



Posterior Uveitis

What is uveitis?

Uveitis occurs when the middle layer of the eyeball gets inflamed (red and swollen). This layer, called the uvea, has many blood vessels that nourish the eye. The uvea has three layers. Posterior uveitis affects the back layer of the uvea, which is closest to the retina. Posterior uveitis can damage the retina and the blood vessels in the back of the eye. This can lead to vision loss.

What are symptoms of posterior uveitis?

Symptoms can include:

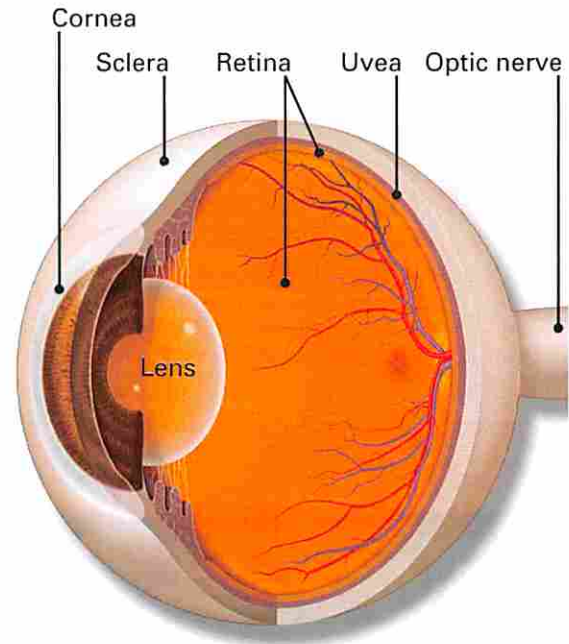
- red eye
- seeing “floaters” (specks or moving clouds in your vision) all of a sudden
- blurriness
- pain in the eye

Symptoms can develop gradually or suddenly and last for many years. Contact your ophthalmologist right away if you notice any of these symptoms.

What causes posterior uveitis?

You are more likely to get posterior uveitis if you have or have had:

- shingles and other herpes viruses
- HIV/AIDS



- a systemic inflammatory disease such as Sarcoidosis, Behçet’s Syndrome, inflammatory bowel disease (IBS), or lupus
- bacterial infections such as cat-scratch disease, Lyme Disease, or tuberculosis
- parasitic disease (such as toxoplasmosis)
- fungal infections
- lymphoma, a type of cancer that affects the lymph nodes. This can mimic uveitis.

Smoking (cigarettes, cigars or pipes) may also increase your risk of getting posterior uveitis. In some cases of posterior uveitis, no cause is found.

How is posterior uveitis diagnosed?

Your ophthalmologist will examine the inside of your eye. Since posterior uveitis is often connected with other diseases or conditions, some tests will be needed. They may include a physical exam, blood or skin tests, and examination of eye fluids. There may be imaging tests done, such as X-rays, CT or MRI scans, fluorescein angiography, or OCT. Your ophthalmologist may ask about other diseases or health problems you have had.

How is posterior uveitis treated?

Posterior uveitis needs to be treated right away to prevent lasting problems. Ophthalmologists often treat it with medicine (corticosteroids) that reduces pain and swelling. This medicine may be given by injection (shots) or taken by mouth. In some cases, a tiny steroid implant is placed in the eye. This device slowly releases medicine that reduces inflammation. Other drugs to suppress the immune system may be recommended.

When posterior uveitis is caused by an infection, an antibiotic may be given to fight the infection.

Often times, your ophthalmologist will work with a special kind of doctor called a rheumatologist to help treat you.

Summary

Posterior uveitis is inflammation of the uvea toward the back of the eye. You are more likely to get posterior uveitis if you have had certain diseases or viruses. Symptoms include a red eye, pain in the eye, and floaters. This is a serious condition that must be treated immediately to save vision. Treatment often includes injections, medication taken by mouth, or steroid implants to reduce swelling and pain.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

Get more information about uveitis from EyeSmart—provided by the American Academy of Ophthalmology—at aao.org/uveitis-link.

COMPLIMENTS OF:

Summary

A posterior vitreous detachment is when the jelly-like vitreous in the middle of the eye separates from the back of the eye. A PVD is a normal process of aging. By age 70, most people will have one.

Most people having a PVD don't notice any symptoms. Other people will see floaters and flashes of light. This can be normal, but if you notice these symptoms suddenly, see an ophthalmologist. He or she will make sure that you don't have a retinal tear or retinal detachment, which can cause a loss of vision. If the PVD tears or detaches your retina, you may need treatment to prevent vision loss.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

Get more information about posterior vitreous detachment from EyeSmart—provided by the American Academy of Ophthalmology—at aao.org/pvd-link.

COMPLIMENTS OF: