Supplementary Figure 1: Cytokine levels in TB-associated uveitis (TBU) and non-TBU controls. Intraocular fluid (vitreous humor) was analysed for IL-6, IL-15, IL-21 and IL-22 by Luminex multiplex assay. Bars represent mean ± S.E.M of non-TB controls = 13 and TBU=30. Cytokine levels are expressed in pg/mL.

Supplementary Figure 2: Cytokine response in TB-associated retinal vasculitis and other TB-associated uveitis. CD4+ T-cells isolated from TB-associated retinal vasculitis (n=4) and other forms of TB-associated uveitis (n=4) were stimulated for 8 hours with PMA(50ng/mL) and Ionomycin (1µg/mL) last 4 hrs with brefeldin A (10µg/mL). The other forms of TB-associated uveitis consisted of intermediate uveitis (n=2), multifocal choroiditis (n=1) and focal choroiditis (n=1). P < 0.05 was considered as significant.

Supplementary Figure 3: Cytokine response in PCR-positive and PCR-negative TB-associated uveitis. CD4+ T-cells isolated from Mycobacterium tuberculosis PCR-positive (n=3) and PCR-negative (n=4) TB-associated uveitis were stimulated for 8 hours with PMA(50ng/mL) and Ionomycin (1µg/mL) last 4 hrs with brefeldin A (10µg/mL). P < 0.05 was considered as significant.

Supplementary Figure 4: Cytokine response to ESAT-6 and retinal crude extract (RCE) in (A) vitreous humor from non-TB-associated uveitis (controls), and (B) blood from TB-associated uveitis patients. CD4+ T cells from vitreous humor of non-TBU patients or blood from TBU patients, were stimulated with ESAT-6 and retinal crude extract(RCE) (10µg/mL each) along with anti-CD28 (2µg/mL) for about 12 hours along with 10µg/mL Brefeldin A and/or 2µmol/mL monensin during last 8 hours. Cells were fixed and stained for TNFα, IL-17A, IFN-γ and IL-10.
Supplementary Fig. 1. Cytokine levels in TB-associated uveitis (TBU) and non-TBU controls

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Other TBU

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