Dear Sir:

The purpose of this letter is to report on the efficiency and advantages of the new anti-TNF therapy with adalimumab in the Vogt-Koyanagi Harada (VKH) syndrome, an inflammatory pathology for which the results of the above drug have not yet been described.

A 36-year old male requested attention due to acute and intense loss of vision (VA of 1/10 in both eyes). He exhibited multiple bilateral exudative retina detachments, papillitis and anterior vitreous and vitreous tyndall (fig. 1). After initial treatment with endovenous megadoses of methylprednisolone (1 gr daily/4 days) and subsequent maintenance dosage with prednisone and cyclosporine, the inflammation was resolved and the patient recovered full vision in both eyes. In the following months, the patient developed vitiligo and hair loss as well as depigmented eye fundus in «rising sun» fashion. This confirmed the diagnosis of full VKH. In the following year of evolution, the patient suffered frequent and intense relapses of anterior uveitis in both eyes when attempts were made to reduce the prednisone dose below 50 mgr/day even though the cyclosporine dose was maintained and frequent subtenon injections of triamcinolone were associated. Through a compassionate use applica-

Fig. 1: Bilateral exudative retina detachments (VKH syndrome).
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REFERENCES


