Scleritis Unmasking Latent Tuberculosis: Diagnostic and Therapeutic Challenges

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Introduction:

Scleritis is an inflammatory disease of the sclera that may be associated with an underlying systemic condition in up to one-third of cases, most commonly rheumatoid arthritis and systemic vasculitis**(1)**. It can also occur secondary to certain infectious diseases**(2)**. We report a case of scleritis revealing previously latent tuberculosis.

Observation:

A 50-year-old woman with a history of treated psychiatric illness presented with acute, nocturnal, insomnia-inducing pain in the right eye that had progressed over one week. Visual acuity was 8/10 in the right eye, with normal pupillary responses and preserved ocular motility. The anterior segment was unremarkable, and intraocular pressure was 15 mmHg. Fundus examination of the right eye was normal. The left eye had a visual acuity of 10/10 with a quiet anterior segment and normal fundus. Optical coherence tomography of the right eye revealed choroidal folds without papilledema(**figure 1**). B-scan ultrasonography showed scleral thickening and a characteristic T-sign, confirming the diagnosis of posterior scleritis(**figure 2**). The patient was started on non-steroidal anti-inflammatory drugs (NSAIDs), resulting in partial improvement. Disease progression was later marked by the development of nodular anterior scleritis(**figure3**). An extensive inflammatory and infectious workup was performed, which was negative except for a positive QuantiFERON-TB Gold test. The patient was initiated on standard quadruple anti-tuberculosis therapy, with notable clinical improvement.

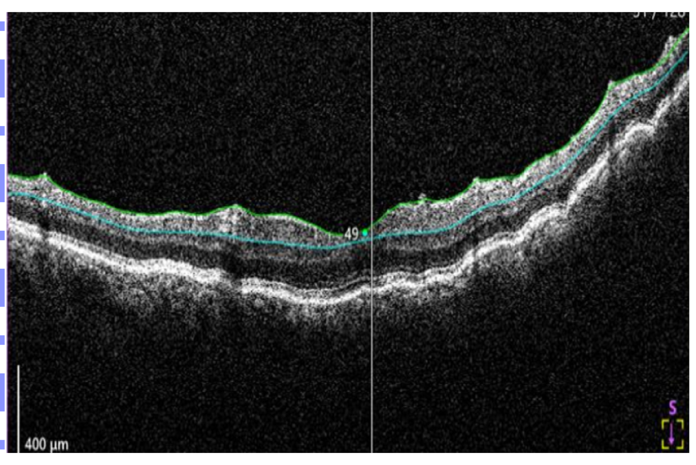

Figure 1: Optical coherence tomography of the right eye showing choroidal folds.

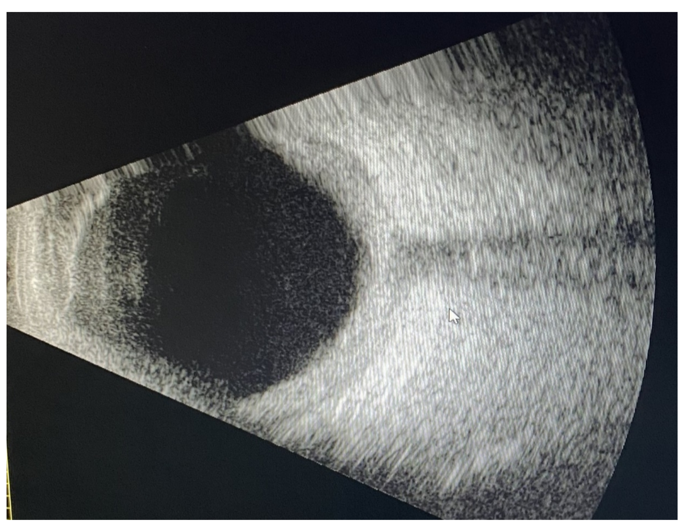

Figure 2: B-scan ultrasonography of the right eye showing scleral thickening and the characteristic T-sign.

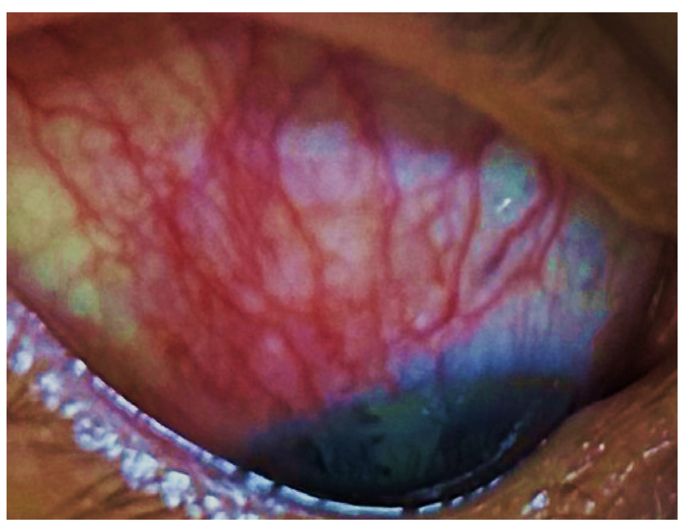

Figure 3: : Photo of the anterior segment of the right eye showing nodular anterior scleritis.

Discussion:

Scleritis may occur in the context of a known systemic disease, be diagnosed simultaneously with it, or represent the initial manifestation of an underlying condition. It is classified into anterior and posterior forms**(3)**. The most common warning symptom is severe ocular and periocular pain, often worsened by eye movement; nocturnal pain is particularly suggestive. Therapeutic management should be tailored based on the type and severity of scleritis and any associated systemic disease.

Conclusion:

Posterior scleritis is a rare, potentially vision-threatening condition with diverse clinical manifestations that can delay diagnosis. In cases associated with systemic diseases, close interdisciplinary collaboration between ophthalmologists and internists is essential for optimal management.

Réferences:

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