

Image findings of Vogt-Koyanagi-Harada

Achados de imagem da síndrome de Vogt-Koyanagi-Harada

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Female patient, 22 years old, presented complaining of blurred vision, bilateral tinnitus and hearing loss on the left.

Ophthalmologic evaluation showed signs of bilateral uveitis, and otorhinolaryngologist evaluation pointed minimal hearing loss on the left.

Imaging tests helped to confirm the diagnosis of Vogt-Koyanagi-Harada (VKH) and evaluation of disease involvement¹⁻³.

The diagnosis of VKH syndrome is clinical and confirmed by imaging. It is one of the only diseases that provide

repetition uveitis in association with neurological and otorhinolaryngological symptoms, as labyrinthitis. Both symptoms, uveitis and labyrinthitis, were confirmed by imaging, the first through ultrasound (Figs 1A and B) and magnetic resonance imaging (MRI) (Figs 1C and D), and the second through MRI. The cerebrospinal fluid was negative.

The patient undergoes treatment with corticosteroids, subjected to hospitalization monthly for sessions pulse therapy, with significant improvement in symptoms.

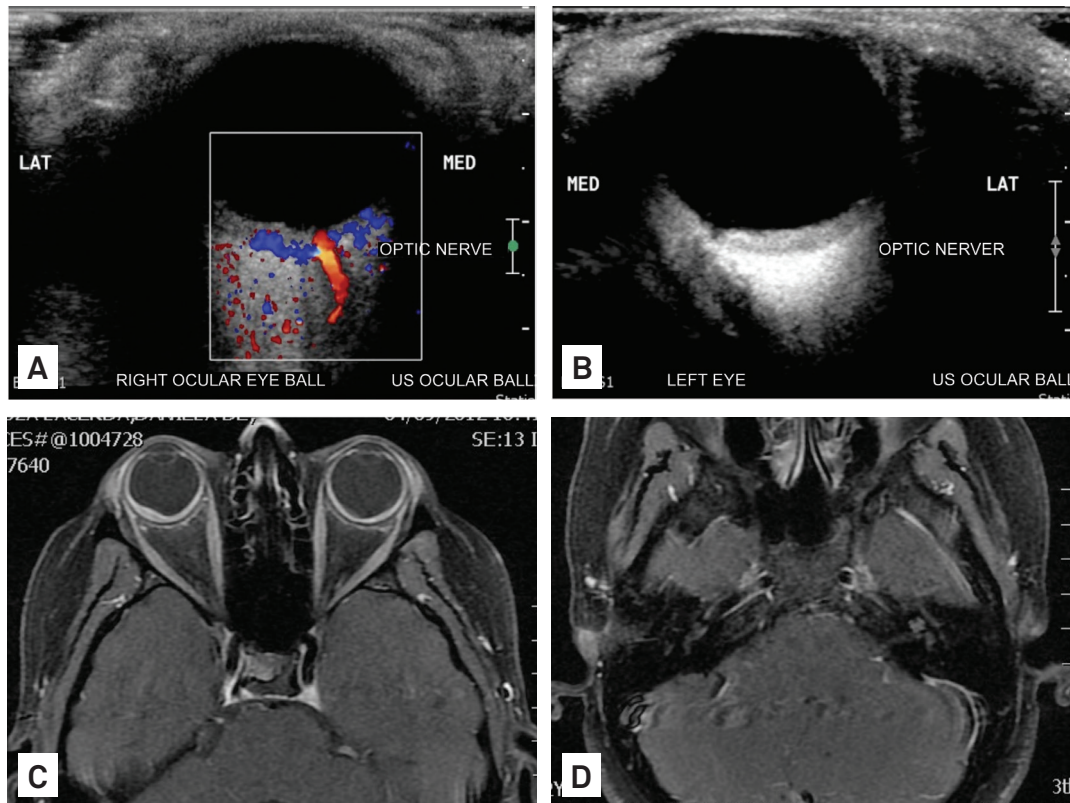


Fig 1. (A) and (B) Ultrasound (USG) of the eyeballs: increased vascularization and thickening of the posterior choroidal eyeballs. (C) and (D) Magnetic resonance imaging (MRI) of the brain and orbits. (C) Thickening and impregnation by gadolinium anomaly in the posterior aspect of the eyeballs, suggestive of uveitis. (D) Impregnation anomalous bilateral membranous labyrinth, suggestive of labyrinthitis.

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