Hypopyon Uveitis

ISMAIL SARI, MD, Specialist in Internal Medicine; NURULLAH AKKOC, MD, Professor of Internal Medicine, Department of Internal Medicine, Division of Rheumatology, Dokuz Eylul University School of Medicine, Ic Hastaliklari AD, Romatoloji BD, 35340 Inciralti, Izmir, Turkey. E-mail: nurullah.akkoc@deu.edu.tr. Address reprint requests to Prof. Akkoc.

A 29-year-old man with a 6-year history of Behçet's disease was admitted to the outpatient clinic with a red, painful right eye. Ophthalmologic examination revealed a layered hypopyon and 3+ cells in the anterior chamber (Figure 1). He had experienced recurrent flares of uveitis for the past 5 years despite treatment with various immunosuppressive agents including a combination of cyclosporine and azathioprine. He had remained free of attack during 5 months of interferon therapy, which was stopped because of progressive leukopenia. One month prior to admission he had received one dose of cyclophosphamide (1 g intravenously) to treat signs and symptoms suggestive of neurologic involvement. Infliximab was administered to treat ocular and neurologic symptoms. The hypopyon resolved dramatically within one week after the first infusion of infliximab (Figure 2), with complete regression of his neurological signs and symptoms following the second infusion.

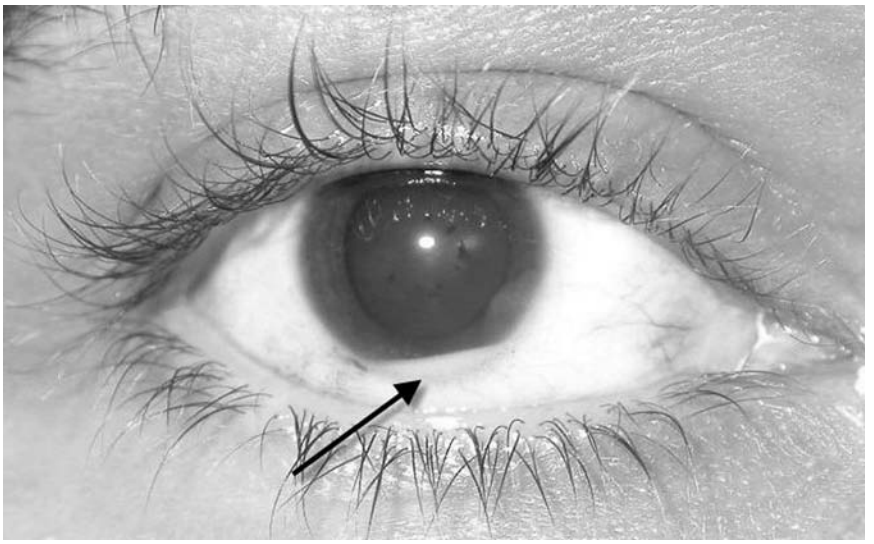

Figure 1. Examination revealed anterior chamber inflammation with hypopyon.

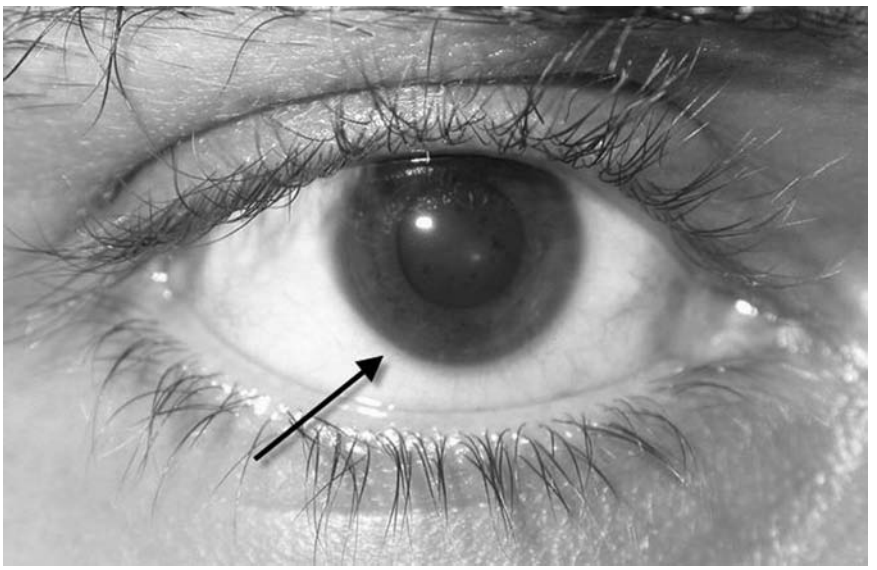

Figure 2. Resolution of symptoms one week after infliximab infusion.