

Subretinal abscess due to presumed tuberculosis in an immunocompetent young diabetic

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DESCRIPTION

A man aged 28 years with type 2 diabetes mellitus presented for a baseline ophthalmological evaluation during initiation of antitubercular treatment (ATT). He had undergone a drainage of an abscess in his left elbow and psoas muscle. The PCR analysis of the exudate had revealed *Mycobacterium tuberculosis* and he had been initiated on ATT (rifampicin 450 mg, pyrazinamide 750 mg, isoniazid 600 mg and ethambutol 1600 mg per day). He had mild pain and diminution of vision in his right eye. On examination, visual acuity of the right eye was 1/60 with near vision <N36 and left eye was 6/18 with near vision N8. Slit-lamp examination showed congested right eye with clear cornea and grade 2 cells in the anterior chamber. Dilated fundus examination showed a choroidal abscess with overlying exudative retinal detachment temporal to the optic disc (figure 1). Left eye

examination was unremarkable (figure 2). As he refused to undergo ocular fluid analysis, a tubercular aetiology was presumed, considering his associated systemic infection. The ATT regimen was continued for 9 months. Oral prednisolone 1 mg/kg body weight was initiated after 3 weeks and tapered slowly, in consultation with his physician. After 7 months, the lesion resolved with residual chorioretinal scarring (figure 3).

Posterior segment manifestations of ocular tuberculosis commonly include choroiditis, tuberculomas, neuroretinitis and retinal vasculitis.¹

Subretinal abscesses are usually seen in immunocompromised individuals, due to bacterial or fungal infections, with a rapidly progressive course.² Rarely, they may occur due to necrosis within a tuberculoma.

The chronic course in our immunocompetent patient, with concurrent isolated extrapulmonary tuberculosis foci, and response to antitubercular therapy are suggestive of tubercular aetiology.³

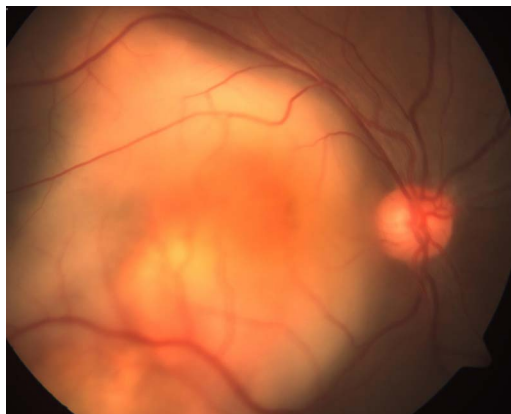


Figure 1 Fundus photograph of the right eye showing subretinal abscess in macula.

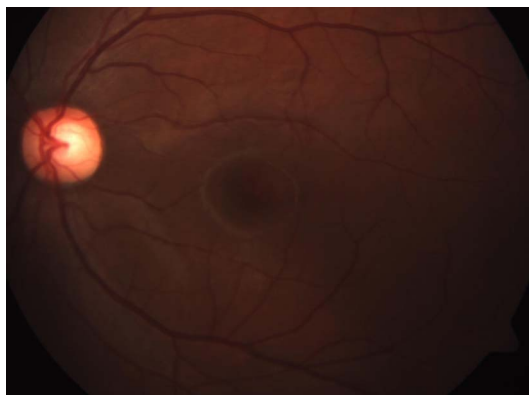


Figure 2 Fundus photograph of the left eye with normal macula.

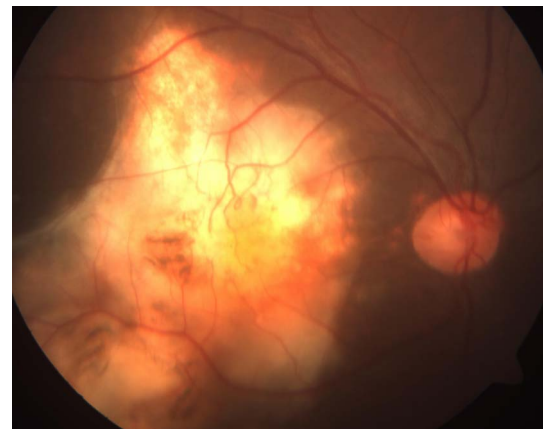


Figure 3 Fundus photograph of the right eye showing chorioretinal scar following treatment.

Learning points

- ▶ Subretinal abscess due to tuberculosis is a rare entity.
- ▶ PCR analysis of ocular fluid for *Mycobacterium tuberculosis* would have been confirmatory.³
- ▶ Detailed ocular evaluation in all cases of tuberculosis, especially extrapulmonary variant, may help in prompt management.



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