Re white dot syndromes:

- MCP: Multifocal choroiditis and panuveitis
- PIC: Punctate inner choroiditis
- MEWDS: Multiple evanescent white dot syndrome
- APMPPE: Acute posterior multifocal placoid pigment epitheliopathy
- 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
Re white dot syndromes:

What do these acronyms stand for?
MFC: Multifocal choroiditis
MF CPU: Multifocal choroiditis with panuveitis
MEWDS: Multiple evanescent white dot syndrome
APMPPE: Acute posterior multifocal placoid pigment epitheliopathy
AZOOR: Acute zonal occult outer retinopathy

A quick note re nomenclature:
The latest edition (at the time I’m writing this) of the Retina book combines MCP and PIC into a single entity called multifocal choroiditis (MFC), aka multifocal choroiditis with panuveitis (MF CPU) when extensive cell is present.
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

A quick note re nomenclature:
The latest edition (at the time I’m writing this) of the *Retina* book combines MCP and PIC into a single entity called *multifocal choroiditis* (MFC), aka *multifocal choroiditis with panuveitis* (MFCPU) when extensive cell is present. In contrast, the latest (ditto) *Uveitis* book employs the “traditional nomenclature” as I do above, while acknowledging that ‘some authorities view MCP and PIC as a single disease.’ Caveat emptor.
**Multifocal choroiditis and panuveitis (MCP)**: 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?**

The most recent version of the *Retina* book calls it *serpiginous choroidopathy*.
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).
MCP: Multifocal choroiditis and panuveitis
PIC: Punctate inner choroiditis
MEWDS: Multiple evanescent white dot syndrome
APMPPE: Acute posterior multifocal placoid pigment epitheliopathy
AZOOP: Acute zonal occult outer retinopathy
Also, SERPIGINOUS and BIRDSHOT

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.)
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.)
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**
Serpiginous

Birdshot

Take note: Lesions are located predominantly to the ONH.
Serpiginous

Birdshot

Take note: Lesions are located predominantly nasal to the ONH
Serpiginous

Birdshot

Take note: Lesions are located predominantly nasal to the ONH

Take note: Peripapillary origin with centrifugal spread
**Birdshot**

Take note: Lesions are located predominantly nasal to the ONH

**Serpiginous**

Take note: Peripapillary origin with ‘centrifugal’ spread
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**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
Take note: Spots are perifoveal location
Take note: Spots are perifoveal
MEWDS

Take note: Spots are perifoveal, and in distribution
Take note: Spots are perifoveal, and 'wreathlike' in distribution
MEWDS. The wreathlike nature of the lesions is more easily appreciated on FA.
MEWDS

Take note: Spots are perifoveal, and ‘wreathlike’ in distribution

AZOOR

Take note:
--Peripapillary location
--Pic is fundus autofluorescence (The point: DFE is often unrevealing in AZOOR)
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*

*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**

AZOOR presents unilaterally, but does it remain so?
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
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?*
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
- 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?
An RAPD (in AZOOR, until/unless it turns bilateral)
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?
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*
APMPPE

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**
- Which two have the largest lesions? **APMPPE, serpiginous**
- Which two always have vitreous cell?

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Also, **SERPIGINOUS** and **BIRDSHOT**
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**Abbreviations**
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Re white dot syndromes:

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- 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

What is the male:female ratio for APMPPE and 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*
- 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*

*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**
- 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?)

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- Which two are likely to present unilaterally? **MEWDS, AZOOR**
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- 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)**
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)**

*What effect does HLA-A29 positivity have on an individual’s risk of developing 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)*

*What effect does HLA-A29 positivity have on an individual’s risk of developing birdshot? It increases it by well over 200-fold!*
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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*What effect does HLA-A29 positivity have on an individual’s risk of developing birdshot? It increases it by well over 200-fold!*

*Is HLA-A29 positivity diagnostic of birdshot, ie, if you’re positive, you either have it now, or will in due time?*
Re white dot syndromes:

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What effect does HLA-A29 positivity have on an individual’s risk of developing birdshot?
It increases it by well over 200-fold!

Is HLA-A29 positivity diagnostic of birdshot, ie, if you’re positive, you either have it now, or will in due time?
No—7% of the population is positive, and most won’t develop 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
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What effect does HLA-A29 positivity have on an individual’s risk of developing birdshot? It increases it by well over 200-fold!

Is HLA-A29 positivity diagnostic of birdshot, ie, if you’re positive, you either have it now, or will in due time? No—7% of the population is positive, and most won’t develop birdshot. However, in the proper clinical context being A29+ is considered confirmatory of 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**
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- Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**
- Which two affect young myopic females?
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 affect young myopic females? **PIC, AZOOR**
- Which two have the worst prognosis?
Re white dot syndromes:

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

With regard to visual prognosis:

--**What proportion of birdshot pts will end up with VA <20/200? 20%**
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
- 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:

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- 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)**
- With regard to a viral prodrome:
  - **What proportion of APMPPE pts will have it?**
  - **What proportion of MEWDS pts will have it?**

- 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
- 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
- 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
- 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)

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?

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
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- 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)

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**
- 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**
- Which two may have a viral prodrome? **APMPPE, MEWDS**
- Which two tend to be chronic/recurrent?
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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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 uni-laterally? *MEWDS, AZOOR*
- Which two have the largest lesions? *APMPPE, serpiginous*
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- 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)*

To reiterate: 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
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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, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot

To reiterate: 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.
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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- 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, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot

To reiterate: How does \textit{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 \textit{serpiginous} mean, anyway? \textit{Serpiginous}
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

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

- Which two may have a viral prodrome?
  APMPPE, MEWDS

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

To reiterate: 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**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
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- Which two tend to be chronic/recurrent? **Serpiginous, birdshot**
- Which is associated with cerebral vasculitis?
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? **APMPPPE, 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? **APMPPPE, serpiginous**
- Which has a strong HLA association (and what is it?) **Birdshot (HLA-A29)**
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- Which two have the worst prognosis? **Serpiginous, birdshot**
- Which two may have a viral prodrome? **APMPPPE, MEWDS**
- Which two tend to be chronic/recurrent? **Serpiginous, birdshot**
- Which is associated with cerebral vasculitis? **APMPPPE**
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 are most likely to affect males? *APMPPE, serpiginous*
- Which two are likely to strike females? *All of them*
- Which two are likely to affect young myopic 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*

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

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

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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*
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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*
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**
- 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

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
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 affect young myopic 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

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
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 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

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

- MEWDS
- AZOOR
- PIC
- MCP

- Serpiginous
- Birdshot

three ways these are alike
White Dot Syndromes

- **APMPPE**
  - Large lesions
  - Affect males and females equally
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **MEWDS**

- **AZOOR**

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

- **Birdshot**

- **PIC**

- **MCP**
White Dot Syndromes

- **APMPPE**
  - Large lesions
  - Affect males and females equally
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **MEWDS**
  - One way these are alike

- **AZOOR**

- **PIC**

- **MCP**

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

- **Birdshot**
**White Dot Syndromes**

- **APMPPE**
  - Large lesions
  - Affect males and females equally
  - Affect older individuals
  - Progressive
  - Poor VA prognosis

- **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
**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

- APMPPE
  - Large lesions
  - Affect males and females equally
  - Vitreous cell always present

- MEWDS

- AZOOR

- PIC
  - POHS imitators

- MCP
  - POHS imitators

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

- Birdshot
  - Vitreous cell always present

One way these are alike.
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

MEWDS

AZOOR
- Affect young myopic females

PIC
- POHS imitators

MCP
- POHS imitators

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

**AZOOR**
- Affect young myopic females
- POHS imitators

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

**Birdshot**
- Vitreous cell always present

**PIC**

**MCP**
- POHS imitators

Two ways these are alike
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

- **PIC**
  - POHS imitators

- **MCP**
  - POHS imitators

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

- **Birdshot**
  - Vitreous cell always present
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally
- Vitreous cell always present
- POHS imitators

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

AZOOR
- Affect young myopic females

PIC
- POHS imitators

MCP
- Affect older individuals
- Progressive
- Poor VA prognosis
- Vitreous cell always present

Birdshot
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally
- Vitreous cell always present

MEWDS
- May have viral prodrome
- Tend to strike unilaterally
- RAPD may be present
- Affect young myopic females

AZOOR
- POHS imitators

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present

PIC

MCP
-- Affect young myopic females
-- POHS imitators

-- Affect males and females equally
-- Progressive
-- Poor VA prognosis
(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 yet—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

Q
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
--Affect males and females equally

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

Birdshot
--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

Birdshot
--Vitreous cell always present

PIC
--POHS imitators

MCP
--POHS imitators
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present

PIC
- Affect young myopic females
- POHS imitators

MCP
- POHS imitators
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

A

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present

AZOOR
- Affect young myopic females

PIC
- POHS imitators

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

- **Pic**
  - Affect young myopic females

- **MCP**
  - POHS imitators

- **Birdshot**
  - Vitreous cell always present
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

- PIC
  - POHS imitators

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

- Birdshot
  - 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

**Birdshot**
- Vitreous cell always present

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

**AZOOR**
- Affect young myopic females

**PIC**
- POHS imitators

**MCP**

One way these are alike
White Dot Syndromes

- **APMPPPE**
  - 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
(Slide intentionally left blank again)
White Dot Syndromes

Affect young myopic females--
White Dot Syndromes

Affect young myopic females--
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

Serpiginous
White Dot Syndromes

A

PIC ← MCP

--POHS imitators
White Dot Syndromes

AZOOR

MEWDS

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

May have viral prodrome--

MEWDS

?
White Dot Syndromes

- Birdshot
  - Vitreous cell always present

MCP

---
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally
- Vitreous cell always present
- POHS imitators
- Affect older individuals
- Progressive
- Poor VA prognosis

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

AZOOR
- Affect young myopic females

PIC
- POHS imitators

MCP

Birdshot
- Vitreous cell always present

No question -- review slide
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

Serpiginous

--Vitreous cell always present

Birdshot

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

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

PIC

MCP

Serpiginous

Birdshot

OTHER FACTS that come up now and then...

(No question yet—proceed when ready)
White Dot Syndromes

APMPPE

MEWDS

AZOOR

PIC

MCP

Serpiginous

Birdshot

OTHER FACTS that come up now and then…

Classic FA pattern: ‘early, late’
White Dot Syndromes

Other facts that come up now and then...

APMPPE

Classic FA pattern: ‘Blocks early, stains late’

MEWDS
AZOOR
PIC
MCP

Serpiginous

Birdshot
White Dot Syndromes

Blocks early…

APMPPE: FA
White Dot Syndromes

Blocks early…

…stains late

APMPPE: FA
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

**APMPPE**

**Birdshot**

**Serpiginous**

**MEWDS**

**AZOOR**

**PIC**

**MCP**

*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?
White Dot Syndromes

OTHER FACTS that come up now and then...

- APMPPE
- MEWDS
- AZOOR
- PIC
- MCP

Birdshot

Dots are most prominent to the disc
White Dot Syndromes

OTHER FACTS that come up now and then...

Dots are most prominent nasal to the disc

Birdshot
Birdshot: Dots nasal >> temporal
White Dot Syndromes

**APMPPE**

**MEWDS**

**AZOOR**

**OTHER FACTS that come up now and then…**

**Birdshot**

Dots are most prominent

_Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision, What is it?_  
**Uveitic** three words

_CME in a birdshot pt is an ominous finding. Why?_  
It signals the dz is active
White Dot Syndromes

APMPPE

MEWDS

AZOOR

APMPPE

Serpiginous

OTHER FACTS that come up now and then...

Dots are most prominent

Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision. What is it?
Uveitic cystoid macular edema

CME in a birdshot pt is an ominous finding. Why?
It signals the dz is active
Birdshot: CME on FA
Q

White Dot Syndromes

APMPPE

MEWDS

AZOOR

Serpiginous

OTHER FACTS that come up now and then...

Birdshot

Dots are most prominent

Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision, What is it?
Uveitic cystoid macular edema

CME in a birdshot pt is an ominous finding. Why?
It signals the dz is active
White Dot Syndromes

APMPPE

MEWDS

AZOOR

OTHER FACTS that come up now and then...

Serpiginous

Birdshot

Dots are most prominent

Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision. What is it?
Uveitic cystoid macular edema

CME in a birdshot pt is an ominous finding. Why?
It signals the dz is active
White Dot Syndromes

APMPPE

MEWDS

OTHER FACTS that come up now and then...

SERPinginous

AZOOR

Birdshot

Dots are most prominent nasal to the disc.

Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision. What is it?

Uveitis cystoid macular edema (CME) in a birdshot pt is an ominous finding. Why?

It signals the dz is active.

The Uveitis book mentions three signs of dz activity. One is CME; what are the other two?

--CME
--?
--?
The Uveitis book mentions three signs of dz activity. One is CME; what are the other two?

--CME
--ONH inflammation
--Retinal vasculitis (usually arteritis vs phlebitis)

It signals the dz is active
White Dot Syndromes

OTHER FACTS that come up now and then...

APMPPE

MEWDS

AZOOR

Serpiginous

Birdshot

Dots are most prominent nasal to the disc

Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision. What is it? Uveitis cystoid macular edema (CME) in a Birdshot pt is an ominous finding. Why? It signals the dz is active.

The Uveitis book mentions three signs of dz activity. One is CME; what are the other two?
--CME
--ONH inflammation
--Retinal vasculitis (usually a phlebitis)
White Dot Syndromes

Same pic, but with a question: Didja notice the ONH hyperfluorescence c/w inflammation?

Birdshot
White Dot Syndromes

Same pic, but with a question: Didja notice the ONH hyperfluorescence c/w inflammation?

FA: Phlebitis

Birdshot
White Dot Syndromes

APMPPE

MEWDS

AZOOR

Serpiginous

What percent of AZOOR pts present unilaterally?

About 60%

Photopsias

Yes, it is very common

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

Birdshot

MCP

AZOOR

Serpiginous

MEWDS

OTHER FACTS that come up now and then…

What percent of AZOOR pts present unilaterally?
About 60%

What is the classic presenting symptom in AZOOR?
Photopsias

What percent of AZOOR pts present unilaterally? About 60%

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

What is the classic presenting symptom in AZOOR? Photopsias

Is VF loss associated with 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

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

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?
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
White Dot Syndromes

APMPPE

MEWDS

AZOOR

PIC

MCP

Serpiginous

Birdshot

OTHER FACTS that come up now and then...

Classic VF finding: Enlarged blind spot
MEWDS: Enlarged blind spot (also, note the unilaterality)
In MEWDS, resolution of the white dots is followed by a foveal change considered pathognomonic for the condition. What is this change?

In MEWDS, resolution of the white dots is followed by a foveal change considered pathognomonic for the condition. What is this change?

**OTHER FACTS that come up now and then...**

- MEWDS
- AZOOR
- PIC
- MCP
- Serpiginous
- Birdshot
In MEWDS, resolution of the white dots is followed by a foveal change considered pathognomonic for the condition. What is this change? A subtle pigment change described as...
In MEWDS, resolution of the white dots is followed by a foveal change considered pathognomonic for the condition. What is this change? A subtle pigment change described as ‘granular’
MEWDS: Granular subfoveal pigment changes
White Dot Syndromes

Q

OTHER FACTS
that come up
now and then...

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

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

Choroidal neovascularization
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)
White Dot Syndromes

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
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
Figure 5. Color fundus photograph (A) and serial fluorescein angiographic images, (B and C) of acute syphilitic posterior placoid chorioretinopathy (ASPPC) showing a characteristic macular lesion and progressive hyperfluorescence.
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?
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) important clinical status, whereas APMPPE 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
What other infectious agent can produce the same clinical picture?

**APMPPE**

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
What other infectious agent can produce the same clinical picture?

- TB
- Syphilis
- APMPPE

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.

PIC  MCP
What noninfectious condition can produce the same clinical picture?

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
What noninfectious condition can produce the same clinical picture? Sarcoid

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

Sarcoid
TB
Syphilis
APMPPE

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

**Serpiginous-like choroiditis (SLC)**
White Dot Syndromes

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

Serpiginous-like choroiditis (SLC)

What bug is the cause?

SLC 2ndry to...

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)

What bug is the cause?
TB

SLC secondary to...
TB
White Dot Syndromes

Serpiginous-like choroidopathy 2ndry to TB
White Dot Syndromes

What infectious chorioretinopathy can present with a clinical picture similar to serpiginous?
Serpiginous-like choroiditis (SLC)

What bug is the cause?
TB

Individuals from what region of the world are especially at risk?
Asians.
What infectious chorioretinopathy can present with a clinical picture similar to serpiginous?

Serpiginous-like choroiditis (SLC)

What bug is the cause?

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!
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why?
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use).
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**Remember the ultimate/long-range management goal for all forms of uveitis**: No inflammation on no steroids!
My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole?

Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The Uveitis book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.
**White Dot Syndromes**

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My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole? The *Uveitis* book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is insufficient to protect pts from vision loss.” [Emphasis mine]
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The *Uveitis* book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.

My pt’s *birdshot* seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole? The *Uveitis* book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is **insufficient to protect pts from vision loss.**” [Emphasis mine]

OK then, how should I monitor her?
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The *Uveitis* book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.

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OK then, how should I monitor her? By doing # tests on the reg
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The *Uveitis* book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.

**My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole?** The *Uveitis* book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is **insufficient to protect pts from vision loss**.” [Emphasis mine]

**OK then, how should I monitor her?**
By doing two tests on the reg:
**White Dot Syndromes**

Serpiginous

**AZOOR**

My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole? The *Uveitis* book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is insufficient to protect pts from vision loss.” [Emphasis mine]

OK then, how should I monitor her?

By doing two tests on the reg: [ ], and [ ].

Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The *Uveitis* book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.
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My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole? The Uveitis book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is insufficient to protect pts from vision loss.” [Emphasis mine]

OK then, how should I monitor her?
By doing two tests on the reg: full-field vs multifocal ERG, and size visual fields
Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why? Because of their chronic/recurrent natures. Both often require chronic tx, rendering steroid monotherapy inappropriate (because of the inevitable side effects of long-term steroid use). The *Uveitis* book recommends the ‘early introduction of steroid-sparing IMT’ for these conditions.

My pt’s birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole? The *Uveitis* book recommends against this, saying “Birdshot can be insidious, and simply monitoring VA and clinical exam findings is insufficient to protect pts from vision loss.” [Emphasis mine]

OK then, how should I monitor her?
By doing two tests on the reg: Full-field ERG, and 30-2 visual fields
It was noted previously that serpiginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes.

(No question—proceed when ready)
It was noted previously that serpiginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes. It bears noting that MCP is similar in these regards.
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It was noted previously that serpiginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes. It bears noting that MCP is similar in these regards. Specifically, the *Uveitis* book notes that MCP tends to be recurrent, and that its visual prognosis is guarded. Further, IMT is often needed to properly manage it. The point being, there would be value in having a mental category entitled ‘In what way are these three things alike?’ for these conditions.
It was noted previously that serpiginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes. It bears noting that MCP is similar in these regards. Specifically, the *Uveitis* book notes that MCP tends to be recurrent, and that its visual prognosis is guarded.

---

**MCP**
- ‘Recurrent’
- VA prognosis “guarded”

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

**Birdshot**

**OTHER FACTS that come up now and then…**
- Affect older individuals
- Progressive
- Poor VA prognosis
It was noted previously that serpiginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes. It bears noting that MCP is similar in these regards. Specifically, the *Uveitis* book notes that MCP tends to be recurrent, and that its visual prognosis is guarded. Further, IMT is often needed to properly manage it.
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The point being, there would be value in having a mental category entitled ‘In what way are these three things alike?’ for these conditions.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—shares clinical features with both.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—re lentless placoid chorioretinitis—shares clinical features with both.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—relentless placoid chorioretinitis—shares clinical features with both.

**In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE?**

1. It affects males and females at equal rates.
2. In what way do RPC lesions resemble those of APMPPE?
   - They are multifocal, numerous, (fairly) large, and spread throughout the posterior pole and near-periphery.
3. In what way do RPC lesions not resemble those of APMPPE?
   - The condition is recurrent.
   - When active lesions resolve, they leave pigmented areas of chorioretinal scarring/atrophy.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—relentless placoid chorioretinitis—shares clinical features with both.

In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE? It affects males and females at equal rates.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—relentless placoid chorioretinitis—shares clinical features with both.

In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE?

In what way do RPC lesions resemble those of APMPPE?

In what way do RPC lesions not resemble those of APMPPE?

- Large lesions
- Affect males and females equally
- A third WDS

In what way is RPC like both Serpiginous and APMPPE?

In what way do RPC lesions resemble those of APMPPE?

In what way do RPC lesions not resemble those of APMPPE?
In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE?
It affects males and females at equal rates.

In what way do RPC lesions resemble those of APMPPE?
They are multifocal, numerous, (fairly) large, and located throughout the posterior pole and near-periphery.
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—relentless placoid chorioretinitis—shares clinical features with both.

**In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE?**
- It affects males and females at equal rates

**In what way do RPC lesions resemble those of APMPPE?**
- They are multifocal, numerous, (fairly) large, and located throughout the posterior pole and near-periphery

**In what way do RPC lesions not resemble those of APMPPE?**
In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE? It affects males and females at equal rates.

In what way do RPC lesions resemble those of APMPPE? They are multifocal, numerous, (fairly) large, and located throughout the posterior pole and near-periphery.

In what way do RPC lesions not resemble those of APMPPE? In two ways:
--?
--?
As you know, APMPPE and Serpiginous are alike in that 1) their lesions are large, and 2) they affect males and females at equal rates. However, they share another trait in that a third WDS—relentless placoid chorioretinitis—shares clinical features with both.

**In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPPE?**
It affects males and females at equal rates

**In what way do RPC lesions resemble those of APMPPE?**
They are multifocal, numerous, (fairly) large, and located throughout the posterior pole and near-periphery

**In what way do RPC lesions not resemble those of APMPPE?**
In two ways:
--The condition is...
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White Dot Syndromes

APMPPE

--Sorta look like...’Relentless placoid chorioretinitis’
--Large lesions
--Affect males and females equally

MEWDS

Serpiginous

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Relentless placoid chorioretinitis. Note the RPE hyperpigmentation and atrophy in the central macula; this is indicative of previous inflammation.
Relentless placoid chorioretinitis. Note the RPE hyperpigmentation and atrophy in the central macula; this is indicative of previous inflammation. Note also the new, multifocal, yellow-white active lesions (arrows) that are not extensions of the previous ones.
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?
What category of bug is implicated in DUSN?
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
Q

1. **What category of bug is implicated in DUSN?**
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2. **Which three nematodes are implicated most often in DUSN?**
   1)
   2)
   3)
● **What category of bug is implicated in DUSN?**
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● **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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Which three nematodes are implicated most often in DUSN? Which is the most common cause?
1) Baylisascaris—most common
2) Ancylostoma
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White Dot Syndromes

*Baylisascaris procyonis* (the raccoon roundworm)
What category of bug is implicated in DUSN?
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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?
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How is DUSN treated?
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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)
White Dot Syndromes

Worm

s/p laser

DUSN
Who is the typical DUSN pt?
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult
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- DUSN has two stages--what are they?
  1) (this one occurs 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)
DUSN: Acute stage
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult

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2) (then this one)
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2) In **late**-stage disease, the RPE is depigmented, the disc is pallorous and atrophic, and the retinal vessels are attenuated. VA is poor.
White Dot Syndromes

DUSN: Late stage
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult.

DUSN has two stages--what are they?

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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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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.