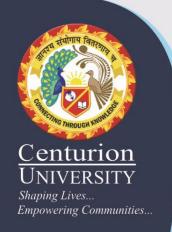


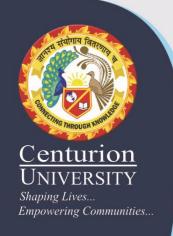
#### **OCULAR DISEASE**

#### **Pars Planitis**



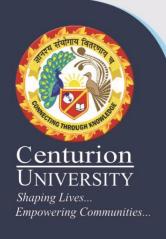
#### Introduction

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



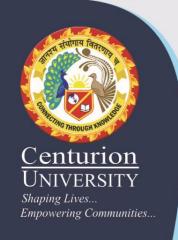
# Etiology

- 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.



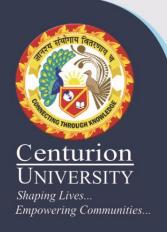
### Clinical features-symptoms

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



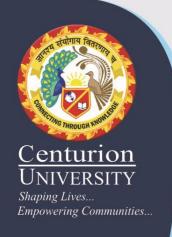
# Signs

- 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.



### Complications

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



#### **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.