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Endogenous Endophthalmitis-The Royal Bournemouth Eye Unit real-life experience over the past 8 years (01/01/2016-31/12/2024)

Georgios Tsokolas, Aiman Jamal, Charalambos Tossounis, Owen Anderson, Non Matthews

Purpose: To describe our real-life experience with patients with endogenous endophthalmitis (EE) presenting at the Eye Unit of Royal Bournemouth Hospital over an 8-year period.

Materials/Methods: Retrospective study using data from our medical records from 01/01/2016 until 31/12/2024. Cases with previous ocular trauma, ocular surgery, primary corneal or orbital infection were excluded.

Results: 8 cases were identified. 7 out of 8 patients suffered from febrile illness and were already inpatients before developing ophthalmic symptoms. Predisposing risk factors included intravenous drug abuse (1 case), urosepsis (3 cases), endocarditis (2 cases), suboptimal diabetic control (1 case) and septic arthritis (1 case). Only 4 patients had positive blood culture (Klebsiella, Group B haemolytic streptococus, Candida and Staphylococus Aureus respectively). Ocular cultures were positive in only 2 cases (Klebsiella, Group B haemolytic streptococus respectively). Baseline Snellen visual acuity at presentation ranged from perception of light to 6/9. Final Snellen acuity ranged from no perception of light to 6/4. The mean number of round of intravitreal treatment was 1.6. All patients received prolonged systemic treatment 4 weeks. 1 patient required evisceration, and 1 patient died during his admission.

Conclusions: EE is an uncommon blinding condition associated with increased mortality rate, accounting for 2%-8% of all endophthalmitis cases. Due to its rarity, no unanimity in literature regarding the optimal management exists. Poor prognostic factors include poor baseline visual acuity, delayed recognition and increased virulence of the involved microorganisms. Accurate history taking may facilitate distinction from other types of uveitis. Prompt treatment may improve visual outcomes.

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Bilateral Macular Edema as a unique manifestation of late-onset Val30Met Transthyretin Amyloidosis

E. M. RODRIGUEZ-NEILA[1]
Ophthalmology, Hospital Juan Ramón Jiménez, Spain

Porpose:

To present a case of bilateral decreased visual acuity in a 64-year-old woman with a personal history of smoking 20 cigarettes/day and drinking 1 L of beer daily, without any other cardiovascular pathologies associated. And with unknown family history since she does not maintain contact with her relatives.

She presented blurred vision that had been going on for the last 6 months, with intense photophobia.

Methods:

We performed a complete examination. Her visual acuity was in right eye 0.3 and in left eye 0.2.

Biomicroscopy showed only cataract 1+ in both eyes.

Fundus did not show any significant findings.

IOP was 12 mmHg in both eyes.

In OCT, cystic macular edema and neurosensorial foveal detachment was detected in both eyes.

We performed Blue Autofluorescense and Fluorescein Angiography that showed papilar leakage and cystoid macular edema in both eyes.

Results:

Infectious, autoimmune and paraneoplastic pathologies were exluded after normal chest x-ray and blood tests.

An echo doppler study of supra-aortic branches was carried out, which showed no alterations. Neurophysiology studies were performed that did not suggest retinal dystrophy.

Since the patient is from an area where amyloidosis is endemic, we performed a genetic test that was positive in heterozygosity for the Val30Me mutation of the TTR gene.

Conclusions:

We attribute Val30Met mutation of the transthyretin gene as the cause of recurrent EMQ in both eyes. It would be a late-onset variant of Andrade`s Disease.

The patient received alternately several Ozurdex implants in both eyes, achieving anatomical and functional recovery but after several recurrences, it was decided to treat with Iluvien in both eyes, maintaining the response in a stable and satisfactory state without associating adverse effects except for cataract progression.

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Bilateral uveitis in a patient treated with a BRAF/MEK inhibitor – A case report

M Tepic Popovic[1], M Mavija[1], B Topic[1], B Markic[1]
Faculty of Medicine of the University of Banja Luka, Clinic for Eye diseases, University Clinical Center of the Republic of Srpska, Bosnia and Herzegovina

Purpose: To show a case of bilateral uveitis caused by the use of the drug combination Dabrafenib/Trametinib in the treatment of skin melanoma.

Methods: A patient diagnosed with melanoma of the skin on the back was treated surgically, and then due to enlarged inguinal lymph nodes, a combination of drugs Dabrafenib/Trametinib was included in the therapy. After 6 months from the start of the therapy, the patient notices a gradual decline in vision in both eyes.

Results: An ophthalmological examination revealed the presence of anterior uveitis in both eyes, with the development of posterior synechiae in the left eye. On the last segment, choroiditis was present in both eyes, with elevation of the RPE and neurosensory retinal detachment at the posterior pole. Trametinib was excluded due to ocular manifestations and continued treatment with Dabrafenib was recommended. After discontinuing Trematinib and with the local application of anti-inflammatory therapy, the inflammatory changes in the anterior segment of the eye gradually receded, and at the level of the choroid and retinal pigment epithelium only post-inflammatory RPE changes remaining. Conclusion: Dabrafenib and Trametinib are drugs used in combination to treat adults and children over 6 years of age with tumors caused by a specific BRAF V600E gene mutation, including melanoma, non-small cell lung cancer, and anaplastic thyroid cancer. One of the less common side effects of using a combination of these two drugs is uveitis and chorioretinopathy.

Key words: Dabrafenib, Trametinib, uveitis, choroiditis

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Long-term Management of Idiopathic Vasculitis with Cystoid Macular Edema: A Challeging Case

M. Silva[1], A.C. Pedrosa[1,2], J. Araújo[1,2], C. Oliveira-Ferreira[1,2], S. Torres-Costa[1,2], L. Figueira[1,2,3]

[1]*Department of Ophthalmology, Unidade Local de Saúde de São João, Portugal*
[2]*Department of Surgery and Physiology, Faculty of Medicine, University of Porto, Portugal*
[3]*MedInUP - Center for Drug Discovery and Innovative Medicines, Faculty of Medicine, University of Porto, Portugal*

Purpose
To describe a challenging clinical case of a patient with idiopathic vasculitis where Fluocinolone intravitreal Implant (Fai) was used with success when it was necessary to reduce the systemic immunosuppression.
Methods
The authors present clinical data, OCT and angiography images of a patient with a six year follow-up.
Results
We present the case of a 79-year-old man followed in the ocular inflammation department of São João Hospital, Porto, due to idiopathic vasculitis with a 6-year history. Initial presentation was dense bilateral vitritis, periferal perivascular sheathing and cystoid macular edema (CME), with visual acuity (VA) of 20/200 in the right eye and "hand movements" in the left eye. After excluding infectious and autoimmune causes, the condition significantly improved with oral prednisone (1mg/kg/day), leading to VA recovery within two weeks. However prednisone tapering to 10mg/day led to disease recurrence and thus subTenin triancinolone injection was performed and oral methotrexate (MTX) was started, with successful control of the inflammatory activity at a dose of 17.5mg/week. Two months later, the patient required dose reduction of methotrexate due to significant elevation of liver enzymes, which was associated with CME recurrence. To control CME, intravitreal corticosteroid injections were performed over 1.5 years. Finally, a 0.19 mg Fai (Iluvien®) was injected in each eye, and, since then, the patient has remained stable for two years, with a VA of 20/30 bilaterally.
Conclusions
In this case with long-term follow-up, Fai was effective, safe and prevented recurrences even when it was necessary to reduce the systemic immunosuppression therapy.

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Efficacy of ILUVIEN® in Treating Recurrent Macular Edema After Cataract Surgery: A Retrospective Study at CHEDV, Portugal

Vitor Miranda[1], João Alves Ambrósio[1]
Ophthalmology Department, Unidade Local de Saúde Entre o Douro e Vouga, Portugal

Purpose: To evaluate the outcomes of ILUVIEN® treatment in eyes with recurrent inflammatory macular edema following cataract surgery.

Methods: Eight patients (4 females, 4 males; mean age 79.25 ± 8.84 years) with baseline best-corrected visual acuity (BCVA) of 64.6 ± 15.4 ETDRS letters were included. The mean central foveal thickness (CFT) at baseline was 438.4 ± 92.5 µm. The mean macular edema duration was 1.6 ± 0.8 years. Before ILUVIEN®, 6 eyes had received intravitreal short action corticosteroid [triamcinolone and/or dexamethasone] injections (mean number 2.3 ± 1.6). The mean intraocular pressure (IOP) at baseline was 13.3 ± 2.4 mmHg, with 2 eyes using anti-hypertensive drops. Follow-up after ILUVIEN® treatment averaged 23.3 ± 13.4 months.

Results: At the last follow-up, BCVA slightly improved to 65.8 ± 20.0 letters (p0.05), while CFT showed a significant reduction to 288.1 ± 72.1 µm (p0.01). IOP remained stable (p0.05), with 2 eyes requiring ongoing anti-hypertensive drops. One eye experienced macular edema recurrence at month 30 and received a second ILUVIEN® implant. Another eye developed decreased BCVA due to an epiretinal membrane at month 6 and was initially treated with intravitreal triamcinolone and aflibercept, followed by vitrectomy with membrane peeling at 24 months.

Conclusions: ILUVIEN® is effective in managing recurrent macular edema after cataract surgery, significantly reducing edema and stabilizing visual acuity. Its long-lasting effects reduce the need for frequent treatments, making it a valuable option in challenging cases of recurrent macular edema.

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Bilateral uveitis post-faricimab, a case report.

A. Luque Gómez[1], N. Rubio[1], E. Casas Maroto[1]
Retina Unit, Hospital Universitario Infanta Cristina, Madrid

Purpose: to present the clinical case of bilateral anterior uveitis associated with faricimab and its management.

Methods: 85 year-old male presents to the emergency room with bilateral blurred vision three weeks after receiving bilateral intravitreal injection of faricimab.
Patient diagnosed with moderate diabetic retinopathy and bilateral exudative AMD with a partial response to ranibizumab, and loss of response to Aflibercept 2mg, which led to a switch to faricimab in both eyes.
On examination, the patient exhibits a decimal visual acuity of 0,3/0,2 (previous 0,4/0,2), endothelial deposits, anterior chamber Tyndall +++ in both eyes and vitreous Tyndall in the left eye.

Results: Given de high suspicion of bilateral acute anterior uveitis secondary to faricimab, topical corticosteroid treatment is initiated and anti-VEGF are suspended until inflammation is controlled, it being achieved 10 days later. A switch to a different anti-VEGF is decided. The left eye is treated with ranibizumab, considering that it previously showed an acceptable response. The right eye experiences worsening, therefor treatment with aflibercept 8mg is initiated. At the three-week follow up, significant improvement in cistoid macular edema is observed.

Conclusion: faricimab is a recently introduced drug used for AMD and DMO. Studies support its effectiveness and safety. However, the present case highlights the importance of patient monitoring after anti-VEGF injections to ensure early diagnosis of potential complications and their management. Aditionally, it has been proved that patients with loss of response to Aflibercept 2 mg may benefit from the 8 mg dose.

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West Nile retinopathy and OCT changes - case report

M. Vinkovic[1,2], M. Bogdan[3,4], D. Biuk[1,2], I. Maduna[1], A. Kopic[1,2]
[1]*Ophthalmology, Clinical Hospital Centre Osijek, Croatia*
[2]*Ophthalmology, Faculty of Medicine Osijek, Croatia*
[3]*Microbiology, Institute for Public Health Osijek-Baranja County, Croatia*
[4]*Microbiology, Faculty of Medicine Osijek, Croatia*

Purpose

To describe the clinical course of West Nile virus (WNV) chorioretinitis with longitudinal spectral domain optical coherence tomography (SD-OCT) and OCTA imaging

Methods

Case report. A patient with West Nile virus chorioretinitis was evaluated by color fundus photography, fluorescein angiography, SD OCT, OCTA and brain MRI.

Results

A 69-year-old man with diabetes mellitus presented with decreased vision of both eyes (OU) 2 weeks after being discharged from a local hospital. He had been treated for WNV meningoencephalitis, and he recovered systemically with supportive therapy. Ophthalmic examination revealed WNV chorioretinitis bilaterally, with predominantly foveal involvement. His best corrected visual acuity (BCVA) was 8/200 OD and 4/200 of the left eye (OS). Spectral domain optical coherence tomography revealed 2 distinct lesion types—the “classic” outer retinal lesion and an intraretinal lesion. Both lesions had associated disruption of the normal outer hyperreflective retinal layers on SD-OCT. Longitudinal SD-OCT over the ensuing 1 year revealed a gradual reconstitution of these layers, with BCVA concurrently improving to 20/60 OD.

Conclusion

We describe the consecutive findings seen on SD-OCT of retinal lesions in WNV chorioretinitis. The tomographic history of these lesions involved reconstitution of OCT deficits, with corresponding improvement in functional visual status. Imaging results demonstrate outer retinal and retinal pigment epithelial involvement with inner retinal layers edema as a consequence of neuroinvasive disease

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Risk Factors for Recurrence in Ocular Toxoplasmosis: A Retrospective Study

C. Rizzo[1], D. Bacherini[1], F. Giansanti[1], E. Pedrotti[2], G. Marchini[2], R. Micciolo[3], F. Bosello[2]
[1]*Department of Neurosciences, Psychology, Drug Research, and Child Health, Eye Clinic, University of Florence, AOU Careggi, Italy*
[2]*Ophthalmic Unit, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Italy*
[3]*Centre for Medical Sciences, Department of Psychology and Cognitive Sciences, University of*

Trento, Italy

Purpose:
To identify potential risk factors associated with the recurrence of ocular toxoplasmosis in patients treated at the University Hospital of Verona.
Methods:
A retrospective analysis of 86 patients treated between 1996 and 2023 was conducted. Of these, 43 completed treatment and follow-up. Clinical and demographic data were collected, and potential risk factors for recurrence were evaluated. Statistical analysis assessed associations between recurrence and factors such as sleep duration, psychological stress, pregnancy post-diagnosis, and treatment type.
Results:
During the follow-up period (average: 8 years), 21 recurrences were recorded, with a median recurrence time of approximately six years. The probability of recurrence after seven years was 58%. Sleep duration emerged as a significant protective factor, with patients sleeping 6–8 hours per night having a lower recurrence risk. No significant associations were found with gender, ethnicity, education, lifestyle factors, or immunological status. Moderate evidence suggested a link between psychological stress, lesion location, and pregnancy post-diagnosis, with women experiencing a threefold increased risk of recurrence after pregnancy. Regarding treatment, patients receiving trimethoprim-sulfamethoxazole showed a trend toward better final visual acuity compared to those treated with pyrimethamine, though the difference was not statistically significant.
Conclusions:
Sleep duration may play a protective role in reducing recurrence risk. Additionally, psychological stress and post-diagnosis pregnancy may contribute to recurrence. Trimethoprim-sulfamethoxazole treatment may offer better long-term visual outcomes, but further research is needed to confirm these findings.

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Optic disc oedema: Benign Idiopathic Hypertension, or active Birdshot Chorioretinopathy, who is it to blame?

Marina Soto-Sierra[1], María Dolores Sosa Domínguez[2], Roberto López Mancilla[3]
[1]*Uveitis section, Hospital Universitario Virgen Macarena, Spain*
[2]*Uveitis, Hospital Universitario Virgen Macarena, Spain*
[3]*Neuroophthalmology, Hospital Universitario Virgen Macarena, Spain*

Purpose
To present the case of a 52-year-old woman diagnosed with benign idiopathic hypertension and Birdshot Chorioretinopathy.

Methods
Complete examination that included: lumbar puncture, MRI scans, blood tests, fundoscopy, retinographies and OCT scans.

Results
At first evaluation, given the symptoms of headache, vision loss and bilateral optic disc oedema, a lumbar puncture was performed which confirmed an elevated cerebrospinal pressure. MRI scan ruled out the possibilities of tumour or vascular occlusion, hence the diagnosis of Benign Idiopathic Hypertension was made. Since vision loss did not improve despite medical treatment, she was referred to neurosurgery for a ventriculoperitoneal shunt. Although the surgery was successful, visual recovery was poor. Fundoscopy of both eyes revealed mild vitritis, round multifocal cream-coloured lesions, and persistent optic disc oedema. Given these results, blood tests were performed. Positivity of HLA A 29 confirmed Birdshot Chorioretinopathy. The patient was treated with immunosuppressive drugs with good response. After 8 months, visual acuity and optic disc oedema worsened in absence of other inflammatory findings. At this point, neurosurgery decided to adjust the valve to lower CSF pressure. The procedure led to an improvement of visual acuity and the resolution of the disc oedema.

Conclusions
Birdshot Chorioretinopathy can be hard to diagnose and control when other comorbilites such as Benign Idiopathic Hypertension are present. In these cases, working with a multidisciplinary team becomes essential for a better management of the disease.