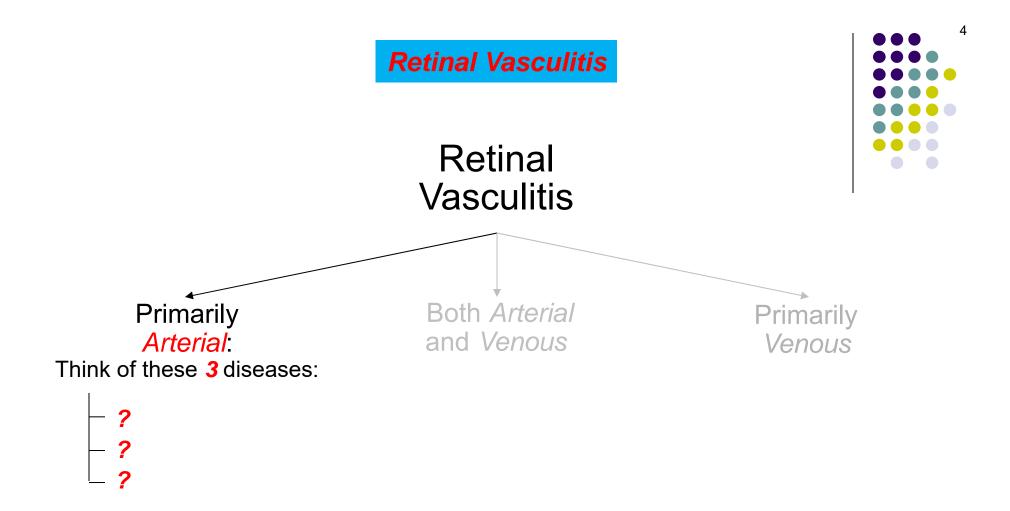
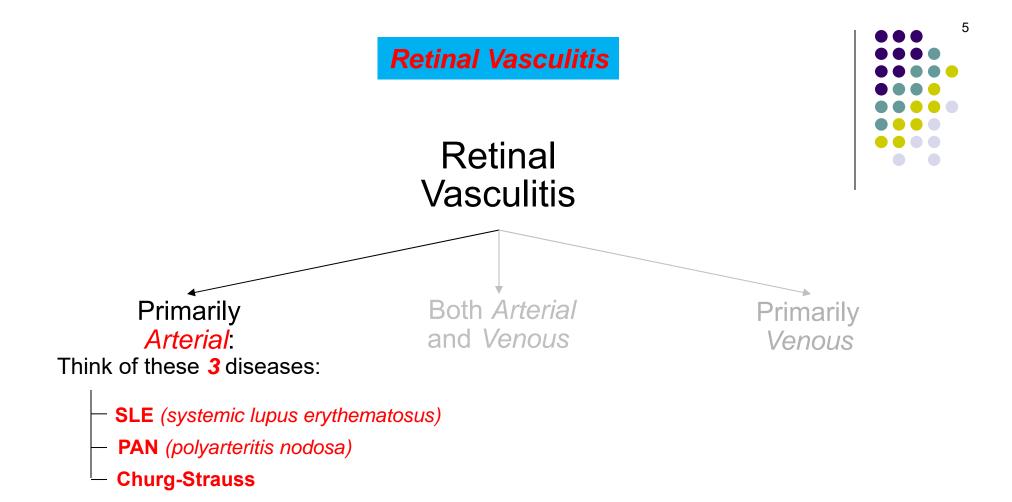
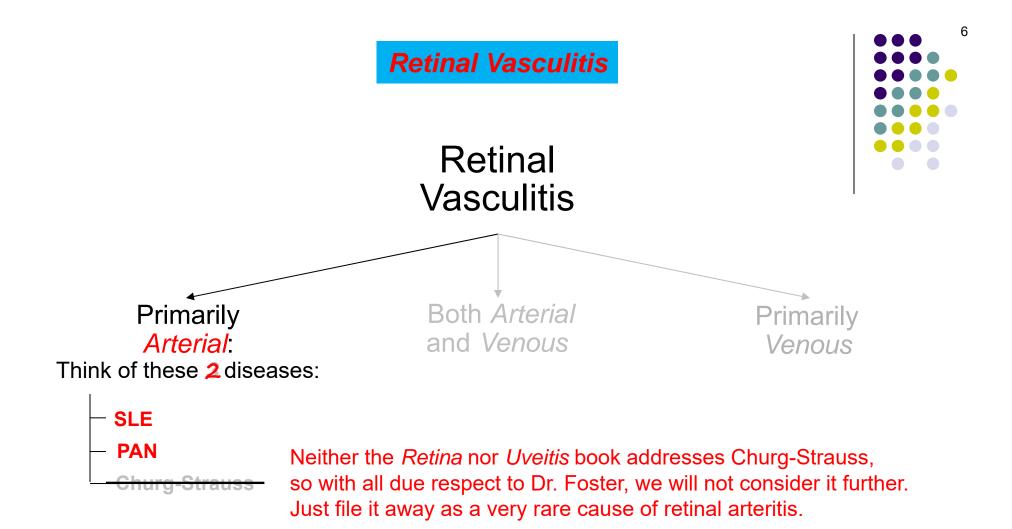


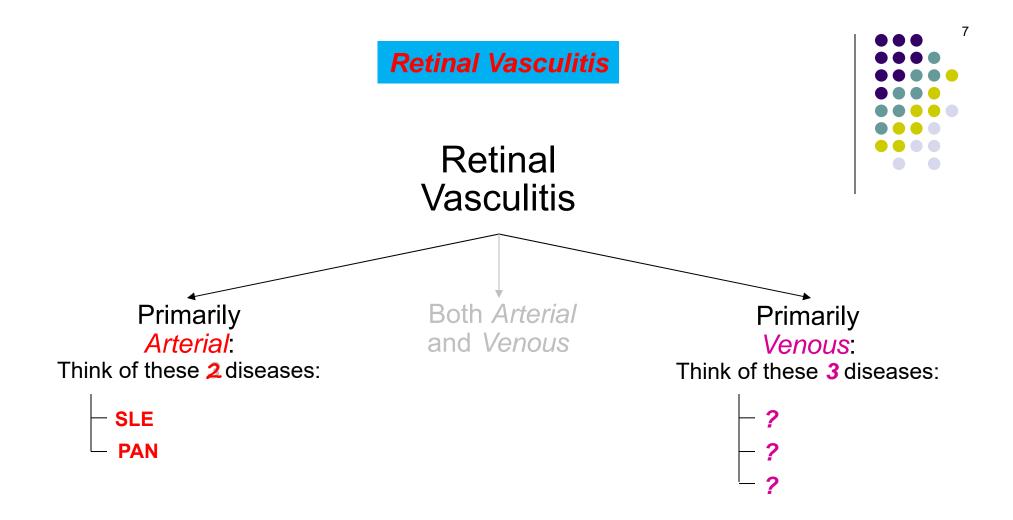
3

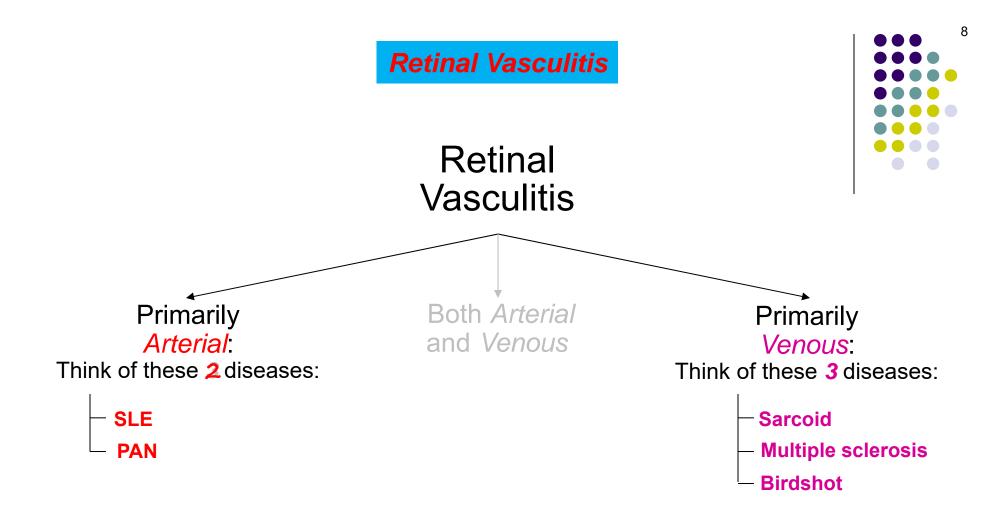
(Note: The BCSC *Retina* book asserts that simultaneous involvement of both retinal arterioles and venules is the rule, and that isolated disease of either is distinctly uncommon)

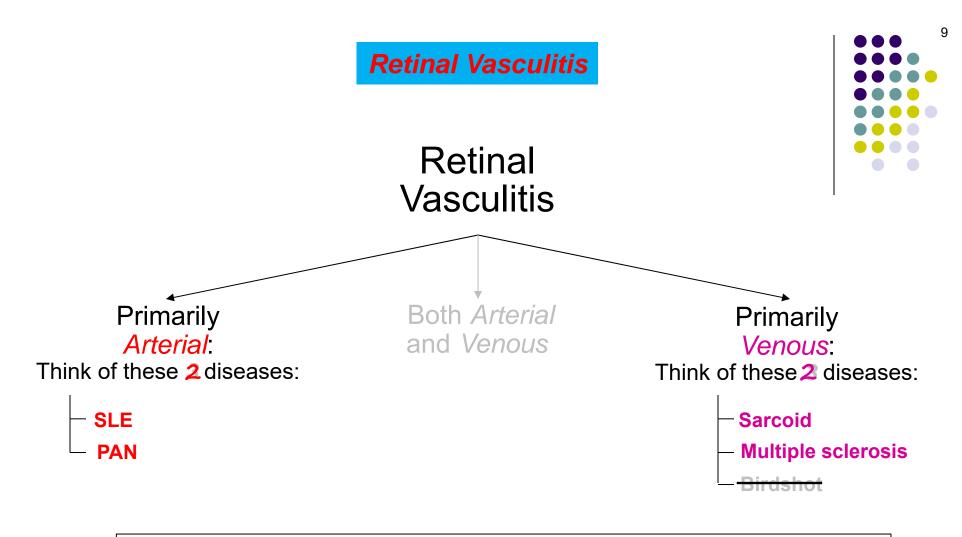




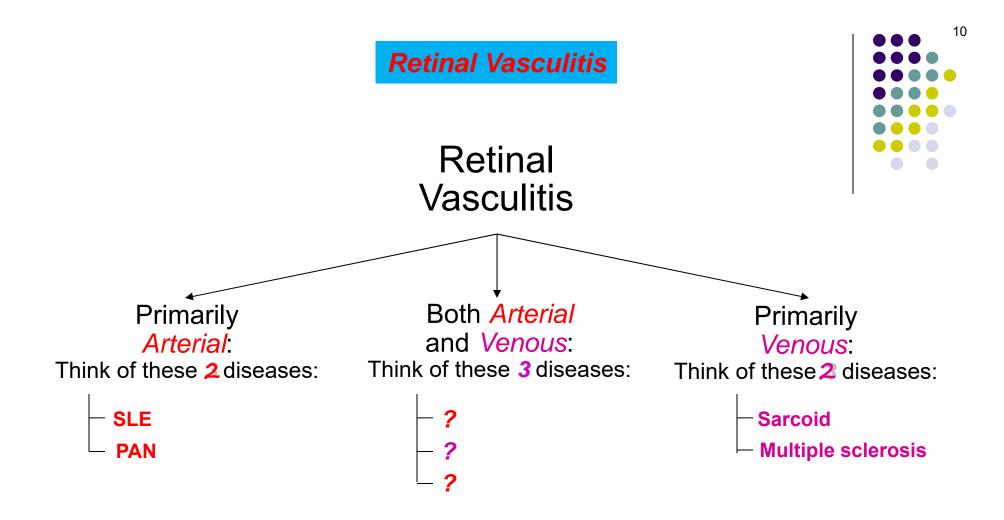


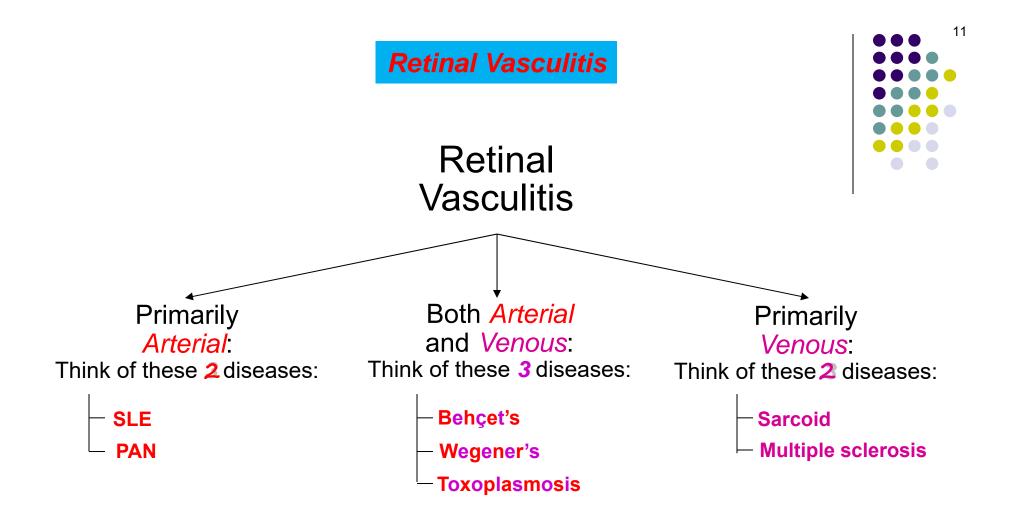


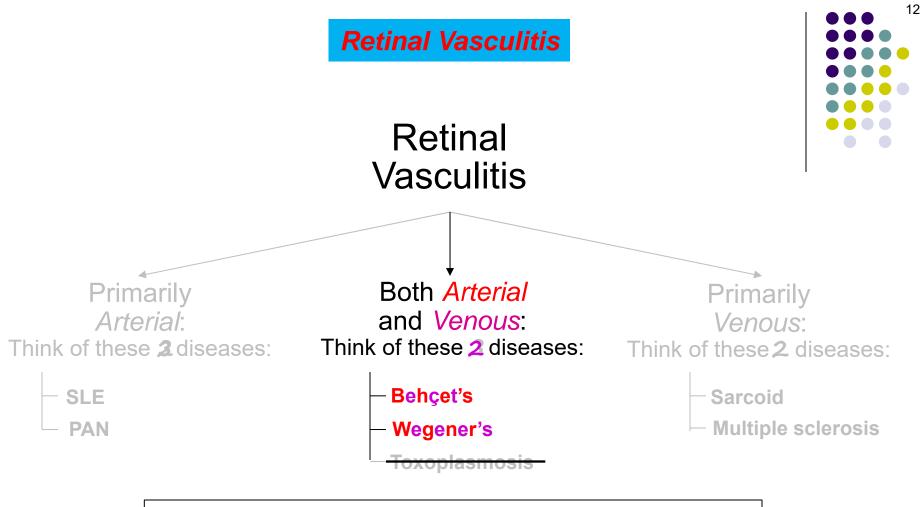




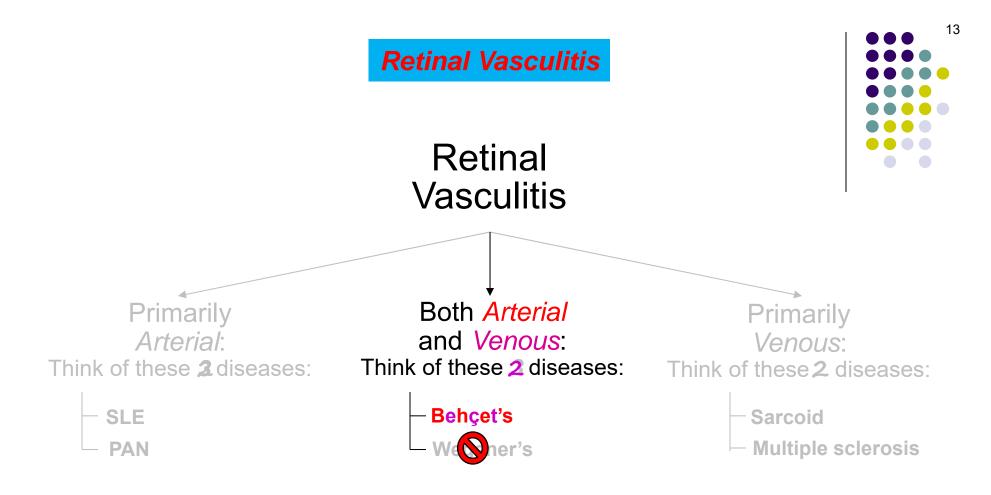
Birdshot *is addressed in detail in the set entitled* White Dot Syndromes



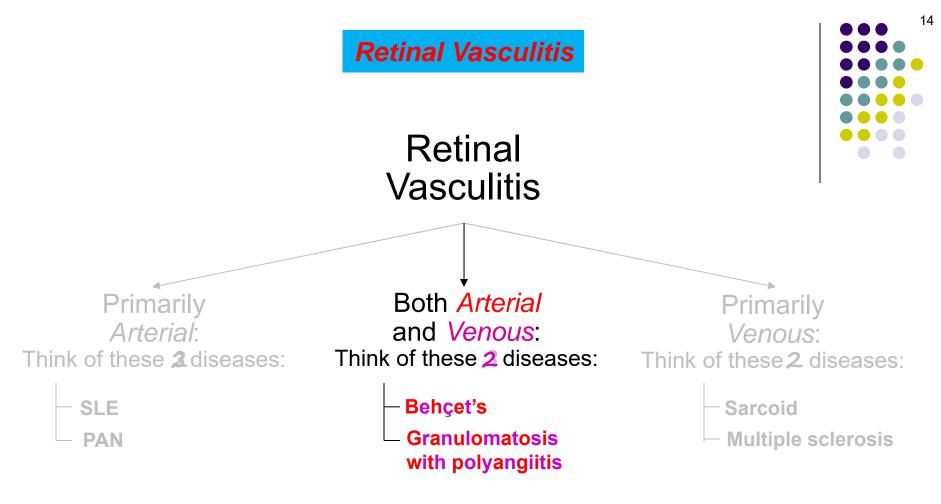




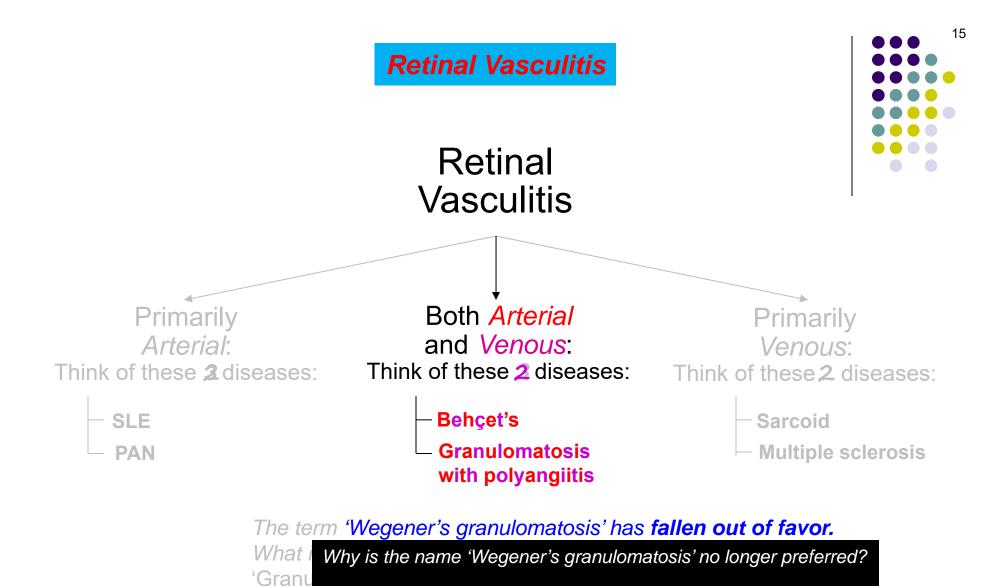
Toxoplasmosis is addressed in detail in its own slide-set

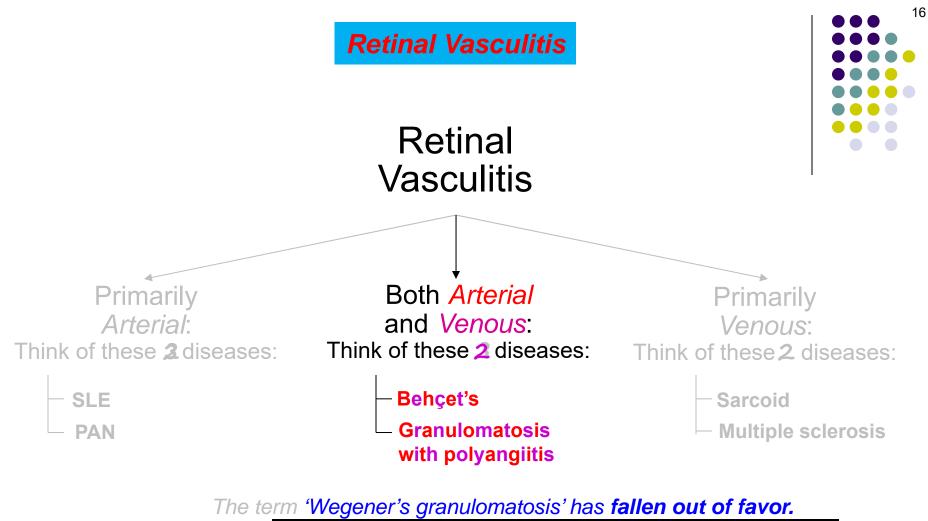


The term 'Wegener's granulomatosis' has fallen out of favor. What term is preferred in its place?

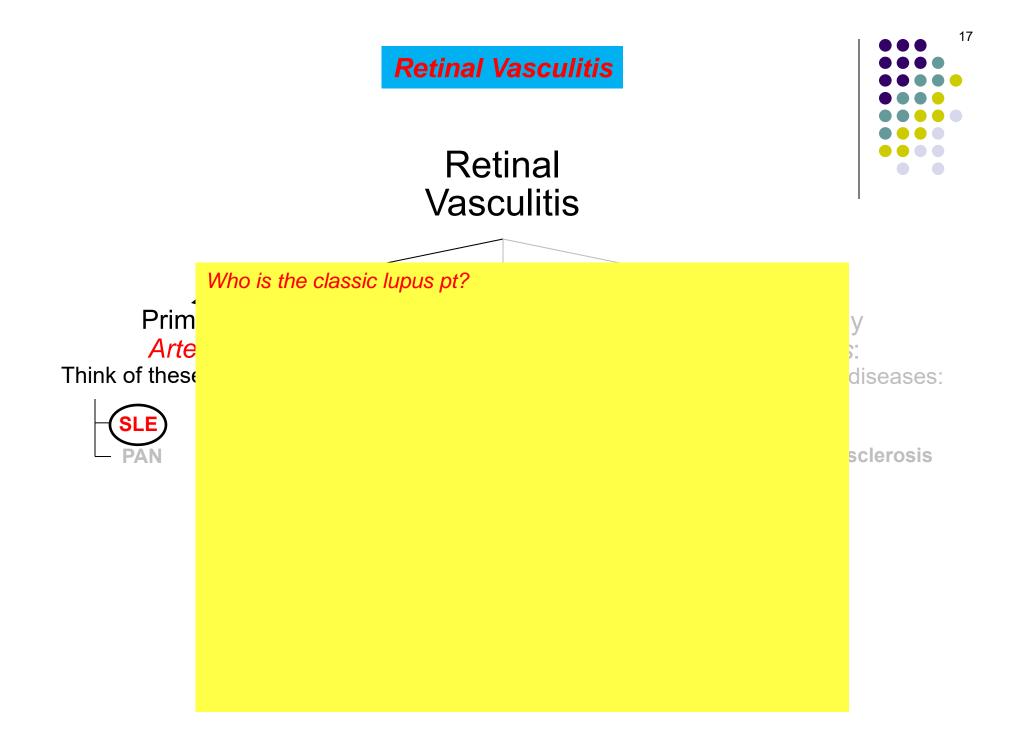


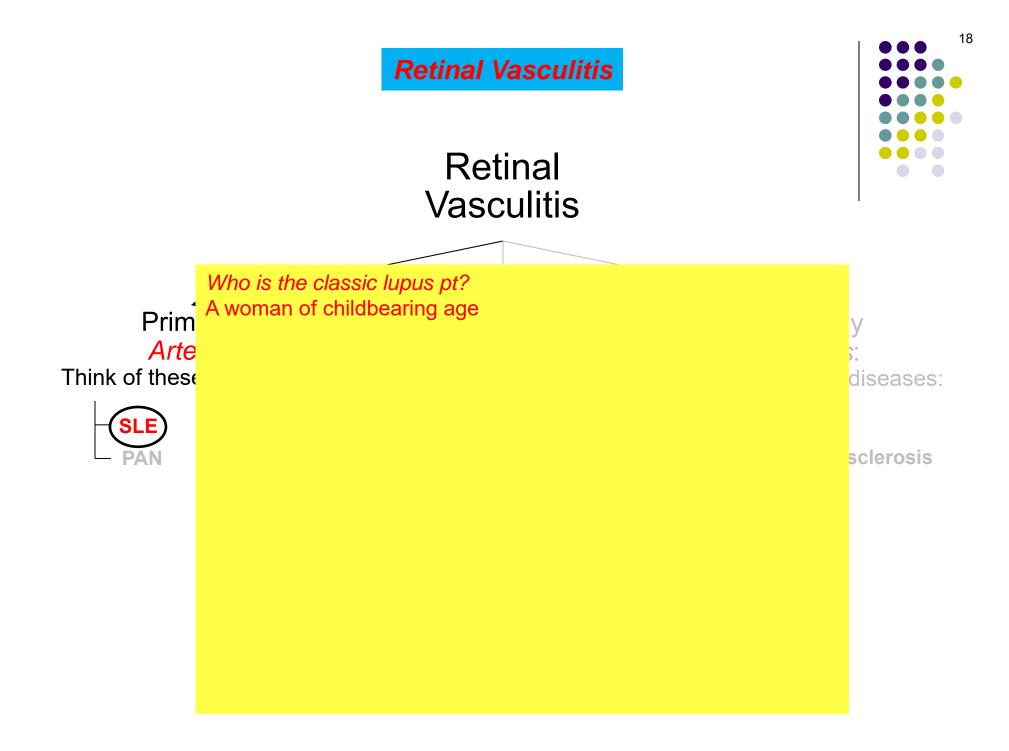
The term 'Wegener's granulomatosis' has fallen out of favor. What term is preferred in its place? 'Granulomatosis with polyangiitis'

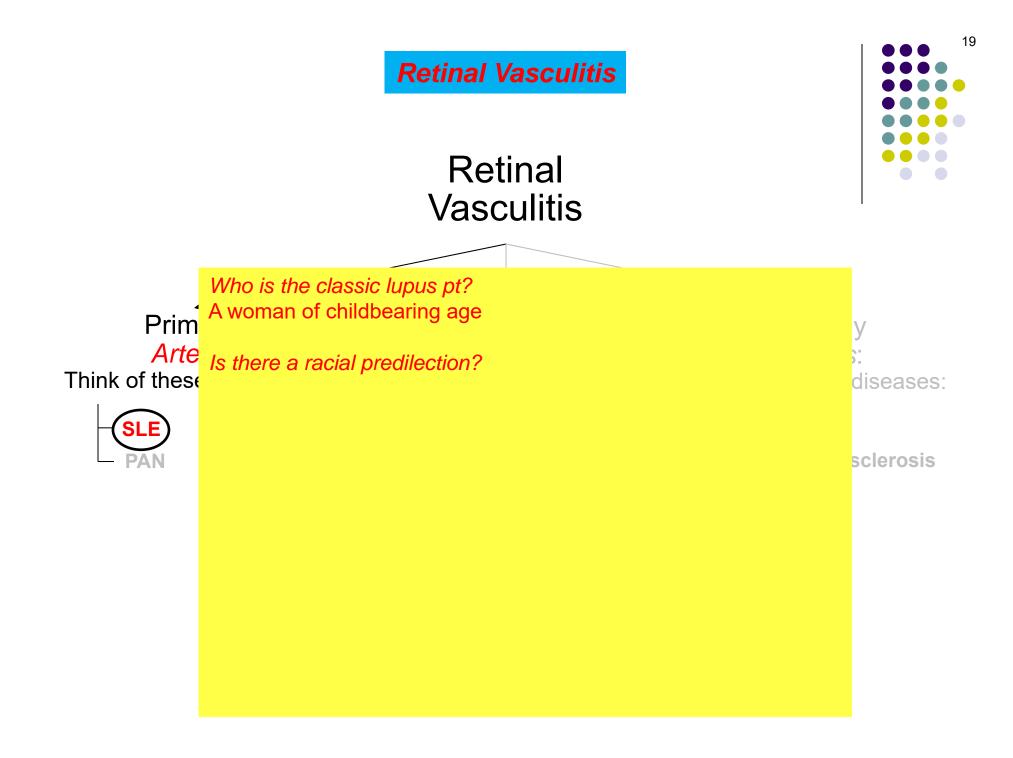


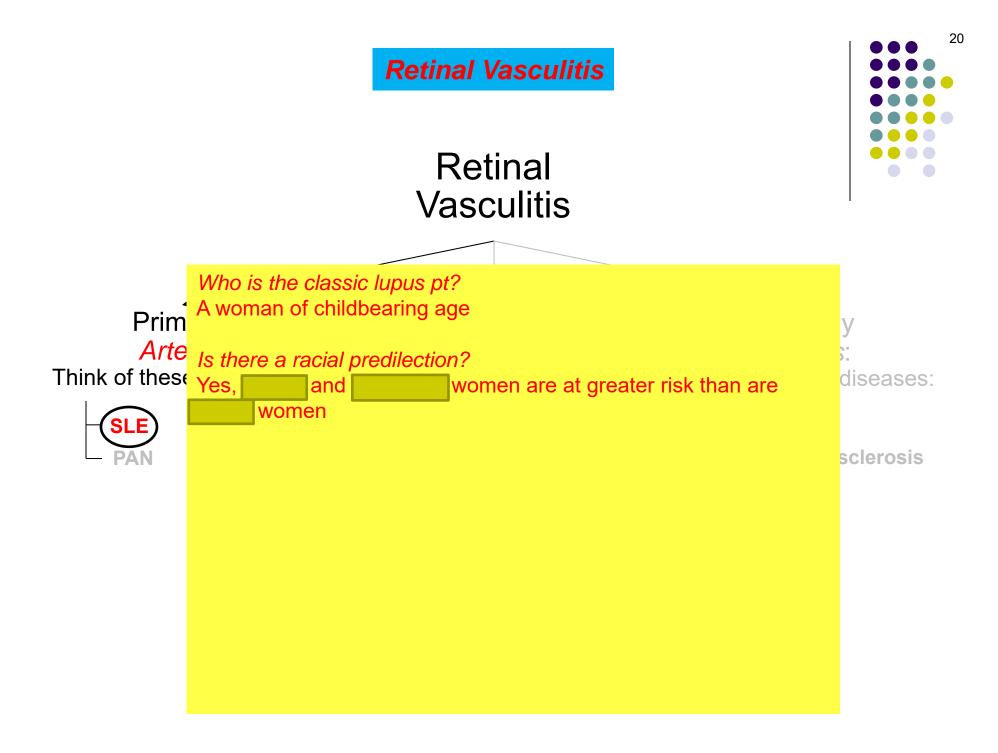


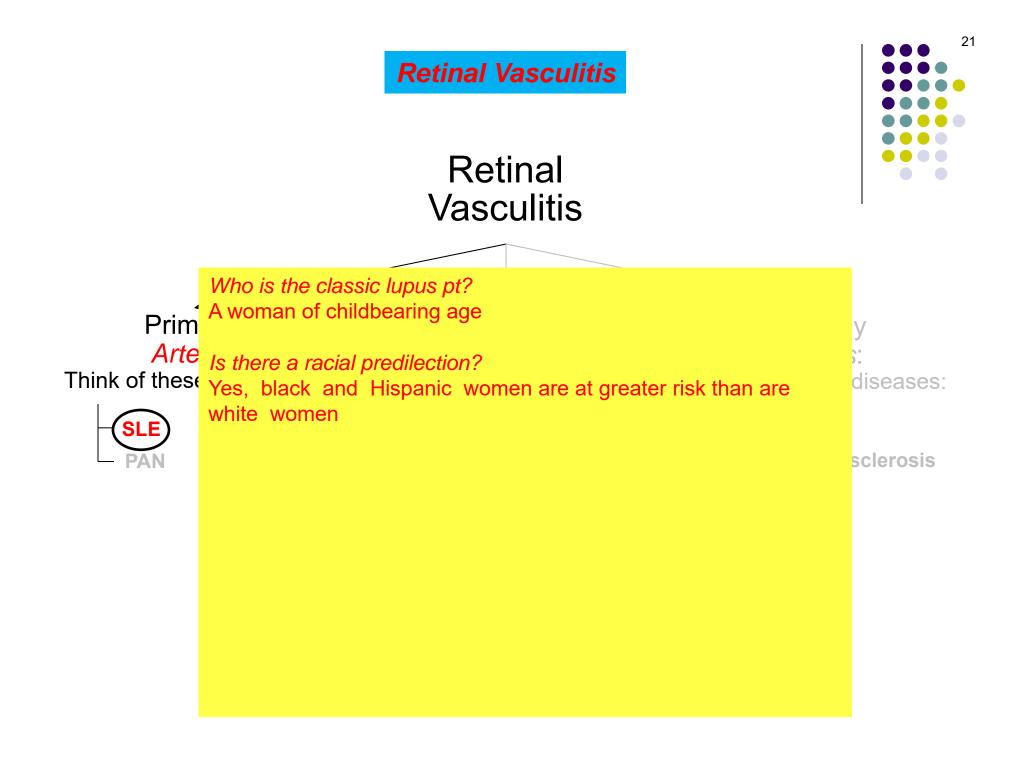
What i Why is the name 'Wegener's granulomatosis' no longer preferred? 'Granu Because Dr. Wegener was a Nazi

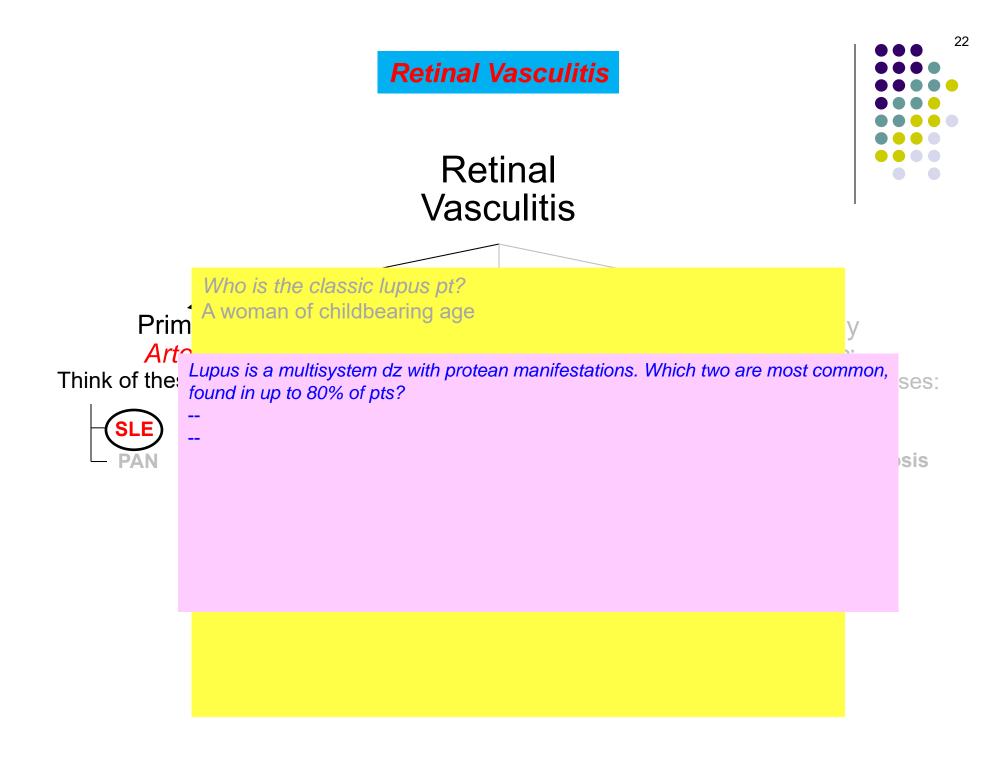


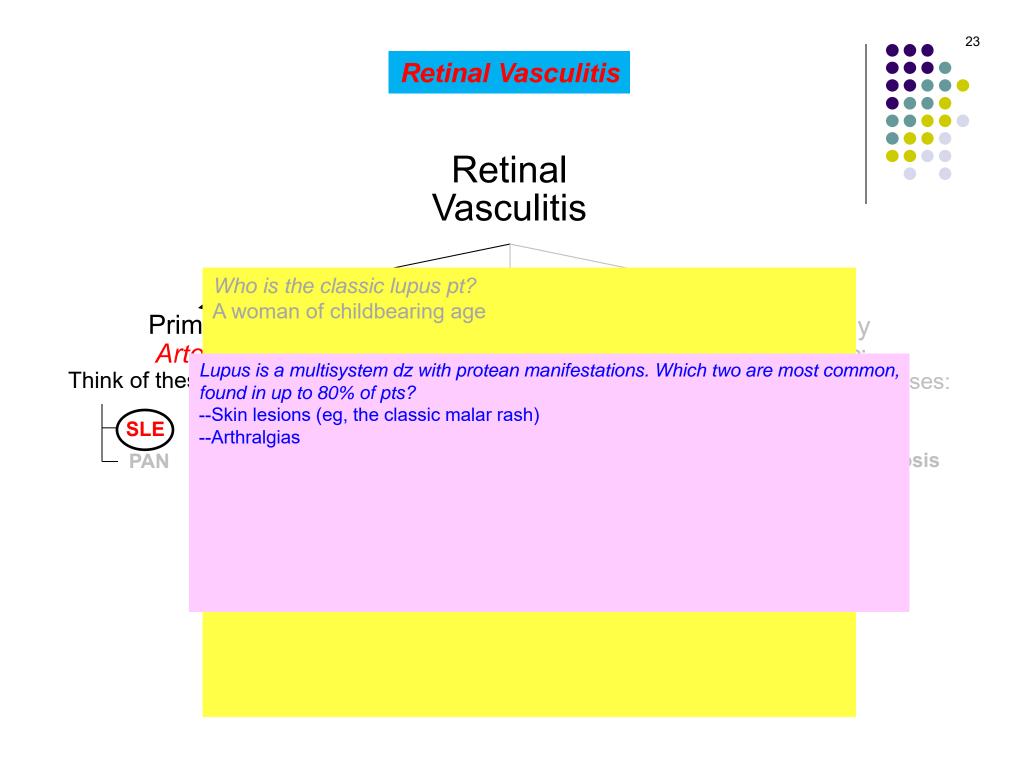










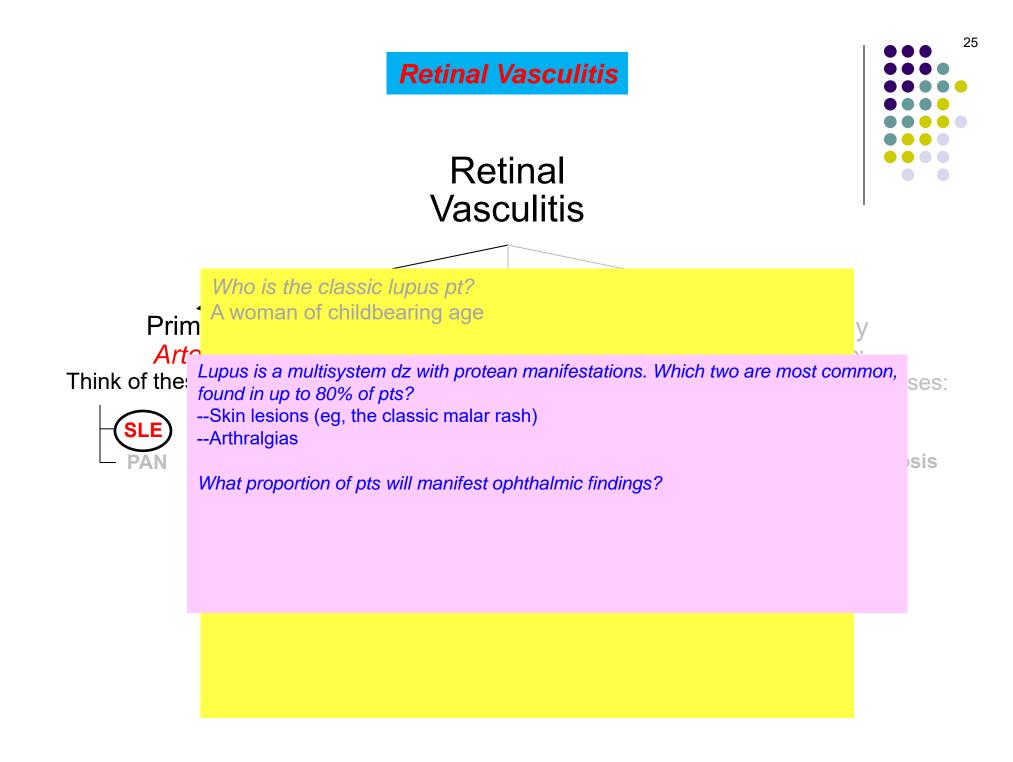


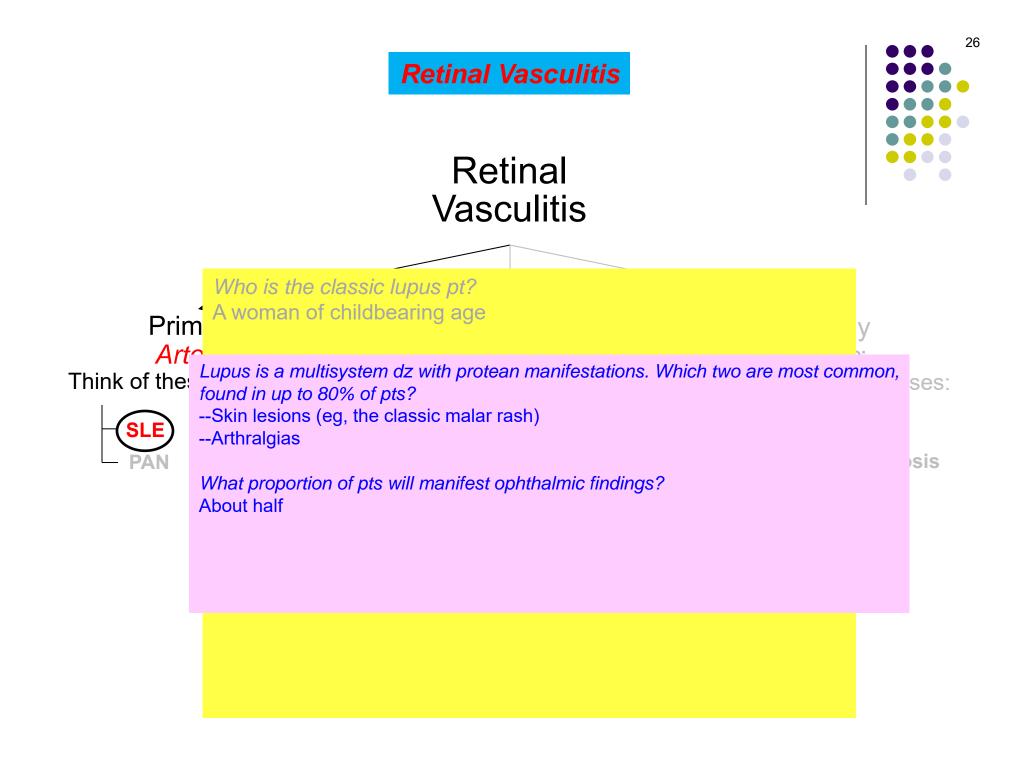
Retinal Vasculitis

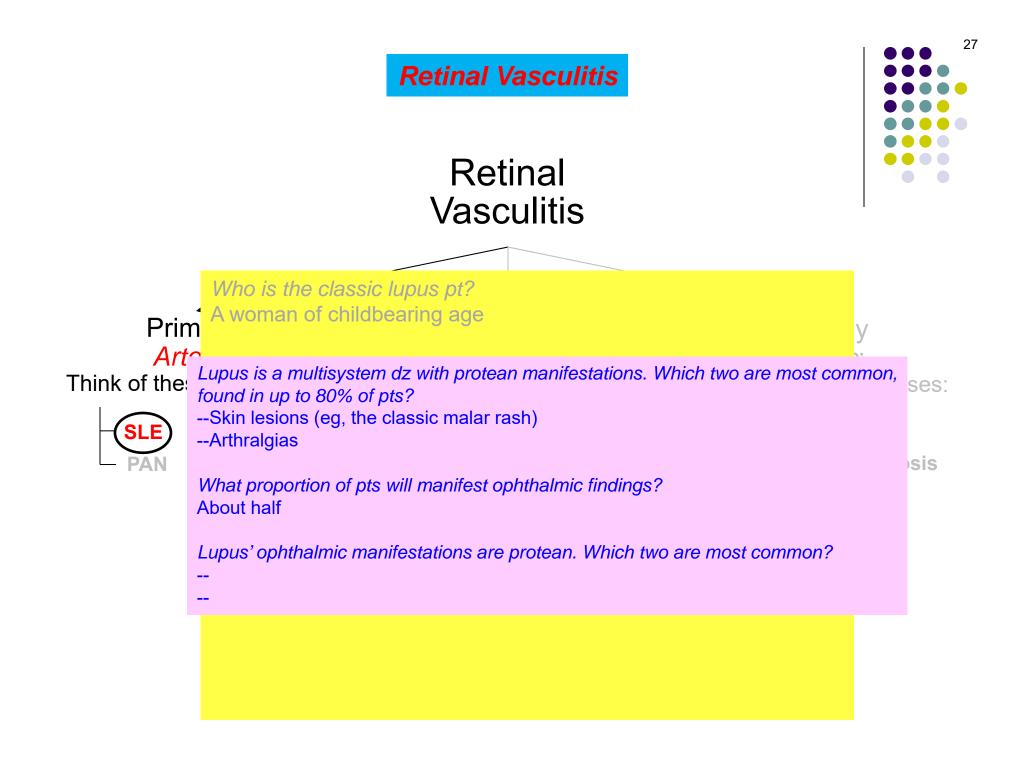


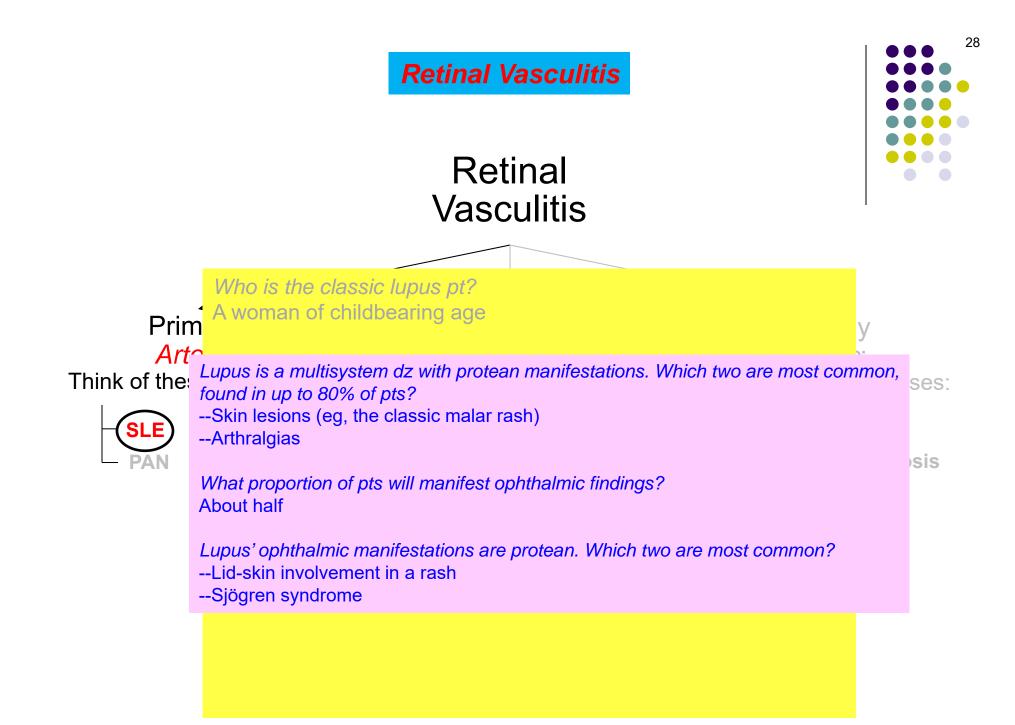


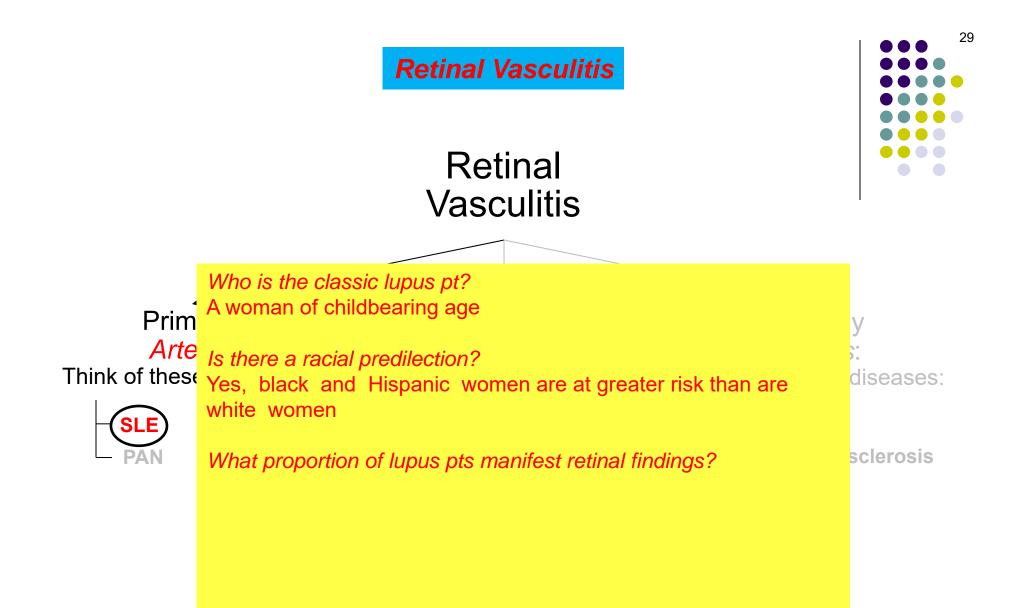
SLE: Malar rash

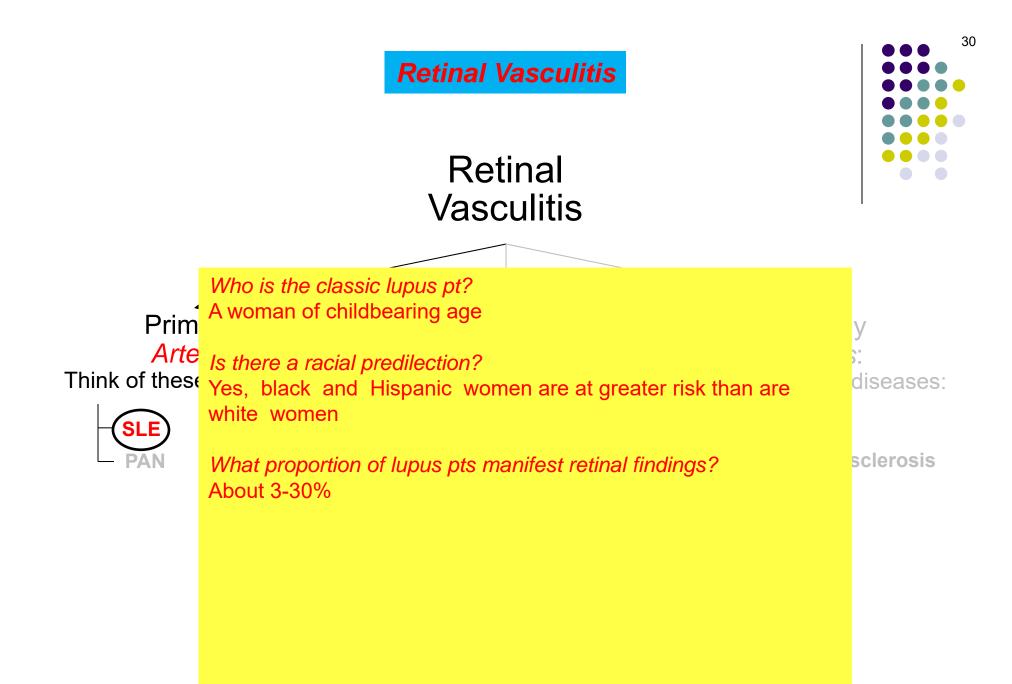


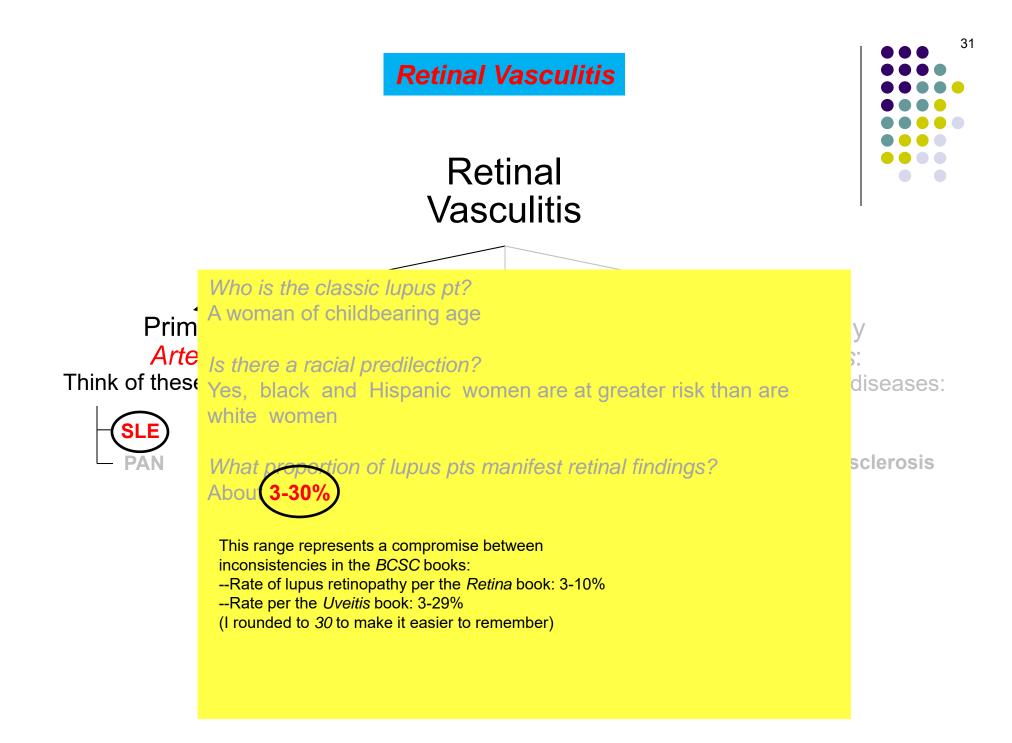


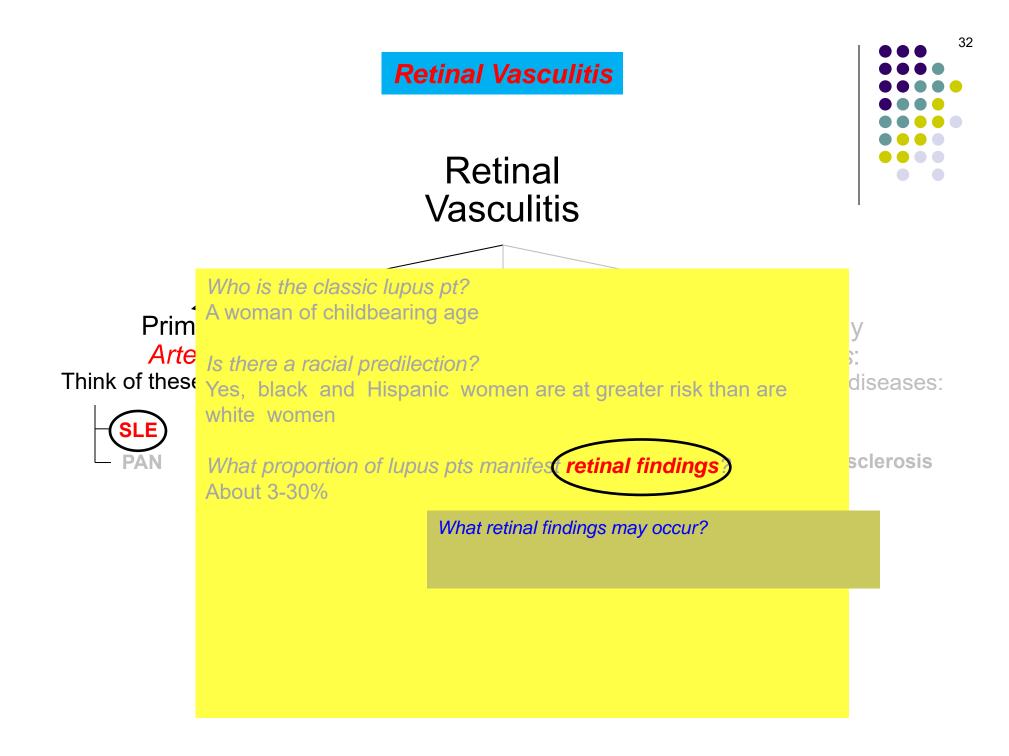


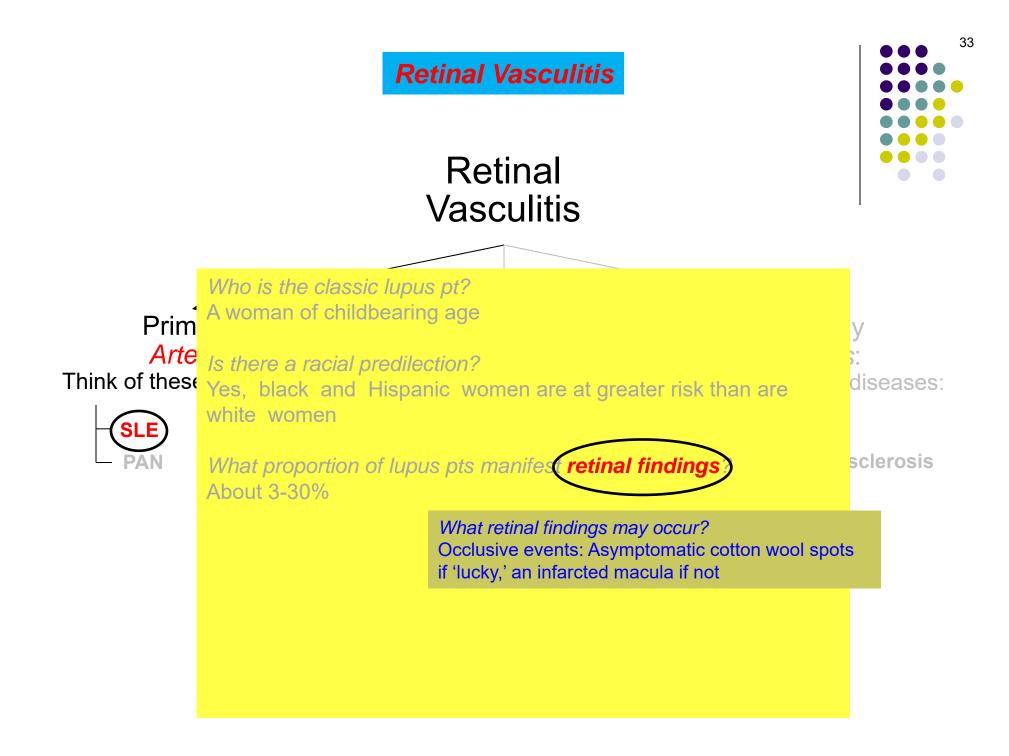


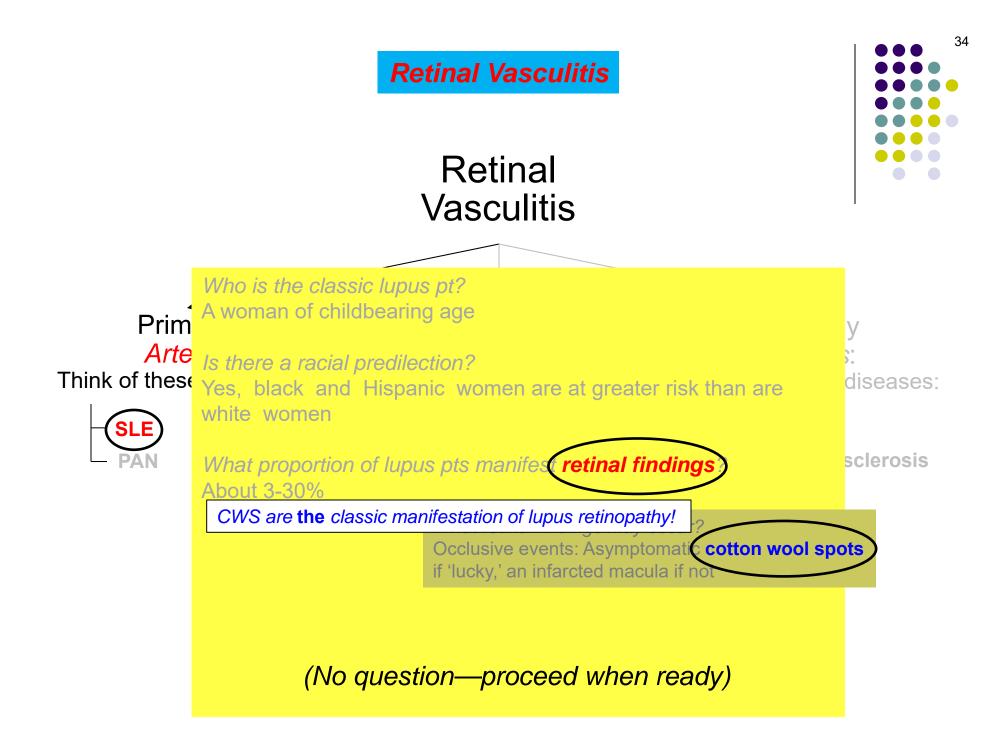










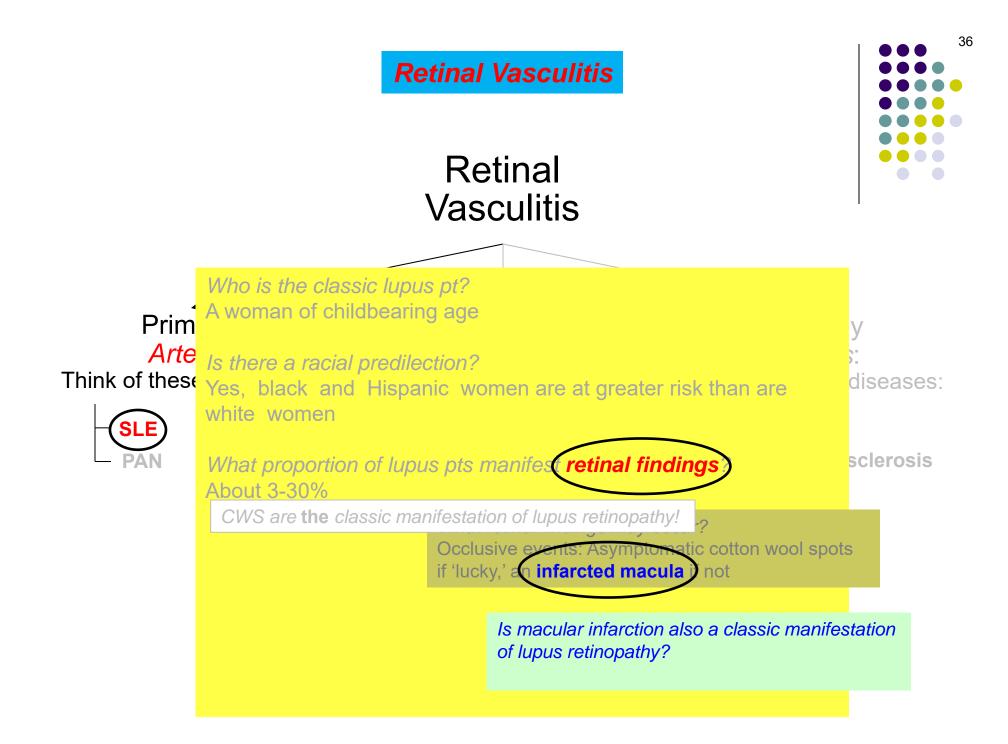


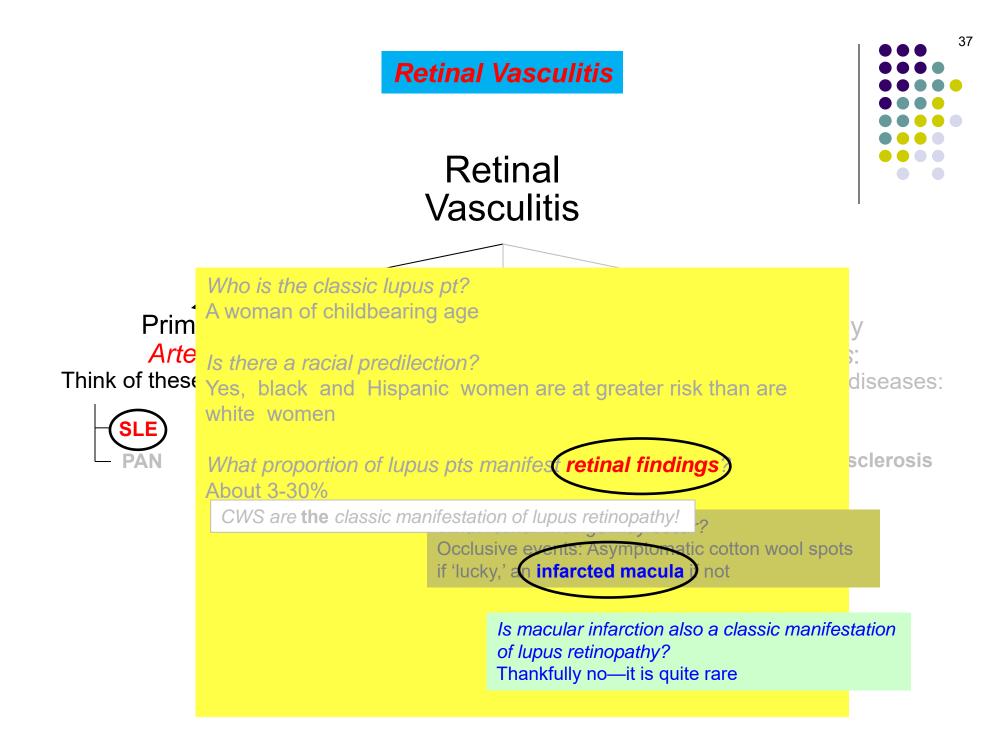
Retinal Vasculitis



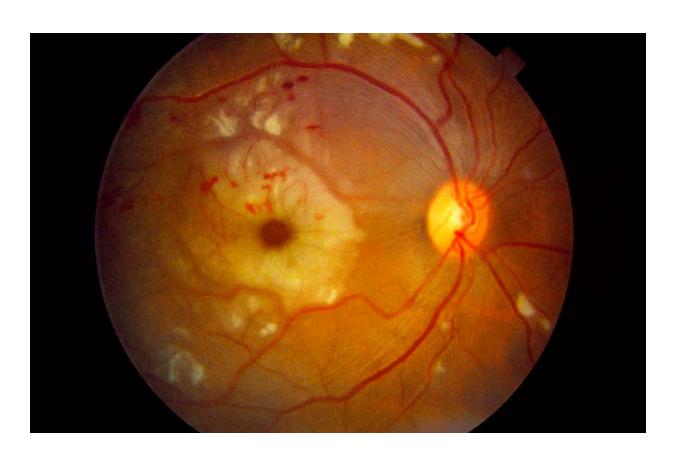


SLE: CWS

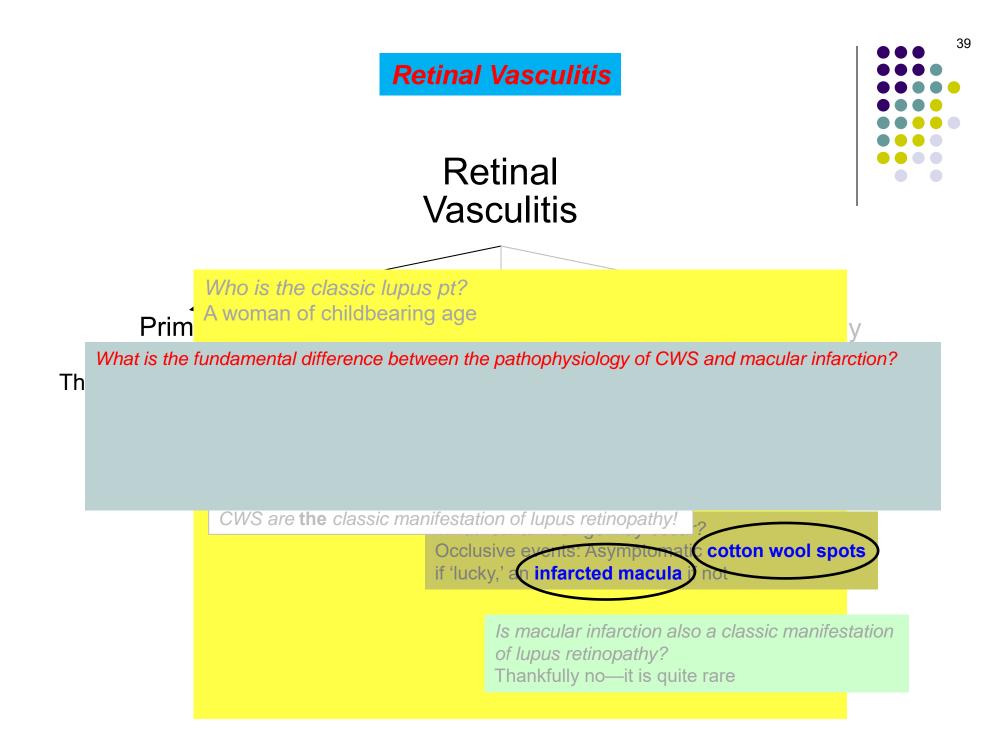


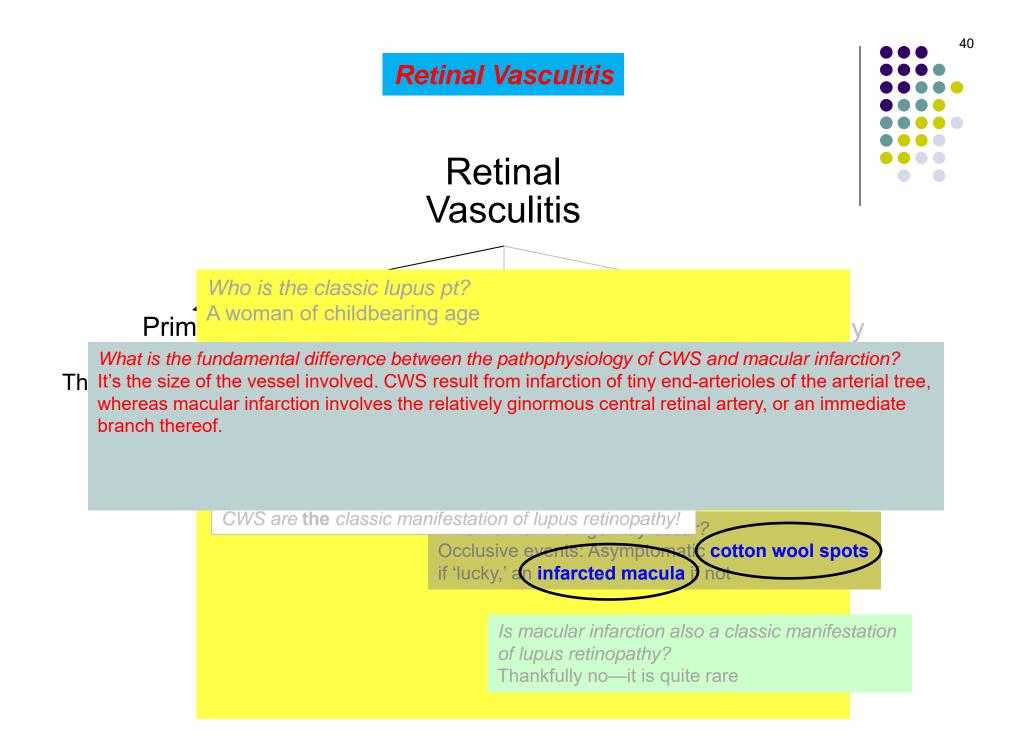


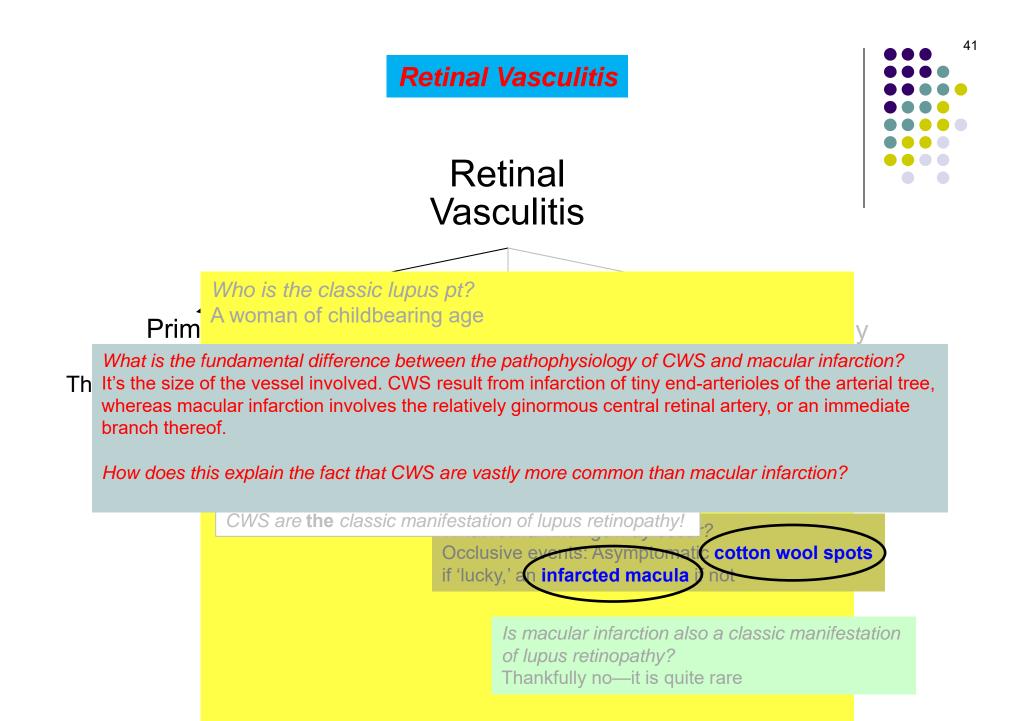


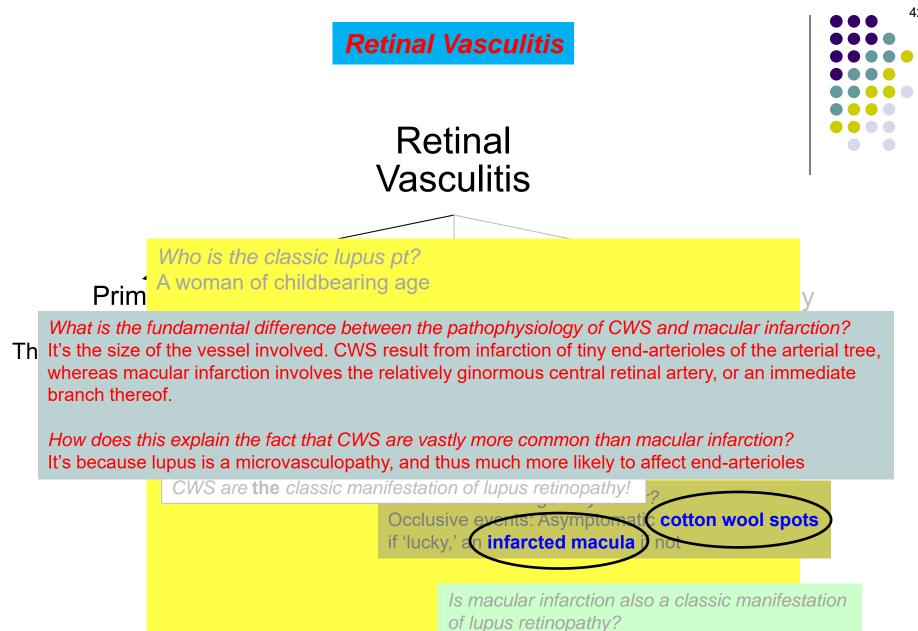


SLE: Macular infarction



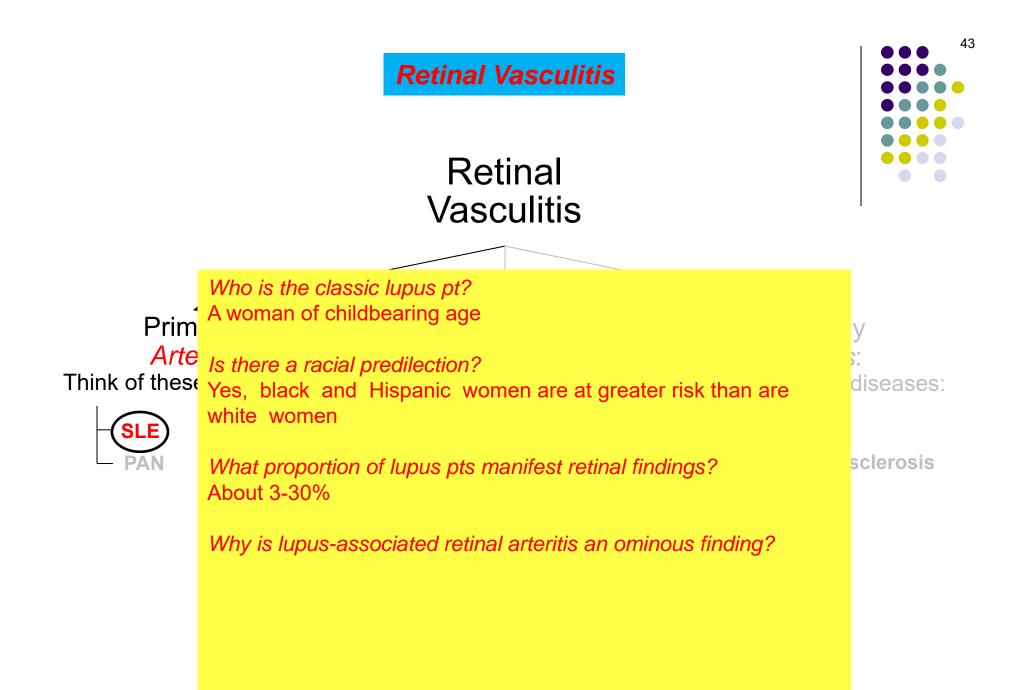


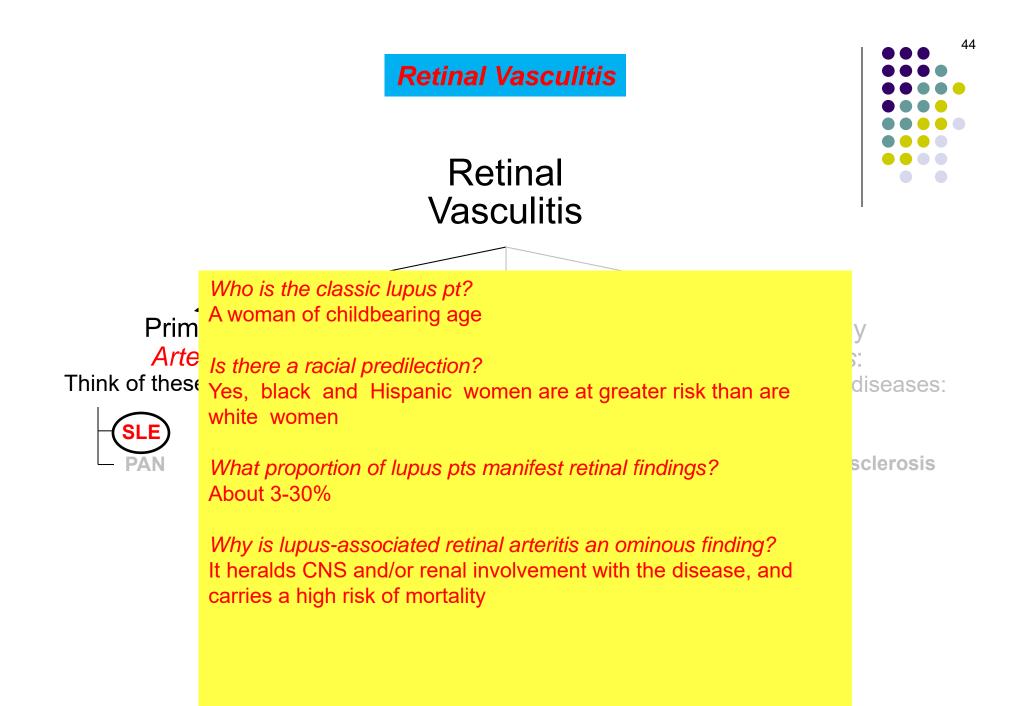


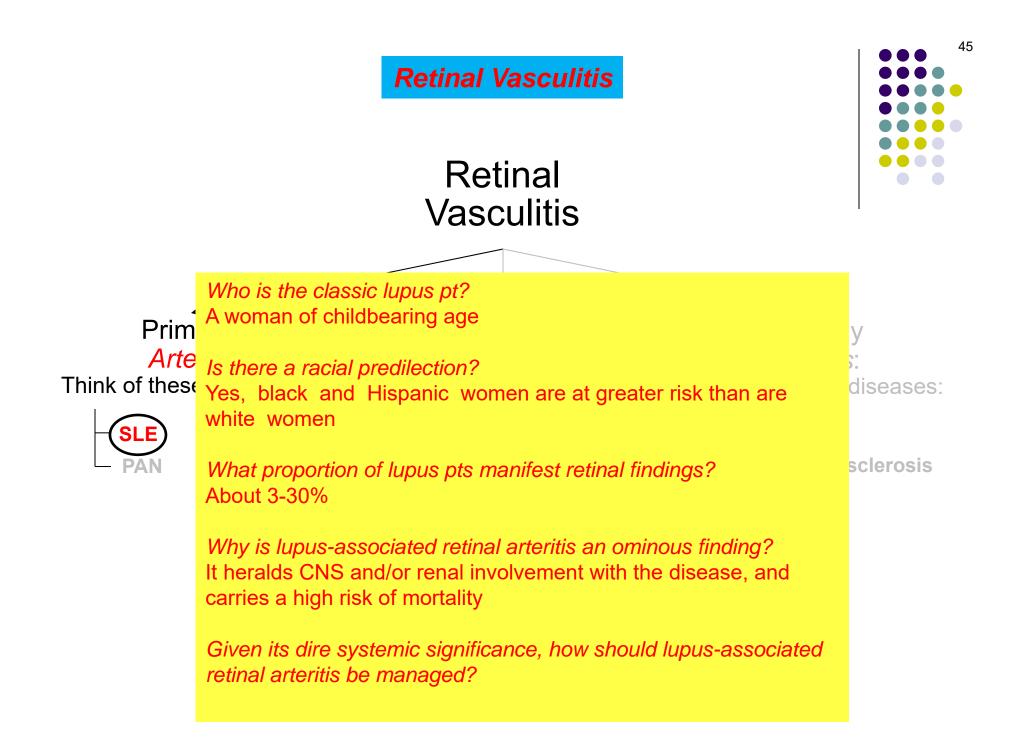


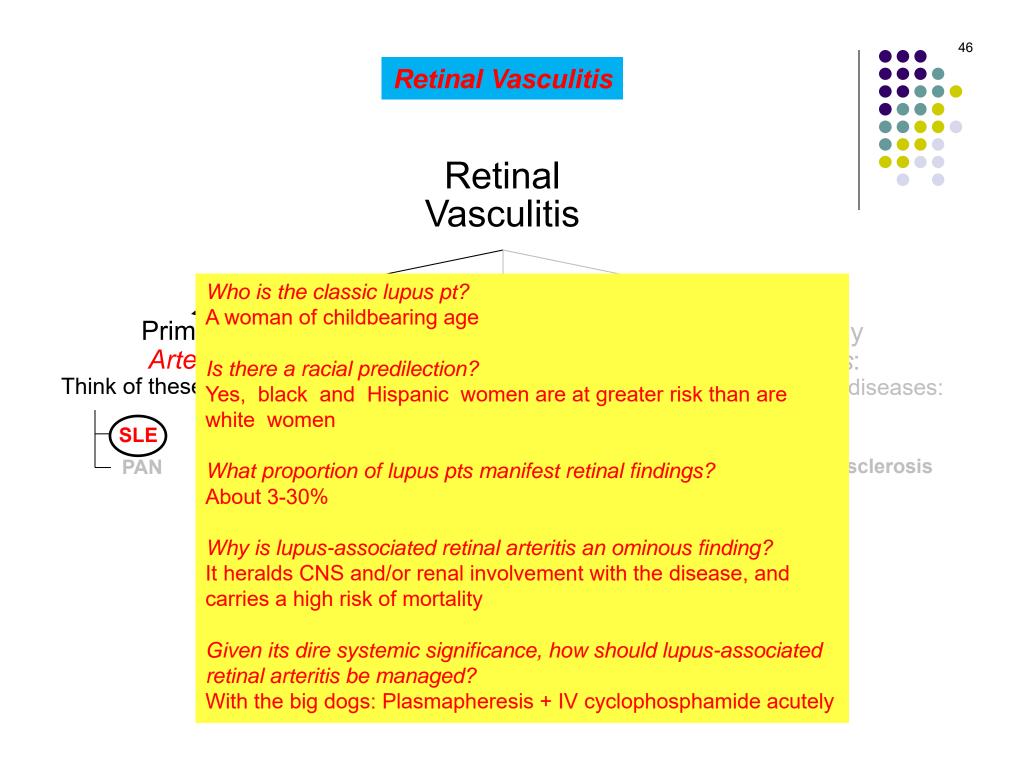
Thankfully no—it is guite rare

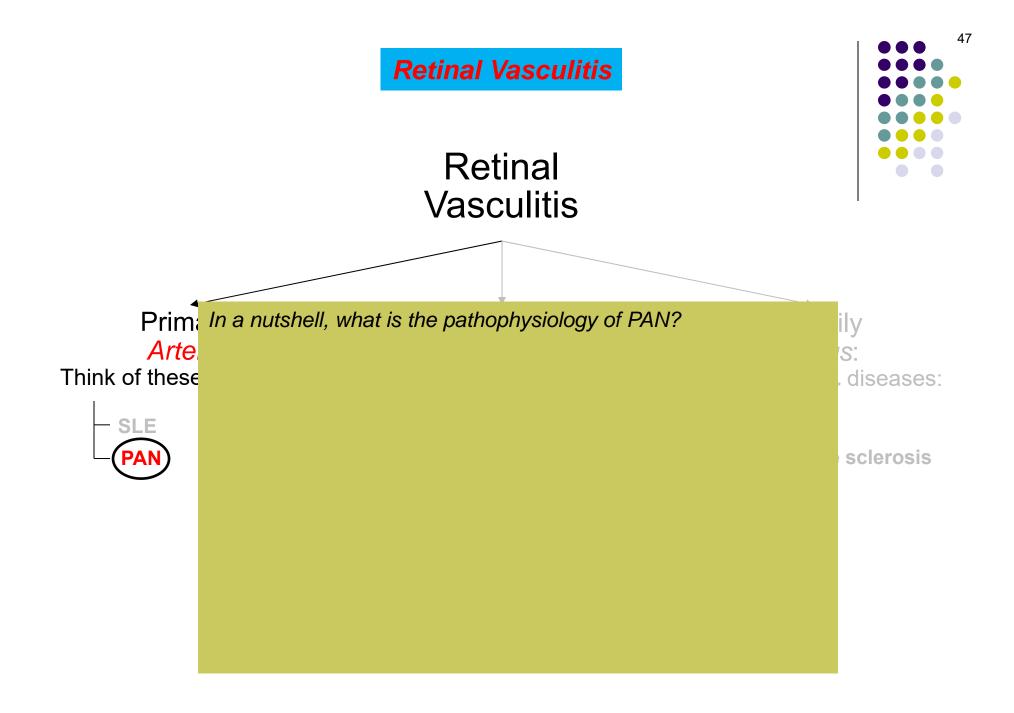
42

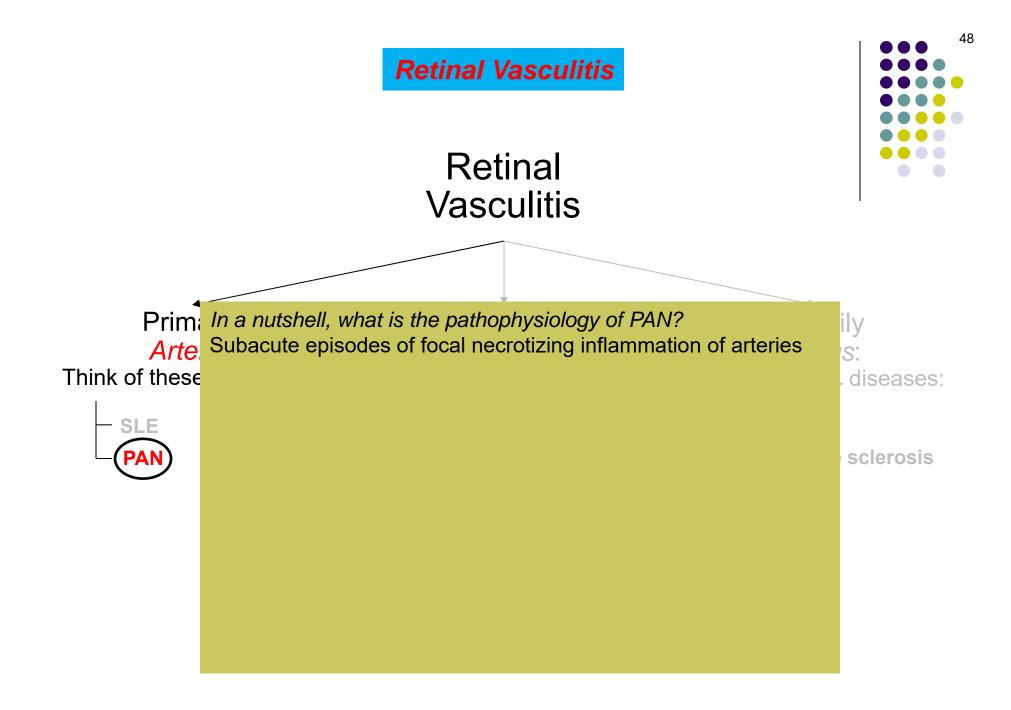


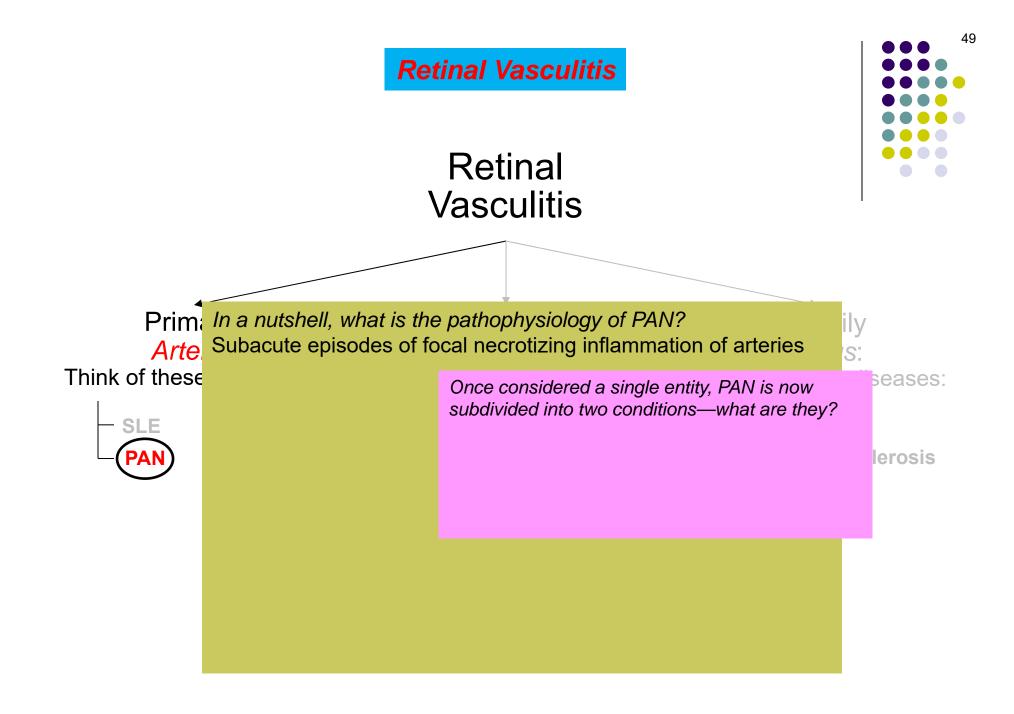


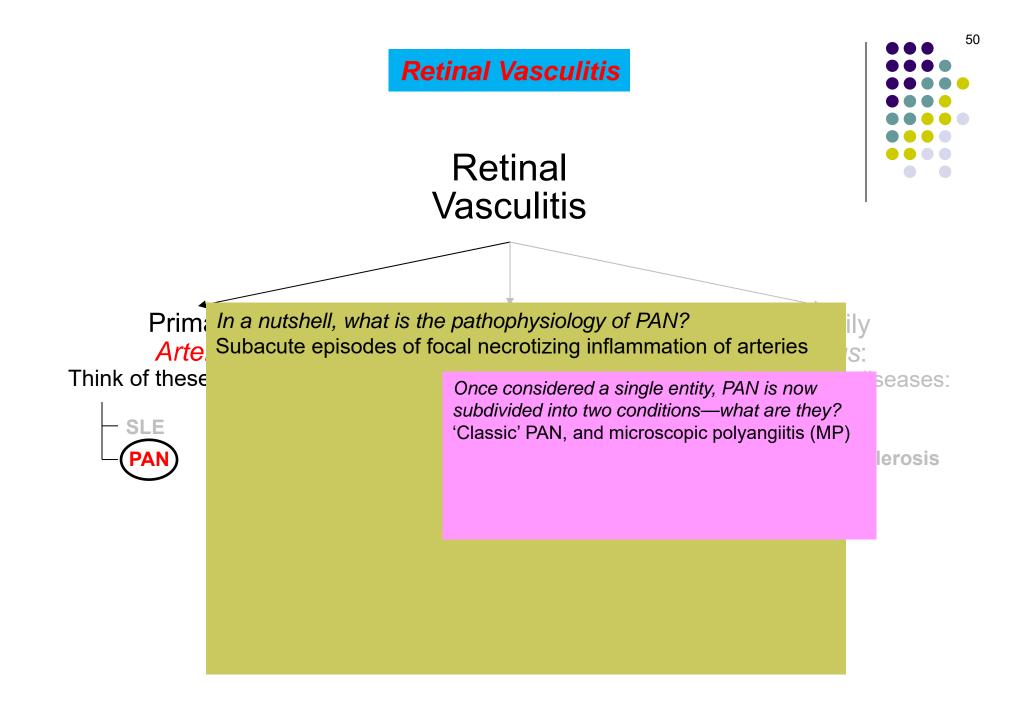


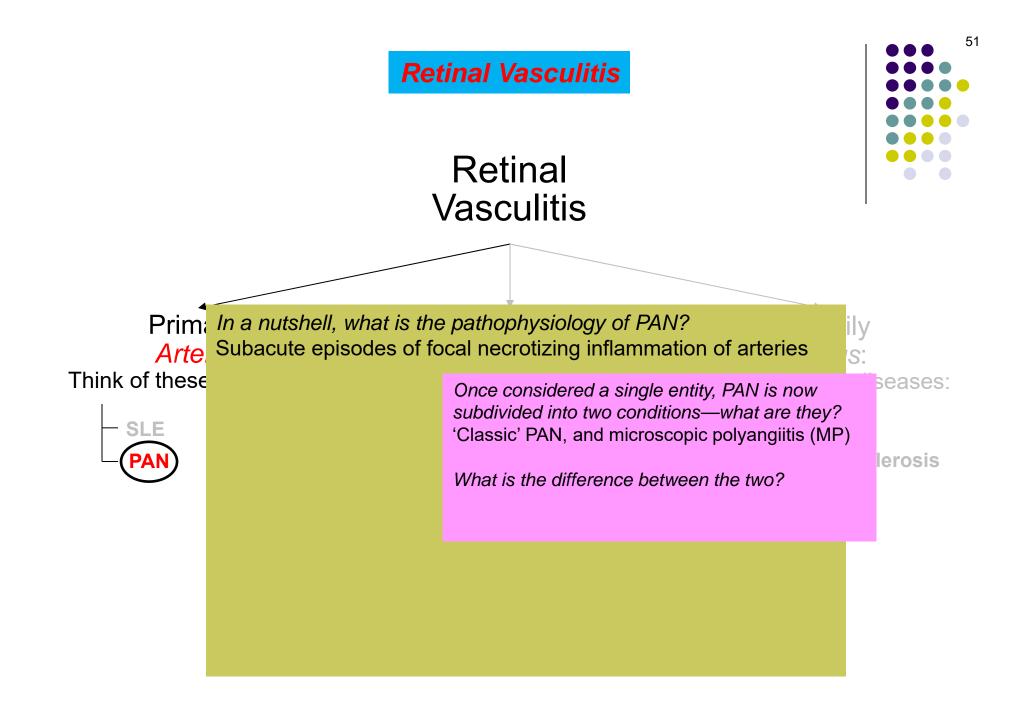


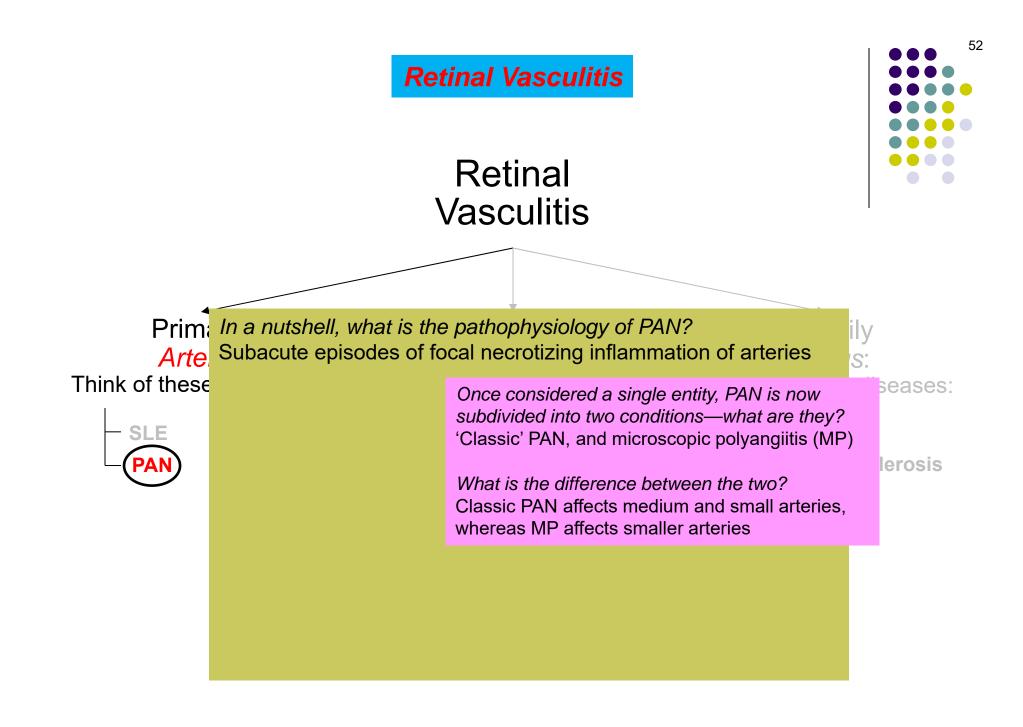


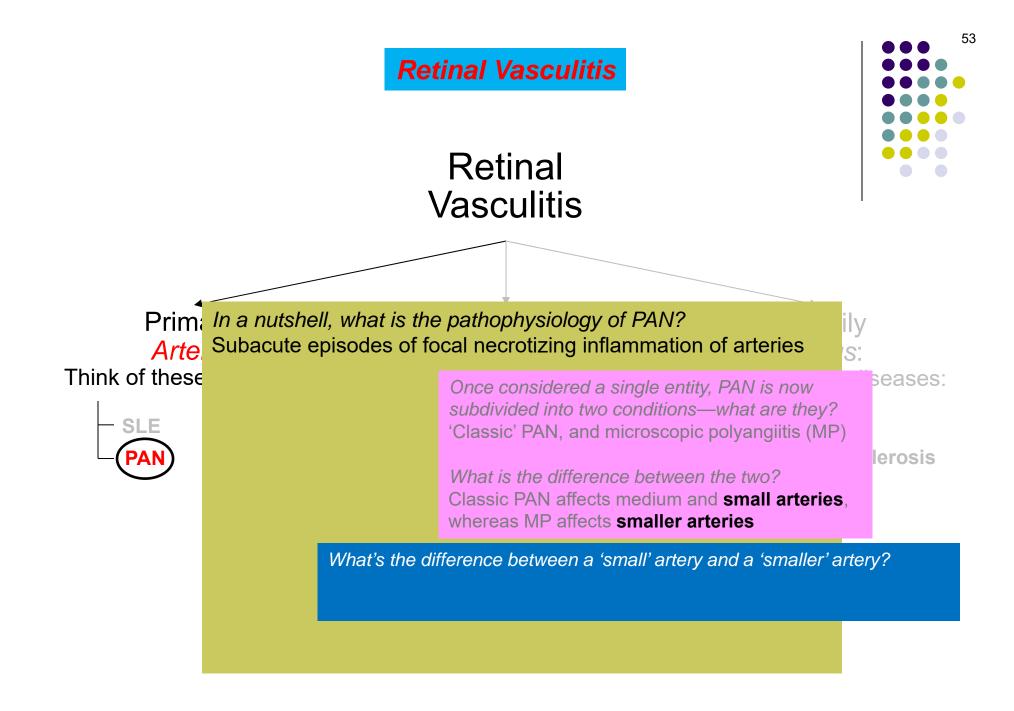


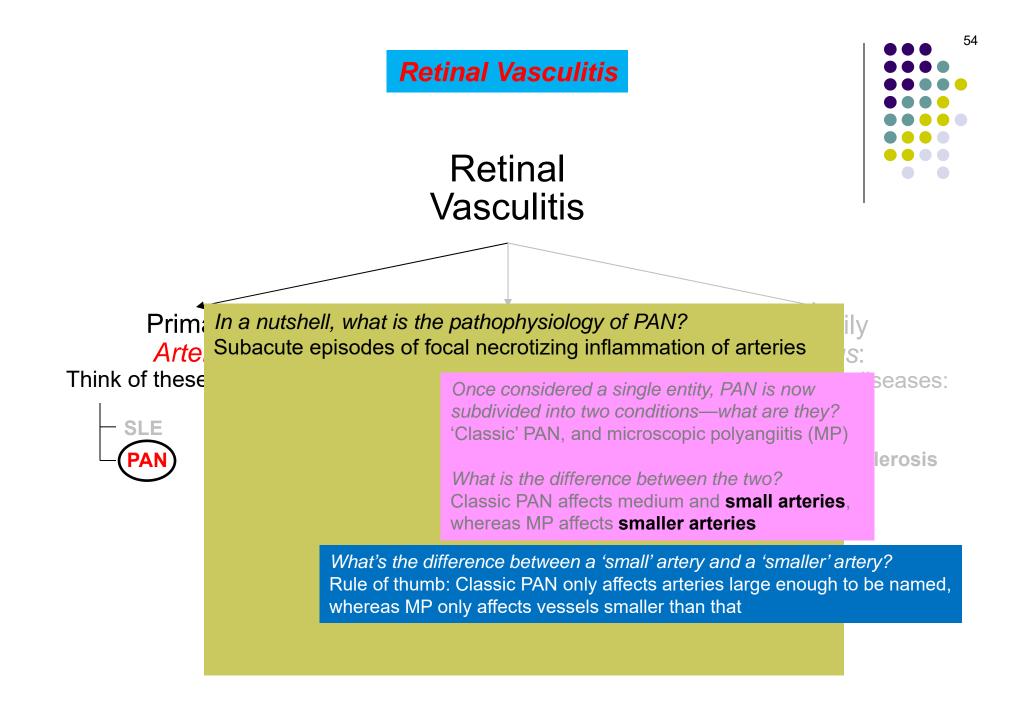


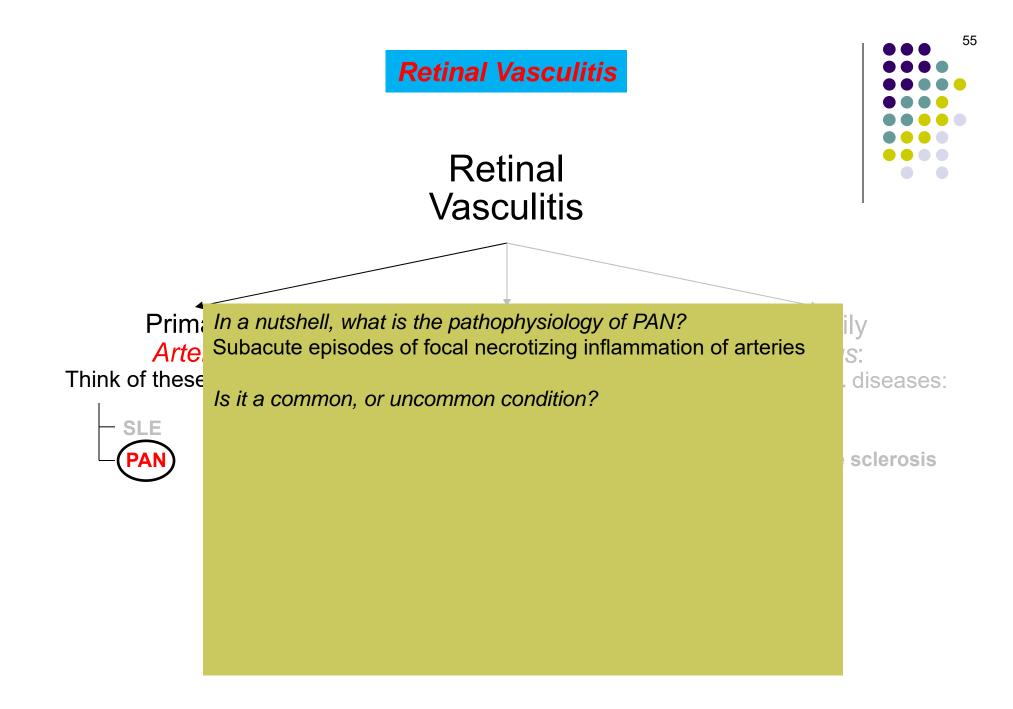


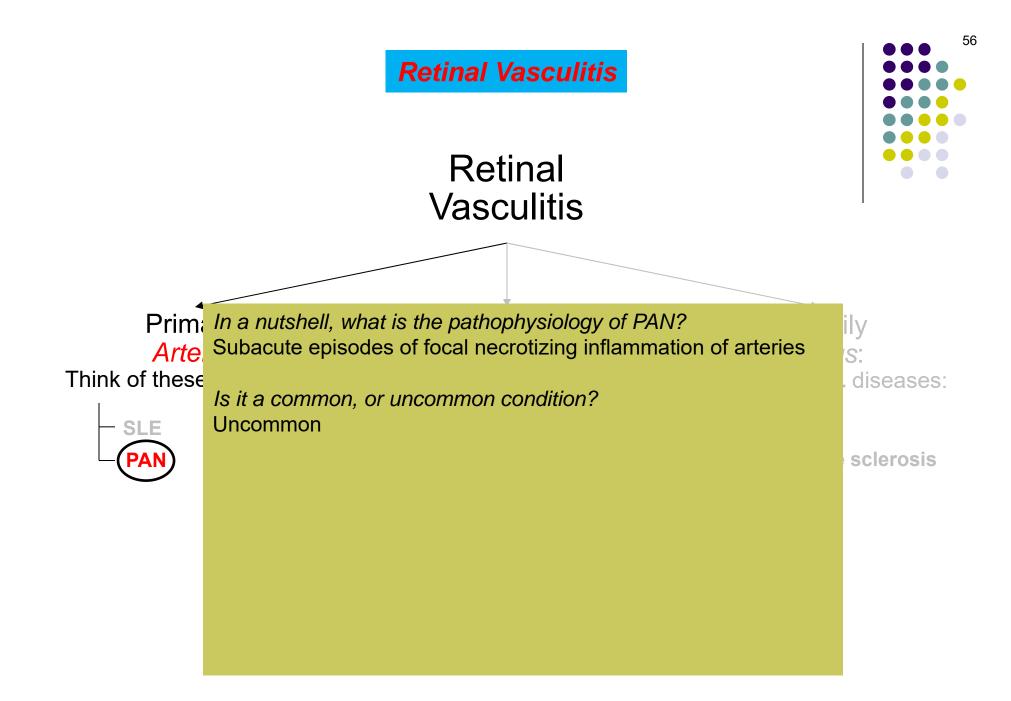


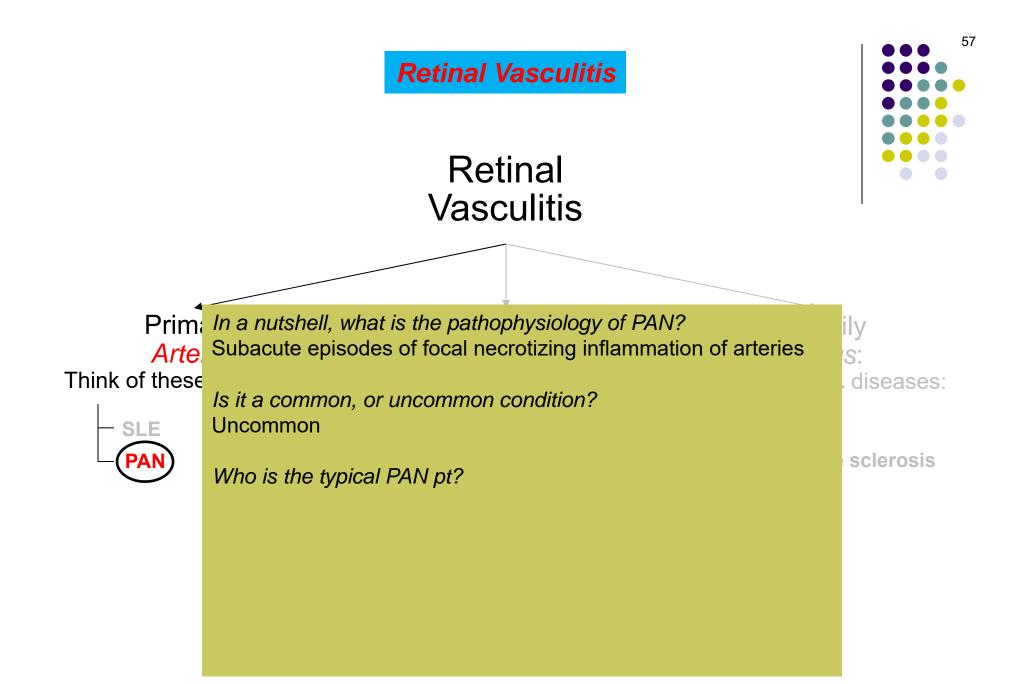


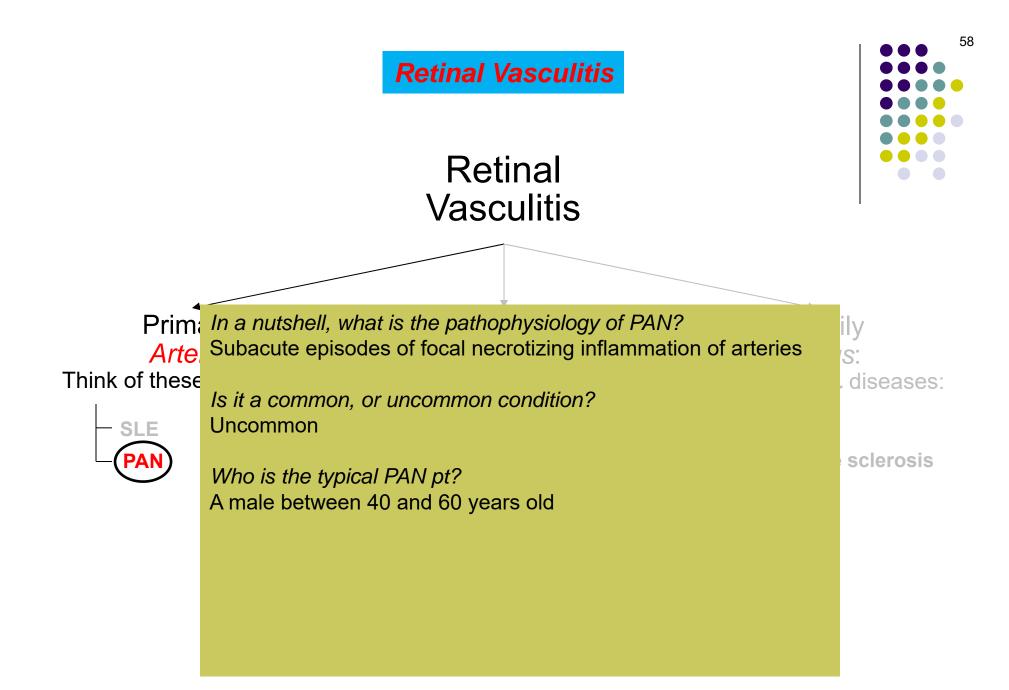


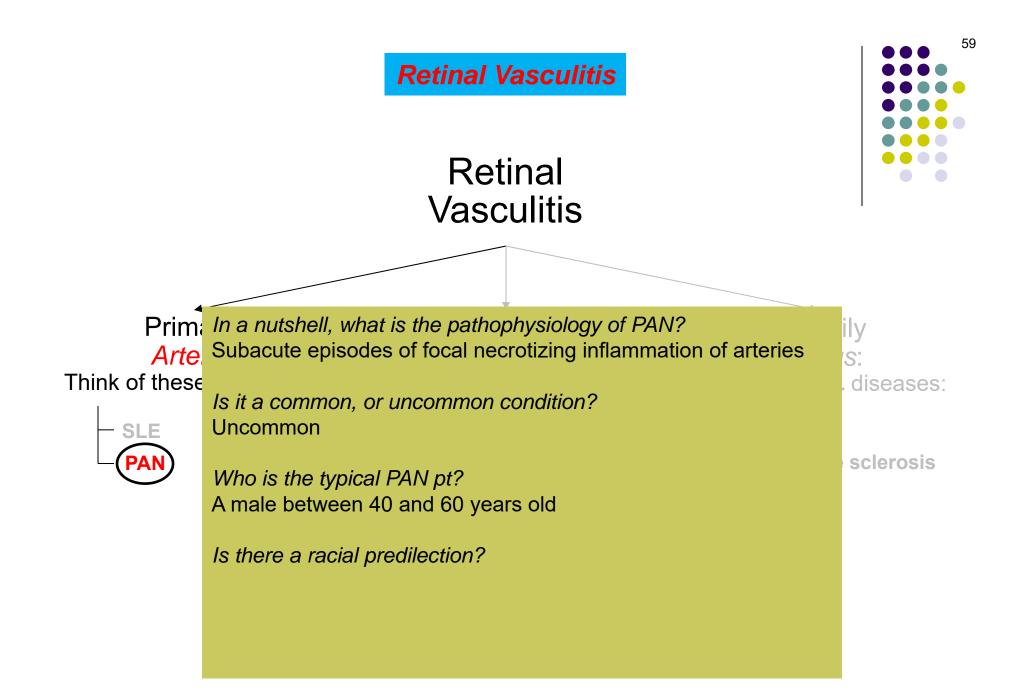


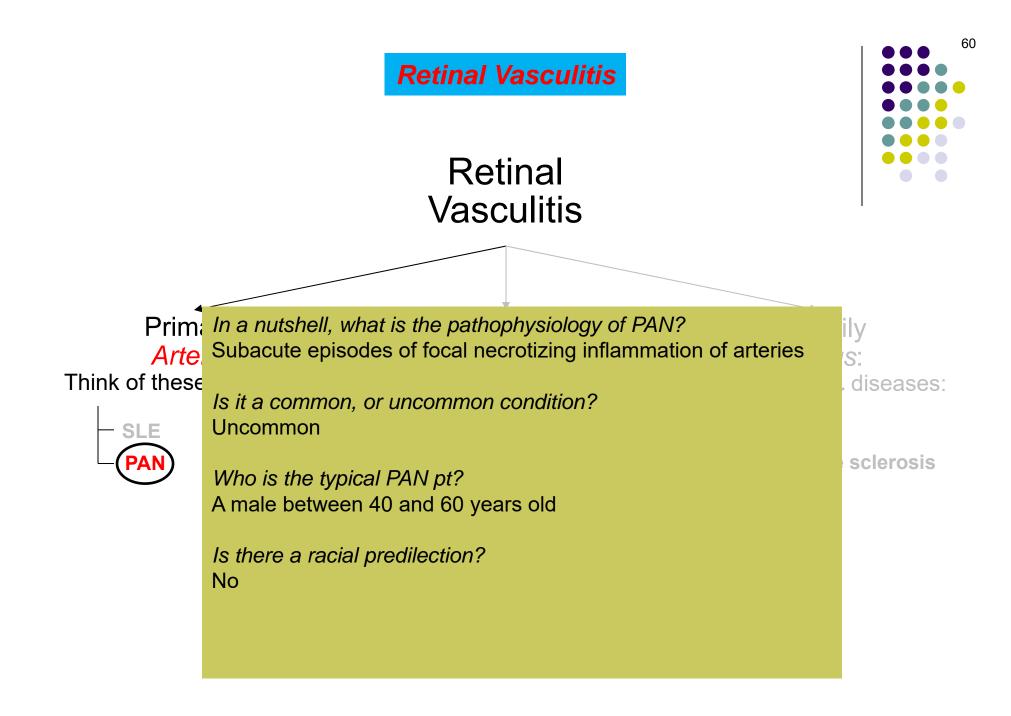


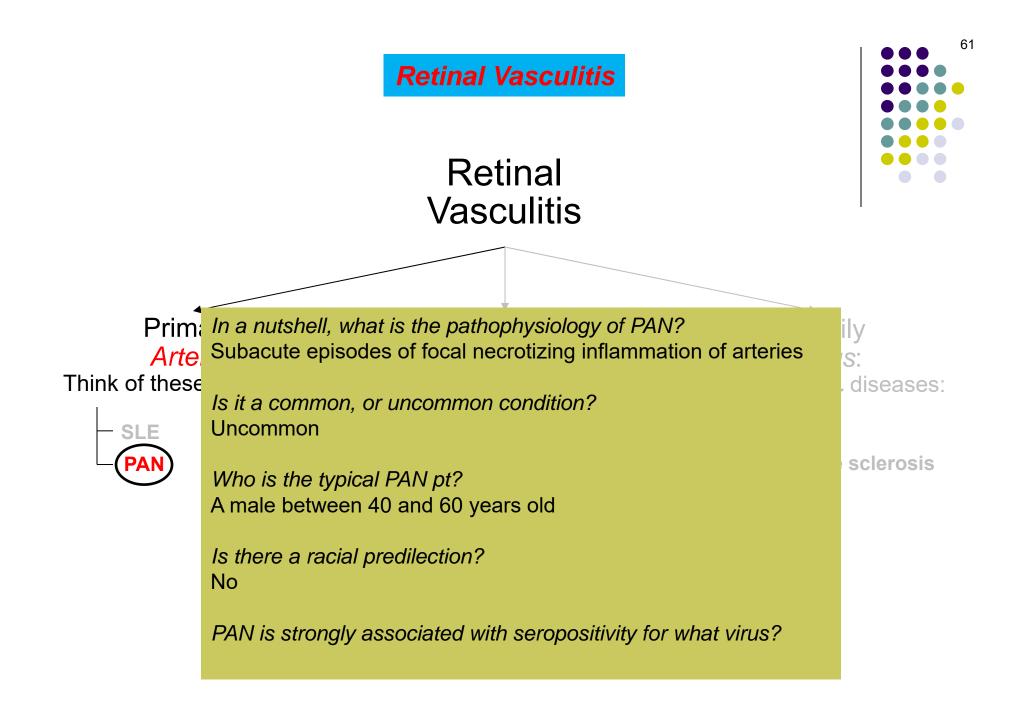


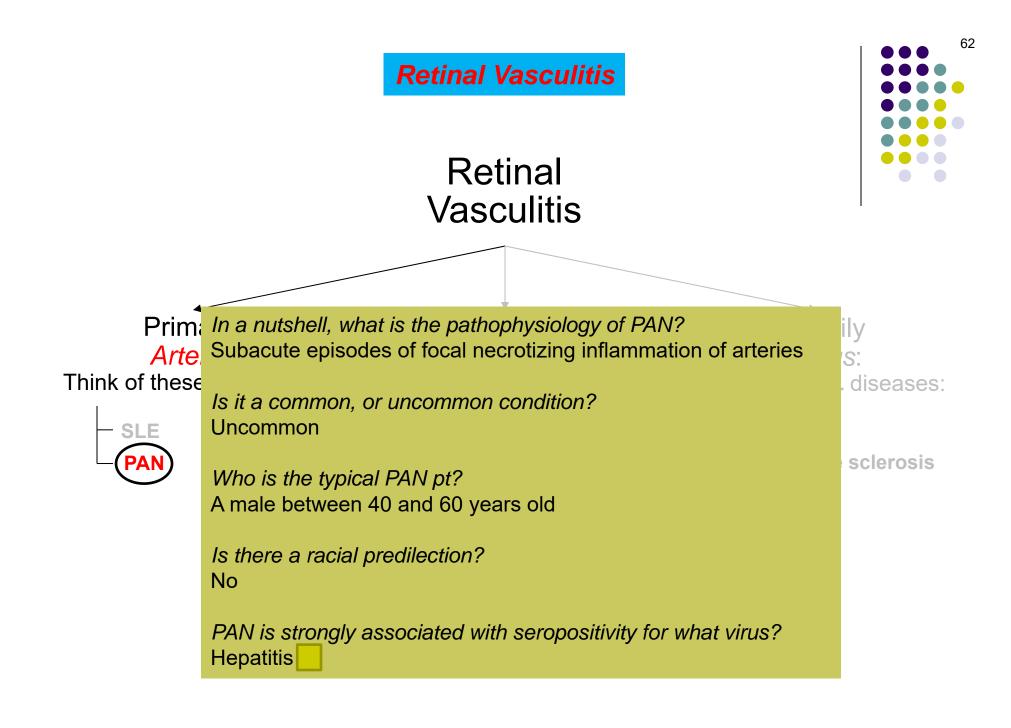


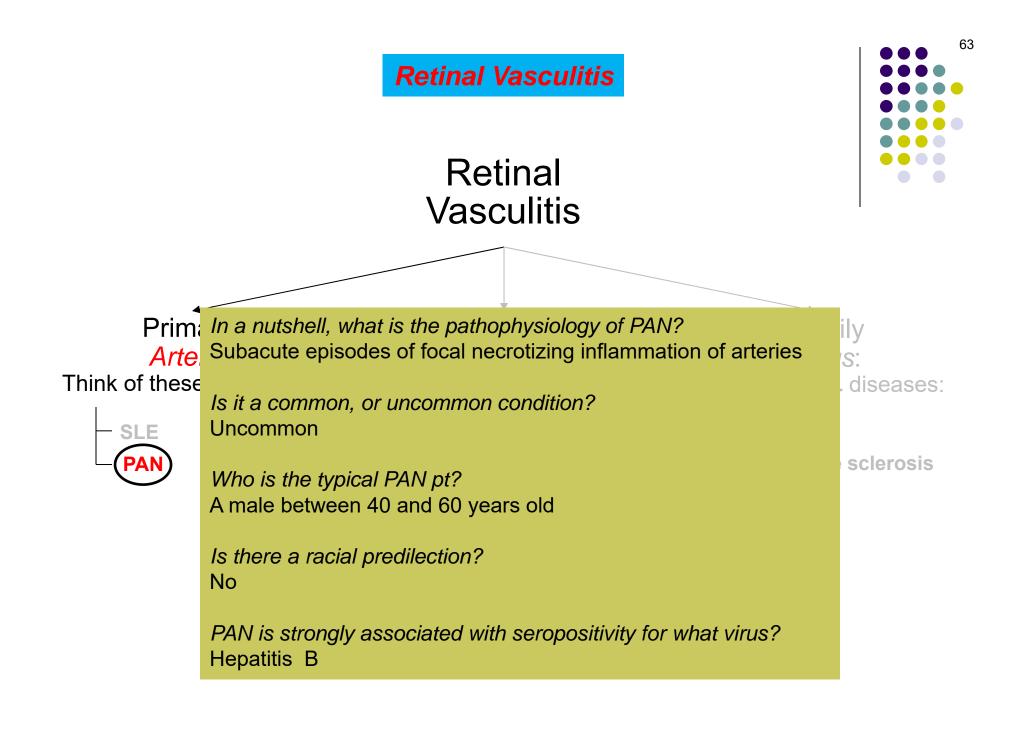


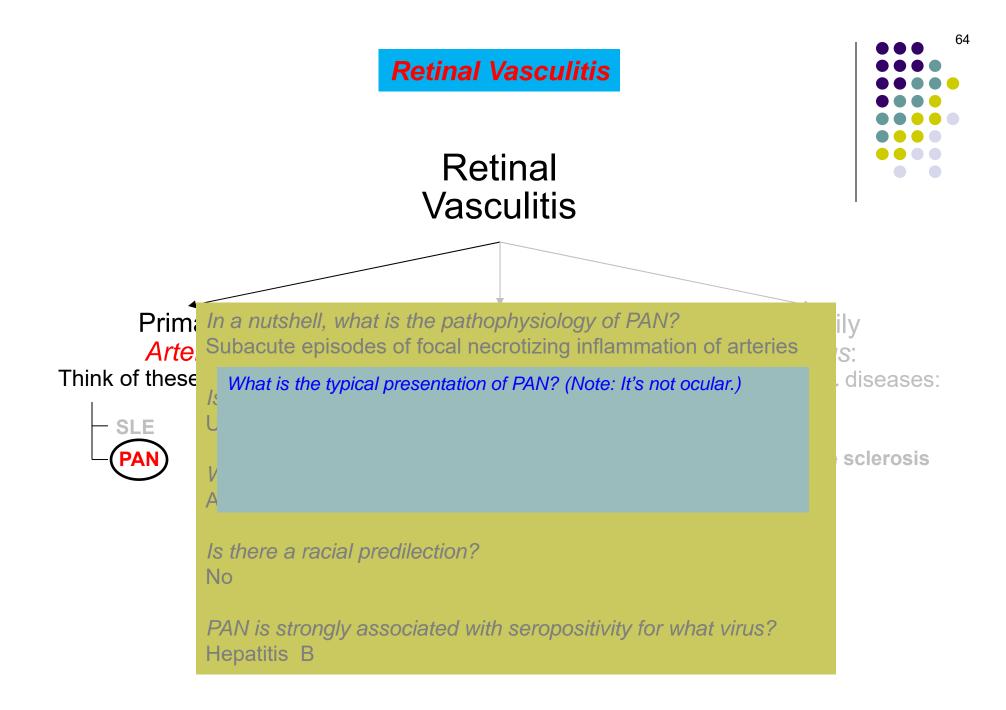


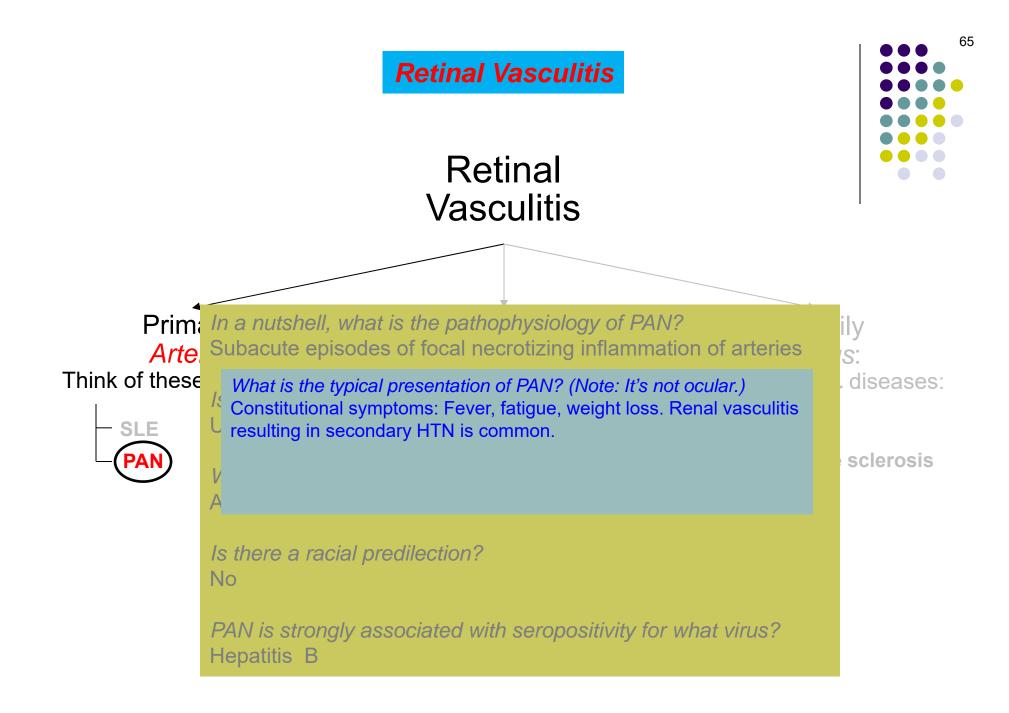


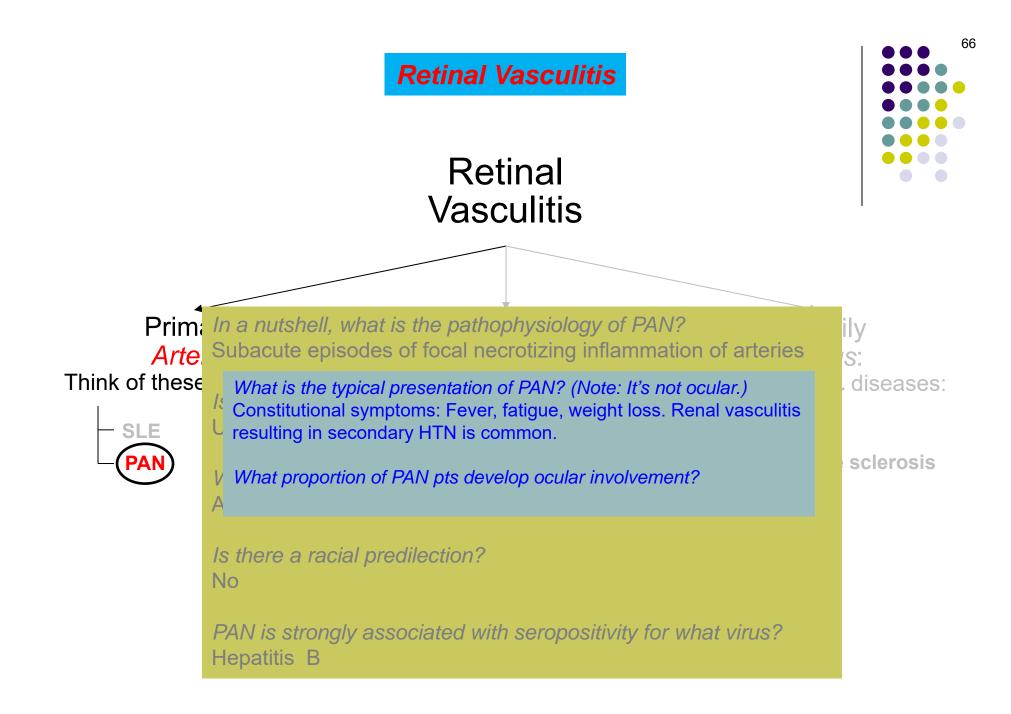


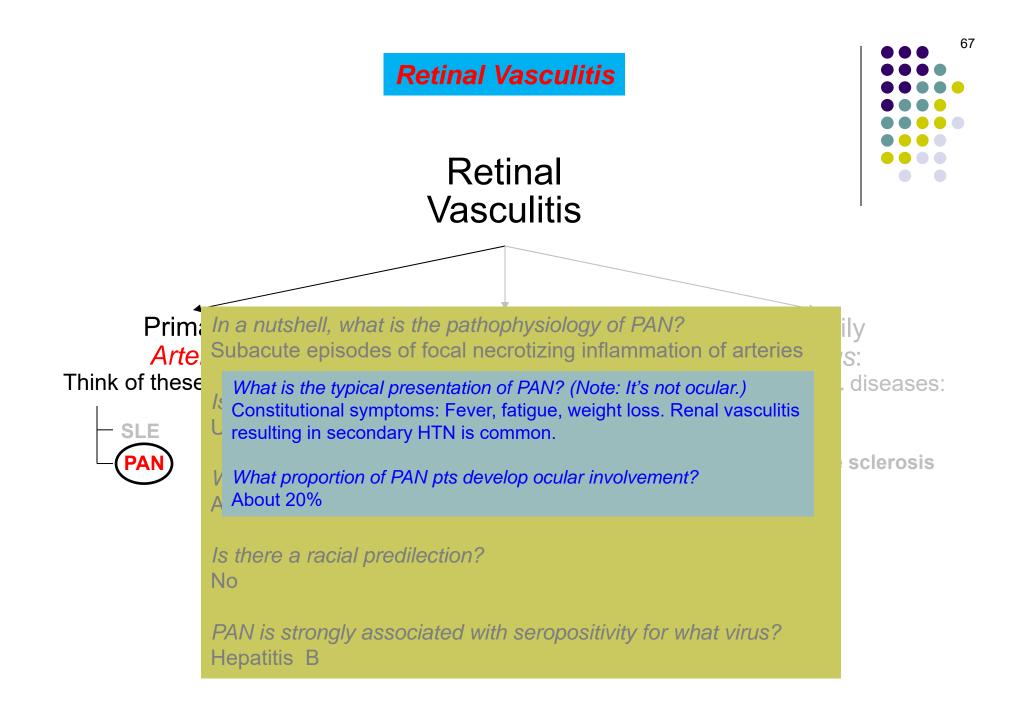


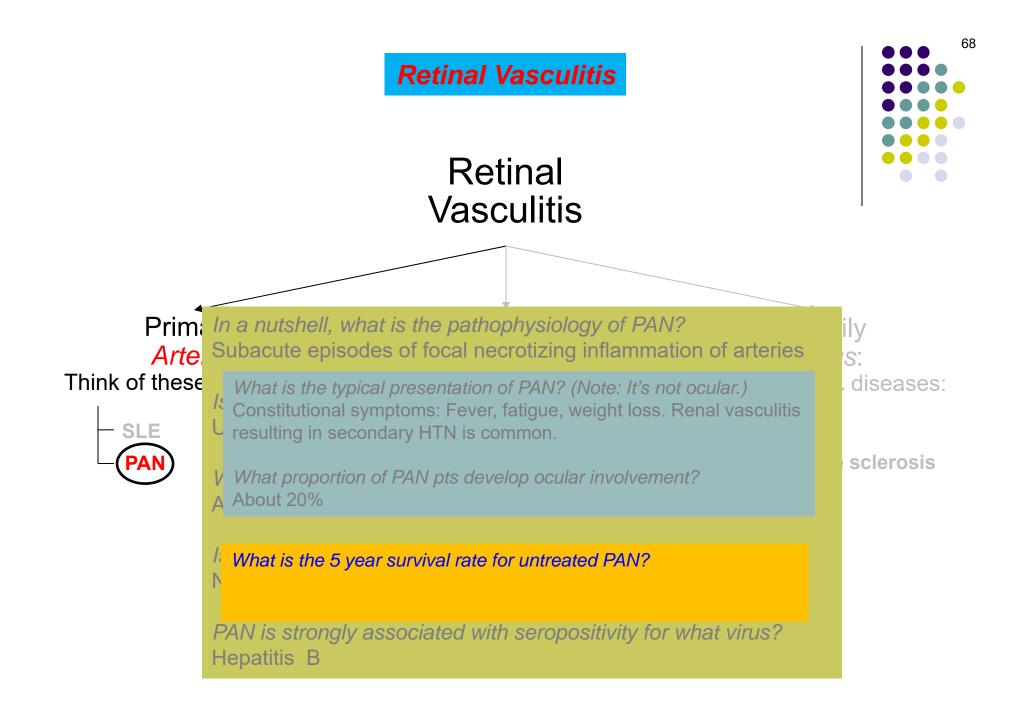


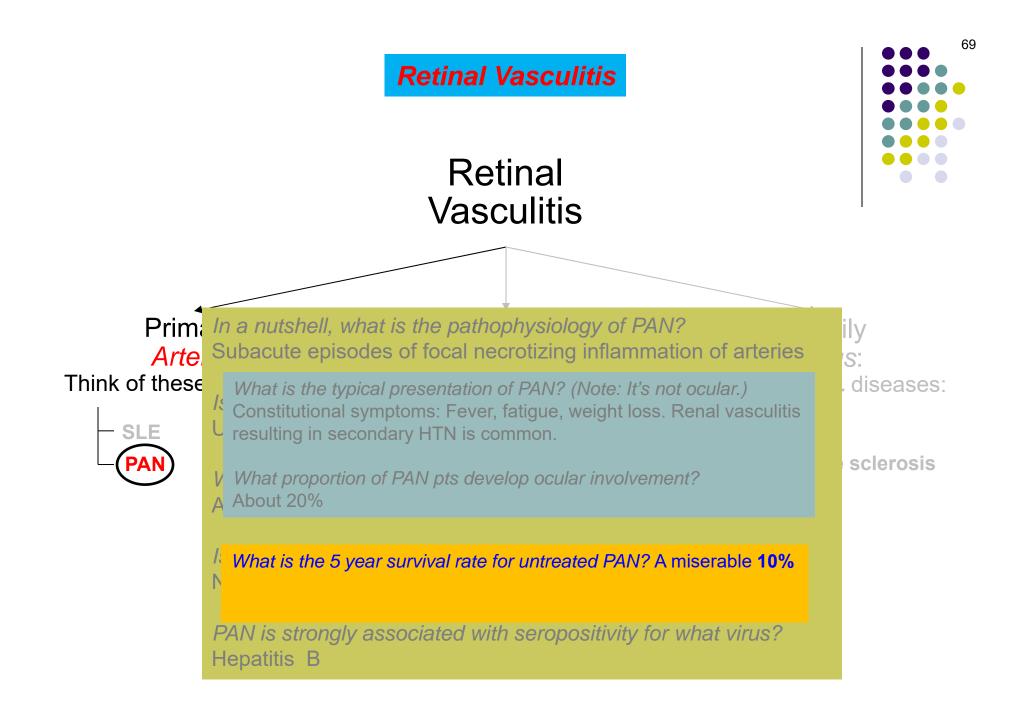


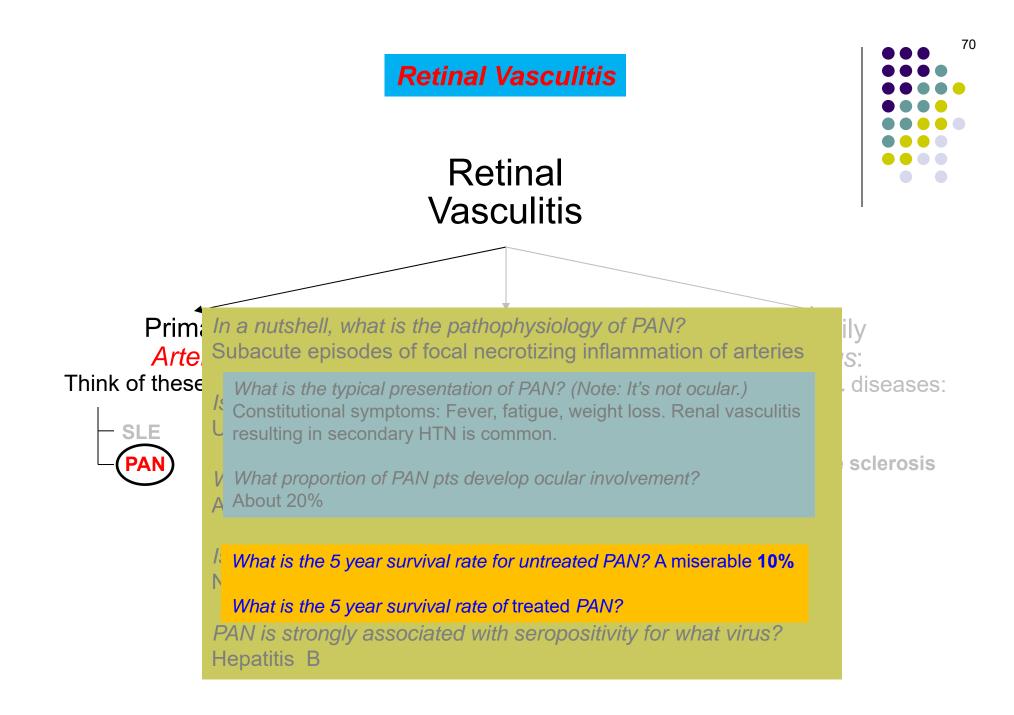


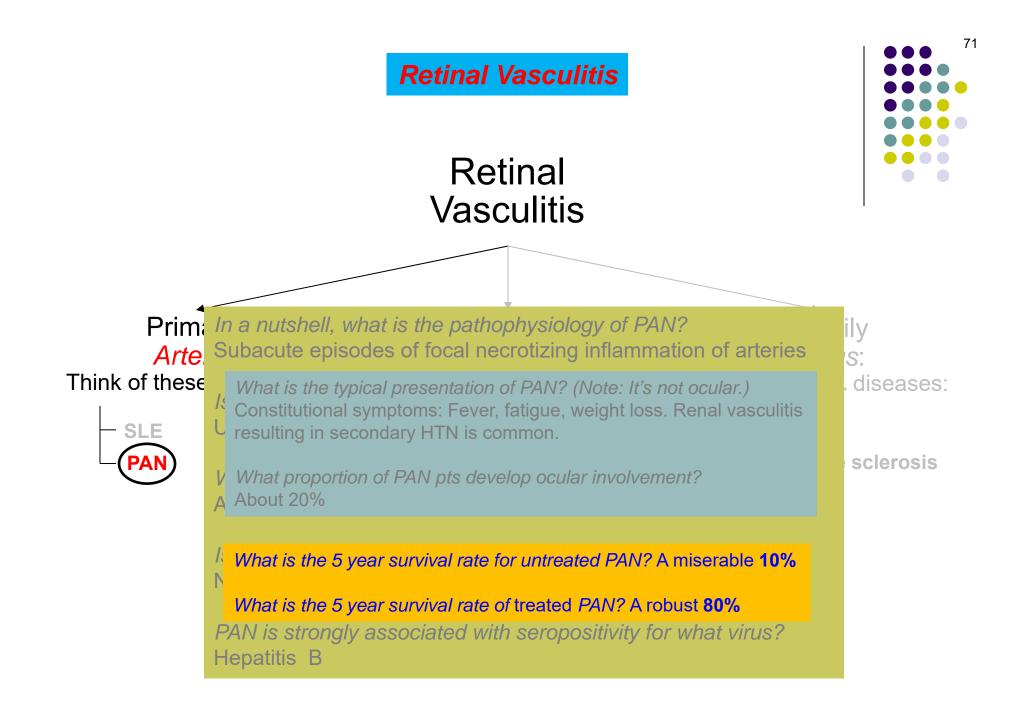


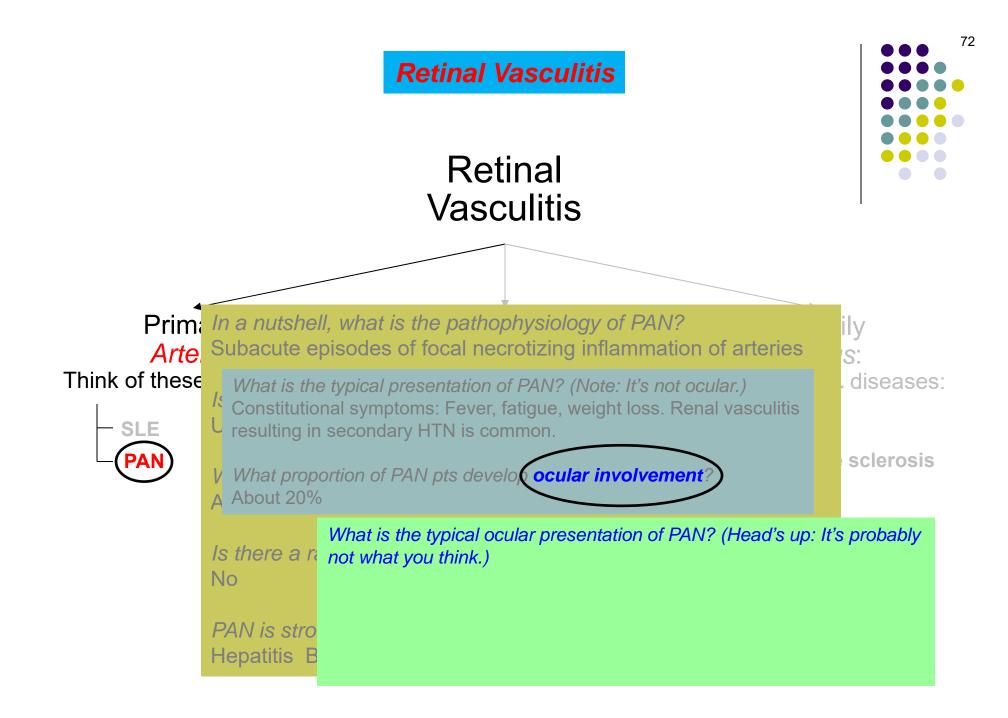


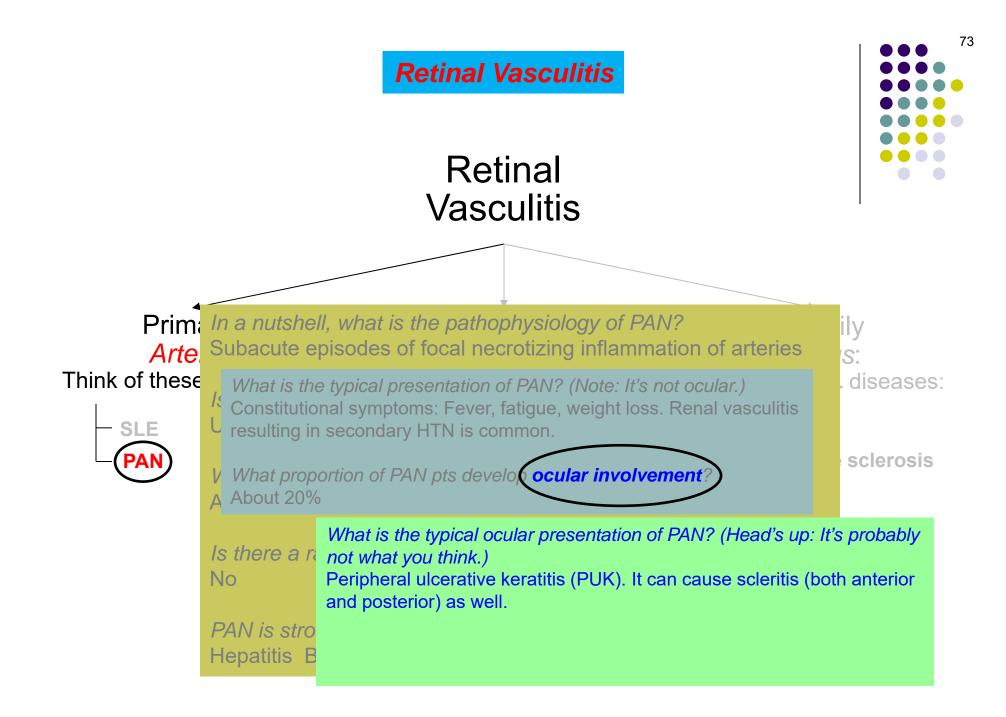


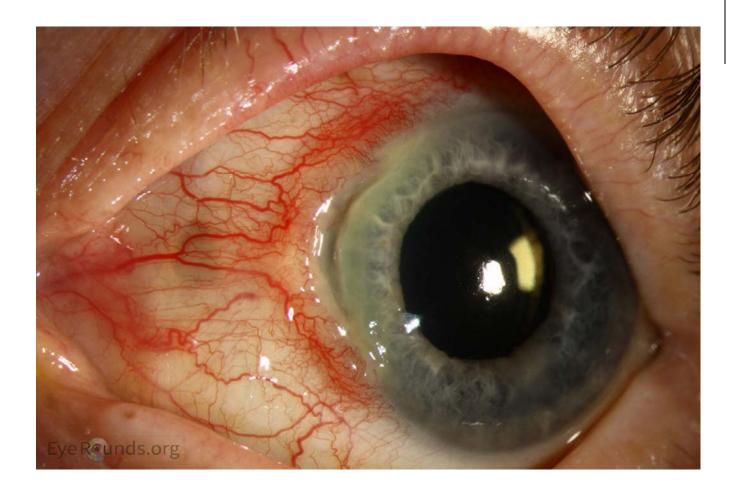










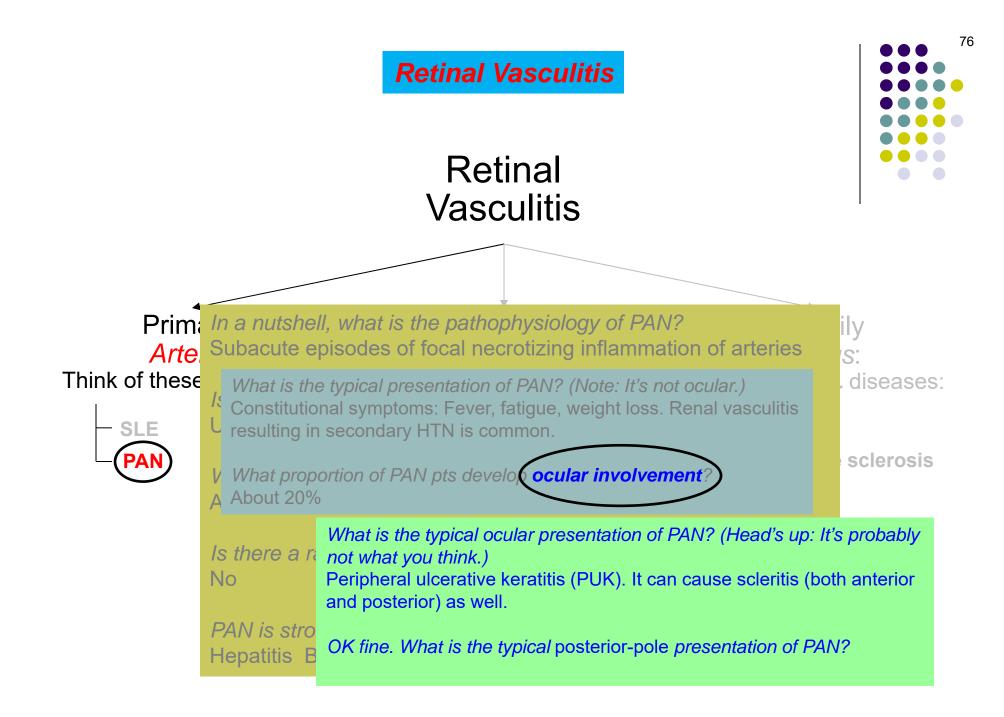


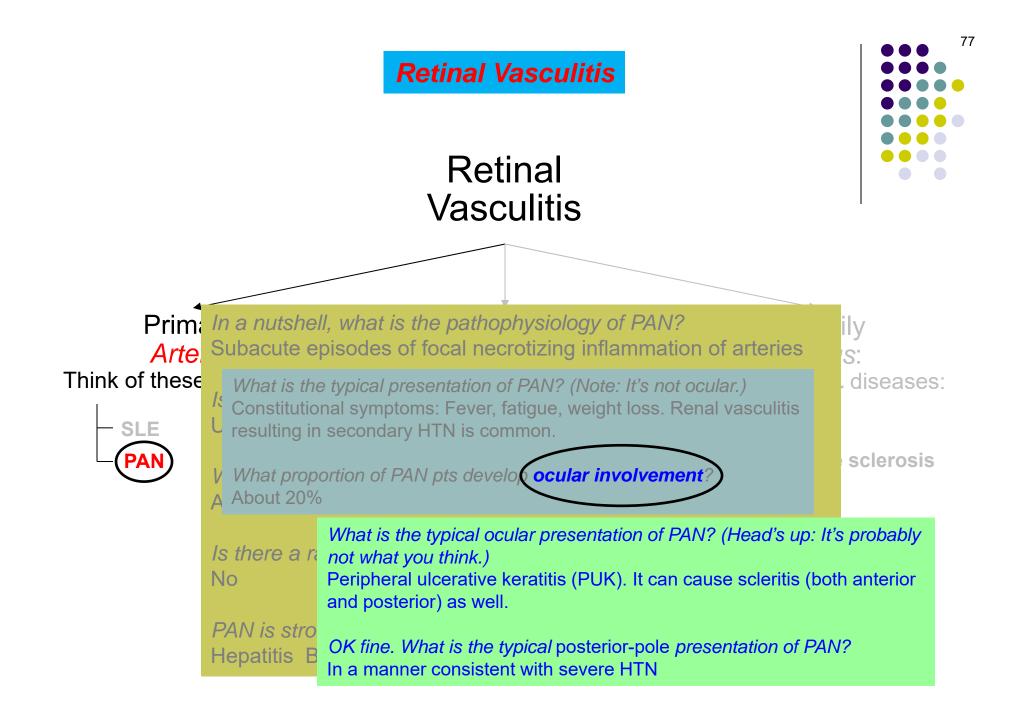
PUK (full disclosure: I don't think it's 2ndry to PAN)

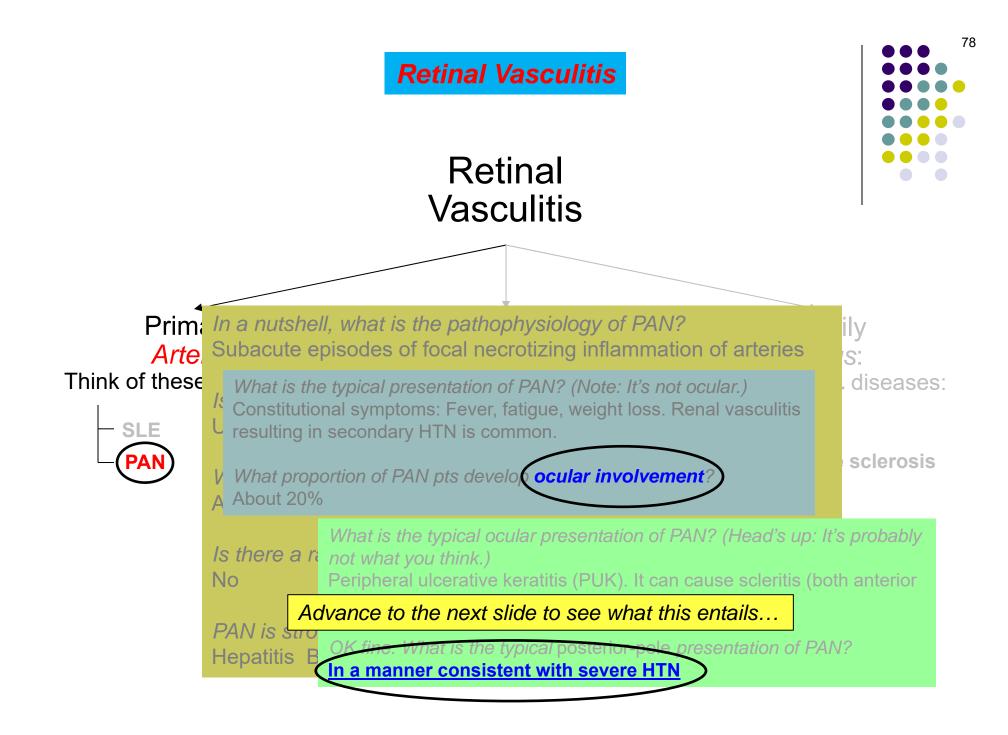




Scleritis (same disclosure)







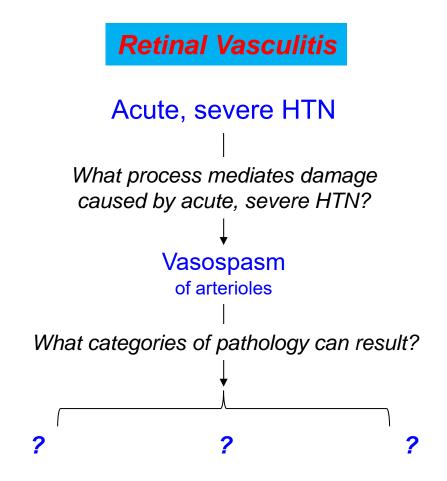
Acute, severe HTN

Retinal Vasculitis

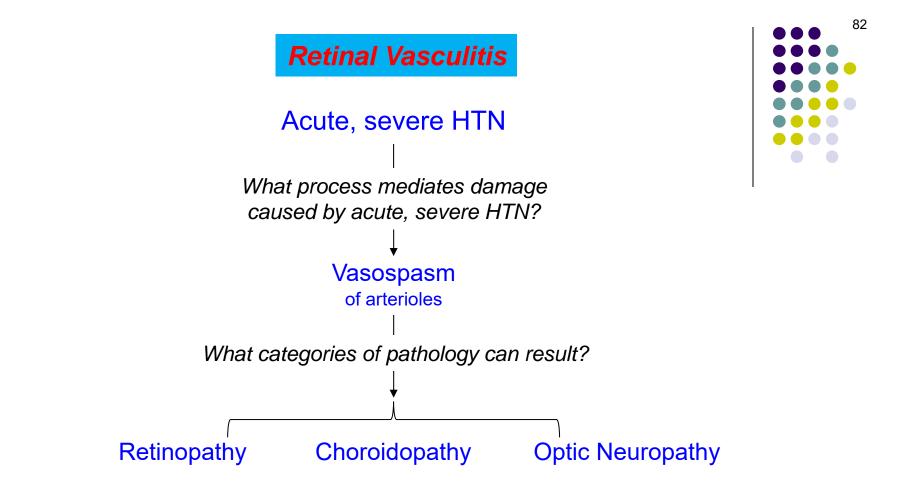


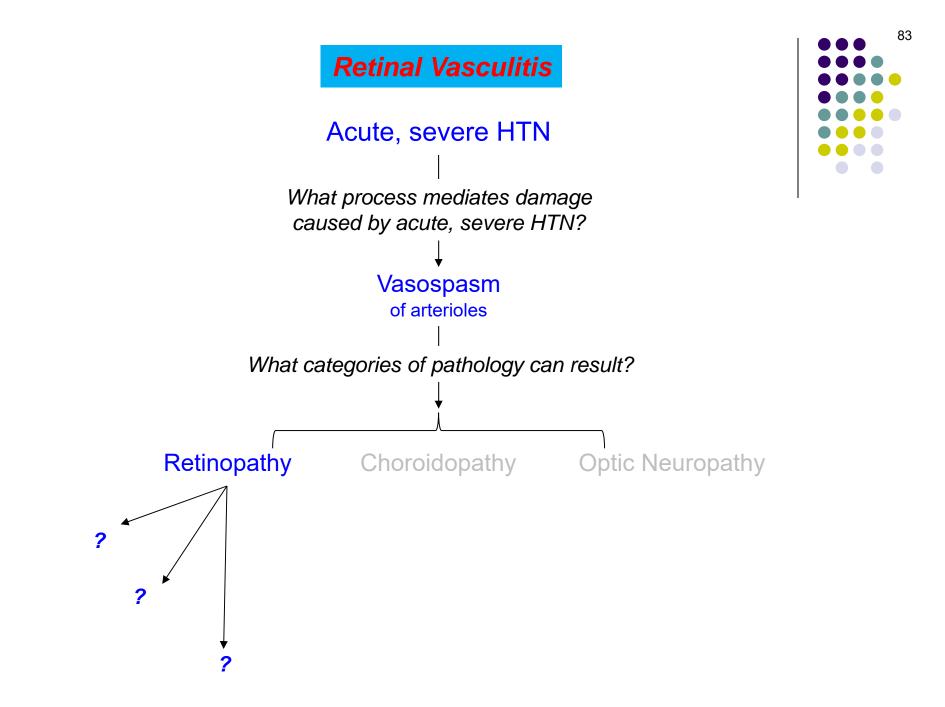
Retinal Vasculitis
Acute, severe HTN
U
What process mediates damage
caused by acute, severe HTN?
Vasospasm
of arterioles

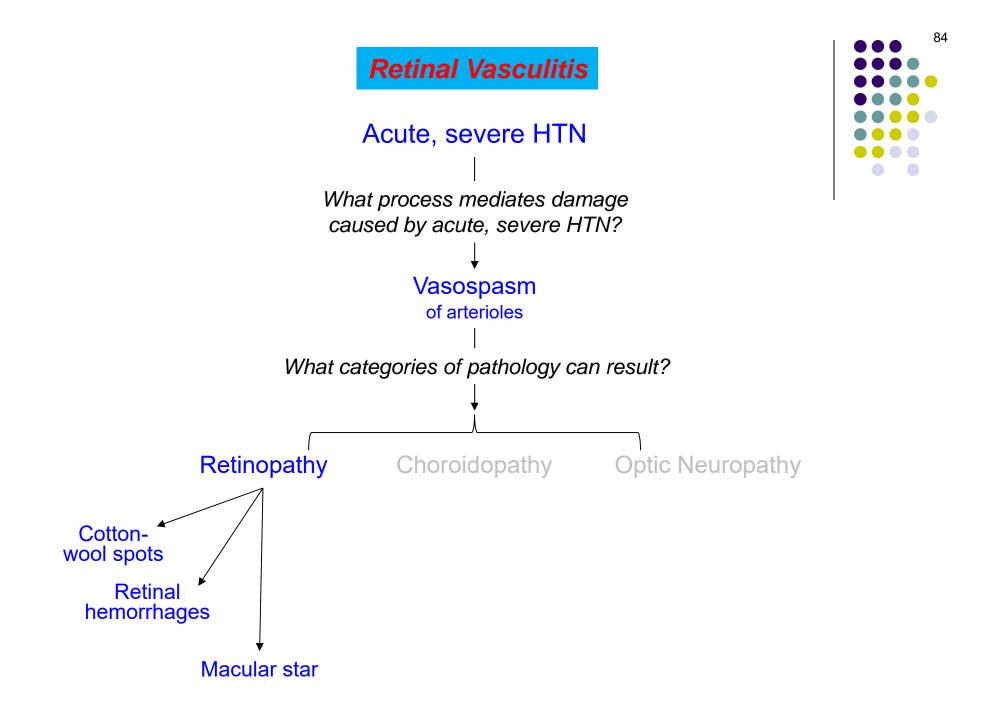




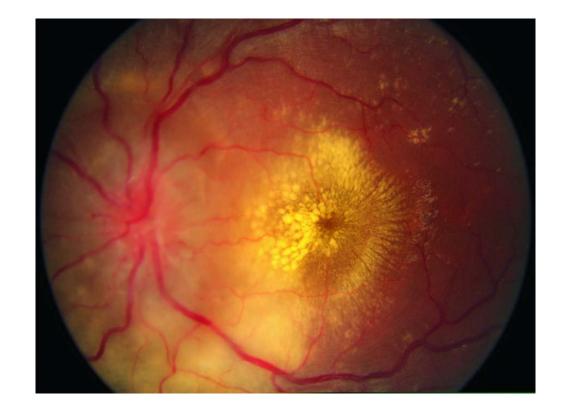




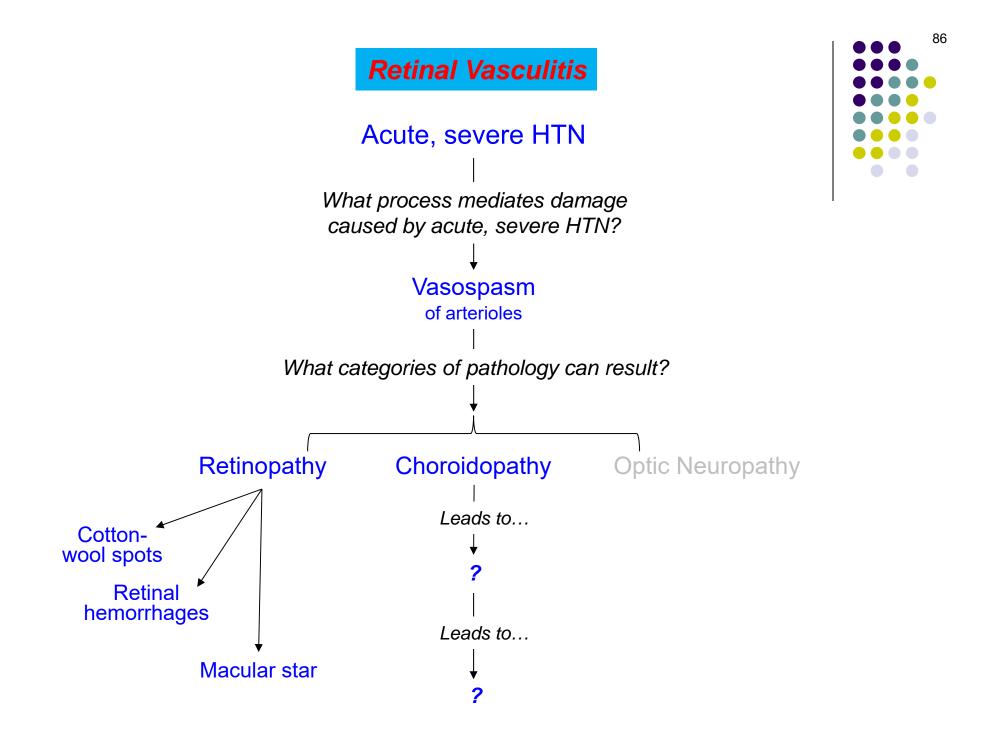


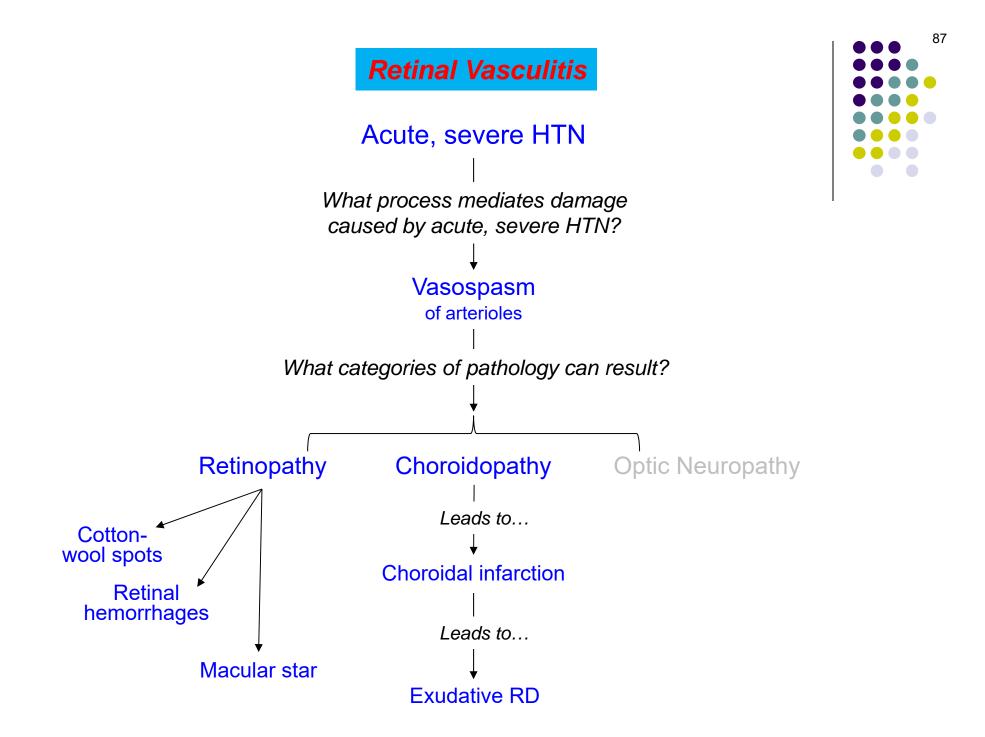




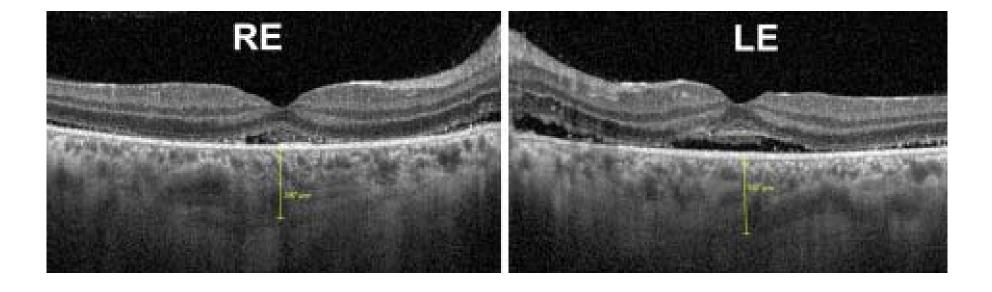


HTN retinopathy

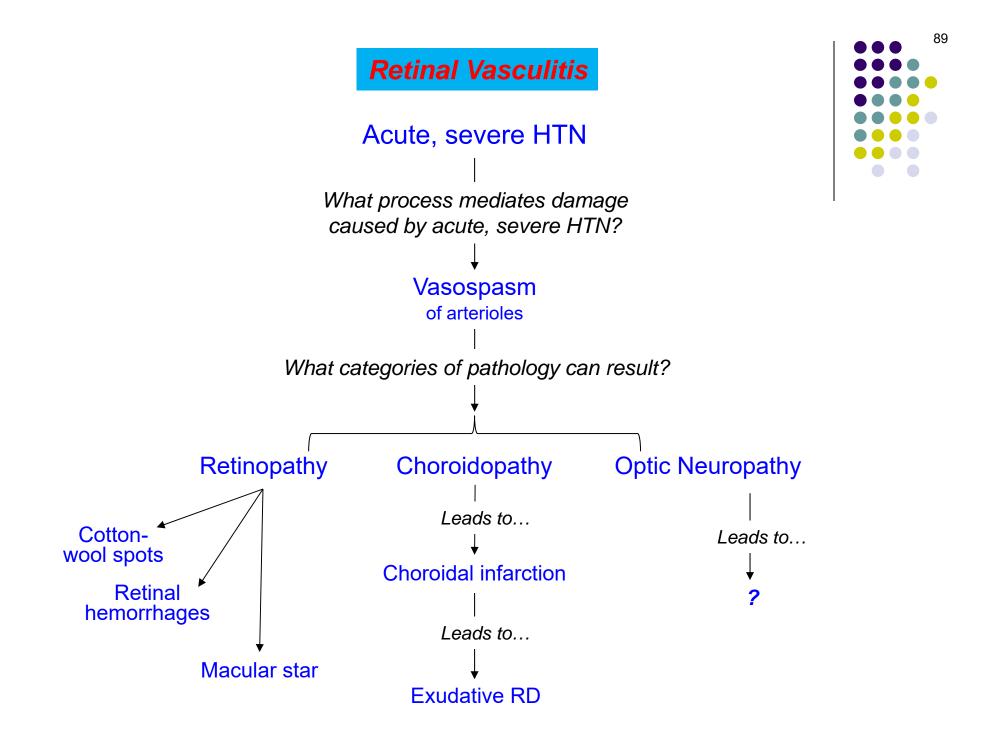


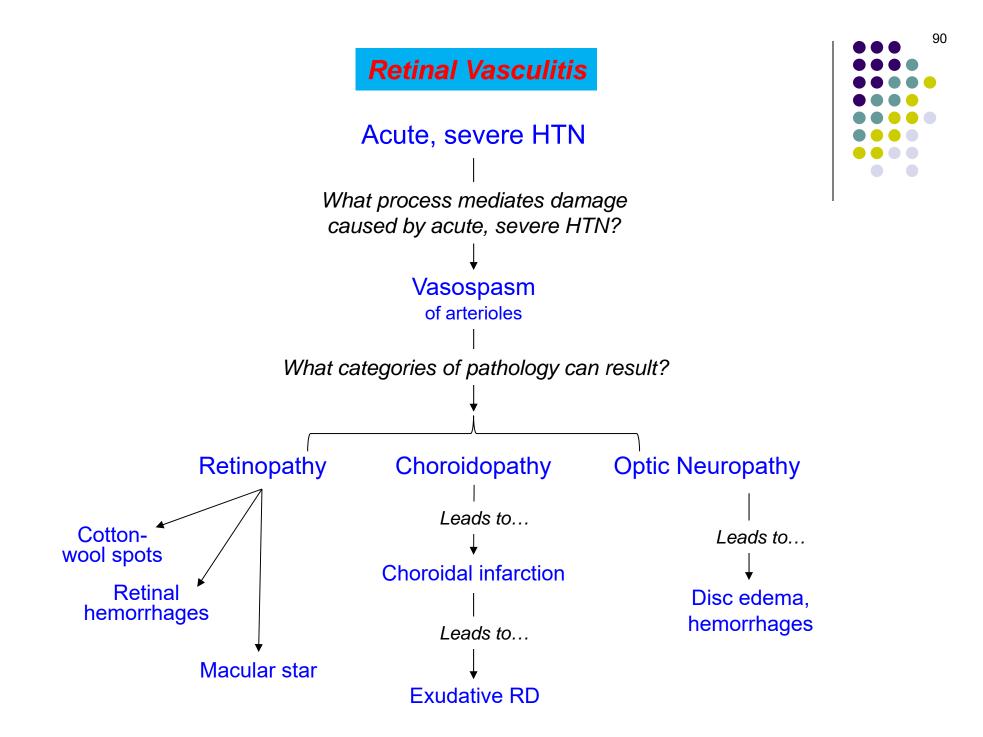






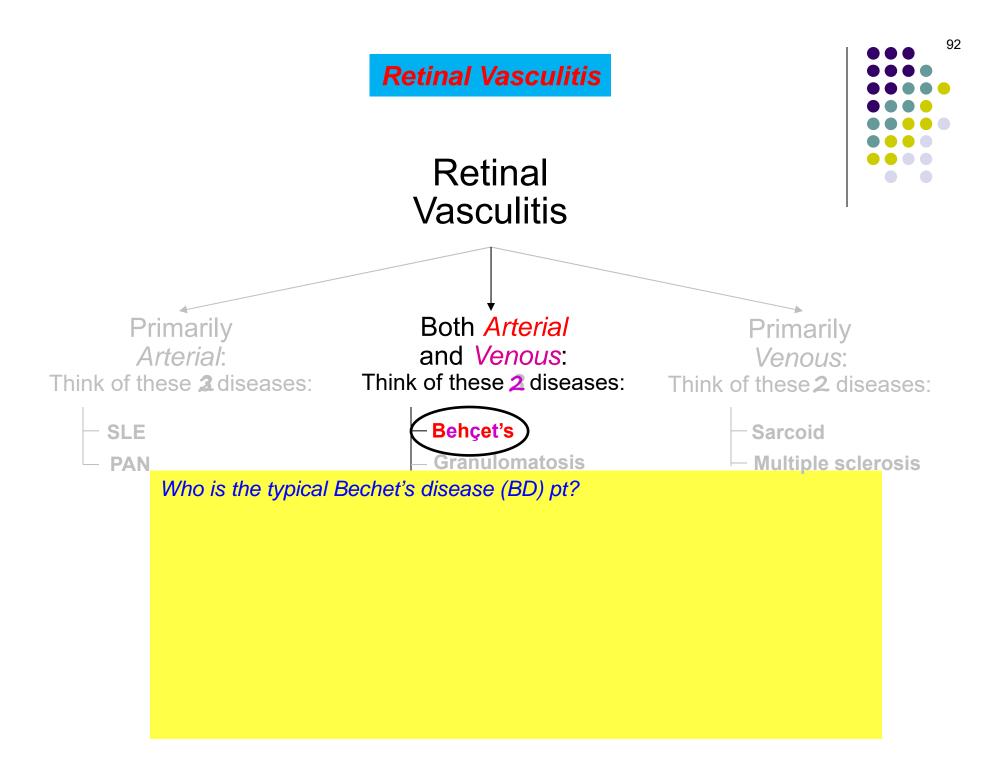
HTN choroidopathy with exudative RD

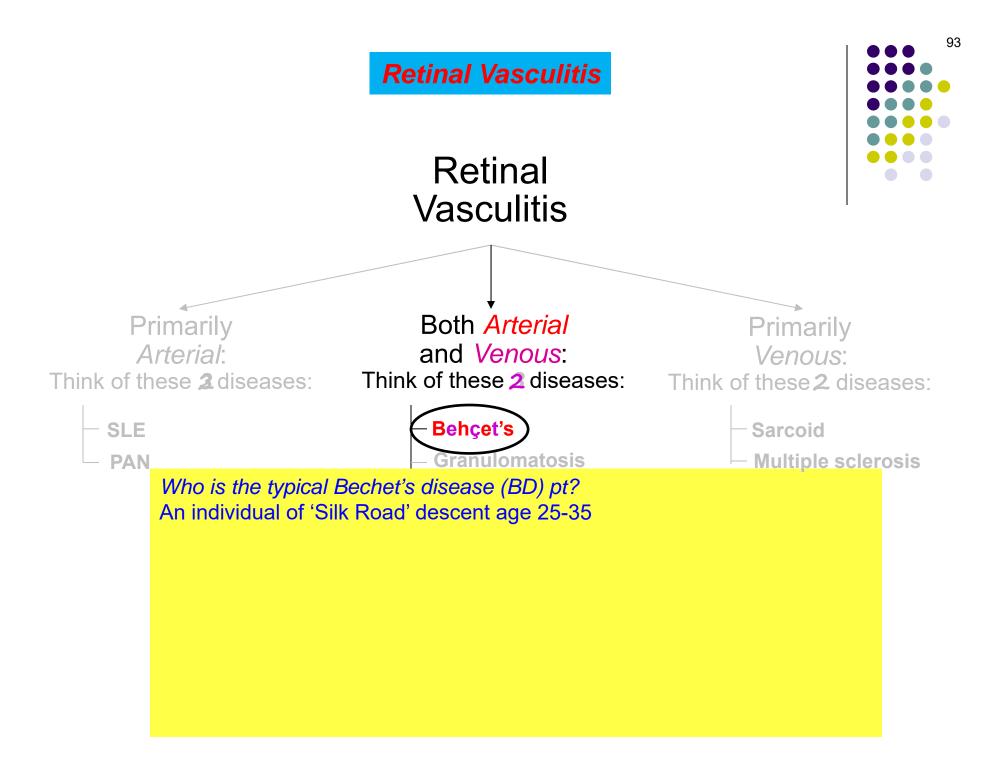


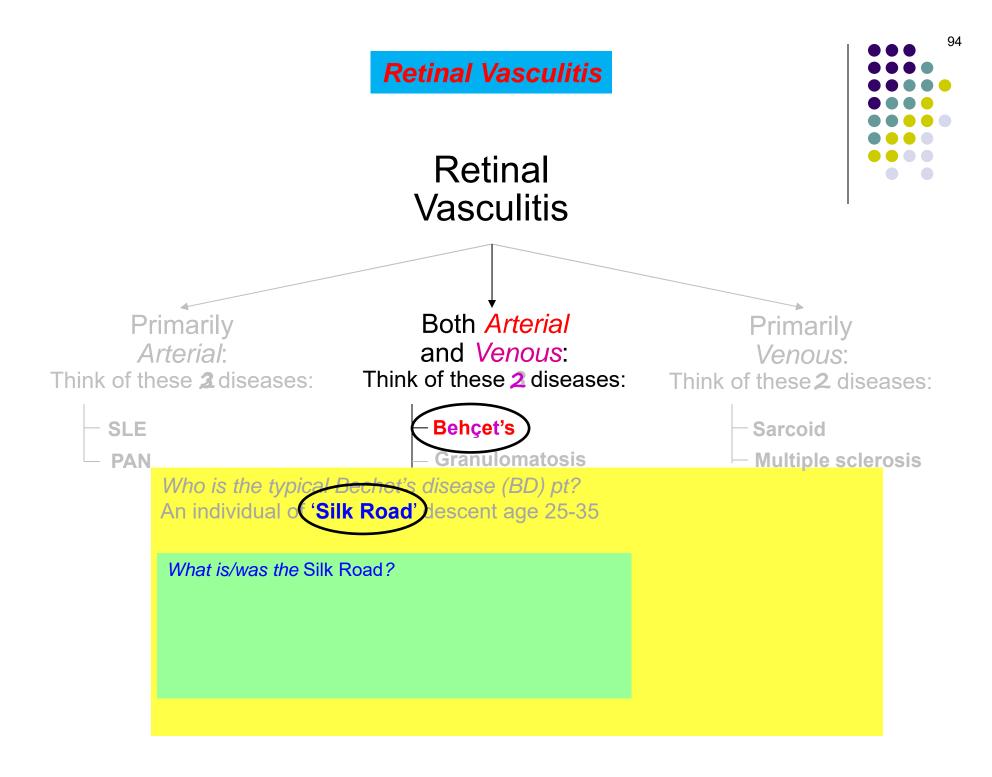


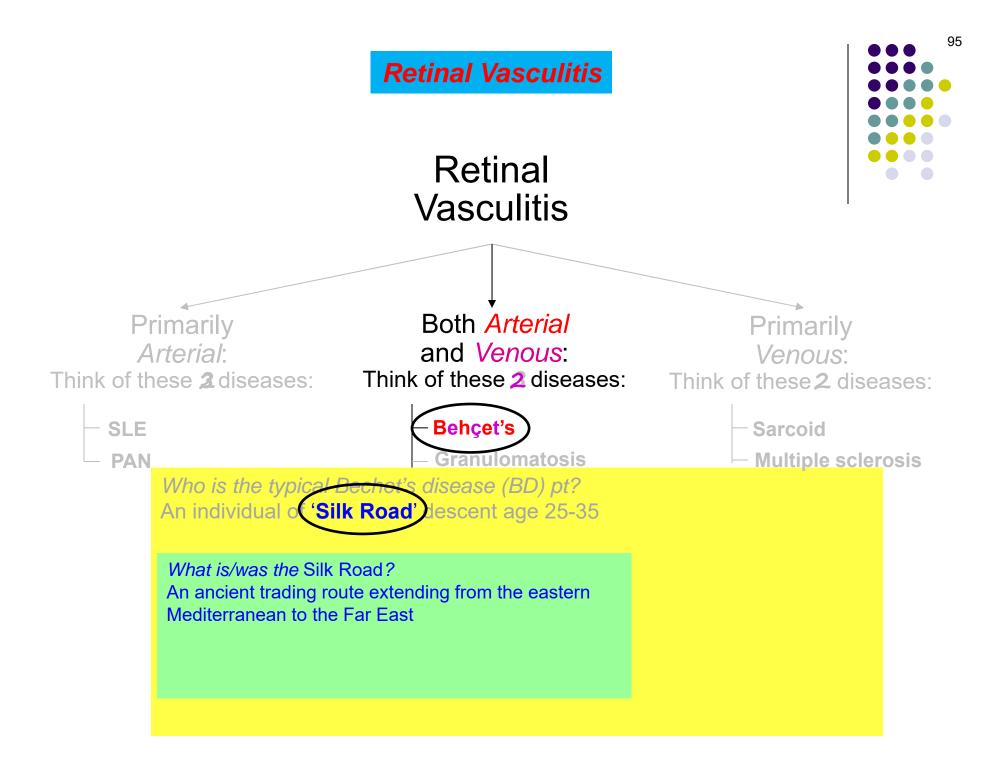
91

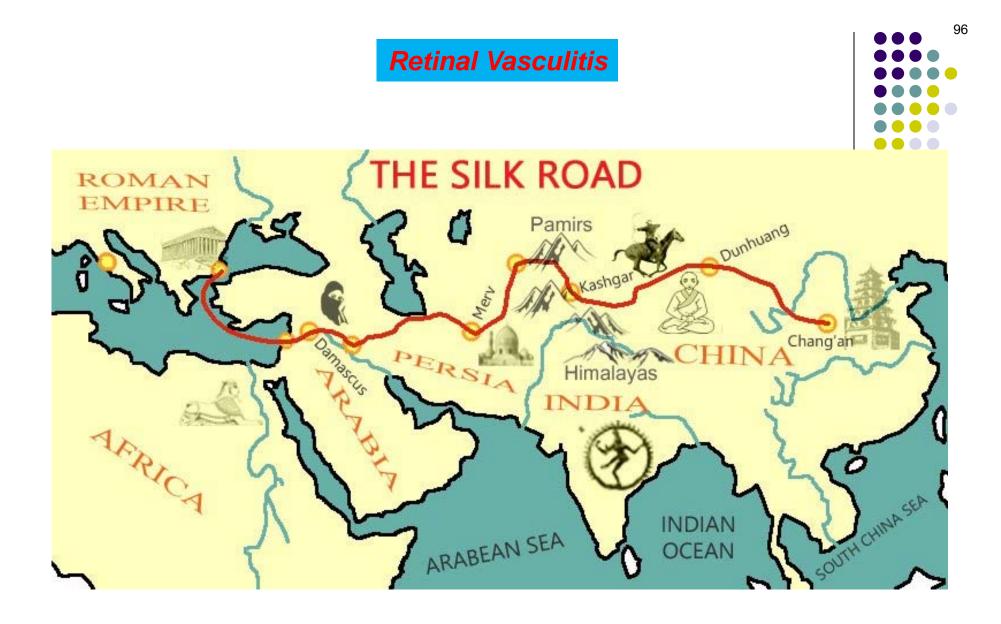
HTN optic neuropathy

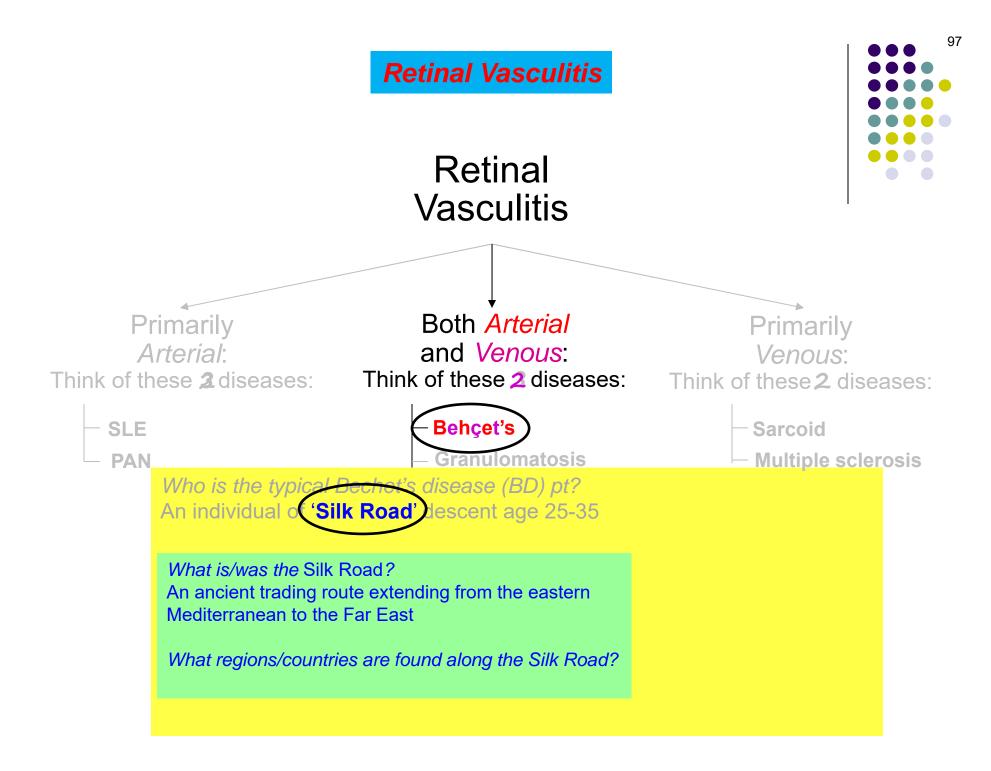


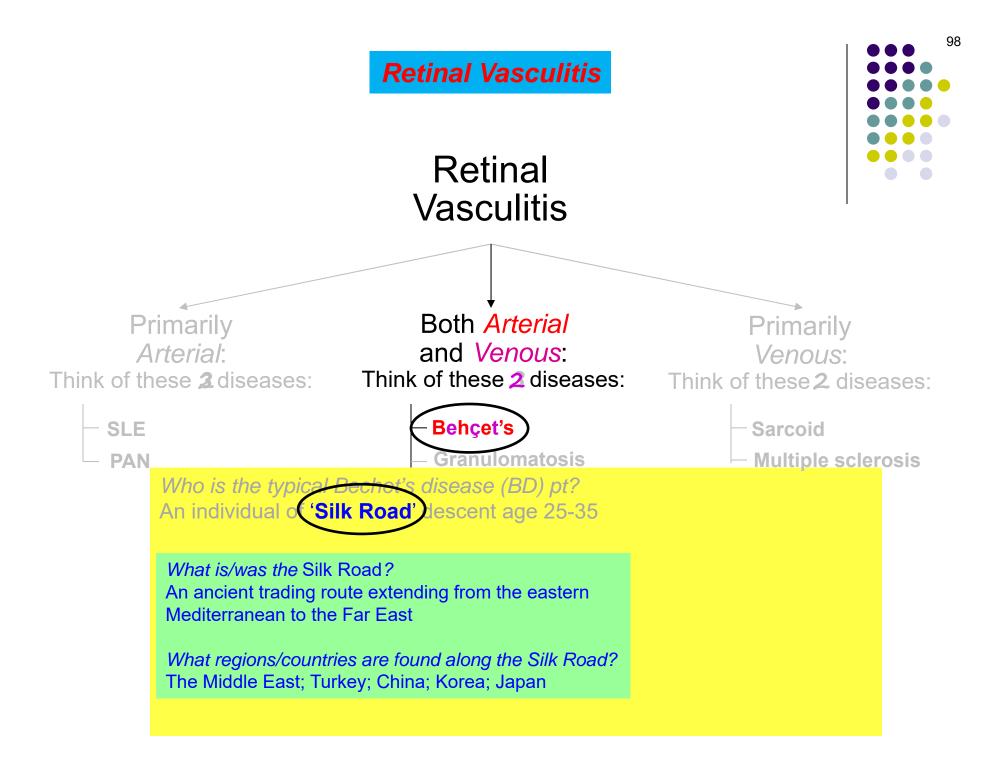


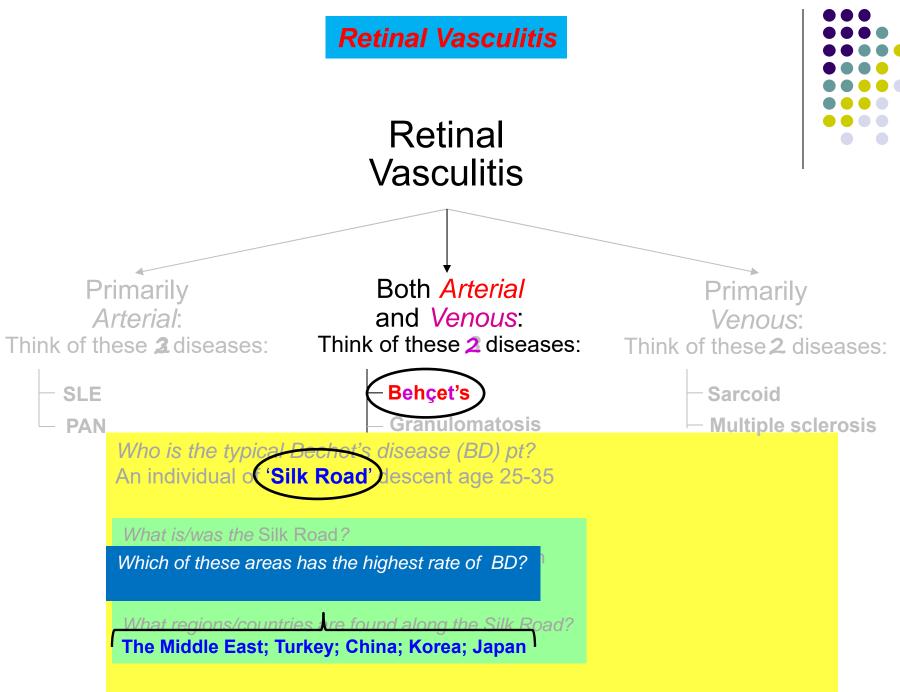


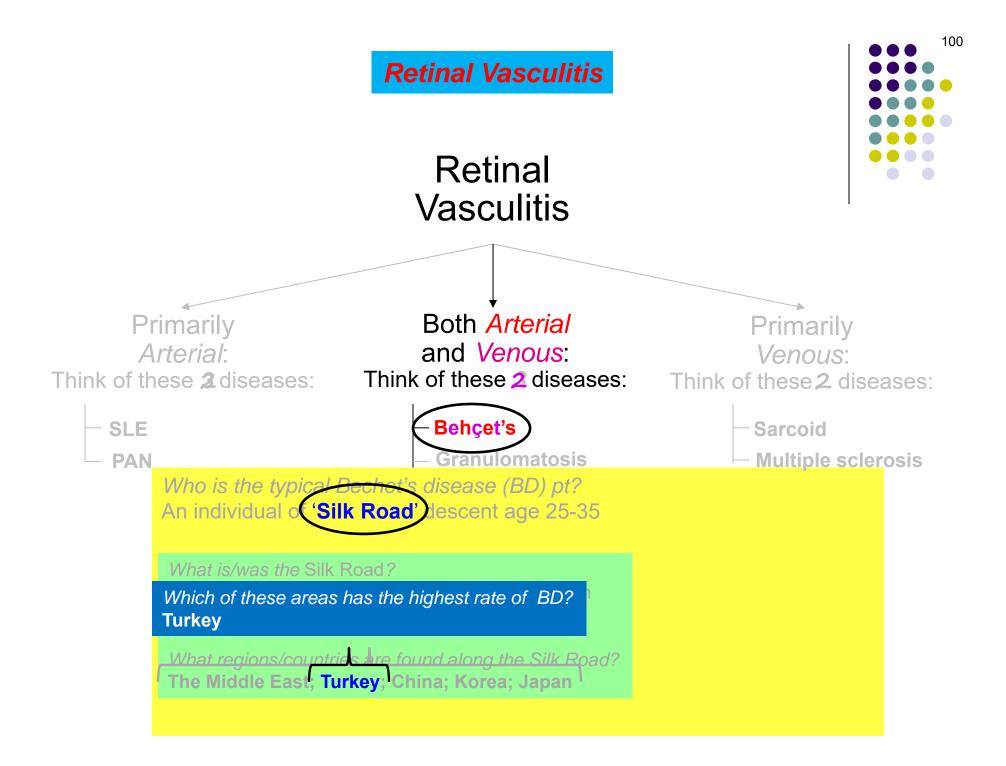


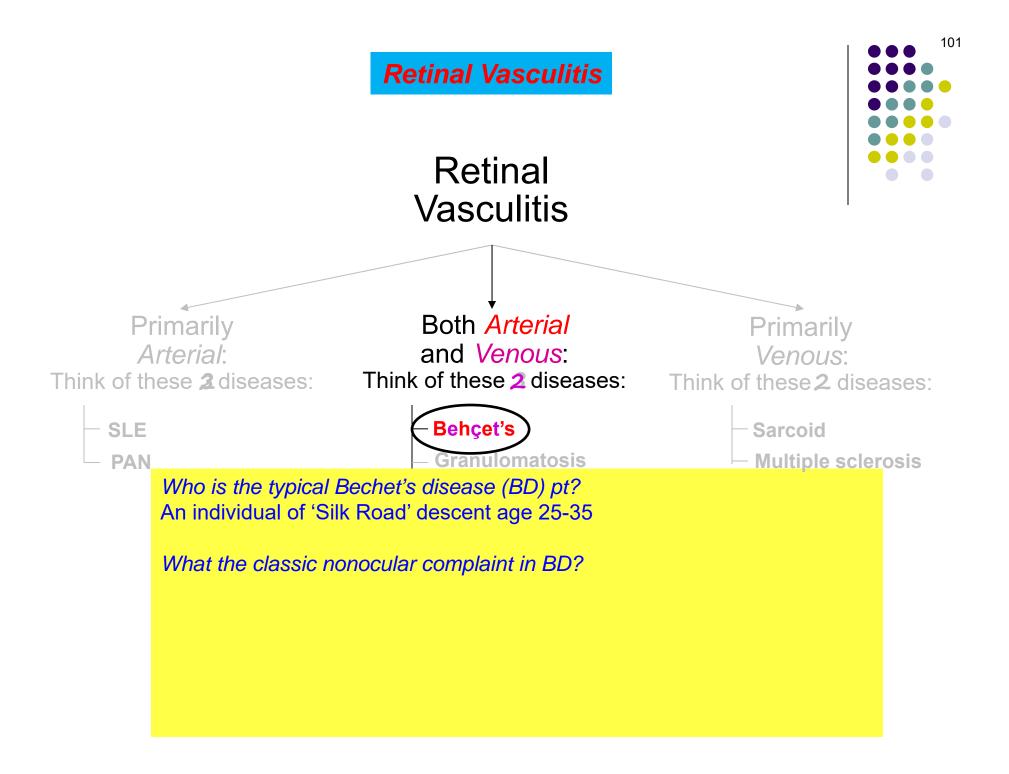


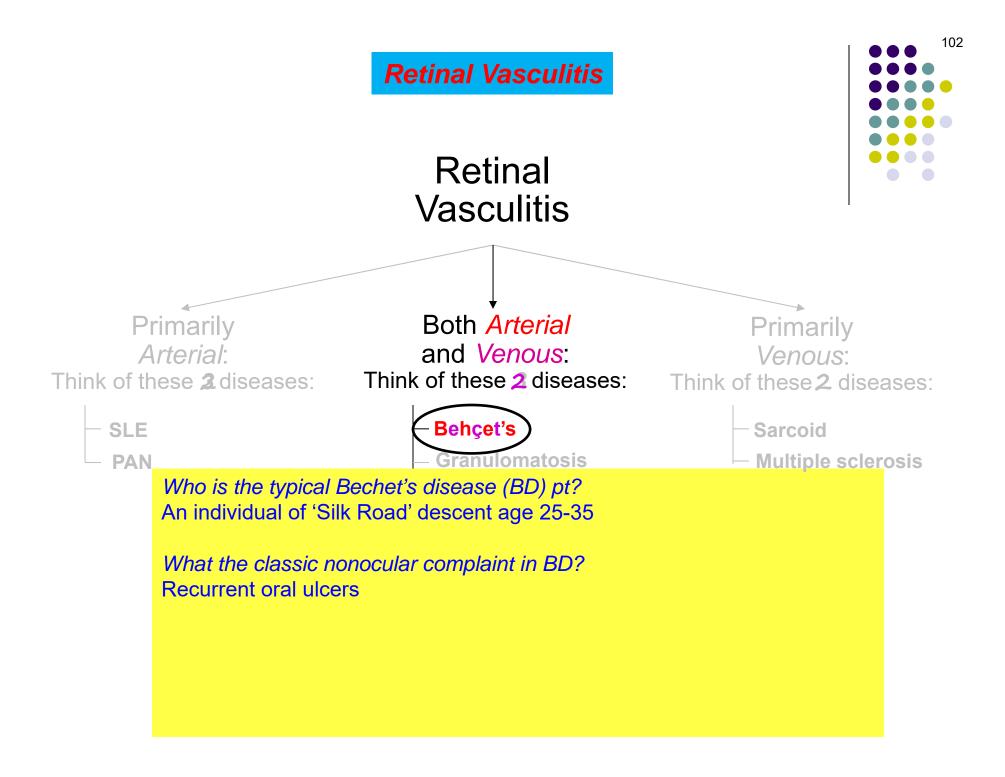


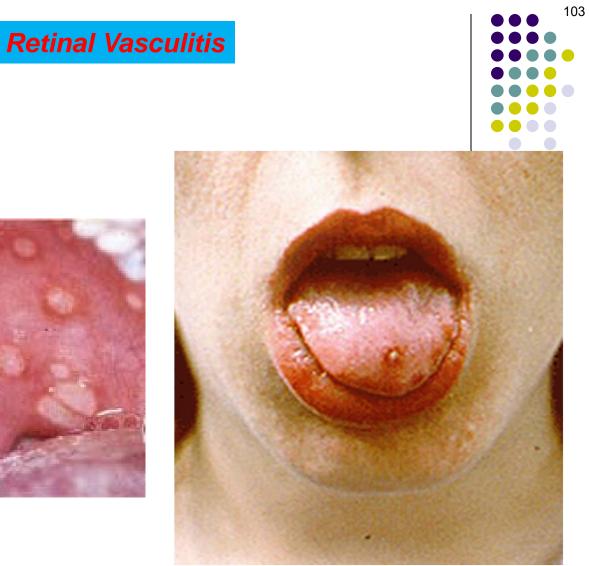






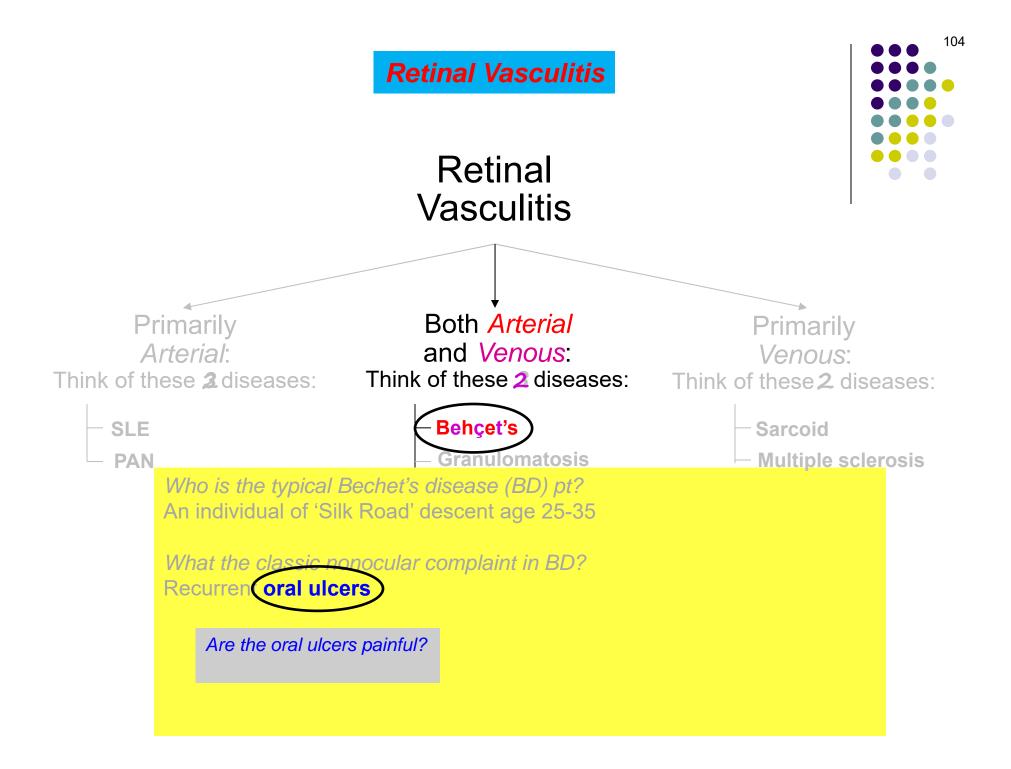


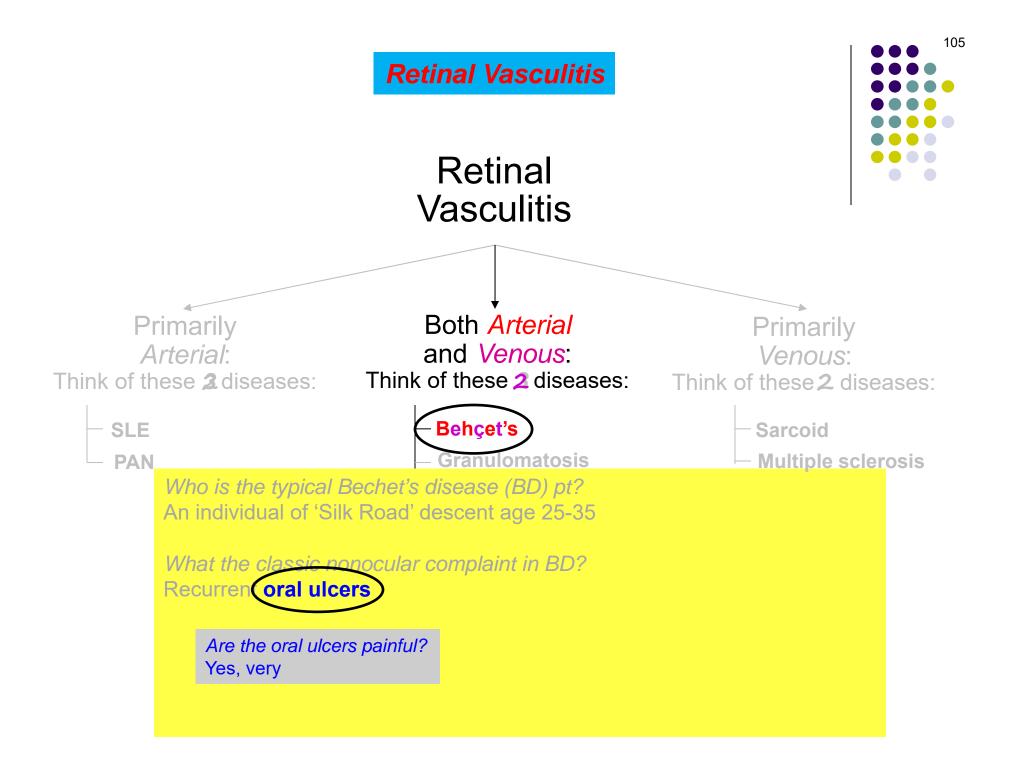


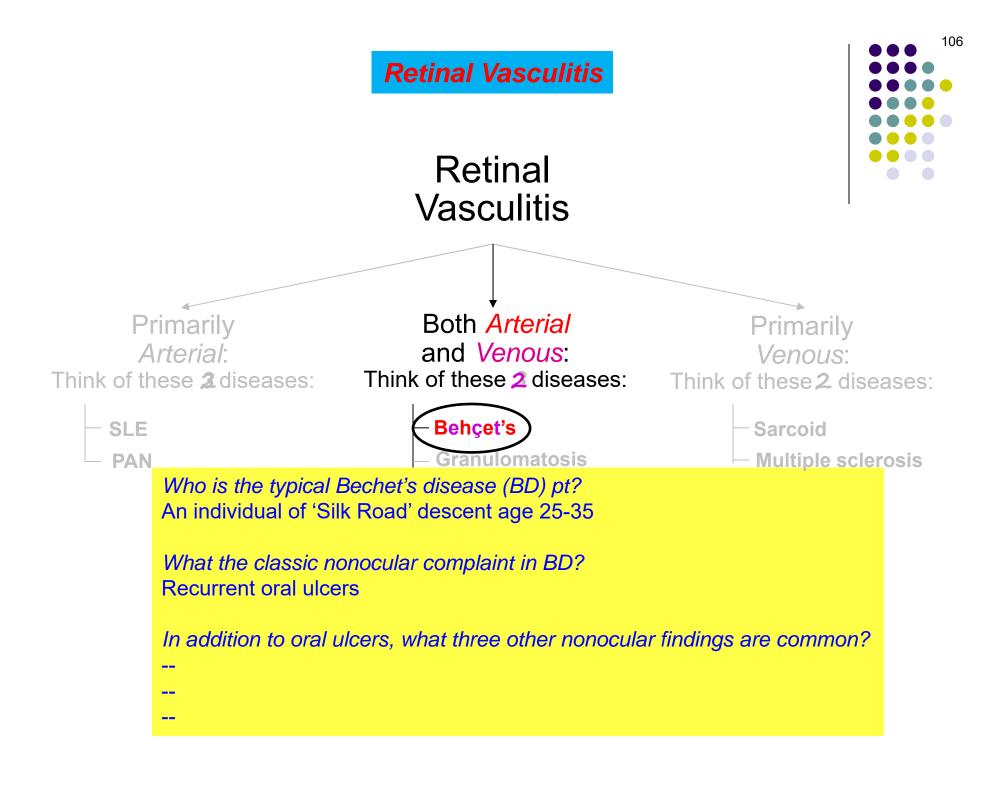


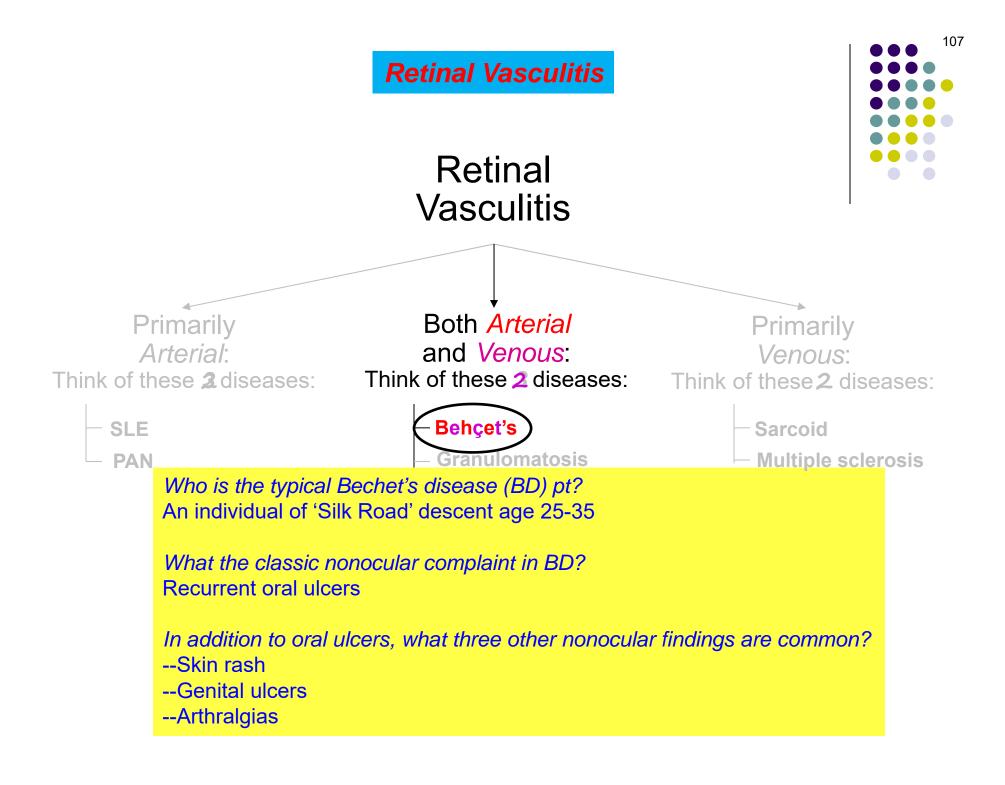


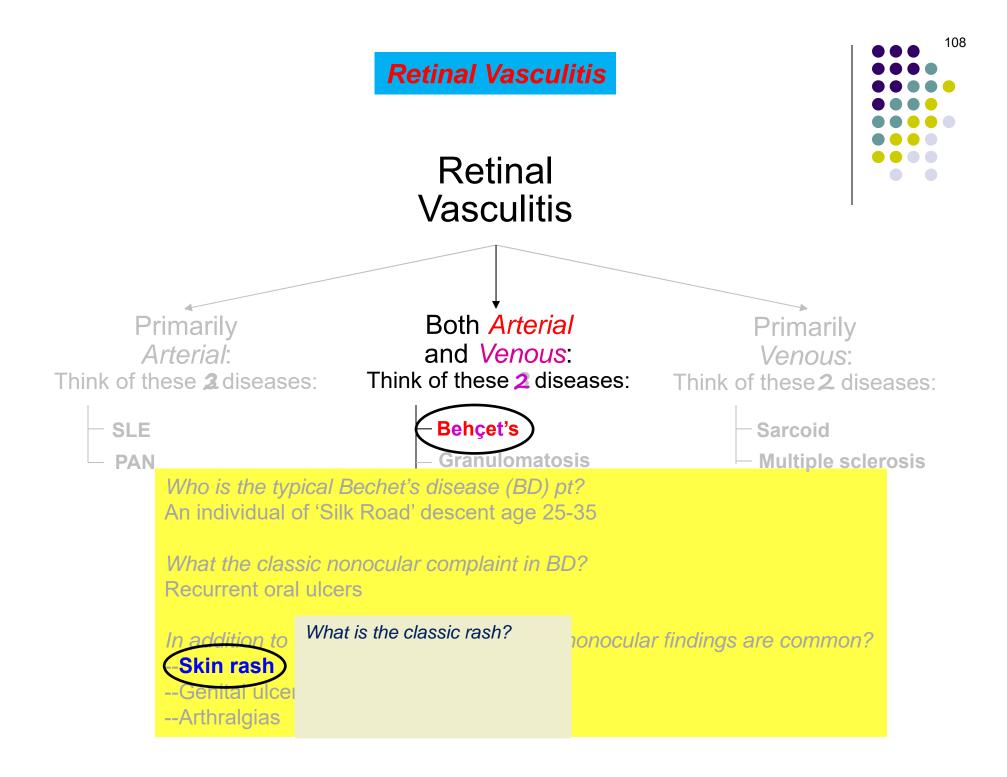
Behçet: Oral aphthae

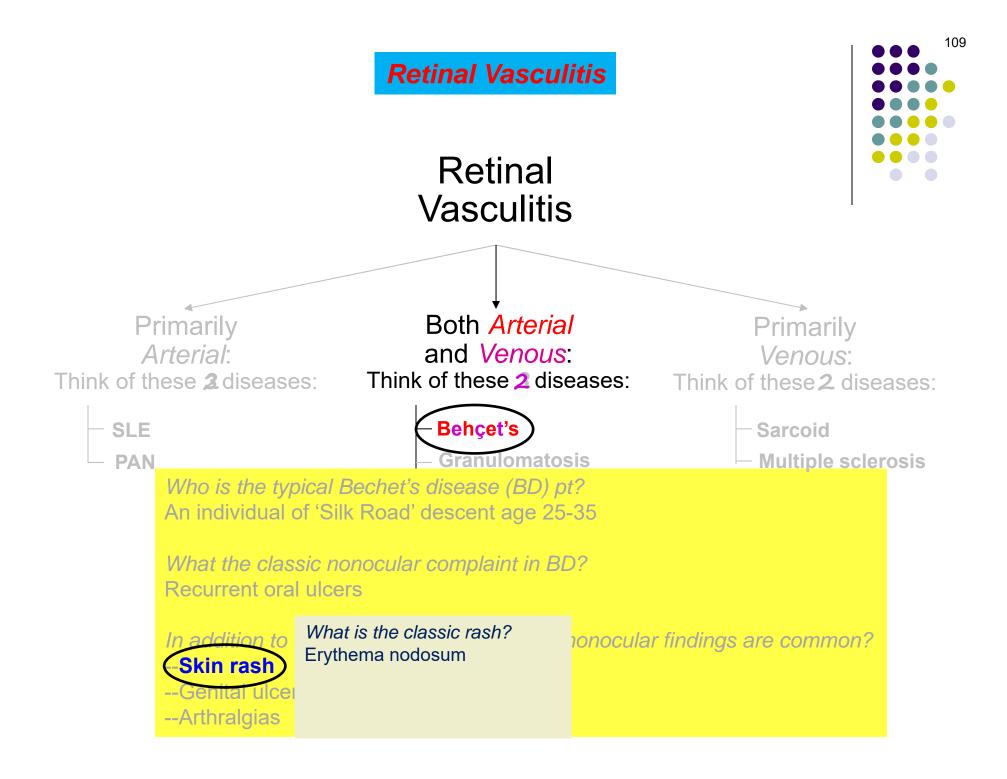


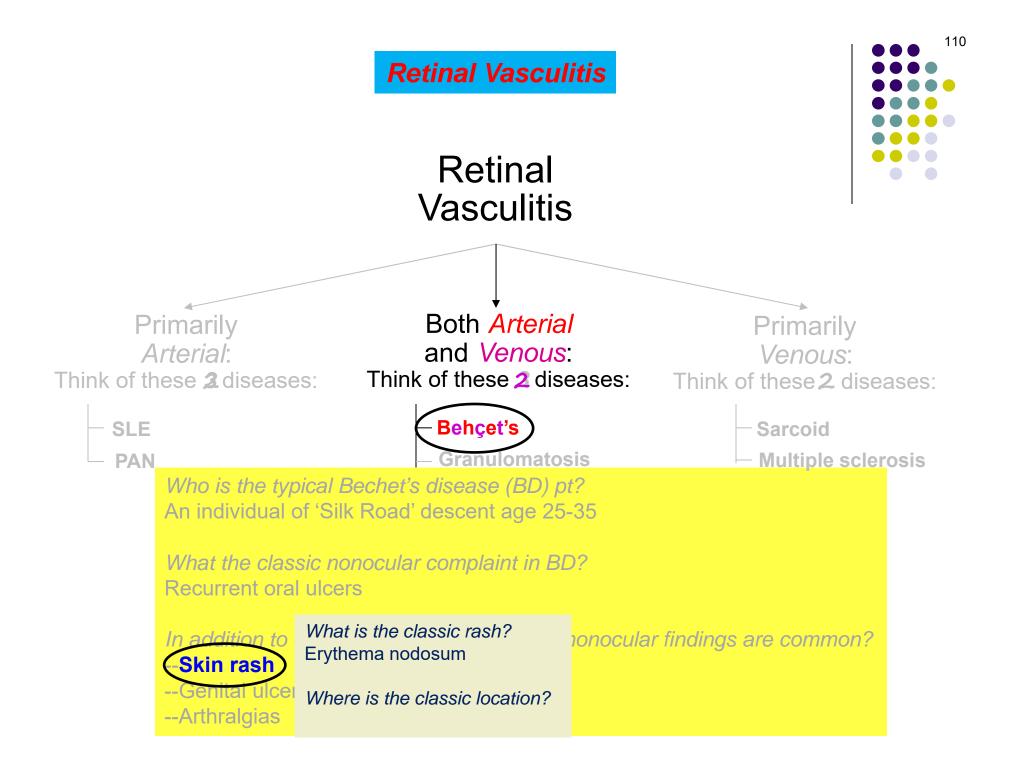


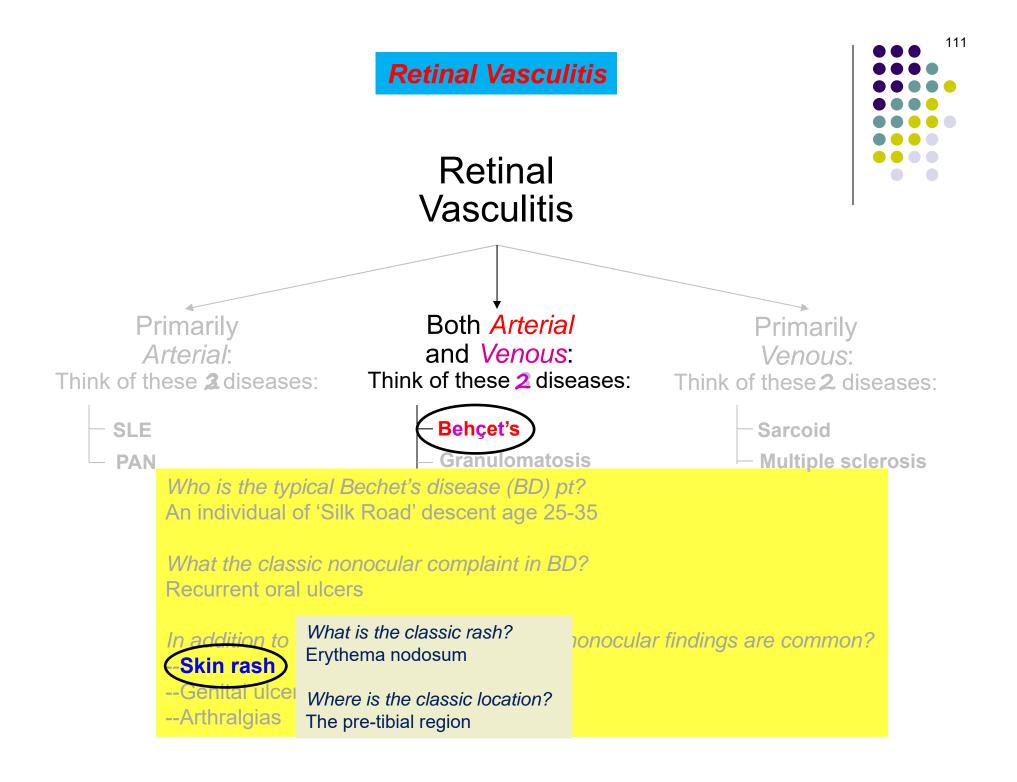






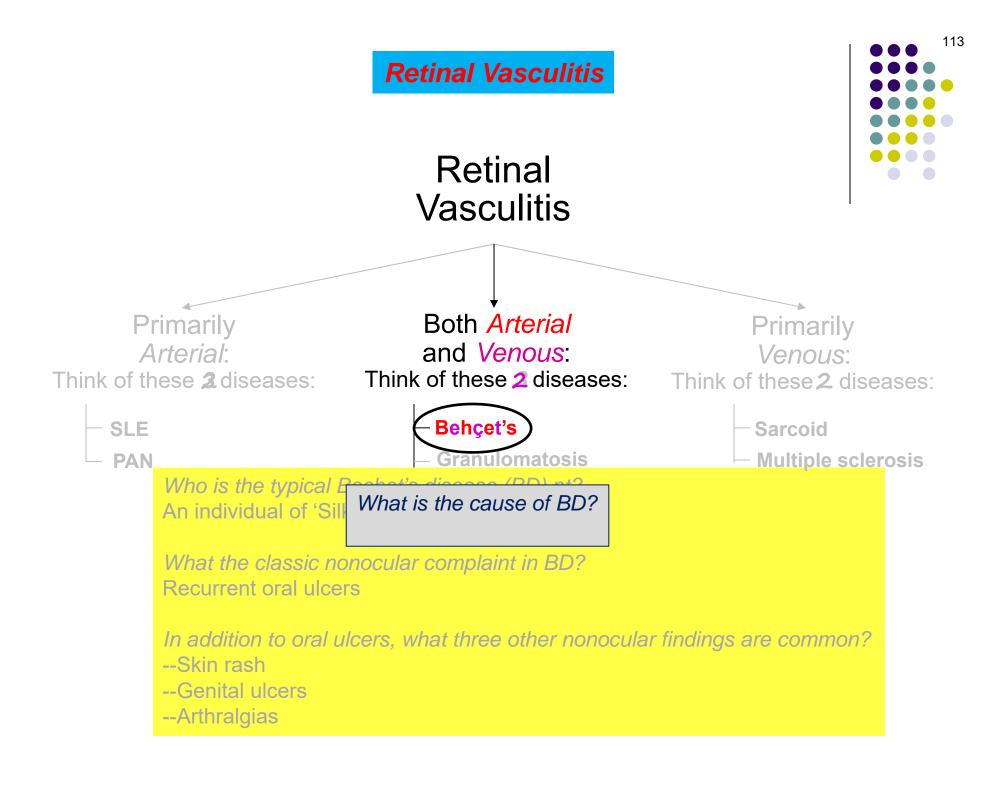


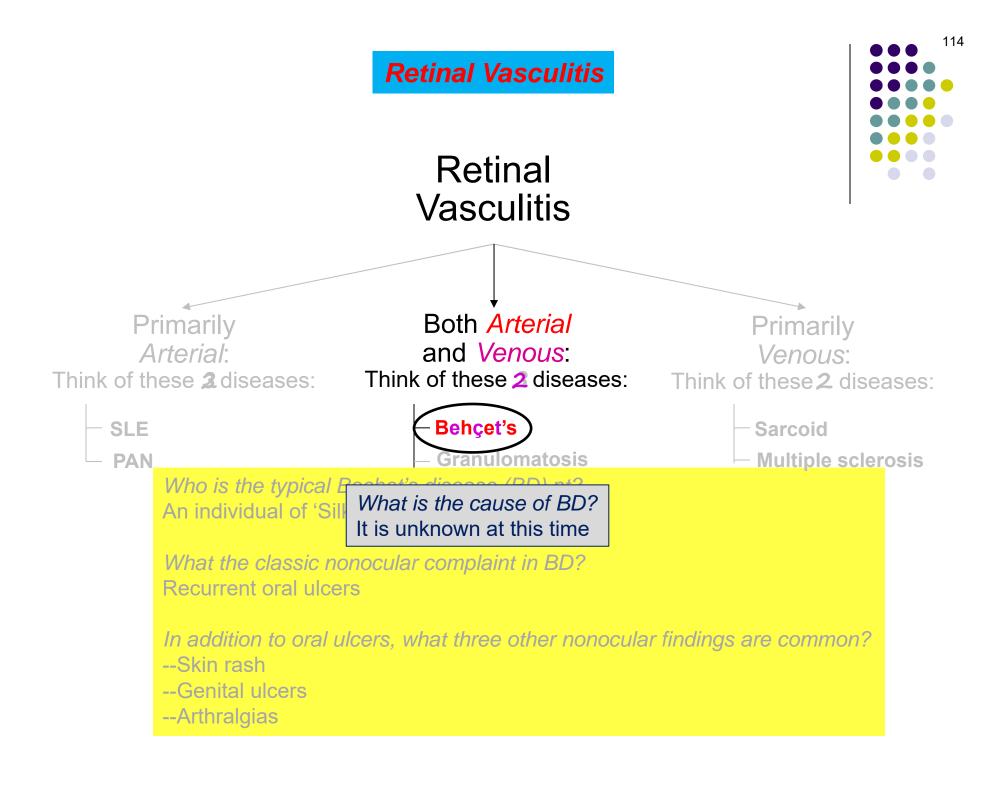


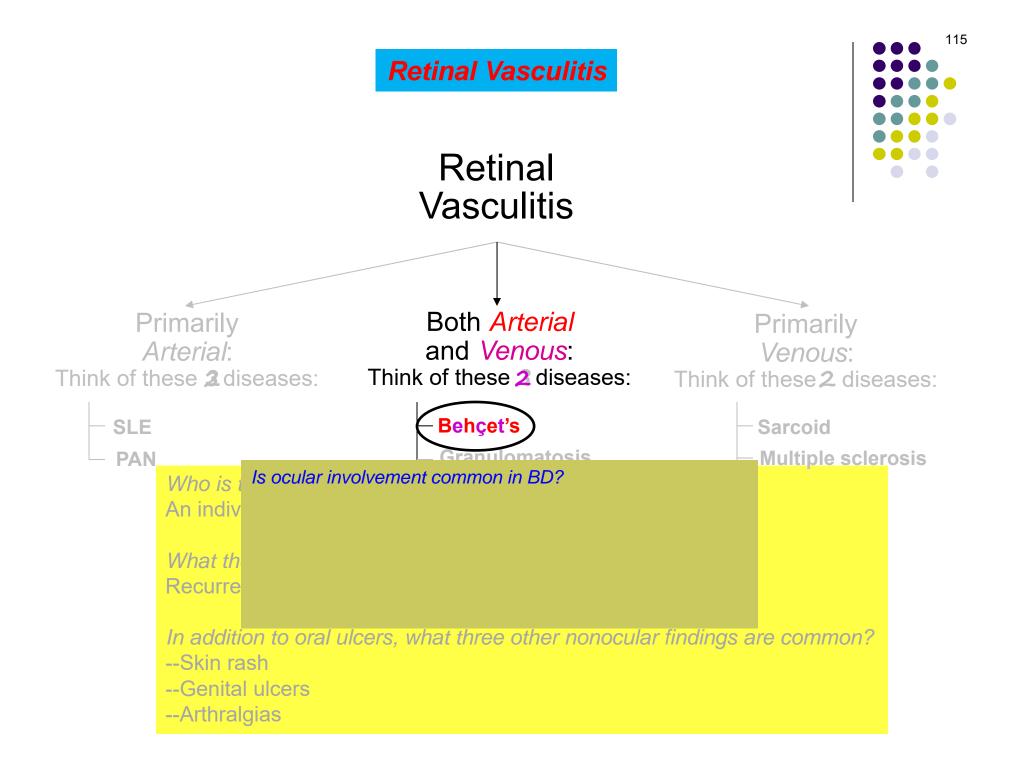


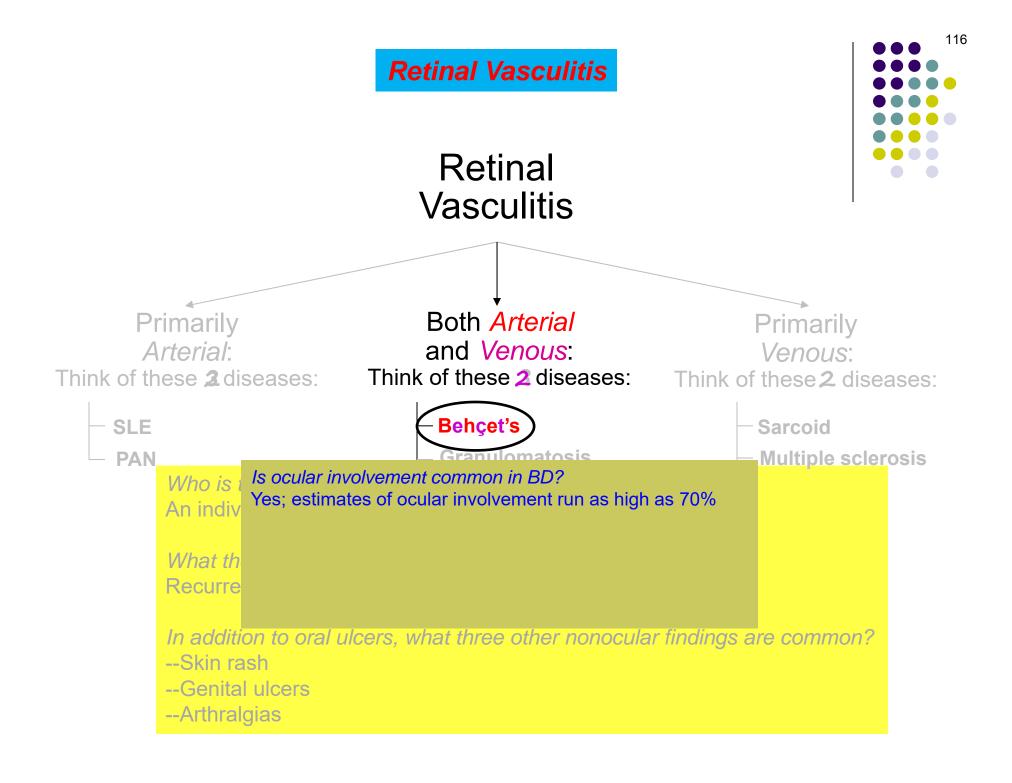


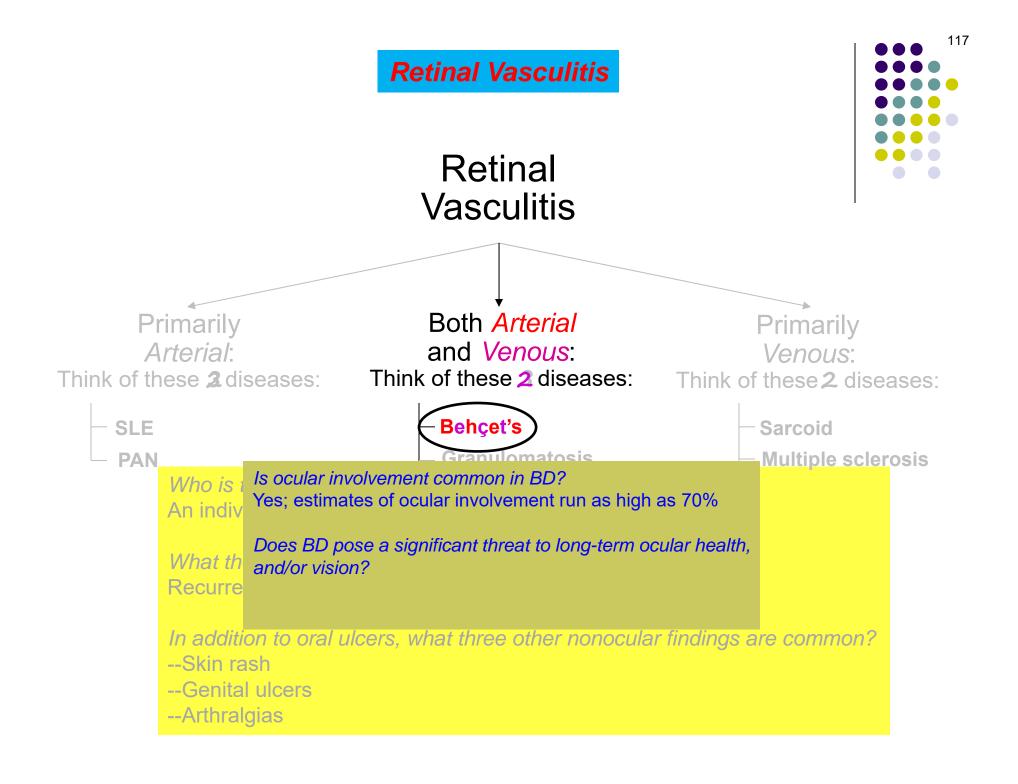
Erythema nodosum in Behçet

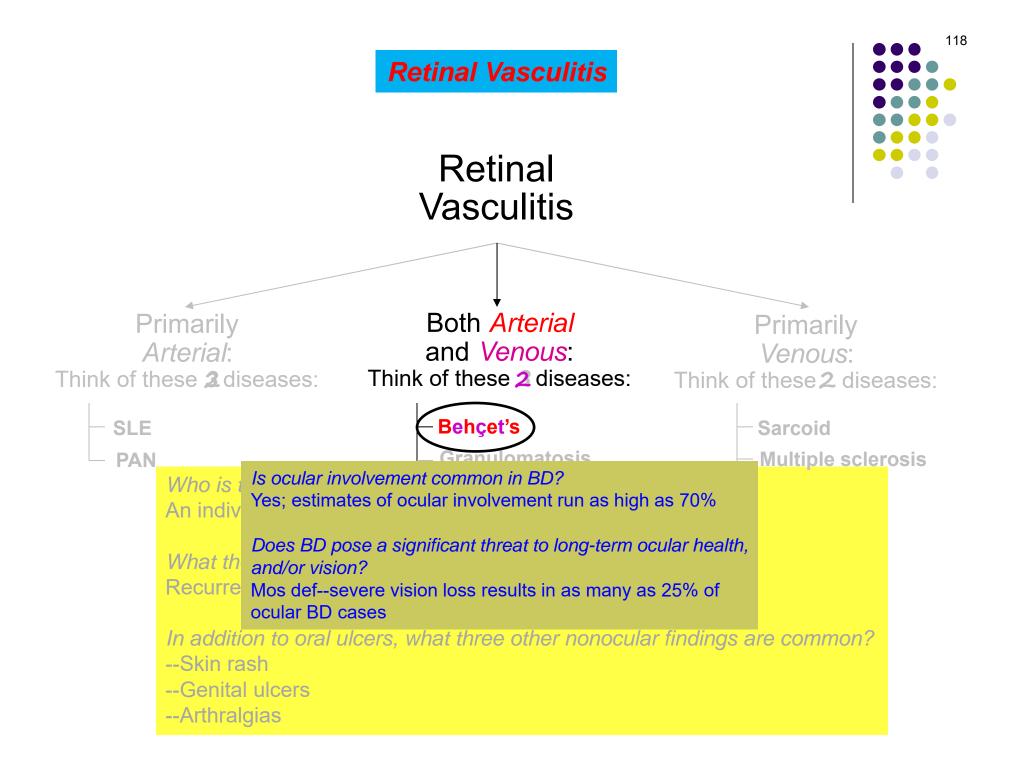


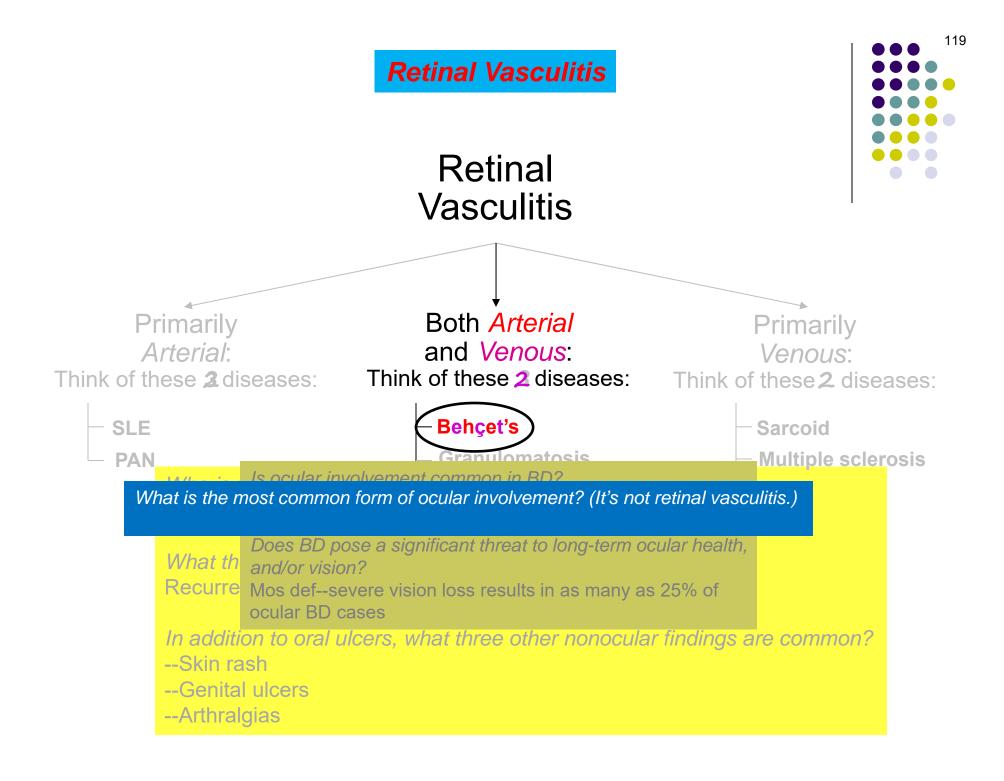


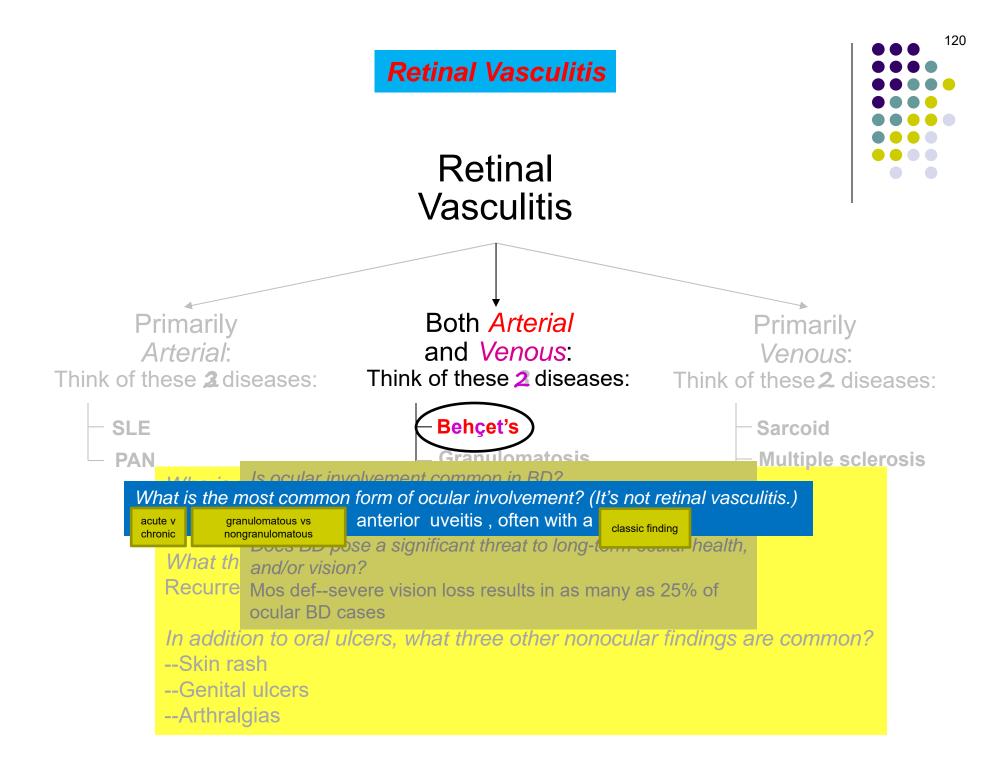


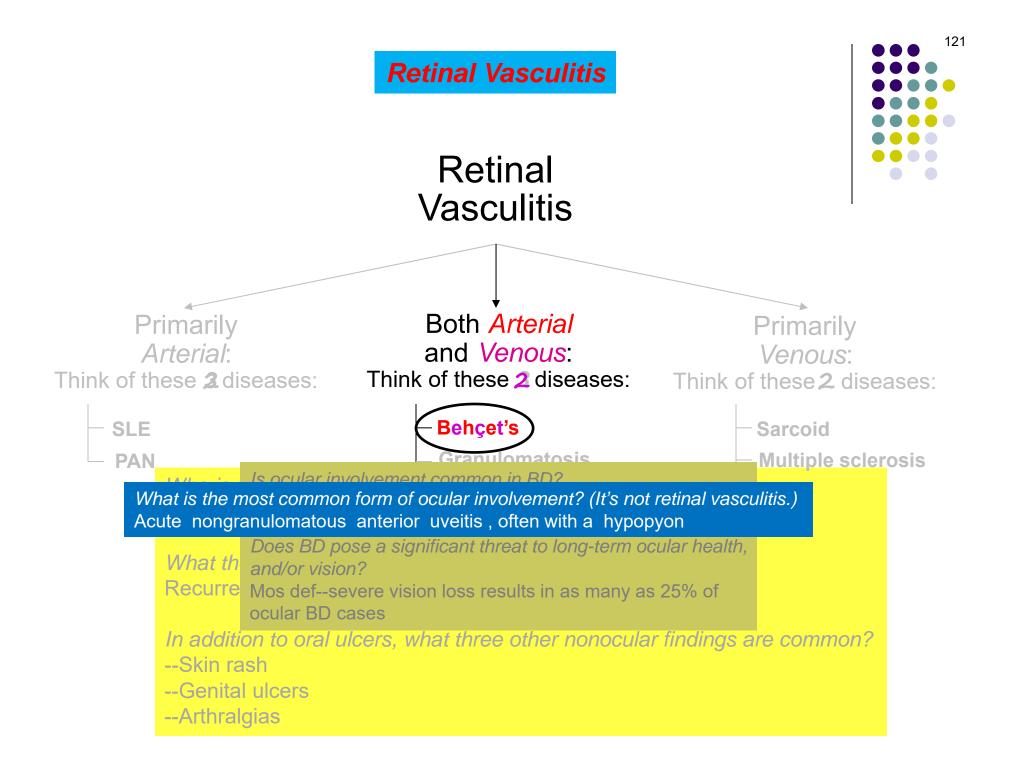










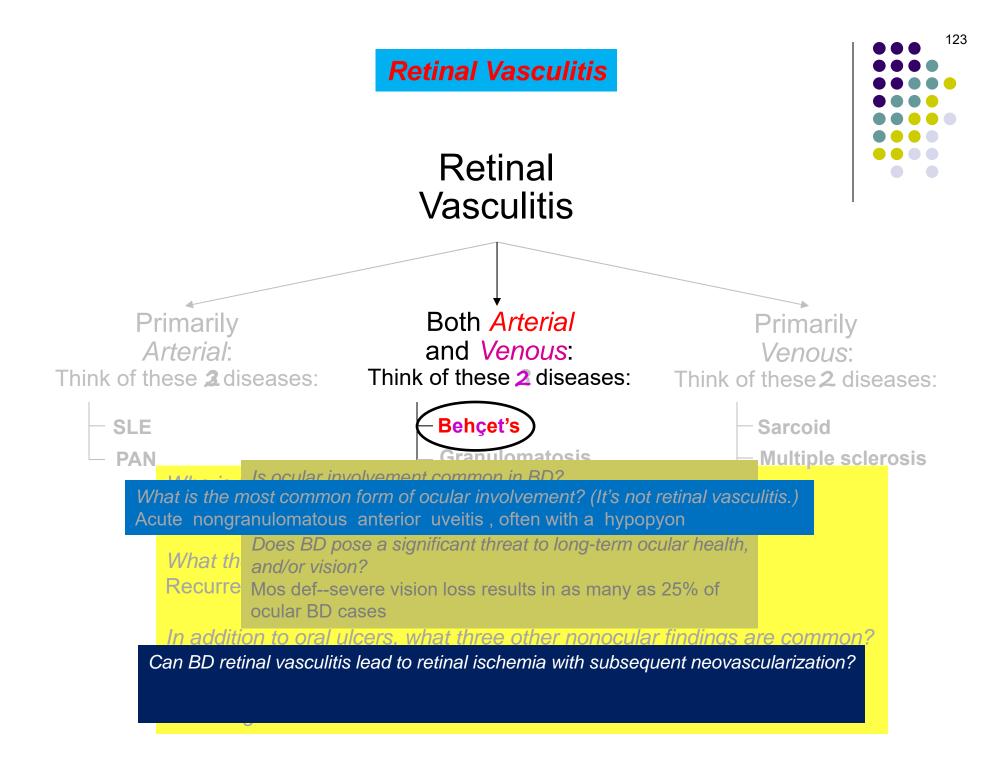


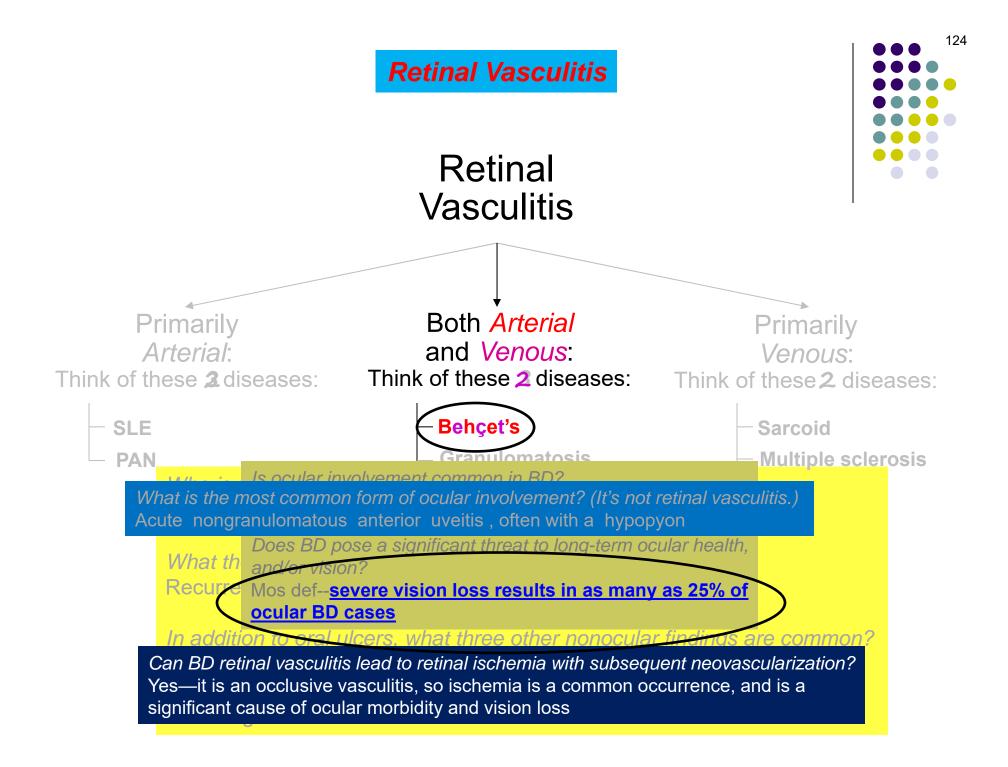
Retinal Vasculitis





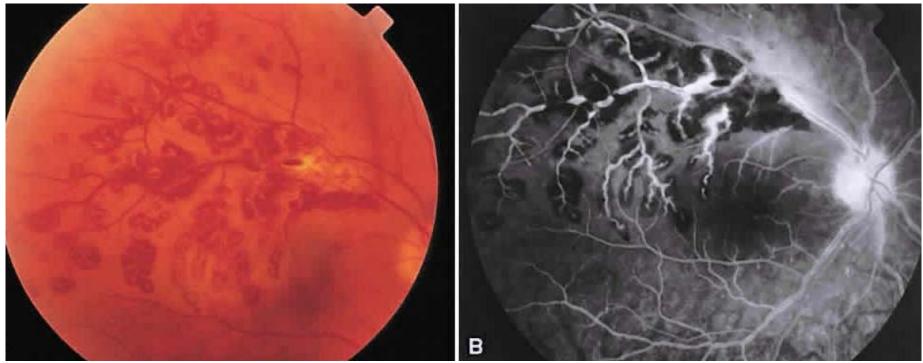
BD: Hypopyon



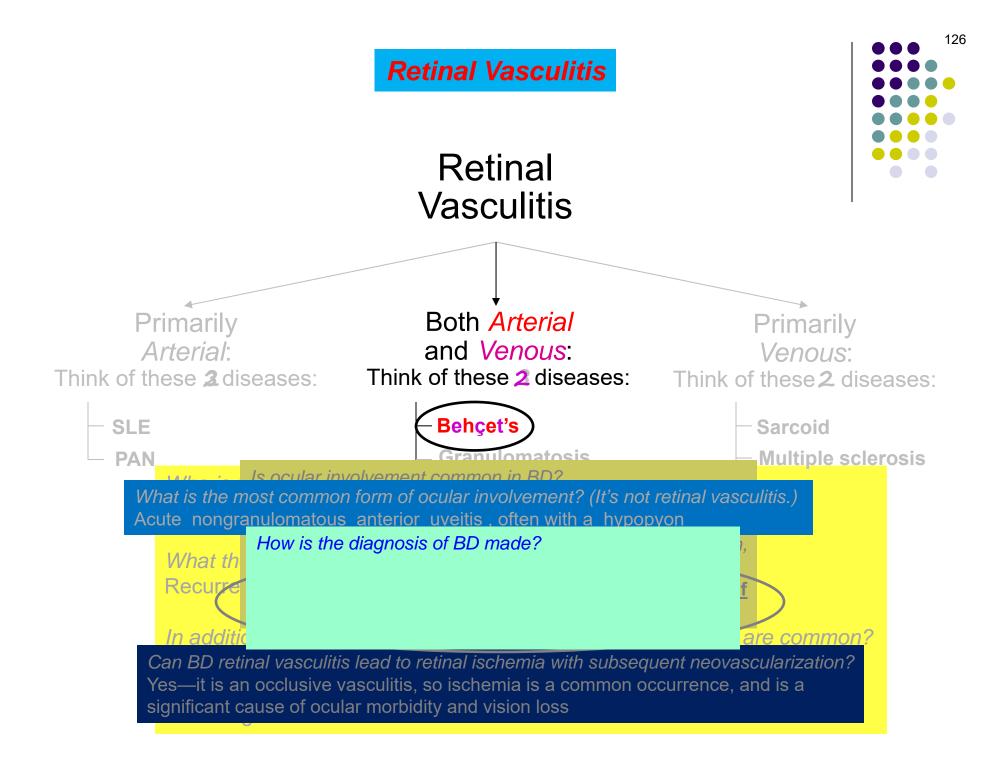


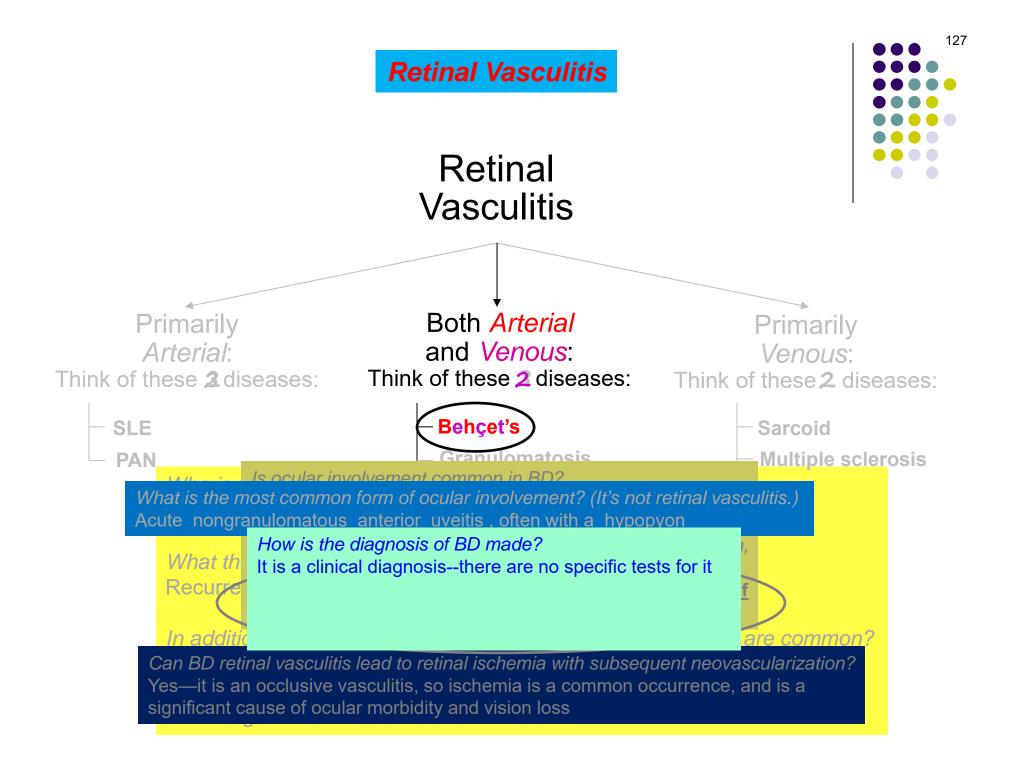
Retinal Vasculitis

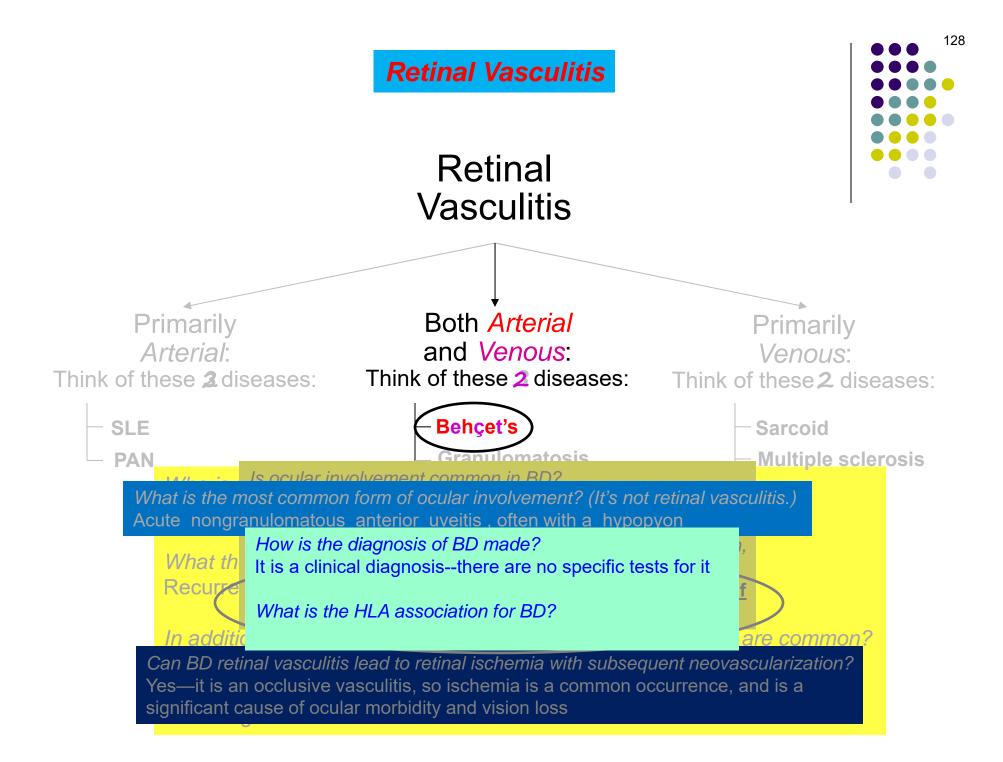


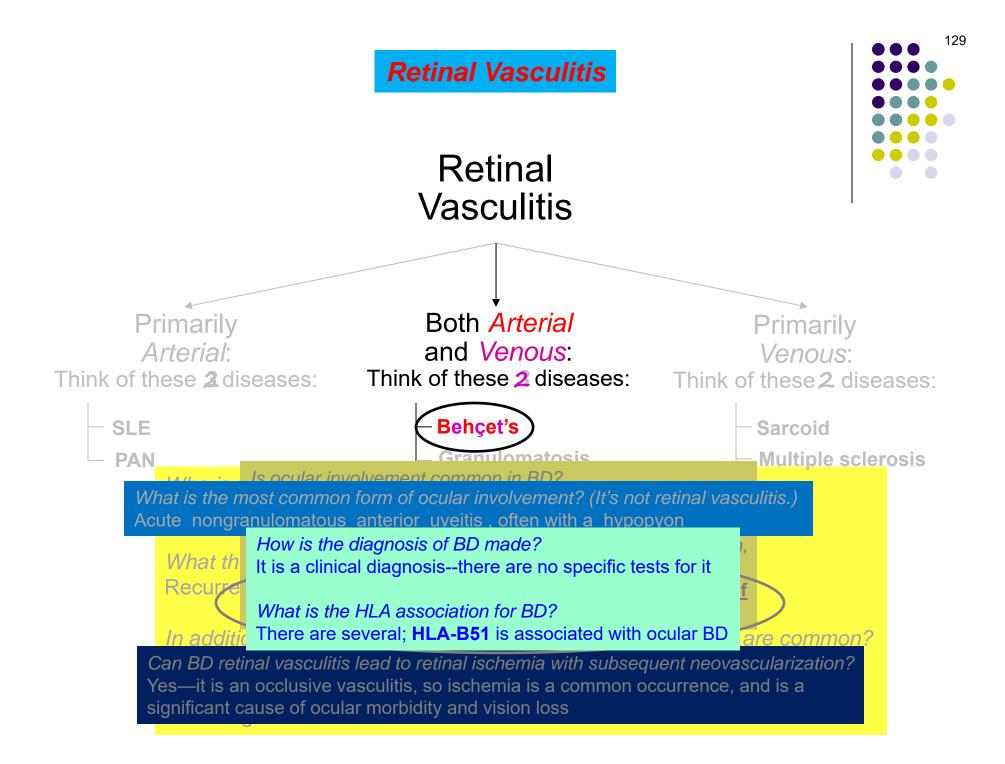


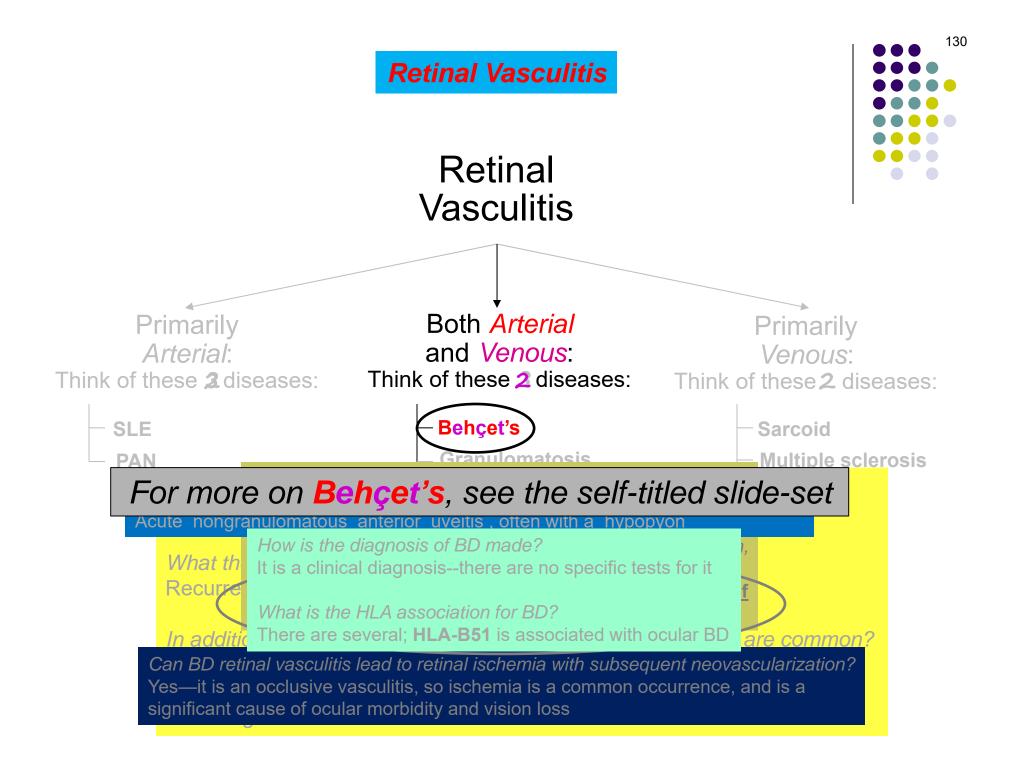
BD: Occlusive vasculitis

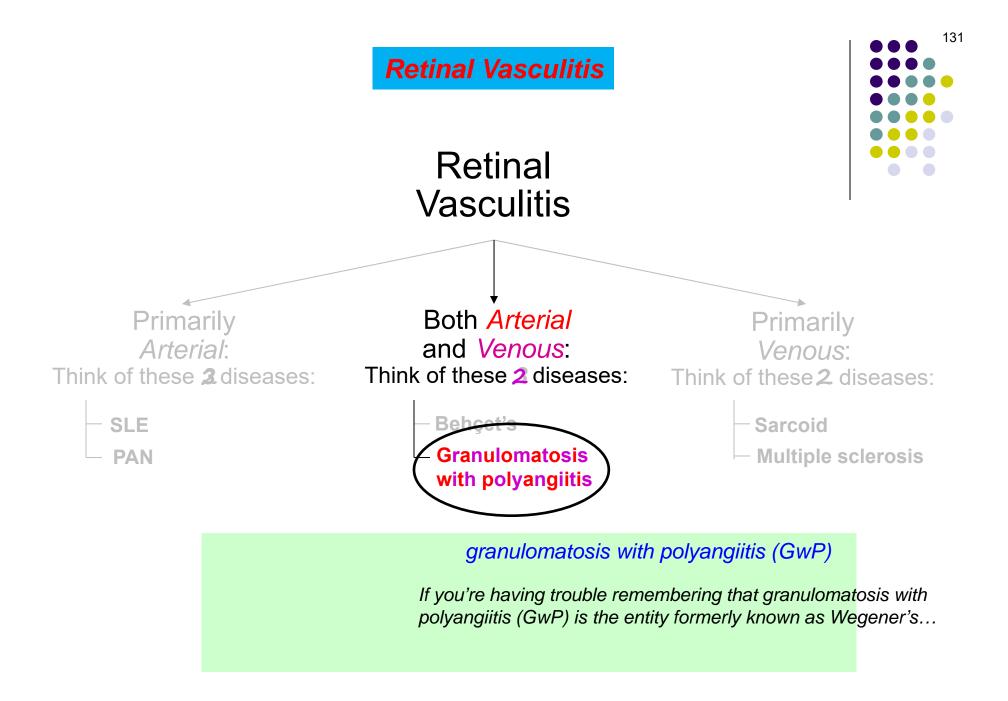


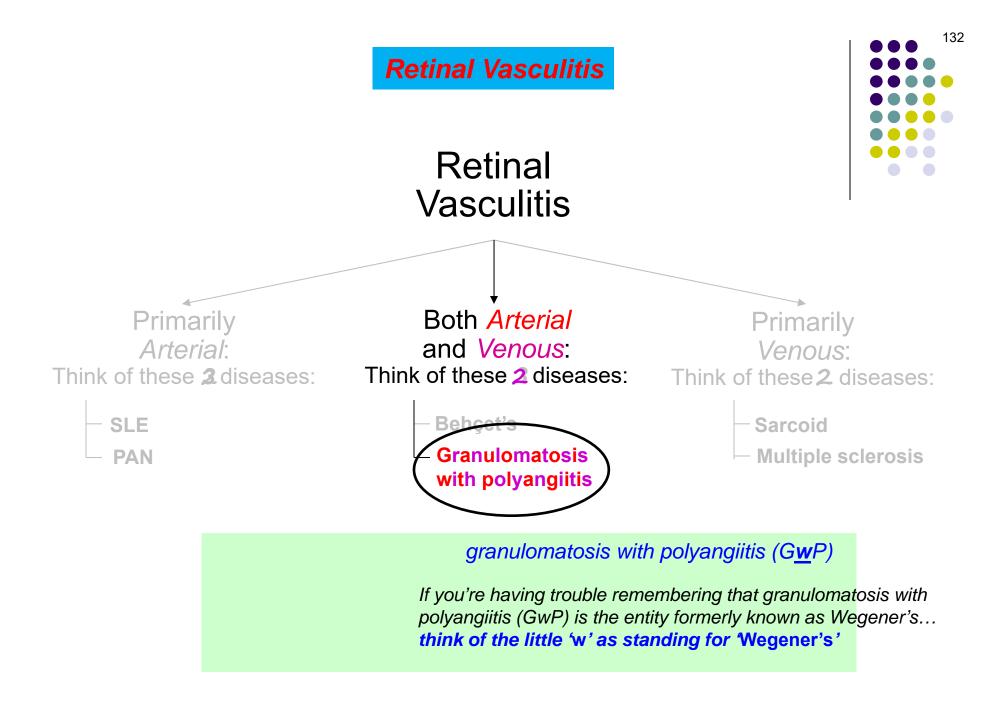


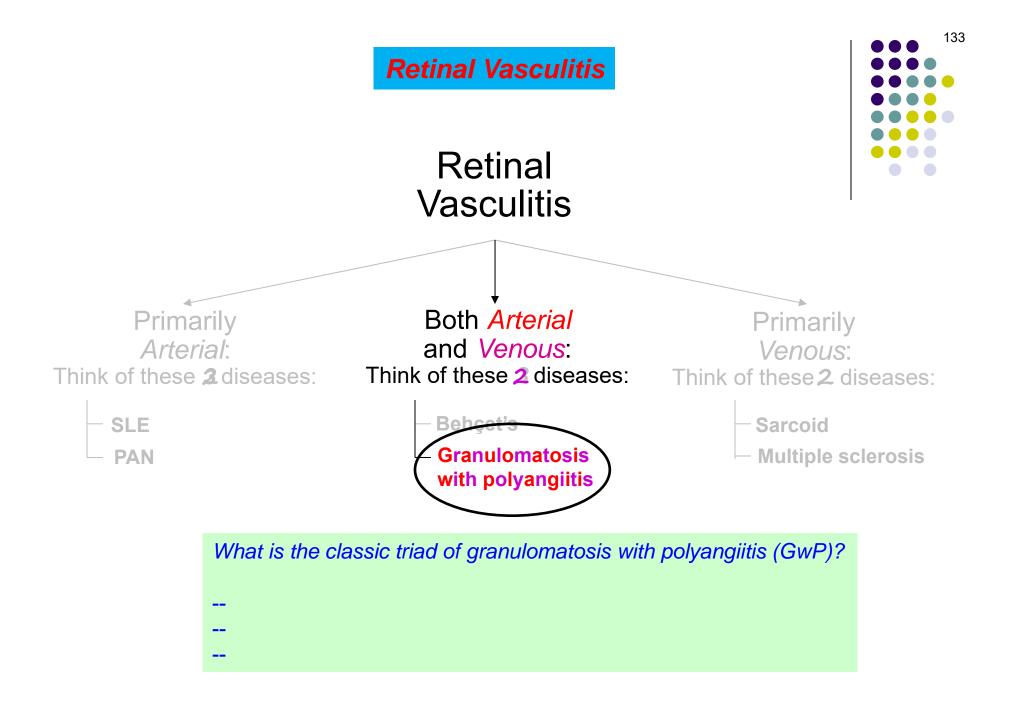


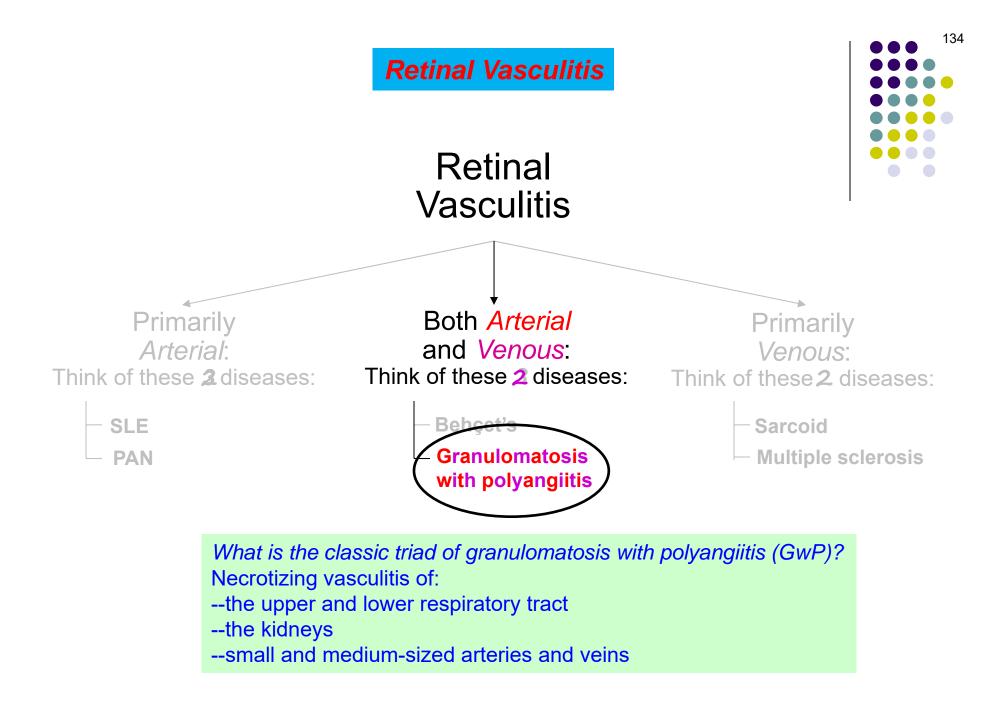


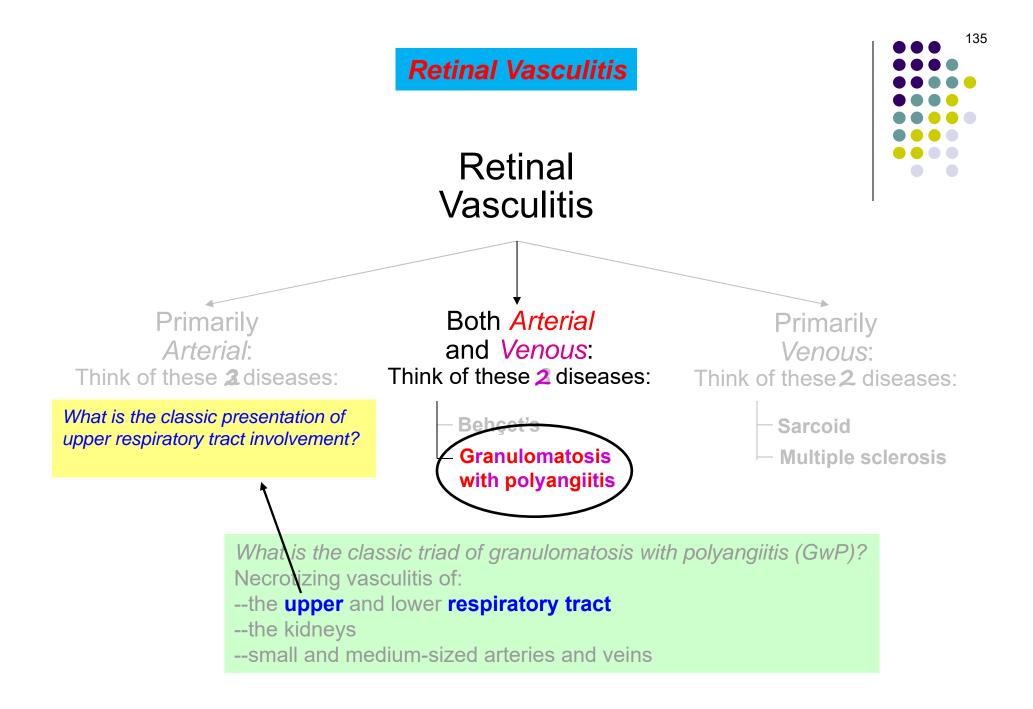


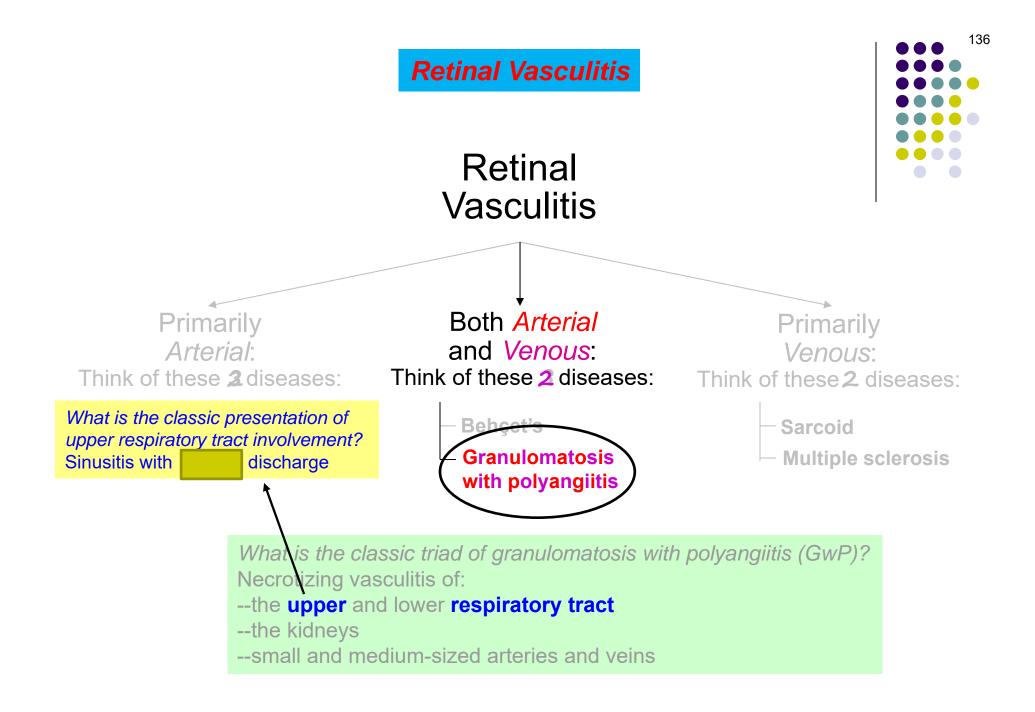


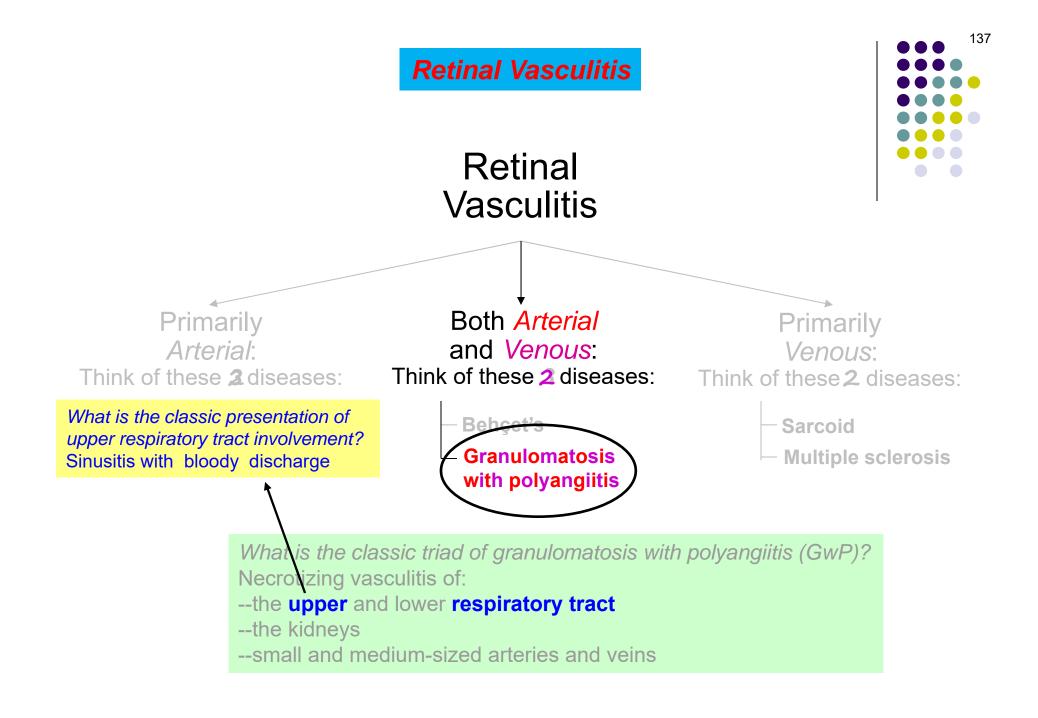


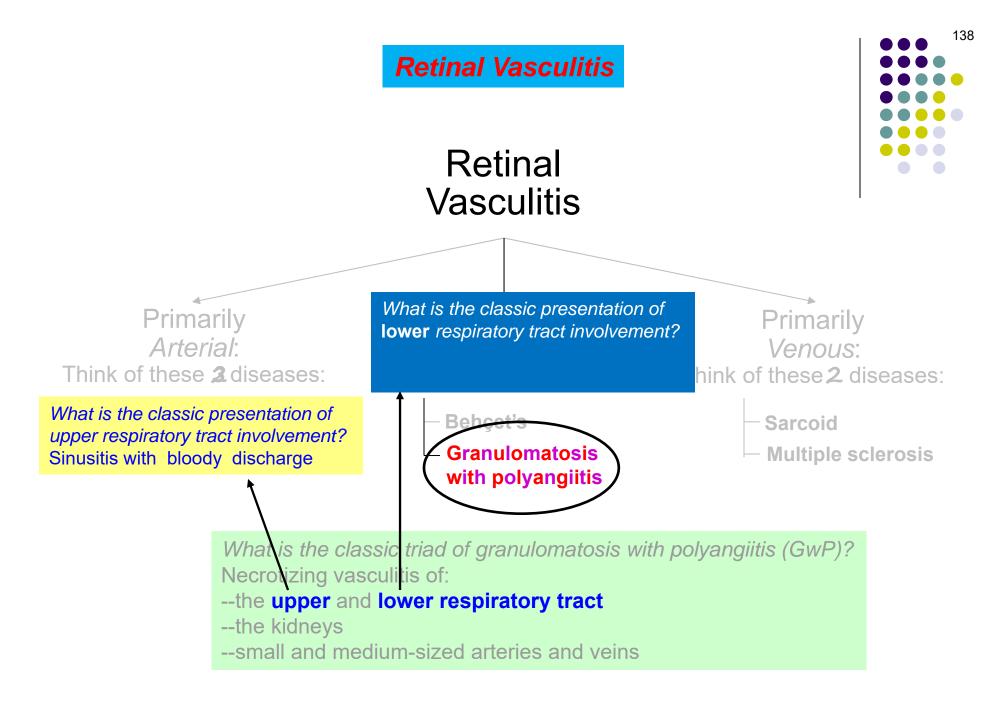


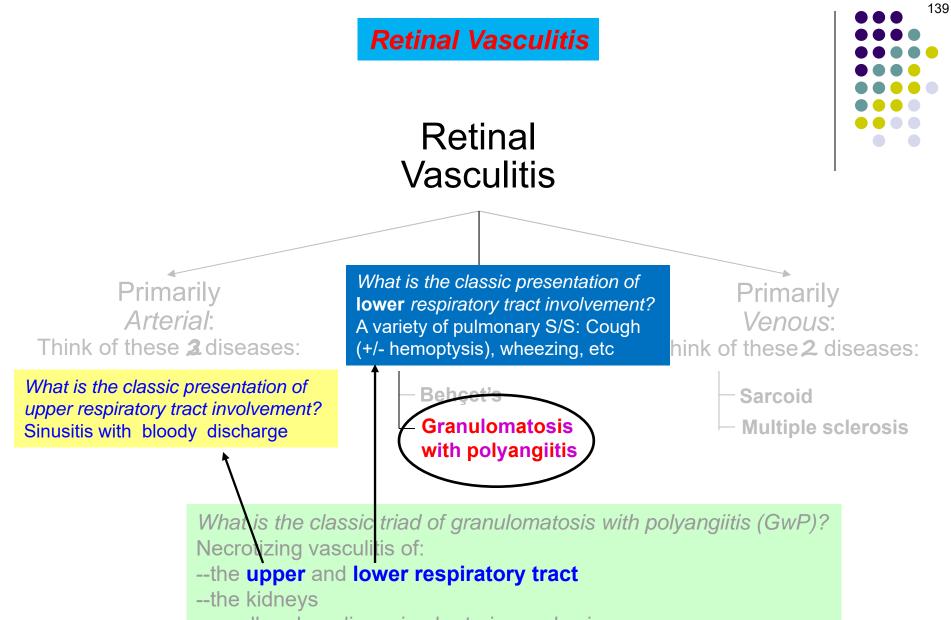




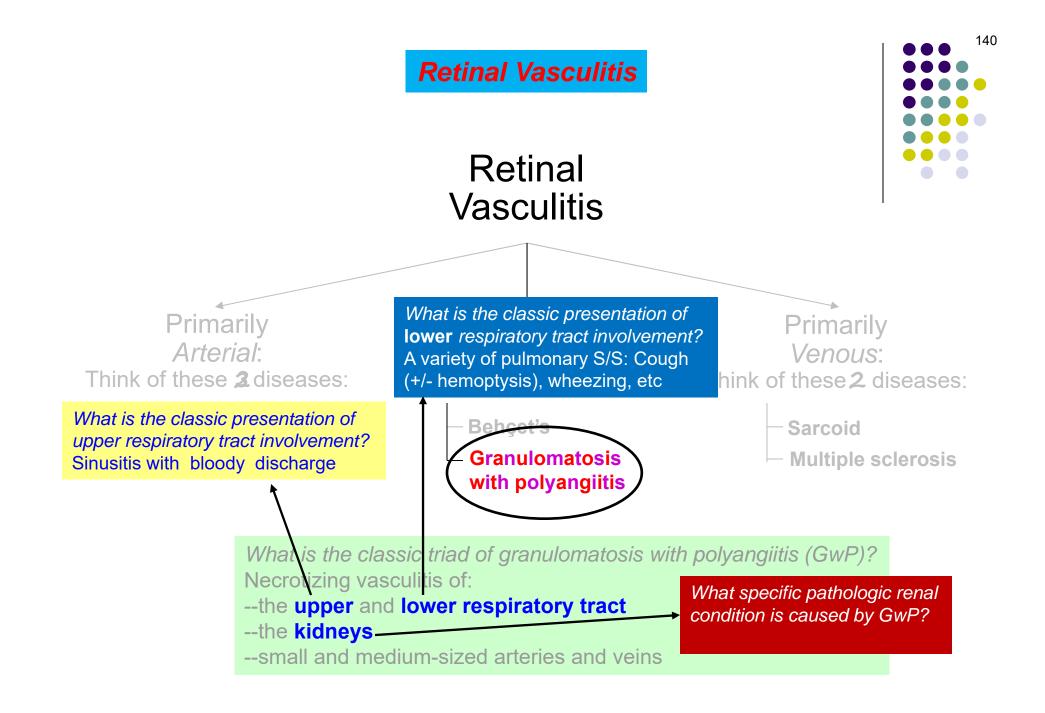


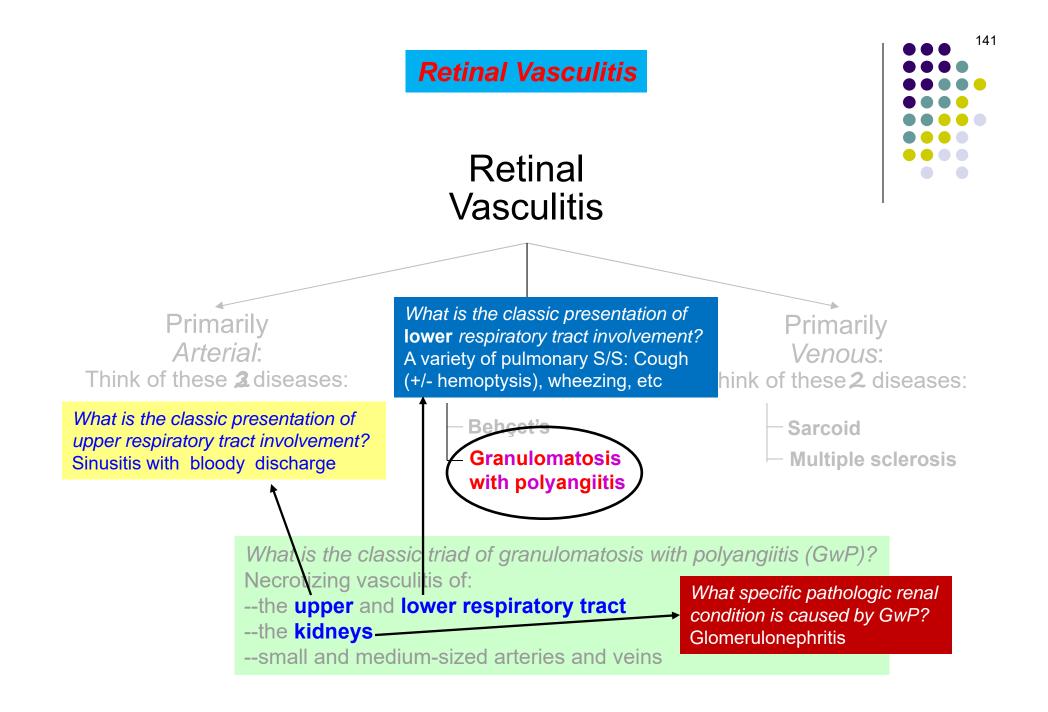


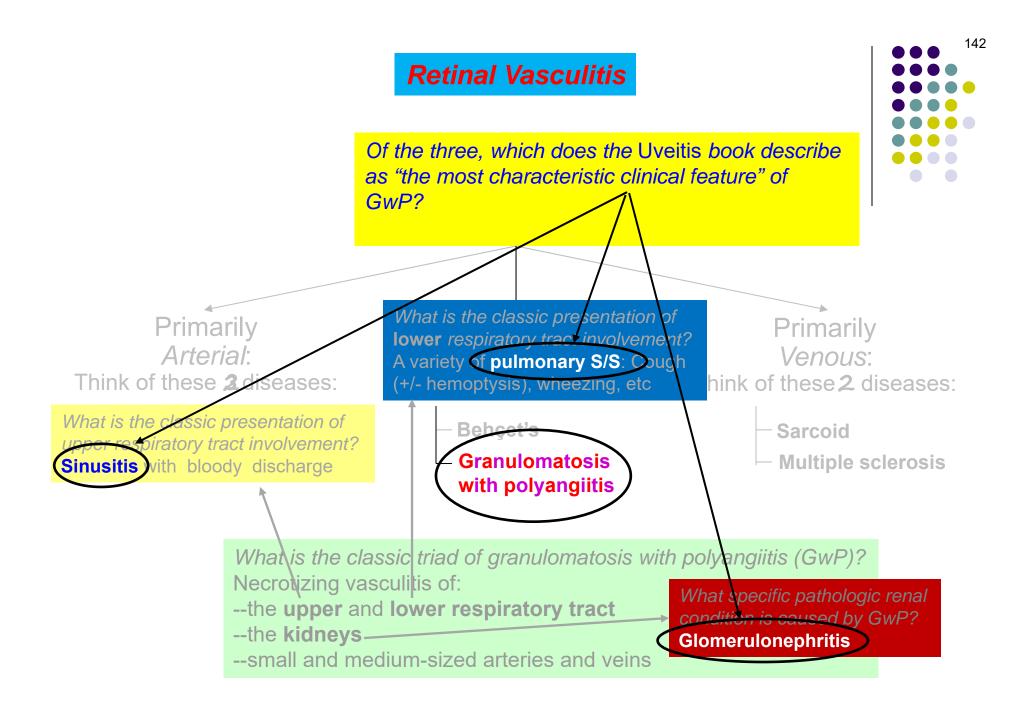


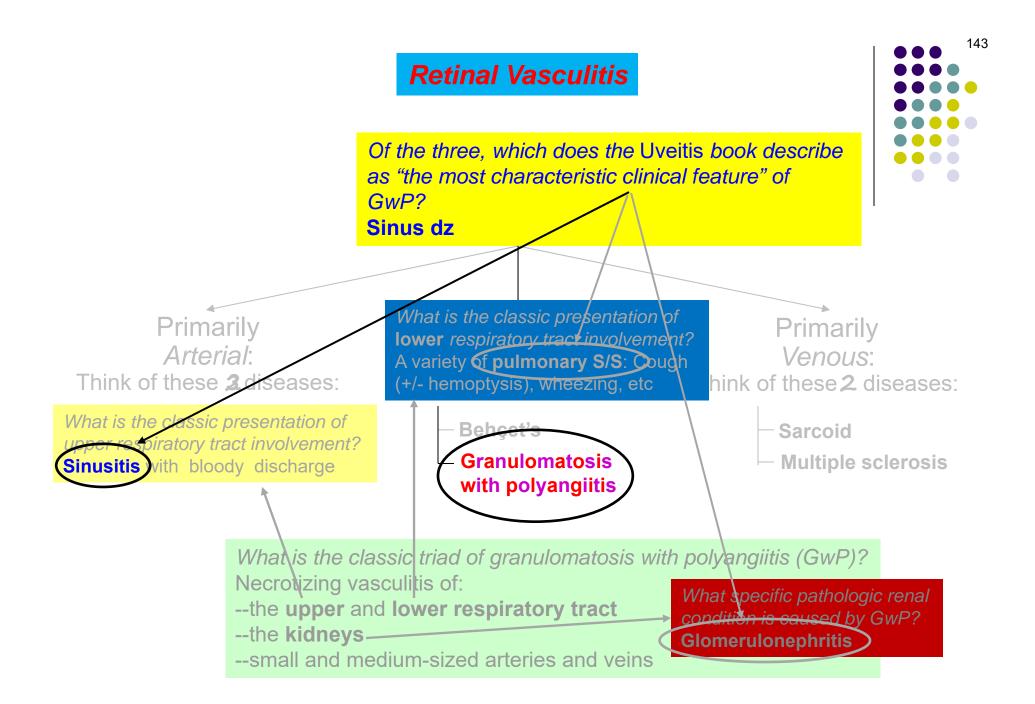


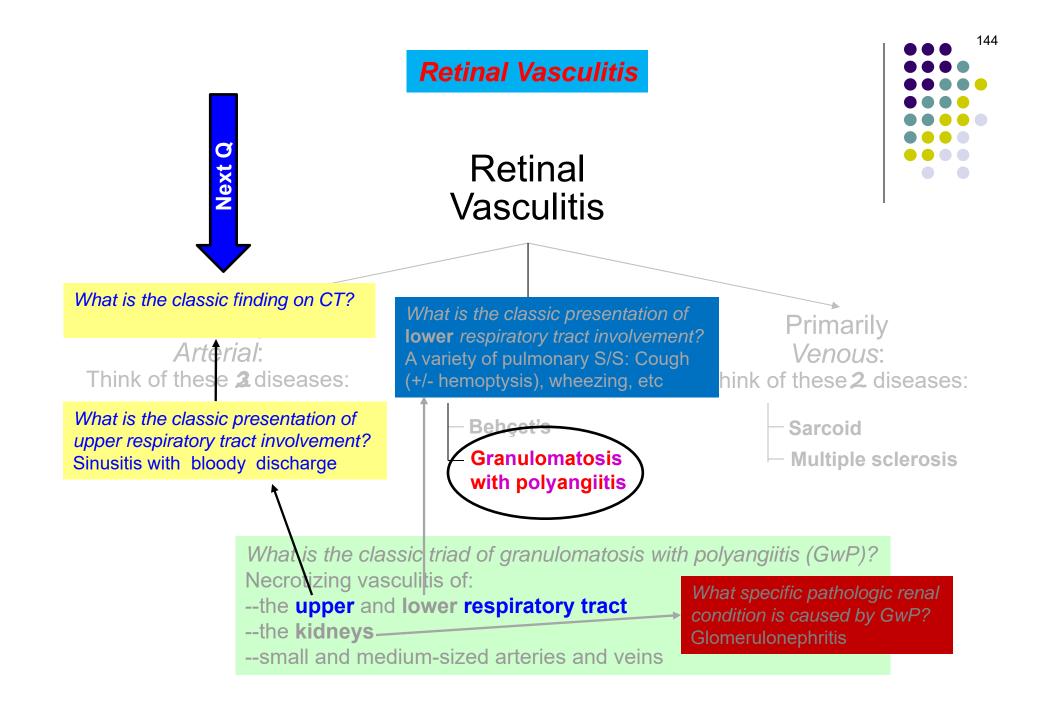
--small and medium-sized arteries and veins

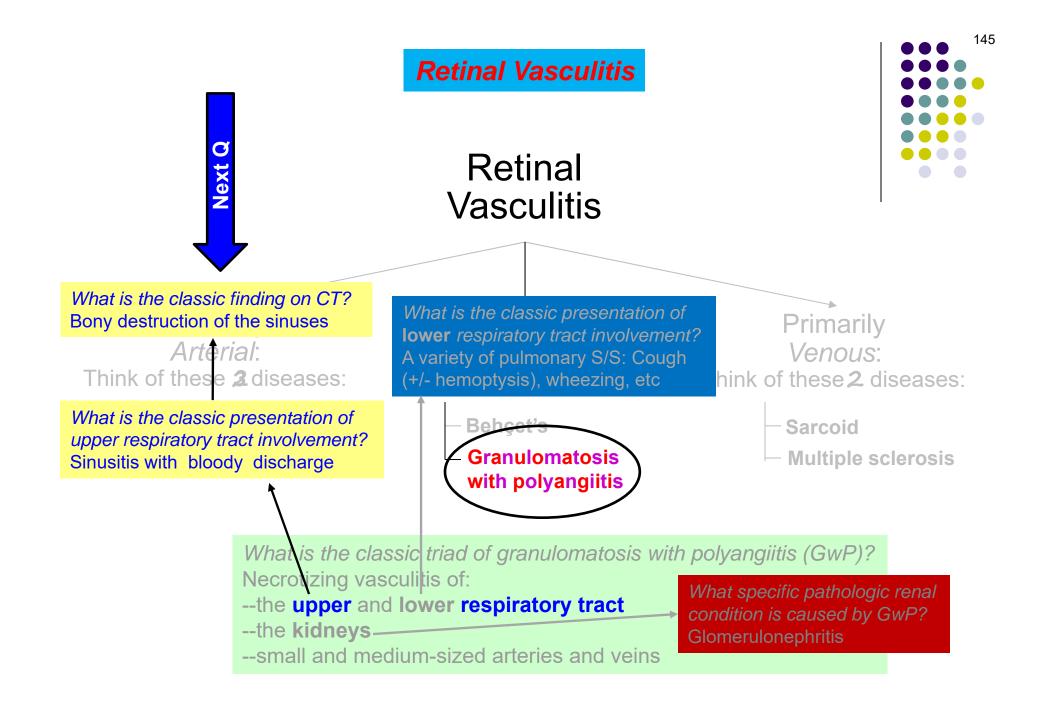


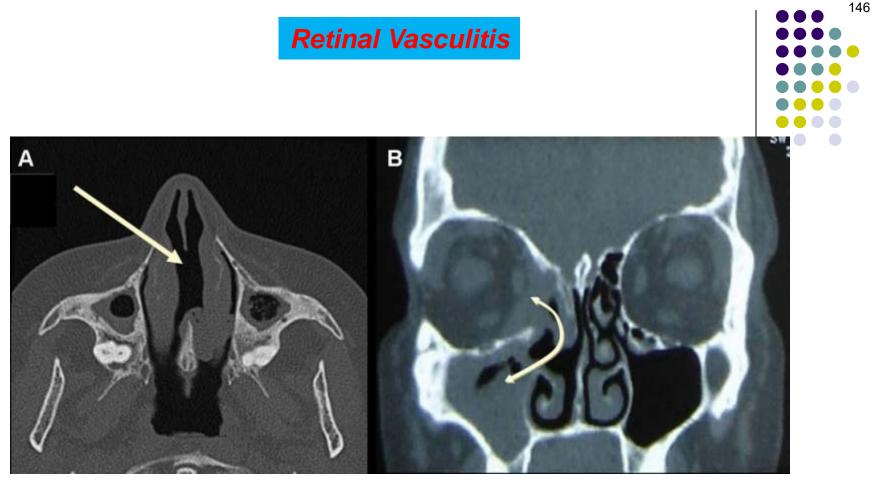






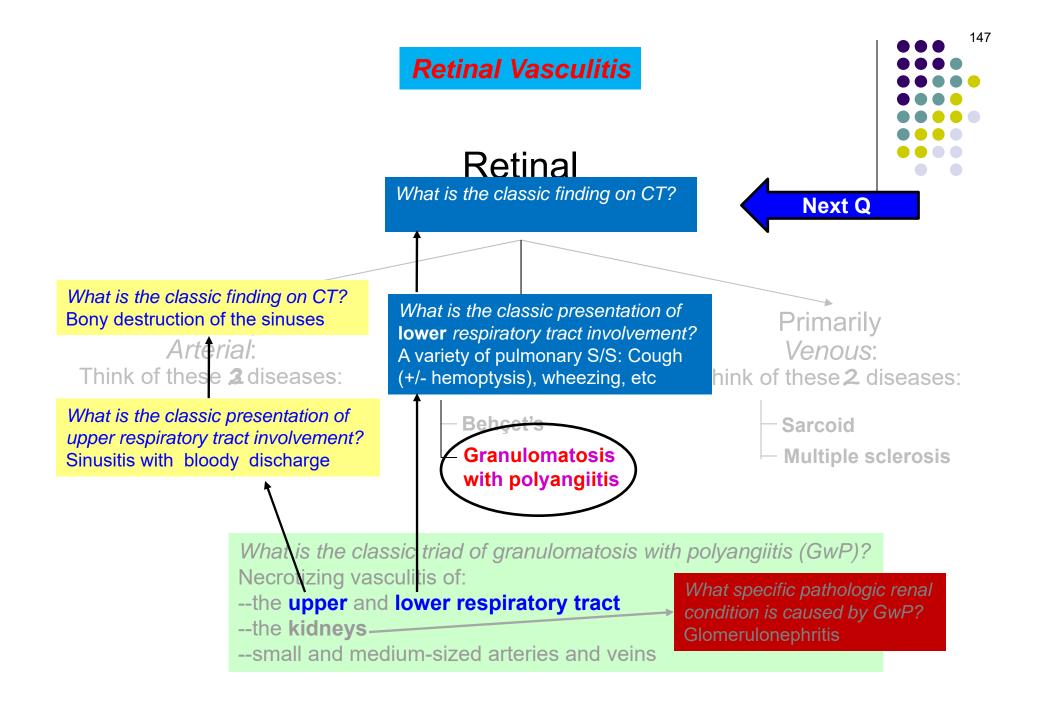


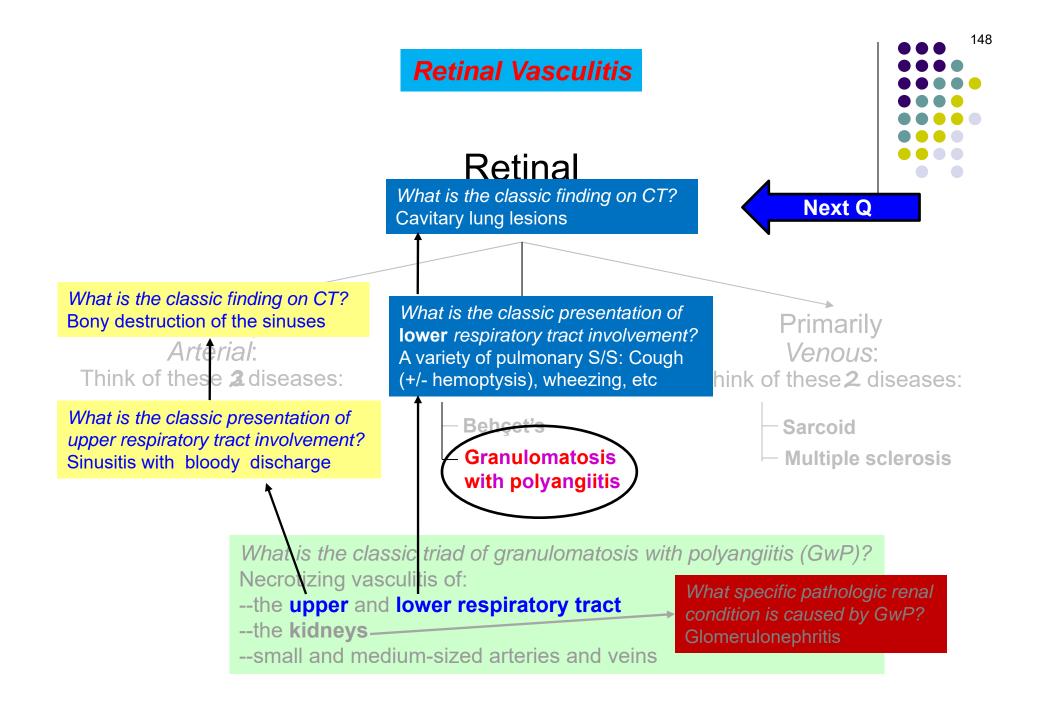


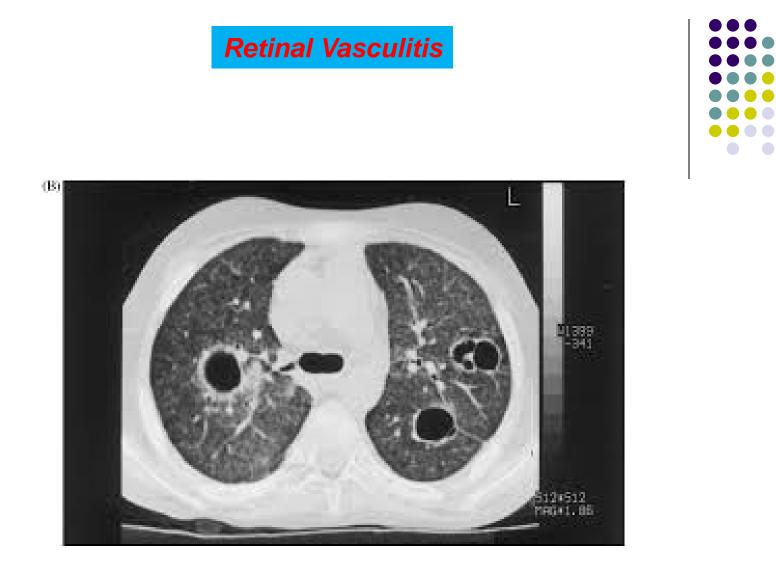


A) CT scan of the sinus in a patient with GwP, showing nasal septum perforation (arrow) and maxillary sinusitis with some degree of maxillary sinusitis and atrophy, with osteosclerosis and bony thickening of the paranasal sinuses. B) CT scan of the sinus in a patient with GwP showing sinusitis and sinus wall erosion leading to the formation of a communication (fistula) between right maxillary sinus, nasal cavity and orbit (double-headed arrow)

GwP: Sinusitis

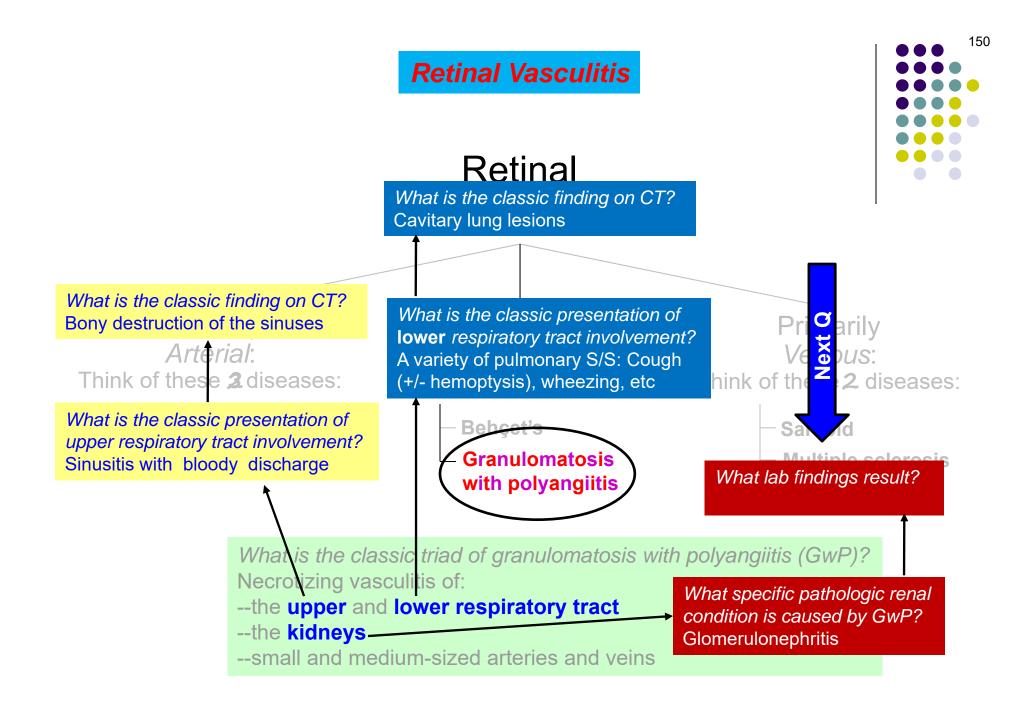


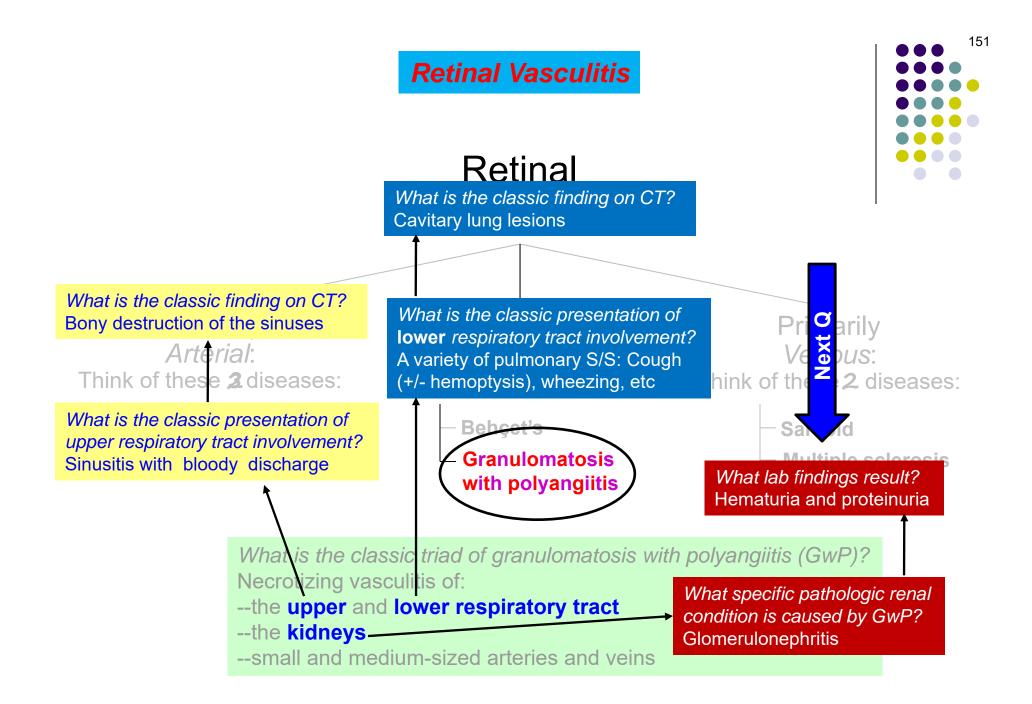


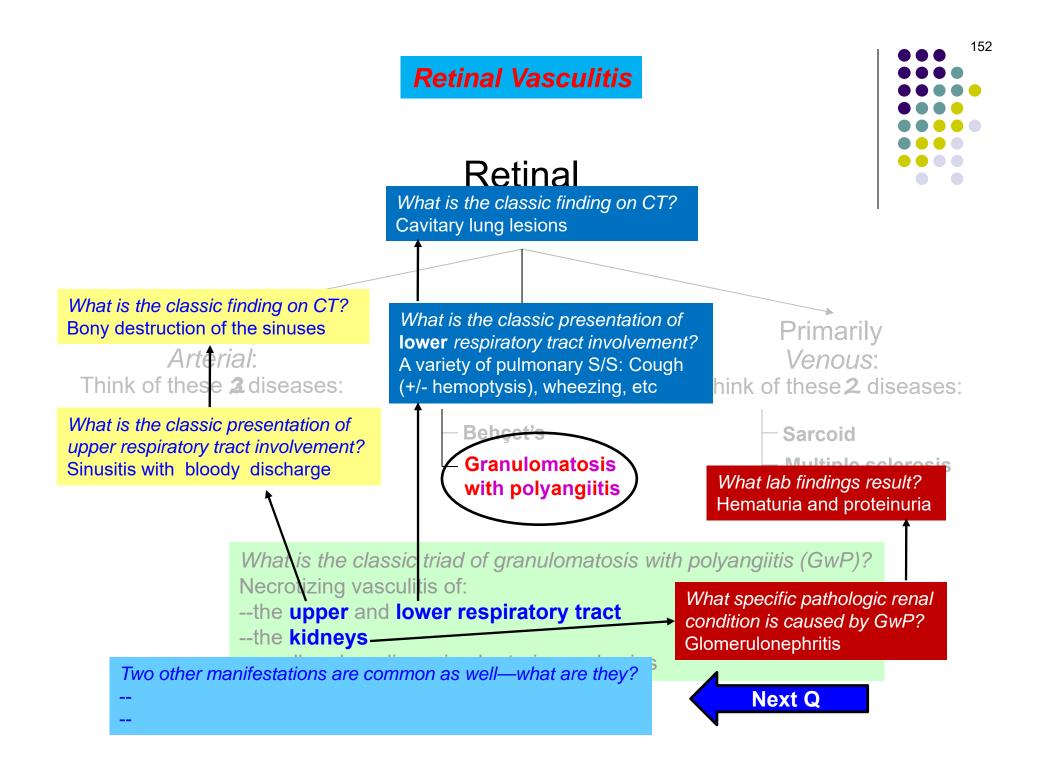


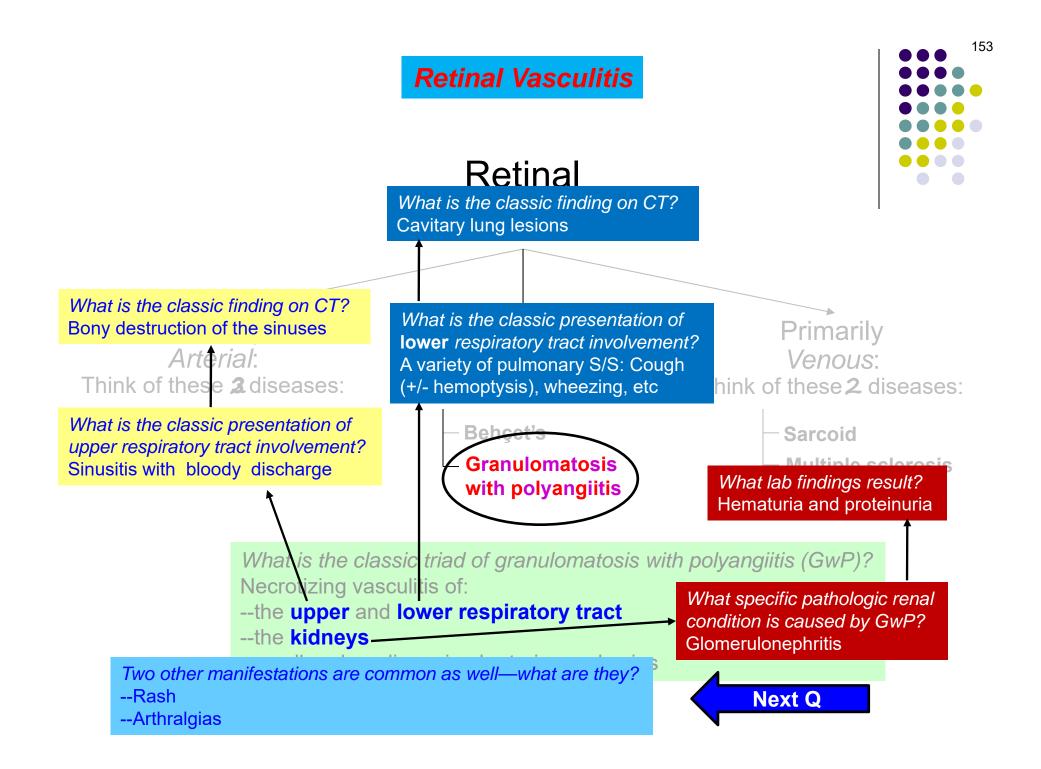
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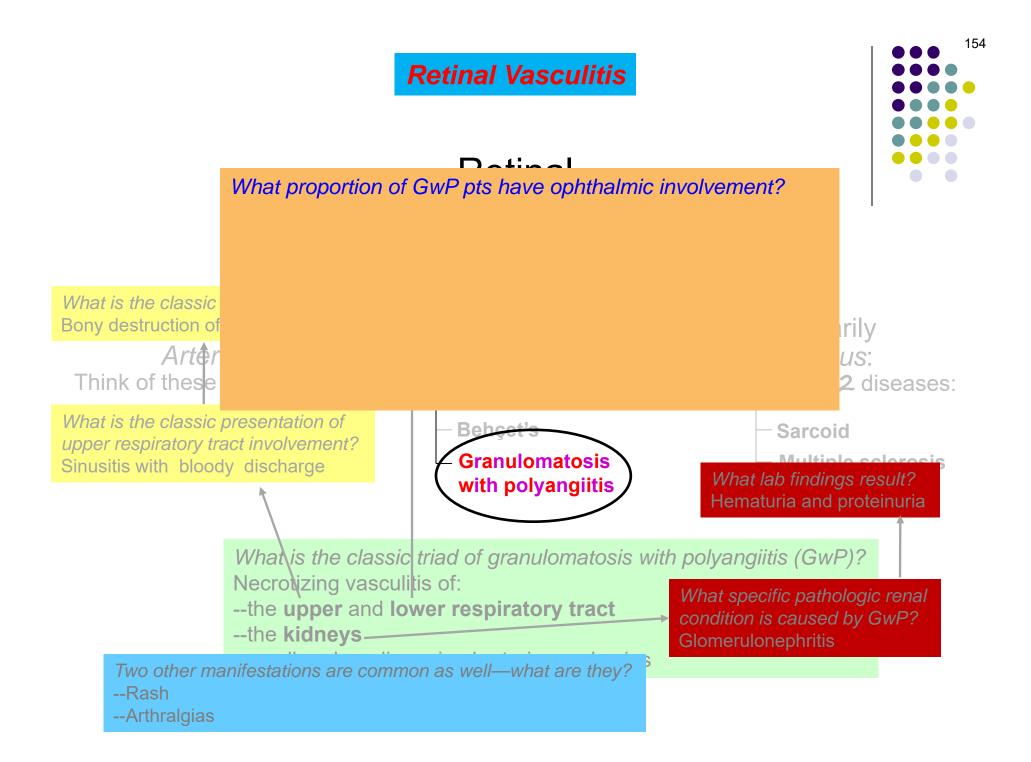
GwP: Cavitary lung lesions

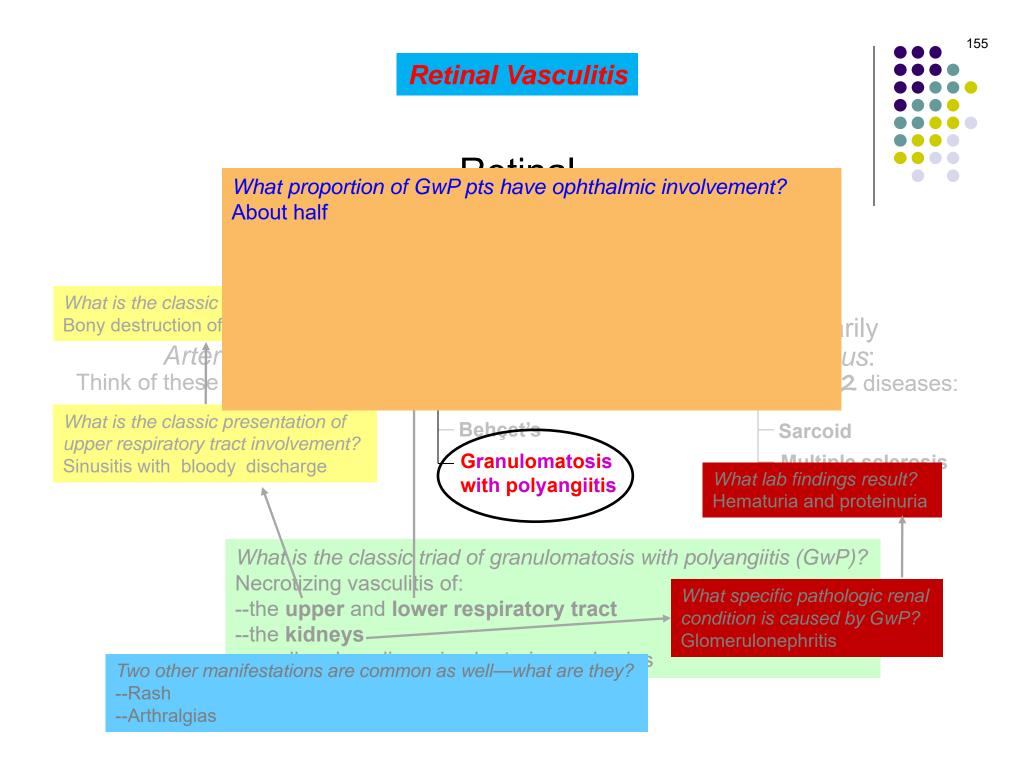


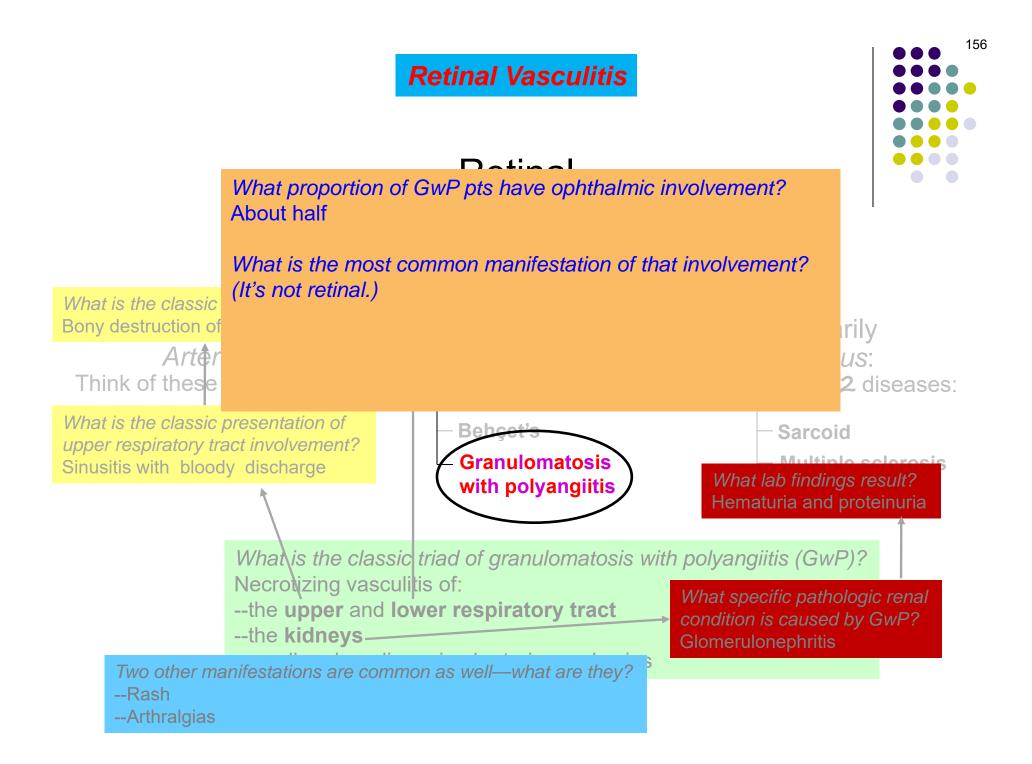


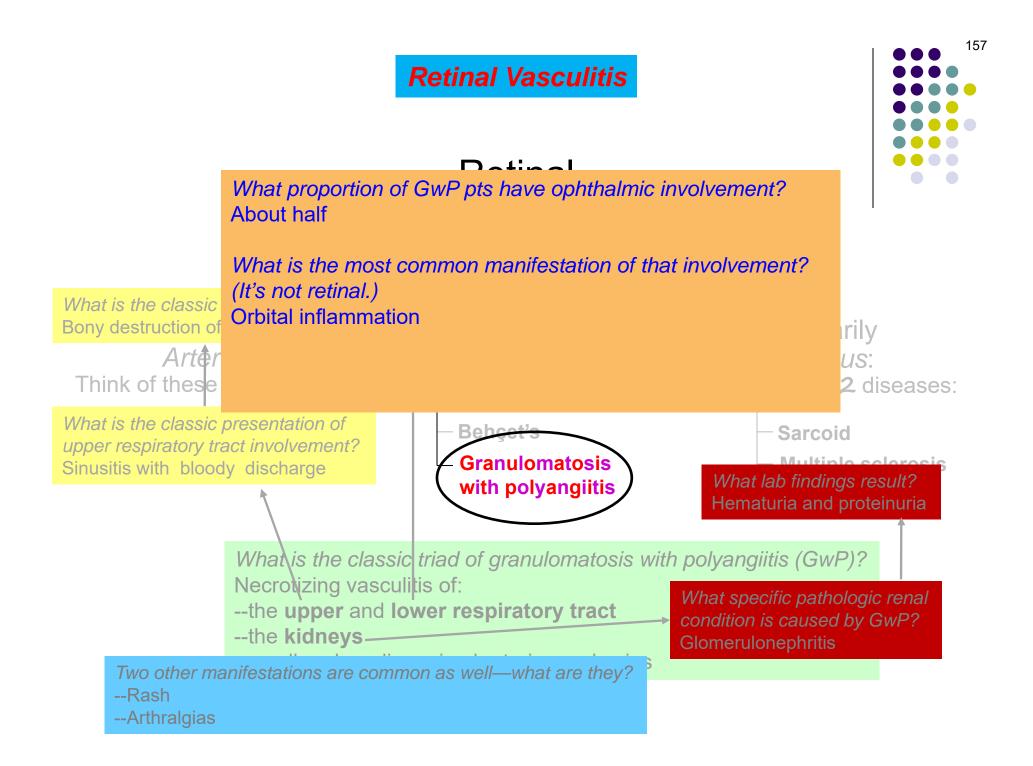


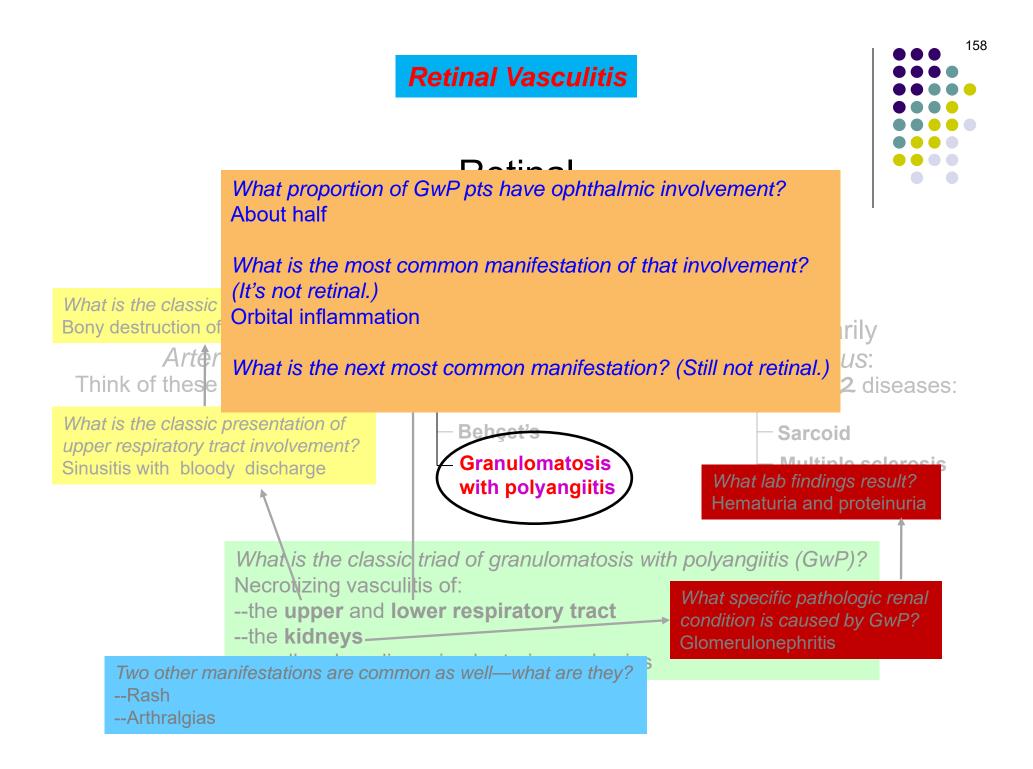


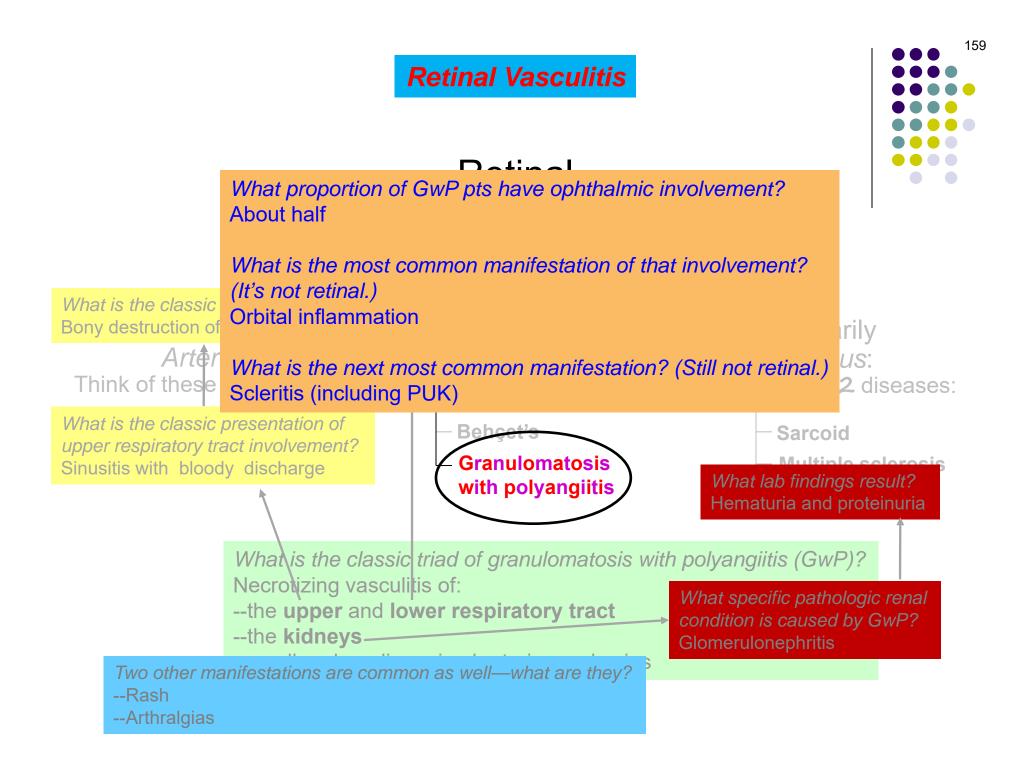


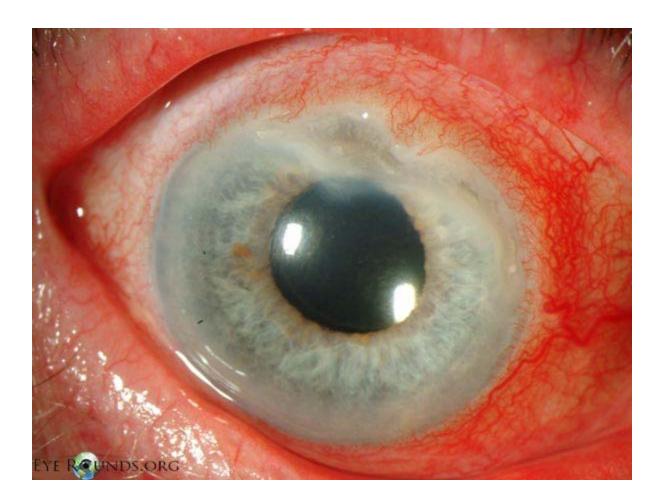






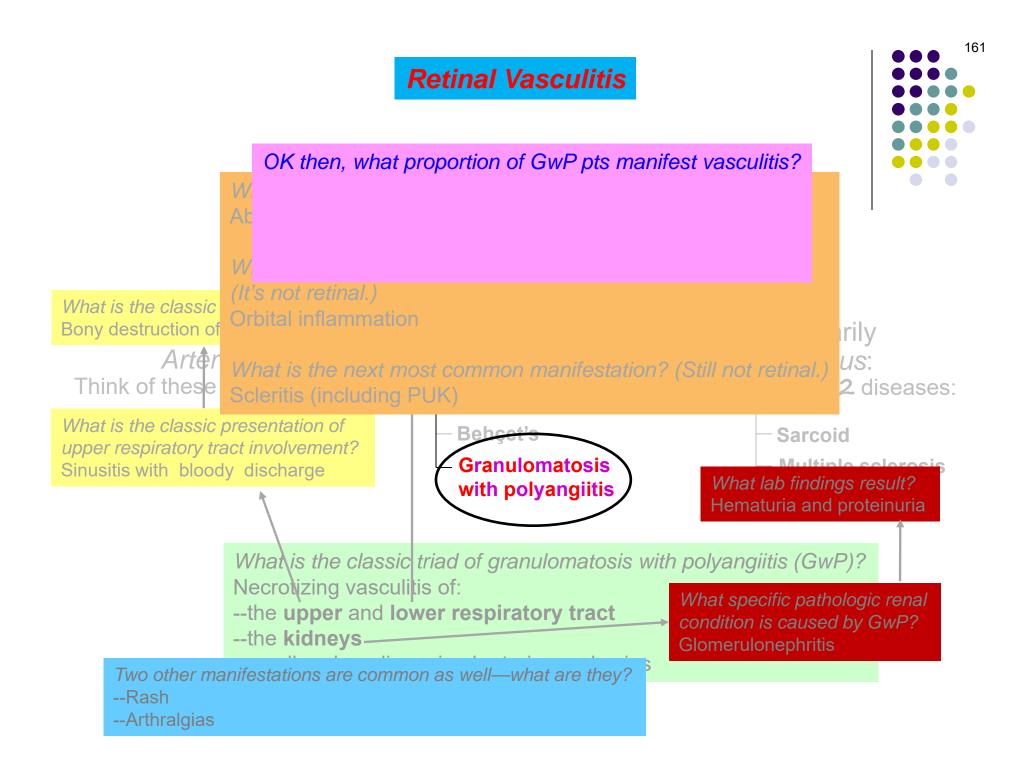


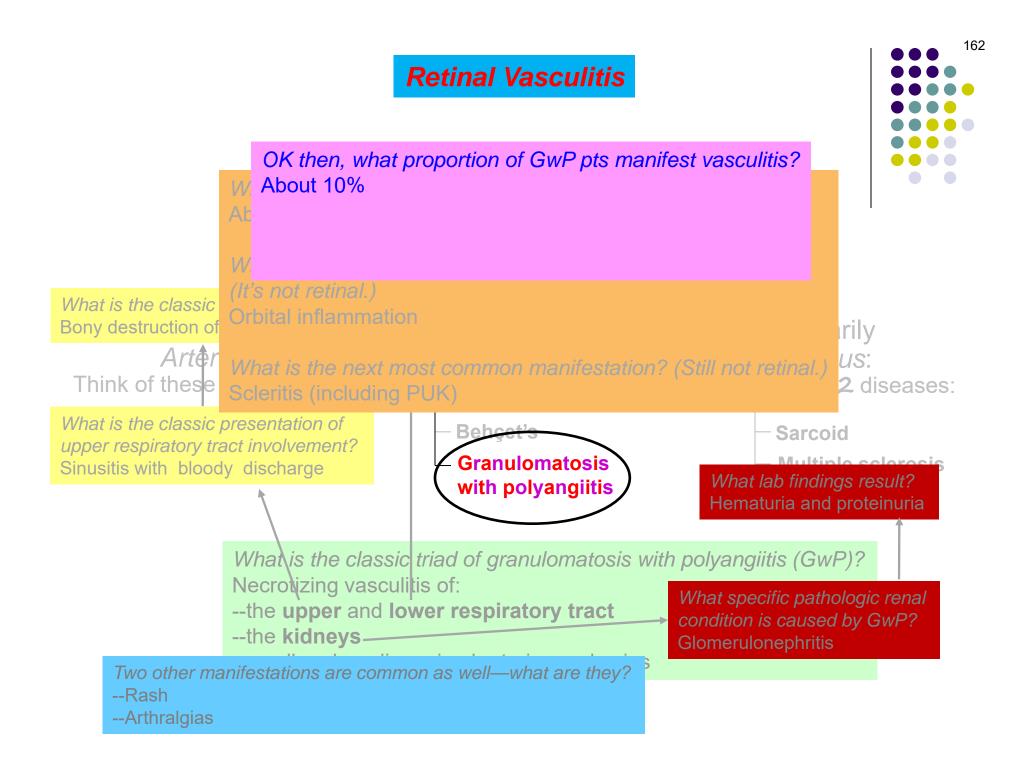


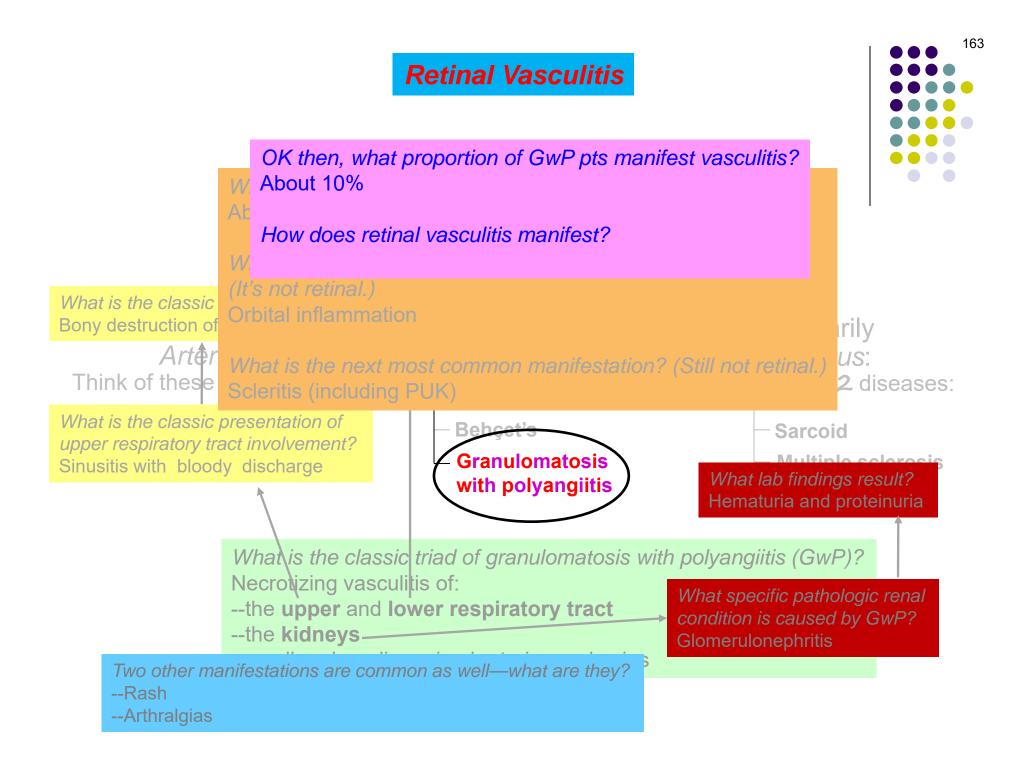


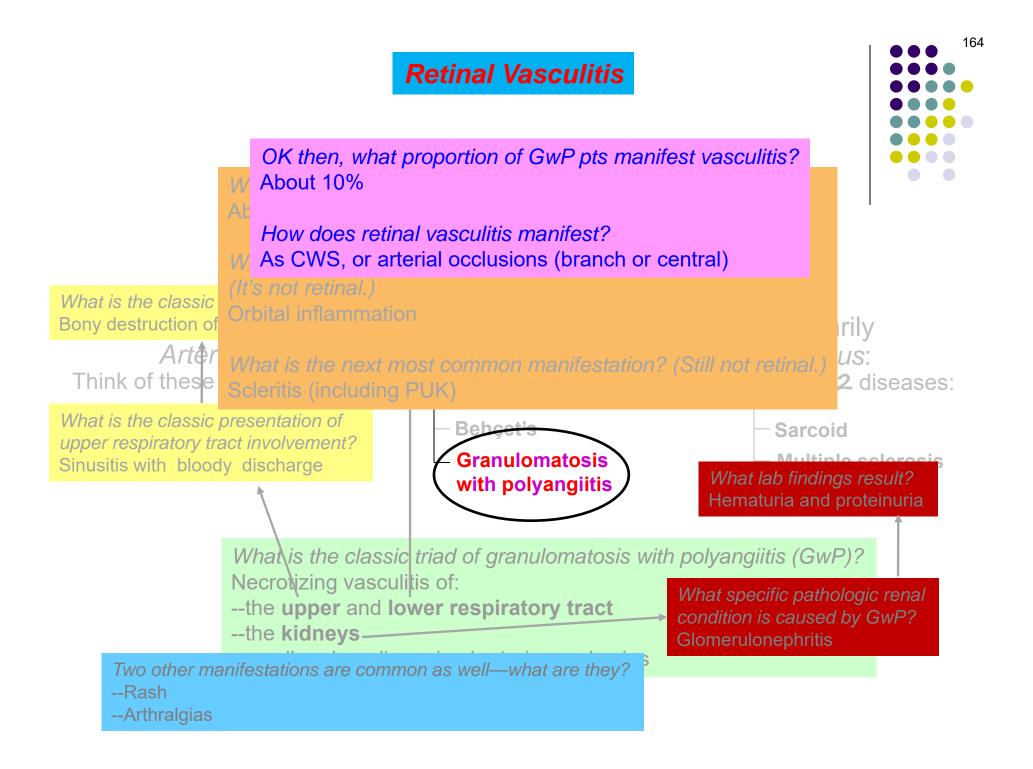


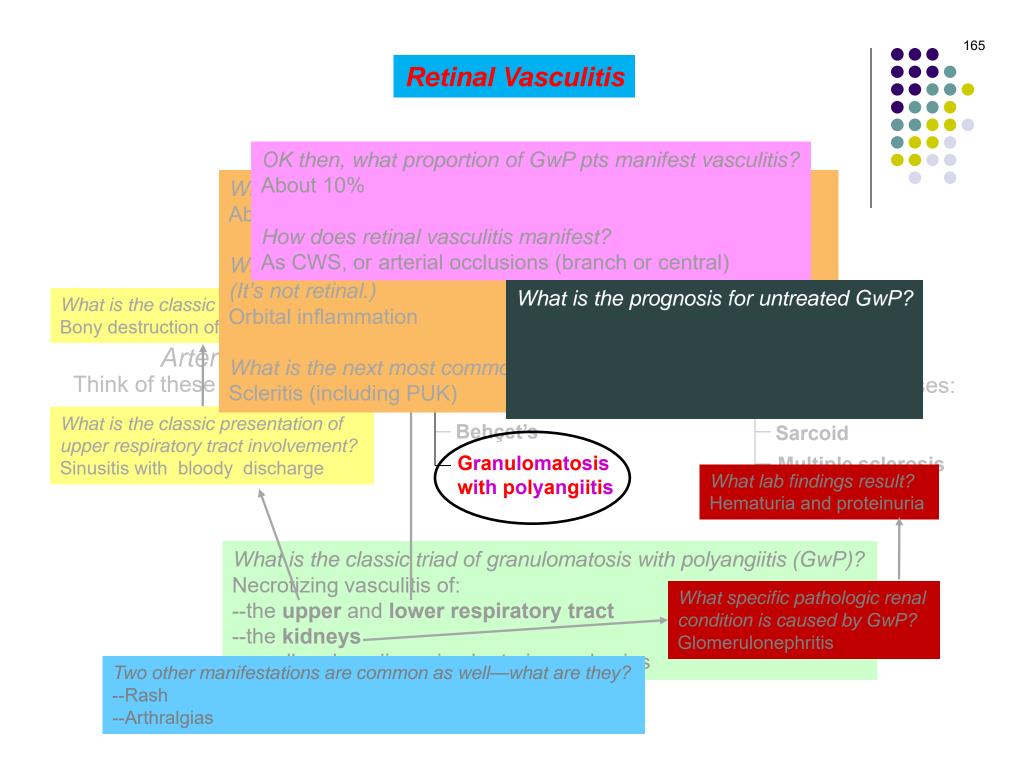
GwP: PUK

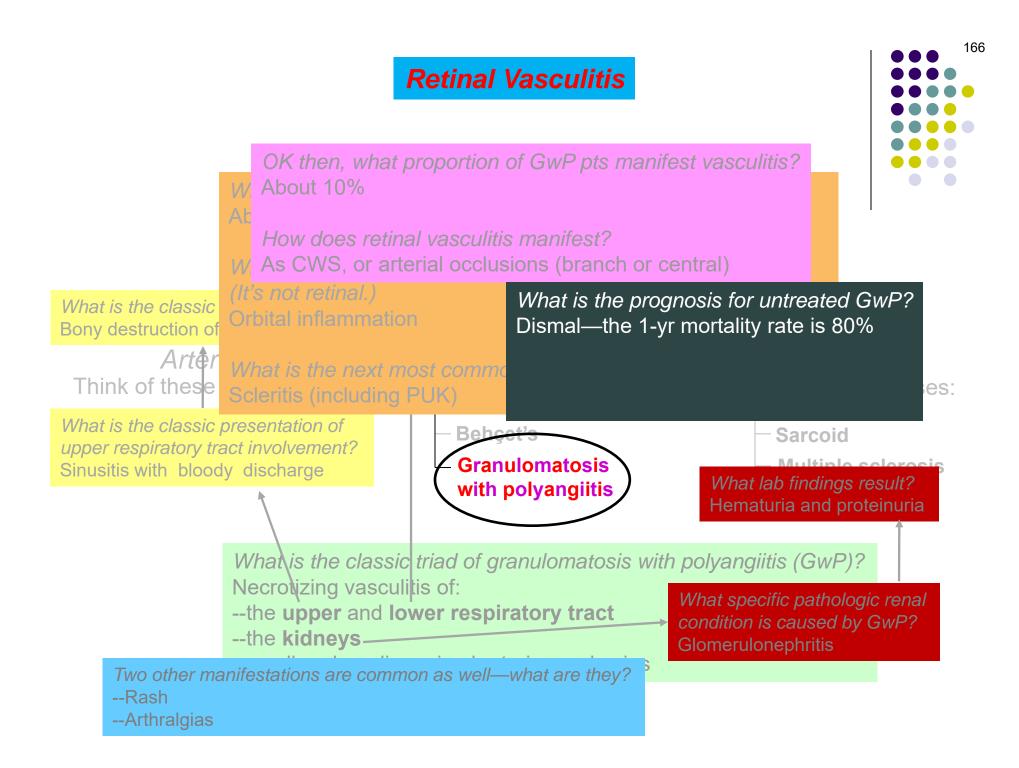


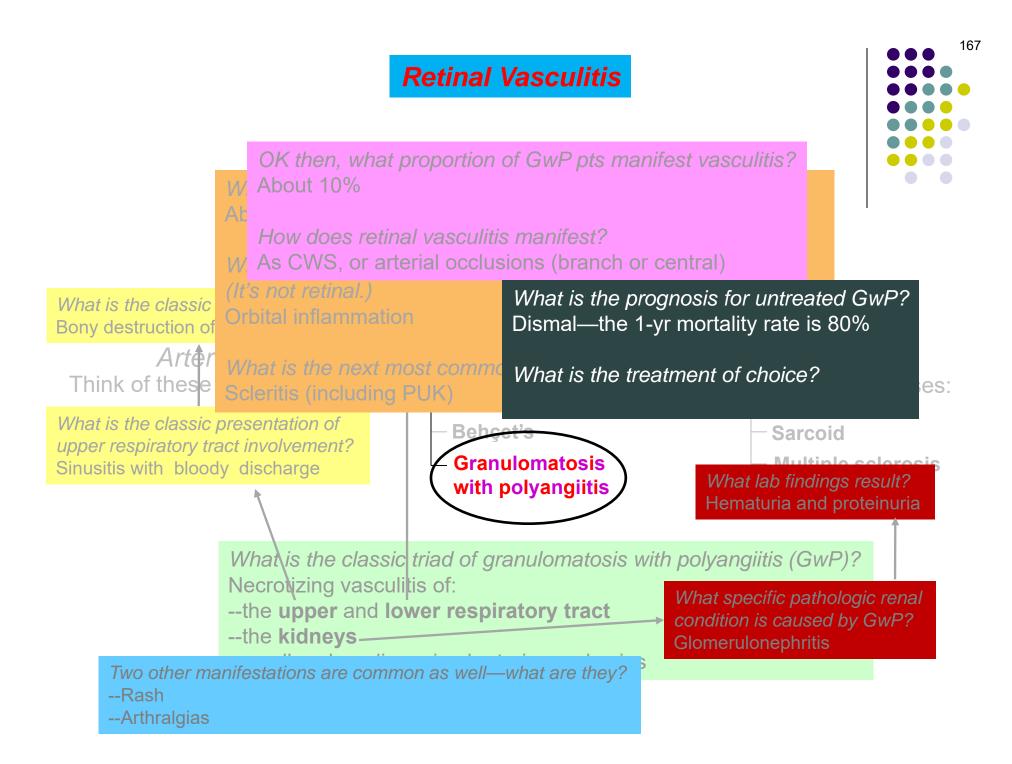




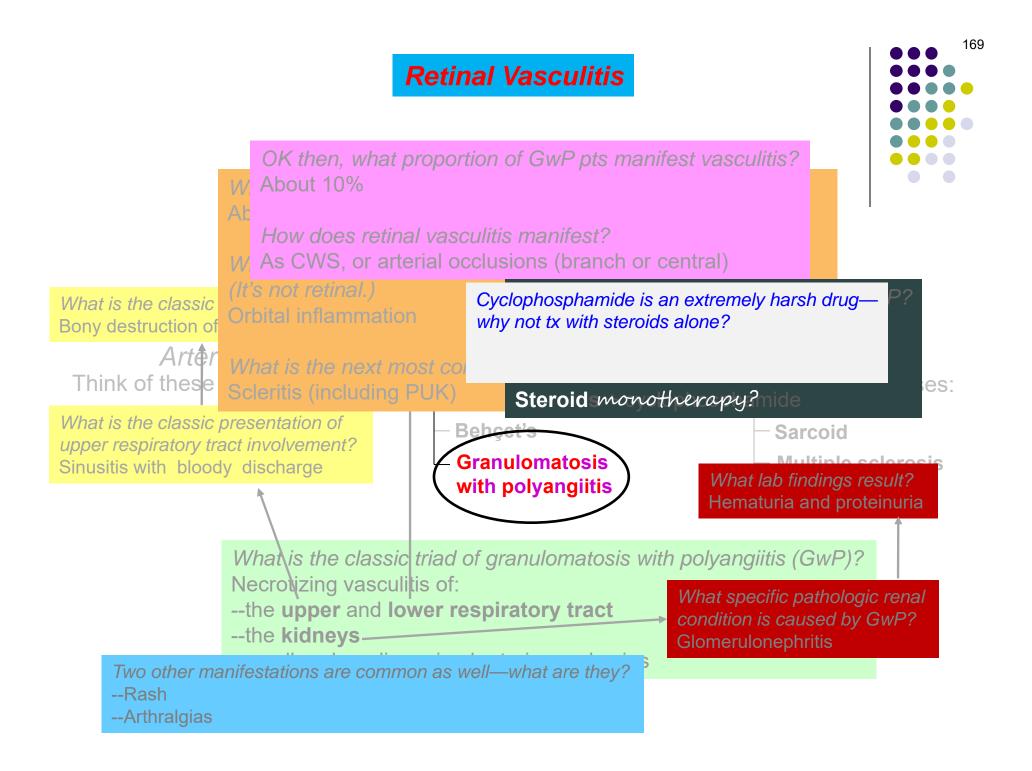


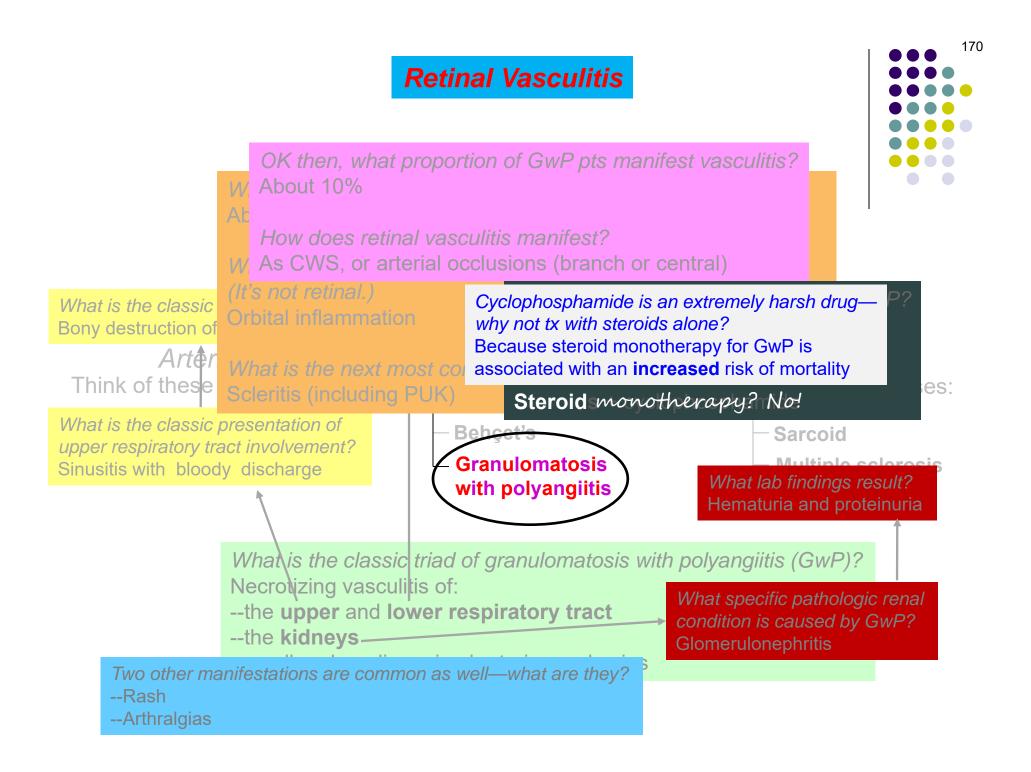


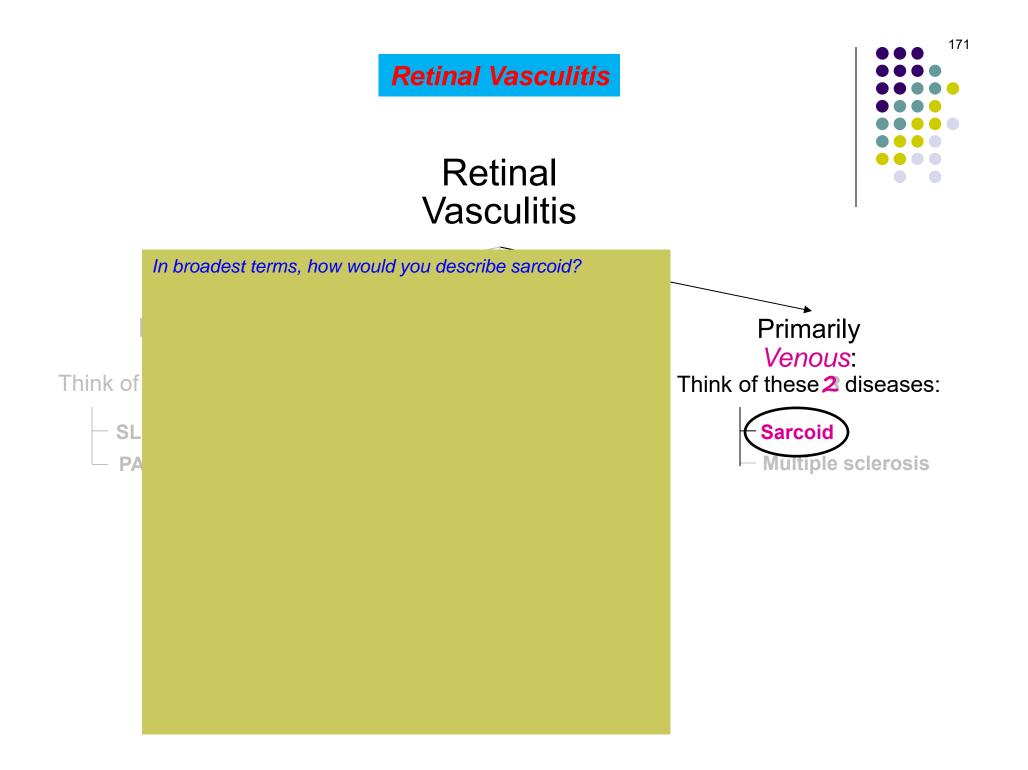


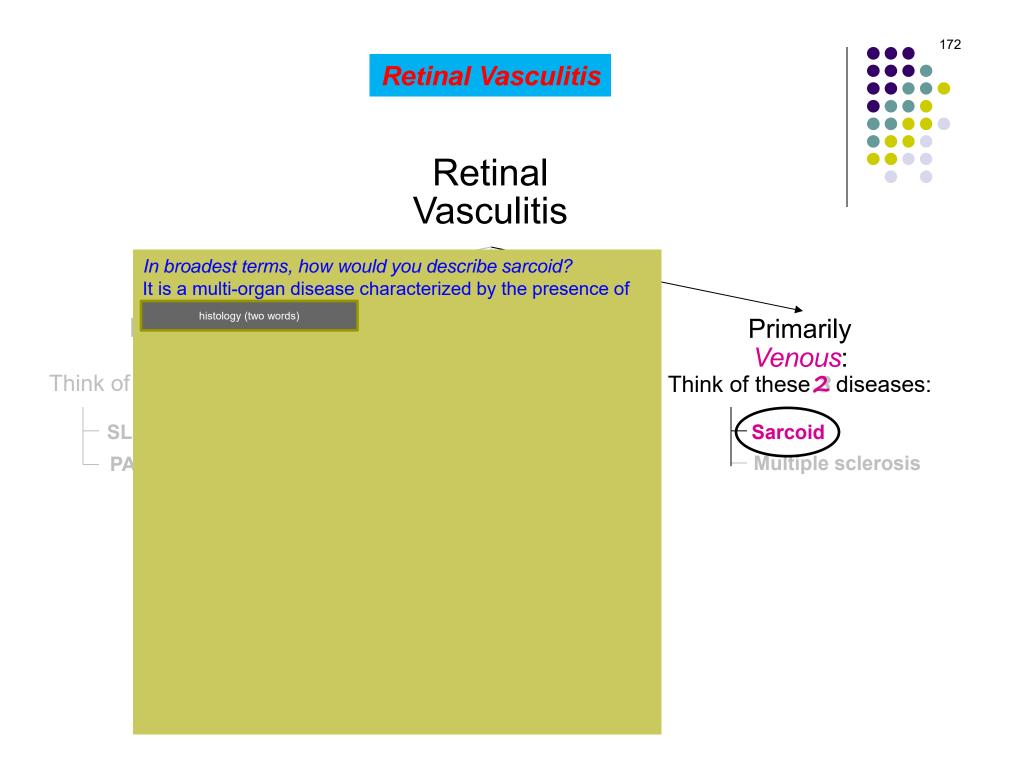


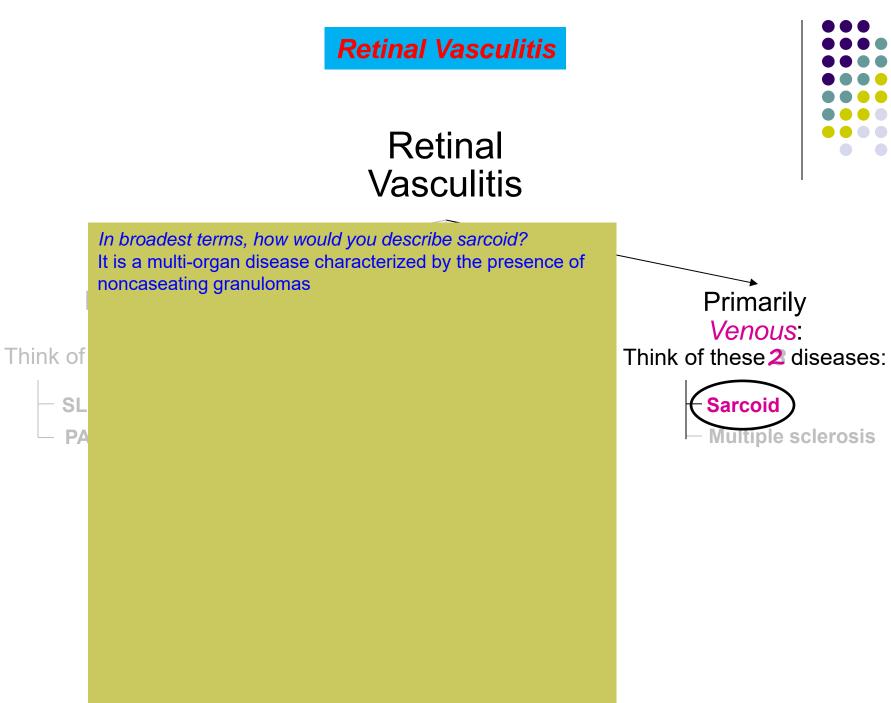
168 **Retinal Vasculitis** OK then, what proportion of GwP pts manifest vasculitis? About 10% How does retinal vasculitis manifest? As CWS, or arterial occlusions (branch or central) What is the prognosis for untreated GwP? What is the classic Dismal—the 1-yr mortality rate is 80% Bony destruction of Artê What is the next most commo What is the treatment of choice? Think of these es: Steroids + cyclophosphamide What is the classic presentation of Sarcoid upper respiratory tract involvement? Granulomatosis Multiple coloro Sinusitis with bloody discharge What lab findings result? with polyangiitis What is the classic triad of granulomatosis with polyangiitis (GwP)? Necrotizing vasculitis of: What specific pathologic renal --the upper and lower respiratory tract condition is caused by GwP? --the kidneys Two other manifestations are common as well—what are they? --Rash --Arthralgias



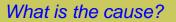






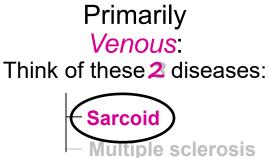


In broadest terms, how would you describe sarcoid? It is a multi-organ disease characterized by the presence of noncaseating granulomas



Think of

- SL - PA





Retinal Vasculitis

175 **Retinal Vasculitis** Retinal Vasculitis In broadest terms, how would you describe sarcoid? It is a multi-organ disease characterized by the presence of noncaseating granulomas Primarily Venous: What is the cause? As of this writing, it is unknown Think of these **2** diseases: Think of SL Sarcoid tiple sclerosis PA

Retinal Vasculitis

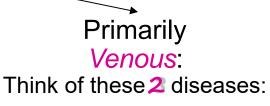
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What organ/system is most commonly involved in sarcoid?





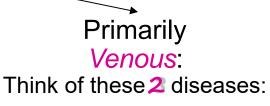


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Which other organ systems can be involved?







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Retinal Vasculitis

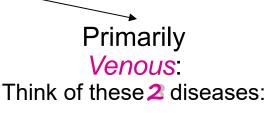
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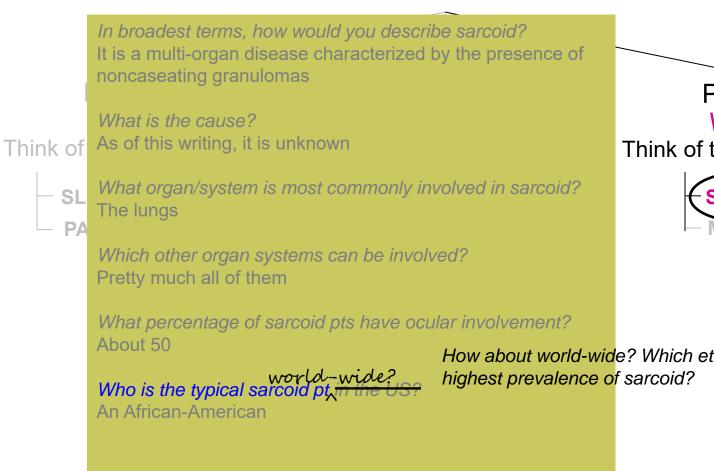
Who is the typical sarcoid pt in the US? An African-American





Retinal Vasculitis





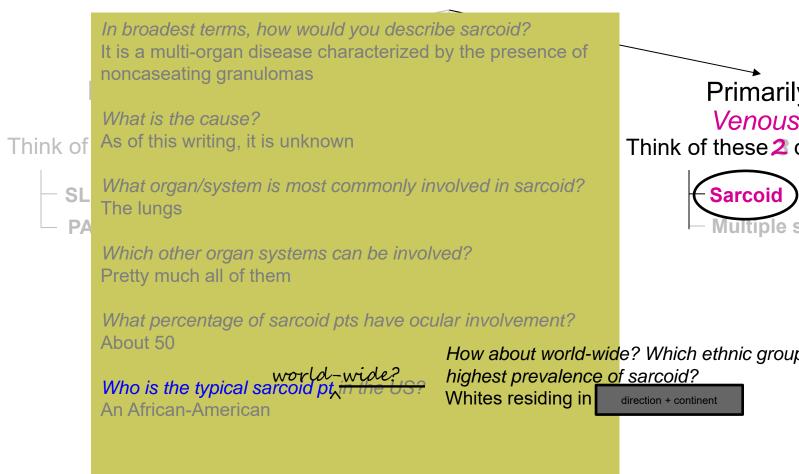
Primarily Venous: Think of these 2 diseases:



How about world-wide? Which ethnic group has the

Retinal Vasculitis





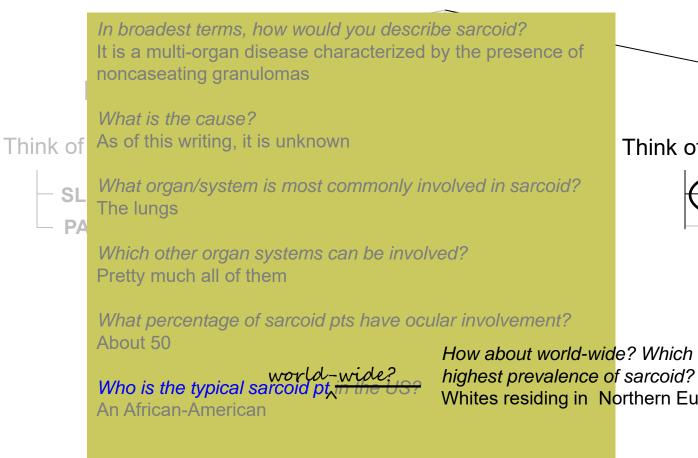
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Primarily Venous: Think of these 2 diseases:



How about world-wide? Which ethnic group has the Whites residing in Northern Europe

Retinal Vasculitis

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Who is the typical sarcoid pt in the US? An African-American

During what age-range does dz onset typically occur?





Retinal Vasculitis

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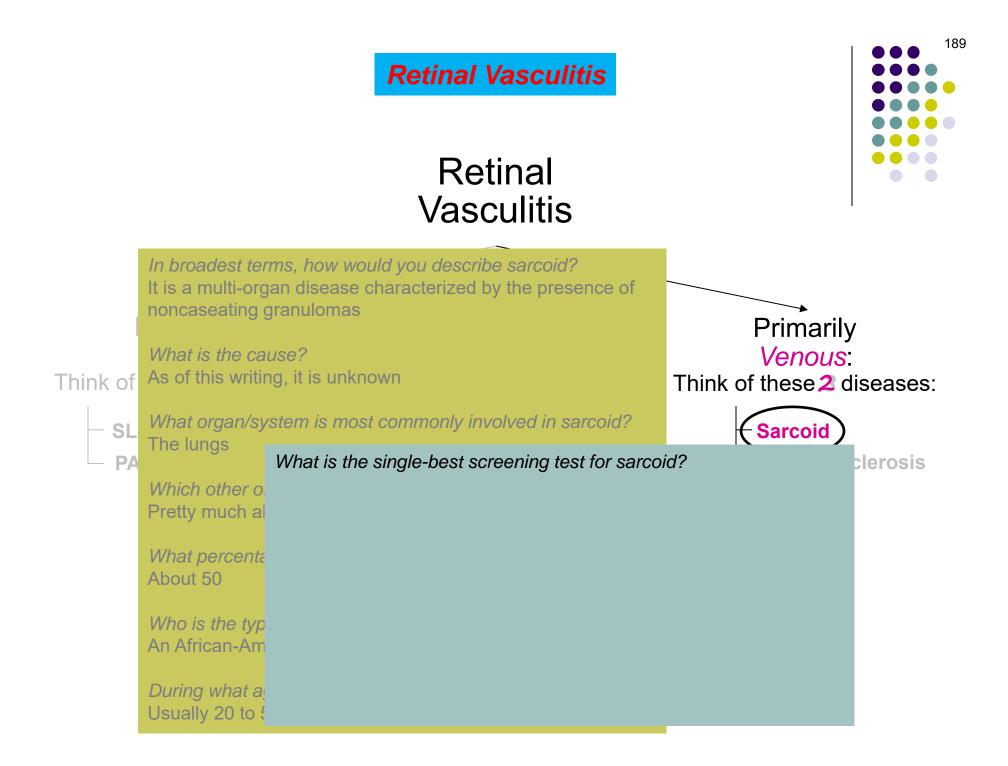
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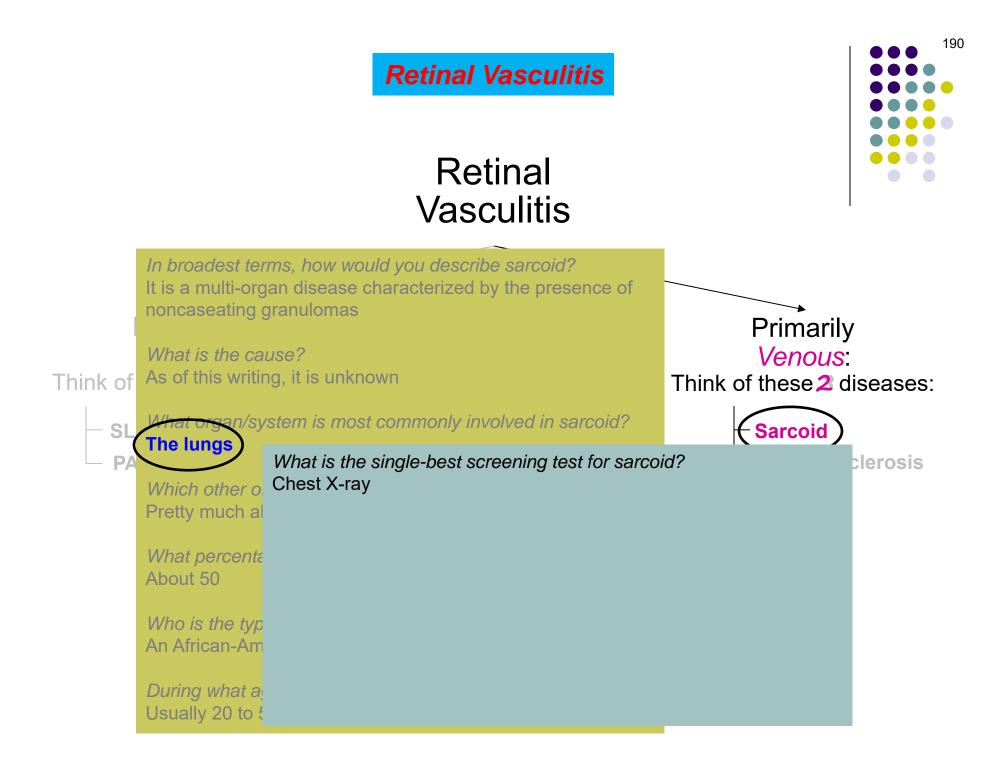
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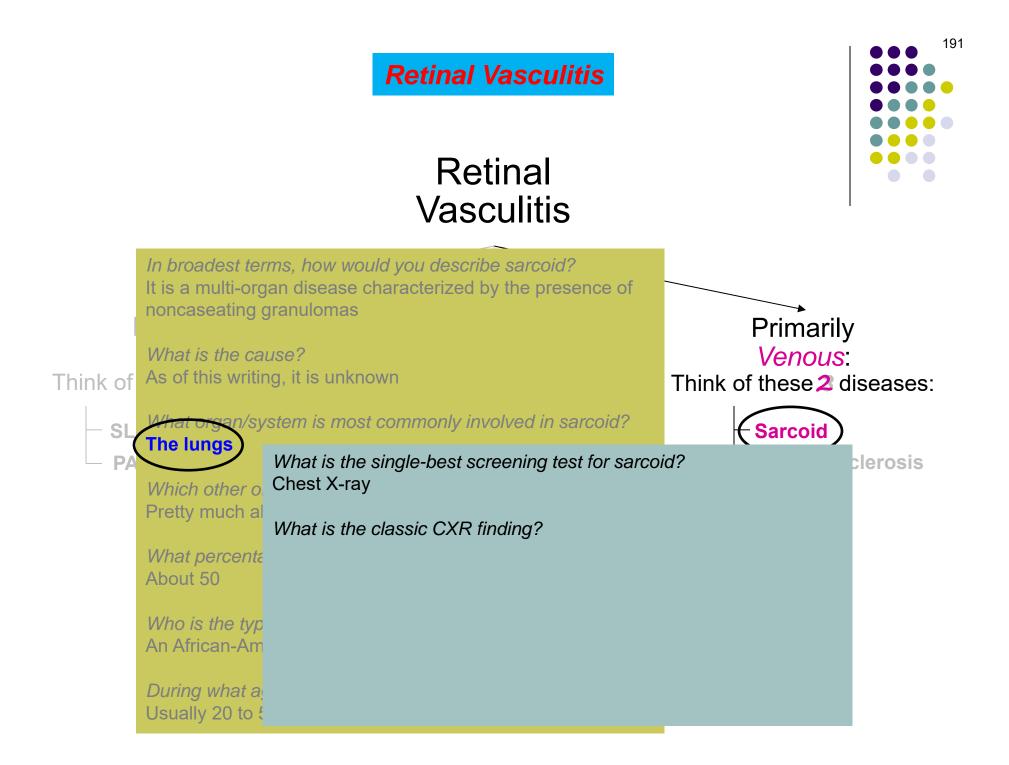
During what age-range does dz onset typically occur? Usually 20 to 50

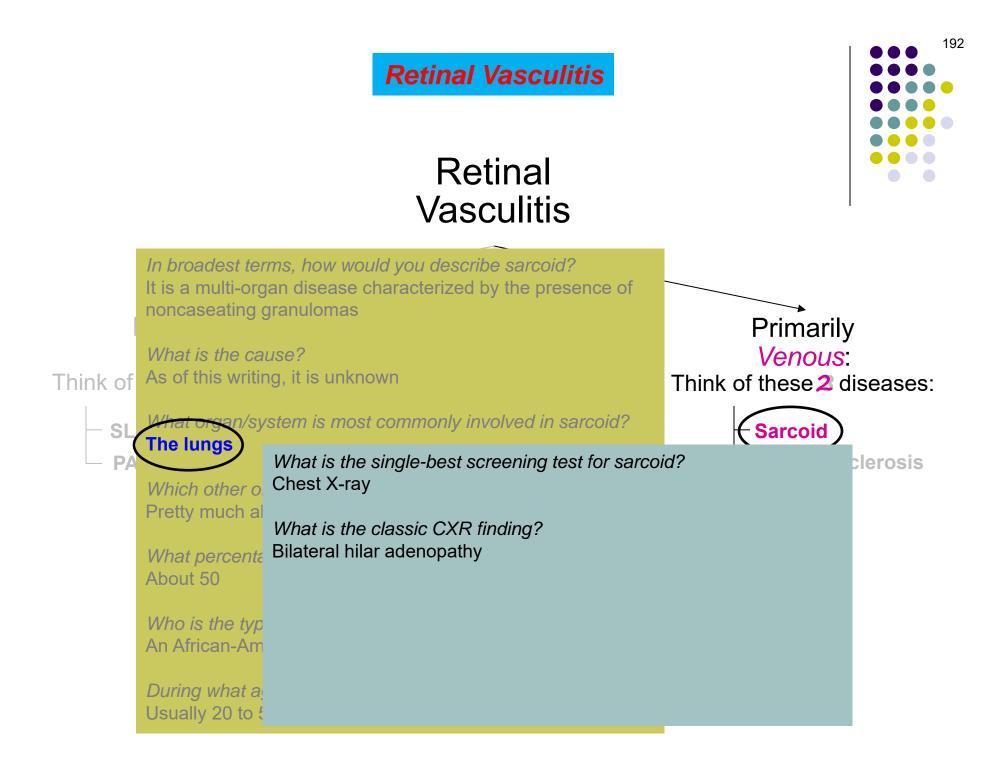








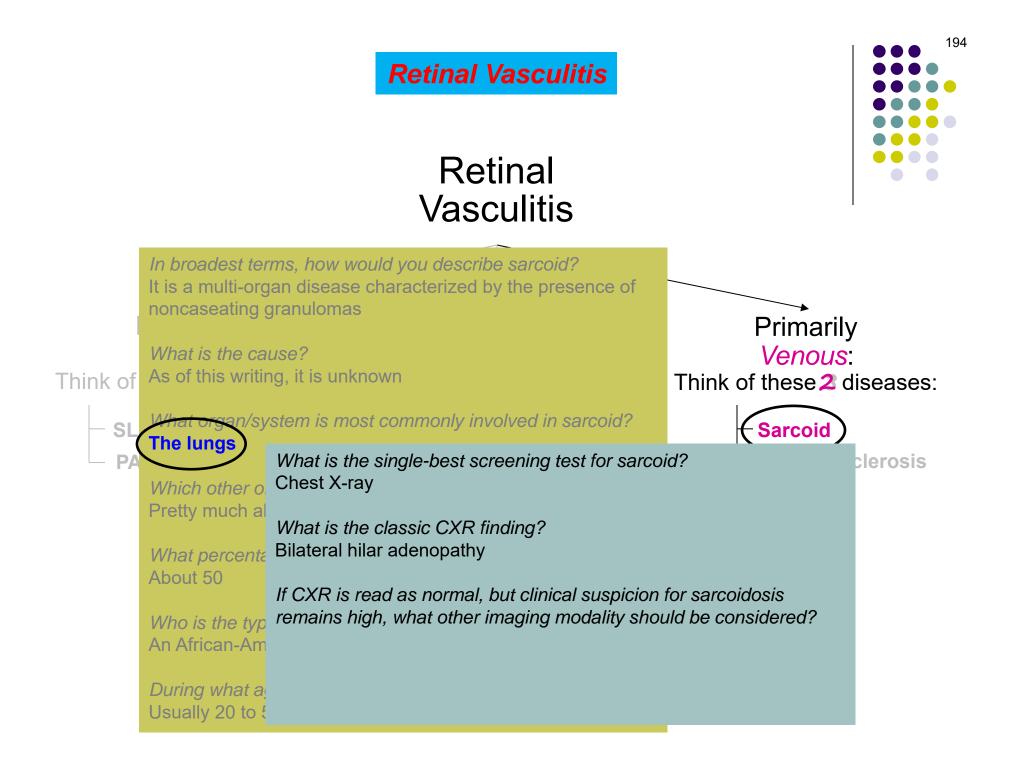


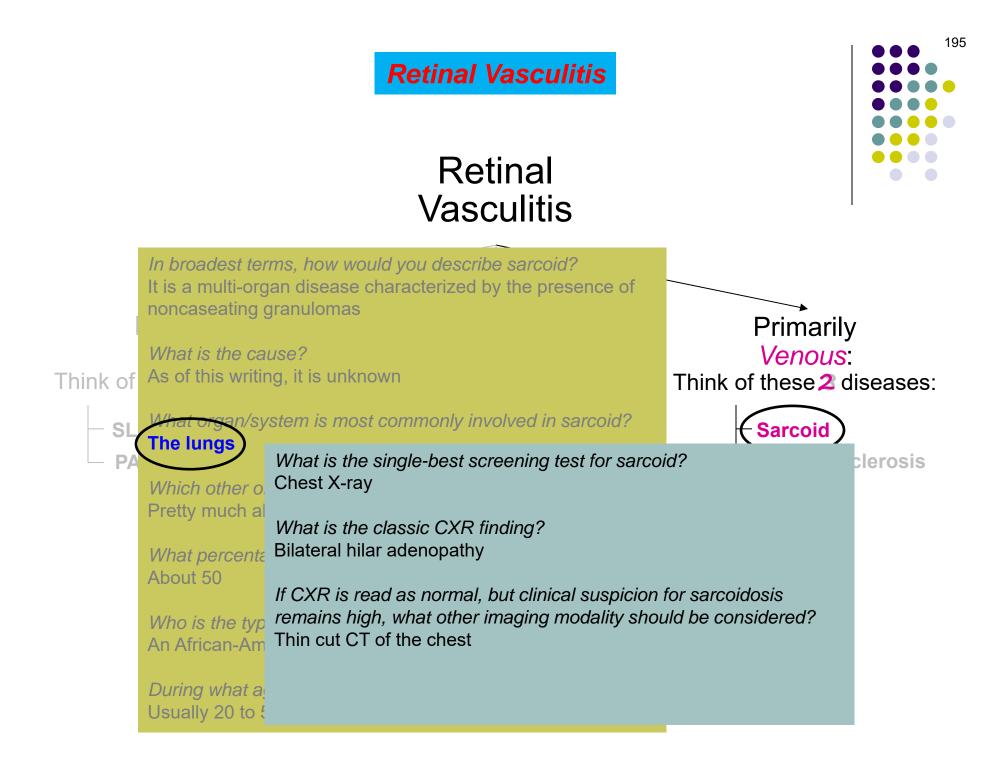


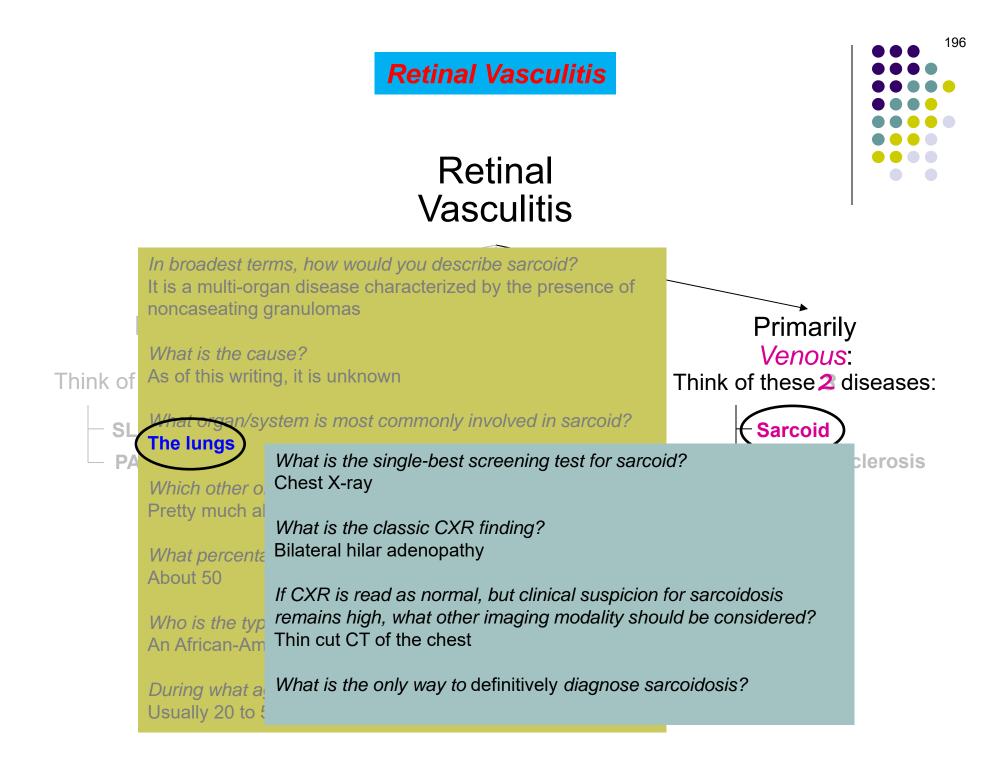


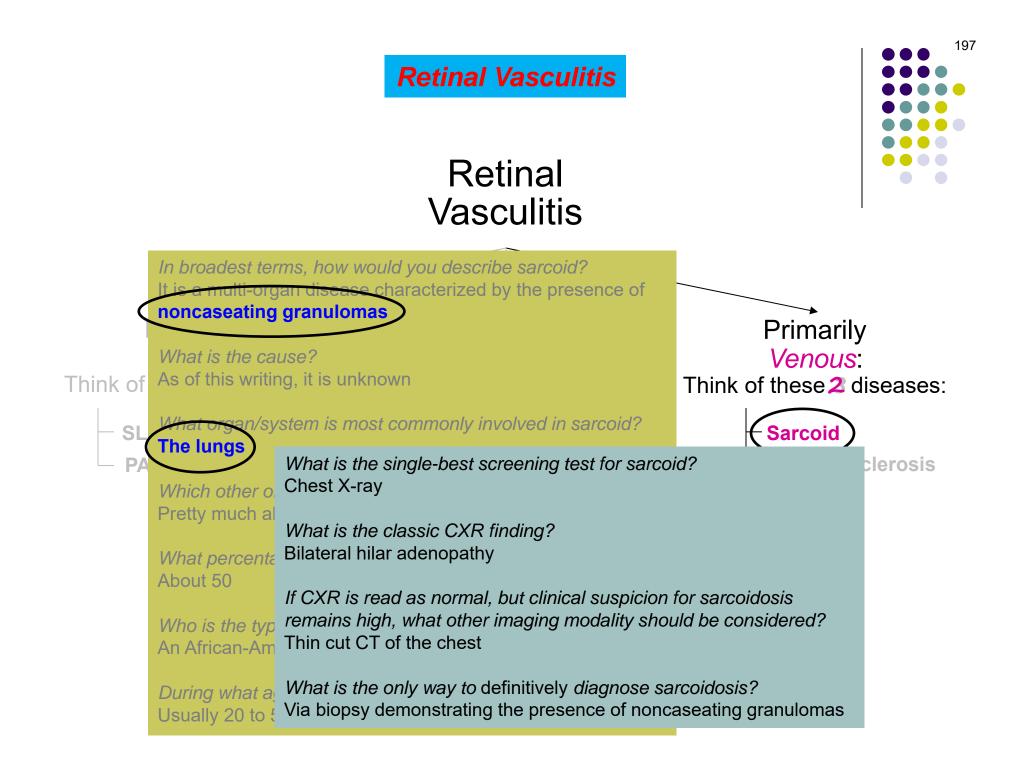


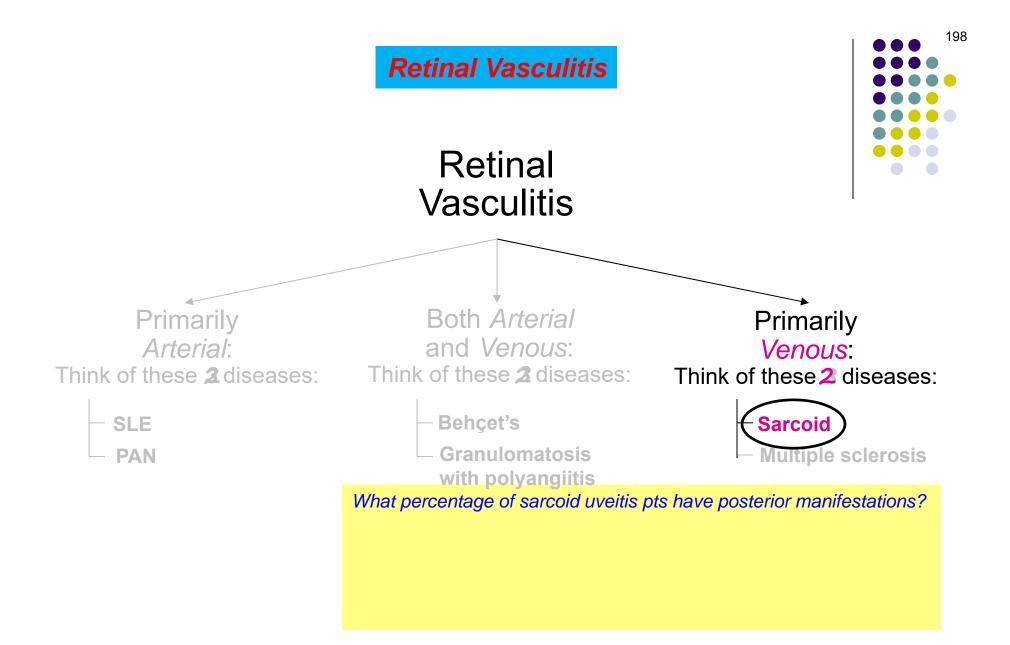
Sarcoid: Bilateral hilar adenopathy

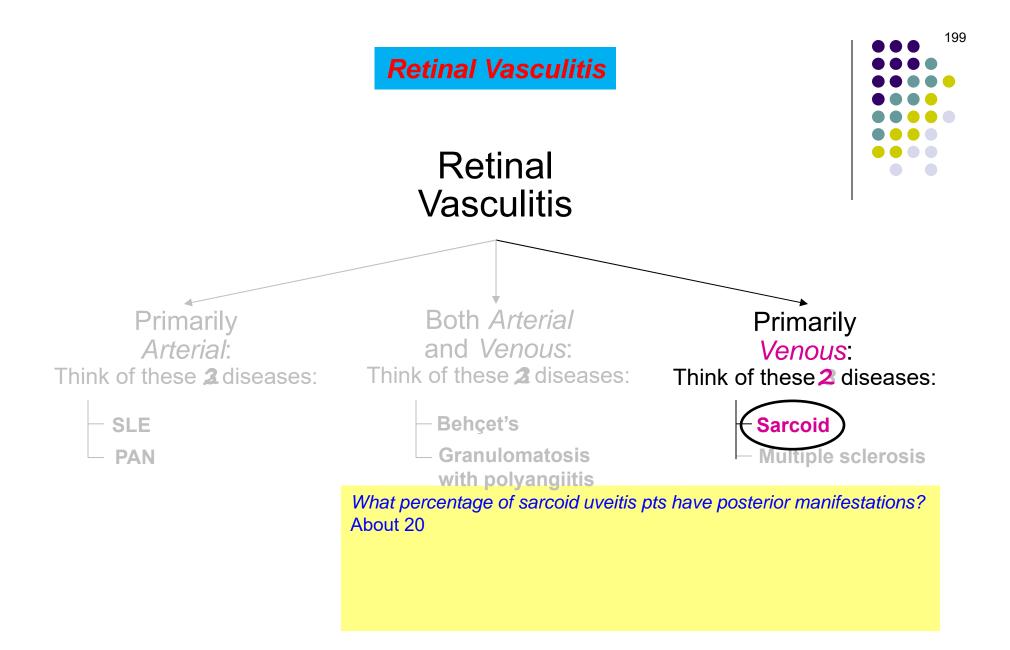


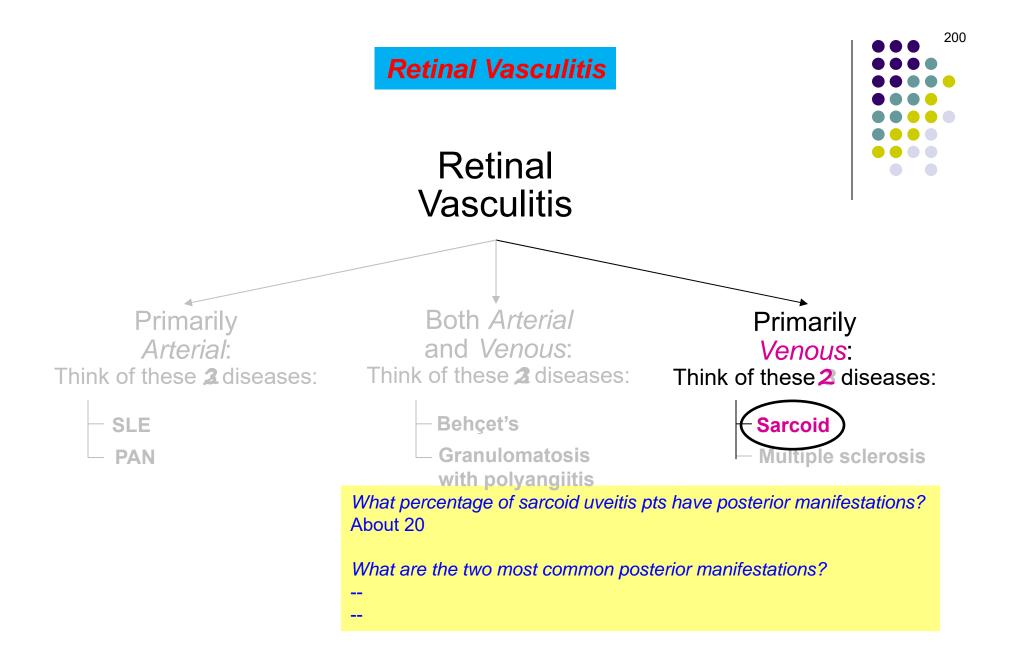


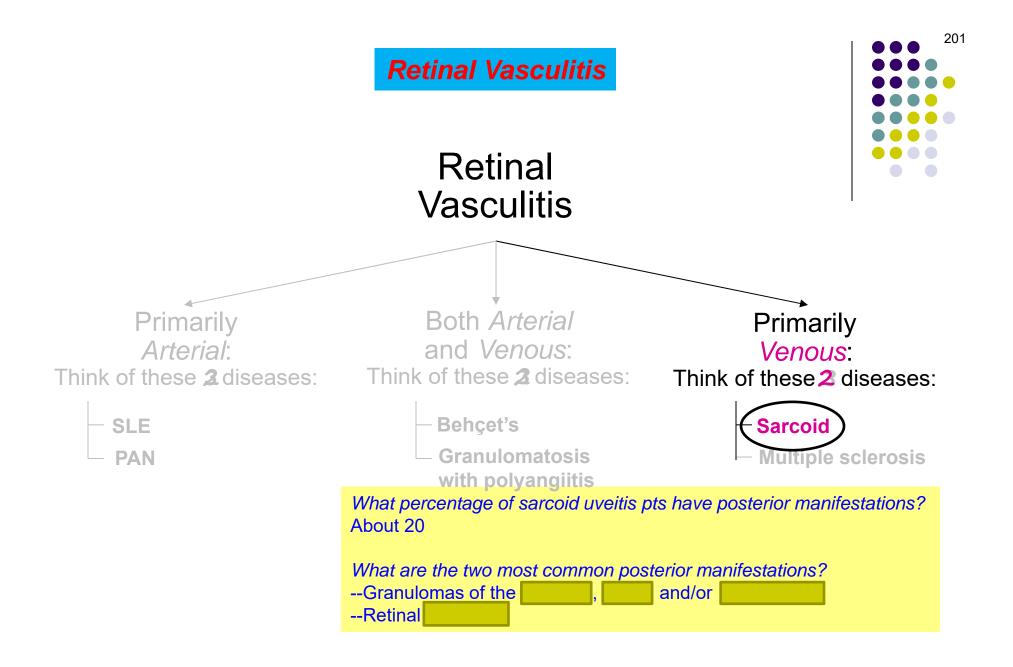


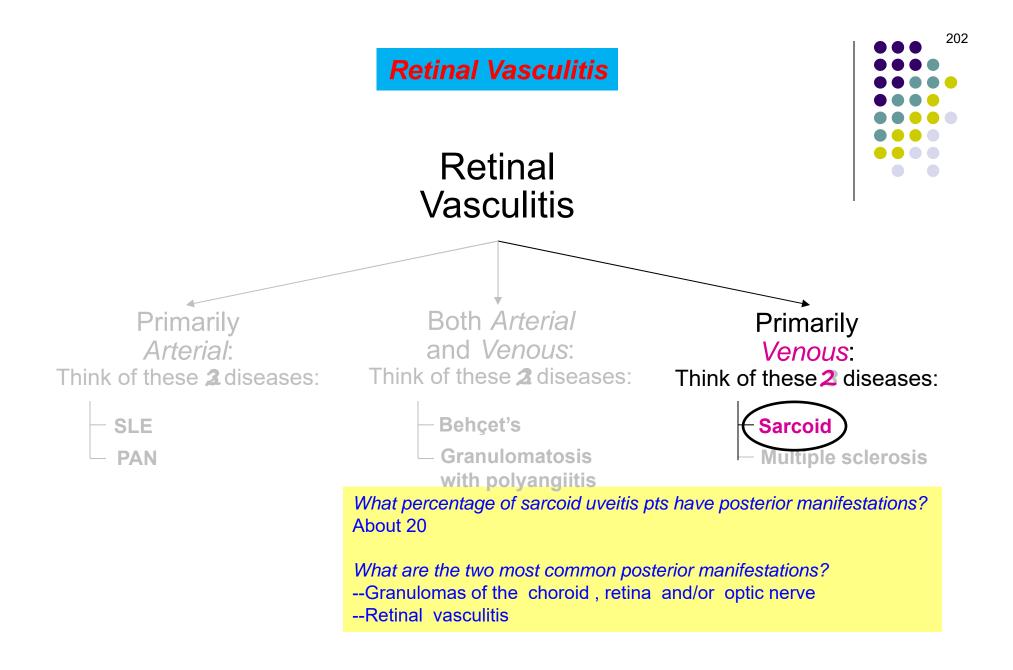














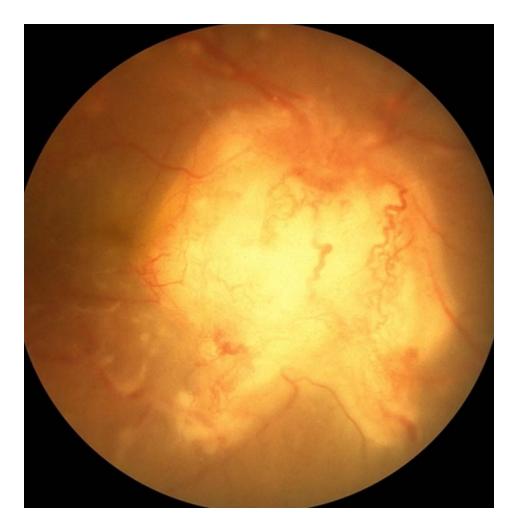
Choroidal granulomas in sarcoid











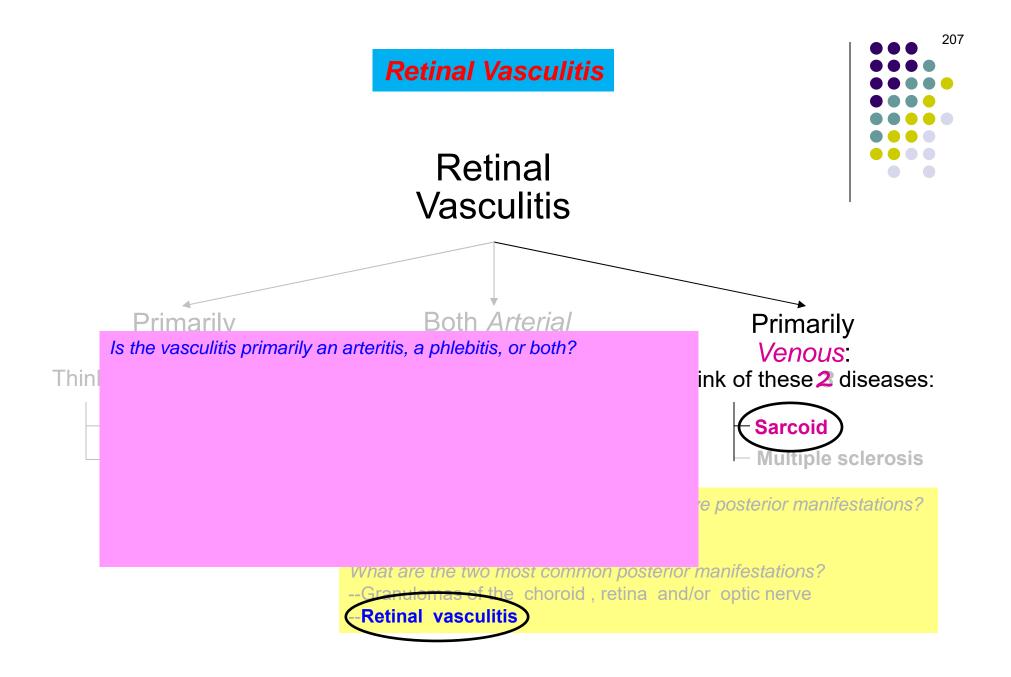


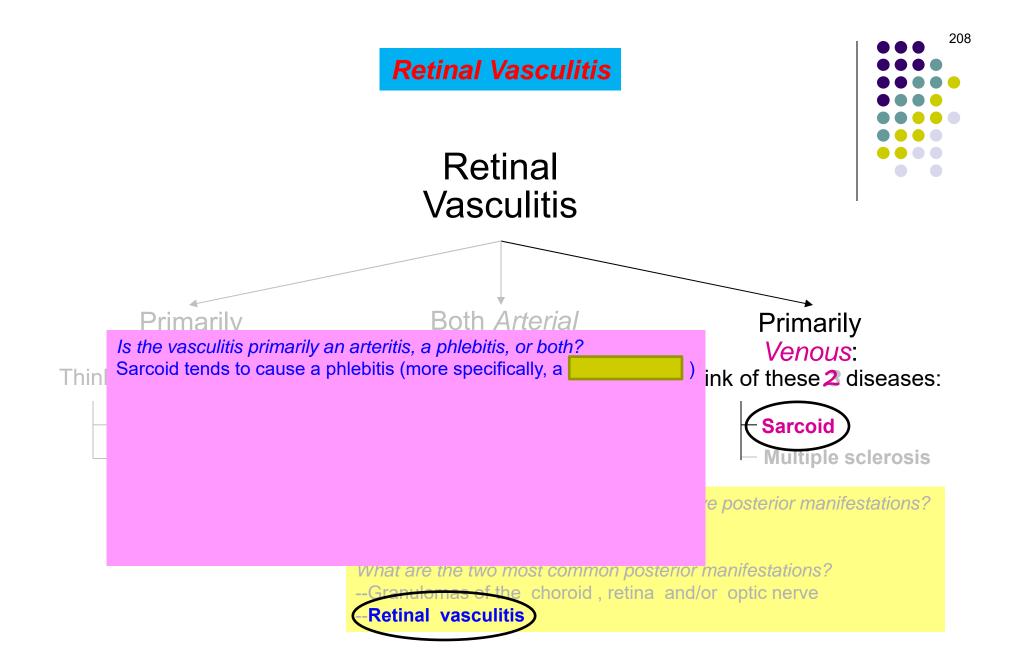
ONH granuloma in sarcoid

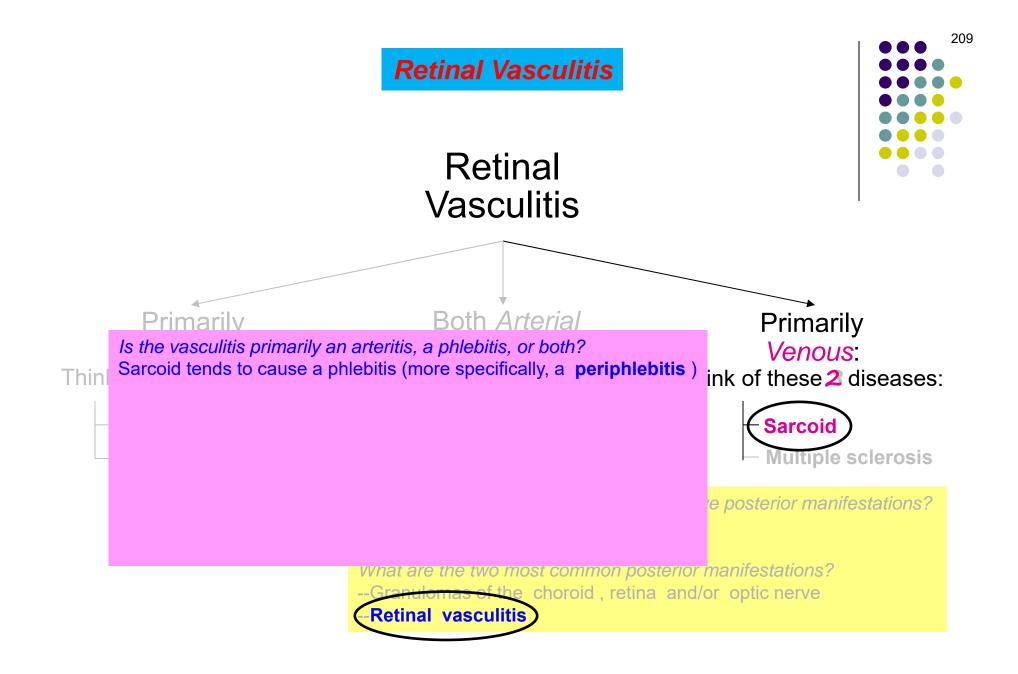


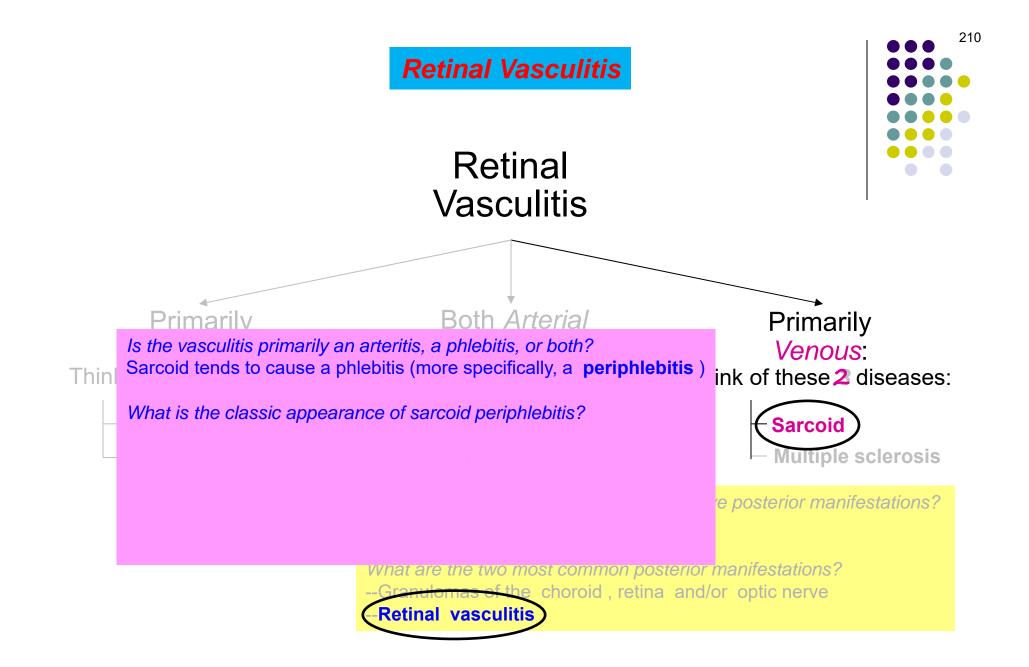


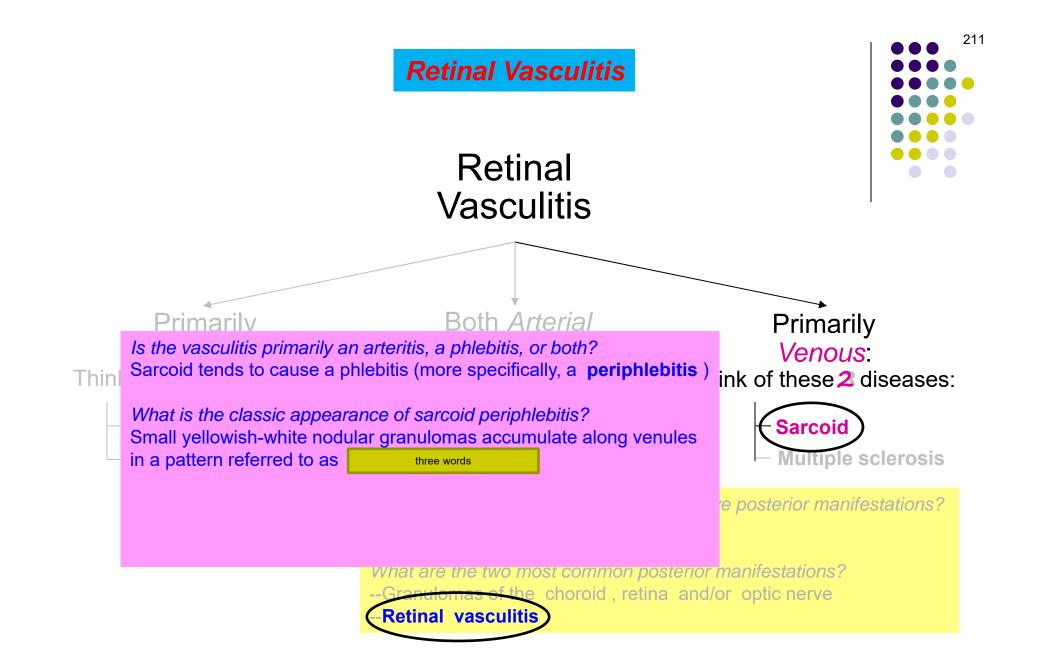


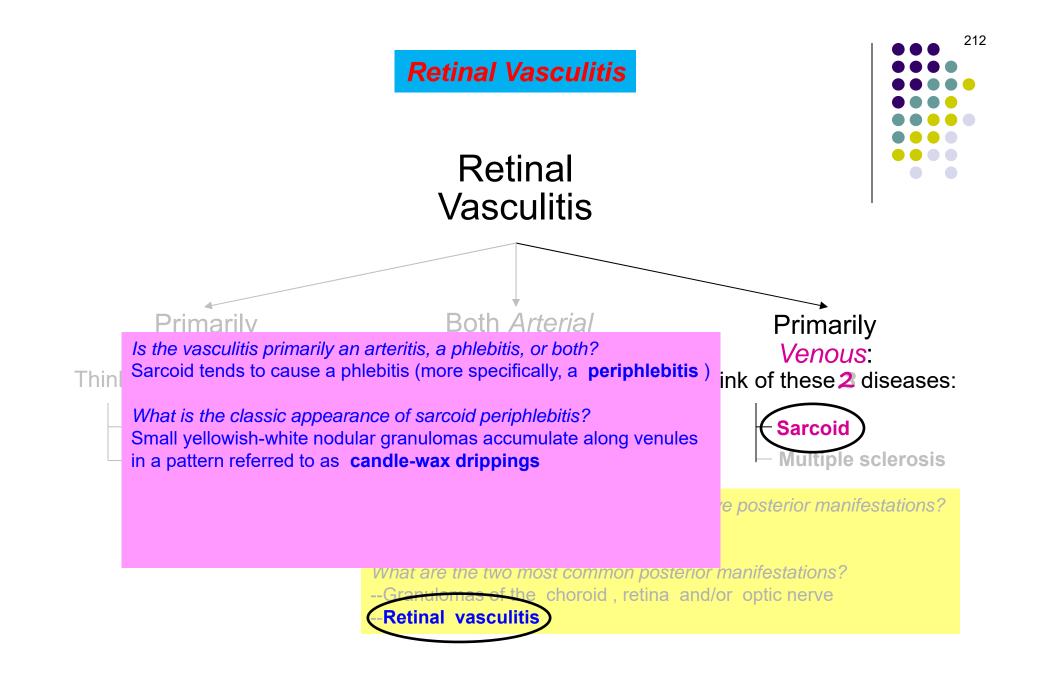








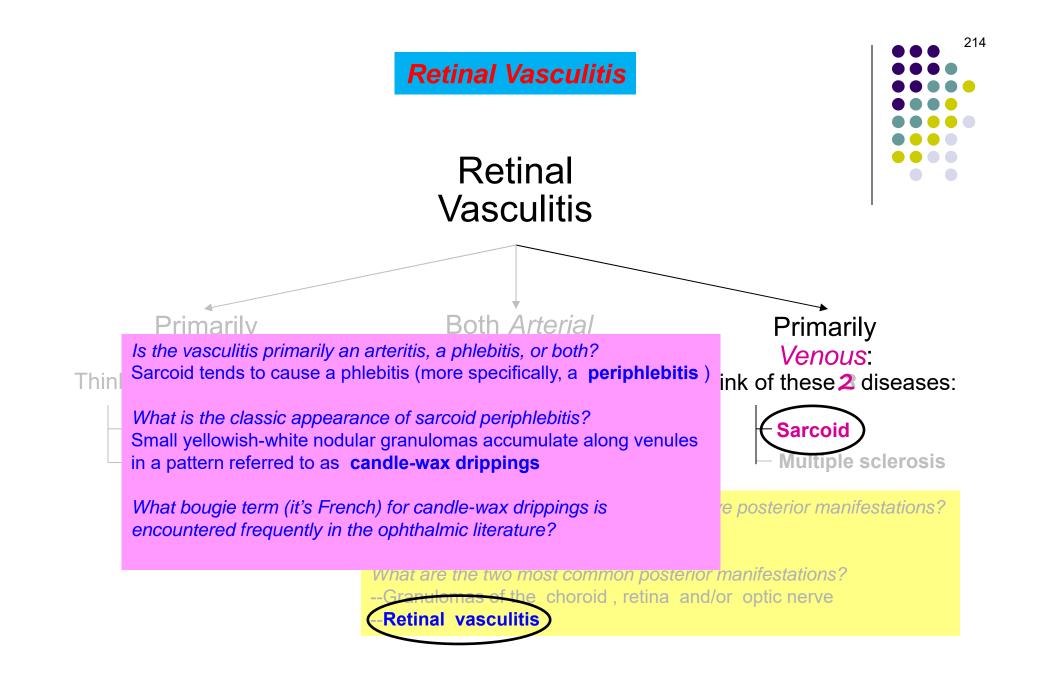


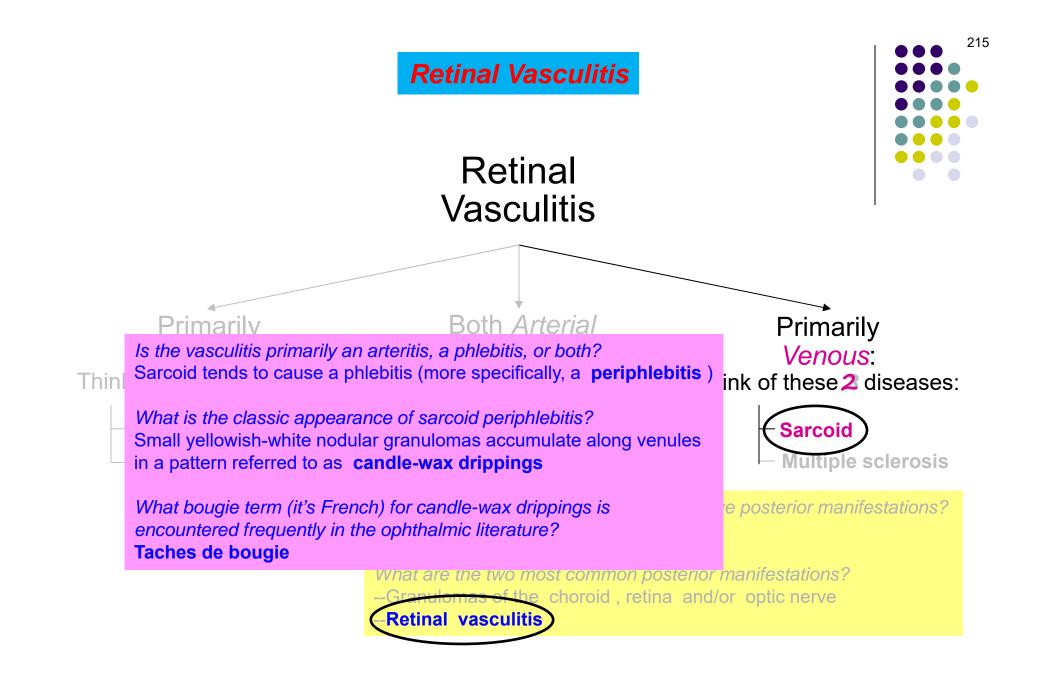


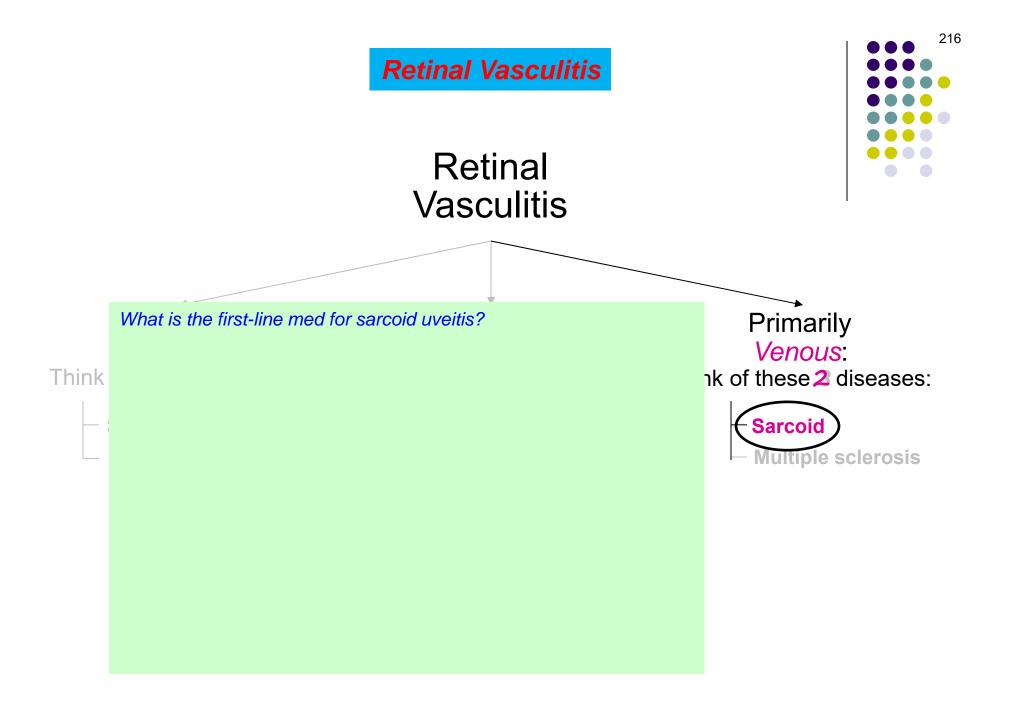


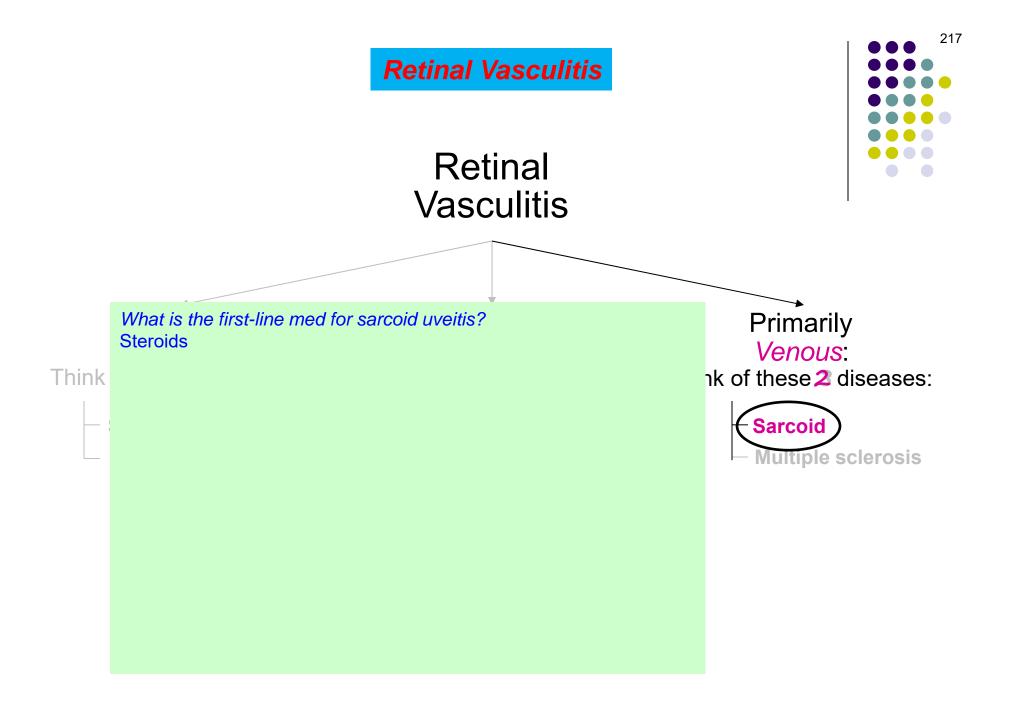
Sarcoid periphlebitis: 'candle-wax drippings'

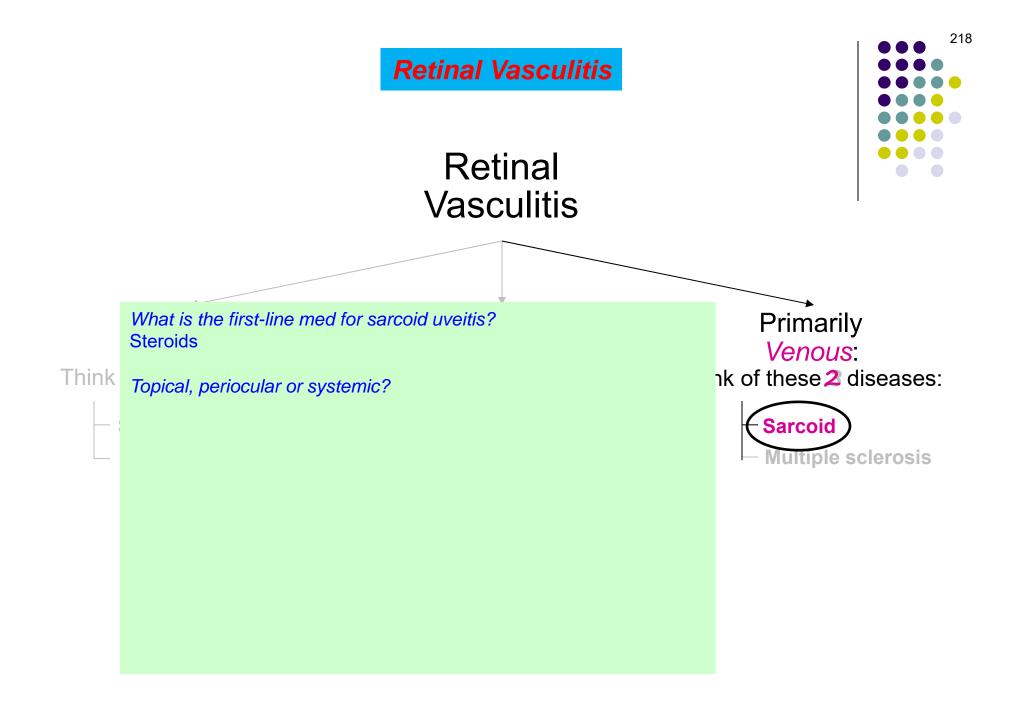


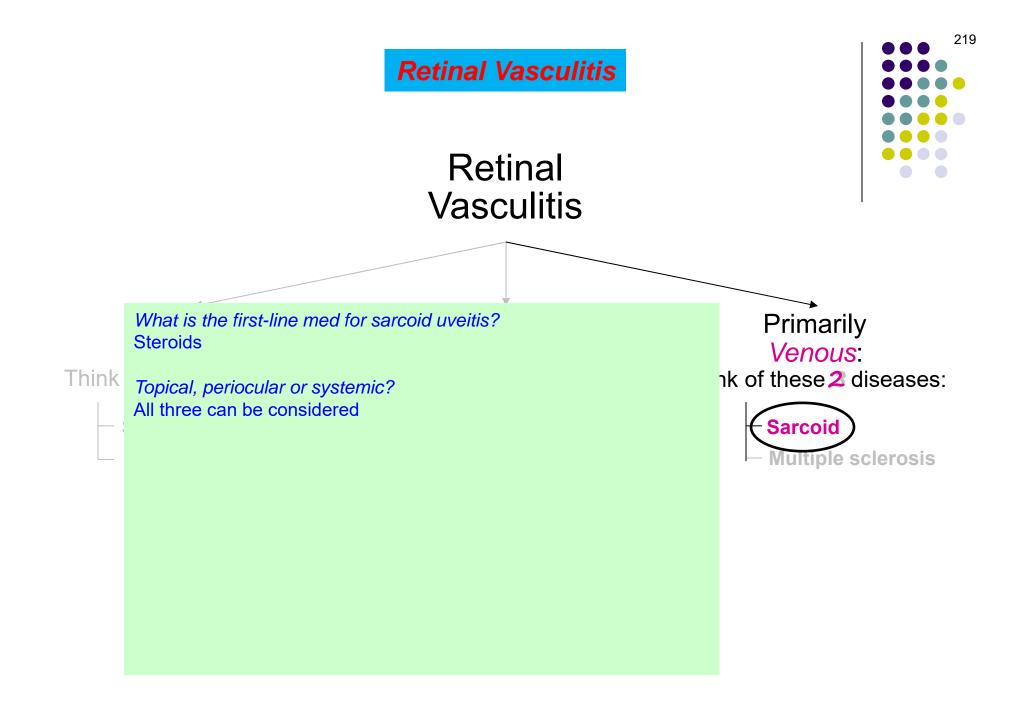


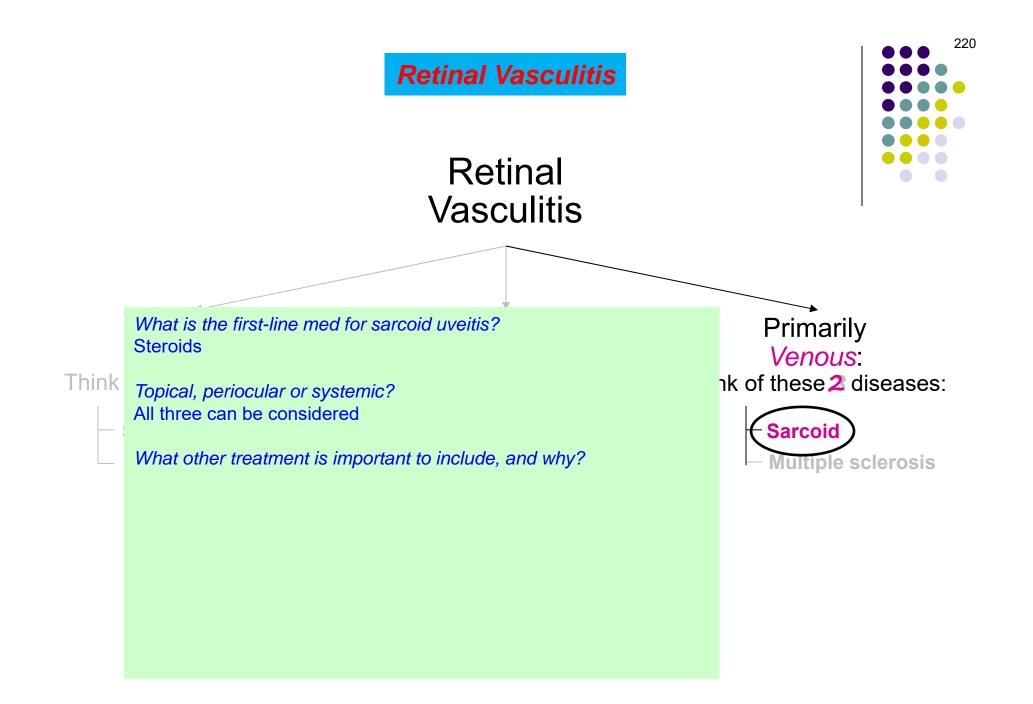


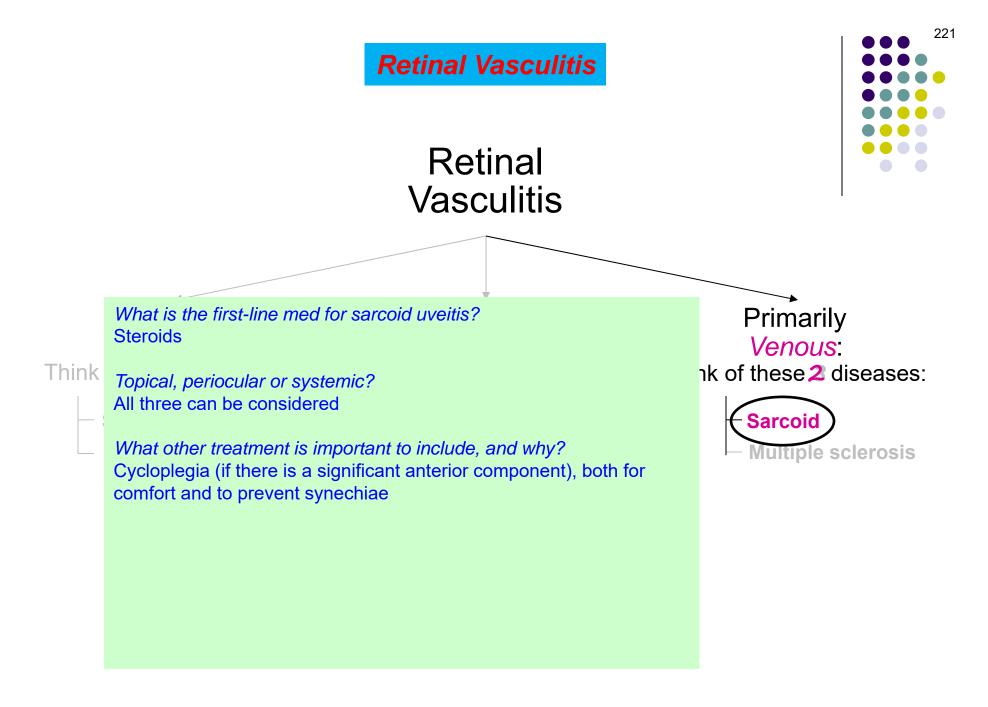


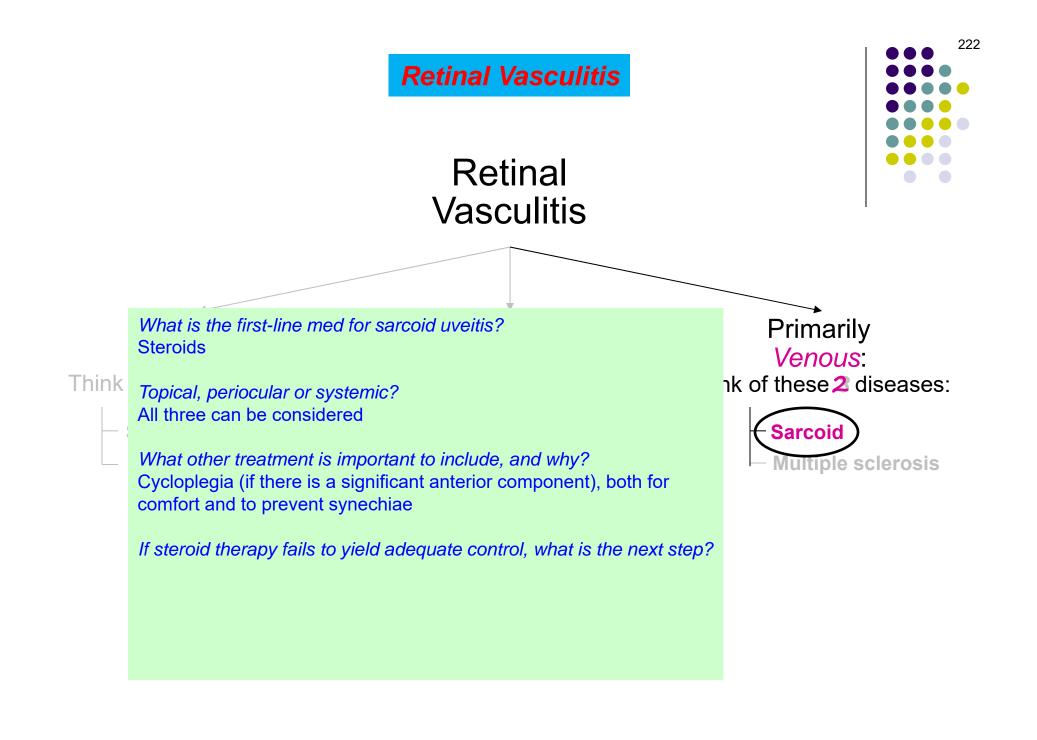


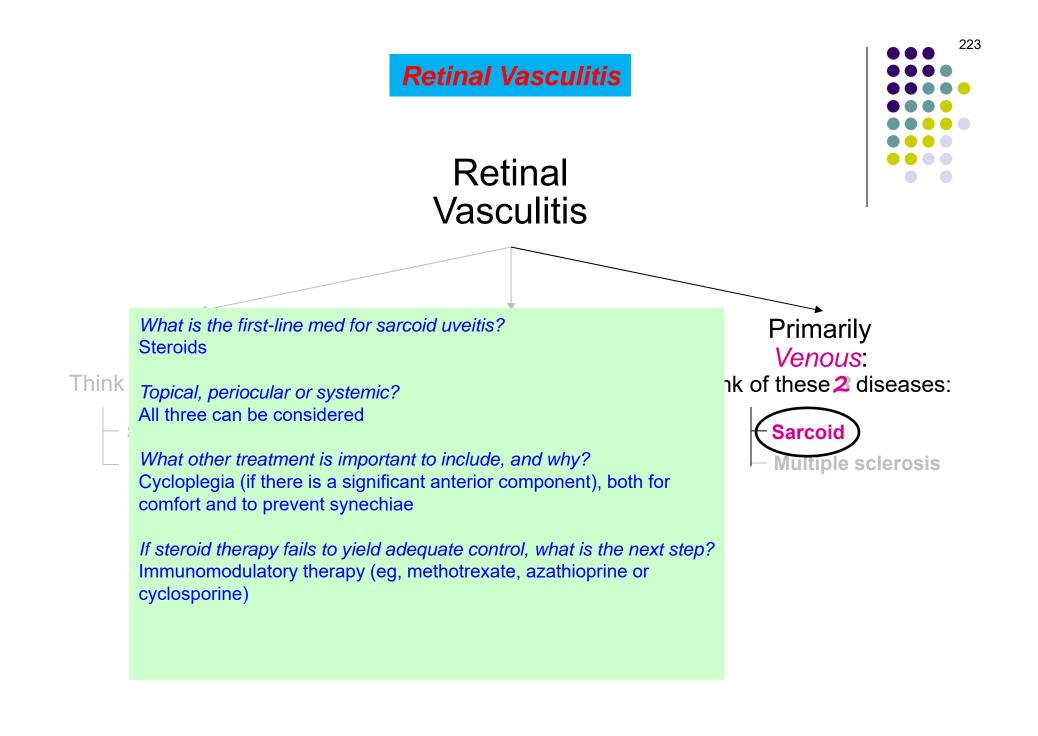


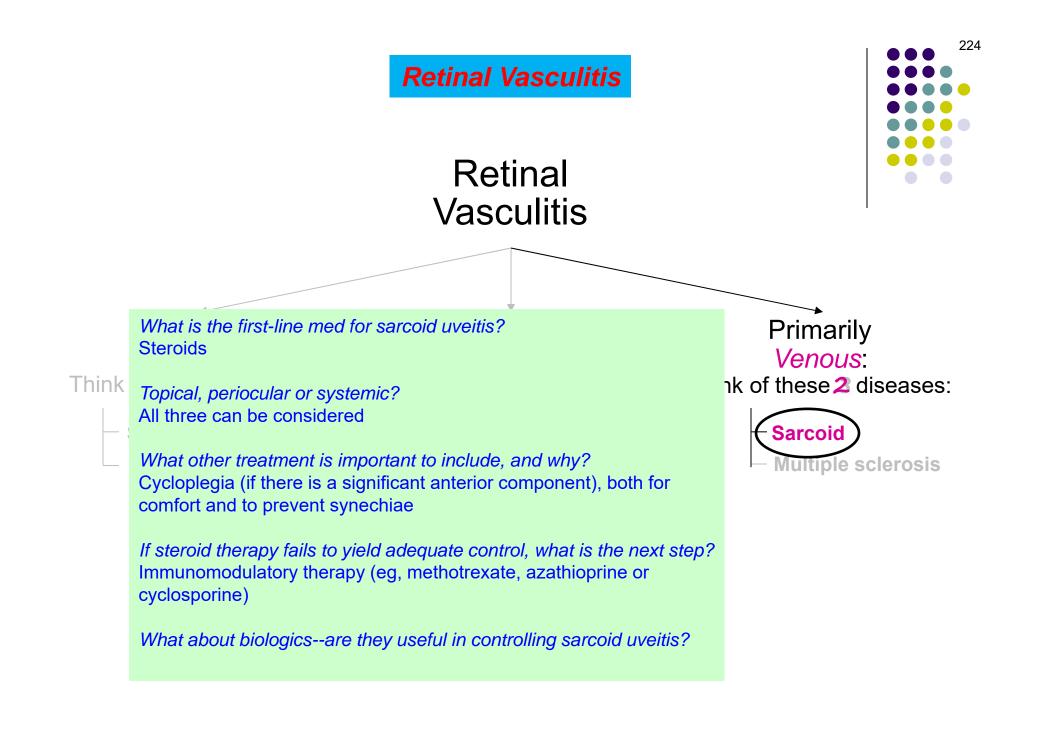


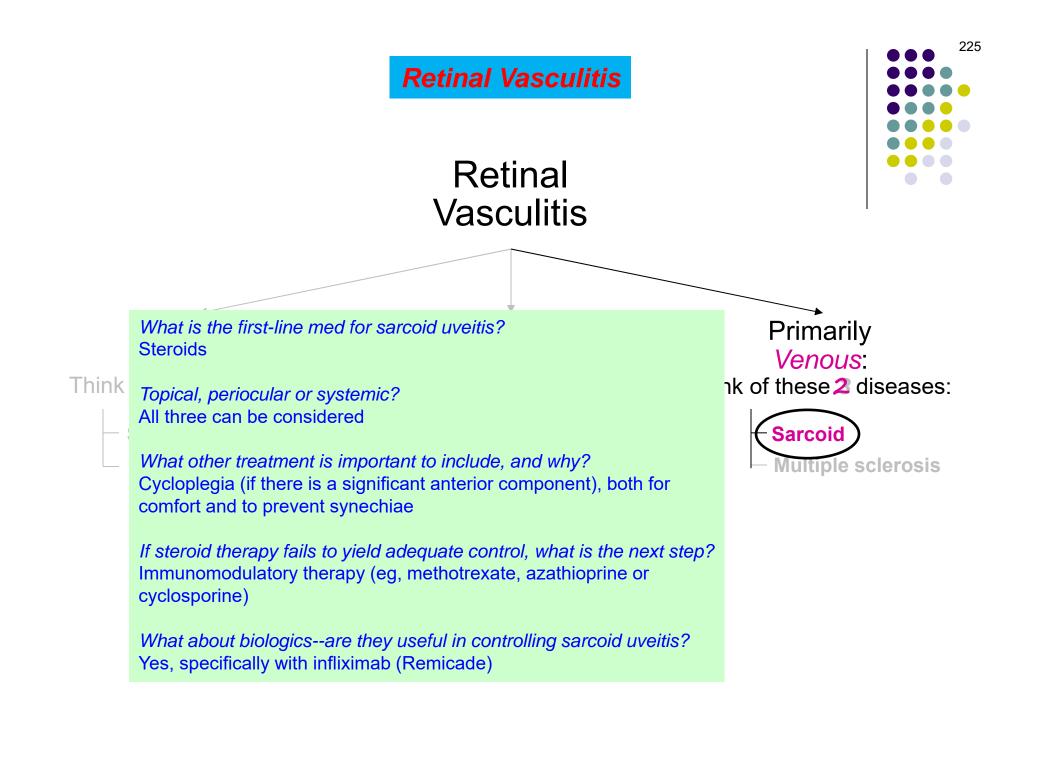


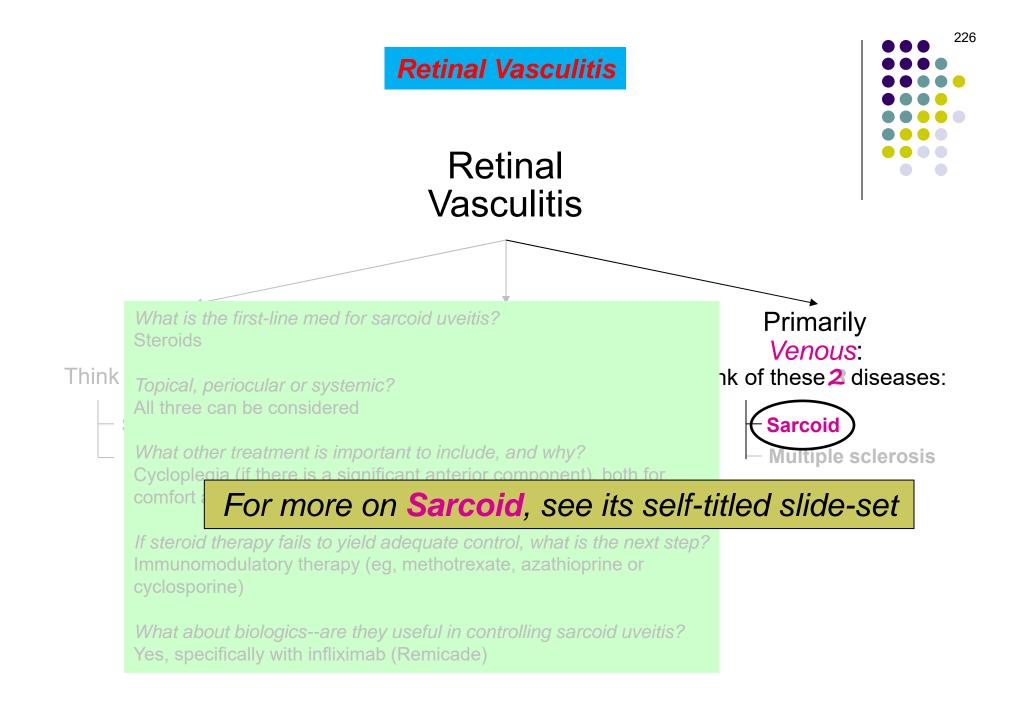






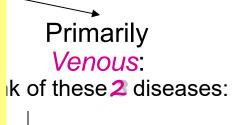


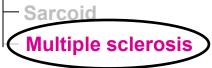




Who is the typical multiple sclerosis pt?





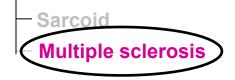


Who is the typical multiple sclerosis pt? A young to middle-age white female

Specific age range per: --the *Uveitis* book: 20-50 --the *Neuro-Oph* book: 25-40 --EyeWiki: 15-45



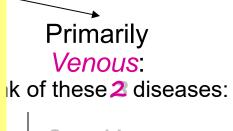
Primarily Venous: k of these **2** diseases:

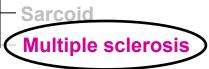


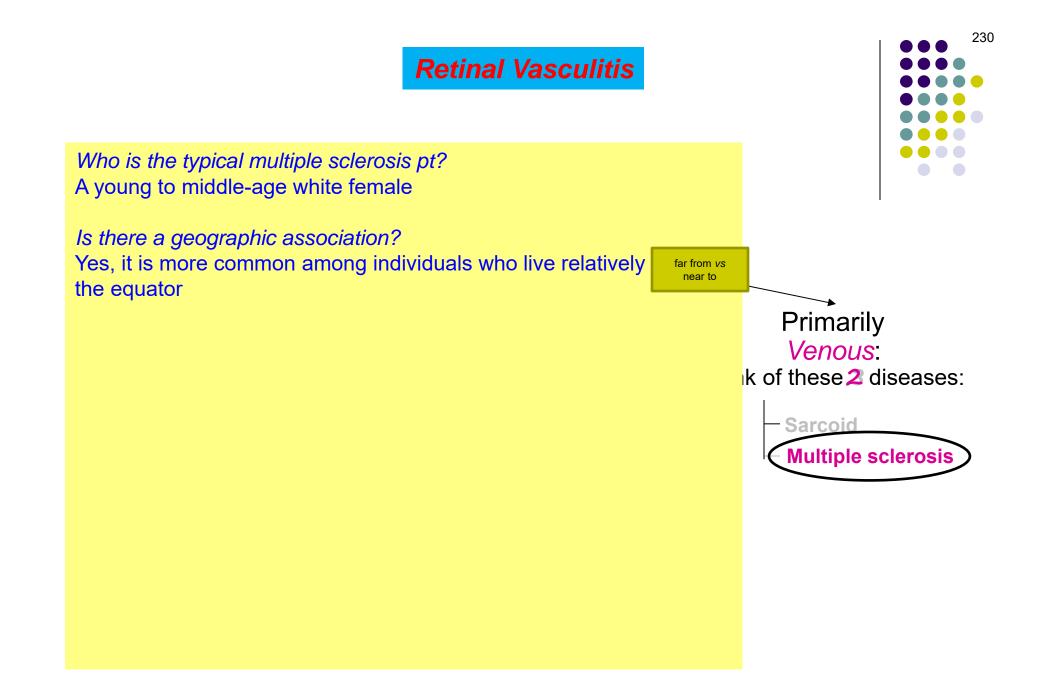
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Is there a geographic association?









231 **Retinal Vasculitis** Who is the typical multiple sclerosis pt? A young to middle-age white female Is there a geographic association? Yes, it is more common among individuals who live relatively far from the equator Primarily Venous: k of these **2** diseases: Sarcoid Multiple sclerosis

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232

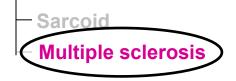
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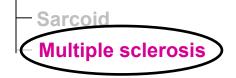
Is there a geographic association? Yes, it is more common among individuals who live relatively far from the equator

What is the cause? It is unknown at this time

Is there a genetic component?



Primarily Venous: k of these **2** diseases:

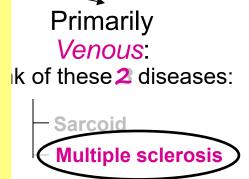


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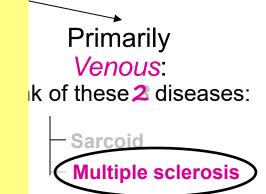
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In a nutshell, what pathologic process is the culprit in MS?





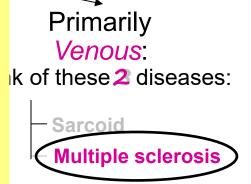
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In a nutshell, what pathologic process is the culprit in MS? Autoimmune destruction of _____, leading to axonal damage





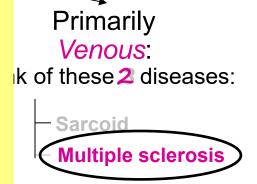
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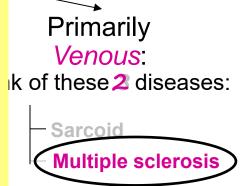
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In general terms (ie, not ophthalmic), how does MS present?





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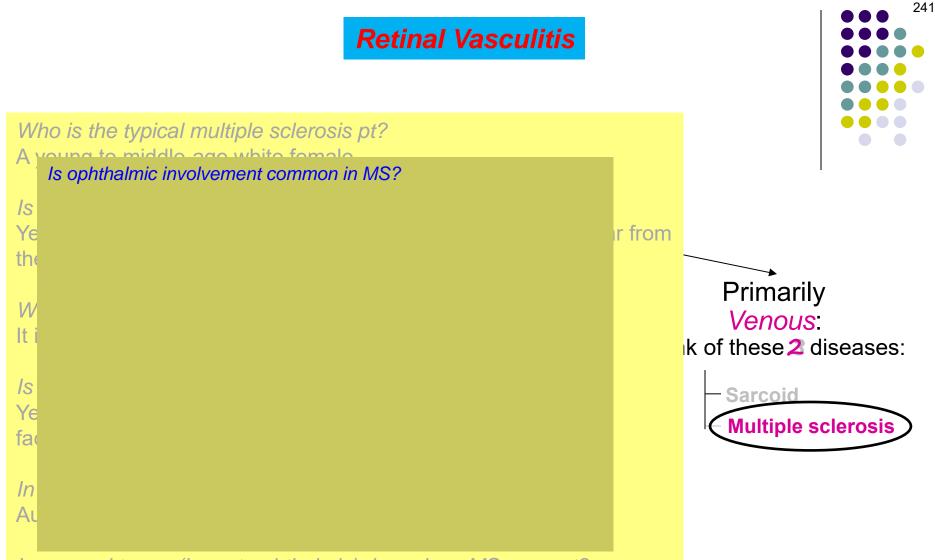
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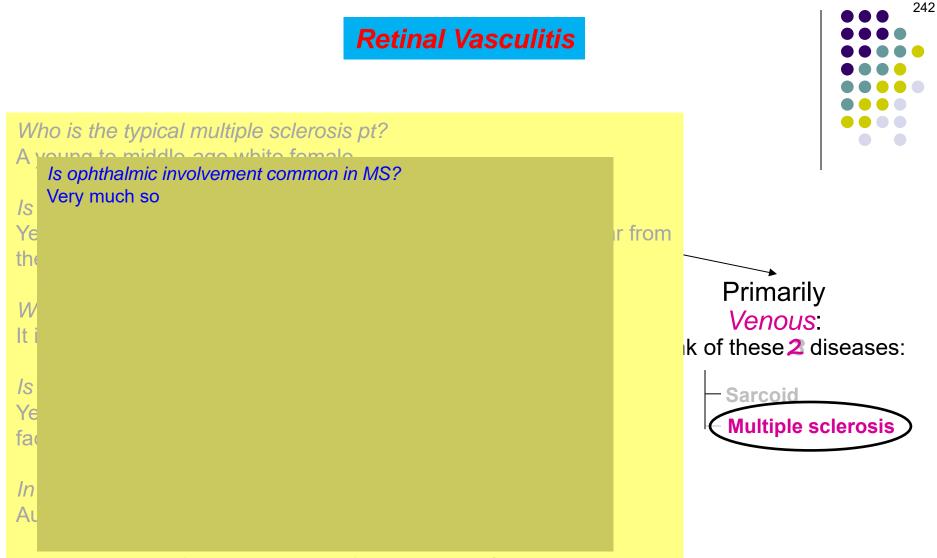
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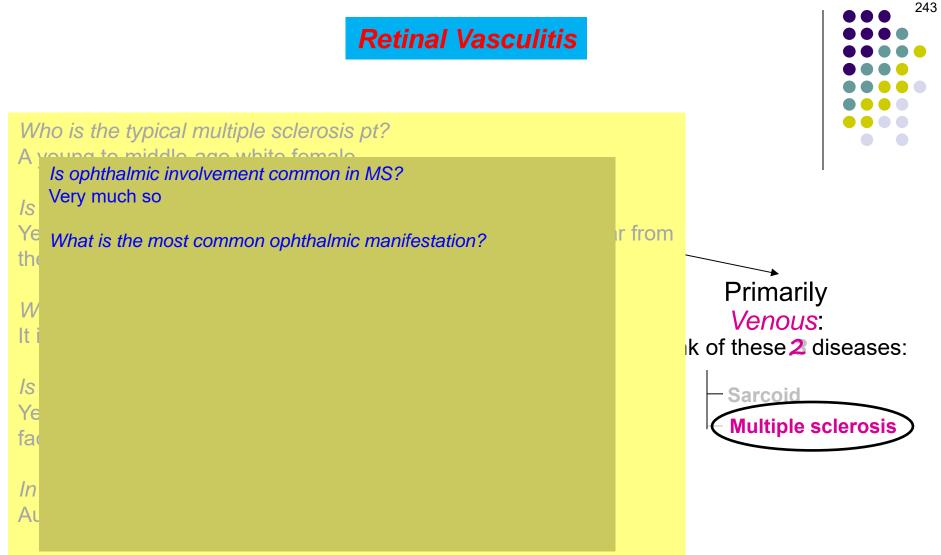
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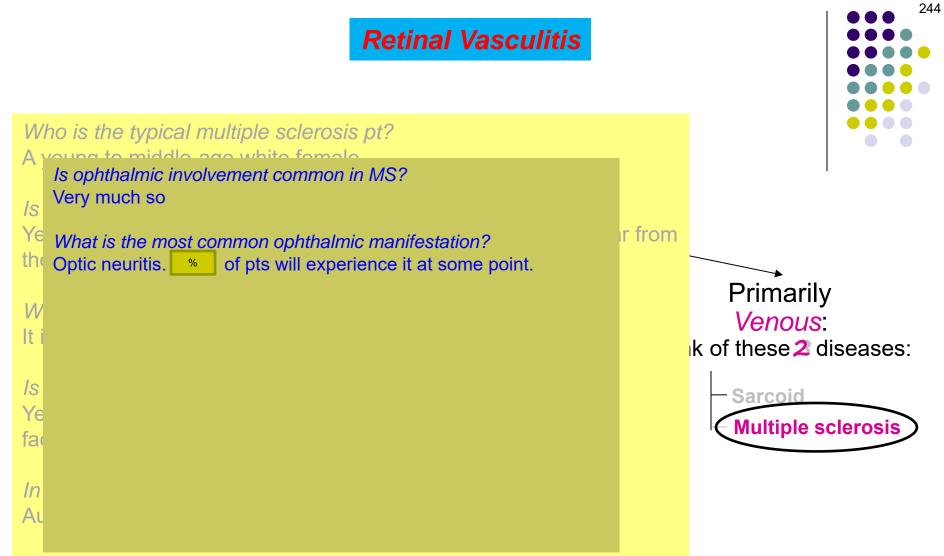


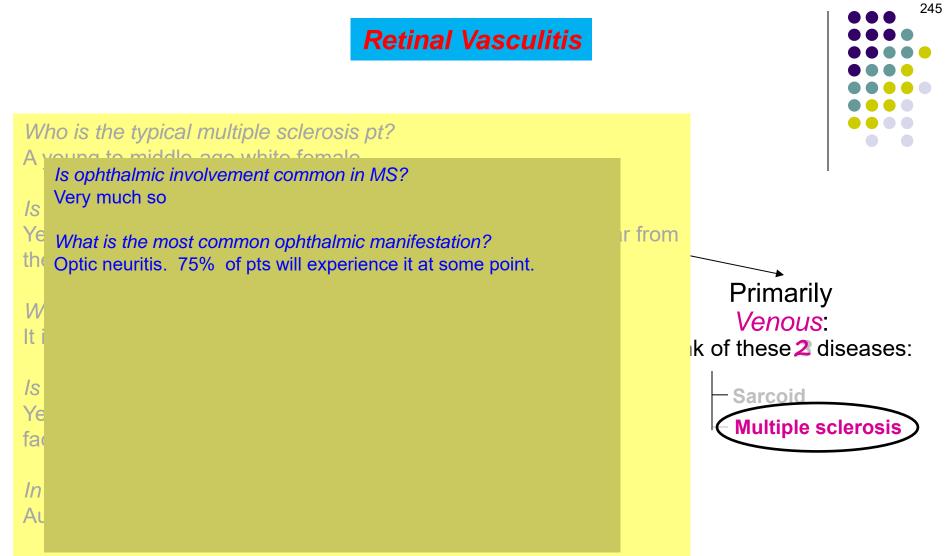


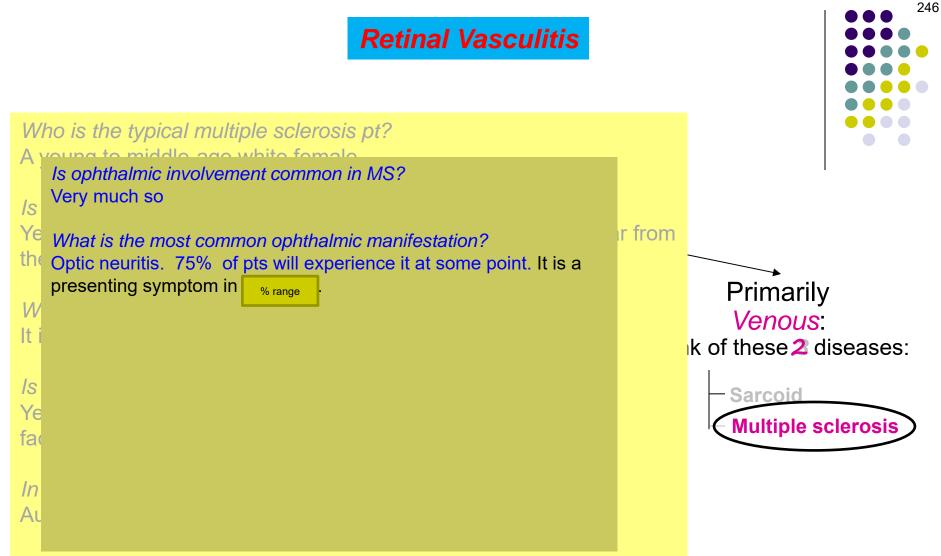


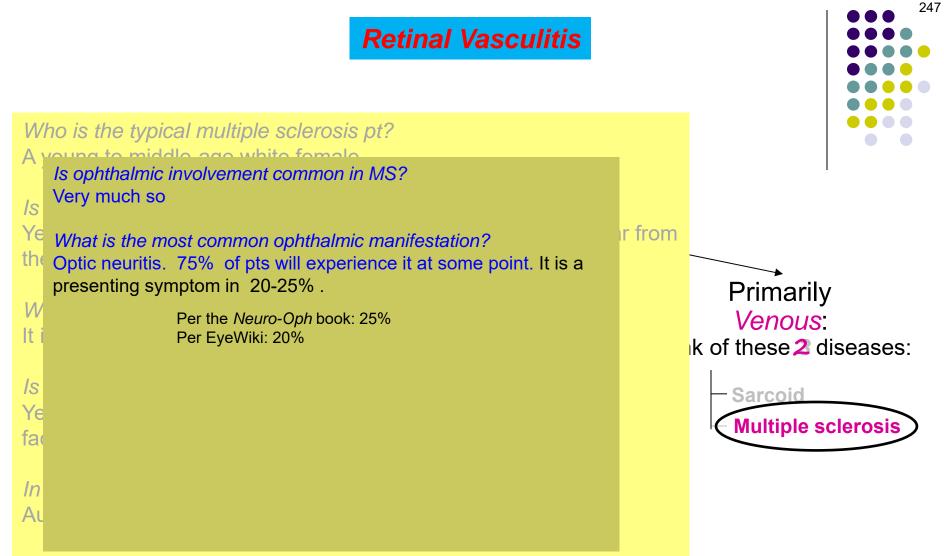


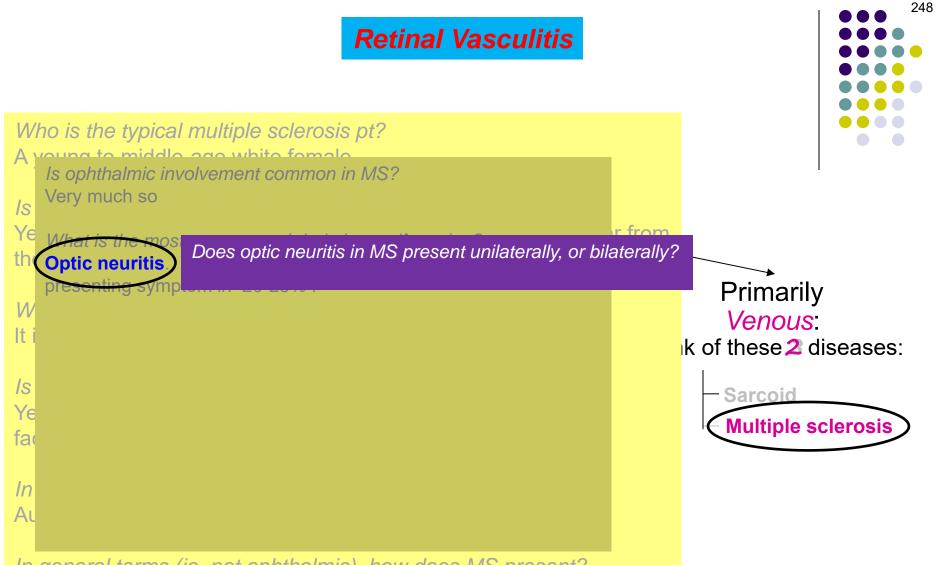


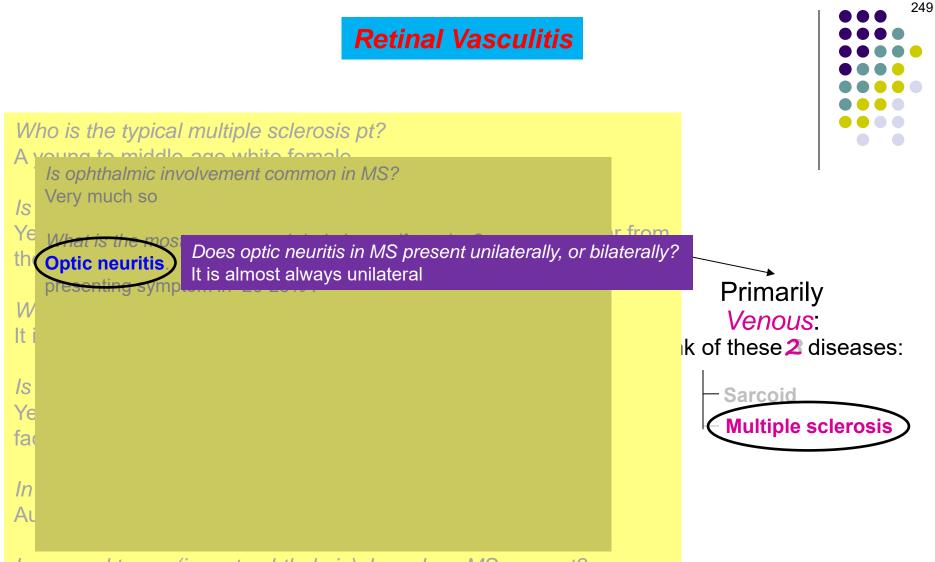


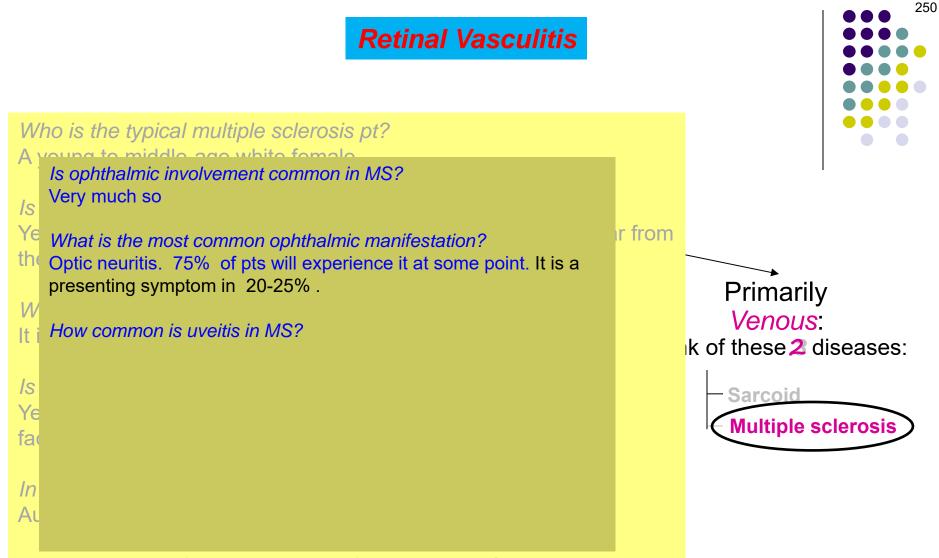










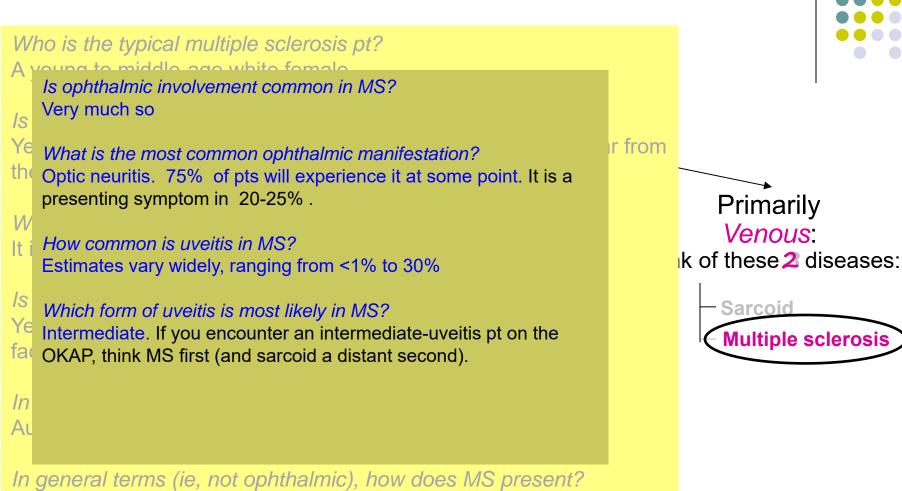


251 **Retinal Vasculitis** Who is the typical multiple sclerosis pt? A vound to middlo add white female Is ophthalmic involvement common in MS? Very much so *ls* r from What is the most common ophthalmic manifestation? the Optic neuritis. 75% of pts will experience it at some point. It is a presenting symptom in 20-25%. Primarily \mathcal{N} Venous: How common is uveitis in MS? It. k of these 2 diseases: Estimates vary widely, ranging from <1% to 30% ls Per the Neuro-Oph book: 0.4-26% Sarcoid Per the Uveitis book: 'Up to 30%' Ye **Multiple sclerosis** Per EyeWiki: 1-2% fa In Ad

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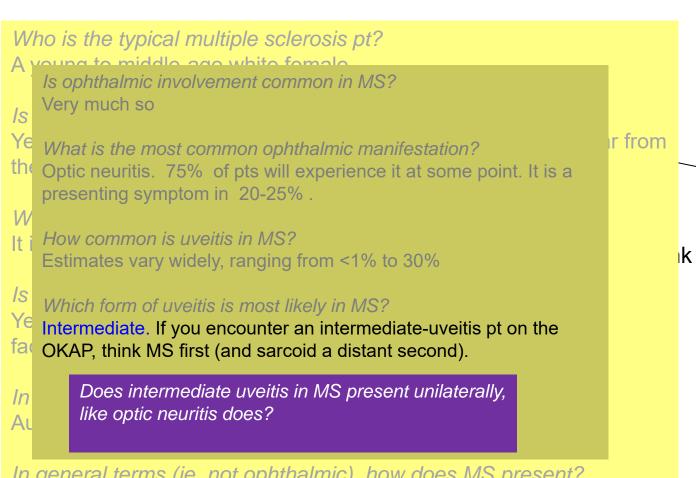
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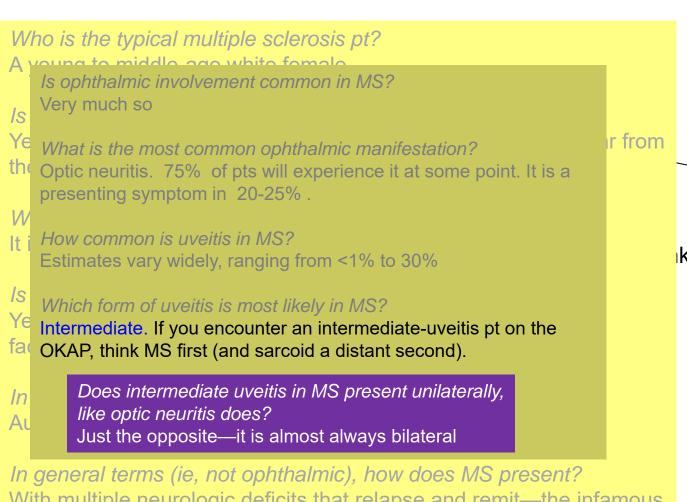




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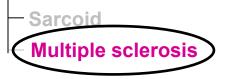
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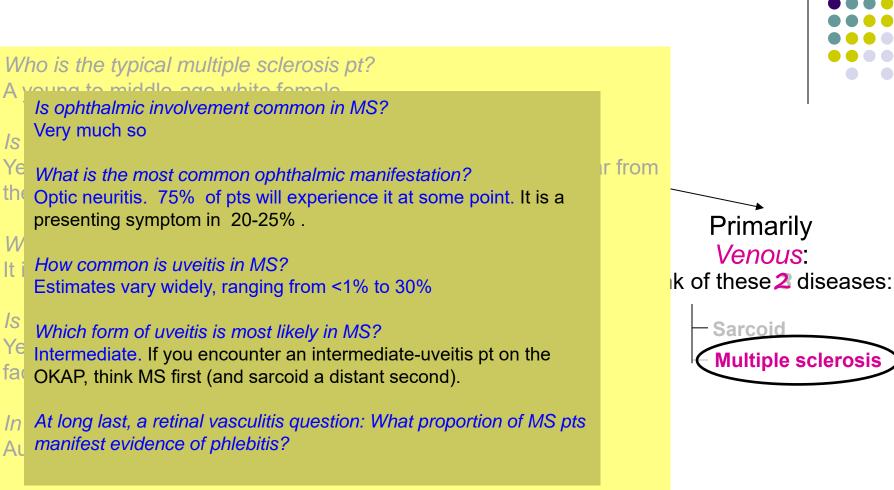
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257



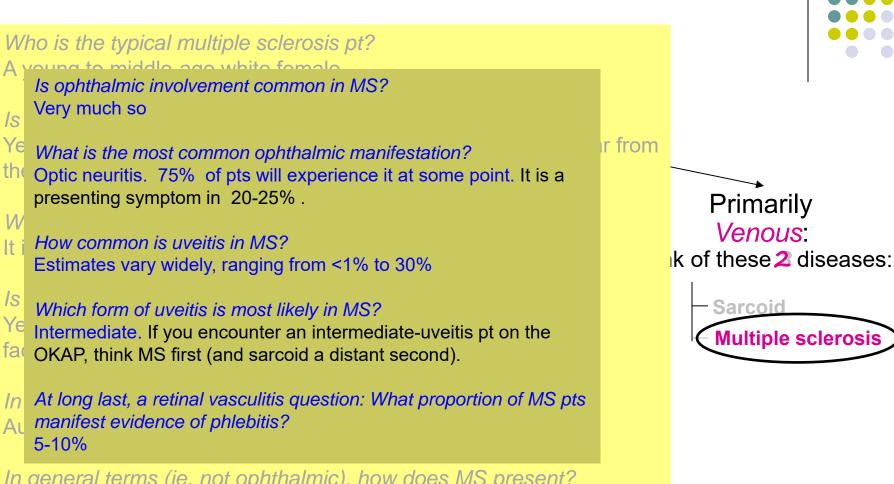
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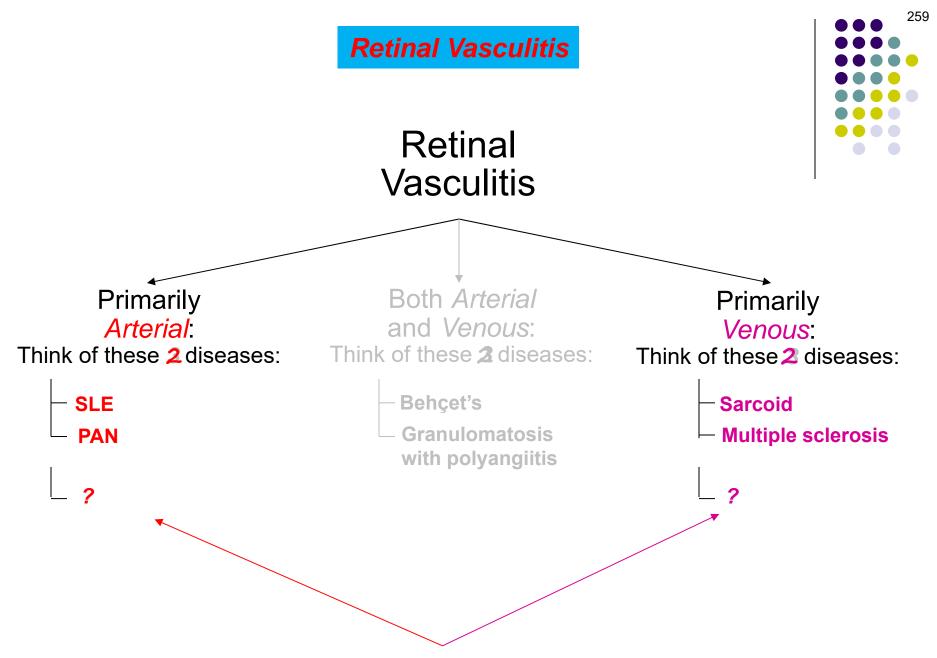
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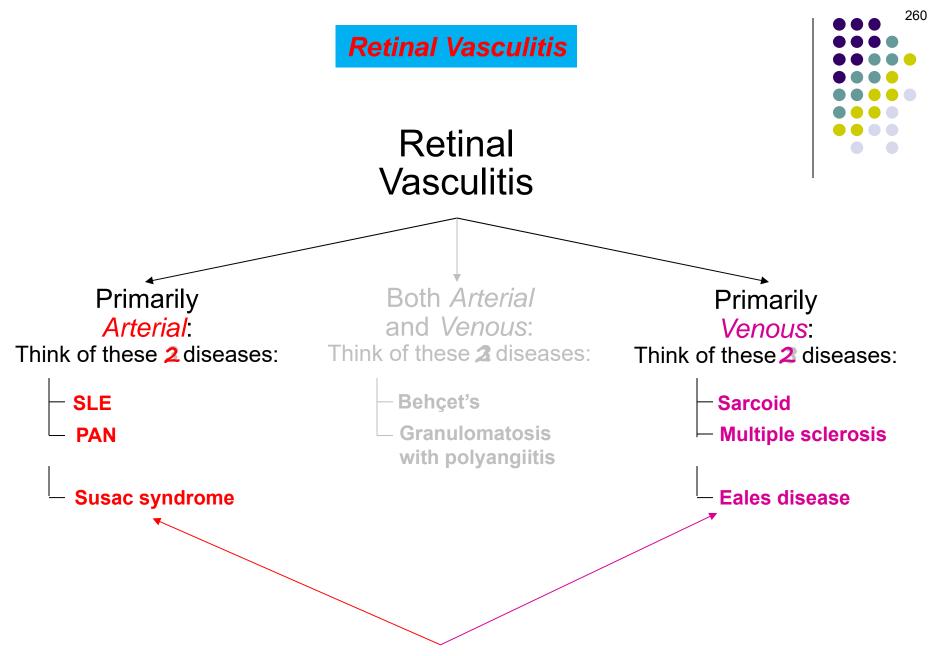


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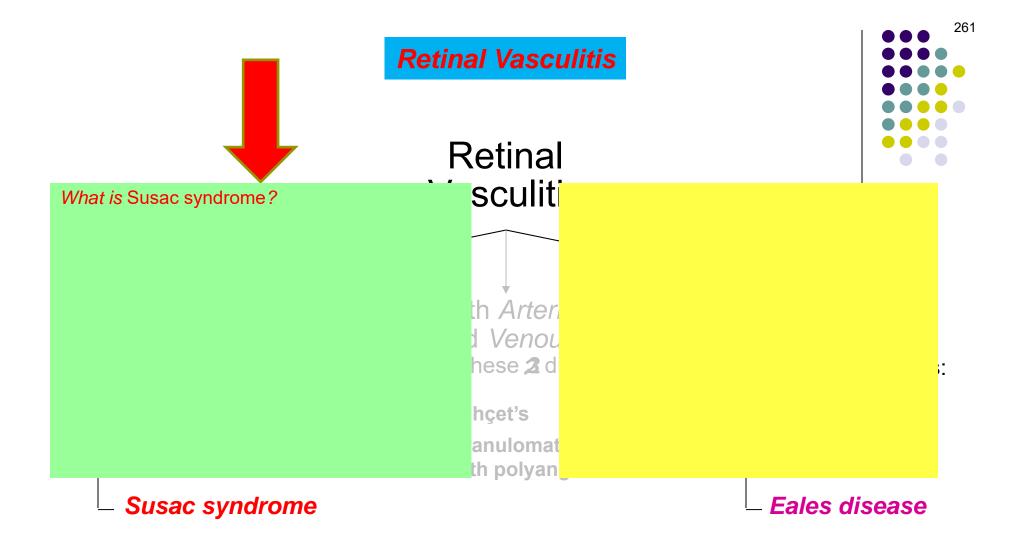


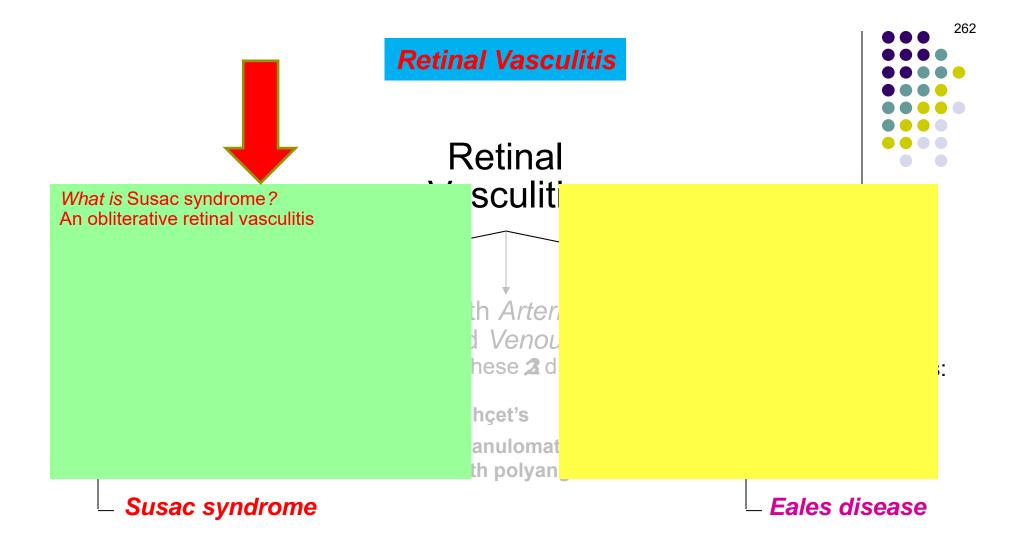


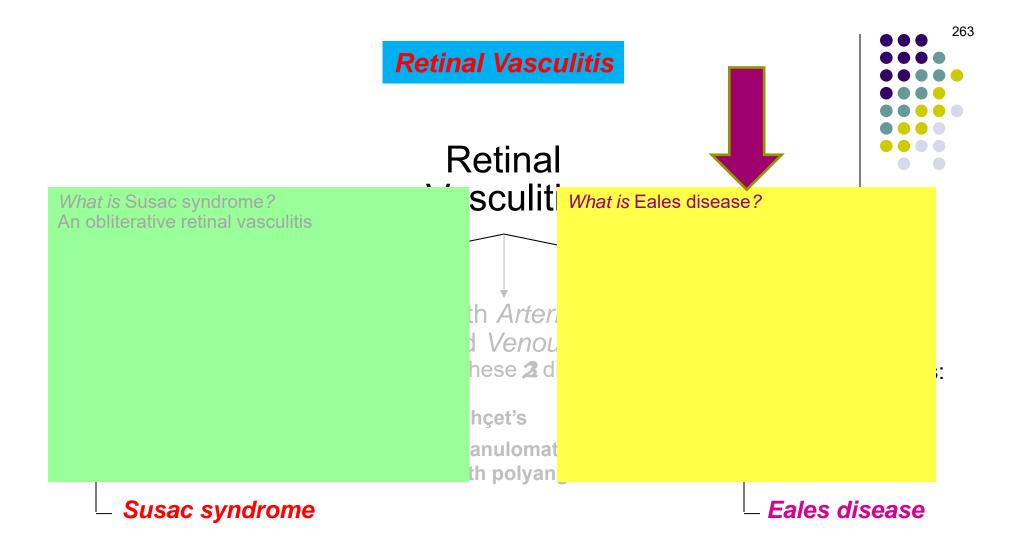
Two more conditions worth discussing (by way of a hint: both names are eponyms)

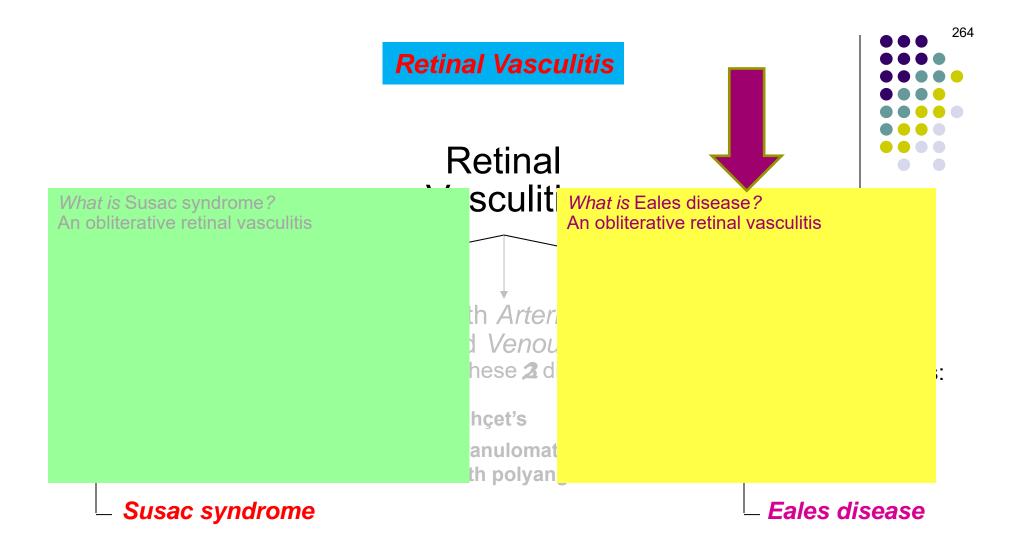


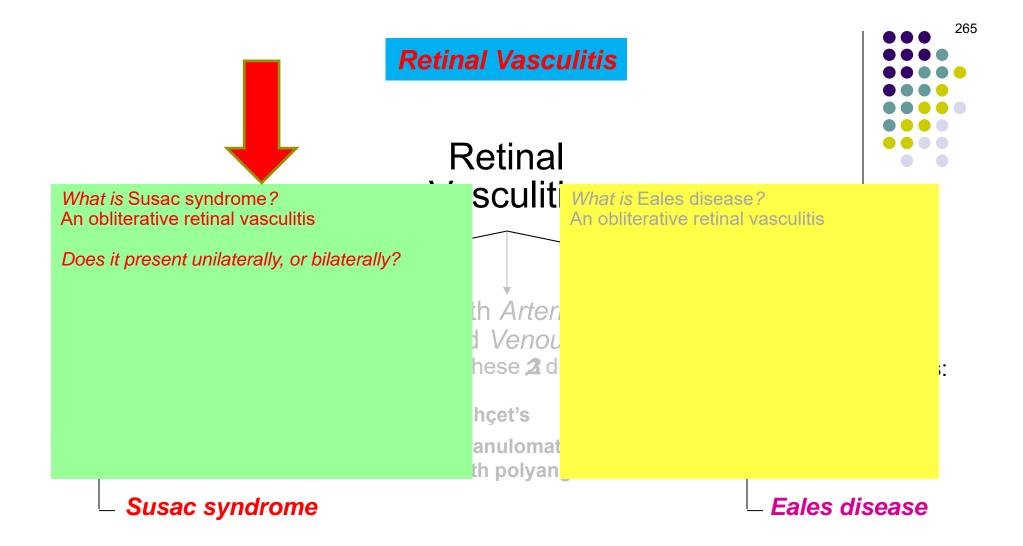
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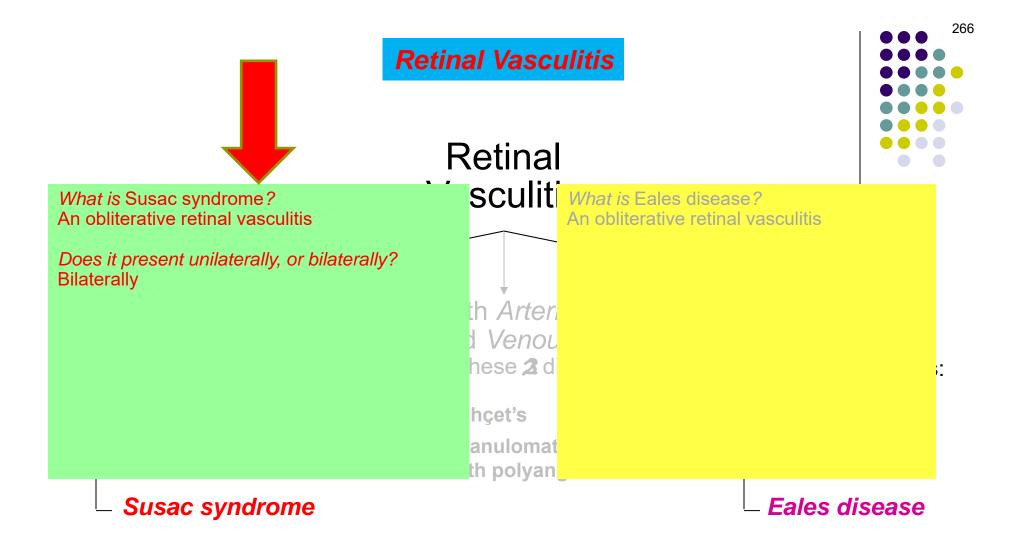


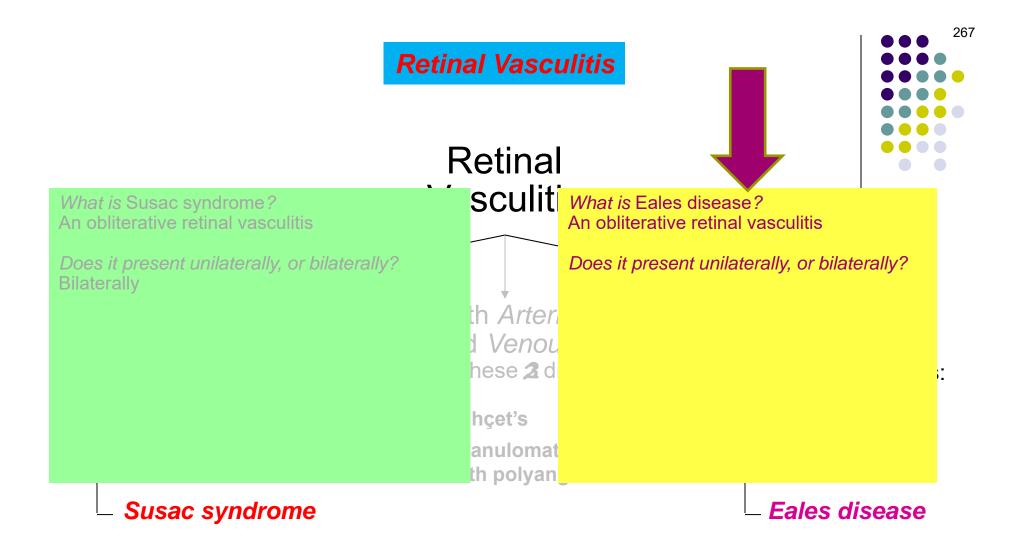


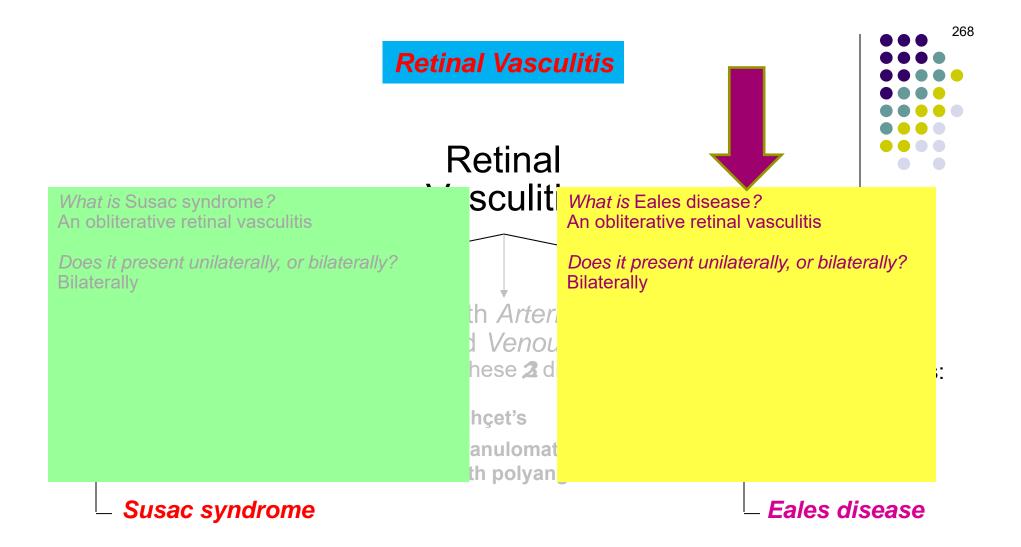


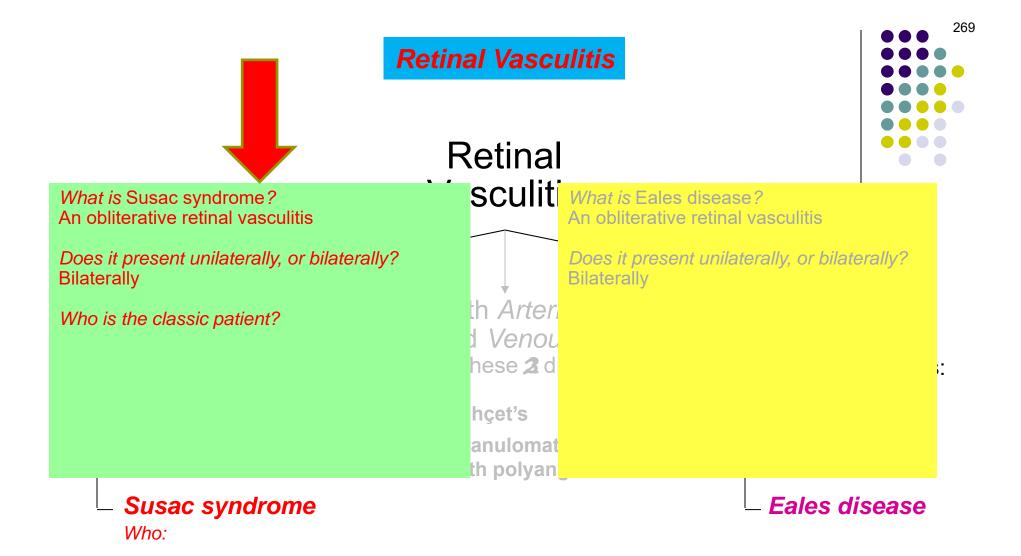


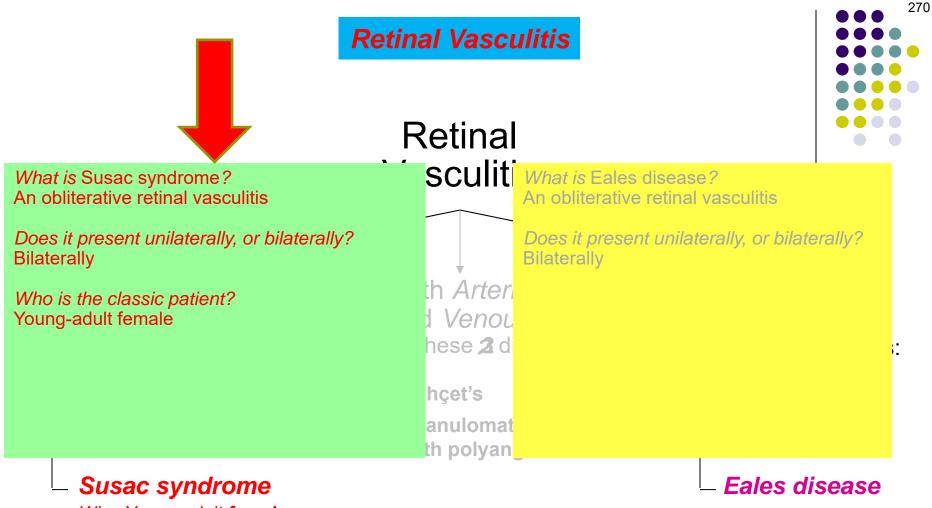




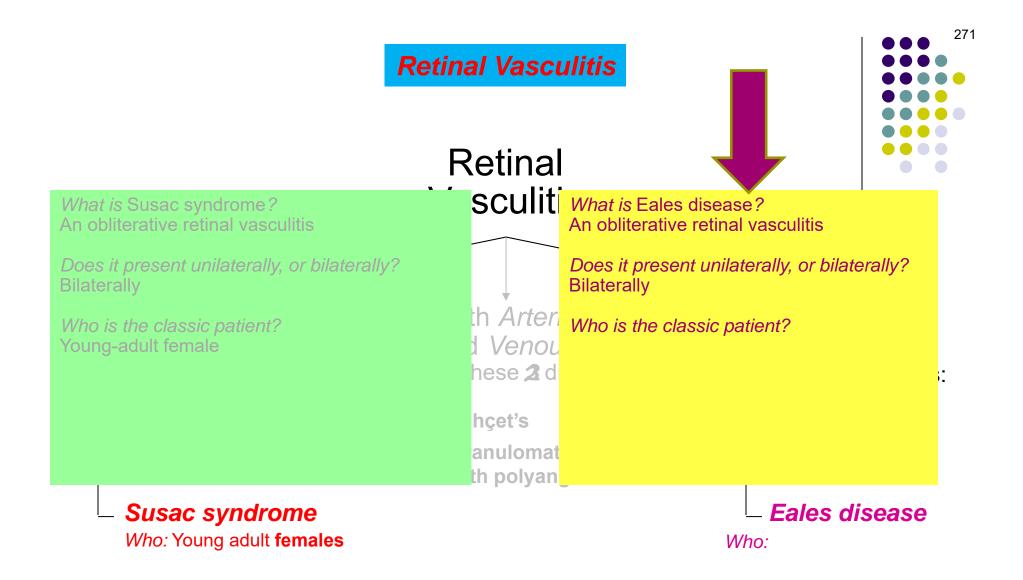


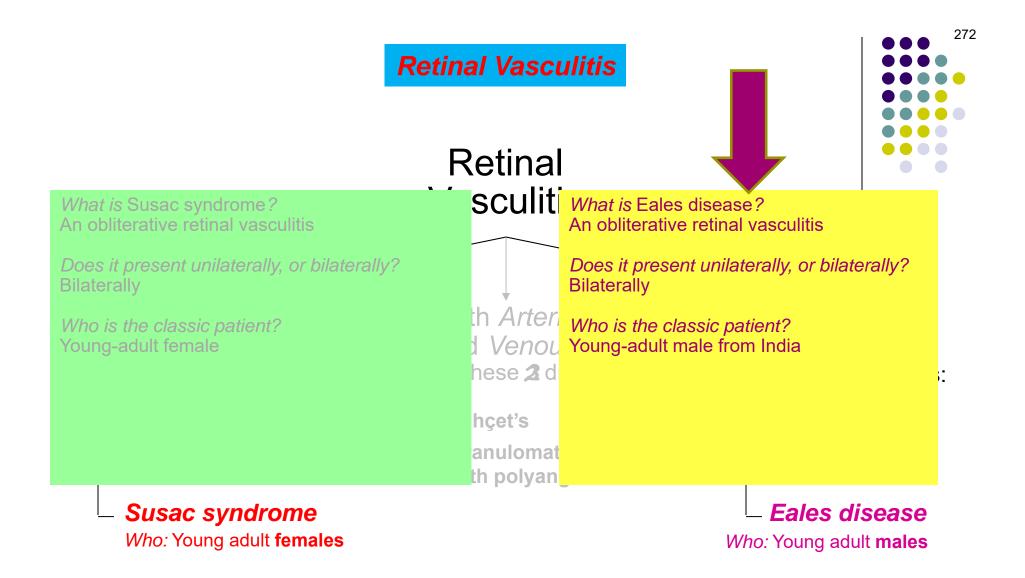


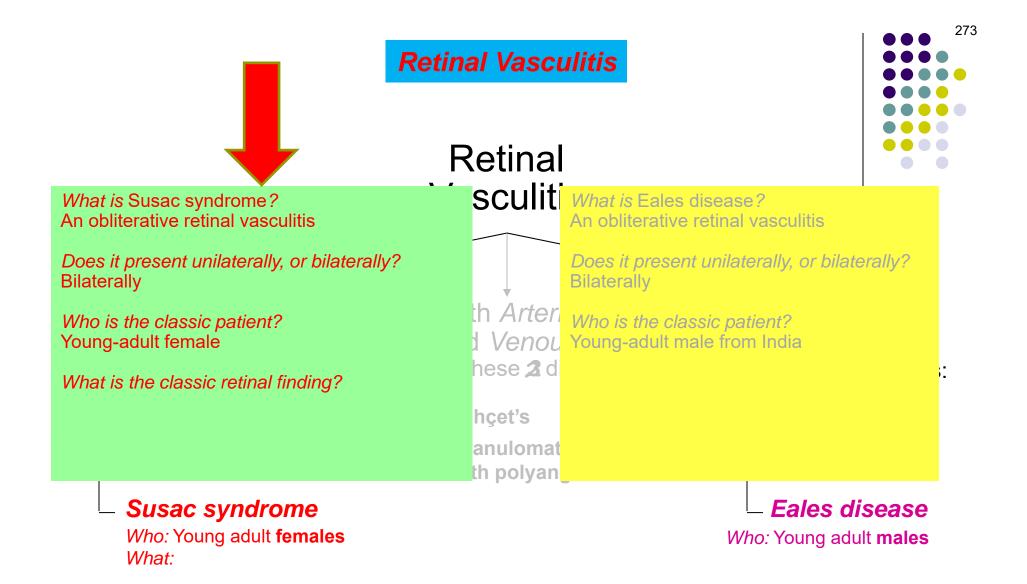


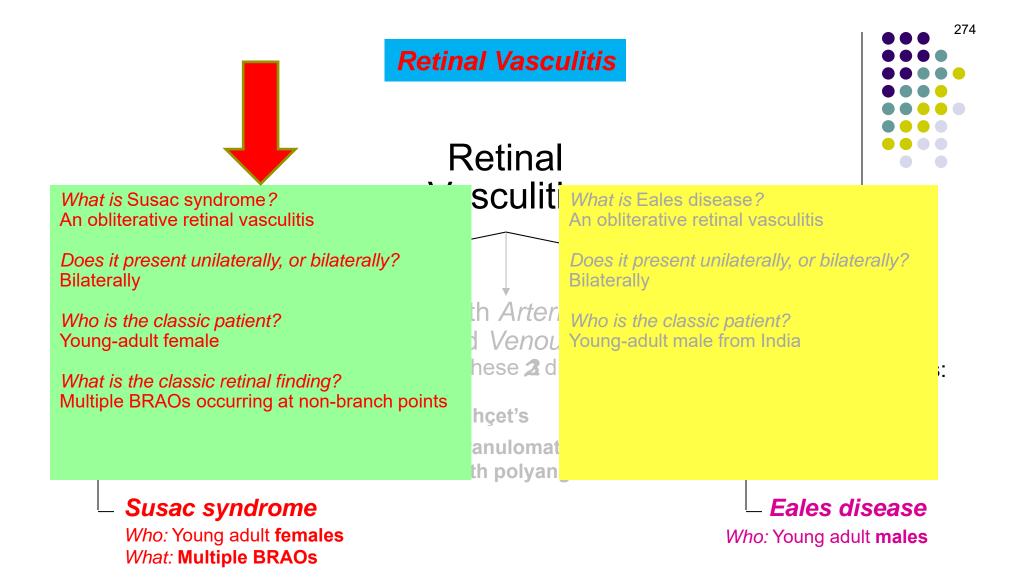


Who: Young adult females





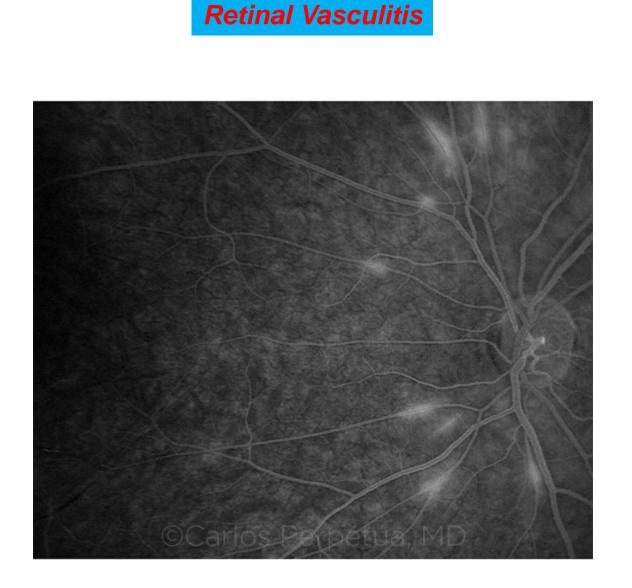






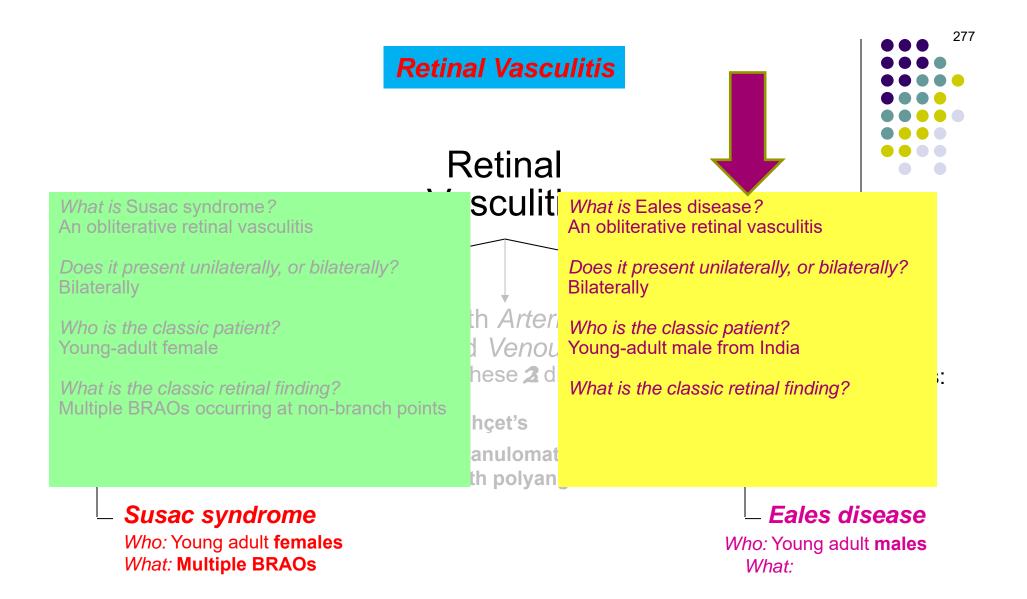


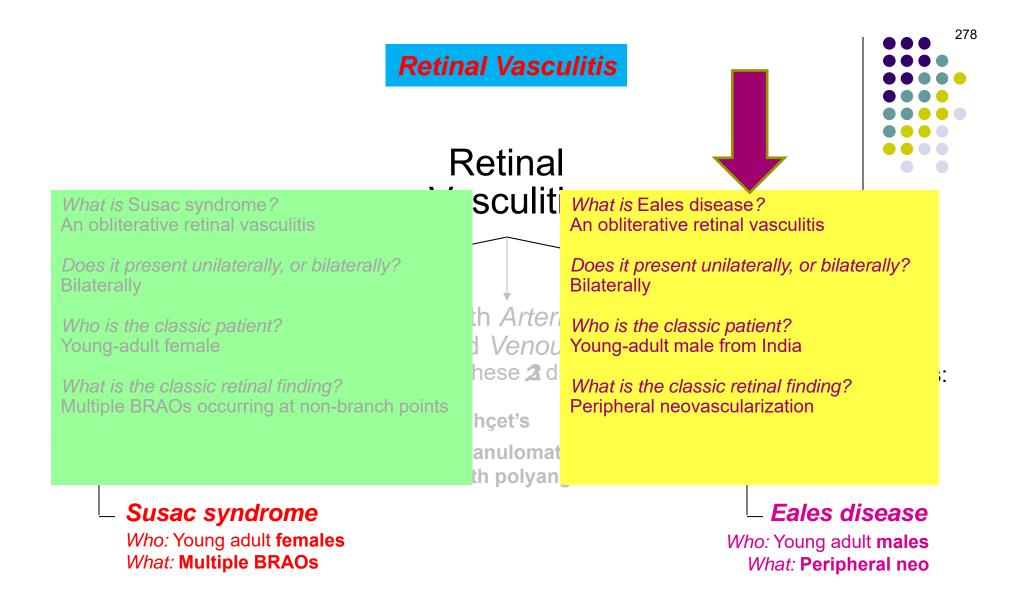
Susac syndrome. Note the area of infarct doesn't correspond to a branch-point blockage



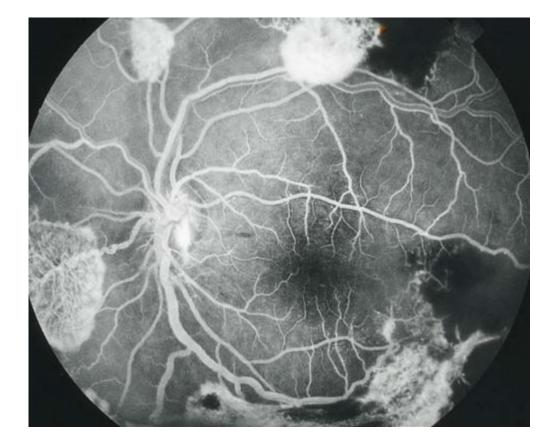
Susac syndrome. Note the multiple areas of arteriolar inflammation and blockage at non-branch points



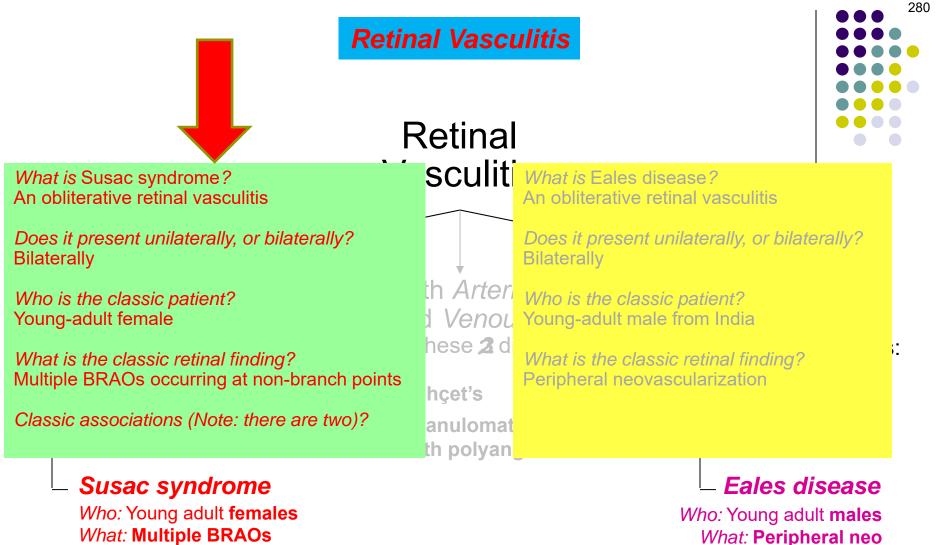




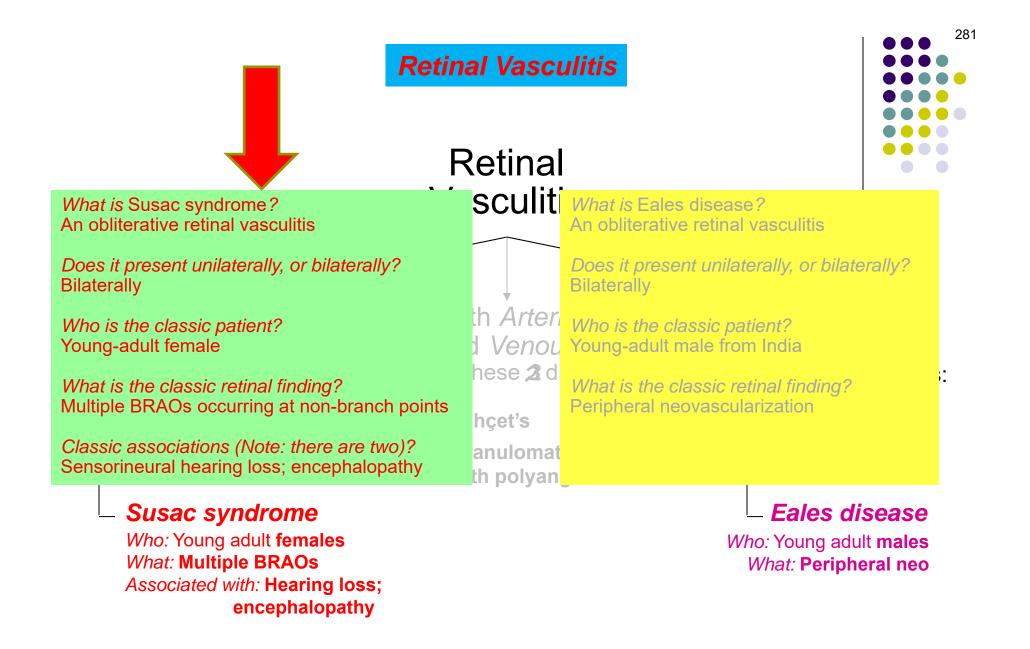


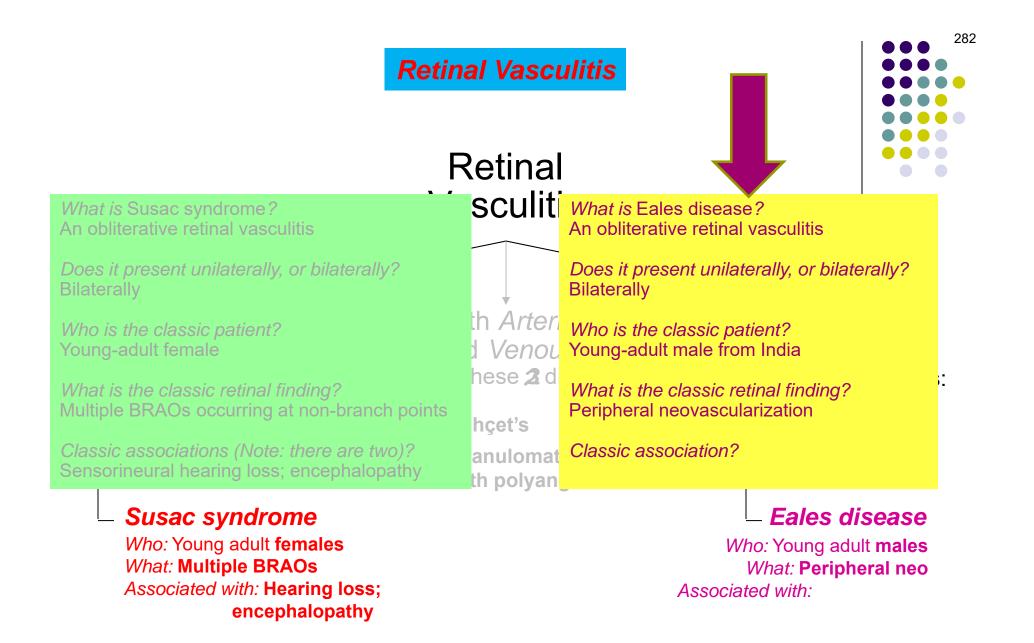


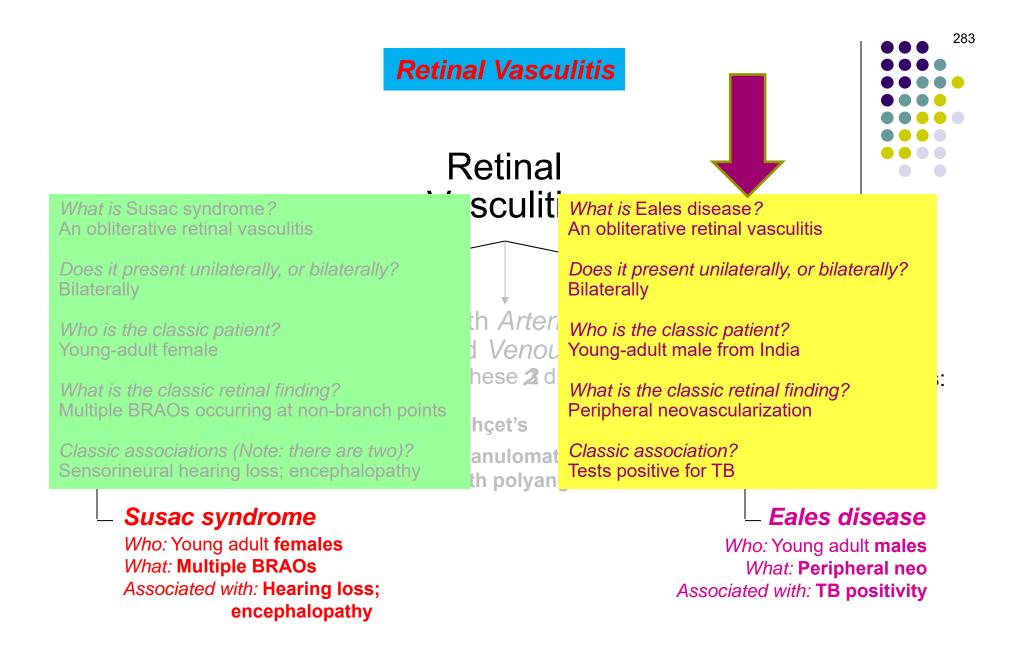
Eales disease: Peripheral neo

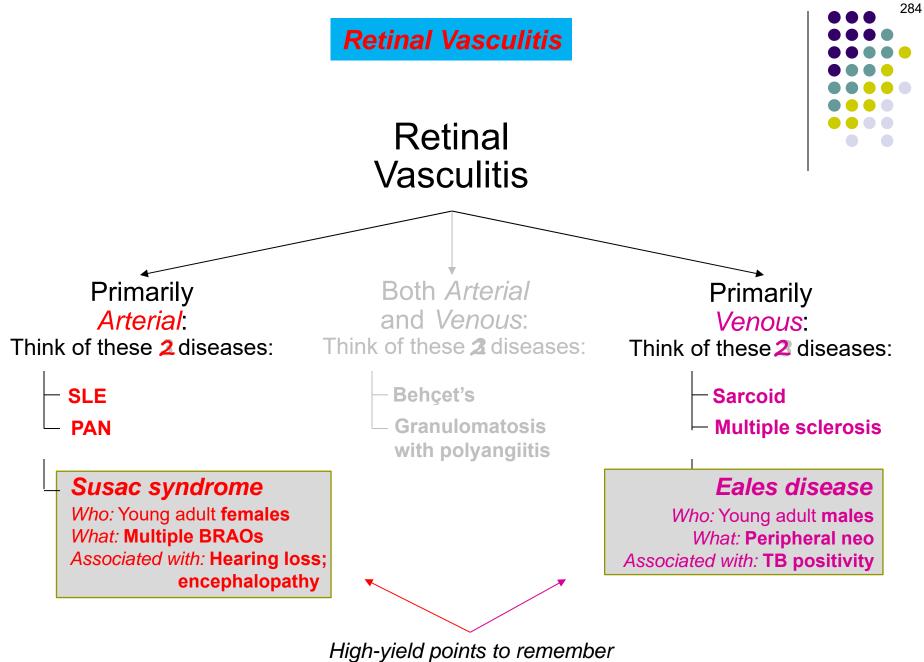


Associated with:









High-yield points to remember about these two conditions