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**

**Histo: Basics**

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

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*Hol up—are you sure* Histoplasma is the culprit? *(And by you, I mean the BCSC books.)*
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_Hol up—are you sure_ Histoplasma is the culprit? (And by you, I mean the BCSC books.)

Fair—that was probably presumptuous on my part. Two volumes address OHS: _Uveitis_, and _Retina_. (Why the _Path_ book doesn’t, I have no idea.) Both refer to it as is done here, ie, as ‘ocular histoplasmosis syndrome,’ without the word _presumed_ leading the way.
What is the causative organism in ocular histoplasmosis syndrome (OHS)?

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

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*tldr* As of this writing, the BCSC considers causality **likely**, but not **proven**.
Uveitis: **OHS**

**Histo: Basics**

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

*Histoplasma capsulatum*

*What are its basic properties (ie, what sort of organism is it in a microbiology sense)*?
What is the causative organism in ocular histoplasmosis syndrome (OHS)?
*Histoplasma capsulatum*

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
Uveitis: **OHS**

### Histo: Basics

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**How are humans infected?**
Uveitis: **OHS**

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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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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
Uveitis: **OHS**

**OHS: Basics**

*Is there a gender predilection in OHS?*
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OHS triad
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What about AC cell?
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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

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

Choroiditis

Chorioretinitis or Retinochoroiditis

Retinitis

Neuroretinitis

What is the classic posterior manifestation of OHS?

1) The uveitis is profiled
2) The profiled case is meshed
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5) Treatment appropriate for the etiology is initiated
Uveitis: **Posterior**

- Choroiditis
- **Chorioretinitis or Retinochoroiditis**
- Retinitis
- Neuroretinitis

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

- 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
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
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?
**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?* Smaller
What is the classic posterior manifestation of OHS?
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Re the three lesions of OHS: **Histo spots**
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What is the classic posterior manifestation of OHS?  A multifocal chorioretinitis

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Do they evolve over time?
What is the classic posterior manifestation of OHS?
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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
Uveitis: **Posterior**

Chorioretinitis or Retinochoroiditis

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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

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?
A multifocal chorioretinitis

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

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

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

- **Chorioretinitis** or **Retinochoroiditis**
- **Choroiditis**
- **Retinitis**
- **Neuroretinitis**

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

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

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

- Choroiditis
- **Chorioretinitis** or Retinochoroiditis
- Retinitis
- Neuroretinitis

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

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*What specific structure(s) is/are involved?* Everything, including a defect in Bruch’s membrane
**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
*In a nutshell, what are they?* Active lesions represent either the presence of CNVM under the retina, or a hemorrhagic retinal detachment
Histo: Macular disciform lesion
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
*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
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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?*
It is a clinical diagnosis based on DFE findings

**Treatment**

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

**Diagnosis**

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

*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**

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

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

**Diagnosis**

*How is the diagnosis of OHS made?*

It is a clinical diagnosis based on DFE findings

**Treatment**

*Which lesion(s) require treatment?*

Active disciform lesions

*Do antifungals play a role in the treatment?*

No
Uveitis: **OHS**

**Diagnosis**

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

**Treatment**

Which lesion(s) require treatment?
Active disciform lesions

Do antifungals play a role in the treatment?
No

Why no role for antifungals?

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Uveitis: **OHS**

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It is a clinical diagnosis based on DFE findings

**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**

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

**Treatment**

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Active disciform lesions

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No

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

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*What treatment modalities are used to treat active disciform lesions?*
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--Combination therapy (of some of the above modalities)
Uveitis: **OHS**

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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?
--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?*

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The Macular Photocoagulation Study (MPS)

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*What two laser modalities were evaluated?*

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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)*

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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
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What was the primary endpoint/outcome variable?

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

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Diagnosis: OHS

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?
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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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
Uveitis: OHS

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--Lesion location
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--Lesion location
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How was lesion location defined; i.e., in terms of what structure?
--Extrafoveal: Posterior edge of CNVM >200 mm from foveal center
--Juxtafoveal: Posterior edge 1-200 mm from foveal center
--Subfoveal: Some portion of CNVM was directly below foveal center
--Papillomacular bundle: CNVM was between the fovea and the ONH

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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?

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

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Uveitis: OHS

**Diagnosis**

How is the diagnosis of OHS made?

- It is a clinical diagnosis based on DFE findings.

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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?
    - **Thermal laser**
      - Photodynamic therapy (PDT)
    - Anti-VEGF therapy
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### Uveitis: OHS

#### Diagnosis

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

It is a clinical diagnosis based on DFE findings.

**Uveitis:**

- **OHS**

#### Treatment

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

No

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

Active disciform lesions

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No

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

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:
-- Subfoveal
-- Papillomacular bundle

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?**

It is a clinical diagnosis based on DFE findings.

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

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

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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 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.
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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

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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**

### Diagnosis

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**Differential diagnosis list**

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**Treatment**

Do antifungals play a role in the treatment?

No

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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).

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 treatment modalities are used?
--Thermal laser
--Photodynamic therapy (PDT)
--Anti-VEGF therapy
--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)

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
Uveitis: **OHS**

What does VEGF stand for?

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

**Diagnosis**

**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?

No

Which lesion(s) require treatment?

Active disciform lesions

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

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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--in fact, most clinicians probably consider it their first-line treatment
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**What two VEGF-Ab drugs currently dominate the market?**

--- Bevacizumab (Avastin) and ranibizumab (Lucentis)

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**By what name is this strategy known?**

Photodynamic therapy
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Do antifungals play a role in the treatment?

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By what name is this strategy known?

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**Diagnosis**

*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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**Treatment**

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

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

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*What treatment modalities are used to treat active disciform lesions?*
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The Submacular Surgery Trial (SST)

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.

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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**Treatment**

--Anti-VEGF therapy

--Submacular surgery

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**Treatment**

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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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## Uveitis: OHS

### Diagnosis

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### Clinical Considerations

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

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#### Which meds have been used, and how are they delivered?

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).

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### Treatment Considerations

#### Active disciform lesions

- Thermal laser
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#### Cataract formation, and ocular hypertension

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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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.

---Intravitreal corticosteroids
---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

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