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When choroideremia and gyrate atrophy were first identified, they were categorized as choroidal dystrophies based on their clinical appearance. And the primary site of pathology in gyrate locates to the RPE and choroid, so it is probably fair to call it a choroidal dystrophy of sorts. However, it is now known that the fundamental pathology in choroideremia is that of a rod-cone dystrophy. Because of this, choroideremia was considered to be a form of retinitis pigmentosa. This was the state of play in the BCSC Retina book—until publication of the latest revision (the 2018-19 edition). In this edition, the Academy seems to be phasing out the term retinitis pigmentosa. (The book states the term is “no longer preferred.”) Further, the scope of conditions covered by this ‘non-preferred’ umbrella term is shrinking. And one of the no-longer-considered-RP conditions is choroideremia. tl;dr I don’t know if choroideremia is considered a choroidal dystrophy. Caveat emptor.
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Regarding phenotype, three classic manifestations of RP are absent in choroideremia. What are they?

- Waxy
two words
- Retinal arteriolar
one word
- The presence of
two words

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### Regarding phenotype, three classic manifestations of RP are absent in choroideremia. What are they?

- **Waxy disc pallor** (the ONH is normal in choroideremia)
- **Retinal arteriolar attenuation** (the retinal arterioles are normal in choroideremia)
- **The presence of bony spicules** (these are absent in choroideremia)
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Why are excess ornithine levels a problem?
Because ornithine is toxic to the RPE and choroid
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