

Uveitis

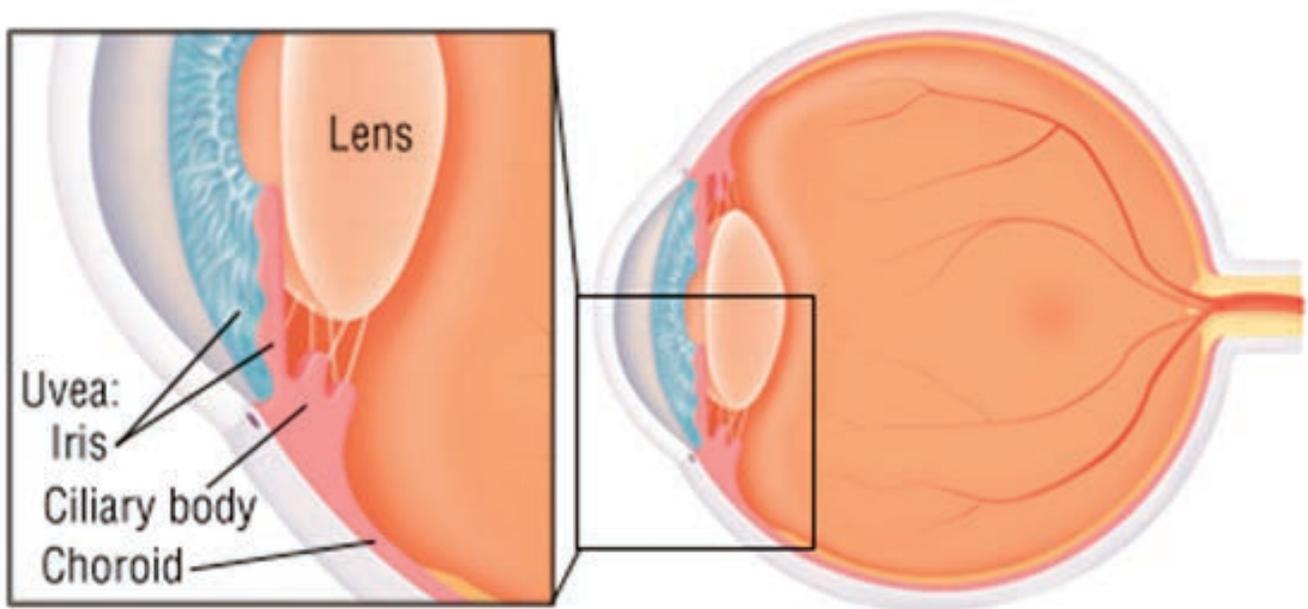


What is the uvea?

The uvea forms the middle layer of your eye and is made up of three parts. The first part is visible to us as the iris (the coloured part of your eye). This continues at the back as the ciliary body (the ring of muscle behind the iris), and then the choroid (the layer of tissue that supports the retina).

What is uveitis?

Uveitis is an inflammation of the uvea (the middle layer of your eye).



What causes uveitis?

There are many causes of uveitis, but a specific cause is not always identified. The causes can broadly be divided into two main types:

Autoimmune conditions – this is where the immune system misreads information and attacks healthy tissue. It is not known what triggers the immune system to behave in such a way. The common autoimmune conditions associated with uveitis are:

- Ankylosing Spondylitis – an inflammatory condition mainly affecting the spine
- Reactive arthritis – a type of arthritis causing inflammation of the joints as well as other organs such as skin, eyes etc
- Bowel inflammation – such as Crohn's disease and ulcerative colitis

- Psoriasis – a skin condition caused by the immune system disrupting the normal production of skin cells
- Multiple Sclerosis – a condition mainly affecting the central nervous system, causing damage to the insulation covers of nerve cells
- Behçet's disease – a rare condition that causes mouth and genital ulcers, arthritis, skin lesions and eye inflammation
- Sarcoidosis – a rare inflammatory condition affecting the lungs, skin and eyes.

Infection – uveitis can be caused by certain infections. The common causes are:

- Toxoplasmosis – an infection caused by parasitic germs found in raw meat and soil
- Herpes Simplex Virus – the virus responsible for cold sores
- Varicella-Zoster Virus – the virus that causes chickenpox and shingles
- Cytomegalovirus – the virus that causes sight-threatening uveitis in people with a lowered immune system
- Tuberculosis – this can lead to uveitis, either during the infection or after it's been treated
- Syphilis – a sexually transmitted infection which can cause uveitis many years later.

Other conditions – rarely, uveitis can be caused by cancers such as lymphoma or following injury or trauma to the eye.

What are the different types of uveitis?

Depending upon which part of the uvea is affected, it can be described as:

- Anterior uveitis – inflammation of the iris (iritis) or inflammation of the iris and the ciliary body (iridocyclitis). This is the most common type of uveitis, accounting for about three out of four cases. It tends to come on quickly, and can be recurrent, causing pain and redness
- Intermediate uveitis – inflammation of the area behind the ciliary body and the vitreous jelly. This can cause floaters and blurred vision

- Posterior uveitis – inflammation at the back of the eye involving the choroid and the retina. This can cause problems with vision
- Panuveitis – inflammation affects all the layers of the uvea.

What are the symptoms?

The common symptoms are painful red eye, blurred or cloudy vision, sensitivity to light (photophobia), appearance of new floaters, misshapen pupil and headaches.

How serious is this condition?

Most cases respond quickly to treatment and cause no further problem. However, complications of uveitis can cause permanent damage to the eye and some loss of vision. It is estimated that the more serious types of uveitis are responsible for 1 in 10 cases of visual impairment in the UK. The risk is higher in people who have intermediate or posterior uveitis.

What are the possible complications?

- **Glaucoma** – this is caused by raised pressure inside the eye which can damage the optic nerve (the nerve at the back of the eye that transmits images to the brain). In most cases it is successfully treated with eye drops or laser treatment, but occasionally may require surgery.
- **Cataract** – this is cloudiness of the lens inside the eye. Cataracts are usually treated using surgery to remove the affected lens and replace it with an artificial one. It is important that the uveitis is controlled and treated before considering cataract surgery.
- **Macular oedema** – this is swelling of the centre of the retina. It can affect some people with long-standing uveitis or uveitis that affects the back of the eye. It can be treated using corticosteroid injections, tablets or immunosuppression therapy.
- **Detached retina** – this is where the retina (the thin lining at the back of the eye) pulls away from the blood vessels that supply it with oxygen and nutrients. When it is caused by a tear in the retina, it is treated with an urgent operation.

What investigations are needed?

Not all cases require detailed investigations, especially cases with anterior uveitis (iritis). However, if you have recurrent episodes or intermediate or posterior uveitis, you may benefit from investigations to establish the cause. These include blood tests, X-ray of the chest and joints and photographs and scans of the back of your eye. These will be arranged as required.

How is uveitis treated?

The treatment of uveitis depends on the type and severity of the condition – we will discuss with you what is the most appropriate treatment for your condition. Possible treatments include:

- **Steroid eye drops** – this is usually the only treatment needed when uveitis is affecting the front of the eye (iritis). Usually, Prednisolone eye drops (Pred Forte) are given starting with high frequency (one drop every hour). Depending on severity these are tailed off over 4 to 8 weeks.
- **Pupil dilating eye drops (Mydriatics)** – these drops dilate the pupils and relieve pain by relaxing the muscles. These drops also reduce the risk of the iris 'sticking' to the lens.
- **Steroid injections** – different types of steroid can be injected either in the eye socket (periocular) or inside the eye ball in the vitreous jelly (intravitreal). These injections allow higher concentrations of steroid inside the eye when eye drops alone are ineffective.
- **Steroid tablets** – Prednisolone tablets are required when the drops (or steroid eye injections) are not effective or when intermediate or posterior uveitis is present. Steroid tablets work by reducing the inflammation as well as suppressing the immune response to prevent inflammation in the first place. How long oral steroids are required depends on the treatment response. Some people only need a three to six week course, while others need a course lasting months or possibly years. **Never abruptly stop steroid tablets. It is important to tail off the treatment to enable the body to start producing the natural steroid hormone.**
- **Immunosuppressant drugs** (drugs that suppress the immune response) – these are needed when steroid treatment fails to control the inflammation.

These drugs suppress the immune response, which in turn prevents the trigger that is driving the inflammation in the eye. Because these drugs lower your general immunity, you are more vulnerable to catching infections. Regular blood tests are essential to monitor your blood count, liver and kidney functions. The common drugs used to treat uveitis are Mycophenolate, Methotrexate, Azathioprine and Tacrolimus.

If you are taking immunosuppressant treatment, please:

- **get regular blood tests done at the GP surgery**
- **report symptoms of infection such as sore throat, high temperature or inflammation of other parts of the body to your GP.**
- **Biologics** – these are genetically-engineered proteins derived from human genes. They are designed to suppress specific components of the immune system that play important roles in fuelling inflammation. As per the NHS England guidance access to these drugs is provided through specialist centres (the nearest to Cornwall is Bristol).
- **Treatment of infection** – if the inflammation is caused by an infection, the infection will be treated with specific antibiotics, antifungal or antiviral drugs.
- **Surgery** – in some cases a small operation is carried out to take a sample of the vitreous (jelly) to rule out infection. Rarely an operation called vitrectomy may be required to remove the entire jelly. Cataract surgery is carried out when this affects the sight.

How long is treatment needed?

This depends on the type and severity of the uveitis. If you have intermediate or posterior uveitis, you may need therapy for a very long time, sometimes for years.

Please remember

Stopping treatment too soon can lead to uveitis returning. Complete the course as advised even when symptoms have disappeared.

Contact us

If you are on treatment for uveitis and have any questions or need further information, please contact the Eye Emergency Clinic on 01872 252324 or contact 111 for urgent Care Treatment.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

