



Appendix 1

This appendix was part of the submitted manuscript and has been peer reviewed.

Appendix to: Hart C, Ferdinands M, Barnsley L. Ocular complications of rheumatic diseases. *Med J Aust* 2017; 206: 224-228. doi: 10.5694/mja16.00352.

Appendix 1 Summary of ocular complications in patients with the most sight-threatening and common rheumatic diseases

Diagnosis	Clinical features	Associated rheumatic diseases	Differential diagnoses	When to refer to an ophthalmologist	Urgency of referral
Ischaemic optic neuropathy	<ul style="list-style-type: none"> ▪ Amaurosis fugax ▪ Painless, sudden loss of vision ▪ Persistent headache ▪ Jaw claudication ▪ Neck pain 	<ul style="list-style-type: none"> ▪ Giant cell arteritis 	<ul style="list-style-type: none"> ▪ Transient ischaemic attack ▪ Central retinal vein or artery occlusion ▪ Optic neuritis ▪ Retinal detachment 	Clinical suspicion of diagnosis based on systemic features or any loss of vision	Emergency referral — immediate consultation by phone
Retinal vasculitis	<ul style="list-style-type: none"> ▪ Painless decline in vision ▪ Scotomas ▪ New floaters 	<ul style="list-style-type: none"> ▪ Systemic lupus erythematosus ▪ Behcet disease 	<ul style="list-style-type: none"> ▪ Central retinal vein or artery occlusion ▪ Optic neuritis ▪ Retinal detachment ▪ Ischaemic optic neuropathy 	Decline in visual acuity, particularly in the presence of Behcet disease	Emergency referral — same-day referral
Peripheral ulcerative keratitis	<ul style="list-style-type: none"> ▪ Acute, painful red eye ▪ Tearing ▪ Photophobia ▪ Reduced visual acuity 	<ul style="list-style-type: none"> ▪ Rheumatoid arthritis ▪ Granulomatosis with polyangiitis ▪ Polyarteritis nodosa 	<ul style="list-style-type: none"> ▪ Corneal abrasion ▪ Herpes keratitis ▪ Bacterial ulcer 	Acutely painful red eye with evidence of corneal ulceration	Urgent referral — immediate consultation by phone to confirm diagnosis, and review within 24 hours
Scleritis	<ul style="list-style-type: none"> ▪ Acute red eye ▪ Severe pain in the eye and orbit that radiates to the ear, scalp and face ▪ Exacerbated by movement 	<ul style="list-style-type: none"> ▪ Rheumatoid arthritis ▪ Granulomatosis with polyangiitis ▪ Relapsing polychondritis ▪ Inflammatory bowel disease 	<ul style="list-style-type: none"> ▪ Acute anterior uveitis 	Acute, severely painful red eye Emergency referral if necrotising form is suspected	Urgent referral — review within 24 hours Emergency referral if necrotising form is suspected
Uveitis	<ul style="list-style-type: none"> ▪ Acute, painful red eye ▪ Photophobia ▪ Excessive lacrimation 	<ul style="list-style-type: none"> ▪ Ankylosing spondylitis ▪ Reactive arthritis ▪ Inflammatory bowel disease ▪ Psoriatic arthritis 	<ul style="list-style-type: none"> ▪ Scleritis 	Acutely painful red eye	Urgent referral — review within 24 hours Emergency referral if hypopyon is present
Sjögren syndrome	<ul style="list-style-type: none"> ▪ Female:male ratio of 9:1 ▪ Fourth or fifth decade of life ▪ Dry eyes and dry mouth 	<ul style="list-style-type: none"> ▪ Rheumatoid arthritis ▪ Systemic lupus erythematosus ▪ Scleroderma ▪ Polymyositis 	<ul style="list-style-type: none"> ▪ Allergic conjunctivitis ▪ Blepharitis ▪ Environmental causes ▪ Medication reactions 	Clinical suspicion of diagnosis	Non-urgent referral — review within 4–6 weeks