YOUNG OPTOMETRISTS

YO'S UVEITIS CHEAT SHEET

By Antigone Kordas

Uveitis

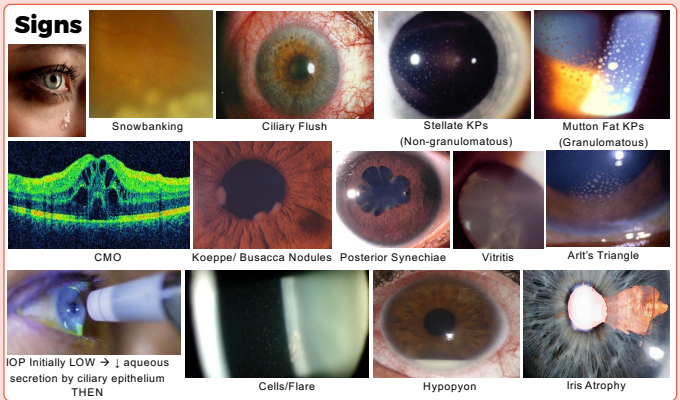
- Acute (AC)
- Intermediate (vitreous)
- Posterior (retina, choroid)

→ Panuveitis

- Onset
  - Sudden
  - Insidious
- Duration
  - Limited (<3 months)
  - Persistent (>3 months)
- Course
  - Acute (sudden + limited)
  - Recurrent (repeated episodes separated by periods of inactivity without treatment >3 months)
  - Chronic (persistent with relapse within 3 months of discontinuing treatment)

Acute **A**nterior **U**veitis = most common (70%)

Signs



SUN Grading Scale (Standardisation of Uveitis Nomenclature)

GRADE	CELLS	FLARE
0	<1	None
0.5	1-5	None
1	6-15	Faint
2	16-25	Mod. (iris + lens details clear)
3	26-50	Marked (iris + lens hazy)
4	>50	Intense (fibrin/plastic aqueous)

+ Hypopyon

Vitreous Haze Grading Scale (Nussenblatt 1985/National Eye Institute)

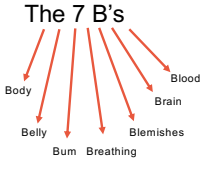
GRADE	DESCRIPTION	CLINICAL FINDINGS
0	Nil	None
1	Minimal	Posterior pole clearly visible
2	Mild	Posterior pole details slightly hazy
3	Moderate	Posterior pole details very hazy
4	Marked	Posterior pole details barely visible
5	Severe	Fundus details not visible

Causes - The 7 I's

- IDIOPATHIC (~50%)
- Inflammatory
  - HLA-B27+: Ankylosing Spondylitis, Reactive Arthritis, Psoriatic Arthritis, JIA
  - Sarcoidosis, Behcet Syndrome, VKH
  - Fuch's Heterochromic Iridocyclitis
  - Possner-Schlossman Syndrome
- Infiltrative
  - Masquerade Syndromes: Ocular Lymphoma, Retinoblastoma, Leukaemia, Ocular Melanoma
- Infectious
  - Bacterial: TB, Syphilis, Lyme Disease, Brucellosis, Cat Scratch Disease, Leprosy
  - Fungal: Endogenous fungal endophthalmitis, e.g. Candida
  - Viral: HIV, CMV, HZV, HSK, Rubella
  - Parasitic: Toxoplasmosis, Toxocariasis
- Injurious
- Iatrogenic
- Inherited
- Ischaemic

Work-Up

- Targeted hx to elicit cause
- Review of systems - The 7 B's

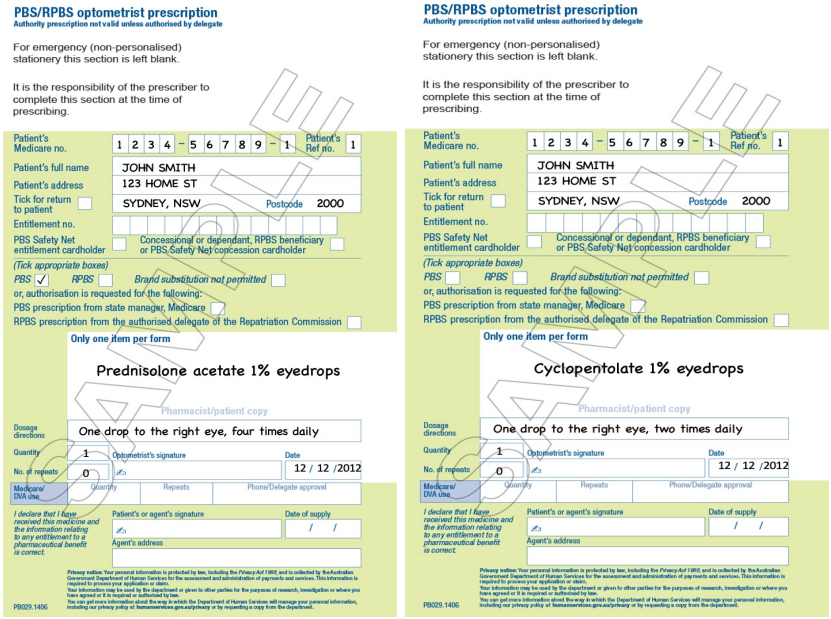


- Comprehensive work-up to rule out POSTERIOR uveitis.
- Non-specific work-up when no clear cause + not responding to tx
- Refer to GP for lab work-up:

FBC, ESR, CRP → Inflammatory markers
ANA, RF → Autoimmune markers
VRDL → Syphilis
ACE → Sarcoidosis
PPD → Lyme Disease, Toxoplasmosis
Chest Xray

Treatment

- Topical Corticosteroid = prednisolone acetate 1% eyedrops
  - If mild → 4x/day
  - If mod/severe → Every 1-2 hours until 2-step improvement (SUN scale)
  - Then 4x/day until resolved → then taper slowly (over 5-6 weeks)
  - Night tx in severe cases
  - LOADING DOSE in severe cases (every 15-30 min for 1st 2 hrs.)
  - Consider night ointment if worse in mornings and severe
    - Hycor 1% eye ointment
  - Watch out for contraindications to steroid use:
    - Hx of HSV (cotton-wisp corneal test – if +ve – add oral antiviral coverage – Acyclovir 400mg 5x/day)
    - Steroid-induced complications: Cataract, PSC, ↑ IOP, ↑ infection
  - Check IOPs regularly → if steroid response – add antiglaucoma drops.


PBS/RPBS optometrist prescription

Authority prescription not valid unless authorised by delegate

For emergency (non-personalised) stationery this section is left blank.

It is the responsibility of the prescriber to complete this section at the time of prescribing.

Patient's Medicare no. 1234 5678 9 1 Patient's Ref no. 1

Patient's full name JOHN SMITH

Patient's address 123 HOME ST

Tick for return to patient

SYDNEY, NSW Postcode 2000

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

(Tick appropriate boxes)

PBS ✓ RPBS Brand substitution not permitted

or, authorisation is requested for the following:

PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Only one item per form

Prednisolone acetate 1% eyedrops

Pharmacist/patient copy

Dosage directions: One drop to the right eye, four times daily

Quantity 1 Optometrist's signature Date 12 / 12 /2012

No. of repeats 0

Medicare/ DVA use Quantity Repeats Phone/Delegate approval

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature Date of supply / /

Agent's address

PB029.1406

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RPBS prescription from the authorised delegate of the Repatriation Commission

Only one item per form

Cyclopentolate 1% eyedrops

Pharmacist/patient copy

Dosage directions: One drop to the right eye, two times daily

Quantity 1 Optometrist's signature Date 12 / 12 /2012

No. of repeats 0

Medicare/ DVA use Quantity Repeats Phone/Delegate approval

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

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PB029.1406

- Cycloplege to manage pain, ↓ cells/flare + prevent synechiae
  - Until all cells/flare gone
  - Cyclopentolate 1% 2x/day if mild
  - Atropine 1% 2x/day if moderate, 4x/day if severe (higher dose needed due to ↑ breakdown of esterases by inflammatory cells).
    - Warn pt. of duration of effect (wear sunnies, bad depth judgement, ↓ VA – no machine operations)
- If significant synechiae → add mydriatic (phenylephrine 2.5% 4x/day)
  - Break synechiae in-office before phenylephrine:
    - Add atropine 1% first → wait peak effect 30-40min, see if synechiae break → try phenylephrine 2.5% if doesn't work → if unsuccessful, try pledget → if still not broken, try again at 24hr review.
- Oral analgesics as required for pain (Ibuprofen, paracetamol)
- Warn pt of risk of recurrence + RTC if sx reoccur.
- Always check for POSTERIOR UVEITIS.
- If failure of pred forte → REFER (may need oral prednisolone or subconjunctival steroids)

References

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