Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: *Anterior*

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Key distinction

*(not uni- vs bilateral)*
Uveitis: **Anterior**

Key distinction
(not uni- vs bilateral)

**Granulomatous**

**Nongranulomatous**

---

1) The uveitis is profiled  
2) The profiled case is meshed  
3) A differential diagnosis list is generated  
4) Studies are obtained to identify the etiology  
5) Treatment appropriate for the etiology is initiated
Histologically speaking, what makes an inflammatory condition ‘granulomatous’?
Histologically speaking, what makes an inflammatory condition ‘granulomatous’?
The presence of epithelioid and giant cells
Uveitis: Anterior

- Granulomatous
- Nongranulomatous

**Histologically speaking, what makes an inflammatory condition 'granulomatous'?**

The presence of epithelioid and giant cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
Uveitis: **Anterior**

Granulomatous ➔ Nongranulomatous

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
The presence of **epithelioid** and **giant** cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

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2) The profiled case is meshed
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**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
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**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis

**What do granulomatous KP look like?**
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

---

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
The presence of *epithelioid* and *giant* cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis

**What do granulomatous KP look like?**
They are large, grayish, and look ‘greasy’
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

---

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
The presence of **epithelioid** and **giant** cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis

**What do granulomatous KP look like?**
They are large, grayish, and look ‘greasy’

**A pt has granulomatous KP. If a KP was scraped and examined microscopically, would it be chock full of epithelioid and/or giant cells?**
Uveitis: **Anterior**

**Granulomatous**

**Nongranulomatous**

---

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
The presence of **epithelioid** and **giant** cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis

**What do granulomatous KP look like?**
They are large, grayish, and look ‘greasy’

**A pt has granulomatous KP. If a KP was scraped and examined microscopically, would it be chock full of epithelioid and/or giant cells?**
Not necessarily. While significant overlap exists between the two, it is **not** the case that ‘clinically granulomatous dz’ is **always** histologically **granulomatous**
**Uveitis: Anterior**

- Granulomatous
- Nongranulomatous

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**
The presence of **epithelioid** and **giant** cells

**In clinical ophtho-speak, to what does the term granulomatous refer?**
To a particular slit-lamp appearance of KP in uveitis

**What do granulomatous KP look like?**
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**A pt has granulomatous KP. If a KP was scraped and examined microscopically, would it be chock full of epithelioid and/or giant cells?**
Not necessarily. While significant overlap exists between the two, it is **not** the case that ‘clinically granulomatous dz’ is **always** histologically granulomatous

Throughout the *anterior uveitis* slides, the term *granulomatous* refers to the slit-lamp appearance of the KP, not to the histology of the condition.
Uveitis: **Anterior**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

- Granulomatous
  - ?
  - ?
  - ?
  - ?
  - ?
  - ?

- Nongranulomatous
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

**Nongranulomatous**

While these conditions can present as an anterior uveitis, to do so would be distinctly unusual. Instead, what would be the typical manner in which each of these would present?
Uveitis: **Anterior**

### Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

### Nongranulomatous

- HSV
- Syphilis
- Sarcoid
- TB
- Lyme
- Toxoplasmosis
- VKH

**Panuveitis (with one exception)**

**Posterior uveitis**

**Intermediate uveitis**

Each of these conditions will be covered in detail elsewhere

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV
- **VKH** *Panuveitis (with one exception)*
- Toxoplasmosis *Posterior uveitis*
- Lyme *Intermediate uveitis*

Nongranulomatous

What is the one exception? In what situation is VKH likely to present as a granulomatous anterior uveitis?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV
- VKH

**Nongranulomatous**
- Toxoplasmosis
- Lyme

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

---

**What is the one exception? In what situation is VKH likely to present as a granulomatous anterior uveitis?**

The natural course of VKH is to pass through four stages, the fourth of which (the *chronic recurrent* stage) may present in this fashion.
Uveitis: **Anterior**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

**Nongranulomatous**

To anticipate: We will have more to say about each of these conditions in later sections as well
Uveitis: *Anterior*

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Key distinction

? ?
Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic

Key distinction

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
- Chronic

Key distinction

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatous**
  - **Acute**
    - Unilateral
  - **Chronic**
    - Bilateral

Key distinction

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatous**
  - Acute
  - Bilateral
  - Chronic

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated
Uveitis: *Anterior*

- **Granulomatus**
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatus**
  - **Acute**
    - Unilateral
    - HLA-B27 dz
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB
  - Bilateral
  - Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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Uveitis: **Anterior**

1. The uveitis is profiled
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4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated

### Granulomatous
- TB
- Sarcoid
- Syphilis

### Nongranulomatous
- Acute
- Chronic

#### Acute
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
- Bilateral
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

**Not an error!**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

- **Acute**
  - Unilateral
    - HLA-B27 dz
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB
  - Bilateral
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

- **Chronic**
  - Sarcoid
  - Syphilis
  - TB

As we will see, syphilis, sarcoid and TB will show up everywhere in the mesh. This is because *all three can manifest in so many different ways.*
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis

Nongranulomatous
- Acute
- Chronic

Rule of thumb:
Syphilis, sarcoid and TB are on the DDx for every pt with any form of uveitis!

As we will see, syphilis, sarcoid and TB will show up everywhere in the mesh. This is because *all three can manifest in so many different ways.*
Uveitis: **Anterior**

1) The uveitis is profiled
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4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- **Sarcoid**
  - Syphilis
  - HSV

Nongranulomatous
- Acute
- Chronic
  - HLA-B27 dz
  - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
  - TB
  - Sarcoid
  - Syphilis
  - TB

That being said, sarcoid is **far** more likely to present in granulomatous fashion than nongranulomatously. (This is especially true for the ‘idealized’ presentations characteristic of pts who ‘live’ in the non-real-world of the OKAP.)

As we will see, syphilis, sarcoid and TB will show up everywhere in the mesh. This is because all three can manifest in so many different ways.

**Rule of thumb:**
Syphilis, sarcoid and TB are on the DDx for **every** pt with **any** form of uveitis!
Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Bilateral
  - HLA-B27 dz *aka...*
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB
- Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

*What is the other umbrella term for the HLA-B27 diseases?*
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

**Acute**

- Unilateral
- Bilateral
  - HLA-B27 dz  
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

**Chronic**

What is the other umbrella term for the HLA-B27 diseases?

The **SNSAs**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated
Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
- Unilateral
- Bilateral

What is the other umbrella term for the HLA-B27 diseases?
- The SNSAs

What are the four HLA-B27 conditions?
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

aka…

What does SNSA stand for in this context?
- Seronegative spondyloarthropathies

**SNSAs**
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous
  - Acute
  - Chronic
  - Bilateral
  - HLA-B27 dz aka...the SNSAs
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

**What is the other umbrella term for the HLA-B27 diseases?**

The SNSAs

**What does SNSA stand for in this context?**

Seronegative spondyloarthropathies

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

  1) The uveitis is profiled
  2) The profiled case is meshed
  3) A differential diagnosis list is generated
  4) Studies are obtained to identify the etiology
  5) Treatment appropriate for the etiology is initiated

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
--
--
--
--

**HLA-B27 dz** aka...the **SNSAs**

- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- HLA-B27 dz aka...the SNSAs
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

**Chronic**

---

**What is the other umbrella term for the HLA-B27 diseases?**
- The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Of the four HLA-B27 dz, two are much more likely to cause a **bilateral** and/or **chronic** anterior uveitis, in contrast to the acute unilateral anterior uveitis of the other two. Not coincidentally, the strength-of-association between these two and HLA-B27 is much weaker. Which two are these?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- HLA-B27 dz aka...the SNSAs
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

**Chronic**
- IBD/PA

---

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

What are the four HLA-B27 conditions?
-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

Of the four HLA-B27 dz, two are much more likely to cause a bilateral and/or chronic anterior uveitis, in contrast to the acute unilateral anterior uveitis of the other two. Not coincidentally, the strength-of-association between these two and HLA-B27 is much weaker. Which two are these? IBD and PA. You need to remember that IBD and PA are HLA-B27 dz, and that they can present with an acute unilateral anterior uveitis.
Of the four HLA-B27 dz, two are much more likely to cause a **bilateral** and/or **chronic** anterior uveitis, in contrast to the acute unilateral anterior uveitis of the other two. Not coincidentally, the strength-of-association between these two and HLA-B27 is much weaker. Which two are these? **IBD** and **PA**. You need to remember that IBD and PA are HLA-B27 dz, and that they can present with an acute unilateral anterior uveitis. However, for OKAP/Board purposes, the preferred response on a question concerning an HLA-B27 uveitis presentation is likely to be AS or ReA.
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

What is the other umbrella term for the HLA-B27 diseases? The **SNSAs**

What are the four HLA-B27 conditions?
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)?
- Inflammatory bowel disease (IBD)?

Of the four HLA-B27 dz, two are much more likely to cause a **bilateral** and/or **chronic** anterior uveitis, in contrast to the acute unilateral anterior uveitis of the other two. Not coincidentally, the strength-of-association between these two and HLA-B27 is much weaker. Which two are these? **IBD** and **PA**. You need to remember that IBD and PA are HLA-B27 dz, and that they can present with an acute unilateral anterior uveitis. However, for OKAP/Board purposes, the preferred response on a question concerning an HLA-B27 uveitis presentation is likely to be AS or ReA. For this reason, we will focus on AS and ReA in this portion of the slide-set.
Uveitis: **Anterior**

Granulomatus
- TB
- Sarcoid

Nongranulomatus

**Acute**
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman

**Chronic**
- HSV
- Syphilis
- Sarcoid
- TB

---

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

---

**Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus differentiating among them is not always possible.**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**

**Chronic**

---

**What is the other umbrella term for the HLA-B27 diseases?**

The **SNSAs**

**What are the four HLA-B27 conditions?**

-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus differentiating among them is not always possible.

For example:

-- Which can present with back pain?
What is the other umbrella term for the HLA-B27 diseases? The **SNSAs**

What are the four HLA-B27 conditions?
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus **differentiating among them is not always possible**.

For example:
-- Which can present with back pain? **All of them**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus differentiating among them is not always possible.

For example:
-- Which can present with back pain? **All of them**
-- Which can present with peripheral arthropathies?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**

**Chronic**

---

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus **differentiating among them is not always possible**.

For example:
-- Which can present with back pain? **All of them**
-- Which can present with peripheral arthropathies? **All of them**
What is the other umbrella term for the HLA-B27 diseases? The SNSAs.

What are the four HLA-B27 conditions?
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus differentiating among them is not always possible.
**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

**Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus differentiating among them is not always possible.**

For example:
--Which can present with back pain? **All of them**
--Which can present with peripheral arthropathies? **All of them**
--Which can present with skin changes? **All of them**
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous
  - Acute
  - Bilateral
  - Unilateral
  - Chronic

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

What are the four HLA-B27 conditions?
-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

Note that, while we will consider each entity separately, it is important to recognize that in clinical practice, considerable overlap exists among them, and thus **differentiating among them is not always possible**.

Bearing this caveat in mind, we will now address AS and ReA in detail

For example:
-- Which can present with back pain? **All of them**
-- Which can present with peripheral arthropathies? **All of them**
-- Which can present with skin changes? **All of them**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Acute**

Unilateral
- HSV
- Syphilis
- Sarcoid
- TB

Bilateral
- Posner-Schlossman
- Sarcoid
- Syphilis

**Chronic**

**Who is the typical AS pt?**

A white male age 16-40

What the classic nonocular complaint in AS?
Low back pain/stiffness that is 1) worse in the morning, and 2) improves with exertion/movement

What is the classic uveitis presentation in an AS pt?
The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

What are the four HLA-B27 conditions?
-- **Ankylosing spondylitis (AS)**
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

**HLA-B27 dz (not IBD/PA)**
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
  - Bilateral
  - Unilateral

**Who is the typical AS pt?**
A white male age 16-40

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
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5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Acute**
- Bilateral
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

**Chronic**
- Bilateral

**Who is the typical AS pt?**
A white male age 16-40

**Does this mean African-Americans, Asian-Americans, etc, don’t get AS?**

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)
**Uveitis: Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
- Bilateral
  - Unilateral

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5) Treatment appropriate for the etiology is initiated

**Unilateral Bilateral**
- Granulomatous
- Nongranulomatous

**HSV**
- Syphilis
- Sarcoid
- TB

**Who is the typical AS pt?**
A white male age 16-40

**What the classic nonocular complaint in AS?**
Low back pain/stiffness that is 1) worse in the morning, and 2) improves with exertion/movement

**What is the classic uveitis presentation in an AS pt?**
The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

**HLA-B27 dz (not IBD/PA)**
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- Sarcoid
- Syphilis

**Does this mean African-Americans, Asian-Americans, etc, don’t get AS?**

No, they do—just at significantly lower rates
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
- Bilateral

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Syphilis
HSV/VZV

Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

What is the other umbrella term for the HLA-B27 diseases?
The SNSAs

Nongranulomatous
- Acute
- Chronic

Unilateral
Bilateral

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What is the male:female ratio for AS?

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HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
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HLA-B27 dz (not IBD/PA)
Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

Chronic

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Who is the typical AS pt?
A white male age 16-40

What is the male:female ratio for AS?
This is a tricky question. The prevalence is probably fairly similar between men and women, but **AS tends to be much more severe in men**, and thus males are more likely to present in clinic.
Syphilis
HSV/VZV
Acute Chronic

Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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Unilateral Bilateral
Granulomatous Nongranulomatous

Posner-Schlossman
HSV
Syphilis
Sarcoid
TB

Who is the typical AS pt?
A white male age 16-40

What is the classic nonocular complaint in AS?
Who is the typical AS pt?
A white male age 16-40

What is the classic nonocular complaint in AS?
pain/stiffness
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Acute
- Chronic

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A white male age 16-40

**What is the classic nonocular complaint in AS?**
Low back pain/stiffness

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- Posner-Schlossman
- Sarcoid
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- HSV

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**Unilateral**
**Bilateral**

**Acute**

**Chronic**
**Uveitis: Anterior**

Granulomatus
- TB
- Sarcoid

Nongranulomatus

Acute
- Posner-Schlossman

Chronic
- HLA-B27 dz (not IBD/PA)
- Syphilis
- Sarcoid

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**What is the classic nonocular complaint in AS?**
Low back pain/stiffness that is 1) worse in the time of day and 2) improves v worsens with exertion/movement
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
  - Unilateral
  - Bilateral

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

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The **SNSAs**

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  - TB
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- Nongranulomatous
  - Acute
  - Chronic
  - Bilateral
  - Unilateral
  - Posner-Schlossman
  - Syphilis
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- HLA-B27 dz (not IBD/PA)

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**What is the classic uveitis presentation in an AS pt?**
The sudden onset of a **painful vs painless** unilateral nongranulomatous iritis, often with a hypopyon

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
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Uveitis: **Anterior**

Granulomatous
- TB
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Nongranulomatous
- Acute
- Chronic
  - Unilateral
  - Bilateral

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- HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral

Chronic

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Absent a hx of trauma and/or intraocular surgery, if you see a unilateral hypopyon, think AS first!

What is the other umbrella term for the HLA-B27 diseases?
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HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis
- TB
Syphilis
HSV/VZV

Acute Chronic

Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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Unilateral Bilateral

Granulomatous Nongranulomatous

Posner-Schlossman

HSV
Syphilis
Sarcoid
TB

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Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**
  - Acute
  - Bilateral
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  - Sarcoid
  - Syphilis

- **Chronic**

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**How long do the uveitic episodes last?**
2 - 6 weeks
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Acute
- Chronic

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**How long do the uveitic episodes last?**
2 - 6 weeks

**Does uveitis in AS tend to recur?**
Yes

**Can it 'recur' in the fellow eye?**
Yes

**What is the other umbrella term for the HLA-B27 diseases?**
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Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

Unilateral

Bilateral

Granulomatous: Posner-Schlossman, Sarcoid, TB
Nongranulomatous: HSV, Syphilis, Sarcoid

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Nongranulomatous

Acute
- Bilateral

Chronic
- Bilateral

HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
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Uveitis: *Anterior*

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- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
  - Unilateral
  - Bilateral

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Uveitis: *Anterior*

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Posner-Schlossman

**Unilateral**
- HSV
- Syphilis
- Sarcoid

**Bilateral**
- TB
- Syphilis
- Sarcoid

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2 - 6 weeks

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- Inflammatory bowel disease (IBD)

**HLA-B27 dz (not IBD/PA)**

**Posner-Schlossman**

**You suspect a uveitis pt has AS. If you could order only one test, what should it be?**
Sacroiliac plain films

**What is the classic finding on sacroiliac plain films?**
'Bamboo spine'
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- HSV
- Syphilis
- Sarcoid
- TB

**Acute**
- Posner-Schlossman

**Chronic**
- HLA-B27 dz (not IBD/PA)

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A white male age 16-40

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2 - 6 weeks

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Acute Chronic

Uveitis: **Anterior**

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Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Bilateral
  - Unilateral
  - Bilateral
- Chronic

What is the typical AS pt?
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- TB
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Nongranulomatous

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  - TB
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- **Nongranulomatous**

**What is the other umbrella term for the HLA-B27 diseases?**
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**What are the four HLA-B27 conditions?**
- **Ankylosing spondylitis (AS)**
- Reactive arthritis (ReA)
- Psoriatic arthritis (PsA)
- Inflammatory bowel disease (IBD)

**You suspect a uveitis pt has AS. If you could order only one test, what should it be?**
- Sacroiliac plain films or check for HLA-B27?

**Why not check for HLA-B27?**
- Because being HLA-B27+ is not diagnostic of anything other than being HLA-B27+. Consider: While over 95% of AS pts are HLA-B27+, only about 1% of HLA-B27+ individuals have AS. Diagnostic criteria for AS include clinical criteria (eg, low back pain), along with radiographic changes consistent with sacroiliitis. HLA-B27 status, while contributory when working up a uveitis pt, is too nonspecific to be diagnostic.

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral
- Acute

Chronic
- Bilateral

What is the other umbrella term for the HLA-B27 diseases?
The SNSAs

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You suspect a uveitis pt has AS. If you could order only one test, what should it be?
Sacroiliac plain films or check for HLA-B27? No!

Why not check for HLA-B27?
Because being HLA-B27+ is not diagnostic of anything other than of being HLA-B27+. Consider: While over 95% of AS pts are HLA-B27+, only about 1% of HLA-B27+ individuals have AS. Diagnostic criteria for AS include clinical criteria (eg, low back pain), along with radiographic changes consistent with sacroiliitis. HLA-B27 status, while contributory when working up a uveitis pt, is too nonspecific to be diagnostic.

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How long do the uveitic episodes last?
2 - 6 weeks
**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Posner-Schlossman
  - HSV
  - Syphilis
  - Sarcoid

**Who is the typical AS pt?**
A white male age 16-40

**What is the classic nonocular complaint in AS?**
Low back pain/stiffness that is 1) worse in the morning, and 2) improves with exertion/movement

**What is the classic uveitis presentation in an AS pt?**
The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

**How long do the uveitic episodes last?**
2 - 6 weeks

**How is AS uveitis managed?**
The ophthalmologist must do two things: 1) Address the uveitis in the typical manner (ie, with topical steroids and cycloplegia), and 2) refer the pt to Rheumatology to address their systemic condition.

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**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
-- Ankylosing spondylitis (AS)
-- Reactive arthritis (ReA)
-- Psoriatic arthritis (PA)
-- Inflammatory bowel disease (IBD)

**1) The uveitis is profiled**
**2) The profiled case is meshed**
**3) A differential diagnosis list is generated**
**4) Studies are obtained to identify the etiology**
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Uveitis: **Anterior**

1. Granulomatous
   - TB
   - Sarcoid

2. Nongranulomatous
   - HSV
   - Syphilis
   - Sarcoid

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- TB
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Nongranulomatous

Acute
- Bilateral
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Chronic

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- Syphilis
- Sarcoid
- TB

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- TB
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### Nongranulomatous
- Acute
- Bilateral
- Posner-Schlossman
- HLA-B27 dz (not IBD/PA)
- Unilateral

### Chronic

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- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic

Posner-Schlossman

HSV

Syphilis

Sarcoid

TB

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- TB
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**Nongranulomatous**

**Acute**
- Bilateral
  - HLA-B27 dz (not IBD/PA)
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  - Syphilis

**Chronic**
- Bilateral

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---

Who is the typical ReA pt?
A white male age 16-40

What are the classic nonocular complaints in ReA?
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

Why 'reactive'? What are ReA pts reacting to?
A bacterial infection of either the GU or (more commonly) GI tract
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

Chronic

Unilateral Bilateral

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A white male age 16-40
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
  - Unilateral
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Who is the typical ReA pt?
A white male age 16-40

**Does this mean African-Americans, Asian-Americans, etc, don’t get ReA?**
Uveitis: **Anterior**

Granulomatosus
- TB
- Sarcoid

Nongranulomatosus

**Acute**
- Bilateral
  - HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis

**Chronic**

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**Who is the typical ReA pt?**
**White** male age 16-40

**Does this mean African-Americans, Asian-Americans, etc, don't get ReA?**
No, they do--just at significantly lower rates
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Acute
  - Unilateral
  - Bilateral
- Chronic
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**Who is the typical ReA pt?**
A **male** age 16-40

**What is the male:female ratio for ReA?**
9:1

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Acute Chronic Uveitis:

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Unilateral Bilateral

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
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Nongranulomatous

**Posner-Schlossman**

**HSV**

**Syphilis**

**Sarcoid**

**HLA-B27 dz (not IBD/PA)**

**Who is the typical ReA pt?**
- A white male age 16-40

**What are the classic nonocular complaints in ReA?**

**Acute**

**Bilateral**

**Chronic**

**Unilateral**

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**By what other name is ReA known?**
- Infection of either the GU or (more commonly) GI tract

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Granulomatous
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**What are the classic nonocular complaints in ReA?**
The triad of ____________ (note: not uveitis)

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Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Non-granulomatous

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
- Bilateral

Granulomatous uveitis is profiled. The profiled case is meshed, a differential diagnosis list is generated, studies are obtained to identify the etiology, and treatment appropriate for the etiology is initiated.

- Unilateral

- Bilateral

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**Acute**
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**What percent of ReA pts get uveitis?**
Only about 10%

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- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

Who is the typical ReA pt?
A white male age 16-40

What are the classic nonocular complaints in ReA?
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

What percent of ReA pts get uveitis?
Only about 10

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Acute Chronic Uveitis: Anterior

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Posner-Schlossman
HSV
Syphilis
Sarcoid

Trilateral
Bilateral

Acute

Chronic

HLA-B27 dz (not IBD/PA)

What is the other umbrella term for the HLA-B27 diseases?
The SNSAs

What are the four HLA-B27 conditions?
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

Who is the typical ReA pt?
A white male age 16-40

What are the classic nonocular complaints in ReA?
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

Which joints are classically affected in ReA?
-
Uveitis: *Anterior*

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous
  - Acute
  - Chronic

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- *Reactive arthritis (ReA)*
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, *arthritis* and conjunctivitis (note: not uveitis)

**Which joints are classically affected in ReA?**
- Knees
- Ankles
- Feet
- Wrist
- And of course, the _joint_
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Unilateral**
- Bilateral

**Acute**
- HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis

**Chronic**

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
--**Reactive arthritis (ReA)**
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, **arthritis** and conjunctivitis (note: *not* uveitis)

**Which joints are classically affected in ReA?**
--Knees
--Ankles
--Feet
--Wrists
--And of course, the **sacroiliac joint**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Acute**

- Unilateral
  - Posner-Schlossman
  - HSV
  - Syphilis
  - Sarcoid
- Bilateral
  - HLA-B27 dz (not IBD/PA)
  - Ankylosing spondylitis (AS)
  - Reactive arthritis (ReA)
  - Psoriatic arthritis (PA)
  - Inflammatory bowel disease (IBD)

**Chronic**

*Who is the typical ReA pt?*
A white male age 16-40

*What are the classic nonocular complaints in ReA?*
The triad of urethritis, *arthritides* and conjunctivitis (note: not uveitis)

*Which joints are classically affected in ReA?*
- Knees
- Ankles
- Feet
- Wrists
- And of course, the sacroiliac joint

*Note the predilection for lower-extremity joints—an important clue that you're dealing with ReA!*
Uveitis: **Anterior**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated

---

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

---

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

---

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

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**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- **Reactive arthritis (ReA)**
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---

**Who is the typical ReA pt?**
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---

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, **arthritis** and conjunctivitis (note: **not** uveitis)

---

**Which joints are classically affected in ReA?**
- Knees
- Ankles
- Feet
- Wrists
- And of course, the sacroiliac joint

---

**Is the arthritis typically symmetric, or asymmetric?**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
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- **Acute**
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

- **Chronic**
- Unilateral Bilateral

What is the other umbrella term for the HLA-B27 diseases? The **SNSAs**

What are the four HLA-B27 conditions?--Ankylosing spondylitis (AS)
--**Reactive arthritis (ReA)**
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

Who is the typical ReA pt?
A white male age 16-40

What are the classic nonocular complaints in ReA?
The triad of urethritis, *arthritis* and conjunctivitis (note: not uveitis)

Which joints are classically affected in ReA?
--Knees
--Ankles
--Feet
--Wrists
--And of course, the sacroiliac joint

Is the arthritis typically symmetric, or asymmetric?
Asymmetric
Uveitis: **Anterior**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- Sarcoid

Nongranulomatous

**Unilateral**
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

**Bilateral**
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

**Acute**

**Chronic**

---

**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

---

In addition to the triad, ReA is characterized by two classic skin findings, which are…?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

**Unilateral Bilateral**

**Granulomatous Nongranulomatous**

**Posner-Schlossman**

**HSV**

**Syphilis**

**Sarcoid**

**TB**

**Syphilis**

**Sarcoid**

**HLA-B27 dz (not IBD/PA)**

**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

**In addition to the triad, ReA is characterized by two classic skin findings, which are…?**
--Keratoderma blenorrhagicum
--Circinate balinitis

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

**By what other name is ReA known?**
 Reactive arthritis

**Why ‘reactive’? What are ReA pts reacting to?**
A bacterial infection of either the GU or (more commonly) GI tract

**In addition to the triad, ReA is characterized by two classic skin findings, which are…? Briefly, what are they?**
--Keratoderma blenorrhagicum: A scaly red rash of the palms and soles
--Circinate balinitis: A scaly red rash that encircles the distal aspect of the penis

A mucus membrane lesion is also common. What is it?
Oral ulcers
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

What is the other umbrella term for the HLA-B27 diseases? The SNSAs

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--Keratoderma blenorrhagicum:
--Circinate balinitis:
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

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**Posner-Schlossman**

- **HSV**
- **Syphilis**

- **Sarcoid**

- **SLA-B27 dz (not IBD/PA)**

**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, arthritis, and conjunctivitis (note: not uveitis)

---

**In addition to the triad, ReA is characterized by two classic skin findings, which are...? Briefly, what are they?**

- **Keratoderma blenorrhagicum**: A scaly red rash of the [place 1] and [place 2]
- **Circinate balinitis**
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**

---

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**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- **Reactive arthritis (ReA)**
- Psoriatic arthritis (PA)
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---

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- Circinate balinitis:
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

**Unilateral**
- Posner-Schlossman
- HSV
- Syphilis

**Bilateral**
- Sarcoid
- TB
- HLA-B27 dz (not IBD/PA)

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The **SNSAs**

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A bacterial infection of either the GU or (more commonly) GI tract
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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**Unilateral Bilateral**
- Granulomatous
- Nongranulomatous

**Posner-Schlossman**
- HSV
- Syphilis
- Sarcoid
- **TB**

**HLA-B27 dz (not IBD/PA)**
- Posner-Schlossman
- Sarcoid
- Syphilis

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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral
  - HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis

Chronic
- Bilateral

What are the four HLA-B27 conditions?
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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

Chronic
- Unilateral
- Bilateral

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

What are the four HLA-B27 conditions?
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A mucus membrane lesion is also common. What is it?
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Acute
  - Chronic

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
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A **mucus membrane lesion is also common. What is it?**
**Oral ulcers**
Uveitis: **Anterior**

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### Granulomatous
- TB
- Sarcoid

### Nongranulomatous

#### Acute
- Unilateral
- Bilateral
- HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Syphilis
  - Sarcoid

#### Chronic

**Reactive arthritis (ReA)**

### Who is the typical ReA pt?
A white male age 16-40

### What are the classic nonocular complaints in ReA?
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

### In addition to the triad, ReA is characterized by two classic skin findings, which are…? Briefly, what are they?

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### A mucus membrane lesion is also common. What is it?
**Oral ulcers**

### Are the oral ulcers painful, or painless?

---

**Note:**

- **SNSAs:** The other umbrella term for the HLA-B27 diseases
- **Four HLA-B27 conditions:**
  - Ankylosing spondylitis (AS)
  - Reactive arthritis (ReA)
  - Psoriatic arthritis (PA)
  - Inflammatory bowel disease (IBD)

---

**Why ‘reactive’? What are ReA pts reacting to?**
A bacterial infection of either the GU or (more commonly) GI tract

---

**Oral ulcers**
**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous
  - Acute
    - Bilateral
  - Chronic

### Differential Diagnosis
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

**Who is the typical ReA pt?**
A white male age 16-40

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- **Circinate balinitis**: A scaly red rash that encircles the distal aspect of the penis

A mucous membrane lesion is also common. What is it?
**Oral ulcers**

**Are the oral ulcers painful, or painless?** **Painless**

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)
**Uveitis: *Anterior***

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**
  - Posner-Schlossman
  - HSV
  - Syphilis
  - Sarcoid
  - HLA-B27 dz (not IBD/PA)

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Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Bilateral
  - HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis

**Chronic**

---

**Who is the typical ReA pt?**
A white male age 16-40

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The triad of urethritis, arthritis and conjunctivitis (note: **not** uveitis)

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What is the other umbrella term for the HLA-B27 diseases? **The SNSAs**

What are the four HLA-B27 conditions?
- Ankylosing spondylitis (AS)
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- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- UNILATERAL
- BILATERAL

Chronic

What is the other umbrella term for the HLA-B27 diseases? The SNSAs

What are the four HLA-B27 conditions?
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

What GU bugs are classically associated with ReA?
- 
- 

Which classic GU bug is not associated with ReA?
- Gonococcus

Why ‘reactive’? What are ReA pts reacting to?
- A bacterial infection of either the GU or (more commonly) GI tract

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- A white male age 16-40

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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Posner-Schlossman
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- Syphilis
- Sarcoid
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Which GU bugs are classically associated with ReA?
- Chlamydia
- Ureaplasma

Acute

Bilateral
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

Chronic

**Uveitis:**

1) The uveitis is profiled
2) The profiled case is meshed
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Unilateral Bilateral

Granulomatous

Nongranulomatous

Posner-Schlossman

HSV

Syphilis

Sarcoid

HLA-B27 dz (not IBD/PA)

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Uveitis: **Anterior**

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5. Treatment appropriate for the etiology is initiated

Granulomatus
- TB
- Sarcoid

Nongranulomatus
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

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Which GU bugs are classically associated with ReA?
- Chlamydia
- Ureaplasma

Which classic GU bug is **not** associated with ReA?
- Gonococcus

Why ‘reactive’? What are ReA patients reacting to?
A bacterial infection of either the **GU** tract (more commonly) GI tract

Unilateral

Bilateral

Acute

Chronic
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral
- Unilateral

Chronic
- Bilateral
- Unilateral

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-- Ankylosing spondylitis (AS)
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  -- Psoriatic arthritis (PA)
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Acute

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Nongranulomatous

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A white male age 16-40

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
- Bilateral

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

- Ankylosing spondylitis (AS)
- **Reactive arthritis (ReA)**
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

**What are the four HLA-B27 conditions?**

- Reactive arthritis (ReA)

**Who is the typical ReA pt?**
A white male age 16-40

**Which GI bugs are classically associated with ReA?**
- ---
- ---
- ---

**Why 'reactive'? What are ReA pts reacting to?**
A bacterial infection of either the GU or (more commonly) **GI tract**
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated

---

**Unilateral**
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid

**Bilateral**
- HLA-B27 dz (not IBD/PA)
- Ankylosing spondylitis (AS)
- Psoriatic arthritis (PA)
- Reactive arthritis (ReA)
- Inflammatory bowel disease (IBD)

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**Who is the typical ReA pt?**
A white male age 16-40

**What are the classic nonocular complaints in ReA?**
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

**Why 'reactive'? What are ReA pts reacting to?**
A bacterial infection of either the GU or (more commonly) GI tract

---

**Which GI bugs are classically associated with ReA?**
- Shigella
- Salmonella
- Yersinia

---

**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
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Uveitis: **Anterior**

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

**Acute**
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis

**Chronic**
- Posner-Schlossman
- Sarcoid
- Syphilis

**Unilateral**
- TB
- Sarcoid

**Bilateral**
- Granulomatous
- Nongranulomatous

---

**Who is the typical ReA pt?**
A white male age 16-40

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The SNSAs

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-- Ankylosing spondylitis (AS)
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**Yersinia pestis, the causative organism in plague?**
No, *Yersinia enterocolitica*, the causative organism in a diarrheal condition called yersiniosis
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Posner-Schlossman
  - HSV
  - Syphilis
  - Sarcoid
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### Granulomatous
- TB
- Sarcoid

### Nongranulomatous
- Acute
- Bilateral
- Chronic

- Unilateral
- Bilateral

### Differential Diagnosis
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

### Who is the typical ReA pt?
A white male age 16-40

### What are the classic nonocular complaints in ReA?
The triad of urethritis, arthritis and conjunctivitis (note: not uveitis)

### Why 'reactive'? What are ReA pts reacting to?
**A bacterial infection of either the GU or (more commonly) GI tract**

### Within what time period after the GI/GU infection does ReA typically declare itself?
In the vast majority of cases, within about one month
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
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The **SNSAs**

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- TB
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Acute
- Unilateral
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Chronic
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**What is the other umbrella term for the HLA-B27 diseases?**
The SNSAs

**What are the four HLA-B27 conditions?**
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)

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A white male age 16-40

**You suspect a uveitis pt has ReA. If you could order only one test, what should it be?**

**Why 'reactive'? What are ReA pts reacting to?**
A bacterial infection of either the GU or (more commonly) GI tract
**Uveitis: Anterior**

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- TB
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**Nongranulomatous**
- Acute
  - Bilateral
  - HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
- Chronic

What is the other umbrella term for the HLA-B27 diseases?
The **SNSAs**

What are the four HLA-B27 conditions?
--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
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--Inflammatory bowel disease (IBD)

Who is the typical ReA pt?
A white male age 16-40

You suspect a uveitis pt has ReA. If you could order only one test, what should it be? ReA is a clinical diagnosis. An HLA-B27 would be reasonable, but positivity would not make the diagnosis.

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- Bilateral

**Chronic**
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In the typical manner (ie, with topical steroids and cycloplegia). PO NSAIDs may reduce the risk of recurrence, and will suppress the systemic manifestations.

**Should antibiotics be given to treat the triggering infection?**
Probably only in the case of Chlamydia-induced disease

**Is Rheumatology referral important?**
Generally no. However, it is important to recognize that a subset of pts are at risk for debilitating sequelae similar to those of AS, and would benefit from Rheum input.

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

- Acute
- Chronic

**Unilateral**
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
- HLA-B27 dz (not IBD/PA)

**Bilateral**
- ReA
- Ankylosing spondylitis (AS)
- Psoriatic arthritis (PA)
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Nongranulomatous

Acute
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  - Acute
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Uveitis: **Anterior**

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5) Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral
- HLA-B27 dz (not IBD/PA)

Chronic
- Posner-Schlossman
- Sarcoid
- Syphilis

**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
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Generally no. However, it is important to recognize that a subset of pts are at risk for debilitating sequelae similar to those of AS, and would benefit from Rheum input.
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Bilateral
- HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
  - Sarcoid
  - Sulfasalazine

**Chronic**
- Bilateral
- Sulfasalazine

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**What is the other umbrella term for the HLA-B27 diseases?**
The **SNSAs**

**What are the four HLA-B27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

---

**Who is the typical ReA pt?**
- A white male age 16-40

**How is ReA uveitis managed?**
In the typical manner (ie, with topical steroids and cycloplegia). PO NSAIDs may reduce the risk of recurrence, and will suppress the systemic manifestations.

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Probably only in the case of Chlamydia-induced disease.

**Is Rheumatology referral required?**
Generally no. However, it is important to recognize that a subset of pts are at risk for debilitating sequelae similar to those of AS, and would benefit from Rheum input.
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

- Acute
  - Unilateral
  - Bilateral
    - HLA-B27 dz (not IBD/PA)
    - **Posner-Schlossman**
      - Sarcoid
      - Syphilis
      - HSV/VZV
      - TB

- **What is the noneponymous name for Posner-Schlossman?**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- What is the noneronymous name for Posner-Schlossman? Glaucomatocyclitic crisis

Acute
- Unilateral
  - HLA-B27 dz (not IBD/PA)
  - **Posner-Schlossman**
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

Bilateral
- Syphilis
- HSV
Acute Chronic Uveitis:

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Unilateral

Acute

- What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis

Who is the typical pt?

- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB

Bilateral

Syphilis

HSV
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Acute**
- What is the noneponymous name for Posner-Schlossman?
  - Glaucomatocyclitic crisis

- Who is the typical pt?
  - An adult age 20-50

**Unilateral**
- HLA-B27 dz (not IBD/PA)
  - **Posner-Schlossman**
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

**Bilateral**
- Syphilis
- HSV
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Acute**

**Unilateral**
- HLA-B27 dz (not IBD/PA)
- **Posner-Schlossman**
- Sarcoid
- Syphilis
- HSV/VZV
- TB

**Bilateral**

- What is the noneponymous name for Posner-Schlossman?
- Glaucomatocyclitic crisis

- Who is the typical pt?
- An adult age 20-50

- Does the inflammatory component tend to be mild, or severe?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**
- Acute
  - Unilateral
    - HLA-B27 dz (not IBD/PA)
    - Posner-Schlossman
  - Bilateral
    - Syphilis
    - HSV/VZV
    - TB

**What is the non-eponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
  - Unilateral
  - Bilateral
    - HLA-B27 dz (not IBD/PA)
    - **Posner-Schlossman**
      - Sarcoid
      - Syphilis
      - HSV/VZV
      - TB

**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
  - Unilateral
    - HLA-B27 dz (not IBD/PA)
    - **Posner-Schlossman**
      - Sarcoid
      - Syphilis
      - HSV/VZV
      - TB
  - Bilateral

**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe
Uveitis: **Anterior**

*Granulomatous*
- TB
- Sarcoid
- Syphilis
- HSV

*Nongranulomatous*

*Acute*
- Unilateral
  - HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB
- Bilateral

-What is the noneponymous name for Posner-Schlossman? Glaucomatocyclitic crisis

*Who is the typical pt?* An adult age 20-50

*Does the inflammatory component tend to be mild, or severe?* Mild

*Does the IOP elevation tend to be mild, or severe?* Severe

*How severe?*
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatous**
  - Acute
    - Unilateral
      - HLA-B27 dz (not IBD/PA)
      - **Posner-Schlossman**
        - Sarcoid
        - Syphilis
        - HSV/VZV
        - TB
    - Bilateral

**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**How severe?**
IOP in the 40-60 range is typical

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

- Acute
  - Unilateral
  - Bilateral
    - HLA-B27 dz (not IBD/PA)
    - **Posner-Schlossman**
      - Sarcoid
      - Syphilis
      - HSV/VZV
      - TB

**Acute**

- What is the noneponymous name for Posner-Schlossman?
  - Glaucomatocyclitic crisis

- Who is the typical pt?
  - An adult age 20-50

- Does the inflammatory component tend to be mild, or severe?
  - Mild

- Does the IOP elevation tend to be mild, or severe?
  - Severe

- Is the angle open, or closed?
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Acute**

**Unilateral**
- HLA-B27 dz (not IBD/PA)

**Bi**
- Posner-Schlossman
  - Sarcoid
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  - TB

**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

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- TB
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**Acute**
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    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

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Glaucomatocyclitic crisis

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An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to days

**Does the condition recur?**
Yes

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

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- TB
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**Acute**

Unilateral
- HLA-B27 dz (not IBD/PA)

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  - Sarcoid
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Bilateral

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Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to days

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    - TB

**Bilateral**

*What is the noneponymous name for Posner-Schlossman?*
- Glaucomatocyclitic crisis

*Who is the typical pt?*
- An adult age 20-50

*Does the inflammatory component tend to be mild, or severe?*
- Mild

*Does the IOP elevation tend to be mild, or severe?*
- Severe

*Is the angle open, or closed?*
- Open

*How long do the crises last?*
- Hours to days

*Do they recur?*
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
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- HSV

Nongranulomatous
- Acute
  - Unilateral
  - Bilateral
    - HLA-B27 dz (not IBD/PA)
    - **Posner-Schlossman**
      - Sarcoid
      - Syphilis
      - HSV/VZV
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- What is the noneponymous name for **Posner-Schlossman**?
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- Who is the typical pt?
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- Does the inflammatory component tend to be mild, or severe?
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- Does the IOP elevation tend to be mild, or severe?
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- How long do the crises last?
  - Hours to days

- Do they recur?
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Uveitis: **Anterior**

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- HSV

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- What are the presenting complaints in Posner-Schlossman?
  - Unilateral discomfort
  - Blurred vision
  - Haloes around lights
Uveitis: **Anterior**

Granulomatous
- TB
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**Acute**

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**Bilateral**

1. The uveitis is profiled
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**What is the cause of the blurred vision/haloes?**
Corneal edema secondary to the high IOP
Uveitis: **Anterior**

**Granulomatous**
- TB
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- HSV

**Nongranulomatous**

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- How long do the crises last?
  - Hours to days
- Do they recur?
  - Yes

**Does the eye tend to be red and angry?**
Uveitis: **Anterior**

**Granulomatous**
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**Nongranulomatous**

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- Is the angle open, or closed?
  - Open

- How long do the crises last?
  - Hours to days

- Do they recur?
  - Yes

- Does the eye tend to be **red and angry**?
  - No, it is usually **white and quiet**
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
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Open

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**What is the etiology of Posner-Schlossman?**

- Uncertain; however, there is some evidence it is secondary to infection with CMV
**Uveitis: Anterior**

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Yes
The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition—what is it?

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<td>KP, Krukenberg spindle</td>
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<td>AC findings</td>
<td></td>
<td>Pigment</td>
</tr>
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<td>Gonioscopic findings</td>
<td></td>
<td>May have 'KP', Heavy TM pigment; +/- Sampaolesi line</td>
</tr>
<tr>
<td>Iris findings</td>
<td></td>
<td>None, Radial TID; concave bowing</td>
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<tr>
<td>Lens findings</td>
<td></td>
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Do they tend to be low myopes, or high myopes?
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- Is the angle open, or closed? **Open**
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*What is a Krukenberg spindle?*

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*What is a Krukenberg spindle?*
A vertical distribution of pigment on the endothelial surface of the cornea.

*Is the angle open, or closed?*
Open

*How long do the crises last?*
Hours to days

*Do they recur?*
Yes
The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition—what is it? **Pigment dispersion syndrome.** So let's compare/contrast them:

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What is a Krukenberg spindle?  
A vertical distribution of pigment on the endothelial surface of the cornea.

What is the source of this pigment?

Is the angle open, or closed?  
Open

How long do the crises last?  
Hours to days

Do they recur?  
Yes

- What is the noneponymous name for Posner-Schlossman?  
  Glaucomatocyclitic crisis

- Who is the typical pt?  
  An adult age 20-50

- Does the inflammatory component tend to be mild, or severe?  
  Mild

- Does the IOP elevation tend to be mild, or severe?  
  Severe

- Is the angle open, or closed?  
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- How long do the crises last?  
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It is liberated from the posterior aspect of the iris by the rubbing of the zonules.

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What is a Krukenberg spindle?
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What is the source of this pigment?
It is liberated from the posterior aspect of the iris by the rubbing of the zonules.

What factors account for the location and shape of the K spindle?

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*What factors account for the location and shape of the K spindle?*
Convection currents within the anterior chamber funnel pigment into this area

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- **Uveitis** is profiled.
- The profiled case is meshed.
- A differential diagnosis list is generated.
- Studies are obtained to identify the etiology.
- Treatment appropriate for the etiology is initiated.
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What is a Sampaolesi line? A scalloped line of pigment present anterior (ie, ‘above’ on gonioscopy) to Schwalbe’s line in the angle.

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*What mechanism is responsible for the radial iris TID in PDS?*

- Is the angle open, or closed? Open
- How long do the crises last? Hours to days
- Do they recur? Yes

**Uveitis:**
- Anterior
- Unilateral Bilateral
- Granulomatous Nongranulomatous

**Posner-Schlossman**
- HSV
- Syphilis
- Sarcoid
- TB
- -What is the nonenonymous name for Posner-Schlossman?
- Glaucomatocyclitic crisis

Who is the typical pt?
- An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
- Mild

Does the IOP elevation tend to be mild, or severe?
- Severe

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...and there's more:

**Pigment dispersion syndrome**

What is the eponymous name for Posner-Schlossman? **Glaucomatocyclitic crisis**

Who is the typical pt? An adult age 20-50

Does the inflammatory component tend to be mild, or severe? **Mild**

Does the IOP elevation tend to be mild, or severe? **Severe**

Is the angle open, or closed? **Open**

How long do the crises last? **Hours to days**

Do they recur? **Yes**

**Scheie stripe**

A linear accumulation of pigment on the lens capsule

Where on the capsule is a Scheie stripe found? On the posterior capsule, where the zonular fibers attach

Is this finding pathognomonic for PDS? **Yes**
The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? **Pigment dispersion syndrome.** So let’s compare/contrast them:

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**What is a Scheie stripe?**
A linear accumulation of pigment on the lens capsule

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to days

**Do they recur?**
Yes

**Scheie stripe**
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What is a Scheie stripe? A linear accumulation of pigment on the lens capsule

Where on the capsule is a Scheie stripe found? On the posterior capsule, where the zonular fibers attach

Is this finding pathognomonic for PDS? Yes

What is the other, less-well-known eponymous name for this finding (worth mentioning mainly because the BCSC Glaucoma book uses it instead of the more common Scheie’s stripe)? **Scheie stripe**

Is the angle open, or closed? Open

How long do the crises last? Hours to days

Do they recur? Yes
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**What is the other, less-well-known eponymous name for this finding (worth mentioning mainly because the BCSC Glaucoma book uses it instead of the more common Scheie’s stripe)?**
Zentmayer line

**What is the Scheie stripe?**
A linear accumulation of pigment on the lens capsule

**Where on the capsule is the Scheie stripe found?**
On the posterior capsule, where the zonular fibers attach

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to days

**Do they recur?**
Yes

---

**TB**
**Syphilis**
**HSV/VZV**
**Acute Chronic**

**Uveitis:**
- Anterior
- Unilateral Bilateral
- Granulomatous
- Nongranulomatous
- Posner-Schlossman

**-What is the noneponymous name for Posner-Schlossman?**
**Glaucomatocyclitic crisis**

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to days

**Do they recur?**
Yes
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

---
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- Nongranulomatous
  - Acute
    - Unilateral
      - HLA-B27 dz
      - Posner-Schlossman
      - Sarcoid
      - Syphilis
      - HSV/VZV
    - Bilateral
      - TB

Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

- A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
- Bilateral

Chronic

Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?
--A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
--The nature of the exam finding
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Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

-- A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
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Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

-- A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
-- The nature of the KPs
-- Significantly elevated vs depressed IOP

Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

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Uveitis: **Anterior**

- **Granulomatosus**
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatosus**
  - **Acute**
    - Unilateral
      - HLA-B27 dz
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      - HSV/VZV
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--A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
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--Significantly elevated IOP
--The presence of iris atrophy
Once acquired, VZV takes up residency in nerve-cell bodies. What sort of nerve does it ‘prefer’?

- Sensory
- Which division of the trigeminal nerve is sensory to the eye?
  - The ophthalmic (V1)
- What are the three branches of the ophthalmic nerve/division?
  - The nasociliary, frontal and lacrimal nerves
- Which branch is sensory to the eye?
  - The nasociliary nerve
- Which branch of the nasociliary is sensory to the eye?
  - The long ciliary nerve
- What structures are innervated by the remaining branches of the nasociliary nerve?
  - The ethmoid sinuses, and the skin of the nose

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*Which division of the trigeminal nerve is sensory to the eye?*

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Ophthalmic division branches: NFL:
Nasociliary
Frontal
Lacrimal

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The fact that there is a long ciliary nerve implies that there is/are short ciliary nerves. What do the short ciliary nerves carry?

Syphilis

HSV/VZV

TB

Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?
--A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
--The nature of the KPs
--Significantly elevated IOP
--The presence of iris atrophy
Once acquired, VZV takes up residency in nerve-cell bodies. What sort of nerve does it ‘prefer’?
Sensory

Which division of the trigeminal nerve is sensory to the eye?
The ophthalmic (V₁)

What are the three branches of the ophthalmic nerve/division?
The nasociliary, frontal and lacrimal nerves

Which branch is sensory to the eye?
The nasociliary nerve

Which branch of the nasociliary is sensory to the eye?
The long ciliary nerve

The fact that there is a long ciliary nerve implies that there is/are short ciliary nerves. What do the short ciliary nerves carry?
Postganglionic sympathetic and parasympathetic fibers

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Syphilis

HSV/VZV

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In this context, what is Hutchinson’s sign?

In this context, what clues that a uveitis is HSV/VZV. What are they?

For vesicular skin eruption (VZV)

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A vesicular lesion located at the lateral aspect of the tip of the nose

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What is the significance of Hutchinson’s sign with regard to anterior uveitis?

Syphilis
HSV/VZV

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What is the significance of Hutchinson’s sign with regard to anterior uveitis?
It indicates the ‘naso-’ portion of the nasociliary nerve is involved in a VZV eruption, which raises the strong possibility the ‘-ciliary’ portion (and therefore the eye) is as well
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

- A **hx of dendritic epitheliopathy (HSV)**, or vesicular skin eruption (VZV)
- The nature of the KPs
- Significantly elevated IOP
- Iris atrophy

**Rule of thumb:** *In a pt with a hx of herpetic epitheliopathy, anterior uveitis is herpetic until proven otherwise!*
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

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- The presence of iris atrophy

How do KP typically present in HSV/VZV anterior uveitis?

- Size:
- Distribution:
- Shape:
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Acute**
- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

**Chronic**
- TB

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**Four aspects of the presentation provide clues that a uveitis is HSV/VZV.**

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**How do KP typically present in HSV/VZV anterior uveitis?**

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- **Size:** Small
- **Distribution:** Diffuse
- **Shape:** Stellate

---

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid
- Syphilis

Nongranulomatous

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How do KP typically present in HSV/VZV anterior uveitis?
-- Size: Small
-- Distribution: Diffuse
-- Shape: Stellate

Remember: Herpetic uveitis can present in granulomatous fashion, but is more likely to present nongranulomatously.
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

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How do KP typically present in HSV/VZV anterior uveitis?

- Size: Small
- Distribution: Diffuse
- Shape: Stellate

Rather than small, what word is frequently used to describe KP this size?

- 'Fine'
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

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- Size: Small
- Distribution: Diffuse
- Shape: Stellate

The DDx for stellate KP consist of four entities, two of which are HSV and VZV. What are the other two?
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**Uveitis: Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
- Chronic

Unilateral
- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB

Bilateral

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The DDx for stellate KP consist of four entities, two of which are HSV and VZV. What are the other two?
**Fuch’s heterochromic iridocyclitis** (very likely) and **toxoplasmosis** (much less likely)
Uveitis: **Anterior**

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- TB
- Sarcoid
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  - Syphilis
  - HSV/VZV

**Chronic**
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---

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- A hx of dendritic epitheliopathy (HSV)
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Most anterior uveitides are associated with **lower-than-normal IOP**. What is the mechanism behind this phenomenon?

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Cilary-body hyposecretion

Trabeculitis (ie, inflammation of the trabecular meshwork)

Pressures as high as 60 have been reported
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

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**Acute**
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
- Bilateral

**Chronic**

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What is the mechanism behind the elevated IOP associated with HSV/VZV uveitis?

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How high can the IOP get in HSV/VZV anterior uveitis?

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Bilateral
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    - HSV/VZV

- **Chronic**

As noted previously, P-S syndrome is also associated with very high IOP. Is there a connection between P-S syndrome and HSV/VZV?

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Nongranulomatous
- Acute
- Chronic

Unilateral
- HLA B27 dz
- Posner-Schlossman
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- Syphilis
- HSV/VZV

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How high can the IOP get in HSV/VZV anterior uveitis?
- Pressures as high as 60 have been reported.

As noted previously, P-S syndrome is also associated with very high IOP. Is there a connection between P-S syndrome and HSV/VZV? Indeed there is! Recall that P-S syndrome is felt to be secondary to CMV infection. And like HSV and VZV, CMV is also a member of the Herpesevirus family.

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  - Syphilis
  - HSV
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      - Posner-Schlossman
      - Sarcoid
      - Syphilis
      - HSV/VZV
    - Bilateral
      - Herpes
      - Tuberculosis
      - Syphilis
      - Posner-Schlossman
- Chronic

**Four aspects of the presentation provide clues that a uveitis is HSV/VZV.**

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**What is the pathogenesis of iris atrophy in HSV/VZV uveitis?**

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  - Syphilis
  - HSV/VZV

Bilateral

Chronic

Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?
-- A history of dendritic epitheliopathy (HSV)
-- The nature of the keratic precipitates (KPs)
-- Significantly elevated intraocular pressure (IOP)
-- The presence of iris atrophy

What is the pathogenesis of iris atrophy in HSV/VZV uveitis?
Occlusive vasculitis
Uveitis: **Anterior**

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- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
- Chronic
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What is the pathogenesis of iris atrophy in HSV/VZV uveitis?
- Occlusive vasculitis

What pattern of iris atrophy is typically seen in...
- HSV iritis?
- VZV iritis?
Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?

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--The presence of iris atrophy

What is the pathogenesis of iris atrophy in HSV/VZV uveitis? Occlusive vasculitis

What pattern of iris atrophy is typically seen in...

--HSV iritis? ‘Diffuse’
--VZV iritis? ‘Sectoral’