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Persistent hyperplasic primary vitreous (PHPV)



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Persistent hyperplasic primary vitreous (F111-V)

What are the three vitreouses, ie, what do they form?

- --The primary vitreous = the fetal vasculature comprising the
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system

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What is the hyaloid system?



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What is the hyaloid system? The fetal vasculature that derives from the hyaloid artery



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What is the hyaloid system?
The fetal vasculature that derives from the hyaloid artery

Where does the hyaloid artery run?



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What is the hyaloid system?
The fetal vasculature that derives from the hyaloid artery

Where does the hyaloid artery run? From the optic nerve head to the back of the lens (we will have **much** more to say about the hyaloid artery)



In a nutshell: What is the issue in PFV?

Portions of the posterior fetal vasculature of the lens (aka the *primary vitreous*) continue to exist (ie, it 'persists') past the developmental stage at which it should have regressed

Is PFV primarily sporadic, or hereditary (or are both equally likely)?



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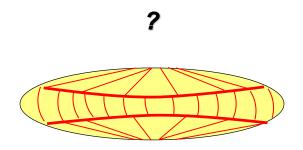
Is PFV primarily sporadic, or hereditary (or are both equally likely)? The vast majority of cases are sporadic

Does PFV usually present unilaterally, or bilaterally (or are both equally likely)? It is unilateral in over 90% of cases



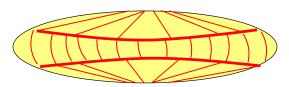
24

• The vascular supply encapsulating the developing lens is called the three words.



25

 The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.



26

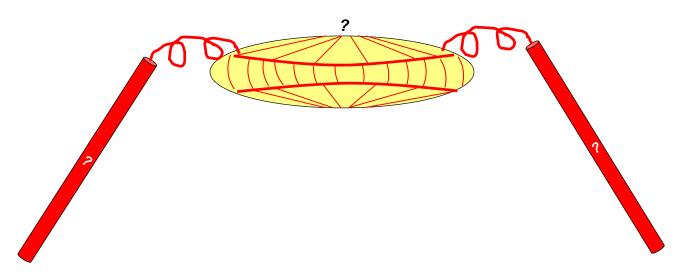
 The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.

It has three sections:

1) The three words derives from the two words arteries

2)

3)

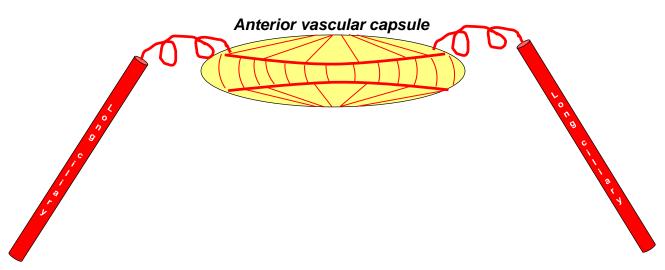


27

 The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.

It has three sections:

- 1) The anterior vascular capsule derives from the long ciliary arteries
- 2)
- 3)



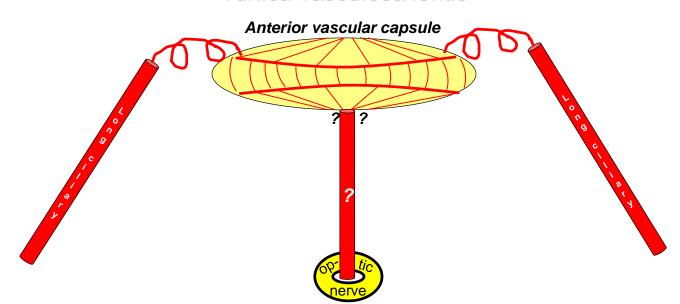


 The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.

It has three sections:

- 1) The *anterior vascular capsule* derives from the long ciliary arteries
- 2) The three words arises from the artery

3)

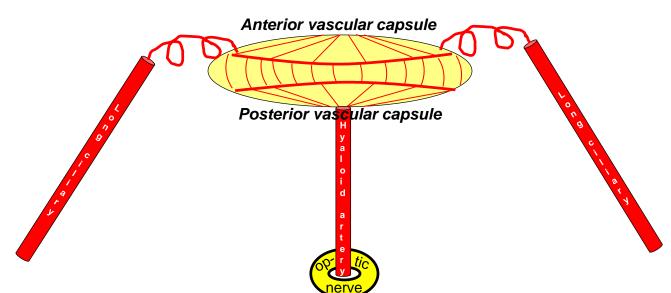


• The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.

It has three sections:

- 1) The anterior vascular capsule derives from the long ciliary arteries
- 2) The posterior vascular capsule arises from the hyaloid artery

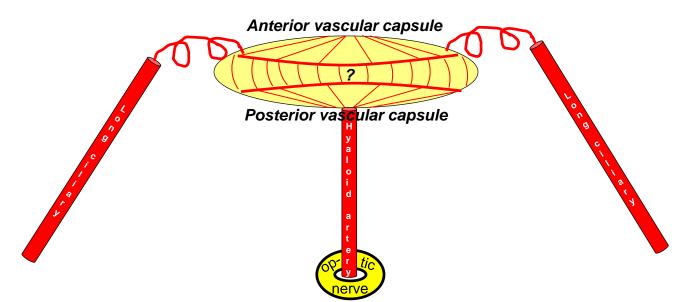
3)



- 30
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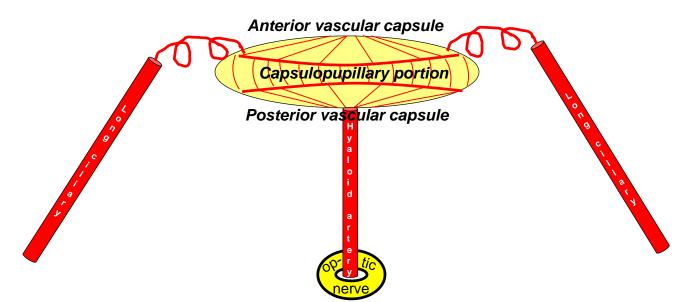
- 1) The anterior vascular capsule derives from the long ciliary arteries
- 2) The posterior vascular capsule arises from the hyaloid artery
- 3) The one long word portion anastomoses the anterior and posterior sections of the tunica



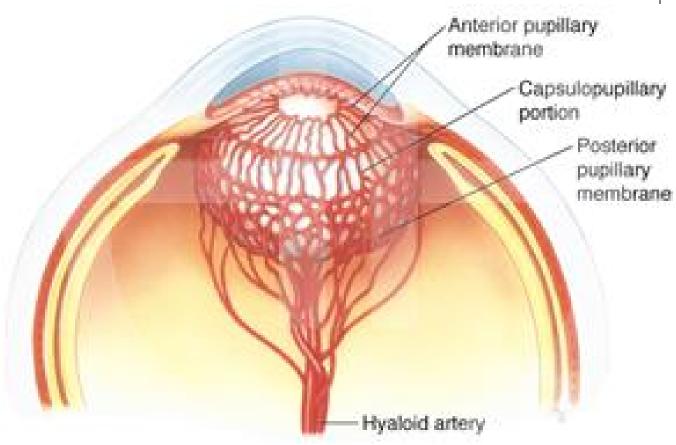
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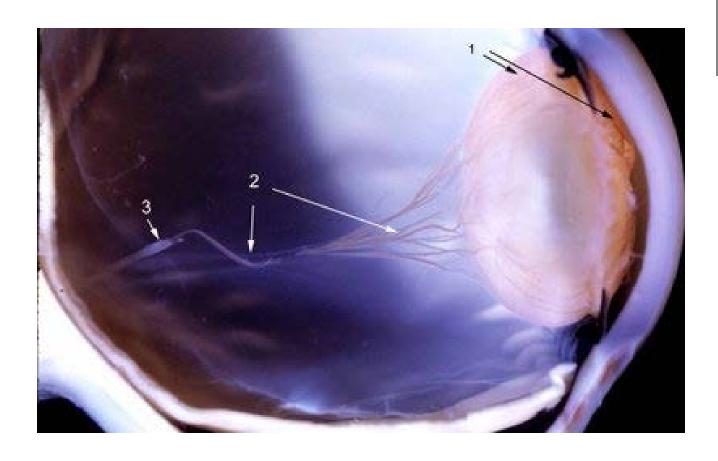
- 1) The anterior vascular capsule derives from the long ciliary arteries
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- 3) The capsulopupillary portion anastomoses the anterior and posterior sections of the tunica





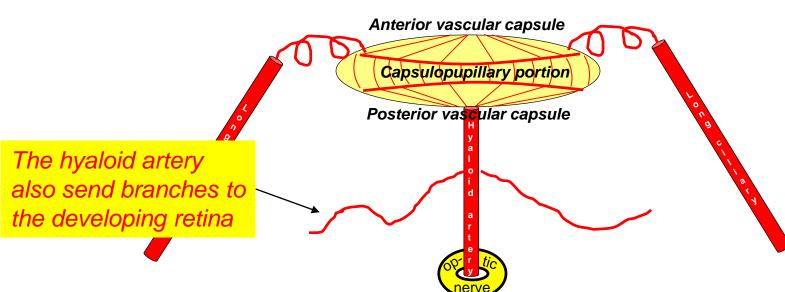






In the figure of this very premature infant, the tunical vasculosa lentis surrounds the lens (arrows 1) and is contiguous with the hyaloid vascular system (arrow 2). Notice the glial sheath of the hyaloid artery (arrow 3).

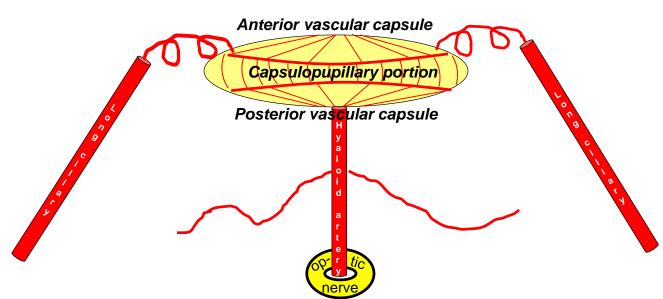
- The vascular supply encapsulating the developing lens is called the tunica vasculosa lentis.
 - It has three sections:
 - 1) The anterior vascular capsule derives from the long ciliary arteries
 - 2) The posterior vascular capsule arises from the hyaloid artery
 - 3) The *capsulopupillary portion* anastomoses the anterior and posterior sections of the tunica







What is the normal natural history of the hyaloid system specifically, and the tunica vasculosa lentis in general?

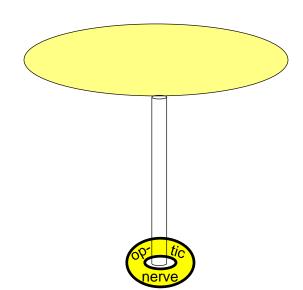




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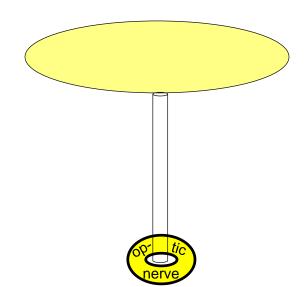
The hyaloid system regresses in the month, whereas the

The hyaloid system regresses in the month, whereas the anterior portion hangs on until the





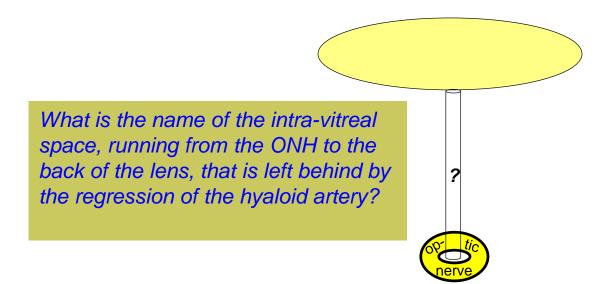
What is the normal natural history of the hyaloid system specifically, and the tunica vasculosa lentis in general? The hyaloid system regresses in the 8th month, whereas the anterior portion hangs on until the 9th





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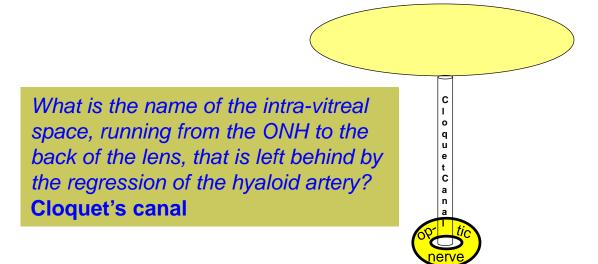
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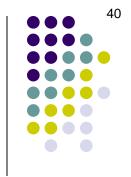


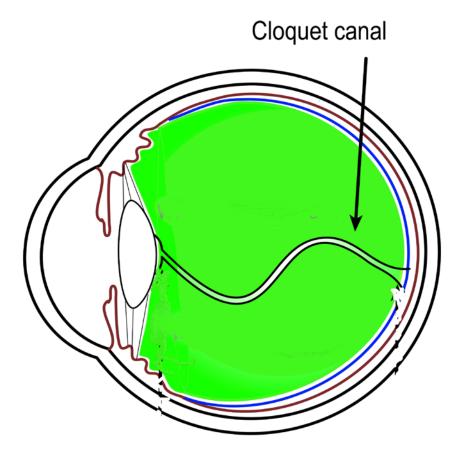


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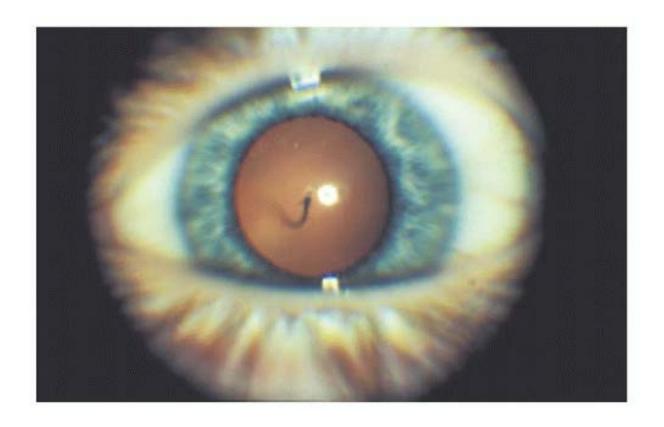






Cloquet's canal





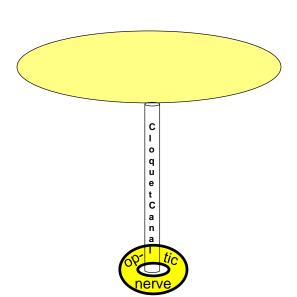
Single loop of a persistent hyaloid artery extending anteriorly within Cloquet's canal to insert on the posterior capsule of the lens.

In a nutshell: What is the issue in PFV?





Hearkening back to a question from a previous slide as a refresher: What did we say was the issue in PFV?

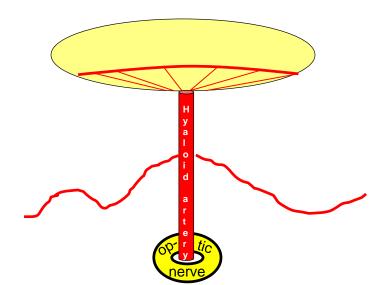


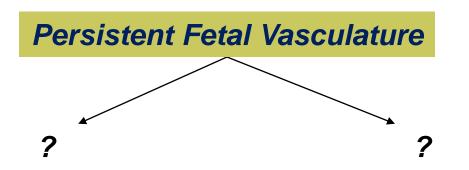
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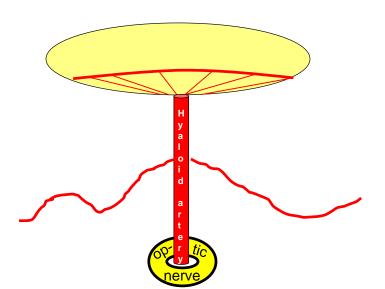
Hearkening back to a question from a previous slide as a refresher: What did we say was the issue in PFV?
We said the issue was a failure of the hyaloid system to fully regress

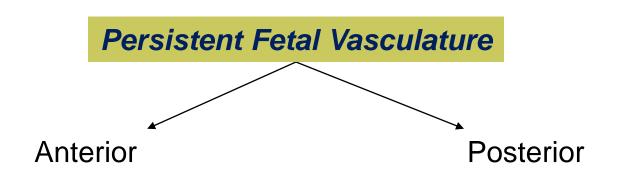




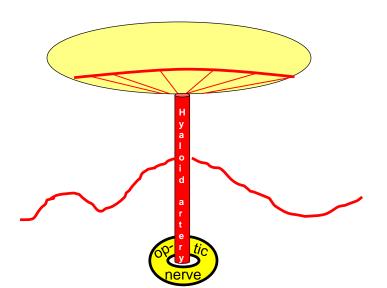


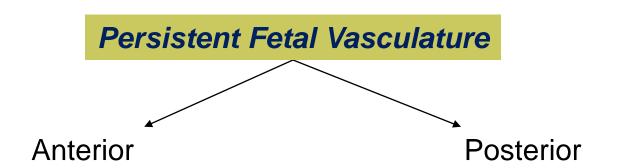
PFV comes in two forms. What are they?





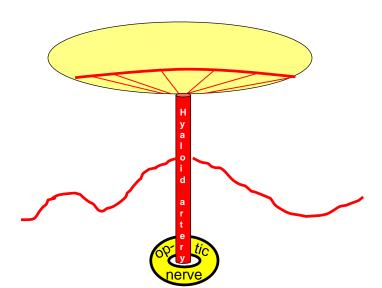
PFV comes in two forms. What are they? Anterior and posterior

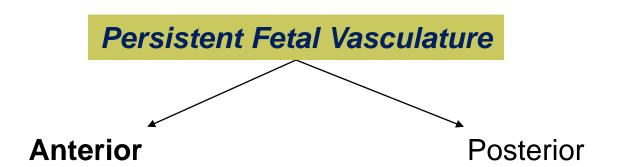






What is the basic nature of each?

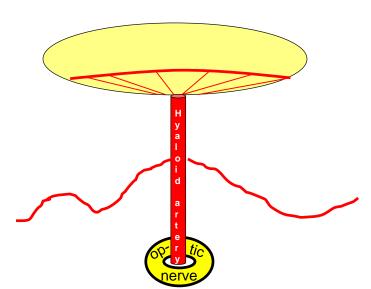


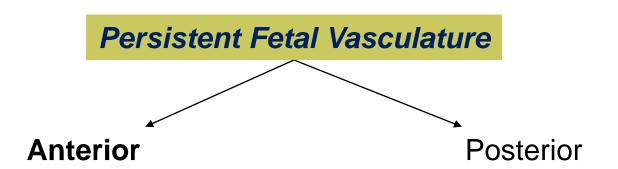




What is the basic nature of each?
Anterior PFV involves pathology... [location]
Posterior PFV involves pathology...

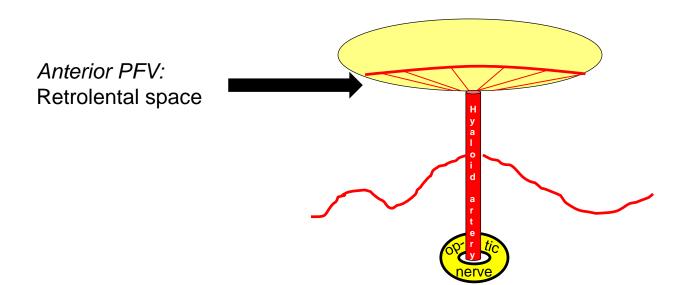
Anterior PFV:

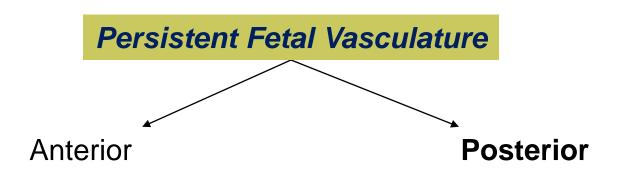






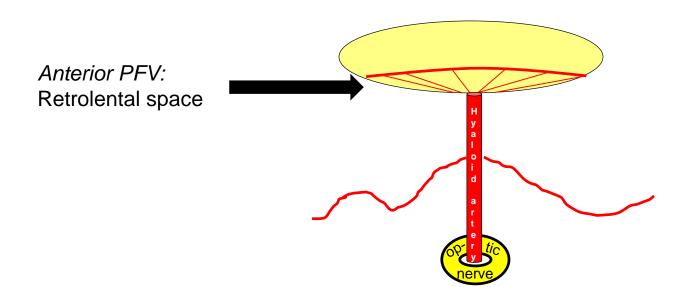
What is the basic nature of each?
Anterior PFV involves pathology...in the retrolental space
Posterior PFV involves pathology...



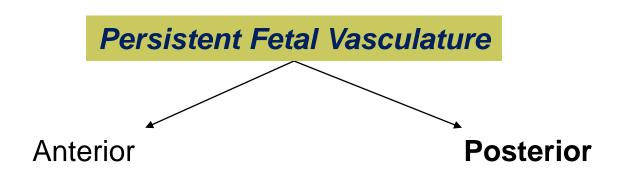




What is the basic nature of each?
Anterior PFV involves pathology...in the retrolental space
Posterior PFV involves pathology...[anatomy issue]



Posterior PFV:



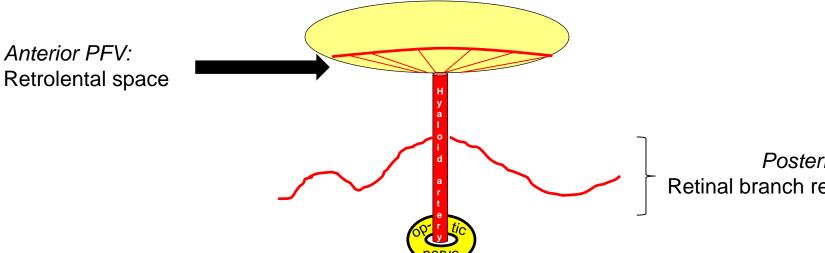
PFV comes in two forms. What are they? Anterior and posterior

What is the basic nature of each?
Anterior PFV involves pathology...in the retrolental space
Posterior PFV involves pathology...related to the retinal
branches of the hyaloid artery

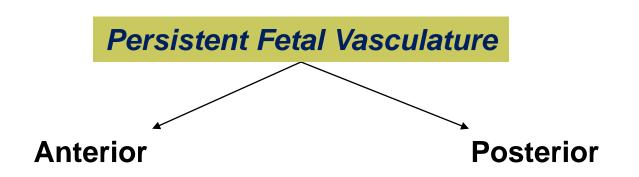
Anterior PFV:
Retrolental space

Posterior PFV:
Retinal branch remnants

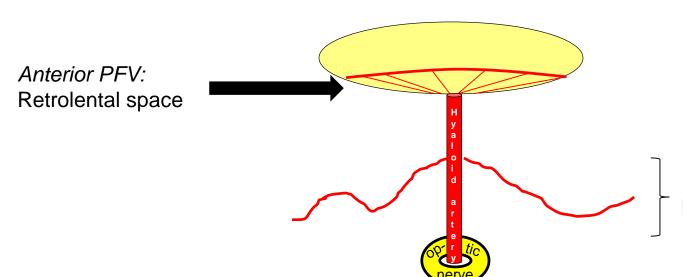
Can both anterior and posterior PFV be present in the same eye?



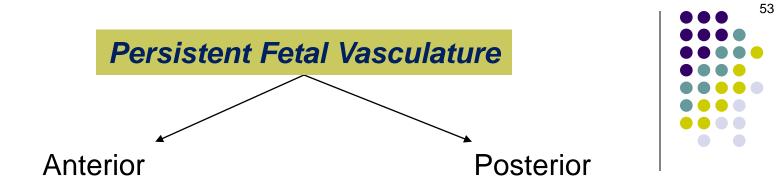
Posterior PFV: Retinal branch remnants



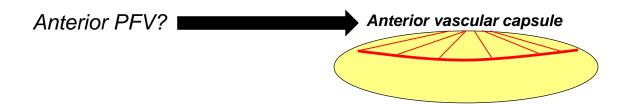
Can both anterior and posterior PFV be present in the same eye?
Yes

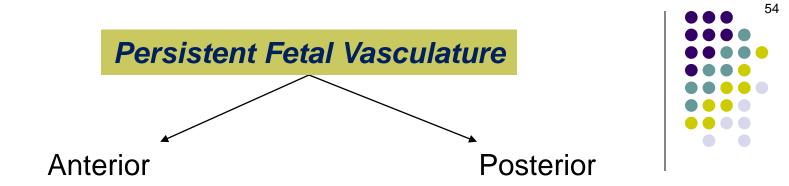


Posterior PFV: Retinal branch remnants

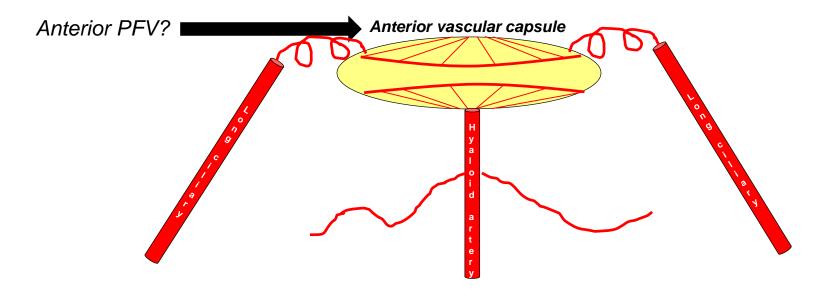


Shouldn't a failure to regress by the anterior vascular capsule constitute anterior PFV?





Shouldn't a failure to regress by the **anterior** vascular capsule constitute **anterior** PFV? No, because the anterior vasc capsule derives from the long ciliary arteries, not the hyaloid system



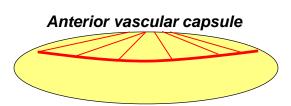


Speaking of: Two remnants of a failed-to-completely-regress anterior vascular capsule are commonly encountered at the slit lamp. What are they?

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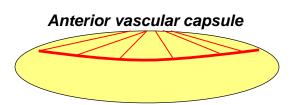




Speaking of: Two remnants of a failed-to-completely-regress anterior vascular capsule are commonly encountered at the slit lamp. What are they?

- --Epicapsular star
- --Persistent pupillary membrane

Shouldn't a <u>failure to regress by the anterior vascular capsule constitute anterior PFV?</u>
No, because the anterior vasc capsule derives from the long ciliary arteries, not the hyaloid system







Anterior

Posterior

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Shouldo't a <u>failure to regress by the anterior vascular capsule</u> constitute anterior PFV? No, because the anterior vasc capsule derives from the long ciliary arteries, not the

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How does an epicapsular star present?

Anterior vascular capsule

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How does an epicapsular star present? As a tiny, star-shaped schmutz on the anterior capsule







Epicapsular star





Anterior

Posterior

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How does an epicapsular star present? As a tiny, star-shaped schmutz on the anterior capsule

Is it common? Very





62

Anterior

Posterior

Speaking of: Two remnants of a failed-to-completely-regress anterior vascular capsule are commonly encountered at the slit lamp. What are they?

-Epicapsular star

--Persistent pupiliary membrane

Should a failure to regress by the anterior vascular capsule conditute anterior PFV?

No, because the anterior vasc capsule derives from the long ciliary arteries, not the

How does an epicapsular star present? As a tiny, star-shaped schmutz on the anterior capsule

Is it common? Very

Is it visually/medically significant?





Anterior

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Never





Anterior

Posterior

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How does a persistent pupillary membrane present?

Anterior vascular capsule



Anterior

Posterior

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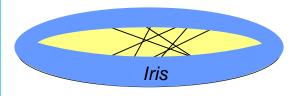
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As fibers stretching across the pupillary aperture





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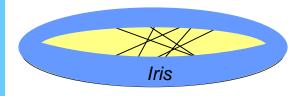
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How extensive is it?





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Posterior

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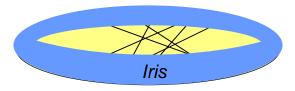
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How extensive is it? It varies significantly, from a few barely-visible strands to a vast and intricate web









Persistent pupillary membrane



Anterior

Posterior

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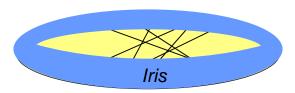
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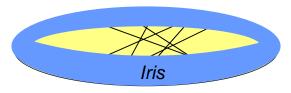
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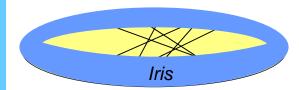
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Is it visually/medically significant?





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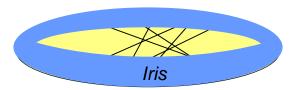
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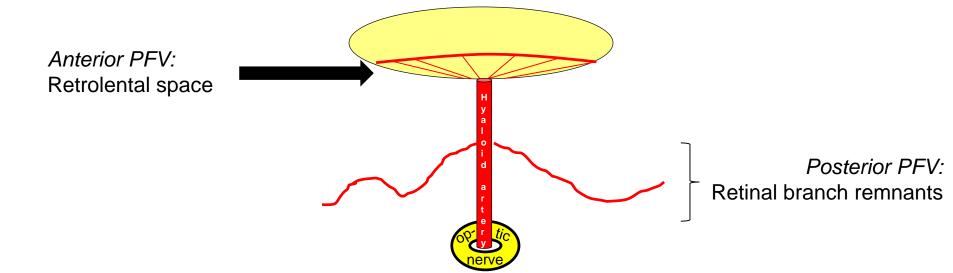
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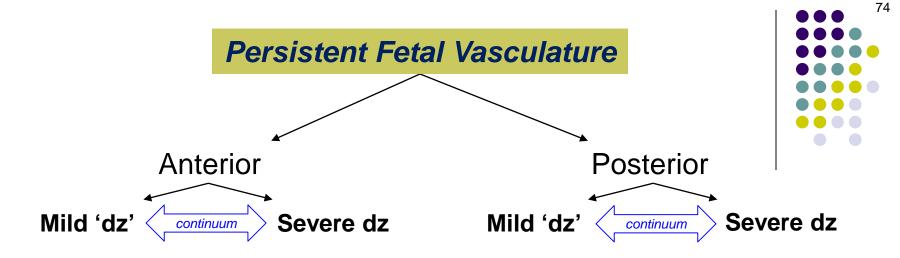
Is it common? Very

Is it visually/medically significant?
Rarely



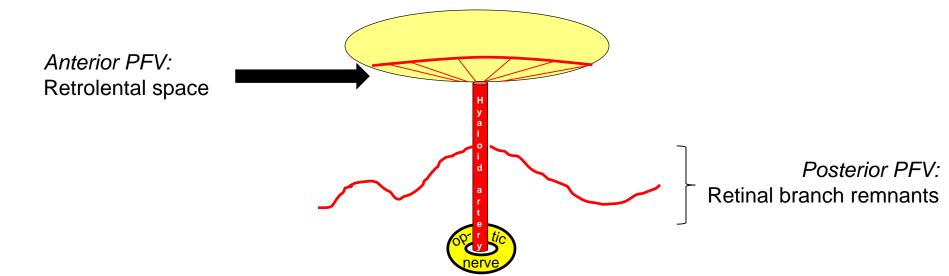
OK, back to PFV. Take note:

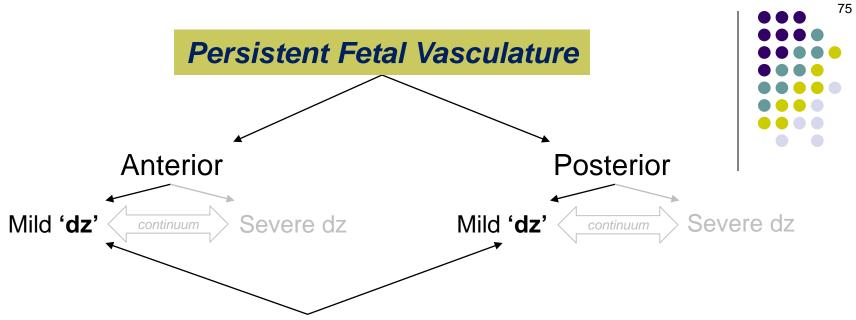




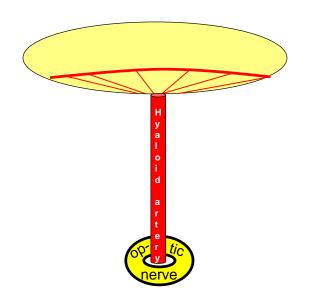
Anterior and posterior PFV both exist on a 'continuum of severity' ranging from clinically insignificant to clinically devastating

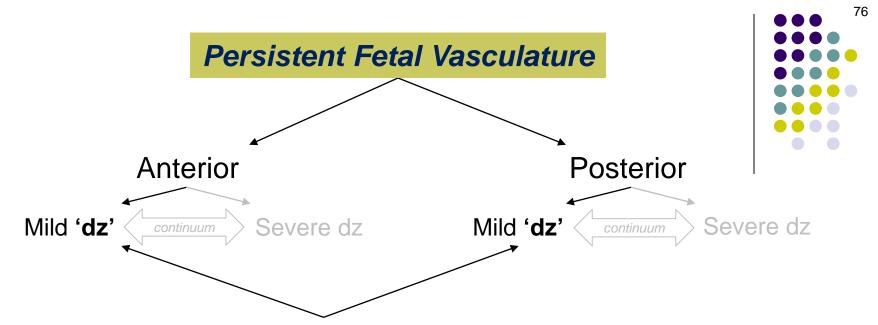
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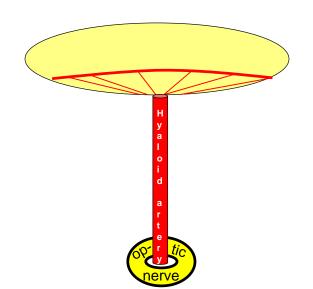


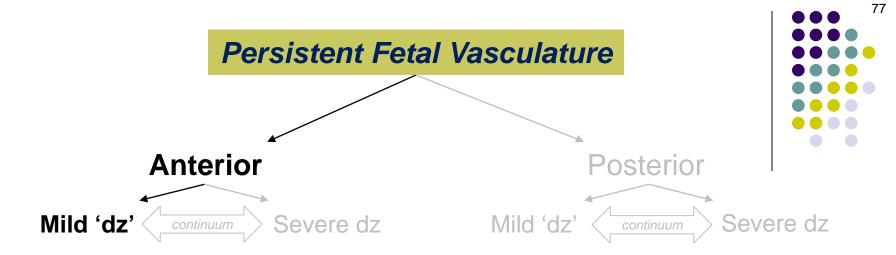
Why is the word disease in 'quotes' here?

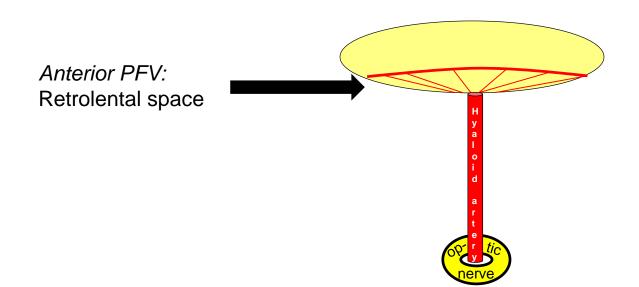


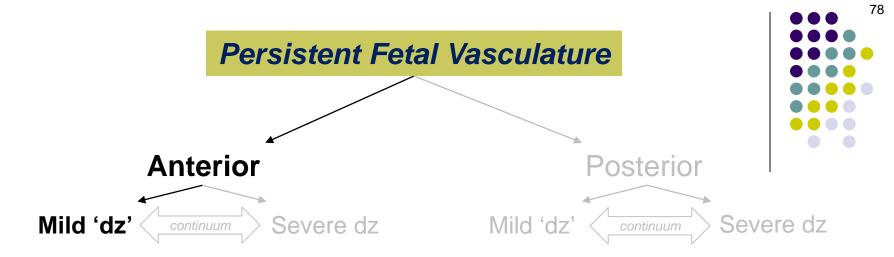


Why is the word disease in 'quotes' here?
Because mild PFV is so clinically insignificant it doesn't really count as a disease per se

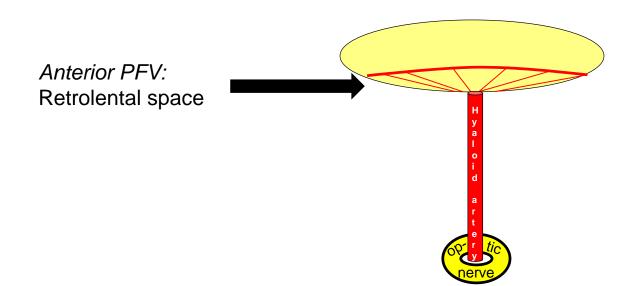


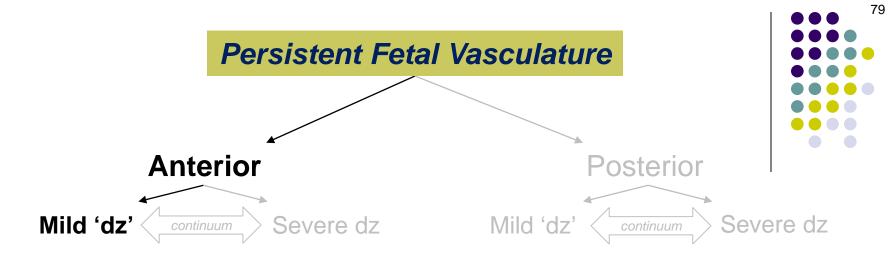


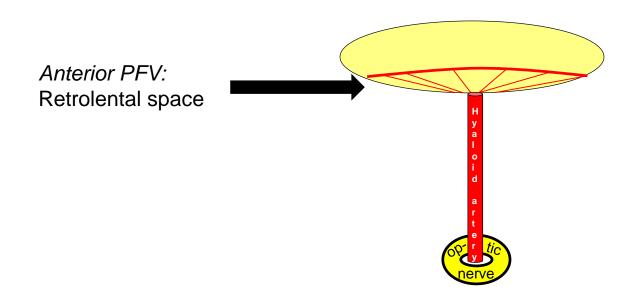


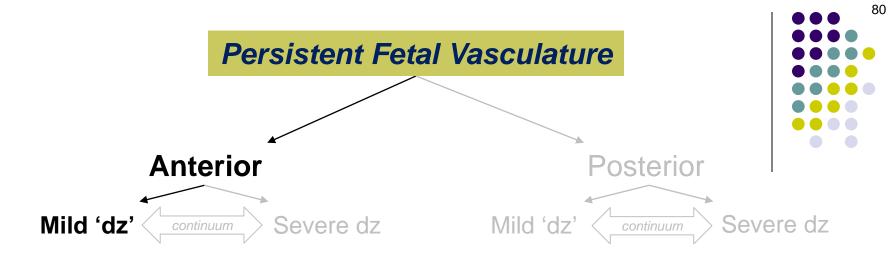


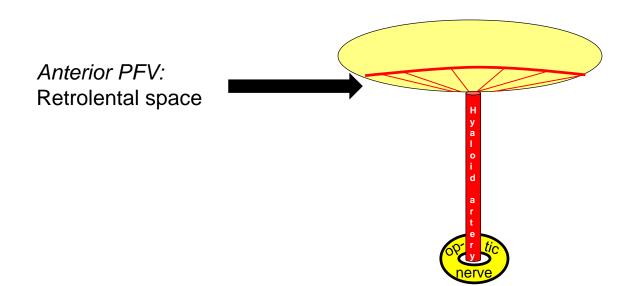
A two words

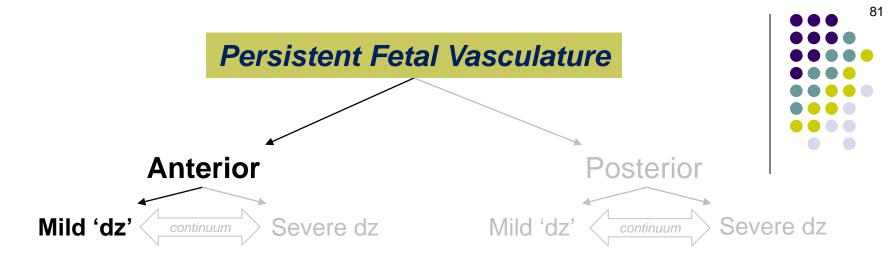




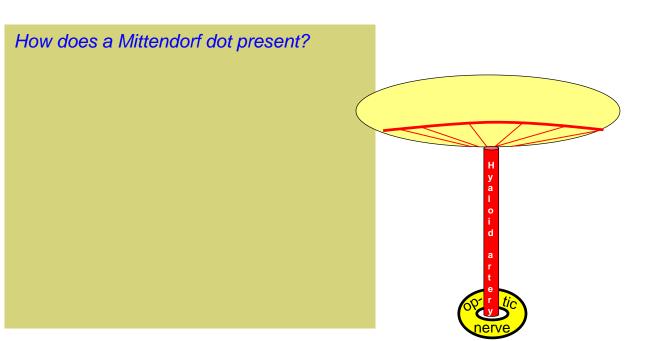


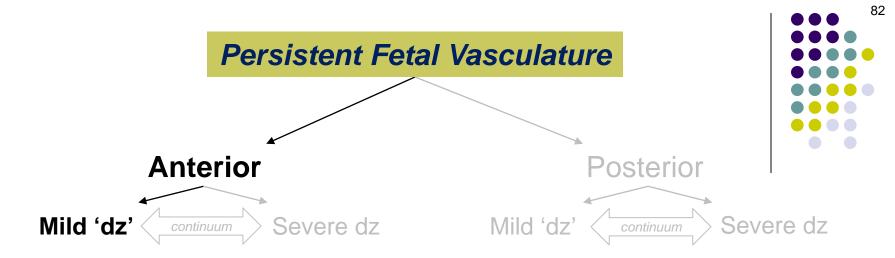






A Mittendorf dot





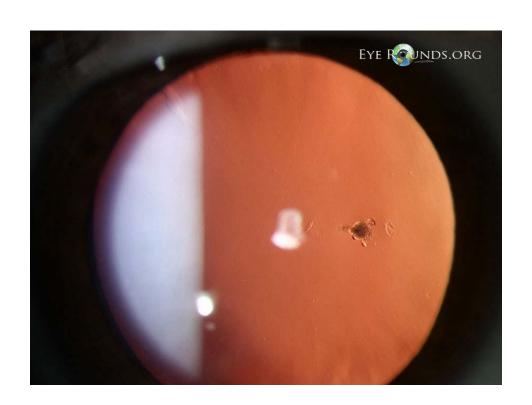
A Mittendorf dot

How does a Mittendorf dot present?
As a minute white dot on the back of the lens, slightly inferonasal to center



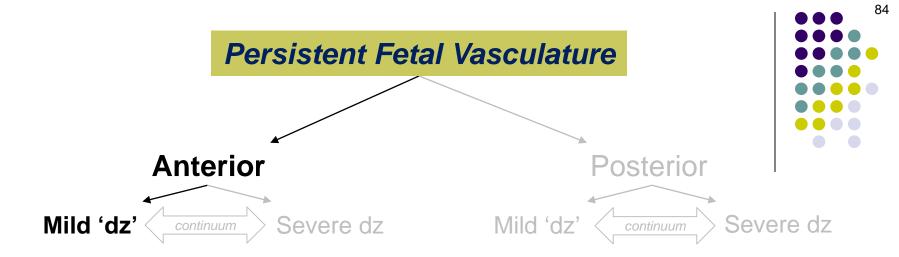
Persistent Fetal Vasculature







Mittendorf dot

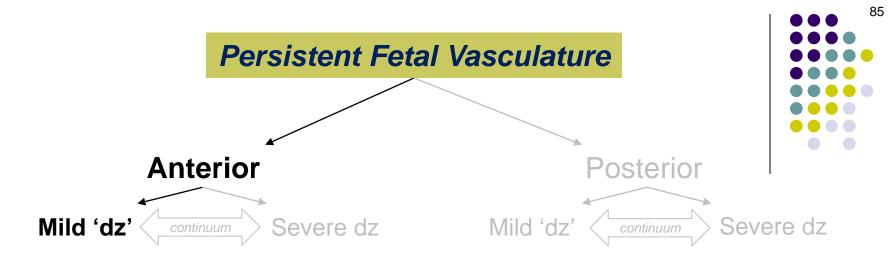


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How does it relate to the hyaloid system?

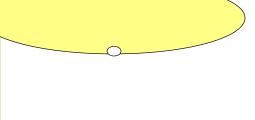




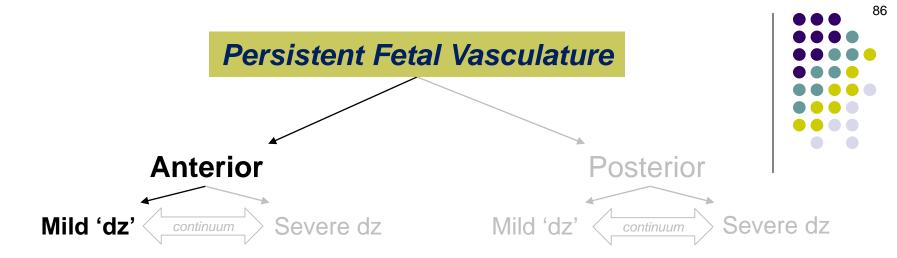
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How does it relate to the hyaloid system? It is a vestige of the attachment of the hyaloid artery to the back of the lens







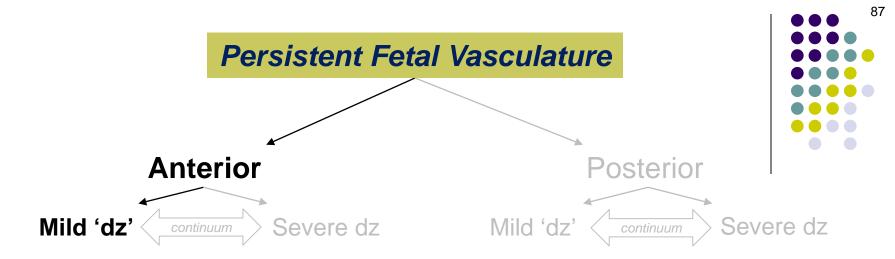
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Is it common?



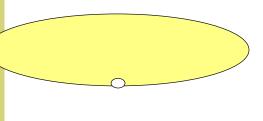


A Mittendorf dot

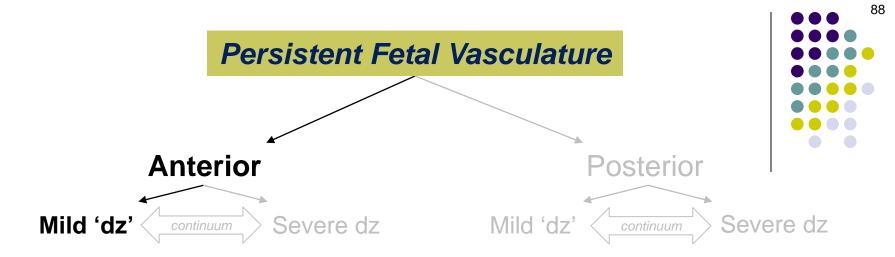
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Is it common? Very







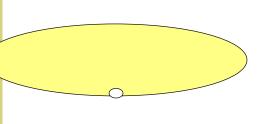
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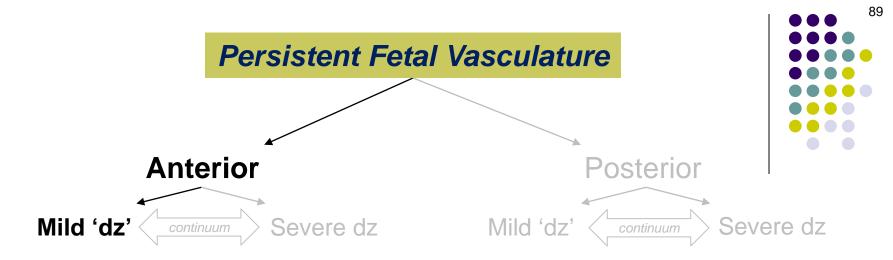
How does it relate to the hyaloid system? It is a vestige of the attachment of the hyaloid artery to the back of the lens

Is it common? Very

Is it visually/medically significant?







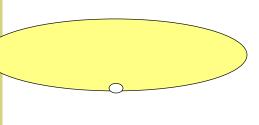
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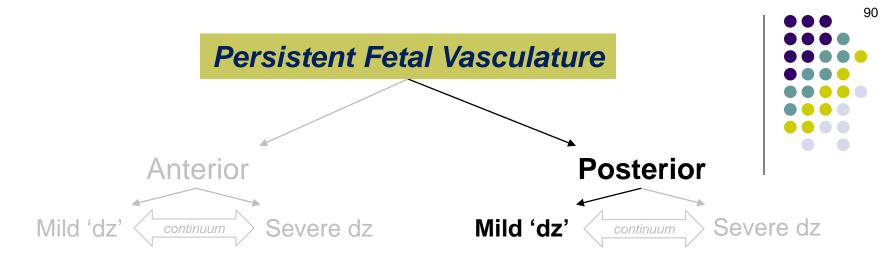
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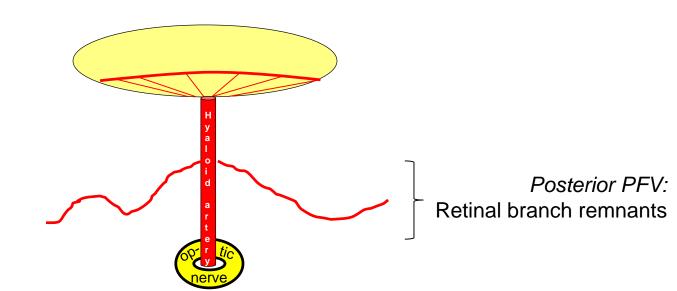
Is it common? Very

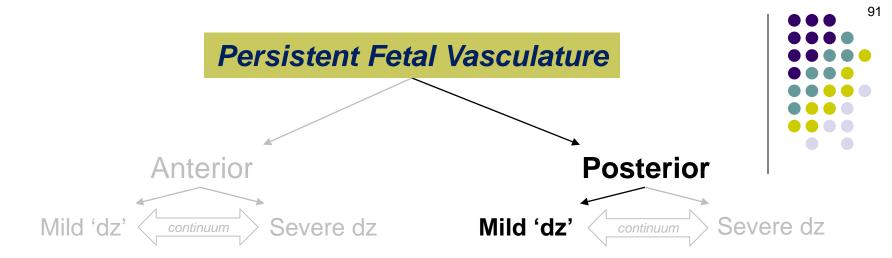
Is it visually/medically significant?
Never



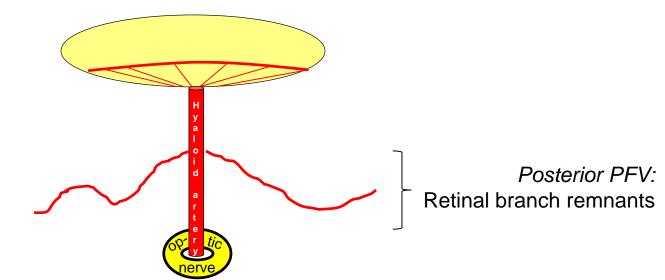


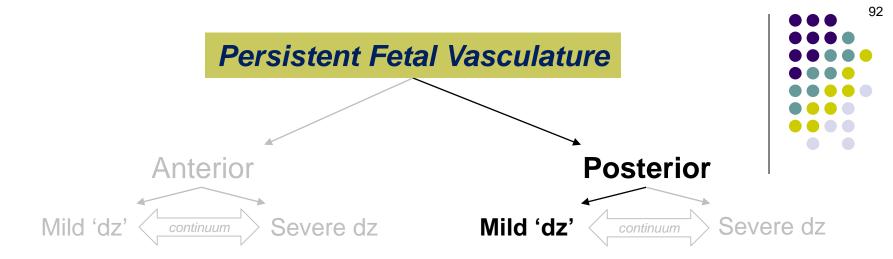


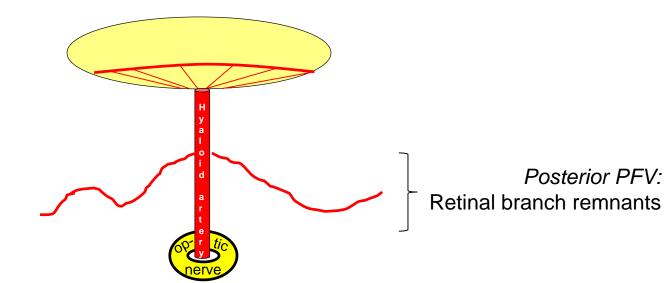


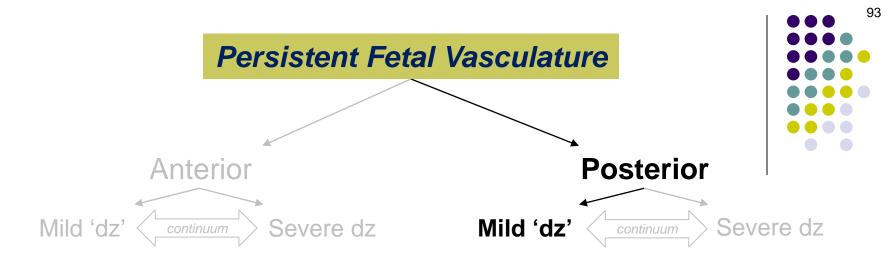


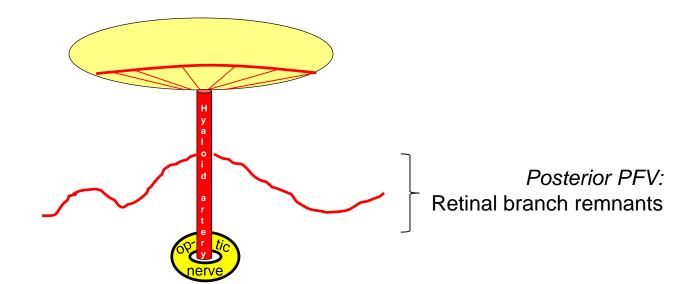
A two words

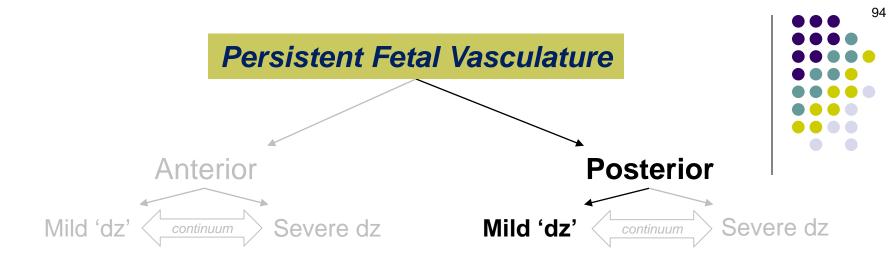




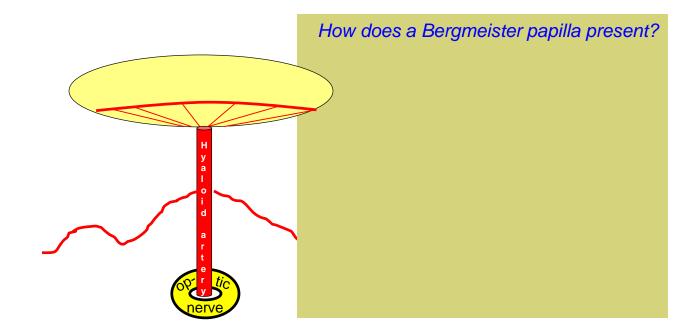


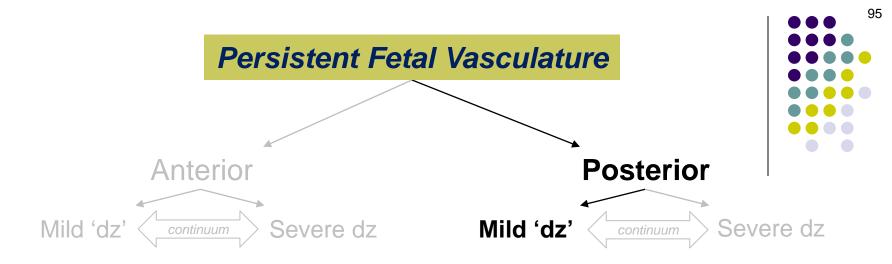




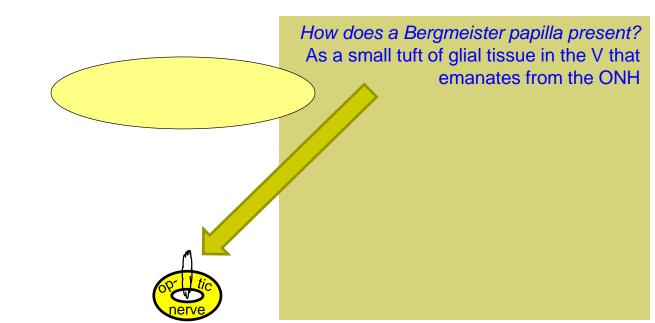


Bergmeister papilla





Bergmeister papilla

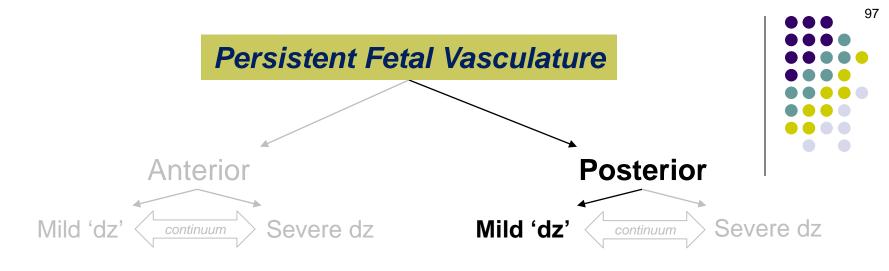


Persistent Fetal Vasculature



Bergmeister papillae



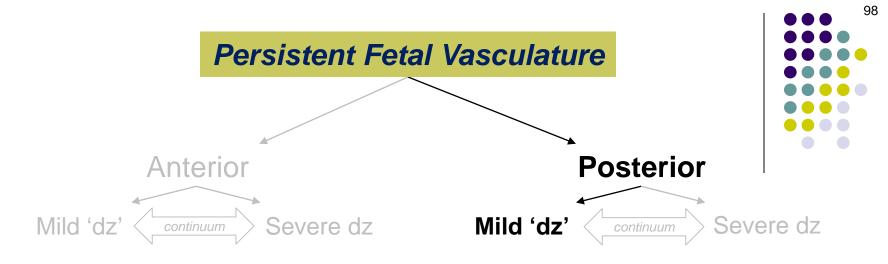


Bergmeister papilla

How does a Bergmeister papilla present?
As a small tuft of glial tissue in the V that
emanates from the ONH

How does it relate to the hyaloid system?



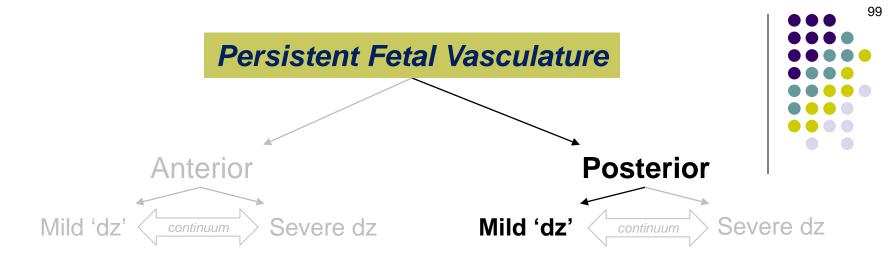


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How does it relate to the hyaloid system? It is a vestige of the **origin** of the hyaloid artery at the ONH





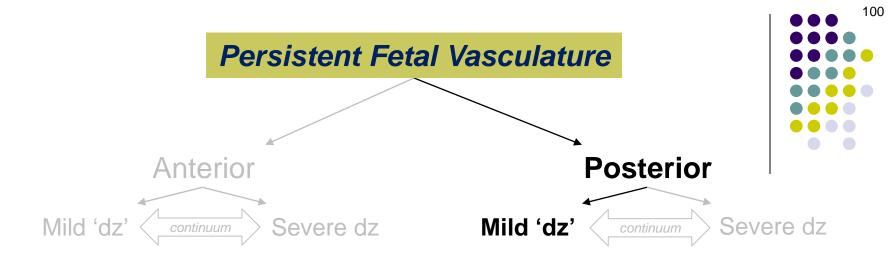
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Is it common?





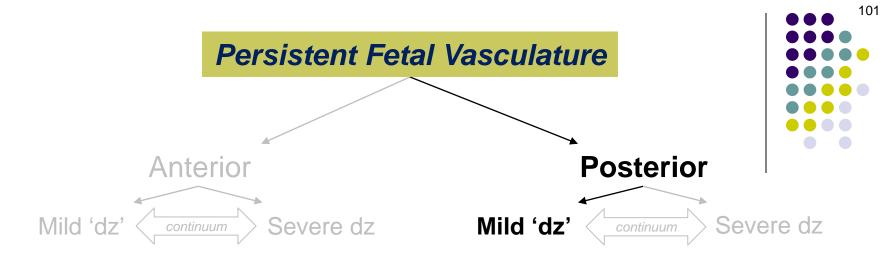
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Bergmeister papilla

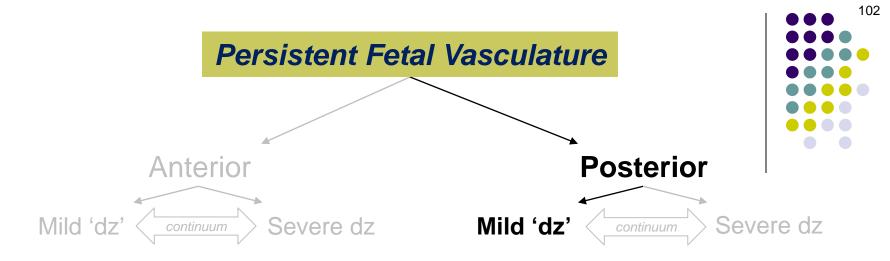
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Is it visually/medically significant?



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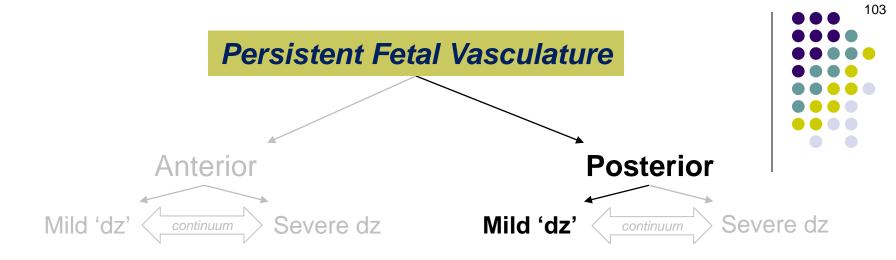
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Is it visually/medically significant?

Never



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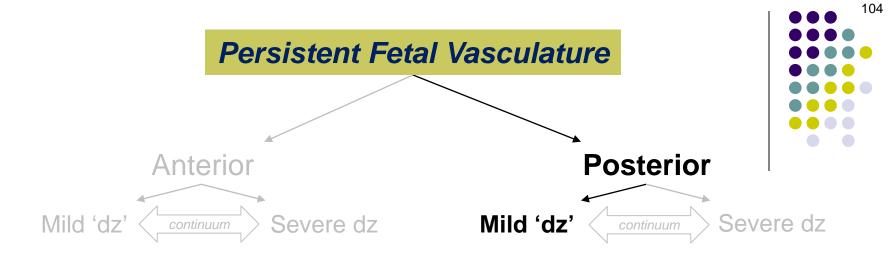
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Is it common?
Yes

Is it visually/medically significant?

Never

I saw a Bergmeister papilla that was perfused. Is this a still-viable hyaloid artery remnant?



Bergmeister papilla

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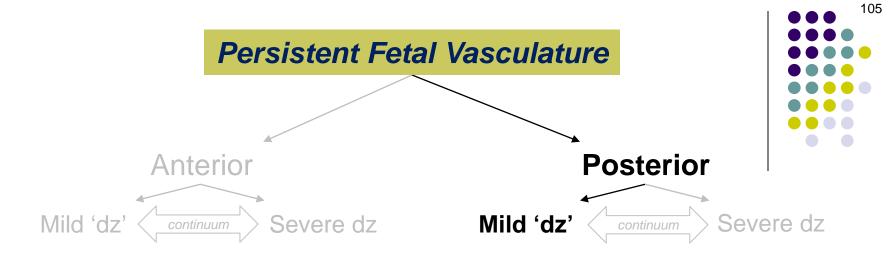
Is it common? Yes

op tic

I saw a Bergmeister papilla that was perfused. Is this a still-viable hyaloid artery remnant? You'd think so, but no. It's a prepapillary vascular loop.

Is it visually/medically significant?

Never



Bergmeister papilla

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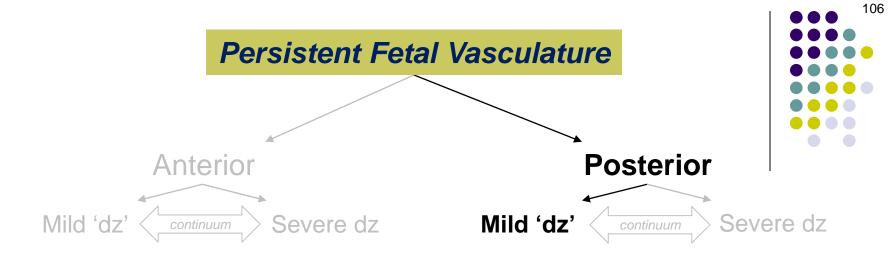
Is it visually/medically significant?

Never

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You'd think so, but no. It's a prepapillary vascular loop.

What is a prepapillary vascular loop?





Bergmeister papilla

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Is it common?

Is it visually/medically significant?

Never

I saw a Bergmeister papilla that was perfused. Is this a still-viable hyaloid artery remnant?
You'd think so, but no. It's a prepapillary vascular loop.

What is a prepapillary vascular loop? It is a normal retinal vessel that 'loops' into a Bergmeister papilla, then exits



Persistent Fetal Vasculature

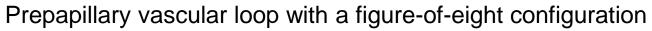


Prepapillary vascular loop

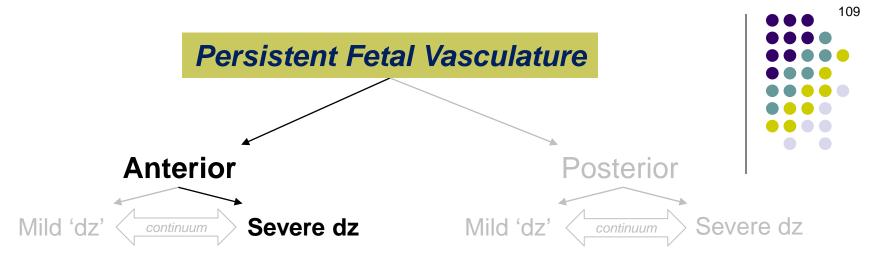


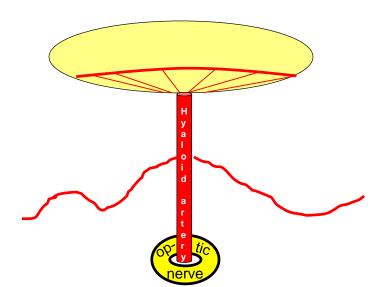
Persistent Fetal Vasculature

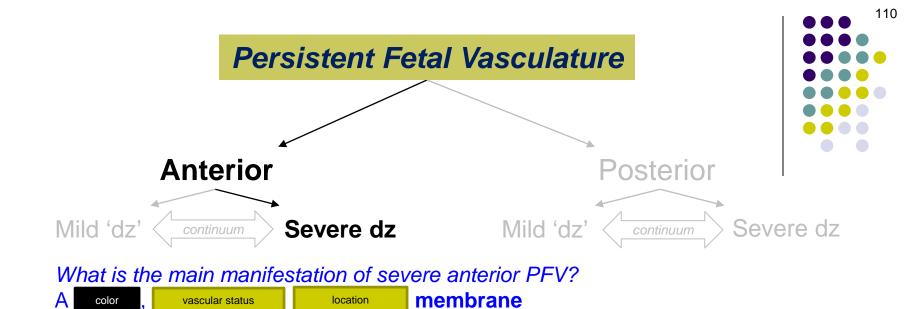


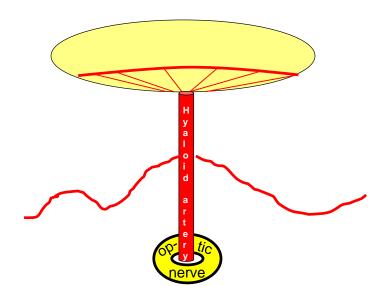


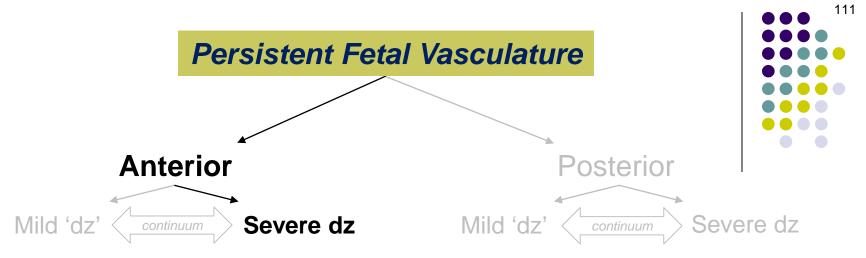




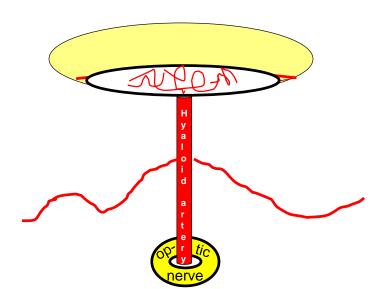






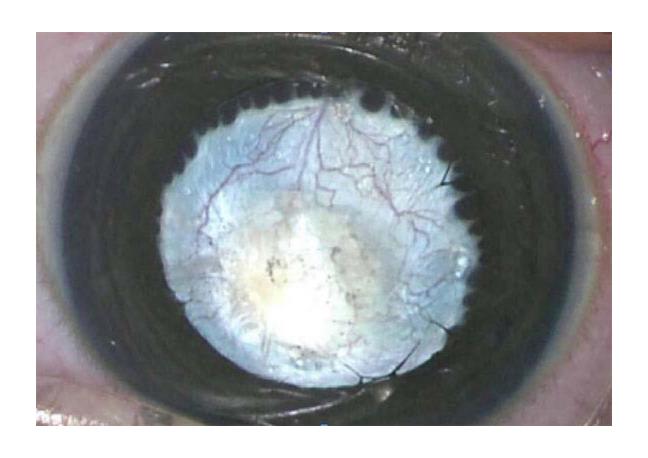


A white, vascularized retrolental membrane

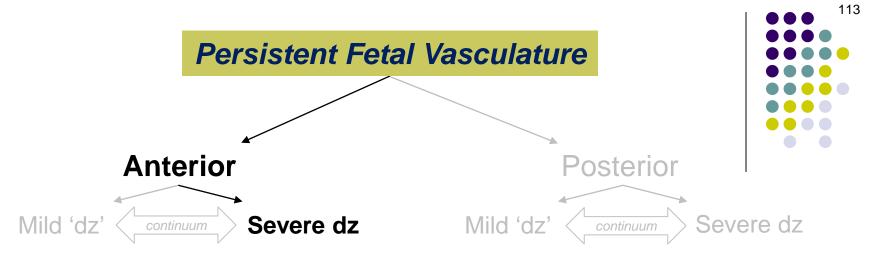


Persistent Fetal Vasculature



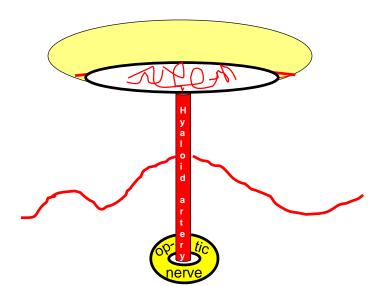


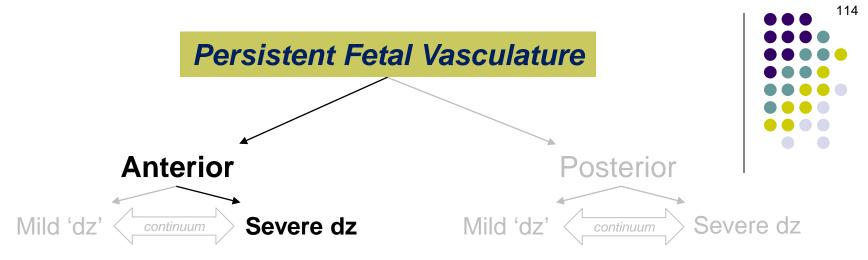
PFV: Retrolental membrane



A white, vascularized retrolental membrane

What finding—described in the BCSC as "classic" for anterior PFV—is associated with the peripheral aspect of the retrolental membrane?

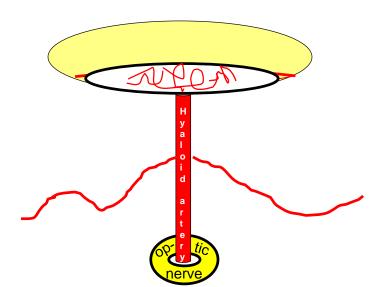


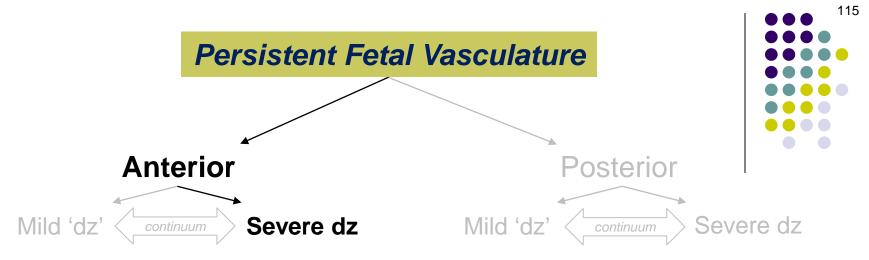


A white, vascularized retrolental membrane

What finding—described in the BCSC as "classic" for anterior PFV—is associated with the peripheral aspect of the retrolental membrane?

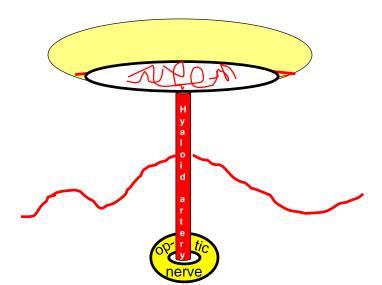
Elongated two words are visible through the pupil when dilated





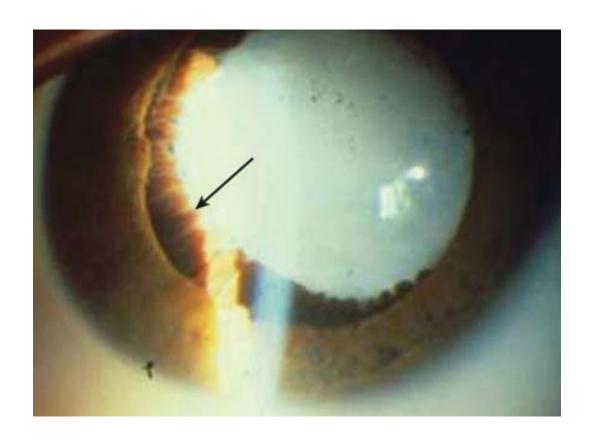
A white, vascularized retrolental membrane

What finding—described in the BCSC as "classic" for anterior PFV—is associated with the peripheral aspect of the retrolental membrane? Elongated **ciliary processes** are visible through the pupil when dilated

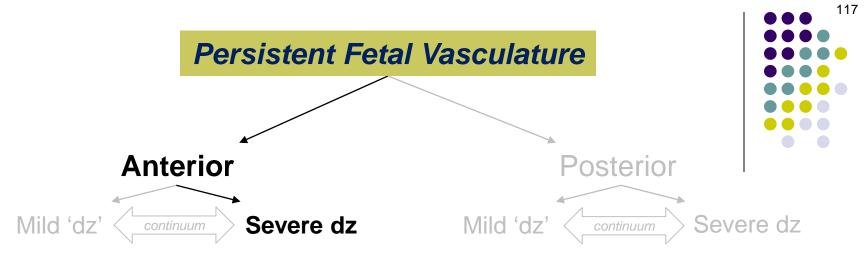


Persistent Fetal Vasculature



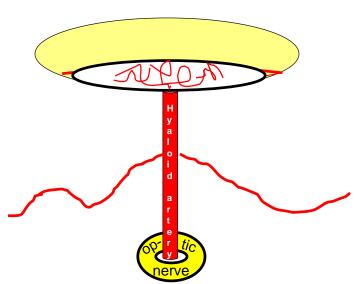


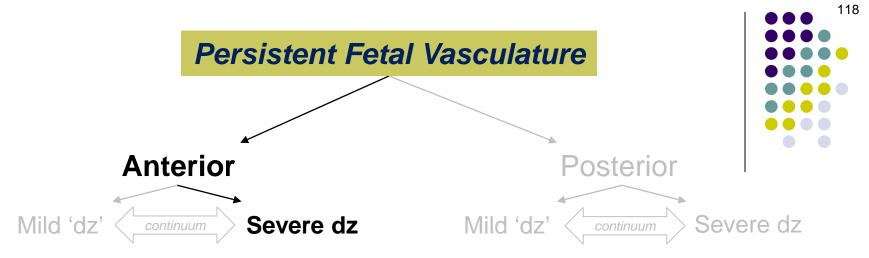
PFV: Retrolental membrane. Note the ciliary processes (arrow)



A white, vascularized retrolental membrane

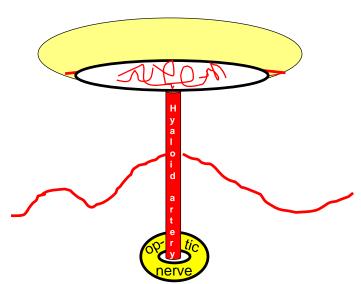
- --The eye is...[size]
- --The lens is...
- --The anterior chamber is...

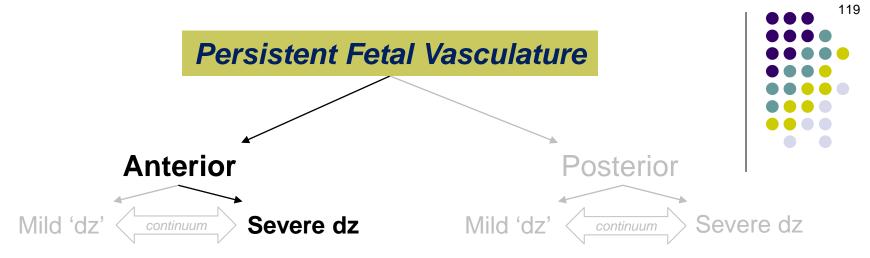




A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...
- --The anterior chamber is...





A white, vascularized retrolental membrane

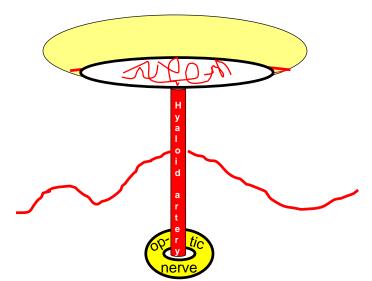
Three other classic manifestation

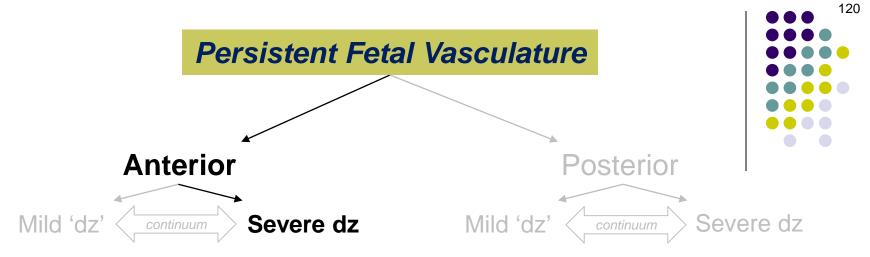
--The eye is. (microphthalmic)

-- The lens is...

--The anterior chamber is...

How prevalent is microphthalmia in severe anterior PFV?



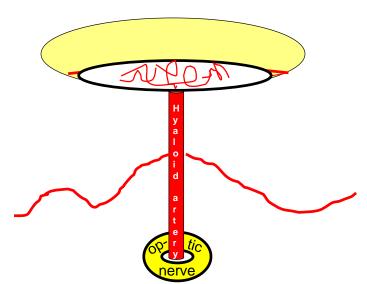


A white, vascularized retrolental membrane

Three other classic manifestation

- --The eye is. (microphthalmic)
- --The lens is...
- --The anterior chamber is...

How prevalent is microphthalmia in severe anterior PFV? Very. In fact, if an eye with apparent PFV isn't microphthalmic, you should question the diagnosis.



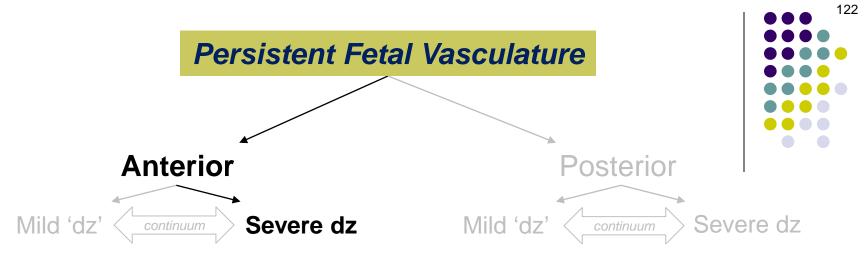
Persistent Fetal Vasculature





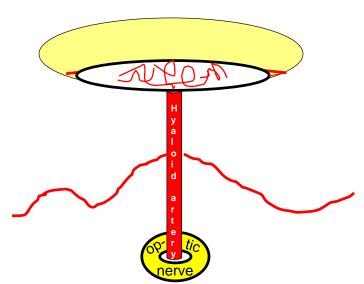


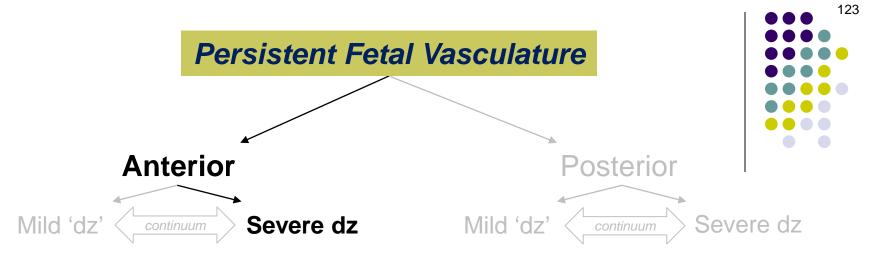
PFV: Microphthalmia



A white, vascularized retrolental membrane

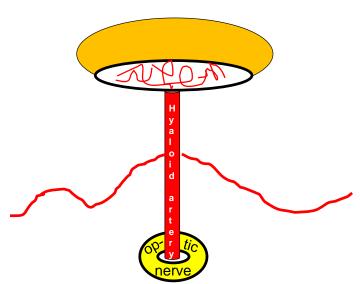
- --The eye is...microphthalmic
- --The lens is...[two key attributes]
- --The anterior chamber is...

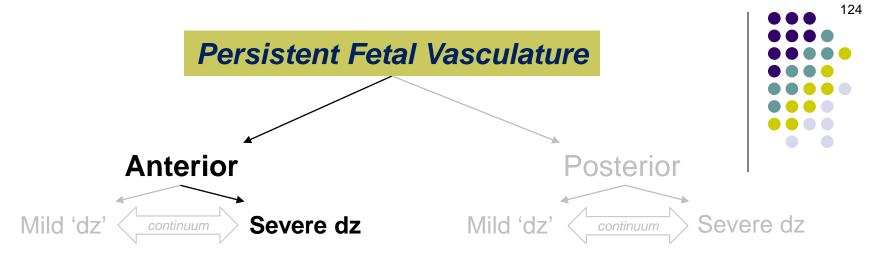




A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...





A white, vascularized retrolental membrane

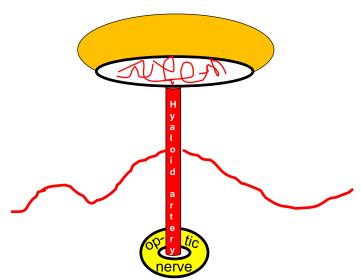
Three other classic manifestations of severe anterior PFV:

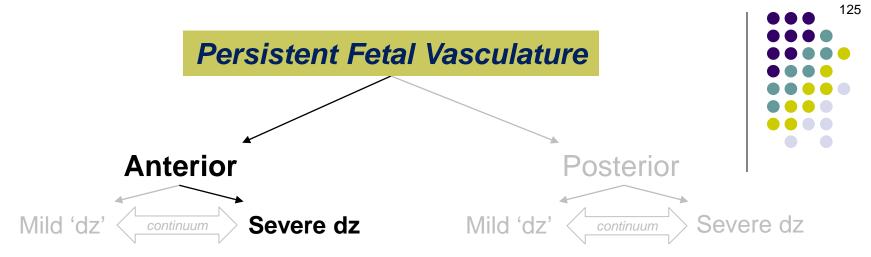
--The eye is...microphthalmic

--The lens is...small an (cataractous)

--The anterior chamber is...

Where does anterior PFV rank as a cause of unilateral cataract in kids?





A white, vascularized retrolental membrane

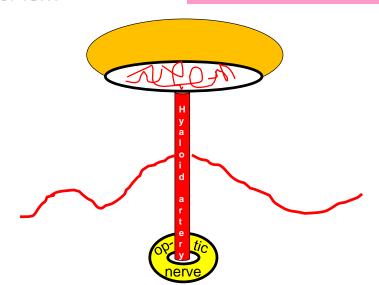
Three other classic manifestations of severe anterior PFV:

--The eye is...microphthalmi

--The lens is...small an (cataractous)

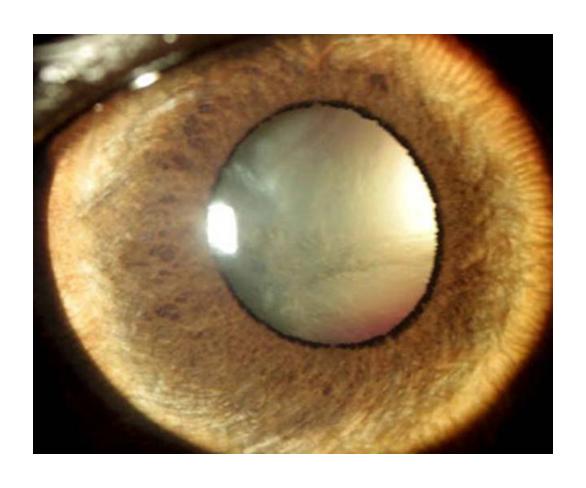
-- The anterior chamber is:

Where does anterior PFV rank as a cause of unilateral cataract in kids? #1

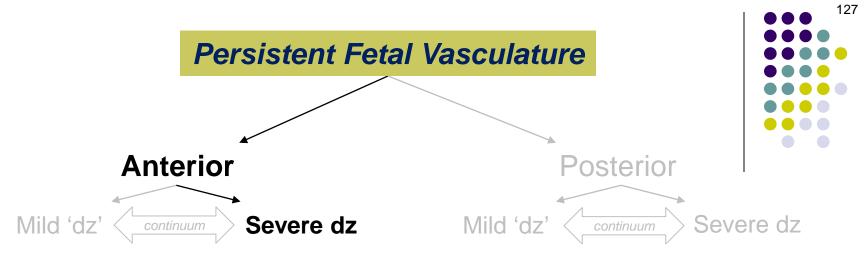


Persistent Fetal Vasculature



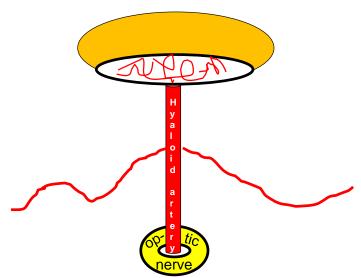


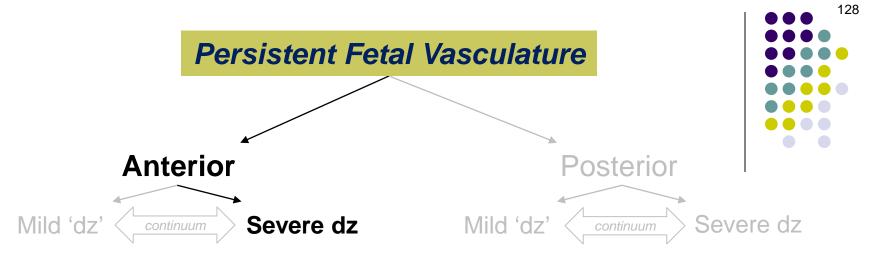
PFV: Cataract



A white, vascularized retrolental membrane

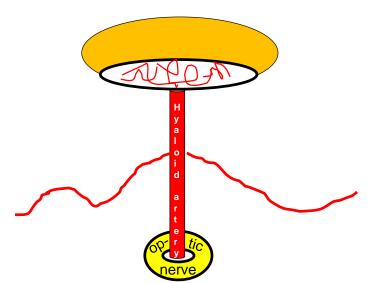
- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...[ominous status]





A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow

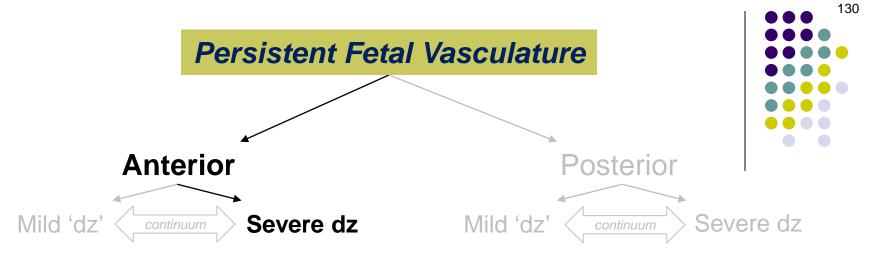


Persistent Fetal Vasculature

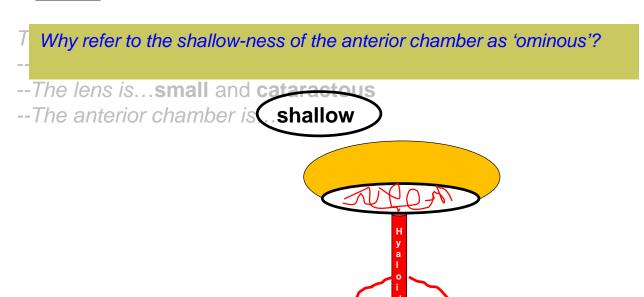


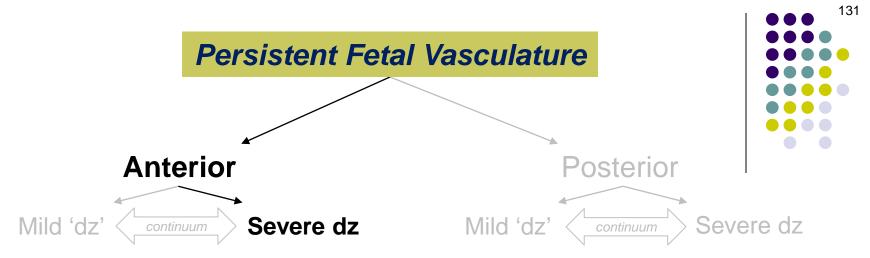


PFV: Shallow AC



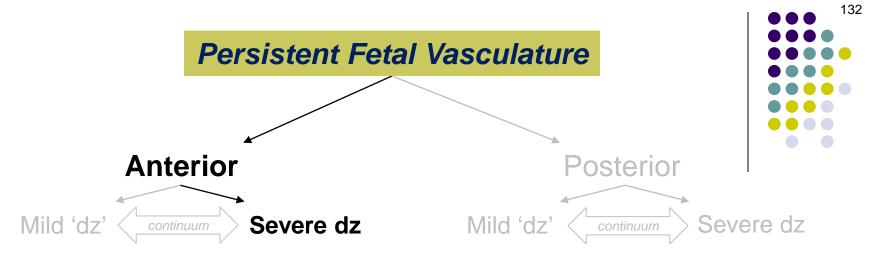
A white, vascularized retrolental membrane





vascularized retrolental membrane

- Why refer to the shallow-ness of the anterior chamber as 'ominous'?
- Because it places the eye at significant risk for angle-closure glaucoma
- -- The lens is...small and cataractous
- --The anterior chamber is (... shallow

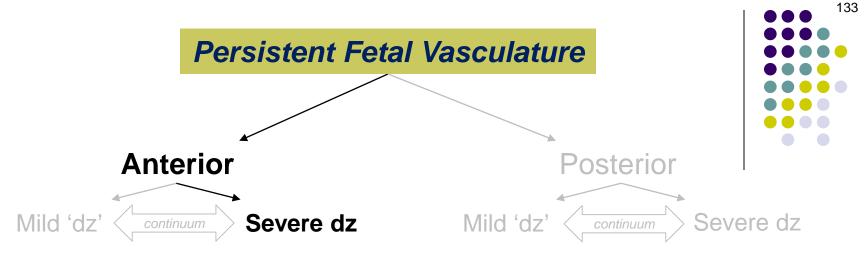


A white, vascularized retrolental membrane

Three other classic manifestations of severe anterior PFV:

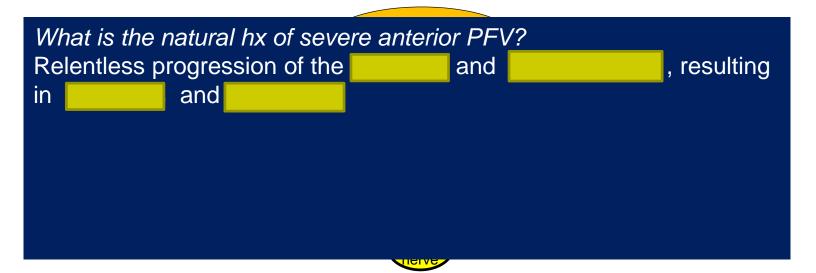
- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow

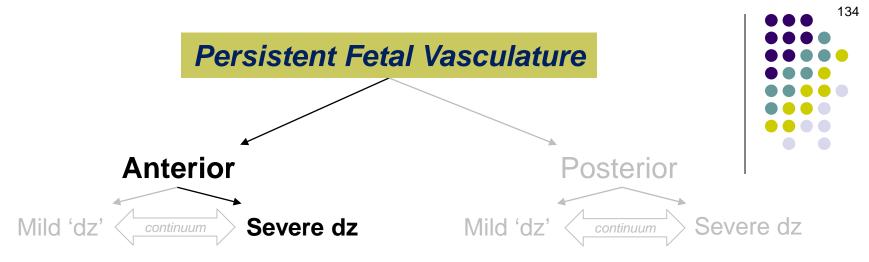
What is the natural hx of severe anterior PFV?



A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow





A white, vascularized retrolental membrane

Three other classic manifestations of severe anterior PFV:

- --The eye is...microphthalmi
- --The lens is...small and cataractous
- --The anterior chamber k...

shallow

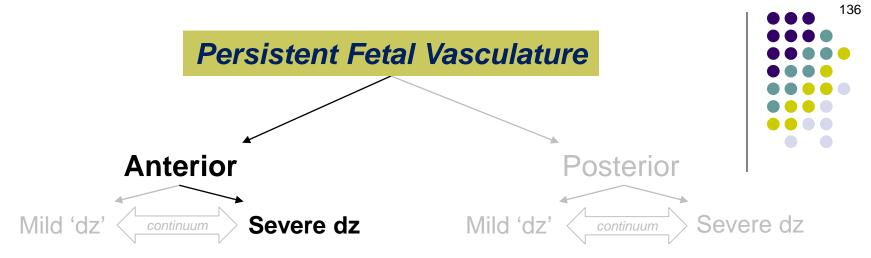
What is the natural hx of severe anterior PFV? Relentless progression of the cataract and AC shallowing, resulting in blindness and glaucoma

Persistent Fetal Vasculature





PFV: Note the advanced cataract and severely shallow AC. (Note also the thick white retrolental membrane, and the persistent hyaloid artery)



What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

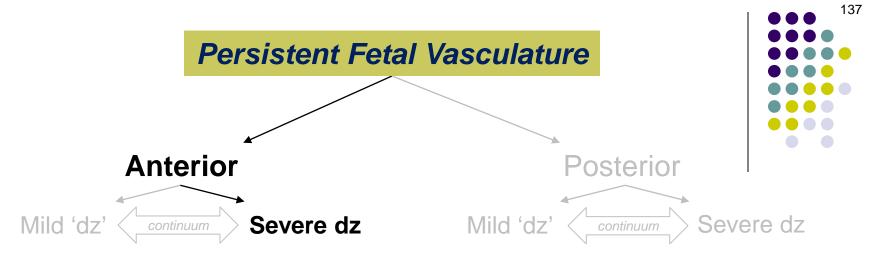
Three other classic manifestations of severe anterior PFV:

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber k...

cataractous

What is the natural hx of severe anterior PFV?
Relentless progression of the cataract and AC shallowing, resulting in blindness and glaucoma

Is severe PFV amenable to surgical intervention?



A white, vascularized retrolental membrane

Three other classic manifestations of severe anterior PFV:

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber k...

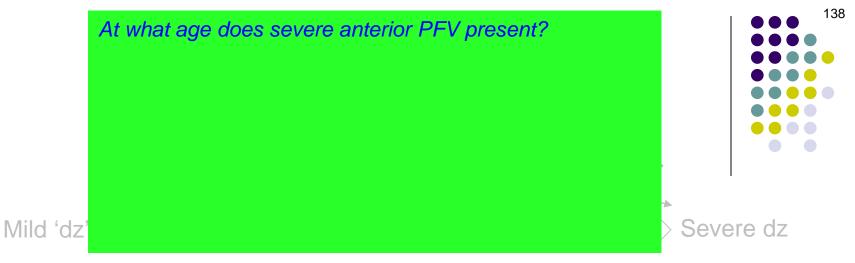
cataractous

What is the natural hx of severe anterior PFV?
Relentless progression of the cataract and AC shallowing, resulting in blindness and glaucoma

Is severe PFV amenable to surgical intervention?

Yes. The cataract and retrolental membrane can be removed, and this usually precludes development of secondary glaucoma. However, the post-op course is fraught, and the visual prognosis guarded.

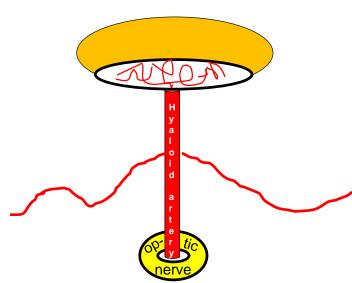
TICIVE



What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- -- The anterior chamber is...shallow





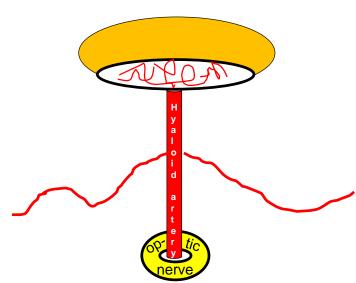
Mild 'dz'

Severe dz

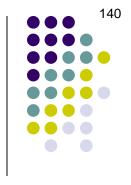
What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- -- The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue?



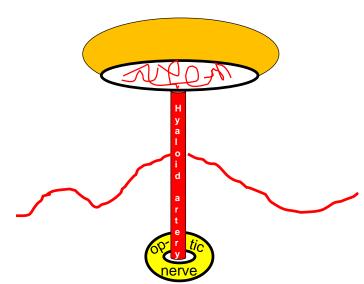
Mild 'dz'

Severe dz

What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

- --The eye is...microphthalmic
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- --The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.

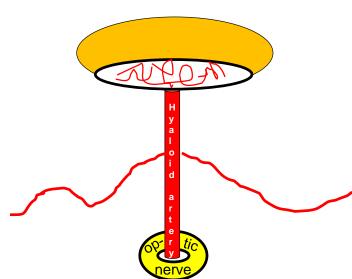


Mild 'dz'

Severe dz



- --The eye is...microphthalmic
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What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.

Severe dz

142

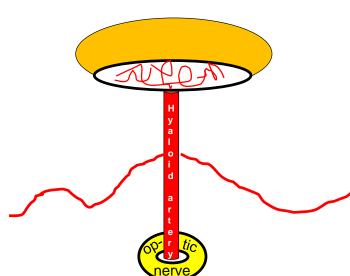
What is the most feared dx on the leukocoria DDx?

Mild 'dz'

he main manifestation of severe anterior PFV?

, vascularized retrolental membrane

- --The eye is...microphthalmic
- -- The lens is...small and cataractous
- --The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.

Severe dz

143

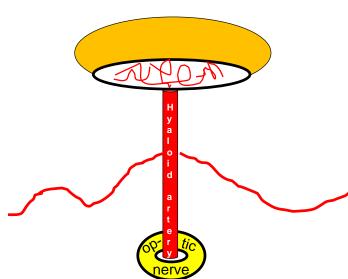
Mild 'dz'

What is the most feared dx on the leukocoria DDx? Retinoblastoma (Rb)

What is the main manifestation of severe anterior PFV?

white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow



It's crucial that you be able to distinguish between anterior PFV and Rb, both in the clinic and on the OKAP/Boards. So let's see how Rb stacks up against what we've learned about anterior PFV.

Mild 'dz Retinoblastoma (Rb)

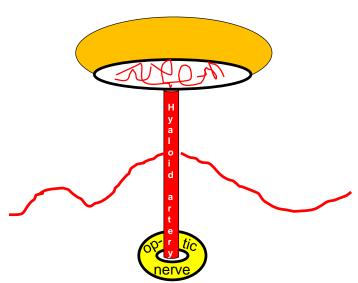
Severe dz

144

What is the main manifestation of severe anterior PFV?

white, vascularized retrolental membrane

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- -- The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.



Severe dz

What is the most foored dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

Does Rb present with leukocoria at birth?

What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

Three other classic manifestations of severe anterior PFV:

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.



What is the most feared dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

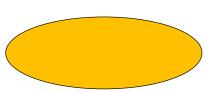
Does Rb present with leukocoria at birth? **No**

What is the main manifestation of severe anterior PFV?

white, vascularized retrolental membrane

Three other classic manifestations of severe anterior PFV:

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow





at is the most foored dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

Severe dz Does Rb present with leukocoria at birth? No

What is the main manifestation of severe anterior PFV?

white

vascularized retrole Does this mean Rb can't be present at birth?

Three other classic manifestation

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- -- The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it. 148

Severe dz

What is the most foored dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

Does Rb present with leukocoria at birth? No

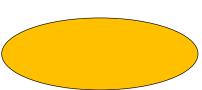
What is the main manifestation of severe anterior PFV?

A white vascularized retrole

Does this mean Rb can't be present at birth? Oh no, it mos def can. It just isn't **obvious**, ie, it isn't causing leukocoria (or any other outward sign).

Three other classic manifestation

- --The eye is...microphthalmic
- --The lens is...small and cataractous
- --The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it. 149

What is the most feared dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

Does Rb present with leukocoria at birth? **No**

What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

Three other classic manifestatic Are Rb eyes microphthalmic?

- --The eye is...**microphthalmic?**
- --The lens is...small and cataractous
- --The anterior chamber is...shallow



What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue? Leukocoria. Anterior PFV is very high on the DDx for it.



Severe dz

What is the most feared dx on the leukocoria DDx?

Mild 'dz Retinoblastoma (Rb)

Does Rb present with leukocoria at birth? No

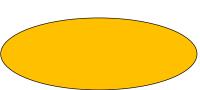
What is the main manifestation of severe anterior PFV?

A white, vascularized retrolental membrane

Three other classic manifestatio

Are Rb eyes microphthalmic? No

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at is the most foored dx on the leukocoria DDx? Severe dz Retinoblastoma (Rb) Does Rb present with leukocoria at birth? No What is the main manifestation of severe anterior PFV? whita vascularized retrolental membrane Three other classic manifestatio Are Rb eyes microphthalmic? No

-- The eve is microphthalmic

Mild 'dz

--The lens is...**small** and **cataractous?**

Do Rb eyes have small/cataractous lenses?

151

-- The anterior chamber is...shallow



that is the most feared dx on the leukocoria DDx? Severe dz Mild 'dz Retinoblastoma (Rb) Does Rb present with leukocoria at birth? No What is the main manifestation of severe anterior PFV? vascularized retrolental membrane whita Are Rb eyes microphthalmic? No Three other classic manifestation -- The eve is microphtha Do Rb eyes have small/cataractous lenses? No --The anterior chamber is...shallow

152

that is the most feared dx on the leukocoria DDx? Severe dz Retinoblastoma (Rb) Mild 'dz Does Rb present with leukocoria at birth? No What is the main manifestation of severe anterior PFV? vascularized retrolental membrane whita Are Rb eyes microphthalmic? No Three other classic manifestation -- The eve is microphth Do Rb eyes have small/cataractous lenses? No --The anterior chamber is...**shallow?**

153

Do Rb eyes have shallow ACs?

that is the most feared dx on the leukocoria DDx? Severe dz Retinoblastoma (Rb) Mild 'dz Does Rb present with leukocoria at birth? No What is the main manifestation of severe anterior PFV? whita vascularized retrolental membrane Are Rb eyes microphthalmic? No Do Rb eyes have small/cataractous lenses? No

154

Three other classic manifestation

- -- The eve is microphtl

Do Rb eyes have shallow ACs? No

Mild

What

Three

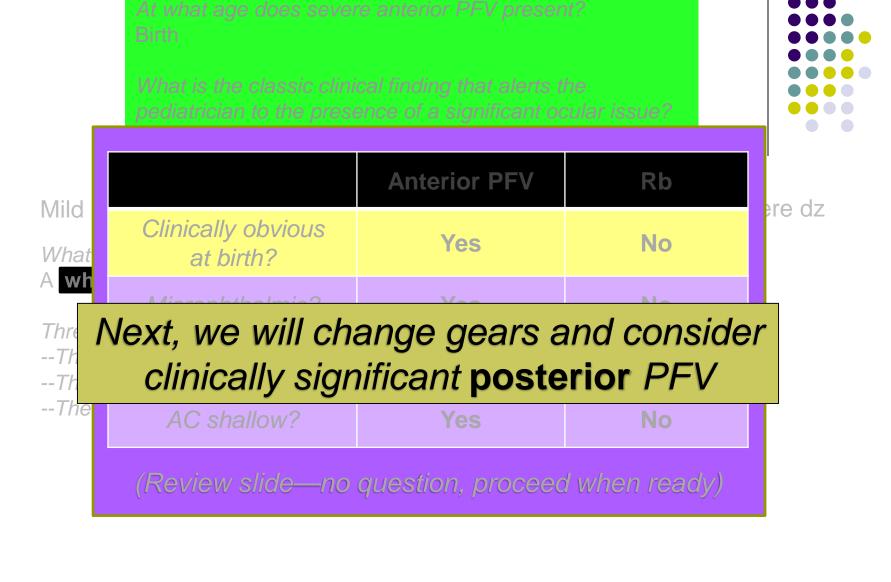
What is the classic clinical finding that alerts the pediatrician to the presence of a significant ocular issue?

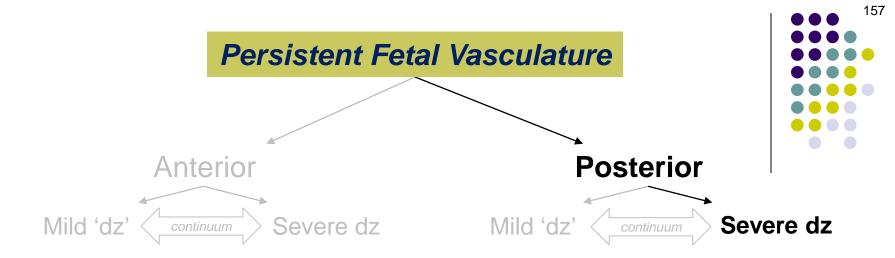
	Anterior PFV	Rb
Leukocoria at birth?	Yes	No
Microphthalmic?	Yes	No
Cataract present?	Yes	No
AC shallow?	Yes	No

(Review slide—no question, proceed when ready)



ere dz

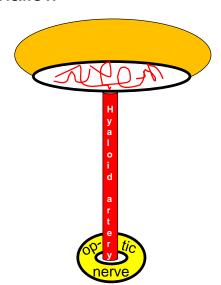


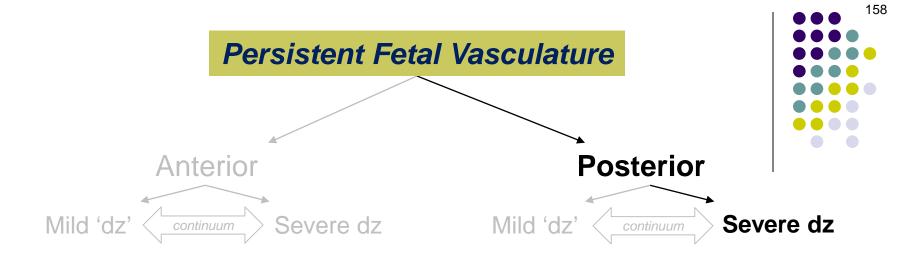


vascularized retrolental membrane

In severe posterior PFV...

The eye is...microphthalmic
The lens is...small and cataractous
The anterior chamber is...shallow

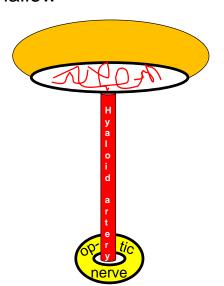


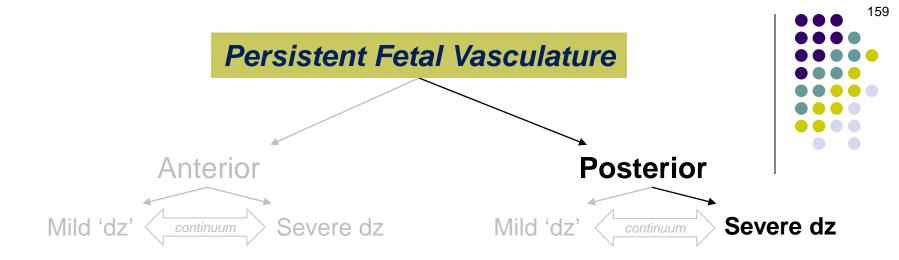


A white, vascularized retrolental membrane?

The eye is...microphthalmic
The lens is...small and cataractous
The anterior chamber is...shallow

In severe **posterior** PFV...
Is a retrolental membrane present?

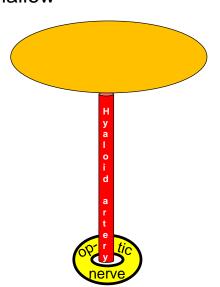


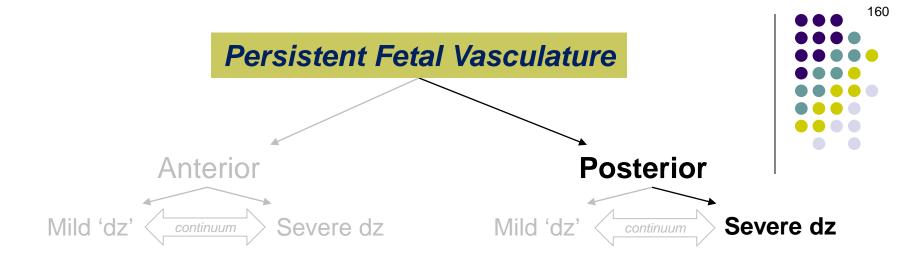


vascularized retrolental membrane?

The eye is...microphthalmic
The lens is...small and cataractous
The anterior chamber is...shallow

In severe **posterior** PFV...
Is a retrolental membrane present? **No**

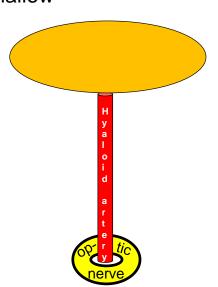


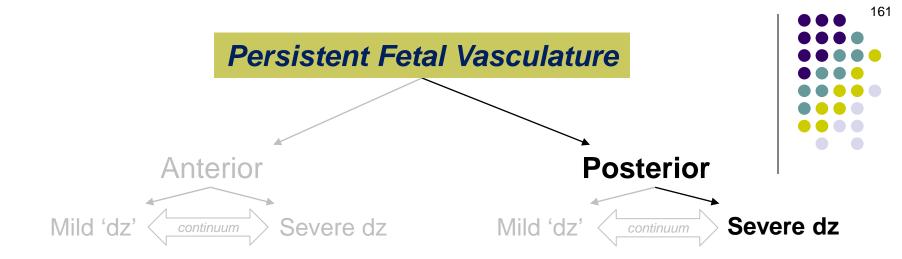


vascularized retrolental membrane?

The eye is...microphthalmic?
The lens is...small and cataractous
The anterior chamber is...shallow

In severe **posterior** PFV... Is the eye microphthalmic?

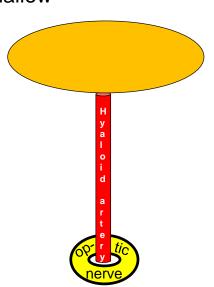


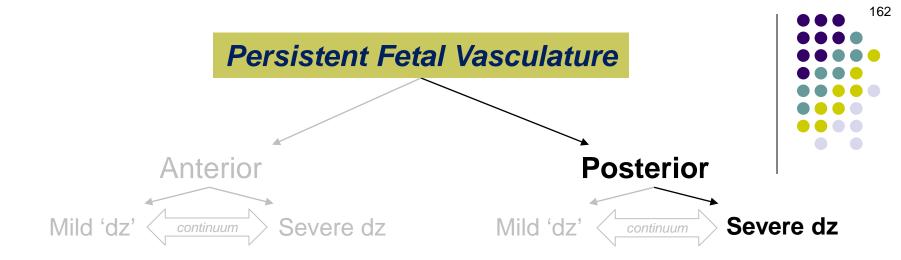


vascularized retrolental membrane?

The eye is...microphthalmic!
The lens is...small and cataractous
The anterior chamber is...shallow

In severe posterior PFV...
Is the eye microphthalmic? Yes





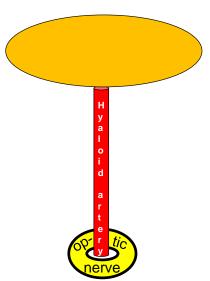
vascularized retrolental membrane?

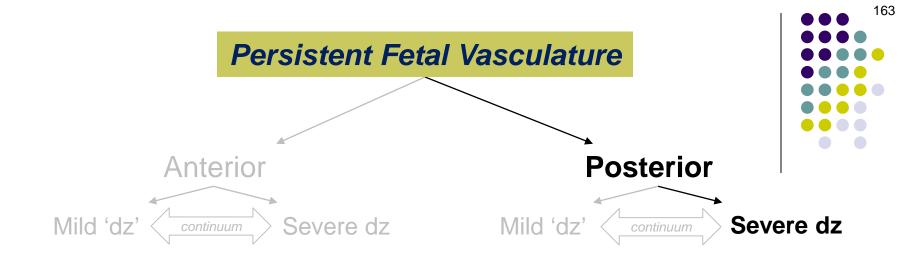
The eye is...microphthalmic!

The lens is...small and cataractous?

The anterior chamber is...shallow

In severe **posterior** PFV... Is the lens small/cataractous?





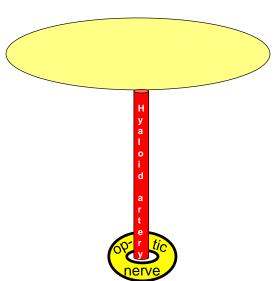
vascularized retrolental membrane?

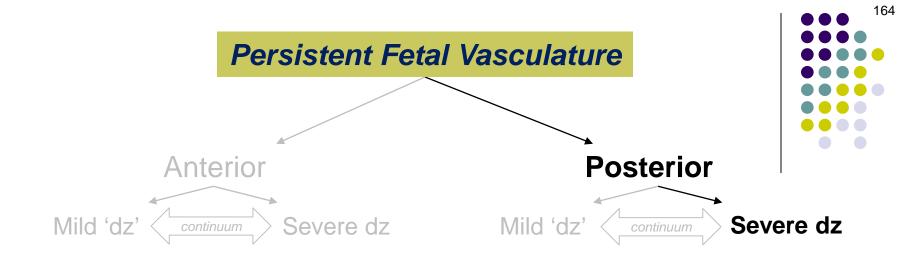
The eye is...microphthalmic!

The lens is...small and cataractous

The anterior chamber is...shallow

In severe posterior PFV...
Is the lens small/cataractous? No





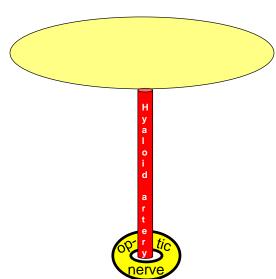
vascularized retrolental membrane?

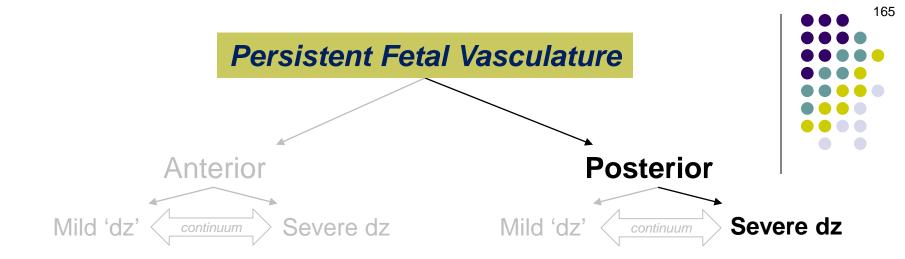
The eye is...microphthalmic!

The lens is...small and cataractous

The anterior chamber is...shallow?

In severe **posterior** PFV... Is the AC shallow?





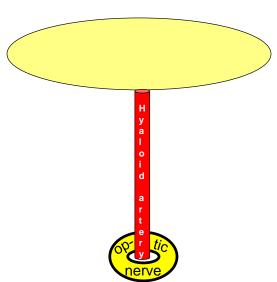
vascularized retrolental membrane?

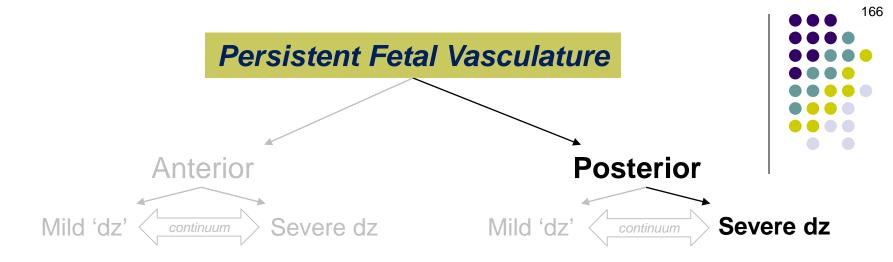
The eye is...microphthalmic!

The lens is...small and cataractous

The anterior chamber is...shallow

In severe posterior PFV... Is the AC shallow? No





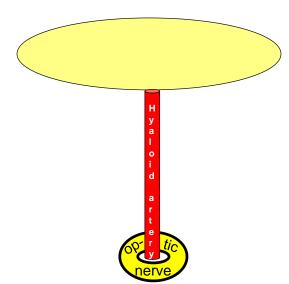
A white, vascularized retrolental membrane?

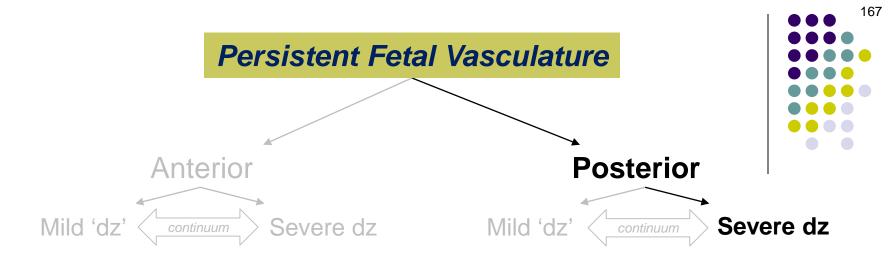
What is the defining feature of severe posterior PFV?

The eye is...microphthalmic!

The lens is...small and cataractous

The anterior chamber is...shallow



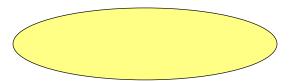


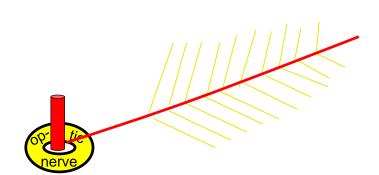
vascularized retrolental membrane?

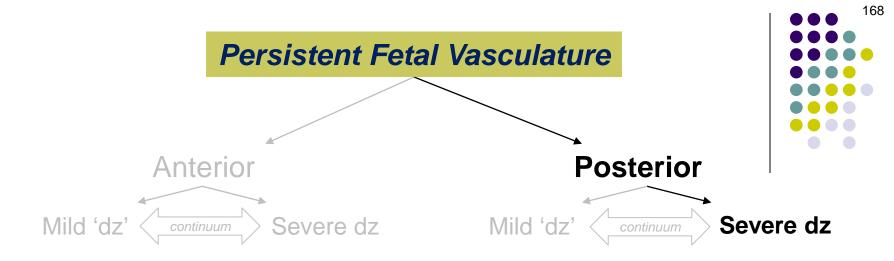
What is the defining feature of severe posterior PFV?
Persistent hyaloid branches emanating from the ONH,
running atop (and causing) a two words

The eye is...microphthalmic!

The anterior chamber is...shallow







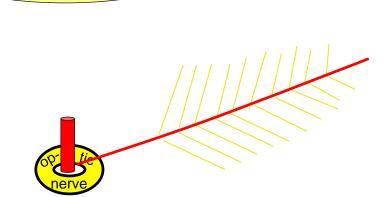
A white, vascularized retrolental membrane?

What is the defining feature of severe posterior PFV?
Persistent hyaloid branches emanating from the ONH,
running atop (and causing) a retinal fold

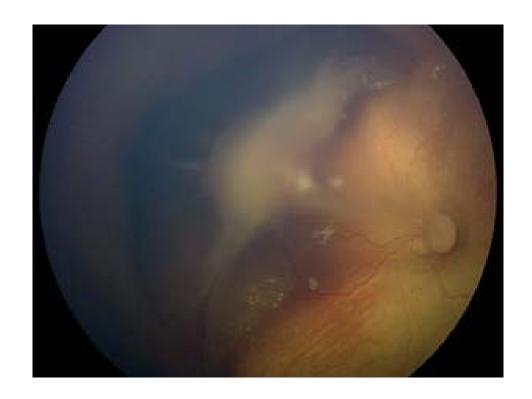
The eye is...microphthalmic!

The lens is...sinaii and cataractous

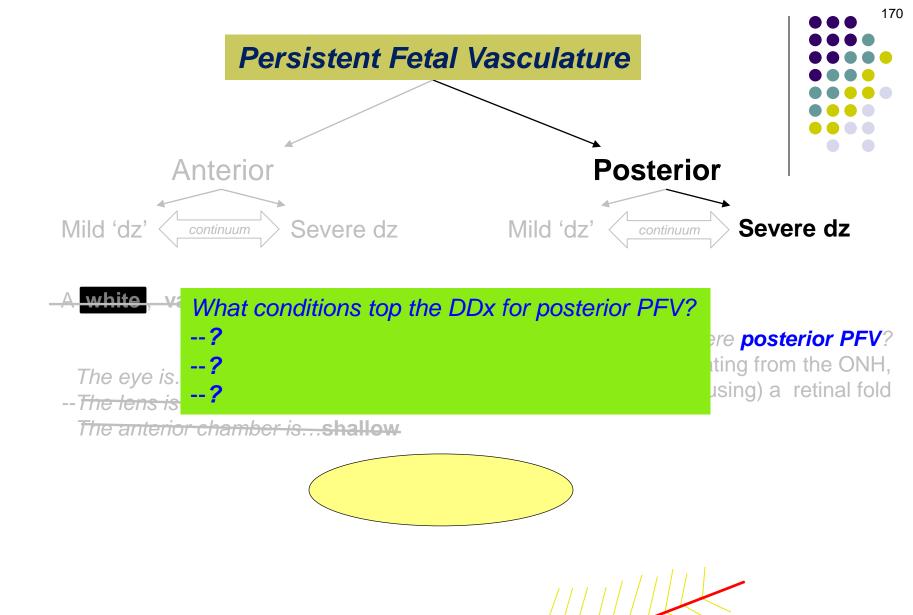
The anterior chamber is...shallow

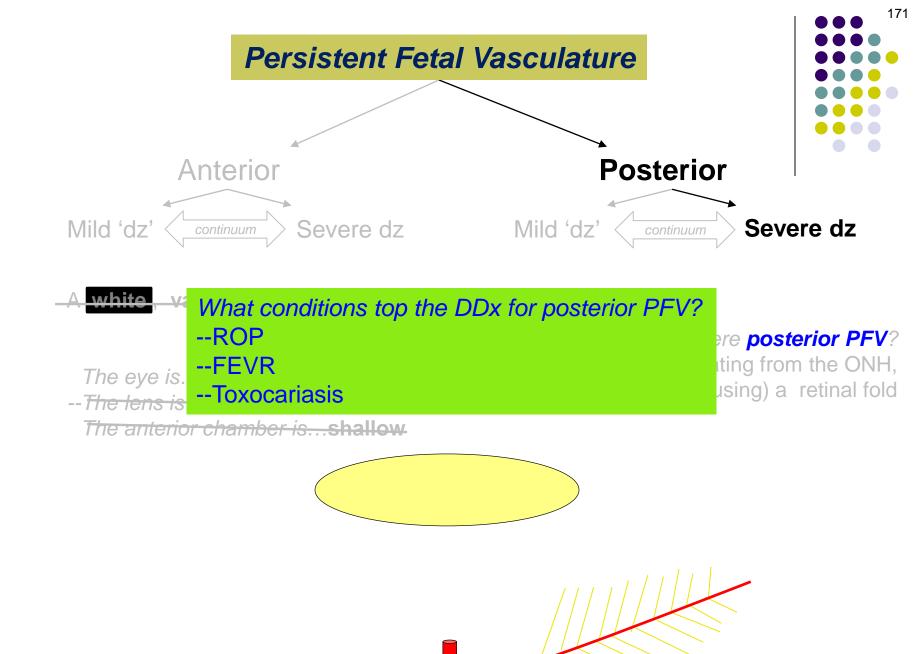


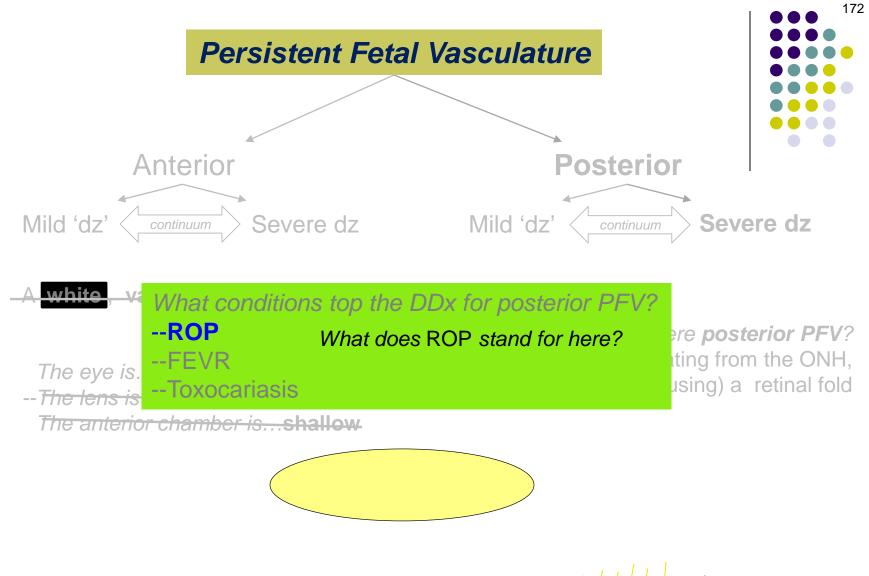


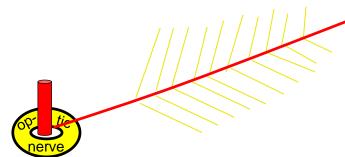


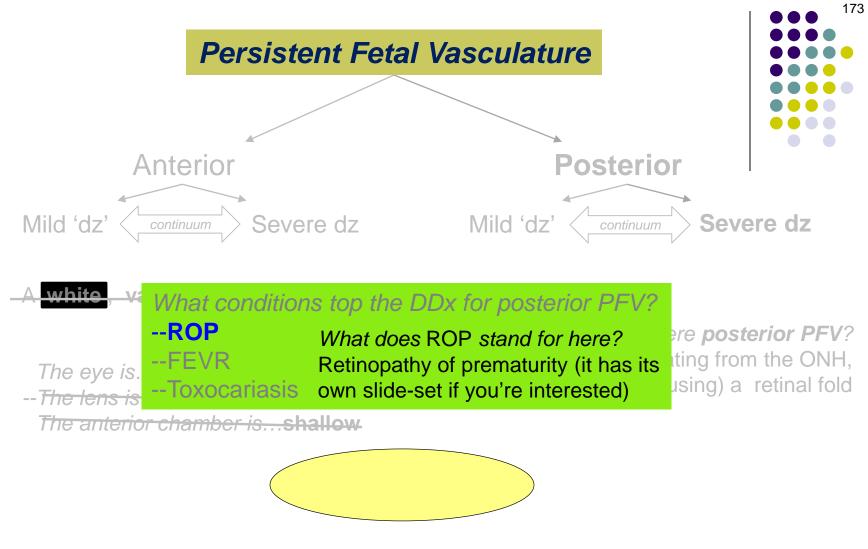
Posterior PFV with a fibrovascular stalk

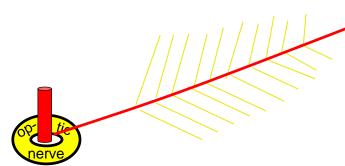


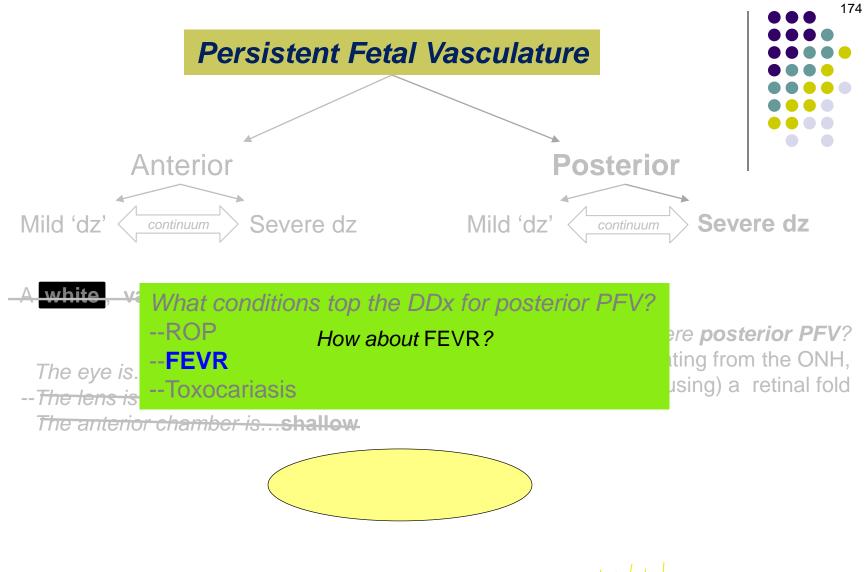


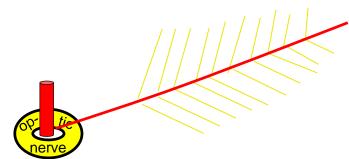


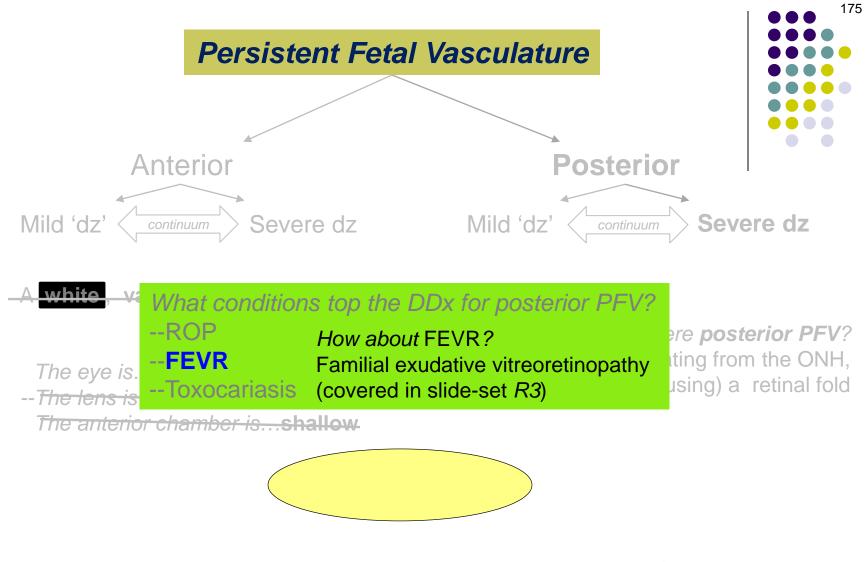


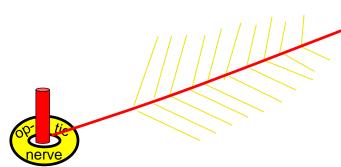


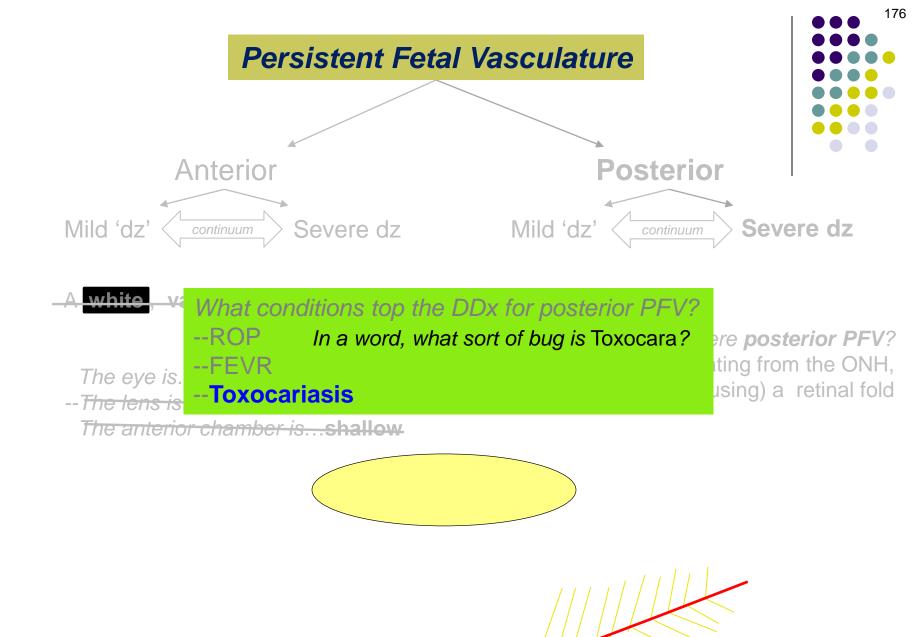


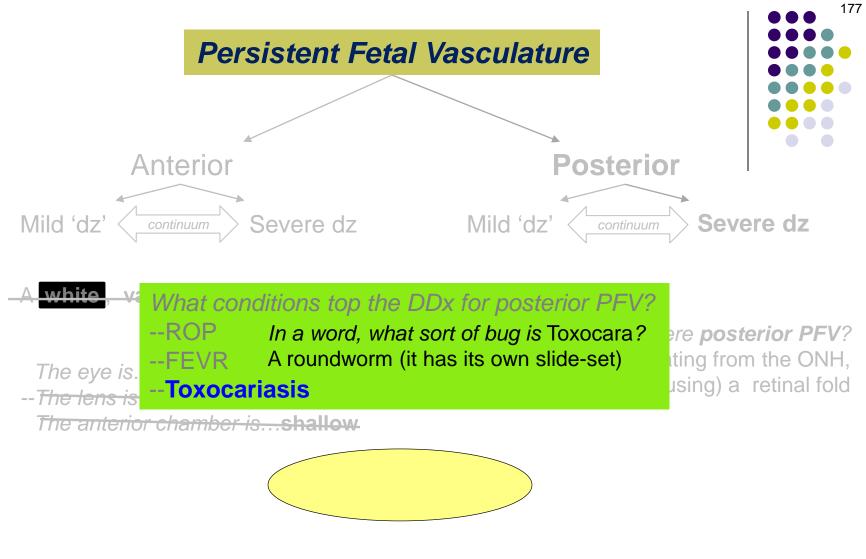


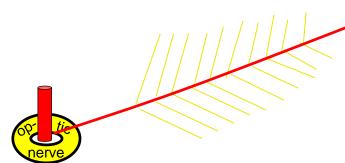














The next section is a brief recapitulation of the high points for severe anterior PFV



- Anterior PFV: Basics
 - classic descriptors (three words)

membrane present behind lens



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - eye size



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria

how early in life?



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - deep vs shallow anterior chamber



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long two words visible around small lens



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long ciliary processes visible around small lens



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long ciliary processes visible around small lens
 - Dehiscence of posterior capsule → lens one word → cataract and type of glaucoma



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long ciliary processes visible around small lens
 - Dehiscence of posterior capsule → lens intumescence → cataract and 2° angle closure glaucoma



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long ciliary processes visible around small lens
 - Dehiscence of posterior capsule → lens intumescence → cataract and 2° angle closure glaucoma
 - Anterior PFV: Management
 - surgical procedure and another surgical procedure to prevent angle closure



- Anterior PFV: Basics
 - White vascularized fibrous membrane present behind lens
 - Associated with:
 - Microphthalmos
 - Leukocoria at birth
 - Shallow anterior chamber
 - Long ciliary processes visible around small lens
 - Dehiscence of posterior capsule → lens intumescence → cataract and 2° angle closure glaucoma
 - Anterior PFV: Management
 - Lensectomy and membranectomy to prevent angle closure