

## **ABSTRACT**

### **Wegener's Granulomatosis: A case report**

**Dr Saemah Nuzhat Zafar MCPS, FCPS, Dr Ayesha Khan FCPS, FRCS, Clinical Fellow in Paediatric Ophthalmology**

**Purpose:** To highlight ophthalmologist's role in early diagnosis of ocular manifestations of a potentially fatal systemic disease.

**Study Design:** Case report

**Participant:** Fifty-one year old female who presented with scleritis and anterior uveitis in the right eye, saddle shaped deformity of nose, epistaxis and foul smelling breath.

**Discussion:** Wegener's Granulomatosis is a rare disease which can be fatal if not diagnosed and treated early. Ophthalmologists have a responsibility in diagnosing such systemic diseases with ocular manifestations. Presented here is a female patient of 51 years who had undergone anti-tuberculosis treatment for a full nine months with no improvement in her deteriorating vision and dry eye symptoms. She was on oral and topical steroids prescribed by ophthalmologists elsewhere. Scleritis OD, saddle shaped nose, foul smelling breath and history of epistaxis led to the provisional diagnosis of Wegener's granulomatosis. A battery of tests including ANCA confirmed the diagnosis and the patient was referred to the rheumatologist for management. Systemic cyclophosphamide was started along with oral steroids. It has led to remission of scleritis with improvement in visual acuity.

**Conclusion:** Serious sight threatening complications of Wegener's Granulomatosis such as globe perforation due to necrotizing scleritis or ulcerative keratitis can be avoided by starting treatment early. Morbidity and mortality associated with the disease is significantly reduced by prompt referral for treatment on recognizing the earliest ocular signs. Al-Shifa Journal of Ophthalmology 2006; 1(1): 34-38 © Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan