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Assessment of clinical profile of patients with uveitis

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Abstract
Background: The present study was conducted to assess clinical profile of patients with uveitis.
Materials & Methods: 62 cases of uveitis underwent Visual acuity by Snellen's chart, refraction, intraocular pressure by applanation tonometry, slit lamp biomicroscopic examination and a detailed fundus examination.
Results: Clinical types were acute in 36, chronic in 18 and recurrent in 8 cases. The difference was significant (P<0.05). The common etiology was lens induced in 14, herpetic infection in 24, tuberculosis in 8, blunt trauma in 10 and Behcets disease in 4 cases. The difference was significant (P<0.05).
Conclusion: Maximum cases were observed in males and common etiology was lens induced and herpetic infection.

Keywords: Behcets disease, Tuberculosis, uveitis

Introduction
Severe visual loss due to uveitis accounts for 10% of blindness in the Western world. With the advances in technologies the accurate diagnosis has become easy; even then it can be a challenge to the treating ophthalmologist [1]. Evaluation of pattern of uveitis in a population gives an insight into the prevalence of a particular type of disease and occurrence of any new pattern of disease. Numerous studies from different part of India and world, have been reported in literature enumerating the etiology and pattern of uveitis [2].
Uveitis is defined as the inflammation of the entireuveal tract affecting any of its three constituents- iris, ciliary body or choroid. Many systemic diseases may have uveitis as their presenting feature and diagnosing them early can prevent their progression [3]. Anterior uveitis is the most common form of uveitis (57.4%). In the pathogenesis of several uveitic entities, autoimmune mechanism plays a very significant role rather than infection or trauma. The treatment of uveitis itself can cause several ocular and systemic side effects [4].
The most common presenting symptoms are blurry vision and floaters. Sometimes, patients with IU may be asymptomatic [5]. Pain and photophobia are not common. The symptoms are usually gradual in onset. The disease is bilateral in around 70% to 90% of cases. Approximately one third of unilateral cases will eventually become bilateral [6]. The present study was conducted to assess clinical profile of patients with uveitis.

Materials & Methods
The present study was conducted among 62 cases of uveitis of both genders. All were informed regarding the study and their written consent was obtained.
Data such as name, age, gender etc. was recorded. In all patients, clinical course and visual outcome were analyzed. Visual acuity by Snellen's chart, refraction, intraocular pressure by applanation tonometry, slit lamp biomicroscopic examination and a detailed fundus examination was carried out. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

Results

Table 1: Distribution of patients

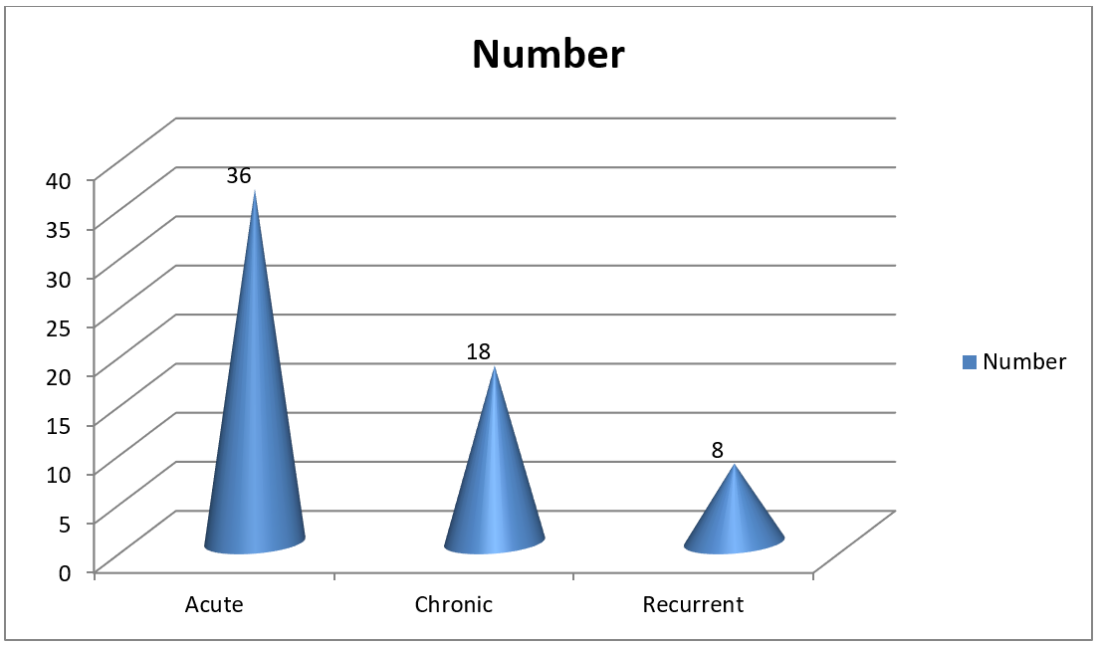
Total- 62		
Gender	**Males**	**Females**
Number	42	20

Table 1 shows that out of 62 patients, males were 42 and females were 20.

Table 2: Clinical types

Types	Number	P value
Acute	36	0.01
Chronic	18	
Recurrent	8	

Table 2, graph I shows that clinical types were acute in 36, chronic in 18 and recurrent in 8 cases. The difference was significant (P<0.05).

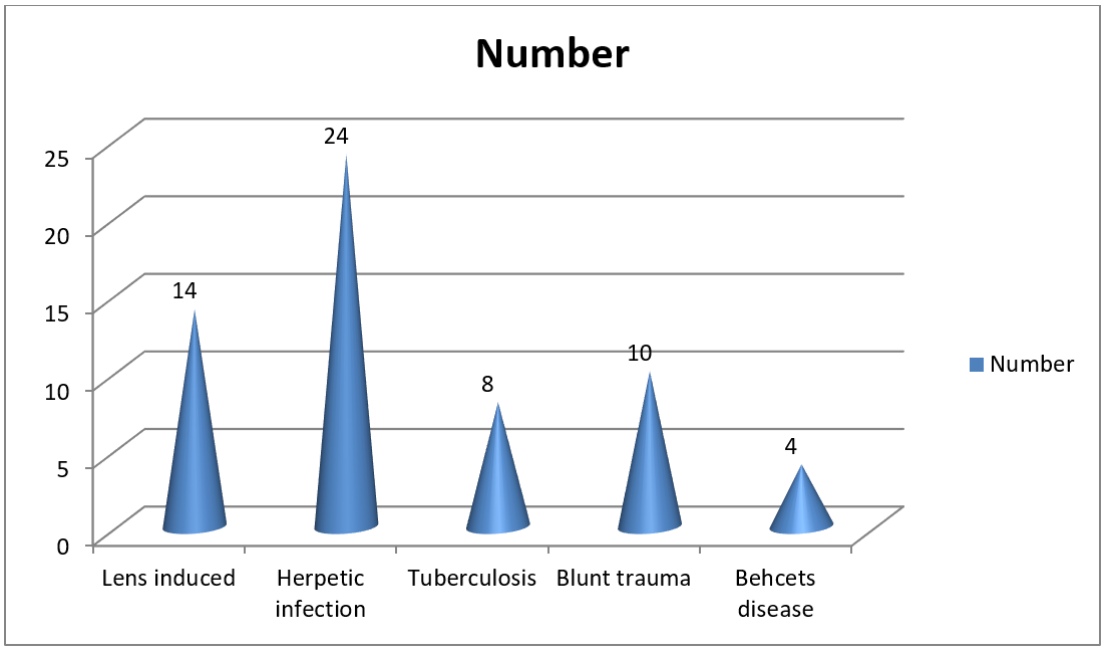


Graph I: Clinical types

Table 3: Etiological distribution of cases

Etiological	Number	P value
Lens induced	14	0.021
Herpetic infection	24	
Tuberculosis	8	
Blunt trauma	10	
Behcets disease	4	

Table 3, graph II shows that common etiology was lens induced in 14, herpetic infection in 24, tuberculosis in 8, blunt trauma in 10 and Behcets disease in 4 cases. The difference was significant (P<0.05).



Graph II: Etiological distribution of cases

Discussion

Anterior uveitis is a vision threatening disease with varied causes but mostly the aetiology remains unknown [7]. In some cases, the systemic diseases manifesting as uveitis could be recognized only during the detailed work up for uveitis [8]. This was beneficial as some potential complications of these systemic diseases could be prevented by timely detection and treatment of these disorders [9]. The present study was conducted to assess clinical profile of patients with uveitis.

We found that out of 62 patients, males were 42 and females were 20. Tegginamatha *et al*. [10] in their study determined the incidence, modes of presentation and etiological pattern of anterior uveitis in 30 patients who were clinically diagnosed with anterior uveitis over a period of one year. All the patients underwent a detailed ophthalmic evaluation and relevant laboratory investigations. They were given appropriate treatment according to the cause and the clinical clues and were also followed up for any complication during the study period. Anterior uveitis occurred most commonly in the 41 to 50 years age group. Majority of the cases had nongranulomatous inflammation (86%) but aetiology remained unknown in 30% of the cases. Herpetic infection (16%) was the commonest cause followed by phacolyticuveitis and tuberculosis. Most cases responded favourably to medical management.

We found that clinical types were acute in 36, chronic in 18 and recurrent in 8 cases. Kurumkattil *et al*. [11] found that male to female ratio was 3: 1. Mean age was 34.91. Anterior uveitis is the commonest type which constituted 80 cases (56.74%) followed by retinal vasculitis (19.15%), posterior uveitis 14 (9.93%), pan uveitis 11 (7.8%) pars planitis 6 (4.25%) and scleritis 2 (2.13%). Specific diagnosis could be made in 33 (37.5%) cases of anterior uveitis. Rest was idiopathic. Among 27 cases of vasculitis 4 were positive for tuberculosis and 1 patient was found to have sarcoidosis. Out of 141 cases, 24 (17.73%) had specific ocular disease and in 36 cases (24.82%) definite systemic association could be identified. More male preponderance was seen in study, may be due to the clientele being the serving soldiers in the productive age group.

We found that common etiology was lens induced in 14, herpetic infection in 24, tuberculosis in 8, blunt trauma in 10 and Behcets disease in 4 cases. Sudha *et al*. [12] in a prospective clinical study found that the aetiology of uveitis remained unknown in most cases (42%). Most common cause was observed to be blunt trauma (20%) followed by phacolytic (12%). Most cases responded well to treatment. Commonest complication was posterior persistent synechiae (23.64%), and cataract was the second common (14.54%). Rathinam *et al*. [13] in their study mentioned that there is a increase in the incidence of uveitis due to leprosy, tuberculosis and leptospiral uveitis. Leprosy and sarcoidosis constituted a very small component of pan uveitis.

Conclusion

Authors found that maximum cases were observed in males and common etiology was lens induced and herpetic infection.

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