

MYSTERY IMAGE  
BLINK



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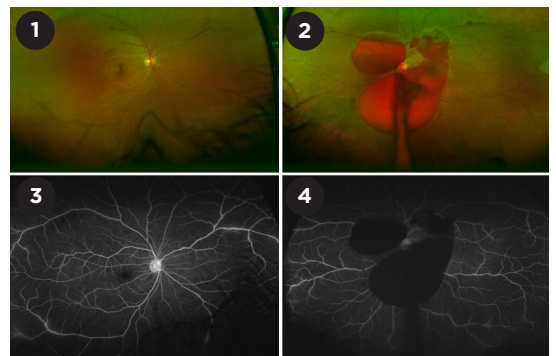
LAST MONTH'S BLINK

## An Unusual Presentation of Sarcoidosis

**A** 29-year-old man with a history of chronic cough, pleuritic chest pain, night sweats, and multiple hospitalizations for pneumonia presented with a one-day history of sudden-onset decreased vision in his left eye. He also had a history of working in methadone clinics, and his tuberculosis status was unknown.

His visual acuity was 20/20 in the right eye and counting fingers at 3 inches in the left. Examination revealed 1+ vitreous cells and perivenous sheathing in his right eye (Fig. 1). In his left eye, 2+ vitreous cells, large preretinal hemorrhage overlying the macula and surrounding the optic nerve, intraretinal dot-and-blot hemorrhages, and perivenous sheathing in the peripheries were evident (Fig. 2). The right fluorescein angiography demonstrates hyperfluorescence of the optic nerve and late leakage of the peripheral vessels (Figs. 3, 4).

Initial workup was significant for indeterminate Quantiferon Gold testing and elevated levels of angiotensin-converting enzyme. Chest X-ray and computed tomography revealed bilateral hilar lymphadenopathy and a 5-mm nodule in the right lower lobe of the lung. Syphilis, HLA-B27, Lyme disease, and antineutrophil cytoplasmic antibody tests were negative. The patient's pulmo-



nologist eventually performed a lung biopsy, and the findings were consistent with sarcoidosis.

Patients with ocular sarcoidosis often present with uveitis; retinopathy and vitreous hemorrhage constitute rare clinical presentations of the disease. This case illustrates the importance of considering sarcoidosis as an etiology of vitreous hemorrhage in the setting of posterior uveitis.

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