T you. In the last 2 yrs. I've been fortunate to see a number of very interesting uveitis pts of Dr's K and S. These patients generally have had uveitis of unknown etiology, and no clinical or lab evidence of systemic disorder.

Despite the absence of extra-ocular sx and signs we have looked closely at these patients for both infectious and non-infectious causes of U.

This morning I would like to briefly review the non-infectious causes which we generally consider, and touch on both the clinical and laboratory points.

(S) The diseases which we consider in this context generally fall under the heading of the rheumatic dis...

(S) These fall into several broad categories, most familiar are the so-called autoimmune RD's, diseases in which nechanisms of immunopath seem prominent

These diseases are associated with a wide range of ocular disease-cytoid bodies in SLE, episcleritis, scleritis, and scleromalacia in RA but interestinglythese diseases are not commonly associated with UVEITIS, with one notable exception, the form of pauciarticular JRA occuring in young girls associated with positive ANA in which 10-50 develop uveitis which may be sight threatening.

Far more often associated with UV are the diseases which fall under the general descriptiuon of spondyloarthropathies in that they involve the axial skeleton as well as peripheral joints and other structures.

Inflammatory diseases which involve the articulations of the spine and adjacent soft tissues. Involve inflammation of a body structure, the enthesis which I would hazard a guess most of you never heard of in medical school.

The enthes is the point of tendinous or ligamentous insertion into bone, and thus these diseases are tremde enthesiopathies or inflammations of the enthessis. These diseases have a prominent association with HLA B27.

eye disease

AS predominantly affects men and begins most often in the 30's. Clinical features are distinct from RA. The spine and hip joints are frequently affected, others less often. The SI joints are always affected. HLA B27+ in greater than 90%, compared to 7% in the general population. B27 may however rarely may be negative. 20% of healthy people of both sexes who are B27+ have some clinical features of sacroilietis or spondylitis.

Low back pain and stifnesss worse at night. 1/4 eventually have some peripheral arthritis. Acute anterior uveitis occurs in 20-30%, and may be the presenting manifestation.
Other disorders associated with B27 are Reiters syndrome, psoriatic spondyloarthritis, the spondyloarth of IBD, reactive arthritis, and acute anterior uveitis.

Reiters syndrome is characteruized by arthritis with urethritis and/or cervicitis, eye inflammation and mucocutaneous lesions.
It may occur following sexual exposure or bacillary dysentery (Salmonella, Shigella) in which case it is called post-dysentery Reiters or "reactive"

B27 in 80 of Cau, lower in blacks.

Bilateral conjuc is usually the eraliest ocular manifestation, however patients may develop subsequent attacks of non-granulomatous anterior uveitis.

Often the hx of urethritis after sexual exposure followed by conjuc and arthritis. Predilection for the lower extremities. Heel pain and Achilles tendinitis common.

Behcets syndrome if characterized by recurrent oral and genital apthous ulcers, arthritis, and eye inflammation. The oral ulcers in Bec are painful in contrast to the painless lesions in Reiters.

A wide spectrum of eye lesions from uveitis to papilitis is associated with Behcets. Other manifestations are thrombo, skin lesions, and low grade meningoencephalitis. Dx readily made when the triad of oral ulcers, genital ulcers and eye inflammation is present.

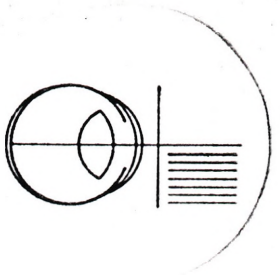
Last condition which I will briefly mention is the Vogt-Koyanagi-

Harada syndrome, again of unknown etio, sim in some respects to Behcets. Consists of uveitis, low grade meningoencephalitis, skin hypopigmentation, and dysacousia.

OPHTHALMOLOGY UPDATE FOR NON-OPHTHALMOLOGISTS

Saturday, May 26, 1984

Ocular Complications of Systemic Diseases



Jules Stein Eye Institute

and

Department of Ophthalmology

UCLA School of Medicine

Ophthalmology Continuing Education

Jules Stein Eye Institute

OPHTHALMOLOGY UPDATE FOR NON-OPHTHALMOLOGISTS

Series Schedule

Saturday, March 24, 1984

Ocular Complications of Diabetes and Diabetic Retinopathy

Saturday, May 26, 1984

Ocular Complications in Hypertension, Sickle-Cell Disease, and Collagen Vascular Diseases

Saturday, July 14, 1984

Ocular Complications in Syphilis, AIDS, and Other Inflammatory Diseases

Saturday, October 20, 1984

Ocular Diseases of Aging

Jules Stein Eye Institute

Ophthalmology Update for Non-Ophthalmologists

OCULAR COMPLICATIONS OF SYSTEMIC DISEASES

Saturday, May 26, 1984

Course Coordinator

Yossi Sidikaro, Ph.D., M.D.

Faculty of the UCLA School of Medicine

Michael S. Gottlieb, M.D.
Internal Medicine and Immunology

Samuel Skootsky, M.D.
Internal Medicine

Faculty of the Department of Ophthalmology

Scott G. Foxman, M.D.

Thomas A. Hanscom, M.D.

Stanley M. Kopelow, M.D.

Allan E. Kreiger, M.D.

Jonathan K. Ligh, M.D.

Yossi Sidikaro, Ph.D., M.D.

Marc O. Yoshizumi, M.D.

Jules Stein Eye Institute

Ophthalmology Update for Non-Ophthalmologists

OCULAR COMPLICATIONS OF SYSTEMIC DISEASES
Saturday, May 26, 1984

Seminar Room, First Level

8:00-8:30	COFFEE	
8:30-8:45	Nondiabetic Proliferative Retinopathies	Thomas A. Hanscom, M.D.
8:50-9:05	Angioid Streaks	Marc O. Yoshizumi, M.D.
9:10-9:25	Ocular Complications in Hypertension	Yossi Sidikaro, Ph.D., M.D.
9:30-9:40	Review of Terminology in Ocular Inflammatory Diseases	Scott G. Foxman, M.D.
9:40-10:00	Clinical Evaluation of Patients with Noninfectious Uveitis	Michael S. Gottlieb, M.D.
10:05-10:25	COFFEE BREAK	
10:25-10:40	Ocular Manifestations of Juvenile Rheumatoid Arthritis	Jonathan K. Ligh, M.D.
10:45-11:00	Ocular Complications and Treatment in Behcet's Disease	Allan E. Kreiger, M.D.
11:05-11:20	Ocular Complications in Sarcoidosis	Yossi Sidikaro, Ph.D., M.D.
11:25-11:40	Clinical Evaluation of Patients with Sarcoidosis	Samuel Skootsky, M.D.
11:45-12:00	PANEL DISCUSSION	
12:00 noon	Adjournment	

Jules Stein Eye Institute

Ophthalmology Update for Non-Ophthalmologists

OCULAR COMPLICATIONS OF SYSTEMIC DISEASES
Saturday Morning, May 26, 1984

Notes