ified deep sclerectomy in aphakic eyes.

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Keywords: childhood uveitis, secondary glaucoma, treatment

OP2-03

BEHCET'S UVEITIS IN CHILDREN: CLINICAL COURSE AND VISUAL OUTCOME

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Purpose: Behcet's disease is uncommon in childhood, when it may occasionally present in incomplete form. This study sought to characterize the clinical features and course of patients with Behcet's uveitis diagnosed before age 16 years.
Patients and methods: The medical files of the Uveitis Clinic of Rabin Medical Center, and the Pediatric Ophthalmology Unit at Schneider Children?s Medical Center from 1997 to 2007 were reviewed for patients diagnosed with Behcet's uveitis before age 16 years, and the clinical data were collected.
Results: Twelve patients, 8 male and 4 female, were identified. Mean age at onset of the ocular manifestations was 14 years (range, 9-16). Three patients had complete Behcet's disease and 9 had incomplete Behcet's disease with ocular involvement. Mean duration of follow-up was 5±3 years (range 1-10). The ocular involvement included panuveitis in 14 eyes (8 patients), posterior uveitis in 5 eyes (3 patients), and isolated anterior uveitis in 1 eye (1 patient). Mean number of acute exacerbations was 4±3 (range 1-8). Treatment included systemic steroids (11/12) and immunosuppressive agents (10/12) (multiple agents in 5 patients). Intravitreal triamcinolone injections was used repeatedly in 2 patients. Mean time to remission was 2.7±1.8 years (range 0.5-3). Mean initial visual acuity (VA) was 0.4±0.5 LogMar (range 0-2.2, 6/6-HM). Thirteen eyes (9 patients) had reduced VA (mean logMar 1.4±0.8) – severe in 8 (range 1/24 to LP, mean logMar1.9±0.4) during exacerbations. VA improved significantly at the last remission in 12 of 13 eyes (mean logMar 0.4±0.7; p= 0.0006), of whom 8 eyes (6 patients) had a VA of 6/7.5 or better.
Conclusions: Behcet's uveitis in children is characterized by exacerbations with severely reduced visual acuity. Visual functions may be restored with aggressive immunosuppressive therapy. Therefore, appropriate diagnosis of even partial Behcet's disease is essential in this age group for timely administration of therapy.

Financial fundings: none
Conflict of interest : none
Keywords: Behcet's disease, Uveitis, Children

OP2-04

UVEITIS IN CHILDHOOD : AN ITALIAN CLINICAL AND EPIDEMIOLOGIC STUDY

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Introduction and Objective: to investigate demographics aspects and visual outcomes of children with uveitis
Methods: Analysis of all clinical charts of patients referred from January 1995 to December 2004. The study included 257 consecutive patients <16 years old.
Results: 54,5 % F and 45,5 % M. Uveitis accounted for 9,01 % of all endogenous uveitis. Median age was 8,54 years. Uveitis was anterior in 47,4%, intermediate in 19,8%, posterior in 24,5%. Panuveitis occurred in 7,8% of patients. Ocular involvement was bilateral in 67,8 % of patients and unilateral in 32,1%. Infectious uveitis represented 31% of all cases. Systemic disease were observed in 27,8% of patients; a specific form of uveitis was observed in 27,6% patients.Two patients had a masquerade syndrome. The 12,8% of patients were classified as having idiophatic uveitis. The most frequent causes of severe visual loss were total cataract (25,6% of all eyes with VA<1/10),macular scars due to toxoplasma retinochoroiditis(16%) or other (9,6%),macular edema/maculopathy(16%) and secondary glaucoma (3,2%). At the end of FU time, 79,3% of eyes mantained a visual acuity (VA) between 6/10 and 10/10; 13,5 % of eyes had a VA between 2/10 and 5/10, whereas a lower percentage had a VA <1/10.
Conclusions: Uveitis is rarer in children than in adults. Patients with anterior uveitis comprised the largest group. Posterior uveitis in the pediatric population have a lower incidence than some decades ago. Panuveitis comprised the less numerous group of patients (7,8%). The most common causes of uveitis in children were JRA-associated uveitis, pars planitis and toxoplasmosis. Idiophatic uveitis accounted for only 12,8%. Visual prognosis of pediatric uveitis is improving, owing to earlier diagnosis and correct treatment.

Financial fundings: No
Conflict of interest : No
Keywords: Uveitis, childhood, visual prognosis

OP2-05

RISK FACTORS FOR THE DEVELOPMENT OF SURGERY-REQUIRING CATARACT IN JUVENILE IDIOPATHIC ARTHRITIS-ASSOCIATED UVEITIS

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Introduction and objectives: The purpose of this study was to identify the possible risk factors for the development of surgery-requiring cataract in children with juvenile idiopathic arthritis (JIA)-associated uveitis.
Methods: In a retrospective cohort study the data of 53 children with JIA-associated uveitis of whom 27 with cataract extraction (CE) were obtained. The main outcome measure, time interval between the onset of uveitis and the first cataract extraction (time interval U-CE), was examined in relation to clinical and ophthalmologic characteristics and treatment strategies before cataract