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*
Uveitis: OHS

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What are its basic properties (i.e., 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)?
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What does it mean to say a fungus is ‘dimorphic’?
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Bats, and various species of birds. Microconidia in their droppings become aerosolized.
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What percent of people living in these regions test positive for histoplasmosis?
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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.
OHS: Basics

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage
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What is the classic triad of OHS?
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--
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--Disciform macular lesion(s)
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A subfoveal choroidal neovascular membrane (CNVM)
Uveitis: **OHS**

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*Is there an HLA association?*
Uveitis: OHS

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Is there an HLA association?
It seems so. Pts positive for [ ] or [ ] are much more likely to manifest the condition.
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*If OHS is associated with vision loss, what is the culprit?*
A subfoveal choroidal neovascular membrane (CNVM)

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

Posterior

Intermediate

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

OHS
Chorioretinitis or Retinochoroiditis

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

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Choroiditis → **Chorioretinitis or Retinochoroiditis** → Retinitis → Neuroretinitis

*What is the classic posterior manifestation of OHS?*

A multifocal chorioretinitis
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?
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

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?
Uveitis: **Posterior**

Chorioretinitis or Retinochoroiditis

**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**

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?
What is the classic posterior manifestation of OHS?
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- Chorioretinitis
- Retinochoroiditis
- Choroiditis
- Retinitis
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- **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
- **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
What is the classic posterior manifestation of OHS?
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Uveitis: **Posterior**

- Chorioretinitis or Retinochoroiditis
- Choroiditis
- Retinitis
- Neuroretinitis

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Do they evolve over time? Generally no

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

Chorioretinitis or Retinochoroiditis

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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**
*What specific structure(s) is/are involved?* The inner choroid, RPE and retina
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**
*What specific structure(s) is/are involved?* The inner choroid, RPE and retina
*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
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
Uveitis: \textit{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
5. Treatment appropriate for the etiology is initiated

*Chorioretinitis* or *Retinochoroiditis*

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

Re the three lesions of OHS: \textit{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: \textit{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: \textit{Macular disciform lesions}

*What specific structure(s) is/are involved?*
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
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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
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
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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
*In a nutshell, what are they?*
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
5) Treatment appropriate for the etiology is initiated

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

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

Treatment

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

**Diagnosis**

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

**Treatment**

*Do antifungals play a role in the treatment of OHS?*
No
# Uveitis: OHS

## Diagnosis

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

## Treatment

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

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

**Diagnosis**

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

**Treatment**

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

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

**Treatment**

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

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

**Diagnosis**

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

**Treatment**

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

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

**Diagnosis**

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

**Treatment**

*Do antifungals play a role in the treatment of OHS?*
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*Which lesion(s) require treatment?*
Active disciform lesions

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

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Uveitis: OHS

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It is a clinical diagnosis based on DFE findings

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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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--Combination therapy (of some of the above modalities)
Uveitis: **OHS**

**Diagnosis**

*How is the diagnosis of OHS made?*
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*Do antifungals play a role in the treatment of OHS?*
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*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?*
--Thermal laser
--Photodynamic therapy (PDT)
--Anti-VEGF therapy
--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)
Uveitis: **OHS**

**Diagnosis**

How is the diagnosis of OHS made?

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

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

--- **Thermal laser**
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Uveitis: **OHS**

**Diagnosis**

How is the diagnosis of OHS made?

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

The Macular Photocoagulation Study (MPS)

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

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Uveitis: OHS

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**Uveitis:** **OHS**

**Diagnosis**

How is the diagnosis of OHS made?

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

--- Thermal laser
--- Photodynamic therapy (PDT)
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Uveitis: OHS

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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)

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

What treatment modalities are used to treat active disciform lesions?
--Thermal laser
--Photodynamic therapy (PDT)
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*What two laser modalities were evaluated?*

Argon (blue-green) and krypton (red)

*What was the primary endpoint/outcome variable?*

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*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

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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How is the diagnosis of OHS made?

*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**

*How was SVL defined in the MPS?*

*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

Diagnosis

How is the diagnosis of OHS made?

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

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

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**

**Diagnosis**

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

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

*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:*

*--*

*--*

*--*

*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**

**Diagnosis**

How is the diagnosis of OHS made?

**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

**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**

**Diagnosis**

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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)

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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?*

-- 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)
Diagnosis

**Uveitis:** **OHS**

1) The uveitis is profiled
2) The profiled case is meshed
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4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

---

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

It is a clinical diagnosis based on DFE findings.

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**Uveitis:**

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

With respect to distance from the foveal center

---

**What two laser modalities were evaluated?**

Argon (blue-green) and krypton (red)

---

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

The Macular Photocoagulation Study (MPS)

---

**What were the two laser modalities evaluated?**

- Argon (blue-green)
- 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

---

**What was the location of the lesion defined as?**

- Extrafoveal: Posterior edge of the CNVM >200 mm from foveal center
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---

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

- Thermal laser
- Photodynamic therapy (PDT)
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Diagnosis

How is the diagnosis of OHS made?

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

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?
-- Extrafoveal: Posterior edge of the CNVM >200 mm from foveal center
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Uveitis: **OHS**

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Uveitis: **OHS**

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5. Treatment appropriate for the etiology is initiated

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

It is a clinical diagnosis based on DFE findings.

**Uveitis:**

**Treatment**

- Do antifungals play a role in the treatment of OHS?
  - 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?
  - Thermal laser
  - Photodynamic therapy (PDT)
  - Anti-VEGF therapy
  - Submacular surgery
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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)

**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:
  - Juxtafoveal
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- Papillomacular bundle

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

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

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

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

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**Uveitis:**

**Treatment**

1. **Do antifungals play a role in the treatment of OHS?**
   - No

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

3. **Is there any treatment known to reduce the risk of developing disciform lesions?**
   - No

4. **What treatment modalities are used to treat active disciform lesions?**
   - **Thermal laser**
     - Photodynamic therapy (PDT)
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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? How were they defined?**

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What was the primary endpoint/outcome variable?
Percent of eyes experiencing severe vision loss (SVL) from baseline

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**

**Diagnosis**

How is the diagnosis of OHS made?

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

--- **Thermal laser**
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**Diagnosis**

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

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

It is a clinical diagnosis based on DFE findings.

**Uveitis:**

**Treatment**

Do antifungals play a role in the treatment of OHS?

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

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

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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

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 recurrence rate.

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,
Uveitis: **OHS**

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**Uveitis:**

**Treatment**

Do antifungals play a role in the treatment of OHS?

No

Which lesion(s) require treatment?

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

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**Diabetes**

**Diagnosis**

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**What is the basic mechanism of PDT? How is it performed; how does it work?**

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What is the basic mechanism of PDT? How is it performed; how does it work?
PDT destroys the CNVM net ‘from the inside.’ A light-sensitive chemical is injected intravascularly (note: NOT intravitreally). Time enough for the chemical to accumulate in the net is allowed to pass, then the net is illuminated with a low-power laser tuned to the specific wavelength the chemical is sensitive to. When activated by the light, the chemical reacts with nearby oxygen molecules to produce highly volatile oxygen/hydroxyl free radicals. These free radicals induce intralesional platelet aggregation, which in turn leads to thrombosis of the pathologic vasculature. In this way, the abnormal vasculature of the CNVM can be targeted in a relatively selective manner (in sharp contrast to the indiscriminate destruction produced by a thermal laser).

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**Is PDT still an acceptable treatment for CNVM associated with OHS?**
Yes, although it is probably best utilized as an adjunctive therapy in concert with anti-VEGF meds.

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

What does VEGF stand for?

- Vascular endothelial growth factor

Broadly, what is VEGF?

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

**Treatment**

- Photodynamic therapy (PDT)
- Anti-VEGF therapy
  - Submacular surgery
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Diagnosis

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

Treatment

Do antifungals play a role in the treatment of OHS?
No

Which lesion(s) require treatment?
Active disciform lesions

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Bevacizumab (Avastin) and ranibizumab (Lucentis)
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By what name is this strategy known?
'VEGF Trap'

What VEGF-Trap drug is currently available in the US?
Aflibercept
**Uveitis: OHS**

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

**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 antibodies (or portions of antibodies) against the VEGF molecule
--Some meds are decoy receptor proteins

*Photodynamic therapy*
*Anti-VEGF therapy*
--Submacular surgery
--Intravitreal corticosteroids
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**By what name is this strategy known?**
‘VEGF Trap’

**What VEGF-Trap drug is currently available in the US?**
Aflibercept
Uveitis: **OHS**

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**Is anti-VEGF therapy an acceptable treatment for CNVM associated with OHS?**
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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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--Anti-VEGF therapy
--Submacular surgery
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--Combination therapy (of some of the above modalities)
Uveitis: **OHS**

**Diagnosis**

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

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

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With respect to CNVM in OHS, what did the SST find?
Submacular surgery provided modest benefit to pts who had poorer vision at presentation. Unfortunately, recurrence and complication rates were both quite high.

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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.
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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--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)
Uveitis: OHS

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

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Intravitreal injections of dexamethasone and triamcinolone have been employed

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Is there clinical evidence indicating the effectiveness of steroids in treating CNVM in OHS?

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**Treatment**

Do antifungals play a role in the treatment of OHS? No

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Yes (although not of the prospective, RCT sort)

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- 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?
- Cataract formation, and ocular hypertension
- 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.
**Uveitis: OHS**

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

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Is corticosteroid therapy an acceptable treatment for CNVM associated with OHS?
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**Treatment**

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No

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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?*

- **Which combinations seem to show particular promise?**
- --
- --
- --

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Uveitis: **OHS**

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No.

**What treatment modalities are used to treat active disciform lesions?**
- **Which combinations seem to show particular promise?**
  - Anti-VEGF + PDT
  - Anti-VEGF + thermal laser
  - PDT + corticosteroids
- Intravitreal corticosteroids
- Combination therapy (of some of the above modalities)