

Chronic uveitis is a condition that can occur which causes swelling (or inflammation) within the eye. It doesn't happen to every child but we need to check the eyes regularly to make sure it has not developed because it can affect the eyesight, especially if it goes undetected

When the immune system becomes overactive, it starts to attack parts of the body such as the joints and blood vessels. This is known as an 'auto immune' disease and sometimes causes inflammation in the eyes.

Only 1 in 10 children with arthritis will develop uveitis and half the children have uveitis at their first check, so only 1 in 20 will be found to have problems after that. It is more common

in girls than boys

if there are fewer joints affected by arthritis

If the ANA* status is positive (some patients may not know their ANA status).

If uveitis is picked up promptly by eye checks, it is likely to respond well to treatment

***ANA stands for anti-nuclear antibodies. High levels of ANA in the blood suggest an autoimmune disease.**

There may be no signs or symptoms as the chronic uveitis can be completely painless and slow to develop. However, a few children may experience symptoms such as blurred vision or 'floaters'.

It is important to seek help if you notice or suspect any of the following:

Worsening (deterioration) in your child's eyesight - this may be noticed at school.

An irregular (odd) shaped pupil or change in pupil size - the pupil is normally round and they are both normally the same size.

A red eye - if the white part of the eye becomes red or pink in colour.

An uncomfortable or painful eye.

Sensitivity to light.

The screening test is very quick but very important. The or

The aim of the treatment is to control the inflammation causing the uveitis.

, such as Prednisolone (Predforte) will be used to control the inflammation. They may be needed several times a day.

such as Cyclopentolate may be used to relax the muscle which controls the iris. This helps control the pain and helps stop the iris from sticking to the lens of the eye which causes an irregular shaped pupil.

around the outside of the eye. This may be done under a general anaesthetic.

, such as Xalatan or Timolol. These help to reduce the pressure within the eye which can cause a condition called glaucoma. If left untreated, glaucoma can cause damage to the optic nerve and affect vision.

If the above treatments do not control your child's eye inflammation, this will be discussed with the rheumatologist and your child may be given a different type of medication either by mouth or injection to help control it.

The steroid eye drops may sting slightly when they are put in and cause slight blurring of your child's vision temporarily.

In some patients they can cause raised pressure within the eye. The optician or eye doctor will check for this at each visit.

The dilating drops will cause the pupil to look bigger and the eye may be uncomfortable in bright light for a few hours. Wearing sunglasses or a hat may help in these conditions. The vision may also be temporarily blurred whilst using these drops.

Steroid drops are used until the inflammation settles down. It is important to follow the steroid eye drop regime carefully.

If steroid eye drops have to be used very frequently or for a long time, the optician and eye doctor will check for signs that the eye drops are not causing raised pressure within the eye or a cataract to develop.

The first eye screening appointment should be within 6 weeks of onset of the arthritis and then at 2 monthly intervals for 6 months.

Then 3 or 4 monthly until approximately 12 years of age depending on the type of arthritis.

If your child is found to have uveitis, the eye doctor will want to see you more frequently until it has settled. **ose tis.**

If you suspect that your child has an eye problem, please contact the Orthoptic Department on

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