Unilateral ↑ IOP associated with:

--Intraocular inflammation

Generally speaking, do you expect an inflamed eye to be hypertensive, or hypotensive?
Unilateral ↑ IOP associated with:

--Intraocular inflammation

Generally speaking, do you expect an inflamed eye to be hypertensive, or hypotensive? Hypotensive
Unilateral ↑ IOP associated with:

--Intraocular inflammation

Generally speaking, do you expect an inflamed eye to be hypertensive, or hypotensive? Hypotensive

Why hypotensive?
Generally speaking, do you expect an inflamed eye to be hypertensive, or hypotensive?

Hypotensive

Why hypotensive?

That said, certain uveitic entities are notorious for elevated IOP, with subsequent low IOP.

Ciliary-body inflammation leads to decreased aqueous production, with subsequent low IOP, thus rendering it an important clue re the etiology of the inflammation.
Unilateral ↑ IOP associated with:

--- Intraocular inflammation

- A very general condition
- A somewhat specific condition
- A specific eponymous condition
- Another specific eponymous condition
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

Unilateral ↑ IOP associated with:
Unilateral ↑ IOP associated with:

(AC = anterior chamber)

--- Intraocular inflammation
  -- Anterior uveitis
  -- Trabeculitis
    -- Fuchs heterochromic iridocyclitis
    -- Posner-Schlossman syndrome

Both of these present with unilateral AC cell and ↑ IOP. How does one differentiate between them?

--- Lens-related: Phacolytic, phacomorphic

--- Secondary glaucoma

--- Anterior segment dysgenesis syndromes

--- Intraocular malignancy with seeding and/or angle invasion

Both of these present with unilateral AC cell and ↑ IOP. How does one differentiate between them?
Unilateral ↑ IOP associated with:

---Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

Both of these present with unilateral AC cell and ↑ IOP. How does one differentiate between them? The severity of the AC reaction is an important clue. In order for a ‘simple’ anterior uveitis to cause ↑ IOP, the inflammatory reaction must be quite severe. In contrast, the cell associated with trabeculitis can be quite mild.
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What etiology should come to mind with this?

Herpesvirus infection, especially HSV and HZV

Unilateral ↑ IOP associated with:
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What etiology should come to mind with this?

Herpesvirus infection, especially HSV and VZV
Unilateral ↑ IOP associated with:
--Intraocular inflammation
  --Anterior uveitis
    --Fuchs heterochromic iridocyclitis
    --Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) Syphilis

(hints soon forthcoming…)

(Other than these two, of course)
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) this one is a family of infectious agents
2)
3)
4)
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
    - Trabeculitis
    - Fuchs heterochromic iridocyclitis
    - Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) [This one is a specific bug]
3) [Unspecified]
4) [Unspecified]
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--- Anterior uveitis
--- Trabeculitis
--- Fuchs heterochromic iridocyclitis
--- Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) this one is a specific bug
3)
4)
What four anterior uveitis etiologies are notorious for elevating IOP?

1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Posner-Schlossman
4) [Additional etiologies mentioned]

Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
    - Trabeculitis
    - Fuchs heterochromic iridocyclitis
    - Posner-Schlossman
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman
- Increased episcleral venous pressure
- CCF
- SVC syndrome
- Sturge-Weber
- Orbital inflammation
  - Cellulitis
  - Pseudotumor
  - TED
- Secondary glaucoma
- Lens-related: Phacolytic, phacomorphic
- PXS
- PDS
- Anterior segment dysgenesis syndromes
- Intraocular malignancy with seeding and/or angle invasion
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  --Orbital inflammation
  --Cellulitis
  --Pseudotumor
  --TED
  --Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PPMD
  --ICE

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) this one is a common noninfectious entity
4)
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
    - Trabeculitis
    - Fuchs heterochromic iridocyclitis
    - Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?

1. Herpesvirus (all forms)
2. Toxoplasmosis
3. Sarcoidosis
4. [other etiologies mentioned in the image]
Unilateral ↑ IOP associated with:

--Intraocular inflammation
--Anterior uveitis
--Trabeculitis
--Fuchs heterochromic iridocyclitis
--Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) this one is another specific bug
Unilateral ↑ IOP associated with:

--- Intraocular inflammation
  --- Anterior uveitis
    --- Trabeculitis
    --- Fuchs heterochromic iridocyclitis
    --- Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
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    - Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) Syphilis

Which of these can present with granulomatous-appearing KP? (KP = keratic precipitates)
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
    --Trabeculitis
    --Fuchs heterochromic iridocyclitis
    --Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) Syphilis

Which of these can present with granulomatous-appearing KP?
All of them
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?

1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) Syphilis

Which can present with stellate KP?

22
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

What four anterior uveitis etiologies are notorious for elevating IOP?
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Syphilis
4) Sarcoidosis

Which can present with stellate KP?
All but sarcoid (and don’t forget about FHI too!)
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--Anterior uveitis
--Trabeculitis
--Fuchs heterochrom
d--Posner-Schlossman

--Increased episcleral venous pressure
--CCF--SVC syndrome--Sturge-Weber--Orbital inflammation
--cellulitis--pseudotumor--TED

--Secondary glaucoma
--Lens-related: Phacolytic, phacomorphic--PXS--PDS
--Anterior segment dysgenesis syndromes--Intraocular malignancy with seeding and/or angle invasion

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?

--Topical steroids
--Cycloplegia
--Anti-infectives if bug is known
-- +/- ocular hypotensives
### Unilateral ↑ IOP associated with:

<table>
<thead>
<tr>
<th>Intraocular inflammation</th>
<th>What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Anterior uveitis</td>
<td>- Topical steroids</td>
</tr>
<tr>
<td>- Trabeculitis</td>
<td>- Cycloplegia</td>
</tr>
<tr>
<td>- Fuchs heterochromic iridocyclitis</td>
<td>- Anti-infectives if bug is known</td>
</tr>
<tr>
<td>- Posner-Schlossman syndrome</td>
<td>- +/- ocular hypotensives</td>
</tr>
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**What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?**

- Topical steroids
- Cycloplegia
- Anti-infectives if bug is known
  - +/- ocular hypotensives
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman syndrome

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?
--Topical steroids
--Cycloplegia
--Anti-infectives if bug is known
-- +/- ocular hypotensives

What two classes of topical hypotensives should probably be avoided?
--
--

Unilateral ↑ IOP associated with:

--Increased episcleral venous pressure
--CCF
--SVC syndrome
--Sturge-Weber syndrome
--Orbital inflammation
--cellulitis
--pseudotumor
--TED

--Secondary glaucoma
--Lens-related:
  --Phacolytic
  --Phacomorphic
--PXS
--PDS

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--Intraocular malignancy with seeding and/or angle invasion
Unilateral ↑ IOP associated with:

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  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?
- Topical steroids
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- Anti-infectives if bug is known
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What two classes of topical hypotensives should probably be avoided?
- Miotics
- Prostaglandin analogues/prostamides
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

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--Topical steroids
--Cycloplegia
--Anti-infectives if bug is known

-- +/- ocular hypotensives

**What two classes of topical hypotensives should probably be avoided?**

--Miotics
--Prostaglandin analogues/prostamides

**Why should these be avoided?**
What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?
- Topical steroids
- Cycloplegia
- Anti-infectives if bug is known
- +/- ocular hypotensives

What two classes of topical hypotensives should probably be avoided?
- Miotics
- Prostaglandin analogues/prostamides

Why should these be avoided?
Both are potentially inflammogenic
<table>
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<th></th>
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**What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?**

- **Topical steroids**
- **Cycloplegia**
- **Anti-infectives if bug is known**
- +/- **ocular hypotensives**

**In what way might steroid therapy complicate the IOP issue?**

Recall that some pts are **steroid responders**, meaning their IOP increases secondary to steroid therapy. Thus, when a uveitis pt (under treatment) develops increased IOP, it could mean either:

a) Their uveitis is not well controlled, and therefore the steroid should be **increased**;

b) They are a steroid responder, and their steroid should be **decreased** (or stopped).

**Unilateral ↑ IOP associated with:**

- Intraocular inflammation
- Anterior uveitis
- Trabeculitis
- Fuchs heterochromic iridocyclitis
- Posner-Schlossman
- Increased episcleral venous pressure
- CCF
- SVC syndrome
- Sturge-Weber
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-- Intraocular inflammation
  -- Anterior uveitis
  -- Trabeculitis
  -- Fuchs heterochromic iridocyclitis
  -- Posner-Schlossman

-- Corneal endothelial abnormality

-- PPMD--ICE
  -- Increased episcleral venous pressure

-- CCF--SVC syndrome--Sturge-Weber--Orbital inflammation
  -- Cellulitis--Pseudotumor--TED

-- Secondary glaucoma
  -- Lens-related: Phacolytic, phacomorphic--PXS--PDS
  -- Anterior segment dysgenesis syndromes
  -- Intraocular malignancy with seeding and/or angle invasion

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?

-- Topical steroids
-- Cycloplegia
-- Anti-infectives if bug is known
-- +/− ocular hypotensives

In what way might steroid therapy complicate the IOP issue?

Recall that some pts are steroid responders, meaning their IOP increases secondary to steroid therapy. Thus, when a uveitis pt (under treatment) develops increased IOP, it could mean either:

a) 

b)
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

- Corneal endothelial abnormality
  - PPMD
  - ICE

- Increased episcleral venous pressure
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What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?

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- **Cycloplegia**
- **Anti-infectives if bug is known**
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a) their uveitis is not well controlled, and therefore the steroid should be increased; or

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Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?
  --Topical steroids
  --Cycloplegia
  --Antibiotics if infection is known
  --+/-- ocular hypotensives

In what way might steroid therapy complicate the IOP issue?

Recall that some pts are steroid responders, meaning their IOP increases secondary to steroid therapy. Thus, when a uveitis pt (under treatment) develops increased IOP, it could mean either:

a) their uveitis is not well controlled, and therefore the steroid should be increased; or

b) they are a steroid responder, and their steroid should be decreased (or even stopped)

Unilateral ↑ IOP associated with:
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?

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--Cycloplegia
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--+/- ocular hypotensives

In what way might steroid therapy complicate the IOP issue?

Recall that some pts are steroid responders, meaning their IOP increases secondary to steroid therapy. Thus, when a uveitis pt (under treatment) develops increased IOP, it could mean either:

a) their uveitis is not well controlled, and therefore the steroid should be increased; or

b) they are a steroid responder, and their steroid should be decreased (or even stopped)

So how do you know whether steroids are the solution to, or the cause of, ocular hypertension in uveitis?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What is the usual treatment regimen for anterior uveitis accompanied by increased IOP?
--Topical steroids
--Cycloplegia
--Anti-infectives if bug is known
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In what way might steroid therapy complicate the IOP issue?
Recall that some pts are steroid responders, meaning their IOP increases secondary to steroid therapy. Thus, when a uveitis pt (under treatment) develops increased IOP, it could mean either:
a) their uveitis is not well controlled, and therefore the steroid should be increased; or
b) they are a steroid responder, and their steroid should be decreased (or even stopped)

So how do you know whether steroids are the solution to, or the cause of, ocular hypertension in uveitis?
As a rule, it takes at least 3 weeks before steroid-induced ocular hypertension occurs. Thus, elevated IOP within this time frame indicates inadequate uveitis control, and the steroid dose should be increased.

On the other hand, if IOP spikes after the uveitis is controlled, consideration should be given to tapering the steroid and/or adding an aqueous suppressant to the treatment regimen.
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What is the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuch's heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.) **Heterochromia iridis**, cataract, and stellate KP

Is the affected eye the darker eye or the lighter eye?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

Is the affected eye the darker eye or the lighter eye?
The lighter (with one exception)
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)

Heterochromia iridis, cataract, and stellate KP

Is the affected eye the darker eye or the lighter eye? The lighter (with one exception)

What is the exception; ie, under what circumstances is the darker eye the one with FHI?
In individuals with light-blue eyes…
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --**Fuchs heterochromic iridocyclitis**
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
**Heterochromia iridis**, cataract, and stellate KP

Is the affected eye the **darker** eye or the **lighter** eye?
The lighter (with one exception)

What is the exception; ie, under what circumstances is the darker eye the one with FHI?
In individuals with light-blue eyes...the iris atrophy stemming from the FHI process will make visible the darkly-pigmented epithelium of the posterior iris, thus making the eye appear darker
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

What distinguishing features characterize the KP?

--
  --
Unilateral ↑ IOP associated with:

---**Intraocular inflammation**

---Anterior uveitis
---Trabeculitis
---**Fuchs heterochromic iridocyclitis**
---Posner-Schlossman

---**Corneal endothelial abnormality**

---**PPMD—ICE**

---**Increased episcleral venous pressure**

---**CCF—SVC syndrome—Sturge-Weber—Orbital inflammation—cellulitis—pseudotumor—TED**

---**Secondary glaucoma**

---Lens-related: Phacolytic, phacomorphic---**PXS—PDS**

---**Anterior segment dysgenesis syndromes**

---**Intraocular malignancy with seeding and/or angle invasion**

---**What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)**

Heterochromia iridis, cataract, and **stellate KP**

---**What distinguishing features characterize the KP?**

--They may be interconnected by **lacy tendrils**

--They are diffusely scattered across the inner cornea (as opposed to being concentrated in Arlt’s triangle, as they tend to be in most anterior uveitides)
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
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--They are diffusely scattered across the inner cornea (as opposed to being concentrated in Arlt’s triangle, as they tend to be in most anterior uveitides)

Where/what is Arlt’s triangle?

Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman
Unilateral ↑ IOP associated with:

--- **Intraocular inflammation**
  - Anterior uveitis
  - Trabeculitis
  - **Fuchs heterochromic iridocyclitis**
  - Posner-Schlossman

--- **Increased episcleral venous pressure**

--- **Corneal endothelial abnormality**

--- **PPMD**

--- **ICE**

--- **CCF**

--- **SVC syndrome**

--- **Sturge-Weber**

--- **Orbital inflammation**

--- **Cellulitis**

--- **Pseudotumor**

--- **TED**

--- **Secondary glaucoma**

--- **Lens-related:** Phacolytic, phacomorphic

--- **PXS**

--- **PDS**

--- **Anterior segment dysgenesis syndromes**

--- **Intraocular malignancy with seeding and/or angle invasion**

--- **Unilateral ↑ IOP** associated with:

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)

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What distinguishing features characterize the KP?

- They may be interconnected by **lacy tendrils**

- They are diffusely scattered across the inner cornea (as opposed to being concentrated in Arlt’s triangle, as they tend to be in most anterior uveitides)

Where/what is Arlt’s triangle?

It’s an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea.

--- **Cornea**

--- **Arlt’s triangle**
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --**Fuchs heterochromic iridocyclitis**
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)

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**What distinguishing features characterize the KP?**

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--They are diffusely scattered across the inner cornea (as opposed to being concentrated in Arlt’s triangle, as they tend to be in most anterior uveitides)

**The DDx for diffuse stellate KP consist of four entities, one of which is FHI. What are the other three?**
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--- Anterior uveitis
--- Trabeculitis
--- **Fuchs heterochromic iridocyclitis**
--- Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)

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The DDx for diffuse stellate KP consist of four entities, one of which is FHI. **What are the other three?**

**Toxoplasmosis, HSV and VZV**
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--Anterior uveitis
--Trabeculitis
--Fuchs heterochromic iridocyclitis
--Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

How common is glaucoma in FHI?
Unilateral ↑ IOP associated with:

---Intraocular inflammation
- Anterior uveitis
- Trabeculitis
- **Fuchs heterochromic iridocyclitis**
- Posner-Schlossman

**What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)**
Heterochromia iridis, cataract, and stellate KP

**How common is glaucoma in FHI?**
It develops in about 25-50% of cases
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --**Fuchs heterochromic iridocyclitis**
  --Posner-Schlossman

*What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)*

Heterochromia iridis, cataract, and stellate KP

*How common is glaucoma in FHI?*

It develops in about 25-50% of cases

*Is the angle in FHI glaucoma open, or is it closed?*
What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

How common is glaucoma in FHI? It develops in about 25-50% of cases

Is the angle in FHI glaucoma open, or is it closed? Open
Unilateral ↑ IOP associated with:

---Intraocular inflammation

---Anterior uveitis
---Trabeculitis
---Fuchs heterochromic iridocyclitis
---Posner-Schlossman

**What exam findings comprise the ‘classic triad’ of FHI?** (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

**How common is glaucoma in FHI?**
It develops in about 25-50% of cases

Is the angle in FHI glaucoma open, or is it closed?
Open

Speaking of the angle in FHI… It has two characteristics that are unusual, and may aid in making the diagnosis:

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---

Lens-related: Phacolytic, phacomorphic
---PPMD---ICE
---Corneal endothelial abnormality
---Increased episcleral venous pressure
---CCF---SVC syndrome---Sturge-Weber---Orbital inflammation
---cellulitis---pseudotumor---TED
---Secondary glaucoma
---Anterior segment dysgenesis syndromes
---Intraocular malignancy with seeding and/or angle invasion

---Unilateral ↑ IOP associated with:

---Intraocular inflammation

---Anterior uveitis
---Trabeculitis
---Fuchs heterochromic iridocyclitis
---Posner-Schlossman
Unilateral ↑ IOP associated with:

**Intraocular inflammation**
- Anterior uveitis
- Trabeculitis
- Fuchs heterochromic iridocyclitis
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Is the angle in FHI glaucoma open, or is it closed?
Open

Speaking of the angle in FHI…It has two characteristics that are unusual, and may aid in making the diagnosis:
- Despite the chronic nature of the iridocyclitis in FHI, peripheral anterior synechiae (PAS) never develop
- Neovascularization of the angle (NVA) is common, but does not lead to angle closure
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
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Unilateral ↑ IOP associated with:

--- Intraocular inflammation
  --- Anterior uveitis
  --- Trabeculitis
  --- Fuchs heterochromic iridocyclitis
  --- Posner-Schlossman

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-- Despite the chronic nature of the iridocyclitis in FHI, peripheral anterior synechiae (PAS) never develop
-- Neovascularization of the angle (NVA) is common, but does not lead to angle closure

The NVA vessels in FHI rupture easily, and it not uncommon for FHI pts to develop a small hyphema when the paracentesis wound is made at the start of cataract surgery. What is the eponymous name for this classic finding?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.) Heterochromia iridis, cataract, and stellate KP

How common is glaucoma in FHI? It develops in about 25-50% of cases

Is the angle in FHI glaucoma open, or is it closed? Open

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The NVA vessels in FHI rupture easily, and it not uncommon for FHI pts to develop a small hyphema when the paracentesis wound is made at the start of cataract surgery. What is the eponymous name for this classic finding? Amsler’s sign
Unilateral ↑ IOP associated with:

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  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

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How common is glaucoma in FHI?
It develops in about 25-50% of cases

What is the etiology of FHI?
Unilateral ↑ IOP associated with:

---Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --**Fuchs heterochromic iridocyclitis**
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*What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)*
Heterochromia iridis, cataract, and stellate KP

*How common is glaucoma in FHI?*
It develops in about 25-50% of cases

*What is the etiology of FHI?*
It is uncertain at this time. Four infectious entities have been suggested: protozoan, virus, and virus.
Unilateral ↑ IOP associated with:

---Intraocular inflammation
  ---Anterior uveitis
  ---Trabeculitis
  ---Fuchs heterochromic iridocyclitis
  ---Posner-Schlossman

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It is uncertain at this time. Four infectious entities have been suggested: Toxoplasmosis; HSV; CMV; and rubella.
Unilateral ↑ IOP associated with:

---Intraocular inflammation

---Anterior uveitis
---Trabeculitis
---**Fuchs heterochromic iridocyclitis**
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It is uncertain at this time. Four infectious entities have been suggested: Toxoplasmosis; HSV; CMV; and rubella. As of now, the preponderance of the evidence points to **rubella**, but it remains unproven.
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--Anterior uveitis
--Trabeculitis
--**Fuchs heterochromic iridocyclitis**
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Who is the typical pt?
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  --Anterior uveitis
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*Who is the typical pt?*
A middle-aged adult
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
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What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
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Who is the typical pt?
A middle-aged adult

Is there a gender predilection?
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
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Who is the typical pt?
A middle-aged adult

Is there a gender predilection?
No
Unilateral ↑ IOP associated with:

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What exam findings comprise the ‘classic triad’ of FHI? (Hint: Elevated IOP is not one of them.)
Heterochromia iridis, cataract, and stellate KP

How well does FHI respond to steroid therapy?
Rather poorly—AC cell is notoriously difficult to eradicate in FHI (as is the vitreous cell which frequently occurs)

If the inflammation fails to respond to topical steroids, should more aggressive therapies be pursued?
Generally no. In fact, most pts require no anti-inflammatory tx of any sort (including steroids). Instead, the pt should be monitored for the development of glaucoma (first-line treatment: aqueous suppressants) and cataract, which should be removed when visually or medically significant. In rare cases, vitrectomy is required to clear significant vitreous opacities.

Who is the typical pt?
A middle-aged adult

Is there a gender predilection?
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Who is the typical pt?
A middle-aged

Is there a gender predilection?
No

Is cataract surgery in FHI associated with an increased risk of intraoperative complications?
No
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

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Is there a gender predilection?
No

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--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

*What is the noneponymous name for Posner-Schlossman?*
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

-What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis
Unilateral ↑ IOP associated with:

---Intraocular inflammation
  ---Anterior uveitis
  ---Trabeculitis
  ---Fuchs heterochromic iridocyclitis
  ---**Posner-Schlossman**

- *What is the noneponymous name for Posner-Schlossman?*
  Glaucomatocyclitic crisis

*Who is the typical pt?*
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

-What is the noneponymous name for Posner-Schlossman?
  Glaucamotocyclitic crisis

*Who is the typical pt?*
An adult age 20-50
Unilateral ↑ IOP associated with:

--Intraocular inflammation

--Anterior uveitis
--Trabeculitis
--Fuchs heterochromic iridocyclitis
--Posner-Schlossman

-What is the non-eponymous name for Posner-Schlossman?
  Glaucomecyclitic crisis

Who is the typical pt?
An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
Unilateral ↑ IOP associated with:

---Intraocular inflammation

---Anterior uveitis
---Trabeculitis
---Fuchs heterochromic iridocyclitis
---**Posner-Schlossman**

---What is the noneponymous name for Posner-Schlossman?
Glaucmotocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

**What is the noneponymous name for Posner-Schlossman?**
Glaucmatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - **Posner-Schlossman**

**What is the nonponymous name for Posner-Schlossman?**
Glaucmatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

What is the noneponymous name for Posner-Schlossman?
Glaucocatocyclitic crisis

Who is the typical pt?
An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
Mild

Does the IOP elevation tend to be mild, or severe?
Severe

How severe?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

*What is the nonponymous name for Posner-Schlossman?*
Glaucmatocyclitic crisis

*Who is the typical pt?*
An adult age 20-50

*Does the inflammatory component tend to be mild, or severe?*
Mild

*Does the IOP elevation tend to be mild, or severe?*
Severe

*How severe?*
IOP in the 40-60 range is typical
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

- What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis

Who is the typical pt?
An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
Mild

Does the IOP elevation tend to be mild, or severe?
Severe

Is the angle open, or closed?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
    --Anterior uveitis
    --Trabeculitis
    --Fuchs heterochromic iridocyclitis
    --Posner-Schlossman

-What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis

Who is the typical pt?
An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
Mild

Does the IOP elevation tend to be mild, or severe?
Severe

Is the angle open, or closed?
Open
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
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**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

-**What is the noneponymous name for Posner-Schlossman?**
  Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to weeks
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  -- Anterior uveitis
  -- Trabeculitis
  -- Fuchs heterochromic iridocyclitis
  -- **Posner-Schlossman**

- **What is the noneponymous name for Posner-Schlossman?**
  Glaucamatocyclitic crisis

- **Who is the typical pt?**
  An adult age 20-50

- **Does the inflammatory component tend to be mild, or severe?**
  Mild

- **Does the IOP elevation tend to be mild, or severe?**
  Severe

- **Is the angle open, or closed?**
  Open

- **How long do the crises last?**
  Hours to weeks

- **Do they recur?**
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

-What is the noneponymous name for Posner-Schlossman?
  Glaucometocyclitic crisis

Who is the typical pt?
An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
Mild

Does the IOP elevation tend to be mild, or severe?
Severe

Is the angle open, or closed?
Open

How long do the crises last?
Hours to weeks

Do they recur?
Yes
**Unilateral ↑ IOP associated with:**

--- **Intraocular inflammation**
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - **Posner-Schlossman**

- **What is the noneponymous name for Posner-Schlossman?**
  Glaucomatocyclitic crisis

- **Who is the typical pt?**
  An adult age 20-50

- **Does the inflammatory component tend to be mild, or severe?**
  Mild

- **Does the IOP elevation tend to be mild, or severe?**
  Severe

- **Is the angle open, or closed?**
  Open

- **How long do the crises last?**
  Hours to weeks

- **Do they recur?**
  Yes
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
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-What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis

Who is the typical pt?
  An adult age 20-50

Does the inflammatory component tend to be mild, or severe?
  Mild

Does the IOP elevation tend to be mild, or severe?
  Severe

Is the angle open, or closed?
  Open

How long do the crises last?
  Hours to weeks

Do they recur?
  Yes

What is/are the presenting complaint(s)?
  Unilateral pain, blurred vision, haloes around lights
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

**What is the noneponymous name for Posner-Schlossman?**
Glaucomatocyclitic crisis

**Who is the typical pt?**
An adult age 20-50

**Does the inflammatory component tend to be mild, or severe?**
Mild

**Does the IOP elevation tend to be mild, or severe?**
Severe

**Is the angle open, or closed?**
Open

**How long do the crises last?**
Hours to weeks

**Do they recur?**
Yes

**What is/are the presenting complaint(s)?**
Unilateral pain, **blurred vision, haloes around lights**

**What is the cause of the blurred vision/haloes?**
Corneal edema secondary to the high IOP
Unilateral ↑ IOP associated with:

---Intraocular inflammation
  ---Anterior uveitis
  ---Trabeculitis
  ---Fuchs heterochromic iridocyclitis
  ---**Posner-Schlossman**

- **What is the noneponymous name for Posner-Schlossman?**
  Glaucomatocyclitic crisis

  **Who is the typical pt?**
  An adult age 20-50

  **Does the inflammatory component tend to be mild, or severe?**
  Mild

  **Does the IOP elevation tend to be mild, or severe?**
  Severe

  **Is the angle open, or closed?**
  Open

  **How long do the crises last?**
  Hours to weeks

  **Do they recur?**
  Yes

- **What is/are the presenting complaint(s)?**
  Unilateral pain, **blurred vision, haloes around lights**

  **What is the cause of the blurred vision/haloes?**
  Corneal edema secondary to the high IOP
Unilateral ↑ IOP associated with:

-Intraocular inflammation
  -Anterior uveitis
  -Trabeculitis
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  -Posner-Schlossman

-What is the noneponymous name for Posner-Schlossman?
  Glaucomatocyclitic crisis

Infection with what entity has been implicated in the pathogenesis of P-S syndrome?

Does the inflammatory component tend to be mild, or severe?
  Mild

Does the IOP elevation tend to be mild, or severe?
  Severe

Is the angle open, or closed?
  Open

How long do the crises last?
  Hours to weeks

Do they recur?
  Yes
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --**Posner-Schlossman**

---What is the noneponymous name for Posner-Schlossman? Glaucomatocyclitic crisis

*Infection with what entity has been implicated in the pathogenesis of P-S syndrome? CMV, a member of the Herpesvirus family*

*Does the inflammatory component tend to be mild, or severe? Mild*

*Does the IOP elevation tend to be mild, or severe? Severe*

*Is the angle open, or closed? Open*

*How long do the crises last? Hours to weeks*

*Do they recur? Yes*
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

**What is the nonponymous name for Posner-Schlossman?**
Glucomatocyclitic crisis

**Infection with what entity has been implicated in the pathogenesis of P-S syndrome?**
CMV, a member of the Herpesvirus family

**What four anterior uveitis etiologies are notorious for elevating IOP?**
1) Herpesvirus (all forms)
2) Toxoplasmosis
3) Sarcoidosis
4) Syphilis

Does the inflammatory component tend to be mild, or severe?
Mild

Does the IOP elevation tend to be mild, or severe?
Severe

Is the angle open, or closed?
Open

How long do the crises last?
Hours to weeks

Do they recur?
Yes
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  -- Anterior uveitis
  -- Trabeculitis
  -- Fuchs heterochromic iridocyclitis
  -- Posner-Schlossman

--Corneal endothelial abnormality
  -- a dystrophy
  -- several syndromes
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD  *(posterior polymorphous dystrophy)*
  --ICE  *(iridocorneal endothelial dystrophy)*
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
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Briefly, what is PPMD?
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--Intraocular inflammation
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*Briefly, what is PPMD?*

An endothelial dystrophy characterized by the presence of bands and vesicles. But being a dystrophy, it must be bilateral. Thus, how can it be a cause of unilateral elevated IOP? It is always bilateral, but can be highly asymmetric.
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
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*What is the classic description of the appearance of these bands?*
Unilateral ↑ IOP associated with:

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*What is the classic description of the appearance of these bands?* ‘Snail tracks’
Unilateral ↑ IOP associated with:

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Briefly, what is ICE?

A progressive, nonfamilial, unilateral disorder characterized by abnormalities of the corneal endothelium and iris, as well as PAS formation.

Who is the typical patient?
A young-to-middle-aged adult female.

How will a pt with ICE present? (On the OKAP, that is.)
--The pt will be an adult female
--Pt will complain of 1) changes in the eye's appearance, 2) pain, and/or 3) decreased VA
--Pt will have elevated IOP in that eye +/- glaucomatous ONH damage
--The cornea of the affected eye will have abnormal endothelium, and may be edematous
--The fellow eye will be essentially normal.
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--Pt will complain of 1) changes in the eye's appearance, 2) pain, and/or 3) decreased VA
--Pt will have one word + one abb. in that eye +/- two words + one abb.
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How common is glaucoma in each?

--ICE:
  --Very common—80 to 100% of cases

--PPMD:
  --Not that common—25% of cases

What is the mechanism for increased IOP?

--ICE:
  --Angle closure via PAS and/or a membrane

--PPMD:
  --Unclear; angle can be closed a la ICE, but some have an open angle

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117
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What is the take-home message regarding PPMD/ICE and unilateral elevated IOP?

It is incumbent upon you to do a thorough slit-lamp examination of the posterior corneal surface in all pts with unilateral elevated IOP!
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--Increased episcleral venous pressure
Unilateral ↑ IOP associated with:

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  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

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Recall that the Goldmann equation for IOP contains two terms. The first term quantifies…

\[ IOP = \text{First term} + \text{EVP} \]
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
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Recall that the Goldmann equation for IOP contains two terms. The first term quantifies the balance between aqueous formation within the eye and aqueous egress from the eye.

\[
IOP = \frac{\text{Aqueous Formation Rate (} \mu L/\text{min)}\right)}{\text{Outflow Facility (} \mu L/\text{min/mmHg)}} + \text{EVP}
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Recall that the Goldmann equation for IOP contains two terms. The first term quantifies the balance between aqueous formation within the eye and aqueous egress from the eye. The second term in the equation is:

\[
IOP = \frac{\text{Aqueous Formation Rate} (\mu L/min)}{\text{Outflow Facility} (\mu L/min/mmHg)} + \text{Second term}
\]
Unilateral ↑ IOP associated with:

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Recall that the Goldmann equation for IOP contains two terms. The first term quantifies...the balance between aqueous formation within the eye and aqueous egress from the eye. The second term in the equation is...EVP. Note that EVP is additive. In other words, the Goldmann equation predicts that as EVP increases, IOP increases. Thus, any ocular and/or systemic conditions that lead to a persistent increase in EVP can produce elevated IOP. And if this condition affects only one eye, it can produce unilateral elevated IOP.

$$IOP = \frac{\text{Aqueous Formation Rate (} \mu L/\text{min})}{\text{Outflow Facility (} \mu L/\text{min/mmHg})} + \text{Episcleral Venous Pressure (mmHg)}$$
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--Increased episcleral venous pressure
  --a specific intracranial problem
  --a general intrathoracic problem
  --a phakomatosis
  --a very general ophthalmic problem

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--Increased episcleral venous pressure
  --CCF (carotid-cavernous sinus fistula)
  --SVC syndrome (SVC = superior vena cava)
  --Sturge-Weber
  --Orbital inflammation

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What is the fundamental anatomical abnormality in CCF?

A channel forms that allows direct communication between the carotid artery (or one of its dural branches) and the cavernous sinus (CS).

What important effect does this have on the CS?

The normal pressure within the CS is about the same as central venous pressure (CVP; ~9-12 mmHg). When a CCF forms, arterial-pressure blood enters the CS. Thus, a CCF can raise pressure within the CS to as high as mean arterial pressure (MAP).

How does a CCF lead to unilateral increased IOP?

When the blood pressure within the CS exceeds that of the venous structures that drain into it (including the superior ophthalmic vein), venous drainage is impeded. Retrograde transmission of this impedance ultimately results in increased EVP, which results in turn in elevated IOP.

What two classes of mechanism account for the formation of CCF?

They can be traumatic or spontaneous.
Unilateral ↑ IOP associated with:

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**What is the fundamental anatomical abnormality in CCF?**
A channel forms that allows direct communication between the carotid artery (or one of its dural branches) and the cavernous sinus (CS).

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**How does a CCF lead to unilateral increased IOP?**
When the blood pressure within the CS exceeds that of the venous structures that drain into it (including the superior ophthalmic vein), venous drainage is impeded. Retrograde transmission of this impedance ultimately results in increased EVP, which results in turn in elevated IOP.

**What two classes of mechanism account for the formation of CCF?**

\[
IOP = \frac{\text{Aqueous Formation Rate (} \mu \text{L/min)}}{\text{Outflow Facility (} \mu \text{L/min/mmHg)}} + \text{Episcleral Venous Pressure (mmHg)}
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<table>
<thead>
<tr>
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</tr>
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When the blood pressure within the CS exceeds that of the venous structures that drain into it (including the superior ophthalmic vein), venous drainage is impeded. Retrograde transmission of this impedance ultimately results in increased EVP, which results in turn in elevated IOP.

### What two classes of mechanism account for the formation of CCF?

They can be **traumatic** or **spontaneous**

### IOP Equation

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How does a CCF lead to unilateral increased IOP?
When the blood pressure within the CS exceeds that of the venous structures that drain into it (including the superior ophthalmic vein), venous drainage is ultimately results in retrograde transmission of this impedance, which results in increased EVP, leading to elevated IOP.

What two classes of mechanism account for the formation of CCF?
They can be traumatic or spontaneous.

Demographically speaking, who gets:
- Traumatic CCF?
- Spontaneous CCF?

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Demographically speaking, who gets:
--- Traumatic CCF? Young persons
--- Spontaneous CCF? Middle-aged to elderly females

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A dilated and tortuous superior ophthalmic vein

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What slit-lamp finding concerning the appearance of the conj vessels is a tipoff that you’re dealing with a CCF?

The vessels have a kinked or ‘corkscrew’ appearance.

What causes this corkscrewing?

Arterialization of blood flow in the vessels (think about how a garden hose will twist and kink when the water is turned on but is held in by a closed nozzle on the end of the hose).

What is the formula for IOP?

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What sign may be present in a pt who reports the symptom of tinnitus, and should be checked for?
A bruit

How should one check for a bruit in cases of suspected CCF?
By auscultating the globe (through closed lids of course), and at the temporal region.
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    --TED (Thyroid eye disease)

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By what two mechanisms do these raise EVP?
1) Inflammation near the vortex veins causes them to swell, decreasing lumen diameter and thereby impeding drainage
2) Orbital congestion mechanically compresses the vortex veins

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--- Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
    --- a general sort of condition
    --- a specific condition
    --- another specific condition
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related:
    --PX
    --PDS

  two specific conditions
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, phacomorphic
    --PXS
    --PDS
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--Elevated IOP (duh)
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman

- Corneal endothelial abnormality
  - PPMD
  - ICE

- Increased episcleral venous pressure
  - CCF
  - SVC syndrome
  - Sturge-Weber
  - Orbital inflammation
    - Cellulitis
    - Pseudotumor
    - TED

- Secondary glaucoma
  - Lens-related: Phacolytic, PXS, PDS

These are bilateral, but can be so asymmetric as to seem unilateral

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
- Elevated IOP (duh)
- A mature or hypermature cataract

The patient will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time.

Is the angle open or closed? Open

Is an anterior-chamber inflammatory reaction present? Yes

What is the underlying pathophysiology? Liquefaction of the cataract leads to lens proteins leaching across the capsule into the AC, where they prompt an inflammatory reaction; the protein + inflammatory cells clog the trabecular meshwork, leading to the IOP rise.
Unilateral ↑ IOP associated with:

--- Intraocular inflammation
    - Anterior uveitis
    - Trabeculitis
    - Fuchs heterochromic iridocyclitis
    - Posner-Schlossman

--- Corneal endothelial abnormality
    - PPMD
    - ICE

--- Increased episcleral venous pressure
    - CCF
    - SVC syndrome
    - Sturge-Weber
    - Orbital inflammation
        - cellulitis
        - pseudotumor
        - TED

--- Secondary glaucoma

These are bilateral, but can be so asymmetric as to seem unilateral

--- Lens-related: Phacolytic, phacomorphic
    - PXS
    - PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--- Elevated IOP (duh)
--- A mature or hypermature cataract

What is a mature cataract?
Unilateral ↑ IOP associated with:

--- Intraocular inflammation
  --- Anterior uveitis
  --- Trabeculitis
  --- Fuchs heterochromic iridocyclitis
  --- Posner-Schlossman

--- Corneal endothelial abnormality
  --- PPMD
  --- ICE

--- Increased episcleral venous pressure
  --- CCF
  --- SVC syndrome
  --- Sturge-Weber
  --- Orbital inflammation
    --- cellulitis
    --- pseudotumor
    --- TED

--- Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --- Lens-related: Phacolytic, pseudophakic, PXS, PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --- Elevated IOP (duh)
  --- A mature or hypermature cataract

What is a mature cataract?
One that is so opaque that no red reflex can be seen
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p-164
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--Elevated IOP (duh)
--A mature or hypermature cataract

What is a mature cataract?
One that is so opaque that no red reflex can be seen

What is a hypermature cataract?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p.
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is a mature cataract?
One that is so opaque that no red reflex can be seen

What is a hypermature cataract?
A mature cataract in which the cortical component has started to liquefy
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, PXS, PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is a mature cataract?
One that is so opaque that no red reflex can be seen

What is a hypermature cataract?
A mature cataract in which the cortical component has started to liquefy

Once the cortical component has liquefied enough to allow the nuclear component to float freely, what is the cataract called?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p. 167
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--Elevated IOP (duh)
--A mature or hypermature cataract

**What is a mature cataract?**
One that is so opaque that no red reflex can be seen

**What is a hypermature cataract?**
A mature cataract in which the cortical component has started to liquefy

**Once the cortical component has liquefied enough to allow the nuclear component to float freely, what is the cataract called?**
A **Morgagnian** cataract
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?

The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time.
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p.?
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had one complaint, a different complaint

The pt will complain of the acute onset of pain in an eye that has had one complaint, a different complaint
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic
    --PXS
    --PDS


To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time
Unilateral ↑ IOP associated with:

- **Intraocular inflammation**
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman
- **Corneal endothelial abnormality**
  - PPMD
  - ICE
- **Increased episcleral venous pressure**
  - CCF
  - SVC syndrome
  - Sturge-Weber
  - Orbital inflammation
    - cellulitis
    - pseudotumor
    - TED
- **Secondary glaucoma**
    - PXS
    - PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
- Elevated IOP (duh)
- A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the **acute onset of pain** in an eye that has had poor vision for an extended period of time

Is the angle open or closed?

These are bilateral, but can be so asymmetric as to seem unilateral
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
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    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--Elevated IOP (duh)
--A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Unilateral ↑ IOP associated with:
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
- Anterior uveitis
- Trabeculitis
- Fuchs heterochromic iridocyclitis
- Posner-Schlossman

--Corneal endothelial abnormality
- PPMD
- ICE

--Increased episcleral venous pressure
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- SVC syndrome
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  - cellulitis
  - pseudotumor
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--Secondary glaucoma
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- Lens-related: Phacolytic
- PXS
- PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
- Elevated IOP (duh)
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What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Yes
Unilateral $\uparrow$ IOP associated with:

--- Intraocular inflammation
  -- Anterior uveitis
  -- Trabeculitis
  -- Fuchs heterochromic iridocyclitis
  -- Posner-Schlossman

--- Corneal endothelial abnormality
  -- PPMD
  -- ICE

--- Increased episcleral venous pressure
  -- CCF
  -- SVC syndrome
  -- Sturge-Weber
  -- Orbital inflammation
    -- cellulitis
    -- pseudotumor
    -- TED

--- Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  -- Lens-related: Phacolytic, pseudophacolytic
    -- PXS
    -- PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
-- Elevated IOP (duh)
-- A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Yes

What is the underlying pathophysiology?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --Lens-related: Phacolytic, p.
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Yes

What is the underlying pathophysiology?
Liquefaction of the cataract leads to lens proteins leaching across the capsule into the AC, where they prompt an inflammatory reaction; the protein + inflammatory cells clog the trabecular meshwork, leading to the IOP rise
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic
    --PXS
    --PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
  --Elevated IOP (duh)
  --A mature or hypermature cataract

What is the classic presentation and history?
The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Yes

What is the underlying pathophysiology?
Liquefaction of the cataract leads to lens proteins leaching across the capsule into the AC, where they prompt an inflammatory reaction; the protein + inflammatory cells clog the trabecular meshwork, leading to the IOP rise

What will cytologic evaluation of an aqueous aspirate reveal? (This is another classic feature of phacolytic glaucoma.)
protein + inflammatory cells
Unilateral ↑ IOP associated with:

--- Intraocular inflammation
  --- Anterior uveitis
  --- Trabeculitis
  --- Fuchs heterochromic iridocyclitis
  --- Posner-Schlossman

--- Corneal endothelial abnormality
  --- PPMD
  --- ICE

--- Increased episcleral venous pressure
  --- CCF
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    --- TED

--- Secondary glaucoma
  These are bilateral, but can be so asymmetric as to seem unilateral
  --- Lens-related: Phacolytic
    --- PXS
    --- PDS

To make the diagnosis of phacolytic glaucoma, what two clinical features must be present?
--- Elevated IOP (duh)
--- A mature or hypermature cataract

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The pt will complain of the acute onset of pain in an eye that has had poor vision for an extended period of time

Is the angle open or closed?
Open

Is an anterior-chamber inflammatory reaction present?
Yes

What is the underlying pathophysiology?
Liquefaction of the cataract leads to lens proteins leaching across the capsule into the AC, where they prompt an inflammatory reaction; the protein + inflammatory cells clog the trabecular meshwork, leading to the IOP rise

What will cytologic evaluation of an aqueous aspirate reveal?
(This is another classic feature of phacolytic glaucoma.)
Big fat macrophages loaded down with phagocytized lens proteins
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

What is the status of the lens capsule in these conditions?
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

What is the status of the lens capsule in these conditions?
By definition, intact
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

What lens condition associated with uveitis has, by definition, a capsule that has been traumatically or surgically breached?

What is the status of the lens capsule in these conditions?
By definition, intact
Unilateral ↑ IOP associated with:

- Intraocular inflammation
  - Anterior uveitis
  - Trabeculitis
  - Fuchs heterochromic iridocyclitis
  - Posner-Schlossman
- Corneal endothelial abnormality
  - PPMD
  - ICE
- Increased episcleral venous pressure
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  - SVC syndrome
  - Sturge-Weber
  - Orbital inflammation
    - cellulitis
    - pseudotumor
    - TED
- Secondary glaucoma
  - Lens-related: Phacolytic, phacomorphic
  - PXS
  - PDS

What lens condition associated with uveitis has, by definition, a capsule that has been traumatically or surgically breached?

Phacoantigenic uveitis

What is the status of the lens capsule in these conditions?

By definition, intact
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
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  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
    --PXS
    --PDS

By what other name, a misnomer that has fallen into disfavor, is this condition known?
Phacoantigenic uveitis

What lens condition associated with uveitis has, by definition, a capsule that has been traumatally or surgically breached?
Phacoantigenic uveitis

What is the status of the lens capsule in these conditions? By definition, intact
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
    --PXS
    --PDS

By what other name, a misnomer that has fallen into disfavor, is this condition known? **phacoanaphylactic uveitis**

What lens condition associated with uveitis has, by definition, a capsule that has been traumatically or surgically breached? **Phacoantigenic uveitis**

What is the status of the lens capsule in these conditions? By definition, **intact**
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

Why is this name a misnomer?

By what other name, a misnomer that has fallen into disfavor, is this condition known? phacoanaphylactic uveitis

What lens condition associated with uveitis has, by definition, a capsule that has been traumatically or surgically breached?
Phacoantigenic uveitis

What is the status of the lens capsule in these conditions?
By definition, intact
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
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--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cell
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
    --PXS
    --PDS

Why is this name a misnomer? The condition is not a Type 1 (anaphylactic) reaction

By what other name, a misnomer that has fallen into disfavor, is this condition known? phacoanaphylactic uveitis

What lens condition associated with uveitis has, by definition, a capsule that has been traumatically or surgically breached? Phacoantigenic uveitis

What is the status of the lens capsule in these conditions? By definition, intact
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

--Anterior segment dysgenesis syndromes
Unilateral ↑ IOP associated with:

--Intraocular inflammation
  --Anterior uveitis
  --Trabeculitis
  --Fuchs heterochromic iridocyclitis
  --Posner-Schlossman

--Corneal endothelial abnormality
  --PPMD
  --ICE

--Increased episcleral venous pressure
  --CCF
  --SVC syndrome
  --Sturge-Weber
  --Orbital inflammation
    --cellulitis
    --pseudotumor
    --TED

--Secondary glaucoma
  --Lens-related: Phacolytic, phacomorphic
  --PXS
  --PDS

--Anterior segment dysgenesis syndromes
--Intraocular malignancy with seeding and/or angle invasion