

A Clinical Study Of Uveitis

Dr.Muzafer Hussain Khadari,M.S¹,Dr.V.Rajasekhar²m.S.Dr.V.Sivaramprasad³

¹Assitant Professor Department Of Ophthalmology,Ggh,Guntur

²Assitant Professor Department Of Ophthalmology,Ggh,Guntur

³Post Graduate, Department Of Ophthalmology,Ggh,Guntur.

Abstract

Objective: To know about the pattern of presentation of Uveitis, its clinical course and management of the cases of Uveitis at Govt..General Hospital ,Department of Ophthalmology, Guntur, Andhra Pradesh..

Materials And Methods: The prospective study of uveitis is made on 60 cases of uveitis attending the Department of Ophthalmology , Govt. General Hospital, Guntur during the period from April,2016 to March,2017 Detailed history regarding ocular disease has been elicited in every case , about onset and symptomatology of the disease and relevant investigations done.

Results: The cases are analysed according to the incidence of Age, Sex ,Laterality and anatomical location. In the present study uveitis is more common in men (56.44%) than in women (43.33%) unilateral cases nearly 92% and Bilateral cases 8%. Anterior Uveitis is the most common condition (95%) and posterior uveitis also accounted for 5%.Non-granulomatous inflammation is nearly 97% where as granulomatous inflammation is 3%.

Keywords: Granulomatous Uveitis , Non granulomatous Uveitis, Idiopathic Uveitis.

I. Introduction

Uveitis is a fairly common ophthalmological disease. Anterior uveitis is more common than posterior Uveitis. Though the disease can be fairly easily diagnosed ,a definite etiological factor poses a problem and for the past so many years and even today much research and various methods of investigations are being carried on. Sixty cases of Uveitis are studied in the Ophthalmic department, Govt.General Hospital, Guntur, and all the possible and available investigations were done.

II. Method

All the cases had informed written consent and hospital ethical committee approval for study. The prospective study of uveitis is made on 60 cases of uveitis attending to the Department of Ophthalmology , Govt. General Hospital, Guntur during period from April 2016 to March 2017.Detailed history regarding ocular disease has been elicited in every case about onset and symptomatology of the disease. Thorough clinical examination of the eye is made in every case with oblique illumination, slit lamp examination, indirect and direct ophthalmoscopy. A detailed laboratory evaluation is made in every case including haematological investigations, urine examinations, examination of faeces, serological investigations, Investigations like HLA typing, ASO titre, C-reactive protein, Toxoplasma dye test, FTA-ABS test for syphilis, tests for sarcoidosis are also done. X ray chest and X-ray sacro iliac joints are done wherever necessary.Mantoux test is done in all cases. Medical evaluation by the physician and examination for focal sepsis are done in every case.

III. Results

The cases are analysed according to the incidence of Age, Sex ,Laterality, Anatomical location of Uveitis. Cases are grouped in to Granulomatous and Non granulomatous type.

1.Age Incidence;

Age group	No. of Cases	percentage
0-9	-	-
10-19	4	6.6
20-29	8	13.3
30-39	13	21.6
40-49	12	19.9
50-59	14	23.2
60-69	7	11.6
70-79	2	3.3
Total	60	

2. Sex Incidence

Sex	No. of Cases	percentage
Females	26	43.33
Males	34	56.44

3. Laterality

Laterality	No. of Cases	percentage
Unilateral	55	91.66
Bilateral	5	08.33

4. Anatomical Location

Anatomical Location	No. of Cases	Percentage
Anterior Uveitis	57	95
Intermediate Uveitis	0	-
Posterior Uveitis	3	5
PANUveitis	0	-

5. Type of inflammation

Type of inflammation	No. of Cases	Percentage
Granulomatous	2	3.33
Non Granulomatous	58	96.66

6. Presumed Aetiology; In this study the Aetiology could not be found in most of the cases as it happened in many of the past surveys for Aetiology of Uveitis. This is evident from the following table;

S.No.	Presumed Aetiology	No. of Cases	Percentage
1.	Idiopathic Uveitis	48	80.00
2.	Post operative Uveitis	1	1.66
3.	Herpes simplex Kerato Uveitis	2	3.33
4.	Herpes Zoster kerato Uveitis	2	3.33
5.	Lens induced Uveitis	2	3.33
6.	Traumatic Uveitis	3	4.99
7.	Immuno Deficiency CMV Retinitis	1	1.66
8.	Toxoplasmosis	1	1.66

IV. Discussion

Uveitis has been diagnosed on various criteria. The classification is based on Aetiology, location, acute versus chronic inflammation, age and granulomatous versus nongranulomatous inflammation have been in vogue for a long time. Most of the Uveitis cases especially the anterior segment lesions of allergic reactions are nongranulomatous type, posterior segmental lesions are of granulomatous in more number of cases. The location of inflammation also gives a clue regarding the aetiology. Using a systematic and organised approach under ideal circumstances 85% to 90% of could be properly classified and properly managed. To arrive at a reasonable aetiological diagnosis one must combine patients physical signs and symptoms with characteristic findings of the clinical uveitis entities. In this study there is no age predilection and cases are seen in all age groups. Out of 60 cases 34 are males and 26 are females, bilateral cases are 5 and unilateral cases are 55, Anterior uveitis is seen in 57 cases (97%) whereas posterior uveitis accounts for 3 cases (5%). It shows anterior uveitis is most common.

The cases are classified into granulomatous and non granulomatous uveitis by their clinical features. 2 cases showed features of granulomatous uveitis and the remaining 58 are non granulomatous uveitis. The patients are subjected to routine investigations like ESR, VDRL, Haemo gram, Urine examination, Examination of faeces and investigations for septic focus such as dental examination and ENT examination performed in every case. Investigations like HLA typing, ASO titre, C-reactive protein, Toxoplasma dye test, FTA-ABS test for syphilis, tests for sarcoidosis are done.

Out of 60 cases 48 cases are idiopathic uveitis, in which aetiological factor is unknown. Viral uveitis accounted for 4 cases in which 2 cases are of Herpes zoster kerato uveitis and 2 cases are of Herpes simplex kerato uveitis. Lens induced uveitis is seen in 2 cases due to phacoanaphylactic or phacotoxic uveitis. In 3 cases traumatic uveitis is seen in which uveal reaction is seen after history of injury. In one case of Toxoplasmic lesion i.e., A whitish yellow, slightly raised, fuzzy lesion is seen in fundus next to a chorio-retinal scar. In one Case, end stage of uveitis with pthisis bulbi with immunodeficiency, Cytomegalovirus retinitis is found..

V. Conclusions

The uveitis amongst the patients attending Ophthalmology Department, Government General , Guntur. In the present study uveitis is more common in men (56.44%) than in women (43.33%) unilateral cases nearly 92% and Bilateral cases 8%.Anterior Uveitis is the most common condition (95%) and posterior uveitis also accounted for 5%. Non–granulomatous inflammation is nearly 97% where as granulomatous inflammation is 3%. Definite Aetiological factor could not be found in most of the cases as was shown in many of the past surveys. No cause could be found in Idiopathic uveitis (68%). Meticulous history taking , detailed clinical examination with relevant investigations may give the maximum result in the aetiological diagnosis. A good number of cases fall under the category of immunologic uveitis for which evidence is difficult to be found.

Viral Uveitis both Herpes Simplex and Zoster for accounted for 6.66% of cases. Lens induced uveitis 3.33%, Traumatic Uveitis 4.99%, post operative and intraocular lens related uveitis 11.66% and others Toxoplasmosis, Leprosy and suspected immuno deficiency uveitis accounted for nearly 5%.After treatment and follow up for more than 6 weeks period in 80%of cases vision improved satisfactorily. In10% of the cases Vision could not improve further due to various sequelae of uveitis and in 10% of cases the results are unknown due to lack of follow up.

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