

### Editorial

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

### Immunologic factors

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

### Genetic factors

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

### Infectious agents

Uveitis is a complex, multifactorial disease with a wide range of clinical presentations and outcomes. The pathogenesis is often unclear, but it is generally accepted that it involves an immune-mediated response. The classification of uveitis is based on the anatomical location of inflammation, the underlying aetiology, and the pattern of inflammation. The most common classification is based on anatomical location, which includes anterior, intermediate, posterior, and panuveitis. Anterior uveitis is the most common form, followed by intermediate uveitis, posterior uveitis, and panuveitis. The aetiology of uveitis can be infectious or non-infectious. Infectious uveitis is caused by a variety of organisms, including bacteria, viruses, fungi, and parasites. Non-infectious uveitis is caused by a variety of factors, including autoimmune disease, trauma, and idiopathic causes. The pattern of inflammation is also important in the classification of uveitis, and it can be acute or chronic, unilateral or bilateral, and localized or diffuse. The clinical presentation of uveitis is highly variable, and it can range from mild, self-limiting inflammation to severe, vision-threatening disease. The diagnosis of uveitis is based on a combination of clinical findings, laboratory tests, and imaging studies. The treatment of uveitis is aimed at reducing inflammation and preventing complications. This typically involves the use of corticosteroids, either systemically or locally. In some cases, immunosuppressive agents may be used. The prognosis for uveitis is generally good, but it can be more guarded in certain forms, such as chronic posterior uveitis and panuveitis. Early diagnosis and treatment are important to achieve the best possible outcome.

1. Yanai R, Takeda A, Yoshimura T, Sonoda KH (2014) Pathophysiology and new treatment of uveitis. *Jpn J Clin Immunol* 37(2): 74-82.
2. Massa H, Pipis SY, Adewoyin T, Vergados A, Patra S, et al., (2019) Macular edema associated with non-infectious uveitis: pathophysiology, etiology, prevalence, impact and management challenges. *Clin Ophthalmol* 13: 1761-1771.
- 3.