

Anterior Uveitis

Classification

Anatomical classification.

- (i). Anterior : iris to pars plicata.
- (ii). Intermediate : pars plana - choroid (underlying peri. retina).
- (iii). Posterior : choroid.
- (iv). Pan uveitis : whole uvea.

Clinical Classification

- (i). Acute uveitis : sudden onset.
- (ii). Chronic uveitis : insidious onset.
- (iii). Recurrent uveitis : repeated episodes.

Pathological Classification.

- (i). suppurative uveitis.
- (ii). non suppurative uveitis.
 - a. non granulomatous.
 - b. granulomatous.

Etiological Classification.

- (i). Infectious uveitis.
 - Viral - Parasitic
 - Bacterial - Rickettsial
 - Fungal.
- (ii). Non infectious uveitis.
 - immune - traumatic
 - systemic dis - idiopathic
 - toxic
- (iii). Masquerade syndrome.
 - Non neoplastic
 - Neoplastic.

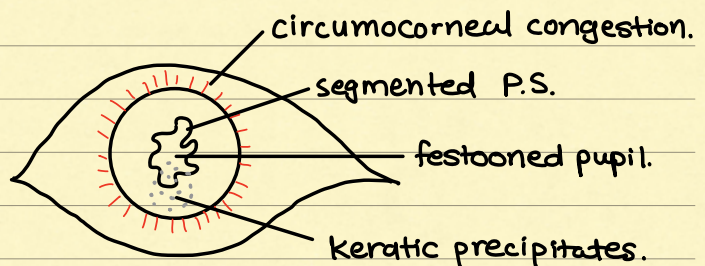
*. Anterior Uveitis.

- inflammation of uveal tissue from iris to pars plicata.

Clin. features.

Symptoms

- pain
- redness
- photophobia
- lacrimation.
- defective vision.
- blepharospasm.



Signs

- Lid edema.
- Circumcorneal congestion.
- Corneal signs.
 - corneal edema
 - keratic precipitates.
 - i. Mutton fat K.P.
 - epitheloid cells & macrophages.
 - large, thick, fluffy, waxy appearance.
 - ii. small - med K.P.
 - lymphocytes
 - small, discrete, dirty white K.P.
 - iii. Fine K.P.
 - Stellate K.P. - endothelial dusting.
 - Star shaped.
 - iv. Old K.P.
 - healed uveitis.
 - ground glass appearance.

- Posterior Corneal opacity
- Ant. chamber signs.
 - Aqueous flare
 - leakage of protein into aqueous humour.
 - Brownian movements
 - graded 0 - +4.
 - 0 = no aq. flare
 - +1 = faint.
 - +2 = moderate
 - +3 = marked
 - +4 = intense.

- Aqueous cells.
 - in slit lamp examination.
 - graded :

(-) : < 1 cells.
 (+) : 1-5 cells.
 +1 : 6-15 cells.
 +2 : 16-25 cells
 +3 : 26-50 cells
 +4 : > 50 cells.

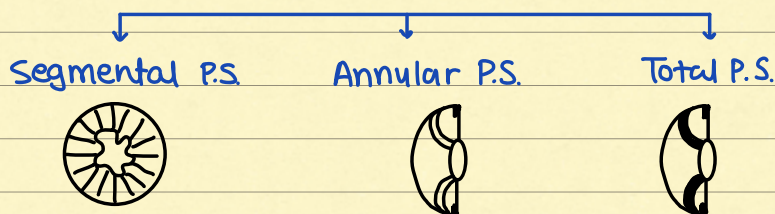
- Hypopyon : exudate in ant. chamber.
- Hyphema : blood in ant. chamber.

- Iris signs

- Koepe nodules : at pupillary border → 
- Busacca's nodules : in stroma. → 

- Post. synechiae :

- Adhesion bw iris - lens. - due to fibrin rich exudates.



- festooned pupil.
- adhesion of iris w/ lens at some points.
- Ringsynechiae
- 360° adhesion.
- Whole lens adhesion with iris.
- A.C.G.

- Pupillary Signs.

- Miosis.
- Irregular pupil shape. (festooned).
- occlusio pupillae (complete occlusion).

- Lens signs.

- complicated cataract.
 - bread crumb appearance.
 - polychromatic luster.
- Exudate deposition.

- IOP changes.

- $\uparrow$ - 2° glaucoma.
- $\downarrow$ - Chronic long standing iridocyclitis.

→ Complications

PB : Pthisis Bulbi.

K : Keratopathy - Band shaped.

C : cataract.

G : Glaucoma.

C : Choroiditis.

R : Retinopathy

P. : Pupillitis.

→ Treatment.

Local :

- cycloplegic : Atropine , Cyclopentolate.
 - Comfort eye, prevent P.S. formation , $\downarrow$ exudate ,
 $\uparrow$ Blood supply.
- corticosteroids : anti inflamⁿ, anti allergic, antifibrotic.
 - Dexamethasone, prednisolone.

systemic :

- Rx of cause.
- corticosteroids : high dose prednisolone.
SE : Glaucoma , Cataract.
- NSAIDs : Aspirin , phenylbutazone.
- Immunosuppression : methotrexate.

T/t of complications :

- Glaucoma : timolol.
(x latanoprost , pilocarpine).
- Cataract : lens extraction.
- Macular edema : i.v. steroids.
- Retinal detachment : vitrectomy
- Pthisis bulbi : enucleation.

Physical Measures

- hot fomentation.
- dark goggles.