Bouchut Tubercles in Disseminated Tuberculosis
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Clinical Image
A 50-year-old immuno-competent woman, on a regimen of systemic antitubercular therapy for disseminated tuberculosis (multiple nodular opacities in the lung parenchyma bilaterally with enlargement of the mediastinal nodes, and intracranial granulomas), presented with blurred vision in her right eye. On examination, visual acuity was 6/30 on the right eye, and 6/6 on the left one. Anterior segment was normal in both eyes. Dilated fundus examination showed multiples choroidal yellowish lesions of different sizes, in the posterior pole and midperiphery of retina of both eyes; consistent with choroidal tubercles called “Bouchut tubercles” (Figures 1A-1C). Fluorescein angiography showed more lesions than what was found on the fundus examination. All lesions were hyperfluorescent without leakage of dye into the surrounding tissues at the late phases (Figures 1E-1G).

Intraocular tuberculosis is a rare event and occurs in 1% of all diagnosed cases of tuberculosis. Choroidal tubercles occur by haematogenous spread of mycobacterial organism and may be unilateral or bilateral. Histopathologically they represent caseating granulomas characterized by stromal destruction, swelling of the adjacent choroid and infiltration with round cells, epithelioid cells and giant cells.

Figure 1: Color fundus photographs (A, B, C) and fluorescein angiography (E, F, G) showing multiples choroidal lesions in both eyes consistent with Bouchut tubercles (yellow arrows).