What are the four basic anatomic locations for uveitis?
What are the four basic anatomic locations for uveitis?
Uveitis: **Anterior**

Key distinction *(not uni- vs bilateral)*

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

- Granulomatous
- Nongranulomatous

**Key distinction**
*(not uni- vs bilateral)*

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
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Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

<table>
<thead>
<tr>
<th>Key distinction</th>
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Uveitis: **Anterior**

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

---

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---

**Key distinction**

- **Acute**
- **Chronic**
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic

Key distinction

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
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Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

**Key distinction**

- Acute
- Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with.

(No question yet—proceed when ready)
Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…
Uveitis: **Anterior**

Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…
Uveitis: **Anterior**

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Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?
Uveitis: Anterior

Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

- Acute
- Chronic
  - Unilateral
  - Bilateral

*What does each acronym stand for?*
- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

**Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?**
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

Acute → Chronic

Unilateral → Bilateral

*What does each acronym stand for?*

- Juvenile idiopathic arthritis: **JIA**
- Fuchs heterochromic iridocyclitis: **FHI**
- Inflammatory bowel dz: **IBD**
- Psoriatic arthritis: **PA**

**Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?**
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Acute Chronic

Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Unilateral

Bilateral

Chronic

Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?

What does each acronym stand for?

Juvenile idiopathic arthritis: JIA

By what (now non-preferred) name is JIA also known?
Juvenile rheumatoid arthritis, JRA

JIA

FHI

IBD/PA

Sarcoid

Syphilis

TB
Uveitis: *Anterior*

- Granulomatous
- Nongranulomatous
  - Acute
    - Unilateral
    - Bilateral
  - Chronic

**What does each acronym stand for?**
- Juvenile idiopathic arthritis: **JIA**
- Fuchs heterochromic iridocyclitis: **FHI**
- Inflammatory bowel dz: **IBD**
- Psoriatic arthritis: **PA**

*IBD and PA are both exemplars of what dz group?*

- The uveitis is profiled
- The profiled case is meshed
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- Treatment appropriate for the etiology is initiated

**Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?**
Uveitis: **Anterior**

**Granulomatous**

**Nongranulomatous**

**Acute**

**Chronic**

**Unilateral**

**Bilateral**

---

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

---

**What does each acronym stand for?**

Juvenile idiopathic arthritis: **JIA**
Fuchs heterochromic iridocyclitis: **FHI**
Inflammatory bowel dz: **IBD**
Psoriatic arthritis: **PA**

**IBD and PA are both exemplars of what dz group?**
The seronegative spondyloarthropathies (SNSAs)

---

**IBD and PA** are both exemplars of the **seronegative spondyloarthropathies (SNSAs)** group.

---

Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they're in the DDx for every uveitis presentation... What are the other three?
Uveitis: **Anterior**

Granulomatous ➔ Nongranulomatous

Acute ➔ Chronic

**Granulomatous**
- Unilateral
- Bilateral

**Nongranulomatous**
- Acute
- Chronic

**1. The uveitis is profiled**
**2. The profiled case is meshed**
**3. A differential diagnosis list is generated**
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**5. Treatment appropriate for the etiology is initiated**

*What does each acronym stand for?*
- **JIA** (Juvenile idiopathic arthritis)
- **FHI** (Fuchs heterochromic iridocyclitis)
- **IBD** (Inflammatory bowel disease)
- **PA** (Psoriatic arthritis)

**IBD and PA are both exemplars of what dz group?**
The seronegative spondyloarthropathies (SNSAs)

**There are four SNSAs—what are the other two?**
- IBD
- PA
- ?
- ?

*If you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?*
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

- Acute
  - Unilateral
  - Bilateral

- Chronic

**What does each acronym stand for?**
- Juvenile idiopathic arthritis: JIA
- Fuchs heterochromic iridocyclitis: FHI
- Inflammatory bowel dz: IBD
- Psoriatic arthritis: PA

**IBD and PA are both exemplars of what dz group?**
The seronegative spondyloarthopathies (SNSAs)

**There are four SNSAs—what are the other two?**
--IBD
--PA
--Ankylosing spondylitis
--Reactive arthritis

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Uveitis: **Anterior**

**Granulomatous**

**Nongranulomatous**

**Acute**

**Chronic**

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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

**Unilateral**

**Bilateral**

**Granulomatous**

**Nongranulomatous**

**Syphilis**

**Sarcoid**

**TB**

**Juvenile idiopathic arthritis**: JIA

**Fuchs heterochromic iridocyclitis**: FHI

**Inflammatory bowel dz**: IBD

**Psoriatic arthritis**: PA

**What does each acronym stand for?**

- Juvenile idiopathic arthritis: JIA
- Fuchs heterochromic iridocyclitis: FHI
- Inflammatory bowel dz: IBD
- Psoriatic arthritis: PA

**IBD and PA are both exemplars of what dz group?**

The seronegative spondyloarthropathies (SNSAs)

**There are four SNSAs—what are the other two?**

--IBD
--PA

--Ankylosing spondylitis
--Reactive arthritis

**What is the HLA association for the SNSAs?**

B27

**Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation…What are the other three?**
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

Acute → Chronic

Unilateral → Bilateral

**What does each acronym stand for?**

- Juvenile idiopathic arthritis: **JIA**
- Fuchs heterochromic iridocyclitis: **FHI**
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Uveitis: **Anterior**

Acute Chronic

Granulomatous

Nongranulomatous

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Unilateral Bilateral

Granulomatous

Nongranulomatous

Acute

Chronic

**What does each acronym stand for?**

Juvenile idiopathic arthritis: **JIA**
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The seronegative spondyloarthropathies (SNSAs)

**There are four SNSAs**
--IBD
--PA
--Ankylosing spondylitis
--Reactive arthritis

**What is the HLA association for the SNSAs?**
B27

**IBD and PA are detailed in slide-set U12**

Per the Uveitis book, there are six causes of chronic nongranulomatous uveitis you need to concern yourself with. Three you know right off, because they’re in the DDx for every uveitis presentation… What are the other three?
Uveitis: **Anterior**

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Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

--?

--?

--?
Uveitis: *Anterior*

- Granulomatous
- Nongranulomatous

**What are the three broad clinical types of JIA?**
- Pauciarticular
- Polyarticular
- Still disease
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

What are the three broad clinical types of JIA?
- Pauciarticular
- Polyarticular
- Still disease

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**

1) The uveitis is profiled
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Acute Chronic Uveitis:

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Granulomatous

Nongranulomatous

What are the three broad clinical types of JIA?
--Pauciarticular
--Polyarticular
--Still disease

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
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

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- Pauciarticular
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**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

**JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: **Anterior**

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Still disease

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- FHI
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- Syphilis
- TB
Uveitis: Anterior

Granulomatous

Nongranulomatous

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What are the three broad clinical types of JIA?
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Which type carries the **lowest** risk of developing uveitis?

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

Granulomatous

Nongranulomatous

Chronic

What are the three broad clinical types of JIA?
-- Pauciarticular
-- Polyarticular
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Uveitis: **Anterior**

Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

-- Pauciarticular
-- Polyarticular
-- Still disease

---

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

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Still disease

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Still disease

**Which type carries the highest risk of developing uveitis?**
Uveitis: \textbf{Anterior}

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Granulomatous

Nongranulomatous

\textbf{What are the three broad clinical types of JIA?}
-- Pauciarticular
-- Polyarticular
-- Still disease

\textbf{Which type is associated with the lowest risk of significant nonocular disease?}
Pauciarticular

\textbf{Which type is associated with the highest risk of significant nonocular disease?}
Still disease

\textbf{Which type carries the lowest risk of developing uveitis?}
Still disease

\textbf{Which type carries the highest risk of developing uveitis?}
Pauciarticular
Uveitis: **Anterior**

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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
Uveitis: *Anterior*

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Granulomatous → Nongranulomatous

**What are the three broad clinical types of JIA?**
- Pauciarticular
- Polyarticular
- Still disease

*Note the inverse relationship between the severity of JIA systemically…*

...and the likelihood of developing uveitis

**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
Uveitis: *Anterior*

Granulomatous

Nongranulomatous

What are the three broad clinical types of JIA?

--Pauciarticular

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

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

Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

--**Pauciarticular**

*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
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

---

**What are the three broad clinical types of JIA?**

--**Pauciarticular**

---

*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.*

---

1) The uveitis is profiled
2) The profiled case is meshed
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5) Treatment appropriate for the etiology is initiated
Uveitis: \textbf{Anterior}

Granulomatous \rightarrow Nongranulomatous

\textbf{What are the three broad clinical types of JIA?}

--- \textbf{Pauciarticular}

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 \textbf{when the disease first declared itself}.

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

\begin{itemize}
  \item \textbf{Pauciarticular:} Lower body
  \item \textbf{Polyarticular:}
  \item \textbf{Still disease:}
\end{itemize}
Uveitis: **Anterior**

Granulomatous

Nongranulomatous

**What are the three broad clinical types of JIA?**

---Pauciarticular

**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.**

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

Lower body

---Polyarticular

---Still disease

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

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Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

---

**Pauciarticular**

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**.

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
Uveitis: **Anterior**

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

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

**Chronic**

**What are the three broad clinical types of JIA?**

--- **Pauciarticular**

--- **Polyarticular**

--- **Still disease**

--- **Unilateral**

--- **Bilateral**

--- **Granulomatous**

--- **Nongranulomatous**

**JIA**

**Posner-Schlossman**

**Sarcoid**

**Syphilis**

**TINU**

**Leptospirosis**

**Behçet**

**Drug rxn**

**IBD/PAHLA-B27 dz**

**HSV/VZV**

**TB**

**ANA positive**

**RF negative**

**Female gender**

--- **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.

--- 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
Uveitis: **Anterior**

Granulomatous → Nongranulomatous → Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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**What are the three broad clinical types of JIA?**
- Pauciarticular
  - 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**.

  - 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?**

Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Chronic

**What are the three broad clinical types of JIA?**

---**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.

*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.
Acute Chronic

Uveitis: Anterior

1) The uveitis is profiled
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Granulomatous

Nongranulomatous

Chronic

What are the three broad clinical types of JIA?
--Pauciarticular

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

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

What are the three broad clinical types of JIA?
--Pauciarticular
--Polyarticular
--Still disease

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

Granulomatous → Nongranulomatous → Chronic

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

What are the three broad clinical types of JIA?

--- Pauciarticular

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

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

---

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.

---

JIA

---

FHI

Sarcoid

Syphilis

Posner-Schlossman

Sarcoid

Syphilis

Sarcoid

IBD/PAHLA-B27 dz

HSV/VZV

TB
Uveitis: Anterior

Granulomatous → Nongranulomatous

Chronic

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

What are the three broad clinical types of JIA?
--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 # of years
--
--
--
Uveitis: Anterior

What are the three broad clinical types of JIA?
--Pauciarticular

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**
--
--
--
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

What are the three broad clinical types of JIA?
-- Pauciarticular

Pauciarticular

What are the three broad clinical types of JIA?
-- Pauciarticular

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
Uveitis: **Anterior**

Granulomatous → **Nongranulomatous**

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

**What are the three broad clinical types of JIA?**

--- **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

---

---
Uveitis: **Anterior**

Granulomatous → Nongranulomatous → Chronic

What are the three broad clinical types of JIA?

--- **Pauciarticular**

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
-- Radiology positive
-- 

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

Granulomatous → Nongranulomatous

**What are the three broad clinical types of JIA?**

--- **Pauciarticular**

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
--
Uveitis: Anterior

Granulomatous

Nongranulomatous

Chronic

What are the three broad clinical types of JIA?
-- Pauciarticular

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
-- Gender

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

Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

--- **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 are the three broad clinical types of JIA?

--Pauciarticular

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
--Male gender

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

Granulomatous → Nongranulomatous → Chronic

**What are the three broad clinical types of JIA?**

--- **Pauciarticular**

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

Being **serology** positive

---

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

---

**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
--Male gender

---

**JIA**
What are the three broad clinical types of JIA?

-- Pauciarticular

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
-- 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**

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

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

**Granulomatous**

**Nongranulomatous**

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

**Chronic**

 adversely affects vision, increases risk of cataracts and development of secondary glaucoma.

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?

No

Unilateral Bilateral

Granulomatous

Nongranulomatous

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

Uveitis follows arthritis in about 90% of cases

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.
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**

---

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

---

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

---

**Uveitis**

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

---

**Granulomatous**

- Posner-Schlossman
- Sarcoid
- Syphilis
- TINU
- Leptospirosis
- Behçet
- Drug rxn

---

**Nongranulomatous**

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

---

**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.

---

**Classic signs of JIA uveitis?**
- Posterior synechiae
- Cataracts
- Hypotony
- Band keratopathy
- Glaucoma

---

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

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

Unilateral Bilateral

- Granulomatous
- Nongranulomatous

JIA

FHI

Syphilis

TINU

Leptospirosis

Behçet

Drug rxn

Posner-Schlossman

Sarcoid

Syphilis

Sarcoid

Syphilis

IBD/PA

IBD/PAHLA-B27 dz

HSV/VZV

TB

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

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.

Classic signs of JIA uveitis:
- Posterior synechiae
- Cataracts
- Hypotony
- Band keratopathy
- Glaucoma

Does JIA ever present with choroidal and/or retinal involvement?
No
Uveitis: **Anterior**

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

---

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

**Uveitis Types**
- Granulomatous
- Nongranulomatous

**Case Profiling**
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

**Differential Diagnosis**

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

**Questions**

- **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

**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
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

---

**Chronic**

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

---

**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.

---

**Classic signs of JIA uveitis?**  
- Posterior synechiae
- Cataracts
- Hypotony
- Band keratopathy
- Glaucoma

---

**Does JIA ever present with choroidal and/or retinal involvement?**  
No
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

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

---

**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.

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

Granulomatous — 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.
Uveitis: *Anterior*

JIA: Hypopyon in a white quiet eye
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? — [iris-related finding] —? —? —? —?
Acute Chronic Uveitis:

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

Uveitis: **Anterior**

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

---

Chronic

- JIA
  - FHI
  - IBD/PA
  - Sarcoid
  - Syphilis
  - TB
Uveitis: *Anterior*

JIA: Posterior synechiae
Uveitis: **Anterior**

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

- **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
--Cataracts
--?
--?
--?

---

**Chronic**

- JIA
  - FHI
  - IBD/PA
  - Sarcoid
  - Syphilis
  - TB
Uveitis: Anterior

JIA: Cataract
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
--Cataracts
--[IOP-related]
--?
--?
**Uveitis: Anterior**

- **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
--Cataracts
--Hypotony
--[classic corneal finding]
--?

---

**Chronic**
- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: **Anterior**

- 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
--Cataracts
--Hypotony
--Band keratopathy
--?
Uveitis: **Anterior**

JIA: Band keratopathy (posterior synechiae too)
Uveitis: **Anterior**

**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
--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
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

---

**Granulomatous**

- Posner-Schlossman
- Sarcoid
- Syphilis
- Leptospirosis
- Behçet

**Nongranulomatous**

- JIA
- FHI
- IBD/PA
- IB/PAHLA-B27 dz
- HSV/VZV
- TB

---

**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
-- Cataracts
-- Hypotony
-- Band keratopathy
-- Glaucoma
Uveitis: **Anterior**

**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
--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

---

**Does JIA ever present with choroidal and/or retinal involvement?**
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

---

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

**Chronic**

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

---

**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
--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

**Does JIA ever present with choroidal and/or retinal involvement?**
No
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic

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

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

- 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

Acute → Chronic

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

One month
Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Chronic

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

What is 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?

JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
**Uveitis: **Anterior

- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic

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

What is 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**

Granulomatous → Nongranulomatous

Acute → Chronic

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

- **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**

Granulomatous

Nongranulomatous

Acute

Chronic

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

What is 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

--- JIA
--- FHI
--- IBD/PA
--- Sarcoid
--- Syphilis
--- TB
Uveitis: **Anterior**

Granulomatous ➔ Nongranulomatous

Acute ➔ Chronic

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

What is 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

JIA
  └─ FHI
  └─ IBD/PA
  └─ Sarcoid
  └─ Syphilis
  └─ TB
Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Acute

Chronic

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

**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 < **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

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 <

- 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**

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

**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

**JIA**
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: **Anterior**

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

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

**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**

Granulomatous → Nongranulomatous

Acute → Chronic

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**
--??????

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

JIA
  – FHI
  – IBD/PA
  – Sarcoid
  – Syphilis
  – TB
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

Acute → Chronic

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

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

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*

**Granulomatus**

**Nongranulomatus**

**Acute**

**Chronic**

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

**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

--- pauci- or polyarticular
Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Acute

Chronic

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

What is 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

---

**JIA**

---

FHI

IBD/PA

Sarcoid

Syphilis

TB
Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Acute

Chronic

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

**What is 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

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: **Anterior**

Granulomatous

**Acute**

Nongranulomatous

**Chronic**

**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 Still disease
**Uveitis: Anterior**

- **Granulomatous**
  - Acute
  - Chronic

- **Nongranulomatous**

**How is JIA uveitis treated?**

- Topical steroids and cycloplegics
- Pulse systemic steroids
- PO NSAIDs
- Immunosuppression in severe cases

**With respect to exam findings, what is the goal of treatment?**

- Abolition of cell, but not necessarily flare

**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,
Acute Chronic Uveitis:

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

Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

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.

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

With respect to exam findings, what is the goal of treatment?
Abolition of cell, but not necessarily flare

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,
Uveitis: **Anterior**

Granulomatous  \[\Rightarrow\]  Nongranulomatous

Acute  \[\Rightarrow\]  Chronic

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

**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.

**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.

**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

Granulomatous ➔ Nongranulomatous

Acute ➔ Chronic

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

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.

How is JIA uveitis treated?

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

- Granulomatous
- Nongranulomatous

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

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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.

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

**Acute**

- Granulomatous
- Nongranulomatous

**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 cases.

**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**

- Granulomatous
- Nongranulomatous

**Acute**

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

**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 cases.

**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**

**Granulomatous**

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

**Nongranulomatous**

**Acute**

**Chronic**

**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.

**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?**
The biologics
Uveitis: **Anterior**

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

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

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

### Chronic
- **Granulomatous**
- **Nongranulomatous**

---

**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.

**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?**
The biologics

**What is the rare-but-feared side effect of biologics in children?**
Lymphoma
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

**Acute** → **Chronic**

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

---

**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.

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**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?**
The biologics

**What is the rare-but-feared side effect of biologics in children?**
Lymphoma
**Uveitis: Anterior**

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

1. **Acute**
2. **Chronic**

---

**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.

*With respect to exam findings, what is the goal of treatment?*
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

**Acute**

**Chronic**

---

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

---

**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.

**With respect to exam findings, what is the goal of treatment?**
Abolition of cell, but not necessarily flare
Uveitis: **Anterior**

Granulomatous → Nongranulomatous

Acute → Chronic

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

---

**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.

*With respect to exam findings, what is the goal of treatment?*
Abolition of cell, but not necessarily flare

*When should cataract extraction be considered?*
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.

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Abolition of cell, but not necessarily flare

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.
Uveitis: **Anterior**

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

**Acute**

**Chronic**

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

---

**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.

---

**With respect to exam findings, what is the goal of treatment?**
Abolition of cell, but not necessarily flare

---

**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.
What exam findings comprise the ‘classic triad’ of FHI?

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

Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Chronic

JIA

FHI

IBD/PA

Sarcoid

Syphilis

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

Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic

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

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: *Anterior*

FHI: Heterochromia
Uveitis: *Anterior*

FHI: Note the cataract
Uveitis: *Anterior*

FHI: Stellate KP
What exam findings comprise the ‘classic triad’ of FHI? **Heterochromia iridis**, cataract, and stellate KP

**Is the affected eye the darker eye or the lighter eye?**
What exam findings comprise the ‘classic triad’ of FHI? **Heterochromia iridis**, cataract, and stellate KP

Is the affected eye the **darker** eye or the **lighter** eye? The lighter (with one exception)

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

Uveitis: **Anterior**

Granulomatous

**Nongranulomatous**

Acute

**Chronic**

JIA

FHI

IBD/PA

Sarcoid

Syphilis

TB
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

What is the etiology?

Unknown. Some experts think it’s infectious (various viruses as well as toxoplasmosis have been proposed as the inciting agent), but this has yet to be proven

Who is the typical pt?

A middle-aged adult

Is there a gender predilection?

No

Is the affected eye the darker eye or the lighter eye?

The lighter (with one exception)

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

What is the exception; ie, under what circumstances is the darker eye the one with FHI?
What exam findings comprise the ‘classic triad’ of FHI?

**Heterochromia iridis**, cataract, and stellate KP

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The lighter (with one exception)

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

In individuals with light-blue eyes…

Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Acute

Chronic

JIA

FHI

IBD/PA

Sarcoid

Syphilis

TB

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

In individuals with light-blue eyes…

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

Is the affected eye the darker eye or the lighter eye?

The lighter (with one exception)
What exam findings comprise the ‘classic triad’ of FHI?

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A middle-aged adult.

Is there a gender predilection?

No.

Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Chronic

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3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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JIA

FHI

IBD/PA

Sarcoid

Syphilis

TB
What exam findings comprise the ‘classic triad’ of FHI?
Heterochromia iridis, cataract, and **stellate KP**

The KP in FHI have a couple of other notable characteristics—what are they?
--
--

Uveitis: **Anterior**

Granulomatous → Nongranulomatous

Acute → Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
What exam findings comprise the ‘classic triad’ of FHI?
Heterochromia iridis, cataract, and stellate KP

The KP in FHI have a couple of other notable characteristics—what are they?
--They may be interconnected by lines described as ‘lacy tendrils’
--
What exam findings comprise the ‘classic triad’ of FHI?
Heterochromia iridis, cataract, and \textit{stellate KP}.

The KP in FHI have a couple of other notable characteristics—what are they?
-- They may be interconnected by lines described as ‘lacy tendrils’.

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What exam findings comprise the ‘classic triad’ of FHI?
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- It develops in about 25-50% of cases

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Who is the typical pt?
- A middle-aged adult

Is there a gender predilection?
- No

The KP in FHI have a couple of other notable characteristics—what are they?
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Uveitis: *Anterior*

FHI: Stellate KP. Note the diffuse distribution
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Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Chronic

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Where/what is Arlt’s triangle?

Arlt’s triangle

Arlt’s triangle
Uveitis: Anterior

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Nongranulomatous

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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.

- JIA
- FHI
- IBD/PA

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Uveitis: *Anterior*

JIA: Hypopyon in a white quiet eye
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Uveitis: Anterior

Granulomatous

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Nongranulomatous

Acute

Chronic

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The DDx for diffuse stellate KP consist of four entities, one of which is FHI. What are the other three?
Toxoplasmosis, HSV and VZV
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Nongranulomatous

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Uveitis: Anterior

Granulomatous

Nongranulomatous

Acute

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
**Uveitis: Anterior**

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

**Granulomatous**
- Acute
- Chronic

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

Uveitis: Anterior

Granulomatous

Heterochromia iridis
Cataract
Stellate KP

Nongranulomatous

JIA
FHI
Sarcoid
Syphilis
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  - TB
  - Sarcoid
  - Syphilis

- **Nongranulomatous**
  - Acute
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**Speaking of the angle in FHI…**It has two characteristics that are unusual, and may aid in making the diagnosis:

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--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

Uveitis: **Anterior**

Granulomatous

Nongranulomatous

Acute

Chronic

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Uveitis: *Anterior*

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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Who is the typical pt?
A middle-aged adult

Is there a gender predilection?
No

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?

Neovascularization of the angle (NVA)
What exam findings comprise the ‘classic triad’ of FHI? Heterochromia iridis, cataract, and stellate KP

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JIA
FHI
Syphilis
Sarcoid
IBD/PA

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— Despite the chronic nature of the iridocyclitis in FHI, peripheral anterior synechiae (PAS) never develop
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Uveitis: *Anterior*

- Granulomatous
- Nongranulomatous
  - Acute
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**Anterior Uveitis**

1. The uveitis is profiled
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- JIA
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No

How well does FHI respond to steroid therapy? 
Rather poorly—the AC cell in FHI is notoriously difficult to eradicate (as is the vitreous cell which frequently occurs)

If the inflammation fails to respond to topical steroids, should more aggressive therapies be pursued? 
Generally no—in fact, most FHI pts require no anti-inflammatory tx of any sort. Instead, the pt should be monitored for the development of glaucoma (first-line treatment: aqueous suppressants) and cataract, which should be removed when visually or medically significant. In rare cases, vitrectomy is required to clear significant vitreous opacities.

Uveitis: **Anterior**

Granulomatous ➔ Nongranulomatous

Acute ➔ Chronic

**How well does FHI respond to steroid therapy?**
**Uveitis: Anterior**

Granulomatous  →  Nongranulomatous

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Uveitis: **Anterior**

- Granulomatous
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**Is cataract surgery in FHI associated with an increased risk of intraoperative complications?**
No
**Uveitis: Anterior**

<table>
<thead>
<tr>
<th>Granulomatous</th>
<th>Nongranulomatous</th>
</tr>
</thead>
<tbody>
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