

Intermediate Uveitides are NOT CREATED EQUAL!

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Assistant Lecturer- Ophthalmology Dept-Alexandria, Egypt FRCS (Ophth)(Glasg) Visiting Fellow –Ophthalmology Dept- Northwestern University nancyzakaria91@gmail.com A 6 yo girl with no visual complains presented to the uveitis clinic after incidental discovery of snowballs in her routine examination.

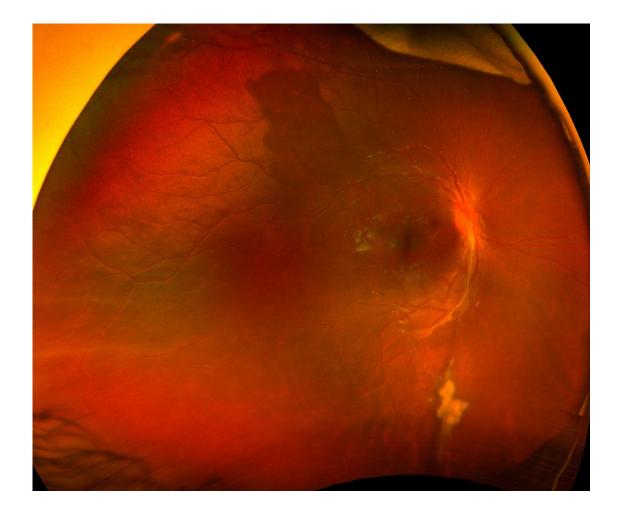
Medical history of cystic fibrosis; otherwise, no significant history nor positive findings in review of systems.

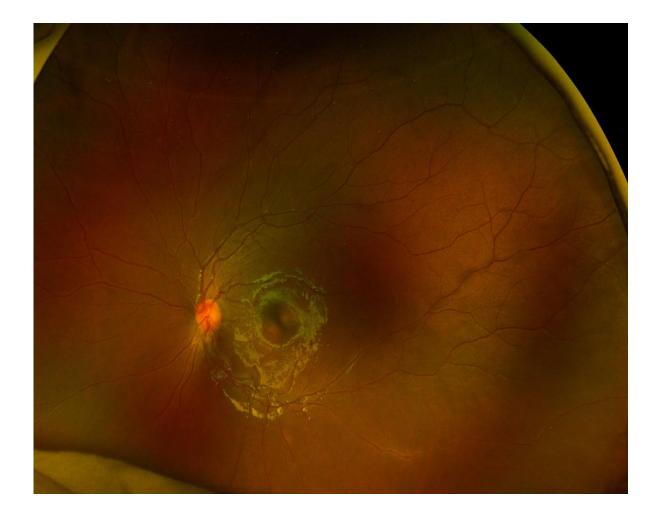
A 14 yo boy noticed a floater in front of his right eye after soccer practice. Then his left eye followed with floaters as well.

COVID booster 5 months prior to presentation; otherwise, no significant history nor positive findings in review of systems.

	6 yo girl		14 yo boy	
	OD	OS	OD	OS
VA	20/20-3	20/20-3	20/30-1	20/25-3
IOP	18	16	15	16
Cornea	Clear	Clear	Clear	Clear
AC	Deep and quiet	Deep and quiet	Occasional cells, trace flare	Single cell, no flare
Iris	Normal pattern and color, no TIDS/nodules/PS		Normal pattern and color, no TIDS/nodules/PS	
Lens	Clear, Mittendorf dot	Clear	Trace fibrillar posterior changes	
Vitreous	3+ AV cell, no haze	2+ cell, no haze	4+ AV cell, 1+ vitreous haze, snowballs in posterior vitreous	4+ AV cell

6 yo girl...





14 yo boy...

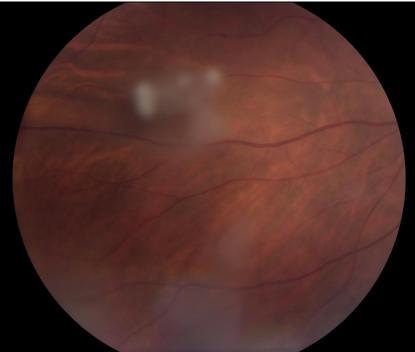












Thoughts on....

- Imaging?
- Investigations?

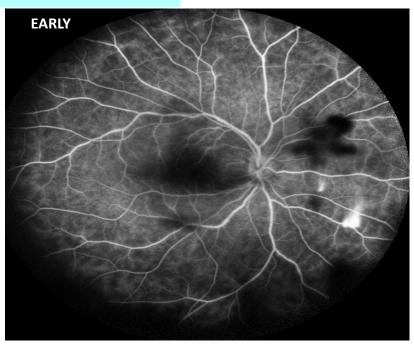


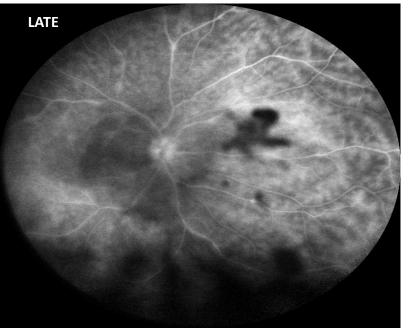
6 yo girl...

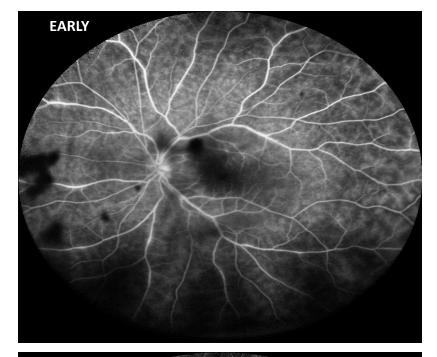


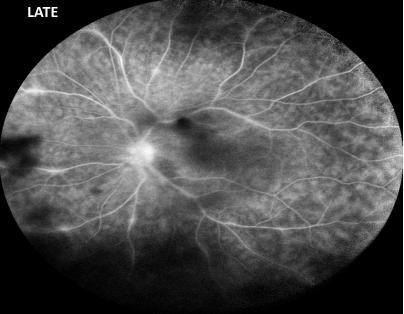


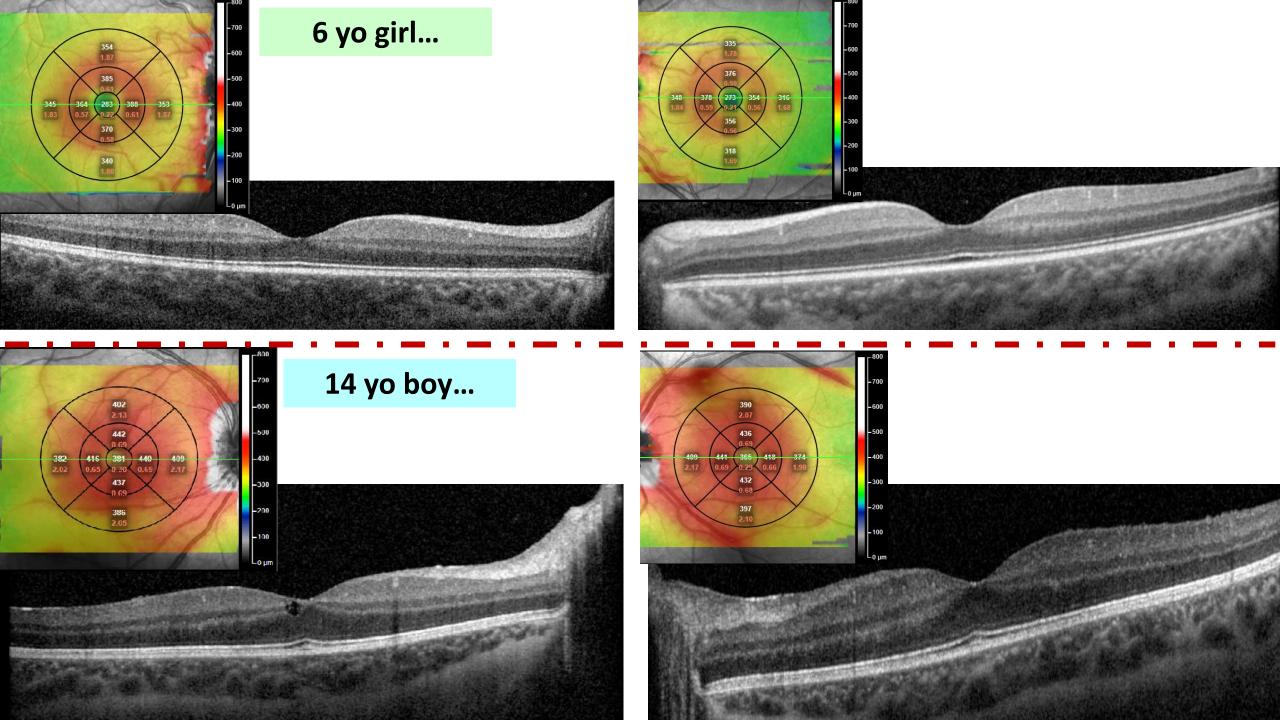
14 yo boy...











Management plan

Workup (ACE, lys, CXR, syph EIA, quant, urine beta-2 microglobulin, CMP, CBC) was found to be negative in both patients.

6 yo girl...

- No treatment required at the time being.
- Follow up

14 yo boy...

- Short course of PO Pred - 1mg/kg
- Systemic Immunosuppression required: started on Adalimumab 40 q 2 weeks

> Ocul Immunol Inflamm. 2019;27(3):356-361. doi: 10.1080/09273948.2017.1371764. Epub 2017 Oct 17.

Ultra-Widefield Fluorescein Angiography in Intermediate Uveitis

Wipada Laovirojjanakul ¹, Nisha Acharya ² ³, John A Gonzales ² ³

- Characterized <u>three patterns</u> of vascular leakage in intermediate uveitis patients using UWFFA: diffuse leakage, peripheral leakage, and no leakage.
- 70% of eyes with the diffuse leakage pattern <u>did not have any clinical</u> <u>evidence</u> of retinal vasculitis on funduscopic examination.
- The diffuse retinal vascular leakage pattern was associated with worse visual acuity when compared to peripheral leakage and no leakage patterns.

Take home message

- Fundus examination alone and presence of snowballs are **not** enough in determining the presence of vasculitis.
- Wide-field fluorescein angiography is an essential tool in proper diagnosis and management planning in cases of intermediate uveitis.
- En-face OCT images can give clues about presence of vasculitis.
- Presence of vasculitis prompts proper systemic treatment in order to prevent long-term complications.

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10TH EVOLVING PRACTICE OF OPHTHALMOLOGY MIDDLE EAST CONFERENCE



