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A case of Vogt-Koyanagi-Harada syndrome with conjunctival abscess and iatrogenic Cushing's syndrome

Eli-Anne Pearl Suarez-Gonzales, Marita Mendia Fuentes, Angeline Therese Magbitang Santiago and Elizel Lagunzad Claveria
Ospital ng Maynila Medical Center, Philippines

Vogt-Koyanagi-Harada syndrome is a rare autoimmune disease affecting the pigmented tissues in the eyes, ears, skin and central nervous system. It is usually complicated by ophthalmologic sequelae such as scleral thinning, cataracts and glaucoma. This is a case report of a 30-year old female, diagnosed case of Vogt Koyanagi-Harada Syndrome (VKH), on prolonged oral steroid and azathioprine use, presenting with rare complication of conjunctival abscess and iatrogenic Cushing's syndrome. Patient presented with headache, eye redness and pain that progressed to formation of white necrotic nodules on the left bulbar conjunctiva. Physical examination revealed hyperemic conjunctivae with necrotic-centered nodules on the inferonasal bulbar conjunctiva and superotemporal bulbar conjunctiva of the left eye, bluish sclera with corneal opacity on the right eye, buffalo hump, moon facies, hirsutism, oligomenorrhea, central obesity with striae, vitiligo and poliosis. Assessment was Vogt-Koyanagi-Harada, in flare, conjunctival abscess, OS, iatrogenic Cushing's syndrome. Initially managed with topical antibiotics but symptoms progressed. Drainage of the abscess could not be opted due to possible globe rupture and spread of abscess hence, conservative medical management was done. The patient was started on culture-guided systemic antibiotics and since she was in flare, she was also given pulse steroid therapy and azathioprine. On second day of management, abscess started to resolve and improvements in visual acuity, eye pain and headache were observed. VKH is a rare autoimmune disease that could also present with uncommon complications requiring a multi-specialty approach in the management to be able to control disease flares and prevent systemic complications.

eliannepearlsuarezgonzales@gmail.com