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

What is the hallmark of intermediate uveitis (IU)?
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The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.
Uveitis

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Anterior

Posterior

Intermediate

Panuveitis

What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the **vitreous base**

*The vitreous base straddles/adheres to what structure?*
What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

The vitreous base straddles/adheres to what structure?
The ora serrata
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The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

**The vitreous base straddles/adheres to what structure?**
The ora serrata

**What is the ora serrata?**
What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the **vitreous base**.

---

*The vitreous base straddles/adheres to what structure?*
The ora serrata

*What is the ora serrata?*
It is the zone where the peripheral retina meets the pars plana of the ciliary body.
What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

Does IU present with anterior-chamber cell?
What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base

Does IU present with anterior-chamber cell?
Generally no. When present, AC cell is usually mild, and is generally believed to be ‘spillover’ from the vitreous
Uveitis

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In this context, what are snowballs and snowbanking?
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Does IU present with anterior-chamber cell?
Generally no. When present, AC cell is usually mild, and is generally believed to be ‘spillover’ from the vitreous.

In this context, what are snowballs and snowbanking?
Snowballs refer to the appearance of clumped inflammatory cells in the vitreous. Snowbanking refers to the appearance of large swaths of accumulated inflammatory debris along the inferior pars plana.
Uveitis: Intermediate

? Intermediate uveitis

(subtype of intermediate uveitis)
Uveitis: Intermediate

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Pars planitis

Intermediate uveitis

(subtype of intermediate uveitis)
Uveitis: Intermediate

1) The uveitis is profiled
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When is intermediate uveitis intermediate uveitis, and when is it pars planitis?
Intermediate uveitis

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Uveitis: Intermediate

Pars planitis  Intermediate uveitis

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.
**Uveitis: Intermediate**

**Pars planitis**

**Intermediate uveitis**

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

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

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.

No gender predilection.

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?
- Unfortunately, no. There are two significant sequelae to worry about:
  - CME is a common occurrence, and leads to permanent vision loss in about 10% of cases
  - Neovascularization of the far-peripheral retina may occur, with all its attendant problems (ie, vitreous hemorrhage; retinal traction; tractional and/or rhegmatogenous retinal detachment)
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**Pars planitis**

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Is there a gender predilection?
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Uveitis: Intermediate

Pars planitis

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Pars planitis  Intermediate uveitis

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**Uveitis: Intermediate**

**Pars planitis**

**Intermediate uveitis**

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- **CME** is a common occurrence, and leads to permanent vision loss in about 10% of cases.
- **Neovascularization of the far-peripheral retina** may occur, with all its attendant problems (ie, [two words]; [two different words]; [word-abb] and/or [diff word, same abb]).
Uveitis: Intermediate

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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With what infections/systemic conditions is intermediate uveitis associated?
Uveitis: *Intermediate*

Pars planitis → Intermediate uveitis

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**Pars planitis**

**Intermediate uveitis**

*How is PP/IU managed?*

- 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?
  - Treatment should initiated if:
    - The pt's vision is affected; or
    - CME and/or retinal vasculitis develops
- What sort of treatment plan should be initiated?
  - A four-step approach should be employed:
    1) Steroid therapy
    2) Peripheral retina ablation
    3) Vitrectomy
    4) Immunomodulatory therapy
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

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Uveitis: **Intermediate**

Pars planitis  Intermediate uveitis

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Uveitis: **Intermediate**

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**How is PP/IU managed?**

If an etiology is identified (i.e., 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?*

Treatment should be initiated if:

-- The pt's vision is affected; or

- **Abb.** and/or **two words** develops
**Uveitis: Intermediate**

- **Pars planitis**
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Uveitis: Intermediate

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Treatment should initiated if:
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**What sort of treatment plan should be initiated?**
A 4-step approach should be employed:
1) Steroid therapy
2) Peripheral retina ablation
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Uveitis: Intermediate

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What sort of treatment plan should be initiated?
A four-step approach should be employed:
1) ?
2)
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A four-step approach should be employed:
1) **Steroid therapy**
2) ?
3) ?
4) ?

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Some experts would reverse the order of these two
Uveitis: **Intermediate**

How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

What is the preferred route of steroid administration?
Periocular depot injection.

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.

What about systemic steroids? These can also be considered for severe/refractory disease, especially if it is bilateral.

What sort of treatment plan should be initiated?
A four-step approach should be employed:
1) **Steroid therapy**
2) Peripheral retina ablation
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Uveitis: **Intermediate**

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What is the preferred route of steroid administration?
Periocular depot injection

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

What sort of treatment plan should be initiated?
A four-step approach should be employed:

1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Intermediate uveitis

Pars planitis

How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued

What is the preferred route of steroid administration?
Periocular depot injection

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

What about systemic steroids?

What sort of treatment plan should be initiated?
A four-step approach should be employed:

1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
**Uveitis: Intermediate**

**Pars planitis**

**Intermediate uveitis**

**How is PP/IU managed?**
If an etiology is identified (i.e., if it is IU), treatment specific to that etiology should be pursued.

**What is the preferred route of steroid administration?**
Periocular depot injection.

**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.

**What about systemic steroids?**
These can also be considered for severe/refractory disease, especially if it is bilateral.

**What sort of treatment plan should be initiated?**
A four-step approach should be employed:

1) **Steroid therapy**
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
**Uveitis: Intermediate**

**Pars planitis**

**Intermediate uveitis**

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**How is PP/IU managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

**What is the preferred route of steroid administration?**
Periocular depot injection.

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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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1. **Steroid therapy**
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3. Vitrectomy
4. Immunomodulatory therapy
Uveitis: **Intermediate**

**Pars planitis**

**Intermediate uveitis**

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How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

When should peripheral retinal ablation be pursued?

1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

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

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
5) Treatment appropriate for the etiology is initiated

How is PP/IU managed?

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

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

What modality(ies) can be employed?

1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: **Intermediate**

**Pars planitis**

Intermediate uveitis

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**How is PP/IU managed?**

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

**When should peripheral retinal ablation be pursued?**

If the pt fails steroid therapy.

**What modality(ies) can be employed?**

Cryoablation, or laser photocoagulation.

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1) Steroid therapy
2) **Peripheral retina ablation**
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: *Intermediate*

**Pars planitis**

- Intermediate uveitis

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How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

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

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

Which area(s) should be targeted?

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1) Steroid therapy
2) **Peripheral retina ablation**
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: **Intermediate**

Pars planitis  Intermediate uveitis

1) The uveitis is profiled  
2) The profiled case is meshed  
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**How is PP/IU managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued

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

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

**Which area(s) should be targeted?**
If cryoablation is used, it should be applied…

1) Steroid therapy  
2) **Peripheral retina ablation**  
3) Vitrectomy  
4) Immunomodulatory therapy
**Uveitis: Intermediate**

**Pars planitis**

**Intermediate uveitis**

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How is PP/IU managed?

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

When should peripheral retinal ablation be pursued?

If the pt fails steroid therapy.

What modality(ies) can be employed?

Cryoablation, or laser photocoagulation.

Which area(s) should be targeted?

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

1) Steroid therapy
2) **Peripheral retina ablation**
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**Uveitis: Intermediate**

Pars planitis  Intermediate uveitis

**How is PP/IU managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

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

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

**Which area(s) should be targeted?**
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...

1) Steroid therapy
2) **Peripheral retina ablation**
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Uveitis: **Intermediate**

**Pars planitis**

**Intermediate uveitis**

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**How is PP/IU managed?**

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

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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 area(s) should be targeted?**

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)

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1) Steroid therapy
2) **Peripheral retina ablation**
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: Intermediate

Pars planitis  Intermediate uveitis

How is PP/IU managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued

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

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

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

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Uveitis: Intermediate

Pars planitis

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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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Probably laser photocoagulation. Cryoablation carries a risk of retinal detachment, which photocoagulation does not.

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2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
How is PP/IU managed?
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?
Treatment should initiated if:
--The pt's vision is affected; or

When should vitrectomy be pursued?

2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: **Intermediate**

**Pars planitis**

Intermediate uveitis

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**How is PP/IU managed?**
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*Under what circumstances should treatment be initiated?*
Treatment should initiated if:
--The pt's vision is affected; or

*When should vitrectomy be pursued?*
If ablation fails to control the disease, and systemic immunomodulatory therapy is unacceptable.

2) Peripheral retina ablation
3) Vitrectomy
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Uveitis: Intermediate

Pars planitis

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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?

2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
# Uveitis: Intermediate

**Pars planitis**  
**Intermediate uveitis**

**How is PP/IU managed?**
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Treatment should initiated if:
--The pt's vision is affected; or

*When should vitrectomy be pursued?*
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. Peripheral retina ablation
2. **Vitrectomy**
3. **Vitrectomy**
4. Immunomodulatory therapy
Uveitis: Intermediate

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Under what circumstances should treatment be initiated?
Treatment should be initiated if:
- The pt's vision is affected;
- CME and/or retinal vasculitis develops

When should immunomodulatory therapy be pursued?
- Methotrexate
- Cyclosporine
- Azathioprine
- Cyclophosphamide

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Treatment should be initiated if:

1) The pt's vision is affected;
2) CME and/or retinal vasculitis develops.

When should immunomodulatory therapy be pursued?
If other interventions failed, and/or if severe bilateral disease is present.

A four-step approach should be employed:
1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy

Which agents can/should be considered?
-- Methotrexate
-- Cyclosporine
-- Azathioprine
-- Cyclophosphamide
**Uveitis:** Intermediate

**Pars planitis**

Intermediate uveitis

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