

June 28 (Friday) 17:20-18:20 Room 1 (Auditorium)

8th Asia Pacific Intraocular Inflammation Study Group Meeting

Chairs / Moderators: Soon-Phaik Chee (*Singapore*)

Narsing Rao (*USA*)

Manfred Zierhut (*Germany*)

- 17:20-17:30 **The Ring: Bilateral ring fibrosis and retinal detachment in a 5-year old boy**
Pia Regina E Galvante (*Philippines*)
- 17:30-17:40 **A therapeutic challenge**
Diem Quang Hong Vo (*Vietnam*)
- 17:40-17:50 **Challenging cases on Ocular Tuberculosis**
Fatma Asyari (*Indonesia*)
- 17:50-18:00 **Please save my only eye**
Shelina Oli Mohamed (*Malaysia*)
- 18:00-18:10 **Infectious Posterior Uveitis**
May Zun Aung Win (*Myanmar*)
- 18:10-18:20 **Invited Talk**
Paediatric uveitis - Pearls for diagnosis and management
Peter McCluskey (*Australia*)

Panelists: Peter McCluskey (*Australia*)

Hiroshi Goto (*Japan*)

Justine R. Smith (*Australia*)

Dear Friends and Colleagues,

It is my great honor and pleasure to invite you to join us at the 8th Asia Pacific Intraocular Inflammation Study Group meeting held in conjunction with the Global Ocular Inflammation Workshops in Sapporo, Japan from 28 - 30 June 2019.

With globalization and air travel, we see the inevitable influx of visitors and migrants from different nations into our cities and our clinics. Not only people, but also vectors and diseases, ever challenging our ability to make the appropriate diagnosis and to provide timely treatment for an increasingly diverse spectrum of infective and inflammatory conditions. Over the years, our case studies have been well received for their educational value, and this year, we have once again lined up more exciting cases for discussion. In addition, we have two invited talks on challenging topics - Paediatric uveitis and Masquerade Syndromes by our distinguished speakers.

I look forward to meeting you at the 8th Asia Pacific Intraocular Inflammation Study Group meeting, and hope that the conference will not only provide you with updates on current issues in uveitis, but also present opportunities for you to network with colleagues, meet old friends and to make new ones.

Soon-Phaik Chee, MD

President, APIISG

Treasurer, GOIW

Senior Consultant and Head, Ocular Inflammation and Immunology Service

Singapore National Eye Centre

The Ring: Bilateral ring fibrosis and retinal detachment in a 5-year old boy

Pia Regina E Galvante^{1,2,3}

¹DOH Eye Center, East Avenue Medical Center, Quezon City, Philippines,
²Far Eastern University-Nicanor Reyes Medical Foundation, Quezon City, Philippines,
³San Beda University College of Medicine, Manila, Philippines

We report a case of bilateral panuveitis in a young male presenting with ring-shaped traction retinal detachment and fibrosis.

A 5-year-old boy presented with leukocoria of the left eye. Best-corrected vision was 20/32, right eye and hand movement with good light projection, left eye. Slit-lamp exam of the right eye was unremarkable. Dilated funduscopy showed circular traction retinal detachment with fibrous traction membranes overlying the posterior pole. OCT of the right eye showed macular edema and traction. Slit-lamp exam of the left eye showed +4 cells and a white cataract obscuring the view of the posterior. Ultrasonography revealed traction membranes. Laboratory results were unremarkable except for elevated eosinophils and ESR levels. Patient was given prednisolone acetate eye drops every hour to the left eye. After 6 months of quiescence, patient underwent lensectomy with intraocular lens implantation, pars plana vitrectomy and endolaser of the left eye. Intra-operative findings showed the same circular traction retinal detachment and fibrous traction membranes as in the right eye. Vitreous samples were sent for PCR studies. Further serologic testing was performed to determine causative etiology.

Bilateral panuveitis occurs infrequently in children but is likely to cause severe visual impairment as a result of delay in diagnosis and a unique immunologic status and inflammatory response. Atypical presentations of common etiologies must always be considered. Prompt treatment is essential to avoid long term visual consequences in these cases.

Challenging cases on Ocular Tuberculosis

Fatma Asyari

Department of Ophthalmology, University of Indonesia, Jawa Barat, Indonesia

A case of long standing uveitis with very poor visual acuity of the only eye in a young woman will be reported. The presence of seclusio and oclusio pupil as well as complicated cataract makes it difficult to evaluate the posterior segment. As IGRA test was positive with no other signs of TB were detected, ATT was initiated and after cataract removal she regained her vision just enough to do her daily life.

A therapeutic challenge

Diem Quang Hong Vo

HoChiMinh city Eye Hospital, Ho Chi Minh city, Vietnam

Purpose: to describe clinical features of a case with bilateral advanced serpiginous choroiditis.

Methods: to review patient's data.

Results: at the time of diagnosis, FA was not done because short of fluorescein. Decision of anti-TB treatment is based on only fundus examination and positive IGRA.

Conclusions: it is not easy to decide anti-TB treatment with advanced serpiginous choroiditis.

Please save my only eye

Shelina Oli Mohamed

Hospital Shah Alam, Selangor, Malaysia

An unfortunate 23 year old Indonesian girl was referred for a recurrent right painful red eye with blurring of vision for one month. Her left eye was already blind following a similar complaint one year prior. She was told to have a severe infection in that eye then and had undergone an urgent retinal surgery in Malaysia to remove the pus in the eye. However, her vision drastically deteriorated following the surgery and the eye became blind. She was told that the right eye now had a similar infection as the left eye and she had again come to Malaysia for a second opinion.

Examination revealed a right visual acuity of 6/15 and the left was no perception to light. The right eye was red and inflamed with fine keratic precipitates and anterior chamber cells of 3 plus with a streak of hypopyon. The intraocular pressure was normal. Funduscopy showed grade 1 vitritis and a hyperaemic optic disc. There was a hyperpigmented elevated mass-like lesion at the periphery at 11 o'clock region. The retina was otherwise flat elsewhere.

Infective screening, TB Quantiferon test, septic workup, vitreous tap for viral PCR, gram stain and cultures were all negative indicating the likelihood of a non-infectious uveitis.

Infectious Posterior Uveitis

May Zun Aung Win^{1,2}

¹Yangon Eye Hospital, Yangon, Myanmar, ²Ophthalmology Department, University of Medicine (1), Yangon, Myanmar

The differential diagnosis of infectious posterior uveitis is broad. The more common infectious causes of posterior uveitis in Myanmar include syphilis, toxoplasmosis, tuberculosis, endogenous endophthalmitis, and viral causes.

A 26 yr old lady presented with acute painful loss of vision in right eye for a week associated with redness and floaters. No relevant other history for uveitis.

On examination, visual acuity on right eye was 20/25 and left eye was 20/20. IOP was normal in both eyes. There was medium size non-pigmented KP with anterior chamber cells 4+, vitritis grade 3 with vitreous haziness, and snow balls. There was also OD swelling, macular oedema, vasculitis, and focal retinitis with scarring.

Tailored up investigations for uveitis including mantoux, QuantiFERON TB Gold, serum IgG and IgM for toxoplasmosis were negative.

Patient has started antitoxoplasma treatment because there was severe vitritis, focal retinitis with scarring and toxoplasma was one of the commonest form of infectious posterior uveitis in Myanmar. A week later, there was no more pain with static vision so anterior chamber fluid tap for herpes virus 7 in one and toxoplasma PCR were requested. Three days later, anterior chamber uveitis was slightly resolved but vision dropped to 20/30 and there was more peripheral multifocal retinitis and new large focal retinitis.

In this presentation, the challenging case of infectious posterior uveitis case will be discussed extensively with differential diagnosis, definite diagnosis and outcome of treatments.

Invited Talk

Paediatric uveitis - Pearls for diagnosis and management

Peter McCluskey

Save Sight Institute Sydney Medical School University of Sydney, Sydney, Australia

This presentation will review the practical management for children with uveitis concentrating on uveitis associated with JIA and highlight how to apply the latest consensus recommendations from the SHARE initiative to everyday management of children with uveitis.