



# Uveitis Information Group Factsheet

## What is Anterior Uveitis?

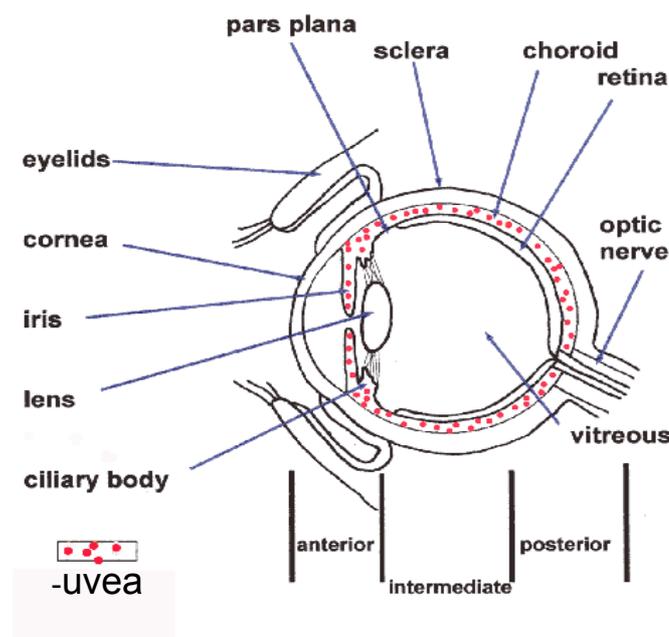
Please use this fact sheet as background information to help discussion with your doctors. Individual cases may vary enormously and the best information will always come from your doctors. The information in this sheet has been checked for accuracy by leading Uveitis Specialists.

### What is Anterior Uveitis?

Anterior Uveitis, (often called iritis), is the most common form of uveitis, accounting for about 75% of all diagnosed cases. It often affects just one eye. Anterior means it is located in the front part of the eye.

### Which part of the eye is affected?

Inflammation affects the front part of the eye, either the iris, and/or the ciliary body. The **iris** is the coloured part of the eye which has the pupil in the middle of it. The iris is a muscle which dilates (widens) the pupil, letting more light into the eye, or constricts it, cutting down the amount of light that enters the eye. Behind this is **the ciliary body**. This produces the clear fluid which fills the eye; passing through the pupil and draining away near the edge of the iris. Anterior uveitis occurs when the iris and/or the ciliary body become inflamed.



## Symptoms

- Redness of the eye
- Pain ranging from mild aching to intense discomfort
- Photophobia (a need to avoid bright light)
- Blurring of vision if the inflammation is severe
- Headaches

People may experience all of these symptoms, some of these symptoms, none of these symptoms or intermittent and different combinations of these symptoms.

Some people may find that they experience few or no symptoms most of the time, but when they have an active flare up or attack of their anterior uveitis, they have discomfort or visual disturbances. The visual disturbances may in part be due to the mydriatic drops used in the treatment of the uveitis, (see below under “treatment”).

For the majority of people, anterior uveitis is the most readily treated form of uveitis. It usually responds to treatment quickly but often recurs. It will not usually lead to any significant vision loss. However the condition must be carefully monitored because some people may suffer from complications or have other medical conditions known to be associated with anterior uveitis.

## Complications

### **Raised Eye Pressure**

This occurs when the pressure of the fluid inside the eye is increased. This can threaten the eyesight by causing glaucoma. It can be monitored with a simple test and be treated with tablets or drops. Raised pressure may be due to the effects of the inflammation, but in one type of patients, sometimes called ‘steroid responders’ it is the steroid drops used to treat the uveitis which can cause the pressure to rise. You may like to read the UIG FactSheet on “Uveitis and Glaucoma”.

### **Posterior synechiae**

By looking at the diagram, you can see that the lens lies very close behind the iris. When inflamed the iris becomes ‘sticky’ and can adhere to the lens. This leads to the pupil becoming misshapen. If this happens it is important that treatment takes place as soon as possible. Eye drops and hot compresses are used to try to separate the iris and lens.

## **Cataracts**

These are more likely to occur in patients with uveitis and are caused by both the uveitis and also long term use of steroids.

## **Macular Oedema**

The Macula is the tiny part of the retina that is responsible for our central or detailed part of our vision. Fluid (oedema) in this area may cause problems with central vision. This can mean difficulty seeing people's faces, reading and driving and visual problems such as straight lines appearing distorted. This is a very important complication to identify as it is sight threatening. It can only be diagnosed by a thorough examination of the back of the eye.

It is wise to be aware of these complications but in the majority of cases of anterior uveitis, they are uncommon.

## **Causes**

In 50% of cases of anterior uveitis the cause remains unknown (idiopathic anterior uveitis), even after a detailed eye examination and study of your medical history.

Other forms of anterior uveitis are grouped according to the different medical conditions that they are associated with. These medical conditions include ankylosing spondylitis, juvenile rheumatoid arthritis or juvenile chronic arthritis and inflammatory bowel disease. This is not an exhaustive list and information about any specific condition can be provided on request.

## **Treatment**

- Complete eye examination in the eye department of a hospital
- Dark Glasses – these should be worn if you become sensitive to light
- Warm towel or compress, this is placed over the eye to soothe it
- Eyedrops

**Mydriatic eye drops**, such as atropine or cyclopentolate are used. They dilate the pupil and prevent the iris muscles from spasms, so that the inflamed iris can rest. It is the movement of these inflamed muscles that causes the pain. When these drops have taken their effect, the pupils will be dilated and vision may be blurred for a while. Mydriatics are often

used because they help prevent the complication (mentioned earlier) where the iris 'sticks' to the lens.

**Steroid eyedrops**, These steroids are corticosteroids and have nothing to do with the anabolic steroids associated with athletes. Occasionally in more severe cases, injections of steroids are used around the eye. These may be uncomfortable but are straightforward and are done at the Eye Outpatient Clinics.

Occasionally **steroid tablets** are used.

The type of steroid treatment and its length will vary considerably for different people. It is very important that the steroid treatment must be continued for long enough to completely control the inflammation. This is usually a minimum of 6 weeks, starting off with higher doses and tapering off gradually. It is very important not to stop the treatment until told to do so even if the eye feels better. This is because steroid tablets have certain effects on the body and you will need to be monitored in your reduction of their use, as well as needing to make sure the inflammation has been completely controlled.

Side effects of steroid drops can include raised eye pressure which may cause glaucoma and cataracts.

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