

Letter to the editor: bilateral acute angle closure in a patient with dengue

Carta ao editor: fechamento do ângulo agudo bilateral em paciente com dengue

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Dear Editor:

We appreciate the correspondence article “Bilateral acute angle closure in a patient with dengue” by Joob et al.⁽¹⁾ and their interest in our article “Bilateral acute angle closure in a patient with dengue fever: a case report”⁽²⁾. In the letter, they mention the existence of two articles describing bilateral acute angle closures^(4,5) in addition to the two reports presented in this journal^(2,3). We are fully aware of those two reports but we disagree because while all four articles present cases of ocular hypertension during dengue fever, the additional articles do not describe the cases of bilateral acute angle closure.

In the report published by Stewart et al.⁽⁴⁾, a patient presented with bilateral hypertensive panuveitis with scattered anterior synechiae in OD and a wide open chamber in OS. The authors presumed both an inflammatory glaucoma and a steroid-induced glaucoma response, but not in relation to an acute angle closure. In the report published by Saranappa and Sowbhagya⁽⁵⁾, another patient presented a unilateral panophthalmitis associated with ocular hypertension during dengue fever. This was a unilateral case, and the slit lamp evaluation of the eye was not entirely presented. Also, there was no clear description of the mechanism for ocular hypertension.

Ocular manifestations caused by flavivirus infections are a relevant subject that has recently become popular

among researchers. Due to their low incidence, most of the known information is acquired from case series and reports. Therefore, we considered it imperative to separate the different mechanisms responsible for ocular hypertension. To the best of our knowledge, the report presented by Pierre Filho et al. and ours are the only two known cases of bilateral acute angle closure glaucoma during dengue fever. Both cases presented a bilateral narrow angle. In the first report, the characteristics of the angle were not described. In our case, the results of an ultrasound biomicroscopy study suggested an iris plateau configuration.

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