

All these patients need regular follow- up and check up and they have to be very strict and meticulous in their treatment. The prognosis is generally good for the anterior type of inflammation and intermediate uveitis. For choroiditis the prognosis would depend on the severity, type of disease, whether macula is involved or not, the stage at which patient comes for check up and the site of involvement.

Uveitis can also lead to a lot of other complications in the eye. Most common being cataract formation which is called as complicated cataract. Fortunately the treatment of this is along similar lines as routine cataract surgery except that in some cases, special intraocular lens, which is heparin coated may be preferred. Other complications, which can occur are secondary glaucoma, rubeosis iridis (formation of new vessels) phthisis bulbi (eye becomes small and shrunken), retinal degeneration, retinal edema, retinal detachment, vitreous bands and sub retinal new vessel formation.

With prompt & appropriate treatment, today majority of patients suffering from uveitis do well and continue to see.



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UVEITIS





Specialist in Diseases of Vitreous & Retina Lasers & Ultra Sonography & Microsurgery of Eye

What is Uveitis?

Uveitis is the commoner condition which quite often is not diagnosed. It can lead to severe sequel and permanent loss of vision.

The eye has got 3 coats or layers and uvea is the middle vascular layer of the eye. Inflammation or swelling of this uvea is called as Uveitis. Uvea itself has 3 layers; they are Iris, Ciliary body and the Choroid.

Uveitis could involve the whole uvea, which is then called as Pan-Uveitis or it could be only in the components of the Uvea. If it involves only the iris, then it is called iritis. If it involves the ciliary body, it is called as cyclitis and if it involves the choroids, it is called as choroiditis.

The uvea is an important layer because it contains pigments, which absorbs the light coming into the eye and it has abundance of blood vessels. It supplies nutrition to the retina, which is inner to it and is the most important part of the eye that makes us see.

What causes Uveitis?

Uveitis can occur because of numerous causes. Some of the common causes are infections (which could be bacterial, viral, fungal or protozoal) or autoimmune diseases (Rheumatoid arthritis, SLE, dermatomyositis, Polyarthritis nodosa, VKH etc). These conditions are more common in females. Uveitis could also occur because of some local inflammation in the eye as in trauma, following any intraocular eye surgery or due to corneal infections. It could rarely occur because of some tumors, malignancies or cancer inside the eye.



Normal Eye



Eye affected by Uveitis

What are the Symptoms?

Uveitis, if because of some body disease then it would usually affect both the eyes. If the cause is local then it would affect one eye. The clinical features or symptoms, signs and the management would drastically vary depending on the site of the inflammation, type of inflammation, duration, age and the severity of it. If the Uveitis is only in the front part of the eye (Iritis) then the patient will complain of little redness, pain in the eye with some drop in vision. The treatment of such a condition usually consists of local steroids and some cycloplegic drops like atropine. Occasionally the patient may be given systemic steroids or anti-inflammatory medicines and rarely local steroid injections may be given in or around the eye.

If the uveitis affects the middle part (known as cyclitis or intermediate Uveitis or parsplanitis) then the patient would need to be given systemic steroids along with local steroid eye drops, mydriatics and regular follow-up. The most severe type of uveitis affects the back part of the uvea, which is choroiditis. This kind of inflammation can very easily spread to involve the retina and lead to severe and permanent visual disturbances. It could cause swelling or fluid collection (edema) in the retina and also scarring and pigmentation of the retina. Rarely it may cause haemorrhages and fibrous proliferation which could lead to tractional at retinal detachment, new vessel formation, Sub-retinal neo vascular membrane. Choroiditis patients would need to undergo certain tests of blood, urine, X- rays of the chest, of the spine etc. Patients may also need to undergo specific tests for HLA and other investigations if necessary. FFA, ICG may be required to confirm the diagnosis, these patients may need high dose of oral steroids or immunosuppressive drugs or local steroid injection either around or inside the eye or rarely intravenous steroid may be required along with anti inflammatory drugs.