Figure 1 Choroidal tubercles in both eyes.

active TB and received systemic or periocular steroid. Furthermore, ATT may not be curative of the uveitis.³ We therefore recommend some caution when considering ATT in patients with presumed TB uveitis and latent TB.

Conflict of interest

The authors declare no conflict of interest.

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Sir, Reply to Wakefield and Kumar

We would like to thank Wakefield and Kumar¹ for their useful comments. It is true that the exact association between latent TB and uveitis is not known. In our series, all patients with presumed intraocular TB and active TB elsewhere received standard anti-tuberculous therapy (ATT). Patients with presumed intraocular TB and latent TB were generally offered ATT, but this was done after careful consideration of individual risk/benefit. Indeed, as we state in our article, two patients with latent TB and presumed intraocular TB received no ATT, because we estimated that the risks of treatment outweighed any potential benefit in them.²

ATT has well-recognized systemic and ocular adverse effects. On the other hand, it is known that ATT can eliminate latent TB and decrease a person's lifetime risk of developing active TB by 90%.³ Moreover, administering corticosteroid or immunosuppressive therapy for severe intraocular inflammation without the coverage of ATT may cause re-activation of systemic TB, resulting in severe disseminating TB or even panophthalmitis.^{4,5} In a large series of patients with presumed intraocular TB and latent TB combination treatment with corticosteroids and ATT reduced the risk of developing recurrence of the uveitis by approximately two-thirds compared to

treatment with corticosteroids alone.⁶ Based on the above and on the results of our study, we stated that a minimum of 6 months standard ATT is generally justified in patients with presumed intraocular TB and latent TB. However, we agree with Wakefield and Kumar¹ that ATT should be considered with some caution in patients with latent TB who have high risk of complications. Decision to administer ATT should be made on an individual basis in these cases.

Conflict of interest

The authors declare no conflict of interest.

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