



Ocular Tuberculosis in Apparently Healthy Individuals

KEYWORDS

episcleritis, disciform keratitis, ocular tuberculosis, phlyctenular conjunctivitis

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ABSTRACT In recent years tuberculosis has reemerged as a serious public health problem. Ocular tuberculosis is rarely observed in a active pulmonary tuberculosis (1). Tuberculosis lesions may be very small or even insignificant enough to have escaped notice elsewhere in the body. But in eye it may produce not only loss of vision but often irreparable damage to eye. Ocular TB is always considered as rare, (2) and most common occurrence is tuberculous choroiditis. Mantoux test help in diagnosis of tuberculosis in almost 50% cases of tuberculosis. (7) (8). Tuberculous conjunctivitis is rarely seen in the recent decades (HELM 1993) but may be seen with increasing frequency as the disease spreads especially in vulnerable population (4), though it is mentioned in the literature the occurrence of tuberculosis is rare we are herewith giving special report of ten cases of common ophthalmic presentation such as episcleritis, sclerokeratitis, keratitis (6) phlyctenular conjunctivitis, disciform keratitis are turned out to be tuberculosis patients..

DISCUSSION:

Tuberculosis is a disease caused by acid fast bacilli bacillus mycobacterium tuberculosis.

In recent years tuberculosis has reemerged as a serious public health problem. Ocular TB is rarely observed in a active pulmonary tuberculosis (1). Tuberculosis lesion in a small and even insignificant enough to have escaped notice elsewhere in the body produce not only loss of vision but often irreparable damage to eye with blindness.

Tuberculosis remains the world's leading infectious cause of death, (three million deaths from TB) per year. World-wide there are approximately 8 million new cases are added each year. Though demographics of infection vary widely with developing countries bearing the heaviest burden of the disease. Tuberculous uveitis is classically a chronic granulomatous disease that causes granulomatous keratic precipitate, iris nodule, posterior synechia and secondary glaucoma (2).

Ocular TB is always considered as rare, (2) and most common occurrence is tuberculous choroiditis. With all above consideration our mind would like to put my observational study though it is mentioned in the literature the occurrence of tuberculosis is rare we are herewith giving special report of thirty cases of common ophthalmic presentation such as episcleritis, sclerokeratitis, keratitis, phlyctenular conjunctivitis, disciform keratitis can be an important sign of tuberculous infection of the body in otherwise healthy individual. Though to diagnose a tuberculous infection is difficult we came across the cases with no h/o contact with any tuberculosis patient, no h/o associated diabetes mellitus, no h/o of fever, no h/o weight loss, no h/o loss of appetite, otherwise normal or healthy built, turned out to be tuberculosis patients. When after investigating the patient we refer them to the consultant physician, (M.D.). The physician started anti-tuberculous treatment and along with that topical steroid such as prednisolone acetate or loteprednol, dexamethasone, difluprednol, flurmetasone depending upon the severity of the inflammation patient responded well and recurrence of ocular lesion halted. Out of thirty patients one patient did not receive anti-tuberculous treatment (his physician didn't consider this line of treatment justified) and he developed recurrence of episcleritis within one and a half month.

Dosage of anti-tubercular treatment

- A. Isoniazide 5mg/kg/day once daily for 9 months. (oral)
- B. Rifampicin oral
- body weight <50kg 450mg once daily 9 months
body weight >50 600 mg once daily for 9 months.
- C. Ethambutol 15mg/kg/day once daily for 2 months.
- D. Pyrazinamide 25-30mg/kg/day once daily for 2 months

We investigated the patient with recurrent symptoms of more than one year duration as follows

- 1 HB/CBC
- 2 ESR
- 3 TUBERCULIN TEST (MANTOUX TEST)
- 4 X RAY CHEST
- 5 ELISA FOR TUBERCULOSIS
- 6 BLOOD SUGAR
- 7 RHEUMATOID [R A FACTOR]
- 8 ANTI NUCLEAR ANTIBODY (ELISA TEST) FOR SLE AND RHEUMATIC DISEASE
- 9 C REACTIVE PROTEIN.

SLIT LAMP PHOTOGRAPHS:

Sclerokeratitis



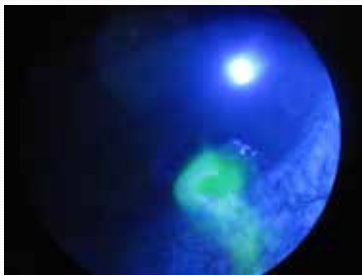
Episcleritis.



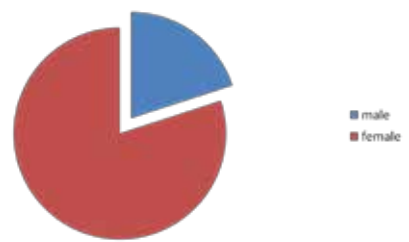
Tuberculin test



Fluorescein Staining



Series 1

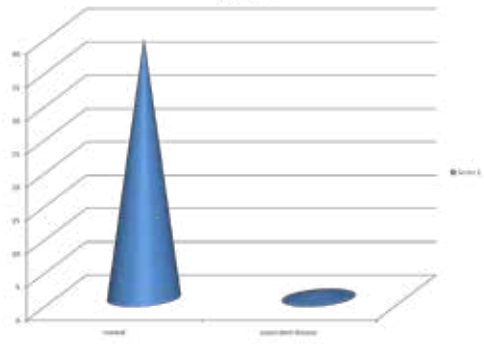


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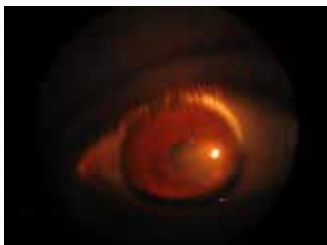
SCLEROKERATITIS



Series 1



SCLEROKERATITIS (AFTER AKT)



CONCLUSION:

We would like to be aware of the fact that though it is mentioned in the literature the occurrence of tuberculosis is rare in the eye the common ophthalmic presentation such as episcleritis, sclerokeratitis, keratitis, phlyctenular conjunctivitis, disciform keratitis can be important signs of tuberculous infection of the body in otherwise healthy individuals. Though to diagnose a tuberculous infection in the eye is difficult, have a second thought when dealing with recurrent complaints of the above-mentioned conditions.

REFERENCE

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