Autoimmune uveitis

Condition for which IVIg use is in exceptional circumstances only

Specific Conditions	• Autoimmune uveitis
Level of Evidence	Insufficient data (Category 4a)

Uveitis refers to inflammation of the uvea of the eye and can be caused by infection, exposure to toxins or autoimmune disorders. Symptoms may include redness of the eye, blurred vision, unusual sensitivity to light, dark floating spots in the vision and eye pain. Ocular inflammation of this kind may threaten sight and be resistant to standard immunosuppression.

Intravenous immunoglobulin (IVIg) therapy may be considered for immune-mediated, sight- threatening uveitis with persistent activity despite both oral corticosteroid and systemic immunosuppressive therapy. Uveitis of non-immune origin is not indicated.

Recommended dose is 1.5 g/kg/month for three months, with further maintenance dependent upon evidence of significant improvement in visual acuity and ocular inflammation.

Dosing above 1 g/kg per day is contraindicated for some IVIg products.

Refer to the current product information sheet for further information.

The aim should be to use the lowest dose possible that achieves the appropriate clinical outcome for each patient.

Bibliography

Lim, LL, Suhler, EB & Smith, JR 2006, 'Biologic therapies for inflammatory eye disease', *Clinical and Experimental Ophthalmology*, vol. 34, pp. 365–74.

Orange, JS, Hossny, EM, Weiler, CR, et al 2006, 'Use of intravenous immunoglobulin in human disease: a review of evidence by members of the Primary Immunodeficiency Committee of the American Academy of Allergy, Asthma and Immunology', *Journal of Allergy and Clinical Immunology*, vol. 117, no. 4, pp. S525–53.

Rosenbaum, JT, George, RK & Gordon, C 1999, 'The treatment of refractory uveitis with intravenous immunoglobulin', *American Journal of Ophthalmology*, vol. 127, no. 5, pp. 545–9.

Generated on: 31 March 2019