Arshad Iqbal, Sanaullah Jan, Nasir Saeed, Mohammad Daud Khan.

Two years audit of admitted Uveitis Patients

Pak J Ophthalmol Oct 2003;19(4):108-12.

Department of Ophthalmology, Lady Reading Hospital and Khyber Institute of Ophthalmic Medical Sciences Peshawar

Objectives: The main objectives were to evaluate the causes, types, different clinical presentations and treatment modalities of uveitis. Design: It was a retrospective study of 49 cases admitted for management of uveitis. Place and duration: The study was conducted at Khyber Institute of Ophthalmic Medical Sciences, Hayatabad Medical Complex, Peshawar from 1st September 1999 to 31st August 2001. Results: Out of 6220 patients admitted during this period, 49 (0.78 %) cases (73 eyes) were of uveitis. Male to female ratio was 1.45: 1. Twenty-four (49%) patients were bilateral. Twenty five (51%) patients were etiologically assigned a cause while 24 (49%) were classified as idiopathic. Following etiologies were identified, Fuchs heterochromic iridocyclitis 6 (12.24%), Tuberculosis (TB) 5 (10.2%), Sarcoidosis 4 (8.16%), Vogt Koyanagi Harada Syndrome (VKH) 3 (6.12%), acquired immune deficiency syndrome (AIDS) 3 (6.12%), Toxoplasmosis 2 (4.08%), Acute posterior multifocal placoid pigment epitheliopathy (APMPPE) 2 (4.08%) and 1(2.04%) case each of Birdshot retinopathy, Toxic uveitis & Behcet's disease. Twenty three (46.93%) patients were having posterior uveitis, 16 (32.65%) anterior uveitis, 5 (10.20%) intermediate and 5 (10.20%) cases of panuveitis. Conclusion: 0.78% of the total admission in our unit over period of two years, were cases of uveitis. No underlying cause was detected in almost 50% cases. Posterior uveitis cases needed admission more frequently than anterior uveitis. Tuberculosis was found to be the most common cause of infectious uveitis. Fuchs, Sarcoidosis, VKH and AIDS were found additional causes of uveitis at this tertiary hospital.