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tl;dr As of this writing, the *BCSC* considers causality **likely**, but not **proven**.

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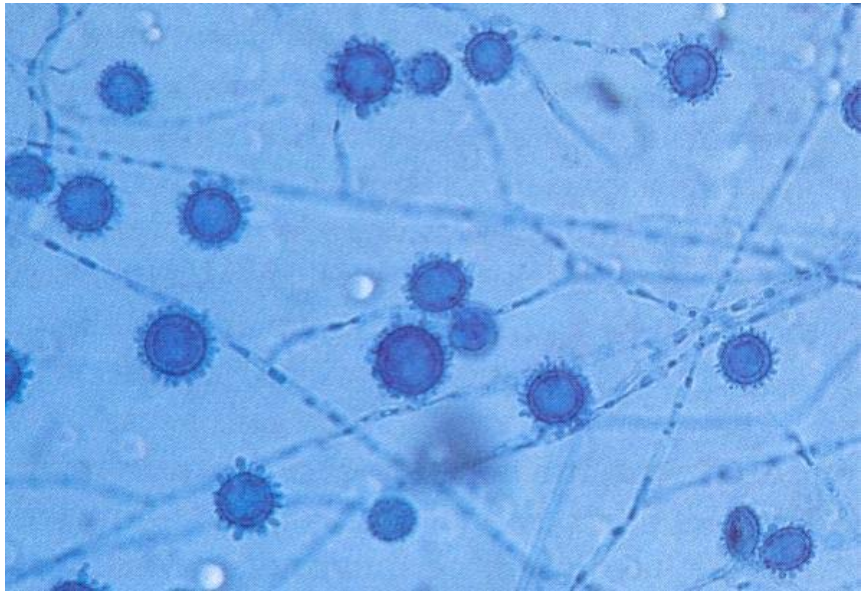
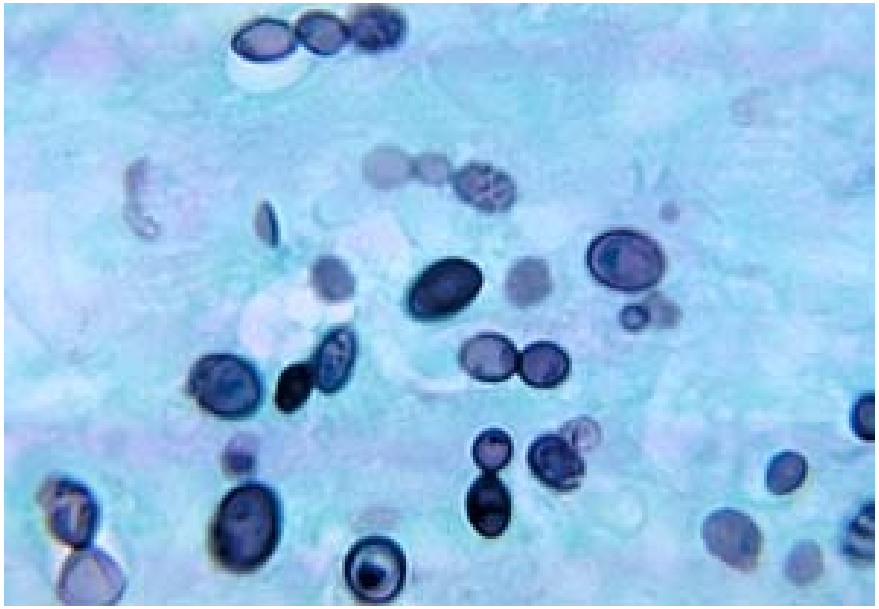


H capsulatum: Mold (filamentous) form



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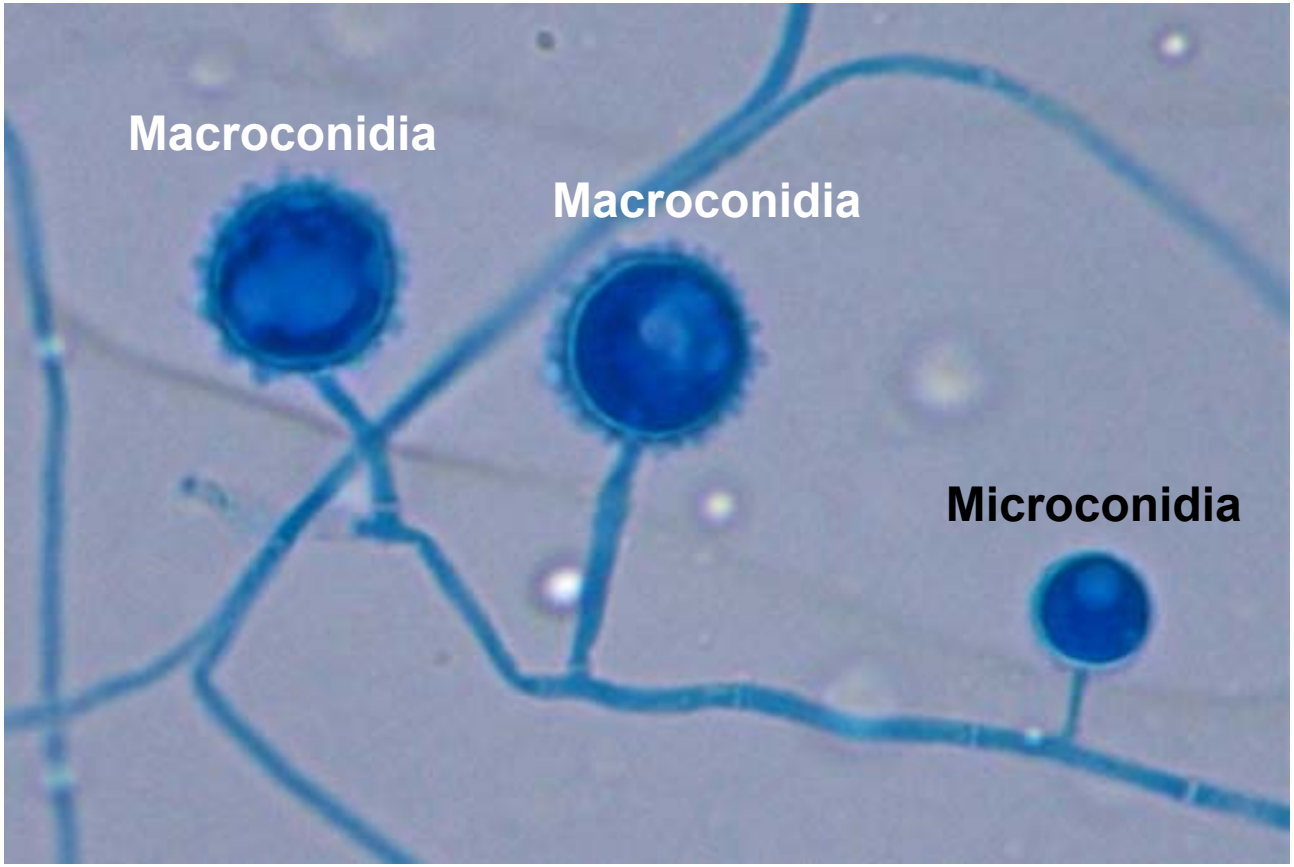

Microconidia *are the infectious particles of the mold, while the* ***macroconidia*** *are characteristic of the organism and provide a clue to its identification!*

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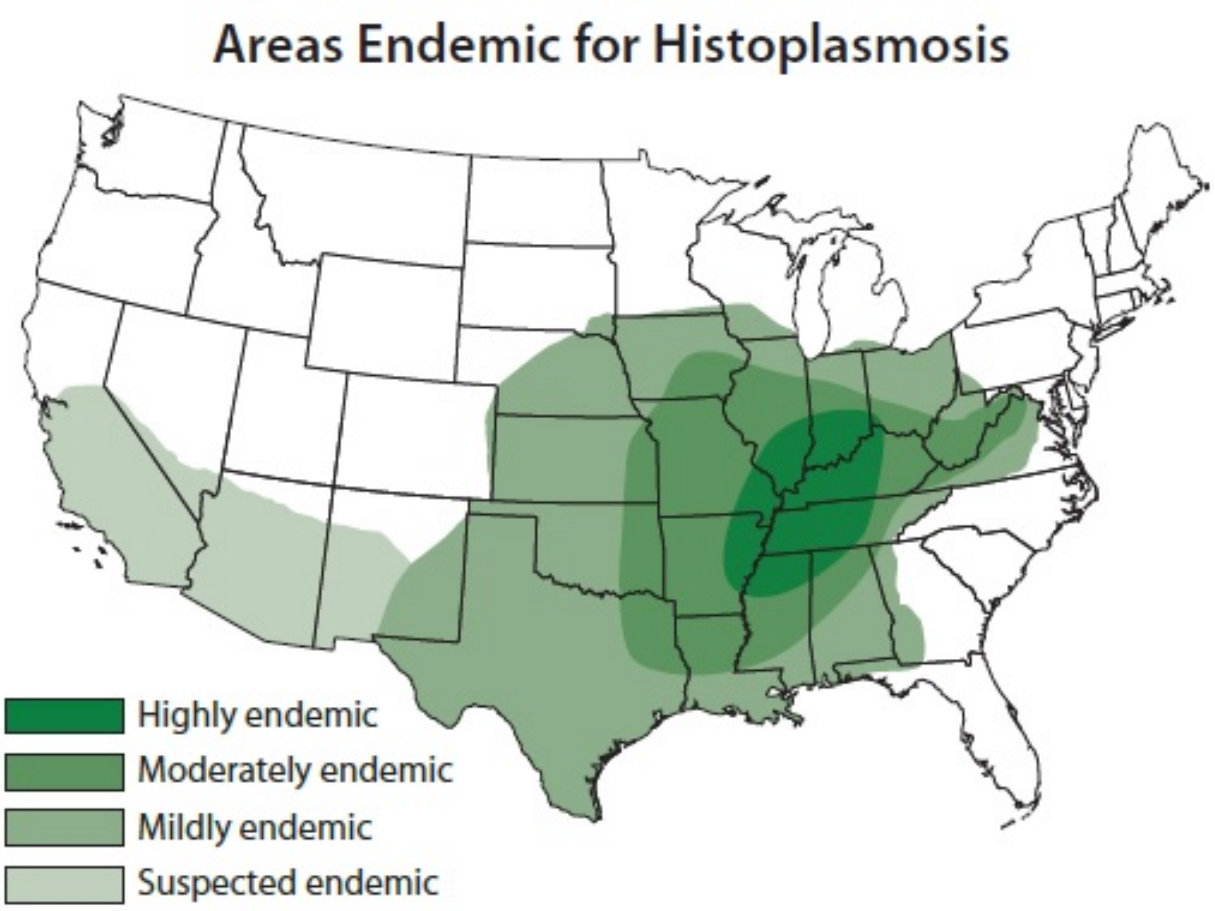
Areas Endemic for Histoplasmosis
Highly endemic
Moderately endemic
Mildly endemic
Suspected endemic

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Panuveitis

Posterior

Intermediate

Anterior

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

OHS

Uveitis: ***Posterior***

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2) The profiled case is meshed
3) A differential diagnosis list is generated
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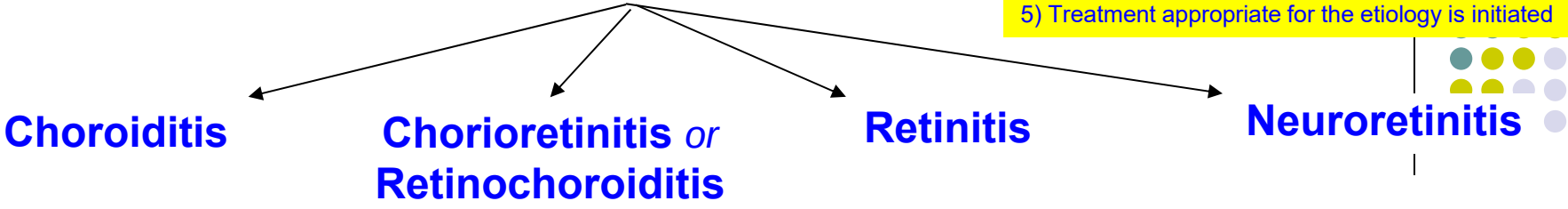

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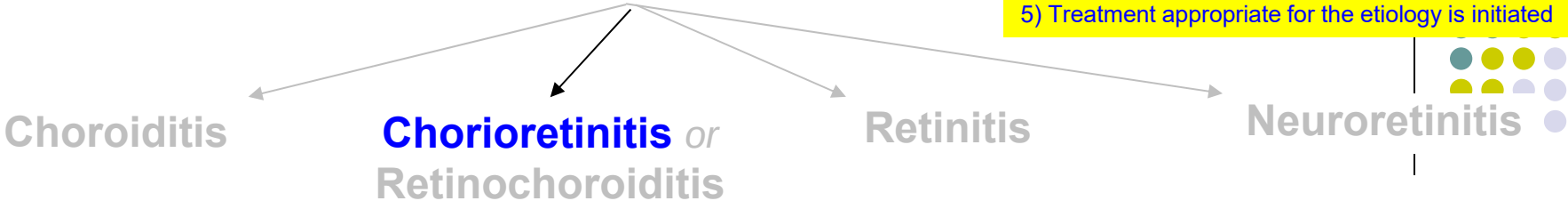

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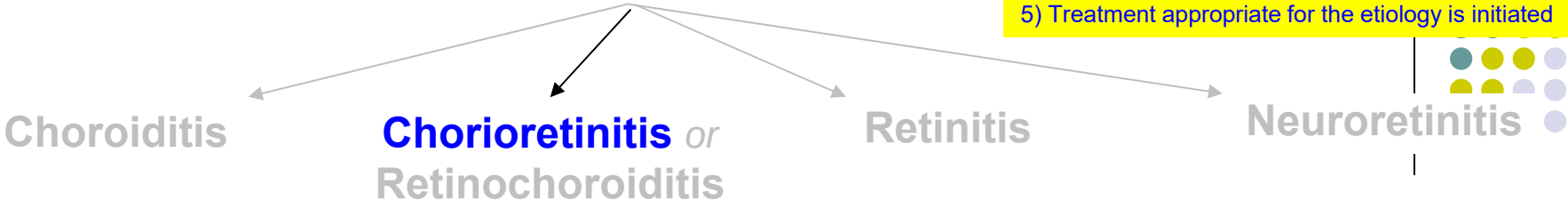

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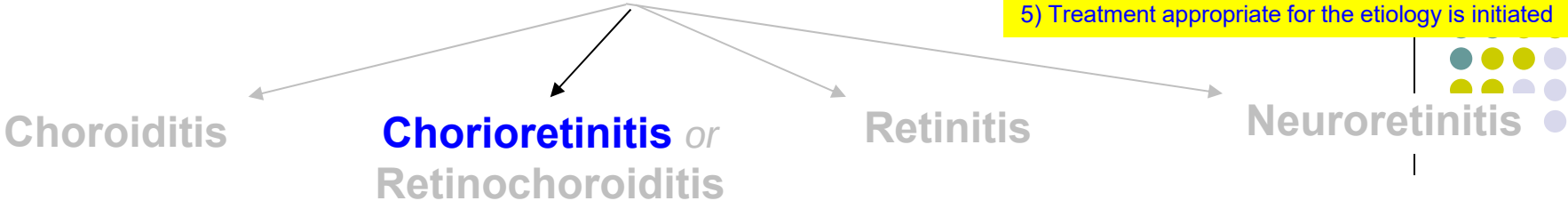

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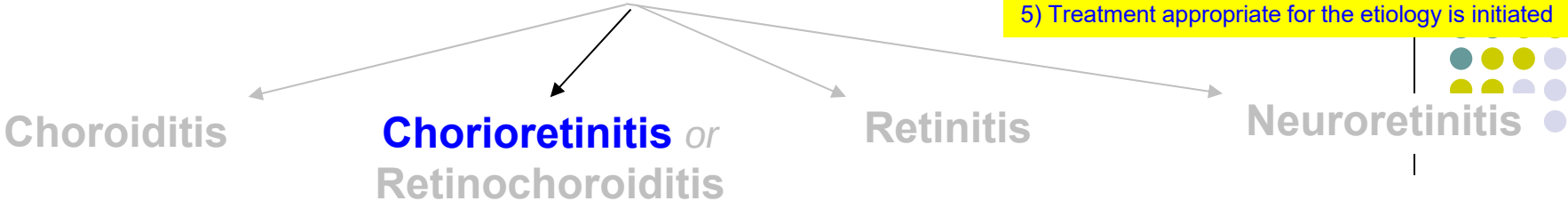

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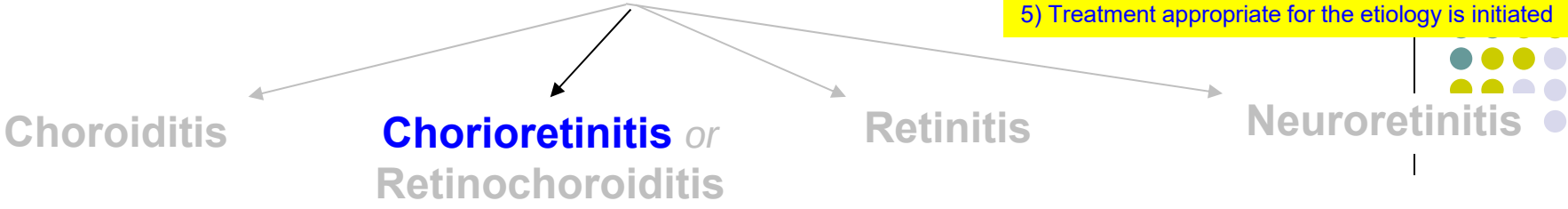

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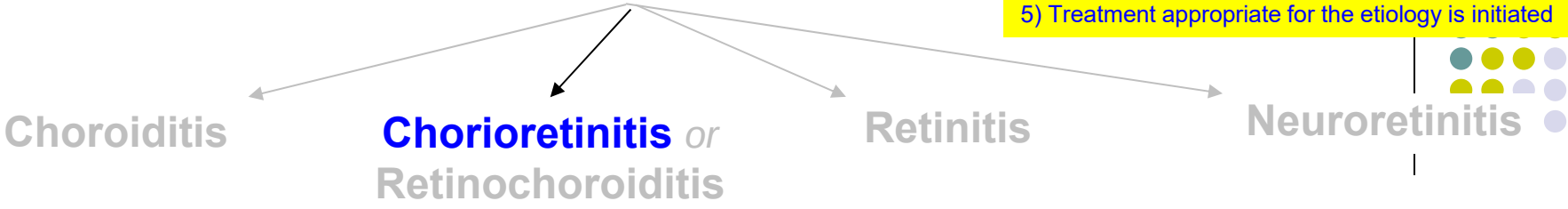

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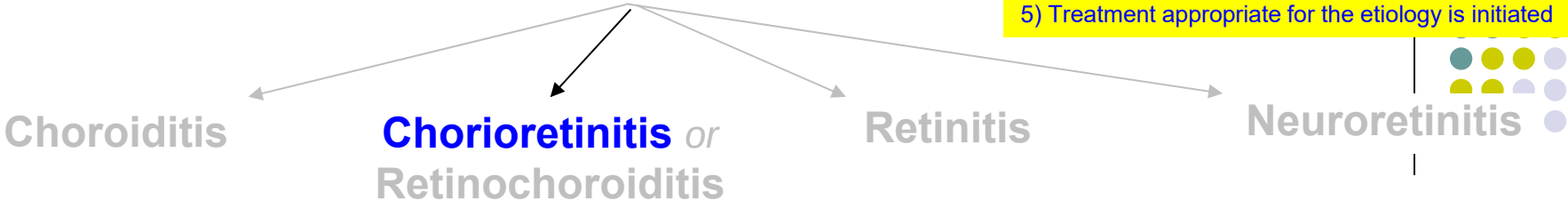

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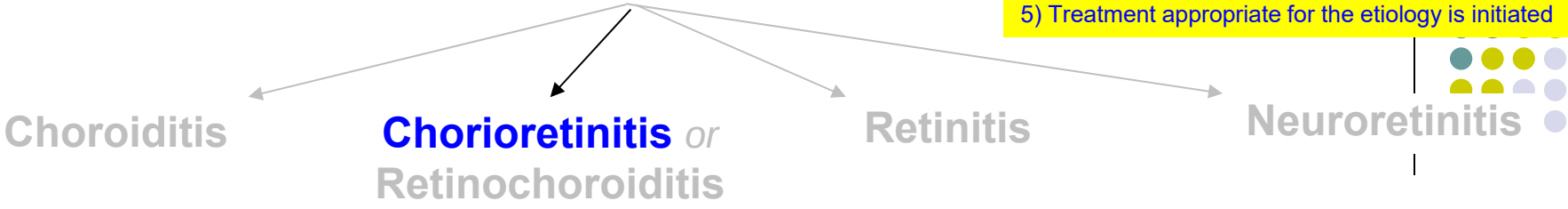

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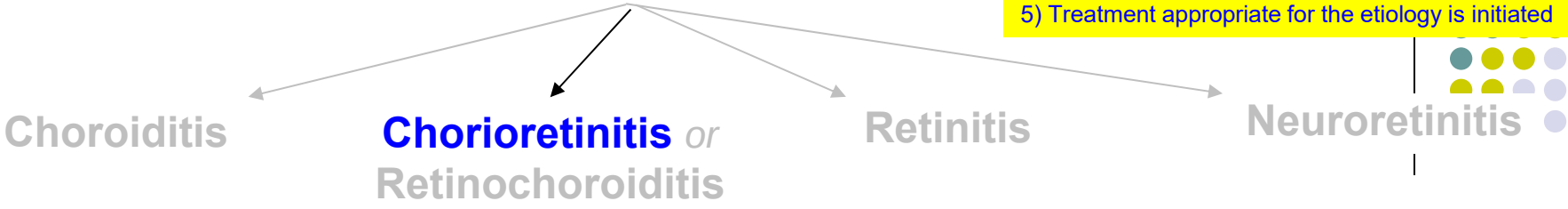

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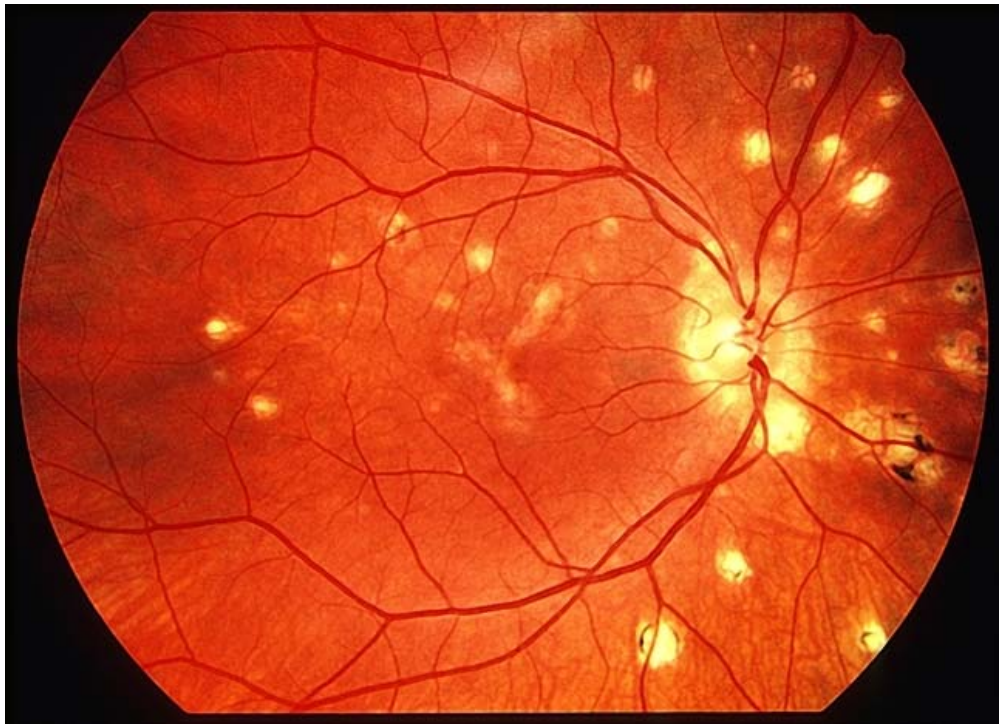

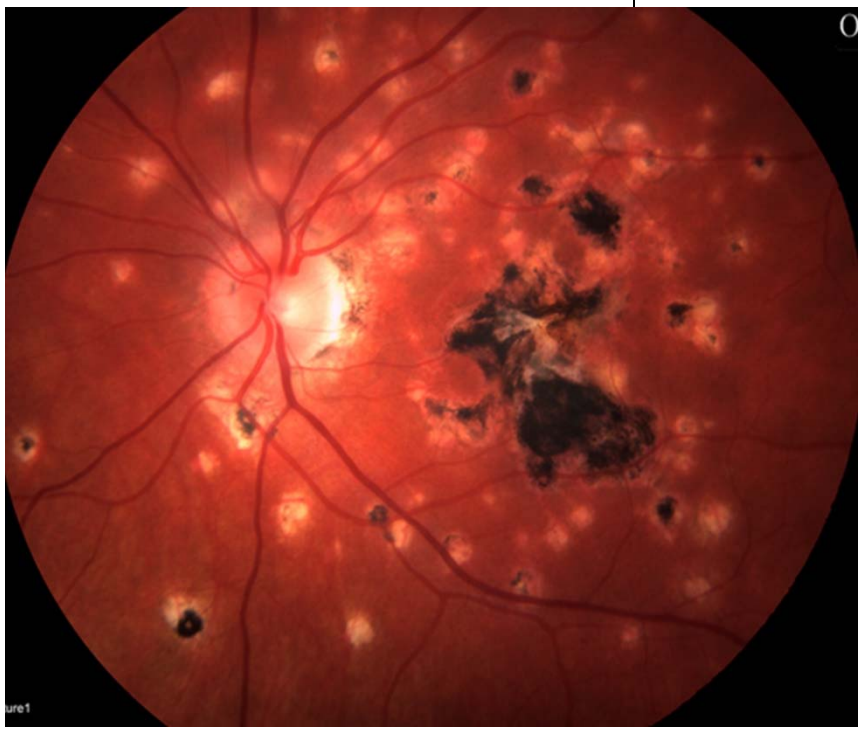

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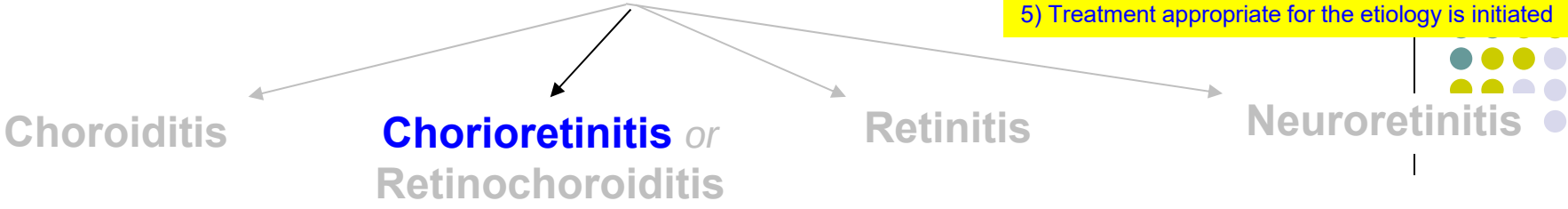

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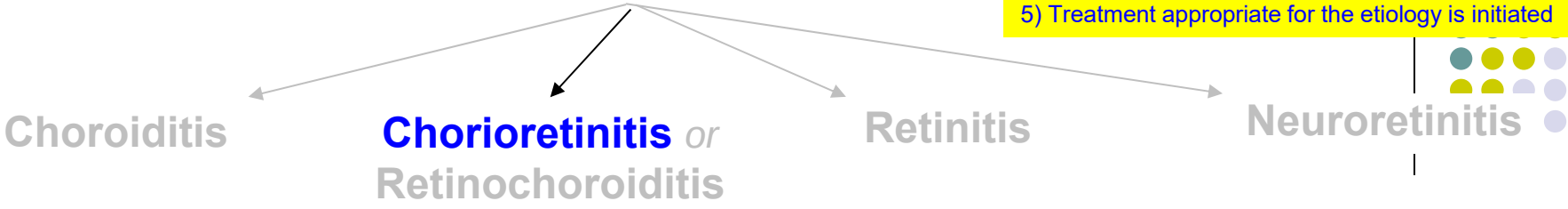

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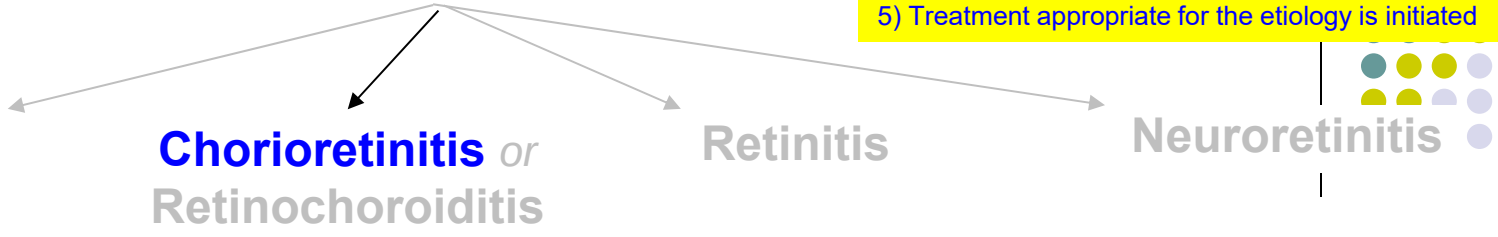

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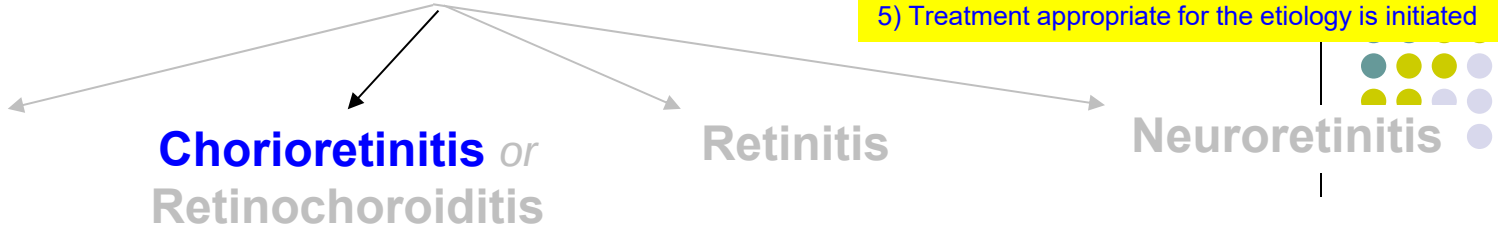

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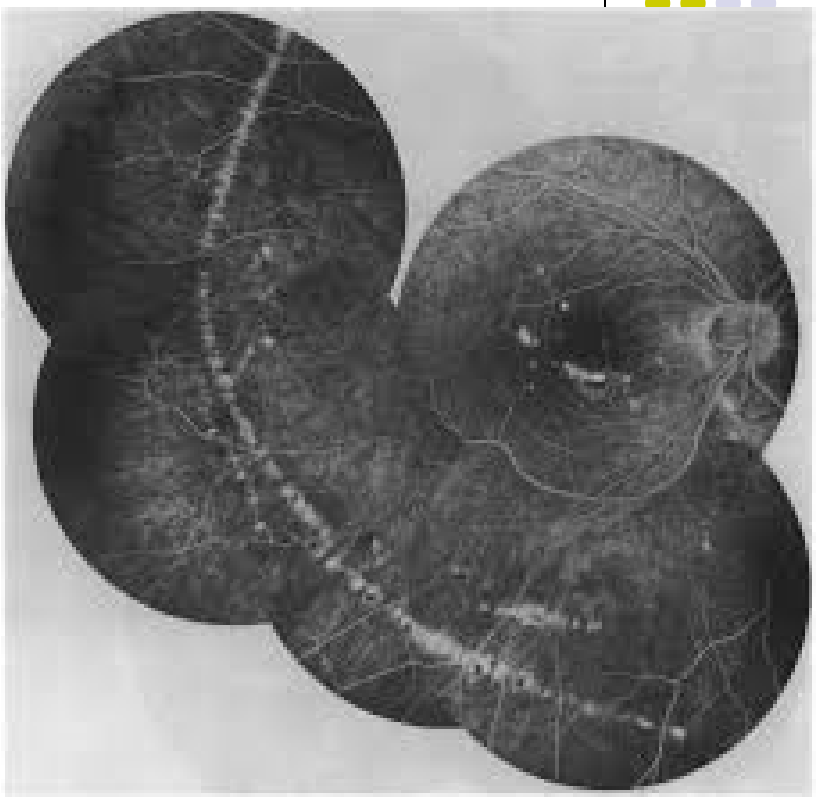

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Choroiditis | **Chorioretinitis** *or* **Retinochoroiditis** | **Retinitis** | **Neuroretinitis**

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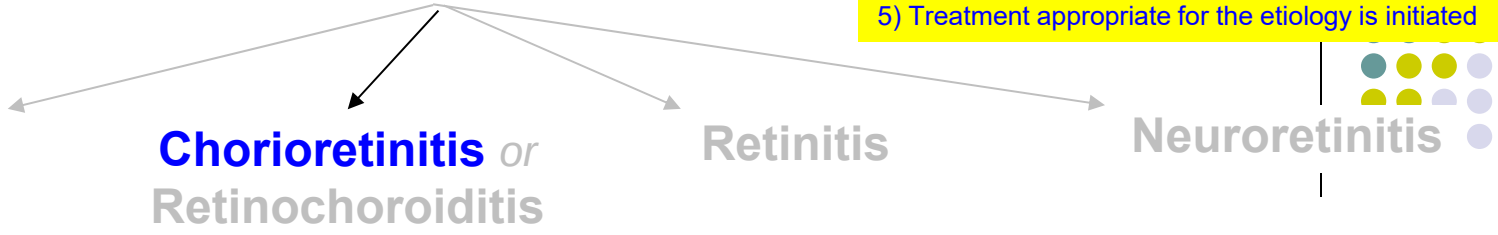

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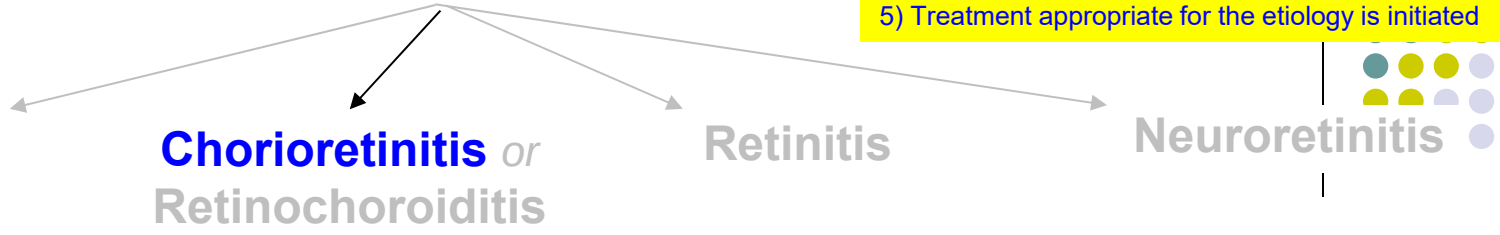

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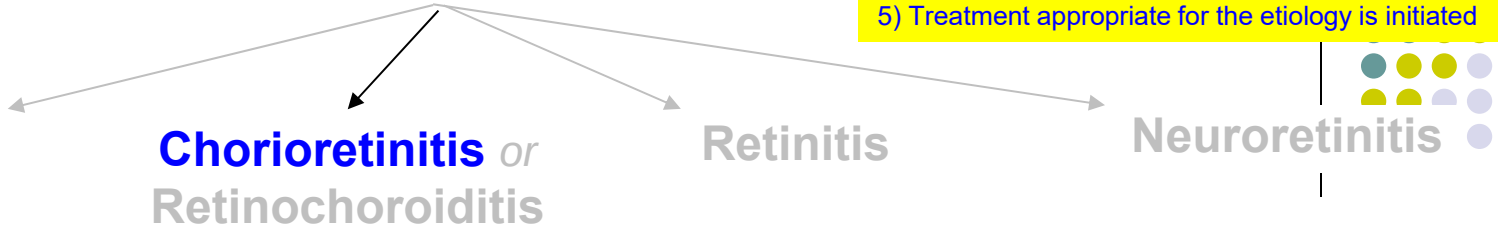

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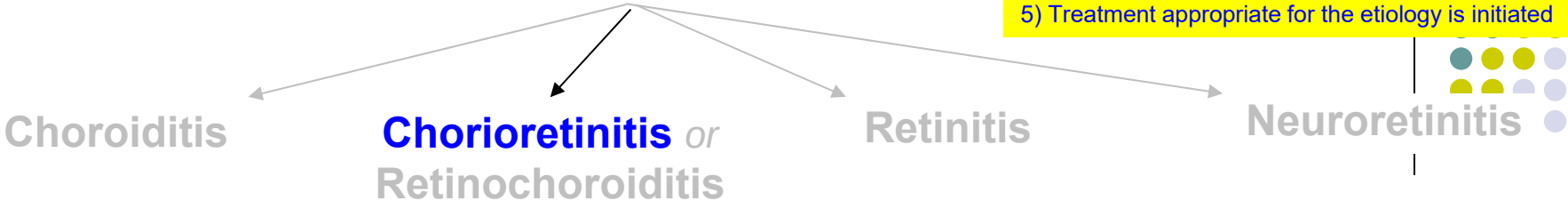

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Re the three lesions of OHS: **Peripapillary atrophy**
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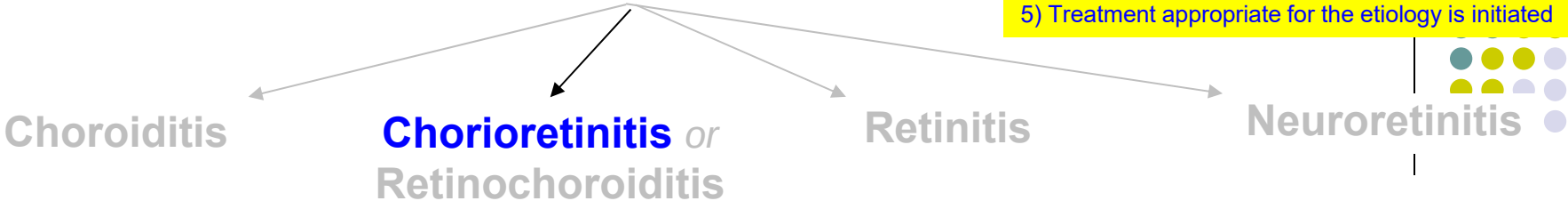

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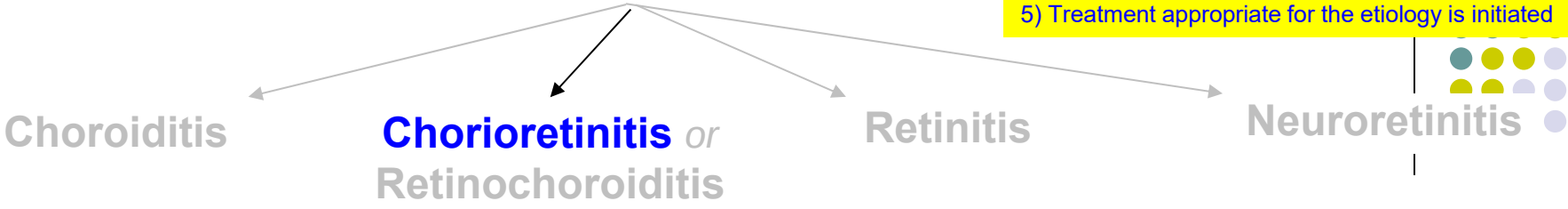

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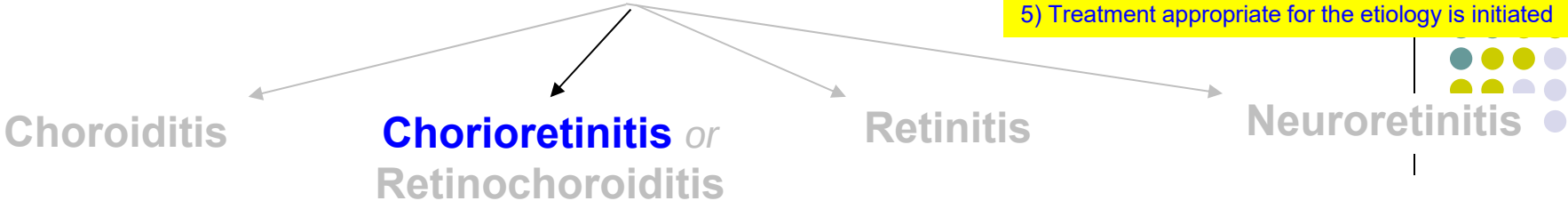

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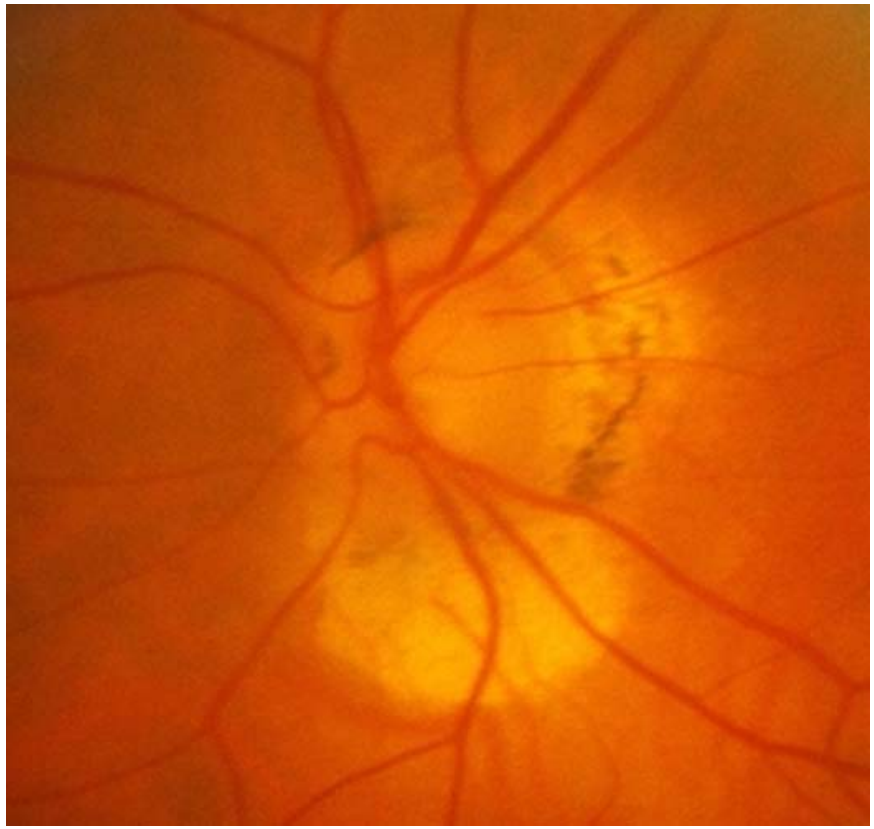

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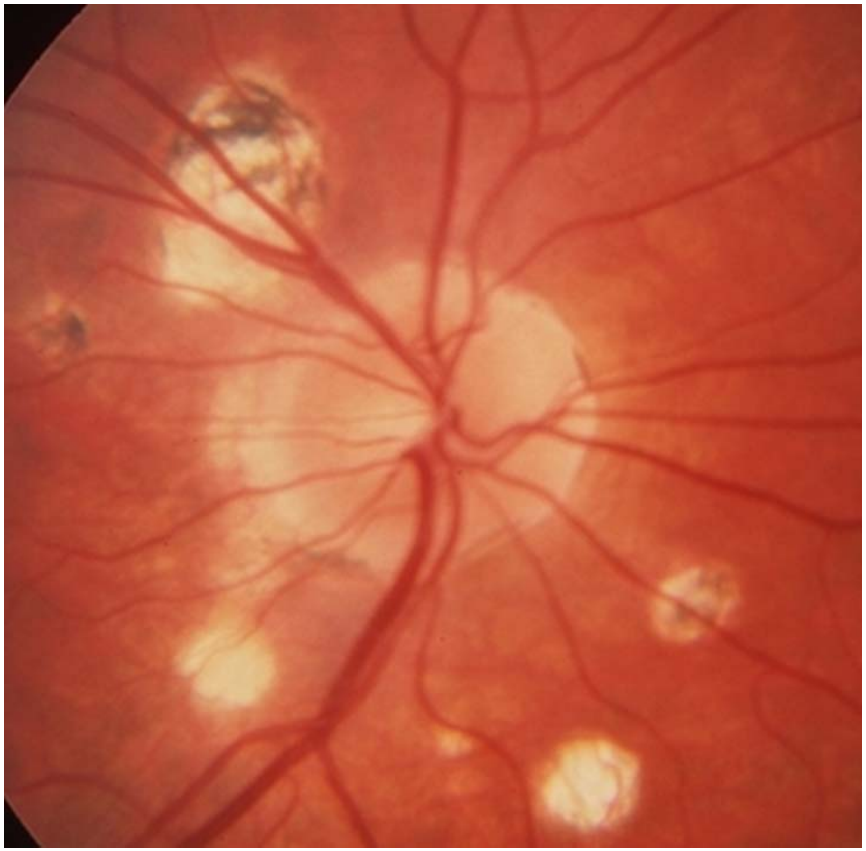

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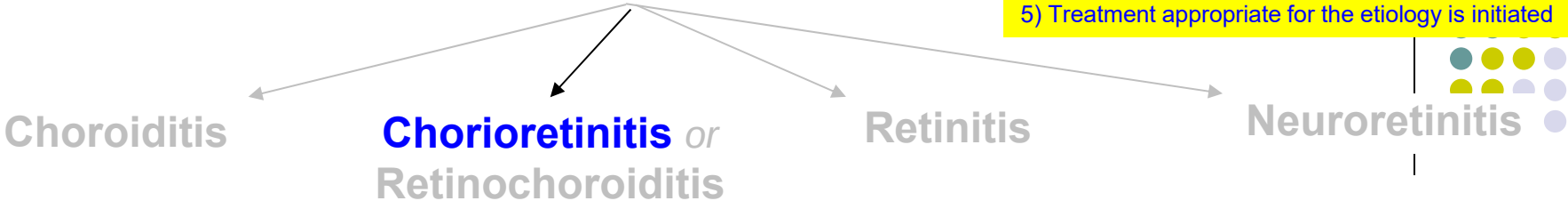

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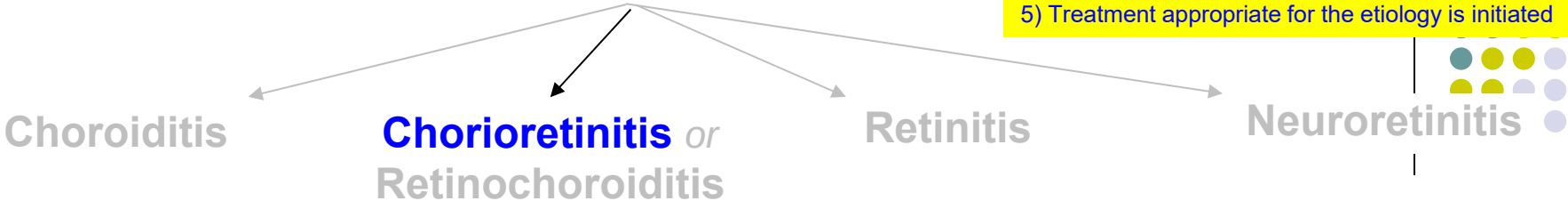

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Are histo spots larger, or smaller than the ONH? Smaller
What two-word phrase is used to describe them? 'Punched out'
Do they evolve over time? Generally no

Re the three lesions of OHS: **Peripapillary atrophy**
What specific structure(s) is/are involved? The inner choroid, RPE and retina
In a nutshell, what are they? Discrete, focal, atrophic scars

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***

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
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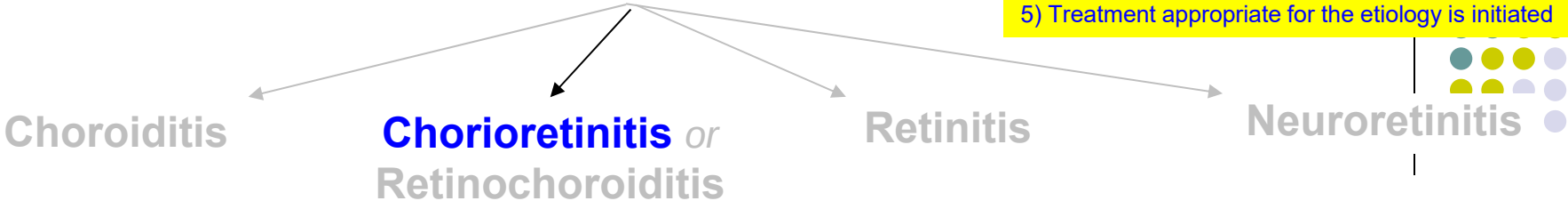

What is the classic posterior manifestation of OHS?
A multifocal chorioretinitis

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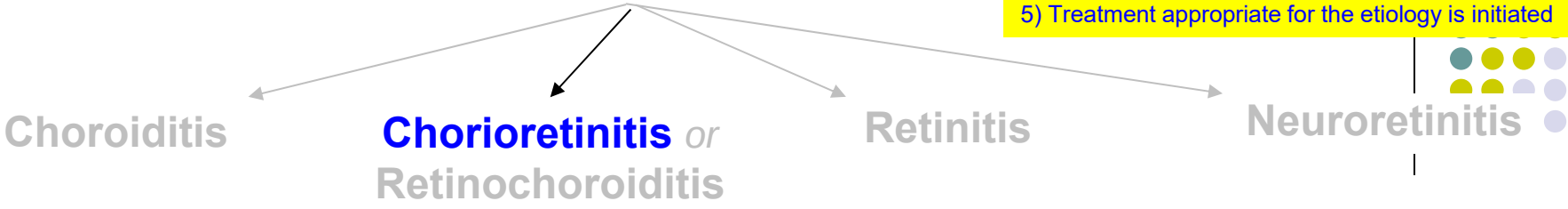

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Histo: Macular disciform lesion

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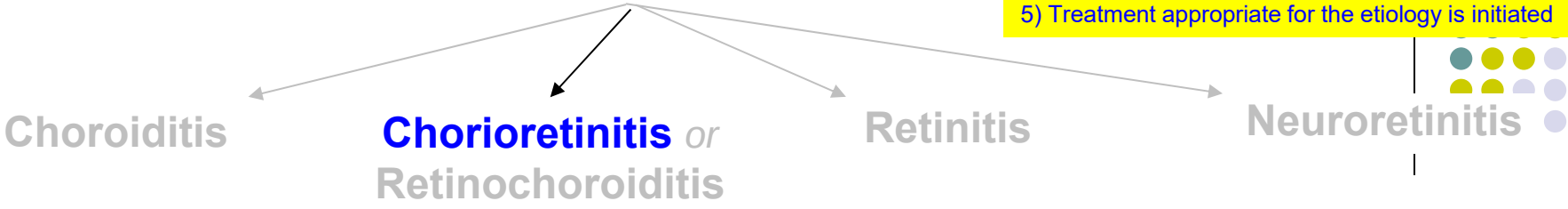

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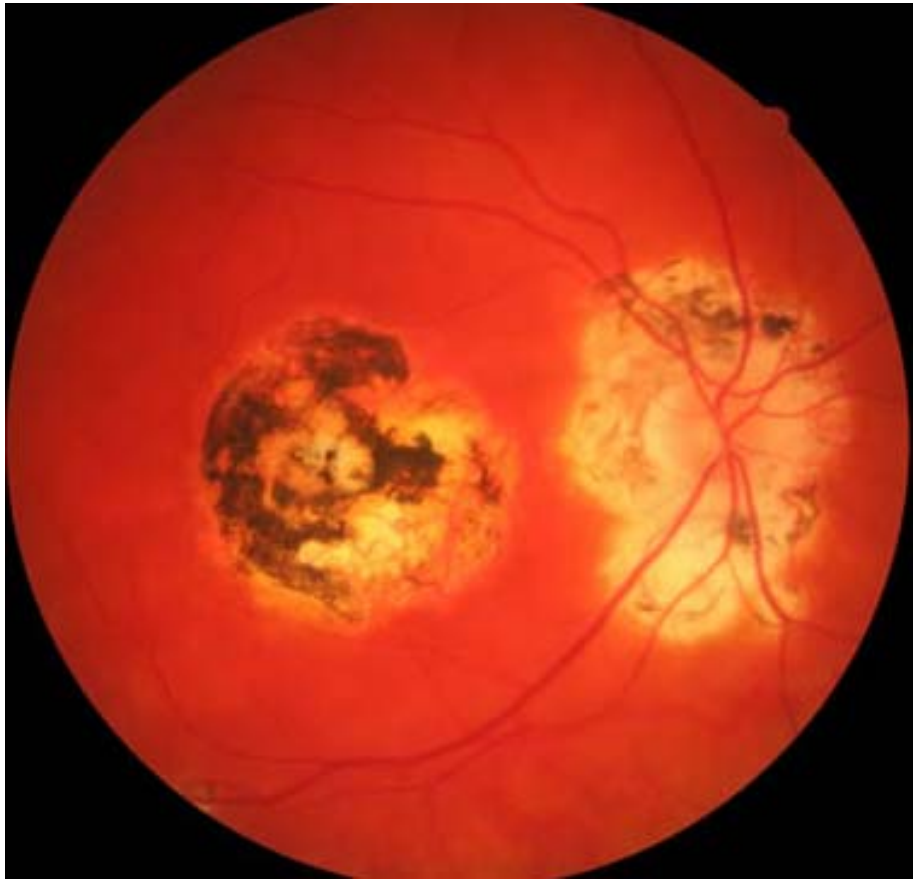
In a nutshell, what are they? **Active** lesions represent either the presence of CNVM under the retina, or a hemorrhagic retinal detachment. **Inactive** lesions (aka *disciform scars*) are fibrovascular remnants of previous CNVM and/or subretinal hemorrhage.

Histo: Macular disciform lesion



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How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings

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Which lesion(s) require treatment?

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

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How was SVL defined in the MPS?
As a loss of 6 or more lines from initial presentation

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

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--Juxtafoveal
--Subfoveal
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The Macular Photocoagulation Study (MPS)

What two laser modalities were evaluated?
Argon (**blue-green**) and krypton (**red**)

What was the prima
Percent of eyes exp

There were a numbe *on:*
--Lesion location
--The specific under
--Whether the lesion

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:

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

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What does VEGF *stand for?*

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2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology

What does VEGF *stand for?*
Vascular endothelial growth factor

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

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

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What two VEGF-Ab drugs currently dominate the market?

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By what name is this strategy known?

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By what name is this strategy known?
'VEGF Trap'

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Yes--in fact, most clinicians probably consider it their first-line treatment

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How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings

What important clinical trial evaluated submacular surgery for the treatment of disciform lesions?

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Is submacular surgery an acceptable treatment for CNVM associated with OHS?
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.

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

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The same drawbacks that apply to using them to treat anything--cataract formation, and ocular hypertension

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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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Treatment

Which lesion(s) require treatment?
Active disciform lesions

Do antifungals play a role in the treatment?
No

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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--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)

Which combinations seem to show particular promise?
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Which combinations seem to show particular promise?
--Anti-VEGF + PDT
--Anti-VEGF + thermal laser
--PDT + corticosteroids