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Epidemiology and Etiology of Uveitis

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As a clinical entity, uveitis can be classified in different ways, depending on the criteria adopted. From the etiologic point of view, uveitis can be classified as bacterial, fungal, viral, traumatic, and immunologic. Several etiologic agents received attention in the ophthalmologic litera-

ture in 1991, but it is not possible to discuss them all within the limits of this paper. This review emphasizes the most relevant and recent observations concerning the etiology and epidemiology of uveitis.

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Potential Therapeutic Approach for the Hormonal Treatment of Lacrimal Gland Dysfunction in Sjögren's Syndrome

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Ocular Impact, Prevalence, Etiology, and Current Therapy of Sjögren's Syndrome.

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Clinical Follow-up of 193-nm ArF Excimer Laser Photokeratectomy

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The excimer laser has been undergoing rapid development for clinical use since the early 1980s. The authors report 2-year follow-up results from studies in 31 eyes (15 women and 14 men) to evaluate the excimer laser in performing photokeratectomy. Patients were divided into two groups: 27 eyes (group 1) underwent phototherapeutic keratectomy, and 4 eyes (group 2) underwent photorefractive keratectomy. Visual function improved in 21 of 27 eyes in group 1 and in 2 of 4 eyes in group 2.

Complications were minimal and manageable. The authors describe a procedure to minimize induced hyperopia in phototherapeutic keratectomy patients, and, although not statistically significant, less induced hyperopia was noted in these patients. Photokeratectomy may be an alternative to penetrating or lamellar keratoplasty and more invasive refractive procedures, but the long-term effects must be carefully observed.

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Quantification of ocular inflammation with technetium-99m glucoheptonate

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Histological and morphometric evaluation of ocular inflammation is difficult, particularly when there is extensive ocular involvement with abscess formation and necrosis. A quantitative imaging procedure applicable to humans would be important clinically. To establish such a procedure, turpentine-induced ocular inflammation was obtained by subconjunctival injection in the right eye of 55 rabbits. The left eye was used as control and injected with a volume of saline equal to the volume of turpentine in the right eye. Volumes of turpentine or saline were 0.02, 0.04, 0.06, 0.2 and 0.6 ml, and the rabbits were divided into groups 1-5, according to these volumes. Imaging was performed 48 h after turpentine injection and 6 h after intravenous injection of 10 mCi of technetium-99m glu-

coheptonate ($^{99m}\text{Tc-GH}$). An inflammatory reaction index (IRI), defined as the ratio of counts of the right eye divided by counts of the left eye, was used. IRIs were proportional to the degree of inflammation and allowed the distinction of 3 subgroups: one represented by group 4, one by group 5 and one by groups 1, 2 and 3. This method of quantification of ocular inflammatory processes using $^{99m}\text{Tc-GH}$ is original, rapid, non-invasive, reproducible and safe, although unable to differentiate inflammatory processes caused by doses of turpentine which are very small and close to each other. It is conceivable that its application to humans will bring new insight into the ocular inflammatory process and response to therapy.

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An Unusually High Prevalence of Ocular Toxoplasmosis in Southern Brazil

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Because of the frequency of ocular toxoplasmosis and its occurrence in multiple siblings in southern Brazil, a population-based household survey was performed to better understand the epidemiologic characteristics of the disease in this region. Of 1,042 individuals examined, 184 (17.7%) were deemed to have ocular toxoplasmosis on the basis of conservative assessment of ophthalmic findings. Of those with ocular toxoplasmosis, 183 (99.5%) had specific IgG antibodies, compared with only 140 of 181 age-matched, control subjects (77.4%; $P < .001$). The

prevalence of ocular toxoplasmosis was 0.9% in 1 - to 8 - year-olds, 4.3% in 9 - to 12 - year-olds, 14.3% in 13 - to 16 - year-olds, and 21.3% (95% confidence interval, 18.6% to 24.2%) in all individuals 13 years or older. The prevalence of ocular toxoplasmosis in this population was more than 30 times higher than previous estimates for the same condition elsewhere. The low prevalence in the young children we studied supplements previous data suggesting that, in this population, ocular toxoplasmosis is a sequela of postnatal rather than congenital infection.