9. OCULAR MANIFESTATION IN DIABETES

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Introduction. The International Diabetes Federation estimated the global population with diabetes mellitus to be 463 million in 2019 and 700 million in 2045. Diabetes can cause the following eye diseases: diabetic retinopathy, cataracts, glaucoma, uveitis, cranial nerve palsies that can lead to diplopia, retinal vascular disease and diabetic papillopathy. People suffering from diabetes should have regular eye-screening.

Case presentation. P.I., a 43-year-old man presented to our clinic with decreased visual acuity, severe ocular pain, photophobia and excessive tearing OUt. Clinical examination showed VA OD/OS =hand movement/0(zero). Intraocular pressure measurement (by Maklakov): OD-25mm.Hg OS-17mm.Hg. Slit-lamp biomicroscopy: OU-palpebral edema, “red eye”, corneal edema, endothelial precipitates, hypopyon, iris edema, pupillary exudates, the lens and the “eyegrounds" can't be examined. B-Scan examination revealed: OUt- retinal detachment, severe vitreous opacity, choroidal thickening. Diagnosis: community-acquired pneumonia - bilateral, severe pneumonia presenting with slight temp evolution, acute respiratory distress, panuveitis, sepsis and tuberculosis suspect. Primary “mixed” cardiomyopathy (hypertensive, dysmetabolic), HTA type 2, diabetes mellitus type 2 (LADA) imbalance. Surgery: “anterior segment surgery” and administration of an intraocular injection Aksef 1mg (intracameral use) OUt and evisceration OD. Then, the patient was di

Discussion. Diabetes can lead to visual loss.

Conclusion. 1) Endocrinological screening and treatment of the diabetic patient is essential. 2) Diabetic patients require regular ophthalmological examination to prevent visual loss. 3) Panuveitis can cause blindness and visual disability to patients with diabetes due to decompensated diabetic disease.