Dix règles d’or dans la stratégie de prise en charge des uvéites

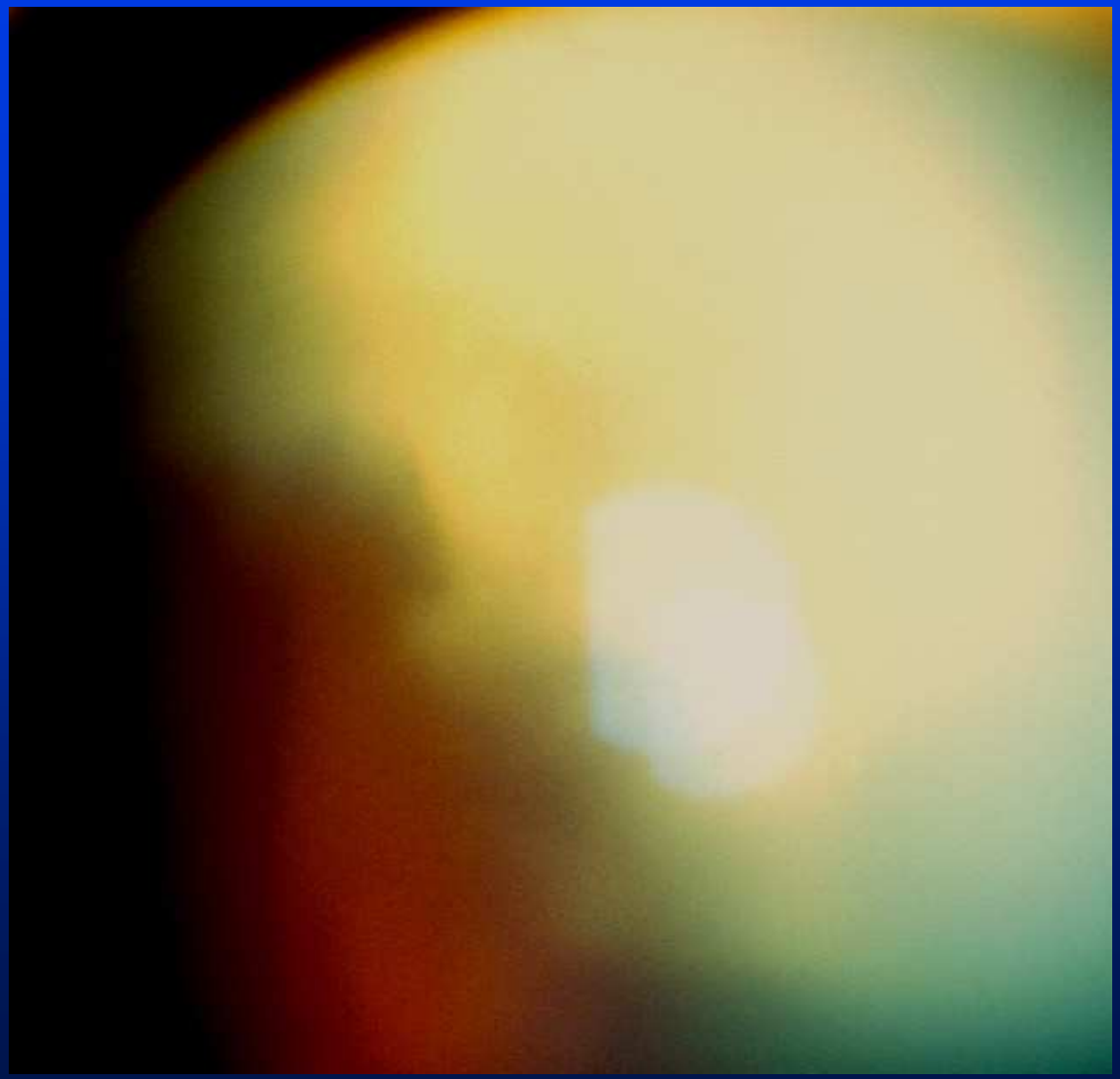
Université Paris Descartes

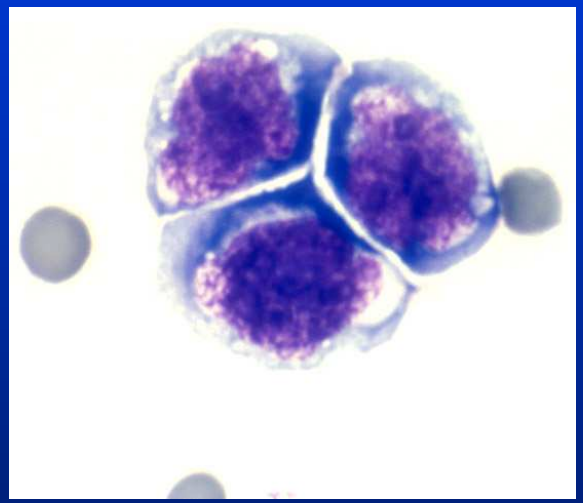
Hôpital Cochin

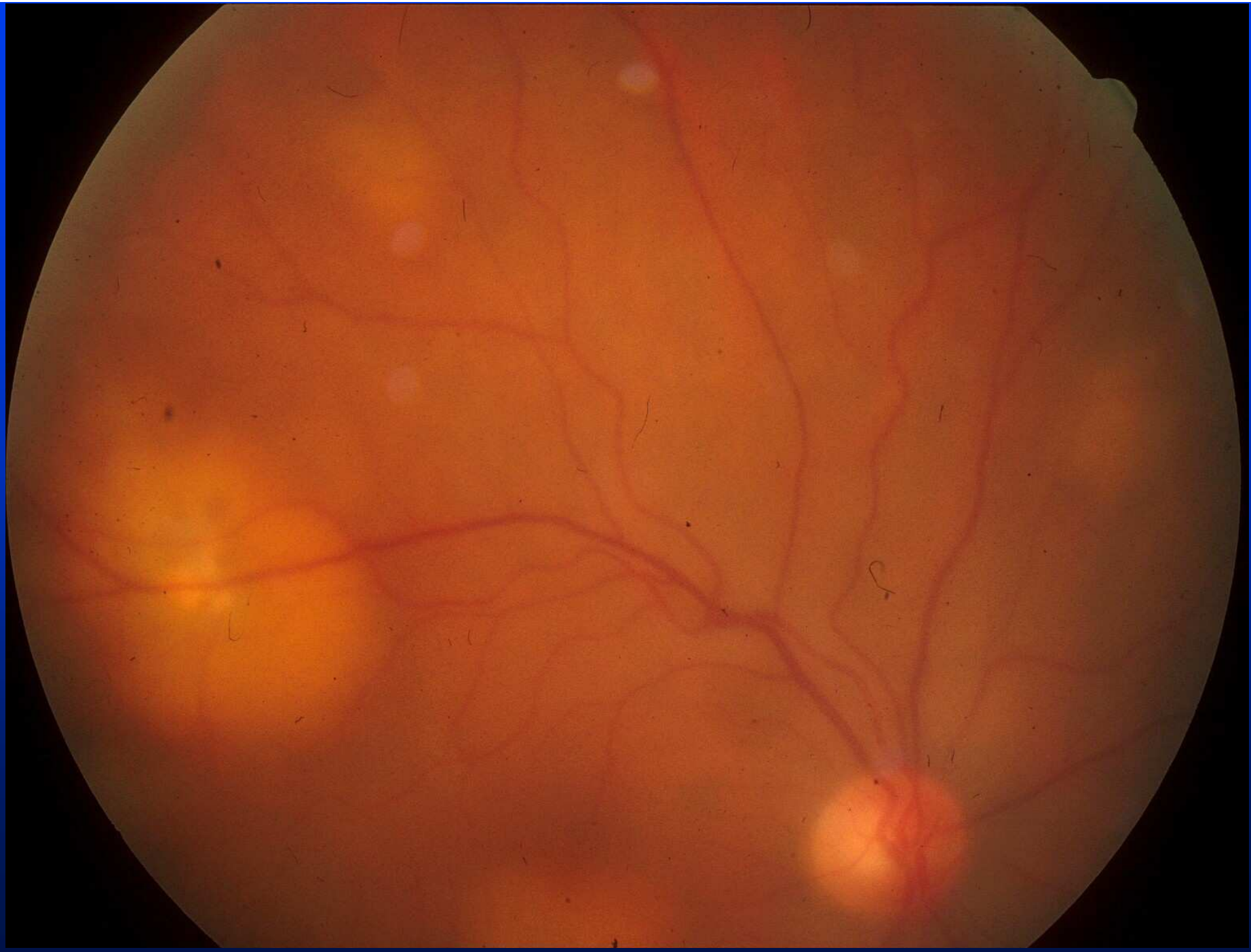
Antoine BRÉZIN

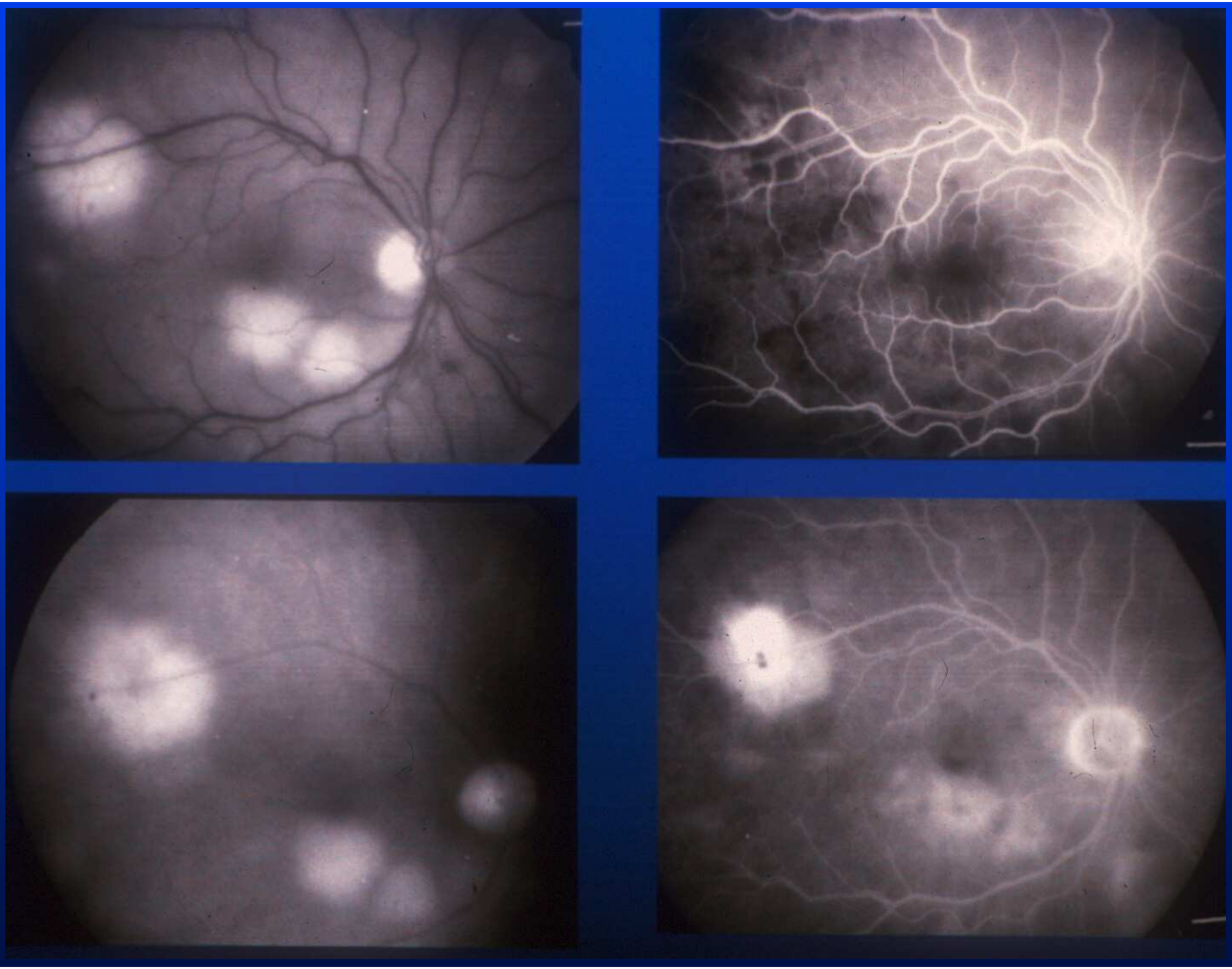
antoine.brezin@cch.aphp.fr

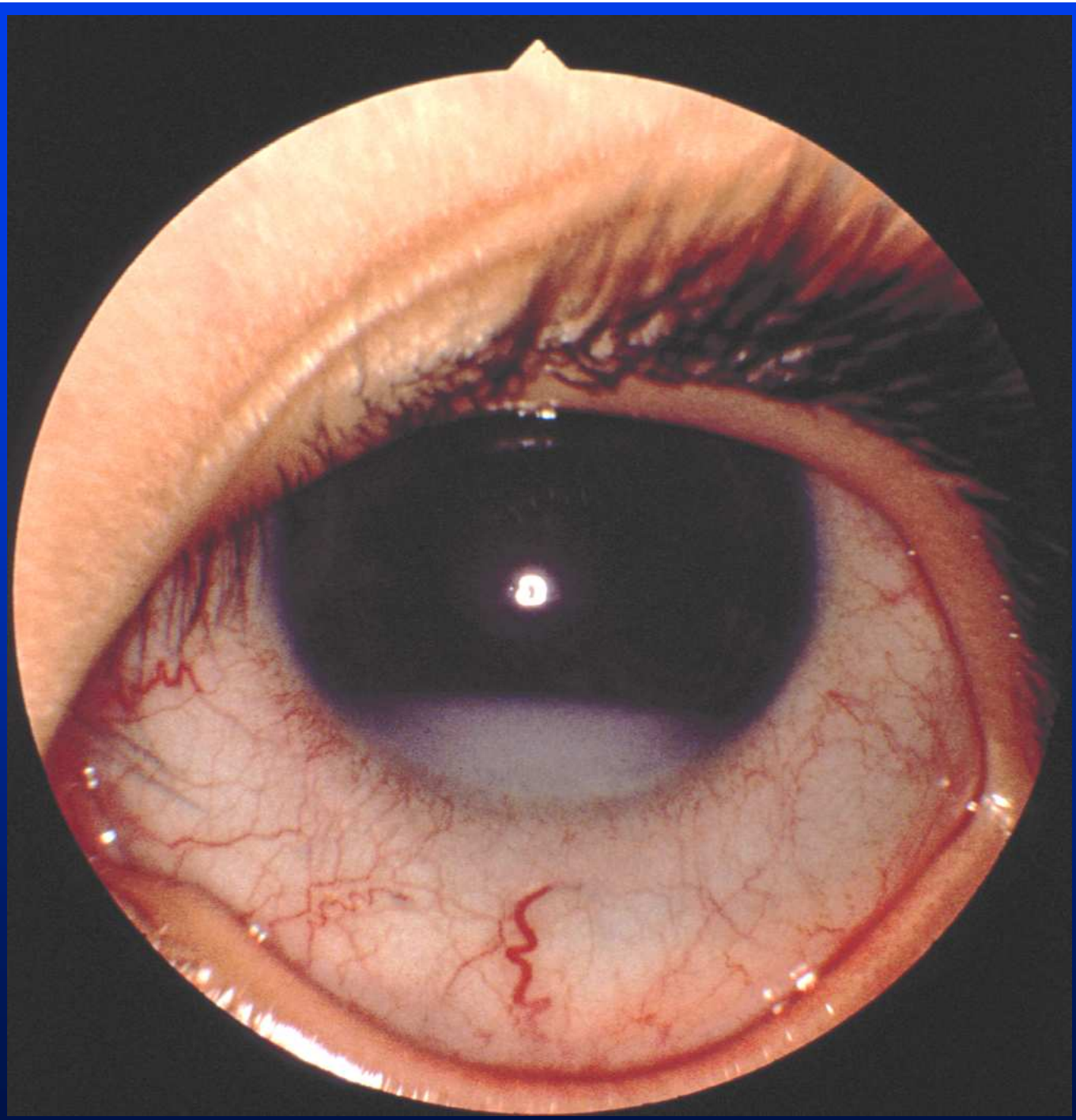
1. Ne pas prendre pour une uvéite ce qui n’est pas uvéite

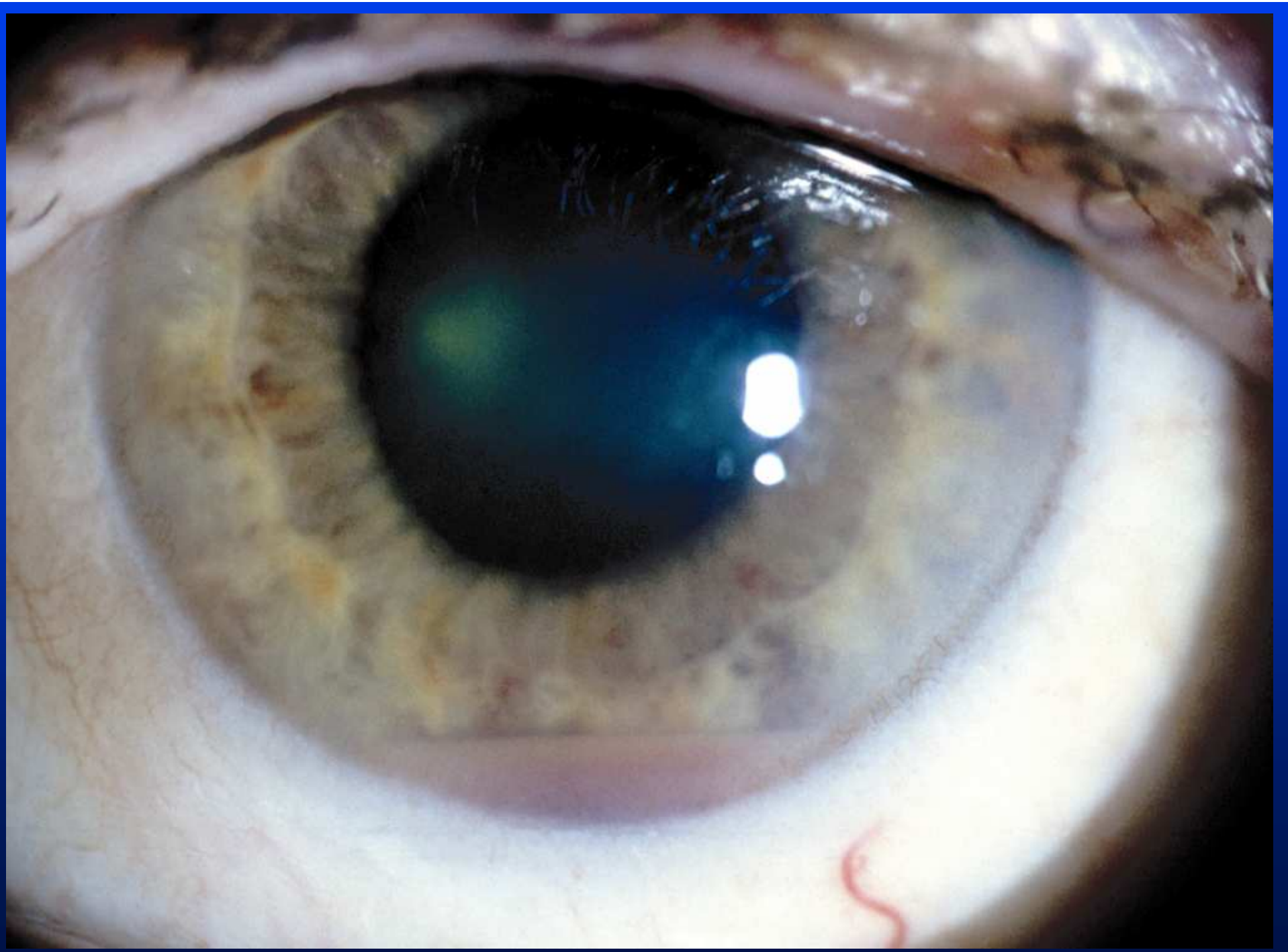


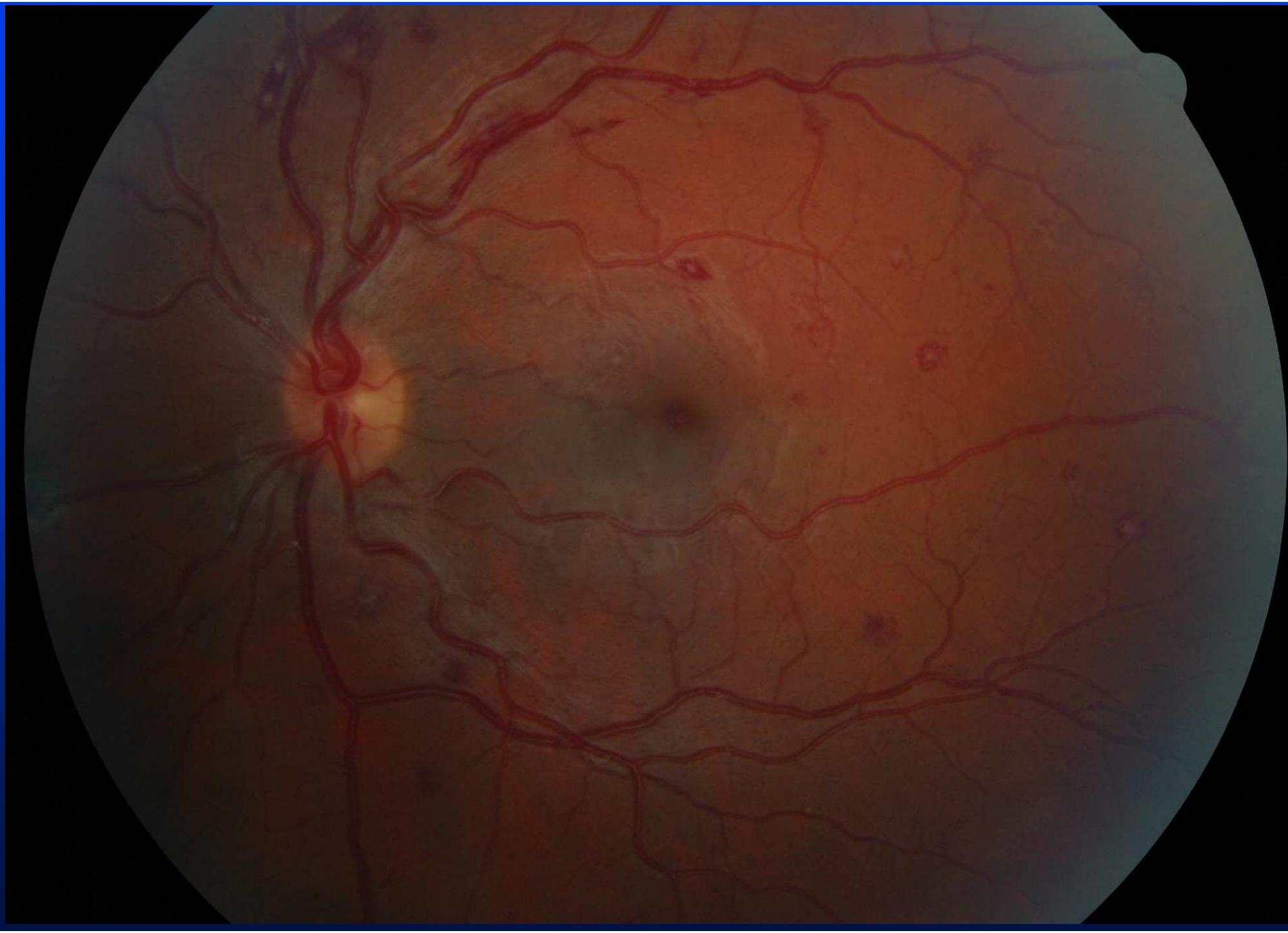












2. Interroger le patient !

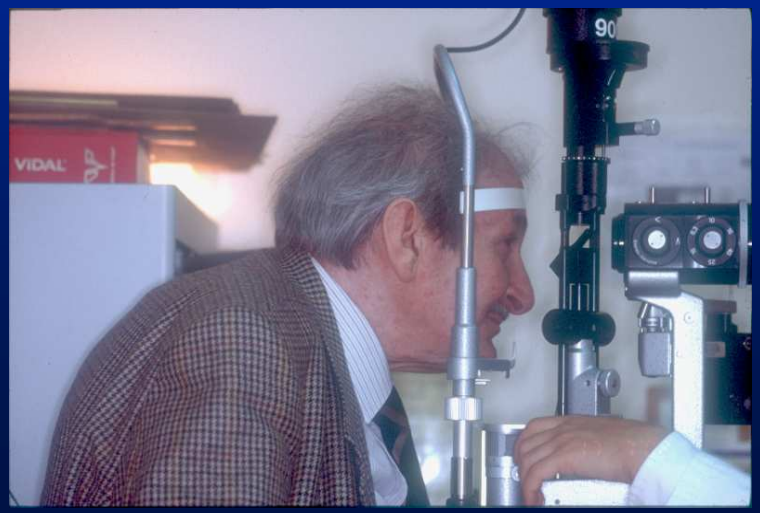
Étiologie des uvéites

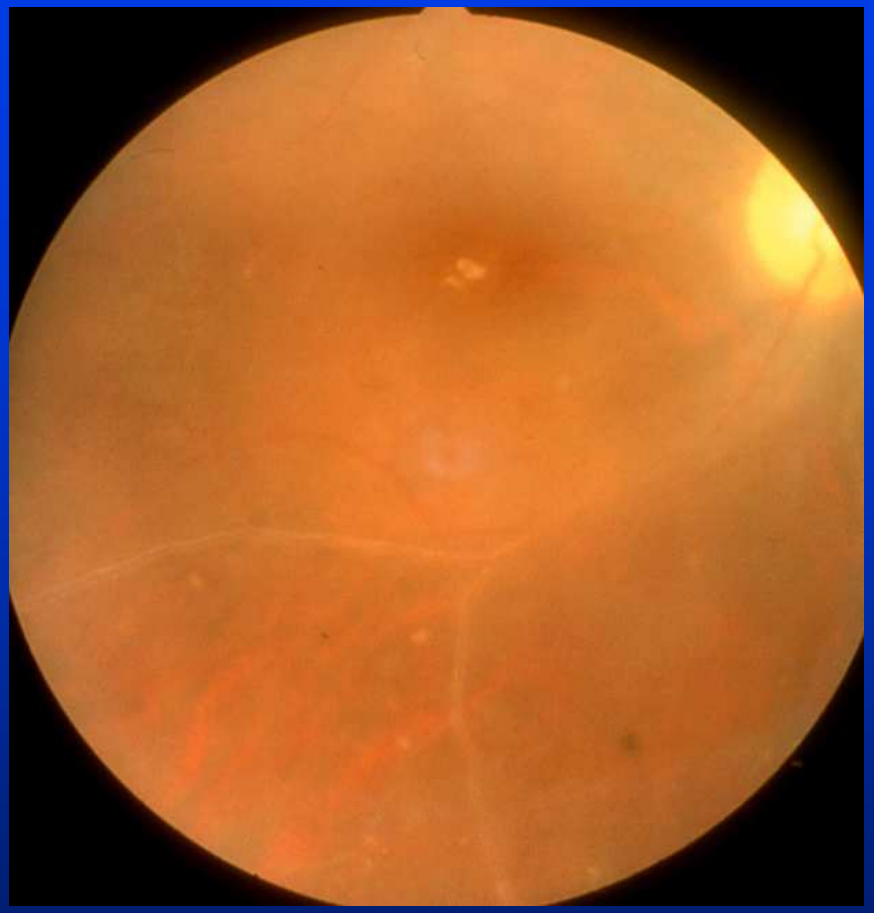
Étiologies inconnues
≈ 25%

Étiologies systémiques présumées
≈ 25%

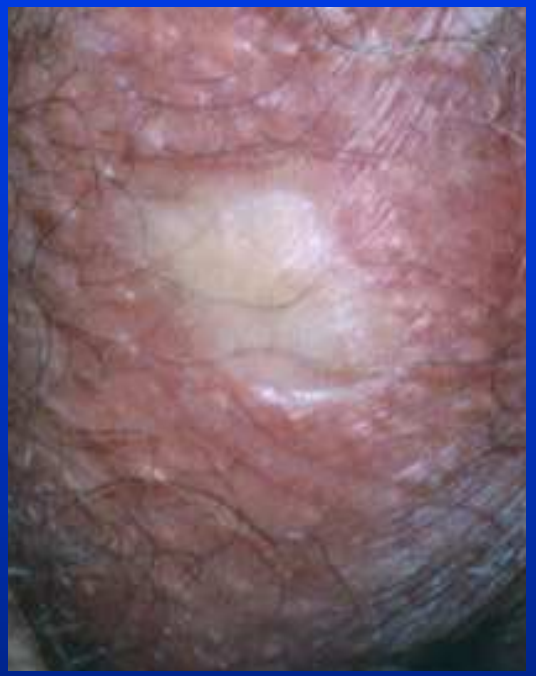
Étiologies oculaires isolées
≈ 25%

Étiologies systémiques prouvées
≈ 25%

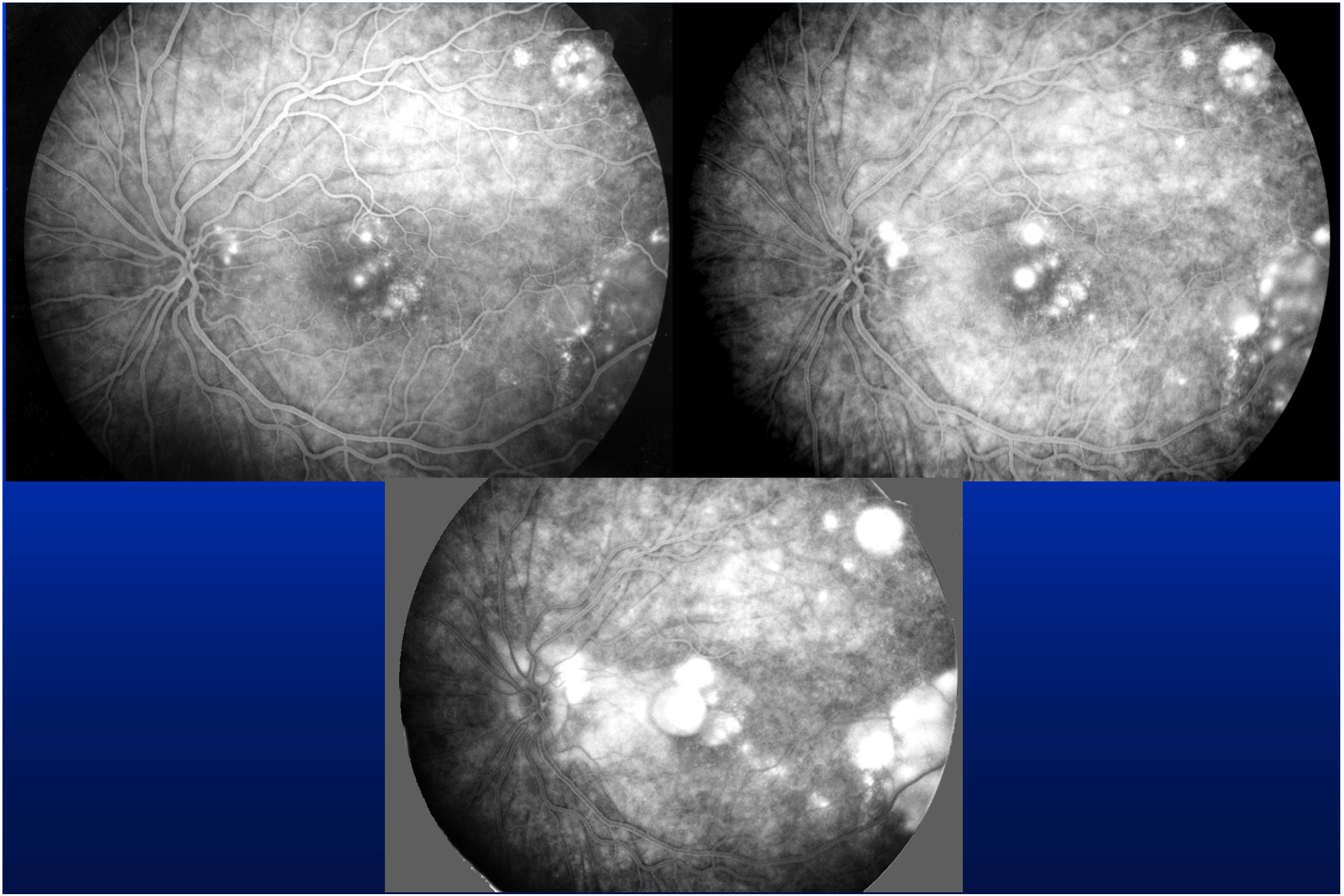


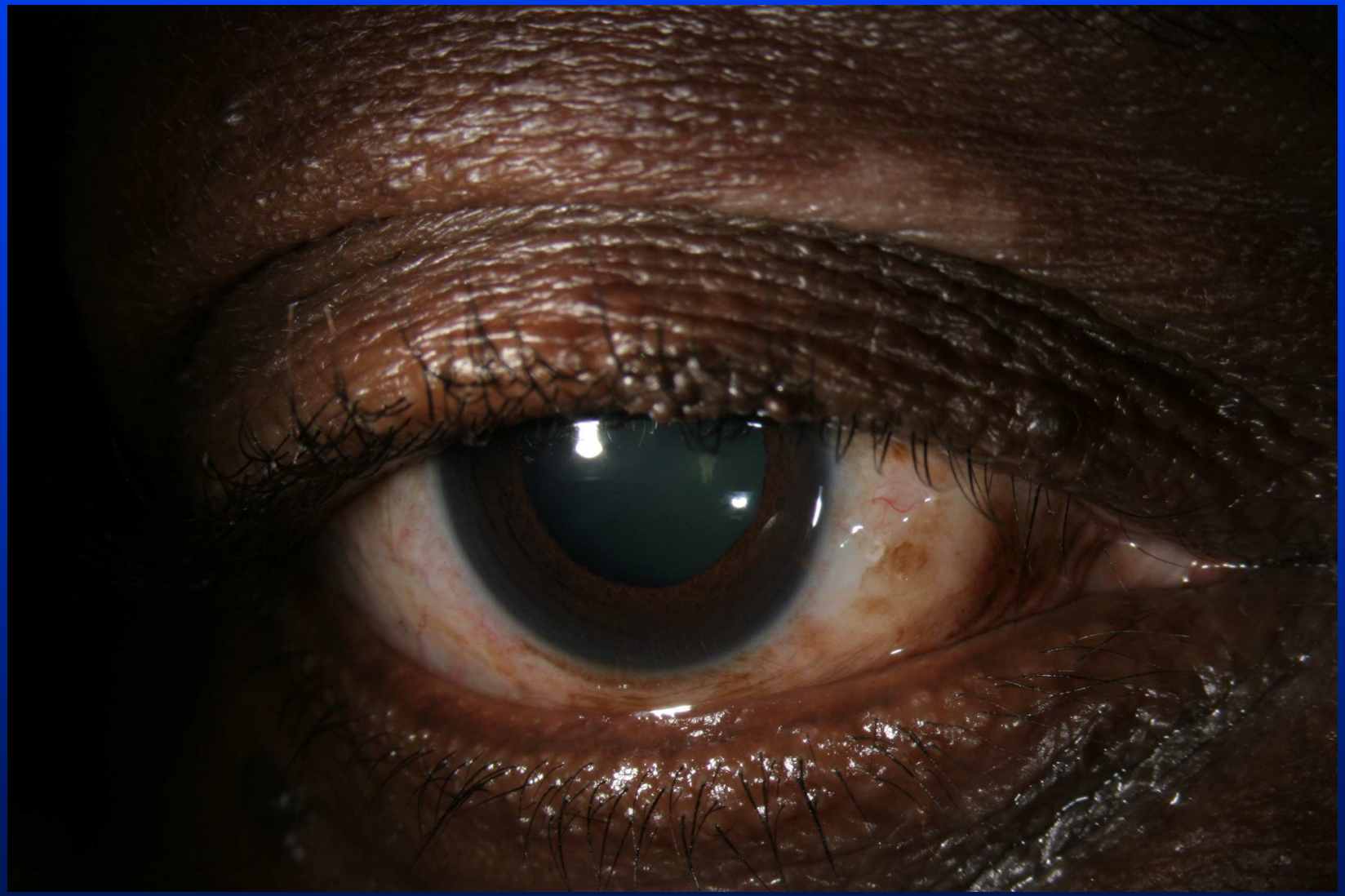


+



Maladie de Behçet

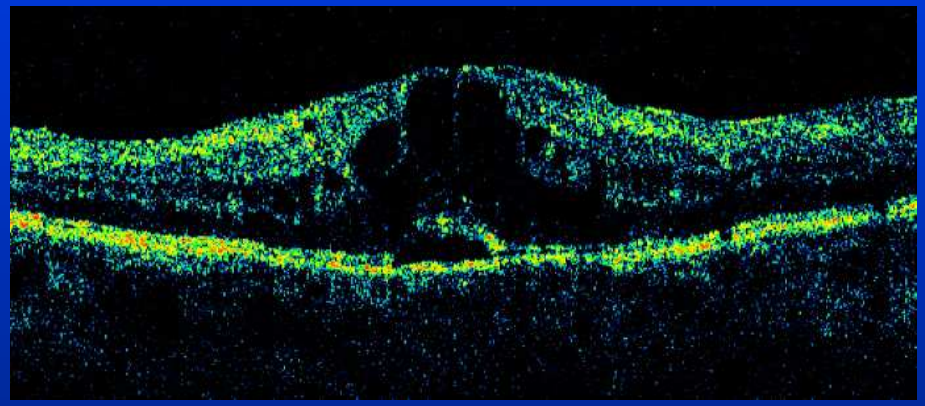




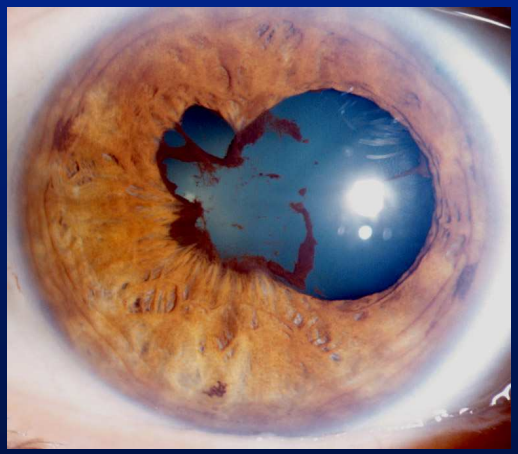
3. Ne pas brouiller les pistes par une corticothérapie systémique trop précoce et/ou inutile

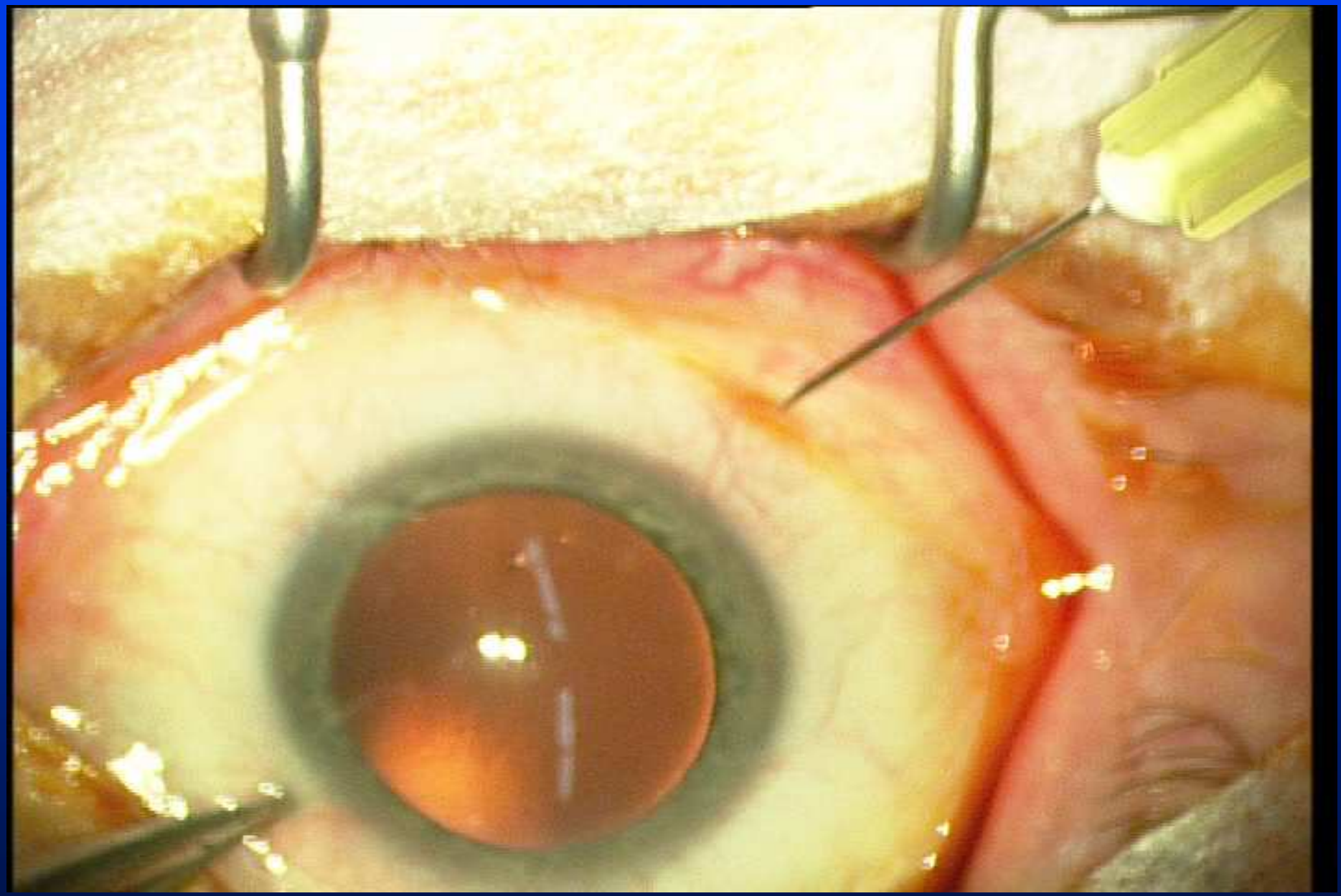
Pendant la recherche de l'étiologie :

- Si nécessaire traiter un oedème maculaire par injection intra- ou sous-ténonienne de triamcinolone

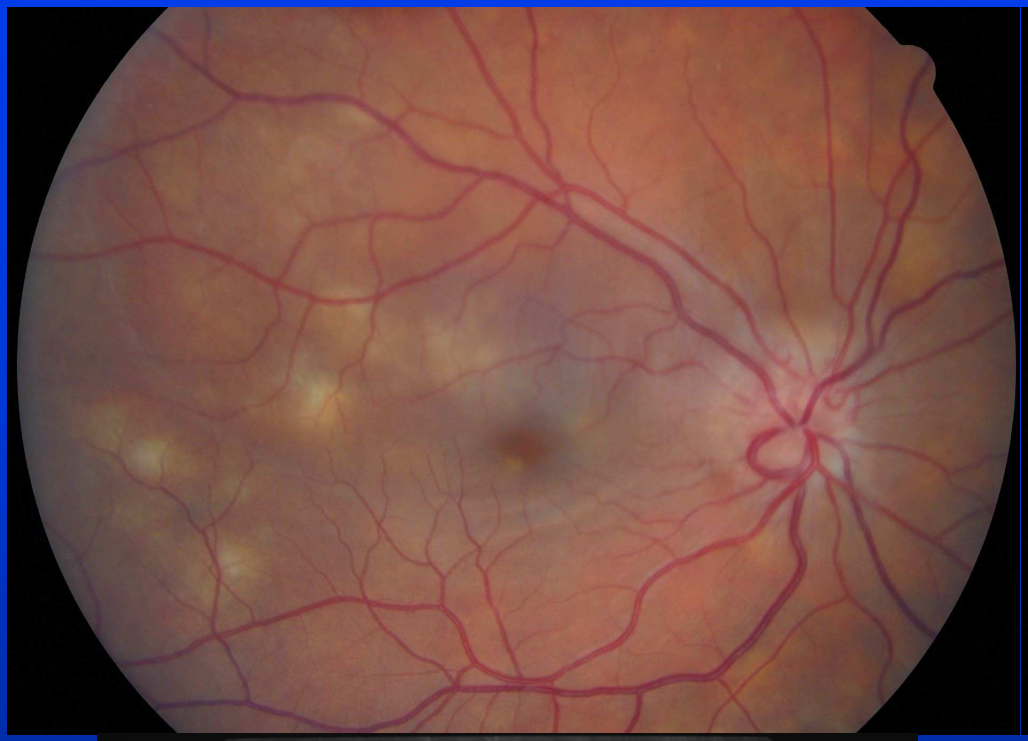


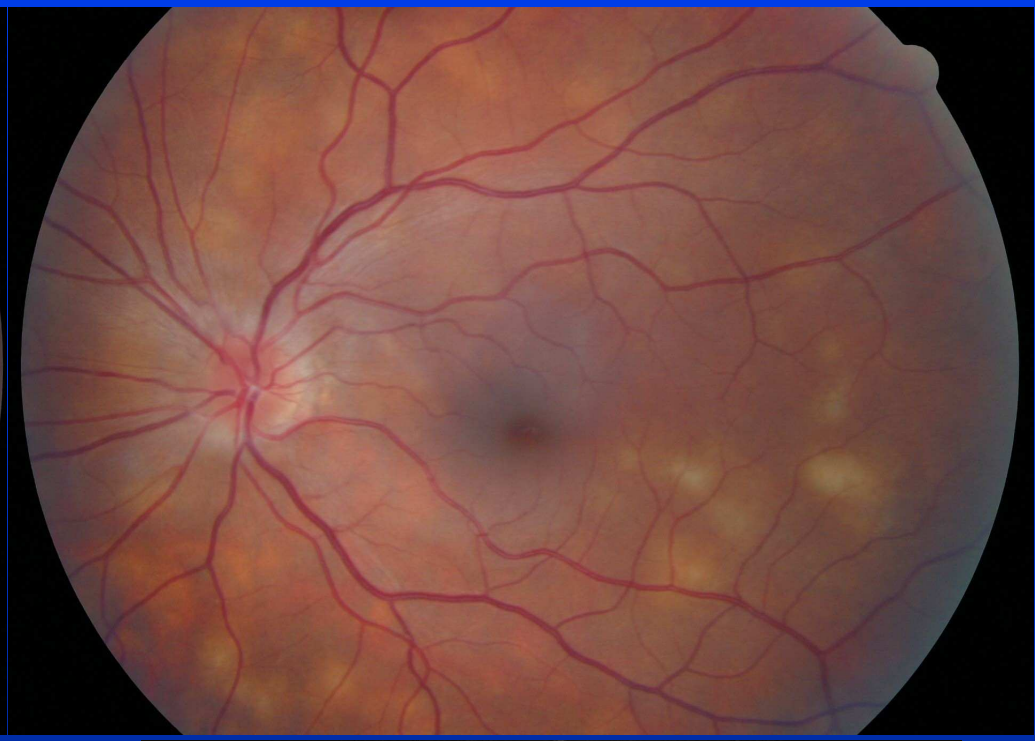
- Traiter les synéchies, par une corticothérapie topique intensive

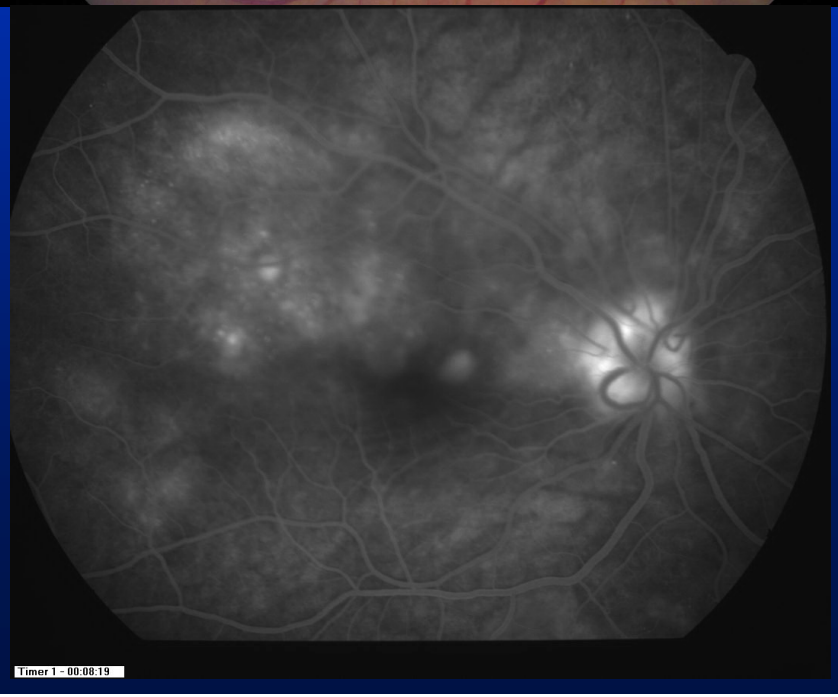


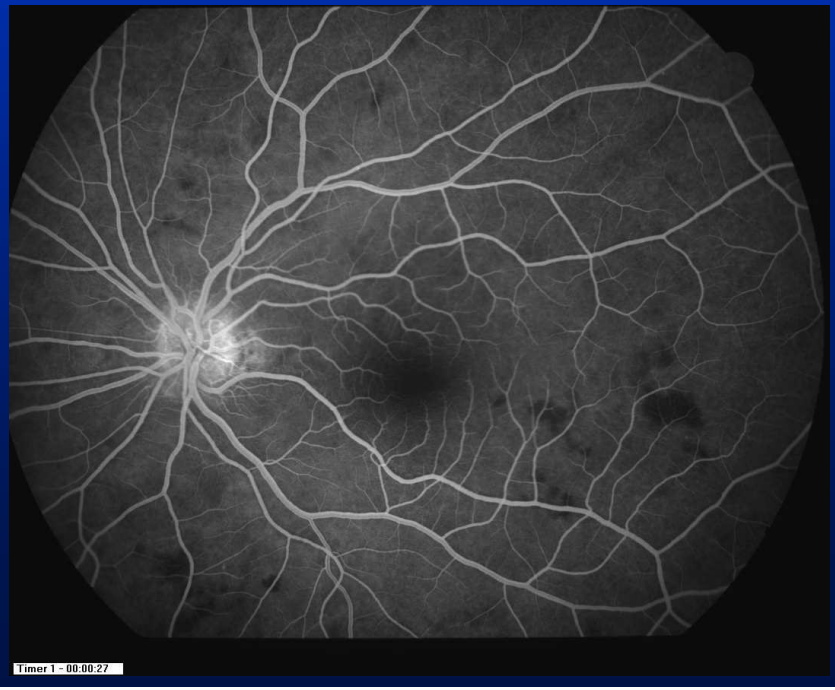


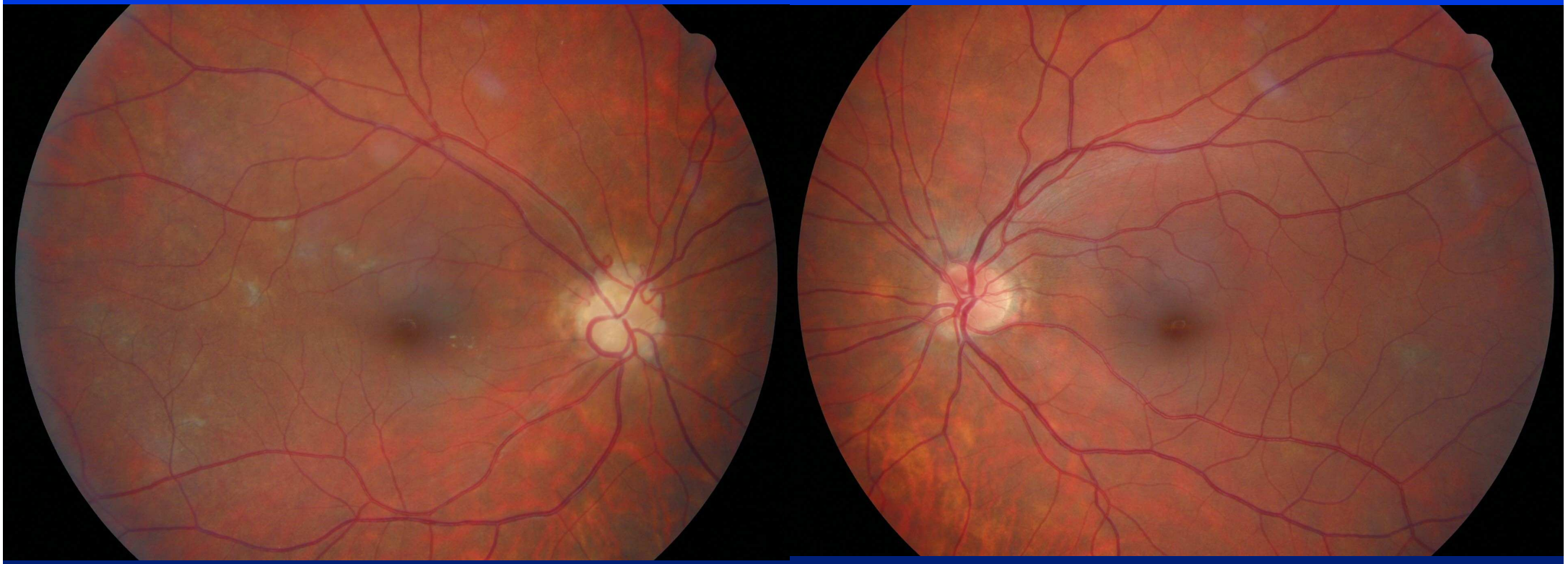
4. Ne pas méconnaître une étiologie infectieuse !



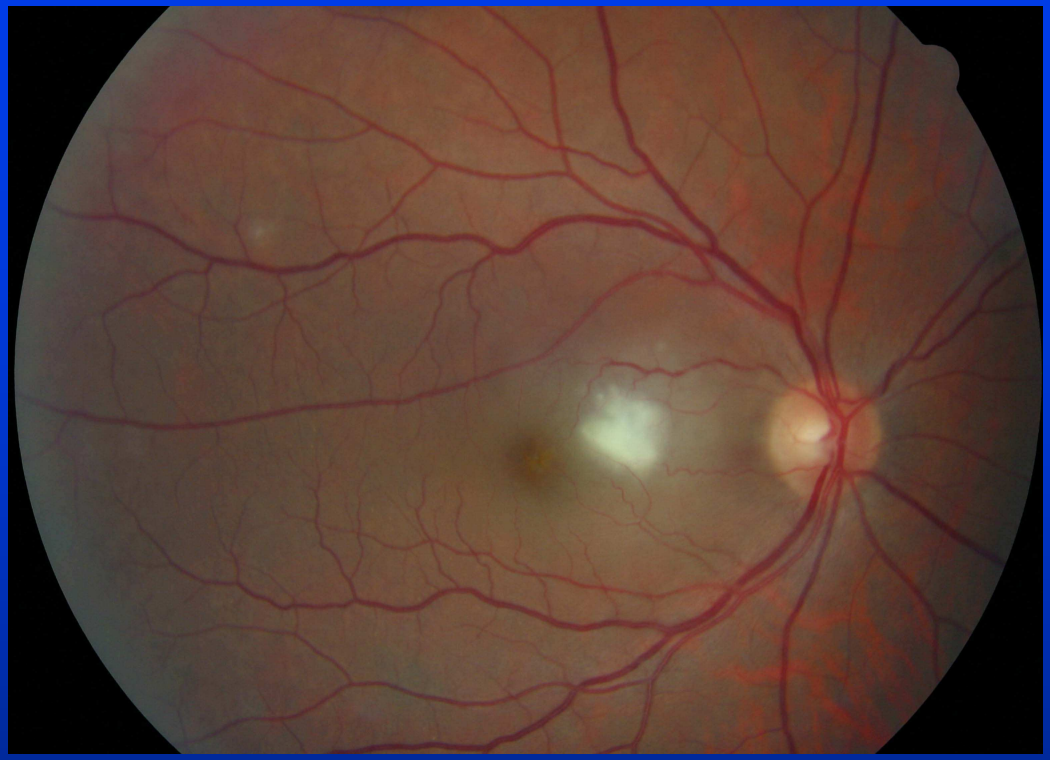


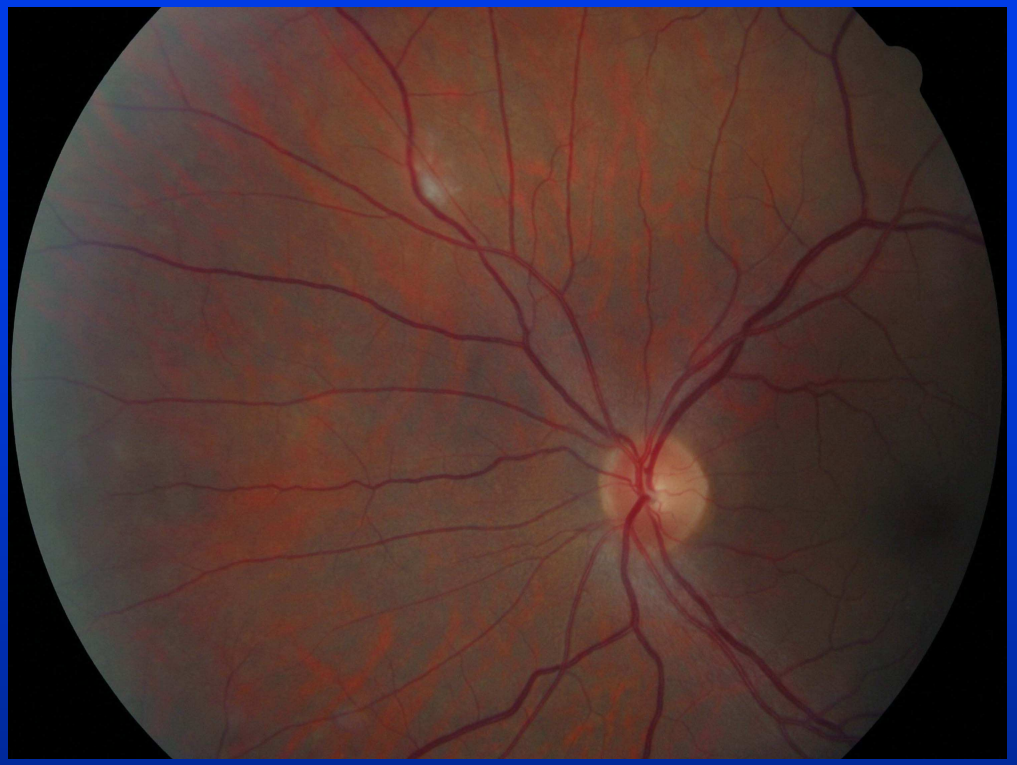

Timer 1 - 00:08:19

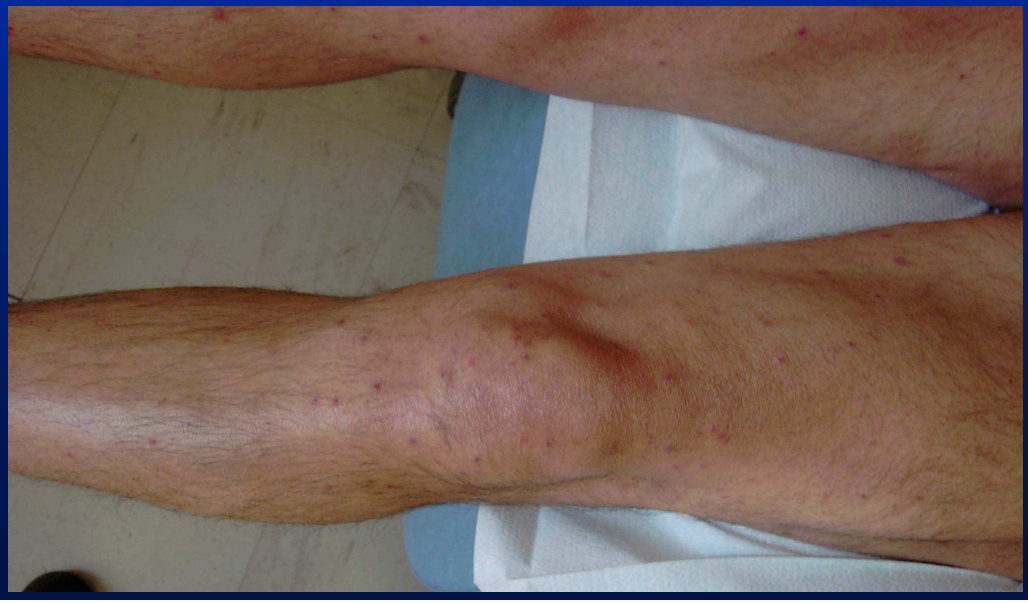

Timer 1 - 00:00:27



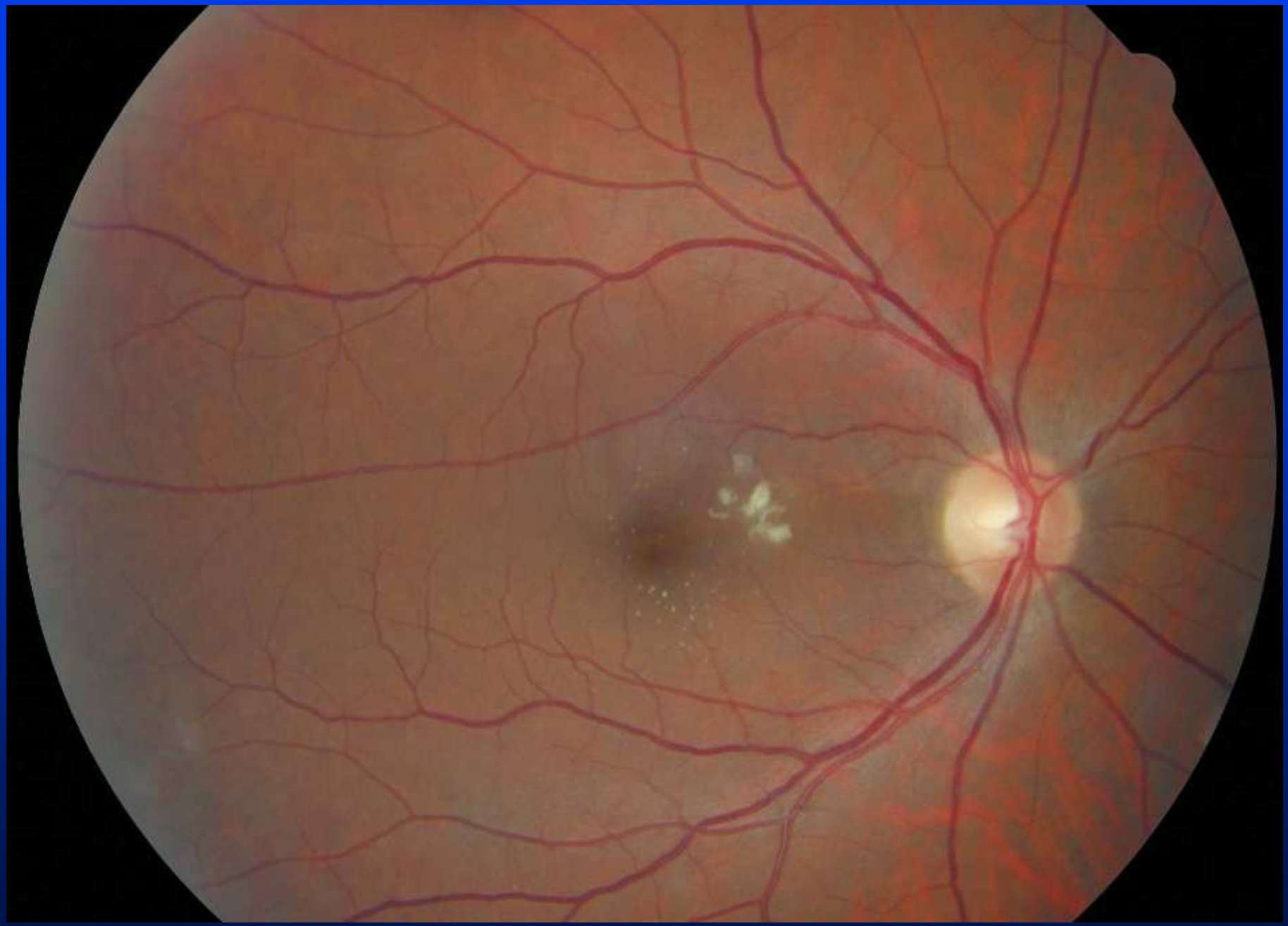
Tuberculose choroïdienne, après traitement

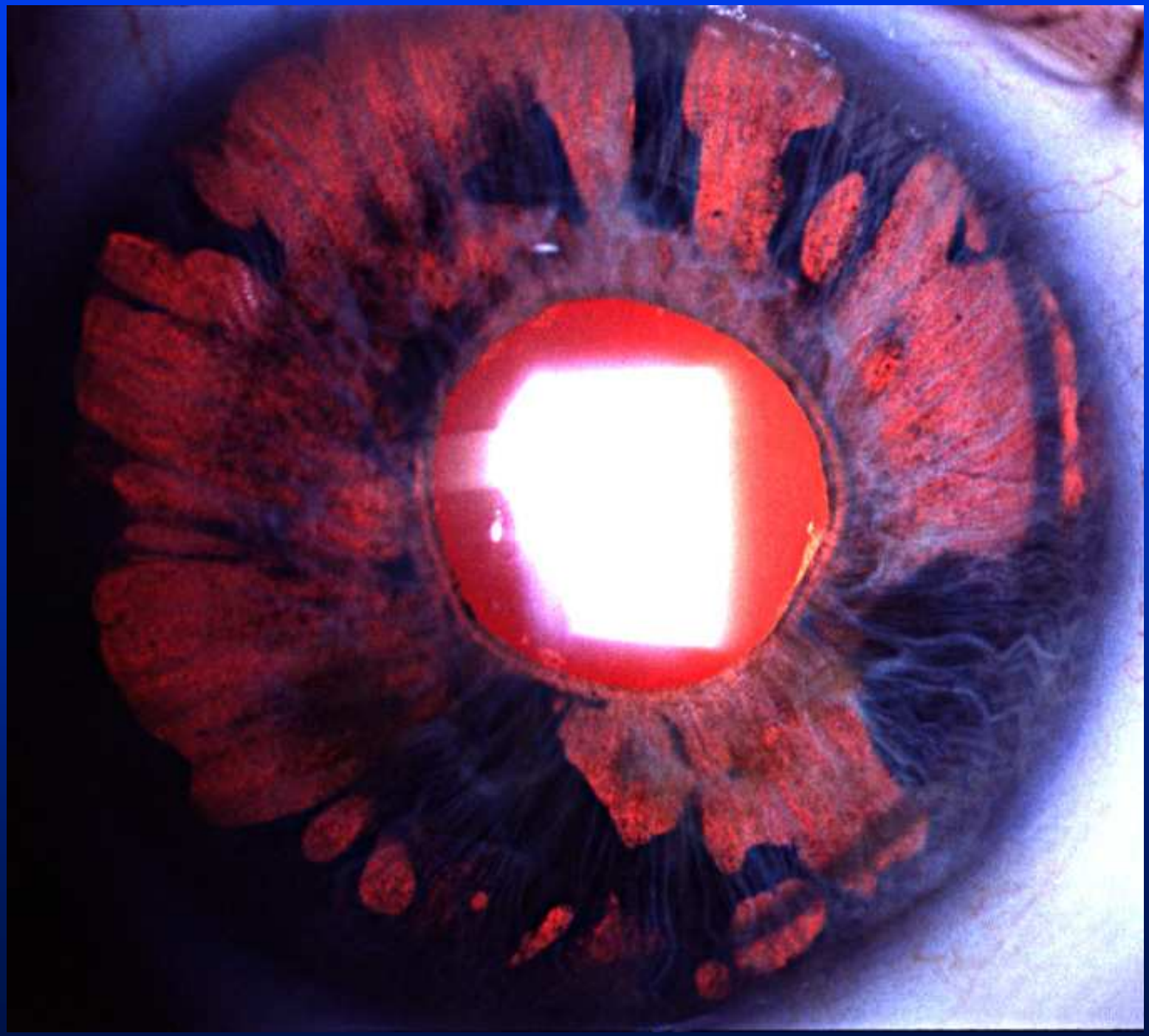


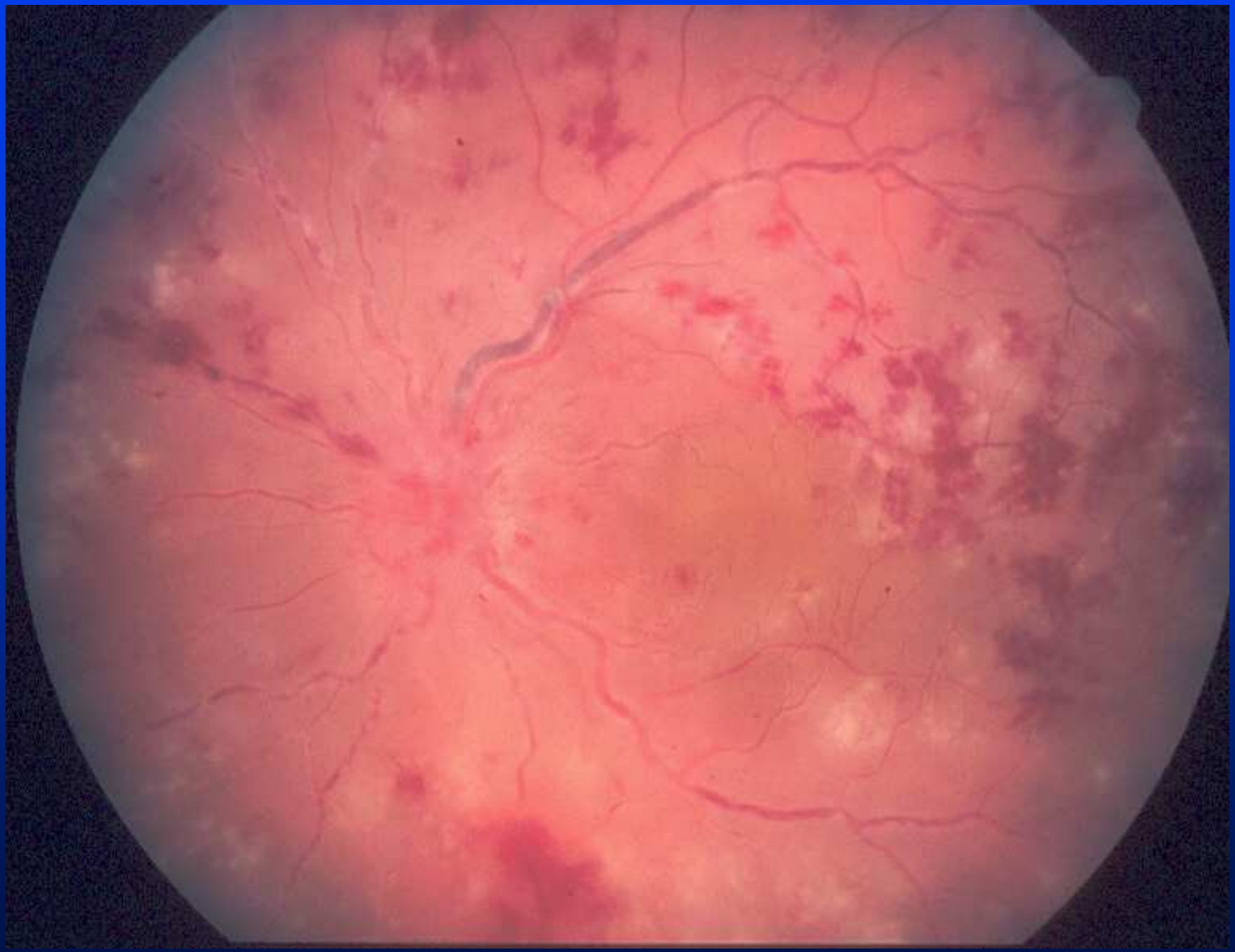




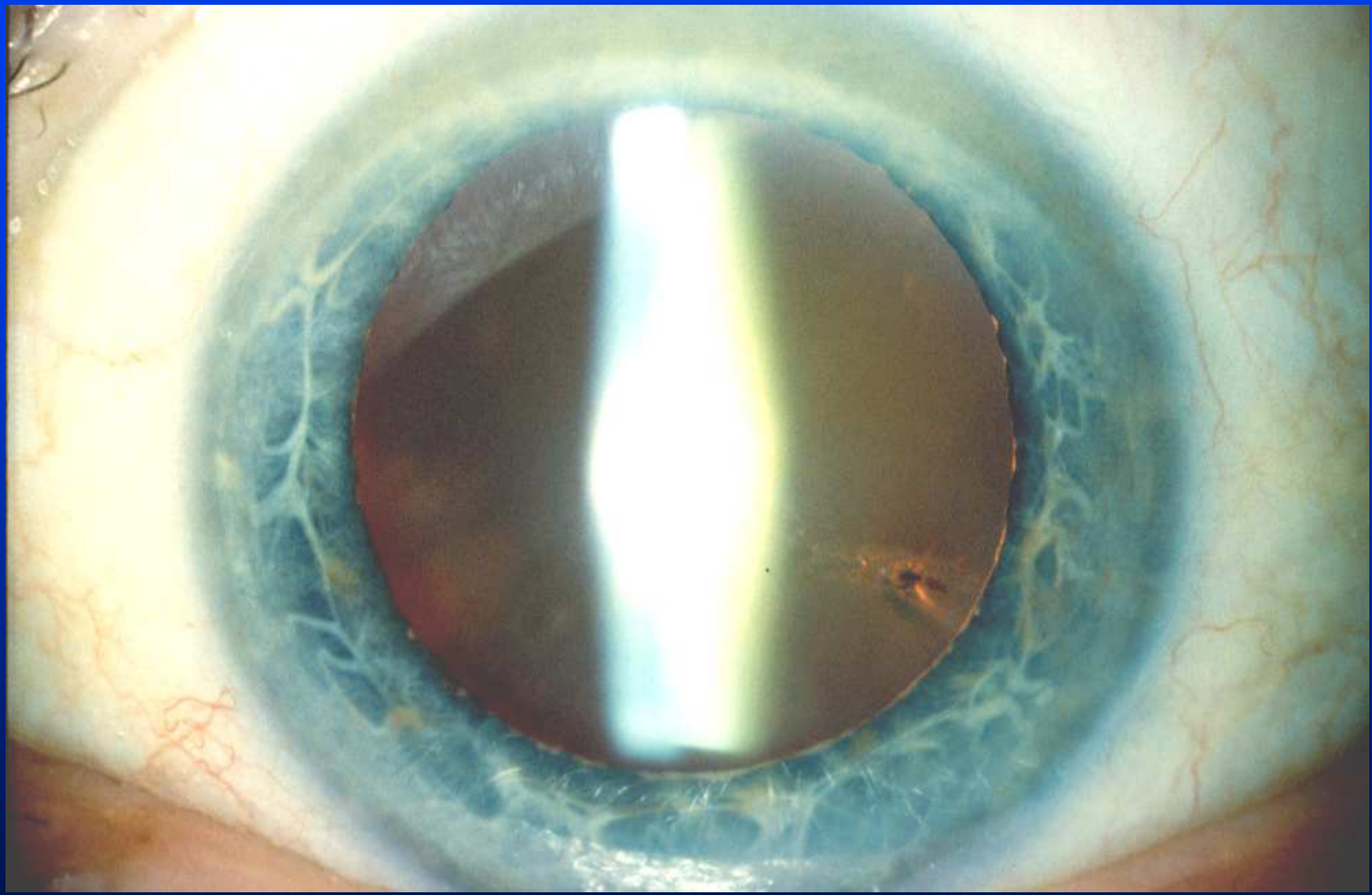

Timer 1 - 00:02:46



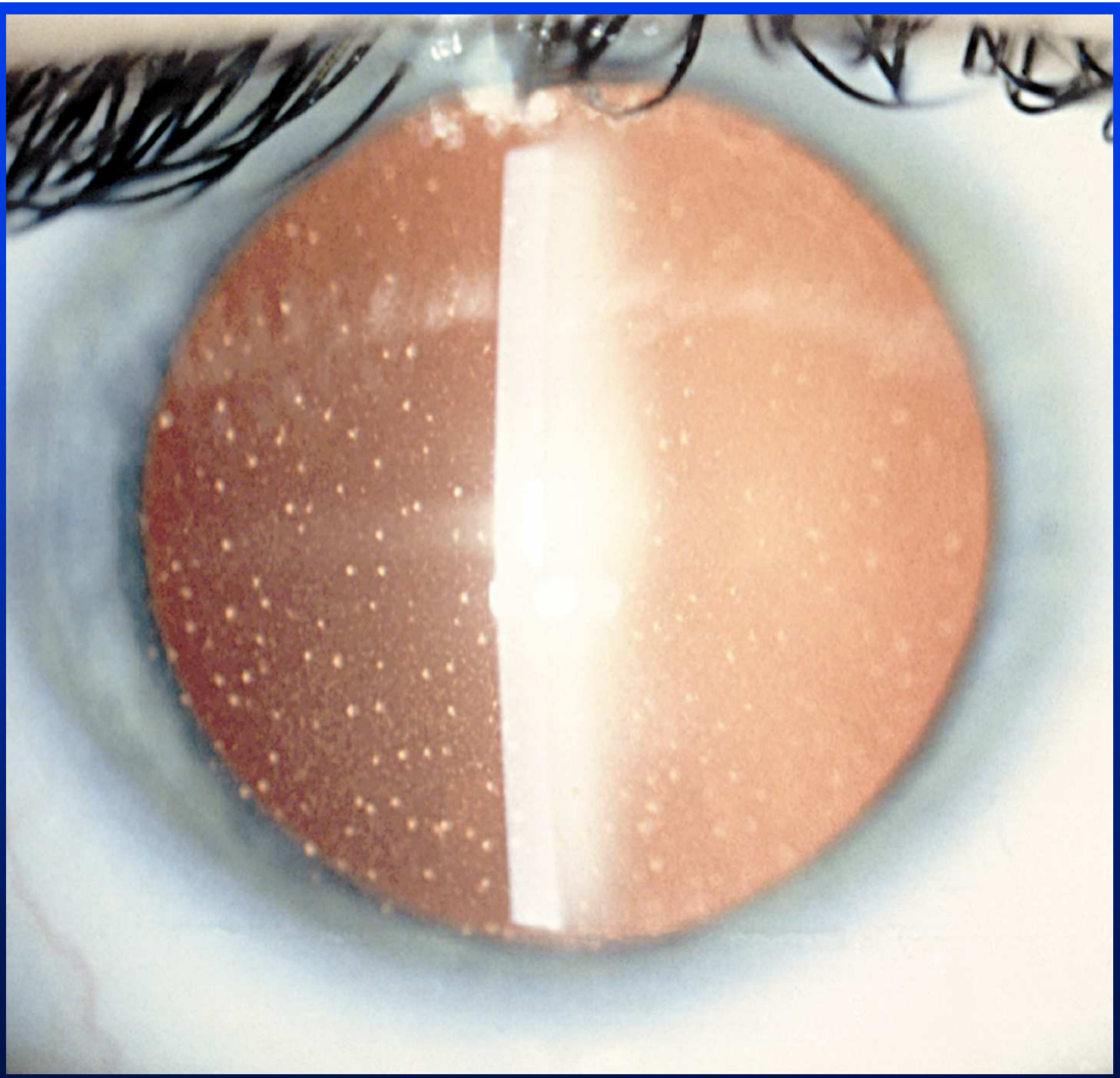


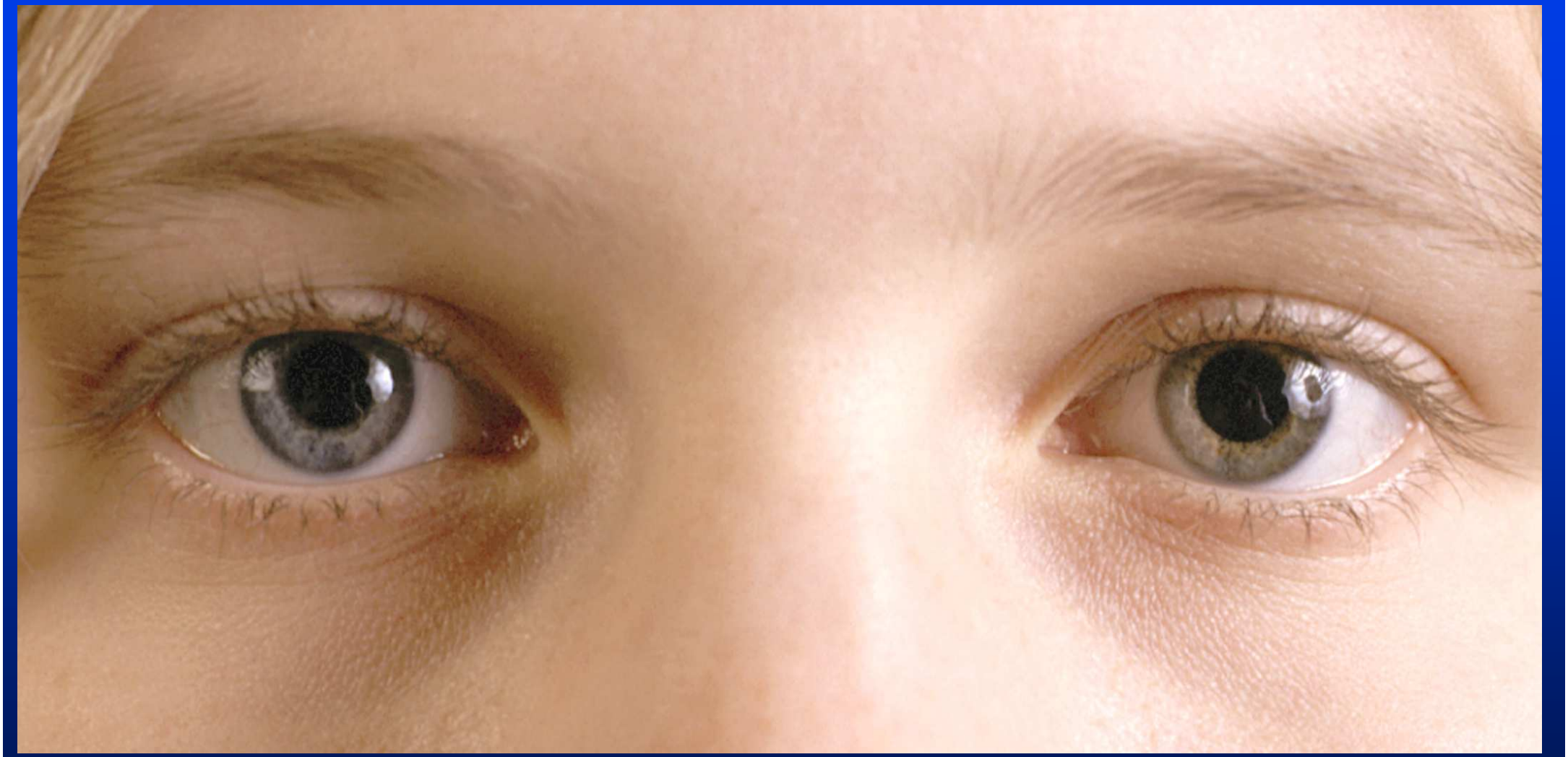


5. Evaluer les rapports risque/bénéfice des examens complémentaires pratiqués (et des traitements proposés !)

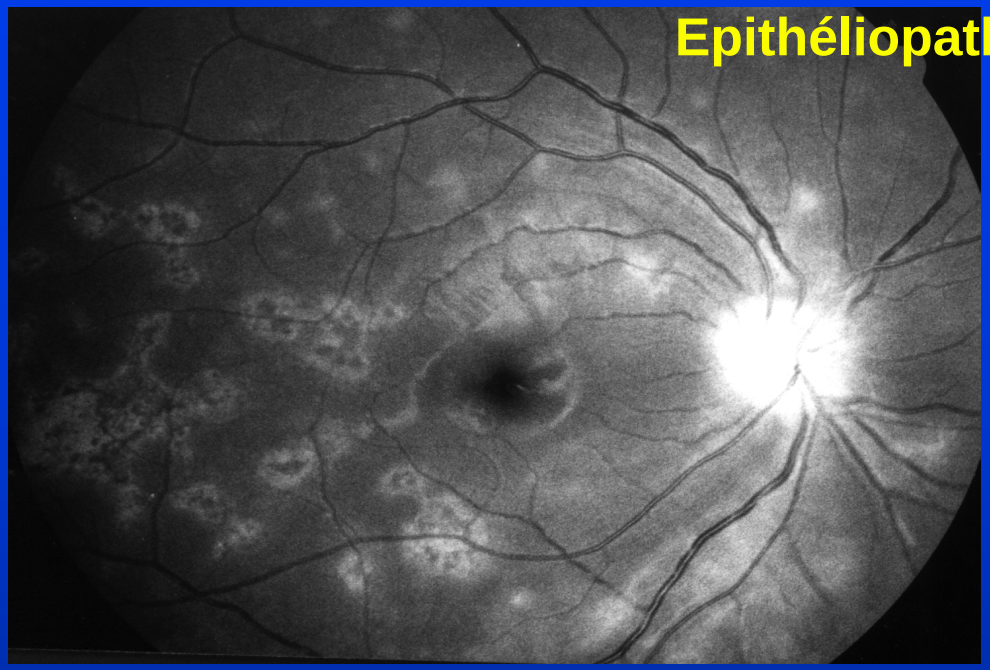


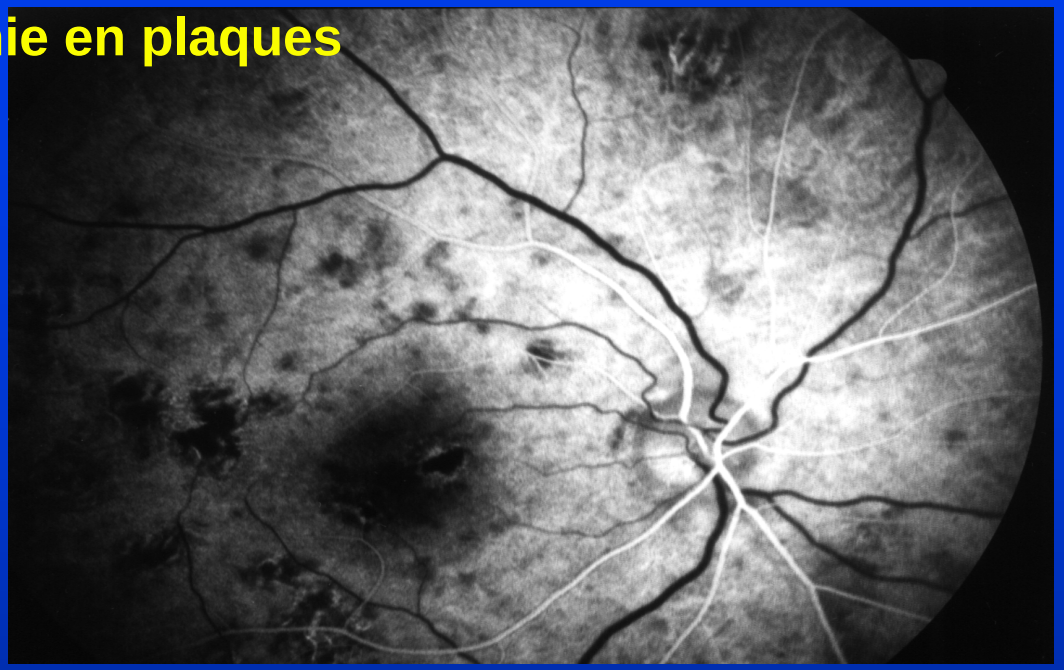
6. Ne pas traiter inutilement

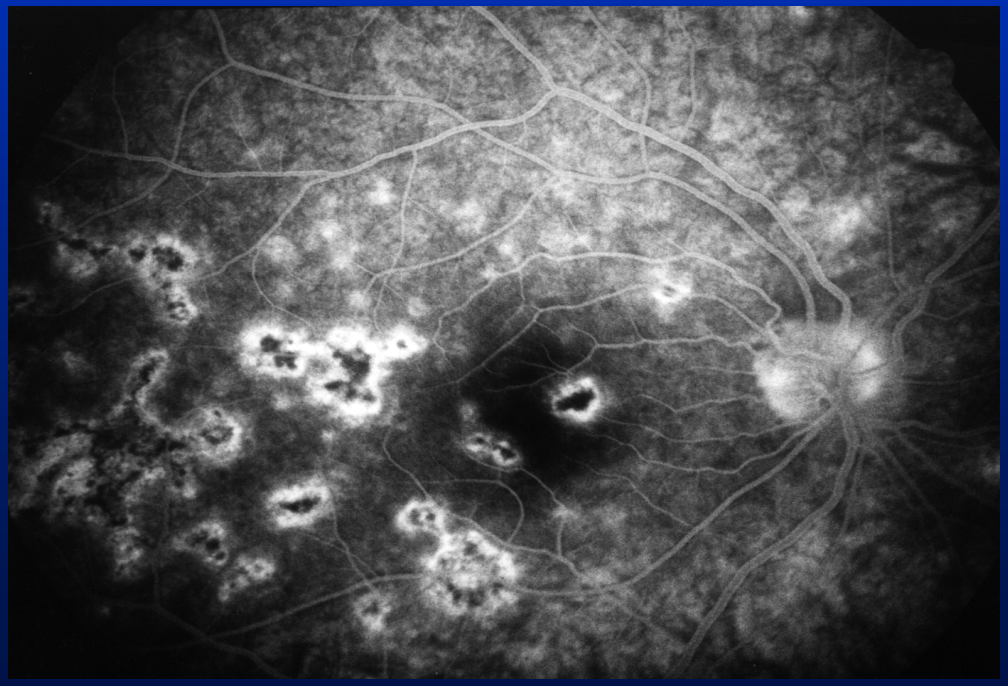


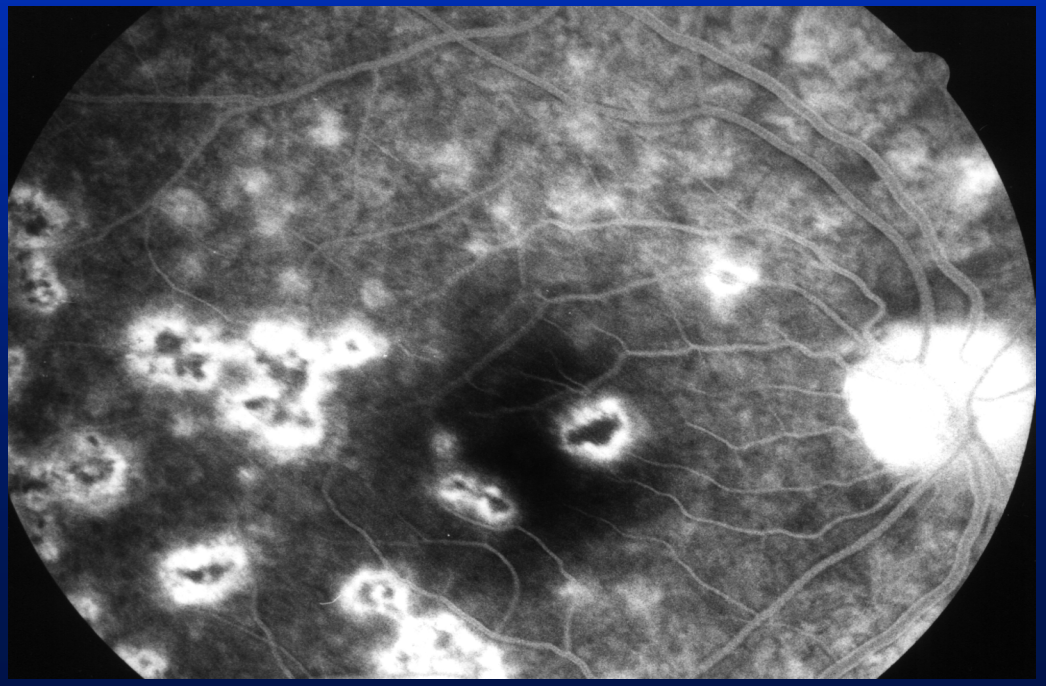


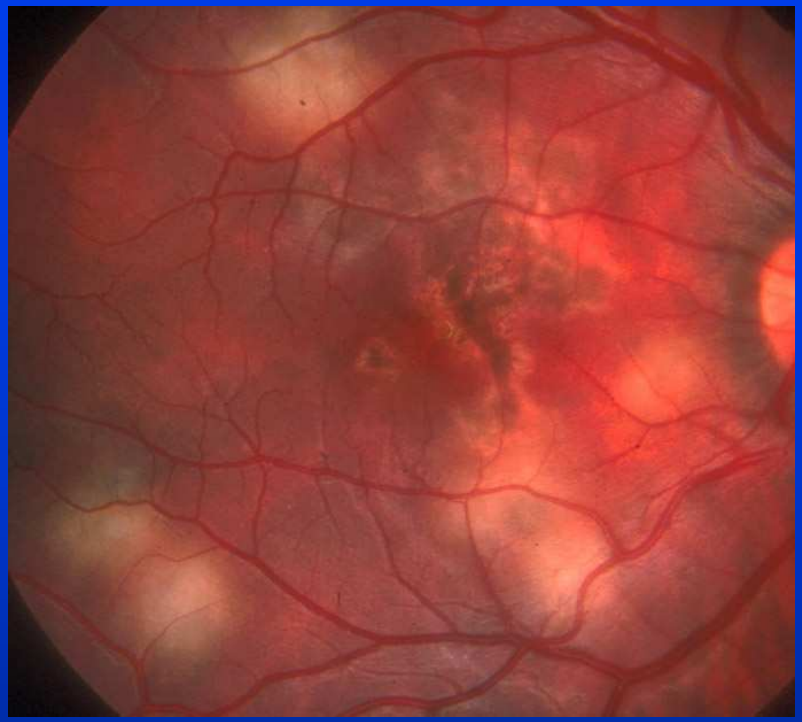
Epithéliopathie en plaques

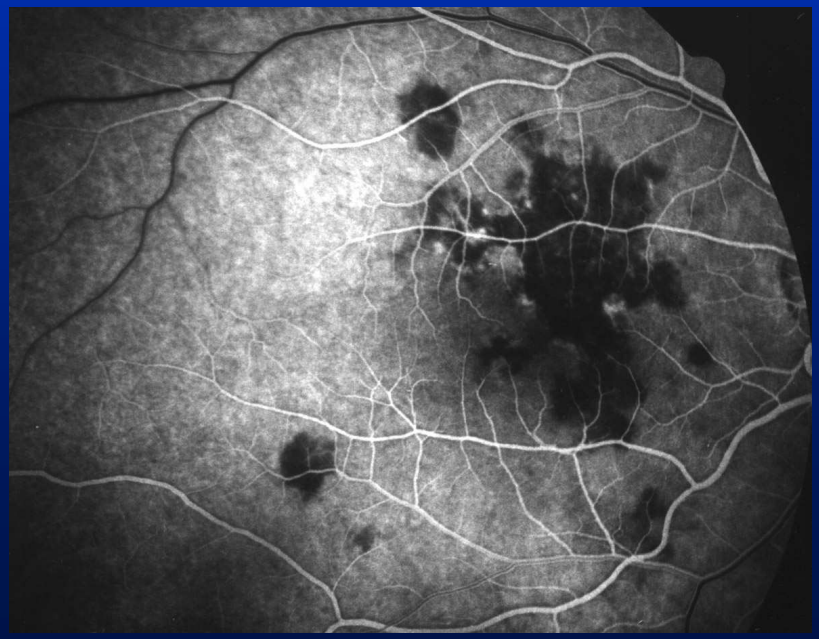


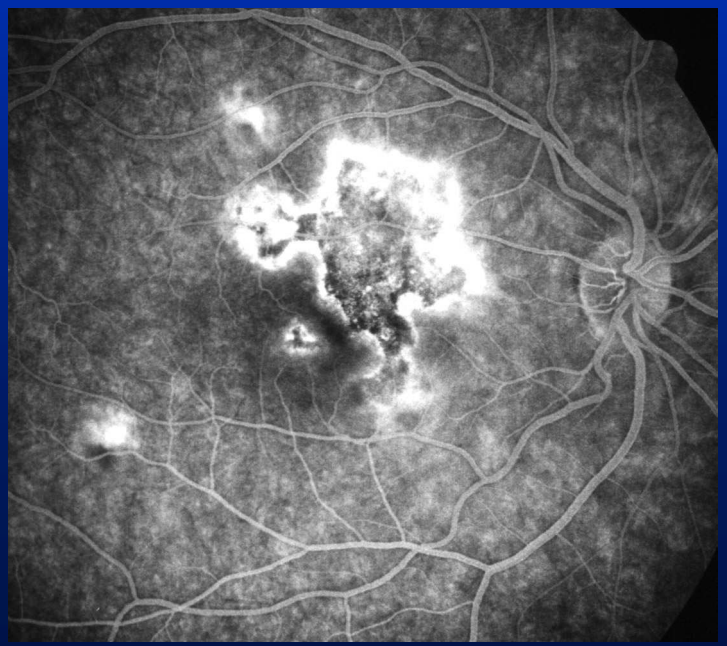






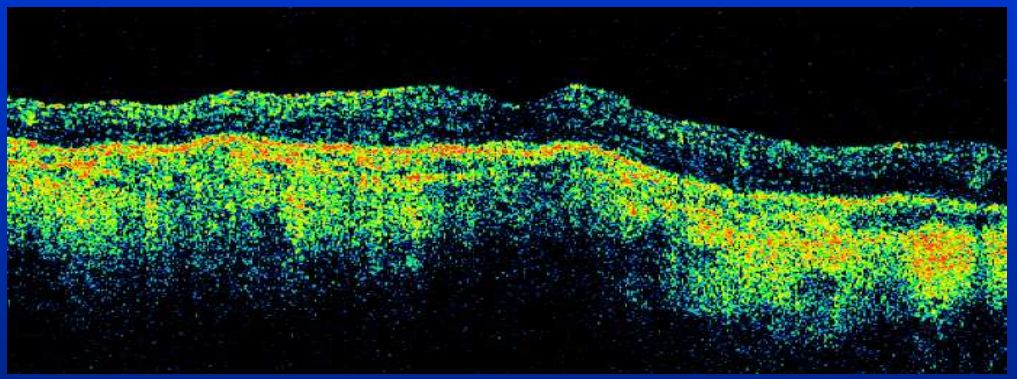




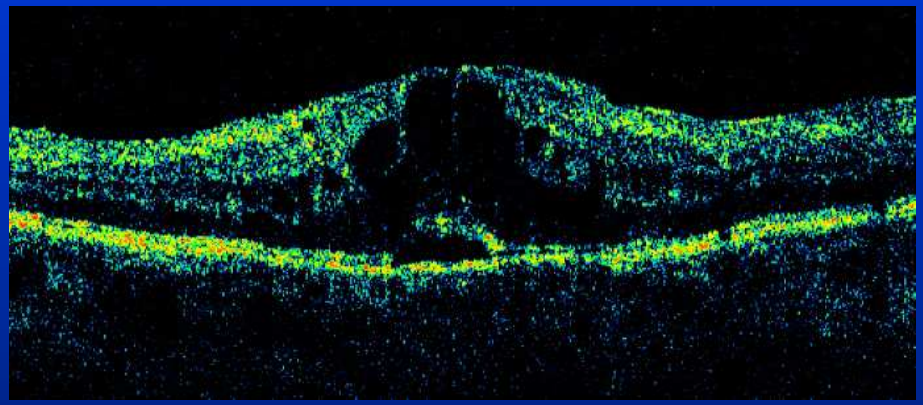


Analyse maculaire au cours des uvéites

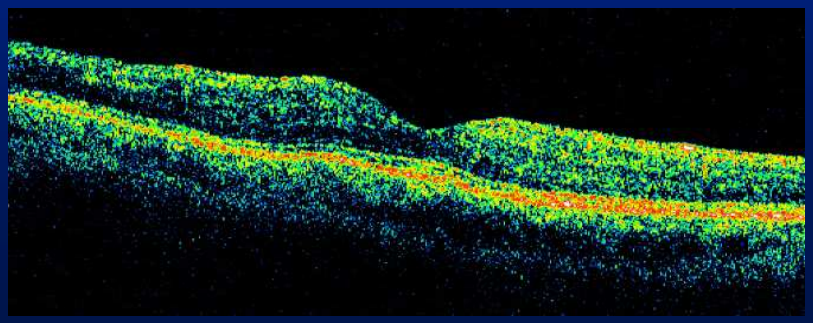
Atrophique



Oedème maculaire

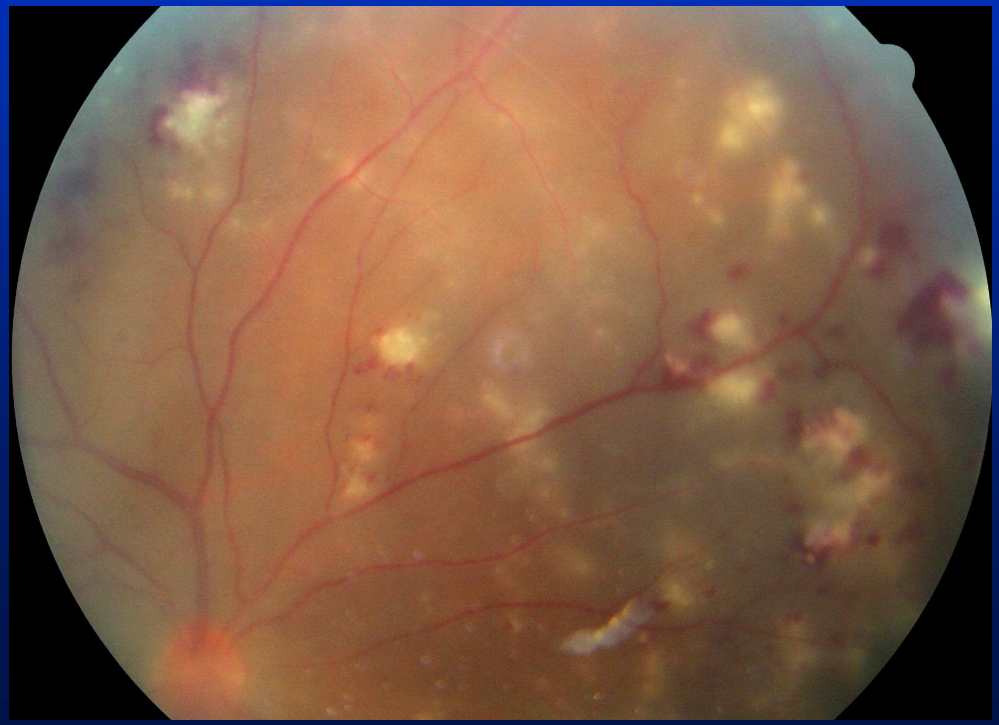


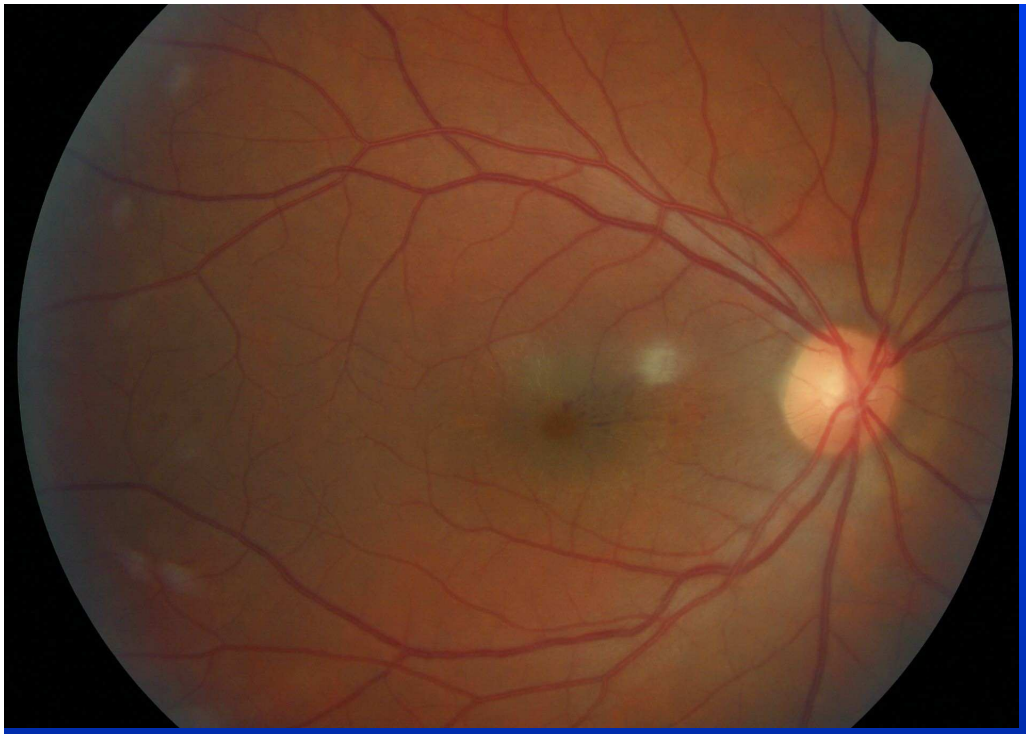
Normale

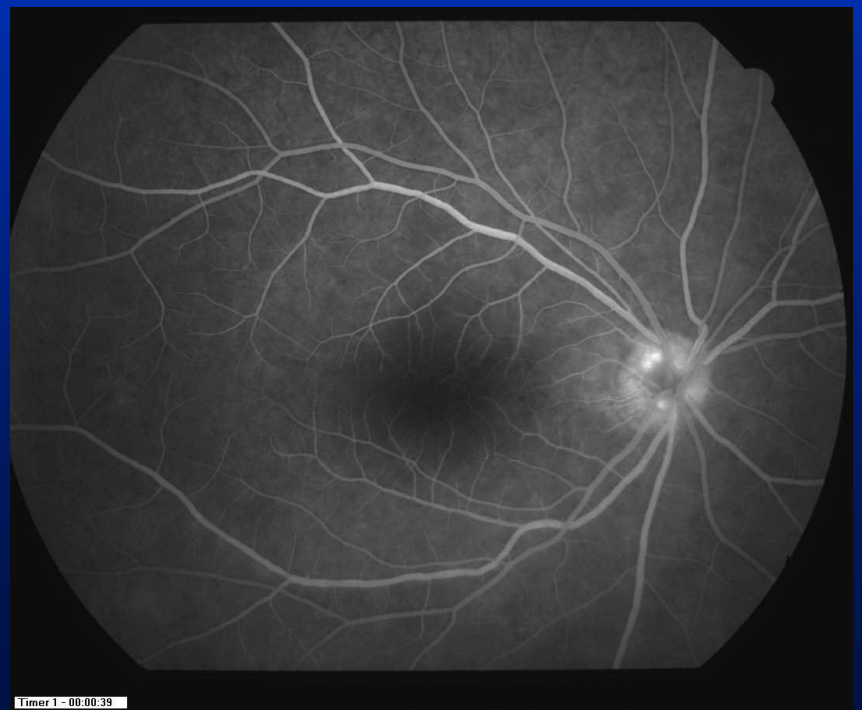


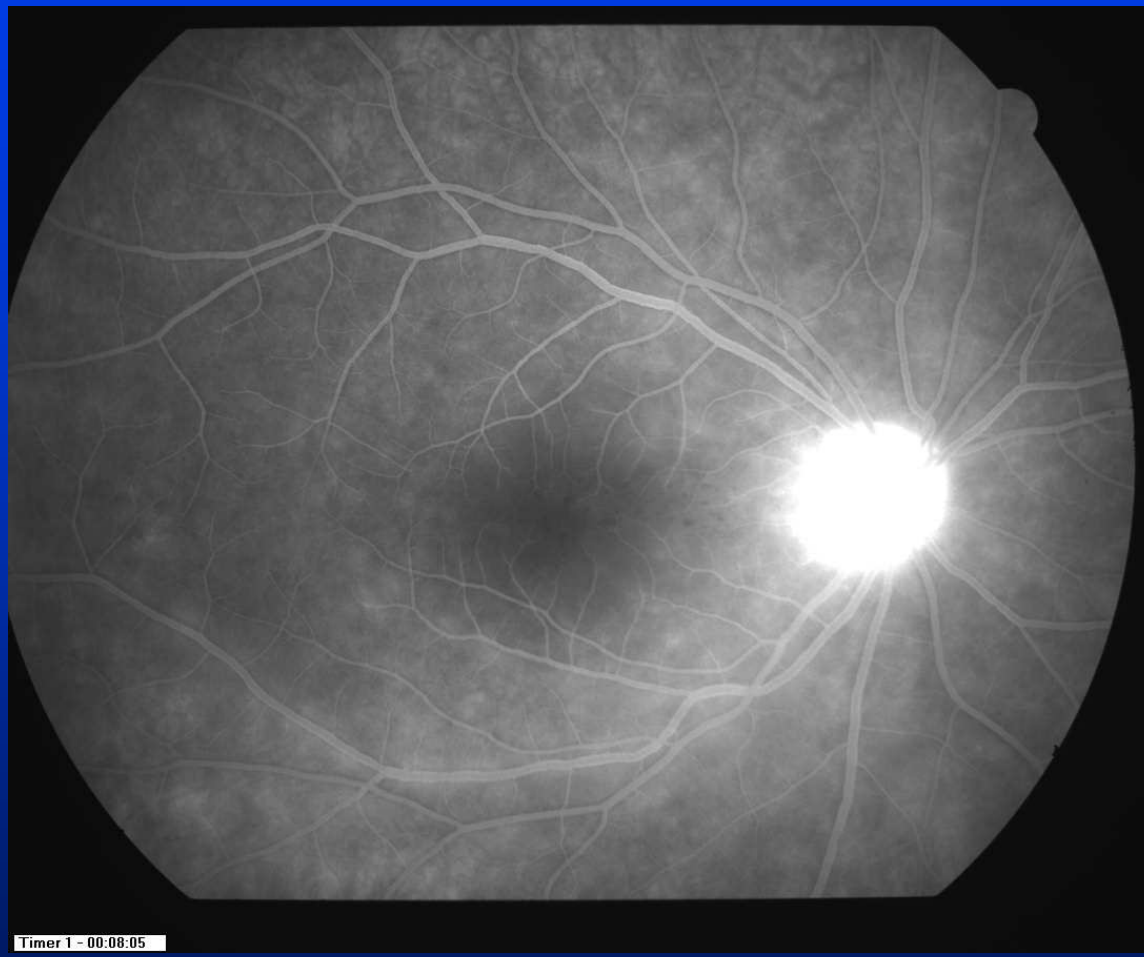
7. Définir les objectifs d’un traitement

- Prévention des récidives ?
- Limitation d’une surface lésionnelle ?
- Réduction d’un oedème maculaire
- Réduction d’une durée d’inflammation ?
- Traitement de manifestations systémiques associées ?

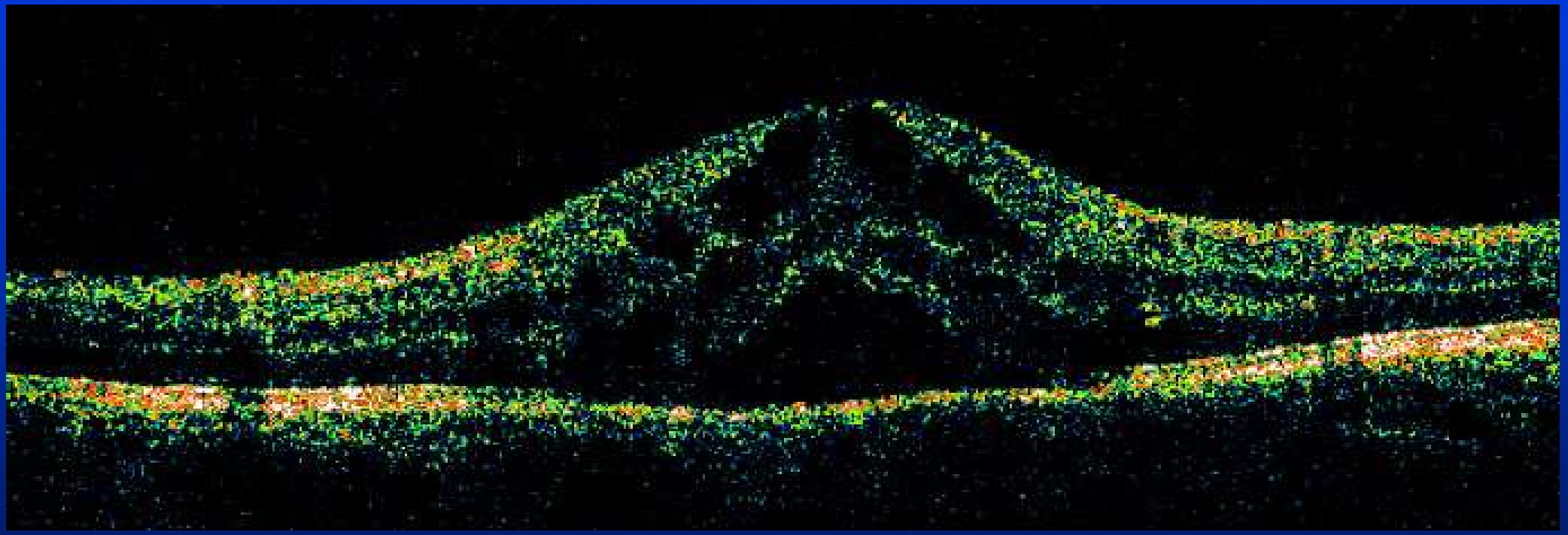





Timer 1 - 00:00:39


Timer 1 - 00:08:05

Uvéites : 10 % des causes de cécités légales dans les pays industrialisés

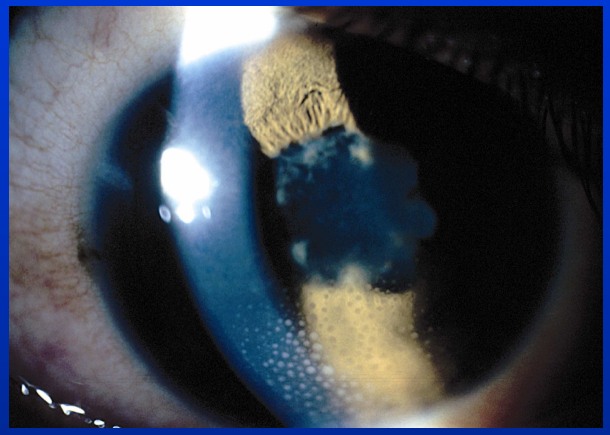


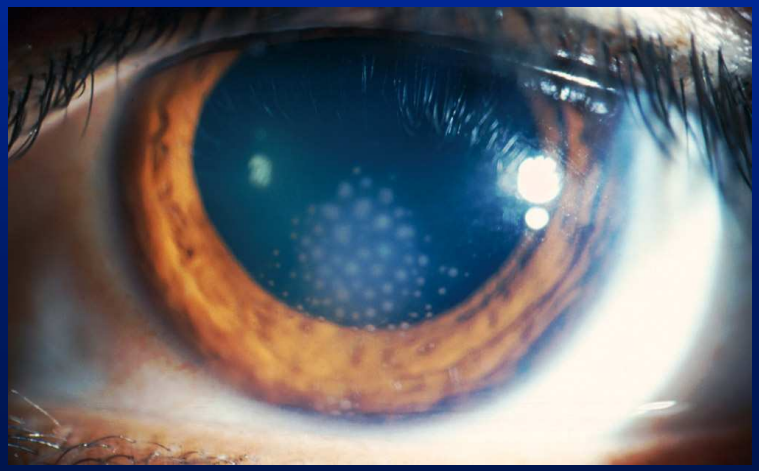
L’œdème maculaire conditionne le pronostic

8. Limiter la corticothérapie au minimum nécessaire et suffisant

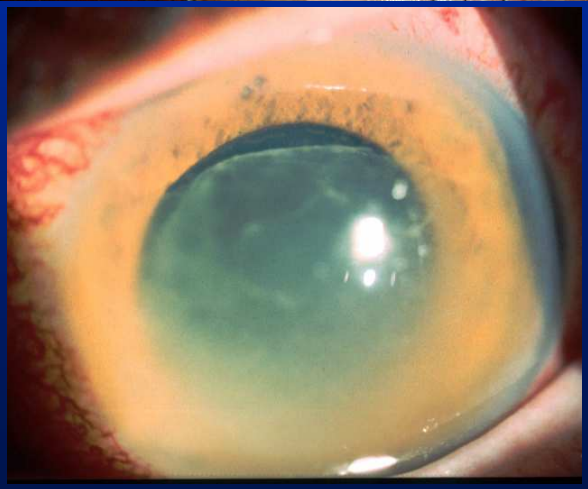
Uvéites antérieures : traitement local !

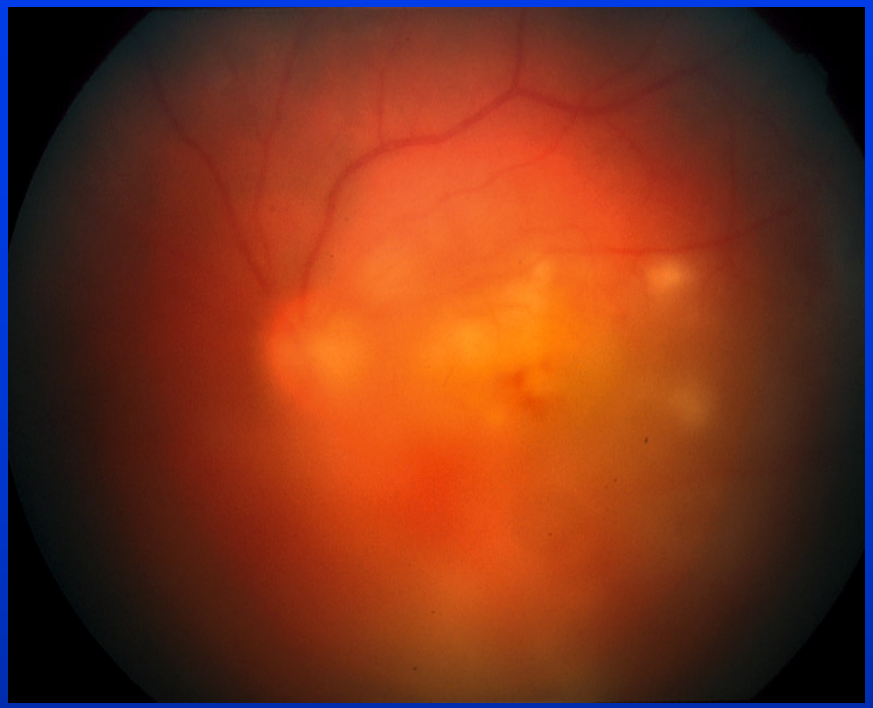
Chronique

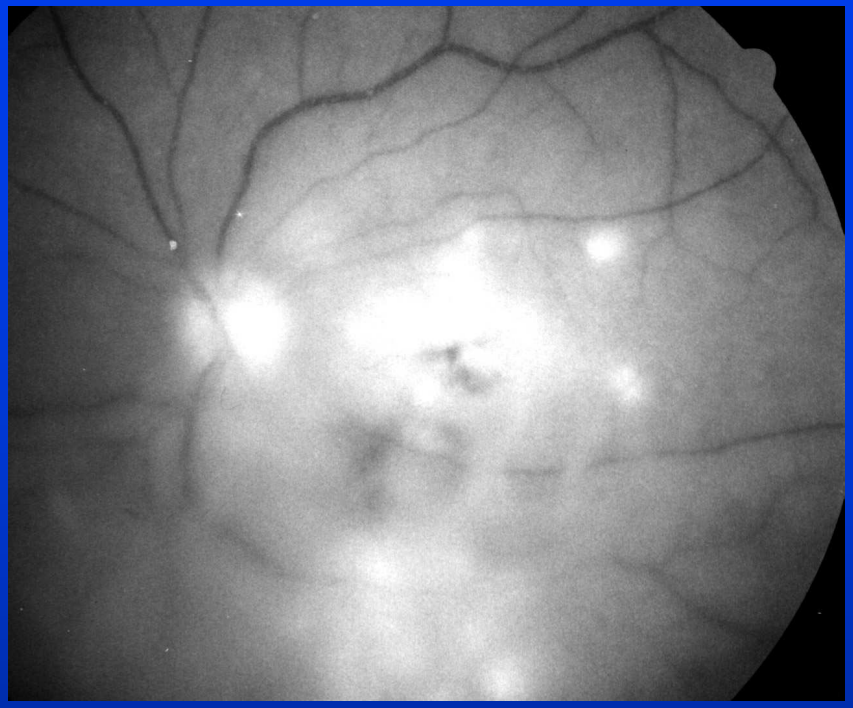


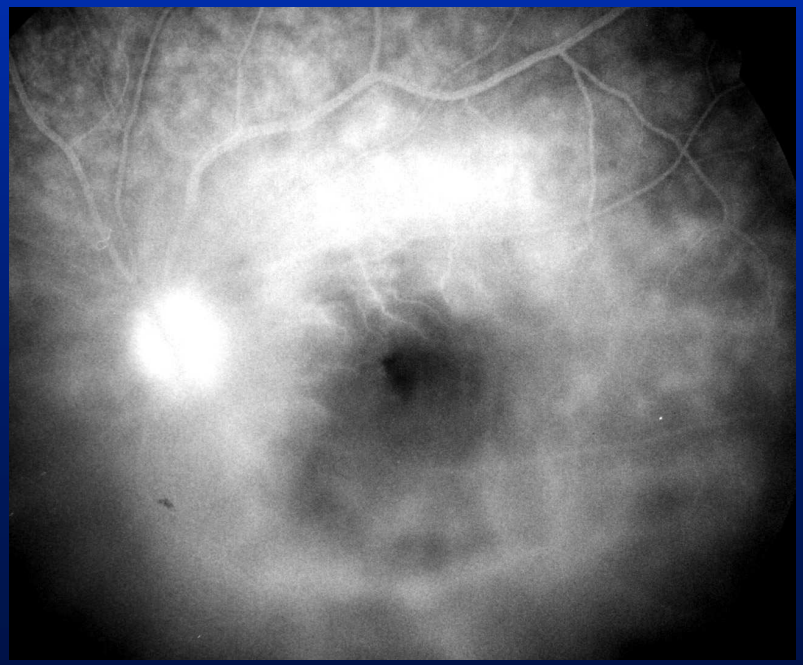


Poussées aiguës









Bolus methylprednisolone I.V.
Corticothérapie per os

Azathioprine ou autre

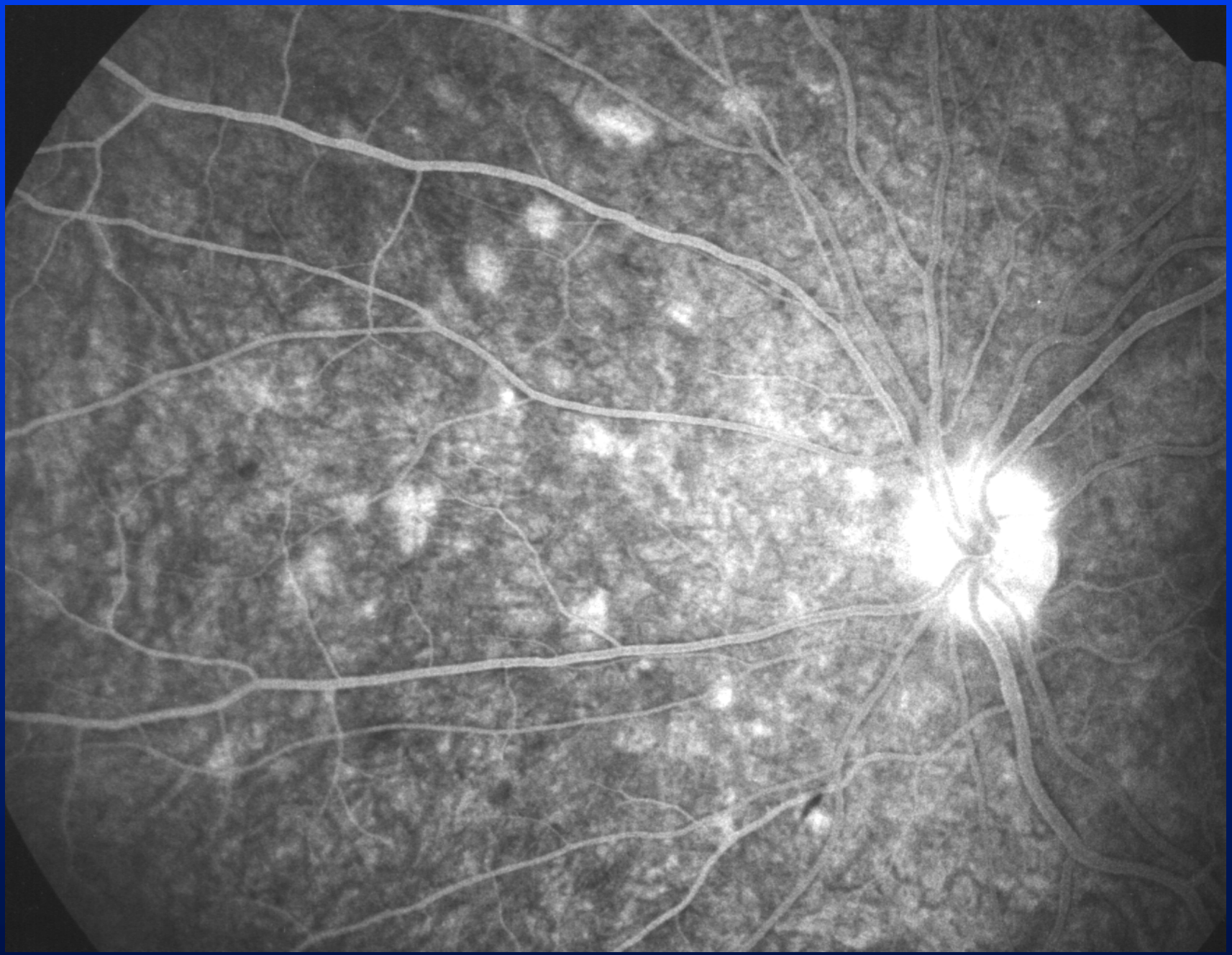
Colchicine

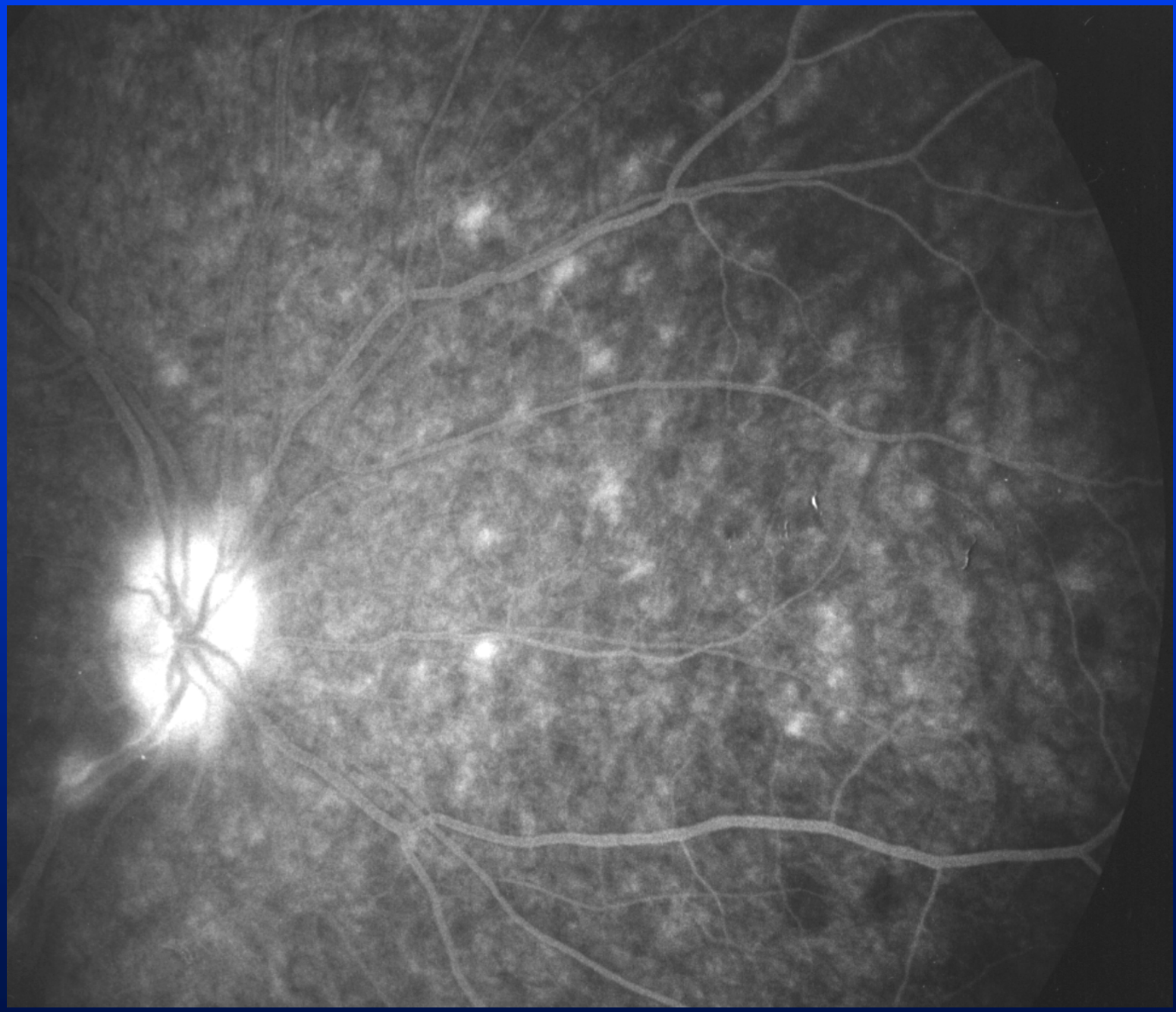
Aspirine

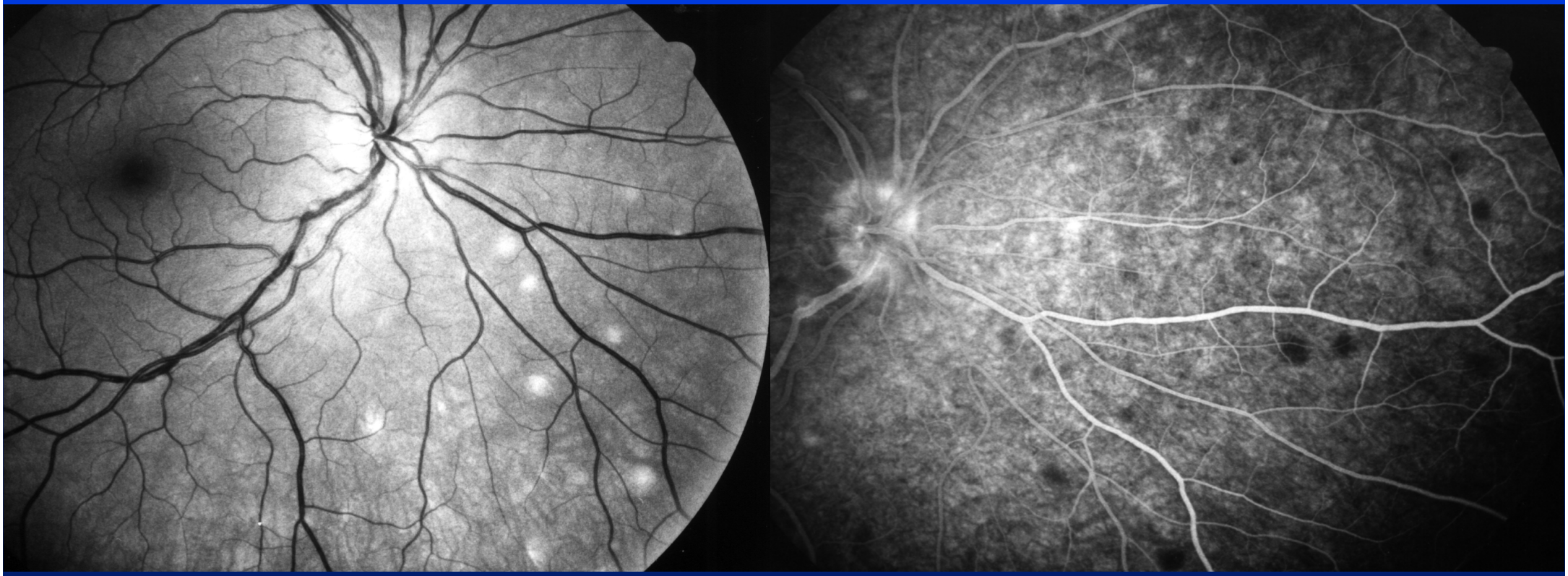
Biothérapies

9. Prise en charge multidisciplinaire des patients

10. Savoir remettre en question le diagnostic ou/et la stratégie thérapeutique







Errare humanum est

… sed perseverare diabolicum


Merci
pour votre
attention...