

Ocular Manifestations of Systemic diseases

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Acknowledgement

- Kanski's Clinical Ophthalmology, 8th Ed.(Elsevier)
- Endocrinology : Adult and Paediatric. Burch, Henry B.; Bahn, Rebecca S.. Published January 1, 2016. © 2016.
- Some of the images used were taken from eyetext.net

Learning Objectives

- **At the end of this class the students shall be able to :**
- Describe ocular signs and symptoms associated with selected systemic diseases .
- Understand the importance of early detection of ocular features of systemic diseases.

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Introduction

- **"The eyes are the window to the soul."**
(English proverb)
- **Occasionally, eye findings may be the first indication of underlying systemic disease leading to early diagnosis and management.**

Question

- Identify the ocular abnormality in the adjoining photograph?
- What systemic evaluation would you do in this patient ?



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Why do eye problems manifest in systemic forms

The eye is linked with rest of the body by-

- Development
- Blood supply
- Meninges and nerve fibres of brain

Common Systemic Diseases affecting the Eye

- Autoimmune disorders
- Haematological abnormalities
- Infectious diseases
- Endocrine disorders
- Muscular disorders
- Inherited disorders

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Autoimmune disorders

Rheumatoid Arthritis

- a) Kerato Conjunctivitis Sicca
- b) Ulcerative Keratitis
- c) Acquired Superior oblique tendon sheath syndrome
- d) Scleritis



Keratoconjunctivitis Sicca



Scleritis

Systemic Lupus Erythematosus

- a) Kerato Conjunctivitis Sicca (KCS)
- b) Scleritis
- c) Optic Neuropathy



Raynaud phenomenon



Retinal Vasculitis

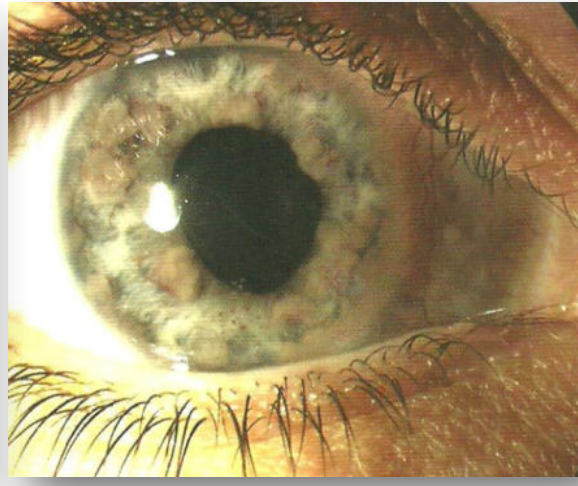


Peripheral ulcerative Keratitis

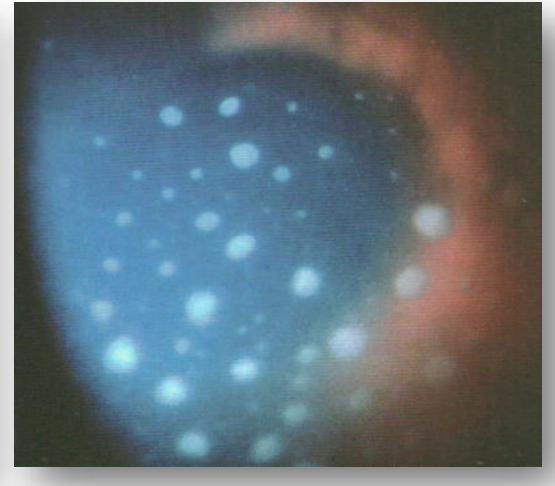
•30% ocular signs



Phlebitis



Iris nodule



Mutton fat kps

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Sjogren's Syndrome



Parotid enlargement



Dry fissured tongue



Dental caries

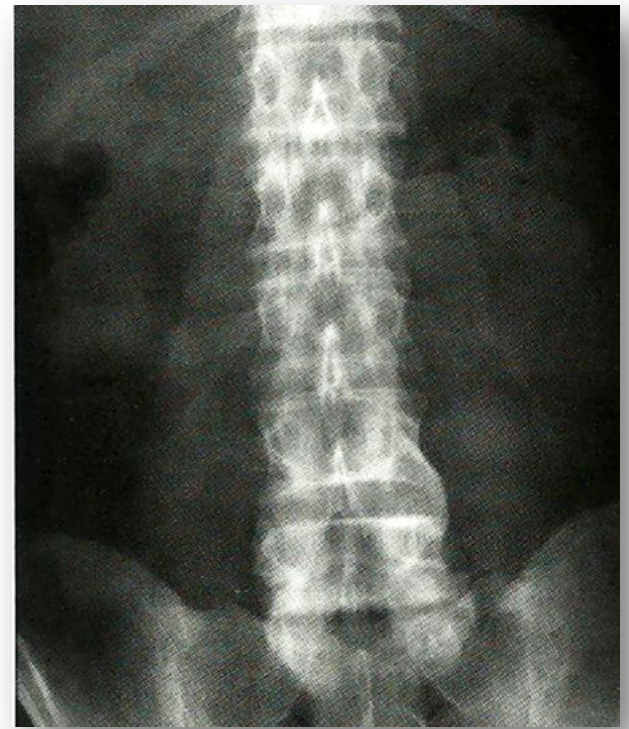
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Ankylosing Spondylitis

- Acute anterior uveitis
- Scleritis

Symptoms:

- Photophobia
- Redness
- Decreased vision



- Bilateral sclerosis
- Erosion of sacro-iliac joint
- Bony fusion of spine

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Reiter's Syndrome

Triad → Urethritis
Conjunctivitis
Arthritis

Eye Signs

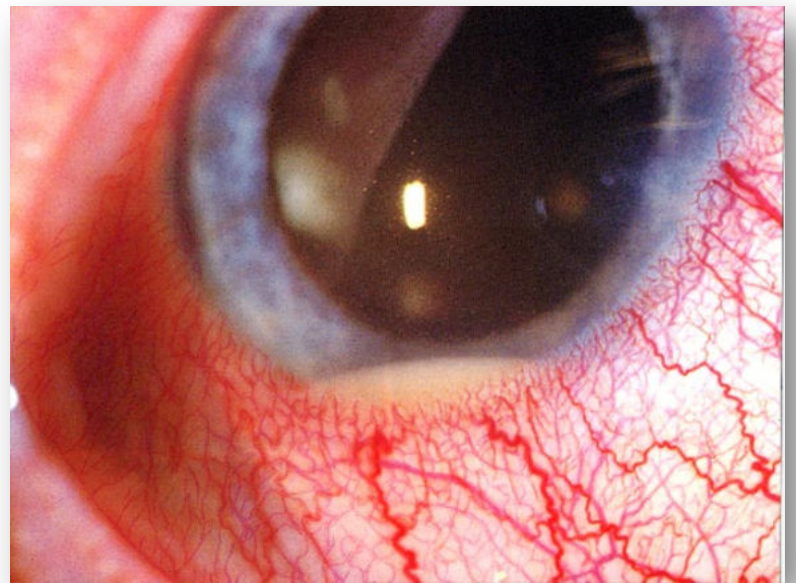
- Conjunctivitis
- Acute anterior uveitis
- Numular Keratitis
- Episcleritis
- Scleritis
- Papillitis
- Retinal vasculitis



Urethritis

Behcet's Disease

Hypopyon Uveitis



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Inflammatory Bowel Disease- Ulcerative Colitis Crohn's Disease

Ophthalmic manifestations

- a) Acute anterior uveitis
- b) Peripheral corneal infiltrates
- c) Conjunctivitis
- d) Episcleritis
- e) Scleritis
- f) Papillitis
- g) Retinal Vasculitis



Acute anterior uveitis

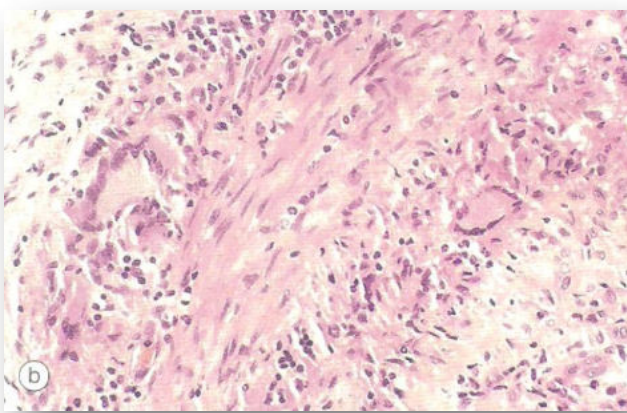


b) Peripheral corneal infiltrates

Giant Cell Arteritis

Predilection for superficial temporal A, ophthalmic A, posterior Ciliary & proximal vertebral A

- a) AION (Arteritic)
- b) Cilio-retinal Occlusion
- c) Central retinal artery occlusion
- d) Cotton wool spots



Giant cells & small round cells



Superficial temporal arteritis

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Vasculitis

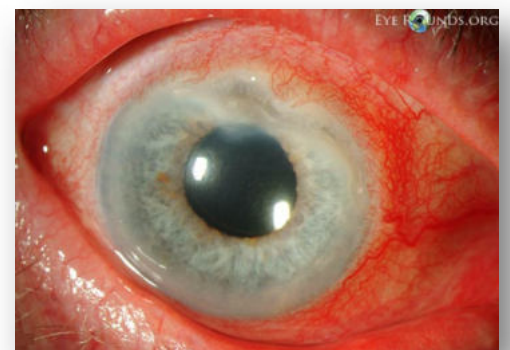
Wegeners
granulomatosis

Polyarteritis nodosa

Relapsing
Polychondritis



Dermal infarcts



Peripheral ulcerative keratitis



Dacryocystitis

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Ocular features-

- a) Necrotising scleritis
- b) Peripheral ulcerative Keratitis
- c) Occlusive retinal periarteritis
- d) Peripheral ulcerative Keratitis
- e) Dacryocystitis
- f) Scleritis
- g) Acute anterior uveitis

Haematological diseases

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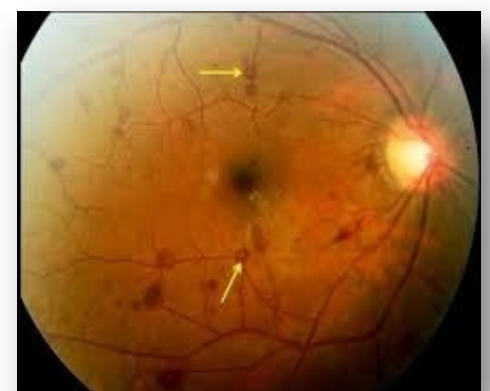
Haematological diseases

- 1) Anaemia
- 2) Leukaemia
- 3) Lymphomas
- 4) Sickle cell Anaemia

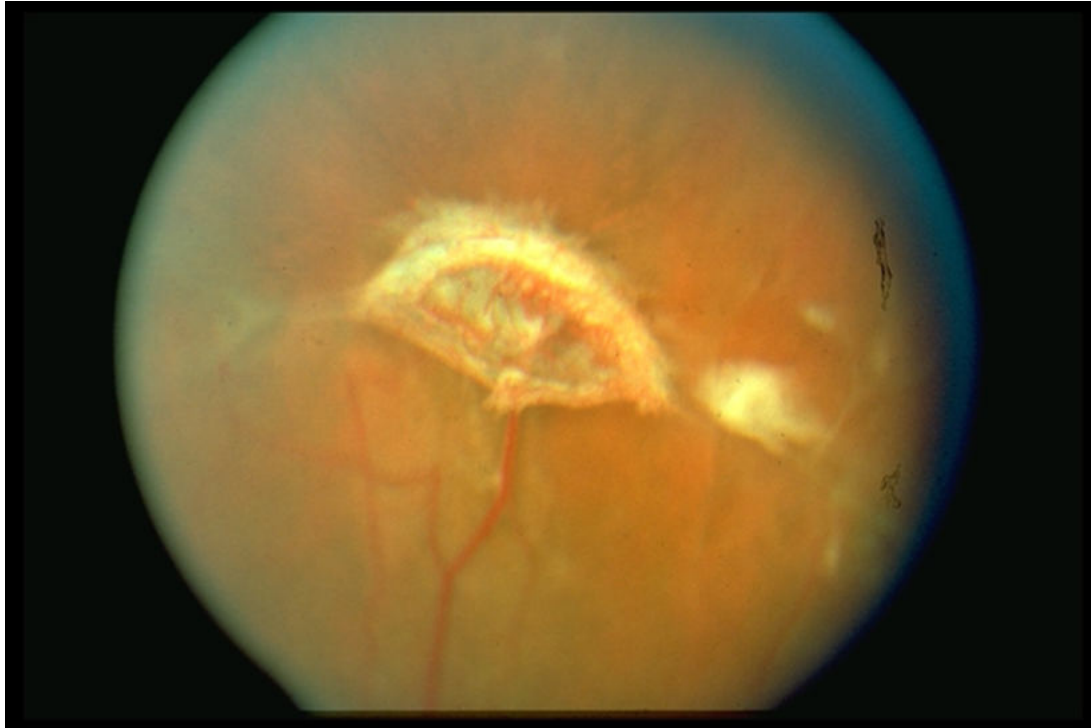
Ocular Presentation:

Haemorrhagic Retinopathy

“ROTHS SPOT”



Sea fan neovascularisation in sickle cell disease



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Infectious diseases

Tuberculosis

All Structures of Eye except Lens may be involved

a) Uveitis: chronic granulomatous anterior uveitis, multifocal choroiditis

b) Eyelids: lupus vulgaris (nodules surrounded by erythema)

c) Orbit: cellulitis, dacryoadenitis, dacryocystitis, osteomyelitis, abscess

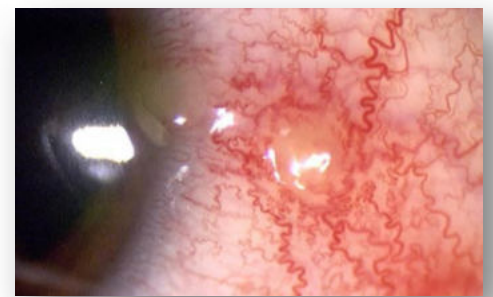
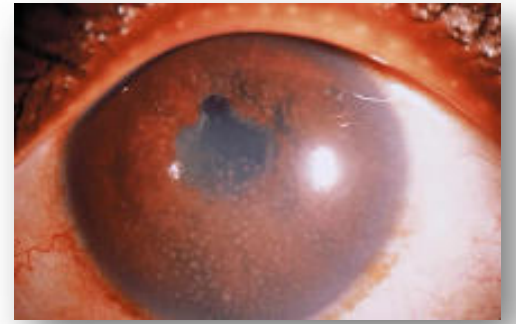
d) Conjunctiva: phlyctenular conjunctivitis

e) Cornea: phlyctenular keratoconjunctivitis, interstitial keratitis (unilateral, sectorial, superficial vascularisation)

f) Sclera: episcleritis, nodular scleritis

g) Retina: exudative retinitis, Vasculitis

h) Optic nerve:- papilloedema, ON



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Leprosy

a) Facial palsy

b) Madarosis

c) Granulomatous iritis

d) Episleritis/scleritis

e) Secondary Glaucoma

f) Cataract

Syphilis

■ **Congenital:** Acute interstitial keratitis, Diffusely opaque cornea, salt & pepper fundus

■ **Secondary :** Iritis, choroiditis, and/or exudates around disc + vessels

■ **Tertiary:** Chorioretinitis and/or diffuse neuro-retinitis and vascular sheathing

Other Viral Infections associated with Ocular Diseases

- Herpes zoster
- Herpes simplex
- CMV
- Rubella
- Measles
- AIDS



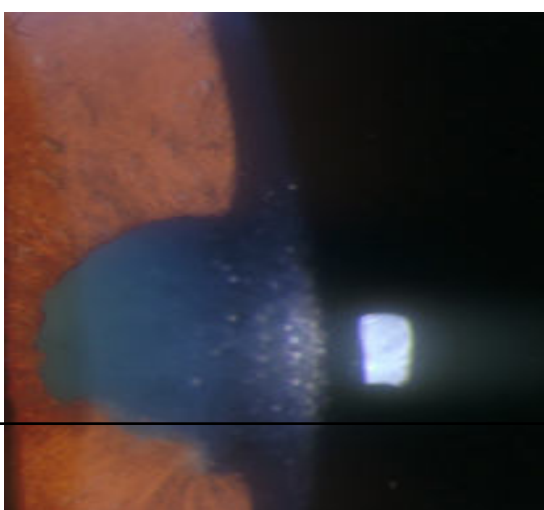
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AIDS

Kaposi's sarcoma-
most common tumour



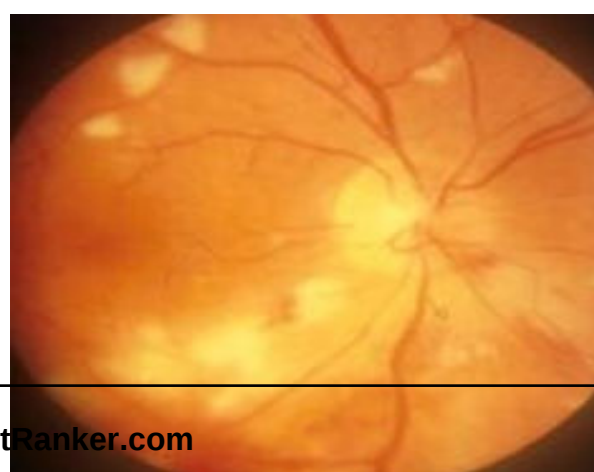
Anterior Uveitis



AIDS retinopathy- 50 to 70%



CMV retinitis- most common
opportunistic infection

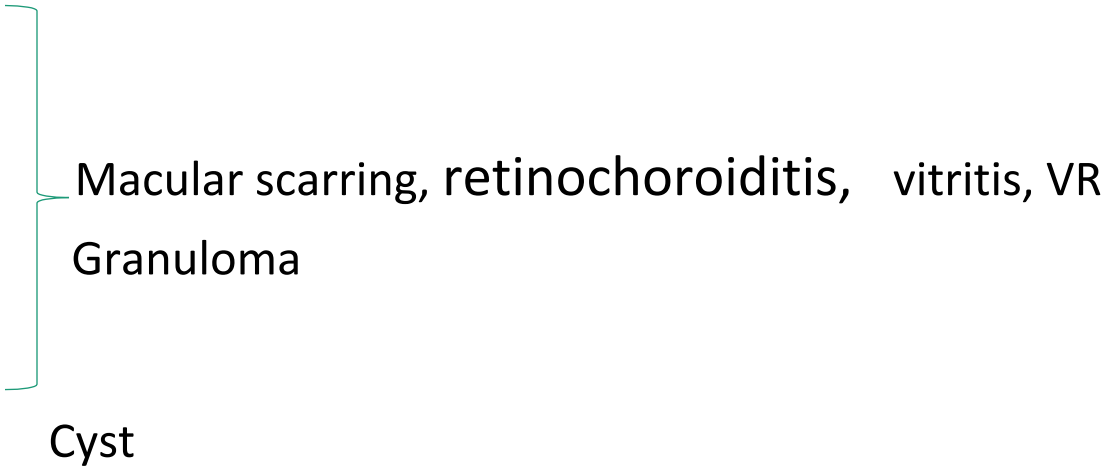


- **Fungal**

Candidiasis- Fluffy white-yellow superficial retinal infiltrate, vitritis



- **Parasitic**
- **Toxoplasmosis**
- **Toxocariasis**
- **Cysticercosis**



Endocrine & Metabolic disorders

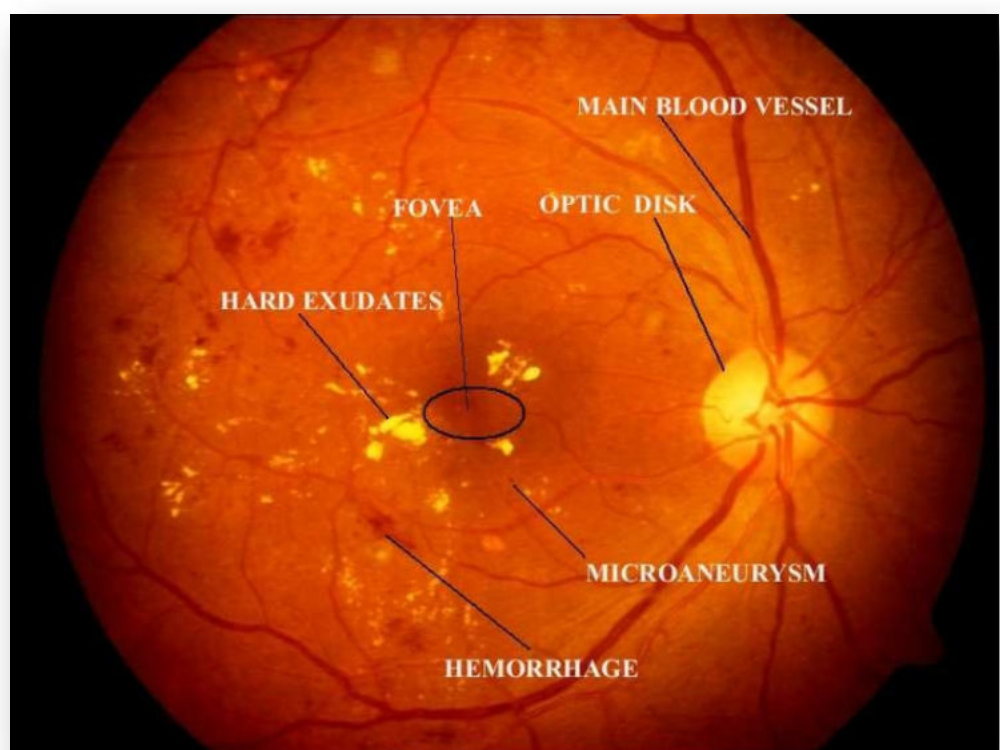
Endocrine & Metabolic disorders

- Diabetes Mellitus
- Muco-polysaccharidoses
- Wilson's disease
- Homocystinuria
- Hyperthyroidism
- Hypothyroidism

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Diabetes mellitus

- Refractive error
- Infections
- Corneal ulcers
- Snowflake cataract
- Retinopathy
- Maculopathy
- Optic nerve papillopathy



THYROID EYE DISEASE



Periorbital and lid swelling



Conjunctival hyperaemia



Chemosis



Superior limbic keratoconjunctivitis³¹

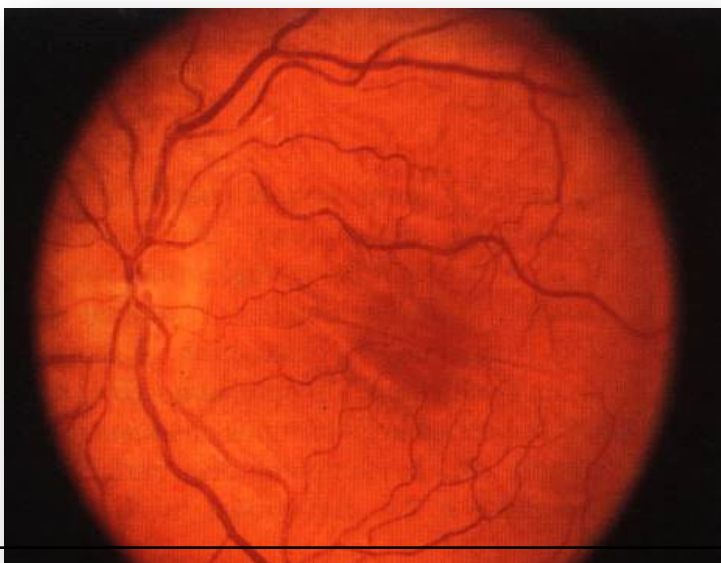
THYROID EYE DISEASE



Unilateral lid retraction & proptosis



Restrictive myopathy



Choroidal folds



Optic neuropathy

Muscular disorders

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Muscular disorders

- Myasthenia gravis
- Muscular dystrophy

Ocular Manifestations:

- a) Ptosis
- b) Diplopia,
- c) Ophthalmoplegia
- d) Cataract



Inherited disorders

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Marfan's Syndrome

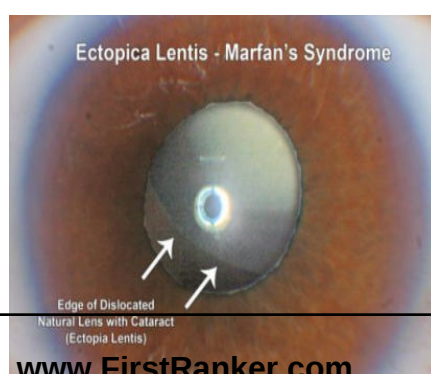
- a) Hypoplasia of dilator pupillae
- b) Myopia
- c) Retinal detachment
- d) Microspherophakia
- e) Keratoconus
- f) Cornea Plana



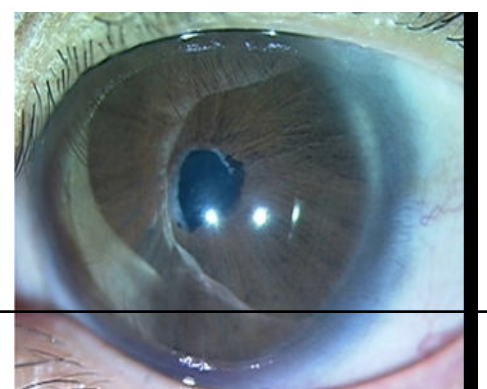
Arachnodactyly



High-arched palate



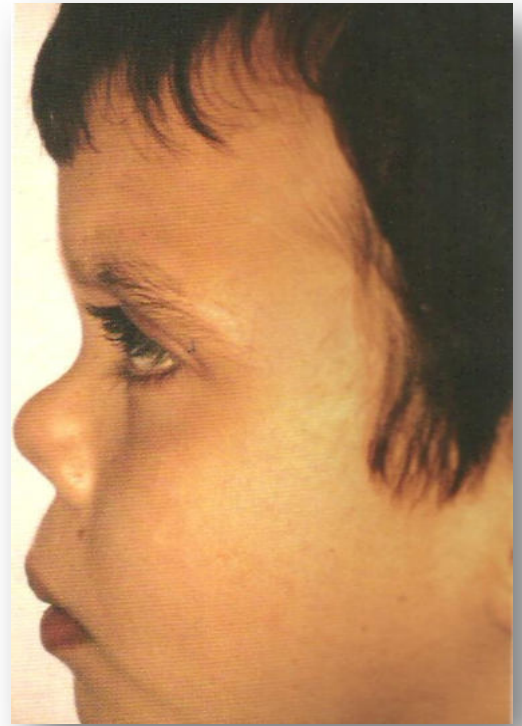
Ectopia lentis



Angle anomaly

Stickler Syndrome (Hereditary artho-ophthalmopathy)

Retinal Detachment
*[commonest
inherited cause in
children]*



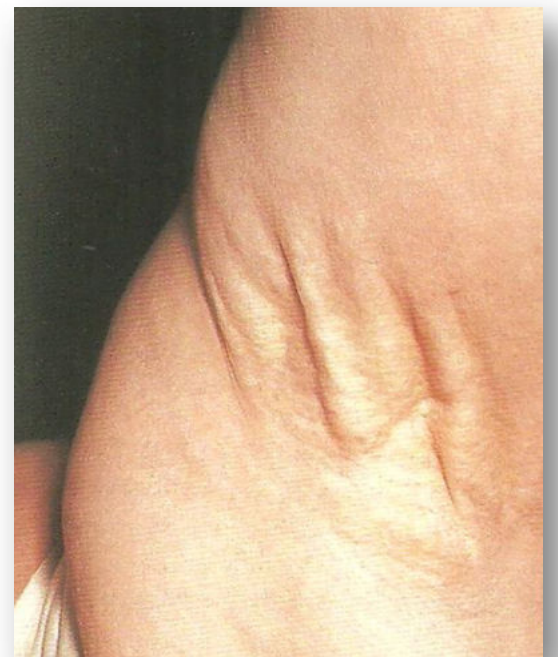
Flat nasal bridge

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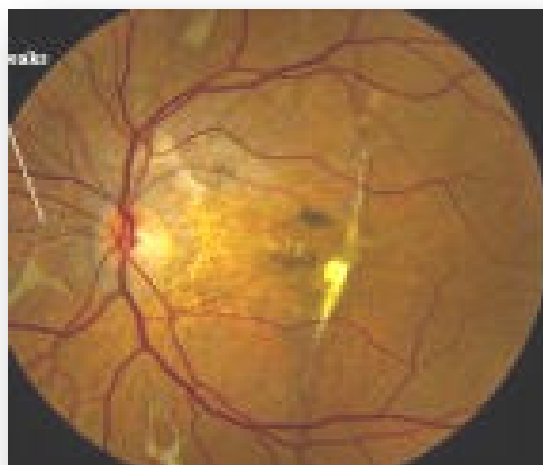
Pseudoxanthoma elasticum



Blue sclera

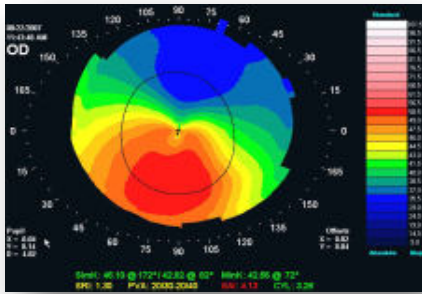


Loose skin folds



Angiod streaks

Ocular fragility



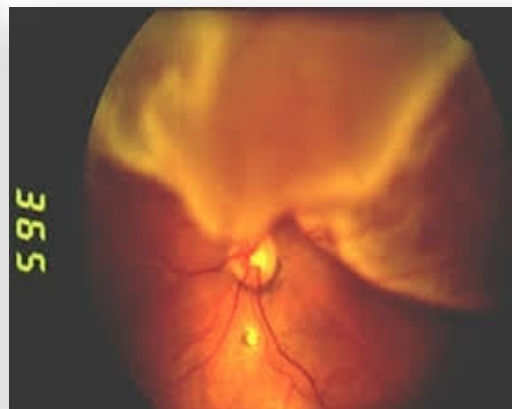
Keratoconus



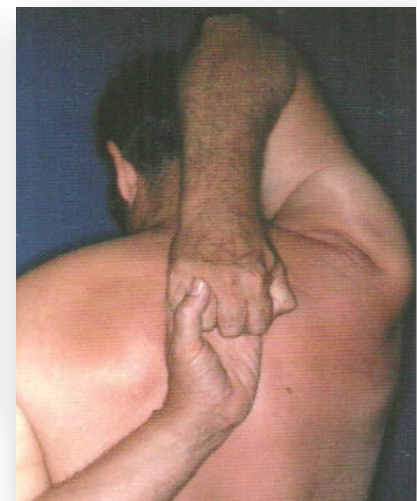
Hyperelasticity of skin



High myopia



RD



Hypermobility of joints

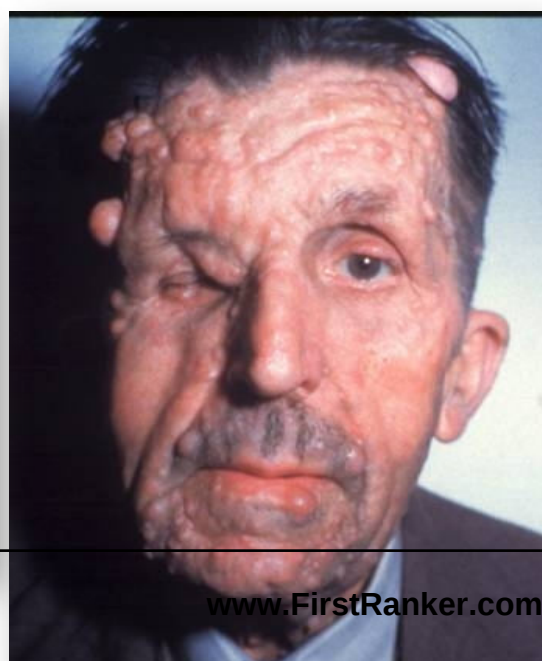
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PHACOMATOSES - Neurofibromatosis-Type I (Von Recklinghausen disease)

- Most common phacomatosis
- Affects 1:4000 individuals
- Presents in childhood
- Gene localized to chromosome 17q11

Facial hemiatrophy- Skeletal defects

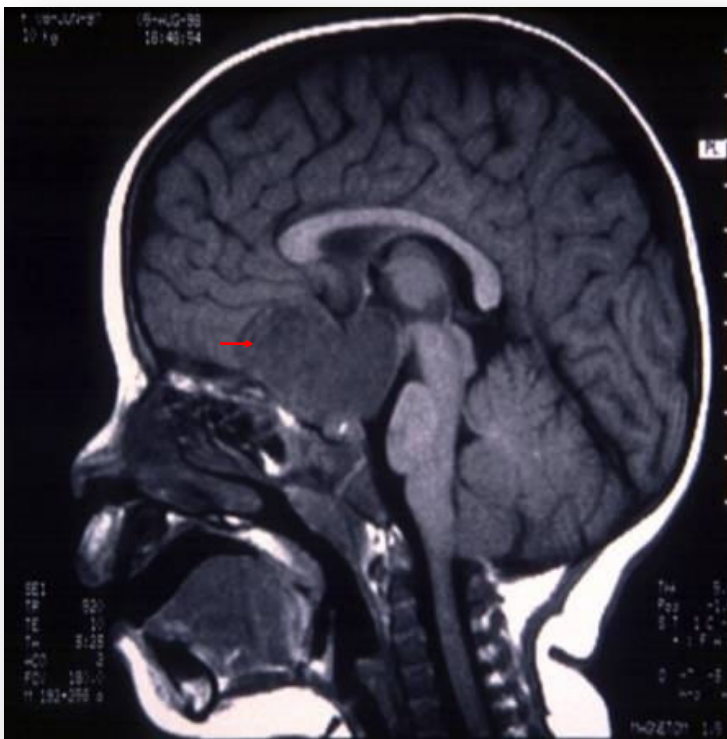
Nodular



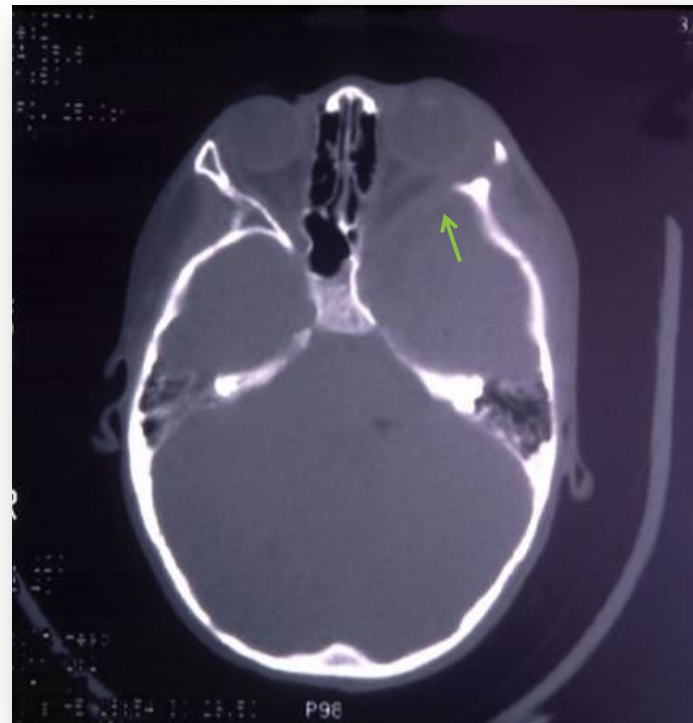
Café-au-lait spots



- Optic nerve glioma (in 15%) invading hypothalamus



- Speno-orbital encephalocele showing congenital absence of left greater wing of sphenoid bone
- Pulsating proptosis without bruit!



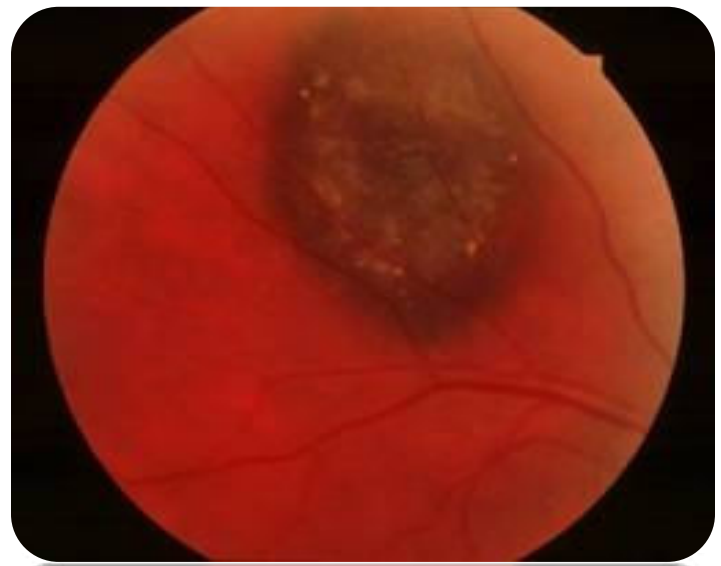
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Intraocular lesions in NF-1

Lisch nodules



Choroidal naevi



- Autosomal dominant
- Triad - mental handicap
epilepsy
adenoma sebaceum

Adenoma sebaceum



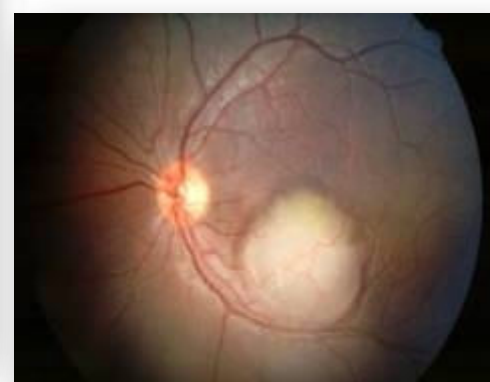
Shagreen patches



Ash leaf spots



Retinal astrocytomas

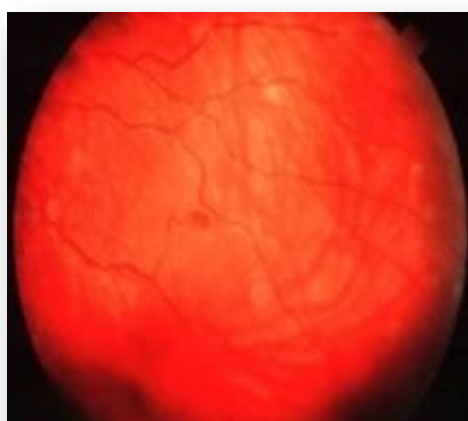


Innocuous tumour present in 50% of patients

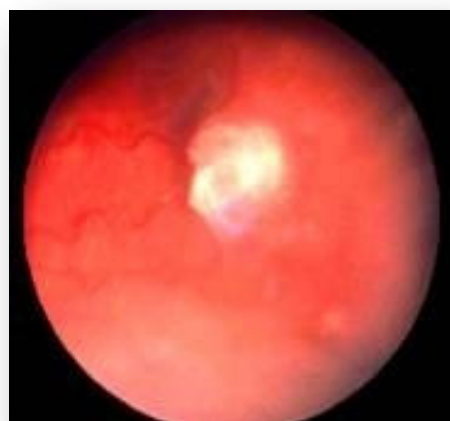
Von-Hippel-Lindau syndrome

- Tumours— renal carcinoma and pheochromocytoma
- Cysts- kidneys, liver, pancreas, epididymis, ovary and lungs
- Polycythaemia
- Retinal capillary haemangioma

Tiny lesion between arteriole and venule



Round orange-red mass



Associated dilatation and tortuosity of feeder vessels



Malignancy

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Malignancy

✓ Metastasis

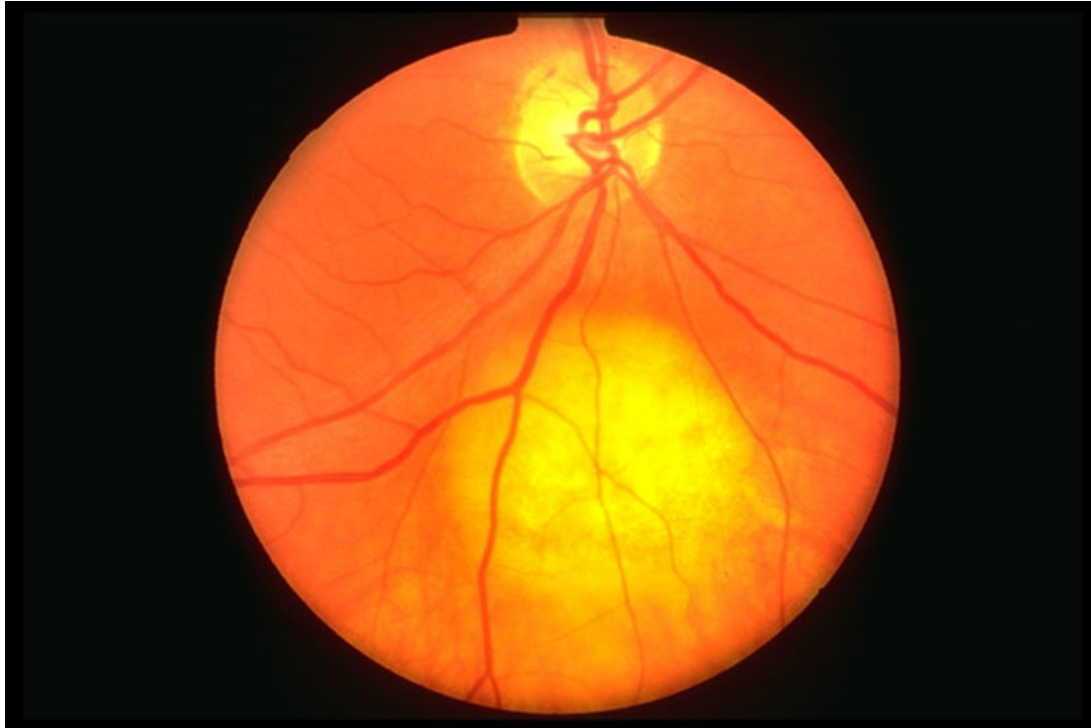
From Breast, lung most common.

Usually localize to choroid but extra ocular muscles and optic

nerve can be affected.

✓ Lymphoma, leukemia

Choroidal metastasis from breast cancer



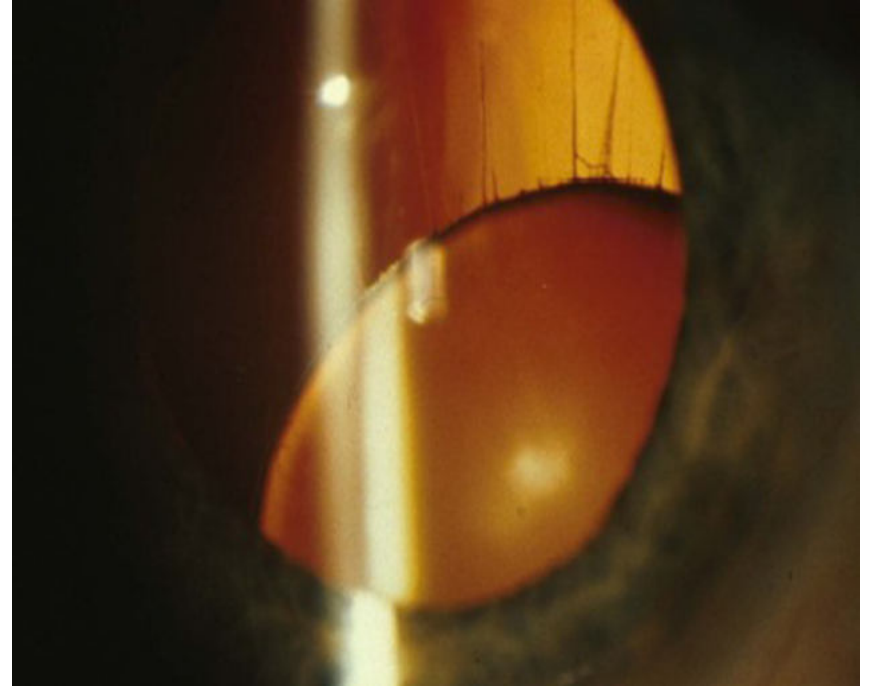
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Summary

- Ocular examination plays a significant role in several systemic diseases/disorders.
- Ophthalmologists detect/suspect systemic illness for the first time in a patient when they examine the patient for Eye related complaints.
- These patients then need Physician/Paediatrician/Neurologist/Neurosurgeon/ Orthopaedician/Obstetrician opinion for further management.

Question

- Identify the condition in the adjacent photograph.
- What could be the possible causes ?



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Question

- Identify the abnormality .
- The patients condition worsens by evening.
- What is the possible diagnosis?
- How will you treat this condition?



THANK YOU