



Complications of Uveitis

Uveitis can cause certain complications, which may lead to vision loss. These include:

- **Glaucoma**
This occurs when the eye pressure becomes too high, which can damage the optic nerve. It is often controllable with eye drops, but can sometimes require surgery.
- **Cystoid Macular Edema (CME)**
This swelling in the retina at the back of the eye is a common complication in uveitis, and typically causes blurry vision. It may also cause distorted vision (straight lines may look curved or wavy). Fortunately, CME is treatable, but may require multiple steps in therapy to control.
- **Retinal Vasculitis**
This inflammation in the blood vessels of the retina may be associated with uveitis. It is usually treated with medication by mouth or by injection.

Treating Uveitis

Modern treatments can help control uveitis and can often prevent vision loss and blindness if the condition is found and treated early. Recovery depends on the type of uveitis and severity of inflammation.

The primary goal of treatment is to control the inflammation and check your eyes regularly to prevent damage and vision loss. Treatments also ease pain and control complications. There is no way to know how long uveitis will last, but treatment must continue as long as inflammation is active. It is important to carefully follow the eye doctor's instructions throughout the duration of treatment.

Treatments include:

- **Corticosteroids:** These are used to get inflammation under control quickly. Depending on your condition, they may be administered as drops, ointment, pills, eye injections or IV.
- **Eye Drops:** These may be used to widen the pupil, treat iritis, prevent vision loss or other complications or decrease eye pressure to prevent damage to the optic nerve.
- **Antibiotics, Antivirals or Other Medications:** If the uveitis is caused by a bacterial, viral or fungal infection, these anti-infective agents may be used.
- **Non-Steroid Anti-Inflammatory Drugs (NSAIDs):** These may be effective for treating swelling in the back of the eye.
- **Eye Injections:** These may be steroids or a class of medicine called anti-VEGF. Newer medications that show great promise—but are not yet commercially available—are available through our research program.
- **Systemic Immunosuppressants:** In some cases, immunosuppressive therapy may be recommended. These medications are often used when inflammation is chronic and patients are not able to reduce corticosteroids to appropriate doses.

UVEITIS

What is Uveitis?

Uveitis is a general term to describe a group of diseases that can cause red eyes, eye pain and inflammation. Some types can cause vision loss with no eye pain. Although it can affect other parts of the eye, it mainly affects the middle part, called the **uvea**. It can occur in one eye or both eyes, and can be **acute** (short-lived) or **chronic** (long-lasting).

Uveitis can be serious and lead to permanent vision loss. It causes about 30,000 new cases of blindness each year in the United States. That is why it is important to diagnose and treat it as early as possible before irreversible damage occurs.

How Uveitis affects vision

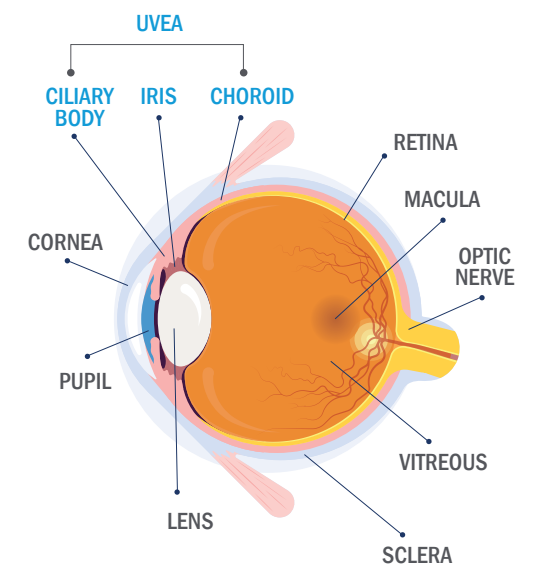
Uveitis produces inflammation that can destroy important eye tissues, causing blurry or reduced vision. When treated, vision may recover. In some cases, there can be damage to the retina and optic nerve, causing permanent vision loss.

What causes Uveitis?

Although the cause of **uveitis** is unknown in about one third of cases, it can be caused by:

- Autoimmune disease, which can affect only the eye (**idiopathic** uveitis), or which can create inflammation that affects other parts of the body (**systemic** disease)
- Eye injury or surgery
- Infection, virus, bacteria, parasite, or fungus

HEALTHY EYE



The **uvea** is a layer of the eye that helps provide nutrients to the eye. It is made of three parts from the front to the back of the eye: the iris, ciliary body and choroid.



Types of Uveitis

There are four types of uveitis, distinguished by the primary location of inflammation within the eye.

▶ ANTERIOR UVEITIS

Anterior uveitis (also called **iritis** or **iridocyclitis**) is inflammation of the front of the eye, between the back of the **cornea** and in front of the **lens**. It is the most common form, accounting for 30 - 90% of all cases. It can be present in both eyes, and may be **acute** (comes on quickly and lasts for less than six weeks), or **chronic** (longer lasting and requiring longer-term therapy).

▶ INTERMEDIATE UVEITIS

Intermediate uveitis (also called **cyclitis** or **vitritis**) is an intraocular inflammation that affects the **vitreous** (the gel that fills the middle of the eye). It makes up 1 - 12% of cases. Intermediate uveitis is more likely to be chronic, lasting more than six weeks.

▶ POSTERIOR UVEITIS

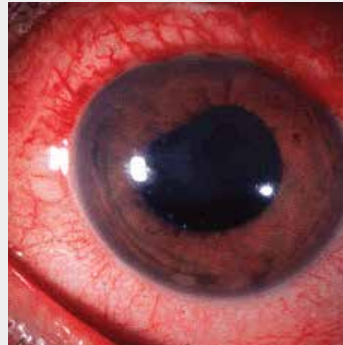
Posterior uveitis (also known as **retinitis** or **choroiditis**) is the inflammation of the back of the eye, affecting the **retina** and/or **choroid**. It makes up 5 - 30% of cases. It can be chronic and/or recurrent, and can affect both eyes. In some cases it can cause vision loss.

▶ PANUVEITIS

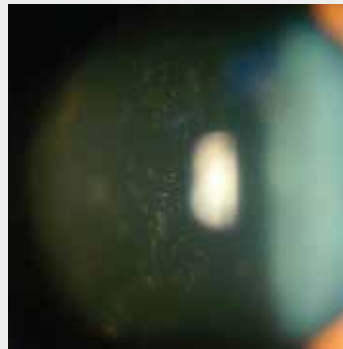
Panuveitis is inflammation that affects the entire **uvea**, **iris** and/or **ciliary body**, **vitreous**, and **retina** and/or **choroid**. It makes up 1–9% of cases. People with panuveitis may be more likely to experience vision loss.

▶ SCLERITIS

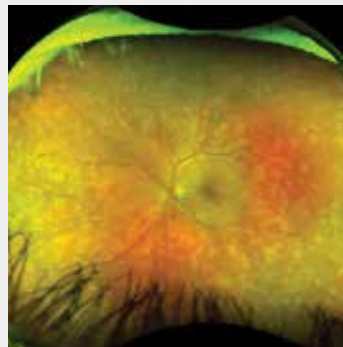
Scleritis is inflammation of the **sclera** (the white part of your eye). When affected, the **sclera** becomes red, and can cause piercing and pressure-like pain that gets worse with eye movement. This is not technically 'uveitis' as it affects the eye wall rather than the inside of the eye, but uveitis and scleritis have similar causes and treatments. Uveitis can occur with scleritis, or as a separate condition.



Anterior uveitis



Intermediate uveitis



Posterior uveitis



Scleritis

What are the symptoms of Uveitis?

With **acute** uveitis, symptoms come on quickly and last less than six weeks. With **chronic** uveitis, symptoms occur more slowly and last longer than six weeks. Symptoms can get worse quickly, and may affect one or both eyes. Signs and symptoms to watch for include:

- Eye redness
- Eye pain
- Light sensitivity
- Blurred vision
- Dark, floating spots in your field of vision (floaters)
- Decreased vision
- Lid swelling

Because uveitis can cause permanent damage to the eyes and vision loss that cannot be reversed, early diagnosis and treatment is important. Also, uveitis may be caused by another disease or condition that, if left untreated, can lead to serious illness.

How is Uveitis diagnosed?

If you notice symptoms, visit an eye doctor for a **complete eye exam**. This might include:

- **Medical history, blood tests, x-rays** to help identify underlying diseases and conditions
- General examination of **visual acuity** (to assess vision sharpness), **visual field** (to assess peripheral vision), **pupils and eye movement**
- **Dilated eye exam**, during which a device called an **ophthalmoscope** is used to examine the retina and optic nerves for signs of inflammation
- **Gonioscopy**, which uses a special lens placed on the surface of your eye to examine the area in the front of the eye that drains fluid (eyes may be numbed first)
- **Tonometry**, which measures pressure in the eye (eyes may be numbed first)
- **Slit lamp test**: a special microscope called a slit lamp shines light into one eye at a time so the doctor can look closely for internal eye inflammation.
- **Optical coherence tomography (OCT)**, which uses light waves to take cross section pictures of your retina
- **Fluorescein angiography**, which uses dye injected into the peripheral veins to highlight blood vessels so they can be photographed