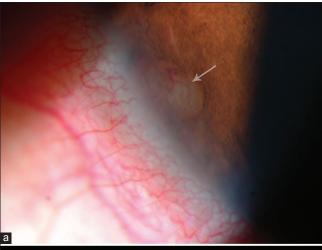
Berlin nodule in sarcoidosis

A 22-year-old lady presented with bilateral intermittent pain and redness since 1 year. Both eyes had medium-sized keratic precipitates, 2+ flare, 2+ cells, vitritis with vitreous haze and disc hyperemia. Iris nodule at 8 o'clock near the angle was noted in right eye [Fig. 1a]. Diagnosis of bilateral panuveitis was made. Mantoux was negative, CT scan of chest revealed mediastinal lymphadenopathy, elevated serum ACE levels. Anterior chamber tap, PCR for *Mycobacteria tuberculosis* was negative. Endobronchial biopsy confirmed diagnosis of sarcoidosis. ^[1,2] Anterior segment OCT was done [Fig. 1b]. Present case highlights clinical and ASOCT features of Berlin nodule in definite ocular sarcoidosis.



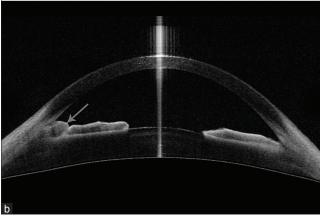


Figure 1: (a) Anterior segment photograph of the right eye revealed circumciliary congestion, well-defined pearly white nodule with superficial vascularization on the surface suggestive of Berlin Nodule. (b) Anterior segment Optical coherence tomography of the angle revealed well-defined hyporeflective lesion surrounded by hyperreflective margin at the angle suggestive of Berlin nodule in a case of sarcoidosis

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

Padmamalini Mahendradas, Rwituja Thomas, Ankush Kawali, Bhujang K Shetty¹

Department of Uveitis and Ocular Immunology and ¹Department of Cataract and Refractive Lens Surgery, Narayana Nethralaya, Bengaluru, Karnataka, India

Correspondence to: Dr. Padmamalini Mahendradas, Narayana Nethralaya, 121/c, Chord Road, Rajajinagar, Bengaluru, Karnataka, India. E-mail: m.padmamalini@gmail.com

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