

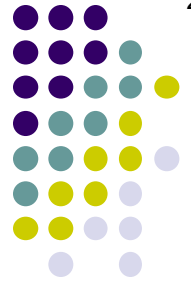
Leber's Congenital Amaurosis

- LCA is an age-related variant of abb.



Leber's Congenital Amaurosis

- LCA is an age-related variant of **RP**



Leber's Congenital Amaurosis

- **LCA is an age-related variant of RP**

Note that our understanding of both LCA and RP is evolving,
and that the above assertion may be amended soon!



Leber's Congenital Amaurosis

- LCA is an age-related variant of RP
- Presents with:
 - Severe ↓ VA in the Snellen - not Snellen range



Leber's Congenital Amaurosis

- LCA is an age-related variant of RP
- Presents with:
 - Severe ↓ VA in the 20/200 – LP range



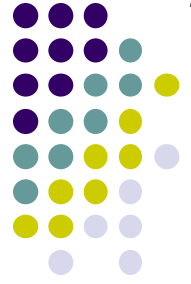
Leber's Congenital Amaurosis

- LCA is an age-related variant of RP
- Presents with:
 - Severe ↓ VA in the **20/200 – LP** range

Which end of the spectrum is more typical in LCA--the 20/200, or the LP?



Leber's Congenital Amaurosis



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- Presents with:
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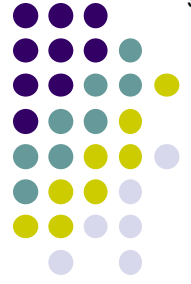
Which end of the spectrum is more typical in LCA--the 20/200, or the LP?
The LP. Most LCA pts have very, very poor vision

Leber's Congenital Amaurosis



- LCA is an age-related variant of RP
- Presents with:
 - Severe ↓ VA in the 20/200 – LP range
 - Nystagmus by age , characterized as

Leber's Congenital Amaurosis



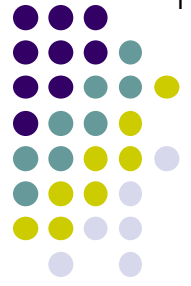
- LCA is an age-related variant of RP
- Presents with:
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What is the most common presenting finding in hereditary retinal diseases?



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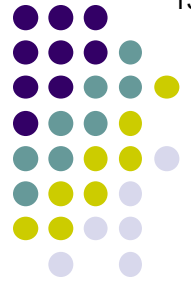
What are some of the other classic hereditary retinal conditions that present with nystagmus?

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--(There are many others)



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--Albinism

--Achromatopsia

--Congenital stationary night blindness (CSNB)

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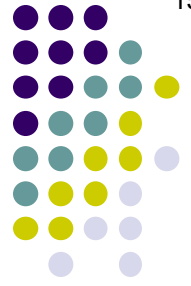
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And lest we forget:

--Any condition that interferes with vision from birth can cause a

three words



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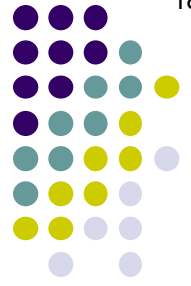
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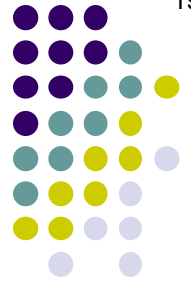
--Any condition that interferes with vision from birth can cause a congenital sensory nystagmus

--Nystagmus from birth associated with normal vision is usually a congenital motor nystagmus



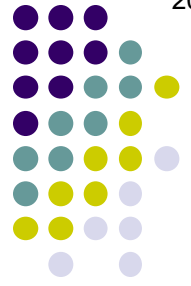
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- LCA is an age-related variant of RP
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 - Refractive error: Classically [one word] in the [#] range (but can be [one word])



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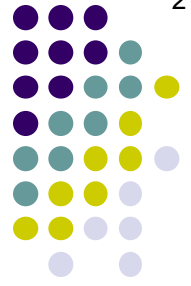
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What is the significance of the hyperopia?

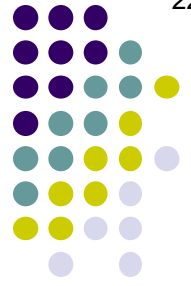


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What is the significance of the hyperopia?

Probably nothing. Most infants and children are hyperopic until they start undergoing the process of emmetropization (which usually commences around age 7, and is completed by age 16). Because of their extremely poor vision, LCA eyes do not experience the stimulus needed to initiate and maintain the emmetropization process, and thus these eyes remain forever hyperopic.



Leber's Congenital Amaurosis

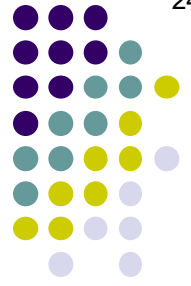
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abb.



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In what fundamental way does the ERG in LCA differ from that of most retinal dystrophies?



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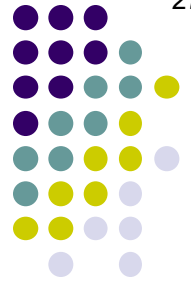
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In what fundamental way does the ERG in LCA differ from that of most retinal dystrophies?
The ERG is almost undetectable from birth in infants with LCA. In contrast, the ERG in most retinal dystrophies will demonstrate slow, progressive diminution over time



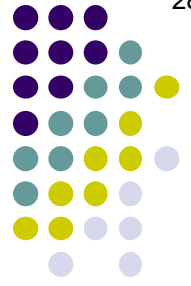
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 - Pupils are one word, and may be one word



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What are paradoxical pupils?

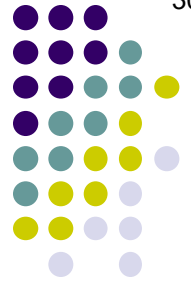


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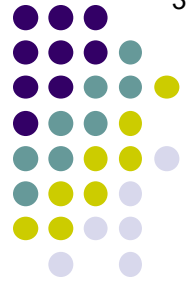
Pupils that **dilate** in response to light



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one word



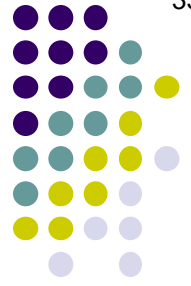
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 - The one word reflex may reflect an attempt to elicit some visual input via one word production



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What are phosphenes?



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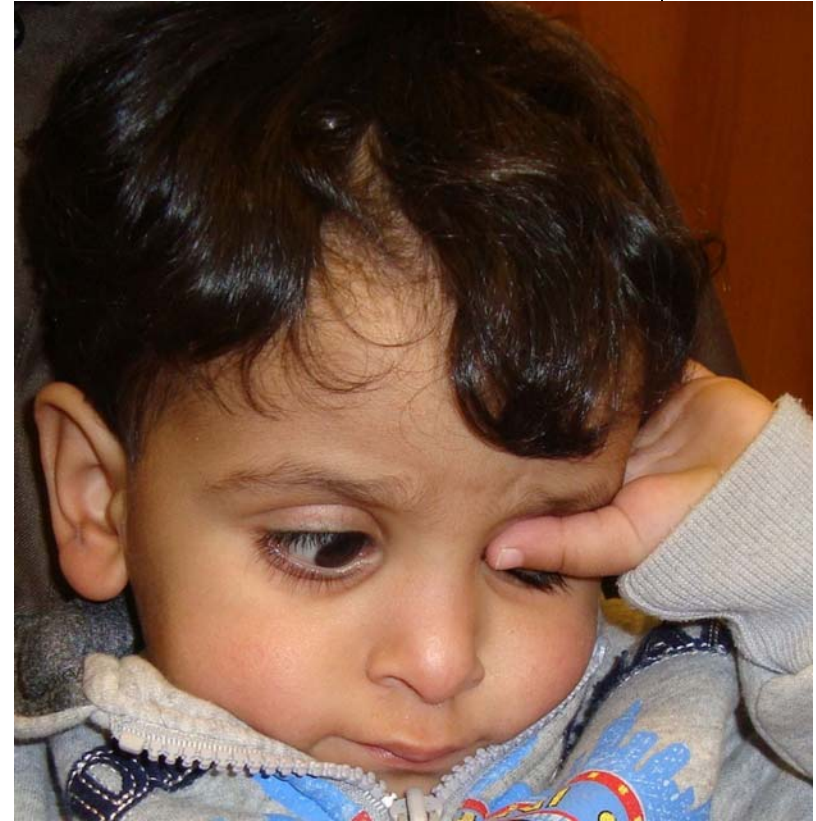
The visual experience of 'shooting stars' that is produced by aggressive rubbing of the eyes



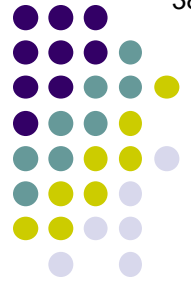
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 - Two classic corneal associations: **abb.** and

Leber's Congenital Amaurosis



LCA: Oculodigital reflex



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Is there a relationship here?



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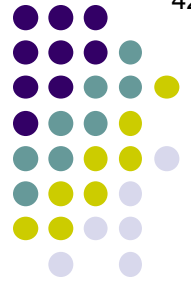
Is there a relationship here?

Possibly, in that the incessant eye-rubbing may contribute to the development of KCN



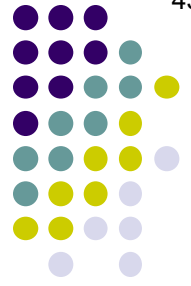
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 - The fundus appearance is highly variable, from one word to abb.-like to 'one word'



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- *The wide variation in fundus appearance has what implication re managing LCA?*
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- *The wide variation in fundus appearance has what implication re managing LCA?*
- It implies that one cannot rely upon fundus appearance to make the diagnosis
- **The fundus appearance is highly variable, from normal to RP-like to 'marbleized'**

Leber's Congenital Amaurosis

- LCA inheritance: abb.



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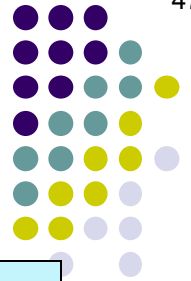
- LCA inheritance: **AR**



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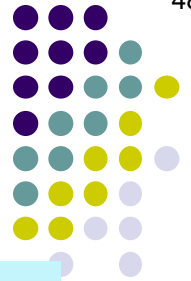
- LCA inheritance: AR
- Retinal histology reveals

three words



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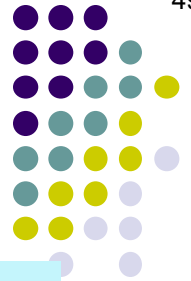
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Leber's Congenital Amaurosis

- LCA inheritance: AR
- Retinal histology reveals absence of photoreceptors
- DDx:

- two *classes* of disease
-



Leber's Congenital Amaurosis

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- DDx:
 - Peroxisomal disorders
 - Ciliopathies



Leber's Congenital Amaurosis

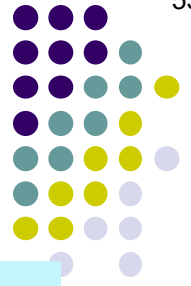
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 - *What are peroxisomal disorders?*



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 - **Peroxisomal disorders**
 - *What are peroxisomal disorders?*
A heterogeneous group of disorders of peroxisome function



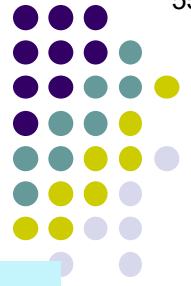
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What is/are peroxisomes?



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What is/are peroxisomes?

Intracellular organelles that play key roles in many aspects of cell metabolism



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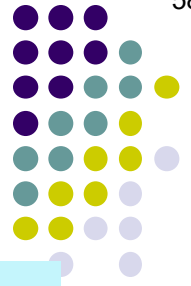
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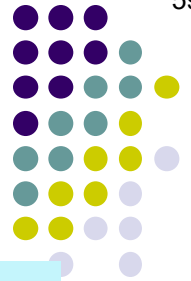
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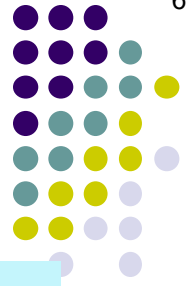
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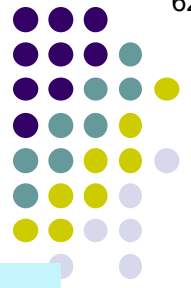
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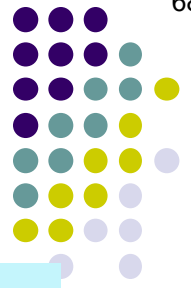
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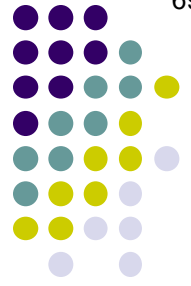
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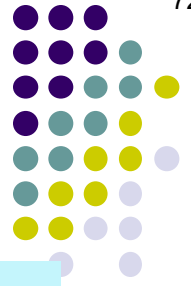
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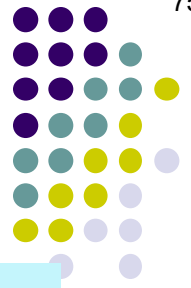
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--Seizures

all metabolism

s that

(LCFA)

Leber's Congenital Amaurosis

- LCA inheritance: **AR**
- Retinal histology reveals **absence of photoreceptors**
- DDX:

- **Peroxisomal disorders**

- What are peroxisomal disorders?

A heterogeneous group of disorders of peroxisome function

What specific peroxisomal disorders can manifest an LCA-type presentation?

--Zellweger syndrome

--**Neonatal adrenoleukodystrophy (NALD)**

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What is the neonatal presentation of LCA?
Cerebrohepato-renal

What is its inheritance pattern?
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How do Zellweger syndrome and NALD differ?
In the **neonatal** period

- LCA**
- Deafness**
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- Seizures**
- Abnormal facies**

What is the prognosis for NALD?

It is uniformly fatal by age **1 year**

Is NALD the same condition as adrenoleukodystrophy?

No, that is an X-linked condition that presents later in childhood

What is its inheritance pattern?

AR

How do NALD pts present?

In the **late infancy** period with:

- LCA**
- Deafness**
- Hypotonia**
- Seizures**

Note that NALD has the same S/S as Zellweger, except it's missing the last one on the list

all metabolism

s that

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And albeit dreadful, the prognosis for NALD is better than that for Zellweger

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How do...

So NALD and Zellweger are quite similar, except that NALD is a somewhat milder condition:

- Later onset
- One fewer S/S (= no abnormal facies)
- Pts live a little longer
- Seizures
- Abnormal facies

What is the prognosis?

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In the neonatal presentation, the clinical features are more severe.
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How is NALD managed?

Supportively (just like Zellweger)

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--**Infantile Refsum dz** = adult Refsum dz?

Is NALD the same condition as adrenoleukodystrophy?

No, that's not the same. **Before we get into it: Is infantile Refsum dz the same as adult-onset Refsum dz?**

What is its inheritance pattern?

AR

How do NALD pts present?

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No, that

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Like Zellweger's and NALD, infantile Refsum's is inherited **AR**

How does it present?

In the neonatal period

--LCA

--Deafness

--Hypotonia

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--Abnormal facies

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What is its inheritance pattern?
AR

How do NALD pts present?
In the **late infancy** period with:
--LCA
--Deafness
--Hypotonia
--Seizures

What is the prognosis?
It is uniformly fatal by **late childhood**

By what noneponymous name is infantile Refsum disease known?

Infantile phytanic acid storage disease

What is its inheritance pattern?
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In the **early childhood** period

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Just as NALD's onset is a little later than Zellweger's, infantile Refsum's is a little later than that of NALD

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And just as NALD has the same S/S as Zellweger save one, so too with infantile Refsum--it has the same as NALD, except, again, for the last one on the list (note that this means it has the same S/S as Zellweger, save **two**)

In the neonatal period

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How do NALD pts present?

In the **late infancy** period with:

--LCA

--Deafness

And just as the prognosis for NALD was better than for Zellweger, so too in turn is the prognosis for infantile Refsum better than that for NALD

What is the prognosis?

It is uniformly **fatal by late childhood**

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How do Zellweger syndrome and NALD differ?
In the neonatal period
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What is its inheritance pattern?

So infantile Refsum and NALD are quite similar, except that infantile Refsum is a somewhat milder condition:

- Later onset
- One fewer S/S (= no seizures)
- Pts live longer

What S/S do Refsum dz pts present?
In the neonatal period with:

- Deafness
- Hypotonia

What is the prognosis?

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Via elevated serum phytanic acid levels (and VLCFAs)

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Hold the phone--you can **treat** this one??!! How is infantile Refsum treated?

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--Seizures

--Abnormal facies

--Abnormal gait

--Abnormal skin

--Abnormal hair

--Abnormal teeth

--Abnormal nails

--Abnormal sweat

--Abnormal taste

--Abnormal smell

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How do infantile Refsum dz pts present?

In the **early childhood** period with:

--LCA

Hold the phone--you can **treat** this one??!! How is infantile Refsum treated?

Dietary restriction of phytanic acid and phytol (a phytanic acid precursor), +/- plasmapheresis acutely

(if treatment

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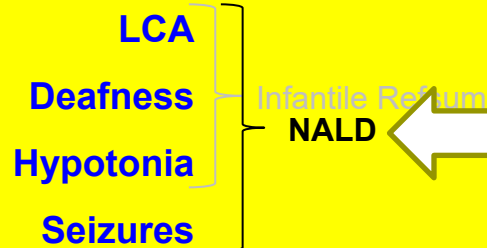
How many pts present?

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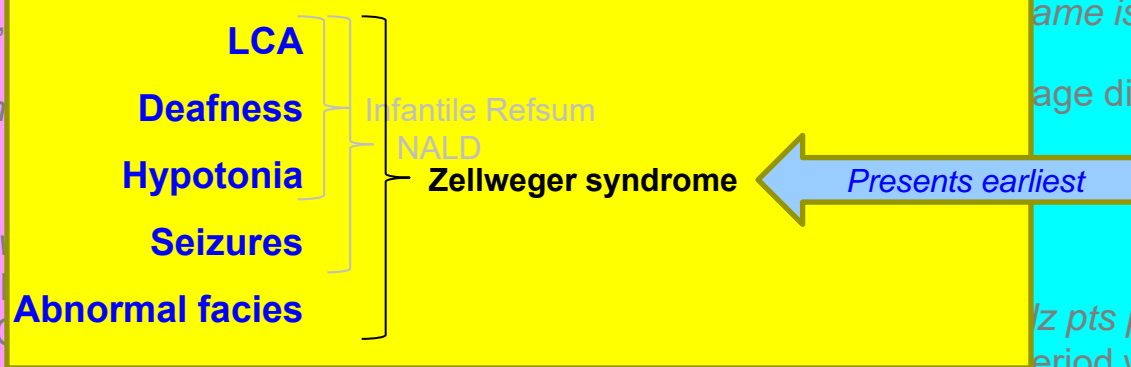
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Peroxisomal disorders

What specific peroxisomal disorders can manifest an LCA-type presentation?

- Zellweger syndrome
- Neonatal adrenoleukodystrophy (NALD)
- Infantile Refsum dz

What are peroxisomal disorders?

A heterogeneous group of disorders of peroxisome function

Is NALD the same condition as adrenoleukodystrophy?

No,

Wh

AR

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What

It is

What

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LCA
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Hypotonia
Seizures
Abnormal facies

Infantile Refsum

NALD

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Presents latest

Peroxisomal disorders tl;dr

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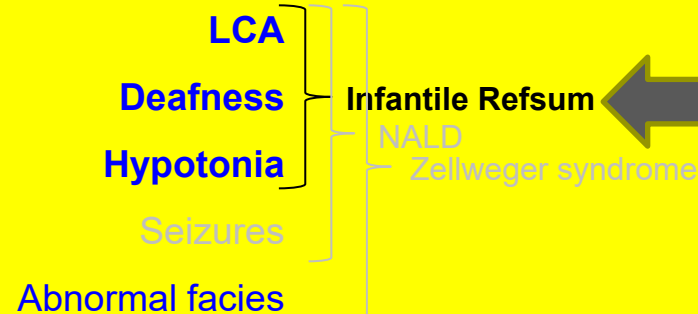
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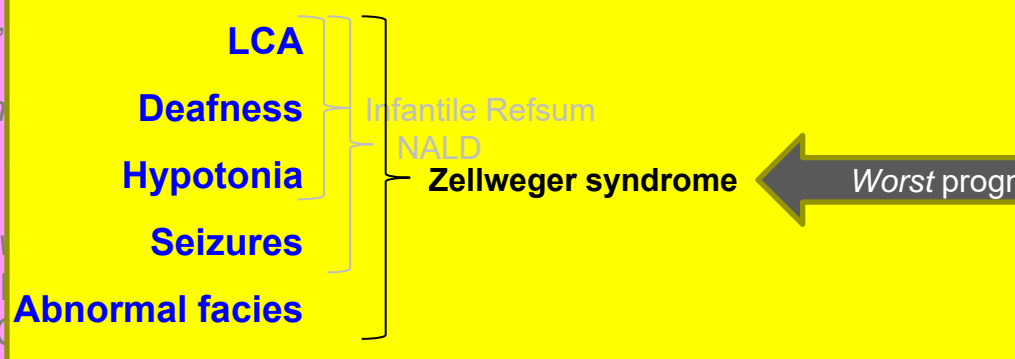
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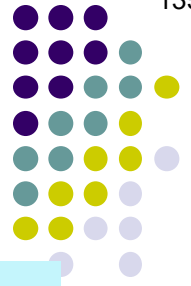
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What is a ciliopathy?

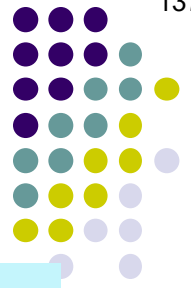


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What is a ciliopathy?

An inherited condition marked by abnormal structure and/or function of cilia



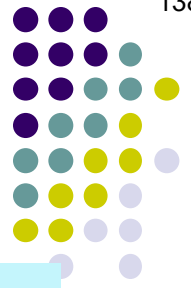
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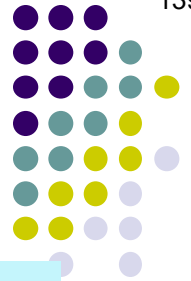
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The eyes, brain and **kidneys**

Note that *all of the ciliopathies* are marked by **relentlessly progressive renal failure** resulting in ESRD early in life!



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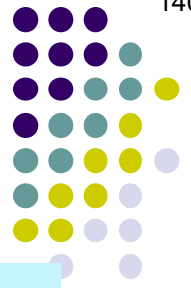
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The eyes, brain

The eyes??!! Which part of the eye contains cilia wiggling about?



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Cilia are ubiquitous in the human body, found in the brain, lungs, and other organs.

The eyes

The eyes??? Which part of the eye contains cilia wiggling about?

None. Remember, cilia come in two basic flavors: Motile, and nonmotile. It is the **nonmotile** type which is ubiquitous in the eye.

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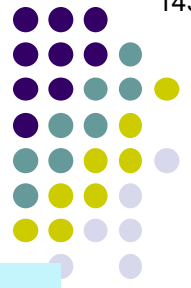
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Recall that, fundamentally, RP is a one word disorder.



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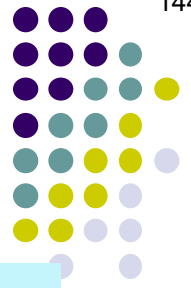
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The mnemonic is...

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(As in Simpson)



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Not surprisingly, the 'R' stands for RP-like fundus.

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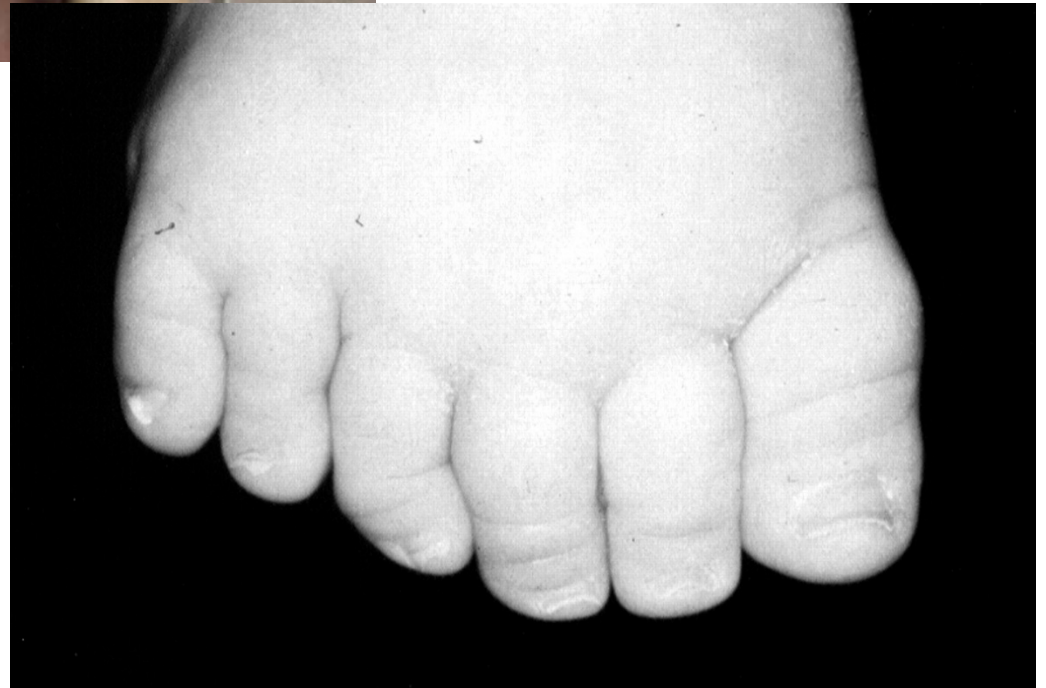
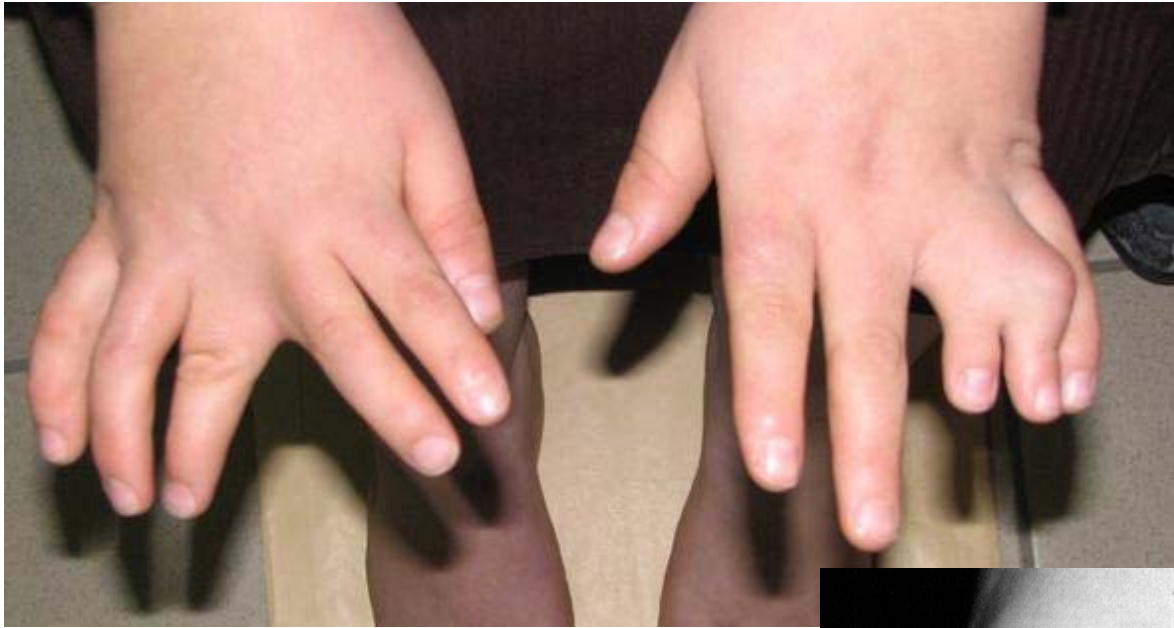
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Take special note of the polydactyly finding in B-B!
My hunch is that an OKAP/Boards question would employ it as the key 'clue' to the dx.





Bardet-Biedl syndrome: Polydactyly

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(And yeah, I know, Homer only has four digits per hand--paucidactyly, not polydactyly. But the rest of B-B fits him pretty well.)



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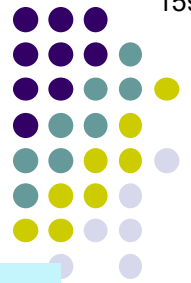
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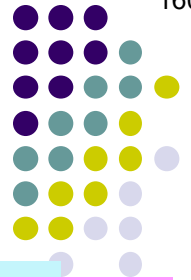
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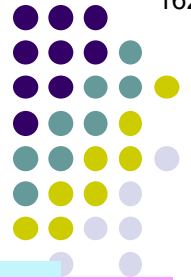
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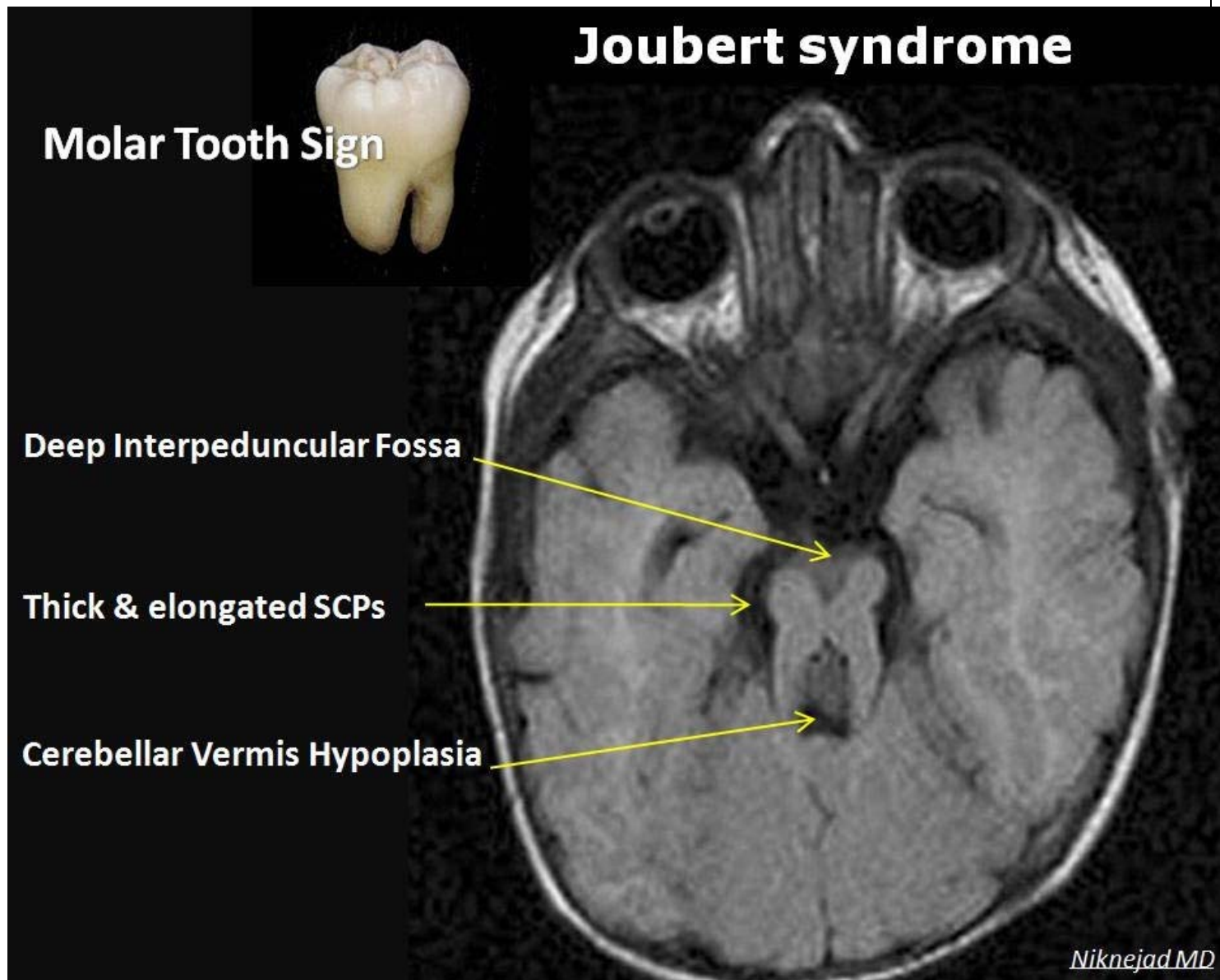
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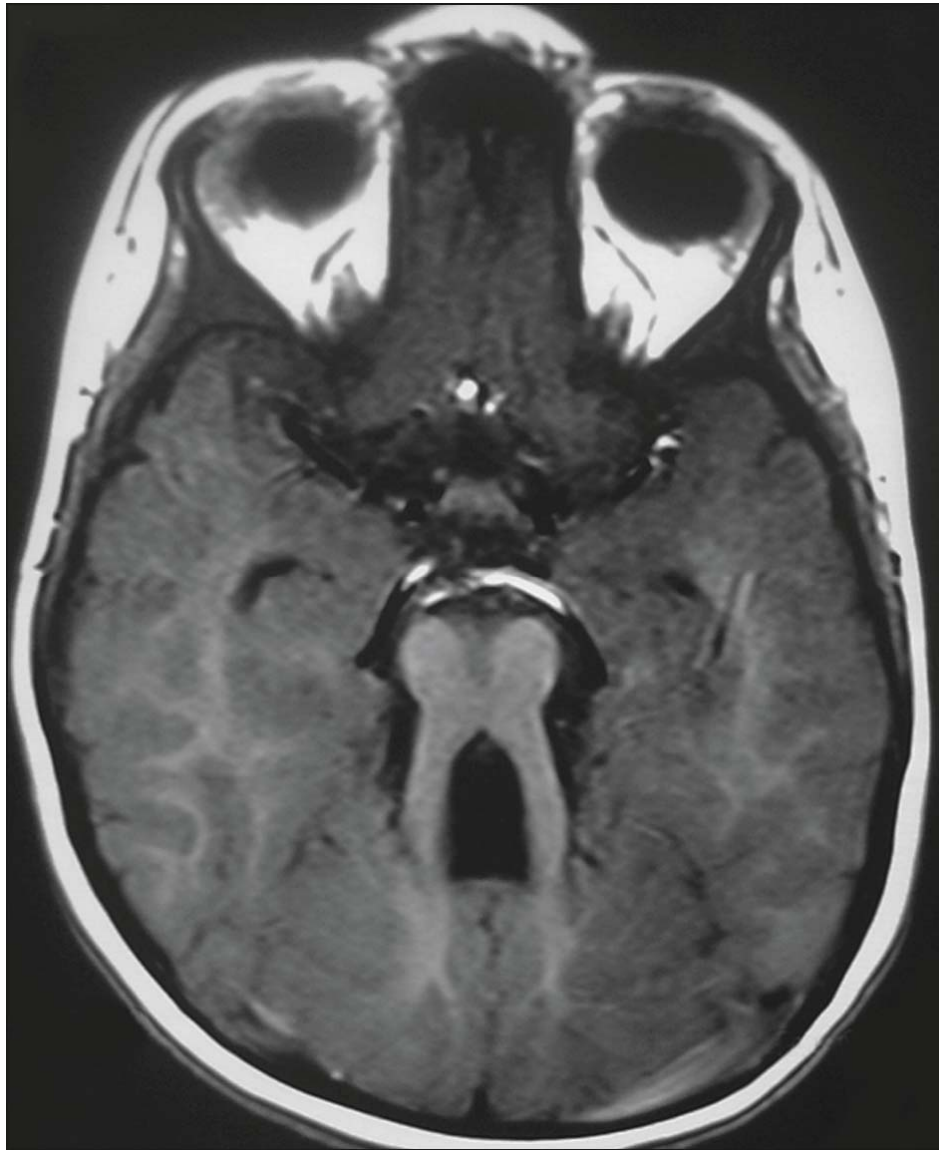
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'Molar tooth sign'



Joubert syndrome: Molar-tooth sign



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Leber's Congenital Amaurosis

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- DDx:
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 - **Ciliopathies**
 - What specific ciliopathies can have an LCA-type presentation?
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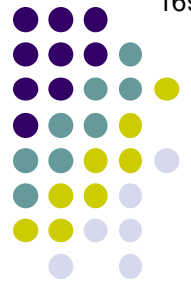
--Hypotonia

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--Seizures

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Leber's Congenital Amaurosis



Joubert syndrome: Facies. Note the large head, broad forehead

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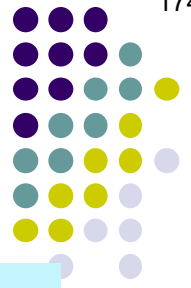
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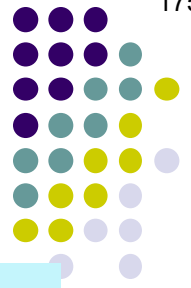
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--**Senior-Løken syndrome**

Senior-Løken syndrome is not listed with the other ciliopathies in the Retina book; rather, it is discussed in the Peds book, and only briefly. All you need to know about it is that, like all the ciliopathies mentioned, it involves retinal degeneration (with an LCA or RP-like fundus appearance) and **relentlessly progressive renal failure.**



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- LCA should be thought of as a three words

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Why treat LCA as a diagnosis of exclusion?

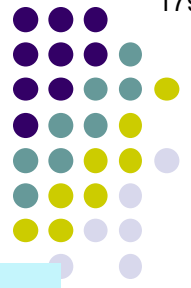


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Why treat LCA as a diagnosis of exclusion?

Because while LCA is largely untreatable, a number of the entities on its DDX are, **if** they're caught in time. Thus, one **must** be certain a child does not have one of the treatable conditions before settling on the diagnosis that s/he has (untreatable) LCA.



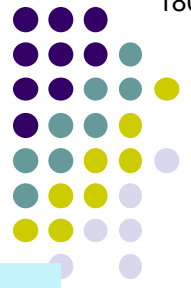
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There is no widely-available treatment. Recent research employing gene replacement therapy for **one** of the many genetic mutations causing LCA (there are at least 15; doubtless others have yet to be identified) has met with modest success.