Sir,

Scleral necrosis in a patient with aplastic anaemia

Aplastic anaemia[1] has many ophthalmic manifestations,[2] but scleral necrosis has not been previously reported. We report a patient with aplastic anaemia who developed severe, progressive, right eye scleral necrosis.

Case report

A 25-year-old male presented with progressively decreased vision in the right eye, of 10 days duration. He had developed sudden onset idiopathic aplastic anaemia 4 weeks ago, and was on irradiated packed cell transplants and oral cyclophosphamide.

On examination, there was no perception of light in the right eye. There was proptosis of 4 mm, on Hertel's exophthalmometry. Slit-lamp examination of the right eye showed extensive areas of scleral necrosis nasally (Figure 1). There was hyphema filling the entire anterior chamber, rendering fundus examination impossible. Left eye examination was unremarkable except for the presence of severe conjunctival blanching, with segmentation and severely reduced conjunctival vessel calibre.

Computed tomography scan showed a choroidal and an orbital haemorrhage. Blood investigations revealed haemoglobin of 6.70 g%, haematocrit of 10.10%, total leucocyte count of 1400, and very low platelet count. There was no evidence of blasts, on peripheral smear or on bone marrow biopsy, which was dry. Rheumatological disease was ruled out by rheumatological consultation and investigations.

The scleral necrosis progressed rapidly, with auto-evisceration of all ocular contents, within 24 h. Histopathological examination showed disorganized ocular contents, with dark choroidal blood.

The patient's systemic condition improved post bone marrow transplantation. The left eye conjunctival blanching had completely reversed on final visit, 2 months post transplantation.

Comment

To the best of our knowledge, there are no published reports of occurrence of scleral necrosis in aplastic anaemia. Perforating scleromalacia as a complication in a patient with refractory anaemia with excess blasts[3] and scleral melt in a patient with carotid artery obstruction[4] were found to be the only related Medline reports.

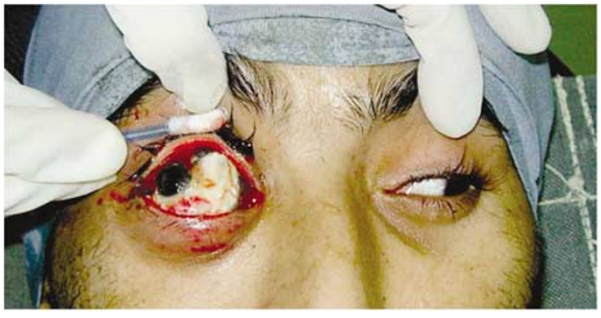

Figure 1 External photograph showing proptosis of the right eye with extensive areas of scleral necrosis nasally, with uveal tissue exposure.

We report a case of a 25-year-old male patient with aplastic anaemia who developed progressive right eye scleral necrosis, followed by auto-evisceration. Auto-evisceration was thought to be secondary to ischaemic necrosis and loss of integrity of the scleral coats, along with increased intraocular and intraorbital pressure due to choroidal and orbital haemorrhage. Severe blanching of the other eye possibly heralded the onset of a similar process, but significantly improved post marrow transplantation. We present a hitherto unreported case of devastating ocular complication of aplastic anaemia. Patients with aplastic anaemia should be kept under closed observation and the systemic condition controlled, as soon as possible, to prevent disastrous consequences.

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Sir,

Ocular manifestations in pediatric patients with HIV infection in the post-HAART era in southern Brazil

Information on the ocular findings in pediatric patients with HIV infection has appeared limited in the

Table 1 Clinical summary of pediatric HIV patients with abnormal ocular examination

Ocular findings	*Case*	*Age (months)*[a]	*CDC classification*
Blepharitis	1, 2, 3, 4	115, 60, 84, 36	C3, A2, C3, B2
Allergic conjunctivitis	4, 5, 6, 7, 8, 9	36, 38, 60, 76, 81, 115	B2, A1, C2, C2, B3, A3
Strabismus	10, 11	84, 5	A1, C3
Hordeolum	12	6	E[b]
Astigmatism	13	153	A2
Dry eye	4, 14	36, 108	B2, C3
Ophthalmic herpes zoster	15	108	C3
Herpetic keratitis	4	36	C3
Lacrimal obstruction	16	15	C3
Congenital macular toxoplasmosis	11	5	C3
Optic disc atrophy—CMV retinitis scars	17	96	C3
Stevens–Johnson Syndrome	18	17	B2
Periferic retinochoroiditis scar	19	132	C3

Abbreviation: CMV, cytomegalovirus.
[a]Age at first ophthalmic examination.
[b]E: confirmed diagnosis of HIV after first examination.

literature,[1] and hence this study was designed to evaluate this situation in Brazil.

A retrospective review of 111 charts of children below the age of 13 years, admitted to the Pediatric Infectious Disease Service of Ribeirão Preto Clinical Hospital between July and December 2004, was performed after approval of the Local Ethics Committee. This hospital serves a population of more than one million people, including urban and rural areas. All patients were seropositive for HIV, in which 65 patients (59%) were confirmed as having AIDS. The male/female proportion was 0.63 : 1, and mean age was 2.2 ± 2.5 years. One hundred and two patients (93%) had HIV vertical transmission and nine (7%) had unknown transmission. All 65 AIDS patients and the other 31 (27.9%) patients who have complained of eye problems underwent ophthalmic examination, and 19 (19.8%) of those examined had ocular pathologic findings that were summarized with their CDC classification in Table 1.

Before HAART, the incidence of ocular manifestation in adult patients with AIDS ranged in Brazil from 50 to 80%, and after that it is less than 56%.[2] In most studies, including Brazil, ocular manifestations related to HIV infection in children is much less frequent than those seen in adults. Although some pediatric studies of the pre-HAART era have shown incidence of 7.7–54.0% of ocular findings,[1,3,4] few works considered these incidence in Brazil, with lack of Brazilian studies in the post-HAART era. Unpublished data have shown 14% of fundoscopic findings in pediatric patients with AIDS in 1999.[5] This prevalence was higher than others described in Brazil.[2]

In this study, the incidence of ocular manifestations was 19.8% considering all HIV pediatric patients examined. This incidence is not too low when compared with those observed in previous studies,[4] although most of our findings are common among HIV-negative children (16/96 (16.7%)). Interestingly, only three C3 patients (3/96 (3.1%)) had showed fundoscopic findings, including CMV infection. To our knowledge, this work is the first specific study on ocular findings in Brazilian pediatric HIV patients in the post-HAART era.

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