



Uveitis

Uveitis is caused by inflammation of the intraocular structure-uvea. The human eye is in the shape of a ball. The innermost layer is the retina and the outermost layer is the sclera on the back and the cornea in the front while the middle layer is the uvea(Fig 1). The anterior part of the uvea is the iris and the middle part is the ciliary body while the posterior portion is the choroid (Fig 2).

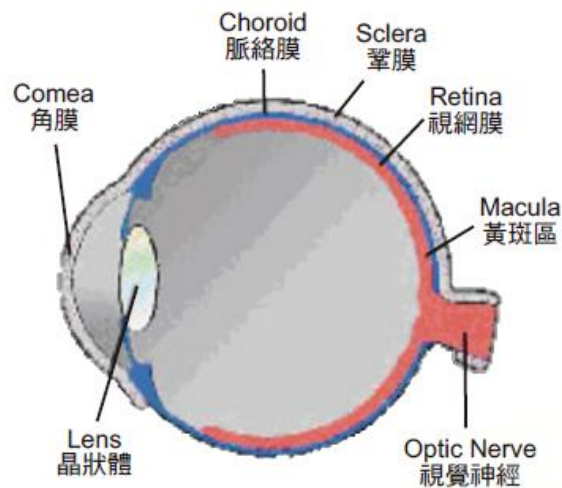


Fig 1: Structure of the eyeball

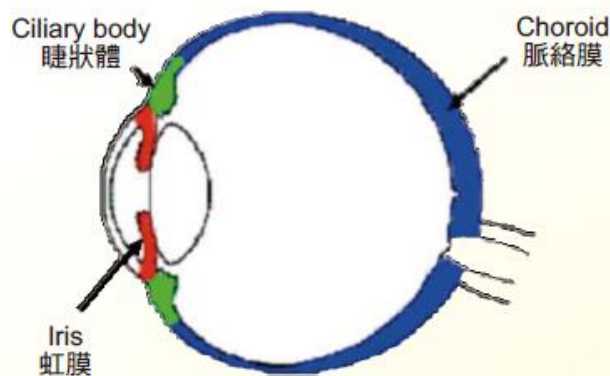


Fig 2: Uvea: iris , ciliary body and choroid

Types

There are 4 main types:

- Anterior Uveitis, also known as iritis and iridocyclitis: It is the most common type of uveitis and usually presents as an acute inflammation and lasting for 6 - 8 weeks. The iritis will become chronic or recurrent in some patients.
- Intermediate Uveitis: Inflammation of the middle part (i.e. vitreous) of the eye
- Posterior Uveitis: Inflammation of the posterior part of the eye, including the choroid, retina and/or retinal vessels.
- Panuveitis: Inflammation of the whole uveal tract.

Causes:

- No specific causes can be identified in the majority of cases (idiopathic)
- Bacterial, viral or fungal infections like Tuberculosis, Syphilis, AIDS
- Systemic diseases like ankylosing spondylitis, Behcet's syndrome, Juvenile Idiopathic Arthritis, Vogt-Koyanagi-Harada Disease
- Ocular trauma

Symptoms / Signs

- Anterior Uveitis: photophobia, redness, eye pain, and/or blurring of vision.
- In addition to the signs and symptoms of anterior uveitis, other types of uveitis may have floaters or even more blurry vision.

Diagnosis

A detailed examination by an ophthalmologist is necessary to make a diagnosis of uveitis. Blood taking and X-rays may also be needed to look for any underlying systemic disease or infection. In some cases, further special investigations may be necessary.

Treatment

Anterior Uveitis :

- Steroid eye drops /ointment. Doctors usually tail these medications down in a few weeks' time because sudden withdrawal may lead to rebound of the inflammation.
- Cycloplegics maybe used to dilate the pupil and relax the ciliary muscles to prevent the iris adhering to the lens and to relieve the symptoms of photophobia.
- Eye pressure lowering medications if elevated intraocular pressure.
- May need systemic steroid or periocular steroid injection.

In other types of uveitis, the following treatments may be needed:

- Immunosuppressants
- New generation biologics

In case the uveitis is caused by infection, antibiotics or anti-viral medications are required.

Remarks

- In general, the vision of patients with simple anterior uveitis will not be affected after recovery. However, in severe, chronic or recurrent cases, uveitis can lead to complications like cataract, glaucoma or macular edema which can affect the vision.
- Chronicity and recurrence are more common in other form of uveitis and the vision outcome will depend on the type and severity of the conditions.

*The information is for general education purpose and reference only.
Should you have any queries, please consult medical professionals*

Specialty Advisory Group (Ophthalmology)

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