



EYE MANIFESTATIONS OF LUPUS

RICARDO N. SEPULVEDA, MD

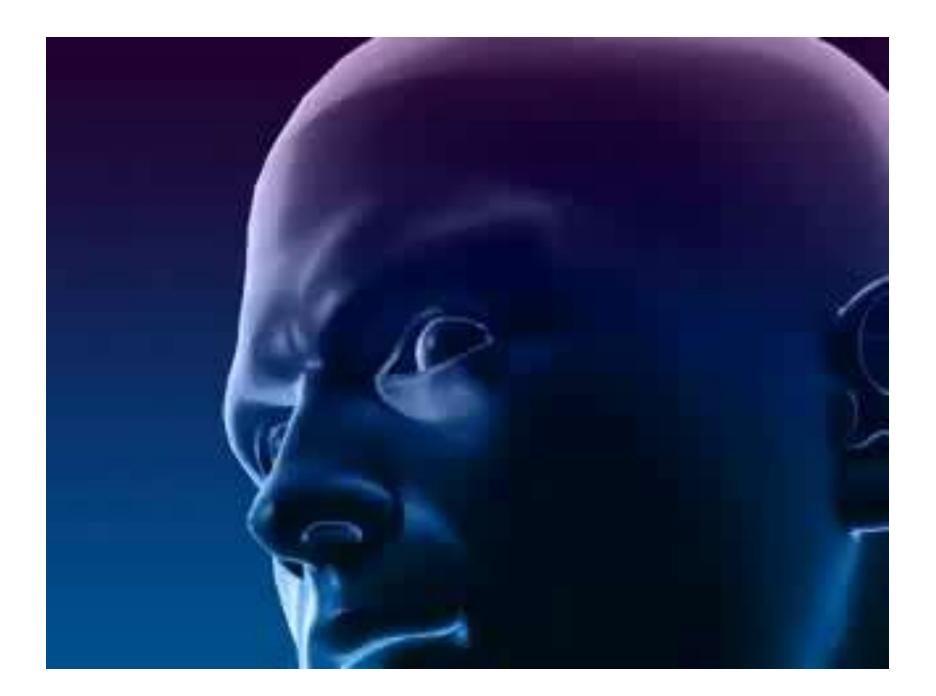
BOARD CERTIFIED OPHTHALMOLOGIST

CHARLES A. GARCIA & ASSOCIATES HOUSTON, TX

 Chronic, autoimmune, multisystem disease which may affect the eyes and/or visual system in up to 33%.

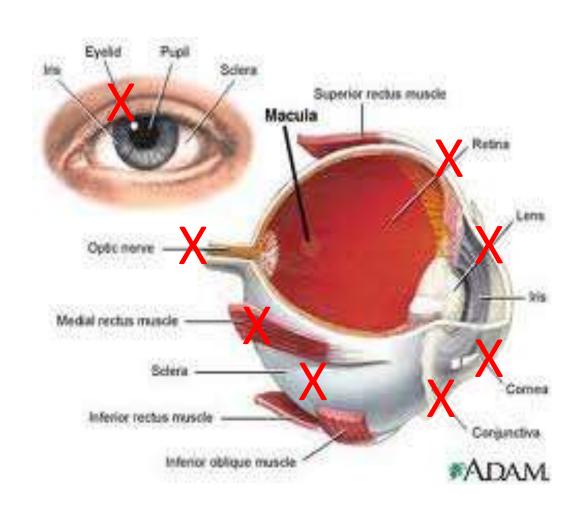
Ocular manifestations of Systemic Lupus
 Erythematosous (SLE) may be a useful indicator of underlying systemic disease activity.

Potentially blinding condition



• Affects:

- Eyelids
- Lacrimal Gland
- Conjunctiva/Sclera
- Cornea
- Lens (cataracts)
- Retina
- Optic Nerve



PRESENTATION OF EYE DISEASE

- Ocular Pain
- Redness (Pink Eye)
- Blurry Vision
- Double Vision

EYELIDS

Rash



Blepharitis (crusty eyelids)



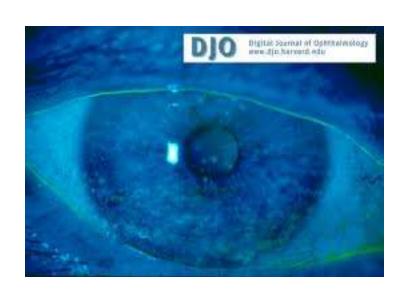
Tear Gland

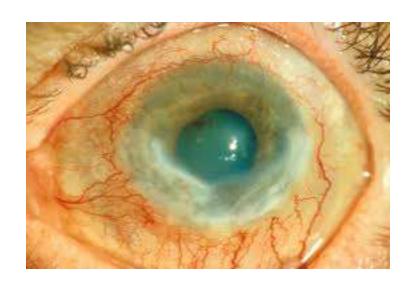
- Dry eye syndrome is the most common ocular feature of SLE
- Often associated with secondary Sjögren's syndrome (autoimmune dry eye)
- Symptoms: Irritation, redness, sandy or gritty.
- Treatment: Over the counter artificial tears,
 Restasis, temporary plug in tear ducts.

CORNEA

- Surface erosions and breaks
- Peripheral ulcerations
- Corneal Edema

• Treatment: Artificial tears, Restasis, Contact lens, Topical steroids.

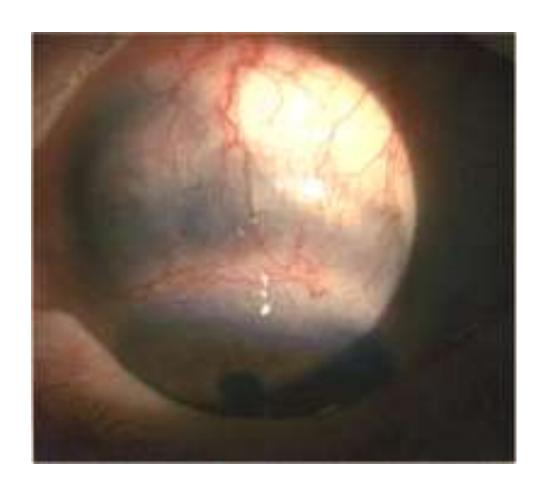




SCLERA/EPISCLERA

- Anterior Scleritis/Episcleritis
 - May be presenting form, requires prompt attention
 - Red eye
 - Dull pain
- Posterior Scleritis
 - Blurry vision
 - Headache
 - Double Vision

SCLERITIS



Treatment:

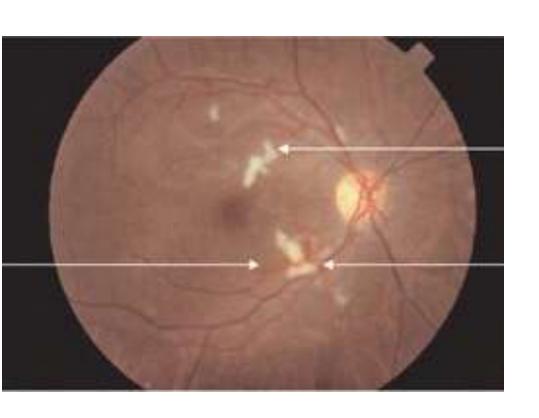
- Anti-inflammatory drugs
 - Non-steroidal
 - Steroid
- •Immunosuppressive drugs
 - Cyclophosphamide
 - Cyclosporine
 - Methotrexate
 - Mycophenalate

RETINA (Lupus Retinopathy)

- Affected in 10% of SLE patients
- May be asymptomatic but more severe disease may cause loss of vision, field defects, distortion or floaters.
- Retinal signs often parallel the severity of systemic inflammation, and may indicate inadequate control of the systemic disease.

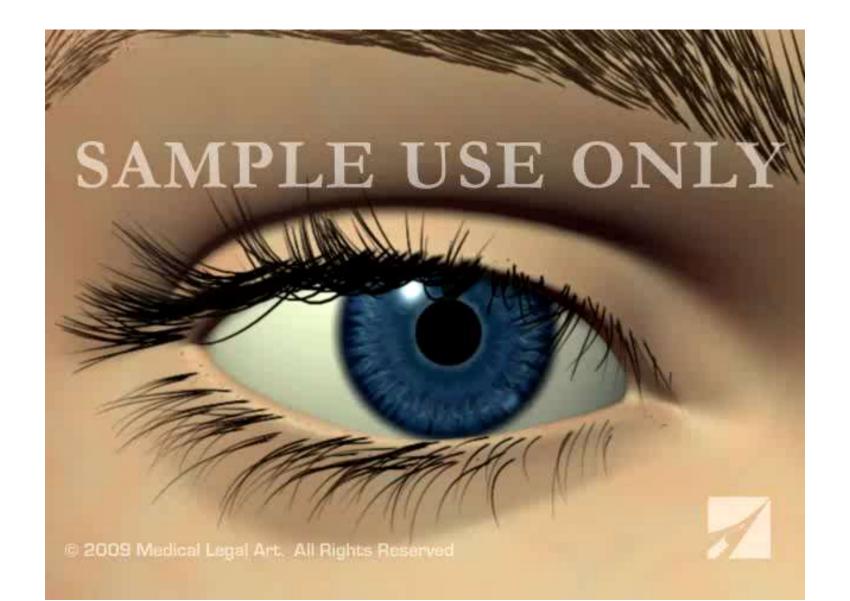
Lupus Retinopathy

- Acute Retinal Findings:
 - Micro-infarctions (cotton-wool spots)
 - Retinal Hemorrhages
 - Tortuous Vessels
- Chronic Retinal Findings
 - New Vessel formation (neovascularization)
 - Retinal Detachments
 - Bleeding



Treatment:

- Oral Steroids
- •Immunosupression Therapy
- •Low dose Aspirin
- Laser Photocoagulation



OPTIC NERVE

Affected in 1% of patients with SLE

 Presents acutely with unilateral or bilateral loss of vision associated with or without pain that is worse with eye movements

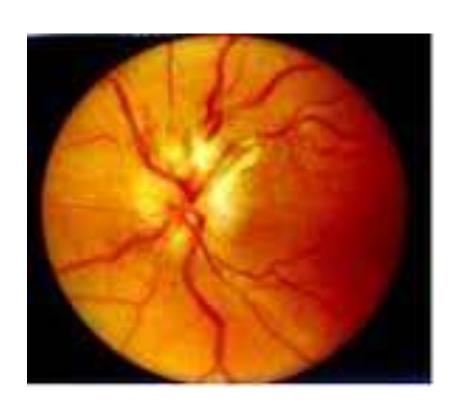
 More than half will have a permanent visual defect and may progress to optic nerve atrophy

OPTIC NERVE FINDINGS

- Swelling
- Bleeding
- Atrophy

TREATMENT

- Poor prognosis
- Oral steroids
- Immunosuppressive medications
- Blood Thinners



EYE MUSCLES

 One series reporting a rate of 29.2% of SLE patients with ocular muscle disturbances.

- Symptoms and Signs
 - Double Vision
 - Eyes not straight (Lazy Eye)
 - Rapid Eye Movement (Nystagmus)

OCULAR SIDE-EFFECTS OF MEDICATIONS

- Topical and Oral Steroids
 - Cataracts
 - Glaucoma
- Immunosuppressive Agents
 - Few side effects
 - High Cost
- Chloroquine/Hydroxychloroquine
 - Central Visual Loss

CONCLUSION

- Eye manifestations in SLE may be sight-threatening and can be an indicator of active systemic disease
- Significant ocular pain or vision loss are serious symptoms requiring urgent assessment by an ophthalmologist.
- The serious ocular manifestations of SLE generally require systemic immunosuppression.
- Early recognition by the rheumatologist, prompt assessment by the ophthalmologist and coordinated treatment strategies are key to reducing the ocular complications associated with this disease.

THANK YOU

E-MAIL:

houstonlasik@gmail.com

Tel: 713-659-3937

Cel: 216-244-0423