

Chronic IIRIDOCYCLITIS in House Maid Workers A STUDY

**DR.KUNAPAREDDY SIVA SUBBA RAO.(M.S)
ASSISTANT PROFESSOR OPHTHALMOLOGY
SVMC..TIRUPATI**

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INTRODUCTION; it was observed in out patient clinics so many house maids, and hotel,mess, Workers are suffering with pain, and redness ,watering,photophobia .After serial investigations Came to know that they are suffering from chronic IRIDOCYCLITIS

AIM OF STUDY: house maids most of them are females inthe age group of 15to 44 .which is a active group.they are productive group. Unfortunately..these workers has to work in down trodden conditions.they are exposure to putrified food materials ..which were loaded with septic organisms

Bacteria, .Fungus, involve the conjunctiva and cornea causing dreaded iridocyclitis.The aim of study is to establish the causative Factors and preventof them and removal of aggravating factors.

OBJECTIVE OF STUDY;To know the causative and established factors and association of them

And the duration of disease ,complications,disease process in relation with number of years working in degraded ,fowl smelling environment,

ENVIRONMENTAL CONDITIONS THAT PROVOKE RED EYE IN HOUSE MAIDS;

1.THEY SWEEP THE HOUSE FLOORS..FULLY IMPREGNATED WITH bacteria,virus ,fungus. ..during cleaning they lodged into eyes causing conjunctivitis and IRIDOCYCLITIS

2.they clean utensils, exposure to putrified food materials, causing infections of eye..

3.exposure to degraded food mataerials is very high in hotel workers.further hotel workers exposure to un wanted heat .further leads to disease

4.denature food particles liberate nitic oxide gas and carbon substances can stimulate the

4.exposure to non vegetarian degraded food materials is same effect as with vegetarian food

5.denature food materials liberate noxious gases initiate allergy ,infection leads to cascade process to red eye..leading watering,itching,foreign body sensation ,further with the mucoid discharge..

MATAERIALS AND METHODS: it takes 2 years of study more than 151 individuals are screened who are maids , hotel workers, workers cleaning the tables in hotels, cleaning the eaten utensils, almost equal amount of sex are affected but slight female preponderance was observed 81 are females 70 are males. out of 81 individuals 70 are house maids 11 are house wives .

In 70 males 61 persons are table cleaners.9 persons are both cleaners cum cooking personalities.

Duration of exposure in females:25 members are 10 years history

26 members are 6 years exposure

15 women are 5 years of work

15 ladies are with 3 years of work

DURATION OF EXPOSURE IN MALES ;

35 MALES ARE OF 10 YEARS of hotel service.

24men are with 7 years hotel table cleaning.

11men are 5 years exposure.

AGE GROUP;ALL are 15 to 44 age group.

This study conducted in 2017 to 2018 in pre covid conditions.

Case CONTROL study and cohort study measures were taken. Negligent factors removed

SYMPTOMS AND SIGNS; First SYMPTOMS are itching, redness, ain redness, watering mucoid discharge observed.

Sticky eyes seen.photopbobia,blepharospasam are noticed.

All patients are habit of finger eye contact.

SIGNS; IN early stages fiery red eye seen.

In late stages eye lid oedema was there.

Foreign body sensation. Watery discharge seen
O/E circum corneal congestion seen
Dull red eyes with lack of lustre of eyes
Corneal oedema , anterior chamber depth increased.more than 2.5 mm.
Abnormal. Contents seen..pigment of melanin , increased turbidity of aqueous humour, tyndall phenomenon seen
Pupils are constricted..not well dilate with dilator drugs.like tropicamide eye drops.
Iris is muddy in colour..typically..aqueous is turbid in nature.
Pain around eye in ophthalmic region in trigeminal nerve distribution.
Dull apathic pain ,intermittent in nature.
Photophobia is a notable sign.
Patients have recurrent attacks of conjunctivitis.
Ill sustained reaction of pupil seen with light.
INVESTIGATIONS DONE:All patients under went routine investigations.
Haemoglobin levels below 10 gms as these are low socio-economic status
TC DC ESR LEVELS are raised. In 10 % of cases suspicion OF tuberculosis is seen. Xray of chest , neck ,lumbosacral region was taken.blood calcium levels observed to rule out sarcoidosis.
ALL cases not affected or no history to exposure to STD infections.
All cases are negative for HIV infections.
10%cases are having synechie come under chronic IRIDOCYCLITIS.
IOP IS low, normal,high ranges from 10mmhg to 30mmhg..
Slitlamp examination done..forany corneal opacities..30 cases were found deposition of pigment cells.anterior chamber depth is shallow less than 2.5 mm in 48 cases.
Synechie observed in 46 cases.
GONIOSCOPY: to evaluation of Angles of anterior chamber .angle was closed in 45 cases. Blood calcium levels assesd to rule out sarcoidosis.
Serum angiotensin converting enzymes levels asesd.they are in normal levels.
VISUAL ACUITY; are in ranging from 6/12to6/36.
One case is acute IRIDOCYCLITIS..vision is in counting fingers level.
TREATMENT: all cases advised to devoid of work for some time until symptoms subsided.
They were improved..
Antibiotics and dilators ,cycloplegics and corticosteroids were administered. Result of this symptoms subsided.
Two cases landed in complicated CATARACT.
Follow up for one year.

DISCUSSION; EXPOSURE to putrifed..food..materials..finally..leads to ..iridocyclitis.after observing maids,and hotel workers we came into conclusion. India so many poor and middle-class people are working as maids and hotel workers..the infective food materials causing IRIDOCYCLITIS.

Bibilography. kanski ophthalmology
Ak khurana 5th edition
Essays on iridocyclitis.