

SCLERITIS AND EPISCLERITIS

(AFTER BLACK)

An Overview

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IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation, which may appear herein.

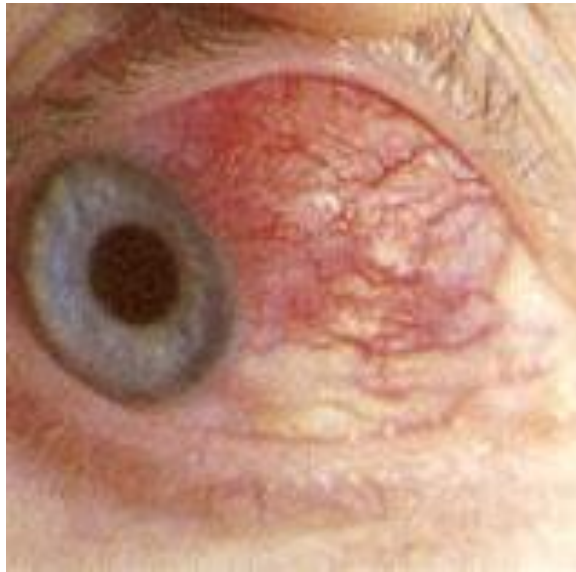
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Scleritis

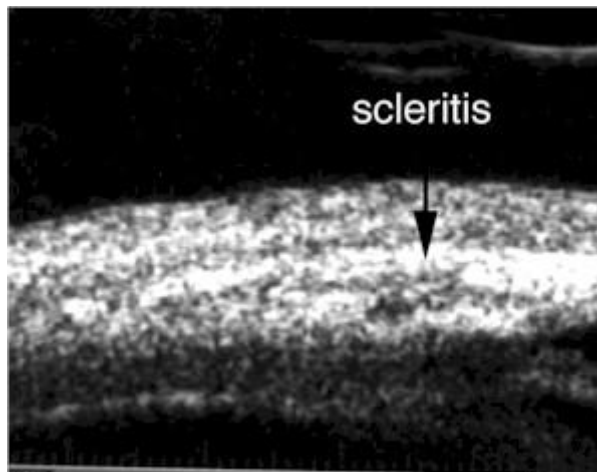
Inflammation of the sclera. This can be localized or diffuse, can affect the anterior or posterior sclera and can affect one or both eyes. The affected eye is usually red and painful. The affected eye is usually red and painful. Scleritis can lead to thinning and even perforation of the sclera. This can happen sometimes with little sign of inflammation. Posterior Scleritis in particular may cause impaired vision and require emergency treatment. There is often no apparent cause, but there are some associated conditions, for example, HERPES ZOSTER OPHTHALMICUS, RHEUMATOID ARTHRITIS, gout, and an autoimmune disease affecting the nasal passages and lungs called Wegener's granulomatosis. Treatment depends on severity but may involve NON-STEROIDAL ANTI-INFLAMMATORY DRUGS, topical CORTICOSTEROIDS or systemic IMMUNOSUPPRESSIVE drugs.

(Black's Medical Dictionary, 40th Edition; Edited by Gordon Macpherson MB, BS; A & C Black Publishers Limited; © 2002; p. 227)

(Picture below - Scleritis)



(Picture below - Scleritis (cross section of Sclera) - Note Perforation Danger)



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Episcleritis

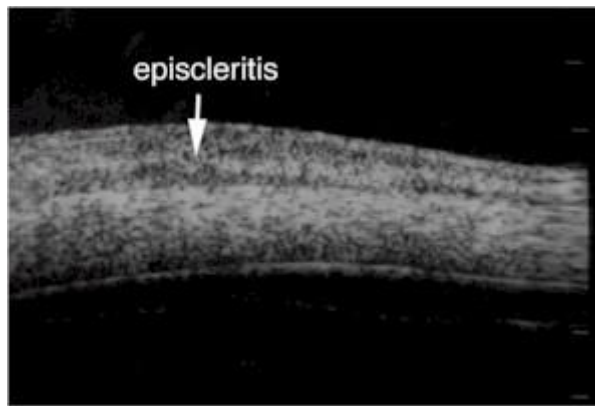
Inflammation of the EPISCLERA. There is usually no apparent cause. The inflammation may be diffuse or localized and may affect one or both eyes. It sometimes recurs. The affected area is usually red and moderately painful. Episcleritis is generally not thought to be as painful as Scleritis and does not lead to the same complications. Treatment is generally directed at improving the patient's symptoms. The inflammation may respond to non-steroidal anti-inflammatory drugs or topical corticosteroids.

(Black's Medical Dictionary, 40th Edition; Edited by Gordon Macpherson MB, BS; A & C Black Publishers Limited; © 2002; p. 228)

(Picture below - Episcleritis)



(Picture below - Episcleritis (cross section of Sclera))

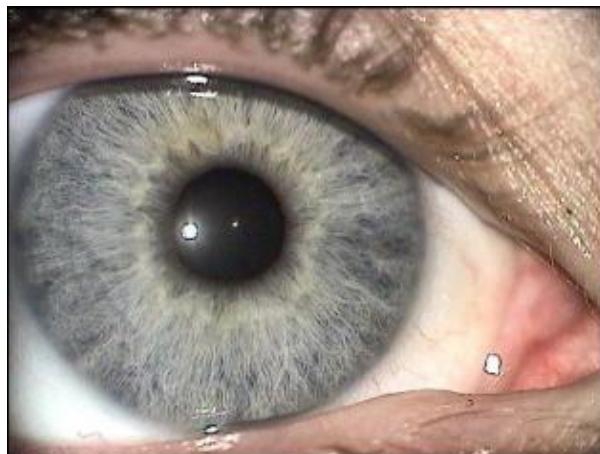


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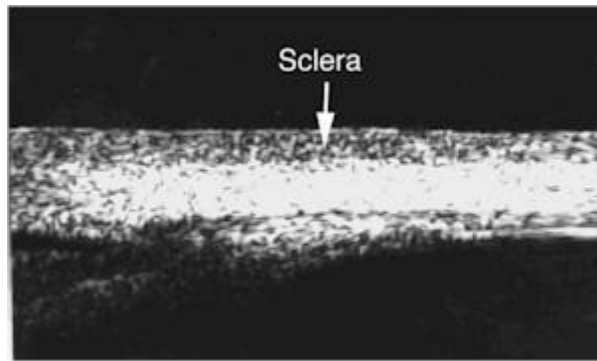
Episclera

The most superficial layer of the sclera of the eye (see EYE). It sometimes becomes inflamed (episcleritis) but the condition usually clears without treatment. (Black's Medical Dictionary, 40th Edition; Edited by Gordon Macpherson MB, BS; A & C Black Publishers Limited; © 2002; p. 211)

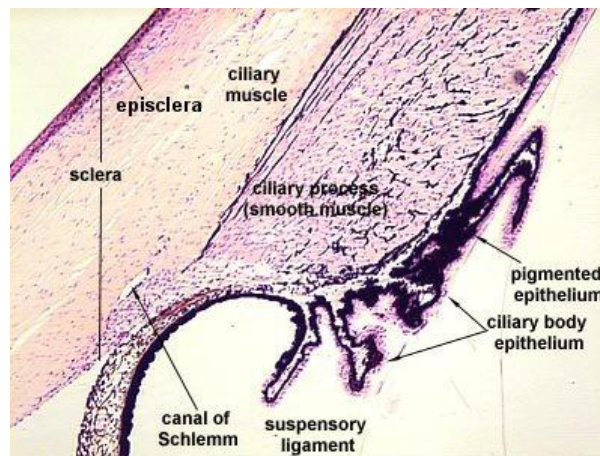
(Picture below - Normal Sclera)



(Picture below - Normal Sclera and Episclera (cross section of Sclera))



(Picture below - Ciliary Process (smooth muscle) and Normal Sclera)



End

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