



Uveitis

About

Uveitis is not a single disease but a clinical spectrum of symptoms and signs caused by a variety of medical conditions. Although it accounts for about 1% of all eye diseases, Uveitis is the cause of 10-15% of blindness and so it must be managed very carefully. Prompt and appropriate treatment is needed to ensure good visual recovery, which is very often achievable. In most cases, a uveitis specialist – an eye doctor with specialist training in diagnosing and managing these diseases, should manage uveitis.

Causes

The cause of uveitis can be infection (like TB, Toxoplasmosis or viruses like herpes and CMV) or autoimmune conditions (sarcoidosis, arthritis, inflammatory bowel disease etc). In about half the cases, we may never find a specific cause but prompt treatment is always needed.

Symptoms

Symptoms can include red eye, light sensitivity, loss of reduction of vision, glare, floaters and pain.

Treatment

Uveitis can be in the anterior segment (front part of the eye), which usually can be treated with drops and sometimes injections to get a quick response. When uveitis affects the back of the eye, more aggressive treatment may be needed. This usually consists of a high dose of oral steroid medications for several weeks. Antibiotics are given in case of infection. Long-term treatment or more serious cases may need steroid sparing immune suppressant medication. This can be in the form of tablets like mycophenolate or methotrexate or newer biologic medications, which are given in the form of injections. Steroid injections in to the eye may be needed as well. Although protracted, early, aggressive and appropriate treatment can achieve good control of this condition and patients can maintain good vision.

Examination

Clinical examination by a uveitis specialist who will then determine what further testing is needed to establish a cause. About 50% of time, a cause can be identified but all cases require treatment.

Investigation

Initially, patients will often need to have a variety of blood tests to look for infection or auto immune conditions, chest X-rays and other imaging. In the eye clinic patients may need an OCT scan of the retina and a fluorescein angiogram to look for leakage from the blood vessels in the retina. Patients may also be referred to other specialists like rheumatologists, gastroenterologists or neurologist to help diagnose a systemic cause of the uveitis.