In recent years, increasing evidence has shown that inflammation plays a role in facilitating the activity of various kinds of ocular diseases on top of classically known uveitis. Here two experts will provide useful information about how effectively corticosteroid drugs are used to control ocular inflammation. Drs. Ohguro and Ogura will focus on a representative uveitis Vogt-Koyanagi-Harada disease and diabetic macular edema nowadays regarded as an inflammatory disorder, respectively. This seminar is expected to serve as an important basis for the management of patients requiring anti-inflammatory treatment strategies in clinical practice.

Lecture 1 Management of Vogt-Koyanagi-Harada Disease

Speaker 1 Nobuyuki Ohguro, MD
Chief Director of Ophthalmology, Department of Ophthalmology, Japan Community Health Care Organization Osaka Hospital

Vogt-Koyanagi-Harada (VKH) disease has been reported to be the second most frequent disease responsible for 7.0% of cases in uveitis clinics in Japan. VKH is a bilateral granulomatous panuveitis and prompt anti-inflammatory treatment to prevent recurrence and depigmentation will be important in the acute phase. Bolus steroid should be given as the initial treatment, followed by gradual dose tapering over 6 months or longer. In the other hand, various warnings have been issued concerning long-term steroid use. Therefore, we must consider immunosuppressant, a steroid sparing agent, in the treatment of VKH, especially recurrence cases. In my presentation, I will talk about current approach for the treatment of VKH based on the recent data we collected.

Lecture 2 Paradigm Shift in the Management of Diabetic Macular Edema

Speaker 2 Yuichiro Ogura, MD, PhD
Professor and Chairman, Department of Ophthalmology and Visual Science, Nagoya City University Graduate School of Medical Sciences Director, Nagoya City University Hospital

Diabetic macular edema (DME) is the most frequent cause of visual impairment in diabetic patients. It is reported that more than 20 million of patients are suffering from DME. Numbers of treatment modalities have been used to manage the condition. Focal laser and/or grid pattern photocoagulations were reported to be effective for the stabilization of the vision. But a few patients have the visual improvement after laser photocoagulation. Although many reports demonstrated the vitrectomy is beneficial for the management of DME, no evidence was confirmed in the prospective randomized clinical studies. Pharmacological therapy with anti-vascular endothelial growth factor (VEGF) and steroids has now become the first choice of the treatment. The lecture will review the history of treatments and paradigm shift in the management of DME.