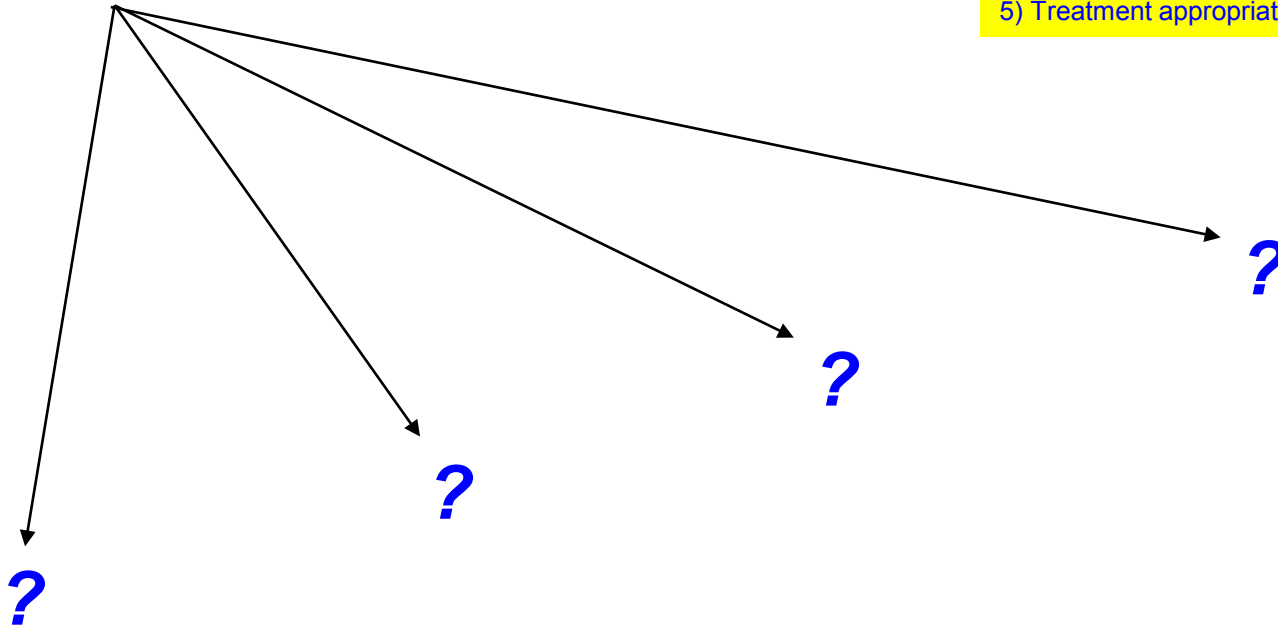


Uveitis

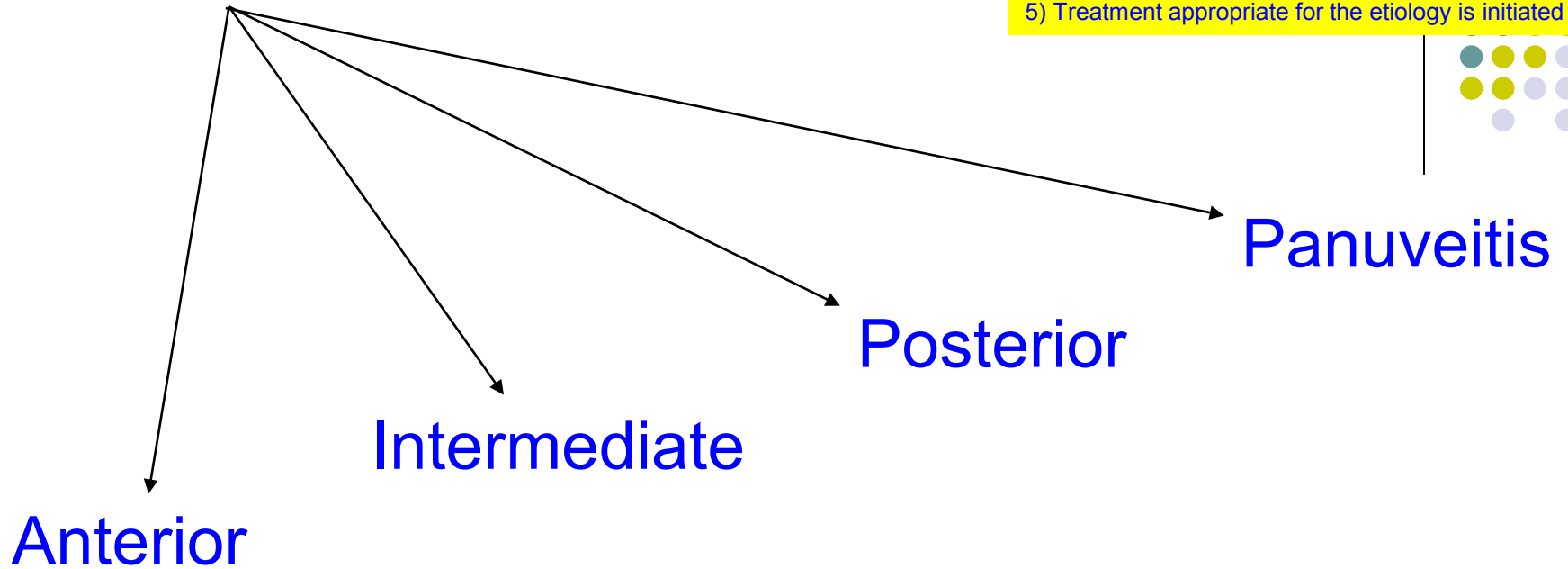
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What are the four basic anatomic locations for uveitis?

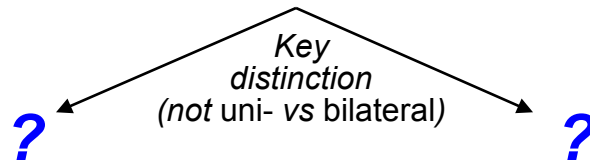
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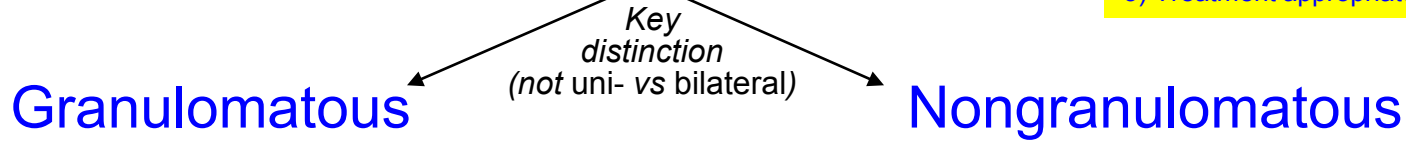
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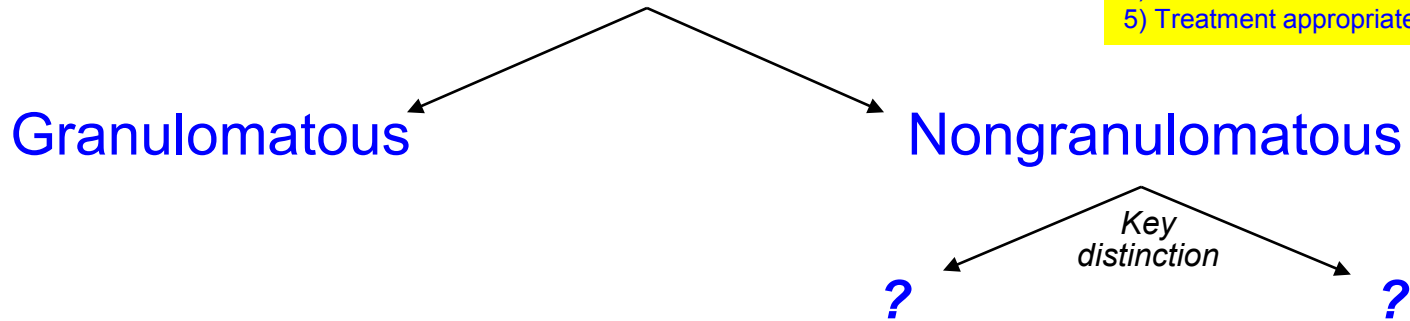
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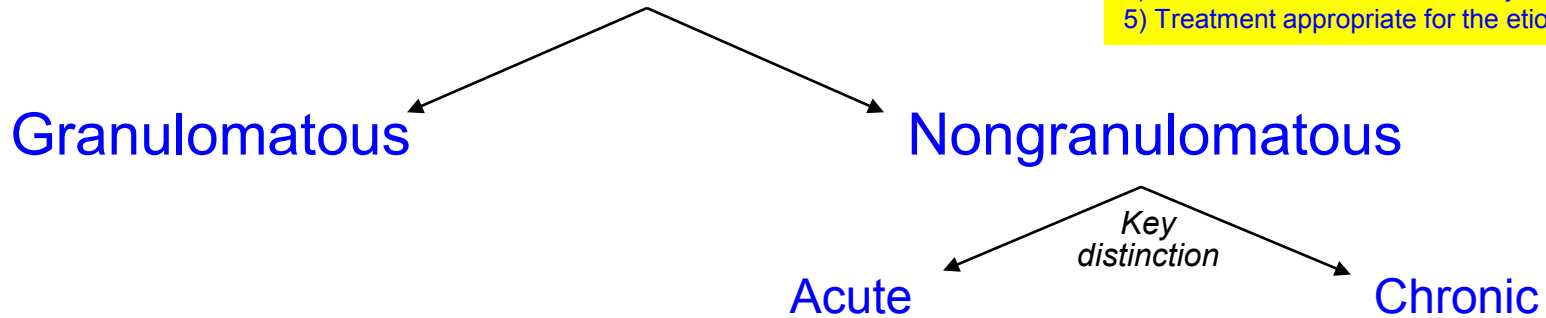
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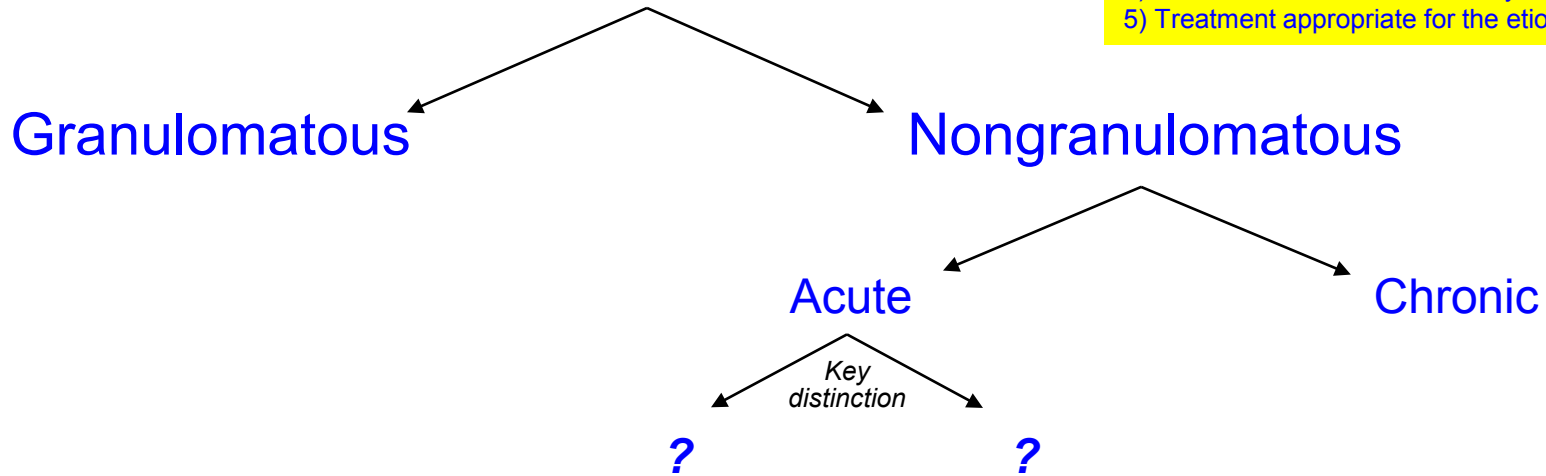
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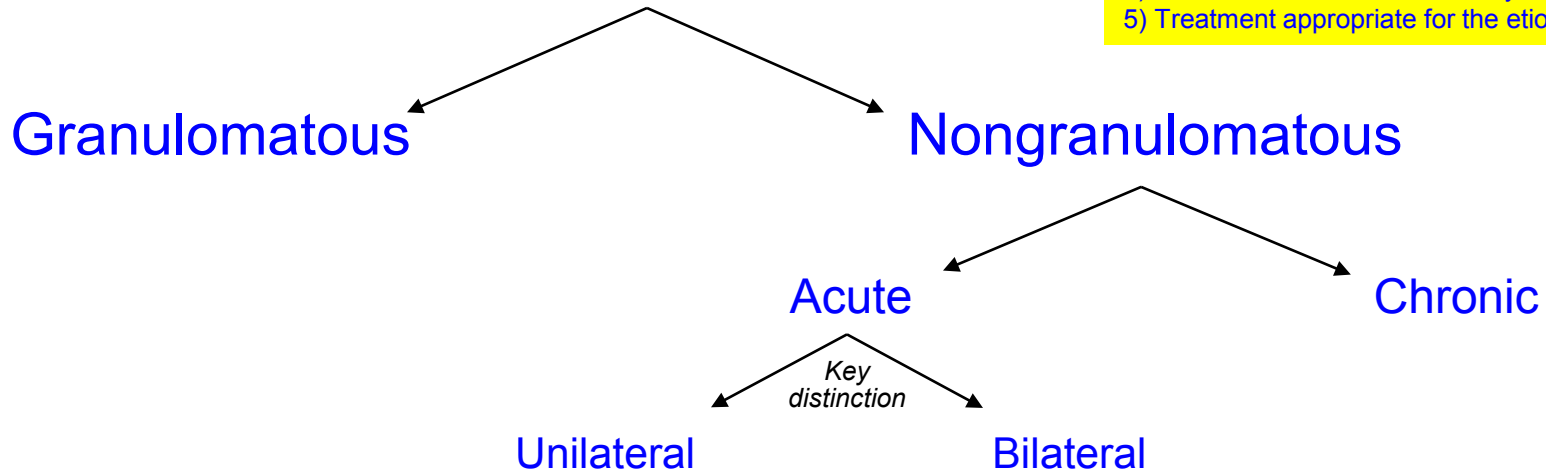
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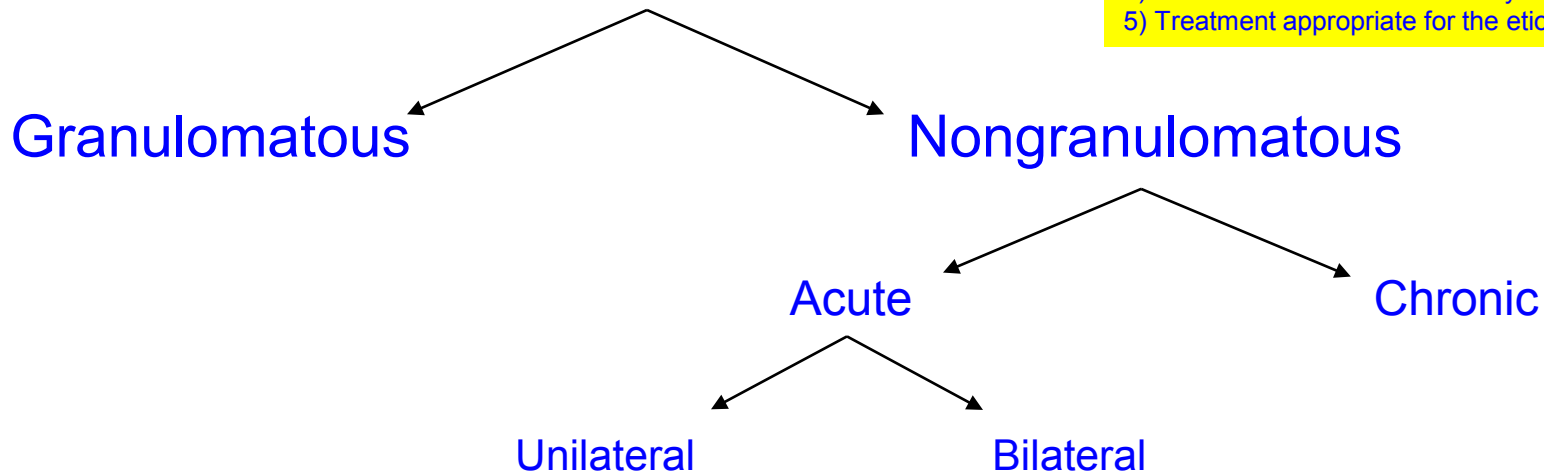
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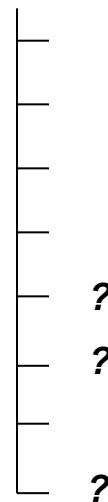
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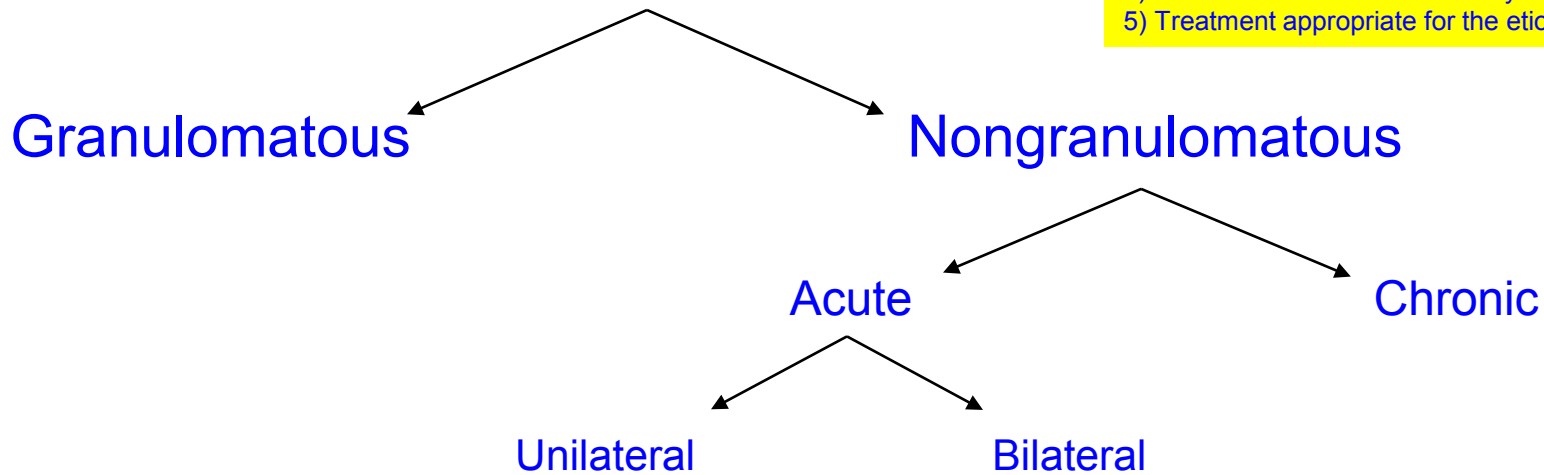
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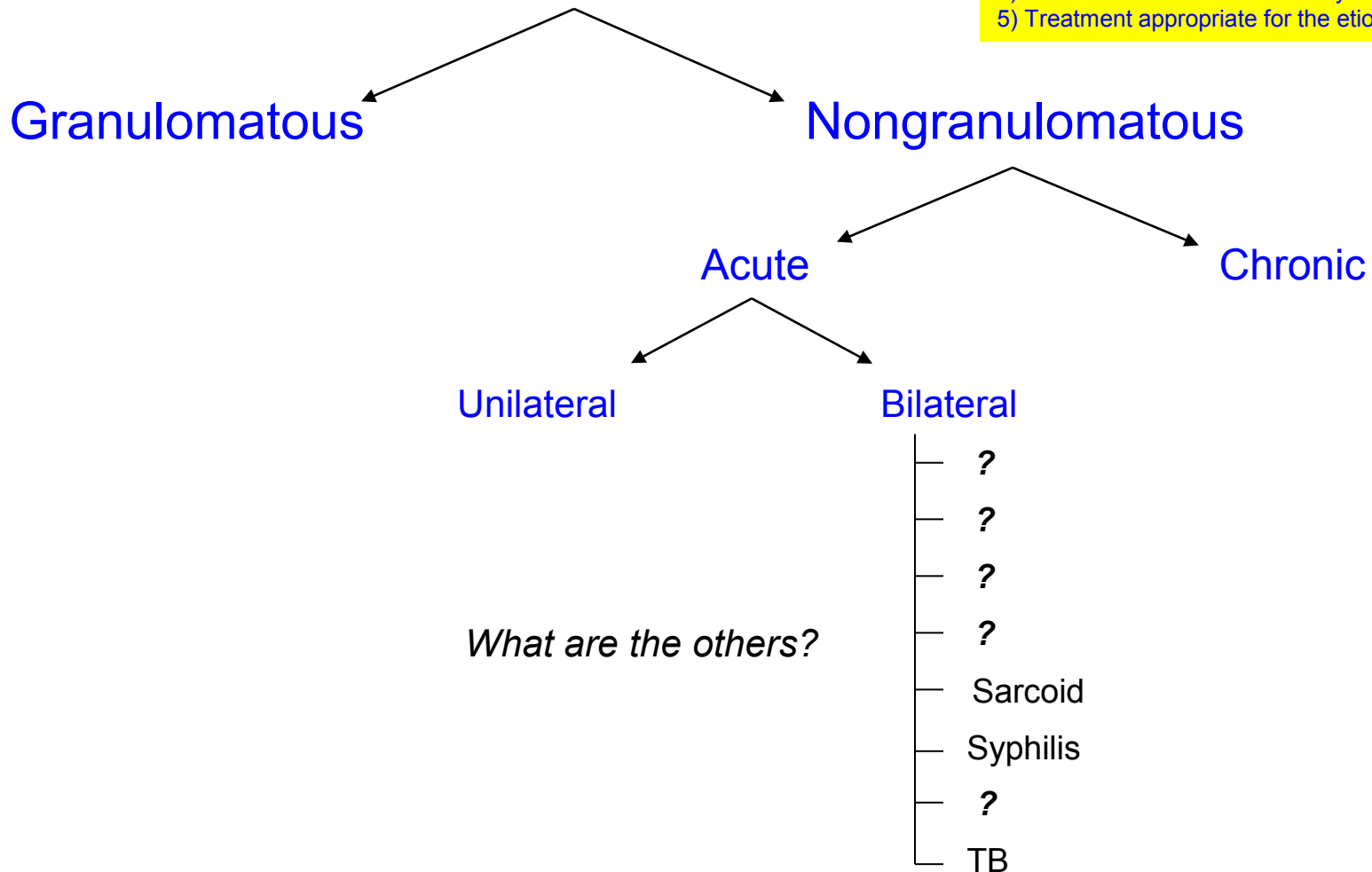
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Syphilis
TB

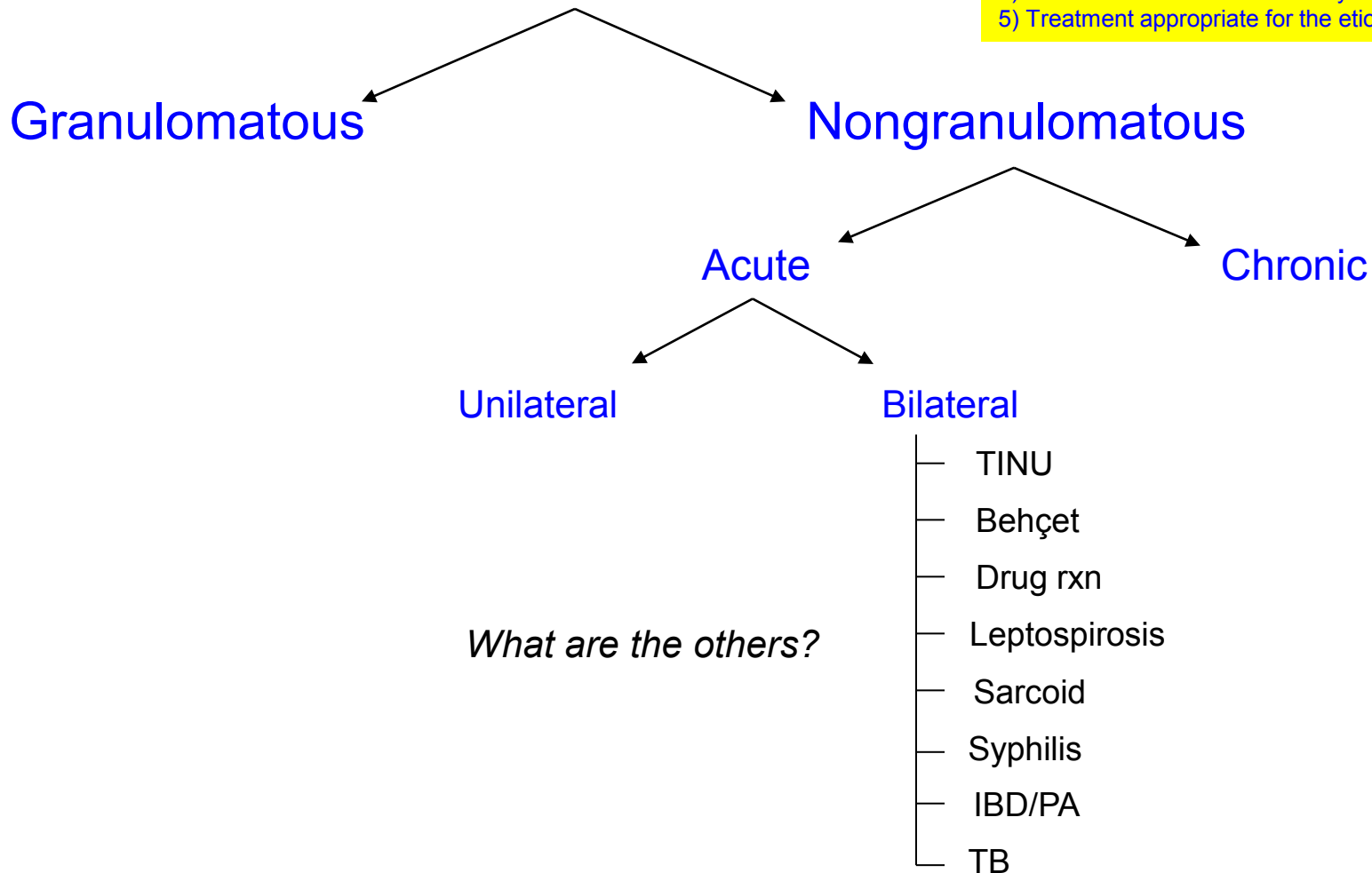
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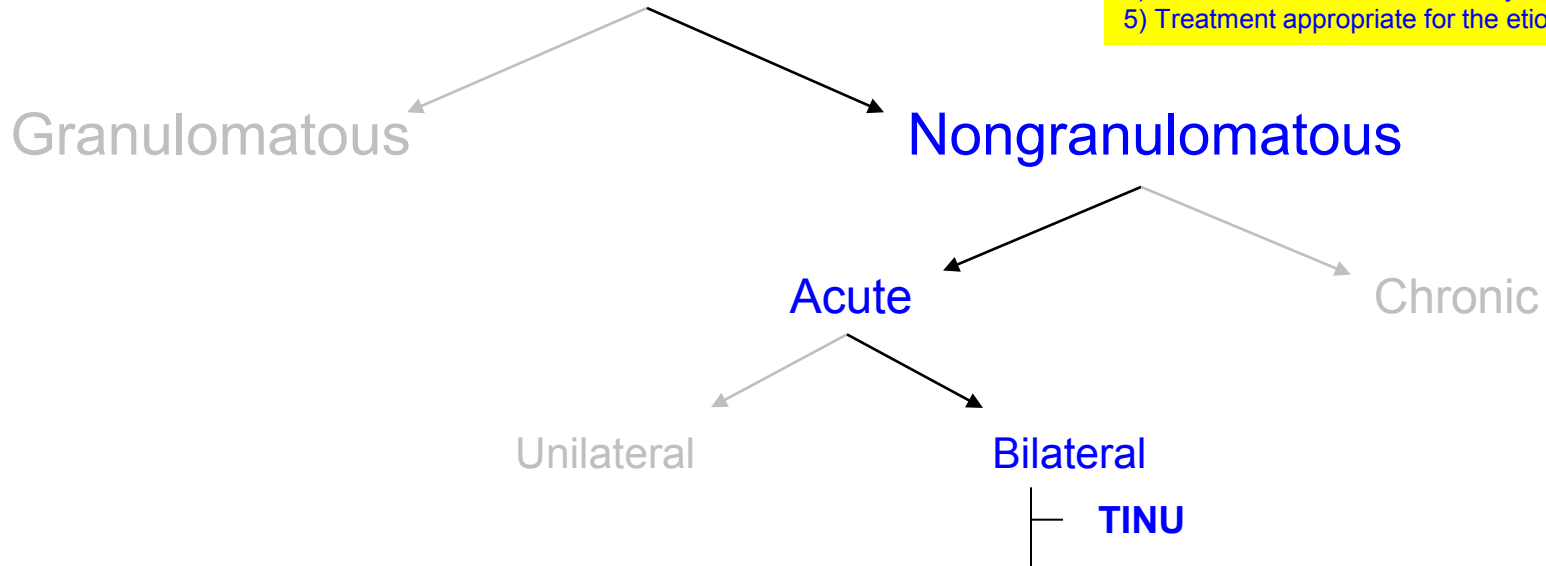
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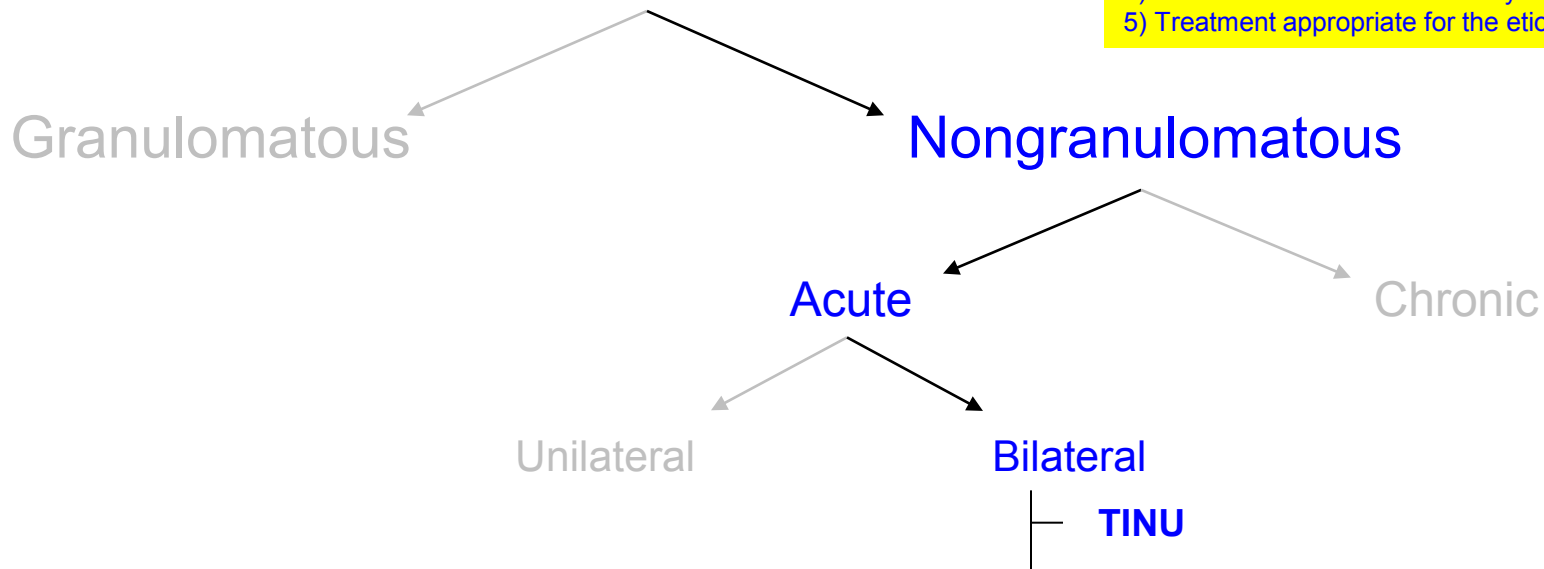


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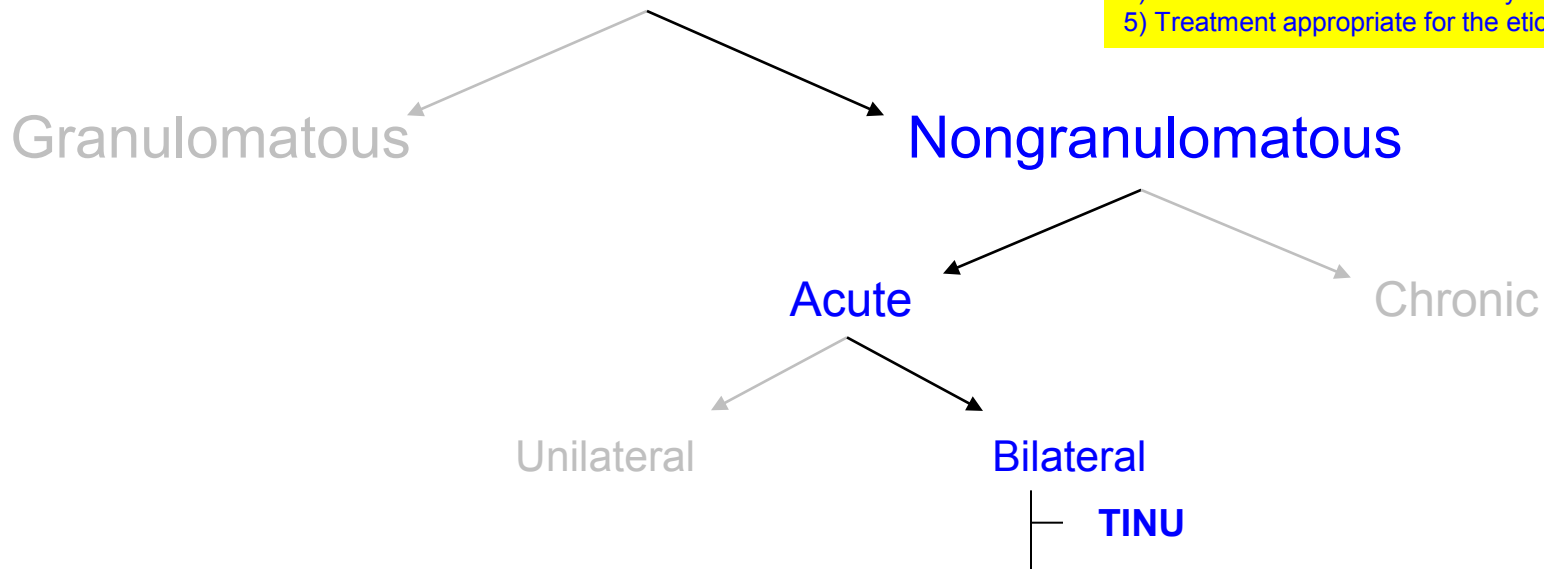
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Tubulointerstitial nephritis and uveitis (syndrome)

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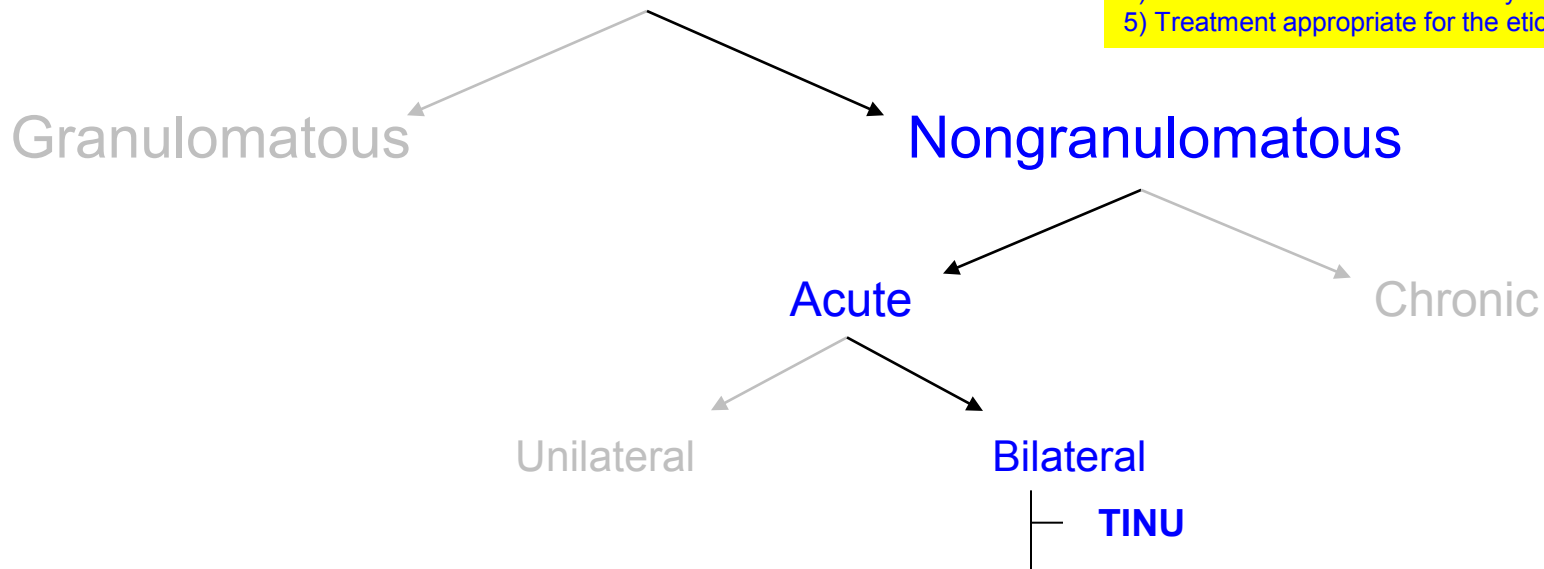


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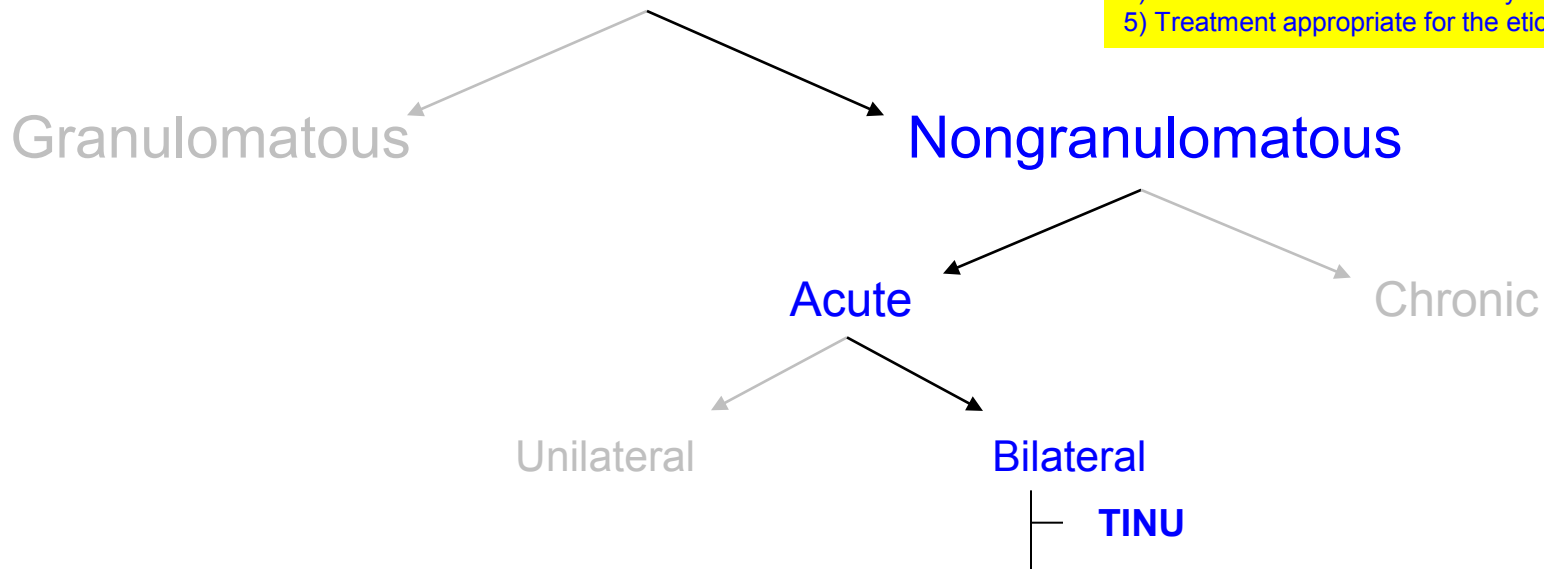
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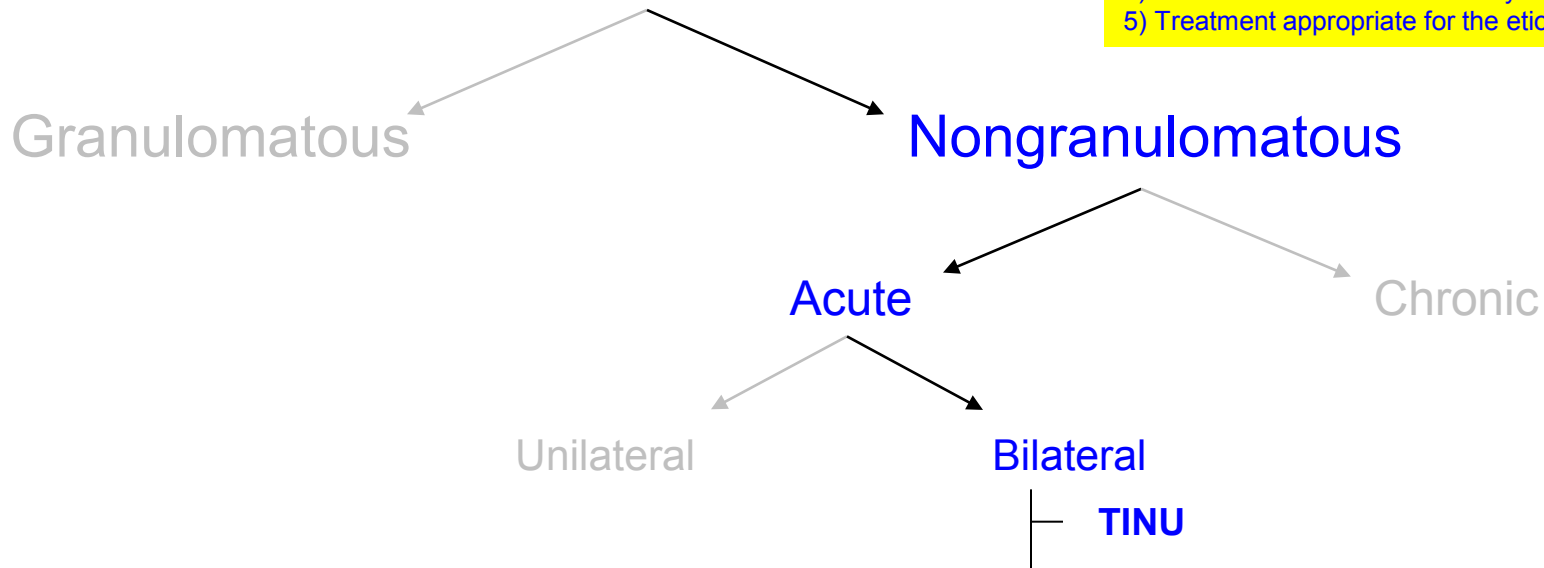
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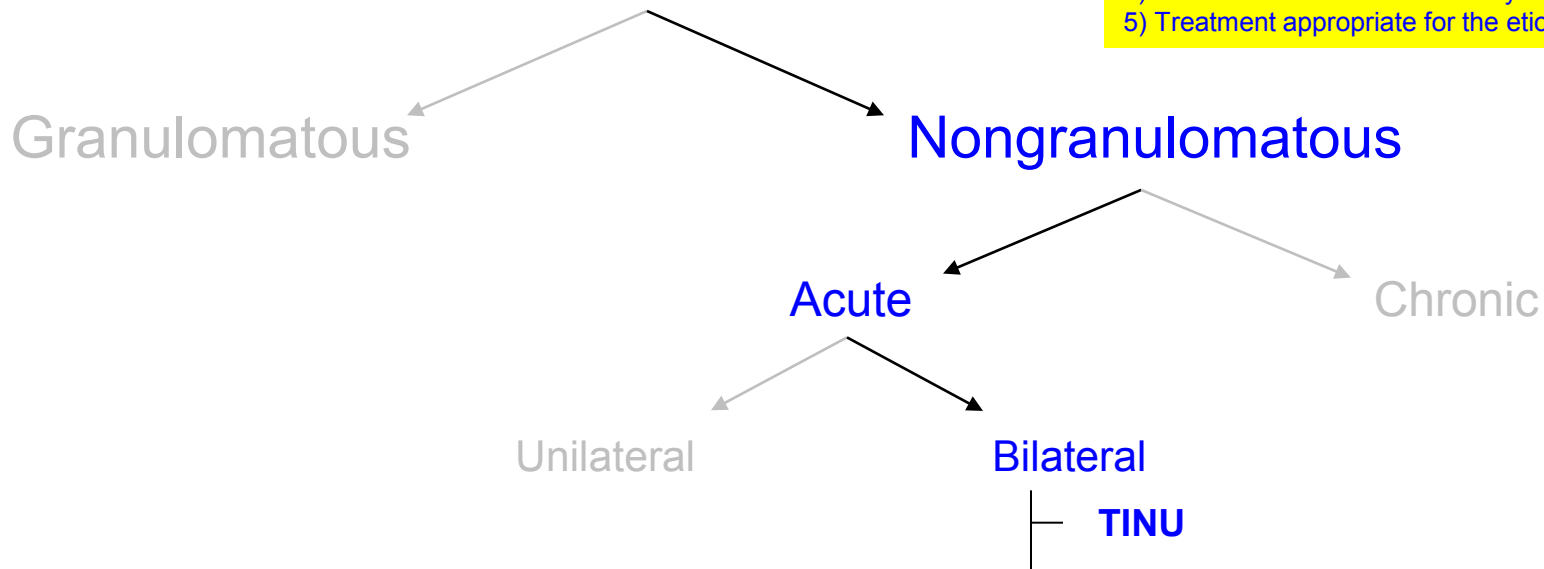
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21 (the point: It skews younger)

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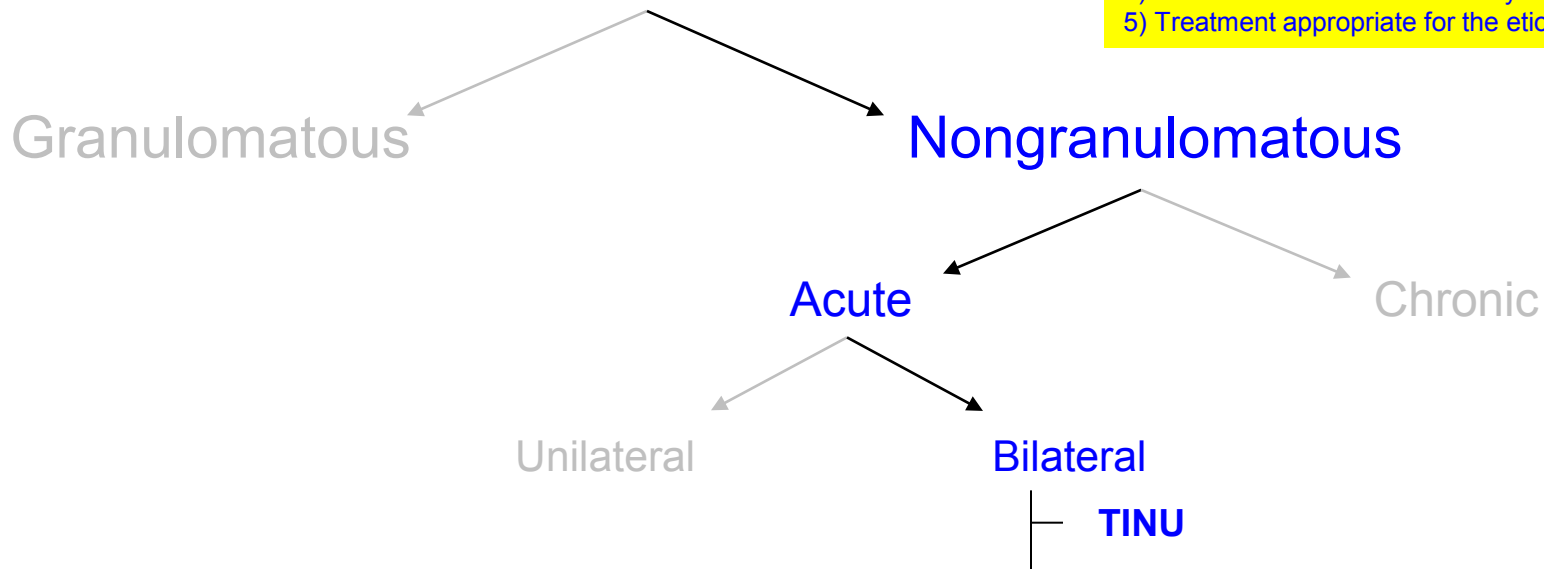
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--First is a ?

--

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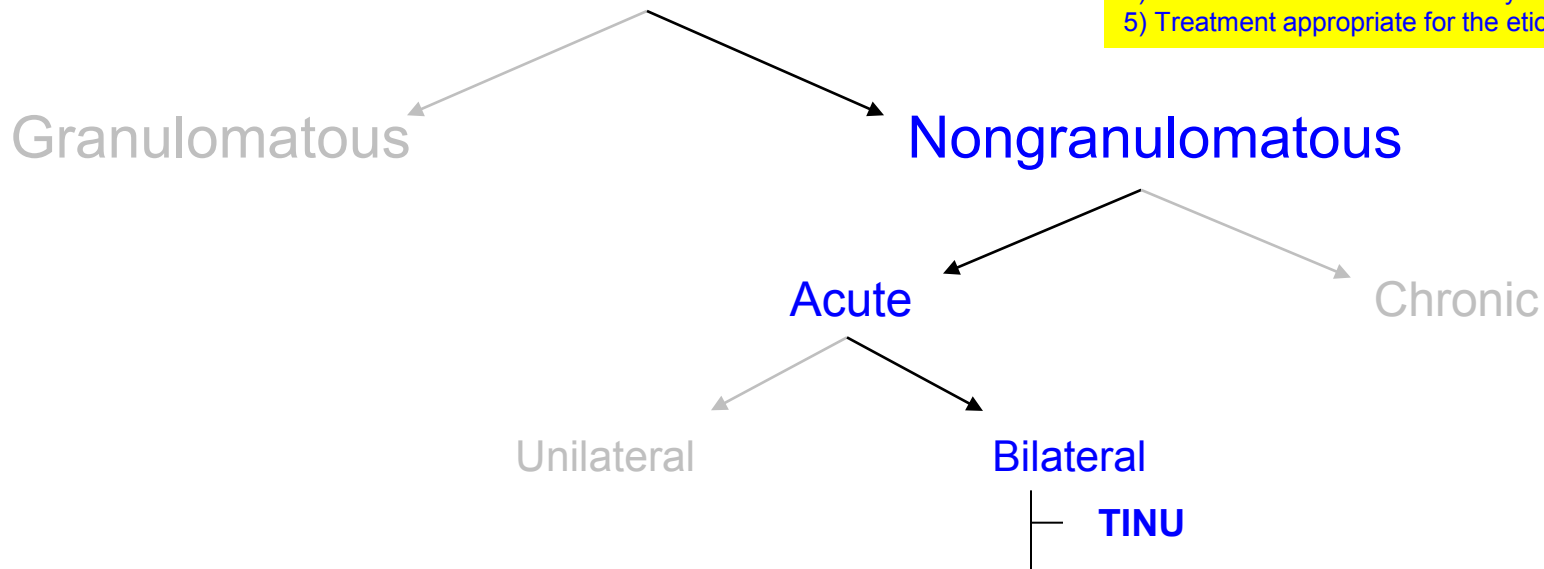
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[describe its manifestations]

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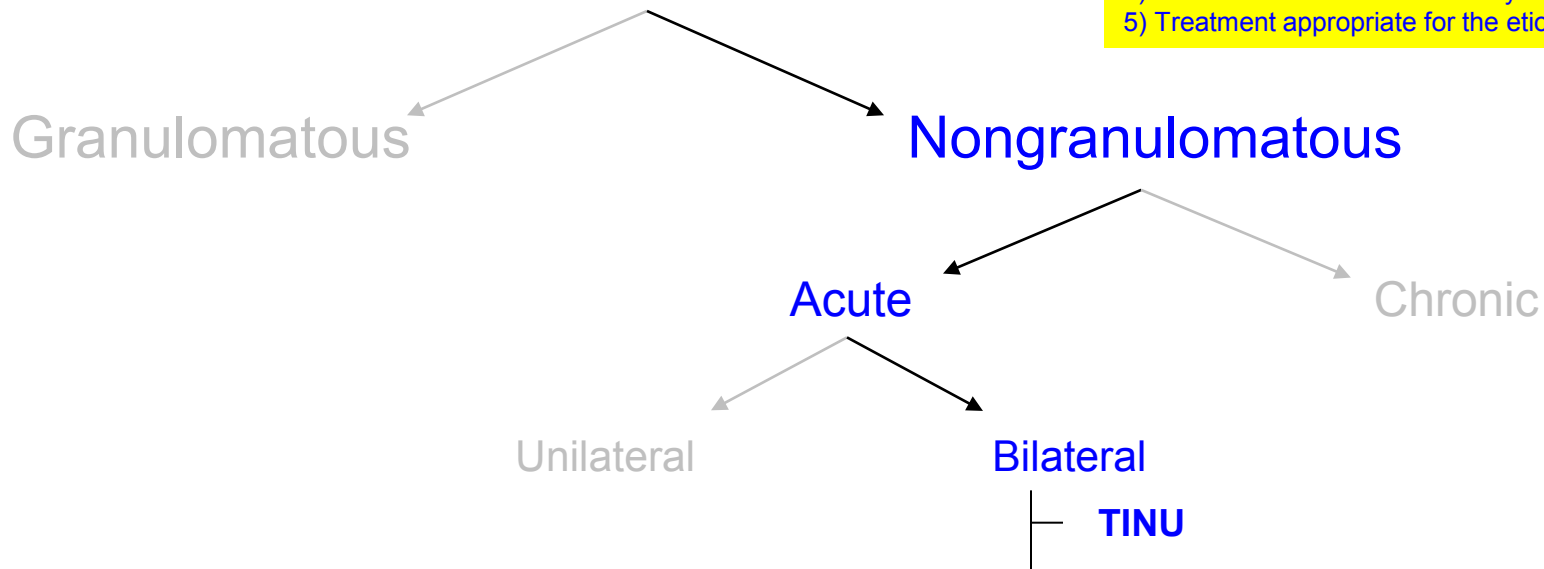
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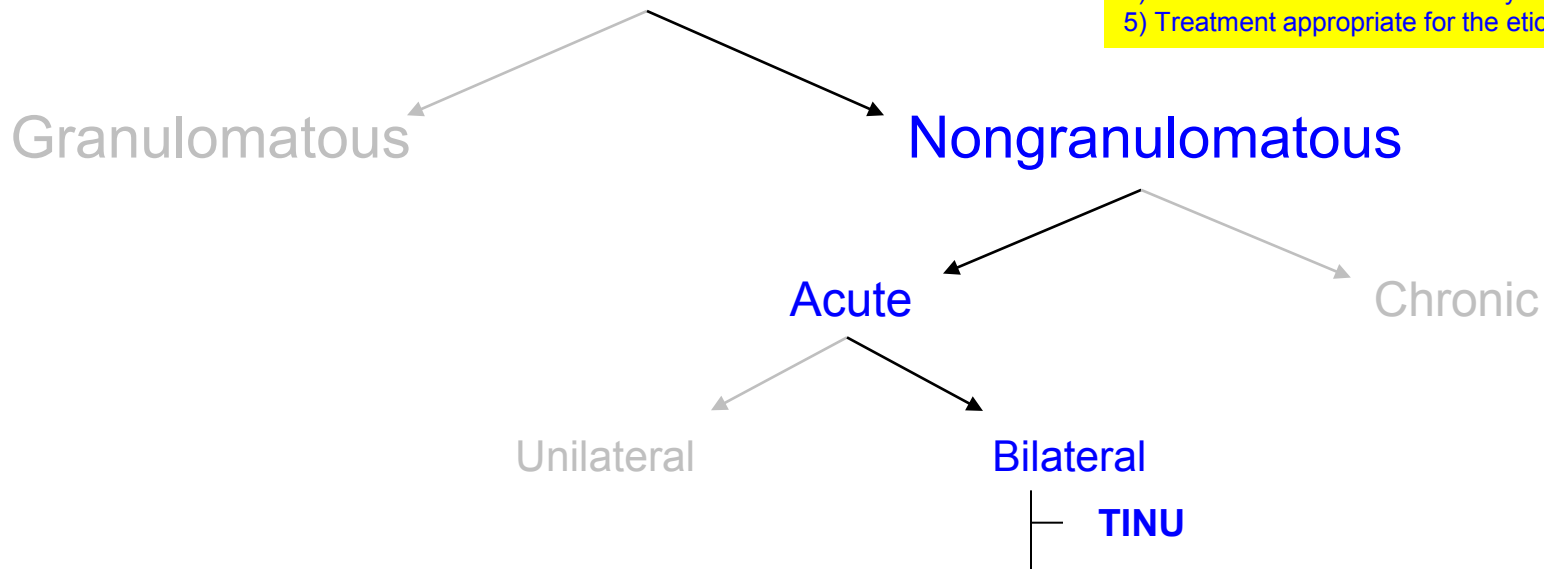
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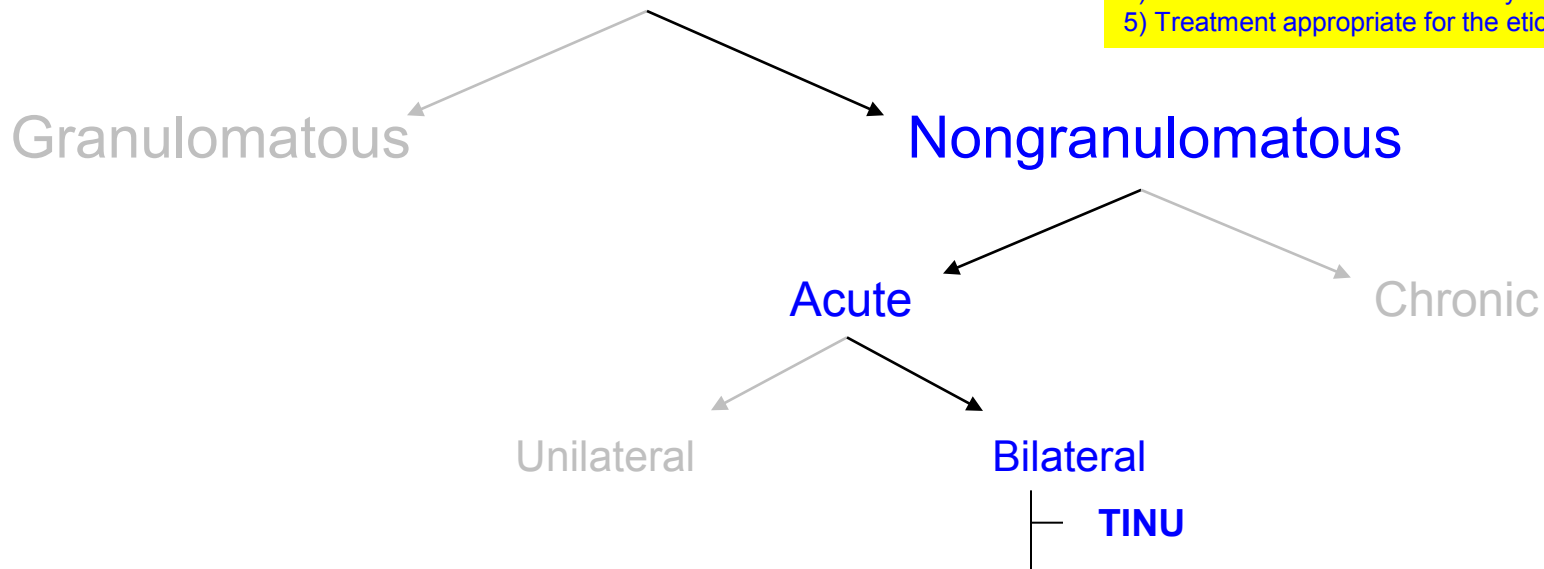
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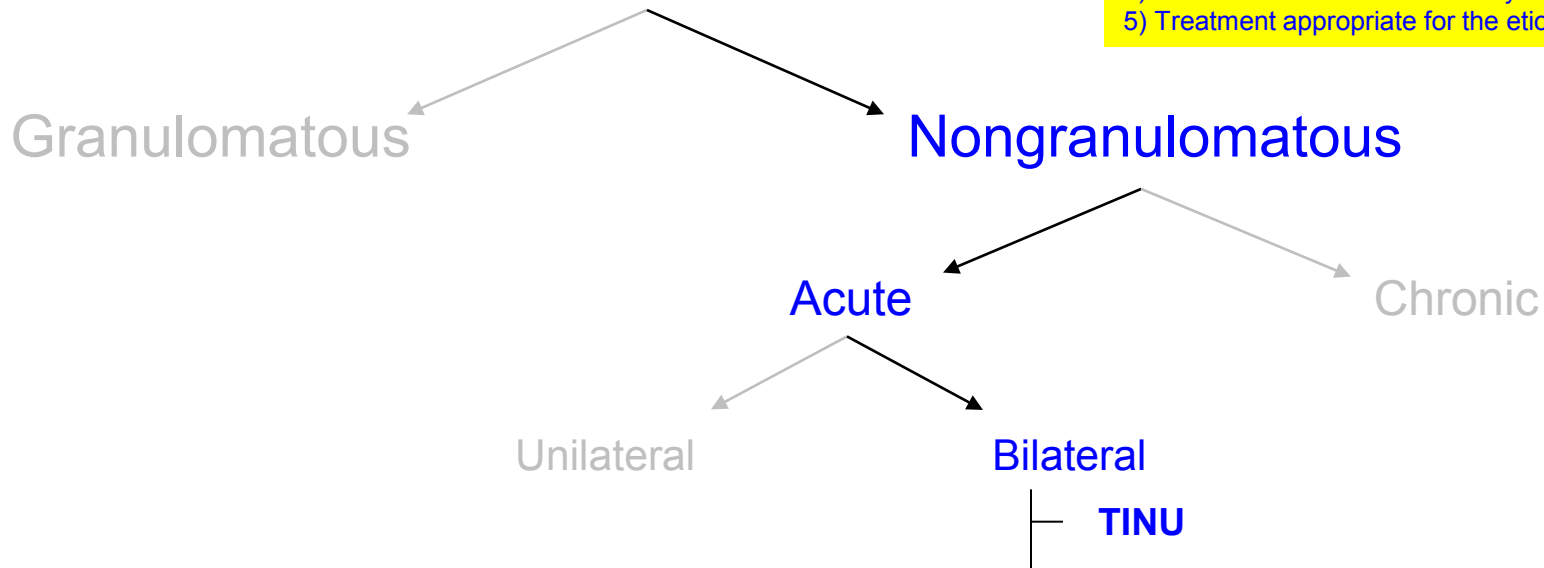
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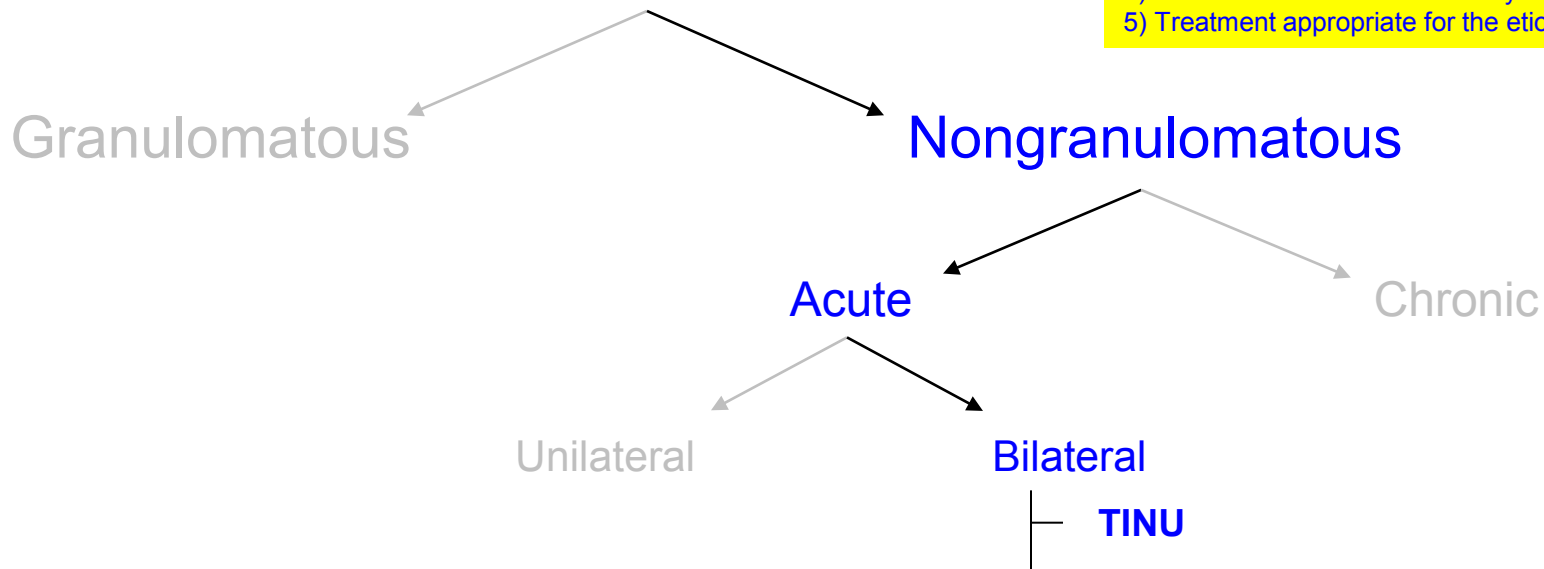
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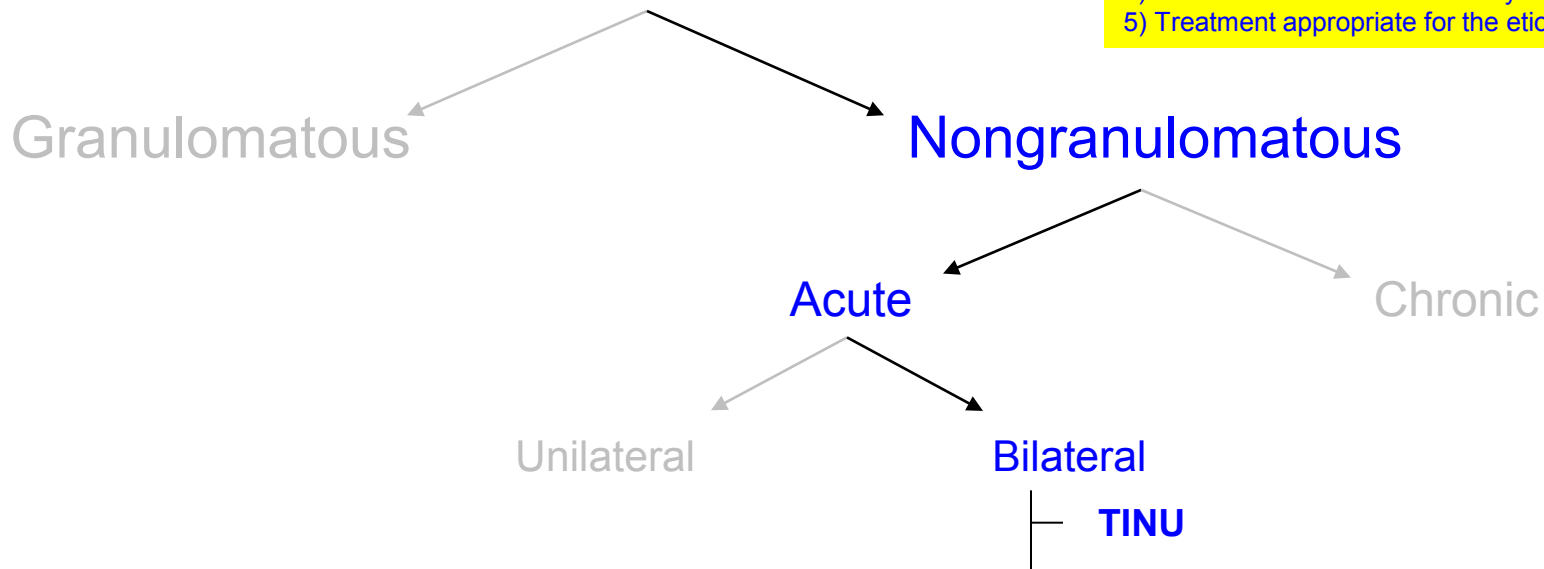
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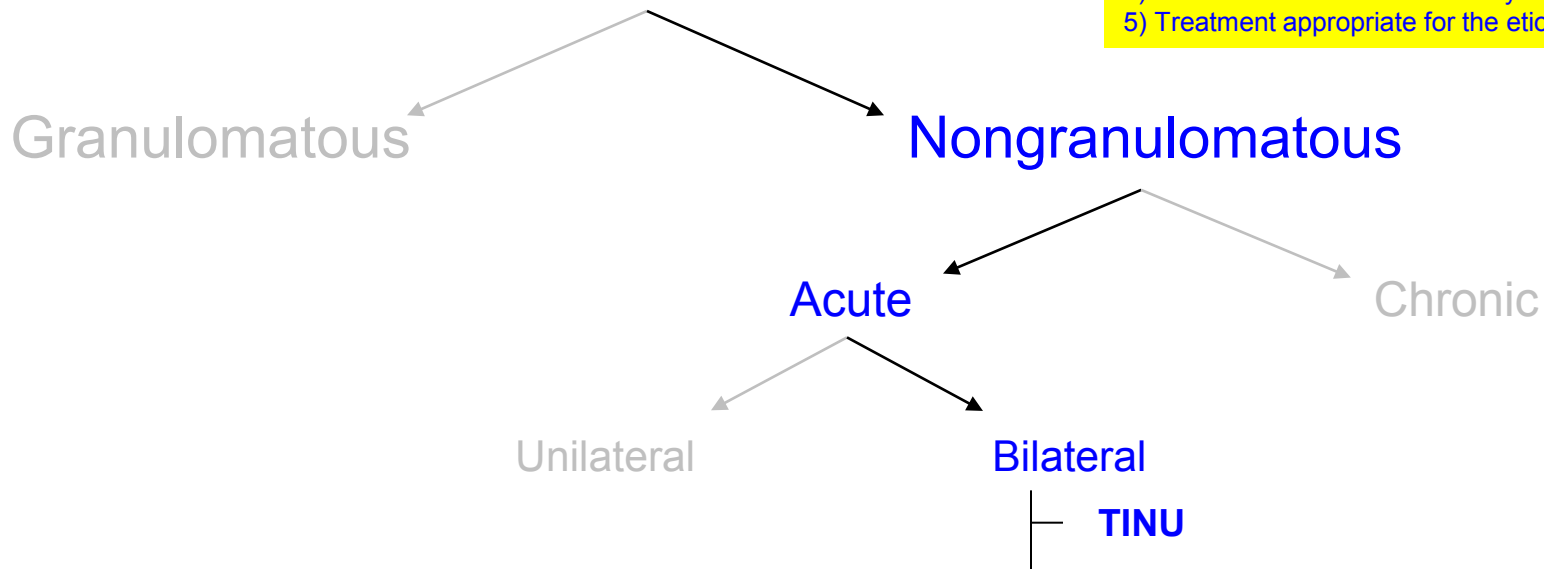
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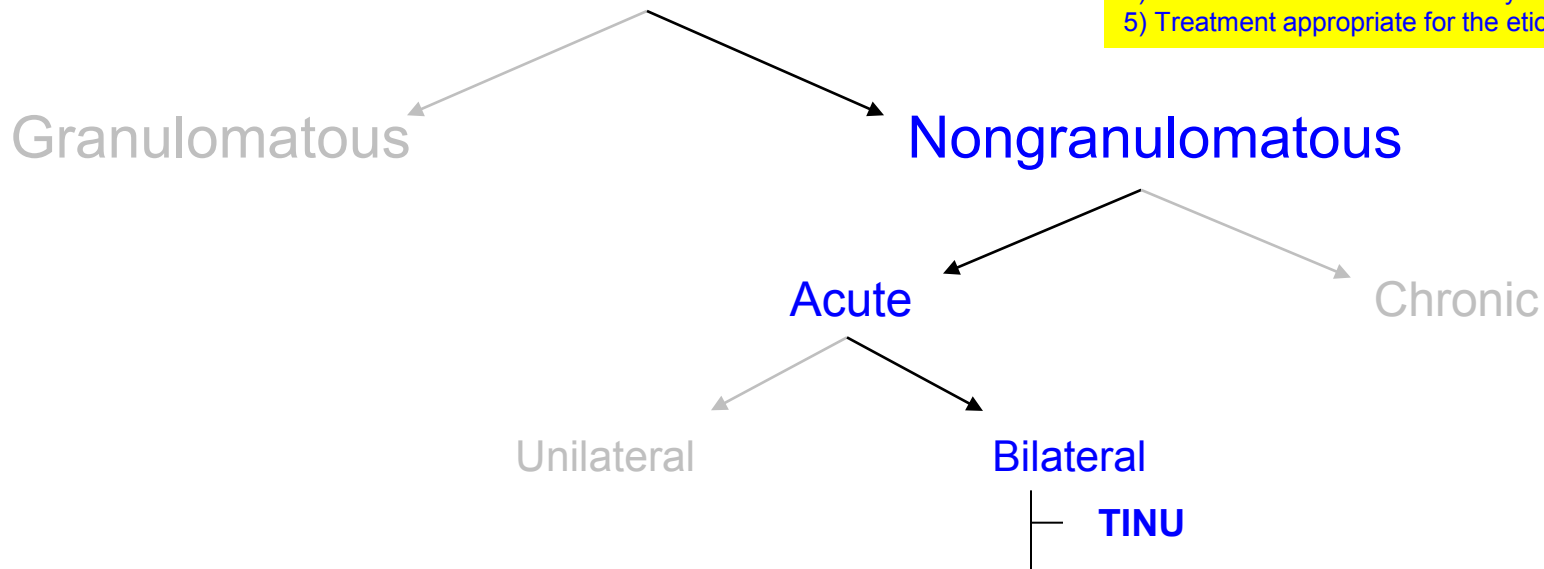
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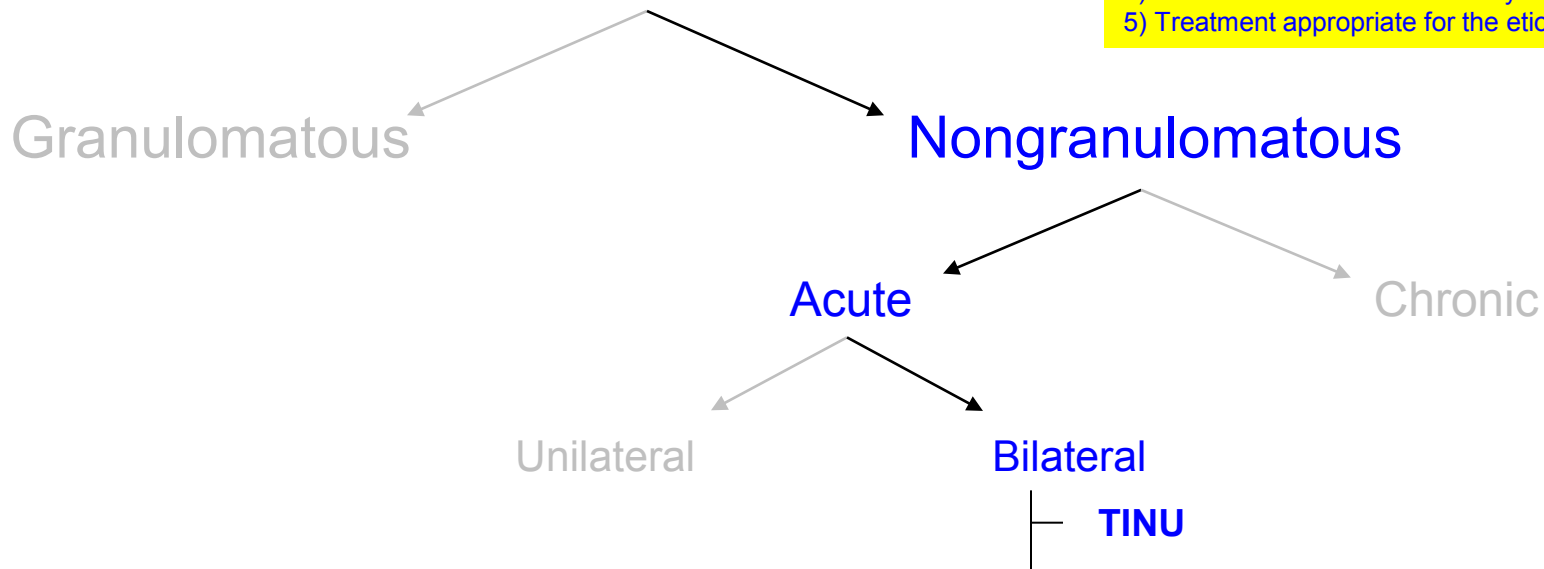
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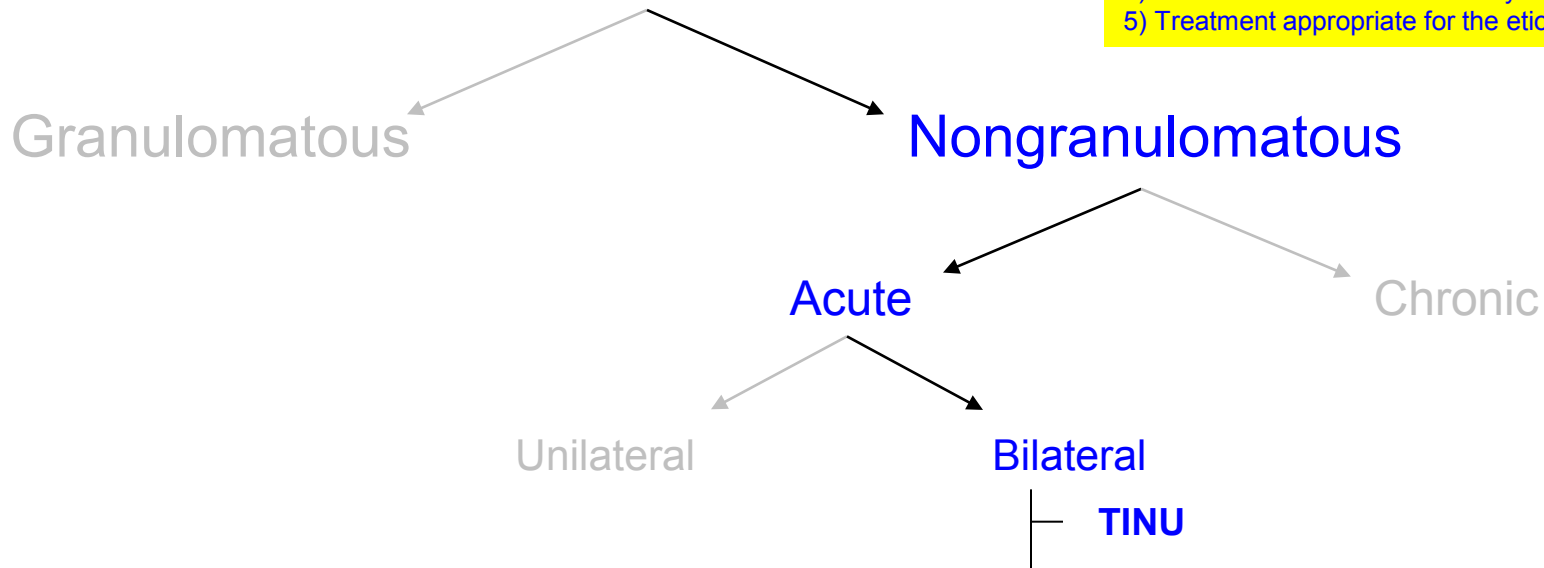
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Yes—vitritis, chorioretinitis, macular edema, and ONH edema have all been reported, but are mos def atypical for the condition. *Remember the bilateral nongranulomatous anterior uveitis!*

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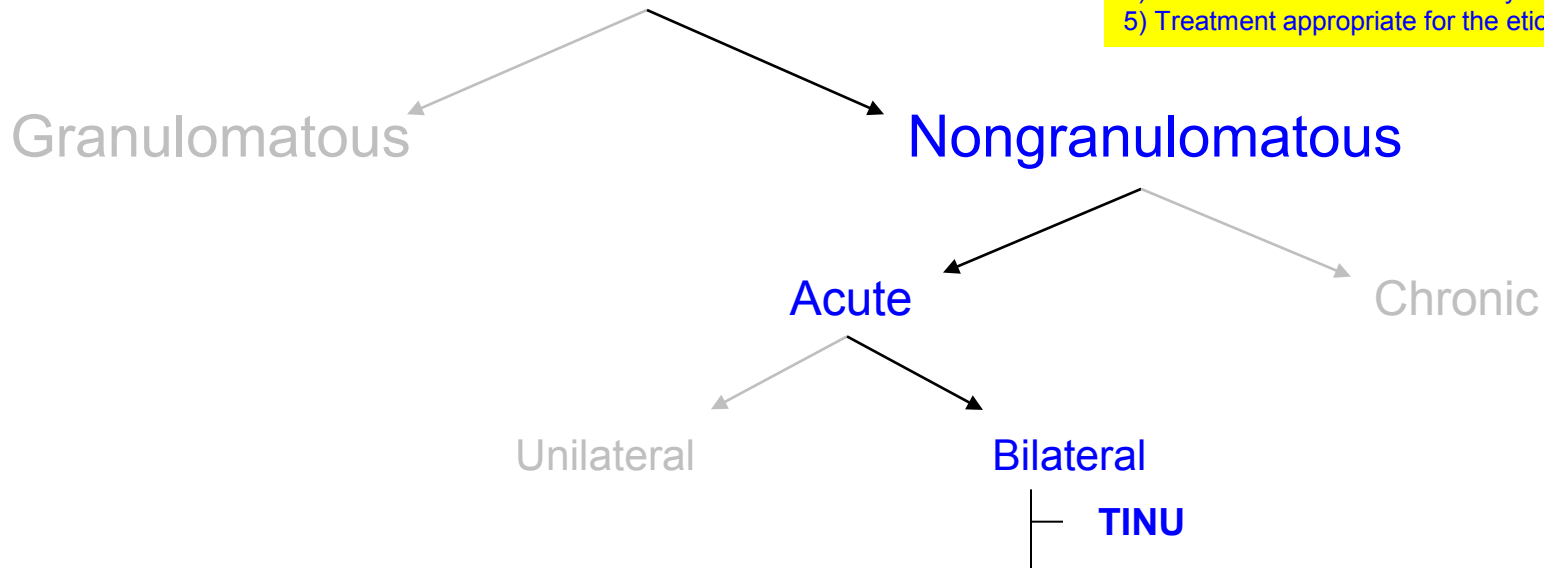
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How much time typically elapses between phases?

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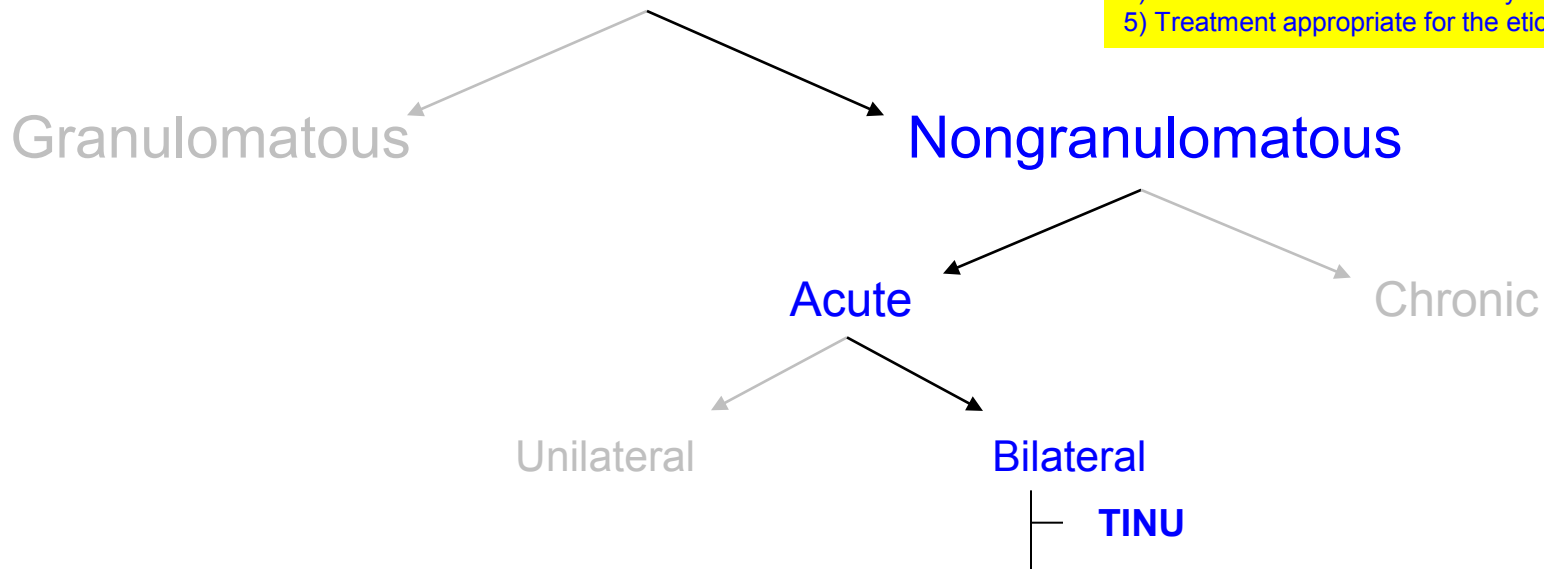
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How much time typically elapses between phases? A few weeks to a couple of months

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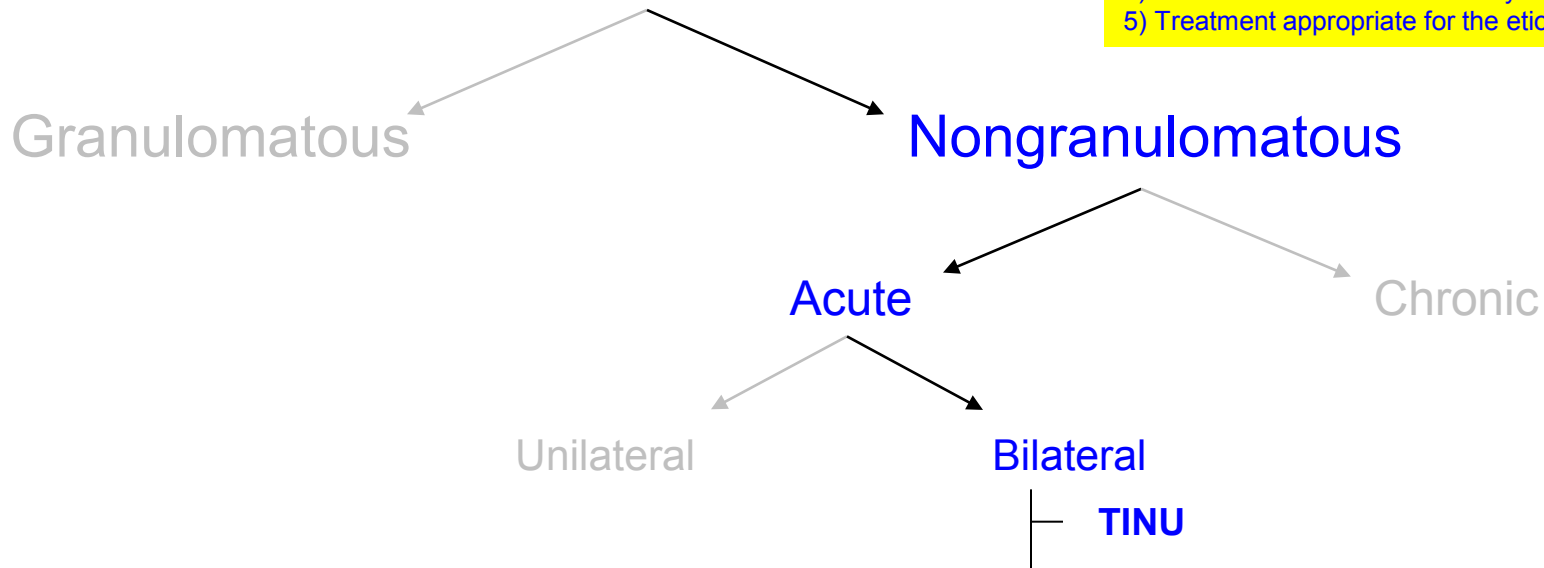
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What is the etiology of TINU?

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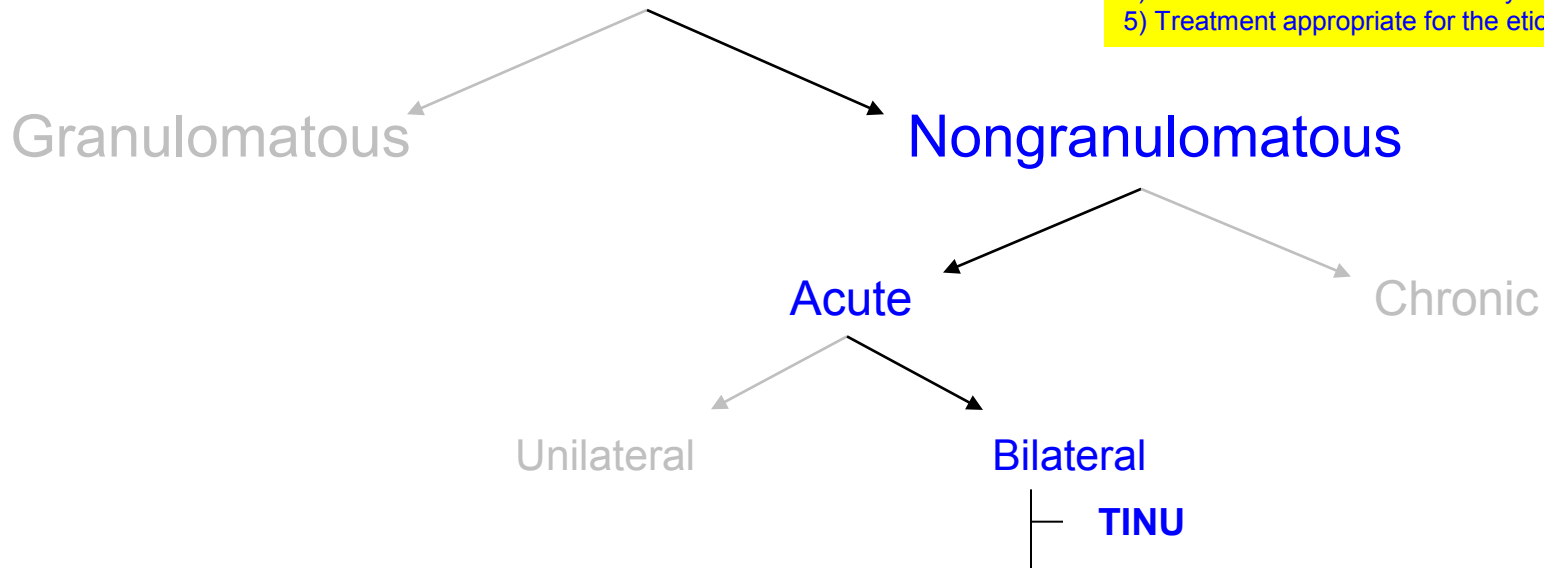
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What is the etiology of TINU?

It is unknown at this time

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What does
Tubulointerstitial

Urine levels of what specific gammaglobulin is usually elevated?

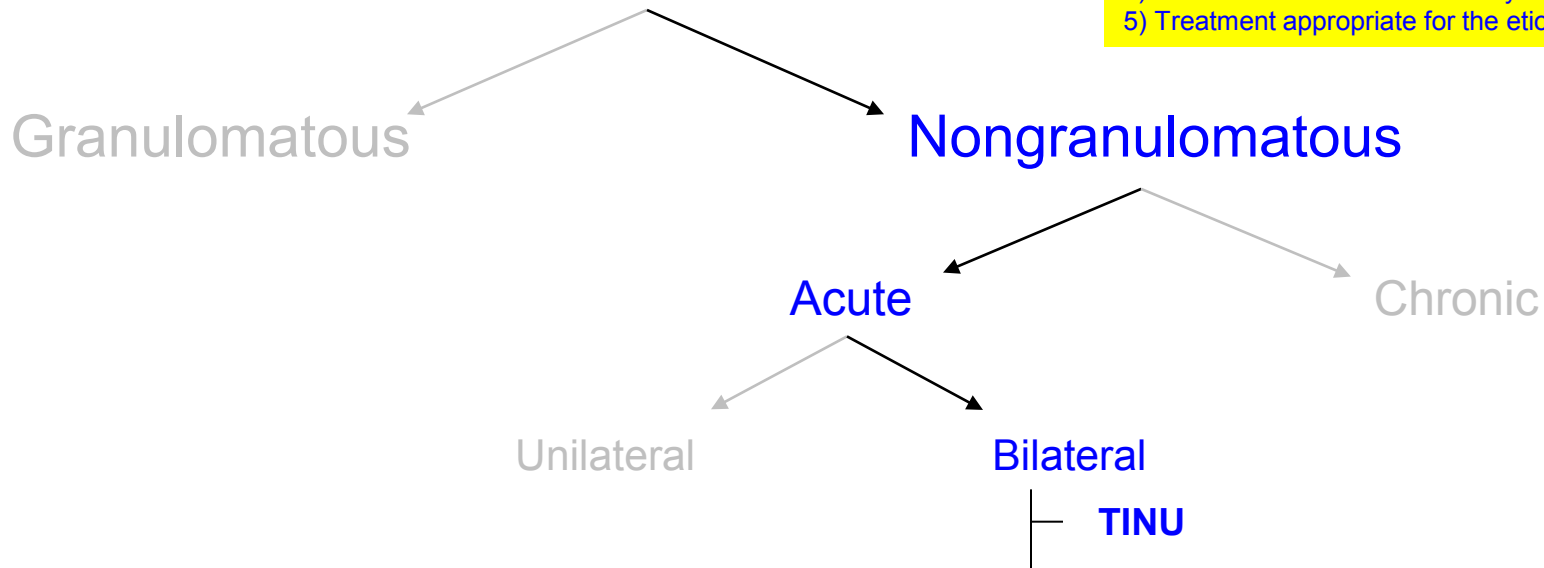
Who is the
A female a

TINU typic

--First is a **systemic** phase: Fever, weight loss, fatigue, abdominal pain; this is followed by...
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--the **uveitis** phase: A bilateral nongranulomatous anterior uveitis
(Note: Not all pts read the book, so some will present in the 'wrong' order)

What is the etiology of TINU?
It is unknown at this time

Uveitis: *Anterior*



- 1) The uveitis is profiled
- 2) The profiled case is meshed
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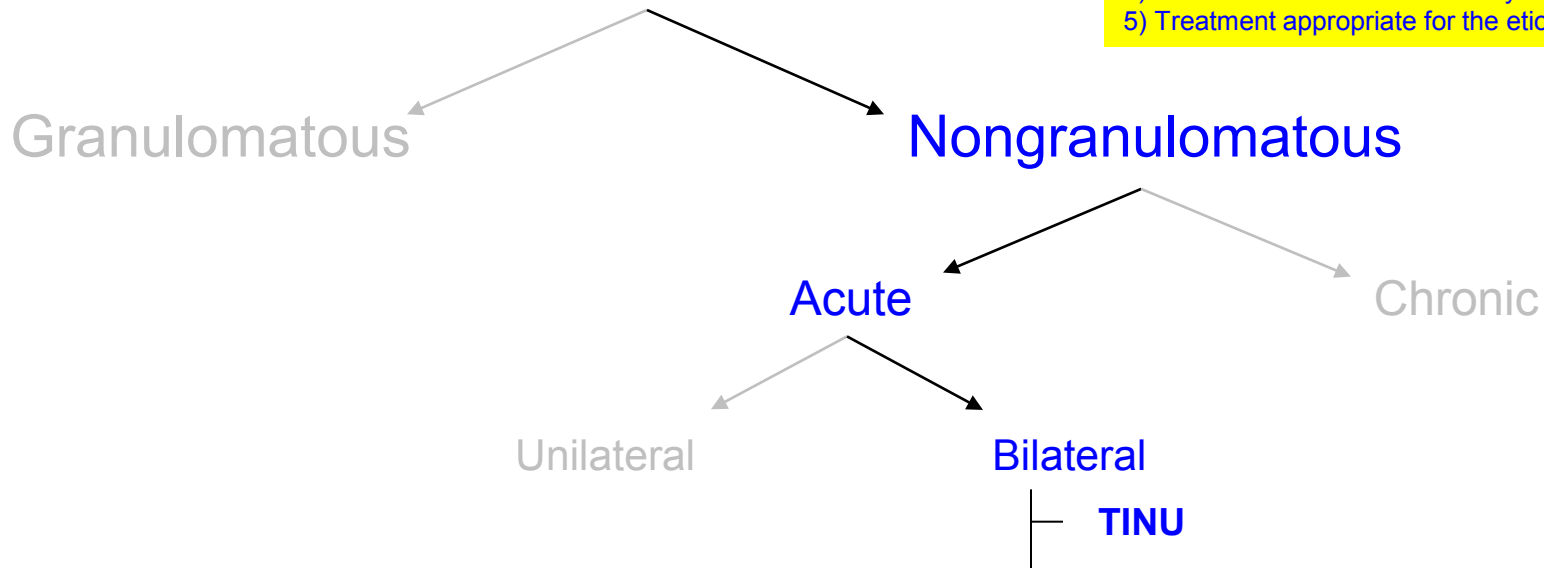
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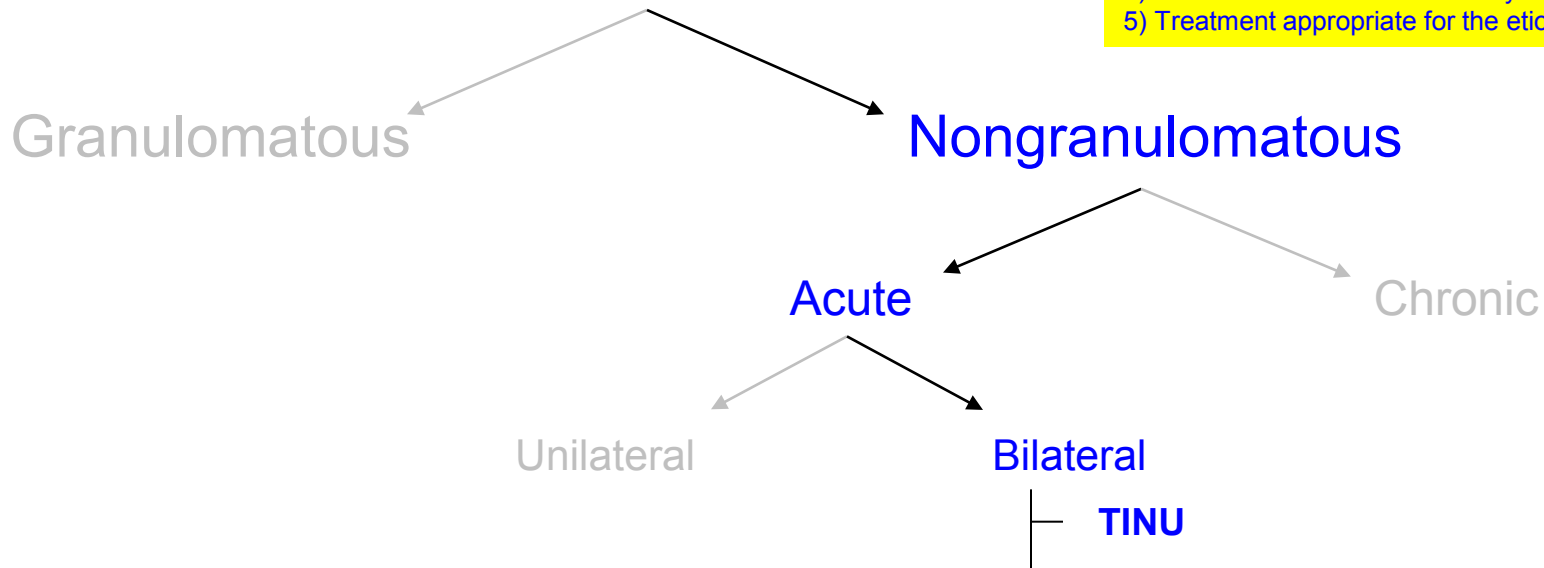
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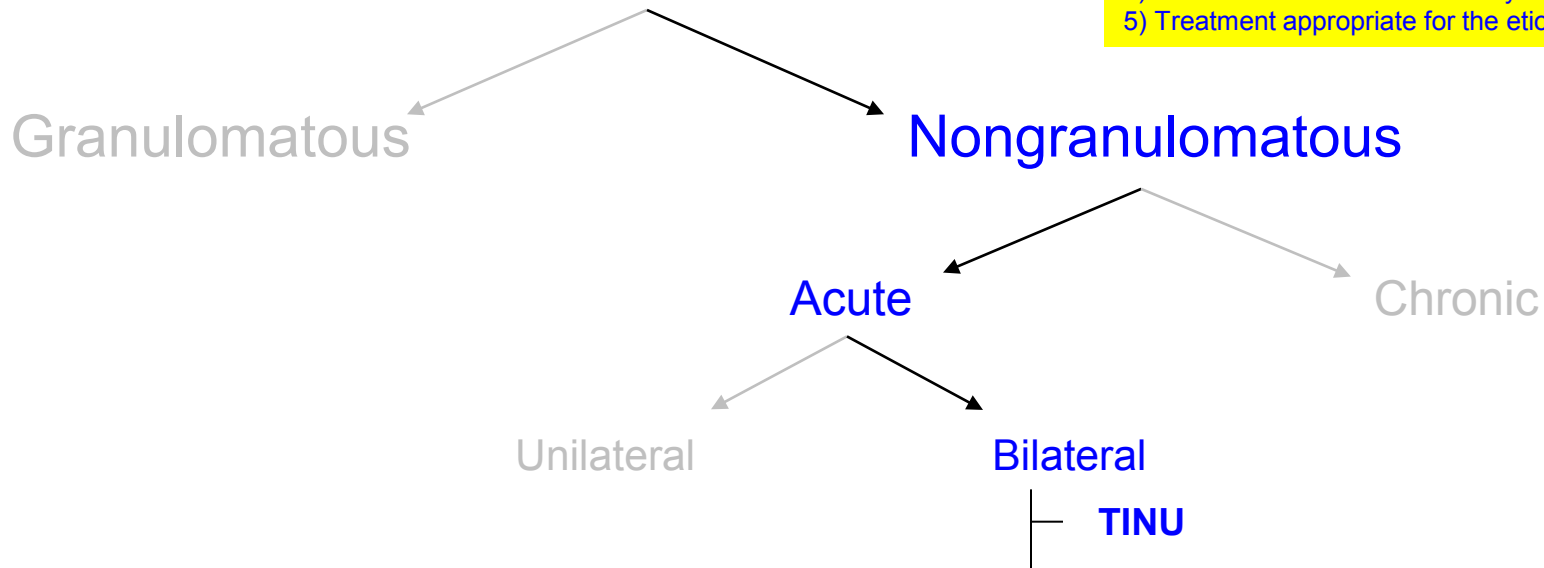
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TINU typical

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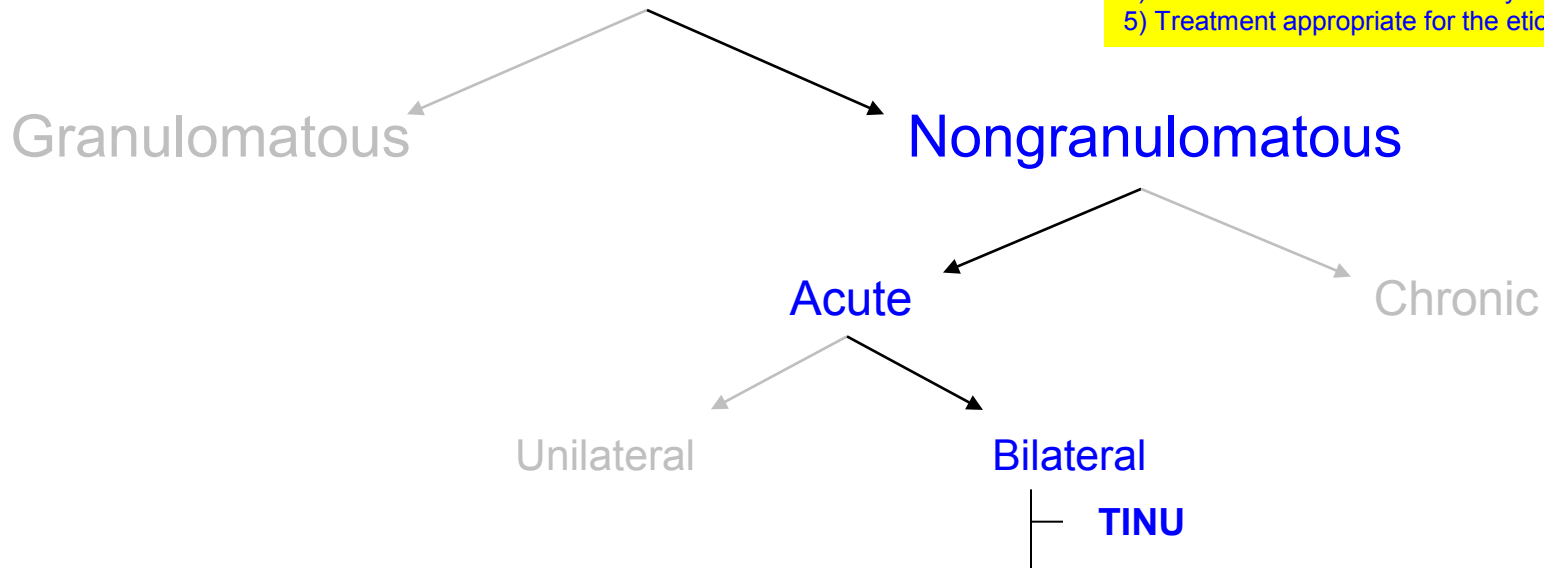
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A female a No, it is a something-glycemic glycosuria

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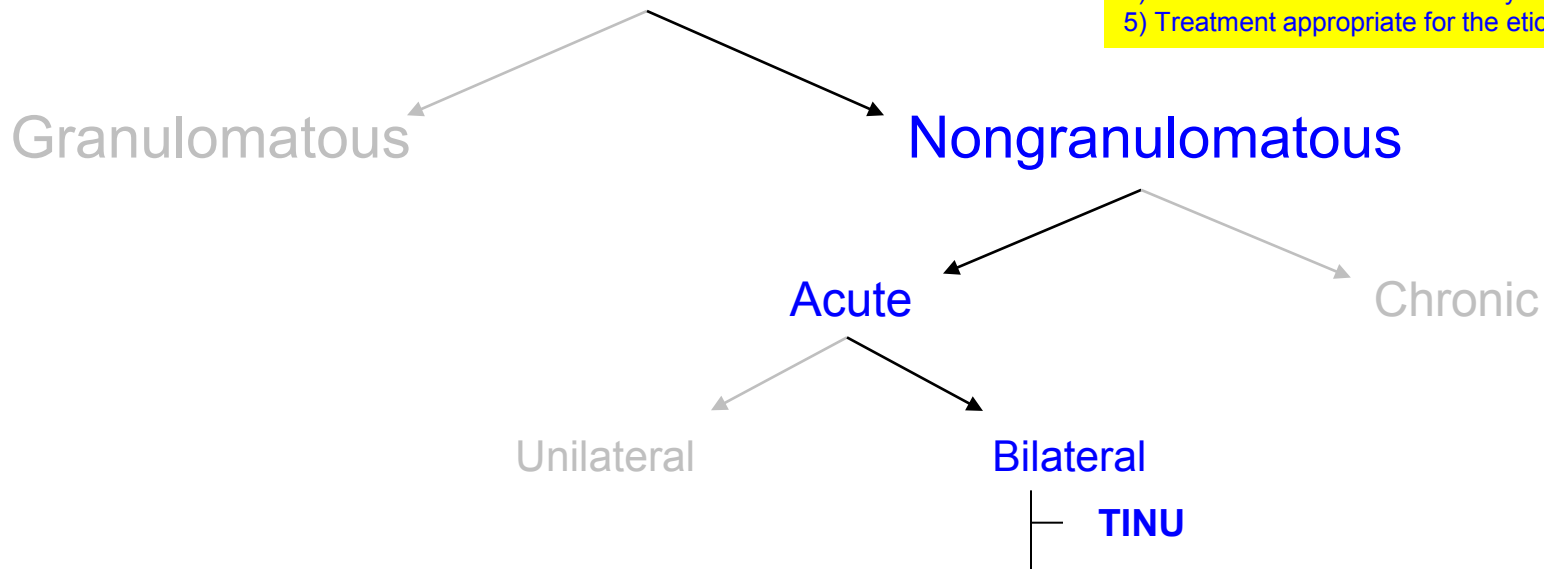
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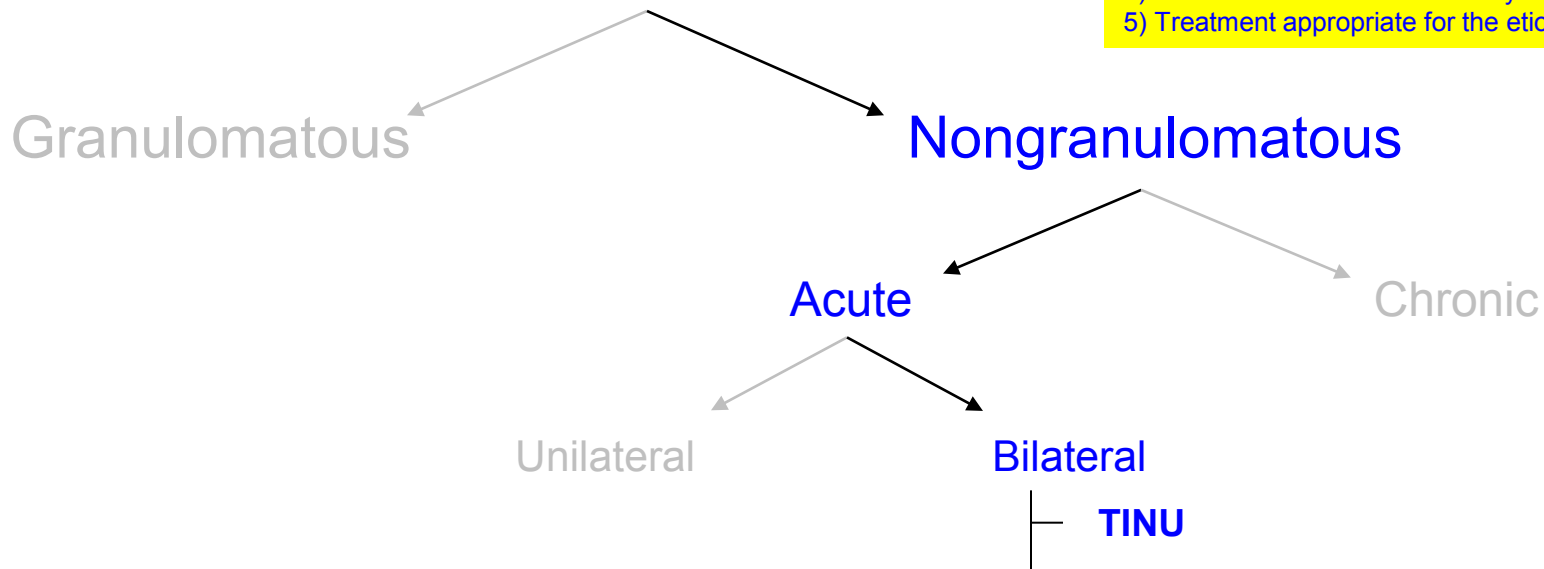
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A female a No, it is a normoglycemic glycosuria. They spill glucose not because serum levels are high (like poorly-controlled diabetics do), but rather because the nephritis impairs glucose filtration/reclamation.

TINU typical
--First is a **systemic** phase: Fever, weight loss, fatigue, abdominal pain, this is followed by...
--the **nephropathy** phase: Proteinuria, hypergammaglobulinuria, **glycosuria**; followed by...
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What does *TINU* stand for? *How is the diagnosis of TINU made?*
Tubulointerstitial nephritis and uveitis

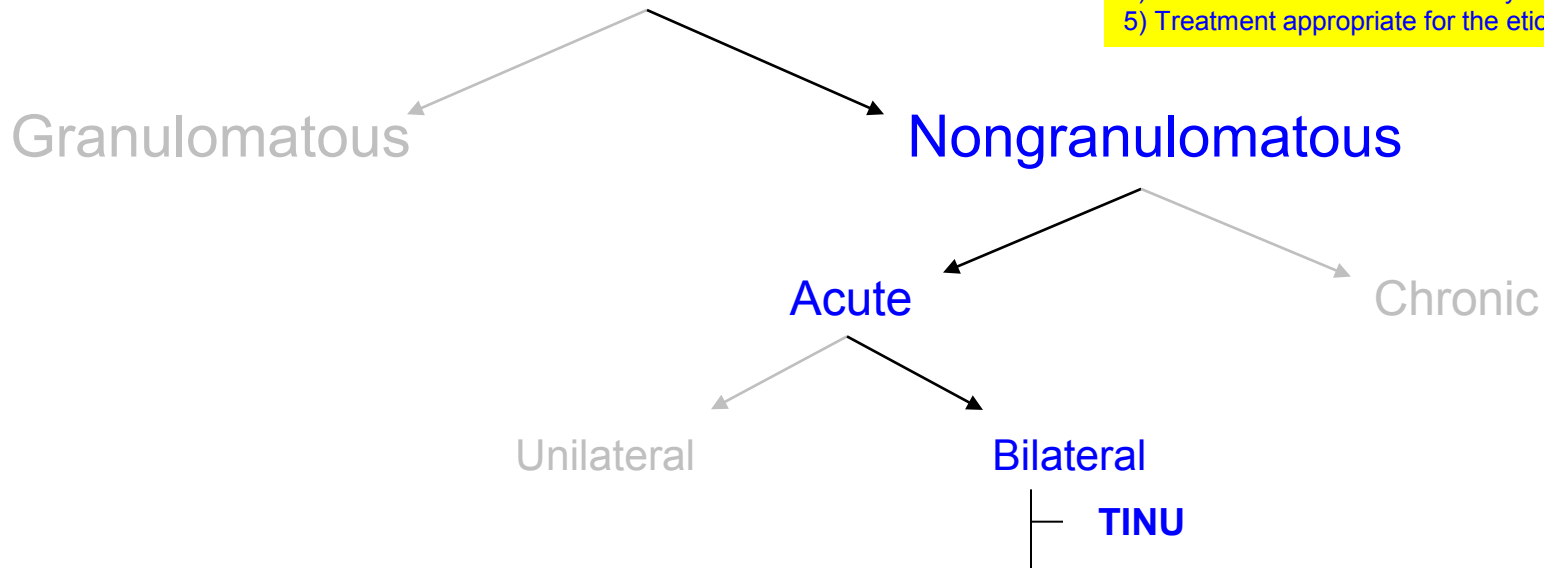
Who is the typical patient?
A female aged 30-50 years

TINU typically presents with
--First is a painless decrease in vision
--the nephritis
--the uveitis
(Note that the uveitis is typically bilateral and non-granulomatous)

What is the etiology of *TINU*?
It is unknown at this time

Followed by...
Followed by...

Uveitis: *Anterior*



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What does *How is the diagnosis of TINU made?*

Tubulointerstitial Nephritis and Uveitis (TINU) Formally, it can be made only via

two words

Who is the

A female

TINU typic

--First is a

--the neph

--the uvei

(Note that

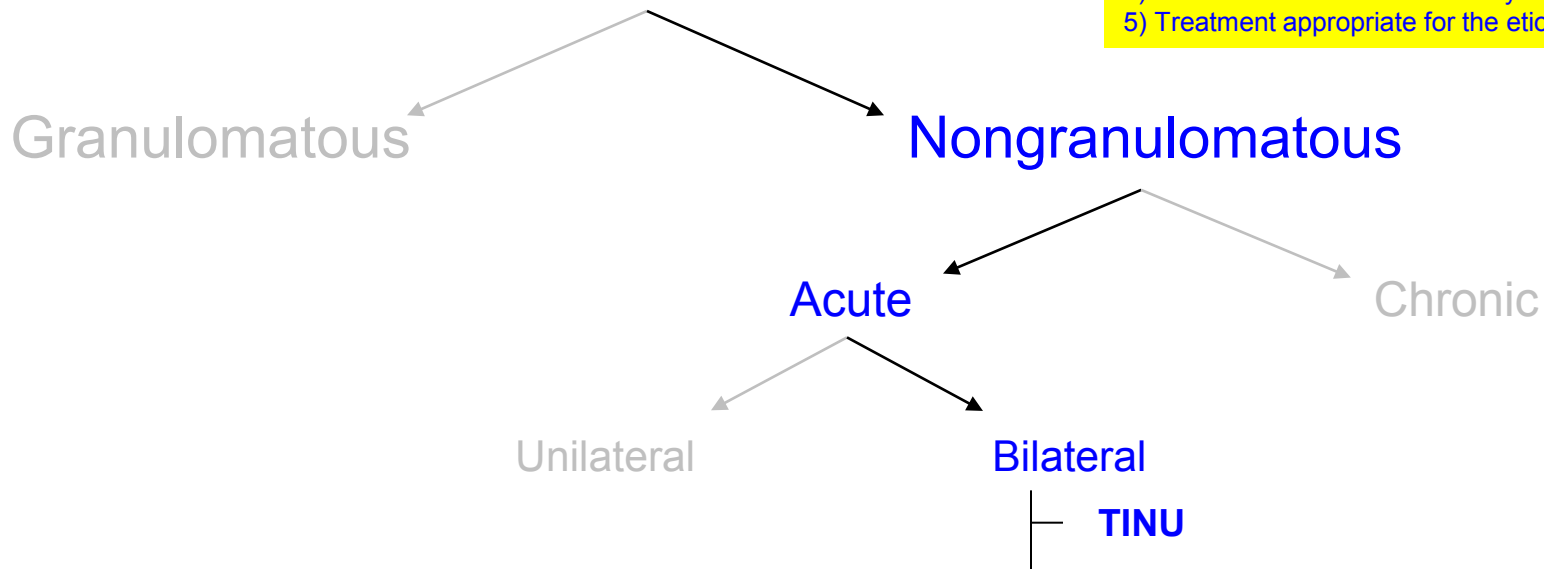
What is the etiology of TINU?

It is unknown at this time

owed by...

ed by...

Uveitis: *Anterior*



What does TINU stand for?
Tubulointerstitial Nephritis and Uveitis

How is the diagnosis of TINU made?
Formally, it can be made only via renal biopsy

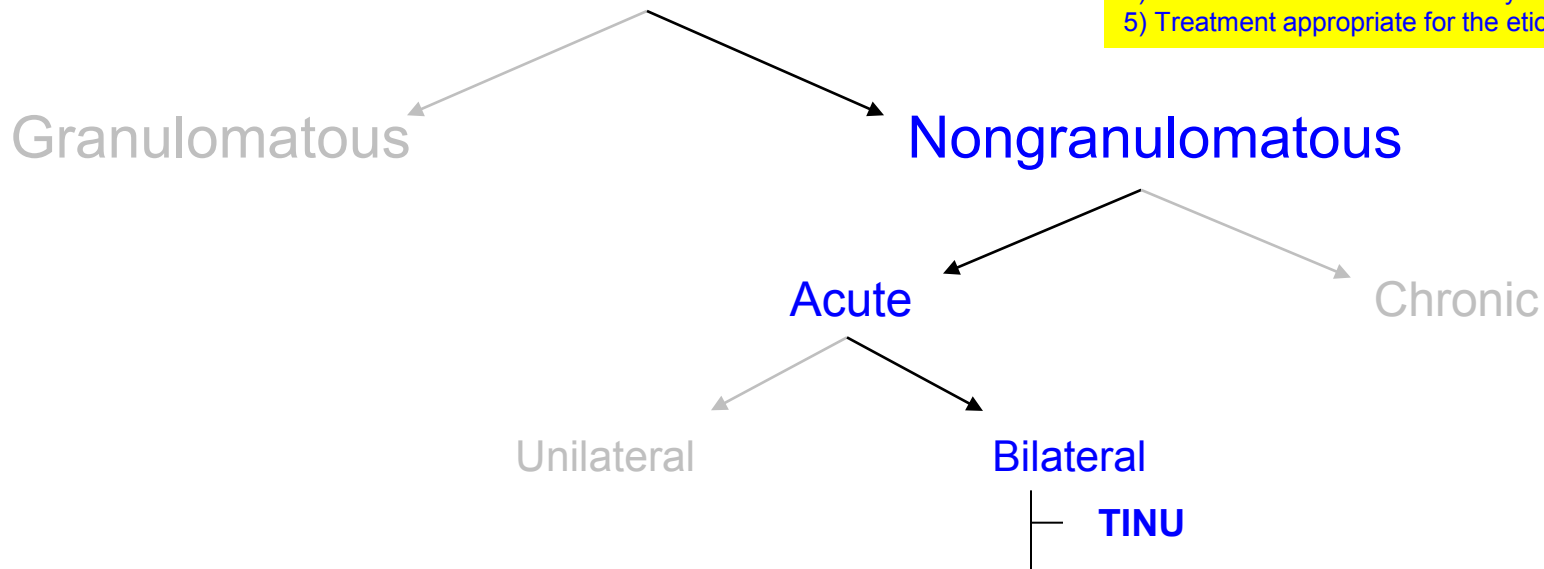
Who is the typical patient?
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TINU typically presents with...
--First is a painless vision loss
--the nephritis
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(Note that the uveitis is typically bilateral and chronic)

What is the etiology of TINU?
It is unknown at this time

... followed by...
... followed by...

Uveitis: *Anterior*



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- 2)

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(Note that

- 3)

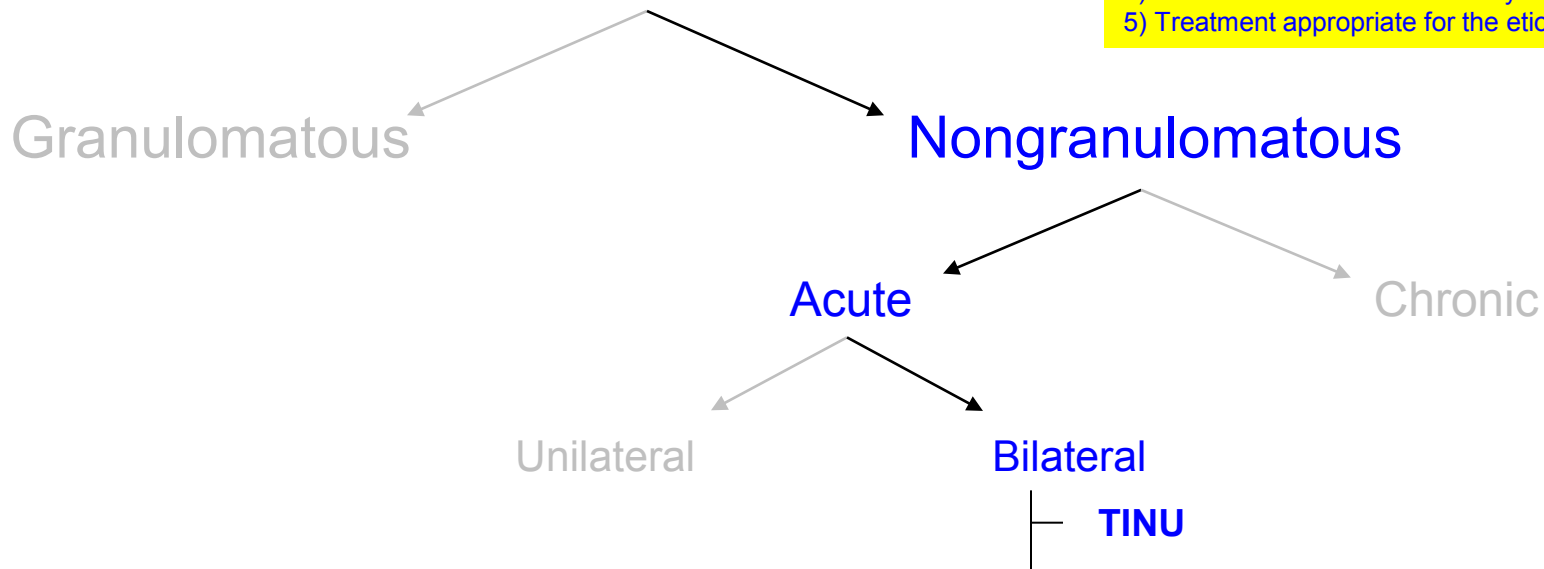
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TINU typical ----

--First is a ----

--the neph ----

--the uvei ----

(Note that

3) Refer to Nephrology

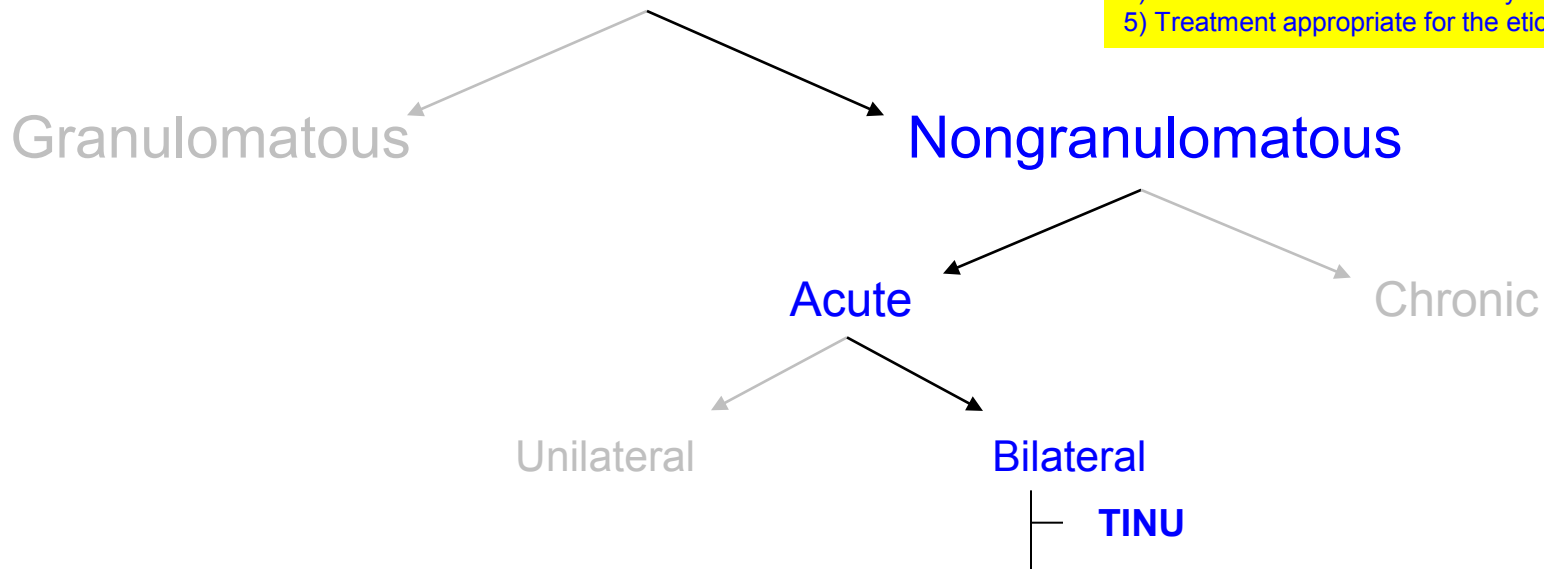
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----Serum creatinine and BUN (will indicate impaired renal function)

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----ESR (will be significantly elevated)

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----H/H (anemia will be present)

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----Urinalysis (will be abnormal as described previously)

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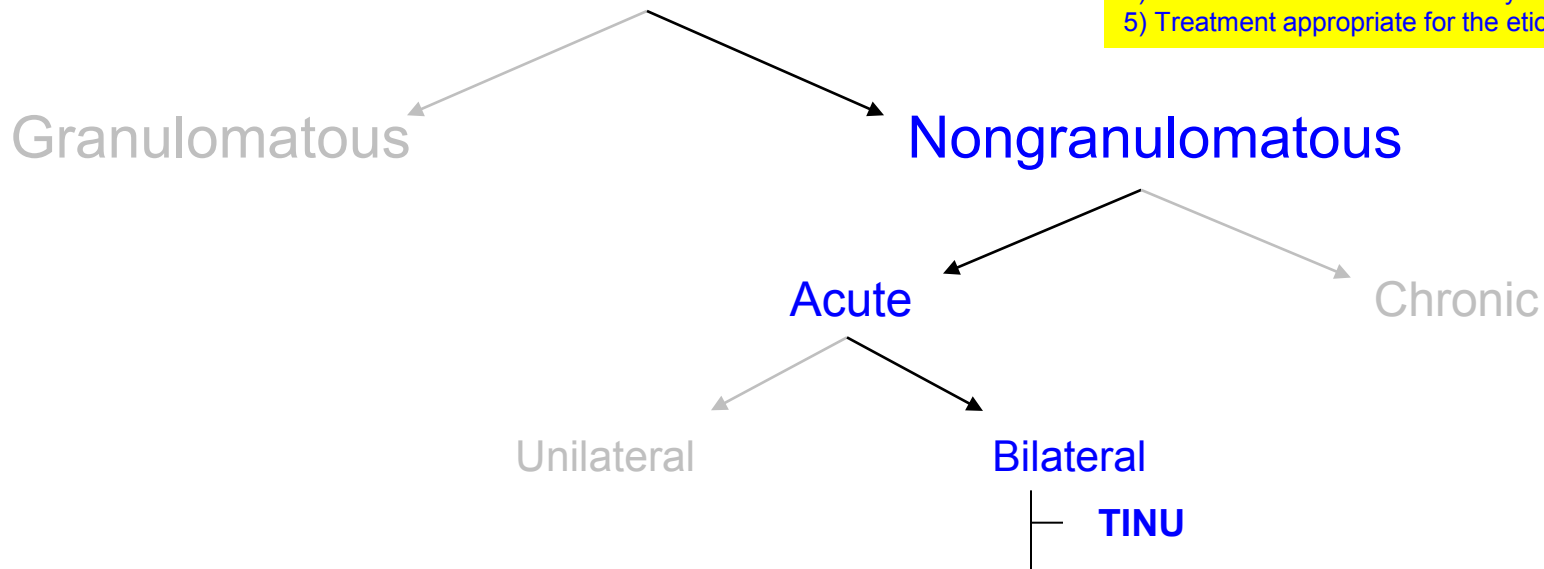
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TINU typical

TINU has a very strong HLA association--what is it?

--First is a
--the neph
--the uve
(Note that

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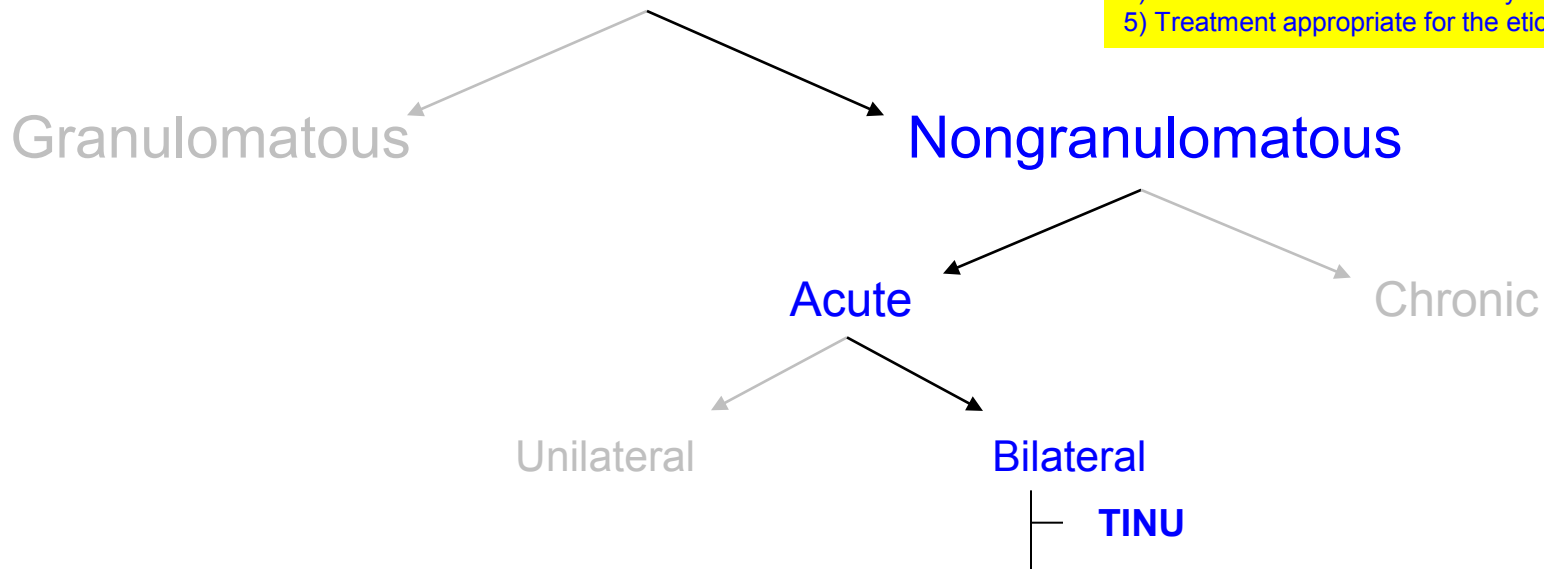
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(Note that

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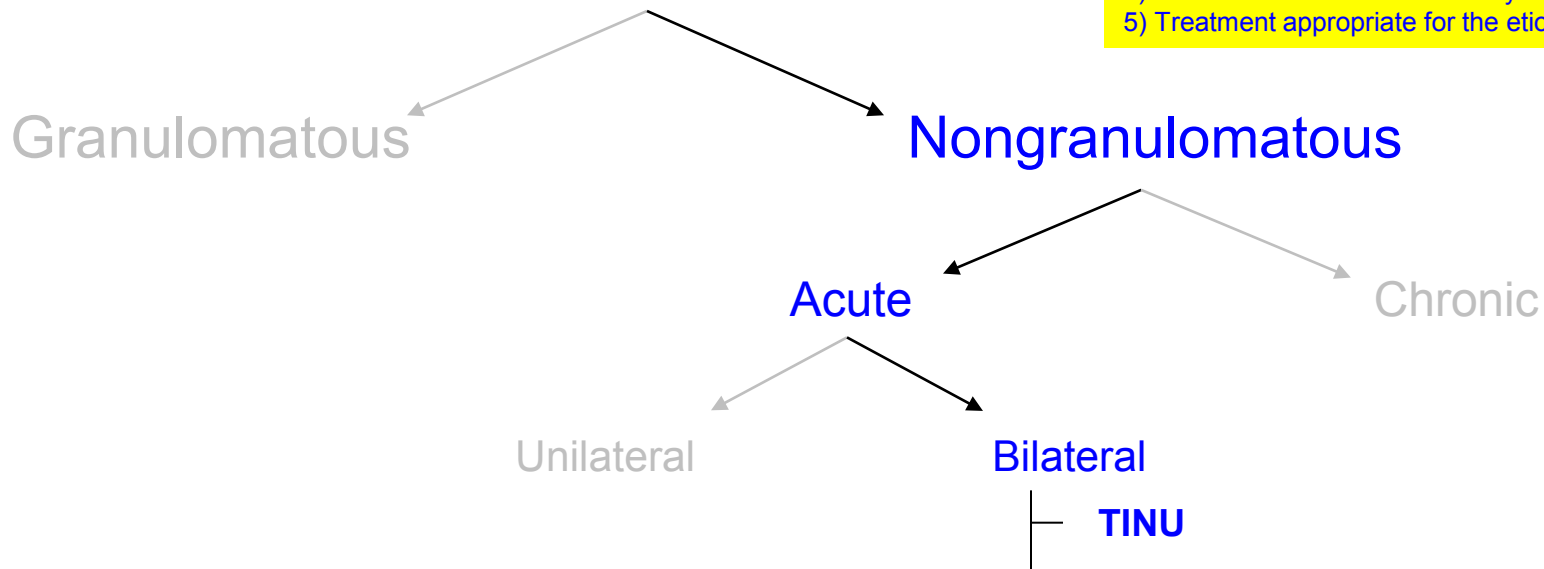
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What does *How is the diagnosis of TINU made?*

Tubulointerstitial Nephritis and Uveitis. Formally, it can be made only via renal biopsy

Who is the *If TINU is suspected, what steps should the ophtho take?*

A female with bilateral acute anterior uveitis. 1) Treat the uveitis with topical steroids and cycloplegia

2) Obtain lab work

TINU typically *TINU has a **very strong HLA association**-what is it? HLA-DRB1*0102*

--First is a *---ESR (will be significantly elevated)*

--the *nept*

--the *uve*

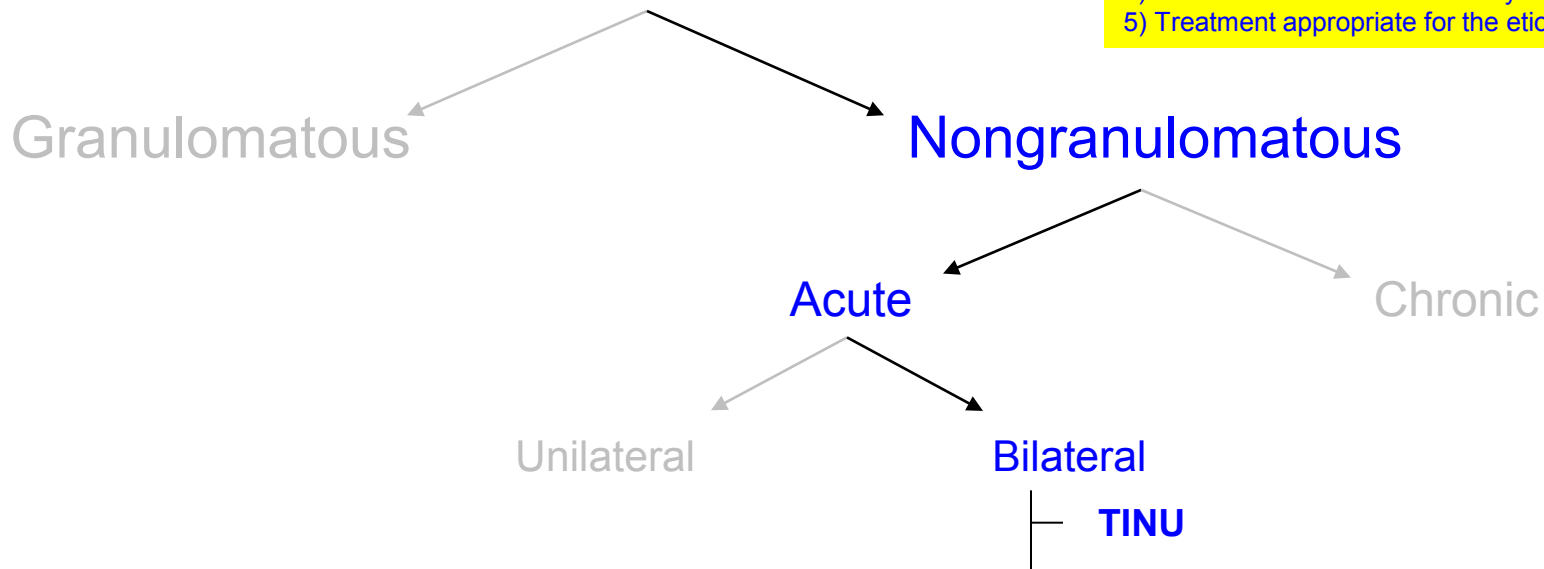
(Note that *systemic therapy*)

How strong is very strong?

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What does *TINU* stand for? *How is the diagnosis of TINU made?*

Tubulointerstitial nephritis and uveitis. Formally, it can be made only via renal biopsy

Who is the typical patient? *If TINU is suspected, what steps should the ophtho take?*

A female aged 30-50. 1) Treat the uveitis with topical steroids and cycloplegia

2) Obtain lab tests

TINU typically presents with bilateral, painless, red eyes. *TINU has a **very strong HLA association**-what is it? HLA-DRB1*0102*

--First is a complete blood count (CBC) and erythrocyte sedimentation rate (ESR) (will be significantly elevated)

--the next is a urinalysis

--the uveitis

(Note that

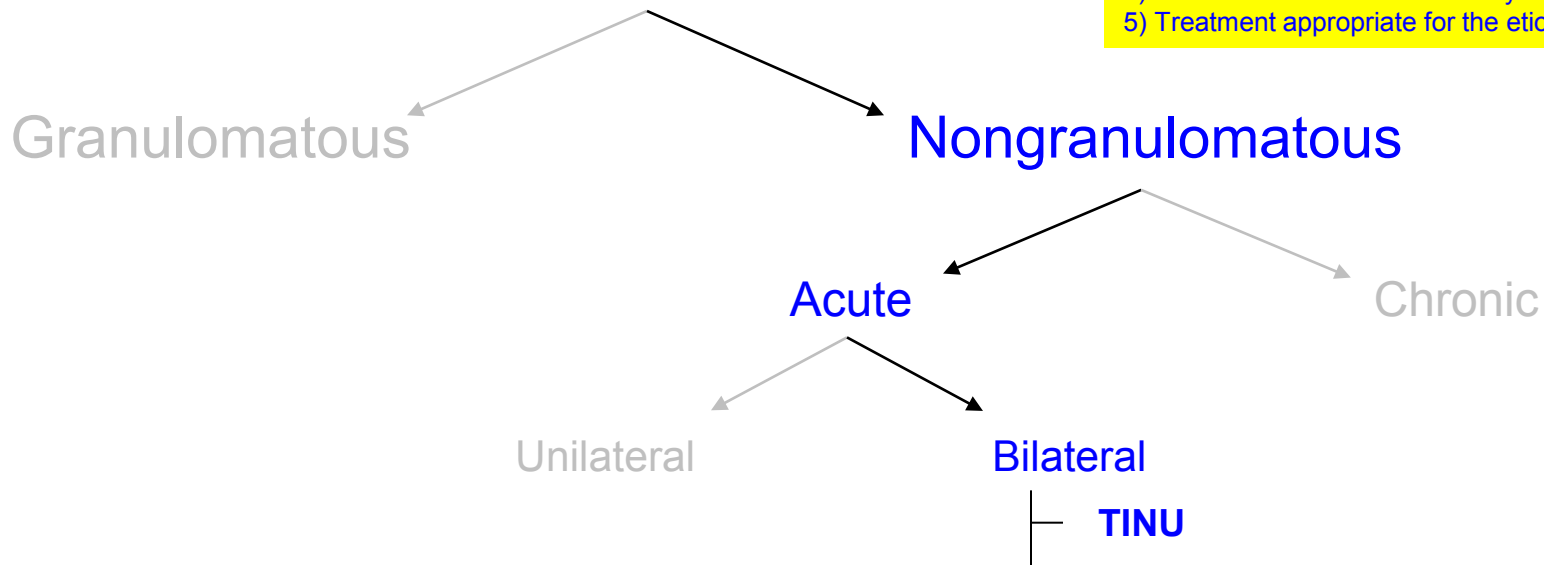
How strong is very strong?

It is the strongest of all known HLA \leftrightarrow uveitis associations!

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What does Ho
Tubulointer

What is the first-line systemic treatment for TINU?

Formally, it can be made only via renal biopsy

Who is the
A female a

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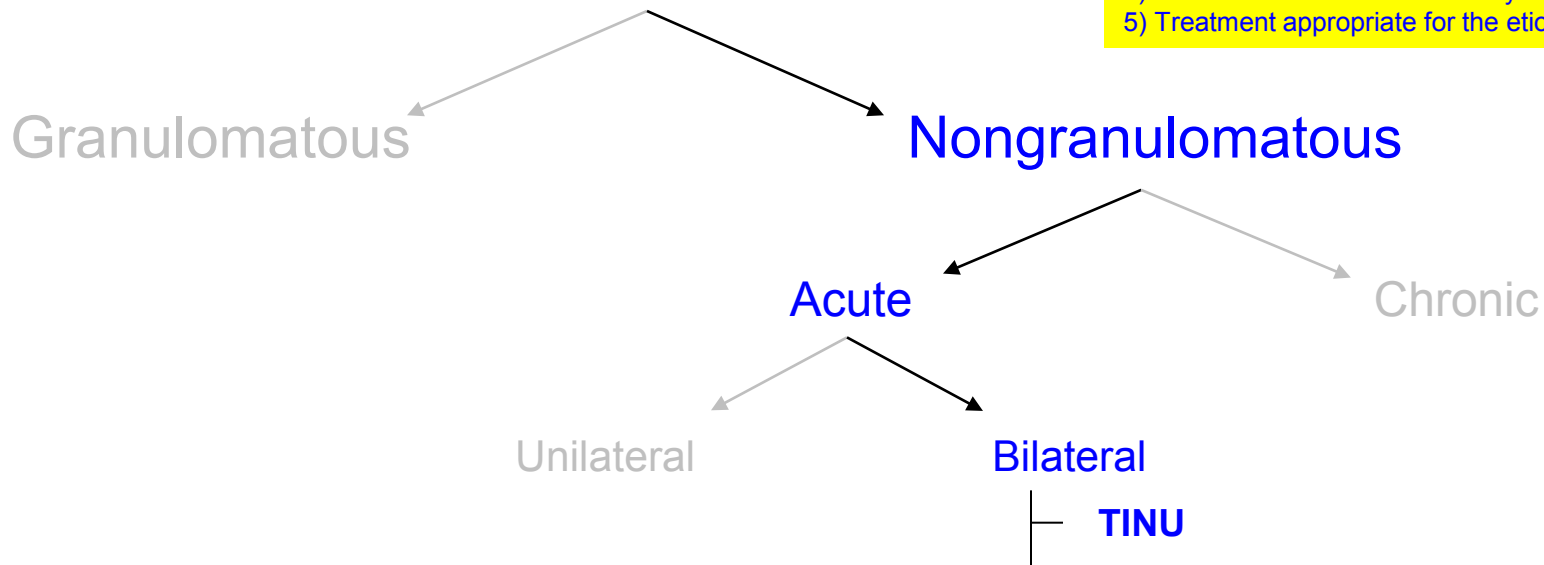
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Tubulointer...
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Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

TINU

Behçet

Drug rxn

Behcet disease is addressed in its own slide-set (U17)

Sarcoid

Syphilis

IBD/PA

TB



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Drug rxn

Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

--Systemic?

--Topical?

--Intravitreal?

IBD/PA

TB

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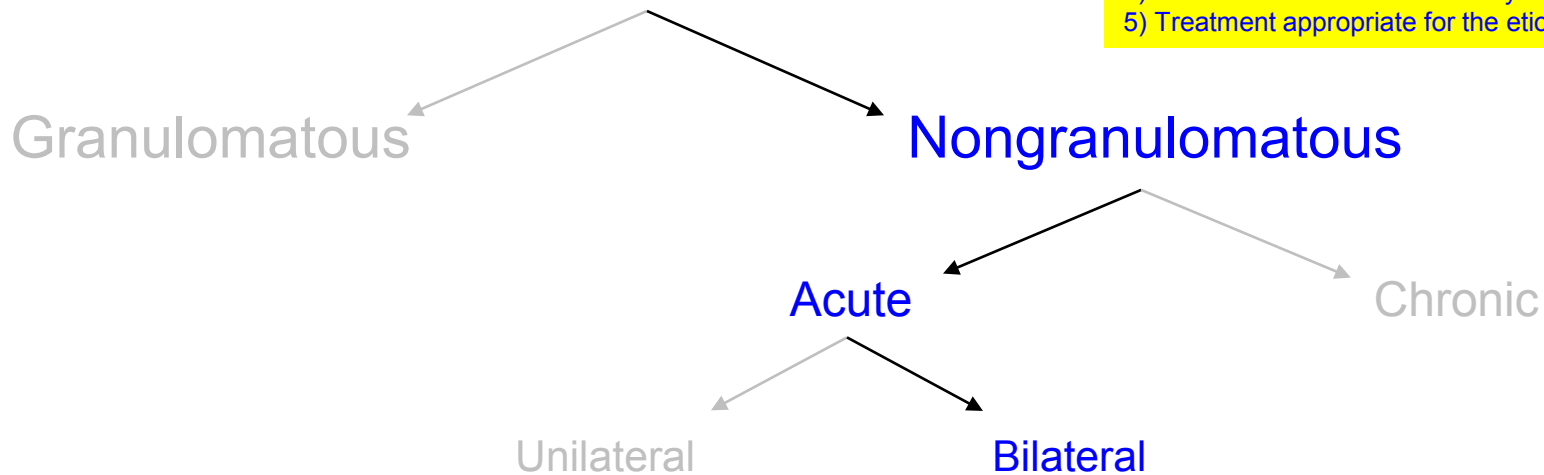
--Intravitreal

All of them!

IBD/PA

TB

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- TINU
- Behçet
- **Drug rxn**

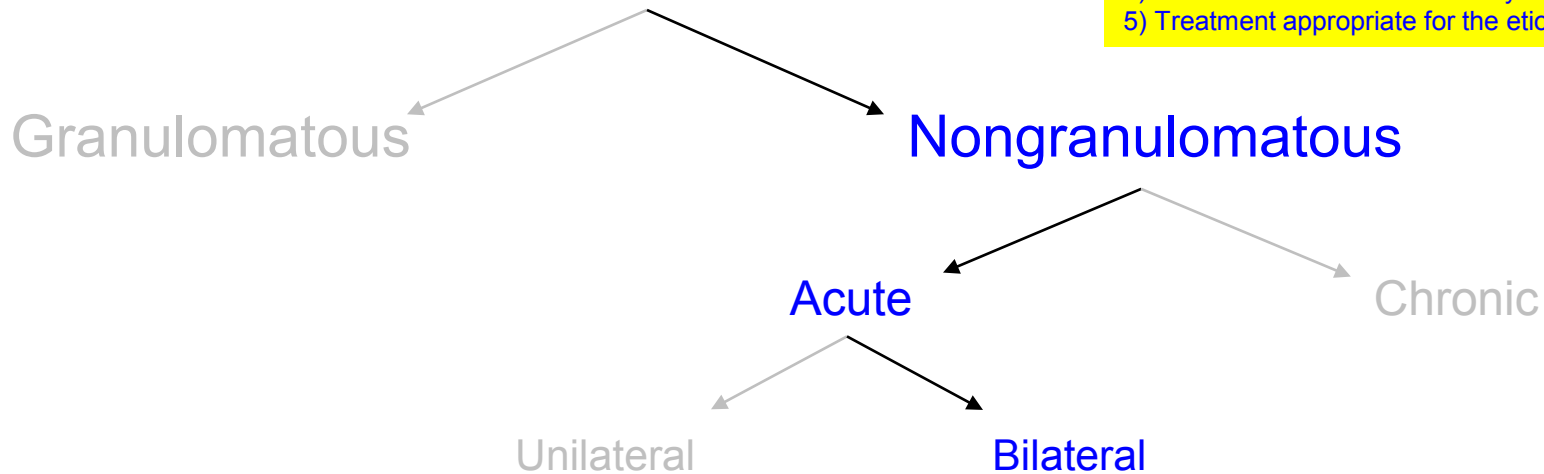
Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

- Systemic?
- Topical?
- Intravitreal?

For each route, does it cause a unilateral, or a bilateral uveitis?

- IBD/PA
- TB

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- TINU
- Behçet
- **Drug rxn**

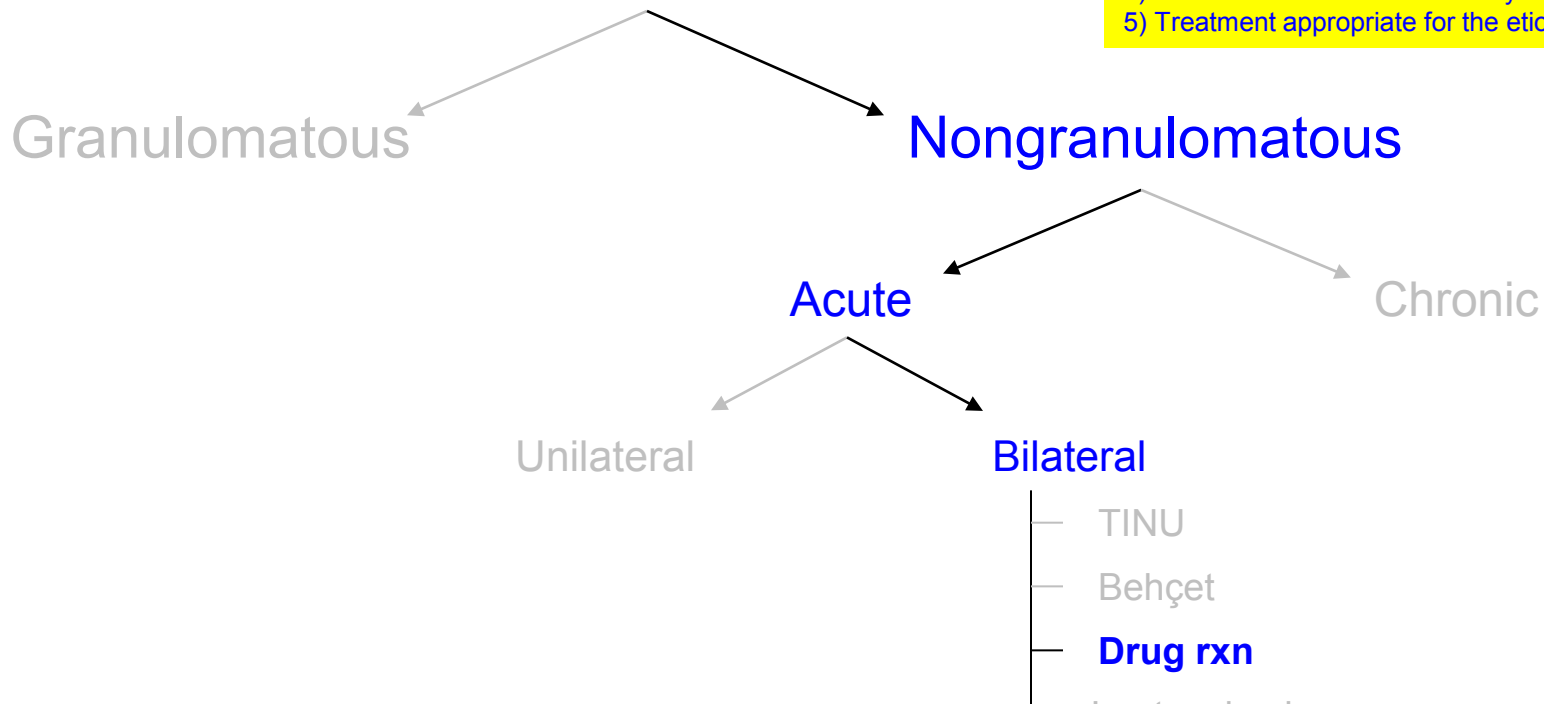
Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

- Systemic? Can be **either**
- Topical? **Unilateral**
- Intravitreal? **Unilateral**

For each route, does it cause a unilateral, or a bilateral uveitis?

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Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

--**Systemic**

--Topical

--Intravitreal

Many systemic drugs have been implicated in causing uveitis, but four are notorious for doing so. What are they?

--?

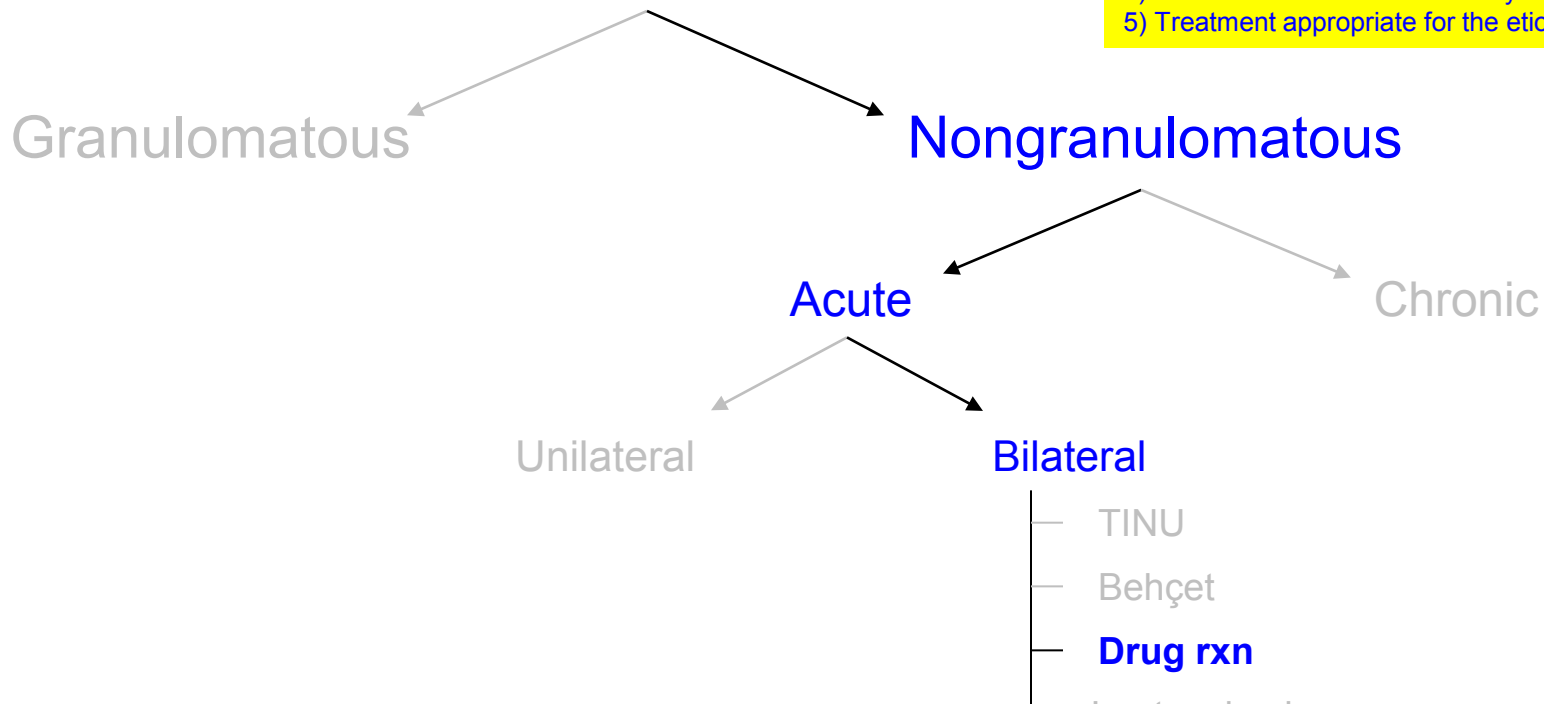
--?

--?

--?

Hints forthcoming...

Uveitis: *Anterior*



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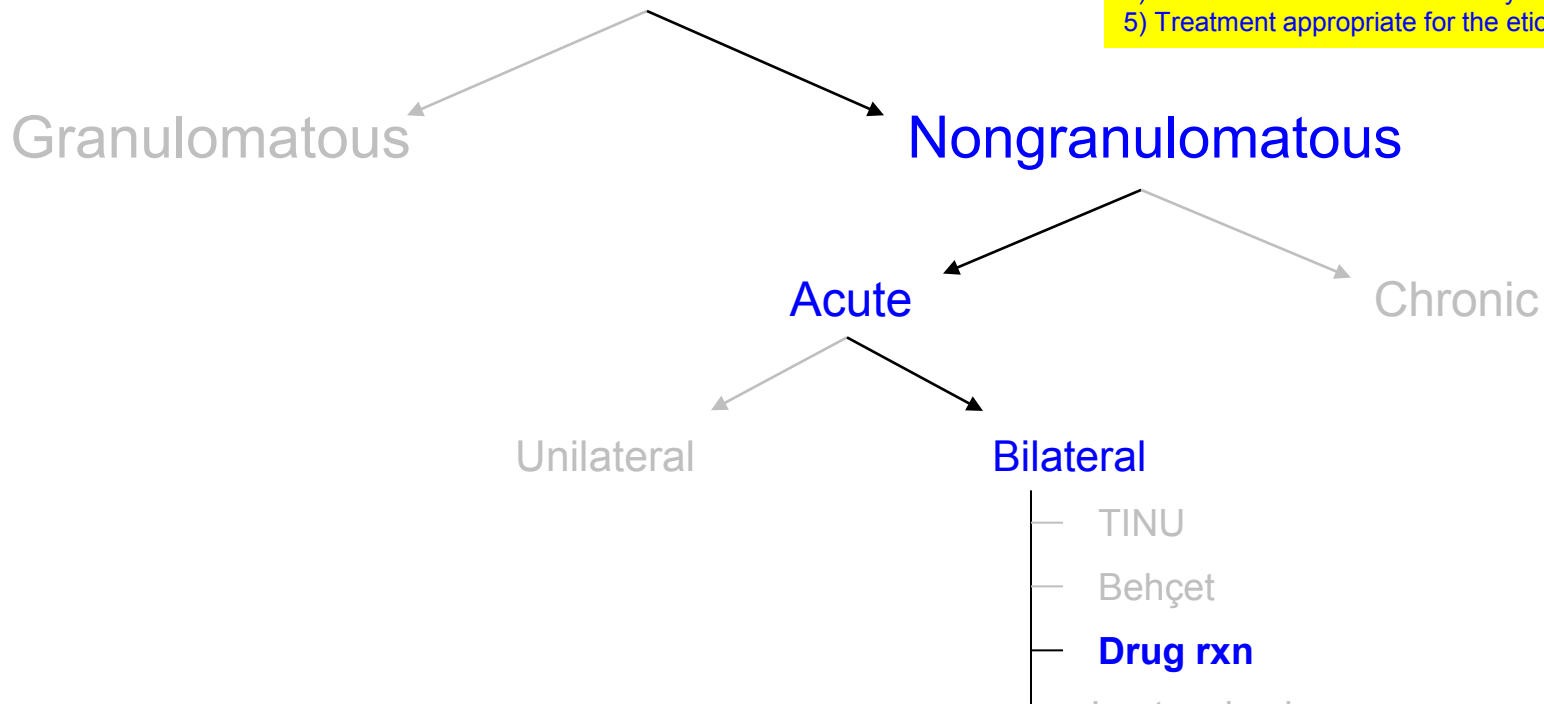
-- the most notorious of all--if you only remember one, make it this one

--?

--?

--?

Uveitis: *Anterior*



Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

--**Systemic**

--Topical

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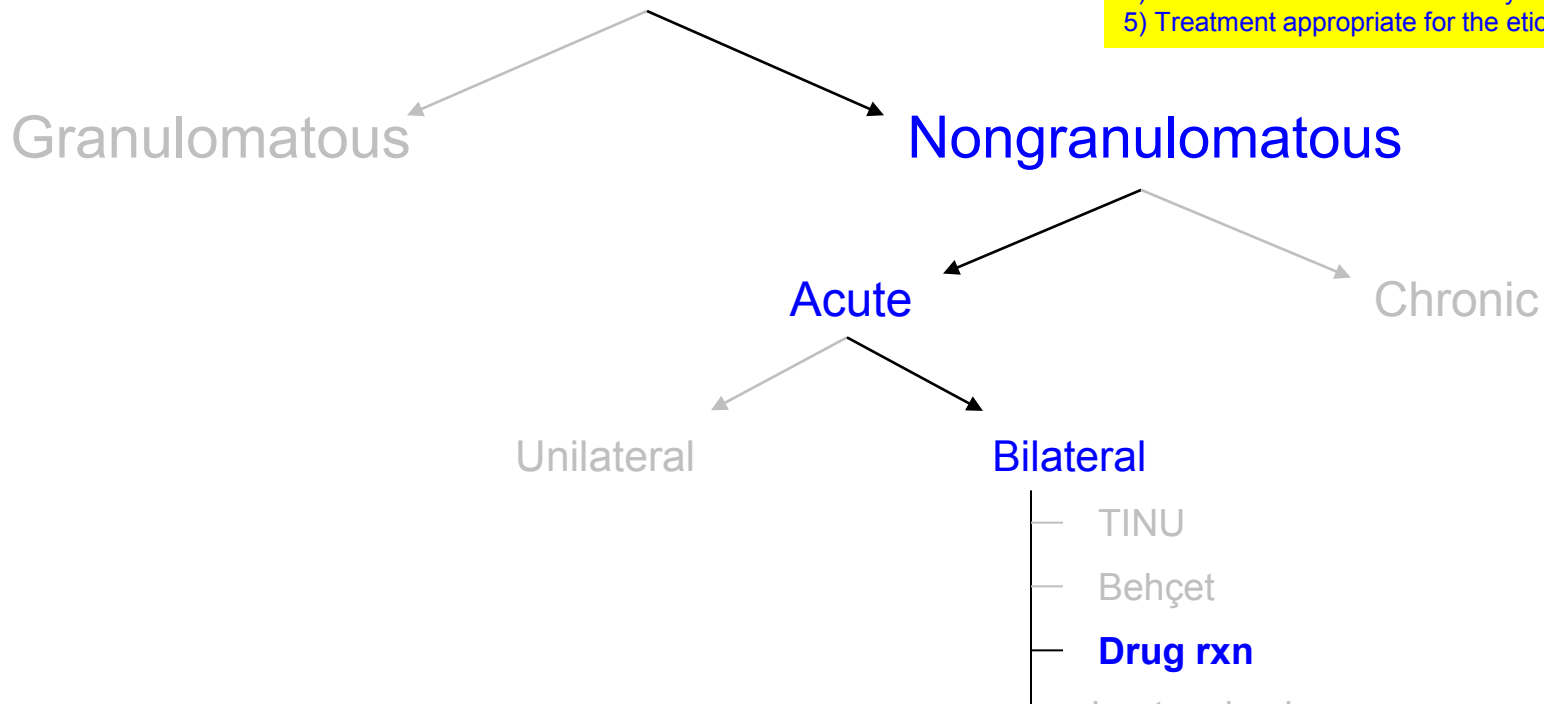
--Rifabutin

--?

--?

--?

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--Intravitreal

IBP/PA

Many systemic drugs have been implicated in causing uveitis, but four are notorious for doing so. What are they?

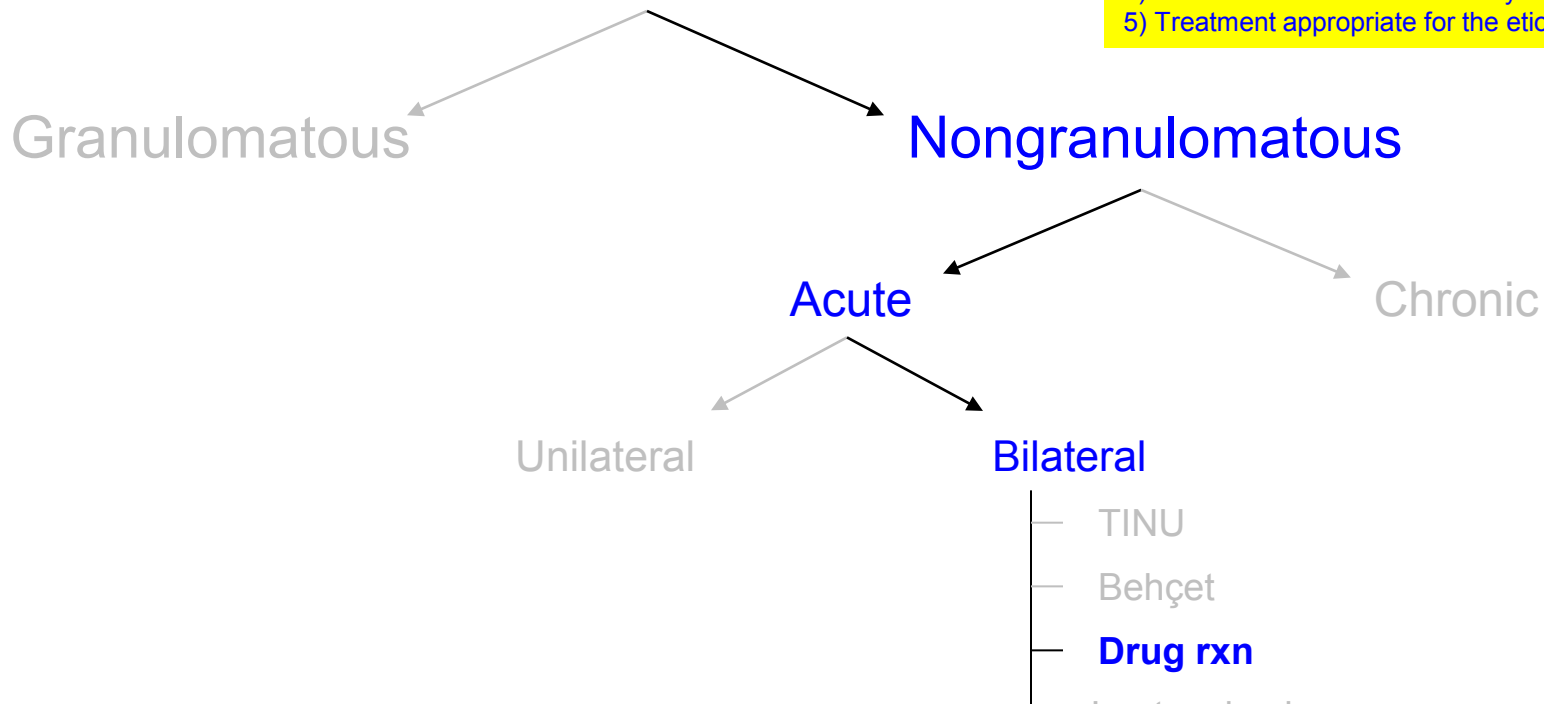
--Rifabutin

-- a class of drugs used most often in elderly women

--?

--?

Uveitis: *Anterior*



Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

--**Systemic**

--Topical

--Intravitreal

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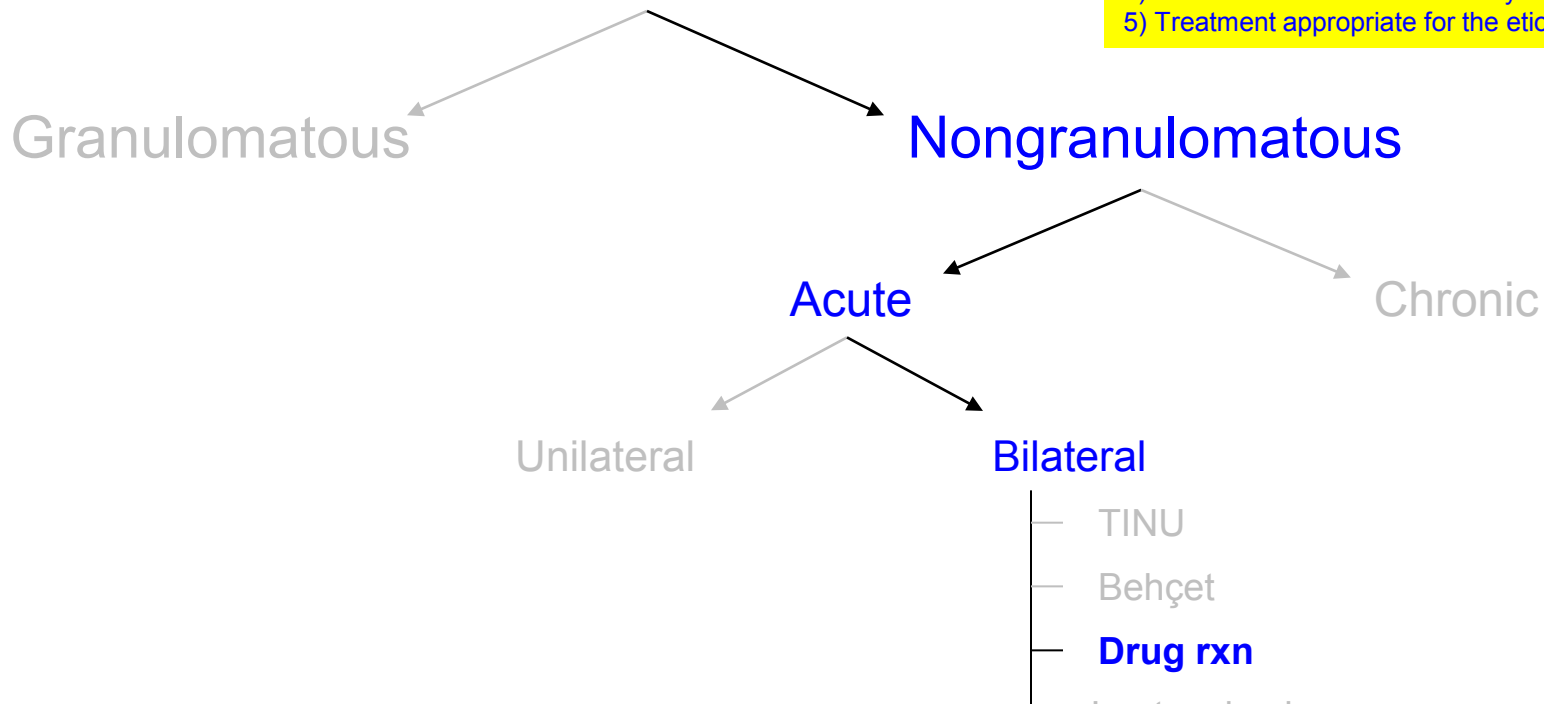
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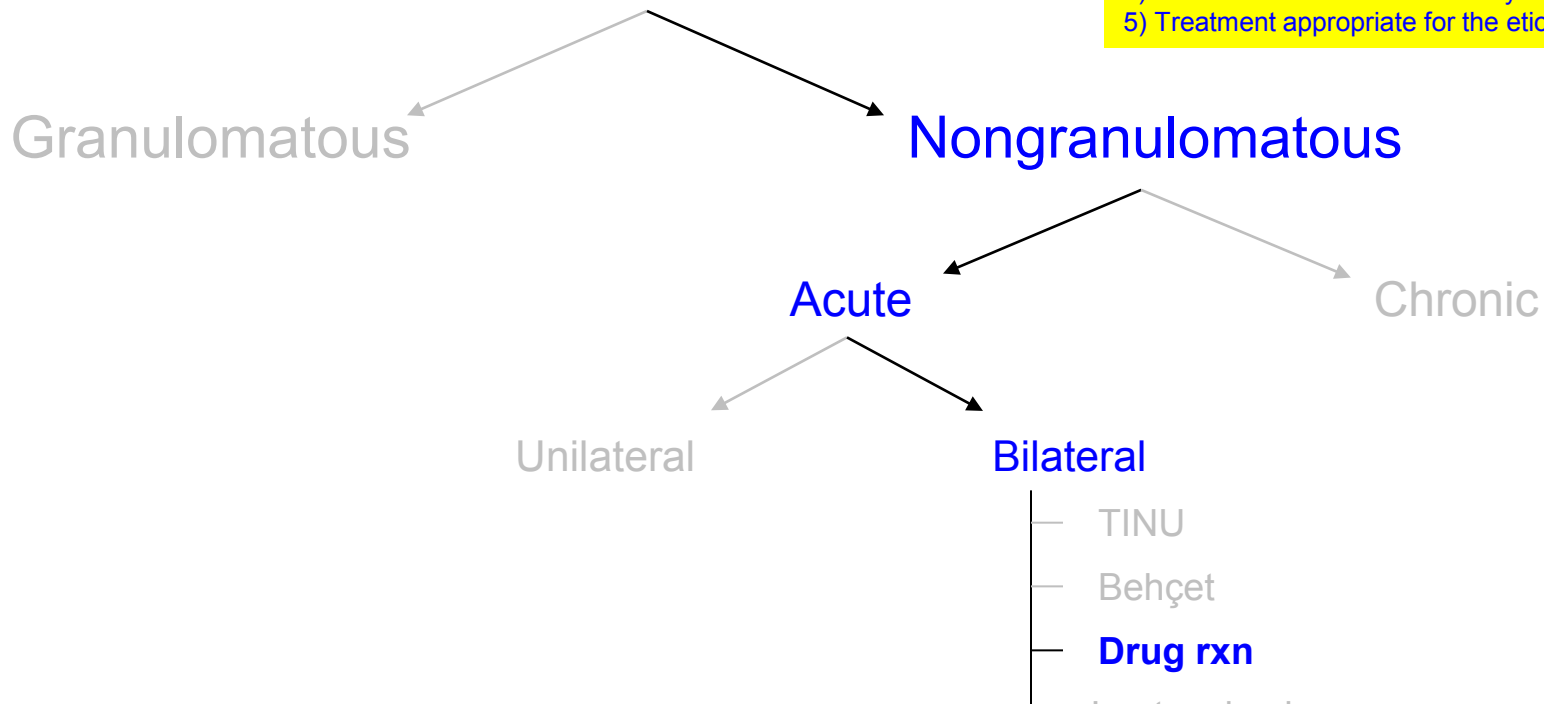
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-- another drug class; of the four, is the most commonly Rx'd, but the least likely to cause uveitis

--?

Uveitis: *Anterior*



- 1) The uveitis is profiled
- 2) The profiled case is meshed
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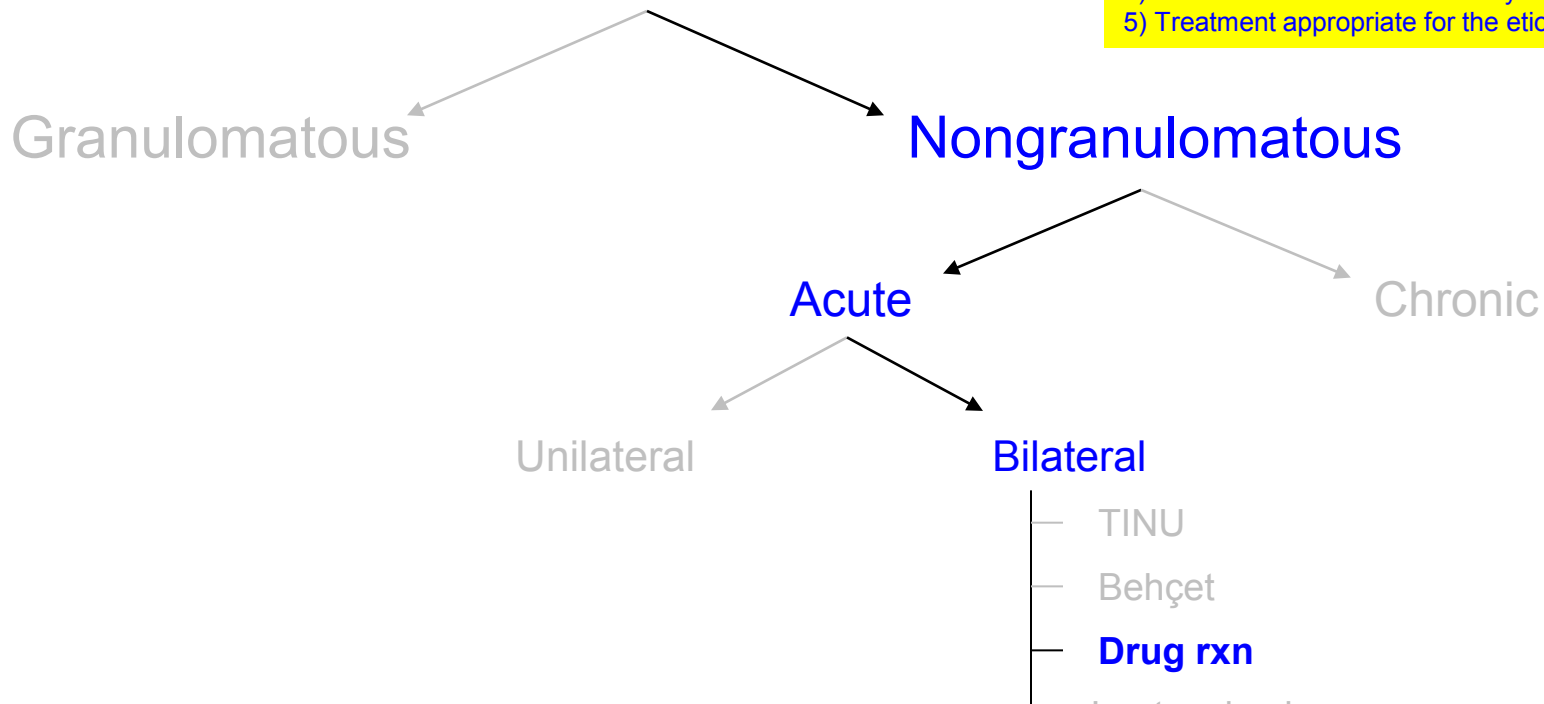
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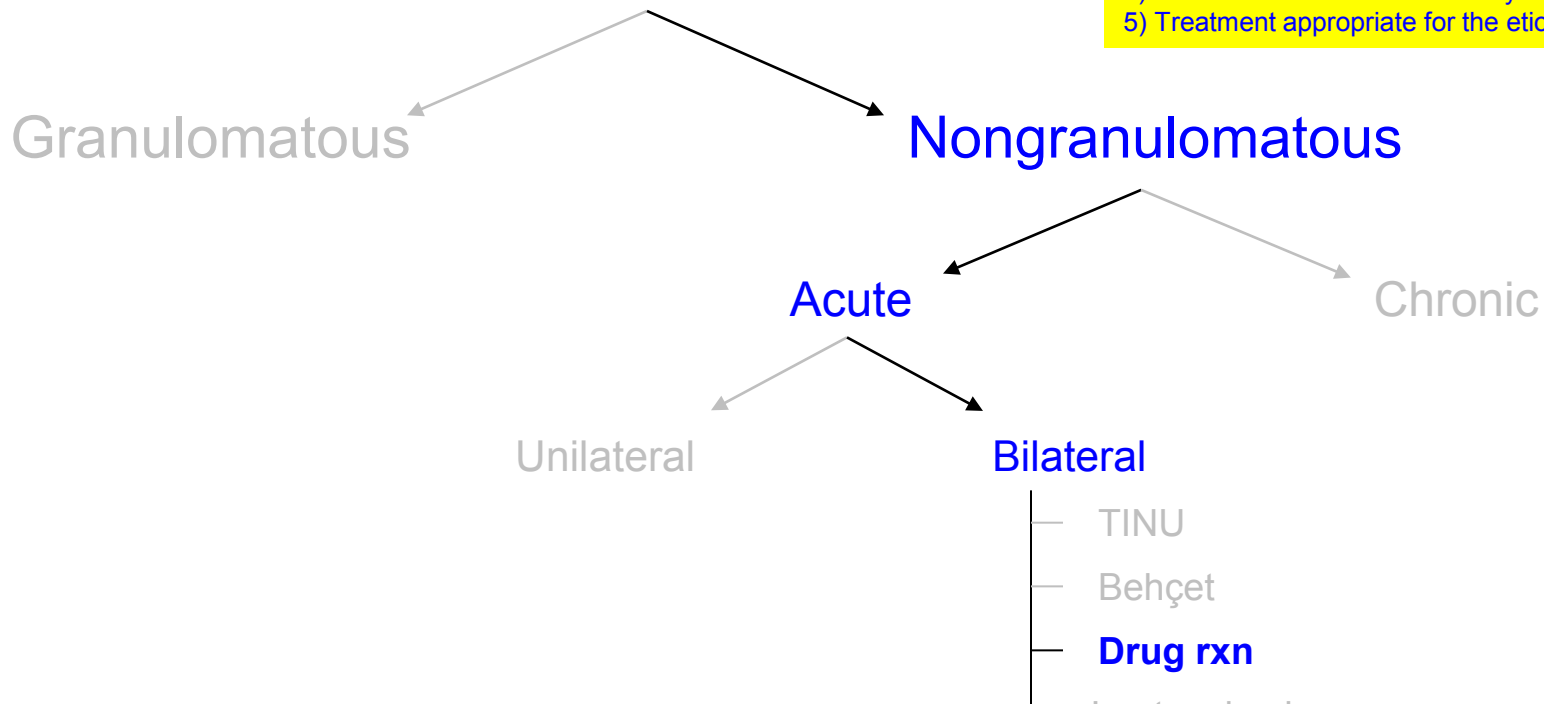
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of the four, the only one that is also delivered intravitreally

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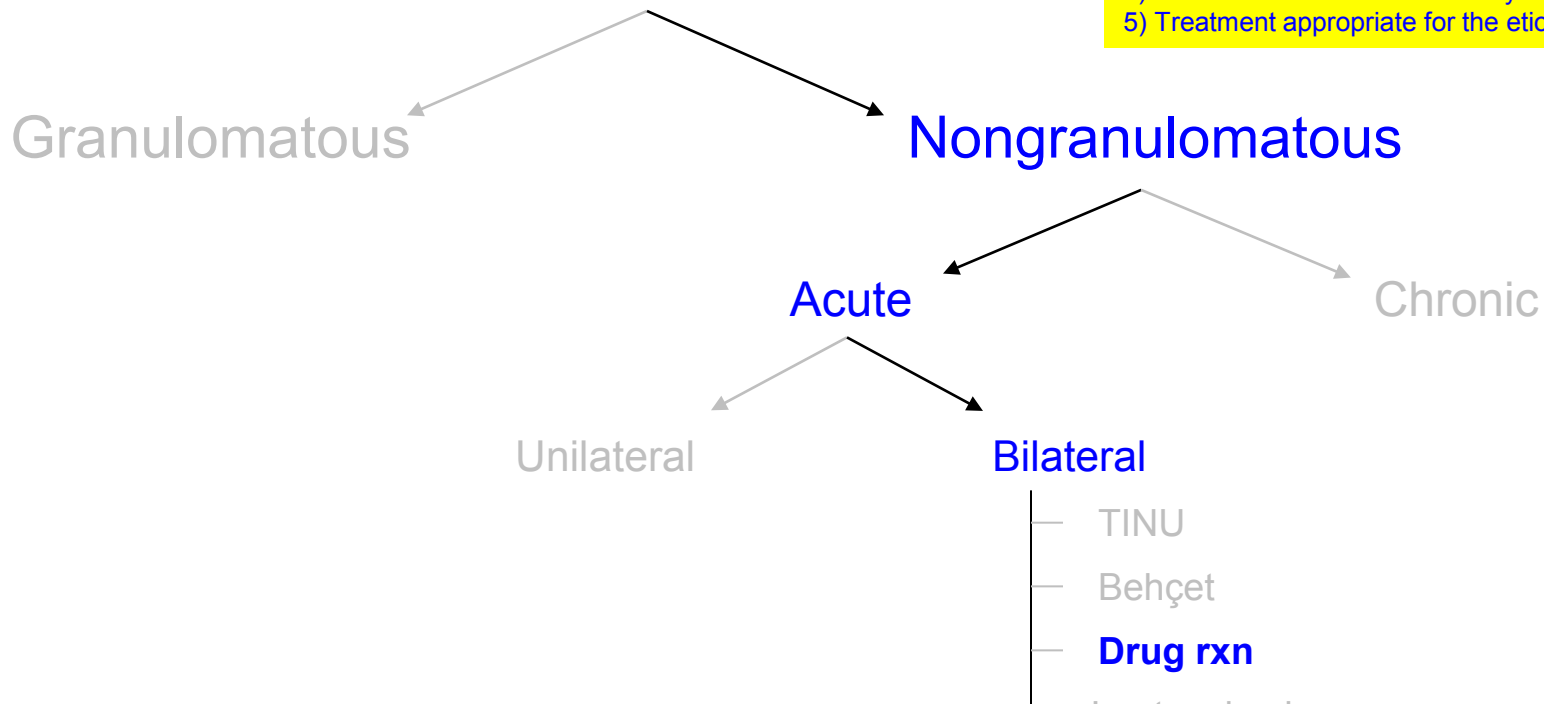
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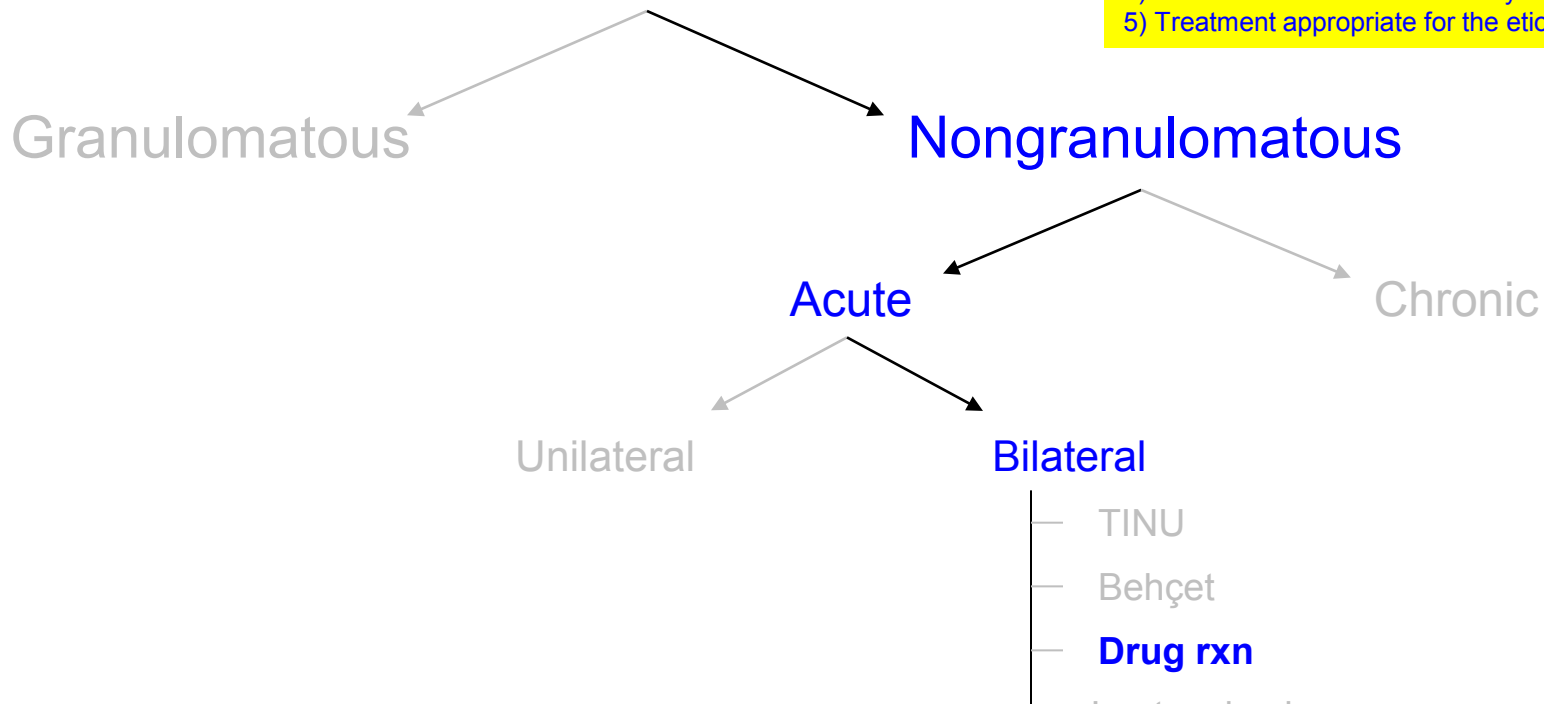
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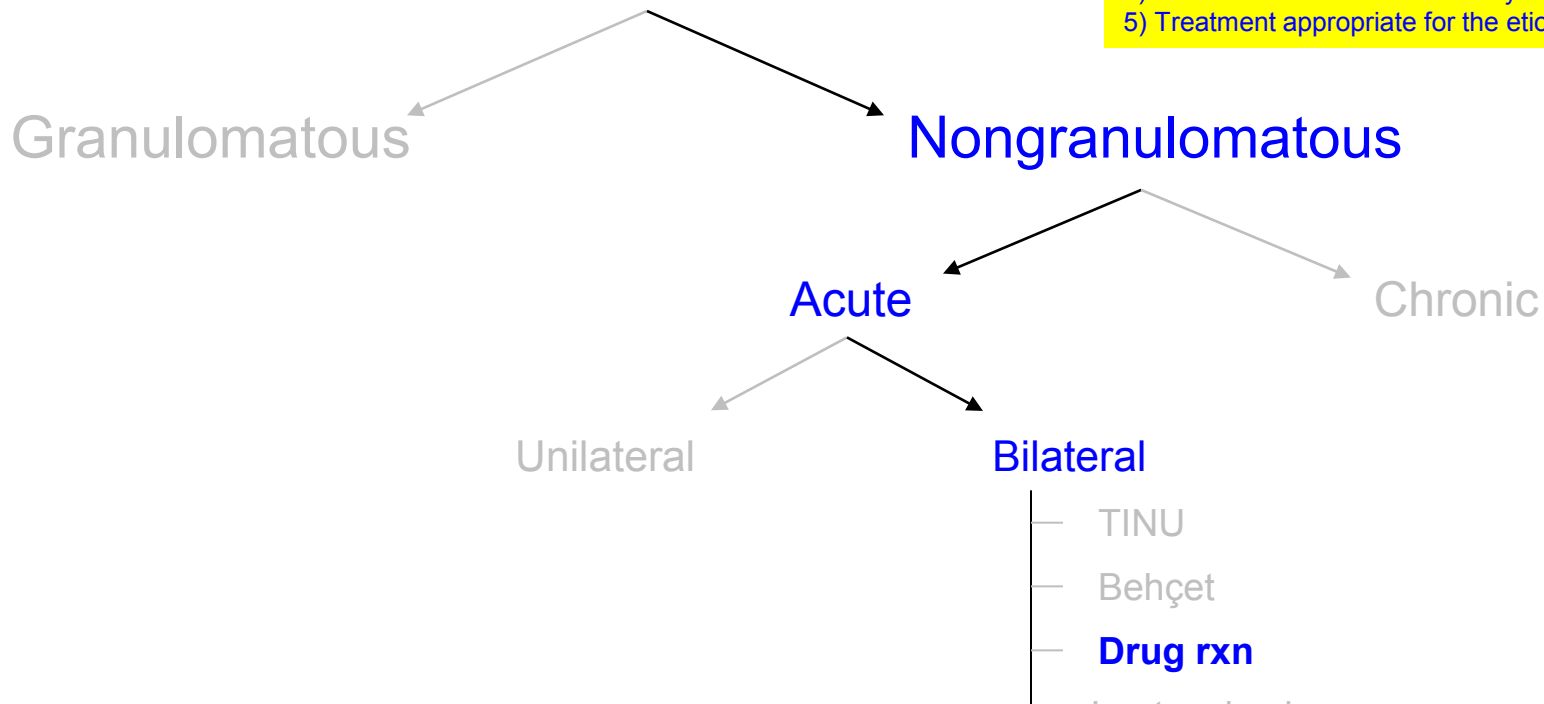
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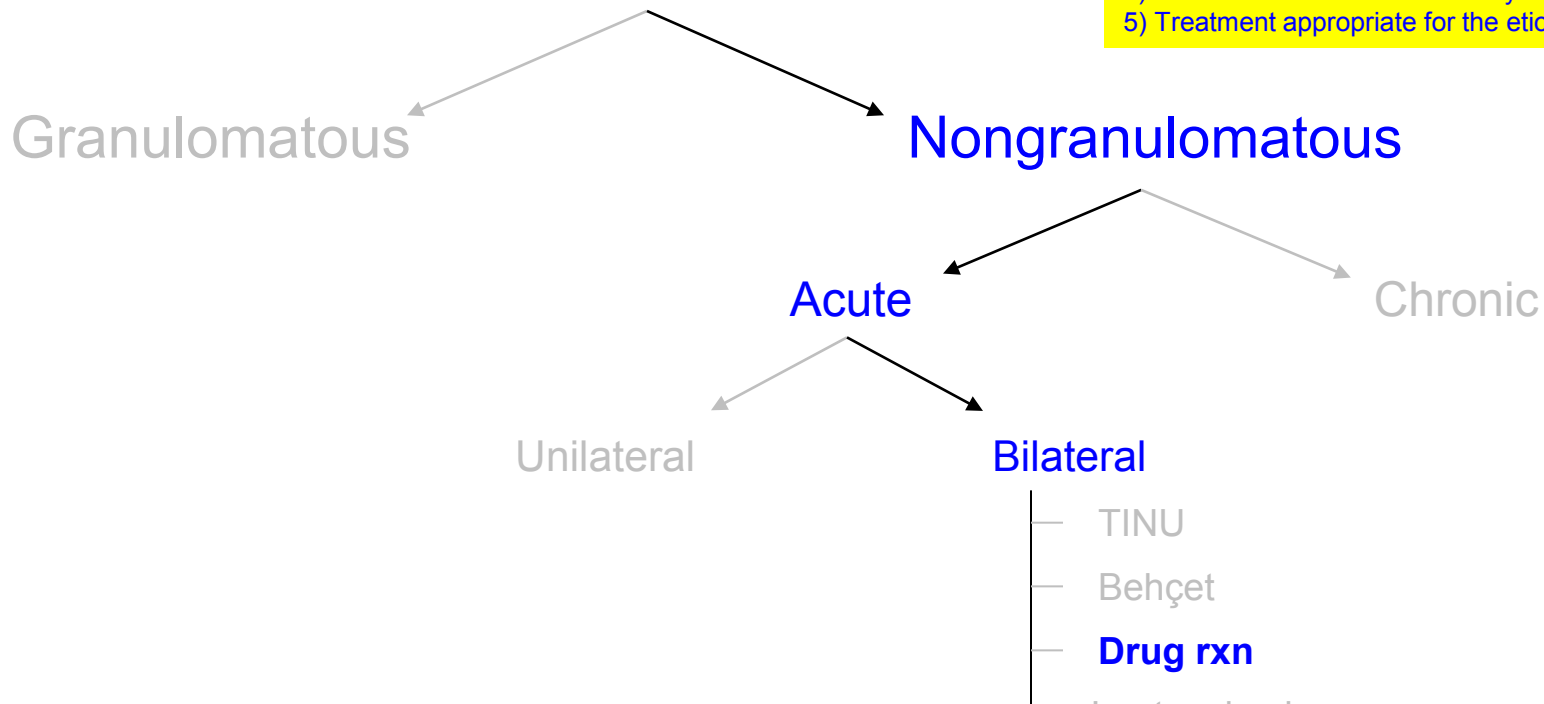
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How long after initiation of treatment does the uveitis typically occur?

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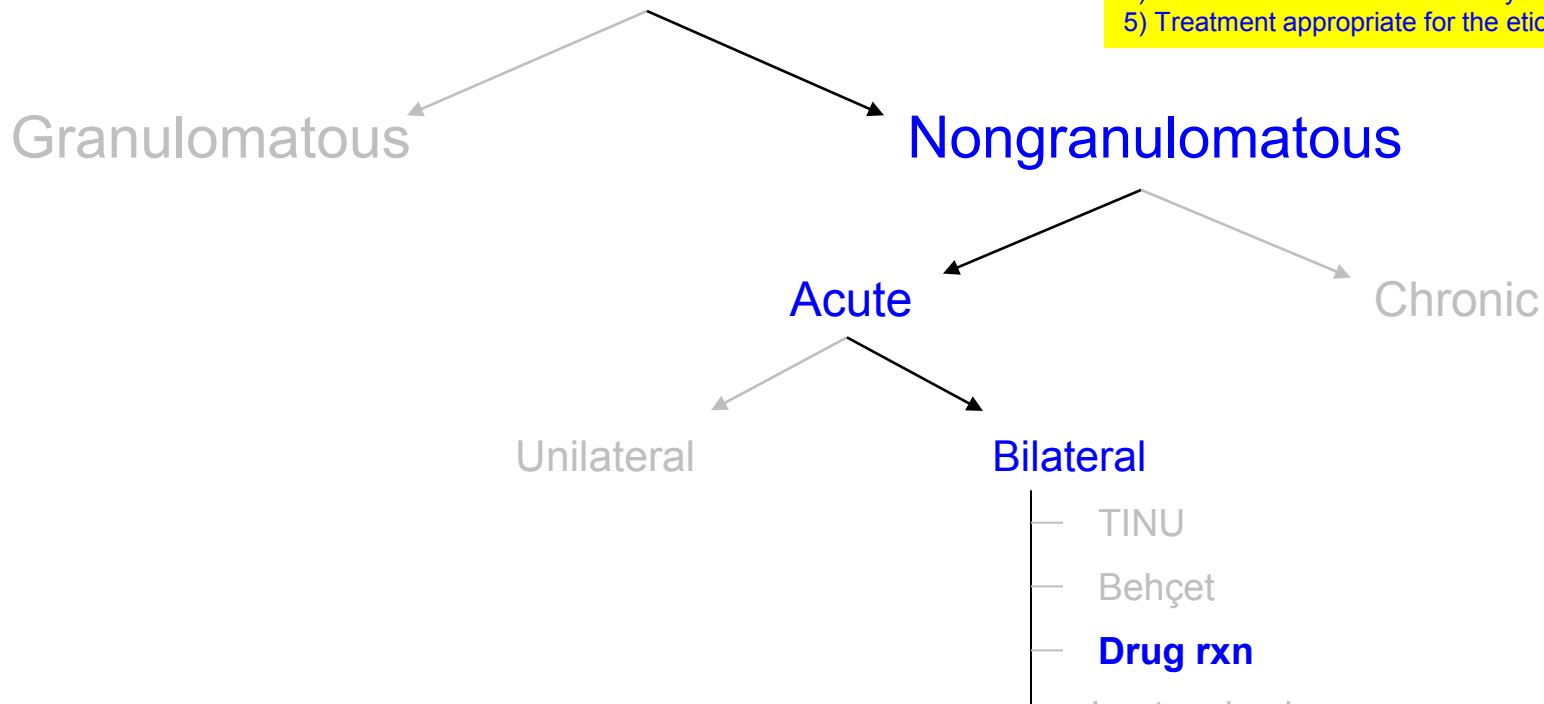
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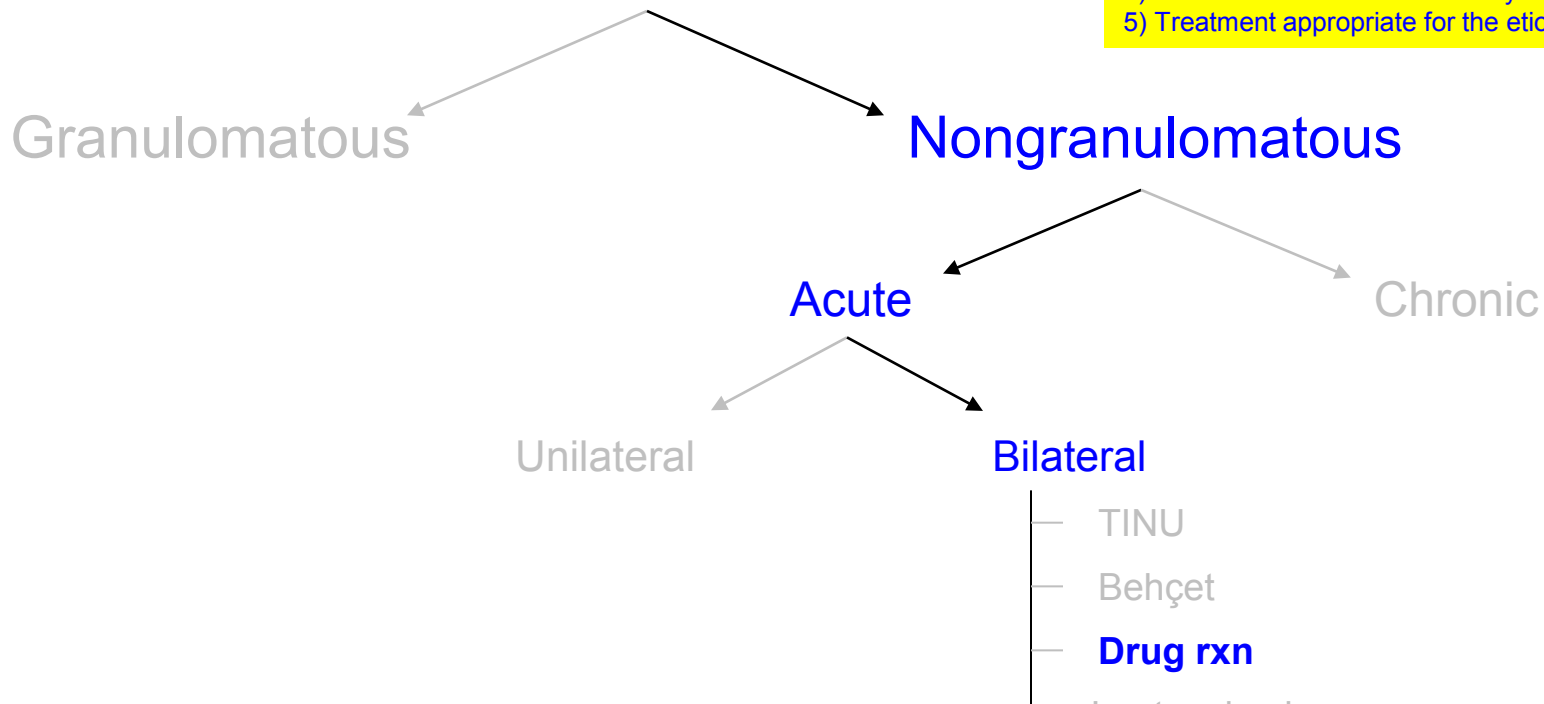
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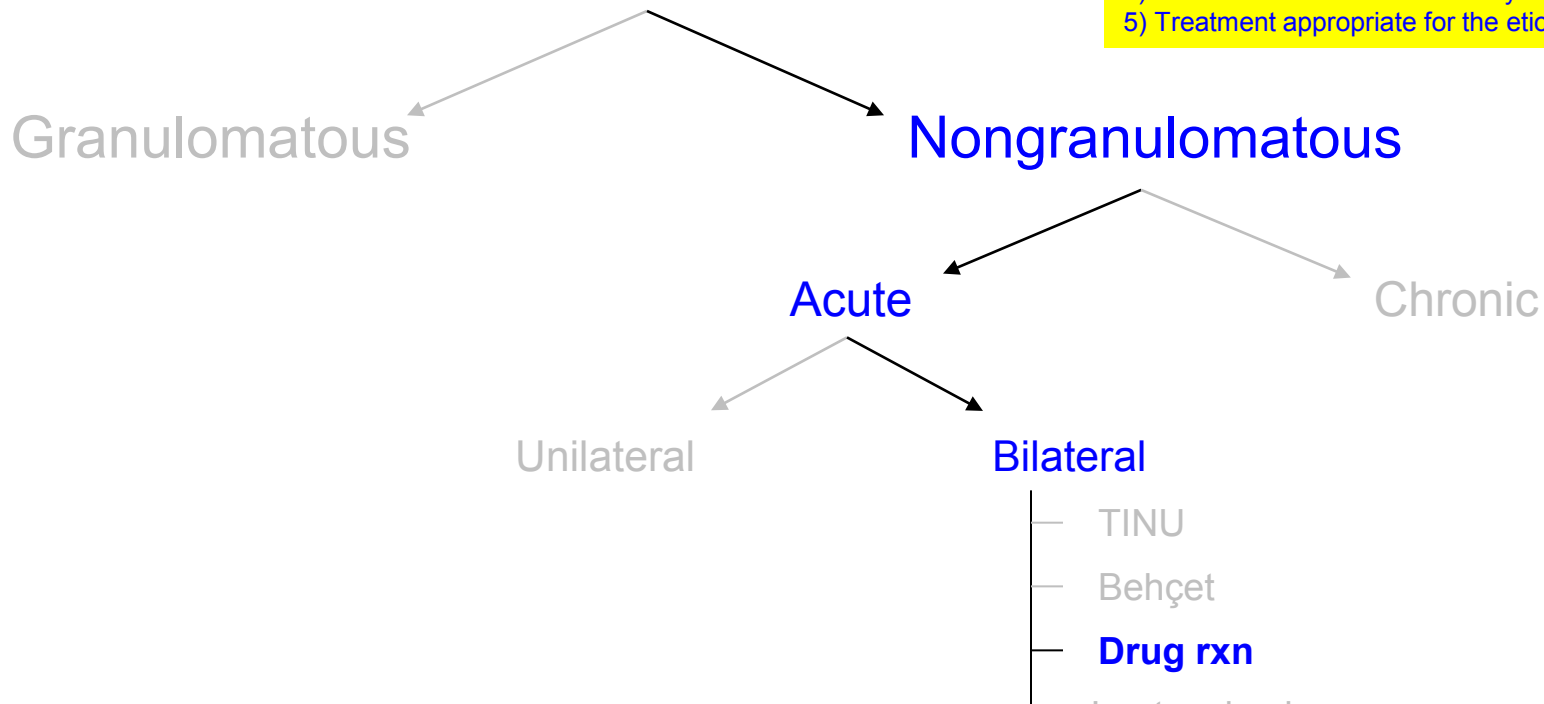
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Yes! Always consider rifabutin when evaluating hypopyon uveitis

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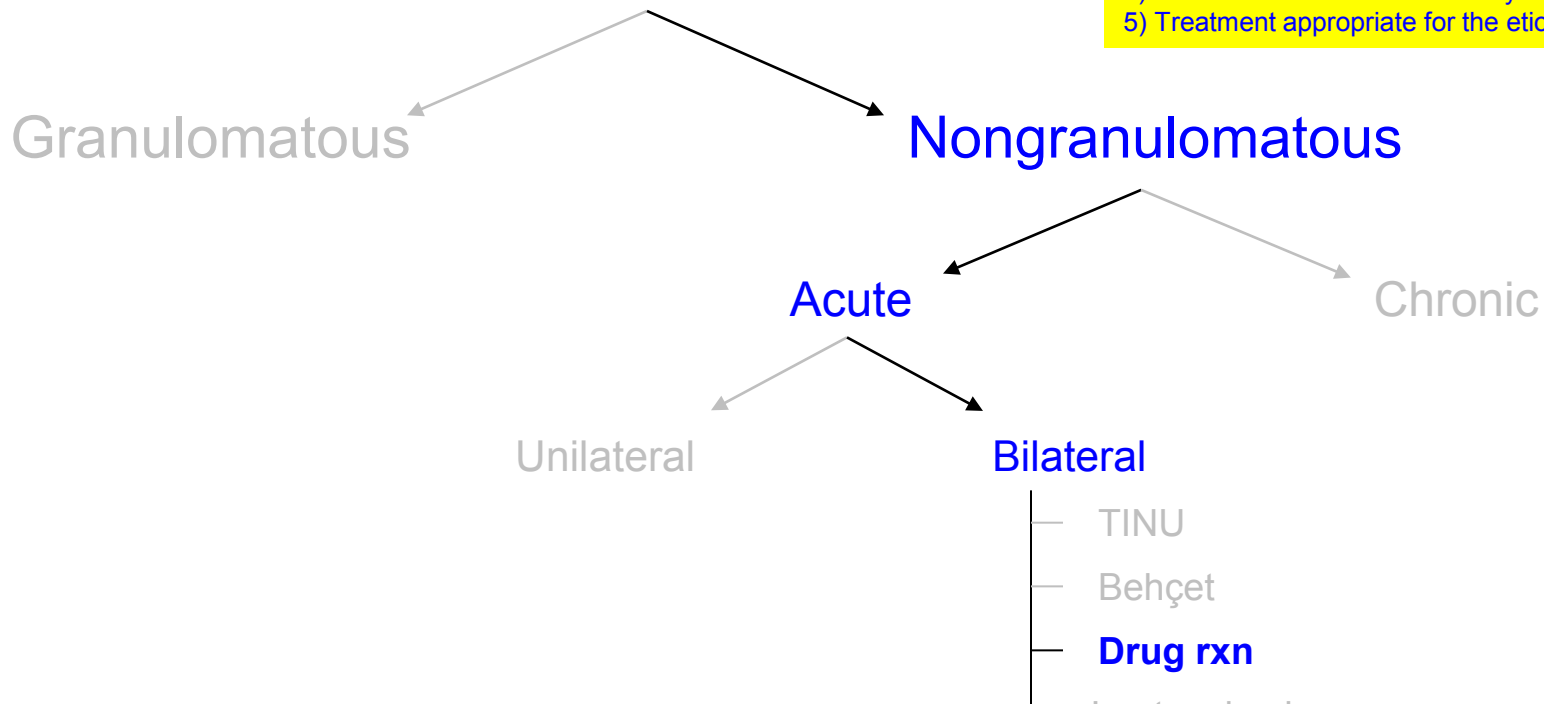
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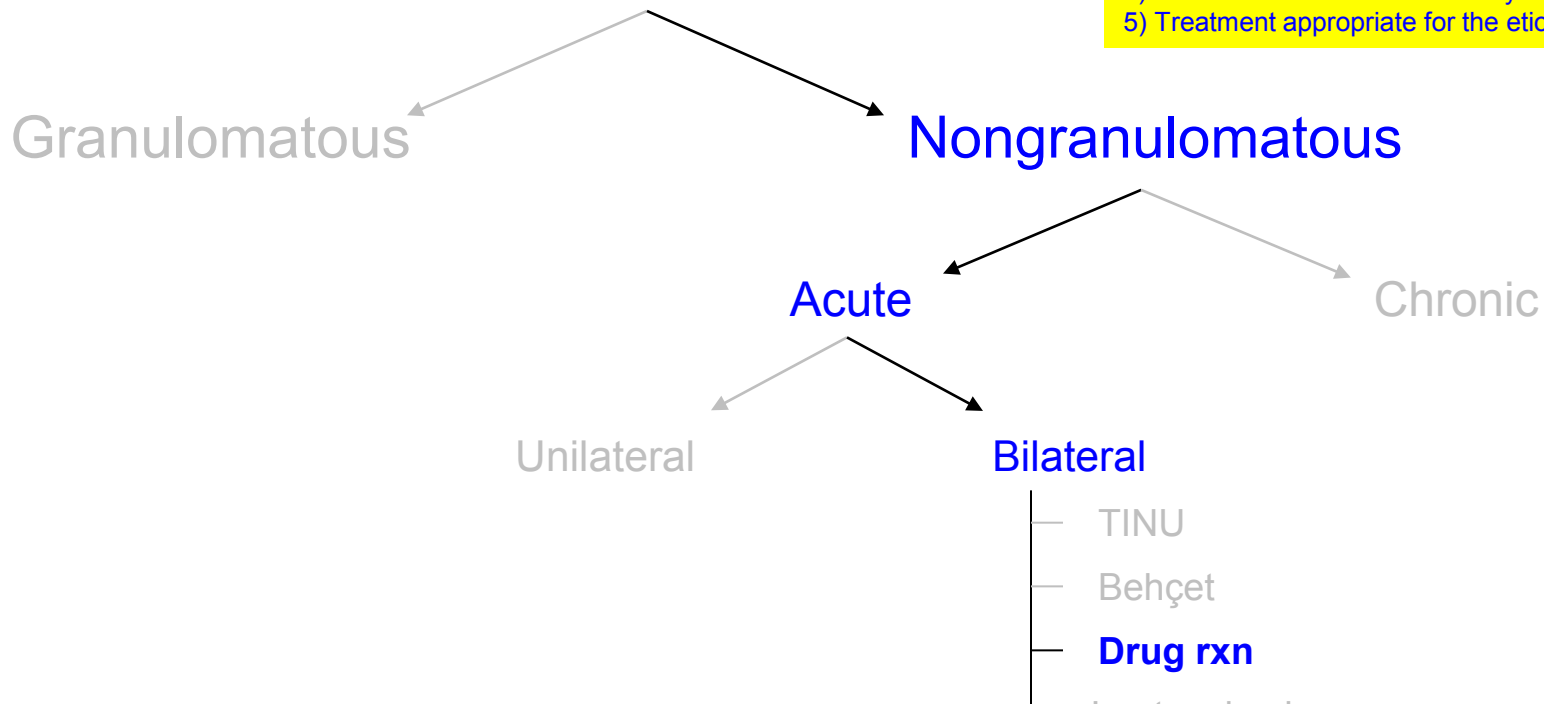
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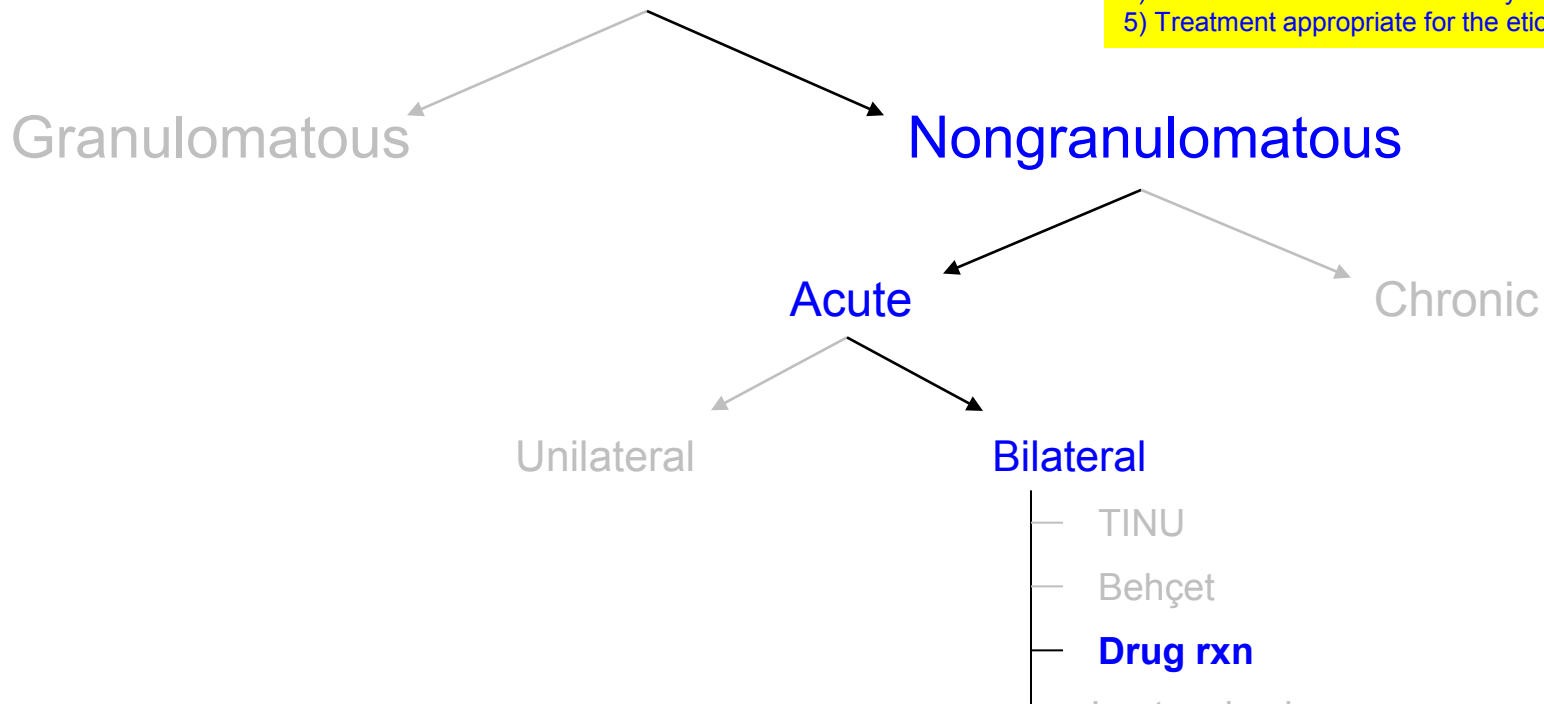
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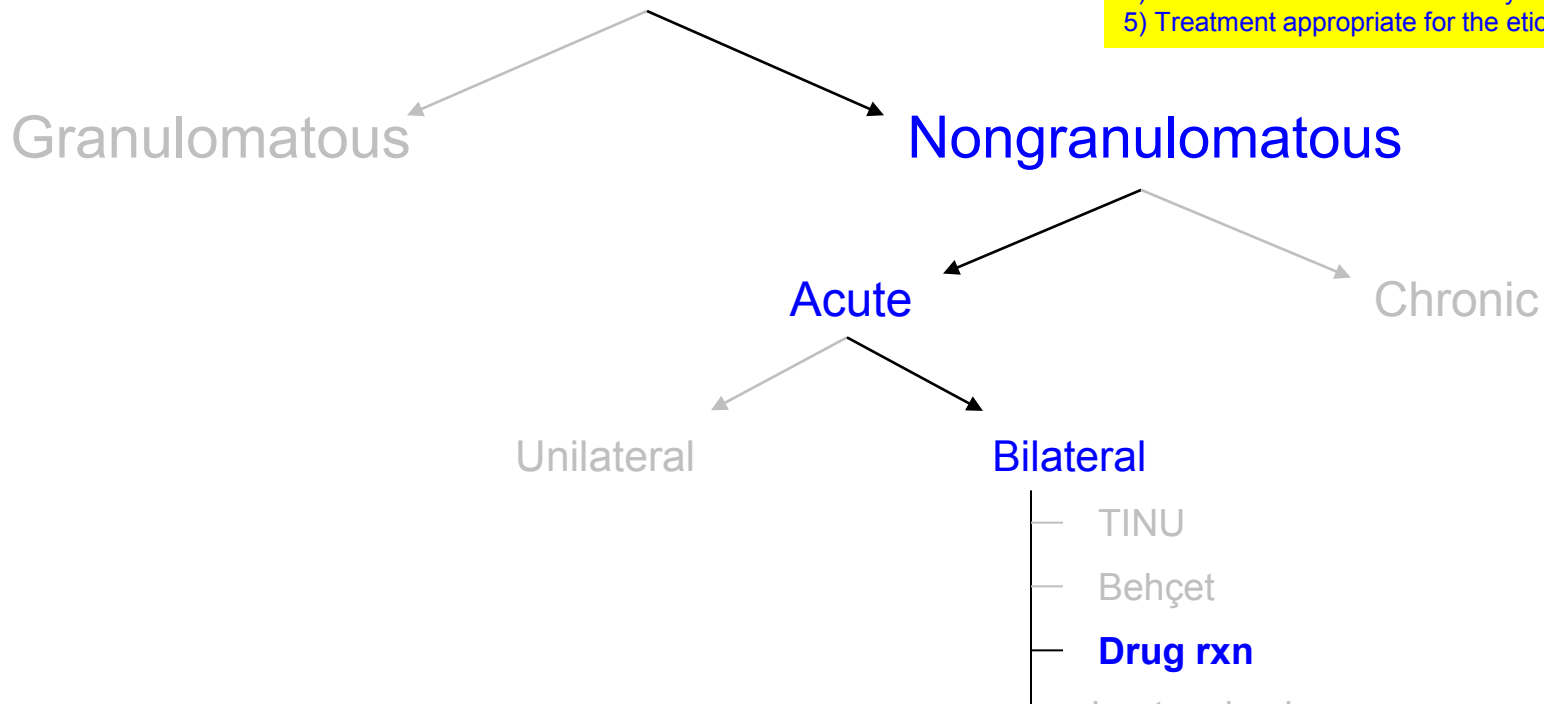
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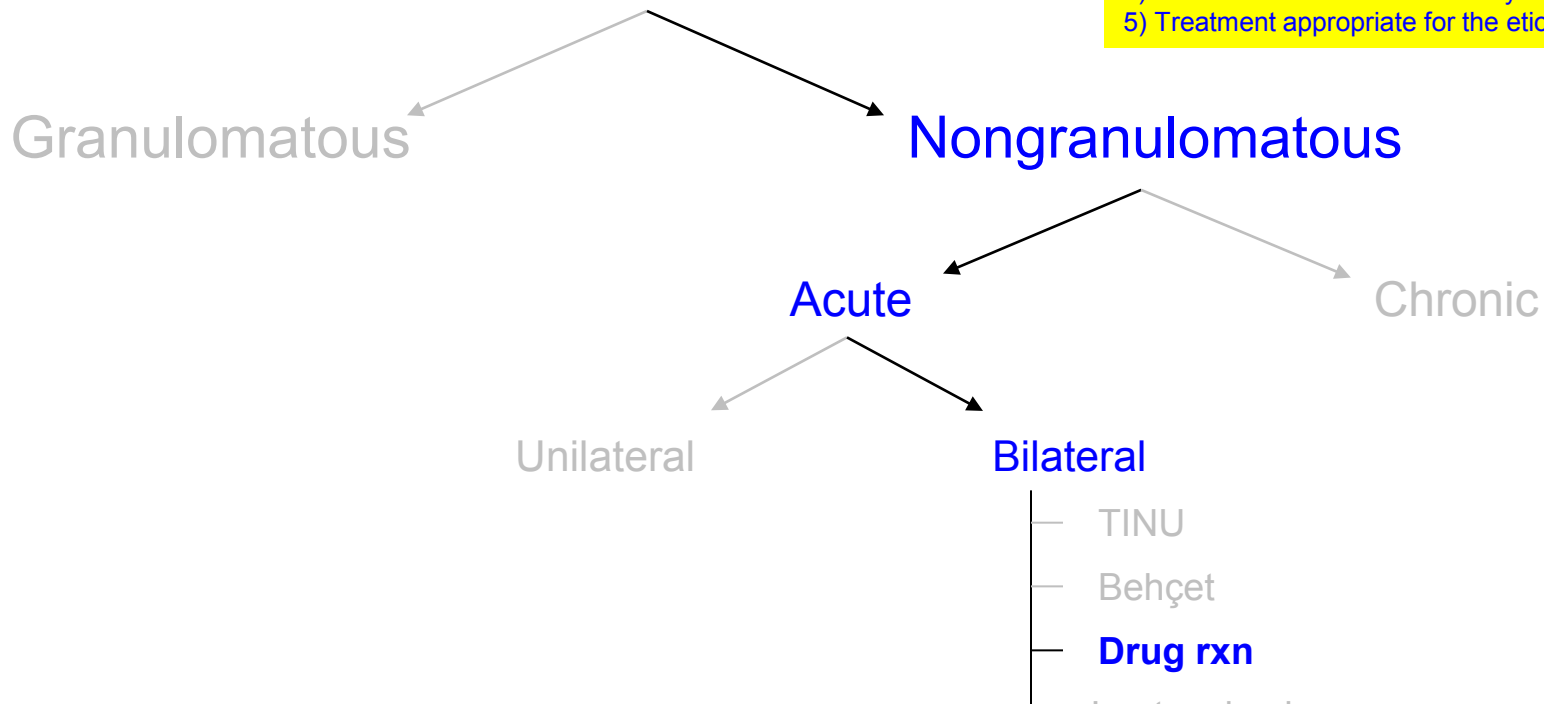
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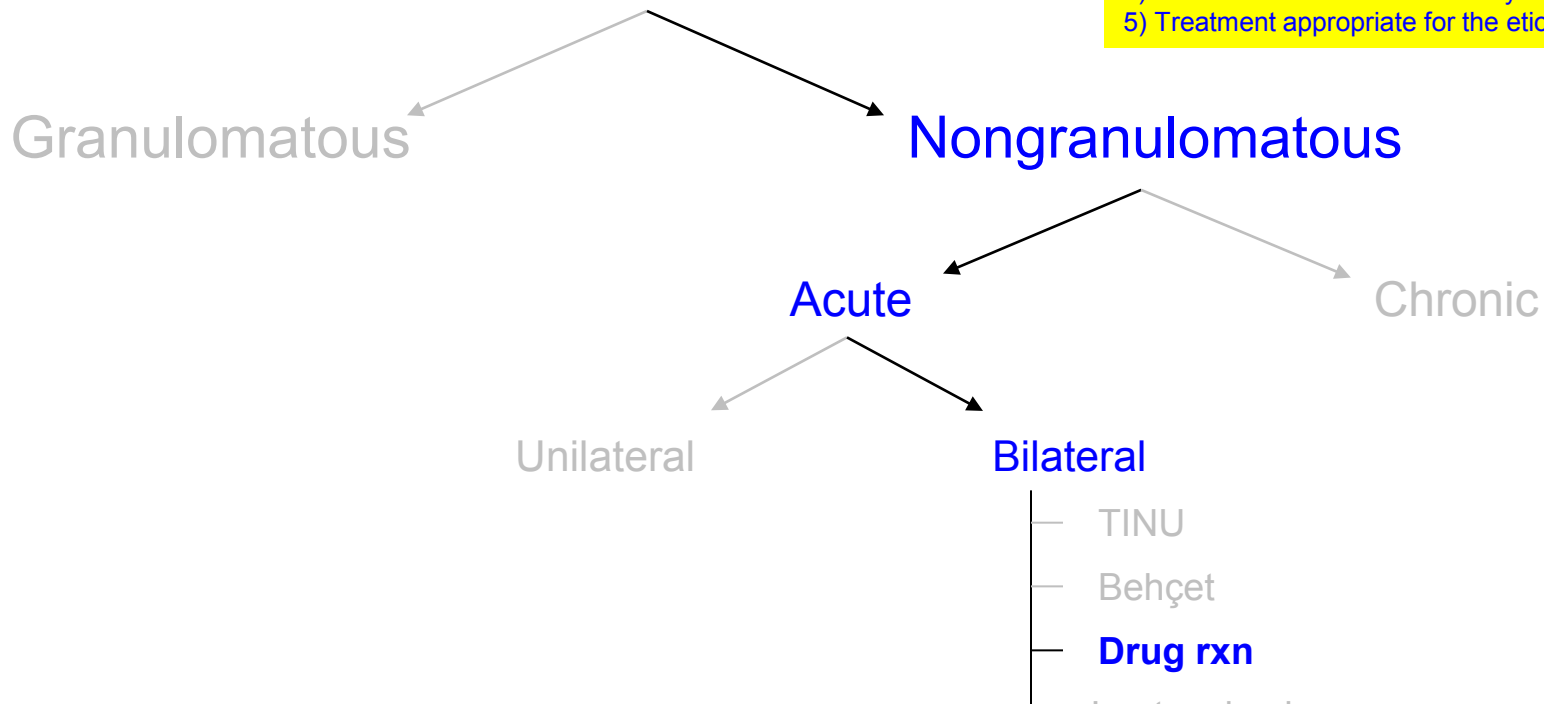
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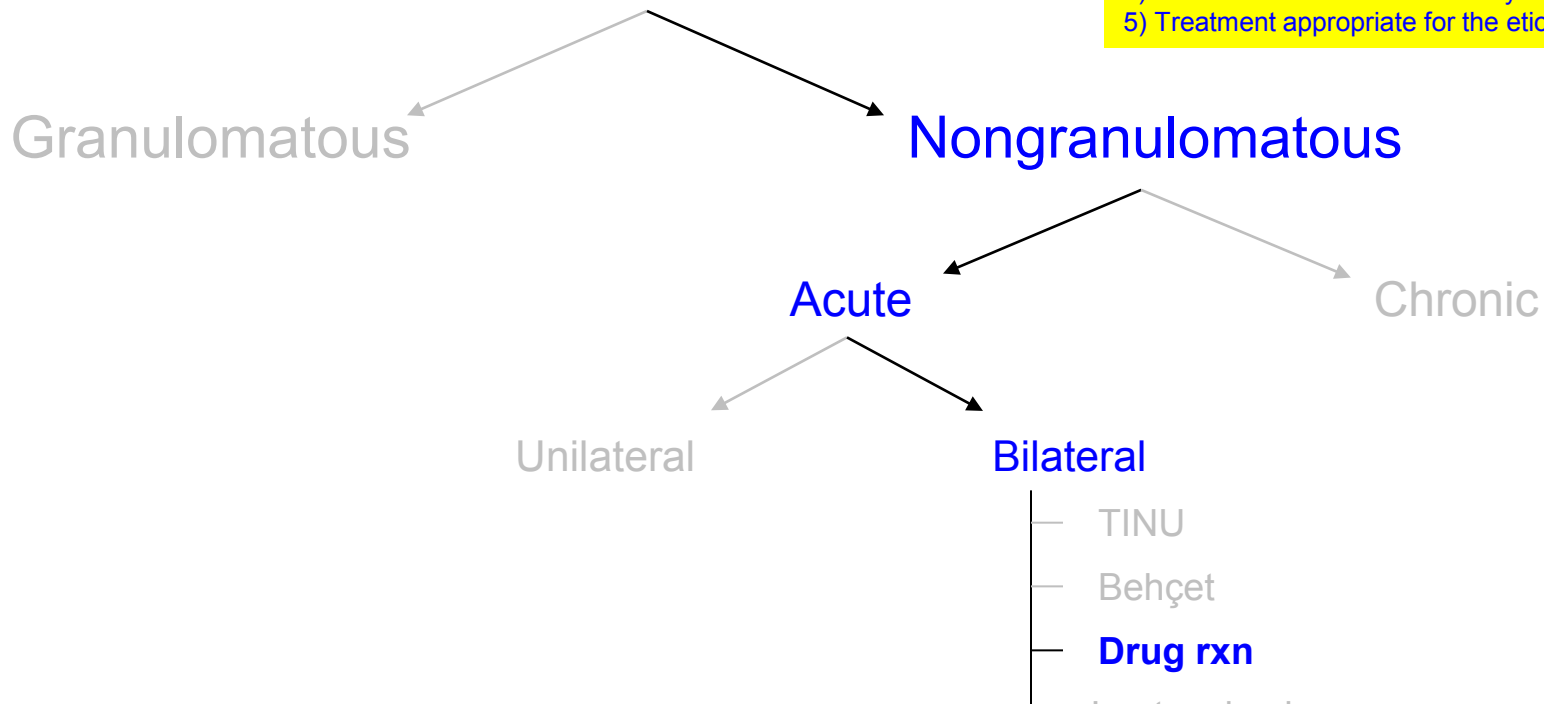
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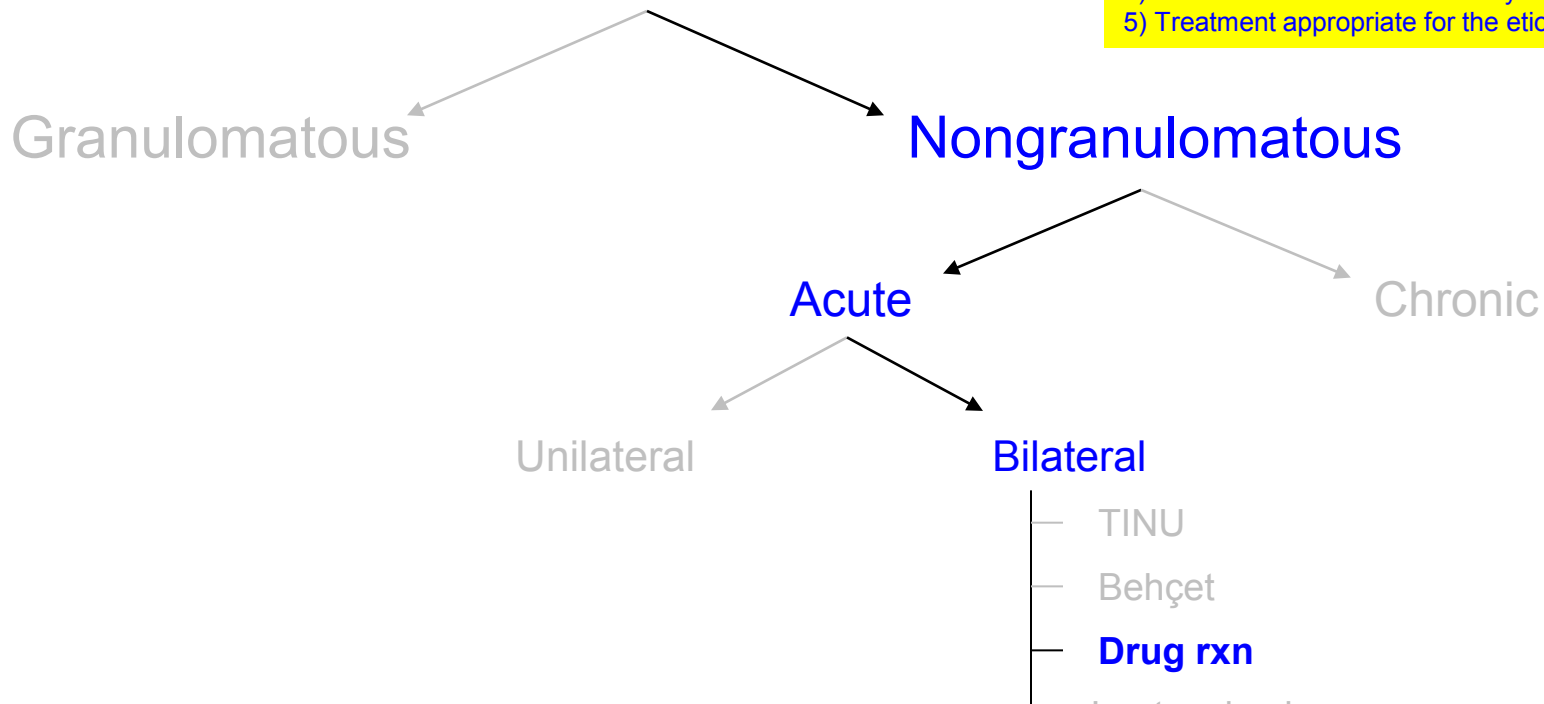
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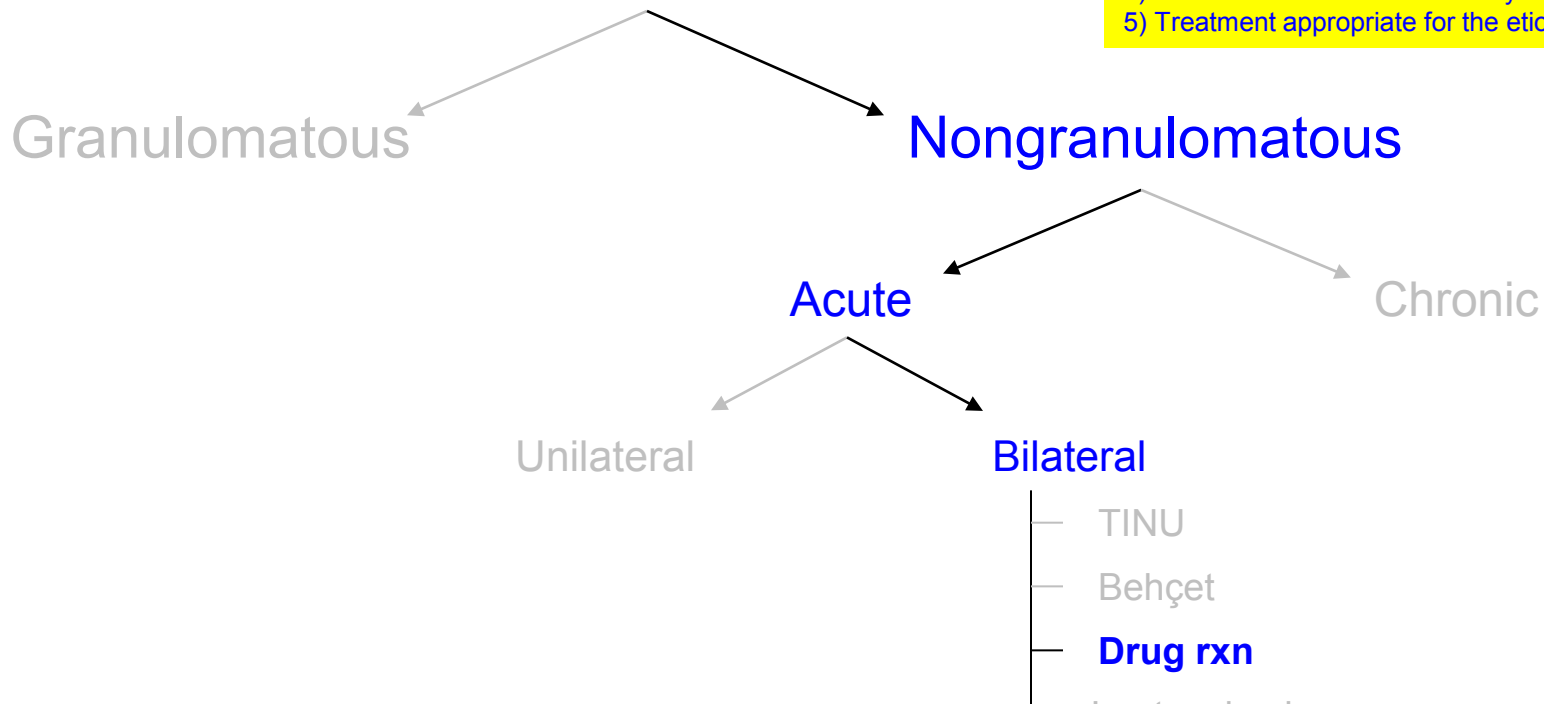
one -itis

, another

and

another

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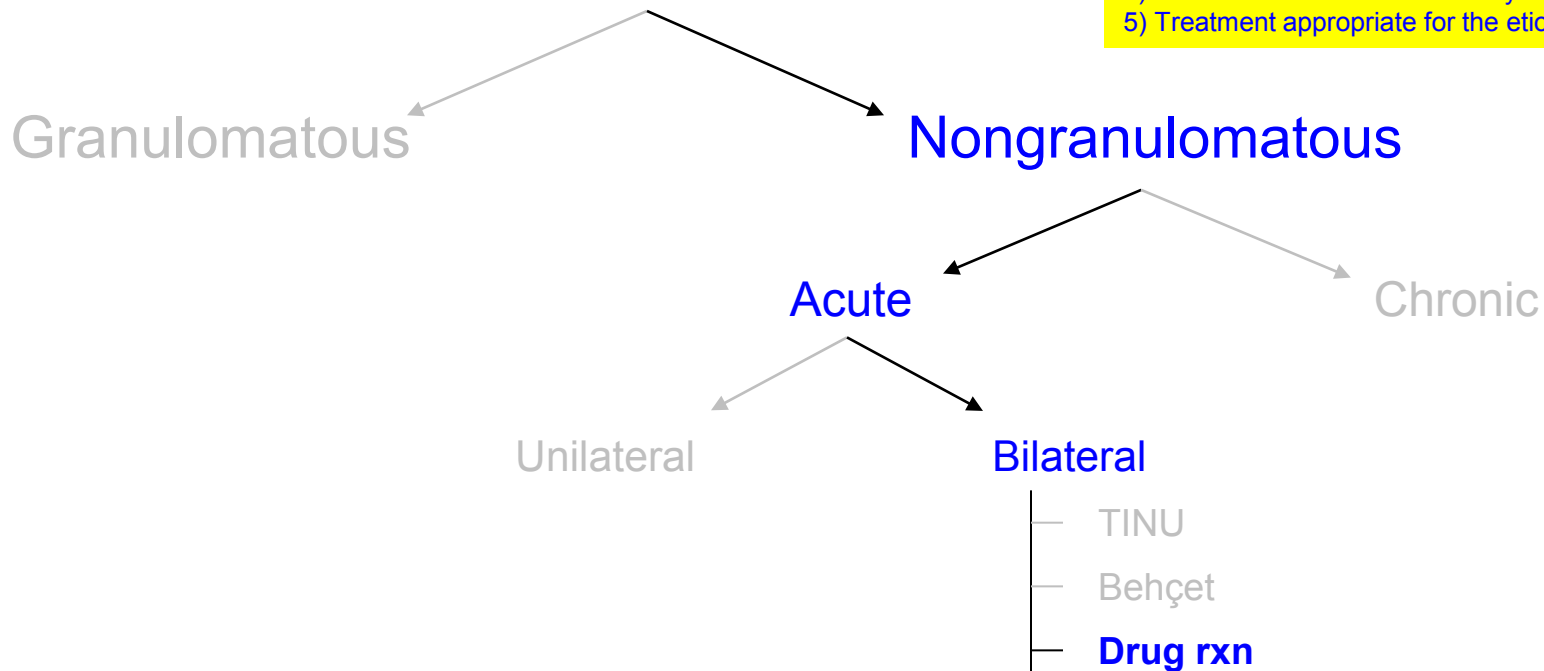
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Of the following drugs, which are most likely to cause uveitis?

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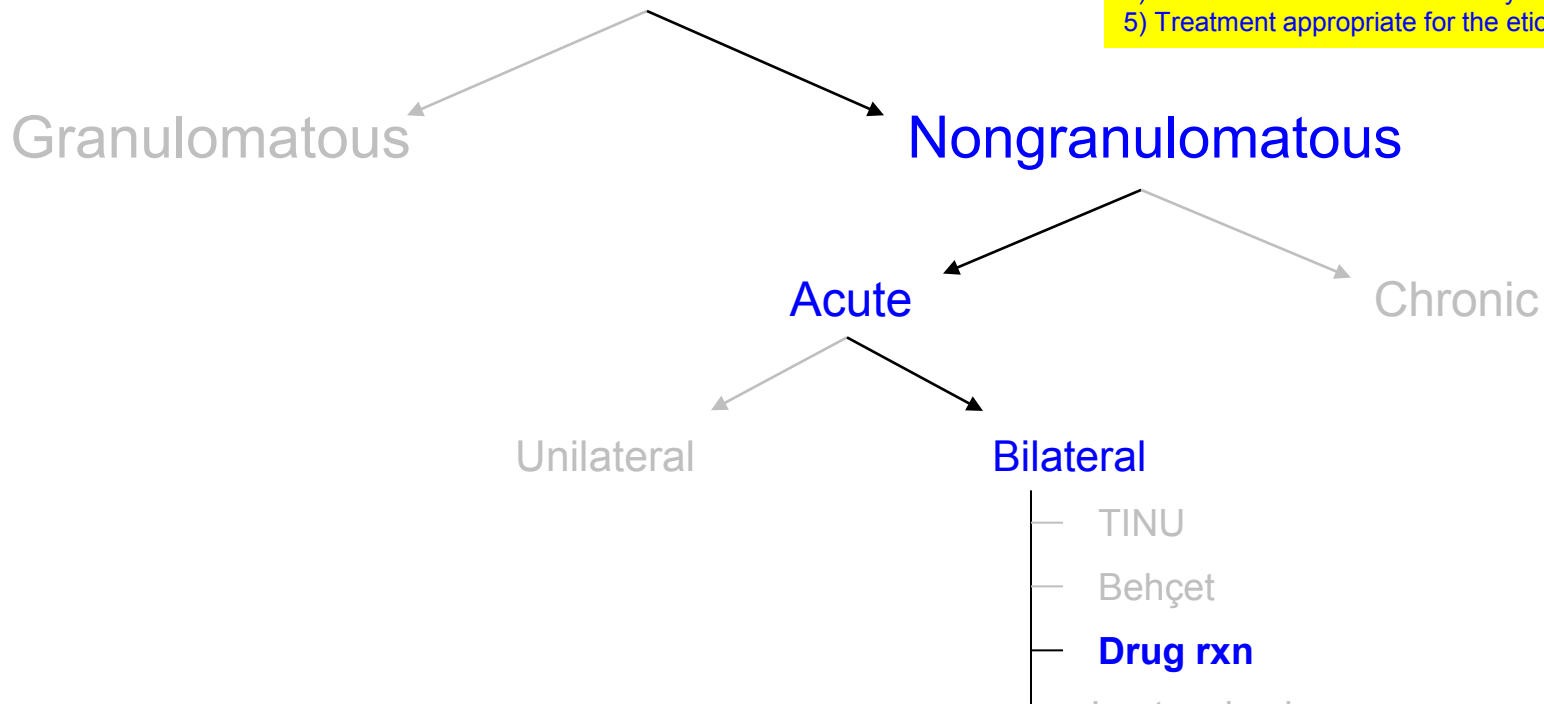
What are sulfonamides?

Many systemic drugs can cause uveitis. What are they?

- Rifabutin
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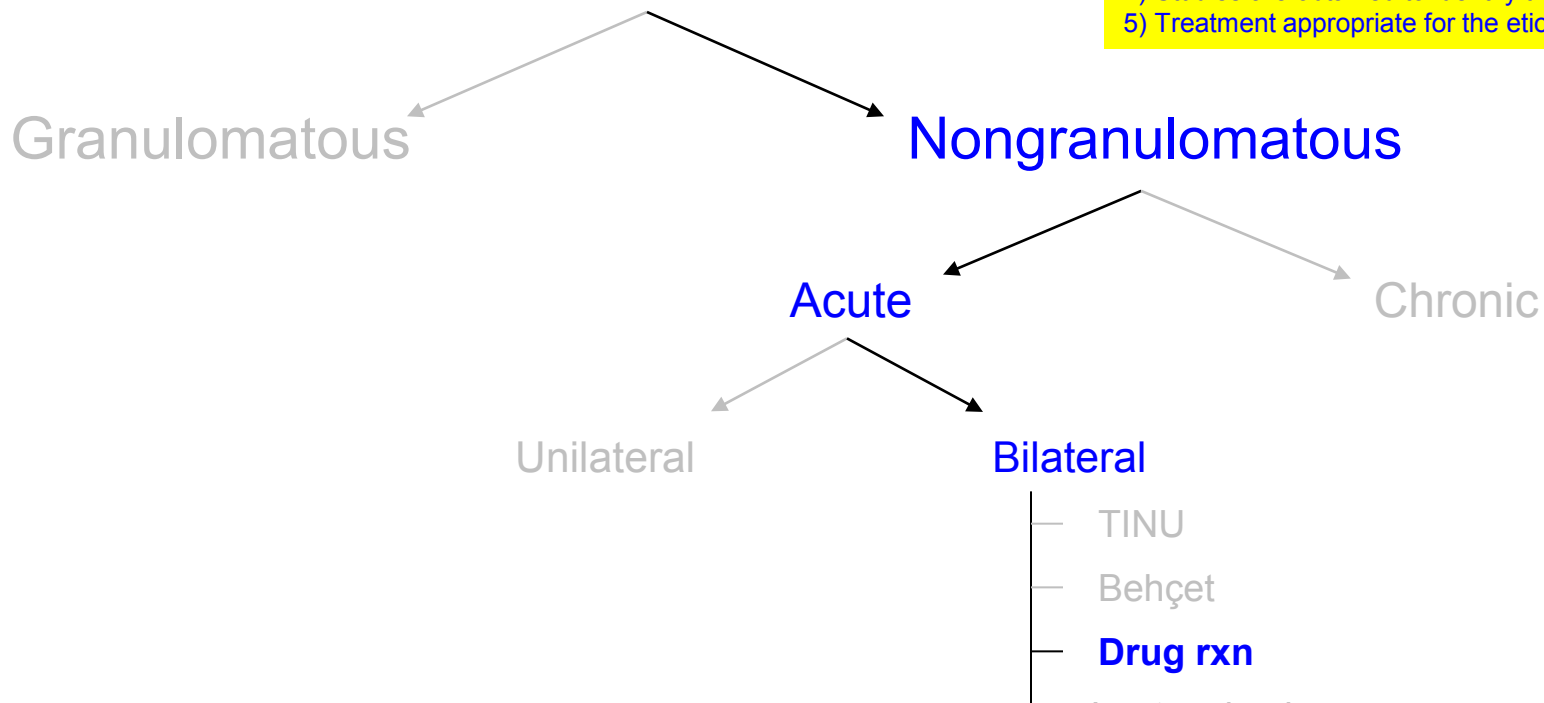
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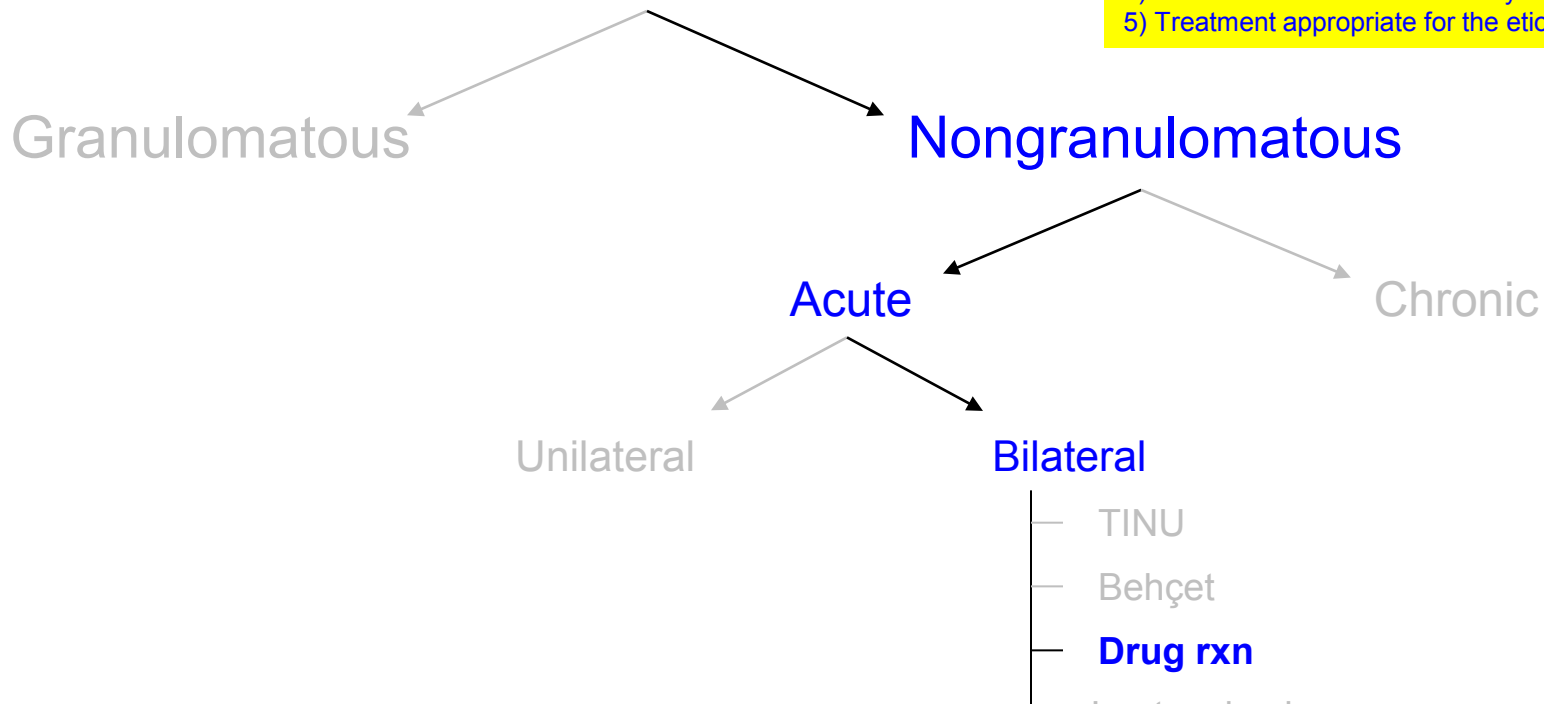
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Which sulfonamide is the most infamous for its ability to induce significant ophthalmic side effects?

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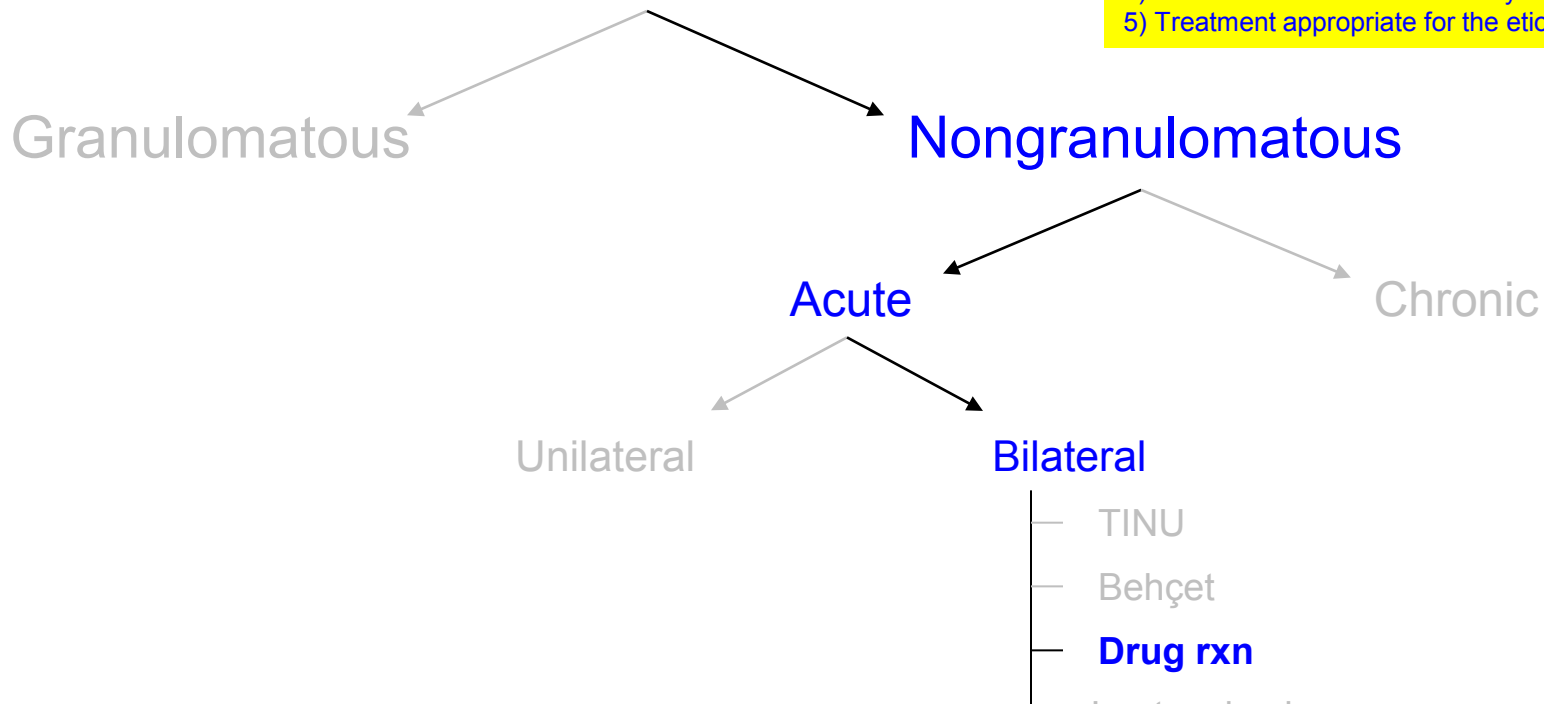
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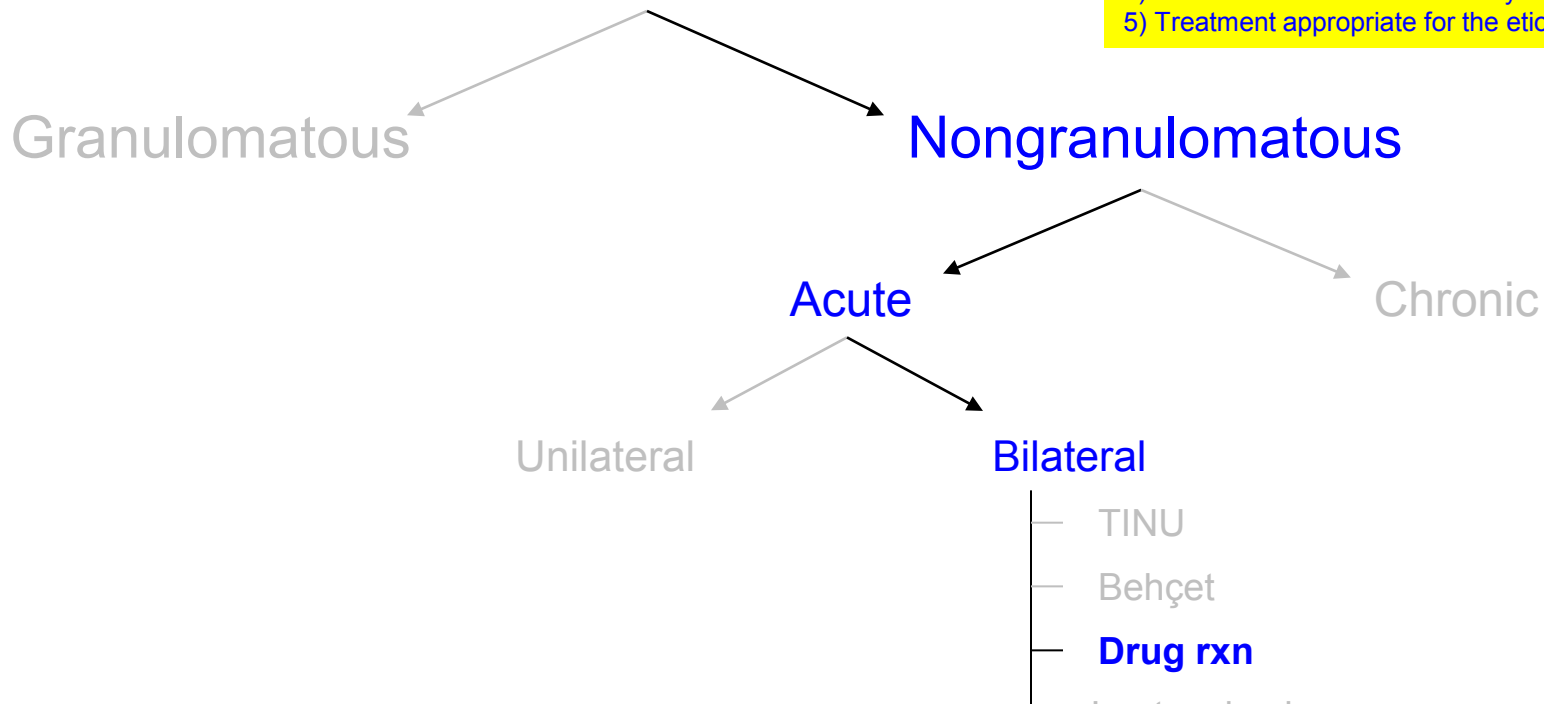
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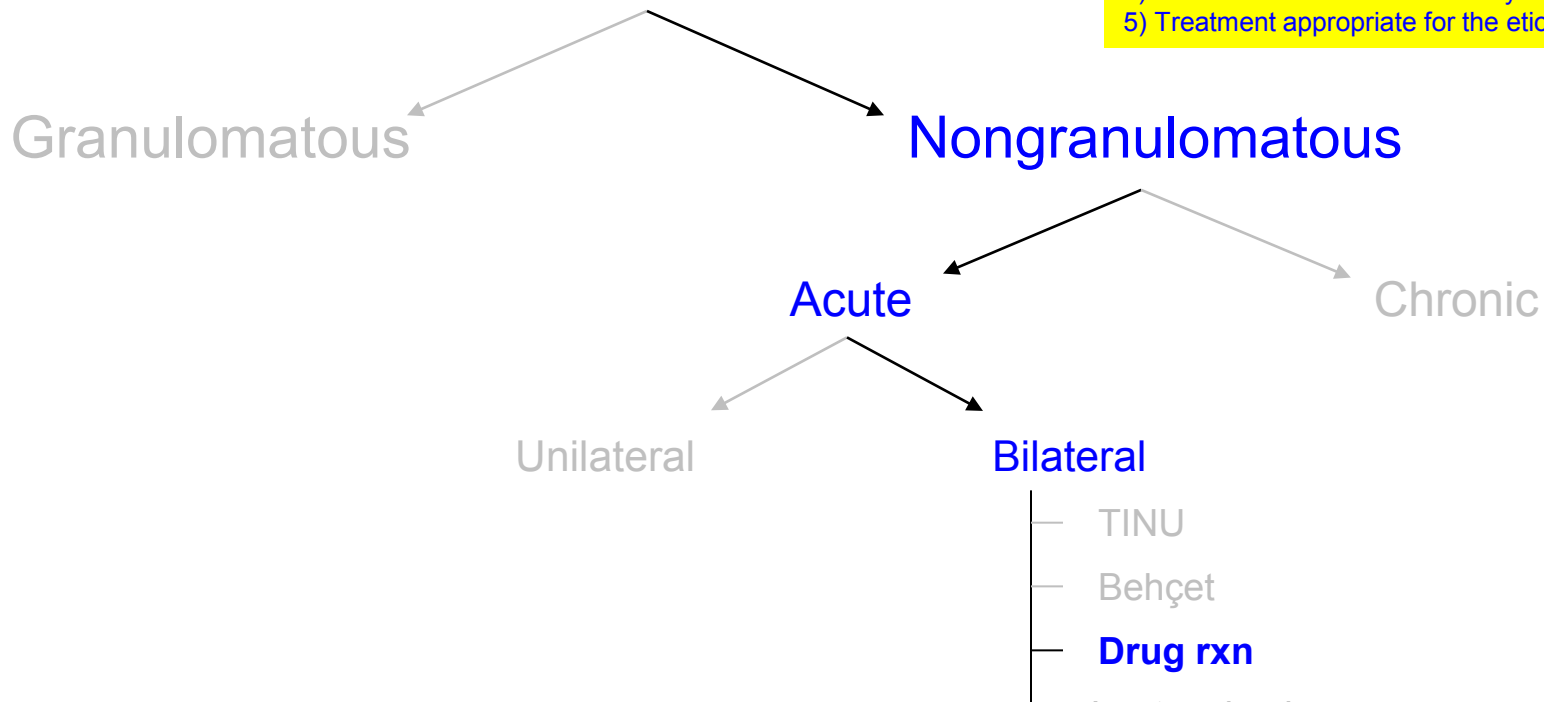
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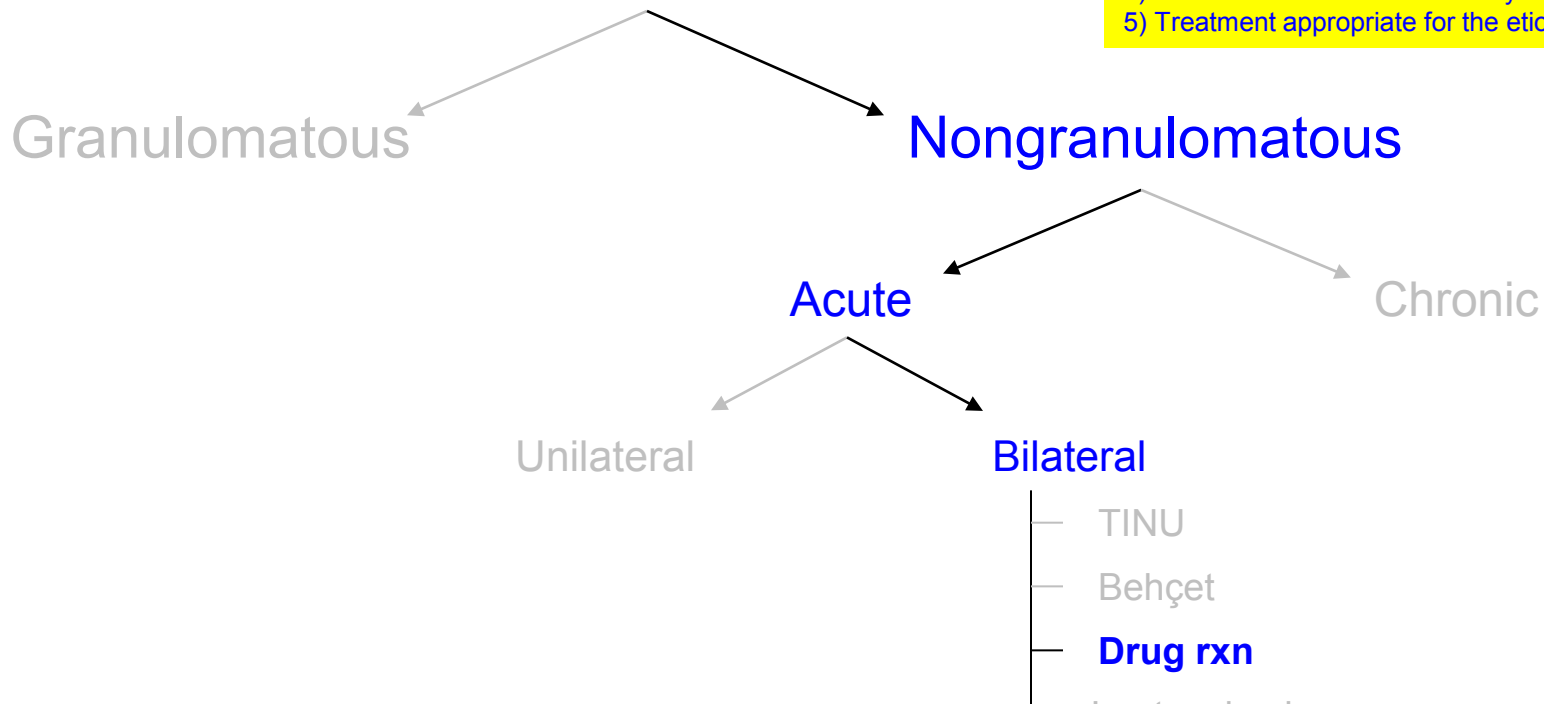
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SJS is also known as...

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Of the following drugs, which are most likely to cause anterior uveitis?

- Systemic**
- Topical
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What are sulfonamides?

Most are antimicrobials. They are commonly used to treat bacterial UTIs, but have efficacy against toxoplasmosis, pneumocystis and other bugs. Some have been found to be effective anti-seizure meds. At least one is a diuretic.

Many systemic drugs cause uveitis. What are they?

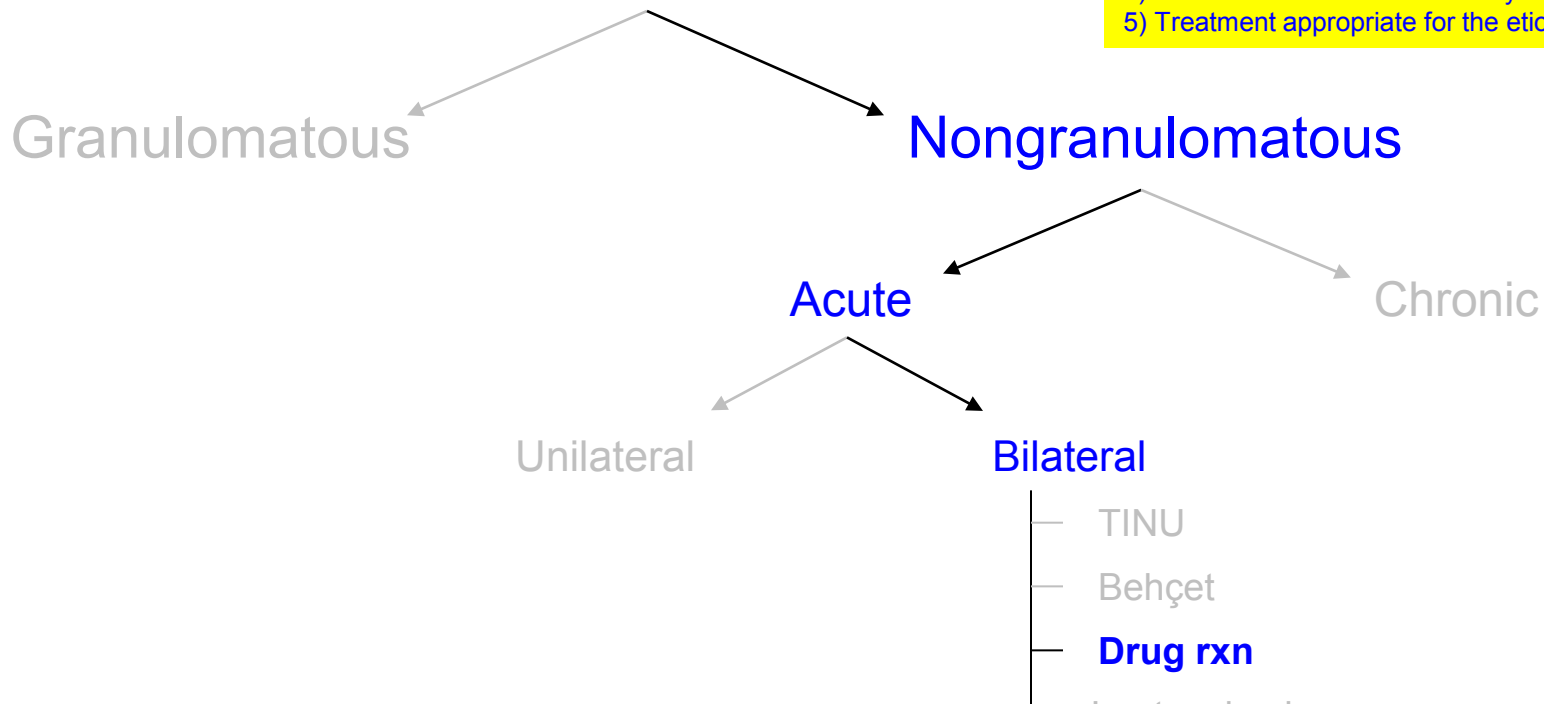
- Rifabutin
- Bisphosphonates
- Sulfonamides**
- Cidofovir

SJS is also known as...**erythema multiforme major**

What is the name for the syndrome of these significant side effects?

Stevens-Johnson syndrome (SJS)

Uveitis: *Anterior*



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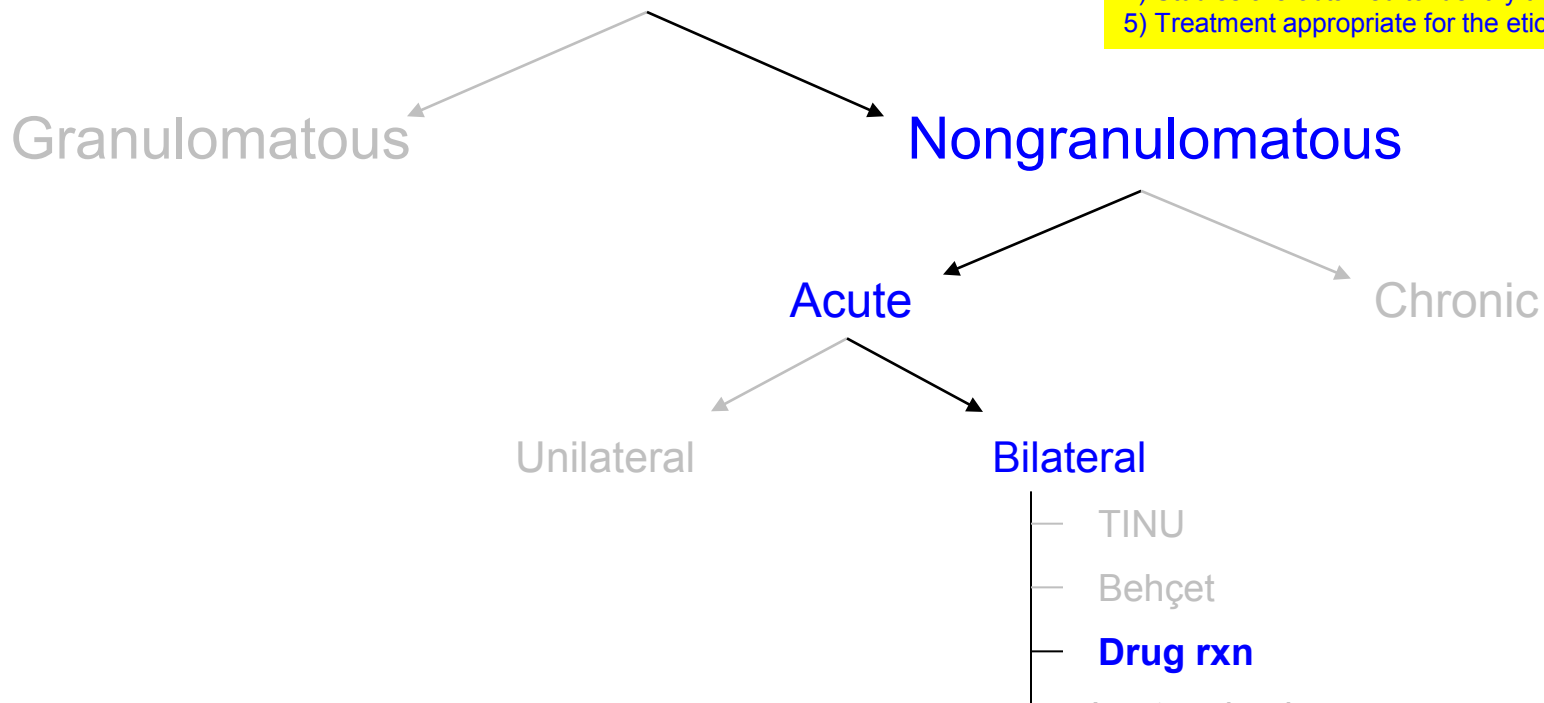
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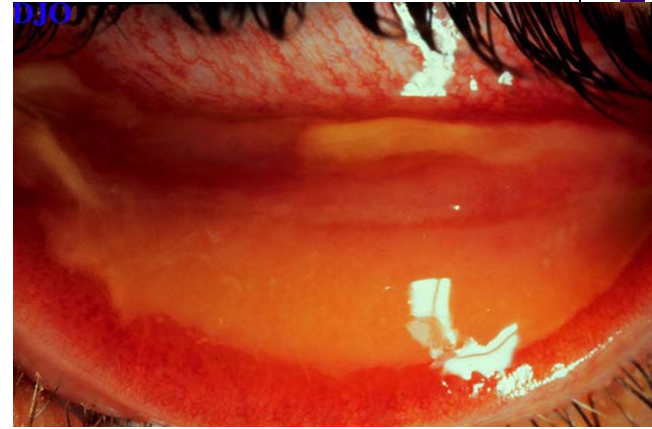
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Uveitis: *Anterior*



Symblephara



Membranous conjunctivitis



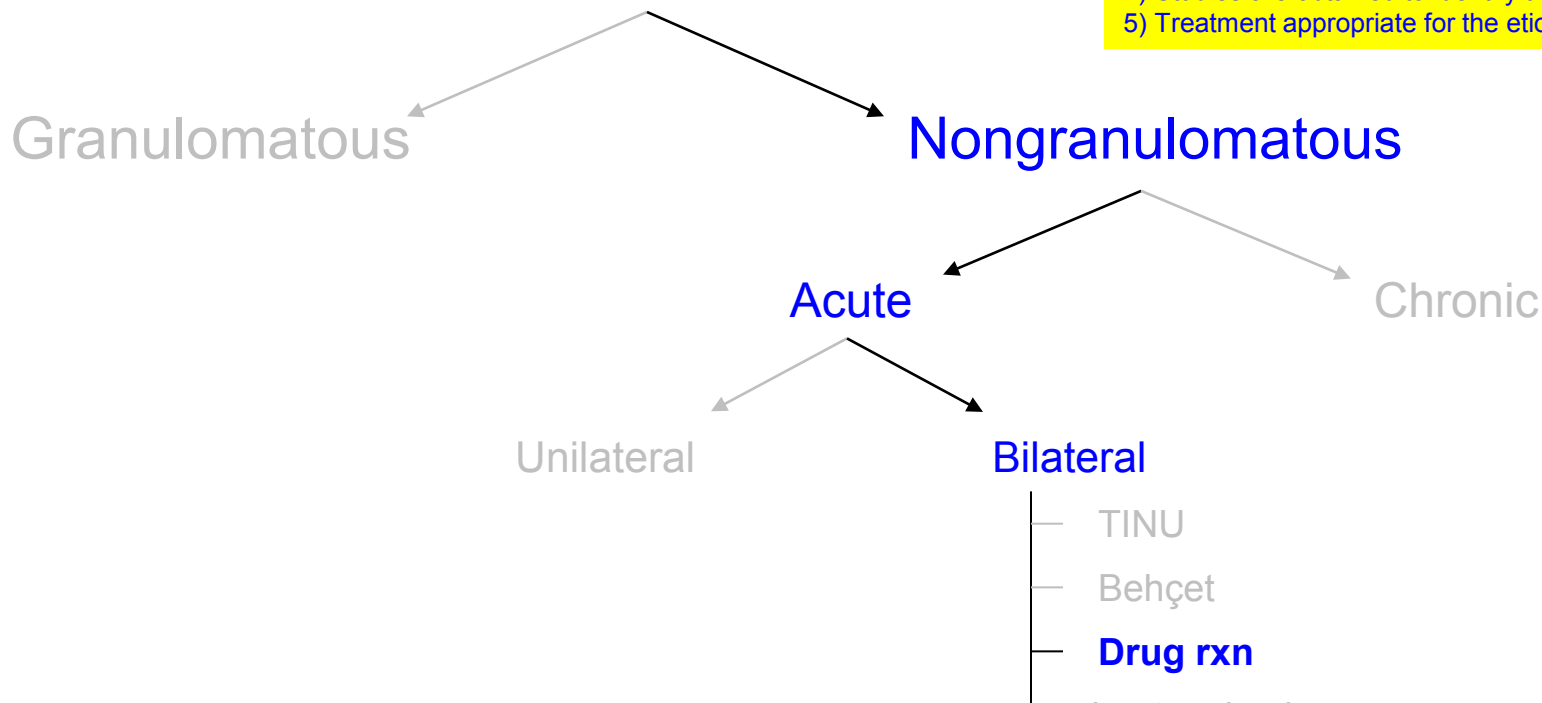
Oral lesions



Corneal epithelial defect and
diffuse conjunctival injection

Stevens-Johnson syndrome

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Mnemonic forthcoming...

Many systemic

What are they?

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--Bisphosphonates

--Sulfonamides

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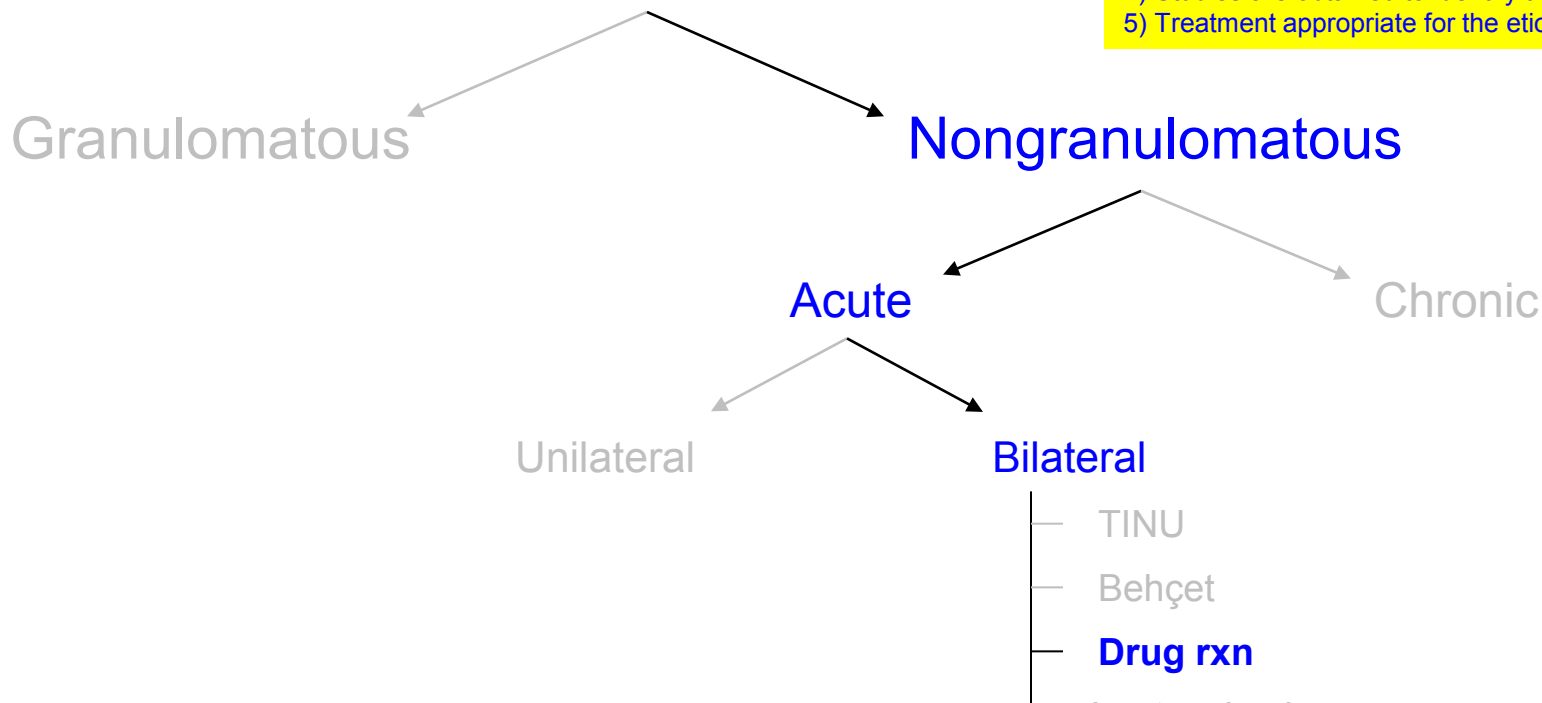
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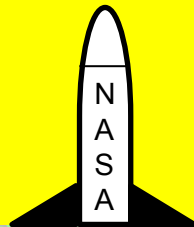
--Cidofovir

--N

--A

--Sulfonamides

--A

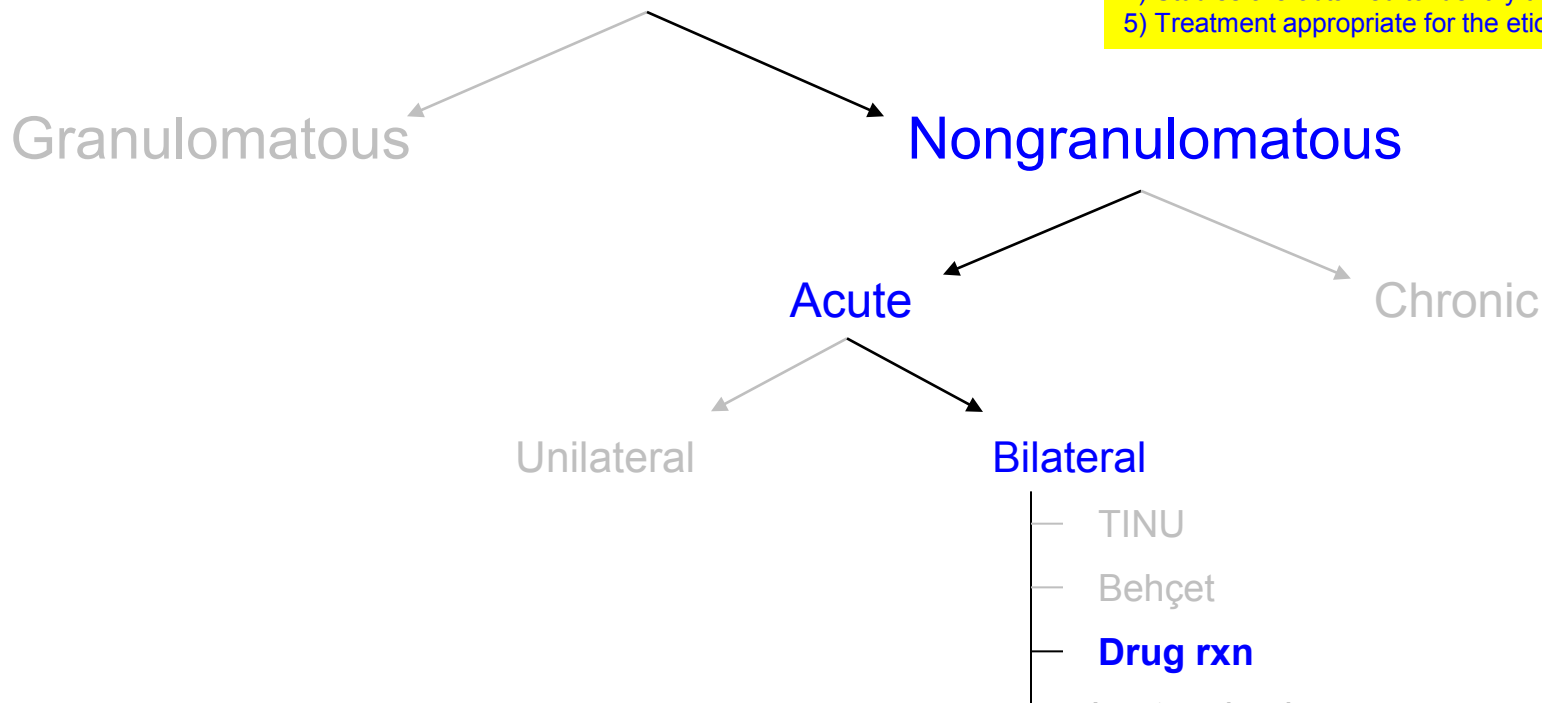


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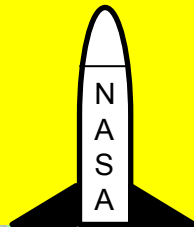
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--NSAIDs

--Anticonvulsants

--Sulfonamides

--Allopurinol



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For more on SJS, see slide-set K8

--Allopurinol

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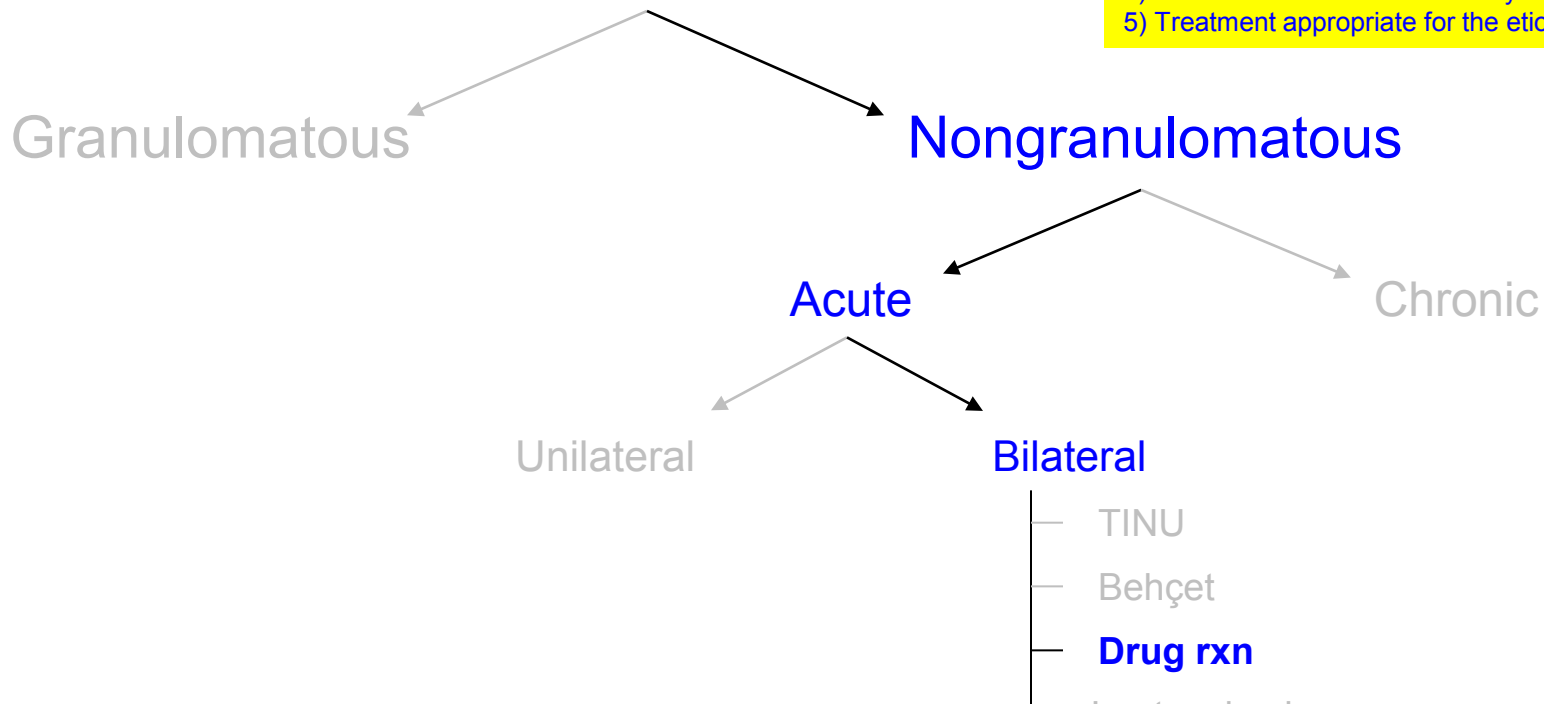
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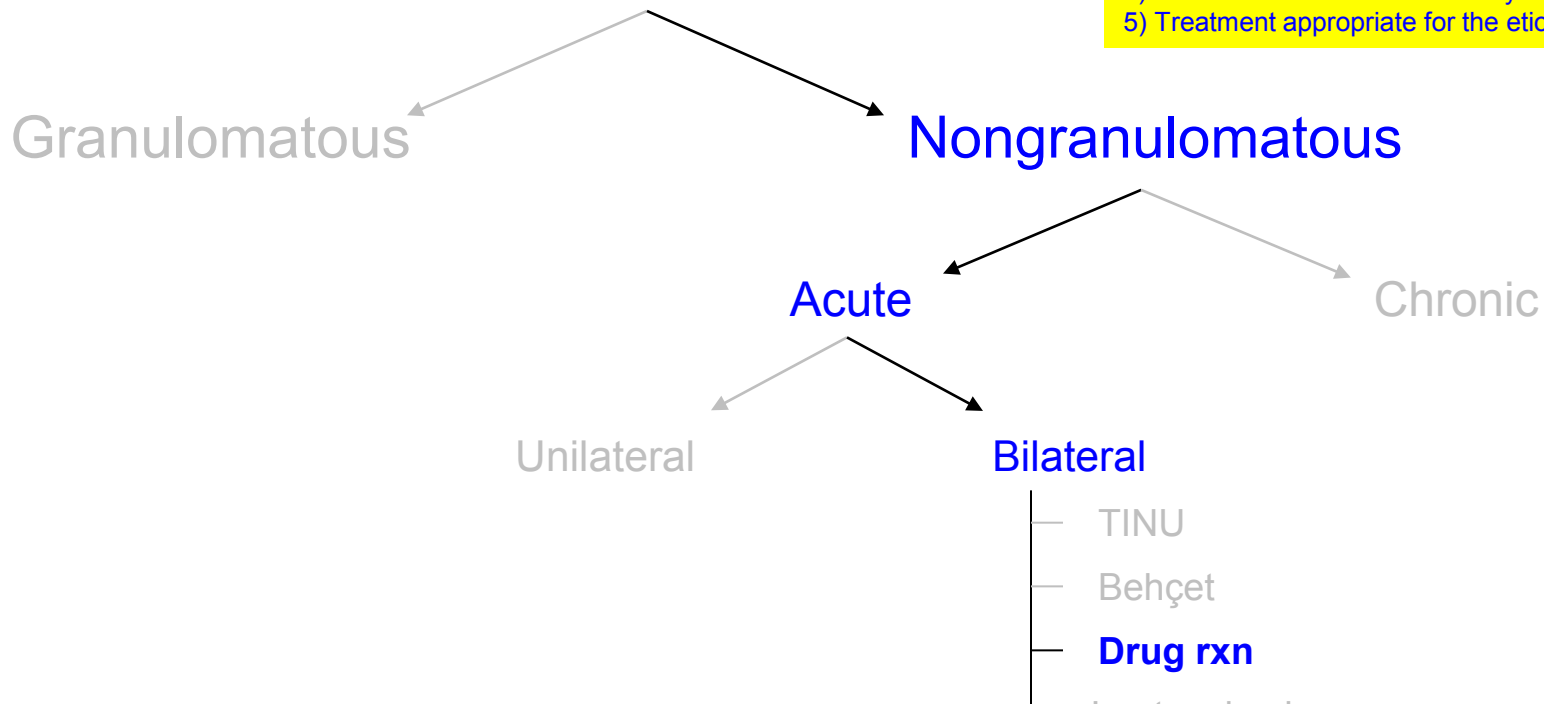
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IBP/PA

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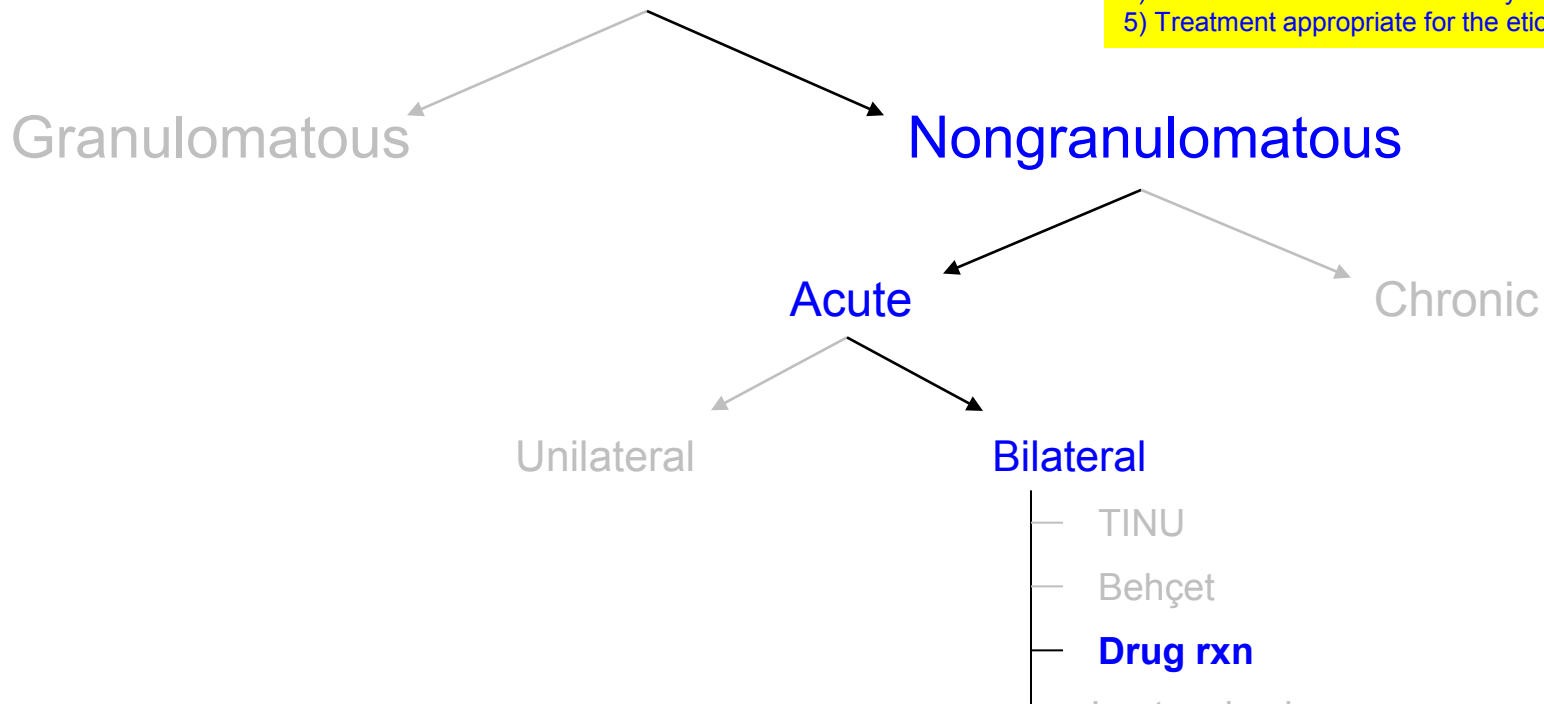
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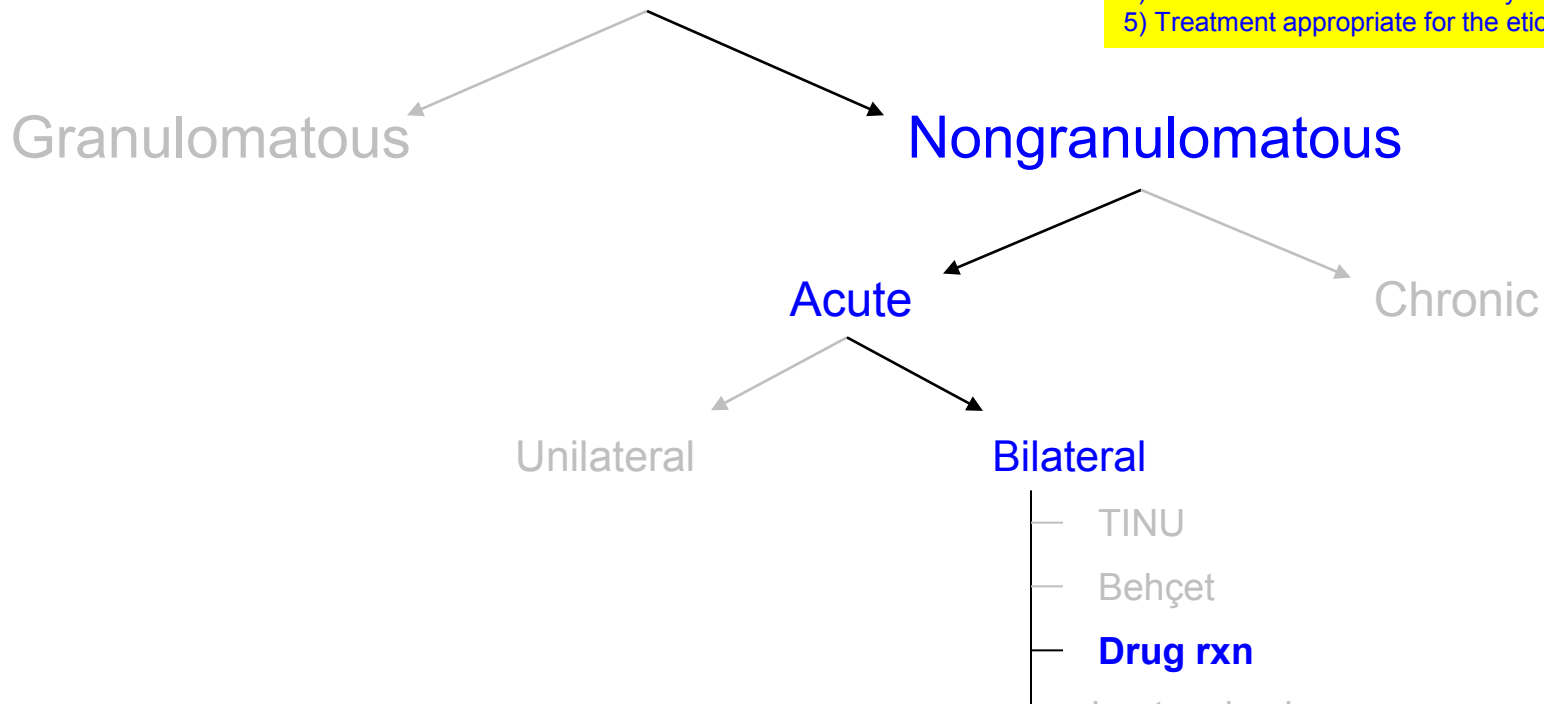
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Hints forthcoming...

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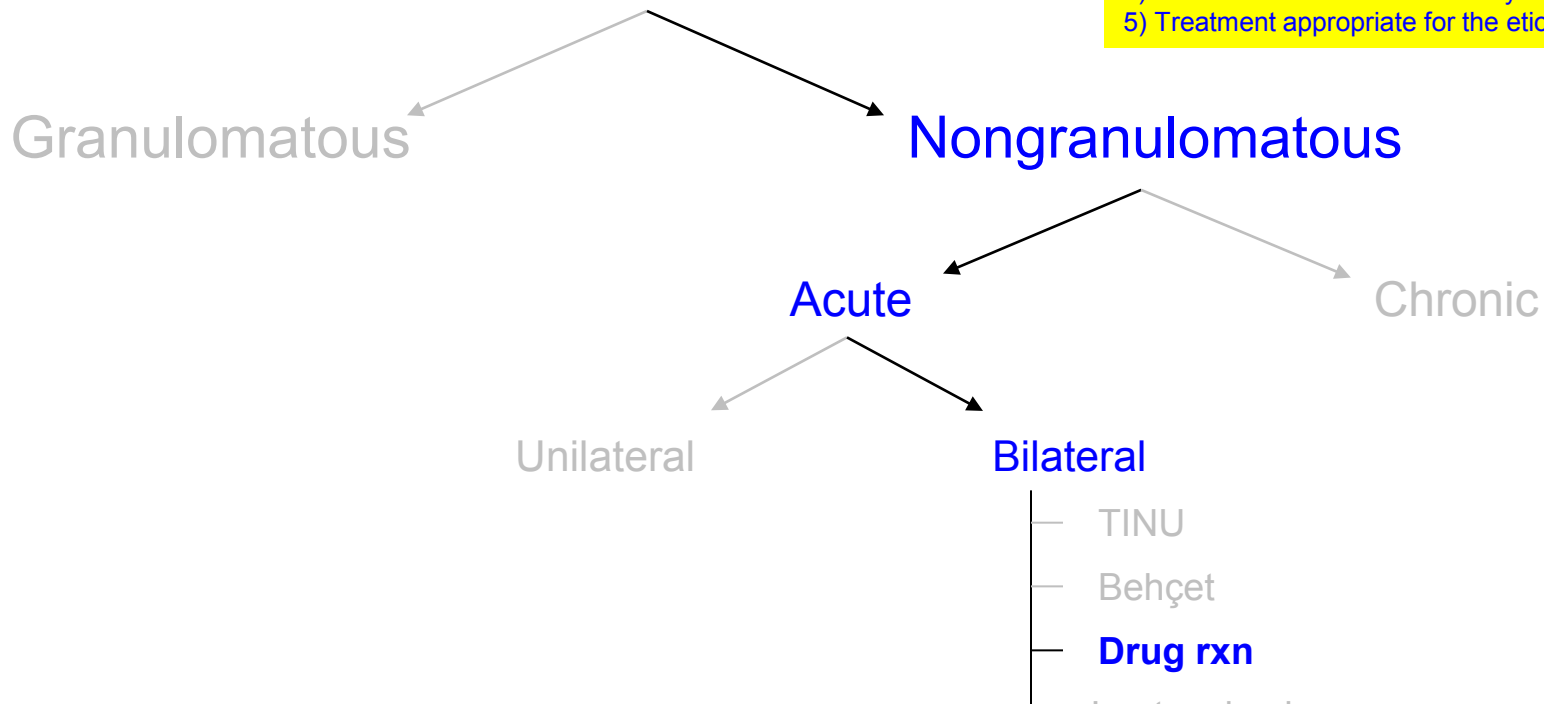
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- [a glaucoma drug not commonly prescribed in the US]

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Uveitis: *Anterior*



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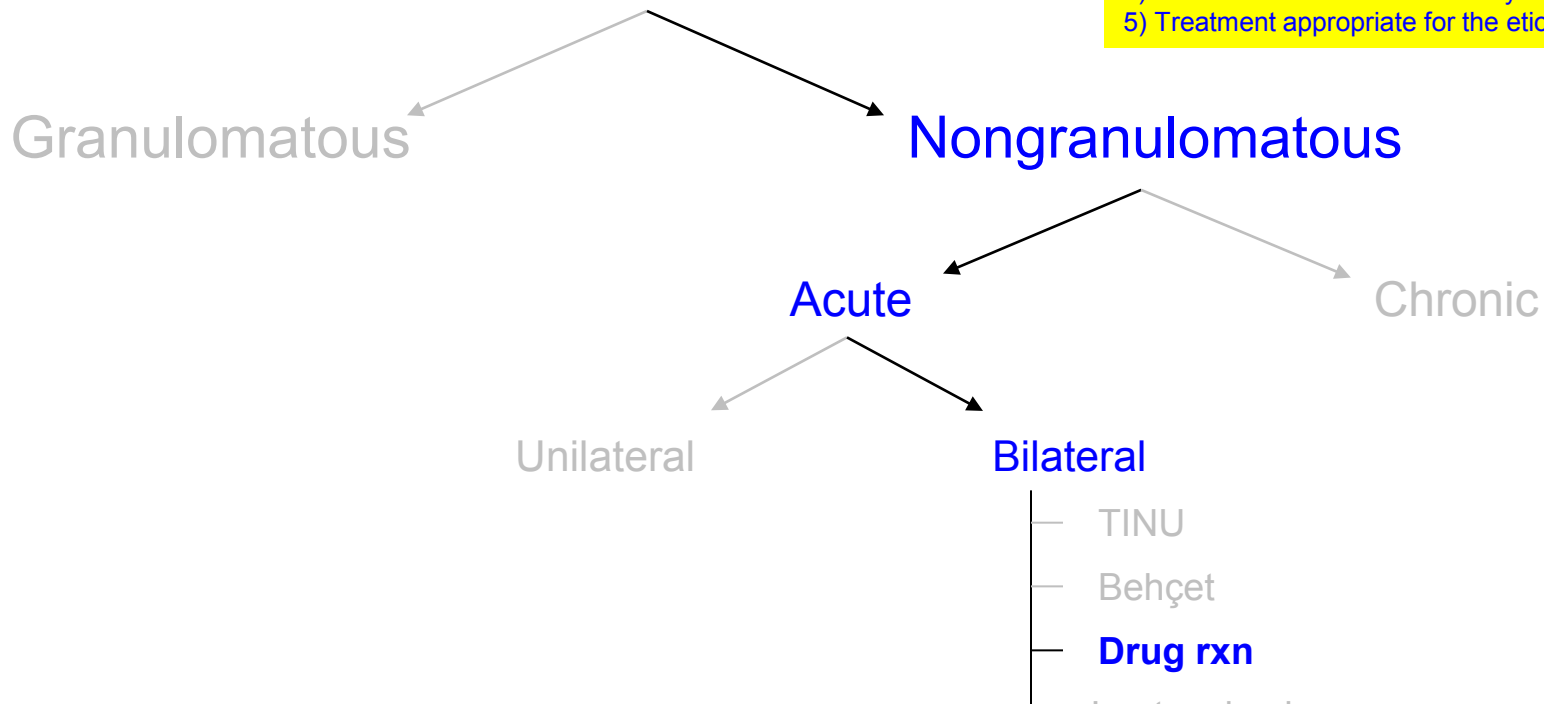
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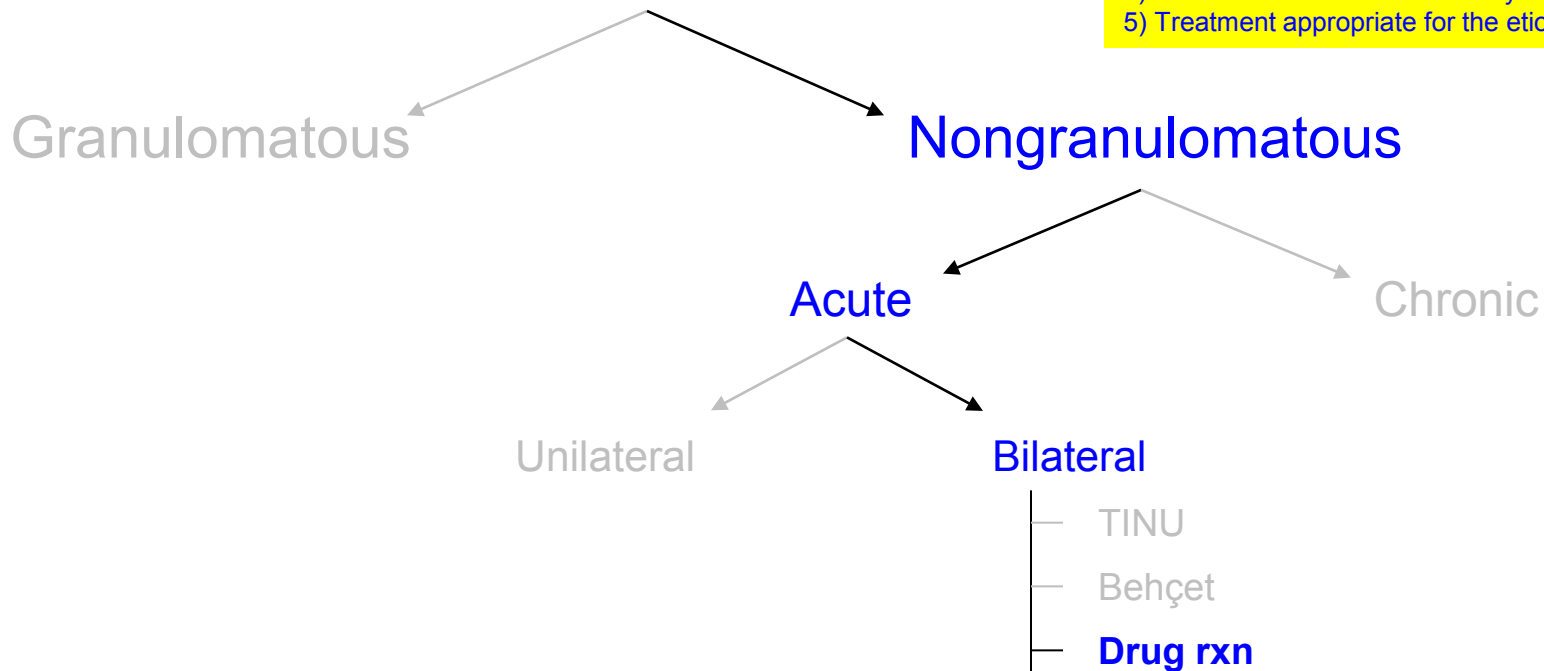
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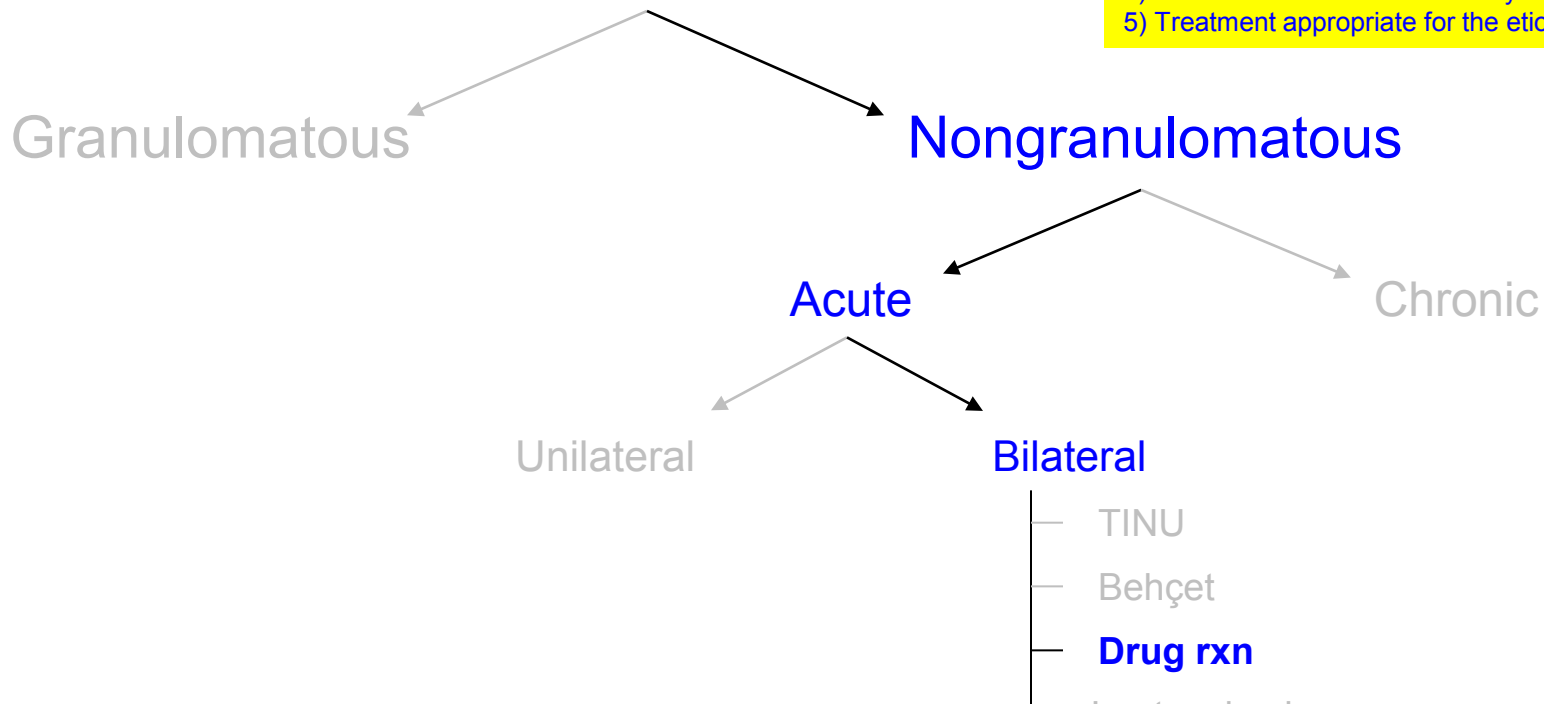
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Is anterior uveitis common among metipranolol pts?

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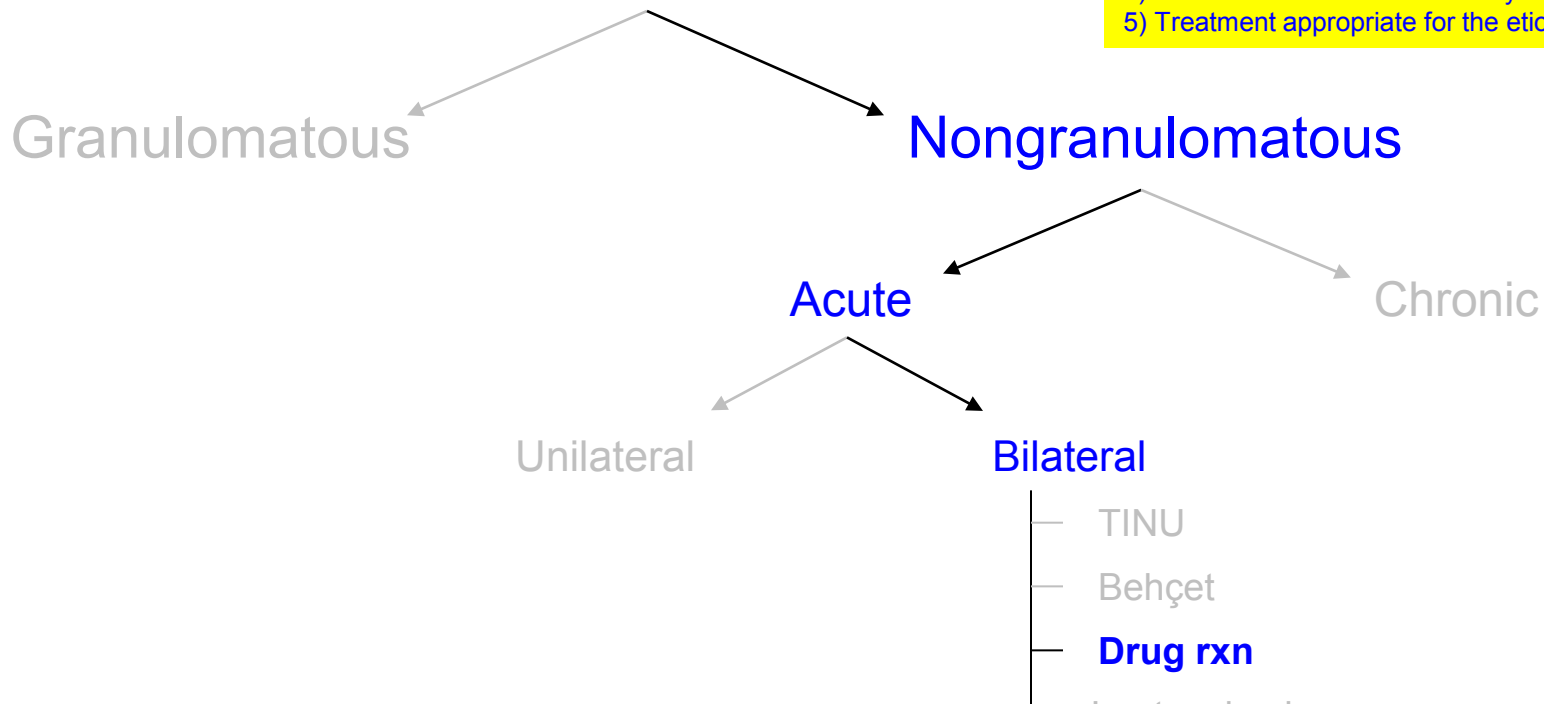
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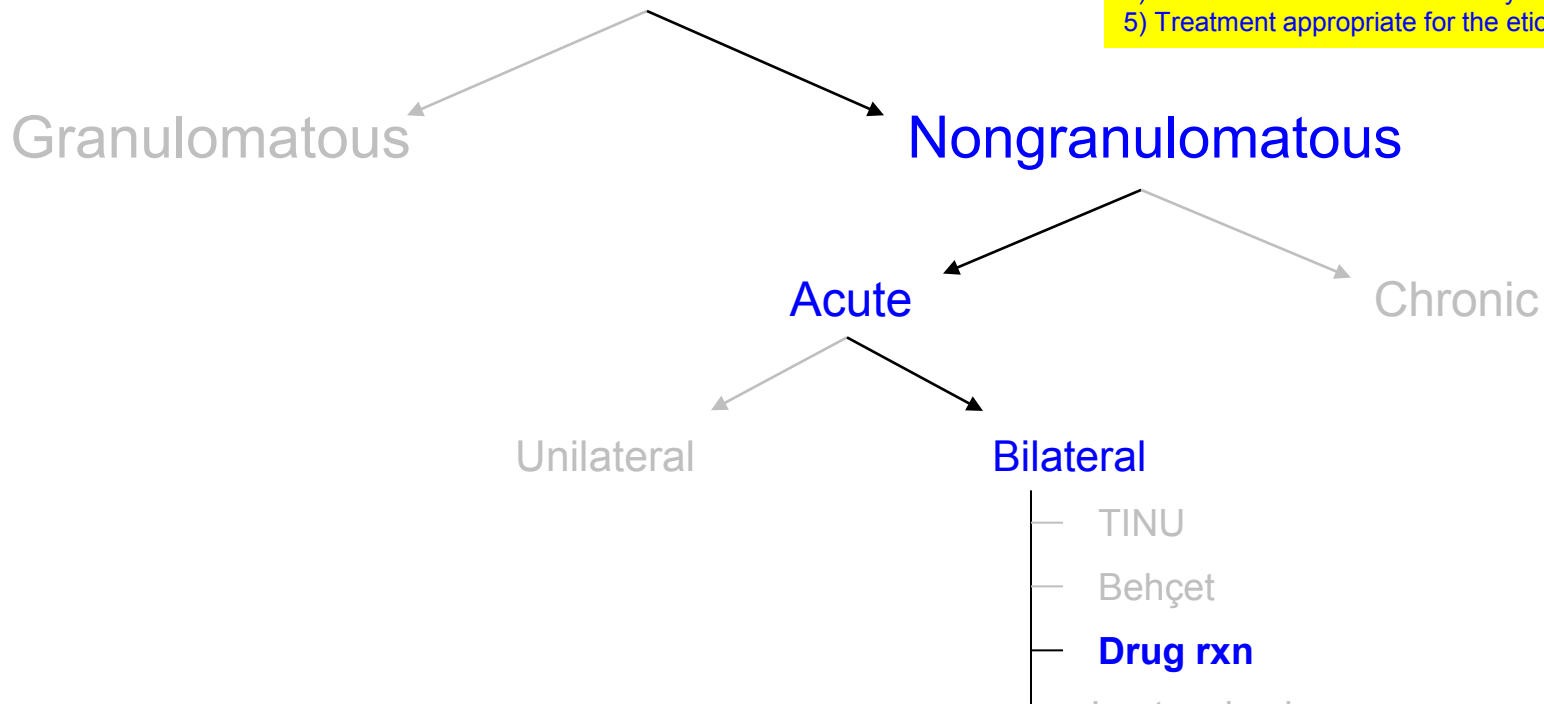
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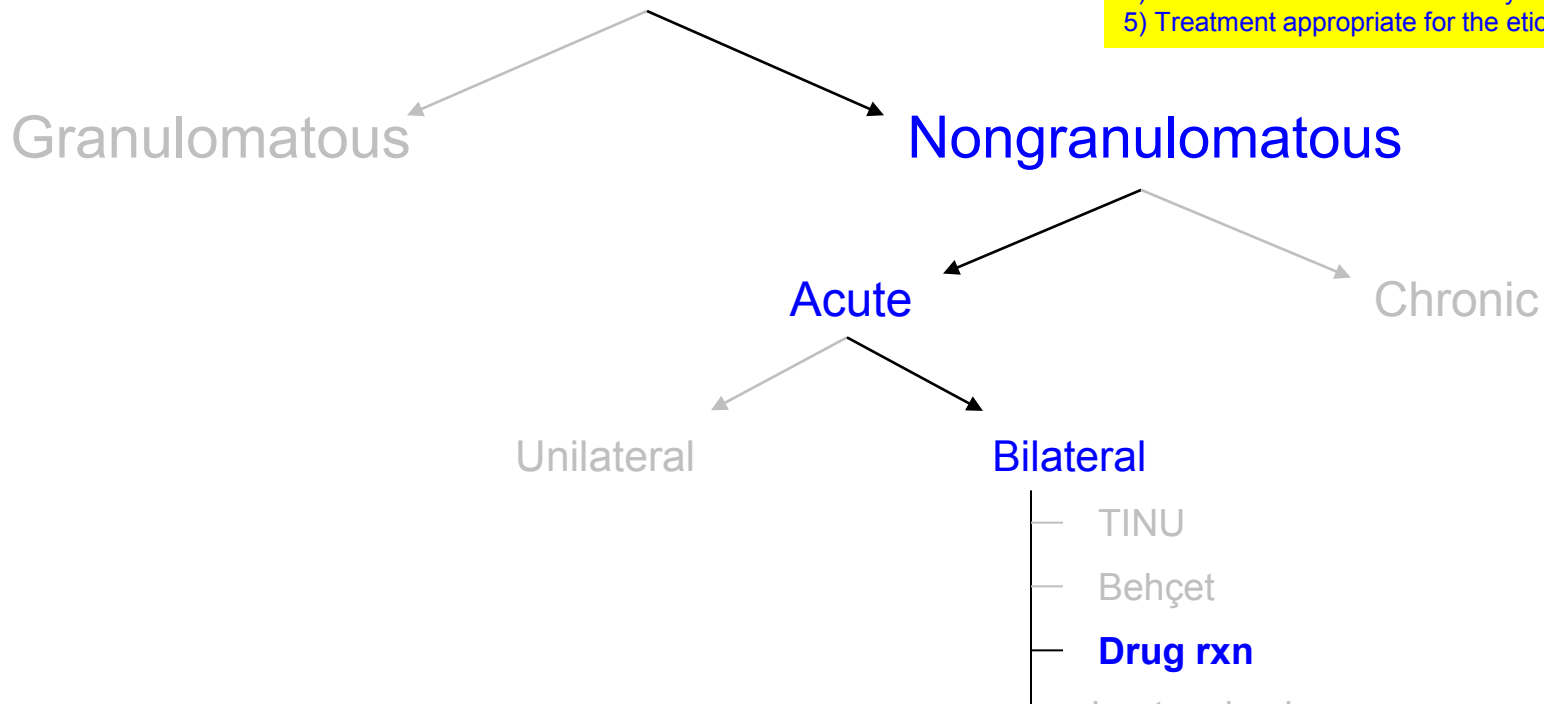
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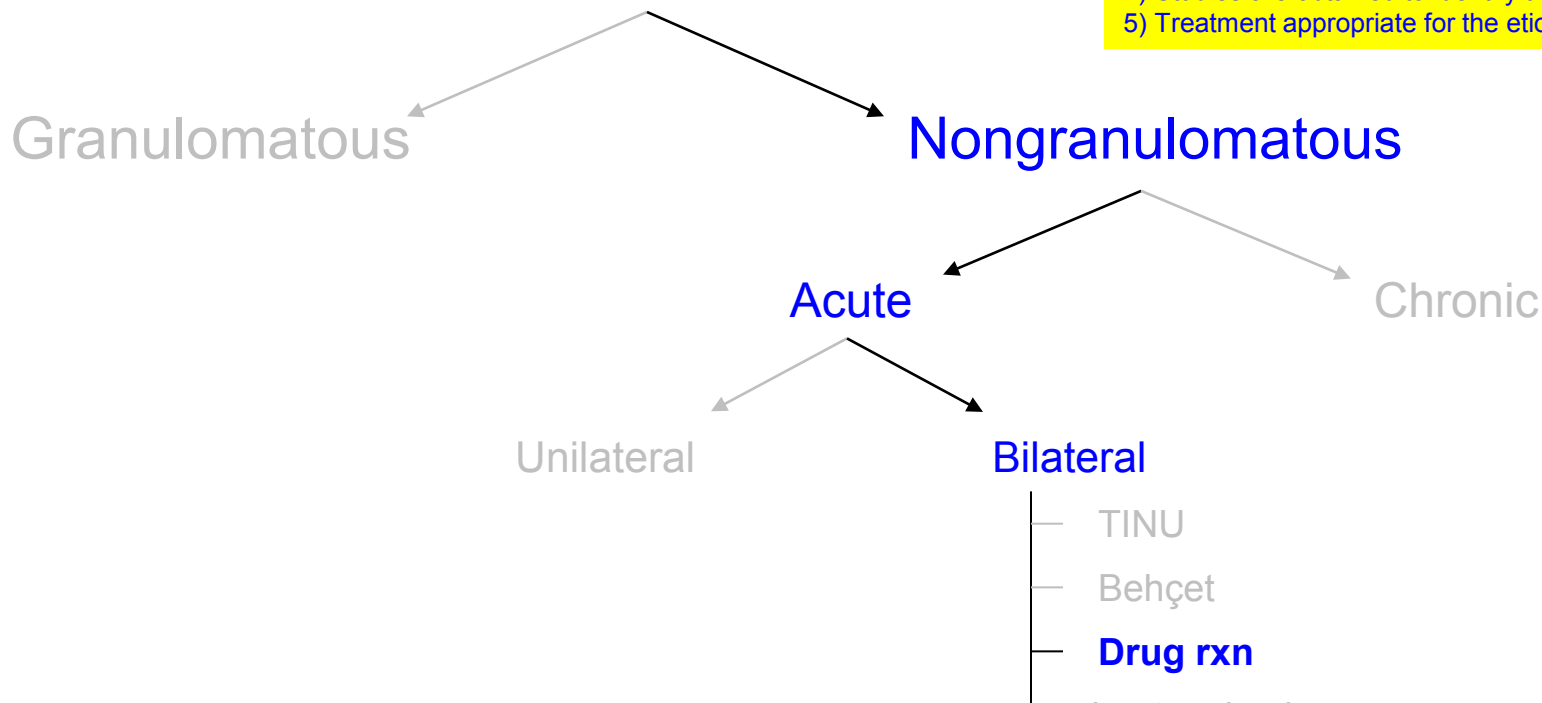
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Is anterior uveitis induced by topical glaucoma med?

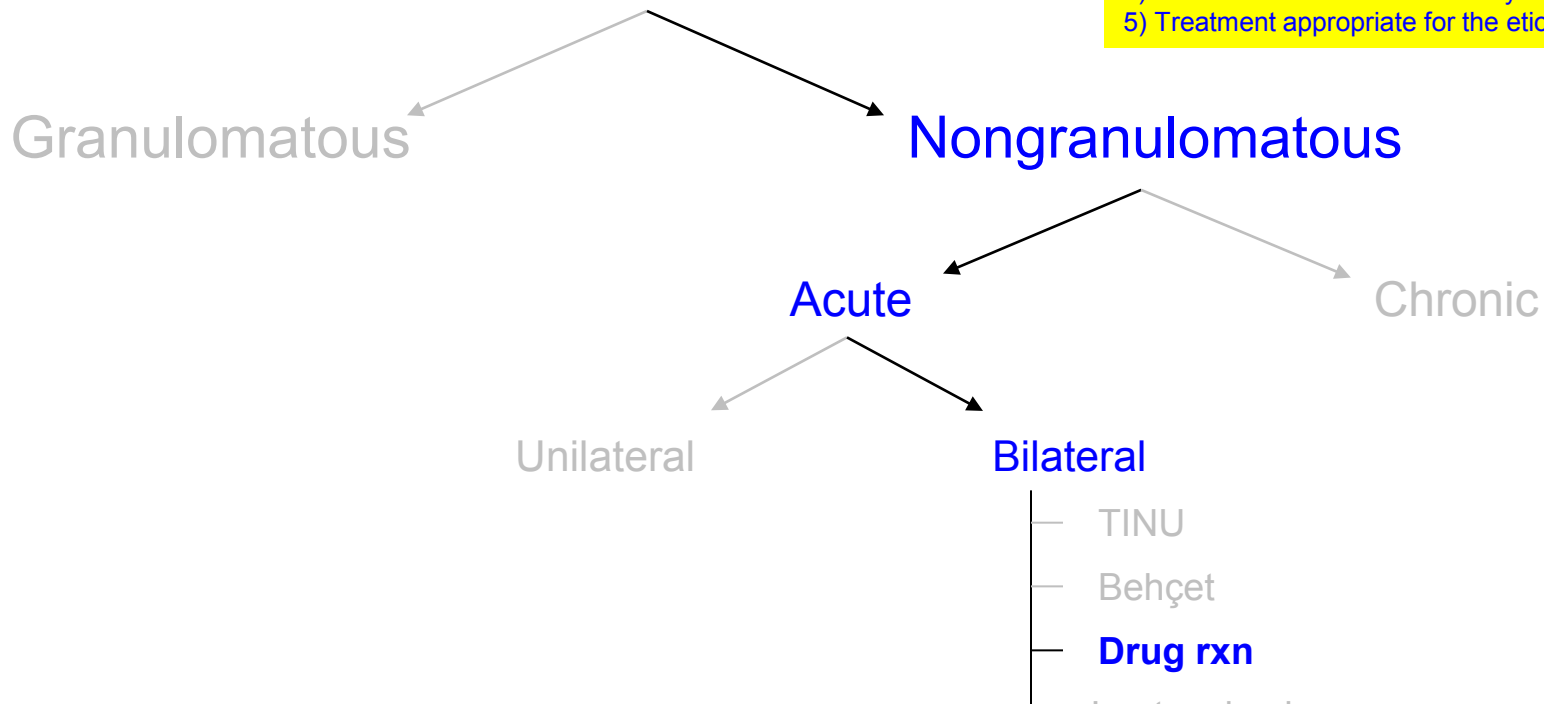
No, it is quite rare. No commercial glaucoma med is known to cause anterior uveitis.

What other topical glaucoma med also causes a granulomatous uveitis (It's not on the list above)?

What is unusual about the uveitis it induces?

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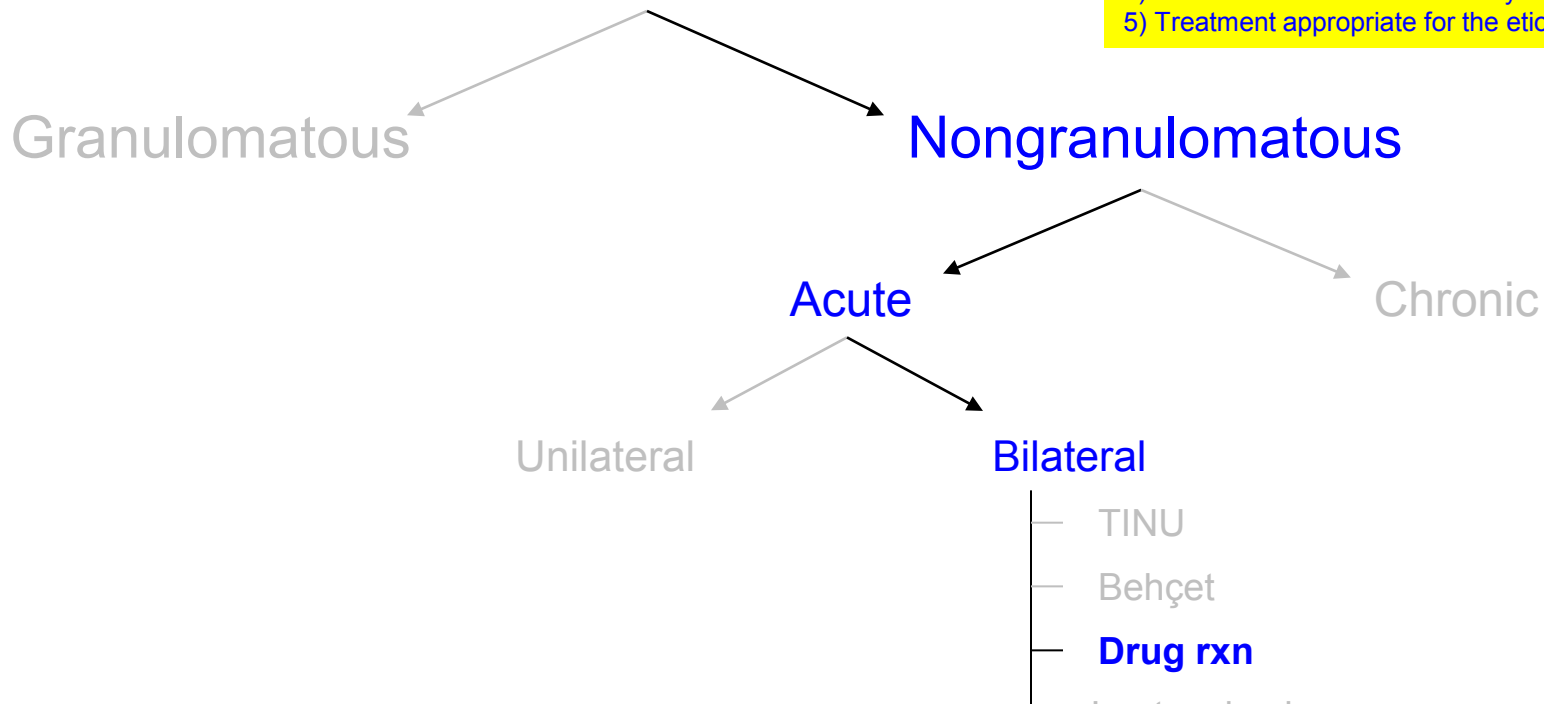
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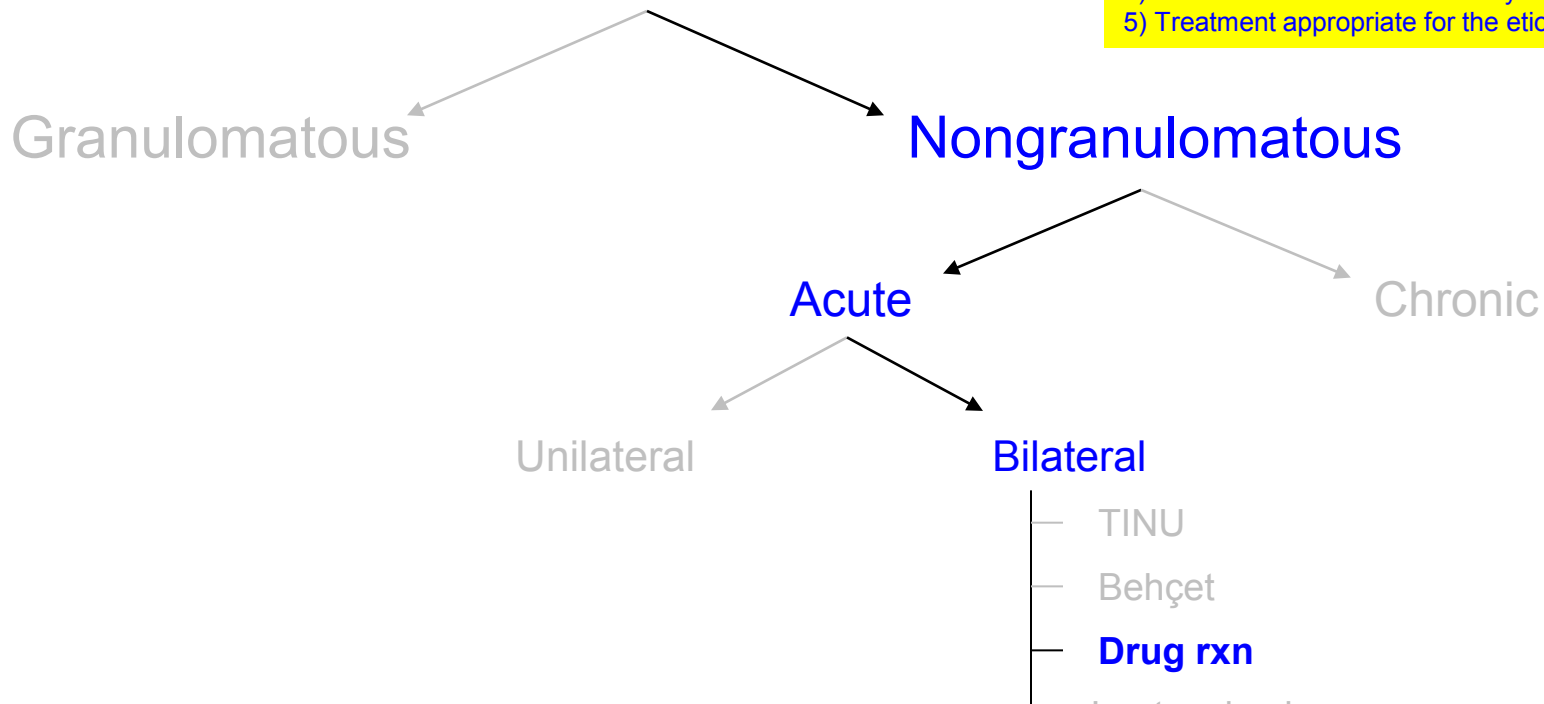
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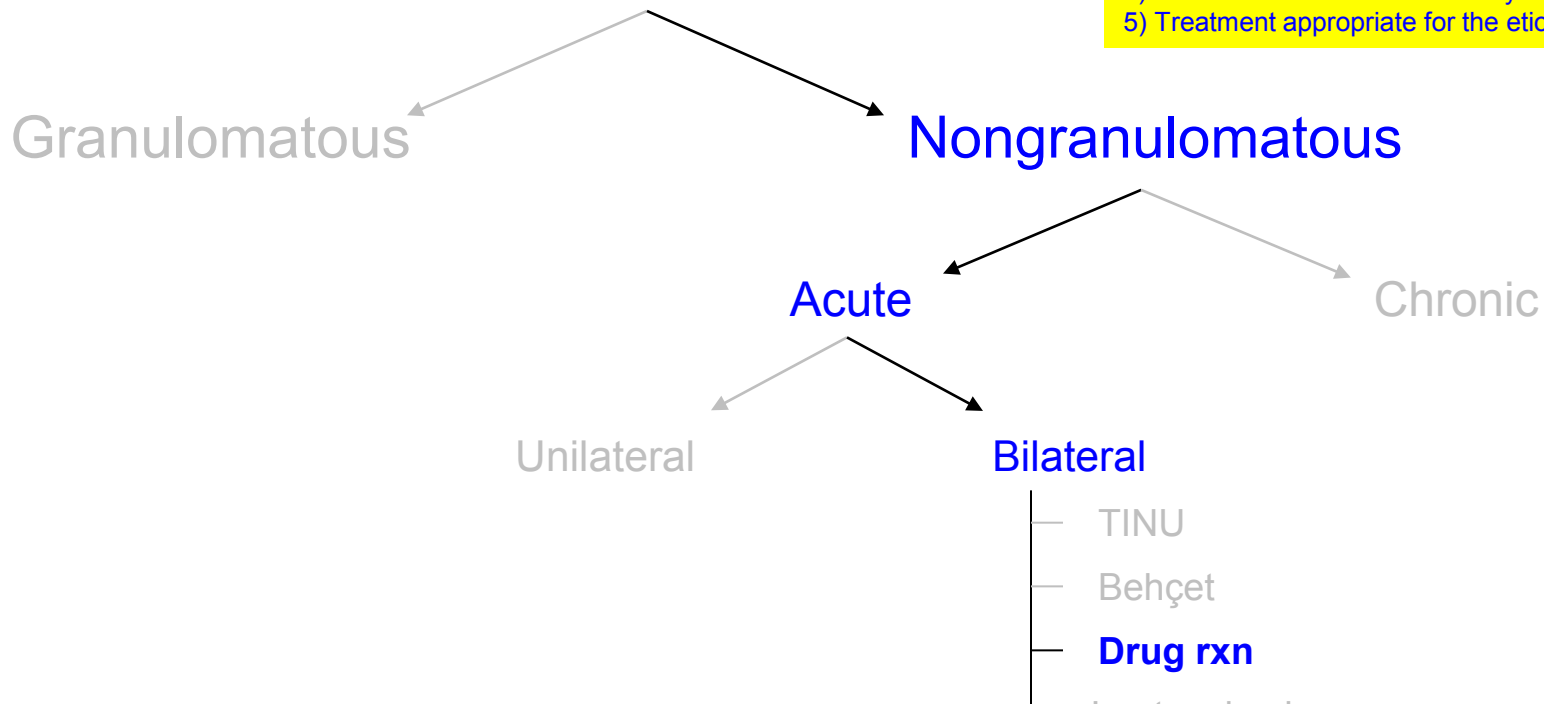
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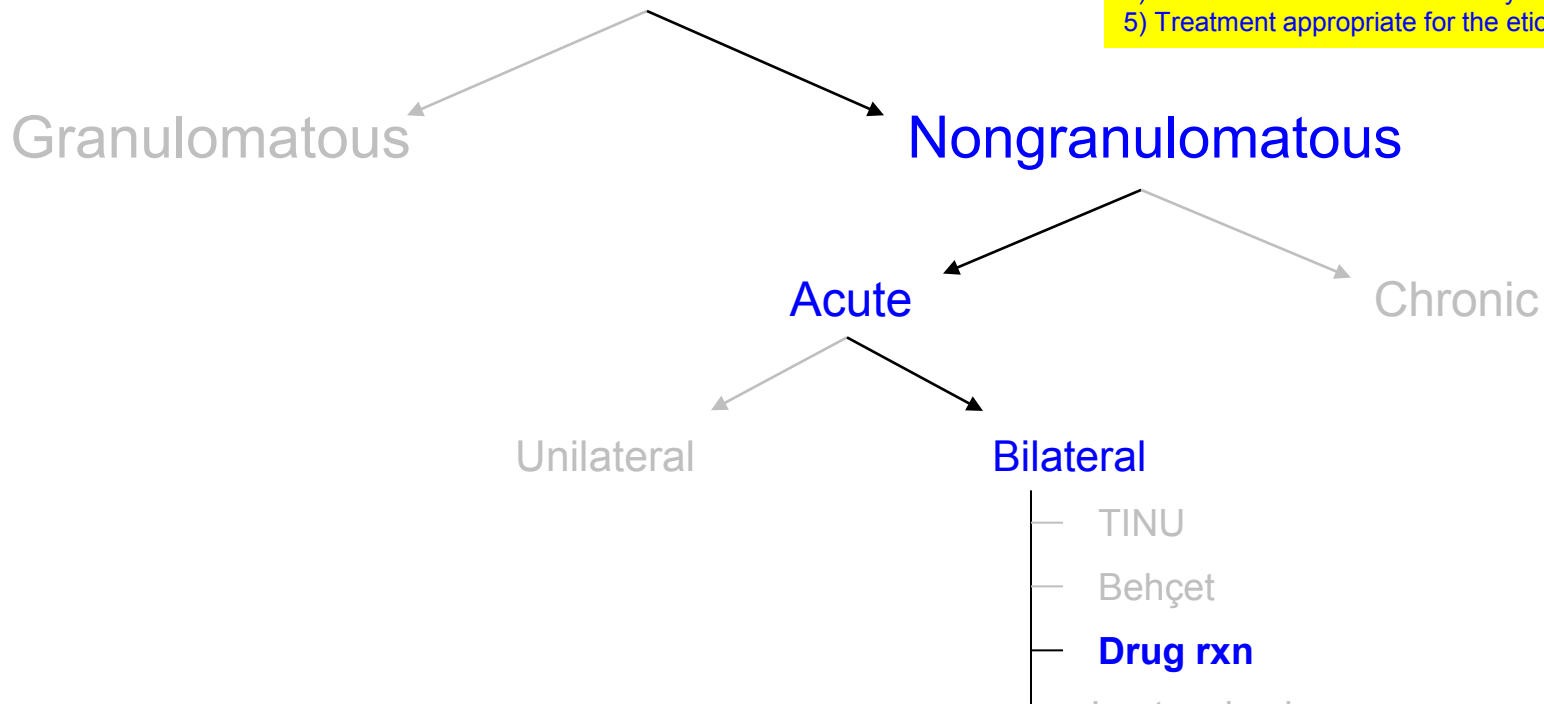
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Is it associated with development of a hypopyon?

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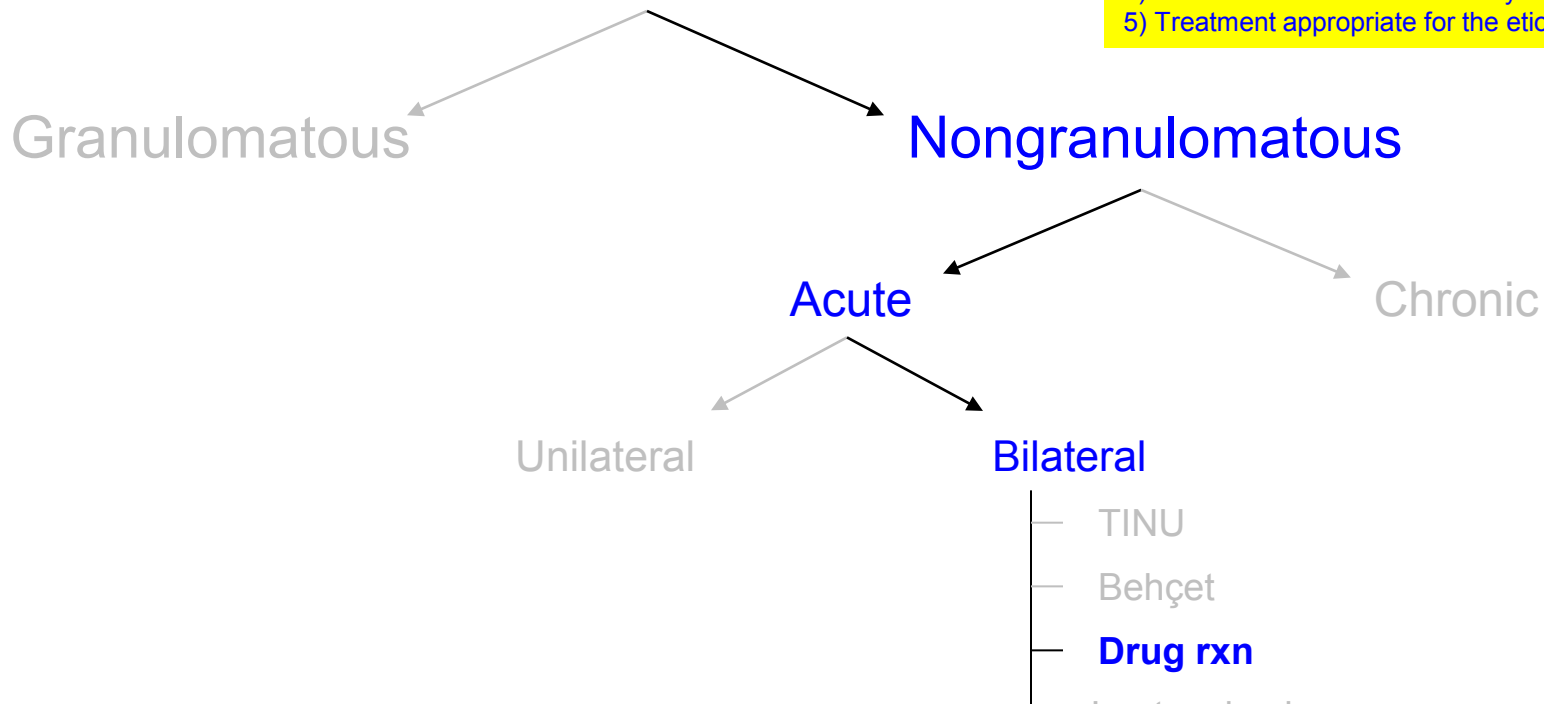
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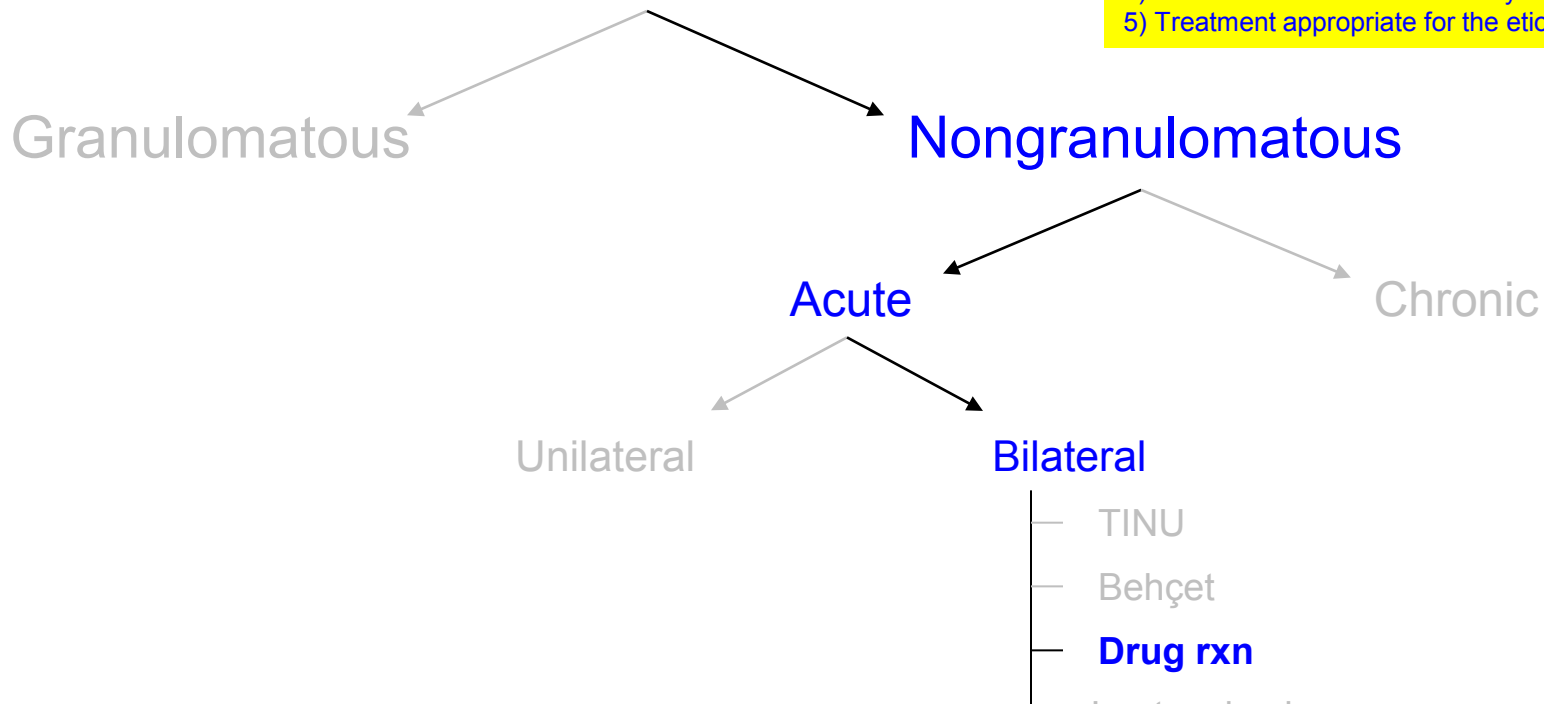
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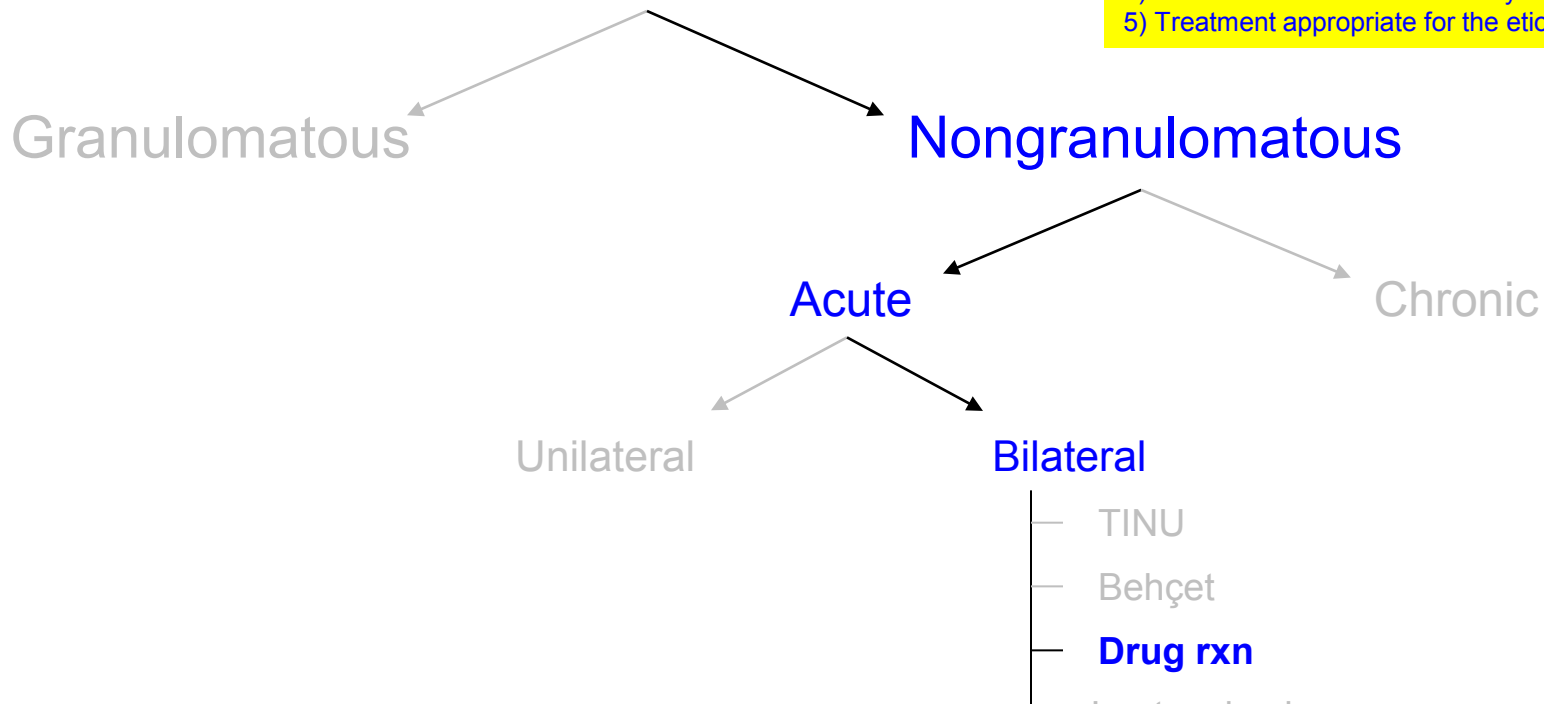
IBP/PA

Many intravitreal drugs have been implicated in causing uveitis, but two are notorious for doing so. What are they?

- ?
- ?

Hints forthcoming...

Uveitis: *Anterior*



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- 2) The profiled case is meshed
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Of the following drug-delivery routes, which have been associated with drug-reaction uveitis?

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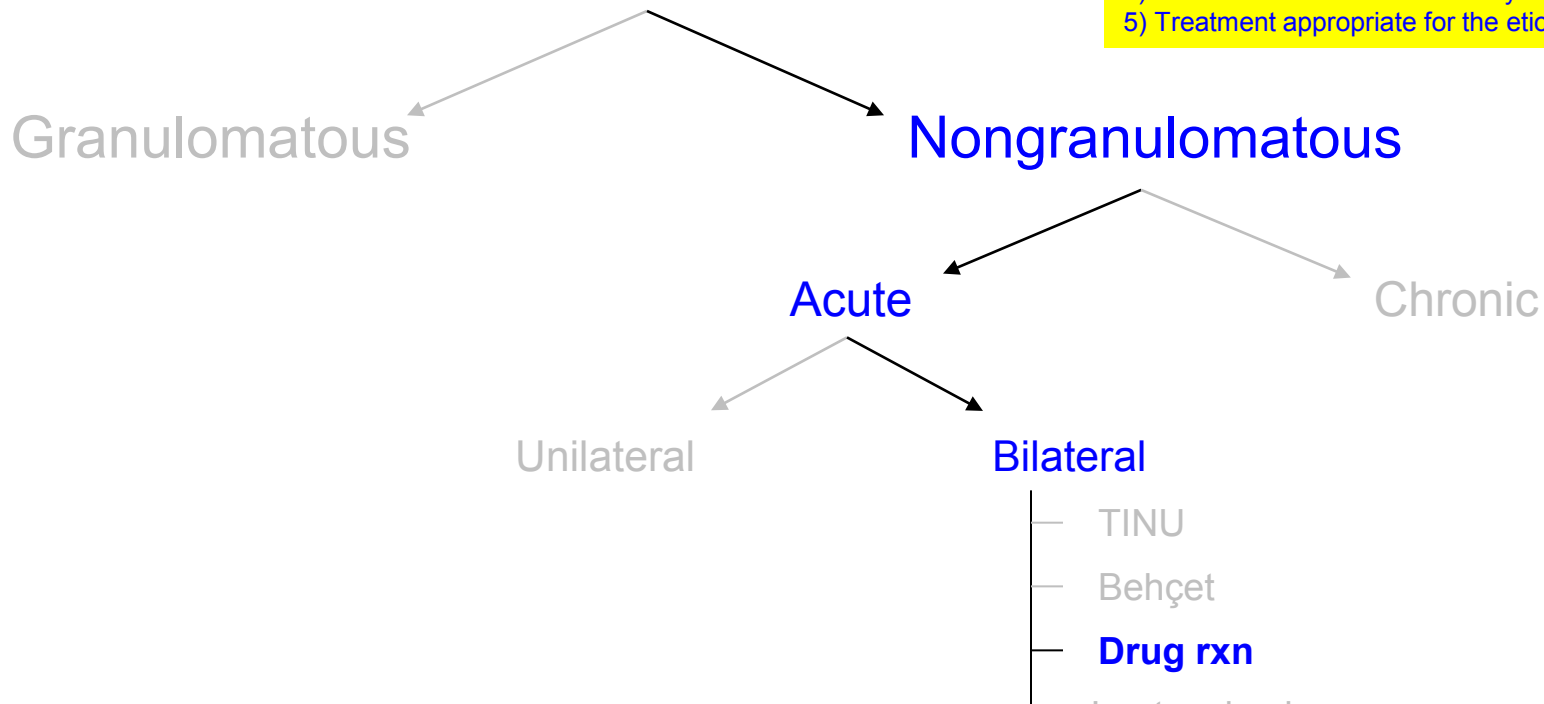
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-- [we already mentioned this one...]

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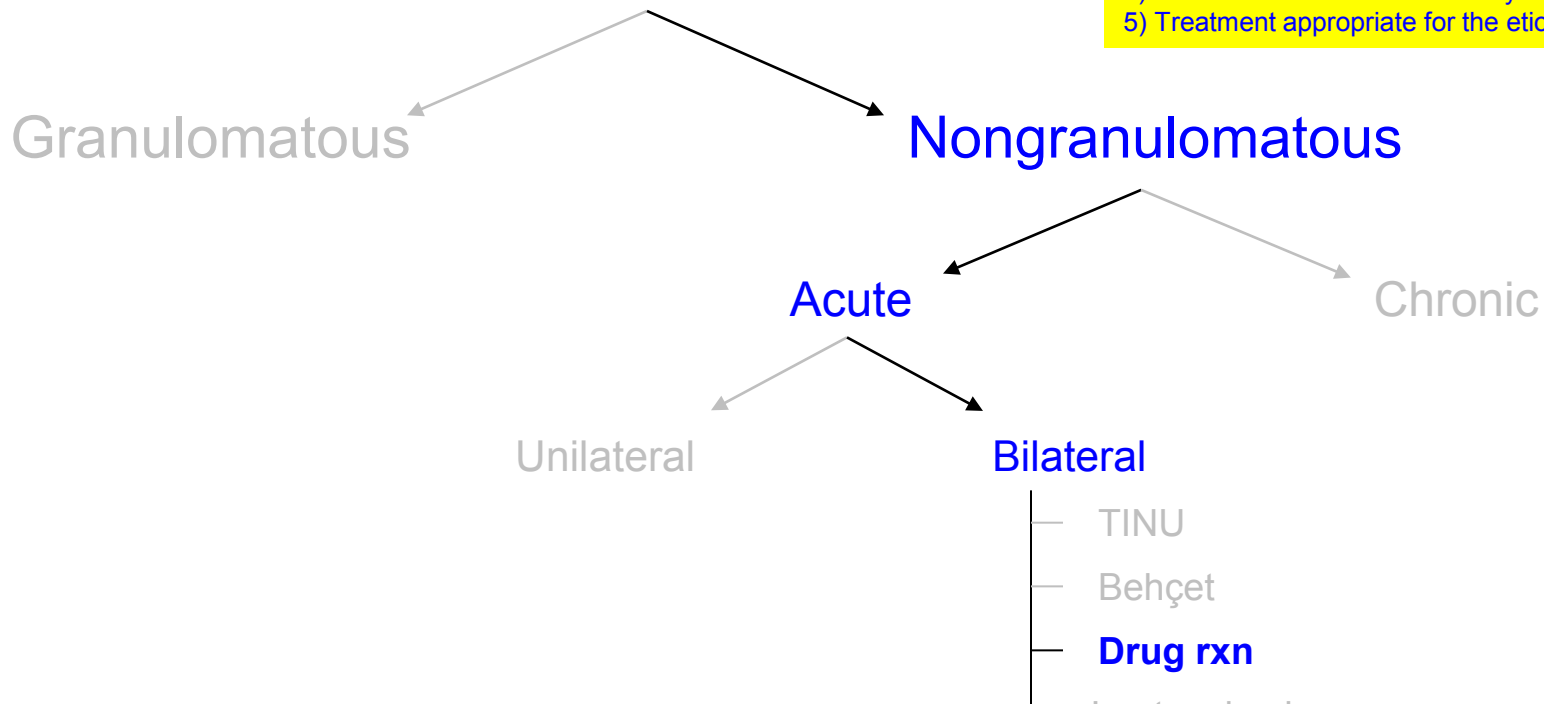
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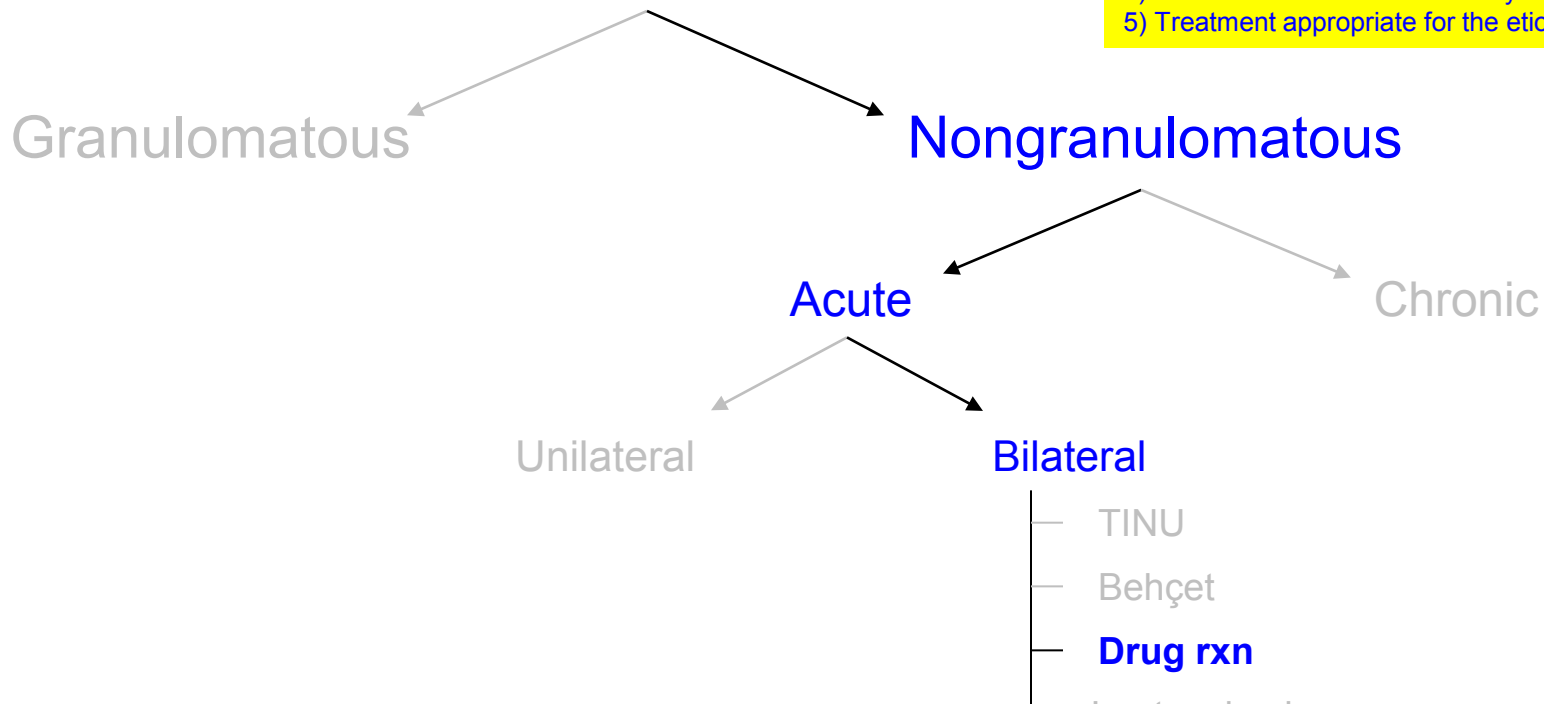
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-- a category of Ivit drugs VERY commonly employed in the US

Uveitis: *Anterior*



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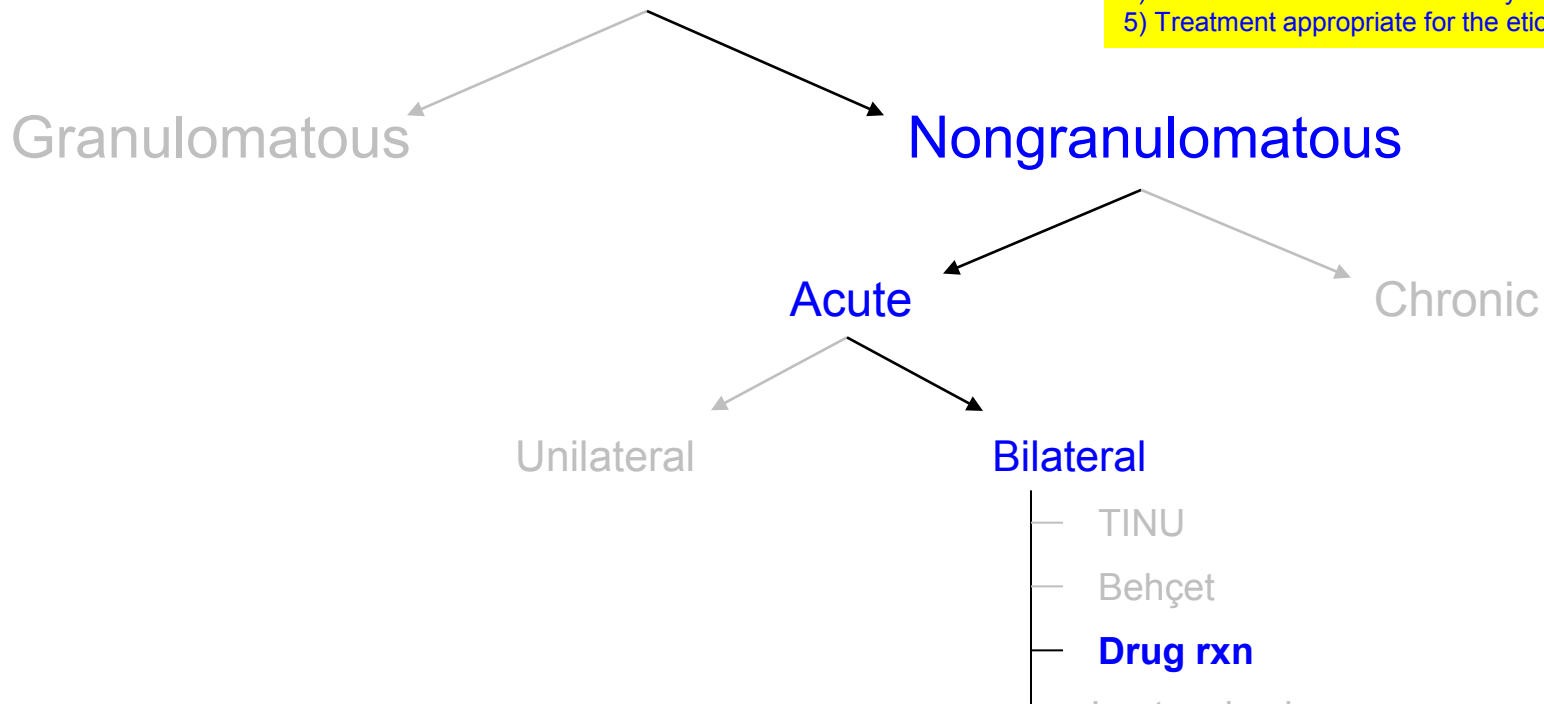
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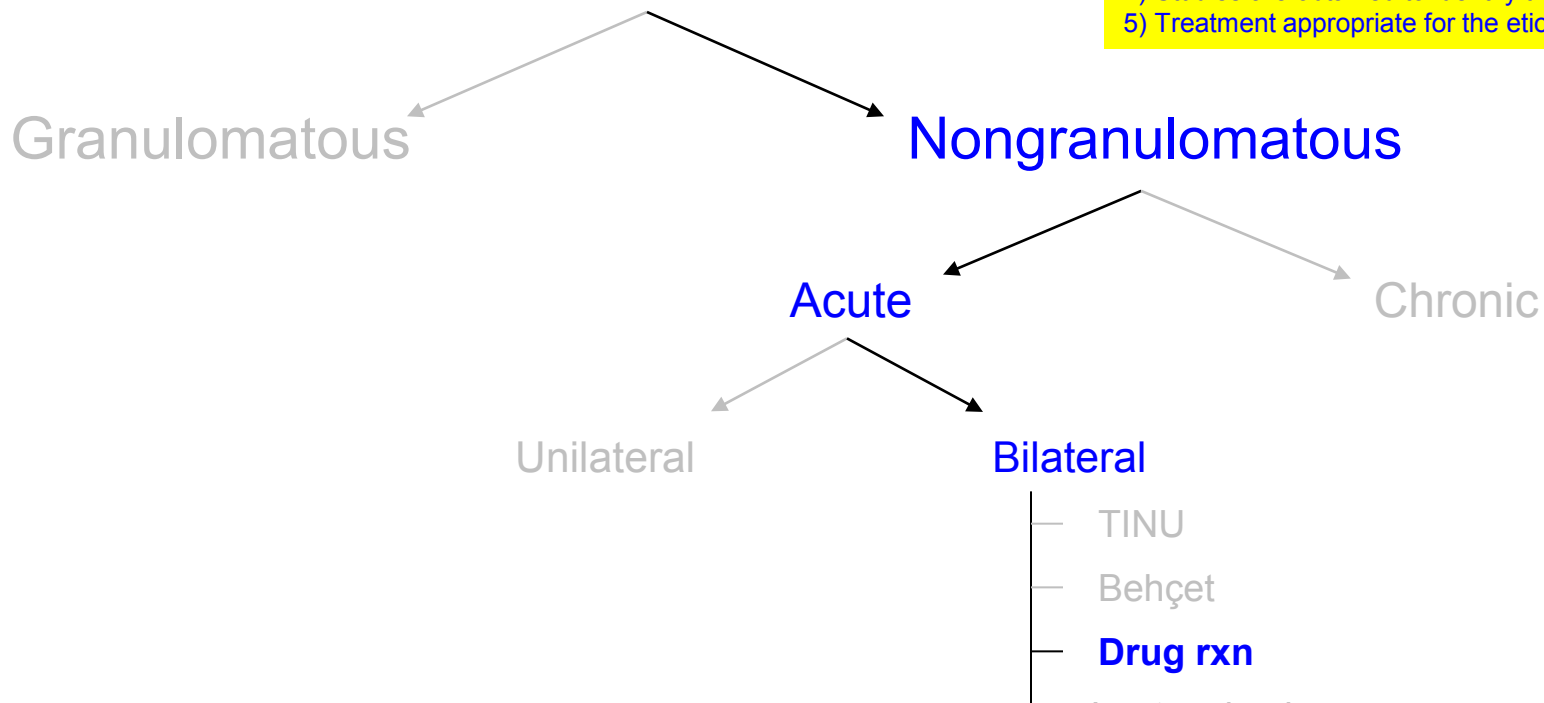
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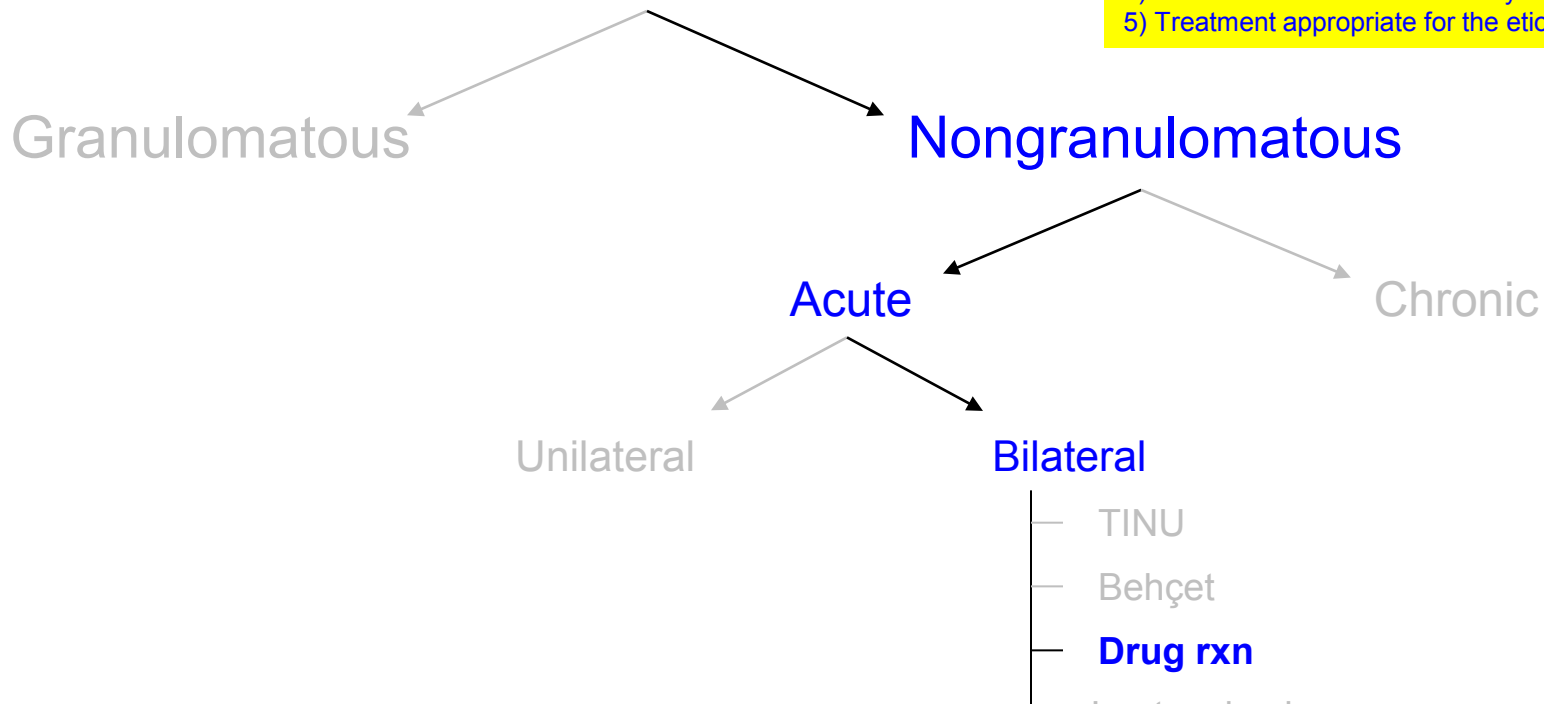
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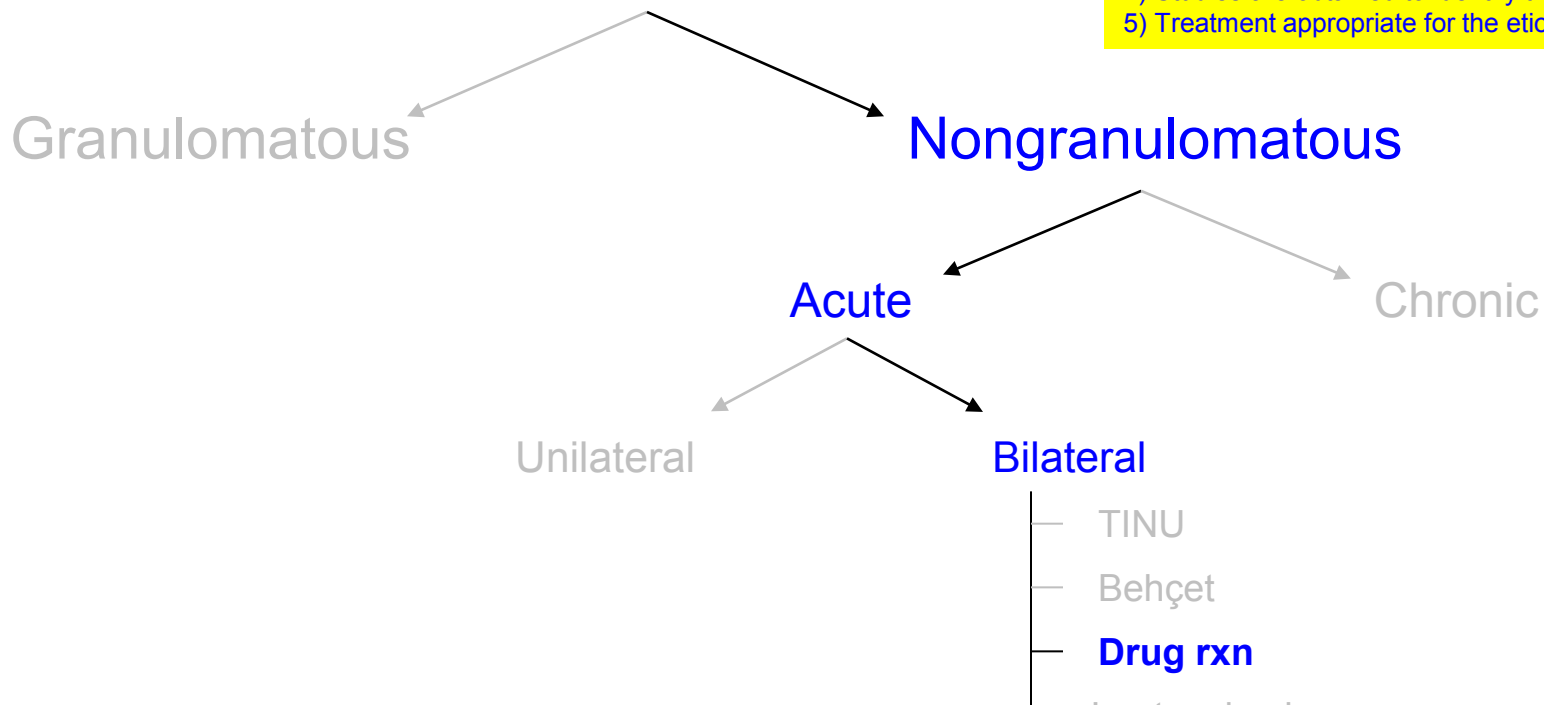
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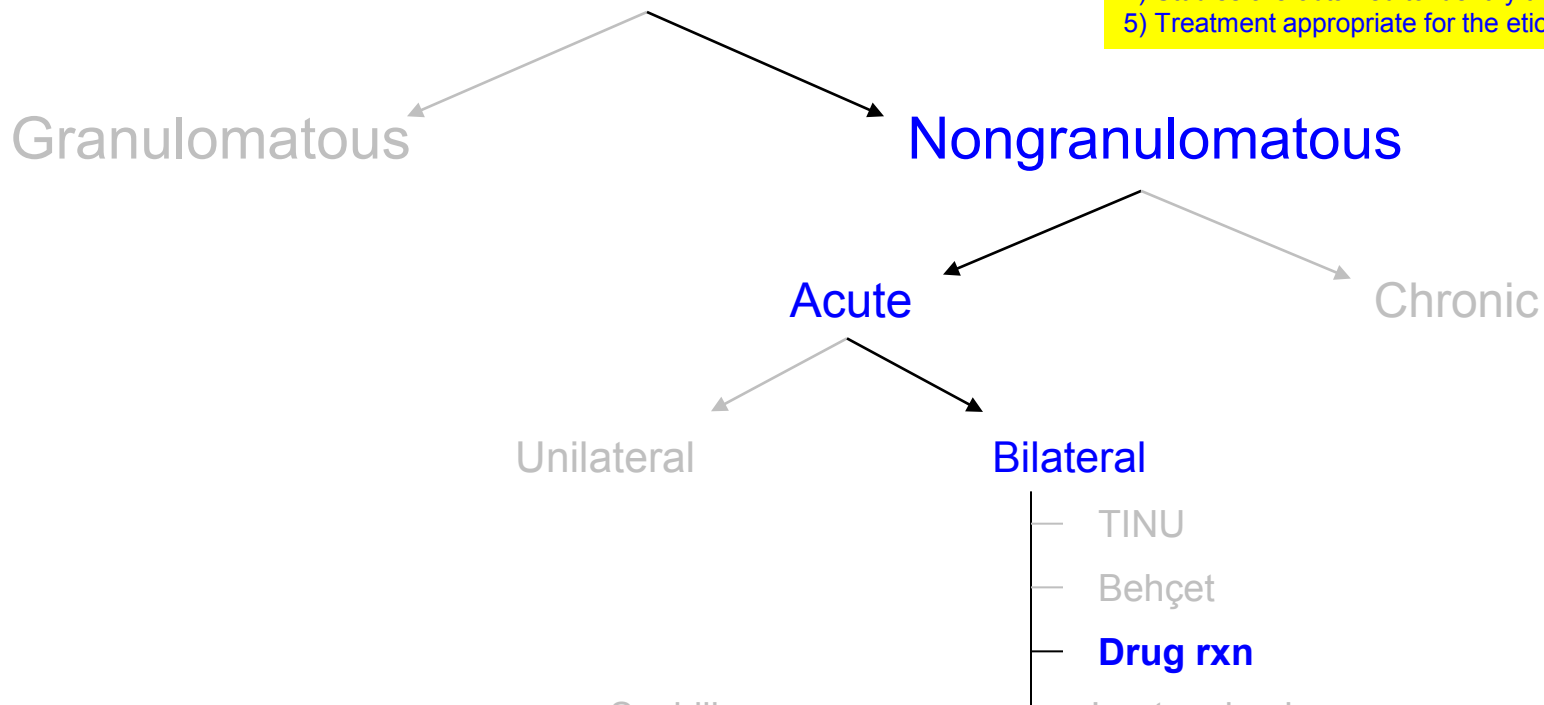
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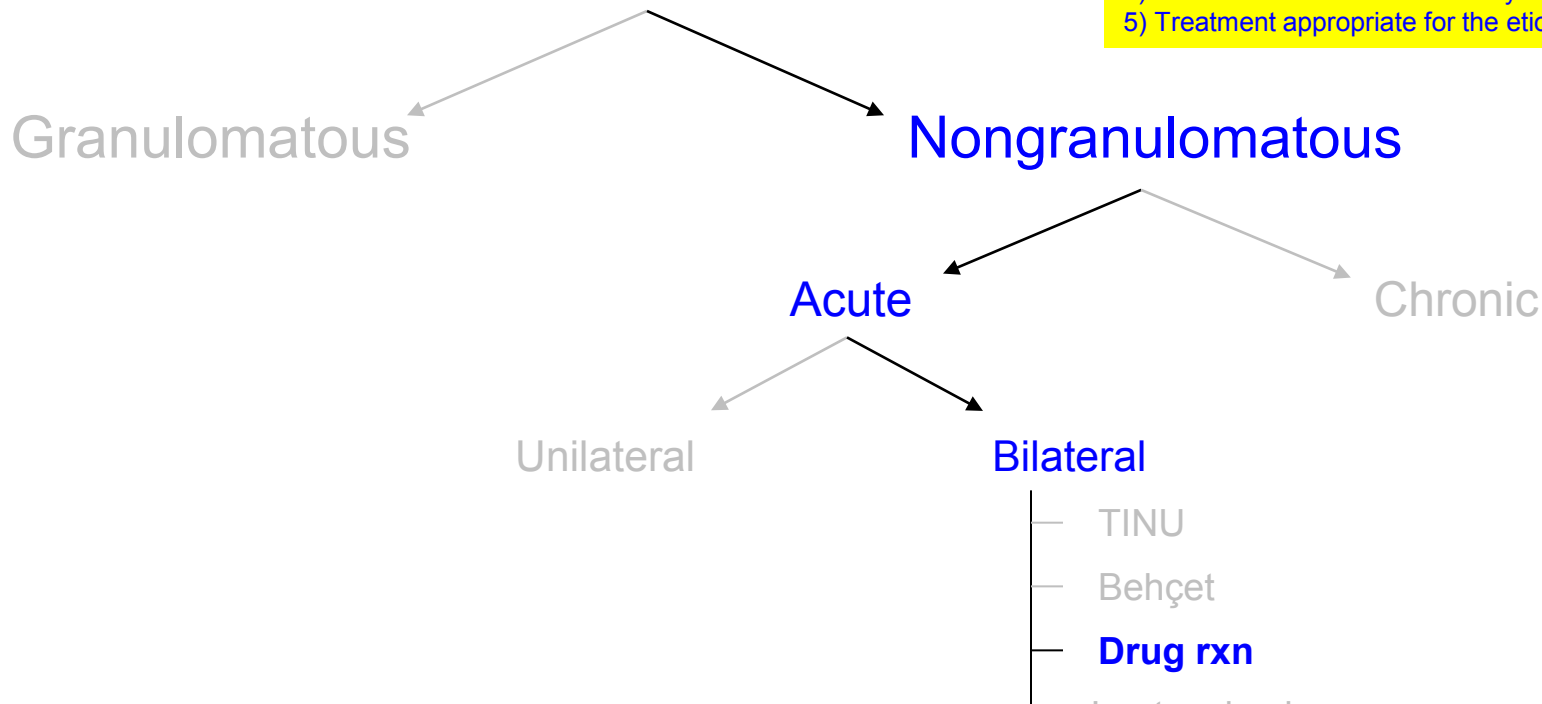
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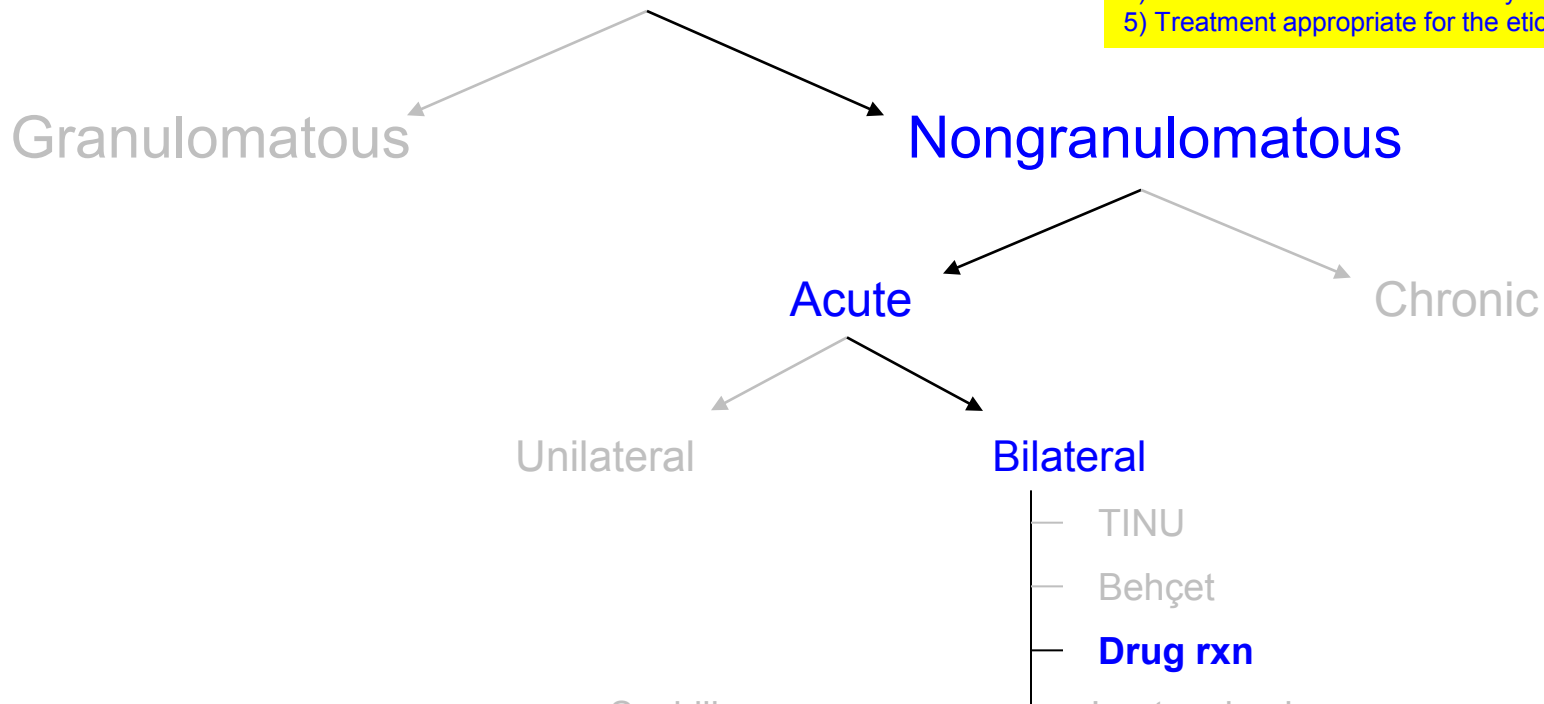
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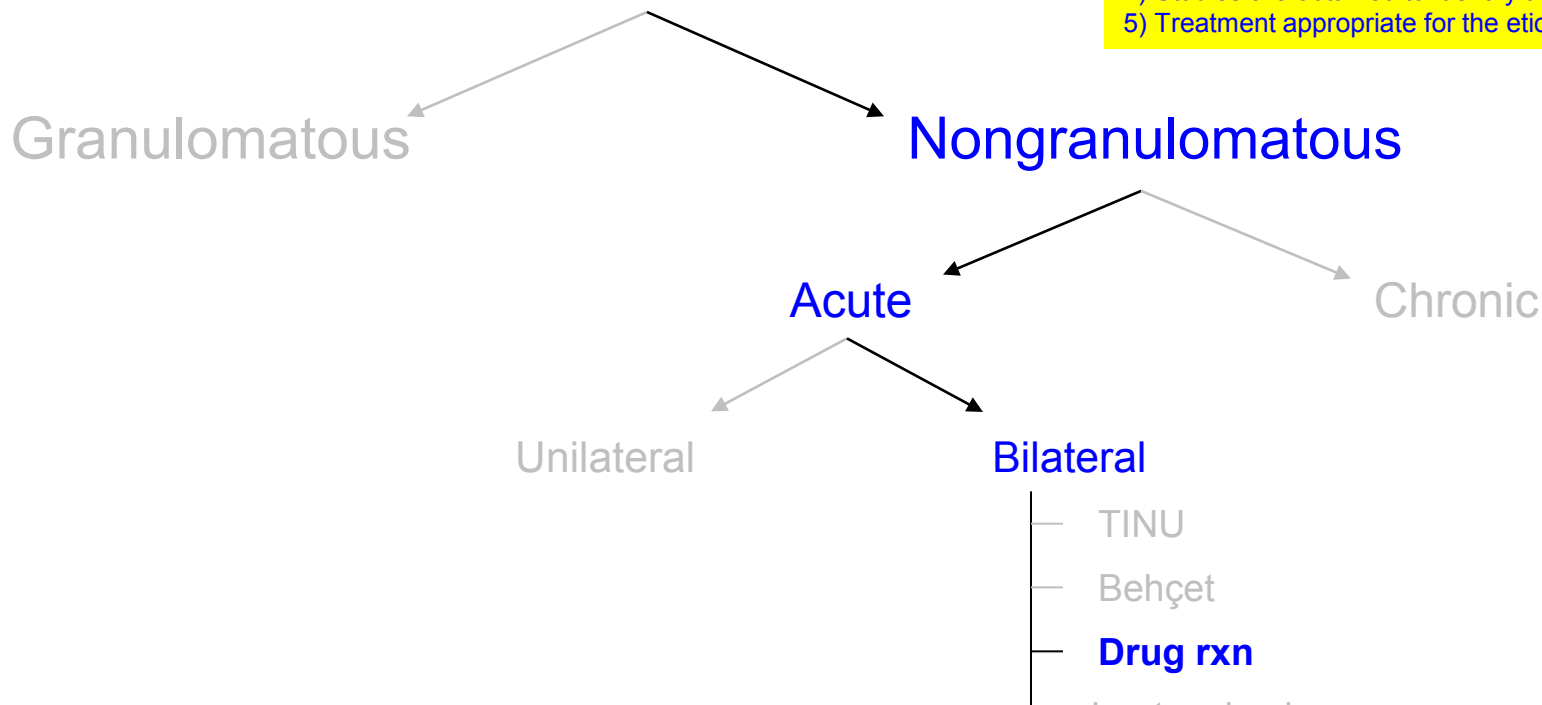
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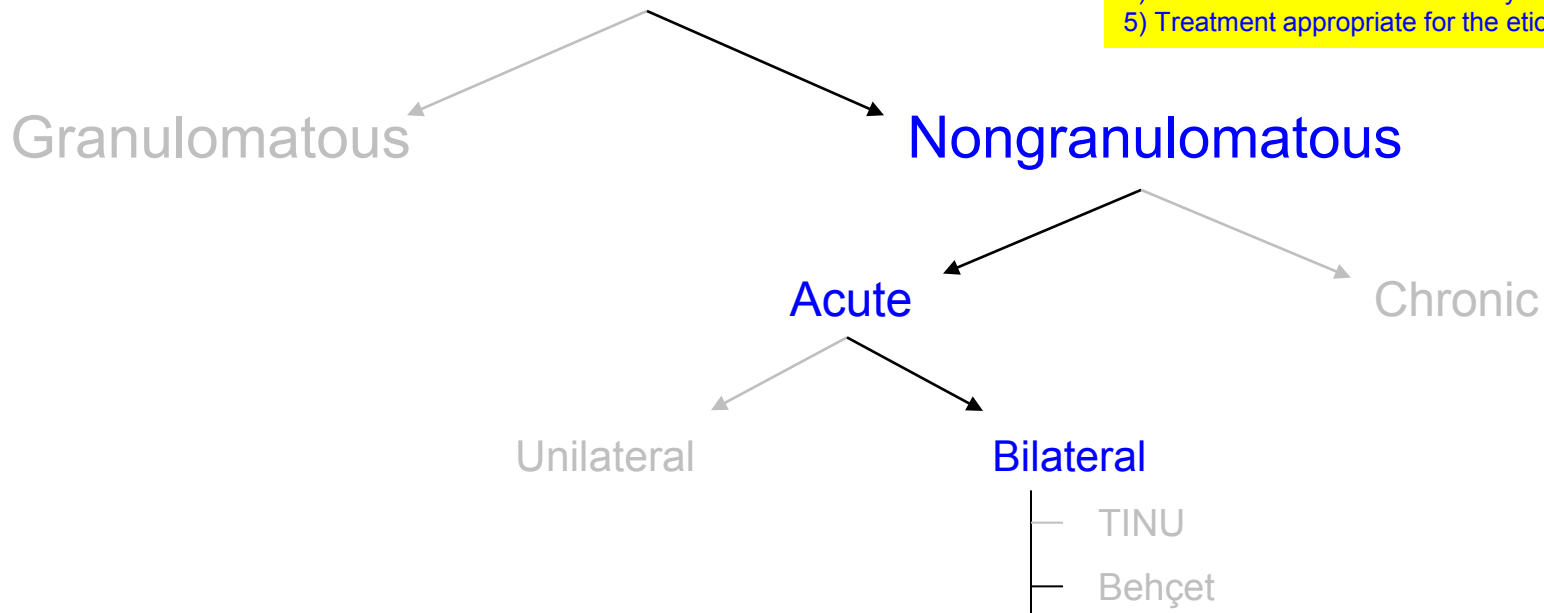
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Of the following drug-d

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Many intravitreal drugs h

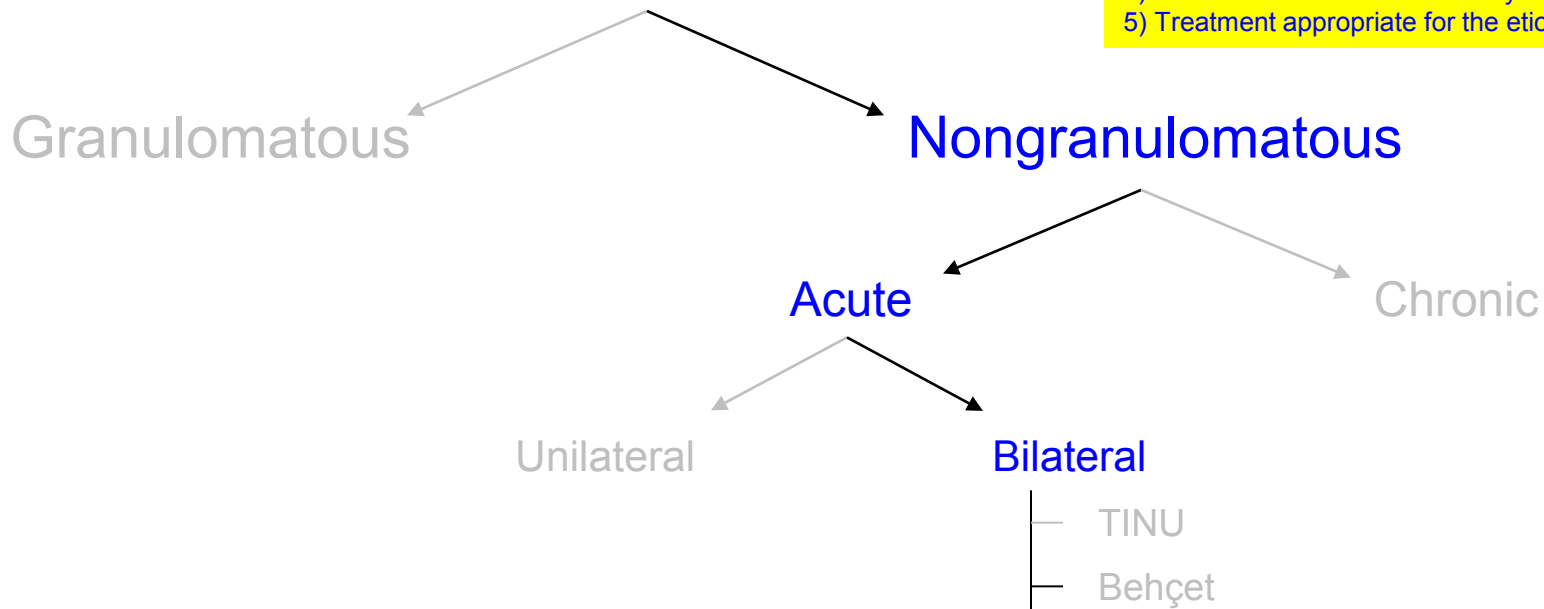
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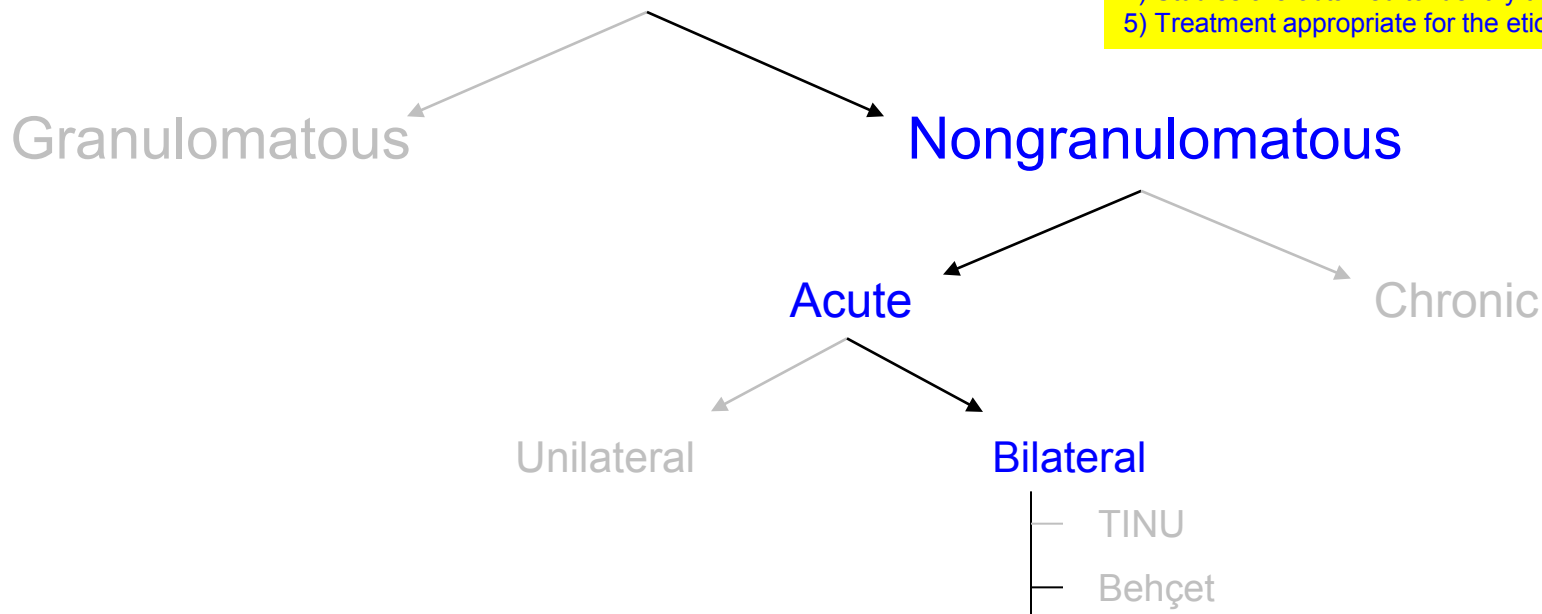
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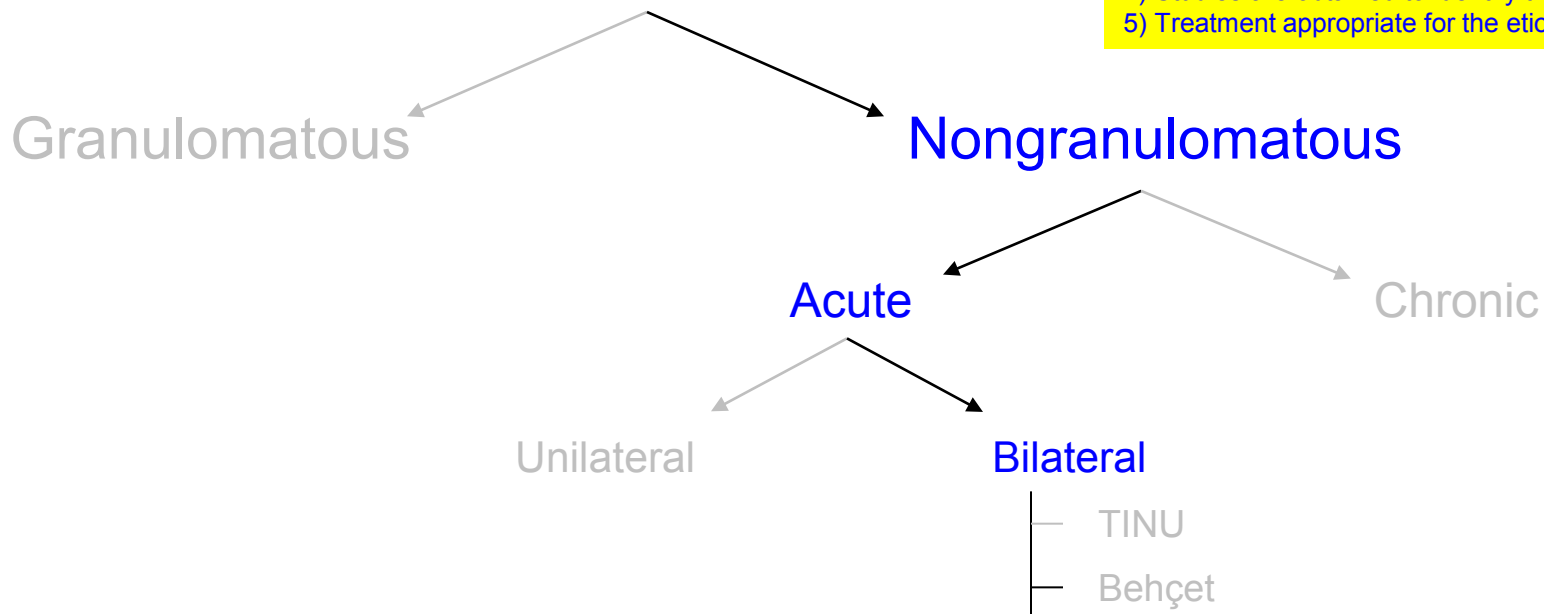
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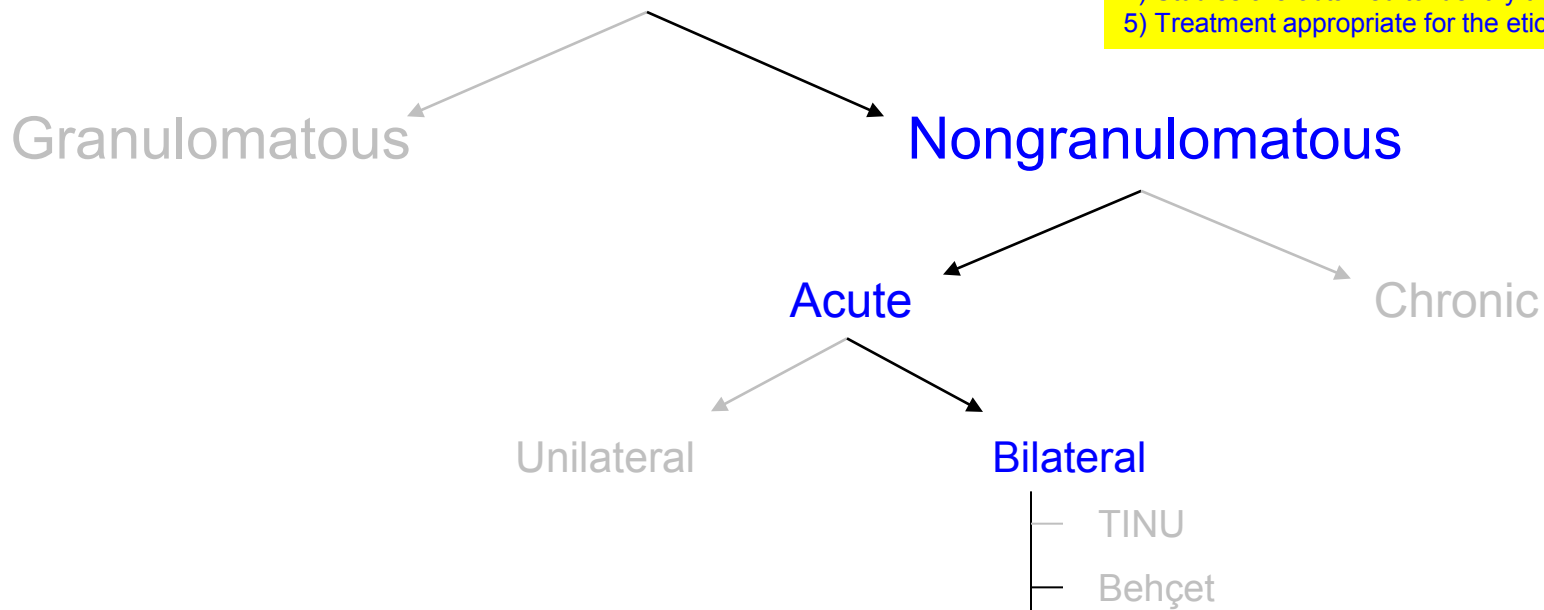
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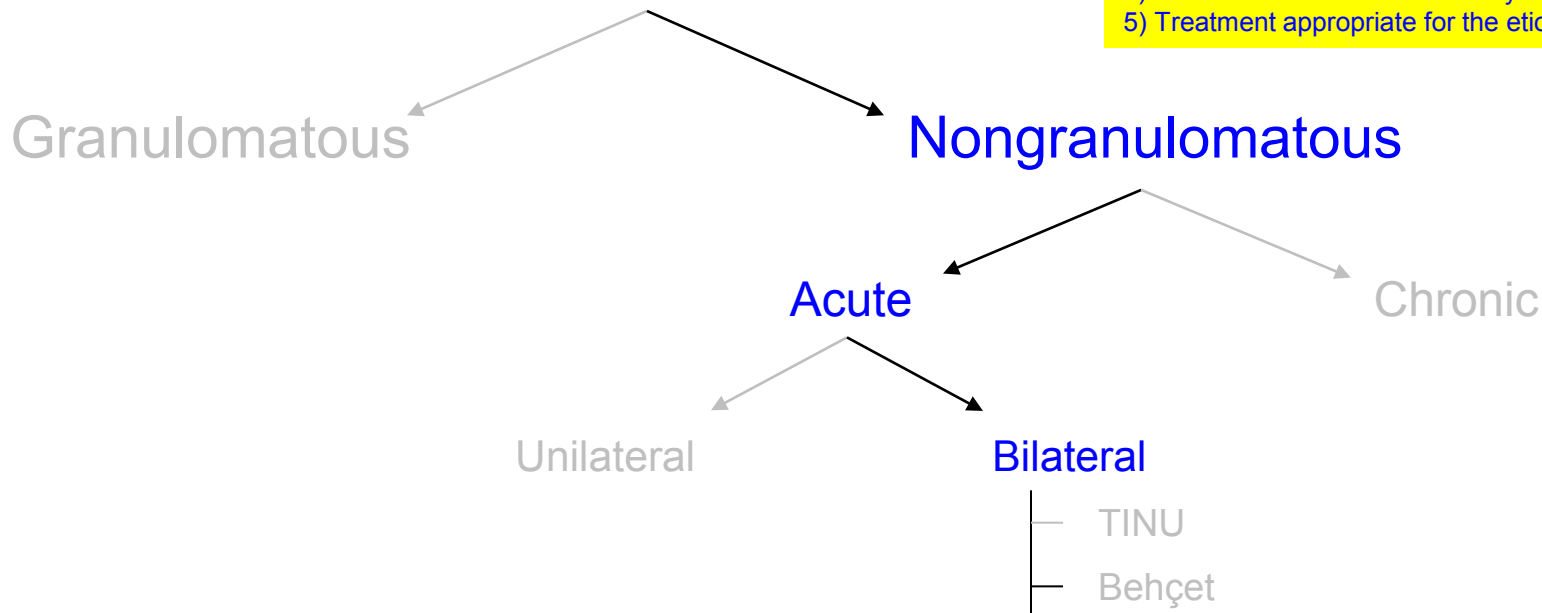
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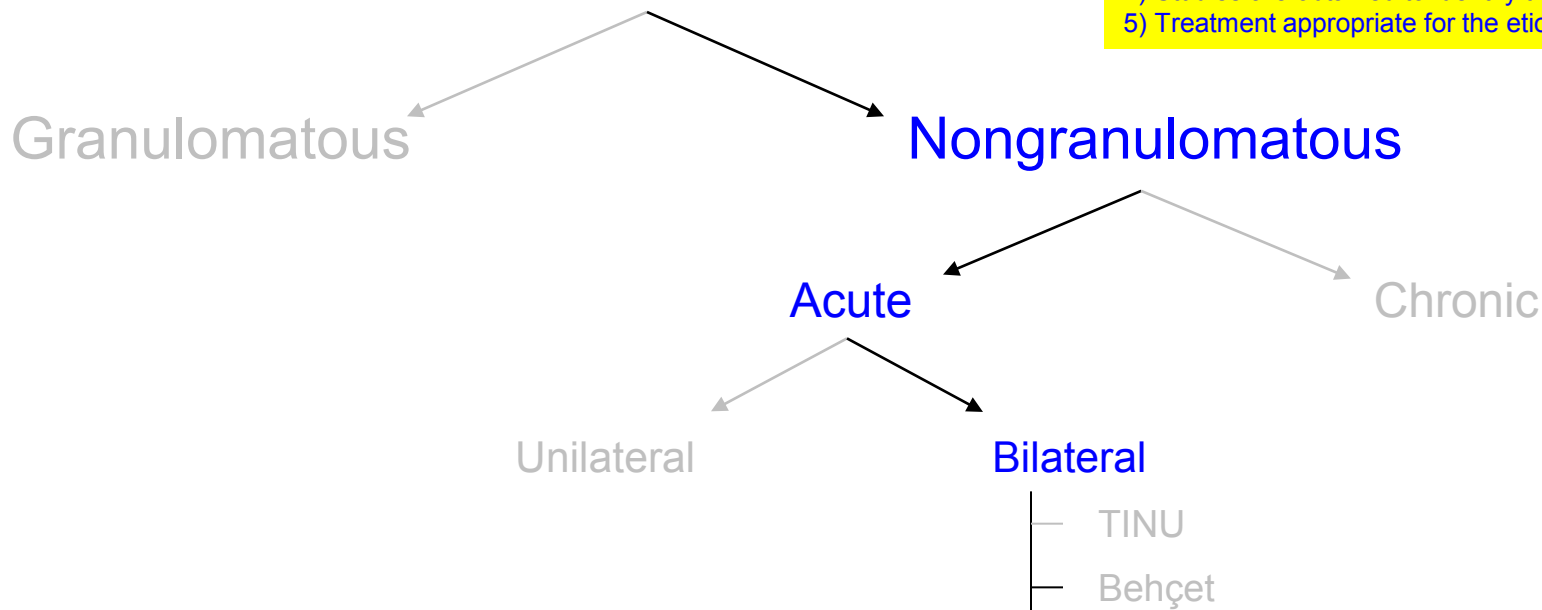
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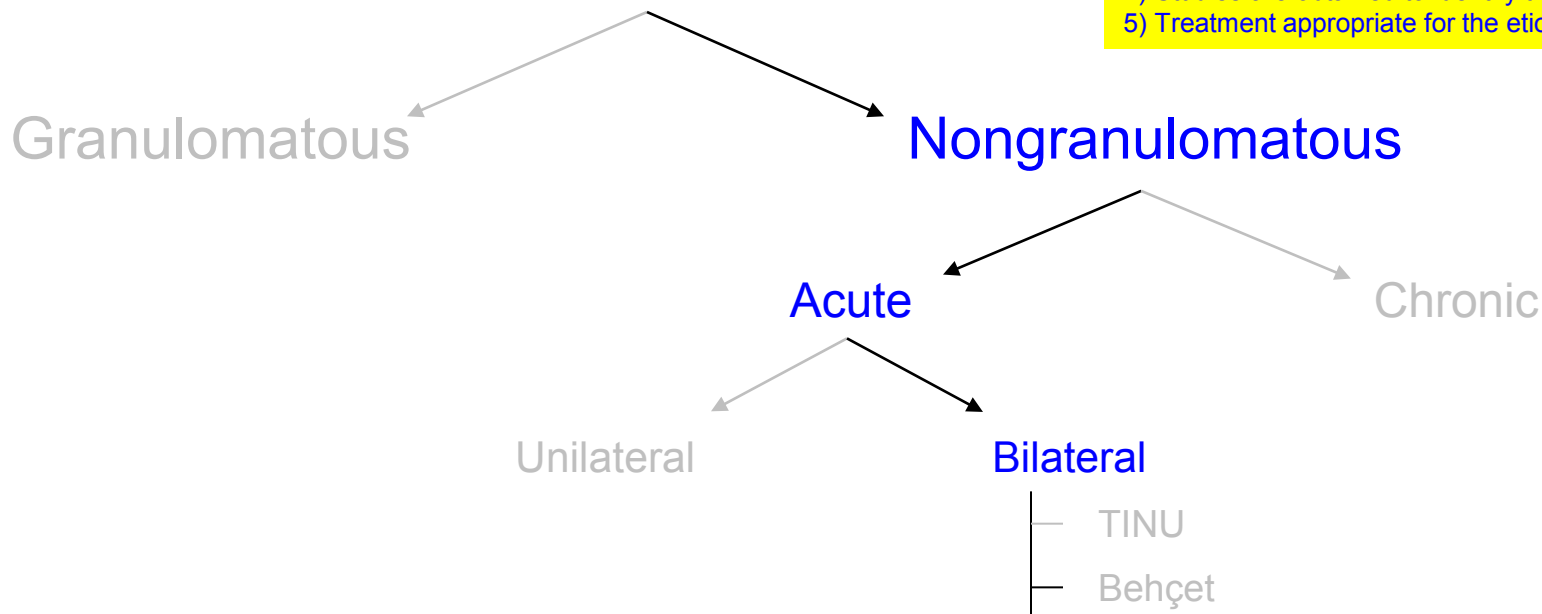
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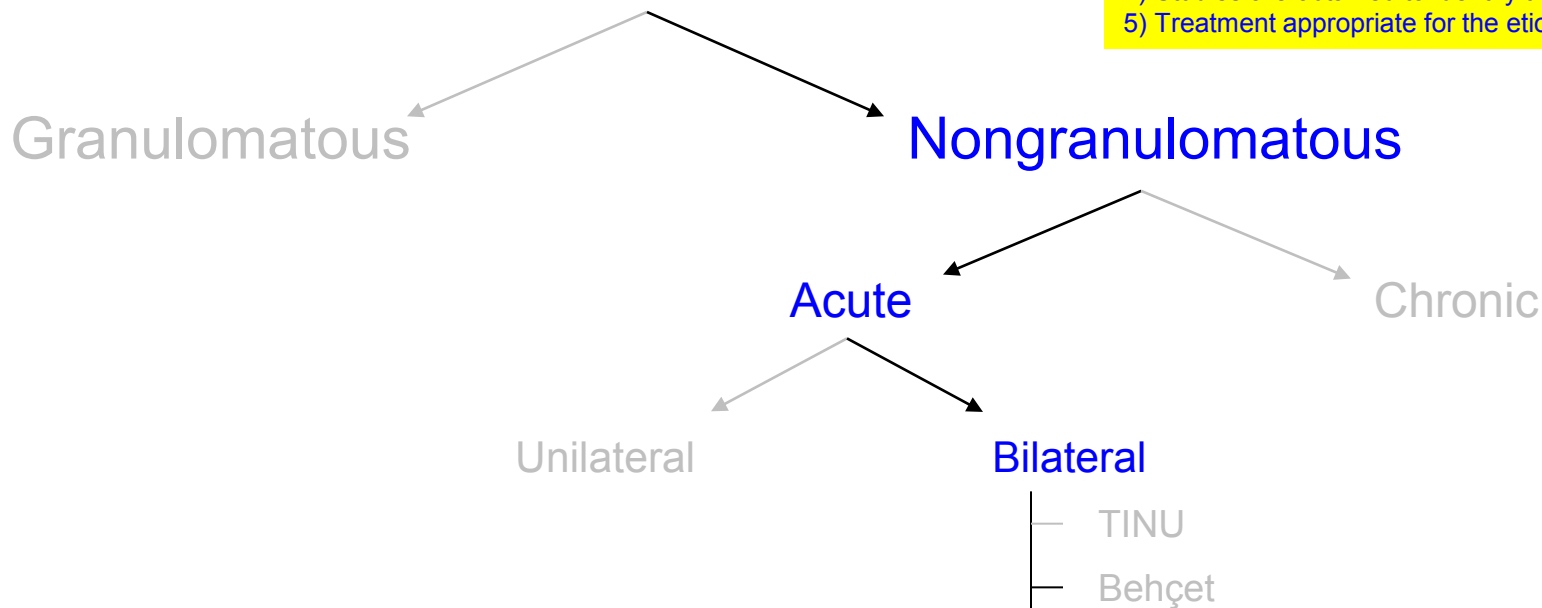
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Is the uveitis usually mild, or severe?

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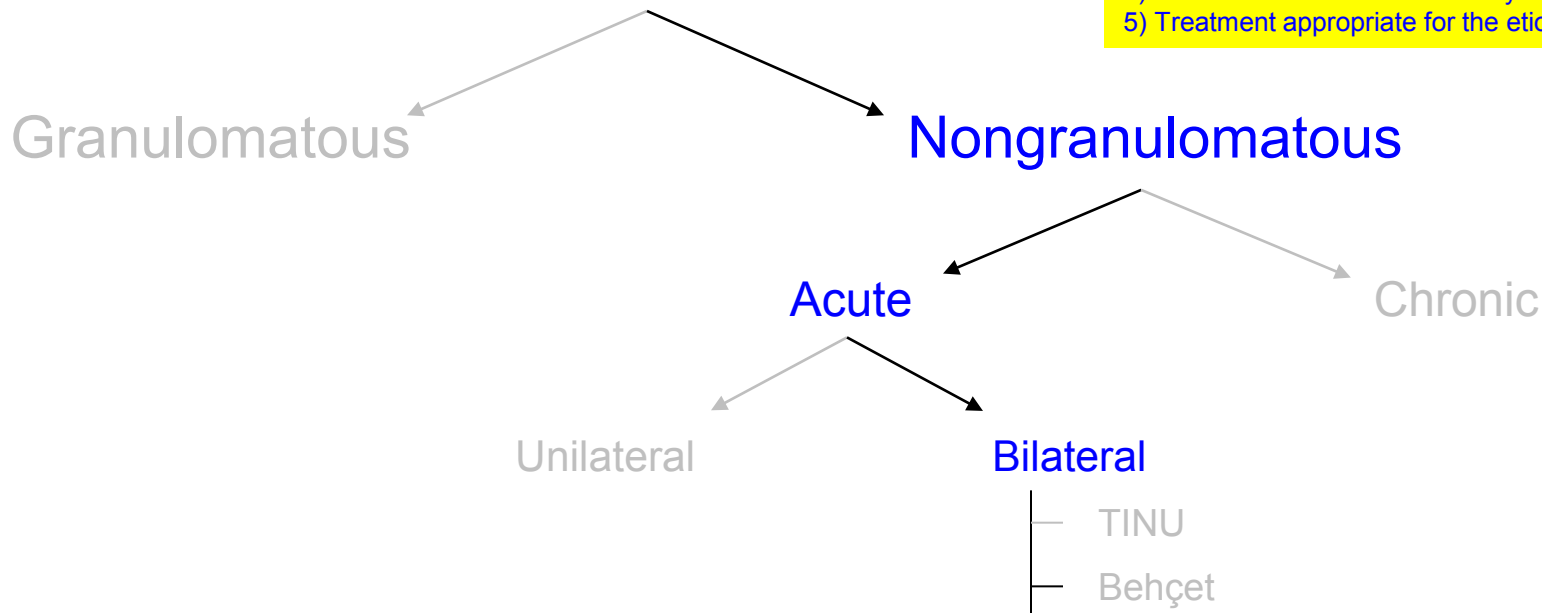
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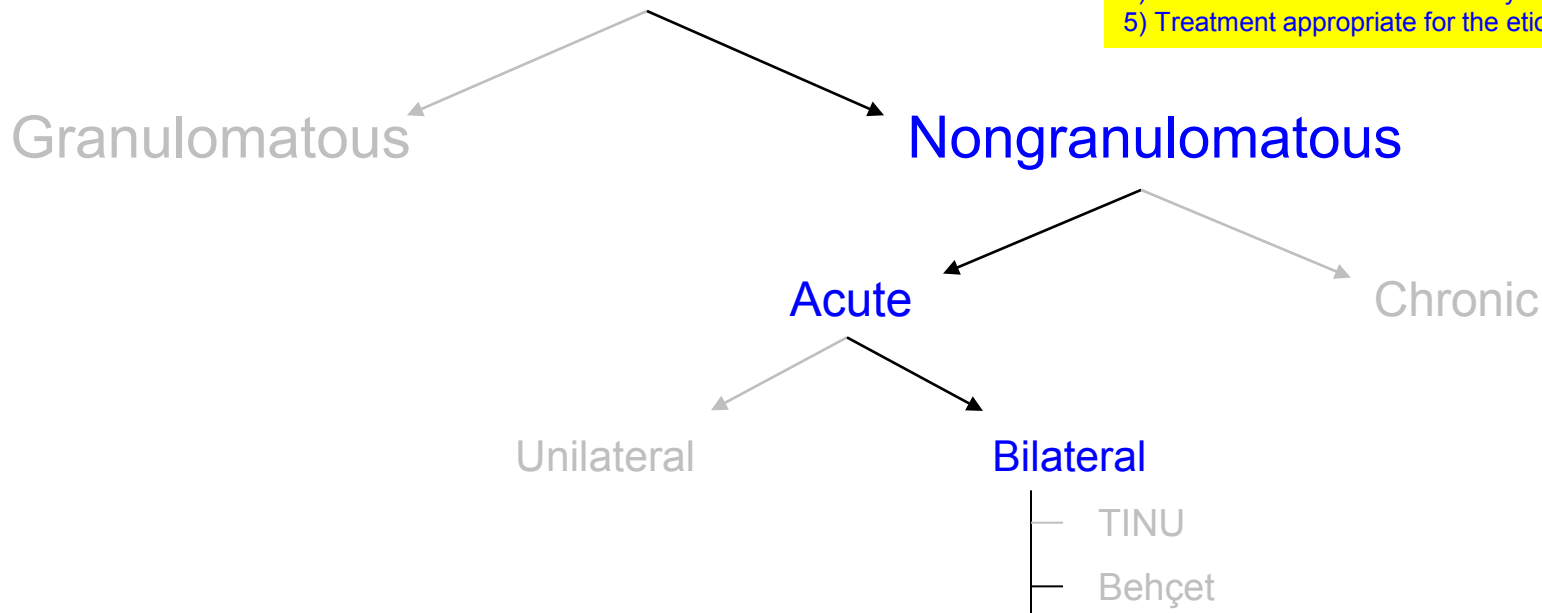
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In rare cases only (and these likely represent contaminants)

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oping so.

Uveitis: *Anterior*

Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

— TINU

— Behçet

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For more on drug-induced uveitis, see slide-set U29

--Intravitreal

Many intravitreal drugs have been implicated
What are they?

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— Drug rxn

— **Leptospirosis**

While leptospirosis can present as an acute bilateral anterior uveitis, it is far more likely to present as a [REDACTED], and will be covered as such in the review slides.

— IBD/PA

— TB

Uveitis: *Anterior*

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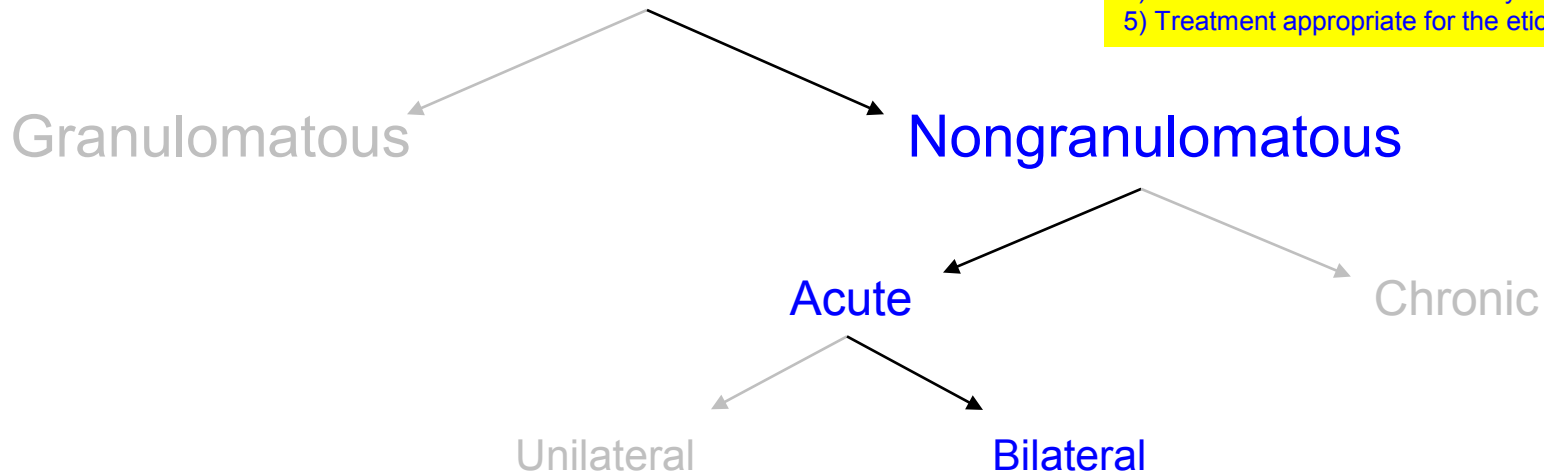
How common is uveitis in inflammatory bowel disease?

Syphilis

IBD/PA

TB

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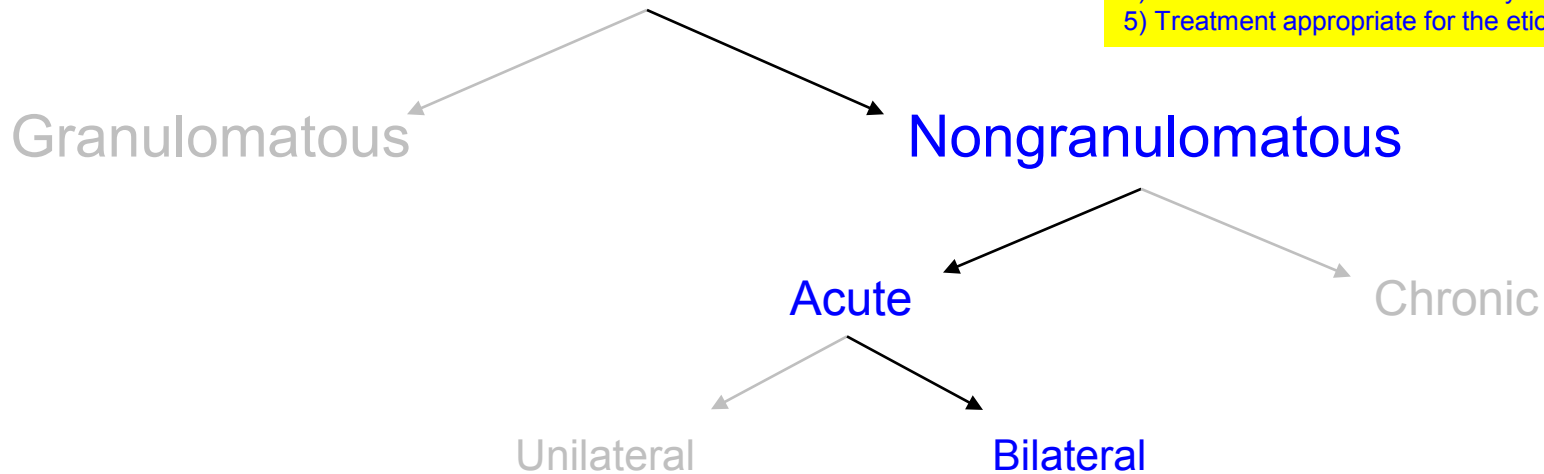
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Only 2-10% of IBD pts develop anterior uveitis.

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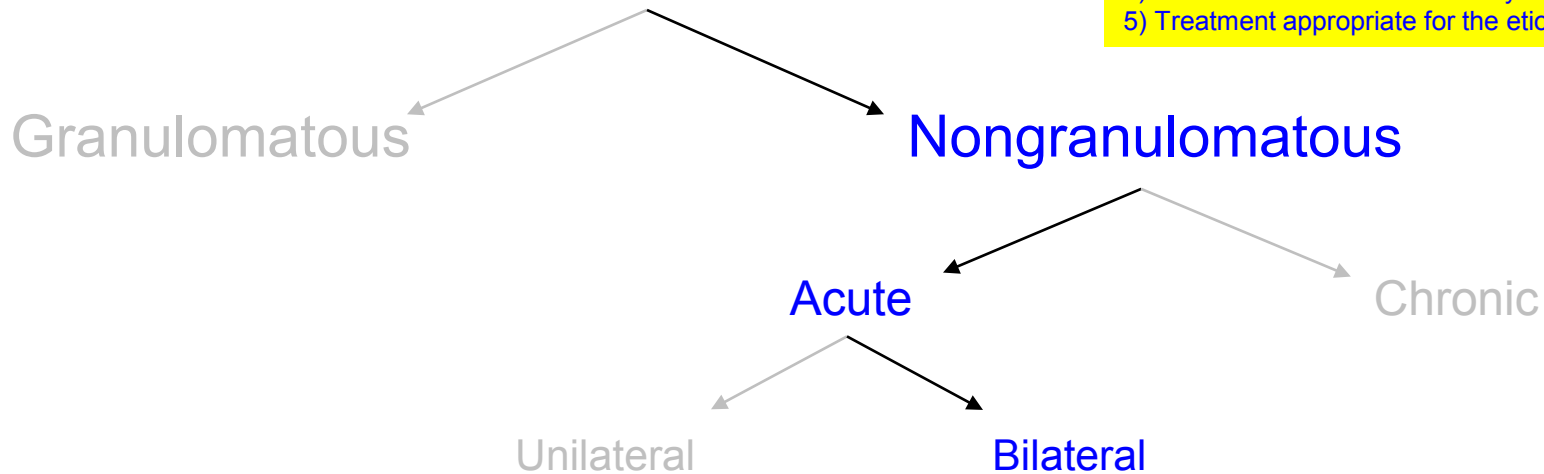
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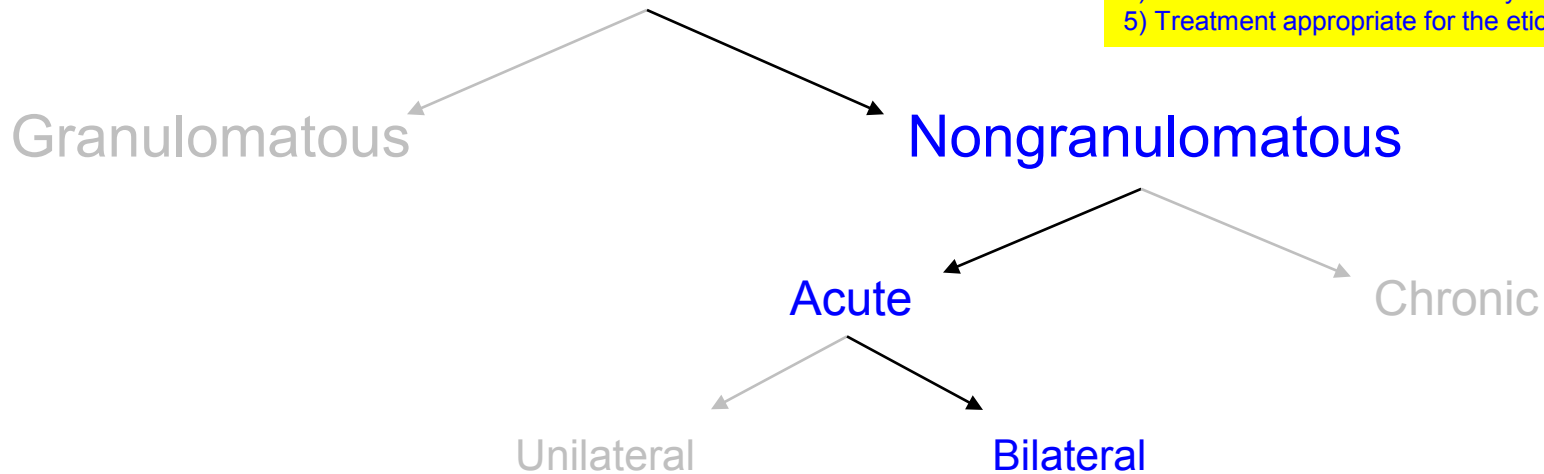


How common is uveitis in inflammatory bowel disease? In psoriatic arthritis (PA)?

Only 2-10% of IBD pts develop anterior uveitis. It is somewhat more common in PA, with a rate as high as 25%.

- Syphilis
- **IBD/PA**
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Uveitis: *Anterior*



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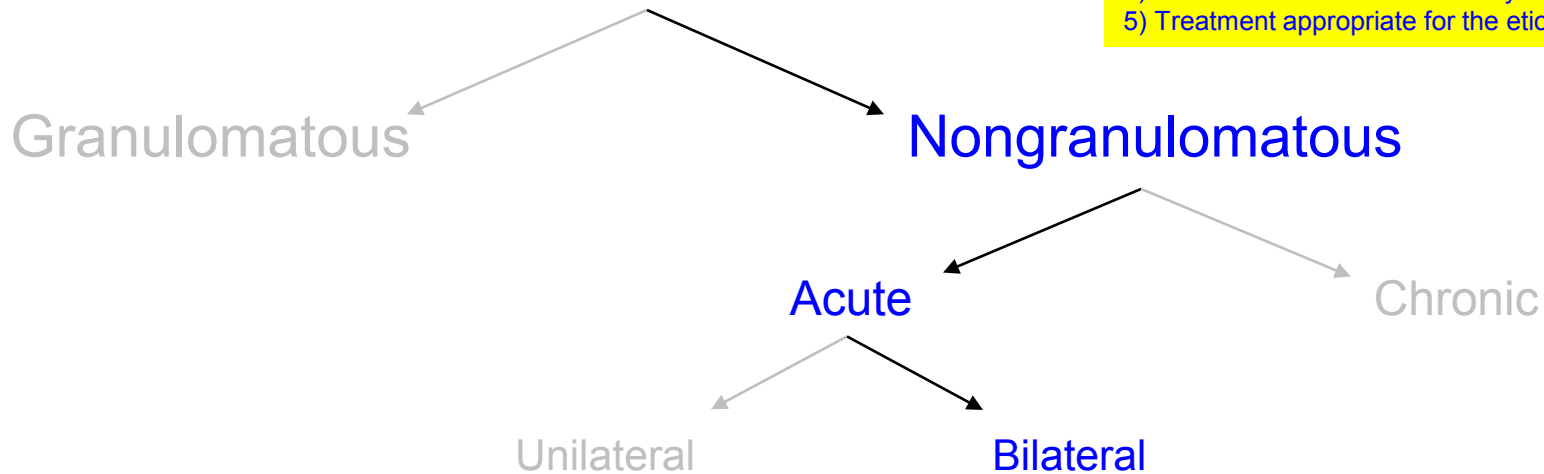
How common is uveitis in inflammatory bowel disease? In psoriatic arthritis (PA)?

Only 2-10% of IBD pts develop anterior uveitis. It is somewhat more common in PA, with a rate as high as 25%.

What nonocular findings are common in psoriatic arthritis?

- Syphilis
- **IBD/PA**
- TB

Uveitis: *Anterior*



- 1) The uveitis is profiled
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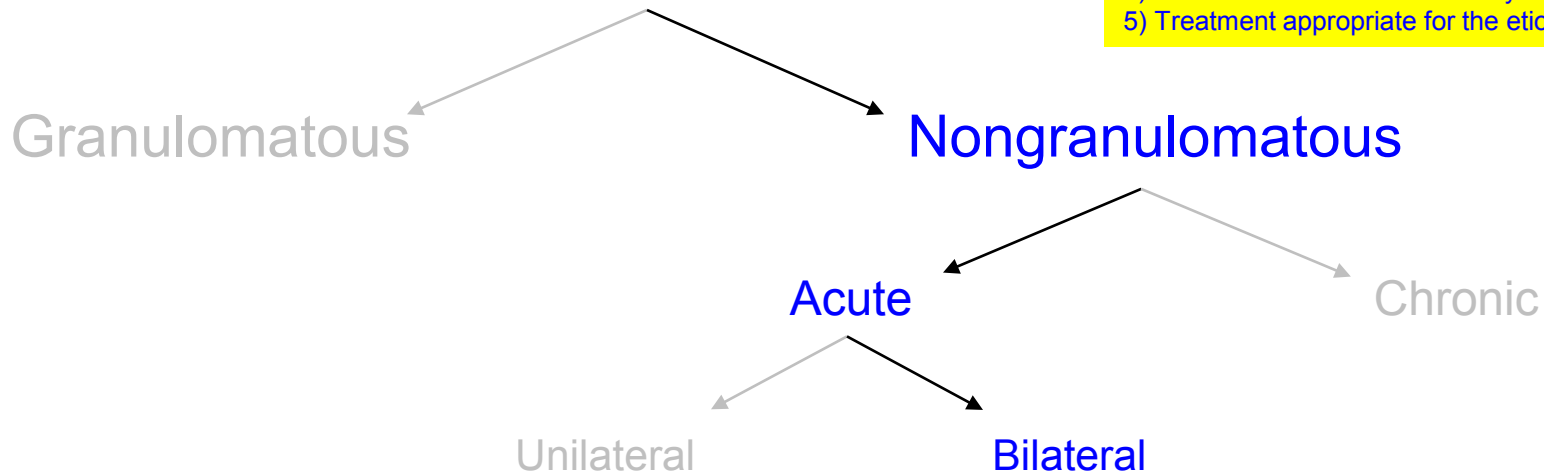
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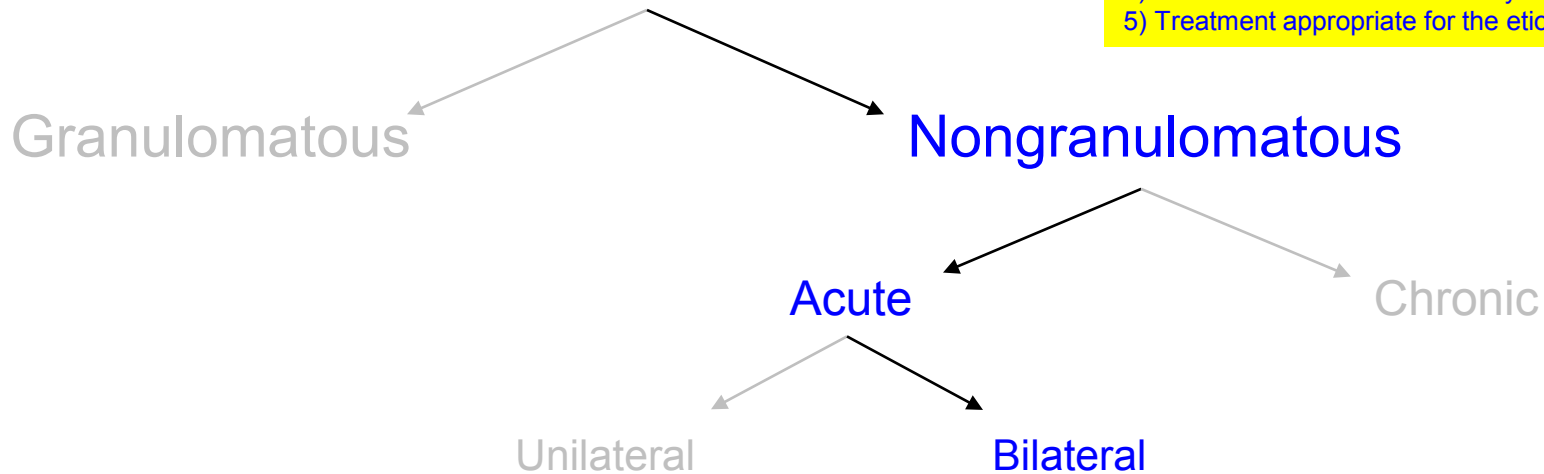
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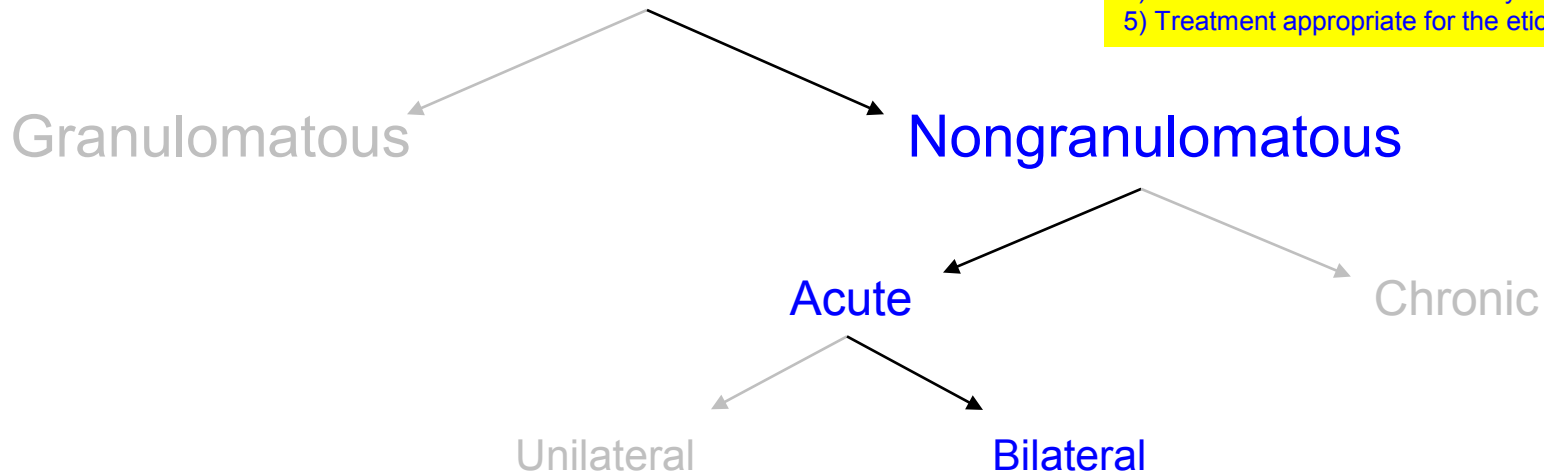
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Psoriatic arthritis: Skin and nail changes

Uveitis: *Anterior*



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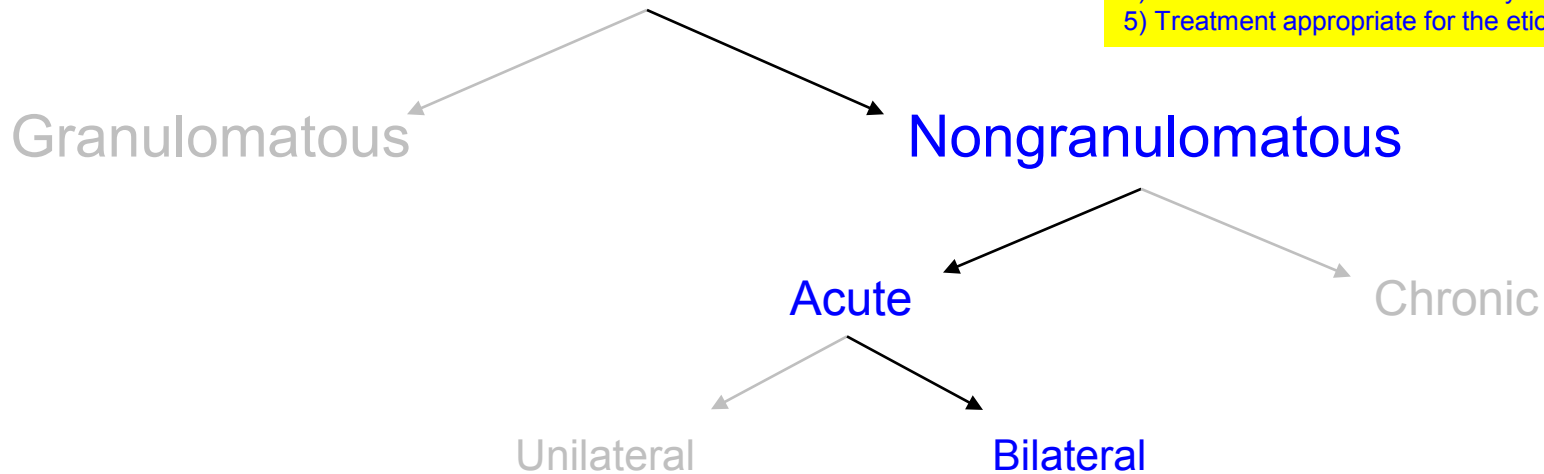
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- Syphilis
- **IBD/PA**
- TB

Uveitis: *Anterior*



Psoriatic arthritis: Sausage digits