

Table 4. Summary of the preferred practice of $\geq 75\%$ of experts in this study

<p>85% of experts will commence topical antiviral, with ganciclovir gel 0.15% being the antiviral of choice (70% of experts).</p>
<p>Oral valganciclovir is opted by the majority of experts (78%) as the systemic antiviral of choice if it is deemed necessary to be given and if there are no contraindications. About half of the experts (48%) would only add it for severe, prolonged, or atypical presentation.</p>
<p>The patient using systemic valganciclovir requires regular monitoring of CBC, renal function, and liver function (2-4 times per year, 87%).</p>
<p>The preferred topical corticosteroid was prednisolone acetate 1%, at least 4 times per day for 1 to 2 weeks initially with a slow taper period up to 12 months, together with antiviral coverage (77%).</p>
<p>Topical beta-blocker is the first-line drug of choice for IOP control in CMV AU patients if there are no contraindications (79%).</p>
<p>Clinical monitoring of CMV AU treatment via repeated slit-lamp examination is adequate, without further aqueous analysis if there is a desirable inflammation control (92%).</p>
<p>Long-term treatment was recommended for patients with chronic course inflammation (88%) and those with at least 2 episodes of CMV AU within one year (75-88%)</p>