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INTERMEDIATE UVEITIS IN ANKYLOSING SPONDYLITIS: THE IMPORTANCE OF OCULAR ULTRASONOGRAPHY

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BACKGROUND

Ankylosing spondylitis (AS) is the main representative of spondyloarthritis, presenting genetic, pathophysiological, clinical, radiological similarities. In AS, the main extra-articular manifestation is acute anterior uveitis (AAU), affecting 20–40% of patients. This condition can be recurrent, culminating in a chronic inflammatory process that can reach the posterior chamber of the eye, leading to irreversible sequelae such as pupillary occlusion, secondary glaucoma, macular lesion, among other manifestations. Currently, ocular ultrasound with a linear probe has been a promising method in the evaluation of ocular inflammatory processes, capturing echogenic changes in the vitreous humor compatible with an intermediate uveitis. Thus, this tool can be an important complement in the therapeutic decision in AS, especially when there is ocular involvement.

CASE REPORT

A 61-year-old male patient, diagnosed with AS for 30 years, presenting bilateral sacroiliitis grade VI, according to New York criteria, and inflammatory low back pain, followed in a rheumatology clinic for 2 years, currently using etanercept 50 mg/week. So far, he has used anti-inflammatory drugs with no response to joint pain, migrating to immunobiological for 18 months, with significant improvement in low back pain. Throughout this period, there was no ophthalmic evaluation, or noticeable symptoms of AAU reported by the patient. In July 2020, he reported pain in the left ankle, with an uncharacteristic rhythm, and an ankle ultrasound was requested. It showed posterior tibial tenosynovitis without power doppler in the left ankle and in the right ankle, significant exudative talonavicular synovitis and erosions were detected. Together, as a standard protocol of the institution, an ocular ultrasound evaluation was performed to observe a subclinical chronic uveal inflammatory process. Thus, hyper and hypoechogenic images in vitreous humor, associated with thickening of the optic nerve, were detected in ocular ultrasound, with alterations compatible with bilateral intermediate uveitis (Fig. 1). Based on these findings, a new therapy was proposed, since it is known from the literature that, despite subclinical eye involvement, the persistence of the ocular inflammatory process can lead to complications of the optic disc, glaucoma, cataracts, among other complications.

Figure 1. A and B. Hyperechoic images in vitreous humor, characterizing uveitis in right and left eyes, respectively (green arrows); C. Exudative synovitis in tibial-talar recess of the left ankle (yellow arrow); D. Tenosynovitis in the right posterior tibial tendon, without the presence of power Doppler (blue arrow).

CONCLUSION

Ocular ultrasound can characterize a complication of insidious anterior uveitis by identifying an intermediate uveitis. The choice of a treatment aimed at such a manifestation must consider these findings, since the chronic uveitis of the anterior uveitis can lead to irreversible sequelae, leading to an increase in the morbidity of AS.