

Uncommon presentation of eye involvement in juvenile psoriatic arthritis relapse

Serena Pastore,¹ Cristina Tumminelli ,² Francesca Burlo ,² Alberto Tommasini^{1,3}

¹Department of Paediatrics, Burlo Garofalo Pediatric Institute, Trieste, Friuli Venezia Giulia, Italy

²Clinical Department of Medical Surgical and Health Sciences, University of Trieste, Trieste, Friuli Venezia Giulia, Italy

³Università degli Studi di Trieste, Trieste, Friuli-Venezia Giulia, Italy

Correspondence to

Dr Serena Pastore;
serena.pastore@burlo.trieste.it

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DESCRIPTION

A girl in her teens presented to our rheumatology service for a bruising eye, with sudden onset of whitish layer in front part of the left eye ([figure 1](#)). She was cared for ANA-positive and HLAB27-positive psoriatic arthritis associated with recurrent iridocyclitis. Two days before, despite immunosuppressive treatment with adalimumab, she had presented a relapse of iridocyclitis in the left eye, therefore, a treatment with oral corticosteroids and mydriatic drops had been started.

At the visit, a hypopyon was evident and the slit-lamp examination showed cells 4+, Tyndall 2+. Thus, the treatment was intensified with an intravenous bolus of methylprednisolone (5 mg/kg), carrying on oral corticosteroid therapy. After 1 week, her conditions consistently improved and the steroid therapy was gradually decreased.

Hypopyon is an inflammatory condition characterised by an exudate rich in white blood cells in the anterior chamber of the eye. It has diagnostic value, because it tends to occur in association with specific conditions rather than as a general ocular inflammation.¹ This condition has been rarely described in children, and it has been reported in a few cases of juvenile idiopathic arthritis with uveitis.^{2,3} HLAB27

is considered a risk factor for hypopyon in patients with iridocyclitis. Fortunately, hypopyon does not appear to be associated with poor ophthalmological outcomes.³ This case highlights that children with iridocyclitis require a close follow-up and that urgent clinical evaluation is needed in the presence of symptomatic iridocyclitis to allow effective treatment with high-dose glucocorticoids.

Learning points

- ▶ Systemic corticosteroid therapy should be considered whenever there is no response to topical treatment.
- ▶ Hypopyon uveitis could be an ophthalmic finding associated with psoriatic arthritis.

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Case reports provide a valuable learning resource for the scientific community and can indicate areas of interest for future research. They should not be used in isolation to guide treatment choices or public health policy.

ORCID iDs

Cristina Tumminelli <http://orcid.org/0000-0002-4782-8468>
Francesca Burlo <http://orcid.org/0000-0002-8915-5855>

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Figure 1 Hypopyon visible as a white horizontal streak in the anterior chamber of the left eye, due to the deposition of a thin layer of white blood cells.



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