Vogt-Koyanagi-Harada disease in Children

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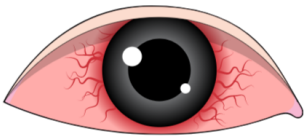
Background: To describe the prevalence, clinical characteristics, and role of immunosuppressive therapy in visual outcome of pediatric Vogt-Koyanagi-Harada disease (VKH) seen at an uveitis referral center in South India.

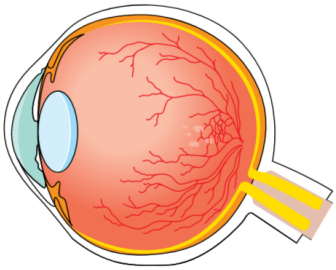
Patients & Methods: This was a hospital-based retrospective, interventional case series that reviewed the files of all consecutive patients with VKH. All patients with probable VKH disease, less than 18-year of age, who were seen by the Uvea Clinic at a tertiary eye-care hospital between January 2004 and December 2014 were included in this study.

Result : Of 368 patients receiving a diagnosis of VKH during the study period, 20 patients (5.4%) were below 18 years of age. Two patients were excluded because of insufficient follow-up and one patient for inadequate documentation. One additional case was excluded for concomitant diagnosis of Behçet disease. Rest of the 17 patients were included in the current study.



Anterior Segment

AC reaction 24 (70.6%)
KPs 11 (32.4%)
Angle Closure 2 (5.8%)
Synechiae11 (32.4%)



Posterior Segment

SRF 16 (47%)
Exudative RD 10 (29.4%)
ONH swelling 7(20.6%)
Vitritis 17 (50%)

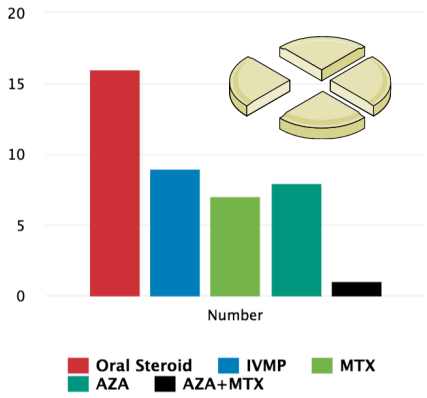
Laterality
100% Bilateral

Mean Age
14.9 ±2.9 (5-18) years

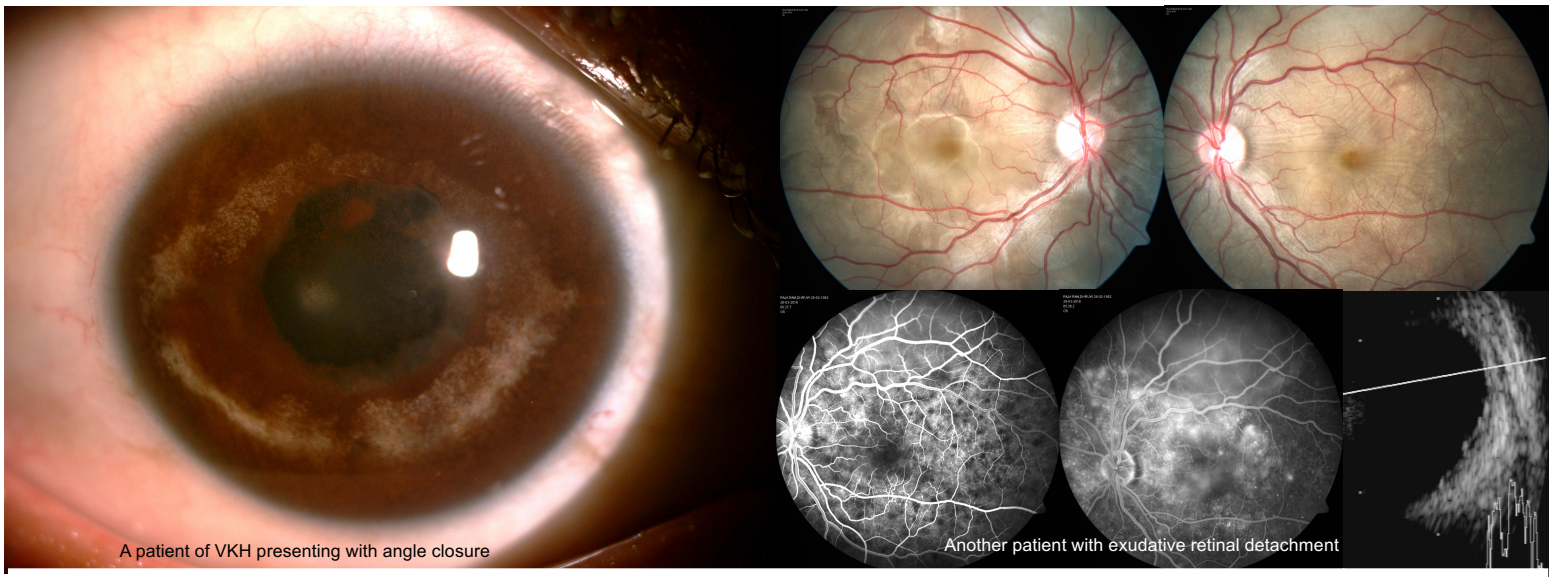
Age of first attack
13.1 ± 3.8 years

Systemic Signs
Hearing disturbance 3(17.6%)
Patchy Hair loss 1(5.9%)
Vitiligo (white patch) 1(5.9%)

Treatment details



Eleven eyes (32.4%) developed cataract during the follow-up period and 8 of them required surgical intervention (23.5%). Rise of IOP was observed in 8 (23.5%) eyes and all managed with anti-glaucoma medications. Two eyes (5.8%) developed intractable hypotony. *None of the patients in current study found to develop subretinal fibrosis.*
There was over all increase in mean best corrected visual acuity of the patients following treatment. Cohort with patients receiving azathioprine had increase in BCVA from 0.30 log MAR to 0.029 (P=0.001) and Cohort with methotrexate 1.213 to 0.738 (P=0.124)



Conclusions: VKH is a rare, but vision-robbing cause of childhood uveitis. If treated early and effectively, the prognosis of the disease is usually favorable. Though the course of the disease tends to be aggressive, rapid control of inflammation with effective medications are useful. Use of immunosuppressives have been found to be associated with less vision-robbing complications like subretinal necrosis

Abbreviation used: *AC= Anterior chamber ; KP = Keratic precipitates; SRF= Subretinal fluid; RD= Retinal Detachment; ONH= Optic nerve head; IVMP= Intravenous methyl prednisolone; MTX= Methotrexate; AZA= Azathioprine; VKH = Vogt-Koyanagi-Harada disease*