

Intermediate uveitis

Uveitis session 6th of August

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Intermediate uveitis (IU) is a rare disease – only 1% of uveitis presents as IU. The most common diseases associated with IU are sarcoidosis and MS, but up to 60-80% of IU is not associated with any other disease. Infectious IU is an extremely rare disease, especially in the Nordic countries.

IU is typically a bilateral disease that presents with visual symptoms, and without inflammatory symptoms. In IU, inflammation is predominantly located in the vitreous. Vitreous cells and haze are seen in active IU. The higher-grade the inflammation, the more blurred the fundus view is. Snowballs, other inflammatory debris, and snow banking may be present. At daily clinic, anterior uveitis, panuveitis and posterior uveitis are sometimes misdiagnosed as IU although exclusion criteria of IU are higher-grade anterior uveitis and posterior inflammation, except periphlebitis. Widefield and ultra-widefield fundus imaging and OCT are helpful in the diagnostics and follow-up of IU.

Treatment of non-infectious IU is initiated with systemic prednisolone, and in some cases, IU is limited with short corticosteroid therapy alone. The recurring and chronic IUs are treated with other immunomodulating therapies depending on the etiology of the disease. Most common complications of IU are macular oedema, epiretinal membranes, and cataract. Despite the complications, majority of patients with IU maintain good visual acuity in the follow-up.