Multiple sclerosis associated uveitis

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The prevalence of uveitis in multiple sclerosis (MS) is ~1 % based on the largest retrospective studies. At Pirkanmaa hospital district, Finland, the prevalence of uveitis was 7 % among patients with MS.

Most commonly, MS-associated uveitis is intermediary but also anterior, posterior, and panuveitis have been reported. Features of MS-associated intermediate uveitis (IU) include vitreous cells, haze, snowballs, snowbanks on the pars plana, and periphlebitis with vascular sheathing, cuffing, leakage, and non-perfusion areas. Patients with IU tend to be asymptomatic or present with mild visual symptoms. Common complications in MS-associated uveitis are cystoid macular edema, epiretinal membrane formation, and cataract, which is partly secondary to the steroid treatment. Visual prognosis is varied in MS-associated uveitis and depends on the uveitis-related complications.

The treatment of MS-associated uveitis is tailored in cooperation with neurologists. Indications for treatment are sight-threatening features of uveitis and visual symptoms. MS-associated uveitis is usually treated primarily with steroids, second line with azathioprine, and less frequently with methotrexate or mycophenolic acid. Third line treatment with anti-CD20 antibody rituximab has been given in cooperation with neurologists. The anti-CD20 monoclonal antibody therapy which causes B-cell depletion, has been reported to treat effectively uveitis, MS, and MS-associated uveitis. Tumor necrosis factor (TNF) inhibitors are contraindicated in MS although widely used for uveitis.