

Table 3. A Glossary of Terms Often Used by A Uveitis Specialist

Anterior uveitis: inflammation predominantly anterior to the lens of the eye.

Band keratopathy: deposition of calcium in the corneal epithelium. It is a common finding in the uveitis associated with JIA.

Cystoid macular edema: a common complication of uveitis that affects central vision and is often treated by a local injection of corticosteroid.

Flare: the diffraction of the slit lamp beam caused by the increased protein in the anterior chamber that results when the blood aqueous barrier is disrupted as in anterior uveitis.

Intermediate uveitis: inflammation predominantly in the vitreous humor. Neither the vitreous humor nor the anterior chamber technically are a part of the uveal tract, but leukocytes in either usually indicate a uveitis just as cells in the synovial fluid usually indicate a synovitis.

Keratic precipitates: the concretions of cells adherent to the endothelium of the cornea as seen with a slit lamp examination. Large concretions are called “granulomatous” and are seen in such diseases as sarcoidosis, tuberculosis, and herpes zoster infection.

Panuveitis: inflammation simultaneously in the anterior chamber, the vitreous humor and the retina and/or choroid.

Posterior synechiae: the adherence of the iris to the lens. This is a non-specific finding which is nonetheless much more common in some forms of uveitis (such as that associated with HLA B27 or in sarcoidosis) than in others.

Posterior uveitis: inflammation that involves the choroid and often adjacent structures such as the retina.

Retinal vasculitis: an abnormality of retinal vessels such as increased vascular permeability. Retinal vasculitis is a common feature of many forms of uveitis and does not correlate well with the occurrence of a systemic vasculitis.

SUN criteria: an acronym for the Standardization of Uveitis Nomenclature, an international consortium that helped to define terms related to uveitis.