

# Case report of unilateral uveitis following streptokinase treatment for myocardial infarction

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## ABSTRACT

To report a case of unilateral uveitis following streptokinase treatment for myocardial infarction. 59-year-old male with underlying diabetes mellitus, hypertension, dyslipidaemia and ischemic heart disease presented to the emergency department with sudden onset left sided chest pain, shortness of breath and sweating. He was diagnosed with a myocardial infarction (MI) and was thrombolysed with streptokinase (1.5 million units). After 6 hours, he complained of sudden onset left eye (LE) pain, redness and reduced vision. On examination of LE, vision was 6/12. Intraocular pressure (IOP) was normal. He had conjunctival circumcilliary injection, cornea clear, anterior chamber (AC) was deep, with marked uveitic reaction (cells 4+) and a strand of fibrin at pupillary margin. No hypopyon or hyphaema noted. Fundus was unable to visualize due to AC flare, B-scan of LE shows vitreous clear and retina is flat. The right eye (RE) was unremarkable. He was treated with guttae predforte 2 hourly and gradually tapered down. Subsequently his signs and symptoms improved with a visual acuity of 6/9. AC reaction reduced (cells1+) with resolution of fibrin. Although rare, unilateral and bilateral uveitis has been reported as a side effect of streptokinase infusion following treatment for MI. Due to potential side threatening complications, it is important to recognize these side effects. Treatment with topical steroids results in rapid resolution of uveitis.