Comparison Of Screening Procedures In Hydroxychloroquine Toxicity.

Michael F. Marmor, MD

The study compared different screening procedures for hydroxychloroquine sulfate (Plaquenil) toxicity at different stages of damage. This article describes 10 referred patients with hydroxychloroquine retinopathy seen in 1 year and examined using the same battery of modern tests like 10-2 automated fields, multifocal electroretinography, spectral domain optical coherence tomography(SD-OCT) and fundus autofluorescence. All 10 patients used hydroxychloroquine for more than 6 years, and those with severe toxicity had been overdosed. Fundus examination findings were normal except for the patients with severe toxicity. All the patients showed parafoveal field loss, but this was sometimes subtle. Multifocal Electoretinography demonstrated parafoveal weakness in the milder cases. The SD-OCT cross sections showed parafoveal loss of the inner segment-outer segment cone outer segment tip lines at early stages of toxicity, progressing to parafoveal thinning of the outer nuclear layer and eventually to retinal pigment epithelium damage. There was a ring of autofluorescence in most patients. The results demonstrated that fields, mf ERG, FAF and SD-OCT can all detect damage at a relatively early stage of hydroxychloroquine toxicity, but it is not predictable as to which test will be most definitive any given individual. This makes a strong argument for using more than one modality routinely. The choice will depend on availability, the quality of the records and the experience of the examiner.

Duration of anti-tubercular therapy in uveitis associated with latent Tuberculosis: A case- control study.
Marcus Ang, A Hedayatfar, W Wong, S P Chee.

The study aim to evaluate the effect of the duration of anti-tubercular treatment on the recurrence of uveitis associated with latent tuberculosis. It was a retrospective review involving 182 patients and all of them had uveitis suggesting a tubercular cause with positive Tubercular skin test and excluded other causes of infectious and non infectious uveitis. All patients had a minimum follow up of 6 months. Clinical characteristics, treatment type, treatment duration and clinical response were recorded. The main outcome measure was the effect of ATT duration on the recurrence of inflammation. Patients who completed > 9 months ATT were less likely to develop recurrence compared with those not treated with ATT (p=0.027), however the difference between >9 months and 6 to 9 months treatment were not statistically significant. They found that being female was an independent risk factor for recurrence of inflammation for which they could not find any explanation. The authors concluded that patients with uveitis associated with latent TB treated with ATT of > 9 months duration were less likely to suffer from recurrences compared with those who received corticosteroids without ATT. Thus the authors recommended that patients with uveitis associated with latent TB with no known etiology other than LTBI to account for their uveitis, should be treated with ATT of at least 9 months. The authors admit the relative short duration of follow up as a limitation of their study. Ideally a randomized control study is required to confirm this hypothesis.

Delayed versus acute onset endophthalmitis after cataract surgery.
A R Shirodkar et al.

The study aim to report a large consecutive case series of patients who developed delayed- onset and acute onset endophthalmitis after cataract surgery. It was a retrospective case series of 118 patients treated for post operative endophthalmitis. All cases were culture proven. 26 delayed onset patients and 92 acute onset patients were included in the study. The presenting visual acuity was <5/200 in 31% of delayed onset and 89% of acute onset patients. Hypopyon was found in 46% of delayed onset patients and 80% of acute onset patients. The most frequent isolate was propionibacterium acne (11/26) in delayed onset and coagulase negative staphylococcus (57/92) in the acute onset cases. Patients with most frequent isolate achieved a visual outcome of >20/100 in 91% of delayed onset patients and 56% of acute onset patients. This study from a large tertiary care centre demonstrated that patients with delayed onset endophthalmitis generally presented with better initial acuities and visual outcomes and with less frequent Hypopyon than patients with acute onset endophthalmitis. Recurrence of infection was more commonly observed in patients with delayed onset post operative endophthalmitis. The study was limited by its small sample size, retrospective nature and variability between multiple physicians involved in the treatment of these patients.

Dr Reesha completed DNB from Little Flower Hospital and is currently doing fellowship in Medical Retina from Little Flower hospital, Angamali.