Abstract:

An 80-year-old male presents with marked unilateral acute vision loss due to recurrent orbital congestion in the contralateral eye with angle closure secondary to choroidal effusion. Treatment and imaging confirms diagnosis consistent with Orbital Pseudotumor.

I. Case History

- **Demographic:**
  80 year old Caucasian Male

- **Chief Complaint:**
  Patient reports to the ER with symptoms of redness, soreness and crusting of right eyelid. Patient reports onset about 3-4 weeks ago with progression. Patient denies pain, only itching of right eye. Patient reports today with marked inflammation and decrease vision OD since previous visit.

- **Ocular, medical history:**
  Orbital Pseudotumor OS
  Mild Non Proliferative Diabetic Retinopathy OU
  Thrombocytopenia
  Benign Prostate Hyperplasia
  Hypothyroidism
  Hyperlipidemia
  Coronary Artery Disease
  Myelodysplastic Syndrome

- **Medications**
  Oxycodone 5mg
  Aledronate 35mg
  Atenolol 50mg
  Levothyroxine 0.075mg
  Metformin 500mg
  Pravastatin 40mg
  Tramadol 50mg
  Ranitidine 150mg
  Tamsulosin 0.4mg
  Artificial Tears Pres-Free PRN
II. Pertinent findings

- Clinical
  08/21/2014
  Visual Acuity: sc
  OD CF @4ft
  OS 20/25-  
  previously:
  OD: 20/20  
  OS: 20/25
  Neuro-ocular exam:
  Extra ocular muscles: Full and smooth OS, restricted movement all gazes, full restriction up gaze c pain OS
  Confrontation Fields: Full to finger counting OS, nasal hemi-field constriction
  Pupils: Equal, round and respond to light OU, (+)APD OD
  Externals:
  Lids, Lashes and Lacrimals: blepharitis OU, marked lids swelling OD
  Slit Lamp Examination:
  Cornea: Clear OS, conjunctival swollen over peripheral cornea OD
  Conjunctiva: White and quiet OS, marked swelling c injections OD
  AC: Deep and quiet OS, (-)cells/flare OU, marked shallow chamber OD
  Iris: WNL, no sign of neovascularization OU
  Tonometry: OD: 34, OS: 12

08/22/2014
  Visual Acuity: sc
  **same presentation from 08/21/2014**
  Neuro-ocular exam:
  **same presentation from 08/21/2014**
  Externals:
  Lids, Lashes and Lacrimals: **same presentation from 08/21/2014**
  Slit Lamp Examination:
  **same presentation from 08/21/2014**
  Tonometry:
  OD: 14, OS: 16
  OD: 16, OS: 16 **post dilation**
  DFE:
  Right Eye C/D: 0.15 (+)multiple disc hemes temp, mild edema
  Macular: macular folds OD
  Vessels: no gross hemes
  Periphery: limited views, inf blot hemorrhages, kissing choroidals sup OD
08/26/2014

Visual Acuity: sc
**same presentation from 08/22/2014**

Neuro-ocular exam:
**same presentation from 08/22/2014**

Externals:
Lids, Lashes and Lacrimals: **same presentation from 08/22/2014**

Slit Lamp Examination:
**same presentation from 08/22/2014**

Tonometry:
OD: 06, OS: 15

DFE:
Right Eye C/D: 0.15 c disc edema 360
Macular: difficult views 2* choroidal detachment
Vessels: difficult views 2* choroidal detachment
Periphery: choroidal detachment sup nasal/temp OD

- **Laboratory studies**
  HbA1C: 5.6

- **Radiology studies**
  - MRI and CT Venous from first occurrence shows unremarkable neuro anomalies and no evidence of cavernous sinus/dural venous thrombosis, respectively.
  - CT scan with emphasis on cavernous sinus to be performed within the next week.

- **Others**
  B-Scan: 360 choroidal detachments, Scleral thickening consistent with posterior scleritis.
  Fundus Photography: Superior Choroidal Detachments obstructing views of posterior pole
  Anterior Photography: shows status from previous episode with medications and recurrence.

**III. Differential diagnosis**

- Orbital Pseudotumor
- Orbital Cellulitis
- Preseptal Cellulitis
- Herpes Zoster Ophthalmicus
- Thyroid Eye Disease
- Cavernous Sinus Thrombosis
- Giant Cell Arteritis
- Orbital Tumor
IV. Diagnosis and discussion

- Orbital Pseudotumor
- Choroidal Effusion
- Angle Closure
- Posterior Scleritis
- Serous Retinal Detachment

V. Treatment, management

- Treatment and response to treatment
  - Start 80mg Prednisone p.o.
    - Orbital Pseudotumor Resolved within 1 week.
  - Atropine BID OD
    - prevented posterior synechiae due to anterior rotation of ciliary bodies
  - Cosopt BID OD
    - decrease risk of angle closure glaucoma
  - Pred Forte QID OD
    - reduced inflammation and chemosis
  - Sub Tenon Kenalog Injection Sup/Temp OD
    - to be determined

VI. Conclusion

Acute angle closure secondary to posterior scleritis and choroidal effusion can be a clinical feature of severe orbital pseudotumor, also referred to as Idiopathic Orbital Inflammatory Syndrome (IOIS). IOIS is a diagnosis made by exclusion after ruling out all neurological and infectious etiologies through imaging and lab work up. The clinical features of IOIS well resolve once a thorough regimen of anti-inflammatories or radiotherapy has been given.

VII. References


