enucleation and a diagnosis of tuberculosis was made postoperatively.

Methods & Materials: In this report we stress the need of consideration of ocular tuberculosis as one of the differentials of retinoblastoma.

Results: A six year old boy was referred to our TB clinic in June 2015 from cancer hospital for evaluation. This child presented to cancer hospital with complaints of blurring of vision gradually progressing to loss of vision of right eye for two months. On examination he had leukocoria with minimal perception of light in right eye. There was significant past history of taking anti TB drugs for multi drug resistant Pott’s spine in 2012 for a period of 2 years. Anti TB drugs were stopped in 2014 and child was doing well for one year after stopping medicines. For these new complaints child underwent CT scan of brain and orbits (fig 1) which was suggestive of 5 × 10 mm mass in posterior aspect of right orbit with retinal detachment and mild vitreous haemorrhage which was suspected to be retinoblastoma with normal brain parenchyma. B scan ultrasound of right orbit showed dumbbell shaped choroidal mass lesion, most likely choroidal hemangioma or melanoma. Slit lamp examination revealed yellow white mass lesion in posterior segment behind lens with subretinal seeds suggestive of retinoblastoma. FNAC of the mass was deferred in view of high suspicion of retinoblastoma and risk of spilling/ seeding tumour due to procedure. Post operatively histopathology revealed necrotising granulomatous inflammation suggestive of TB with no evidence of malignancy. Child was started on second line anti TB drugs. MRI spine, USG abdomen and chest X-ray did not show tuberculosis.

Conclusion: Ocular TB may mimic retinoblastoma and very careful assessment for TB may be required prior to enucleation.

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