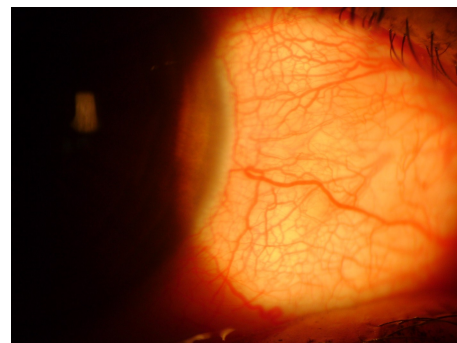


## EPISCLERITIS

**SIGNS AND SYMPTOMS** Episcleritis presents as a relatively asymptomatic acute onset redness in one or both eyes. Typically, you'll observe a sectoral injection of the episcleral and overlying conjunctival vessels, although the redness may be diffuse throughout these tissues. Occasionally, there may be a translucent white nodule centrally within the inflamed area (nodular episcleritis). While some patients complain of mild pain or tenderness to the affected region, particularly upon manipulation, often there is no associated discomfort. The cornea remains clear in this condition, although long-standing or recurrent episcleritis may lead to dellen formation. There is no associated anterior chamber reaction.



**PATHOPHYSIOLOGY** A benign inflammatory condition of the external eye, episcleritis is seen most commonly in young adults. Women appear to be affected slightly more often than men. The disorder is idiopathic in the majority of cases, however in certain instances there may be an association with some underlying systemic disease such as rheumatoid arthritis, polyarteritis nodosa, systemic lupus erythematosus, inflammatory bowel disease, sarcoidosis, Wegener's granulomatosis, gout, herpes zoster virus or syphilis.

**MANAGEMENT** Most cases of episcleritis are self-limiting, meaning that they will resolve spontaneously within two to three weeks even if the patient does not undergo treatment. However, patients who are experiencing discomfort may benefit from a regimen of topical anti-inflammatory agents and lubricants. Typically, prednisolone acetate 1% or fluorometholone acetate (FML) applied three to four times per day will speed resolution and decrease the tenderness. The patient may use cold compresses and artificial tears liberally if discomfort persists. More severe cases, particularly nodular episcleritis, may require oral NSAIDs to quell the inflammation. eg Ibuprofen or Neurofen.

Thus it is best to avoid treatment and only use steroids preferably FML (Fluorometholone), Predsol or Lotemax (Loteprednol 0.5%) avoiding the more potent ones sparingly.

Randomised Trial of Topical Ketorolac (Acular Vs Artificial Tears) Found no benefit, in fact Acular did sting more than artificial tears.

For those on topical steroid therapy for more than two weeks, a check on the eye pressure is required as rarely the eye pressure can become elevated. Because of the association with systemic disorders, refer patients with extremely severe presentations or more than three recurrences for a medical evaluation.

Using Classical Optrex (Extract of Witch Hazel in distilled water) will whiten the eye for cosmetic purposes.

## CLINICAL NOTES

Episcleritis is one of those conditions, like subconjunctival hemorrhage, that typically looks worse than it is.

Reassuring the patient that they do not have an infection is important. However, be sure to distinguish this condition from the more severe scleritis, which is far more painful and may have more serious implications. In severe or diffuse cases in which the differential diagnosis is more difficult, blanching the conjunctiva and episclera with phenylephrine 2.5% will allow for better evaluation of the underlying sclera. When searching for the cause of episcleritis, remember that inflammatory bowel disease, ulcerative colitis, and Crohn's disease are the most commonly associated systemic disorders.