

Inflammatory eye disease

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Condition

Uveitis (iritis, iridocyclitis, chorioretinitis); scleritis; (episcleritis); (conjunctivitis)

Basic information

Inflammation affecting parts of one or both eyes

Causes:

Infectious: Toxoplasmosis, CMV, leptospirosis, tuberculosis

Isolated autoimmune or non-infectious: HLA-B27 associated, traumatic/sympathetic ophthalmopathy, drug-induced

Associated with systemic diseases: Behçet's disease, arthritis, connective tissue diseases

Individual at risk

Donor; Recipient (if infectious or presumed transmission of autoimmune diseases)

Guidance at RECRUITMENT

NOT ACCEPTABLE if acute or chronic inflammatory process, unless transient viral conjunctivitis.

NOT ACCEPTABLE if there is associated systemic disease

ACCEPTABLE for BM only if recurring inflammation or increased risk for recurrence (HLA-B27) or exacerbation (toxoplasmic chorioretinitis) (if registry policy allows registration for BM only)

Proposed guidance at CT / WORK-UP

NOT ACCEPTABLE if acute or chronic inflammatory process

NOT ACCEPTABLE if there is associated systemic disease

ACCEPTABLE for BM only if recurring inflammation or increased risk for recurrence (HLA-B27) or exacerbation (toxoplasmic chorioretinitis)

Justification for guidance

Uveitis has been reported as side effect of GCSF.

Infectious eye diseases can aggravate years after initial treatment, and the role of GCSF in response to infectious agents is not fully understood.

History of eye inflammation in association with systemic diseases usually requires deferral due to the underlying condition. If such an association cannot be excluded at medical examination, consider BM only or temporary deferral.

References

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Faucher B, Garcia-Meric P, Franck J, Minodier P, Francois P, Gonnet S, L'ollivier C, Piarroux R. Long-term ocular outcome in congenital toxoplasmosis: a prospective cohort of treated children. *J Infect*. 2012 Jan;64(1):104-9. doi: 10.1016/j.jinf.2011.10.008. Epub 2011 Oct 24. [\[3\]](#)