

# Grand Rounds



Sara Haji Abdollahi MD

University of Louisville School of Medicine

Department of Ophthalmology & Visual  
Sciences

10/15/2010

# Subjective

- CC: Photopsias in right eye x 3 months
- HPI: 28 yo WF is referred to KLEC for flashes of light in nasal visual field of right eye which she describes as “speckles” of light
- POH: One episode of optic neuritis OD 1 yr ago; MRI brain was not suggestive of MS
- PMH: None
- PSH: None
- Medications: multi vitamins
- ROS: None; no recent hx of infection

# Exam

	OD	OS
<u>Va(Cc):</u>	20/20	20/20

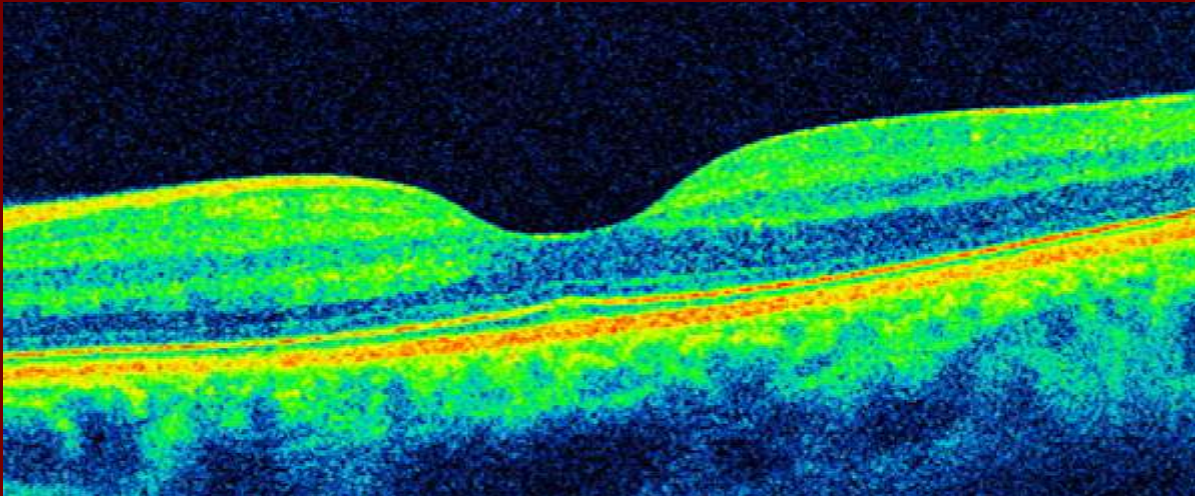
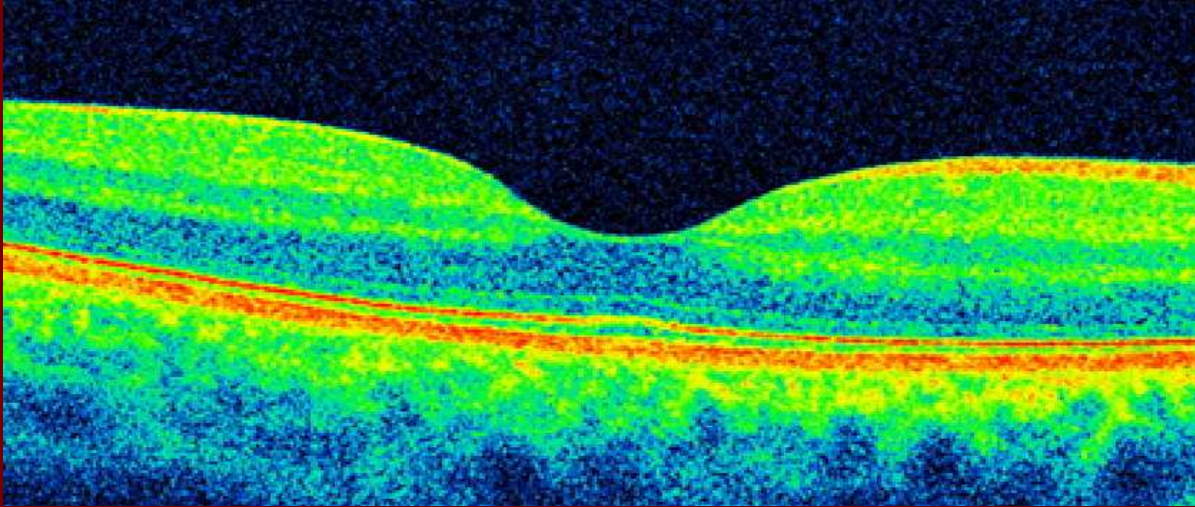
Pupils: 4mm OU, no APD

External exam: WNL OU

IOP: 10 14

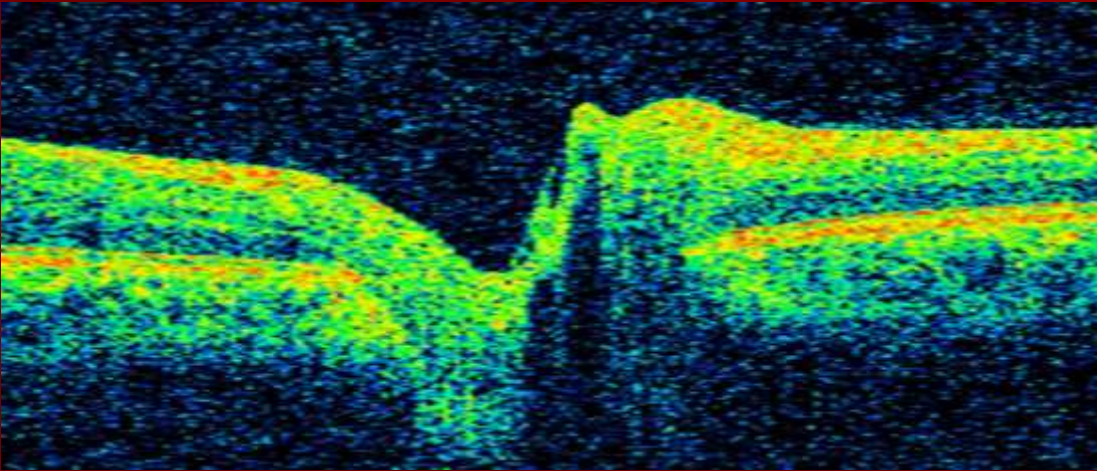
Ant Seg: WNL OU

# OCT

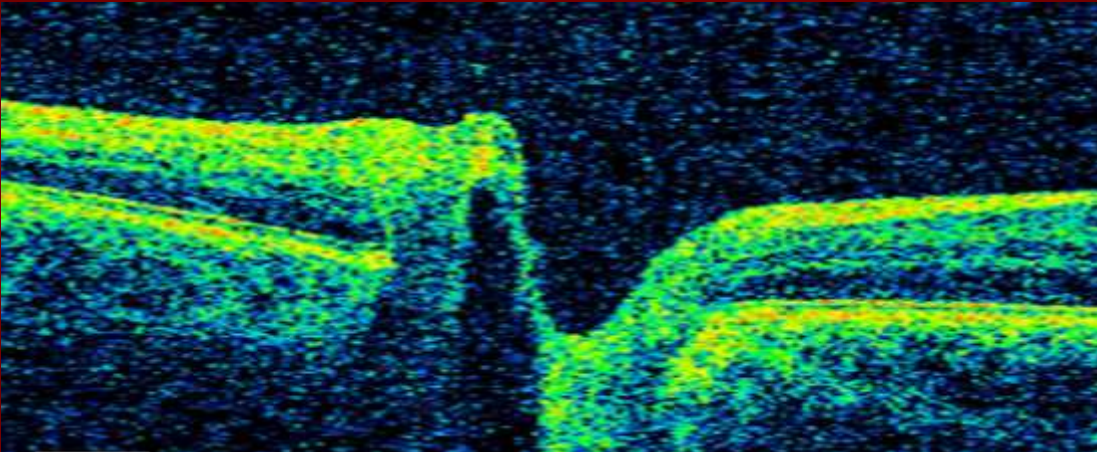


OCT WNL OU

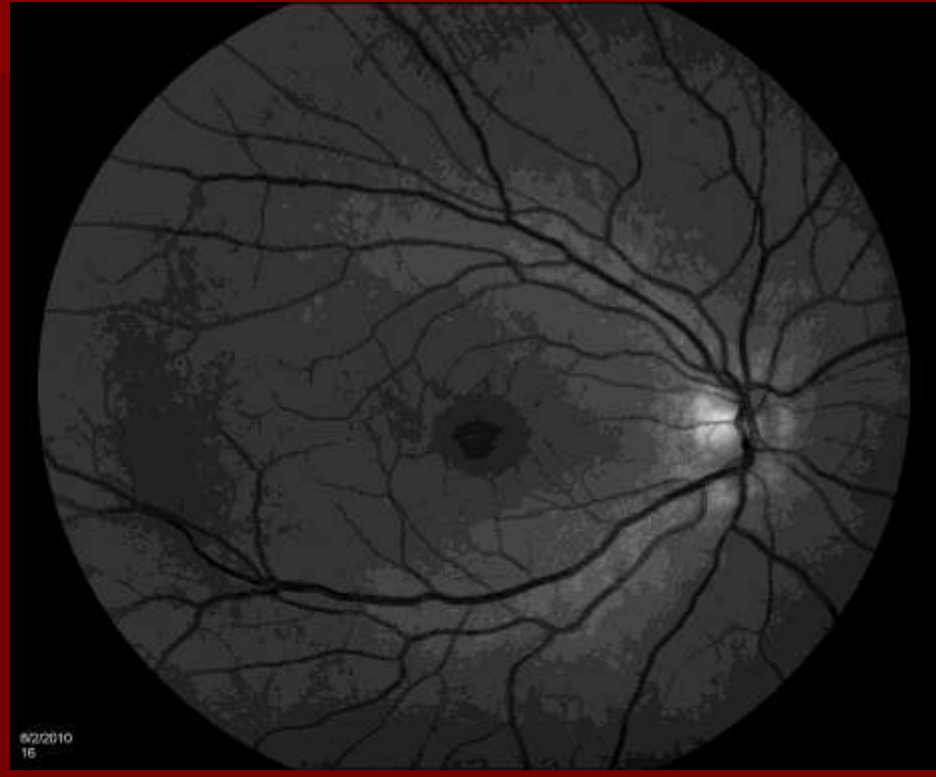
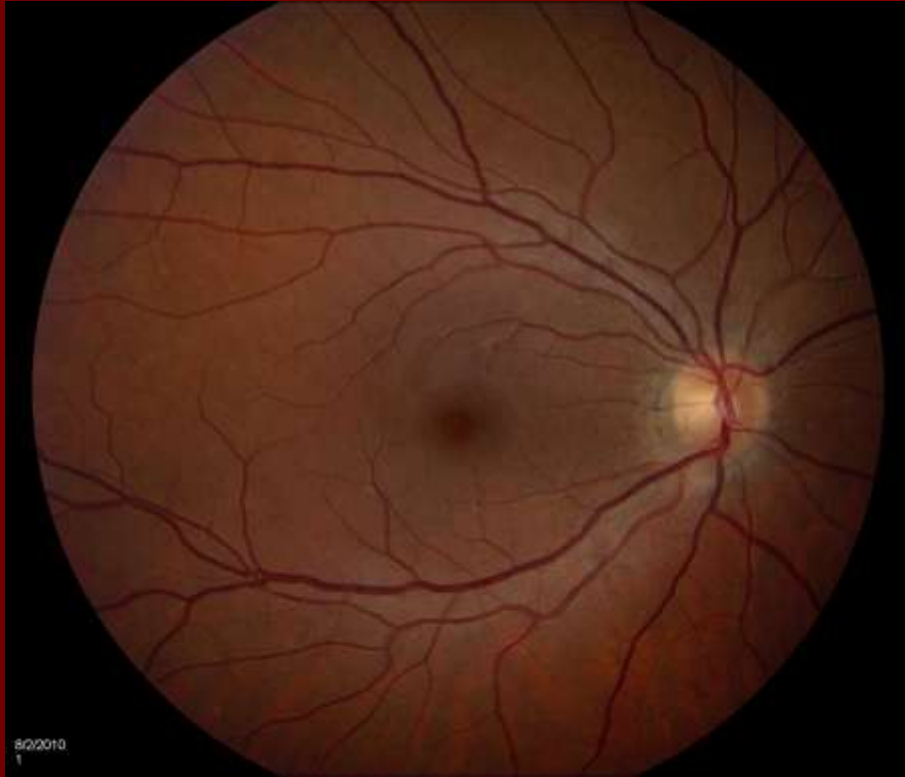
# OCT of optic nerves



OCT of ON  
No edema or inflammation OU



# Fundus Photos



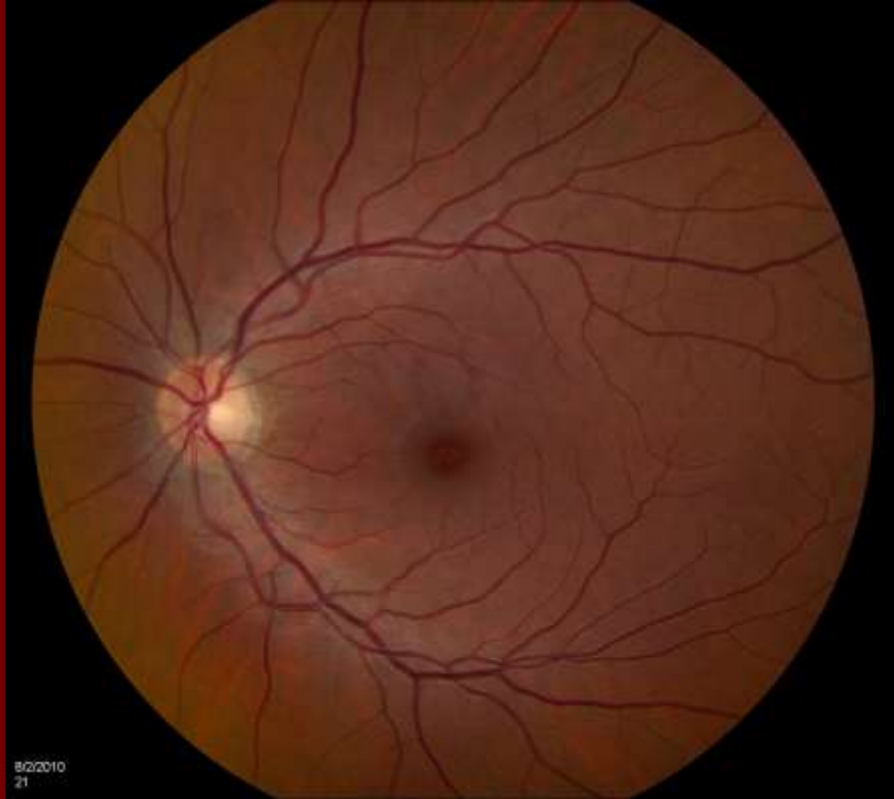
Color fundus photo and red-free photo of the right eye:  
normal finding other than mild PPA

# Fundus Photo



Color fundus and red-free photos of peripheral retina of right eye demonstrating punctate white dots which auto-fluoresce on red free photo

# Fundus Photo



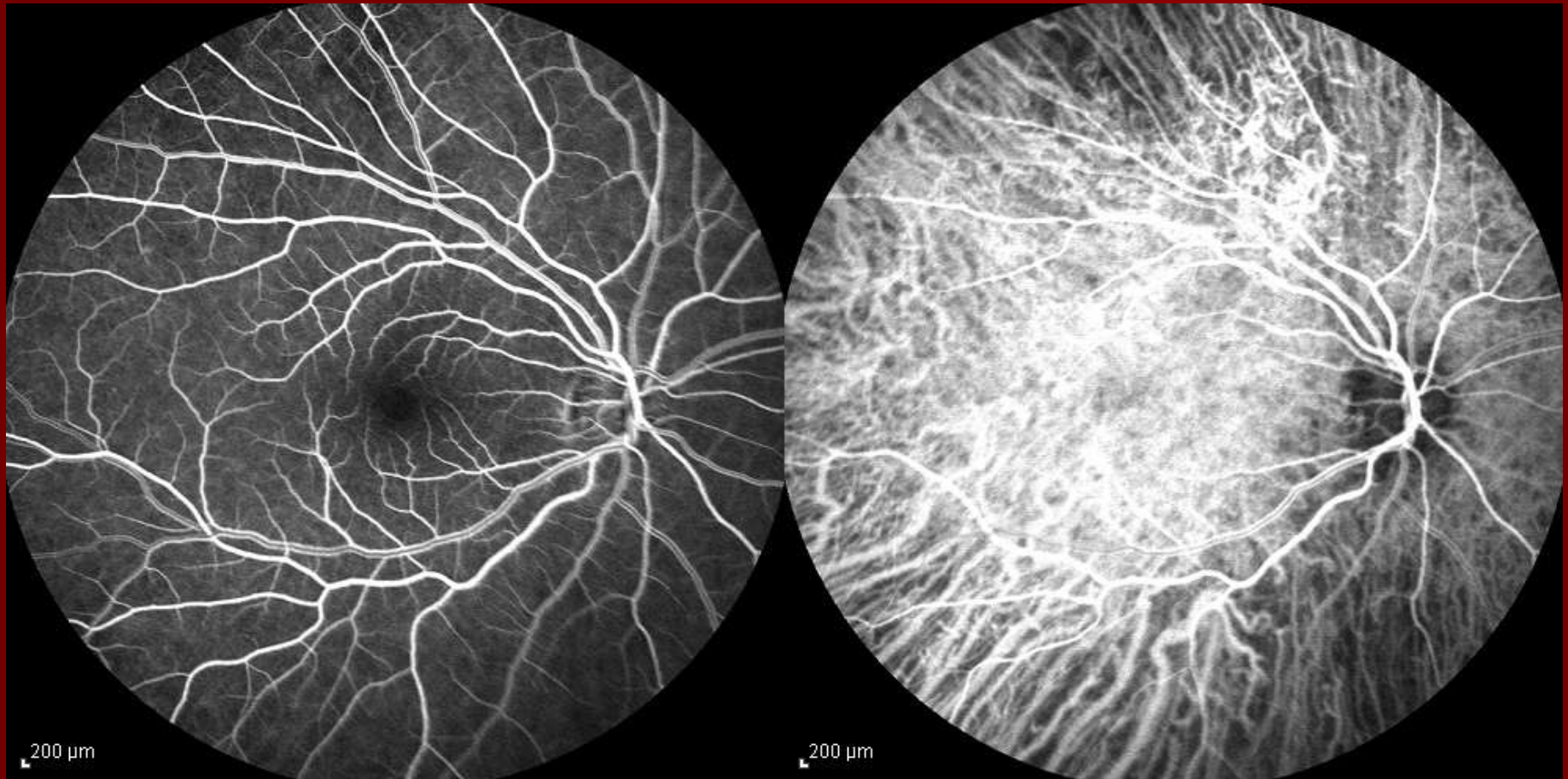
Color fundus and red-free photos of left eye showing normal findings

# FA and ICG



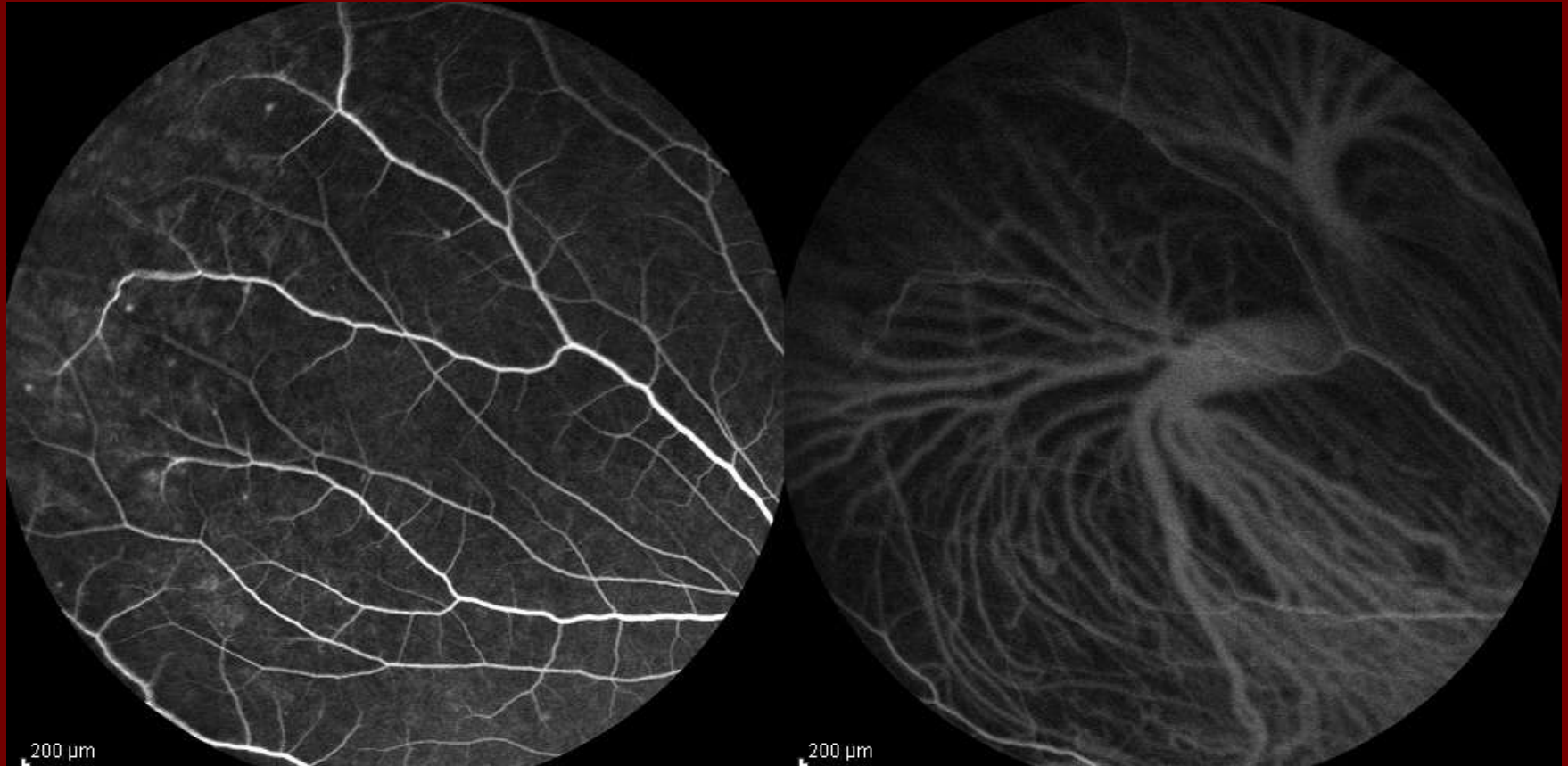
Fluorescein Angiogram and ICG of right eye in arterial phase

# FA and ICG



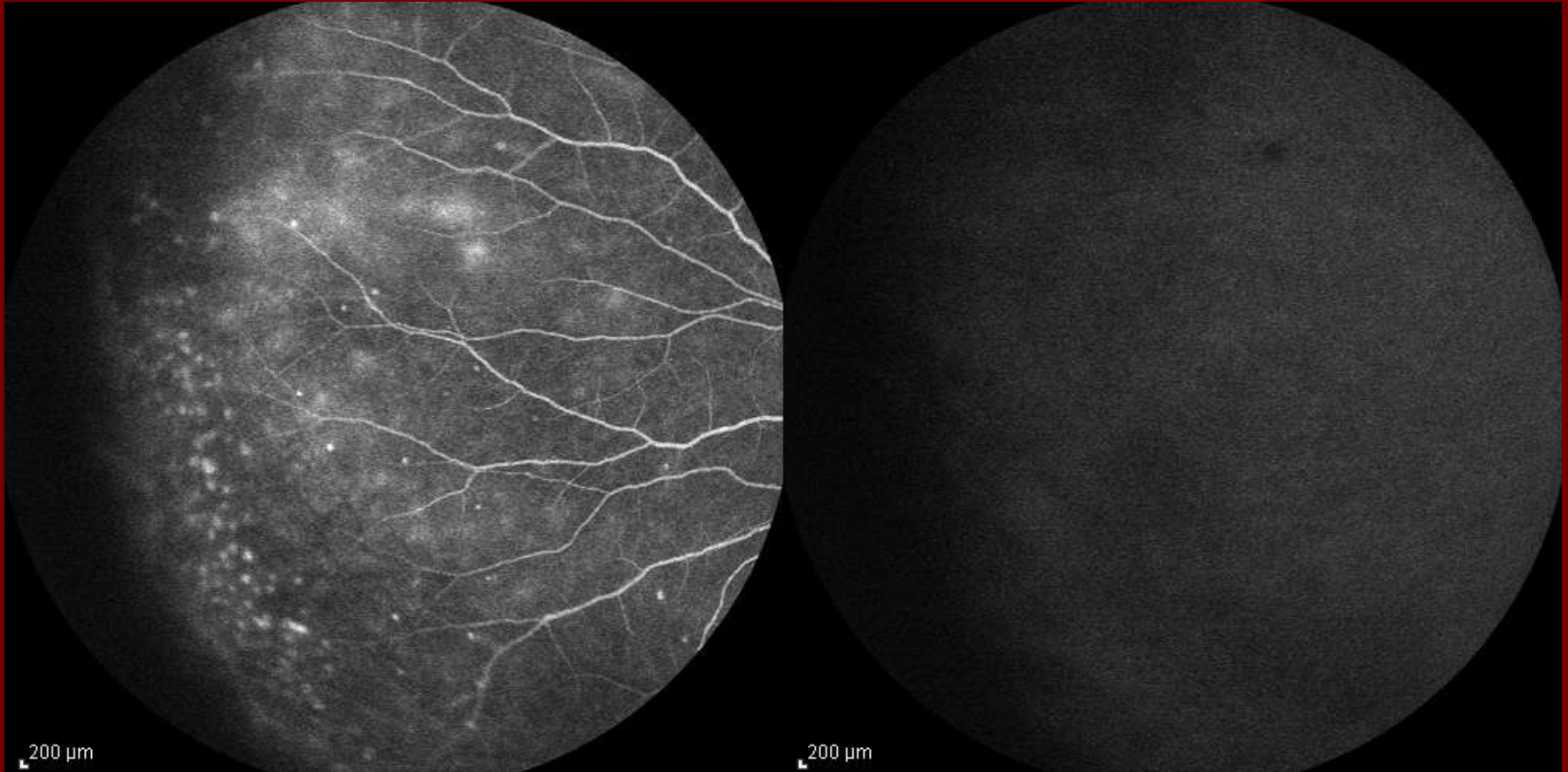
Fluorescein Angiogram and ICG of right eye in AV phase

# FA and ICG



Fluorescein Angiogram and ICG of periphery of right eye in AV phase demonstrating hyperfluorescent peripheral dots

# FA and ICG



Fluorescein Angiogram and ICG of periphery of right eye in late phase demonstrating hyperfluorescent dots

# Assessment

- 28 yo WF with photopsias and peripheral white dots
- Diagnosis:
  - Drusen vs quiescent intermediate uveitis
- Plan: Observe

# Pars Planitis

- Idiopathic bilateral intermediate uveitis seen in children and young adults
  - Peak age 5-15 and 25-35
- Most common complaint: floaters and decreased vision due to CME
  - CME in 1/3 of pts
- Ocular manifestation
  - Snowbanking: inflammatory exudates
  - Snowballs: aggregates of vitreous cells

# Pars Planitis

- Diagnosis is based on classic clinical findings
- Lab work-up to exclude other causes of intermediate uveitis
  - Serum ACE, chest CT
  - Lyme antibody titers
  - Syphilis serologic studies
- FA
  - Venular and disc leakage
  - CME

# Pars Planitis

- Clinical course may be divided into 3 categories
  - Self-limiting, benign course (10%)
  - Remissions and exacerbations (30%)
  - Prolonged course without exacerbation (60%)
- Good long-term visual prognosis
  - 75% maintain VA >20/50

# Pars Planitis

- Treatment if visual acuity is affected
  - CME or vasculitis
- 4-step approach
  - Corticosteroids (sub-Tenon, systemic or intravitreal)
  - Cryo or laser photocoagulation of snow bank
  - Vitrectomy
  - Systemic immunomodulatory agents

# Pars Planitis

- Complications of pars planitis:
  - Cataract
  - Glaucoma
  - CNVM and vitreous hemorrhage
  - Retinal detachment

# Pars Planitis and Multiple Sclerosis

- Patients with MS may develop variants of intermediate uveitis
- Incidence of uveitis in MS is 1%
  - 10 times more common in this group
  - Pars planitis may precede MS by 5-10 yrs
  - 15% of patients with pars planitis may develop MS (95% are bilateral)
- Pathogenesis not well understood but has immunogenetic components
  - Associated with HLA-DR15

# Pars Planitis and Multiple Sclerosis

- Severity of intermediate uveitis in MS is milder than idiopathic cases
- Macular edema is less common
- Effect of interferon treatment on ocular symptoms are unknown

# References

- Kimura SJ, Hogan MJ. Chronic Cyclitis. *Arch of Ophthalmol.* 1964;71:193-201.
- Raja SC, Jabs DA, Dunn JP, et al. Pars Planitis: Clinical Features and Class II HLA Associations. *Ophthalmology.* 1999;106 (3):594-599.
- Malinowski SM, Pulido JS, Folk JC. Long-term visual outcome and complications associated with pars planitis. *Ophthalmology.* Jun 1993;100(6):818-24; discussion 825.
- Henderly DE, Haymond RS, Rao NA, et al. The significance of the pars plana exudate in pars planitis. *Am J Ophthalmol.* May 15 1987;103(5):669-71.
- Rodriguez A, Calonge M, Pedroza-Seres M, et al. Referral Patterns of Uveitis in a Tertiary Care Center. *Archives of Ophthalmology.* 1996;114 (5):593-599.
- Kaplan HJ. Intermediate Uveitis (Pars Planitis, Chronic Cyclitis)- A Four Step Approach to Treatment. In: Saari KM, ed. *Uveitis Update.* Amsterdam: Exerpta Medica; 1984:169-172.
- Hogewind BF, Zijlstra C, Klevering BJ, et al. Intravitreal triamcinolone for the treatment of refractory macular edema in idiopathic intermediate or posterior uveitis. *Eur J Ophthalmol.* May-Jun 2008;18(3):429-34.
- Murphy CC, Greiner K, Plskova J, et al. Cyclosporine vs tacrolimus therapy for posterior and intermediate uveitis. *Arch Ophthalmol.* May 2005;123(5):634-41.
- Markomichelakis NN, Theodossiadis PG, Pantelia E, et al. Infliximab for chronic cystoid macular edema associated with uveitis. *Am J Ophthalmol.* Oct 2004;138(4):648-50.
- Rajaraman RT, Kimura Y, Li S, et al. Retrospective case review of pediatric patients with uveitis treated with infliximab. *Ophthalmology.* Feb 2006;113(2):308-14.
- Devenyi RG, Mieler WF, Lambrou FH, et al. Cryopexy of the vitreous base in the management of peripheral uveitis. *Am J Ophthalmol.* Aug 15 1988;106(2):135-8.
- Park SE, Mieler WF, Pulido JS. 2 peripheral scatter photocoagulation for neovascularization associated with pars planitis. *Arch Ophthalmol.* Oct 1995;113(10):1277-80.

Thank You