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Letter to Editor

Incomplete Vogt-Koyanagi-Harada Disease and an Innocent Bystander: Unilateral Optic Disc Pit

Letter to Editor

We present a case with incomplete Vogt-Koyanagi Harada disease and coexistent unilateral optic disc pit. It is well-known that optic disc pits can present with intraretinal splitting and serous retinal detachment [1].

A -41- year old woman with no prior ocular disease history was diagnosed to have incomplete Vogt-Koyanagi-Harada disease [2]. Color fundus picture of the left eye (Figure A,B) disclosed a greyish looking optic disc pit at the temporal disc quadrant and extensive subfoveal serous retinal detachment. EDI OCT image (Spectralis, Heidelberg Engineering, Heidelberg, Germany) revealed localized excavation of the optic disc temporally (arrow), multilobular retinal detachment and remarkable choroidal folds (Figure C). There was also extensive serous detachment at the right posterior fundus with abnormal looking optic disc. Two weeks later the serous retinal detachment subsided dramatically following a three day course of daily 1 gram methyl-prednisolone and subsequent 56 mg oral prednisolone. OCT image obtained two weeks after the initiation of the treatment delineated the optic disc pit (arrow) and residual serous detachment in the left eye (Figure D).

The present case with a unilateral congenital optic disk pit developed bilateral serous retinal detachment due to incomplete Vogt-Koyanagi Harada disease who was successfully treated. To our best knowledge, the coexistence of optic disc pit and

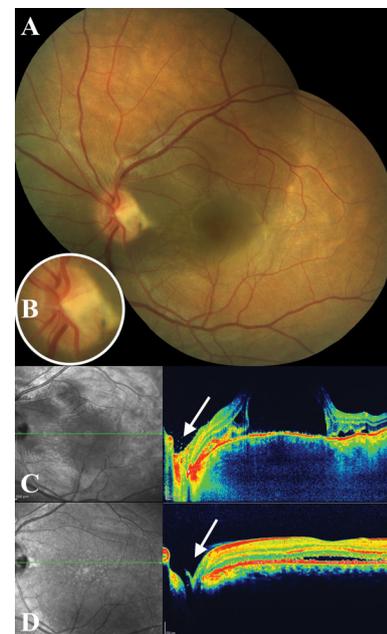


Figure 1: Left eye, (A and B) Color fundus picture depicting the optic disc pit located at the temporal border of left optic disc and extensive subfoveal serous retinal detachment. (C) EDI OCT image delineating the pit, (arrow) serous retinal fluid collection and choroidal folds (D) Horizontal OCT section exhibiting the optic disc pit (arrow) and residual subfoveal subretinal fluid two weeks after the initiation of treatment.

Vogt Koyanagi Harada disease was not reported previously and might have caused confusion in the differential diagnosis.

References

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