Family Eye Care Center & Optical Gallery

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Glaucoma
Cataracts
Diabetic Eye Disease
Laser Surgery

Iritis

Iritis is a descriptive term for inflammation involving the anterior segment of the eye. Roughly 50% of the time, the cause of iritis is unknown ("idiopathic"). The other 50% of the time, it is associated with an ocular or systemic disease. With a systemic disease, iritis is just one manifestation of a disease which affects other organ systems. This category includes such disorders as ulcerative colitis, Crohn's disease, lymphoma, leukemia, pars planitis, sarcoidosis, Wegener's granulomatosis, ankylosing spondylitis, rheumatoid arthritis, juvenile rheumatoid arthritis, psoriatic arthritis, Reiter's syndrome, systemic lupus erythematosus and other collagen-vascular disorders. Local or disseminated infections can cause iritis. This category includes generalized viral infections, herpes simplex, herpes zoster, Lyme disease, toxoplasmosis, tuberculosis and syphilis. Iritis can also be caused by a localized corneal ulcer, trauma or eye surgery.

The **SYMPTOMS** of iritis include light sensitivity, red eye, tearing, pain, irritation, floaters and blurred vision. The pupil may be a different size in the affected eye when compared to the unaffected eye. Iritis usually affects only one eye but may be bilateral. Iritis may be a recurrent problem. If iritis is severe or recurrent, a work-up is performed to determine its etiology.

The majority of iritis cases resolve completely without complication. In serious cases, complications may ensue. Cataracts, glaucoma, corneal changes and macular edema are possible sequelae. Vision may be affected temporarily during the active phase of iritis. Permanent vision changes may result from the complications listed above. Careful monitoring is needed during the healing phase in order to ensure the best possible result.

Successful **treatment** of iritis depends on **EARLY DETECTION** and proper choice of medication. The mainstay of treatment consists of steroid and dilating eye drops. These medications are necessary to control the inflammation. Non-steroidal anti-inflammatory (NSAIDS) pills and eye drops are sometimes used as an adjunct to the above therapies. If the iritis is persistent and severe, it may be necessary to inject steroid medication into the soft tissues around the eye. This depot allows a high concentration of steroids to act continuously. Also, this avoids the potentially serious side effects of high doses of oral steroids. Oral steroids are sometimes prescribed. Once the iritis has resolved, it is important to not discontinue the medicines abruptly. A tapering schedule will be determined by your eye doctor.

In conclusion, **IRITIS** is inflammation inside the front chamber of the eye. Significant symptoms may occur. Early detection and treatment help to maximize the best possible outcome.

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