OPEN

A Rare Case of Tubercular Scleral Abscess

Isha Acharya, MBBS, Jolly Rohatgi, MBBS, MS, and Ashit Handa, MBBS

(*Asia Pac J Ophthalmol (Phila)* 2021;10:596)

A 65-year-old male presented with pain and redness of left eye for 1.5 months following history of contact with a vegetative foreign body for which he was putting frequent topical steroids and antibiotics but without any resolution.

On left eye examination, best-corrected visual acuity was 6/24 with projection of rays accurate. The scleral abscess was noted inferonasal with diffuse conjunctival congestion (Fig. 1). Anterior chamber depth was normal with 2+ cells and pigments at the back of the cornea and the anterior lens capsule. The pupil was sluggishly reacting with festooned pupil on dilatation. On posterior segment examination, media was clear with normal disc and macula although multiple small choroidal tubercles were seen in the inferior quadrant. Intraocular pressure was 16 mm Hg. Ultrasound B-scan showed a hypoechoic lesion in the inferior sclera.

Suspecting foreign body granuloma, topical steroids were stopped and fortified antibiotic drops were started with cycloplegic.

Chest X-ray with Mantoux test revealed pulmonary Kochs for which Antitubercular treatment was started. The patient got symptomatically better on antibiotic drops although significant improvement occurred after starting Antitubercular treatment (Fig. 2).

This case demonstrates a rare presentation of intraocular tuberculosis with an incidence of around 7% to 8%.[1] It is important to differentiate noninfectious[2] from infectious scleritis, and tubercular scleritis is an important differential in endemic countries like India.

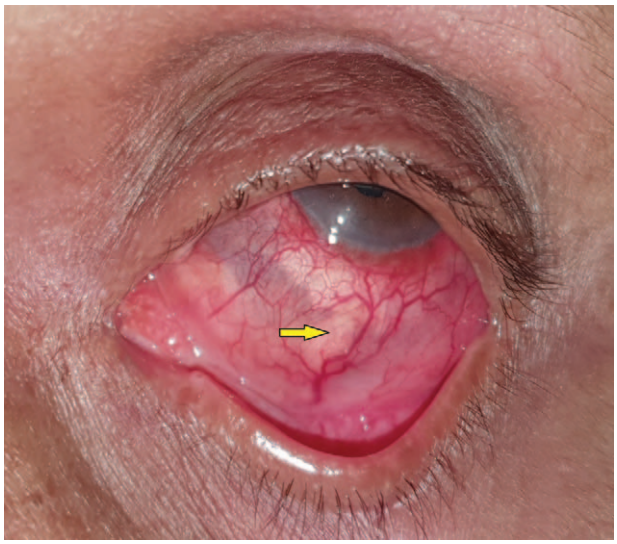

FIGURE 1. Clinical presentation on day 1 showing scleral abscess (yellow arrow) inferiorly with diffuse conjunctival congestion.

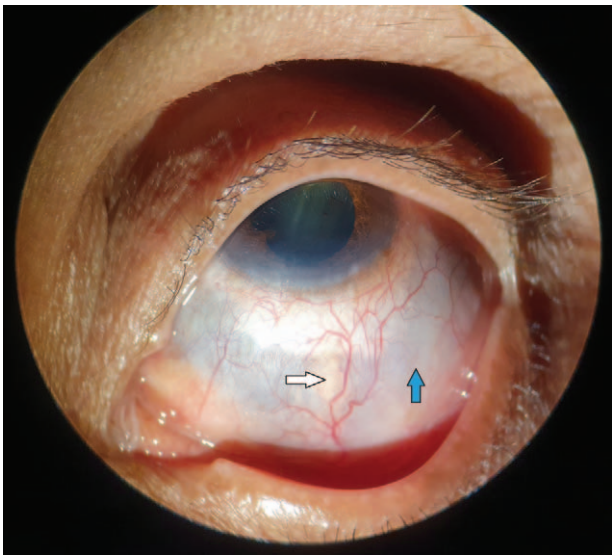

FIGURE 2. Clinical presentation on day 15 showing area of resolving scleral abscess (white arrow) with bluish discoloration of sclera inferiorly (blue arrow) suggestive of scleral thinning.

Submitted June 12, 2021; accepted June 23, 2021.
From the Department of Ophthalmology, University College of Medical Sciences (UCMS), Guru Teg Bahadur (GTB) Hospital, Delhi, India.
The authors have no conflicts of interest to declare.
Address correspondence and reprint requests to: Isha Acharya, Department of Ophthalmology, UCMS and GTB Hospital, Delhi, Dilshad Garden, Delhi 110095, India. E-mail: isha515acharya@gmail.com

ISSN: 2162-0989
DOI: 10.1097/APO.0000000000000423

REFERENCES

1. Jabs DA, Mudun A, Dunn JP, et al. Episcleritis and scleritis: clinical features and treatment results. *Am J Ophthalmol*. 2000;130:469–476.
2. Biswas J, Dutta Majumder P, Agrawal R, et al. Current approach for the diagnosis and management of noninfective scleritis. *Asia Pac J Ophthalmol (Phila)*. 2020;10:212–223.