

Uveitis Roadmap – Revised 6/3/2024

Proposed lecture schedule:

Introduction: Overview of diagnosis and treatment of uveitis and intro to immunosuppression

Session 1:

Anterior (including pediatric) uveitis, scleritis, intermediate uveitis

Session 2:

Non-infectious posterior uveitis - white dot syndrome, Birdshot, sarcoid, retinal vasculitis

Session 3:

Infectious posterior uveitis

Session 4:

Periocular steroid injections

Immunosuppression

Diagnostic and therapeutic vitrectomy

Proposed Sessions:

Session	Pre-Work	Objectives
Introduction: Intro to Uveitis Intro to Immunosuppression	SUN working group, Approach to the Diagnosis of the Uveitides 2000 paper on expert panel of IMT, subsequent expert panel on Biologics, and Visual Trials	▪ Understand epidemiology, classification, diagnostic approach, and general principles of treatment of uveitis ▪ Diagnoses not to miss on call (ARN, endophthalmitis) ▪ Principles of immunosuppression (will cover specific indications in subsequent lectures)
Session 1: Anterior Uveitis Episcleritis/Scleritis Intermediate uveitis	Dr. Shakoor's anterior uveitis lecture on Moran Core 10/18/19 Article: Rosenbaum JT, New developments in uveitis associated with HLA B27 <i>BCSC chapter on episcleritis/scleritis</i> Moran CORE – Pediatric uveitis Dr. Vitale 2017	▪ Identify classic features of HLA-B27 (AS, psoriatic, IBD, ReA), FHI, herpetic (HSV, VZV, CMV) ▪ Distinguish episcleritis vs. scleritis ▪ Understand initial approach, examination, laboratory testing of disease entities ▪ Name ddx for AU with high IOP, different types of KP, nodules ▪ Understand features of JIA-assoc uveitis, TINU, Blau syndrome ▪ Diagnosis, workup and tx of intermediate uveitis (idiopathic, sarcoid, MS, infectious)

	<i>BCSC chapter article on IU</i>	Imaging/FA findings in IU
Session 2: Non-Infectious Posterior Uveitis	Moran CORE White dot syndrome overview and Birdshot video Vasculitis video <i>BCSC Chapter on white dots</i>	- Identify and understand disease characteristics, presentation, diagnosis, and treatment of posterior uveitides and vasculitides (white dot syndromes, sarcoid, VKH, Behcet's, SLE) - Disease-specific indications of IMT
Session 3 Infectious Posterior Uveitis	Review articles proposed by Dr. Larochelle + EyeWiki of rare diseases Moran CORE Infectious Posterior Uveitis – 2017 lecture <i>BCSC Ch. 10, 11, 12</i>	Identification and understanding of disease characteristics, presentation, diagnosis, and treatment of: - Viral retinitis (HSV, VZV, CMV) – including ARN, BARN, PORN, CMV - Syphilis (ASPPC) - Toxoplasmosis - Tuberculosis - Endogenous endophthalmitis - Neuroretinitis/Bartonella - Toxocariasis - Rare entities: West Nile, DUSN, onchocerciasis, Lyme, cysticercosis
Session 4 Periocular steroid injections Immunosuppression Diagnostic and therapeutic vitrectomy	POINT and MERIT studies Article on IMT	- Understand options for local treatment and duration of action of each as well as glaucoma risk (STK, Ozurdex, IVTA, Yutiq, Xipere, Retisert) - Know major classes/mechanism of actions and side effects of IMT

Resources:

- SUN Working Group
- Approach to the Diagnosis of the Uveitides, Jabs, et al. *Am J Ophthalmology*. Aug 2013; 156(2): 228–236
- Intermediate Uveitis (review article), Bonfioli et al. *Seminars in Ophthalmology*. Jul 2009; 20(3): 147-154.
- Infectious Causes of Posterior Uveitis (review article), Mandelcorn, ED. *Can J Ophthalmology*. Feb 2013; 48(1): 31-39.
- Immunosuppression for the Uveitides, Jabs, DA. *Ophthalmology*. Feb 2018; 125(2): 193–202.

Moran CORE:

- Introduction to Uveitis – 2018 (Dr. Vitale): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/introduction-to-uveitis/>
- Infectious Posterior Uveitis – 2017 (Dr. Vitale): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/infectious-posterior-uveitis/>
- Retinal Vasculitis – 2016 (Dr. Shakoor): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/retinal-vasculitis/>
- Treatment of Uveitis – 2019 (Dr. Vitale): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/treatment-of-uveitis/>
- Pediatric Uveitis – 2017 (Dr. Vitale): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/pediatric-uveitis/>
- OKAP Review – 2019 (Dr. Larochelle): <http://morancore.utah.edu/section-09-intraocular-inflammation-and-uveitis/okap-review-uveitis/>

Core Topics

These topics are critical concepts we want residents to master during their time on the Uveitis rotations. Discussions should be in the form of a brief, informal presentation (5 minutes) prepared by the resident.

- ✓ New uveitis patient history-taking, approach, and initial work up (ROS, exposure history)
- ✓ Appropriate use of topical, periocular, and systemic steroids
- ✓ Indications for (and the potential toxicities) of immunomodulatory therapy, including specific side-effect profiles of individual agents.
- ✓ Co-management with other specialties (Rheumatology, Infectious Disease)

Required Clinical Skills

The resident is responsible for ensuring adequate exposure to the following clinical and procedural concepts while on the rotation.

- ✓ Grading of anterior chamber cell and flare
- ✓ Grading of vitreous cell and haze
- ✓ Intra-vitreous steroid injections
- ✓ Sub-Tenon's steroid injections
- ✓ Interpretation of ancillary testing and imaging studies (e.g. FA, OCT, etc.)

Core Topics and Skills can be completed over the PGY-2 year on the 1-month Uveitis rotation and/or the PGY-3 year when the resident is in Uveitis clinic on their 3-month Retina rotation.

On rotation Expectations

- ✓ Aid in pre-charting new and existing patients for the day including review of labs
- ✓ See new patients and gather history, fill in exam and formulate plan – suggest imaging to order
- ✓ Result imaging for patients seen
- ✓ Help with injections

Landmark Trials:

Association Between Long-Lasting Intravitreal Fluocinolone Acetonide Implant vs Systemic Anti-inflammatory Therapy and Visual Acuity at 7 Years Among Patients With Intermediate, Posterior, or Panuveitis. *AMA*. 2017 May 16;317(19):1993-2005. doi: 10.1001/jama.2017.5103.

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