

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.



认识葡萄膜炎

眼内炎症 | 患者须知

什么是葡萄膜炎？

葡萄膜炎是指眼内发生炎症，可累及一只或两只眼睛。它可能只发作一次，也可能反复发作或持续存在。症状包括视力模糊、飞蚊、眼红、眼痛和怕光。有些类型疼痛很轻，甚至没有疼痛。未经治疗的炎症可能损害视力。

按病因分类

类型	含义
感染性	由病毒、细菌或寄生虫等微生物引起。例如疱疹病毒，以及引起梅毒、结核病或弓形虫病的微生物。
非感染性	并非由感染引起，可能与免疫反应、身体其他疾病、眼外伤或手术有关。很多患者找不到明确病因，称为“特发性”。

按炎症部位分类

类型	主要受累部位	常见症状
前葡萄膜炎（虹膜炎）	眼球前部	眼痛、眼红、怕光、视力模糊
中间葡萄膜炎	玻璃体（眼内的凝胶状物质）	飞蚊和视力模糊；常无明显疼痛
后葡萄膜炎	眼球后部的视网膜和／或脉络膜	视力模糊、飞蚊或视野缺损；常无明显疼痛
全葡萄膜炎	眼球前部、中部和后部	可能同时出现上述多种症状

可能需要哪些检查？

医生会检查视力、眼压以及眼球前后部，通常需要散瞳。请告知医生既往发作情况、用药、感染或相关接触史，以及关节痛、背痛、皮疹、口腔溃疡或肠道症状。

检查根据病史和眼部表现选择，并非每个人都需要所有检查。可能包括检查视网膜水肿的OCT扫描、眼底照相、观察血管渗漏的荧光造影、针对性的血液检查（如梅毒、结核或HLA-B27）及胸部影像。有时需抽取少量眼内液体，寻找感染或其他病因，也可能请其他专科医生协助。

如何治疗？

感染性：使用抗病毒药、抗生素或抗寄生虫药，针对引起感染的微生物治疗。医生有时会在严密监测下加用糖皮质激素，但激素不能替代抗感染治疗。

非感染性：前葡萄膜炎常用激素滴眼液治疗。散瞳滴眼液可减轻疼痛，并帮助防止虹膜与晶状体粘连。较深部或较严重的炎症可能需要眼周或眼内激素注射、植入剂、口服药，偶尔需静脉用药。反复或持续的炎症可能需要减少激素依赖的药物，例如甲氨蝶呤、吗替麦考酚酯或生物制剂。

定期复诊很重要：严格按医嘱用药并逐渐减量，不要自行重新使用剩余的激素滴眼液。复诊可监测炎症、水肿、白内障和眼压；部分药物需要定期验血。症状改善不一定表示炎症已消退。

什么时候应联系医生？

如出现新的或加重的眼痛、眼红、怕光、飞蚊或视力模糊，请及时联系眼科医生。突然视力下降、幕帘状遮挡或阴影，或新出现闪光并伴大量飞蚊，需要紧急就诊。

