

Abstract

Background

Scleritis is a painful inflammatory ocular disease often associated with an underlying systemic illness mostly with autoimmune etiology. Tuberculosis usually presents as pulmonary infection and the ocular presentation is considered to be rare.

Case presentation

We present a middle-aged male who developed prolonged pyrexia while being investigated for frequently relapsing anterior scleritis for which he was being treated with systemic steroids. Biopsy of sclera demonstrated acid-fast-bacilli and contrast computed tomography scan of thorax demonstrated mediastinal and visceral lymphadenopathy. Later, Western-blot test confirmed co-infection with Human Immune Deficiency Virus with CD4 count of 71 cells/mm³. He was treated with anti-tuberculous medications and then highly active antiretroviral therapy (HAART) was initiated within one month. He showed good response with partial resolution of scleritis at the end of two months.

Conclusion

Tuberculosis tends to occur in unusual sites when co-infected with HIV. Scleritis is a rare extra pulmonary manifestation of tuberculosis. High degree of suspicion is critical in making a diagnosis and commencing early treatment.