

Abstract

Systemic lupus erythematosus (SLE) is a chronic multisystem autoimmune condition that can affect any organ system in the body including various ophthalmological involvements. SLE mostly affects the skin, lungs, heart, joints, blood vessels, central nervous system and kidneys (1). Natural course of the illness is unpredictable and it depends on the organs which are involved. SLE is characterized by periods of remissions and flares, which can be either acute or chronic. The ophthalmological involvement of lupus may affect any structures in and around the eyes which includes changes in the skin around the eyelids, inflammation of the white outer layer of the eyeball, dry eyes, retinal vascular changes, and involvement of cranial nerves controlling eye movement and vision (2). SLE can cause secondary antiphospholipid syndrome which can also affect eye and leads to visual impairment. In 40 percent of patients with SLE are positive for antiphospholipid antibodies even though the development of antiphospholipid syndrome is much less common (4).

Here we are reporting a case of SLE presented with retinal vasculitis. She is a 19 years old girl, complained visual impairment on presentation. In her initial ophthalmologic assessment, she was found to have retinal changes suggestive of vasculitis. Her history favoured an autoimmune illness and her immunological assessment confirmed that she is having SLE. We have concomitantly treated both retinal vasculitis and her SLE. Retinal vasculitis was poorly responded to vascular endothelial growth factor inhibiting agent, therefore she underwent vitrectomy to prevent further neovascularisation. Her SLE was well controlled with immunosuppression without any relapse over last one year.