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Biography

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When Ocular Pain Points to Crohn's Disease: A Case report

Abstract:

Introduction: Ophthalmologic manifestations may reveal underlying systemic disorders such as inflammatory bowel disease (IBD). Scleritis, though rare, is a severe ocular complication often linked to active IBD. We report a 45-year-old woman whose scleritis led to the diagnosis of Crohn's disease.

Methods: A 45-year-old woman with a history of hypertension and intermittent watery diarrhea presented with severe left eye pain for one month. Ophthalmologic examination revealed preserved visual acuity (10/10) in both eyes. The right eye was normal, while the left eye showed diffuse anterior scleritis, a quiet anterior segment and normal fundus. Laboratory tests showed elevated inflammatory markers and positive fecal calprotectin, while imaging and colonoscopy confirmed Crohn's disease. Treatment with systemic corticosteroids and azathioprine led to gradual improvement in both ocular and intestinal symptoms.

Discussion: Scleritis is a rare but severe complication of Crohn's disease, affecting approximately 2–5% of IBD patients. Inflammatory bowel diseases can present with various ocular manifestations, including anterior uveitis, episcleritis, and rarely, scleritis. Early detection of ocular involvement in IBD can improve long-term prognosis by preventing vision-threatening complications. Treatment typically involves systemic corticosteroids, immunosuppressive agents. The management of scleritis in Crohn's disease requires a multidisciplinary approach, with collaboration between ophthalmologists and gastroenterologists

Conclusion: Ocular manifestations may precede the diagnosis of Crohn's disease and should be carefully evaluated in patients with unexplained ocular symptoms. Early recognition and appropriate systemic treatment are essential to improving both ocular and systemic outcomes.