CLINICAL COURSE OF UVEITIS OF TUBERCULOUS ETIOLOGY Nataliya Konovalova¹, Ludmila Venger¹, Olga Guzun², Aleksii Kovtun¹

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Introduction. Tuberculosis is a common socially dependent infectious disease that can affect any organs and tissues of the human body. The relevance of the problem of ocular tuberculosis is determined by the high incidence (14–27.6%) of diseases in the structure of inflammatory pathology of the organ of vision. Late diagnosis for tuberculosis is almost synonymous with incurability, since advanced tuberculosis can rarely be cured.

Aim. To conduct a clinical analysis of the features of the clinical course of uveitis of tuberculous etiology.

Material and methods. We examined 45 patients aged 23-48 years with newly diagnosed tuberculosis infection (19 women and 26 men), 19 of them associated the onset of the disease. Anterior uveitis was present in 18 patients, keratitis in 7 patients, posterior uveitis in 12 patients, and pan uveitis in 8 patients. All patients underwent a general blood test, radiography or MRI, CT of the lungs, lymph nodes, CT of the orbit and paranasal sinuses, a study of visual acuity, visual fields, OCT, FA, and photographic recording of the fundus.

Results. Anterior uveitis was characterized by the presence of large sebaceous precipitates, exudate in the anterior chamber, coarse stromal posterior synechiae, and fibrosis in the vitreous body. In 5 patients, optic neuritis in the form of papillitis was diagnosed against the background of anterior uveitis. For patients with keratitis, there was moderate corneal syndrome and mixed injection of the eyeball. Precipitates on the corneal endothelium are polymorphic, initial vascularization of the cornea; yellowish infiltrates in the middle and deep layers. In addition, fibrosis was observed in the vitreous body in the form of fibril disintegration. During the development of exudative foci in the uveal tract, circulatory deficiency occurs, which leads to disruption of microcirculation mechanisms and the development of complications. Poor circulation is associated with slow blood circulation in the microvascular bed, which in turn leads to lymphocytic and lymphoplasmacytic infiltrates, promotes changes in the rheological properties of blood (as a result of the development of an exudative reaction with increased vascular permeability), which leads to a decrease in tissue metabolic processes with the development of ischemia and hypoxia in the retina and optic nerve. The mycobacteria tuberculosis is sensitive to nerve ganglia and in 5 of the patient's neuralgia of the first branch of the trigeminal nerve was observed. Patients underwent endonasal electrophoresis with nonsteroidal anti-inflammatory drugs and desensitizing drugs. As a result of treatment in the group of patients with iridocyclitis, visual acuity was 0.82 (SD 0.12), and in the group with chorioretinitis and choroiditis it was 0.55 (SD 0.16), p = 0.006.

Conclusions. With tuberculous eye lesions in combination with a viral infection, a wide range of complications are recorded, leading to a significant decrease in visual function. In anterior uveitis, the development of optic neuritis was more often observed in patients with a developed sinus of the main bone, which was revealed by radiography of the additional nasal sinuses.