

Uveitis as first manifestation of probably Crohn's disease

Uveíte como primeira manifestação de provável doença de Crohn

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ABSTRACT

Extraintestinal manifestations of Crohn's disease are common. Although ocular complications of Crohn's disease are infrequent, most ocular manifestations include iritis, uveitis, episcleritis, scleritis and conjunctivitis. We report a patient who developed uveitis two years before diagnose of Crohn's disease.

Keywords: Crohn disease/complications; Inflammatory bowel diseases/complications; Uveitis/etiology; Colitis, ulcerative; Optic disk ; Case reports

RESUMO

Manifestações extraintestinais da doença de Crohn são comuns. As manifestações oculares são infrequentes e caracterizam-se em sua maioria por irite, uveíte, episclerite, esclerite e conjuntivite. Relatamos o caso de uma paciente que desenvolveu uveíte dois anos antes de firmado o diagnóstico de doença de Crohn.

Descritores: Doença de Crohn/complicações; Doenças inflamatórias intestinais/complicações; Uveíte/etiologia; Colite ulcerativa; Disco óptico ; Relatos de casos

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INTRODUCTION

Crohn's disease (CD) is a systemic inflammatory disease which primarily involves the intestine but potentially affect many organs such as the kidney and eye.⁽¹⁾ The eye is involved in 4 to 6% of patients and a wide spectrum of conditions may occur. The ocular involvement may occur before or after the bowel symptoms anterior segment changes such as episcleritis, scleritis, keratitis and iridocyclitis are the common eye manifestations⁽²⁾. Optic disc swelling and other posterior segment manifestations are rare⁽³⁾. Other manifestations as chroidal infiltrates, cystoid macular edema and serous macular detachment has been less frequently documented⁽²⁾. We describe a case with CD and panuveitis, optic disc swelling, chroidal infiltrates and glaucoma.

CASE REPORT

A 29-year-old white woman presented with ocular pain in the right eye for two days. On examination, the best correct visual acuity (BCVA) was found to be: right eye (OD) 20/25, left eye (OS) 20/20, funduscopy revealed optic disc swelling and afferent pupillary defect in OD. The anterior segments were normal with no evidence of intraocular inflammation in both eyes (OU). The perimetry in the OD revealed a paracentral scotoma. Neurological examination and magnetic resonance imaging (MRI) was otherwise non-contributory. One week later the funduscopy revealed macular star (Figure 1). Serological examination were negative for syphilis, toxoplasmosis, bartonella henselae and tuberculin skin test were also negative. Urinary, and completed serum blood examination was normal.

Three weeks later the patient presented with anterior chamber cells 2+, haze 1+ keratic precipitates, vitritis 2+, intra-ocular pressure 48mmHg, chroidal infiltrates and BCVA 20/40 in OD (Figure 2). Biochemical, infectious and rheumatic screens were negative. The patient was treated with prednisolone sodium phosphate 0.5%, atropine 1%, timolol 0.5%, brimonidine, brinzolamide eye drops. The intraocular inflammation and visual acuity has improved OD 20/25. After

three months the intra-ocular inflammation recurred. At this time the patient was treated with topical and systemic steroids with improvement. Completed infection, serum examination was repeated and revealed negative. Patient followed with intra-ocular inflammation intermittently.

After two years, she developed arthritis and perianal fistula, when she was diagnosed with Crohn's disease which was confirmed by colonoscopy and biopsy.

Treatment with infliximab was instituted with improvement of bowel and joint symptoms controlled of the intra-ocular inflammation.

DISCUSSION

Ophthalmic complications of IBD (inflammatory bowel diseases) have been recognized ever since the first description of two patients with conjunctivitis and corneal infiltrates resembling « xerophthalmia » by Crohn in 1925^(4,5).

Several possible mechanisms for the ocular involvement in Crohn's disease have been suggested. Among them are hypersensitivity reaction based on autoimmune mechanism and a greater incidence of thromboembolic phenomena. No absolute correlation has been shown to exist between the severity of the systemic disease and the appearance of the ocular manifestations⁽⁶⁾.

Different incidence rates of ocular complications of IBD are reported in the literature. A recent study reported that the incidence of ocular involvement was 4-10% in CD and 8% in ulcerative colitis⁽⁴⁾. Uveitis is the main ocular manifestation of the IBD^(7,8). Common ocular features in CD include anterior uveitis, episcleritis and more rarely scleritis, keratitis, orbital pseudotumor and retinal vasculitis which may cause retinal artery occlusion⁽⁸⁾. Chroidal infiltrates, optic neuritis, cystoid macular edema and serous macular detachment has been less frequently documented⁽²⁾.

In this report our patient has an onset with disc swelling, anterior chamber reaction and chroidal infiltrates two years before the systemic manifestations of CD. This results in the difficulty to diagnose in some cases of the uveitis and the importance of good follow-up with the ophthalmologist and a multidisciplinary team.



Figure 1: Right eye with disc swelling and macular star



Figure 2: Right eye with chroidal infiltrates

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