

Uveitis in tumorji, Friday, May 16 2025, 11:00-12:00

Location: dvorana Grandis

Session: Uveitis in tumorji / Uveitis and tumours

Chairs: Nataša Vidović Valentinčič and Saša Počkar

OR-037

Unilateral chorioretinitis - possible intraocular Tuberculosis (a case presentation)

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The 41-year-old male patient was hospitalized in October 2024 due to an acute, 2-day worsening of vision in the right eye. He was a foreigner who did not speak Slovenian and was currently in custody (arriving with uniformed personnel). Along with the unilateral deterioration of visual acuity, he reported about a significant pain in his right eye, which radiated to the right side of his face. His medical history included being a former intravenous drug user, currently receiving Methadone therapy and having previously had hepatitis C. Based on the clinical examination and multimodal imaging, the diagnosis of right-sided chorioretinitis (solitary granuloma) was made. The clinical presentation of the left eye was entirely within physiological limits.

The basic blood count was appropriate with slightly elevated ESR and CRP. A sample of aqueous humor was taken from the patient under local anesthesia, but due to the patient's poor cooperation, the sample was small. However, PCR testing for herpes viruses was negative. A positive Quantiferon test was noted. Blood cultures, tests for other hepatitis viruses, HIV, syphilis, and sarcoidosis were negative. It was an old infection with *Bartonella henselae* and *Borrelia burgdorferi* and the patient had not had a *Toxoplasma gondii* infection. Chest X-ray showed no signs of infiltrates or granulomatous changes. A head CT scan revealed an uneven thickening of the scleral wall in the right eye, but the results of other investigations, such as CTA of the cervical and cerebral vessels, showed no significant findings.

Initial therapy included empirical systemic antimicrobial treatment, along with topical anti-inflammatory therapy. On the 4th day after the initiation of therapy, the patient refused further hospitalization. Upon discharge on November 1, 2024, due to the unclear etiology, the likely immune compromise and pending all test results, systemic treatment with methylprednisolone was started. Due to the worsening of his liver function, the patient was switched to prednisolone therapy, after which transaminase levels normalized. A good response to systemic therapy was observed, with regression of retinal changes and improved visual acuity. The question of chemoprophylaxis for tuberculosis was raised many times during the prolonged systemic corticosteroid therapy, but pulmonologists did not decide to initiate anti-tuberculosis treatment based on the likelihood of latent tuberculosis.

Enostranski horioretinitis - domnevna očesna TBC (prikaz primera)

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41-letni bolnik je bil hospitaliziran oktobra 2024 zaradi akutnega, 2 dnevnega, poslabšanja vida desnega očesa. Šlo je za tujca, ki ni govoril slovenskega jezika in je bil trenutno v priporu (prihaja v spremstvu uniformiranih oseb). Ob enostranskem poslabšanju vidne ostrine je navajal še izrazito bolečino desnega očesa, ki se je širila v desno polovico obraza. Anamnestično je bivši odvisnik od i.v. drog, prejema terapijo z Metadonom, prav tako je v preteklosti prebolel hepatitis C. Na podlagi kliničnega pregleda in opravljenih multimodalnih preiskav mrežnice je bila postavljena diagnoza desnostranskega horioretinitisa (solitarna lezija). Klinična slika levega očesa je bila povsem v fizioloških mejah.

Osnovna krvna slika je bila primerna, izstopala sta rahlo povišana SR in CRP. Vzorec prekatne vodice odvzet pri bolniku v lokalni anesteziji je bil, zaradi težkega sodelovanja bolnika, pičel, a so bile preiskave s pomočjo PCR na herpes viruse negativne. Izstopal je pozitiven kvantiferonski test. Negativne so bile hemokulture, preiskave na preostale viruse hepatitisa, HIV, sifilis in sarkoidozo. Šlo je za staro okužbo s *B. henselae* in *B. burgdorferii*, okužbe s *T. gondii* ni prebolel. RTG p/c ni kazal znakov infiltracij ali granulomatoznih sprememb. Opravljen je bil CT glave, kjer je bila ugotovljena neenakomerna zadebelitev stene očesnega zrkla v desnem očesu, vendar so bili rezultati ostalih preiskav, kot so CTA vratnega in možganskega žilja, brez posebnosti.

Začetna terapija je vključevala empirično sistemsko protimikrobno zdravljenje, poleg tega tudi topikalno protivnetno terapijo. 4.dan po uvedbi terapije bolnik zavrača nadaljnjo hospitalizacijo. Ob odpustu 1.11.2024 je bil, glede na nejasno etiologijo in verjetno imunsko kompromitiranost bolnika, do prejetja vseh izvidov, ob protivnetnih zdravilih uveden sistemsko še metilprednizolon, kar je bilo kasneje postopno ukinjeno. Zaradi poslabšanja jetrne funkcije je bil preveden na terapijo s prednizolonom, po katerem so se vrednosti transaminaz ponovno normalizirale. Ugotavljali smo dober odziv na sistemsko terapijo s popolno regresijo spremembe na mrežnici in izboljšanjem vidne ostrine. Tekom zdravljenja se je

večkrat postavilo vprašanje kemoprofilakse proti TBC ob dolgotrajnem jemanju sistemske kortikosteroidne terapije, vendar se pulmologi glede na verjetno latentno TBC za uvedbo tuberkulostatične terapije ne odločijo.