Table I. Common Forms of Uveitis and Their Characteristic Presentation

Disease	Common Findings
Ankylosing Spondylitis or Reactive Arthritis (HLA-B27)	AAU that is typically unilateral, sudden onset, recurrent, and limited in duration (usually 6-8 weeks); responds well to topical steroids alone
Sarcoidosis	Variable (can be anterior, intermediate, or panuveitis), commonly bilateral but asymmetric, often with characteristic chorioretinal lesions and focal retinal periphlebitis
Intermediate Uveitis	Insidious onset, usually bilateral, diagnosed with dilated exam. Associated with MS.
Toxoplasmosis	Typically unilateral with significant vision loss. Most common identifiable, infectious cause of posterior uveitis in non-immunocompromised host
Herpetic	Unilateral, commonly recalcitrant chronic anterior with or without corneal involvement. Posterior form (acute retinal necrosis) is rare but can cause irreversible vision loss.
Juvenile Idiopathic Arthritis	Bilateral anterior uveitis, often minimally symptomatic. Classically with “white” eye and peripheral corneal calcification. Common with ANA+, RF-, pauciarticular disease in females with onset ages 2 to 8.
Psoriatic Arthritis	Variable but includes chronic, bilateral, anterior and/or intermediateuveitis,
Inflammatory Bowel Disease	Variable but includes chronic, bilateral, anterior and intermediate uveitis
Behcet Disease	Bilateral, often asymmetric, anterior, intermediate or panuveitis or retinal vasculitis (cotton wool spots, retinal hemorrhages,

	vascular sheathing)
Tubulointerstitial Nephritis and Uveitis	Younger patient with bilateral, sudden onset anterior uveitis and variable vitreous involvement.. Associated with elevated urinary B2M..

AAU: acute anterior uveitis; ANA: anti-nuclear antibody; RF: rheumatoid factor; B2M: beta-2 microglobulin.