



GRANULOMATOUS ANT. UVEITIS IN PATIENTS

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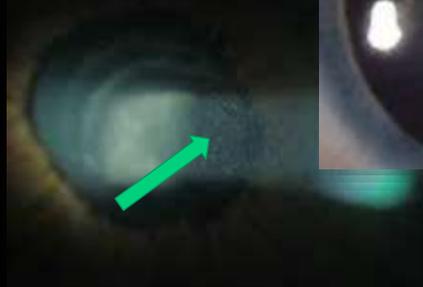
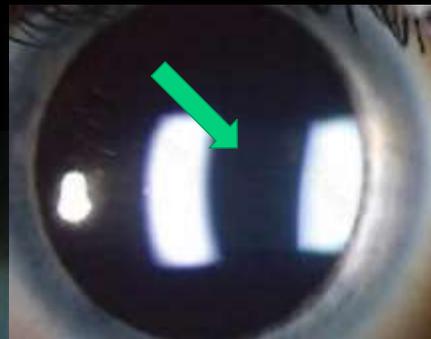
EPIDEMIOLOGY:

Children account for 2.2–21.65% of patients in various uveitis clinics.

The annual incidence of childhood uveitis is estimated to be 4.3–6.9/100,000 in North America and Europe, versus 26.6–102/100,000 for adults

Despite a lower incidence of uveitis in children, the rate of visual loss may be worse than that of adults

ANTERIOR CHAMBER CELLS & FLARE



FORMULATING DD

- Is the disease unilateral or bilateral
- Is the disease acute or chronic
- Is the inflammation granulomatous or non-granulomatous?



CLASSIFICATION ACCORDING TO PATHOLOGY

Non-granulomatous

- B27 associated uveitis
- JIA
- Traumatic
- Behcet
- TINU
- Early sarcoid/TB
- Idiopathic

Granulomatous

- TB
- Sarcoidosis
- Herpetic
- Parasitic
- S ophthalmia
- VKH
- Trauma
- Toxoplmosis
- Toxocarisis
- Masquerade

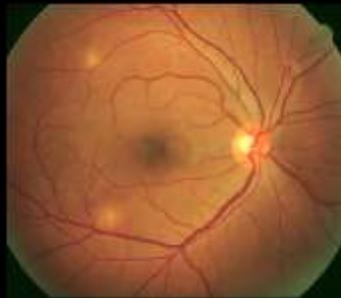
T.B.

Tuberculosis (TB) is an airborne communicable disease caused by *Mycobacterium tuberculosis*.

The term TB implies active disease: only 10% of infected individuals become symptomatic; 90 % with latent TB remain infected without manifesting disease.

One-third of the world's population is estimated to be infected with latent TB.

The typical **ocular presentation** is choroiditis, with numerous discrete yellow lesions.



Ocular manifestations include:

Interstitial keratitis.

Anterior uveitis.

Retinal vasculitis



CASE:

13 ys old boy was referred to my clinic with chronic anterior Uveitis in his right eye more than 1.5 years with h/o steroids ttt.

On Examination :

VA 20/100 OD, 20/20 OS

IOP 19 / 14 OD/OS

AC cells +3 with flare +1 OD
Quiet OS

Fundus was free except 0.5 cells ant. Vit. OD



INVESTIGATIONS:

- Chest X-ray
- PPD test
- Quantiferon test
- FFA
- Cultures showing acid-fast bacilli can confirm the diagnosis, from either sputum or ocular fluid



OUR FINDINGS :

- Positive family history
- Chest X- ray was Free
- PPD was 22 mm
- Unilateral Granulomatous anterior uveitis not responding to steroids well and flare up once we stopped steroid.

LAST VISIT AFTER 6 MONTH:

VA 20/25 OD, 20/20 OS.
IOP 16 / 14 OD/OS
AC Quiet OU.



NEW-PARASITE



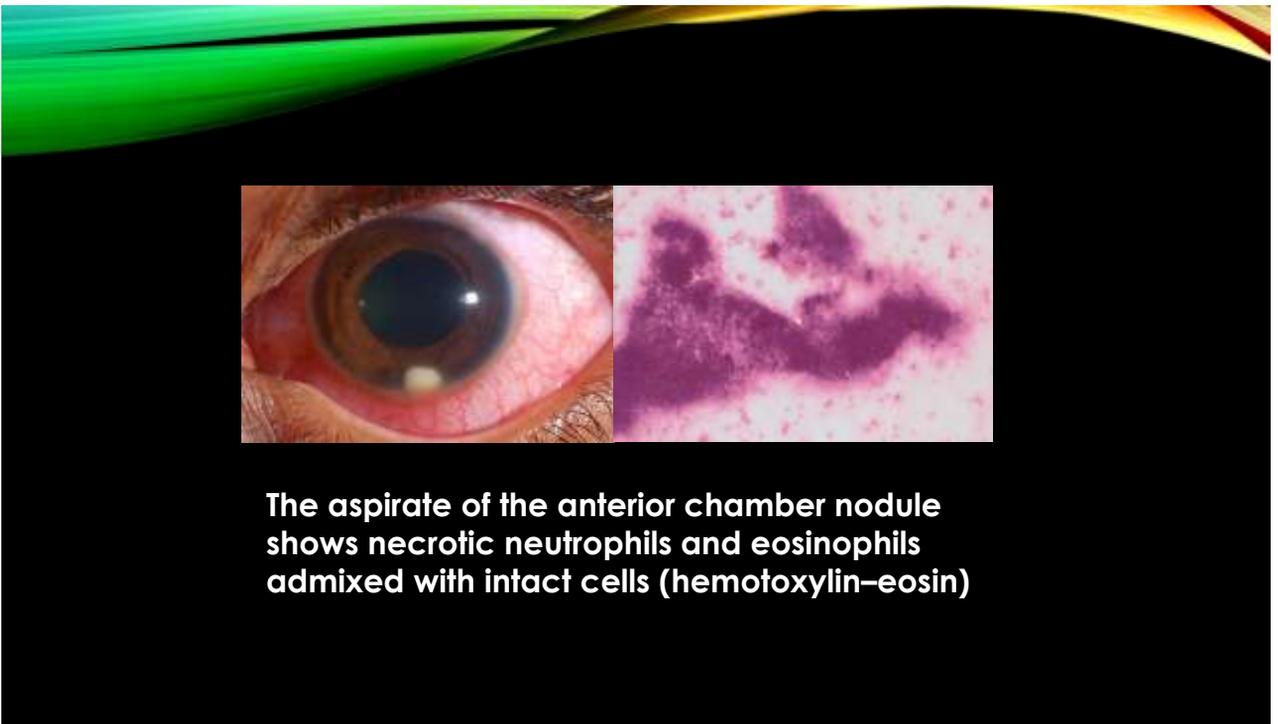
Presumed Trematode-induced Granulomatous Anterior Uveitis: A Newly Recognized Cause of Intraocular Inflammation in Children From South India

SIVAKUMAR R. RATHINAM, MD, KIM R. USHA, MD, AND NARSING A. RAO, MD

Prospective, noncomparative, case series

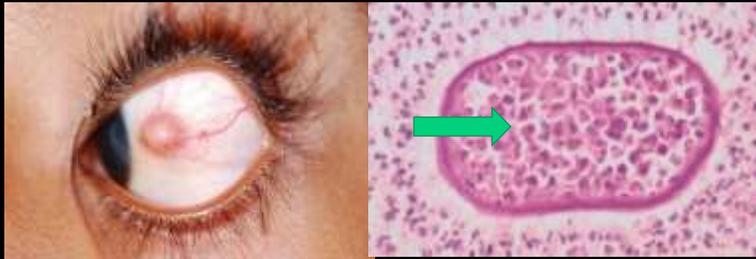
To describe the epidemiologic, clinical, and histopathologic features of a presumed trematode Granulomatous anterior uveitis, primarily in children from south India



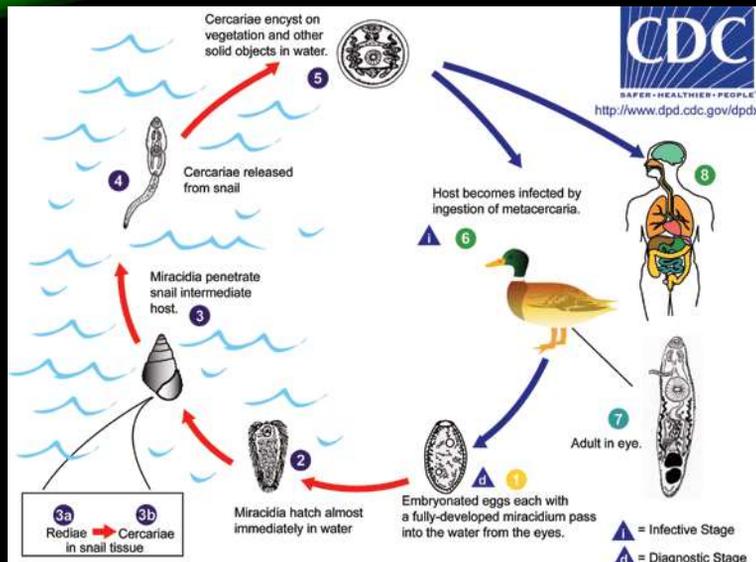


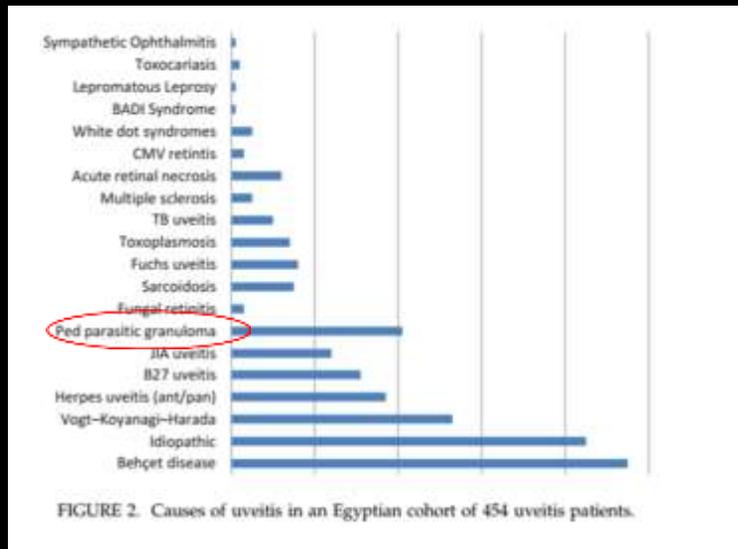
The aspirate of the anterior chamber nodule shows necrotic neutrophils and eosinophils admixed with intact cells (hematoxylin-eosin)

The conjunctival nodule displaying a zonal granulomatous inflammation composed of a central area of necrotic and viable acute inflammatory cells surrounded by epithelioid histiocytes (periodic acid-Schiff) Higher magnification shows tegument of a parasite in the center of the granuloma



TREMATODE , PHILOPHTHALMUS





TREMATODAL GRANULOMATOUS UVEITIS IN PEDIATRIC EGYPTIAN PATIENTS: A CASE SERIES

Amin RM^(1,2), Goweida MB⁽¹⁾, El Goweimi HF⁽¹⁾, Bedda AM⁽¹⁾, Lotfy WM⁽¹⁾, Gaballah AH⁽¹⁾, Nadar AA⁽¹⁾, Radwan AE^(1,2)



CLINICAL APPROACH FOR THE MANAGEMENT OF TREMATODAL GRANULOMATOUS UVEITIS IN EGYPTIAN PATIENTS

Rowayda M Amin MD, FRCS (Ophth)^{1,2}, Mohamed B Goweida MD, PhD¹, Hesham F El Goweini MD, PhD¹, Ahmed M Bedda MD, PhD¹, Wael M Lotfy PhD¹, Ahmed RH Ahmed PhD¹, Alaa E Radwan MD, FRCS (Ophth)^{1,3}

170 patients (174 eyes) were recruited for the study. 152 were male and 18 were female (Mean age 11.1 years).

Two year prospective interventional series

Scoring System for Parasitic Granulomatous Anterior Uveitis at Presentation:

Parameter	Scale	Score
Size of lesion	<3 mm	1
	3-5 mm	2
	>5 mm	3
Grade of AC inflammation*	Mild	1
	Moderate	2
	Severe	3
Complications at presentation	None	0
	Retrocorneal scar or Corectopia	1
	Cataract	2
	Glaucoma	3

*Based on SUN Grading Scheme for AC Cells. Eyes were further classified as **Mild**: 0.5+ to 1+, **Moderate**: 2+ or **Severe**: 3+ to 4+.

-Patients with Severity Scores ≥ 5 at presentation were advised for surgical excision of the lesions as first line treatment with perioperative steroid therapy.

-Eyes with scores < 5 were started on topical, local and/or systemic steroid monotherapy.

Parameter	BCVA at presentation		Complications at presentation		
	Mean (SD) / Median	P value	Present (n)	Absent (n)	P value
Age					
- ≤10 years	0.64 (0.30) / 0.63	0.007*	8	68	0.08 [‡]
- >10 years	0.52 (0.31) / 0.56		20	78	
Sex					
- Female	0.54 (0.29) / 0.63	0.679*	1	17	0.18 [‡]
- Males	0.58 (0.31) / 0.63		28	128	
Involved Eye					
- Right	0.68 (0.28) / 0.63	<0.001*	15	80	0.90 [‡]
- Left	0.46 (0.31) / 0.50		13	66	
Clinical Pattern					
- Nodular	0.64 (0.28) / 0.63	<0.001*	17	121	0.03 [‡]
- Membranous	0.54 (0.32) / 0.63		5	11	
- Mixed	0.14 (0.12) / 0.08		6	14	
Size of the lesion					
- <3mm	0.73 (0.23) / 0.80	<0.001*	7	100	<0.001 [‡]
- 3-5mm	0.42 (0.26) / 0.40		13	30	
- >5mm	0.16 (0.14) / 0.10		8	16	
AC Inflammation					
- Mild	0.73 (0.23) / 0.63	<0.001*	7	98	<0.001 [‡]
- Moderate	0.43 (0.23) / 0.40		10	7	
- Severe	0.32 (0.28) / 0.25		11	41	
Disease Severity					
- Low grade (score <5)	0.72 (0.23) / 0.63	<0.001*	7	109	<0.001 [‡]
- High grade (score ≥5)	0.29 (0.25) / 0.25		21	37	



