Uveitis

Overview:
Uveitis is an inflammation of the uveal tract within the eye. The uveal tract is the vascular tissue that is the middle of the layer of the three tissue layers that make up the eye. The uveal tract itself can be further divided into three sub-parts; the front (iris), the middle (ciliary body), and the back (choroid). The main types of uveitis are anterior uveitis (inflammation of the front), posterior uveitis (inflammation of the back) and panuveitis (inflammation of all three sub-parts).

Typically uveitis involves inflammation that is localized only within the eye and usually the cause of inflammation is unknown. Uveitis can also be linked to systemic inflammation in a specific part of the body or through-out the whole body. An example of this would be Inflammatory Bowl Disease (specific part) and Sarcoidosis (a systemic disease involving inflammatory cells that can affect any organ). Uveitis can also be caused by infections within the uvea stemming from Herpes Zoster (shingles), Herpes Simplex (cold sores), or Syphilis. Many conditions can mimic uveitis, and the doctor may do a comprehensive work-up to rule out some of these diseases.

Uveitis as a group is responsible for approximately 10% of blindness within the United States. It is important that patients with uveitis be closely monitored and that the inflammation be treated.

What are the symptoms of Uveitis?
Most patients with uveitis complain of one or more of the following symptoms:
1. Numerous tiny floaters
2. Generally blurry vision
3. Decreased vision
4. Redness of the eye
5. Eye pain
6. Sensitivity to light

What treatments are available?
Injections of anti-inflammatory medicines into the eye can be performed in our office to treat uveitis. Sometimes anti-inflammatory drops or pills are necessary to treat the inflammation. Cystoid Macular Edema that accompanies uveitis can be treated with the following:
1. Intravitreal injection of an anti-Vascular Endothelial Growth Factor (Avastin or Lucentis)
2. Intravitreal or subtenon injection of a corticosteroid (Dexamethasone or Triamcinolone)

It is also very important that any underlying systemic conditions be evaluated and treated by your primary care doctor.

What is my follow up care?
Return visits with us are recommended to monitor your disease progress. It is important to detect changes in your condition and formulate treatment plans as needed. It is also important to inform your primary care doctor of the type of uveitis, so he or she can evaluate and treat any underlying systemic illnesses.

How can the doctor determine the extent of Uveitis?
The doctor will perform a dilated exam using a slit lamp to determine which part of the uvea is inflamed and the effect it has on the center of your retina (the macula). To check the outer retina for inflammation, the doctor will use an indirect ophthalmoscope.

What tests are performed?
Testing is important because it helps the doctor to precisely document the effect from uveitis on the retina, check for cystoid macular edema, and measure changes that occur. The three types of tests described below are performed in our clinic.

Optical Coherence Tomography (OCT) is a high definition image of the retina taken by a scanning ophthalmoscope with a resolution of 5 microns. These images can determine the presence of swelling and cystoid macular edema by measuring the thickness of your retina. The doctor will use OCT images to objectively document the progress of the disease throughout the course of your treatment.

Fundus Photography is an image taken by a digital fundus camera to document any inflammation in the eye.

Fluorescein Angiography is a test that documents blood circulation in the retina using fluorescein dye which luminesces under blue light. Fluorescein is injected into a vein in your arm and digital fundus pictures are taken afterwards for 10 minutes. These pictures show the location of inflammation and edema. The doctor will explain these pictures to you in more detail.