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## **Association of Ocular Inflammatory Disease with Inflammatory Bowel Disease**

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Even more surprising than the association between arthritis and ocular inflammation, at least to some, is the association between bowel inflammation and ocular inflammation. However, clinical history has shown that such an association does indeed exist.

This may be true not only in infectious inflammatory bowel disease, as in the case of Whipple's disease, but also in inflammatory bowel disease (IBD) generally considered to be autoimmune. Most studies estimate the prevalence of uveitis in typical clinical ulcerative colitis (a form of IBD) populations at around 1–3%. Additionally, some of these patients may develop other forms of ocular inflammation, such as scleritis or episcleritis. It is important to note that there is an even stronger association between Crohn's disease (a form of IBD) and ocular inflammation.

Interestingly, the “activity” of the inflammation in the eye and the inflammation in the gut rarely are concurrent, i.e., the inflammatory bowel disease may be under excellent control, but uveitis may be extremely troublesome, and vice versa, the eye may not have any difficulty at all, while the patient is having major flare-ups of inflammatory bowel disease. Additionally, two medications effective in controlling bowel inflammation—sulfasalazine and etanercept—have shown no efficacy in managing uveitis in patients with IBD-associated uveitis. These patients typically require treatment with conventional immunomodulatory agents such as methotrexate, azathioprine, mycophenolate mofetil, or cyclosporine, or biologic response modifier agents, such as tumor necrosis factor-alpha (TNF- $\alpha$ ) inhibitors (e.g. adalimumab and infliximab).

It is important to note that irritable bowel syndrome (IBS), a functional gastrointestinal disorder, is distinct from IBD and is not associated with uveitis. Therefore, in patients

presenting with uveitis and gastrointestinal symptoms, alternative underlying inflammatory or autoimmune conditions should be considered rather than attributing the ocular findings to IBS. The exact connection between “irritable bowel syndrome” (as opposed to inflammatory bowel disease), and uveitis is not well proven.