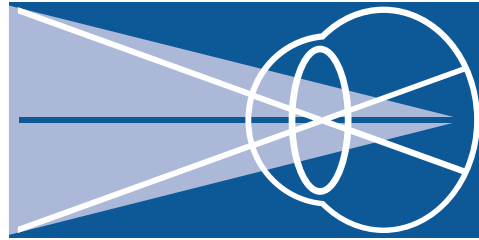
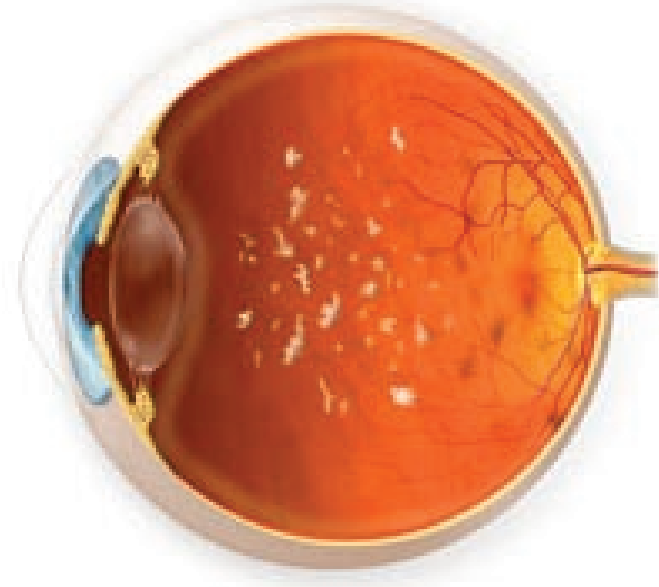


Pars Planitis



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How is pars planitis treated? Pars planitis is not curable, but it is a treatable condition. Sight preserving therapy may include the use of injectable or oral medication, and/or surgery to halt disease progression.

We do not recommend the chronic use of steroid eye drops to treat pars planitis because they cannot penetrate deeply enough with the eye. If treatment becomes necessary, your physician will start with injections of steroid medication around the eye to suppress the immune system. These drugs are extremely helpful but with most therapies, side effects do occur such as cataracts and glaucoma.

On occasion, some patients have severe disease in both eyes and the best option is an oral agent that suppresses the immune system. Initially, steroid medications are used but most patients will need to be switched to a different medication such as cyclosporine A or methotrexate. Although these drugs can have serious side effects, most patients have no significant problems achieving a durable remission and retaining life-long high quality vision.

At Retinal Consultants, we are committed to providing you with the most attentive and best possible retinal care. We know your eyesight is precious and we will work along side your general physician to tailor a treatment program that works best for you.



What is pars planitis? The term uveitis refers broadly to a group of rare disorders in which the white blood cells of the immune system flood into the interior of the eye leading to out-of-control inflammation. Pars planitis is one of the most common and distinctive of these diseases and is known to affect persons of any age, race or gender. In this disorder, inflammation is concentrated within the eye's midsection, called the pars plana. Over time the accumulation of white cells damage the lens and iris as well as the retina. Although it is unusual for patients to become blind from pars planitis as many as 20% can suffer visual loss if the condition goes untreated.

What are the symptoms of pars planitis?

Once the pars plana develops inflammation, large clusters of cells and debris disperse into the center of the eye and lodge vitreous, normally a crystal clear jelly-like substance that occupies the central cavity of the globe. These opaque clumps cast shadows onto the retina and are perceived as "junk" floating in the visual field are readily visible to your ophthalmologist. The medical terms for this is "vitritis" and its effects can reach the lens and iris, leading to cataract and scarring, and to the central retina, leading to swelling of the macula and blurred vision. This condition is known as cystoid macular edema.

Figure 2: An artist's rendering of the interior of the eye. To the left, the cornea, iris, and lens are depicted. The center shows the location of the pars plana relative to the rest of the eye.



The vitreous is filled with debris that is casting shadows on the retina, perceived as "floaters" by the patient. The retina and its blood vessels and the optic nerve are on the right.

In many cases, these byproduct's inflammatory are minimal and gravity tends to pull them to the bottom of the eye where they cannot impede vision. Sometimes, the inflammation can be so severe as to permanently affect the ability of the eye to see. This is because the fluids in the front of the eye are constantly recycling, unlike the static, gel-like quality of the vitreous. Depending on the amount and density of material that infiltrates the vitreous, the length of time it takes for vision to improve is highly variable. On occasion surgery is indicated to clear severely clouded vitreous.

What causes pars planitis? Although the cause remains unknown, it is believed to be an autoimmune disease analogous to rheumatoid arthritis, in which the immune system inappropriately begins to attack the body, in this case the center of the eye. In the majority of cases, the cause of pars planitis is unknown, termed "idiopathic" in medical parlance, and is unrelated to any other disease of the body about 70% of the time. In about 30% of cases, pars planitis is associated with another disease, such as sarcoidosis (22%), multiple sclerosis (8%), and Lyme disease (less than 1 percent). Your doctor will order certain tests to look for these rare but important associated diseases.

How does pars planitis affect the eye? The damage caused by chronic inflammation is insidious. Superficially, the eye appears white and healthy, but inside the white cells that normally fight infection injure important ocular structures critical for good vision. For example, a common complication is the development of a cataract as the natural lens loses its clarity. The pupil, which normally glides smoothly over the lens, can become contracted and scarred. Chronic inflammation eventually damages the drainage outflow of the eye, leading to elevated intraocular pressure and the onset of severe inflammatory glaucoma. The retina located in the lower perimeter of the globe can atrophy and bleed into the vitreous. The central macula can become overloaded with fluid, permanently reducing the ability of the eye to see fine detail. Early diagnosis of pars planitis is important because once vision loss has occurred it is very difficult to reverse. The disease is characterized by periodic exacerbations and remissions over many years so it is vital that patients undergo careful eye exams from an expert in the field of uveitis and vitreoretinal diseases. Treatment must be tailored to an individual's specific needs in an effort to prevent vision loss or to intervene when necessary to correct problems as they arise.

Figure 1: This is what your physician sees when examining an eye with pars planitis. The retina and blood vessels are evident in the upper portion of the image, while the



lower third shows a blanket of white inflammatory debris, referred to as a "pars plan exudates." It is here where most of the damage begins.