

Brief Review

Intra-ocular Tuberculosis: controversies regarding diagnosis and treatment

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Introduction

Tuberculosis (Tb) is a chronic bacterial infection caused by Mycobacterium Tuberculosis and is considered as one of the world's leading infectious causes of morbidity and mortality (WHO, 2016). Currently, the interest in TB has been renewed due to HIV pandemic and multidrug-resistant strains (Shakarchi, 2015).

Ocular Tuberculosis is defined as an infection caused by Mycobacterium tuberculosis inside the eye, in the external surface or around the eye (Shakarchi, 2015). Intraocular tuberculosis (IOTB) is the most common form of ocular tuberculosis and that, left untreated, can lead to significant morbidity and visual loss (Basu et al, 2014).

With non-specific signs and systemic associations, the diagnosis and treatment of

IOTB is still controversial with no existing guidelines. The aim of this brief review is to shed light on current practices and controversies regarding diagnosis and management of IOTB.

IOTB occurs mostly due to haematogenous spread of M. Tuberculosis from its primary sites (Shakarchi, 2015; Gupta et al, 2010; Albert et al, 2016). In rarer cases, it can occur due to direct ocular infection or due to hypersensitivity reaction to the distant site infection (Albert et al, 2016).

It can present as anterior, intermediate, posterior, or panuveitis, mostly bilateral but it can occur unilaterally as well (Shakarchi, 2015).

Posterior uveitis is the commonest presentation and it can happen as serpiginous choroiditis (focal or multifocal), choroidal nodules, choroidal granulomas, retinal vasculitis, neuroretinitis, endophthalmitis and panophthalmitis (Shakarchi, 2015). The anterior uveitis is generally granulomatous with mutton fat KPs, iris nodules & broad based PS.

The diagnosis and management of TB Uveitis is challenging because of a wide range of local clinical signs, no associated systemic signs and symptoms and lack of an agreed diagnostic

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