



## Delayed Acceleration of severity in Anterior uveitis associated with Spondyloarthropathy

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### I. INTRODUCTION

Anterior uveitis is known to be the most common form of intraocular inflammation. Patients who are diagnosed to have any form of spondyloarthropathy (Ankylosing spondylitis, Psoriatic arthritis, reactive arthritis or Inflammatory bowel disease) are prone to episodes of acute anterior uveitis (AAU). These flares are generally treated with topical steroid eye drops with the dosage and frequency of administration based on the severity determined on slit lamp evaluation in the clinic.

We are reporting a phenomenon whereby patients with any form of spondyloarthropathy may experience a mild flare that does not respond in the expected manner to appropriate steroids. Instead, inflammation worsens and may require injections or oral steroids to bring the flare back under control. We performed a chart review to investigate

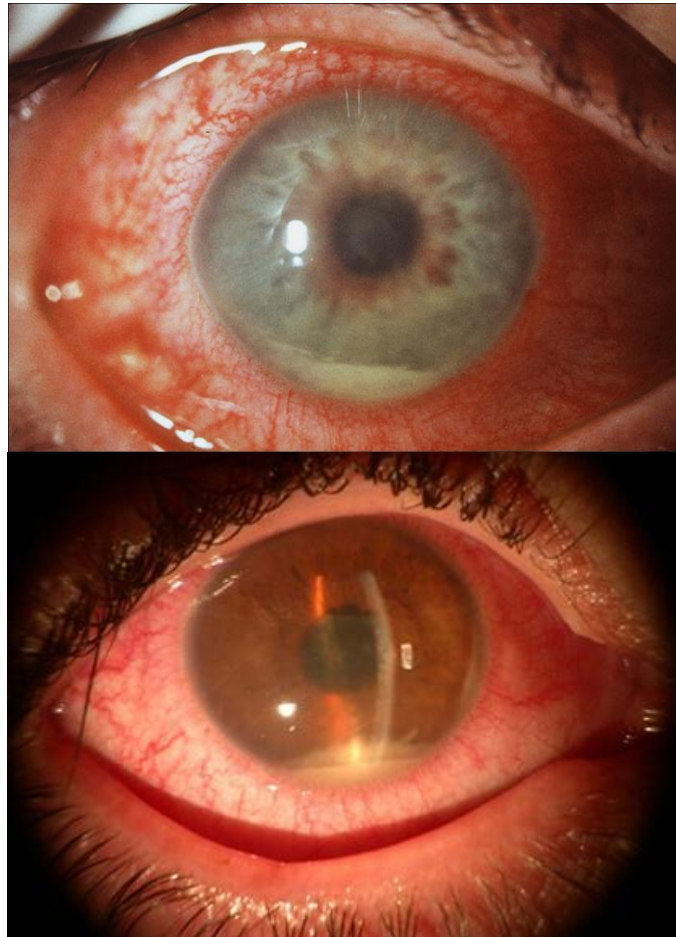
the phenomenon whereby mild flares in these patients become more severe despite topical steroid treatment.

### II. METHODS

Patients included in this study were evaluated in a tertiary health center. Inclusion criteria were patients diagnosed to have Ankylosing spondylitis, Psoriatic arthritis, reactive arthritis or Inflammatory bowel disease who sought treatment for acute anterior uveitis. The clinical records were evaluated to identify Uveitis flares where the subsequent examinations documented worsening of uveitis despite treatment with topical steroids. This was based on the SUN criteria which is given in table-2. Patients were excluded if they were diagnosed with any other significant ocular inflammatory conditions.

Table 1 Demographics

Gender	Male	6	50%
	Female	6	50%
Age of onset	Youngest	20	
	Oldest	65	
	Mean age	42.4	
	>60	2	
	Mean number of flares	1.7	
	No other flares	5	41.6%
	Immunomodulatory therapy	1	8.3%
	Oral prednisone	1	8.3%



**Table-2** SUN Criteria for Anterior Chamber Inflammation

GRADE	COUNT OF CELLS IN FIELD	FLARE DESCRIPTION
0	<1	NONE
0.5+	1-5	
1+	6-15	FAINT
2+	16-25	MODERATE(CLEAR IRIS DETAILS)
3+	26-50	MARKED(HAZY IRIS DETAILS)
4+	>50	INTENSE(FIBRIN OR PLASTIC AQUEOUS)

### III. RESULTS

There were 78 cases registered out of which 12 eyes of 12 patients were found to show delayed acceleration. The average interval from presentation was 9 days. The phenomenon

exhibited no gender predilection consisting of 6 males and 6 females with the mean age of 42.4 years. Out of the 12 only 1(8.3%) was on immunomodulatory therapy and another patient (8.3%) was on oral prednisone. Patients had a mean



number of flares of 1.7 and 5(41.6%) had no other flares. None of the other flares due to other inflammatory conditions exhibited the delayed inflammatory acceleration.

#### IV. DISCUSSION

- Uveitis associated with Spondyloarthropathies are autoimmune disorders, characterized by a deviant response to the immune system.
- Such arthropathies are often associated with HLA- B27.
- Positivity to the HLA-B27 antigen also seems to imply higher levels of TNF [1] in the aqueous humor of patients with active uveitis.
- This Chemical mediator may be the reason of delayed acceleration seen in such patients.
- However the exact pathogenesis of this phenomenon is still under debate.
- Our study concluded that 15.3% of patients of spondyloarthropathy showed delayed acceleration of uveitis.

#### REFERENCE

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