ELSEVIER

Contents lists available at ScienceDirect

Annals of Medicine and Surgery

journal homepage: www.elsevier.com/locate/amsu



Short Communication

Seasonal hyperacute panuveitis: Call for greater attention to Nepal

Saral Lamichhane a,*, Amrit Pokhrel b, Prakriti Lamichhane c

- ^a Shishuwa Hospital, Pokhara, Nepal
- ^b Metrocity Hospital, Pokhara, Nepal
- c KIST Medical College Teaching Hospital, Lalitpur, Nepal

Seasonal hyperacute panuveitis (SHAPU) is a unique, serious intraocular inflammatory condition that results in rapid loss of vision [1]. It was first reported after an outbreak in 1975 in Pokhara, Nepal but its mystery remains largely unfolded even after 50 years [2]. It is common in young children and unique to Nepal [3]. It has occurred in cycles in odd years from end of monsoon season (August–September) and the peak of winter (December–January) but lately, sporadic cases are seen in even years as well [4,5]. Initially described as a 'white pupil in red eye', it is painless and characteristically unilateral, progressing to blindness and disfigurement due to phthisis bulbi [3].

The exact etiology and pathophysiology are unknown. However, much attention has been given to contact with moths, particularly *Tussock* and *Gazalina* moths, and got some support after moth hair was detected from cornea in some cases [6,7]. Some bacterial and viral isolates have been noted [8]. It is an ocular emergency; exact treatment is still unclear and prognosis remains poor despite treatment. Early treatment with topical, subconjunctival, oral, or intravitreal antibiotics and/or steroids and surgical treatment with early vitrectomy are being performed with varied success [9].

SHAPU is a significant health problem in Nepal. Hundreds of children are irreversibly losing their vision due to this condition. The overall psychosocial and economic implications are huge. Public awareness on this condition needs to be increased in areas of high prevalence. Delays in treatment should be reduced. Proper access to specialized eye care should be ensured. Importantly, a lot of questions need to be answered for better understanding of this disease. Extensive research is required focusing on the etiopathogenesis which can guide us for specific treatment and preventive strategies. It needs a holistic approach and global cooperation for a developing country like Nepal. It will be a true blessing for a lot of innocent children to be able to live their life with this beautiful gift of sight.

Ethical approval

Not required.

Source of funding

None.

Author contribution

SL, AP, PL were involved in designing, literature review writing and approving the final manuscript.

Research registration number

- 1. Name of the registry: Not required.
- 2. Unique Identifying number or registration ID: Not required.
- 3. Hyperlink to your specific registration (must be publicly accessible and will be checked):

Guarantor

Saral Lamichhane.

Consent

Not applicable.

Declaration of competing interest

None.

E-mail address: sarlmc.sl@gmail.com (S. Lamichhane).

 $^{^{\}star}$ Corresponding author.

References

- [1] M.P. Upadhyay, N.C. Rai, J.E. Ogg, B.R. Shrestha, Seasonal hyperacute panuveitis of unknown etiology, Ann. Ophthalmol. 16 (1) (1984 Jan) 38-44.
- [2] M.P. Upadhyay, B.R. Shrestha, SHAPU: forty years on mystery persists [Internet], Nepal. J. Ophthalmol. 9 (1) (2017 Jun 20) 13–16. Available from: https://www.nep jol.info/index.php/NEPJOPH/article/view/17527.
- [3] M. Upadhyay, R. Kharel Sitaula, B. Shrestha, B. Khanal, B.P. Upadhyay, J. B. Sherchand, et al., Seasonal hyperacute panuveitis in Nepal: a review over 40 Years of surveillance [Internet], Ocul. Immunol. Inflamm. 27 (5) (2019 Jul 4) 709–717, https://doi.org/10.1080/09273948.2018.1439643. Available from:.
- [4] A. Manandhar, Seasonal hyperacute panuveitis: an update, Curr. Opin. Ophthalmol. 22 (6) (2011 Nov) 496–501.
- [5] H. Gurung, R. Kharel Sitaula, P. Karki, A. Khatri, B. Khanal, S.N. Joshi, et al., Sporadic summer outbreak of SHAPU in even years: does the pattern match with the usual autumn outbreak? Am J Ophthalmol Case Rep 24 (2021 Dec 1), 101198.

- [6] R. Kharel Sitaula, P. Karki, S.N. Joshi, A.K. Sharma, M.P. Upadhyay, Moth hair in cornea in a case of seasonal hyperacute panuveitis, Indian J. Ophthalmol. 68 (5) (2020) 930–932.
- [7] M.P. Upadhyay, R. Kharel Sitaula, A. Manandhar, E.W. Gower, P. Karki, H. Gurung, et al., The risk factors of seasonal hyperacute panuveitis [Internet], Ophthalmic Epidemiol. 28 (3) (2021 May 4) 250–257, https://doi.org/10.1080/09286586.2020.1820533. Available from:.
- [8] A. Manandhar, T.P. Margolis, B. Khanal, New clinical and laboratory findings of SHAPU [Internet], Nepal. J. Ophthalmol. 10 (1) (2018 Nov 20) 23–31. Available from: https://www.nepjol.info/index.php/NEPJOPH/article/view/21684.
- [9] E. Shrestha, A profile and treatment outcome of seasonal hyper-acute panuveitis [Internet], Nepal. J. Ophthalmol. 2 (1) (2010 Sep 17) 35–38. Available from: https://www.nepjol.info/index.php/NEPJOPH/article/view/3702.