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

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

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

### Nongranulomatous
#### Acute
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
  - Sarcoid
  - Syphilis
  - HSV/VZV
- Bilateral
  - TINU
  - Behçet
  - Drug rxn
  - Leptospirosis
  - Sarcoid
  - Syphilis
  - IBD/PA
  - TB

#### Chronic
- ?
- ?
- ?
- ?
- ?
Acute Chronic

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

Unilateral Bilateral

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

Chronic
- TINU
- Behçet
- Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- TB

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

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- Nongranulomatous

- Chronic

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

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--?

--?

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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
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

Granulomatous:
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous:

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

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

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

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

**Nongranulomatous**

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

---

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

---

**Which type carries the best nonocular disease profile?**
- Pauciarticular

---

**Which type carries the worst nonocular disease profile?**
- 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**

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

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

**Nongranulomatous**

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

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

**Which type carries the best nonocular disease profile?**
Pauciarticular

**Which type carries the worst nonocular disease profile?**
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**

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

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

**Nongranulomatous**

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

---

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

**Which type carries the best nonocular disease profile?**
Pauciarticular

**Which type carries the worst nonocular disease profile?**
Pauciarticular
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

1) The uveitis is profiled
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4) Studies are obtained to identify the etiology
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**What are the three broad clinical types of JIA?**
-- Pauciarticular
-- Polyarticular
-- Still disease

**Which type carries the best nonocular disease profile?**
Pauciarticular

**Which type carries the worst nonocular disease profile?**
Still disease
Uveitis: *Anterior*

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Posner-Schlossman
- Behçet
- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

Chronic
- JIA
- IBD/PAHLA-B27 dz
- HSV/VZV
- TB
- Syphilis
- Sarcoid
- TINU
- Leptospirosis
- Behçet
- Drug rxn
- HSV
- Syphilis
- Sarcoid
- TB

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

Which type carries the best nonocular disease profile?
Pauciarticular

Which type carries the worst nonocular disease profile?
Still disease

Which type carries the lowest risk of developing 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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

---

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- Polyarticular
- Still disease

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Pauciarticular

Which type carries the worst nonocular disease profile?
Still disease

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

1) The uveitis is profiled
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Granulomatous:
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous:
- Posner-Schlossman
- Behçet

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

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- Pauciarticular
- Polyarticular
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Pauciarticular

**Which type carries the worst nonocular disease profile?**
Still disease

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

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

1. The uveitis is profiled
2. The profiled case is meshed
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Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

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**Which type carries the best nonocular disease profile?**
Pauciarticular

**Which type carries the worst nonocular disease profile?**
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*

- Acute
- Chronic

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

**Nongranulomatous**

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

**Which type carries the best nonocular disease profile?**
Pauciarticular

**Which type carries the worst nonocular disease profile?**
Still disease

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

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

Note the inverse relationship between the severity of JIA systemically…
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 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 carries the best nonocular disease profile?
Pauciarticular

Which type carries the worst nonocular disease profile?
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**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Chronic**
- 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?

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

1. The uveitis is profiled
2. The profiled case is meshed
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**Granulomatous**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Chronic**
- JIA

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

--- **Pauciarticular**

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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**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Chronic**
- JIA

---

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

---

**Pauciarticular**

---

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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
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**
- TB
- Sarcoid
- Syphilis
- HSV

**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

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Uveitis: *Anterior*

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

**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*

*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
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Chronic

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
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What are the three broad clinical types of JIA?
--Pauciarticular

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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.

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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
  - TB
  - Sarcoid
  - Syphilis
  - HSV

- 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

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**Is the knee painful?**

Usually not; the classic story is a parent noticed the knee while bathing the child
1) The uveitis is profiled  
2) The profiled case is meshed  
3) A differential diagnosis list is generated  
4) Studies are obtained to identify the etiology  
5) Treatment appropriate for the etiology is initiated

**Uveitis: Anterior**

- Granulomatous
  - TB
  - Sarcoid
  - Syphilis
  - HSV
- Nongranulomatous
- 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?
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Uveitis: **Anterior**

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

### Nongranulomatous

#### Chronic
- 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 [ ] # of years

---
Uveitis: **Anterior**

*Granulomatous*
- TB
- Sarcoid
- Syphilis
- HSV

*Non-granulomatous*

*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**

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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
- TB
- Sarcoid
- Syphilis
- HSV

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?*<br>
<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**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

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

--Pauciarticular

How ‘pauci’ does a patient have to 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
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Chronic

JIA

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

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.
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

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
--

Chronic
- JIA

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

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

Acute Chronic

Uveitis: Anterior

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Chronic
- JIA

Unilateral Bilateral

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- JIA
- FHI
- Posner-Schlossman
- Behçet
- Drug rxn
- HSV
- Syphilis
- Sarcoid
- TB

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

Acute Chronic

Uveitis: Anterior

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Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Chronic
- JIA

Unilateral Bilateral

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- JIA
- FHI
- Posner-Schlossman
- Behçet
- Drug rxn
- HSV
- Syphilis
- Sarcoid
- TB
Uveitis: *Anterior*

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

**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?*  
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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
-- **Female** gender
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Chronic
- 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?<br>Less than 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
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
--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**

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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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**

---

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 serology positive**

---

**JIA**

---
Uveitis: *Anterior*

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

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

**Nongranulomatous**
- FHI
- JIA
- Posner-Schlossman
- TINU
- Leptospirosis
- Behçet
- Drug rxn
- HSV
- Syphilis
- Sarcoid
- TB
- IBD/PA
- IBD/PAHLA-B27 dz
- HSV/VZV
- TB

**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
- **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**

**Granulomatous**
- TR
- Syphilis
- HSV

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

**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?

It is 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 white 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.

---

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
- TR
- Sarcoid
- HSV

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

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Uveitis: **Anterior**

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

### Granulomatous
- **TINU**
- **Leptospirosis**
- **Behçet**
- **Drug rxn**
- **Posner-Schlossman**
- **Sarcoid**
- **HSV**
- **Syphilis**
- **Sarcoid**
- **Sarcoid**

### Nongranulomatous
- **IBD/PA**
- **IBD/PAHLA-B27 dz**
- **HSV/VZV**
- **TB**
- **Syphilis**
- **Sarcoid**

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

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Uveitis: **Anterior**

**Granulomatous**

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**Nongranulomatous**

**Chronic**

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

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---

- Acute Chronic
- Unilateral Bilateral
- Granulomatous Nongranulomatous
- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- Posner-Schlossman
- Sarcoid
- HSV
- Syphilis
- Sarcoid
- TB
- HSV/VZV
- IBD/PAHLA-B27 dz
- Th2
- Sarcoid
- TB

---

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  - Cataracts
  - Hypotony
  - Band keratopathy
  - Glaucoma

---

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

- **Granulomatous**
  - TB
  - S
  - Sy
  - H

- **Nongranulomatous**

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  - Uveitis follows arthritis in about 90% of cases

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  What is the classic presenting symptom of JIA uveitis?

**Chronic**

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

**Granulomatous**

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

- Granulomatous
- Nongranulomatous

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- 
- 
- 
- 

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

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Uveitis: **Anterior**

Granulomatous

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

Nongranulomatous
**Uveitis: Anterior**

Granulomatous → Nongranulomatous

1. The uveitis is profiled
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--Cataracts
--Hypotony
--Band keratopathy
--Glaucoma

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Chronic
- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB
Uveitis: \textit{Anterior}

Granulomatosus

Nongranulomatosus

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5) Treatment appropriate for the etiology is initiated

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

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

No
Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

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

Uveitis: **Anterior**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic
- JIA

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?

Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- TB

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…
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

- Sarcoid
- Syphilis
- HSV/VZV
- TB

- Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- TB

- JIA

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic
Uveitis: **Anterior**

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

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

**Nongranulomatous**
- Acute
- Chronic

**JIA**
- Posner-Schlossman
- Behçet
- Drug rxn
- Syphilis
- Sarcoid

**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

- Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- 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 < **age**
Uveitis: **Anterior**

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

**Nongranulomatous**
- Acute
- Chronic

**JIA**

**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

- Sarcoid
- Syphilis
- HSV/VZV
- TB

- Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- 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
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous
- Acute
- Chronic

JIA

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**
- TB
- Sarcoid
- Syphilis
- HSV

**Nongranulomatous**

**Acute**

**Chronic**
- JIA

**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**
- ???????

**Drug rxn**

**Leptospirosis**

**Sarcoid**

**Syphilis**

**TB**

**IBD/PA**

**HSV/VZV**

**TB**

**Sarcoid**

**Syphilis**

**Sarcoid**
Uveitis: **Anterior**

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

**Nongranulomatous**

**Acute**

**Chronic**
- JIA

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*

- **Acute**
  - Granulomatous
    - TB
    - Sarcoid
    - Syphilis
    - HSV
  - Nongranulomatous
    - JIA
    - FHI
    - TINU
    - Leptospirosis
    - Behçet
    - Drug rxn
    - Posner-Schlossman
    - Sarcoid
    - HSV
    - Syphilis
    - Sarcoid
    - TB
    - IBD/PA
    - IBD/PAHLA-B27 dz
    - HSV/VZV
    - 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**

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic
- JIA

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

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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

Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic
- JIA

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 condition
Acute Chronic

Uveitis: **Anterior**

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3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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Granulomatous
- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

Acute

Chronic
- JIA

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One month

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

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

- **Nongranulomatous**
  - Acute
  - Chronic

1) The uveitis is profiled
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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. In severe cases immunosuppression is required.

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*

1. The uveitis is profiled
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**How is JIA uveitis treated?**

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

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

Growth retardation

What steroid-sparing agent is typically tried first?
Methotrexate
Uveitis: *Anterior*

1. The uveitis is profiled
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- TB
- Sarcoid
- Syphilis

**Nongranulomatous**
- Acute
- Chronic

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

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

**What steroid-sparing agent is typically tried first?**
Methotrexate

**If MTX fails to control the inflammation, what class of agent is usually tried next?**
The biologics (ie, tumor necrosis factor inhibitors)

**Rare-but-feared side effect of biologics in children?**
Lymphoma
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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**Acute**

Granulomatous
- TB
- Sarcoid
- Syphilis

Nongranulomatous

**Chronic**

JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis

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- TB
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Nongranulomatous
- Acute
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- TB
- Sarcoid
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### Nongranulomatous
- Acute
- Chronic

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**Anterior Uveitis**

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

- **Nongranulomatous**
  - Acute
  - Chronic

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

**Granulomatous**
- TB
- Sarcoid
- Syphilis

**Nongranulomatous**
- Acute
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**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
- TB
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Nongranulomatous
- Acute
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What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)

(FHI = Fuchs heterochromic iridocyclitis)
What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

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**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? (Hint: Elevated IOP is not one of them.)

Heterochromia iridis, cataract, and stellate KP

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

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Heterochromia iridis, cataract, and stellate KP

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)

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? (Hint: Elevated IOP is not one of them.)

Heterochromia iridis, cataract, and stellate KP

Is the affected eye the darker eye or the lighter eye? 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…
What exam findings comprise the 'classic triad' of FHI? (Hint: Elevated IOP is not one of them.)

Heterochromia iridis, cataract, and stellate KP

Is the affected eye the darker eye or the lighter eye?
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…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 exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and **stellate KP**

What distinguishing features characterize the stellate KP of FHI?

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What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

What distinguishing features characterize the stellate KP of FHI?
--They may be interconnected by lacy tendrils
--They are diffusely scattered across the inner cornea (as opposed to being concentrated in Arlt’s triangle, as they tend to be in most anterior uveitides)
What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
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Where/what is Arlt's triangle?

Granulomatous
- TB
- Sarcoid

Nongranulomatous

Acute

Chronic

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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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Heterochromia iridis, cataract, and stellate KP

What 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

Uveitis: Anterior

Granulomatous

- TB
- Sarcoid

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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Uveitis: Anterior

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- TB
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Acute

Chronic
- JIA
- FHI
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Is the angle in FHI glaucoma open, or is it closed?
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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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Uveitis:

- Acute
- Chronic
- Nongranulomatous
- Granulomatous

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

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

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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)

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What is the etiology of FHI?
It is uncertain at this time. Four infectious entities have been suggested: protozoan, virus, and
**Uveitis: Anterior**

Granulomatous
- TB
- Sarcoid

Nongranulomatous
- Acute
- Chronic

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Is there a gender predilection?

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Uveitis: **Anterior**

Granulomatous
- TB
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Acute Chronic
- JIA
- FHI
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Who is the typical pt?
A middle-aged adult.

Is there a gender predilection?
No.

How well does FHI respond to steroid therapy?
Rather poorly--AC cell is notoriously difficult to eradicate in FHI (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 pts require no anti-inflammatory tx of any sort (including steroids). 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.
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- TB
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Acute
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Chronic
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Is cataract surgery in FHI associated with an increased risk of intraoperative complications?
No
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How well does FHI respond to steroid therapy?
Rather poorly—AC cell is notoriously difficult to eradicate in FHI (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 pts require no anti-inflammatory tx of any sort (including steroids). 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.

Is cataract surgery in FHI associated with an increased risk of intraoperative complications?
No