Episcleritis and Scleritis

Episcleritis:

Refers to the common and usually benign

Condition, characterized by inflammation of the episclera which lies between the conjunctiva and sclera.

It's usually an idiopathic condition, but occasionally occurs in the context of underlying disease or exogenous inflammatory stimuli.

Clinical Features:

- Acute onset of red eye and discomfort/mild pain
- No associated ocular symptoms
- Normal vision

Treatment:

Treatment is usually not required, because it is a self-limited condition.

The use of topical non-steroidal anti-inflammatory drugs can be helpful.

If the episode is more severe, a short course of topical steroids is required.

Scleritis:

- Anterior Scleritis:
  - Localized
    i. Nodular
    ii. Non-nodular
  - Diffuse

- Posterior Scleritis

Refers to severe inflammation that affect the sclera.

This rare condition is usually associated with systemic disease.

Clinical Features:

Anterior Scleritis:

Sub-acute onset of:

- ❖ Red eye
- ❖ Severe boring eye pain often radiating to forehead, brow and jaw.
- ❖ Associated with watering, photophobia and gradual decrease in vision.

50% of cases are bilateral.

Occasionally associated with systemic manifestations (fever, vomiting, headache)

Posterior Scleritis:

- Uncommon
- 2/3 of cases are unilateral
- Most common symptoms are pain and visual impairment.
- Fundus findings:
    - Optic disc swelling
    - Macular edema
    - Choroidal folds
    - Exudative retinal detachment
    - Choroidal detachment.

Note: some cases of anterior Scleritis are associated with posterior Scleritis.

Treatment:

- Oral NSAIDs
- Oral steroids
- Sub-conjunctival injection of steroids
- Immune-suppressive agents such as methotrexate in severe non-responding cases.