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VOGT KOYANAGI HARADA DISEASE AND IRIS CHANGES
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Introduction: Vogt-Koyanagi-Harada disease (VKH) is a bilateral uveitis, which is often associated with extraocular involvement. Ocular manifestations include bilateral granulomatous panuveitis, exudative retinal detachment, sunset glow fundus, Sugiura’s sign, choroidal neovascularization, subretinal fibrosis, Koepepe iris nodules or Dalen-Fuchs nodules. Often with time and recurrence, the iris may become atrophic and lose some of its pigmentation.

Case Report: The authors report a case of a 18-year-old girl, with no history of penetrating ocular injury or intraocular surgery, with bilateral painless reduced visual acuity (VA), headache and dizziness. Ophthalmological observation revealed VA of 6/10 and 4/10 respectively on the right (RE) and left eyes (LE), normal intraocular pressure (IOP), tyndall + bilaterally, circular peripupillary anterior synechiae, and on fundoscopy bilateral multiple exudative detachments and no optic disc edema. Fluorescein angiography revealed numerous hyperfluorescent dots at the level of the retinal pigment epithelium with dye leaking in the subretinal space. Pleocytosis with lymphocytes were seen in the cerebrospinal fluid. No other extraocular findings were evident. Patient have a monozygotic twin with similar iris changes bilaterally but no other ocular and systemic findings.

Conclusion: The authors present a patient with VKH and iris changes different than previously reported. These may represent an inquiring finding or a new ocular manifestation of the disease.