A rare case of scleritis after ophthalmological procedure

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Introduction

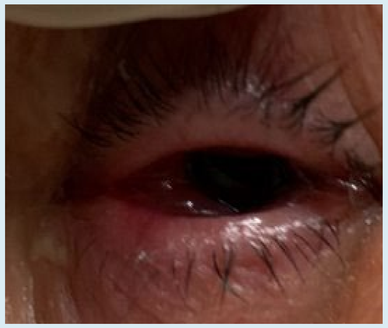
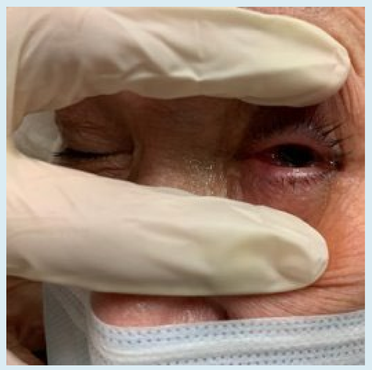
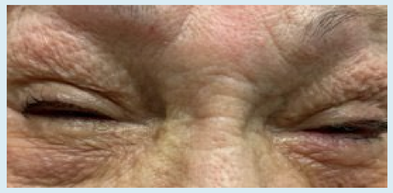
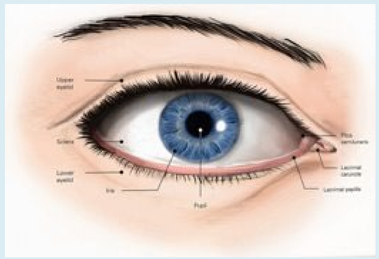
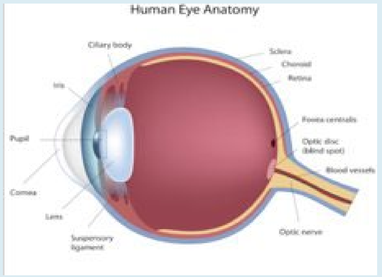
Scleritis is a potentially blinding inflammatory condition of the sclera but can expand to the cornea and adjacent episclera. It is often associated with underlying autoimmune disease, most commonly rheumatoid arthritis (RA). It presents as an extremely painful red eye, worse with movement and radiates to the face and periorbital region. Here we present a rare case of scleritis in an elderly female thought be related to the discontinuation of steroids prescribed for polymyalgia rheumatica (PMR).

Case Description

89-year-old female presenting with two days of severe bilateral burning eye pain and headache after removal of chalazion. She reported an ongoing lesion on her left eye for the past week that her ophthalmologist removed two days prior to presentation. She noted sharp left global eye pain approximately 6 hours after the procedure with progression to bilateral eyes. The pain became severe in nature overnight with progression to periorbital pain and tenderness and eventual development of severe frontal headache. Of note, she had a history of PMR with recent flare requiring steroid use and with taper completing 7 days prior to presentation. She had stable vital signs but in visible distress. Physical exam demonstrated orbital, global, and eyelid tenderness and swelling, severe lacrimation, scleral edema and erythema. Pupils were equal, round and reactive to light. She reported blurry vision and severe burning pain with even slight opening of her eyes limiting initial exam. Labs remarkable for c-reactive protein (CRP) of 1.02 and normal sedimentation rate (ESR) of 24. CT scan of the orbits was unrevealing. Ultimately, the case was discussed with the on-call ophthalmologist, and a clinical diagnosis of scleritis related to recent discontinuation of steroids with ocular procedure as a possible trigger, was made. We initiated intravenous methylprednisolone and with a plan for a prolonged steroid taper in the outpatient setting. Additionally, topical non-steroidal anti-inflammatory drops were given with a rapid improvement of symptoms on day 2 and eventual discharge on day 3. She was asked to follow closely with her ophthalmologist and re-establish care with rheumatology.

Physical Examination



Discussion

Interestingly enough, although a rare phenomenon, some literature does point to cases of scleritis with discontinuation of steroids for treatment of other underlying autoimmune diseases such as RA and PMR. Recognition of this presentation, as well as awareness of its correlation with discontinuation of steroids in patients with autoimmune disease is key to appropriate and timely management. Additionally, the recognition of ocular disease as a marker of poorer prognosis in underlying autoimmune disease should also be noted by medical providers outside the field of ophthalmology.

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