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Images in Rheumatology

Bilateral retinal detachments presenting as manifestations of Vogt-Koyanagi-Harada syndrome

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A 38-year-old African-American female patient with a past medical history of hypertension presented with blurry vision, headache, and neck stiffness for 1 week. Her vision was decreased at 20/40 and 20/200 in the right and left eyes, respectively. She denied recent illness, skin changes, trauma, travel, sick contacts, or family history of diseases. Dilated fundus examination revealed bilateral panuveitis with serous retinal detachments (Figure a, b.; white tracing outlines the subretinal fluid). Laboratory and imaging findings were unremarkable, and the patient was diagnosed with Vogt-Koyanagi-Harada (VKH) syndrome. She was treated with a slow taper of ophthalmic and systemic steroids and subsequently exhibited complete recovery of ocular (Figure c, d) and systemic findings. VKH syndrome is a systemic disease that can present with hearing loss, meningismus, vitiligo/poliosis, and typically bilateral uveitis and serous retinal detachments. High-dose systemic corticosteroid therapy is the gold standard for treating this syndrome; however, other immunomodulatory agents may be needed in refractory cases (1, 2).

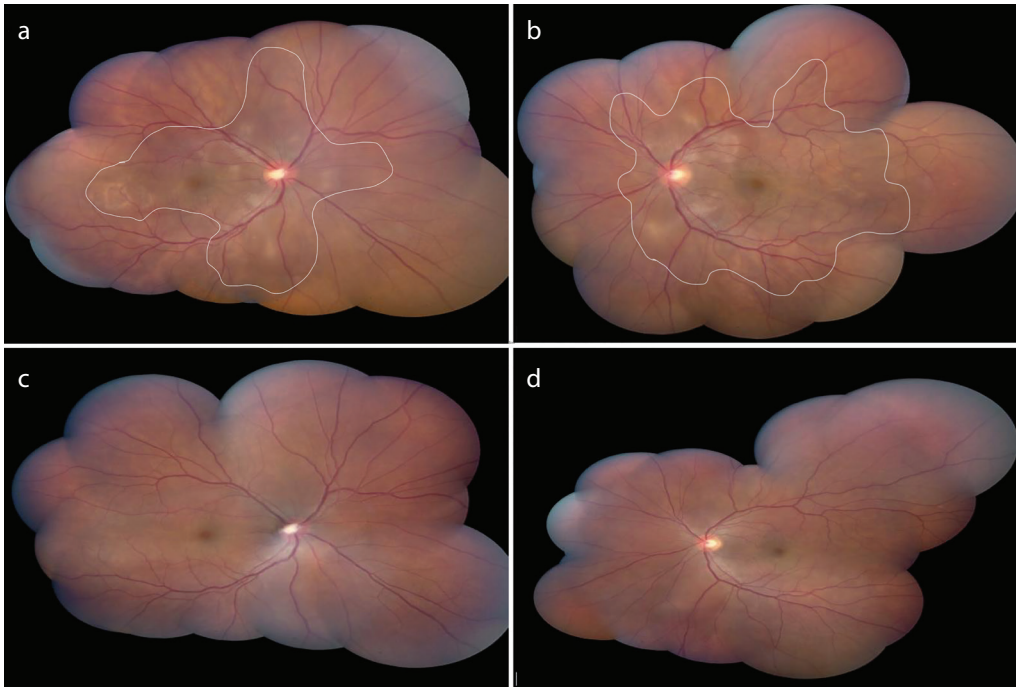

Figure 1. a-d. Images of the fundus in the right (a) and left (b) eyes at presentation outlining the significant serous retinal detachments. After 1 month of initiating corticosteroid therapy, the retinal detachments resolved in both the right (c) and left (d) eyes.

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