Bacillary layer detachment in tubercular choroidal granuloma: A new optical coherence tomography finding

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A 32-year-old Asian Indian male presented with sudden-onset and painless decrease in vision in the right eye (OD) for the past 1 day. On examination, his best-corrected visual acuity was 6/24 in OD and 6/6 in the left eye (OS). Anterior segment was quiescent in both eyes. Fundus examination showed ill-defined yellowish subretinal lesions inferior to fovea with surrounding fluid reaching the inferior arcade in OD. A cystic lesion with well-defined borders was seen in the foveal center. Fluorescein angiography (FA) showed early hypofluorescence and late hyperfluorescence indicating active choroidal inflammation. Pooling of dye was appreciated in the late phase due to subretinal fluid accumulation. Indocyanine green angiography (ICGA) showed early and late hypofluorescence, suggestive of choroidal granuloma [Fig. 1].[1] Spectral-domain optical coherence

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The external limiting membrane coursed anterior to CS, and a split of inner photoreceptor layer at level of myoid zone (MZ) was observed. The floor of the CS was formed by distorted and irregular ellipsoid zone (EZ), and inter-digitation zone. The CS extended in a tubular manner inferiorly (seen on en face infrared imaging), and cross-sectional OCT B-scan showed the CS with hyper-reflective borders. SD-OCT also revealed hypo-reflective choroidal granulomas and focal thickening of the choroid [Fig. 2]. Based on positive Mantoux test and interferon gamma release assay, the patient was diagnosed with tubercular choroidal granuloma. Following treatment with anti-tubercular therapy and corticosteroids, the lesions healed completely at 6-weeks follow-up [Fig. 3].

Discussion

Presence of BLD has been described in both infectious and non-infectious conditions such as toxoplasmosis, Vogt-Koyanagi-Harada disease, and posterior scleritis, among others. Intense chorioretinal inflammation, choroidal thickening, and accumulation of fluid may lead to splitting detachment occurring at the level of MZ, resulting in BLD. Akin to other inflammatory pathologies, BLD is a novel OCT finding in tubercular choroidal granuloma.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other...
clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

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