

Uveitis

ACUTE MANIFESTATIONS AND DIFFERENTIAL DIAGNOSIS OF VOGT-KOYANAGI-HARADA DISEASE WITH CENTRAL SEROUS CHORIORETINOPATHY

Sergio Pernas Martin, María Del Mar Esteban Ortega, Ines Artola Canales,
Manuel Morales Sanchez, Eduardo Conesa Hernández, Francisco Javier
Moreno Morillo, Marta Ortolá García, Manuel Moriche Carretero
Ophthalmology, Hospital Infanta Sofía, Spain

The case begins with a 33-year-old female patient presenting with central vision loss in the right eye. The exhaustive examination and the use of complementary tests determine that the patient is probably starting with a central serous chorioretinopathy (CSC). After two days she returns for worsening and bilateral clinical manifestations, persisting with the complementary tests characteristic of CSC. After 3 days he was checked again and we were surprised to find complementary tests with typical and diagnostic characteristics of Vogt-Koyanagi-Harada disease (VKH).

Acute ocular involvement of VKH disease is characterized by diffuse choroidal stromal inflammation and serous retinal detachments. Initially VKH manifests unilaterally, tending to bilateralization.

Such manifestations can also occur acutely in CSC leading to diagnostic dilemmas in certain situations.

The aim of this communication is to expose the diagnostic doubts that arise between VKH and CSC through a case, raising the main clinical and diagnostic differences of both pathologies at the acute stage.

It is of great importance for visual prognosis to make a differential diagnosis as soon as possible between CSC and VKH, avoiding inadequate corticosteroid therapy or, in its absence, delaying therapy. In conclusion, the acute diagnosis of VKH and CSC can be a clinical challenge. While an accurate diagnosis will be established in most patients, some cases may present with overlapping features that make diagnosis and initiation of treatment difficult. In such clinical scenarios, as will be discussed in this communication, different complementary tests may play a key role in clarifying the differential diagnosis.