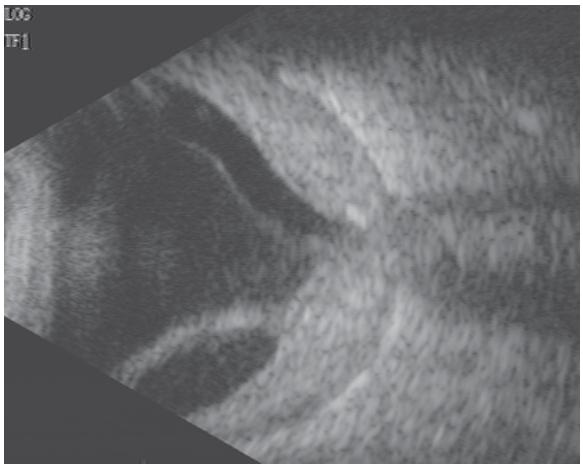
# CASE PRESENTATION - CHOROIDAL TUBERCULOSIS

**Dr. Deepak Bhatt**

24 year old male, a know case of pulmonary kochs, recently treated developed progressive loss of vision and red inflamed eye.

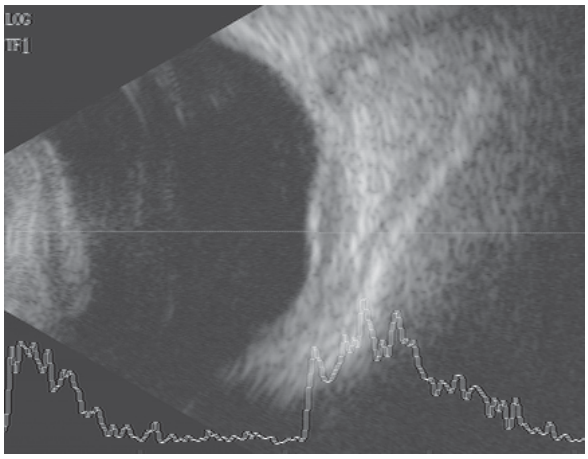
On examination the eye was inflamed & the posterior segment could not be well visualised as there was marked reaction in the anterior segment.

On B-scan examination (Fig 1) there was marked thickening of the choroid with exudative retinal detachment. The findings were suggestive of chronic uveitis but further charecterisation was not possible. There was a small area of calcification within it, which could suggest the possibility of kochs. All investigations for uveitis were negative except raised ESR.



Since the patient was a know case of kochs recently treated, it was decided to start him on AKT and wait for a therapeutic response.

After a month of follow up the inflammation of the patient subsided and on direct visualisation of the posterior segment there was thickening of the choroid. On repeat B-scan, (Fig 2) the exudative retinal detachment had subsided and there was minimal thickening of the choroid.



In conclusion it may not always be possible to diagnose koch uveitis with certainty, but in our setup it may be worthwhile to give a therapeutic trial in suspicious cases and follow up may help to prove the diagnosis.

**Contact Details**
UBM Institute
Cell : 9821095810
E-mail : drbhatt@vsnl.com