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## Management of presumed tuberculous uveitis at a referral center

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**Background:** The diagnosis of tuberculous uveitis is often presumptive, because of the difficulties in obtaining microbiological evidence. It is still unknown if ocular manifestations results from a direct mycobacterium infection or hypersensitivity reaction and this is reflected on its management.

Purpose: To illustrate the management of presumed tuberculous uveitis at a referral eye center.

**Method & Subjects:** This prospective case series study included patients with presumed tuberculous uveitis presented consecutively at uveitis clinic, Ibn Al-Haetham teaching eye hospital, Baghdad, from January 2007-January 2015. Tuberculous uveitis was presumed when findings were consistent with possible intraocular tuberculosis, intractable to steroid therapy, and no clinical or laboratory evidence for other causes of uveitis. Strongly positive tuberculin skin test result (more than10 mm area of induration/necrosis) supported the diagnosis, but was not a prerequisite for initiating therapy. All patients were treated with anti-tuberculosis therapy (2 months of rifampicin, isoniazid, pyrazinamide, and ethambutol followed by 4 months of rifampicin and isoniazid). Clinical findings and response on treatment were documented in a special follow up cards.

**Results:** 96 patients with presumed tuberculous uveitis were included in this study. Mean age of the patients was 36.6 years with no significant sex predominance. Bilateral involvement was recorded in 92 patients (95.8%). Multifocal choroiditis was the most common clinical findings at presentation. All patients treated initially with anti-tuberculosis therapy, responded well with decrease inflammatory reactions and improvement of vision. In 68 patients (70.8%) treatment continue with anti-tuberculosis therapy alone, while in 28 patients (29.2%) with macular lesions, oral prednisone (1 mg/kg) was added after few days to decrease macular edema and macular scaring.

**Conclusion:** Cases of presumed tuberculous uveitis responded well to anti tuberculosis therapy alone. Systemic corticosteroids added to anti tuberculosis therapy to decrease macular scaring when the inflammatory lesions are threatening the macula.

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