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Ophthalmology

OCULAR MANIFESTATIONS OF SJOGREN'S SYNDROME: A CASE SERIES

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ABSTRACT **Purpose:** Sjogren's syndrome is a chronic systemic autoimmune disorder of exocrine glands distinguished by lymphocytic infiltration mainly involving lacrimal and salivary glands which ultimately leads to keratoconjunctivitis sicca and xerostomia. We are hereby presenting a case series of the same from Ophthalmological point of view. **Method:** A detailed slit lamp examination was done. Schirmer's test 1 and tear film breakup time readings were recoded for all patients. **Results:** Punctate epithelial erosions were noted on slit lamp examination in few patients. Tear film breakup time and Schirmer's test 1 values were found reduced. On investigation SSA/Ro titres was increased and ANA was positive. **Conclusion:** Ophthalmologists may be the first to diagnose an underlying systemic disorder that presents with dry eye thus Improving quality of life of patients and saving from vision threatening complications.

KEYWORDS : Dry eye disease, Dry eye syndrome, Sjogren's syndrome, Ocular surface disorder

INTRODUCTION

Sjogren's syndrome is a chronic inflammatory autoimmune disease histopathologically characterized by lymphocytic infiltration involving lacrimal and salivary gland leading to dry mouth and dry eyes. The primary form involves the exocrine glands with or without any systemic involvement and secondary form is associated with other autoimmune disorders like rheumatoid arthritis, systemic sclerosis, vasculitis or connective tissue disorders. It is more commonly seen in women aged between 40-50 yrs. It is diagnosed usually based on the result of lacrimal gland biopsy with examination of oral cavity and eyes and autoantibody essays.

Case 1

A 55-year-old female patient presented in Ophthalmology OPD with complaints of foreign body sensation and dryness of eyes. She also had complaints of inability to chew food due to dental caries, dryness of mouth, joint pain.

On Slit Lamp Examination: Punctate epithelial erosions were noted in both eyes with a paracentral nebular opacity in left eye. Tear film breakup time (TBUT) was 8 seconds (OD) and 6 seconds (OS). Schirmer's test 1 readings were 6mm (OD) and 4mm (OS).

Figure 1: Characteristic Facial Features And Dental Caries

Case 2

A 45-year-old female presented to Ophthalmology OPD with complaint of dryness and itching in both eyes associated with dryness of mouth.

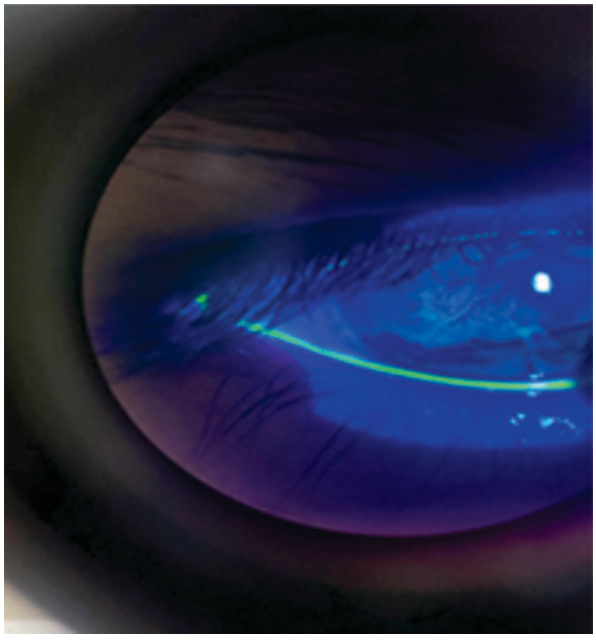

Figure 2: Punctate Epithelial Erosions Seen On Fluorescein Staining.

On Slit Lamp Examination: Diffuse Punctate epithelial erosions noted in both eyes. TBUT was 5 seconds (OD) 7 seconds (OS). Schirmer's test 1 readings were 5mm (OD) and 6mm (OS).

Case 3

50-year-old female complains of burning sensation and itching in eyes for 1 year. Characteristic facial features with enlarged lacrimal glands were seen. Positive Antinuclear Antibody (ANA) with Nuclear Speckled Patten. Raised SSA/Ro Antibody Serum.

On Slit Lamp Examination: Few Punctate epithelial erosions noted in both eyes. TBUT was 7 seconds (OD) 6 seconds (OS). Schirmer's test 1 readings were 5mm (OD) and 4mm (OS).

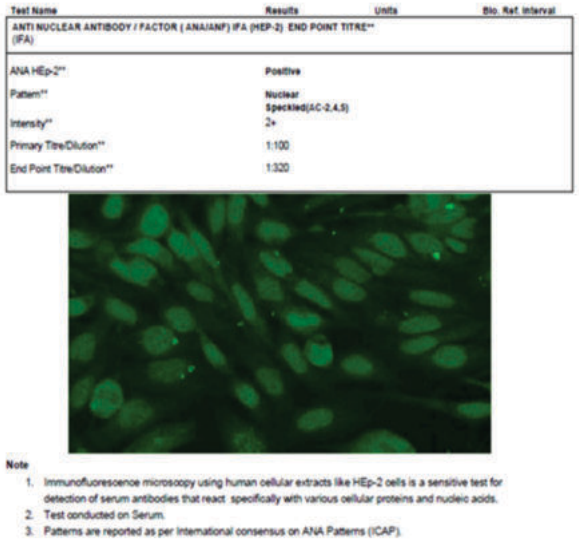

Figure 3: Positive Antinuclear Antibody (ana) With Nuclear Speckled Pattern.

DISCUSSION

Sjogren's syndrome is a chronic inflammatory autoimmune disease which is Histopathology characterized by lymphocytic infiltration in lacrimal and salivary gland. Its Incidence is 1% of population it leads to Irreversible damage to lacrimal and salivary glands thus leading to reduction in quality of life. It has 2 forms:

Primary form- involve exocrine glands with or without any systemic involvement

Secondary form- associated with autoimmune disorders like rheumatoid arthritis, systemic sclerosis, vasculitis or connective tissue disorders.

Ocular surface features are frequent burning & foreign body sensation. Severe visual impairment at presentation is seen in 10% of patients. Incidence of dry eye disease associated with Sjogren's syndrome is 95%. Patients should be advised to get regular eye check-ups to avoid any complications in long run. The patient should be explained to visit physician as Sjogren's is a multisystemic disorder. Sjogren's syndrome is associated with autoantibody production, systemic complications, and 20-fold higher risk of non-Hodgkin lymphoma (NHL).

CONCLUSION

Ophthalmologists play a crucial role in screening of this disease. Early diagnosis of the disease can help patient to lead a better life. It is Important to Keep disease activity in check: the risk of lymphoma in later years of life if any (5-10%)

Our Patients Were Prescribed

1. Oral omega fatty acids
2. Sodium hyaluronate eyedrops
3. Cyclosporin eyedrops
4. Systemic steroids (as per rheumatologist referral)

On Follow up after 3 months. Significant improvement in symptoms of patients was noted.

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