

CASE REPORT: SYMPATHETIC OPHTHALMIA AFTER CORNEAL TRANSPLANT

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INTRODUCTION

Sympathetic ophthalmia (OS) is a non-infectious uveitis, limited to the eye, characterized by bilateral inflammation, affecting all components of the uvea. Its incidence is estimated at 0.2-0.5% of individuals with ocular trauma and 0.01% of individuals undergoing eye surgery.

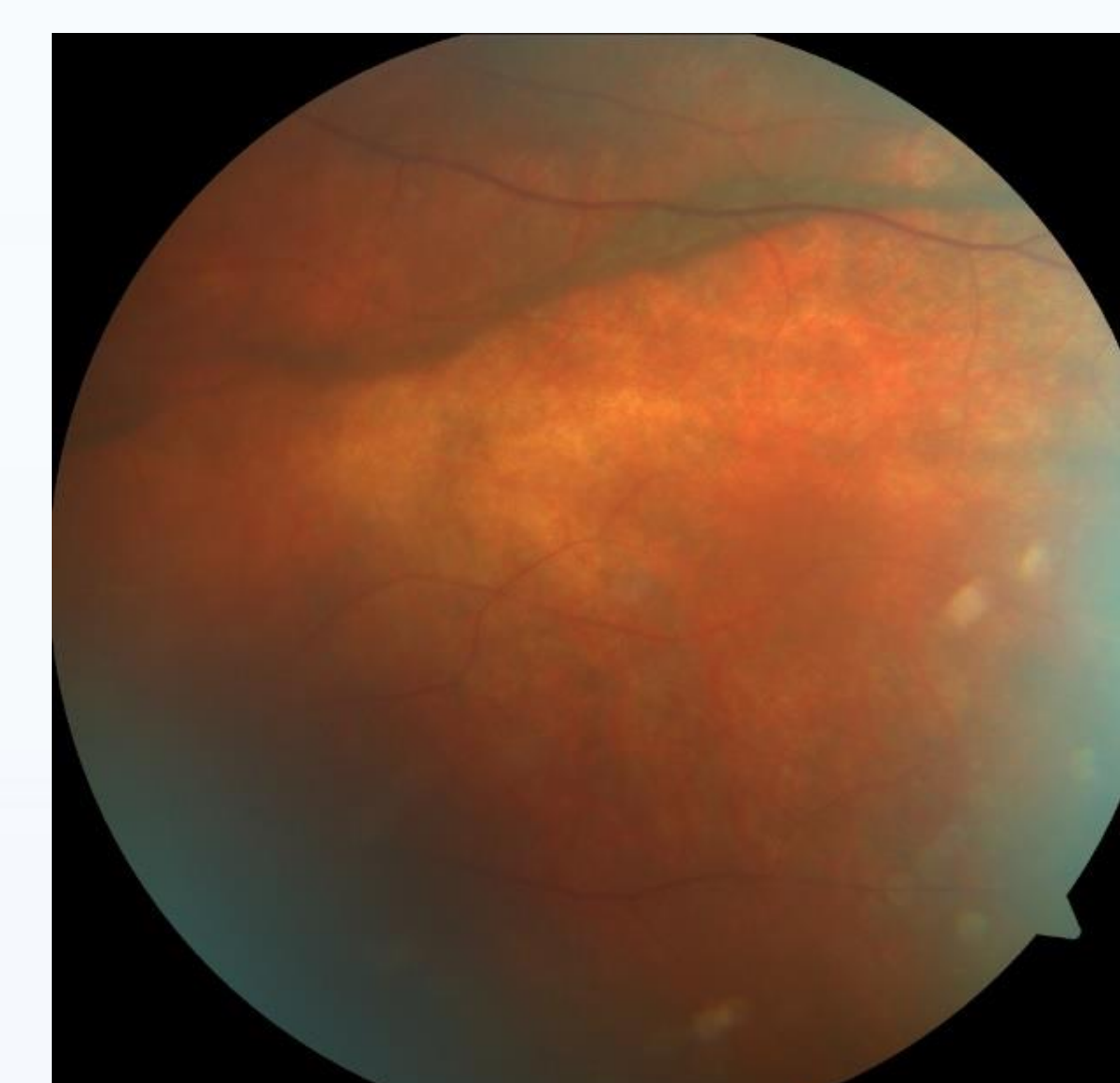
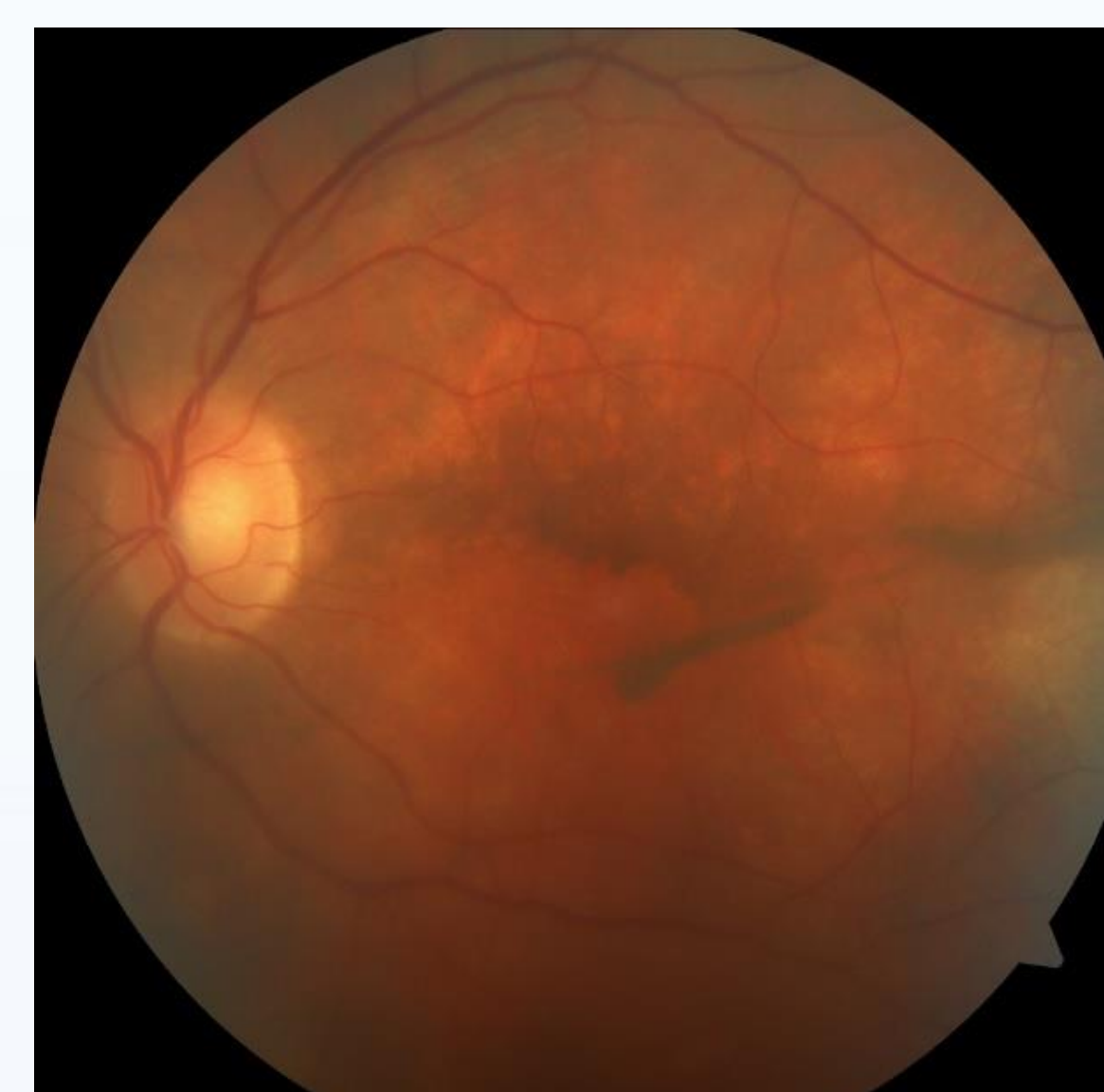
METHODS

a case report os sympathetic ophthalmia after a corneal transplant

CASE REPORT

PAP, 39, was admitted to the emergency room complaining of ocular pain hyperemia and BAV of OD 30 days ago showed a 5 mm circular positive fluoride area with perilesional infiltrate and infiltrated edges. The hypothesis of a fungal ulcer hypothesis was raised, indicating an anterior chamber lavage associated with amphotericin B injection with topical treatment of ofloxacin and amphotericin B. One week later, the patient evolved with central 4 mm descemetocle and a tectonic transplant was proposed. The patient underwent the transplant, progressing satisfactorily without signs of infection. After 3 months of transplantation, the patient returned to the emergency department with a complaint of sudden low visual acuity of the LE.(VA: <20/400 in LE). Biomicroscopic examination shows: posterior synechiae, intense camera reaction in the LE and unviable fundus. Topical treatment with prednisolone and mydriatic was initiated. In the retina sector, USG showed serous detachment, and then prednisone was started with a dose of 80mg in regression, subtenonian triancinolone injection was also performed at the same time. The patient returned in 2 weeks with negative serologies for acute infections and showing improvement in his condition (VA 20/400). After 3 weeks, a substantial improvement was seen with resolution of RD of OE and VA 20/60.

Azathioprine 100mg was started and returned every two weeks for follow-up. After 3 months of treatment, the patient was stable with VA 20 / 50p and at sunset glow fundus.



CONCLUSION

although rare, sympathetic ophthalmia should be remembered as a differential diagnosis after low visual acuity ophthalmic surgery

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