
Preface

Tuberculosis (TB) has protean disease manifestations. Most cases of tuberculosis are caused by *Mycobacterium tuberculosis*. Other organisms causing tuberculosis include *M. bovis*, *M. africanum* and *M. microti*, all of which together are grouped as *M. tuberculosis* complex. Mycobacteria are slow-growing, aerobic, acid-fast bacilli. Pulmonary tuberculosis is the most common manifestation of tuberculosis with airborne droplets being the most common mode of person-to-person transmission. An active case of TB is the most common source. About 15–20% of all cases of TB in immunocompetent patients are extrapulmonary TB (EPTB), whereas EPTB accounts for 50% of all cases of TB in immunocompromised patients. The most common site of extrapulmonary TB is lymph nodes, followed by pleural effusion. The host response and thus manifestation of the disease depend on host immune status and whether the infection is the primary exposure of the organism to the host immunity or a secondary response to an already sensitized host. The prevalence of tuberculosis is very high in most developing and underdeveloped nations. Thus clinicians in tuberculosis-endemic regions always consider ruling out tuberculosis as a differential for a plethora of disease manifestations. Such is also the case with ocular disease, and thus tuberculosis has been implicated as an aetiological agent for many ocular disorders. The difficulty in obtaining adequate ocular tissue for histopathological and microbiological analysis makes it difficult to prove or disprove the role of tuberculosis in many such ocular disorders. However, indirect evidence, presence of concomitant systemic disease, response to anti-tubercular therapy and new evidence based on modern molecular microbiological assays have enhanced our understanding of the association of tuberculosis with ocular disease.

Though we do have some definite answers, yet, the aetiology of many ocular diseases is still labelled as “probable tuberculosis”. The issue gets further complicated when we try to relate an ocular disease manifestation to active tubercular infection vis-a-vis an immunological response.

In this text we discuss some of the controversies and provide the reader with a comprehensive update on the work done on many facets of ocular tuberculosis.

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