

## Uveitis

- Uveal tract -> Choroid , Ciliary Body , Iris
- uveitis Can be -> Anterior uveitis : Iritis, Anterior cyclitis, iridocyclitis **52%**
  - > Intermediate Uveitis : Pars Planitis, vitritis **13%**
  - > Posterior Uveitis : Choroiditis , Retinitis, Chorioretinitis **19%**
  - > Panuveitis **16%**

→ Etiology : Infections, Systemic Immune mediated disease, Syndromes/ eye , Idiopathic

→ anterior

- Idiopathic, Seronegative **spondyloarthropathies** , Sarcoidosis, Juvenile rheumatoid arthritis, SLE, Behçet's disease, AIDS

→ Posterior

- **Toxoplasma**, idiopathic, cytomegalovirus/ CMV, SLE, sarcoidosis

→ Hx & PE :

- Acute : ocular pain, redness, photophobia, blurring of vision, tearing...Within hrs or days/ trauma
- Chronic: blurred vision, mild redness; little pain or photophobia except when acute episode.
- Posterior : Blurred vision, floaters, less ocular pain
- Intermediate uveitis: // / painless floaters , decreased vision, Minimal photophobia, external inflammation  
... ask in Hx about respiratory, skin bowel joints , infx

Signs :

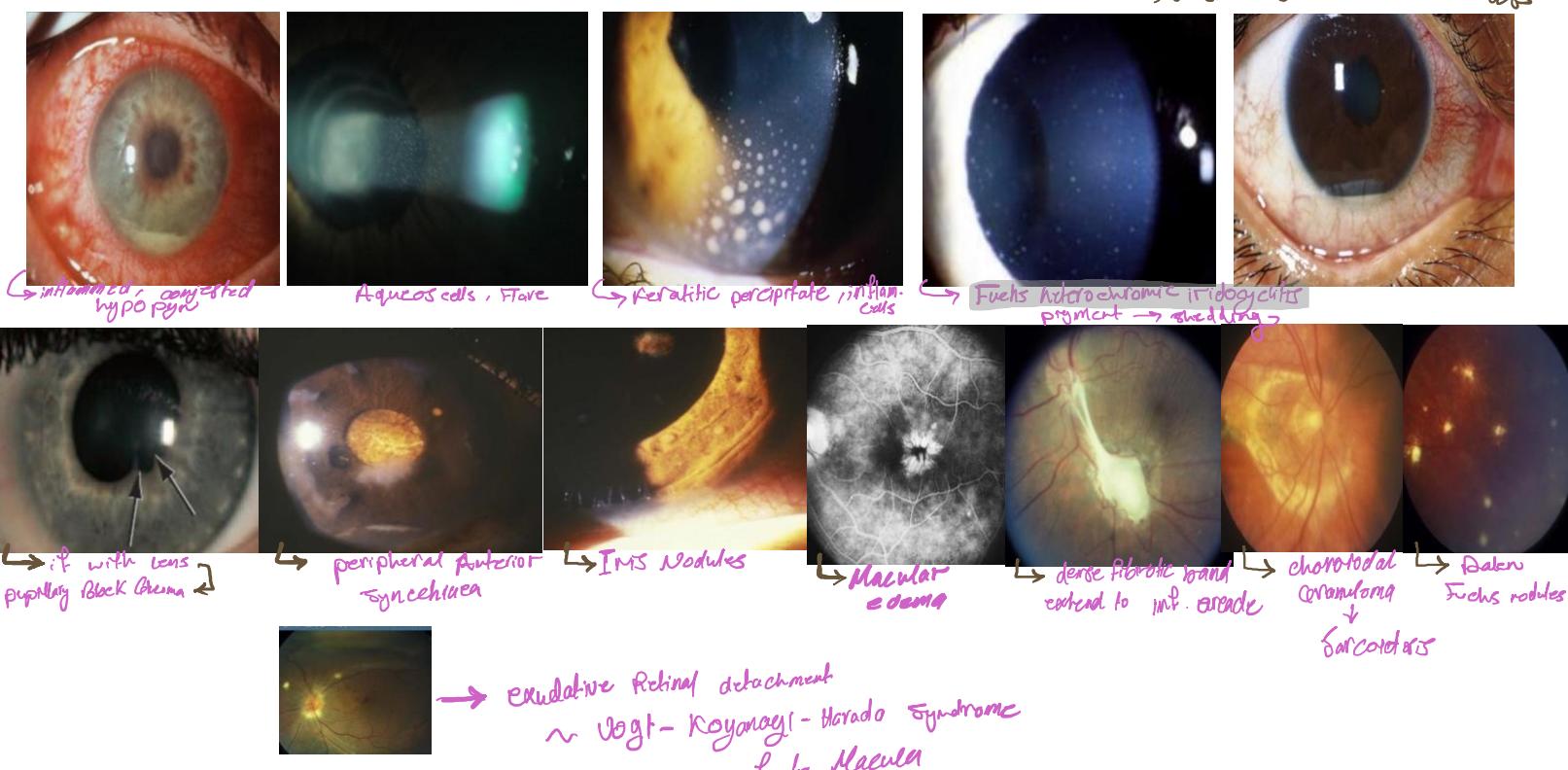
→ reduced visual acuity , inflamed eye / around limbus .. ciliary injections inflamed iris , WBCs circulating in aqueous humor, Protein leaks as flare

→ direct & consensual photophobia.... Pupillary mitosis

→ Ant : dilated vs , Aqueous cells, Flare, Hypopyon, Keratic precipitates, Posterior synechiae & Peripheral ant

→ intermediate : Pars planitis... snowbanks / snowballs

→ Post & Intermediate : Cells in vitreous, Retinal or choroidal foci of inflammation, Macular edema. ↳ destructive      ↳ vision loss



→ Investigations:

- Not for Trauma or known systemic disease -> mild, unilateral nongranulomatous
- If the Hx & PE are unremarkable -> uveitis that is **bilateral, granulomatous, or recurrent** :  
—> CBC, ESR, ANA, RPR, Lyme titer, HLA-B27, CXR, PPD, Venereal disease research laboratory

## 1. Ankylosing spondylitis :

Inflam. **Back pain/ sacroiliitis , Arthritis** (large) , Enthesitis, Dactylitis, **Ant. Uveitis**  
Invest -> HLA-typing, CXR (PF) , spine imaging (Bamboo)

## 2. Psoriasis : Psoriatic lesions , DIP joints involvement (pencil in cup),

## 3. Reactive arthritis : ... can't see , can't pee, can't climb a tree

## 4. IBDs :

- Crohns .... Skip, transmural, string sign on b X-ray , risk of CA , surgery for complications
- UC ... from rectum up , submucous/ mucous , lead pipe on b X-ray , surgery for curative.
- Erythema nodosum more in ...
- Uveitis

## 5. Sarcoidosis :

- Ant. Uveitis,
- Invest -> large KPs, nodules on iris , CXR (hilar LAP) , serum (hyperCa, hperPTH , high ACE, hyperpb, vitD)

## 6. Fuchs' heterochromic uveitis :

- chronic uveitis in young, no systemic associations... Blurred vision, floaters, VB cells, Cataract
- Tx : may respond to cataract surgery ... not respond to steroids

## 7. Behcet disease : Oral , Urogenital , Cutaneous lesions

## 8. Toxoplasmic :

- **retinochoroiditis** -> atrophic scar with pigmented edge, hazy vision, floaters, red painful eye
- Invest -> +ive toxoplasma AB test, +ve IgG titres,
- Tx : if macula / optic n is threatened -> **S. steroids + antiprotozoal** / clindamycin& sulphadiazenes



→  
bull's eye  
Focus of infiltrating monocytes  
the margin of choroidal  
scar  
↓  
Vitreous haze



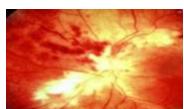
→ inactive toxoplasma  
Retinitis

## 9. Juvenile chronic arthritis :

- Fever , LAP ... +ve ANA -> chronic anterior uveitis, white eye, cataract, glaucoma
- RF , ANA —> Tx : as below, systemic Tx for joints

## 10. Acquired immunodeficiency syndrome (AIDS) & CMV retinitis

- AIDS -> ( CD 4 < 50 ml .. illness.. viral load ) -> Microv. Occlusion & Corneal end. Deposit & Neoplasm
- blurred vision ,floaters.
- Tx : Parenteral Ganciclovir or foscarnet, IV Cidofovir ... prolonged to prevent recurrence



→ cotton wool spots , infiltrate, hemorrhage

## 11. TB ->

skin sensitivity (u can touch it) , immune assay

IMR  
Xia Xianhua

12. A posterior uveitis may have an infectious or systemic inflammatory cause.
13. Associated symptoms may also help point towards a systemic disease (e.g. fever, diarrhoea, weight loss).

### → Treatment

- Relieving pain and inflammation in the eye & Preventing damage to ocular structures

Cycloplegics (mydriatics), corticosteroid drops break any synechiae that have formed

cyclopentolate

Atropine drops

by inst. intensive cyclopentolate

phenylephrine

Subconjunctival  
if resistant

Steroids Tx „ main stay —> anterior uveitis : eye drops

—> posterior uveitis : systemic or injected in orbital floor/ subtenon space

- Anti viral or abx if required

- systemic immunosuppressive drugs / azathoprime or cyclosporin -> Behçet's disease,

