This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

**Dry ARMD DDx**

- Pattern dystrophy
  - Macroaneurysms
  - Cuticular drusen
  - Vitelliform exudative macular detachment
  - Polypoidal choroidal vasculopathy
  - Central serous chorioretinopathy
  - RPE change after CSC
  - Small choroidal melanoma
  - Hydroxychloroquine toxicity

**Wet ARMD DDx**

Start here, and work your way down the list.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx
- Pattern dystrophy

- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

Wet ARMD DDx
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- **Pattern dystrophy**
  
  *Briefly, what is a pattern dystrophy?*

**Wet ARMD DDx**

- Macropapilomas
- Microaneurysms
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Vitelliform exudative macular detachment
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

Wet ARMD DDx

Macropapulems
Pattern dystrophy

Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular 'pattern')

What is the inheritance pattern?
Pattern dystrophy

*Briefly, what is a pattern dystrophy?*
An inherited macular dystrophy that has a characteristic appearance (i.e., a particular ‘pattern’)

*What is the inheritance pattern?*
AD
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

What is the inheritance pattern?
AD

Are pattern dystrophies associated with severe vision loss?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

What is the inheritance pattern?
AD

Are pattern dystrophies associated with severe vision loss?
Generally no--vision is only slightly affected

Wet ARMD DDx
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Pattern dystrophy**

*Briefly, what is a pattern dystrophy?*
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

*What is the inheritance pattern?*
AD

*Are pattern dystrophies associated with severe vision loss?*
Generally no--vision is only slightly affected

*Do the macular ‘patterns’ appear early in life?*
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Pattern dystrophy**

Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

What is the inheritance pattern?
AD

Are pattern dystrophies associated with severe vision loss?
Generally no--vision is only slightly affected

Do the macular ‘patterns’ appear early in life?
Generally no--they usually show up in middle adulthood
Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

What is the inheritance pattern?
AD

Are pattern dystrophies associated with severe vision loss?
Generally no--vision is only slightly affected

Do the macular ‘patterns’ appear early in life?
Generally no--they usually show up in middle adulthood

The BCSC Retina book identifies four pattern dystrophies by name--what are they?

The mnemonic is…
Briefly, what is a pattern dystrophy?
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

What is the inheritance pattern?
AD

Are pattern dystrophies associated with severe vision loss?
Generally no--vision is only slightly affected

Do the macular ‘patterns’ appear early in life?
Generally no--they usually show up in middle adulthood

The BCSC Retina book identifies four pattern dystrophies by name--what are they?
--B
--A
--R
--F

The mnemonic is…BARF?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Pattern dystrophy**

*Briefly, what is a pattern dystrophy?*
An inherited macular dystrophy that has a characteristic appearance (ie, a particular ‘pattern’)

*What is the inheritance pattern?*
AD

*Are pattern dystrophies associated with severe vision loss?*
Generally no--vision is only slightly affected

*Do the macular ‘patterns’ appear early in life?*
Generally no--they usually show up in middle adulthood

The BCSC Retina book identifies four pattern dystrophies by name--what are they?
--**Butterfly dystrophy**
--**Adult-onset foveomacular vitelliform dystrophy**
--**Reticular dystrophy**
--**Fundus pulverulentus**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

1. **Butterfly dystrophy**
2. **Adult-onset foveomacular vitelliform dystrophy**
3. **Reticular dystrophy**
4. **Fundus pulverulentus**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
  - RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

Wet ARMD DDx
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Wet ARMD DDx

Macroaneurysms

Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
</tr>
<tr>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Pattern dystrophy</td>
</tr>
<tr>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td>CSR</td>
</tr>
<tr>
<td>RPE change after CSR</td>
</tr>
<tr>
<td>Small choroidal melanoma</td>
</tr>
<tr>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

What is a retinal macroaneurysm?

A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

Are they more likely to occur in the temporal, or nasal retina?

Temporal

Is it common to have multiple macroAs in an eye?

Yes

Is it common to have macroAs bilaterally?

No, they are bilateral in 10% or fewer of cases.

Are there any systemic risk factors?

Yes—HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?

Yes, most pts are over 50 years old.

Is gender a risk factor?

Yes, a preponderance of the pts are she’s.

By what two mechanisms do macroAs affect vision?

By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?

Via observation, or anti-VEGF agents, or photocoagulation.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Wet ARMD DDx

Macroaneurysms

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree
1A) FP of eye with a retinal arteriole macroaneurysm, evidenced by exudation and subretinal blood in the area of an arteriolar bifurcation. (1B) FA in the early phase highlights the focal hyperfluorescent dilation of the arteriole.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Q

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Wet ARMD DDx

Macroaneurysms

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes—HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are she's

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?
Via observation, or anti-VEGF agents, or photocoagulation
What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes--HTN

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are she's

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?
Via observation, or anti-VEGF agents, or photocoagulation
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

Wet ARMD DDx

- Pattern dystrophy
- Macrauneurysms
- Macraaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have multiple macroAs in an eye?
Yes

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are she's

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?
Via observation, or anti-VEGF agents, or photocoagulation
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>Pattern dystrophy</td>
</tr>
<tr>
<td>Macroaneurysms</td>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td></td>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td></td>
<td>CSR</td>
</tr>
<tr>
<td></td>
<td>RPE change after CSR</td>
</tr>
<tr>
<td></td>
<td>Small choroidal melanoma</td>
</tr>
<tr>
<td></td>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**

**Are there any systemic risk factors?**
Yes—HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old

**Is gender a risk factor?**
Yes, a preponderance of the pts are she's

**By what two mechanisms do macroAs affect vision?**
By bleeding, or leaking (ie, causing macular edema)

**How are macroAs managed?**
Via observation, or anti-VEGF agents, or photocoagulation
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Macular hole
- Neovascular glaucoma
- Macular scar

---

**Q/A**

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal.

**Is it common to have multiple macroAs in an eye?**
Yes.

**Is it common to have macroAs bilaterally?**
No, they are bilateral in % or fewer of cases.

---

**Macroaneurysms**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina? Temporal

Is it common to have multiple macroAs in an eye? Yes

Is it common to have macroAs bilaterally? No, they are bilateral in 10% or fewer of cases

Wet ARMD DDx

Macroaneurysms

What is Retinal Macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina? Temporal

Is it common to have multiple macroAs in an eye? Yes

Is it common to have macroAs bilaterally? No, they are bilateral in 10% or fewer of cases

What is the mechanism of macroaneurysms?
By bleeding or leaking (ie, causing macular edema)

How are macroaneurysms managed?
Via observation, or anti-VEGF agents, or photocoagulation

Systemic risk factors: HTN (present in as many as 75% of cases)

Is age a risk factor? Yes, most pts are >50 years old

Is gender a risk factor? Yes, a preponderance of pts are female

There are no sex differences in the occurrence of macroaneurysms

Is there a familial predisposition? Yes

Is there a genetic link? Yes, a genetic link has been identified

Are macroaneurysms associated with other retinal conditions? Yes

26
**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- **Macroaneurysms**

**Q**

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases

**Are there any systemic risk factors?**

- HTN (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old

**Is gender a risk factor?**
Yes, a preponderance of the pts are females

**By what two mechanisms do macroAs affect vision?**
By bleeding, or leaking (ie, causing macular edema)

**How are macroAs managed?**
Via observation, or anti-VEGF agents, or photocoagulation
**Q/A**

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Macraoneurysms

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases

**Are there any systemic risk factors?**
Yes--HTN (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old

**Is gender a risk factor?**
Yes, a preponderance of the pts are she's

**By what two mechanisms do macroAs affect vision?**
By bleeding, or leaking (ie, causing macular edema)

**How are macroAs managed?**
Via observation, or anti-VEGF agents, or photocoagulation
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- **Macroaneurysms**
- **Rhegmatogenous retinal detachment**
- **Proliferative diabetic retinopathy**
- **Combined exudative and exudative macular detachment**
- **Vitelliform macular detachment**
- **Macular pucker**
- **Central serous retinopathy**
- **Choroidal rupture**
- **Choroidal neovascularization**
- **Small choroidal melanoma**
- **Optic disc mass lesion**
- **Hydroxychloroquine toxicity**

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases.

**Are there any systemic risk factors?**
Yes—HTN. (It is present in as many as 75% of cases.)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Macular hole
- Neovascular epiretinal membrane
- Neovascular glaucoma
- Macular pucker
- Rhegmatogenous retinal detachment
- Photocoagulation

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases

**Are there any systemic risk factors?**
Yes-- HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**
**Q/A**

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

---

**Dry ARMD DDx**

1. Pattern dystrophy
2. Macroaneurysms
3. Cuticular drusen
4. Vitelliform exudative macular detachment
5. Polypoidal choroidal vasculopathy
6. CSR-related changes
7. Small choroidal melanoma
8. Hydroxychloroquine toxicity

---

**Wet ARMD DDx**

1. Macular pigmentary changes
2. Macular edema
3. Vitreous hemorrhage
4. RPE changes after CSR
5. Small choroidal melanoma
6. Hydroxychloroquine toxicity

---

**What is a retinal macroaneurysm?**

A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**

Temporal

**Is it common to have multiple macroAs in an eye?**

Yes

**Is it common to have macroAs bilaterally?**

No, they are bilateral in 10% or fewer of cases.

**Are there any systemic risk factors?**

Yes—HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**

Yes, most pts are over # years old.

---

**Macroaneurysms**
### Dry ARMD DDx

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

### Wet ARMD DDx

- Macular edema
- Macular hole
- Retinal detachment
- Retinal neovascularization
- Retinal fold
- Rubeosis iridis

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases

**Are there any systemic risk factors?**
Yes--HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old

---

**Macroaneurysms**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Macular pucker
- Neovascularization
- Vitreous hemorrhage
- Pars plana vitrectomy
- Hemorrhage
- Retina detachment
- Macular hole (especially after epiretinal membrane surgery)
- Vitreous detachment
- Macular neovascularization
- Macular hole
- RPE change after CSR
- Hydroxychloroquine toxicity
- Small choroidal melanoma

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases

**Are there any systemic risk factors?**
Yes--HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old

**Is gender a risk factor?**
### Wet ARMD DDx

<table>
<thead>
<tr>
<th>Condition</th>
<th><strong>Q/A</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>What is a retinal macroaneurysm? A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree</td>
</tr>
<tr>
<td>Pattern dystrophy</td>
<td>Are they more likely to occur in the temporal, or nasal retina? Temporal</td>
</tr>
<tr>
<td>Maculopathy</td>
<td>Is it common to have multiple macroAs in an eye? Yes</td>
</tr>
<tr>
<td>Vitelliform exudative macular detachment</td>
<td>Is it common to have macroAs bilaterally? No, they are bilateral in 10% or fewer of cases</td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
<td>Are there any systemic risk factors? Yes-- HTN. (It is present in as many as 75% of cases.)</td>
</tr>
<tr>
<td>CSR</td>
<td>Is age a risk factor? Yes, most pts are over 50 years old</td>
</tr>
<tr>
<td>RPE change after CSR</td>
<td>Is gender a risk factor? Yes, a preponderance of the pts are M v F</td>
</tr>
<tr>
<td>Small choroidal melanoma</td>
<td>Hydroxychloroquine toxicity</td>
</tr>
<tr>
<td>Vitelliform exudative macular detachment</td>
<td>Flowchart of disease process</td>
</tr>
</tbody>
</table>

**Flowchart of Disease Process**

1. Initial presentation with vision loss
2. Retinal examination reveals hemorrhages and exudates
3. Histopathological analysis confirms macular edema
4. Treatment with anti-VEGF agents initiated
5. Monitoring for resolution of edema and stabilization of vision
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes--HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are ♀

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
CSR
RPE change after CSR
Small choroidal melanoma
Hydroxychloroquine toxicity

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes--HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are ♀
What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes--HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are ♀

By what two mechanisms do macroAs affect vision?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

### Dry ARMD DDx
- Pattern dystrophy
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

### Wet ARMD DDx
- Immune complex vasculitis
- Chronic uveitis
- Macular pucker
- Endothelial cells detachment
- Inflammation

### What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

### Are they more likely to occur in the temporal, or nasal retina?
Temporal

### Is it common to have multiple macroAs in an eye?
Yes

### Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases.

### Are there any systemic risk factors?
Yes--HTN. (It is present in as many as 75% of cases.)

### Is age a risk factor?
Yes, most pts are over 50 years old

### Is gender a risk factor?
Yes, a preponderance of the pts are ♀

### By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Macroaneurysm: Bleeding, and macular edema
What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

Are they more likely to occur in the temporal, or nasal retina?
Temporal

Is it common to have multiple macroAs in an eye?
Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes-- HTN. (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are ♀

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (i.e., causing macular edema)

How are macroAs managed?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Macular edema
- Retinal detachment
- Epiretinal membrane
- Retinal neovascularization
- Neovascular glaucoma
- Hypertensive retinopathy

---

**What is a retinal macroaneurysm?**
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree.

**Are they more likely to occur in the temporal, or nasal retina?**
Temporal

**Is it common to have multiple macroAs in an eye?**
Yes

**Is it common to have macroAs bilaterally?**
No, they are bilateral in 10% or fewer of cases.

**Are there any systemic risk factors?**
Yes--HTN. (It is present in as many as 75% of cases.)

**Is age a risk factor?**
Yes, most pts are over 50 years old.

**Is gender a risk factor?**
Yes, a preponderance of the pts are ♂.

**By what two mechanisms do macroAs affect vision?**
By bleeding, or leaking (ie, causing macular edema)

**How are macroAs managed?**
Via observation, or anti-VEGF agents, or photocoagulation
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy

Wet ARMD DDx
- Macroaneurysms
  - Cuticular drusen
    - Vitelliform exudative macular detachment
    - Polypoidal choroidal vasculopathy
    - Central serous chorioretinopathy
    - RPE change after CSC
    - Small choroidal melanoma
    - Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

What are drusen?

**Cuticular drusen**

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

Wet ARMD DDx

- Pattern dystrophy
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE

Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

*What are drusen?*
Small, round-ish, yellow-ish deposits just beneath the RPE

*There are three main types of entities that are drusen-like (two actually are drusen).*

*What are they?*

---

**Cuticular drusen**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are drusen). What are they?
--Cuticular drusen
--Basal linear drusen
--Reticular (pseudo)drusen

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity
**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Questions**

- What are drusen?
  - Small, round-ish, yellow-ish deposits just beneath the RPE

- There are three main types of entities that are drusen-like (two actually are drusen). What are they?
  - Cuticular drusen *aka*…
  - Basal linear drusen
  - Reticular (pseudo)drusen

- Cuticular drusen are known by what other name?
  - Basal laminar drusen
What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are drusen). What are they?
--Cuticular drusen aka...basal laminar drusen
--Basal linear drusen
--Reticular (pseudo)drusen

Cuticular drusen are known by what other name?
Basal laminar drusen

Macraoneurysms

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td>Central serous chorioretinopathy</td>
</tr>
<tr>
<td>RPE change after CSC</td>
</tr>
<tr>
<td>Small choroidal melanoma</td>
</tr>
<tr>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
</tr>
<tr>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
</tr>
<tr>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td>Central serous chorioretinopathy</td>
</tr>
<tr>
<td>RPE change after CSC</td>
</tr>
<tr>
<td>Small choroidal melanoma</td>
</tr>
<tr>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

**What are drusen?**
Small, round-ish, yellowish deposits just beneath the RPE.

There are three main types:

- **What are they?**
  - Cuticular drusen *aka* basal laminar drusen *aka*... basal linear drusen *aka*...
  - Basal linear drusen *aka*...
  - Reticular (pseudo)drusen

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?

**Cuticular drusen**

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**What are drusen?**
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are drusen).

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?

**Hard** drusen and **soft** drusen, respectively

---

**What are they?**

-- **Cuticular drusen** aka basal laminar drusen aka **hard** drusen
-- **Basal linear drusen** aka **soft** drusen
-- Reticular (pseudo)drusen

---

**Cuticular drusen**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Cuticular drusen
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**What are drusen?**
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types:
- Cuticular drusen aka basal laminar drusen aka hard drusen
- Basal linear drusen aka soft drusen
- Reticular (pseudo)drusen

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?
**Hard drusen and soft drusen**, respectively

What is meant by a soft vs hard appearance?
It refers to how sharply the drusen are demarcated, ie, how well-defined their borders are
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

**Wet ARMD DDx**

---

**What are drusen?**
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types:

**What are they?**

--Cuticular drusen aka…basal laminar drusen aka…**hard drusen**

--Basal linear drusen aka…**soft drusen**

--Reticular (pseudo)drusen

**Cuticular drusen**

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?

**Hard drusen and soft drusen**, respectively

**What is meant by a soft vs hard appearance?**
It refers to how sharply the drusen are demarcated, ie, how well-defined their borders are
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Basal laminar ‘hard’ drusen

Basal linear ‘soft’ drusen
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE.

There are three main types of entities that are drusen-like (two actually are drusen). What are they?
- **Cuticular drusen** aka... **basal laminar drusen** aka... hard drusen
  --Basal linear drusen aka... soft drusen
  --Reticular (pseudo)drusen

Where are cuticular/basal laminar drusen found?

Basement membrane of RPE
Inner collagenous layer
Elastic layer
Outer collagenous layer
Basement membrane of choriocapillaris
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Pattern dystrophy
- Macroaneurysms

**What are drusen?**
Small, roundish, yellowish deposits just beneath the RPE

**There are three main types of entities that are drusen-like (two actually are drusen). What are they?**
- **Cuticular drusen** aka... **basal laminar drusen** aka... **hard** drusen
  -- Basal linear drusen aka... **soft** drusen
  -- Reticular (pseudo)drusen

**Where are cuticular/basal laminar drusen found?**
Between the basement membrane of the RPE and the basal membrane--‘basal lamina,’ get it?--of the RPE cells
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Pattern dystrophy
- Macroaneurysms

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE.

There are three main types of entities that are drusen-like (two actually are drusen).

What are they?
- Cuticular drusen *aka*...basal laminar drusen *aka*...hard drusen
- **Basal linear drusen** *aka*...soft drusen
- Reticular (pseudo)drusen

Where are basal linear drusen found?
Within the fibers of the inner collagenous layer.

---

**Diagram:**
- Cuticular drusen
- BR outer segs
- RPE cells
- RPE cells
- Basement membrane of RPE
- Inner collagenous layer
- Elastic layer
- Outer collagenous layer
- Basement membrane of choriocapillaris

**Macroaneurysms**
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are drusen). What are they?
--Cuticular drusen aka…basal laminar drusen aka…hard drusen
--Basal linear drusen aka…soft drusen
--Reticular (pseudo)drusen

What are they?
Within the fibers of the inner collagenous layer

Where are basal linear drusen found?

Cuticular/basal laminar drusen

Basal linear drusen
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**What are drusen?**
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are drusen). What are they?
--Cuticular drusen aka...basal laminar drusen aka...hard drusen
--Basal linear drusen aka...soft drusen
--Reticular (pseudo)drusen

Where are reticular pseudodrusen found?

[Diagram with labeled layers: Basement membrane of RPE, Inner collagenous layer, Elastic layer, Outer collagenous layer, Basement membrane of choriocapillaris]
**This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials**

*What are drusen?*
Small, round-ish, yellow-ish deposits just beneath the RPE

*There are three main types of entities that are drusen-like (two actually are drusen).*

*What are they?*
--Cuticular drusen aka…basal laminar drusen aka…**hard** drusen
--Basal linear drusen aka…**soft** drusen
--**Reticular (pseudo)drusen**

*Where are reticular pseudodrusen found?*
Between the apical surface of the RPE and the overlying PRs (ie, just under the neurosensory retina)

*What are drusen?*
Small, round-ish, yellow-ish deposits just beneath the RPE

*There are three main types of entities that are drusen-like (two actually are drusen).*

*What are they?*
--Cuticular drusen aka…basal laminar drusen aka…**hard** drusen
--Basal linear drusen aka…**soft** drusen
--**Reticular (pseudo)drusen**

---

**Cuticular drusen**

PR outer segs

RPE cells
RPE cells

**Basement membrane** of RPE

Inner collagenous layer

Elastic layer

Outer collagenous layer

**Basement membrane** of choriocapillaris

---
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
  - Polypoidal choroidal vasculopathy
  - Central serous chorioretinopathy
    - RPE change after CSC
  - Small choroidal melanoma
  - Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
<td></td>
</tr>
<tr>
<td>Central serous chorioretinopathy</td>
<td></td>
</tr>
<tr>
<td>RPE change after CSC</td>
<td></td>
</tr>
<tr>
<td>Small choroidal melanoma</td>
<td></td>
</tr>
<tr>
<td>Hydroxychloroquine toxicity</td>
<td></td>
</tr>
</tbody>
</table>
Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Retinal pigment epithelium change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment

What is vitelliform exudative macular detachment (VEMD)?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Vitelliform exudative macular detachment**

*What is vitelliform exudative macular detachment (VEMD)?*

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Q

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous retinopathy
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?
The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow

With what (discussed recently in this slide-set) lesion is it associated?
Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Polypoidal choroidal vasculopathy
- Central serous retinopathy
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?
The name says it all--an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?
VEMD occurs in eyes with extensive cuticular drusen.
Vitelliform exudative macular detachment. Note the cuticular drusen
Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment

**Question:**

What is vitelliform exudative macular detachment (VEMD)?

The name says it all—**an exudative detachment of the macula in which the subretinal fluid is yellow**

Hmm…An exudative detachment of the macula with yellow subretinal fluid…

What condition does that sound like?
What is vitelliform exudative macular detachment (VEMD)?
The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…
What condition does that sound like?
Best disease
<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
<td></td>
</tr>
<tr>
<td>Vitelliform exudative macular detachment</td>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td>Central serous retinopathy</td>
<td>RPE change after CSR</td>
</tr>
<tr>
<td>Smaller choroidal melanoma</td>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all—**an exudative detachment of the macula in which the subretinal fluid is yellow**.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…

*What condition does that sound like?*

Best disease

*Are VEMD and Best dz related?*
**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Polypoidal choroidal vasculopathy
- Central serous retinopathy
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**Vitelliform exudative macular detachment (VEMD)**

What is vitelliform exudative macular detachment (VEMD)?
The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…
What condition does that sound like?
Best disease

Are VEMD and Best dz related?
No, but their appearance can be very similar.
Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen
- Polypoidal choroidal vasculopathy

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment

**Vitelliform exudative macular detachment (VEMD)**
- Life-stage of onset?

<table>
<thead>
<tr>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-stage of onset?</td>
<td></td>
</tr>
</tbody>
</table>

**Best disease**

VEMD and Best dz

**Related to VEMD and Best dz?**

No, but their appearance can be very similar.
### Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen
- Polypoidal choroidal vasculopathy

### Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm… An exudative detachment of the macula with yellow subretinal fluid…

What condition does that sound like?

**Best disease**

Are VEMD and Best disease related?
No, but their appearance can be very similar.

<table>
<thead>
<tr>
<th>Life-stage of onset?</th>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood</td>
<td>Childhood</td>
<td>Adulthood</td>
</tr>
<tr>
<td>Adulthood</td>
<td>Adulthood</td>
<td>Adulthood</td>
</tr>
</tbody>
</table>

**VEMD and Best disease**

Are they related?
No, but their appearance can be very similar.
**Q**

*This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
<td></td>
</tr>
<tr>
<td>Polypoidal choroidal vasculopathy</td>
<td></td>
</tr>
</tbody>
</table>

**Vitelliform exudative macular detachment**

<table>
<thead>
<tr>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-stage of onset?</td>
<td>Childhood</td>
</tr>
<tr>
<td>Cuticular drusen present?</td>
<td></td>
</tr>
</tbody>
</table>

**VEMD and Best dz**

Are VEMD and Best dz related?
No, but their appearance can be very similar
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen
- Polypoidal choroidal vasculopathy

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment

<table>
<thead>
<tr>
<th>Life-stage of onset?</th>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Adulthood</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cuticular drusen present?

- No
- Yes

VEMD and Best dz

Are VEMD and Best dz related?

No, but their appearance can be very similar.
**Dry ARMD DDx**

- Pattern dystrophy
- Cuticular drusen
- Polypoidal choroidal vasculopathy

**Wet ARMD DDx**

- Macroaneurysms
- Vitelliform exudative macular detachment

---

**Table: Comparison of Best dz and VEMD**

<table>
<thead>
<tr>
<th></th>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-stage of onset?</td>
<td>Childhood</td>
<td>Adulthood</td>
</tr>
<tr>
<td>Cuticular drusen present?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>EOG abnormal?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question:** What is vitelliform exudative macular detachment (VEMD)?

The name says it all—**an exudative detachment of the macula in which the subretinal fluid is yellow**. With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm… An exudative detachment of the macula with yellow subretinal fluid… What condition does that sound like?

**Best dz**

- Are VEMD and Best dz related?
  - No, but their appearance can be very similar
**Dry ARMD DDx**

- Pattern dystrophy
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

**Wet ARMD DDx**

- Macroaneurysms
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

**With what (discussed recently in this slide-set) lesion is it associated?**

VEMD occurs in eyes with extensive cuticular drusen.

**Hmm… An exudative detachment of the macula with yellow subretinal fluid…**

What condition does that sound like?

Best disease?

Are VEMD and Best dz related?

No, but their appearance can be very similar.

---

<table>
<thead>
<tr>
<th></th>
<th>Best dz</th>
<th>VEMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-stage of onset?</td>
<td>Childhood</td>
<td>Adulthood</td>
</tr>
<tr>
<td>Cuticular drusen present?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>EOG abnormal?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**VEMD and Best dz**

VEMD and Best disease are related but have different presentations. VEMD typically presents with a yellow subretinal fluid detachment, while Best disease is characterized by degeneration of the macula in childhood and young adulthood, often associated with cuticular drusen.

---
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Vitelliform exudative macular detachment

What is vitelliform exudative macular detachment (VEMD)?
The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

With what lesion is it associated?
VEMD occurs in eyes with extensive cuticular drusen.

Hmm… An exudative detachment of the macula with yellow subretinal fluid… What condition does that sound like?
Best disease.

Are VEMD and Best dz related?
No, but their appearance can be very similar.

Best dz VEMD

Life-stage of onset?
Childhood, Adulthood

Cuticular drusen present?
No, Yes

EOG abnormal?
Yes, No

What does EOG stand for?
Electro-oculogram.

In a nutshell, what does an electro-oculogram measure?
RPE function.

Again in a nutshell, how does it work?
The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?
The Arden ratio.

What is the normal range for the Arden ratio?
1.9-2.8

At what value is the Arden ratio considered definitely abnormal?
Below 1.7 (it’s usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon).
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?

The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?

Best dz

Are VEMD and Best dz related?

No, but their appearance can be very similar.

Best dz VEMD

Life-stage of onset?

Childhood

Adulthood

Cuticular drusen present?

No

Yes

EOG abnormal?

Yes

No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?

The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?

Best disease

Are VEMD and Best dz related?

No, but their appearance can be very similar.

Life-stage of onset?

Childhood
Adulthood

Cuticular drusen present?

No
Yes

EOG abnormal?

Yes
No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
**Dry ARMD DDx**

- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

*What is vitelliform exudative macular detachment (VEMD)?*

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

*With what (discussed recently in this slide-set) lesion is it associated?*

VEMD occurs in eyes with extensive cuticular drusen.

*Hmm… An exudative detachment of the macula with yellow subretinal fluid… What condition does that sound like?*

Best disease?

*Are VEMD and Best dz related?*

No, but their appearance can be very similar.

**Best dz VEMD**

- Life-stage of onset?
  - Childhood
  - Adulthood

- Cuticular drusen present?
  - No
  - Yes

- EOG abnormal?
  - Yes
  - No

*What does EOG stand for?*

Electro-oculogram

*In a nutshell, what does an electro-oculogram measure?*

RPE function

*In a nutshell, how does it work?*

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

*What is this ratio called?*

The Arden ratio

*What is the normal range for the Arden ratio?*

1.9-2.8

*At what value is the Arden ratio considered definitely abnormal?*

Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)

---

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Macular PED
- Cuticular drusen

Wet ARMD DDx

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?
The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what lesion does VEMD occur?
VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?
Best disease?

Are VEMD and Best disease related?
No, but their appearance can be very similar.

Best disease VEMD

- Life-stage of onset: Childhood
- Cuticular drusen present: Yes
- EOG abnormal: Yes

What does EOG stand for?
Electro-oculogram

In a nutshell, what does an electro-oculogram measure?
RPE function

Again in a nutshell, how does it work?
The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?
The Arden ratio

What is the normal range for the Arden ratio?
1.9-2.8

At what value is the Arden ratio considered definitely abnormal?
Below 1.7 (it’s usually <1.5 in Best disease, and ratios as low as 1.1 are not uncommon)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…

What condition does that sound like?

Best disease

Are VEMD and Best dz related?

No, but their appearance can be very similar.

**Best dz VEMD**

- Life-stage of onset?
  - Childhood
  - Adulthood
- Cuticular drusen present?
  - No
  - Yes
- EOG abnormal?
  - Yes
  - No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it’s usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon).
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?

Best disease

Are VEMD and Best dz related?

No, but their appearance can be very similar.

**Life-stage of onset?**

Childhood, Adulthood

**Cuticular drusen present?**

No, Yes

**EOG abnormal?**

Yes, No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon).
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**

- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**What is vitelliform exudative macular detachment (VEMD)?**
The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?
VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?
Best disease?

Are VEMD and Best dz related?
No, but their appearance can be very similar.

**What does EOG stand for?**
Electro-oculogram

**In a nutshell, what does an electro-oculogram measure?**
RPE function

**Again in a nutshell, how does it work?**
The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

**What is this ratio called?**
The Arden ratio

**At what value is the Arden ratio considered definitely abnormal?**
Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen
- Vitelliform exudative macular detachment

Wet ARMD DDx

- Polypoidal choroidal vasculopathy
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

What is vitelliform exudative macular detachment (VEMD)?

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow. With what lesion is it associated? VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?

Best disease

Are VEMD and Best disease related?

No, but their appearance can be very similar.

Best disease VEMD

Life-stage of onset?

Childhood Adulthood

Cuticular drusen present?

No Yes

EOG abnormal?

Yes No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it's usually <1.5 in Best disease, and ratios as low as 1.1 are not uncommon).
What is vitelliform exudative macular detachment (VEMD)?

The name says it all— an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm… An exudative detachment of the macula with yellow subretinal fluid… What condition does that sound like?

Best dz VEMD

Life-stage of onset?

Childhood

Adulthood

Cuticular drusen present?

No

Yes

EOG abnormal?

Yes

No

What does EOG stand for?

Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

RPE function

Again in a nutshell, how does it work?

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

What is this ratio called?

The Arden ratio

What is the normal range for the Arden ratio?

1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

Below 1.7 (it’s usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Non-Best pts

EOG
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**

- Pattern dystrophy
- Macular atrophy
- Cuticular drusen
- Vitelliform exudative macular detachment

**Wet ARMD DDx**

- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

---

**What is vitelliform exudative macular detachment (VEMD)?**

The name says it all—an exudative detachment of the macula in which the subretinal fluid is yellow.

With what (discussed recently in this slide-set) lesion is it associated?

VEMD occurs in eyes with extensive cuticular drusen.

Hmm…An exudative detachment of the macula with yellow subretinal fluid…What condition does that sound like?

Best disease?

Are VEMD and Best dz related?

No, but their appearance can be very similar.

**Life-stage of onset?**

Childhood

**Cuticular drusen present?**

Yes

**EOG abnormal?**

Yes

What does EOG stand for?

Electro-oculogram

**In a nutshell, what does an electro-oculogram measure?**

RPE function

**Again in a nutshell, how does it work?**

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated.

**What is this ratio called?**

The Arden ratio

**What is the normal range for the Arden ratio?**

1.9-2.8

**At what value is the Arden ratio considered definitely abnormal?**

Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- CSR
- RPE change after CSR
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**Wet ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment

---

**What does EOG stand for?**

Electro-oculogram

**In a nutshell, what does an electro-oculogram measure?**

RPE function

**Again in a nutshell, how does it work?**

The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated

**What is this ratio called?**

The **Arden ratio**

**What is the normal range for the Arden ratio?**

1.9-2.8

**At what value is the Arden ratio considered definitely abnormal?**

Below 1.7 (it’s usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

Cuticular drusen/VEMD tl;dr
Cuticular drusen can mimic dry ARMD.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

- Pattern dystrophy
- Macroaneurysms
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE Hydroxychloroquine toxicity

Cuticular drusen/VEMD tl;dr

- Cuticular drusen can mimic dry ARMD.
- Cuticular drusen can also lead to VEMD, which in turn…
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

**Cuticular drusen/VEMD tl;dr**

Cuticular drusen can mimic **dry ARMD**. Cuticular drusen can also lead to VEMD, which in turn... can mimic **wet ARMD**.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
  - Central serous chorioretinopathy
  - RPE change after CSC
  - Small choroidal melanoma
  - Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

### Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

### Wet ARMD DDx
- Macroaneurysms
  - Vitelliform exudative macular detachment
  - Polypoidal choroidal vasculopathy
  - Central serous chorioretinopathy
  - RPE change after CSC
  - Small choroidal melanoma
  - Hydroxychloroquine toxicity
How does polypoidal choroidal vasculopathy (PCV) present?

Polypoidal choroidal vasculopathy
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

*How does polypoidal choroidal vasculopathy (PCV) present?*
With recurrent, multifocal serous/sanguineous detachments of the RPE
PCV. Multiple areas of subretinal hemorrhage are visible. They are surrounded by areas of yellow subretinal material which likely represents old hemorrhage. There is an acute subretinal hemorrhage OD.

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

*How does polypoidal choroidal vasculopathy (PCV) present?*
With recurrent, multifocal **serous/sanguineous** detachments of the RPE

*Where does this fluid and blood come from?*
Pattern dystrophy
Macroaneurysms
Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal **serous/sanguineous** detachments of the RPE

Where does this fluid and blood come from?
It's all in the name. The choroidal vasculature contains polyp-shaped terminal dilatations that leach serum and/or heme--hence, poly-poidal choroidal vasculopathy.
Pattern dystrophy
Macroaneurysms
Cuticular drusen
Vitelliform exudative macular detachment
Central serous chorioretinopathy

Polypoidal choroidal vasculopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
How does polypoidal choroidal vasculopathy (PCV) present?  
With recurrent, multifocal serous/sanguineous detachments of the RPE.

Is there a gender predilection?  
Yes, females are more likely to be affected.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Central serous chorioretinopathy

Wet ARMD DDx
- Polypoidal choroidal vasculopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

*How does polypoidal choroidal vasculopathy (PCV) present?*
With recurrent, multifocal serous/sanguineous detachments of the RPE

*Is there a gender predilection?*
Yes, females are more likely to be affected

*Is there a racial predilection?*
Yes, individuals of [East] Asian and [African] heritage are more likely to be affected
Dry ARMD DDx

Pattern dystrophy
Cuticular drusen
Central serous chorioretinopathy

Wet ARMD DDx

Macroneurysms
Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of *East* Asian and African heritage are more likely to be affected

What percentage of cases of presumed wet ARMD are actually PCV in:
*Whites*?
*Estimates run as high as an astonishing 50%!*

*East Asians*?
No more than about 5%
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of East Asian and African heritage are more likely to be affected

What percentage of cases of presumed wet ARMD are actually PCV in:
Whites? No more than about 5%
East Asians?
Estimates run as high as an astonishing 50%!
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected.

What percentage of cases of presumed wet ARMD are actually PCV in:
Whites? No more than about 5%
East Asians?
Estimates run as high as an astonishing 50%! 

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

What percentage of cases of presumed wet ARMD are actually PCV in:
- Whites? No more than about 5%
- East Asians? Estimates run as high as an astonishing 50%!

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen
- Central serous chorioretinopathy

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age
How does polypoidal choroidal vasculopathy (PCV) present?

- With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?

- Yes, females are more likely to be affected

Is there a racial predilection?

- Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

- Between 50 and 70 years of age

How is PCV diagnosed?

- Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

How is it treated?

- Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)
Q/A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy
Cuticular drusen

Wet ARMD DDx

Macroaneurysms
Vitelliform exudative macular detachment

Central serous chorioretinopathy
Polypoidal choroidal vasculopathy

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx.

Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen
- Central serous chorioretinopathy

**Wet ARMD DDx**
- Macroneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

*How is PCV diagnosed?*
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx

Yes, individuals of (East) Asian and African heritage are more likely to be affected

*During what age range does it typically present?*
Between 50 and 70 years of age
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

**Dry ARMD DDx**
- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

**Wet ARMD DDx**
- Macular exudative detachment
- Polypoidal choroidal vasculopathy

How does PCV present?
With recurrent, multifocal serous/sanguinous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx.

What does ICG stand for in this context?
Indocyanine green.

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation.

Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).
**Wet ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- RPE change after CSC

How does PCV present?
With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, **ICG angiography** is probably the most useful test in making the dx

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)

**Dry ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen

What does ICG stand for in this context?
Indocyanine green

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguinous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx.

What does ICG stand for in this context?
Indocyanine green.

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation.
Pattern dystrophy

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

**Wet ARMD DDx**

How does PCV present?

With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?

Yes, females are more likely to be affected

Is there a racial predilection?

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

Between 50 and 70 years of age

How is PCV diagnosed?

Because of its ability to image the choroidal circulation, **ICG angiography** is probably the most useful test in making the dx

How is it treated?

Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)

**Dry ARMD DDx**

**What does ICG stand for in this context?**

Indocyanine green

**Under what circumstance is ICG angiography preferred over FA?**

When one is primarily concerned with visualizing the choroidal circulation
**Wet ARMD DDx**

- Pattern dystrophy
- Macroaneurysms
- Cuticular drusen
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

**How does polypoidal choroidal vasculopathy (PCV) present?**

With recurrent, multifocal serous/sanguinous detachments of the RPE

**Is there a gender predilection?**

Yes, females are more likely to be affected

**Is there a racial predilection?**

Yes, individuals of (East) Asian and African heritage are more likely to be affected

**During what age range does it typically present?**

Between 50 and 70 years of age

**How is PCV diagnosed?**

Because of its ability to image the choroidal circulation, **ICG angiography** is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

**How is it treated?**

Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)

**What does ICG stand for in this context?**

Indocyanine green

**Under what circumstance is ICG angiography preferred over FA?**

When one is primarily concerned with visualizing the choroidal circulation

**Why is ICG superior to fluorescein for imaging the choroidal circulation?**

Fluorescein diffuses rapidly through choroidal vessels, rendering them hard to visualize. In contrast (ahem), ICG is almost completely protein-bound in circulation, and thus will not diffuse across normal choroidal vessels. This renders ICG ideal for visualizing pathology of the choroidal vasculature.
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx

Why is ICG superior to fluorescein for imaging the choroidal circulation?
Fluorescein diffuses rapidly through choroidal vessels, rendering them hard to visualize.

What does ICG stand for in this context?
Indocyanine green

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation
Polypoidal choroidal vasculopathy

How does PCV present?
With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

How is PCV diagnosed?
Because of its ability to visualize pathology of the choroidal vasculature, ICG angiography is probably the most useful test in making the dx. FA and OCTA can be contributory as well.

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).

Why is ICG superior to fluorescein for imaging the choroidal circulation?
Fluorescein diffuses rapidly through choroidal vessels, rendering them hard to visualize. In contrast, ICG is almost completely protein-bound in circulation, and thus will not diffuse across normal choroidal vessels, rendering them hard to visualize. In contrast (ahem), ICG is almost completely protein-bound in circulation, and thus will not diffuse across normal choroidal vessels.

ICG angiography

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation

What does ICG stand for in this context?
Indocyanine green

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials
PCV: ICGA. Note the characteristic lesion: a choroidal vascular network of vessels ending in aneurysmal, polyp-like bulges.
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguinous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well).
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Central serous chorioretinopathy
- Polypoidal choroidal vasculopathy (PCV)

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age
Polypoidal choroidal vasculopathy

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx. (FA and OCTA can be contributory as well.)

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).

What does OCTA stand for in this context?
Ocular coherence tomography angiography

Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx. (FA and OCTA can also be contributory.)

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).

What does OCTA stand for in this context?
Ocular coherence tomography angiography

Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguinous detachments of the RPE

Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguinous detachments of the RPE.

Is there a gender predilection?
Yes, females are more likely to be affected.

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected.

During what age range does it typically present?
Between 50 and 70 years of age.

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well).

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

*How is PCV diagnosed?*
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well).

*How is it treated?*
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT).

Yes, individuals of (East) Asian and African heritage are more likely to be affected.

*During what age range does it typically present?*
Between 50 and 70 years of age.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity
In a nutshell, what is the pathophysiology of CSC?

Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?

With visual dysfunction—decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?

A male between the ages of 35 and 55 who has a so-called Type A personality

What is the preferred treatment?

PDT

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx

Pattern dystrophy
Cuticular drusen

Wet ARMD DDx

Macroaneurysms
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy

In a nutshell, what is the pathophysiology of CSC?

Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?

With visual dysfunction—decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?

A male between the ages of 35 and 55 who has a so-called Type A personality

What is the preferred treatment?

PDT

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx

Pattern dystrophy
Cuticular drusen

Wet ARMD DDx

Macroaneurysms
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

CSC: Serous RD
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?
- With visual dysfunction—decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
- A male between the ages of 35 and 55 who has a so-called Type A personality

What is the preferred treatment?
PDT
In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function $\rightarrow$ serous retinal detachment(s)

How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

*In a nutshell, what is the pathophysiology of CSC?*
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

*How does CSC present?*
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

*Who is the typical pt?*
A male between the ages of 35 and 55 who has a so-called Type A personality

*What is the preferred treatment?*
PDT
Q/A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th>Dry ARMD DDx</th>
<th>Wet ARMD DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern dystrophy</td>
<td>Macroaneurysms</td>
</tr>
<tr>
<td>Cuticular drusen</td>
<td>Vitelliform exudative macular detachment</td>
</tr>
<tr>
<td></td>
<td>Polypoidal choroidal vasculopathy</td>
</tr>
<tr>
<td></td>
<td>RPE change after CSC</td>
</tr>
<tr>
<td></td>
<td>Small choroidal melanoma</td>
</tr>
<tr>
<td></td>
<td>Hydroxychloroquine toxicity</td>
</tr>
</tbody>
</table>

In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
A kind of person you are between the ages of who has a so-called kind of person you are
Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy

In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
A male between the ages of 35 and 55 who has a so-called Type A personality
Dry ARMD DDx

- Pattern dystrophy
- Cuticular drusen

Wet ARMD DDx

- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity

**In a nutshell, what is the pathophysiology of CSC?**
Choroidal hyperpermeability + impaired RPE barrier function \(\rightarrow\) serous retinal detachment(s)

**How does CSC present?**
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

**Who is the typical pt?**
A male between the ages of 35 and 55 who has a so-called Type A personality

**What is the preferred treatment?**
In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
A male between the ages of 35 and 55 who has a so-called Type A personality

What is the preferred treatment?
PDT
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- RPE change after CSC
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen
- RPE change after CSC

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy

- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen

RPE change after CSC
- After CSC (especially chronic CSC), the RPE can acquire a ‘granular’ appearance that mimics dry ARMD

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Small choroidal melanoma
- After CSC (especially chronic CSC), the RPE can acquire a ‘granular’ appearance that mimics dry ARMD
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

CSC: RPE change
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen
- RPE change after CSC

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen
- RPE change after CSC

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Small choroidal melanoma
- Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Dry ARMD DDx**
- Pattern dystrophy
- Cuticular drusen
- RPE change after CSC

**Wet ARMD DDx**
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Small choroidal melanoma

Hydroxychloroquine toxicity
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx
- Pattern dystrophy
- Cuticular drusen
- RPE change after CSC
- Hydroxychloroquine toxicity

Wet ARMD DDx
- Macroaneurysms
- Vitelliform exudative macular detachment
- Polypoidal choroidal vasculopathy
- Central serous chorioretinopathy
- Small choroidal melanoma
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Dry ARMD DDx
- Pattern dystrophy
- Hydroxychloroquine toxicity

Wet ARMD DDx
- Pattern dystrophy
- Hydroxychloroquine toxicity

For what it’s worth: The Retina book spends more time discussing CSC as a mimic of both forms of ARMD than it does any other cause!

RPE change after CSC

Central serous chorioretinopathy
**This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials**

**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

### Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td><strong>Leak&lt;&lt;SRF</strong></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td><strong>Leak ≈ SRF</strong></td>
</tr>
</tbody>
</table>
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak ≪ SRF</td>
<td>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak ≈ SRF</td>
<td>No</td>
</tr>
</tbody>
</table>
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>?</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>?</td>
</tr>
</tbody>
</table>
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak &lt;&lt; SRF</td>
<td>Yes</td>
<td>No</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is it CSC or wet ARMD? An important distinction to make—can you make it?

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>?</td>
<td></td>
</tr>
</tbody>
</table>
Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials.
Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>?</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>?</td>
</tr>
</tbody>
</table>
**This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials**

**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
</tr>
</tbody>
</table>
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>?</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>Size of leak relative to size of SRF area</td>
<td>Multiple small PED present?</td>
<td>Drusen present?</td>
<td>Blood present?</td>
<td>Lipid present?</td>
<td>Choroidal thickness c/w normal</td>
<td>Descending tracts present?</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak ≈ SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

Is it CSC or wet ARMD? An important distinction to make—can you make it?

In the context of CSC, what are descending tracts?
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

*In the context of CSC, what are descending tracts?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

CSC: Descending tracts
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak &lt;&lt; SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

In the context of CSC, what are descending tracts? Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

*In the context of CSC, what are descending tracts?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

*What is the cause?*
Gravity-dependent ‘dripping’ of the SRF
Is it CSC or wet ARMD? An important distinction to make—can you make it?

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC</td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td>ARMD</td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

In the context of CSC, what are descending tracts?
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
Gravity-dependent ‘dripping’ of the SRF

By what other name is this phenomenon known?
**Is it CSC or wet ARMD? An important distinction to make—can you make it?**

In the context of CSC, what are descending tracts?
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
Gravity-dependent ‘dripping’ of the SRF

By what other name is this phenomenon known?
‘Guttering’

<table>
<thead>
<tr>
<th></th>
<th>Size of leak relative to size of SRF area</th>
<th>Multiple small PED present?</th>
<th>Drusen present?</th>
<th>Blood present?</th>
<th>Lipid present?</th>
<th>Choroidal thickness c/w normal</th>
<th>Descending tracts present?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSC</strong></td>
<td>Leak&lt;&lt;SRF</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Thicker</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ARMD</strong></td>
<td>Leak = SRF</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Thinner</td>
<td>No</td>
</tr>
</tbody>
</table>

**This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials**