



Clinical Image Pathway and Correlation between Biomicroscopic Examination and OCT in Viral Kerato Uveitis

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Case Presentation

A 37-year-old patient on Levothyroxine sodium for dysthyroidism was admitted to the rheumatology department for polyarthralgia with Raynaud's phenomenon. During his hospitalisation, the patient presented with an influenza-like syndrome consisting of rhinorrhoea, cough and, after a week, a unilateral red left eye.

The general examination revealed pre-tracheal adenopathy, and the ophthalmological findings were as follows: an unremarkable right eye with an acuity of 10/10iem. The left eye had an acuity of 6/10iem, conjunctival hyperhemia, a cornea with retro-corneal precipitates (figure 1), negative fluorescein test, Tyndall half-cross, iris of good colouration and trophicity, absence of iris nodule, transparent lens and vitreous. Examination of the retina and its periphery was strictly normal.

The patient had been treated with valaciclovir per os, a wetting agent, with local corticotherapy introduced after 48 hours. During follow-up, Optical Coherence Tomography was performed, showing corneal edema and hyper-reflective material materializing sheep fat retrocorneal precipitates (figure 2). The evolution was favorable, with a progressive reduction in precipitates until their complete disappearance on both biomicroscopic examination and oct (figures 3-4-5-6).

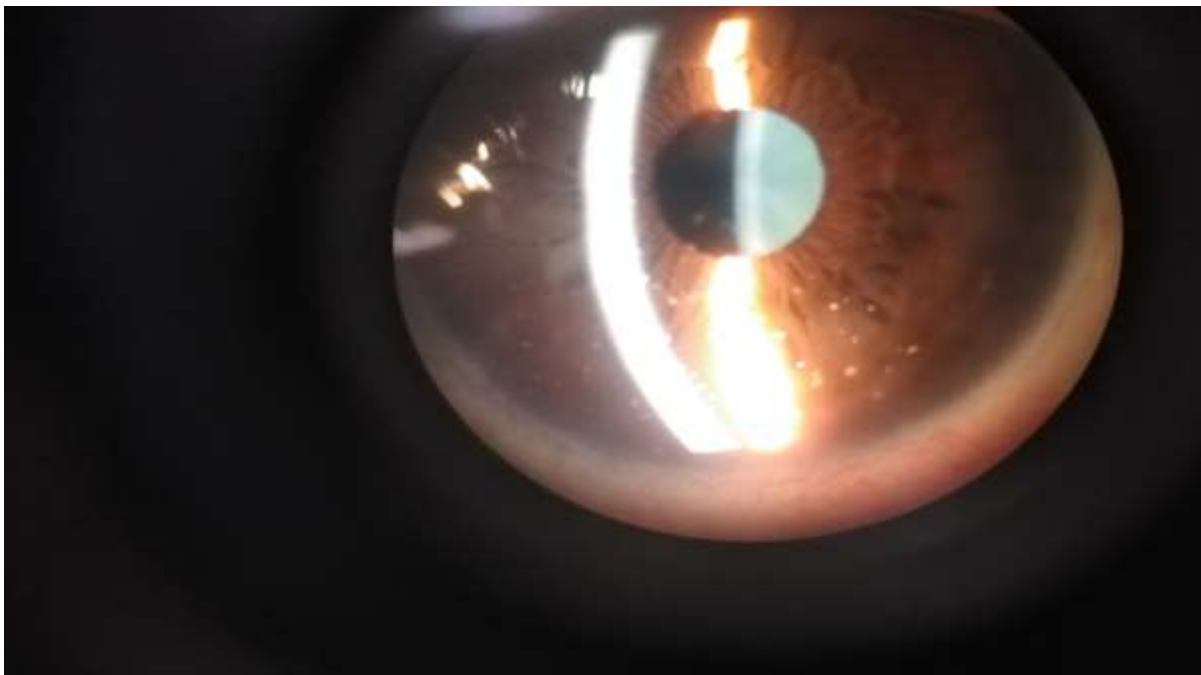


Figure 1 : Biomicroscopic examination of the left eye

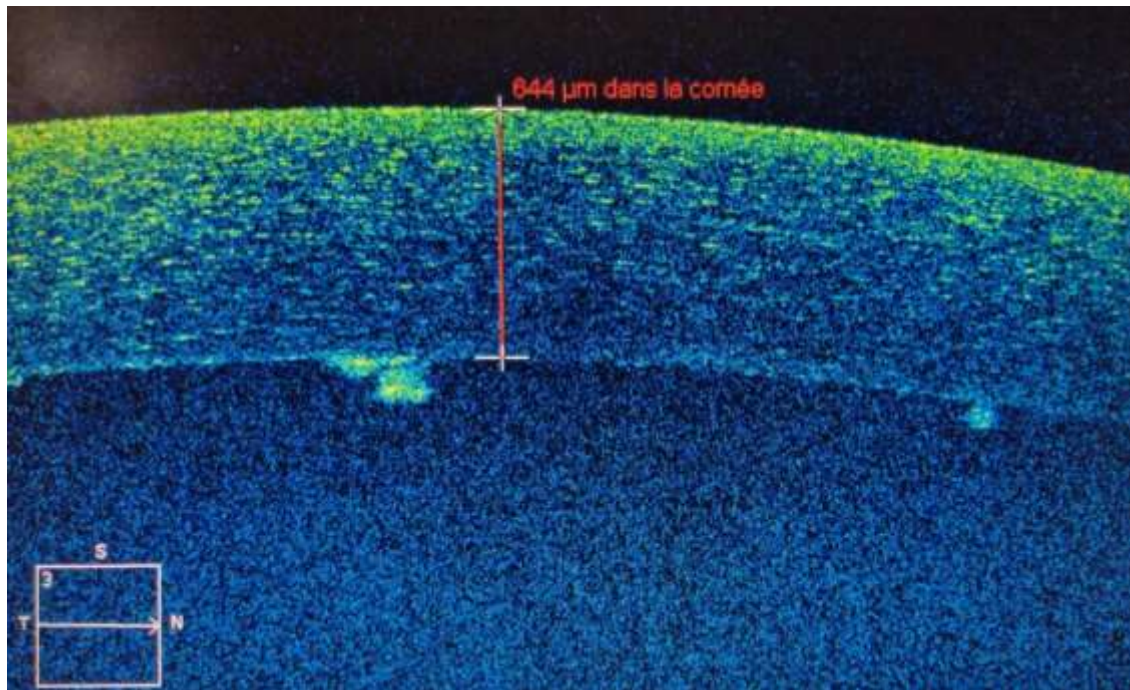


Figure 2 : OCT of the anterior segment of the left eye showing hyperreflective retrocorneal precipitates + corneal edema.

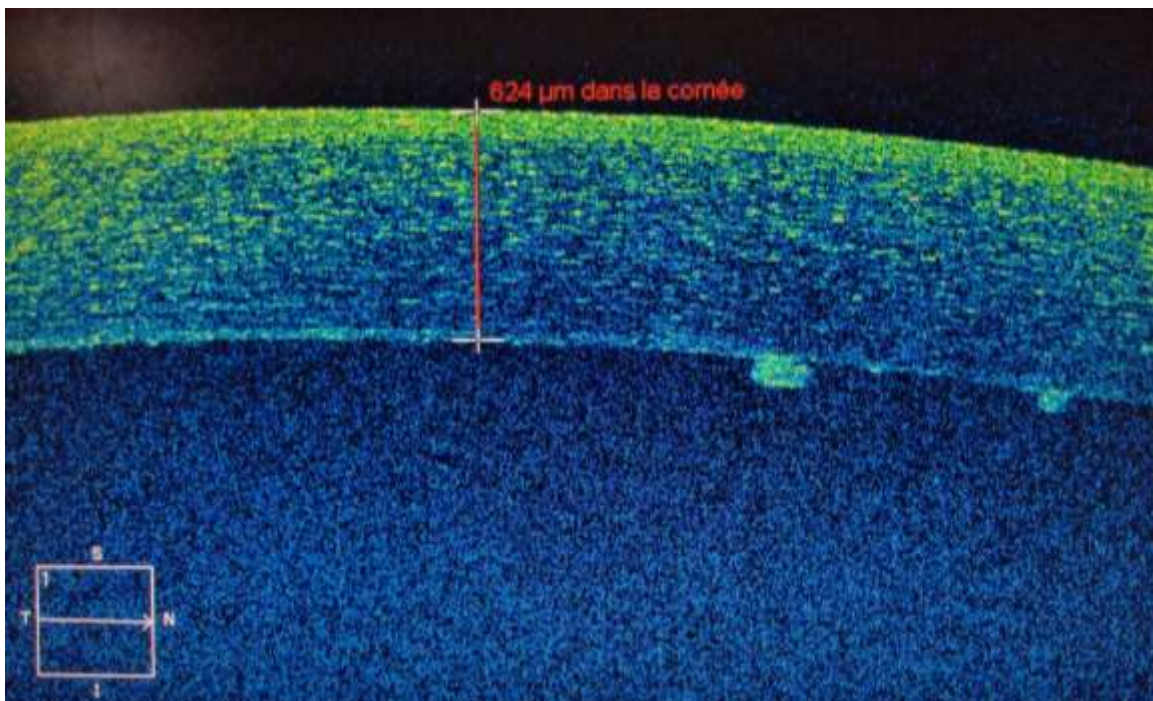


Figure 3 : OCT of the anterior segment of the left eye showing a reduction in retrocorneal precipitates and corneal edema.

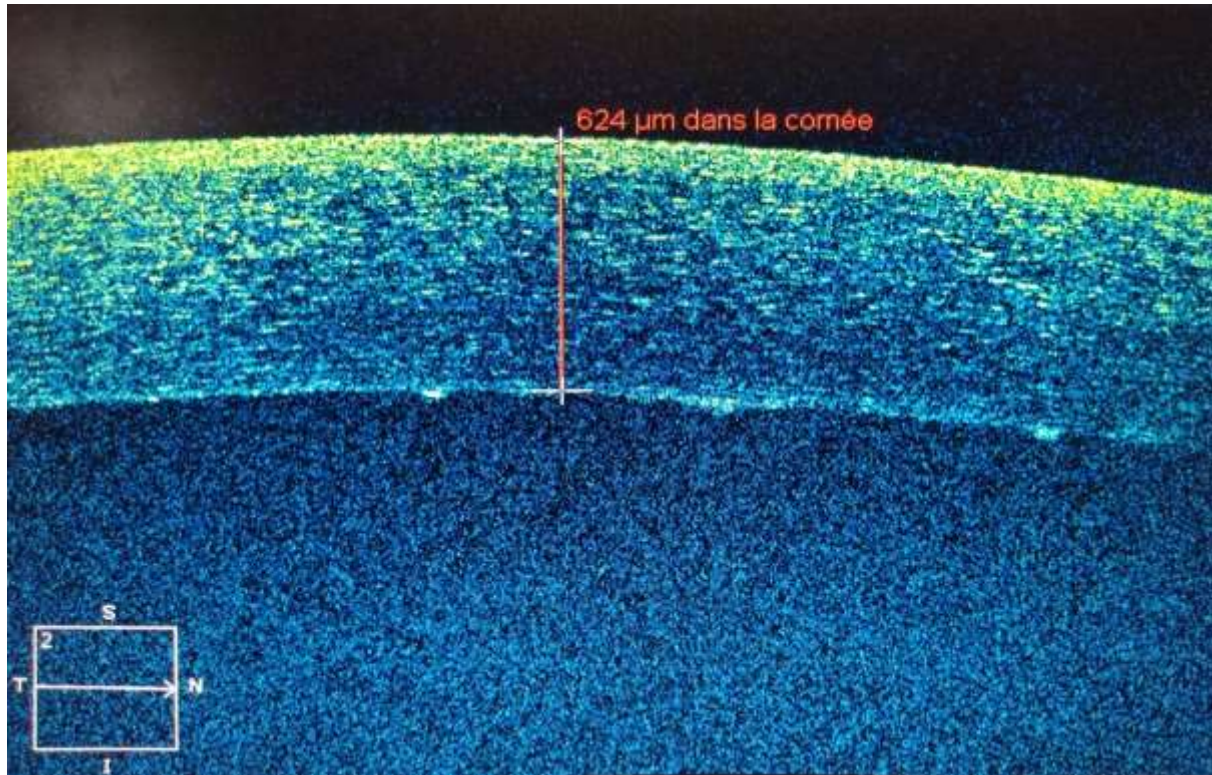


Figure 4 : OCT of the anterior segment of the eye showing a large reduction in precipitates

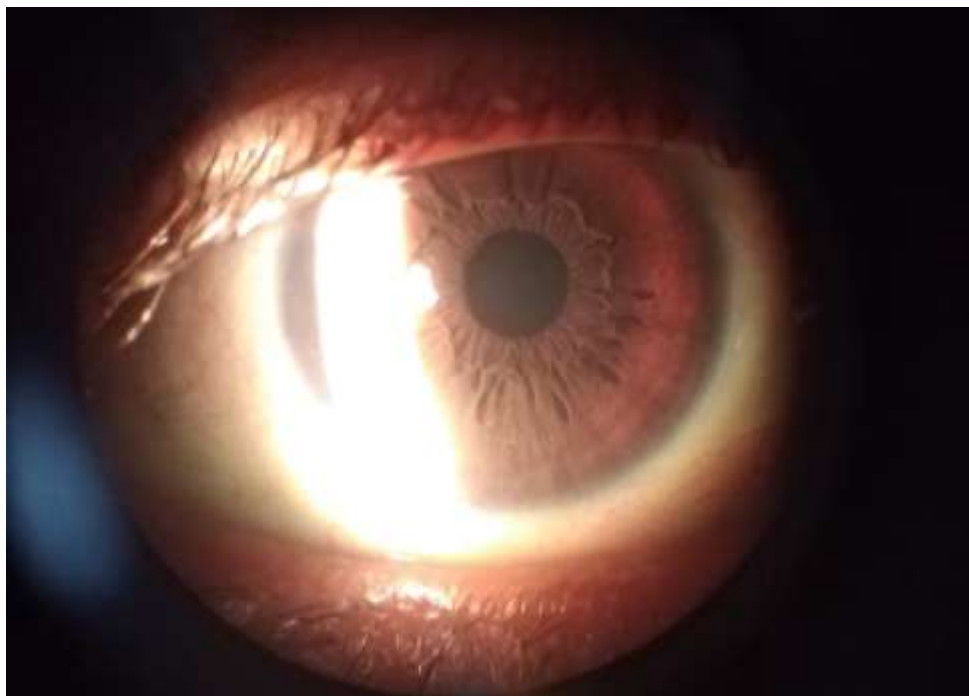


Figure 5 : Biomicroscopic examination showing absence of precipitates in the left eye

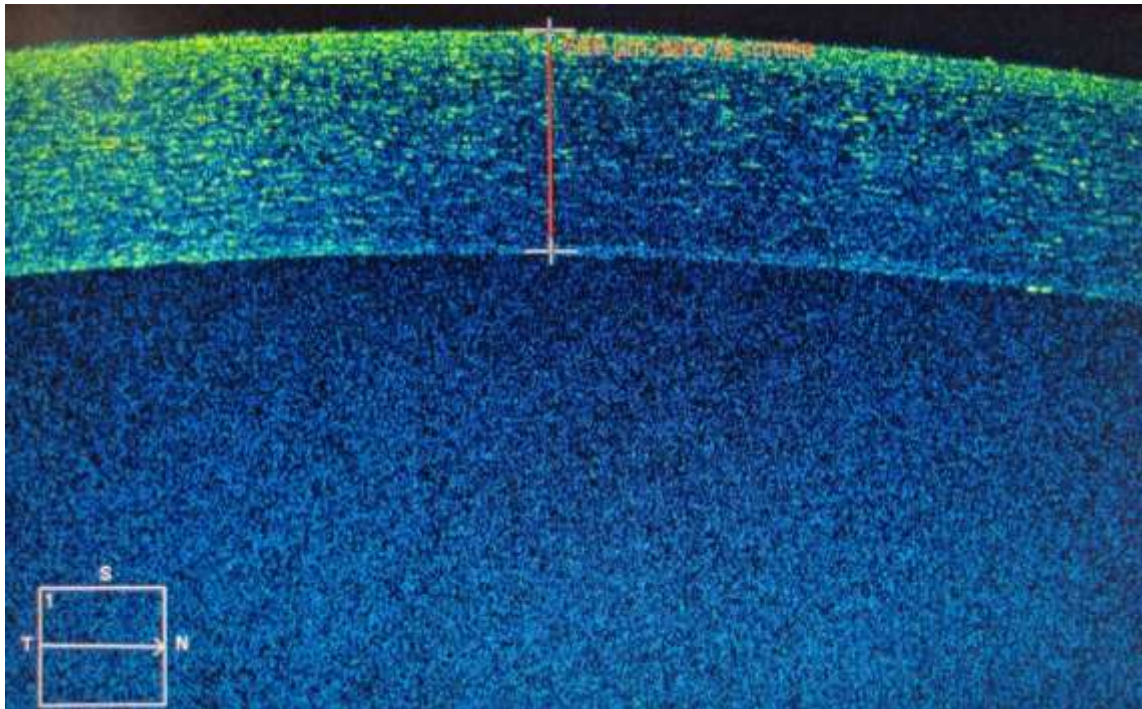


Figure 6 : OCT of the anterior segment showing disappearance of retrocorneal precipitates and corneal edema.

