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Bilateral Scleromalacia Perforans in Rheumatoid Arthritis

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Clinical Image

Scleromalacia perforans is a type of anterior necrotizing scleritis without inflammation resulting in progressive scleral thinning. This rare severe form of scleritis can be attributed to vasculitis, which may be a result of immune complex-mediated pathogenesis. Scleromalacia perforans can be idiopathic or secondary to other autoimmune diseases, including rheumatoid arthritis, Crohn's disease, ulcerative colitis, vasculitis, and systemic lupus erythematosus.

Rheumatoid arthritis is a systemic disease with manifestations in many organs. Ophthalmic presentations include Sjogren's syndrome, episcleritis, and scleritis. The most severe form of scleritis, scleromalacia perforans, is a very rare ophthalmic manifestation. We present the case of a 70-year-old female patient who had rheumatoid arthritis for more than 13 years. She had bilateral scleromalacia perforans but no other extra-articular manifestations. She complained of discomfort and mild pain in both eyes of 3 months duration.

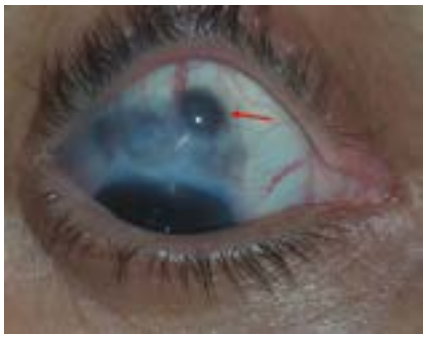

Figure 1: Right eye showing scleral thinning in the upper nasal quadrant with visible uveal tissue.

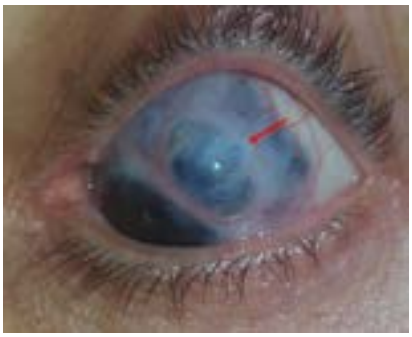

Figure 2: Left eye showing scleral thinning in the upper temporal quadrant with visible uveal tissue.

Right eye

Corrected visual acuity was 1/10, Sclera thinning in upper nasal quadrant with visible uveal tissue and no signs of inflammation was noted (Figure 1). Anterior chamber, iris and pupil were normal. Posterior subscapsular cataract was present. Applanation tension (intraocular pressure) was 12 mmHg.

Left eye

Corrected visual acuity was 1/10. Scleral thinning with visible uveal tissue and no signs of inflammation was noted in upper temporal quadrant (Figure 2). Anterior chamber, iris and pupil were normal. Posterior subcapsular cataract was present. Applanation tension (intraocular pressure) was 13 mmHg. Fundus examination, after dilating the pupils did not show any abnormality in both eyes.

Conflict of Interest

The authors disclose no financial or proprietary conflicts of interest with this publication.

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