Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Radiology

Chronic Anterior Uveitis in A Patient with Treated Leprosy: A Case Report

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DOI: https://doi.org/10.36347/sjmcr.2025.v13i10.028 | **Received:** 16.07.2025 | **Accepted:** 24.09.2025 | **Published:** 13.10.2025

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Abstract | **Case Report**

Leprosy is a chronic infectious disease caused by Mycobacterium leprae that primarily affects the skin, mucous membranes, peripheral nerves, and eyes. Ocular involvement may present in several forms, particularly chronic anterior uveitis, which progresses silently and can lead to visual impairment. We report the case of a 43-year-old male with a history of tuberculoid leprosy (Hansen's disease), treated with multidrug therapy six years prior, who presented with a painful red right eye and decreased visual acuity. Ophthalmologic examination revealed keratic precipitates, anterior chamber flare, and posterior synechiae without posterior segment involvement. Infectious and inflammatory investigations were negative, while dermatological evaluation showed sequelae of leprosy, including hypopigmented hypoesthetic patches on the hands and feet with finger deformities. The patient was diagnosed with chronic anterior uveitis secondary to treated leprosy and responded favorably to local corticosteroid therapy. This case highlights the possibility of ocular complications even after successful treatment of leprosy and emphasizes the importance of regular ophthalmologic follow-up in these patients.

Keywords: Leprosy; Hansen's disease; Chronic anterior uveitis, Visual outcome.

INTRODUCTION

Leprosy is a chronic, transmissible infectious disease caused by Mycobacterium leprae or Hansen's bacillus [1]. It primarily affects the skin, mucous membranes, peripheral nerves, and eyes. Ocular involvement can take several forms, particularly chronic anterior uveitis, which evolves silently and may lead to irreversible visual loss [2,3].

CASE REPORT

A 43-year-old male patient with a history of tuberculoid leprosy, treated with multidrug therapy that was discontinued six years ago, presented with a painful red right eye and decreased visual acuity. He reported two similar episodes in the past two years. Ophthalmological examination revealed visual acuity of 5/10 in the right eye, mild conjunctival hyperemia, keratic precipitates on the posterior Descemet's membrane, anterior chamber flare, and irido-lenticular synechiae. Fundus examination showed no signs of posterior uveitis, and the left eye was unremarkable. Infectious and inflammatory workup was negative. Dermatological evaluation revealed sequelae of leprosy, including hypopigmented hypoesthetic patches on the hands and feet with finger deformities. Biopsy and bacilloscopy were negative. A diagnosis of chronic anterior uveitis secondary to treated leprosy was established. The patient was treated with local corticosteroids, resulting in good functional and anatomical recovery.

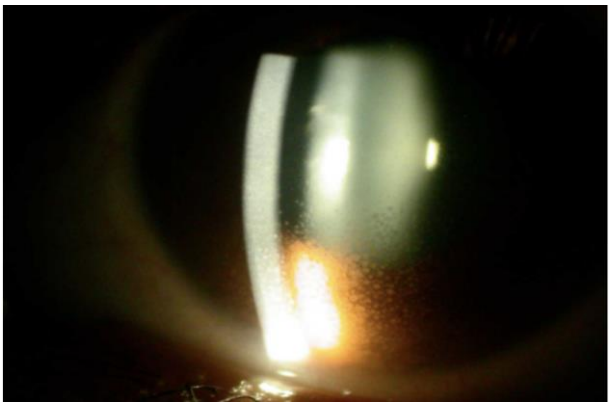

Figure: ''Right eye: keratic precipitates on the posterior descmet's membrane, anterior chamber flare, and posterior synechiae''

Discussion

Leprosy remains a chronic and disabling infectious disease, although the number of new cases is decreasing in Morocco [6]. Ocular involvement occurs in 5–63% of patients, with chronic anterior uveitis being the most frequent form [2,3]. This condition often evolves silently, leading to severe visual loss if not detected early [4,5]. Notably, uveitis may occur even after completion of leprosy treatment, as illustrated in our patient, underscoring the need for regular ophthalmological surveillance in leprosy patients to enable early diagnosis and management [6].

Conclusion

The insidious progression of leprosy-associated uveitis, even after full treatment, justifies long-term ophthalmological follow-up in patients with leprosy to prevent irreversible visual impairment.

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