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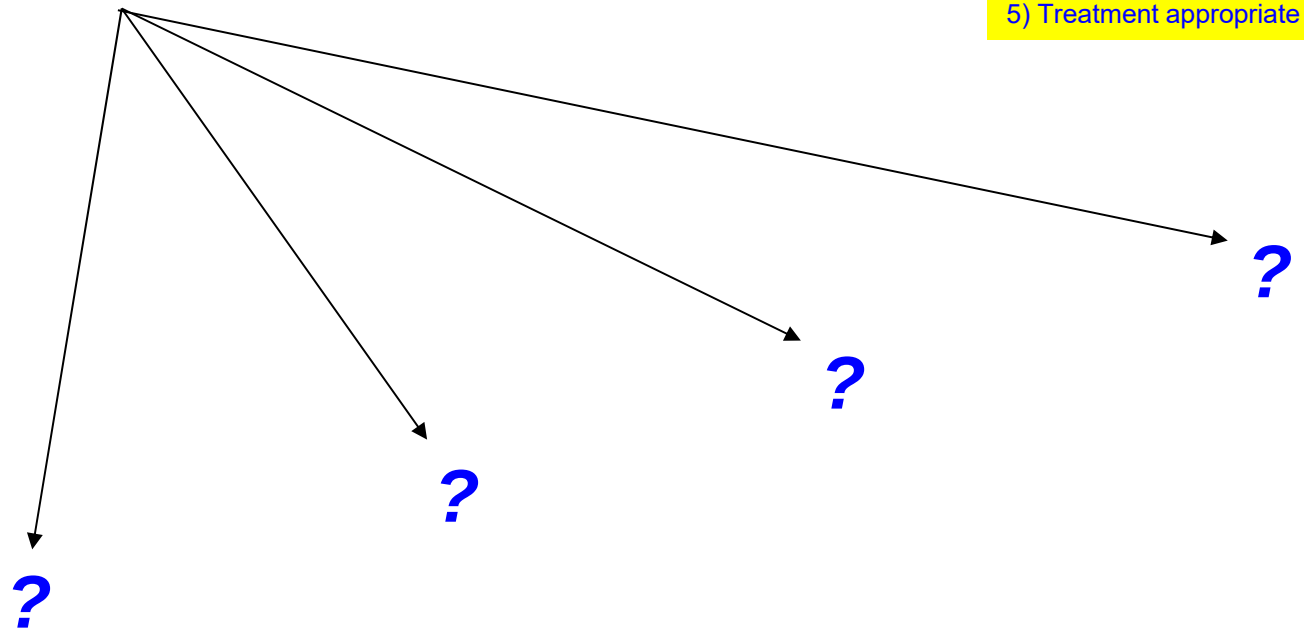

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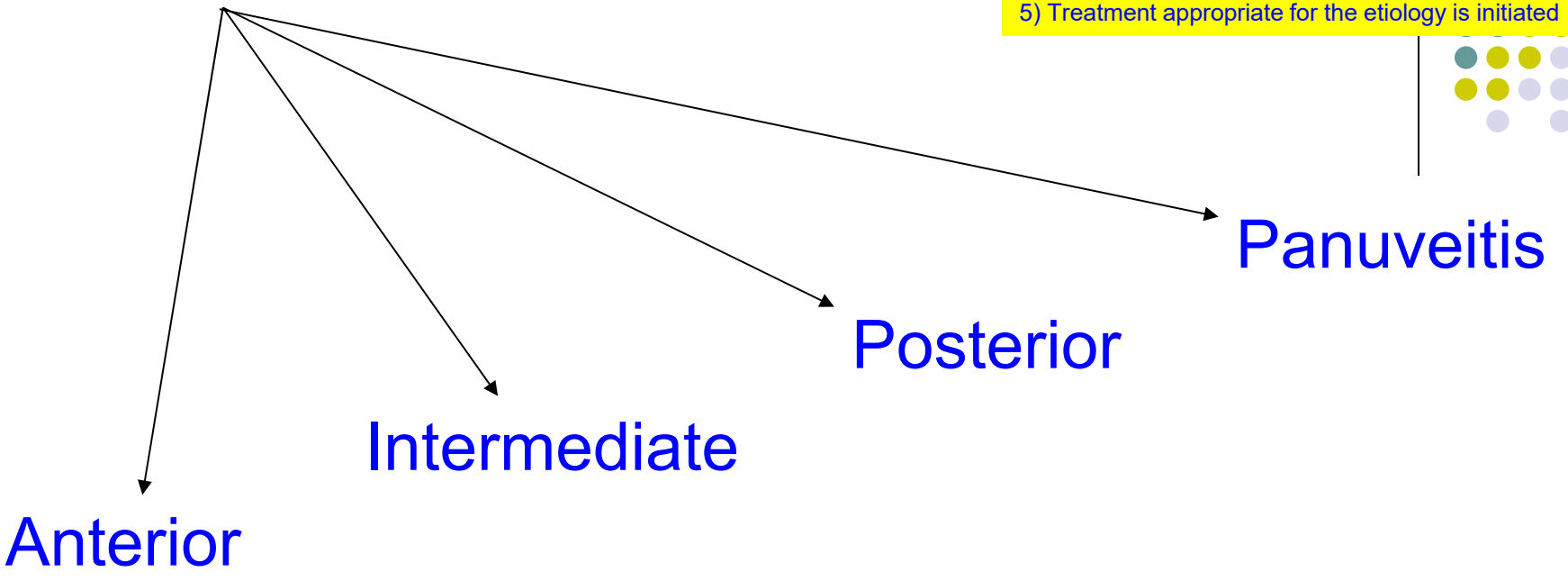

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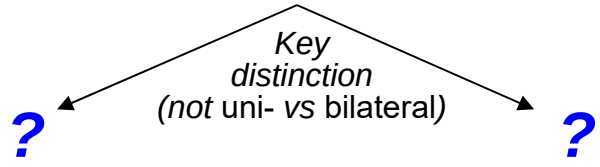

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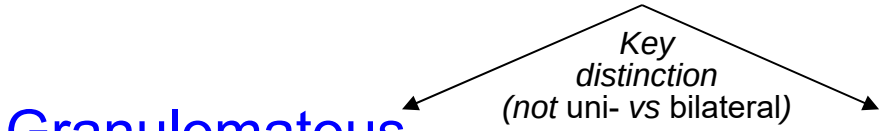

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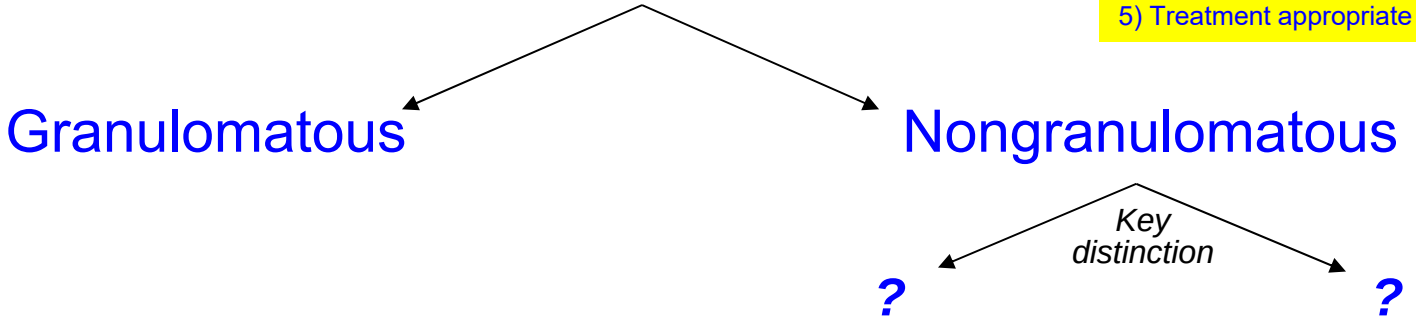

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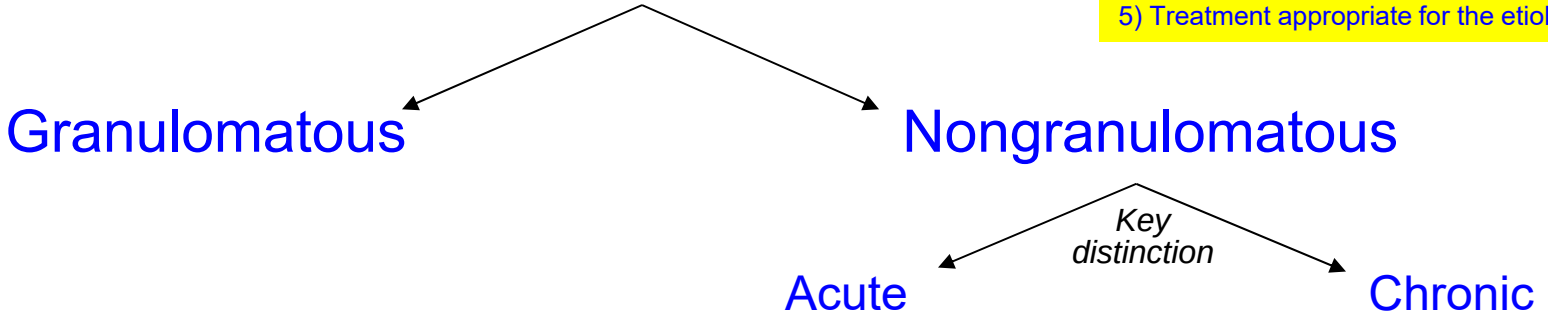

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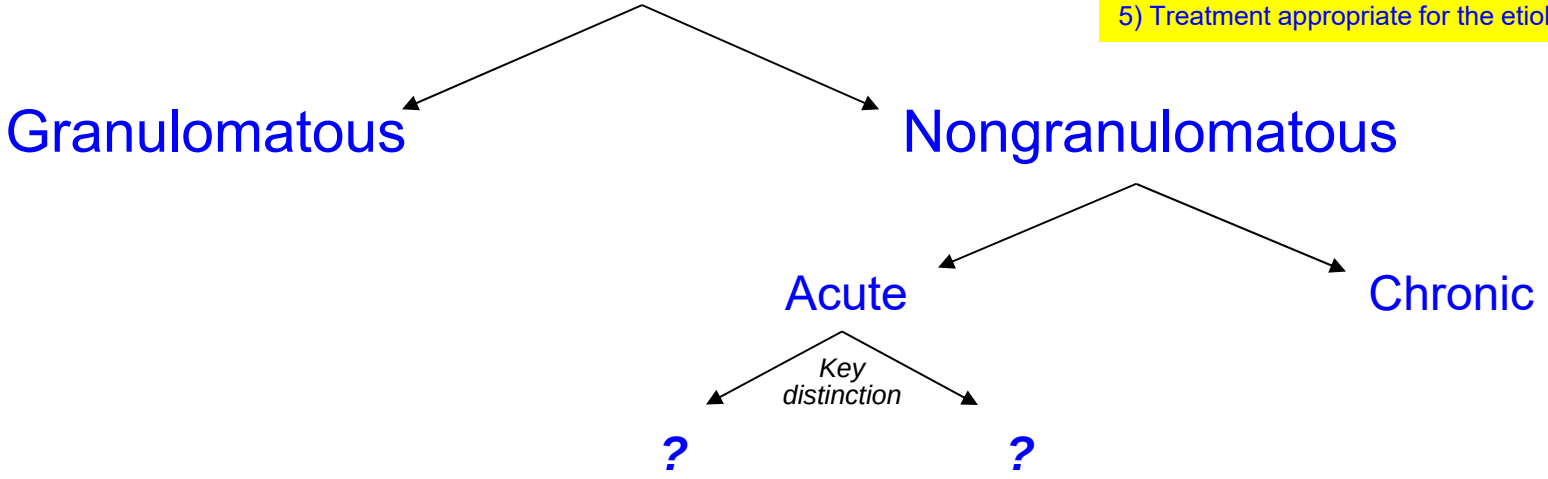

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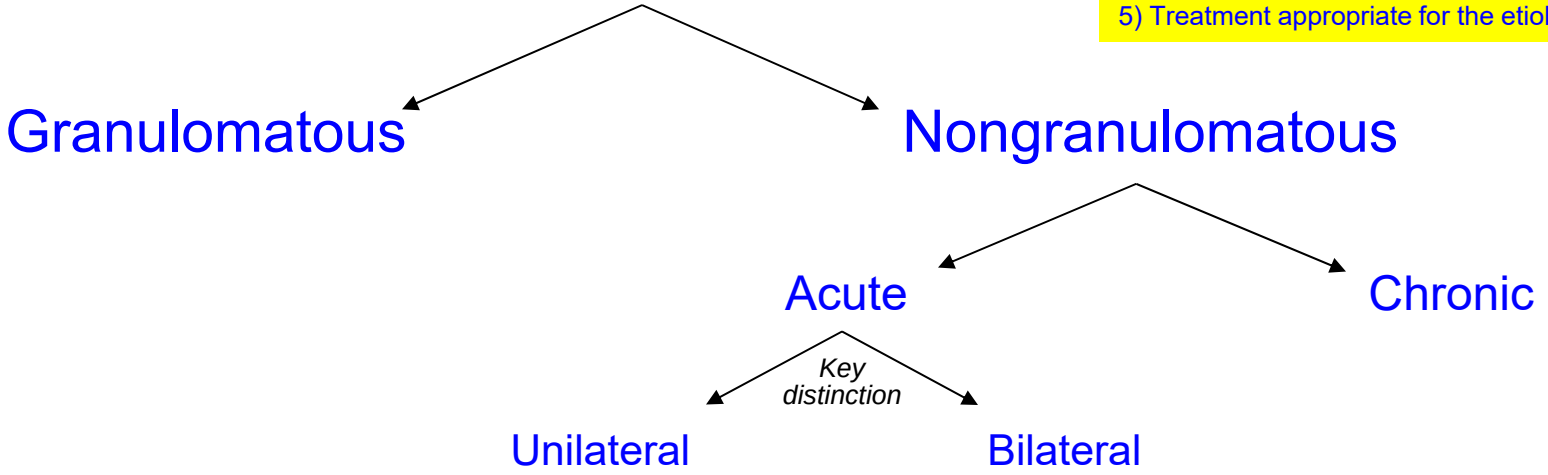

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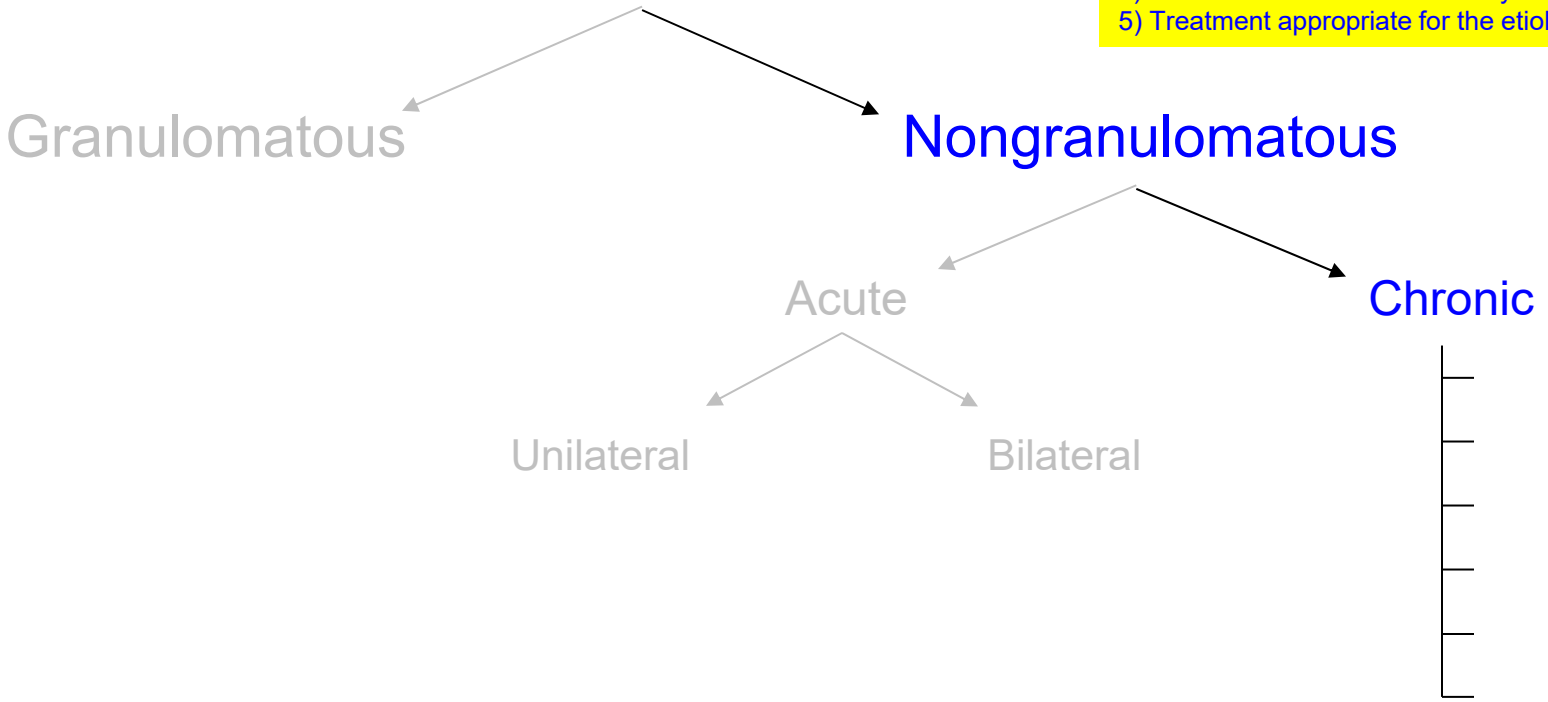

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(No question yet—proceed when ready)

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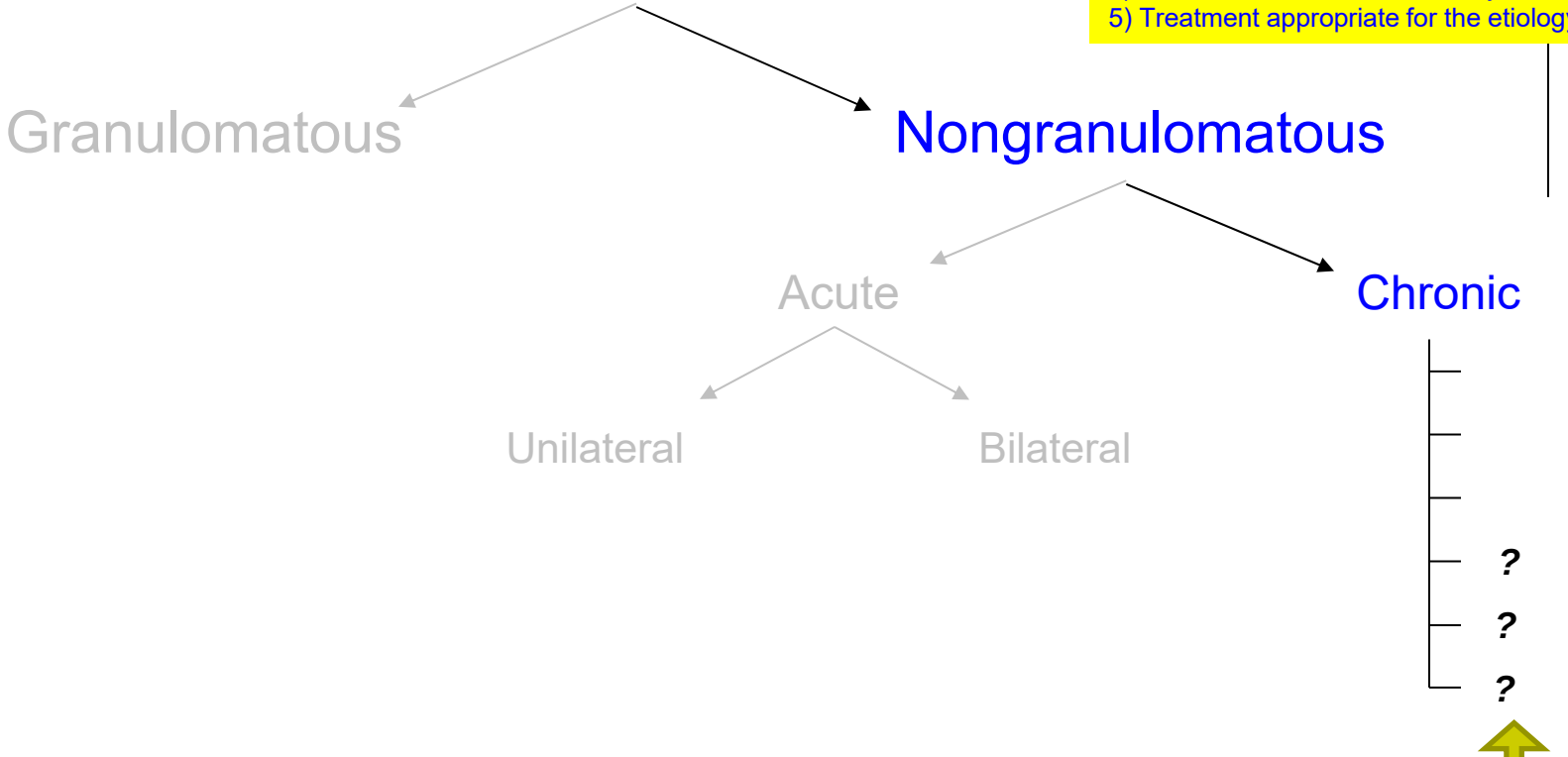

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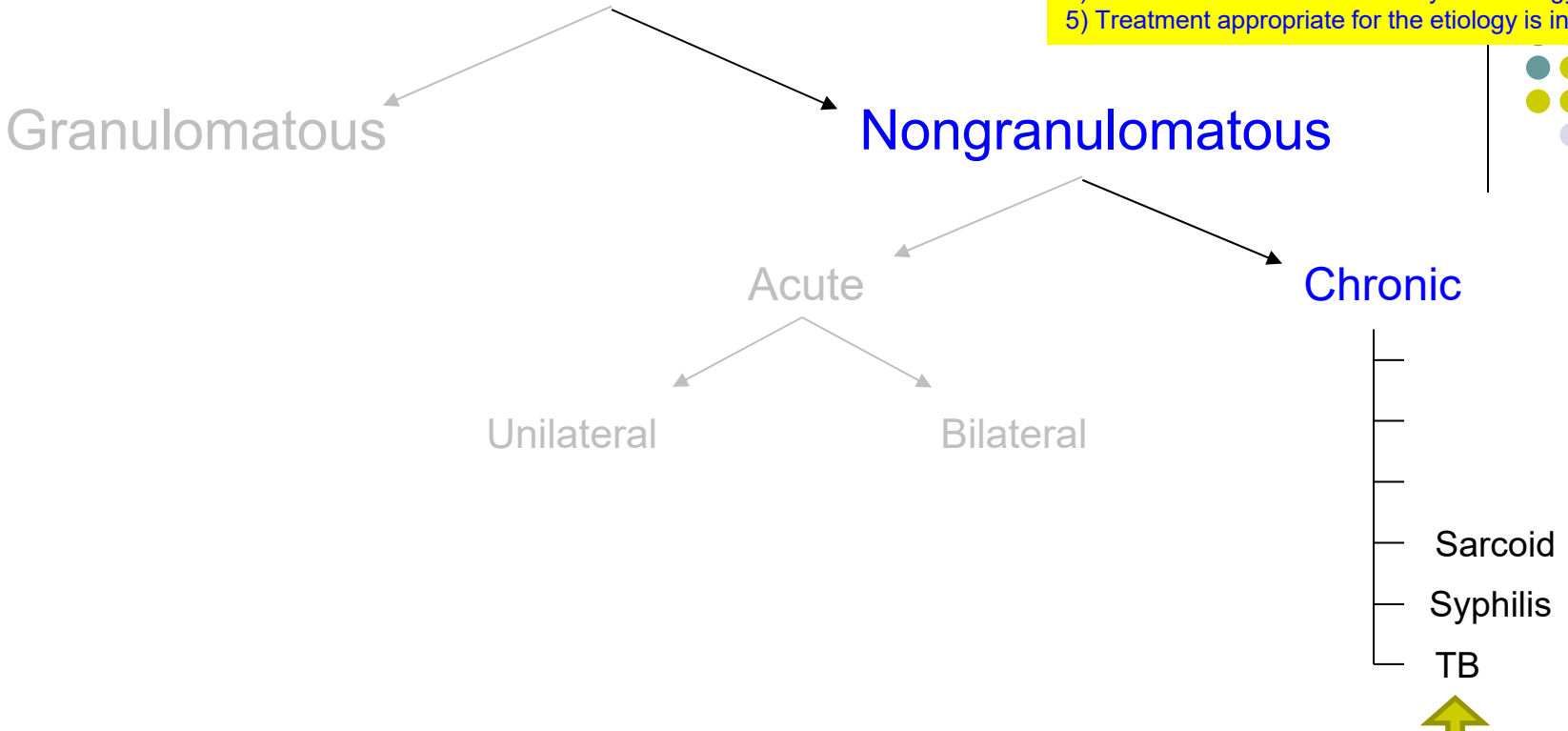

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Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

Sarcoid

Syphilis

TB

(Each of these has its own slide-set—check the main web page)

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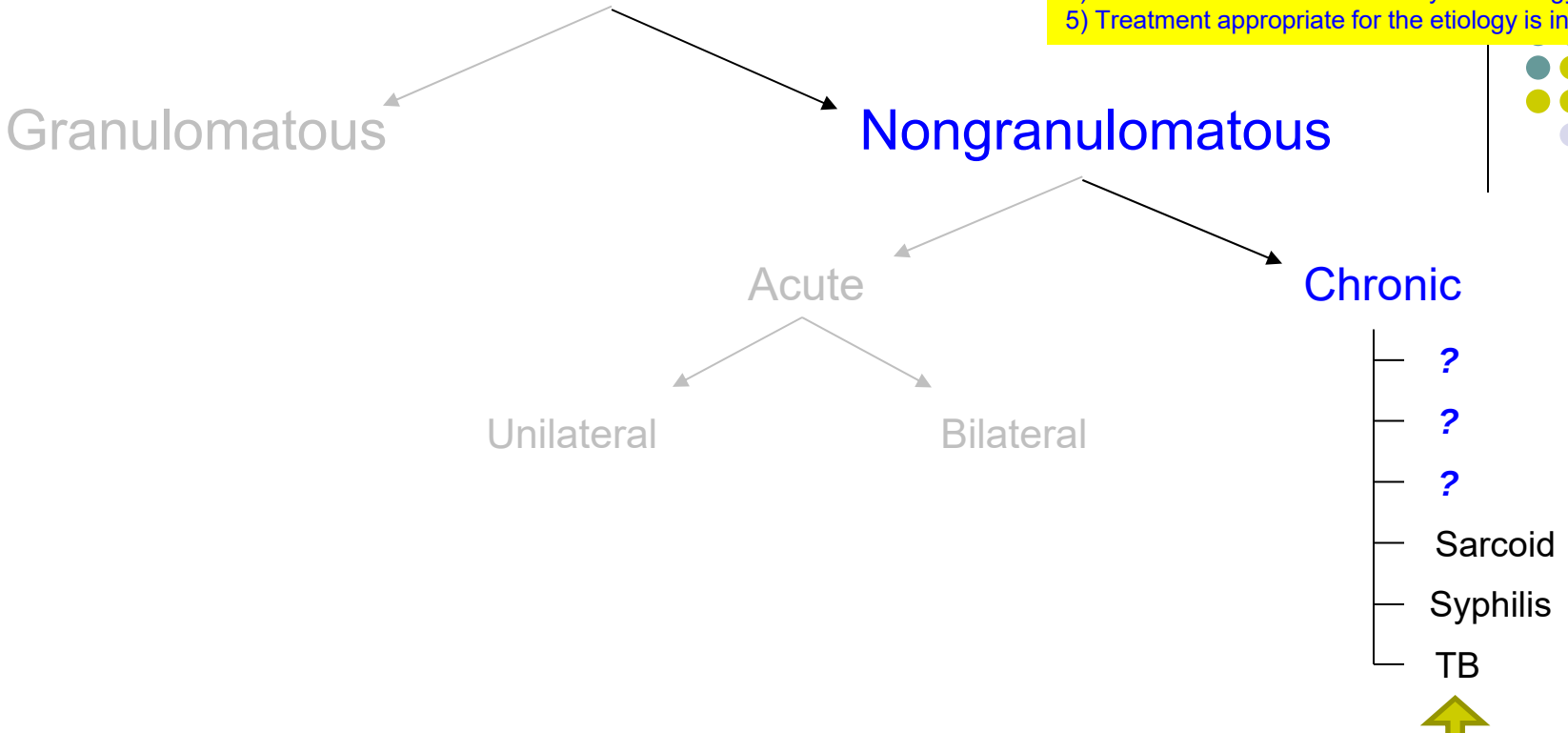

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What does each acronym stand for?

JIA
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By what (now non-preferred) name is JIA also known?

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IBD and PA are detailed in slide-set U12

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Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

What are the three broad clinical types of JIA?

--Pauciarticular
--Polyarticular
--Still disease

Note the inverse relationship between the severity of JIA systemically…

Which type is associated with the **lowest** *risk of significant* nonocular *disease?*
Pauciarticular

Which type is associated with the **highest** *risk of significant* nonocular *disease?*
Still disease

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

Which type carries the **highest** *risk of developing uveitis?*
Pauciarticular

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…and the likelihood of developing uveitis

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Granulomatous

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Chronic

JIA

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--Pauciarticular

How 'pauci' does a patient have to be to qualify as pauciarticular, and at what point in the disease process?

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

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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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Lower body

What is the classic joint presentation of a pauciarticular child who has uveitis?

Uveitis: ***Anterior***

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Lower body

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

Uveitis: ***Anterior***

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She has one swollen knee

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

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

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--Disease duration less than # of years

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

--Disease duration less than **three years**

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

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--Age of patient younger than # of years

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--Age of patient younger than **7 years**

--

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- ser-ology positive

--

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--Age of patient younger than **7 years**
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--**RF** negative
-- [redacted] gender

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--Age of patient younger than **7 years**
--**ANA** positive
--**RF** negative
--**Female** gender

Uveitis: ***Anterior***

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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
--Male gender

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

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

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

Uveitis: ***Anterior***

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

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

Uveitis: ***Anterior***

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Granulomatous

Nongranulomatous

Does JIA uveitis tend to precede, or follow its arthritic manifestations?

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

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Granulomatous

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Does JIA uveitis tend to precede, or follow its arthritic manifestations?

Uveitis follows arthritis in about % of cases

Chronic

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Granulomatous

Nongranulomatous

Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Chronic

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- Sarcoid
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Granulomatous

Nongranulomatous

Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?

Chronic

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Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?
Bilateral, in about % of cases

Chronic

- **JIA**
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Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?
Bilateral, in about 75% of cases

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

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Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?
Bilateral, in about 75% of cases

What is the classic presenting symptom of JIA uveitis?

Chronic

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- FHI
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- Sarcoid
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Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?
Bilateral, in about 75% of cases

What is the classic presenting symptom of JIA uveitis?
There is none, because JIA uveitis is typically **asymptomatic**. It is not uncommon to find a hypopyon in a painless and quiet eye.

Chronic

- **JIA**
- FHI
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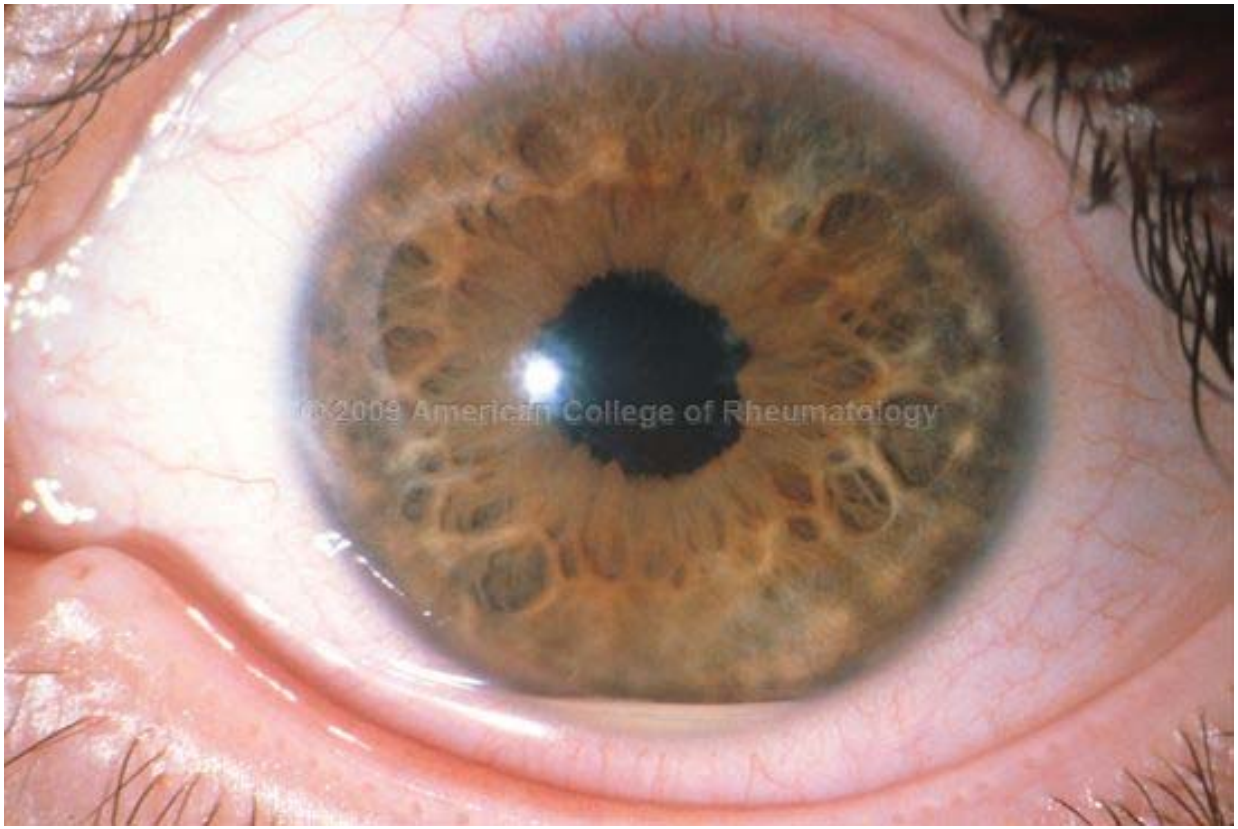
Uveitis: ***Anterior***



JIA: Hypopyon in a white quiet eye

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Bilateral, in about 75% of cases

What is the classic presenting symptom of JIA uveitis?
There is none, because JIA uveitis is typically **asymptomatic**. It is not uncommon to find a hypopyon in a painless and quiet eye.

What are the classic **signs** *of JIA uveitis?*
--[iris-related finding]
--?
--?
--?
--?

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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--*?*
--*?*
--*?*
--*?*

Chronic

- **JIA**
- FHI
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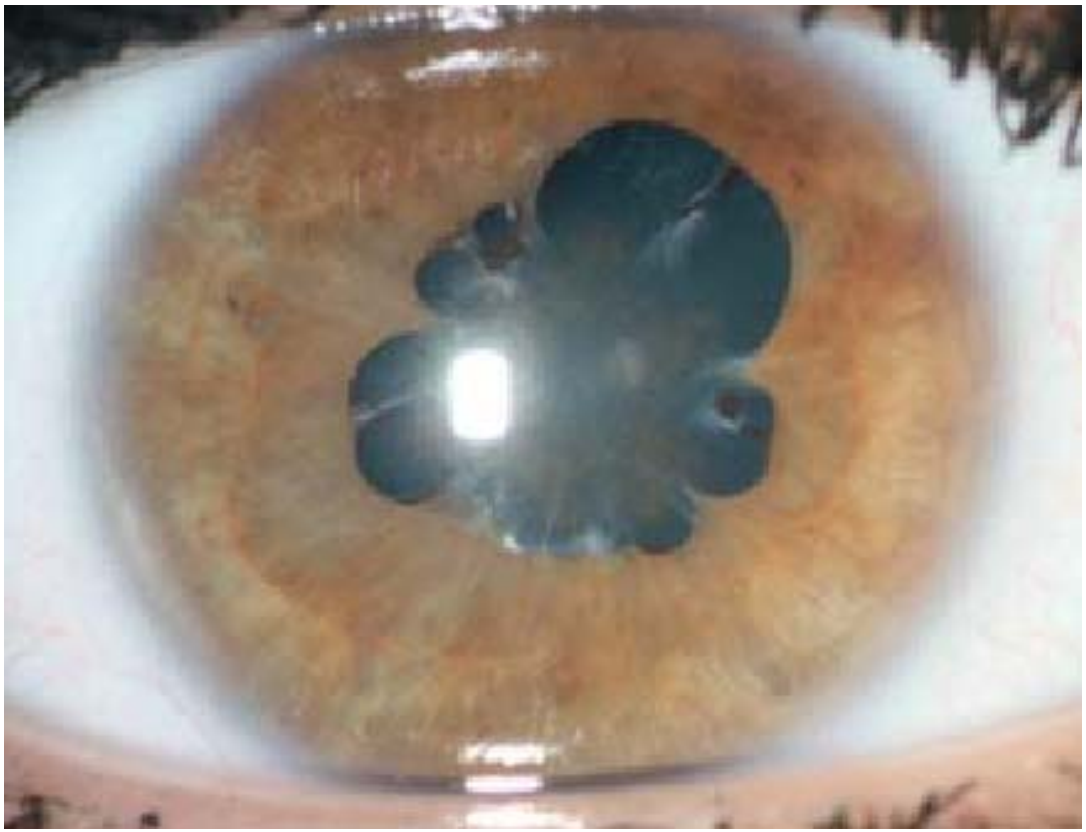
Uveitis: ***Anterior***



JIA: Posterior synechiae

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Does JIA uveitis tend to precede, or follow its arthritic manifestations?
Uveitis follows arthritis in about 90% of cases

Is JIA uveitis usually unilateral, or bilateral?
Bilateral, in about 75% of cases

What is the classic presenting symptom of JIA uveitis?
There is none, because JIA uveitis is typically **asymptomatic**. It is not uncommon to find a hypopyon in a painless and quiet eye.

What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--*[lens-related finding]*
--*?*
--*?*
--*?*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

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What are the classic ***signs*** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--***?***
--*?*
--*?*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

JIA: Cataract

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--*[IOP-related]*
--*?*
--*?*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

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

Nongranulomatous

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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--Hypotony
--*[classic corneal finding]*
--*?*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

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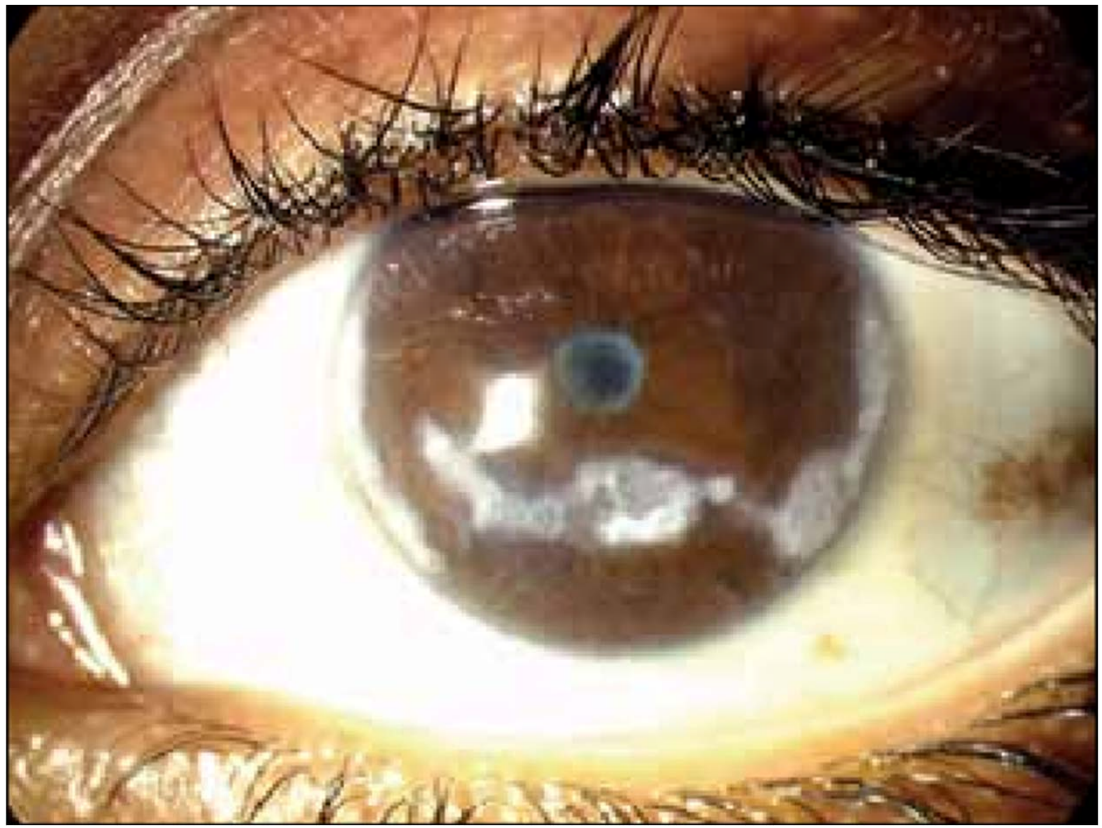
What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--Hypotony
--Band keratopathy
--*?*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***



JIA: Band keratopathy (posterior synechiae too)

Uveitis: ***Anterior***

1) The uveitis is profiled
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4) Studies are obtained to identify the etiology
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Granulomatous

Nongranulomatous

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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--Hypotony
--Band keratopathy
--*[a seemingly paradoxical IOP-related finding]*

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

1) The uveitis is profiled
2) The profiled case is meshed
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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
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Granulomatous

Nongranulomatous

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What are the classic **signs** *of JIA uveitis?*
--Posterior synechiae
--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

Does JIA ever present with choroidal and/or retinal involvement?

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Uveitis: ***Anterior***

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
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--Posterior synechiae
--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

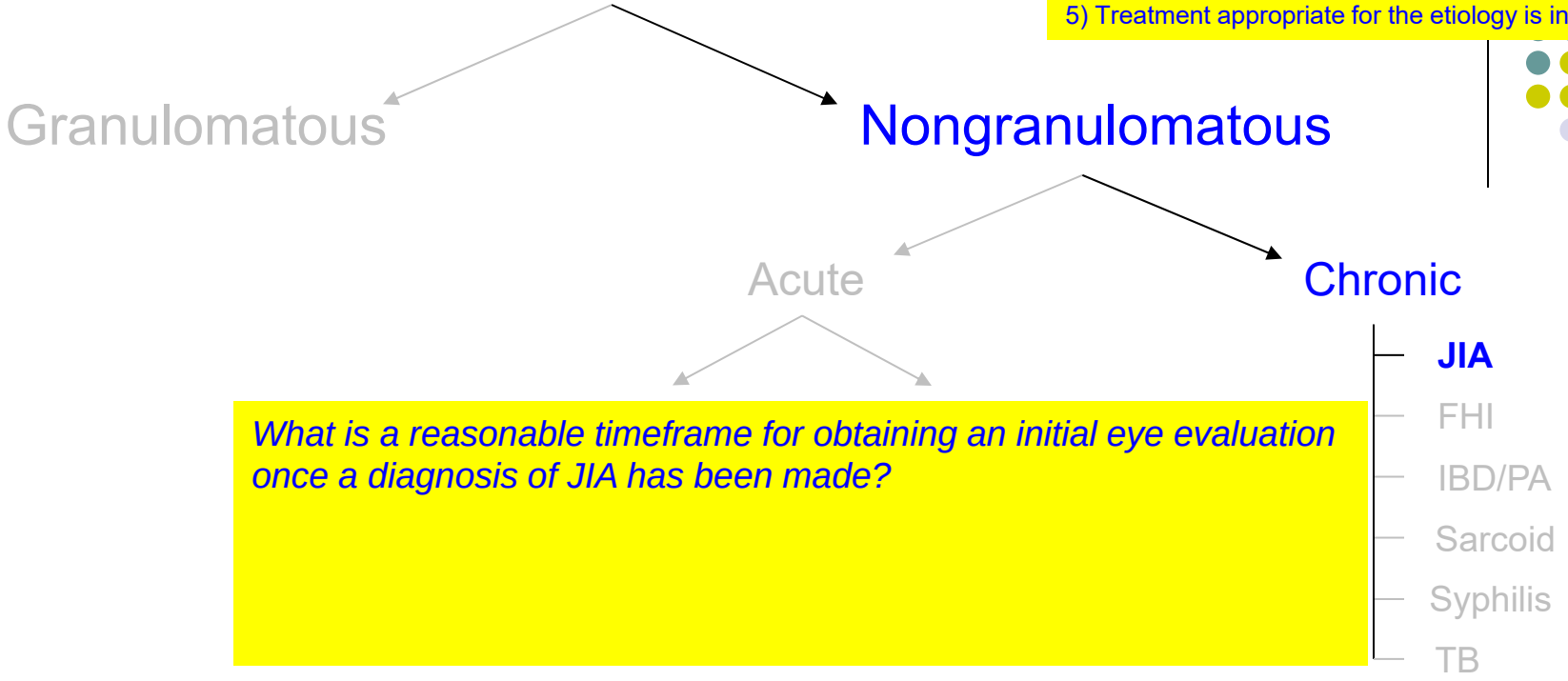
Does JIA ever present with choroidal and/or retinal involvement?
No

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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



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

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

Nongranulomatous

Acute

Chronic

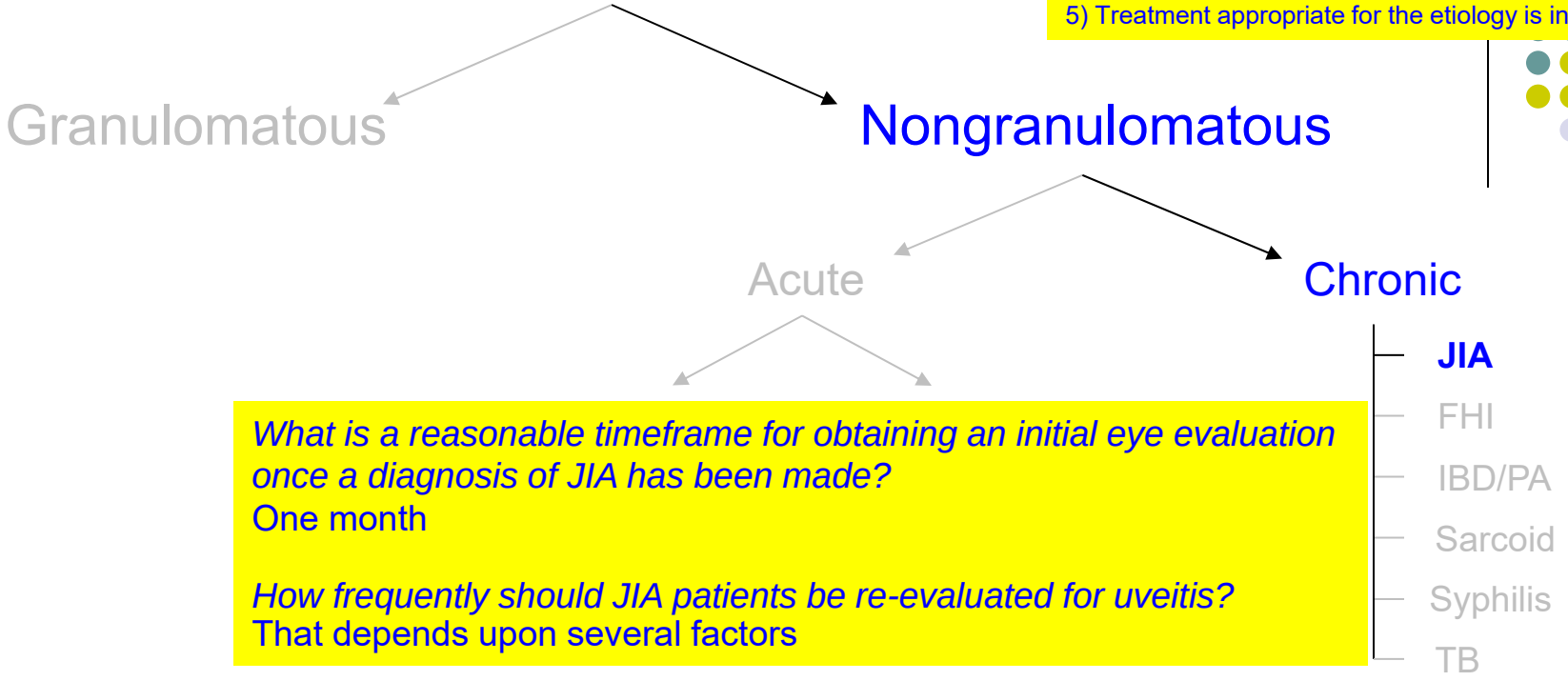
- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for 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



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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

(No question yet—proceed when ready)

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
-- joint status

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
-- ANA status

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < [redacted] ***AND***

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset <

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
-- joint status

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
-- ??????

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
--has only 2 of these 3

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
--has only 2 of these 3

Evaluate **annually** if…
-- joint status

Uveitis: ***Anterior***

1) The uveitis is profiled
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4) Studies are obtained to identify the etiology
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Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
--has only 2 of these 3

Evaluate **annually** if…
--Pauci- or polyarticular ***AND***
--dz duration > length of time

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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

How frequently should JIA patients be re-evaluated for uveitis?
That depends upon several factors…

Evaluate every **3 months** if…
--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
--has only 2 of these 3

Evaluate **annually** if…
--Pauci- or polyarticular ***AND***
--dz duration > 7 years
--***OR*** if patient has specific JIA type

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

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One month

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That depends upon several factors…

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--pauci- or polyarticular ***AND***
--ANA positive ***AND***
--dz duration < 4 years ***AND***
--age of onset < 7 years

Evaluate every **6 months** if…
--pauci- or polyarticular ***AND***
--has only 2 of these 3

Evaluate **annually** if…
--Pauci- or polyarticular ***AND***
--dz duration > 7 years
--***OR*** if patient has Still disease

Uveitis: ***Anterior***

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Granulomatous

Nongranulomatous

Acute

Chronic

- **JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
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How is JIA uveitis treated?

Uveitis: ***Anterior***

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- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic
    - **JIA**
    - FHI
    - IBD/PA
    - Sarcoid
    - Syphilis
    - TB

How is JIA uveitis treated?
The mainstay is topical steroids and cycloplegics. Pulse systemic steroids may be needed, as well as PO NSAIDs. Immunosuppression may be required in severe cases.

Uveitis: ***Anterior***

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2) The profiled case is meshed
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4) Studies are obtained to identify the etiology
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Granulomatous

Nongranulomatous

Acute

Chronic

JIA

FHI

How is JIA uveitis treated?

The mainstay is topical steroids and cycloplegics. ***Pulse*** systemic steroids may be needed, as well as PO NSAIDs. Immunosuppression may be required in severe

In addition to the usual suspects, what uniquely pediatric side effect makes chronic systemic steroid use an unacceptable treatment option?

Uveitis: ***Anterior***

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JIA

FHI

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Growth retardation

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Growth retardation

What steroid-sparing agent is typically used as an alternative?

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Granulomatous

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Acute

Chronic

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FHI

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In addition to the usual suspects, what uniquely pediatric side effect makes chronic systemic steroid use an unacceptable treatment option?
Growth retardation

What steroid-sparing agent is typically used as an alternative?
Methotrexate

Uveitis: ***Anterior***

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

Granulomatous

Nongranulomatous

Acute

Chronic

JIA

FHI

How is JIA uveitis treated?
The mainstay is topical steroids and cycloplegics. ***Pulse*** systemic steroids may be needed, as well as PO NSAIDs. Immunosuppression may be required in severe c

In addition to the usual suspects, what uniquely pediatric side effect makes chronic systemic steroid use an unacceptable treatment option?
Growth retardation

What steroid-sparing agent is typically used as an alternative?
Methotrexate

If MTX fails to control the inflammation, what class of agent is usually tried next?

Uveitis: ***Anterior***

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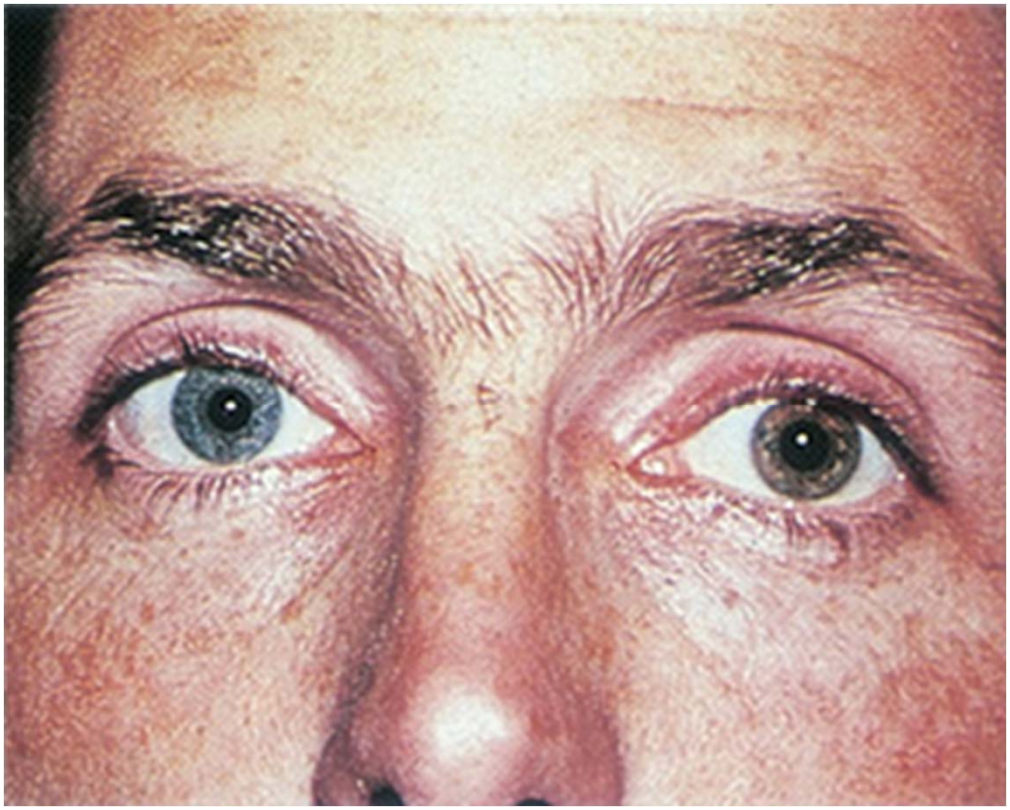
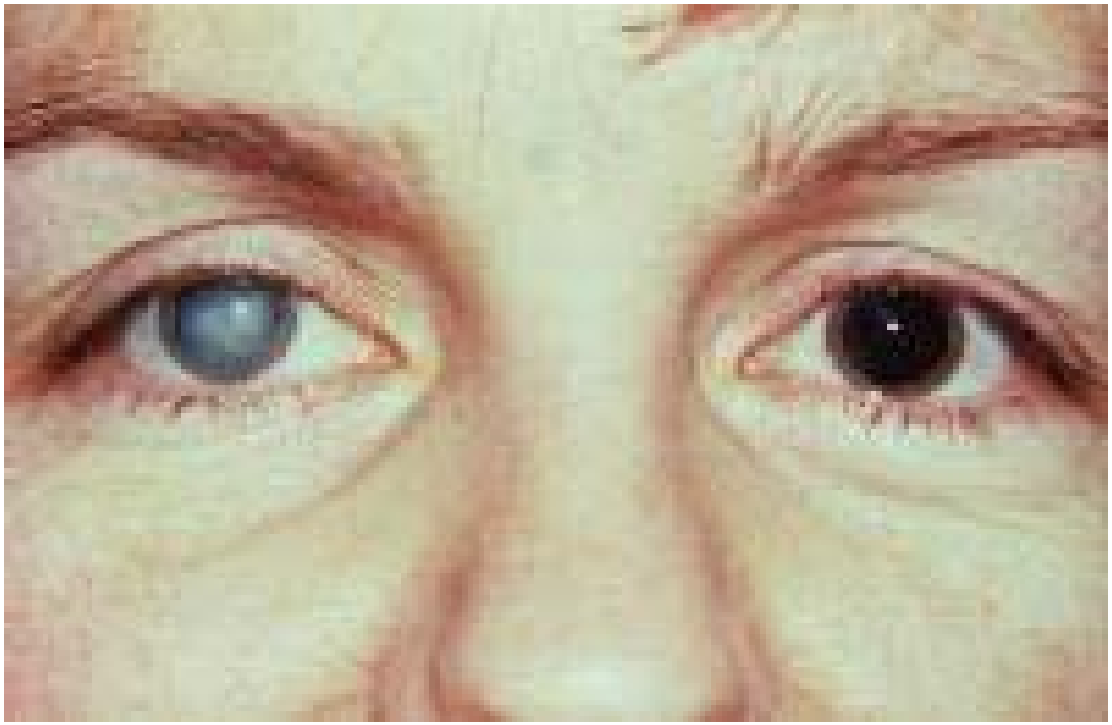


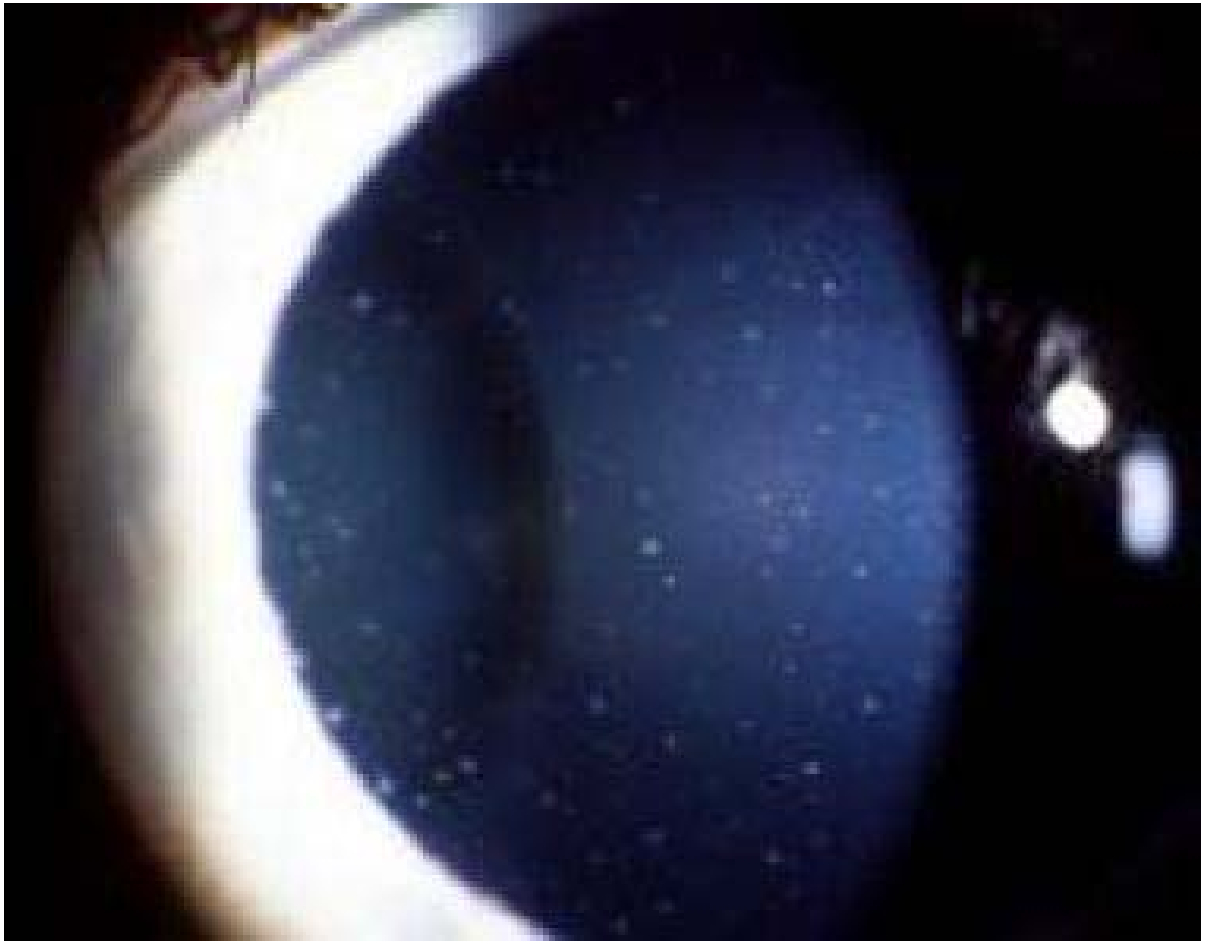
FHI: Heterochromia

Uveitis: ***Anterior***



FHI: Note the cataract

Uveitis: ***Anterior***



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The lighter (with one exception)

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What is the exception; ie, under what circumstances is the darker eye the one with FHI?

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In individuals with light-blue eyes…

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What is the exception; ie, under what circumstances is the darker eye the one with FHI?
In individuals with light-blue eyes…the iris atrophy stemming from the FHI process will make visible the **darkly-pigmented epithelium of the posterior iris, thus making the eye appear darker**

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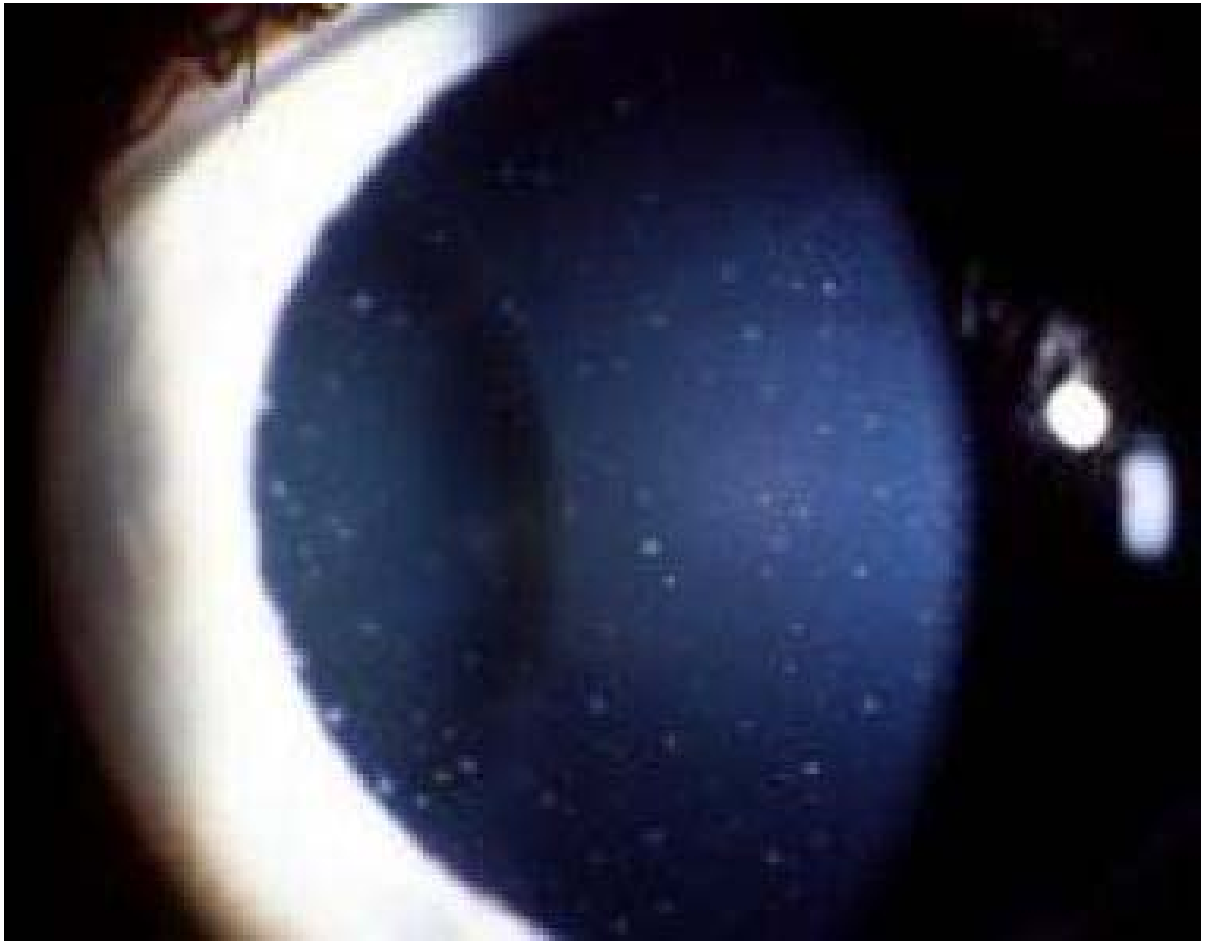

FHI: Stellate KP. Note the diffuse distribution

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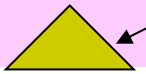
Where/what is Arlt's triangle*?*



Arlt's triangle

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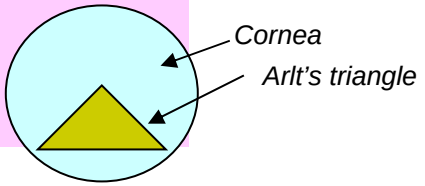
Where/what is Arlt's triangle*?*
It's an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea



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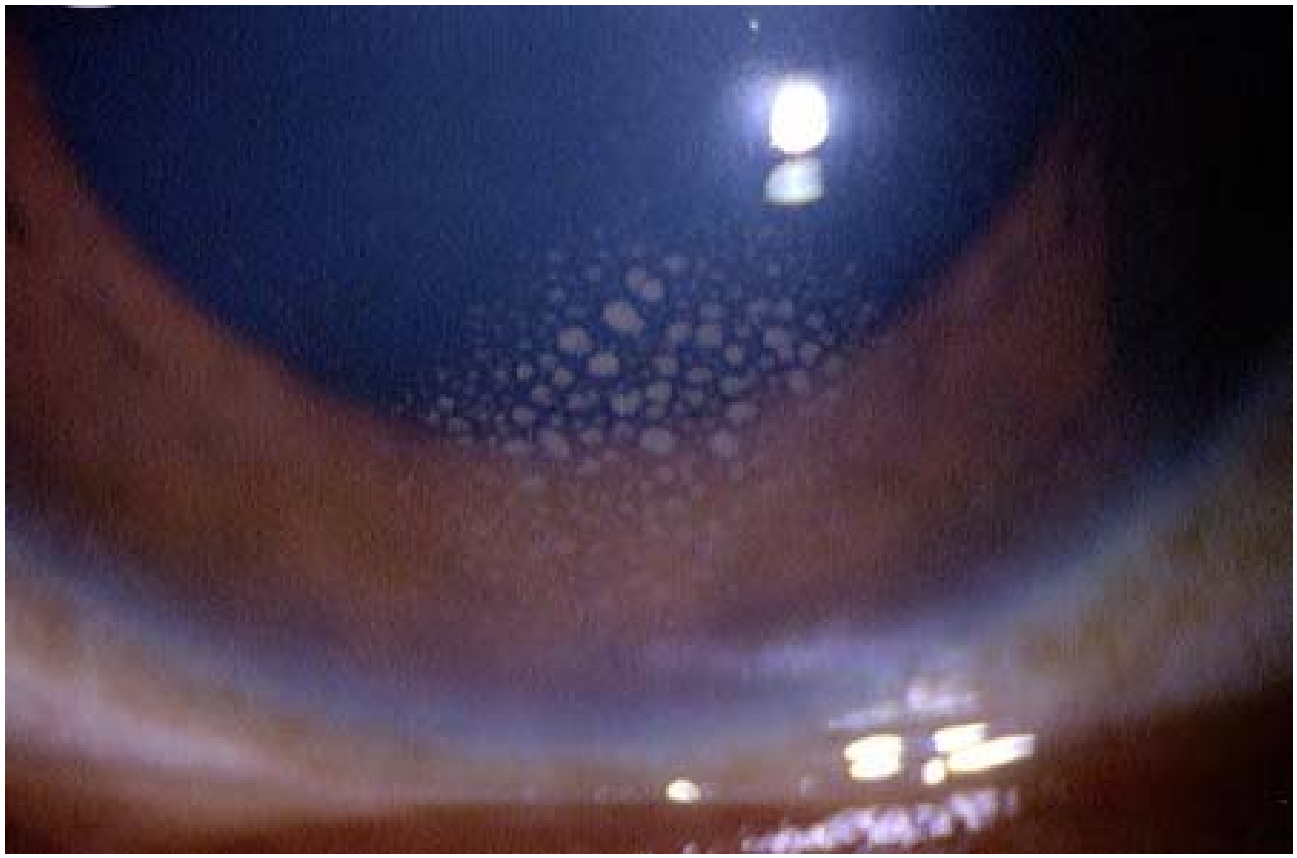

JIA: Hypopyon in a white quiet eye

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-- four words (and an abb.) is common, but does not lead to angle closure

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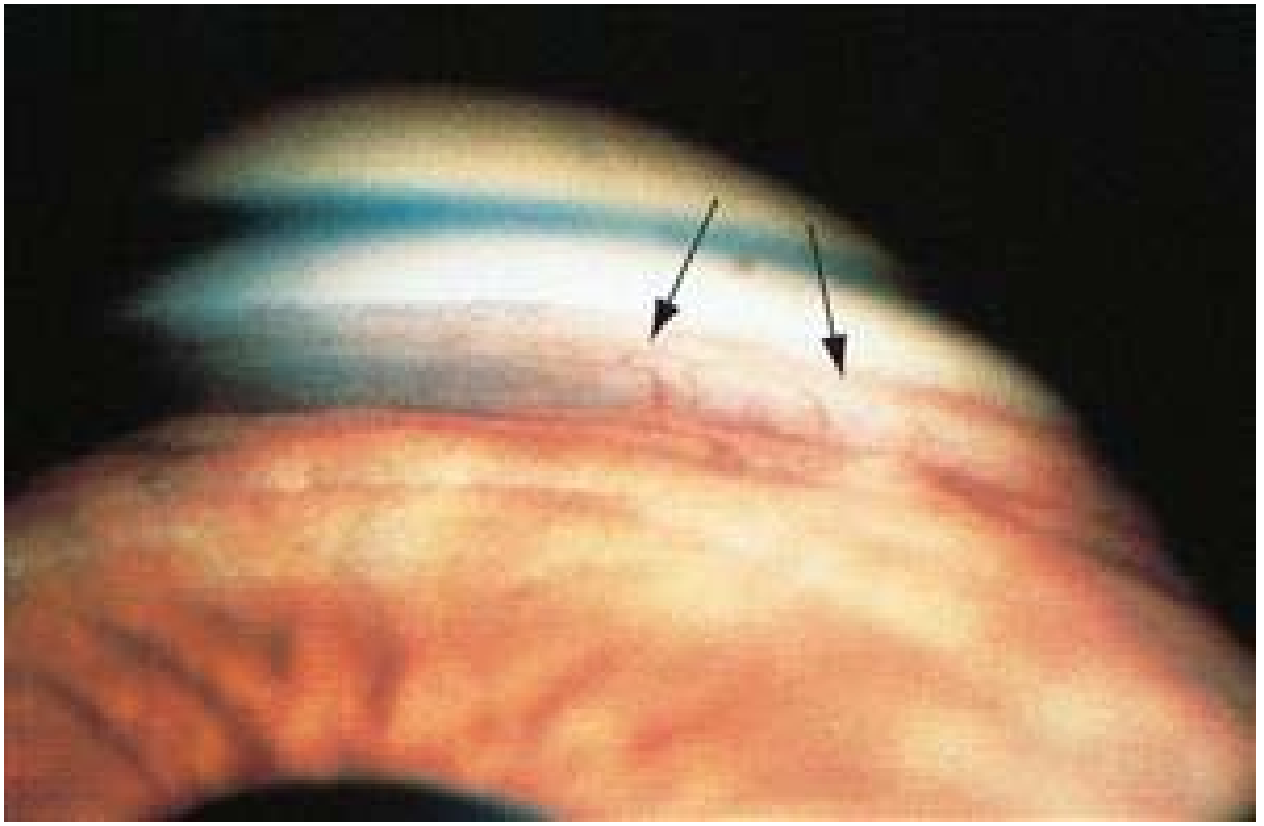

Fuchs heterochromic iridocyclitis. Fine vessels (arrows) are seen crossing the TM. This NVA is **not** accompanied by a fibrovascular membrane and does not result in PAS formation and subsequent secondary angle closure.

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The NVA vessels in FHI rupture easily, and it not uncommon for FHI pts to develop a small hyphema when the paracentesis wound is made at the start of cataract surgery. What is the eponymous name for this classic finding?

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- JIA
- **FHI**
- BD/PA
- Sarcoid
- Syphilis

What exam findings comprise the 'classic triad' of FHI?
Heterochromia iridis, cataract, and stellate KP

*How common is **glaucoma in FHI**?*
It develops in about 25-50% of cases

*Is **the angle in FHI** glaucoma open, or is it closed?*
Open

Speaking of the angle in FHI…It has two characteristics that are unusual, and may aid in making the diagnosis:
--Despite the chronic nature of the iridocyclitis in FHI, **peripheral anterior synechiae (PAS)** never develop
--Neovascularization of the angle (NVA) is common, but does not lead to angle closure

The NVA vessels in FHI rupture easily, and it not uncommon for FHI pts to develop a small hyphema when the paracentesis wound is made at the start of cataract surgery. What is the eponymous name for this classic finding?
Amsler's sign

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

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Is cataract surgery in FHI associated with an increased risk of intraoperative complications?

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