Uveitis

VOGT-KOYANAGI-HARADA: TYPICAL AND ATYPICAL MANIFESTATIONS

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PURPOSE: Vogt-Koyanagi-Harada (VKH) syndrome is a rare multisystemic disease with four well-defined phases. However, not all patients present with the typical course of the disease. We describe three clinical cases of VKH, highlighting the different forms of presentation and atypical manifestation of one case.

METHODS: Clinical cases presentation.

RESULTS: Two cases of 43 and 66-year-old women who attended our emergency department complaining of newly visual alterations and headaches at different times of presentation. At the fundoscopy, serous detachments were observed and both patients had good response to the corticosteroid therapy. Patient 1 had a corticosteroid-dependent disease and is now medicated with a low prednisolone dose (5mg) associated with adalimumab 40 mg 2 times a month and oral ciclosporine 100 mg + 50 mg daily. Patient 2 developed vestibular symptoms. The third case is a 66-year-old man who attended our emergency department with typical ophthalmological signs of a VKH disease, with retinal serous detachments and a bilateral panuveitis. However, he lacked a good response to the corticosteroid therapy and had a severe worsening of the manifestations after its initiation. This led to a suspicion of alternative diagnosis, but the confirmation of VKH syndrome was made after ruling out other causes and with the installation of hearing loss, poliosis and vitiligo.

CONCLUSIONS: VKH is an auto-immune disease caused by an inflammatory response to antigens presented at the uveal tissue, meninges, internal ear and cutaneous tissue and a high level of suspicion must be maintained to obtain a precocious diagnosis and treatment.