

**Clinical features of cytomegalovirus endotheliitis/anterior uveitis****Oya Donmez**

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Cytomegalovirus is a rare but, increasingly recognized cause of corneal endotheliitis that requires strong clinical suspicion for diagnosis. We report the clinical characteristics and follow up of twelve cases of CMV endotheliitis/anterior uveitis. Six male and six female patients were included. The mean age at the time of diagnosis was  $37.2 \pm 17.2$  (15-74) years and mean follow-up time was  $40.5 \pm 24.04$  (10-72) months. The mean number of attacks were  $4.7 \pm 4.5$  (1-16). The time between the first attack and CMV diagnosis was  $17.1 \pm 11.3$  (5-36) months. Diagnostic tap was performed in 10 cases in whom quantitative PCR analysis were positive for CMV. The focal corneal endotheliitis with localised edema was present in 8 (66.7), diffuse iris atrophy in 7 (58.3%), cataract in 10 (83.3%), intraocular pressure rise during acute attacks and keratic precipitates in all cases. Specular microscopy demonstrated significantly lower endothelial cells in affected eyes. ( $2288 \pm 357$ ) compared to the fellow eyes ( $3224 \pm 335$ ). Keratic precipitates (KP) was medium-sized either localised around the endotheliitis or at the lower two thirds

of corneal endothelium. Inferiorly localised pigmented KPs were present in 75% of the patients. The mean IOP during the attacks was  $35.5 \pm 11.8$  (15-60) mmHg and treated with medical therapy and 2 patients required glaucoma surgery. Five patients have visually impairing cataract and underwent surgery. All patients were given systemic antiviral treatment (valaciclovir or valganciclovir) and topical antiviral ophthalmic gel (ganciclovir). Duration of systemic treatment was  $10.8 \pm 8.5$  months, all patients showed favorable improvement while reinstatement was necessary in two patients due to recurrent attacks. Focal corneal endotheliitis with localised corneal edema, inferiorly pigmented KP and, intraocular pressure rise during attacks are characteristic features of CMV anterior uveitis. Early diagnosis and treatments are crucial to reduce the number of attacks, severity of the disease and prevent sight threatening complications.

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