

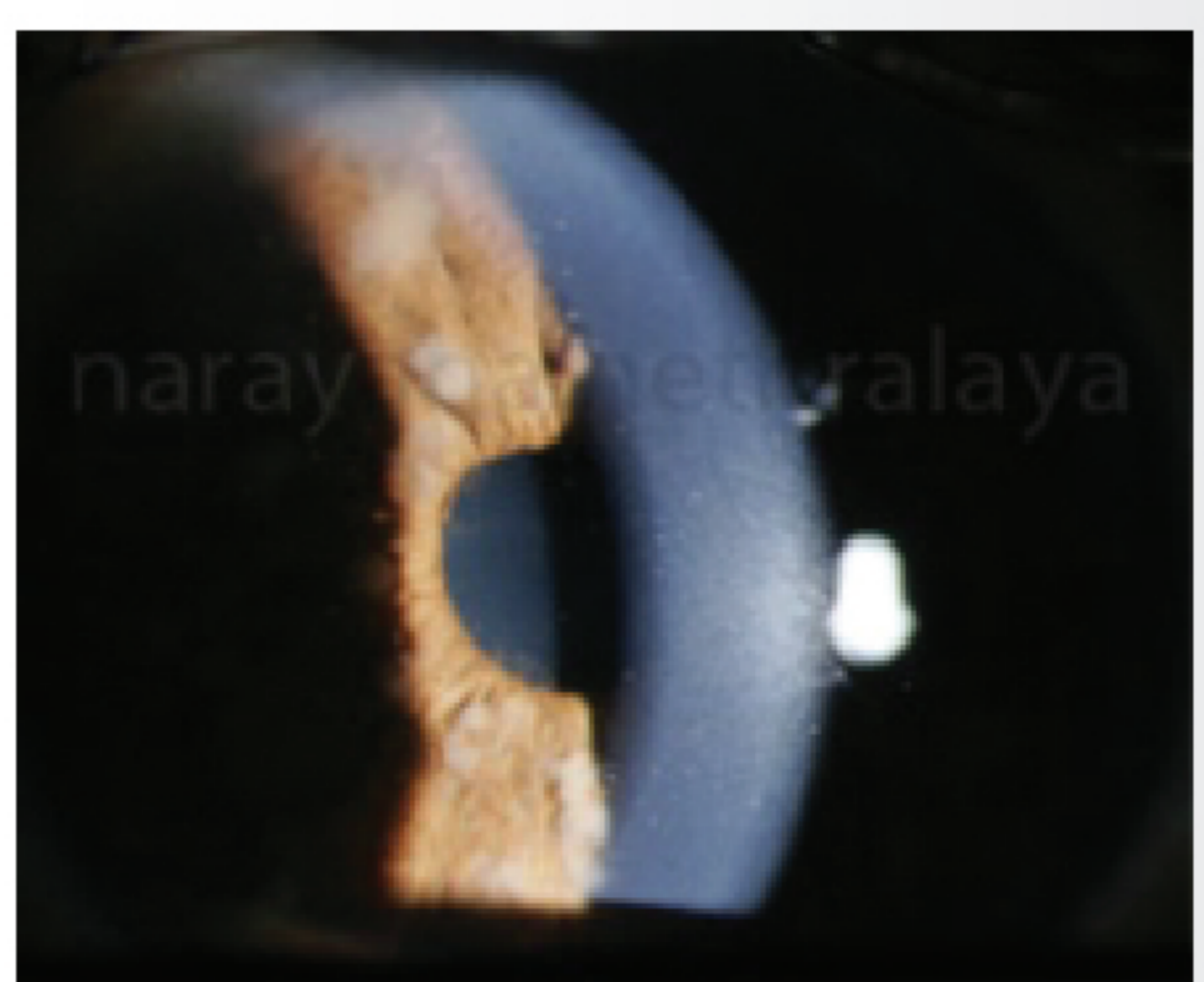
UVEITIS



WHAT IS UVEITIS ?

Uvea is the middle layer of the three coats of the eye. This consists of the iris, ciliary body and the choroid.

Inflammation of any of these parts is termed as uveitis.



WHAT ARE THE SYMPTOMS OF UVEITIS?

Symptoms of uveitis are highly variable and may include any of the following: redness, pain, watering, inability to see bright light, floaters, and/or decreased vision.

Some uveitic conditions may go unnoticed.

(examples: Fuchs' uveitis, peripheral retinal vasculitis)

WHAT CAUSES UVEITIS?

Uveitis occurs as a result of an immune reaction by our body to antigens (substances our body considers foreign). This reaction may occur against infectious agents such as bacteria, fungi, viruses and even parasites. In a small subset of patients, uveitis can occur due to undeterminable causes. Sometimes it can be a direct infection of the eye (examples: tuberculosis, toxoplasmosis).

WHAT ARE THE TYPES OF UVEITIS?

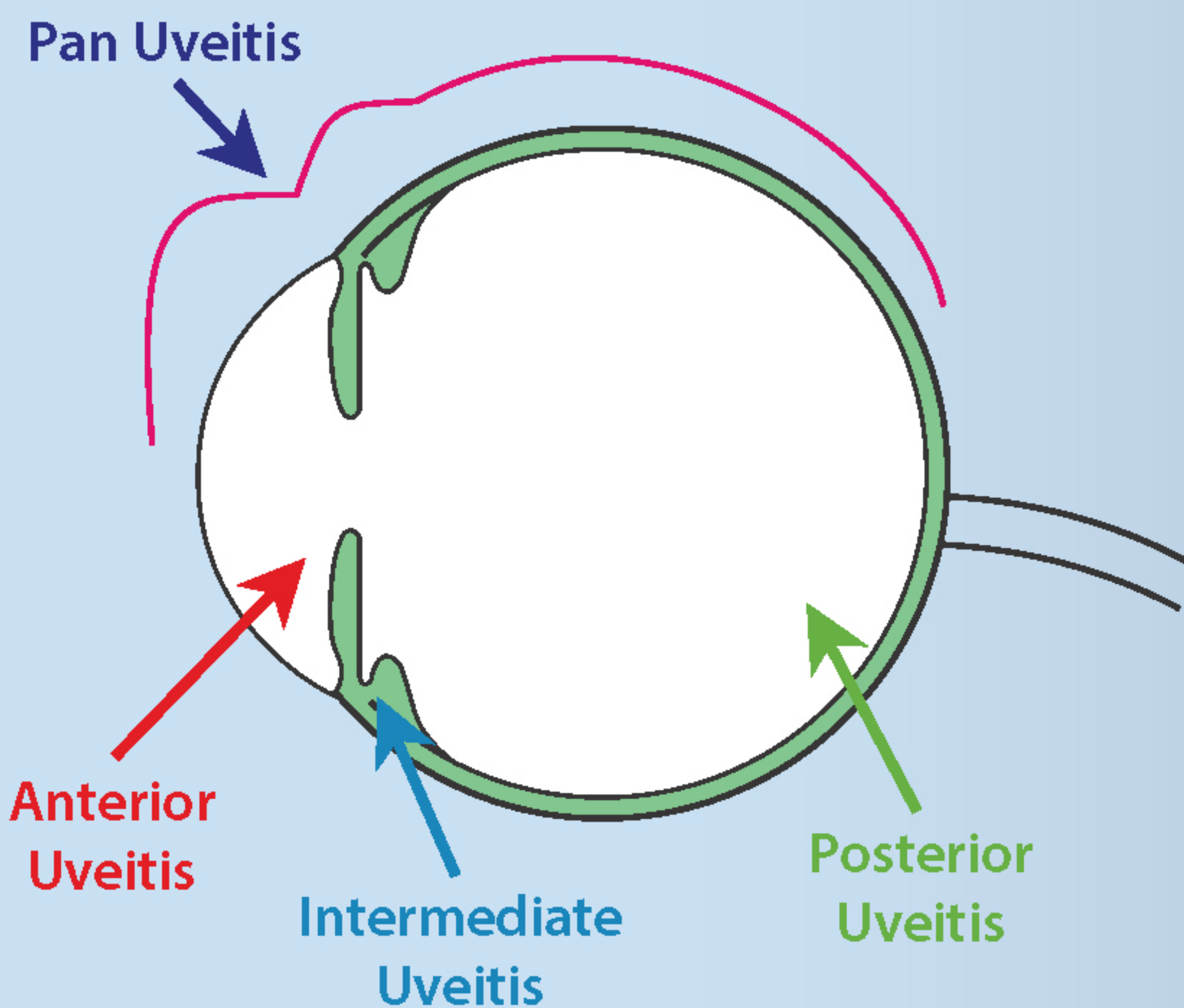
Based on the part of the uvea involved, uveitis may be

Anterior (involving the iris)

Intermediate (involving the ciliary body, vitreous and pars plana)

Posterior (involving the retina or choroid)

Panuveitis (involving all the parts)



WHAT INVESTIGATIONS ARE UVEITIC PATIENTS REQUIRED TO UNDERGO?

Uveitic patients often require a battery of investigations in order that the underlying cause of uveitis be determined and hence appropriately treated. These usually include blood and urine tests, skin test and/or X rays. At times, a sample of the fluid from the patients' eye may be sent for lab tests.

WHAT DIAGNOSTIC MODALITIES ARE UVEITIS PATIENTS REQUIRED TO UNDERGO ?

Patients may need to undergo FFA, OCT, B-Scan etc. For FFA patients have to be on fasting for 3 hours & come with an attender. OCT & B-Scan are non-invasive procedures to see the changes inside the eye.

WHAT ARE THE SIDE EFFECTS OF THE DRUGS USED IN THE TREATMENT OF UVEITIS?

Medications for uveitis should always be taken as per your doctors' instructions. Never start or stop these drugs on your own. Topical steroids may cause cataract or an increase in the intraocular pressure (glaucoma). Oral steroids may cause gastric acidity, increase in weight, acne, increased blood pressure, blood sugar, osteoporosis, skin problems and mood swings. Immunomodulators may cause bone marrow depression that is reflected as a decrease in your blood counts. Some of the medications may also interfere with the normal functions of the liver, cause mouth ulcers, and very rarely sterility and secondary malignancies. Thus, periodic blood counts/liver function tests may be required and will be advised by your doctor when these drugs are used.

Women in the reproductive age group are advised not to become pregnant when on treatment with immunomodulators/steroids. Before planning pregnancy, modification of medications may be required. If you develop any infection while on treatment you need to take appropriate antibiotics immediately after consulting your doctor. In case you require to undergo any surgical procedure while on these drugs, please inform your treating doctor about the same.

WHAT ARE THE COMPLICATIONS OF UVEITIS?

Uveitic patients may develop cataract (opacification of the natural lens), glaucoma (raised intraocular pressure) and macular edema (swelling of the central part of the retina) in addition to the inflammation itself. These complications may require additional medical or surgical management.

HOW IS UVEITIS TREATED?

Steroids are the mainstay of treatment in uveitis. Depending on the location and the severity of the inflammation, they are used in the form of eye drops, eye ointment, injections around/in the eye or injectable/oral medications. Anterior (and intermediate) uveitis is treated with topical steroids along with dilating eye drops which help in reducing the pain associated with inflammation. These drops are to be used until the inflammation has completely subsided. The dose, strength and duration of the drops are determined by your doctor who decides the treatment in accordance with the amount of inflammation. Injection of steroids around the eye (periocular steroids) is used in certain cases of intermediate uveitis (or in macular edema as a consequence of uveitis). This results in slow release of the drug over a period of three to four weeks. Long acting steroid implants can be inserted inside the eye for slow release of the drugs & for longer duration of action.

Injectable/oral steroids are often indicated in posterior/panuveitis. Besides steroids, the other group of drugs used in the treatment of uveitis is immunomodulatory agents. These are especially reserved for patients intolerant to steroids, inflammation not resolving with only steroids and patients with certain systemic conditions like rheumatoid arthritis & serious ocular conditions like VKH. The commonly used immunomodulators include Methotrexate, Azathioprine, Cyclosporine, Mycophenolate mofetil, Cyclophosphamide and Biological agents. In cases where the uveitis is caused by infectious agents (like bacteria, fungi, viruses), anti-microbial therapy is required in the form of drops, tablets or injections.

WILL UVEITIS RECUR AFTER TREATMENT?

It is important to remember that uveitis is a recurrent condition and hence requires a prolonged and regular follow-up with your doctor. Consult your ophthalmologist at the earliest signs of a recurrence. This will make treatment easier and resolution faster.

Compliance to treatment and follow-up is critical to prevent complications of uveitis.

UVEA

Contact: +91-80-66121455

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NN - 1: No. 121/C, Chord Road, Rajaji Nagar, 1st 'R' Block
Bangalore - 560010, INDIA
Tel: +91-80-66121643
Email - infonn1@narayananethralaya.com



NN - 2: Narayana Health City, No. 258/A, Bommasandra
Hosur Road, Bangalore - 560099, INDIA
Tel: +91-80-66660655-0658
Email - infonn2@narayananethralaya.com



NN - 3: No. 1/1, 1st Main Road, Defence colony, 100 Feet Road
Indiranagar, Bangalore - 560038, INDIA
Tel: +91-80-66974000/01/02
Email - infonn3@narayananethralaya.com



NN - 4: No. 63, Next to Royal Meenakshi Mall, Bannerghata Road
Hulimavu, Bangalore - 560076, INDIA
Tel: +91-80-66121618-1619, +91 9513522400,
+91 9538822400
Email - infonn4@narayananethralaya.com



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