Serpiginous choroiditis: an unusual presentation of ocular sarcoidosis

C Edelsten, M R Stanford, E M Graham

Choroiditis is frequently found in patients with posterior segment inflammation associated with sarcoidosis. The most frequent pattern of choroidal involvement is areas of well circumscribed pre-equatorial choroidal depigmentation that become associated with retinal pigment epithelial (RPE) hyper- or hypopigmentation with time. We present two patients with biopsy proved sarcoidosis in whom there was extensive, confluent choroiditis with RPE changes resembling serpiginous choroiditis.

Case reports

CASE 1
A white woman developed intermittent bilateral anterior uveitis at the age of 23 that required topical steroids, and occasionally systemic prednisolone, to control. At 33 she developed an optic neuropathy that resolved spontaneously. Despite the absence of any systemic symptoms a Kveim test was positive. Examination at age 44 showed visual acuity in the right eye of 6/4 and in the left eye of 6/18 with a left relative afferent pupillary defect. She had left optic atrophy and the right fundus showed extensive choroidal lesions (Fig 1A) whose edges masked early and leaked late on fluorescein angiography (Fig 1B, 1C).

CASE 2
A white woman developed bilateral choroiditis at age 29 and was treated with antituberculosis therapy, despite there being no extraocular evidence of tuberculosis. At age 47 she developed an enlarged cervical lymph node which on biopsy showed the typical changes of...
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Figure 2 (A) Fundus photograph (case 2) showing marked pigment epithelial atrophy with clumping. Fluorescein angiography shows marked atrophy in the early film (B) and late staining at the edge of the lesion in the late pictures (C).

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Both of our patients demonstrated extensive areas of posterior pole choroiditis associated with marked RPE changes with the fluorescein angiographic features of early masking and late staining of the edge of the lesions. Progression of the disease, causing marked visual loss, occurred without significant retinal inflammation. Thus both patients showed a clinical resemblance to serpiginous choroiditis. Serpiginous choroiditis is a clinical entity which has been described in white people aged 20-50, and is associated with vitritis, subretinal neovascularisation, and disc oedema. Helicoid progression from the disc is not universal, and disease starting both peripherally and from the macula has been described. No association with sarcoidosis has been reported previously, but it is of interest that the early reports of this disease noted a high incidence of active or presumed tuberculosis.6 Histological reports are rare and describe a round cell infiltrate of the choriocapillaris and part of the choroid, without granuloma formation. In summary, we report the clinical and angiographic features of two patients with confluent choroiditis resembling serpiginous choroiditis in whom there was evidence of systemic sarcoidosis.

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