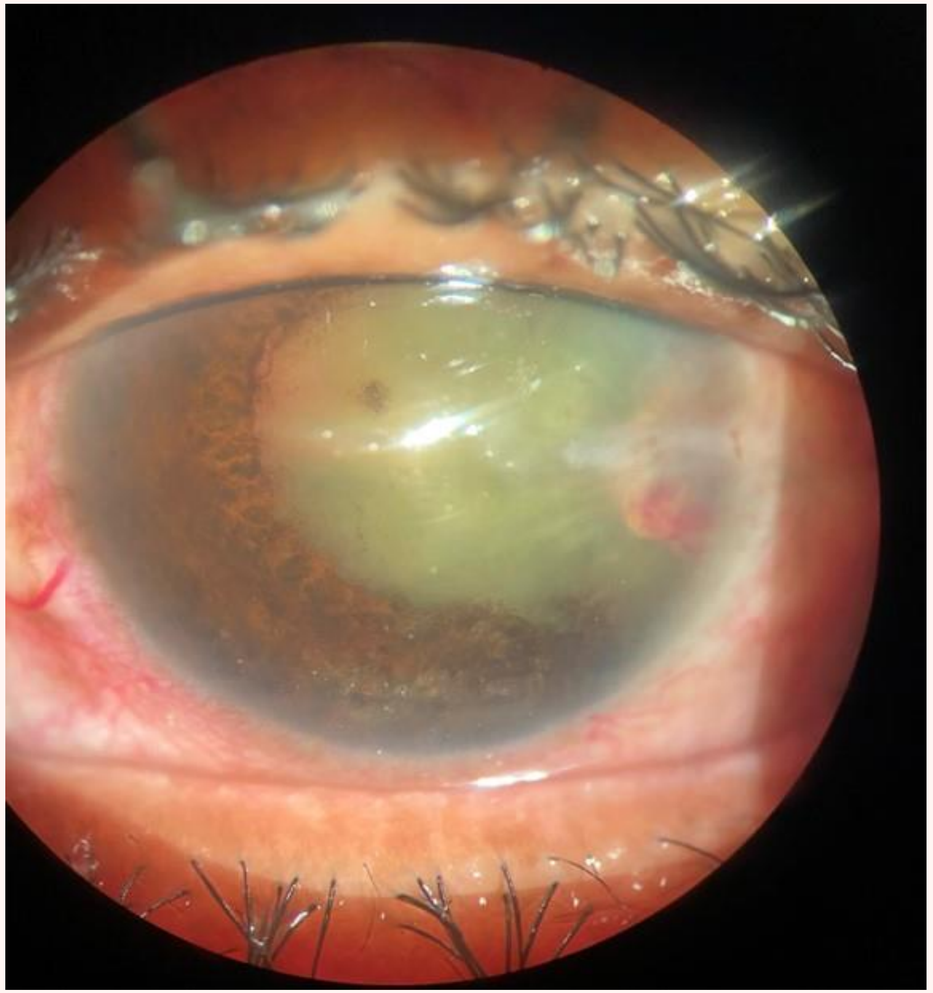
AN EYE FOR AN EYE

Dr. Shivangi Bora (Resident)

- 42 Year Old Gentleman
- Residing in Solapur
- A carpenter by Occupation
- Diminution of Vision in Right Eye since 15 days
- H/o trauma to Left eye 2 months ago

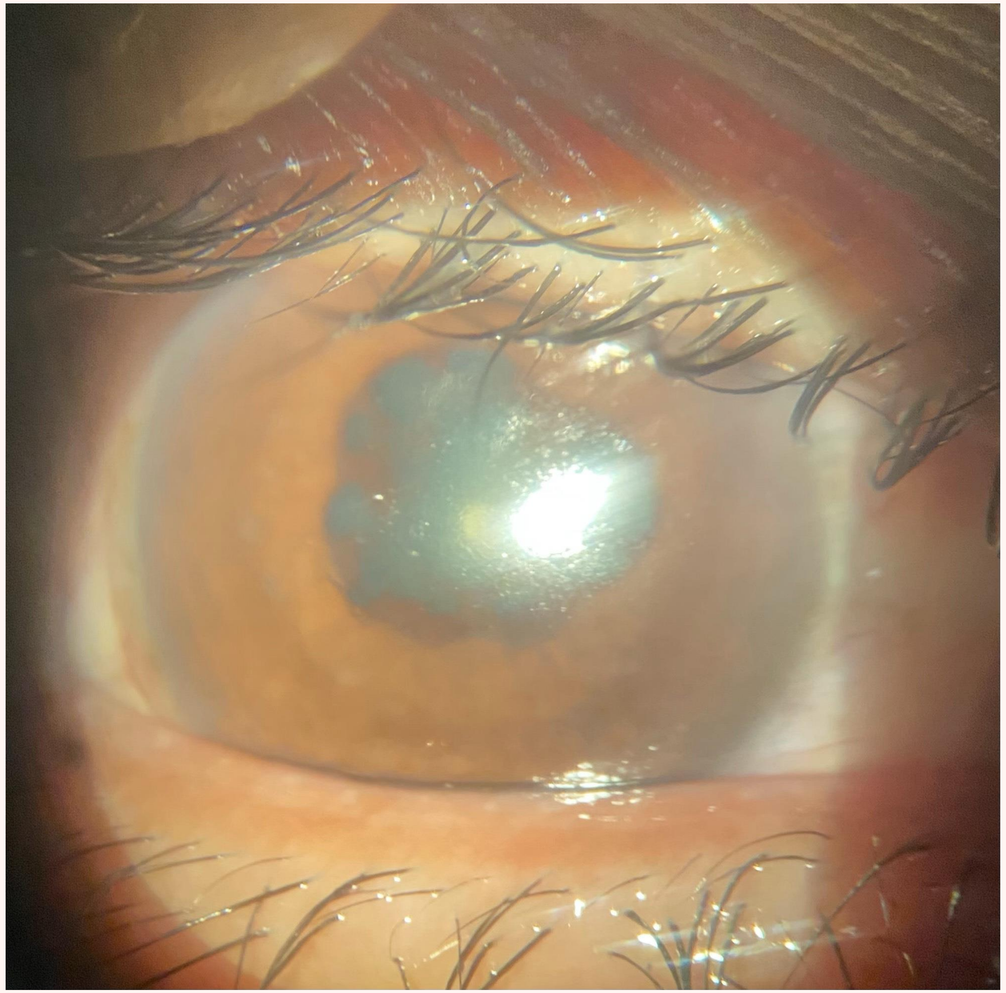
HISTORY OF PRESENTING ILLNESS

- Patient accidentally injured his **Left eye** 2 months ago while hammering a nail into an object which darted into his eye and fell off.
- After which he developed **Diminution of vision in the left eye** which was sudden in onset and painful in nature.
- associated with **redness** and **watering**
- Following this the patient went to a local doctor and was prescribed 2 drops. The patient was advised surgery which he did not pursue.



CONTD.

- **2 weeks later**
- **Diminution of vision**
- **In the non injured eye (Right eye)**
- sudden, painless and progressive
- associated **redness** and **intolerance to light**



PAST HISTORY

No significant past history or history of any systemic diseases

MEDICATION HISTORY

Patient was using 2 drops (details not known) in the injured eye which was started at the local hospital in his home town

EXAMINATION

- **General Examination -** Patient conscious, cooperative and oriented to time, place and person
- **Vitals** were stable
- **Systemic Examination -** Within Normal Limits

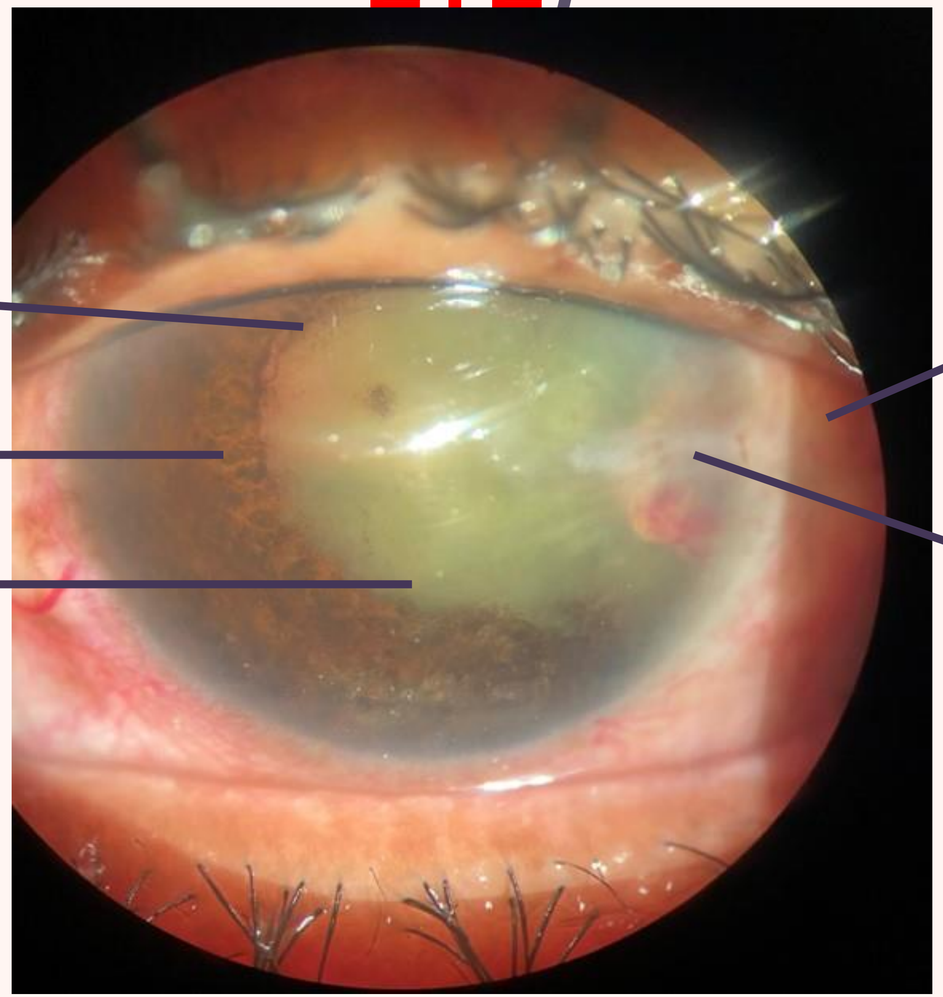
OCULAR EXAMINATION

	Right eye	Left eye
Visual Acuity	**Finger counting@1ft, Projection of rays accurate**	**Perception of light + Projection of rays inaccurate superiorly and inferiorly**
Near Vision	Could not be assessed	Could Not Be Assessed
Extraocular Movements	Full, free and Painless in all gazes	Full, free and Painless in all gazes
Ocular Adnexa	WNL	WNL
Orbit	WNL	WNL

	Right eye	Left eye
INTRAOCULAR PRESSURE (APPLANATION TONOMETRY)	**10 mmHg**	**20 mmHg**

Normal IOP —> 11-21mm hg

ANTERIOR SEGMENT (LEFT EYE- INJURED EYE)



Posterior Synechiae Eccentric/Irregular/NRTL

Neovascularisation of the Iris

Traumatic Cataract with lens subluxated in AC temporally

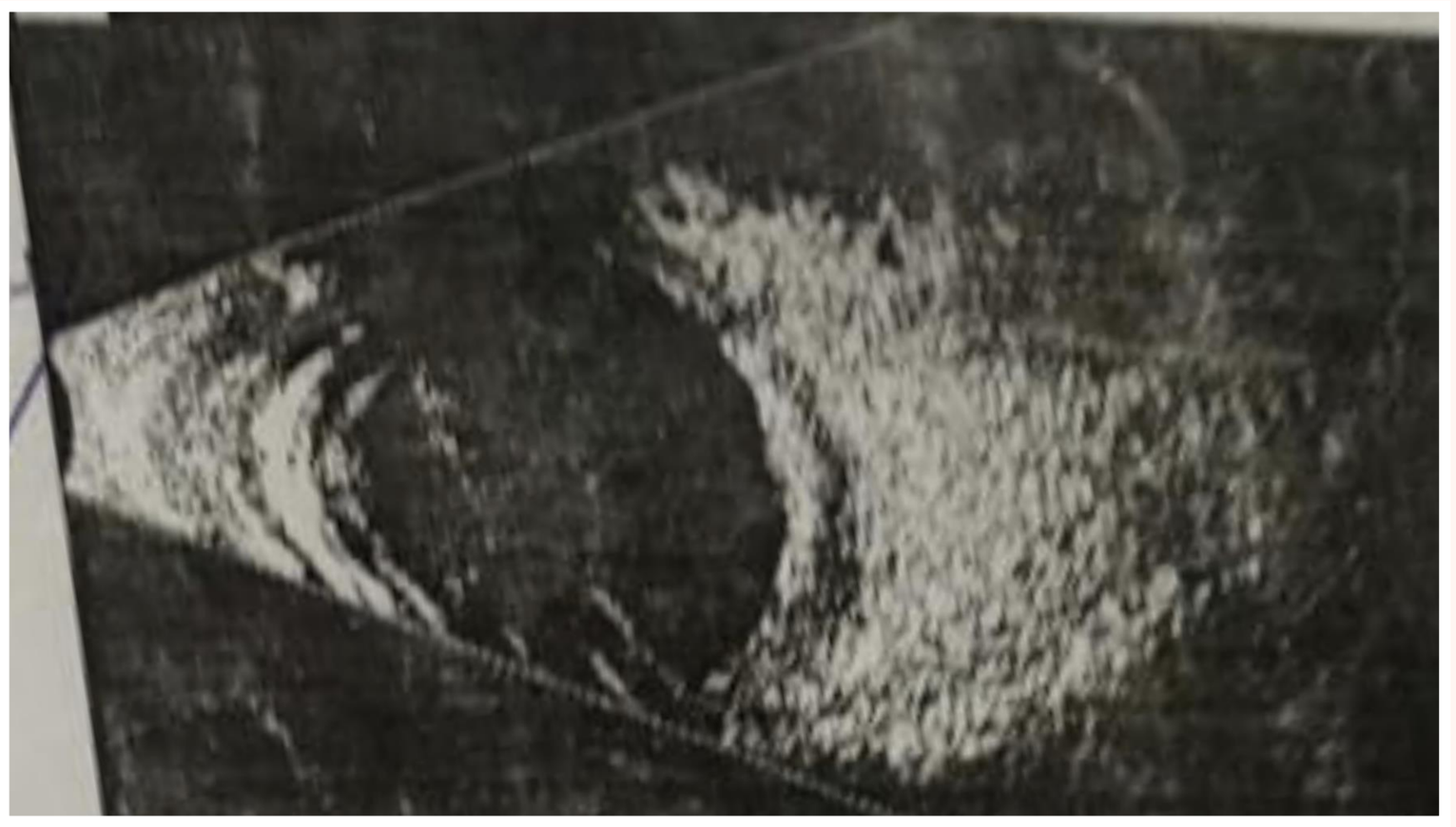
Circumcorneal congestion

Sclero-corneal wound 4x1mm with lens corneal touch (self-sealed)

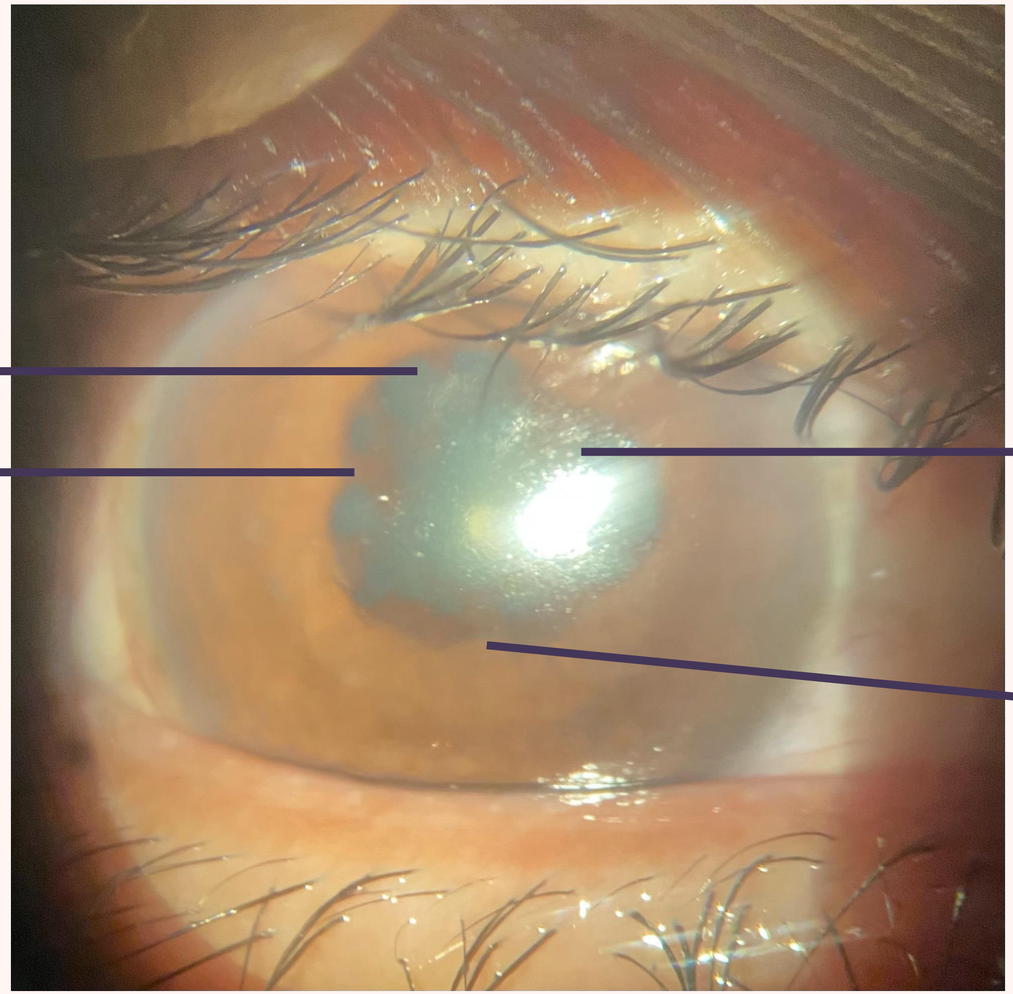
Corneal neovascularisation extendi on the lens

B SCAN (LE- INJURED EYE)

moderately echogenic opacities in the vitreous cavity not attached to the retina s/o Vitreous Hemorrhage with chorioretinal thickening



ANTERIOR SEGMENT (RIGHT EYE- NON INJURED EYE)



Festooned Pupil

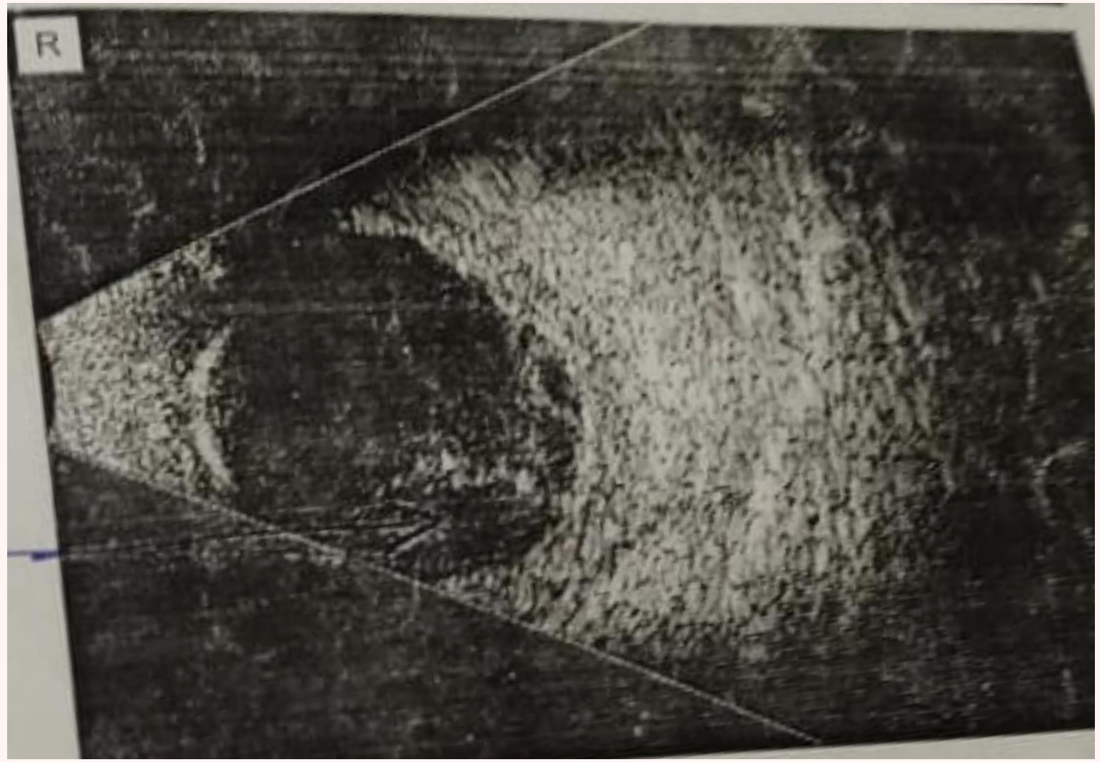
Posterior Synechiae

Complicated cataract

Mutton Fat Keratic Precipitates in Arlt’s Triangle

B SCAN (RE- NON INJURED EYE)

Vitreous cavity shows multiple high echogenic opacities s/o vitreous exudates with Retinal Detachment



DIAGNOSIS

SYMPATHETIC OPHTHALMIA with LEFT EYE (injured eye) as the exciting eye and RIGHT EYE(non injured eye) as the sympathising eye

MANAGEMENT

Patient was immediately started on

- **Systemic corticosteroids**
- **Topical steroids**
- **Topical antibiotics**
- **Topical cycloplegics**
- **A sub-tenon’s injection of Dexamethasone 2mg was given in the non injured eye**

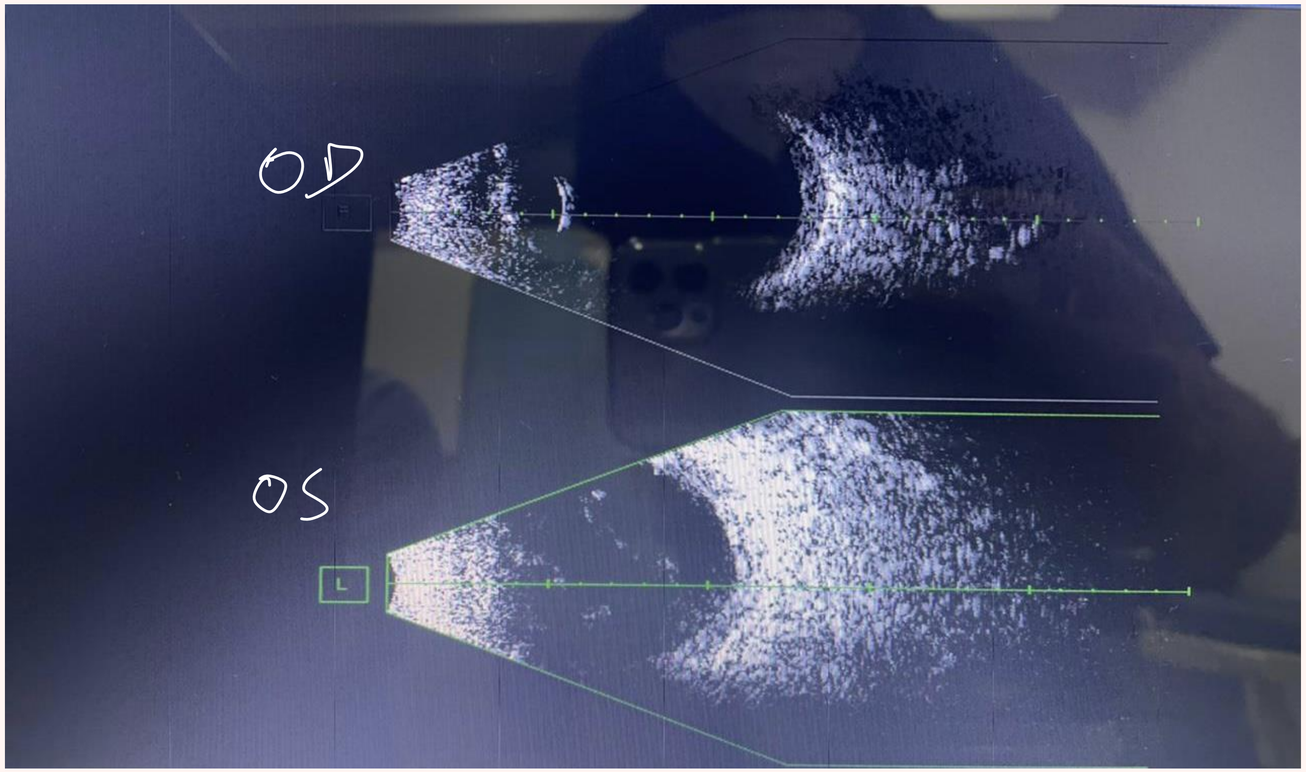
- After 2 weeks of treatment, patient showed significant improvement in the sympathising eye (non injured eye) with
  - Distant Vision improving to 6/24p and near Vision to N-12
  - Resolution of Ocular inflammatory signs
  - Festooned pupil was still present due to the presence of posterior synechiae
- On Fundus examination - Media was clear, with normal posterior pole and resolution of the exudative RD

Plan of management for Left eye (injured eye) – cataract extraction with lens implantation after control of inflammation

CONTD.

B Scan was repeated before discharge which showed

- **Right eye- only presence of Chorioretinal thickening in the non injured eye**
- **Left eye- presence of Vitreous Haemorrhage with Chorioretinal thickening in the injured eye**



DISCUSSION

- **Sympathetic ophthalmia is a rare, bilateral granulomatous panuveitis following accidental or surgical trauma to one eye.**
- **Clinical presentation most often can be within days to years after trauma.**
- **Anteriorly it manifests as a chronic or acute uveitis**
- **Posteriorly it is often accompanied by Dalen-Fuchs nodules, optic nerve swelling and exudative retinal detachment**

- Differential diagnoses include other causes of granulomatous uveitis, such as Vogt-Koyanagi-Harada disease, sarcoidosis, tuberculosis and syphilis.
- The diagnosis is made clinically with a history of penetrating trauma or prior surgery in the recent past which has been treated insufficiently. An association with HLA DR4 has also been seen
- It is a type IV delayed hypersensitivity reaction.
- Corticosteroids are the mainstay of treatment.
- Visual prognosis is reasonably good with prompt appropriate wound repair and medical management.

TAKE HOME MESSAGE

- **Prompt attention and treatment is of utmost importance in this bilaterally blinding disease. The earliest symptoms are difficulty in near vision and intolerance to light, so unless we are unaware of this entity, this disease can go untreated and patient will loose vision in the normal eye also.**
- **A possibility of sympathetic ophthalmia must be kept in mind while treating trauma and post surgical patients**
- **With the advent of high end microscopes, availability of microsurgical instruments, availability of micro sutures and better steroids and immunomodulator therapy the incidence of sympathetic ophthalmia has drastically reduced.**

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THANK YOU