

What are the complications of the disease and treatment?

Treatment with oral steroids can lead to several complications like

- Cataract
- Glaucoma - A patient may need to check intraocular pressure, on a regular basis if on long-term steroid therapy. If rise in intraocular pressure occurs, anti glaucoma treatment is needed.
- Cystoid macular edema
- Complications of steroid intake: increase in body weight, multiple skin rashes, development or aggravation of diabetes, hypertension, gastric bleeding etc.
- Complications of immunosuppressive therapy – Patients on such medication require periodic blood count monitoring (total, white blood cell, and platelet count etc) to see that bone marrow depression does not occur.

What is the outcome of a patient with Intermediate Uveitis?

- A patient with intermediate uveitis should get his or her eyes checked up by ophthalmologist periodically i.e. once in 3 months at least even if there are no symptoms.
- Early signs of recurrence would be seeing black spots or floaters.
- Prognosis in these cases is quite good, if proper and early treatment is given and if the patient is under the regular care of an ophthalmologist.

DEPARTMENT OF OPHTHALMOLOGY

Intermediate Uveitis



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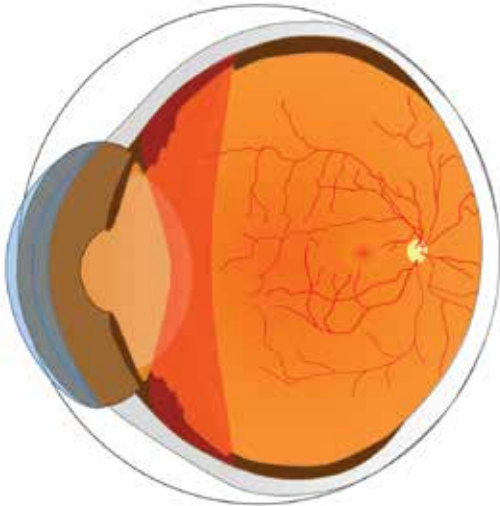
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What is uveitis?

- Uveitis is inflammation of the eye, which can present with pain, redness and blurring vision.
- If not treated, can lead to significant vision loss
- Can affect patients of any age group or any gender

What is Intermediate Uveitis?



Area shaded in red representing the part of the eye which is affected in intermediate uveitis.

- Intermediate uveitis, also known as pars planitis, affects the 'middle' area of the eye.
- The portion involves the posterior part of the ciliary body called pars plana.
- The inflammation can spread to the adjacent part of the eyeball, the iris, vitreous and retina.
- The disease usually involves young people, though the disease can occur in children as well as adults.

What are the symptoms of Intermediate Uveitis?

- As the disease involves the intermediate zone of the uveal tract, and remains away from the visual axis, initially patients may not have any symptoms or may only have mild blurring or floaters, which many patients probably ignore.

- There may be blurring of vision; floaters (seeing small moving objects), more rarely photophobia (difficulty in looking at the light).
- Unlike other uveitic conditions of the eye, intermediate uveitis may not have much redness or pain.
- The most common complaint is of seeing floaters.
- Vision is impaired when there are changes in the central area (macula), due to fluid collection, which occurs secondary to inflammation in the pars plana.

What are the clinical signs of Intermediate Uveitis?

- Few inflammatory cells retrodentally (in the anterior vitreous).
- Retinal examination usually reveals few opacities in the peripheral fundus. Products of inflammation (exudates) can accumulate in the peripheral fundus producing a snow bank.
- Presence of cystoid macular oedema (in about 25% of cases) due to inflammation.

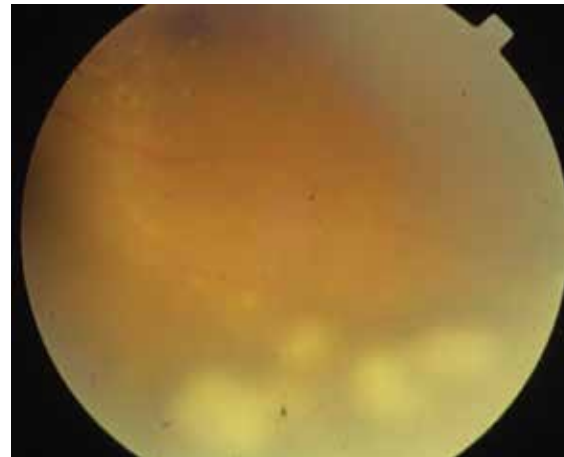


Image showing inflammatory products (exudates) in pars plana region of eye.

What are the complications and course of the disease?

- In the late stages, or advanced cases patient may develop irregular pupil, cataract as a complication of uveitis.
- Significant and permanent visual loss can occur due to macular changes.
- In majority of cases around 60% had a prolonged course with exacerbations.
- Patient can develop cataract earlier and faster leading to visual loss.

What are the causes of Intermediate Uveitis?

- The cause of the disease is still unknown in majority of the cases.
- In less than 10% cases, some association with systemic diseases, most commonly sarcoidosis, tuberculosis, multiple sclerosis has been found.
- Investigations are done to rule out the presence of systemic diseases.
- Local investigations such as fundus fluorescein angiogram and optical coherence tomography (OCT) are done to assess the status of retinal vasculature and macula respectively.

What is the treatment for Intermediate Uveitis?

- When no specific cause is found, non-specific therapy is initiated to control inflammation with
 - different modes of steroid therapy (topical eye drops/ oral/ periocular steroid injection/ intravitreal steroid injection). Oral steroids are given about 60 to 80 mg per day depending upon the body weight of the patient (1 mg/kg of body weight) and is gradually reduced 10 mg per week.
 - Steroid sparing immunosuppressive therapy - (imuran or azoran), i.e. drugs which can modify the immune system.
- Specific treatment if able to find any associated cause.
- Severe cases or disease with prolonged course or disease with diagnostic conundrum, may require diagnostic or therapeutic vitrectomy.