



REVIEW ARTICLE

Orbital and optic nerve complications of inflammatory bowel disease



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KEYWORDS

Inflammatory bowel disease;
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Orbital pseudotumor;
Orbital inflammatory disease;
Anti-TNF

Abstract

Background and aims: Extraintestinal manifestations of inflammatory bowel disease (IBD) can involve the orbit and the optic nerve. Although these manifestations are rare, they can be particularly serious as they can lead to permanent loss of vision. The aim of the review is to present the existing literature on IBD-related optic nerve and orbital complications.

Methods: A literature search identified the publications reporting on incidence, clinical features and management of IBD patients with optic nerve and orbital manifestations.

Results: Posterior scleritis and orbital inflammatory disease (orbital pseudotumor) are the most commonly encountered entities affecting the structures of the orbit. On the other hand, the optic nerve of IBD patients can be affected by conditions such as optic (demyelinating) neuritis ("retrolubar" neuritis), or ischaemic optic neuropathy. Other neuro-ophthalmic manifestations that can be encountered in patients with IBD are related to increased intracranial pressure or toxicity secondary to anti tumour necrosis factor (anti-TNF) agents.

Conclusions: IBD-related optic nerve and orbital complications are rare but potentially vision-threatening. Heightened awareness and close cooperation between gastroenterologists and ophthalmologists are warranted.

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Abbreviations: CD, Crohn's disease; IBD, inflammatory bowel disease; IH, intracranial hypertension; OID, orbital inflammatory disease; TNF, tumour necrosis factor; UC, ulcerative colitis.

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1. Introduction

The prevalence of ophthalmic manifestations in patients with IBD remains a matter of controversy. Although earlier surveys and chart review studies have estimated the prevalence of ocular findings in IBD at 3.6–6.3%,^{1–5} a population-based study has found ocular involvement in 1%–2% of IBD patients.⁶ On the other hand, tertiary centre surveys indicate that ocular findings in IBD patients may be significantly more prevalent when a thorough evaluation by an ophthalmologist is performed.⁷ In

fact, in their survey, Yilmaz et al.⁸ found that 60% of their CD patients had ocular findings.

This review presents the rare but potentially blinding extraintestinal manifestations of IBD that involve the optic nerve and the other elements located in the orbit, i.e. extraocular muscles, lacrimal gland and posterior sclera (Figs. 1 and 2). The rationale of including these particular extraintestinal manifestations in the current article is related both to the anatomical proximity of the involved elements, and the frequently overlapping and confusing clinical signs and symptoms produced by orbital conditions.

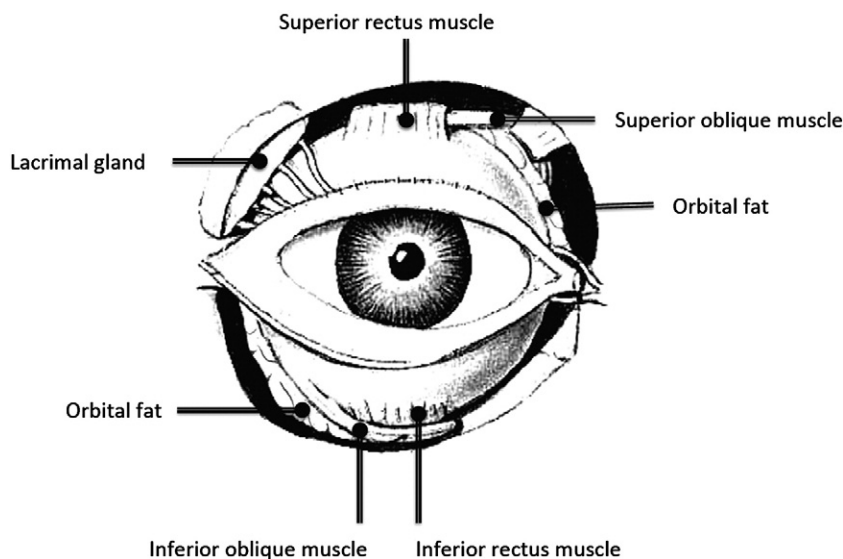


Figure 1 Schematic diagram of the anterior aspect of the right orbit.

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