

## INFECTIOUS UVEITIS

SATURDAY 23 JUNE



### Paper #0034

#### ABO and Rh (D) frequency in Behcet's syndrome with ocular involvement

Nooshin Kadkhoda, Ali Abdollahi, Zahra Hallaji

#### Abstract:

**Purpose:** we carried out this study to investigate the possible association of ABO blood group and Rh with behcet's syndrome with ocular involvement.

**Methods:** In a case control study we evaluated 200 patients diagnosed as behcet's syndrome with ocular involvement from two ophthalmology clinics and 200 healthy blood donors from Blood Transfusion Center of Tehran. Direct hemagglutination test was used to determine Blood group and Rh phenotypes in both groups. The results of ABO and Rh frequency of behcet group was compared with the control group and published Data of Iran Blood Transfusion center of ABO and Rh prevalence in Iran .

**Results:** 110(55%) of patients were male and 90(45%) were female. Male / Female ratio was 1.22/1. Prevalence of the disease was highest in the third decade of life (51%) Frequency of Blood group in patients was:  
A: 68 (34%), B 22(11%), AB 15 (75%), D 95 (47.5%) Rh(+) 74 (87%) and Rh(-) 26(13%).  
Frequency of Group B (11%) was significantly lower in behcet compared with controls (Group B=20%) ( P-valve=0.0188) and published Data of Blood Transfusion center (Group B=23.72%) (P-value =0.01).No significant difference was found between Rh frequency in both groups and with the published data.

**Conclusion:** the Male/ Female ratio and age distribution of patients were similar to the previous Data regarding behcet in Iran. The study showed lower frequency of Group B in patients with behcet's syndrome with ocular involvement. Further studies to determine Blood group genotypes and evaluate their association with behcet's syndrome is suggested.

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## Paper #0078

**Clinical spectrum and management of uveitis patients in a tertiary eye care centre from southern India.**

**Rathinam Sr , Arvind Venkataraman**

### **Abstract:**

**Purpose:** Clinical spectrum and management of uveitis patients in a tertiary eye care centre from southern India.

**Methods:** A prospective evaluation of undiagnosed and recalcitrant patients with active uveitis referred to a uveitis clinic in southern India. Ninety-eight patients with uveitis were seen over 6 months. All of them underwent a thorough ophthalmologic evaluation and extensive uveitis work-up.

**Results:** Of the 98 patients 50 had anterior uveitis (51%), 19 (19%) had posterior uveitis, 10 (10%) had Intermediate uveitis and 19 (19%) had pan-uveitis. Twenty-nine (30%) patients had infective uveitis of which 14 (14%) had tuberculous uveitis and others being toxoplasma, leptospirosis and herpes. Demography, details of different sub groups and management of uveitis of these patients will be presented.

**Conclusion:** The study has shown the difference in uveitis, its presentation and management from a tropical nation perspective

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**Paper #0123 - Evaluating the Cost-Effectiveness of Anterior Uveitis Investigation by Canadian Ophthalmologists**

**Larissa Derzko-Dzulynsky, Farzin Forooghian, Hussein Hollands, Jason Noble, Sanjay Sharma, David Wong, Arash Yazdani**

**Abstract:**

**Purpose:** To evaluate the cost-effectiveness of anterior uveitis investigation by Canadian Ophthalmologists and to assess the role of implementing national clinical guidelines for such investigation.

**Methods:** Based on data extracted from the Canadian National Uveitis Survey, the cost of investigating a patient with anterior uveitis, according to current practice patterns of Canadian Ophthalmologists, was determined and grouped across six different scenarios. The costs of the various tests were obtained from hospital laboratories and provincial fee guides. The total cost per patient was calculated and overall cost per annum was estimated using incidence data obtained from the medical literature. Similarly, the cost of investigating a patient with anterior uveitis as per guidelines outlined in a previous literature review was determined and compared to the current practice pattern using t-test comparative analyses.

**Results:** There were significant differences in the cost of investigating a patient with anterior uveitis when comparing current practice patterns to guideline recommendations. Ophthalmologists were found to consistently order more tests than what has been recommended by previously proposed guidelines, across each of the six scenarios studied ( $p < 0.05$ ). According to the current practice patterns amongst Canadian Ophthalmologists, the average cost of investigating a patient with anterior uveitis is \$93.94 compared to \$42.28 when the investigations are ordered in accordance to the proposed guidelines ( $p = 0.008$ ). Assuming an incidence of anterior uveitis of 0.2%, abiding by the proposed guidelines would translate into a cost-savings of approximately \$3.3 million per annum.

**Conclusions:** Implementing national evidence-based clinical guidelines would improve the efficiency and cost-effectiveness of anterior uveitis investigation in Canada.

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### **Paper #0132 - Retained Intraocular Metallic Foreign Body, Tolerated for a Long Time, Present as Posterior Uveitis**

**Frozan Qasemi**

#### **Abstract:**

**Purpose:** To report a case of a metallic foreign body presenting as posterior uveitis after a long period of being tolerated well.

**Design:** Descriptive case report.

**Methods:** A 26 year-old man was referred regarding a sudden onset of posterior uveitis; the patient presented with intermittent redness, blurriness, photophobia, pain and significant amount of anterior-chamber inflammation. He gave a history of having undergone trauma a year ago while hammering concrete at work. His vision decreased significantly and improved over a 2 to 3 week period and after that he did not experience any problems.

**Results:** After a meticulous evaluation and clinical examination, it was suspected that the posterior uveitis maybe related to trauma and possibly a retained foreign body. Therefore, patient was subjected to B-scan ultrasound which revealed a foreign body in the inferonasal aspect with retro-orbital shadowing. CT scan confirmed the finding. He was subsequently treated with oral and topical steroids and cycloplagic agents, 10% phenylephrine was also used to break the posterior synechiae. Once the inflammation resolved, he underwent pars plana vitrectomy, scleral buckle and intraocular foreign body removal with subsequent improvement of visual acuity.

**Conclusions:** Intraocular foreign bodies should always be considered in the differential diagnosis of posterior uveitis, regardless of how remote the history of trauma may be. However, surgical removal of the foreign body in the absence of intraocular inflammation is questionable.