Re white dot syndromes:

What do these acronyms stand for?

MCP:
PIC:
MEWDS:
APMPPE:
AZOOR:
Re white dot syndromes:

What do these acronyms stand for?

**MCP:** Multifocal choroiditis and panuveitis

**PIC:** Punctate inner choroiditis

**MEWDS:** Multiple evanescent white dot syndrome

**APMPPE:** Acute posterior multifocal placoid pigment epitheliopathy

**AZOOR:** Acute zonal occult outer retinopathy
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What do these acronyms stand for?
- **MCP**: Multifocal choroiditis and panuveitis
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- **MEWDS**: Multiple evanescent white dot syndrome
- **APMPPE**: Acute posterior multifocal placoid pigment epitheliopathy
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The latest edition of the BCSC *Retina* book is confusing re WDS nomenclature. Apparently there is a move afoot to combine MCP and PIC into a single entity called *Multifocal Choroiditis* (MFC). Trouble is, the previous entity of MCP *always* presents with vitritis, whereas PIC usually doesn’t. The ‘new’ entity of MFC is said to present with little or no cell, so what to do with cases of MCP? The section on MFC acknowledges that cases involving significant cell may need to be called ‘multifocal choroiditis with panuveitis’ (abbreviated MFCPU). My copy of the *Uveitis* book still uses the terms as listed above (that said, I am one version out of date on this volume).
**MCP:** Multifocal choroiditis and panuveitis  
**PIC:** Punctate inner choroiditis  
**MEWDS:** Multiple evanescent white dot syndrome  
**APMPPE:** Acute posterior multifocal placoid pigment epitheliopathy  
**AZOOR:** Acute zonal occult outer retinopathy  
Also, **SERPIGINOUS** and **BIRDSHOT**

*Note: Two others, not previously mentioned*
What is the ‘full name’ of serpiginous?
What is the ‘full name’ of serpiginous? The most recent version of the Retina book calls it serpiginous choroidopathy.

If you answered geographic choroiditis or helicoid peripapillary choroidopathy, you aren’t wrong (but you are a gunner).
What is the ‘full name’ of serpiginous? The most recent version of the *Retina* book calls it *serpiginous choroidopathy*.

What is the ‘full name’ of birdshot?

Formerly known as birdshot retinochoroidopathy, the most recent version of the *Retina* book calls it *birdshot uveitis*. (Ironically, the *Uveitis* book still calls it birdshot retinochoroidopathy.)
MCP: Multifocal choroiditis and panuveitis
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Also SERPIGINOUS and BIRDSHOT

What is the ‘full name’ of serpiginous?
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Formerly known as birdshot retinochoroidopathy, the most recent version of the Retina book calls it birdshot uveitis. (Ironically, the Uveitis book still calls it birdshot retinochoroidopathy.)
Re white dot syndromes:

Which two look like POHS?

*(Presumed ocular histoplasmosis syndrome)*
Re white dot syndromes:
- Which two look like POHS? *MCP, PIC*
Re white dot syndromes:

Which two look like POHS? **MCP, PIC**

In fact, these look so much like POHS that some clinicians refer to them by the name *pseudo-POHS*—a term the *Retina* book is at pains to disparage, so I don't think you will see it on the OKAP, WQE or Boards (I mention it here only as a means to help you remember their appearance)
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals?
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike **older individuals**? **Birdshot, serpiginous**

‘**Older**’ is a relative term. **More specifically, during what period of life are birdshot and serpiginous likely to strike?**
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**

‘Older’ is a relative term. More specifically, during what period of life are birdshot and serpiginous likely to strike?

Middle age
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally?
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
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Re white dot syndromes:
- Which two look like POHS? *MCP, PIC*
- Which two are most likely to strike older individuals? *Birdshot, serpiginous*
- Which two are likely to present *unilaterally*? *MEWDS, AZOOR*

*yU-nee-lateral*  
*mm-yU-dz*  
*ay-zU-er*

**Mnemonic alert:** Note that the words **MEWDS** and **AZOOR** contain the U sound, which hearkens to the ‘U’ in the word unilateral
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
Re white dot syndromes:

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| Also | SERPIGINOUS and BIRDSHOT |

AZOOR presents unilaterally, but does it remain so? Not usually, no
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
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**AZOOR presents unilaterally, but does it remain so?**
Not usually, no

**What percent end up with bilateral dz?**
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
- Which two are likely to present unilaterally? MEWDS, AZOOR

AZOOR presents unilaterally, but does it remain so? Not usually, no

What percent end up with bilateral dz? About 75
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
- Which two are likely to present unilaterally? MEWDS, AZOOR

Because of their unilaterality, examination of MEWDS and AZOOR pts may reveal a sign not often associated with the other WDS--what is it?
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
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Because of their unilaterality, examination of MEWDS and AZOOR pts may reveal a sign not often associated with the other WDS--what is it? An **RAPD** (in AZOOR, until/unless it turns bilateral)
Q

Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
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- Which two always have vitreous cell?

---

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What is the male:female ratio for APMPPE and serpiginous?
Re white dot syndromes:

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- Which are likely to strike females? All of them
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What is the male:female ratio for APMPPE and serpiginous? Both are right at 50:50
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
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- Which has a strong HLA association (and what is it?)

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With regard to visual prognosis:

--What proportion of birdshot pts will end up with VA <20/200?
• Re white dot syndromes:
  • Which two look like POHS? MCP, PIC
  • Which two are most likely to strike older individuals? Birdshot, serpiginous
  • Which two are likely to present unilaterally? MEWDS, AZOOR
  • Which two have the largest lesions? APMPPE, serpiginous
  • Which two always have vitreous cell? Birdshot, MCP
  • Which are likely to strike females? All of them
  • Which two are most likely to affect males? APMPPE, serpiginous
  • Which has a strong HLA association (and what is it?) Birdshot (HLA-A29)
  • Which two affect young myopic females? PIC, AZOOR
  • Which two have the worst prognosis? Serpiginous, birdshot

With regard to visual prognosis:
--What proportion of birdshot pts will end up with VA <20/200? 20%
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- Which two always have vitreous cell? **Birdshot, MCP**
- Which are likely to strike females? **All of them**
- Which two are most likely to affect males? **APMPPE, serpiginous**
- Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**
- Which two affect young myopic females? **PIC, AZOOR**
- Which two have the worst **prognosis**? **Serpiginous, birdshot**

With regard to visual prognosis:
-- **What proportion of birdshot pts will end up with VA <20/200? 20%**
-- **What proportion of serpiginous pts will end up with VA <20/200?**
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- Which two always have vitreous cell? **Birdshot, MCP**
- Which are likely to strike females? **All of them**
- Which two are most likely to affect males? **APMPPE, serpiginous**
- Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**
- Which two affect young myopic females? **PIC, AZOOR**
- Which two have the worst **prognosis**? **Serpiginous, birdshot**

With regard to visual prognosis:

--- What proportion of birdshot pts will end up with VA <20/200? **20%**
--- What proportion of serpiginous pts will end up with VA <20/200? **40%**
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- Which two always have vitreous cell? **Birdshot, MCP**
- Which are likely to strike females? **All of them**
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- Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**
- Which two affect young myopic females? **PIC, AZOOR**
- Which two have the worst prognosis? **Serpiginous, birdshot**
- Which two may have a viral prodrome?
**Re white dot syndromes:**

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
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**Q**

- **Re white dot syndromes:**
  - Which two look like POHS? *MCP, PIC*
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  - Which two are most likely to affect males? *APMPPE, serpiginous*
  - Which has a strong HLA association (and what is it?) *Birdshot (HLA-A29)*
  - With regard to a viral prodrome:
    - *What proportion of APMPPE pts will have it?*  
      - 1/3 to 1/2
    - Which two have the worst prognosis? *Serpiginous, birdshot*
  - Which two may have a viral prodrome? *APMPPE, MEWDS*
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
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- Which has a strong HLA association (and what is it?) Birdshot (HLA-A29)
- Which two affect young myopic females? PIC, AZOOR
- Which two have the worst prognosis? Serpiginous, birdshot
- Which two may have a viral prodrome? APMPPE

With regard to a viral prodrome:

- What proportion of APMPPE pts will have it? 1/3 to 1/2

Per the BCSC Retina book
Per the BCSC Uveitis book
Re white dot syndromes:

- Which two look like POHS? *MCP, PIC*
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  • Which has a strong HLA association (and what is it?) Birdshot (HLA-A29)
  • Which two may have a viral prodrome? APMPPE, MEWDS

With regard to a viral prodrome:
  --What proportion of APMPPE pts will have it? 1/3 to 1/2
  --What proportion of MEWDS pts will have it? 1/3

Per both books
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
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- Which two tend to be chronic/recurrent?
Re white dot syndromes:

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- Which two are most likely to affect males? APMPPE, serpiginous
- Which has a strong HLA association (and what is it?) Birdshot (HLA-A29)

In general terms, how does serpiginous progress (ie, from where, in what fashion)?

- Which two may have a viral prodrome? APMPPE, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
- Which two are likely to present unilaterally? MEWDS, AZOOR
- Which two have the largest lesions? APMPPE, serpiginous
- Which two always have vitreous cell? Birdshot, MCP
- Which are likely to strike females? All of them
- Which two are most likely to affect males? APMPPE, serpiginous
- Which has a strong HLA association (and what is it?) Birdshot (HLA-A29)

In general terms, how does serpiginous progress (ie, from where, in what fashion)? It starts in the peripapillary area, and spreads centrifugally from there in a meandering, snake-like pattern.

- Which two may have a viral prodrome? APMPPE, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot
Q

- Re white dot syndromes:
  - Which two look like POHS? **MCP, PIC**
  - Which two are most likely to strike older individuals? **Birdshot, serpiginous**
  - Which two are likely to present unilaterally? **MEWDS, AZOOR**
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  - Which two always have vitreous cell? **Birdshot, MCP**
  - Which are likely to strike females? **All of them**
  - Which two are most likely to affect males? **APMPPE, serpiginous**
  - Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**

*In general terms, how does serpiginous progress (ie, from where, in what fashion)?* It starts in the peripapillary area, and spreads centrifugally from there in a meandering, snake-like pattern.

*What does the word serpiginous mean, anyway?* **Serpiginous**
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
- Which two are likely to present unilaterally? MEWDS, AZOOR
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In general terms, how does serpiginous progress (ie, from where, in what fashion)? It starts in the peripapillary area, and spreads centrifugally from there in a meandering, snake-like pattern

What does the word serpiginous mean, anyway? It means ‘snake-like’
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
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- Which two affect young myopic females? **PIC, AZOOR**
- Which two have the worst prognosis? **Serpiginous, birdshot**
- Which two may have a viral prodrome? **APMPPE, MEWDS**
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- Which is associated with cerebral vasculitis?
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- Which two are likely to present unilaterally? MEWDS, AZOOR
- Which two have the largest lesions? APMPPE, serpiginous
- Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?
- Which two always have vitreous cell? Birdshot, MCP
- Which two are likely to affect males? APMPPE, serpiginous
- Which two are most likely to affect females? All of them
- Which two have a strong HLA association (and what is it?) Birdshot (HLA-A29)
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- Which two may have a viral prodrome? APMPPE, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot
- Which is associated with cerebral vasculitis? APMPPE

Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis? Nah. APMPPE is associated with a viral prodrome, so it’s neither uncommon nor worrisome for an APMPPE pt to have a HA

What should you do if you suspect your APMPPE pt has cerebral vasculitis? Urgent MRI brain, followed in very short order by systemic steroids
Re white dot syndromes:

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- **Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?**
  - Nah. APMPPE is associated with a viral prodrome, so it’s neither uncommon nor worrisome for an APMPPE pt to have a HA
- **OK then, what sign/symptom should you be on the lookout for vis a vis indicating an APMPPE pt has cerebral vasculitis?**
- Which two always have vitreous cell? **Birdshot, MCP**
- Which two are likely to affect males? **APMPPE, serpiginous**
- Which two are most likely to affect females? **PIC, AZOOR**
- Which two have the worst prognosis? **Serpiginous, birdshot**
- Which two may have a viral prodrome? **APMPPE, MEWDS**
- Which two tend to be chronic/recurrent? **Serpiginous, birdshot**
- Which is associated with cerebral vasculitis? **APMPPE**

**Q**

- MCP: Multifocal choroiditis and panuveitis
- PIC: Punctate inner choroiditis
- MEWDS: Multiple evanescent white dot syndrome
- APMPPE: Acute posterior multifocal placoid pigment epitheliopathy
- AZOOR: Acute zonal occult outer retinopathy
- Also, SERPIGINOUS and BIRDSHOT
Re white dot syndromes:

- Which two look like POHS? MCP, PIC
- Which two are most likely to strike older individuals? Birdshot, serpiginous
- Which two are likely to present unilaterally? MEWDS, AZOOR
- Which two have the largest lesions? APMPPE, serpiginous
- Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?
  Nah. APMPPE is associated with a viral prodrome, so it’s neither uncommon nor worrisome for an APMPPE pt to have a HA
- OK then, what sign/symptom should you be on the lookout for vis a vis indicating an APMPPE pt has cerebral vasculitis?
  A peripheral neuro deficit
- Which two tend to be chronic/recurrent? Serpiginous, birdshot
- Which is associated with cerebral vasculitis? APMPPE
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**Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?**

- Nah. APMPPE is associated with a viral prodrome, so it’s neither uncommon nor worrisome for an APMPPE pt to have a HA.

**OK then, what sign/symptom should you be on the lookout for vis a vis indicating an APMPPE pt has cerebral vasculitis?**

- A peripheral neuro deficit

**What should you do if you suspect your APMPPE pt has cerebral vasculitis?**

- Urgent MRI brain, followed in very short order by systemic steroids
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Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?

- Nah. APMPPE is associated with a viral prodrome, so it’s neither uncommon nor worrisome for an APMPPE pt to have a HA

OK then, what sign/symptom should you be on the lookout for vis a vis indicating an APMPPE pt has cerebral vasculitis?

- A peripheral neuro deficit

What should you do if you suspect your APMPPE pt has cerebral vasculitis?

- Urgent MRI brain, followed in very short order by systemic steroids

Which two tend to be chronic/recurrent? Serpiginous, birdshot

Which is associated with cerebral vasculitis? APMPPE
In general, WDS produce modest, transient, bilateral visual impairment in young-adult females. However, there are exceptions to this general rule, and the exceptions provide a useful means for thinking about/organizing them. Learn the pattern!

(No question--proceed when ready)
White Dot Syndromes

APMPPE

MEWDS

In general, WDS produce modest, transient, bilateral visual impairment in young-adult females. However, there are exceptions to this general rule, and the exceptions provide a useful means for thinking about/organizing them. Learn the pattern!

AZOOR

Serpiginous

Birdshot

PIC

MCP

two ways these are alike

Q
White Dot Syndromes

APMPPE

- Large lesions
- Affect males and females equally

MEWDS

AZOOR

Serpiginous

Birdshot

PIC

MCP
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

- MEWDS
- AZOOR

- Serpiginous
  - three ways these are alike

- Birdshot

- PIC
- MCP

- --Affect older individuals
- --Progressive
- --Poor VA prognosis
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

MEWDS
AZOOR

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot

PIC
MCP
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

MEWDS

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

AZOOR

Birdshot

PIC

MCP

one way these are alike
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally
- MEWDS
- AZOOR
- PIC
- MCP

- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis
- Birdshot
  - Vitreous cell always present
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

MEWDS

AZOOR

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present

PIC

MCP

one way these are alike

--Large lesions
--Affect males and females equally

--Affect older individuals
--Progressive
--Poor VA prognosis

--Vitreous cell always present
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

MEWDS
AZOOR

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present

PIC
--POHS imitators

MCP
White Dot Syndromes

- MEWDS
- AZOOR
- PIC
- MCP
- Serpiginous
- Birdshot

APMPPE

- Large lesions
- Affect males and females equally

- POHS imitators

- Affect older individuals
- Progressive
- Poor VA prognosis

- Vitreous cell always present

One way these are alike

-- Large lesions
-- Affect males and females equally

-- POHS imitators

-- Affect older individuals
-- Progressive
-- Poor VA prognosis

-- Vitreous cell always present
White Dot Syndromes

APMPPE
--Large lesions
---Affect males and females equally

MEWDS

AZOOR
--Affect young myopic females--

PIC
--POHS imitators

Serpiginous
--Affect older individuals
---Progressive
---Poor VA prognosis

Birdshot
---Vitreous cell always present

MCP
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

- MEWDS
- AZOOR
  - Affect young myopic females
  - Two ways these are alike

- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- Birdshot
  - Vitreous cell always present

- PIC
  - POHS imitators

- MCP
  - POHS imitators
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

MEWDS
Tend to strike unilaterally--
RAPD may be present--

AZOOR
Affect young myopic females--

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present

PIC
--POHS imitators

MCP
--POHS imitators
White Dot Syndromes

Q

APMPPE

MEWDS

--Large lesions
--Affect males and females equally

AZOOR

Tend to strike unilaterally--RAPD may be present--

Affect young myopic females--

Birdshot

--Vitreous cell always present

Serpiginous

--Affect older individuals
--Progressive
--Poor VA prognosis

PIC

--POHS imitators

MCP

one way these are alike

--Affect young myopic females--

Tend to strike unilaterally--RAPD may be present--
White Dot Syndromes

- APMPPE
  - May have viral prodrome—
  - --Large lesions
    - --Affect males and females equally

- MEWDS
  - Tend to strike unilaterally—
    - RAPD may be present—

- AZOOR
  - Affect young myopic females—

- Serpiginous
  - --Affect older individuals
  - --Progressive
  - --Poor VA prognosis

- Birdshot
  - --Vitreous cell always present

- PIC
  - --POHS imitators

- MCP
  - --POHS imitators
(Slide intentionally left blank, to clear your visual memory)
As a means of reinforcement, we will go through the pattern again, but with the question-answer relationship reversed.

(No question--proceed when ready)
White Dot Syndromes

--Large lesions
--Affect males and females equally
White Dot Syndromes

APMPPE

--Large lesions
--Affect males and females equally

Serpiginous

?
White Dot Syndromes

APMPPE

- Large lesions
- Affect males and females equally

Serpiginous

- Affect older individuals
- Progressive
- Poor VA prognosis
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- Birdshot
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present

MCP
White Dot Syndromes

APMPPE
- Large lesions
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Serpiginous
- Affect older individuals
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Birdshot
- Vitreous cell always present

MCP
- POHS imitators
White Dot Syndromes

APMPPE
- Large lesions
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Serpiginous
- Affect older individuals
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- Poor VA prognosis

Birdshot
- Vitreous cell always present

PIC
- POHS imitators

MCP
- POHS imitators
White Dot Syndromes

APMPPE
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Birdshot
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PIC
- Affect young myopic females

MCP
- POHS imitators
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

AZOOR
Affect young myopic females--

PIC
--Vitreous cell always present

MCP
--POHS imitators
White Dot Syndromes

- **APMPPE**
  - Large lesions
  - Affect males and females equally

- **Serpiginous**
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **AZOOR**
  - Tend to strike unilaterally
  - RAPD may be present

- **Birdshot**
  - Vitreous cell always present

- **PIC**
  - Affect young myopic females

- **MCP**
  - POHS imitators
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

- MEWDS
  - Tend to strike unilaterally
  - RAPD may be present

- AZOOR
  - Affect young myopic females
  - RAPD may be present

- PIC
  - POHS imitators

- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- Birdshot
  - Vitreous cell always present

- MCP
**White Dot Syndromes**

- APMPPE
  - Large lesions
  - Affect males and females equally

- MEWDS
  - Tend to strike unilaterally
  - RAPD may be present

- AZOOR
  - Affect young myopic females
  - Tend to strike unilaterally
  - RAPD may be present

- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- Birdshot
  - Vitreous cell always present

- PIC
  - POHS imitators

- MCP
  - POHS imitators

One way these are alike
White Dot Syndromes

- **APMPPE**
  - Large lesions
  - Affect males and females equally

- **MEWDS**
  - May have viral prodrome
  - Tend to strike unilaterally
  - RAPD may be present

- **AZOOR**
  - Affect young myopic females
  - Tend to strike unilaterally
  - RAPD may be present

- **PIC**
  - POHS imitators

- **Serpiginous**
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **Birdshot**
  - Vitreous cell always present

- **MCP**
  - POHS imitators
(Slide intentionally left blank again)
Affect young myopic females--
White Dot Syndromes

AZOOR

Affect young myopic females--

PIC

?
White Dot Syndromes

APMPPE

Serpiginous

?
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

Serpiginous

White Dot Syndromes

---

POHS imitators
White Dot Syndromes

A

PIC ←→ MCP
--POHS imitators
White Dot Syndromes

MEWDS

AZOOR

Tend to strike unilaterally--
RAPD may be present--
White Dot Syndromes

--Affect older individuals
--Progressive
--Poor VA prognosis
**White Dot Syndromes**

- **Serpiginous**
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **Birdshot**
White Dot Syndromes

APMPPE

MEWDS

Q
White Dot Syndromes

APMPPE

May have viral prodrome--

MEWDS
White Dot Syndromes

Birdshot
--Vitreous cell always present

MCP

A
White Dot Syndromes

APMPPE
--Large lesions
--Affect males and females equally

MEWDS
May have viral prodrome--
Tend to strike unilaterally--
RAPD may be present--

AZOOR
Affect young myopic females--

No question--review slide

Serpiginous
--Affect older individuals
--Progressive
--Poor VA prognosis

Birdshot
--Vitreous cell always present

PIC
--POHS imitators

MCP

--Large lesions
--Affect males and females equally

Tend to strike unilaterally--
RAPD may be present--

Affect young myopic females--

May have viral prodrome--
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

MEWDS
- May have viral prodrome
- Tend to strike unilaterally
- RAPD may be present

AZOOR
- Affect young myopic females

PIC
- POHS imitators

MCP
- POHS imitators

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present

No question—review slide

(If, at this point, you’re getting annoyed because we’re repeating facts you feel you’ve mastered… You’re welcome!)
White Dot Syndromes

APMPPE

MEWDS

AZOOR

OTHER FACTS that come up now and then...

Serpiginous

Birdshot

PIC

MCP

(No question--proceed when ready)
White Dot Syndromes

APMPPE

Classic FA pattern: ‘blocks early, stains late’

MEWDS

AZOOR

Serpiginous

Birdshot

PIC

MCP

OTHER FACTS that come up now and then...
White Dot Syndromes

APMPPE

Classic FA pattern: ‘Blocks early, stains late’

MEWDS

AZOOR

Serpiginous

OTHER FACTS that come up now and then...

Birdshot

PIC

MCP
White Dot Syndromes

Classic FA pattern: ‘Blocks early, stains late’

If you hear ‘blocks early, stains late,’ your first thought should definitely be APMPPE. However, two more of the conditions listed here will display a similar pattern on FA. Which two?
Classical FA pattern: ‘Blocks early, stains late’

If you hear ‘blocks early, stains late,’ your first thought should definitely be APMPPE. However, two more of the conditions listed here will display a similar pattern on FA. Which two?
White Dot Syndromes

OTHER FACTS that come up now and then...

Dots are most prominent to the disc
White Dot Syndromes

APMPPE

MEWDS

AZOOR

OTHER FACTS that come up now and then...

Serpiginous

Birdshot

Dots are most prominent nasal to the disc

PIC

MCP
What percent of AZOOR pts present unilaterally?

About 60%

What is the classic presenting symptom in AZOOR?

Photopsias

Is VF loss associated with AZOOR?

Yes, it is very common

What is the pattern of VF loss?

It is highly variable, but typically is connected to the blind spot
What percent of AZOOR pts present unilaterally?
About 60%
What percent of AZOOR pts present unilaterally? About 60%

What is the classic presenting symptom in AZOOR?
White Dot Syndromes

APMPPE

MEWDS

AZOOR

Serpiginous

What percent of AZOOR pts present unilaterally? About 60%

What is the classic presenting symptom in AZOOR? Photopsias

VF loss associated with AZOOR? Yes, it is very common

What is the pattern of VF loss? It is highly variable, but typically is connected to the blind spot
**White Dot Syndromes**

- **APMPPE**
- **MEWDS**
- **Serpiginous**
- **AZOOR**

**Q**

- **What percent of AZOOR pts present unilaterally?** About 60%
- **What is the classic presenting symptom in AZOOR?** Photopsias
- **Is VF loss associated with AZOOR?** Yes, it is very common

**Pattern of VF loss:** It is highly variable, but typically connected to the blind spot
White Dot Syndromes

APMPPE

Birdshot

MCP

AZOOR

Serpiginous

MEWDS

What percent of AZOOR pts present unilaterally?
About 60%

What is the classic presenting symptom in AZOOR?
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What percent of AZOOR pts present unilaterally? About 60%

What is the classic presenting symptom in AZOOR? Photopsias

Is VF loss associated with AZOOR? Yes, it is very common

What is the pattern of VF loss?
White Dot Syndromes

APMPPE

Birdshot

MCP

AZOOR

Serpiginous

MEWDS

What percent of AZOOR pts present unilaterally? About 60%

What is the classic presenting symptom in AZOOR? Photopsias

Is VF loss associated with AZOOR? Yes, it is very common

What is the pattern of VF loss? It is highly variable, but typically is connected to the blind spot
White Dot Syndromes

Other Facts that come up now and then...

Classic VF finding: three words

APMPPE

MEWDS

AZOOR

PIC

MCP

Serpiginous

Birdshot
White Dot Syndromes

APMPPE

Birdshot

MEWDS

AZOOR

Pic

MCP

OTHER FACTS that come up now and then…

Classic VF finding: Enlarged blind spot
What is the most common cause of significant vision loss in MCP?

White Dot Syndromes

OTHER FACTS that come up now and then…

Choroidal neovascularization
What is the most common cause of significant vision loss in MCP? Choroidal neovascularization

White Dot Syndromes

OTHER FACTS that come up now and then...

APMPPE

MEWDS

AZOOR

PIC

Serpiginous

Birdshot

MCP
White Dot Syndromes

What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?

Acute syphilitic posterior placoid chorioretinopathy (ASPPC)
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?

Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

What about the FA in ASPPC?
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?

Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

What about the FA in ASPPC?
As in APMPPE, FA in ASPPC has early, late

Classic FA pattern: ‘early, late’
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

What about the FA in ASPPC?
As in APMPPE, FA in ASPPC has blocking early, staining late
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

What about the FA in ASPPC?
As in APMPPE, FA in ASPPC has blocking early, staining late

Are there any factors in the clinical history to push you toward one or the other?
White Dot Syndromes

**Q&A**

**Syphilis**

**APMPPE**

**What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?**

Acute **syphtilitic** posterior placoid chorioretinopathy (ASPPC)

**What about the FA in ASPPC?**

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**Are there any factors in the clinical history to push you toward one or the other?**

Yes—ASPPC patients are (usually) **important clinical status**

whereas APMPPPE patients (usually) aren’t
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

What about the FA in ASPPC?
As in APMPPE, FA in ASPPC has blocking early, staining late

Are there any factors in the clinical history to push you toward one or the other?
Yes—ASPPC patients are (usually) immunocompromised, whereas APMPPE patients (usually) aren’t
**White Dot Syndromes**

**What other infectious agent can produce the same clinical picture?**

- **APMPPE**
- **Syphilis**
- **TB**

**What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?**

- Acute *syphilitic* posterior placoid chorioretinopathy (ASPPC)

**What about the FA in ASPPC?**

As in APMPPE, FA in ASPPC has a blocking early, staining late pattern.

**Are there any factors in the clinical history to push you toward one or the other?**

Yes—ASPPC patients are (usually) immunocompromised, whereas APMPPE patients (usually) aren’t.
What infectious agent can produce the same clinical picture? TB

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What noninfectious condition can produce the same clinical picture?

What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
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Are there any factors in the clinical history to push you toward one or the other?
Yes—ASPPC patients are (usually) immunocompromised, whereas APMPPE patients (usually) aren’t
What non-infectious condition can produce the same clinical picture? Sarcoid

What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
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Are there any factors in the clinical history to push you toward one or the other? Yes—ASPPC patients are (usually) immunocompromised, whereas APMPPE patients (usually) aren’t.

Upon reflection, this shouldn’t come as a surprise. After all, the WDSs are uveitic conditions, and syphilis, sarcoid and TB are in the DDx for every uveitic presentation!
What infectious chorioretinopathy can present with a clinical picture similar to serpiginous?

- Birdshot
- MEWDS
- APMPPE
- AZOOR

What infectious chorioretinopathy can present with a clinical picture similar to serpiginous?

TB

Individuals from what region of the world are especially at risk?

Asians. Don't diagnose someone from the continent of Asia with serpiginous without first checking him/her for TB!
What infectious chorioretinopathy can present with a clinical picture similar to serpiginous?

Serpiginous-like choroiditis (SLC)
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White Dot Syndromes

These three share a common attribute related to treatment—what is it?

Steroid monotherapy is associated with vision loss in these conditions; therefore, they should be managed with steroid-sparing immuno-modulatory meds.
**White Dot Syndromes**

**APMPPE**

**MEWDS**

**AZOOR**

**PIC**

**MCP**

**Serpiginous**

**Birdshot**

*These three share a common attribute related to treatment—what is it?*

Steroid monotherapy is associated with vision loss in these conditions; therefore, they should be managed with steroid-sparing immuno-modulatory meds.*
Four infectious etiologies must be considered before making the diagnosis of a white-dot syndrome. Three (syphilis, TB and histo) have already been mentioned. What is the fourth?
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Diffuse unilateral subacute neuroretinitis (DUSN)
What category of bug is implicated in DUSN?
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The nematode
What category of bug is implicated in DUSN? The **nematode**

What is the more colloquial name for the nematode?
What category of bug is implicated in DUSN? The nematode

What is the more colloquial name for the nematode? The roundworm
What category of bug is implicated in DUSN? The nematode

Which three nematodes are implicated most often in DUSN?
1) 
2) 
3)
What category of bug is implicated in DUSN?
The nematode

Which three nematodes are implicated most often in DUSN?
1) *Baylisascaris*
2) *Ancylostoma*
3) *Toxocara*
What category of bug is implicated in DUSN? The nematode

Which three nematodes are implicated most often in DUSN? Which is the most common cause?
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What is the infectious load; ie, how many worms are typically involved?
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What is the infectious load; ie, how many worms are typically involved? ONE! There is a single worm back there.
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How is DUSN treated?
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● **Which three nematodes are implicated most often in DUSN? Which is the most common cause?**
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● **What is the infectious load; ie, how many worms are typically involved?** **ONE!** There is a *single* worm back there

● **How is DUSN treated?** Laser the subretinal critter (if you can find it)
Who is the typical DUSN pt?
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult
- **Who is the typical DUSN pt?** An otherwise healthy adolescent or young adult
- **DUSN has two stages--what are they?**
  1) *(this one first)*

2)
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult

DUSN has two stages--what are they?

1) In the **acute** stage, pts c/o decreased VA and pain. Exam reveals vitritis, disc edema, and multiple small gray/white retinal lesions. The signs/symptoms will wax and wane.

2) *(now this one)*
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A condition that strikes young, healthy adults...causes decreased vision, vitritis, multiple small whitish lesions, all of which wax and wane. Given this description, what general class of condition comes to mind?
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Duh--white-dot syndromes. When faced with a presumptive WDS pt, always consider whether it might be DUSN.
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Why is it so important to consider DUSN in WDS pts?
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Why is it so important to consider DUSN in WDS pts?
Because if the diagnosis is made at this stage, DUSN can be cured. But if you fail to diagnose it properly, it will proceed inexorably to the untreatable late stage.