

NON-OCULAR MANIFESTATION OF SYMPATHETIC OPHTHALMIA

BY

S. R. K MALIK, M.D., A. K. GUPTA, M.D., GURBAX SINGH, M.D.

New Delhi, India.

Sympathetic ophthalmia is a bilateral granulomatous uveitis usually resulting from perforating injury of the eye especially involving the ciliary body and the root of the iris. In most of the cases, it is believed that the clinical manifestations remain confined to the eye alone. In few cases, however, certain general signs symptoms like vitiligo, poliosis, alopecia, dysacusia and meningeal irritation may be encountered. (DukeElder 1939; Cowper 1951; Swartz 1955; Walsh 1956; Wilson 1962; and Sorsby 1964). The latter manifestations are a constant feature in Vogt Koyanagi Harada's Syndrome. Due to this, there has been a temptation to group Sympathetic ophthalmia, Vogt-Koyanagi and Harada's disease in a common category of uveo-meningeal or Uveo encephalitic syndrome. (Cowper 1951; Swartz 1955; Wilson 1962 and Sorsby 1964).

The aim of present communication is to stress the importance of non-ocular manifestations of sympathetic ophthalmia in 10 cases seen in Irwin Hospital, New Delhi from 1963 to 1967.

OBSERVATIONS: Out of 10 cases of Sympathetic ophthalmia observed, one or more of the following non-ocular features were present in every case. (Table 1 & 2).

I. *Meningism*: Its incidence was 80%. It was characterised by headache, nausea, severe periorbital pain, hyperirritability, and psychic disturbances. These symptoms appeared concomitant with the onset of uveitis.

II. *Dysacusia and Deafness*: It was seen in 9 cases (90%). The presentation was in the form of tinnitus and partial deafness. On audiometry, it was

TABLE 1

Incidence of non-ocular Manifestations in 10 cases.

<i>Signs</i>	<i>Cases</i>	<i>Percentage</i>
Meningism	8	80%
Dysacusia & deafness	9	90%
Vitiligo, Poliosis	2	20%

found to be perceptive type of deafness. Auditory symptoms developed simultaneously with the onset of uveitis.

III. *Pigmentary Disturbances:* Vitiligo, poliosis, were seen in 2 cases (20%). This appeared 12 weeks after the onset of the uveitis.

DISCUSSION

Existence of sympathetic ophthalmia has been recognised for hundreds of years, but the term sympathetic ophthalmia was only coined in 1835 by Mackenzie who gave an accurate description of the condition and reached few conclusions which are even accepted at present. Rarely sympathetic ophthalmia has been described to be associated with certain non-ocular symptoms e. g. meningism, dysacusia, and dermal manifestations. These non-ocular manifestations are a constant feature either singly or in combination with Vogt-Koyanagi-Harada Syndrome. (DukeElder 1939; Walsh 1956 and Sorsby 1964).

Because of the common modes of manifestation of the sympathetic ophthalmitis and Vogt-Koyanagi Harada disease, these conditions have been grouped under one heading of uveo-meningeal syndromes (Cowper 1951; Swartz 1955; Walsh 1956; Wilson 1962 & Sorsby 1964).

Our observations, however, in cases of sympathetic ophthalmitis reveal that the incidence of non-ocular manifestations is significantly high, provided we carefully look for these manifestations. The dysacusia was the commonest association and was seen in 90% of the cases. Next commonest was the meningism which was seen in 80% of the cases. Vitiligo and Poliosis was seen in only 20%

SYMPATHETIC OPHTHALMIA

of the cases. On the basis of our experience from these cases we strangely feel and suggest that audiometry should be done in each case of sympathetic ophthalmia.

TABLE 11

*Order of appearance of Non-ocular Manifestation
in relation to onset of Uveitis.*

<i>Signs</i>	<i>Before Uveitis</i>	<i>With Uveitis</i>	<i>After 12 weeks of Uveitis</i>
Meningism	—	8 cases	—
Dysacusia	—	9 cases	—
Vitiligo & Poliosis	—	—	2
Alopacea	—	—	—

The recognition of these manifestations in sympathetic ophthalmitis is important not only from the academic point of view but pose a great problem in the management of these cases. The acute manifestations of meningism might disappear in a few weeks time, but certain vague complaints in the form of heaviness of that head, headache, periorbital pain may persist even for few months after the uveitis has come under control. Similarly, dysacusia and tinnitus may leave the patient permanently handicapped inspite of good visual improvement. Two of our cases have to put on hearing aids.

The Auro-dermal manifestation of the uveomaningeal syndrome have been explained on either the hypothesis of the existance of a melanophoric virus or on the development of hypersensitivity to uveal pigment.

SUMMARY AND CONCLUSION:

- (I) Non-ocular symptoms and signs in 10 cases of sympathetic ophthalmia are presented.
- (II) Dysacusia in 90%; meningism in 80%; Pigmentary disturbances in 20% patients were encountered.
- (III) Meningism and dysacusia appeared synchronous with uveitis while pigmentary disturbances appeared relatively late after the onset of uveitis.
- (IV) It has been stressed that the non-ocular signs and symptoms in sympathetic ophthalmia are seen frequently if carefully looked for and pose a great problem in the final management of these cases.

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G. B. Pant. Hospital