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RESEARCH ARTICLE

ANTERIORUVEITISREVEALING MULTIPLE SCLEROSIS

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Abstract

Multiple sclerosis is a chronic demyelinating disease of the central nervous system (1). It is often revealed by optic neuropathy(2). However, other ocular manifestations may be associated with multiple sclerosis, notably uveitis (2). We report the case of a patient who consulted for anterior Granulomatous uveitis and whose clinical and para-clinical examination revealed multiple sclerosis.

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Introduction:-

Multiple sclerosisis a chronicdemyelinatingdisease of the central nervous system (1). It isoftenrevealed by opticneuropathy(2). However, otherocular manifestations maybeassociatedwith multiple sclerosis, notablyuveitis (2).

Observation:-

We report the case of a 20-year-old female patient whoconsulted us withredeye, rapidly progressive unilateralvisualacuityloss and intermittent headaches. Symptomsworsenedwithphysicalexertion and heat.

Clinicalexamination of the affectedeyerevealedfinger-count visualacuity, elevatedocular tonoeat 25 mmhg, periorbital pain on ocularmobilization, granulomatous retro-cornealprecipitates in sheep fat, anteriorchamber cellular tyndall, iridialkoeppe and busacca nodules. Examination of the vitreous and posterior segment wasunremarkable. Examination of the Adelphe eyewasstrictly normal, withvisualacuity of 10/10.General and neurologicalexaminationswerealso normal.

In view of thispicture, an inflammatory and infectiousworkupwasrequested, but wasnegative. A lumbarpuncturerevealedoligoclonal bands.

Cerebral-medullary MRI revealed T2 hypersignals in the periventricular, juxta-cortical and sub-tentorial right cerebellar white matter.

The diagnosis of multiple sclerosiswasaccepted, and the patient wastreatedwith an intravenous bolus of methylprednisolone, corticosteroideye drops and a hypotonizing agent.

The evolutionwasmarked by a considerableimprovement in visualacuity.

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Discussion:-

The prevalence of uveitis in patients with multiple sclerosisisaround 1% (3). Althoughintermediateuveitisis the mostcommon, anterioruveitismayalsooccur. Granulomatousuveitisappears to be the mostcommonform (1).

Ocularsignsfollowneurological manifestations in 50% of cases, and precedethemin 38% (2).Multiple sclerosisshouldbesuspected in patients agedbetween 20 and 50, and istwice as common in women (4).An increase in intraocular pressure during the course of uveitiscanresultfrom a variety of causes, such as a response to corticosteroidtherapy, trabecularmeshwork engorgement, iridocrystalline or anteriorsynechiae (5).Treatment of multiple sclerosisassociatedwithuveitisisbased on corticosteroidtherapy, or even immunosuppressive drugs. Interferonalsoappears to have abeneficialeffect on the disease (3).

Conclusion:-

Anterioruveitiscanbe the inaugural manifestation of manysystemic pathologies, includingchronicinflammatorydiseasessuch as multiple sclerosis.

Fig1:- Photograph of the right eyeshowingthe retrocornealprecipitates.

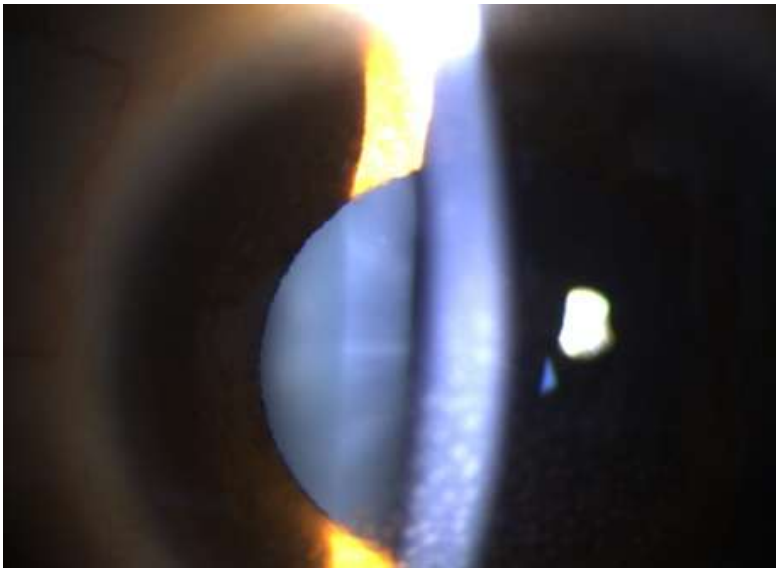

Fig 2:- photograph of the right eyeshowingthe koeppe and busacca nodules.

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