?

?

What are the four categories of corneal dystrophies?

?

?

### **Epithelial and Subepithelial Dystrophies**



**Epithelial-Stromal TGFBI Dystrophies** 

What are the four categories of corneal dystrophies?

**Stromal Dystrophies** 

**Epithelial and Subepithelial Dystrophies** 



**Epithelial-Stromal** *TGFBI* Dystrophies

What are the six non-TGFBI stromal dystrophies?

### **Stromal Dystrophies**

- 1) ?
- 2) ?
- 3) ?
- 4) ?
- 5) ?
- 6) ?

**Epithelial and Subepithelial Dystrophies** 



**Epithelial-Stromal** *TGFBI* Dystrophies

What are the six non-TGFBI stromal dystrophies?

#### **Stromal Dystrophies**

- 1) Macular corneal dystrophy
- 2) Schnyder corneal dystrophy
- 3) Congenital stromal corneal dystrophy
- 4) Fleck corneal dystrophy
- 5) Posterior amorphous corneal dystrophy
- 6) Pre-Descemet corneal dystrophy

What is the inheritance pattern for macular dystrophy (MCD)?

Epithelial-Stromal TGFBI Dystro

#### **Stromal Dystrophies**

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How does it present at the slit lamp? It starts with gray-white flecks in the anterior stroma. The cornea between lesions is clear vs hazy

Epithelial-Stromal TGFBI Dystro

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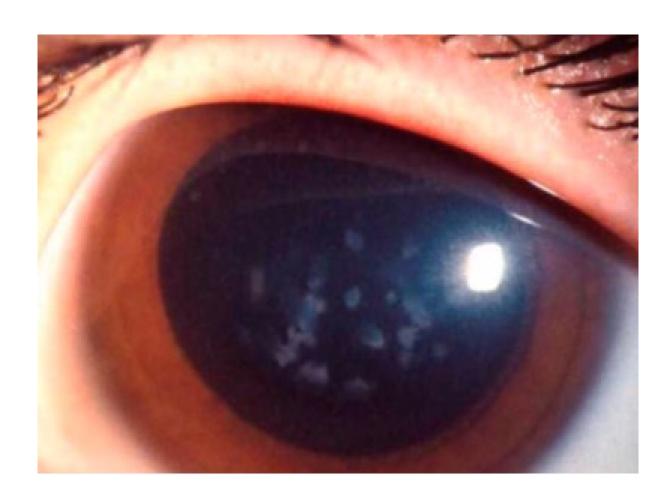
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Macular corneal dystrophy. Early stage with few central macular opacities.



**Epithelial and Subepithelial Dys** 

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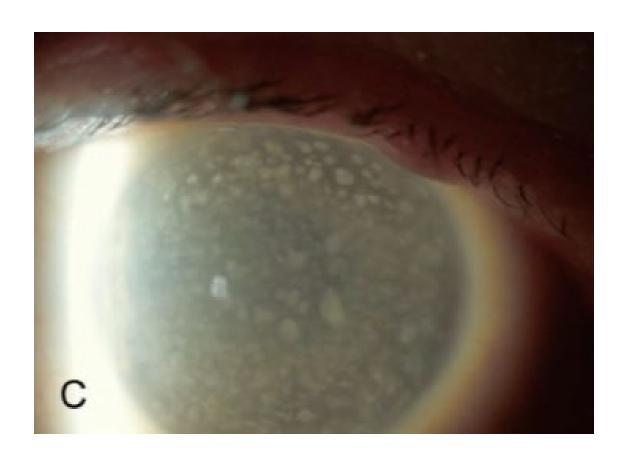
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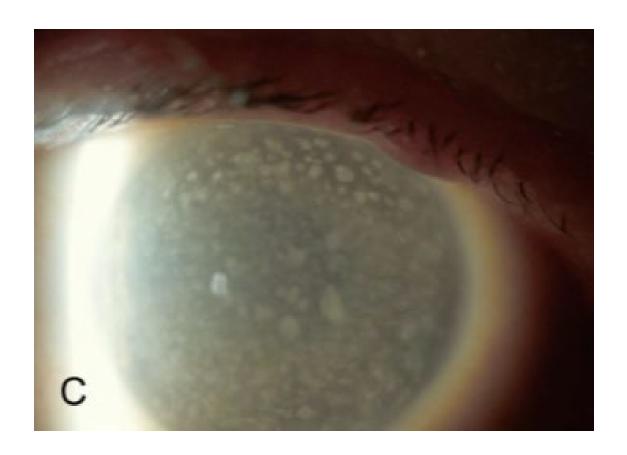
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Macular corneal dystrophy. Later, opacities are found limbus to limbus.





**Macular corneal dystrophy**. Later, opacities are found limbus to limbus. Note that the intervening spaces between lesions are hazy as well.



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Epithelial-Stromal TGFBI Dystro

When I hear 'guttata,' I think

two words

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When I hear 'guttata,' I think 'Fuchs dystrophy.' And when I think Fuchs dystrophy, I think 'corneal edema.' Is corneal edema a manifestation of MCD? No, corneal edema does not occur

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Is it painful?

### Epithelial-Stromal TGFBI Dystromatical Dystr

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Is it painful?

Epithelial erosions are



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Is it painful?

Epithelial erosions are rare

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Is it painful?

Epithelial erosions are rare, so generally no

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Does it affect vision?

impairment occurs Yes,

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Does it affect vision?

Yes, severe impairment occurs

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Does it affect vision?

Yes, severe impairment occurs in the

age range

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What is the histologic hallmark of MCD on light microscopy?

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What is the histologic hallmark of MCD on light microscopy?

Abnormal one long word



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Abnormal mucopolysaccharides

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at all levels of the cornea

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It starts with gray-white flecks in the anterior stroma. The cornea between lesions is hazy. The lesions spread to involve the full thickness of the stroma (and can even involve the endothelium in the form of guttata), and extend limbus-to-limbus.

Is it painful?

Epithelial erosions are rare, so generally no

Does it affect vision?

Yes, severe impairment occurs in the teens to 20s

### **Stromal Dystrophies**

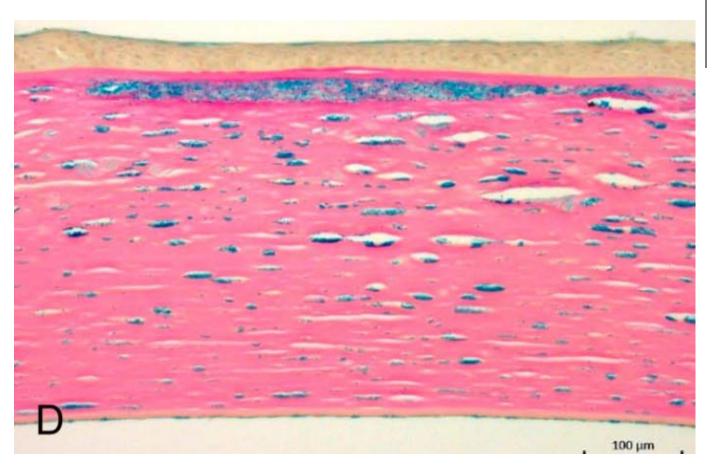
- 1) Macular corneal dystrophy
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What is the histologic hallmark of MCD on light microscopy?

Abnormal mucopolysaccharides (aka glycosaminoglycans) at all levels of the cornea; they stain with alcian blue.

6) Pre-Descemet corneal dystrophy





**Macular corneal dystrophy**. Intracellular and extracellular accumulation of mucopolysaccharides (GAGs) at all levels of stroma and corneal endothelium. Subepithelial fibrous tissue also contains GAGs. Stain: Alcian blue



#### **Epithelial and Subepithelial Dys**

What is the inheritance pattern for macular dystrophy (MCD)?
AR

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Epithelial-Stromal TGFBI Dystro

**Take note of this aka!** The term *mucopolysaccharide* is considered outdated—*glycosaminoglycan* is the preferred nomenclature. This is reflected in recent editions of the *Cornea* book, which refer to MCD as a condition of defective glycosaminoglycan production, **not** mucopolysaccharide production. (The import of this shift in terminology will be made clear shortly.)

### **Stromal Dystrophies**

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**Epithelial and Subepithelial Dys** 

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Which one ain't right in MCD? Keratan sulfate

What's wrong with it? It isn't properly sulfated e right,

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The corneal.

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Ground subs A proteogly

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Will it be positive in asymptomatic carriers of MCD?

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72

## **Corneal Dystrophies**

## **Epithelial and Subepithelial Dys**

What is the inheritance pattern for macular dystrophy (MCD)?
AR

At what age does MCD begin to manifest? Childhood (the corneas are clear at birth)

How does it present at the slit lamp?

Epithelial-Stromal TGFBI Dystro

It starts with gray-white flecks in the anterior stroma. The cornea between lesions is hazy. The lesions spread to involve the full thickness of the stroma (and can even involve the endothelium in the form of guttata), and extend limbus-to-limbus.

The *Cornea* book stresses four characteristics that distinguish MCD from other stromal dystrophies:

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Epithelial-Stromal TGFBI Dystro

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The Cornea book stresses four characteristics that distinguish MCD from other stromal dystrophies:

- --It's inherited AR (most corneal dystrophies are AD )
- --It involves the entire stroma (most pick a layer and stay there)

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- 3) Congenital stromal
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- 5) Posterior amorphou

6) Pre-Descemet corneal dystrophy



### **Epithelial and Subepithelial Dys**

What is the inheritance pattern for macular dystrophy (MCD)?

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Epithelial-Stromal TGFBI Dystro

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### **Epithelial and Subepithelial Dys**

What is the inheritance pattern for macular dystrophy (MCD)?

**AR** 

At what age does MCD begin to manifest? Childhood (the corneas are clear at birth)

Epithelial-Stromal TGFBI Dystro

It starts with gray-white flecks in the anterior stroma. The cornea between lesions is hazy. The lesions spread to involve the full thickness of the stroma (and can even involve the endothelium in the form of guttata), and extend limbus-to-limbus.

The *Cornea* book stresses four characteristics that distinguish MCD from other stromal dystrophies:

- --It's inherited AR (most corneal dystrophies are AD )
- --It involves the entire stroma (most pick a layer and stay there)
- --It can involve the endothelium (others don't)
- --It's limbus-to-limbus (others tend to spare the corneal periphery)

27 Ochinyaci conficuration and the conficuration periphery)

- 3) Congenital stromal
- What is the histologic hallmark of MCD on light microscopy?

  Abnormal mucopolysaccharides (aka glycosaminoglycans)
- 4) Fleck corneal dystro
- at all levels of the cornea; they stain with alcian blue
- 5) Posterior amorphou
- 6) Pre-Descemet corneal dystrophy

**Endothelial Dystrophies** 

(No question—keep going)



### **Epithelial and Subepithelial Dys**

What is the inheritance pattern for macular dystrophy (MCD)?

How does it present at the slit lamp?

Epithelial-Stromal TGFBI Dystro

Take note of this aka! The term mucopolysaccharide is considered outdated glycosaminoglyc ed in recent It's now time to address this... of defective

glycosaminoglycan production, **not** mucopolysaccharide production. (The import of this shift in terminology will be made clear shortly.)

### **Stromal Dystrophies**

Yes, severe impairment occurs in the teens to 20s

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You're probably familiar with the well-known mnemonic regarding the corneal dystrophies:

# Marilyn Monroe Always Gets Her Man in LA County

b) Pre-Descemet corneal dystropny



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Which helps us remember the **name**, **abnormal material**, and **stain** for each of the 'Big 3' stromal dystrophies:

Marilyn macular dystrophy

Monroe mucopolysaccharide

Always Alcian blue

**Gets** granular dystrophy

**Her** hyaline

Man Masson trichrome

in

L lattice dystrophy

A amyloid

County Congo Red

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The problem is readily apparent—the mnemonic only works if the abnormal material in MCD is called 'mucopolysaccharide.' So either modify the mnemonic to include GAGs (tweet your mods to me @EyeDentistAAO), or (gasp!) actually learn it.

A amyloid County Congo Red

6) Pre-Descemet corneal dystropny

**Endothelial Dystrophies** 

(No question—keep going)



**Epithelial and Subepithelial Dystrophies** 

What was the former name of this condition?

**Epithelial-Stromal** *TGFBI* Dystrophies

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**Epithelial and Subepithelial Dystrophies** 

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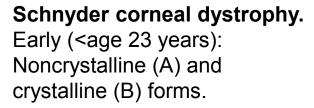
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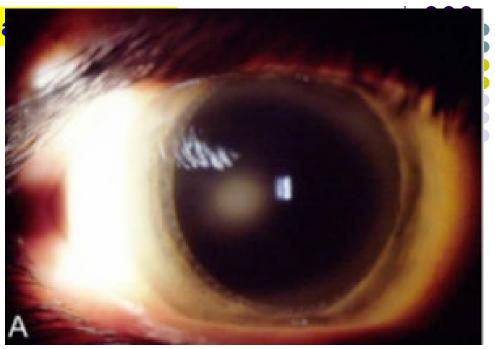
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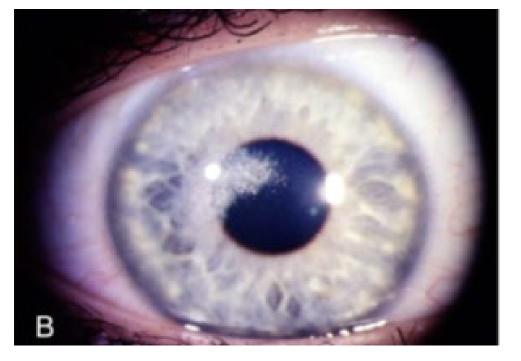
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### Corne

### Schnyder corneal dystrophy.

D, As dz progresses, arcus lipoides develops.

F, As the dz progresses further, midperipheral haze appears, and worsens throughout life (pt in [F] is 72)







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**Endothelial Dystrophies** 

one word

that stain with

three words



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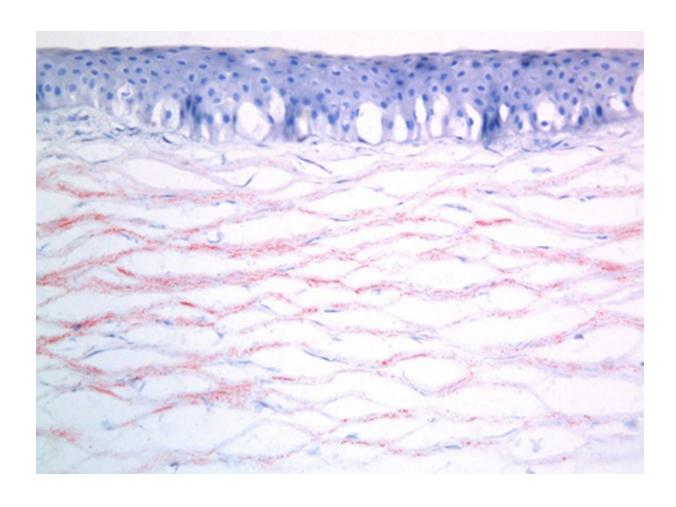
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Epithelial-Stromal *TGFBI* Dystrophies

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**Schnyder corneal dystrophy.** Light microscopy—Oil Red O stains innumerable tiny lipid droplets red within the corneal stroma. Note also the spaces in the subepithelial and Bowman's region.

**Epithelial and Subepithelial Dystrophies** 



**Epithelial-Stromal TGFBI Dystrophies** 

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**Endothelial Dystrophies** 

At what age does CSCD begin to manifest?

### **Epithelial and Subepithelial Dystrophies**



**Epithelial-Stromal TGFBI Dystrophies** 

At what age does CSCD begin to manifest?
Birth (duh, it's congenital)

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**Epithelial-Stromal TGFBI Dystrophies** 

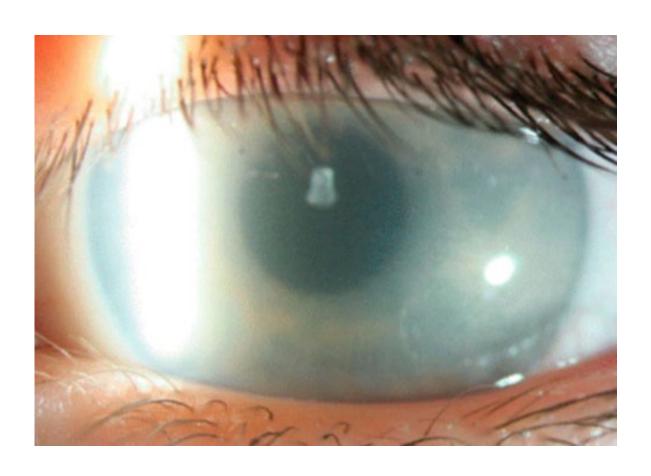
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**Congenital stromal corneal dystrophy**. Diffuse clouding with flake-like opacities throughout the stroma in a 4-year old patient

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Is it progressive?

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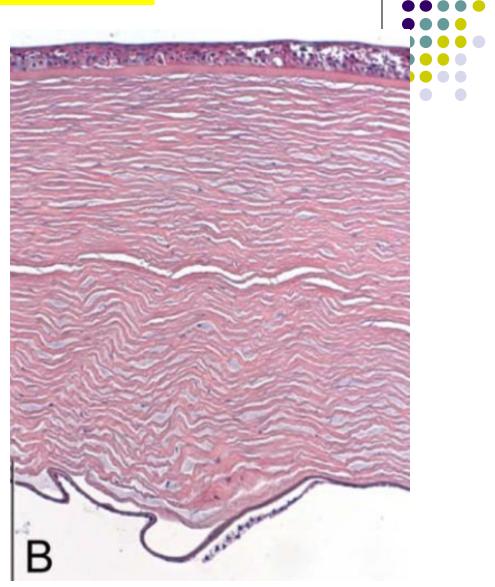
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What is the histologic hallmark of CSCD on light microscopy?

Pronounced thickening of the corneal stroma with separation of corneal lamellae

Congenital stromal corneal dystrophy. Light microscopy: the cornea is markedly thickened with stromal lamellae that are separated from each other in a regular manner.



116

**Epithelial and Subepithelial Dystrophies** 



The scenario of an infant with cloudy corneas should immediately bring to mind a mnemonic. Which one?

Birth (duh, it's congenital)

What is seen at the slit lamp? Limbus-to-limbus, uniformly distributed haze.

**Stromal Dystrophies** 

1) Macular corneal dystrophy

2) Schnyder corneal dystrophy

3) Congenital stromal corneal dystrophy

4) Fleck corneal dystrophy

5) Posterior amorphous corneal dystrophy

6) Pre-Descemet corneal dystrophy

**Endothelial Dystrophies** 

opacities are present.

*Is it progressive?*Generally no, or only modestly so

Is it painful?

Does it affect vision?

Yes, it results in significant visual loss

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What are the elements in the STUMPED mnemonic for cloudy corneas in an infant?

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**Epithelial and Subepithelial Dystrophies** 



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What are the elements in the STUMPED mnemonic for cloudy corneas in an infant?
Coming in hot...

opacities are present.

Birth (duh, it's congenital)

What is seen at the slit lamp?

Limbus-to-limbus, uniformly distributed haze.

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Yes, it results in significant visual loss

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**Endothelial Dystrophies** 



- **S**
- T
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- M
- P
- E
- D

Fill in the entities embedded in the mnemonic (Note: There are two Ss and two Es)

- 122
- Sclerocornea; Stromal dystrophy (CHSD)
- Trauma (endothelial; ie, from forceps)
- Ulcer
- Metabolic disorders
- Peters anomaly
- Endothelial dystrophy (CHED); Elevated IOP
- Dermoid of the cornea

Fill in the entities embedded in the mnemonic (Note: There are two Ss and two Es)



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- Ulcer
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   (ie, congenital glaucoma)
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Fill in the entities embedded in the mnemonic (Note: There are two Ss and two Es)



- Sclerocornea; Stromal dystrophy (CHSD)
- Trauma (endothelial; ie, from forceps)
- Ulcer
  - Next we will touch on distinguishing among CHSD, CHED and primary
- congenital glaucoma by highlighting key differences in their presentations
- Peters anomaly
- Endothelial dystrophy (CHED); Elevated IOP

   (ie, congenital glaucoma)
- Dermoid of the cornea



& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	?			
CHSD	?			
Primary congenital glaucoma	?			



& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased			
CHSD	<b>Mildly</b> increased			
Primary congenital glaucoma	Variably increased (or WNL, or thin)			



	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased			
CHSD	Mildly increased	· ·		destly thickened by the at causes the cloudiness
Primary congenital glaucoma	Variably increased (or WNL, or thin)			



	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?	
CHED	Markedly increased	The CCT is dramatically increased in CHED because of edema 2ndry to lack of adequate endothelial barrie and deturgescence function			
CHSD	Mildly increased				
Primary congenital glaucoma	Variably increased (or WNL, or thin)				



	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased			
CHSD	Mildly increased			
Primary congenital glaucoma	Variably increased (or WNL, or thin)	In congenital glaucoma, corneal thickness depends upon 1) whether the endo is healthy and 2) how high the IOP is		



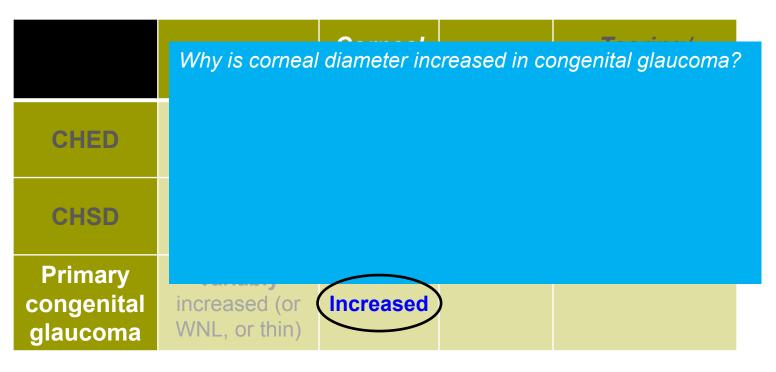
	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased	?		
CHSD	Mildly increased	?		
Primary congenital glaucoma	Variably increased (or WNL, or thin)	?		



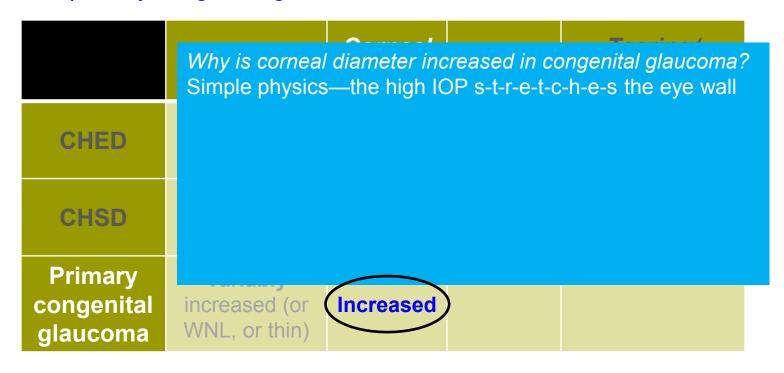
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CHED	Markedly increased	WNL		
CHSD	<b>Mildly</b> increased	WNL		
Primary congenital glaucoma	Variably increased (or WNL, or thin)	Increased		

132





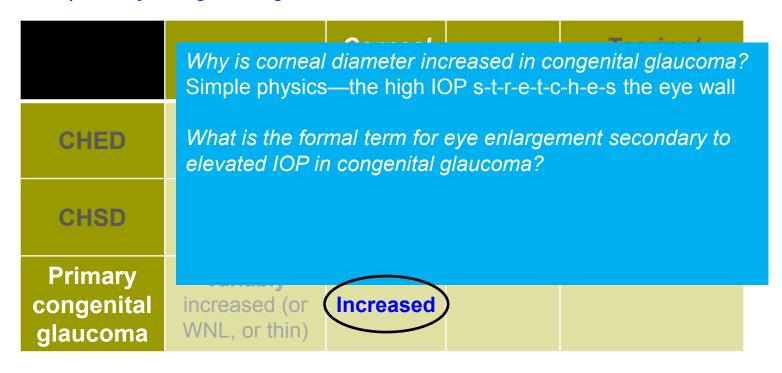






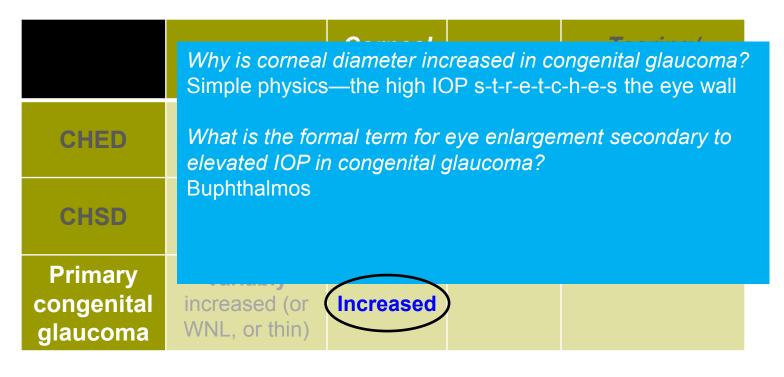
Congenital glaucoma: Increased corneal diameter







& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

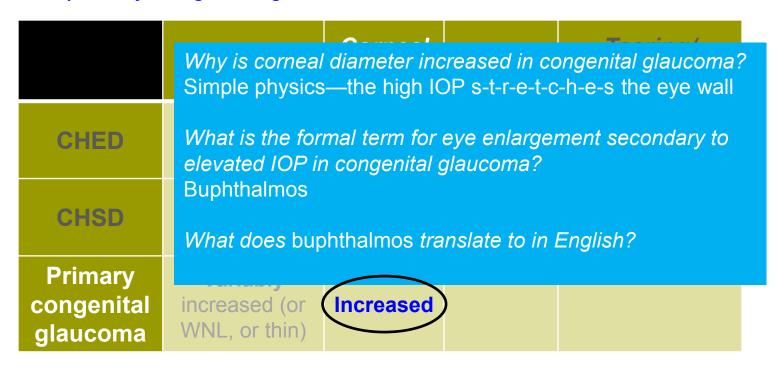




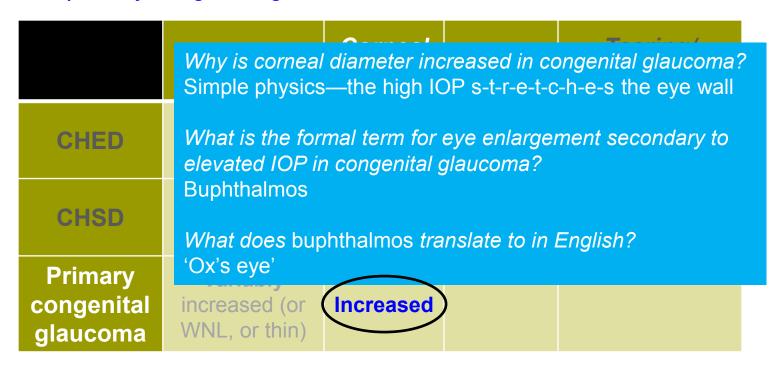


Congenital glaucoma: Buphthalmos OD

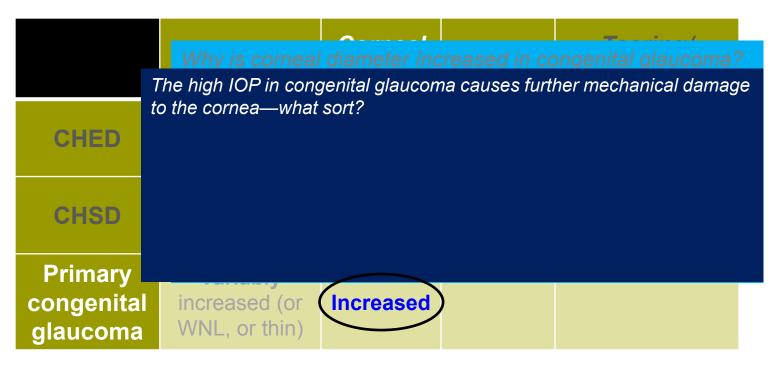




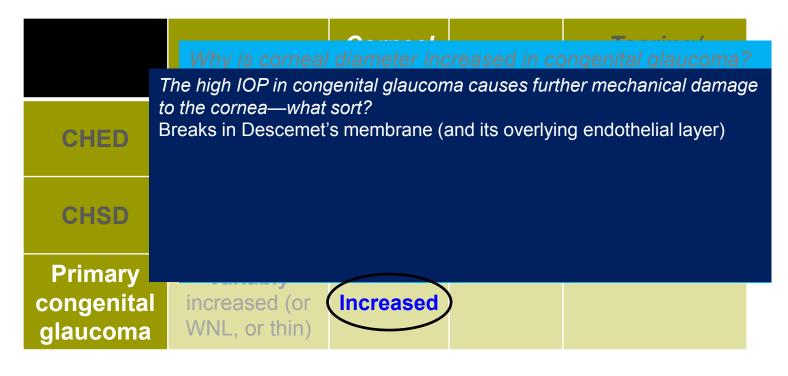




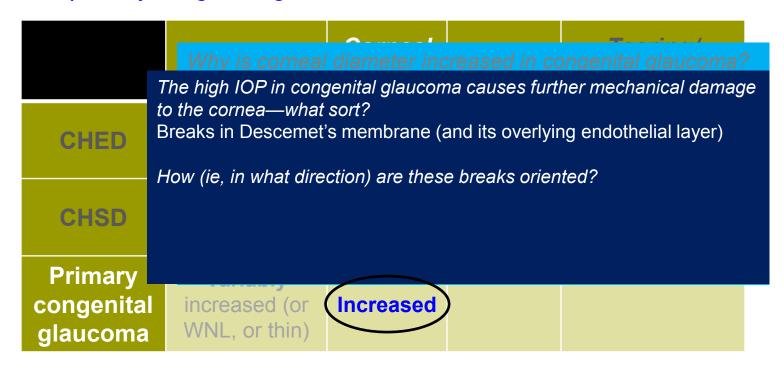
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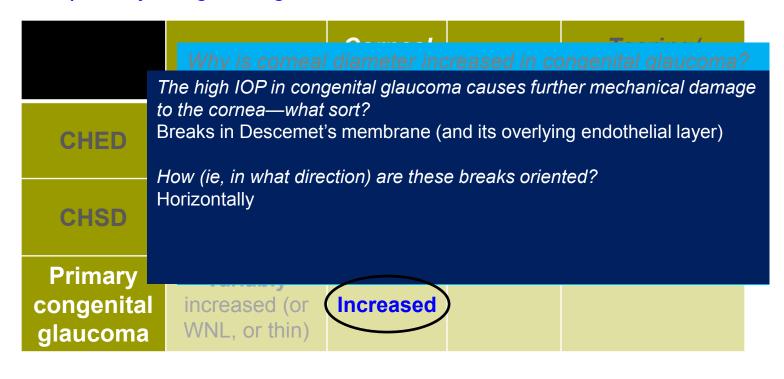




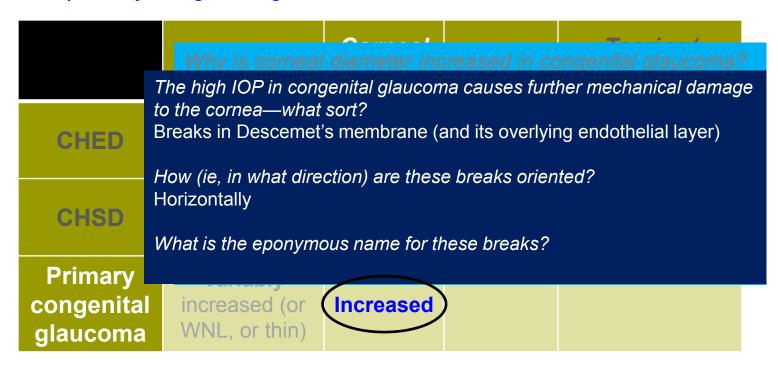






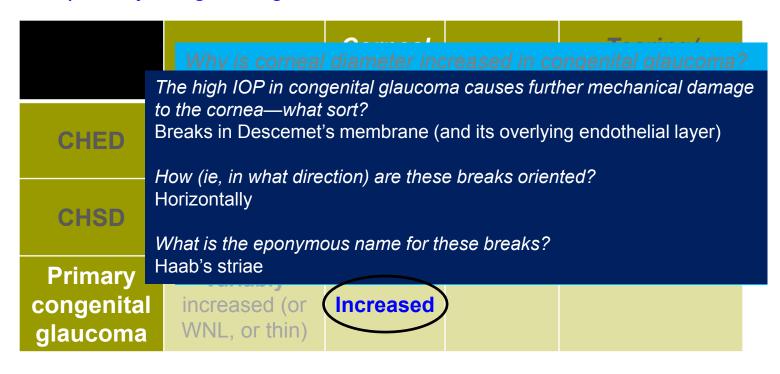




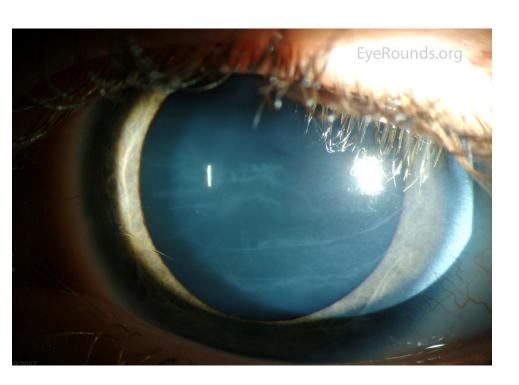


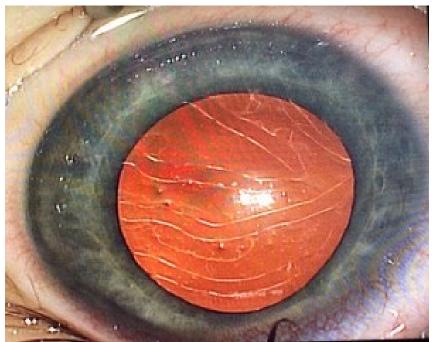


& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.









Horizontal Descemet's breaks (Haab's striae) in congenital glaucoma



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	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased	WNL	?	
CHSD	<b>Mildly</b> increased	WNL	?	
Primary congenital glaucoma	Variably increased (or WNL, or thin)	Increased	?	



& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased	WNL	WNL	
CHSD	<b>Mildly</b> increased	WNL	WNL	
Primary congenital glaucoma	Variably increased (or WNL, or thin)	Increased	Duh	



*CCT*, corneal diameter, *IOP* and the presence/absence of tearing & photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased	WNL	WNL	?
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& photophobia are key to differentiating among CHED, CHSD, and primary congenital glaucoma. Fill in the blanks below.

	ССТ	Corneal diameter	IOP	Tearing/ Photophobia?
CHED	Markedly increased	WNL	WNL	No
CHSD	<b>Mildly</b> increased	WNL	WNL	No
Primary congenital glaucoma	Variably increased (or WNL, or thin)	Increased	Duh	Yes

**Epithelial and Subepithelial Dystrophies** 



### Epithelial-Stromal TGFBI Dystrophies

At what age does FCD begin to manifest?

### **Stromal Dystrophies**

- 1) Macular corneal dystrophy
- 2) Schnyder corneal dystrophy
- 3) Congenital stromal corneal dys
- 4) Fleck corneal dystrophy
- 5) Posterior amorphous corneal dy
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**Epithelial and Subepithelial Dystrophies** 



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At what age does FCD begin to manifest? Very early—can even be congenital

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**Endothelial Dystrophies** 

At what age does FCD begin to manifest? Very early—can even be congenital

How does it present? What is seen at the slit lamp?

**Epithelial and Subepithelial Dystrophies** 



### Epithelial-Stromal *TGFBI* Dystrophies

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At what age does FCD begin to manifest? Very early—can even be congenital

How does it present? What is seen at the slit lamp?
Subtle light-gray discs in the stroma that have
described as so embarrassing

**Epithelial and Subepithelial Dystrophies** 



### Epithelial-Stromal TGFBI Dystrophies

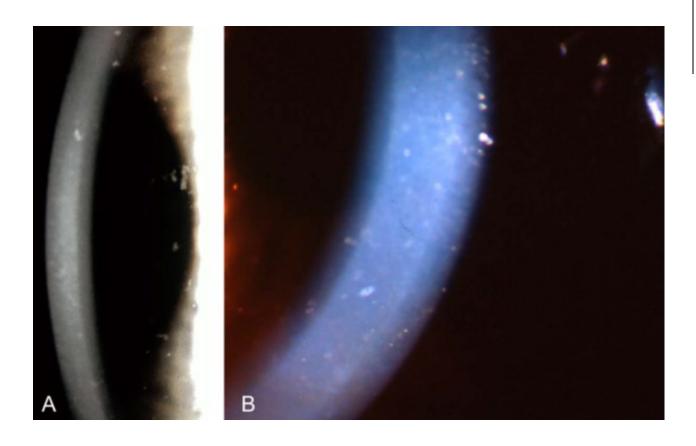
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At what age does FCD begin to manifest? Very early—can even be congenital

How does it present? What is seen at the slit lamp? Subtle light-gray discs in the stroma that have described as 'dandruff-like.'





**Fleck corneal dystrophy**. Dandruff-like opacities seen in 2 different patients throughout the stroma using: (A) broad oblique illumination, and (B) at varying depths in the slit-lamp photograph.

**Epithelial and Subepithelial Dystrophies** 



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At what age does FCD begin to manifest? Very early—can even be congenital

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Is it painful?

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Is it painful?

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*Is it painful?*No

Does it affect vision?

**Epithelial and Subepithelial Dystrophies** 



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How does it present? What is seen at the slit lamp? Subtle light-gray discs in the stroma that have described as 'dandruff-like.' The intervening spaces are clear. The lesions are never found in non-stromal portions of the cornea.

*Is it painful?*No

Does it affect vision? Usually not



First: What sound-alike, more-familiar condition must you keep separate from PACD?	

- 5) Posterior amorphous corneal dystrophy
- 6) Pre-Descemet corneal dystrophy



<b>First</b> : What sound-alike, more-familiar condition must you keep separate from PACD?  Posterior <b>poly</b> morphous corneal dystrophy. PPMD is an endothelial dystrophy, whereas PACD is a stroma (although it can affect the endothelium indirectly).	al

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**First**: What sound-alike, more-familiar condition must you keep separate from PACD?

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Now then: At what age does PACD begin to manifest?

·/···ook oomoar ayonopmy

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How does it present? What is seen at the slit lamp?

PACD is a dystrophy of the **deep** corneal stroma. Sheetlike opacities are present, and can be extensive.

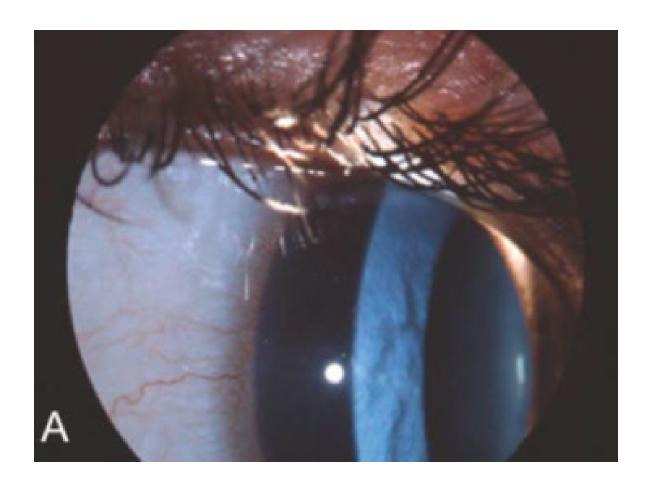
The deepest lesions can indent Descemet's and the endothelium.

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5) Posterior amorphous corneal dystrophy

6) Pre-Descemet corneal dystrophy





**Posterior amorphous corneal dystrophy**. Central deep stromal/pre-Descemet opacity with some degree of peripheral extension interrupted by few clear bands in the midperipheral cornea.



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thinner vs thicker

and flatter v

than normal

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How does it present? What is seen at the slit lamp?

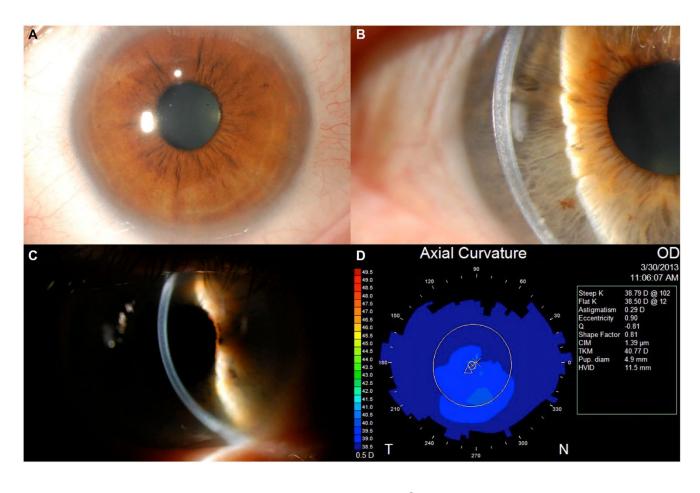
PACD is a dystrophy of the **deep** corneal stroma. Sheetlike opacities are present, and can be extensive. The deepest lesions can indent Descemet's and the endothelium. Further, the cornea tends to be both **thinner** and **flatter** than normal; as a result of the flatness, PACD pts are usually **hyperopes**.

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6) Pre-Descemet corneal dystrophy





**Posterior amorphous corneal dystrophy**. **A**. Slit lamp photomicrograph demonstrating peripheral corneal opacification. **B**–**C**. Slit lamp photomicrograph of central and peripheral corneal opacification **D**. Corneal topographic imaging demonstrates significant flattening of the corneal curvature (steep K 39D)



**First**: What sound-alike, more-familiar condition must you keep separate from PACD?

Posterior **poly**morphous corneal dystrophy. PPMD is an endothelial dystrophy, whereas PACD is a stromal (although it can affect the endothelium indirectly).

Now then: At what age does PACD begin to manifest?

First decade. Can be present in infancy.

How does it present? What is seen at the slit lamp?

PACD is a dystrophy of the **deep** corneal stroma. Sheetlike opacities are present, and can be extensive. The deepest lesions can indent Descemet's and the endothelium. Further, the cornea tends to be both **thinner** and **flatter** than normal; as a result of the flatness, PACD pts are usually **hyperopes**.

Is it painful?

- 5) Posterior amorphous corneal dystrophy
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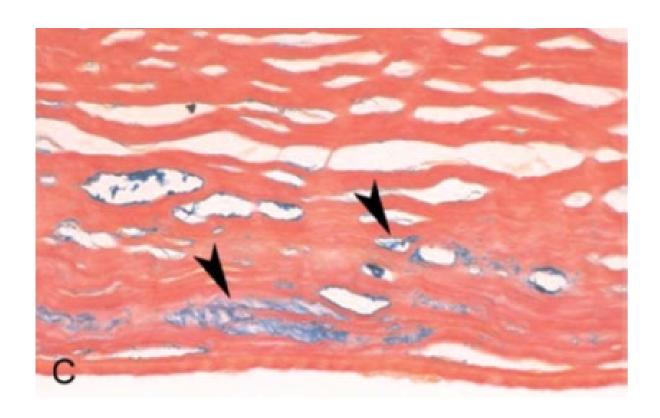
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**Posterior amorphous corneal dystrophy**. Light microscopy—extracellular colloidal iron stains positive material (arrowheads) in the deep stroma

**Epithelial and Subepithelial Dystrophies** 



**Epithelial-Stromal** *TGFBI* Dystrophies

#### **Stromal Dystrophies**

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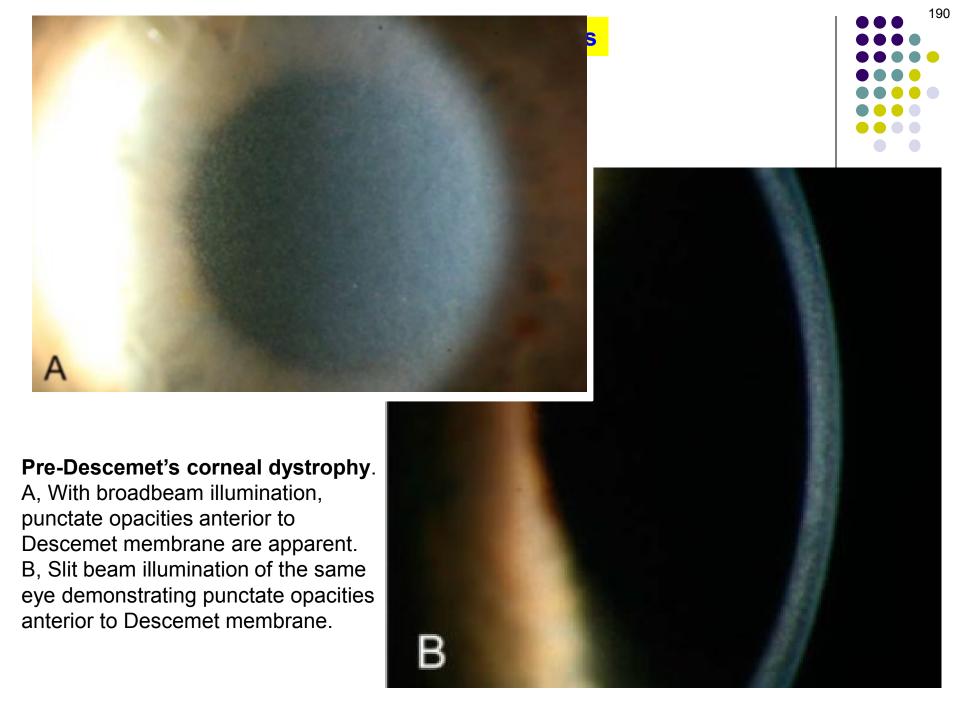
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