

Blood-supplying layer of the eye (UVEITIS)

Dr. Mahipal S. Sachdev: Centre for Sight

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Uveitis means "inflammation of the uvea", or the middle layer of the eye. The uvea is the blood supplying layer of the eye.

The uvea consists of three structures: the iris, the ciliary body, and the choroid. The iris is the colored structure, visible in the front of the eye. The ciliary body is a structure containing muscle and is located behind the iris which focuses the lens. The choroid is a layer containing blood vessels that line the back of the eye and is located between the innermost layer, called the retina, and the outer white eye wall, called the sclera. Inflammation occurring in any of these three structures is termed "uveitis".

Inflammation in uveitis may involve any of these three structures. Depending upon which structures are inflamed, uveitis may be further subcategorized into:

- iritis or anterior uveitis,
- iridocyclitis or intermediate uveitis, and
- choroiditis or posterior uveitis.

Symptoms

Depending on which part of the eye is inflamed in uveitis different combinations of these symptoms may be present.

- Redness
- Light sensitivity
- Floaters – black floating spots in vision
- Blurry vision
- Pain

These symptoms may come on suddenly, and you may not experience any pain. The symptoms occur in one eye usually but may occur in both the eyes simultaneously. The symptoms are known to recur as relapses are common.

Causes

Causes of uveitis can include autoimmune disorders, infections or exposure to toxins. However in many cases, the cause remains unknown.

Uveitis may develop following eye trauma or surgery, in association with diseases which affect other organs in the body, or may be a condition isolated to the eye itself.

Uveitis, affecting one or both eyes, can be associated with

- Tuberculosis
- Toxoplasmosis
- Syphilis
- AIDS
- Rheumatic arthritis
- Ankylosing spondylitis
- Psoriasis
- Herpes zoster infection

Course of Disease

Uveitis is a disease known to recur. In anterior uveitis or iridocyclitis, most attacks last from a few days to weeks with treatment. In posterior uveitis, the inflammation may last from months to years.

Severe and permanent visual loss can result from uveitis. In addition, uveitis can lead to other ocular complications, which may produce vision loss, including glaucoma, cataracts, or retinal damage. Early detection and treatment is necessary to reduce the risk of permanent vision loss.

Treatment

Prompt treatment is necessary to minimize any loss of vision. Treatment depends on the cause and the severity of the disease. So before starting the treatment, a complete evaluation of the patient to rule out common causes is required.

Treatment may include steroid drops, drops to dilate the pupil and reduce pain. For deeper inflammation, oral medications or injections may be necessary. More severe cases of uveitis may even require treatment with chemotherapeutic agents to suppress the immune system.

Complications such as glaucoma, cataract or new blood vessel formation also may need treatment in the form of laser or surgery in the course of the disease.
