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Short communication

Bilateral acute iris transillumination syndrome. A case report☆

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ABSTRACT

Objective: To present a case report of a patient with a bilateral acute iris transillumination syndrome (BAIT).

Methods: BAIT syndrome is a new clinical condition characterized by severe transillumination of the iris, acute onset of pigment dispersion in the anterior chamber, and a medial mydriatic pupil that is unresponsive or poorly responsive to light, due to a sphincter paralysis. Patients with BAIT generally present with acute ocular pain, photophobia, and red eyes.

Discussion: The case is presented of a 53-year-old woman, who, after being treated with moxifloxacin for an upper respiratory tract infection, developed a BAIT syndrome, which was initially diagnosed as acute anterior uveitis.

Conclusion: As far as is known this is the first case reported in Navarra, but more case reports are needed to establish clear patterns about this condition.

Síndrome de la transiluminación iridiana aguda bilateral. A propósito de un caso clínico

Palabras clave:
Presión intraocular
Transiluminación iridiana
Moxifloxacino

RESUMEN

Objetivo: Presentar el caso clínico de una paciente con el síndrome de la transiluminación iridiana aguda bilateral (BAIT).

Métodos: El síndrome de BAIT es una nueva entidad clínica caracterizada por una transiluminación iridiana, dispersión de pigmento en la cámara anterior y una pupila en midriasis media que no responde o es poco sensible a la luz debido a una parálisis del esfínter. Los pacientes con BAIT suelen presentar dolor ocular agudo, fotofobia y ojo rojo.

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Discusión: Presentamos el caso clínico de una mujer de 53 años que, tras ser tratada de una infección del tracto respiratorio superior con moxifloxacino, desarrolló un síndrome de BAIT, diagnosticado en primera instancia de uveítis anterior aguda.
Conclusión: Este es, hasta donde se conoce, el primer caso reportado en Navarra, aunque es necesaria mayor casuística para establecer patrones claros acerca de esta enfermedad.

Introduction

BAIT syndrome is a new clinical entity characterized by severe transillumination of the iris, acute onset of pigment dispersion in the anterior chamber, and a mydriatic pupil that is unresponsive or poorly responsive to light due to a variable sphincter paralysis.[1] Some authors consider this entity a subtype of BADI syndrome. The etiology of BAIT is still unknown, but it has been associated with systemic drugs, such as moxifloxacine, as a treatment of an upper respiratory tract infection.[2–4]

Case report

53-year-old female diagnosed of bilateral acute anterior uveitis in emergencies, was referred to the uveitis consultation. Upon arrival she was asymptomatic. She had been treated with moxifloxacine because of an upper respiratory tract infection 6 weeks ago. Best corrected visual acuity was 20/20 in the right eye and 20/40 in the left eye, probably due to an amblyopia. At the slit lamp we could appreciate a symmetrical diffuse iris transillumination (Fig. 1), a medial mydriasis and a poor pupil reaction (Fig. 2). No pigment discharge was appreciated in the anterior chamber. No endothelial pigment was deposited in endothelium. Intraocular pressure (IOP) was 18 mm of mercury in both eyes. Gonioscopy demonstrated a dense pigment obscuring all the trabecular meshwork. Anterior segment optical coherence tomography (OCT) revealed no iris concavity but an atrophy of the iris' epithelium (Fig. 3). Posterior segment examination was unremarkable. In optic nerve analysis no optic nerve damage was detected.

Because of the antecedents and the clinical features she presented she was diagnosed of a BAIT syndrome. No other tests were done. We recommended her to avoid quinolones in the future.

Discussion

The BAIT syndrome is a relatively new entity firstly described by Tugal-Tutkun et al. in 2011 and characterized by the bilateral acute loss of iris pigment epithelium, iris transillumination, pigment showering, persistent mydriasis, and an occasional increase of the IOP.[4]

It has been described after an upper respiratory tract infection and associated with the intake of quinolones such as moxifloxacine,[3] but the etiology of this new syndrome remains unclear, mostly due to the small amount of cases

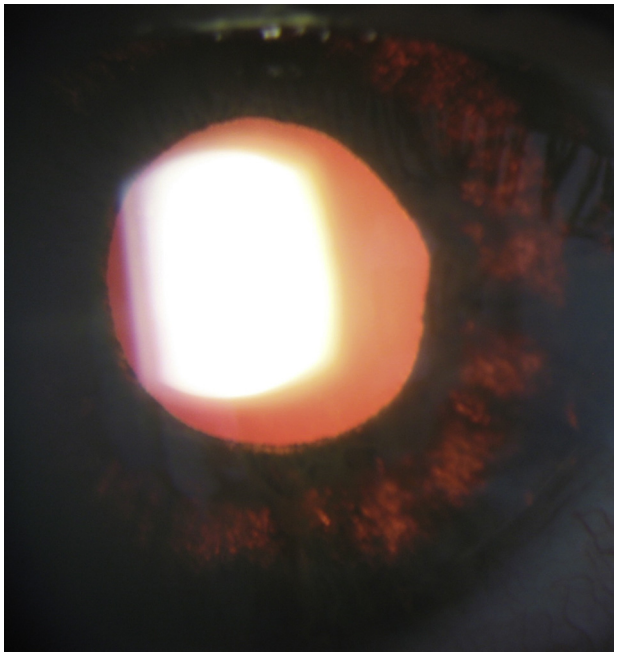

Fig. 1 – Biomicroscopy in transillumination. We can appreciate the atrophy in the mid-periphery of the iris.

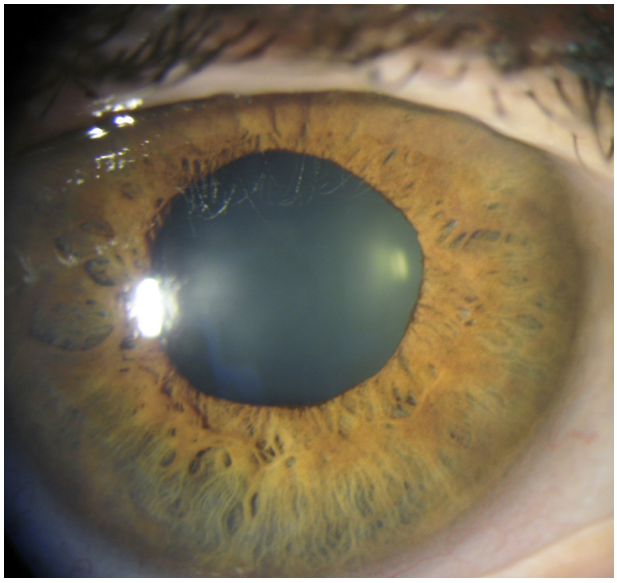

Fig. 2 – Biomicroscopy. The medial mydriasis is evident.