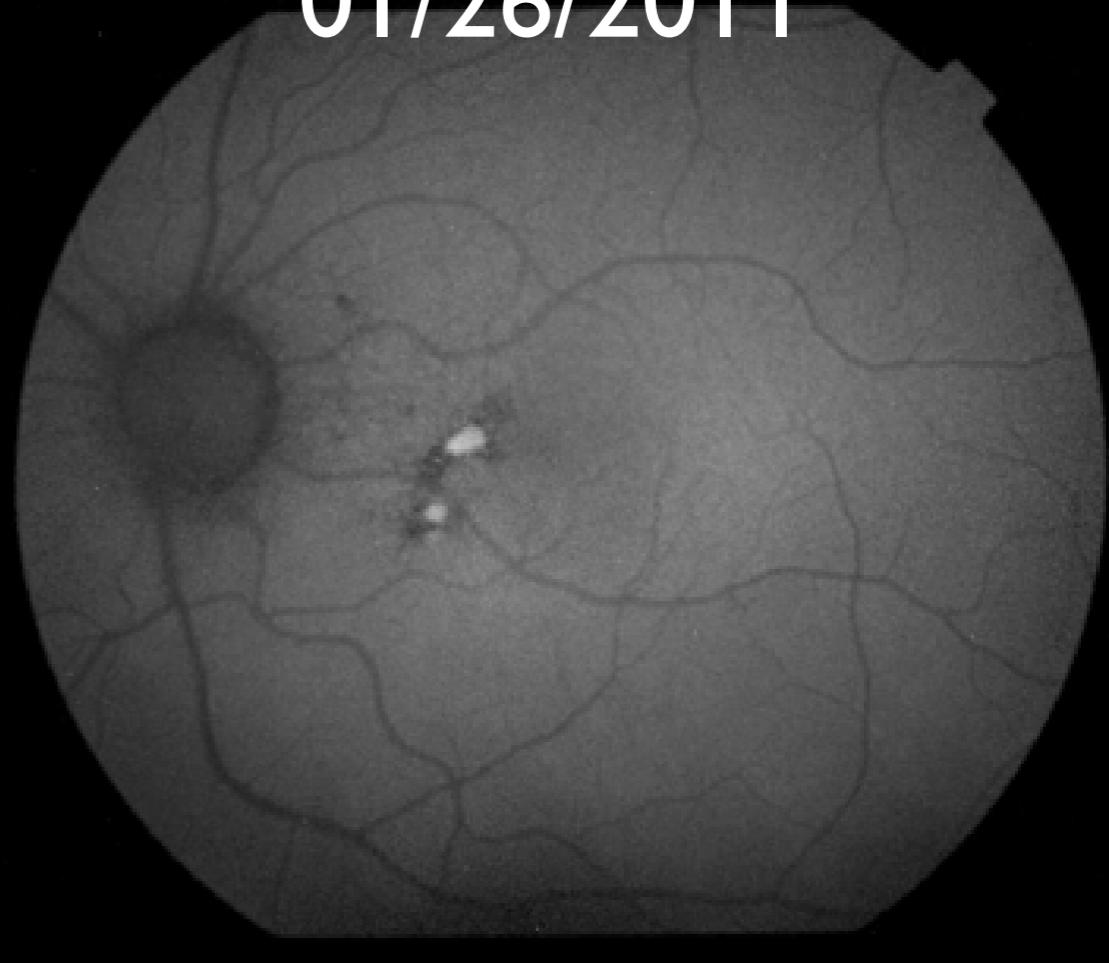
- IgG (ELISA) *Bartonella henselae* (1/128)
- Treatment: Moxifloxacin 400 mg QD

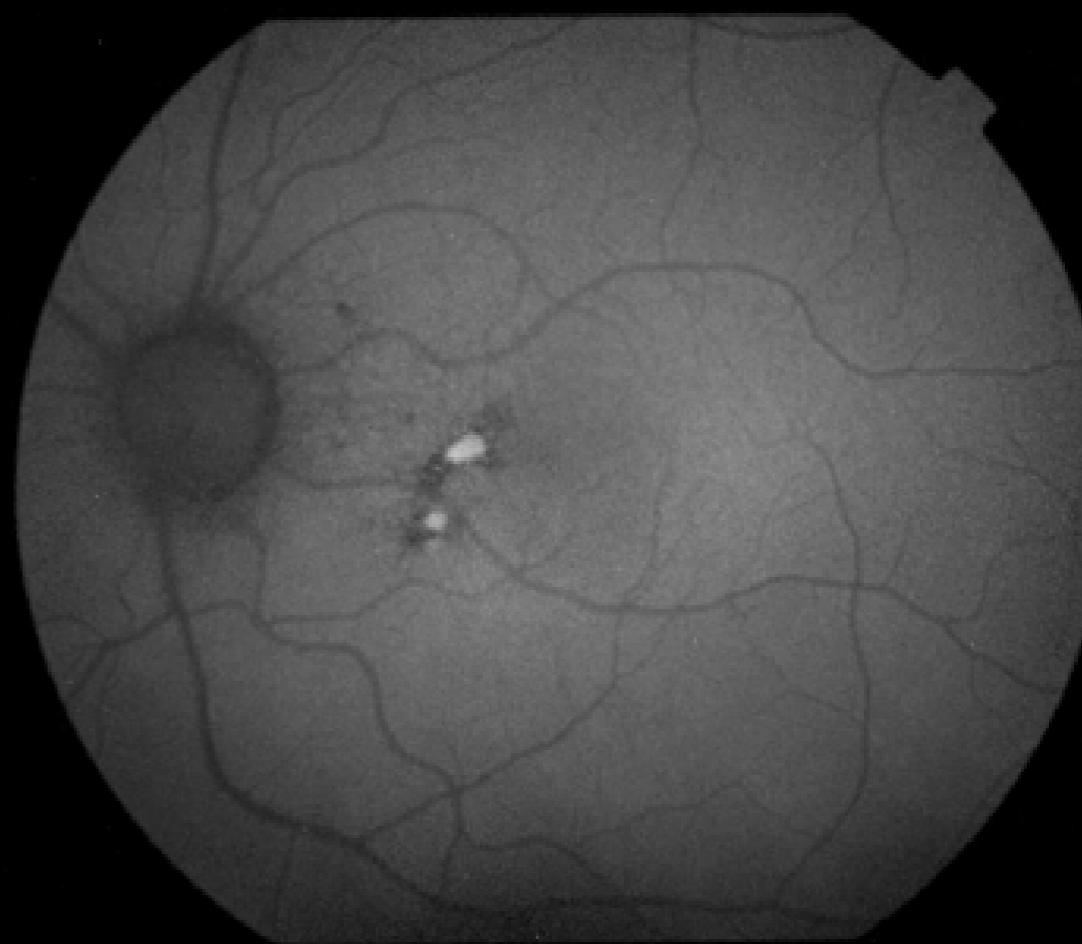
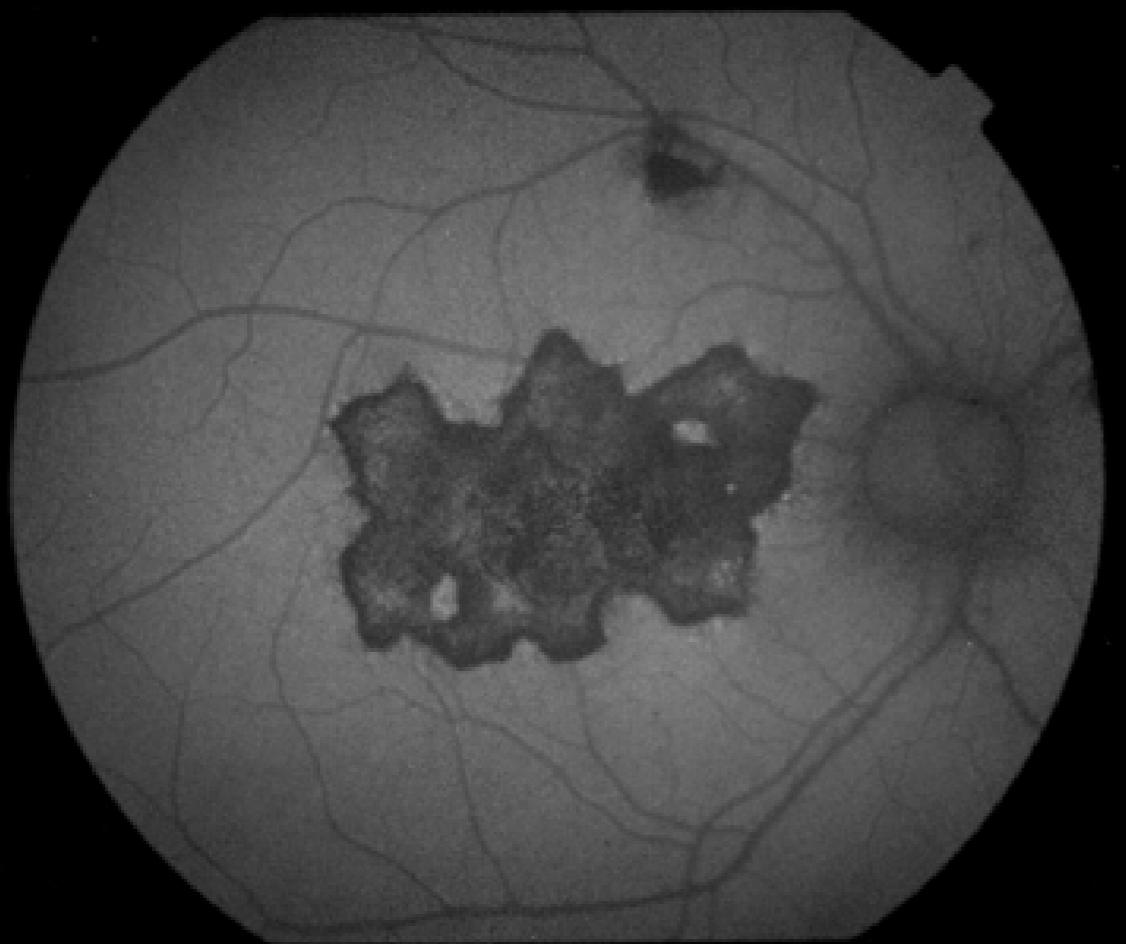
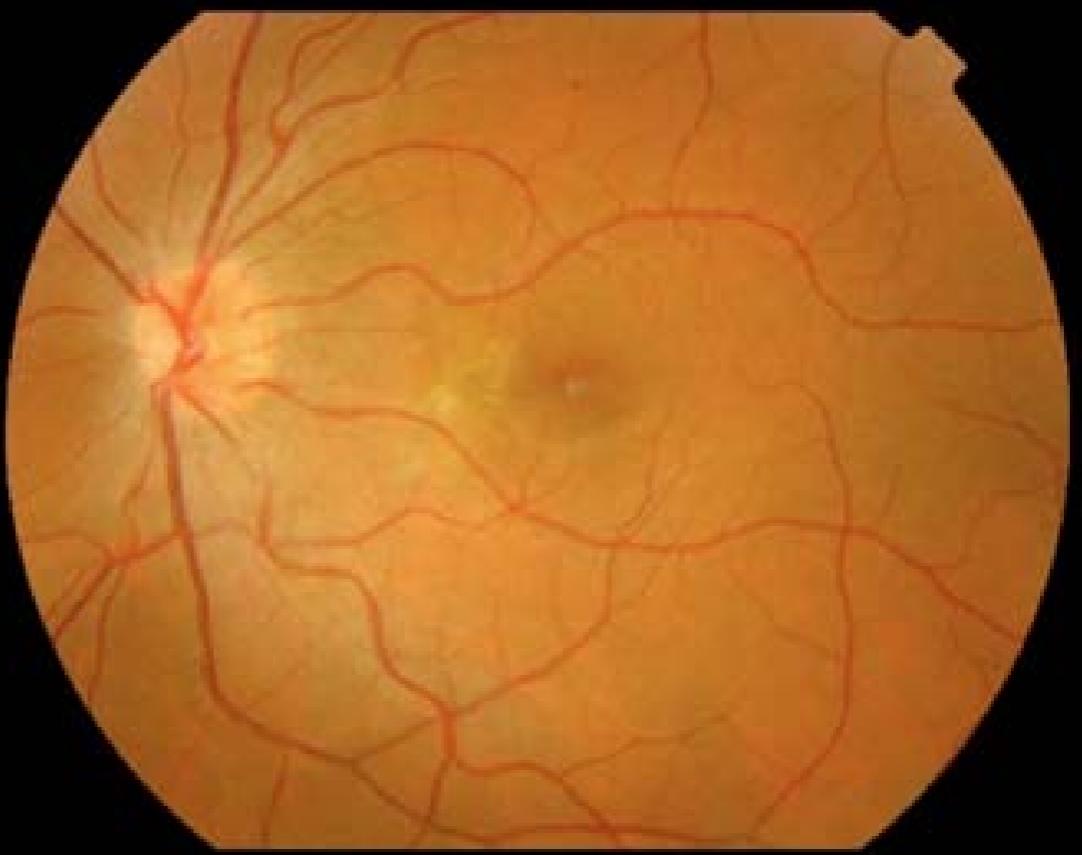
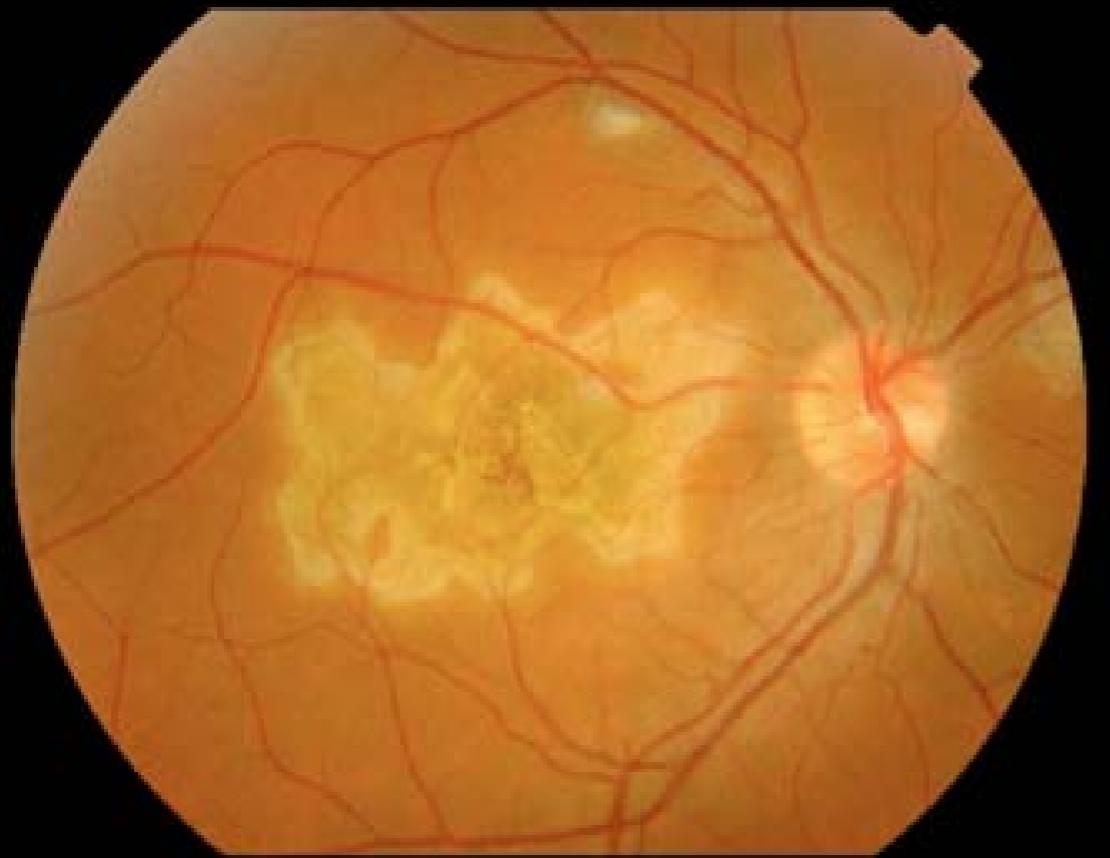


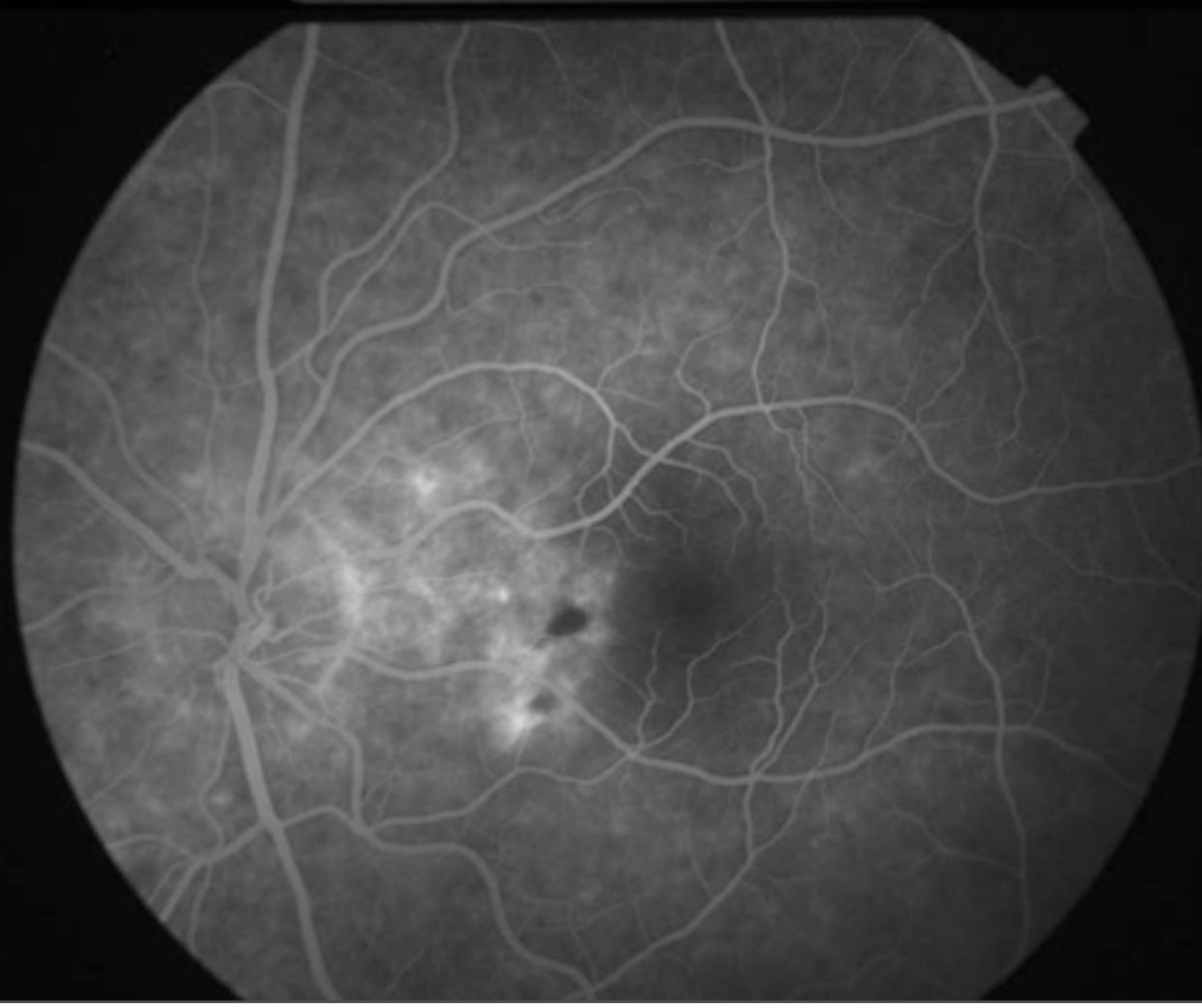
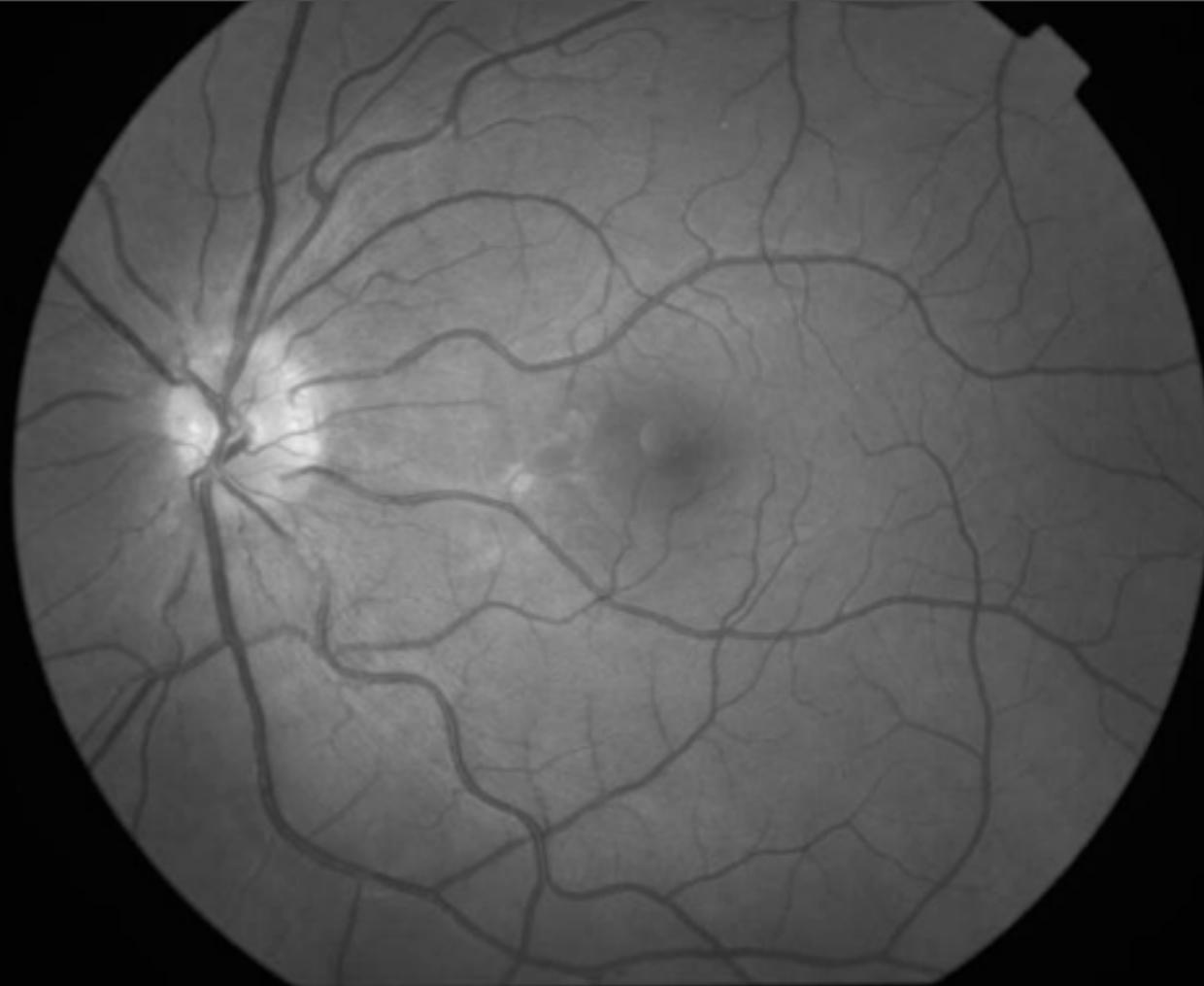
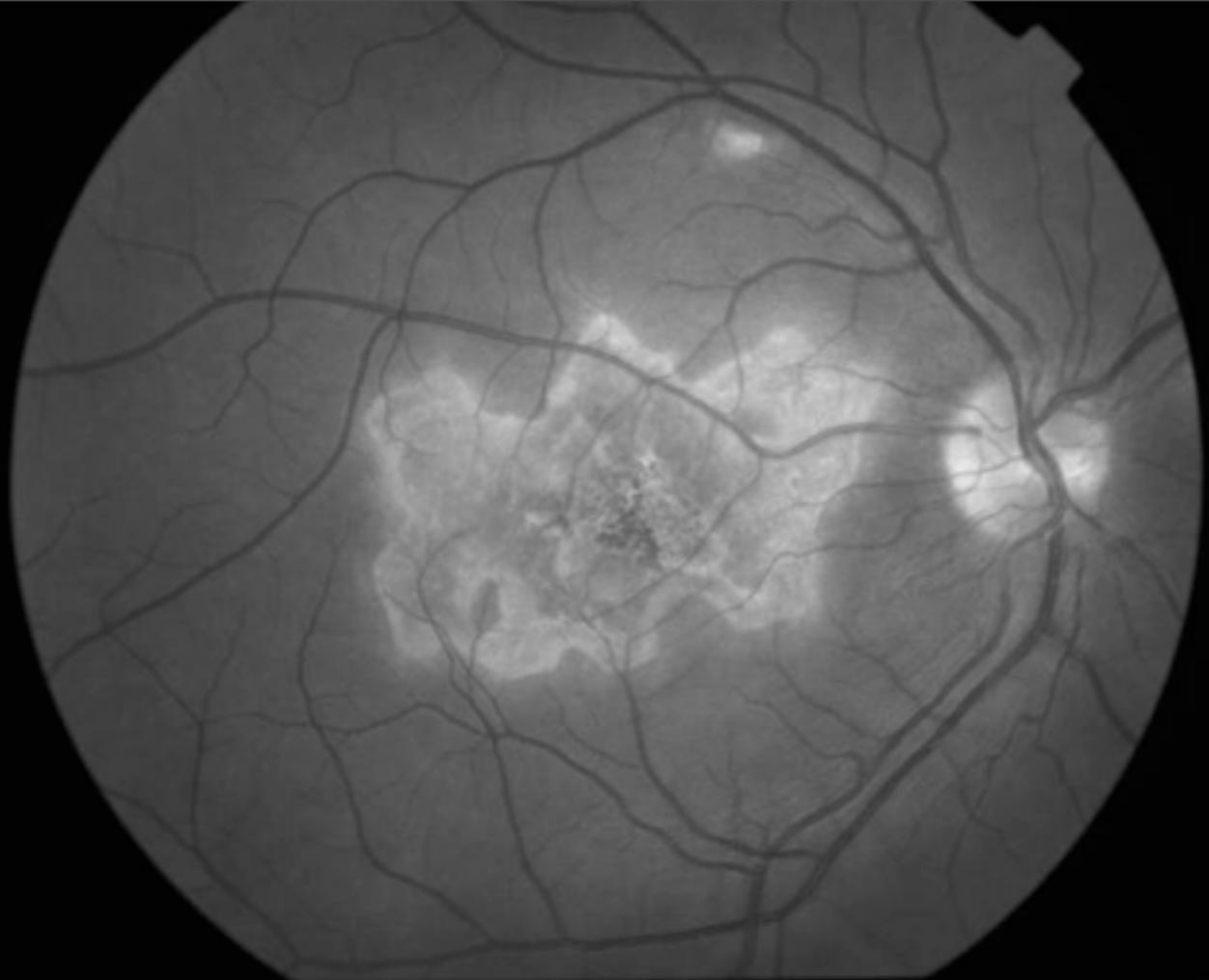
12/02/2010

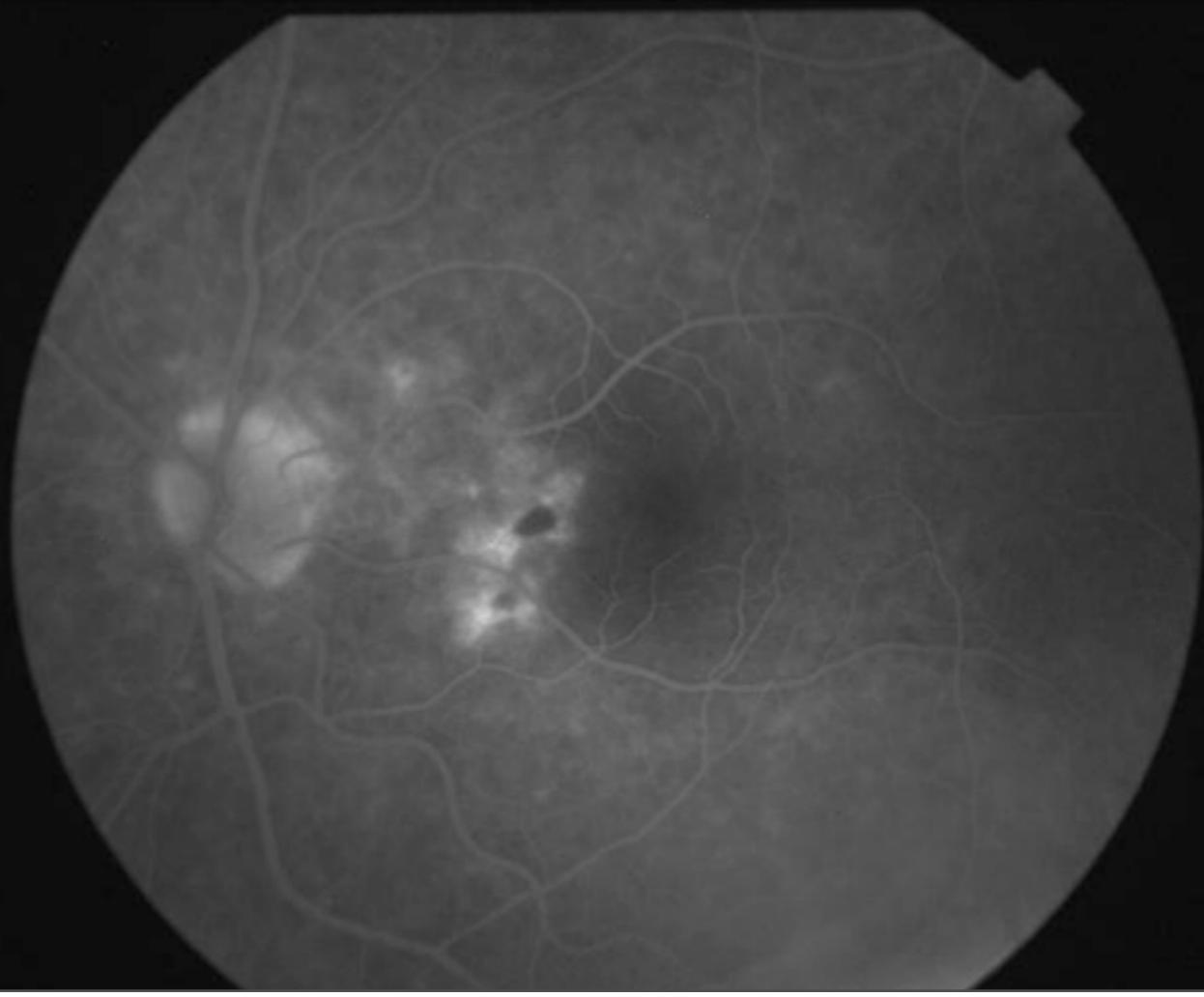
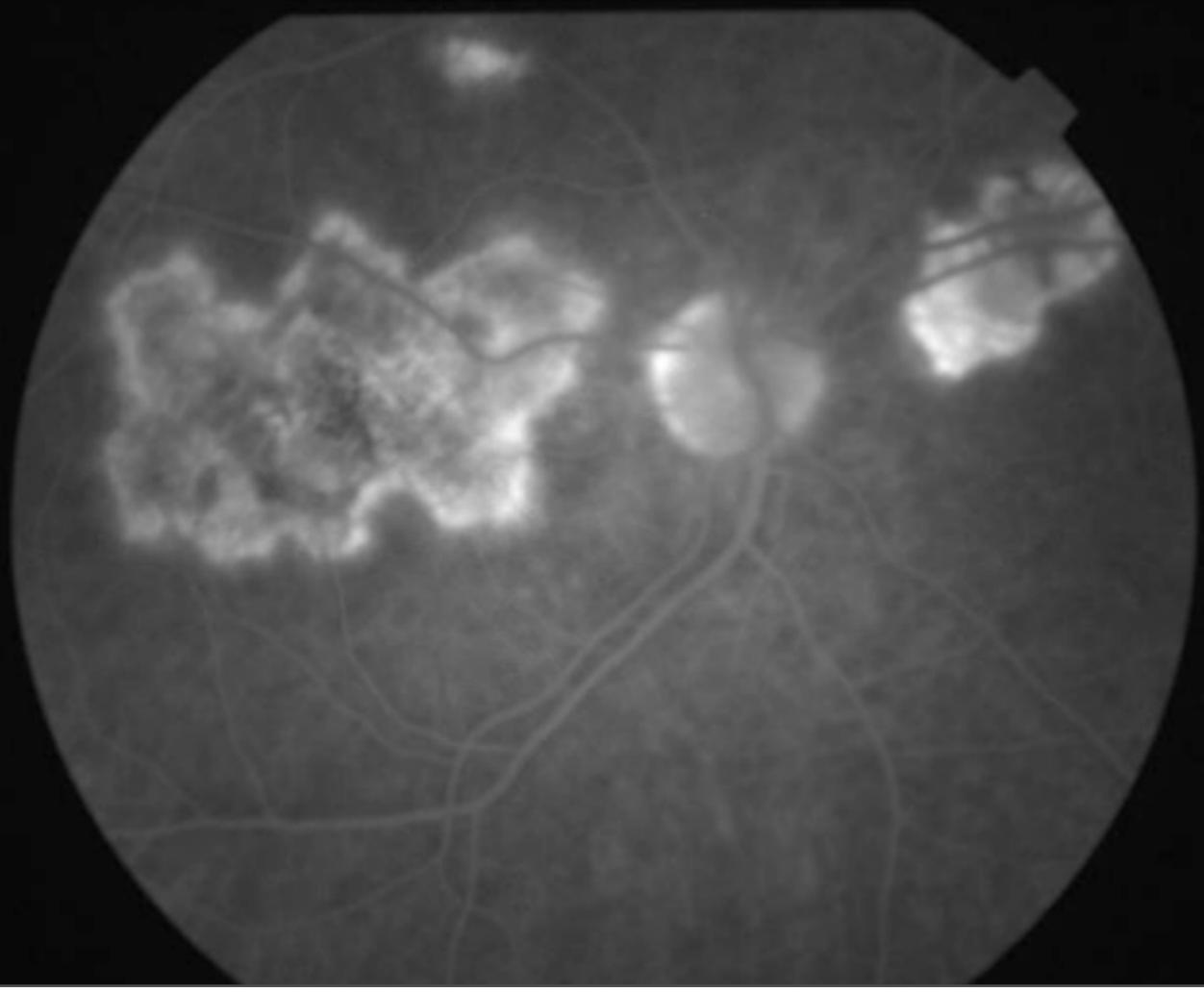
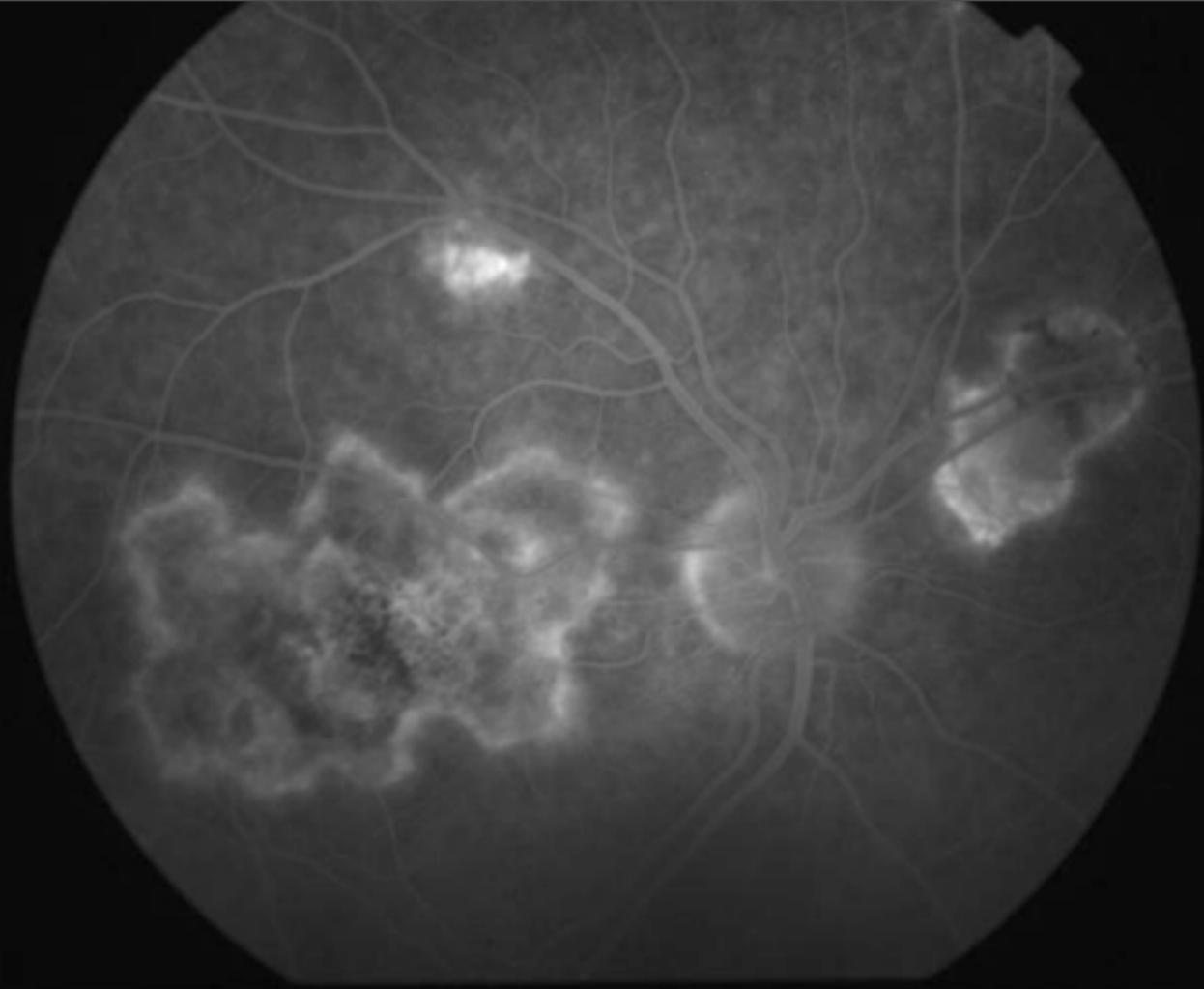


01/26/2011









Diagnosis

- Serpiginous-like choroidopathy:
 - TB vs *Bartonella*

Diagnosis

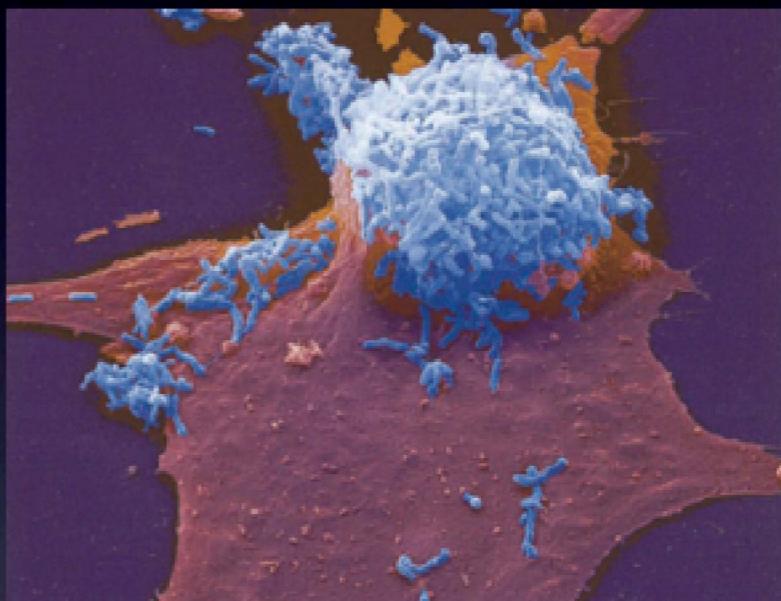
- Serpiginous-like choroidopathy:
 - TB vs *Bartonella*

Good and fast answer to the treatment with
Moxifloxacin, *Bartonella henselae* more likely
diagnosis

Serpiginous-like Choroiditis

- Tuberculosis
- Toxoplasmosis
- Sarcoidosis
- Antiphospholipid Antibody Syndrome / SLE
- Posterior Scleritis

Bartonella henselae



- Gram-negative rod
- Difficult to see. Warthin-Starry silver stain or electron microscopy.

Bartonella henselae

Immunocompetent
host

Cat Scratch Disease

Necrotizing response
Microabcess formation

Immunocompromised
host

Bacillary Angiomatosis

vasoproliferative

Bartonella henselae

- Reservoir - domestic CAT (1/3 of cats USA)
- scratch // fleas // inoculation open wounds or mucous membranes

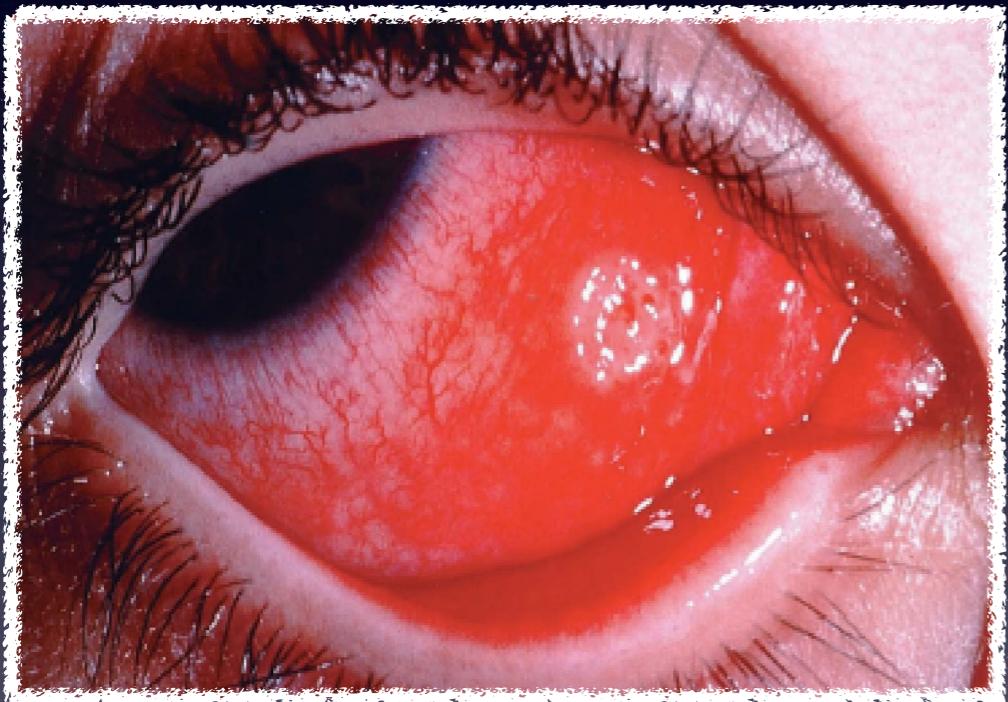


Ctenocephalides felis

Bartonella Henselae

- The eye is the most commonly affected nonlymphatic organ

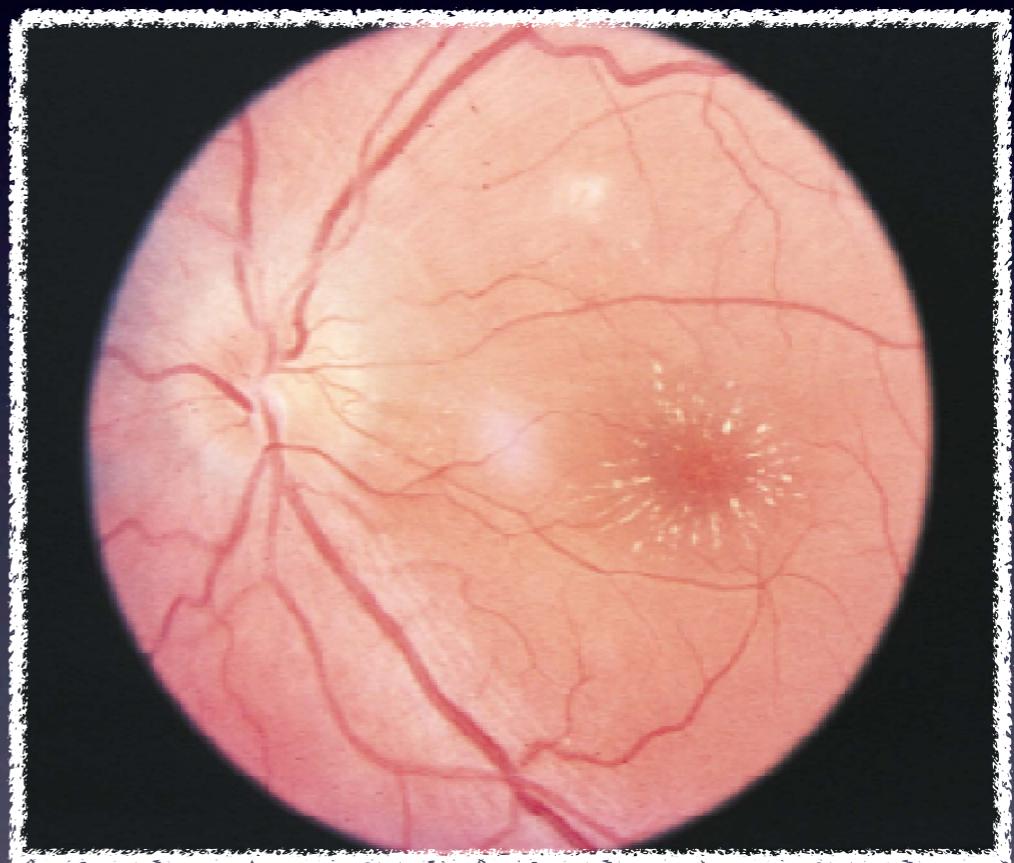
Parinaud Oculoglandular Syndrome



- Unilateral conjunctivitis
- granuloma
- ipsilateral lymphadenopathy
- systemic upset
- Tularemia, mycobacteria, sarcoid, syphilis...

Neuroretinitis (Leber's)

- Optic disc swelling
- Macular Star
- HBV, HSV, VZV, Histoplasmosis, Lyme disease, Leptospirosis, Mumps, Salmonella, Toxocariasis, Toxoplasmosis, Tuberculosis, Typhus



Others

- Intermediate Uveitis
- Anterior Uveitis
- Focal Retinochoroiditis
- White-Dots-Syndrome
- Retinal Vascular Occlusions
- Serous Retinal Detachment

Diagnosis

- Cat Scratch Skin Test -- Avoided
- PCR, cultures
- Serology:
 - IFA (Ig)
 - ELISA (Ig G/M)

Treatment

- Erythromycin
- Doxycycline
- Azithromycin
- Rifampin
- Bactrim
- Quinolones

Immunocompetent
host usually resolves
spontaneously
without treatment

Role of Fundus Autofluorescence in Serpiginous and Serpiginous-like choroidopathy

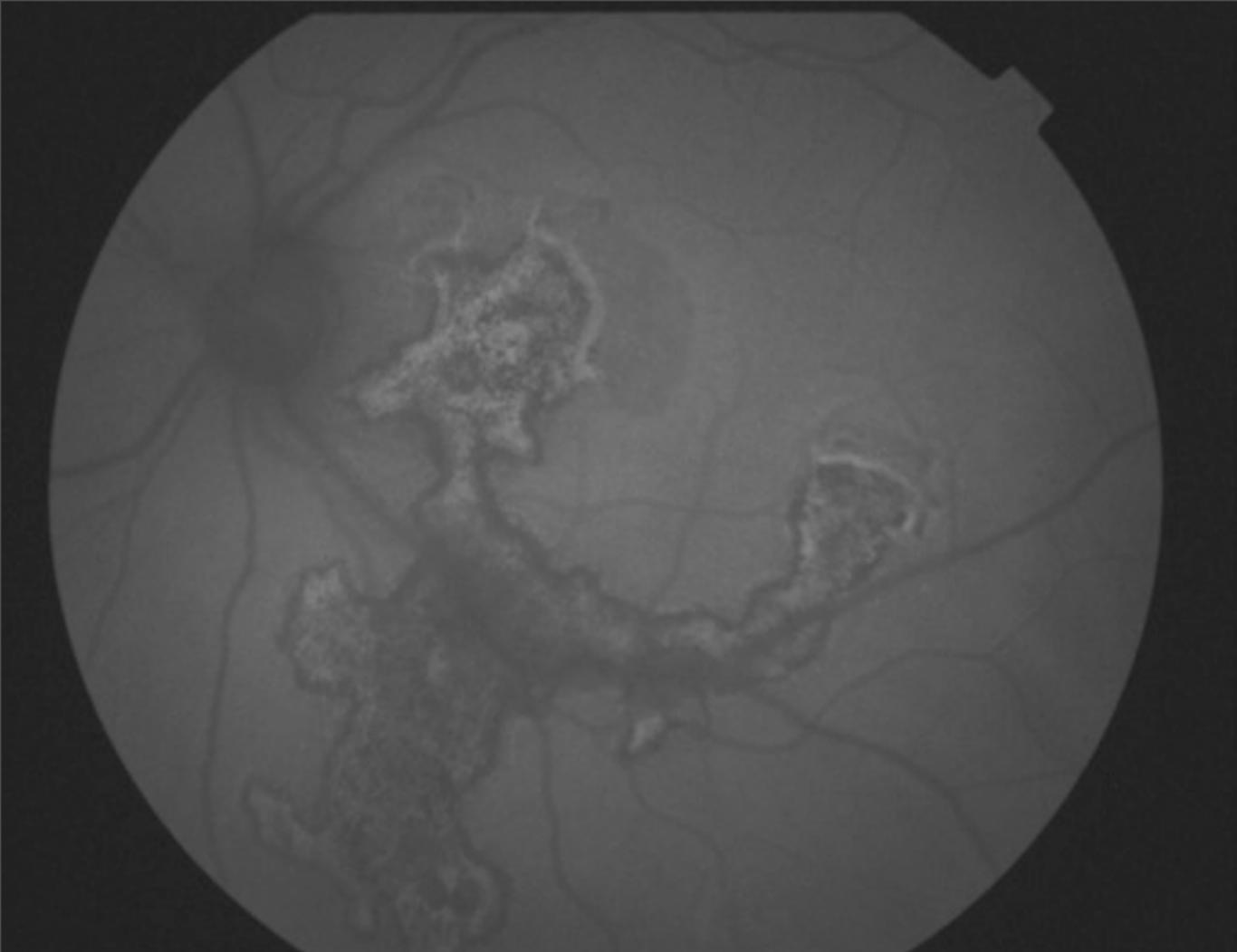
FAF

- Permits to topographically map lipofuscin distribution of the RPE cell monolayer.
- Excessive accumulation of lipofuscin is believed to precede photoreceptor degeneration

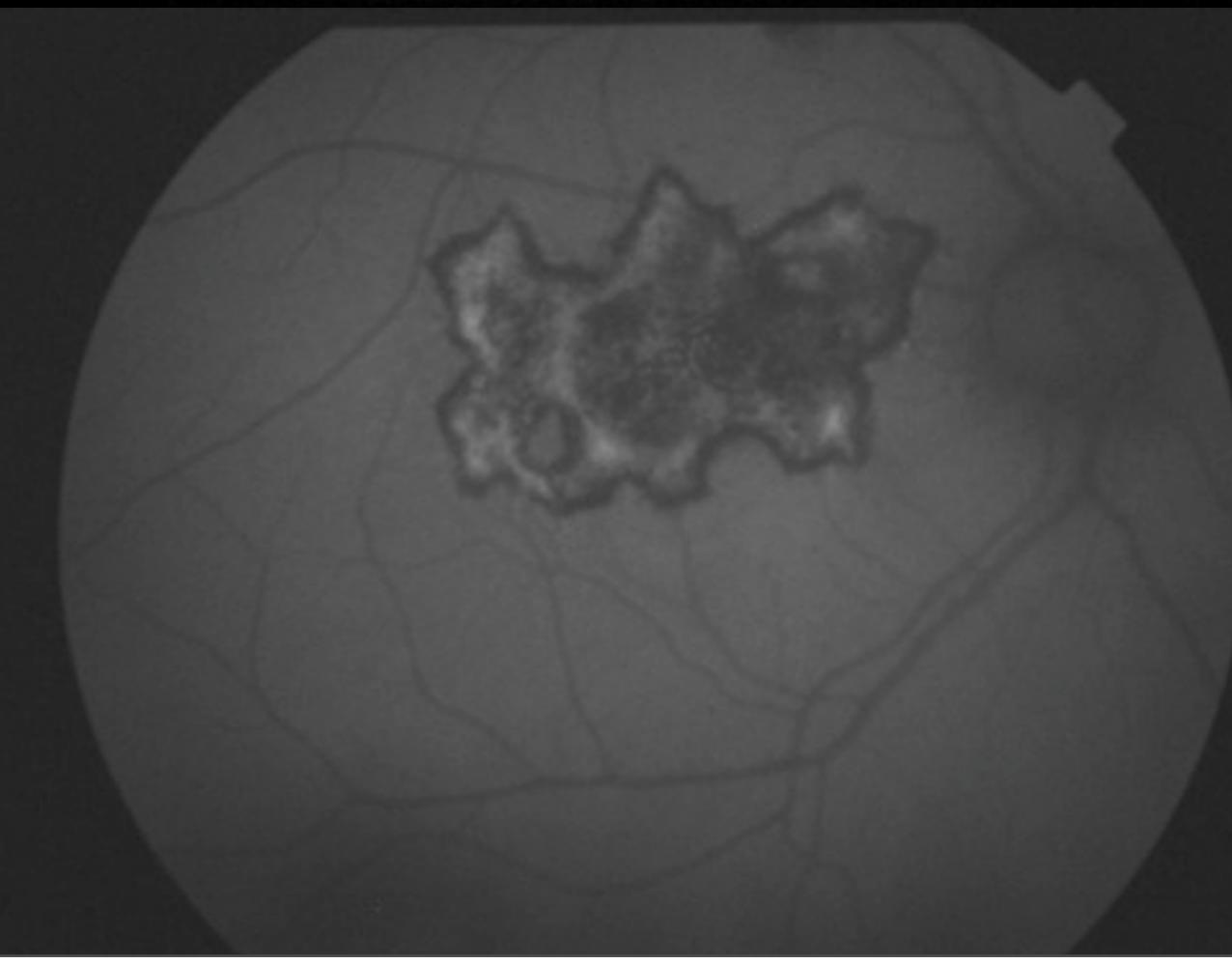
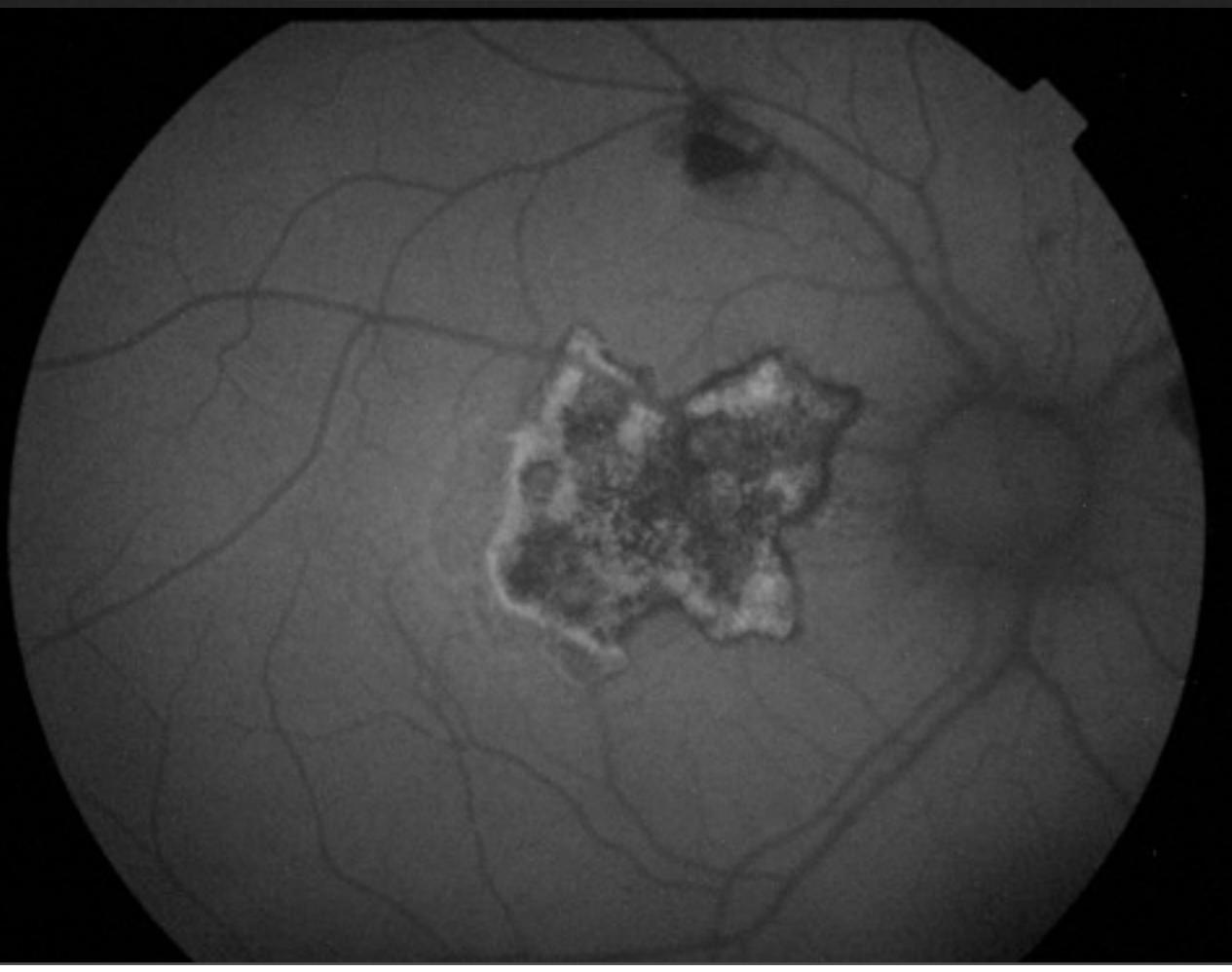
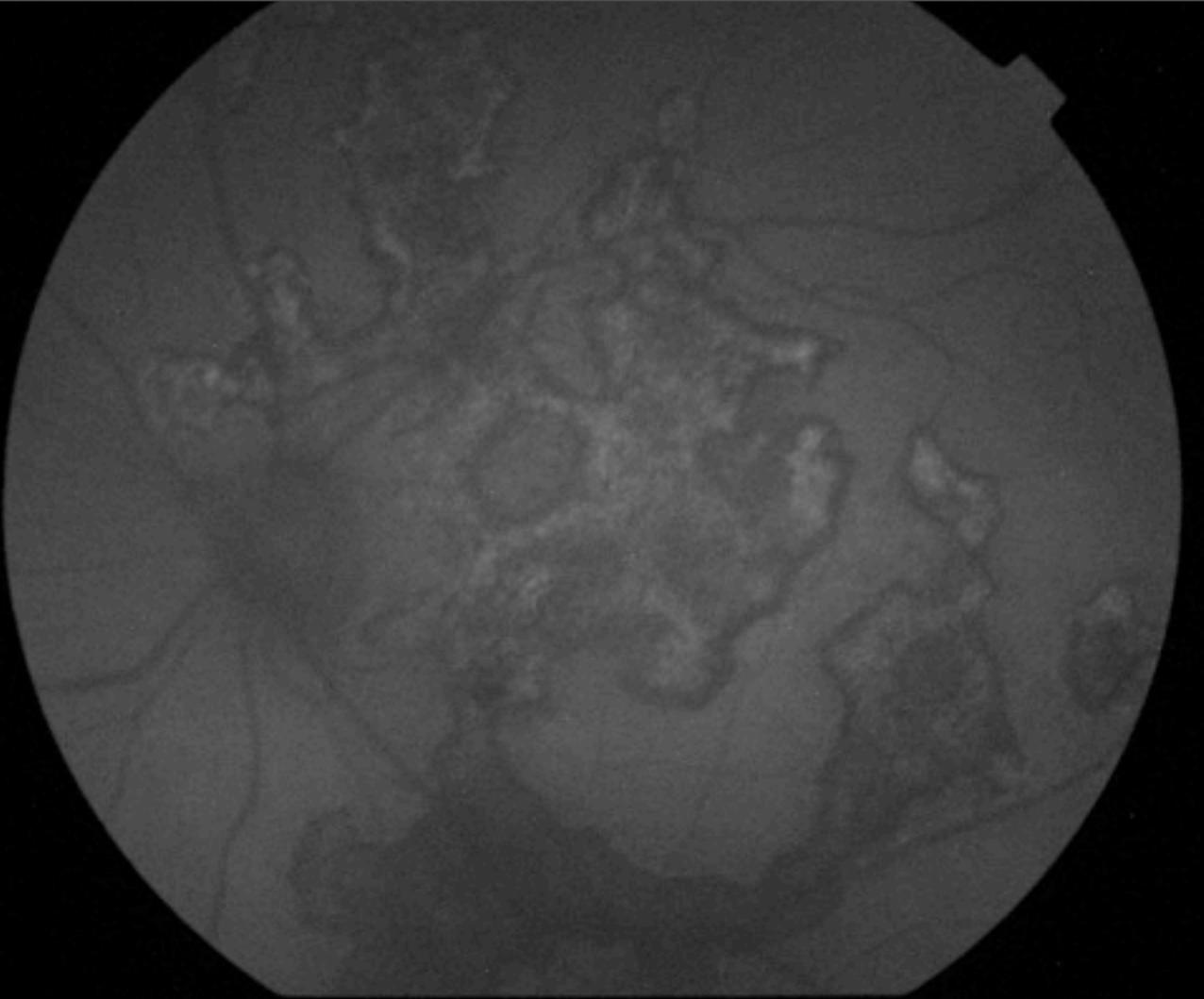
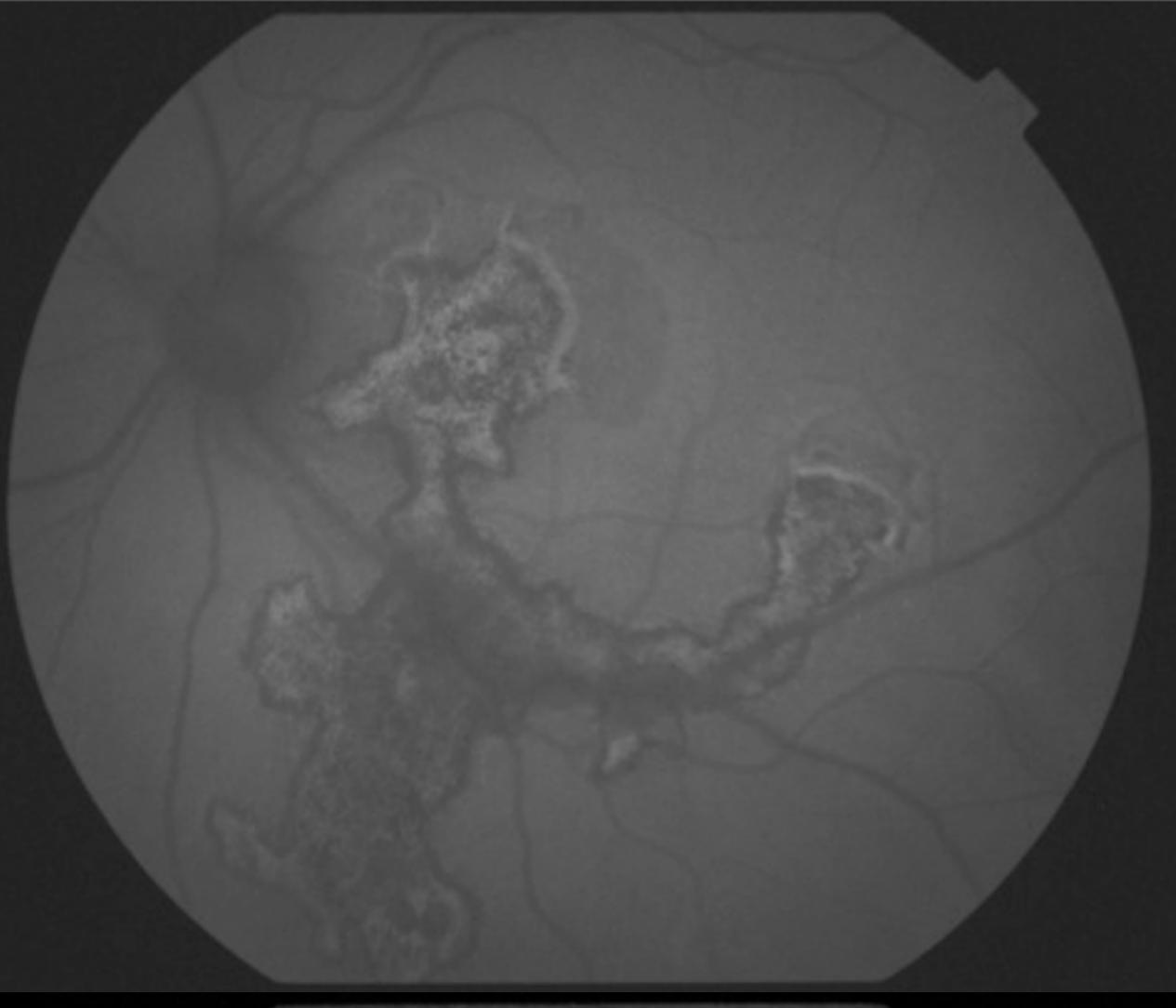


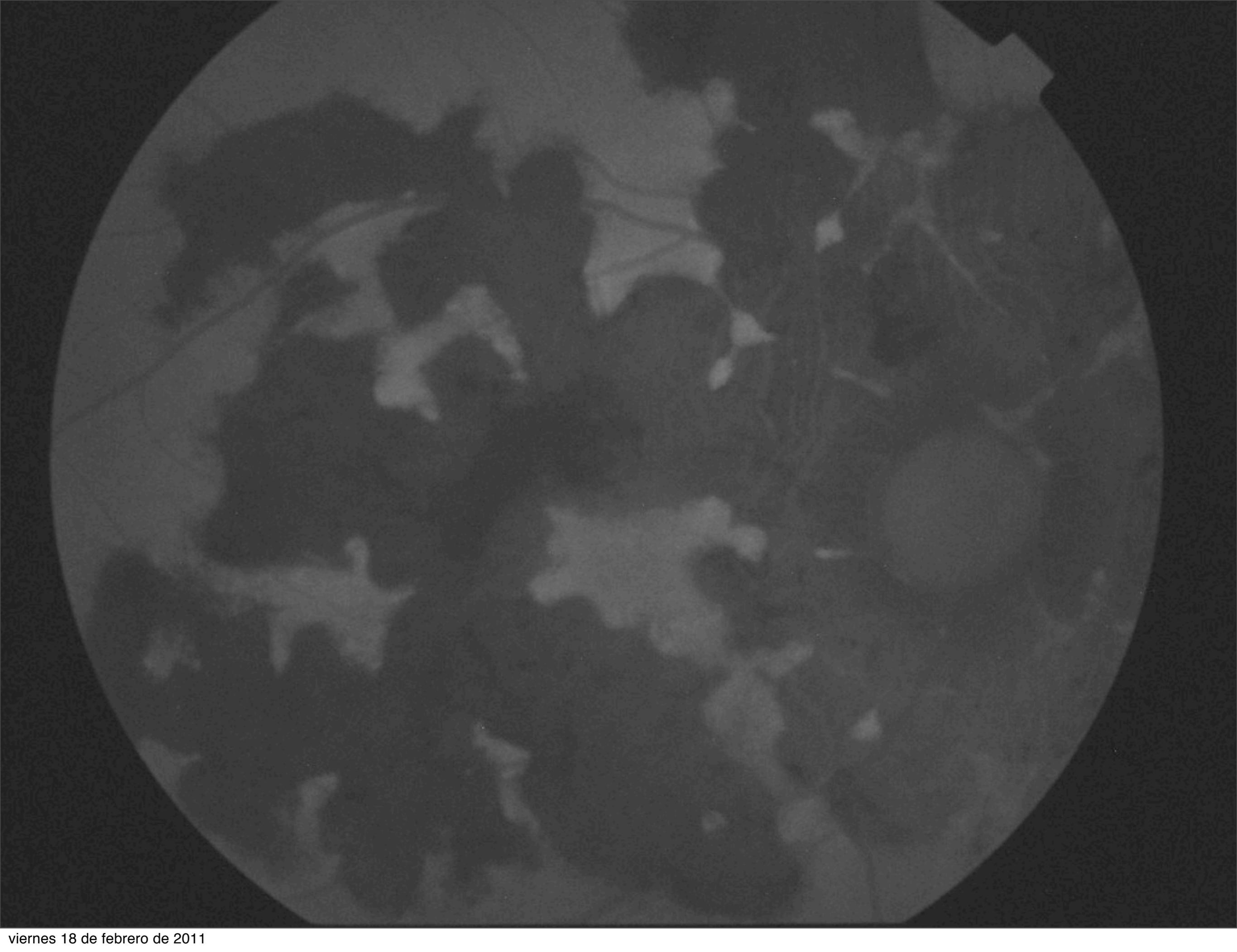
Patterns in SC

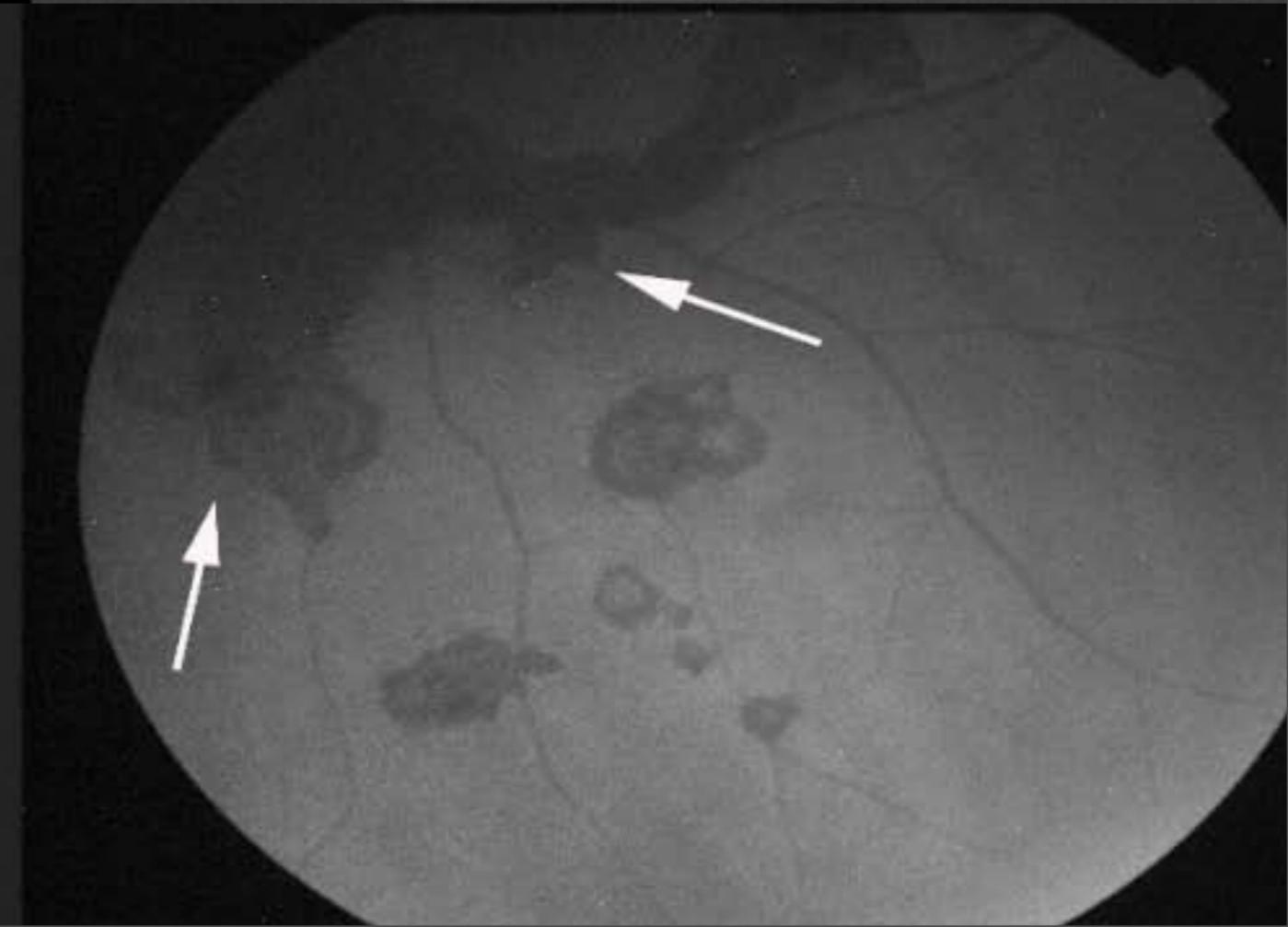
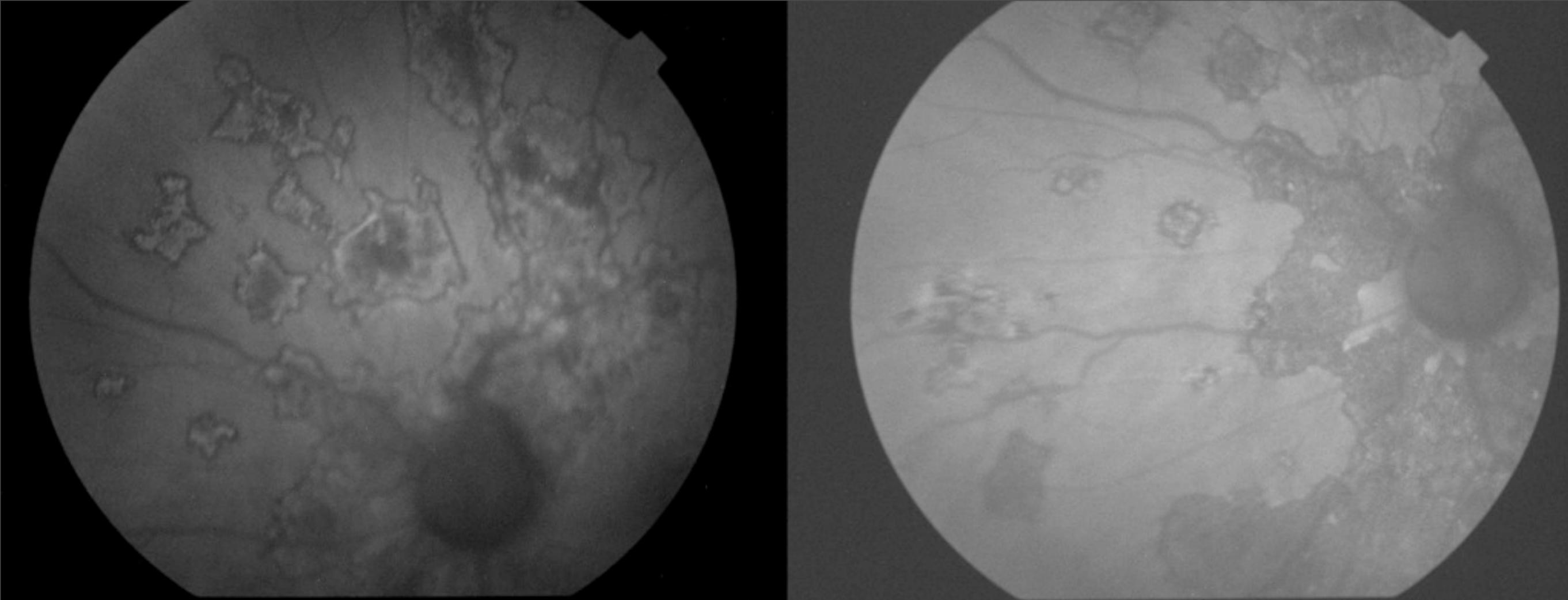
- Active
- Inactive
- Transitional

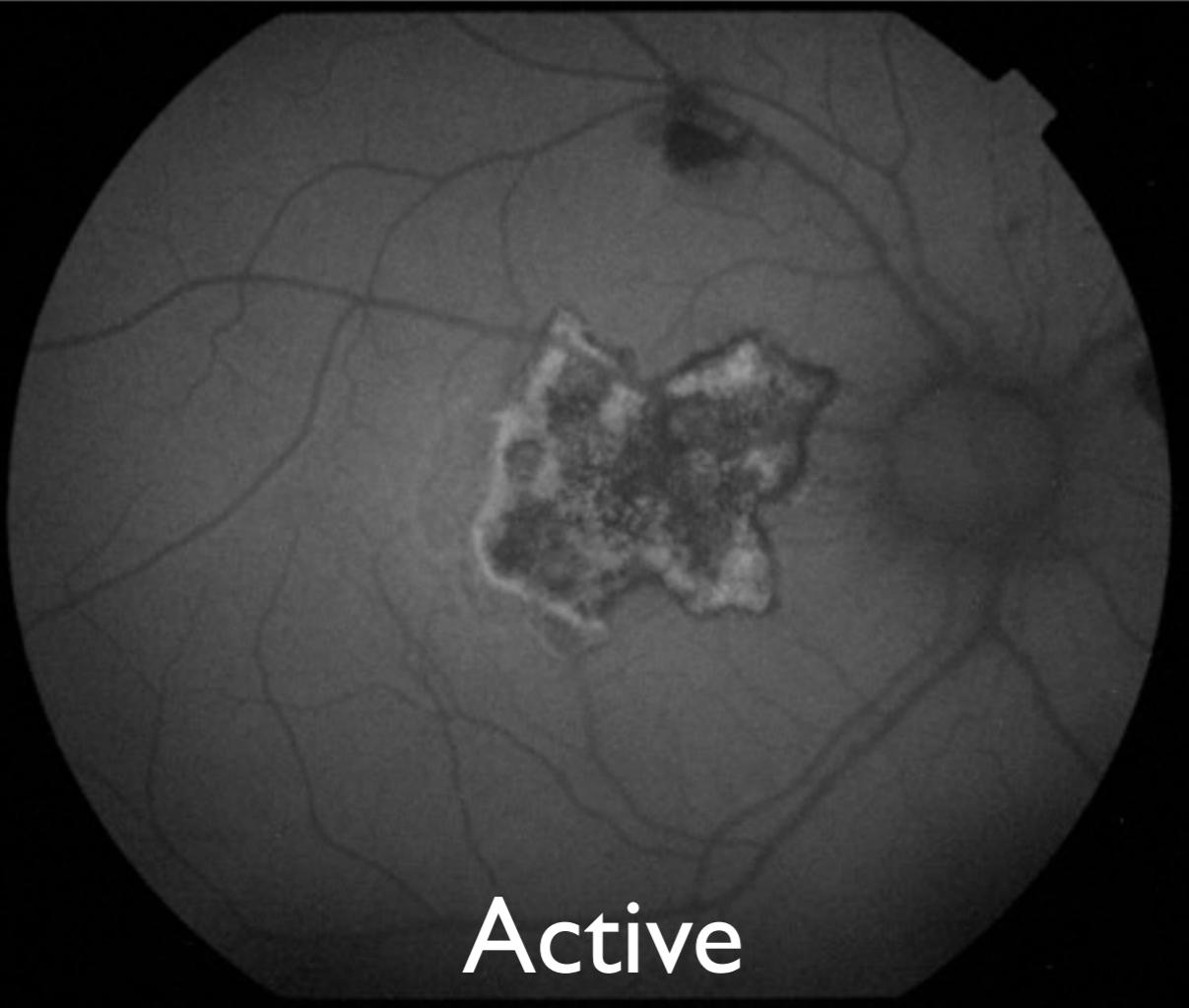


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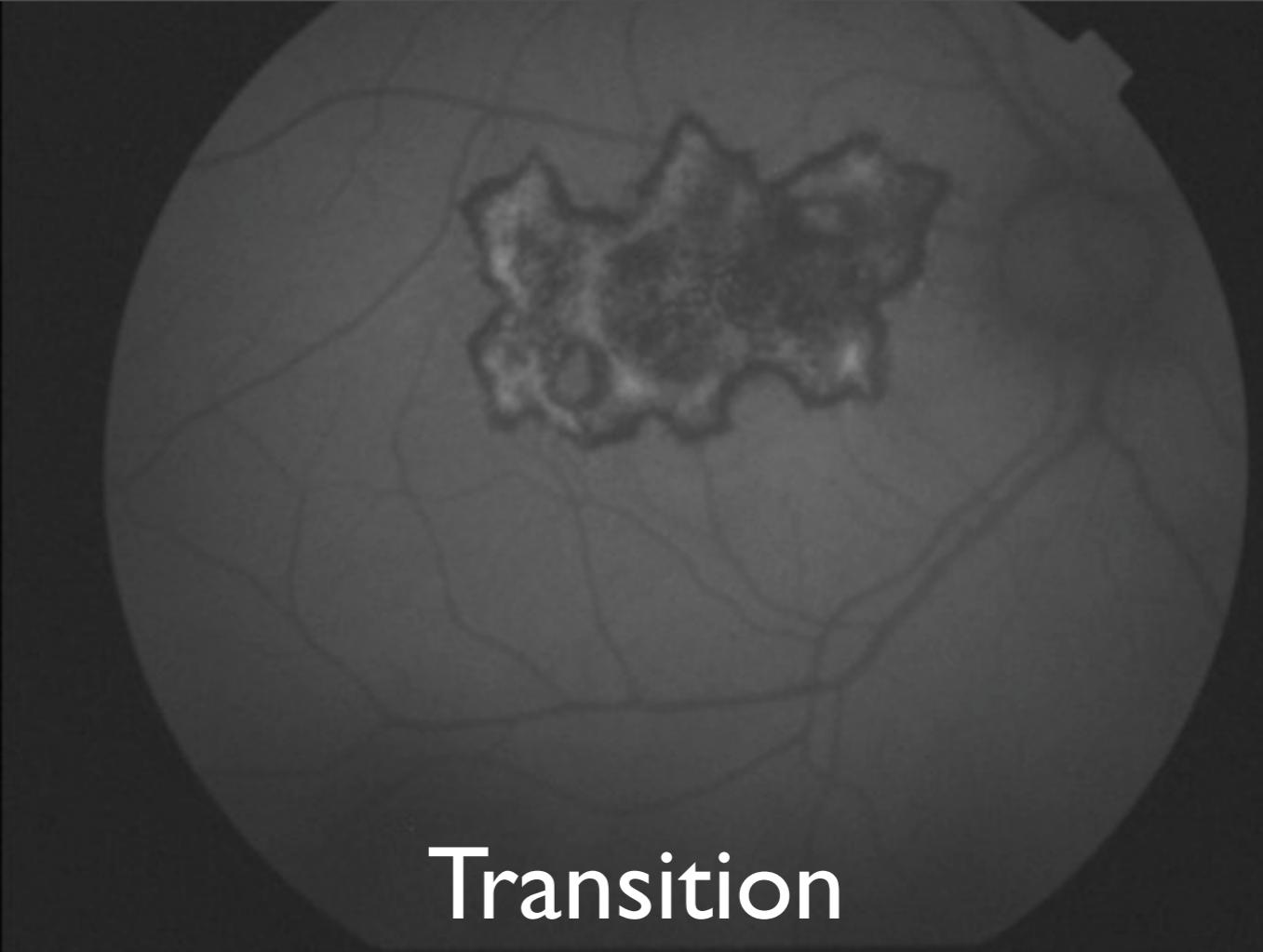




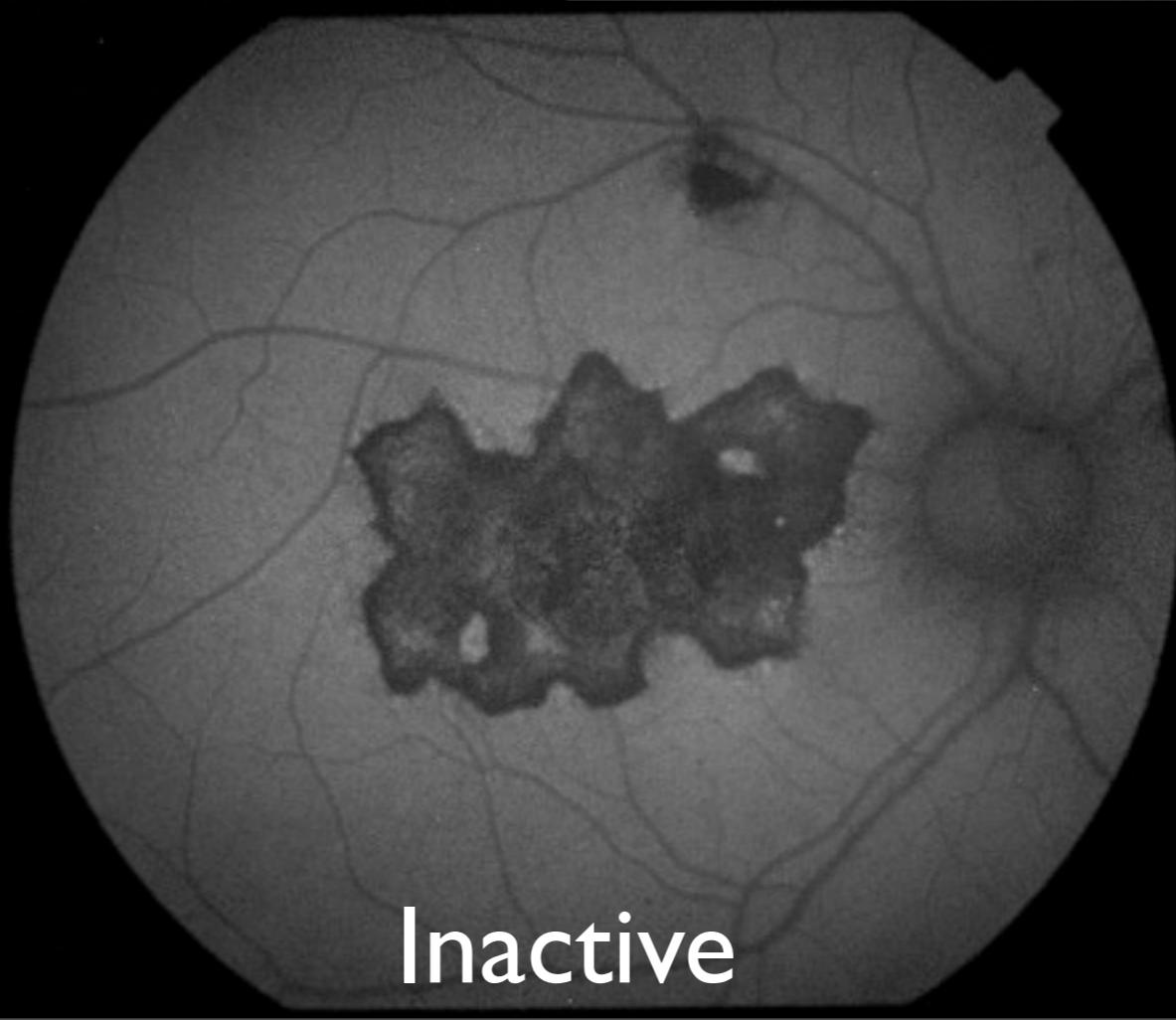




Active



Transition



Inactive

Take home messages

- Remember Infectious uveitis (curative treatment).
- Reevaluate the diagnosis.



Thank you