

Posterior scleritis mimicking indirect carotid-cavernous fistula

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Abstract

Purpose: To report a case of posterior scleritis that mimicked indirect carotid-cavernous fistula. **Case Report:** A 53 year old lady presented with two weeks' history of right eye redness and blurring of vision associated with right sided headache and ocular pain. The episcleral vessels were dilated and tortuous. Fundus examination revealed optic disc swelling and choroidal folds. B-scan ultrasonography demonstrated the "T" sign which is diagnostic of posterior scleritis. **Conclusion:** This case report highlighted the variable clinical symptoms and signs of posterior scleritis. Clinician must maintain a high index of suspicion for posterior scleritis in patients who present with painful blurring of vision. Effort should be made to rule out any systemic association which must be treated promptly.

Introduction

Posterior scleritis is an uncommon manifestation of scleritis which may result in blindness. Diagnostic confusion may arise due to its variable clinical signs and symptoms 1. We report a case of posterior scleritis that mimicked indirect carotid-cavernous fistula.

Case Report

A 53 year old lady presented with sudden onset of right eye redness associated with two weeks' duration of blurring of vision. The blurring of vision was preceded by right sided throbbing headache and ocular pain which increased in severity and waked the patient from her sleep. They were no precipitating, aggravating or relieving factors.

The associated redness was diffuse and increased gradually. The blurring of vision was gradual and progressive. She has no history of head or ocular trauma, eye discharge, photophobia, diplopia, flashes or floaters. Her left eye was unaffected. Systemic review was not significant. She has severe gastritis and had an episode of upper gastrointestinal bleed six months ago when she presented with melena. She is currently taking oral ranitidine 150 mg twice daily. There was no other past medical, ocular, surgical or drug history.

On examination, the visual acuity (VA) of her right eye was 6/60. The best corrected visual acuity (BCVA) was still 6/60. The near vision of her right eye was N48. The BCVA of her left eye was 6/6 with near vision N6. There was no strabismus. In ambient light, the right pupil was 5 mm while the left pupil was 3 mm (Figure 1). Relative afferent pupillary defect (RAPD) was positive on the right eye.