

SARS CoV-2 vaccine inactivated sinovac biotech

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Vogt Koyanagi-Harada like panuveitis: case report

A 19-year-old man developed Vogt-Koyanagi-Harada like panuveitis following COVID-19 vaccination with SARS COV-2 vaccine inactivated Sinovac Biotech.

The man was referred to clinic with a two weeks history of blurred vision and bilateral eye redness. He had received the first dose of SARS COV-2 vaccine inactivated Sinovac Biotech [inactivated COVID-19 virus vaccine; *route and dosage not stated*] two weeks prior. Following the vaccination, he developed headaches and fatigue after 2 hours and bilateral blurred vision after 12 hours later, respectively. On examination, the IOP was 11.3mm Hg in the left eye and 11.2mm Hg in the right eye and best visual acuity was 20/20 bilaterally. Anterior segment examination showed gray fine keratic precipitates, mild conjunctival congestion and 2+ cells in the anterior chamber bilaterally. Slit lamp examination showed 1+ cells in the anterior vitreous. Dilated indirect ophthalmoscopic examination showed 1+ vitreous haze and revealed multiple choroidal foci far peripherally and serous retinal detachments in both eyes, which were confirmed by optical coherence tomography (OCT). Wide-field fluorescein angiography revealed multiple hyperfluorescent foci inferiorly and mild hyper-fluorescence in the posterior pole, more prominent in the left eye. Inflammatory analysis showed elevated interleukin-6 (IL-6) in both eyes. Although, his interferon gamma release assay (T-SPOT) was positive. A diagnosis of Vogt-Koyanagi-Harada like panuveitis attributed to vaccine was made.

After the initial evaluation, the man received treatment for non-infectious panuveitis with triamcinolone [triamcinolone acetonide]. Subretinal fluid reduced quickly within two days of therapy. Blurred vision resolved in five days, and he had no recurrent ocular disturbance during four months of follow-up.

Chen X, et al. Acute-onset Vogt-Koyanagi-Harada like uveitis following Covid-19 inactivated virus vaccination. American Journal of Ophthalmology Case Reports 26: Jun 2022. Available from: URL: <http://doi.org/10.1016/j.ajoc.2022.101404> 803651644