Vokt-Koyanagi-Harada (VKH): An Atypical Presentation

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Case Report: a year 42 years old housewife presented to the local Hospital complaining of acute visual loss in OS associated to fever and headache. Acute phase retinography disclosed in OS an incomplete macular star associated to optic disc edema while in OD was unremarkable (fig 1). Investigation for common and uncommon infectious causes of neuroretinitis were negative, as well as screening for non infectious causes. She was diagnosed with idiopathic neuroretinitis and was sent to our service for a second opinion.

Figure 1. Color fundus at baseline

Results: when examined, one month later, retinography in OS disclosed multiple serous retinal detachments in OS. Optical Coherence Tomography showed mild chorioretinal folds in OD (fig. 2 a) and retinal septeae in OS (fig. 2 b).
On fluorescein angiography (FA) there was a moderate dye pooling in the areas of retinal detachments and an intense leakage at optic disk (fig. 2-c), while on indocyanine green angiography (ICG) multiple hypocianescent spots were detectable at the posterior pole and in retinal periphery in both eyes (OU) (fig. 2 d-e). Systemic investigation was remarkable for pleocytosis on lumbar puncture.

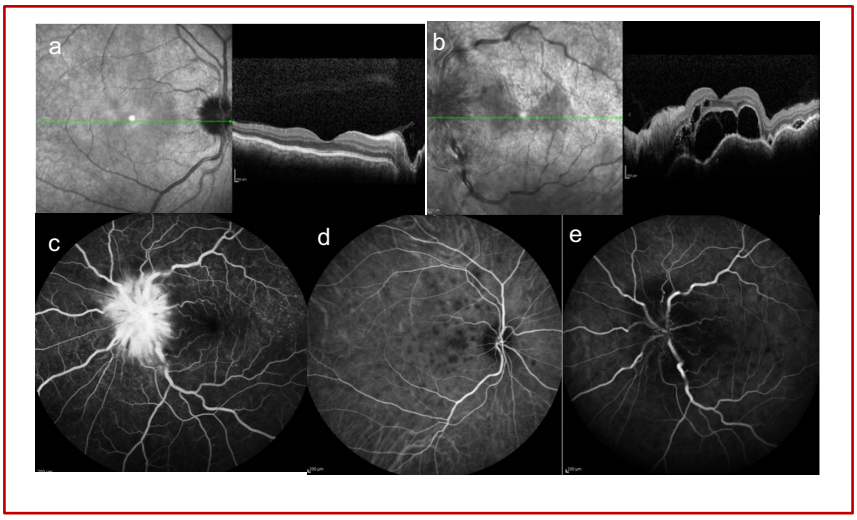

Figure 2: OCT, FA and ICG at one month

Therapy and Outcome: we made a diagnosis of Vogt - Koyanagi-Harada disease and treated the patient with high dose i.v. steroids followed by oral tapering.

Conclusions: Vogt-Koyanagi-Harada disease has never been described before as a cause of neuroretinitis, nor neuroretinitis has been reported as a possible presentation of this disease. In our case indocyanine angiography was paramount in making a correct final diagnosis, showing a bilateral involvement in a case apparently unilateral as presentation.

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