

ARN	PORN
ARN and PORN a. ARN: PORN:	re acronyms for:



ARN	PORN
ARN and PORN and ARN: Acute retinal PORN: Progressiv	



	ARN	PORN
Immuno-status?		



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Is an ARN pt more like	ely to be immunocompe	tent, or compromised?



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Is an ARN pt more like	ely to be immunocompe	tent, or compromised?



	ARN	PORN	
Immuno-status?	Competent or compromised	Compromised	
		ocompromised, ie, at/belov he incidence of PORN inc	



	ARN	PORN	
Immuno-status?	Competent or compromised	Compromised	
		ocompromised, ie, at/below he incidence of PORN inc	



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?		



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



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



		ARN	PORN	'
Immuno-statu	s?	Competent or compromised	Compromis	ed
Location of ini lesion(s)?	tial	Peripheral	Posterior pole	
		eripheral retinal lesions ^a nitened, necrotic retina		





Retinal lesions of ARN/PORN



Competent or	
compromised	Compromised
Peripheral	Posterior pole or near periphery
al. Are ARN and PORN	multifocal diseases?
	eripheral retinal lesions nitened, necrotic retina

A

ARN vs PORN



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
the state of the s	peripheral retinal lesions hitened, necrotic retina	?

The word 'areas' is plural. Are ARN and PORN multifocal diseases? Yes, that is one of the defining features of these conditions



ARN	PORN
Competent or compromised	Compromised
Peripheral	Posterior pole or near periphery
thitened, necrotic retires of the retinal are involved	18
	Competent or compromised Peripheral eripheral retinal lesions whitened, necrotic retinal





	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Which layers of the retina are involved? All of them; ie, the lesions are full thickness		



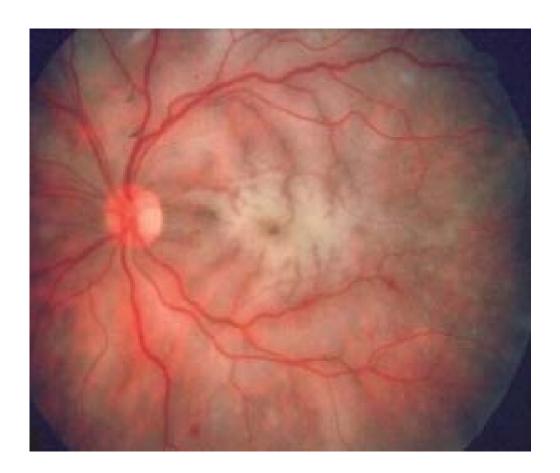
	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Large areas of wh	eripheral retinal lesions hitened, necrotic retina sions do over time?	?

A



		ARN	PORN
Immuno-status	?	Competent or compromised	Compromised
Location of initial lesion(s)?	al	Peripheral	Posterior pole or near periphery
Large areas	s of w	peripheral retinal lesions hitened, necrotic retina sions do over time? alesce circumferentially,	





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



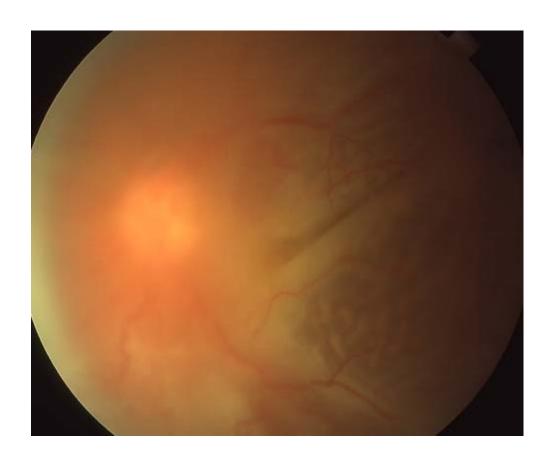
		ARN	PORN
Imm	uno-status?	Competent or compromised	Compromised
	tion of initial esion(s)?	Peripheral	Posterior pole or near periphery
	What do these less They enlarge, cost the posterior pole	eripheral retinal lesions nitened, necrotic retina sions do over time? alesce circumferentially, tunate sequelae of this i	then head toward

7
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		ARN	PORN
lmm	uno-status?	Competent or compromised	Compromised
	etion of initial esion(s)?	Peripheral	Posterior pole or near periphery
	Large areas of whether what do these less they enlarge, cost the posterior pole. What is the unfor	eripheral retinal lesions nitened, necrotic retina sions do over time? alesce circumferentially, tunate sequelae of this has breaks, leading to rhe	then head toward necrotic process?





ARN/PORN: RRD



	ARN	PORN		
Immuno-status?	Competent or compromised	Compromised		
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery		
Large areas of w What do these leader they enlarge, countries the posterior pole. What is the unform the necrotic retires.	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?			



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Large areas of whete do these less they enlarge, cost the posterior pole. What is the unfor	beripheral retinal lesions hitened, necrotic retina sions do over time? alesce circumferentially, et alesce sequelae of this habreaks, leading to rhe	then head toward ——— necrotic process?



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Large areas of what do these le They enlarge, cos posterior pole What is the unfor	peripheral retinal lesions hitened, necrotic retina sions do over time? alesce circumferentially, tunate sequelae of this ina breaks, leading to	, then head toward the — necrotic process?

RD after ARN and PORN is notoriously difficult to successfully repair, and carries a dismal failure rate. Why?





	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	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		

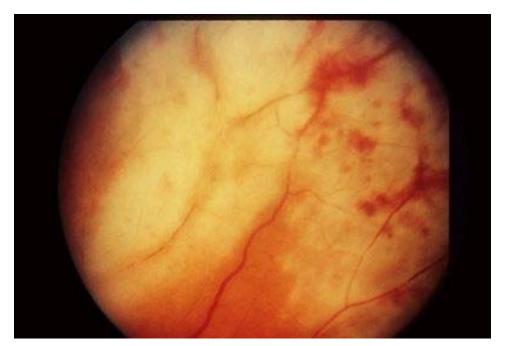
RD after ARN and PORN is notoriously difficult to successfully repair, and carries a dismal failure rate. Why? The retinal breaks are usually multiple in number and posterior in location, both of which markedly increase the risk of surgical failure



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



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Accompanying retinal vasculitis?	Yes	No





Vasculitis in ARN

Lack of vasculitis in PORN



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



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



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Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
What is the 'triad'	of ARN?	



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



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Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to		



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



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

How is the acyclovir administered?





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Immuno-status?	Competent or compromised	Compromised
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Accompanying retinal vasculitis?	Yes	No
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Responds well to	ACA	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.





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Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	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 , and supplemented with intravitreal be initiated with PO diff med or as indicated. med #3



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Immuno-status?	Competent or compromised	Compromised
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Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	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.



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

How is the acyclovir admini This is evolving. For a long Why can't intravitreal treatment be used as primary/sole therapy?



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Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	Nothing

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be initiated with PO valacyclovir, and **supplemented** with intravitreal foscarnet or ganciclovir as indicated.



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

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



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

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).



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



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



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial Posterior note or lesion What is the classic initial presentation of ARN? Accomparetinal value. Vitrit		
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial Posterior note or lesion What is the classic initial presentation of ARN? A healthy adult c/o eye pain and decreased vision Vitrit		
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion What is the classic initial presentation of ARN? A healthy adult c/o eye pain and decreased vision Accompretinal var At this point, ARN is often (mis)diagnosed as what? Vitrit		
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none



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Immuno-status?	Competent or compromised	Compromised
Location of initial Posterior note or lesion What is the classic initial presentation of ARN? A healthy adult c/o eye pain and decreased vision Accompretinal value of 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		
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none



		ARN	PORN
Immuno-stat	us?	Competent or compromised	Compromised
Location of in	nitial		Posterior pole or
lesion Wh	at is the	classic initial presentati dult c/o eye pain and de	on of ARN?
Gui ai vai	A. (1) (ADA)		
Vitrit. At	Vitrit At what point do the posterior manifestations of ARN appear?		
Responds wel	onds well to ACA Nothing		
AC reaction	n?	Significant	Little to none



		ARN	PORN
Immuno-st	atus?	Competent or compromised	Compromised
Location of	initial		Posterior pole or
lesion V			
Guilai va	1 A (() ' · · · ' (A DA) ' · · · · · · · · · · · · · · · · · ·		
	Vitrit At what point do the posterior manifestations of ARN appear? About one week later		
Responds w	well to ACA Nothing		Nothing
AC reacti	ion?	Significant	Little to none



		ARN	PORN
Immuno-	status?	Competent or	Compromised
Location	initial		Posterior nole
le on		<i>classic initial presentati</i> dult c/o eye pain and de	
re nal vas	At this point, ARN is often (mis)diagnosed as what? Something in the iritis/episcleritis/vitritis spectrum		
Vitrit	At what point	•	festations of ARN appear?
Responds	W6.	ACA	Nothi

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



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised

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

Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none





	ARN	PORN
Immuno-status?	Competent or compromised	Compromised

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

Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	Nothing
AC reaction?	Significant	Little to none





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

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



ARN	PORN

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

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





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

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



ARN	PORN

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

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



ARN	PORN

What is the classic description of the fundus appearance in PORN?

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

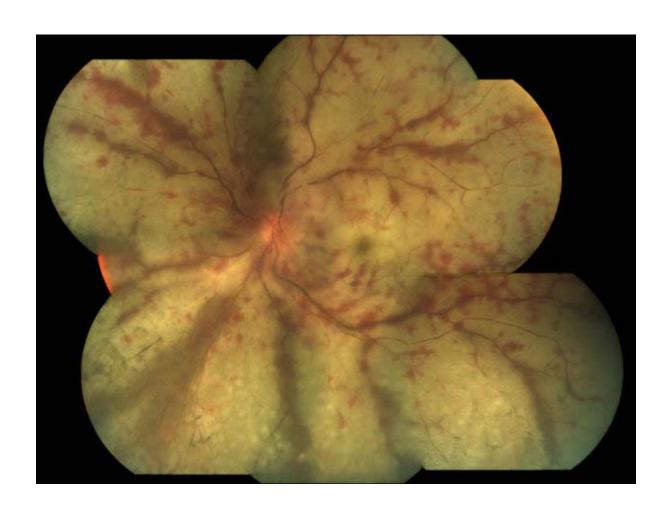


ARN	PORN

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

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





PORN: Cracked-mud appearance



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

AC reac What bug is felt to be the underlying causative agent in each?

ARN:

PORN:





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

AC reac What bug is felt to be the underlying causative agent in each?

ARN: VZV or HSV

PORN: VZV



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

AC react

ARN: VZV or HSV

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



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

AC react

ARN: VZV or HSV

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



	ARN	PORN
Immuno-status?	Competent or compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery
Accompanying retinal vasculitis?	Yes	No
Vitritis?	Significant	Little to none
Responds well to	ACA	Nothing
AC react What bug ARN: VZ	zv or HSV ar	ecause of this, these diseast re sometimes subsumed ander the umbrella term

three words



	ARN	PORN		
Immuno-status?	Competent or compromised			
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery		
Accompanying retinal vasculitis?	Yes No			
Vitritis?	Significant	Little to none		
Responds well to	ACA	Nothing		
AC react What bug is felt to be the unde are sometimes subsumed under the umbrella term necrotizing herpetic retinopathic				



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

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

AC react What bug is felt to l ARN: VZV or HS

PORN: VZV



	ARN	PORN	
Immuno-status?	Competent or compromised	Compromised	
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing ots will present with stigm	

AC react 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:



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

AC react 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



	ARN	PORN	
Immuno-statu Is ther	e a gender predilection i	in ARN?	promised
Location of in lesion(s)?			ior pole or periphery
Accompanyi retinal vasculi			No
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	



	ARN		ORN
Immuno-statu Is the	ere a gender predilection	in ARN?	promised
Location of in lesion(s)?			ior pole or periphery
Accompanyi retinal vasculi			No
Vitritis?	Significant	Little	e to none
Responds well to	ACA	N	othing
AC reaction?	Significant	Little	e to none



		ARN	PORN	
Immuno-stati	there a gender predilection in ARN?			promised
Location of in lesion(s)?	At what age can it present?			ior pole or periphery
Accompanyi retinal vasculi				No
Vitritis?		Significant	Little	e to none
Responds well to		ACA	N	othing
AC reaction?		Significant	Little	e to none



		ARN	PORN	
Immuno-statı	Is there	e a gender predilection i	promised	
Location of in lesion(s)?		at age can it present? ge (albeit very rarely in o	ior pole or periphery	
Accompanyi retinal vasculi			No	
Vitritis?		Significant	Little	e to none
Responds well	to	ACA Nothing		
AC reaction	?	Significant Little to nor		



	ARN	PORN	
Immuno-stati Is th	ere a gender predilection	in ARN? promised	
	hat age can it present? age (albeit very rarely in	ior pole or periphery	
Accompanyi Whater retinal vasculi	at is the modal age of pres	entation?	
Vitritis?	Significant	Little to none	
Responds well to	ACA Nothing		
AC reaction?	Significant	Little to none	



		ARN	PORN		
	ls there a gender predilection in ARN? No			promised	
		at age can it present? ge (albeit very rarely in c	ior pole or periphery		
7 locollipally ii					
Vitritis?		Significant	e to none		
Responds well t	0	ACA Nothing			
AC reaction?		Significant Little to no		to none	



	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	
Location of initial	Peripheral	Posterior pole or	
Ac retir with ARN	compare/con and PORN	trast CMV re	tinitis
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	



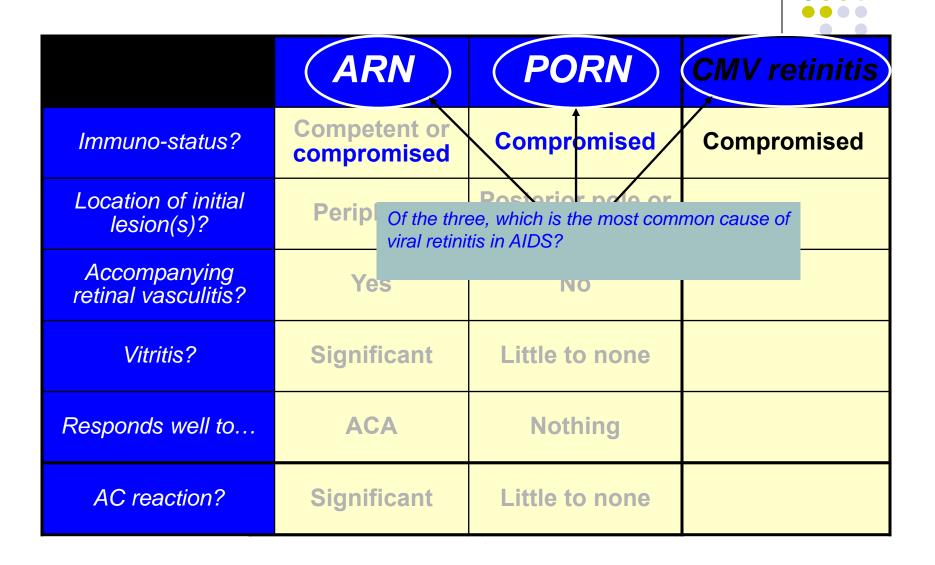
	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	?
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	

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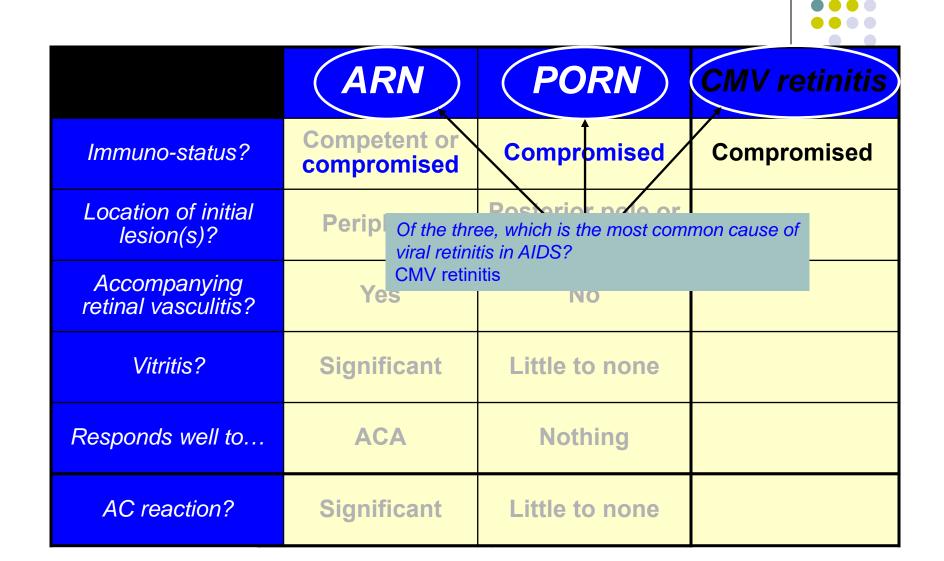


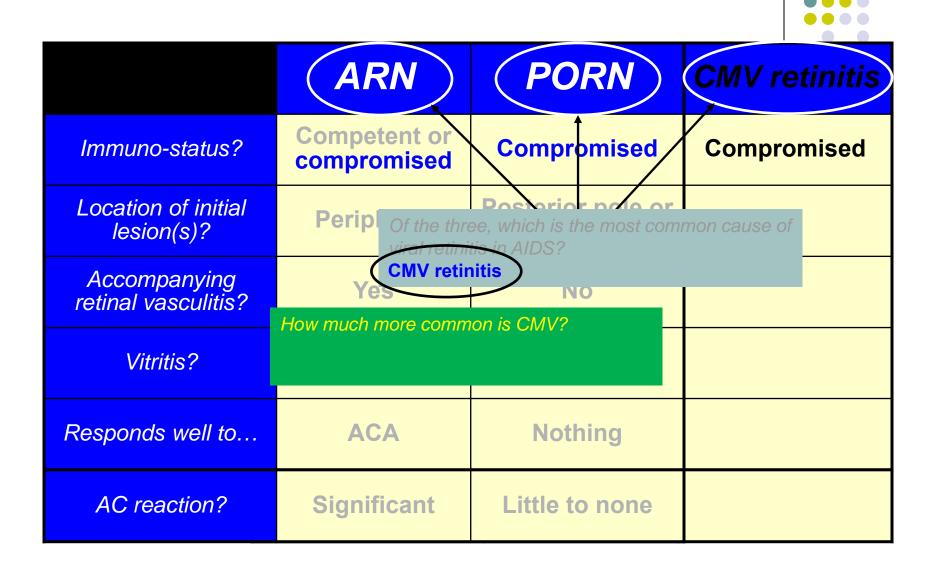
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Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	Significant	Little to none	
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AC reaction?	Significant	Little to none	

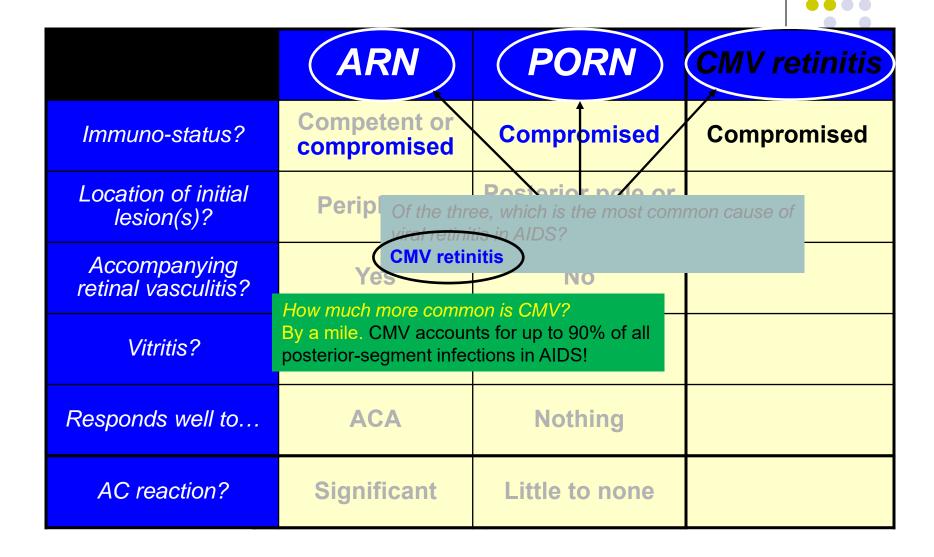
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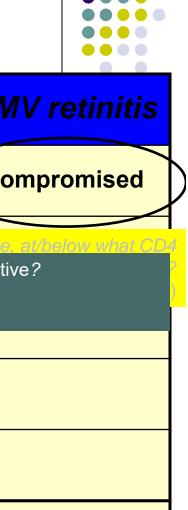




	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Peripheral		sed, ie, at/below what CD4 of CMV retinitis increase?
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	



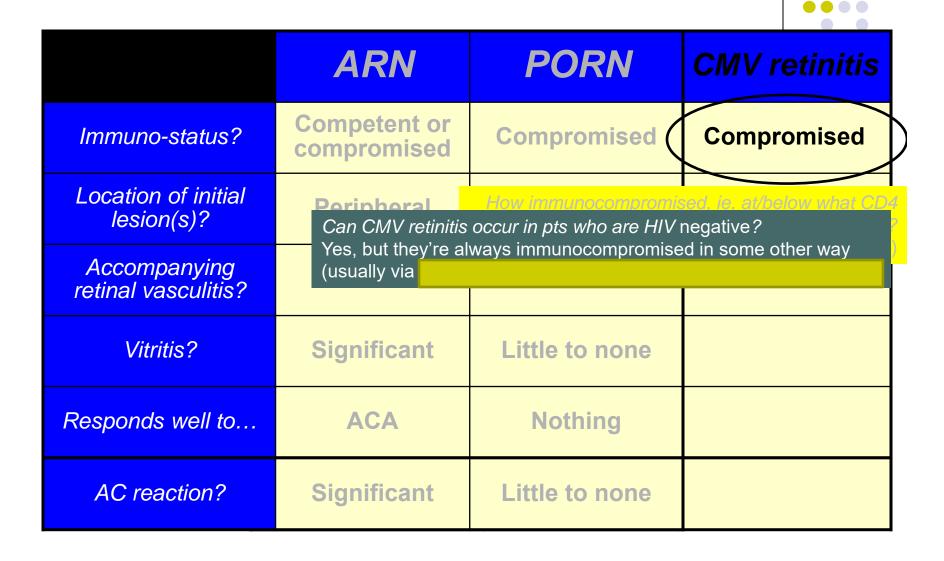
	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Peripheral	•	sed, ie, at/below what CD4 of CMV retinitis increase? 50 (same as for PORN)
Accompanying retinal vasculitis?	Yes	No	30 (same as for FORM)
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	



	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Porinheral Can CMV retinitis	How immunocompromis occur in pts who are HIV	sed. ie. at/below what CD4 negative?
Accompanying retinal vasculitis?			, and the second se
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	

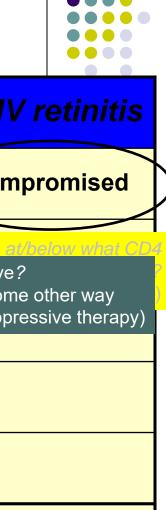








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	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?		occur in pts who are HIV	
Accompanying retinal vasculitis?		ways immunocompromise mic steroids or other immu	
Vitritis?	Significant	Little to none	
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	



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

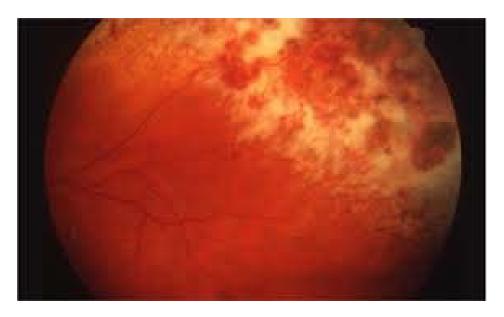
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	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral (usually)
Accompanying retinal vasculitis?	Yes	No	
Vitritis?	Significant	Little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



CMV retinitis, posterior presentation: Crumbled cheese and ketchup



CMV retinitis, peripheral presentation: Brushfire



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





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





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





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



	ARN	PORN	CMV retiniti	
Immuno In practice, a	Competent or slightly different drug is	usually used. What is it?		romised
Location lesic				oheral ually)
Accom retinal v				vays
Vitr				to none
Responds well to	ACA	Nothing	Gan	ciclovir
AC reaction?	Significant	Little to none		



	ARN	PORN	CMV	retinitis
Immuno In practice, a Valganciclovir		usually used. What is it?		romised
Location lesic				oheral ually)
Accom retinal v				vays
Vitr				to none
Responds well to	ACA	Nothing	(Val)Ga	anciclovir
AC reaction?	Significant	Little to none		



	ARN	PORN	CMV	retinitis
Immuno In practice, a Valganciclovir		usually used. What is it?		romised
Location	Location What advantage does valgeneiglevir have that makes it preferred?			oheral ually)
Accom retinal v				vays
Vitr				to none
Responds well to	ACA	Nothing	(Val)Ga	anciclovir
AC reaction?	Significant	Little to none		



	ARN	PORN	CMV	retinitis
Valganciclovin		usually used. What is it? have that makes it preferr	ed?	romised pheral ually) vays to none
Responds well to	ACA	Nothing	(Val)Ga	anciclovir
AC reaction?	Significant	Little to none		



	ARN	PORN	CMV	retinitis
Immuno In practice, a Valganciclovir		usually used. What is it?		romised
Location What advanta	age does valganciclovir	have that makes it preferr	ed?	oheral ually)
Accom Isn't ganciclovir also available in a PO form?				vays
Vitı				to none
Responds well to	ACA	Nothing	(Val)Ga	anciclovir
AC reaction?	Significant	Little to none		





		ARN	PORN	CMV	retinitis
Immund	<i>In practice, a</i> Valganciclovii		usually used. What is it?		romised
Location lesic	What advanta	age does valganciclovir	have that makes it preferr	ed?	pheral ually)
Accom retinal v	Accom Isn't ganciclovir also available in a PO form? Yes, but the bioavailability is very poor				vays
Vitr					to none
Responds	s well to	ACA	Nothing	(Val)Ga	anciclovir
AC rea	action?	Significant	Little to none		

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		ARN	PORN	CMV	retinitis
Immund	<i>In practice, a</i> Valganciclovii		usually used. What is it?		romised
Location lesic	What advanta		have that makes it preferre	ed?	oheral ually)
Accom retinal v	isir i garicicio	vir also available in a PO form? vays vioavailability is very poor			vays
Vitr	Can valganci	ciclovir be used for both induction and maintenance therapy? to none			to none
Responds	s well to	ACA	Nothing	(Val)Ga	anciclovir
AC rea	action?	Significant	Little to none		

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		ARN	PORN	CMV	retinitis
Immuno	<i>In practice, a</i> Valganciclovii		usually used. What is it?		romised
Location lesic	What advanta		have that makes it preferr	ed?	oheral ually)
Accom retinal v	ish i gandidio	lovir also available in a PO form? bioavailability is very poor			vays
Vitr	Can valganciclovir be used for both induction and maintenance therapy? to none Yes			to none	
Respond	s well to	ACA	Nothing	(Val)Ga	anciclovir
AC rea	action?	Significant	Little to none		

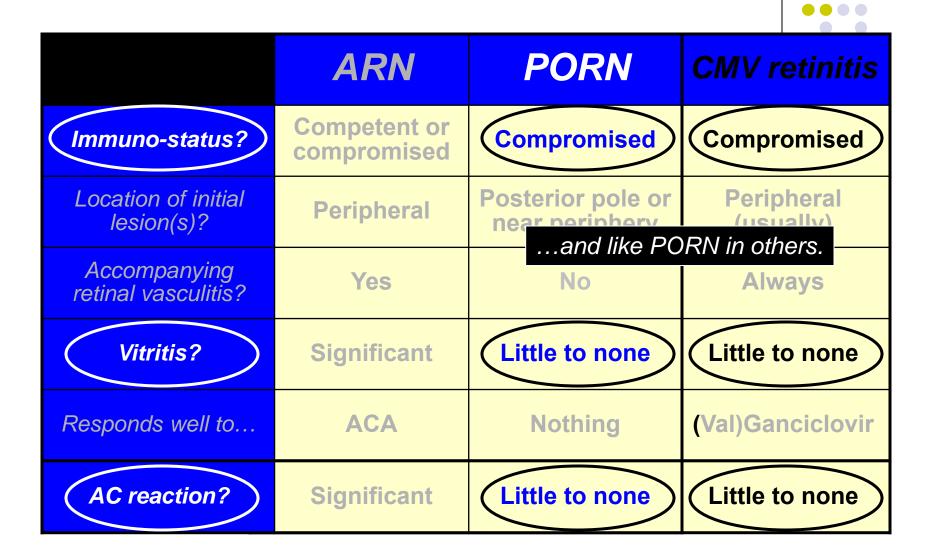


	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral (usually)
Accompanying retinal vasculitis?	Yes	No	Always
Vitritis?	Significant	Little to none	Little to none
Responds well to	ACA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



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

	ARN	PORN	CMV retinitis
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?		Posterior pole or So CMV retinitis is like	
Accompanying retinal vasculitis?	Yes	ARN in some ways	Always
Vitritis?	Significant	Little to none	Little to none
Responds well to	ACA	Nothing	(Val)Ganciclovir
AC reaction?	Significant	Little to none	Little to none





	ARN	PORN	CMV retinitis
CMV retinitis more likely to laterally (like PORN)?	present unilaterally (like	ARN) or nised	Compromised
		pole or phery	Peripheral (usually)
Accompanying retinal vasculitis?	Yes	No	Always
Vitritis?	Significant	Little to none	Little to none
Responds well to	ACA	Nothing	(Val)Ganciclovir
AC reaction?	Significant	Little to none	Little to none



	ARN PORN		CMV retinitis	
bi	CMV retinitis more likely to laterally (like PORN)? ost present unilaterally	present unilaterally (like	ARN) or nised	Compromised
	p		pole or phery	Peripheral (usually)
	Accompanying retinal vasculitis?	Yes	No	Always
	Vitritis?	Significant	Little to none	Little to none
	Responds well to	ACA	Nothing	(Val)Ganciclovir
	AC reaction?	Significant	Little to none	Little to none



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

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	ARN PORN		CMV retinitis	
bi	Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)? Most present unilaterally			Compromised
If	untreated, what is the risk of	Peripheral (usually)		
	Accompanying retinal vasculitis?	Yes	No	Always
	Vitritis?	Significant	Little to none	Little to none
	Responds well to ACA Nothing		(Val)Ganciclovir	
	AC reaction?	Significant	Little to none	Little to none



	ARN	PORN	CMV retinitis
Is CMV retinitis more likely to present unilaterally (like ARN) or bilaterally (like PORN)? Most present unilaterally			Compromised
If untreated, what is the risk of 50%		Diferv	Peripheral (usually)
For more or retinal vasculitis?	n CMV retinitis	s, see slide-set	FELT23 Aiways
Vitritis?	Significant	Little to none	Little to none
Responds well to	ACA	Nothing	(Val)Ganciclovir
AC reaction?	Significant	Little to none	Little to none



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





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



How does one go about 'consi	How does one go about 'considering' the dx of syphilitic retinitis?			
Immuno-status	Competent or compromised	Compromised	Compromised	
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral	
Accompanying retinal vasculitis		No	Yes	
Vitritis?	Significant	Little to none	Significant	
Responds well to	ACA	Nothing		
AC reaction?	Significant	Little to none	Significant	





The first step would beperforming	low does one go about 'considering' the dx of syphilitic retinitis? he first step would beperforming serum testing for syphilis employing both and assays		
Immuno-status?	Competent or compromised	Compromised	Compromised
Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral
Accompanying retinal vasculitis?	Yes	No	Yes
Vitritis?	Significant	Little to none	Significant
Responds well to	ACA	Nothing	
AC reaction?	Significant	Little to none	Significant





The firs	es one go about 'considerin t step would be…performing mal and nontreponemal as	Syphilitic Retinitis		
	Immuno-status?	Competent or compromised	Compromised	Compromised
	Location of initial lesion(s)?	Peripheral	Posterior pole or near periphery	Peripheral
	Accompanying retinal vasculitis?	Yes	No	Yes
	Vitritis?	Significant	Little to none	Significant
	Responds well to	ACA	Nothing	
	AC reaction?	Significant	Little to none	Significant

ARN vs PORN



Syphilitic Retinitis	How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays			
Compromised	nal?	Competent or onemal vs nontreponem	es it mean to say a test is trep	What does
Peripheral	e or ery			
Yes	No	Yes	Accompanying retinal vasculitis?	
Significant	Little to none	Significant	Vitritis?	
	Nothing	ACA	Responds well to	
Significant	Little to none	Significant	AC reaction?	





How does one go about The first step would be. treponemal and nont	Syphilitic Retinitis					
•	What does it mean to say a test is treponemal vs nontreponemal? Nontreponemal tests measure antibodies against a phospholipid					
released during syphilis inf directed against the <i>T palli</i>	ection. Trep	onemal tests measure a		Peripheral		
Accompa retinal vas		Yes	No	Yes		
Vitriti	s?	Significant	Little to none	Significant		
Responds	well to	ACA	Nothing			
AC read	tion?	Significant	Little to none	Significant		





The firs	How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming 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 d	uring syphilis infection. Trep gainst the <i>T pallidum</i> organis	onemal tests measure a	the state of the s	Peripheral		
	Accompanying retinal vasculitis?	Yes	No	Yes		
	Vitritis?	Significant	Little to none	Significant		
	Responds well to	ACA	Nothing			
	AC reaction?	Significant	Little to none	Significant		

ARN vs PORN



How doe The first trepone	Syphilitic Retinitis			
Which com	nmonly-performed tests are i	iii willoli calegoly:	nal?	Compromised
Treponen		<mark>re a</mark>	e or ery	Peripheral
	Accompanying retinal vasculitis?	Yes	No	Yes
	Vitritis?	Significant	Little to none	Significant
	Responds well to	ACA	Nothing	
	AC reaction?	Significant	Little to none	Significant





How do	Syphilitic Retinitis			
	mmonly-performed tests are in ponemal: RPR; VDRL	n willon category:	nal? ed	Compromised
Treponer		<mark>re a</mark>	e or ery	Peripheral
	Accompanying retinal vasculitis?	Yes	No	Yes
	Vitritis?	Significant	Little to none	Significant
	Responds well to	ACA	Nothing	
	AC reaction?	Significant	Little to none	Significant





How do	Syphilitic Retinitis			
	nmonly-performed tests are in the second sec		a phospholipid	Compromised
Treponer	mal: FTA-ABS; MHA-TP	re a	ntibodies e or ery	Peripheral
	Accompanying retinal vasculitis?	Yes	No	Yes
	Vitritis?	Significant	Little to none	Significant
	Responds well to	ACA	Nothing	
	AC reaction?	Significant	Little to none	Significant

ARN vs PORN



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays					Syphilitic Retinitis
Which commonly-performed tests areNontreponemal: RPR; VDRL	iii wiiidii dategory:	emal?		ed	Compromised
Nontreponemal: RPK, VDICETreponemal: FTA-ABS; MHA-TP unected against the 1 panioum organis	r <mark>r</mark>	e antibodie	es	e or ery	Peripheral
What does each acronym stand for?RPR:VDRL:			No		Yes
FTA-ABS: MHA-TP:			tle to nor	ne	Significant
Responds well to	ACA		Nothing		
AC reaction?	Significant	Lit	tle to nor	ne	Significant





How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays					Syphilitic Retinitis
Which commonly-performed tests areNontreponemal: RPR; VDRL	iii wiiidii dategory:	emal?	pholipid —	d	Compromised
Treponemal: FTA-ABS; MHA-TP	re re	e antibodie		or y	Peripheral
RPR : Rapid plasma reagin VDRL :					
FTA-ABS: MHA-TP:			tle to none	9	Significant
Responds well to	ACA		Nothing		
AC reaction?	Significant	Lit	tle to none	9	Significant





How does one go about 'considering The first step would beperforming treponemal and nontreponemal	Syphilitic Retinitis			
Which commonly-performed tests are aNontreponemal: RPR; VDRL	iii wiiidii datagary:	r nemal? in , a phos	pholipid ed	Compromised
Treponemal: FTA-ABS ; MHA-TP		re antibodi		Perinneral
What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research la			No	Yes
FTA-ABS: MHA-TP:			tle to none	Significant
Responds well to	ACA		Nothing	
AC reaction?	Significant	Lit	tle to none	Significant





How does one go about 'considering The first step would beperforming treponemal and nontreponemal	Syphilitic Retinitis				
Which commonly-performed tests are inNontreponemal: RPR; VDRL	Which commonly-performed tests are in which category?				
Treponemal: FTA-ABS; MHA-TP	r r	e antibodie		Peripheral	
RPR : Rapid plasma reagin VDRL : Veneral disease research la	What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research laboratory				
FTA-ABS: Fluorescent treponemalMHA-TP:	antibody absorption		tle to none	Significant	
Responds well to	ACA		Nothing		
AC reaction?	Significant	Lit	tle to none	Significant	





How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays					Syphilitic Retinitis
Which commonly-performed tests are in which category?					Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP	re a	intibodie	es	e or ery	Peripheral
RPR: Rapid plasma reaginVDRL: Veneral disease research la	What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research laboratory				
<i>FTA-ABS:</i> Fluorescent treponemal <i>MHA-TP:</i> Microhemagglutination as		idum	tle to no	ne	Significant
Responds well to	ACA		Nothing		
AC reaction?	Significant	Lit	tle to no	ne	Significant

ARN vs PORN



How does one go about 'considering' the dx of syphilitic The first step would beperforming serum testing for sy treponemal and nontreponemal assays	Syphilitic Retinitis		
willow commonly-performed tests are in willow category:	r nemal? in , a phosp	pholipid ed	Compromised
Nontropondinal. IXI IX, VOIXE	re antibodie	· ·	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research laboratory		No	Yes
FTA-ABS: Fluorescent treponemal antibody absorptionMHA-TP: Microhemagglutination assay for <i>Treponema</i>	pallidum?		Significant
If an ARN-like pt's serology tests positive, what maneuve	r/test shoul	d be performed?	
			Significant

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ARN vs PORN



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employers treponemal and nontreponemal assays	Syphilitic Retinitis	
Which commonly-performed tests are in which category?	ed	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP unected against the repailibutin organism user.	· ·	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research laboratory	No	Yes
FTA-ABS: Fluorescent treponemal antibody absorptionMHA-TP: Microhemagglutination assay for Treponema pallidum?		Significant
If an ARN-like pt's serology tests positive, what maneuver/test should Lumbar puncture with CSF evaluation for syphilis, along with cell cou	-	
		Significant

ARN vs PORN



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays	Syphilitic Retinitis
Which commonly-performed tests are in which category? -Nontreponemal: RPR2: VDRI 2	Compromised
Nontreponemal: RPR?; VDRL?Treponemal: FTA-ABS?; MHA-TP?Treponemal: FTA-ABS?; MHA-TP?	Peripheral
What does each acronym stand for?RPR: Rapid plasma regain?VDRL: Veneral disease research laboratory?	Yes
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? 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

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ARN vs PORN



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays	Syphilitic Retinitis
Which commonly-performed tests are in which category? Nontreponemal: RPR: VDRI	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP Unrected against the r painturin organism usen. In , a phospholipid re antibodies e or ery	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVDRL: Veneral disease research laboratory	Yes
FTA-ABS: Fluorescent treponemal antibody absorptionMHA-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? 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? VDRL is probably the preferred test	Significant



How does one go about 'considering' the dx of syphilic The first step would beperforming serum testing for treponemal and nontreponemal assays	
Which commonly-performed tests are in which category?	compromised Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP unected against the r paintuin organism tisen.	e or ery Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD What is the treatment for syphilis?	No Yes
FTA	Significant
If an . Lumb	?
Whice VDRI	Significant





How does one go about 'considering' the dx of syphilitic re The first step would beperforming serum testing for syp treponemal and nontreponemal assays	
Which commonly performed tests are in which category:	nal? Compromised a phospholipid
North openional. It it, volte	e or ery Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD What is the treatment for syphilis?	No Yes
IV penicillin G	Significant
If an . Lumb	IV Pen G
Which VDRI	Significant



How does one go about 'considering' the dx of syptometric treponemal and nontreponemal assays		yphilitic Retinitis
Which commonly-performed tests are in which category	ea Cor	mpromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP uneoted against the r paindum organism usen.	re antibodies or	eripheral
What does each acronym stand for?RPR: Rapid plasma reagin	No	Yes
What is the treatment for syphilis? IV penicillin G How is syphilitic retinitis treated?	Si	gnificant
Lumb	IV	Pen G
Whice VDRI	Si	gnificant





How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays		Syphilitic Retinitis
Which commonly-performed tests are in which category? -Nontrepopemal: RPR: VDRI	namemined abolipid	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP unected against the r-paintum organism usen.		Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD	No	Yes
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		Significant
		IV Pen G
Whice VDRI		Significant



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays	Syphilitic Retinitis
Which commonly-performed tests are in which category? Nontreponemal: RPR: VDRI	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TPIn a phospholipid re antibodies e or ery	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD	Yes
What is the treatment for syphilis? IV penicillin G How is syphilitic retinitis treated?	Significant
Because it is considered to be evidence of neurosyphilis, it is treated as such What is the standard treatment for neurosyphilis?	IV Pen G
Whice VDRI	Significant





How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays	Syphilitic Retinitis
Which commonly-performed tests are in which category? -Nontrepopemal: RPR: VDRI	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TPUllected against the T paintum organism user. e antibodies e (e)	Peripperal
What does each acronym stand for?RPR: Rapid plasma reaginVD	Yes
What is the treatment for syphilis? IV penicillin G How is syphilitic retipitis treated?	Significant
How is syphilitic retinitis treated? Because it is considered to be evidence of neurosyphilis, it is treated as such What is the standard treatment for neurosyphilis?	IV Pen G
Whic VDRI 10-14 days of IV Pen G	Significant



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How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis employing both treponemal and nontreponemal assays	Syphilitic Retinitis
Which commonly-performed tests are in which category? -Nontreponemal: RPR; VDRL	Compromised
Nontreponental. KPK, VDKL Treponemal: FTA-ABS; MHA-TP unected against the r paintum organism user. e or ery	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD	Yes
What is the treatment for syphilis? IV penicillin G	Significant
How is syphilitic retinitis treated? Because it is considered to be evidence of neurosyphilis, it is treated as such	IV Pen G
What is the standard treatment for neurosyphilis? 10-14 days of IV Pen G VDRI	Significant
What if the pt is allergic to penicillinwhat is the alternative tx?	

day course of Pen G.

ARN vs PORN



How does one go about 'considering' the dx of syphilitic re The first step would beperforming serum testing for syphilitic reponemal and nontreponemal assays	
Which commonly-performed tests are in which eategory:	mal? Compromised Compromised
rtoria oponomai. Iti Iti Ibite	e or ery Peripheral
What does each acronym stand for?RPR: Rapid plasma reagin	No Yes
What is the treatment for syphilis? IV penicillin G	Significant
How is syphilitic retinitis treated? Because it is considered to be evidence of neurosyphumb What is the standard treatment for neurosyphilis?	ilis, it is treated as such
Whic VDRI 10-14 days of IV Pen G What if the pt is allergic to penicillinwhat is the alterior for field of the company of t	Significant
There is none. The pt must undergo penicillin desen	

ARN vs PORN



How does one go about 'considering' the dx of syphilitic retining. The first step would beperforming serum testing for syphilist treponemal and nontreponemal assays		Syphilitic Retinitis
Which commonly-performed tests are in which category?	phospholipid	Compromised
riond oponomial. It it, volte	tibodies e or	Peripheral
What does each acronym stand for?RPR: Rapid plasma reagin	No	Yes
What is the treatment for syphilis? MH How is syphilitic retinitis treated?		Significant
How responsive to IV Pen G is syphilitic retinitis? Wh	ch	IV Pen G
Whic VDRI 10-14 days of IV Pen G What if the pt is allergic to penicillinwhat is the alternate There is none. The pt must undergo penicillin desensitize		Significant

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ARN vs PORN



How does one go about 'considering' the dx of syphilitic retinitis? The first step would beperforming serum testing for syphilis empter treponemal and nontreponemal assays	oloying both	Syphilitic Retinitis
Which commonly-performed tests are in which category?	ed	Compromised
Nontreponemal: RPR; VDRLTreponemal: FTA-ABS; MHA-TP unected against the r-paintum organism usen.	· · ·	Peripheral
What does each acronym stand for?RPR: Rapid plasma reaginVD What is the treatment for syphilis?	No	Yes
IV penicillin G How is syphilitic retinitis treated?		Significant
How responsive to IV Pen G is syphilitic retinitis? Exquisitely so, and this helps confirm the diagnosis—ie, if the retinitis Who doesn't respond rapidly once tx is initiated, question the diagnosis		IV Pen G
Whic VDRI 10-14 days of IV Pen G What if the pt is allergic to penicillinwhat is the alternative tx There is none. The pt must undergo penicillin desensitization		Significant