A 62-year-old woman presented with painless vision reduction and eye redness in the right eye for a week. The initial best-corrected visual acuity (BCVA) was 4/20 (approximately 20/100), and an irregular superficial corneal ulcer with an epithelial defect size of 3 mm × 5 mm was found in the center of edematous cornea. She received penetrating keratoplasty 4 months later, as the ulcer did not heal with intensive medication. Then, topical tobramycin dexamethasone, topical tacrolimus, and daily oral prednisone, 40 mg, were prescribed, with a gradual taper of prednisone to a maintenance dose of 10 mg.

At 5-month postoperative follow-up, some thin snowflakelike matter was found deposited on the iris and in the angle, with rare cell and mild flare in the anterior chamber. She was then diagnosed with uveitis and subsequently prescribed topical prednisone, subconjunctival triamcinolone acetonide, oral prednisone, 40 mg, and daily intravenous ganciclovir, 5 mg/kg. An aqueous sample was obtained for diagnostic polymerase chain reaction, and Epstein-Barr virus (EBV) was detected with a DNA load of 3.12 × 107 cells.

Nine months after the keratoplasty, when she presented to the Zhongshan Ophthalmic Center, her BCVA was 2/100 OD (approximately 20/1000 OD), and her intraocular pressure was 19 mm Hg. Diffuse tiny nodules were observed all over the iris, along with more snowflake and severe cataract.

WHAT WOULD YOU DO NEXT?

A. Perform intravitreal injection of ganciclovir

B. Repeat aqueous sampling without an iris biopsy

C. Repeat aqueous sampling with an iris biopsy

D. Perform intravitreal injection of corticosteroid