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Tuberculosis presented as Pancoast syndrome: A case report

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Introduction & Objective: Pancoast syndrome is a condition resulting from pathological process that leads to destruction of thoracic inlet involving brachial plexus and cervical sympathetic nerves that may presented as Horner's syndrome. It is important to consider differential diagnosis of Pancoast syndrome in patients with Horner's syndrome. The objective is to describe a rare case of Pancoast syndrome with Miliary tuberculosis.

Case Presentation: A 13 years old girl was admitted with fever lasting for four days, swollen eyelids and pustules on her forehead. She was diagnosed with Herpes Zoster and treated with antiviral medicine for 2 days prior admission. Her condition deteriorated quickly and was submitted to Intensive Care Unit (ICU) due to respiratory distress. She was consulted to ophthalmology department for decreased visual acuity and swollen eyelids. Visual acuity was no light perception in both eyes. Physical examination showed palpebral edema, ptosis and conjunctival chemosis in both eyes. The left and right pupil diameter was 7 mm and 3 mm respectively with negative pupillary response, except the direct pupillary response of the right eye. Fundus examination showed pale optic disc in both eyes. Thorax X-ray showed pneumothorax with Miliary tuberculosis. She was diagnosed with Pancoast syndrome from Miliary tuberculosis. She was further referred to pulmonology department.

Conclusion: Pancoast syndrome is a rare condition of pulmonary disease (usually a malignant neoplasm) along with Horner syndrome. When it appears with Horner's syndrome, the prognosis worsens. It is concluded that the Pancoast syndrome should be suspected in patients presented with Horner's syndrome.

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