

Eye conditions - uveitis and iritis

Iritis is inflammation of the iris, the coloured part of the eye. It is a form of uveitis and is more correctly termed anterior uveitis. The cause is unknown in about 40 per cent of cases but may include infections, autoimmune disorders, arthritis and skin disease.

Iritis symptoms typically begin suddenly and can include a red eye, eye pain, light sensitivity, blurred vision and a small or distorted pupil. Attacks typically only involve one eye at a time. Without correct treatment, iritis can cause permanent visual problems. Young and middle-aged people are most commonly affected.

There is no cure, but treatment of individual episodes can control inflammation and prevent complications. However, iritis often recurs.

Uveitis

Uveitis means inflammation of the middle coat of the eye, which extends from the iris at the front of the eye to the retina and choroid at the back of the eye. There are a number of different patterns of uveitis including:

- **Anterior uveitis** – inflammation of the iris, also commonly known as iritis. It is the most common pattern of uveitis, accounting for 90 per cent of people with uveitis.
- **Intermediate uveitis or pars planitis** – inflammation involving the vitreous gel. Vitreous gel fills the majority of the eye cavity and the pars plana, which is the tissue that bridges the gap between the front and back of the eye.
- **Posterior uveitis or chorioretinitis** – inflammation of the choroid, retina and other structures at the back of the eye. The choroid is the major layer of blood vessels within the eyeball and is commonly involved in inflammation at the back of the eye.

Symptoms

Uveitis can involve one or both eyes. Symptoms typically come on suddenly and can include:

- Red eye
- Watery eye
- Eye pain
- Light sensitivity
- Blurred vision
- Small or distorted pupil.

Causes

In many cases, the cause of uveitis is not known. Common known causes include:

- **Autoimmune disease** – such as arthritis, Reiter's syndrome, sarcoidosis and ankylosing spondylitis.
- **Infection** – such as herpes virus infection, syphilis, tuberculosis and Lyme disease.
- **Eye problems** – such as an eye infection, a scratch to the cornea or an ulcer on the eye's surface.
- **Isolated ocular autoimmune disorder** – the immune system attacks the iris for reasons unknown, even when no other autoimmune disease is present.

Complications

Complications of uveitis include:

- **Glaucoma** – this involves a harmful build-up of fluid within the eyeball. Aqueous humour is fluid that nourishes the iris. It is located inside a small chamber just behind the cornea. Glaucoma occurs when aqueous humour is unable to drain properly. This can damage the optic nerve and cause vision to narrow or blank areas to appear in the visual field.
- **Cataract** – the lens, situated behind the iris, becomes cloudy. Treatment includes surgery to replace the lens.
- **Macula oedema** – the central retina becomes swollen and waterlogged, resulting in blurriness.

Diagnosis

Diagnosis of uveitis depends on a thorough eye examination. If uveitis is diagnosed and treated in its early stages, there is often no loss of vision.

Treatment

It takes six to ten weeks to treat an episode of anterior uveitis. Treatment of intermediate and posterior uveitis is more complex and can take many months or even years. The person needs to be closely monitored during treatment to minimise the development of complications.

Treatment may include:

- **Corticosteroids** – to reduce inflammation. Most people with uveitis respond to steroid eye drops. Those with posterior uveitis often require local injections of corticosteroids or oral steroids. Some people require additional immunosuppressive drugs.
- **Cycloplegic medication** – eye drops that dilate the pupil to prevent it sticking to the lens of the eye. These drops reduce the risk of scarring between the pupil and the lens.
- **Treatment of an underlying condition** – uveitis may be a sign of undiagnosed disease or infection somewhere else in the body. It is important for the person to have a range of tests (such as blood tests and x-rays) to find out if there is an underlying cause of their uveitis. If so, appropriate treatment should be given.

Where to get help

- Your doctor
- Ophthalmologist
- Local general hospital or specialist eye hospital

Things to remember

- Iritis is inflammation of the iris and can cause blindness if not treated.
- Complications include glaucoma and cataracts.
- Treatment includes corticosteroids, drops to dilate the pupil and treatment for the underlying infection or disease (if any).

This page has been produced in consultation with, and approved by:

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