

PEDIATRIC UVEITIS: CLINICAL CHARACTERISTICS IN 107 CHILDREN

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Background: Uveitis is less common in children than in adults and its diagnosis and management can be challenging. We aim to report on the clinical characteristics, etiology, uveitis types, visual outcome and clinical course of uveitis in a cohort of 107 children.

Patients & Methods: Retrospective cohort study. Medical files of children (≤18 years) treated at the uveitis service of 2 tertiary referral centers were reviewed

Results: Included were 107 children (55% females), 182 eyes (in 70% bilateral disease).

Table 1: Demographic Features

Total n# of patients	107	
Gender (F:M)	55%:45%	
Mean age (±SD) at uveitis diagnosis	8.8 years (±4.4)	
Mean time (±SD) from diagnosis to presentation	2 (±4) months	
Bilateral disease	70% of eyes	
Preschool age group (< 6 years)	31 (29%)	Females 77%
Early school age group (6-10 years)	36 (34%)	Boys 72%
Late school age groups (11-18 years)	40 (37%)	Females 63%

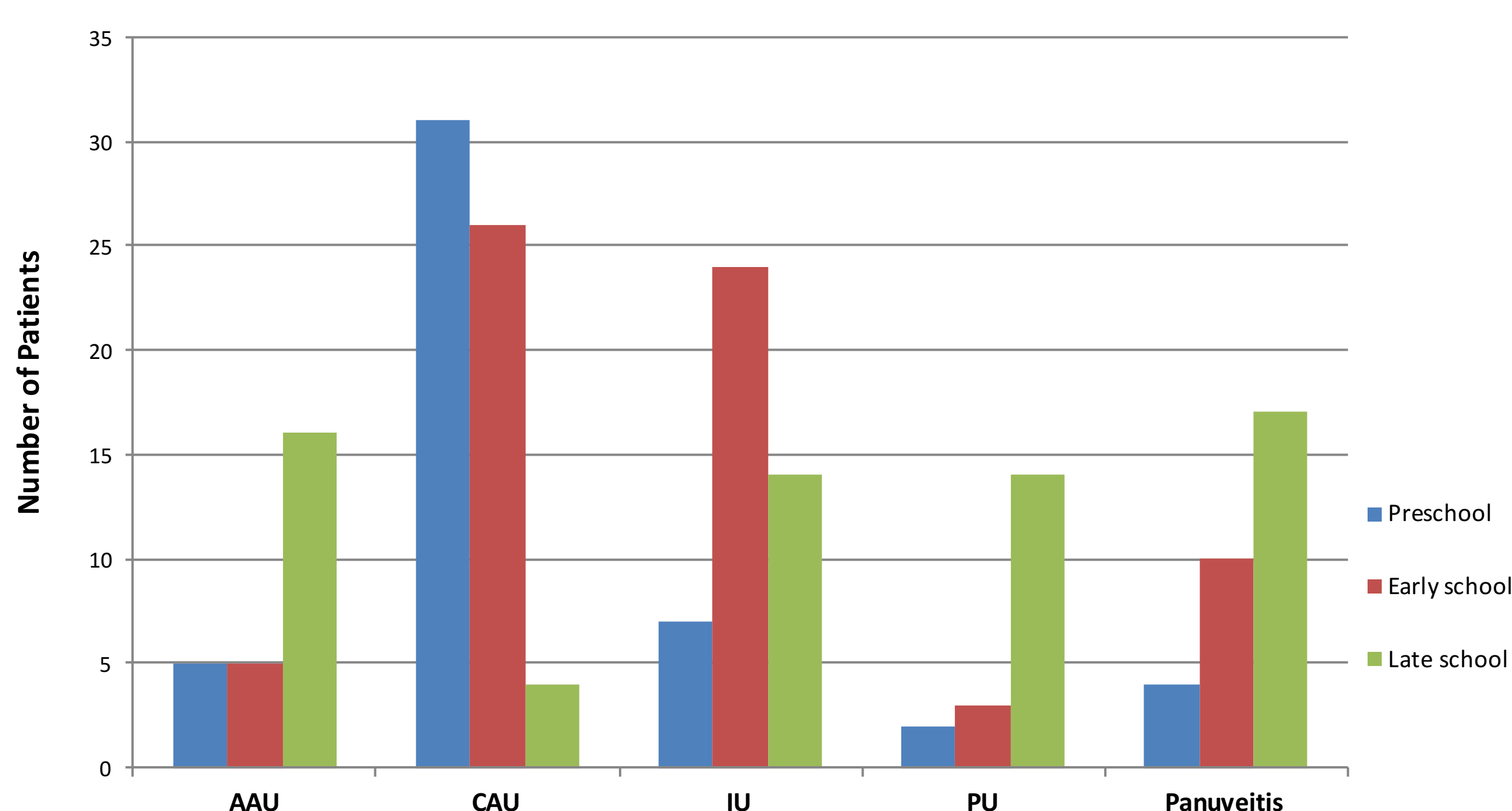
Table 2: Anatomical Types and Course

Anterior uveitis (AU)	48%
Intermediate uveitis (IU)	25%
Posterior uveitis (PU)	10%
Panuveitis	17%
Chronic uveitis	65%
Acute uveitis	24%
Recurrent uveitis	11%

Table 3: Etiological Types

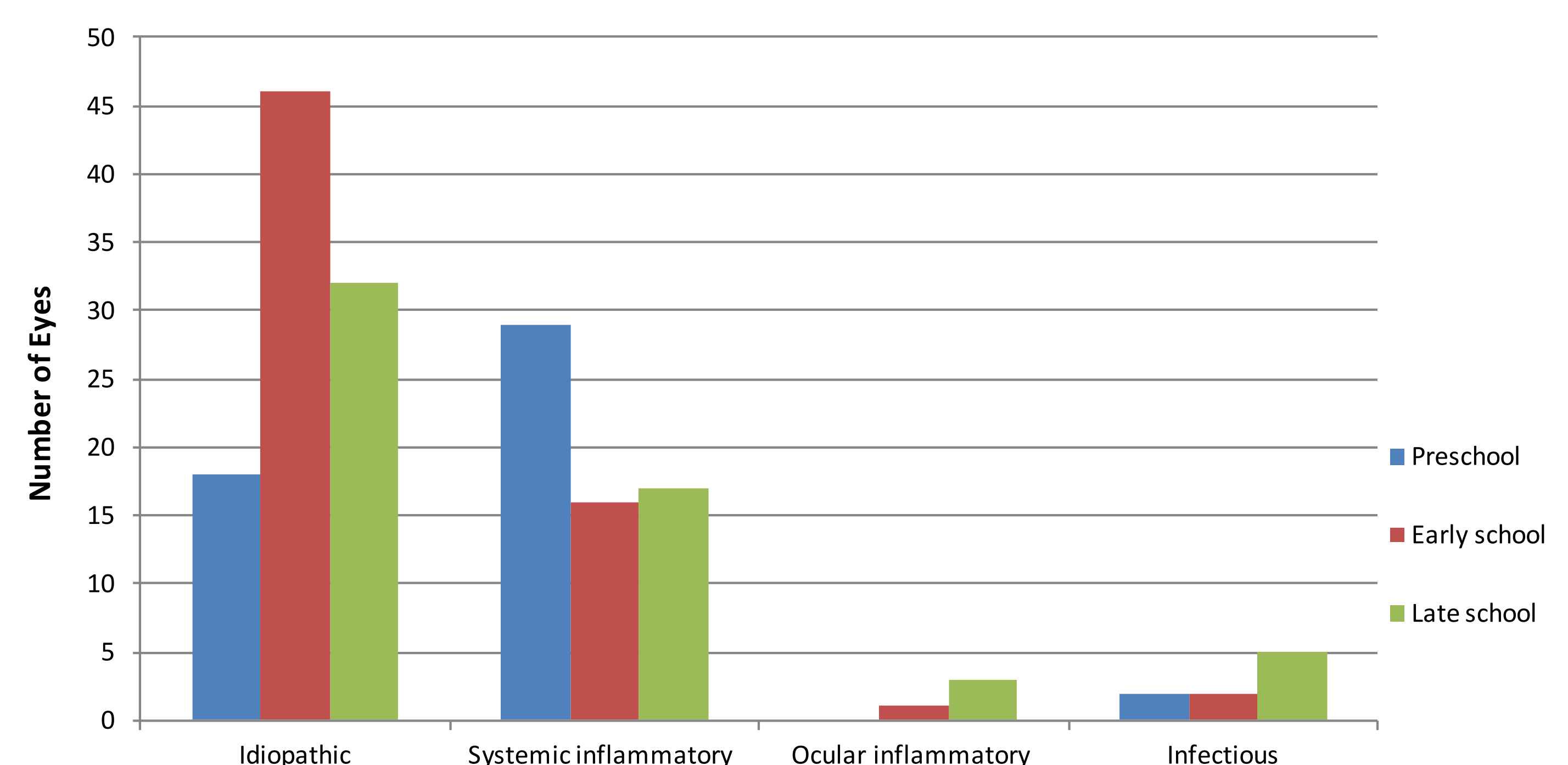
Idiopathic	56%	
Systemic inflammatory disease	36%	JIA, BD, TINU, Psoriasis, Sarcoidosis, HLA-B27 spondyloarthropathy, Crohn's disease
Infectious	5%	Toxoplasma, CSD, CMV anterior uveitis
Ocular inflammatory condition	2%	FHIC, PIC, MEWDS

Figure 1: The different anatomical types with relation to the age group



CAU is predominantly seen in preschool age group (63%), IU in early school age group (35%). AAU, PU and panuveitis are mostly seen in late school age groups

Figure 2: The different etiological types with relation to the age group



Uveitis secondary to systemic inflammatory disease is mostly seen in preschool children (59%), idiopathic uveitis in early school children (71%), infectious uveitis and uveitis secondary to ocular inflammatory conditions are seen in late school children

Figure 3: Visual Acuity in the different Etiologies

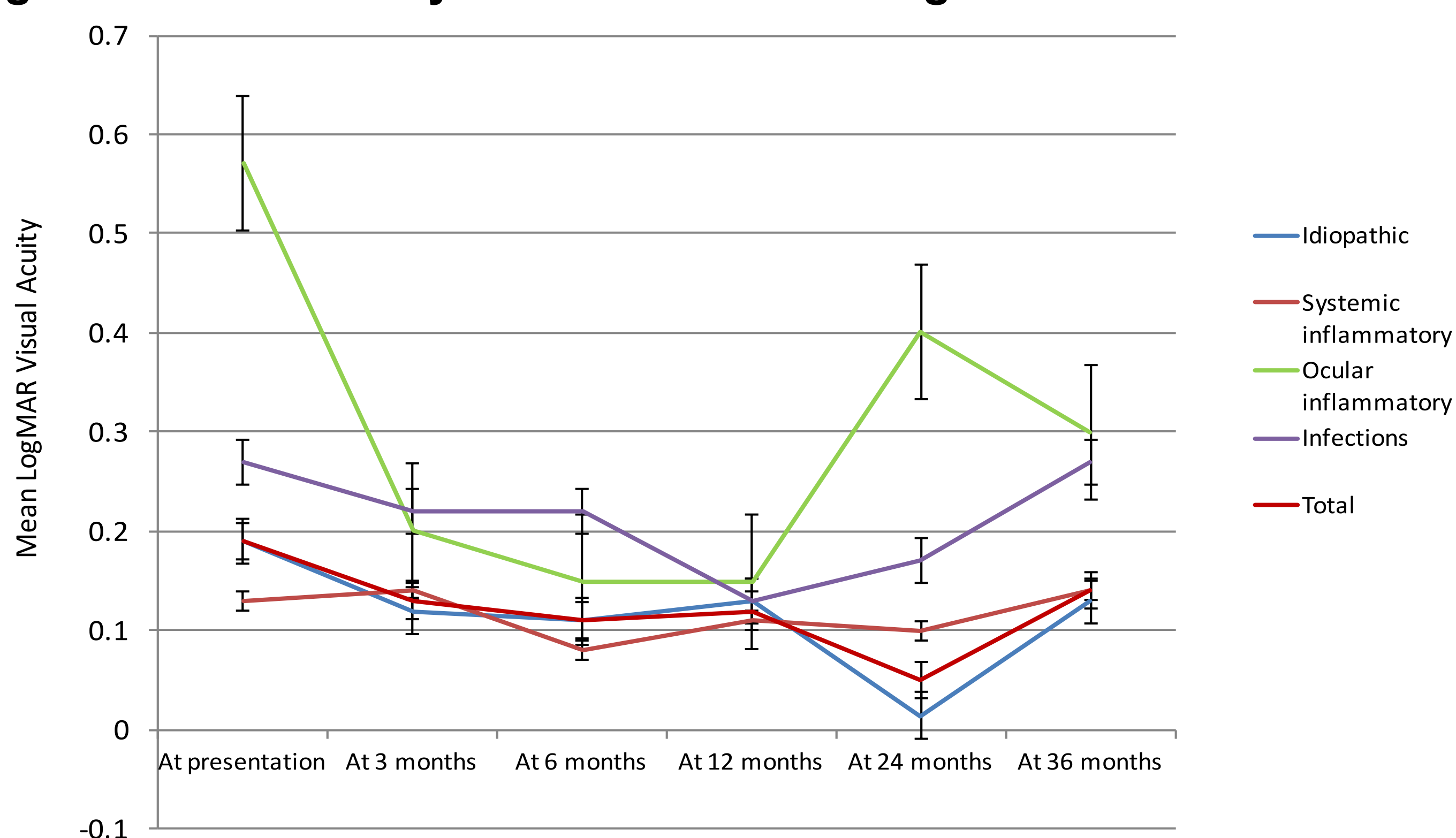
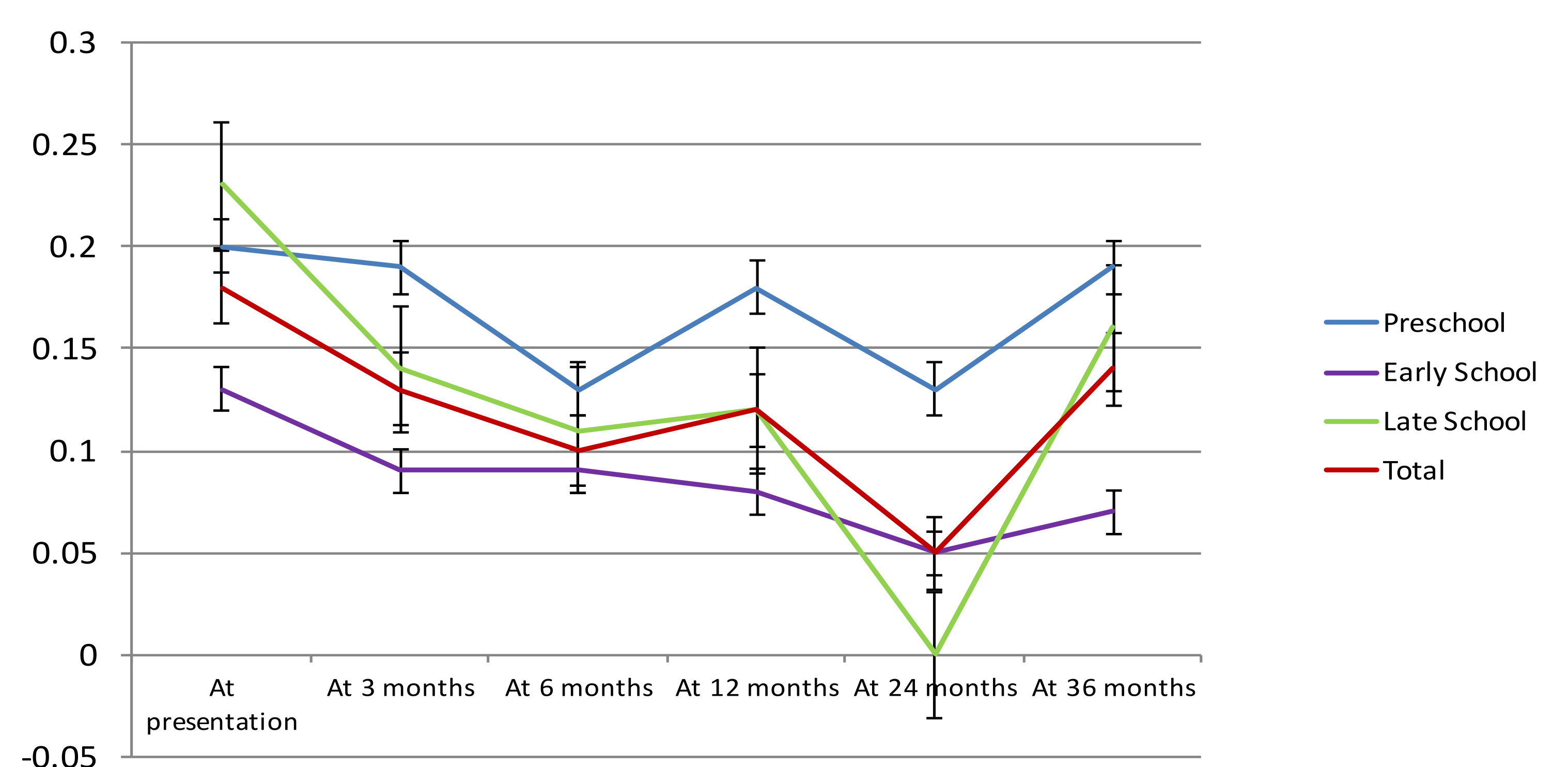


Figure 4: Visual Acuity Outcomes in the different Age Groups



Comments: Pediatric uveitis was predominantly bilateral (70%), chronic (65%), idiopathic (56%) and mostly anterior (48%). Female predominance was seen in preschool and late school age groups, while male predominance was seen in early school age group. Eyes with idiopathic uveitis and uveitis secondary to systemic inflammatory diseases had the best VA, whereas eyes with ocular inflammatory conditions and ocular infections had worse VA at presentation.

Conclusions: Prompt referral to a uveitis specialty service is of utmost importance for pediatric uveitic cases as ocular complications may be encountered at presentation due to the occult nature of the inflammation. However, good visual acuity is preserved in most of the eyes.