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## Tuberculosis and its management: Challenges in ophthalmology

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**Purpose:** To highlight the diversity of clinical presentation of ocular tuberculosis in a non-endemic setting and discuss an effective approach towards its diagnosis and management. Also to emphasize on close monitoring of patients as anti-tuberculous treatment itself can further complicate and prolong the course of the disease due to its ocular and extraocular complications.

**Method:** Descriptive Case Series

**Results:** Three cases of varied presentation of ocular tuberculosis and one case of extrapulmonary TB associated with ocular complications due to treatment were diagnosed over a period of eight months at Dept. of Ophthalmology, CUH, Cork. Presentations included recurrent blephroconjunctivitis with chlamydia, recurrent granulomatous anterior and posterior uveitis, choroidal tuberculoma, recurrent vitreous haemorrhage and pan uveitis. All patients had normal X-ray chest and negative Tuberculin Skin test (Monteux). Diagnoses were presumptive and assisted with positive Interferon Gamma Release Assay (IGRA); QuantiFERON. Complications associated with treatment of tuberculosis included optic neuritis, ocular cranial nerve palsy and extra ocular complications including worsening liver functions.

**Conclusion:** A high index of suspicion helps diagnosis of ocular TB in areas of low-prevalence of the disease. It forms part of differential diagnosis of chronic, recurrent blephroconjunctivitis and uveitis especially in at-risk patients. Anti-tuberculous treatment seems highly effective, yet close monitoring is important to pinch up treatment related complications early on, a prompt referral to the related medical specialties can lead to favourable outcome without prolonging course of the disease.

### Biography

Dr Rubeena Nazil Shaffi have been working as a medical ophthalmologist at the department of Ophthalmology Cork University hospital since Nov 2015. She did her fellowship in Ophthalmology from College of Physicians and surgeons Pakistan in 2006. As a medical ophthalmologist she have come across a number of patients with Toxoplasmosis, Chlamydia, Neisseria Gonorrhoeae, Syphilis, HIV, Tuberculosis a few to name. Thus she always in a liaison with the Infectious diseases department which is of utmost importance for effective management of their patients with ocular symptoms.

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