



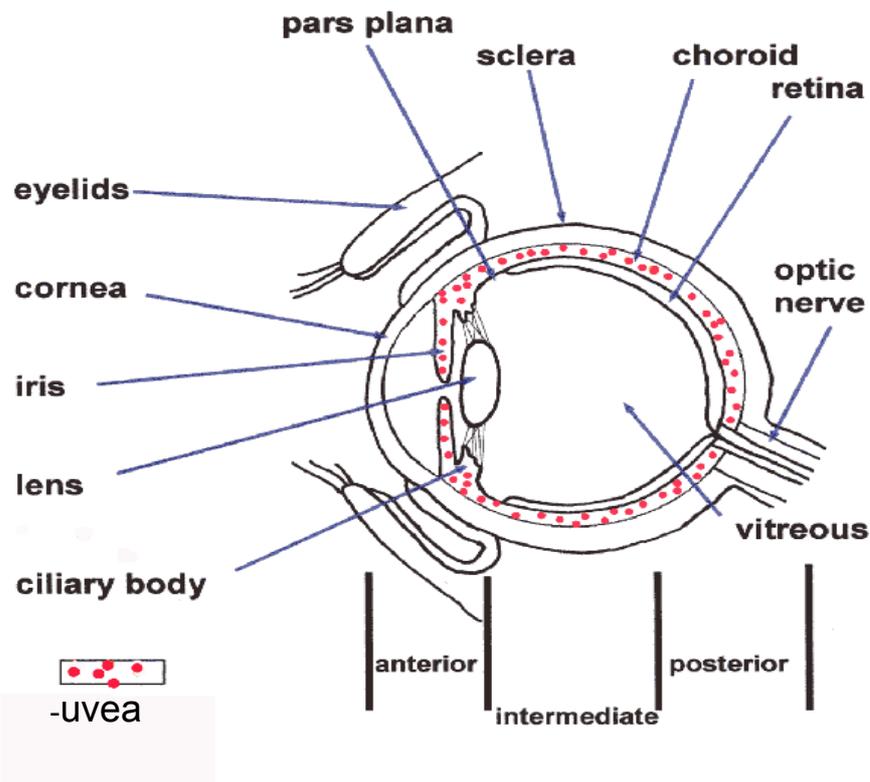
Uveitis Information Group Factsheet

What is Posterior 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 Posterior Uveitis?

Posterior Uveitis (sometimes called choroiditis, retinitis or vasculitis) is inflammation in the retina and/or choroid which are at the back of the eye (see diagram). Posterior means the back of the eye. Uveitis means inflammation of the eye.



Posterior uveitis is a term covering several conditions. Overleaf is a list of some types of posterior uveitis. It does not cover them all and some medical conditions associated with uveitis may involve either anterior or posterior uveitis or both (panuveitis).

- Acute posterior multifocal placoid pigment epitheliopathy (APMPPE)
- Birdshot retinochoroidopathy
- Diffuse subretinal fibrosis (DSF)
- Idiopathic retinal vasculitis
- Multiple evanescent white dot syndrome (MEWDS)
- Multifocal choroiditis and panuveitis (MCP)
- Punctate inner choroidopathy (PIC)
- Presumed ocular histoplasmosis syndrome (POHS)
- Sarcoidosis
- Serpiginous choroiditis

This list is by no means exhaustive and is in no particular order or classification.

Which part of the eye is affected?

In Posterior uveitis, it is the retina and choroid that are usually inflamed. The retina is a multi-layered sensory tissue that lines the back of the eye. It contains millions of photoreceptors that capture light rays and convert them into electrical impulses. These impulses travel along the optic nerve to the brain where they are turned into images. The choroid layer is the middle layer of your eye, which absorbs light and prevents internal reflection.

Symptoms

- You will not normally have pain in the eyes or red eyes
- Vision can become blurred suddenly or gradually
- It is more likely to impair the vision than other types of uveitis
- Floaters are common (black spots and swirls in the field of vision)
- Sensitivity to bright lights or glare (Photophobia)
- Fluctuating vision
- It may affect one or both eyes
- Often lasts longer than other types of uveitis
- Night blindness or Impaired vision in dim light (nyctalopia)
- Defective colour vision and difficulty distinguishing between certain colours (Dyschromatopsia)
- Decreased depth of perception
- Shimmering vision
- Distorted images (Metamorphopsia)

Complications

Posterior uveitis can be severe and sight threatening in its own right. It also has many complications associated with it. Patients should be closely monitored to avoid complications.

Complications include:

- Macular oedema (accumulation of fluid in the central part of the retina)
- Vasculitis (inflammation of the blood vessels of the retina)
- Vitritis (inflammatory cells in the vitreous gel which we see as floaters)
- Sub-retinal neovascularisation (formation of new blood vessels)

If you are diagnosed with Posterior Uveitis, it is very important to make sure you keep your hospital appointments and follow the instructions given by your doctors closely. You should also tell your doctors about any changing symptoms and seek further treatment if your eyes develop more symptoms. Posterior uveitis can be a serious condition and if it is not treated, eyesight can be seriously damaged.

Causes

In more than one in ten cases, the cause of posterior uveitis is unknown (called 'idiopathic'). Posterior uveitis may arise as a result of a bacterial or fungal infection (e.g. toxoplasmosis or tuberculosis) or an autoimmune disorder such as lupus, Behçets Disease or AIDS or a trauma to the eye. Posterior uveitis can also be an autoimmune disorder itself, such as Birdshot Chorioretinopathy.

Treatment

There are many different types of posterior uveitis and patients often have a unique course that their posterior uveitis follows. Therefore, treatment is geared to the individual and will vary from individual to individual. Eye drops are not usually part of the treatment, as they cannot reach the back of the eyes.

The main treatment depends on whether the posterior uveitis is thought to be viral or autoimmune. If viral, then the patient will normally be treated with anti viral tablets and/or injections; if thought to be autoimmune, patients will be treated normally with steroid tablets and immunosuppressants.

What affect does a treatment have on you?

Because some forms of posterior uveitis may be autoimmune, patients may be treated with systemic medication (medication that affects the whole body, rather than just the eyes). The use of systemic medicine means that there will be more chance of unwanted side effects. It is very important for patients to be aware of possible side effects and to be monitored closely. The patient and doctors will want to balance out the possible side effects of systemic medication against the need to control inflammation and guard against visual loss. People on systemic medication will want to develop close relationships with their health care professionals to ensure their medication regime works within an acceptable balance between the benefits and potential disadvantages.

(See also the UIG Factsheets on Steroids mentioned at the end of this article.)

Further information can be found in the following UIG Fact Sheets. These are available as PDF files or as web pages.

- What is Uveitis?
- Uveitis treatment – background
- Uveitis treatment – drug treatment
- What is Birdshot Retinochoroidopathy?
- Corticosteroid Tablets - Prednisolone
- Azathioprine – an Immunosuppressant

For more information on uveitis please contact the UIG at:

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