Arquivos Brasileiros de
Oftalmologia

Letter to the editor: bilateral acute angle closure in a patient with dengue

Carta ao editor: fechamento do ângulo agudo bilateral em paciente com dengue

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Dear Editor:

We appreciate the correspondence article "Bilateral acute angle closure in a patient with dengue" by Joob et al.[1] and their interest in our article "Bilateral acute angle closure in a patient with dengue fever: a case report"[2]. In the letter, they mention the existence of two articles describing bilateral acute angle closures[4,5] in addition to the two reports presented in this journal[2,3]. We are fully aware of those two reports but we disagree because while all four articles present cases of ocular hypertension during dengue fever, the additional articles do not describe the cases of bilateral acute angle closure.

In the report published by Stewart et al.[4], a patient presented with bilateral hypertensive panuveitis with scattered anterior synechiae in OD and a wide open chamber in OS. The authors presumed both an inflammatory glaucoma and a steroid-induced glaucoma response, but not in relation to an acute angle closure. In the report published by Saranappa and Sowbhagya[5], another patient presented a unilateral panophthalmitis associated with ocular hypertension during dengue fever. This was a unilateral case, and the slit lamp evaluation of the eye was not entirely presented. Also, there was no clear description of the mechanism for ocular hypertension.

Ocular manifestations caused by flavivirus infections are a relevant subject that has recently become popular among researchers. Due to their low incidence, most of the known information is acquired from case series and reports. Therefore, we considered it imperative to separate the different mechanisms responsible for ocular hypertension. To the best of our knowledge, the report presented by Pierre Filho et al. and ours are the only two known cases of bilateral acute angle closure glaucoma during dengue fever. Both cases presented a bilateral narrow angle. In the first report, the characteristics of the angle were not described. In our case, the results of an ultrasound biomicroscopy study suggested an iris plateau configuration.

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Submitted for publication: March 15, 2018
Accepted for publication: March 20, 2018

Funding: No specific financial support was available for this study.

Disclosure of potential conflicts of interest: None of the authors have any potential conflict of interest to disclose.

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Reply to letter to editor: acute angle closure in dengue: previous case reports

Resposta a carta ao editor: fechamento agudo do ângulo na dengue: relatos de casos anteriores

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Dear Editor:

We would like to thank Levaggi et al for replying to the issue of bilateral acute angle closure in a patient with dengue[1]. As mentioned, angle closure is a possible ocular issue in dengue, even if it usually is a forgotten or underreported issue. As noted in the review by Ranjan and Ranjan in reference to previously published articles[2-4], "Other rarely reported anterior segment signs include dengue-related shallowing of anterior chamber with normal intraocular pressure (IOP) following bilateral choroidal effusion, and shallow anterior chamber with raised IOP due to bilateral angle closure glaucoma in a patient with dengue fever"[2]. Regarding the claim that there should be other similar reports on acute angle closure in dengue in addition to the two published in *Arq Bras Oftalmol*, we can confirm the similar nature of the reports by Stewart et al[4] and Saranappa et al[5], and the report by Nagaraj et al on a dengue patient with acute increased IOP due to hemorrhagic episode-another good example confirming that the problem of IOP abnormality due to dengue pathology is real[6]. However, we still maintain that there are only two reports of bilateral acute angle closure. In fact, a case of acute angle closure developed few days after dengue is also reported in the literature, but in that case, another bacterial infection was mentioned as the cause of the problem[7].

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Submitted for publication: March 27, 2018
Accepted for publication: March 27, 2018

Funding: No specific financial support was available for this study.

Disclosure of potential conflicts of interest: None of the authors have any potential conflicts of interest to disclose.

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