

Understanding Uveitis

Inflammation inside the eye | A guide for patients

What is uveitis?

Uveitis (yoo-vee-EYE-tis) means inflammation inside the eye. It can affect one or both eyes and may occur once, return in flares, or persist. Symptoms can include blurred vision, floaters, redness, aching, and light sensitivity. Some forms cause little or no pain. Untreated inflammation can damage vision.

Types by cause

Type	What it means
Infectious	Caused by a microorganism, such as a virus, bacterium, or parasite. Examples include herpes viruses and the organisms that cause syphilis, tuberculosis, or toxoplasmosis.
Non-infectious	Not caused by infection. May be immune-related, linked to another medical condition, or follow injury or surgery. Often no specific cause is identified ("idiopathic").

Types by location

Type	Main area involved	Common symptoms
Anterior (iritis)	Front of the eye	Pain, redness, light sensitivity; blur
Intermediate	Vitreous (gel inside the eye)	Floaters and blur; often little pain
Posterior	Retina and/or choroid at the back of the eye	Blur, floaters, or missing areas of vision; often little pain
Panuveitis	Front, middle, and back	A combination of symptoms

What testing might I need?

Your doctor checks your vision, eye pressure, and the front and back of the eye, usually with dilation. Tell your doctor about prior flares, medicines, infections or exposures, and symptoms such as joint/back pain, rashes, mouth sores, or bowel problems.

Testing is tailored to your exam and history; **not everyone needs every test**. It may include OCT scans for retinal swelling, retinal photographs or dye testing for leakage, selected blood tests (such as syphilis, TB, or HLA-B27), or chest imaging. Sometimes a small eye-fluid sample is needed to look for infection or another cause. Other specialists may help.

How is it treated?

Infectious: Treatment targets the microorganism with antiviral, antibiotic, or antiparasitic medicine. Steroids may be added under close supervision, but do not replace treatment of the infection.

Non-infectious: Steroid drops often treat anterior uveitis. Dilating drops may ease pain and help prevent the iris from sticking to the lens. Deeper or more severe inflammation may need steroid injections, implants, pills, or occasionally IV treatment. Recurrent or persistent disease may need steroid-sparing medicines, such as methotrexate, mycophenolate, or a biologic.

Follow-up matters: Use medicines and taper steroids exactly as directed. Do not restart leftover steroid drops on your own. Visits monitor inflammation, swelling, cataracts, and eye pressure; some medicines require blood tests. Feeling better does not always mean inflammation has resolved.

When should I call?

Contact your eye doctor promptly for new or worsening eye pain, redness, light sensitivity, floaters, or blurred vision. Sudden vision loss, a curtain/shadow, or new flashes with many floaters needs urgent evaluation.

