

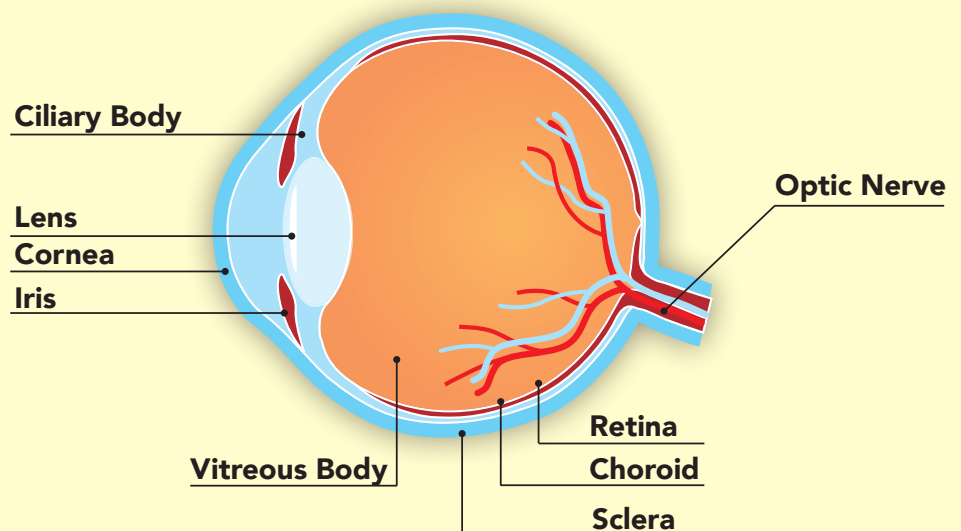


225 West Wacker Drive
Suite 400
Chicago, Illinois 60606
800.331.2020
PreventBlindness.org

Uveitis

What is Uveitis?

Uveitis [*u-vee-i-tis*] is a term for inflammation of the eye. It can occur in one eye or both eyes and affects the layer of the eye called the uvea [*u-vee-uh*]. It also can be associated with inflammation of other parts of the eye and last for a short (acute) or a long (chronic) time. Uveitis can be serious and lead to permanent vision loss. That is why it is important to diagnose and treat uveitis as early as possible, ideally before irreversible damage has occurred. Uveitis causes about 30,000 new cases of blindness each year in the United States.



The uvea is a layer of the eye made up of three parts from the front to the back of the eye that helps provide nutrients to the eye.

Iris: The iris is the colored part of the front of the eye. It controls light that enters the eye by controlling the size of the eye's opening (the pupil).

Ciliary [*sil-ee-er-ee*] body: The ciliary body is a group of muscles and blood vessels that changes the shape of the lens so the eye can focus. It also makes a fluid called aqueous humor. Aqueous humor is a clear, watery fluid that fills and circulates through parts of the front of the eye.

Choroid [*kawr-oid*]: The choroid is a middle layer of the back wall of the eye. It holds blood vessels that feed other parts of the eye, especially the retina.

Uveitis *(continued)*

Inflammation of the uvea may be associated with inflammation of other parts of the eye:

Cornea: The clear, curved front of the eye

Sclera [skleer-uh]: The white outer part of the eye

Vitreous [vi-tree-uh s]: A gel-like substance that fills the inside of the eyeball between the lens and the retina

Retina: The inner layer lining the inside back wall of the eye which contains nerve cells that sense color and light and send image information to the brain

Optic nerve: It sends information from the eye to the brain

What Causes Uveitis?

Uveitis is a form of inflammation of the eye. The cause of uveitis is often unknown in at least one-third of cases.

The inflammation could be caused by:

- Eye injury or surgery
- Infection
- Autoimmune diseases or systemic inflammatory disorders that affect the whole body

What are the Symptoms of Uveitis?

Uveitis symptoms may occur quickly in an acute form (lasts less than six weeks) or slowly in a chronic form (lasts longer than six weeks). These symptoms may get worse fast, and also may affect one or both eyes. The signs and symptoms of uveitis include:

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

Anyone suffering from the symptoms above should immediately be examined by an eye care professional.

What Increases the Risk for Uveitis?

Uveitis can affect anyone at any age, but it is most commonly seen in working age adults in their fourth decade.

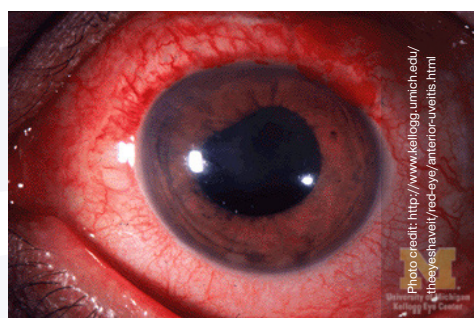
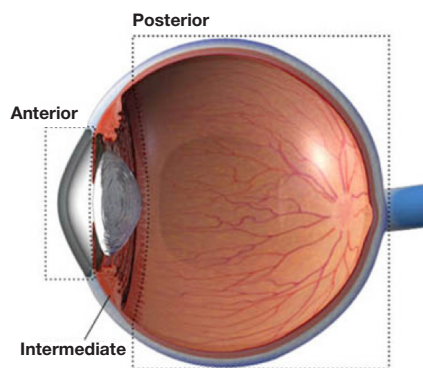
There is a higher prevalence in women. As we age, however, we are more likely to get uveitis in both eyes and panuveitis (uveitis that affects all of the uvea). In addition, smoking may increase the risk of getting uveitis.

What are the Types of Uveitis?

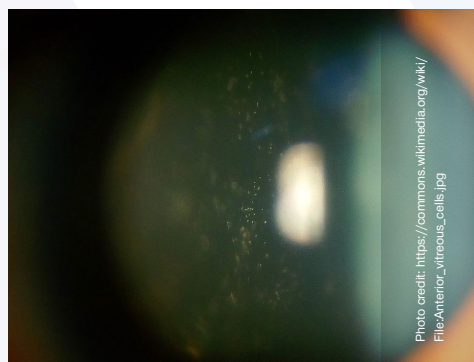
Uveitis is often grouped by the part of the uvea it affects. There are four types of uveitis:

- Anterior uveitis
- Intermediate uveitis
- Posterior uveitis
- Panuveitis

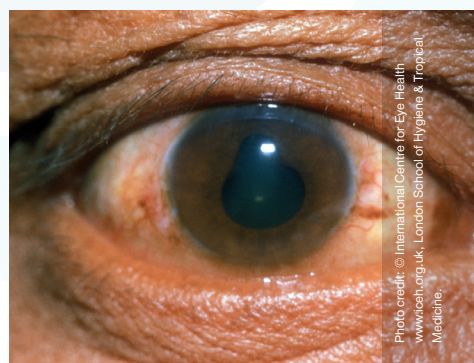
Uveitis (continued)



Anterior uveitis



Intermediate uveitis



Posterior uveitis

Anterior Uveitis

Anterior uveitis affects the front of the eye. It is often called iritis because it mainly affects the area around the eye's iris. Anterior uveitis is the most common kind of uveitis in children and adults making up 30–90% of all uveitis. It is usually acute (comes on quickly and lasts for less than six weeks) and is associated with eye pain, blurred vision, light sensitivity and redness.

Intermediate Uveitis

Intermediate uveitis is inflammation of the ciliary body, the front end of the retina, and the vitreous. Intermediate uveitis is the least common type of uveitis affecting young adults, making up only 1–12% of cases. It is also known as cyclitis, pars planitis or vitritis. Symptoms include floaters and blurry vision. It is not usually associated with pain. People with intermediate uveitis are more likely to have chronic inflammation.

Chronic uveitis is defined as uveitis lasting longer than six weeks.

Posterior Uveitis

Posterior uveitis is inflammation of the choroid, often involving the retina and optic nerve. It is also known as choroiditis or retinitis. The optic nerve is the path that carries images from the retina to the brain. It can be seen in 5–30% of uveitis types. Generally it is chronic (long standing – can last weeks

to months to years), recurrent (in which a patient goes between inflammation and a healthy eye) and affects both eyes. Posterior uveitis can cause vision loss. This type of uveitis can only be detected during an eye examination.

Panuveitis

Panuveitis is when inflammation affects the entire uvea (iris, ciliary body, and choroid). It makes up 1–9% of cases. People with panuveitis may be more likely to experience vision loss. Symptoms include floaters, blurred or loss of vision.

How is Uveitis Diagnosed?

Diagnosis and treatment of uveitis is important. Uveitis can cause permanent damage to the eyes and vision loss that cannot be reversed.

Also, uveitis may be caused by another disease or condition that, if left untreated, can lead to serious illness.

Anyone who notices signs of eye problems should visit an eye doctor for a complete eye exam. At a complete eye exam, the eye care professional will do a thorough examination of the eyes, using some of the following tests: medical history, ophthalmoscopy, visual acuity, visual field, pupils and eye movements, gonioscopy, tonometry, slit lamp, fluorescein angiography, optical coherence tomography (OCT), and laboratory tests.

Uveitis *(continued)*



How is Uveitis Treated?

The goal of treatment is to treat the inflammation and check the eyes regularly to help prevent damage and vision loss. Eye doctors treat uveitis to relieve pain, prevent vision loss from inflammation and complications of uveitis, and to treat the cause of the uveitis if known. It is important to follow the eye doctor's instructions for treatment carefully throughout the duration of treatment as prescribed. Treatment of uveitis must continue as long as inflammation is active. It is not possible to know how long uveitis will last.

Treating Anterior Uveitis:

- Topical corticosteroids
- Eye drops to widen pupil
- Topical drop for elevated eye pressure

Treating Intermediate and Posterior Uveitis

- Antibiotics, antivirals, or other medications
- Corticosteroids – periocular injection, oral, intravenous, implant
- Nonsteroid anti-inflammatory drugs
- Immunosuppressive and biologic agents
- Corticotropin

What Causes Vision Loss from Uveitis?

Uveitis may cause blurry and reduced vision. When treated, vision may recover. In some cases,

mostly in intermediate uveitis, posterior uveitis and panuveitis, where inflammation is recurrent and chronic, damage to the eye can occur. Vision loss from uveitis can occur from: high eye pressure and glaucoma, cataracts, cystoid macular edema, damage to the vitreous, and detached retina.

How to Live with Uveitis?

Modern treatments 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. Uveitis can also come back. You must work with your eye care professional if you have uveitis. They know how to treat uveitis, but they have to work with you to find the best way to treat the condition. Stay informed, take your medicines as scheduled, and follow your treatment plan.

Resources for Eye Care

Prevent Blindness has a list of financial assistance resources for those in need of support in meeting their eye health needs and medications. Visit: www.preventblindness.org/vision-care-financial-assistance-information.