Uveitis: OHS

Histo: Basics

What is the causative organism in ocular histoplasmosis syndrome (OHS)?
Uveitis: **OHS**

**Histo: Basics**

What is the causative organism in ocular histoplasmosis syndrome (OHS)?

*Histoplasma capsulatum*
What is the causative organism in ocular histoplasmosis syndrome (OHS)?
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*What are its basic properties (ie, what sort of organism is it in a microbiology sense)?*
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What are its basic properties (ie, what sort of organism is it in a microbiology sense)?
It is a dimorphic fungus
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What does it mean to say a fungus is ‘dimorphic’?
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What does it mean to say a fungus is ‘dimorphic’?
It means the organism has both a yeast form and a filamentous (mold) form
Uveitis: **OHS**

*H capsulatum*: Mold (filamentous) form

*H capsulatum*: Yeast form
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**Microconidia** are the infectious particles of the mold, while the **macroconidia** are characteristic of the organism and provide a clue to its identification!
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Bats, and various species of birds. Microconidia in their droppings become aerosolized.
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*What regions of the US have the highest annual incidence of OHS?*
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What regions of the US have the highest annual incidence of OHS?
The Mississippi and Ohio River valleys
Uveitis: **OHS**
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What percent of people living in these regions test positive for histoplasmosis?
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*What percent of people living in these regions test positive for histoplasmosis?*
*About 60*
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About 60

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About 1-2
Uveitis: OHS

OHS: Basics

Is there a gender predilection in OHS?
Uveitis: **OHS**

**OHS: Basics**

Is there a gender predilection in OHS?  
No
Uveitis: **OHS**

**OHS: Basics**

*Is there a gender predilection in OHS?*
No

*Is there a racial predilection?*
Uveitis: **OHS**

**OHS: Basics**

*Is there a gender predilection in OHS?*
No

*Is there a racial predilection?*
Yes, OHS occurs almost exclusively among [ethnicity of geographic area] heritage

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*What is the classic triad of OHS?*
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Uveitis: **OHS**

OHS triad
Uveitis: OHS

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*What about AC cell?*
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*If OHS is associated with vision loss, what is the culprit?*
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Uveitis: **OHS**

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**Is there an HLA association?**
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Is there an HLA association?
It seems so. Pts positive for HLA-DRw2 or HLA-B7 are much more likely to manifest the condition.
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Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Intermediate

Posterior

Panuveitis

OHS does not cause Anterior, Intermediate or Panuveitis--only Posterior uveitis

OHS
Uveitis: *Posterior*

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

What is the classic posterior manifestation of OHS?
What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis
Uveitis: *Posterior*

What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis

Re the three lesions of OHS: **Histo spots**
What specific structure(s) is/are involved?
**Uveitis: Posterior**

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis

Re the three lesions of OHS: **Histo spots**
*What specific structure(s) is/are involved?* The inner choroid +/- the RPE
Uveitis: *Posterior*

- Chorioretinitis or Retinochoroiditis
- Choroiditis
- Retinitis
- Neuroretinitis

What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis

Re the three lesions of OHS: **Histo spots**

*What specific structure(s) is/are involved?* The inner choroid +/- the RPE

*In a nutshell, what are they?*
What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis

Re the three lesions of OHS: **Histo spots**
*What specific structure(s) is/are involved?* The inner choroid +/- the RPE
*In a nutshell, what are they?* Discrete, focal, atrophic scars
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

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Re the three lesions of OHS: **Histo spots**
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*Are histo spots larger, or smaller than the ONH?*
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A multifocal chorioretinitis

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**In a nutshell, what are they?** Discrete, focal, atrophic scars
**Are histo spots larger, or smaller than the ONH?** Smaller
**What two-word phrase is used to describe them?**
Uveitis: **Posterior**

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**Chorioretinitis or Retinochoroiditis**

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*What two-word phrase is used to describe them?* ‘Punched out’
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*Do they evolve over time?*
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Do they evolve over time?
Generally no

With regard to histo spots, what is a linear streak?

At what location with the globe are linear streaks found?
At the equator

How is the streak oriented; ie, is it parallel, or perpendicular, to the equator of the globe?
Parallel
Uveitis: **Posterior**

Chorioretinitis or Retinochoroiditis

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A straight-line aggregation of histo spots; it is found in about % of OHS pts
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- **What two-word phrase is used to describe them?** ‘Punched out’
- **Do they evolve over time?** Generally no

*With regard to histo spots, what is a linear streak?*
A straight-line aggregation of histo spots; it is found in about 5% of OHS pts

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Histo: Linear streaks
Uveitis: **Posterior**

Chorioretinitis or Retinochoroiditis

Choroiditis

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Re the three lesions of OHS: **Peripapillary atrophy**
What specific structure(s) is/are involved?
Uveitis: **Posterior**

- Chorioretinitis or Retinochoroiditis
- Choroiditis
- Retinitis
- Neuroretinitis

**What is the classic posterior manifestation of OHS?**
A multifocal chorioretinitis

Re the three lesions of OHS: **Histo spots**
**What specific structure(s) is/are involved?** The inner choroid +/- the RPE
**In a nutshell, what are they?** Discrete, focal, atrophic scars
**Are histo spots larger, or smaller than the ONH?** Smaller
**What two-word phrase is used to describe them?** ‘Punched out’
**Do they evolve over time?** Generally no

Re the three lesions of OHS: **Peripapillary atrophy**
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Uveitis: Posterior

Chorioretinitis or Retinochoroiditis

Choroiditis
Retinitis
Neuroretinitis

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**What specific structure(s) is/are involved?**
**Uveitis: Posterior**

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Re the three lesions of OHS: **Macular disciform lesions**
*What specific structure(s) is/are involved?* Everything, including a defect in Bruch’s membrane
Uveitis: **Posterior**

Chorioretinitis or Retinochoroiditis

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Histo: Macular disciform lesion
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Re the three lesions of OHS: Macular disciform lesions
What specific structure(s) is/are involved? Everything, including a defect in Bruch’s membrane
In a nutshell, what are they? Active lesions represent either the presence of CNVM under the retina, or a hemorrhagic retinal detachment. Inactive lesions (aka disciform scars) are fibrovascular remnants of previous CNVM and/or subretinal hemorrhage.
Histo: Macular disciform lesion
Histo: Macular disciform lesion
Uveitis: **OHS**

**Diagnosis**

How is the diagnosis of OHS made?

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated
Uveitis: **OHS**

**Diagnosis**

*How is the diagnosis of OHS made?*
It is a clinical diagnosis based on DFE findings.
**Uveitis: OHS**

**Diagnosis**

*How is the diagnosis of OHS made?*
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**Treatment**

*Which lesion(s) require treatment?*

---

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**Treatment**

*Which lesion(s) require treatment?*
Active disciform lesions
Uveitis: **OHS**

### Diagnosis

*How is the diagnosis of OHS made?*
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### Treatment

*Which lesion(s) require treatment?*
Active disciform lesions

*Do antifungals play a role in the treatment?*
Uveitis: **OHS**

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Active disciform lesions

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No

*Why no role for antifungals?*
Uveitis: **OHS**

**Diagnosis**

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**Treatment**

*Which lesion(s) require treatment?*  
Active disciform lesions

*Do antifungals play a role in the treatment?*  
No

*Why no role for antifungals?*  
Because there’s no evidence to indicate live organisms are present (much less actively contributing to the CNVM process)
Uveitis: **OHS**

**Diagnosis**

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**Treatment**

*Which lesion(s) require treatment?*
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Uveitis: **OHS**

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*What treatment modalities are used to treat active disciform lesions?*
-- Thermal laser
-- Photodynamic therapy (PDT)
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Uveitis: **OHS**

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What two laser modalities were evaluated?

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- How is the diagnosis of OHS made?
  - *What landmark clinical study evaluated the use of thermal laser for the treatment of CNVM?*
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- *What two laser modalities were evaluated?*
  - Argon (blue-green) and krypton (red)

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*Did the MPS find one modality to be superior to the other?*

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*What two laser modalities were evaluated?*

Argon (blue-g**reen**) and krypton (red)

*What was the primary endpoint/outcome variable?*

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**Uveitis:**

**Treatment**

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**What was the primary endpoint/outcome variable?**

Percent of eyes experiencing severe vision loss (SVL) from baseline

**What treatment modalities are used to treat active disciform lesions?**
Uveitis: OHS

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What landmark clinical study evaluated the use of thermal laser for the treatment of CNVM? The Macular Photocoagulation Study (MPS)

What two laser modalities were evaluated?
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How was SVL defined in the MPS?

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Argon (blue-green) and krypton (red)

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Percent of eyes experiencing severe vision loss (SVL) from baseline

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As a loss of 6 or more lines from initial presentation

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--Lesion location
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--Whether the lesion was new, or recurrent

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--Extrafoveal: Posterior edge of the CNVM >200 mm from foveal center
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With respect to distance from the foveal center

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Diagnosis

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**Uveitis:**

**Treatment**

**Do antifungals play a role in the treatment?**

*No*

**Which lesion(s) require treatment?**

*Active disciform lesions*

**Is there any treatment known to reduce the risk of developing disciform lesions?**

*No*

**What treatment modalities are used to treat active disciform lesions?**

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**How was lesion location defined; ie, in terms of what structure?**

*With respect to distance from the foveal center*

**Four locations were used. What were they?**

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What landmark clinical study evaluated the use of thermal laser for the treatment of CNVM?

The Macular Photocoagulation Study (MPS)

What two laser modalities were evaluated?

Argon (**blue-green**) and krypton (**red**)

What was the primary endpoint/outcome variable?

Percent of eyes experiencing severe vision loss (SVL) from baseline

There were a number of subgroup analyses in the MPS. Important subgroup analyses were based on:

-- Lesion location
-- The specific underlying condition responsible for the CNVM occurrence
-- Whether the lesion was new, or recurrent

How was lesion location defined; ie, in terms of what structure?

With respect to distance from the foveal center

Four locations were used. What were they? **How were they defined?**

-- Extrafoveal: Posterior edge of the CNVM >200 mm from foveal center
-- Juxtafoveal: Posterior edge 1-200 mm from foveal center
-- Subfoveal: Some portion of the CNVM was directly below the foveal center
-- Papillomacular bundle: The CNVM was between the fovea and the ONH

What treatment modalities are used to treat active disciform lesions?

-- **Thermal laser**
-- Photodynamic therapy (PDT)
-- Anti-VEGF therapy
-- Submacular surgery
-- Intravitreal corticosteroids
-- Combination therapy (of some of the above modalities)
Uveitis: **OHS**

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Was OHS one of the CNVM-causing conditions included in the MPS?

**Treatment**

Do antifungals play a role in the treatment?

No

Which lesion(s) require treatment?

Active disciform lesions

Is there any treatment known to reduce the risk of developing disciform lesions?

No

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What did the MPS reveal about using thermal laser to treat CNVM in OHS?

It found that thermal laser significantly reduced the risk of SVL in extrafoveal and juxtafoveal lesions. Treatment of subfoveal lesions provided a small long-term benefit, but was associated with an immediate, dramatic decrease in acuity. (Newsflash: If you laser the fovea, vision suffers.) Further, thermal laser treatment was associated with a high CNVM recurrence rate.

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Is thermal laser still an acceptable treatment for CNVM associated with OHS?

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*Is thermal laser still an acceptable treatment for CNVM associated with OHS?*

In select pts, yes. If a pt has extrafoveal (or even juxtafoveal) disease, thermal laser is a reasonable option. This is especially the case if the pt is not a good candidate for other treatment modalities.

*What treatment modalities are used to treat active disciform lesions?*

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*How is the diagnosis of OHS made?*
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What are the important side effects of PDT?
--Transient vision disturbances
--Injection-site adverse effects (eg rash; extravasation)
--Transient skin photosensitivity (pts should avoid sunlight for 5 days post-PDT)
--Infusion-related low-back pain

What treatment modalities are used?
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### Diagnosis

**How is the diagnosis of OHS made?**

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### Treatment

**Do antifungals play a role in the treatment?**

No

**Which lesion(s) require treatment?**

Active disciform lesions

**Is there any treatment known to reduce the risk of developing disciform lesions?**

No

**What treatment modalities are used to treat active disciform lesions?**

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#### Photodynamic therapy (PDT)

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#### Important Side Effects of PDT

--Transient vision disturbances
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1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: OHS

What does VEGF stand for?

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What does VEGF stand for?
Vascular endothelial growth factor

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What does VEGF stand for?
Vascular endothelial growth factor

Broadly, what is it?
A signaling molecule that promotes angiogenesis

What does VEGF have to do with CNVM formation?
It appears to play a vital role in initiation of the CNVM process, and thus provides a target for clinical intervention to interrupt the development of CNVM

What is the basic premise underlying anti-VEGF therapy?
A molecule is introduced into the eye that binds VEGF, thereby preventing it from binding its receptors in the budding CNVM complex

The currently-employed anti-VEGF meds work by one of two techniques for binding it—what are they?
- Some meds are Anti-VEGF antibodies (or portions of antibodies)
- Some meds are decoy receptor proteins

Is anti-VEGF therapy an acceptable treatment for CNVM associated with OHS?
Yes—indeed, most clinicians probably consider it their first-line treatment
**Uveitis: OHS**

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- Photodynamic therapy (PDT)
- Anti-VEGF therapy
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- Intravitreal corticosteroids
- Combination therapy (of some of the above modalities)

Diagnosis

How is the diagnosis of OHS made?
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Do antifungals play a role in the treatment?
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**Is anti-VEGF therapy an acceptable treatment for CNVM associated with OHS?**
Yes--in fact, most clinicians probably consider it their first-line treatment

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At one time, submacular surgery was the only alternative to thermal laser, and thus a more compelling case could be made for its risk/benefit profile (especially with regard to subfoveal lesions). However, the advent of PDT and the development of anti-VEGF therapies have rendered submacular surgery considerably less popular.

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That said, in certain very select clinical situations (eg, a large peripapillary CNVM), and if other treatment modalities have proven ineffective, submacular surgery would be a reasonable option to consider.

--Anti-VEGF therapy
--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)
1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

**Diagnosis**

*How is the diagnosis of OHS made?*
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---

**Corticosteroids are anti-inflammatory meds. What role does inflammation play in CNVM?**

- Corticosteroids
- photodynamic therapy (PDT)
- anti-VEGF therapy
- submacular surgery
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- combination therapy (of some of the above modalities)

Fundamentally, CNVM formation is a wound-healing response. And like all wound-healing responses, it is subject to modulation by inflammatory mediators.

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Intravitreal injections of dexamethasone and triamcinolone have been employed.

Is there clinical evidence indicating the effectiveness of steroids in treating CNVM in OHS?
Yes (although not of the prospective, RCT sort)

What is the main drawback to using intravitreal steroids to treat CNVM in OHS?
The same drawbacks that apply to using them to treat anything--cataract formation, and ocular hypertension

Is corticosteroid therapy an acceptable treatment for CNVM associated with OHS?
Absent highly extenuating circumstances, few if any clinicians would advocate for using steroids as a first-line treatment. However, they do have a role as an adjunctive therapy in combination with other treatments.
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  -- Anti-VEGF + thermal laser
  -- PDT + corticosteroids
  -- Intravitreal corticosteroids
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