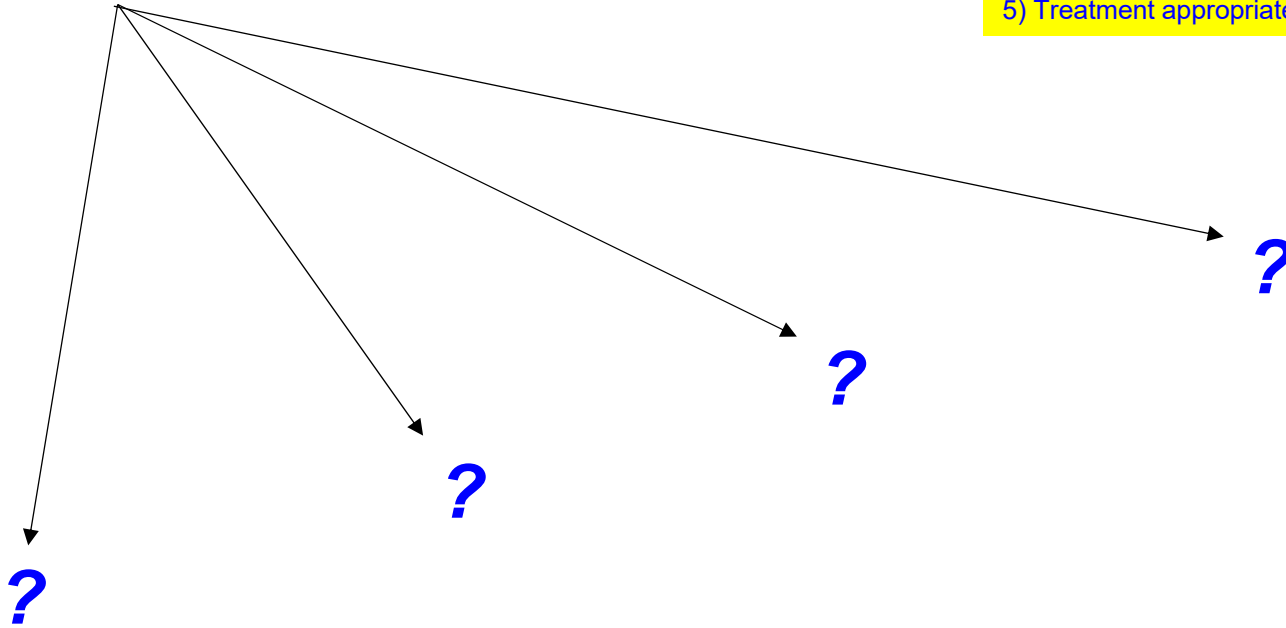


Uveitis

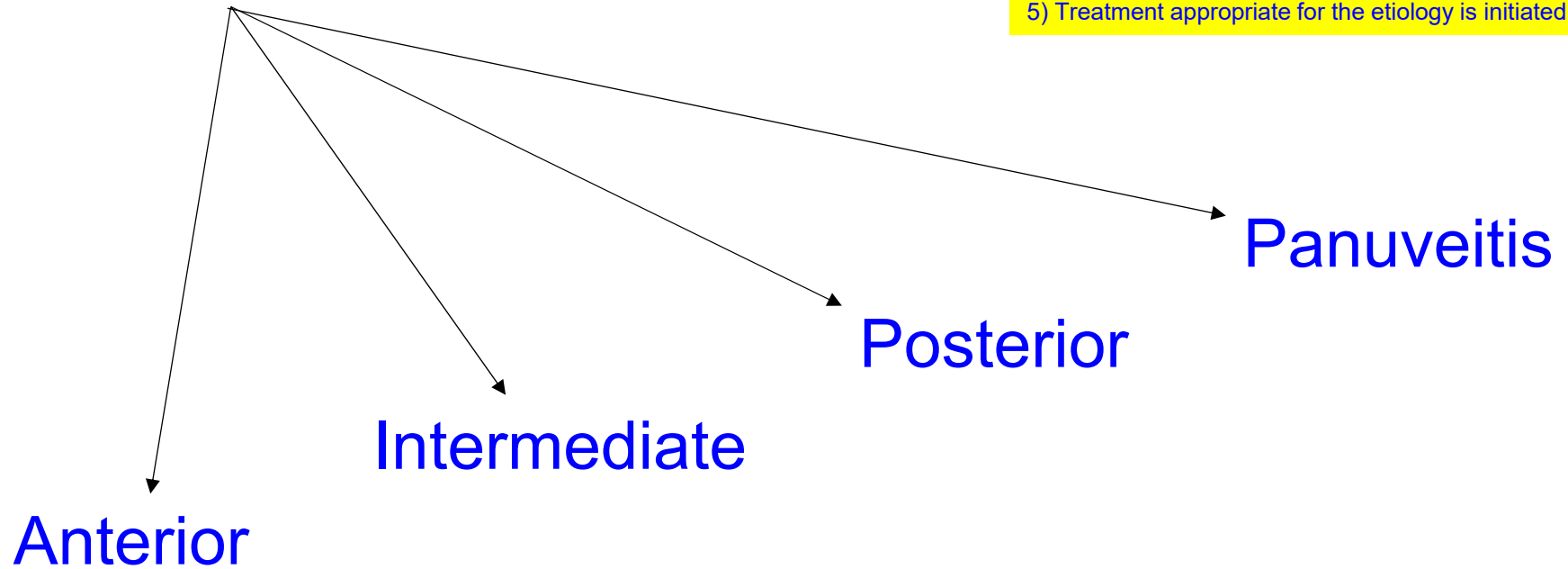
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- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
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- 5) Treatment appropriate for the etiology is initiated



What are the four basic anatomic locations in which uveitis can originate?

Uveitis

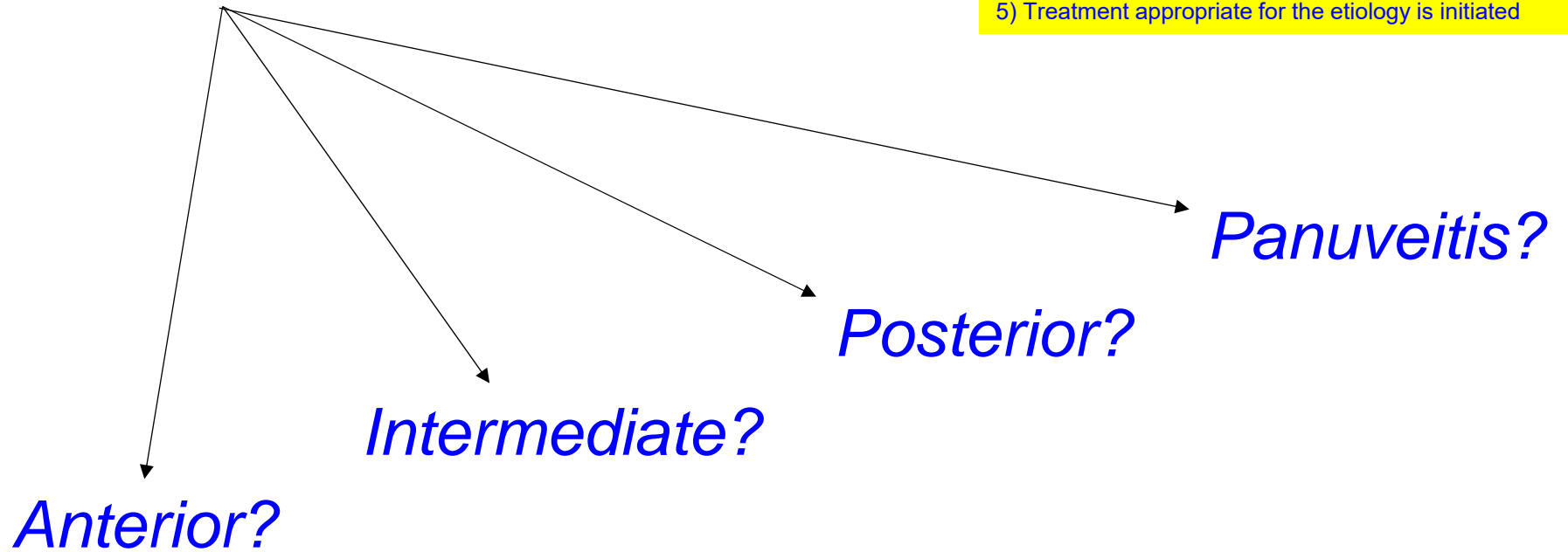
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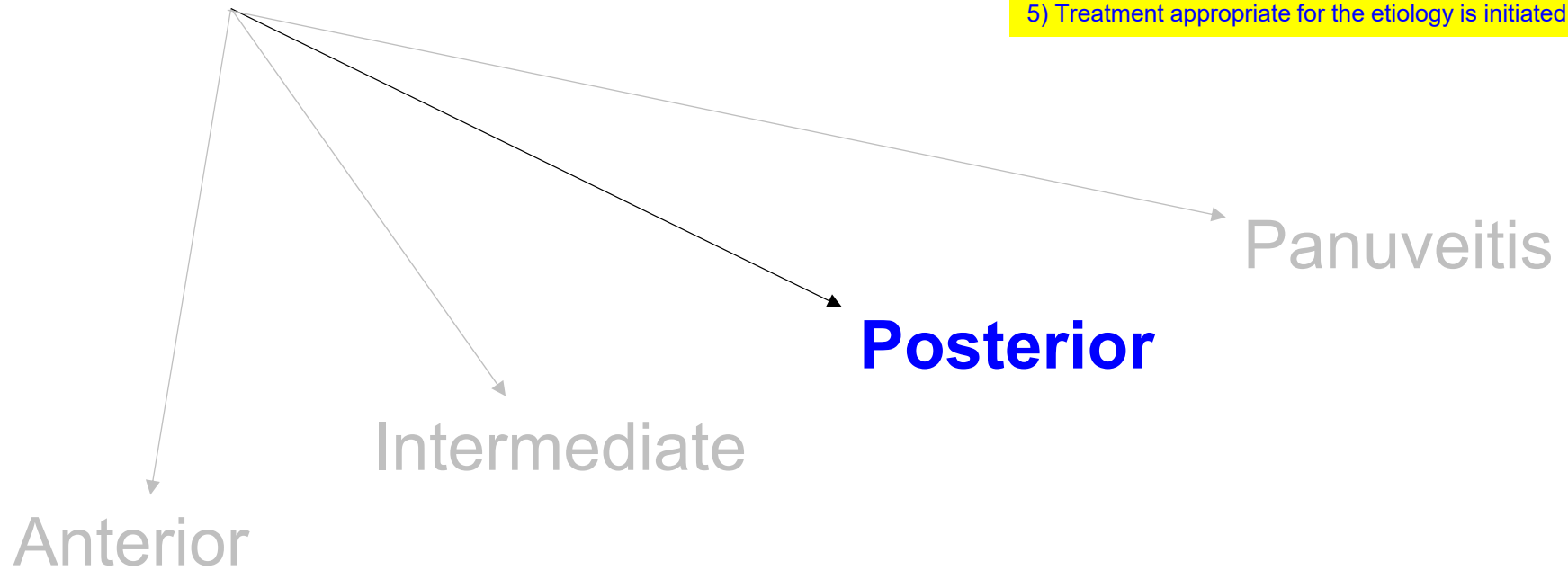
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Which location is most likely to manifest uveitis caused by Bartonella?

Uveitis

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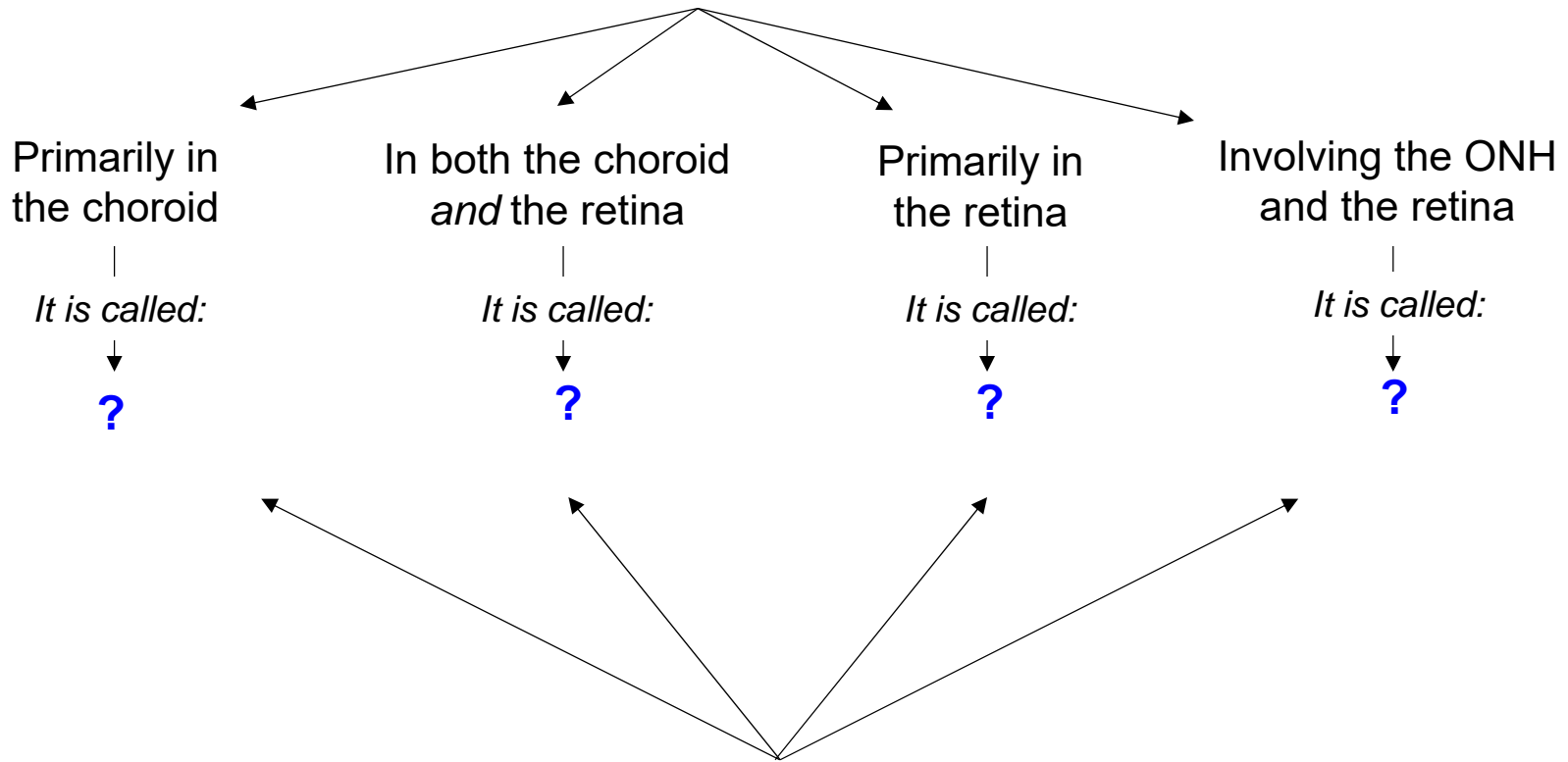


Which location is most likely to manifest uveitis caused by Bartonella?

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
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- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

If inflammation is located...

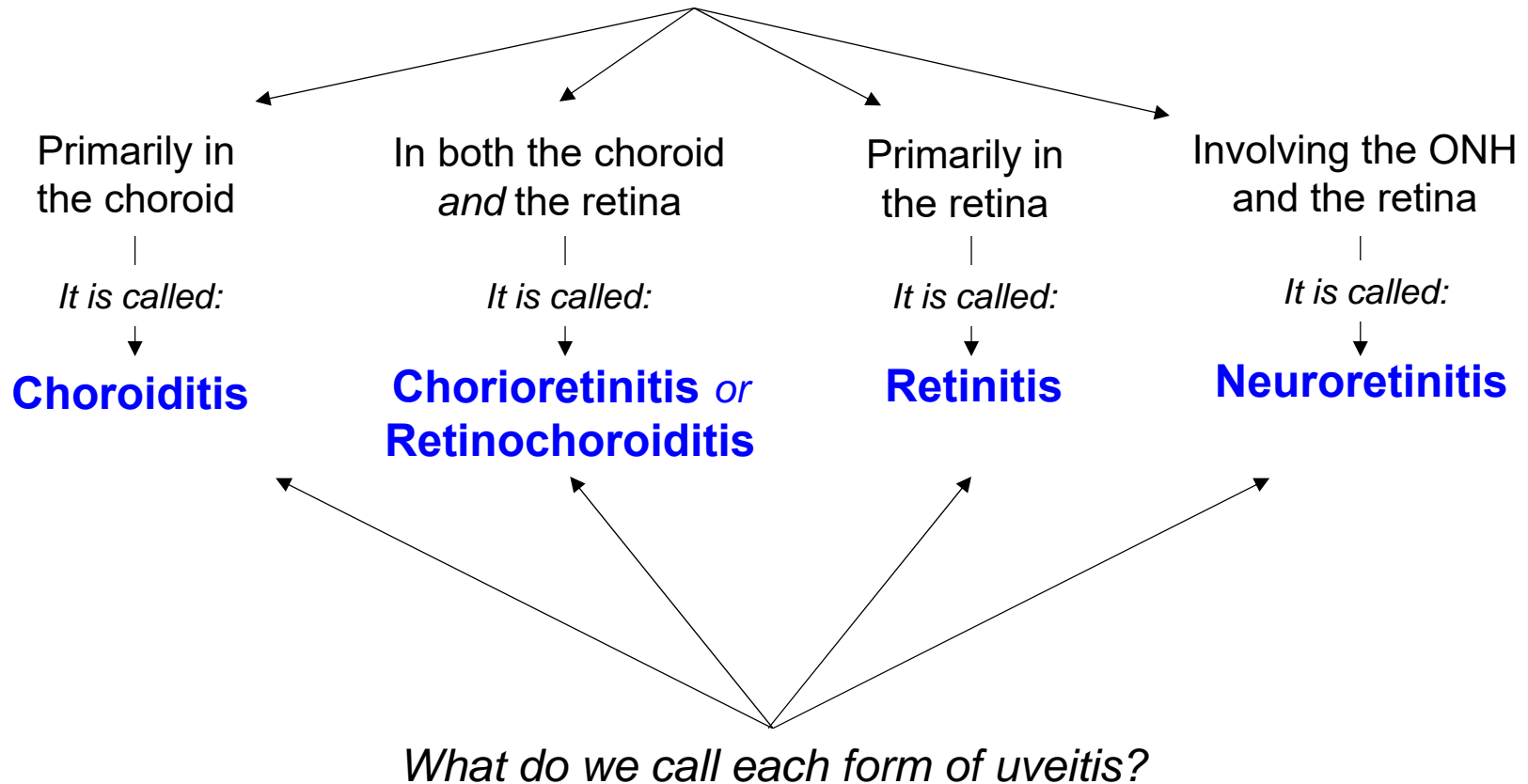


What do we call each form of uveitis?

Uveitis: *Posterior*

If inflammation is located...

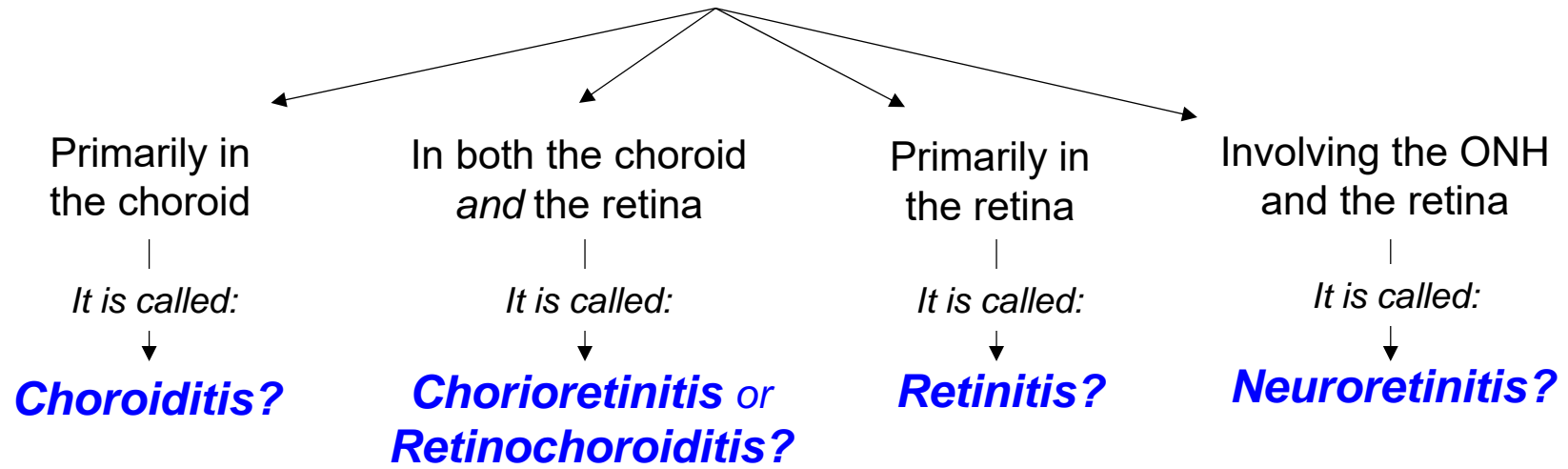
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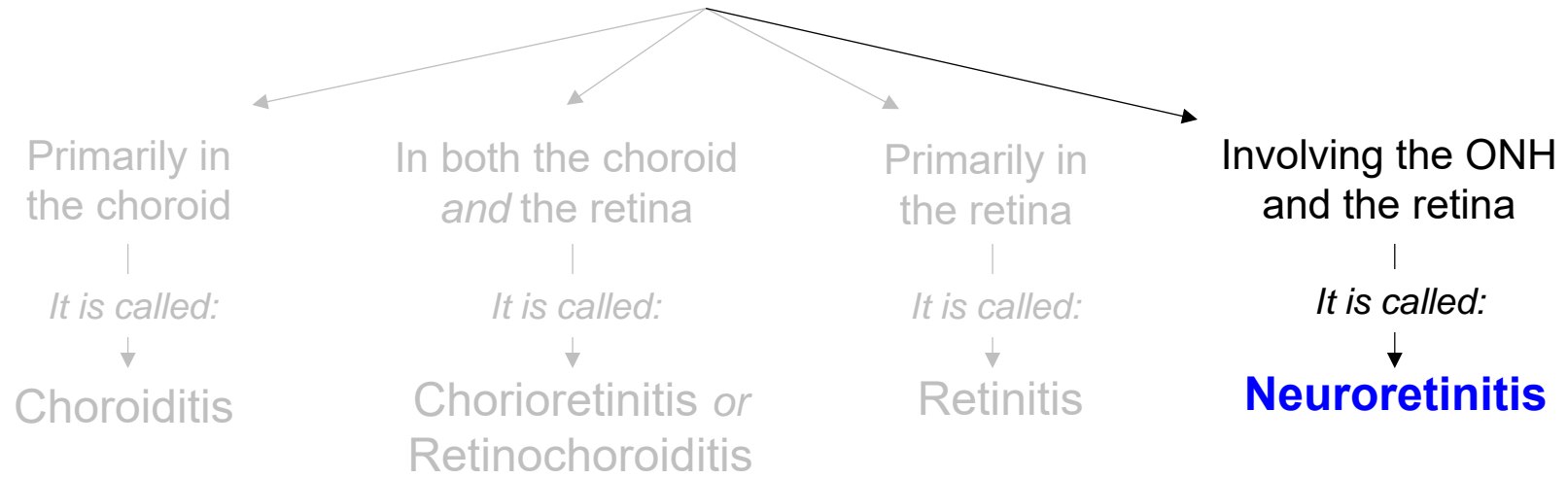


With which form is Bartonella most likely to present?

Uveitis: *Posterior*

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Primarily in the choroid

It is called:

Choroiditis

In both the choroid *and* the retina

It is called:

Chorioretinitis or Retinochoroiditis

Primarily in the retina

It is called:

Retinitis

Involving the ONH *and* the retina

It is called:

Neuroretinitis

- Syphilis/sarcoid/TB
- Toxocariasis
- Toxoplasmosis
- Lyme
- DUSN
- Malignant HTN
- Increased ICP
- AION
- Leber's idiopathic stellate neuroretinitis
- Bartonellosis

What are some of the other causes of neuroretinitis?

Uveitis: *Posterior*

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What are some of the other causes of neuroretinitis?

Of these, which is the most common cause?

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- Leber's idiopathic stellate neuroretinitis
- **Bartonellosis**

What are some of the other causes of neuroretinitis?

Of these, which is the most common cause?

Bartonella, by a mile

Uveitis: *Bartonellosis*

Basics

What is the causative organism in Bartonellosis?

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Uveitis: *Bartonellosis*

Basics

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What sort of organism is it (in a microbiology sense)?

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rod vs cocci

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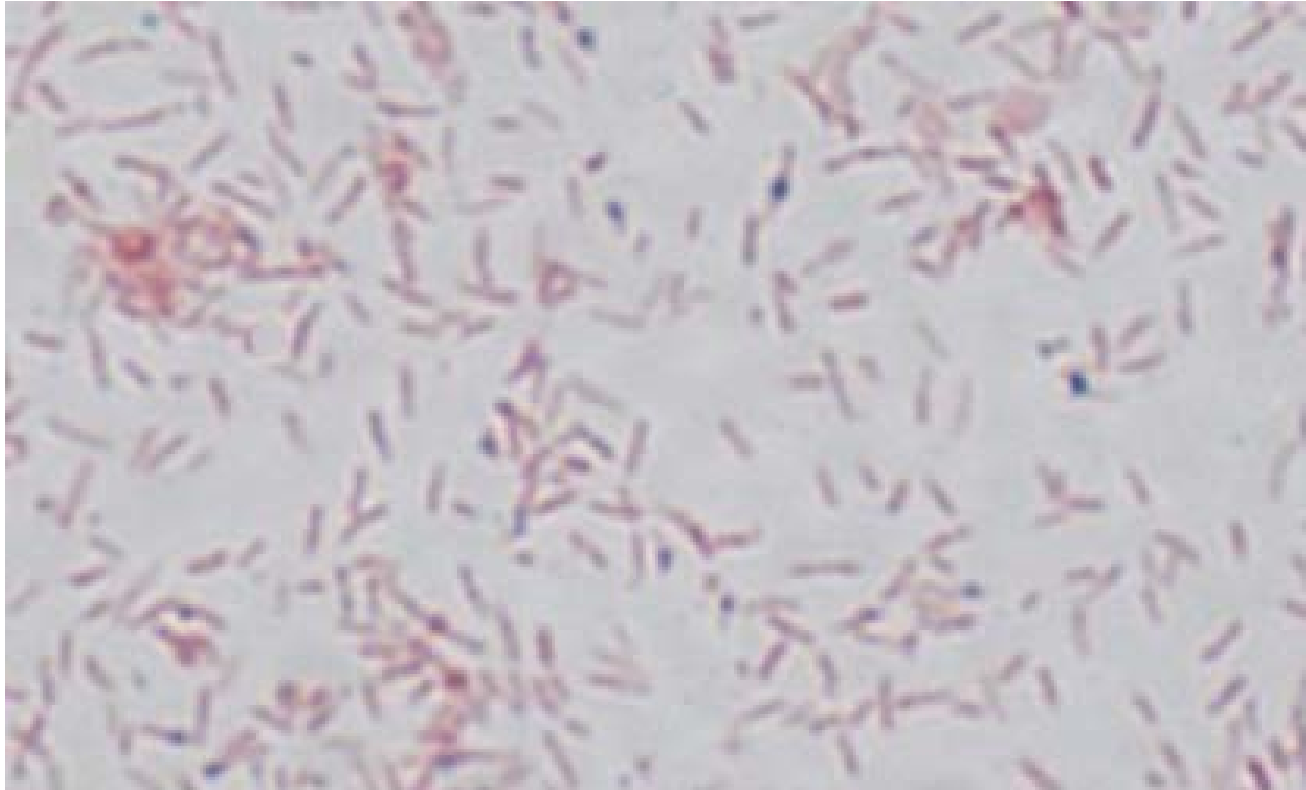
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It is G(-)

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Bartonella henslae: Gram(-) rods

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Cat-scratch disease (CSD)

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What animals serve as the reservoir for the disease?

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The South, California, and Hawaii

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What animals serve as the reservoir for the disease?

The cat is the primary reservoir

What regions of the US have the highest annual incidence of CSD?

The South, California, and Hawaii

What time of year is it most likely to occur?

The fall and winter months

Uveitis: *Bartonellosis*

Basics

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What age group is most likely to be affected?

Uveitis: *Bartonellosis*

Basics

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What is the common name for Bartonellosis?

Cat-scratch disease (CSD)

What animals serve as the reservoir for the disease?

The cat is the primary reservoir

What regions of the US have the highest annual incidence of CSD?

The South, California, and Hawaii

What time of year is it most likely to occur?

The fall and winter months

What age group is most likely to be affected?

Children under the age of 10 years

Uveitis: *Bartonellosis*

Basics

How does CSD present?

--First, a appears at the inoculation site

--

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Uveitis: *Bartonellosis*

Basics

How does CSD present?

--First, a focal vesiculopustular rash appears at the inoculation site

--

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
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Bartonellosis: Focal vesiculopustular rash

Uveitis: *Bartonellosis*

Basics

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
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How does CSD present?

--First, a focal vesiculopustular rash appears at the inoculation site

- later, develops, accompanied by a

Uveitis: *Bartonellosis*

Basics

How does CSD present?

--First, a focal vesiculopustular rash appears at the inoculation site

--1-2 weeks later, regional lymphadenopathy develops, accompanied by a flulike syndrome

- 1) The uveitis is profiled
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Bartonellosis: Regional LAD

Uveitis: *Bartonellosis*

Basics

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
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How does CSD present?

--First, a focal vesiculopustular rash appears at the inoculation site

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What percent of pts will go on to develop ophthalmic involvement?

Uveitis: *Bartonellosis*

Basics

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What percent of pts will go on to develop ophthalmic involvement?

5-10

Uveitis: *Bartonellosis*

Basics

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How does CSD present?

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What percent of pts will go on to develop ophthalmic involvement?

5-10

What is the most common ophthalmic manifestation? (Hint: It's not neuroretinitis)

Uveitis: *Bartonellosis*

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Parinaud oculoglandular syndrome (POS)

Uveitis: *Bartonellosis*

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What are the two hallmarks of POS?

-
-

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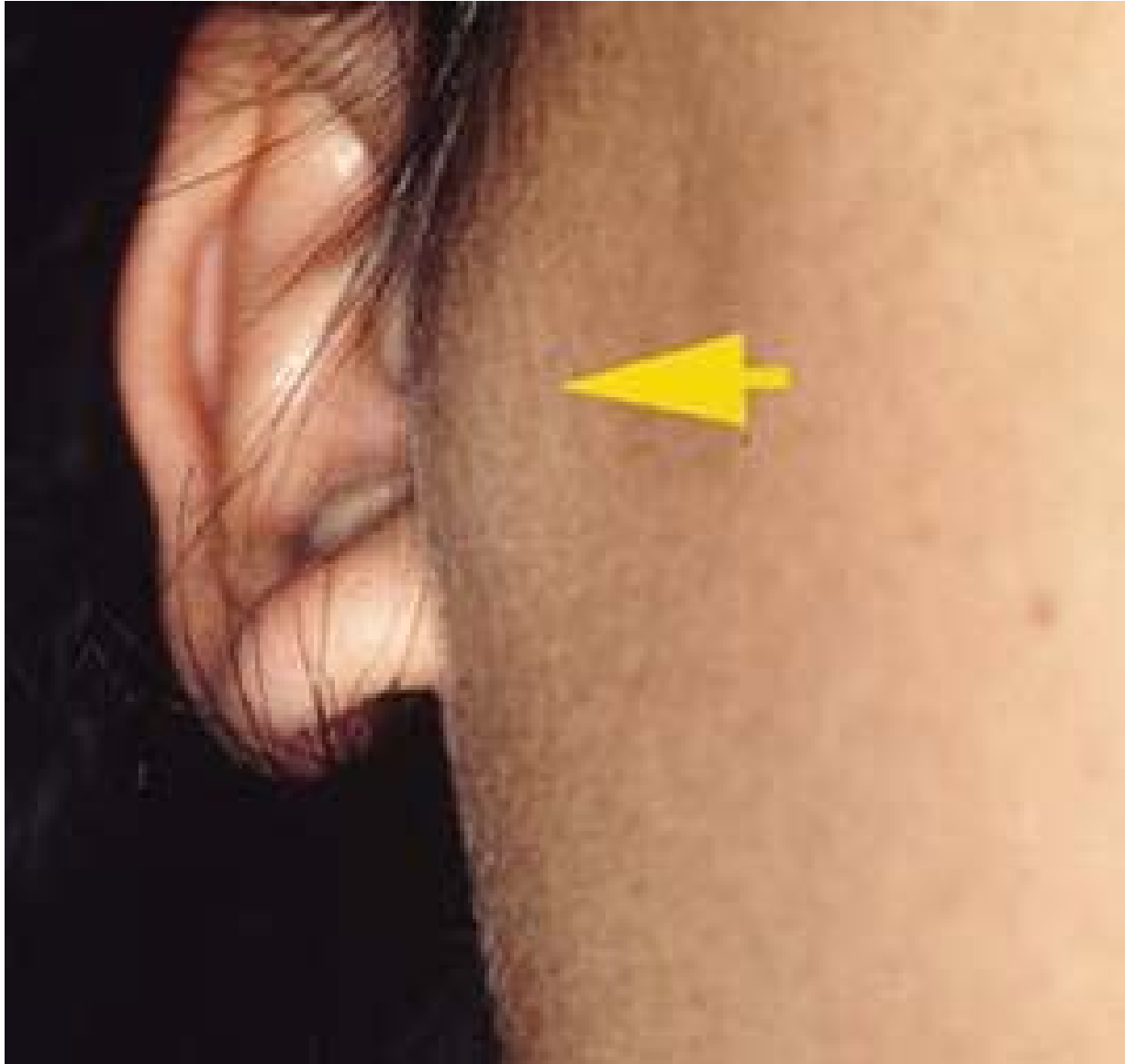
Parinaud oculoglandular syndrome (POS)

What are the two hallmarks of POS?

- A unilateral granulomatous **conjunctivitis** (note: NOT anterior uveitis)
- Ipsilateral preauricular and/or submandibular lymphadenopathy



Bartonellosis: Parinaud oculoglandular syndrome: Conj granuloma



Bartonellosis: Parinaud oculoglandular syndrome: Preauricular LAD

Uveitis: *Bartonellosis*

Basics

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We tend to think of conjunctivitis as coming in two 'flavors:' [redacted] and [redacted].
Note that *granulomatous* conjunctivitis represents an entirely different clinical entity.

Uveitis: *Bartonellosis*

Basics

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We tend to think of conjunctivitis as coming in two 'flavors:' *Papillary* and *follicular*. Note that *granulomatous* conjunctivitis represents an entirely different clinical entity.

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What is the most common ophthalmic manifestation? (Hint: It's not neuroretinitis)

Parinaud oculoglandular syndrome (POS)

What are the two hallmarks of POS?

- A unilateral granulomatous **conjunctivitis** (note: NOT anterior uveitis)
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Is Bartonella the only bug that causes POS?

Uveitis: *Bartonellosis*

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Direct contact with wild animals (eg, rabbits; raccoons)

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--*Francisella tularensis*

--**Syphilis!**

--**TB!**

--*Sarcoid!*

Why should sarcoid come to mind?

Because once again, it is showing up in a DDX alongside syphilis and TB. The three 'great imitators' strike again!

There are several noninfectious causes of Parinaud oculoglandular syndrome.

Which should come to mind here?

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Neuroretinitis

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Bartonellosis: CSD: Neuroretinitis with 'macular star'

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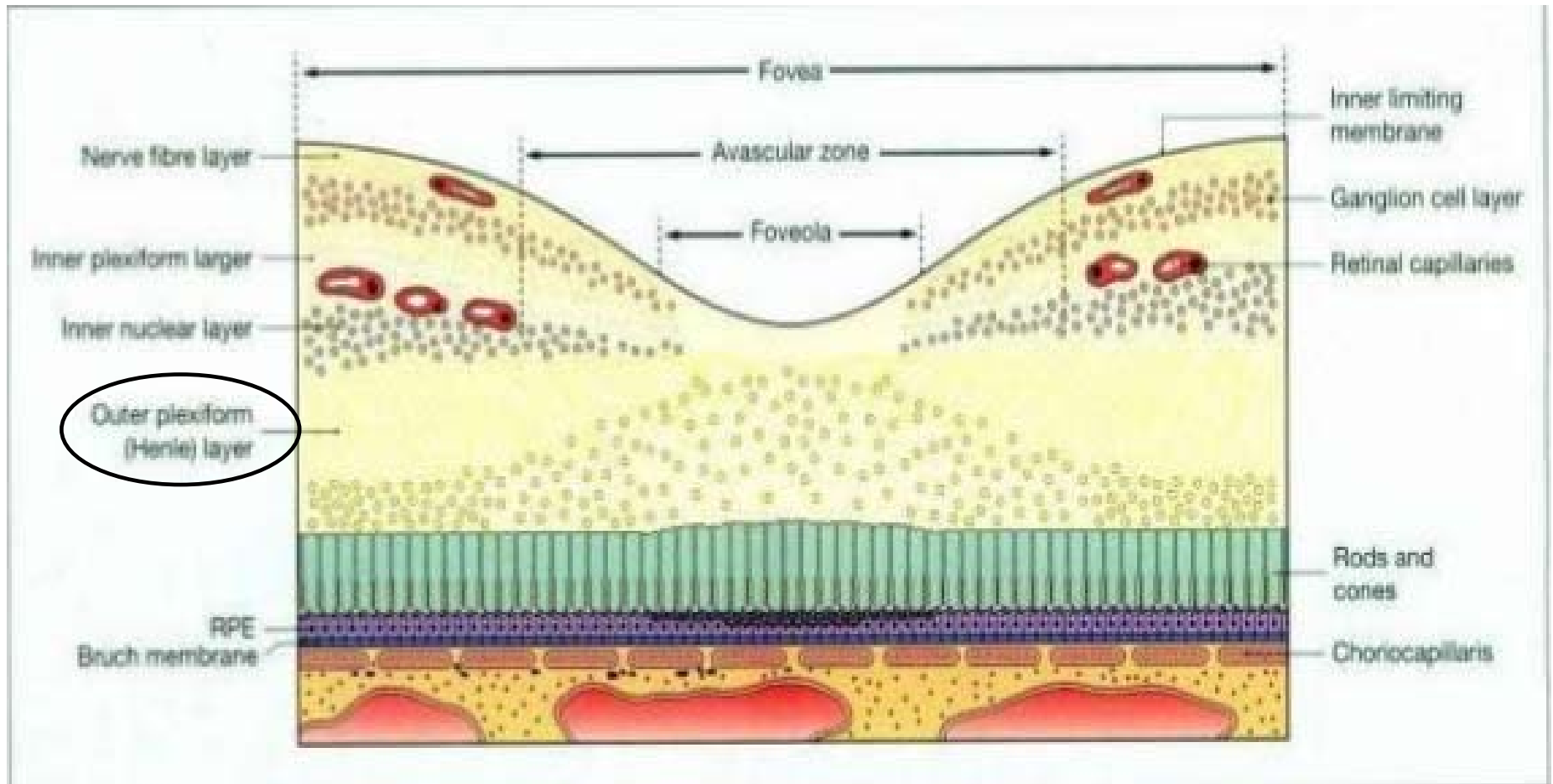
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Yes, anterior and vitreous cell are both usually present

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What about steroids--should they be given?

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- 5) Treatment appropriate for the etiology is initiated

How is the diagnosis of CSD neuroretinitis made?

Via the clinical presentation accompanied by confirmatory labs

Which lab studies should be ordered?

Bartonella antibodies (elevated IgM titers are especially suggestive of active infection)

Treatment

What is the natural course of CSD in general, and CSD neuroretinitis in particular?

CSD is almost always a self-limiting condition; the vast majority of pts will recover completely

How is it treated?

There are no cut-and-dried recommendations in this regard. A number of different antibiotics have been reported to be effective. The *Uveitis* book suggests doxy in pts older than 8, and azithromycin in those younger. In severe cases, or in immunocompromised pts, rifampin can be considered as an adjuvant.

What about steroids--should they be given?

The *Uveitis* book says their efficacy is “unknown”