

	Eales Disease	Susac Syndrome
<i>Also known as...</i>	?	?
<i>Process in a nutshell</i>		
<i>Primarily affects venules, or arterioles?</i>		
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>		
<i>Primarily affects venules, or arterioles?</i>		
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
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	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	What does SICRET stand for?	
<i>Primarily affects venules, or arterioles?</i>		
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
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<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	What does SICRET stand for?	
<i>Primarily affects venules, or arterioles?</i>	<u>S</u>mall <u>I</u>nfarctions of <u>C</u>ochlear, <u>R</u>etinal, and <u>E</u>ncephalic <u>T</u>issue	
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	?	?
<i>Primarily affects venules, or arterioles?</i>		
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
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<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>		
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	?	?
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>		
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	?	?
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
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<i>Cause</i>		
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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>		
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
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<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	?	?
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>		
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
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<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		





	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>A</i>		No
		Multiple BRAOs at non-branch sites
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		

Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?

Multiple BRAOs at non-branch sites



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>A</i>		No
		Multiple BRAOs at non-branch sites
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		

Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?
Because most BRAOs occur at branch sites

Multiple BRAOs at non-branch sites



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>A</i>		No
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i> <i>Because most BRAOs occur at branch sites</i>		Multiple BRAOs at non-branch sites
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>A</i>		No
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites? Because most BRAOs occur at branch sites</i>		Multiple BRAOs at non-branch sites
<i>Why do most BRAOs occur at branch sites? Because most BRAOs are embolic in nature</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Are BRAOs common?</i>	Yes	No
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
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<i>Treatment</i>		

Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?
Because most BRAOs occur at branch sites

Why do most BRAOs occur at branch sites?
Because most BRAOs are embolic in nature

So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?

Multiple BRAOs at non-branch sites



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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Are BRAOs common?</i>	Yes	No
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
<i>It suggests they are not embolic in origin</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?
Because most BRAOs occur at branch sites

Why do most BRAOs occur at branch sites?
Because most BRAOs are embolic in nature

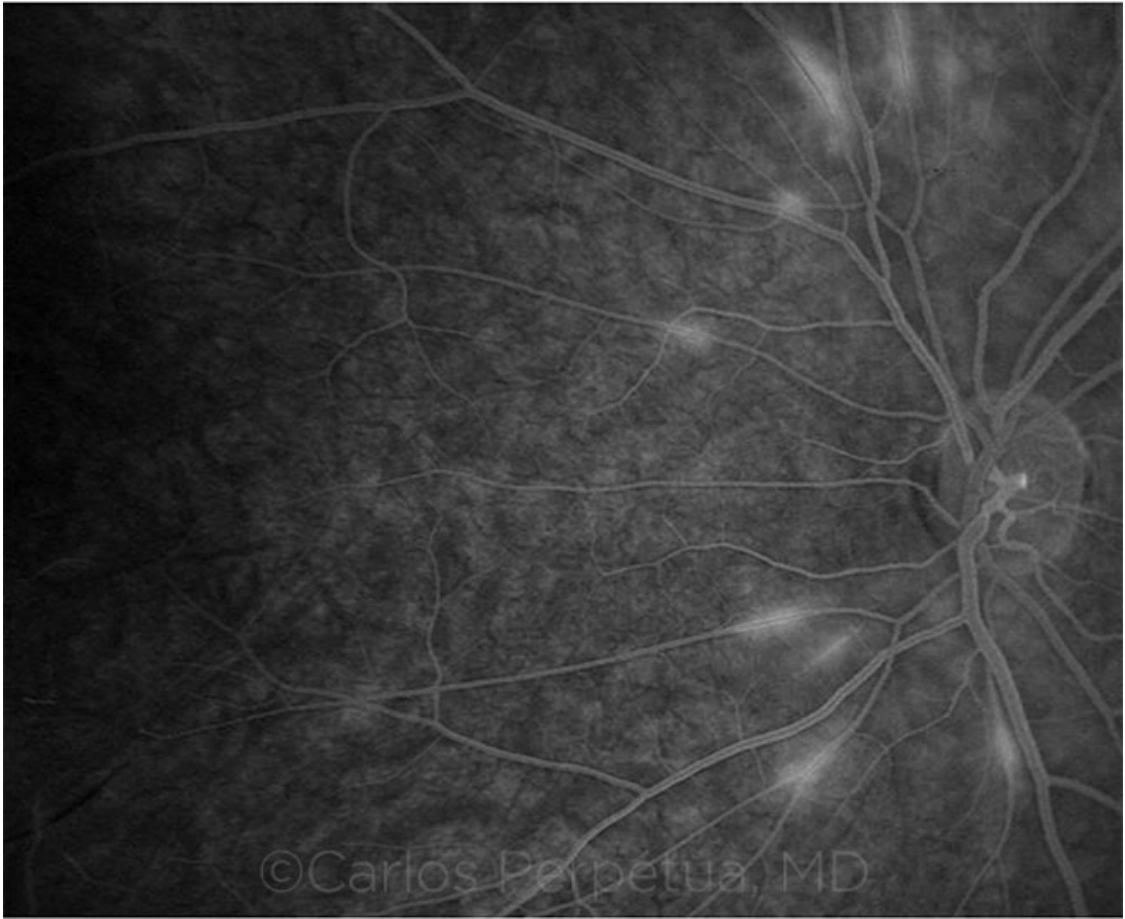
So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?
It suggests they are not embolic in origin

Multiple BRAOs at non-branch sites



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

Retinal Vasculitis



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

	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		No
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		Multiple BRAOs at non-branch sites
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
It suggests they are not embolic in origin		
<i>Ethnicity</i>		
<i>If not embolic, what causes BRAO in Susac?</i>		
<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		No
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
<i>It suggests they are not embolic in origin</i>		
<i>Ethnicity</i>		
<i>If not embolic, what causes BRAO in Susac?</i>		
<i>Recall Susac syndrome is an inflammatory condition—specifically, a vasculitis that affects arterioles. It is believed the target of this inflammatory process is the</i>		
<i>two words</i>		
<i>that line the arteriolar lumen.</i>		
<i>Treatment</i>		

Multiple BRAOs at non-branch sites

Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?

Because most BRAOs occur at branch sites

Why do most BRAOs occur at branch sites?

Because most BRAOs are embolic in nature

So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?

It suggests they are **not embolic** in origin

If not embolic, what causes BRAO in Susac?

Recall Susac syndrome is an inflammatory condition—specifically, a vasculitis that affects arterioles. It is believed the target of this inflammatory process is the

two words

that line the arteriolar lumen.



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		No
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
<i>It suggests they are not embolic in origin</i>		
<i>Ethnicity</i>		
<i>If not embolic, what causes BRAO in Susac?</i>		
<i>Recall Susac syndrome is an inflammatory condition—specifically, a vasculitis that affects arterioles. It is believed the target of this inflammatory process is the endothelial cells that line the arteriolar lumen.</i>		
<i>Treatment</i>		

Multiple BRAOs at non-branch sites



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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules,</i>	Venules	Arterioles
<i>Why bother mentioning that the BRAOs are occurring at 'non-branch' sites?</i>		No
<i>Because most BRAOs occur at branch sites</i>		
<i>Why do most BRAOs occur at branch sites?</i>		
<i>Because most BRAOs are embolic in nature</i>		
<i>So, putting it all together—the fact that BRAOs in Susac syndrome occur at non-branch sites suggests what about them?</i>		
<i>It suggests they are not embolic in origin</i>		
<i>Ethnicity</i>		
<i>If not embolic, what causes BRAO in Susac?</i>		
Recall Susac syndrome is an inflammatory condition—specifically, a vasculitis that affects arterioles. It is believed the target of this inflammatory process is the endothelial cells that line the arteriolar lumen. Occlusion occurs when endothelial-cell damage compromises the adjacent lumen. Because the amount of non-branch-point endothelium dwarfs the amount of branch-point endothelium, occlusion will essentially always occur at non-branch points.		
<i>Treatment</i>		

Multiple BRAOs at non-branch sites





	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites <i>and...</i>
<i>Systemic associations</i>	There's another noteworthy DFE finding in Susac syndrome—what is it?	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



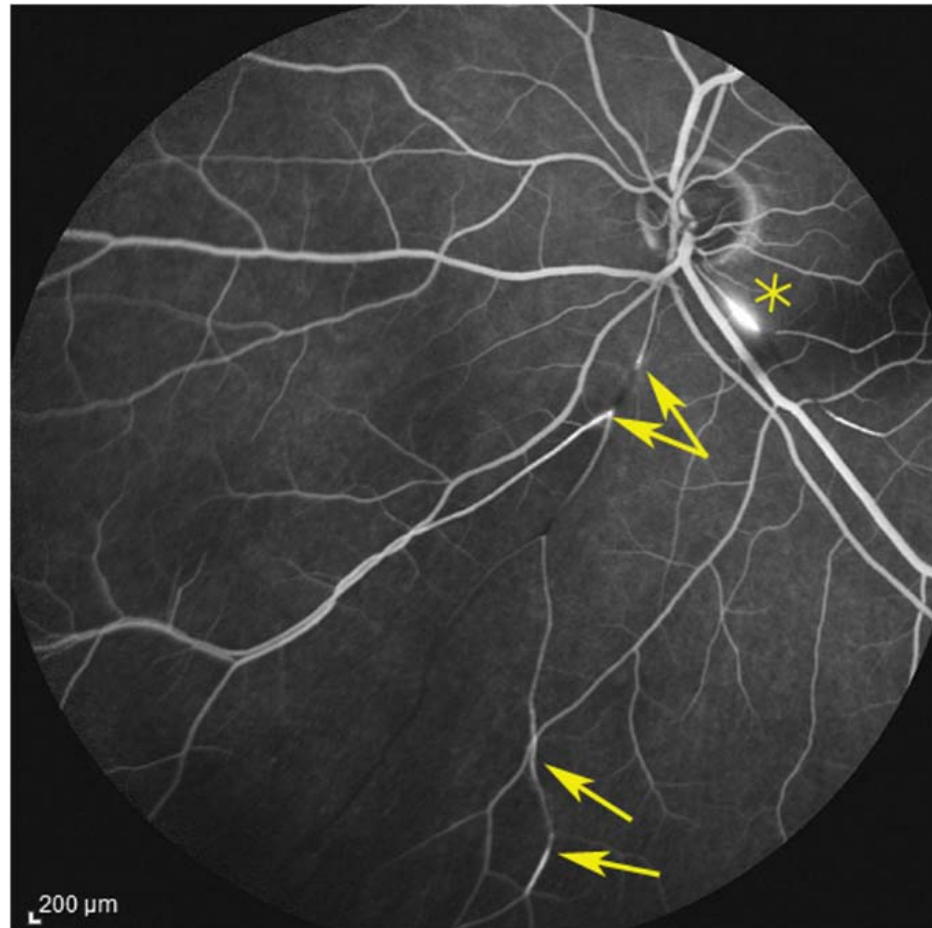
	Eales Disease	Susac Syndrome
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<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites and... <i>boxcarring of blood</i>
<i>Systemic associations</i>	<p><i>There's another noteworthy DFE finding in Susac syndrome—what is it?</i> Boxcarring of blood</p>	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
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<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites and... <i>boxcarring of blood</i>
<i>Systemic associations</i>	<p><i>There's another noteworthy DFE finding in Susac syndrome—what is it?</i> Boxcarring of blood</p> <p><i>What does boxcarring of blood refer to?</i></p>	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>Treatment</i>		



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<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites and... <i>boxcarring of blood</i>
<i>Systemic associations</i>	<p><i>There's another noteworthy DFE finding in Susac syndrome—what is it?</i> Boxcarring of blood</p> <p><i>What does boxcarring of blood refer to?</i> It refers to segmentation of the visible blood column within an arteriole, producing an appearance akin to a series of boxcars in a train</p>	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



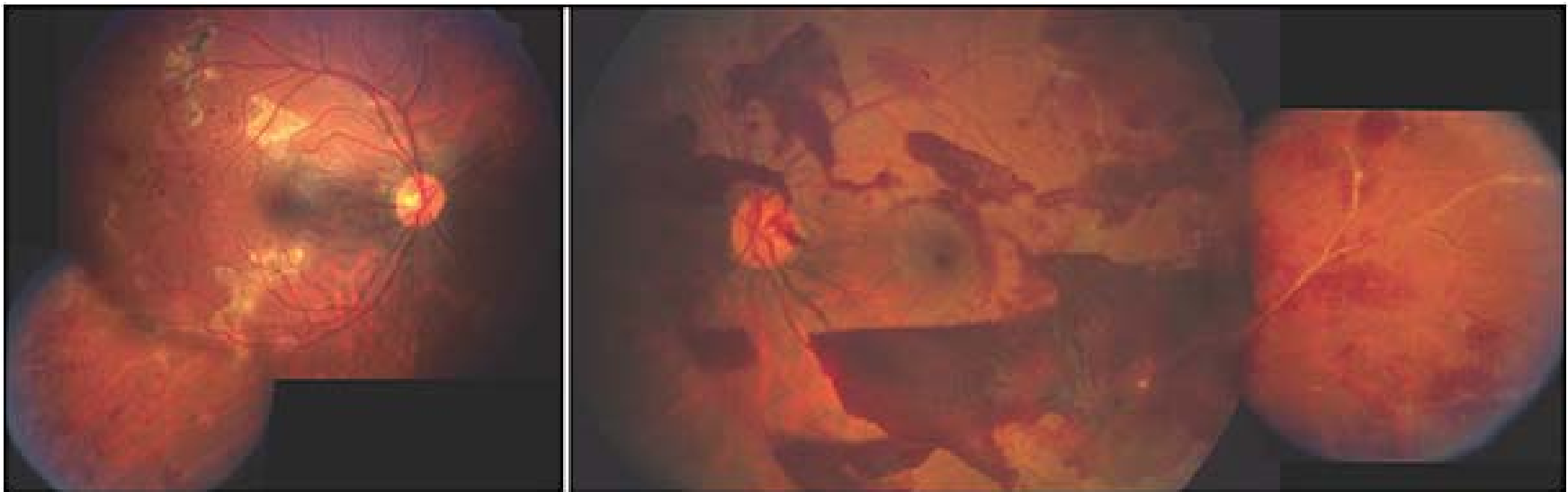
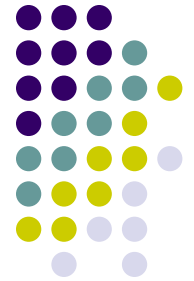
Susac syndrome: Boxcarring. FA showing abrupt interruption of two arteries inferiorly (arrows). Note also the characteristic arterial wall hyperfluorescence (asterisk)

	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic association</i>	<i>What sequelae result from the peripheral neo?</i>	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic association</i>	What sequelae result from the peripheral neo? Vitreous hemorrhage and tractional RD	
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		





Eales disease. In the right eye, neovascularization of the disc, vascular sheathing, scattered intraretinal hemorrhages in the periphery and areas of subretinal fibrosis in the macular region are present. In the left eye, multiple areas are visible of preretinal and subhyaloid hemorrhages with neovascularization of disc and sclerosis of retinal vessels extending into the periphery.

	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	?	?
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy; sensorineural hearing loss
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
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<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy; sensorineural hearing loss
<i>Laterality</i>		
<i>How common?</i>	What is the cause of the encephalopathy and hearing loss?	
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
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<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy; sensorineural hearing loss
<i>Laterality</i>		
<i>How common?</i>	<i>What is the cause of the encephalopathy and hearing loss?</i>	
<i>Age at presentation</i>	The same cause as the arteriolar occlusions—infarctions secondary to an autoimmune endotheliopathy	
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		





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<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic triad</i>	What is the classic triad of Susac syndrome? 1) ? 2) ? 3) ?	Multiple BRAOs at non-branch sites
<i>Systemic</i>		Encephalopathy; sensorineural hearing loss
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic triad</i>	What is the classic triad of Susac syndrome? 1) Retinal arteriole occlusions 2) Encephalopathy 3) Hearing loss	1) Multiple BRAOs at non-branch sites
<i>Systemic</i>		2) Encephalopathy; 3) sensorineural hearing loss
<i>Laterality</i>		
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy ; sensorineural hearing loss
<i>Laterality</i>	How does the encephalopathy manifest clinically?	
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy ; sensorineural hearing loss
<i>Laterality</i>	<p><i>How does the encephalopathy manifest clinically?</i> Pts may be disoriented, and/or experience memory loss or even personality changes; HAs are common (80%)</p>	
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>Systemic associations</i>	none	Encephalopathy; sensorineural hearing loss
<i>Laterality</i>	?	?
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>		
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	?	?
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
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<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>		
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	?	?
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>		
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	?	?
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		

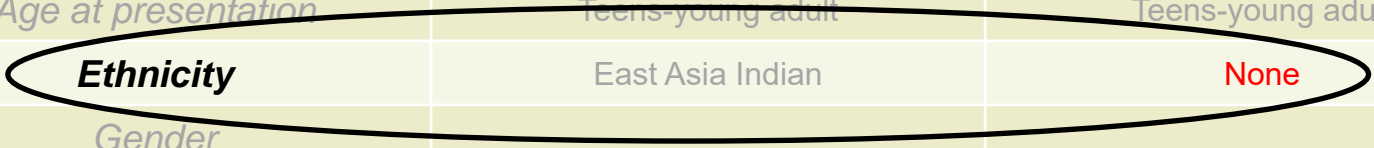


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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>		
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		





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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
Ethnicity	East Asia Indian	None
<i>Gender</i>		
<i>Key lab findings</i>		
<i>Cause</i>		
<i>Brain imaging findings</i>		
<i>Treatment</i>		



Note: Neither the *Uveitis* nor *Retina* book mentions an ethnicity predilection for Susac's, but *EyeWiki* indicates it occurs mainly in white folk. Caveat emptor.

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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
Ethnicity	East Asia Indian	None
<i>Gender</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		

Similarly, one of the BCSC books mention this ethnic predilection; the other doesn't. EyeWiki does. Again, caveat emptor.



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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	?	?
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	Male	Female
<i>Key lab finding</i>		
<i>Cause</i>		
<i>Brain imaging finding</i>		
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<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	Male	Female
<i>Key lab finding</i>	?	?
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>		
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Cause</i>	?	?
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>		
<i>Treatment</i>		



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<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>	?	?
<i>Treatment</i>		

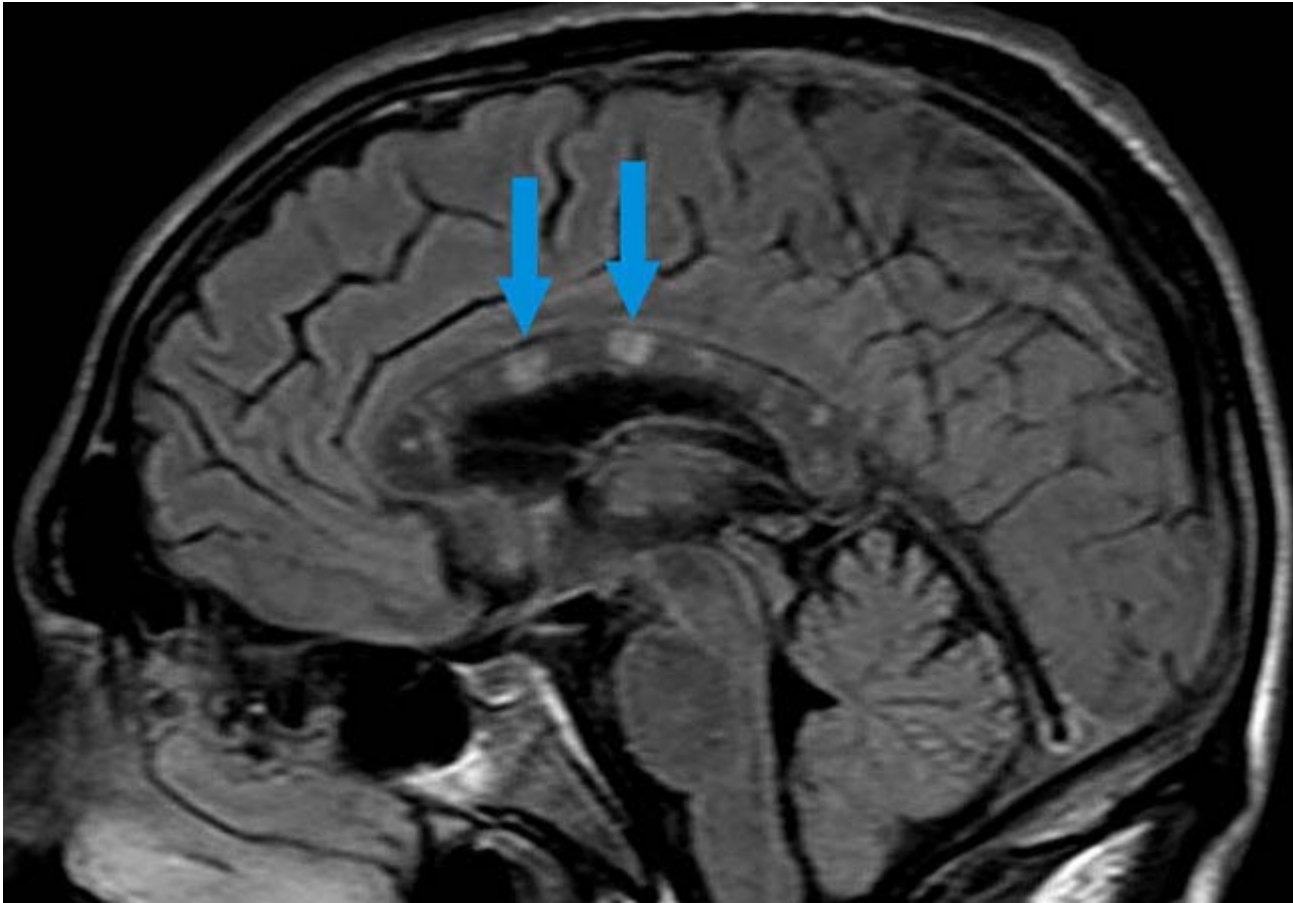


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<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>	None	Punctate white matter lesions, esp. of the two words
<i>Treatment</i>		



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<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>	None	Punctate white matter lesions, esp. of the corpus callosum
<i>Treatment</i>		





Susac syndrome: Classic 'snowball' lesions of the corpus callosum

	Eales Disease	Susac Syndrome
<i>Also known as...</i>	No other names I'm aware of	SICRET syndrome
<i>Process in a nutshell</i>	Occlusive retinal vasculitis	Occlusive retinal vasculitis
<i>Primarily affects venules, or arterioles?</i>	Venules	Arterioles
<i>AC/vitreous cell present?</i>	Yes	No
<i>Classic retinal finding</i>	Peripheral neovascularization	Multiple BRAOs at non-branch sites
<i>Systemic associations</i>	none	Encephalopathy; sensorineural hearing loss
<i>Laterality</i>	Bilateral (may be sequential)	Bilateral
<i>How common?</i>	Uncommon	Very rare
<i>Age at presentation</i>	Teens-young adult	Teens-young adult
<i>Ethnicity</i>	East Asia Indian	None
<i>Gender</i>	Male	Female
<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>	None	Punctate white matter lesions, esp. of the corpus callosum
<i>Treatment</i>	?	?



	Eales Disease	Susac Syndrome
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<i>Key lab finding</i>	TB positivity	Abnormal CSF studies
<i>Cause</i>	TB? (may be idiopathic)	Unknown
<i>Brain imaging finding</i>	None	Punctate white matter lesions, esp. of the corpus callosum
<i>Treatment</i>	Steroids early +/- anti-TB tx; later, PRP +/- PPV as needed	Systemic: Steroids; IMT

