Vitrectomy as anti-inflammatory treatment in intermediate uveitis

De la vitrectomía como terapia antiinflamatoria en la uveitis intermedia

Dear Sir:

With reference to the article titled “Vitrectomy as an anti-inflammatory therapy for intermediate uveitis in children” by Figueroa et al.,¹ I would like to emphasize that the article does not allow the reader to deduct that vitrectomy is useful for this pathology or that it is safe because patients exhibit a high recurrence rate (albeit mostly in the anterior location) as well as a considerable incidence of post-surgery cataracts in patients with previous operations. Of the 2 cases without recurrences, one is a sarcoidosis case and the other exhibited inflammatory activity in the opposite eye and had also been intervened. It would be revealing to determine why the parents of an intervened patient opted for systemic immunosuppression instead of the surgery for the affected opposite eye. In my experience, vitrectomy in intermediate uveitis does not reduce the need of topical or pericircular corticoids therapy, which must remain as therapeutic pillars together with cryotherapy or peripheral retinal photocoagulation (and not on pars plana, as referred by the article). On the other hand, I find it hard to understand how vitrectomy 20-G can be promoted in an inflammatory pathology even when the patients are children. I believe that, if asked, the vast majority of ophthalmologists would indicate a small gauge (which is the recommendation set forth by the authors in the discussion), even without the application of scleral sutures as these children, due to their age, have a similar ocular anatomy to that of adults. And of course, if vitrectomy is performed with this pathology, I believe peripheral retinal photocoagulation should be added in the ischemic areas posteriorly to the snow patches, together with pericircular corticoids therapy in the same intervention. Finally, I find it necessary to clarify that, as far as I know, none of the children in said series has been treated or followed up in the La Paz hospital of Madrid.

REFERENCE


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Author’s reply

Respuesta de los autores

In relation to the comments¹ on our article titled “Vitrectomy as an anti-inflammatory therapy for intermediate uveitis in children”,² we would like to thank the interest in clarifying the best treatments for an infrequent pathology, with management always complicated due to the patients’ age, to the high recurrence rate and frequency of complications.

One of the main limitations of our study is its small size, and that it is non-comparative and included only the patients who needed vitrectomy. A cohort-type study following up the evolution of all patients with intermediate uveitis could have been more illustrative about the adequate management of this pathology.

We consider that, instead of intermediate and posterior inflammation outbreaks after surgery, having recurrences expressing as anterior uveitis which can be controlled with topical treatment is a rather significant result for children in

² Please cite this article as: Suárez de Figueroa M. Respuesta de los autores. Arch Soc Esp Oftalmol. 2011;86:421–2.