Editorial

In this issue, an article by Puri et al on 'Diseases and drug related ocular complications of tuberculosis' is presented [1]. One must be aware of these side effects and also of ocular tuberculosis. Tuberculosis is the most common single cause of morbidity and mortality worldwide, causing nearly 3 million deaths each year [2]. Most of the patients of intraocular tuberculosis fall in the category of uveitis. The most common clinical presentation appears to be posterior uveitis, followed by anterior uveitis, panuveitis and intermediate uveitis. Serpiginous choroiditis, neuroretinitis and sub-retinal abscesses are new entities considered to be cause of intraocular tuberculosis [3]. Diagnosing intraocular tuberculosis is not straightforward as there are variations in clinical presentations and no clear cut diagnostic criteria. Several diagnostic tests are ordered before we reach to the exact diagnosis. Gupta et al [4] have proposed guidelines for the diagnosis of intraocular tuberculosis in which they have divided the cases into two groups, confirmed cases and presumed intraocular tuberculosis. Apart from the clinical presentation mentioned above, ocular investigations like demonstration of AFB or positive PCR from ocular fluid. Systemic investigations like Mantoux test, evidence of healed or active tubercular lesion on X-ray chest or confirmed active extra-pulmonary tuberculosis are required. Tests for exclusion of other uveitic entities like serology for syphilis, toxoplasmosis etc. should be done. A positive therapeutic response to 4 drugs ATT (isoniazid, rifampicin, ethambutol and pyrazinamide) over a period of 4 to 6 weeks may be tried. The guidelines suggest that therapeutic trial with single drug isoniazid should be avoided due to risk of development of resistance. In nut shell, we have to remember that there should be a high index of suspicion of ocular tuberculosis in entities mentioned above to clinch the diagnosis.

References

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3. Gupta V,Gupta A, Rao Narsing A. Intraocular tuberculosis: An update. Surv Ophthalmol.2007; 52: 561-587.
4. Gupta A, Gupta V: Tubercular posterior uveitis. Int. Ophthalmol Clin.2005; 45: 71-88.

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