

R1  R2  R3  PG0  PG1  Estagiário  Tecnólogo   
PIBIC Last Name - Cardoso First Name - Isabel Middle - Habeyche

Service (sector) Uveitis and AIDS N° CEP

**Evaluation of Diagnosis of Vogt-Koyanagi-Harada Disease – Application of Diagnostic Criteria from VKH Syndrome- First International Workshop,1999.**

Isabel Habeyche Cardoso, Carlos Gustavo M.G. Lima, Cristina Muccioli. Objectives: To evaluate the diagnosis of Vogt-Koyanagi-Harada disease (VKH) in patients from Uvea and AIDS sector of UNIFESP, according to “VKH Syndrome – First International Workshop, 1999” and to identify which one is the most frequent type of disease, i.e., complete, incomplete or probable VKH disease (isolated ocular disease). Methods: A retrospective study, chart review. All the charts from patients diagnosed with VKH disease were reviewed, and a questionnaire, translated by the authors, from the “VKH Syndrome – First International Workshop,1999” was filled according to the information obtained. Results: There were analysed 140 charts. The results found were: 18 patients (12.85%) were classified as having complete disease; 41(29.28%) had incomplete disease; 40 (28.57%) had probable disease (these patients didn’t have neither neurologic nor dermatologic signs, but only ocular disease) and 41 (29.28%) were not considered having VKH disease. From the 41 patients with incomplete disease, 27 (19.28%) had neurologic signs and 14 (10%) had dermatologic signs. The 41 patients classified as not having VKH disease were excluded because one of these items: the disease was unilateral in 4 patients (2.85%), there was history of previous ocular surgery or trauma in 3 patients (2.14%), another systemic or ocular disease in 5 patients (3.58%), there were no records of fundoscopy or it was impossible to be done in 22 patients (15.71%) or the diagnostic criteria were simply not met in 7 patients (5%). Conclusions: Almost 30% of patients diagnosed as VKH disease didn’t met the diagnosis criteria because in most of them it was impossible to examine the eye fundus (due to posterior synechiae), and angiography exam/results were absent in these charts. Probably, this is because many patients came to us in an advanced phase of disease. The sooner the patient is examined and the questionnaire is applied, the better the chance to examine eye fundus and to have more criteria met, getting the higher probability to diagnosing the disease.