

Images in clinical medicine



A rare manifestation of Wegener's disease: scleromalacia perforans

 Ibrahim Boumehti, Salma Assila

Corresponding author: Ibrahim Boumehti, Université Mohammed 5 de Rabat, Hôpital des Spécialités de Rabat, Centre Hospitalo-Universitaire Ibn Sina, Maroc. sdeibm@gmail.com

Received: 23 Jul 2022 - **Accepted:** 07 Aug 2022 - **Published:** 08 Aug 2022

Keywords: Scleromalacia perforans, granulomatous vasculitis, Wegener

Copyright: Ibrahim Boumehti et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Ibrahim Boumehti et al. A rare manifestation of Wegener's disease: scleromalacia perforans. PAMJ Clinical Medicine. 2022;9(29). 10.11604/pamj-cm.2022.9.29.36464

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com//content/article/9/29/full>

A rare manifestation of Wegener's disease: scleromalacia perforans

Ibrahim Boumehti^{1,&}, Salma Assila¹

¹Université Mohammed 5 de Rabat, Hôpital des Spécialités de Rabat, Centre Hospitalo-Universitaire Ibn Sina, Maroc

&Corresponding author

Ibrahim Boumehti, Université Mohammed 5 de Rabat, Hôpital des Spécialités de Rabat, Centre Hospitalo-Universitaire Ibn Sina, Maroc

Image in medicine

A 45-year-old woman with no known medical history presented to our hospital for three weeks of reduced vision, painful eye, and rhinorrhoea. Slit lamp examination of the right eye showed temporal scleral thinning with visible uveal tissue, inferior corneal ulcer, superior corneal infiltrates, normal deepness of the anterior chamber and advanced cataract. Slit lamp examination of the left eye was unremarkable. Routine laboratory tests revealed high c-reactive protein (CRP) (90 mg/l), a high sedimentation rate (50 mm/hr), and a positive antineutrophil cytoplasmic antibody value. Nasal mucosal biopsy revealed granulomatous vasculitis. The patient was treated with prednisolone and rituximab. Azathioprine

was given for maintenance. The patient died of respiratory complications.

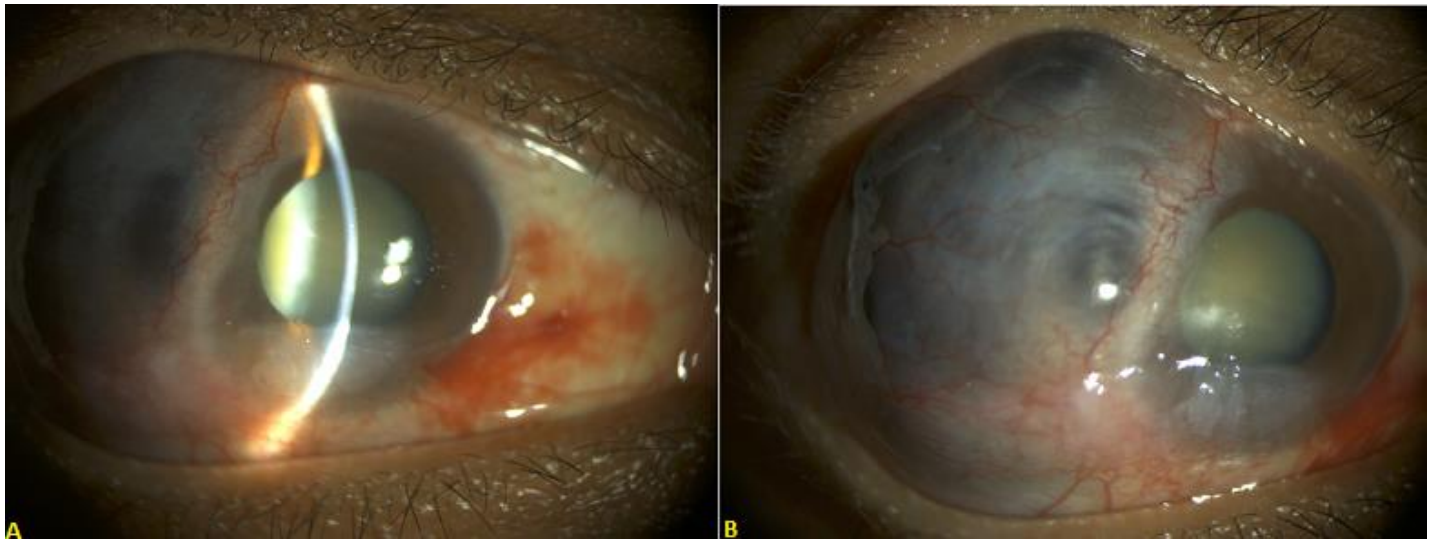


Figure 1: (A) scleromalacia perforans with inferior corneal ulcer; (B) scleromalacia perforans