

Uveitis

CMV - CASE WITH MULTIPLE VARIABLES

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PURPOSE

To report a difficult hypertensive uveitis diagnosis

METHODS

Case report

RESULTS

A 66-year-old female was referred to our emergency department with pain and blurred vision on her left eye. Her past ocular history was significant for angle closure treated with bilateral iridotomy two years before. She was recently on topiramate 1 month prior. On ocular examination, the patient had counting fingers in the left eye. The left pupil was fixed mydriatic and goldmann applanation tonometry showed intraocular pressures of 55 mmHg. Slit-lamp examination revealed ciliary flush, corneal edema, shallow anterior chambers, cataract and iridectomy patency was uncertain in the left eye. Fundoscopic examination showed a left optic disc with a cup/disc ratio of 0.5. The patient was managed with IV mannitol, which lowered his left eye's IOP to 42 mmHg. The patient was treated with topical and oral hypotensive medication and topical prednisolone while topiramate was discontinued. Over the next several days, the intraocular pressure remained around 15 mmHg, old iridotomy patency was confirmed but the anterior chambers were very shallow and angles were closed on gonioscopy. The patient performed bilateral phacoemulsification with initial normalized intraocular pressure without hypotensive medication. Over the next weeks, her left eye IOP gradually increased and keratic precipitates appear. Gonioscopy showed a synechial closed angle in the left eye. The patient underwent an aqueous sampling that was positive for CMV-DNA. She was treated with topical ganciclovir and oral valaciclovir accompany with topical prednisolone and IOP-lowering medication.

CONCLUSIONS

Cytomegalovirus hypertensive anterior uveitis may be a diagnostic challenge.

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