SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 169 To 170

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HISTOPATHOLOGICAL FEATURES OF PSEUDO TUMOUR OF THE ORBIT. Khan, AJ., Salahuddin, L Pak. Ophthalmol., 1986; 2:259-262.

A 28 years old man presented with painless bulging of the left eyeball since two months, followed by vertical diplopia. His VA was 6/6 bilaterally and lOP was RE l2mmHg, LE 16mmHg. Slit lamp examination and Xrays of the skull and orbit, systemic examination and blood and urine tests were normal. B.Scan ultrasonography showed a homogenous mass in the left retrobulbar region. An excisional biopsy was performed, the histopathological examination of which proved it to be a granulomatous chronic inflammatory les ion due to fungus. The orbit can be involved byvarious tumours arising locally or as metastasis. Pseudotumours are non-specific granulomatous inflammation. They may be lyrnphoid, chronic scierosing, plasmocytoid, granulomatous and fibromatous. The difference lies in the type of the inflammatory cells. The presented patient was started on steroid therapy before the diagnosis was made. Within four days proptosis regressed. After fungal infection was established steroids were stopped and proptosis increased again.A course of intravenous AmphoterianB was given which had to be stopped due to side effects.

STEVENS - JOHNSON SYNDROME. Hussain, I. Pak. Ophthalmol., 1986; 2:249-252.

A 30 year old woman developed pain, lacrimation and defective visual acuitywhich had persisted for 3 months following a generalised reactiOn to Septran tablets. There was marked redness, chemosis and tenderness of both eyes. Pseudomembrane was present at the fornix. The cornea was hazy with loss of sensation and there was serous discharge from both eyes. Blood tests and serum immunoglobulin gave normal results. Conjunctival biopsy revealed destruction of goblet cells and fibrotic obstruction of the lacrimal gland, widespread perivasculitis with fibrinoid necrosis of the arterioles and venules was also present. On the basis of clinical signs and symptoms along with the histopathology result, a diagnosis of Stevens Johnson Syndrome was made. Tarsoraphy was performed in the right eye and antibiotic and corticosteroid drops were used locally. In the left eye, to prevent symblepharon, a therapeutic soft contact lens was applied and antibiotic and corticosteroid drops were instilled. 40 mg of corticosteroids daily were given orally. Therapeutic contact lens had to be applied to relieve blepharospasm. Gradual recovery was noted. The cornea cleared up and visual acuity improved. Stevens-Johnson Syndrome or Erythema Multiforme is a cell mediated hypersensitivity reaction. it is produced either by infection, toxic reaction to drugs or malignancy. The lesions involve the skin and mucous membranes which are preceded by malaise, fever, headache and upper respiratory tract infection. Involvement of the bulbar conjunctiva can result in bullae formation, pseudomembranous conjunctivitis and symblepharon formation. Treatment is aimed at saving the eye from infection, corneal perforation and symblepharon formation.

ACUTE POSTERIOR MULTIFOCAL PLACO ID PIGMENT EPITHELIOPATHY. Zakaria, M.I. Pak. Ophthalmol., 1986; 2:244-248.

Three cases of acute posterior multifocal placoid pigment epitheiopathy are presented. The age group was between 20 and 40 years. One male and one female had bilateral involvement whereas one young man had one eye affected. The presenting symptom was blurring and deteriorating vision over a period ranging from 20 days to 3 months and one patient complained of a sudden and painless loss of vision within 6 days. On examination the visual acuity was found decreased in the affected eyes. No abnormality was noted in the anterior and posterior segments of all the cases. Fundus examination showed multiple yellowish white sub-retinal round patches around the superior and inferior vascular

arcade. The macWar area was involved in all but one eye. Fluorescein Angiography was performed and in all the patients a typical picture was noted. In two cases, extensive leakage was had in the early phase around the edges of the lesion in the choroidal circulation. In the central areas no vessels were visible. Retinal circulation was normal. In the third case no leakage was noted in the early stage but diffuse leakage was had in the late stage. Acute posterior multifocal placoid pigment epitheliopathy is a benign condition characterized by multifocal yellow lesions of the retinal pigment epithelium which shows early hypofluorescence and delayed hyperfluorescence on angiography. The lesion is usually bilateral and visual loss is severe especiallyif lesions are foveal, decreasing the visual acuity to 6/60. The etiology kas been based on two theories, on the pigment epithelium is damaged by some infectious or toxic agent is the first theory and the second viewpoint is obstruction of the choroidal arterioles at the pre-capillary level. APMPPE has also been classed as an auto immune reaction. There is no definite treatment for the condition. Corticosteroids do not have a favourable effect. Recovery is usually complete within four weeks with some visual loss if lesion is sub-focal.