รูปแบบม่านตาอักเสบในจังหวัดศรีสะเกษ

Pattern of Uveitis in Sisaket Hospital ,Thailand

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Abstract

This retrospective descriptive study was aimed at studying the pattern of uveitis in Sisaket Hospital, Thailand. This study was to review patient information from the medical records of 120 uveitis patients who visited Sisaket Hospital between June 2022 and July 2023. Data analyzed by a descriptive statistic for the variable was performed.

The result of this study, uveitis in 200 patients, includes 100 male cases (50%) and 100 female cases (50%); the mean average age was 54 years old. Anterior, intermediate, posterior, and panuveitis accounted for 150 (79%), 4 (2%), 4 (2%), and 34 (17%) of cases retrospectively. Idiopathic was the most frequent etiology, followed by non-infection and infection. The diagnosis of all patients was shown in the table. The most specific diagnoses were Vogt-Koyanagi-Harada (7%), HLA-B27-associated anterior uveitis (5%), herpes-associated anterior uveitis (3%), and Behcet disease (1%). Ocular complications were found in patients. Glaucoma was 27% (32), cataract 4% (5), band keratopathy 2% (2), corneal decompensation 2% (2), and epimacular membrane 1% (1).

Conclusion: The pattern of uveitis was the most idiopathic, VKH, and HLA-B27-associated anterior uveitis.

KEYWORDS: Uveitis, Pattern, Sisaket

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Introduction

Uveitis is a group of ocular disorders characterized by inflammation inside the eye, which can cause significant visual impairment[1], accounting for 5-10% off all legal blindness[1-2]. The etiology of Uveitis differs throughout the world because of various factors, including geographic and demographic. This study to report the pattern of uveitis in the Department of ophthalmology at Sisaket Hospital, Thailand.

Purpose

This study was aimed at studying the pattern of uveitis in Sisaket Hospital, Thailand.

Materials and methods

This study is a retrospective descriptive study. The population is all patients with uveitis visiting the Department of Ophthalmology, Sisaket Hospital, collected data from the patients records between June 2022 and July 2023. The study followed the tenets of the declaration of Helsinki and was approved by the Ethics Committee Sisaket Hospital. We include patient diagnosis Uveitis in Sisaket Hospital . Then we excluded patient diagnosis with post-operative endophthalmitis, traumatic endophthalmitis, Episcleritis, Scleritis, Peripheral ulcerative keratitis. Patient information was record from Clinical record, including age, gander, geographic data, laterality, anatomy diagnosis, type, etiology, course, activity of disease, and complication. Patient were anatomical classified to SUN criteria [2].The specific diagnosis was either confirmed or strongly suspected by clinical history, ocular finding, laboratory and ancillary tests . For the evaluation of visual impairment.

Statistical analysis

Data analyzed by a descriptive statistical for variable was perform.

Result

Finding that, there were 200 patients of uveitis, included were 50% male and 50% female. The mean age was 54 years. laterality in the study was shown unilaterality 74% (150), bilaterality 26% (52). Anatomy classification of 200 patients. Anterior uveitis was the most common at 79% (150). Panuveitis uveitis was found 17% (34), Posterior uveitis 2% (4), and intermediate uveitis in 2% (4). The clinical course of disease presenting with non-infectious 13% (26), infectious 3% (6) and idiopathic 84% (168), showed on table 1.

Table 1 Characteristics of patient by anatomical involvement

Anatomical involvement	No. of patient (%)
Anterior	150 (79%)
Intermidate	4 (2%)
Posterior	4(2%)
Panuveitis	34 (17%)
Total	200

The diagnosis of all patients was shown in Table 2. The most specific diagnosis were Vogt-Koyanagi-Harada (7%), HLAB27 associated anterior uveitis (5%),Herpes associated anterior uveitis (3%), Behcet disease (1%)

Table 2 Characteristics of patient by definite diagnosis

Diagnosis	No. of patient (%)
Idiopathic	168 (84%)
VKH	16 (7%)
HLAB27 associated Anterior uveitis	10 (5%)
Herpes associated Anterior uveitis	6(3%)
Bechet's disease	2(1%)

Ocular complications were found in patients. Glaucoma was 27% (32),cataract 4% (5), Band keratopathy 2% (2), corneal decompensation2% (2), Epimacular membrane 1% (1), showed on table 3.

Table 3 Complication of uveitis

Complication	No. of patients (%)
Glaucoma	52 (27%)
cataract	8 (4%)
corneal decompensation	4 (2%)
Band keratopathy	4 (2%)
Epimacular membrane	2 (1%)

Discussion

Our study provides the pattern of patients with uveitis in Siasaket hospital, Thailand. The result showed not different in gender. The mean average age was 54 years old, which is consistent with previous studies[3-12]. Majority of uveitis patients was in middle age range. The most common location of uveitis in this study was anterior (71%). Anterior uveitis was the most common

location reports published in central of Thailand, India, North Africa, Italy, USA. In this study, non-infectious etiology was common in panuveitis and anterior. Idiopathic etiology was common in intermediate uveitis. The most common identified diagnosis in this study was VKH which is same to report in Northestern of Thailand. Herpes uveitis was most infectious cause in this study. Central and southern report Herpitic uveitis and Chaigmai report CMV uveitis. VKH disease was common etiology in non infectious uveitis same in previous study in other region of Thailand[3-12].

Our study, the most ocular complications were Glaucoma (27%) fellow Cataract 4% but differented reports from central of Thailand, which had common complication from cataract.

In conclusion, Anterior uveitis was the most common presentation. Herpes infection was common infectious cause. Vogt-Koyanagi-Harada was the most common non-infectious cause. the most ocular complications were Glaucoma.

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