Acute Vogt-Koyanagi-Harada disease associated with retinal pigment epithelium detachment: a report of 2 cases

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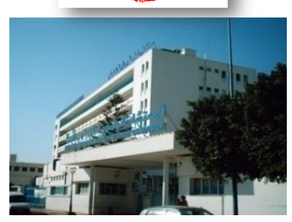

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Background:

- Failure in distinguishing between acute VKH disease and acute central serous chorioretinoapthy (CSC) would result in inappropriate management.
- Our purpose is to report the cases of two patients who presented with acute VKH disease and associated inflammatory retinal pigment epithelium detachment (PED).

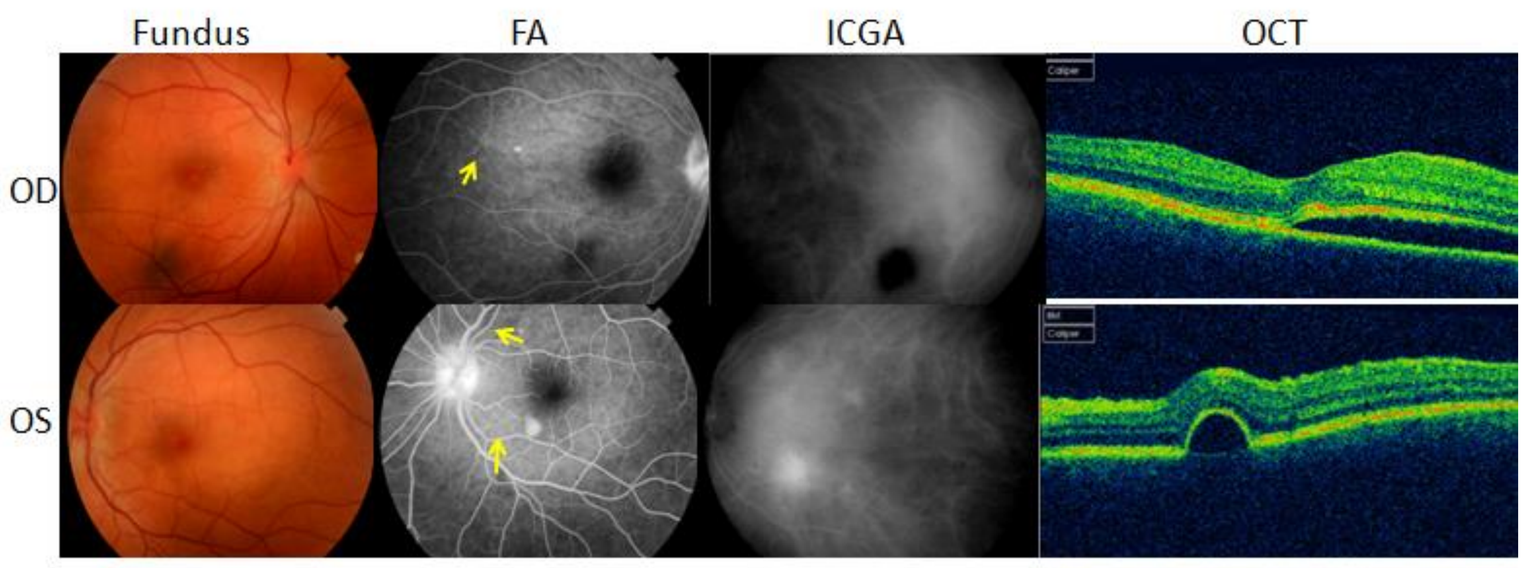
Patients & Methods:

Two case reports. Both patients had a complete ophthalmic examination and multimodal imaging including fundus photography, fluorescein angiography, spectral-domain optical coherence tomography, indocyanine green green angiography, and B-scan ultrasonography**.**

Cases

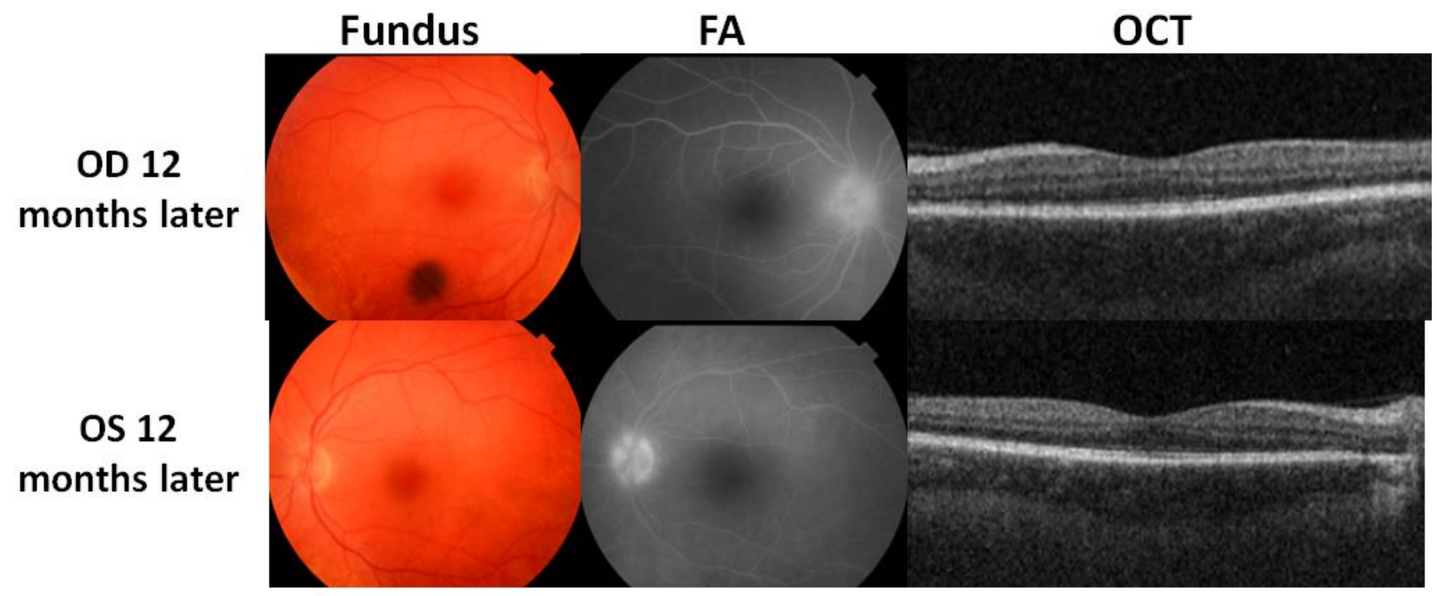
Case 1 :

A 22-year-old male patient complained of acute bilateral decrease in vision. Initial BCVA was 20/63 OU. There was 1 + vitreous cells, OU. Fundus findings included exudative retinal detachment (ERD) in the right eye (RE), and a macular deep yellow lesion suggestive of PED in the left eye (LE). Multimodal imaging showed features of acute VKH disease with associated bilateral PED. The patient received prednisone and cyclosporine, with subsequent resolution ERD and PED.

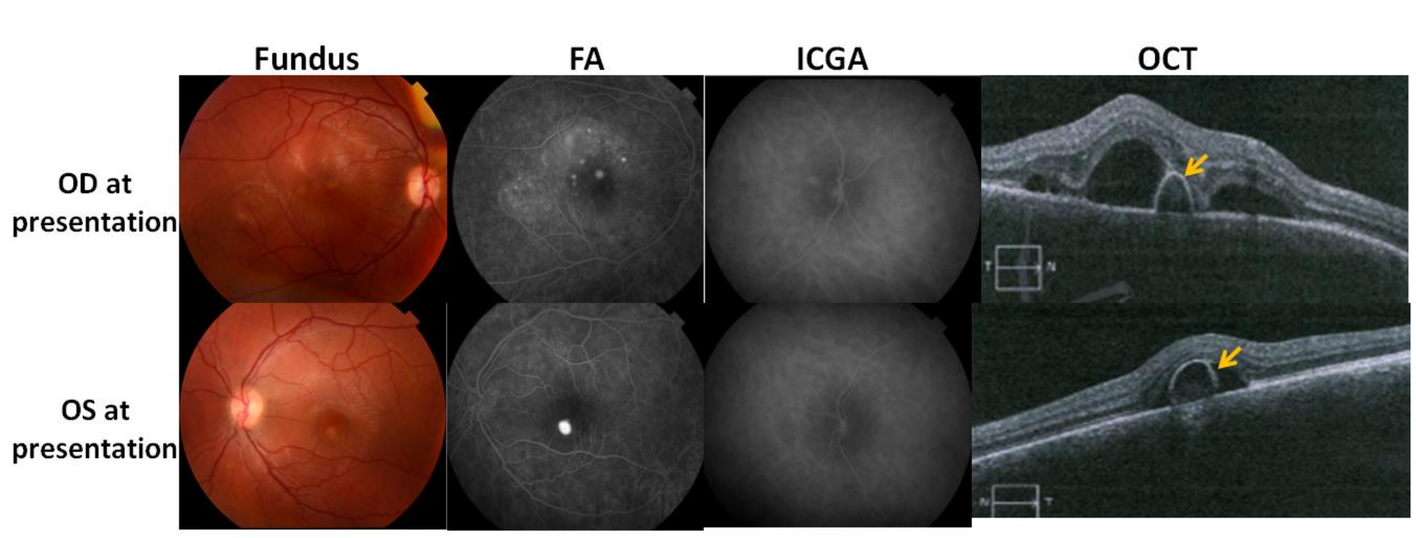


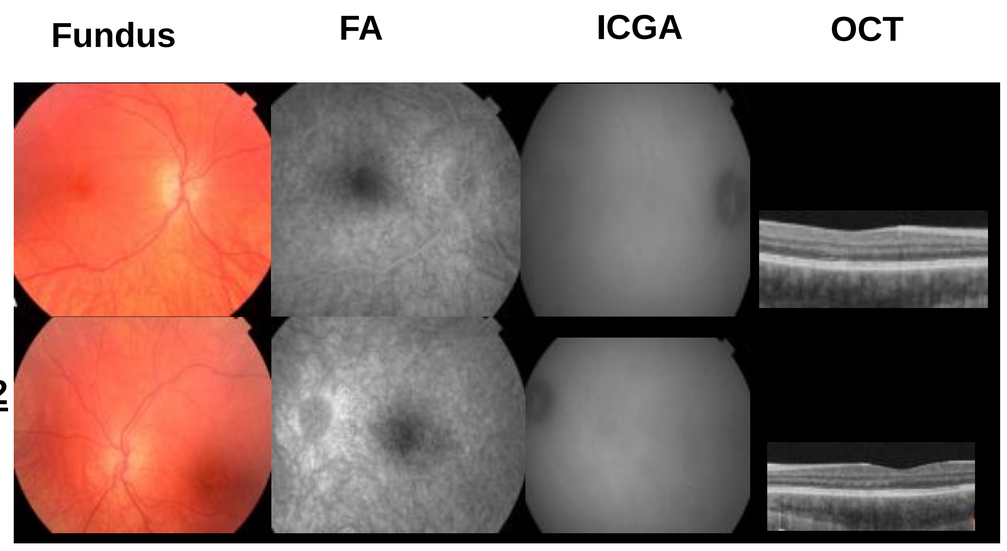
Case 2:

A 40-year-old female patient presented with bilateral vision blurring. Best-corrected visual acuity (BCVA) was 20/40 in the RE and 20/32 in the left eye LE. There was 1+ vitreous cells OU. Fundus examination showed bilateral optic disc swelling and choroidal and retinal folds. Multimodal imaging results were consistent with a diagnosis of acute VKH disease associated with PED. The patient was given oral prednisone and cyclosporine, with subsequent visual improvement and resolution of both ERD and PED.



Figures case 1 ODS





Figures case 2 ODS

Comments and conclusion:

- CSC should be considered among the differential diagnoses of acute VKH disease, in a patient with macular ERD.
- Although our patients had PED in association with features of acute VKH, there was no other signs suggestive of CSC.
- PED has been very rarely described in the setting of acute VKH disease. Such PED seems to respond to corticosteroid therapy.
- A careful clinical examination and analysis of multimodal imaging findings are helpful in differentiating inflammatory PED from central serous chorioretinoapthy-related PED