Table 2. Current practice for CMV AU diagnosis based on the region of experts

Practice	Cumulative N= 75	Asia N = 34	Europe N = 24	North America (USA) N = 11	Other regions N = 6
Consideration of additional clinical signs suggesting a diagnosis of CMV AU at the first presentation					
Corneal edema	28 (37.3%)	17 (50.0%)	8 (33.3%)	2 (18.2%)	1 (16.7%)
Diffuse KPs	37 (49.3%)	22 (64.7%)	11 (45.8%)	3 (27.3%)	1 (16.7%)
Stellate KPs	25 (33.3%)	15 (44.1%)	7 (29.2%)	2 (18.2%)	1 (16.7%)
Granulomatous KPs	22 (29.3%)	11 (32.4%)	8 (33.3%)	1 (9.1%)	2 (33.3%)
Diffuse iris atrophy	36 (48.0%)	23 (67.6%)	9 (37.5%)	2 (18.2%)	2 (33.3%)
Consideration of CMV serology (IgM and IgG) as an important diagnostic test					
PCR on aqueous is sufficient	48 (64.0%)	24 (70.6%)	11 (45.8%)	7 (63.6%)	6 (100%)
Serology performed only if aqueous PCR is negative	2 (2.7%)	2 (5.9%)	0	0	0
Both serology and aqueous PCR performed	20 (26.7%)	6 (17.6%)	12 (50.0%)	2 (18.2%)	0
Decline to answer	5 (6.7%)	2 (5.9%)	1 (4.2%)	2 (18.2%)	0

Consideration to always perform aqueous tap if CMV AU suspected	55 (73.3%)	24 (70.6%)	17 (70.8%)	9 (81.8%)	5 (83.5%)
Consideration of the frequency of blood investigations needed for patients maintained on systemic antiviral					
FBC/CBC, UECr, LFT 2 -4 times per year	65 (86.7%)	29 (85.3%)	21 (87.5%)	9 (81.8%)	6 (100%)
LFTs less often– but at least twice a year	29 (38.7%)	15 (44.1%)	6 (25.0%)	7 (63.6%)	1 (16.7%)

KPs = keratic precipitates, FBC = full blood count, CBC = complete blood count, UECr = Urea, electrolytes, creatinine, LFT = liver function tests