

Uveitis: **Sarcoid**

Sarcoid: Overview

In broadest terms, how would you describe sarcoid?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
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Uveitis: *Sarcoid*

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histology (two words)

Uveitis: *Sarcoid*

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Bilateral hilar adenopathy

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Sarcoid: Bilateral hilar adenopathy

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Parotitis? Facial palsy? What on earth do these have to do with each other?

eponymous

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A lot, actually. Recall that, upon exiting the skull, the facial nerve dives into the parotid gland before branching. Thus, it is not surprising that inflammation of the parotid gland could produce facial nerve palsy.

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What percentage of sarcoid pts have ocular involvement?

About 50

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Of pts with ocular sarcoid, how many will present with an anterior uveitis?

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Of pts with ocular sarcoid, how many will present with an anterior uveitis?

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How will the rest present?

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How will the rest present?

Most with either a posterior uveitis or panuveitis

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For what population is the incidence of ocular involvement far higher--around 90%?

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(same) two words

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How about world-wide? Which ethnic group has the highest prevalence of sarcoid?

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In broadest terms, how would you describe sarcoid?

It is a multi-organ disease characterized by the presence of noncaseating granulomas

What is the cause?

As of this writing, it is unknown

What organ/system is most commonly involved in sarcoid?

The lungs. So when meshing, look for a c/o SOB/DOE

Which other organ systems can be involved?

Pretty much all of them, especially the CNS, biliary, skin, heart, lymphatics, joints. And eyes of course.

What percentage of sarcoid pts have ocular involvement?

About 50

Who is the typical sarcoid pt ^{world-wide?} in the US?

An African-American

How about world-wide? Which ethnic group has the highest prevalence of sarcoid?

Whites residing in

direction + continent

Uveitis: *Sarcoid*

Sarcoid: Overview

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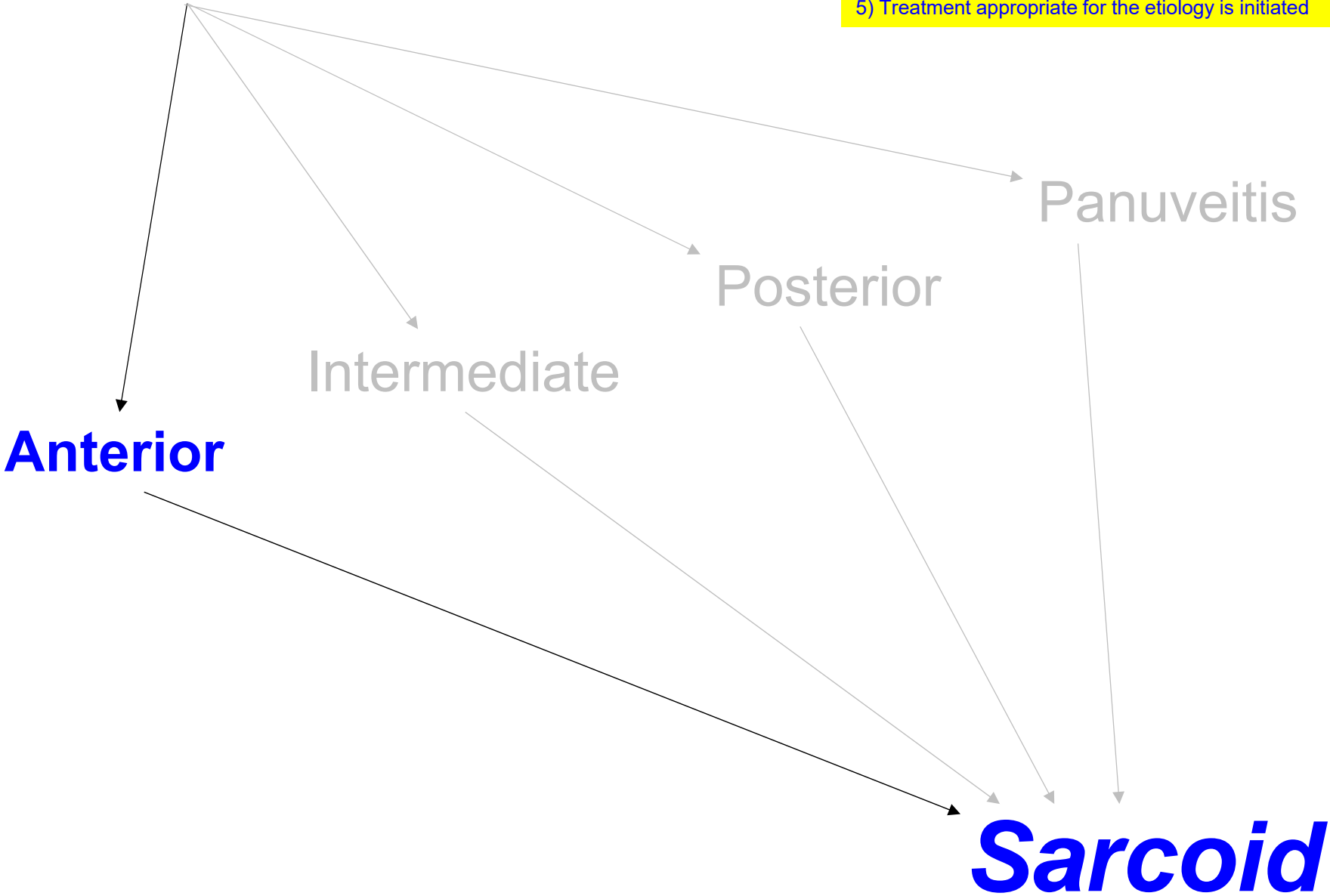
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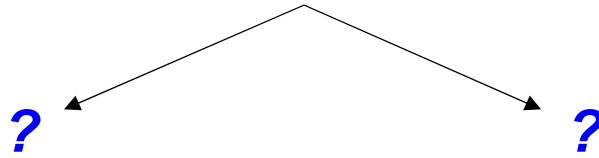
Female (but only slightly, so don't consider this when meshing)

Uveitis

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Uveitis: *Anterior*



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- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Per the Uveitis book, what are the two basic forms of anterior uveitis?

Uveitis: *Anterior*

Granulomatous

Nongranulomatous

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Granulomatous

Nongranulomatous

?

?

What are the two categories of nongranulomatous anterior uveitis?

Uveitis: *Anterior*

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- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
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Granulomatous

Nongranulomatous

Acute

Chronic

What are the two categories of nongranulomatous anterior uveitis?

Uveitis: *Anterior*

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Granulomatous

Nongranulomatous

Acute

Chronic

?

?

What are the two categories of acute anterior uveitis?

Uveitis: *Anterior*

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- 2) The profiled case is meshed
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Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

What are the two categories of acute anterior uveitis?

Uveitis: *Anterior*

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Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

As an isolated anterior uveitis, how can sarcoid present?

Uveitis: *Anterior*

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Granulomatous

- TB
- Sarcoid**
- Syphilis
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid**
- Syphilis
- HSV/VZV
- TB

Bilateral

- TINU
- Behçet
- Drug rxn
- Leptospirosis
- Sarcoid**
- Syphilis
- IBD/PA
- TB

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid**
- Syphilis
- TB

As an isolated anterior uveitis, how can sarcoid present?
As anything!

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Remember: Sarcoid, syphilis and TB can manifest as **any** sort of uveitis!

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Histologically speaking, what makes an inflammatory condition 'granulomatous'?
The presence of **epithelioid** and **giant** cells

In clinical ophtho-speak, to what does the term granulomatous refer?
To a particular slit-lamp appearance of KP in uveitis

What do granulomatous KP look like?
They are large, grayish, and look 'greasy'

A pt has granulomatous KP. If a KP was scraped and examined microscopically, would it be chock full of epithelioid and/or giant cells?
Not necessarily. While significant overlap exists between the two, it is **not** the case that 'clinically granulomatous dz' is always histologically granulomatous

- IBD/PA
- TB

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Throughout the *anterior uveitis* slides, the term *granulomatous* refers to the slit-lamp appearance of the KP, not to the histology of the condition

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What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?

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What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
The cornea, iris and (to a lesser extent) anterior vitreous

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Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
The cornea, iris and (to a lesser extent) anterior vitreous

What are the findings for each?
--Cornea (one finding):
--Iris (two findings):
--Anterior vitreous (one finding):

Uveitis: *Anterior*

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What are the findings for each?

--Cornea (one finding): **Large granulomatous KP**

--Iris (two findings): **Nodules** and **synechiae**

--Anterior vitreous (one finding): **Clumped inflammatory cells** (especially inferiorly)

Uveitis: *Anterior*

- 1) The uveitis is profiled
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Granulomatous

- TB
- **Sarcoid**
- Syphilis
- HSV

Nongranulomatous

What three structures manifest important clinical signs in a typical case of sarcoid anterior uveitis?
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What two-word term is often used to describe the appearance of KP in sarcoid?

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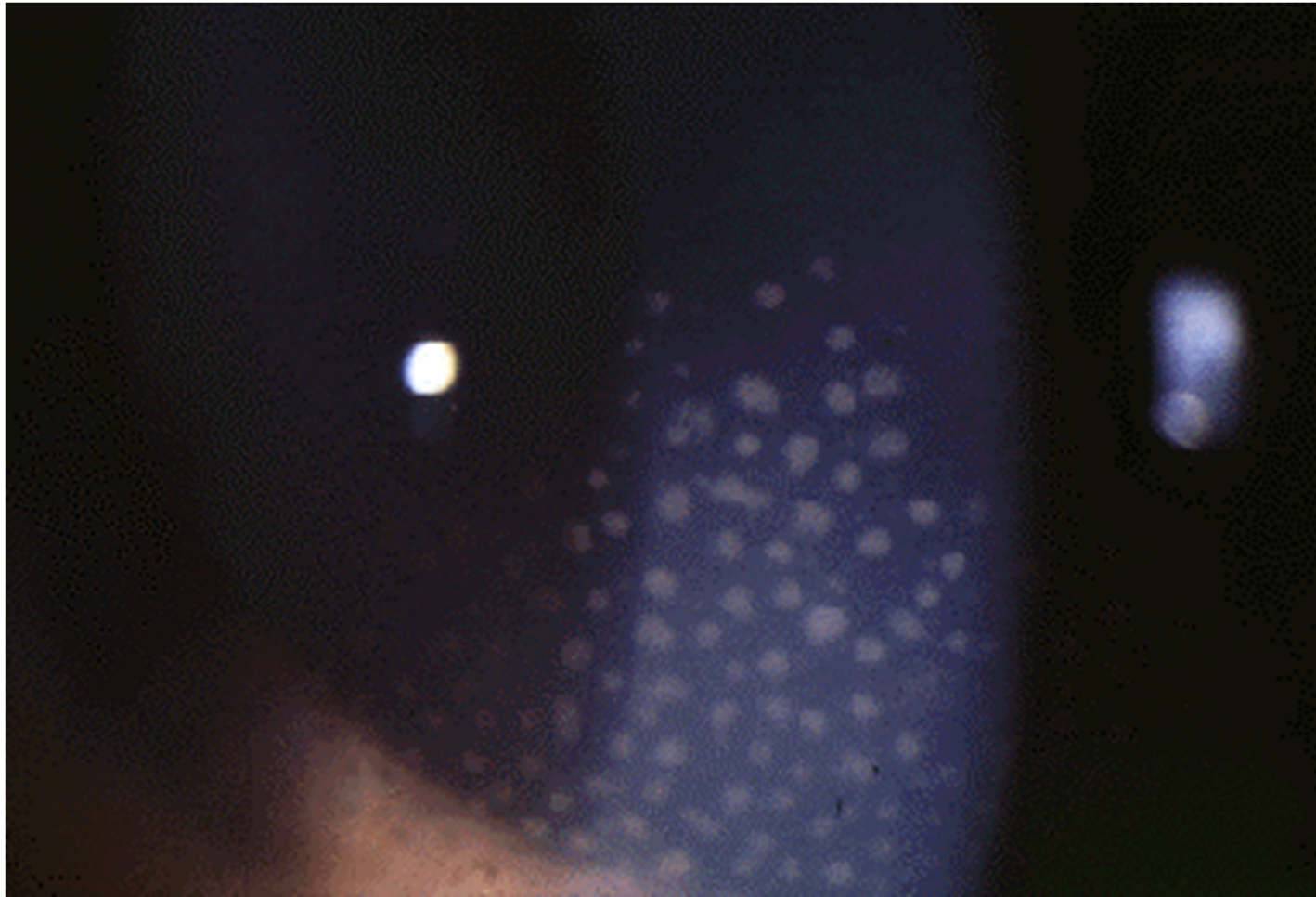
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Mutton-fat KP

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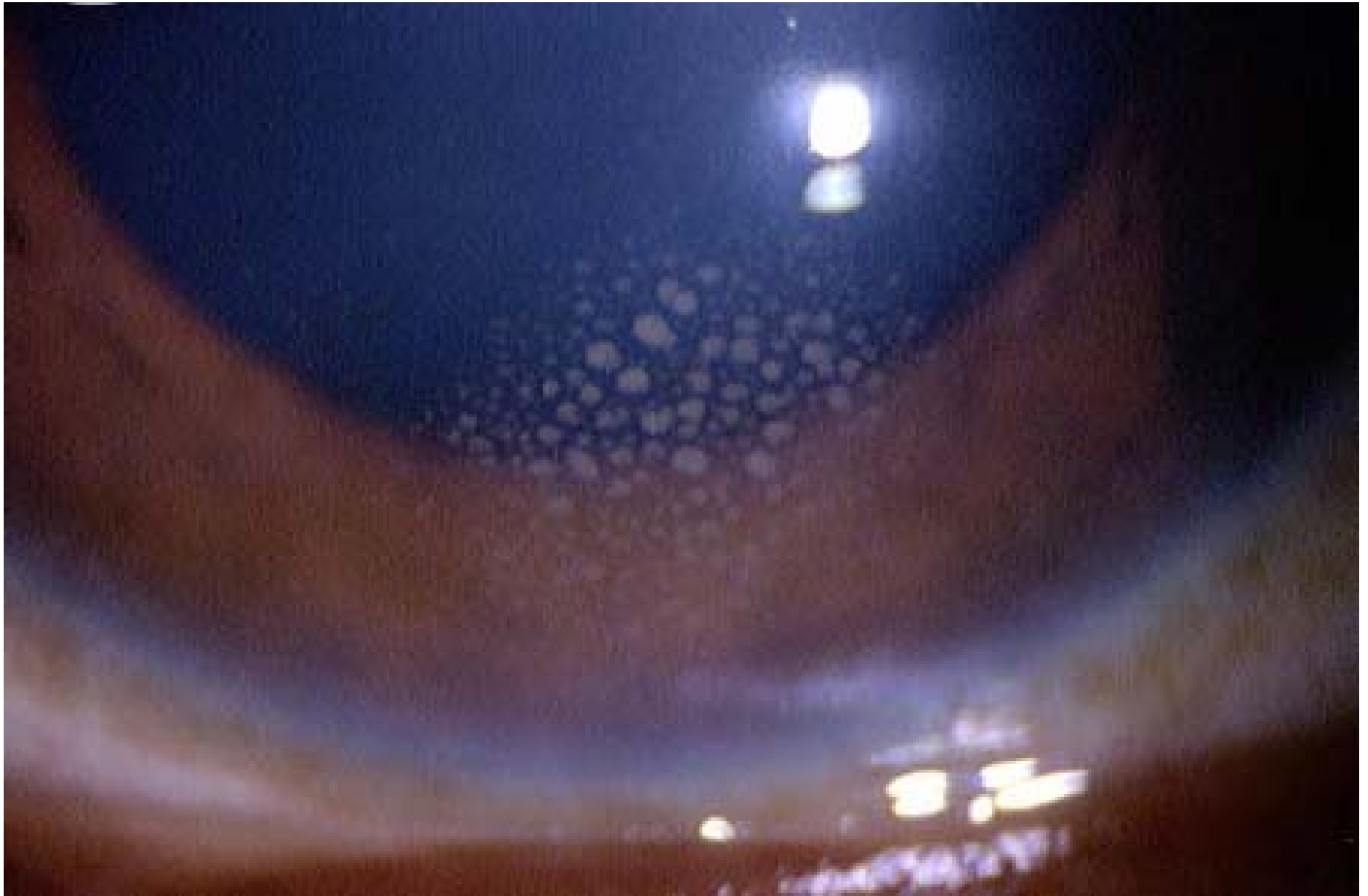
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Arlt's triangle



KP in Arlt's triangle

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There are three eponymous iris nodules in sarcoid. What are they...

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- Berlin nodules**

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--Busacca nodules: ?

--Berlin nodules: ?

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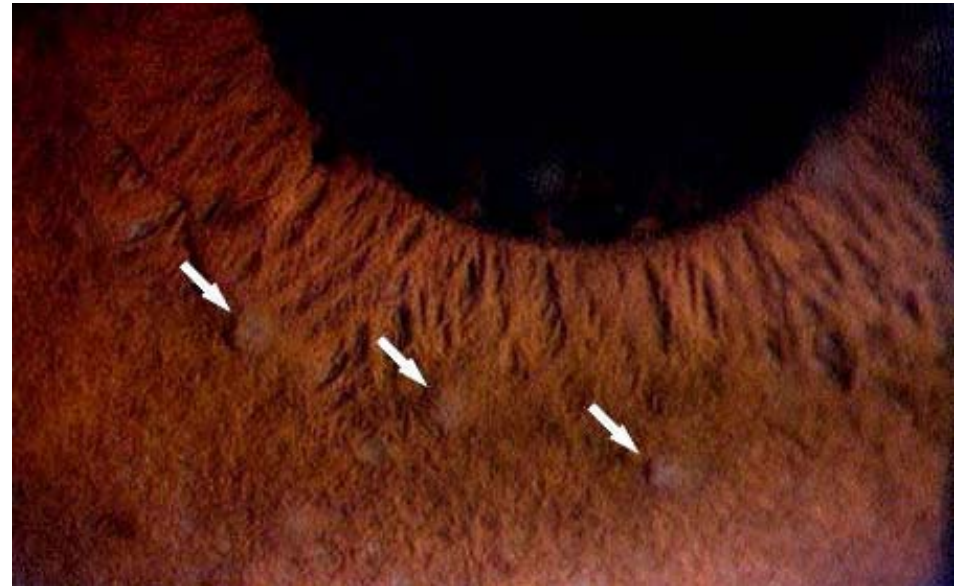
--**Koepe nodules**: Pupillary margin

--**Busacca nodules**: Mid-iris

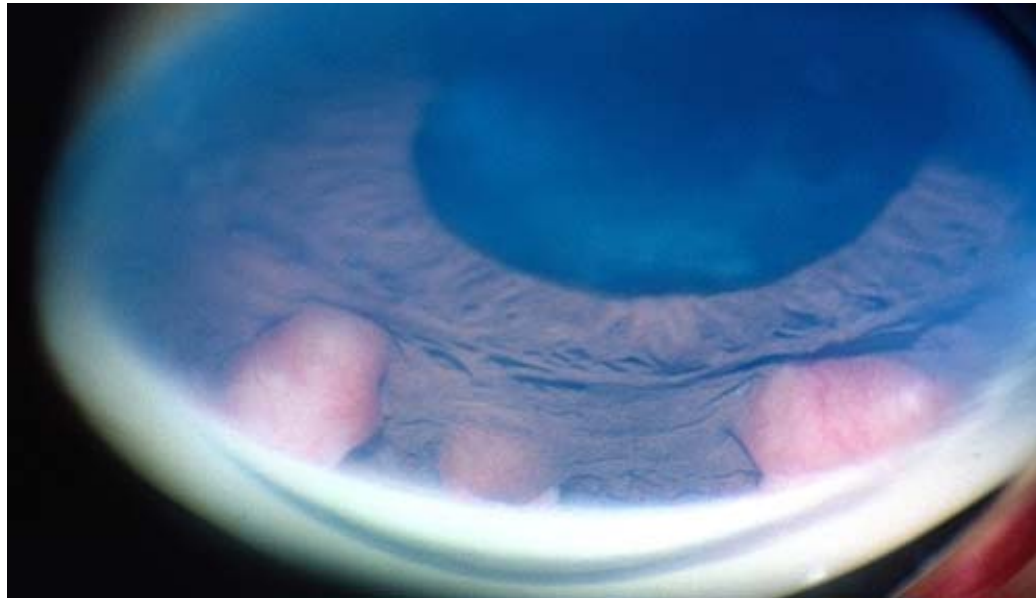
--**Berlin nodules**: The iris angle



Koeppel



Busacca



Berlin

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} *Are these pathognomonic for sarcoid?*

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Where are synechiae located in sarcoid?

They can be posterior, peripheral-anterior (ie, PAS), or both

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Posterior synechiae (and the world's largest Busacca nodule) in sarcoid

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Clumps of inflammatory cells floating in the vitreous are known as what?

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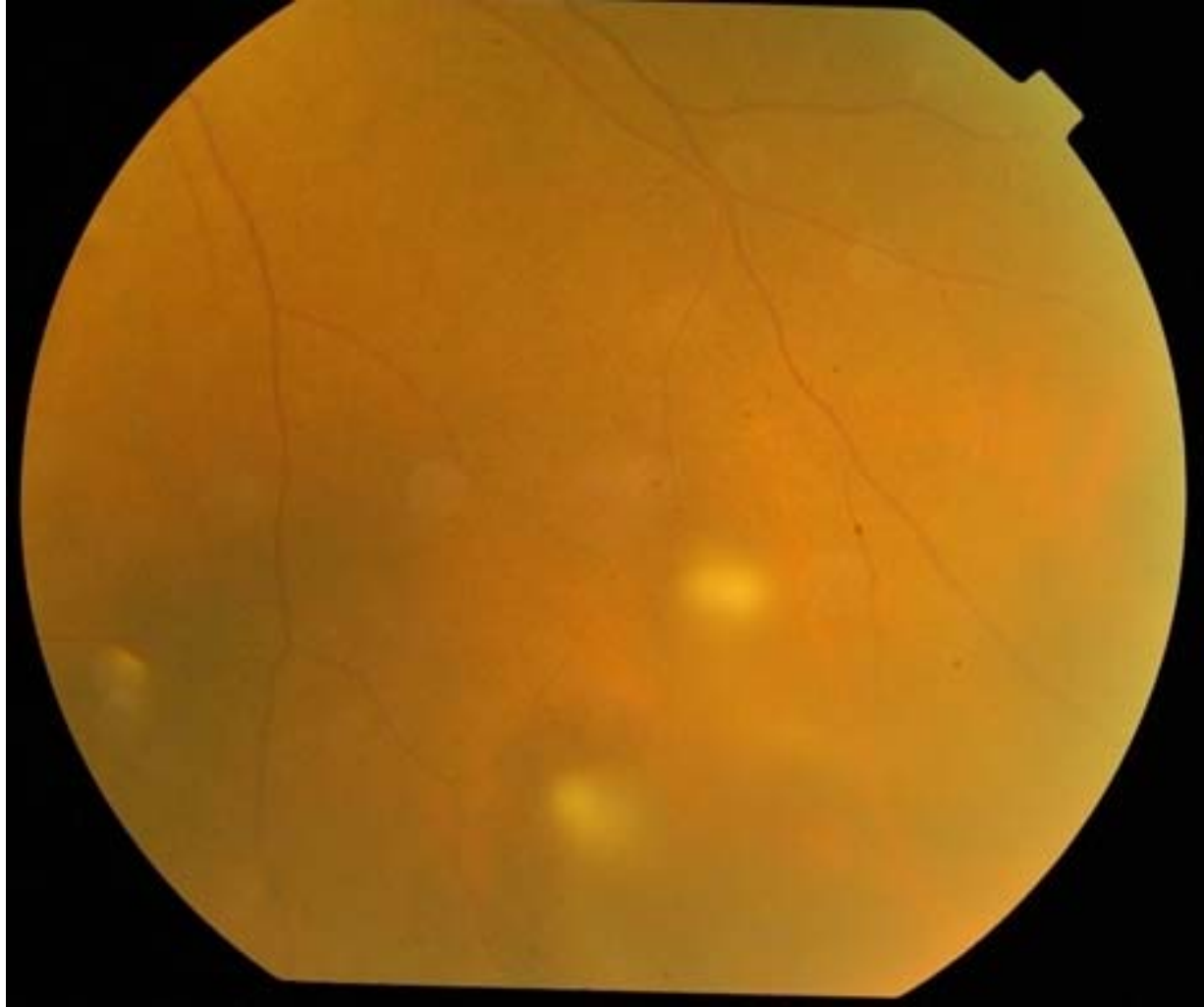
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'Snowballs'



Snowballs

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Granulomatous

Nongranulomatous

- TB?
- **Sarcoid**
- Syphilis?
- HSV?
- VKH?
- Toxoplasmosis?
- Lyme?

Of the entities listed here, which other(s) may present with mutton-fat KP and iris nodules?

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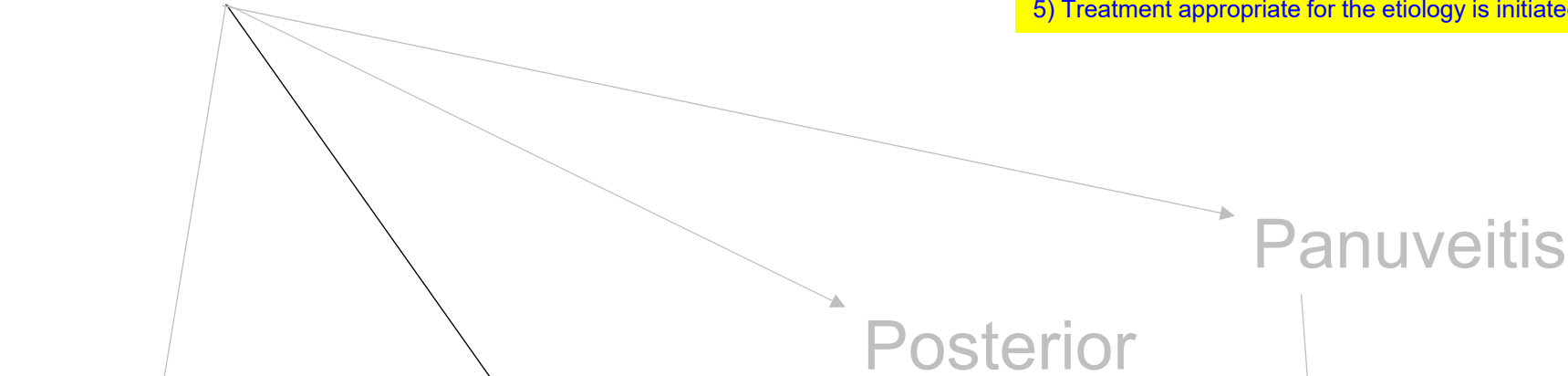
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- VKH
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Nongranulomatous

Of the entities listed here, which other(s) may present with mutton-fat KP and iris nodules?
TB and syphilis. (Remember, TB, sarcoid and syphilis can present in multiple ways!)

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Intermediate

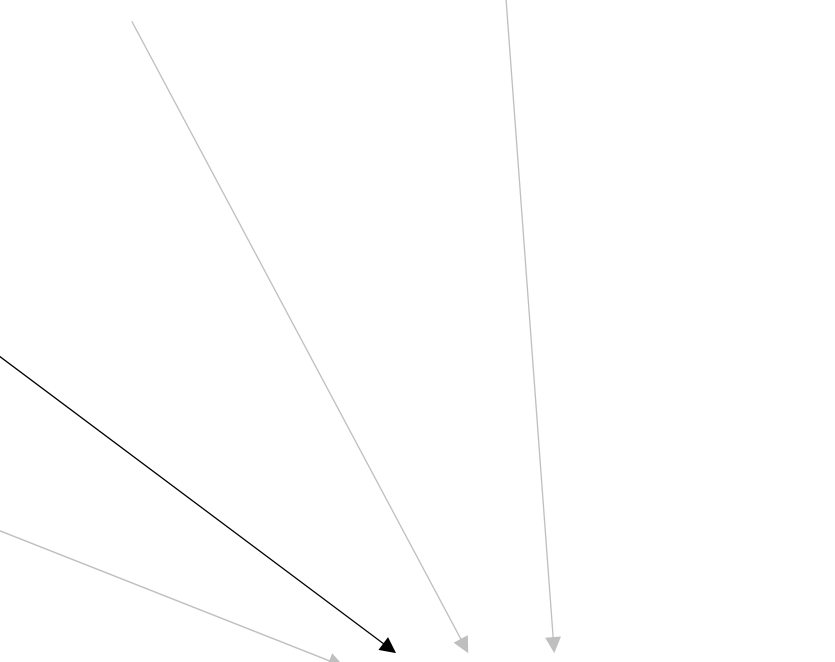
Anterior

Posterior

Panuveitis

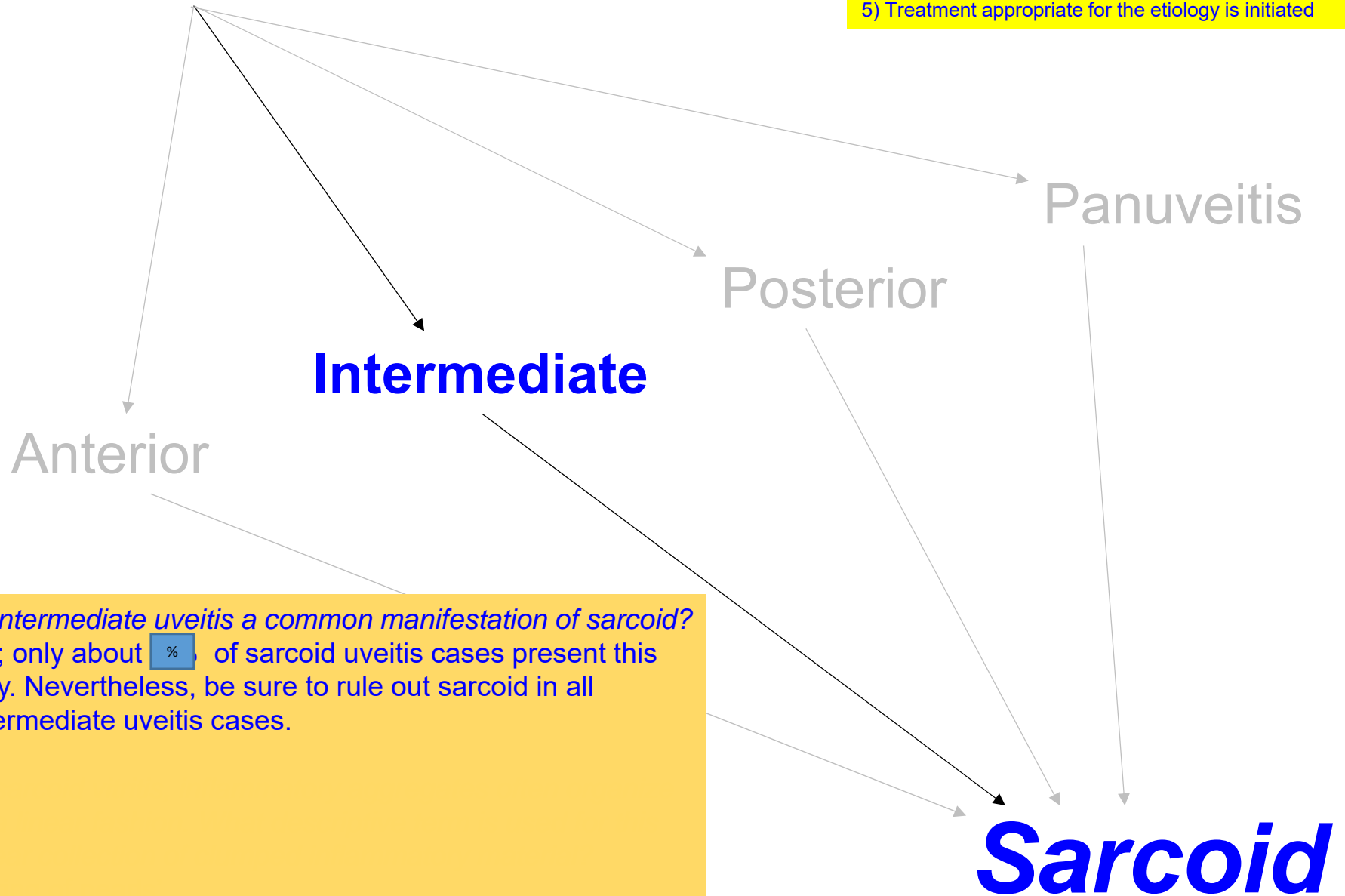
Is intermediate uveitis a common manifestation of sarcoid?

Sarcoid



Uveitis

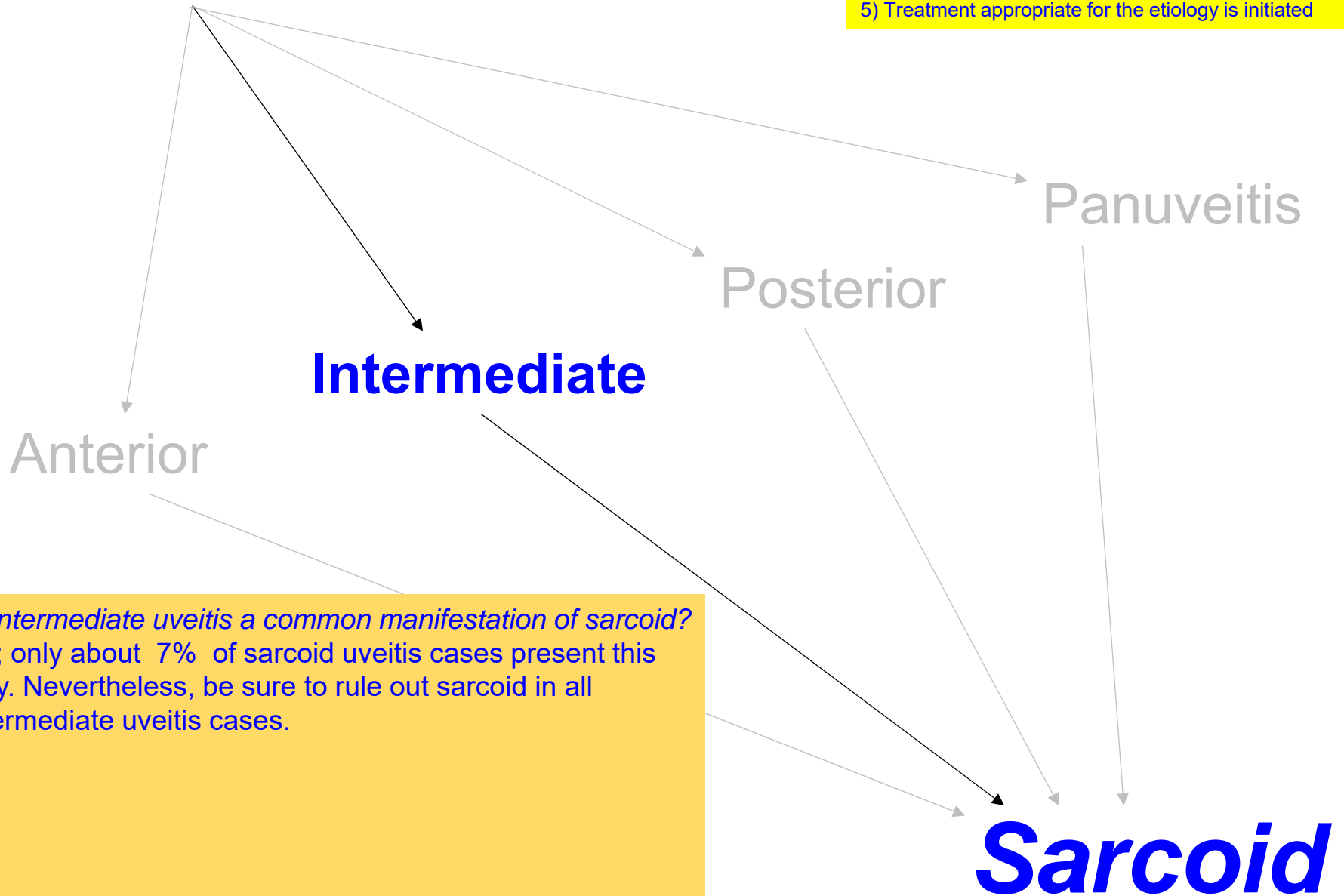
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Is intermediate uveitis a common manifestation of sarcoid?
No; only about of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

Uveitis

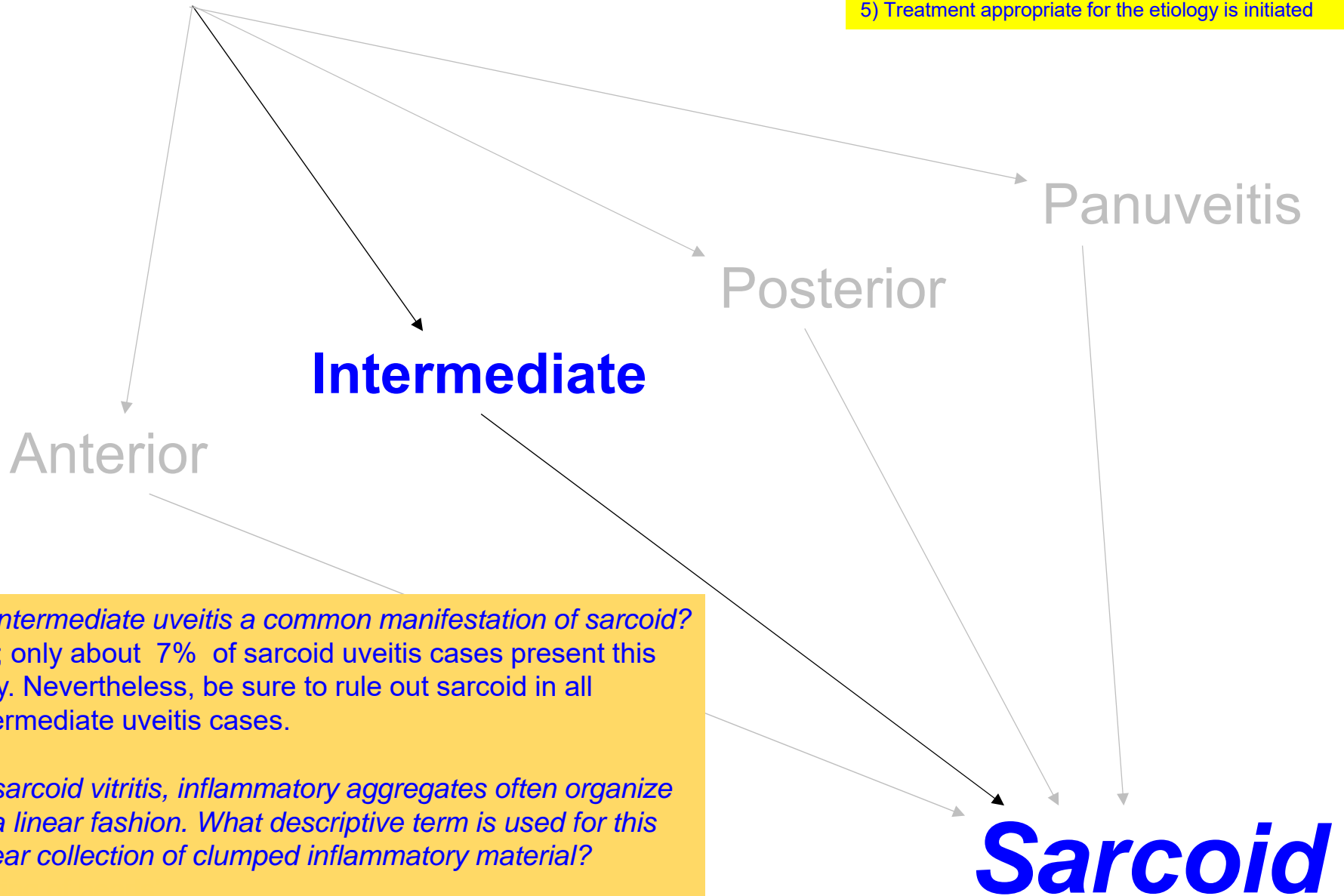
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Is intermediate uveitis a common manifestation of sarcoid?
No; only about 7% of sarcoid uveitis cases present this way. Nevertheless, be sure to rule out sarcoid in all intermediate uveitis cases.

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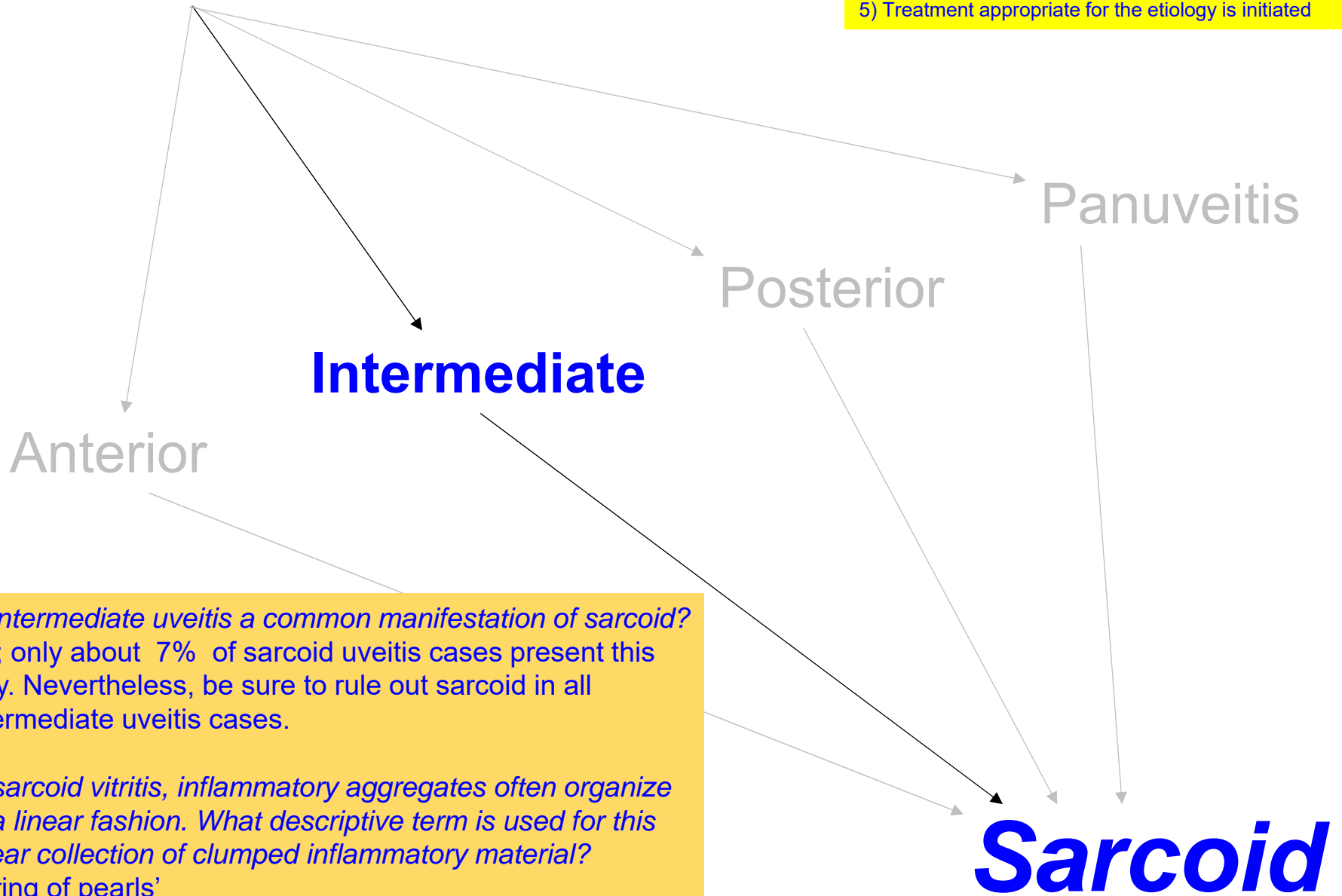


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In sarcoid vitritis, inflammatory aggregates often organize in a linear fashion. What descriptive term is used for this linear collection of clumped inflammatory material?

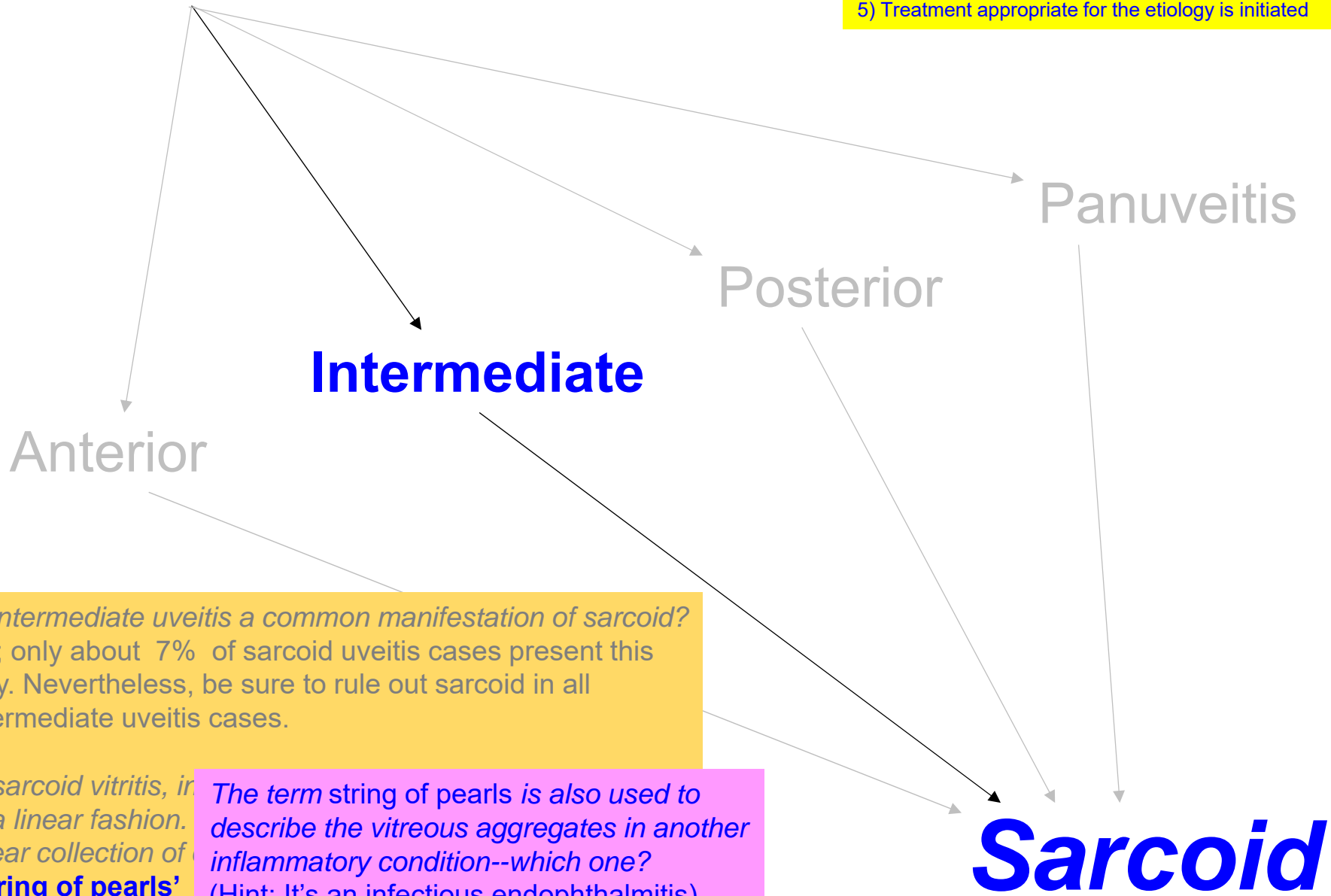
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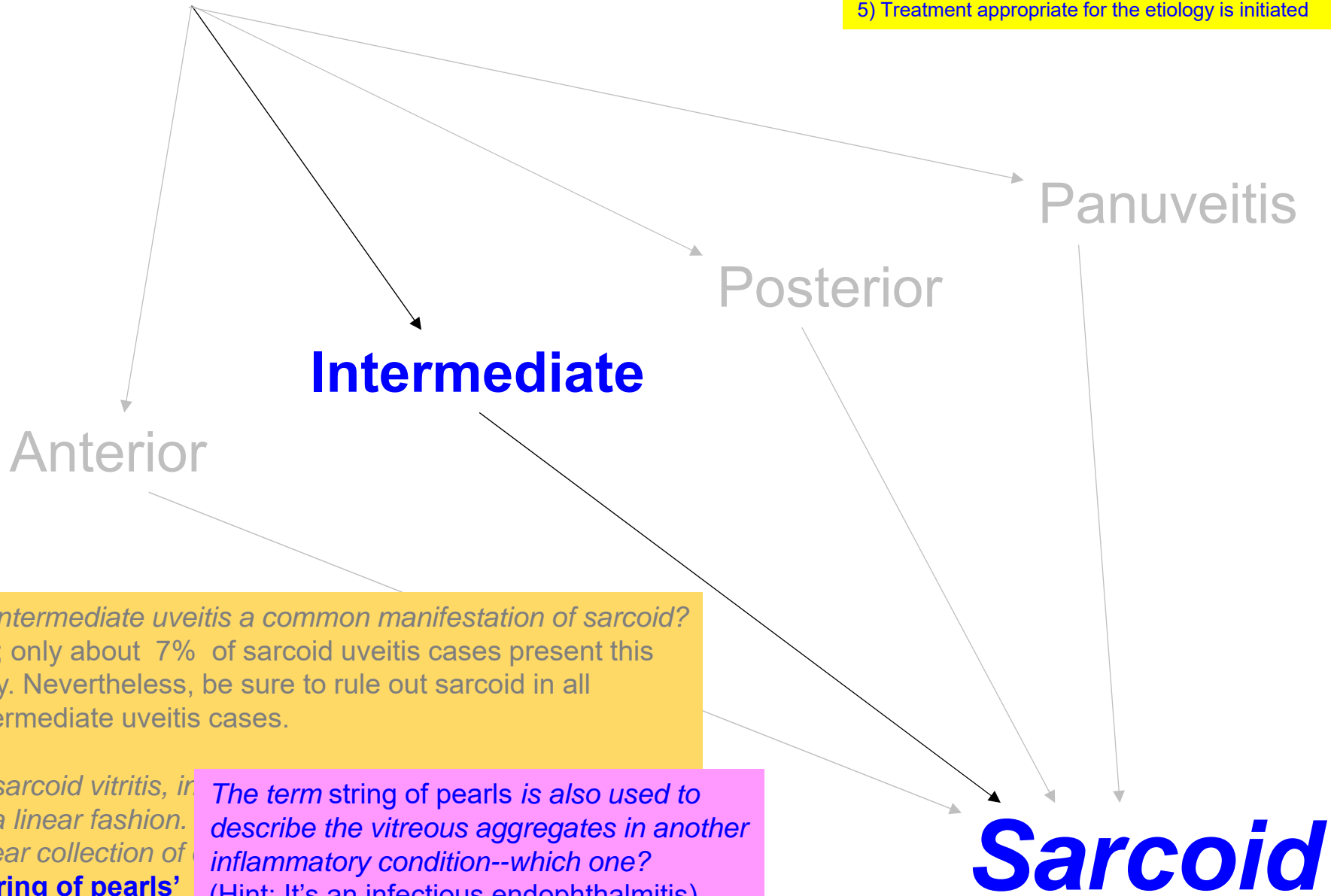
In sarcoid vitritis, in a linear fashion. linear collection of 'String of pearls'

The term string of pearls is also used to describe the vitreous aggregates in another inflammatory condition--which one? (Hint: It's an infectious endophthalmitis)

Sarcoid

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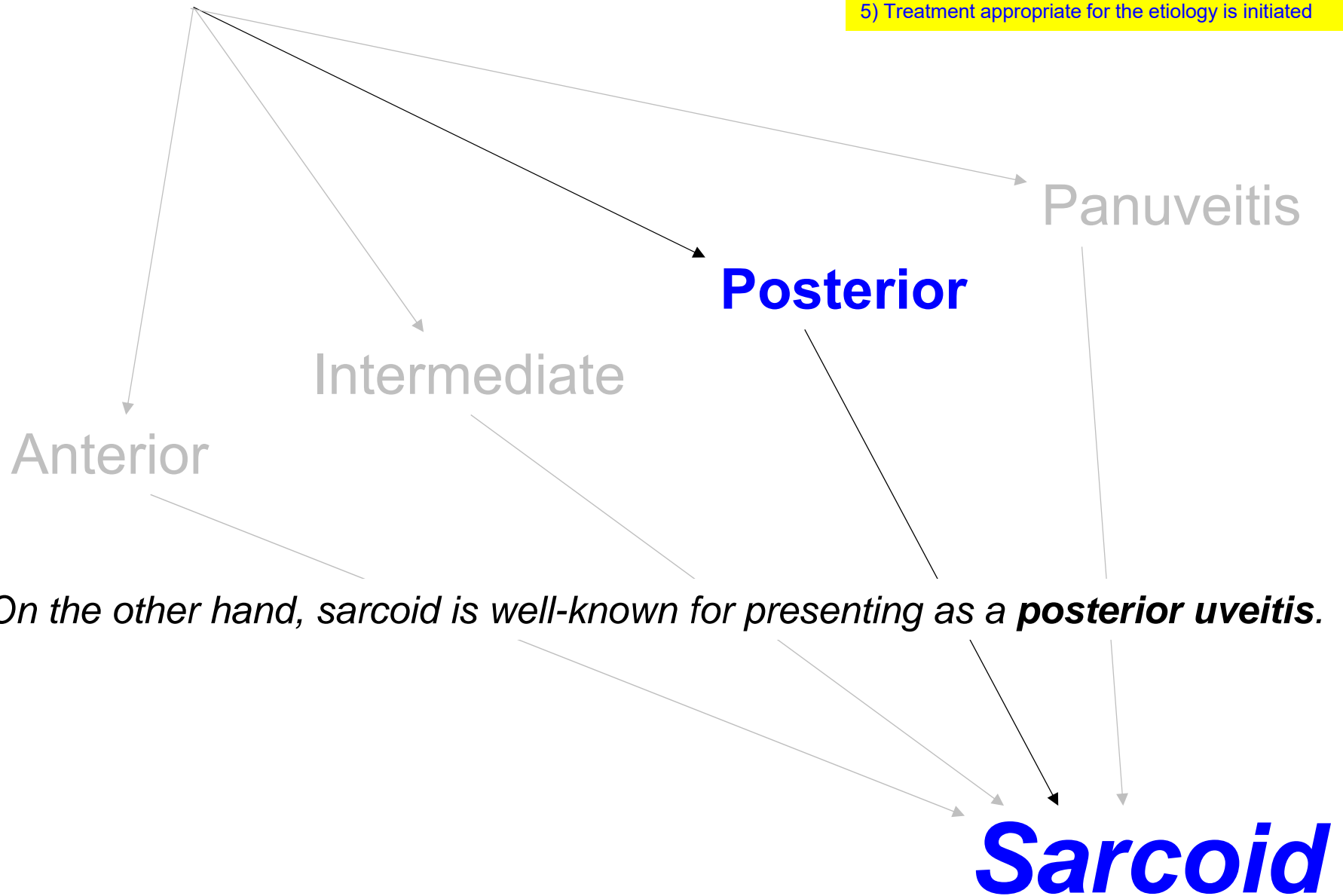
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Candida endophthalmitis

Sarcoid

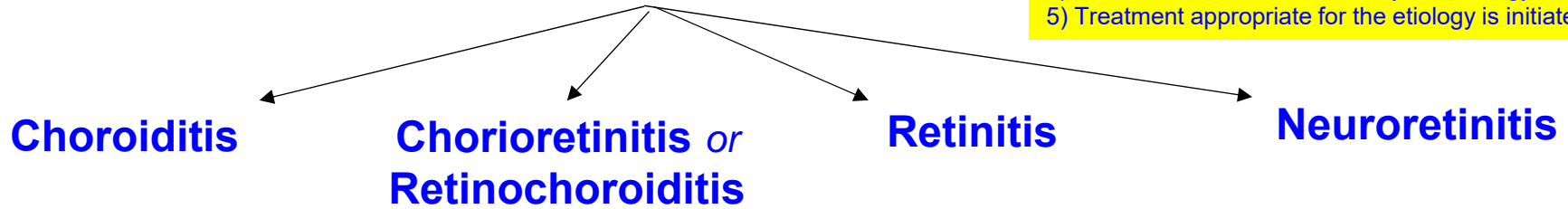
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Uveitis: *Posterior*

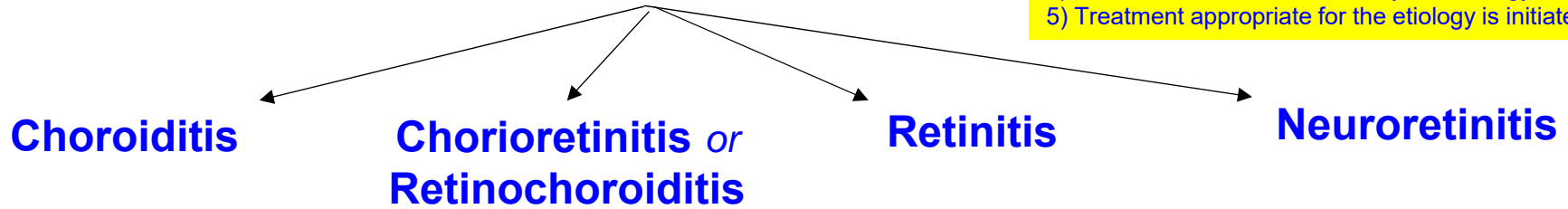
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What percentage of sarcoid uveitis pts have posterior manifestations?

Uveitis: *Posterior*

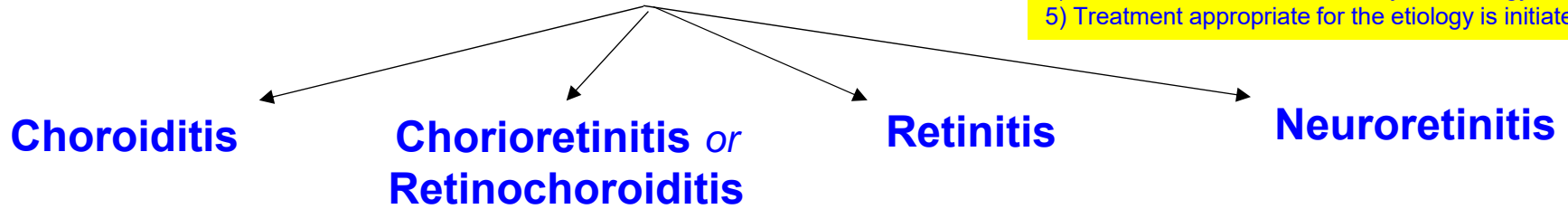
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About 20

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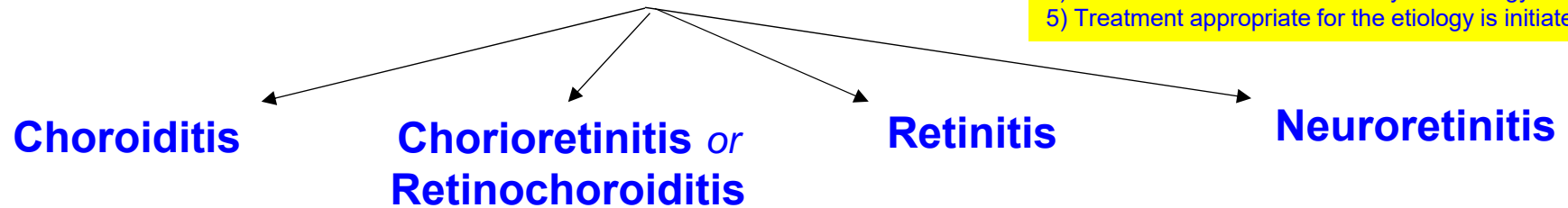
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What are the two most common posterior manifestations?

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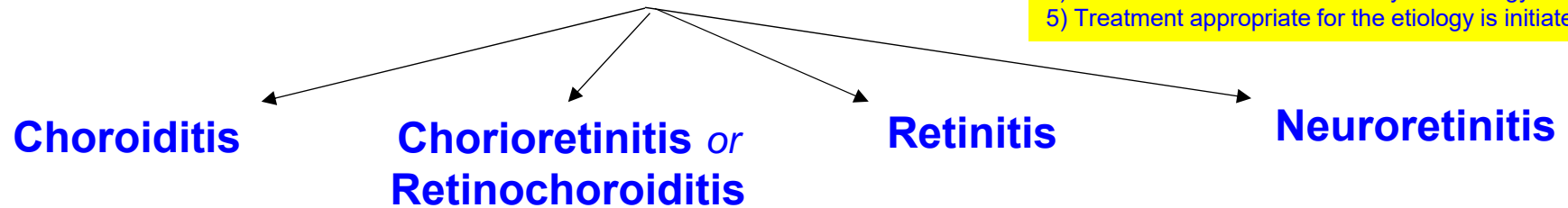
What are the two most common posterior manifestations?

--Granulomas of the [redacted], [redacted] and/or [redacted]

--Retinal [redacted]

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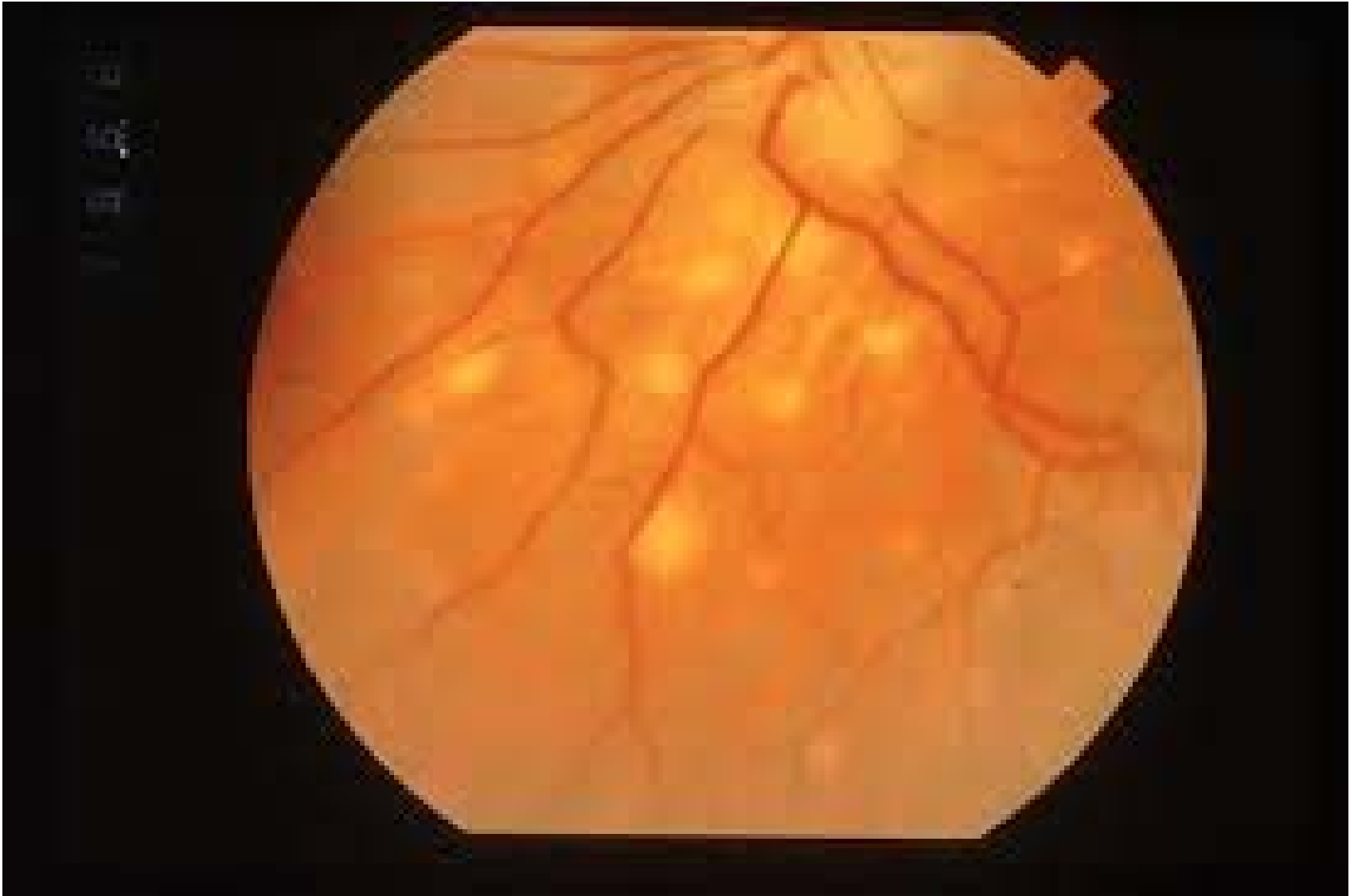


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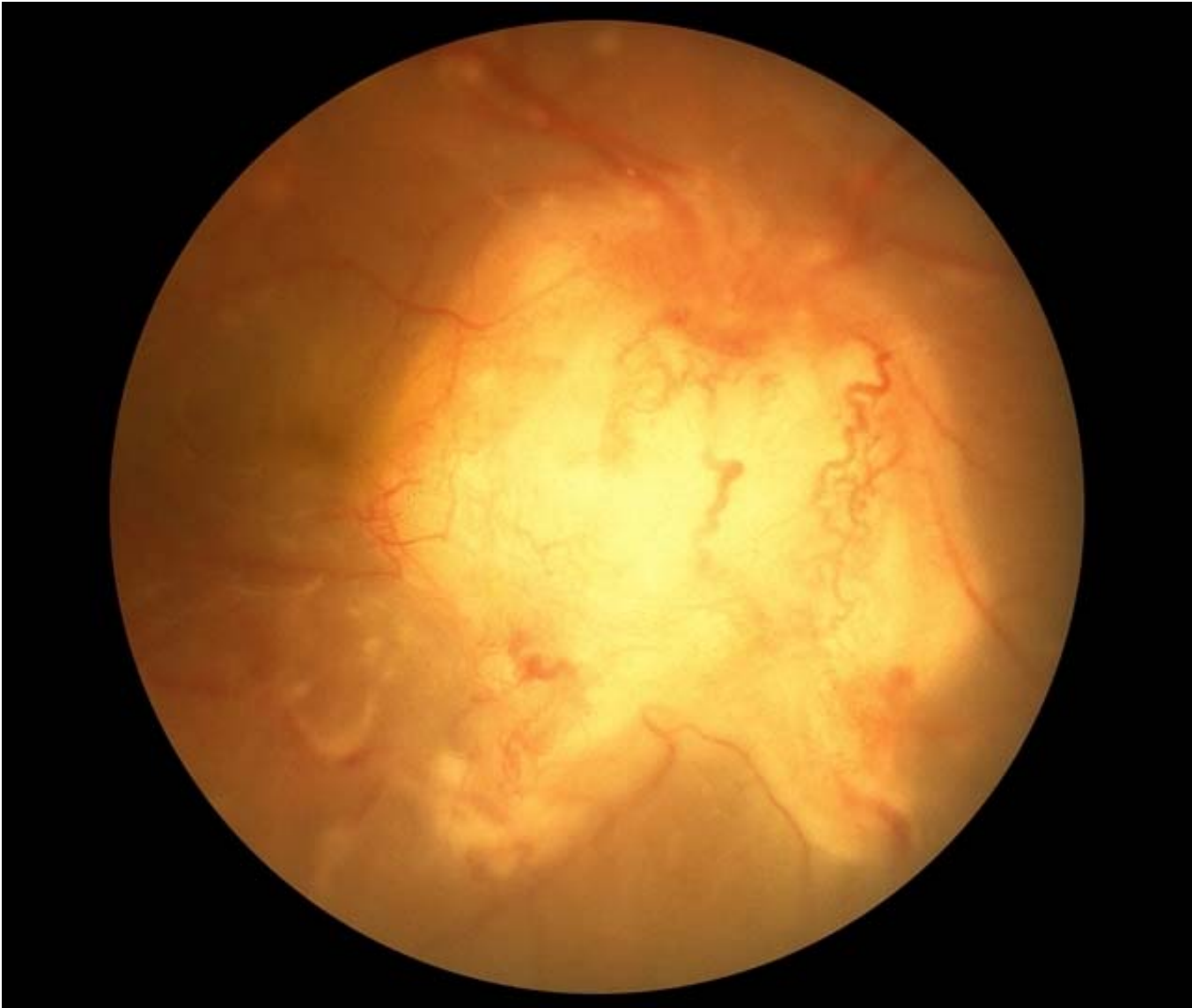
- Granulomas of the choroid , retina and/or optic nerve
- Retinal vasculitis



Choroidal granulomas in sarcoid



Choroidal granulomas in sarcoid. Note the 'punched out' appearance



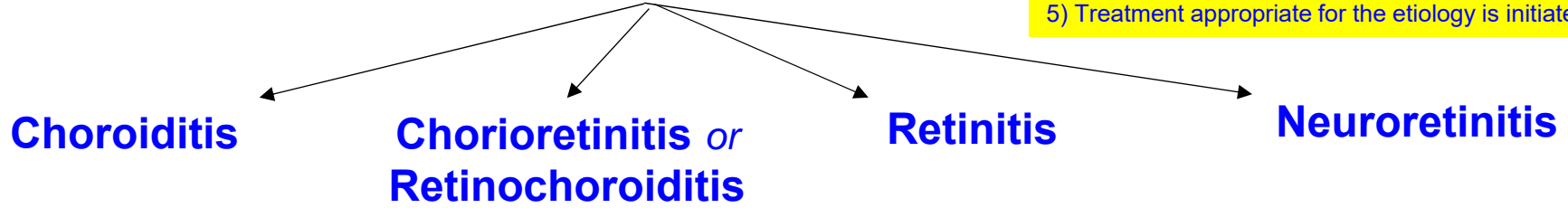
ONH granuloma in sarcoid



ONH granuloma with neuroretinitis

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
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What percentage of sarcoid uveitis pts have posterior manifestations?
About 20

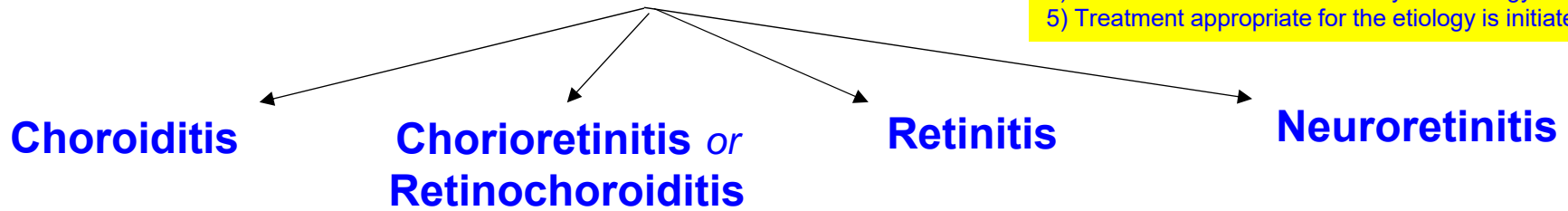
What are the two most common posterior manifestations?
--Granulomas of the choroid , retina and/or optic nerve

--**Retinal vasculitis**

Is the vasculitis primarily an arteritis, a phlebitis, or both?

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**Chorioretinitis or
Retinochoroiditis**

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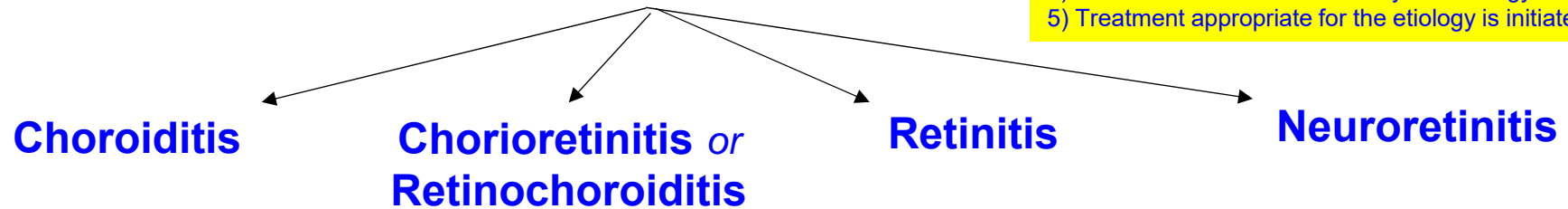
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Sarcoid periphlebitis: 'candle-wax drippings'

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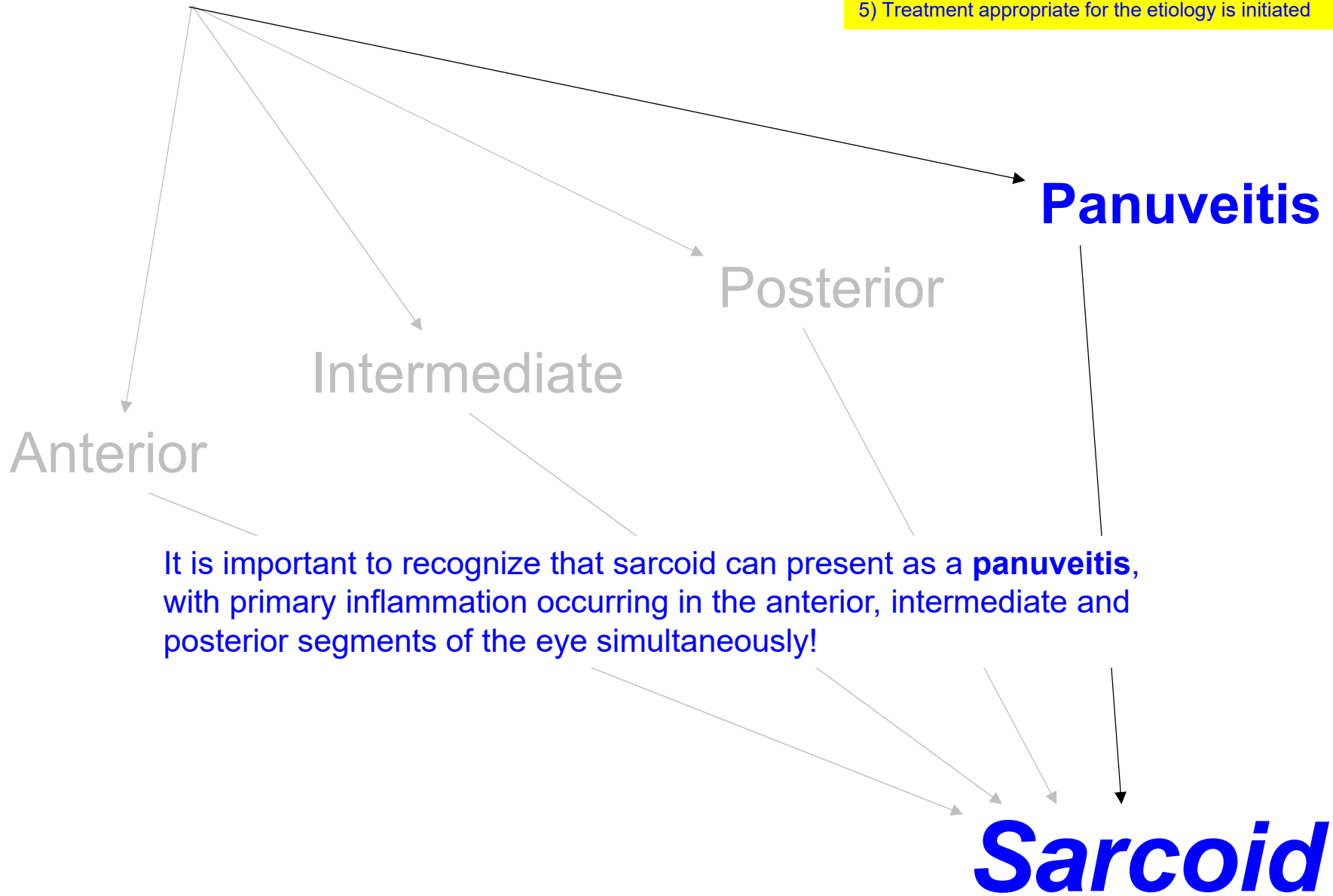
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Taches de bougie

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It is important to recognize that sarcoid can present as a **panuveitis**, with primary inflammation occurring in the anterior, intermediate and posterior segments of the eye simultaneously!

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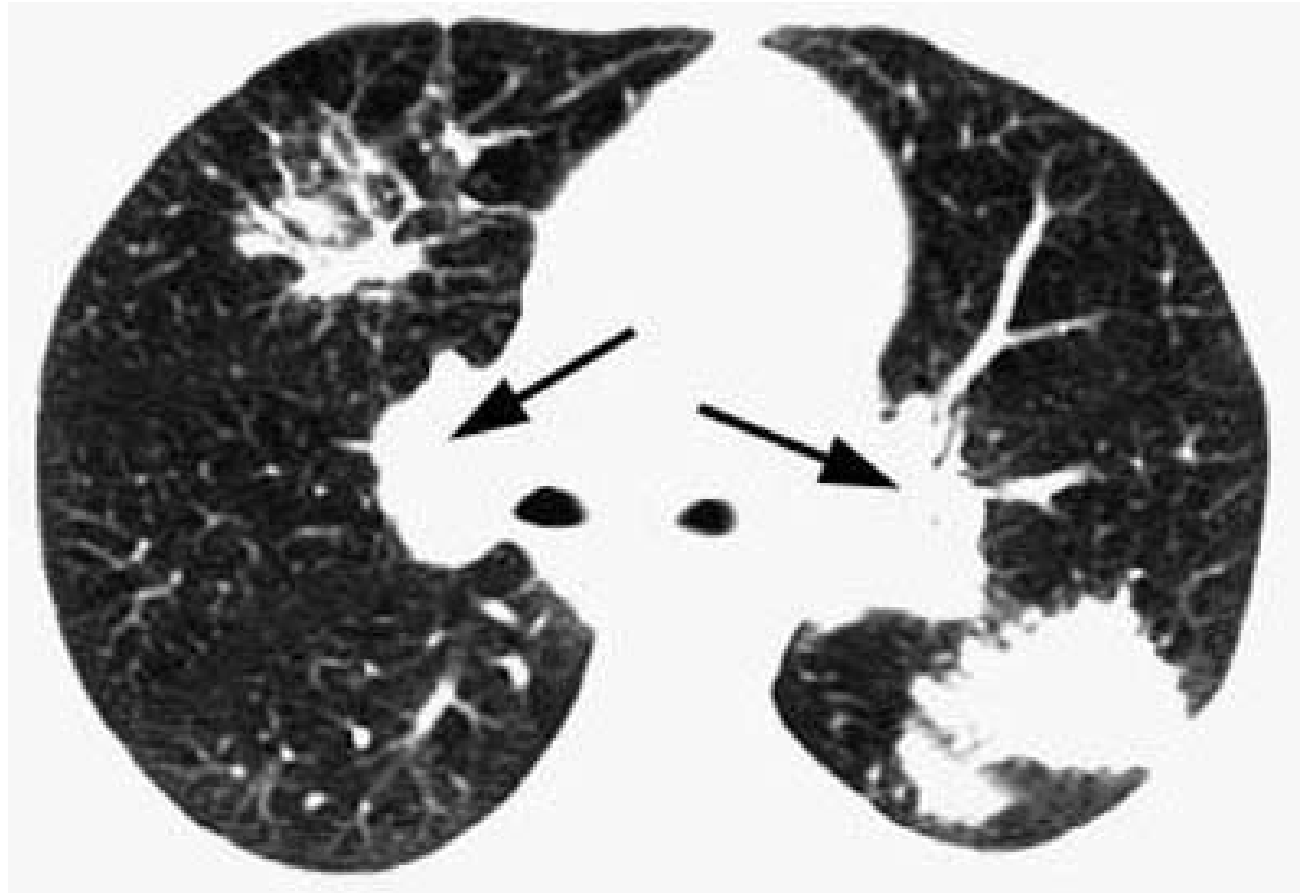
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Thin cut CT of the chest



CT chest in sarcoid: dense focal nodular infiltrates; bilateral hilar lymphadenopathy

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Thin cut CT of the chest *What does ACE stand for?*

What two lab tests are used to confirm sarcoidosis?
Serum **ACE** and



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Briefly, what does the renin-angiotensin system do?

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Help regulate blood pressure and fluid status

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Briefly, what is lysozyme?

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Sarcoid: Diagnosis

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Thin cut CT of the chest

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Also about 10 (not necessarily the **same** 10, though)

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If the conj has no obvious nodules, is it reasonable to perform a 'blind biopsy;' ie, of normal-appearing conj?

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What is the first-line med for sarcoid uveitis?

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