

Uveitis

What is Uveitis?

Uveitis is a collection of inflammatory diseases of the eye and uveal tract. The uvea is the middle layer of the eye located between the white sclera and the inner retina. It is mostly comprised of blood vessels that provide nourishment for the rest of the eye. The uveal tract can be further divided into the iris, ciliary body and choroid. Clinically, uveitis may also involve other parts of the eye such as the retina, vitreous and optic nerve.

Uveitis is often classified as anterior, intermediate, posterior or diffuse. Anterior uveitis, also called iritis or iridocyclitis, is inflammation of the iris or ciliary body. Intermediate uveitis, also called vitritis or pars planitis, is inflammation of the middle part of the eye. Posterior uveitis is inflammation of the back of the eye such as retinitis, choroiditis, retinal vasculitis and neuroretinitis. Diffuse uveitis involves all parts of the eye.

Common symptoms of uveitis include ocular pain, light sensitivity, redness, blurred vision and floaters. Certain diseases may not have any symptoms early in the disease course and may be hard to detect.

Why Do I Have Uveitis?

Most cases of uveitis are caused by infectious or autoimmune diseases. Trauma, certain medications and even certain cancers may cause uveitis. In many situations, a specific cause cannot be found and it is called “idiopathic” uveitis.

How Do You Diagnose Uveitis?

The diagnostic process for uveitis is very similar to any other disease process. The most important step is getting a thorough history of the disease and an extensive review of systems to look for other parts of the body that may be involved. A dilated eye exam is performed. Office testing including ultrasound, photography, fluorescein angiography and OCT may be performed at your visit. Depending on the findings outside referrals, blood testing, imaging and even diagnostic surgery may be required.

Through these efforts, certain infectious and autoimmune diseases can be diagnosed allowing proper and specific treatments to be prescribed. Common infectious diseases causing uveitis include herpes simplex, varicella zoster (shingles), Lyme disease, histoplasmosis, tuberculosis, syphilis and toxoplasmosis. Several autoimmune diseases such as sarcoidosis, systemic lupus erythematosus, multiple sclerosis and inflammatory arthritis may be associated with uveitis. Rarely malignancies such as lymphoma or leukemia may cause uveitis.

How Do You Treat Uveitis?

There is not one treatment for uveitis. The treatment is based on the underlying diagnosis; we treat bacterial diseases with antibiotics, viral diseases with anti-viral agents and would treat any underlying inflammatory disease.

The main goal of treatment is to eliminate all inflammation. Corticosteroids are often used and can be given topically, by periocular injection, by mouth or by intravenous routes. After corticosteroids a “step-ladder” approach is often needed to spare the dose of steroids used. Other immunosuppressive medicines are added for severe and chronic forms of uveitis. These drugs, with monitoring, help reduce the side effects of steroids and can be used safely.

In certain cases, surgery is required for both diagnosis and treatment.

What is the visual prognosis for uveitis?

Untreated, uveitis accounts for one third of preventable blindness worldwide. Early diagnosis and treatment is important to prevent or minimize the complications of uveitis. These complications include, cataract, glaucoma, and retinal swelling. The elimination of all inflammation as quickly as possible improves the visual prognosis for all forms of uveitis and is the goal of uveitis treatment.

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