Orbital Tuberculosis

Prof. Apjeet Kaur

Head, Oculoplasty Service, Dept. of Ophthalmology, King George's Medical University, Lucknow

Email: apjit@rediffmail.com

Tuberculosis has resurfaced in recent times, but surprisingly it is not always associated with immune compromise.

The incidence of orbital tuberculosis varies between 1.4% and 18%. Conventionally it was thought that old age, female gender and HIV infection are the major risk factors. However, orbital tuberculosis spares no age or tissue.

Flat bones are predisposed to being affected. Orbital involvement may present as proptosis, diplopia, discharging sinus, periostitis, sclerosing bony changes and even orbital apex syndrome. Lacrimal gland involvement may be in the form of dacryoadenitis or abscess which fail to respond to antibiotics. Chronic blepharitis or nodules resembling chalazia may be seen in the lids. Non-healing conjunctivitis and nodular scleritis or episcleritis have also been reported. Thus, orbital TB is often difficult to diagnose and a high index of suspicion is required.

Delays in diagnosis are common and can result in serious morbidities. To avoid this, in recurrent lesions, despite treatment with steroids or antibiotics, it is indicated that a panel of investigations be done to rule out TB. These include Mantoux skin test (induration of >15 mm is significant), interferon gamma testing, chest imaging and excision biopsy. Such patients need to be started on anti-tubercular therapy (similar to that for pulmonary TB, DOTS regimen). In cases of relapses or slow response, extended treatment may be needed. Exploration for tissue retrieval/ removal of sequstrum is indicated. Also, patients should undergo a baseline ocular examination prior to starting therapy and should be monitored for side effects, to avoid confusion with worsening of TB.

In the current scenario, it is important for both ophthalmologists and infectious disease specialists, to work together to accurately diagnose and treat orbital TB in order to prevent morbidity and vision loss consequent to complications and sequelae of the same.