

# Tuberculous Sclerokeratitis

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## **Background:**

Tuberculosis may affect the sclera and the adjacent corneal periphery leading to sclerokeratitis. The aim of this study is to evaluate the clinical findings and outcome of patients with tuberculous sclerokeratitis treated with antituberculous therapy without concomitant use of systemic steroids.

## **Patients & Methods:**

A total of 8 consecutive patients with the diagnosis of tuberculous sclerokeratitis were included retrospectively. Patients were unsuccessfully treated with topical and/or systemic steroids. Patients underwent complete ophthalmic examination, medical evaluation, and laboratory investigations and imaging. Tuberculin skin test was done with purified protein derivative (PPD) on all patients. The diagnosis of tuberculous sclerokeratitis was made based on clinical findings of scleritis with adjacent peripheral corneal stromal keratitis, positive PPD test of 15 mm of induration or more, response to antituberculous treatment (ATT) within 4 weeks and exclusion of other causes of sclerokeratitis. Antituberculous drugs were given for a minimum of 6 months without concomitant use of corticosteroids. The outcome measure was resolution of the ocular surface inflammation of the sclera and cornea.

## **Results:**

Eight consecutive patients with the diagnosis of tuberculous sclerokeratitis were included. There were 1 male and 7 female patients. The mean age was 29 years with an age range of 7 to 43 years. The involvement of the sclera was nodular in six patients and diffuse in two patients. The involvement of the cornea consisted of peripheral corneal stromal inflammation adjacent to the area of scleritis. Patients responded well to antituberculous medications with complete resolution of the sclerokeratitis without anti-inflammatory agents.

## **Conclusions:**

Antituberculous medications can lead to complete resolution of the sclerokeratitis without concomitant use of steroids, or other anti-inflammatory agents.