

The Retina book divvies the hereditary retinal/choroidal dystrophies into two groups—what are they?



The Retina book divvies the hereditary retinal/choroidal dystrophies into two groups—what are they? Those that affect the entire retina vs those affecting the macula only



So when you think about the retinal/choroidal dystrophies, the first thing to recall is that they come in two basic flavors *macular* and *diffuse* 





















Sorsby: Active CNVM OD, already (disciform) scarred OS



























Best dz: Vitelliform lesion



























Stargardt: RPE-level pisciform lesions



What is the classic finding on fluorescein angiography?

– North Carolina macular dystrophy



North Carolina

macular dystrophy

*What is the classic finding on fluorescein angiography?* 'Dark choroid'










Other than its name, what makes Stargardt's the 'star of the macular dystrophies'? It is the most common

What is the classic finding on DFE? Pisciform (that means fish –shaped) lesions in the macula

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-Sorsby macular dystrophy

-Best dz

### - Stargardt

- Pattern dystrophies

Central areolar choroidal dystrophy

North Carolina
macular dystrophy

# Hereditary Retinal/Choroidal Dystrophies



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## Macular

-Sorsby macular dystrophy

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# Hereditary Retinal/Choroidal Dystrophies



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## Macular

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## Stargardt—hyper/hypofluorescence on FAF

















Do the macular 'patterns' appear early in life?



Generally no-they usually show up in middle adulthood



Generally no—they usually show up in middle adulthood





A, Fundus photo from a 56-year-old woman shows a typical yellow macular pigment pattern. B, FA shows blocked fluorescence of the pigment lesion itself and a rim of hyperfluorescence from surrounding RPE atrophy

#### --Butterfly dystrophy

- --Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
- --Fundus pulverulentus



FAF demonstrates a butterfly-shaped pattern in the macula OU. Hypofluorescent areas corresponded to pigment clumping seen on fundoscopy.

#### --Butterfly dystrophy

- --Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
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Typical vitelliform lesion of AOFVD



Best dz lesion for comparison

(Compare each lesion to the size of its corresponding ONH)

- --Butterfly dystrophy
- --- Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
- --Fundus pulverulentus

57

















Fundus photos show 2 examples of reticular-type pattern dystrophy, characterized by a "fishnet" pattern of yellowish-orange (A) or brown (B) pigment deposition in the posterior fundus

- --Butterfly dystrophy
- --Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
- --Fundus pulverulentus





Symmetrical and reticular pattern of accumulated pigment in the fovea that radiates from the center to the periphery like a "fishnet with knots."

- --Butterfly dystrophy
- --Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
- --Fundus pulverulentus





#### A pic of fundus pulverulentus, just because

- --Butterfly dystrophy
- --Adult-onset foveomacular vitelliform dystrophy
- --Reticular dystrophy
- --**F**undus pulverulentus











Central areolar choroidal dystrophy (two different pts)












At what age are the changes first discernable?

– North Carolina macular dystrophy



At what age are the changes first discernable?

Between 20 and 40 or so

## Central areolar choroidal dystrophy

75

North Carolina
macular dystrophy





*Is the visual prognosis good, like in the pattern dystrophies?* Unfortunately no—much like GA, pts experience severe vision loss, often as early as in their 40s



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macular dystrophy

Betweer it is inherited in AD fashion)

--The lack of drusen in the macula of CACD pts

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are on the next slide)

–North Carolina macular dystrophy







Clinical variations in North Carolina macular dystrophy.

A, Fundus of a 7-year-old patient with a cluster of peculiar yellowish-white atrophic lesions in the macula.

B, Example of a severe, almost colobomatous, macular defect.

North Carolina macular dystrophy



described (for what it's worth, the pics used in the *Retina* book are on the next slide)

Do NCMD pts tend to have good vision, or poor?

## - North Carolina macular dystrophy



are on the next slide)

Do NCMD pts tend to have good vision, or poor? Good, often surprisingly so given the appearance of their macula



macular dystrophy





rod-dominant, cone-dominant, and choroidal







What is the catch-all name for the rod-dominant dystrophies?

Central areolar choroidal dystrophy 98

– North Carolina macular dystrophy



*What is the catch-all name for the rod-dominant dystrophies?* The 'rod-cone dystrophies'

— Central areolar choroidal dystrophy 99

– North Carolina macular dystrophy



*What is the catch-all name for the rod-dominant dystrophies?* The 'rod-cone dystrophies'

And what is the catch-all name for the rod-cone dystrophies?

– Central areolar choroidal dystrophy 100

– North Carolina macular dystrophy



*What is the catch-all name for the rod-dominant dystrophies?* The 'rod-cone dystrophies'

And what is the catch-all name for the rod-cone dystrophies? Retinitis pigmentosa (RP) – Central areolar choroidal dystrophy 101

– North Carolina macular dystrophy



And what is the catch-all name for the rod-cone dystrophies? **Retinitis pigmentosa (RP)** 

North Carolina macular dystrophy



conditions highlighted in the Retina book?



What are the three cone-dominant conditions highlighted in the Retina book? macular dystrophy
















No question—proceed when ready





























Hol up—where's all those classic inherited color-blindness conditions...













OK, but what about the RP-lookalike conditions? They're all inherited and progressive. Why aren't they listed here?



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The Retina book lists three choroidal dystrophies—what are they?



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One word captures the dz process common to all—what is it?



The Retina book lists three choroidal dystrophies—what are they?

One word captures the dz process common to all—what is it? 'Atrophy'



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One word c These conditions share a common feature on one retinal-imaging modality. 'Atrophy' What is the modality, and what is the feature?



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The Retina book lists three choroidal dystrophies—what are they?

One word cThese conditions share a common feature on one retinal-imaging modality.'Atrophy'What is the modality, and what is the feature?The areas of atrophy are hypoautofluorescent on fundus autofluorescence (FAF)














Bietti crystalline dystrophy





(*a* and *b*) FP of a patient with Bietti's crystalline dystrophy. (*c* and *d*) Red-free photographs

Bietti crystalline dystrophy





(*a* and *b*) FP of a patient with Bietti's crystalline dystrophy. (*c* and *d*) Red-free photographs (*e* and *f*) FAF shows well-defined areas of hypoautofluorescence encroaching on the fovea

Bietti crystalline dystrophy











![](_page_155_Picture_0.jpeg)

![](_page_155_Picture_1.jpeg)

![](_page_155_Picture_2.jpeg)

Bietti crystalline dystrophy: Cornea

![](_page_156_Figure_0.jpeg)

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![](_page_166_Figure_0.jpeg)

How does it present on DFE?

![](_page_167_Figure_2.jpeg)

![](_page_167_Picture_4.jpeg)

![](_page_167_Picture_5.jpeg)

![](_page_168_Picture_0.jpeg)

How does it present on DFE?

Early dz is marked by the presence of large peripheral 'pavingstone' areas of RPE and choriocapillaris atrophy

![](_page_169_Figure_3.jpeg)

dystrophy

![](_page_169_Picture_5.jpeg)

Choroideremia

Central areolar choroidal dystrophy

r attern aystrophies

– North Carolina macular dystrophy

![](_page_170_Picture_0.jpeg)

![](_page_170_Figure_1.jpeg)

Gyrate atrophy: Pavingstones

## How does it present on DFE?

Early dz is marked by the presence of large peripheral 'pavingstone' areas of RPE and choriocapillaris atrophy. Over time these areas will coalesce, ultimately forming a scalloped perimeter around the posterior pole.

![](_page_171_Figure_3.jpeg)

![](_page_171_Figure_4.jpeg)

![](_page_172_Figure_0.jpeg)

![](_page_172_Picture_1.jpeg)

Gyrate atrophy: Scalloped areas

![](_page_173_Picture_0.jpeg)

![](_page_173_Figure_1.jpeg)

A 16-year-old myopic girl presented with a complaint of diminished vision, especially at night. FAF revealed hypoautofluorescent scalloped areas of choroidal atrophy in the retinal periphery.

Gyrate atrophy: FAF

How does it present on DFE?

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How does it present clinically?

Rod-dor

Rod-

Bietti
Gyrate
Choroideremia
Cho

![](_page_174_Figure_5.jpeg)

How does it present on DFE?

Early dz is marked by the presence of large peripheral 'pavingstone' areas of RPE and choriocapillaris atrophy. Over time these areas will coalesce, ultimately forming a scalloped perimeter around the posterior pole. 176

![](_page_175_Picture_3.jpeg)

How does it present on DFE?

Rod-dor

Rod-

Early dz is marked by the presence of large peripheral 'pavingstone' areas of RPE and choriocapillaris atrophy. Over time these areas will coalesce, ultimately forming a scalloped perimeter around the posterior pole.

*How does it present clinically?* Severe nyctalopia commencing in childhood

Choroideremia

Bietti Gyrate Gyrate Gyrate Gyrate Gyrate Gyrate Gyrate

r attern gystrophies

- Central areolar choroidal dystrophy

—North Carolina macular dystrophy

![](_page_176_Figure_8.jpeg)

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![](_page_177_Figure_3.jpeg)

![](_page_177_Picture_4.jpeg)

![](_page_177_Figure_5.jpeg)

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## How does it present clinically?

Rod-dor

Rod-

Severe nyctalopia commencing in childhood, and progressive VF loss

dystrophy

Enhanced
Choroideremia

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## How does it present clinically?

Rod-

Severe nyctalopia commencing in childhood, and progressive VF loss

dystrophy

180

Rod-dor What is the underlying pathophysiology?

Central areolar

choroidal dystrophy

– North Carolina macular dystrophy

![](_page_179_Picture_10.jpeg)
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Severe nyctalopia commencing in childhood, and progressive VF loss

Rod-dor What is the underlying pathophysiology? A defect in the gene coding for the enzyme word word-ase Rodleads to excess serum levels of enzyme substrate r attern aystrophies LCA **Bietti** Central areolar Enhanced choroidal dystrophy Gyrate S-cone dz North Carolina Choroideremia macular dystrophy



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## *How does it present clinically?*

Rod-

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Enhanced S-cone dz

LCA

Central areolar choroidal dystrophy

North Carolina macular dystrophy



What is the full name of this condition? Gyrate atrophy How does it present on DFE? Early dz is marked by the presence of large peripheral 'pavingstone' areas of RPE and choriocapillaris atrophy. Over time these areas will coalesce, ultimately forming a scalloped perimeter around the posterior pole. How does it present clinically? Severe nyctalopia commencing in childhood, and progressive VF loss dystrophy Rod-dor What is the underlying pathophysiology? A defect in the gene coding for the *ornithine aminotransferase* enzyme Rodleads to excess serum levels of ornithine and he over our lies What lab test supports the dx? **Bietti** Gyrate Choroidere

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Choroidere

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What lab test supports the dx? Finding elevated levels of ornithine in the serum. Additionally, testing for the OAT gene defect is available. 188

Is gyrate treatable?

Yes, via restriction of dietary amino acid (the metabolic precursor to ornithine)

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What lab test supports the dx? Finding elevated levels of ornithine in the serum. Additionally, testing for the OAT gene defect is available.

Is gyrate treatable?

Yes, via restriction of dietary arginine (the metabolic precursor to ornithine)



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Yes, via restriction of dietary arginine (the metabolic precursor to ornithine). Vitamin B6 supplementation is helpful in some cases.











Choroideremia





FAF reveals the expected hypofluorescent lesions

Choroideremia

How does choroideremia present on DFE? With pronounced atrophic changes of the RPE and choriocapillaris leading to profound depigmentation of much of the posterior pole, characteristically with a scalloped border

How does it present clinically?







How does choroideremia present on DFE? With pronounced atrophic changes of the RPE and choriocapillaris leading to profound depigmentation of much of the posterior pole, characteristically with a scalloped border How does it present clinically? Severe commencing in life period symptom dystrophy Rod-dor Rod-conc (IN) Choroidal Pattern dystrophies LCA Bietti Central areolar Enhanced choroidal dystrophy Gyrate S-cone dz North Carolina Choroideremia macular dystrophy







## How does it present clinically?

Severe nyctalopia commencing in childhood, and progressive VF loss



How does choroideremia present on DFE? With pronounced <u>atrophic changes</u> of the RPE and choriocapillaris leading to profound depigmentation of much of the posterior pole, <u>characteristically</u> with a scalloped border

How does it present clinically?

Rod-do

Severe nyctalopia commencing in childhood, and progressive VF loss

Hol up: 'Atrophic changes with a scalloped border and nyctalopia + VF loss'? That's the description just given for gyrate. How are you supposed to tell these apart in the clinic?

ystrophy

 Choroidal
 LCA
 Pattern dystrophies

 Bietti
 Enhanced
 Central areolar

 Gyrate
 S-cone dz
 North Carolina

 Choroideremia
 macular dystrophy



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Rod-do

Rod-cone (IVI )

Severe nyctalopia commencing in childhood, and progressive VF loss

Hol up: 'Atrophic changes with a scalloped border and nyctalopia + VF loss'? That's the description just given for gyrate. How are you supposed to tell these apart in the clinic? The short answer is, you may not be able to. There is considerable phenotypical and clinical overlap among the choroidal dystrophies, to the extent that it is injudicious to treat any particular presentation as pathognomonic.







How does it present clinically?

Severe nyctalopia commencing in childhood, and progressive VF loss











How does choroideremia present on DFE? With pronounced atrophic changes of the RPE and choriocapillaris leading







*How does choroideremia present on DFE?* With pronounced atrophic changes of the RPE and choriocapillaris leading to profound depigmentation of much of the posterior pole, characteristically with a scalloped border

How does it present clinically?

Severe nyctalopia commencing in childhood, and progressive VF loss

What is the underlying pathophysiology? A defect in the gene coding for the geranylgeranyl transferase enzyme

dystrophy

## Rod For more on gyrate and choroideremia, see slide-set R42
























Rod-

## Inner retinal dystrophy



phy

## Inner retinal dystrophy





phy

Rod-

Inner retinal dystrophy



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Rod-

Inner retinal dystrophy

What is implied—correctly—by the word juvenile above?

phy

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Rod-

Inner retinal dystrophy

What is implied—correctly—by the word juvenile above? That the condition manifests early in life (in fact, it is

Rod-

phy

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Inner retinal dystrophy

What is implied—correctly—by the word juvenile above? That the condition manifests early in life (in fact, it is congenital)

Rod-

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#### Inner retinal dystrophy

How does it present on DFE?

Rod-

phy

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Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a pattern, +/- peripheral schisis

Rod-

phy

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Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

Rod-

phy

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#### Inner retinal dystrophy



A, Color fundus photograph shows the characteristic pattern of macular schisis, a more consistent finding than peripheral changes. Vertical (B) and horizontal (C) OCT scans demonstrate schisis spaces in the middle layers of the macula.



X-linked juvenile retinoschisis: Foveal cysts









X-linked juvenile retinoschisis: Foveal cysts

*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

What layer(s) of the retina are involved in the schisis?

phy

Rod-

#### Inner retinal dystrophy

*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

> What layer(s) of the retina are involved in the schisis? Mainly the abb., but the abb. can be involved as well

> > phy

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#### Inner retinal dystrophy

*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

*What layer(s) of the retina are involved in the schisis?* Mainly the NFL, but the OPL can be involved as well

phy

233

## Rod-

#### Inner retinal dystrophy

How does it present on DFE? With **macular schisis** in a radial pattern, +/- peripheral schisis

> *What layer(s) of the retina are involved in the schisis?* Mainly the **NFL**, but the **OPL** can be involved as well

> > What do these stand for in this context? NFL: **?** OPL: **?**

Rod-



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#### Inner retinal dystrophy

*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

> *What layer(s) of the retina are involved in the schisis?* Mainly the **NFL**, but the **OPL** can be involved as well

> > What do these stand for in this context? NFL: Nerve fiber layer OPL: Outer plexiform layer

Rod-

#### Inner retinal dystrophy

– X-linked retinoschisis

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*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

> *What layer(s) of the retina are involved in the schisis?* Mainly the NFL, but the OPL can be involved as well

What proportion of XLR pts manifest foveal schisis?

phy

236

# Rod-

#### Inner retinal dystrophy

*How does it present on DFE?* With **macular schisis** in a radial pattern, +/- peripheral schisis

*What layer(s) of the retina are involved in the schisis?* Mainly the NFL, but the OPL can be involved as well

*What proportion of XLR pts manifest foveal schisis?* All of them, essentially

Rod-

phy

237

#### Inner retinal dystrophy

Arrinked retinoschisis

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phv

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

> *What layer(s) of the retina are involved in the schisis?* Mainly the NFL, but the OPL can be involved as well

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What proportion of pts manifest peripheral schisis?

Inner retinal dystrophy

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phv

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

> *What layer(s) of the retina are involved in the schisis?* Mainly the NFL, but the OPL can be involved as well

*What proportion of XLR pts manifest foveal schisis?* All of them, essentially

*What proportion of pts manifest* peripheral *schisis?* About half

Rod-

Inner retinal dystrophy



X-linked juvenile retinoschisis: Peripheral retinoschisis



How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

What layer(s) of the I Mainly the NFL, but

What proportion of X All of them, essential

*What proportion of p* About half Previous slide notwithstanding, photographic documentation of peripheral schisis is not practical. (It's too far out there.) What's the preferred method for monitoring the status of peripheral schisis?

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Inner retinal dystrophy

How does it present on DFE? With **macular schisis** in a radial pattern, +/- **peripheral schisis** 

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٦V

Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Inner retinal dystrophy

X-linked retinoschisis

Previous slide notwithstanding, photographic documentation of peripheral schisis is not practical. (It's too far out there.) What's the Mainly the NFL, but preferred method for monitoring the status of peripheral schisis? VF testing What proportion of X Does schisis result in a relative, or absolute scotoma?

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nγ

How does it present on DFE? With **macular schisis** in a radial pattern, +/- **peripheral schisis** 

Inner retinal dystrophy

— X-linked retinoschisis

Cular schisis in a radial pattern, +/- peripheral schisisWhat layer(s) of the<br/>Mainly the NFL, but<br/>What proportion of X<br/>All of them, essentialWhat proportion of X<br/>All of them, essential

# 244

ny

How does it present on DFE? With **macular schisis** in a radial pattern, +/- **peripheral schisis** 

Rod-

<i>What layer(s) of the I</i> Mainly the NFL , but	Previous slide notwithstanding, photographic documentation of peripheral schisis is not practical. (It's too far out there.) What's the preferred method for monitoring the status of peripheral schisis?
What proportion of X	VF testing
All of them, essential	Does schisis result in a relative, or absolute scotoma?
What proportion of p	Absolute
About half	What HVF protocol is needed?

245

nγ

Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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	60-4 (I know, I've never seen one either)

246

ηV

Inner retinal dystrophy



HVF 60-4, normal (I think)



How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis



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Inner retinal dystrophy

— X-linked retinoschisis

Rod-

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis



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Inner retinal dystrophy

— X-linked retinoschisis

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By what other (very similar) name is X-linked retinoschisis (XLR) known? X-linked juvenile retinoschisis How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis Mainl In addition to OCT and HVF, there's a psychophysical test very useful in diagnosing XLR—what is it? ERG What Before we get into the weeds on this...What does ERG stand for? Electroretinogram (or electroretinography) Rod-In one sentence, what is it?

— X-linked retinoschisis

IY

252


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How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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In one sentence, what is it?

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An electrophysiologic test that measures how retinal cells respond to a light stimulus

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How is it performed?

Rod-

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256

ΠV

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Rod

and/or

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What are the three main types of ERG?

## X-linked retinoschisis

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What are the three main types of ERG?

Full-field (ffERG, aka German word ERG), multifocal (mfERG), and pattern (pERG)

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What are the three main types of ERG? Full-field (ffERG, aka Ganzfeld ERG), multifocal (mfERG), and pattern (pERG)

Which type is typically employed in diagnosing XLR?

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ΠV

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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What are the three main types of ERG? Full-field (ffERG, aka Ganzfeld ERG), multifocal (mfERG), and pattern (pERG)

Which type is typically employed in diagnosing XLR? Full-field

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod-



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# Inner retinal dystrophy





## Normal ffERG



The normal ffERG. Note:



## Normal ffERG



The normal ffERG. Note:

--The response commences with the stimulus flash





## The normal ffERG. Note:

--The response commences with the stimulus flash

--The first deflection—the *a*-wave—is sharply downward.



# Normal a-wave

## The normal ffERG. Note:

--The response commences with the stimulus flash

--The first deflection—the *a-wave*—is sharply downward.

The *a*-wave represents \_\_\_\_\_\_ function



# Normal a-wave

## The normal ffERG. Note:

- --The response commences with the stimulus flash
- --The first deflection—the *a*-wave—is sharply downward.
  - The *a*-wave represents photoreceptor function



### The normal ffERG. Note:

- --The response commences with the stimulus flash
- --The first deflection—the *a*-wave—is sharply downward.

The *a*-wave represents photoreceptor function

--The second deflection—the *b***-wave**—is upward. While not quite as steep as the *a*-wave, it is of substantially greater amplitude.



The *b*-wave represents function of the

two words



- --The response commences with the stimulus flash
- --The first deflection—the *a*-wave—is sharply downward.

The a-wave represents photoreceptor function

--The second deflection—the **b-wave**—is upward. While not quite

as steep as the *a*-wave, it is of substantially greater amplitude.

The *b*-wave represents function of the inner retina



How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod-



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Inner retinal dystrophy

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 What
 ERG

 All of
 What is the classic ERG finding in XLR?

 What
 Loss of the
 a- vs bwave

 What
 All of

Rod-

oma?

277

٦V

Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod-



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# Inner retinal dystrophy



In a normal full-field ERG, the *b*-wave is substantially larger than the *a*-wave



However, in XLJR the *b*-wave is substantially **smaller** than the *a*-wave, which is preserved in size

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod-

What laver(s) of thePrevious slide notwithstanding, photographic documentation ofMainiIn addition to OCT and HVF, there's a psychophysical test<br/>that's very useful in diagnosing XLR—what is it?but there.) What's the<br/>beripheral schisis?WhatERGAll ofWhat is the classic ERG finding in XLR?<br/>Loss of the b-wave with preservation of the a-wavebotoma?What is the term for an ERG in which the a-wave is<br/>preserved but the b-wave is diminished?botoma?

281

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# Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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What	laver(s) of the Previous slide notwithstanding, photographi	c documentation of	
Mainl	In addition to OCT and HVF, there's a psychophysical test that's very useful in diagnosing XLR—what is it?	put there.) What's the peripheral schisis?	
What	ERG		
All of	What is the classic ERG finding in XLR?	cotoma?	ny
About	Loss of the <i>b</i> -wave with preservation of the <i>a</i> -wave		
7 LOOU	What is the term for an ERG in which the a-wave is preserved but the b-wave is diminished?		
	Such an ERG is said to demonstrate a 'negative' or 'electronegative' waveform		

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# Inner retinal dystrophy



This constitutes a 'negative' or ('electronegative') ERG

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod-

 What laver(s) of the line

 Mainl
 In addition to OCT and HVF, there's a psychophysical test

 Is a negative ERG pathognomonic for XLJR?
 s it?

What Loss of the *b*-wave with preservation of the *a*-wave About

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#### cotoma?

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284

# Inner retinal dystrophy

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How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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 Is a negative ERG pathognomonic for XLJR?
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# Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

Rod



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Inner retinal dystrophy

How does it present on DFE? With macular schisis in a radial pattern, +/- peripheral schisis

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 What Javer(s) of the Mainl
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Inner retinal dystrophy

— X-linked retinoschisis

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289

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Inner retinal dystrophy



*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

How does it present clinically?

Inner retinal dystrophy

— X-linked retinoschisis



phy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

How does it present clinically? With weight decreased VA in

Rod-

life stage

phy

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Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

*How does it present clinically?* With modestly decreased VA in childhood

Rod-

phy

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# Inner retinal dystrophy



Rod-

Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

Rod-

*How does it present clinically?* With modestly decreased VA in childhood. Over time, VA will drop to 20/200 or so.

phy

296

Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

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What is the underlying pathophysiology?

Rod-

Inner retinal dystrophy

- X-linked retinoschisis

phy

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phv

What is the underlying pathophysiology? Defective function of the protein

Rod-

Inner retinal dystrophy

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What is the underlying pathophysiology? Defective function of the *retinoschisin* protein

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phy

299

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In a nutshell, what is retinoschisin?

Inner retinal dystrophy

— X-linked retinoschisis

phy



#### Inner retinal dystrophy

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phv

What is the underlying pathophysiology? Defective function of the *retinoschisin* protein

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## Inner retinal dystrophy

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303

phv

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In a nutshell, what is retinoschisin? An adhesion protein that plays an important role in Müeller cell viability. In short, retinoschisin is mission-critical to the structural integrity of the retina.

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What gene codes for retinoschisin?

Inner retinal dystrophy

— X-linked retinoschisis

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305

phv

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What gene codes for retinoschisin? RS1

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**RS1** Is testing for RS1 mutations commercially available?

Inner retinal dystrophy

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phy

What is the underlying pathophysiology? Defective function of the *retinoschisin* protein

Rod-

What ocular structure—unmentioned previously in this set—is affected by XLR?

#### Inner retinal dystrophy

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phy

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F The vitreous—it is syneretic , and contains and other opacities

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#### Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

How doos it proport alipically?

Recall that we mentioned previously that the *Peds* book classifies XL(J)R as a hereditary vitreoretinopathy, and that we would see why later.

Defective function of the *retinoschisin* protein

What ocular structure—unmentioned previously in this set—is affected by XLR? The vitreous—it is syneretic , and contains veils and other opacities

Note: There is some disagreement within the *BCSC* regarding how X-linked retinoschisis should be classified. Whereas the *Retina* book calls it an *inner retinal dystrophy*...the *Peds* book classifies it as a *hereditary vitreoretinopathy*\* Caveat emptor.

## Inner retinal dystrophy

— X-linked retinoschisis

\*As to why they do this, we will see shortly

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Another, more ominous vitreous finding is common as well—what is it?

314

phv

#### Inner retinal dystrophy

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315

phv

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What is the mechanism by which vitreous hemorrhage occurs?

Inner retinal dystrophy

— X-linked retinoschisis

phy

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Another, more ominous vitreous finding is common as well—what is it? Vitreous hemorrhage

What is the mechanism by which vitreous hemorrhage occurs? Schisis within the NFL can leave retinal vessels essentially unsupported, making them highly vulnerable to rupturing

Inner retinal dystrophy

— X-linked retinoschisis

phy



Three-year-old with XLR. A) Central and extensive peripheral retinoschisis with mild vitreous and preretinal hemorrhage. There is a large circumferential TRD around the arcades, encroaching on the central macula. A retinal hole is also present. B) Fluorescein angiography reveals an extensive tractional detachment. C) Macular OCT image demonstrates retinoschisis with a TRD and SRF encroaching on the fovea.

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

*How does it present clinically?* With modestly decreased VA in childhood. Over time, VA will drop to 20/200 or so. 319

phy

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Pts must adhere to a specific lifestyle modification—what is it?

#### Inner retinal dystrophy

*How does it present on DFE?* With macular schisis in a radial pattern, +/- peripheral schisis

*How does it present clinically?* With modestly decreased VA in childhood. Over time, VA will drop to 20/200 or so.

What is the underlying pathophysiology? Defective function of the *retinoschisin* protein

Rod-

What ocular structure—unmentioned previously in this set—is affected by XLR? The vitreous—it is syneretic, and contains veils and other opacities

*Pts must adhere to a specific lifestyle modification—what is it?* No contact sports—XLR retinas are highly susceptible to trauma-induced RD

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