

Brief Summary of Two Matters Discussed at the American Uveitis Society Winter Symposium in Vail, Colorado, January 2002

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A consort analysis of 35 items was used to analyze the quality of publications relating to the matter of cataract surgery in patients with a history of uveitis, assessing the strength of evidence to support certain principles. The following principles were believed to be strongly supported by the medical evidence as published in peer-reviewed journals:

1. Control of inflammation for a substantial period of time pre-operatively is critical to a good outcome.
2. Control of inflammation post-operatively is clearly critical for a good outcome.
3. An intraocular lens implant can be part of a reasonable surgical plan for the patient with uveitis and cataract, **provided** thoughtful considerations are given to patient selection, i.e., not all patients are good candidates for a lens implant.
4. Young patients with juvenile rheumatoid arthritis (juvenile idiopathic arthritis) and associated uveitis with cataract should not be routinely implanted with a lens implant.
5. Para plana vitrectomy **may** be therapeutic for cystoid macular edema associated with uveitis; seven studies support this idea.
6. Pars plana vitrectomy **can** be therapeutic for control of uveitis in patients with difficult to control uveitis; fourteen published studies support this idea, 3 in patients with pars planitis.
7. Cataract development as a consequence or a complication of pars plana vitrectomy appears to be related to the aggressiveness of the vitrectomy and to the patient age, with greater age being associated with greater prevalence of developing cataract.
8. The rate of retinal detachment seen in the published studies relating to pars plana vitrectomy for uveitis therapy was 5%.
9. **Prevention** of cystoid macular edema **may** be associated with earlier rather than later vitrectomy in the patient with intermediate or posterior uveitis.
10. Appropriate reasons for vitrectomy in the care of the patient with uveitis include:
 - a. Visually significant vitreal opacification
 - b. Presence of a cyclitic membrane
 - c. Cystoid macular edema
 - d. Attempts at controlling the uveitis
 - e. For diagnostic purposes