CASE NOTES

SCLERAL GUMMA*

BY

B. N. BHADURI AND S. K. BASU *

Calcutta

THE incidence of scleral gumma is relatively rare, and within the last 10 years only one paper on the subject has been published (Mayzel, 1951).

Case Report

A married woman aged 47 years came to the Chatterjee Memorial Eye Hospital on November 2, 1954, with the history of sudden onset of pain and tenderness of the left eye 3 weeks previously. Since then she had noticed a small abscess-like swelling with redness around it in the upper part of the eyeball.

Examination.—An almost round punched-out hole in the sclera was seen near the 12 o'clock position about 2 to 3 mm. above the limbus. The uveal tissue underneath was exposed over an area of 2 mm. diameter, and was covered by the conjunctiva which was raised like a bulla over it. There was swelling and congestion of both conjunctiva and episcleral tissue around the opening, which simulated a trephine hole stretched somewhat vertically (Figure). The anterior chamber and the other parts of the eyeball, the eyelids, and the right eye were all normal.

FIGURE.—Position of scleral gumma.

Previous Illness.—She had had smallpox at the age of 8 years, and inflammatory painful pelvic disorders associated with discharge of blood and pus at the age of 17 years about 1½ years after her marriage. The first and only pregnancy was at the age of 19. She had suffered from occasional fits since then but was cured after an operation for dilatation and curetting of the

uterus. She had had pleurisy without recurrence at the age of 37 years.

Investigation and Treatment.—The vision in the affected eye was 6/6 without glasses. Pupillary reaction to light and convergence were normal. The fundi were normal. Slit-lamp microscopy of the left eye under mydriasis showed a few opaque areas in the cortex of the lens beneath the anterior capsule near the equator in the 10 to 11 o'clock position. There were no pigment or cellular deposits on the surface of the anterior capsule. No keratic precipitates were found. The anterior chamber was normal in both eyes. The intra-ocular tension was 18 to 20 mm. Hg (Schiötz) with or without mydriasis. Both the Wassermann reaction and Kahn (flocculation) tests were positive

* Received for publication April 9, 1956. This case was demonstrated at a clinical meeting of the Bengal Ophthalmological Society on May 26, 1955.

(double plus), and all other tests, including the Mantoux tuberculin test, were negative.

A course of penicillin therapy (daily intramuscular injections in two divided doses of 500,000 units for 25 days) was given, followed by a course of bismuth and later potassium iodide orally.

Result.—The swelling and congestion of the eye gradually passed off and the opening in the sclera was filled up by fibrous tissue which remained whitish looking and somewhat thickened.

Comment

A history of past pelvic disorders associated with sanious discharge, infertility, the clinical course of the scleral lesion, its early spontaneous perforation and subsequent quick and complete recovery without incident after anti-syphilitic treatment, besides the positive Wassermann reaction and Kahn test indicate a scleral gumma. A single scleral gumma without involvement of the ciliary body is extremely rare. According to Duke-Elder (1938), Sorsby (1951), and Tassman (1951), this type of limbal gumma is usually secondary to lesions of the ciliary body. In the present case, our investigations elicited no positive sign of ciliary involvement. The only evidence is the presence of lental opacities close to the site of scleral inflammation. Further observation of the case for nearly a year showed the non-progressive nature of the lental opacities and absence of any other signs of chronic uveitis.

REFERENCES

- DUKE-ELDER, S. (1938). "Text-book of Ophthalmology", vol. 2, p. 2066. Kimpton, London.
MAYZEL, S. D. (1951). *Vestnik Oftal.*, 30, No. 5, p. 40.
SORSBY, A. (1951). "Systemic Ophthalmology," p. 353. Butterworth, London.
TASSMAN, I. S. (1951). "Eye Manifestations of Internal Diseases", 3rd ed., p. 324. Mosby, St. Louis.