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OCULAR DISEASE

Pars Planitis



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Introduction

- It denotes inflammation of pars plana part of ciliary body and most peripheral part of the retina.



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Etiology

- It is an idiopathic disease usually affecting both eyes (80 percent) of children and young adults.
- Pars planitis is a rather common entity, constituting 8 percent of uveitis patients.



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Clinical features-symptoms

- *Most of the patients* present with history of floaters.
- Some patients may come with defective vision due to associated cystoid macular oedema.



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Signs

- The eye is usually quiet. Slit-lamp examination may show:
 - ✓ mild aqueous flare, and fine KPs at the back of cornea. Anterior vitreous may show cells.
 - ✓ Fundus examination with indirect ophthalmoscope reveals the whitish exudates present near the ora serrata in the inferior quadrant. These typical exudates are referred as **snow ball opacities**. These may coalesce to form a grey white plaque called **snow banking**.



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Complications

- long-standing pars planitis include:
cystoid macular oedema, complicated
cataract and tractional retinal
detachment.



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Treatment

- 1. **Corticosteroids administered systemically and as repeated periocular injections** may be effective in some cases.
- 2. **Immunosuppressive drugs** may be helpful in steroid resistant cases.
- 3. **Peripheral cryotherapy** is also reported to be effective.