

“Dacryoadenitis in SLE”

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OBJECTIVE:

- To present an interesting case of “Ocular manifestation in SLE

I. Introduction

SLE is a chronic multisystem autoimmune disease.

The ocular finding in SLE are important because they may be the initial manifestation of the disease.

Clinical presentation may be in the form of chemosis, redness, proptosis, dacryoadenitis.

Monocular cellular infiltrate of the lacrimal glands with scleral redness.

II. CASE Report

A 32-year Female, presented to the Ophthalmology OPD

with *painless swelling in right upper lid*, with overlying skin exfoliation for 2 weeks.

It was associated with lateral conjunctival and episcleral *redness*, but no visual disturbance.

She denied any associated right eye pain.

Examination:

Right eye vision was 6/6.

She denied any other systemic manifestation.

On ocular examination

- moderate upper eye lid “S” shaped edema , redness with overlying skin exfoliation
- Salmon patch
- Mild congestion

With Schirmer’s test:

Within normal value with >10
mM



- Our patient had strongly an autoimmune disorder.
- On serological

positive laboratory evidence of
examination ANA (most

Serology examination

sensitive), anti-ds DNA (most specific), anti-smith was detected in serum.

- With hemolytic leukopenia, lymphopenia with thrombocytopenia With autoimmune hemolytic anaemia. MRI shows:
- Right lacrimal gland appears mildly bulky & shows increased signal intensity of surrounding soft tissue extending into upper lid with inflammatory ethology (DACRYOADENITIS).

III. Treatment:

- Oral systemic corticosteroid (pulse therapy) given with tapering doses - 6 wks.
- With systemic immunosuppressant therapy with tab. Azathioprine (50) od
Complete resolving of swelling after completed course
- Recurrent episodes of inflammation are common and occur with treatment withdrawal



IV. DISCUSSION

Systemic lupus erythematosus (SLE) is a chronic systemic autoimmune disease that affects the eye.

Dacryoadenitis as the primary presentation of SLE is quite unusual.

- Ocular manifestations of SLE include lid edema, salmon patch, keratoconjunctivitis sicca, scleral inflammatory disease, cranial nerve palsies, optic neuropathy, uveitis, orbital inflammation, retinal haemorrhages and vasculitis.
- differential diagnosis of acute dacryoadenitis includes granulomatosis, infectious mononucleosis, mumps, mononucleosis. ruptured dermoid cyst and malignant lacrimal gland tumours; were ruled out by clinical and histopathology findings.

Serological examination: ANA, ds DNA were detected in serum.

MRI shows: Right dacryoadenitis

- Diagnosis is usually based on clinical examination findings.

Dacryoadenitis is an inflammation of the lacrimal gland that may have various etiologist with similar presentations. Clinical examination with immune work-up, tissue diagnosis and systemic investigations play a vital role. practice guidelines for diagnosis and effective treatment based on the underlying systemic disease.