



Post-BCG Bilateral Choroidal Lesions with Unilateral Optic Disc Oedema: Sympathetic Ophthalmia Mimic?

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INTRODUCTION

Bilateral choroidal lesions resembling Dalen–Fuchs nodules with unilateral optic disc oedema present a diagnostic challenge, particularly in patients with recent intravesical BCG therapy. Differentiating autoimmune, infectious and paraneoplastic causes is critical for timely management.



CASE PRESENTATION

- 67-year-old male
- Reduced vision and colour vision (right eye)
- 10 days post minor head trauma
- Recent intravesical BCG therapy (3 days prior to symptom onset)
- Past history: oesophageal cancer (10 years prior), bladder and prostate cancer

Ophthalmic examination:

- Visual acuity: RE 2/60, LE 6/18
- No RAPD
- Anterior segment: quiet
- Posterior segment:
 - Bilateral yellowish choroidal lesions (macula and mid-periphery)
 - Right optic disc oedema with pallor
 - Small area of possible periphelebitis

Humphrey visual fields (24-2):

Enlarged blind spot and inferior paracentral defect in right eye. Left eye within normal limits.



INVESTIGATIONS

- ✓ OCT / OCT-A
- ✓ Fluorescein Angiography (FFA)
- ✓ Indocyanine Green Angiography (ICG)
- ✓ MRI / CT brain and orbits
- ✓ Chest X-ray: longstanding apical scarring

Blood tests (all normal):

FBC, ESR, CRP, ANA, ANCA, Quantiferon gold, Syphilis, Lyme, Bartonella, Toxoplasma, Toxocara, antiphospholipid screen, HIV



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CONFLICTS OF INTEREST

None



FUNDING

None

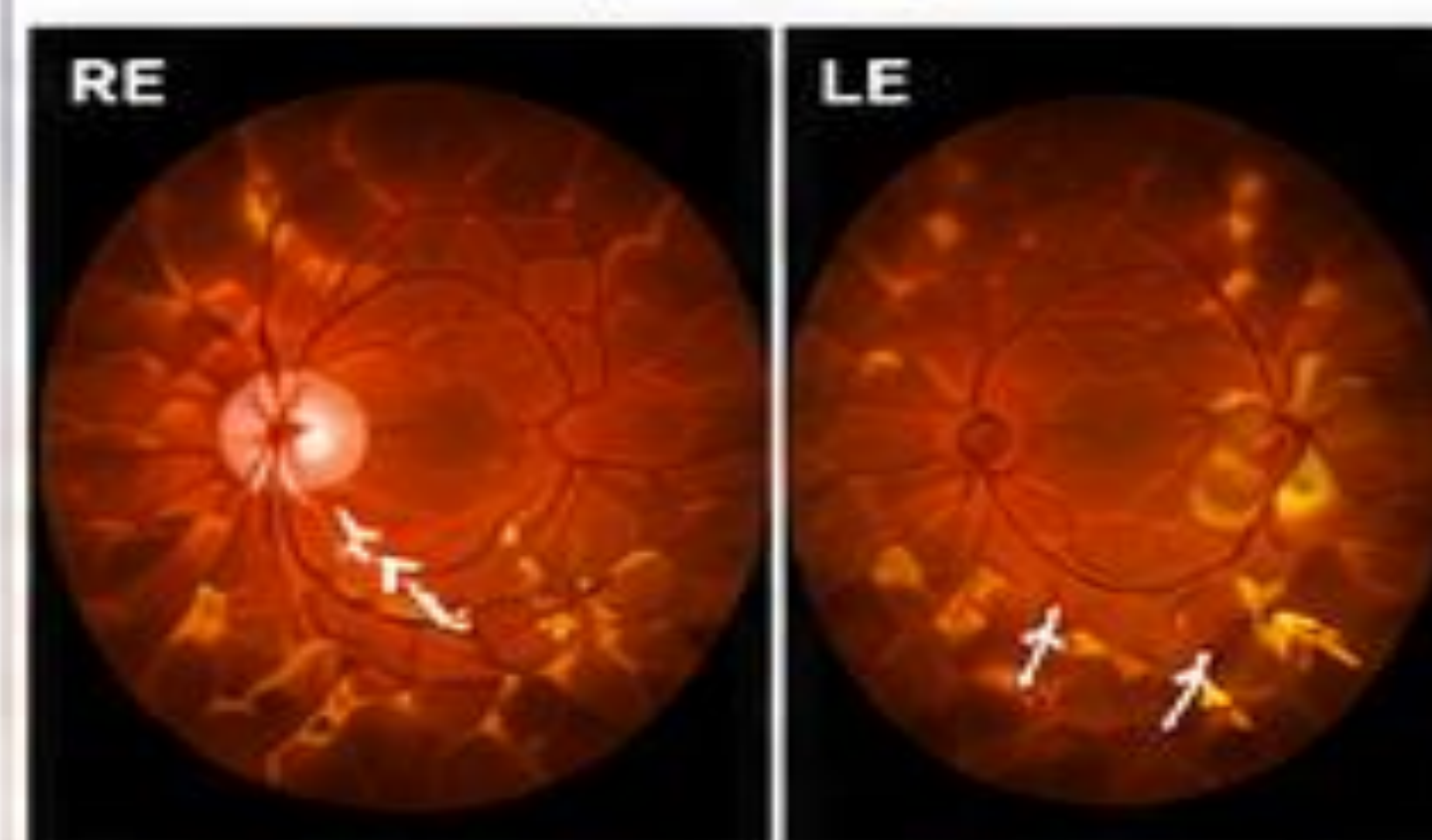


CONSENT

Not obtained (no identifiable patient information included)

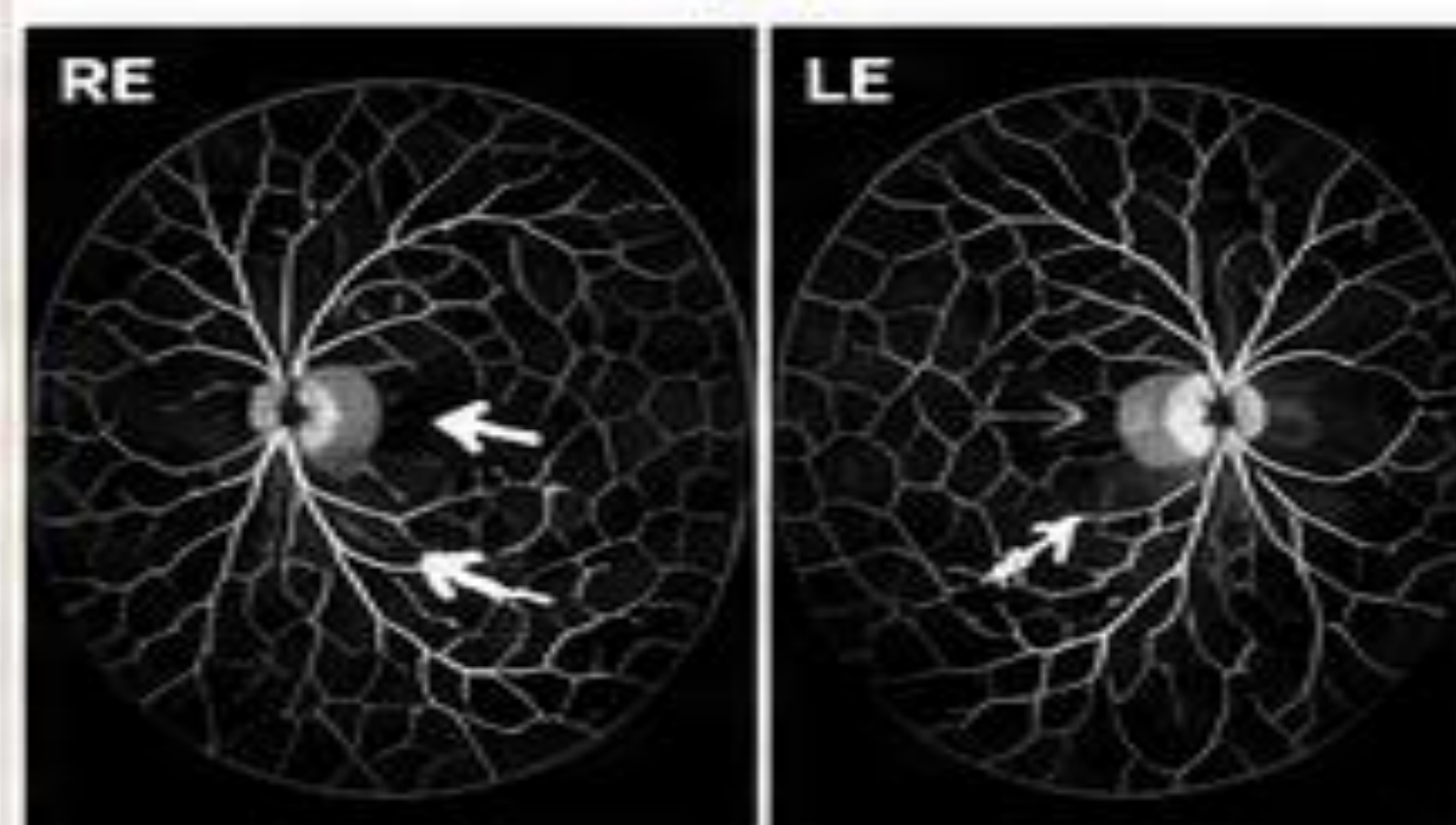
MULTIMODAL IMAGING FINDINGS

FUNDUS PHOTOGRAPHY (COLOR)



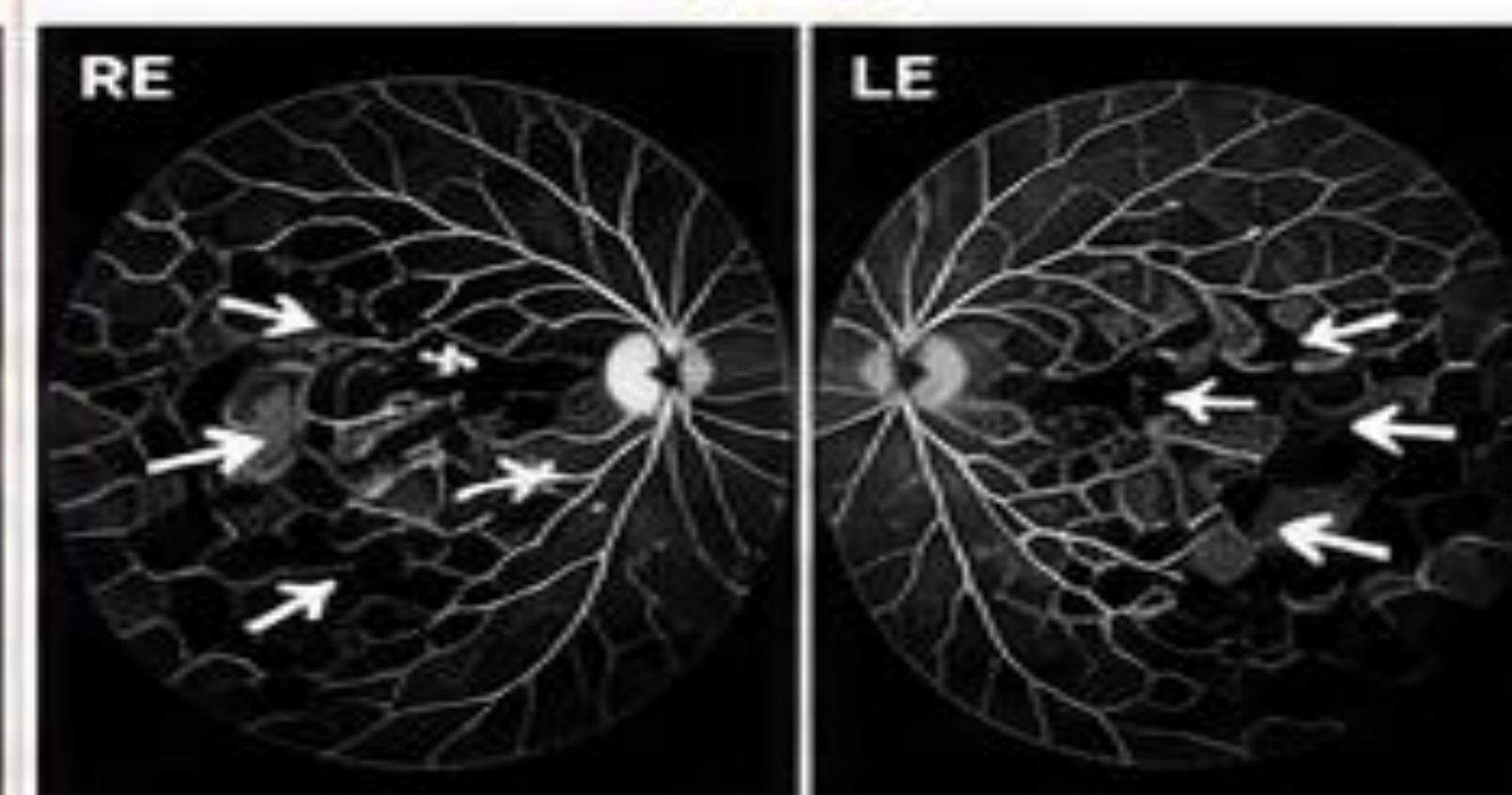
Multiple yellowish choroidal lesions (Dalen–Fuchs–like) in macula and mid-periphery in both eyes. Right optic disc oedema with pallor (arrow).

FLUORESCEIN ANGIOGRAPHY (FA)



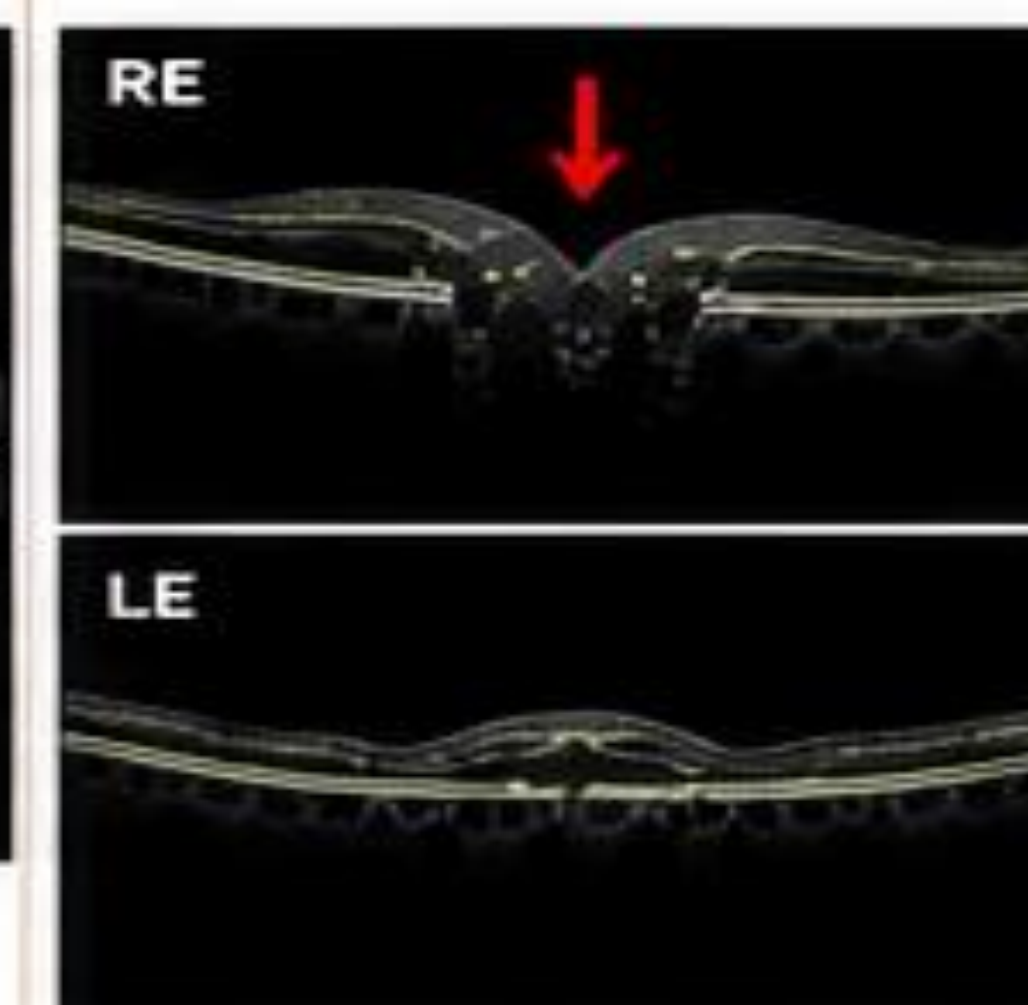
Early hypofluorescent spots with late staining (window defects with leakage) corresponding to choroidal lesions.

INDOCYANINE GREEN ANGIOGRAPHY (ICG)



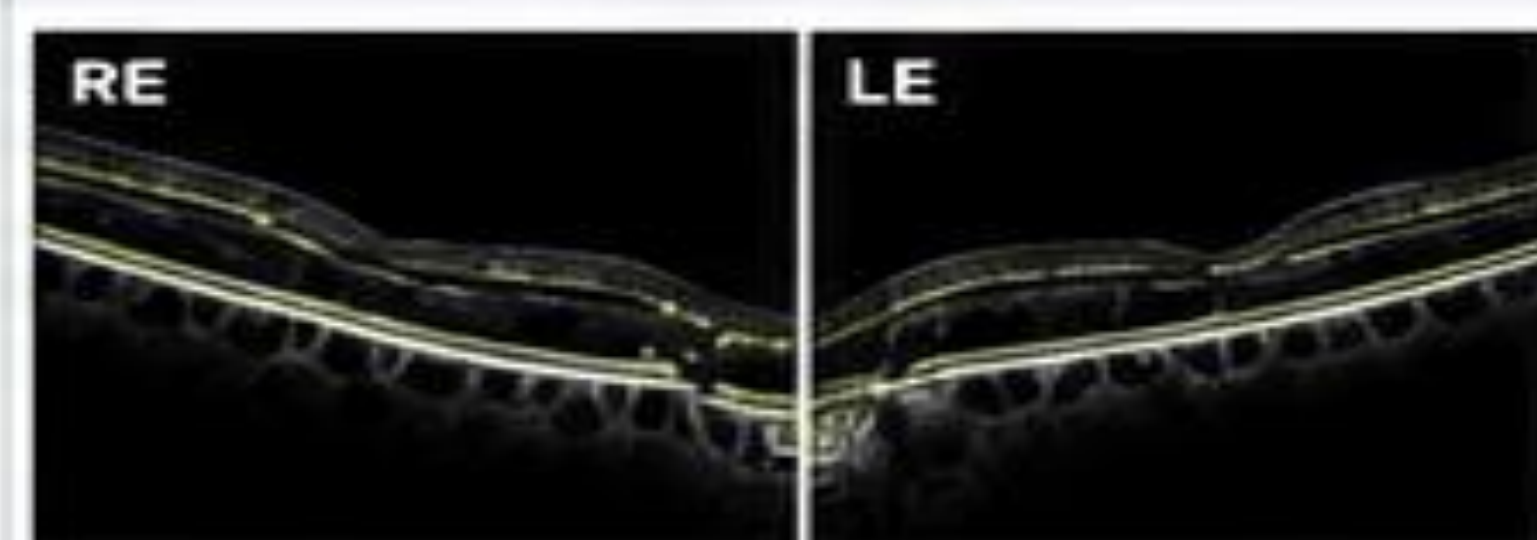
Multiple hypofluorescent dark choroidal spots in mid and late phases (arrows) indicating choroidal involvement.

OCT – RNFL (OPTIC DISC)



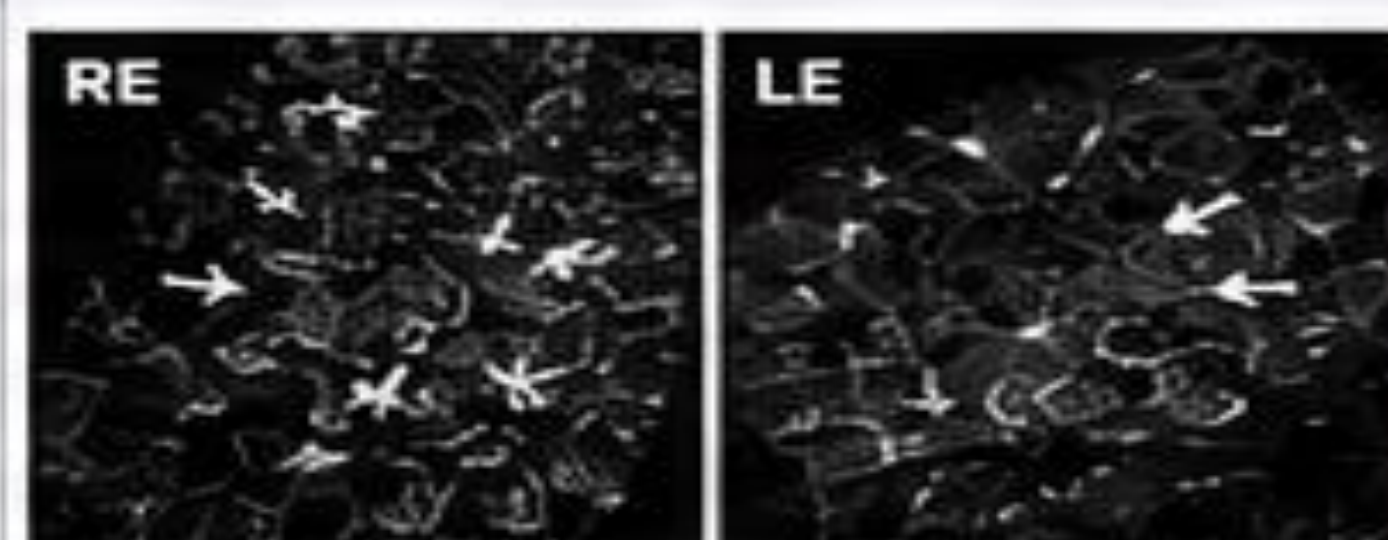
Right optic disc oedema with thickened peripapillary RNFL. Left optic disc appears normal.

OCT – MACULA



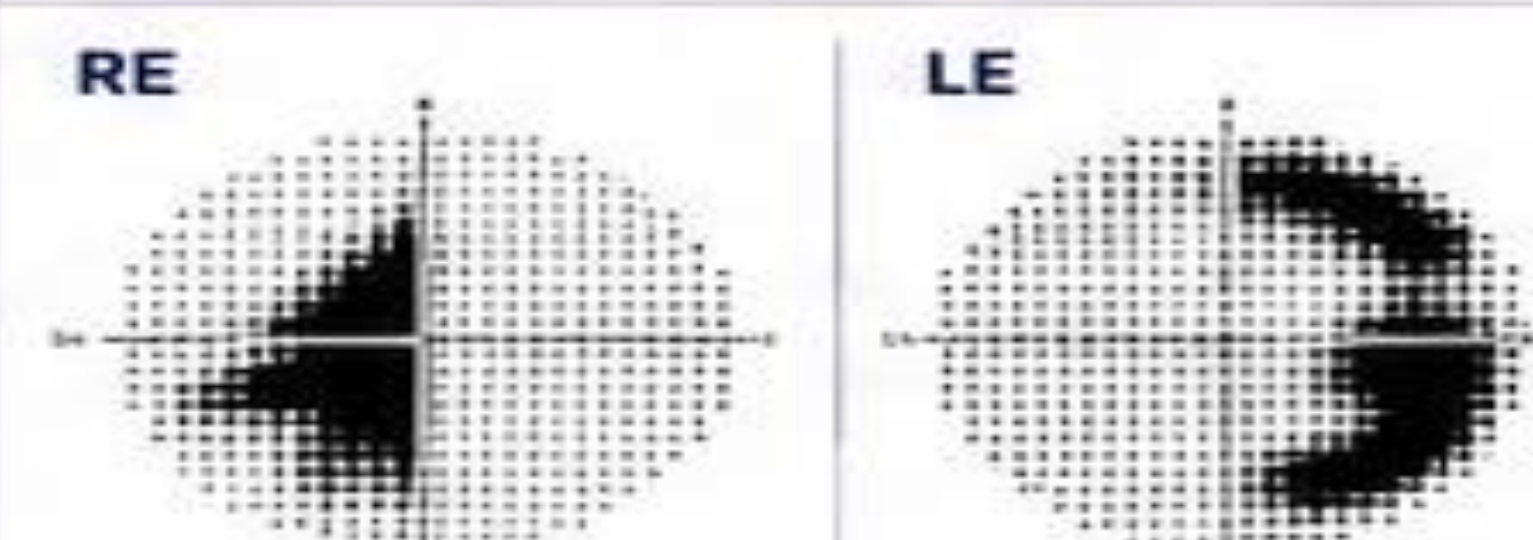
Abnormal sclerochoroidal configuration bilaterally with choroidal thickening and RPE irregularity.

OCT-A – CHOROIDAL FLOW



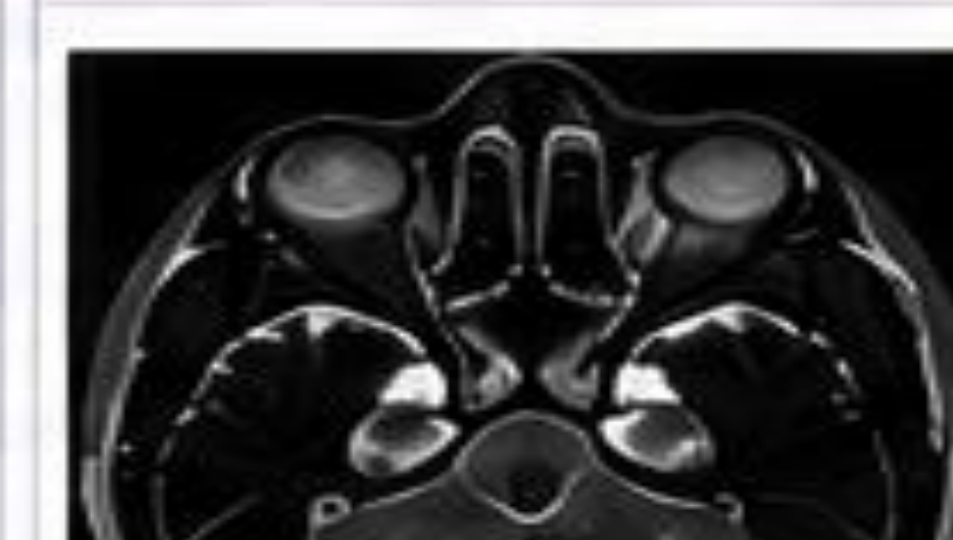
Patchy flow voids in choroid corresponding to areas of choroidal lesions.

HUMPHREY VISUAL FIELD (24-2)



Enlarged blind spot and inferior paracentral defect in right eye. Left eye within normal limits.

MRI ORBITS (T2)



No evidence of orbital mass or optic nerve infiltration.



MANAGEMENT PLAN

- ✓ Extensive workup to exclude infection, malignancy and other autoimmune causes
- ✓ Intravenous methylprednisolone 1 g daily for 3 days
- ✓ High dose oral prednisolone with gradual taper
- ✓ Close monitoring of visual acuity, visual fields and imaging



CONCLUSION

- 1 This case highlights the diagnostic complexity of bilateral choroidal lesions with unilateral optic disc oedema.
- 2 Dalen–Fuchs–like lesions can occur in immune-mediated conditions including post-BCG inflammation.
- 3 Multimodal imaging and targeted bloodwork are essential to exclude infection, neoplastic and other causes.
- 4 Prompt monitoring and early intervention for optic nerve involvement is key to preserving vision.