



CASE PRESENTATION

Lidia Cocho MD

08/24/12

Initial visit

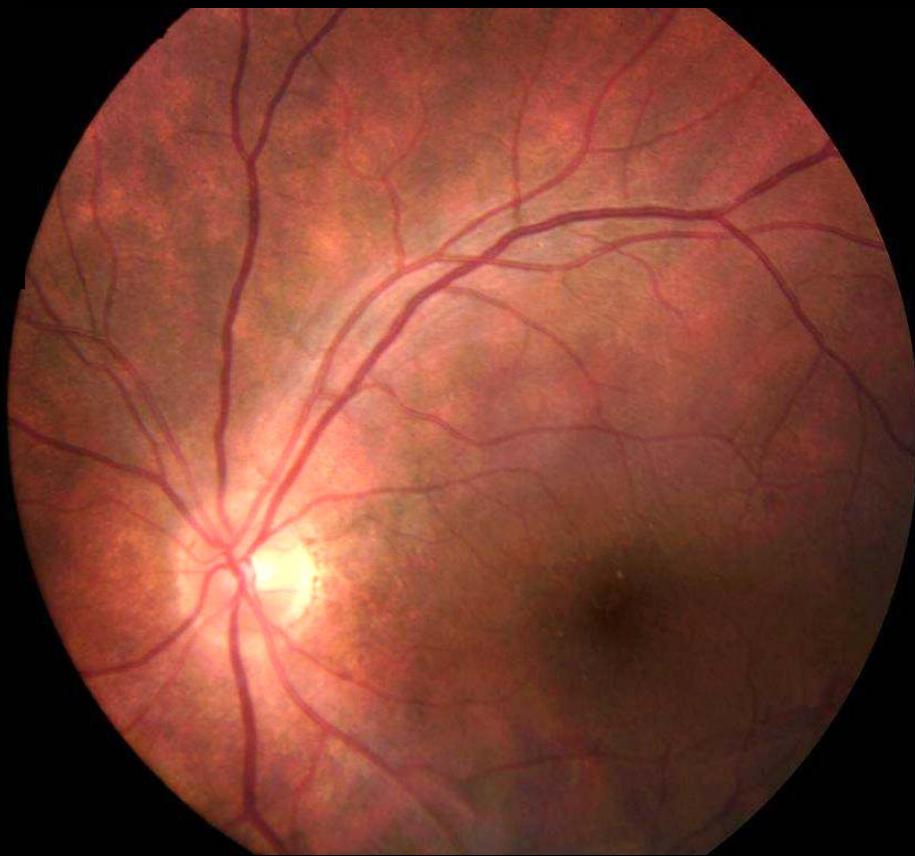
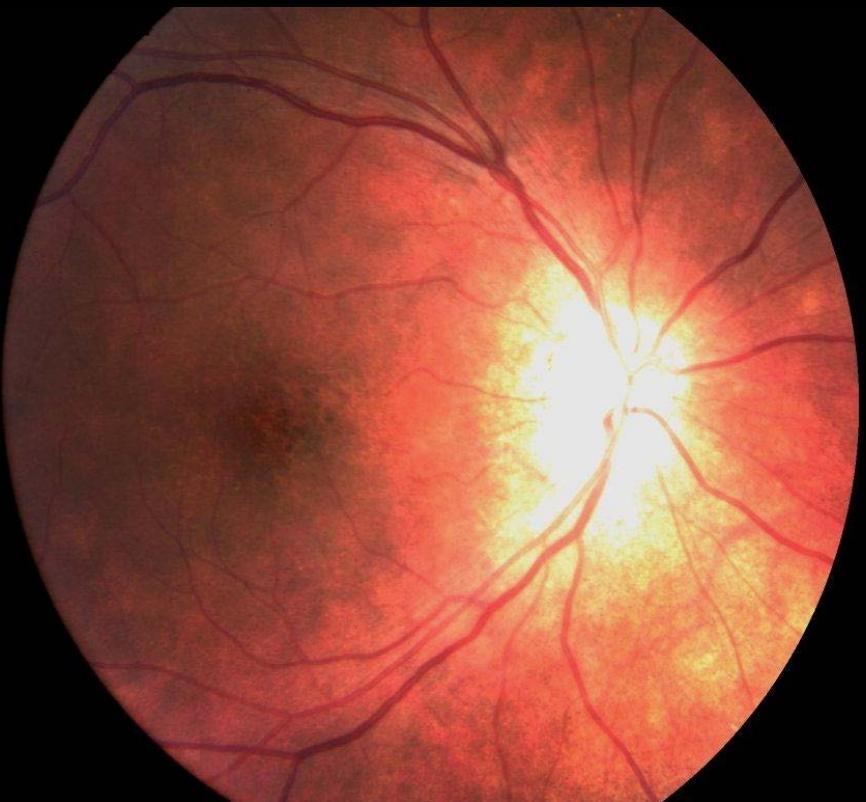
07/03/08

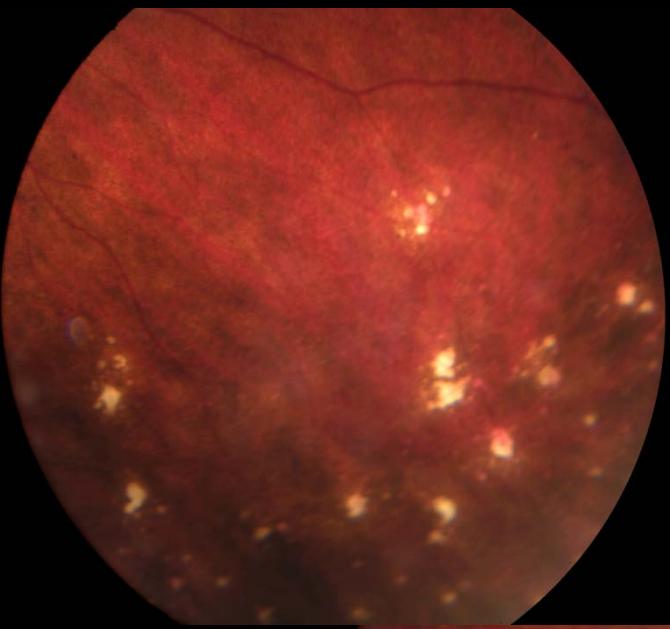
- 34-year-old Hispanic woman
- POH: recurrent bilateral uveitis for 3 years, steroid dependent.
- Current treatment: PO Prednisone 10mg daily, PF Q2H OU
- PMH: GI ulcer, +PPD
- ROS: fatigue, painful cold fingers

07/03/08

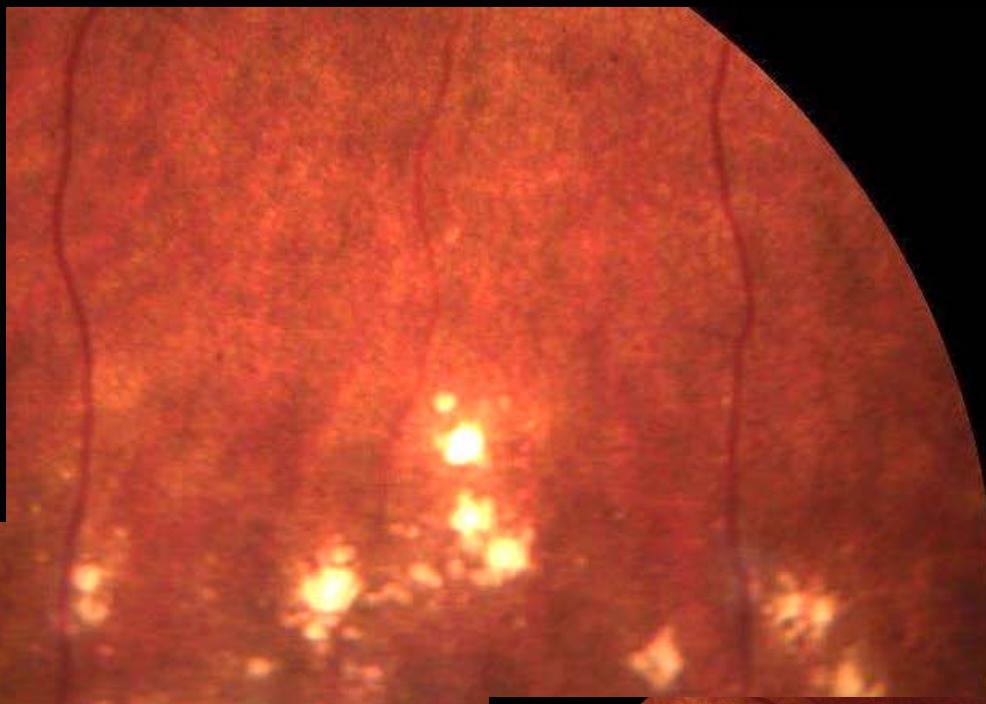
Exam:

- Va OD: 20/25
OS: 20/20
- IOP: 19 mmHg OU
- Anterior Segment: **conjunctiva, cornea, lens Normal**
Trace cell AC OU
- Posterior Segment: +1 **Vitreous cell OU**

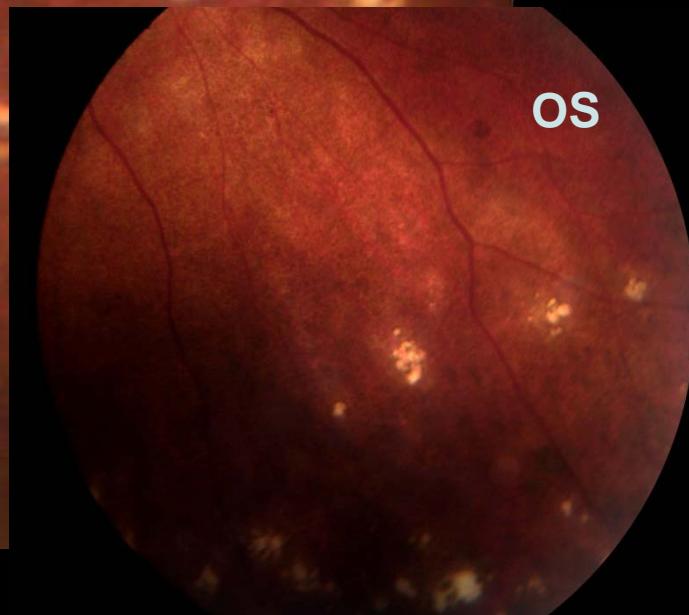




OD



OS





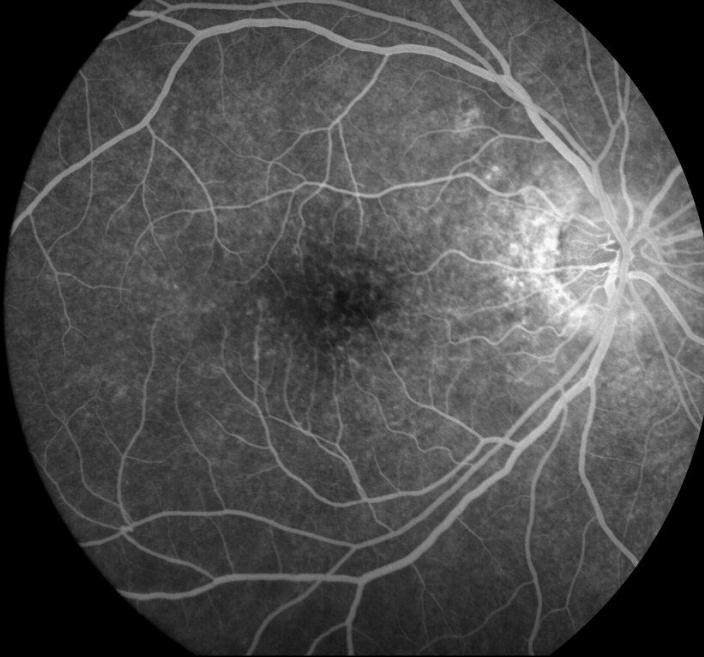
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00:13



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00:41



7/3/2008
18

7/3/2008
25

03:14

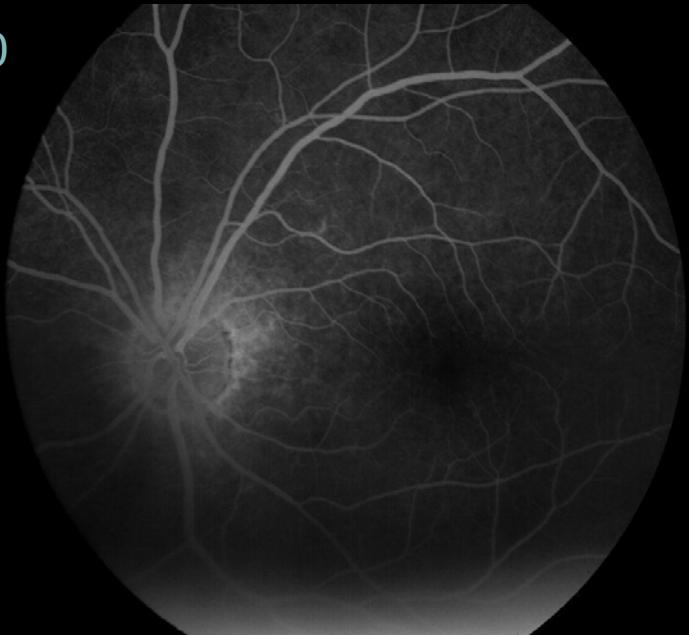


7/3/2008
36

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00:50:40

00:50



7/3/2008

26

01:03:42

01:03

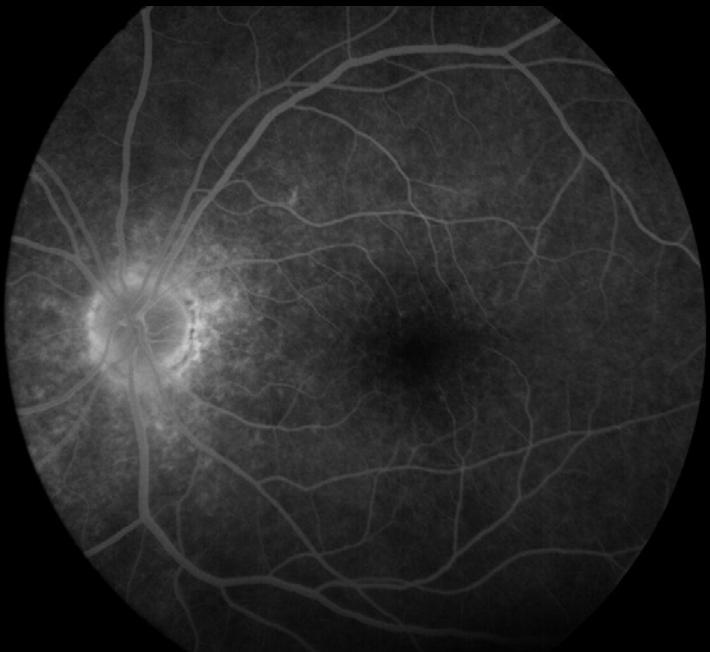


7/3/2008

27

03:21:85

03:25

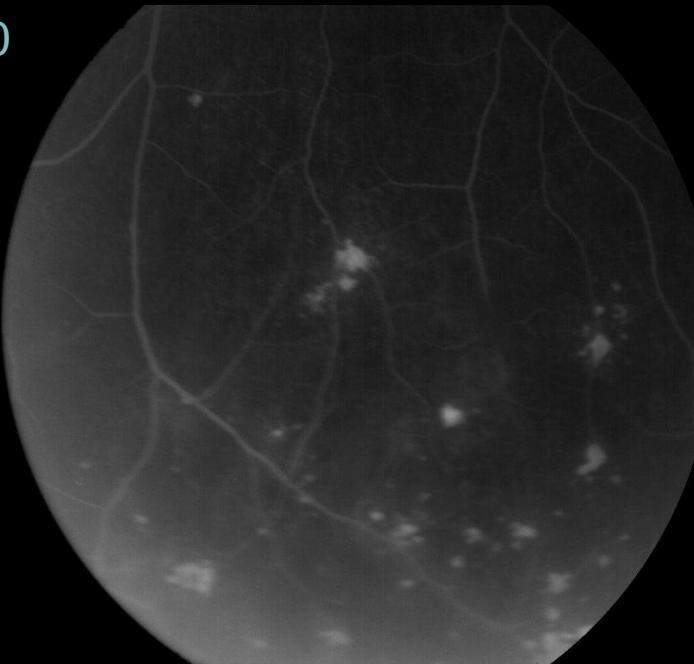


7/3/2008

37

07:10:35

07:10



7/3/2008

53

Differential Diagnosis

- Sarcoidosis
- Ocular TB, Lyme disease and Syphilis
- Idiopathic Multifocal Choroiditis and panuveitis

More ideas?

Aditional testing ?

07/18/08

Serologies:

- ANA, ANCA, C3C, C4C, CH50 
- ACE, Lysozyme, CRP 
- FTA-ABS, Lyme, Hep B, Hep C 
- HLA B27 +

Chest CT scan



07/18/08

HLA B27 associated Intermediate Uveitis

Diflunisal 500mg BID

Taper PO Prednisone and PredForte

08/09/08

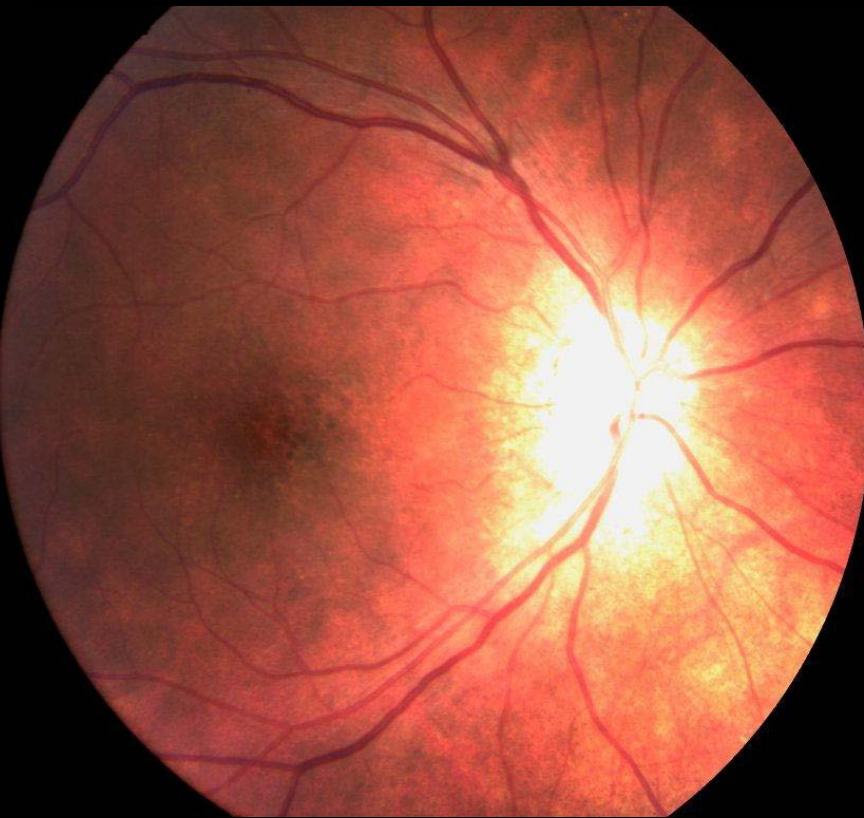
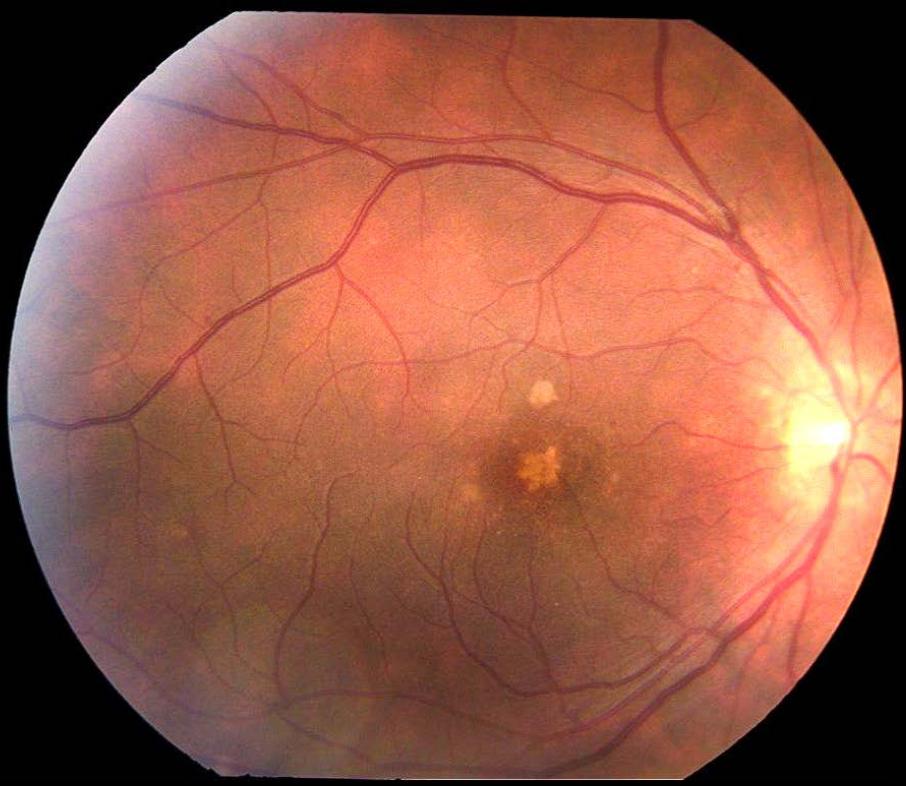
(1 month after initial visit)

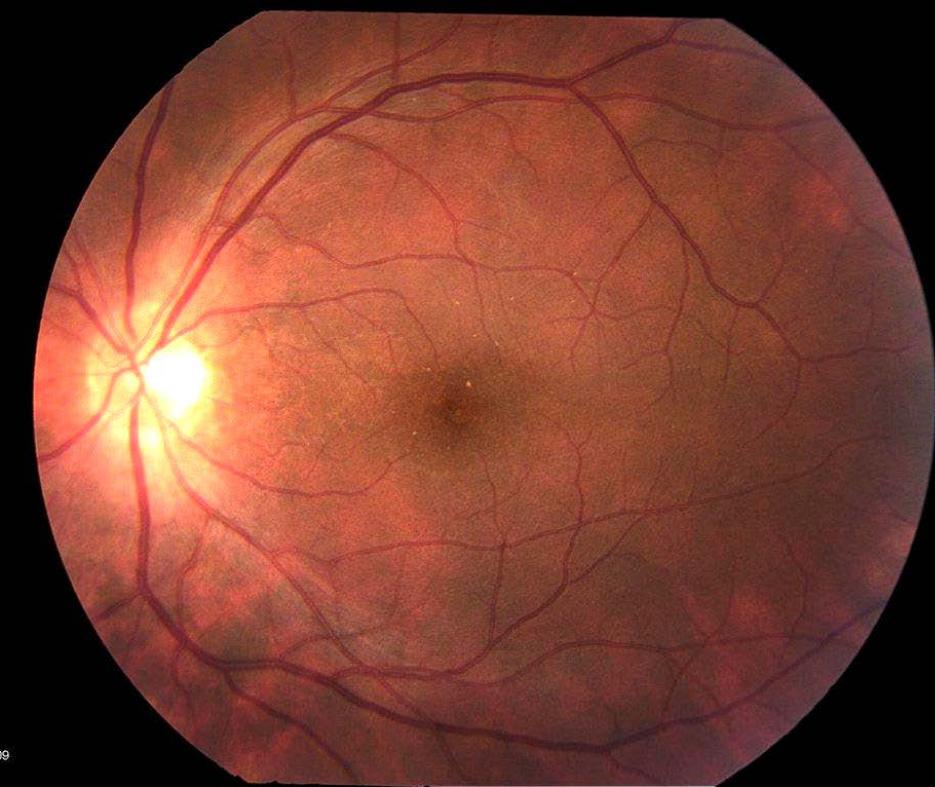
- No pain or redness. Tolerating Diflunisal well
- Va 20/20 OU.
- IOP: 17/13
- Deep and clear AC
- Rare vitreous cells OU

04/29/09

(8 months after last visit)

- ↓ Va: 20/40 OD, 20/20 OS. Red painfull eyes
- **2.5+ cell AC with posterior synechia OD, 2+ cell AC OS**
- 1+ cell vitreous OU + Vitreous exudates OD
- **History of noncompliance with Diflunisal**







09



9

00:24.09

00:24

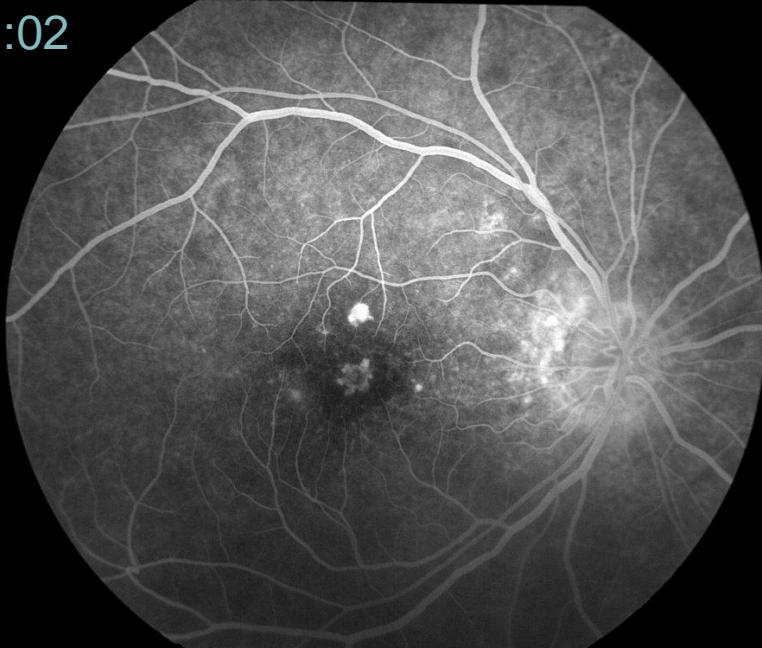


4/29/2009

8

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01:02

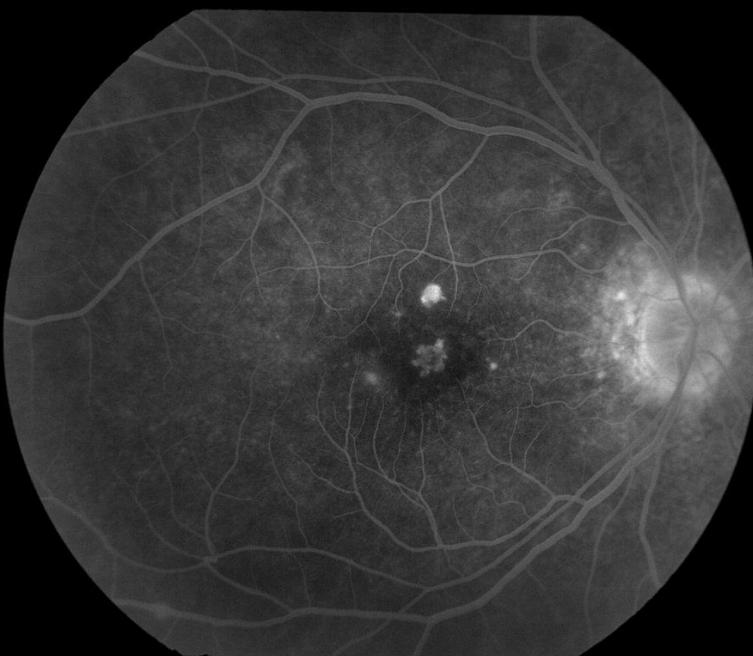


4/29/2009

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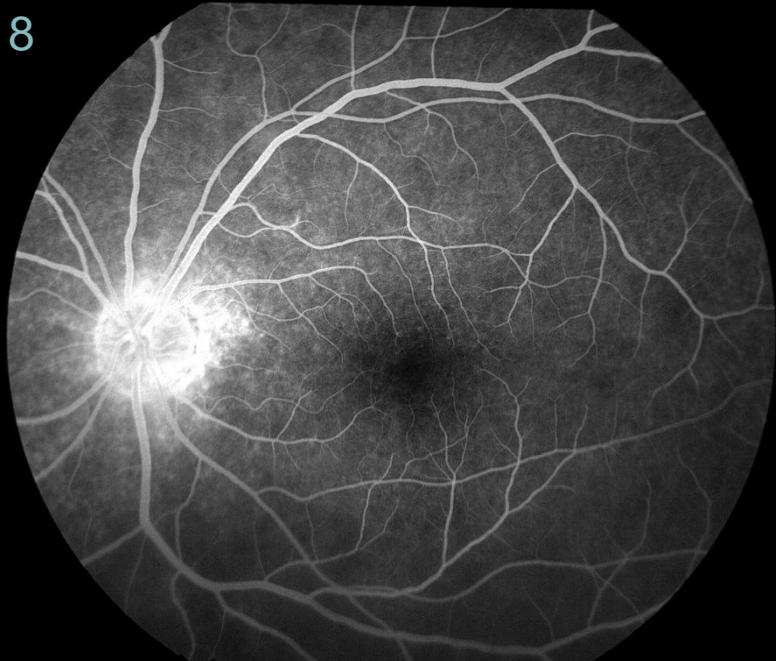


4/29/2009

39

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01:18



4/29/2009
25

03:23.62

03:23



4/29/2009
33

04:32.40
04:32



4/29/2009
40

06/12/09

PPV + Endolaser OD

Pars Plana Vitrectomy versus Immunomodulatory Therapy for Intermediate Uveitis: A Prospective, Randomized Pilot Study

Karina Quinones, MD¹, John Y. Choi, MD¹, Taygan Yilmaz, BS¹, Chrysanthi Kafkala, MD¹,
Erik Letko, MD¹, and C. Stephen Foster, MD, FACS^{1,2}

- 18 Patients with **recalcitrant inflammation resistant to systemic steroids**
- **82% achieved control of inflammation** at 18 months with PPV.
57% of the IMT group needed subsequent PPV.
- **3/3 CME resolved** with PPV

07/08/09

1 month after surgery

New flare up:

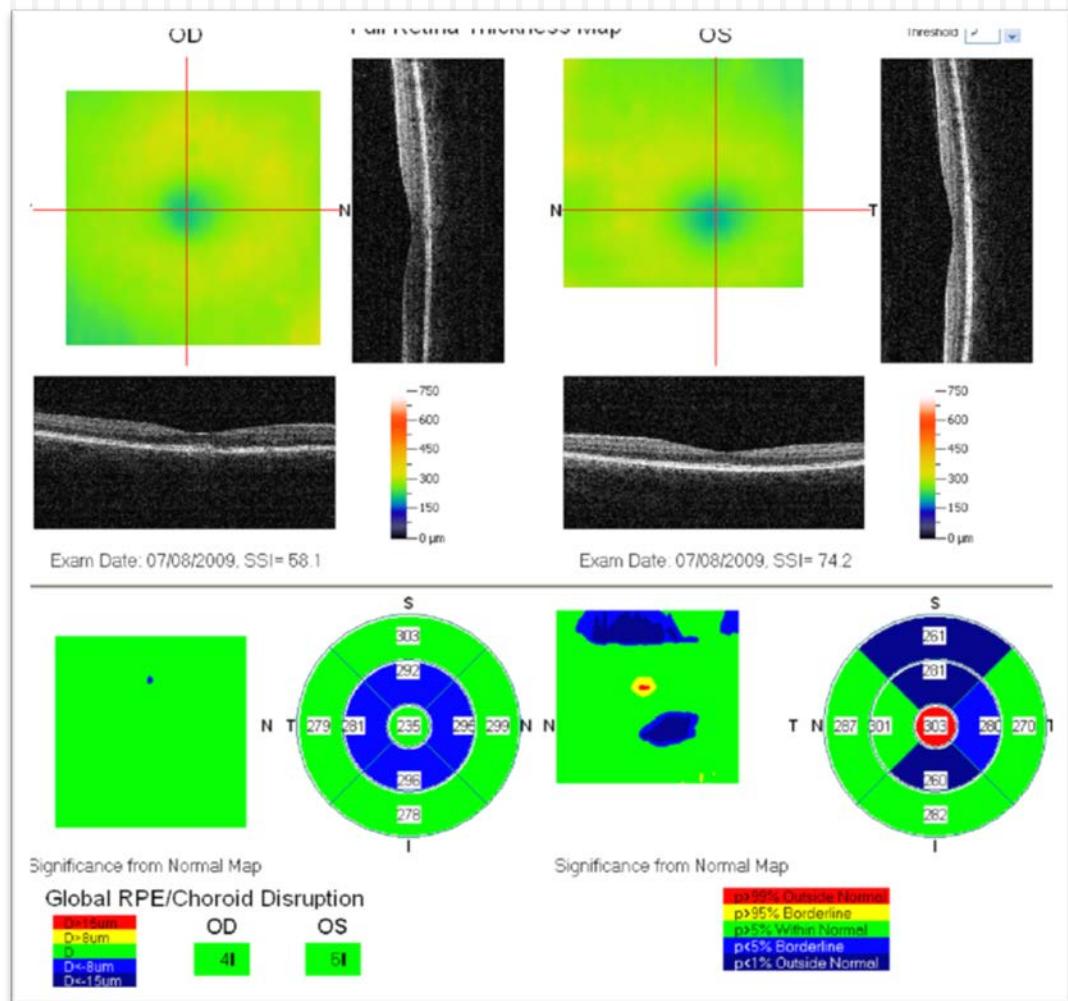
Va: 20/60 and 20/30

2 cells AC OD, 1+ OS

2+ vitreous haze OD, 0.5+ OS

CRT: 235 OD

303 OS



07/08/09

- MTX 15 mg / weekly PO
- Diflunisal 500mg BID
- Pred Forte Q2H
- TSK



**Noncompliance
with MTX**

Multiple flare ups in the next 2 years

Compliance problem

Adverse effects of steroids

Remicade infusions

Ozurdex implant

Intraocular Study drugs

07/18/12

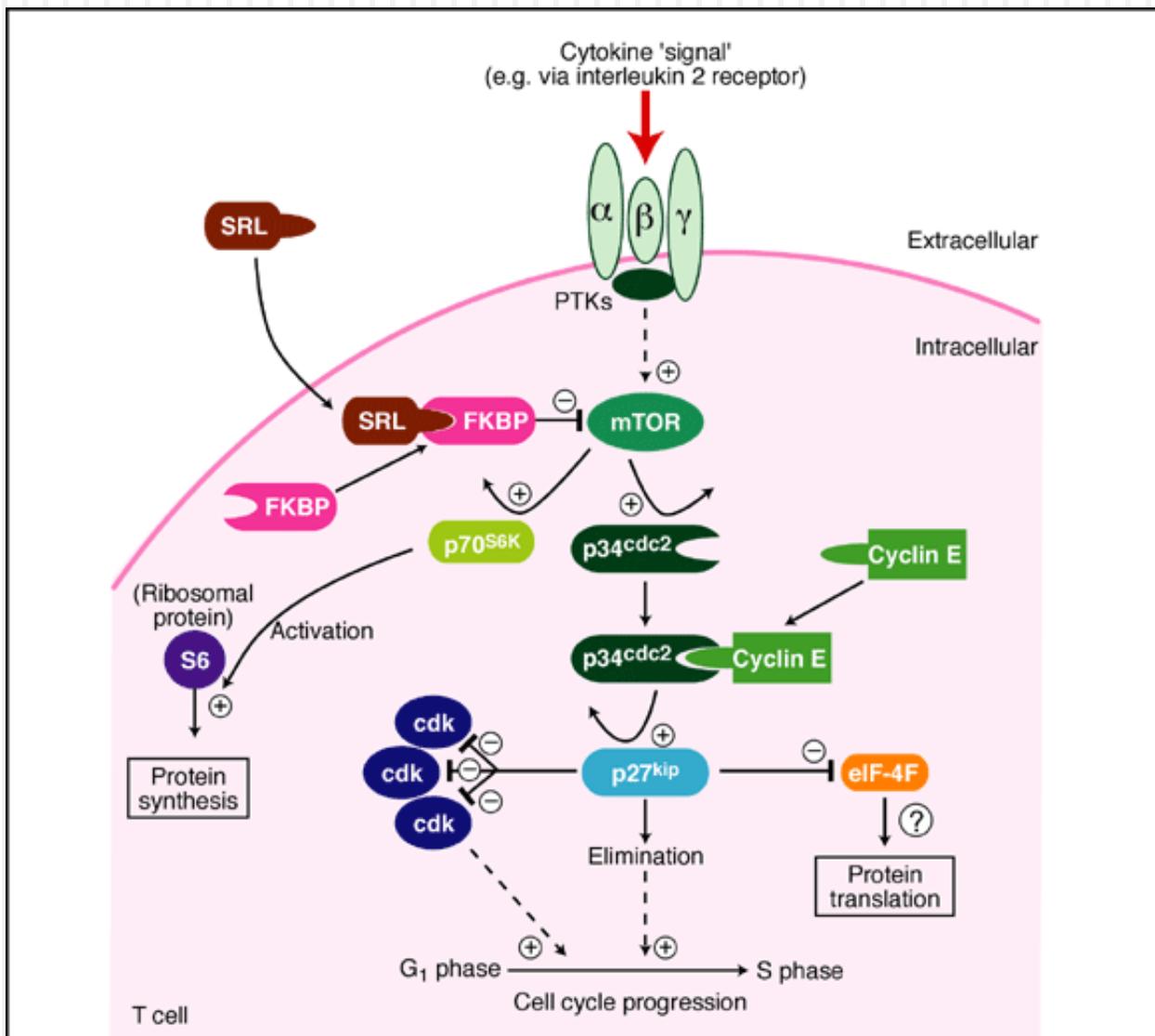
The SAVE-2 Study

Sirolimus as a Therapeutic Approach for UVEitis: A Phase 2, Open-label, Randomized Study to Assess the Safety, Tolerability, and Bioactivity of Two Doses of Intravitreal Injection of Sirolimus in Patients with Non-infectious Uveitis

Sirolimus (Rapamycin)

- A macrolide compound obtained from *Streptomyces hygroscopicus*
Isolated from a soil sample of Easter island or Rapa-Nui
- It acts inhibiting the proliferation of Lymphocytes T and B in response to cytokines





Mechanism of action of sirolimus (rapamycin)

Expert Reviews in Molecular Medicine © 2000 Cambridge University Press

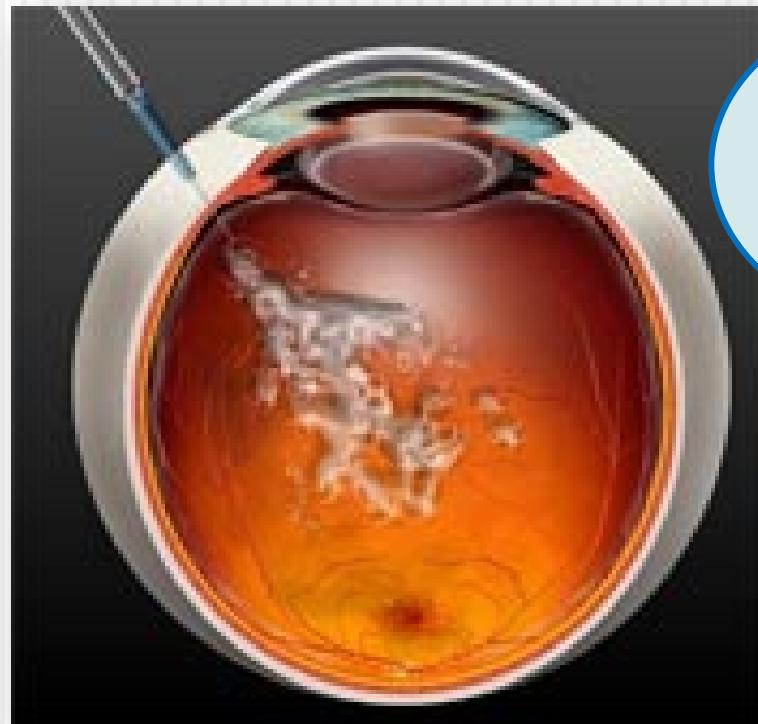
The efficacy of sirolimus in the treatment of patients with refractory uveitis

V A Shanmuganathan, E M Casely, D Raj, R J Powell, A Joseph, W M Amoaku, H S Dua

- Open pilot study, 8 patients with severe non-infectious uveitis
- Median follow up: 50 weeks
- Sirolimus was effective in 5/8 patients, with control of inflammation, with dose of steroids reduced or discontinued
- 3 failures due to intolerable side effects or failure to control inflammation

Day 0 :

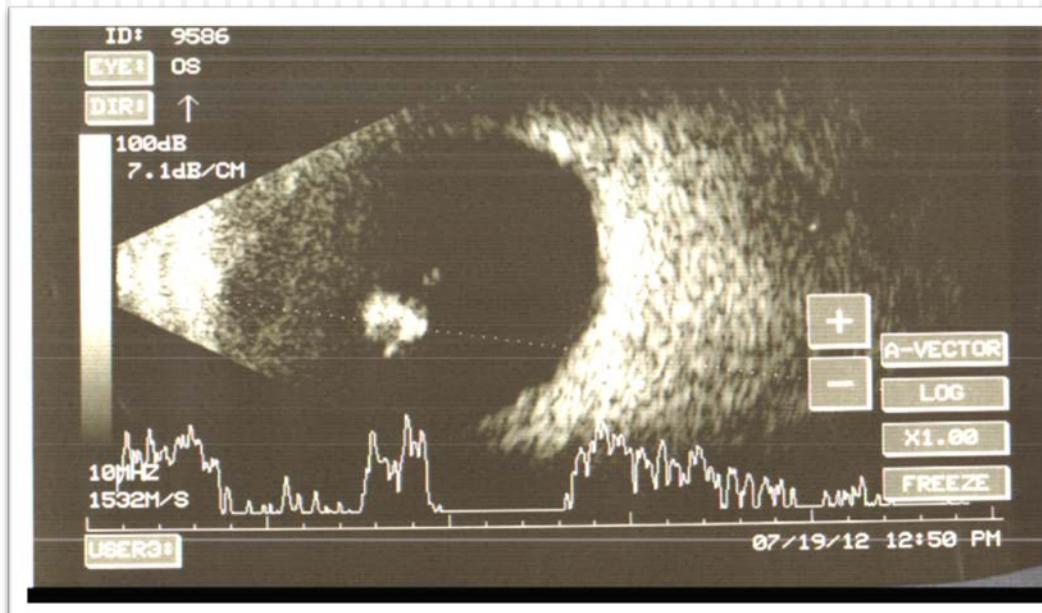
- Va 20/30 and 20/20
- Mild pain and photophobia
- 1.5 +/2+ cell in AC. Vitreous haze 2+



440 µg OD
880 µg OS

Day 1:

- Big bubble floating OU
- No pain or redness
- No inflammation in AC or Vitreous



Day 7:

- Small floaters OU
- Photophobia, no pain or redness
- 1+ cells AC / 0,5 cell Vitreous OU

Day 14:

- More floaters OU
- More pain, redness, photophobia
- 2+ cell AC/ 1+cell Vitreous OU



PF Q2H OU

Day 30:

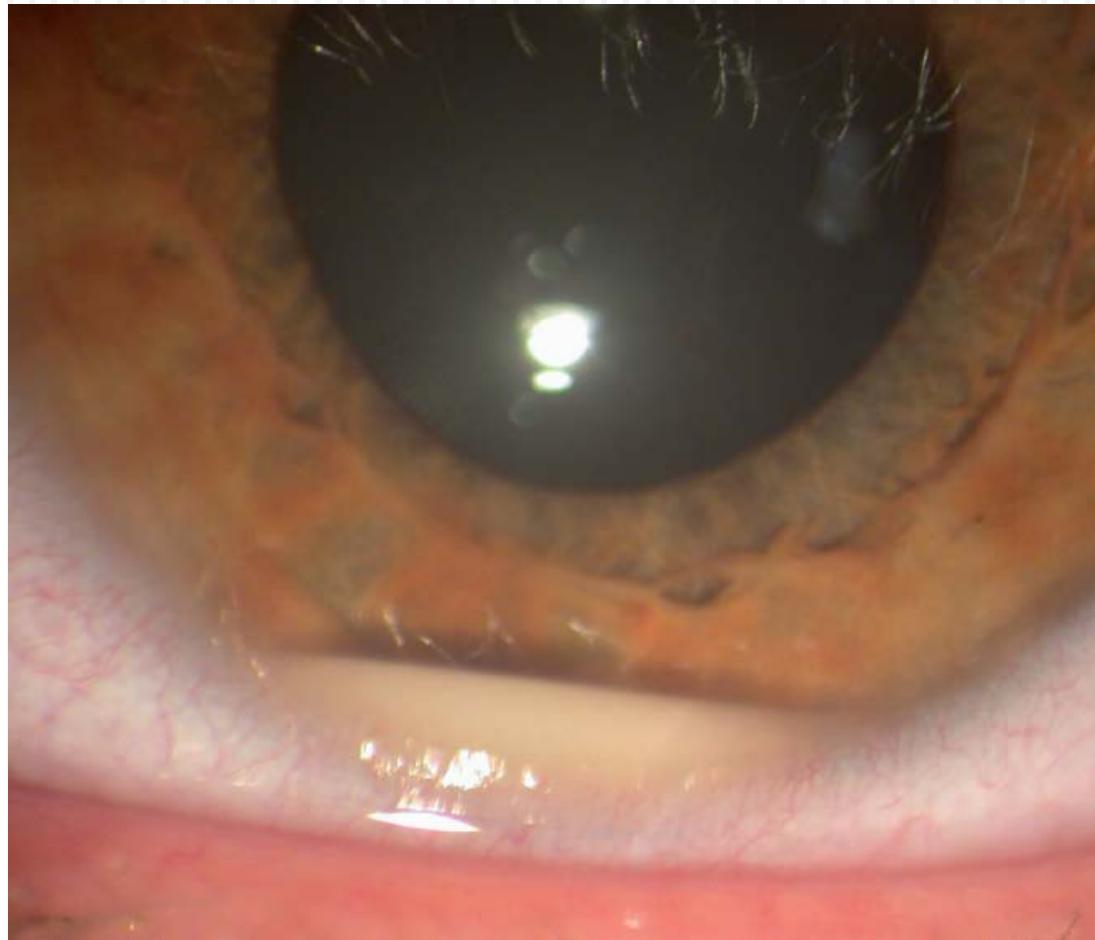
- Va 20/32 and 20/25
- Improvement of symptoms
- Trace cell AC / Vitreous OU

HLA B27 associated Uveitis

- Intraocular inflammation in the context of positive HLA B27 Antigen
- 97% of cases are Anterior Uveitis

Clinical Features	HLA-B27-Positive Anterior Uveitis
Age at onset (years)	32–35
Sex	Male preponderance (1.5–2.5:1)
Eye involvement	Unilateral in 48–59% Unilateral alternating in 29–36%
Pattern of uveitis	Acute in 80–87%
Recurrence	Frequent
Keratic precipitate (KP)	Mutton fat KP in 0–3%
Fibrin in anterior chamber	25–56%
Hypopyon	12–15%
Associated systemic disease	48–84%

HLA B27 associated Uveitis



- Associated systemic diseases:

HLA-B27 AAU

- Ankylosing spondylitis
- Reactive arthritis/Reiter's syndrome
- Inflammatory bowel disease
- Psoriatic arthropathy
- Undifferentiated spondyloarthropathy

Posterior segment ocular manifestations in patients with HLA-B27-associated uveitis.

Rodriguez A, Akova YA, Pedroza-Seres M, Foster CS.

- **Posterior segment manifestations in 17.5 % of patients**

- | | |
|-------------------------|------|
| • Severe vitritis | 93 % |
| • Papillitis | 82 % |
| • Cystoid Macular Edema | 38 % |
| • Retinal Vasculitis | 24 % |
| • Epiretinal Membrane | 17 % |

Ophthalmology. 1994 Jul;101(7):1267-74.

HLA B27 associated Uveitis

- There is association to **Intermediate Uveitis, Panuveitis Anterior and Posterior Scleritis**
- HLA B27 + associated ocular inflammation could be more severe and resistant to conventional therapy
- They will potentially need IMT to achieve control of inflammation

HLA B27 associated Uveitis

Posterior Scleritis and Its Association with HLA B27 Haplotype
Arundhati Anshu, Soon Phaik Chee

Singapore National Eye Centre, Singapore, Singapore

Ophthalmologica 2007;221:275-278 (DOI: 10.1159/000101931)

HLA-B27--associated uveitis presenting with diffuse vitritis.

Castillo A, Sayagues O, Grande C, Zarco P.

Department of Ophthalmology, Hospital de Móstoles, Madrid, Spain

Ophthalmic Surg Lasers. 1996 Apr;27(4):321-3.



Thank you !!

