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

What are the four basic anatomic locations for uveitis?
What are the four basic anatomic locations for uveitis?
In this slide-set, we will drill down on **anterior 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

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
Uveitis: **Anterior**

Granulomatous  \[\rightarrow\]  Nongranulomatous

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

Granulomatous

Nongranulomatous

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

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

---

*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

**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’
Granulomatous KP
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
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
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**

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

Each of these conditions will be covered in detail elsewhere
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

**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
- Toxoplasmosis
- Lyme

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

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

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

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

**Nongranulomatous**

**Acute**
- Unilateral

**Chronic**
- Bilateral

**Key distinction**
Uveitis: **Anterior**

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

**Nongranulomatous**

**Acute**
- Unilateral
- 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*

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

- **Nongranulomatous**
  - Acute
  - Bilateral
    - HLA-B27 dz
    - 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**

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

### Nongranulomatous
- Acute
- Chronic

#### Unilateral
- HLA-B27 dz
- Posner-Schlossman

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

*Not an error!*
Syphilis, sarcoid and TB can show up everywhere in the mesh. This is because *all three can manifest in so many different ways*. 
Acute 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:
- HLA-B27 dz
- Posner-Schlossman

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

Syphilis, sarcoid and TB can 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!
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
Nongranulomatous
   - Acute
   - Chronic
   - Posner-Schlossman
   - Sarcoid
   - Syphilis
   - HSV/VZV
   - TB

That being said, sarcoid is far more likely to present in granulomatous fashion. (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
  - Chronic

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

- 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

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

- 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

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

- Bilateral
  - 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
- 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
  - 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

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

Nongranulomatous

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

aka...the **SNSAs**

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**

**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

---

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

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
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Acute
  - Bilateral
  - 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.
Uveitis: \textit{Anterior}

Granulomatous
- TB
- Sarcoid

Non-granulomatous

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)?

Acute

Bilateral
- HLA-B27 dz \textit{aka... the SNSAs}
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
  - TB

Chronic

Unilateral

Of the four HLA-B27 dz, two are much more likely to cause a \textit{bilateral} and/or \textit{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.
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

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.
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

**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?
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

Chronic

Unilateral

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**
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 arthopathies?
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**
- **Which can present with peripheral arthropathies? All of them**
Uveitis: **Anterior**

**Granulomatosus**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**

**Chronic**

**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?

---

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

**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

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)

Unilateral Bilateral

Acute

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

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

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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HSV/VZV

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

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

Unilateral Bilateral

Granulomatous Nongranulomatous

Posner-Schlossman

HSV

Syphilis

Sarcoid

TB

Sarcoid
Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**

**Chronic**

---

1) The uveitis is profiled
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**Who is the typical AS pt?**
- **white** male age 16-40

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

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

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**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?
- A 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)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)
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?**
A white male age 16-40

**What is the male:female ratio for 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)

**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 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.
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

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

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The SNSAs

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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
- Sarcoid

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

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

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

---

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

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

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

**Posner-Schlossman**

**HSV**

**Syphilis**

**Sarcoid**

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

**What are the four HLA-B27 conditions?**
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- 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 classic nonocular complaint in AS?**
- pain/stiffness
**Uveitis: Anterior**

**Granulomatous**
- TB
- Sarcoid

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

1) The uveitis is profiled
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**Posner-Schlossman**

**HSV**

**Syphilis**

**Sarcoid**

**TB**

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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

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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)
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Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

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

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 time of day and 2) improves v worsens with exertion/movement

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

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-- Reactive arthritis (ReA)
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- Posner-Schlossman
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- TB
- Sarcoid

Nongranulomatous

- Acute
- Bilateral

- Chronic
- Unilateral

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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
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute
- Posner-Schlossman

Chronic

Unilateral

Bilateral

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A white male age 16-40

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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 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 vs painless unilateral nongranulomatous iritis, often with a hypopyon

---

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

**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)**
- Posner-Schlossman
- Sarcoid
- Syphilis

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**Unilateral Bilateral**

**Granulomatous Nongranulomatous**
What 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
- Chronic
  - Unilateral
  - Bilateral

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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!

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Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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

**Chronic**
- Bilateral

---

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

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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?**
2 - 6 weeks
Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

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A white male age 16-40

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Uveitis: *Anterior*

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
  - Unilateral
  - Bilateral
- 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

Does uveitis in AS tend to recur?
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
  - Unilateral
  - Bilateral
- Chronic

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

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- Yes

**How long do the uveitic episodes last?**
- 2 - 6 weeks
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?**
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A white male age 16-40

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

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Yes

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Yes

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2) The profiled case is meshed
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Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

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

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

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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
Uveitis: **Anterior**

- Acute
  - Unilateral
- Chronic
  - Bilateral

**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 (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

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

**Study Questions**

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**

Granulomatosus
- TB
- Sarcoid

Nongranulomatosus

**Acute**
- Unilateral
- Bilateral

**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?**
A white male age 16-40

**What is the classic nonocular complaint in AS?**
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**How long do the uveitic episodes last?**
2 - 6 weeks
Uveitis: Anterior

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Granulomatous
- TB
- Sarcoid

Nongranulomatous

Unilateral Bilateral

Acute

Bilateral

Chronic

Posner-Schlossman

HSV
Syphilis
Sarcoid
TB

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

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The SNSAs

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- 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

What is the classic finding on sacroiliac plain films?
'Bamboo spine'

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
Uveitis: **Anterior**

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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

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

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The SNSAs

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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

**What is the classic finding on sacroiliac plain films?**
'Bamboo spine'
Normal Ankylosing spondylitis. Note the fusion of the vertebrae.
Normal anatomy

Ankylosing spondylitis

Normal S-curve of spine

Loss of normal curvature
Normal. Note the S-curve

AS. Note the loss of normal curvature
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?**

Low back pain/stiffness that is 1) worse in the morning, and 2) improves with exertion/movement

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**How long do the uveitic episodes last?**

2 - 6 weeks

**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)

**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.

**Sacroiliac plain films** or check for HLA-B27?

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

You should order a sacroiliac plain film to look for the 'bamboo spine.'

**What is the classic finding on sacroiliac plain films?**

'Bamboo spine'

**Why not check for HLA-B27?**

Because being HLA-B27+ is not diagnostic of anything other than being HLA-B27+.
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? 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

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

- Sacroiliac plain films
- HLA-B27

**SNSAs**

- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- 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 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.**
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
- Posner-Schlossman

Nongranulomatous
- 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
- Inflammatory bowel disease (IBD)

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

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

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Uveitis: **Anterior**

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

**Chronic**

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**Unilateral Bilateral**

- Granulomatous
- Nongranulomatous

**Acute**
- Bilateral
- Chronic

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NSAIDs

Is more aggressive immunomodulation/suppression sometimes needed?
Yes

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Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic
- Bilateral
- Unilateral

Posner-Schlossman

HSV
Syphilis
Sarcoid
TB

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- TB
- Sarcoid

Nongranulomatous

Acute
- Unilateral
- Bilateral

Chronic

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Uveitis: *Anterior*

**Acute Chronic**

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**Granulomatous**
- TB
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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?**
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?**
The *SNSAs*

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

- **Granulomatous**
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**Unilateral**

- Acute
- Bilateral

**Chronic**

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

Unilateral Bilateral

Granulomatous Nongranulomatous

HSV Syphilis Sarcoid TB

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

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

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**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

Chronic

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What is the male:female ratio for ReA?

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Acute Chronic

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**Unilateral**
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### Acute

### Chronic

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9:1
Uveitis: **Anterior**

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

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- TB
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Non-granulomatous

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

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Can't see, can't pee, can't climb a tree'

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**Chronic**

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

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

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- Sarcoid

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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 (not uveitis)

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

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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

**Chronic**

**Unilateral**
- Bilateral

**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)

**Which joints are classically affected in ReA?**
- 
- 
- 
- 

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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

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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)
Acute Chronic

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**

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

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

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

Granulomatous
- TB
- Sarcoid

Non-granulomatous
- Acute
- Chronic

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

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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!*
Uveitis: *Anterior*

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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5) Treatment appropriate for the etiology is initiated

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

**Bilateral**
- Arthritis
- Conjunctivitis
- Uveitis

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**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**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

Acute
- Unilateral
- Bilateral

Chronic
- Unilateral
- Bilateral

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

Granulomatous
- TB
- Sarcoid

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

Acute
- Unilateral
- Bilateral

Chronic

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

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Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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**Unilateral**
- Granulomatous
- Nongranulomatous

**Bilateral**
- Granulomatous
- Nongranulomatous

---

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

---

**Chronic**

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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)

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

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**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)
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- Psoriatic arthritis (PA)
- Inflammatory bowel disease (IBD)
**Uveitis: Anterior**

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Bilateral

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

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

Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Posner-Schlossman
HSV
Syphilis
Sarcoid
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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*

1. The uveitis is profiled
2. The profiled case is meshed
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5. Treatment appropriate for the etiology is initiated

### Granulomatous
- TB
- Sarcoid

### Nongranulomatous
- Acute
- Chronic

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

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

### General
- 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)

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

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**Keratoderma blenorrhagicum:** A scaly red rash of the palms and soles

**Circinate balinitis:**
Reactive arthritis: Keratoderma blennorrhagicum
Uveitis: **Anterior**

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous
  - Unilateral
  - 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
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**Acute**

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

**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…? Briefly, what are they?**
- **Keratoderma blenorrhagicum:** A scaly red rash of the palms and soles
- **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)
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?
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- Keratoderma blennorrhagicum: A scaly red rash of the palms and soles
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Uveitis: **Anterior**

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

### 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 urethritis, arthritis and conjunctivitis (note: **not** uveitis)

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**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 (PA)
--Inflammatory bowel disease (IBD)

---

**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
Reactive arthritis: Circinate balanitis
Uveitis: **Anterior**

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

1. The uveitis is profiled
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**Unilateral Bilateral**

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

**Nongranulomatous**
- HLA-B27 dz (not IBD/PA)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)

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

**Chronic**

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A white male age 16-40

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--**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?**
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute

Unilateral
- Posner-Schlossman
- HSV
- Syphilis
- Sarcoid

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

Chronic

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A white male age 16-40

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

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 (PA)
--Inflammatory bowel disease (IBD)
Reactive arthritis: Oral ulcers
Uveitis: *Anterior*

### Granulomatous
- TB
- Sarcoid

### Nongranulomatous

#### Acute
- Unilateral
- Bilateral

#### Chronic

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

**Oral ulcers**

Are the oral ulcers painful, or painless?
Uveitis: **Anterior**

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

#### Nongranulomatous

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

**Chronic**

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

Are the oral ulcers painful, or painless? **Painless**
**Uveitis: Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

  1. The uveitis is profiled
  2. The profiled case is meshed
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**Unilateral Bilateral**

**Acute**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous

**Chronic**

- Granulomatous
  - TB
  - Sarcoid
- Nongranulomatous

**Granulomatous**

- **Unilateral**
  - **Acute**
    - Posner-Schlossman
    - HSV
  - **Chronic**
    - Sarcoid
    - TB

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

**Nongranulomatous**

- **Unilateral**
  - **Acute**
    - **Granulomatous**
      - TB
      - Sarcoid
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    - Sarcoid
    - Syphilis

**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

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

- **Oral ulcers**

Are the oral ulcers painful, or painless?

- **Painful**

If you hear ‘uveitis + **painful** oral ulcers,’ what condition should come first to mind?

- **Behçet disease**
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

**Unilateral**
- Bilateral

### Differential Diagnosis List
1) The uveitis is profiled
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#### Granulomatous
- TB
- Sarcoid

#### Nongranulomatous
- Acute
- Chronic

**Unilateral**
- Bilateral

### HLA-B27 Diseases
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
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A mucus membrane lesion is also common. What is it? **Oral ulcers**

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

---

**If you hear ‘uveitis + painful oral ulcers,’ what condition should come first to mind?**
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Uveitis: **Anterior**

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### Granulomatous
- TB
- Sarcoid

### Nongranulomatous

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

#### Chronic
- TB
- Sarcoid
- Syphilis

### Unilateral Bilateral

#### Granulomatous
- TB
- Sarcoid

#### Nongranulomatous

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

**What are the four HLA-B27 conditions?**
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Acute
- Unilateral
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- HLA-B27 dz (not IBD/PA)
  - Posner-Schlossman
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Chronic

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Uveitis: Anterior

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

Chronic

Unilateral
- Bilateral

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The SNSAs

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

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

Which classic GU bug is not associated with ReA?
Gonococcus

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

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

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- Granulomatous
  - TB
  - Sarcoid

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

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

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

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

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute

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

Chronic

Unilateral
- HSV
- Syphilis
- Sarcoid
- 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)
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- Inflammatory bowel disease (IBD)

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

Which classic GU bug is not associated with ReA? Gonococcus

Why Reactive? What are they reacting to?
A bacterial infection of either the GU (note: not uveitis)
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)

**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)

**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?**
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Uveitis: **Anterior**

**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**

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

**Chronic**
- Bilateral

---

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**Granulomatous**
- TB
- Sarcoid

**Nongranulomatous**
- Acute
- Chronic

**Unilateral**
- Bilateral

**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) the GI tract

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

---

**Acute**

**Bilateral**

**Chronic**

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

- Granulomatous
  - TB
  - Sarcoid

- Nongranulomatous

1) The uveitis is profiled
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Unilateral Bilateral

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

Nongranulomatous
- Acute
- Chronic

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

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

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

Yersinia pestis, the causative organism in plague?

---

Who is the typical ReA pt?

**Yersinia**

GI tract
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid

- **Nongranulomatous**

**Acute**
- Unilateral
- Bilateral

**Chronic**

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)

**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 bug?**
- 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**

**Which GI bug?**
- **Yersinia**
- **GI tract**
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 Nongranulomatous

Posner-Schlossman HSV Syphilis Sarcoid TB

HLA-B27 dz (not IBD/PA)

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

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

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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)

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

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
- Chronic
- Bilateral
- Unilateral

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

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Uveitis: Anterior

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Granolomatous

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

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

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)

ReA is a clinical diagnosis. An HLA-B27 would be reasonable, but positivity would not make the diagnosis.
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid

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

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

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The **SNSAs**

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**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.

**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.

**What is the other umbrella term for the HLAB27 diseases?**
The **SNSAs**

**What are the four HLAB27 conditions?**
- Ankylosing spondylitis (AS)
- Reactive arthritis (ReA)
- Psoriatic arthritis (PA)
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Uveitis: **Anterior**

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

**Acute**
- Unilateral
- Bilateral

**Chronic**
- Unilateral
- Bilateral

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

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

- **Chronic**
  - Ankylosing spondylitis (AS)
  - Reactive arthritis (ReA)
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  - Sarcoid
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**Uveitis: Anterior**

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  - TB
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- **Nongranulomatous**
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  - HSV
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Granulomatous
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Nongranulomatous
- Acute
- Chronic

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- TB
- Sarcoid

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**Acute**
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- Syphilis

**Chronic**

**Unilateral**
- TB
- Sarcoid

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

- Granulomatous
  - TB
  - Sarcoid

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  - Acute
  - Chronic
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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 non-eponymous name for Posner-Schlossman?

- HSV
- Syphilis
- 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

- 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
Acute Chronic

Uveitis: **Anterior**

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

**Nongranulomatous**

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

**Bilateral**

Acute

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

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

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

**Nongranulomatous**

**Acute**

1. What is the noneponymous name for Posner-Schlossman?
   - Glaucotomocyclitic crisis

2. 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

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

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

**Bilateral**
- Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
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- Syphilis
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Nongranulomatous

**Acute**

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

**Bilateral**

**What is the nonpeonymous 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?**

1) The uveitis is profiled
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Uveitis: **Anterior**

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

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

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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

- *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**

- What is the noneponymous name for Posner-Schlossman?
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  - Severe
Uveitis: **Anterior**

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

- Bilateral

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

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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
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute
- 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
- Syphilis
- HSV

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
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- **Nongranulomatous**

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- How long do the crises last?
Uveitis: **Anterior**

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Nongranulomatous

Acute

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How long do the crises last?
Hours to days

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**Unilateral Bilateral**

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- **Nongranulomatous**

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Corneal edema secondary to the high IOP

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No, it is usually white and quiet

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

- What is the nonenonymous name for Posner-Schlossman?
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- Do they recur?
  - Yes

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**Steps for diagnosis and treatment**

1. The uveitis is profiled
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**How long do the crises last?**
Hours to days

**Does the typical pt recur?**
Yes

**What is the etiology of Posner-Schlossman?**
Uncertain; however, there is some evidence it is secondary to infection with...
Uveitis: **Anterior**

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- Severe

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

Bi- lateral
- HLA-B27 dz (not IBD/PA)
- Posner-Schlossman
- Sarcoid
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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?

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Nongranulomatous
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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**

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

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

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  - 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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<td>Endothelial findings</td>
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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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A vertical distribution of pigment on the endothelial surface of the cornea.

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

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*What is the source of this pigment?*
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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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**What is a Sampaolesi line?**

Is the angle open, or closed? Open

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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?*

-Mechanical rubbing of zonules against the posterior aspect of the iris (note how this is facilitated by the posterior bowing of the iris)
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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---

*Is the angle open, or closed?*
Open

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

*Do they recur?*
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**What is a Scheie stripe?**

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

**Scheie stripe**

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

**Scheie stripe**
PDS: Scheie stripe

Direct illumination

Retroillumination
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A linear accumulation of pigment on the lens capsule

*Where on the capsule is a Scheie stripe found?*
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*Scheie stripe*
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Zentmayer line

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Hours to days

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

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

Chronic

Four aspects of the presentation provide clues that a uveitis is HSV/VZV. What are they?
- 
- 
- 
- 
-
Uveitis: **Anterior**

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**Chronic**

---

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

---

- A hx of **two words** (HSV), or **three words** (VZV)

---
Uveitis: **Anterior**

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  - HSV

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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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--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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-- A hx of dendritic epitheliopathy (HSV), or **vesicular skin eruption (VZV)**
-- The nature of the KPs
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Which division of the trigeminal nerve is sensory to the eye?

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Syphilis

HSV/VZV

TB

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**Ophthalmic division branches:** NFL:

- Nasociliary
- Frontal
- Lacrimal

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Ophthalmic nerve ($V_1$) and its three branches
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\textit{Which branch of the nasociliary is sensory to the eye?}  
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\textit{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 branch of the nasociliary is sensory to the eye?
The [long v short] ciliary nerve

Syphilis
HSV/VZV
TB

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Postganglionic sympathetic and parasympathetic fibers

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Syphilis
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In this context, what is Hutchinson’s sign?

Syphilis

HSV/VZV

In this context, what is Hutchinson’s sign?

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

In this context, what does HSV/VZV clues that a uveitis is HSV/VZV. What are they? or vesicular skin eruption (VZV)
Hutchinson's sign
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What is the significance of Hutchinson’s sign with regard to 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

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Syphilis

HSV/VZV

Unilateral Bilateral

Granulomatous Nongranulomatous

HLA-B27 dz

Posner-Schlossman

HSV

Syphilis

Sarcoid

TB

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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
Hutchinson's sign

The 'naso-' portion of the nasociliary nerve
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 KPs
- Significantly elevated IOP
- The presence of 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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**Uveitis: Anterior**

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- TB
- Sarcoid
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Nongranulomatous

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

Chronic
- TB

**Unilateral**

**Bilateral**

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

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

Granulomatosus
- TB
- Sarcoid
- Syphilis
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How do KP typically present in HSV/VZV anterior uveitis?

- **Size:** Small
- **Distribution:** Diffuse
- **Shape:** Stellate
Herpetic uveitis. Note the small, diffuse, stellate KP
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

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

**Remember:** Herpetic uveitis can present in granulomatous fashion, but is more likely to present nongranulatomically.

**Four aspects of the presentation provide clues that a uveitis is HSV/VZV.**
- A hx of dendritic epitheliopathy
- The nature of the KPs
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**How do KP typically present in HSV/VZV anterior uveitis?**
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Rather than small, what word is frequently used to describe KP this size?

'Fine'
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**Unilateral**
- HLA-B27 dz
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- Sarcoid
- Syphilis
- HSV/VZV
- TB

**Bilateral**

**Acute**

**Chronic**

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

**Nongranulomatous**

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**Uveitis: Anterior**

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  - TB
  - Sarcoid
  - Syphilis
  - HSV

- **Nongranulomatous**
  - **Acute**
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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?

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  1. Acute
  2. Chronic

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Fuch’s heterochromic iridocyclitis (very likely) and toxoplasmosis (much less likely)
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- Syphilis
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- A history 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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Ciliary-body hyposecretion

Trabeculitis (i.e., inflammation of the trabecular meshwork)

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

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Ciliary-body hyposecretion

**What is the mechanism behind the elevated IOP associated with HSV/VZV uveitis?**
Uveitis: **Anterior**

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    - Posner-Schlossman
    - Sarcoid
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  - **Bilateral**

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**Most anterior uveitides are associated with lower-than-normal IOP.**

**What is the mechanism behind this phenomenon?**

Ciliary-body hyposcretion

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

Trabeculitis (ie, inflammation of the trabecular meshwork)

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

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

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

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**Uveitis: Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
  - Unilateral
    - HLA-B27 dz
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Pressures as high as 60 have been reported
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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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What is the pathogenesis of iris atrophy in HSV/VZV uveitis?

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

- Occlusive vasculitis

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

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