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Zh. Isserkepova <https://orcid.org/0000-0002-4009-8335>*National Scientific Center of Phthisiopulmonology of the Republic of Kazakhstan, Almaty, Kazakhstan*TUBERCULOUS PHLICTENULAR KERATOCONJUNCTIVITIS OF BOTH EYES
(CLINICAL CASE)

Resume: This article describes a clinical case of tuberculous phlyctenular keratoconjunctivitis of both eyes, which developed against the background of a recurrence of infiltrative tuberculosis of the right lung. This case is notable for the active nature of the specific process in both the eyes and the lungs. Although ocular tuberculosis typically develops later, this case suggests that it can occur earlier in patients with slow blood flow in the eyeball.

Keywords: clinical case, ocular tuberculosis, phlyctenular *keratoconjunctivitis*

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Алматы қ., Қазақстан*ЕКІ КӨЗДІН ТУБЕРКУЛЕЗДІ ФЛИКТЕНУЛЕЗДІ КЕРАТОКОНЪЮНКТИВИТІ
(клиникалық жағдай)

Түйін: Бұл мақалада оң жақ өкпенің инфильтративті туберкулезінің қайталануы аясында дамыған екі көздің туберкулезді фликтенулезді кератоконъюнктивиті клиникалық жағдайы сипатталады. Бұл жағдайдың ерекшелігі көз тарапынан да, өкпе тарапынан да спецификалық үдерістің белсенділігі болып табылады. Дей тұрғанмен көз туберкулезі кешірек кезеңде дамуы тиіс, бұл патоморфоз бойынша көз алмасының баяу қан айналымымен байланысты.

Түйінді сөздер: клиникалық жағдай, көз туберкулезі, фликтенулезді кератоконъюнктивиті

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г. Алматы, Республика Казахстан*ТУБЕРКУЛЕЗНЫЙ ФЛИКТЕНУЛЕЗНЫЙ КЕРАТОКОНЪЮНКТИВИТ ОБОИХ ГЛАЗ
(клинический случай)

Резюме: в данной статье описывается клинический случай туберкулезного фликтенулезного кератоконъюнктивита обоих глаз, который развился на фоне рецидива инфильтративного туберкулеза правого легкого. Случай выделяется тем, что активность специфического процесса проявляется, как со стороны глаза, так и легкого. Хотя туберкулез глаз должен был развиваться в более позднем периоде, что по патоморфозу связано с замедленным кровотоком в глазном яблоке.

Ключевые слова: клинический случай, туберкулез глаз, фликтенулезный кератоконъюнктивит

Introduction. Tuberculous phlyctenular keratoconjunctivitis is a manifestation of a general tuberculosis infection and is one of the forms of extrapulmonary tuberculosis. It develops as a result of the hematogenous spread of *Mycobacterium tuberculosis* (MTB) and is most often a complication of the underlying tuberculosis process [1,2]. According to the pathogenesis, tuberculous eye lesions are divided into two main clinical forms: toxic-allergic and metastatic.

The toxic-allergic form is more common in children and can be active in both the eyes and the chest organs. The mechanism of development of tuberculous-allergic eye diseases is associated with specific tuberculous sensitization of the organism and eye tissues. When exposed to "provoking" factors, a primary disease occurs. This form of the disease is characterized by a rapid onset

and rapid subsidence of phenomena, a tendency to repeated relapses of the inflammatory process [3,4].

The metastatic form of ocular tuberculosis is caused by the hematogenous spread of *Mycobacterium tuberculosis* (MTB) into the tissues of the eye. It typically occurs in adults who have previously had tuberculosis in other organs. This form of the disease is characterized by a gradual onset, a long and slow course, and the lack of response to non-specific therapy.

Tuberculous phlyctenular keratoconjunctivitis is more common amongst children and young women. [5].

Case description

The patient, a 33-year-old woman named B., first presented in 2020 with complaints of redness, photophobia, lacrimation, pain, and decreased vision in her right eye (OD) (Fig. 1).



Figure 1 - Picture of OD. St localis: vis OD / OS = 0,1 not correlate / 1,0

In the right eye (OD) there were photophobia, lacrimation, redness of the eye. There were multiple infiltrates on the cornea with a path from the limbus and newly formed vessels. The anterior chamber was of medium depth and the aqueous humor was clear. The pupil was round. The view of the fundus hazy.

The left eye (OS) was calm.

From the anamnesis

For 2 years, the patient was treated in the primary health care (PHC) network with general anti-inflammatory drugs without effect. When she contacted the National Scientific Center of Phthisiopulmonology of the Republic of Kazakhstan (NSCP RK), she was examined and diagnosed

with infiltrative tuberculosis of the right lung. Sputum analysis showed 5 + of bacilli, Gxpert RIF was positive, and she was RIF-sensitive. Complication: tuberculous phlyctenular keratoconjunctivitis of the right eye.

From September 18, 2020 to November 13, 2020, the patient received treatment at the NSCP RK with positive results. She was then discharged and continued her aftercare at home on an outpatient basis. Her treatment was completed, and she was removed from the dispensary. In the spring of 2023, the disease relapsed after childbirth. This time, both of her eyes became infected (Fig. 2).



Figure 2 - Picture of OS. On the cornea in the lower segment there are several rounded infiltrates with a path to the limbus and newly formed vessels

The patient was diagnosed with tuberculous phlyctenular keratoconjunctivitis in both eyes. Others: MT recurrence (-), drug-sensitive form. She also had small residual changes in the upper lobe of the right lung, but her sputum bacterioscopy with fibrobronchoscopy was negative. She is currently receiving treatment at the NSCP RK in the 1st category mode. Her condition is improving, and she has no longer been experiencing photophobia, lacrimation, redness of the eyes.

Discussion

This case is notable for the active nature of the specific process in both the eyes and the lung. Although ocular tuberculosis typically develops later, this case suggests that it can occur earlier in patients with slow blood flow in the eyeball. [6].

Conclusion

In practice, not many cases of recurrent tuberculous phlyctenular keratoconjunctivitis have been described.

This case highlights the importance of timely diagnosis and treatment of this disease, as it can have a significant impact on the patient's quality of life.

Note

Declaration of patient consent

Patient consent statement: The author confirms that she has obtained all necessary patient consent forms. The patient has consented to the publication of her images and other clinical information in the journal. The patient's name and initials will not be published, and every effort will be made to conceal her identity, but anonymity cannot be guaranteed.

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