Vogt-Koyanagi-Harada Syndrome as a case of aseptic meningitis in Children

Sir,

Vogt-Koyanagi Harada Syndrome (VKHS) is a panuveitis associated with varying degree of neurological abnormalities such as headache, tinnitus, meningism and cranial nerve involvement, and cutaneous involvement such as alopecia Vitiligo and poliosis. The usual age at onset is between 20-50 years. There are only a few reported cases of (VKHS) in young children. We report on an 11 year old girl who presented to pediatric casualty because of ocular and neurological features and responded very well to corticosteroid therapy.

This 11 year old girl was in good health until 4 days prior to admission, when she presented to the ophthalmologist with red eyes and she was treated with chloramphicol eye drops. Three days later she did not improve and she started to complain of headache. She was reviewed again by the same ophthalmologist and assured that she had viral infection.

On the 4th day, parents seaked advice from a pediatrician who felt that she had meningitis because of mild fever, 38c minimal neck stiffness and blurred optic discs margins. She was admitted to the pediatric hospital where a CT brain scan was carried out and was found to be normal. A lumber puncture was carried out which showed pleocytosis 48cells/mm, 65% were lymphocytes with normal sugar and mildly raised protein 0.5g/L. A diagnosis of aseptic meningitis was given and she was not started on any treatment. Two days later, she was still complaining of headache and noticed to have fixed dilated pupils not reacting to light and poor visual acuity, (counting fingers ½ a meter from face) in both eyes. Ophthalmological consultation was carried out the next day, confirming the previous finding and a diagnosis of acute disseminated encephalomyelitis was suggested.

Two days later a second ophthalmological consultation confirmed the presence of bilateral exudative retinal detachment, eye movements were within normal range, a yellow blue color vision defect was evident in both eyes and the diagnosis of (VKHS) was made. She was started on prednisolone 60mg/day, and she made a remarkable progress with relief of her headache in few days, visual acuity of 6/60 in each eye, and a programmed tail off steroids was advised to the patient. After 4 months she had a normal visual acuity 6/6 in both eyes and she has been under follow up for the last 2 1/2 years without any morbidity.

The disease is a syndrome with a spectrum of signs that differ from patient to patient, two general groups emerge. The Vogt-Koyanagi group is characterized by predominant anterior uveitis with eye complications, cutaneous manifestation, and higher rate of morbidity. Our patient has the features of the Harada group with serious retinal detachment, meningeal symptoms with C.S.F. pleocytosis and complete recovery without any morbidity. It seems to be that the Harada group has a better outcome than the Vogtkoyanagi group. Vogt-Koyanagi-Harada syndrome should considered in children with aseptic meningitis and eye involvement with deteriorating visual acuity.

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References