

Practical Approach to Uveitis Management

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Course Outline

- I. Case Study # 1
- II. Uveitis
 - a. 3rd leading cause of blindness in USA
 - b. Important associations with systemic disease
 - c. Inflammation of the Uveal Tract
 - i. Uveal Tract: Iris, Ciliary Body, Choroid
 - ii. High vascularized tissues and more commonly involved with inflammation
 - d. Classification of Uveitis
 - i. Anatomical Location Classification
 1. Anterior Uveitis (AU)
 2. Intermediate Uveitis (IU)
 3. Posterior Uveitis (PU)
 4. Panuveitis
 - ii. Clinical Classification
 1. Standardization of Uveitis Nomenclature (SUN) Working Group
 2. Acute: <3mo
 3. Recurrent
 4. Chronic: >3mo
 - iii. Pathophysiology Classification
 1. Non-granulomatous
 2. Granulomatous
 - iv. Bilateral or Unilateral
 - e. Clinical Features
 - i. Common Symptoms
 - ii. Exam Findings
 1. Anterior Segment
 - a. Conjunctiva
 - i. Circumcorneal injection
 - b. Cornea
 - i. Corneal Edema
 - ii. Keratic precipitates
 - c. Anterior Chamber
 - i. Inflammatory Cells
 1. SUN Working Group Grading Scheme for anterior chamber cells
 - ii. Flare

1. SUN Working Group grading for flare

- d. Iris
 - i. Miosis
 - ii. Iris atrophy
 - iii. Iris Nodules
 - iv. Synechia
- e. Intraocular Pressure
- f. Vitreous
- g. Retina
- iii. Common Complications
- f. Clinical Exam Should Include
 - i. Thorough Ocular & Systemic History
 - ii. Visual Acuity
 - iii. Pupil Assessment
 - iv. Measure Intraocular Pressure
 - v. Slit Lamp Examination
 - vi. Dilated Fundus Examination
 - 1. Critical to ensure anatomical location is confined to anterior segment
 - 2. Identify subtle posterior synechiae
 - 3. Aid in pain management
 - vii. Goal by end of exam: Determine if it is infectious or non-infectious etiology
- g. Be suspicious of an underlying systemic disease etiology if
 - i. Mutton Fat KPs
 - ii. Chronic, Recurrent
 - iii. Bilateral or Alternating
 - iv. Unresponsive to treatment

III. Etiology

- a. Trauma
- b. Idiopathic (most common cause)
- c. Non-Infectious
- d. Infectious
 - i. Bacterial
 - ii. Viral

IV. Laboratory Testing

- a. When to order
- b. What to Order
 - i. Completed Blood Count (CBC)
 - ii. Erythrocyte sedimentation rate (ESR)
 - iii. C-Reactive Protein
 - iv. Antinuclear antibody (ANA)
 - v. Human Leukocyte Antigen (HLA-B27)

- vi. Angiotensin-converting enzyme (ACE)
 - vii. Venereal Disease Research Lab (VDRL), Rapid Plasma Reagin (RPR), or FTA-ABS
 - viii. Purified protein derivative skin test (PPD)
 - ix. Chest X-ray
 - x. Rheumatoid Factor (RF)
 - xi. Enzyme-linked immunosorbent assay (ELIZA)
- V. Treatment
- a. Goals
 - b. Treatment Options
 - c. Appropriate follow-up
 - d. When to Refer
- VI. Case Study # 2
- VII. Clinical Pearls
- a. Be a detective and find the cause
 - b. Be aggressive when initiating topical steroid treatment
 - c. Don't taper too soon
 - d. Optometrists can play a key role in protecting visual function and saving lives by prompt work up and referral for appropriate antibiotic therapy