"Unveiling Uveitis"
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Description: This course describes a modern approach to uveitis management and will provide a thorough review of common etiology, risk factors, systemic and ocular manifestations, and management and treatment strategies. Case examples will emphasize relevance.

Objectives:
1. Describe uveitis condition.

2. Discuss common causes of uveitis.

3. Describe a treatment and management plan for various uveitis conditions using case examples.

Course Outline

I. Case Study # 1
II. Uveitis
    a. 3rd leading cause of blindness in USA
    b. Important associations with systemic disease
    c. Inflammation of the Uveal Tract
        i. Uveal Tract: Iris, Ciliary Body, Choroid
        ii. High vascularized tissues and more commonly involved with inflammation
    d. Classification of Uveitis
        i. Anatomical Location Classification
            1. Anterior Uveitis (AU)
            2. Intermediate Uveitis (IU)
            3. Posterior Uveitis (PU)
            4. Panuveitis
        ii. Clinical Classification
            1. Standardization of Uveitis Nomenclature (SUN) Working Group
            2. Acute: <3mo
            3. Recurrent
            4. Chronic: >3mo
        iii. Pathophysiology Classification
            1. Non-granulomatous
            2. Granulomatous
        iv. Bilateral or Unilateral
    e. Clinical Features
        i. Common Symptoms
        ii. Exam Findings
            1. Anterior Segment
                a. Conjunctiva
                    i. Circumcorneal injection
                b. Cornea
                    i. Corneal Edema

ii. Keratic precipitates
c. Anterior Chamber
i. Inflammatory Cells
1. SUN Working Group Grading Scheme for anterior chamber cells
ii. Flare
1. SUN Working Group grading for flare
d. Iris
i. Miosis
ii. Iris atrophy
iii. Iris Nodules
iv. Synechia
e. Intraocular Pressure
f. Vitreous
g. Retina
iii. Common Complications
f. Clinical Exam Should Include
i. Thorough Ocular & Systemic History
ii. Visual Acuity
iii. Pupil Assessment
iv. Measure Intraocular Pressure
v. Slit Lamp Examination
vi. Dilated Fundus Examination
1. Critical to ensure anatomical location is confined to anterior segment
2. Identify subtle posterior synechiae
3. Aid in pain management
vii. Goal by end of exam: Determine if it is infectious or non-infectious etiology
g. Be suspicious of an underlying systemic disease etiology if
i. Mutton Fat KPs
ii. Chronic, Recurrent
iii. Bilateral or Alternating
iv. Unresponsive to treatment

III. Etiology
a. Trauma
b. Idiopathic (most common cause)
c. Non-Infectious
d. Infectious
i. Bacterial
ii. Viral

IV. Laboratory Testing
a. When to order

b. What to Order
    i. Completed Blood Count (CBC)
    ii. Erythrocyte sedimentation rate (ESR)
    iii. C-Reactive Protein
    iv. Antinuclear antibody (ANA)
    v. Human Leukocyte Antigen (HLA-B27)
    vi. Angiotensin-converting enzyme (ACE)
    vii. Venereal Disease Research Lab (VDRL), Rapid Plasma Reagin (RPR), or FTA-ABS
    viii. Purified protein derivative skin test (PPD)
    ix. Chest X-ray
    x. Rheumatoid Factor (RF)
    xi. Enzyme-linked immunosorbent assay (ELIZA)

V. Treatment
a. Goals
b. Treatment Options
c. Appropriate follow-up
d. When to Refer

VI. Case Study # 2

VII. Clinical Pearls
a. Be a detective and find the cause
b. Be aggressive when initiating topical steroid treatment
c. Don't taper too soon
d. Optometrists can play a key role in protecting visual function and saving lives by prompt work up and referral for appropriate antibiotic therapy