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

Anterior

Intermediate

Posterior

Panuveitis

Sarcoid
In broadest terms, how would you describe sarcoid?
In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas.
**Uveitis: Sarcoid**

*In broadest terms, how would you describe sarcoid?*

It is a multi-organ disease characterized by the presence of noncaseating granulomas.
In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause?
Uveitis: Sarcoid

Sarcoid: Overview

In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas

What is the cause?
As of this writing, it is unknown
**Uveitis: Sarcoid**

**Sarcoid: Overview**

*In broadest terms, how would you describe sarcoid?*
It is a multi-organ disease characterized by the presence of noncaseating granulomas

*What is the cause?*
As of this writing, it is unknown

*What organ/system is most commonly involved in sarcoid?*
In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas

What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
The lungs. So when meshing, look for a c/o SOB/DOE
In broadest terms, how would you describe sarcoid?
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What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
The lungs. So when meshing, look for a c/o SOB/DOE

Which other organ systems can be involved?
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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*What is the cause?*
As of this writing, it is unknown

*What organ/system is most commonly involved in sarcoid?*
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*Which other organ systems can be involved?*
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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What is the single-best screening test for sarcoid?
**Sarcoid: Overview**

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It is a multi-organ disease characterized by the presence of noncaseating granulomas.

*What is the cause?*

As of this writing, it is unknown.

*What organ/system is most commonly involved in sarcoid?*

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*Which other organ/systems can be involved?*

Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

*What is the single-best screening test for sarcoid?*

**Chest X-ray**
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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*What is the cause?*
As of this writing, it is unknown

*What organ/system is most commonly involved in sarcoid?*
**The lungs.** So when meshing, look for a c/o SOB/DOE

*Which other organ systems can be involved?*
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

*What is the single-best screening test for sarcoid?*
**Chest X-ray**

*What is the classic CXR finding?*
In broadest terms, how would you describe sarcoid? It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause? As of this writing, it is unknown.

What organ/system is most commonly involved in sarcoid? The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ systems can be involved? Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What is the single-best screening test for sarcoid? Chest X-ray.

What is the classic CXR finding? Bilateral hilar adenopathy.
**Uveitis: Sarcoid**

**Sarcoid: Overview**

*In broadest terms, how would you describe sarcoid?*
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

*What is the cause?*
As of this writing, it is unknown.

*What organ/system is most commonly involved in sarcoid?*
The lungs. So when meshing, look for a c/o SOB/DOE.

*Which other organ systems can be involved?*
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

*A pt presents with acute-onset sarcoidosis manifesting with fever, athralgias, erythema nodosum, hilar adenopathy and acute iritis. What is the eponymous name for this condition?*

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.
In broadest terms, how would you describe sarcoid? It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause? As of this writing, it is unknown.

What organ/system is most commonly involved in sarcoid? The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ systems can be involved? Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

A pt presents with acute-onset sarcoidosis manifesting with fever, athralgias, erythema nodosum, hilar adenopathy and acute iritis. What is the eponymous name for this condition? Löfgren syndrome.
Uveitis: **Sarcoid**

**Sarcoid: Overview**

*In broadest terms, how would you describe sarcoid?*

It is a multi-organ disease characterized by the presence of noncaseating granulomas.

*What is the cause?*

As of this writing, it is unknown.

*What organ/system is most commonly involved in sarcoid?*

The lungs. So when meshing, look for a c/o SOB/DOE.

*Which other organ systems can be involved?*

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A pt presents with acute-onset sarcoidosis manifesting with fever, athralgias, erythema nodosum, hilar adenopathy and acute iritis. **What is the eponymous name for this condition?**

**Löfgren syndrome**

A pt presents with acute-onset sarcoidosis manifesting with fever, uveitis, parotitis and facial palsy. **What is the eponymous name for this condition?**
Uveitis: Sarcoid

Sarcoid: Overview

In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas

What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
The lungs. So when meshing, look for a c/o SOB/DOE

Which other organ systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

A pt presents with acute-onset sarcoidosis manifesting with fever, athralgias, erythema nodosum, hilar adenopathy and acute iritis. What is the eponymous name for this condition?
Löfgren syndrome

A pt presents with acute-onset sarcoidosis manifesting with fever, uveitis, parotitis and facial palsy. What is the eponymous name for this condition?
Heerfordt syndrome
In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause?
As of this writing, it is unknown.

What organ/system is most commonly involved in sarcoid?
The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

A pt presents with acute-onset sarcoidosis manifesting with fever, arthralgias, erythema nodosum, hilar adenopathy and acute iritis. What is the eponymous name for this condition?
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A pt presents with acute-onset sarcoidosis manifesting with fever, uveitis, parotitis and facial palsy. What is the eponymous name for this condition?
Heerfordt syndrome
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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*What is the cause?*
As of this writing, it is unknown.

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The lungs. So when meshing, look for a c/o SOB/DOE.

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A pt presents with acute-onset sarcoidosis manifesting with fever, athralgias, erythema nodosum, hilar adenopathy and acute iritis. What is the eponymous name for this condition? **Löfgren syndrome**

A pt presents with acute-onset sarcoidosis manifesting with fever, uveitis, parotitis and facial palsy. What is the eponymous name for this condition? **Heerfordt syndrome**

Parotitis? Facial palsy? *What on earth do these have to do with each other?*
A lot, actually. Recall that, upon exiting the skull, the facial nerve dives into the parotid gland before branching. Thus, it is not surprising that inflammation of the parotid gland could produce facial nerve palsy.
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The lungs. So when meshing, look for a c/o SOB/DOE

Which other organ systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?
**Uveitis: Sarcoid**

**Sarcoid: Overview**

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*What is the cause?*
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Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

*What percentage of sarcoid pts have ocular involvement?*
About 50
In broadest terms, how would you describe sarcoid?
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What is the cause?
As of this writing, it is unknown.

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The lungs. So when meshing, look for a c/o SOB/DOE.

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Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?
About 50.

Of pts with ocular sarcoid, how many will present with an anterior uveitis?
Uveitis: **Sarcoid**

**Sarcoid: Overview**

*In broadest terms, how would you describe sarcoid?*
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Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

*What percentage of sarcoid pts have ocular involvement?*
About 50

*Of pts with ocular sarcoid, how many will present with an anterior uveitis?*
About 2/3
Uveitis: **Sarcoid**

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What percentage of sarcoid pts have ocular involvement?
About 50.

Of pts with ocular sarcoid, how many will present with an anterior uveitis?
About 2/3.

How will the rest present?
Uveitis: Sarcoid

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What percentage of sarcoid pts have ocular involvement?
About 50

Of pts with ocular sarcoid, how many will present with an anterior uveitis?
About 2/3

How will the rest present?
Most with either a posterior uveitis or panuveitis
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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*What percentage of sarcoid pts have ocular involvement?*

About 50%

For what population is the incidence of ocular involvement far higher--around 90%?
Uveitis: *Sarcoid*

**Sarcoid: Overview**

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*What percentage of sarcoid pts have ocular involvement?*
About 50%.

*For what population is the incidence of ocular involvement far higher--around 90%?*
Very young (<4-5 years old) children, in whom it is known as *early-onset sarcoid*. 
Uveitis: Sarcoid

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**Early-onset sarcoid presents classically with a triad of signs/symptoms—what are they?**

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For what population is the incidence of ocular involvement far higher--around 90%?
Very young (<4-5 years old) children, in whom it is known as early-onset sarcoid

Early-onset sarcoid presents classically with a triad of signs/symptoms—what are they?
--Uveitis
--Arthritis
--Rash
In broadest terms, how would you describe sarcoid?
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Early-onset sarcoid presents classically with a triad of signs/symptoms—what are they?
--Uveitis
--Arthritis
--Rash.

Early-onset sarcoid is difficult to distinguish from what other immunologic dz of childhood?
Uveitis: **Sarcoid**

**Sarcoid: Overview**

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Early-onset sarcoid presents classically with a triad of signs/symptoms—what are they?
--Uveitis
--Arthritis
--Rash.

Early-onset sarcoid is difficult to distinguish from what other immunologic dz of childhood?
JRA--juvenile rheumatoid arthritis (aka juvenile idiopathic arthritis, JIA).
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What is the cause?
As of this writing, it is unknown

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What percentage of sarcoid pts have ocular involvement?
About 50

Who is the typical sarcoid pt in the US?
In broadest terms, how would you describe sarcoid? 
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause? 
As of this writing, it is unknown.

What organ/system is most commonly involved in sarcoid? 
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Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement? 
About 50.

Who is the typical sarcoid pt in the US? 
An African-American.
In broadest terms, how would you describe sarcoid?
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What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
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What percentage of sarcoid pts have ocular involvement?
About 50

Who is the typical sarcoid pt in the US?
An African-American

How about world-wide? Which ethnic group has the highest prevalence of sarcoid?
In broadest terms, how would you describe sarcoid?  
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause?  
As of this writing, it is unknown.

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The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ systems can be involved?  
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What percentage of sarcoid pts have ocular involvement?  
About 50.

Who is the typical sarcoid pt in the US?  
An African-American.

How about world-wide? Which ethnic group has the highest prevalence of sarcoid?  
Whites residing in Northern Europe.
In broadest terms, how would you describe sarcoid? It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause? As of this writing, it is unknown.

What organ/system is most commonly involved in sarcoid? The lungs. So when meshing, look for a c/o SOB/DOE.

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**Uveitis: Sarcoid**

**Sarcoid: Overview**

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What organ/system is most commonly involved in sarcoid? The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ systems can be involved? Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement? About 50.

Who is the typical sarcoid pt in the US? An African-American.

During what age-range does dz onset typically occur?
*Uveitis: Sarcoid*

**Sarcoid: Overview**

In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas.

What is the cause?
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The lungs. So when meshing, look for a c/o SOB/DOE.

Which other organ/systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?
About 50.

Who is the typical sarcoid pt in the US?
An African-American.

During what age-range does dz onset typically occur?
Usually 20 to 50.
In broadest terms, how would you describe sarcoid?
It is a multi-organ disease characterized by the presence of noncaseating granulomas

What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
The lungs. So when meshing, look for a c/o SOB/DOE

Which other organ systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?
About 50

Who is the typical sarcoid pt in the US?
An African-American

During what age-range does dz onset typically occur?
Usually 20 to 50

Is there a gender predilection for sarcoid?
Uveitis: **Sarcoid**

**Sarcoid: Overview**

In broadest terms, how would you describe sarcoid?
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What is the cause?
As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?
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Which other organ systems can be involved?
Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?
About 50

Who is the typical sarcoid pt in the US?
An African-American

During what age-range does dz onset typically occur?
Usually 20 to 50

Is there a gender predilection for sarcoid?
Female (but only slightly, so don’t consider this when meshing)
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**

- Acute
  - Unilateral
- Chronic
  - Bilateral

**Nongranulomatous**

As an isolated anterior uveitis, how can sarcoid present?
Uveitis: **Anterior**

- Granulomatous
  - *TB*
  - *Sarcoid*
  - Syphilis
  - HSV
  - VKH
  - Toxoplasmosis
  - Lyme

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

*As an isolated anterior uveitis, how can sarcoid present? As anything!*
Uveitis: **Anterior**

Granulomatous
- *TB*
- *Sarcoid?*
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

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

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

**As an isolated anterior uveitis, how does sarcoid typically present?**
As an isolated anterior uveitis, how does sarcoid typically present?

As a granulomatous uveitis
Uveitis: **Anterior**

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

**Nongranulomatous**

1) The uveitis is profiled
2) The profiled case is meshed
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5) Treatment appropriate for the etiology is initiated

*What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?*
Uveitis: **Anterior**

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

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis? The cornea, iris and (to a lesser extent) anterior vitreous

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 three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis? The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?
--Cornea (one finding):
--Iris (two findings):
--Anterior vitreous (one finding):
Uveitis: *Anterior*

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

**Nongranulomatous**

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What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis? The cornea, iris and (to a lesser extent) anterior vitreous.

**What are the findings for each?**
- **Cornea** (one finding): *Large granulomatous KP*
- **Iris** (two findings):
- **Anterior vitreous** (one finding):
Uveitis: **Anterior**

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

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?
- **Cornea** (one finding): **Large granulomatous KP**
- **Iris** (two findings):
- **Anterior vitreous** (one finding):
Uveitis: **Anterior**

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

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?

The cornea, iris and (to a lesser extent) anterior vitreous

**What are the findings for each?**

---

**Cornea** (one finding): Large granulomatous KP

**Iris** (two findings): Nodules and synechiae

**Anterior vitreous** (one finding):

---

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

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**What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?**
The cornea, iris and (to a lesser extent) anterior vitreous

**What are the findings for each?**

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--- **Iris** (two findings): **Nodules** and **synechiae**
--- **Anterior vitreous** (one finding):
Uveitis: **Anterior**

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

- Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?

- **Cornea** (one finding): Large granulomatous KP
- **Iris** (two findings): Nodules and synechiae
- **Anterior vitreous** (one finding): Clumped inflammatory cells (especially inferiorly)
Uveitis: **Anterior**

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

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
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What are the findings for each?
-- **Cornea** (one finding): **Large granulomatous KP**

What two-word term is often used to describe the appearance of KP in sarcoid?
Uveitis: **Anterior**

Granulomatous

- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?

The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?

- **Cornea** (one finding): Large granulomatous KP

What two-word term is often used to describe the appearance of KP in sarcoid?

‘Mutton fat’
Uveitis: **Anterior**

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

**Nongranulomatous**

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What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis? The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?

--**Cornea** (one finding): *Large granulomatous KP*

What two-word term is often used to describe the appearance of KP in sarcoid? ‘Mutton fat’

The KP in sarcoid tend to be concentrated in a particular region of the endothelial surface. What is the eponymous name for this region?
Uveitis: **Anterior**

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

Nongranulomatous

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**Cornea** (one finding): *Large granulomatous KP*

*What two-word term is often used to describe the appearance of KP in sarcoid?*

`Mutton fat`

*The KP in sarcoid tend to be concentrated in a particular region of the endothelial surface. What is the eponymous name for this region?*

**Arlt’s triangle**
**Uveitis: Anterior**

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

**Nongranulomatous**

---

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**What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?**
The cornea, iris and (to a lesser extent) anterior vitreous

**What are the findings for each?**
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- **Cornea** (one finding): Large granulomatous KP
- **Iris** (two findings): Nodules and synechiae
- **Anterior vitreous** (one finding): Clumped inflammatory cells (especially inferiorly)

---

**There are three eponymous iris nodules in sarcoid. What are they…**
--?
--?
--?
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

*What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?*

The cornea, iris and (to a lesser extent) anterior vitreous

*What are the findings for each?*

--Cornea (one finding): **Large granulomatous KP**

--Iris (two findings): **Nodules** and synechiae

--Anterior vitreous (one finding): **Clumped inflammatory cells** (especially inferiorly)

*There are three eponymous iris nodules in sarcoid. What are they…*

--Koeppe nodules
--Busacca nodules
--Berlin nodules
Uveitis: **Anterior**

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

Nongranulomatous

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- **Koeppe nodules:** ?
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- **Berlin nodules:** ?
Uveitis: **Anterior**

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**There are three eponymous iris nodules in sarcoid. What are they…and where on the iris are they found?**
- **Koeppe nodules**: Pupillary margin
- **Busacca nodules**: Mid-iris
- **Berlin nodules**: The iris angle
Uveitis: *Anterior*

Granulomatous

- TB
- Sarcoid
- Syphilis
- HSV

Nongranulomatous

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There are three eponymous iris nodules in sarcoid. What are they… and where on the iris are they found?

---Köpppe nodules: Pupillary margin
---Busacca nodules: Mid-iris
---Berlin nodules: The iris angle

Are these pathognomonic for sarcoid?

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
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Are iris synechiae common in sarcoid uveitis?

Yes. They can be posterior, peripheral-anterior (ie, PAS), or both.

If left unchecked, will synechiae in sarcoid lead to angle-closure glaucoma?

Yes.
Uveitis: *Anterior*

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

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Nongranulomatous

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**Where are synechiae located in sarcoid?**

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Where are synechiae located in sarcoid?
They can be posterior, peripheral-anterior (i.e., PAS), or both

If left unchecked, will synechiae in sarcoid lead to angle-closure glaucoma?
Yes
Uveitis: **Anterior**

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

Nongranulomatous

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Uveitis: **Anterior**

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

Nongranulomatous

---

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**Cornea** (one finding): **Large granulomatous KP**

**Iris** (two findings): **Nodules** and **synechiae**

**Anterior vitreous** (one finding): **Clumped inflammatory cells** (especially inferiorly)

---

Clumps of inflammatory cells floating in the vitreous are known as what?
Uveitis: **Anterior**

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

### Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis? The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?
- Cornea (one finding): Large granulomatous KP
- Iris (two findings): Nodules and synechiae
- Anterior vitreous (one finding): **Clumped inflammatory cells** (especially inferiorly)

Clumps of inflammatory cells floating in the vitreous are known as what? ‘Snowballs’

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Uveitis: *Anterior*

Granulomatous

- TB?
- **Sarcoid**
- Syphilis?
- HSV?
- VKH?
- Toxoplasmosis?
- Lyme?

Nongranulomatous

Of the entities listed here, which other(s) may present with mutton-fat KP and iris nodules?
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Sarcoid
  - Syphilis
  - HSV
  - VKH
  - Toxoplasmosis
  - Lyme

- **Nongranulomatous**

---

Of the entities listed here, which other(s) may present with mutton-fat KP and iris nodules?

TB and syphilis. (Remember, TB, sarcoid and syphilis can present in multiple ways!)
1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Is intermediate uveitis a common manifestation of sarcoid?

In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material?

'String of pearls'
Is intermediate uveitis a common manifestation of sarcoid? No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Is intermediate uveitis a common manifestation of sarcoid? No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.
**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

---

**Anterior**

**Posterior**

**Intermediate**

**Panuveitis**

---

**Sarcoid**

*Is intermediate uveitis a common manifestation of sarcoid?*
No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

*In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material?*

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Is intermediate uveitis a common manifestation of sarcoid? No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material? ‘String of pearls’
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Is intermediate uveitis a common manifestation of sarcoid? No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material?

The term 'string of pearls' is also used to describe the vitreous aggregates in another inflammatory condition--which one? (Hint: It's an infectious endophthalmitis)
1) The uveitis is profiled
2) The profiled case is meshed
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In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material? 'String of pearls'

The term string of pearls is also used to describe the vitreous aggregates in another inflammatory condition—which one? (Hint: It’s an infectious endophthalmitis)
Candida endophthalmitis
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

On the other hand, sarcoid is well-known for presenting as a **posterior uveitis**.

Sarcoid
Uveitis: **Posterior**

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

What percentage of sarcoid uveitis pts have posterior manifestations?
Uveitis: **Posterior**

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

What percentage of sarcoid uveitis pts have posterior manifestations?
About 20
Uveitis: **Posterior**

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

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 percentage of sarcoid uveitis pts have posterior manifestations?**
About 20

**What are the two most common posterior manifestations?**
--
--
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina and/or optic nerve
--Retinal...
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina and/or optic nerve
--Retinal vasculitis
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina and/or optic nerve

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Uveitis: **Posterior**

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

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 percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
- Granulomas of the choroid, retina and/or optic nerve
- Retinal vasculitis

*Is the vasculitis primarily an arteritis, a phlebitis, or both?*
Sarcoid tends to cause a phlebitis (more specifically, a periphlebitis)
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
-Granulomas of the choroid, retina and/or optic nerve

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Sarcoid tends to cause a phlebitis (more specifically, a periphlebitis)
Uveitis: **Posterior**

- Choroiditis
- **Chorioretinitis** or **Retinochoroiditis**
- Retinitis
- Neuroretinitis

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 percentage of sarcoid uveitis pts have posterior manifestations?**
About 20%

**What are the two most common posterior manifestations?**
- Granulomas of the choroid, retina and/or optic nerve
- **Retinal vasculitis**

**Is the vasculitis primarily an arteritis, a phlebitis, or both?**
Sarcoid tends to cause a phlebitis (more specifically, a **periphlebitis**)

**What is the classic appearance of sarcoid periphlebitis?**
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina and/or optic nerve
--Retinal vasculitis

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Sarcoid tends to cause a phlebitis (more specifically, a periphlebitis)

What is the classic appearance of sarcoid periphlebitis?
Small yellowish-white nodular granulomas accumulate along venules in a pattern referred to as candle-wax drippings
What percentage of sarcoid uveitis pts have posterior manifestations? About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina and/or optic nerve--

Retinal vasculitis

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Sarcoid tends to cause a phlebitis (more specifically, a \textit{periphlebitis})

What is the classic appearance of sarcoid periphlebitis?
Small yellowish-white nodular granulomas accumulate along venules in a pattern referred to as \textit{candle-wax drippings}
Uveitis: **Posterior**

- Choroiditis
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- Retinitis
- Neuroretinitis

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What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
- Granulomas of the choroid, retina and/or optic nerve
- Retinal vasculitis

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Sarcoid tends to cause a phlebitis (more specifically, a *periphlebitis*).

What is the classic appearance of sarcoid periphlebitis?
Small yellowish-white nodular granulomas accumulate along venules in a pattern referred to as *candle-wax drippings*.

What French term for candle-wax drippings is encountered frequently in the ophthalmic literature?
What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

What are the two most common posterior manifestations?
--Granulomas of the choroid, retina, and/or optic nerve--

Retinal vasculitis

Is the vasculitis primarily an arteritis, a phlebitis, or both?
Sarcoid tends to cause a phlebitis (more specifically, a periphlebitis)

What is the classic appearance of sarcoid periphlebitis?
Small yellowish-white nodular granulomas accumulate along venules in a pattern referred to as candle-wax drippings

What French term for candle-wax drippings is encountered frequently in the ophthalmic literature?
Taches de bougie
Uveitis

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

Anterior

Posterior

Intermediate

Panuveitis

It is important to recognize that sarcoid can present as a **panuveitis**, with primary inflammation occurring in the anterior, intermediate and posterior segments of the eye simultaneously!

Sarcoid
As mentioned previously, CXR is the best screening test for sarcoid. If CXR is read as normal, but clinical suspicion for sarcoidosis remains high, what other imaging modality should be considered?
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Thin cut CT of the chest
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If both CXR and CT fail to reveal evidence of sarcoid, what other imaging test could be considered?
As mentioned previously, CXR is the best screening test for sarcoid. If CXR is read as normal, but clinical suspicion for sarcoidosis remains high, what other imaging modality should be considered? Thin cut CT of the chest.

If both CXR and CT fail to reveal evidence of sarcoid, what other imaging test could be considered? Whole-body gallium scan (good luck getting that approved)
Uveitis

Sarcoid: Diagnosis

As mentioned previously, CXR is the best screening test for sarcoid. If CXR is read as normal, but clinical suspicion for sarcoidosis remains high, what other imaging modality should be considered? Thin cut CT of the chest

What two lab tests should be considered?
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Thin cut CT of the chest

What two lab tests should be considered?
Serum ACE, and lysozyme
Uveitis

Sarcoid: Diagnosis

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Thin cut CT of the chest

What two lab tests should be considered?

Serum ACE and lysozyme

What does ACE stand for?

Angiotensin converting enzyme

With what functional system/unit is this enzyme associated?

The renin-angiotensin system

What role does ACE play in the renin-angiotensin system?

It converts angiotensin I to angiotensin II
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

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**Sarcoid: Diagnosis**

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What does ACE stand for? Angiotensin converting enzyme.

*With what functional system/unit is this enzyme associated?* The renin-angiotensin system.
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Briefly, what does the renin-angiotensin system do?
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Briefly, what does the renin-angiotensin system do?

Help regulate blood pressure and fluid status
Uveitis

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Briefly, what is lysozyme?
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Thin cut CT of the chest

What two lab tests should be considered?

Serum ACE, and lysozyme

**Briefly, what is lysozyme?**

An enzyme secreted by monocytes and PMNs
Uveitis

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Why are ACE levels elevated in sarcoid?
The epithelioid and giant cells found in the granulomas are believed to secrete it
Uveitis
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Fair enough. But how about in a pt presenting with uveitis? If such a pt has elevated ACE, is it pathognomonic for sarcoid?
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Fair enough. But how about in a pt presenting with uveitis? If such a pt has elevated ACE, is it pathognomonic for sarcoid?

No. Elevated ACE has been associated with other uveitides as well.
Uveitis

**Sarcoid: Diagnosis**

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Thin cut CT of the chest

What two lab tests should be considered?

Serum ACE, and lysozyme

In sarcoidosis, are ACE and lysozyme levels expected to be abnormally high?

High

Why are lysozyme levels elevated in sarcoid?
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In sarcoidosis, are ACE and lysozyme levels expected to be high?

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In sarcoidosis, are ACE and lysozyme High

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Thin cut CT of the chest

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In sarcoidosis, are ACE and lysozyme levels expected to be abnormally high, or low?
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Two other common lab tests could reasonably be expected to be abnormal in sarcoid. What are they?
Serum ACE, and lysozyme, Ca\(^{2+}\) and alk phos

In sarcoidosis, are ACE and lysozyme levels expected to be high?

If the levels are WNL, does this rule out ocular sarcoidosis?
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Uveitis

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In sarcoidosis, are ACE and lysozyme levels expected to be high? Yes.

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Two other common lab tests could reasonably be expected to be abnormal in sarcoid. What are they?

Serum calcium, and alkaline phosphatase

In what percent of sarcoid cases is $Ca^{2+}$ elevated?

Only about 10, so it’s not terribly helpful

In what percent of sarcoid cases is alk phos elevated?

Also about 10 (not necessarily the same 10, though)
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What is the only way to definitively diagnose sarcoidosis?
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What is the only way to definitively diagnose sarcoidosis?
Via biopsy demonstrating the presence of noncaseating granulomas
Uveitis

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What nonocular structures are typically biopsied?

biopsy
Uveitis

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What eye-related structures are often biopsied?
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What nonocular structures are typically biopsied? The lung (transbroncial); enlarged lymph nodes; skin lesions

What eye-related structures are often biopsied? Main lacrimal gland (if enlarged); the conj
**Uveitis**

**Sarcoid: Diagnosis**

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**What nonocular structures are typically biopsied?**

- The lung (transbroncial); enlarged lymph nodes; skin lesions
- Main lacrimal gland (if enlarged); the conj

**What do you have to worry about if you biopsy the main lac gland?**

- Bagging the ductules, thereby decreasing secretion and causing a dry eye
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Via biopsy demonstrating the presence of noncaseating granulomas

What eye-related structures are often biopsied?
Main lacrimal gland (if enlarged);

If the conj has no obvious nodules, is it reasonable to perform a ‘blind biopsy;’ ie, of normal-appearing conj?
Uveitis

Sarcoid: Diagnosis

As mentioned previously, CXR is the best screening test for sarcoid. If CXR is read as normal, but clinical suspicion for sarcoidosis remains high, what other imaging modality should be considered?
Thin cut CT of the chest

What two lab tests should be considered?
Serum ACE, and lysozyme

In sarcoidosis, are ACE and lysozyme levels expected to be abnormally high, or low?
High

If the levels are WNL, does this rule out ocular sarcoidosis?
No. ACE and lysozyme levels reflect the overall granuloma burden of the body. Thus, if sarcoidosis is limited in scope (eg, if it’s mainly/only ocular), ACE and lysozyme levels are likely to be WNL.

What common class of HTNive med will artificially lower the ACE level?
ACE inhibitors. Be sure to know whether your pt takes an ACEI before ordering a level!

What nonocular structures are typically biopsied?
The lung (transbroncial); enlarged lymph nodes; skin lesions

What eye-related structures are often biopsied?
Main lacrimal gland (if enlarged); the conj

If the conj has no obvious nodules, is it reasonable to perform a ‘blind biopsy,’ ie, of normal-appearing conj?
Yes
Uveitis

Sarcoid: Treatment

What is the first-line med for sarcoid uveitis?
Uveitis

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Steroids
Uveitis

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Topical, periocular or systemic?
Uveitis

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What other treatment is important to include, and why?
Uveitis

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*What about biologics--are they useful in controlling sarcoid uveitis?*
Yes, specifically with infliximab (Remicade)