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TAMING THE FIRE: CHRONIC POST-SURGICAL UVEITIS WITH SYSTEMIC ASSOCIATION

Ophthalomology

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ABSTRACT

Chronic uveitis is a persistent inflammatory condition of the uveal tract, defined as inflammation lasting longer than three months with a tendency to relapse following cessation of therapy. Postsurgical uveitis can complicate intraocular outcomes, particularly in patients with prior retinal detachment and vitrectomy, often leading to structural changes that compromise vision. We report the case of a young male with a history of retinal detachment surgery and vitrectomy who developed chronic bilateral uveitis with associated systemic manifestations, highlighting the importance of multidisciplinary management and long-term immunomodulatory therapy.

KEYWORDS

Chronic uveitis, retinal detachment, vitrectomy, immunomodulatory therapy, posterior synechiae.

INTRODUCTION

Uveitis represents a heterogeneous group of intraocular inflammatory disorders that may result in severe visual morbidity if not promptly recognized and managed. Chronic uveitis, persisting for more than three months or recurring within three months of discontinuation of therapy, can arise secondary to autoimmune, infectious, or iatrogenic causes. Post-retinal detachment surgery and intraocular lens implantation are known risk factors for persistent ocular inflammation. The presence of systemic features such as arthritis further increases the likelihood of an underlying autoimmune etiology.

Case Presentation

A 27-year-old male presented to the Ophthalmology OPD at ASCOMS with complaints of progressive diminution of vision in the right eye. He had undergone retinal detachment surgery with intraocular lens implantation in 2019, followed by pars plana vitrectomy for vitreous hemorrhage. Additionally, he reported a five-year history of chronic joint pain.

Ocular Examination

Right eye (RE): Pupils were poorly dilating. Anterior chamber showed cells and flare (++). Posterior synechiae were noted at 1, 3, and 7 o'clock positions, with a fibrous band at 4 o'clock. Posterior capsular fibrosis with calcification was evident. Fundus revealed ghost vessels with tractional changes.

Left eye (LE): Anterior segment showed pigment deposition on the anterior lens capsule and fine keratic precipitates. Fundus revealed inner retinal folds near the optic disc.

Systemic Examination

The patient reported long-standing joint pain, raising suspicion of an underlying autoimmune disorder.

Management And Outcome

The patient was started on intensive topical corticosteroids (prednisolone acetate 1%), cycloplegics (cyclopentolate), and topical sodium hyaluronate for ocular surface protection. Systemic therapy was initiated in consultation with rheumatology, consisting of oral corticosteroids (prednisolone) and azathioprine. Baseline systemic workup, including ANA profile and inflammatory markers, was performed.

On follow-up, inflammation showed partial regression with symptomatic relief. The patient was advised continued systemic immunomodulatory therapy and scheduled for regular ophthalmic and rheumatology reviews to monitor disease progression and treatment response.

DISCUSSION

This case demonstrates chronic uveitis in a young male with prior retinal detachment surgery and vitrectomy, complicated by synechiae, capsular fibrosis, and retinal vascular changes. Postsurgical inflammation often exacerbates ocular morbidity and requires long-term immunosuppression for control. The coexisting history of chronic arthritis strongly supports a systemic autoimmune etiology, emphasizing the importance of a multidisciplinary approach.

Early recognition, aggressive topical therapy, and systemic immunomodulation remain crucial in preventing irreversible visual impairment. Regular monitoring with ocular imaging and systemic investigations is essential in guiding therapy and avoiding treatment-related complications.

CONCLUSION

Chronic uveitis following retinal surgery poses significant management challenges due to its relapsing nature and potential association with systemic disease. A combined ophthalmology-rheumatology approach, incorporating both local and systemic immunomodulatory therapy, is key to preserving visual function in such patients.

Declarations
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Conflict Of Interest: None declared.

Patient Consent: Informed consent was obtained from the patient for publication of this case report.