

"Uveitis"

①

"Classification of Uveitis"

Anatomical classification:-

Anterior Uveitis

Intermediate Uveitis

Posterior Uveitis

Pan Uveitis.

Clinical classification:-

Acute Uveitis

Chronic Uveitis

Recurrent Uveitis

Histological classification:-

Granulomatous Uveitis

Non-granulomatous Uveitis

Cells + Flare → Ant-Uveitis

Floater

Pars-plana → Post-Uveitis

Iridocyclitis

"Inflammation of Iris and ciliary body"

Acute ant. Uveitis Chronic ant. Uveitis

①. Acute * Chronic

②. Related to ankylosing
cyclitis

-: Aetiology :-

Idiopathic

-: Pathogenesis :-

Inflammation of Iris and ciliary body

↓

Spasm of ciliary body

↓

Vascular Dilation

↓

↑ ciliary permeability

↓

Chemotaxis

↓

Secondary glaucoma.

-: Clinical Features :-

(Symptoms)

Sudden pain

↓ Vision

Photophobia

Lacrimation

Redness of eye

Asymptomatic

-: Signs :-

- * Miosis pupil - (1) - Eye-white ✓
- visual acuity ↓ - (2) - Flare present ✓
- Irregular-synachae form - (3) - Greasy muller appearance ✓
- Red-eye - (4) - Post. synechiae ✓
- Keratic precipitate present - (5) - * Iris nodule ✓
- * Fibrinous Exudate - (6) - * Koeppe nodes ✓
- * Hypopyon - (7) - * Busacca Nodules ✓

-: Investigations :-

- ① CBC
- ② ESR
- ③ CRP
- ④ Serological Test ✓
- ⑤ ANCA ✓
- ⑥ Skin-Test OCT ✓ Optical coherence Tomography
- ⑦ Biopsy ✓
- ⑧ X-ray chest - (Lumberspine) ✓
- ⑨ Serum Ac-enzyme.

Rx :-

- ✓ Rx underlying cause
- Prevent complication
- Relieve patient symptoms

Rx:-

① Cytoplegic Drugs :->

-> Atropine sulphate -> 9mp

-> Homatropine

also for synochiae

-> cyclo-pentolate

MCO's

② Steroid :->

-> Topical perclensilone

-> Injection

③ NSAIDs

{ cycloplegic
cyclosporin

④ Systemic steroids :->

Perclensilone

Topical S

systemic S

Intraocular S

⑤ Anti-metabolites :->

Azathioprim

⑥ Cyclosporin

⑦ Antibiotics

NSAIDs

Antimetabolites

Antibiotic

⑧ Intra-ocular steroid :->

Tri-aminolone acetamide

52-year male with gradual progressive
↓ Vision in eye had retinal surgery
09 years ago after encountered Trauma
Vision is 6/18 e granulomatous Uveitis

Diagnosis

Pathogenesis

Rx

Sympathetic Uveitis

Sympathetic Ophthalmitis

"Bilateral granulomatous pan-uveitis occur after penetrating injury"

Aetiology:->

- ① - Allergic
- ② - More in Children
- ③ - Penetrating wound

Pathogenesis:->

- ① - Massive infiltration of Lymphocytes,
Plasma cells, Giant cells
(DFM)
- ② - Dalen Fuchs nodule develop b/w
Bruch's membrane and RPE

Diagnosis:->

- ① - OCT
- ② - Ultra-sonography
- ③ - FFA - Multiple foci

Rx:->

- ① - Enucleation of Traumatized eye
- ② - Topical steroid
- ③ - cycloplegics
- ④ - cyclosporin
- ⑤ - Systemic steroid

✓

D/ Diagnosis :-

Complications

- | | | | |
|---|-----------------------|-----|----------------------------|
| ① | Toxoplasmosis | ✓ ① | Cataract |
| ② | Tuberculosis | ✓ ② | Glaucoma |
| ③ | Syphilis | ✓ ③ | Cyclitis |
| ④ | Lyme disease | ✓ ④ | Choroiditis |
| ⑤ | Pars planitis | ✓ ⑤ | Retinal complication |
| ⑥ | Granulomatous Uveitis | ✓ ⑥ | Optic disc edema |
| ⑦ | Retinal Detachment | ✓ ⑦ | Band Keratopathy |
| | | ✓ ⑧ | Vitreous opacities |
| | | ⑨ | Hypotony |
| | | ⑩ | Phthisis bulbi |
| | | ✓ ⑪ | Orbital cellulitis |
| | | ✓ ⑫ | Meningitis |
| | | ✓ ⑬ | Encephalitis |
| | | ✓ ⑭ | Cavernous sinus Thrombosis |

Q. Young man had penetrating injury to his right eye primary repair, blurry vision, Photophobia, in Normal eye Muller fat fat Keratic precipitation, Focal infiltrate in choroid (Dalen Fuchs Nodules) / Bilateral granulomatous Uveitis. (Sympathetic Uveitis)

Diagnosis Investigation Rx
D/ Diagnosis

Exudate on Retina

↓
Posterior Uveitis

⑦

Q. Ocular → Tomography (OCT) FFA multiple
Vitreous Biopsy ^{sympathetic} Uveitis
Foci
Ultrasomography

Systemic →

(SACE) Serum angiotensin converting enzyme

(ANCPAB) Anti-nuclear cytoplasmic antibody

(SL Test) Serological Test

Q. Old male gives history of Redness, pain,
diminution of vision. For past of
week, complain of Low-back aches for
Past one year. 6 months - Photophobia also

Diagnosis → Acute ant. Uveitis ✓

Investigation ✓

R_x

Q. Middle age men ē intestine pain left eye
↓ Vision watering photophobia, Lower back
pain, ciliary injection, pupil small,
Non-reacting to eye. Eye-ball tender

Diagnosis → Acute ant-uveitis

Ocular + systemic work up

R_x - slightly sluggish R_x

Acute iridocyclitis

✓
Dis-choroid. ciliary body
all structure affected.

Q. 45 year-Old present with ↓ Vision first
in Rt. eye then left one too. History of
* weight loss, Night sweats, ↓ Fever *

On examination, granulosomatous KPs,
Diagnosis Signs Rx → TB

Signs:-

- ①- Ant-Uveitis ✓
- ②- Granulosomatous KPs ✓
- ③- Choroiditis ✓
- ④- Eye-lid Nodule ✓
- ⑤- Conjunctivitis ✓
- ⑥- Phlyctenulosis
- ⑦- Retinal Detachment
- ⑧- Scleritis ✓

Rx

- ①- Pro-Long multidrug
- ②- Topical & systemic steroid

Diagnosis

Tuberculin skin Test TB skin Test

IGRA ✓ IGRA ✓

PCR ✓ PCR

ICG ✓ ICG ✓

FFA - multiple foci ✓

Primary body affected.

First

Ant. Uveitis	Inter. Uveitis	Post. Uveitis
Iritis ✓	Post. cyclitis	Choroiditis
Anterior cyclitis ✓	Paras planitis	Choroetinitis
Iridocyclitis ✓	Hyalitis	Retinohoroiditis
	Basal retinohoroiditis	Neuro-uveitis

Iritis	P. cyclitis	Choroiditis
Anterior cyclitis	P. Planitis	Choroetinitis
Iridocyclitis	Hyalini	Retinohoroiditis
	Basal retino choroiditis	Neuro-uveitis