



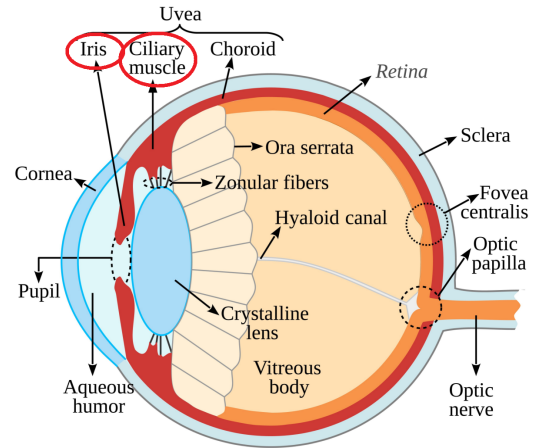
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Anterior Uveitis

Overview

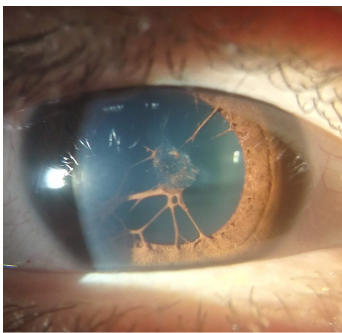
Anterior uveitis is inflammation of the uvea. The anterior or front structures of the uvea include the iris and ciliary body.

Symptoms include a red and inflamed eye, light sensitivity, floaters, blurry vision and an irregular shaped pupil. It is often caused by autoimmune diseases, infections and ocular trauma. Steroids are often used to treat anterior uveitis, however, they should be used judiciously when an infection related cause is suspected.



Signs & Symptoms

Patients experience significant discomfort, light sensitivity, blurred vision and sometimes see spots. The conjunctiva will be red, sometimes the cornea is cloudy and even cataracts can form. These symptoms can develop gradually or come on rather quickly. The signs and symptoms can affect one or both eyes.



Posterior Synechiae

Evaluation

Your eye doctor will look at the front and back parts of your eye with a biomicroscope to see if other parts of the eye are involved. They may see cells and flares floating in the anterior chamber and synechiae where part of the iris sticks to the lens or cornea.

The synechiae are a result of the inflammation causing parts of the iris to adhere to other parts of the anterior chamber (lens, cornea and/or angle). Sometimes the redness with anterior uveitis will encircle the cornea.

The inflammation in anterior uveitis can lead to increased eye pressure and should be checked to rule out the potential of developing glaucoma. Blood tests may be needed to evaluate an autoimmune cause like ankylosing spondylitis, lupus or rheumatoid arthritis.

Causes

The inflammation involved in uveitis may be caused by autoimmune conditions, resulting from trauma or caused by infections. Infectious causes can be bacterial, viral or even fungal. Bacterial origins could be from tuberculosis or syphilis. Potential viral origins include ocular herpes, shingles or cytomegalovirus. A potential fungal origin is histoplasmosis.

Treatment

The first initiated treatment should be targeted at the underlying cause of the anterior uveitis. Autoimmune conditions may need appropriate anti-inflammatory or immunosuppressive medications. With an infectious cause the appropriate antibiotic, antiviral or antifungal should be started. Steroids are used quite often to treat it. The steroids may be taken topically, orally or injected around the eye. If patients have a high intraocular pressure, glaucoma medications should be taken to lower the pressure. A cycloplegic agent is often very beneficial to reduce spasms in the ciliary body, improve comfort and decrease light sensitivity.

If anterior uveitis is not treated promptly and correctly, there is a real potential for loss of vision.

Websites

All About Vision:

<https://www.allaboutvision.com/conditions/infections-allergies/anterior-uveitis/>

American Optometric Association:

<https://www.aoa.org/healthy-eyes/eye-and-vision-conditions/anterior-uveitis?sso=y>

National Eye Institute:

<https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/uveitis>