

Clinical characteristic and therapy results of presumed ocular tuberculosis and their relation to HIV status

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Abstrak

Latar belakang: Penegakan diagnosis tuberkulosis (TB) okular sulit dilakukan karena mikroorganisme tidak mudah diisolasi langsung dari mata, namun di sisi lain pemberian anti tuberkulosis berperan penting. Penelitian ini berusaha untuk mengidentifikasi tanda-tanda klinis di mata yang berhubungan dengan TB okular dan menilai keberhasilan terapi serta hubungannya dengan status HIV.

Metode: Data retrospektif diambil dari 56 rekam medis pasien dengan diagnosis presumed ocular TB di Rumah Sakit Cipto Mangunkusumo antara Januari 2006 sampai Desember 2011. Data demografi dan karakteristik klinis serta status HIV dicatat selama pengobatan berlangsung.

Hasil: Terdapat 39 pasien yang masuk kriteria inklusi dengan usia rerata $35,38 \pm 13,1$ tahun dan rasio laki-laki terhadap perempuan 2:1. Kelainan mata unilateral didapatkan pada 26 (66,7%) pasien. Dari seluruh pasien; 4 (10,3%) uveitis anterior, 14 (35,9%) uveitis posterior, 21 (66,7%) panuveitis dan tidak ada yang menderita uveitis intermediet. Sebagian besar pasien (32/82,1%) memiliki tuberkulosis di organ tubuh lain. Lima dari 8 (62,5%) pasien dengan HIV positif memiliki tipe inflamasi granulomatosa dan 3 (37,5%) tipe non-granulomatosa serta seluruh pasien dengan HIV positif memiliki tuberkulosis di organ lain. Tujuh pasien non-HIV, enam (85,7%) diantaranya memiliki tipe inflamasi non-granulomatosa. Terapi dengan anti tuberculosis (ATT), kombinasi ATT dan steroid atau steroid saja bisa meningkatkan tajam penglihatan. Namun terapi steroid saja memiliki angka rekurensi yang sedikit lebih tinggi ($1,4 \pm 0,89$ episode inflamasi).

Kesimpulan: TB okular pada penelitian ini memiliki manifestasi klinis yang sangat bervariasi. Tipe inflamasi non-granulomatosa lebih banyak pada pasien HIV negatif dan tipe inflamasi granulomatosa pada pasien HIV positif. Pasien HIV positif selalu disertai manifestasi TB di organ lain. Terapi dengan steroid saja dapat meningkatkan tajam penglihatan tapi diikuti dengan angka rekurensi yang sedikit lebih tinggi.

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Abstract

Background: Ocular tuberculosis (TB) emerges as an important cause of intraocular inflammation, partly due to the increasing number of HIV/AIDS patients. This study attempts to identify ocular signs that are associated with ocular TB and assess the efficacy of the treatment and their relation to HIV status.

Methods: Medical records of all 56 patients diagnosed with presumed ocular TB in Cipto Mangunkusumo Hospital between January 2006 and December 2011 were reviewed. Demographic and clinical characteristics and HIV status were recorded as well as efficacy of treatments given.

Results: There were 39 patients included with mean age 35.38 ± 13.1 and male to female ratio was 2:1.

Unilateral involvement was in 26 (66.7%) patients. From all, four (10.3%) had anterior uveitis, 14 (35.9%) posterior uveitis, 21 (53.8%) panuveitis, and none had intermediate uveitis. Most of them (32/82.1%) have concurrent other organ TB. Five out of 8 (62.5%) HIV positive patients had granulomatous inflammation and 3 (37.5%) had non-granulomatous inflammation and all eight of them had concurrent other organ TB. The other 7 known non-HIV patients, six (85.7%) have non-granulomatous inflammation. Treatment with anti-tubercular therapy (ATT), combination ATT and steroid or steroid alone increased visual acuity. However steroid alone was slightly have more frequent recurrences (1.4 ± 0.89 episodes of inflammation).

Conclusion: Ocular TB in our study had variable clinical manifestations and ocular inflammation was predominantly non-granulomatous in HIV negative patients and granulomatous in HIV infected patients. All HIV positive patients the ocular TB was always accompanied by manifestations in other organs. The treatment with steroids solely resulted in improved vision but was characterized by frequent recurrences.</i>