Broadly speaking, what sort of disease is sickle-cell dz?



2

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A hemoglobinopathy

3

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What is the underlying problem?





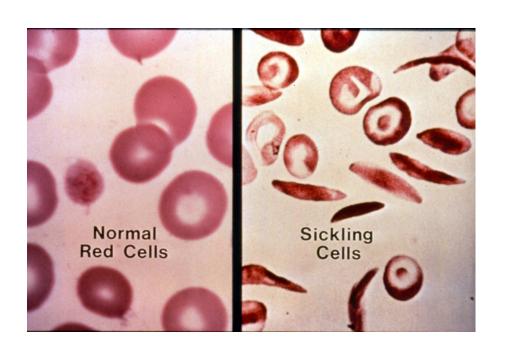
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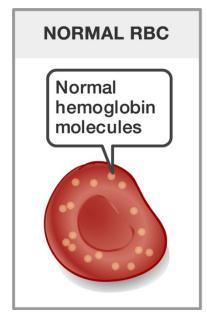
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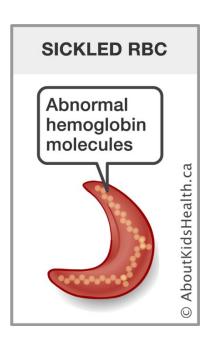
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Sickle cell: RBC sickling





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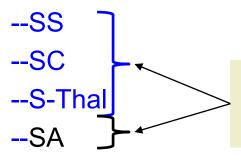
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What is the key difference between SS, SC and S-Thal vs SA disease?





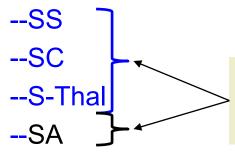
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What is the key difference between SS, SC and S-Thal vs SA disease? The first three manifest as clinically apparent dz, whereas SA is an asymptomatic (under most conditions) carrier state--aka 'sickle trait'





Broadly speaking, what sort of disease is sickle-cell dz?

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In America, people of which two ethnic identities are at greatest risk?

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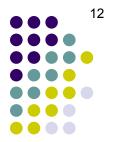
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- --African-American
- --Hispanic-American
- --(People of Mediterranean and Southeast Asian ancestry are also at some risk)



Broadly speaking, what sort of disease is sickle-cell dz?

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--African-American: 1 in ?

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What is the sickle-cell dz birthrate for these groups?



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--African-American: 1 in 500

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What percent of African-Americans test positive for sickle trait?





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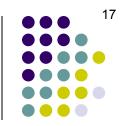
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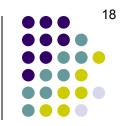
What percent of African-Americans test positive for sickle trait? 8% (1 in 12)

16

Concerning sickle-cell, get your true/false on:



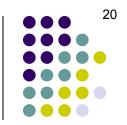
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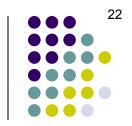
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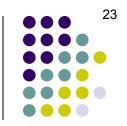
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	DBR	SR
Location	<b>Posterior</b> to the equator (usually in the posterior pole)	Anterior to the equator (ie, peripherally)

This is an important difference to bear in mind!



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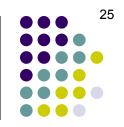


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In a very few words, what is the pathogenesis of NPSR?



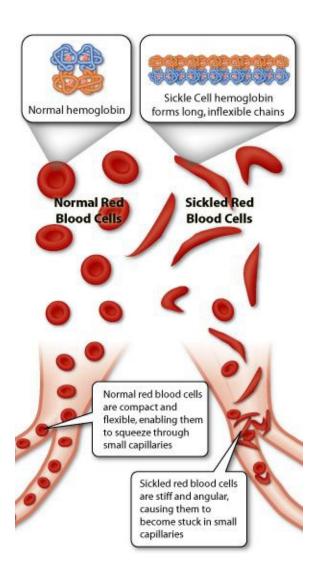
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In a very few words, what is the pathogenesis of NPSR? and/or occlusion

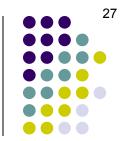


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In a very few words, what is the pathogenesis of NPSR? Capillary and/or arteriolar occlusion



Sickle cell: Vascular occlusion





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- --Salmon patches
- --Refractile spots
- --Sunburst lesions

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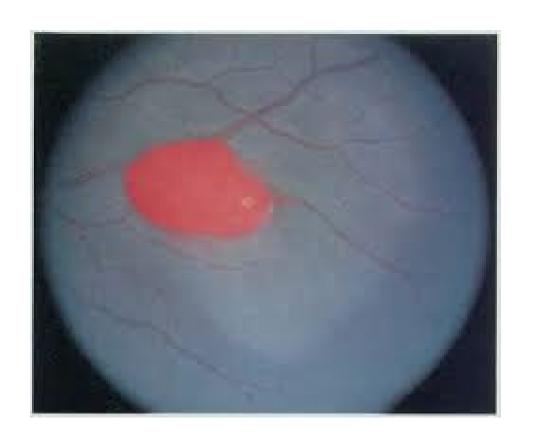
A retinal hemorrhage trapped under the internal limiting membrane

-Salmon patches

--Refractile spots

--Sunburst lesions







Sickle cell: Salmon patch

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--Sunburst lesions





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What accounts for its **salmon color**? It is in the process of hemolyzing



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Refractile spots

Sunburst lesions





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Refractile spots represent the final stage in the evolution of another retinal lesion—which one?

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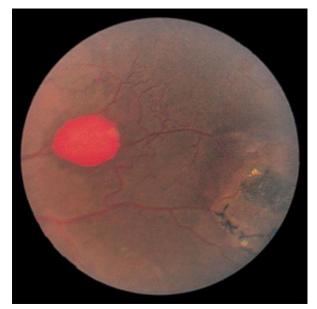
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Refractile spots represent the final stage in the evolution of another retinal lesion—which one?
Salmon patches. Refractile spots are the hemosiderin left when the hemorrhage is resorbed



Acute preretinal hemorrhage. The hemorrhage is bright red. Anterior to the hemorrhage, a black sunburst lesion is seen.



Same lesion, 4 weeks later.
The hemorrhage is pink
(salmon patch) with a
surrounding schisis cavity.



Same lesion, 6 weeks later. A schisis cavity is seen with multiple **iridescent spots**.

Sickle cell: Refractile spots

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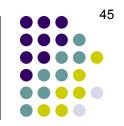
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What does a sickle-cell sunburst lesion look like?

Sunburst lesions



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Salmon patches too

Sickle cell: Sunburst lesions

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What causes them?

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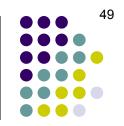
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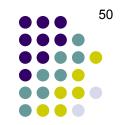
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What causes them?

RPE hypertrophy and hyperplasia, along with an accumulation of pigment



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--SC dz?



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  - NPSR is more common in SS than SC disease True
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What is the incidence of PSR in: --SS dz? 3% --SC dz? 33%

55

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What about SThal—what the

incidence of PSR for it?

What is the incidence of PSR in:
--SS dz? 3%
--SC dz? 33%
--SThat dz?

56

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What is the incidence of PSR in:
--SS dz? 3%
--SC dz? 33%
--SThat dz? 13%

So the incidence of PSR is SC > SThal > SS



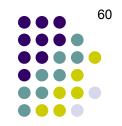
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Relatedly: Is PSR a disease of young people, or the elderly?



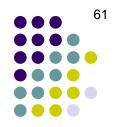
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Relatedly: Is PSR a disease of young people, or the elderly? Young. It can occur during the teens, and is uncommon after the 30s.



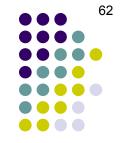
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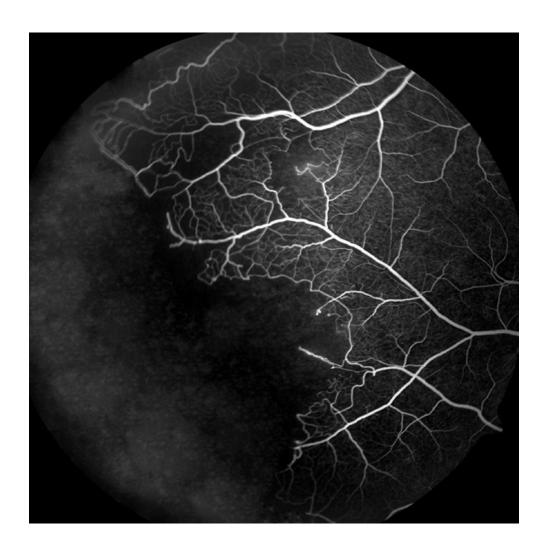
In a very few words, what is the pathogenesis of PSR?



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In a very few words, what is the pathogenesis of PSR? As with NPSR, vascular occlusion is the culprit, only it's severe enough to result in significant ischemia





Sickle cell: Retinal ischemia



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By what appearance-based name are sickle-cell neovascular lesions known?



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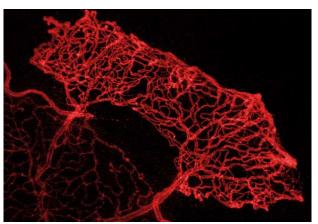
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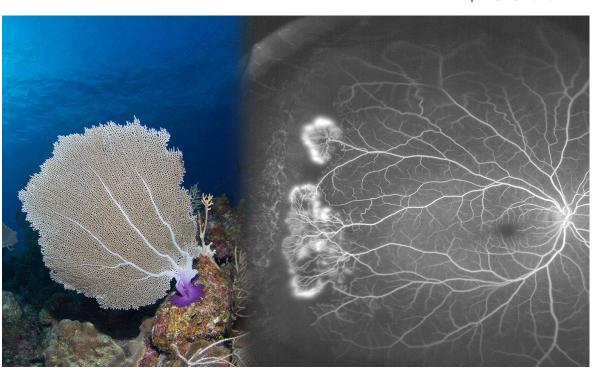
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Sickle cell: 'Sea fans'



is more

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    What are they?
    Stage I:
```

common St

Stage II:

Stage III:

In a very few Stage IV:

As with NPSF Stage V:

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What are they?
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Stage I: Peripheral arteriolar occlusions Stage II:

Stage III:

In a very few

Stage IV:

As with NPSF Stage V:

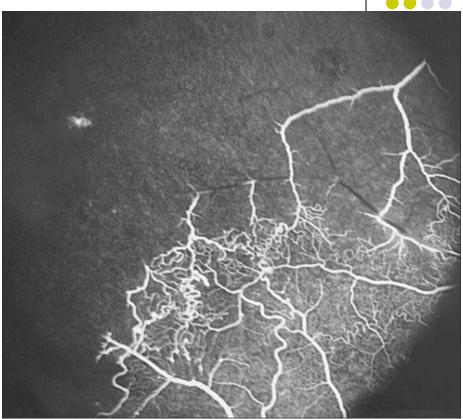
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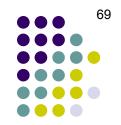


Stage I PSR. Peripheral arteriolar occlusions are seen as 'silver-wire' vessels.



Stage I PSR. FA shows the occluded peripheral vessels with the adjacent avascular retina.

Sickle cell: PSR: Stage I



is more

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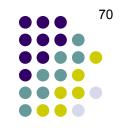
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Which vessels become anastomosed to one another?

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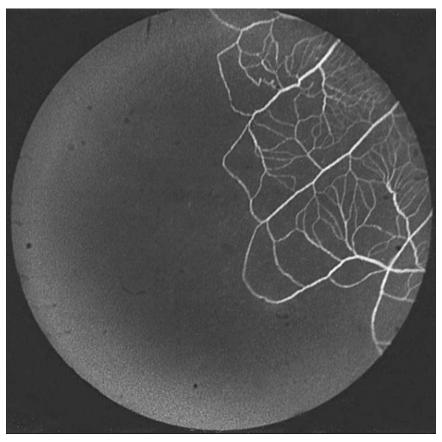
In a very few
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Which vessels become anastomosed to one another?
The occluded arterioles anastomose to nearby terminal venules by way of pre-existing capillaries

By what appeners and appeners a

'Sea fans'





Stage II PSR. FA shows the arteriolar-venular anastomoses with the adjacent avascular retina.

Sickle cell: PSR: Stage II

74

is more

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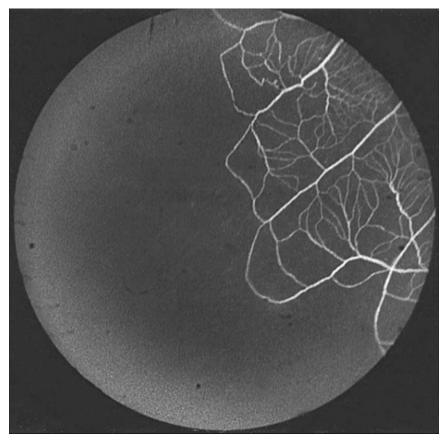
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By what appe not neo vessels, which are notoriously leaky)

'Sea fans'





Stage II PSR. FA shows the arteriolar-venular anastomoses with the adjacent avascular retina.

#### Note the absence of leakage

Sickle cell: PSR: Stage II



is more

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What are they?

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Stage II: Anastomosis formation

Stage III:

In a very few

Stage IV:

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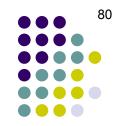
Sta As with NPSF State

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In which direction do the sea fans 'grow': Anteriorly (ie, toward the ora), or posteriorly (toward the macula)?

By what appearar neovascular lesio 'Sea fans'





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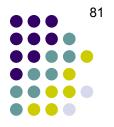
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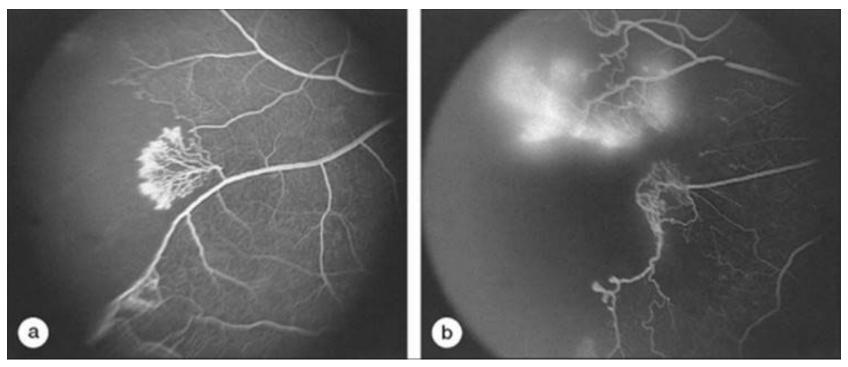
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(a) Fluorescein angiography of characteristic sea fan neovascularization. (b) The sea fan neovascularization shows evidence of leakage of dye. Inferior to the neovascularization, the arteriolar-venular anastomosis is seen with early neovascularization.

Sickle cell: Stage III

82

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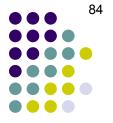
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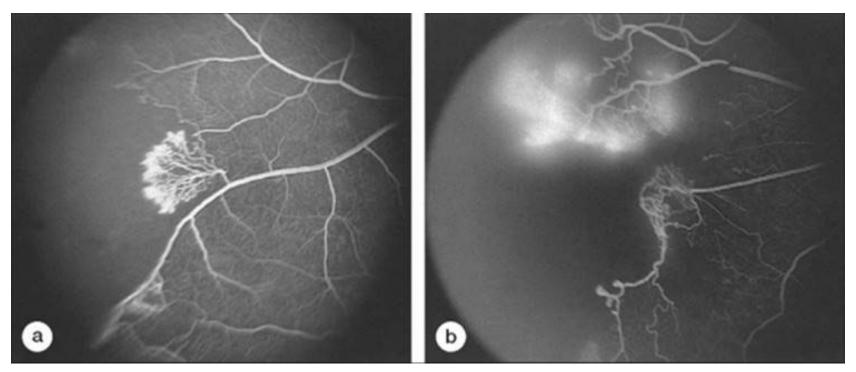
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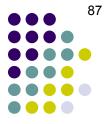
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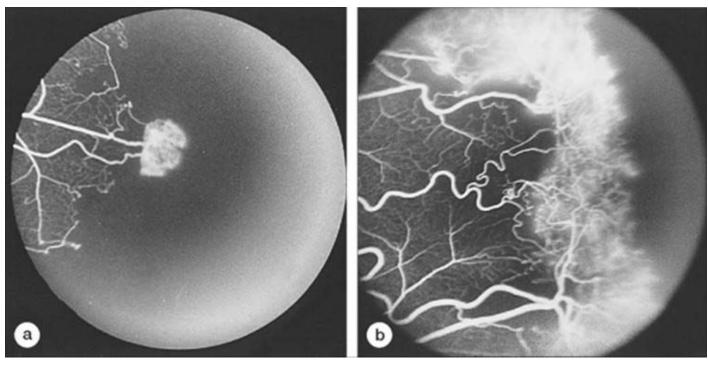
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The 'feeding' and 'draining' vessels, respectively





- (a) Sea fan neovascularization with a single feeder vessel and two draining venules.
- (b) Sea fan neovascularization with multiple feeder arterioles and draining venules.

Sickle cell: Stage III



is more

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R Stage I: Peripheral arteriolar occlusions

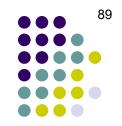
common Stage II: Anastomosis formation

Stage III: Neovascularization (ie, sea-fan formation)

In a very few Stage IV:

As with NPSF Stage V:

it's severe enough to result in significant ischemia



is more

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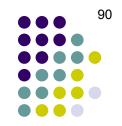
Stage III: Neovascularization (ie, sea-fan formation)

In a very few

Stage IV: Vitreous hemorrhage

As with NPSF Stage V:

it's severe enough to result in significant ischemia



is more

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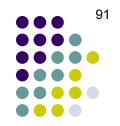
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In a very few

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As with NPSF Stage V:

it's severe enough to result in significant ischemia



is more

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In a very few Stage IV: Vitreous hemorrhage

As with NPSF Stage V: retinal detachment tractional vs it's severe enough to re nificant ischemia



is more

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Stage III: Neovascularization (ie, sea-fan formation)

In a very few

Stage IV: Vitreous hemorrhage

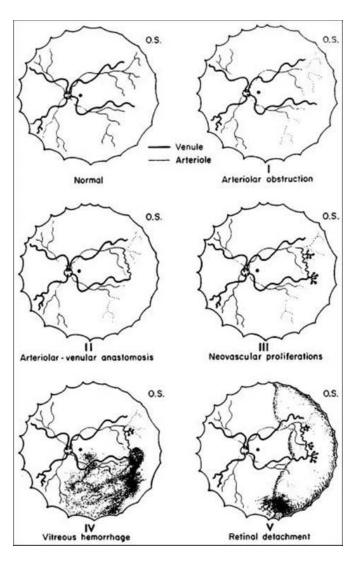
As with NPSF Stage V: Tractional retinal detachment

it's severe enough to result in significant ischemia



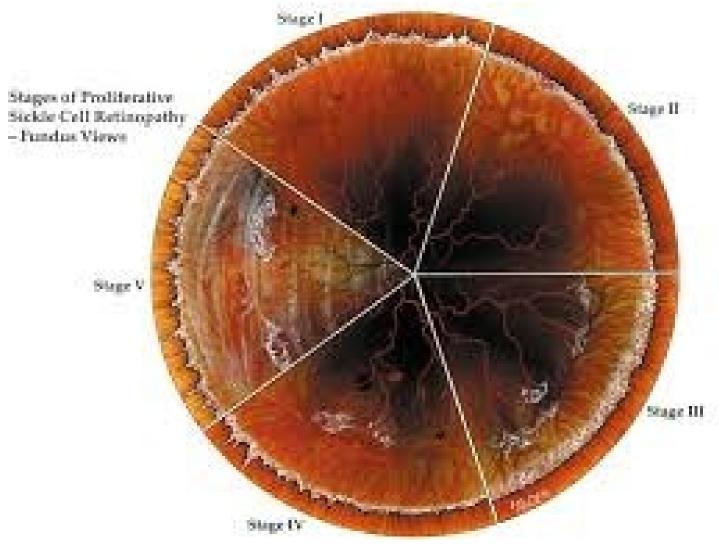


Sickle cell: PSR: TRD



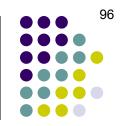
Sickle cell: PSR: Stages





Sickle cell: PSR: Stages



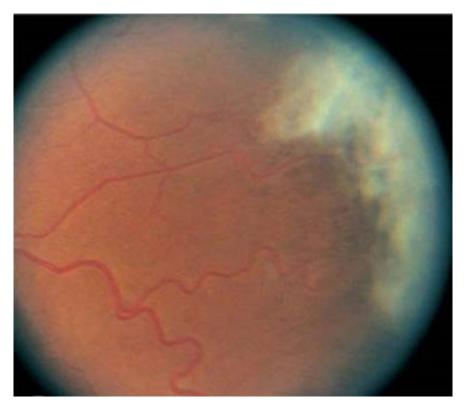


- Concerning sickle-cell, get your true/false on:
  - Like diabetic retinopathy (DBR), sickle-cell retinopathy comes in two basic forms: Nonproliferative (NPSR), and proliferative (PSR) True dat
  - As in DBR, lesions in sickle-cell retinopathy are typically located in the posterior pole False—they are peripheral
  - NPSR is more common in SS than SC disease True
  - PSR is more common in SS than SC disease False—it is more common in SC
  - Sea-fan lesions frequently regress spontaneously

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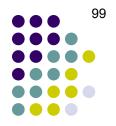
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Autoinfarcted sea fan neovascularization. The white appearance is classic.

Sickle cell: Autoinfarction



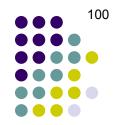
- Concerning sickle-cell, get your true/false on:
  - Like diabetic retinopathy (DBR), sickle-cell retinopathy comes

			/ *	1 9	
	in two bas		DBR	SR	/e
	(PSR) Tru		Posterior to the	Anterior to the	
	As in DBF	Location	equator (usually in	equator (ie,	
	located in		the posterior pole)	peripherally)	
•	NPSR is r	Proliferative lesions regress	No	Yes	
	PSR is m	spontaneously?			nore

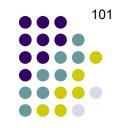
common in SC

Another important difference

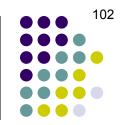
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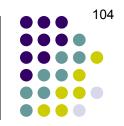
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  - Rhegmatogenous RD is a significant concern in PSR

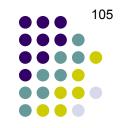
103

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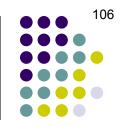
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The final stage of PSR is tractional RD, not rhegmatogenous. Why the concern over RRD?



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The final stage of PSR is tractional RD, not rhegmatogenous. Why the concern over RRD? Because the sickle-cell retina is prone to developing tears when it is lasered. For this reason, the decision to treat must be made judiciously.



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 Like diabetic retinopathy (DBR), sickle-cell retinopathy comes in two basic forms: Nonproliferative (NPSR), and proliferative

(PSR) True dat

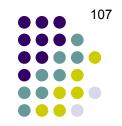
• As in DBR, Is		DBR	SR
located in the	Landina	Posterior to the	Anterior to the
<ul> <li>NPSR is more</li> </ul>	Location	equator (usually in the posterior pole)	equator (ie, peripherally)
<ul> <li>PSR is more</li> </ul>	Proliferative lesions		
common in S	regress spontaneously?	No	Yes
<ul> <li>Sea-fan lesic</li> </ul>	Prone to developing		
<ul> <li>Laser photod</li> </ul>		No	Yes
False—treati	lasered?		,

not the feeder vessels

Another important difference

Rhegmatogenous RD is a significant concern in PSR True

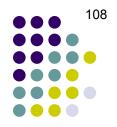
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Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease?

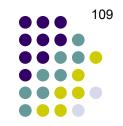
- --?
- --?
- --7
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- --Comma sign
- --Disc sign
- -- Angioid streaks
  - Sea-tan lesions frequently regress spontaneously True
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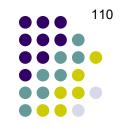
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--Comma sign?

What is comma sign?

- --Disc sign
- --Angioid streaks
  - Sea-tan lesions frequently regress spontaneously True
  - Laser photocoagulation of sea-fan feeder vessels is indicated
     False—treatment is directed at the areas of nonperfusion,
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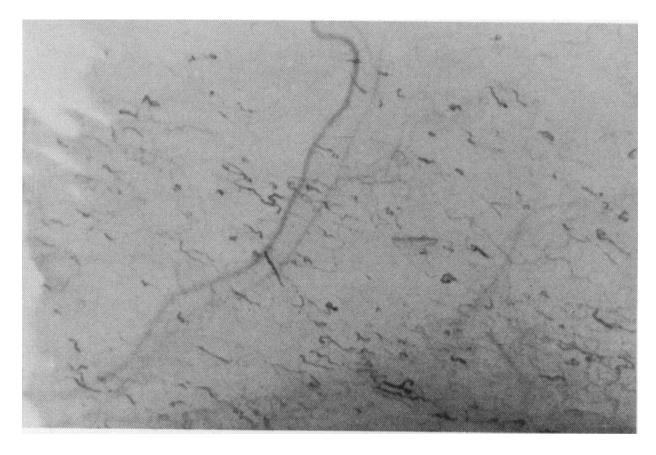


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Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease? --Comma sign: Segmented heme in occluded conj vessels, esp in the inferior fornix --Disc sign

- --Angioid streaks
  - Sea-tan lesions frequently regress spontaneously True
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The comma sign of sickle-cell dz. Blocked small conj vessels are seen as comma-shaped lines.

Sickle cell: 'Comma sign'



- Concerning sickle-cell, get your true/false on:
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Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease?

- --Comma sign: Se In what infectious condition is comma sign a well-known finding? fornix
- --Disc sign
- --Angioid streaks
  - Sea-tan lesions frequently regress spontaneously True
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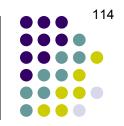




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  - As in DBR, lesions in sickle-cell retinopathy are typically located in the posterior pole *False—they are peripheral*

Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease?

- --Comma sign: Se In what infectious condition is comma sign a well-known finding? fornix
  --Disc sign HIV
- --Angioid streaks
  - Sea-tan lesions frequently regress spontaneously True
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--Comma sign: Segmented heme in occluded conj vessels, esp in the inferior fornix
--Disc sign?

What is disc sign?

#### --Angioid streaks

- Sea-tan lesions frequently regress spontaneously True
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Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease? --Comma sign: Segmented heme in occluded conj vessels, esp in the inferior fornix --Disc sign: Dark red spots on the ONH secondary to vascular occlusion --Angioid streaks

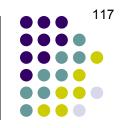
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- Laser photocoagulation of sea-fan feeder vessels is indicated
   False—treatment is directed at the areas of nonperfusion,
   not the feeder vessels
- Rhegmatogenous RD is a significant concern in PSR True





The disc sign of sickling. Blocked small vessels are seen as dark spots or lines.

Sickle cell: 'Disc sign'



- Concerning sickle-cell, get your true/false on:
  - Like diabetic retinopathy (DBR), sickle-cell retinopathy comes in two basic forms: Nonproliferative (NPSR), and proliferative (PSR) True dat
  - As in DBR, lesions in sickle-cell retinopathy are typically located in the posterior pole False—they are peripheral

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- --Disc sign: Dark red spots on the ONH secondary to vascular occlusion
- --Angioid streaks? What are angioid streaks?
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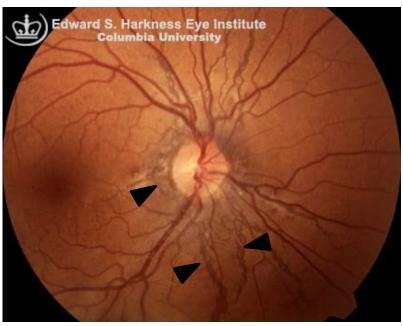


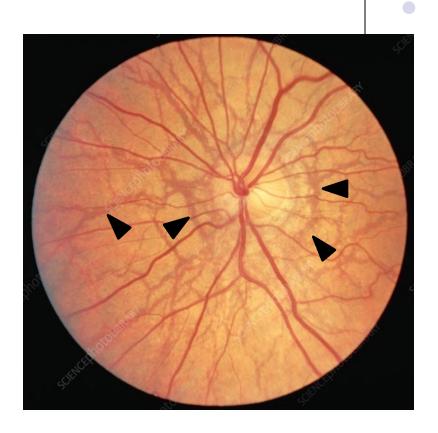
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Bonus: What are the three classic nonretinal ocular stigmata of sickle-cell disease?

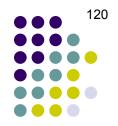
- --Comma sign: Segmented heme in occluded conj vessels, esp in the inferior fornix
- --Disc sign: Dark red spots on the ONH secondary to vascular occlusion
- -- Angioid streaks: Reddish linear abnormalities in peripapillary Bruch's
  - Sea-tan lesions frequently regress spontaneously True
  - Laser photocoagulation of sea-fan feeder vessels is indicated
     False—treatment is directed at the areas of nonperfusion,
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  - Rhegmatogenous RD is a significant concern in PSR True







Angioid streaks (arrowheads). Note that only a few of the many present have been marked.



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Bonus: What are the three classic popretinal ocular stigmate of sickle-cell disease?

--Comma sign: Seg

--Disc sign: Dark re
--Angioid streaks:

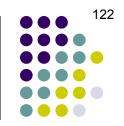
--P

--E

--Laser photo
--S

--I

not the feeder vessels
```



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Bonus: What are the three classic popretinal ocular stigmate of sickle-cell disease?

--Comma sign: Seg
--Disc sign: Dark re
--Angioid streaks:

--Pseudoxanthoma elasticum
--Ehlers-Danlos dz
--Paget's dz of bone
--Sickle-cell anemia
--Idiopathic
not the feeder vessels
```

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Concerning sickle-cell, get your true/false on:

--Pseudoxanthoma elasticum

--Ehlers-Danlos dz

--Paget's dz of bone

- Like diabetic retinopathy (DBR), sickle-cell retinopathy comes in two basic forms: Nonproliferative (NPSR), and proliferative (PSR) True dat
- As in DBR, lesions in sickle-cell retinopathy are typically

# For more on angioid streaks, see slide-set R61

What does each letter stand for (other than the 'S', duh)?

- --Comma sign: Sec
- --Disc sign: Dark re
- --Angioid streaks:
  - Sea-tan les

  - Laser photo
    - False—trea-Idiopathic
    - not the feeder vessels

  - Rhegmatogenous RD is a significant concern in PSR *True*