INTERNATIONAL OCULAR INFLAMMATION SOCIETY

IOIS

Quarterly Publication of the International Ocular Inflammation Society (IOIS)

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OUR MISSION

The International Ocular Inflammation Society (IOIS) is an independent scientific society, interested in the study of ocular inflammatory diseases. The organization is dedicated to furtherance of knowledge of Ocular Inflammation and Immunology and the application of knowledge to the prevention and treatment of ocular inflammatory diseases.

Applications for membership and membership renewal forms can be found online at www.iois.org

Our newsletter is back again…

Dear IOIS member and friends!

This is our first newsletter which will provide you with information on what is happening within our Society. We plan to distribute this quarterly through our e-mail list.

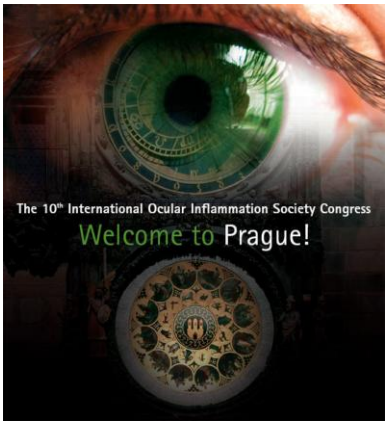
If you are not registered, please provide your e-mail to

secretariat@iois.org

This letter is for you and we expect you to contribute to it as much as possible.

We welcome news about upcoming events and meetings. Share with us anything you have in mind: suggestions to improve, updates or news that we all need to know..

THE NEXT MEETING OF THE IOIS WILL BE HELD IN 2011 IN GOA, INDIA. More details will be posted at a later time in www.iois.org



"More than 700 physicians attended the 10th Congress of the IOIS which was held between 30 May and 2 June 2009 in Prague."

10th IOIS Congress highlights....

29 May – 3 June 2009, Prague

The 10th Congress of the IOIS was organized this year in Prague, by Professor Martin Filipec and Erik Letko, who hosted the event. Dr. Stephen Foster, Professor at Harvard University was the Honorary President of the meeting, which gathered more than 700 physicians interested in Uveitis registered for the event. Many International Societies supported the meeting, among which were American Uveitis Society, International Uveitis Study Group, European Vitreoretinal Society and Society for Ophthalmo-Immunoinfectiology in Europe. The program consisted symposia on: developments in the basic science of ocular herpes infection, recent advances in the immunology of glaucoma, imaging and immunopathology in uveitis, inflammatory in pathogenesis of macular degeneration, pathogenesis and pathology of infectious uveitis, juvenile idiopathic arthritis, macular inflammatory disorders, surgical treatment of cystoid macular edema non-responsive to medical therapy in systemic disease , new and emerging therapies in ocular inflammatory disease, HL A matching in ocular transplantation, and advances in anterior segment inflammatory disease. They were also 6 courses running, focused mainly on scleritis and ocular surface disease.

The meeting was running simultaneously in 3 different halls, but each one of them was overwhelmed with people during the meeting. Keynote lecture entitled "Corneal changes in Scleral Inflammation" was given by the father of scleritis Dr. Peter Watson. The Keynote lecture was followed by the David BenEzra Ceremonial and Award. During this Ceremonial the atmosphere was very tensed by friends and collegues who presented the life and work of Dr. BenEzra, founder of the IOIS. This year's David BenEzra award was presented by the son of Dr. BenEzra, to Chi-Chao Chan. Dr. Chan presented a lecture entitled: "Application of Ccl2-/-/Cx3cr1-/- Mouse, a model of AMD-like lesions".

This year's awards for the best oral presentations and best posters at the IOIS-Meeting in Prague 2009, were sponsored by Enzo. The best oral presentation was voted through a questionnaire distributed to each session chair members and final decision was made by Virginia Calder, Igal Gery, Gerhild WIldner. The Committe for Posters were Talin Barisani-Asenbauer, Bahram Bodaghi, Ahmed Abu El Asrar. Three prizes were awarded of 400, 250 and 150 euros each.

1st prize for oral presentation was awarded to Lenneke de Visser (Netherlands) for "Characteristics of focal retinal scars in rubella virus-associated uveitis and ocular toxoplasmosis".

2nd prize: Abdul Wahid Hafizi (Afghanistan): "Challenge of penetrating keratoplasty in Afghanistan"

3rd prize: Ahmed Abu El-Asrar (Saudi-Arabia): "Interphotoreceptor retinoid binding protein as biomarker in systemic autoimmunity with eye inflictions"

Poster awards:

1st prize: Sunao Sugita (Japan): "Use of broad-range quantitative polymerase chain reactionin the diagnosis of bacterial endophthalmitis"

2nd prize: Kaisu Kotaniemi (Finland): "Is the prognosis of JIA-associated uveitis improving with early and aggressive treatment?

3rd prize: Eva Jakob (USA): "Genotype analysis of polymorphisms in the ankylosing spondylitis (AS) susceptibility gene ERAP1 (ARTS1) in an acute anterior uveitis (AAU) cohort".

Congratulations to all paper and poster winners and to all meeting presenters for their excellent work. We thank deeply Gerhild Wildner for organizing the evaluation and the prizes!

The General Assembly of IOIS decided to hold the next IOIS meeting in Goa, India. See you all there!!!

New International Uveitis Study Group Membership Criteria

During the IOIS meeting in Prague, revised criteria were proposed with respect to IUSG membership requirements. The current criteria require: Clinical practice of uveitis for a minimum of five years, ten publications related to uveitis published in peer-reviewed Medline cited journals (the candidate should be first author on five of them), two supporting letters from IUSG members, curriculum vitae and a letter expressing interest in joining the IUSG. These requirements are currently undergoing revision and new guidelines will soon be published for 2010 applications.
Applications should be submitted by email to Prof. PI Murray, Secretary IUSG (p.i.murray@bham.ac.uk).

Newly elected president at the IUSG

Dr. Manfred Zierhut is the newly elected president of the IUSG. The elections took place during an IUSG gathering in Prague. Dr. Zierhut is also the new Editor-in-chief of Ocular Immunology and Inflammation, taking over from Dr. Kaplan.

We all congratulate deeply and wish Good Luck to Dr. Zierhut.

European Society of Ophthalmology Meeting 2009, Amsterdam, Netherlands

This year's SOE Congress was held in Amsterdam, Netherlands. Most of the Uveitis Societies (SOE, IUSG, AUS, SOIE-SOIF) were represented with courses and selected symposia.

MEET Dr. Chi-Chao Chan

Chi-Chao Chan, M.D.

Chi-Chao Chan, an American board certified ophthalmologist, was born in Chengdu, China. After her graduation from Chungzhan Medical College (Sun Yat-sen University) in China in 1967, she received a B.A. and a M.D. degree from Johns Hopkins University in 1972 and 1975, respectively. She completed her Ophthalmology Residency at Stanford University Medical Center. Subsequently, she finished two post-doctorial trainings in Ophthalmic Pathology at the Wilmer Ophthalmological Institute with W. Richard Green (1979-1982), and Clinical Ocular Immunology at the National Eye Institute (NEI) with Robert B. Nussenblatt (1982-1985). Since 1992, Dr. Chan has been the Chief of the Immunopathology Section, Laboratory of Immunology; and since 1999, she has also served as the Head of the NEI Histology Core. Her clinical activities include ophthalmic pathology and uveitis. Her research interests are ophthalmic pathology, molecular pathology, experimental pathology, immunopathology, and ocular immunology. She is an author and co-author of over 500 articles in peer-reviewed journals, 42 book chapters, and one textbook. Currently her research focuses on age-related macular degeneration, ocular inflammation, and primary intraocular lymphoma. She is presently on the Editorial Boards of 12 medical journals, including *British Journal of Ophthalmology* (Section Editor), *Current Eye Research* and *Investigative Ophthalmology & Visual Sciences*.

European Association for Vision and Eye Research (EVER)

30 September – 3 October 2009, Portoroz, Slovenia
www.ever.be

American Academy of Ophthalmology

24 – 27 October 2009, San Francisco, California
This year's Retina Subspecialty Day (24 October) will host a special section on Uveitis
www.aao.org

American Uveitis Society Meeting

25th October 2009, San Francisco, California
JW Marriott, Metropolitan A
www.uveitissociety.org

Society for Ophthalmo-Immunoinfectiology in Europe

12-15th November 2009, Oasis of Tozeur, Tunisia
www.soie-soif.org

Intravitreal bevacizumab in refractory uveitic macular edema: one-year follow-up.

Cervantes-Castaneda RA, Giuliari GP, Gallagher MJ, Yilmaz T, Macdonell RE, Quinones K, Foster CS
Eur J Ophthalmol. 2009 Jul-Aug;19(4):622-9.

In this article, the authors evaluated the long-term outcome of intravitreal bevacizumab in the treatment of refractory uveitic macular edema. This is a retrospective, noncomparative, interventional case series, 29 eyes of 27 uveitic patients with macular edema who were refractory to conventional therapy and who were treated with intravitreal bevacizumab were identified, assessed, analyzed and followed up at 1 year. Thirteen patients received a single intravitreal bevacizumab injection. Six patients required a second intravitreal bevacizumab injection, while 10 patients received combination therapy of intravitreal bevacizumab and triamcinolone acetonide. Baseline mean logMAR visual acuity was -0.59. At 1 year, the mean logMAR visual acuity was -0.42-/+ 0.36 (p=0.0045). The authors conclude that intravitreal bevacizumab is a useful and therapeutically beneficial agent in the treatment of refractory uveitic macular edema. Some patients will require adjunctive intravitreal bevacizumab injections or the use of combination therapy with intravitreal triamcinolone acetonide.

Complications of presumed ocular tuberculosis

Hamade IH, Tabbara KF.
Acta Ophthalmologica 2009 Jun 22. [in press]

In this retrospective review of patients with presumptive ocular tuberculosis, the authos try to determine the effect of steroid treatment on visual outcome and ocular complications in these patients. The clinical diagnosis was made based on ocular findings, positive purified protein derivative (PPD) testing of more than 15 mm induration, exclusion of other causes of uveitis and positive ocular response to anti-tuberculous therapy (ATT) within 4 weeks. Group 1 included patients who had received oral prednisone or subtenon injection of triamcinolone acetonide prior to ATT. Group 2 included patients who did not receive corticosteroid therapy prior to administration of ATT. Among 500 consecutive new cases of uveitis encountered in 1997-2007 there were 49 (10%) patients with presumed ocular tuberculosis. Four (20%) patients in group 1 had initial visual acuity of 20/40 or better, in comparison to eight (28%) patients in group 2. At 1-year follow-up, six (30%) patients in group 1 had a visual acuity of 20/40 or better compared with 20 (69%) patients in group 2 (p = 0.007). Of 20 eyes (26%) in group 1 that had visual acuity of < 20/50 at 1-year follow up, 14 (70%) eyes developed severe chorioretinal lesion (p = 0.019). The authors conclude that early administration of corticosteroids without anti-tuberculous therapy in presumed ocular tuberculosis may lead to poor visual outcome compared with patients who did not receive corticosteroids prior to presentation. Furthermore, the severity of chorioretinitis lesion in the group of patients given corticosteroid prior to ATT may account for the poor visual outcome.

Metabolomic analysis of human vitreous humor differentiates ocular inflammatory disease.

Young SP, Nessim M, Falciani F, Trevino V, Banerjee SP, Scott RA, Murray PI, Wallace GR.
Mol Vis. 2009, Jun 13;15:1210-7

In this paper, the authors use NMR-based metabolomic analysis of human vitreous humor to assess the applicability of this approach to the study of ocular disease. Vitreous samples from patients with a range of vitreoretinal disorders were subjected to high-resolution (1)H-nuclear magnetic resonance spectroscopy (NMR). Good quality spectra were derived from the vitreous samples, and the profiles were analyzed by three different methods. Principal component analysis (PCA) showed a wide dispersal of the different clinical conditions. Partial least squares discriminant analysis (PLS-DA) was used to define differences between lens-induced uveitis (LIU) and chronic uveitis (CU) and could distinguish between these conditions with a sensitivity of 78% and specificity of 85%. A genetic algorithm coupled with multivariate classification identified a small number of spectral components that showed clear discrimination between LIU and CU samples with sensitivity and specificity >90%. Assignment of specific resonances indicated that some metabolites involved in the arginase pathway were significantly more abundant in LIU than CU. The discrimination we observed based on PCA, PLS-DA, and multivariate variable selection analysis of the NMR spectra suggests that a complex mix of metabolites are present in vitreous fluid of different uveitic conditions as a result of the disease process. The authors conclude that the data demonstrate the efficacy of metabolomic analysis to distinguish between ocular inflammatory diseases.

Initial trabeculectomy with mitomycin C in eyes with uveitic glaucoma with inactive uveitis.

JunKaburaki T, Koshino T, Kawashima H, Numaga J, Tomidokoro A, Shirato S, Araie M.
Eye advance online publication, 12 June 2009

In this retrospective, non-randomized study, the authors analyse clinical outcomes of trabeculectomy with mitomycin C (MMC) in eyes with uveitic glaucoma (UG) with inactive uveitis and compare them to those in eyes with primary open-angle glaucoma (POAG). A total of 53 eyes with UG and 80 eyes with POAG received MMC trabeculectomy as an initial ocular surgery with average follow-up of 5.4 yearS. The intraocular pressure (IOP) control and persistence of filtering bleb were analysed using the Kaplan-Meier life-table method based on two definitions of successful IOP control, ie complete success (IOP</=15 mm Hg without anti-glaucoma medications) and qualified success (IOP</=15 mm Hg with topical anti-glaucoma medications). The incidences of postoperative complications were also examined. Complete success rate for postoperative IOP control at 5 years after trabeculectomy was 57.1+/-7.5% (mean+/-SE) in UG, being comparable to that in POAG (53.7+/-6.1%), and those of qualified success was 64.7+/-7.0 and 65.9+/-5.5% (P=0.60 and 0.53) respectively. Persistence of filtrating blebs was shorter in UG than in POAG (P=0.031). Postoperative inflammation in UG was associated with worse postoperative IOP control and loss of filtering bleb (P=0.027 and 0.021). Postoperative long-standing ocular hypotony was more frequent in UG (P=0.0063). The authors conclude that a MMC trabeculectomy for UG with inactive uveitis as an initial ocular surgery had IOP control comparable to that for POAG, suggesting that pre-existing uveitis itself is not a risk factor for failure of a filtering surgery.

Retinal Thickening in Iridocyclitis

Castellano CG, Stinnett SS, Mettu PS, McCallum RM, Jaffe GJ
AJO advance online publication, 12 June 2009

In this retrospective, observational case series, the authors study the frequency of retinal thickening (RT) in eyes with iridocyclitis and examine the correlations among anterior chamber (AC) inflammation, RT, and visual acuity. 43 patients with unilateral iridocyclitis without panuveitis, vitreitis, pars planitis, posterior uveitis, or a combination thereof who had undergone optical coherence tomography (OCT) of both eyes were included. The AC cell grade and OCT-RT measurements were recorded. Subretinal fluid and intraretinal cysts were determined from OCT scans according to Duke Reading Center guidelines. RT typically was present in a ring-like distribution around the fovea. The median difference between the study eye and fellow eye in RT was statistically significant for total macular volume (TMV) and for all OCT subfields ($P < .001$). In the study eye, there was a modest correlation between the RT and AC cell grade for the OCT-TMV ($P = .039$; $r2 = 0.1$) and the subfield comprised of the quadrants in the outer ring on OCT ($P = .027$; $r2 = 0.12$), and between RT and visual acuity for OCT-TMV and all but the central subfields ($P = .003$ to $.007$; $r2 = 0.261$ to 0.227). RT decreased after anti-inflammatory therapy. The authors conclude that RT is strongly associated with iridocyclitis and decreases after treatment. RT, as determined by OCT, is a useful clinical parameter to evaluate patients with iridocyclitis and to monitor response to treatment.

A Cross-sectional and Longitudinal Study of Fuchs Uveitis Syndrome in Turkish Patients

Tugal-Tutkun I, Güney-Tefekli E, Kamaci-Duman F, Corum I
AJO advance online publication, 12 June 2009

The authors present and describe the ocular characteristics of Turkish patients with Fuchs uveitis syndrome (FUS). In their study population 9 patients (5.2%) had bilateral involvement. The diagnosis of FUS had been made in only 10 of 115 (8.7%) referrals. Clinical findings at presentation included diffuse keratic precipitates (medium-sized round in 74.6%, fine-stellate in 22.1%), anterior chamber cells (74%), diffuse iris atrophy without hypochromia (48.6%), heterochromia (39.8%), iris nodules (32%), cataract/pseudophakia (69.1%), vitreous cells (71.8%), elevated intraocular pressure (12.7%), and chorioretinal scars (7.7%). The mean flare was 8.4 + 3.1 photons/ms in eyes with FUS and 3.7 + 0.8 photons/ms in the fellow eyes ($P < .001$). Hyperfluorescence of the optic disc was the only fluorescein angiographic finding, detected in 7 of 32 eyes (22%). Kaplan-Meier analysis estimated risks of cataract formation and intraocular pressure elevation as 42% and 17%, respectively, at 4 years. The rate of decreased visual acuity by 2 lines or more was 0.06/eye-year. The referral patterns suggest that FUS is frequently misdiagnosed in Turkish patients. Diffuse medium-sized round keratic precipitates, low flare readings, iris stromal atrophy without hypochromia, and vitreous opacities in the absence of macular edema are more often helpful clues to the diagnosis than heterochromia

Long-term Visual Outcomes of Intravitreal Bevacizumab in Inflammatory Ocular Neovascularization

Mansour AM, Arevalo JF, Ziemssen F, Mehio-Sibai A, Mackensen F, Adan A, Chan WM, Ness T, Banker AS, Dodwell D, Chau Tran TH, Fardeau C, LeHoang P, Mahendradas P, Berrocal M, Tabbarah Z, Hrisomalos N, Hrisomalos F, Al-Salem K, Guthoff R
AJO advance online publication, 12 June 2009

In this retrospective multicenter consecutive case series, the authors assess the long-term role of bevacizumab Patients with inflammatory ocular neovascularization in one or both eyes of varying etiologies who failed standard therapy were enrolled in the study. Mean logMAR BCVA (central foveal thickness) following intravitreal bevacizumab was as follows: baseline, 0.65 (6/27 or 20/90) (338 μm; 99 eyes of 96 patients); 6 months, 0.42 (6/16 or 20/53) (239 μm; 2.0 injections; 81 eyes); 12 months, 0.39 (6/15 or 20/49) (241 μm; 2.3 injections; 95 eyes); 18 months, 0.40 (6/15 or 20/50) (261 μm; 3.0 injections; 46 eyes); and 24 months, 0.34 (6/13 or 20/44) (265 μm; 3.6 injections; 27 eyes). Paired comparisons revealed significant visual improvement at 6 months of 2.4 lines ($P = .000$), at 12 months of 2.5 lines ($P = .000$), at 18 months of 2.5 lines ($P = .001$), and at 24 months of 2.2 lines ($P = .013$). Paired comparisons revealed significant central foveal flattening at 6 months of 78 μm ($P = .000$), at 12 months of 85 μm ($P = .000$), at 18 months of 90 μm ($P = .003$), and at 24 months of 77 μm ($P = .022$). Three eyes developed submacular fibrosis and 1 eye submacular hemorrhage. This study shows that intravitreal bevacizumab led in the long-term to significant mean visual improvement of ≥2.2 lines and significant foveal flattening in a wide variety of inflammatory ocular diseases without major complications.

Ranibizumab for Refractory Uveitis-related Macular Edema

Acharya NR, Hong KC, Lee SM
AJO advance online publication, 12 June 2009

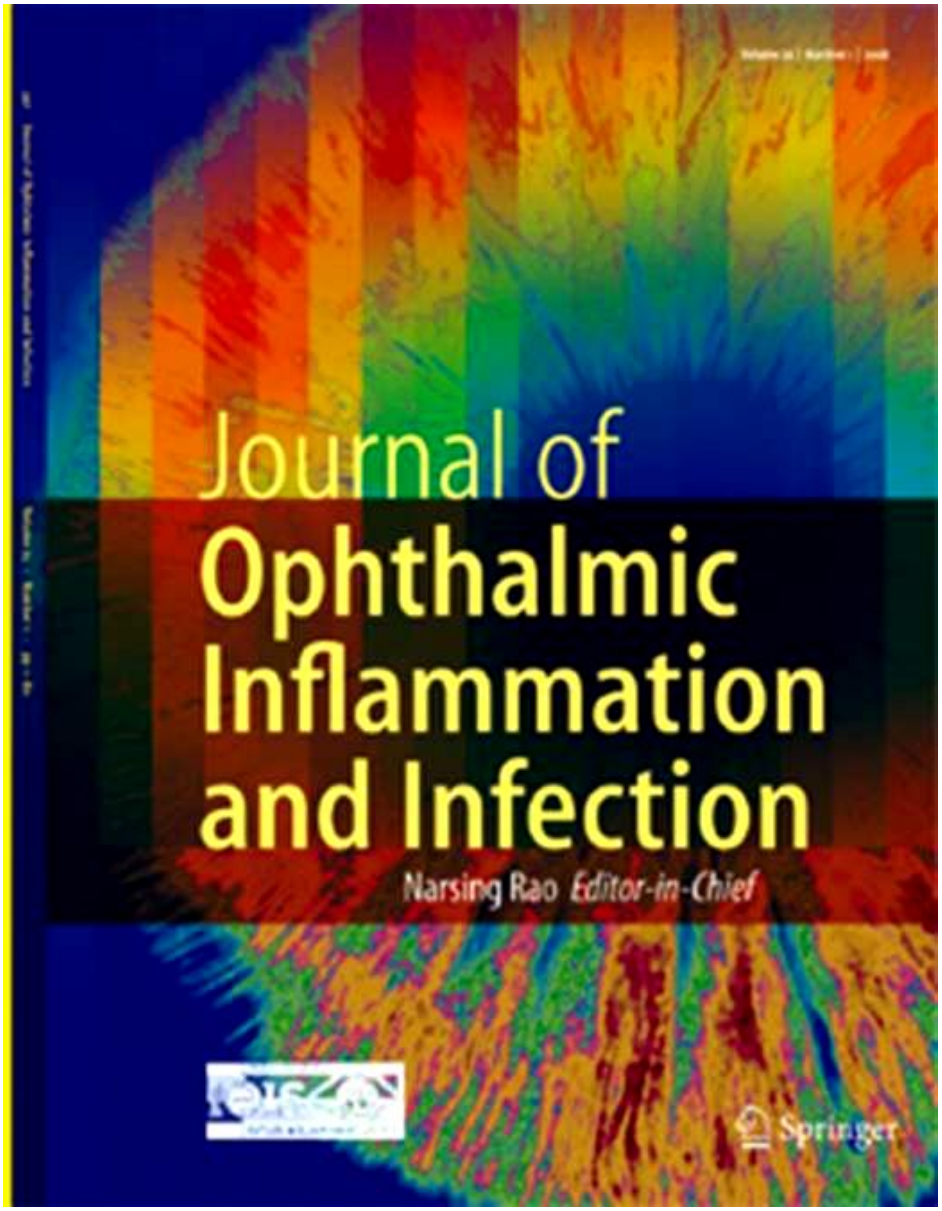
In this prospective, interventional case series, the authors evaluate the effect of intravitreal ranibizumab injections (Lucentis, Genentech Inc, South San Francisco, California, USA) on refractory cystoid macular edema (CME) in patients with controlled uveitis who have failed oral and regional corticosteroid treatment. Seven consecutive patients with controlled uveitis and refractory CME who had failed corticosteroid treatment were studied. One eligible patient chose not to participate and another did not complete follow-up for nonmedical reasons. Intravitreal ranibizumab injections (0.5 mg) were given monthly for 3 months, followed by reinjection as needed. The primary outcome was the mean change in best spectacle-corrected visual acuity (VA) from baseline to 3 months, and the secondary objective was the mean change in central retinal thickness (CRT) on ocular coherence tomography. Six-month outcomes were also assessed. At 3 months, the mean increase in acuity for the 6 patients who completed follow-up was 13 letters (2.5 lines), and the mean decrease in CRT was 357 μm. Both VA and CRT improved significantly between baseline and 3 months ($P = .03$ for each). Although most patients required reinjection, this benefit was maintained at 6 months. There were no significant ocular or systemic adverse effects. Intravitreal ranibizumab led to an increase in VA and regression of uveitis-associated CME in patients refractory to or intolerant of standard corticosteroid therapy.

Outcome of Raised Intraocular Pressure in Uveitic Eyes with and without a Corticosteroid-Induced Hypertensive Response

Sallam A, Sheth HG, Habot-Wilner Z, Lightman S

Purpose AJO advance online publication, 12 June 2009

This study compares the management and outcome of raised intraocular pressure (IOP) in uveitis patients with a corticosteroid hypertensive response and those who are noncorticosteroid responders and the impact of intraocular corticosteroid use on IOP in uveitic eyes. Eight hundred and ninety-one uveitis patients were assessed retrospectively. The main outcome measures were frequency, characterization, management, and outcome of uveitis-related ocular hypertension and glaucoma. Of 891 patients with uveitis, 191 (275 eyes) had IOP elevation (21.4%). Of these, 95 (34.5%) eyes had glaucoma. IOP elevation attributed to corticosteroid-response (61.1%) was controlled more easily than that resulting from other causes (38.9%), requiring fewer eye drops (mean, 2.06 vs 2.52; $P = .009$) and less filtration surgery (8.9% vs 22.4%). Among eyes with uveitis and raised IOP, elevated IOP developed in 18 eyes (6.5%) after intravitreal triamcinolone, including 64.7% to 30 to 39 mm Hg and 35.3% to 40 mm Hg or more. Prostaglandin analogs were used in 49.2% of 246 eyes; no increase in inflammation was seen in these eyes. In this tertiary center series, most instances of raised IOP were attributable to corticosteroid response. Raised IOP induced by corticosteroid response was controlled more easily and less often resulted in optic nerve or visual field changes of glaucoma. Although intravitreous triamcinolone was associated with substantial risk of corticosteroid-response IOP elevation, all cases were controlled medically without experiencing glaucomatous injury. Prostaglandin-induced uveitis was not observed despite extensive use of prostaglandin IOP-lowering agents.



The journal is an international journal with emphasis on presenting original clinical and clinically relevant experimental studies, reviews articles and case reports on ocular inflammations and infections. The journal will publish review articles by leading clinical experts, research scientists and immunologist. The editorial board represents international experts in the field of ophthalmic inflammation and infections and the board will provide prompt peer review process. The review process, publications in English language and electronic publication format will provide rapid dissemination of current developments in clinical and clinically relevant experimental information.

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