CONDITION

Scleritis

Scleritis is painful inflammation of the tough white outer layer of the eye.

WHAT IT IS
Painful inflammation of the eye's tough white outer layer

BODY SYSTEM
Eyes and vision

MAIN SYMPTOMS
Deep eye pain, redness, light sensitivity, blurred vision

WHAT CAUSES IT
Usually immune inflammation; sometimes infection, surgery, or injury

HOW IT IS DIAGNOSED
Slit-lamp examination; ultrasound for posterior scleritis

MAIN TREATMENT
Anti-inflammatory or immune-suppressing medicines; antimicrobials for infection

CAN IT BE CURED?
Sometimes - episodes resolve but may recur

IS IT AN EMERGENCY?
Sometimes - sudden vision loss needs emergency care

LONG-TERM OUTLOOK
Often treatable, though recurrence and vision damage are possible

Overview

Scleritis is inflammation of the sclera, the strong white layer that forms most of the outside of your eye. It is different from ordinary surface irritation. The inflammation is deeper and often causes intense, aching pain.

Most visible scleritis affects the front of the eye. This is called anterior scleritis. It may be spread across one area, form a tender raised lump, or damage and thin the sclera. The damaging form is called necrotizing scleritis.

Posterior scleritis affects the part of the sclera behind the eye. It may cause pain or changes in vision without obvious redness, so it can be harder to recognize.

Scleritis matters because uncontrolled inflammation can affect nearby structures, including the cornea, retina, and optic nerve. It can threaten sight in severe cases. It may also be the first

sign of an immune-related condition elsewhere in the body.

Prompt assessment by an eye specialist can identify the type of inflammation, check your vision, and guide treatment.

Symptoms

The usual symptom is a deep, severe ache in or around one eye. The pain may spread to the forehead, eyebrow, temple, or jaw. It can become worse at night, when you touch the eye, or when you move it.

Other possible symptoms include:

The redness often remains when a clinician applies medicine that temporarily narrows surface blood vessels. This helps distinguish scleritis from more superficial inflammation.

Posterior scleritis may cause pain with eye movement, blurred vision, double vision, or changes such as flashing lights. The front of the eye may look normal.

Symptoms can affect one or both eyes. They may start quickly or build over several days. A painful red eye should not be assumed to be scleritis because infections, acute glaucoma, and other conditions can cause similar symptoms.

- Deep red or purple-red discoloration of the eye
- Tenderness around the eye
- Sensitivity to light
- Watering
- Blurred or reduced vision

Causes and risk factors

Scleritis usually results from abnormal immune activity. The immune system, which normally protects you from infection, causes inflammation in the sclera.

Some cases are linked to conditions that cause inflammation throughout the body. These include rheumatoid arthritis, granulomatosis with polyangiitis, relapsing polychondritis, lupus, inflammatory bowel disease, and some forms of inflammatory arthritis.

Having one of these conditions does not mean you will develop scleritis. Some people are diagnosed with a related condition only after their eye symptoms begin, while others never develop an identifiable underlying illness.

Less commonly, scleritis is caused by an infection. Possible causes include bacteria, fungi, the virus that causes shingles, and certain infections such as tuberculosis or syphilis. Infectious scleritis is particularly important to identify because treatment that suppresses the immune system may allow an untreated infection to worsen.

Eye surgery, an eye injury, or material entering the eye can sometimes contribute. Inflammation that occurs near a previous surgical site may begin long after the operation. In many cases, no single cause is found.

Diagnosis

Scleritis needs an examination by an ophthalmologist, a doctor who specializes in eye conditions. Your symptoms alone cannot confirm the diagnosis.

The ophthalmologist examines your eye with a slit lamp. This is a microscope with a bright, narrow light that shows the different layers of the eye. The examination helps determine how deep the inflamed blood vessels are and whether the sclera is swollen, tender, thinned, or damaged.

Your vision and eye pressure are checked. The doctor also looks for inflammation in the cornea and inside the eye.

If posterior scleritis is suspected, an ultrasound scan of the eye can show thickening or fluid around the back of the sclera. Optical coherence tomography, which produces detailed images of the retina, may identify retinal swelling or fluid. CT or MRI scans are sometimes used when the diagnosis remains uncertain or another condition needs to be excluded.

Blood and urine tests do not confirm scleritis by themselves. They may be used to look for inflammation, infection, or an associated immune condition. Testing is selected according to your medical history, examination, symptoms, and type of scleritis.

A small tissue sample is occasionally needed if infection, an unusual inflammatory condition, or another diagnosis is suspected.

Treatment and management

Treatment aims to relieve pain, control inflammation, protect vision, and address any underlying cause. The treatment plan depends on whether the scleritis is infectious or noninfectious, how severe it is, and which part of the eye is affected.

For mild noninfectious anterior scleritis, an oral nonsteroidal anti-inflammatory drug may be

considered. These medicines reduce inflammation as well as pain. They are not suitable for everyone, so the prescriber will consider factors such as kidney disease, stomach ulcers, bleeding risk, and other medicines.

Corticosteroids like prednisone or hydrocortisone may be needed when inflammation is severe, affects the back of the eye, threatens eye structures, or does not improve with initial treatment. They may be given by mouth, by injection, or through a vein in more serious situations. Steroid eye drops alone usually do not reach deeply enough to control scleritis, although drops may be used for inflammation elsewhere in the eye.

Recurrent, necrotizing, or difficult-to-control scleritis may require immune-suppressing treatment. Options include conventional immune-modifying medicines and, in selected cases, biologic medicines that target specific parts of the immune system. These treatments require monitoring for side effects and infection.

Infectious scleritis is treated with medicine directed at the organism involved. This may mean an antibiotic like amoxicillin or doxycycline , antiviral like acyclovir or oseltamivir , or antifungal treatment. Surgery may be needed to remove infected or damaged tissue. Anti-inflammatory treatment has to be planned carefully when infection is present.

Surgery is sometimes required to support or repair a severely thinned sclera. It does not replace treatment of the active inflammation.

Keep follow-up appointments and complete requested blood tests while taking systemic medicines. Do not stop corticosteroids or immune-suppressing treatment without advice from the prescriber.

Complications

Complications are more likely with severe, necrotizing, posterior, recurrent, or infectious scleritis. They can also occur when effective treatment is delayed.

Possible complications include:

A dark or bluish area may remain where the sclera has become thin, allowing the darker tissue underneath to show through. This does not always mean that inflammation is still active, but it should be monitored.

Some complications can also result from long-term corticosteroid or immune-suppressing treatment. Regular checks help balance these risks against the harm caused by uncontrolled inflammation.

- Permanent thinning or weakness of the sclera

- Inflammation or thinning of the cornea
- Uveitis, meaning inflammation inside the eye
- Raised eye pressure or glaucoma
- Cataract
- Retinal swelling or detachment
- Optic nerve damage
- Permanent loss of vision

Prevention

Most cases of scleritis cannot be prevented. There is no reliable way to prevent immune-related scleritis from occurring for the first time.

If you have an associated inflammatory condition, keeping it well controlled may reduce the chance of eye inflammation, but it cannot guarantee prevention. Take prescribed medicines as directed and report possible flares to the relevant healthcare team.

Wear suitable eye protection during work or activities that could cause an eye injury. After eye surgery, report increasing pain, redness, or changes in vision rather than waiting for a routine appointment.

If you have had scleritis before, knowing your previous symptoms may help you seek assessment early if they return.

Living with it and what to expect

An episode may require treatment and monitoring over weeks or months. Pain often improves as inflammation comes under control, but visible redness can take longer to settle. The time course is different for anterior, posterior, infectious, and necrotizing forms.

Some people have one episode. Others experience recurrences in the same eye, the other eye, or both eyes. Recurrence may lead to longer-term immune-suppressing treatment, especially when scleritis is linked to another inflammatory condition.

Follow-up is usually more frequent while inflammation is active or treatment is changing. Once the eye is stable, visits may become less frequent. Your appointments may include vision checks, eye-pressure measurements, scans, and blood tests for treatment safety.

Scleritis does not usually affect everyday activity permanently once an episode is controlled.

During active inflammation, pain, light sensitivity, and blurred vision may limit driving, screen use, work, or reading. Sunglasses may help with light sensitivity, but they do not treat the inflammation.

Long-term sight depends on the type of scleritis, how quickly it responds, whether it returns, and whether complications develop. Timely treatment can protect vision, but no treatment can guarantee that the condition will not recur.

When to get medical help

Seek urgent, same-day eye care if you develop a new painful red eye, especially if the pain is deep, wakes you at night, worsens with eye movement, or comes with blurred vision. Contact an urgent eye clinic or ophthalmology service if one is available.

If you have had scleritis before, seek prompt advice when similar symptoms return. Do not restart leftover corticosteroids or immune-suppressing medicine on your own because an infection can resemble a noninfectious flare.

Get emergency medical help for:

These symptoms may be caused by scleritis or by another condition that needs immediate treatment.

Routine follow-up is used to confirm that inflammation remains controlled, monitor eye pressure and vision, and check for medicine side effects. New pain or vision changes should not wait until a scheduled visit.

- Sudden or rapidly worsening loss of vision
- A painful red eye with severe headache, vomiting, or halos around lights
- Rapidly increasing pain or redness after eye surgery or injury
- New flashes, many floaters, or a curtain-like shadow across your vision
- Severe eye pain with marked swelling, fever, or difficulty moving the eye

Common questions

Is scleritis the same as episcleritis?

No. Episcleritis affects a thinner, more superficial layer over the sclera. It usually causes milder discomfort and bright-red patches. Scleritis is deeper, often much more painful, and carries a greater risk of eye damage. An eye examination is needed to tell them apart reliably.

Can scleritis go away by itself?

Symptoms may sometimes lessen, but suspected scleritis should not be left without assessment. The inflammation can continue beneath the surface, and treatment may be needed to prevent complications. Pain relief alone does not show that the eye is safe.

Is scleritis an autoimmune condition?

It is often caused by immune-system inflammation, but not every case is linked to a diagnosed autoimmune condition. Infection, injury, and previous eye surgery are other possible causes. Some cases remain unexplained after testing.

Can scleritis cause blindness?

Scleritis can cause permanent vision loss, especially if it is necrotizing, affects the back of the eye, is caused by infection, or leads to complications. This outcome is not inevitable. Prompt specialist care and control of the inflammation help protect sight.

How long does scleritis last?

An episode may last for weeks or months and can require treatment adjustments. Some people have only one episode, while others have repeated flares over several years. The course is influenced by the type of scleritis and any underlying condition.

Is scleritis contagious?

Scleritis itself is not contagious. Most cases are caused by immune inflammation rather than an infection. When an infection is responsible, whether it can spread depends on the particular organism, not on the scleral inflammation itself.

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