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*

Key distinction

*(not uni- vs bilateral)*

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**

- The 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

**Granulomatous**  **Nongranulomatous**

**Key distinction**

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

- Granulomatous
- Nongranulomatous

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**

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
- Nongranulomatous

**Histologically speaking, what makes an inflammatory condition ‘granulomatous’?**

The presence of **epithelioid** and **giant** cells
Uveitis: *Anterior*

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’?*

The presence of **epithelioid** and **giant** cells

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

---

*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
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?*
Uveitis: *Anterior*

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’?**
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’
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?
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

- The 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

### 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

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: \textit{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

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**

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

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

Each of these conditions will be covered in detail elsewhere
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV
- VKH

Nongranulomatous
- Toxoplasmosis
- Lyme

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

Panuveitis (with one exception)

Intermediate uveitis

Posterior 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*

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

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 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*

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV
- Nongranulomatous
  - ?
  - ?

- 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
  - Chronic

**Key distinction**
Uveitis: *Anterior*

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

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

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**
Uveitis: **Anterior**

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

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

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

**Chronic**
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
- Syphilis
- HSV

Nongranulomatous

Acute

Bilateral

- HLA-B27 dz
- Posner-Schlossman

Unilateral

- Sarcoid
- Syphilis
- HSV/VZV
- TB

Not an error!
Acute Chronic Uveitis: \textbf{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**

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

- Bilateral
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

**Chronic**
- Sarcoid
- Syphilis
- TB

Not an error!

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

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:

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

Chronic
- Sarcoid
- Syphilis
- TB

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

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

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

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

aka...

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Bilateral
- 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**

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

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute

Bilateral

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

The **SNSAs**

What does SNSA stand for in this context?

Seronegative spondyloarthropathies

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

- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB

Questions:
- What is the other umbrella term for the HLA-B27 diseases?
- The **SNSAs**
- What does SNSA stand for in this context?
- Seronegative spondyloarthropathies
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
  - Bilateral

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

The SNSAs

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

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

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
  - Bilateral
  - 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
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 aka...the SNSAs

- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB
**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)?

**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

### Non-granulomatous
- Acute
  - Unilateral
  - Bilateral
    - 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.
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**
- Bilateral
  - HLA-B27 dz (aka... the SNSAs)
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - HSV/VZV
    - TB

**Chronic**
- Bilateral
  - IBD/PA

---

*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

Bilateral

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. 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.
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?**
-- 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
- 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?**
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)

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**
- HSV
- Syphilis
- Sarcoid
- HSV/VZV

**Chronic**
- Bilateral
- Unilateral

---

**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)

---

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

---

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

  **Chronic**

  **Bilateral**
  - Granulomatous
  - 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
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)

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?
**Uveitis: Anterior**

### Granulomatous
- TB
- Sarcoid

### Nongranulomatous

#### Acute
- HSV/VZV
- Syphilis

#### Chronic
- Posner-Schlossman

**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

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**
- Which can present with skin changes? **All of them**

Bearing this caveat in mind, we will now address AS and ReA in detail.
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

Chronic

Bilateral

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

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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
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

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

Chronic
  Bilateral
  Syphilis

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

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)
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--Inflammatory bowel disease (IBD)
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
  - Unilateral
  - Bilateral

1) The uveitis is profiled
2) The profiled case is meshed
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Posner-Schlossman

HSV
Syphilis
Sarcoid
TB
Sarcoid

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

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

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

**Chronic**
- Unilateral
- Bilateral

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

Does this mean African-Americans, Asian-Americans, etc, don’t get AS?
No, they do--just at significantly lower rates

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**
    - Unilateral
    - Bilateral

**Questions**

- **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 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.

**For the patient with an anterior 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**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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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.

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Uveitis: Anterior

Granulomatous
- TB
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Nongranulomatous

1) The uveitis is profiled
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Acute
- Unilateral
- Bilateral

Chronic

Granulomatous
- TB
- Sarcoid

What is the typical AS pt?
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What is the classic nonocular complaint in AS?

What is the other umbrella term for the HLA-B27 diseases?
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- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)

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

2 - 6 weeks

1) worse in the morning, and 2) improves with exertion/movement
**Uveitis: Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

  **Acute**

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

  **Chronic**

  - Unilateral
  - Bilateral

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

**What is the classic nonocular complaint in AS?**

- pain/stiffness

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

- Chronic
  - Nongranulomatous

---

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

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

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous

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

- Chronic
- Bilateral

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Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

  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

**Acute**
- Unilateral
- Bilateral

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

**Chronic**
- Bilateral

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The **SNSAs**

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- Inflammatory bowel disease (IBD)
**Uveitis: ** *Anterior*

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

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

  **Chronic**
  - Bilateral
  - Unilateral

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**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** exam finding.
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

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

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Uveitis: **Anterior**

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- Granulomatous
  - TB
  - Sarcoid

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

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

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

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2. The profiled case is meshed
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Granulomatous
- TB
- Sarcoid

Nongranulomatous

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**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?

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

Bilateral
- Sarcoid
- TB

Chronic
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

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

- Chronic
  - Unilateral

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The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

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

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

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

- **Acute**
  - Unilateral
  - Bilateral
  - 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**

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**Who is the typical AS pt?**

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**What is the classic nonocular complaint in AS?**

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**What is the classic uveitis presentation in an AS pt?**

The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

**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?**

The **SNSAs**

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

- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
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**How long do the uveitic episodes last?**

2 - 6 weeks
**Uveitis: Anterior**

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

- **Acute**
  - Unilateral
  - Bilateral
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  - Sarcoid
  - Syphilis

- **Chronic**

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Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

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**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid

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

---

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

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Yes

**Can it ‘recur’ in the fellow eye?**
Yes

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

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)
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--Psoriatic arthritis (PA)
--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

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

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

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

Unilateral Bilateral
Granulomatous Nongranulomatous
- TB
- Sarcoid

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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- 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

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

What is the classic nonocular complaint in AS?
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The sudden onset of a painful unilateral nongranulomatous iritis, often with a hypopyon

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

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

- **Chronic**
  - Bilateral

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Unilateral
- Bilateral

**What is the classic uveitis presentation in an AS pt?**
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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

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

1. The uveitis is profiled
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Granulomatous
- TB
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Nongranulomatous

Acute
- Bilateral
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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

What is the classic finding on sacroiliac plain films?
‘Bamboo spine’
Acute 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
TB
Syphilis
Sarcoid

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--Ankylosing spondylitis (AS)
--Reactive arthritis (ReA)
--Psoriatic arthritis
--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.
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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**Acute Chronic**

**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Posner-Schlossman
  - HSV

- Others
  - 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 (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? **No!**

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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

**Unilateral Bilateral**

**Acute**

- HLA-B27 dz (not IBD/PA)

**Chronic**

- Posner-Schlossman

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Posner-Schlossman

HSV

Syphilis

Sarcoid

TB

Acute

Bilateral

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

Chronic

Bilateral

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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),
2) Refer the pt to Rheumatology to address their systemic condition

Why is Rheumatology referral so important?
Because prompt intervention can dramatically slow disease progression, and may even prevent the occurrence of the debilitating/crippling long-term sequelae.

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The SNSAs

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Uveitis: **Anterior**

### Anterior Uveitis

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#### Granulomatous
- TB
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- HSV
- Syphilis
- Sarcoid
- TB

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- TB
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**Nongranulomatous**

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

**Acute**

- Unilateral
- Bilateral

**Chronic**

- Unilateral
- Bilateral

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

**SNSAs**

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The **SNSAs**

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Acute Chronic

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Unilateral Bilateral

Acute

Posner-Schlossman

HSV

Syphilis

Sarcoid

TB

Chronic

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2 - 6 weeks
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Granulomatous
- TB
- Sarcoid

Non-granulomatous

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The **SNSAs**

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Pseudarthrosis
Inflammation

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NSAIDs

Is more aggressive immunomodulation/suppression sometimes needed?
Yes

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Unilateral Bilateral

Granulomatous
- TB
- Sarcoid

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

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Sarcoid

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

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

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Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous

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

**Chronic**

- Unilateral

**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

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

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- TB
- Sarcoid

Nongranulomatous

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

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

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Acute Chronic

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Unilateral Bilateral

Acute

Granulomatous

Nongranulomatous

Bilateral

Acute

Posner-Schlossman

HSV

Syphilis

Sarcoid

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bacterial infection of either the GU or (more commonly) GI tract

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

No, they do--just at significantly lower rates

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Nongranulomatous

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

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

What is the male:female ratio for ReA?

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

Acute Bilateral

Chronic Bilateral
- Sarcoid
- Syphilis

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

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Unilateral Bilateral

Granulomatous
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- TB

Nongranulomatous
- HLA-B27 dz (not IBD/PA)
- Psoriatic arthritis (PA)
- Reactive arthritis (ReA)
- Ankylosing spondylitis (AS)
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Who is the typical ReA pt?
A white male age 16-40

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- Inflammatory bowel disease (IBD)

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

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**Granulomatous**
- TB
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**Nongranulomatous**

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

**Chronic**

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

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

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

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

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- TB
- Sarcoid

**Nongranulomatous**
- Acute
- Chronic

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

**Bilateral**

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  - TB
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### Bilateral
- Unilateral

- Granulomatous
  - Posner-Schlossman

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

### Acute

### 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)*

**What is the well-known mnemonic for remembering the classic triad in ReA?**

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- **Granulomatous**
  - TB
  - Sarcoid

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  - HLA-B27 dz (not IBD/PA)
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  - Sarcoid
  - Sypilias

**Unilateral Bilateral**

**Acute**

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**What is the well-known mnemonic for remembering the classic triad in ReA?**
Can’t see, can’t pee, can’t climb a tree’
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**

*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)

*What percent of ReA pts get uveitis?*
- Only about 10%
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

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

- **Chronic**
  - Bilateral
  - Spondyloarthropathy

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Acute Chronic Uveitis:

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Unilateral Bilateral

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

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Which joints are classically affected in ReA?
Acute Chronic

Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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Unilateral Bilateral

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

Non-granulomatous

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

Chronic

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

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Acute

Unilateral Bilateral

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- Syphilis

Nongranulomatous

Bilateral

Chronic
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- 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!
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- Feet
- Wrists
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Is the arthritis typically symmetric, or asymmetric?
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous

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**Unilateral**

- Posner-Schlossman
- HSV
- Syphilis
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  - Ankles
  - Feet
  - Wrists
  - And of course, the sacroiliac joint

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

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**Unilateral Bilateral**

- Granulomatous
  - TB
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- Nongranulomatous

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

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

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---

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The **SNSAs**

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- TB
- Sarcoid

Nongranulomatous

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

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- Circinate balinitis
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- Granulomatous
  - TB
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---**Bilateral**
---**Chronic**

---**Unilateral**
---**Granulomatous**
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---Posner-Schlossman
---Sarcoid
---Sypilias

---**In addition to the triad, ReA is characterized by two classic skin findings, which are…? Briefly, what are they?**
---Keratoderma blenorrhagicum:
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Uveitis: **Anterior**

- Acute
  - Bilateral
  - Nongranulomatous
    - Syphilis
    - Sarcoid
  - Granulomatous
    - TB
    - HLA-B27 dz (not IBD/PA)

- Chronic
  - Bilateral
  - Nongranulomatous
    - Posner-Schlossman
    - Sarcoid
  - Granulomatous

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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

Nongranulomatous

Acute
- HLA-B27 dz (not IBD/PA)
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- Sarcoid
- Syphilitis

Chronic

Bilateral

Unilateral

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  - TB
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  - HSV
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---
Acute Chronic

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Unilateral Bilateral

Granulomatous
- TB
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Uveitis: \textit{Anterior}

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**Unilateral Bilateral**

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

- **Nongranulomatous**
  - \textbf{Acute}
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\textit{A mucus membrane lesion is also common. What is it?}
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**Unilateral**
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**Bilateral**
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**Acute**

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A **mucus membrane lesion is also common. What is it?**
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---

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

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

---

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  - Acute
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- TB
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**Acute**
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  - Posner-Schlossman
  - Sarcoid
  - Sjogren's

**Chronic**
- Unilateral
- Bilateral

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Granulomatous:
- TB
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Nongranulomatous:

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- Unilateral
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- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Syphilitic

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Unilateral Bilateral
Granulomatous Nongranulomatous
- TB
- Sarcoid

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What are the typical GU bugs associated with ReA?

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Which classic GU bug is not associated with ReA?
Gonococcus

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

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Uveitis: **Anterior**

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  - TB
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  - **Bilateral**
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  - Posner-Schlossman
  - Sarcoid
  - Sulfasalazine

- **Chronic**

  - **Bilateral**

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

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- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
- Sjögren's syndrome

**Chronic**

**Unilateral Bilateral**
- 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

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

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

**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**

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
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- Inflammatory bowel disease (IBD)
Acute Chronic Uveitis:

- Anterior
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Granulomatous
- TB
- Sarcoid

Nongranulomatous

- Unilateral
- Bilateral

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- 
-
Uveitis: **Anterior**

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- TB
- Sarcoid

**Nongranulomatous**

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**Unilateral**
- Bilateral

**Acute**
- Chronic

- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid

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The **SNSAs**

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute

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

Bilateral

Chronic

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

Which GI bugs?
- Shigella
- Salmonella
- Yersinia

Yersinia pestis, the causative organism in plague?
Uveitis: **Anterior**

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Unilateral

Granulomatous
- Posner-Schlossman
- HSV
- Syphilis

Nongranulomatous
- Sarcoid
- TB
- Syphilis

Acute

Chronic

Bilateral

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

**Yersinia pestis, the causative organism in plague?**
No, *Yersinia enterocolitica*, the causative organism in a diarrheal condition called *yersiniosis*

**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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- Inflammatory bowel disease (IBD)

**Yersinia pestis**, the causative organism in plague? No, **Yersinia enterocolitica**, the causative organism in a diarrheal condition called *yersiniosis*
Uveitis: **Anterior**

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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

**Chronic**
- Bilateral

---

**Unilateral Bilateral**
- Granulomatous
- Nongranulomatous

---

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

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

- Chronic
  - Bilateral

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

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Acute Chronic Uveitis:

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Unilateral Bilateral

Granulomatous

- TB
- Sarcoid

Nongranulomatous

- Acute
- Chronic

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The SNSAs

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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?

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

Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

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Unilateral Bilateral

Granulomatous
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid

Nongranulomatous
- Acute
- Chronic
- Bilateral
- HLA-B27 dz (not IBD/PA)
- Psoriatic arthritis (PA)
- Reactive arthritis (ReA)
- Ankylosing spondylitis (AS)
- Sarcoid
- Syphilis

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.

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

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

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  - TB
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- Nongranulomatous
  - Acute
  - Bilateral
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    - Syphilis
    - Sarcoid
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  - Chronic
  - Bilateral

\textbf{What is the other umbrella term for the HLA-B27 diseases?}
The \textbf{SNSAs}

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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.

\textbf{Should antibiotics be given to treat the triggering infection?}
- Probably only in the case of \textit{Chlamydia}-induced disease

\textbf{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.

\textbf{What is the other umbrella term for the HLA-B27 diseases?}
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--Psoriatic arthritis (PA)
--Inflammatory bowel disease (IBD)
Acute Chronic

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

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

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

Unilateral Bilateral

Acute

Bilateral

HLAG-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
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### Acute

- **Granulomatous**
  - TB
  - Sarcoid

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

### Chronic

- **Acute**
  - Unilateral
  - Bilateral

- **Chronic**
  - Unilateral
  - Bilateral

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A white male age 16-40

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Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Bilateral
- Non-IBD/PA
- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Synovitis

Chronic
- Unilateral
- Bilateral

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- TB
- Sarcoid

Nongranulomatous
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid
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Acute Chronic

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- TB
- Sarcoid

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--Inflammatory bowel disease (IBD)

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
- Bilateral

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

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A white male age 16-40

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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

Unilateral Bilateral

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

- What is the nonpneumonous name for Posner-Schlossman?

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

Bilateral
- Syphilis
- HSV
- TB
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

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

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

Bilateral
Uveitis: *Anterior*

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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

- 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

Is the angle open, or closed?
Open

How long do the crises last?
Hours to days

Do they 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**

- **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

Who is the typical pt?
An adult age 20-50
Acute Chronic Uveitis: Anterior

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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
      - Sarcoid
      - Syphilis
      - HSV/VZV
      - TB

    - **Bilateral**

- **Glaucomatocyclitic crisis**

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

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

  - **What is the noneponymous name for Posner-Schlossman?**
    - Glaucomatocyclitic crisis
Acute Chronic Uveitis: Anterior

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Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV
- Nongranulomatous
  - Unilateral
    - HLA-B27 dz (not IBD/PA)
  - Bilateral
  - 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?

- Bilateral
  - Syphilis
  - HSV/VZV
  - TB
Acute Chronic Uveitis:

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Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

- What is the nonponymous name for Posner-Schlossman?
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Acute

- Who is the typical pt?
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Unilateral
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
  - Sarcoid
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Bilateral
- Syphilis
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  - TB
  - Sarcoid
  - Syphilis
  - HSV

- Nongranulomatous

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

  - Bilateral

**Acute**

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- 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**

**Acute**

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

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

**Is the angle open, or closed?**
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
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Bilateral
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- HSV
- TB

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- Mild

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

Is the angle open, or closed?
- Open
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3) A differential diagnosis list is generated
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Unilateral Bilateral

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- Sarcoid
- Syphilis
- HSV

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- Severe

Is the angle open, or closed?
- Open

How long do the crises last?
- Hours to days

Does they recur?
- Yes

HLA-B27 dz (not IBD/PA)

Syphilis

HSV/VZV

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

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**What is the cause of the blurred vision/haloes?**
Corneal edema secondary to the high IOP

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Hours to days

**Do they recur?**
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**Does the eye tend to be red and angry?**
No, it is usually white and quiet

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- **Is the angle open, or closed?**
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- **How long do the crises last?**
  - Hours to days

- **Does it recur?**
  - Yes

- **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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- **Bilateral**

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What is the etiology of Posner-Schlossman? Uncertain; however, there is some evidence it is secondary to infection with CMV
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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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

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- TB
- Sarcoid
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**Nongranulomatous**

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    - Syphilis
    - HSV/VZV
    - TB

Bilateral
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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<td></td>
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- **Is the angle open, or closed?** Open
- **How long do the crises last?** Hours to days
- **Do they recur?** Yes

- What is the non-epithelial 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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- **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?
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**Characteristics**

- **Posner-Schlossman**
  - Gender predilection: None
  - Refractive status: No tendency
  - Precipitating factors: None

- **Pigment Dispersion**
  - Gender predilection: Male
  - Refractive status: Myopic
  - Precipitating factors: Exercise; emotional event

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**What is a Krukenberg spindle?**

- A vertical distribution of pigment on the endothelial surface of the cornea.
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**What is a Sampaolesi line?**

*Is the angle open, or closed?*  
Open

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

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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.

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

- **Male**
- **Myopic**
- **Exercise; emotional event**
- **Krukenberg spindle**
- **Pigment**
- **Radial TID**
- **Open**
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Mechanical rubbing of zonules against the posterior aspect of the iris (note how this is facilitated by the posterior bowing of the iris)

Is the angle open, or closed? Open

How long do the crises last? Hours to days

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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
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- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
- **Nongranulomatous**
  - **Acute**
  - **Chronic**
  - Unilateral
    - HLA-B27 dz
    - Posner-Schlossman
    - Sarcoid
    - Syphilis
    - **HSV/VZV**
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Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?
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- A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
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--A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- Nongranulomatous
  - Acute
  - 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

Unilateral Bilateral

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

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-- The nature of the exam finding (Abb.)
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**Nongranulomatous**

**Acute**

- Unilateral
  - HLA-B27 dz
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  - TB

- Bilateral

**Chronic**

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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
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Syphilis
HSV/VZV

Acute Chronic

Uveitis: Anterior

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Acute
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HSV/VZV

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Ophthalmic division branches: \textbf{NFL:}
\begin{itemize}
  \item Nasociliary
  \item Frontal
  \item Lacrimal
\end{itemize}

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**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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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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In this context, what is Hutchinson's sign?

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

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

Syphilis

HSV/VZV

Inflammations that a uveitis is HSV/VZV. What are they?

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Rule of thumb: In a pt with a history of herpetic epitheliopathy, anterior uveitis is herpetic until proven otherwise!
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How do KP typically present in HSV/VZV anterior uveitis?

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

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV
- Nongranulomatous
  - Acute
  - Chronic
    - Unilateral
      - HLA-B27 dz
      - Posner-Schlossman
      - Sarcoid
      - Syphilis
      - HSV/VZV
    - Bilateral
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**How do KP typically present in HSV/VZV anterior uveitis?**
- Size: **Small**
- Distribution: **Diffuse**
- Shape: **Stellate**
Uveitis: **Anterior**

### Granulomatous
- TB
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#### Acute
- HSV/VZV

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- HLA-B27 dz
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- HSV/VZV
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**Remember:** Herpetic uveitis can present in granulomatous fashion, but is more likely to present nongranulomatosely.

---

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

- Size:
  - Small

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

- Size: Small
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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?
Uveitis: **Anterior**

**Granulomatous**
- TB
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**Unilateral**
- HLA-B27 dz
- Posner-Schlossman
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**Bilateral**

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**Fuch’s heterochromic iridocyclitis** (very likely) and **toxoplasmosis** (much less likely)
Uveitis: **Anterior**

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Most anterior uveitides are associated with lower-than-normal IOP. What is the mechanism behind this phenomenon?

- Ciliary-body hyposecretion
- Trabeculitis (ie, inflammation of the trabecular meshwork)

Pressures as high as 60 have been reported.
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TB, Syphilis, HSV/VZV

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What is the mechanism behind the elevated IOP associated with HSV/VZV uveitis?
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-- A hx of dendritic epitheliopathy (HSV), or vesicular skin eruption (VZV)
-- The nature of the KPs
-- Significantly elevated IOP
-- The presence of iris atrophy

Most anterior uveitides are associated with lower-than-normal IOP. What is the mechanism behind this phenomenon?

Ciliary-body hyposcretion

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

Trabeculitis (ie, inflammation of the trabecular meshwork)

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.
**Uveitis: Anterior**

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

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Uveitis: *Anterior*

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#### Chronic

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

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

Bilateral

Chronic

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

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- TB
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- Syphilis
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Acute
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  - Posner-Schlossman
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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?
Uveitis: Anterior

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