



Uveitis Information Group Factsheet

What is Intermediate Uveitis?

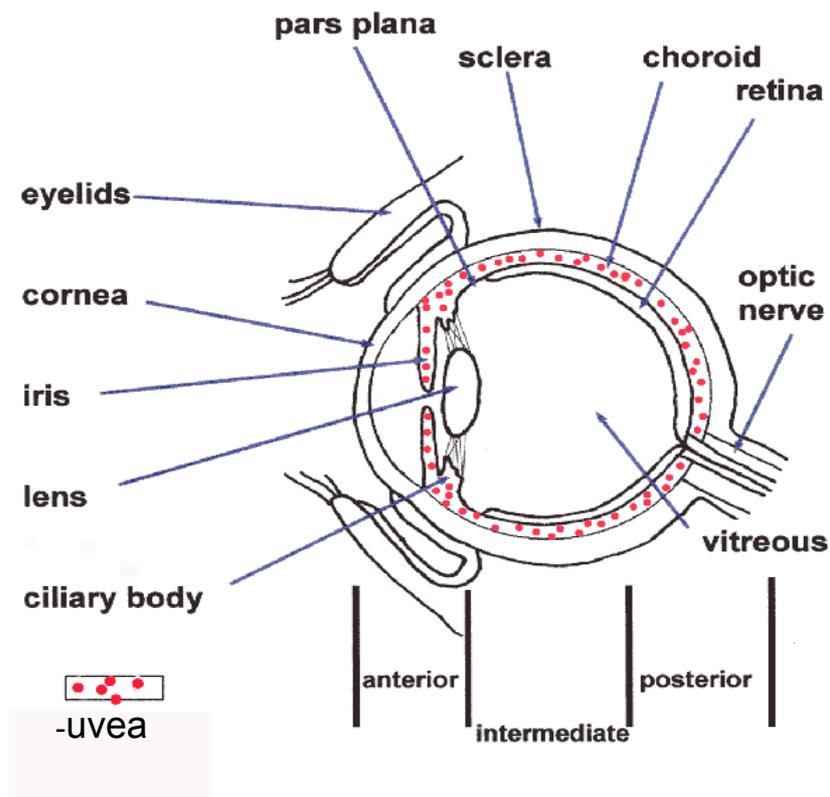
Please use this fact sheet as background information to help discussion with your doctors. Individual cases may vary enormously and the best information will always come from your doctors. The information in this sheet has been checked for accuracy by leading Uveitis Specialists.

What is Intermediate Uveitis?

Intermediate Uveitis (sometimes called iridocyclitis, cyclitis, vitritis or pars planitis) is inflammation inside the eye, affecting the vitreous (see the diagram below). Intermediate means it is located in the middle part of the eye. Uveitis is inflammation of the eye.

Which part of the eye is affected?

Inflammation affects the middle section of the eye, called the vitreous. The vitreous is the clear, jelly-like substance that fills the middle of the eye that fills the space between the lens and the retina (see diagram). It is also called the vitreous humour (humour in medicine refers to fluid or semi fluid substances).



Who does it affect?

Intermediate uveitis typically affects teenagers but can occur in very young children. The over 40's are not often affected. This pattern differs from most other forms of uveitis.

Symptoms of Intermediate Uveitis

Intermediate uveitis can vary greatly in its severity. In a few people it can be a mild, self limiting condition, needing only careful monitoring, rather than active treatment. Most people will experience more severe inflammation or there may be complications which require much more aggressive treatment.

- Both eyes are usually affected
- One eye may be worse than the other
- The eyes may not be affected at the same time
- You usually do not experience pain
- You usually do not have red eyes
- You may have floaters - dots and wispy lines that move across the field of vision
- You may have blurred vision due to cells from the blood vessels leaking into the gel of the eye.

The condition may be present for quite some time before it is diagnosed because the patient may not be aware of any problem. Often vision may not be affected at all, but there are a number of ways that vision loss can occur, or other complications may arise.

Complications

Vitreous opacification is caused by 'debris' resulting from the inflammation getting into the vitreous gel or humour, the 'clear jelly' which fills the eye. This produces the 'floaters' which can be merely irritating and not affecting measured vision, or more severe, when the vision may be obscured.

Macular oedema The macula is the tiny part of the retina, which is responsible for our central or detailed vision. Fluid can build up in the macula and cause very specific problems with vision. If our central vision is affected in this way then reading and recognising people's faces, for example, will be difficult. If there is a large build up of fluid, then straight lines such as white lines along a road may appear distorted.

Anterior uveitis Some people with intermediate uveitis also get the anterior type (also known as iritis). An indication that anterior uveitis is occurring can be pain and redness of the eye.

There are some complications which can arise with any form of uveitis. These include **cataracts**, and **raised eye pressure**, leading to glaucoma. Additional information on these complications is available from UIG.

Causes

In 69% of cases of intermediate uveitis the cause is unknown (idiopathic), although it may be associated with an illness such as multiple sclerosis (MS), sarcoidosis, inflammatory bowel disease or Lyme Disease. Because of this, there will always be a thorough general investigation to rule out these causes.

How long will the condition last?

This is difficult to answer, as the severity, the predictability and the length of intermediate uveitis is variable. There are different views about whether it is self limiting (lasts only a certain amount of time) or burns itself out. Some people have intermediate uveitis for a period of weeks or months, whilst others experience it for a number of years. The main aim of the treatment is to minimise the inflammation to avoid any damage to the eyes and eyesight, and to monitor the condition whilst it is active.

Treatment, if required

Because the severity varies, the treatment will be geared to the individuals needs. Most treatment is designed to minimize the inflammation, but you may sometimes need treatment for any complications caused by the intermediate uveitis.

The main treatments are:

- Use of steroids as tablets to reduce inflammation. Occasionally steroid injections are given around the eyes. These may be carried out under local anaesthetic or general anaesthetic, particularly with children.
- Immunosuppressant drugs such as cyclosporine. These are used to try and stop the inflammation or to work alongside steroids to allow you to reduce your steroid intake.

- More information about drugs used in uveitis and complications can be found in the other UIG “[Factsheets](#)” available from the UIG. Please contact us if you need any further information.

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Revised by Uveitis Information Group (UIG) September 2009