UVEITIS GRAND ROUNDS - 09

Saturday, November 09, 2024

CEST 1 PM | Japan 9 pm | Australia 10 pm | USA East Coast time 7 am | India 5:30 pm

Dear Friends,

Viral anterior uveitis can lead to elevated intraocular pressure, iris atrophy, and corneal involvement. Ranging from herpes zoster to cytomegalovirus to herpes simplex, these viruses cumulatively account for 5- 10% of uveitis cases in the Western world. The clinical course is influenced by host immune status and genetic factors as well as the viral type. In addition to key clinical exam findings, PCR testing of aqueous humor from an anterior chamber paracentesis is helpful for diagnosis. Antiviral therapy with topical corticosteroids remain the mainstay of treatment, but monitoring for local and systemic toxicities are needed.

Vishali Gupta Marc de Smet John Kempen
Reema Bansal Alejandra de-la-Torre Meghan Berkenstock

Speakers & Discussants


Massimo Accorinti


Elisabetta Miserocchi


Radgonde Amer

Herpes Anterior Uveitis: Case Based Approach

Thematic Lecture

Practical Tips in Management of Ocular Herpes Anterior Uveitis — 20 Min
Massimo Accorinti, Consultant in Uveitis, Bietti Foundation Research Institute, Rome, Italy

Case Presentation

Case 1: Typical : Matteo Menean — 15 Min
- Discussant: Elisabetta Miserocchi
- Affiliation : Associate Professor, Faculty of Medicine of Università Vita-Salute San Raffaele, Milano, Italy

Case 2: Atypical : Neofytos Mavris — 15 Min
- Discussant: Radgonde Amer
- Affiliation : Associate Professor, Consultant in Uveitis and Medical Retina, Department of Ophthalmology, Hadassah Medical Center, Jerusalem, Israel

Case 3: Uncontrolled Glaucoma : Daniele De Geronimo — 15 Min
- Discussant: Massimo Accorinti
- Affiliation : Consultant in Uveitis, Bietti Foundation Research Institute, Rome, Italy

Controversies — *25 Min*

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