SYMPATHETIC OPHTHALMITIS OF UNUSUAL ONSET A Further Report *

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In 1948, we described a case under the above title. In December, 1945, the injured right eye developed an iridocyclitis of severe type and later had to be removed. In March, 1946, the left eye developed signs of papillitis and mild uveitis, mainly posterior, which after treatment resolved almost completely, and by June, 1946, vision was restored to 6/5. After three years we now have to report a disappointing sequel.

Case Report

The patient, a European farmer, aged 57 years, was re-admitted on January 27, 1949, to the Groote Schuur Hospital, Cape Town, with a red and painful left eye. On examination he was found to have an acute iridocyclitis, with a heavy exudate in the anterior chamber.

History.—Since his discharge in June, 1946, the patient had been free from trouble, except that on a few occasions there had been periods of blurred vision and watering of the eye without pain. It was difficult to establish definite evidence of these attacks because no doctor saw him until about one week before admission when the eye had become painful and the vision blurred.

Course and Treatment.—On admission, heroic treatment was instituted without delay. Intravenous calcium gluconate and N.A.B. were given, as well as 200,000 units of penicillin intramuscularly, followed by 100,000 units at 6-hourly intervals for five days. By mouth, sodium salicylate was exhibited. He received, in addition, the usual local applications, as well as sedatives.

At the same time a search was instituted for some hidden infective cause for this new attack. His jaws (edentulous), were x-rayed for root stumps, and tonsils, ears, and sinuses were investigated, with negative results. The honorary venereologist to the hospital reported that the left seminal vesicle was indurated and that the secretion obtained by massage showed numerous pus cells, and also expressed the view that "iridocyclitis was more often due to infection than to syphilis". (The Wassermann reaction was negative.) On his advice daily diathermy to the perineum and bi-weekly vesiculo-prostatic massage were instituted.

In the course of the next six weeks the patient received 12 million units of penicillin as well as 12 gm. of streptomycin, followed by 120 grains of salicylate daily for five days, and then 14 gm. of sulphatriad over 48 hours. Short intensive courses of salicylate were repeated at intervals. On May 27, it was decided to do a bilateral vasotomy with a view to establishing drainage in the vaso-urethral tracts. These were reported patent, but by June 8, the left seminal vesicle was still indurated, with a moderate number of pus cells in the secretion.

The intra-ocular inflammation, however, pursued a relentless course. In the early part of treatment there appeared to be some slight improvement, but at the

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end the cornea had cleared only a little, the iris was atrophied and the plug of exudate in the pupillary area had largely absorbed, leaving a densely cataractous, swollen lens projecting through a wide pupil. Pain and tension subsided to some extent. On June 26 the patient was sent home, certified blind.

Discussion

This case presents a problem in diagnosis. The course of uveitis was clinically indistinguishable from that usually known as sympathetic ophthalmia. In this respect its failure to respond to the formidable exhibition of all the antibiotic drugs at our disposal, as well as several well-tried non-specific adjuncts, was characteristic. In the early stages of this case in 1946 one was never in any doubt as to the diagnosis after the original inquiry. The fact that the sympathizing eye cleared eventually to a point where vision returned to normal and all evidence of active inflammation had subsided led one to believe that the condition had been controlled permanently.

The question that arose subsequently was whether the final destructive process was a relapse of the same condition, or whether it was due to some other, probably infective, cause acting on an eye already the subject of iridocyclitis. If the former, an interval of nearly three years between two distinct attacks must be extremely rare, if not unknown. The literature gives several instances of a protracted course with rather frequent relapses, sometimes over a period of years. Duke-Elder (1940) quotes a report by Verhoeff, whose case had eight relapses in 8 years. The usual tendency is for each successive attack to leave the eye a little more crippled. We have been unable to find a record of a similar case with a quiescent interval of anything approaching three years. It is possible, however, to regard the episodes of reduced vision and slight discomfort of which the patient complained as minor relapses within that time. These symptoms form the only link between the two main episodes and must be taken into account. On the other hand evidence is not wanting that unsuspected infection, especially in the lower genitourinary tract, is a potent cause of chronic uveitis. Here there was evidence of such infection. It is more logical to postulate repeated attacks from such a focus of infection than to regard the case as a form of protracted sympathetic ophthalmia.

Finally, can one assume that the first attack was sympathetic and the last infective in nature? At the time of the first attack there was no doubt clinically as to the type of iridocyclitis present and no special search for focal infection was made; this was only done subsequently in view of the long interval between the main attacks.

Summary

(1) A case of unusual sympathetic ophthalmia in the sympathizing eye (the exciting eye having been removed), which resolved to a completely quiescent state, but succumbed subsequently to a severe progressive uveitis indistinguishable from typical sympathetic inflammation.

(2) There was an interval of nearly three years between these two attacks.

(3) Chronic latent infection in the prostate and vesicles was demonstrated.

(4) The treatment included astronomical doses of penicillin, streptomycin, sulpha-drugs, and salicylates without any appreciable effect. Treatment on similar lines was thought at first to have controlled the original attack.

REFERENCES

- DUKE-ELDER, S. (1940). "Textbook of Ophthalmology", vol. 3, p. 2338.
 SICHEL, A. W., and LOUW, J. G. (1948). *British Journal of Ophthalmology*, **32**, 180.