Uveitis

The uvea is the middle layer in the eye sandwiched between the retina (innermost layer) and the sclera (outermost layer). The uvea contains many blood vessels that carry blood to and from the eye. Uveitis is inflammation of the uvea. Since the uvea nourishes many important parts of the eye, uveitis can damage your sight.

Symptoms can include pain, “floaters,” blurriness, light sensitivity, and redness. Uveitis may develop suddenly with redness and pain or with just a blurring of vision.

Causes of this condition include viruses like mumps, shingles, or herpes simplex; eye injuries; fungi or parasites; autoimmune diseases; and others. In most cases, the cause is unknown.

Uveitis is diagnosed by an examination of the eye. In addition, your ophthalmologist (Eye M.D.) may order blood tests, skin tests, or x-rays and also will want information about your overall health.

There are different types of uveitis:

Iritis
With iritis, the uvea is inflamed near the front of the eye in the iris. Iritis has a sudden onset and may last up to eight weeks.

Cyclitis
Cyclitis affects the muscle that focuses the lens in the middle part of the eye. It develops suddenly and lasts for several months.

Choroiditis
This is an inflammation in the back of the eye. It can develop more slowly than the other forms of uveitis and last longer, although this is variable.

Because uveitis is a serious condition that can cause permanent damage to the eye, it needs to be treated as soon as possible. Eyedrops and pupil dilators reduce inflammation and pain. For more severe inflammation, oral medications or injections may be necessary. If uveitis is associated with other conditions like glaucoma or retinal damage, surgery may be required.

If you have a “red eye” that does not clear up quickly, ocular pain, or other significant symptoms, see your ophthalmologist as soon as possible.