Oxford University Hospitals
NHS Foundation Trust

Intermediate Uveitis

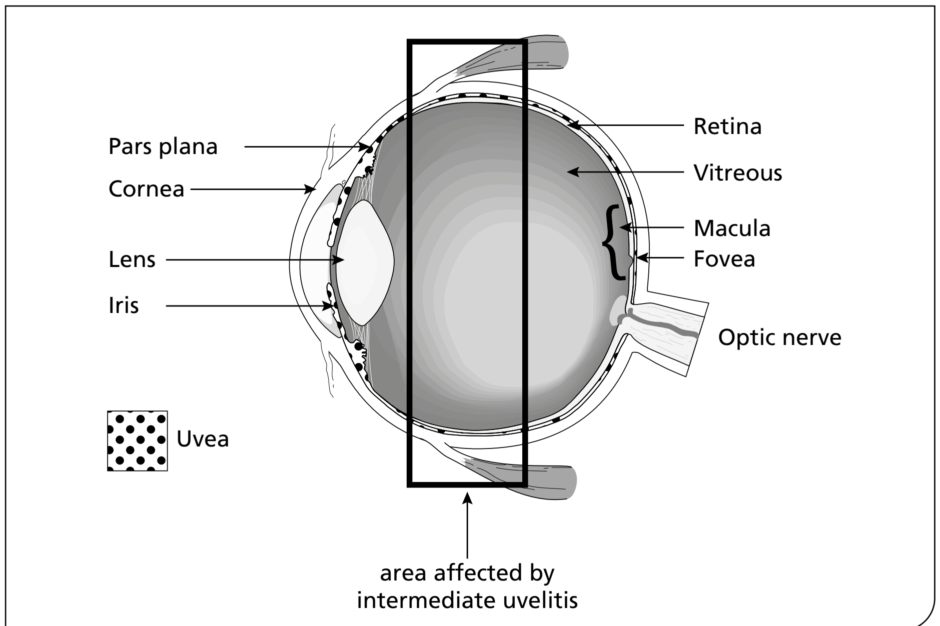
Information for patients

Ocular Inflammation Service,
Oxford Eye Hospital

What is intermediate uveitis?

Uveitis is an inflammation of the inside of the eye, specifically the layer of the eye called the uvea. The term, 'intermediate uveitis' is used to describe the location of the inflammation in the eye. The part of the eye affected is the peripheral part (outer edge) of the retina (inner most layer of the eye), the vitreous and the pars plana.

The part of the eye affected in intermediate uveitis.



The older terms 'pars planitis' and 'cyclitis' are often used to describe intermediate uveitis.

Intermediate uveitis most commonly affects teenagers, but can also occur in very young children.

Symptoms

This is generally not a painful condition and your eyes are not likely to be red or sore. You are likely to have blurred vision and/ or floaters (black dots or wispy lines that move across your field of vision). Both of your eyes are likely to be affected but not always at the same time and not to the same degree.

You may have this condition for quite some time before it is diagnosed, because you might not have been aware of any problem. The severity of the condition varies greatly. Often vision may not be affected at all but complications such as vitreous opacification and macular oedema may cause vision loss (see next section for details). Some people with intermediate uveitis also develop anterior uveitis (also known as iritis). The main symptom of anterior uveitis is pain and sometimes a reddish eye.

Complications of iritis (which include cataracts and raised eye pressure) may cause vision loss.

Vitreous opacification

This is caused by debris from the inflammation getting into the vitreous humour (the ‘clear jelly’ which fills the eye). This produces ‘floaters’ which can be annoying but don’t usually affect your vision when it is measured by an eye chart. However, if this complication becomes more severe, your vision may be blocked by the floaters.

Macular oedema

The macula is the tiny part of the retina which is responsible for your central or detailed vision. Fluid can build up in the macula and cause very specific problems with central vision, such as difficulty with reading notices, books, recognising people's faces or seeing anything directly in front of you. If this condition is severe, then straight lines (such as white lines along a road) may appear crooked.

What causes intermediate uveitis?

Often, like other types of uveitis, the cause is unknown. However, intermediate uveitis can be associated with other diseases, such as sarcoidosis (a condition which causes small patches of swollen tissue to develop in the organs of the body).

We will carry out thorough investigations to help us make a diagnosis and guide your treatment. These investigations will include a series of blood tests, chest X-rays, and taking images of your retina (inner most layer of your eye), which will include scans and photographs. You may also need to have a fluorescein angiogram. This uses a dye, which is injected through a vein into your arm, to allow us to photograph the blood vessels supplying your retina.

How long will I have this condition?

This is an important question but not always an easy one to give a definite answer to. In younger people there is a chance that they will ‘grow out of’ the condition or it will ‘burn itself out’. This may be the case eventually, but it is possible that the condition may be around for several years. The main aim of treatment is to thoroughly treat and monitor the inflammation, so that it causes very little or no damage to your eyes before the condition hopefully ‘burns itself out’.

What is the treatment for intermediate uveitis?

We would start with treating any associated disease (such as sarcoidosis) that might be the cause of the intermediate uveitis.

To treat the intermediate uveitis itself, we normally use steroids. These can be given as tablets or possibly as injections around your eye. The injections are carried out in the eye clinic. We can give you local anaesthetic eye drops to make the area around your eyes go numb. With younger children we may carry out the injections under a general anaesthetic (where they are made to be asleep).

We may also use an immunosuppressive medication, such as mycophenolate mofetil, methotrexate or tacrolimus, alongside the steroids. We can then reduce the dosage of steroids if side effects are a problem.

Your eye doctor will monitor your treatment and adjust your medication if needed.

Additional information

If you have any further questions or need advice about your treatment please speak to your GP or your eye doctor at the Oxford Eye Hospital.

How to contact us

Oxford Eye Hospital

Telephone: **01865 234 567**

Monday to Friday, 08.30 to 4.30pm

Eye Casualty Telephone Triage

If you have an eye emergency, please do not come to Oxford Eye Hospital straightaway.

Call our specialised telephone triage number.

Telephone: **01865 234 567** option 1 followed by option 1

Monday to Friday, 8.30am to 4.30pm
Saturday and Sunday, 8.30am to 3.30pm
(including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS 111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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