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Sir,

Anterior ischaemic optic neuropathy secondary to Henoch–Schönlein Purpura

Henoch–Schönlein Purpura (HSP) is a systemic vasculitis, usually seen in children and believed to be caused by immune-complex deposition. Features include palpable purpura, arthralgia, gastrointestinal signs and symptoms, and glomerulonephritis.[1]

We report a case of anterior ischaemic optic neuropathy (AION) in a patient with HSP.

Case report

A 54-year-old male noninsulin-dependent diabetic patient presented with sudden painless right-sided visual loss. He had no symptoms of temporal arteritis and no ocular history of note. Right visual acuity was CF and there was a RAPD. The right optic disc was swollen (see Figure 1). Anterior segment and vitreous were normal. There was no diabetic or hypertensive retinopathy. The left eye was normal. Nonarteritic ischaemic optic neuropathy was diagnosed.

When the patient was reviewed 24 h later, ESR was 90 mm/h. The patient disclosed that he had been diagnosed with HSP 18 months previously, and had received systemic steroids until a recent episode of poor diabetic control. An exacerbation of HSP occurred 2 weeks before the onset of visual symptoms, with joint pain and rashes. The diagnosis was revised to AION and he was commenced on 40 mg prednisolone daily, with a sustained improvement in vision to 6/36.

Comment

The ocular manifestations of HSP are rare, especially AION. Only one case of CRAO[2,3] secondary to HSP has been reported previously. The treatment of HSP includes supportive care, nonsteroidal anti-inflammatory drugs and corticosteroids. The prognosis for HSP patient is excellent in the absence of renal and central nervous system involvement.

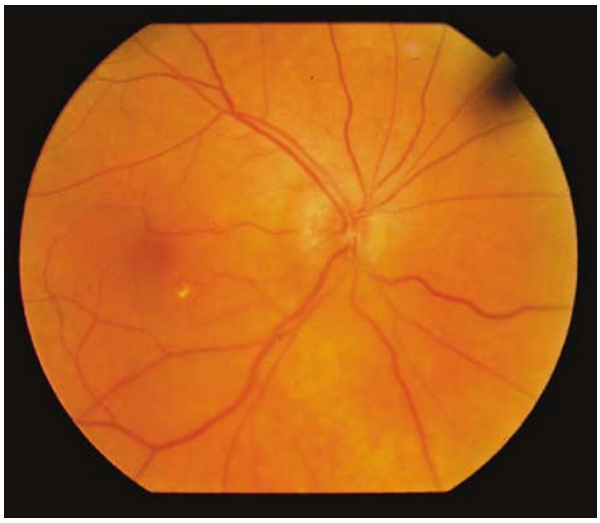

Figure 1 Fundus photograph taken at presentation demonstrating disc oedema.

References

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