



UVEITIS SOCIETY OF INDIA NEWSLETTER

June 2018

Dear Members of the Uveitis Society of India,

I hope you found our March newsletter to be informative on all things USI. I continue to encourage everyone within the society to actively contribute content to this newsletter, as we would like to increase member engagement.

Content can vary from photos from conferences/meetings that were attended by USI members, notification of Uveitis studies and publications, upcoming events that may be of interest, members' corner, and suggestions to improve member engagement through this newsletter. This newsletter really is an open mic for your voice.

This June update is fairly short, but please do check the list of publications that were put out since March at the end of this newsletter. This update also features Eye Advance 2018, a reminder for USICON 2018, and a section on "Ocular Toxoplasmosis - Treatment pearls in Pregnancy".

Thank you for your interest and see you again in September.

Best Wishes,
Manohar Babu

Message from the President

DR. MANOHAR BABU

Please send suggestions to
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drparthoprattim@gmail.com

Eye Advance 2018

MUMBAI, JUNE 1-3, 2018

1751 Delegates (incl. 42 International, 206 National Faculty & 55 Traders), had attended.

USI session topic: Infectious uveitis – an enigma

Talks

- Tubercular uveitis, Vishali Gupta
- Toxoplasma and Rickettsiosis, Manohar Babu
- Nerve Toxicity of Common Anti-TB drugs, Salil Mehta
- Cataract Surgery in Uveitis- Nishanth Kumar
- Parasitic uveitis (except toxoplasma) – Rathinam Sivakumar



"It is our great pleasure to invite and welcome you all for the 18th annual conference of Uveitis Society of India, from 16th-18th November, 2018, at Taj, Chandigarh. With around 35 eminent international faculty confirming their participation, along with several national faculty, we wish to offer you one of the biggest enrichment experience in Uveitis."

- Organizing team
[More info here](#)

USICon 2018

CHANDIGARH, NOV. 16-18, 2018

Ocular Toxoplasmosis: Treatment pearls in Pregnancy

DR. MANOHAR BABU

1. Diagnosis in pregnancy

- Risk to fetus high if primary maternal infection acquired within 6 months before or during conception
 - Risk to fetus low/rare if maternal infection acquired months or years before conception
- Recent infection - Detection of specific IgM antibodies and/or by demonstrating significant rise in IgG antibodies (repeat within 2-3 weeks)/ low IgG avidity

2. Diagnosis in fetus

PCR in amniotic fluid/ USG features

- Nath R, Guy E, Morrison K, Kelly SP, Clinical Ophthalmology. 2009; 3:657-661.
- Silveira C, Ferreira R, Muccioli C, Nussenblatt R, Belfort R. Am J Ophthalmol. 2003;136(2):370-371.
- Chaudry SA, Gad N, Koren G. Canadian Family Physician.2014; 60:334-336.

3. Treatment

A. Ocular Toxoplasmosis - Recurrent, in a pregnant woman in her 1st trimester

Toxo IgM - Negative

Toxo IgG - Positive

Treatment - Avoid sulpha drugs in the first trimester

For retinitis:

Pregnancy < 16 weeks- Azithromycin or Clindamycin

Pregnancy > 16 weeks- Azithromycin or Clindamycin or Trimethoprim/Sulphamethoxazole (TMP/SMX)

No risk to fetus as infection in mother acquired before conception

B. Ocular Toxoplasmosis- first episode in a pregnant woman in her 1st trimester

Toxo IgM- Positive

Toxo IgG- Positive or a four fold increase seen

IgG avidity- low

Treatment for retinitis:

Pregnancy < 16 weeks- Azithromycin or Clindamycin

Pregnancy > 16 weeks- Azithromycin or Clindamycin or TMP/SMX

Risk to fetus + as infection in mother acquired just before or during pregnancy

Maternal Treatment:

Spiramycin- 1g oral 8th hourly for the total duration of pregnancy to prevent vertical transmission.
If fetal infection confirmed (+ve PCR in amniotic fluid/USG)- add Pyrimethamine and Sulphadiazine or TMP/SMX from 16th week

- Valantini P, Buonsenso D, Barone G, Masini L et al. Journal of Perinatology (2014);1-5.

4. Corticosteroids in Pregnancy

Systemic corticosteroids are not teratogenic. Pregnant women receiving corticosteroid therapy suffer the same side effects and benefits as do treated women who are not pregnant. Clinical experience suggests no abnormalities of children of mothers treated with usual doses of prednisone and methylprednisolone throughout pregnancy, but premature rupture of amniotic membranes and low birthweight babies may occur. Evidence suggests that the use of corticosteroids in early pregnancy is not associated with an increased risk of congenital malformations overall or oral clefts in offspring; at the same time, published estimates are inconsistent. The use of inhaled corticosteroids was associated with a slightly increased risk of miscarriage.

- Lockshin M1, Sammaritano LR. Scand J Rheumatol Suppl. 1998;107:136-8.
- Bjørn AM, Ehrenstein V, Nohr EA, Nørgaard M. Basic Clin Pharmacol Toxicol. 2015 Apr;116(4):308-14.

There have been several articles on various topics within the field of Uveitis published over the last few months. Please follow the link below to access a PDF with a list of all the featured articles. The PDF has article titles along with their abstracts for easy choosing.

Happy reading!

Click here for the PDF or access it at

https://drive.google.com/file/d/1C9oS4Bg6RLPrIPEXjtE_-RR3znJRsnMP/view?usp=sharing

Article alert |