

Scleritis

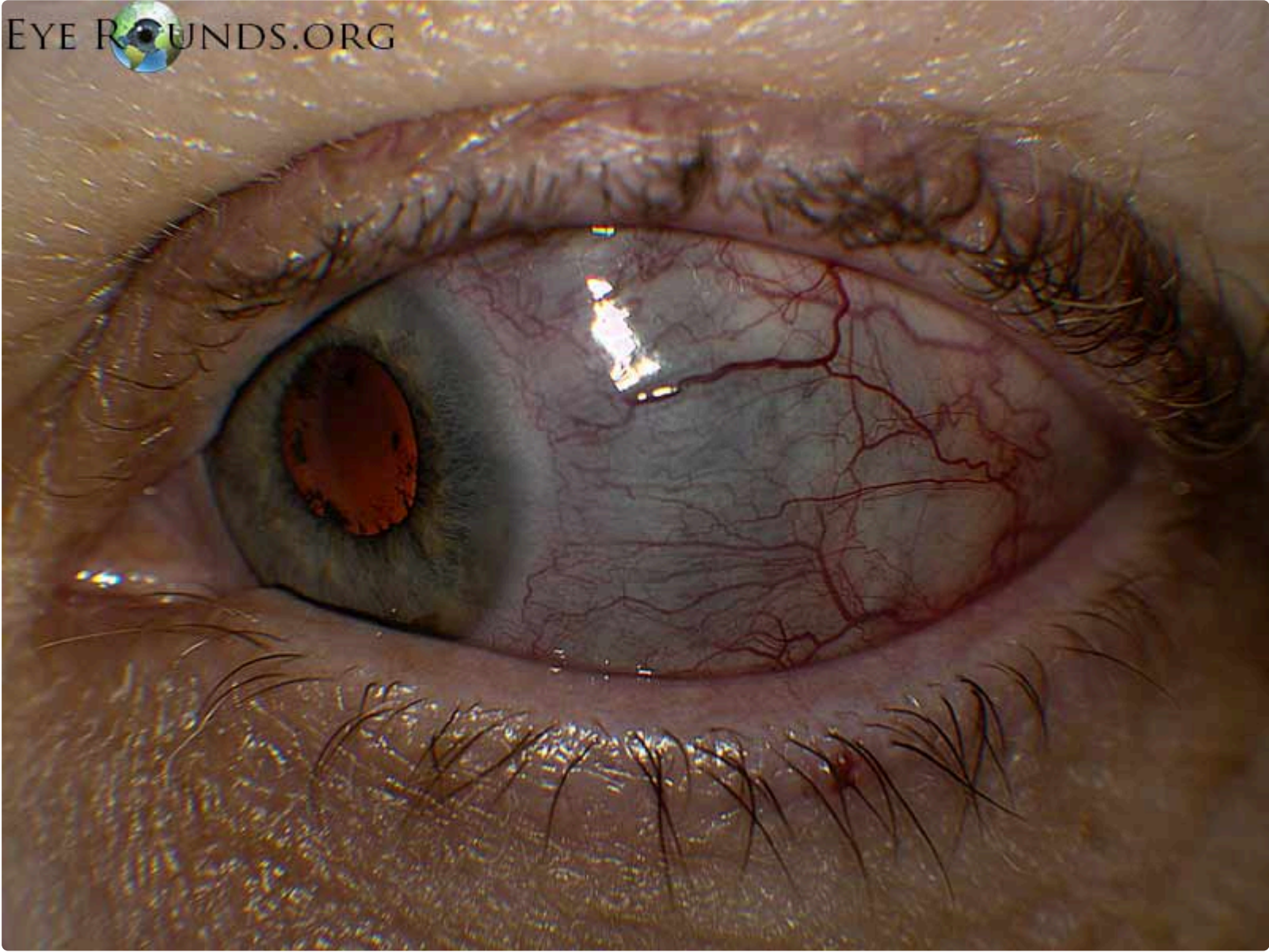
Category(ies): Cornea, External Disease

Contributor: [Jeffrey D. Welder, MD](#)

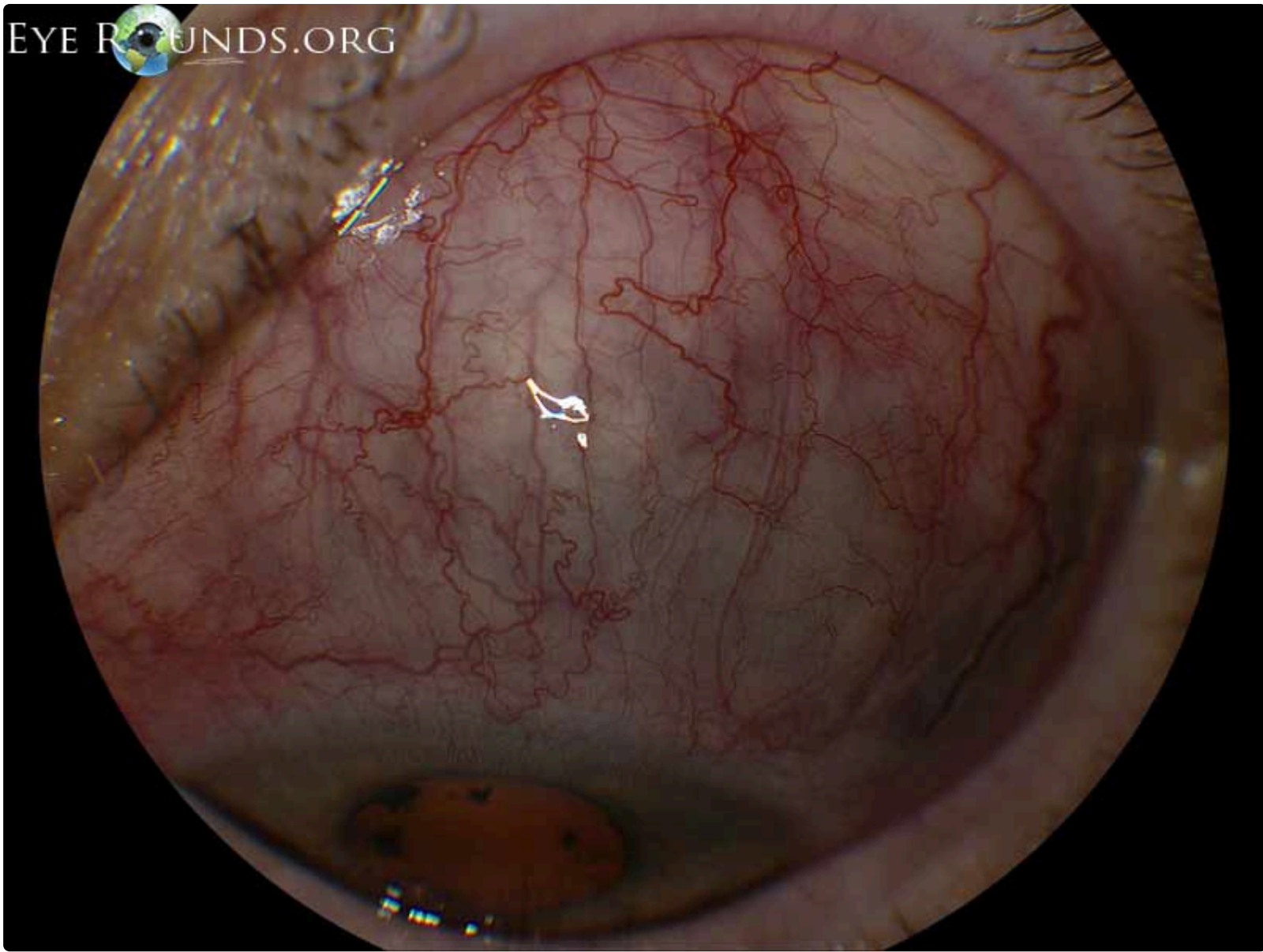
Photographer: Cindy Montague, CRA



55-year-old female with scleritis of the left eye associated with rheumatoid arthritis. Note dilation of the deep conjunctival and episcleral vessels and blue hue suggesting thinning of the sclera temporally.



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Scleritis

Category(ies): Cornea, External Disease

Contributor: Noor-Us-Sabah Ahmad MD, [Ryan Diel MD](#)

Photographer: Alexandra Copple

Anterior Scleritis is inflammation of the episcleral and scleral tissues that presents with severe injection of superficial episcleral and deep scleral vessels. Depending on the severity, anterior scleritis may be associated with ophthalmic complications including loss of visual acuity, anterior uveitis, peripheral ulcerative keratitis, glaucoma, and retinal or choroidal detachment, and frequently requires work-up for associated systemic inflammatory conditions such as rheumatoid arthritis or, as in this case, relapsing polychondritis.

Thus, it is important to differentiate it from benign or self-limiting episcleritis. On slit lamp exam, visible vessels have classically demonstrate a crisscrossing pattern with conjunctival vessels oriented radially and episcleral vessels oriented in a more circumferential pattern, and yield a characteristic “violaceous hue”. Unlike episcleral vessels, episcleral vessels cannot be moved with a cotton-tipped applicator. Subconjunctival edema may be present. Instillation of phenylephrine drops will blanch the superficial conjunctival vessels but not the deeper episcleral vessels.

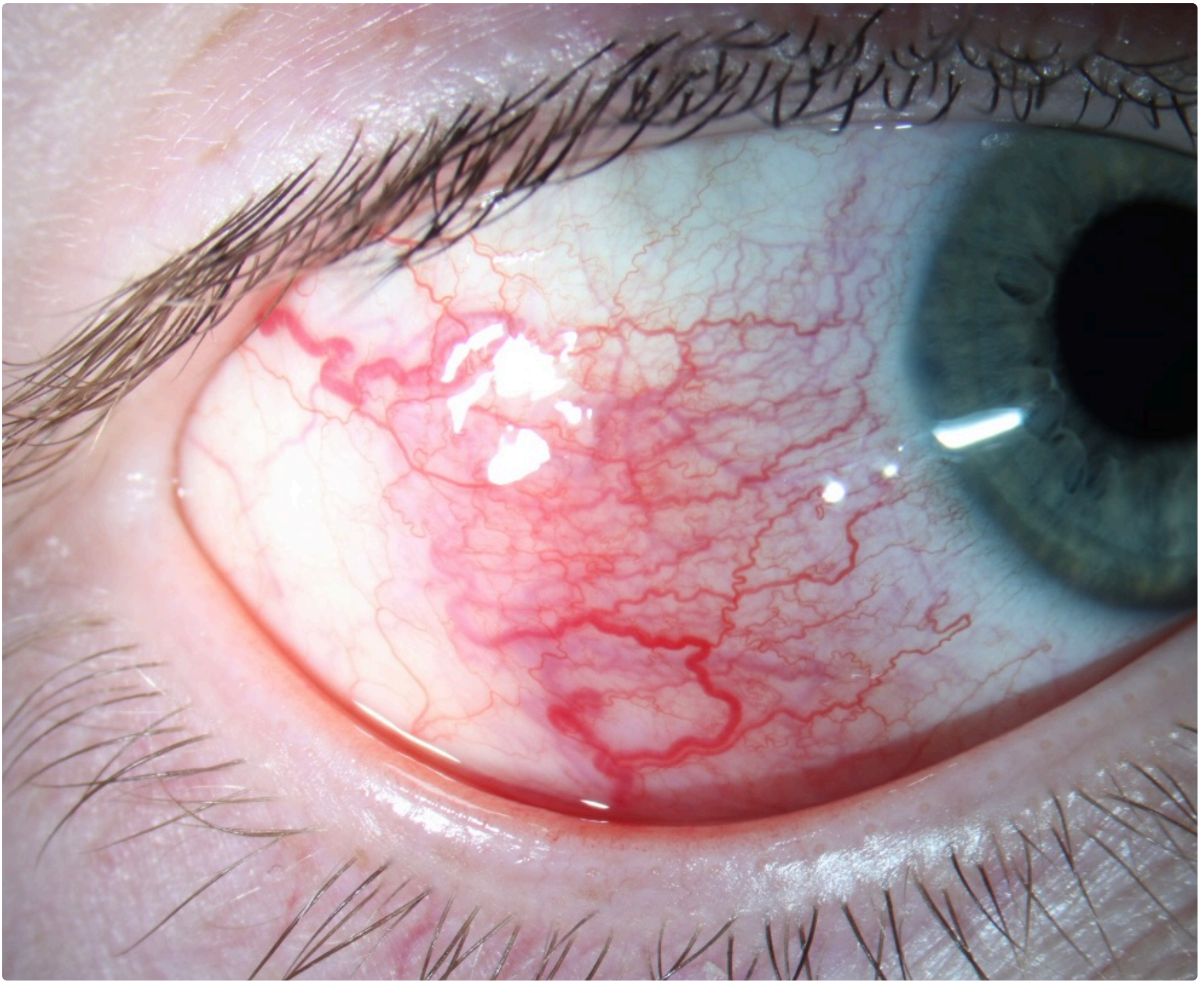


Figure 1. This 25-year-old female with a medical history of relapsing polychondritis presented with a red painful eye

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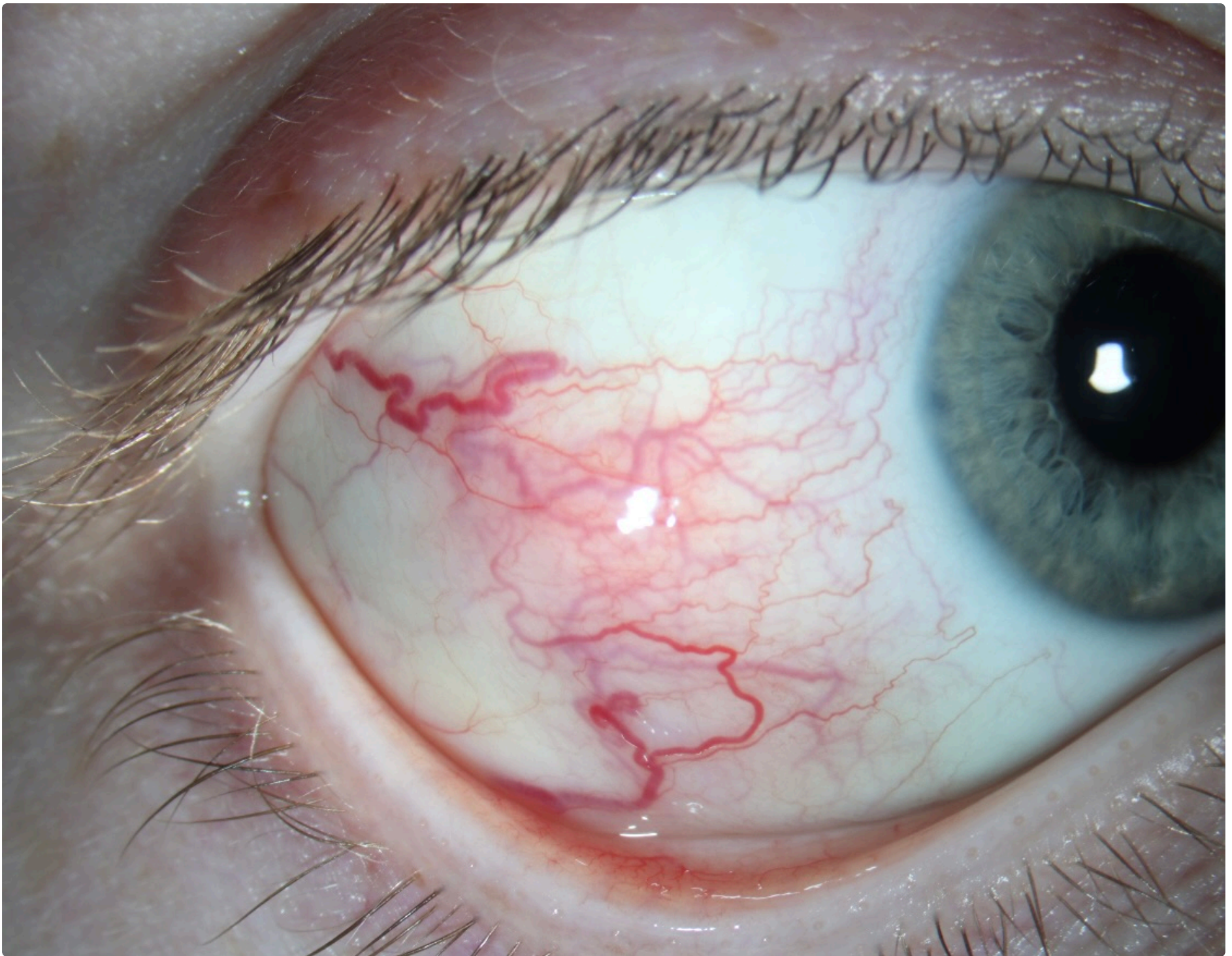


Figure 2. After installing phenylephrine drops, the superficial vessels blanched however the deeper vessels were not affected, suggesting a diagnosis of scleritis

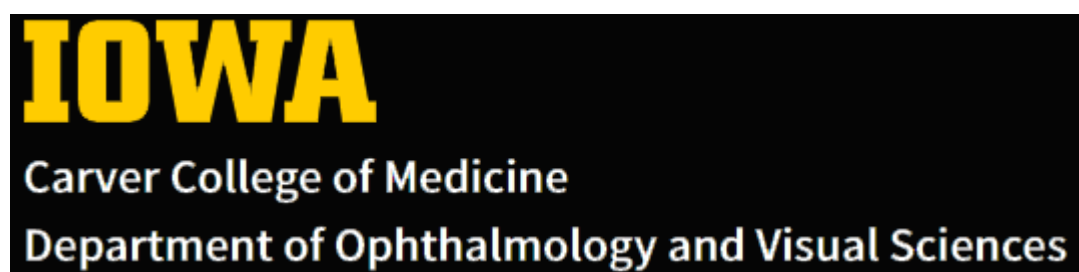
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