Abstract: Fuchs' heterochromic iridocyclitis is a chronic non-granulomatous specific uveitis entity which is commonly unilateral. Here we present a case of a middle aged man who presented to us with clinical features specific to this disease. After control of inflammation, he underwent cataract surgery with IOL implantation and peripheral iridectomy. At the end of six weeks follow up, his vision improved with normal intraocular pressure. This case is being presented to emphasize the good prognosis of Fuchs' heterochromic iridocyclitis when treated appropriately.

Keyword: Fuchs' heterochromic iridocyclitis, stellate keratic precipitates, Amslers sign, filiform vessels

Introduction
Fuchs' heterochromic iridocyclitis is a unilateral chronic iridocyclitis of insidious onset which presents equally in males and females. This disease is characterised by certain pathognomonic features like diffuse distribution of stellate keratic precipitates and thinning of iris stroma. Patients usually present with complaints of defective vision due to cataract. This case report emphasizes the importance of identifying the features and good prognosis on administering appropriate treatment.

Case summary -
A 45 year old male, washer man by occupation, came with chief complaints of painless loss of vision in left eye since two months. It was insidious in onset and gradually progressive. There was no history of trauma/ any long standing drug intake. He did not have any systemic illness.

Figure 1 – Profile picture of the patient
On examination, right eye had visual acuity of 6/6 with normal anterior segment. Pupil was 3mm in size, briskly reacting to light, both direct and consensual. Lens was clear. On slit lamp examination, there was no anterior chamber reaction. (figure 2)

Figure 2 - slit lamp picture of diffuse illumination of right eye
In the left eye, visual acuity was hand movements. Cornea was clear, anterior chamber was shallow with heterochromia iridis. Pupil was 3mm in size, briskly reacting to light, both direct and consensual. There was a mature cataractous lens. On slit lamp examination, there were few, fine keratic precipitates at the back of the cornea. Anterior chamber was shallow with Van Hericks grading of 2. Anterior chamber showed cells 1+ and flare 1 + by SUN classification. Iris showed heterochromia with moth eaten appearance. (figure 3,4,5)

Figure 3 - slit lamp photograph of diffuse illumination of the left eye showing heterochromia of the iris

Figure 4 – slit lamp photograph of left eye showing moth eaten appearance of iris
round, hypopigmented stellate shaped keratic precipitates following trivial trauma or mydriasis. Diffuse distribution of small, angle. Small and recurrent hyphaemmas may occur spontaneously or atrophy develops along with fragile blood vessels in the chamber and sphincter. Radial iris vessels become more visible as iris Characteristic feature is heterochromia and patchy atrophy of the iris and ciliary body in FHI was first described by Fuchs in a series of six eyes, Fuchs' studies and those of others have shown a diffuse mononuclear cell infiltrate consisting of lymphocytes and plasma cells. Russell bodies (crystallloid condensations of immunoglobulins derived from plasma cells) have occasionally been seen. In some cases, the anterior border layer of the iris is covered with plasma cells. Prominent iris vessels and, in some cases, delicate rubeosis have been demonstrated on clinical examination and on histopathology. Amsler and Huber have shown that fluorescein leaks9 into the anterior chamber at an increased rate in FHI. Histologic studies have demonstrated the occasional occurrence of hyalized arterioles11. Visual outcome has improved with advancement in surgical techniques in the present era14. Specific complications include severe reactionary anterior chamber and vitreous inflammation, hyphaema, exacerbated glaucoma and corneal decompensation. Patients with Fuchs' heterochromic iridocyclitis require constant monitoring, especially for progressive iris atrophy and glaucoma which are indicators of the final prognosis.

**References**
