



6/15/22 Morning Report with @CPSolvers



Case Presenter: Franco Murillo(@) **Case Discussants:** Kirtan Patolia (@KirtanPatolia) and Ravi Singh (@rav7ks)

CC: Itching and redness in both eyes

HPI: 32 year-old-male with increasing itching and redness in both eyes for 1 week. On day of admission noticed floaters in the left eye with decrease of vision. Right eye still itching.

No fever, no headache.

Rest of ROS: wnl

PMH:
Ankylosing spondylitis 5 years ago +
Quantiferon T2DM

Unspecified inflammatory bowel disease
2 episodes of episcleritis

Meds:
TNF inhibitor
Long acting Insulin

Fam Hx: none

Soc Hx: None

Health-Related Behaviors: None

Allergies: NKDA

Vitals: T: HR: BP: RR: SpO₂: Vitals unremarkable

Exam: Non critical

Gen:

HEENT: Redness in both eyes, Fundoscopy: floaters, atypical floater like big objects

CV: wnl

Pulm: wnl

Abd: wnl

Neuro: loss of vision in left eye

Extremities/Skin: wnl

Notable Labs & Imaging:

Hematology:
WBC: 12,800 (Eosinophil: 1000, Neutrophils normal) Hgb: 13.7 Plt: 400k

CRP: 20 (high)

Chemistry: wnl

4 years ago positive Quantiferon-Treated with prophylactic meds

Floaters were consistent with retinal detachment
Uncontrolled poly-syndromic picture of AS

Final Dx: Recurrent episcleritis bouts causing bilateral detachment of retina due to underlying IBD

Problem Representation: A 32 year old male with PMH of AS and IBD on TNFi, two episodes of episcleritis presents with itching and redness in both eyes X 1 week

Teaching Points (Dr. Ravi Singh):

- Initial evaluation: Unilateral or bilateral involvement; symptom duration; and the presence or absence of trauma, discharge, pain, photophobia, and visual changes.
- Is this infectious, inflammatory, traumatic, or neoplastic?
- Vision-threatening eye infections: endophthalmitis, orbital cellulitis
- Signs of systemic disease
- Systemic diseases- IBD, AS, PsA, ReA, Sarcoidosis, Behcet's, SLE, ANCA
- Red eyes- conjunctivitis, uveitis, scleritis or episcleritis.
- TNF inhibitors- can increase the risk for infections (mycobacterial, fungal, granulomatous
- Floaters- can be benign however large floaters maybe a signal of other disease (Retinal detachment, parasites)
- Eosinophilia: Parasites , Fungal, HIV, autoimmune disorders, malignancy
- Emergency loss of vision- Check retinal detachment, CRAO, CRVO, Orbital cellulitis, Acute angle closure glaucoma