Multinodular scleritis in a patient with rheumatoid arthritis

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Presentation

A 62-year-old woman with a history of rheumatoid arthritis (RA) receiving methotrexate for 17 years presented with progressing ocular pain for 4 weeks. She stopped treatment 2 months earlier due to nausea and vomiting and did not consult her internist. Visual acuity was 8/10 in the right eye and 6/10 in the left eye. Slit-lamp examination showed bilateral conjunctival injection with multiple scleral nodules predominating in the left eye (Fig. 1a). There were no signs of intraocular inflammation, and fundus examination findings were unremarkable in both eyes.

A diagnosis of anterior nodular scleritis with multiple nodules complicating active RA was made. The patient received topical steroids and was put on oral leflunomide by her internal physician with a 6-week course of oral methylprednisolone 16 mg per day followed by gradual tapering.

At the 3-month follow-up, we observed complete regression of nodular scleritis in the right eye as well as the

appearance of scleromalacia perforans with choroid bulging and peripheral ulcerative keratitis (Fig. 1b).

Discussion

Scleritis is a rare extra articular manifestation of RA (0.2 to 6.3%) [1]. It tends to occur in patients with severe disease [2].

The two main types of anterior scleritis are necrotizing and nonnecrotizing scleritis, which can be diffuse or nodular [2]. Nodular scleritis has been reported in 20% of cases. It typically manifests as a single nodule and less frequently as multiple nodules, such as in our case [3, 4]. Although described in literature, multinodular scleritis in patients with RA had not been illustrated before to the best of our knowledge. Our patient had this unusual presentation in relation to her systemic condition.

Immunosuppressive agents are the first-line treatment for scleritis in patients with RA [2]. Adalimumab has been previously reported to be effective in patients who are unable to

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Fig. 1 Anterior segment photography of the left eye. **a** Anterior scleritis with multiple nodules (at presentation). **b** “Scleromalacia perforans” with choroid bulging associated with peripheral ulcerative keratitis (at follow-up)

receive conventional treatment [3]. In our patient who was intolerant to methotrexate, leflunomide was a good therapeutic option, resulting in the resolution of nodular scleritis but with residual scleral thinning.

Declarations

Ethics approval Written patient consent for publication was obtained.

Consent to participate Not applicable.

Consent for publication Not applicable.

Disclosures None.

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