

# ANTERIOR UVEITIS

## (IRITIS / IRIDOCYCLITIS)

Inflammation of the anterior uveal tract – primarily the iris and ciliary body. Prompt recognition and treatment are essential to relieve symptoms and prevent complications.



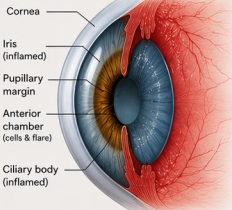
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### CAUSES

- Often idiopathic (no specific cause identified)
- Associated systemic conditions:
  - HLA-B27 associated disease (e.g. Ankylosing spondylitis, Reactive arthritis, Psoriatic arthritis, IBD)
  - Sarcoidosis
  - Juvenile idiopathic arthritis
  - Behçet's disease
  - Tuberculosis
  - Syphilis
  - Viral infections (e.g. HSV, VZV)
- Ocular trauma or surgery
- Autoimmune conditions

**i** Up to 50% of cases may have an associated systemic condition.

### ANTERIOR UVEITIS (IRITIS / IRIDOCYCLITIS)



Inflammation of the iris and ciliary body with cells and protein leakage into the anterior chamber.

### CLINICAL APPEARANCE



Photograph shows ciliary injection, small pupil and pigment on the anterior lens capsule (keratic precipitates may also be present).

### CLINICAL SIGNS

- Ciliary injection (redness around the limbus)
- Cells and flare in the anterior chamber
- Small, reactive pupil (miosis)
- Keratic precipitates (on corneal endothelium)
- Posterior synechiae (iris adhesions to lens)
- Pigment on anterior lens capsule
- Raised intraocular pressure (in some cases)



Anterior chamber cells and flare



Keratic precipitates (on corneal endothelium)



Posterior synechiae (iris to lens)



Pigment on anterior lens capsule

### KEY POINTS

- Early diagnosis and treatment are crucial to prevent complications such as glaucoma, cataract, macular oedema, and vision loss.
- Always assess for associated systemic disease.
- Long-term follow-up is often required as recurrences are common.



### SYMPTOMS

- Eye redness and discomfort
- Photophobia (light sensitivity)
- Eye pain or aching
- Blurred vision
- Headache (in some cases)

**i** Symptoms can vary in severity and may come on gradually or suddenly.

### TREATMENT

- Topical corticosteroids  
e.g. Prednisolone acetate 1% eye drops (frequent initially, then taper)
- Cycloplegic / mydriatic drops  
e.g. Homatropine 2% or Cyclopentolate 1% (relieves pain, prevents synechiae)
- Intraocular pressure control  
if elevated (topical medications as required)
- Treat underlying systemic condition  
in collaboration with relevant specialists
- Follow-up regularly  
to monitor response and prevent complications



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