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TUBERCULAR UVEITIS IN A PATIENT WITH RHEUMATOID ARTHRITIS - CASE REPORT

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Abstract: Extra-articular manifestations are usual in patients with rheumatoid arthritis (RA). However, posterior uveitis is uncommon and when present it is necessary to investigate other causative conditions, especially infectious. We present a case of tubercular uveitis (TBU) affecting a patient with RA and we discuss its management.
Keywords: Tubercular uveitis, ocular tuberculosis, serpiginous-like choroiditis, rheumatoid arthritis.

BACKGROUND

Rheumatoid arthritis is an autoimmune inflammatory arthropathy that affects about 1% of the population. Extra-articular manifestations affect about 40% of patients at some point in the course of the disease. The most common ocular manifestations are keratoconjunctivitis sicca (often associated with Sjögren's syndrome), episcleritis, and scleritis. Involvement of the posterior uveal tract is uncommon and when present it is essential to investigate other conditions that may be cause of uveitis. We present a case of TBU affecting a patient with RA.

CASE REPORT

A female patient diagnosed with RA 12 years ago (initial presentation of symmetrical polyarthritis, without extra-articular manifestations, rheumatoid factor+, anti-CCP+). Co-morbidities: hypertension, diabetes mellitus, and obesity. She was taking methotrexate 20 mg per week and prednisone 5 mg/day. Disease was in remission (CDAI: 0). During consultation, she reported gradual loss of visual acuity in both eyes over the last year. She denied any other complaints. Fundus image showed bilateral serpiginous-like choroiditis, more evident in the right eye, raising the suspicion of ocular tuberculosis (Figure 1). The interferon-gamma release assay (IGRA) was negative. Chest computed tomography showed bronchiectasis and excavation in the left upper lobe and areas of mosaic attenuation, findings compatible with sequelae of granulomatous disease. Therapy with rifampicin, isoniazid, pyrazinamide, ethambutol and prednisone 40 mg/day was promptly initiated.

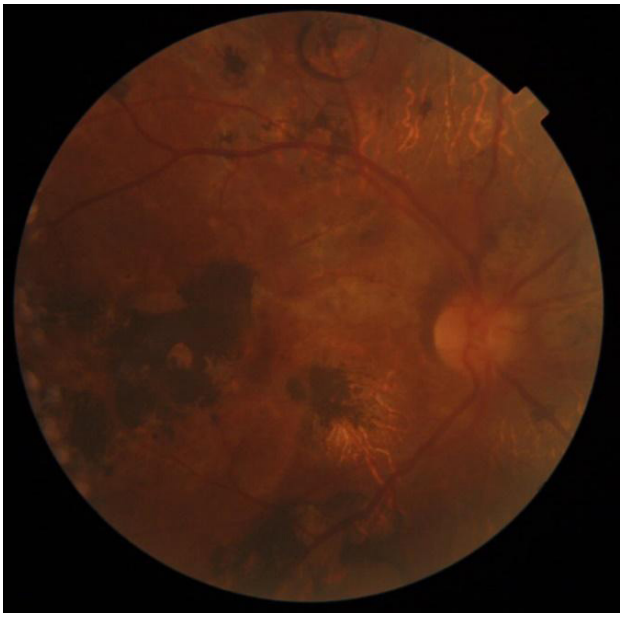

Figure 1: Fundus image showing serpiginous-like choroiditis in right eye.

CONCLUSION

Posterior uveitis in patients with rheumatoid arthritis is uncommon and when present it is necessary to investigate other causative conditions, especially infectious. Serpiginous-like choroiditis is the most characteristic ocular phenotype of TBU. Since detection of the causative agent in ocular tissue samples is unlikely, the diagnosis of TBU is presumptive, based on the patient's symptoms, local epidemiology, immunological tests for tuberculosis (IGRA, tuberculin skin test) and typical radiological findings. The fact of living in an endemic region, the radiological finding compatible with sequelae of granulomatous disease and the characteristic ocular phenotype authorized the initiation of therapy for

tuberculosis and oral corticotherapy in parallel. It is emphasized, however, that the diagnosis and management of TBU is still uncertain due to the lack of high-level evidence about this condition.

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