CASE REPORT

UVEO MENINGEAL SYNDROME (HARADA) DISEASE

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Abstract: A case of bilateral exudative retinal detachment in a young girl of 13 years is reported. She had fever, headache and vomiting prior to ocular symptoms. On examination she had premature greying of hair and ophthalmoscopy showed bilateral hazy vitreous, swollen optic discs and exudative retinal detachment. Therefore, a diagnosis of Harada disease was made. She was treated with high doses of steroids to which she responded very well.

Introduction

Harada disease was first described by Hutchinson. It is a disease of un-known aetiology in which there is uveitis associated with meningeal involvement and other non-ocular symptoms. There are two types of this syndrome, one in which uveitis is mainly anterior. This type is called Vogt koyanagi syndrome and the other in which only the posterior uvea is involved associated with retinal detachment is called Harada disease. Non-ocular manifestations are poliosis, vitiligo, dysacousia and alopecia.

Vogt-Koyanagi-Harada Syndrome is un-common in Europeans, and occurs in persons of Oriental Ancestry. One Japanese[1] survey report that the syndrome occurred in 6.8 per cent of 1,013 uveitis cases.

The ocular signs may begin anteriorly or posteriorly. The disease is usually bilateral; signs in one eye may precede those in the other by weeks and months.[7] Histopathological study reveals similarities to sympathetic ophthalmia. Epithelioid cells containing melanin are seen in the choroid. Besides Dalen Fuchs nodules are also present.

A deranged cell mediated immunity and viral aetiology has been postulated associated with HLA B-22. It was reported by Japanese, rendering these patients genetically more vulnerable to viral/or stress stimuli to produce the disease.[3]

Case Report

A 13 years of female patient was brought to the Hospital on 10th May 1987 with the complaint of loss of vision over a period of 2-3 days. She gave history of fever for a couple of months prior to this. The fever to start with was of high grade and associated with rigors. Later it became persistent and of low grade. She was treated by a local hakim for fever. After about a month she developed projectile vomiting after taking meals. Vomiting was controlled with medicines but she developed deterioration of her sight in both eyes. There was no relevant past or family history.

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On Examination

A young girl looking pale and weak BP 110/170 mm of Hg. Pulse 88/ minute and regular. There were no positive findings on general examination except for a few grey hairs. Examination of the eyes showed hazy vitreous but fundus could be examined and showed bilateral swollen optic discs with retinal oedema, superficial hemorrhages and exudative retinal detachment in lower part. Her corrected vision was reduced in each eye to finger count at one meter.

Investigations

Blood showed low Hb. Urine examination and X-Ray chest were normal.

Treatment

She was treated with prednisolone tablets 10 mg four times daily. After 10 days when she got better she was discharged on reducing dose of steroids. After two weeks she came again with the same problem. Steroids were increased and within a week, she was better and was discharged.

Discussion and Comments

Vogt Koyanagi Harada syndrome is rare form of Uveitis coupled with CNS signs of meningeal irritation and skin changes. This is very rare in Caucasian and seen in Orientals and Japanese. In Harada disease exudative detachment of the retina occurs leading to visual problems which responds to steroids and conservative treatment.

REFERENCES

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