

Tuberculosis Interstitial Keratitis

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Image Article

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Introduction

A 42-year-old male with no clinical relevant medical history presented with nonspecific ocular pain in the left eye over a period of 5 days. Although the visual acuity of the left eye was 20/20 (Snellen scale) without correction, the slit-lamp examination showed upper conjunctival injection, superior-sectorial stromal white cell infiltration with deep neovascularization and circumferential haziness (Figure 1). The fundoscopic examination revealed no pathological alterations.

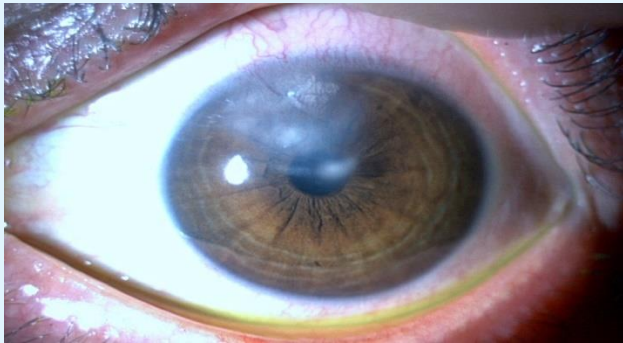


Figure 1: Tuberculosis Interstitial Keratitis.

These findings were suggestive of interstitial keratitis; empiric topical dexamethasone and artificial tears were initiated and laboratory tests were requested. IGRA was positive which suggests that Mycobacterium tuberculosis infection was the likely etiological cause. After nearly a month of follow-up the cell infiltration and neovascularization were reduced.

Interstitial keratitis by M. tuberculosis infection is a rare condition that affects few numbers of individuals including those with active pulmonary infection. Normally it develops several years after systemic infection and primary ocular tuberculosis is absolutely exceptional, with scarce information described in literature [1-3].

References

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