CLASSIFICATION

ANATOMICAL	CLINICAL	PATHOLOGICAL	ETIOLOGICAL
Anterior	Acute	Suppurative	Infective
Intermediate	Chronic	Non-suppurative	Immune related
Posterior			Toxic
Panuveitis			Traumatic
			Systemic disorders
			Idiopathic

MANAGEMENT OF ANTERIOR UVEITIS

INVESTIGATIONS

1.Haematological investigations

2.Urine tests

3.Stool examination

4.Radiological investigations

5.Skin tests

1. Haematologial investigations
    - TLCand DLC
    - ESR
    - Blood sugar
    - Serological tests
    - Tests for antinuclear antibodies,Rh factor,LE cella,C-reactive proteins,antistreptolysin-0,ACE

2.Urine examination:

For WBCs,pus cells,RBCs and culture

3.Stool examination:

For cyst and ova of parasites

4.Radiological:

- X-ray:chest,paranasal sinuses,sacroiliac joints and lumbar spine.
- HRCT of thorax
- MRI of head

5.Skin tests:tuberculin tests,Kveim's tests'toxoplasamin,lepromin testand pathergy test for Behcet's d/s

TREATMENT

1.Non-specific teatment:

- Local therapy
- Systemic therapy
- Physical measures

2.Specific treatment for the cause

3.Treatment of complications.

- Nonspecific-Local therapy

1.Cycloplegic drugs-

1% atropine sulphate

2%homatropine

1%cyclopentolate

Inj.0.25ml mydriacin

MOA:

- gives rest and comfort to eyes by relieving spasm of iris sphincter and ciliary muscle
- Prevants synechiae
- Reduces exudation by decreasing hyperemia and vascular permeability
- Increases blood supply to anterior uvea

2.Corticosteriods

Anti-inflammatory,anti-allergic,anti-fibrotic

Eg:dexamethasone,betamethasone,hydrocortisone,prednisolone

- Non-specific:systemic therapy

1.corticosteriods:anti-inflammatory,anti-fibrotic effects

Dosage:prednisolone/dexamethasone/betamethasone(60-100mg)

Dose should be decreased by a week's interval and stopped in 6-8 weeks.

2.NSAIDS:when steriods are contraindicated.

Aspirin ,Phenylbutazone ,oxyphenbutazone

3.Immunosuppresive drugs:

In serious cases only.

Only under supervision of haematologist and oncologist.

Used in severe cases of Behcet's syn,sympathetic ophthalmia,pars planitis and VKH syn

Eg:cyclophosphamide,chlorambucil,azathioprine and methotrexate.

cyclosporin effective in cytotoxic immunosuppresive resistant cases but nephrotoxic.

1.Azithromycin or tetracycline or erythromycin:

In chlamydial infections to patients and partners with Reiter's syn having urethritis and iritis.

- Non-specific:physical measures

1.Hot fomentation

2.Dark goggles

- **Specific treatment:**

If no cause found –broad spectrum antibiotics

- **Treatment of complications :**

1.Inflammatory glaucoma(hypertensive uveitis):0.5%timolol maleate drops BD+tab acetazolamide 250mg TD

C/I-Pilocarpine and latanoprost.

2.Postinflammatory glaucoma:

Laser iridotomy/surgical iridectomy.

3.Cataract: Surgery C/I -KPs

4.Retinal detachment:Exudative type settles itself with treatment of uveitis.Tractional detachment needs Vitrectomy

5.Phthisis bulbi:when painful needs enucleation

MANAGEMENT OF INTERMEDIATE UVEITIS

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inflammation of pars plana ciliaris ,peripheral retina, choroid and vitreous base.

MANAGEMENT

Modified 4 step protocol of Kaplan:

*Step 1:*Periocular and systemic steriods

- Posterior subtenon inj.of triamcinolone 40mg/3 weeks by 3 inj.
- Systemic steriods in unresponsive cases.

Step 2:immunosuppresive drugs

Cyclosporine,azathioprine,methotrexate, cyclophosphamide

Step 3: Cryotherapy/indirect laser photocoagulation

Step 4:pars-plana virectomy: in severe cases.

Remove inflammatory debris,antigenic load and possible traction on macula.

MANAGEMENT OF POSTERIOR UVEITIS

Inflammation of choroid and retina

TREATMENT

1.Periocular and systemic corticosteriods

2.Immunosuppresive agents

3.Specific treatment for the cause.

As in cases of toxoplasmosis,Tb etc...