

Uveitis

E-00054

Analysis of cystoid macular edema after cataract surgery in patients with uveitis using optical coherence tomography

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ABSTRACT (AS SUBMITTED)

Purpose: To determine the incidence or progression of cystoid macular edema (CME) after cataract surgery among eyes with and without uveitis using optical coherence tomography (OCT) and correlating this with known pre-operative risk factors.

Methods: Forty-one eyes with uveitis and 52 eyes without uveitis (controls) undergoing cataract surgery participated in the study. Each study eye underwent clinical examination and OCT testing within 4 weeks prior to cataract surgery and at the 1-month and 3-month post-operative visits. Best-corrected visual acuity (BCVA) was recorded at each visit. CME was defined as increased baseline center point thickness (CPT) associated with cystoid changes on OCT and limited visual recovery.

Results: Both uveitic and control eyes gained on average 3 lines of vision ($P = 0.6$). Incidence of CME at 1 month was 12% for eyes with uveitis and 4% for eyes without uveitis ($P = 0.2$). Incidence of CME at 3 months was 8.3% for eyes with uveitis and 0 % for eyes without uveitis. Eyes with uveitis treated with peri-operative oral corticosteroids had a 7fold reduction in CME when compared to untreated eyes ($RR = 0.14$, $P = 0.05$). Uveitic eyes with active inflammation within 3 months before surgery had a greater than 6-fold increase risk of CME when compared to uveitic eyes without inflammation ($RR=6.19$, $P = 0.04$). Development of CME was significantly associated with poorer visual outcome ($P = 0.01$).

Conclusions: Carefully managed, uveitic eyes can obtain similar visual outcomes to control eyes after cataract surgery (out to 3 months). Peri-operative oral corticosteroids and control of inflammation for at least 3 months before cataract surgery were important factors in preventing post-operative CME and improving visual outcomes.

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A case of dramatic disc swelling in a patient with Vogt-Koyangi-Harada syndrome
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ABSTRACT (AS SUBMITTED)

Purpose: To describe a unique variant of chronic disc swelling in a 22 year old female with Vogt-Koyangi-Harada.

Methods: Case report

Results: An overweight female presented with the full spectrum of Vogt-Koyangi-Harada syndrome. Her ocular findings included – anterior chamber reaction, posterior synechia, vitritis, serous retinal detachments involving the macula and disc edema. Her systemic complaints included headache, hair loss, and vitiligo. The patient was treated with oral immunosuppressants. Most of her symptoms resolved except for the dramatic disc swelling leading the investigators to consider other causes of the disc edema. Investigations were negative including a lumbar puncture with normal opening pressure.

Conclusions: Vogt-Koyangi-Harada is a rare cause of uveitis and often occurs in patients of American Indian ancestry. The exact cause is unknown but it has been suggested that it is related to immune reaction to uveal melanin associated-proteins. Patients may present with a broad spectrum of symptoms including disc edema, exudative retinal detachment and anterior chamber cells. This case portrays a patient with the full spectrum of Vogt-Koyangi-Harada syndrome but with atypical massive disc swelling. With such disc swelling it is important to consider other etiologies.

Uveitis

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Listeria monocytogenes induced endogenous endophthalmitis presenting with a white hypopyon and normal intraocular pressure in an immunosuppressed patient
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ABSTRACT (AS SUBMITTED)

Purpose: Listeria monocytogenes is a rare cause of endogenous endophthalmitis with less than 30 cases described in literature during the last 20 years. Most of the cases described in the literature presented with increased intraocular pressure and dark hypopyon with pigment dispersion. We report a case of Listeria monocytogenes induced endogenous endophthalmitis presenting with a white hypopyon and normal intraocular pressure in an immunosuppressed patient.

Methods: Review of clinical history, therapeutic methods, and follow-up.

Results: An 86-year-old woman was referred to the Uveitis clinic with a 2-week history of redness, pain, blurred vision and floaters in the left eye, unresponsive to topical corticosteroids. She had a visual acuity of counting fingers, a white hypopyon and normal intraocular pressure. She was on Methotrexate for rheumatoid arthritis and lupus. Culture of an anterior chamber tap sample was positive for Listeria monocytogenes. No sign of extraocular infection was found. The patient was restored with her initial vision (6/7.5) following treatment with intravitreal vancomycin, intravenous ampicillin and topical ampicillin drops. The patient recovered with no evidence of systemic bacterial infection.

Conclusions: Detection of endogenous endophthalmitis is often delayed because it can mimic several other conditions. Physicians should be aware of this rare condition and suspect it when there are intraocular signs of inflammation, especially in immunocompromised patients with other comorbidities. Listeria monocytogenes endogenous endophthalmitis is a rare condition and can present with a white hypopyon, normal intraocular pressure and no extraocular manifestation.

Uveitis

E-00057

Diagnosis and management of a spontaneous microhyphema from an iris vascular tuft: a case report

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ABSTRACT (AS SUBMITTED)

Purpose: To review the case of a 51 year old female who presented with blurred vision and a spontaneous microhyphema.

Methods: Case report

Results: The patient presented with blurred vision and had an active microbleed from the 12:00 position of the right iris 1 mm above the pupil margin. There were no predisposing factors such as trauma, diabetes mellitus, hypertension, uveitis or any other systemic or local conditions. Vision was 6/9-2 OD in the affected eye compared to 6/6 vision OS. Intraocular pressure was 30 mm Hg OD and 19 OS. A topical steroid and beta-blocker were prescribed. The next morning vision was 6/6-2 OD and 6/6-1 OS, bleeding had stopped and IOP measured 12 OD and 15 OS. A blood spot appeared suspended in front of the iris. Colour photographs demonstrated a blood vessel running from an iris tuft into the anterior chamber and back into an adjacent iris tuft. A small aneurism-like dilation was suspended along the mid-point of this blood vessel. Anterior segment fluorescein angiography suggested an iris microaneurism. Ultrasonic biomicroscopy demonstrated this aneurism to be in the anterior chamber. There were several repeat bleeds and the decision was made to cauterize the lesion with argon laser photocoagulation. The direction of the blood flow could be visualized and 50 um diameter burns were applied at the inflow end of the vessel and then when all blood flow had ceased low power but cauterizing laser burns were applied to the aneurism. With the aneurism blanched the power of the laser was turned up to the point of a bubble forming within the aneurism. This resulted in disruption of the fibrous coating of the aneurism and a coil of blood vessel was visualized. There has been no recurrence in over 6 months of follow up.

Conclusions: Iris vascular tufts have been reported previously but no reports of laser treatment of a similar lesion could be found in the literature. The fine vessels observed at the time of the laser treatment raises the likelihood that the lesion was a micro-hemangioma rather than a microaneurism. This report presents a successful strategy for treating this unusual lesion.