What is juvenile idiopathic arthritis?

Juvenile idiopathic arthritis (JIA) is an inflammatory disease of the joints that affects children under the age of 16.

JIA is an **autoimmune disease**. In JIA, the body's healthy joints are attacked by white blood cells (the cells that normally fight disease). This causes **inflammation** of the joints. It can make walking difficult. Fever and rashes are also common symptoms. JIA is a chronic (ongoing) disease. This means that there is no cure—but there is treatment.

How does JIA affect the eye?

Some children with JIA will also get inflammation of the eye. This is called uveitis. Uveitis occurs when the **uvea** becomes inflamed. There are different types of uveitis, but JIA mainly affects the front of the uvea (anterior uveitis).

What are symptoms of uveitis?

Symptoms of uveitis include:

- redness
- pain
- light sensitivity
- blurry vision

In up to half of patients, there are **no obvious symptoms in the beginning**. In these children, once symptoms appear, damage to the eye and vision loss may have already happened.
This is why all children should see an ophthalmologist right after they are diagnosed with JIA. If a child is not diagnosed and treated early, uveitis can cause:

- Cataract (clouding of the eye’s normally clear lens)
- Band keratopathy (discoloration of the cornea)
- Glaucoma (high pressure inside the eye that can lead to vision loss)
- Cystoid macular edema (swelling in the center of the retina, the light sensitive tissue in the back of the eye)

### How is uveitis diagnosed?

If your child is diagnosed with JIA, they need to be seen an ophthalmologist as soon as possible. Here’s what will happen during the exam:

**Blood tests:** Blood will be tested for antinuclear antibody (ANA). If the test is positive, the child has a greater risk for getting uveitis. Other blood tests may be taken as well.

**Slit lamp exam:** Your ophthalmologist will use an instrument called a slit lamp to look at your children’s eye. The slit lamp gives the doctor a magnified, detailed view of the eye. He or she can see if there is any damage to the eye from uveitis.

Based on the results, your ophthalmologist will tell you how often your child needs to come back for an exam.

### How is uveitis treated?

Uveitis is often treated using a team approach. An ophthalmologist will work with your child’s rheumatologist (special doctor that treats autoimmune diseases like arthritis and uveitis) to find the best treatment for him or her.

Treatment can include:

**Corticosteroids (steroids):** Steroids are the most common way to treat uveitis. They can be taken orally (pills), in eye drop form, or by injection.

**Immunosuppressive drugs:** For 7 out of 10 patients, steroids reduce inflammation of the eye. Other patients may need to take immunosuppressive drugs. These are drugs that lower the response of your body’s immune system. This can help control inflammation of the eye and of the joints.
Summary

Juvenile idiopathic arthritis (JIA) is an inflammatory disease that affects children under the age of 16. With JIA, joints become red, swollen, tender, and painful. Some children with JIA also get uveitis, which is inflammation of the eyes. Uveitis can cause vision loss if it’s not found and treated early. Uveitis is treated with steroids and other medication called immunosuppressive drugs.

If you have any questions about your child’s eyes or vision, speak with an ophthalmologist. He or she is committed to protecting your child’s sight.