

Q

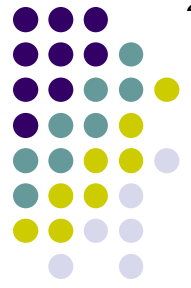
ARN vs PORN



	<i>ARN</i>	<i>PORN</i>
	<i>ARN and PORN are acronyms for: ARN: PORN:</i>	

A

ARN vs PORN



	<i>ARN</i>	<i>PORN</i>
	<i>ARN and PORN are acronyms for: ARN: Acute retinal necrosis PORN: Progressive outer retinal necrosis</i>	

Q

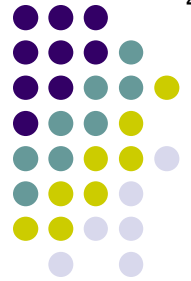
ARN vs PORN



	<i>ARN</i>	<i>PORN</i>
<i>Immuno-status?</i>		

A

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>

Q

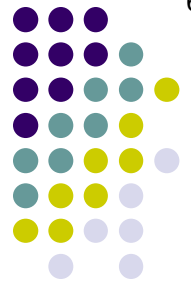
ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Is an ARN pt more likely to be immunocompetent, or compromised?</i>		

A

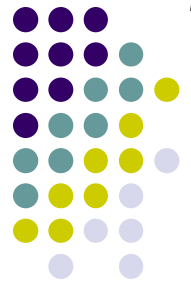
ARN vs PORN



	ARN	PORN
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Is an ARN pt more likely to be immunocompetent, or compromised?</i> Competent		

Q

ARN vs PORN



	<i>ARN</i>	<i>PORN</i>
<i>Immuno-status?</i>	Competent or compromised	Compromised

How immunocompromised, ie, at/below what CD4 count does the incidence of PORN increase?

A

ARN vs PORN



	<i>ARN</i>	<i>PORN</i>
<i>Immuno-status?</i>	Competent or compromised	Compromised

How immunocompromised, ie, at/below what CD4 count does the incidence of PORN increase?  
50



Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>		

A

ARN vs PORN



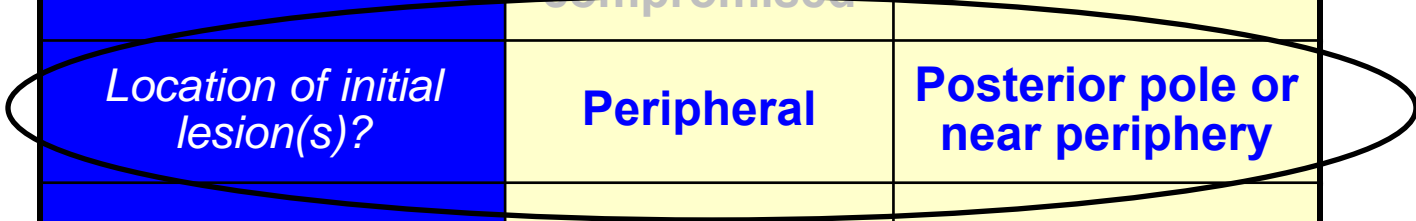
	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery



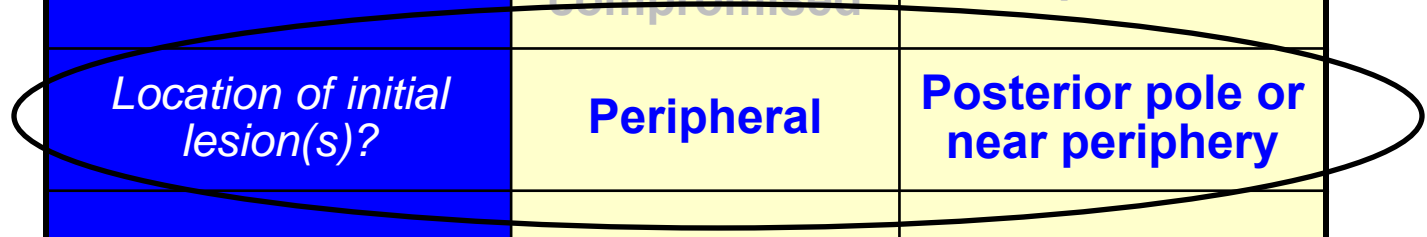
*What are these peripheral retinal lesions?*



A

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>



*What are these peripheral retinal lesions?*  
Large areas of whitened, necrotic retina

## ARN vs PORN



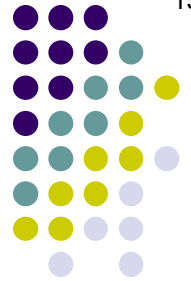
Retinal lesions of ARN/PORN

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>What are these peripheral retinal lesions? Large areas of whitened, necrotic retina</i>		
<i>The word 'areas' is plural. Are ARN and PORN multifocal diseases?</i>		



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
	<p><i>What are these peripheral retinal lesions?</i>            Large <u>areas</u> of whitened, necrotic retina</p>	
	<p><i>The word 'areas' is plural. Are ARN and PORN multifocal diseases?</i>            Yes, that is one of the defining features of these conditions</p>	

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>What are these peripheral retinal lesions?</i>	<b>Large areas of whitened, necrotic retina</b>	
<i>Which layers of the retina are involved?</i>		



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ARN vs PORN



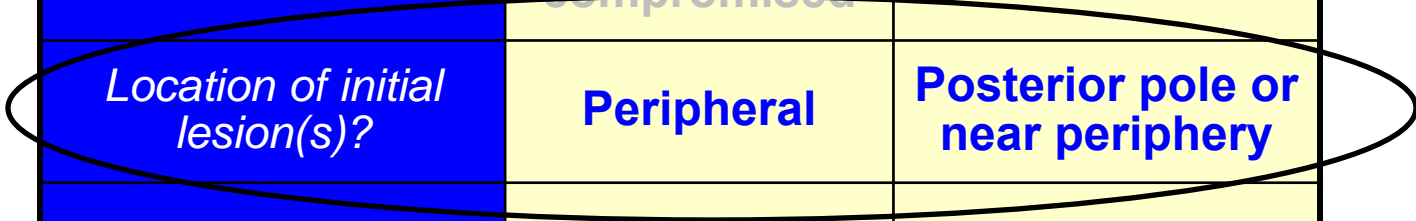
	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>What are these peripheral retinal lesions?</i>	Large areas of whitened, necrotic retina	
<i>Which layers of the retina are involved?</i>	All of them; ie, the lesions are <b>full thickness</b>	

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery



*What are these peripheral retinal lesions?*  
Large areas of whitened, necrotic retina

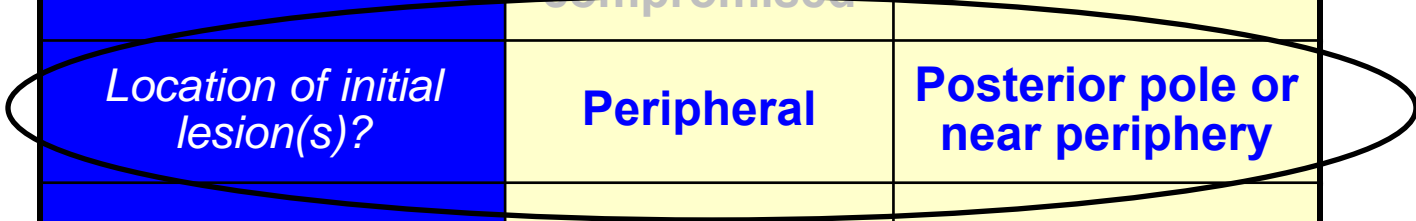
*What do these lesions do over time?*

A

ARN vs PORN



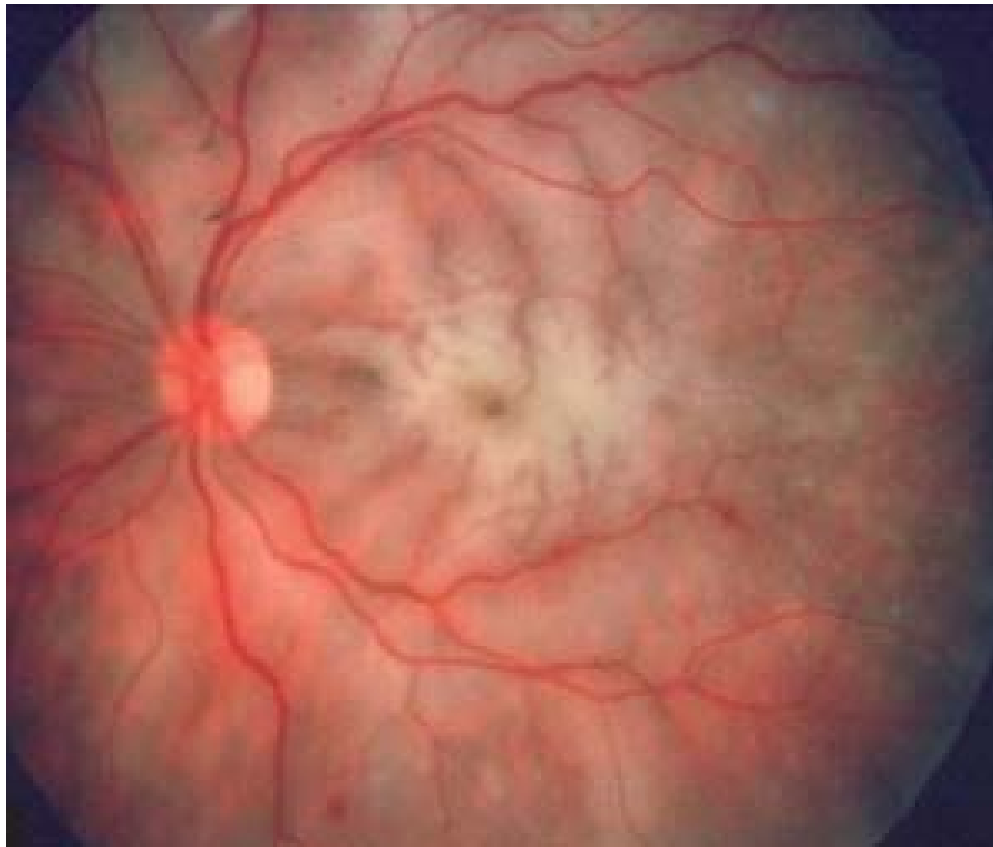
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<i>Immuno-status?</i>	Competent or compromised	Compromised
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*What are these peripheral retinal lesions?*  
Large areas of whitened, necrotic retina

*What do these lesions do over time?*  
They enlarge, coalesce circumferentially, then head toward the posterior pole

## ARN vs PORN



Retinal lesions of ARN/PORN: Progression to the posterior pole

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## ARN vs PORN

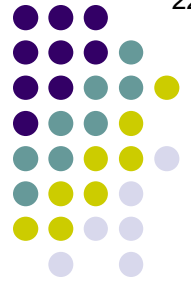


	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>

*What are these peripheral retinal lesions?*  
Large areas of whitened, necrotic retina

*What do these lesions do over time?*  
They enlarge, coalesce circumferentially, then head toward the posterior pole

*What is the unfortunate sequelae of this necrotic process?*

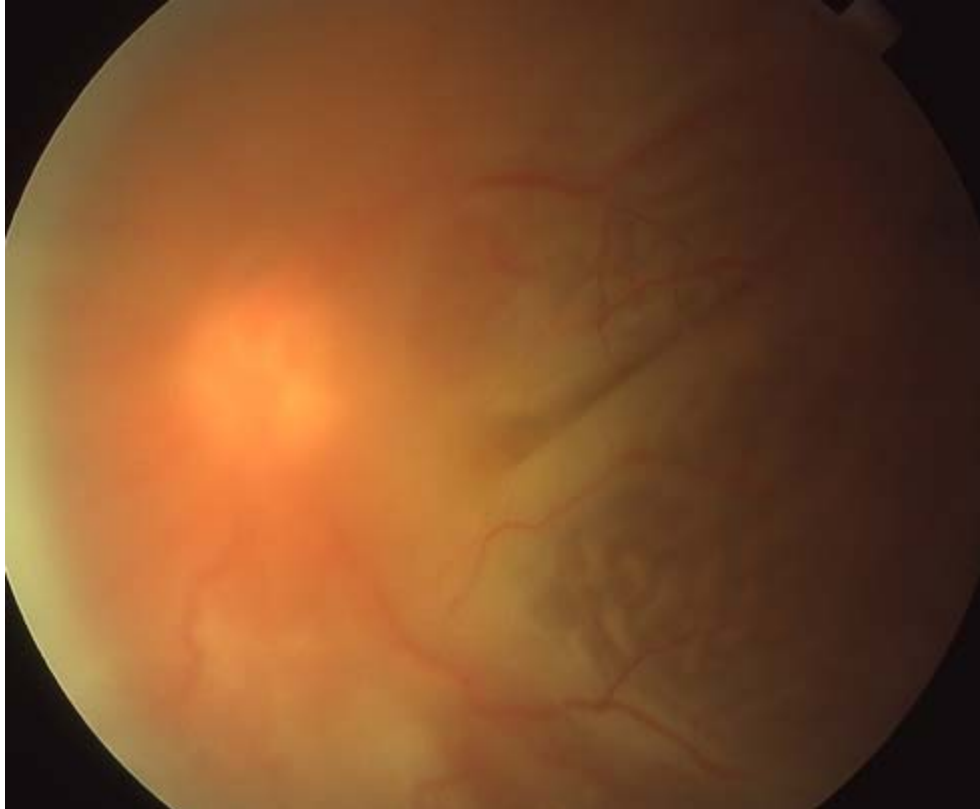


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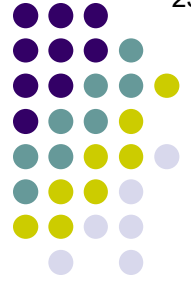
## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
	<p><i>What are these peripheral retinal lesions?</i> Large areas of whitened, necrotic retina</p> <p><i>What do these lesions do over time?</i> They enlarge, coalesce circumferentially, then head toward the posterior pole</p> <p><i>What is the unfortunate sequelae of this necrotic process?</i> The necrotic retina breaks, leading to rhegmatogenous RD</p>	

## ARN vs PORN



ARN/PORN: RRD



Q

## ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>

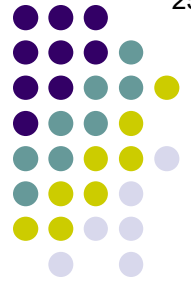
*What are these peripheral retinal lesions?*  
Large areas of whitened, necrotic retina

*What do these lesions do over time?*  
They enlarge, coalesce circumferentially, then head toward the posterior pole

*What is the unfortunate sequelae of this necrotic process?*  
The necrotic retina breaks, leading to rhegmatogenous RD

*Can anything be done to decrease the risk of RRD?*





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## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery

*What are these peripheral retinal lesions?*

Large areas of whitened, necrotic retina

*What do these lesions do over time?*

They enlarge, coalesce circumferentially, then head toward the posterior pole

*What is the unfortunate sequelae of this necrotic process?*

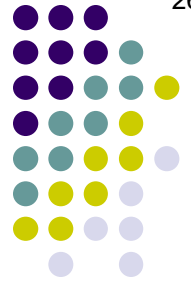
The necrotic retina breaks, leading to rhegmatogenous RD

*Can anything be done to decrease the risk of RRD?*

Barrier laser can be placed at the edges of necrosis in an attempt to reduce the risk (but it is often to no avail)

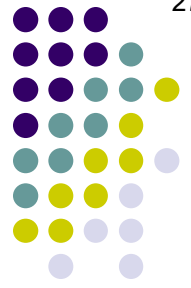
Q

## ARN vs PORN



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<i>Immuno-status?</i>	Competent or compromised	Compromised
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RD after ARN and PORN is notoriously difficult to successfully repair, and carries a dismal failure rate. Why?



A

ARN vs PORN

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Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
<p><i>What are these peripheral retinal lesions?</i> Large areas of whitened, necrotic retina</p> <p><i>What do these lesions do over time?</i> They enlarge, coalesce circumferentially, then head toward the posterior pole</p> <p><i>What is the unfortunate sequelae of this necrotic process?</i> <b>The necrotic retina breaks, leading to rhegmatogenous RD</b></p>		

RD after ARN and PORN is notoriously difficult to successfully repair, and carries a dismal failure rate. Why? The retinal breaks are usually multiple in number and posterior in location, both of which markedly increase the risk of surgical failure

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>		



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>

## ARN vs PORN



Vasculitis in ARN



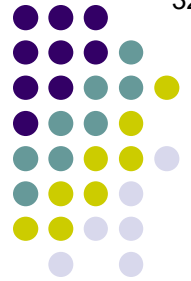
Lack of vasculitis in PORN

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
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<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>		



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>

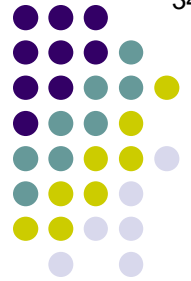


Q

ARN vs PORN



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<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
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<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	No
<i>Vitritis?</i>	<b>Significant</b>	Little to none
<i>What is the 'triad' of ARN?</i>		



A

## ARN vs PORN

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<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	No
<i>Vitritis?</i>	<b>Significant</b>	Little to none
<p><i>What is the 'triad' of ARN?</i>            Peripheral necrotizing retinitis, retinal vasculitis, and vitritis</p>		

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
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<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>		



A

## ARN vs PORN

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<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b> ( <i>acyclovir</i> )	<b>Nothing</b>

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
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<i>Accompanying retinal vasculitis?</i>	Yes	No
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<i>Responds well to...</i>	<b>ACA</b>	Nothing

*How is the acyclovir administered?*



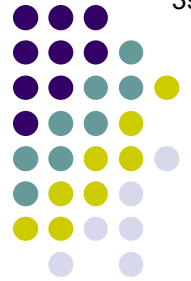
# Q/A

## ARN vs PORN

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*How is the acyclovir administered?*

This is evolving. For a long time, pts would be admitted for a week or so of IV ACA, then switched to PO therapy.



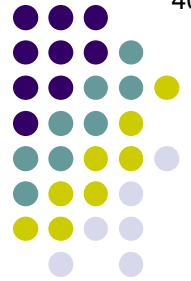
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<i>Responds well to...</i>	<b>ACA</b>	Nothing

*How is the acyclovir administered?*

This is evolving. For a long time, pts would be admitted for a week or so of IV ACA, then switched to PO therapy. However, the Academy now recommends treatment be initiated with PO **med**, and supplemented with intravitreal **diff med** or **med #3** as indicated.



A

## ARN vs PORN

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<i>Immuno-status?</i>	Competent or compromised	Compromised
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<i>Responds well to...</i>	<b>ACA</b>	Nothing

*How is the acyclovir administered?*

This is evolving. For a long time, pts would be admitted for a week or so of IV ACA, then switched to PO therapy. However, the Academy now recommends treatment be initiated with PO valacyclovir, and supplemented with intravitreal foscarnet or ganciclovir as indicated.



Q

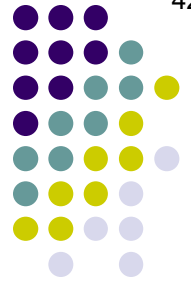
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<i>Responds well to...</i>	ACA	Nothing

How is the acyclovir administered?  
This is evolving. For a long time it was IV, then switched to PO therapy, however, the new recommendations are to be initiated with PO valacyclovir, and **supplemented** with intravitreal foscarnet or ganciclovir as indicated.

Why can't intravitreal treatment be used as primary/sole therapy?



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
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<i>Responds well to...</i>	ACA	Nothing

How is the acyclovir administered?  
 This is evolving. For a long time, it was given IV, then switched to PO therapy, and now it is recommended to be initiated with PO valacyclovir, and **supplemented** with intravitreal foscarnet or ganciclovir as indicated.

Why can't intravitreal treatment be used as primary/sole therapy?  
 Because it does nothing to protect the fellow eye

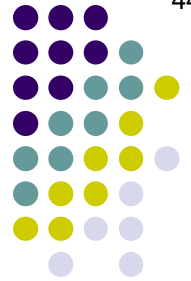
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ARN vs PORN



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<i>Responds well to...</i>	ACA	<b>Nothing</b>

Does this mean the ophthalmologist should throw up her hands and do nothing?



A

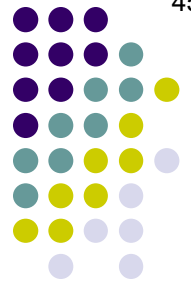
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<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	<b>Nothing</b>

Does this mean the ophthalmologist should throw up her hands and do nothing?  
 No! Aggressive anti-viral tx (systemic +/- intravitreal) should absolutely be initiated.  
 It's just that the prognosis is guarded (at best).

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
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<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction?</i>		

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior pole or	Posterior pole or
<i>Accompanying retinal vasculopathy?</i>		
<i>Vitritis?</i>		
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

What is the classic initial presentation of ARN?



**A**

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior pole	Posterior pole or
<i>Accompanying retinal vasculopathy?</i>		
<i>Vitritis?</i>		
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

*What is the classic initial presentation of ARN?*  
 A healthy adult c/o eye pain and decreased vision



Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior pole	Posterior pole or
<i>Accompanying retinal vasculopathy?</i>	No	Yes
<i>Vitritis?</i>	No	Yes
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

*What is the classic initial presentation of ARN?  
A healthy adult c/o eye pain and decreased vision*

*At this point, ARN is often (mis)diagnosed as what?*



A

## ARN vs PORN

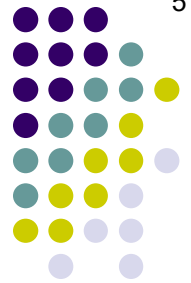
	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior pole	Posterior pole or
<i>Accompanying retinal vasculitis?</i>	No	Yes
<i>Vitritis?</i>	No	Yes
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

*What is the classic initial presentation of ARN?*  
A healthy adult c/o eye pain and decreased vision

*At this point, ARN is often (mis)diagnosed as what?*  
Something in the iritis/episcleritis/vitritis spectrum

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior	Posterior pole or
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Yes	No
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

*What is the classic initial presentation of ARN?  
A healthy adult c/o eye pain and decreased vision*

*At this point, ARN is often (mis)diagnosed as what?  
Something in the iritis/episcleritis/vitritis spectrum*

*At what point do the posterior manifestations of ARN appear?*



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	Compromised
<i>Location of initial lesion?</i>	Anterior	Posterior pole or
<i>Accompanying retinal vasculitis?</i>	No	Yes
<i>Vitritis?</i>	No	Yes
<i>Responds well to...</i>	<b>ACA</b>	Nothing
<i>AC reaction?</i>	<b>Significant</b>	Little to none

*What is the classic initial presentation of ARN?*  
A healthy adult c/o eye pain and decreased vision

*At this point, ARN is often (mis)diagnosed as what?*  
Something in the iritis/episcleritis/vitritis spectrum

*At what point do the posterior manifestations of ARN appear?*  
About one week later



## ARN vs PORN

	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of lesion	Anterior pole	Posterior pole
Associated retinal vasculopathy	<p><i>What is the classic initial presentation of ARN?</i> A healthy adult c/o eye pain and decreased vision</p> <p><i>At this point, ARN is often (mis)diagnosed as what?</i> Something in the iritis/episcleritis/vitritis spectrum</p> <p><i>At what point do the posterior manifestations of ARN appear?</i> About one week later</p>	
Responds well to	ACA	Nothing

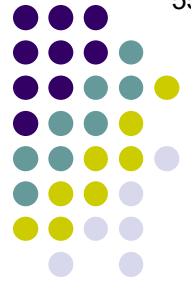
Take special note of this! There's a chance your ARN pt will present not with vision issues, but rather an *anterior-segment complaint*.

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>So how can you tell whether an immunocompromised pt with necrotizing retinitis has ARN as opposed to PORN?</i>		
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Accompanying retinal vasculitis?</i>	Yes	No
<b>Vitritis?</b>	<b>Significant</b>	Little to none
<i>Responds well to...</i>	ACA	Nothing
<b>AC reaction?</b>	<b>Significant</b>	Little to none

So how can you tell whether an immunocompromised pt with necrotizing retinitis has ARN as opposed to PORN?

By the presence of a significant inflammatory reaction—these **must** be present to dx ARN



Q

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
--	------------	-------------

*One of these is much more likely to present with bilateral involvement--which is it?*

<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none





A

## ARN vs PORN

	<i>ARN</i>	<i>PORN</i>
--	------------	-------------

One of these is much more likely to present with bilateral involvement--which is it?  
**PORN**

<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none

Q

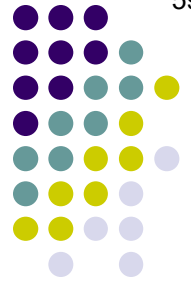
ARN vs PORN



	ARN	PORN
--	-----	------

*Both can progress rapidly, but which is notorious for progressing at an appalling rate?*

<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none



A

## ARN vs PORN

	<i>ARN</i>	<i>PORN</i>
--	------------	-------------

*Both can progress rapidly, but which is notorious for progressing at an appalling rate?*  
**PORN**

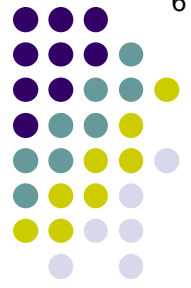
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none



Q

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>What is the classic description of the fundus appearance in PORN?</i>		
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none



A

ARN vs PORN

	<i>ARN</i>	<i>PORN</i>
--	------------	-------------

What is the classic description of the fundus appearance in PORN?  
**'Cracked mud'**

<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none

## ARN vs PORN

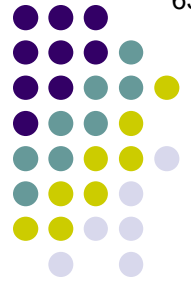


PORN: Cracked-mud appearance



Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction</i>		

*What bug is felt to be the underlying causative agent in each?*  
**ARN:**  
**PORN:**



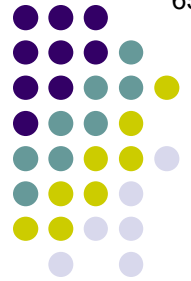
A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction</i>		

What bug is felt to be the underlying causative agent in each?  
**ARN: VZV or HSV**  
**PORN: VZV**





Q

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction</i>		

What bug is felt to be the cause of ARN?  
 ARN: VZV or HSV  
 PORN: VZV

Of the two, which is the more common cause of ARN?



A

## ARN vs PORN

	<i>ARN</i>	<i>PORN</i>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction</i>		

What bug is felt to be the cause of ARN?  
 ARN: VZV or HSV  
 PORN: VZV

Of the two, which is the more common cause of ARN?  
 VZV, by a substantial margin

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction</i>		

What bug is felt to be the underlying cause?  
ARN: **VZV or HSV**  
PORN: **VZV**

Because of this, these diseases are sometimes subsumed under the umbrella term

three words



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction</i>		

What bug is felt to be the underlying cause?  
 ARN: **VZV or HSV**  
 PORN: **VZV**

Because of this, these diseases are sometimes subsumed under the umbrella term *necrotizing herpetic retinopathies*

Q

**ARN vs PORN**



	<i><b>ARN</b></i>	<i><b>PORN</b></i>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction</i>		

What bug is felt to  
 ARN: VZV or HS  
 PORN: VZV

Often, PORN pts will present with stigmata of previous and/or concurrent VZV infection elsewhere, including:  
 --  
 --

## ARN vs PORN



	<i><b>ARN</b></i>	<i><b>PORN</b></i>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction</i>		

What bug is felt to  
 ARN: VZV or HS  
 PORN: VZV

Often, PORN pts will present with stigmata of previous and/or concurrent VZV infection elsewhere, including:  
 --Cutaneous VZV (ie, shingles)  
 --CNS VZV, eg:  
 --  
 --



A

**ARN vs PORN**

	<i><b>ARN</b></i>	<i><b>PORN</b></i>
<i>Immuno-status?</i>	Competent or compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery
<i>Accompanying retinal vasculitis?</i>	Yes	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction</i>		

What bug is felt to  
 ARN: VZV or HS  
 PORN: VZV

Often, PORN pts will present with stigmata of previous and/or concurrent VZV infection elsewhere, including:  
 --Cutaneous VZV (ie, shingles)  
 --CNS VZV, eg:  
 --Meningitis  
 --Vasculitis

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>		Compromised
<i>Location of infection lesion(s)?</i>		Anterior pole or periphery
<i>Accompanying retinal vasculitis?</i>		No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none



A

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>	<i>Is there a gender predilection in ARN? No</i>	<i>Compromised</i>
<i>Location of initial lesion(s)?</i>		<i>Anterior pole or periphery</i>
<i>Accompanying retinal vasculitis?</i>		<i>No</i>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>	<i>Is there a gender predilection in ARN? No</i>	<i>Compromised</i>
<i>Location of initial lesion(s)?</i>	<i>At what age can it present?</i>	<i>Anterior pole or periphery</i>
<i>Accompanying retinal vasculature</i>		<i>No</i>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>

# A

## ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>	<p><i>Is there a gender predilection in ARN?</i> No</p>	Compromised
<i>Location of in lesion(s)?</i>	<p><i>At what age can it present?</i> Any age (albeit <b>very</b> rarely in children)</p>	Anterior pole or periphery
<i>Accompanying retinal vasculature</i>		No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>	Is there a gender predilection in ARN? No	Compromised
<i>Location of infection/lesion(s)?</i>	At what age can it present? Any age (albeit <b>very</b> rarely in children)	Anterior pole or periphery
<i>Accompanying retinal vasculature</i>	What is the modal age of presentation?	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none

# A

## ARN vs PORN



	<b>ARN</b>	<b>PORN</b>
<i>Immuno-status</i>	Is there a gender predilection in ARN? No	Compromised
<i>Location of infection/lesion(s)?</i>	At what age can it present? Any age (albeit <b>very</b> rarely in children)	Anterior pole or periphery
<i>Accompanying retinal vasculitis</i>	What is the modal age of presentation? Around 50	No
<i>Vitritis?</i>	Significant	Little to none
<i>Responds well to...</i>	ACA	Nothing
<i>AC reaction?</i>	Significant	Little to none

## ARN vs PORN

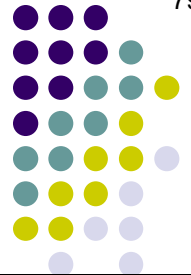


	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	
<i>Acute retinitis?</i>			
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

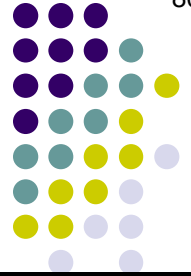
Now let's compare/contrast **CMV retinitis** with ARN and PORN...

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>?</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



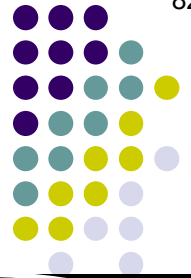
Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Perip	Posterior pole or	
<i>Accompanying retinal vasculitis?</i>	Yes	No	
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

*Of the three, which is the most common cause of viral retinitis in AIDS?*



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripapillary	Posterior pole or periphery	Peripapillary
<i>Accompanying retinal vasculitis?</i>	Yes	No	
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

Of the three, which is the most common cause of viral retinitis in AIDS?  
CMV retinitis

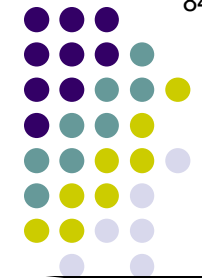
Q

ARN vs PORN



	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Perip	Posterior pole or	
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	How much more common is CMV?		
Responds well to...	ACA	Nothing	
AC reaction?	Significant	Little to none	

Of the three, which is the most common cause of viral retinitis in AIDS?  
 CMV retinitis



A

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Perip	Posterior pole or	
<i>Accompanying retinal vasculitis?</i>	Yes	No	
<i>Vitritis?</i>	<p><i>How much more common is CMV?</i>                      By a mile. CMV accounts for up to 90% of all posterior-segment infections in AIDS!</p>		
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

*Of the three, which is the most common cause of viral retinitis in AIDS?*  
**CMV retinitis**

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	Peripheral	<p><i>How immunocompromised, ie, at/below what CD4 count does the incidence of CMV retinitis increase?</i></p>	
<i>Accompanying retinal vasculitis?</i>	Yes		
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	



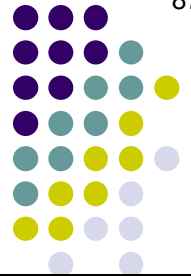
A

## ARN vs PORN

	<i>ARN</i>	<i>PORN</i>	<i>CMV retinitis</i>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	How immunocompromised, ie, at/below what CD4 count does the incidence of CMV retinitis increase? 50 (same as for PORN)	
<i>Accompanying retinal vasculitis?</i>	Yes	No	
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	<i>How immunocompromised is at/below what CD4 ?</i>	
<i>Accompanying retinal vasculitis?</i>	<i>Can CMV retinitis occur in pts who are HIV negative?</i>		
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	



# Q/A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	How immunocompromised is at/below what CD4?	
<i>Accompanying retinal vasculitis?</i>	Can CMV retinitis occur in pts who are HIV negative? Yes, but they're always immunocompromised in some other way (usually via ...)		
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	





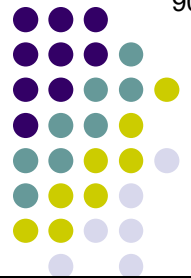
A

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	Peripheral	<i>How immunocompromised is at/below what CD4?</i>	
<i>Accompanying retinal vasculitis?</i>	<p>Can CMV retinitis occur in pts who are HIV negative?                      Yes, but they're always immunocompromised in some other way (usually via systemic steroids or other immunosuppressive therapy)</p>		
<i>Vitritis?</i>	Significant	Little to none	
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	

Q

ARN vs PORN



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>?</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



**A**

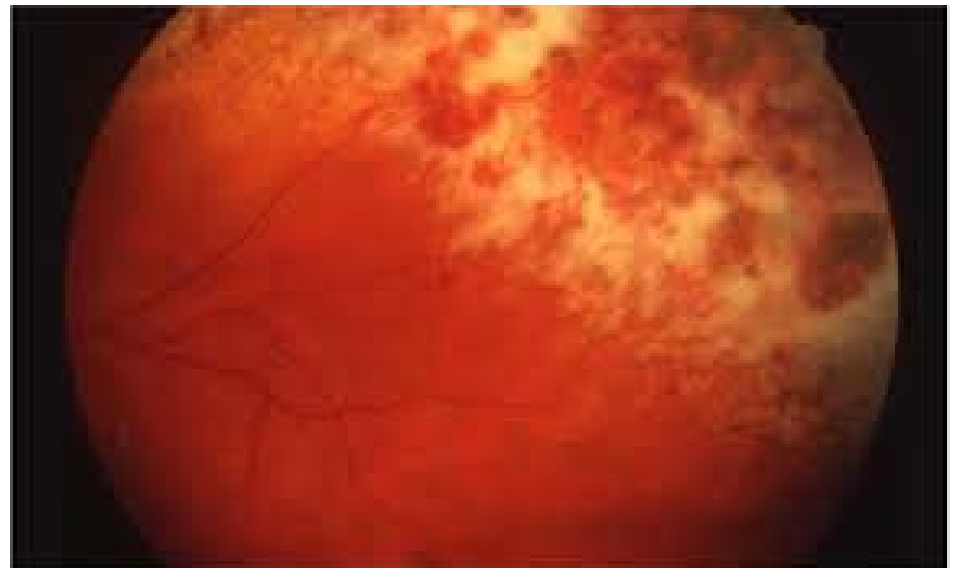
**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	

## ARN vs PORN



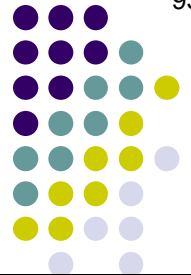
CMV retinitis, posterior presentation:  
*Crumbled cheese and ketchup*



CMV retinitis, peripheral presentation: *Brushfire*

Q

ARN vs PORN



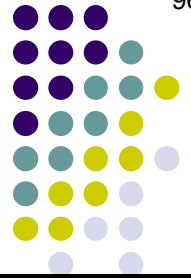
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>?</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>?</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>?</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	Peripheral (usually)
<i>Accompanying retinal vasculitis?</i>	Yes	No	Always
<i>Vitritis?</i>	Significant	Little to none	Little to none
<i>Responds well to...</i>	ACA	Nothing	Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	



Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune status</i>	Competent or		Compromised
<i>Location of lesion</i>			Peripheral (usually)
<i>Accompanying retinal vasc.</i>			Always
<i>Vitreous involvement</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	<b>Ganciclovir</b>
<i>AC reaction?</i>	Significant	Little to none	

*In practice, a slightly different drug is usually used. What is it?*



A

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune response</i>	Competent or		Compromised
<i>Location of lesions</i>			Peripheral (usually)
<i>Accompanying retinal vasculopathy</i>			Always
<i>Vitreous involvement</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	

*In practice, a slightly different drug is usually used. What is it?  
Valganciclovir*

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune status</i>	Competent or		Compromised
<i>Location of lesion</i>			Peripheral (usually)
<i>Accompanying retinal vasc.</i>			Always
<i>Vitreous involvement</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	

*In practice, a slightly different drug is usually used. What is it? Valganciclovir*

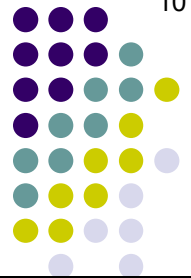
*What advantage does valganciclovir have that makes it preferred?*

A

**ARN vs PORN**



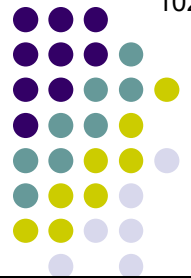
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune</i>	Competent or		Compromised
<i>Location of lesion</i>	<p><i>In practice, a slightly different drug is usually used. What is it?</i> Valganciclovir</p> <p><i>What advantage does valganciclovir have that makes it preferred?</i> It is PO</p>		Peripheral (usually)
<i>Accompanying retinal vasc</i>			Always
<i>Vitritis</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	



**ARN vs PORN**

Q

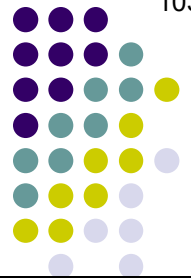
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune</i>	Competent or		Compromised
<i>Location of lesion</i>	<p><i>In practice, a slightly different drug is usually used. What is it?</i> Valganciclovir</p> <p><i>What advantage does valganciclovir have that makes it preferred?</i> It is PO</p>		Peripheral (usually)
<i>Accompanying retinal vessels</i>	<p><i>Isn't ganciclovir also available in a PO form?</i></p>		Always
<i>Vitreous</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	



A

**ARN vs PORN**

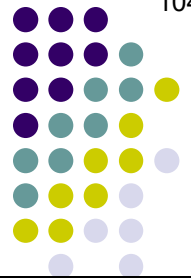
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune</i>	Competent or		Compromised
<i>Location of lesion</i>	<p><i>In practice, a slightly different drug is usually used. What is it?</i> Valganciclovir</p> <p><i>What advantage does valganciclovir have that makes it preferred?</i> It is PO</p>		Peripheral (usually)
<i>Accompanying retinal v</i>	<p><i>Isn't ganciclovir also available in a PO form?</i> Yes, but the bioavailability is very poor</p>		Always
<i>Vitreal</i>			Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	



Q

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune</i>	Competent or		Compromised
<i>Location of lesion</i>	<p><i>In practice, a slightly different drug is usually used. What is it?</i> Valganciclovir</p> <p><i>What advantage does valganciclovir have that makes it preferred?</i> It is PO</p>		Peripheral (usually)
<i>Accompanying retinal v</i>	<p><i>Isn't ganciclovir also available in a PO form?</i> Yes, but the bioavailability is very poor</p>		Always
<i>Vitritis</i>	<p><i>Can valganciclovir be used for both induction and maintenance therapy?</i></p>		Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	



A

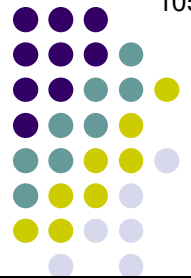
**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immune</i>	Competent or		Compromised
<i>Location of lesion</i>	<p><i>In practice, a slightly different drug is usually used. What is it?</i> Valganciclovir</p> <p><i>What advantage does valganciclovir have that makes it preferred?</i> It is PO</p>		Peripheral (usually)
<i>Accompanying retinal v</i>	<p><i>Isn't ganciclovir also available in a PO form?</i> Yes, but the bioavailability is very poor</p>		Always
<i>Vitritis</i>	<p><i>Can valganciclovir be used for both induction and maintenance therapy?</i> Yes</p>		Little to none
<b>Responds well to...</b>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	

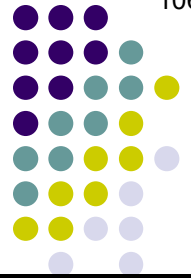


Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>?</b>



A

## ARN vs PORN

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	<b>Competent or compromised</b>	<b>Compromised</b>	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	<b>Peripheral</b>	<b>Posterior pole or near periphery</b>	<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>

## ARN vs PORN



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or	Peripheral (usually)
<i>Accompanying retinal vasculitis?</i>	Yes	No	Always
<i>Vitritis?</i>	Significant	Little to none	Little to none
<i>Responds well to...</i>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	Little to none

So CMV retinitis is like ARN in some ways...

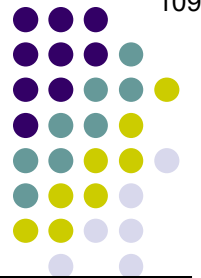
## ARN vs PORN



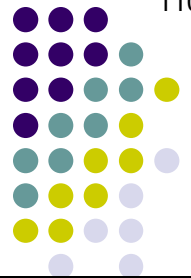
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<b>Immuno-status?</b>	Competent or compromised	<b>Compromised</b>	<b>Compromised</b>
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral (usually)
Accompanying retinal vasculitis?	Yes	<i>...and like PORN in others.</i> No	Always
<b>Vitritis?</b>	Significant	<b>Little to none</b>	<b>Little to none</b>
Responds well to...	ACA	Nothing	(Val)Ganciclovir
<b>AC reaction?</b>	Significant	<b>Little to none</b>	<b>Little to none</b>

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)?</i>			<b>Compromised</b>
			<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>



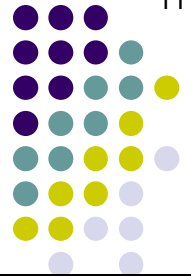
A

**ARN vs PORN**

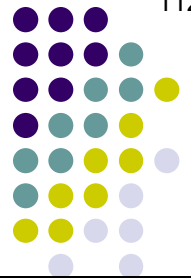
	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)?</i> Most present unilaterally			<b>Compromised</b>
			<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>

Q

**ARN vs PORN**



	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)?</i>			<b>Compromised</b>
<i>Most present unilaterally</i>			
<i>If untreated, what is the risk of fellow-eye involvement at 6 months?</i>			<b>Peripheral (usually)</b>
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>

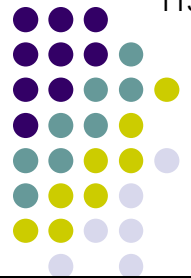


A

**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)?</i>			<b>Compromised</b>
<i>Most present unilaterally</i>			
<i>If untreated, what is the risk of fellow-eye involvement at 6 months?</i>			<b>Peripheral (usually)</b>
<i>50%</i>			
<i>Accompanying retinal vasculitis?</i>	<b>Yes</b>	<b>No</b>	<b>Always</b>
<i>Vitritis?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	<b>(Val)Ganciclovir</b>
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Little to none</b>





**ARN vs PORN**

	<b>ARN</b>	<b>PORN</b>	<b>CMV retinitis</b>
<i>Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)?</i>		Compromised	Compromised
<i>Most present unilaterally</i>			
<i>If untreated, what is the risk of fellow-eye involvement at 6 months?</i>		50% or more	Peripheral (usually)
<i>50%</i>			
<b>For more on CMV retinitis, see slide-set FELT23</b>			
<i>Associated with retinal vasculitis?</i>	Yes	No	Always
<i>Vitritis?</i>	Significant	Little to none	Little to none
<i>Responds well to...</i>	ACA	Nothing	(Val)Ganciclovir
<i>AC reaction?</i>	Significant	Little to none	Little to none



Q

## ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that must be considered in **every** immunocompromised pt. What is it?

	<b>ARN</b>	<b>PORN</b>	<b>?</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	Peripheral
<i>Accompanying retinal vasculitis?</i>	Yes	No	Yes
<i>Vitritis?</i>	Significant	Little to none	Significant
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	Significant



A

## ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that must be considered in **every** immunocompromised pt. What is it?

**Syphilitic retinitis**

	<b>ARN</b>	<b>PORN</b>	<b>Syphilitic Retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	Peripheral
<i>Accompanying retinal vasculitis?</i>	Yes	No	Yes
<i>Vitritis?</i>	Significant	Little to none	Significant
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	Significant



Q

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

How does one go about 'considering' the dx of syphilitic retinitis?

			<b>Syphilitic Retinitis</b>
<i>Immuno-status?</i>	Competent or compromised	Compromised	<b>Compromised</b>
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



# Q/A

## ARN vs PORN

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

How does one go about 'considering' the dx of syphilitic retinitis?  
 The first step would be...performing serum testing for syphilis employing both [ ] and [ ] assays

### Syphilitic Retinitis

	Competent or compromised	Compromised	Compromised
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	Peripheral
<i>Accompanying retinal vasculitis?</i>	Yes	No	Yes
<i>Vitritis?</i>	Significant	Little to none	Significant
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	Significant

A

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

How does one go about 'considering' the dx of syphilitic retinitis?  
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**Syphilitic Retinitis**

	Competent or compromised	Compromised	Compromised
<i>Immuno-status?</i>	Competent or compromised	Compromised	Compromised
<i>Location of initial lesion(s)?</i>	Peripheral	Posterior pole or near periphery	Peripheral
<i>Accompanying retinal vasculitis?</i>	Yes	No	Yes
<i>Vitritis?</i>	Significant	Little to none	Significant
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	Significant



Q

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

*How does one go about 'considering' the dx of syphilitic retinitis?*  
 The first step would be...performing serum testing for syphilis employing both **treponemal and nontreponemal assays**

*What does it mean to say a test is treponemal vs nontreponemal?*

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



# Q/A

## ARN vs PORN

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

*How does one go about 'considering' the dx of syphilitic retinitis?*  
 The first step would be...performing serum testing for syphilis employing both **treponemal and nontreponemal assays**

*What does it mean to say a test is treponemal vs nontreponemal?*  
 Nontreponemal tests measure antibodies against [redacted], a phospholipid released during syphilis infection. Treponemal tests measure antibodies directed against the *T pallidum* organism itself.

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>





**A**

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

*How does one go about 'considering' the dx of syphilitic retinitis?*  
 The first step would be...performing serum testing for syphilis employing both **treponemal and nontreponemal assays**

*What does it mean to say a test is treponemal vs nontreponemal?*  
 Nontreponemal tests measure antibodies against cardiolipin, a phospholipid released during syphilis infection. Treponemal tests measure antibodies directed against the *T pallidum* organism itself.

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



Q

**ARN vs PORN**

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 The first step would be...performing serum testing for syphilis employing both **treponemal and nontreponemal assays**

*Which commonly-performed tests are in which category?*  
 --Nontreponemal:  
 --Treponemal:  
 directed against the *T. pallidum* organism itself.

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



# Q/A

## ARN vs PORN

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*Which commonly-performed tests are in which category?*  
 --Nontreponemal: RPR; VDRL  
 --Treponemal:  
 directed against the *T. pallidum* organism itself.

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



# Q/A

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*Which commonly-performed tests are in which category?*  
 --Nontreponemal: RPR; VDRL  
 --Treponemal: FTA-ABS; MHA-TP  
 directed against the *T. pallidum* organism itself.

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
<i>Accompanying retinal vasculitis?</i>	Yes	No	<b>Yes</b>
<i>Vitritis?</i>	Significant	Little to none	<b>Significant</b>
<i>Responds well to...</i>	ACA	Nothing	
<i>AC reaction?</i>	Significant	Little to none	<b>Significant</b>



Q

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**Syphilitic Retinitis**

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 directed against the *T. pallidum* organism itself.

Competent or	Compromised
nemal?	
in, a phospholipid	
re antibodies	e or ery
	No
	Little to none
	Nothing
	Little to none

Compromised
Peripheral
Yes
Significant
Significant

*What does each acronym stand for?*  
 --**RPR**:  
 --**VDRL**:  
 --**FTA-ABS**:  
 --**MHA-TP**:

<i>Responds well to...</i>
<i>AC reaction?</i>

ACA
Significant

Nothing
Little to none



# Q/A

## ARN vs PORN

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What does each acronym stand for?  
 --**RPR**: Rapid plasma reagin  
 --**VDRL**:  
 --**FTA-ABS**:  
 --**MHA-TP**:

	Competent or	Compromised	
			Peripheral
			Yes
		Little to none	Significant
Responds well to...	ACA	Nothing	
AC reaction?	Significant	Little to none	Significant



# Q/A

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What does each acronym stand for?  
 --**RPR**: Rapid plasma reagin  
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 --**MHA-TP**:

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
		No	<b>Yes</b>
		Little to none	<b>Significant</b>
Responds well to...	ACA	Nothing	
AC reaction?	Significant	Little to none	<b>Significant</b>



# Q/A

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What does each acronym stand for?  
 --**RPR**: Rapid plasma reagin  
 --**VDRL**: Venereal disease research laboratory  
 --**FTA-ABS**: Fluorescent treponemal antibody absorption  
 --**MHA-TP**:

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
		No	<b>Yes</b>
		Little to none	<b>Significant</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Significant</b>





**A**

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*What does each acronym stand for?*  
 --**RPR**: Rapid plasma reagin  
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 --**FTA-ABS**: Fluorescent treponemal antibody absorption  
 --**MHA-TP**: Microhemagglutination assay for *Treponema pallidum*

	Competent or	Compromised	<b>Syphilitic Retinitis</b>
			<b>Compromised</b>
			<b>Peripheral</b>
		No	<b>Yes</b>
		Little to none	<b>Significant</b>
<i>Responds well to...</i>	<b>ACA</b>	<b>Nothing</b>	
<i>AC reaction?</i>	<b>Significant</b>	<b>Little to none</b>	<b>Significant</b>



Q

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Competent or

Compromised  
 nermal?  
 in , a phospholipid  
 re antibodies

e or  
 ery

**Compromised**

**Peripheral**

No

**Yes**

What does each acronym stand for?  
 --**RPR**: Rapid plasma reagin  
 --**VDRL**: Venereal disease research laboratory  
 --**FTA-ABS**: Fluorescent treponemal antibody absorption  
 --**MHA-TP**: Microhemagglutination assay for *Treponema pallidum*?

tle to none

**Significant**

If an ARN-like pt's serology tests positive, what maneuver/test should be performed?

**Significant**



**A**

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
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Competent or

nemal?  
 in, a phospholipid  
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e or  
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**Compromised**

**Peripheral**

*What does each acronym stand for?*  
 --**RPR**: Rapid plasma reagin  
 --**VDRL**: Venereal disease research laboratory  
 --**FTA-ABS**: Fluorescent treponemal antibody absorption  
 --**MHA-TP**: Microhemagglutination assay for *Treponema pallidum*?

No

**Yes**

tle to none

**Significant**

*If an ARN-like pt's serology tests positive, what maneuver/test should be performed?*  
 Lumbar puncture with CSF evaluation for syphilis, along with cell count and protein

**Significant**



Q

**ARN vs PORN**

*There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?*  
 Syphilitic retinitis

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**Syphilitic Retinitis**

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Competent or Compromised  
 Nontreponemal? Treponemal?  
 in , a phospholipid  
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 e or ery

**Compromised**

**Peripheral**

What does each acronym stand for?  
 --**RPR**: Rapid plasma regain?  
 --**VDRL**: Venereal disease research laboratory?  
 --**FTA-ABS**: Fluorescent treponemal antibody absorption?  
 --**MHA-TP**: Microhemagglutination assay for *Treponema pallidum*?

No

**Yes**

Little to none

**Significant**

If an ARN-like pt's serology tests positive, what maneuver/test should be performed?  
 Lumbar puncture with CSF evaluation for syphilis, along with cell count and protein

Which test should be performed on the CSF to assess for neurosyphilis?

**Significant**



# A

## ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
Syphilitic retinitis

<p>How does one go about 'considering' the dx of syphilitic retinitis? The first step would be...performing serum testing for syphilis employing both <b>treponemal and nontreponemal assays</b></p>		<b>Syphilitic Retinitis</b>
<p>Which commonly-performed tests are in which category? --Nontreponemal: <b>RPR; VDRL</b> --Treponemal: <b>FTA-ABS; MHA-TP</b></p>	Competent or Compromised	<b>Compromised</b>
<p>What does each acronym stand for? --<b>RPR</b>: Rapid plasma reagin --<b>VDRL</b>: Venereal disease research laboratory --<b>FTA-ABS</b>: Fluorescent treponemal antibody absorption --<b>MHA-TP</b>: Microhemagglutination assay for <i>Treponema pallidum</i>?</p>	e or ery	<b>Peripheral</b>
<p>If an ARN-like pt's serology tests positive, what maneuver/test should be performed? Lumbar puncture with CSF evaluation for syphilis, along with cell count and protein</p>	No	<b>Yes</b>
<p>Which test should be performed on the CSF to assess for neurosyphilis? VDRL is probably the preferred test</p>	tle to none	<b>Significant</b>
		<b>Significant</b>



Q

ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
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--Nontreponemal: RPR; VDRL  
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directed against the *T. pallidum* organism itself.

What does each acronym stand for?  
--RPR: Rapid plasma reagin  
--VDRL: Venereal Disease Research Laboratory  
--FTA-ABS: Fluorescent Treponemal Antibody Absorption  
--MHA-TP: Microhemagglutination-in-gel test for *T. pallidum*

What is the treatment for syphilis?

<b>Syphilitic Retinitis</b>
<b>Compromised</b>
<b>Peripheral</b>
<b>Yes</b>
<b>Significant</b>
<b>?</b>
<b>Significant</b>



# A

## ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
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### Syphilitic Retinitis

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directed against the *T. pallidum* organism itself.

Competent or

Compromised  
nemat?  
in , a phospholipid  
re antibodies

e or  
ery

Compromised

Peripheral

No

Yes

What is the treatment for syphilis?  
IV penicillin G

Significant

IV Pen G

Significant

If an  
Lumb

Whic  
VDRL



Q

**ARN vs PORN**

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
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Competent or Compromised  
 Nontreponemal? Treponemal?  
 in , a phospholipid  
 re antibodies  
 e or  
 ery

**Compromised**

**Peripheral**

No

**Yes**

**Significant**

**IV Pen G**

**Significant**

What does each acronym stand for?

--RPR: Rapid plasma reagin

--VDRL

--FTA

--MHA

What is the treatment for syphilis?  
 IV penicillin G

How is syphilitic retinitis treated?

If an  
 Lumb

Whic  
 VDRL





A

### ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
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--Treponemal: **FTA-ABS; MHA-TP**  
directed against the *T. pallidum* organism itself.

What does each acronym stand for?  
--RPR: Rapid plasma reagin  
--VDRL: Venereal Disease Research Laboratory  
--FTA: Fluorescent Treponemal Antibody Absorption  
--MHA: Microhemagglutination

What is the treatment for syphilis?  
IV penicillin G  
  
How is syphilitic retinitis treated?  
Because it is considered to be evidence of neurosyphilis, it is treated as such

<b>Syphilitic Retinitis</b>
<b>Compromised</b>
<b>Peripheral</b>
<b>Yes</b>
<b>Significant</b>
<b>IV Pen G</b>
<b>Significant</b>



Q

### ARN vs PORN

There is another entity in the DDx for an ARN-like presentation that **must be considered** in every immunocompromised pt. What is it?  
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How does one go about 'considering' the dx of syphilitic retinitis?  
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What is the standard treatment for neurosyphilis?  
10-14 days of IV Pen G

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**What is the standard treatment for neurosyphilis?**  
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**What if the pt is allergic to penicillin--what is the alternative tx?**

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**No**

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Be **How responsive to IV Pen G is syphilitic retinitis?**  
Exquisitely so, and this helps confirm the diagnosis--ie, if the retinitis doesn't respond rapidly once tx is initiated, question the diagnosis

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Why is IV Pen G used?  
10-14 days of IV Pen G

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