

CLINICAL IMAGE

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Acute anterior uveitis following severe acute respiratory syndrome coronavirus 2 infection

Rika Tsukii, Yuka Kasuya, Shinji Makino

CASE REPORT

A 45-year-old previously healthy man presented with a 4-day history of ocular pain with marked injection in the right eye two days after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. He was diagnosed with COVID-19 after testing positive for SARS-CoV-2 by real-time reverse transcriptase-polymerase chain reaction using nasopharyngeal swab fluid. He was forced to stay at home because of a declaration by the Government of Japan. After a 2-week isolation period, he was referred to the Jichi Medical University Hospital. Examination revealed a best-corrected visual acuity of 20/16 and 20/20 in the right and left eyes, respectively. Intraocular pressure was 13.0 mmHg in the right eye and 12.5 mmHg in the left eye. Ocular examination revealed adhesion of the iris to the lens surface, so-called “synechia iris posterior” with ciliary injection in the right eye (Figure 1). Slit-lamp examination showed a mild inflammation in the anterior chamber with keratic precipitates, 2+ cells and 1+ flare. Fundoscopy of both eyes was unremarkable, with the optic disc appearing normal. The patient was diagnosed with acute anterior uveitis (AAU). He was treated with topical glucocorticoids and cycloplegic eye drops, and the therapeutic response was good.

DISCUSSION

Few cases of AAU in the setting of SARS-CoV-2 infection have been reported in the literature [1, 2]. In

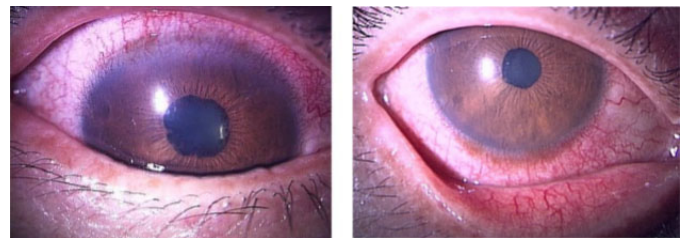


Figure 1: Clinical photographs of the right eye showing adhesion of the iris to the lens surface with ciliary injection.

addition, reactivation of unilateral AAU in patients who had just recovered from coronavirus disease 2019 (COVID-19) has been reported [3]. The COVID-19 pandemic has revolutionized medical and patient care practices worldwide in several fields, not just in ophthalmology [4, 5]. During the pandemic, patients are restricted from visiting an ophthalmic clinic. However, control of inflammation in uveitis often requires systemic treatment with systemic immunomodulatory therapy.

CONCLUSION

Although it is uncertain whether the development of AAU after SARS-CoV-2 infection was consequential or coincidental in the present case, it is necessary to provide information to recommend an appropriate consultation to prevent sight-threatening complications.

Keywords: Acute anterior uveitis, Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection

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Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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