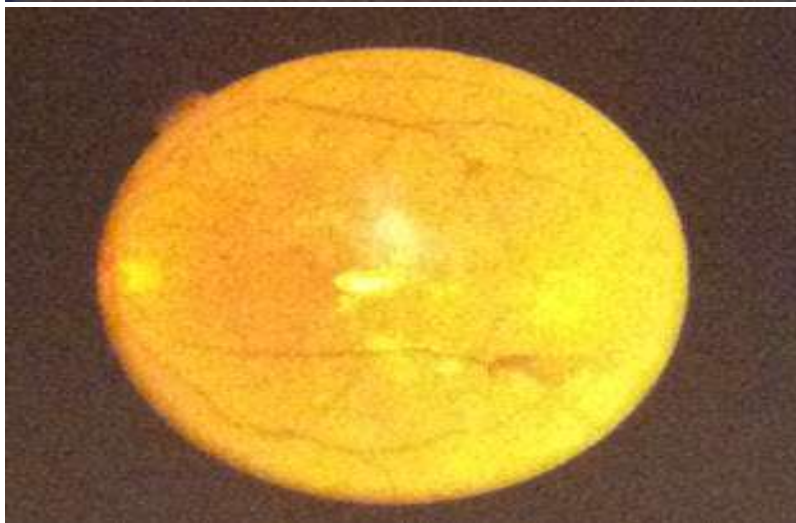
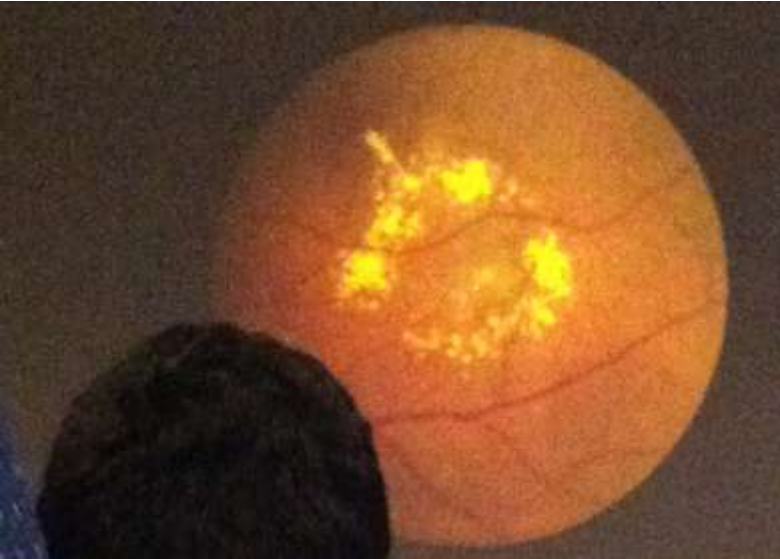
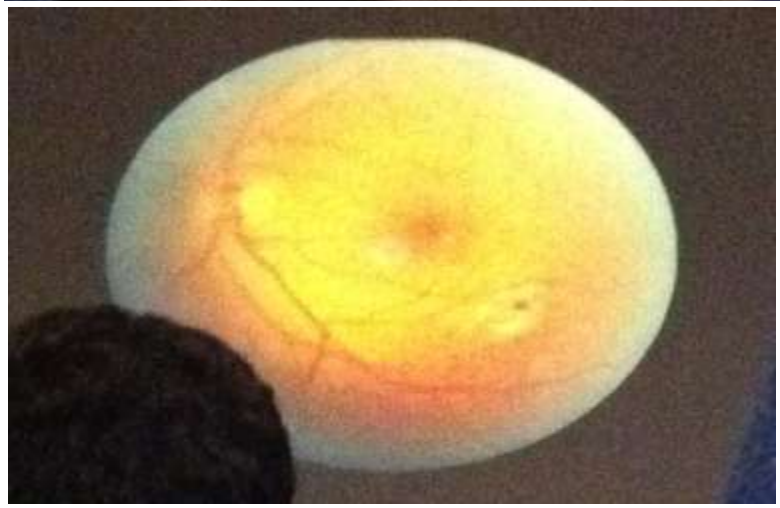
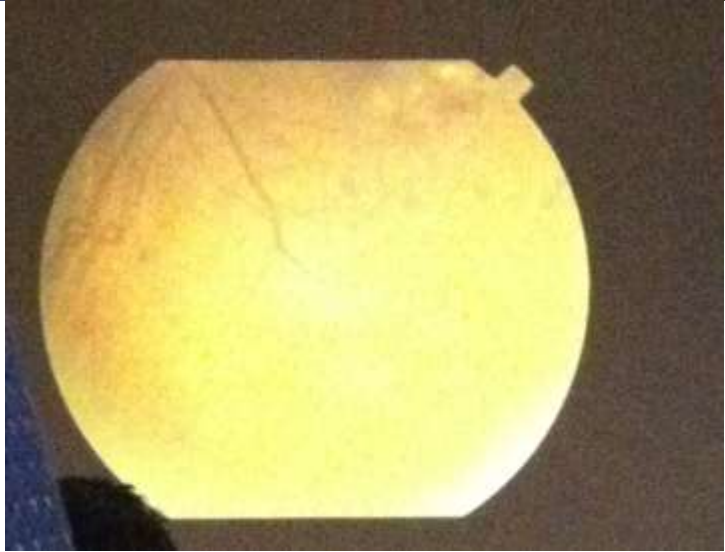
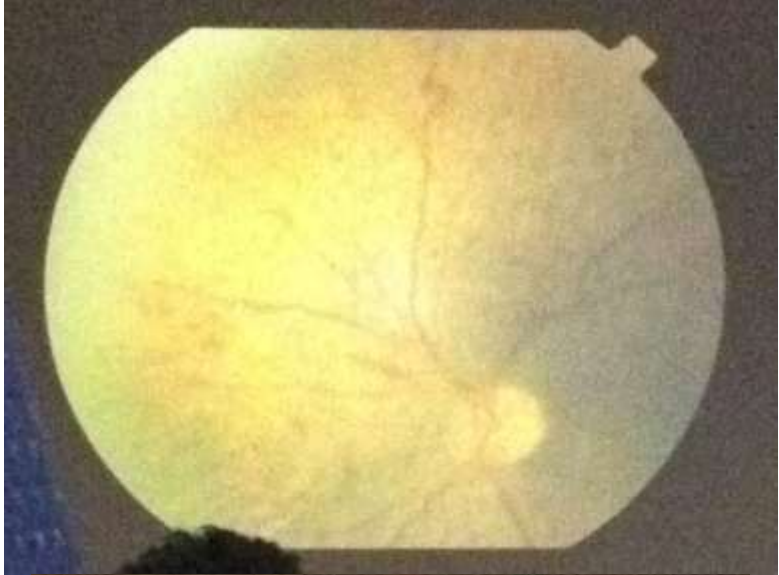
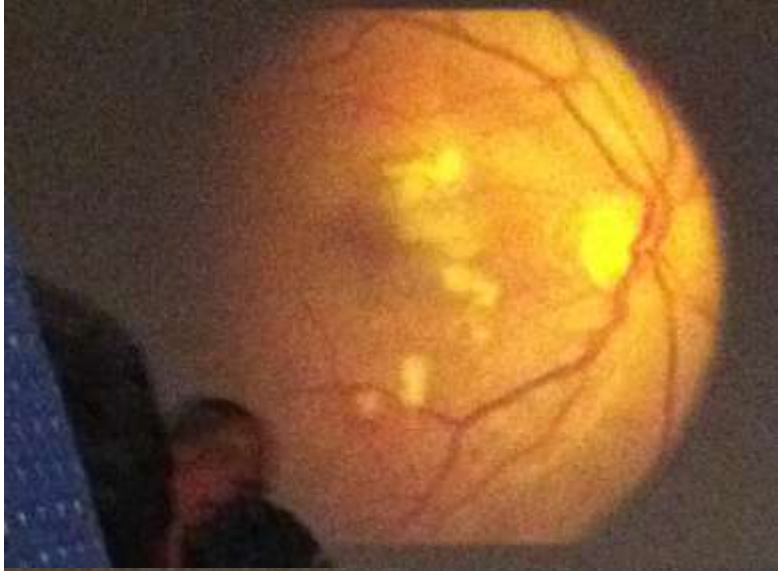


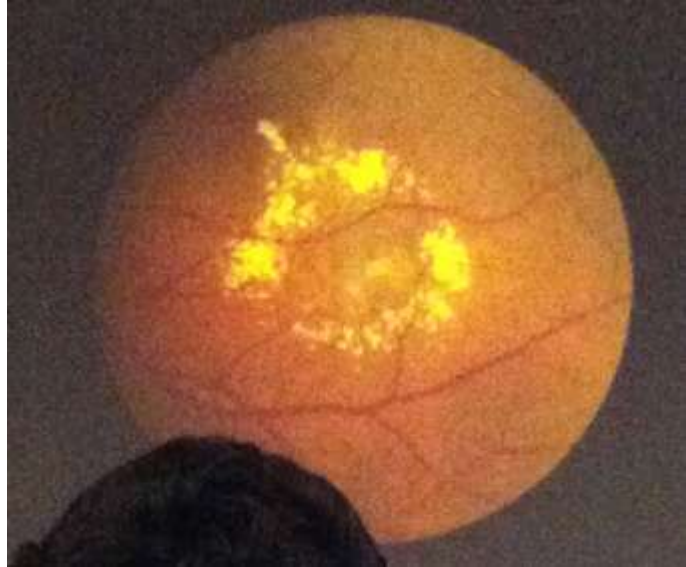
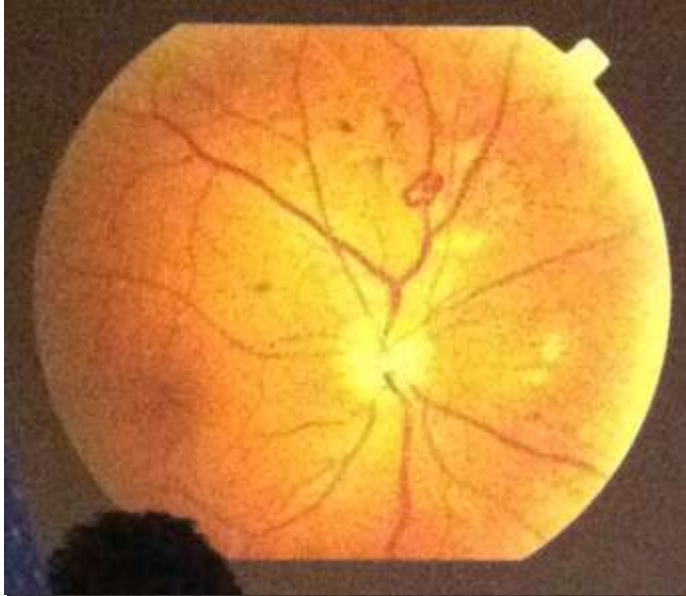
DIABETES MELLITUS:

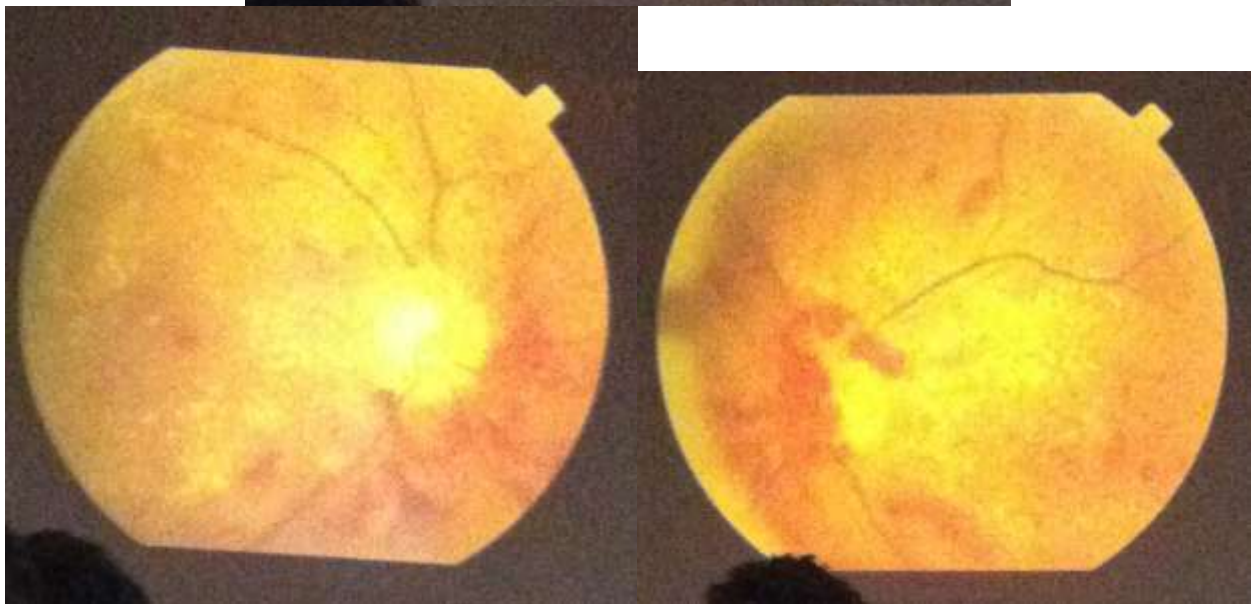
- * **The risk of blindness is about 25 times greater in diabetics than in non-diabetics**
- * **DR is the commonest cause of legal blindness in individuals between the ages of 20 and 65 yrs.**
- * **The incidence of DR is related more to the duration of diabetes than to any other factor**

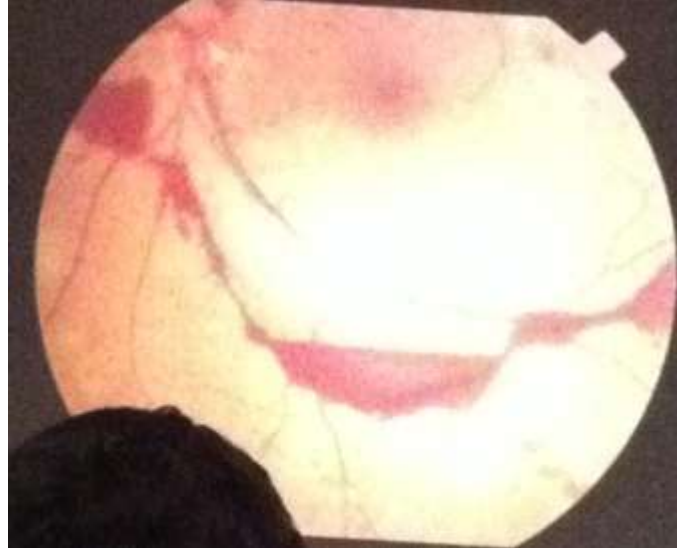
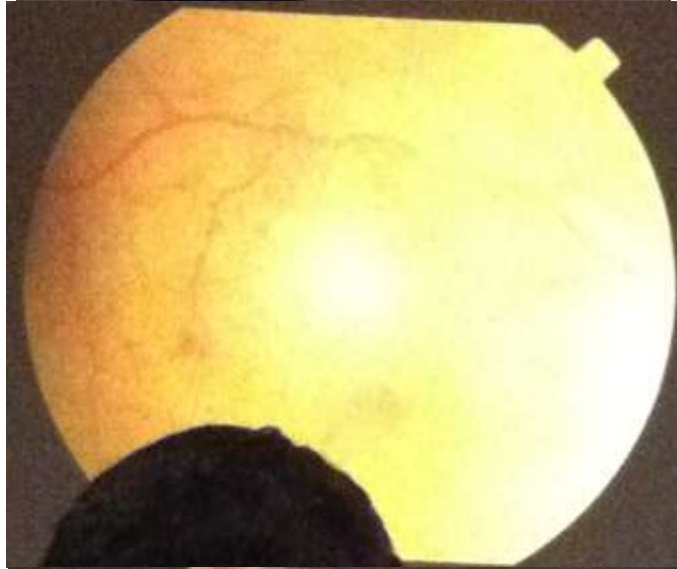
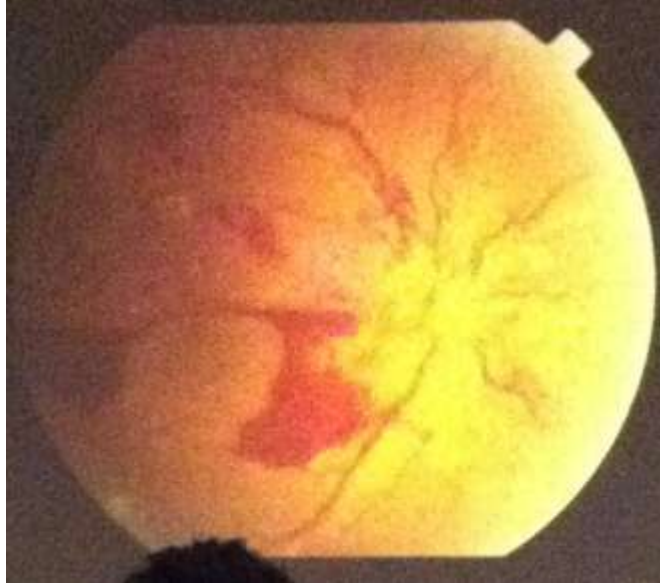


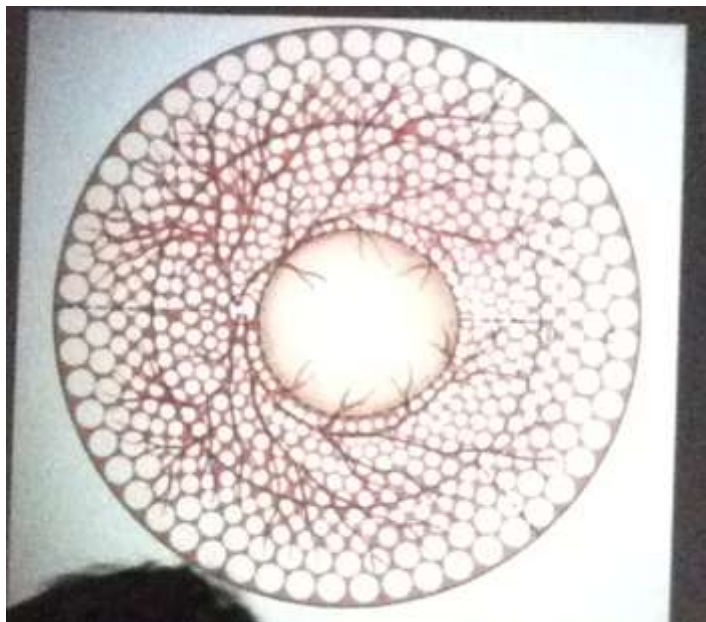


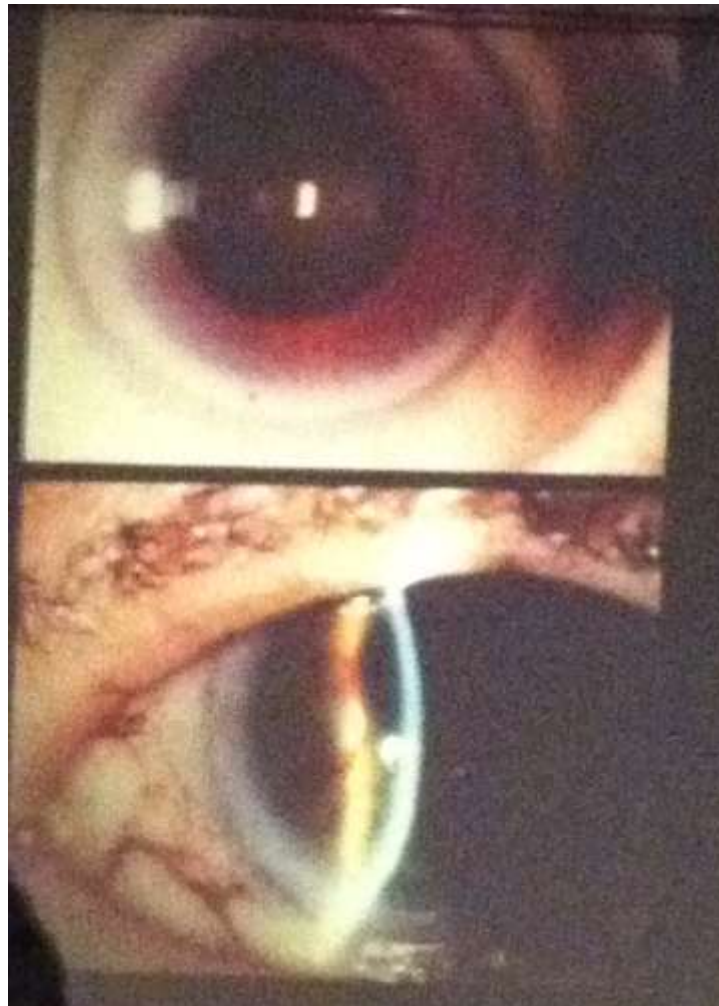








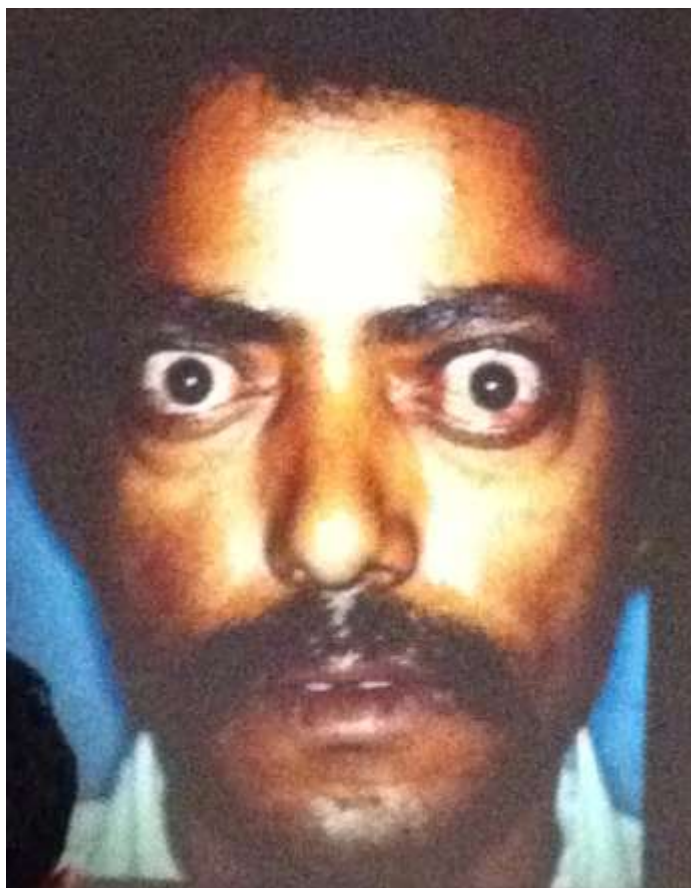


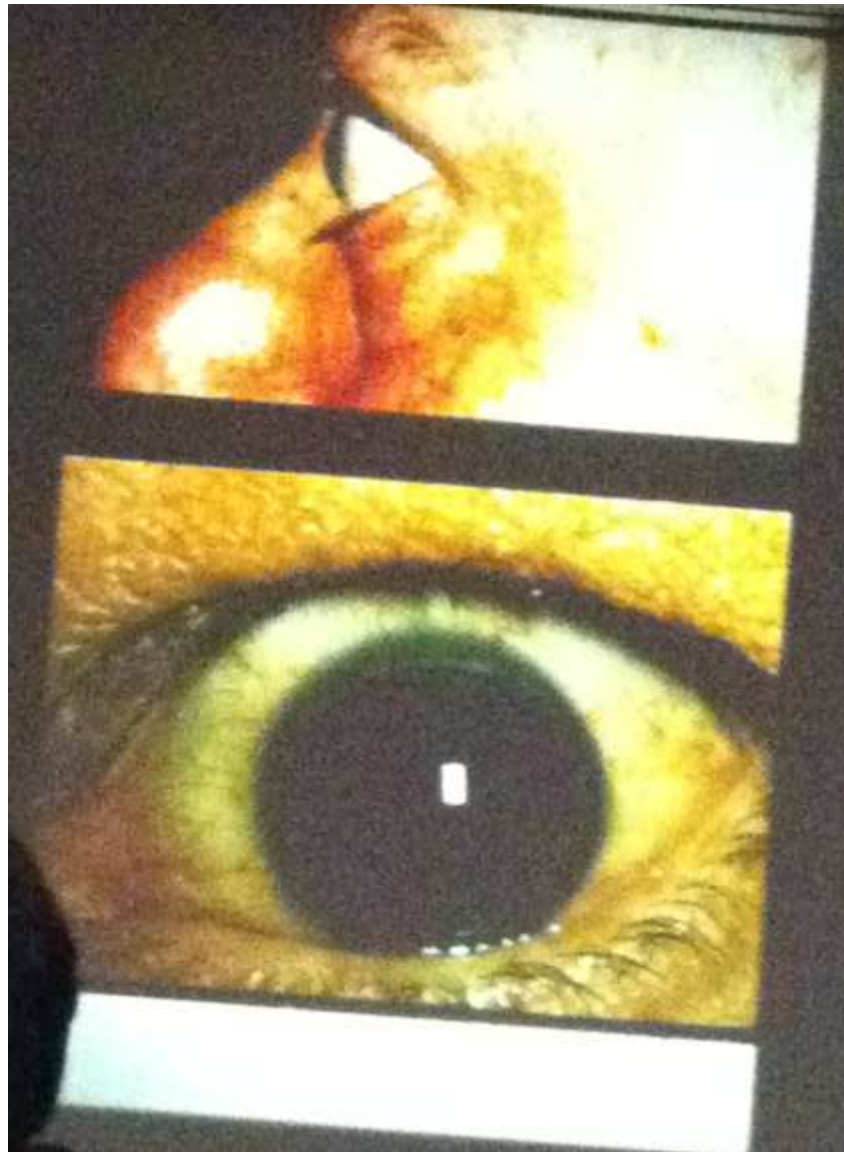


GRAVES' DISEASE:

Ocular Features:

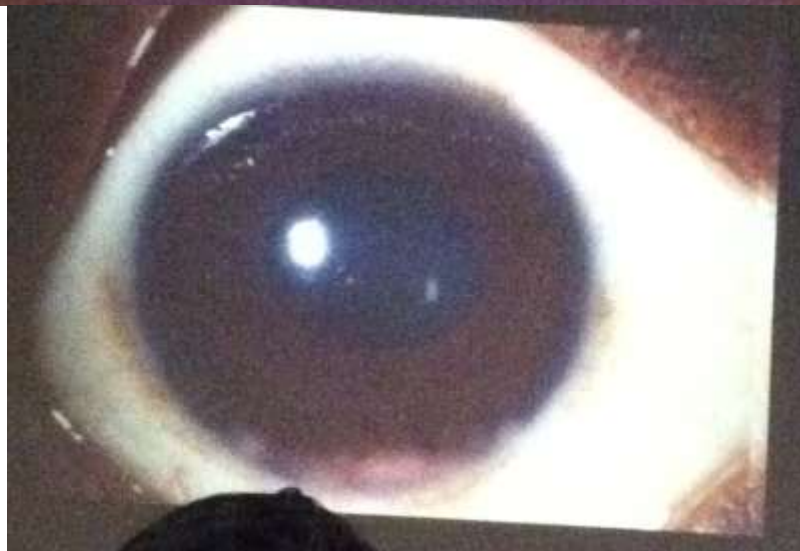
- * **Eyelid retraction**
- * **Infiltrative ophthalmopathy**
- * **Proptosis**
- * **Dysthyroid optic neuropathy**
- * **Restrictive thyroid myopathy**

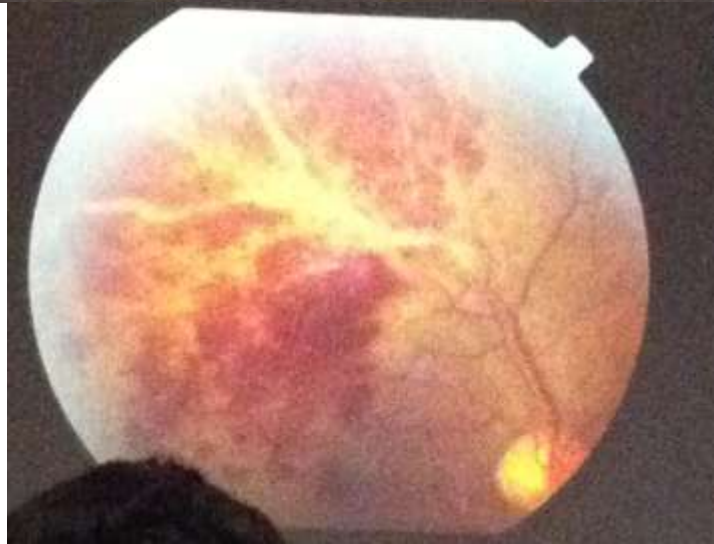




TUBERCULOSIS:

- * Phlyctenular keratoconjunctivitis
- * Interstitial Keratitis
- * Uvea
- * Retinal vasculitis
(Eale's disease)





LEPROSY (Hansen's disease):
Ocular involvement is more common
in the lepromatous type.

*** Signs:**

- Facial N. affection
- Loss of the lateral portions of
the eye brows and eye lashes
(Madarosis)
- Interstitial keratitis
- Iritis

SYPHILIS:

Congenital:

- * Interstitial keratitis
- * Chorioretinitis

Acquired:

- * Ocular chancre
- * Iridocyclitis
- * Interstitial keratitis
- * Chorioretinitis
- * Neuro-ophthalmic

SYPHILIS:

Congenital:

- * **Interstitial keratitis**
- * **Chorioretinitis**

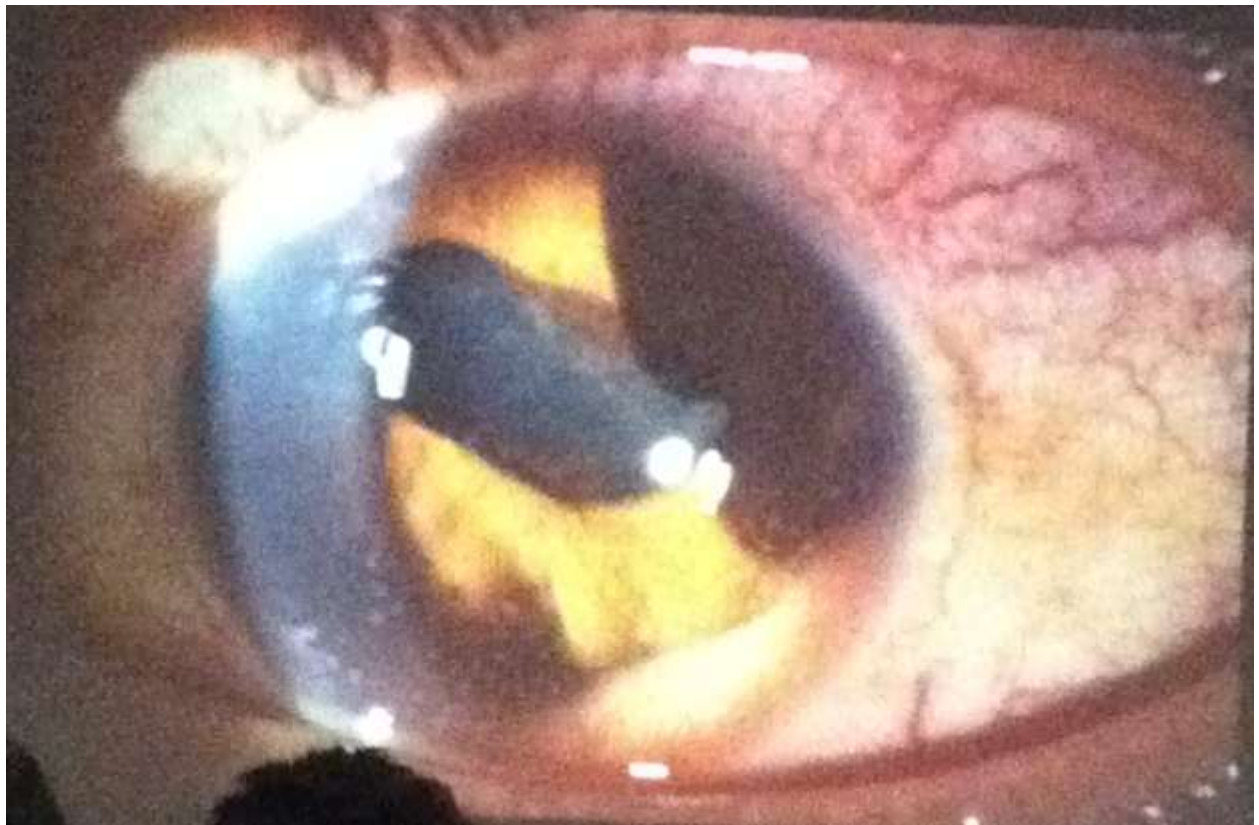
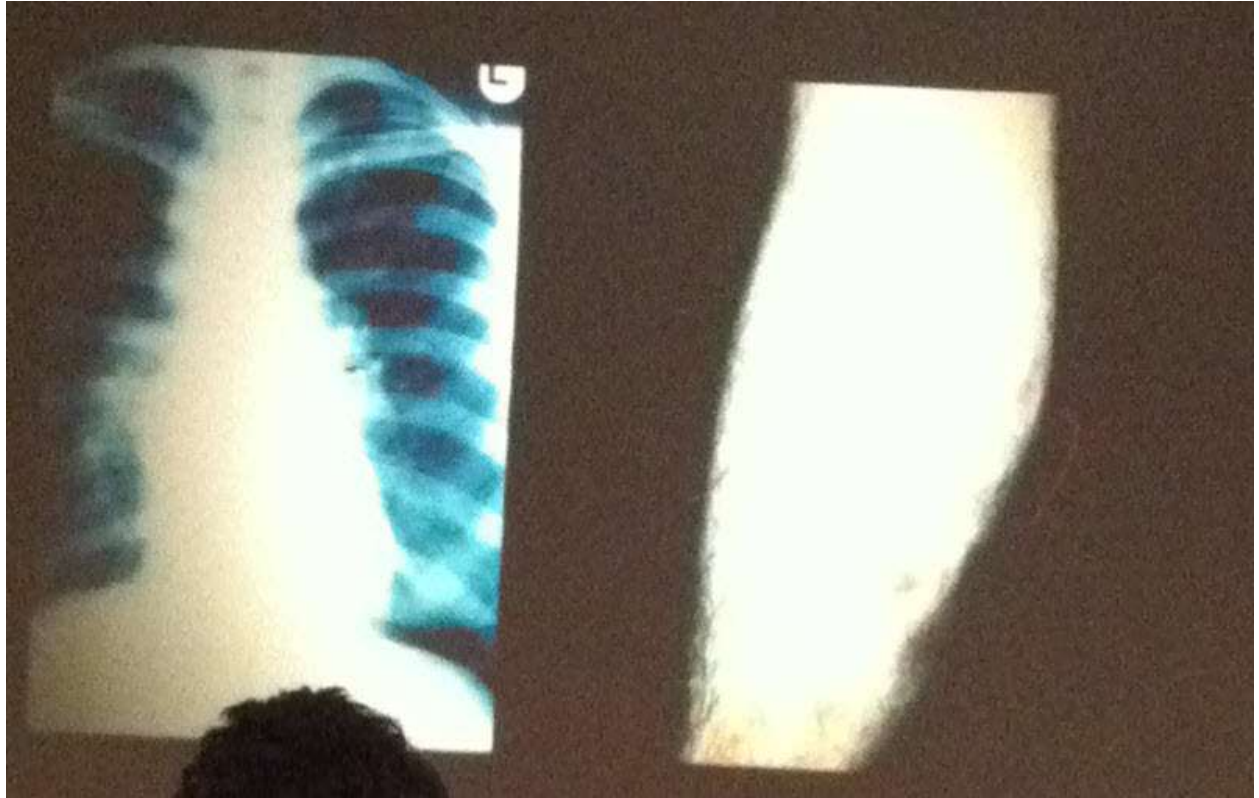
Acquired:

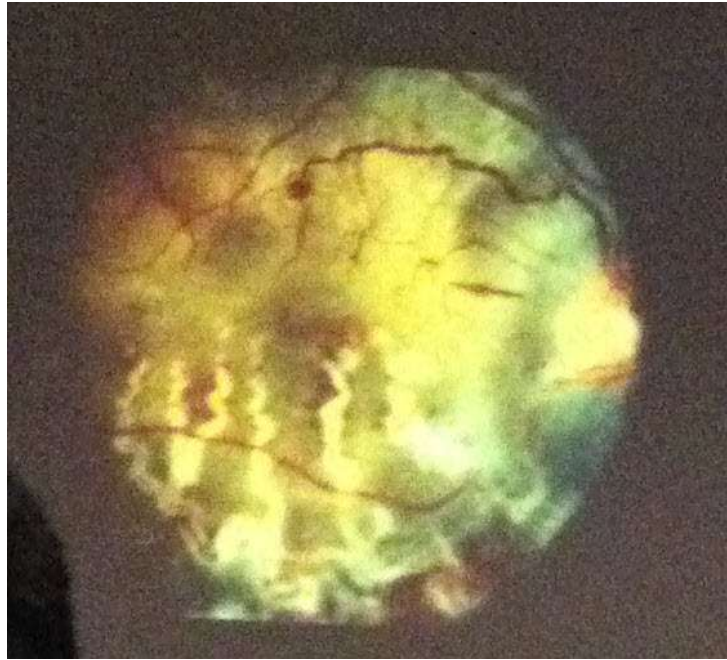
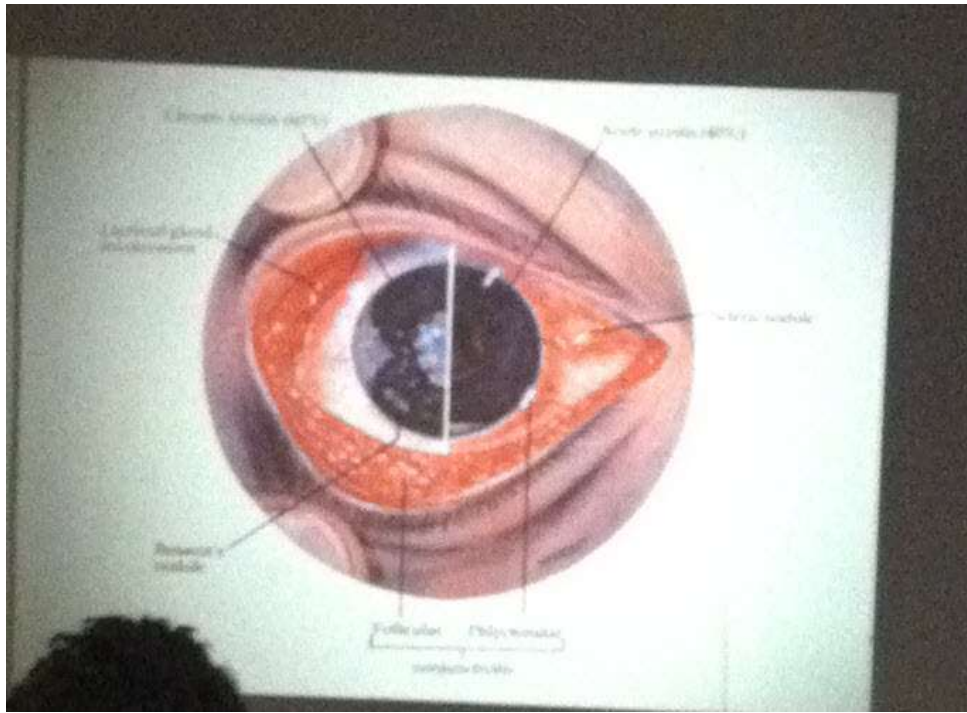
- * **Ocular chancre**
- * **Iridocyclitis**
- * **Interstitial keratitis**
- * **Chorioretinitis**
- * **Neuro-ophthalmic**

SARCOIDOSIS:

Eye Lesions:

- * **Lid margin and conjunctival granuloma**
- * **Acute iridocyclitis**
- * **Chronic granulomatous iridocyclitis**
- * **Peripheral retinal periphlebitis**
- * **Choroidal granulomas**
- * **Retinal granulomas**
- * **Optic N. granulomas**





RUBELLA:

- * Cataract
- * Microphthalmos
- * Retinopathy
- * Glaucoma



WILSON'S DISEASE:
(Hepatolenticular degeneration):

Ocular features:

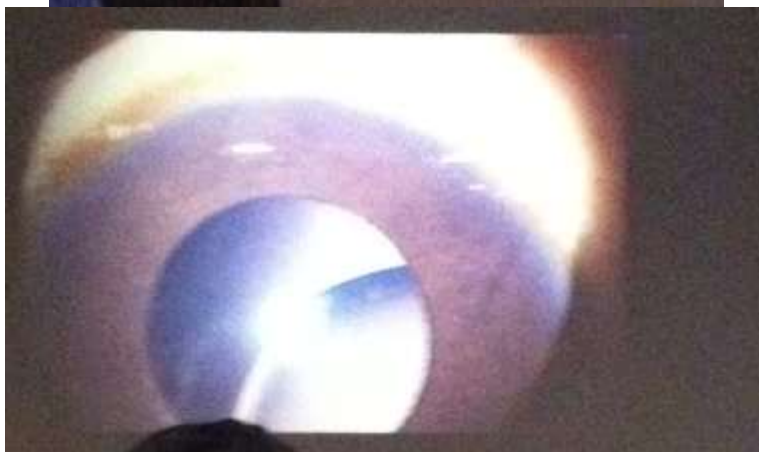
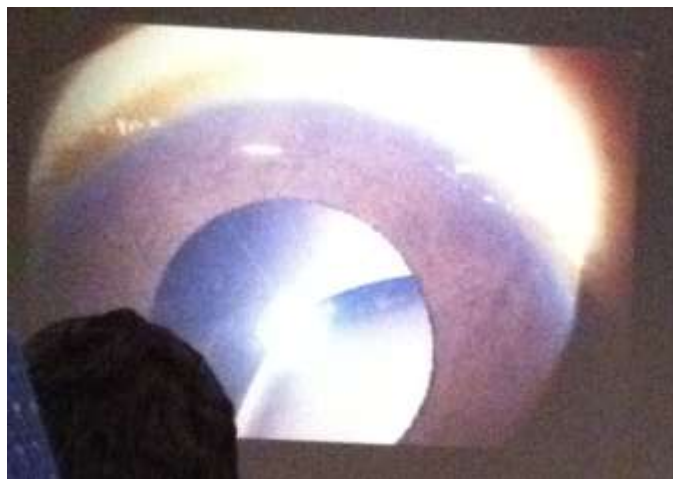
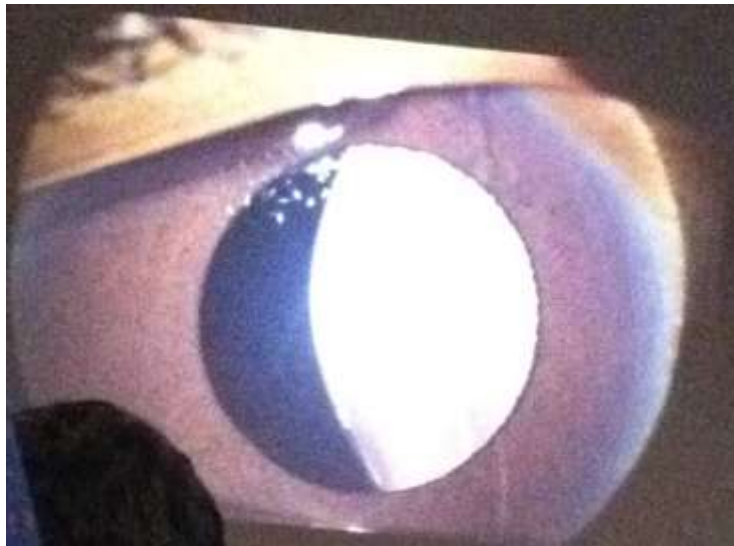
- * Kayser-Fleischer ring
- * Green sunflower cataract

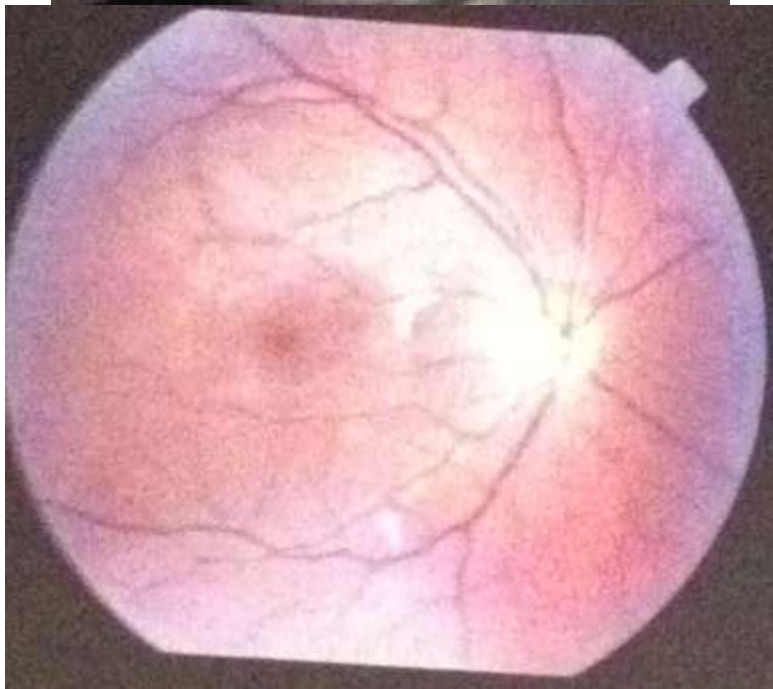
MARFAN'S SYNDROME:

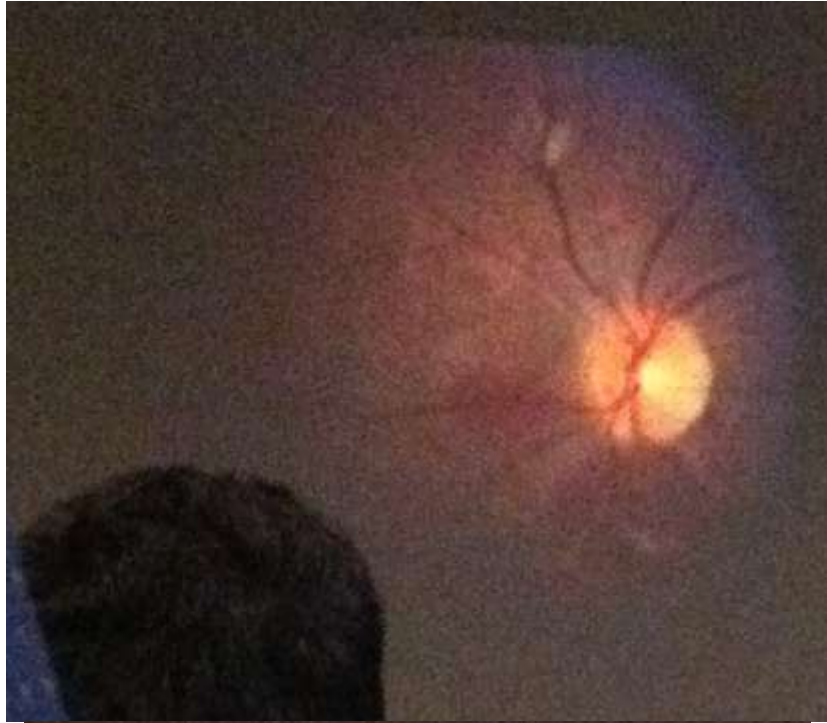
Ocular Features:-

- * **Lens subluxation**
- * **Angle anomaly**
- * **Glaucoma**
- * **Hypoplasia of the dilator M.**
- * **Axial myopia**
- * **Retinal detachment**









RHEUMATOID ARTHRITIS:

- * **Seropositive**

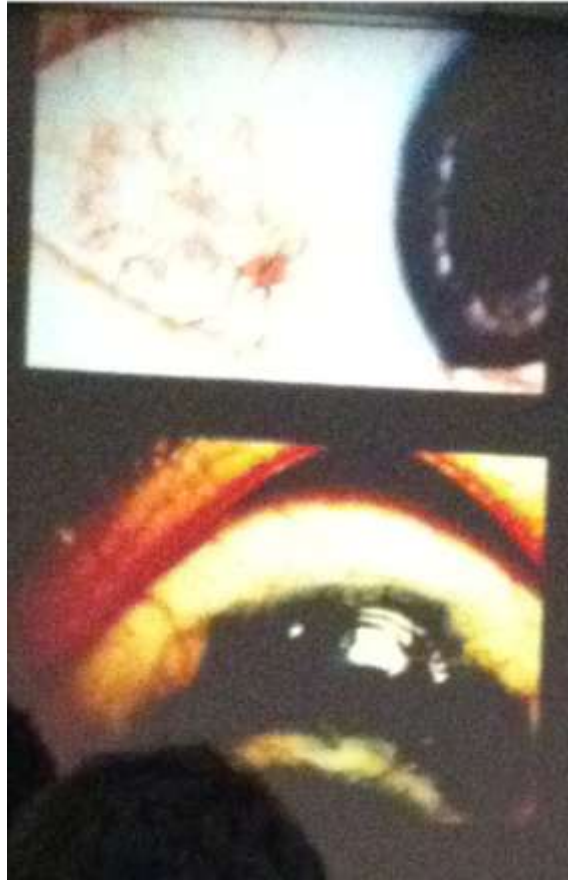
Ocular:

- * **K.C.S.**
- * **Scleritis**
- * **Keratitis**



Keratocan junctionitis vicia (54)





ANKYLOSING SPONDYLITIS:

- * Seronegative
- * X-rays of sacroiliac joints
- * Acute recurrent non-granulomatous iridocyclitis

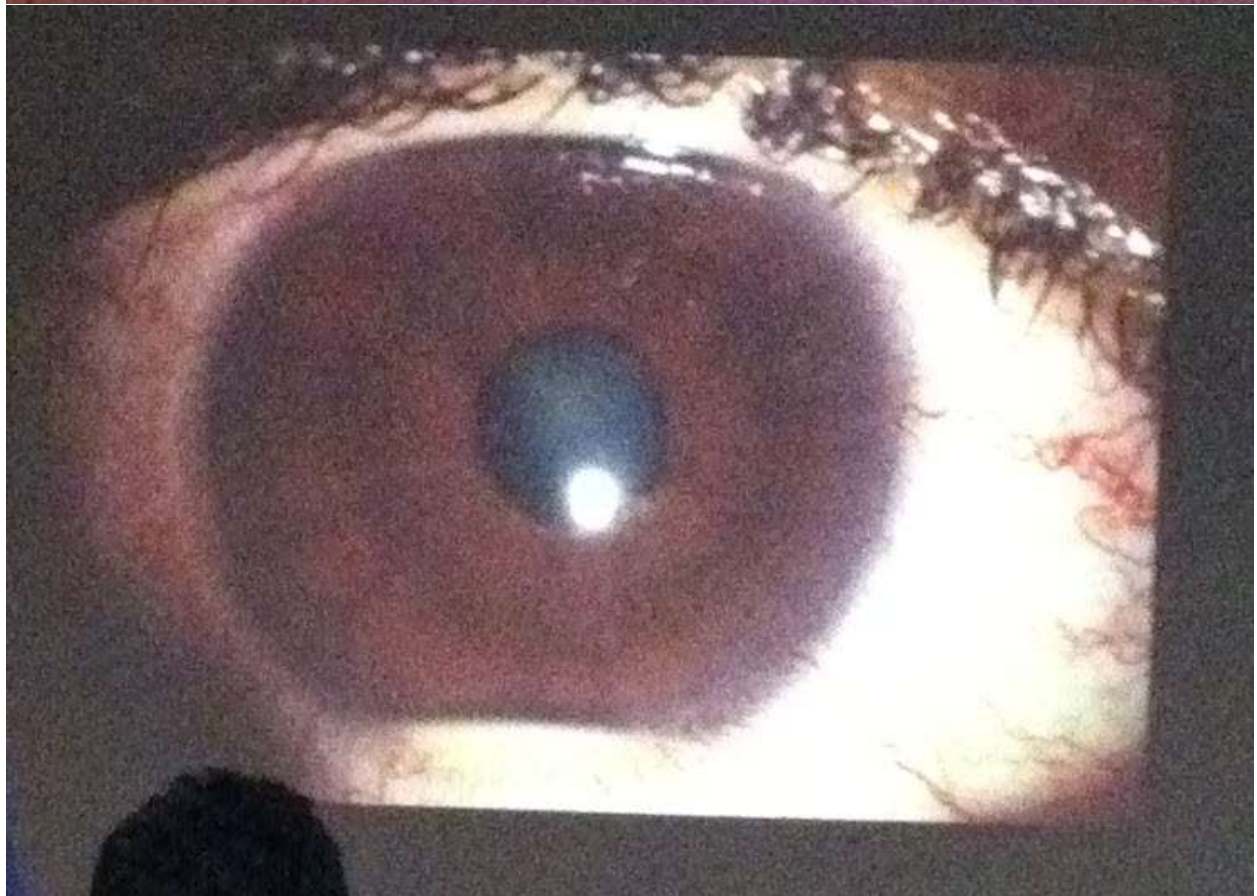


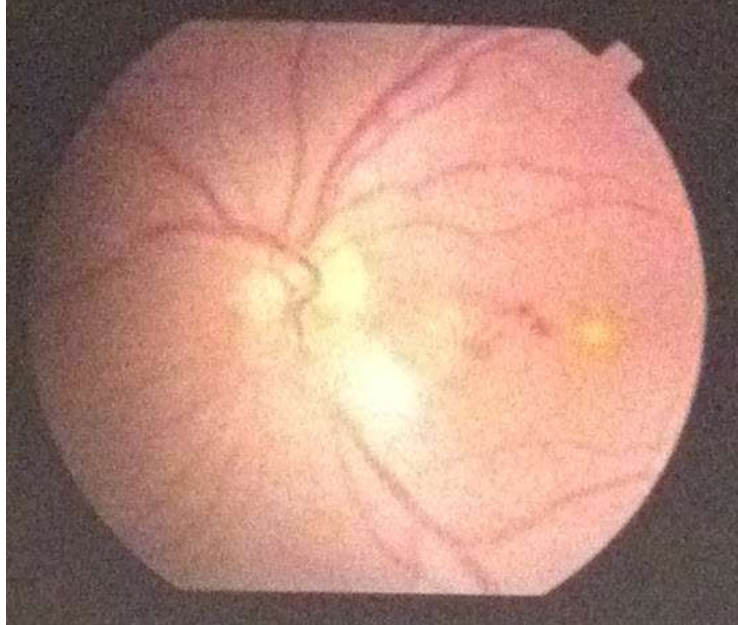
JUVENILE CHRONIC ARTHRITIS: "Juvenile rheumatoid arthritis"

- * **Systemic onset:- "Still's disease"**
uveitis is extremely rare
- * **Polyarticular onset:- Uveitis is**
fairly rare
- * **Pauciarticular onset:- About 20 %**
develop uveitis

BEHCET'S DISEASE:

- * **Recurrent oral ulceration**
- * **Genital ulceration**
- * **Skin lesions**
- * **Uveitis**





REITER'S SYNDROME:

A triad:

- * **Urethritis**
- * **Conjunctivitis**
- * **Seronegative arthritis**

Ocular Features:

- * **Conjunctivitis**
- * **Keratitis**
- * **Iridocyclitis**

SJOGREN'S SYNDROME

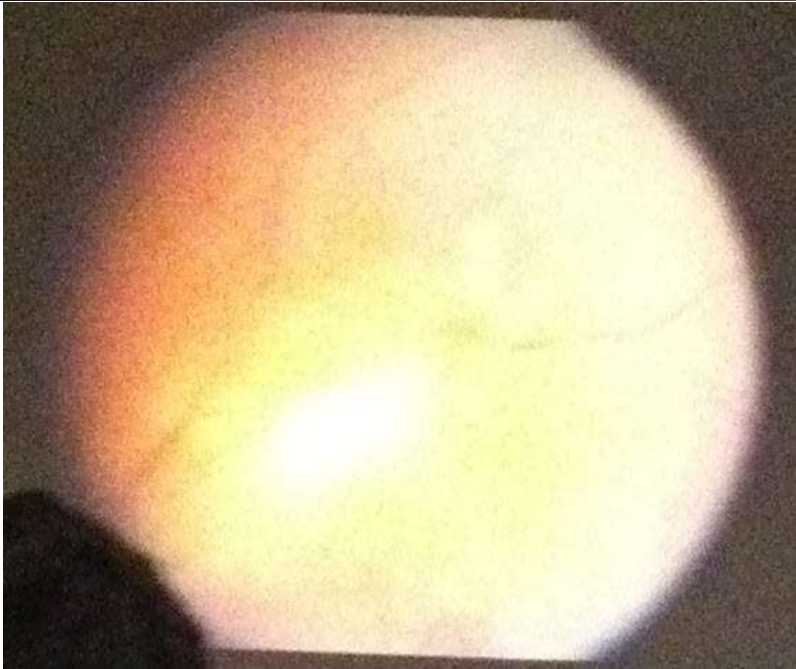
- * **Autoimmune disease**
- * **Involvement of salivary glands**
- * **Involvement of bronchial epithelium, vagina**
- * **Ocular features:- K.C.S.**

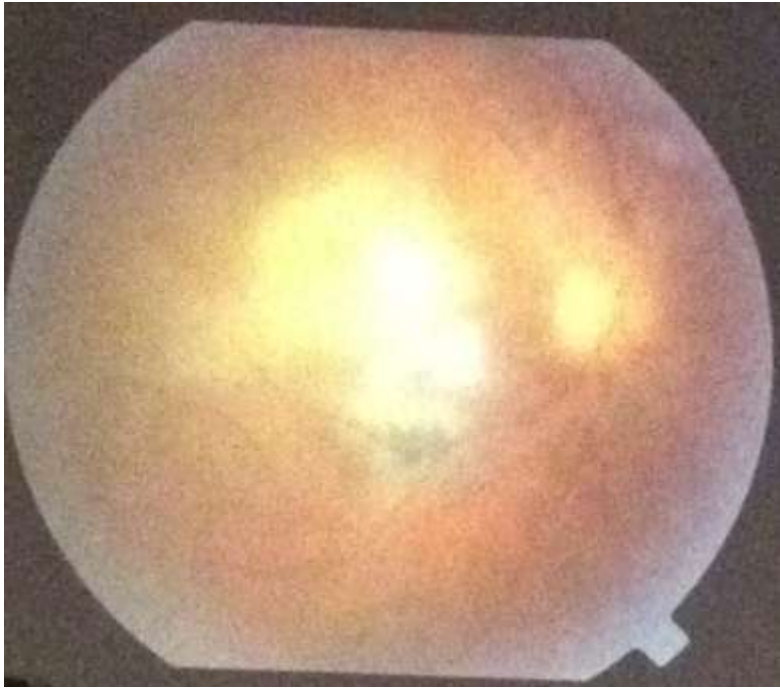
SJOGREN'S SYNDROME

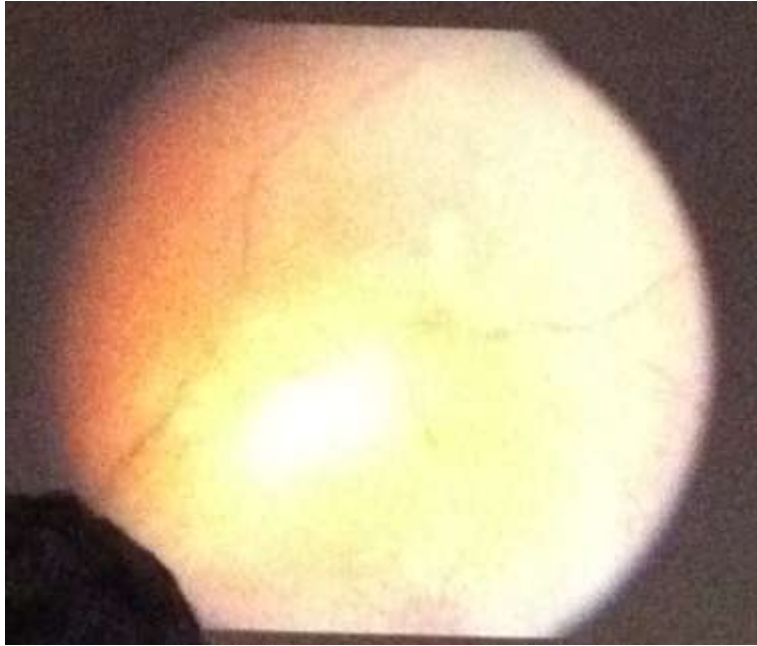
- * Autoimmune disease
- * Involvement of salivary glands
- * Involvement of bronchial epithelium, vagina
- * Ocular features:- K.C.S.

TOXOPLASMOSIS:

- * *Toxoplasma gondii*, obligatory intracellular protozoan parasite
- * **Congenital:-**
 - Convulsions, chorioretinitis, intracranial calcification
- * **Acquired:-**
 - Reactivation of old lesion, retinitis
- * Clindamycin, Sulphonamides, Pyrimethamine (Daraprim) steroids

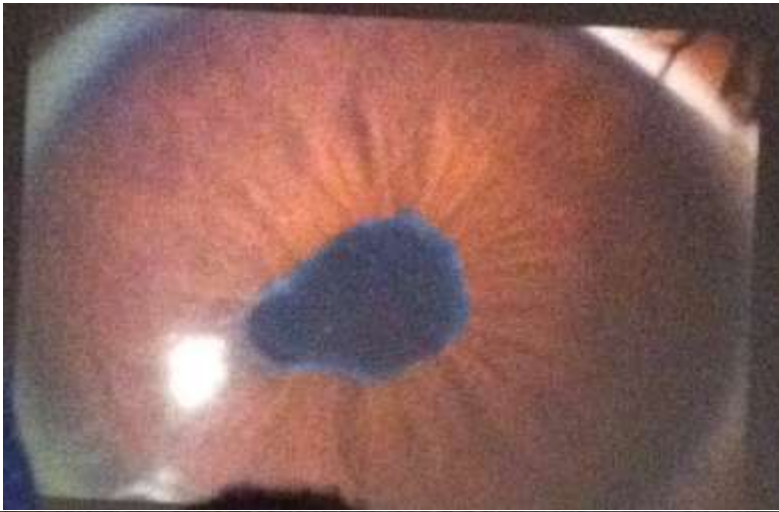
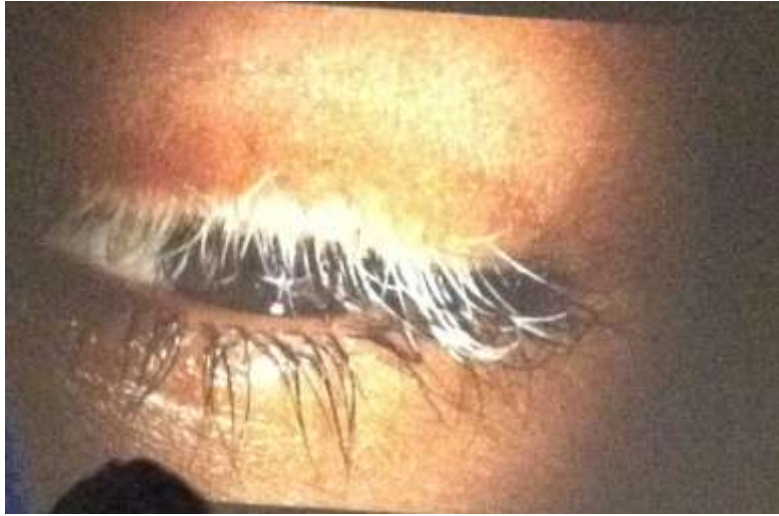


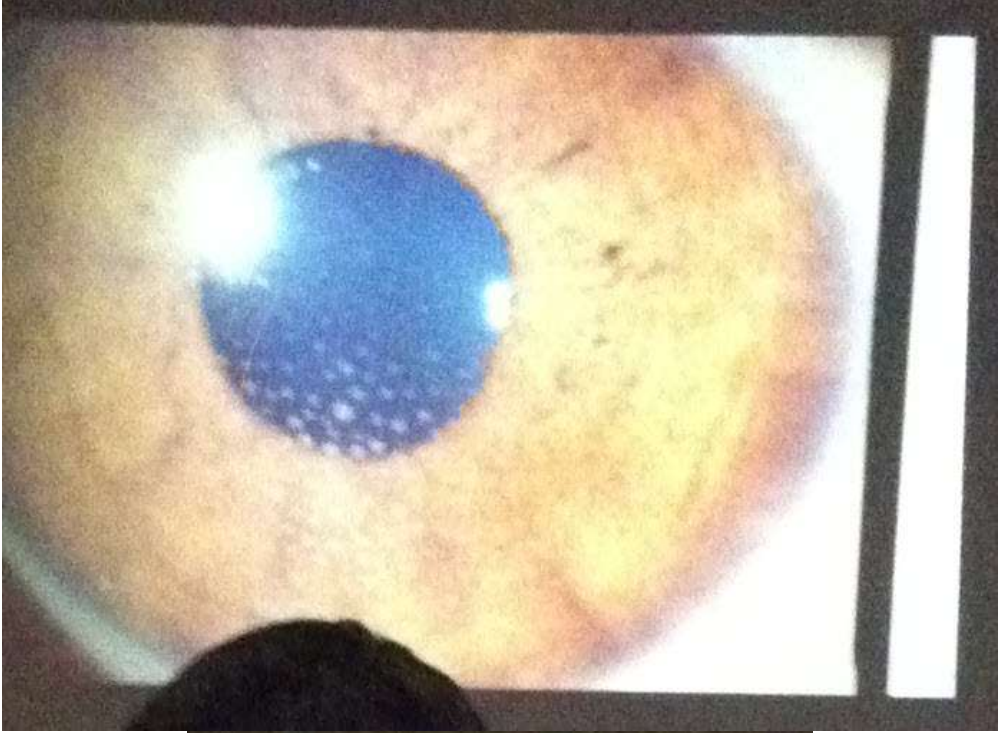


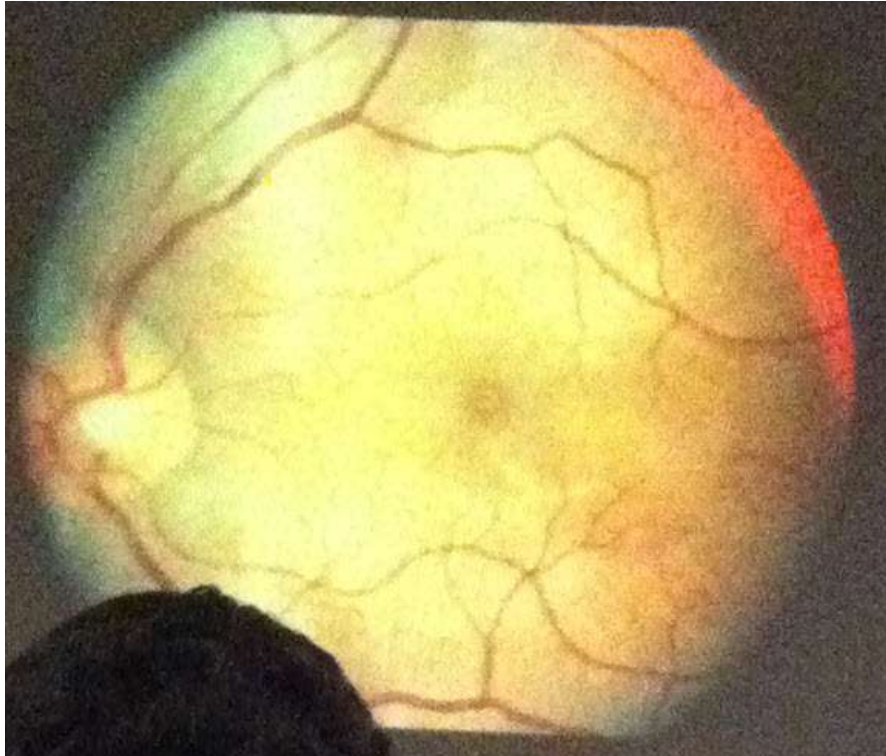


VOGT-KOYANAGI-HARADA SYNDROME:

- * **Pigmented individuals**
- * **Cutaneous signs**
- * **Neurological signs**
- * **Anterior uveitis**
- * **Posterior uveitis**





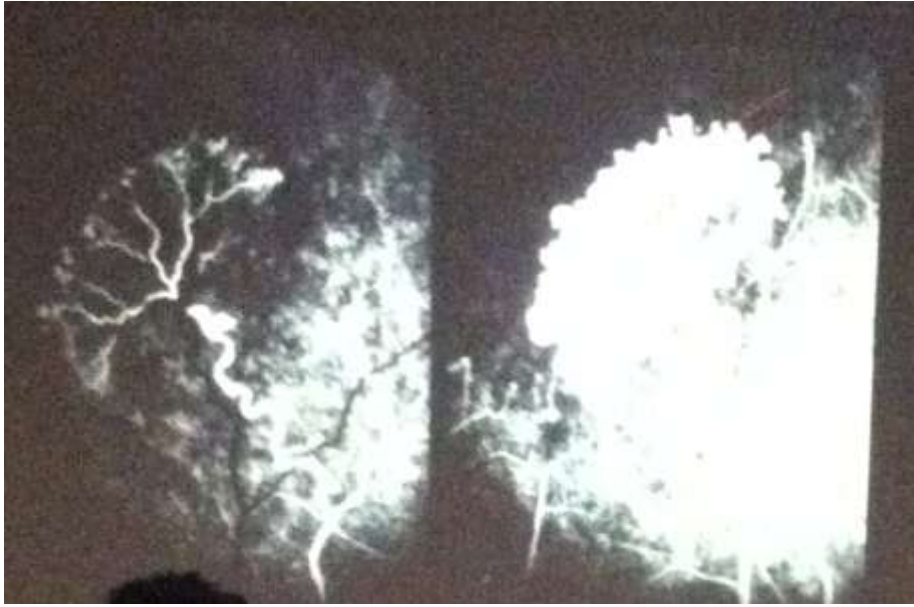


SICKLE CELL DISEASE:

*** Ocular features:-**

- **Conjunctival comma-shaped capillaries**
- **Retinal changes: arterial occlusions, neovascular patterns, capillary closure**

*** Vitreous hemorrhage**



HYPERTENSIVE RETINOPATHY:

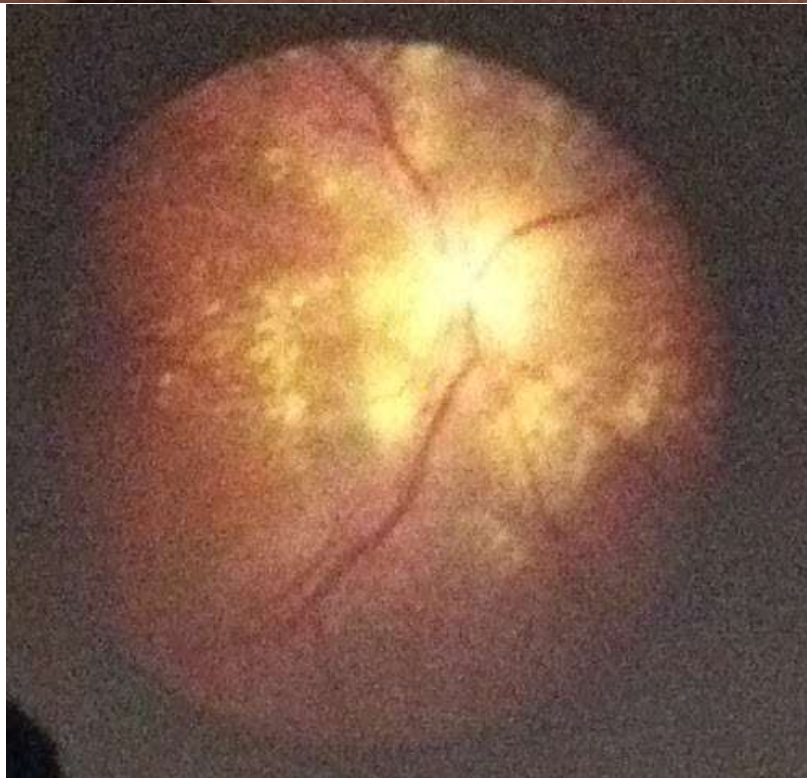
Keith Wagener grouping:-

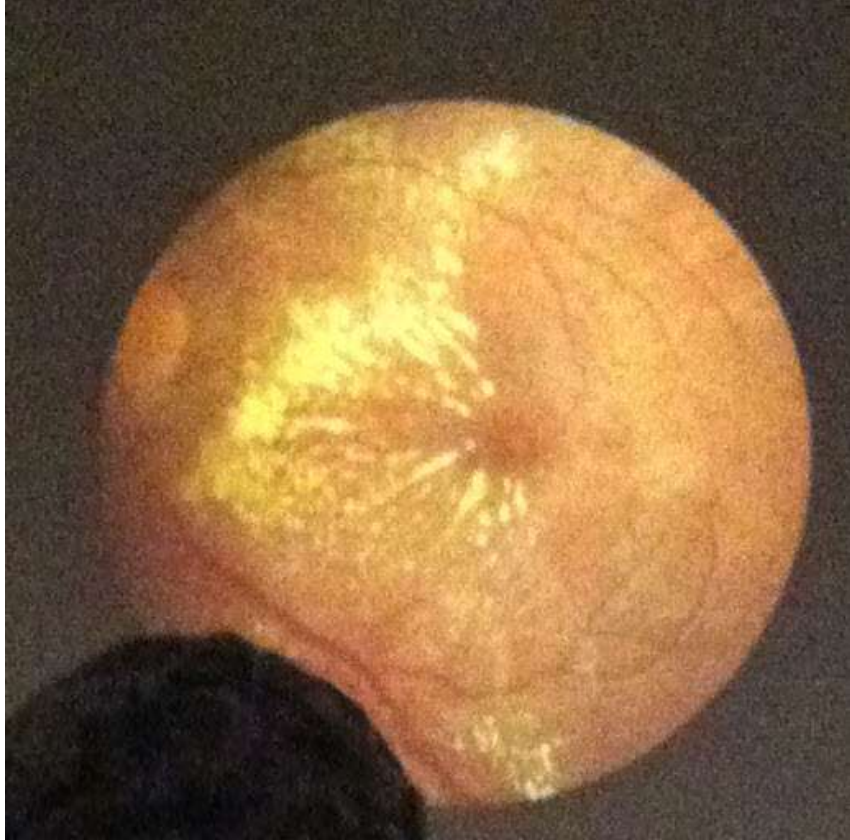
- * Stages I & II: arteriolar attenuation, increased light reflex
- * Stage III: Cotton wool spots, hard exudates, hemorrhages, macular star, retinal edema
- * Stage IV: + edema of the optic disc

Ischemic choroidal infarcts

(Elsching's spots):-

- * Retinal arterial macroaneurysm, ischemic optic neuropathy







GIANT CELL ARTERITIS:

- * Over 60 years
- * Large and medium sized vessels
- * Sudden visual loss
- * Anterior ischemic optic neuropathy
- * Amaurosis fugax
- * CRAO, cotton wool spots, anterior segment necrosis, ocular motor palsies, cortical blindness

