

Scleritis: A Quick Guide

Scleritis is an inflammation of the white, outer shell of the eye, known as the sclera. The condition is relatively uncommon and only affects approximately four in 100,000 people each year. Symptoms can include:

- Severe pain and tenderness that may spread to the face and jaw
- Pain that is worse when you move your eye
- Swelling and redness of the whites of your eye
- Tearing
- Sensitivity to light
- Blurred vision (less common)
- Double vision (less common)

Scleritis Types

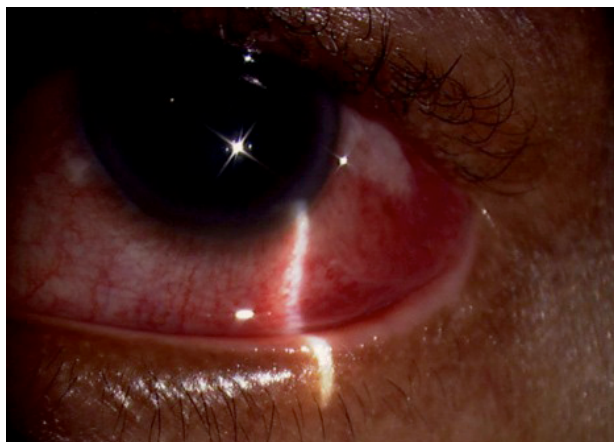
Scleritis is categorized into four different types based on the location and type of inflammation. A full eye examination, including dilation, will help your eye doctor determine the type:

- **Anterior diffuse scleritis** is the most common type and responds well to treatment. It causes swelling and redness of the entire front portion of the sclera.
- **Anterior nodular scleritis** is the second most common type and causes localized areas of inflammation, or nodules, on the front surface of the sclera.
- **Necrotizing anterior scleritis** is the most severe form with the greatest risk for damage to the eye. It can cause intense pain and tenderness (although a rare form, scleromalacia perforans, will have no pain).
- **Posterior scleritis** affects the back portion of the sclera and can develop with or without anterior scleritis. If this develops on its own, you may not notice any signs of redness or swelling.

Causes of Scleritis

Almost half of all scleritis cases will have an autoimmune cause, but sometimes the cause is unknown. If you have not already been diagnosed with an autoimmune disease, your eye doctor will order a medical workup to help uncover possible causes, such as:

- Rheumatoid arthritis



- Wegner granulomatosis
- Inflammatory bowel disease
- Systemic lupus erythematosus
- Infection from eye trauma
- Herpes zoster
- Other viral, bacterial or fungal infections
- A history of eye surgery

The medical workup can include blood tests and imaging studies such as x-rays and computed tomography (a CT scan). Determining the cause of your scleritis is important to guide treatment.

Treatment

Because scleritis can also cause permanent eye damage, decreased vision and even loss of the eye, it must be treated as soon as possible after symptoms present. Treatment varies based on the type and severity of your inflammation. Eye drops are typically ineffective, and the majority of cases require oral medication. Less severe cases may be treated with non-steroidal anti-inflammatory drugs (NSAIDs) similar to ibuprofen, or steroids. More severe forms may require medications that suppress your immune system. It is not uncommon for treatment to last several months up to a year.

Your eye doctor may refer you to other specialists such as a rheumatologist to aid in aggressively managing your scleritis and any causative autoimmune condition.

Scleritis can return, even with proper treatment, so it is critical to follow up with your eye doctor and specialists as directed. ■

By Katherine Sanford, OD