What are the four basic anatomic locations for uveitis?
What are the four basic anatomic locations for uveitis?
What is the hallmark of intermediate uveitis (IU)?
1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base
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The vitreous base straddles/adheres to what structure?
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The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

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The ora serrata
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What is the ora serrata?
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The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

The vitreous base straddles/adheres to what structure?
The ora serrata

What is the ora serrata?
It is the zone where the peripheral retina meets the pars plana of the ciliary body.
The vitreous base

ora serrata
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Posterior

Intermediate

Panuveitis

What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base

Does IU present with anterior-chamber cell?
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Posterior

Intermediate

Panuveitis

**What is the hallmark of intermediate uveitis (IU)?**
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

**Does IU present with anterior-chamber cell?**
Generally no. When present, AC cell is usually mild, and is generally believed to be ‘spillover’ from the vitreous.
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Posterior

Intermediate

Panuveitis

What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

Does IU present with anterior-chamber cell?
Generally no. When present, AC cell is usually mild, and is generally believed to be ‘spillover’ from the vitreous.

In this context, what are snowballs and snowbanking?
What is the hallmark of intermediate uveitis (IU)?
The inflammation is located principally in the anterior vitreous, and usually involves the vitreous base.

Does IU present with anterior-chamber cell?
Generally no. When present, AC cell is usually mild, and is generally believed to be ‘spillover’ from the vitreous.

In this context, what are snowballs and snowbanking?
Snowballs are clumped inflammatory cells in the vitreous
Snowbanking refers to the appearance of large swaths of accumulated inflammatory debris along the inferior pars plana
Snowballs in intermediate uveitis
Snowbanking in intermediate uveitis
Uveitis: Intermediate

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Intermediate uveitis

(subtype of intermediate uveitis)
Uveitis: *Intermediate*

- Pars planitis
- Intermediate uveitis

*(subtype of intermediate uveitis)*

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1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated
Uveitis: Intermediate

Pars planitis  Intermediate uveitis

When is intermediate uveitis intermediate uveitis, and when is it pars planitis?
Uveitis: *Intermediate*

When is intermediate uveitis intermediate uveitis, and when is it pars planitis?

It is considered intermediate uveitis when it is associated with either a local infection or a systemic condition; otherwise it is pars planitis.
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

At what age(s) is/are pars planitis (PP) most likely to present?
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Is there a gender predilection?
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

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The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?
No
Uveitis: Intermediate

Pars planitis

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The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?
No

What is the typical presenting complaint?
**Uveitis: Intermediate**

**Pars planitis**

*At what age(s) is/are pars planitis (PP) most likely to present?*

The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range.

*Is there a gender predilection?*

No.

*What is the typical presenting complaint?*

Children/teens often present in a manner similar to acute anterior uveitis: pain, injection, and photophobia.
**Uveitis: Intermediate**

**Pars planitis**

*At what age(s) is/are pars planitis (PP) most likely to present?*

The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

*Is there a gender predilection?*

No

*What is the typical presenting complaint?*

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Uveitis: Intermediate

Pars planitis

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Is there a gender predilection?
No

What is the typical presenting complaint?
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

At what age(s) is/are pars planitis (PP) most likely to present?
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Is there a gender predilection?
No

What is the typical presenting complaint?
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.
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Is there a gender predilection?
No

What is the typical presenting complaint?
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

Does PP tend to present unilaterally, or bilaterally?
Uveitis: Intermediate

Pars planitis

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It is bilateral in % of cases (but it is often quite asymmetric in severity)
Uveitis: Intermediate

Pars planitis

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The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?
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It is bilateral in 80% of cases (but it is often quite asymmetric in severity)
Pars planitis

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Is there a gender predilection?
No

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Is PP a benign condition?
At what age(s) is/are pars planitis (PP) most likely to present?
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Is there a gender predilection?
No

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Does PP tend to present unilaterally, or bilaterally?
It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about:
--
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It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about:
--CME
--Neovascularization of the far-peripheral retina
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The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?
No

What is the typical presenting complaint?
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

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Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about:
--CME is common versus uncommon
--Neovascularization of the far-peripheral retina
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Is there a gender predilection?
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It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about:
--CME is common
--Neovascularization of the far-peripheral retina
**Uveitis: Intermediate**

**Pars planitis Intermediate uveitis**

*At what age(s) is/are pars planitis (PP) most likely to present?*
The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range.

*Is there a gender predilection?*
No.

*What is the typical presenting complaint?*
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

*Does PP tend to present unilaterally, or bilaterally?*
It is bilateral in 80% of cases (but it is often quite asymmetric in severity).

*Is PP a benign condition?*
Unfortunately, no. There are two significant sequelae to worry about:
--CME is common, and leads to permanent vision loss in about % of cases
--Neovascularization of the far-peripheral retina
Intermediate uveitis

Pars planitis

Intermediate uveitis

At what age(s) is/are pars planitis (PP) most likely to present?
The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

Is there a gender predilection?
No

What is the typical presenting complaint?
Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

Does PP tend to present unilaterally, or bilaterally?
It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about: --CME is common, and leads to permanent vision loss in about 10% of cases
--Neovascularization of the far-peripheral retina
CME in intermediate uveitis
At what age(s) is/are pars planitis (PP) most likely to present?
The age-of-incidence for PP is bimodal, with one peak in the 5-15 year-old range, and another in the 20-40 y.o. range

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Children/teens often present in a manner similar to acute anterior uveitis: Pain, injection and photophobia. Adult-onset PP typically presents more insidiously, with a chief complaint of floaters.

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--CME is common, and leads to permanent vision loss in about 10% of cases
--Neovascularization of the far-peripheral retina may occur with all its attendant problems:
Uveitis: Intermediate

Pars planitis

Intermediate uveitis

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It is bilateral in 80% of cases (but it is often quite asymmetric in severity)

Is PP a benign condition?
Unfortunately, no. There are two significant sequelae to worry about:
--CME is common, and leads to permanent vision loss in about 10% of cases
--Neovascularization of the far-peripheral retina may occur with all its attendant problems: vitreous hemorrhage; retinal traction; tractional RD and/or rhegmatogenous RD
When is intermediate uveitis intermediate uveitis, and when is it pars planitis?
It is considered intermediate uveitis when it is associated with either a local infection or a systemic condition.

With what infections/systemic conditions is intermediate uveitis associated?
When is intermediate uveitis intermediate uveitis, and when is it pars planitis?
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With what infections/systemic conditions is intermediate uveitis associated?
**Uveitis: Intermediate**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

When is intermediate uveitis intermediate uveitis, and when is it pars planitis?

It is considered intermediate uveitis when it is associated with either a local infection or a systemic condition.

*Remember: Pars planitis is a diagnosis of exclusion, and can be made only after these have been ruled out!*

- MS
- Lyme
- Toxocariasis
- Sarcoid
- Syphilis
- TB

*With what infections/systemic conditions is intermediate uveitis associated?*
How is pars planitis/intermediate uveitis (PP/IU) managed?

1) The uveitis is profiled
2) The profiled case is meshed
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4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Uveitis: Intermediate

Pars planitis

Intermediate uveitis
Intermediate uveitis

Pars planitis

Intermediate uveitis

How is pars planitis/intermediate uveitis (PP/IU) managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.
Uveitis: **Intermediate**

**Pars planitis**  
Intermediate uveitis

**How is pars planitis/intermediate uveitis (PP/IU) managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

Assume testing is noncontributory. **How should PP be managed?**
Uveitis: **Intermediate**

Pars planitis  Intermediate uveitis

**How is pars planitis/intermediate uveitis (PP/IU) managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued

**Assume testing is noncontributory. How should PP be managed?**
If it is mild, and not causing significant morbidity, it can simply be monitored
How is pars planitis/intermediate uveitis (PP/IU) managed?
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Assume testing is noncontributory. How should PP be managed?
If it is mild, and not causing significant morbidity, it can simply be monitored.

Under what circumstances should treatment be initiated?

1) The uveitis is profiled
2) The profiled case is meshed
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4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
**Uveitis: Intermediate**

- Pars planitis
- Intermediate uveitis

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**How is pars planitis/intermediate uveitis (PP/IU) managed?**

If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

*Assume testing is noncontributory. How should PP be managed?*

If it is mild, and not causing significant morbidity, it can simply be monitored.

**Under what circumstances should treatment be initiated?**

- The pt's vision is affected; or
- [two words]

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1) The uveitis is profiled
2) The profiled case is meshed
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5) Treatment appropriate for the etiology is initiated
Uveitis: **Intermediate**

1) The uveitis is profiled
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**Pars planitis**  **Intermediate uveitis**

**How is pars planitis/intermediate uveitis (PP/IU) managed?**
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

Assume testing is noncontributory. **How should PP be managed?**
If it is mild, and not causing significant morbidity, it can simply be monitored.

**Under what circumstances should treatment be initiated?**
Treatment should initiated if:
-- The pt’s vision is affected; or
-- CME and/or retinal vasculitis develops
Intermediate uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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How is pars planitis/intermediate uveitis (PP/IU) managed?
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Under what circumstances should treatment be initiated?
Treatment should initiated if:
--The pt’s vision is affected; or
--CME and/or retinal vasculitis develops

What sort of treatment plan should be initiated?
Uveitis: **Intermediate**

Pars planitis  Intermediate uveitis

**How is pars planitis/intermediate uveitis (PP/IU) managed?**
If an etiology is identified (i.e., if it is IU), treatment specific to that etiology should be pursued.

*Assume testing is noncontributory. How should PP be managed?*
If it is mild, and not causing significant morbidity, it can simply be monitored.

*Under what circumstances should treatment be initiated?*
Treatment should be initiated if:
--The pt’s vision is affected; or
--CME and/or retinal vasculitis develops.

*What sort of treatment plan should be initiated?*
A 4-step approach should be employed:

1. **Steroid therapy**
2. **Peripheral retina ablation**
3. **Vitrectomy**
4. **Immunomodulatory therapy**
Uveitis: **Intermediate**

**Pars planitis**

**Intermediate uveitis**

1. The uveitis is profiled
2. The profiled case is meshed
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**Under what circumstances should treatment be initiated?**

Treatment should initiated if:

-- The pt’s vision is affected; or
-- CME and/or retinal vasculitis develops

**What sort of treatment plan should be initiated?**

A four-step approach should be employed:

1) ?
2)
3)
4)
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If it is mild, and not causing significant morbidity, it can simply be monitored

Under what circumstances should treatment be initiated?
Treatment should initiated if:
--The pt’s vision is affected; or
--CME and/or retinal vasculitis develops

What sort of treatment plan should be initiated?
A four-step approach should be employed:
1) Steroid therapy
2) ?
3)
4)
How is pars planitis/intermediate uveitis (PP/IU) managed?
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2) Peripheral retina ablation
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A four-step approach should be employed:
1) **Steroid therapy**
2) **Peripheral retina ablation**
3) **Vitrectomy**
4) ?
Uveitis: **Intermediate**

Pars planitis  Intermediate uveitis

**How is pars planitis/intermediate uveitis (PP/IU) managed?**
If an etiology is identified (i.e., if it is IU), treatment specific to that etiology should be pursued.

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A four-step approach should be employed:
1) **Steroid therapy**
2) **Peripheral retina ablation**
3) **Vitrectomy**
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Under what circumstances should treatment be initiated?
Treatment should initiated if:
-- The pt's vision is affected; or
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What sort of treatment plan should be initiated?
A four-step approach should be employed:
1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy

Some experts would reverse the order of these two.
Uveitis: Intermediate

How is pars planitis/intermediate uveitis (PP/IU) managed?
If an etiology is identified (i.e., if it is IU), treatment specific to that etiology should be pursued.

What is the preferred route of steroid administration?
What sort of treatment plan should be initiated?
A four-step approach should be employed:

1) **Steroid therapy**
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Intermediate uveitis

How is pars planitis/intermediate uveitis (PP/IU) managed?
If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

What is the preferred route of steroid administration?
Periocular depot injection

What sort of treatment plan should be initiated?
A four-step approach should be employed:
1) Steroid therapy
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
Uveitis: **Intermediate**

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**Pars planitis**

**Intermediate uveitis**

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**How is pars planitis/intermediate uveitis (PP/IU) managed?**

If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

**What is the preferred route of steroid administration?**

Periocular depot injection

**What about intravitreal injection?**

What sort of treatment plan should be initiated?

A four step approach should be employed:

1. **Steroid therapy**
2. Peripheral retina ablation
3. Vitrectomy
4. Immunomodulatory therapy
**Uveitis: Intermediate**

Pars planitis

Intermediate uveitis

**How is pars planitis/intermediate uveitis (PP/IU) managed?**

If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

**What is the preferred route of steroid administration?**

Periocular depot injection

**What about intravitreal injection?**

This can be attempted in severe/refractory cases, but care must be taken to not pierce the pars plana at an inflamed location.

**What sort of treatment plan should be initiated?**

A four-step approach should be employed:

1) **Steroid therapy**
2) Peripheral retina ablation
3) Vitrectomy
4) Immunomodulatory therapy
**Uveitis: Intermediate**

Pars planitis

Intermediate uveitis

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**How is pars planitis/intermediate uveitis (PP/IU) managed?**

If an etiology is identified (ie, if it is IU), treatment specific to that etiology should be pursued.

**What is the preferred route of steroid administration?**

Periocular depot injection

**What about intravitreal injection?**

This can be attempted in severe/refractory cases, but care must be taken to not pierce the pars plana at an inflamed location.

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4) **Immunomodulatory therapy**

When should peripheral retinal ablation be pursued?

If the pt fails steroid therapy.

What modality(ies) can be employed?

Cryoablation, or laser photocoagulation.

Which area(s) should be targeted?

If cryoablation is used, it should be applied...directly to the sclera adjacent to where snowbanking is present.

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Uveitis: Intermediate

1. The uveitis is profiled
2. The profiled case is meshed
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Intermediate uveitis

Pars planitis

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<thead>
<tr>
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When should peripheral retinal ablation be pursued?
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What modality(ies) can be employed?
Cryoablation, or laser photocoagulation.
Which modality is preferred?
If laser photocoagulation is used, it should be applied...to the retina adjacent to the snowbanking (but not to the snowbanking itself).

- If cryoablation is used, it should be applied...directly to the sclera adjacent to where snowbanking is present.
- Probably laser photocoagulation. Cryoablation carries a risk of retinal detachment, which photocoagulation does not.
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When should vitrectomy be pursued?

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**When should vitrectomy be pursued?**

If ablation fails to control the disease, and systemic immunomodulatory therapy is unacceptable.

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*In addition to removal of the vitreous body, two other surgical maneuvers are desirable—which are they?*

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*In addition to removal of the vitreous body, two other surgical maneuvers are desirable—what are they?*

Induction of a posterior vitreous detachment, and peripheral retinal photocoagulation.

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When should immunomodulatory therapy be pursued?

- Methotrexate
- Cyclosporine
- Azathioprine
- Cyclophosphamide
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When should immunomodulatory therapy be pursued?
If other interventions failed, and/or if severe bilateral disease is present

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