William Ayliffe, J Clin Exp Ophthalmol 2016, 7:3(Suppl)
http://dx.doi.org/10.4172/2155-9570.C1.030

Challenges in managing pediatric uveitis

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The incidence of uveitis in children (between 4-7/100,000/year) is lower than that of adults, but it is more likely to cause vision impairment. Unlike adults, the onset is mostly insidious in normal looking white eyes, whilst slowly allowing inflammation to damage the structures of the eyes until vision is compromised, often permanently. In the developed economies the proportion of infectious cases is declining but idiopathic uveitis stubbornly persists. Screening of children at high risk, such as those with arthritis, allows earlier treatment, which can save vision. However treatment with steroids topically, regionally or systemically leads to delayed causes of vision loss that may not be manifested until late adolescence or even adulthood. Promptly initiating steroid sparing immunomodulatory therapy can avoid these problems, but management is complicated potentially dangerous and is independent of the status of any systemic condition and uveitis often smoulders on long after the arthritis has completely resolved. Use of biological agents is effective but is expensive and needs to be prolonged increasing the risk of systemic side effects, including cancer. The challenges of early diagnosis, appropriate referral and control of inflammation are ever present and despite best modern care children still lose vision in one or both eyes as a consequence of uveitis.

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