Clinical profile and treatment outcome of 103 cases of Vogt Koyanagi Harada (VKH) disease in a tertiary eye care centre in Eastern India

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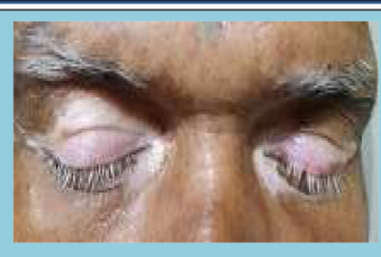
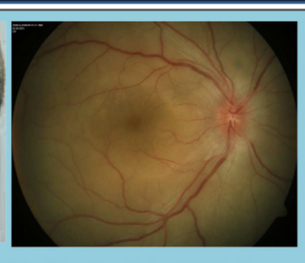
Financial interest- None

Background





- Vogt-Koyanagi- Harada (VKH) disease is a bilateral granulomatous panuveitis with ocular and extra ocular manifestations.
- Diagnostic criteria-
  - American Uveitis Society (AUS) Criteria
  - Sugiura's Criteria
  - Revised Diagnostic Criteria, 2001 by the International Nomenclature Committee into- (1) Complete VKH, (2) Incomplete VKH, (3) Probable VKH

To describe the clinical profile and treatment outcome of 103 cases of Vogt Koyanagi Harada (VKH) disease presenting to a tertiary referral eye care centre in Eastern India.

Patients and Methods

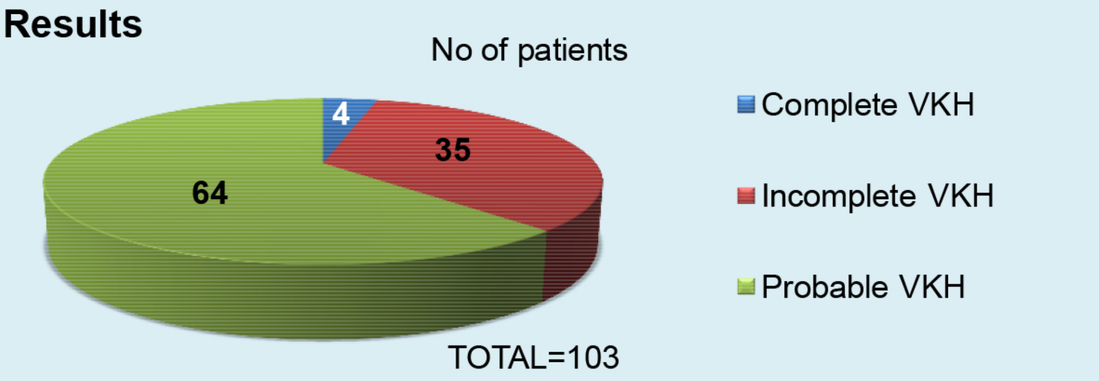
- Retrospective observational case series of **103 patients of VKH**
- Duration: January 2008 – December 2014

Diagnosed and **classified into complete, incomplete and probable VKH** based on the **revised diagnostic criteria for VKH disease**

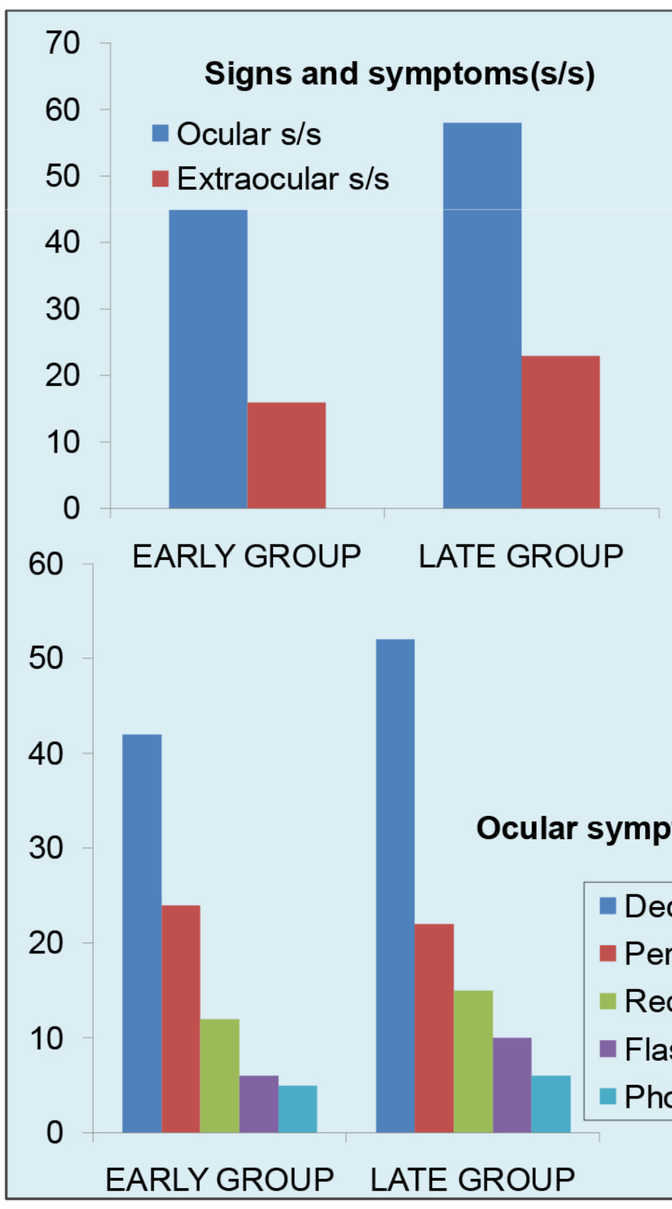
Patients presenting **within three months -'Early' group** and patients presenting **after three months -'Late' group**

- Age and gender
- Duration of complaint
- Presenting complaints
- Visual acuity, slit lamp and fundus features
- Ancillary investigations
- Treatment and visual outcome
- Complications and their management

Results



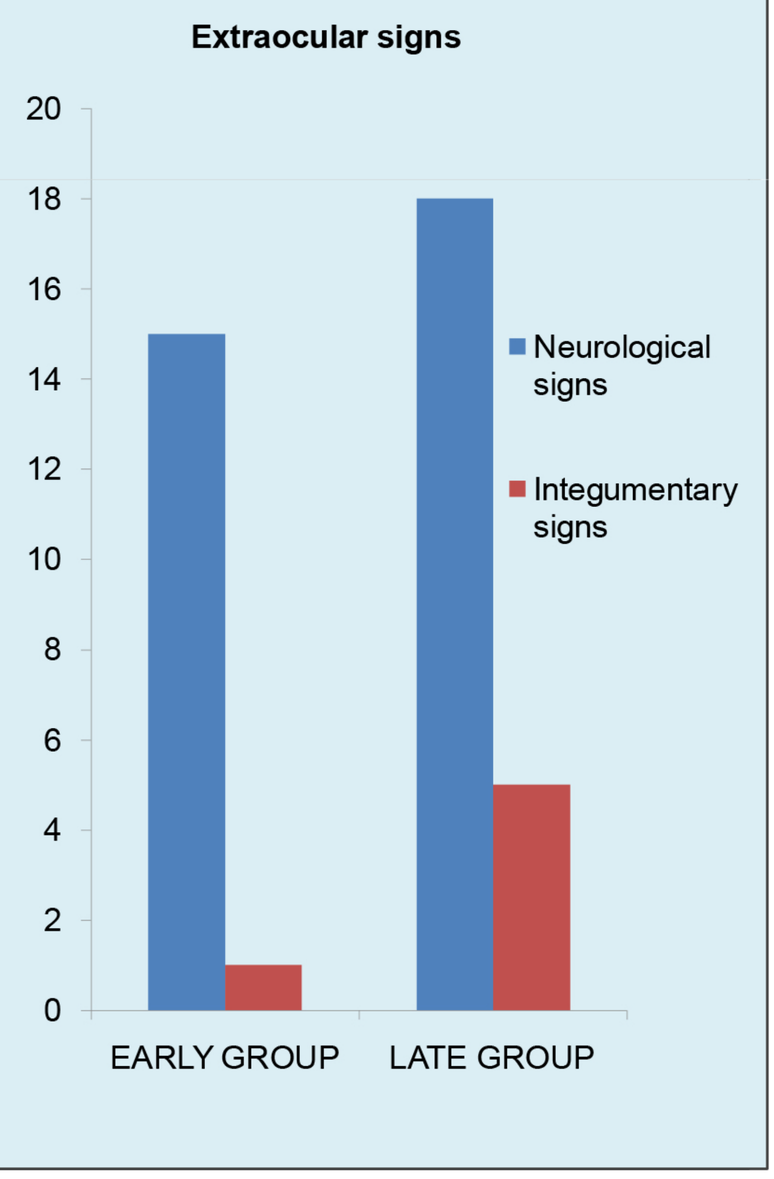
EARLY (<3 MONTHS)			LATE (>3 MONTHS)	
45			58	
Complete	Incomplete	Probable	Incomplete	Probable
4	12	29	23	35



	EARLY GROUP	LATE GROUP
Age : Mean +/- SD	34.8 +/- 11.2	34.08+/- 11.6
Sex Ratio (Female : Male)	1.81 : 1	1.33 : 1
Duration of complaints (Mean)	30.84 days	943 days
Duration of followup (Mean)	705 days	835 days

SLIT LAMP FEATURES	EARLY GROUP	LATE GROUP
AC reaction	53	66
Vitreous cells	63	55
Keratic precipitates	15	28
Complicated cataract	7	33
Pigments on endothelium	5	15
Posterior synechiae	5	23
Seclusio/ occlusio pupillae	2	20
Peripheral Anterior Synechiae	1	9
Shallow Ac	3	1

FUNDUS FEATURES	EARLY GROUP	LATE GROUP
Optic disc hyperemia	34	12
Serous Retinal Detachment	29	13
Sunset glow fundus	4	30
Depigmented chorioretinal scars	4	13
Pigment clumps	1	20



Therapy and Outcome

TREATMENT	EARLY GROUP	LATE GROUP
Topical steroids	40	60
Posterior subtenon steroids	6	4
Intravenous methyl prednisolone (IVMP)	28	12
Oral steroids	41	39
Azathioprine	31	25
Mycophenolate mofetil	0	1
Topical antiglaucoma	3	4

VISUAL OUTCOME	EARLY GROUP		LATE GROUP	
	Worse eye	Better eye	Worse eye	Better eye
Initial BCVA (LogMar)	0.869	0.670	1.132	0.564
Final BCVA (LogMar)	0.298	0.27	0.783	0.604
Change in VA	0.571	0.400	0.329	-0.039
P value (paired t test)	0.00001	0.00005	0.00284	0.730

COMPLICATIONS	EARLY	LATE
Reactivation	19	26
Cataract	7	23
Elevated IOP	5	15
Cystoid macular edema	2	2
Macular scar	1	4
Choroidal neovascular membrane	0	4
Band shaped keratopathy (BSK)	0	1
Lamellar macular hole	0	2
Hypotony	0	1
ERM	0	1
Optic atrophy	0	2

MANAGEMENT OF COMPLICATIONS	EARLY	LATE
Phaco + IOL under Steroid cover	4	22
Antiglaucoma drugs	4	12
YAG PI	2	8
Trabeculectomy +MMC under steroid cover	0	1
Phaco+IOL+ Trabeculectomy +MMC under steroid cover	2	2
BSK removal	0	1
Injection Anti Vegf	0	3
Injection Dexamethasone	0	1

Comments

Parameters	OUR STUDY	Peizeng Yang et al	S V Mondkar et al
Year of study	2015	2007	2000
Study population	Indian	Chinese	Indian
Sample size	103	410	87
Most common form	Probable VKH	Complete VKH	Not done
Gender predilection	Females	Males	Females
Mean age at onset	34.4 years	35.2 years	Range 10-70years
Mean duration of follow up	25.67 months	11 months	15.8 weeks
CSF examination	Not done	4 patients	Not done
HLA-DR4 and HLA-DRw53 genotyping	Not done	283 patients	Not done
Extraocular symptoms	37.86%	85.10%	64%
Most common Anterior segment feature	Anterior uveitis	Anterior uveitis	Anterior uveitis
Most common fundus feature	Early- disc hyperemia >exudative RD	Early-Exudative RD>Disc edema	Total or partial exudative RD
	Late- sunset glow fundus	Late- sunset glow fundus	
Drug treatment	IVMP, Oral Steroids, Azathioprine	Oral Steroids, Cyclosporine, Chlorambucil	Oral steroids , Azathioprine
Most common complication	Complicated cataract> raised iop	Complicated cataract> raised iop	Complicated cataract> raised iop

Conclusions

- Probable VKH - most common subtype of VKH disease.
- Early presentation -better outcome.
- Steroids (IVMP, Oral, Posterior subtenon's and Topical) and immunosuppressive drugs - mainstay of treatment.
- VKH disease may result in substantial visual impairment. Individual tailored treatment protocol and complication management are keys to good visual outcome .