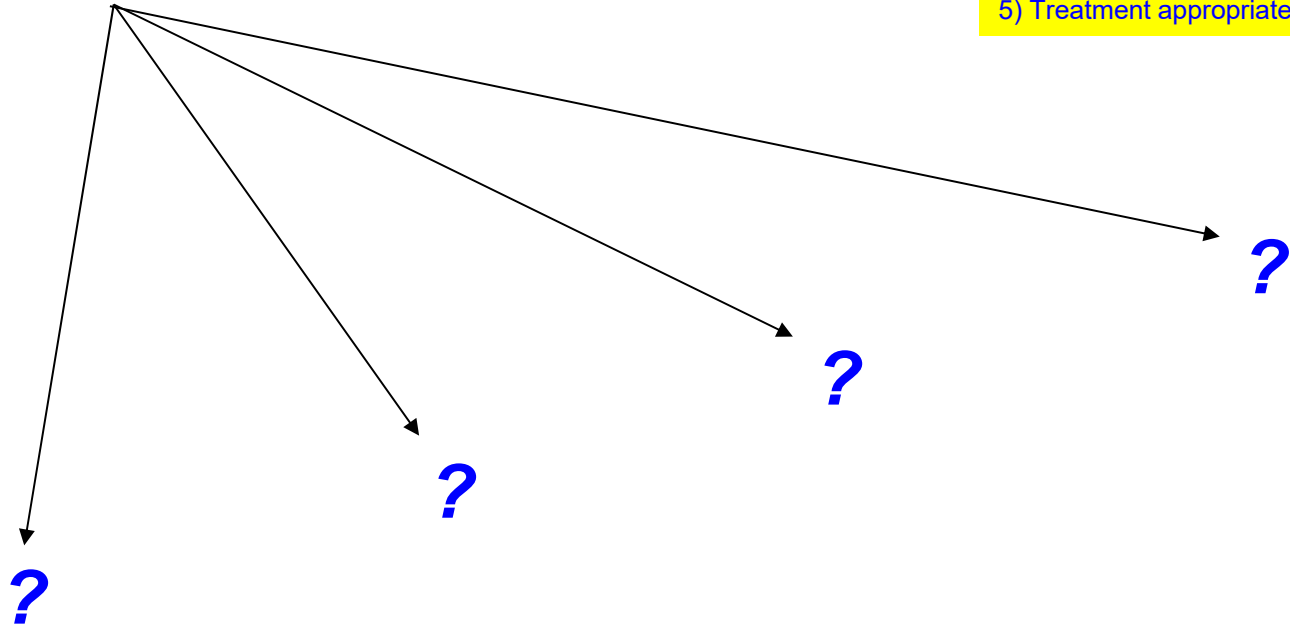


Uveitis

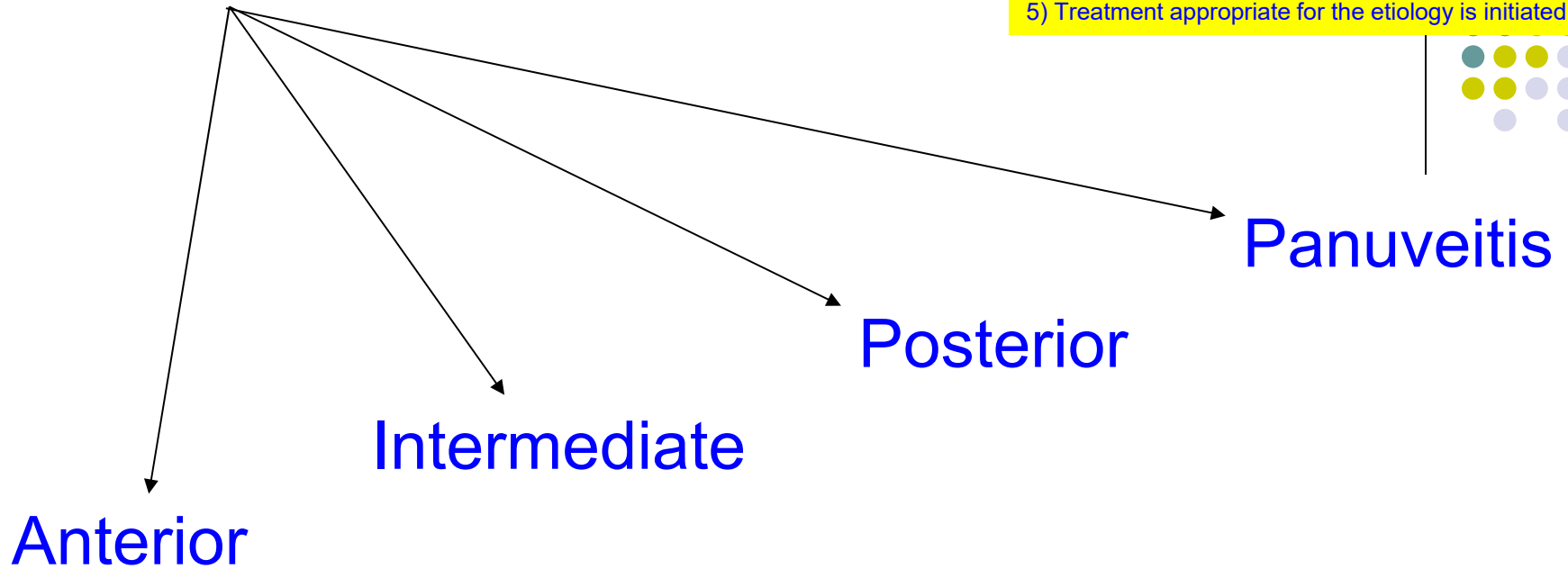
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What are the four basic anatomic locations for uveitis?

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Panuveitis

Posterior

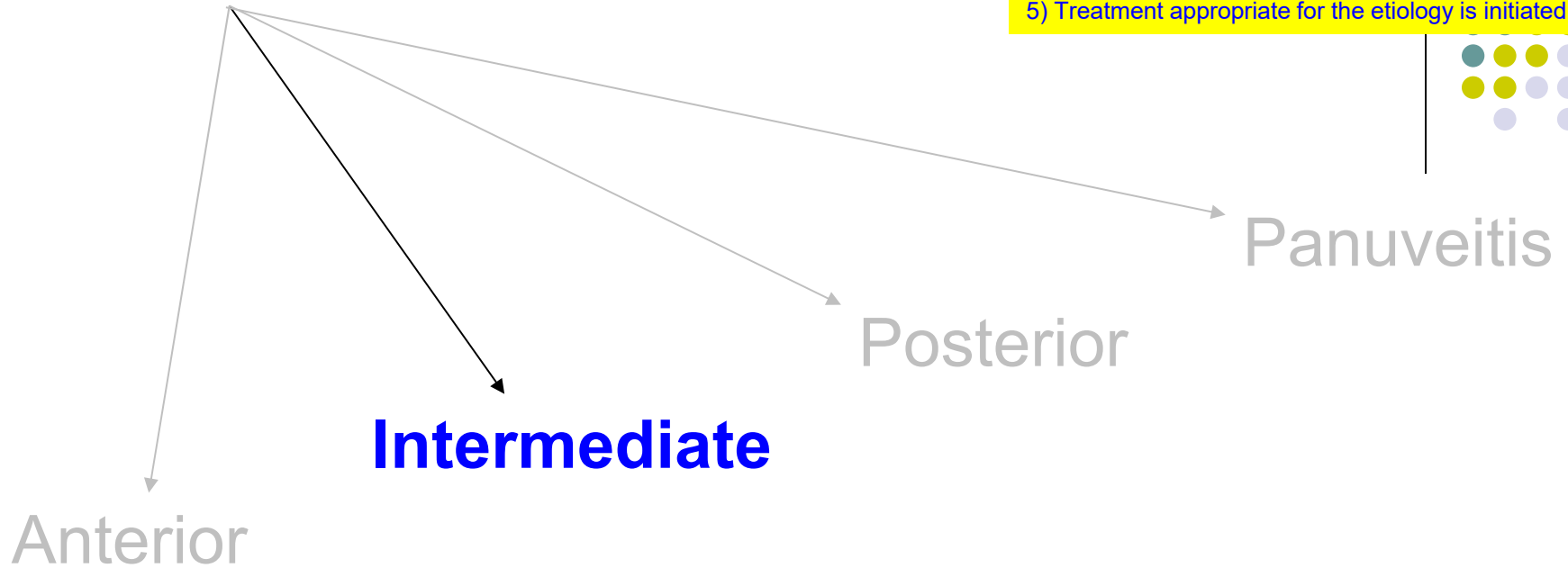
Intermediate

Anterior

What is the hallmark of intermediate uveitis (IU)?

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What is the hallmark of intermediate uveitis (IU)?

The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base

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The vitreous base straddles/adheres to what structure?

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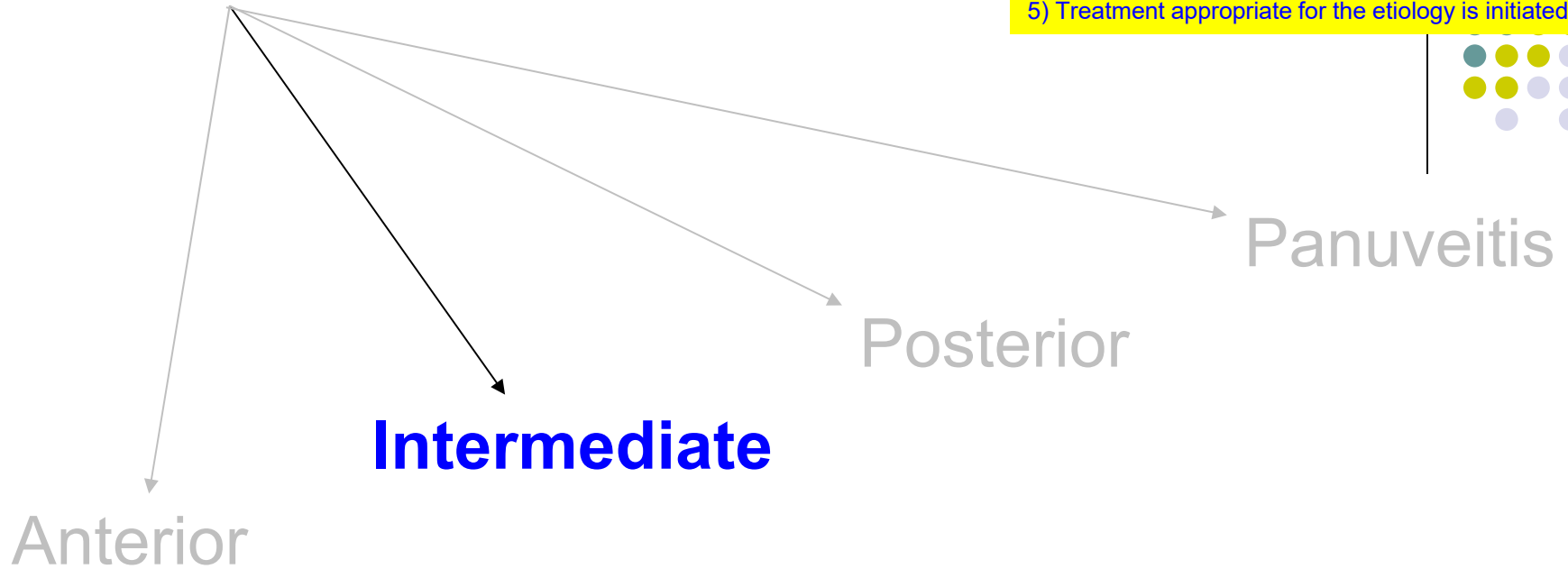
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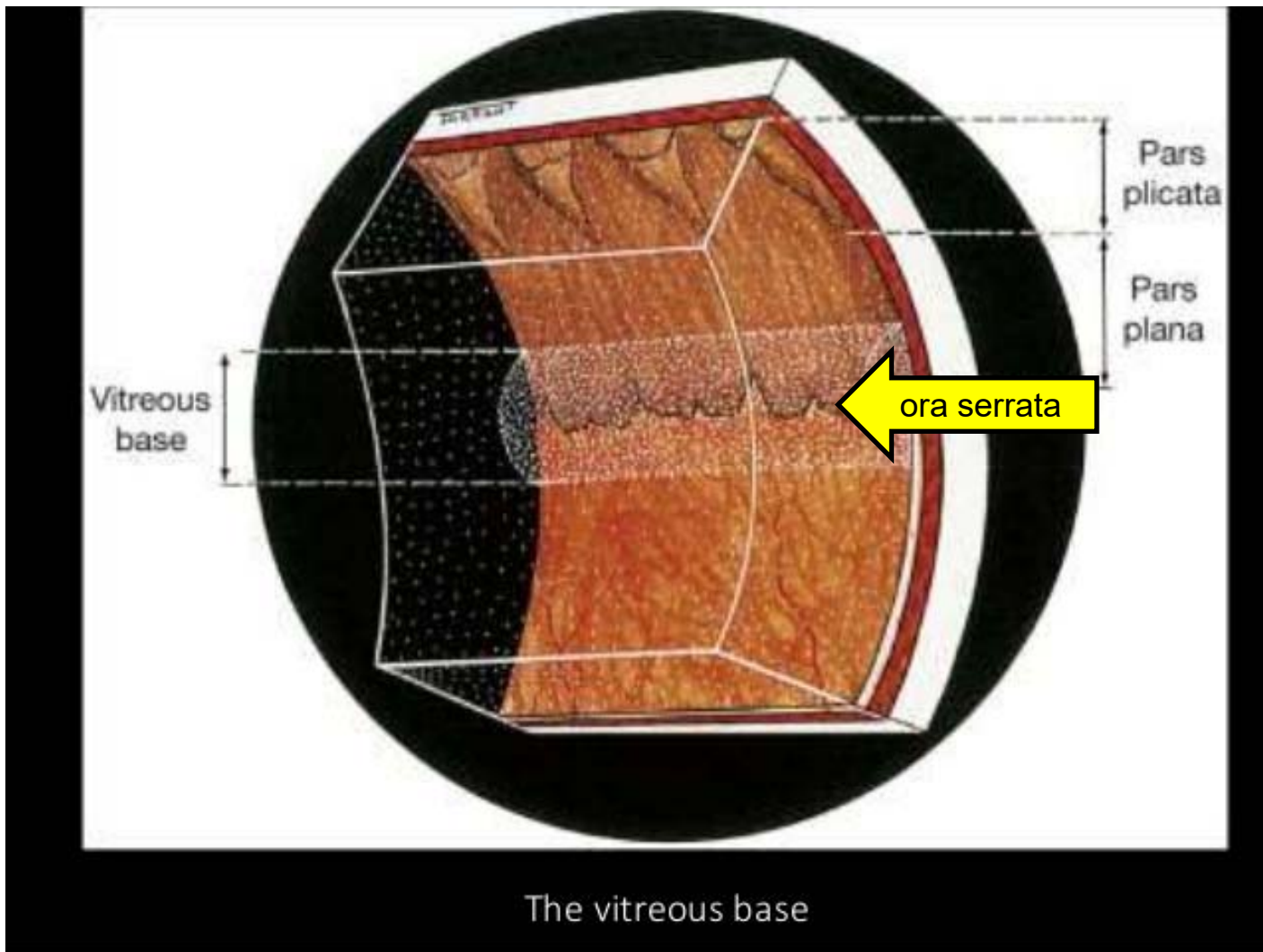
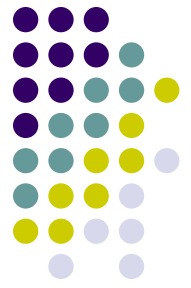
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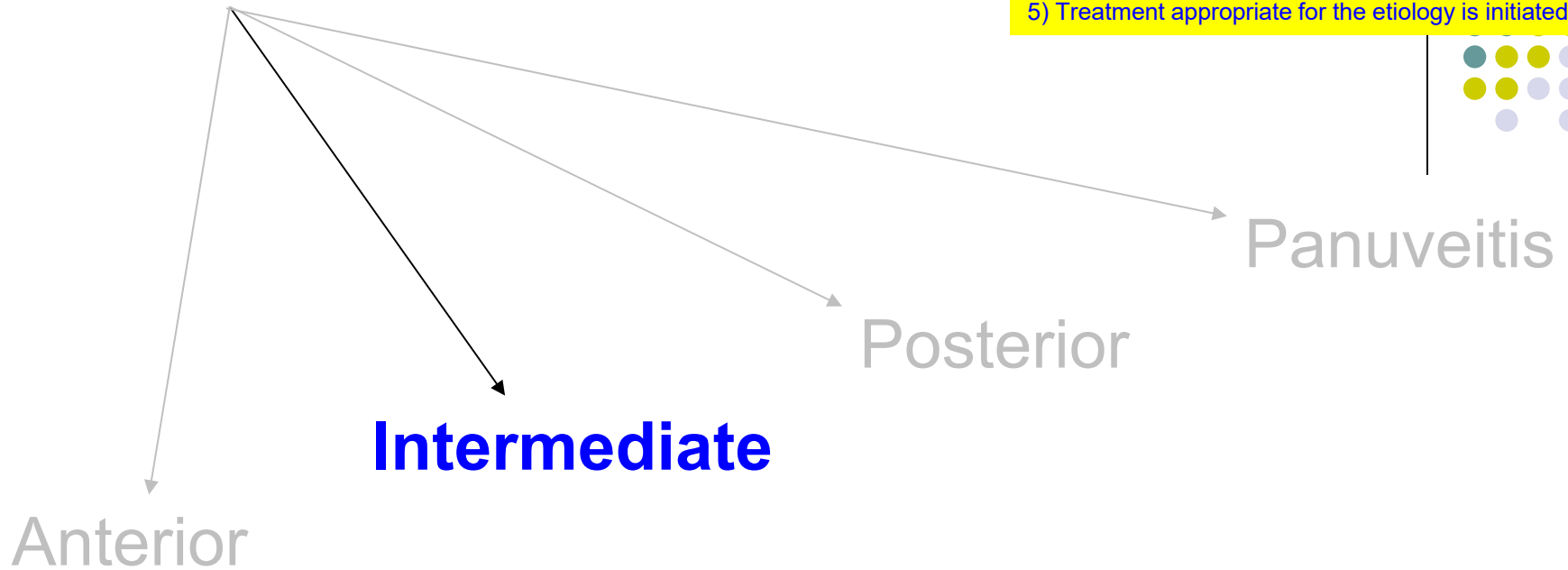
What is the ora serrata?

It is the zone where the peripheral retina meets the pars plana of the ciliary body



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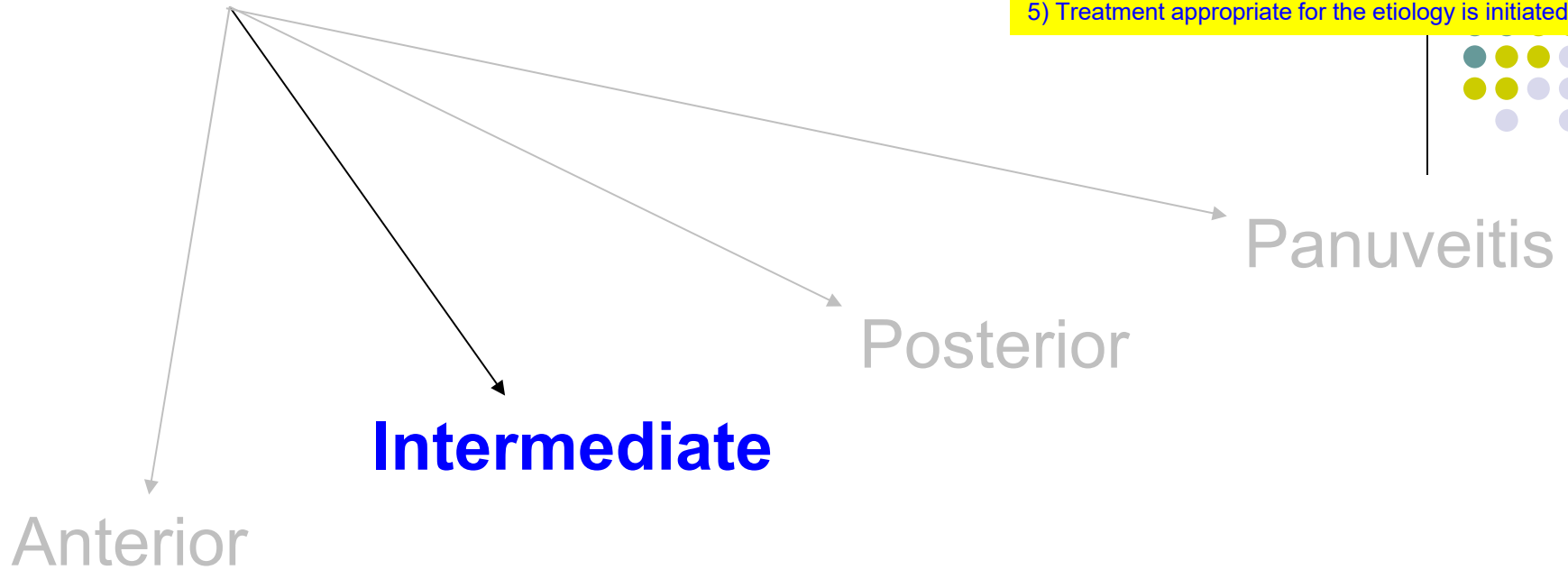
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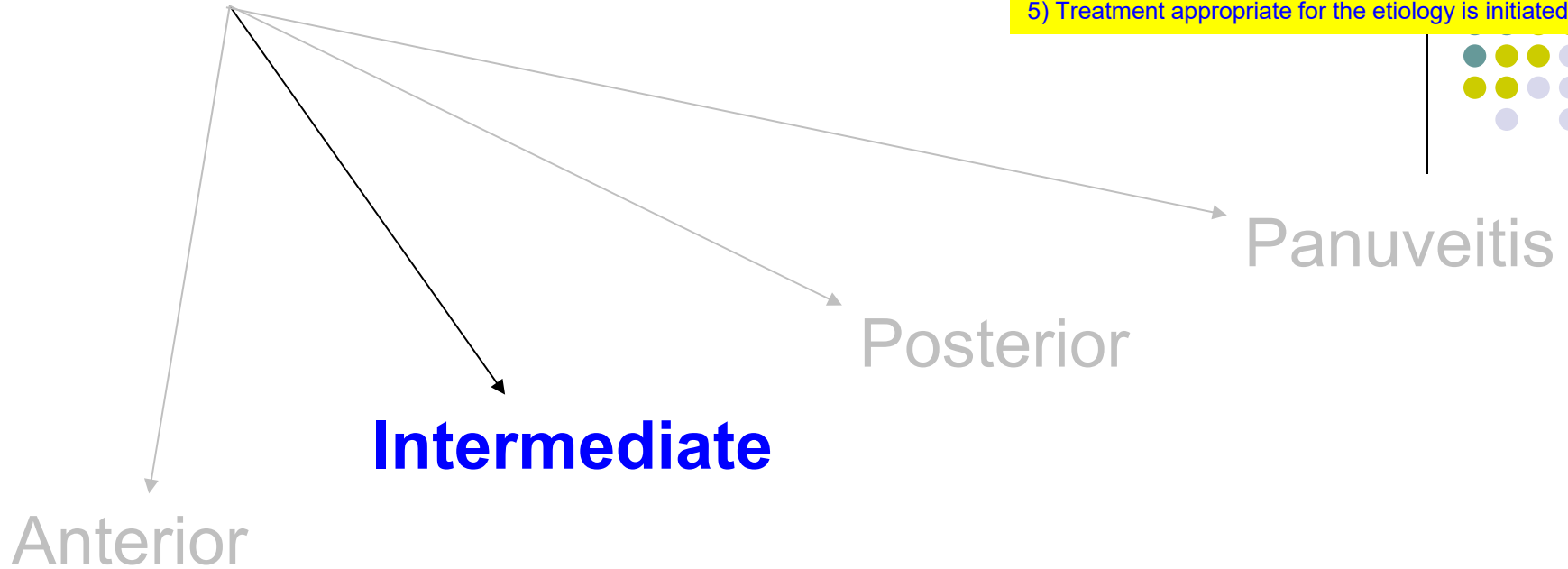
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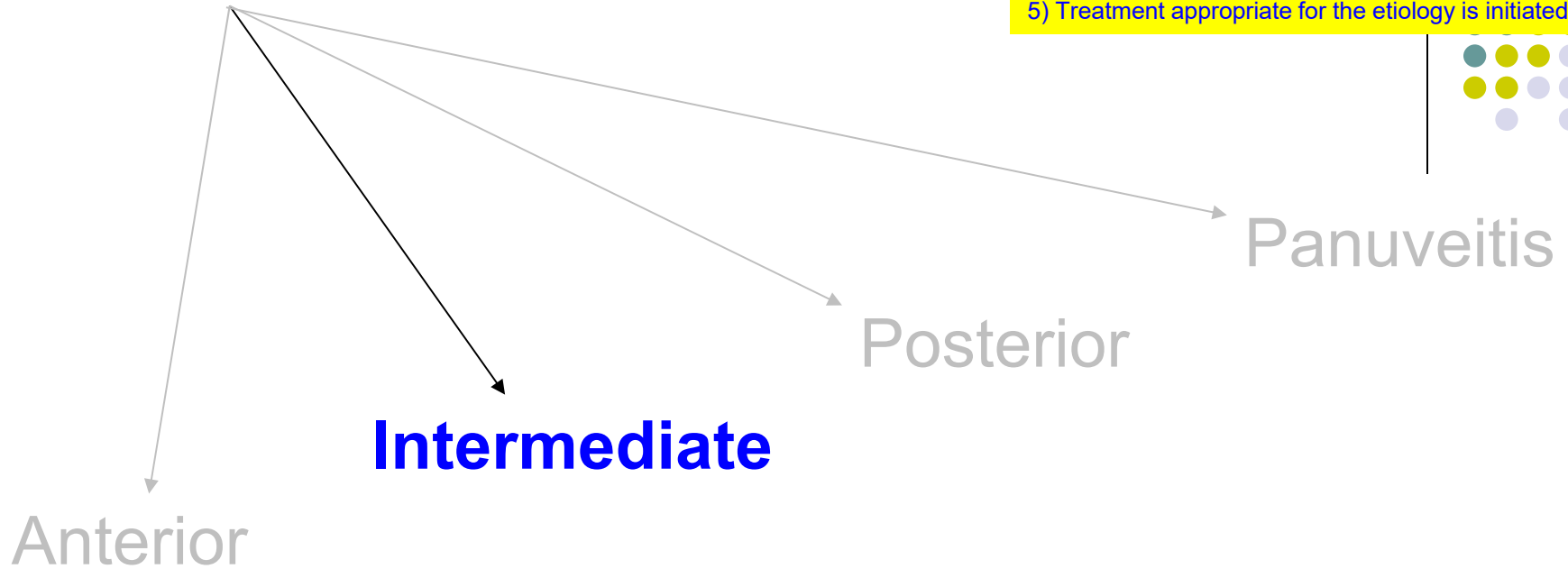
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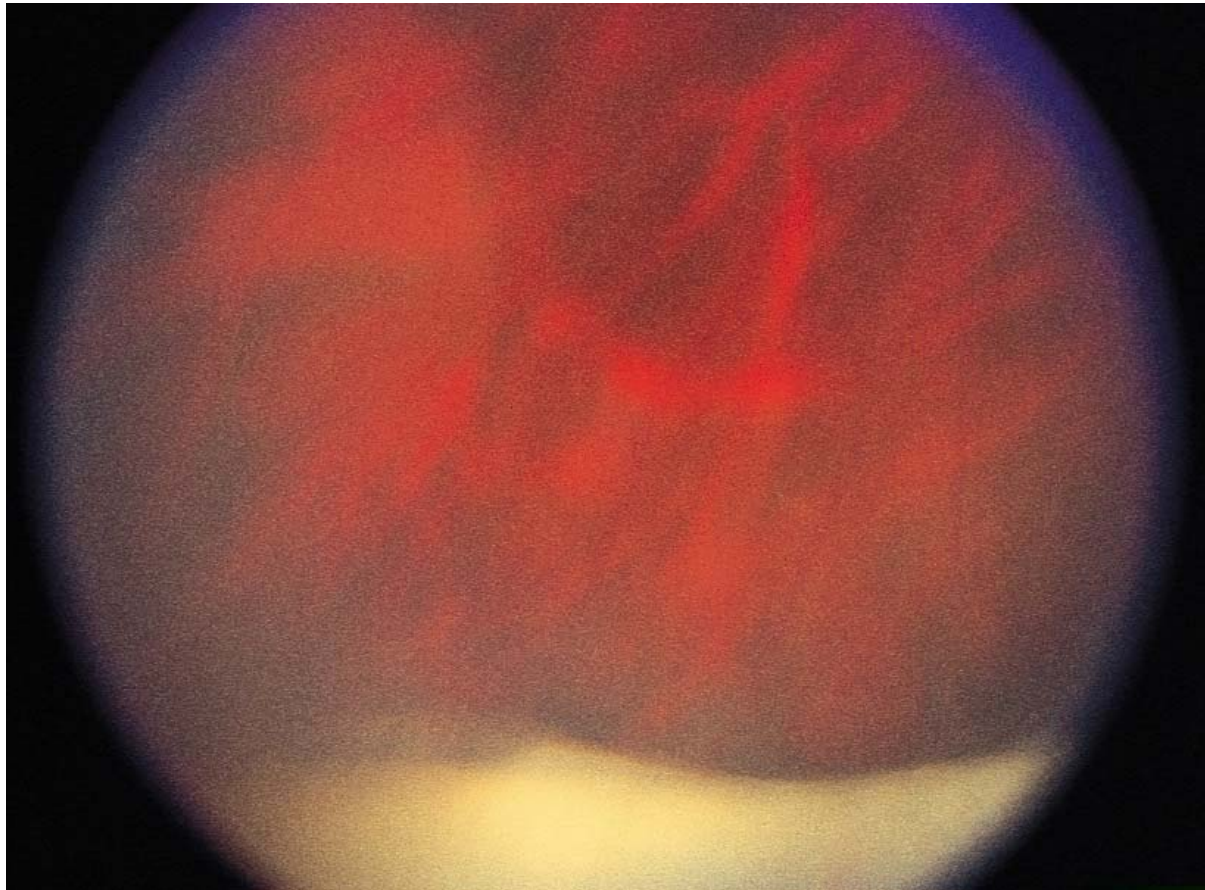
In this context, what are snowballs and snowbanking?

Snowballs are clumped inflammatory cells in the vitreous

Snowbanking refers to the appearance of large swaths of accumulated inflammatory debris along the inferior pars plana



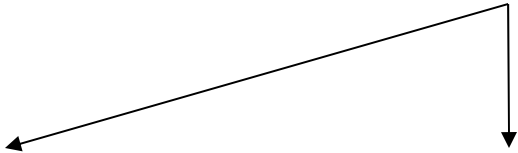
Snowballs in intermediate uveitis



Snowbanking in intermediate uveitis

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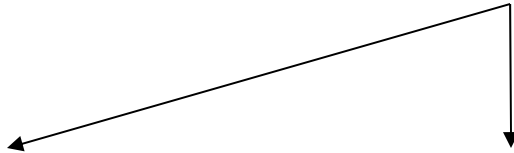
Intermediate uveitis

(subtype of intermediate uveitis)



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Pars planitis

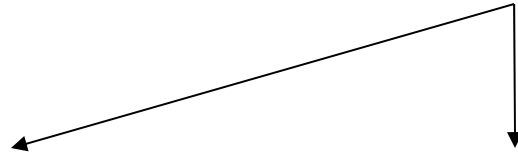
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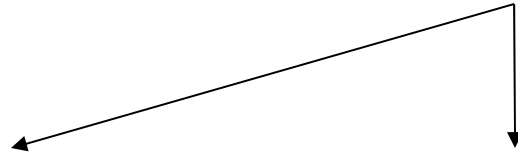
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Intermediate uveitis

When is intermediate uveitis intermediate uveitis, and when is it pars planitis?

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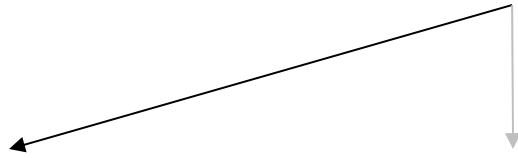


When is intermediate uveitis intermediate uveitis, and when is it pars planitis?

It is considered intermediate uveitis when it is associated with either a local infection or a systemic condition; otherwise it is pars planitis

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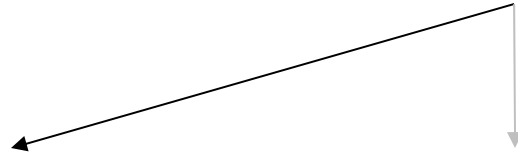
Intermediate uveitis



At what age(s) is/are pars planitis (PP) most likely to present?

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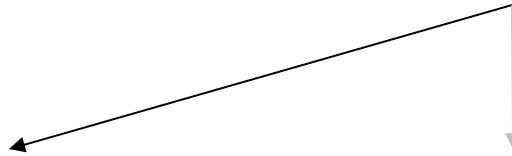


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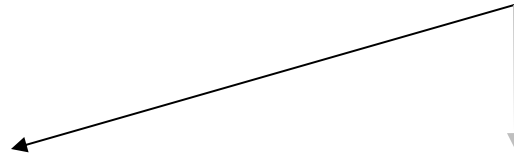


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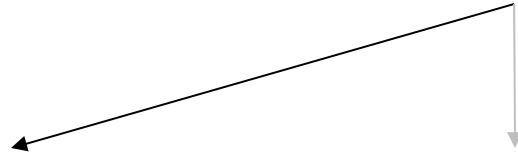
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Is there a gender predilection?



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What is the typical presenting complaint?

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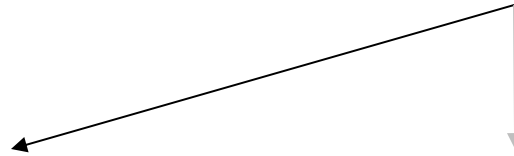
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[redacted]

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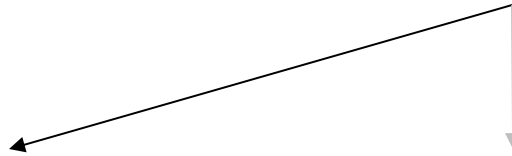
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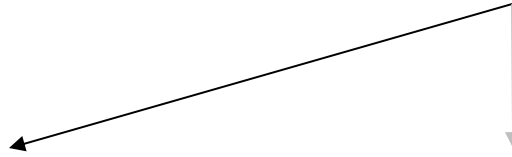
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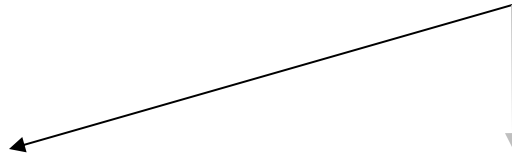
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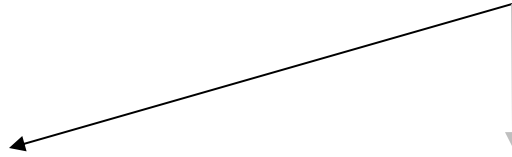
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--**CME** is common, and leads to permanent vision loss in about % of cases

--Neovascularization of the far-peripheral retina

Uveitis: *Intermediate*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
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Pars planitis

Intermediate uveitis

At what age(s) is/are pars planitis (PP) most likely to present?

The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?

No

What is the typical presenting complaint?

Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

Does PP tend to present unilaterally, or bilaterally?

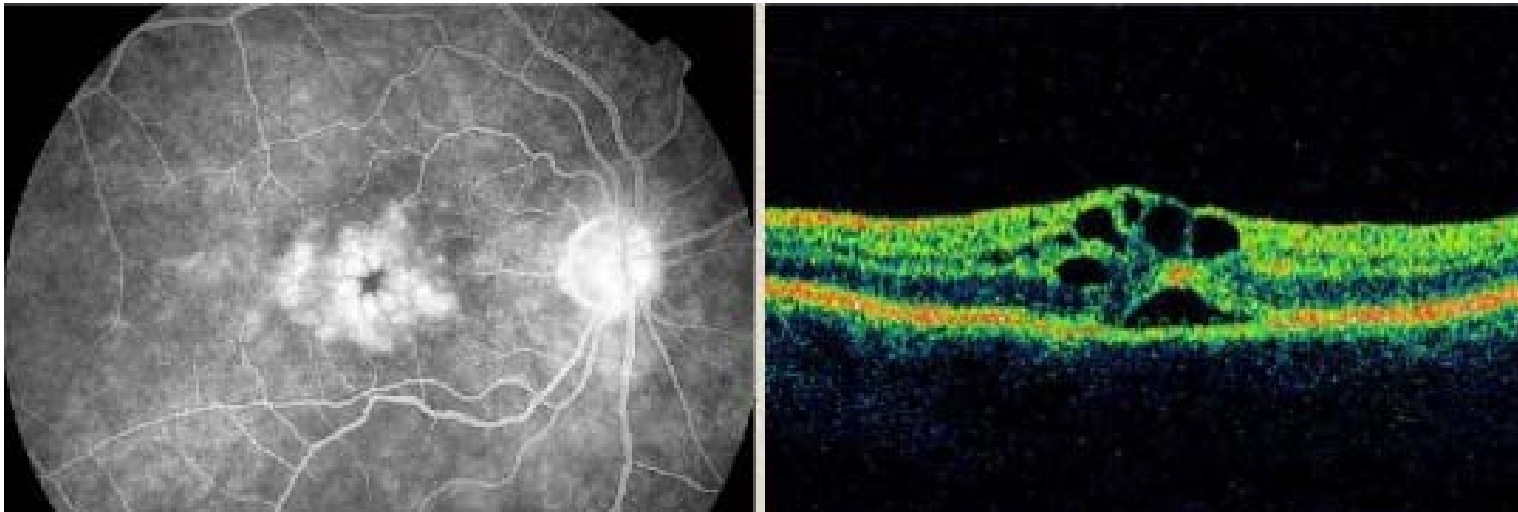
It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?

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CME in intermediate uveitis

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two words

two different words

word-abb

and/or

diff word, same abb

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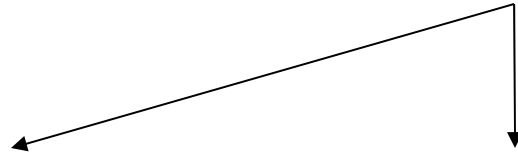
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Pars planitis

Intermediate uveitis

- ?
- ?
- ?
- ?
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When is intermediate uveitis intermediate uveitis, and when is it pars planitis?

It is considered intermediate uveitis when it is associated with either a local infection or a systemic condition

With what infections/systemic conditions is intermediate uveitis associated?

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Pars planitis

Intermediate uveitis

- MS
- Lyme
- Toxocariasis
- Sarcoid
- Syphilis
- TB

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Pars planitis

Intermediate uveitis



Remember: Pars planitis is a diagnosis of exclusion, and can be made only after these have been ruled out!

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- Lyme
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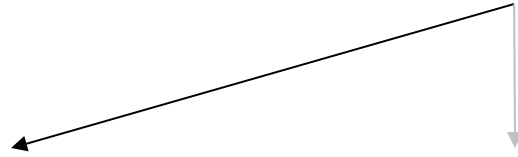
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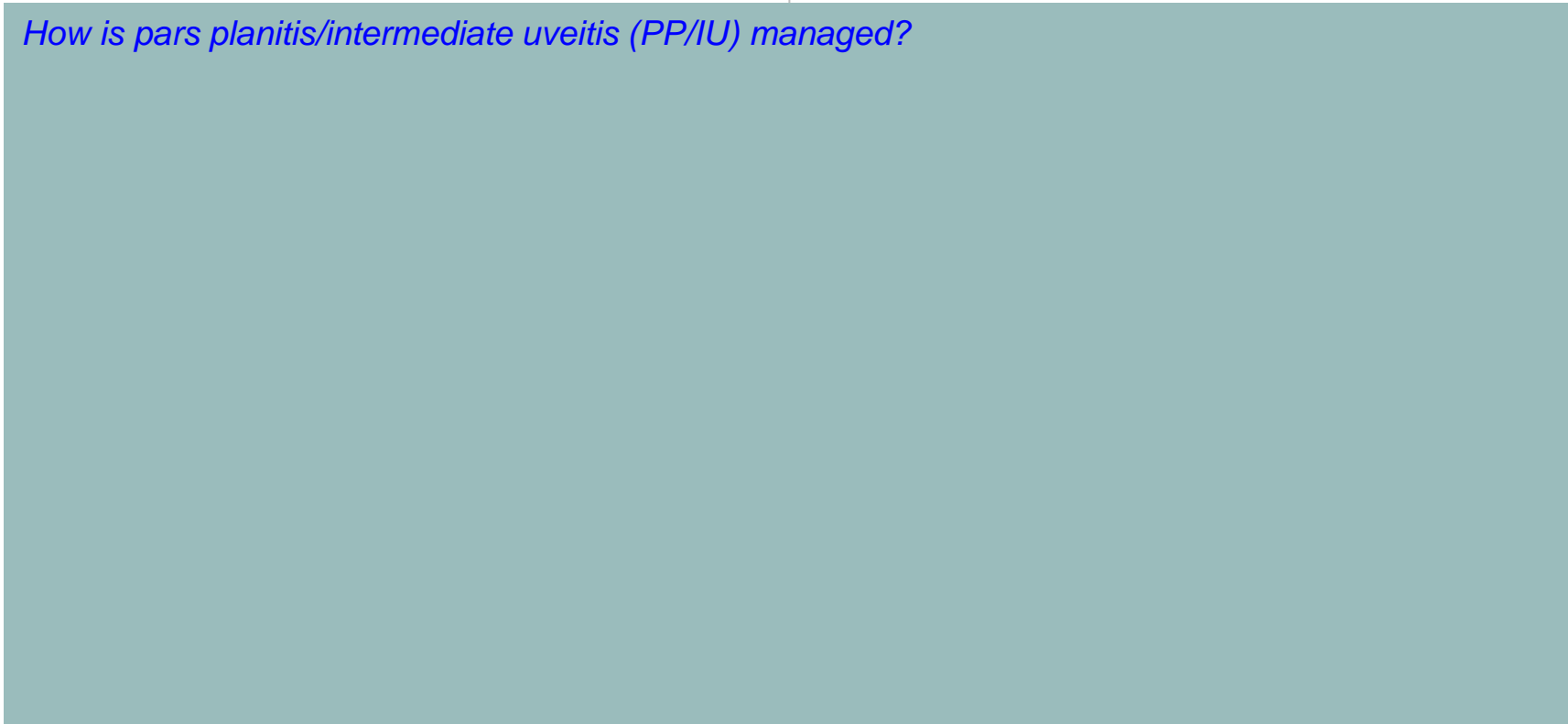
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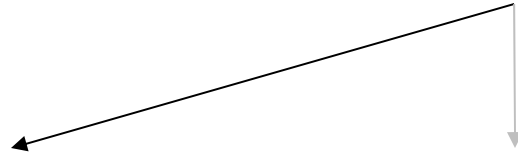
Intermediate uveitis

How is pars planitis/intermediate uveitis (PP/IU) managed?



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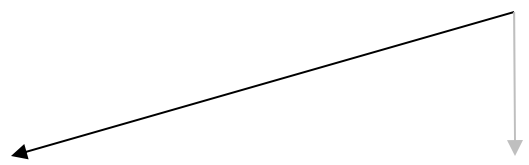
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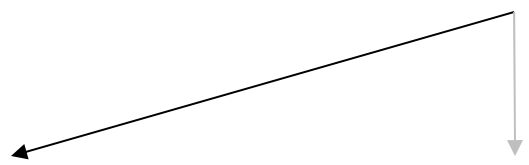
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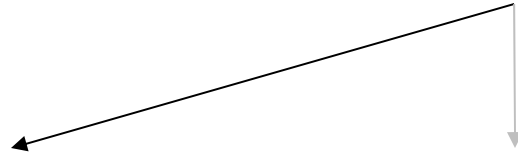
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- 1) **Steroid therapy**
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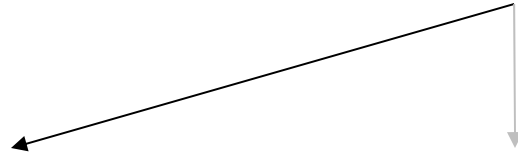
A four-step approach should be employed:

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} *Some experts would reverse the order of these two*

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Pars planitis

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How is pars planitis/intermediate uveitis (PP/IU) managed?

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What is the preferred route of steroid administration?

What sort of treatment plan should be initiated?

A four step approach should be employed:

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What about intravitreal injection?

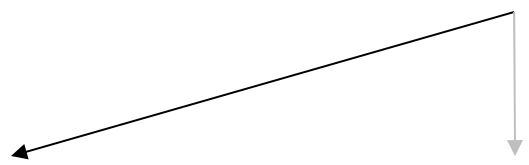
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What about intravitreal injection?

This can be attempted in severe/refractory cases, but care must be taken to not pierce the pars plana at an inflamed location

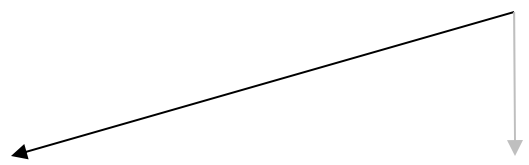
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What about systemic steroids?

These can also be considered for severe/refractory disease, especially in cases

What sort of treatment plan should be initiated?

A four step approach should be employed:

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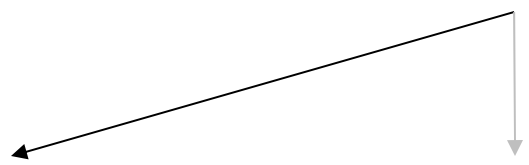
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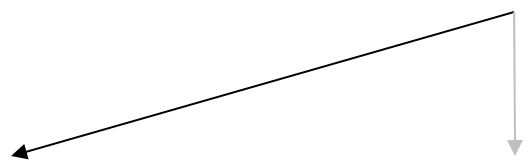
When should peripheral retinal ablation be pursued?

ursued

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- 2) **Peripheral retina ablation**
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Pars planitis

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How is pars planitis/intermediate uveitis (PP/IU) managed?

*When should peripheral retinal ablation be pursued?
If the pt fails steroid therapy*

ursued

- 1) Steroid therapy
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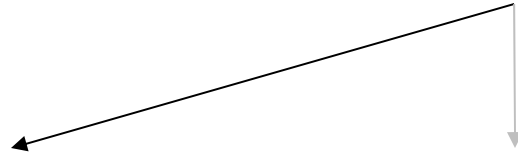
*When should peripheral retinal ablation be pursued?
If the pt fails steroid therapy*

What modality(ies) can be employed?

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When should peripheral retinal ablation be pursued?
If the pt fails steroid therapy

What modality(ies) can be employed?
Cryoablation, or laser photocoagulation

ursued

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When should peripheral retinal ablation be pursued?
If the pt fails steroid therapy

What modality(ies) can be employed?
Cryoablation, or laser photocoagulation

Which specific area should be treated?

- 1) Steroid therapy
- 2) **Peripheral retina ablation**
- 3) Vitrectomy
- 4) Immunomodulatory therapy

Uveitis: *Intermediate*

- 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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Pars planitis

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If cryoablation is used, it should be applied...

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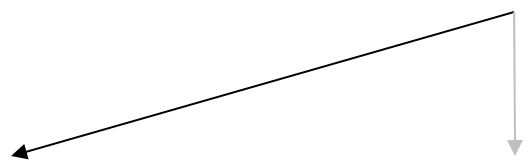
If cryoablation is used, it should be applied...directly to the sclera adjacent to where snowbanking is present

If laser photocoagulation is used, it should be applied...to the retina adjacent to the snowbanking (but not to the snowbanking itself)

- 1) Steroid therapy
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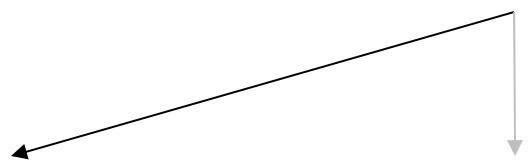
Which modality is preferred?

If laser photocoagulation is used, it should be applied...to the retina adjacent to the snowbanking (but not to the snowbanking itself)

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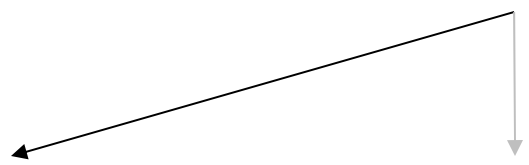
Which modality is preferred?
Probably laser photocoagulation. Cryoablation carries a risk of two words, here which photocoagulation does not.

If laser photocoagulation is used, it should be applied...to the retina adjacent to the snowbanking (but not to the snowbanking itself)

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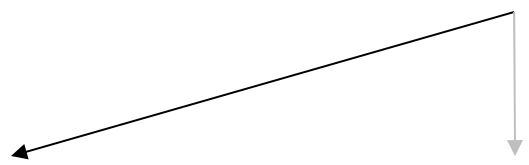
Which modality is preferred?
Probably laser photocoagulation. Cryoablation carries a risk of retinal detachment, where photocoagulation does not.

If laser photocoagulation is used, it should be applied...to the retina adjacent to the snowbanking (but not to the snowbanking itself)

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If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued

Assume testing is noncontributory. How should PP be managed?

If it is mild, and not causing significant morbidity, it can simply be monitored

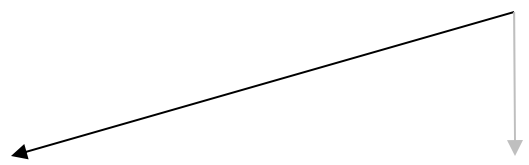
Under what circumstances should treatment be initiated?

When should vitrectomy be pursued?

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- 2) Peripheral retina ablation
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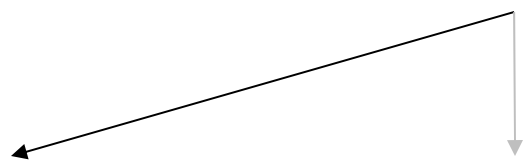
When should vitrectomy be pursued?

If ablation fails to control the disease, and systemic immunomodulatory therapy is unacceptable

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- 2) Peripheral retina ablation
- 3) **Vitrectomy**
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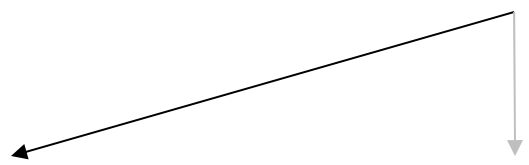
If ablation fails to control the disease, and systemic immunomodulatory therapy is unacceptable

In addition to removal of the vitreous body, two other surgical maneuvers are desirable—what are they?

- 1) Steroid therapy
- 2) Peripheral retina ablation
- 3) **Vitrectomy**
- 4) Immunomodulatory therapy

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Under what circumstances should treatment be initiated?

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If ablation fails to control the disease, and systemic immunomodulatory therapy is unacceptable

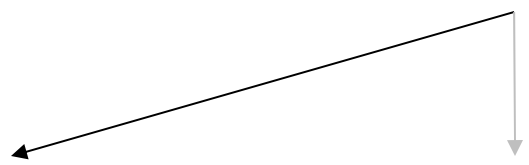
In addition to removal of the vitreous body, two other surgical maneuvers are desirable—what are they?

Induction of a posterior vitreous detachment, and peripheral retinal photocoagulation

- 1) Steroid therapy
- 2) Peripheral retina ablation
- 3) **Vitrectomy**
- 4) Immunomodulatory therapy

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When should immunomodulatory therapy be pursued?

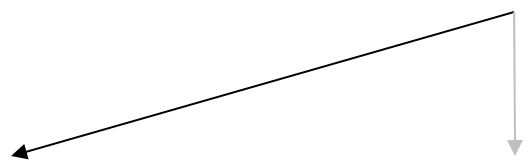
2) Supplemental treatment

3) Vitrectomy

4) Immunomodulatory therapy

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When should immunomodulatory therapy be pursued?
If other interventions failed, and/or if **two words** disease is present

- 2) Corticosteroid administration
- 3) Vitrectomy

4) Immunomodulatory therapy

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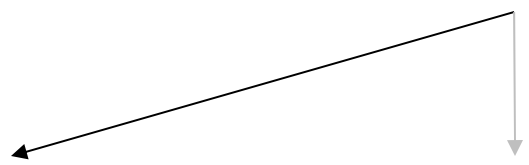
If other interventions failed, and/or if **severe bilateral** disease is present

3) Vitrectomy

4) **Immunomodulatory therapy**

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When should immunomodulatory therapy be pursued?

If other interventions failed, and/or if **severe bilateral** disease is present

Which agents can/should be considered?

- ?
- ?
- ?
- ?

3) Vitrectomy

4) Immunomodulatory therapy

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When should immunomodulatory therapy be pursued?

If other interventions failed, and/or if **severe bilateral** disease is present

Which agents can/should be considered?

- Methotrexate
- Cyclosporine
- Azathioprine
- Cyclophosphamide

3) Vitrectomy

4) **Immunomodulatory therapy**