AMERICAN UVEITIS SOCIETY

Posner-Schlossman Syndrome

A Patient Education Monograph prepared for the American Uveitis Society **February 2003**

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Introduction

Posner-Schlossman Syndrome (PSS), also known as Glaucomatocyclitic Crisis, is an uncommon inflammatory eye condition that classically affects one eye at a time. It typically affects young to middle-aged adults who develop recurrent episodes of high pressure inside the eye accompanied by mild inflammation. There is no reported ethnic or racial predilection.

History

Posner-Schlossman Syndrome was first described in 1948 by Abraham Schlossman and Adolf Posner in a series of nine patients with remarkably similar symptoms, disease course and response to treatment. They provided a concise description of a condition, which had characteristics of both glaucoma and uveitis and has now come to bear their name.

Course of Disease

Patients describe a history of intermittent episodes of mild visual blurring, colored haloes around lights, and minimal discomfort in one eye. Some patients have no symptoms. The disease may be self-limited and resolve before a medical assessment is sought. Examination by an ophthalmologist reveals subtle inflammation in the front part of the eye and a significantly elevated intraocular pressure. Recurrent attacks characterize the illness; however the frequency of such attacks is highly variable between patients. Usually only one eye is affected; rarely however, a patient may experience subsequent episodes in either eye.

Diagnosis and Testing

There are no specific tests to diagnose Posner-Schlossman Syndrome definitively. The diagnosis is thus made once other more common causes of high intraocular pressure and inflammation have

been excluded, including herpetic uveitis, sarcoidosis, and *Toxoplasma* uveitis. Because of the subtle symptoms accompanying Posner-Schlossman Syndrome, it is possible that some attacks resolve without being correctly diagnosed or treated. Occasionally Posner-Schlossman syndrome may be mistaken for angle closure glaucoma (a non-uveitic condition characterized by a sudden increase in eye pressure due to blockage of fluid drainage).

The ophthalmologist will take a complete history and will perform a thorough examination of the eyes and visual system, including eye pressure and the pupil dilation. Blood work and other investigations including X-rays may be performed to ensure there is no other explanation for the condition. A visual field test of the side, or peripheral vision, may be performed after the acute episode has been controlled to determine if any damage has been done to the optic nerve because of the high eye pressures.

Treatment
Definitive treatment often requires the use of corticosteroid eye drops to control inflammation within the eye and pressure-lowering eye drops in the initial stages of the attack. In some cases of extremely high eye pressures, pills may also be required. The high pressure is usually brought under control quickly.

Cause of Condition
The underlying cause of Posner-Schlossman Syndrome is unknown. Some research has suggested a possible herpes virus association, but this has not been definitively proven. The high intraocular pressure arises when the normal drainage mechanism of fluid from the eye becomes compromised.

Prognosis
Posner-Schlossman Syndrome does not always follow a completely uncomplicated course. Repeated episodes of elevated intraocular pressure can cause long-term sequelae such as glaucoma.

Research and Future Outlook
Current research is attempting to determine the underlying cause of Posner-Schlossman Syndrome. As more information is known, treatment approaches may be altered for acute attacks and perhaps repeat episodes may be prevented.