

CHRONIC BILATERAL NONGRANULOMATOUS ANTERIOR UVEITIS AND UVEITIC GLAUCOMA REQUIRING TREATMENT WITH NONCORTICOSTEROID IMMUNOMODULATORY AGENTS

Jennifer E Gipp

Gundersen Health System, USA

The term uveitis refers to group of conditions characterized by intraocular inflammation affecting not only the uveal tract, but also the lens, vitreous, optic nerve, and retina. Although corticosteroids have been the standard for treating noninfectious uveitic flares, corticosteroid-related complications including cataract formation and development of secondary glaucoma are a major concern for patients and in some cases, treatment with topical corticosteroids alone is not effective in controlling intraocular inflammation. This case report discusses a 48-year-old Caucasian female with idiopathic bilateral nongranulomatous anterior uveitis and uveitic glaucoma. Despite a family history of autoimmune disease and two sisters with Crohn's disease, the patient's ESR, CBC, BUN, creatinine, ANA, ANCA, RF, ACE, TPPA, HLA-B27 Lyme Titer, Urinalysis, Urine Beta-2 Microglobulin were all negative. The patient's chronic bilateral nongranulomatous uveitis could not be controlled with topical corticosteroids alone, and co-management with Rheumatology was required. Control of uveitis was finally obtained with systemic treatment using methotrexate with folic acid and adalimumab in addition to topical corticosteroids. The patient's uncontrolled uveitic glaucoma required an Ahmed valve OD, which had to be repositioned and a Baerveldt Glaucoma Drainage Implant OS, which required tube recovery in addition to topical glaucoma medication. Alternative, more targeted therapies will be discussed in this case report using information from the VISUAL I and II studies regarding the use of Adalimumab and the Fundamentals of care for Uveitis (FOCUS) Initiative which addresses the treatment of non-infectious uveitis with noncorticosteroid immunomodulatory agents. This case reports demonstrates the importance of collaboration with Rheumatology in cases of uveitis that is unresponsive to topical corticosteroid treatment in order to help patients obtain control over uveitic flares, reduce the risk of vision loss from uveitic glaucoma and improve the overall quality of life..

jegipp@gundersenhealth.org