

# What is uveitis of the eye?

Department of Ophthalmology

Information for Patients

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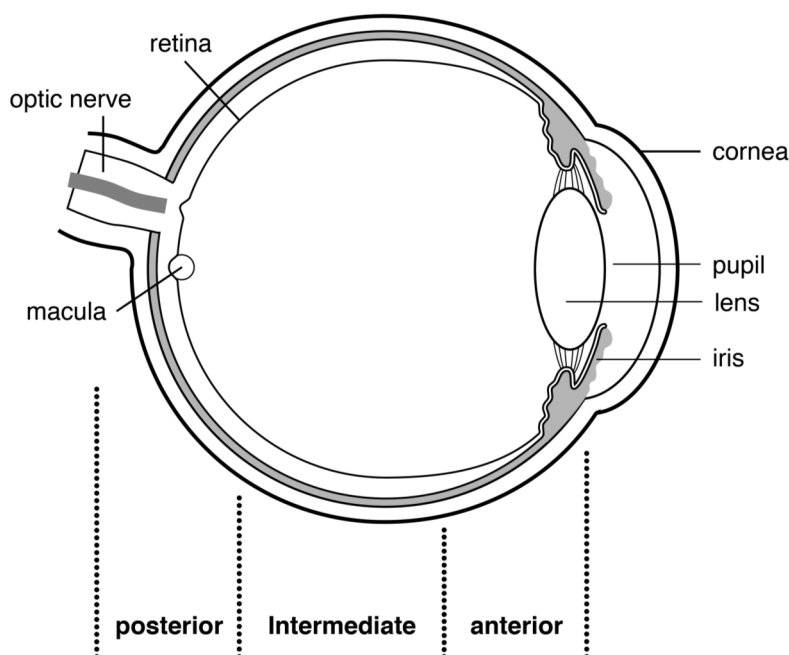
## What is uveitis?

The term uveitis covers a range of conditions which affect the inside of the eye. "Itis" means inflammation and uveitis means inflammation of the uvea.

The uvea is a layer inside the eye and is made up of:

- the iris and ciliary body in the front of the eye (anterior)
- the choroid at the back of the eye (posterior)

This can be seen on the diagram below:



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Other parts of the eye may be affected by the inflammation inside the eye. These include the retina, optic nerve and the clear jelly that fills the eye behind the lens (vitreous).

## Types of uveitis

Uveitis can be divided into 4 main groups:

- Anterior - affects the front of the eye, including the iris and ciliary body. This is often called iritis.
- Intermediate - affects the middle of the eye, mainly the vitreous.
- Posterior - affects the choroid layer at the back of the eye.
- Panuveitis - affects both the front and back of the eye.

## Causes of uveitis

There are many possible causes of uveitis, which can be divided into 1 of 5 groups:

- Idiopathic - this means no specific cause or link with other medical conditions can be found. Up to 50% of cases can be idiopathic.
- Autoimmune - our immune system's purpose is to protect us from 'foreign' bodies, such as bacteria and viruses. In autoimmune disease this process goes wrong. Instead of 'attacking' the foreign bodies, the immune system attacks healthy parts of the body instead. This results in inflammation. This may be just in the eye or may affect other parts of the body as well.
- Associated medical conditions - uveitis may be associated with other medical conditions (often also autoimmune). Examples include sarcoidosis, Crohn's disease, ulcerative colitis and juvenile idiopathic arthritis.
- Infection - a variety of infections may cause uveitis. The doctors need to know as soon as possible whether an infection is the cause, to make sure you get the right treatment.
- Trauma - this includes some form of eye injury and also eye surgery.

## Symptoms of uveitis

Symptoms will depend on the type of uveitis you have.

With anterior uveitis, these can include:

- pain
- redness
- sensitivity to light
- blurring of vision

With intermediate and posterior uveitis, these can include:

- no pain
- black dots or wispy lines in your vision (floaters)
- blurring of vision

## How long will I have uveitis for?

Some people will only ever have uveitis once, but for many uveitis patients, this will happen again or be long term (chronic), needing treatment over a long period of time.

## Tests and diagnosis

To find out the exact type of uveitis you have, and to find the possible cause, different tests will be used:

- **Medical history** - you will be asked some questions about any past medical problems, which may suggest some possible causes or links with other medical conditions, at an early stage.
- **Eye examination** - your vision will be measured (wearing any glasses you normally wear) using the eye chart.

You will have eye drops placed into your eyes to widen (dilate) your pupil. This is very important so the back of the eye can be seen for signs of inflammation or complications.

Your eyes will be examined with a 'slit lamp', a type of microscope found in eye clinics and optometrists.

- **Medical tests** - a variety of medical tests may be carried out to follow up on any 'leads' resulting from questions asked and/or the eye examination. These tests may include blood tests and X-rays.

## Treatment

The treatment of uveitis will vary depending on the type of uveitis you have, how severe it is and what complications are present. It is always best to have a written record of your treatment plan, so you can follow it and discuss and make changes to it.

The following are normal treatments and it is important that treatment is adapted for every patient.

### Treatment of anterior uveitis:

This is usually treated with eye drops only. The types of eye drops include:

- dilating drops - these will dilate the pupil, help with pain, and help try and stop the iris from sticking to the lens.
- steroid drops - these are used to control the inflammation. They are given frequently at first and then slowly reduced over a longer period of time.

You must take all the drops and continue to take them for the whole course. Never stop taking them just because your eyes feel better and never stop taking any form of steroids suddenly, unless told to do so by your doctor.

Make sure you attend any follow-up appointments after an episode of uveitis.

### Treatment of intermediate uveitis:

Mild cases of intermediate uveitis can be monitored without treatment, if there are no complications.

More severe cases and those with complications (such as macular oedema) will need treatment that can include injections around or in the eye, or tablets (steroids and/or immunosuppressants). If the front of the eye is inflamed as well, then eye drops may be needed.

### Treatment of posterior uveitis:

There are several different types of posterior uveitis, each having their own features that need different approaches.

Eye drops cannot reach the back of the eye, so tablets and sometimes injections must be used.

The main drug used is prednisolone, a steroid tablet. This treatment usually starts with high doses of prednisolone which is then slowly lowered down once inflammation is controlled.

In some cases, another drug called an immunosuppressant may be given. This may be if steroid tablets alone cannot control the inflammation.

## Complications of uveitis

The conditions below may happen in your eye due to uveitis:

- Cataract - a clouding of the lens.
- Secondary glaucoma - raised pressure inside the eye.
- Macular oedema - fluid build up at the back of the eye.
- Posterior synechiae - the iris sticking to the lens.

## Who should I contact if I have any concerns?

If you have any concerns or questions about this treatment you can contact:

Uveitis Nurse Specialist:	07939 978 826
Eye Casualty Department:	0116 258 6273
Ophthalmology Secretary:	0116 258 6198

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