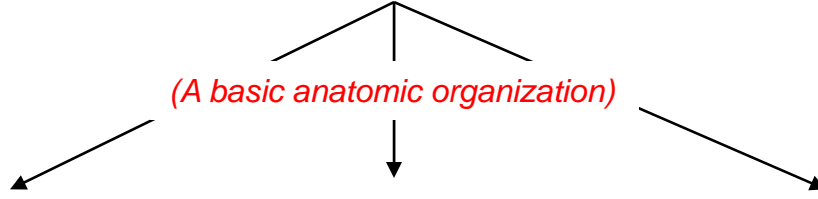


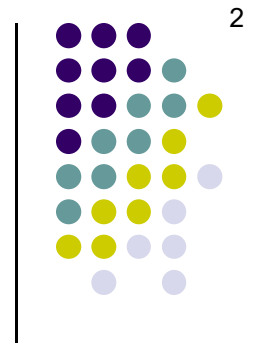
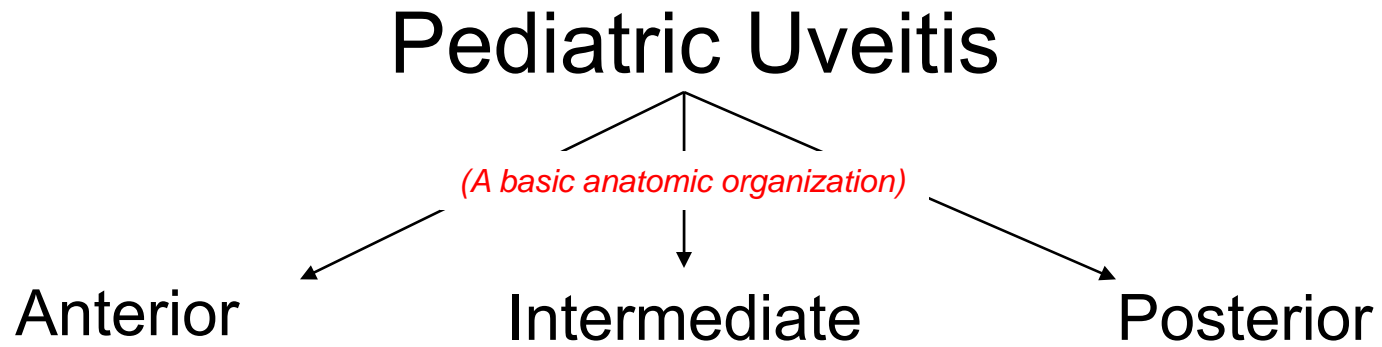
Pediatric Uveitis

Pediatric Uveitis

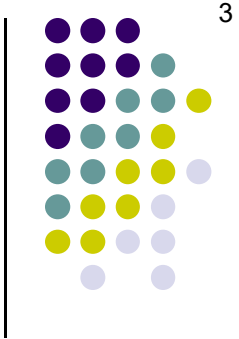
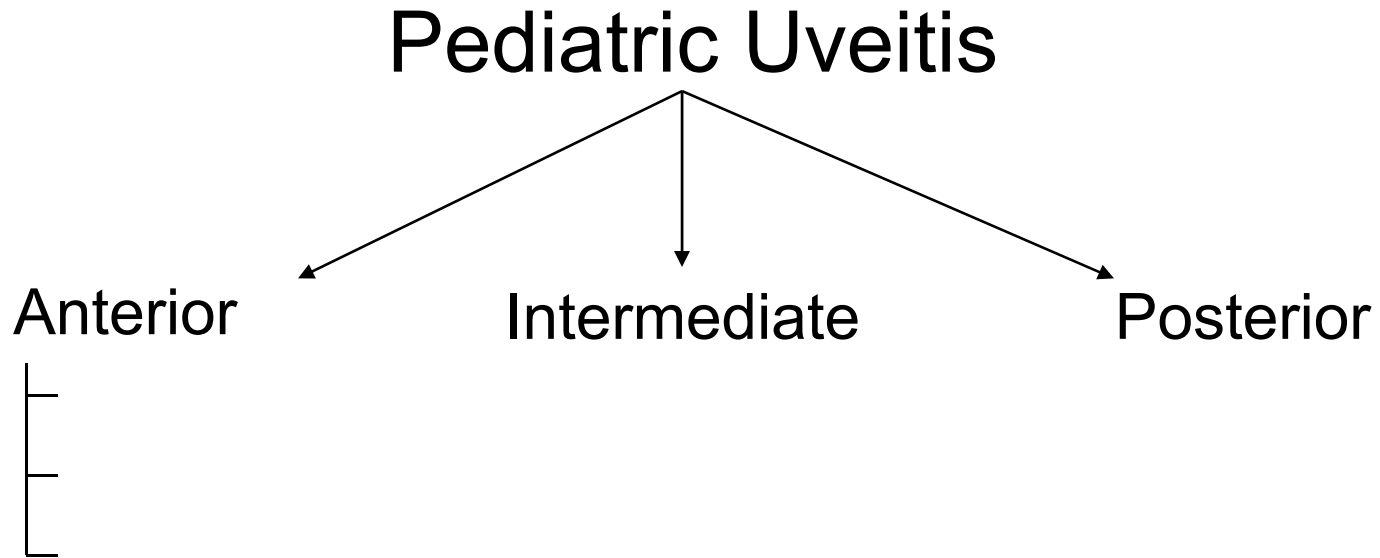
(A basic anatomic organization)



Pediatric Uveitis

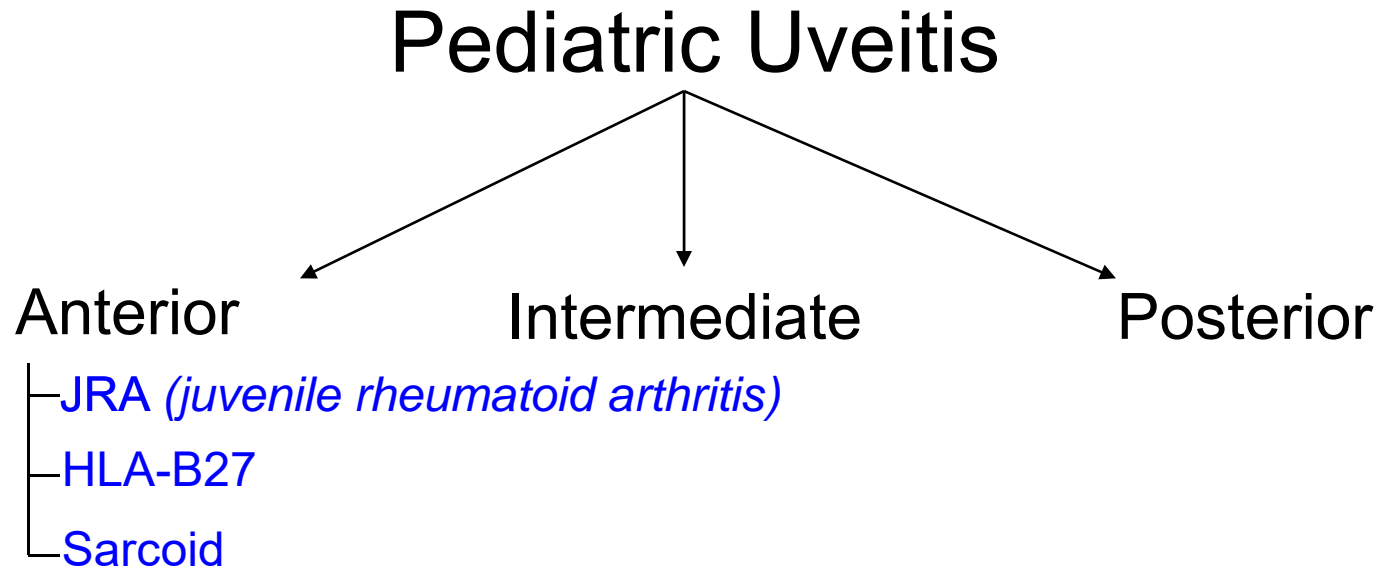


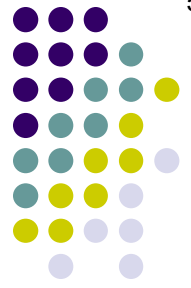
Pediatric Uveitis



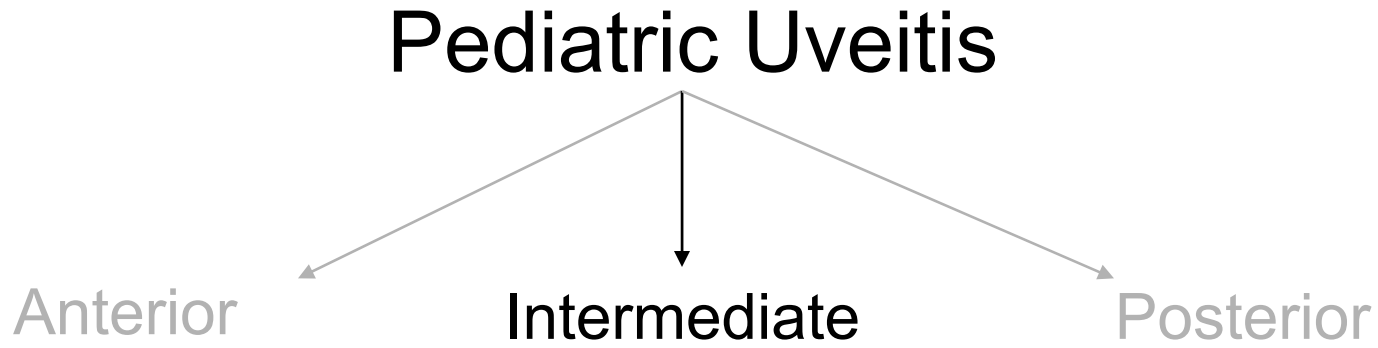


Pediatric Uveitis





Pediatric Uveitis

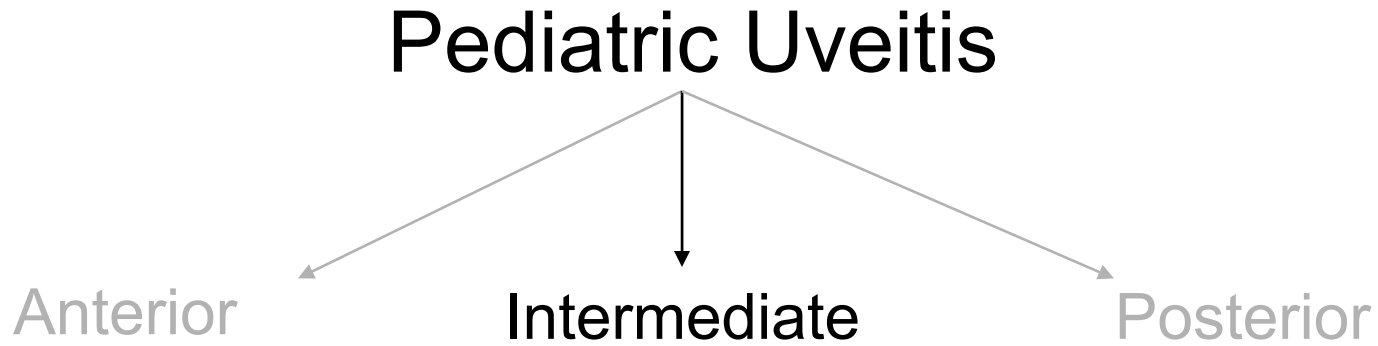


JRA

Which gender is more likely to present with intermediate uveitis (IU)?



Pediatric Uveitis

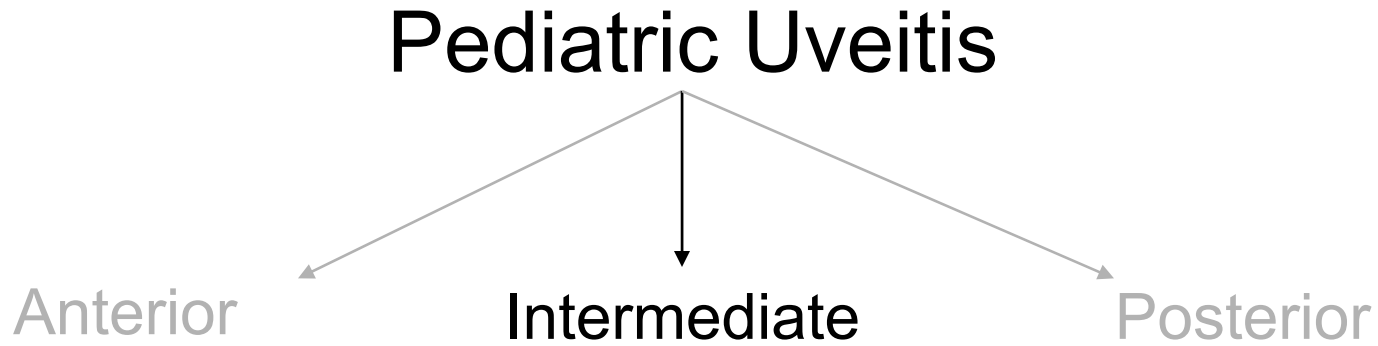


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Which gender is more likely to present with intermediate uveitis (IU)?
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Pediatric Uveitis

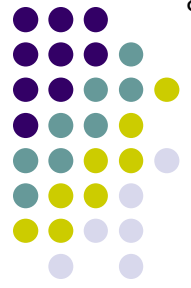


JRA

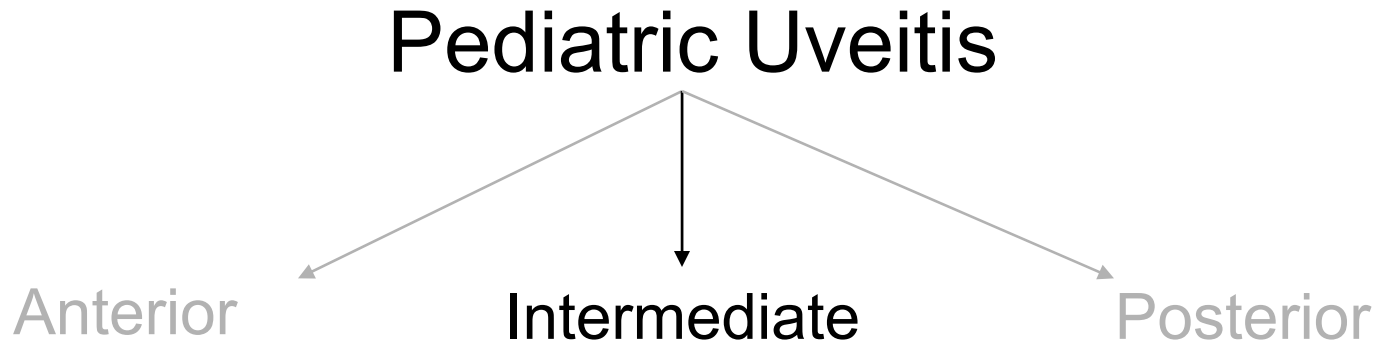
Which gender is more likely to present with intermediate uveitis (IU)?

Males

Which ethnic group?



Pediatric Uveitis



JRA

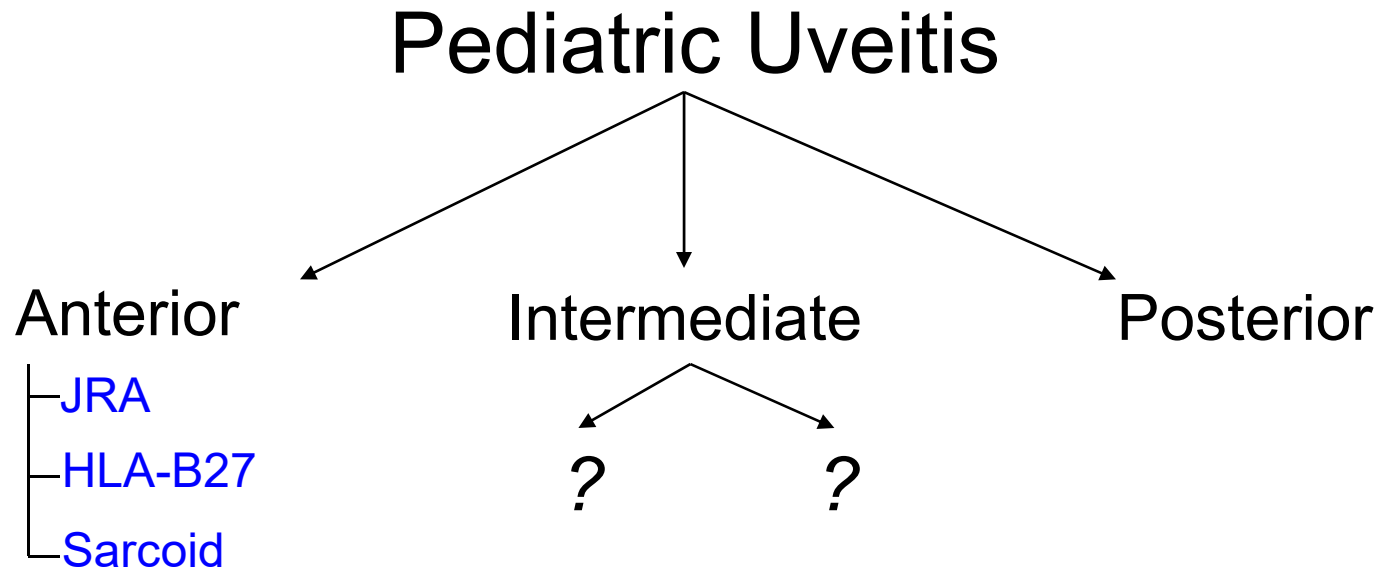
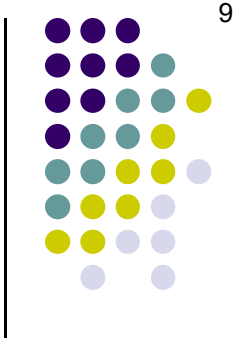
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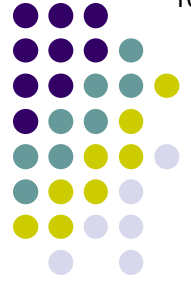
Males

Which ethnic group?

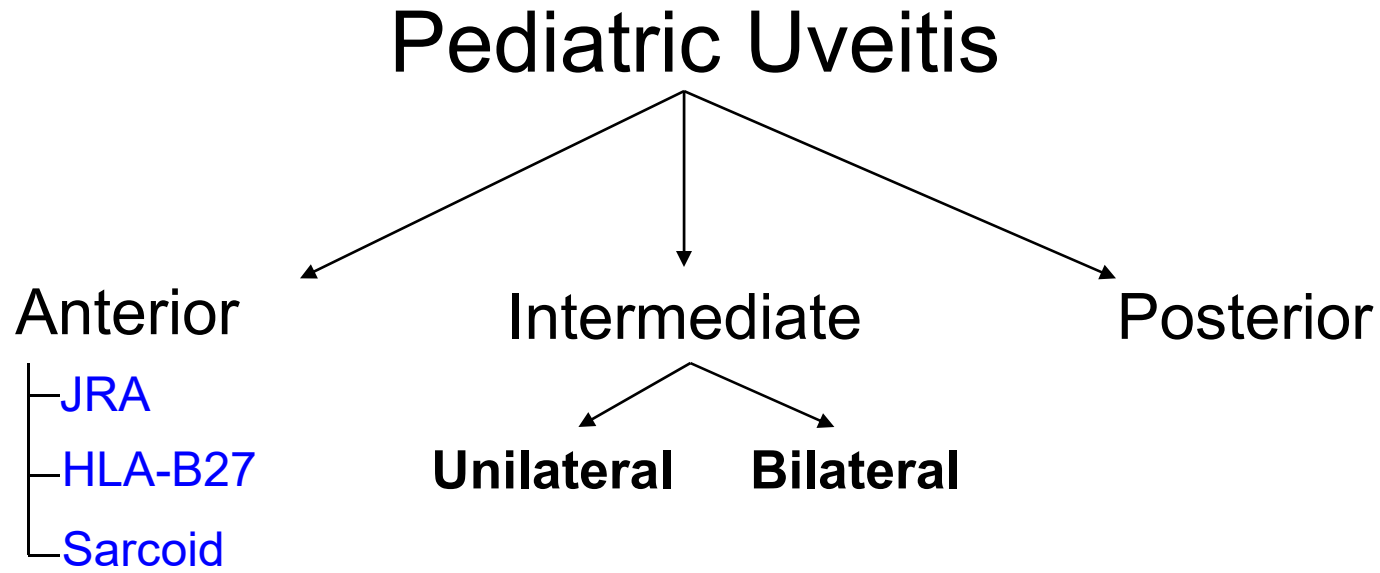
Caucasians

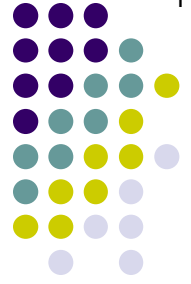
Pediatric Uveitis



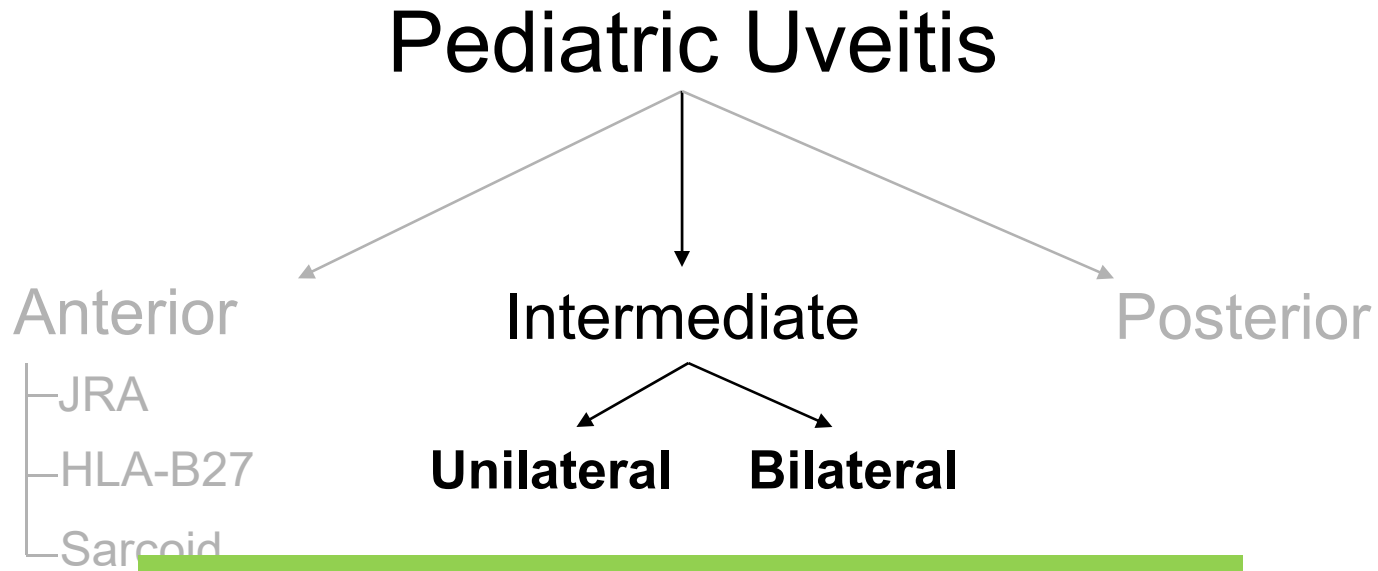


Pediatric Uveitis

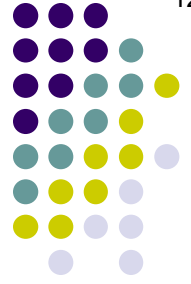




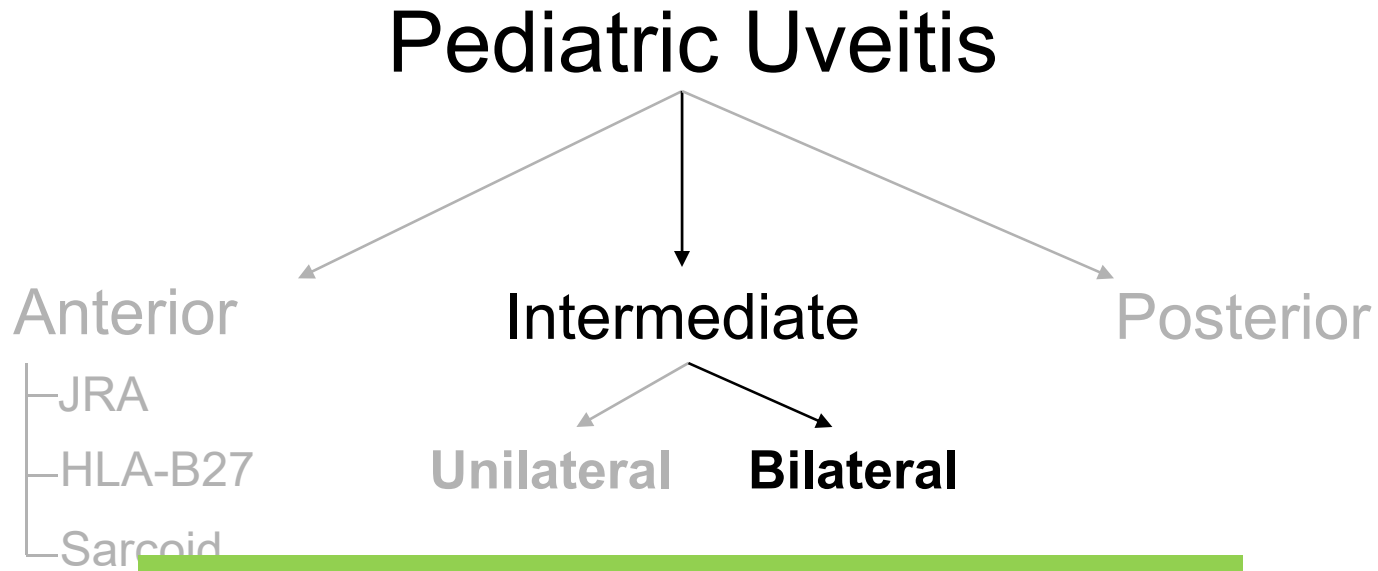
Pediatric Uveitis



Is pediatric IU more likely to present uni- or bilaterally?



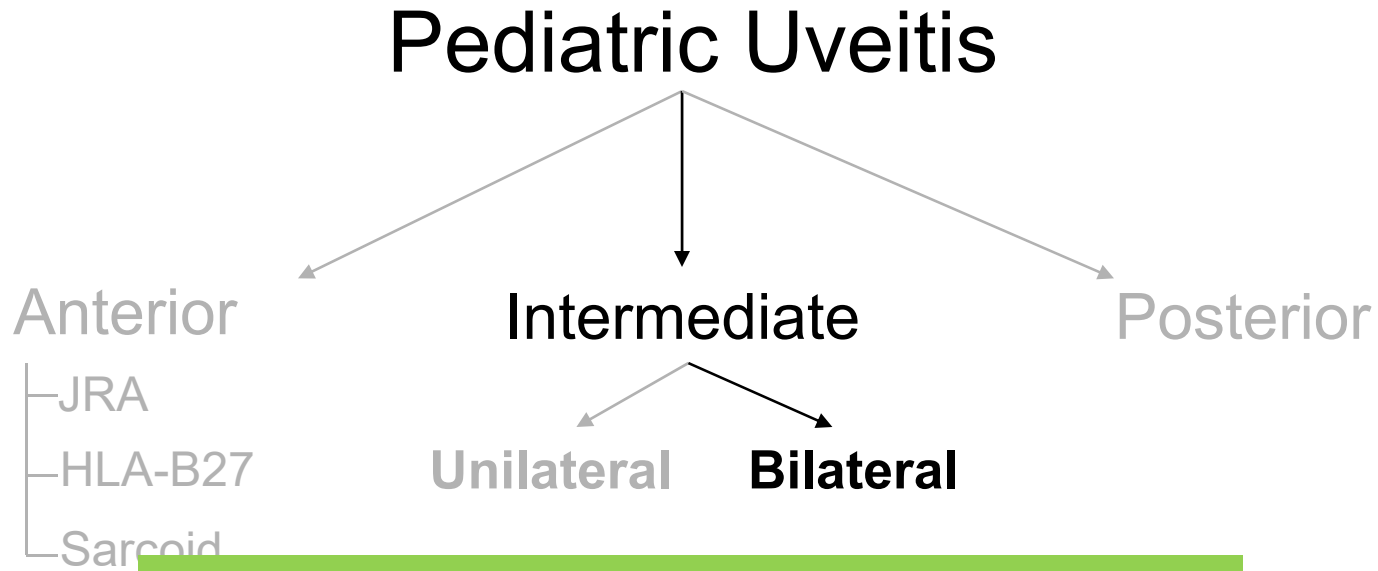
Pediatric Uveitis



Is pediatric IU more likely to present uni- or bilaterally?
Bilaterally

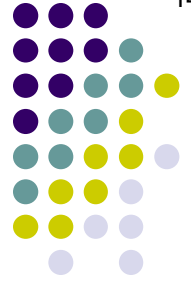


Pediatric Uveitis

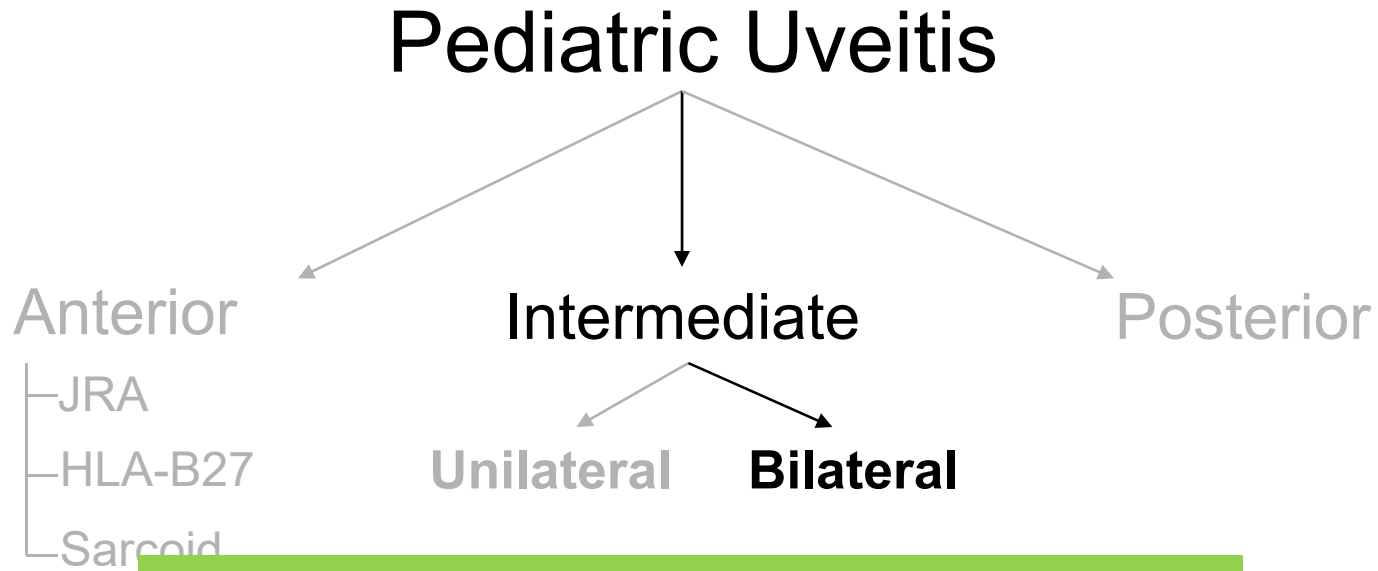


Is pediatric IU more likely to present uni- or bilaterally?
Bilaterally

What is the most common etiology of bilateral IU?

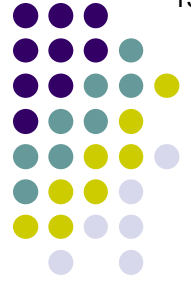


Pediatric Uveitis

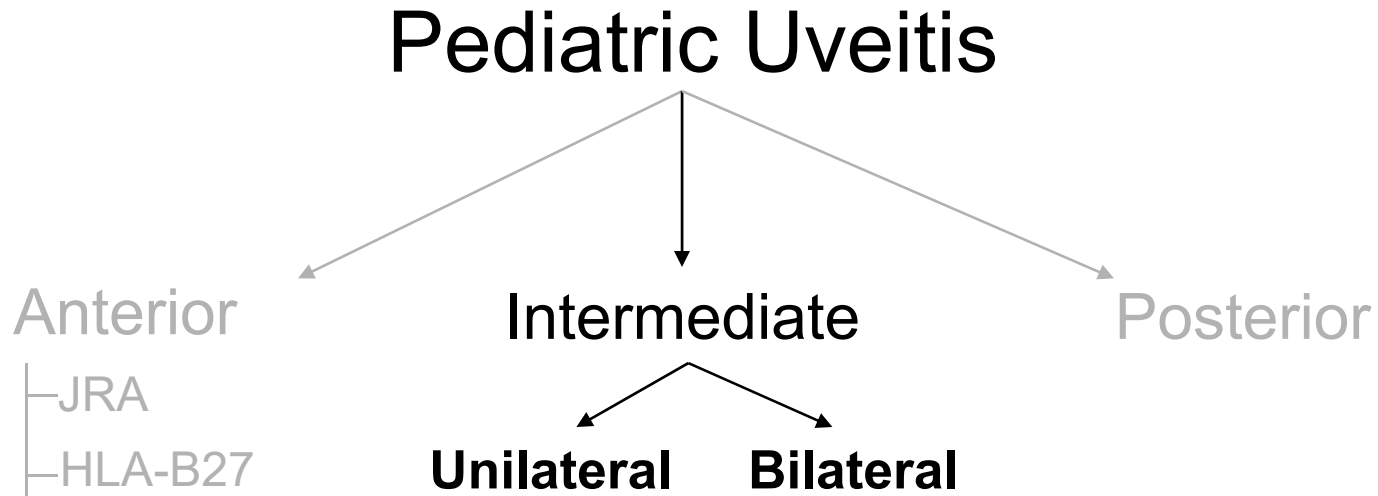


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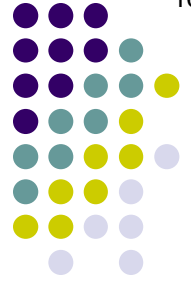
What is the most common etiology of bilateral IU?
It is idiopathic



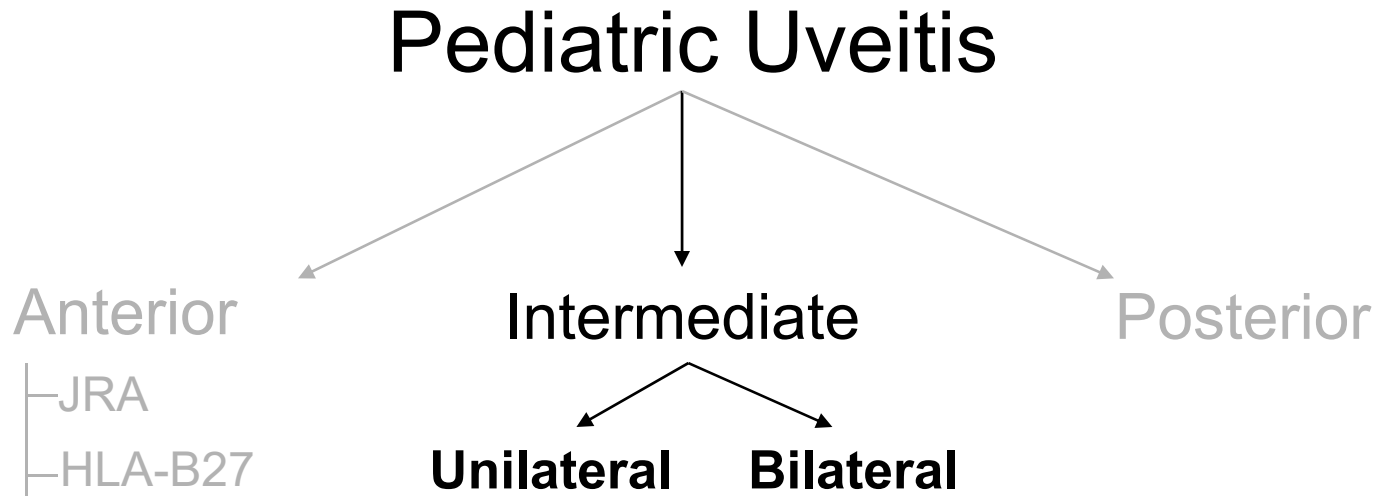
Pediatric Uveitis



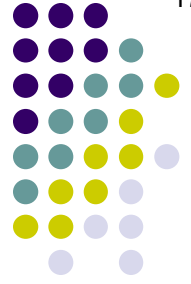
*Compared with IU in adults, is pediatric IU:
--more or less likely to present with decreased vision?*



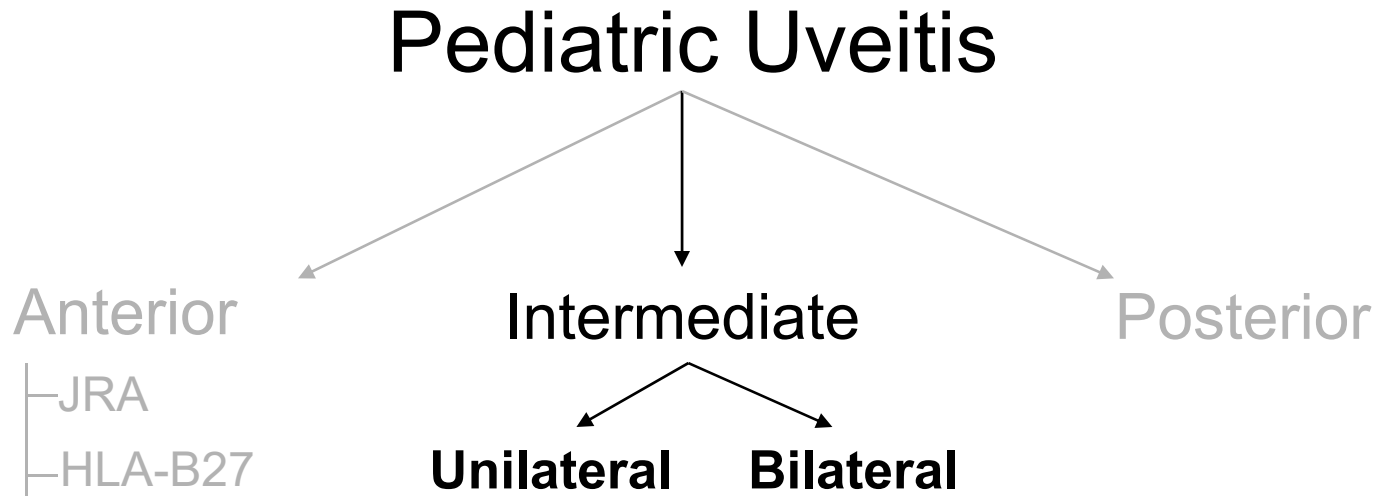
Pediatric Uveitis



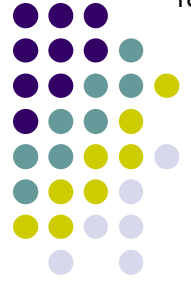
*Compared with IU in adults, is pediatric IU:
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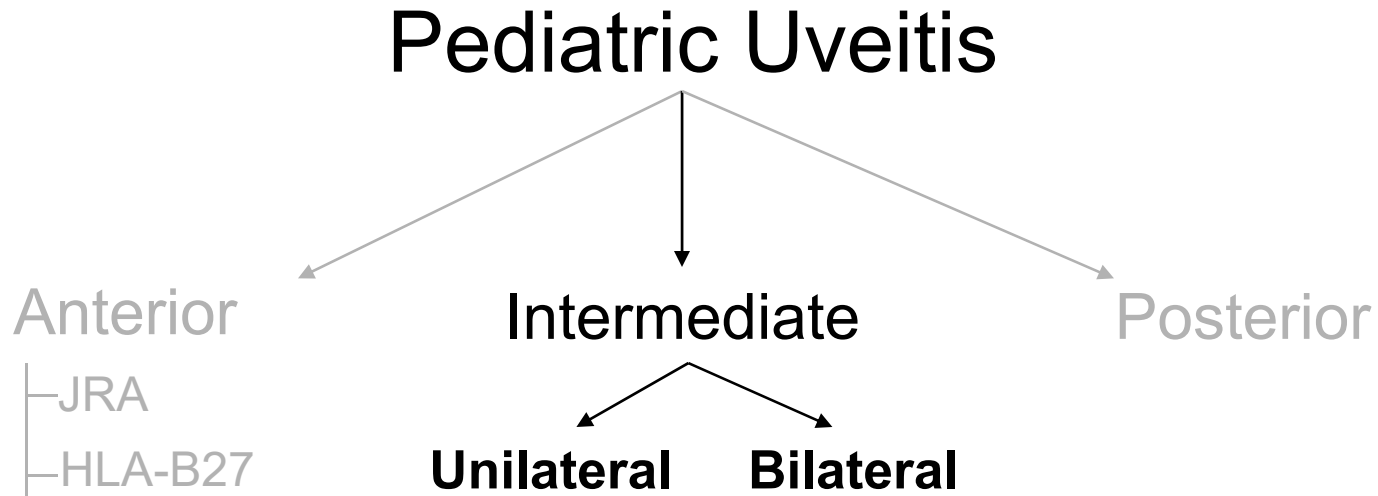
Pediatric Uveitis



Compared with IU in adults, is pediatric IU:
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 --more or less likely to develop vitreous hemorrhage?



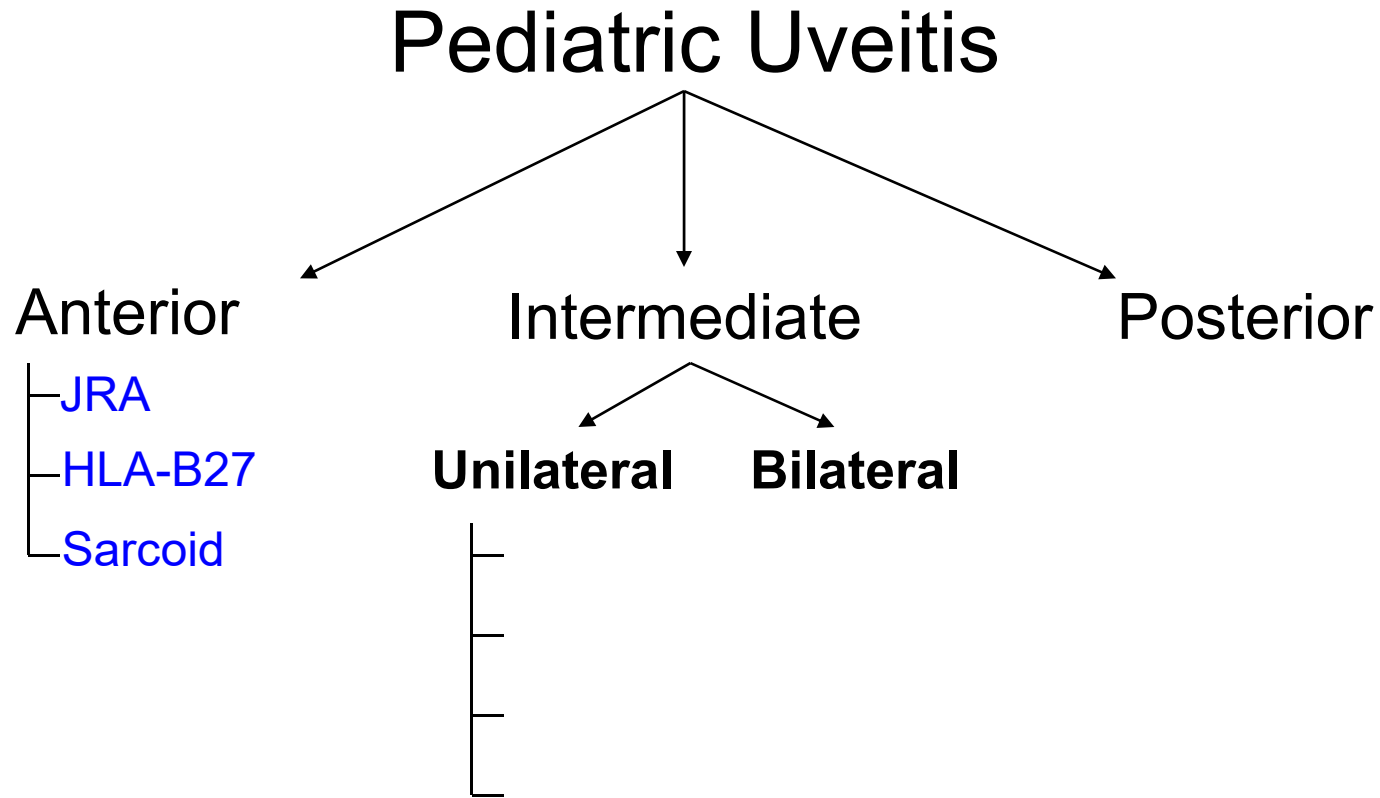
Pediatric Uveitis



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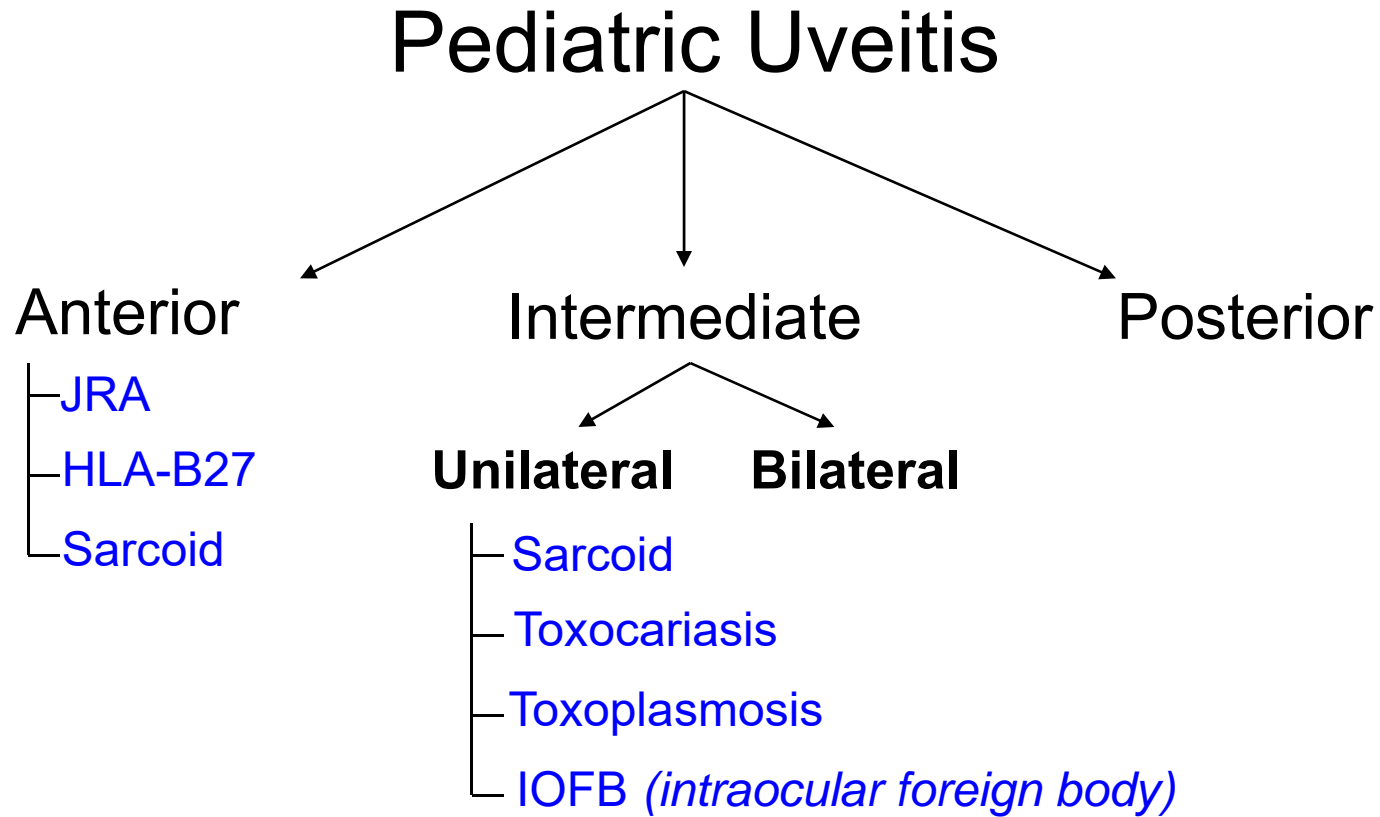


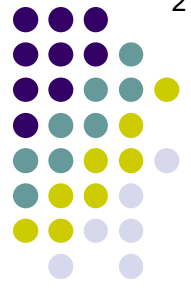
Pediatric Uveitis



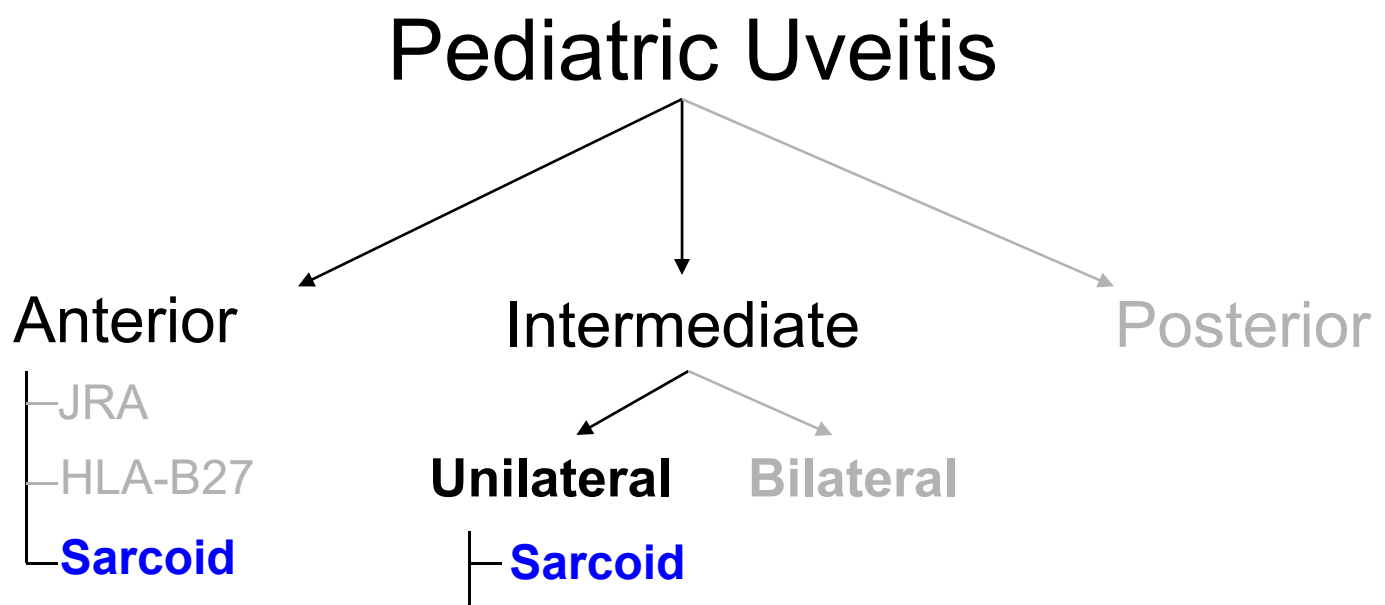


Pediatric Uveitis





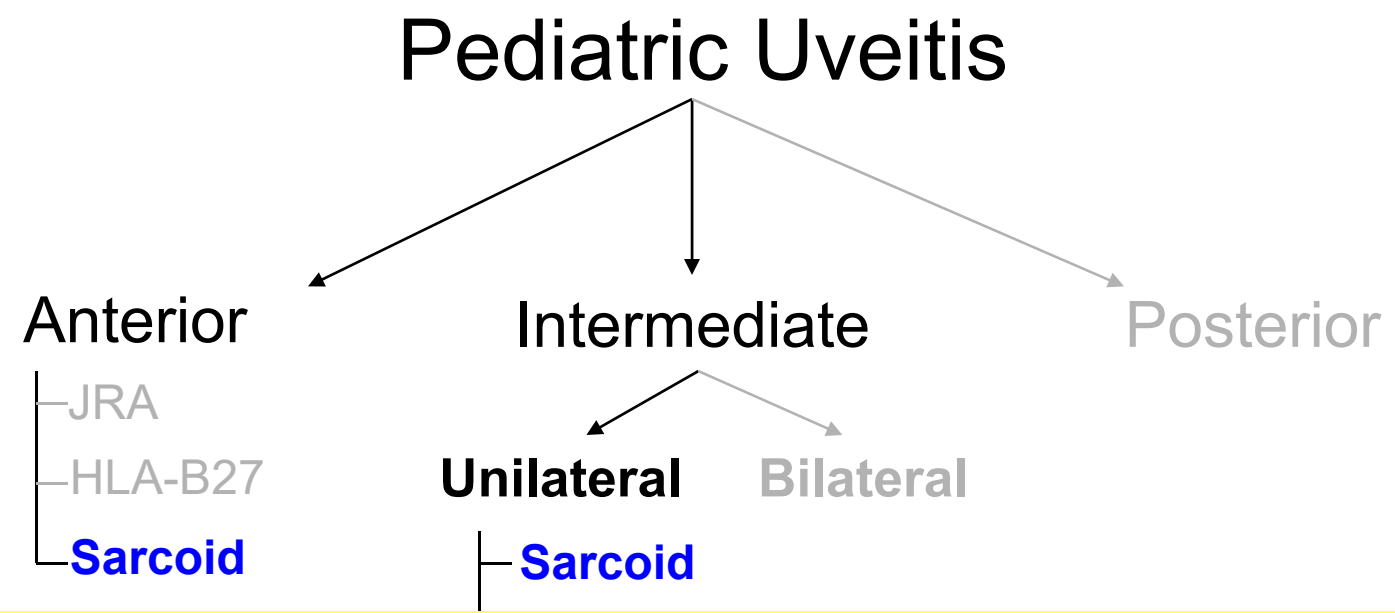
Pediatric Uveitis



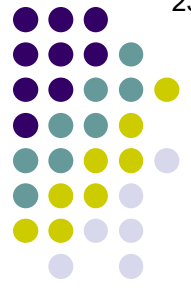
How does pediatric sarcoid present?



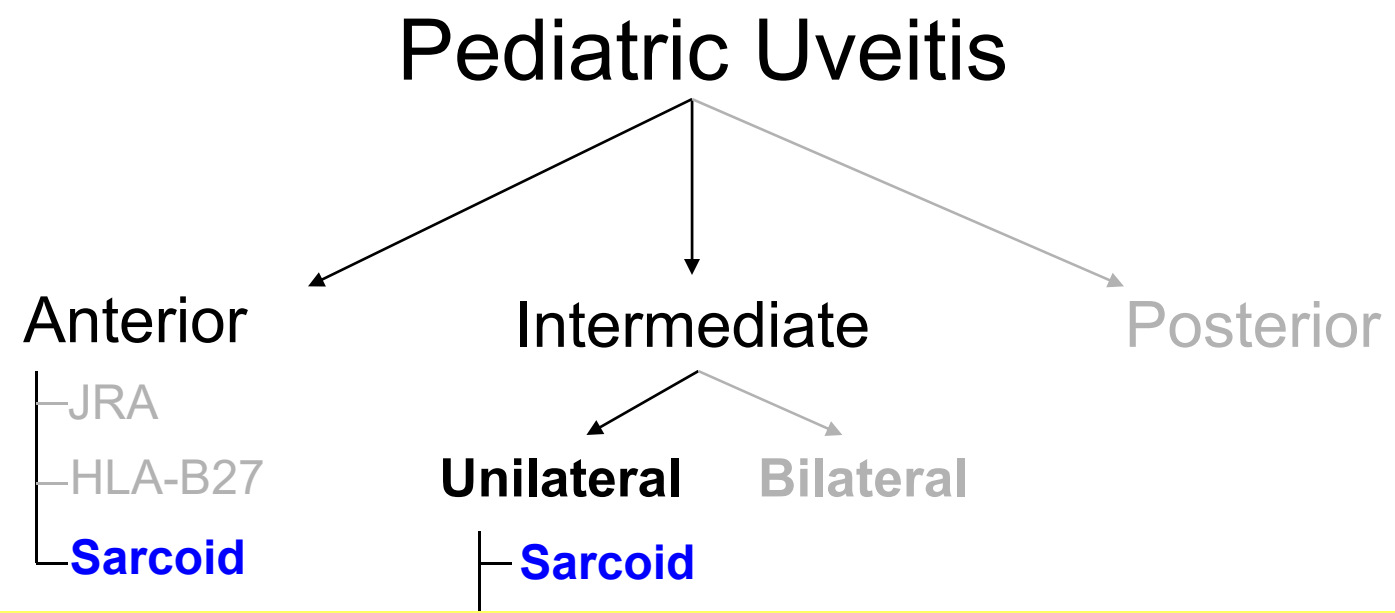
Pediatric Uveitis



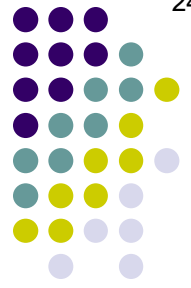
How does pediatric sarcoid present?
 In children over age 4 years, sarcoid presents in a manner similar to adult disease. However, early-onset (<4 years) sarcoid presents very differently—often with a triad of .



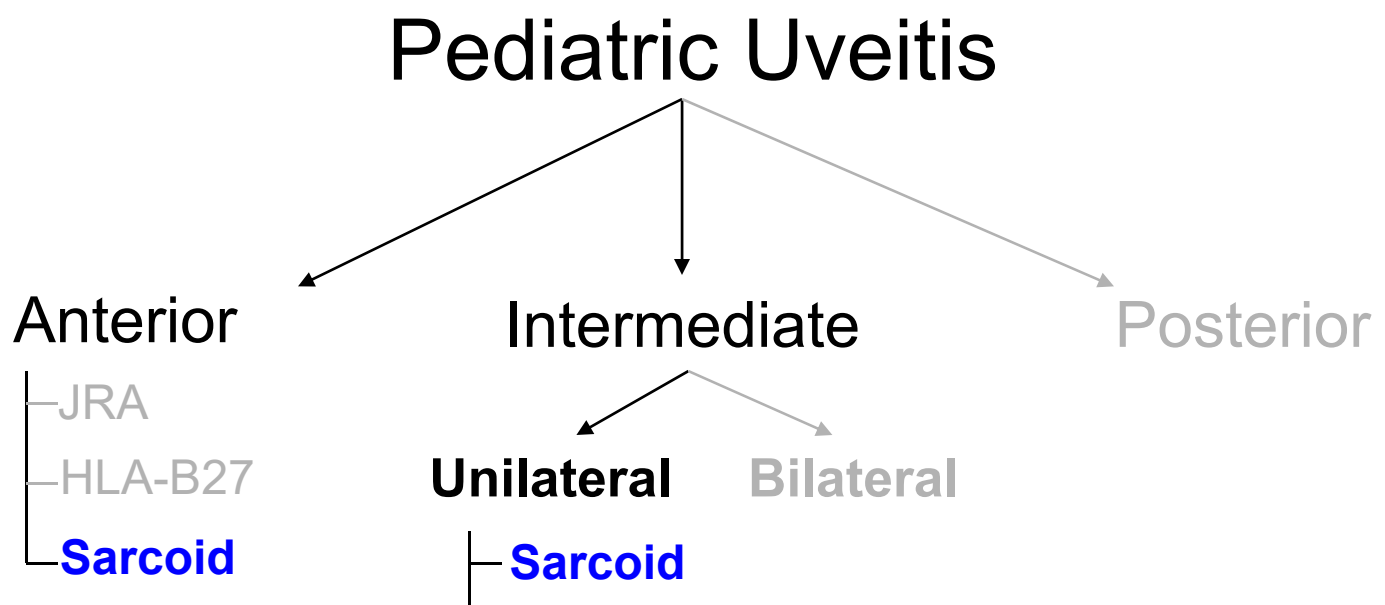
Pediatric Uveitis



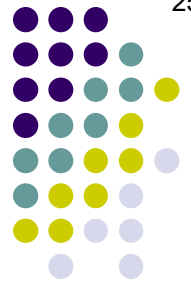
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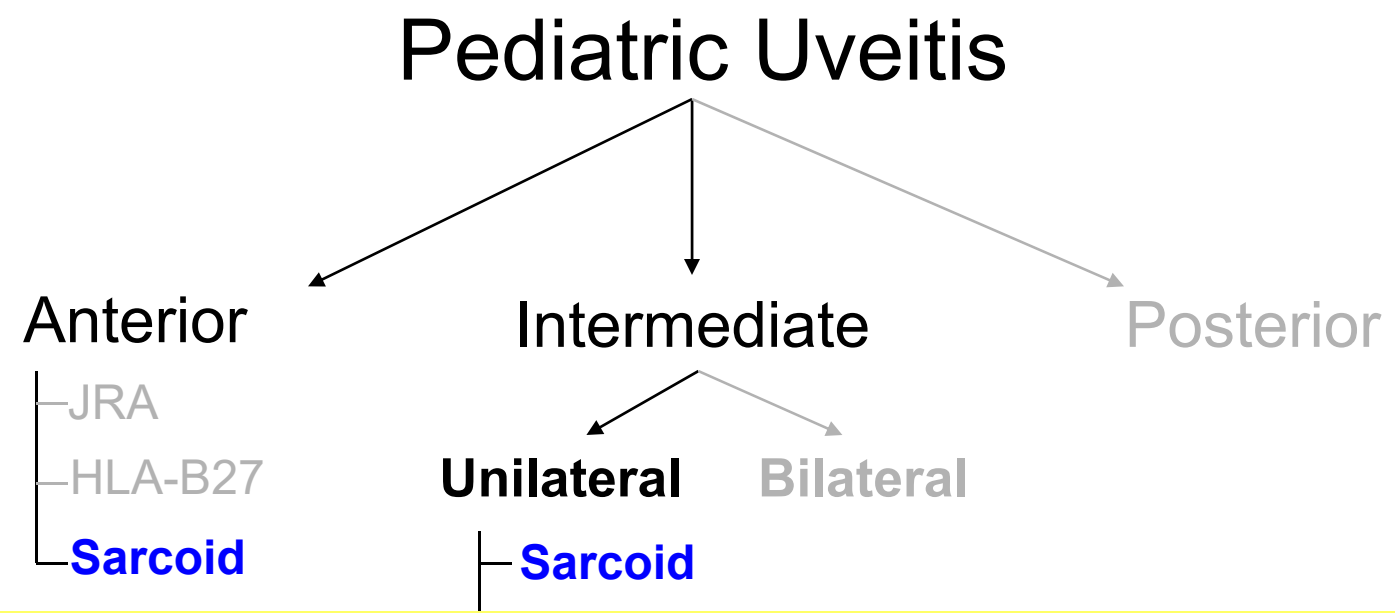
Pediatric Uveitis



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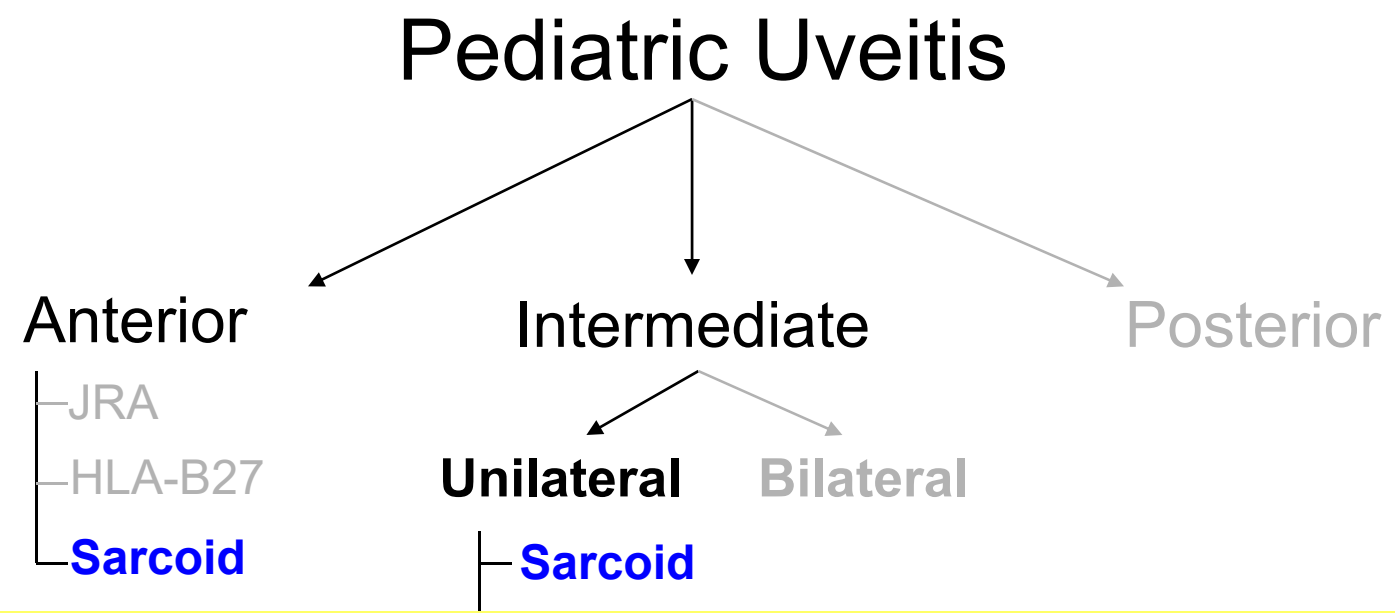
Pediatric Uveitis



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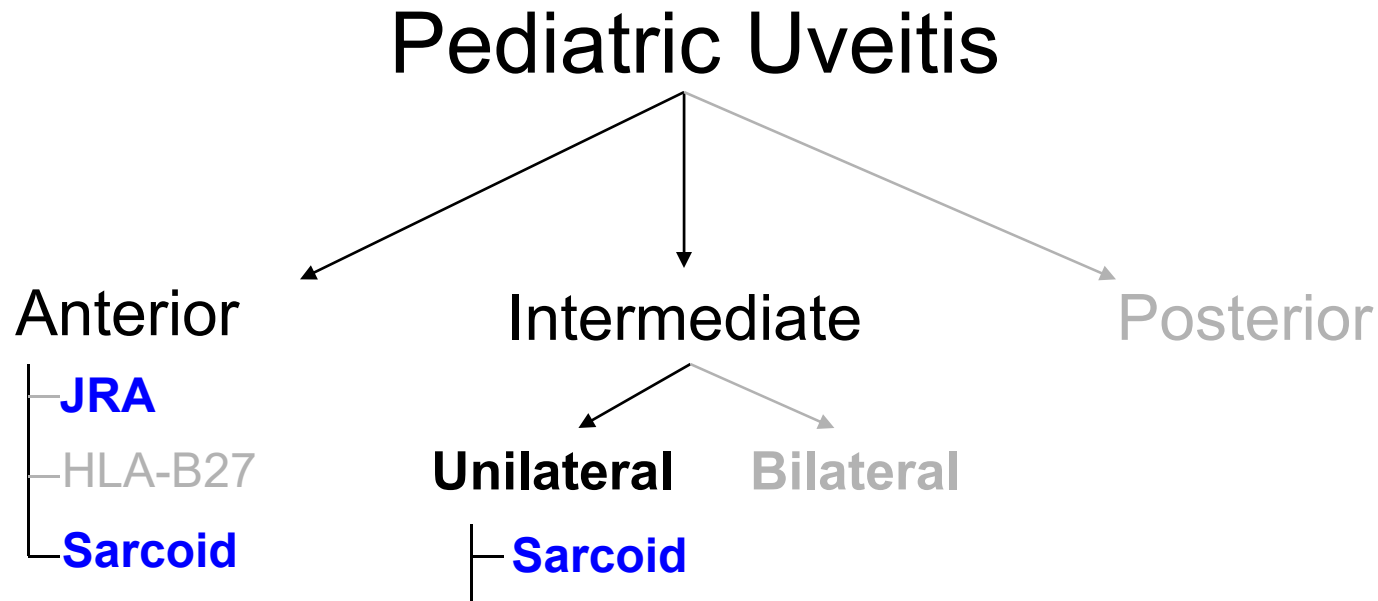
Pediatric Uveitis



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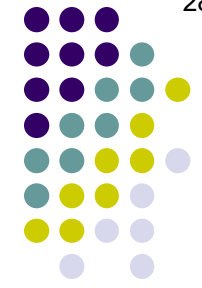


Pediatric Uveitis



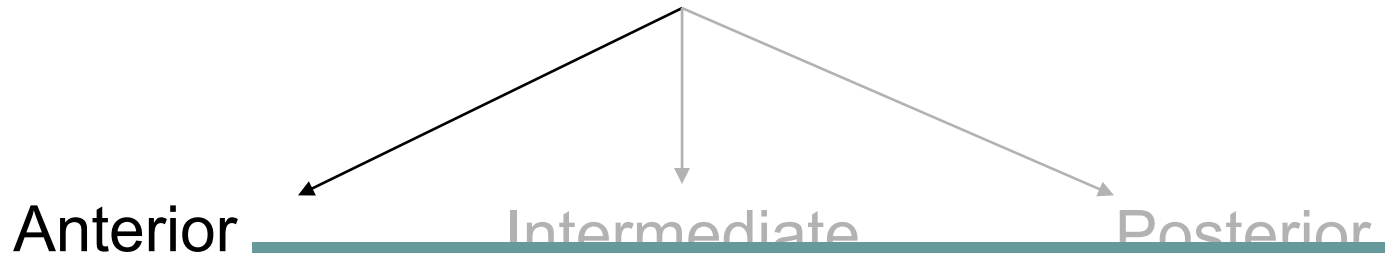
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Pediatric Uveitis

Pediatric Uveitis



Anterior

- JRA
- HLA-B27
- Sarcoid

Intermediate

Posterior

The top four entities in the differential for **pediatric arthritis + uveitis** are:

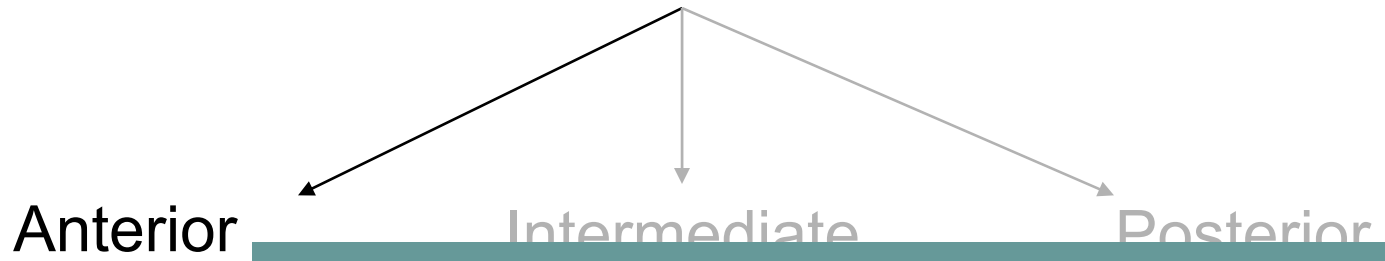
- JRA
- Sarcoid
- ?
- ?

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Pediatric Uveitis

Pediatric Uveitis

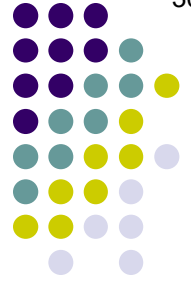


- JRA
- HLA-B27
- Sarcoid

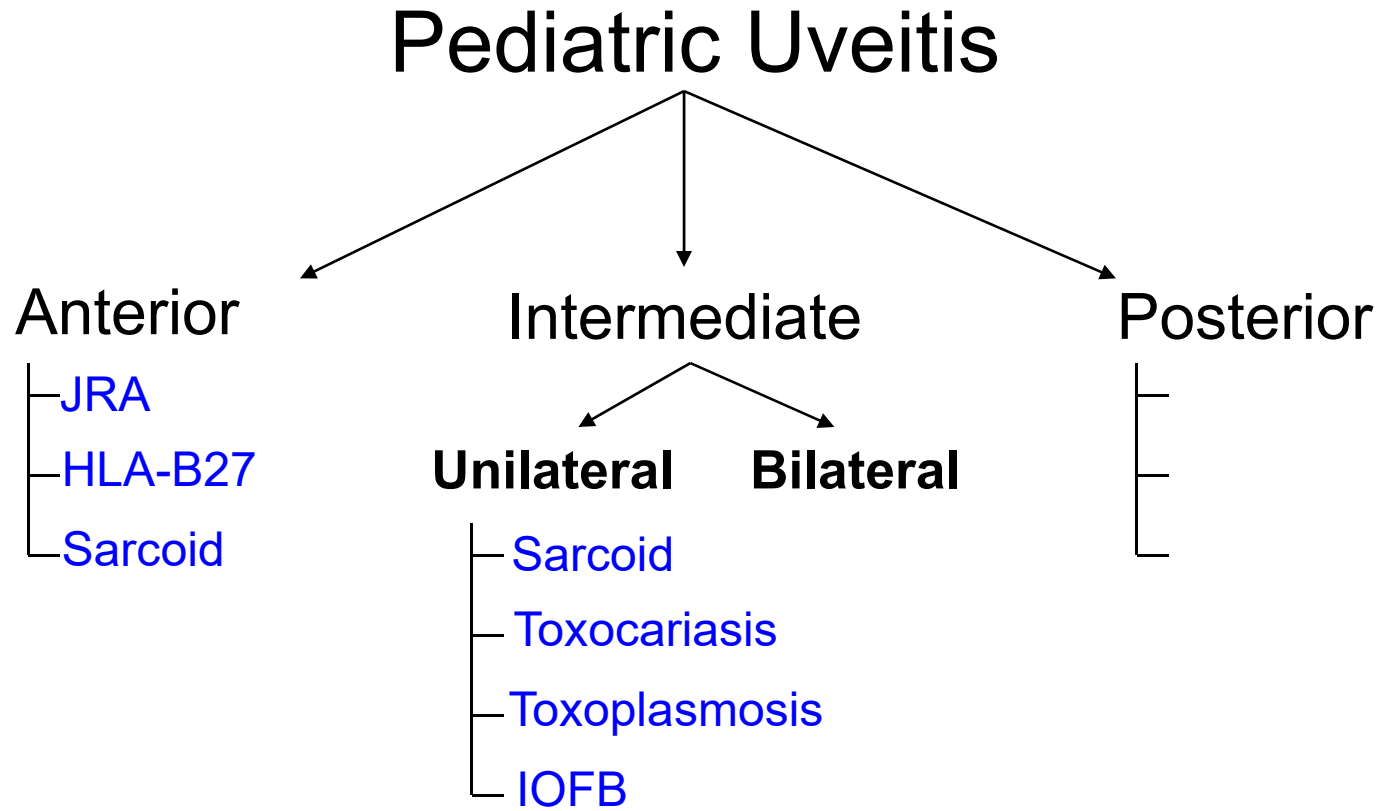
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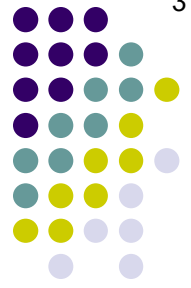
- JRA
- Sarcoid
- Syphilis
- Lyme dz

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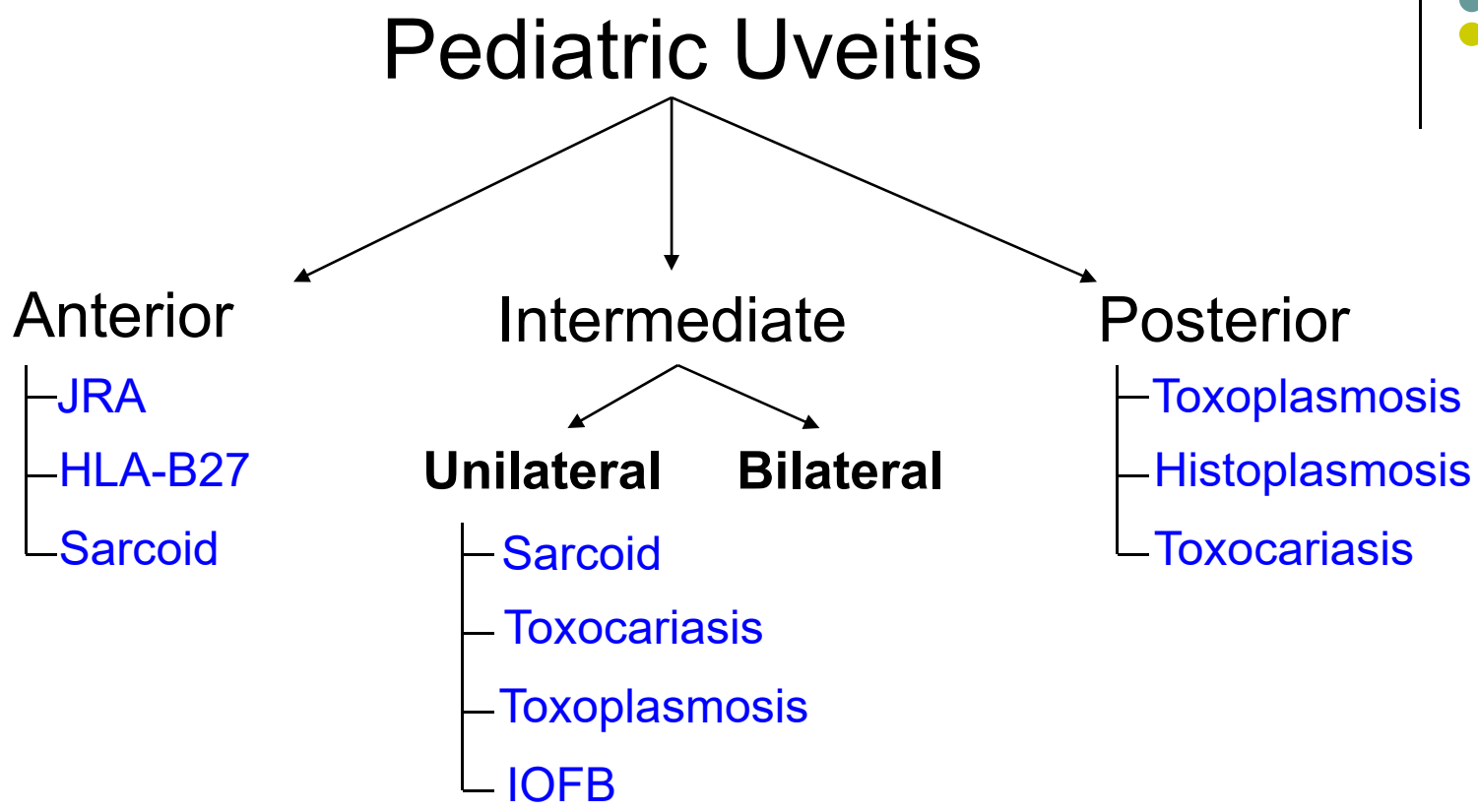


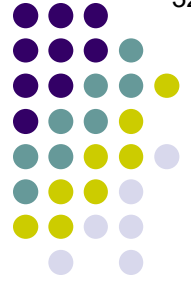
Pediatric Uveitis



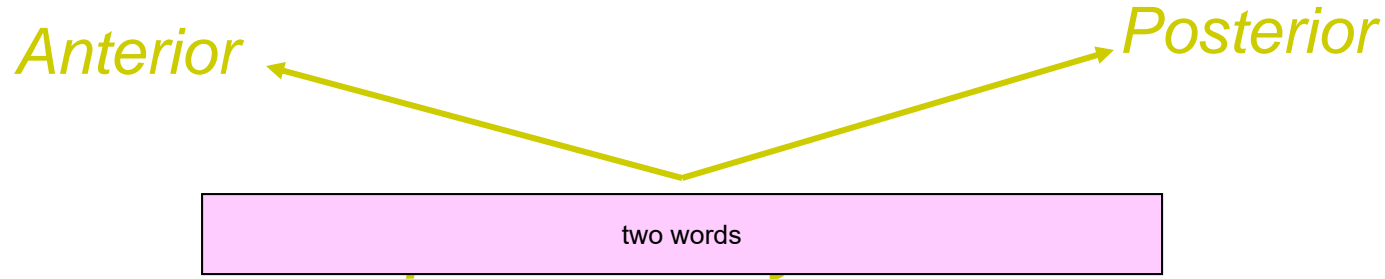
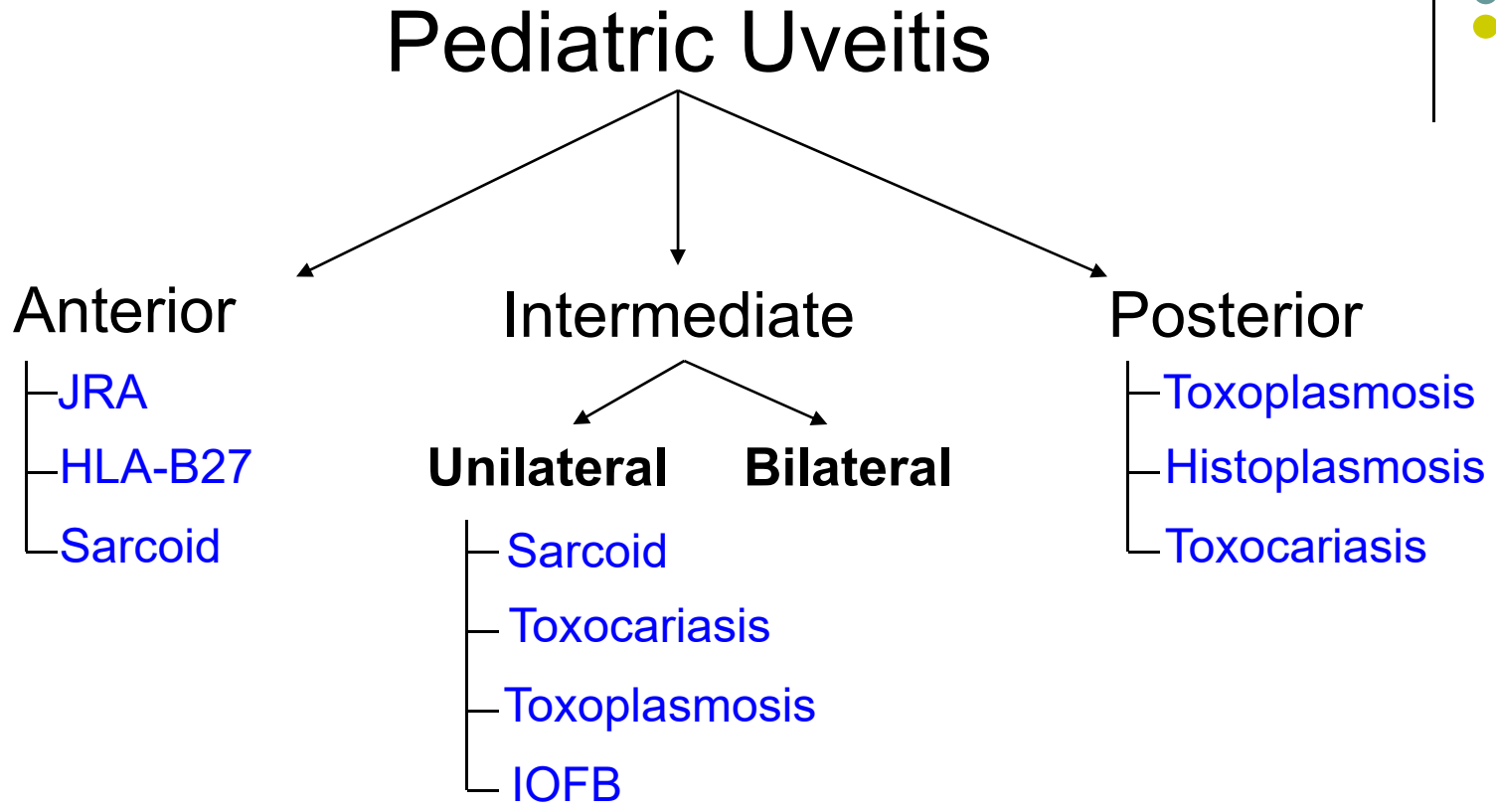


Pediatric Uveitis



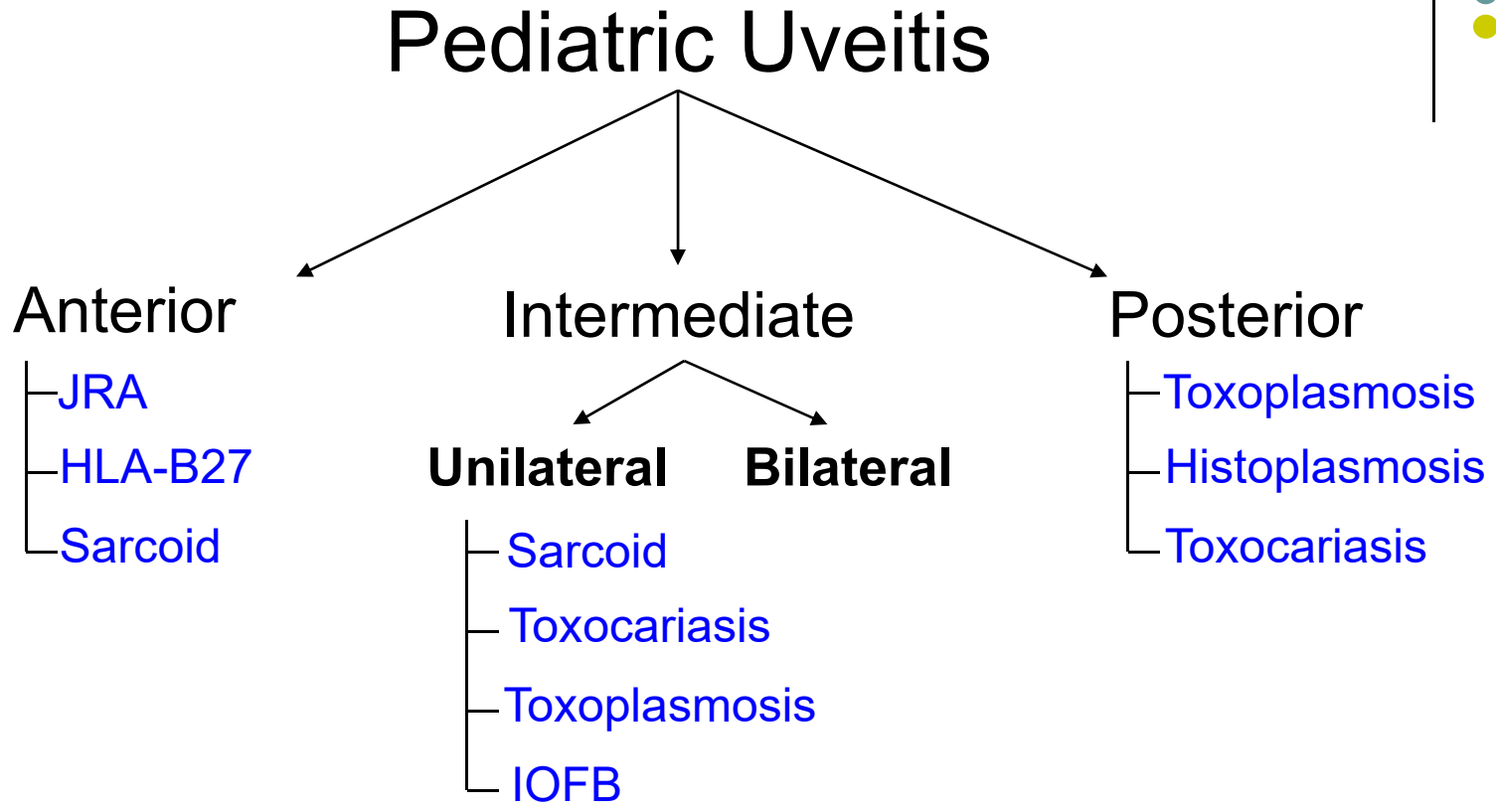


Pediatric Uveitis





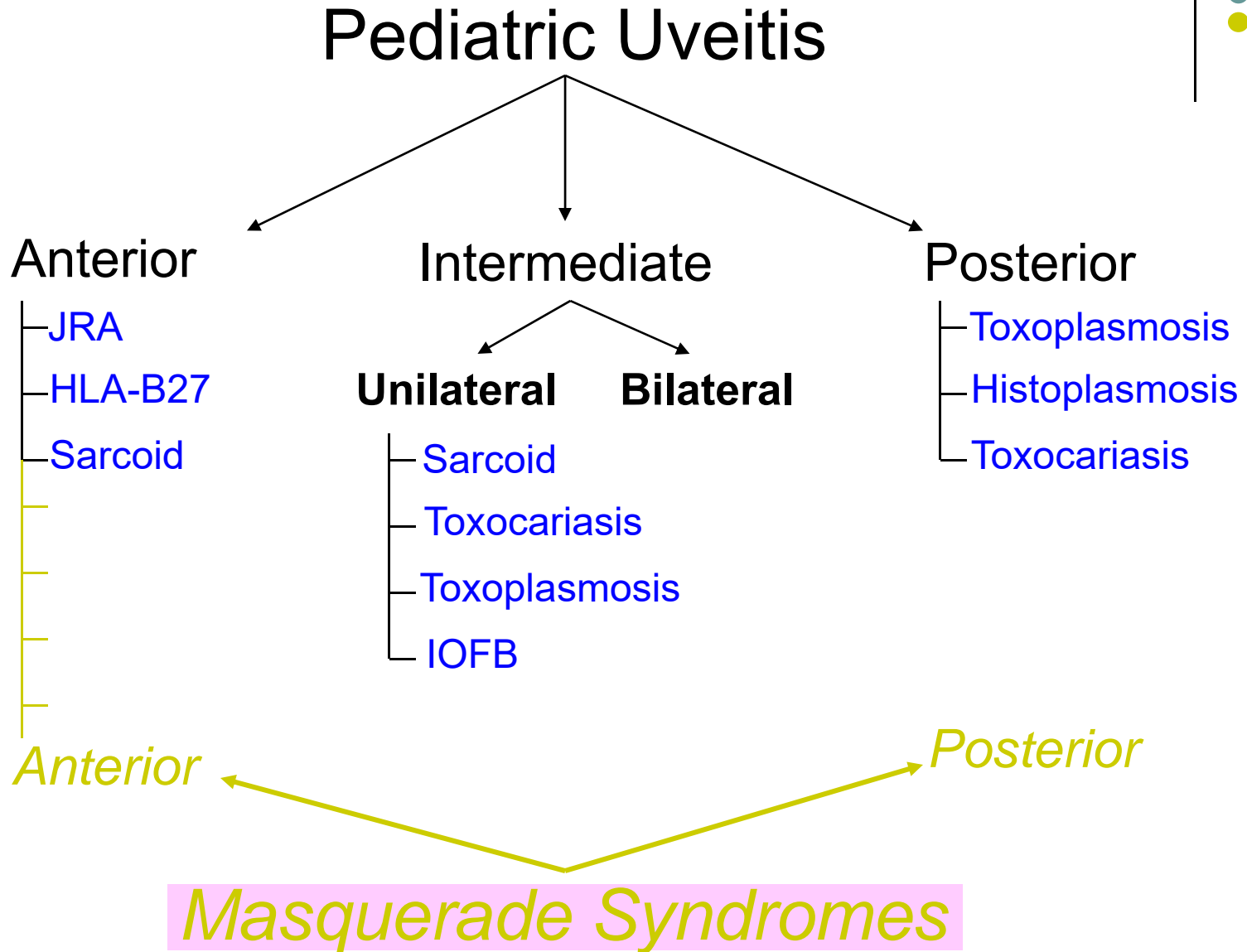
Pediatric Uveitis



Anterior ← *Masquerade Syndromes* → *Posterior*

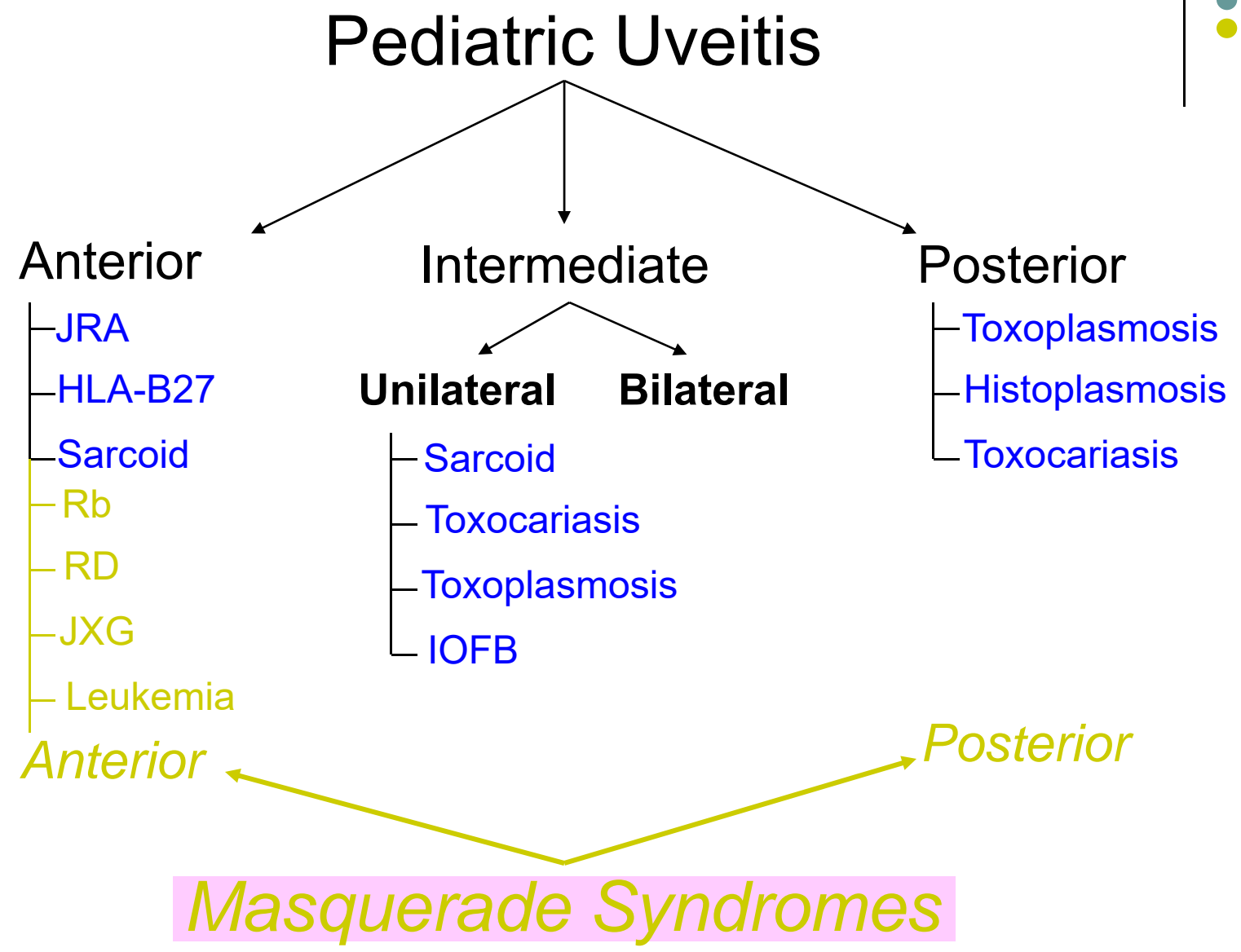


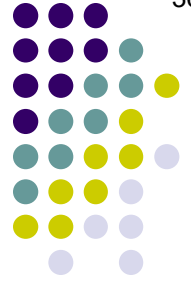
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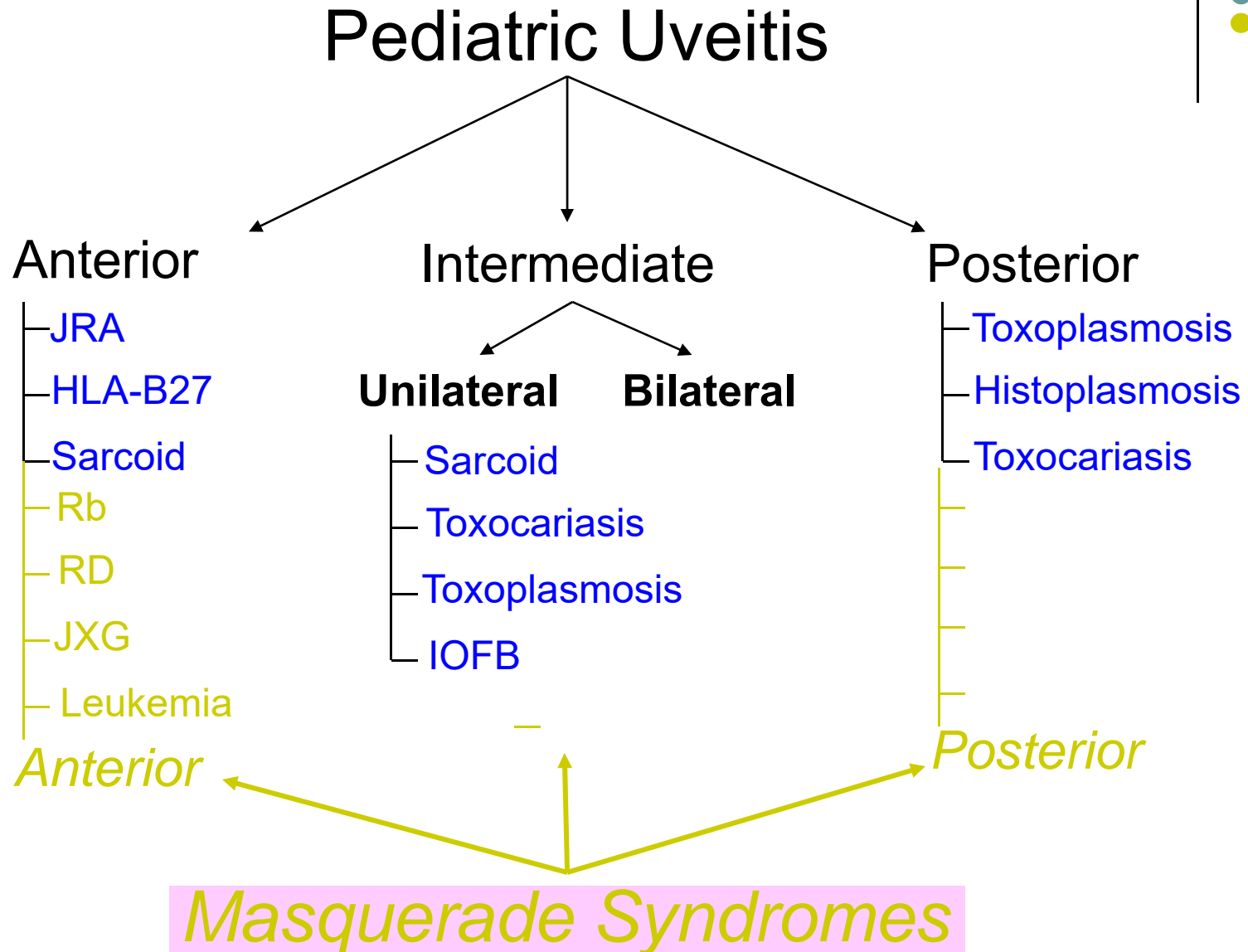


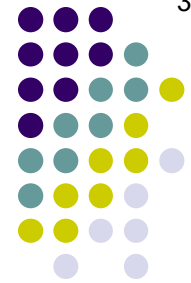
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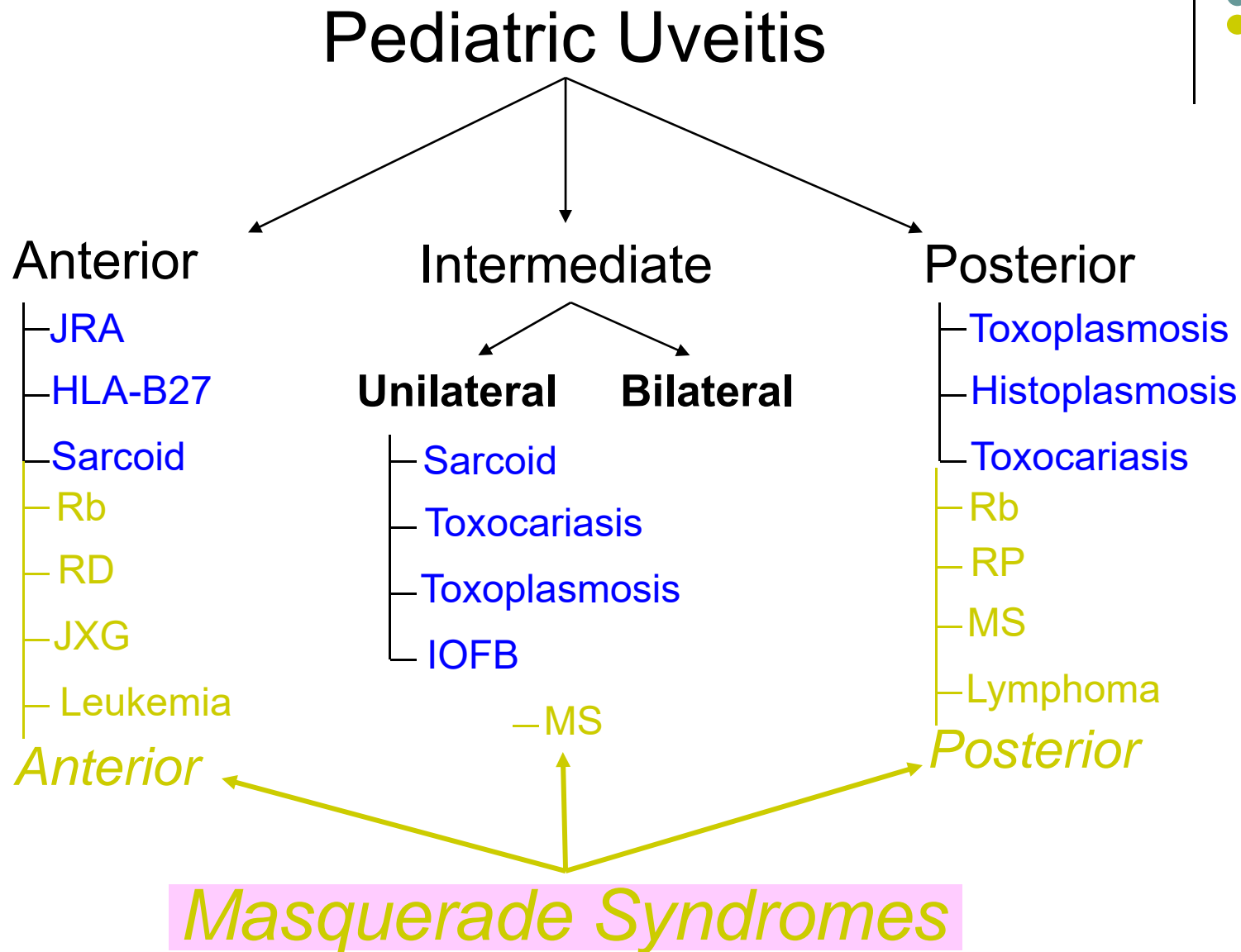


Pediatric Uveitis



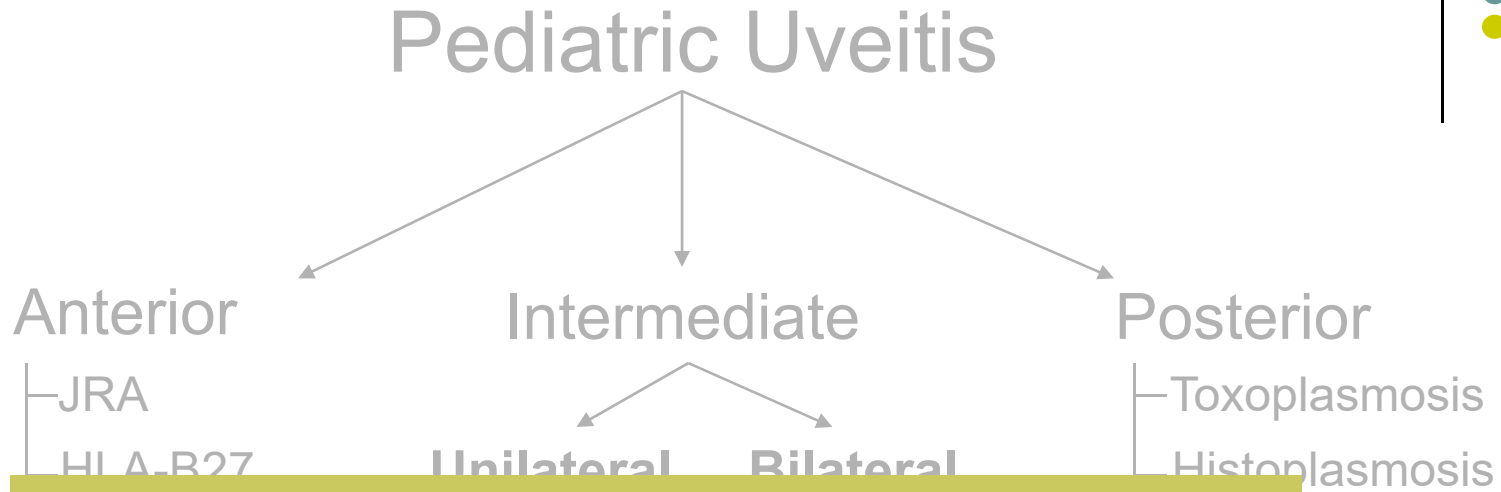


Pediatric Uveitis



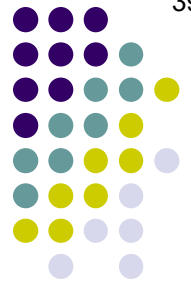


Pediatric Uveitis

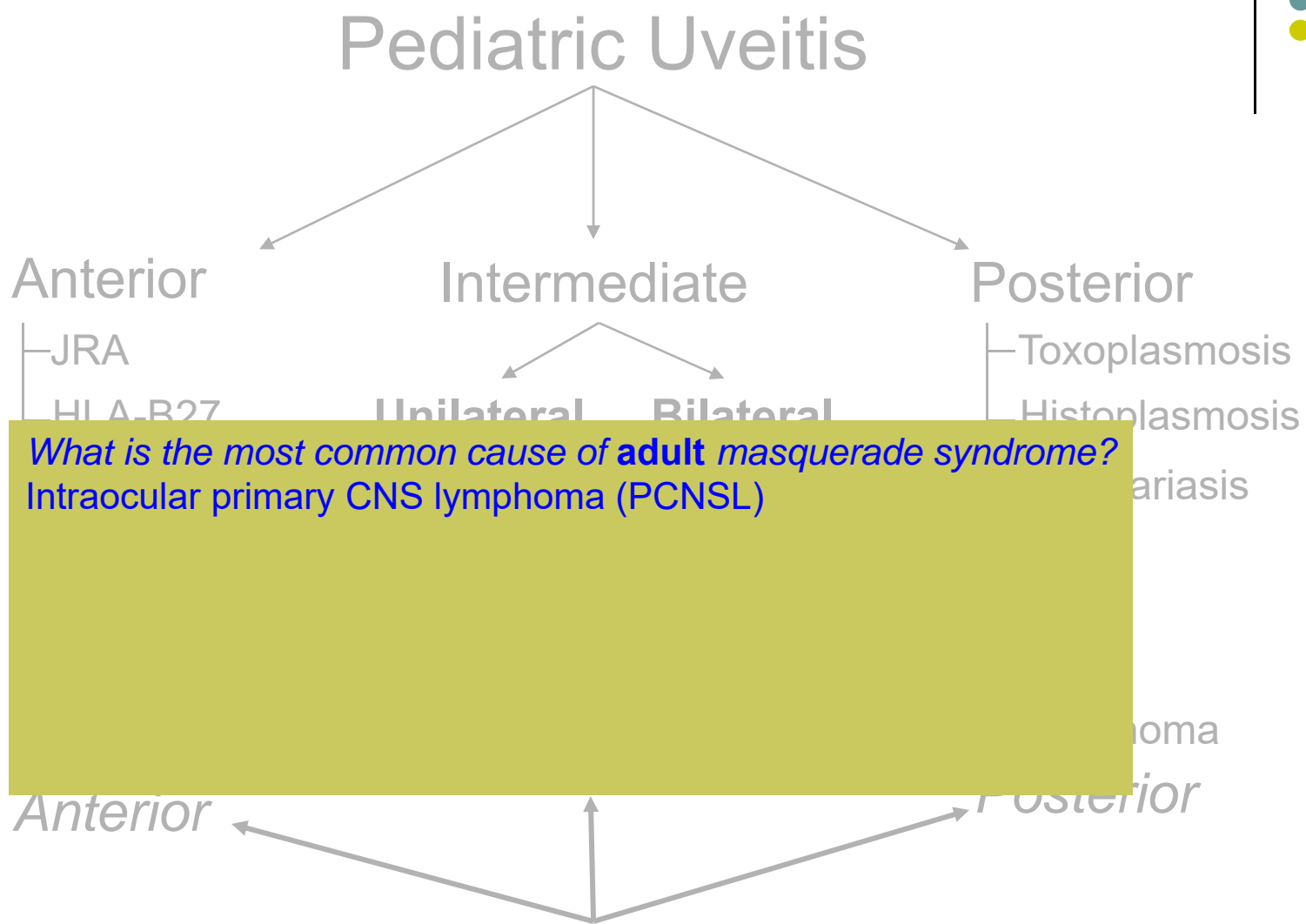


*What is the most common cause of **adult** masquerade syndrome?*

Adult Masquerade Syndromes



Pediatric Uveitis

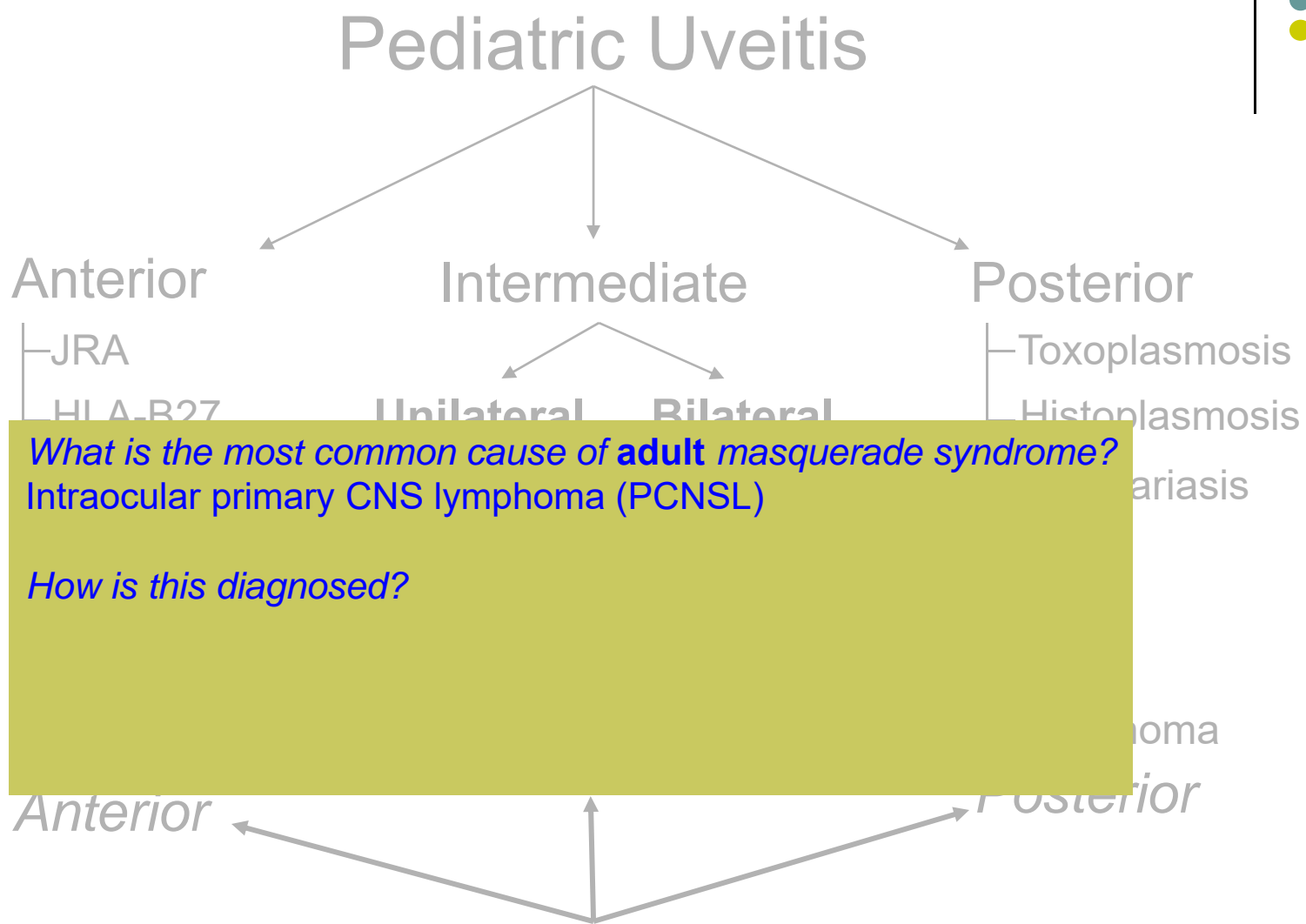


*What is the most common cause of **adult** masquerade syndrome?
Intraocular primary CNS lymphoma (PCNSL)*

Adult Masquerade Syndromes



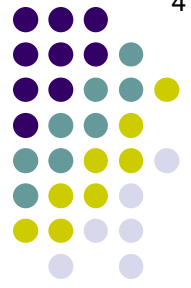
Pediatric Uveitis



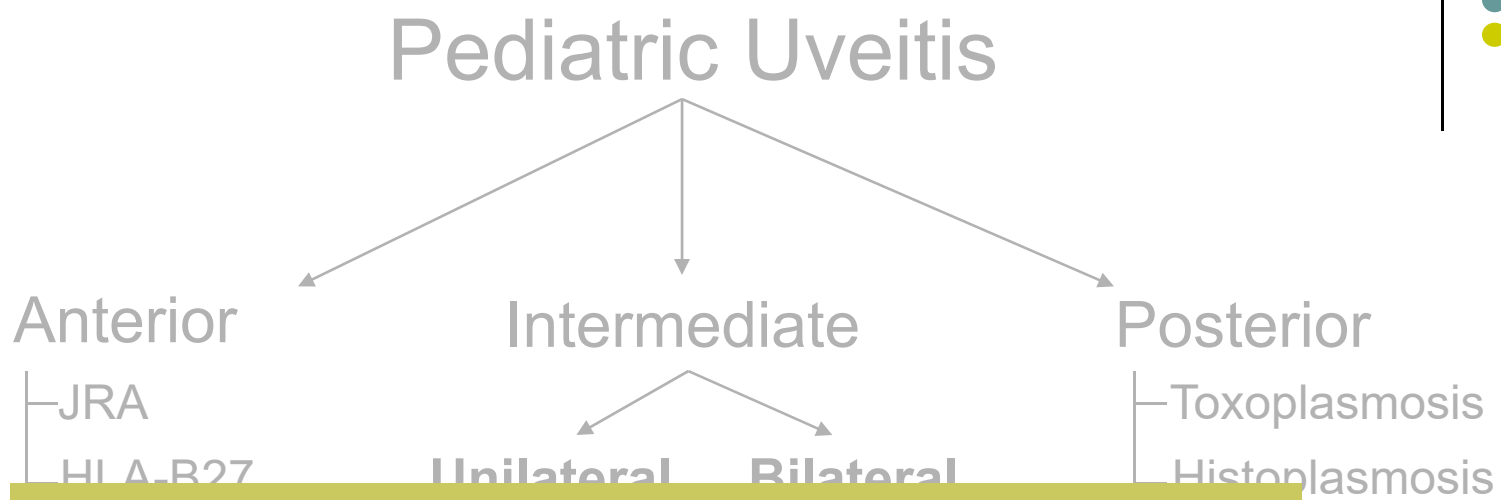
*What is the most common cause of **adult** masquerade syndrome?
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How is this diagnosed?

Adult Masquerade Syndromes



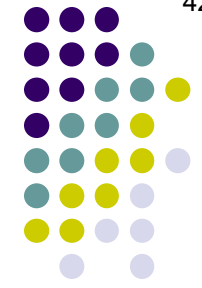
Pediatric Uveitis



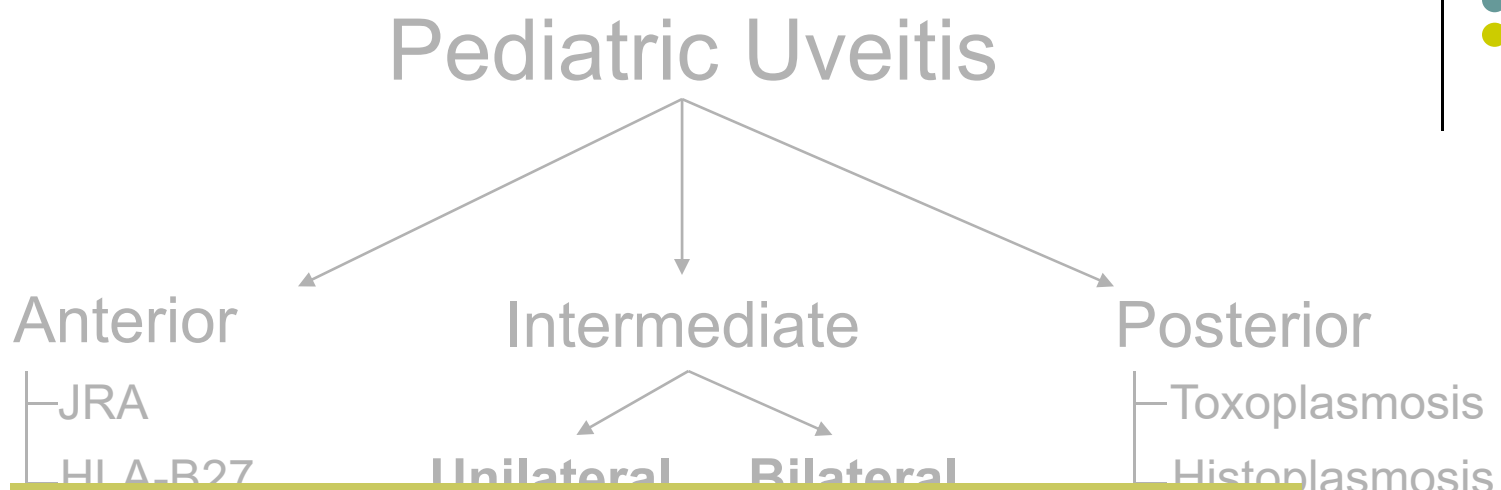
*What is the most common cause of **adult** masquerade syndrome?*
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How is this diagnosed?
 Via identification of malignant cells in the vitreous and/or CSF

Adult Masquerade Syndromes



Pediatric Uveitis



*What is the most common cause of **adult** masquerade syndrome?*
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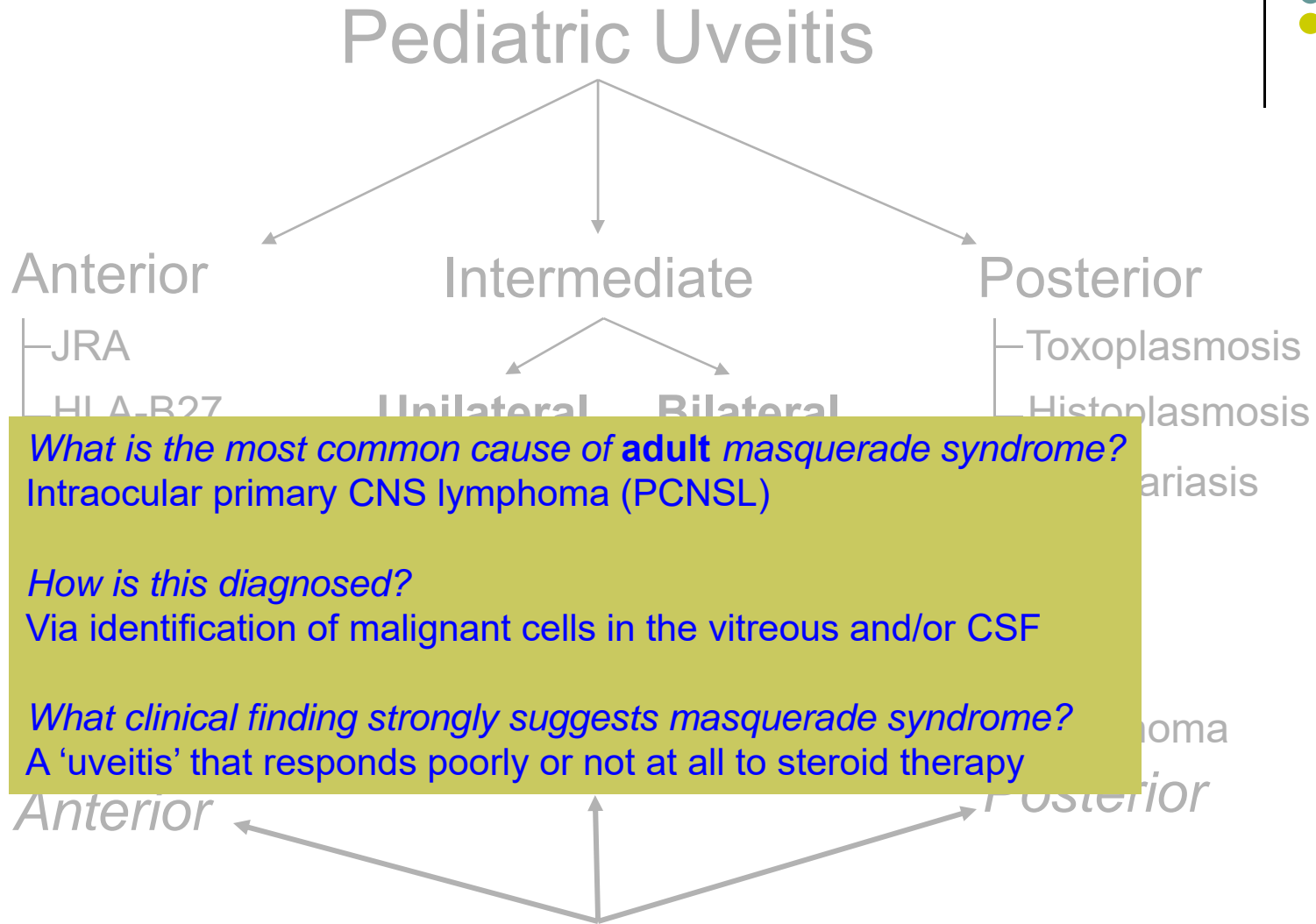
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What clinical finding strongly suggests masquerade syndrome?

Adult Masquerade Syndromes



Pediatric Uveitis



*What is the most common cause of **adult** masquerade syndrome?*
 Intraocular primary CNS lymphoma (PCNSL)

How is this diagnosed?
 Via identification of malignant cells in the vitreous and/or CSF

What clinical finding strongly suggests masquerade syndrome?
 A 'uveitis' that responds poorly or not at all to steroid therapy

Adult Masquerade Syndromes

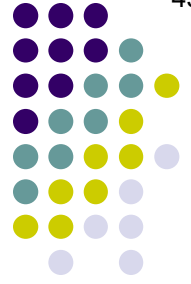
More on Pediatric Uveitis



- Steroid-induced complication rates are higher vs lower in children...

higher vs
lower

More on Pediatric Uveitis



- Steroid-induced complication rates are **higher** in children...

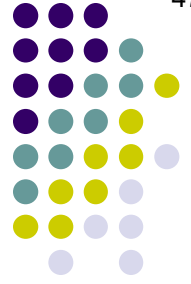


More on Pediatric Uveitis

- Steroid-induced complication rates are **higher** in children...and include:

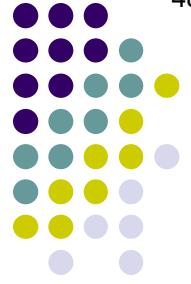
- common complication 1
- common complication 2
- common complication 3

More on Pediatric Uveitis



- Steroid-induced complication rates are **higher** in children...and include:
 - Glaucoma
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More on Pediatric Uveitis

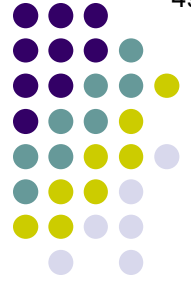


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In what way do pediatric steroid-induced cataracts differ from adult steroid-induced cataracts?

More on Pediatric Uveitis



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In what way do pediatric steroid-induced cataracts differ from adult steroid-induced cataracts?
Pediatric steroid-induced cataracts may reverse with cessation of steroids; the adult versions don't



More on Pediatric Uveitis

- Steroid-induced complication rates are **higher** in children...and include *What is band keratopathy?*
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More on Pediatric Uveitis

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What is band keratopathy?

The deposition of calcium in the cornea



More on Pediatric Uveitis

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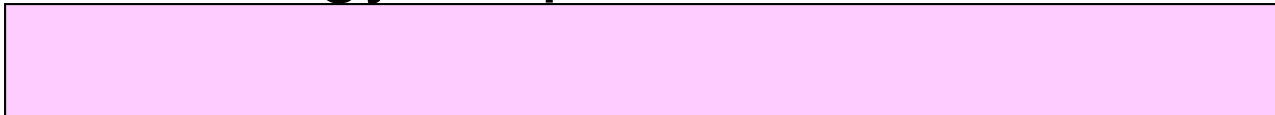
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Chelation therapy with EDTA



More on Pediatric Uveitis

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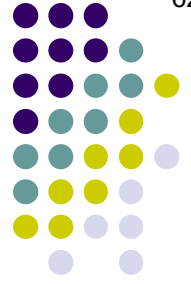


More on Pediatric Uveitis

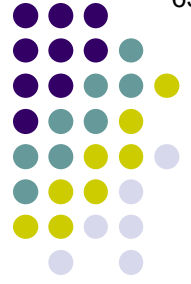


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More on Pediatric Uveitis



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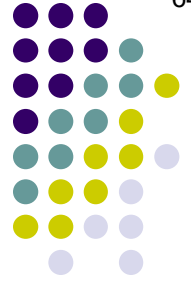


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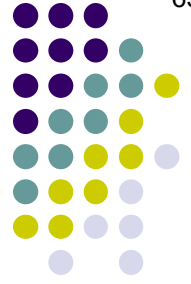


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By what less popular but more accurate name is JRA also known?

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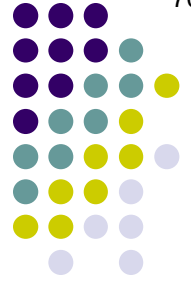
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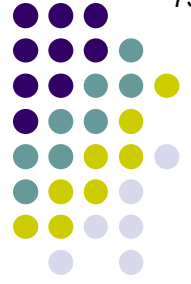
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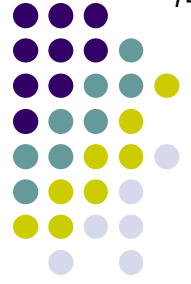
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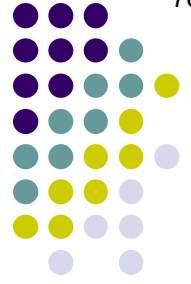
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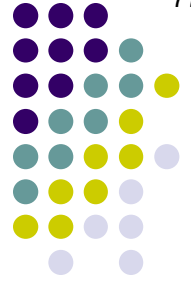
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Uveitis follows arthritis in % of cases



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Uveitis follows arthritis in **90%** of cases



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It is bilateral in about % of cases



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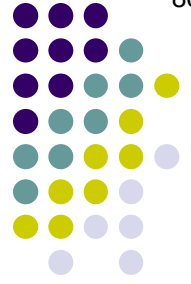


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*Which type carries the **lowest** risk of developing uveitis?*

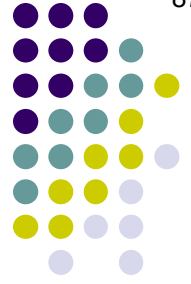


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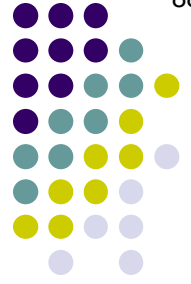
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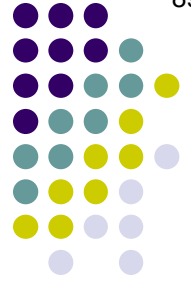


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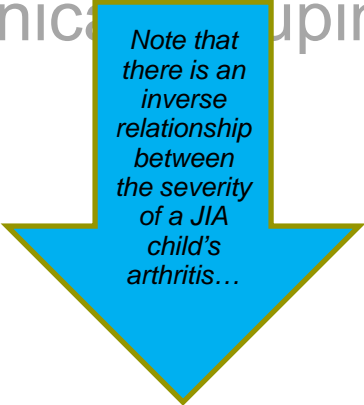
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Note that there is an inverse relationship between the severity of a JIA child's arthritis...



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Note that there is an inverse relationship between the severity of a JIA child's arthritis...

...and how likely s/he is to develop uveitis



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of years

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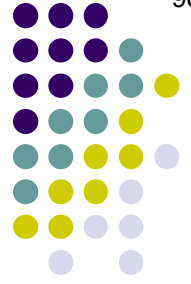
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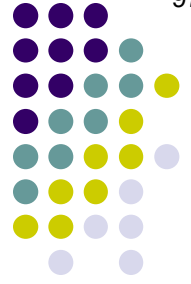
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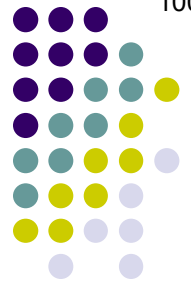
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*What if the pauciarticular patient is **male**—what key factor places him at increased risk for uveitis?*



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 - Pauciarticular
 - Polyarticular
 - Still disease

How 'pauci' does a patient have to be to qualify as pauciarticular, and at what point in the disease process? <4 joints affected at the time of disease onset. This is an important distinction—it doesn't matter how many joints are involved when you see them, it's how many were involved when the disease first declared itself.

What five risk factors place a pauciarticular JIA patient at even higher risk for uveitis?

- Disease duration less than **three years**
- Age of patient younger than **7 years**
- ANA** positive
- RF** negative
- Female** gender

*What if the pauciarticular patient is male—what key factor places him at increased risk for uveitis?
Being **HLA-B27 positive***



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Is/are the affected joints typically located in the upper body or the lower body?

patient at



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She has one swollen knee



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Is the knee painful?



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Is/are the affected joints typically located in the upper body or the lower body?
Lower body

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What is the classic joint presentation of a pauciarticular child who has uveitis?
She has one swollen knee

Is the knee painful?

Usually not; the classic story is a parent noticed the knee while bathing the child



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What is a reasonable timeframe for obtaining an initial eye evaluation once a diagnosis of JIA has been made?

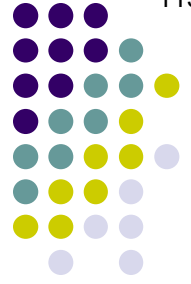


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What is a reasonable timeframe for obtaining an initial eye evaluation once a diagnosis of JIA has been made?

One month



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How frequently should JIA patients be re-evaluated for uveitis?



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Evaluate **every 3 months** if...

-- joint status



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--

ANA status



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Evaluate **every 6 months** if...

- **joint status**



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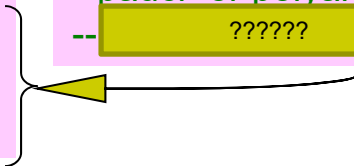
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Evaluate **every 6 months** if...

- pauci- or polyarticular **AND**
- ??????**





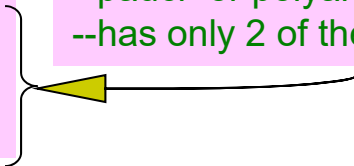
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--has only 2 of these 3





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Evaluate **annually** if...

- joint status



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Evaluate **annually** if...
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Evaluate **annually** if...
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 --**OR** if patient has specific condition



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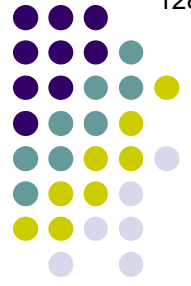
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How is JIA uveitis treated?



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The mainstay is topical steroids and cycloplegics; pulse systemic steroids may be needed, as well as PO NSAIDs. In severe cases immunosuppression is required.



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What steroid-sparing agent is typically tried first?



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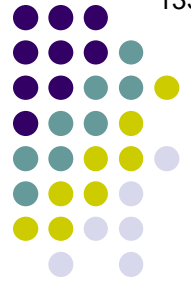
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Lymphoma



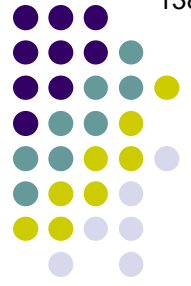
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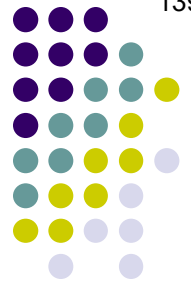
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When should cataract extraction be considered?

Only after an extended period of quiescence; consideration should be given to performance of a PPV at the time of CE