ACUTE ANTERIOR UVEITIS IN A PATIENT WITH SARCOIDOSIS AND HIGH TOXOPLASMA DYE TEST TITRE*

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ANTERIOR uveitis is a relatively common ophthalmic condition, and uveitis, in general, accounts for 2.5 per cent. of all cases of blindness in England (Sorsby, 1956). The aetiology is, in most cases, unknown; Perkins (1961) could not account for it in 82 per cent. of female cases of acute anterior uveitis. In the case here reported, a patient with bilateral anterior uveitis showed evidence of systemic sarcoidosis, in the form of enlarged cervical and mediastinal lymph nodes. She also gave a high Toxoplasma dye test titre, and a rising complement-fixation titre.

Case Report

A 48-year-old housewife attended the Outpatient’s Department on November 19, 1962, complaining of misty vision in both eyes for the past 8 weeks. She had worn glasses since 1959, but had no history of eye disease. She had had a uterine fibroid and had lost one stone in weight during the past year. There was no record of contact with animals.

Examination.—The visual acuity was 6/12 in the right eye and 6/9 in the left with −1.5 D sph. She could read N.5 without glasses. Slit-lamp microscopy revealed bilateral flare, cells in the anterior chamber, and keratic precipitates. Ophthalmoscopy showed haze in the anterior part of the vitreous and no evidence of fresh or old choroiditis.

The lymph nodes in the supraclavicular fossae were enlarged. X rays on November 20, 1962, showed clear lungs with enlarged lymph nodes at both hila, and mucosal thickening in both antra.

Laboratory Studies.—Red blood count 4,000,000/c.mm.; Hb 75 per cent.; white blood count 6,000/c.mm. Blood film showed mild anisocytosis and anisochromia. Erythrocyte sedimentation rate 28 mm./1 hr. (Wintrobe). Wassermann reaction and Price’s precipitation test negative; Mantoux test negative.

On November 19, 1962, and at intervals thereafter the Toxoplasma dye test titre was 1 : 2,048; the complement-fixation test was negative at first but when repeated one month later it was positive 1 : 8, and subsequently rose to 1 : 16.

An enlarged supraclavicular gland was removed for biopsy. Sections of the lymph node showed it to be packed with well-defined non-caseating tubercle-like follicles, many of which contained giant cells (Figs 1 and 2, opposite).

Treatment.—The patient was treated with a local steroid and mydriatics. She was also given chloroquine for the sarcoid lymphadenopathy for a month starting on January 10, 1963, by the physician who saw her for her chest condition. Although the flare and the cells seemed to diminish, the vitreous haze remained. In view of the high Toxoplasma dye test titre and rising complement-fixation titre, it was thought worth while to give a course of Pyrimethamine (100 mg. for 2 days; 50 mg. daily for 2 weeks; 25 mg. daily for a further 2 weeks; and 25 mg. weekly for 6 months). This was started on May 28, 1963, and the complement-fixation test became negative within 2 weeks; the dye test titre gradually came down to its present level (1 : 128).

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Fig. 1.—Section of the lymph node showing it to be packed with well-defined non-caseating tubercle-like follicles. ×20.

Fig. 2.—Same as Fig. 1 under higher magnification (×128), showing several tubercle-like follicles containing giant cells.

Fig. 3.—X-ray of chest showing enlarged hilar glands and mottling of the lung fields.

Progress.—Chest x-ray on July 12, 1963, showed a mottling in the lungs and enlarged hilar glands (Fig. 3).

The anterior uveitis recurred in January, 1964; a chest x-ray on February 6, 1964, showed that the sarcoid process was still active, but there were no bony changes in x-rays of the hands.
Discussion

Sarcoidosis is the most likely aetiological factor in this case. Although the commonest uveal complication of sarcoidosis is a chronic granulomatous anterior uveitis, acute and subacute forms occur in certain cases (James, 1959). According to Perkins (1961), sarcoidosis accounts for about 4 per cent. of cases of acute anterior uveitis, and is more common in females.

The toxoplasmosis infection in the present case could be considered as coincidental. Beverley, Caley, and Warrack (1958) described a lymph node removed from a case of toxoplasmosis, in which collections of epithelioid cells showed a sarcoid-like pattern in certain areas. The cellular pattern in the present case was exactly that of sarcoidosis, and the diagnosis of glandular toxoplasmosis was thus excluded on histological grounds as well as by the observed effect of Pyrimethamine therapy. Although the latter brought down the dye test titre, it did not clear the mediastinal lymphadenopathy.

Summary

A case of acute anterior uveitis in a female is described, with active *Toxoplasma* infection as well as mediastinal sarcoidosis.

I should like to thank Mr. H. Fraser for giving me permission to publish this case.

REFERENCES