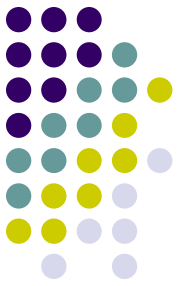


# Q



- Re white dot syndromes:

*What do these acronyms stand for?*

*MCP:*

*PIC:*

*MEWDS:*

*APMPPE:*

*AZOOR:*

# A



- Re white dot syndromes:

*What do these acronyms stand for?*

*MCP:* Multifocal choroiditis and panuveitis

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- Re white dot syndromes:

*What do these acronyms stand for?*

*MFC: Multifocal choroiditis*

*MFCPU: Multifocal choroiditis with panuveitis*

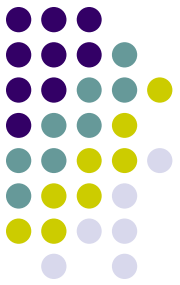
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A quick note re nomenclature:

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.



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**MCP:** Multifocal choroiditis and panuveitis  
**PIC:** Punctate inner choroiditis  
**MEWDS:** Multiple evanescent white dot syndrome  
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**AZOOR:** Acute zonal occult outer retinopathy  
Also, **SERPIGINOUS** and **BIRDSHOT**



*Note: Two others, not previously mentioned*

Q

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*What is the 'full name' of serpiginous?*

# A

*MCP*: Multifocal choroiditis and panuveitis

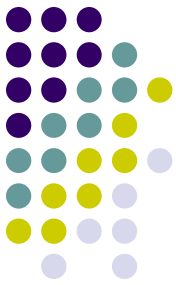
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*What is the 'full name' of serpiginous?*

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)

Q

**MCP:** Multifocal choroiditis and panuveitis

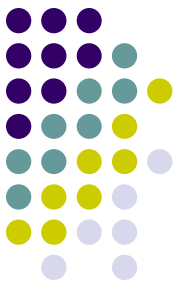
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*What is the 'full name' of serpiginous?*  
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*What is the 'full name' of birdshot?*



# A

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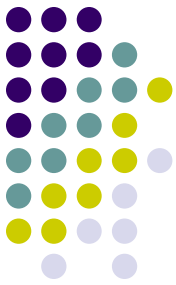
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*What is the 'full name' of serpiginous?*

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.)

# Q

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Also, **SERPIGINOUS** and **BIRDSHOT**

- Re white dot syndromes:

- Which two look like POHS?

*(Presumed ocular histoplasmosis syndrome)*



# A

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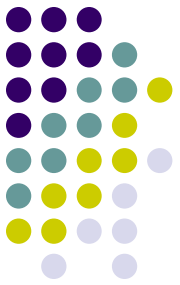
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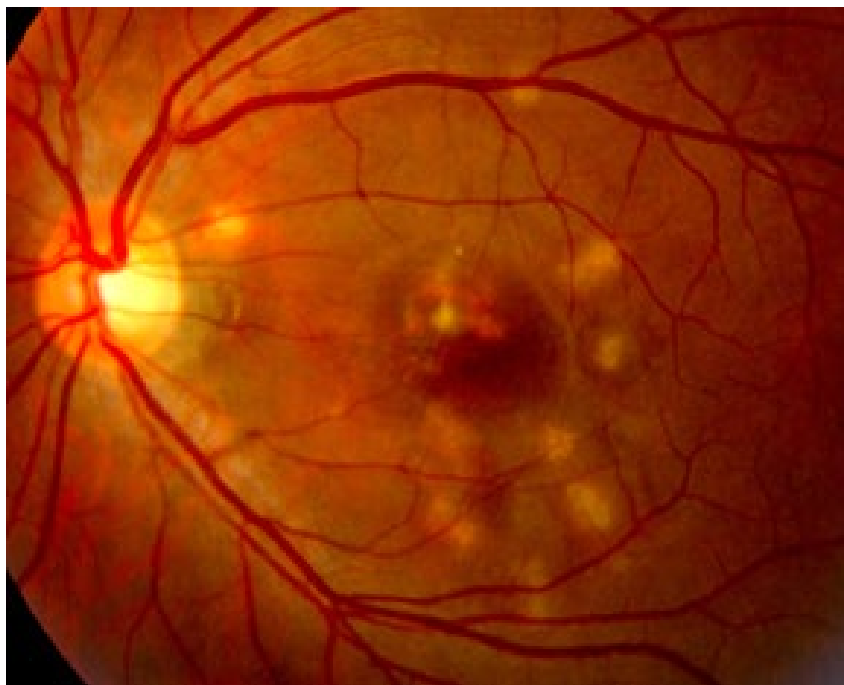
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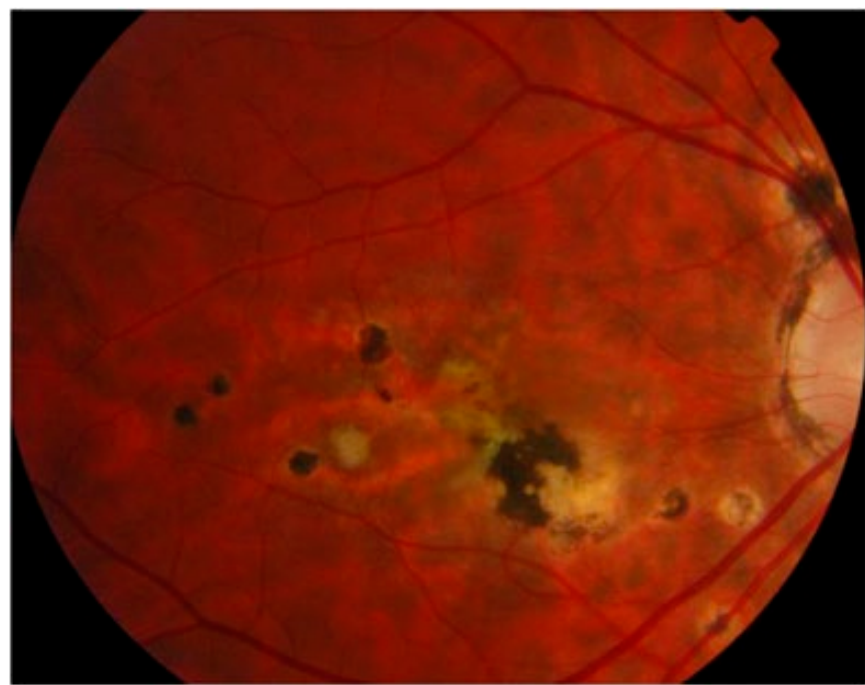
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POHS

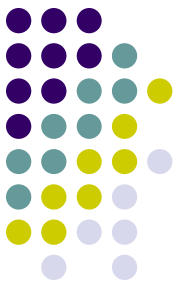


MCP



PIC

**MCP:** Multifocal choroiditis and panuveitis  
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- 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)

# Q

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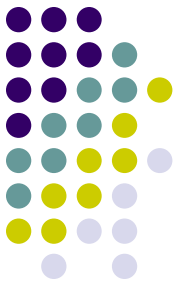
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- Re white dot syndromes:

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

# A

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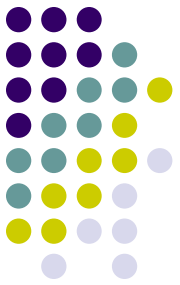
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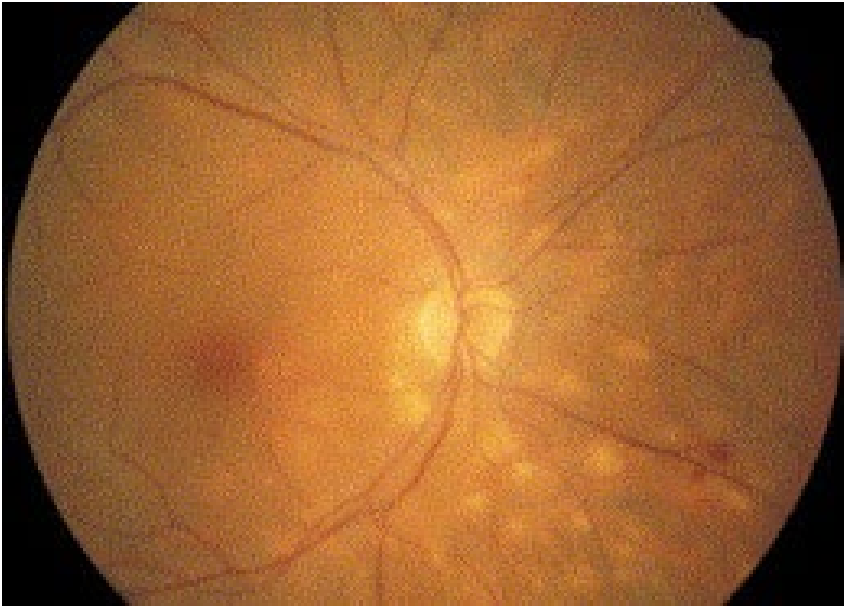
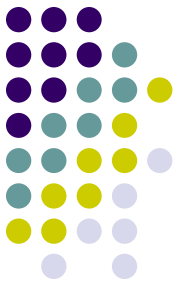
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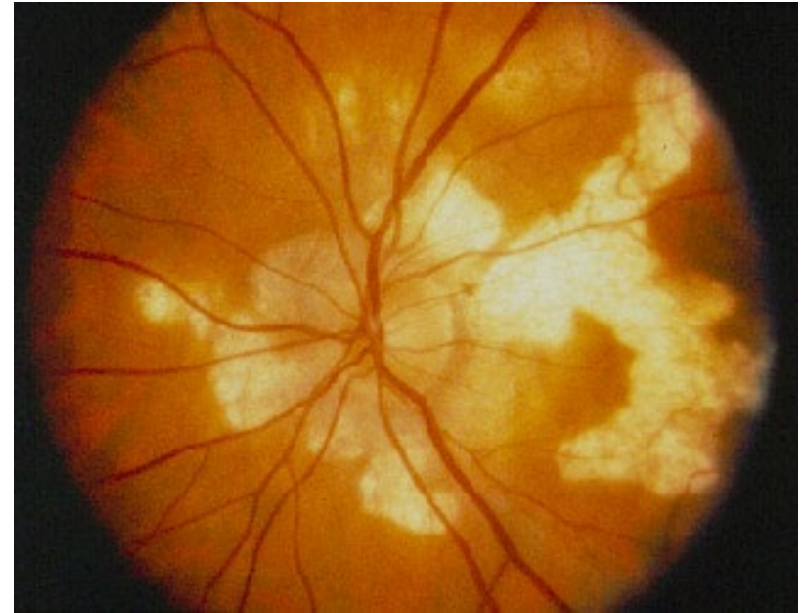


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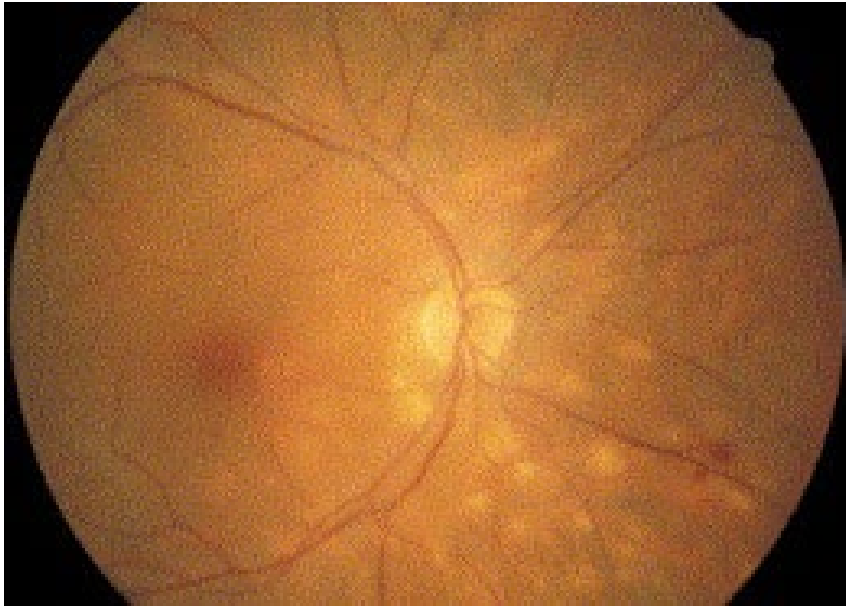
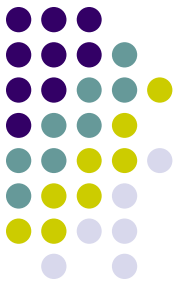
Birdshot



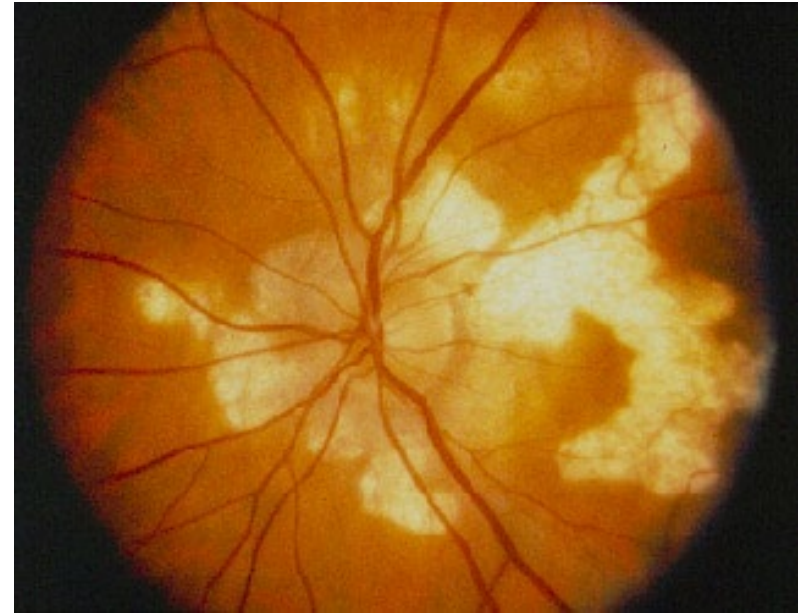
Serpiginous

Take note: Lesions are located predominantly   to the ONH



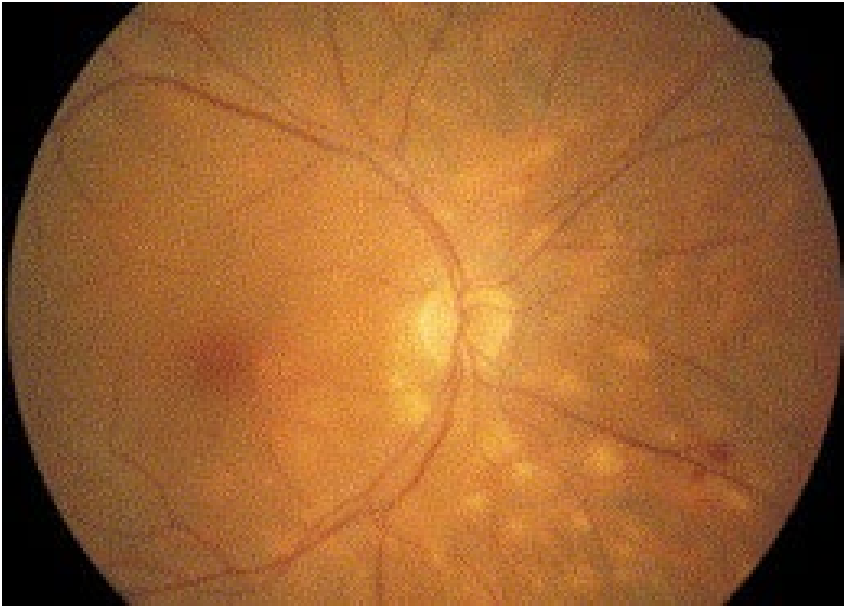
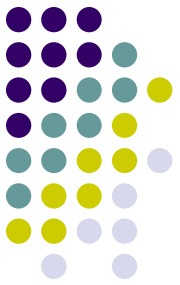


Birdshot



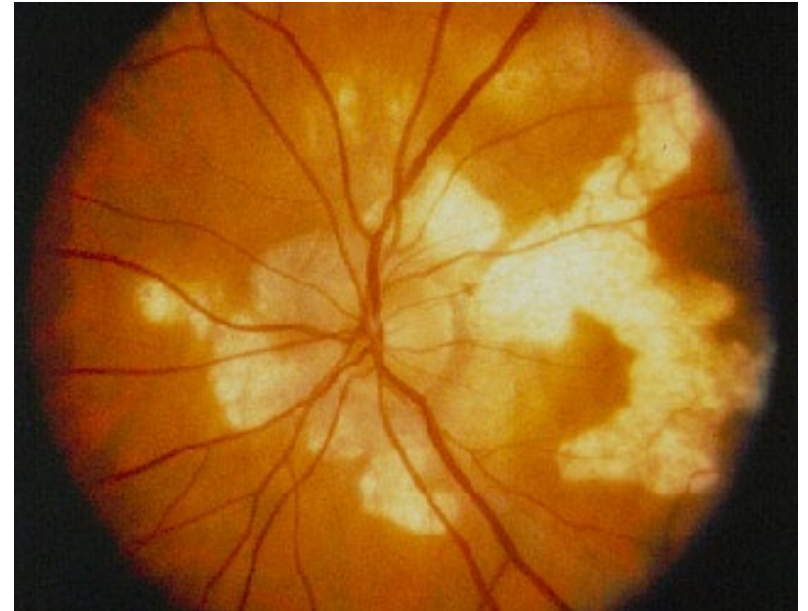
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Take note: Lesions are located  
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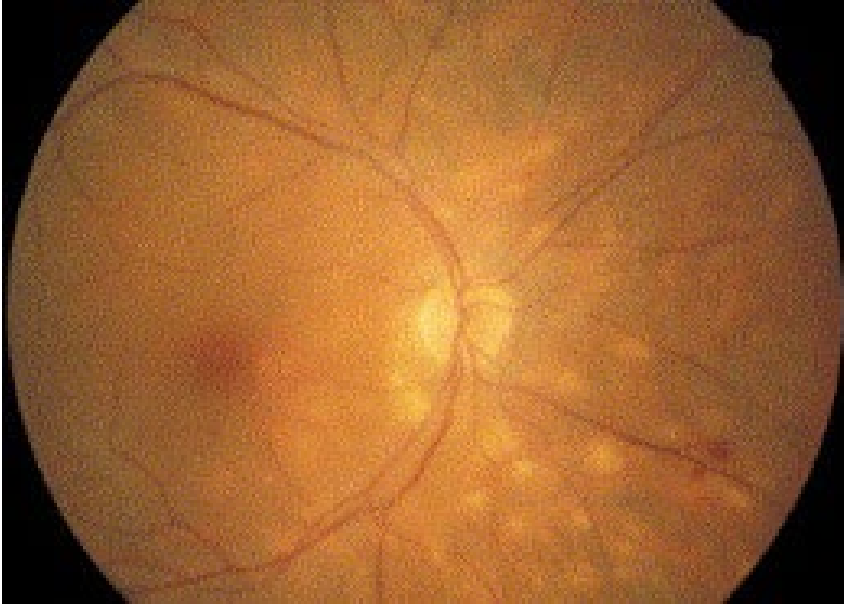
Birdshot

Take note: Lesions are located predominantly nasal to the ONH



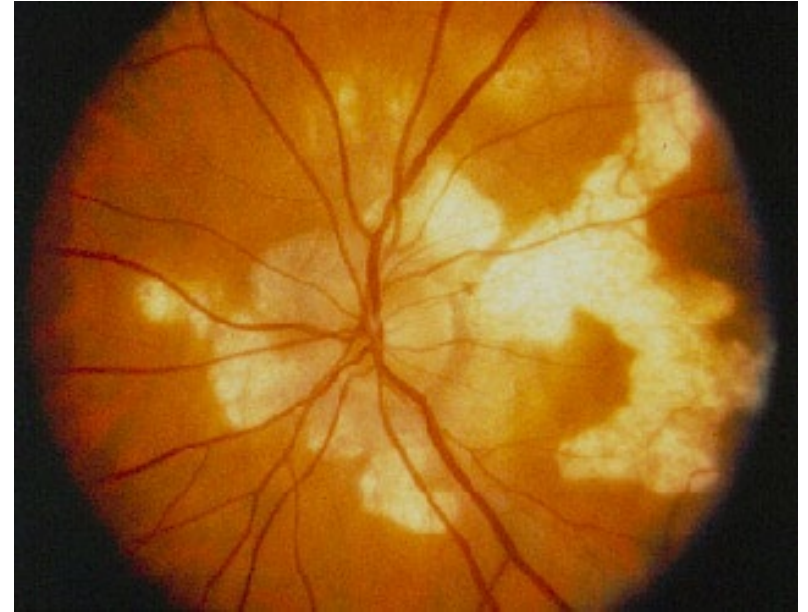
Serpiginous

Take note: [redacted] origin with [redacted] spread



Birdshot

Take note: Lesions are located predominantly nasal to the ONH



Serpiginous

Take note: Peripapillary origin with 'centrifugal' spread

# Q

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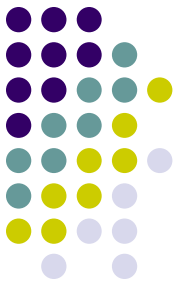
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Also, **SERPIGINOUS** and **BIRDSHOT**



## ● Re white dot syndromes:

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

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

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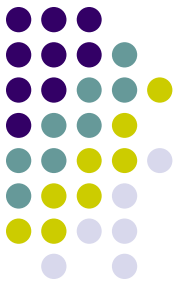
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*‘Older’ is a relative term. More specifically, during what period of life are birdshot and serpiginous likely to strike?*  
Middle age

# Q

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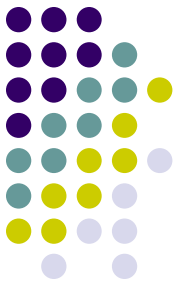
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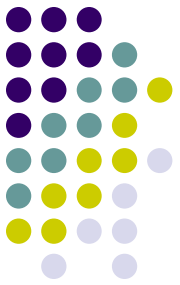
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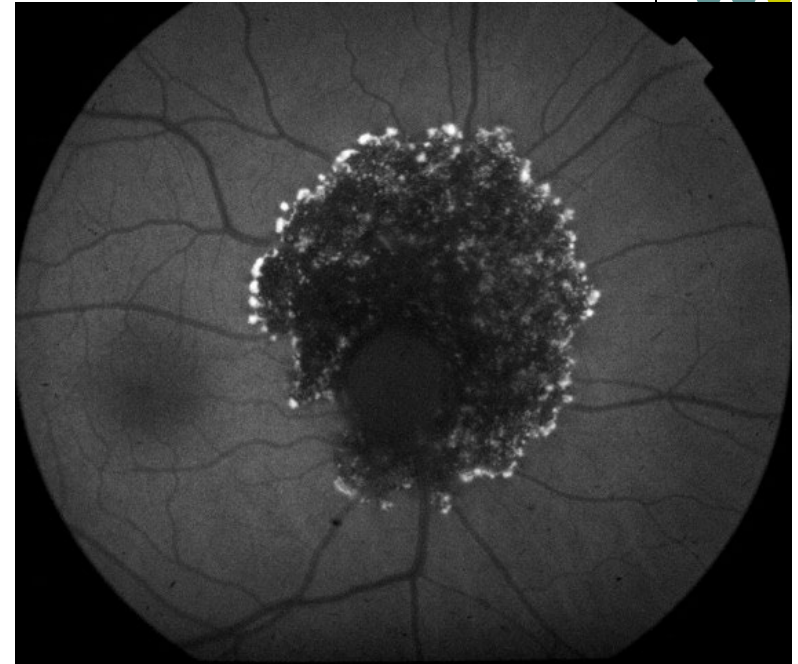
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MEWDS

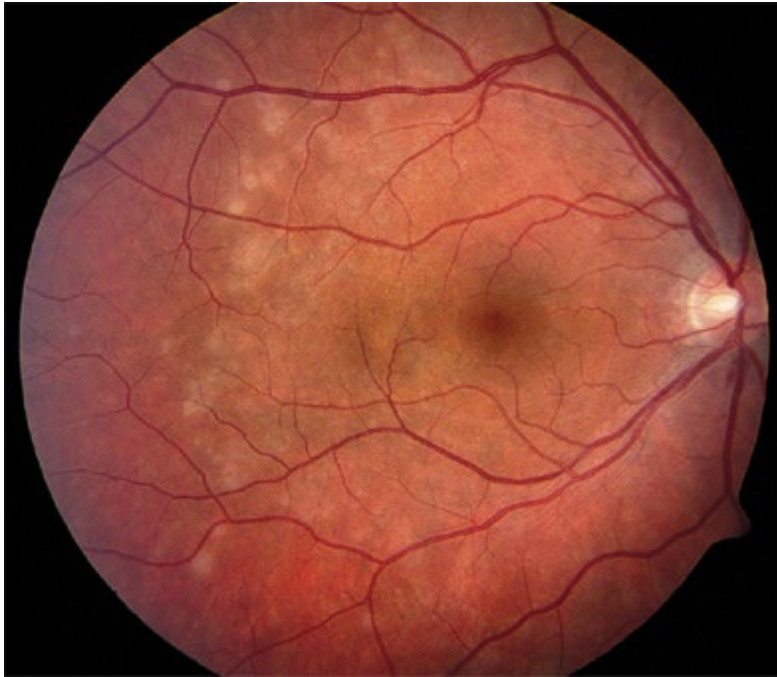
Take note: Spots are

location



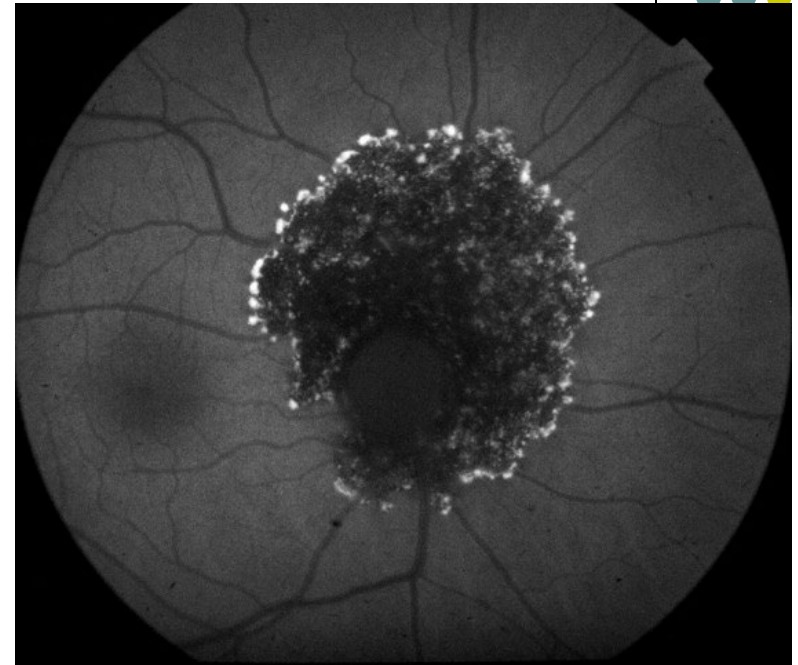
AZOOR



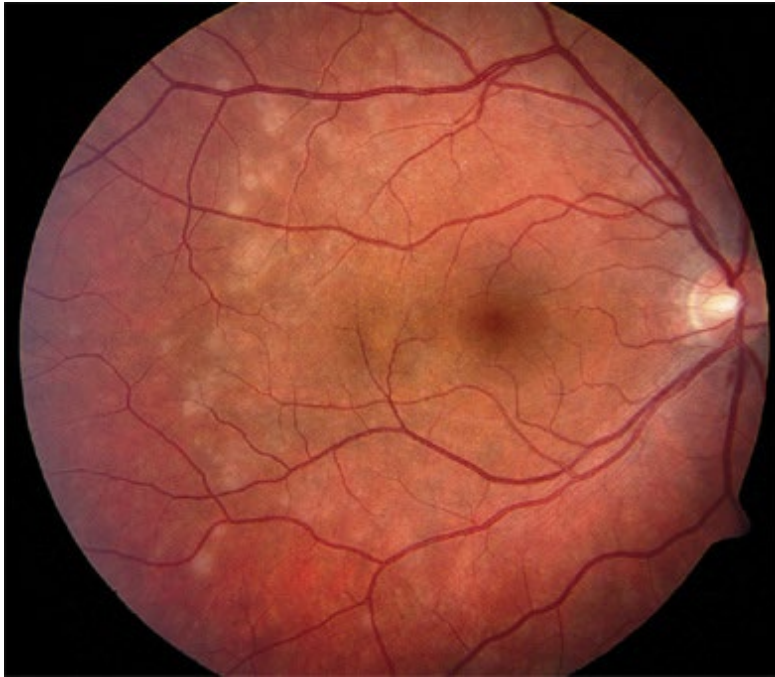


MEWDS

Take note: Spots are peripapillary

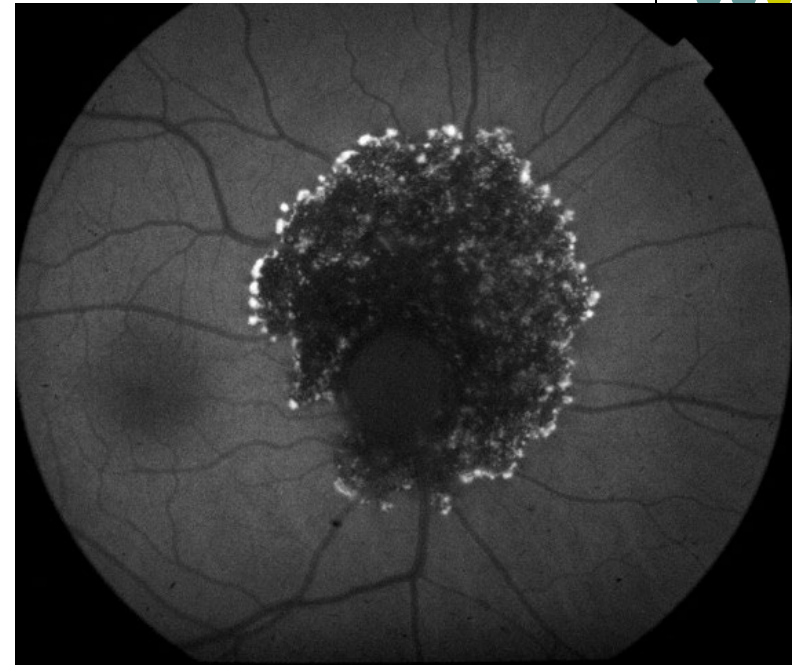


AZOOR

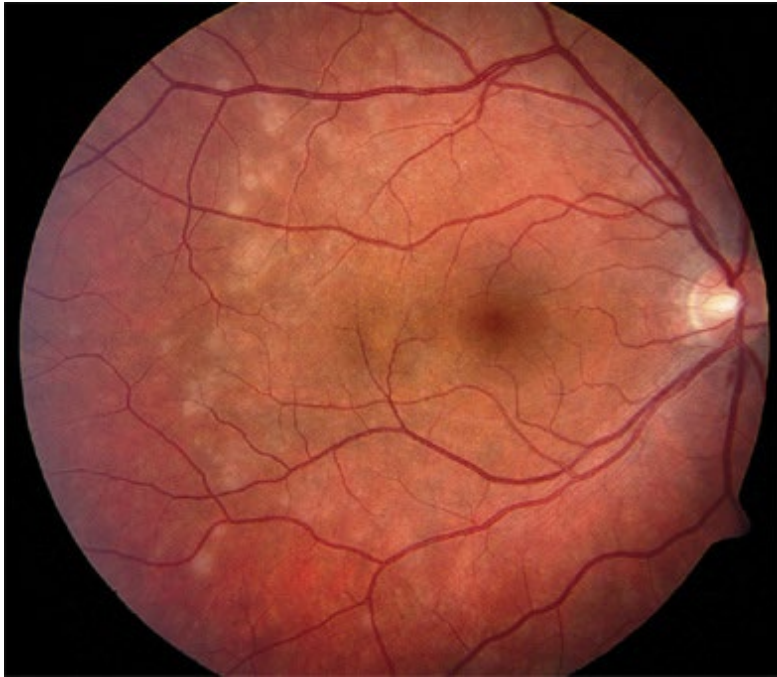


MEWDS

Take note: Spots are perifoveal ,  
and MEWDS buzzword in distribution

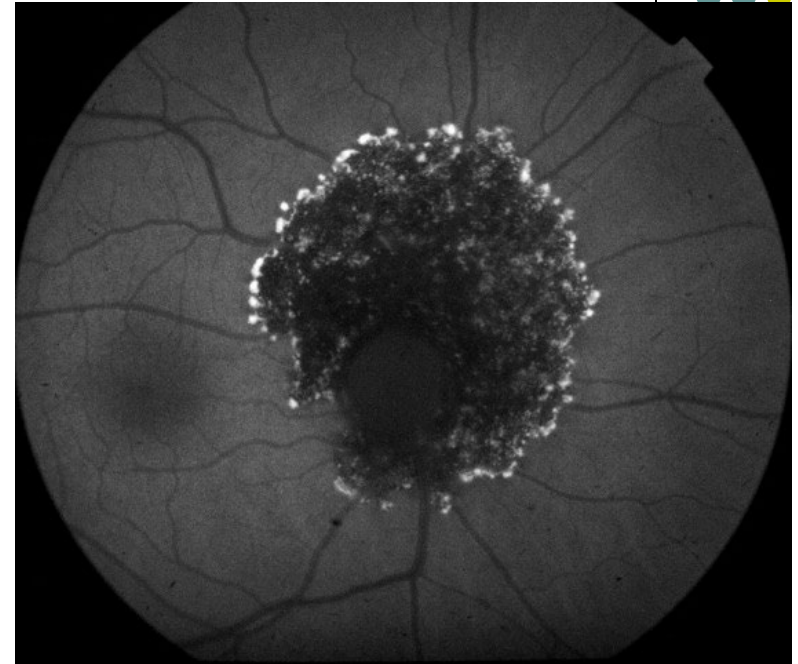


AZOOR

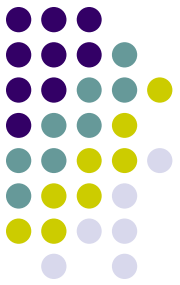


MEWDS

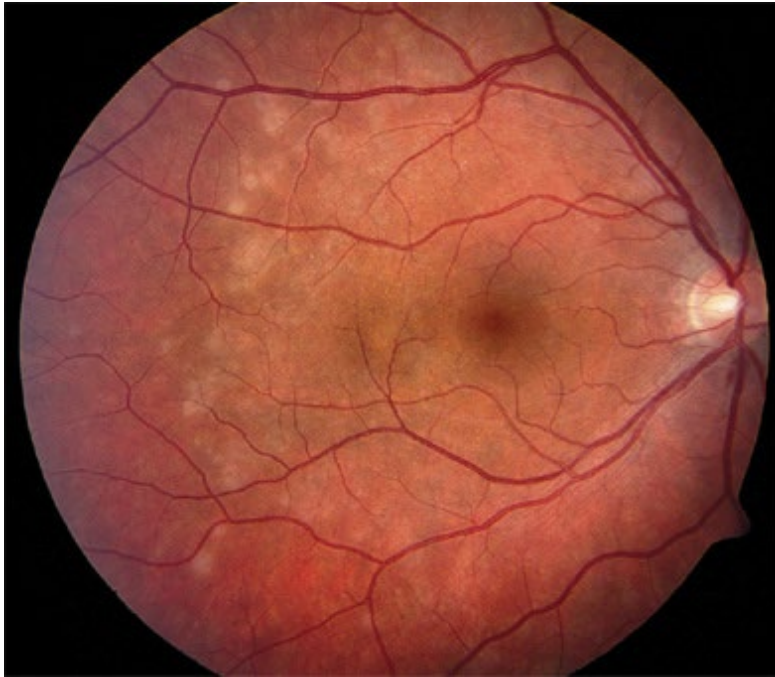
Take note: Spots are perifoveal ,  
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AZOOR

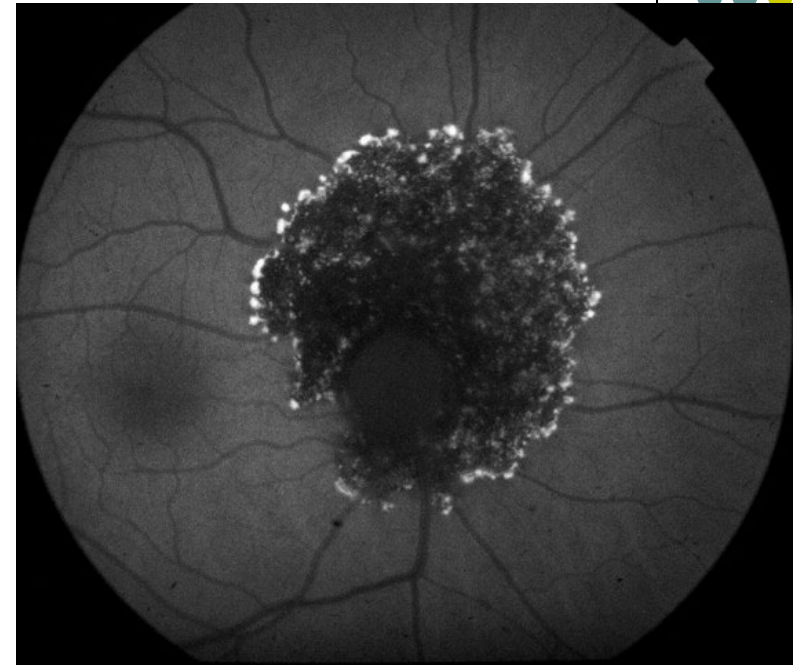


MEWDS. The wreathlike nature of the lesions is more easily appreciated on FA



MEWDS

Take note: Spots are perifoveal ,  
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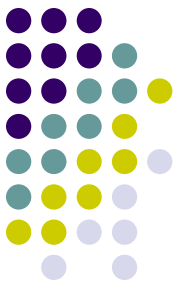


AZOOR

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



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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**

y**U**-nee-lateral

mm-y**U**-dz

ay-z**U**-er

*Mnemonic alert: Note that the words MEWDS and AZOOR contain the U sound, which hearkens to the 'U' in the word unilateral*

# Q

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***AZOOR presents unilaterally, but does it remain so?***

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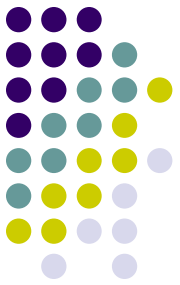
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***What percent end up with bilateral dz?***

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

***What percent end up with bilateral dz?***  
About 75

# Q

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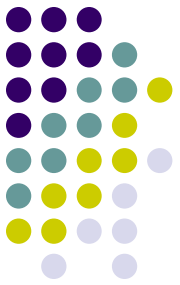
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*Because of their unilaterality, examination of MEWDS and AZOOR pts may reveal a sign not often associated with the other WDS--what is it?*

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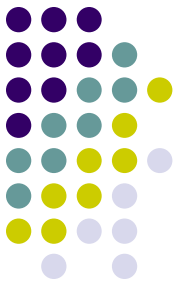
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*Because of their unilaterality, examination of MEWDS and AZOOR pts may reveal a sign not often associated with the other WDS--what is it?*

An **RAPD** (in AZOOR, until/unless it turns bilateral)

# Q

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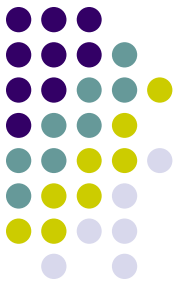
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- Which two are likely to present unilaterally? *MEWDS, AZOOR*
- Which two have the largest lesions?

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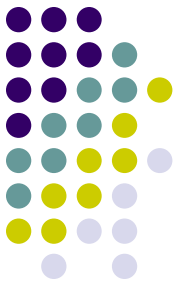
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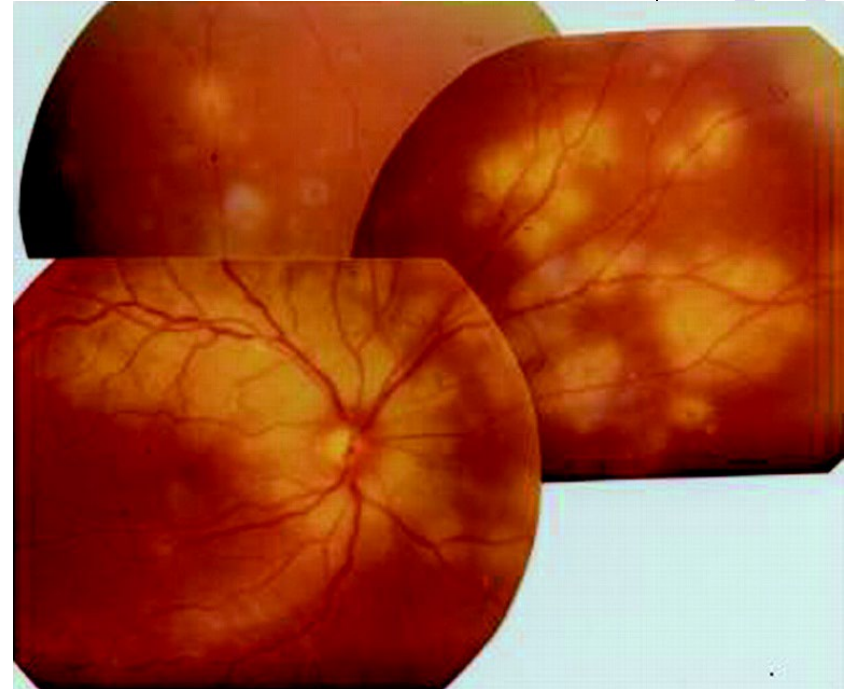


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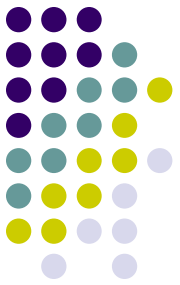
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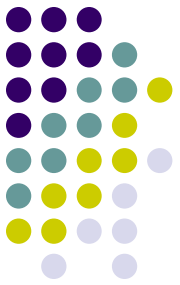
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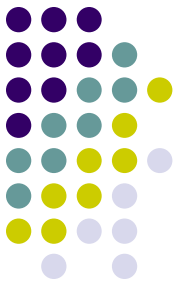
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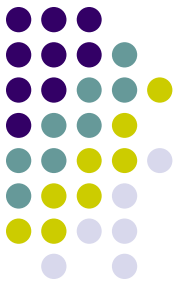
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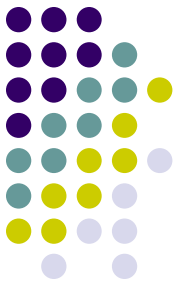
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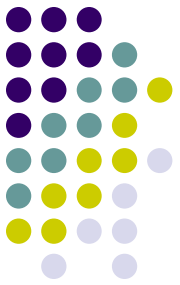
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*Both are right at 50:50*

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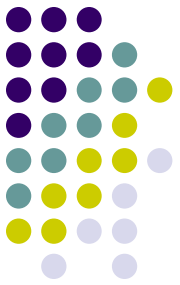
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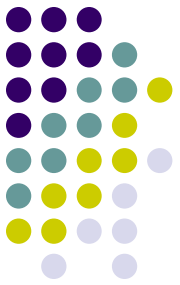
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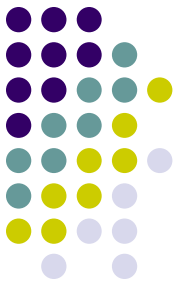
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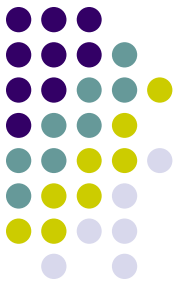
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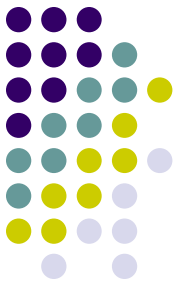
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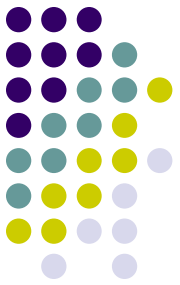
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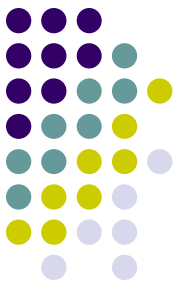
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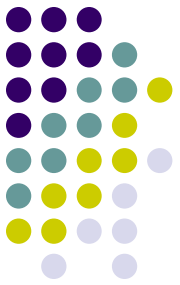
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With regard to visual prognosis:

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

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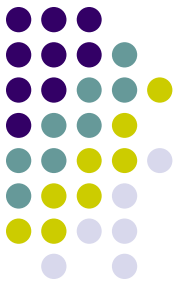
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With regard to visual prognosis:

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--What proportion of serpiginous pts will end up with VA <20/200?

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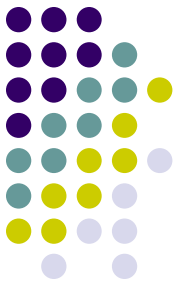
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- Which has a strong HLA association (and what is it?) *Birdshot (HLA-A29)*
- Which two affect young myopic females? *PIC, AZOOR*
- Which two have the worst **prognosis**? **Serpiginous** *birdshot*

With regard to visual prognosis:

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

--What proportion of serpiginous pts will end up with VA <20/200? **40%**

# Q

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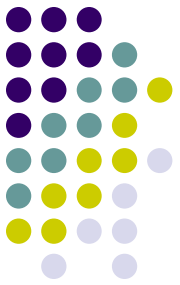
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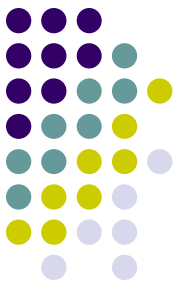
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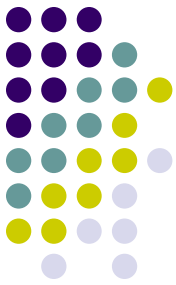
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Per the BCSC  
Retina book

Per the BCSC  
Uveitis book

With regard to a viral prodrome:

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

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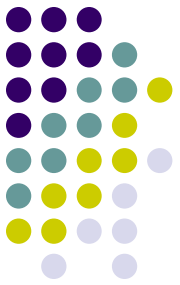
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- Which two have a viral prodrome?
  - What proportion of APMPPE pts will have it? **1/3 to 1/2**
  - What proportion of MEWDS pts will have it? **1/2 to 2/3**
- Which two have the worst prognosis? *Serpiginous, birdshot*
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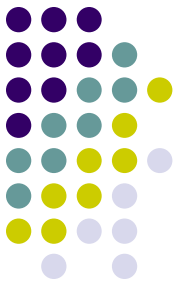
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With regard to a viral prodrome:

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

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Per both books

**MEWDS**

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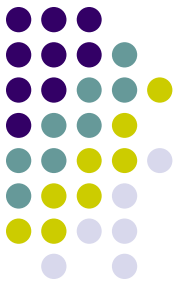
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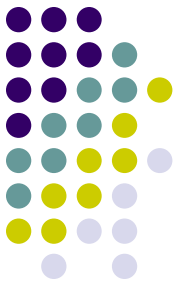
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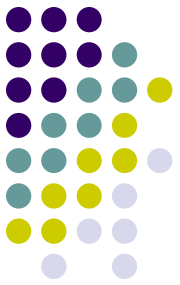
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Q

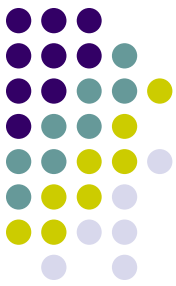
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What does the word *serpiginous* mean, anyway?

prodrome? *APMPPE, MEWDS*

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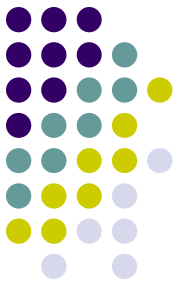
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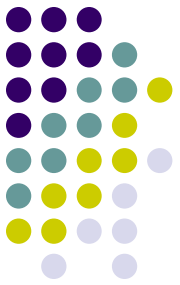
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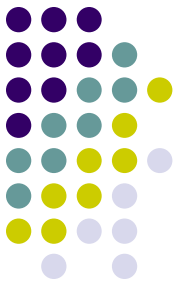
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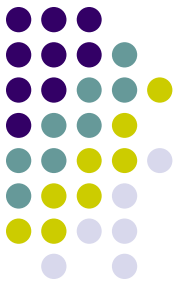
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● W

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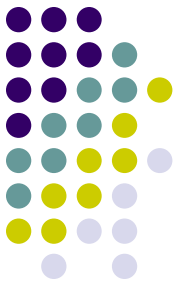
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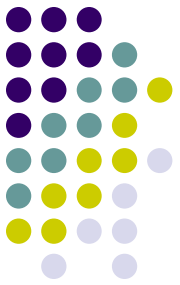
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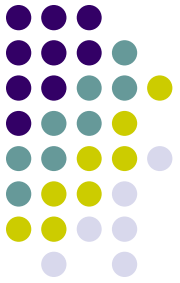
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- W *Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?*
- W *Nah. APMPPE is associated with a viral prodrome, so it's neither uncommon nor worrisome for an APMPPE pt to have a HA*
- W
- W *OK then, what sign/symptom should you be on the lookout for vis a vis indicating an APMPPE pt has cerebral vasculitis?*
- (H *A peripheral neuro deficit*
- W
- W *What should you do if you suspect your APMPPE pt has cerebral vasculitis?*
- W *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*

# White Dot Syndromes



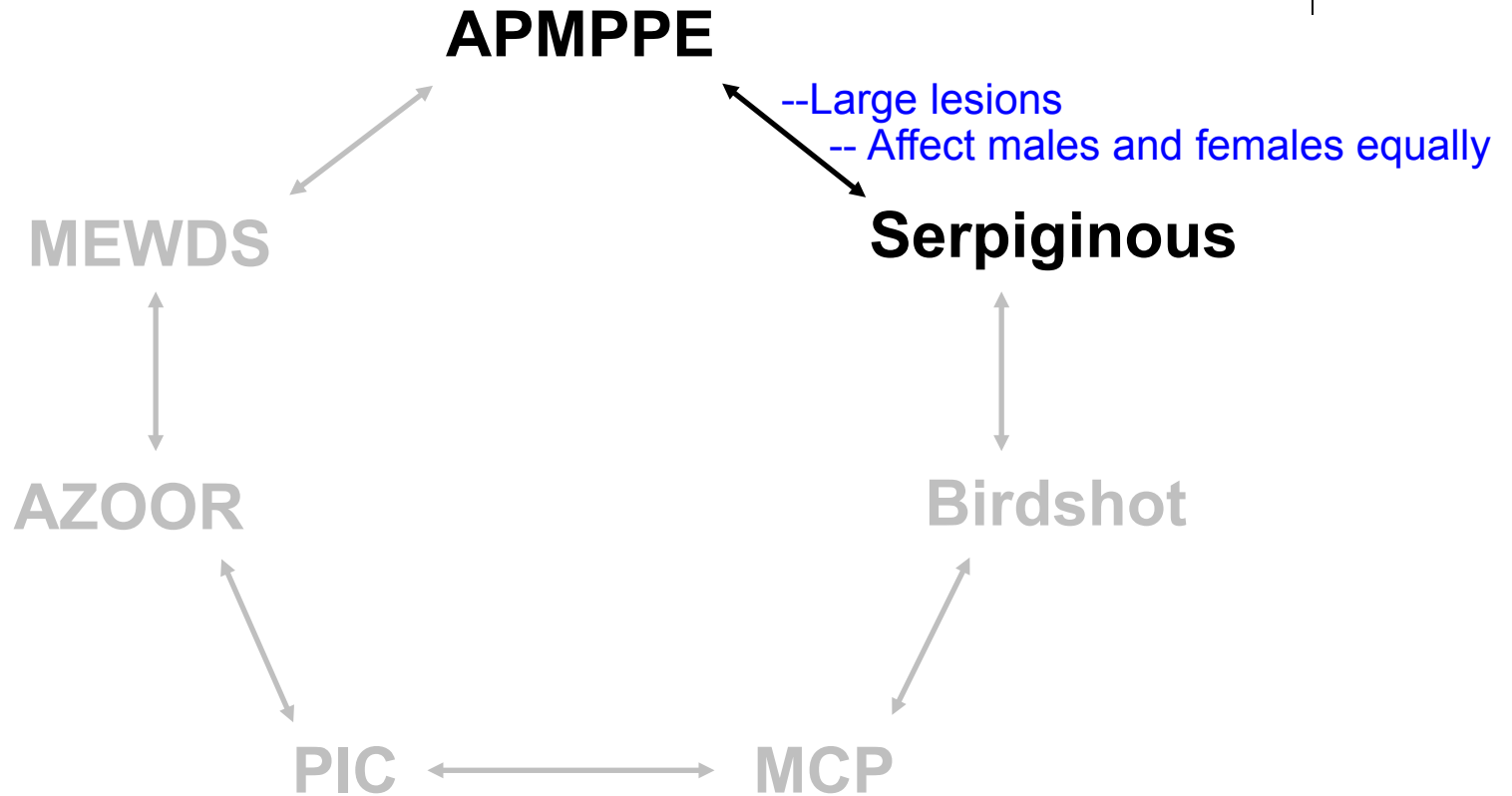
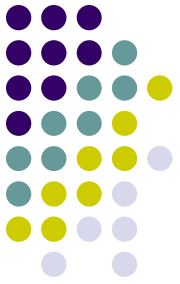
In general, WDS  
produce modest, transient,  
bilateral visual impairment in young-adult  
females. However, there are exceptions to  
this general rule, and the exceptions  
provide a useful means for thinking  
about/organizing them.  
Learn the pattern!

*(No question yet—proceed when ready)*



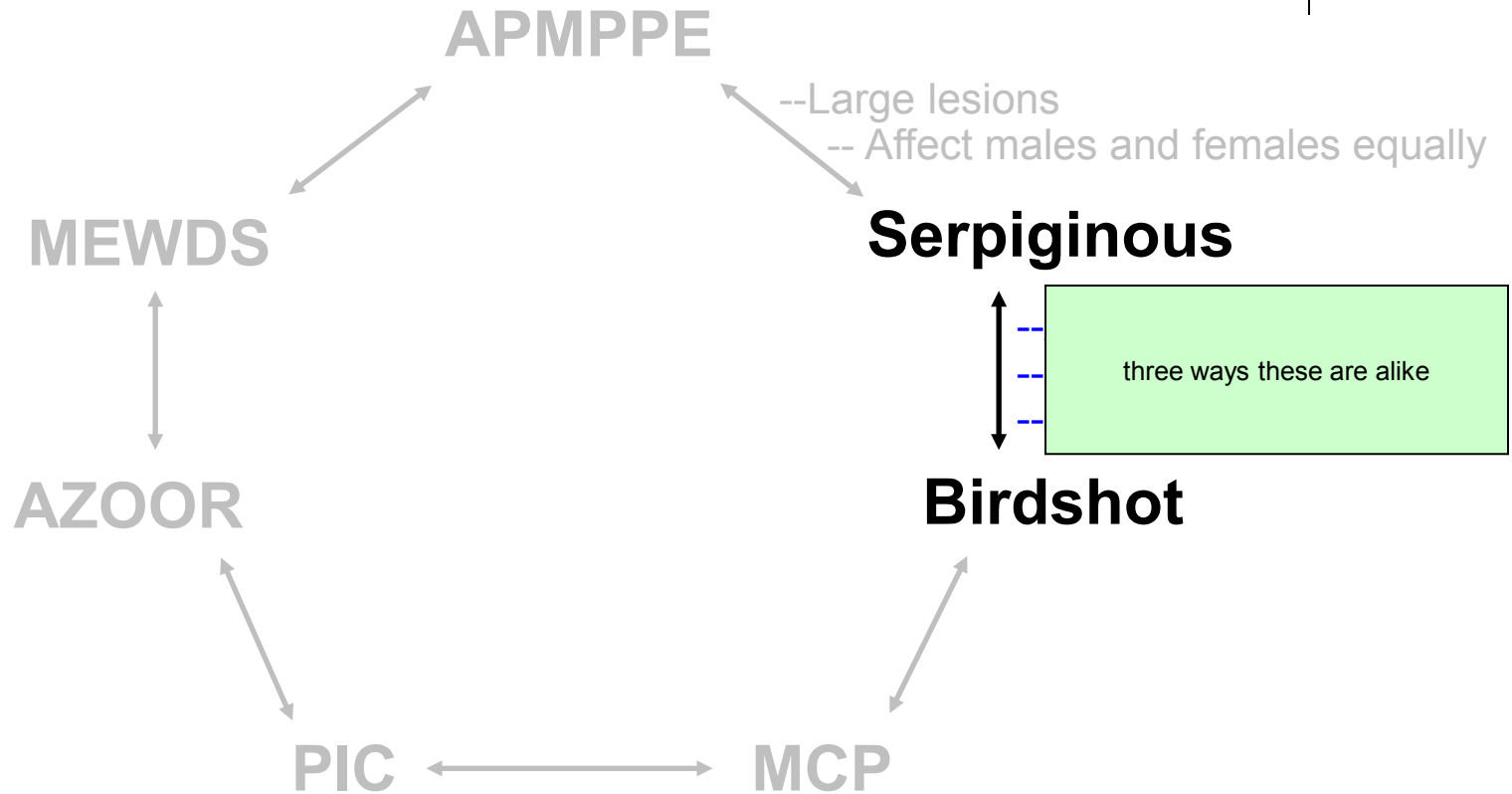
A

## White Dot Syndromes



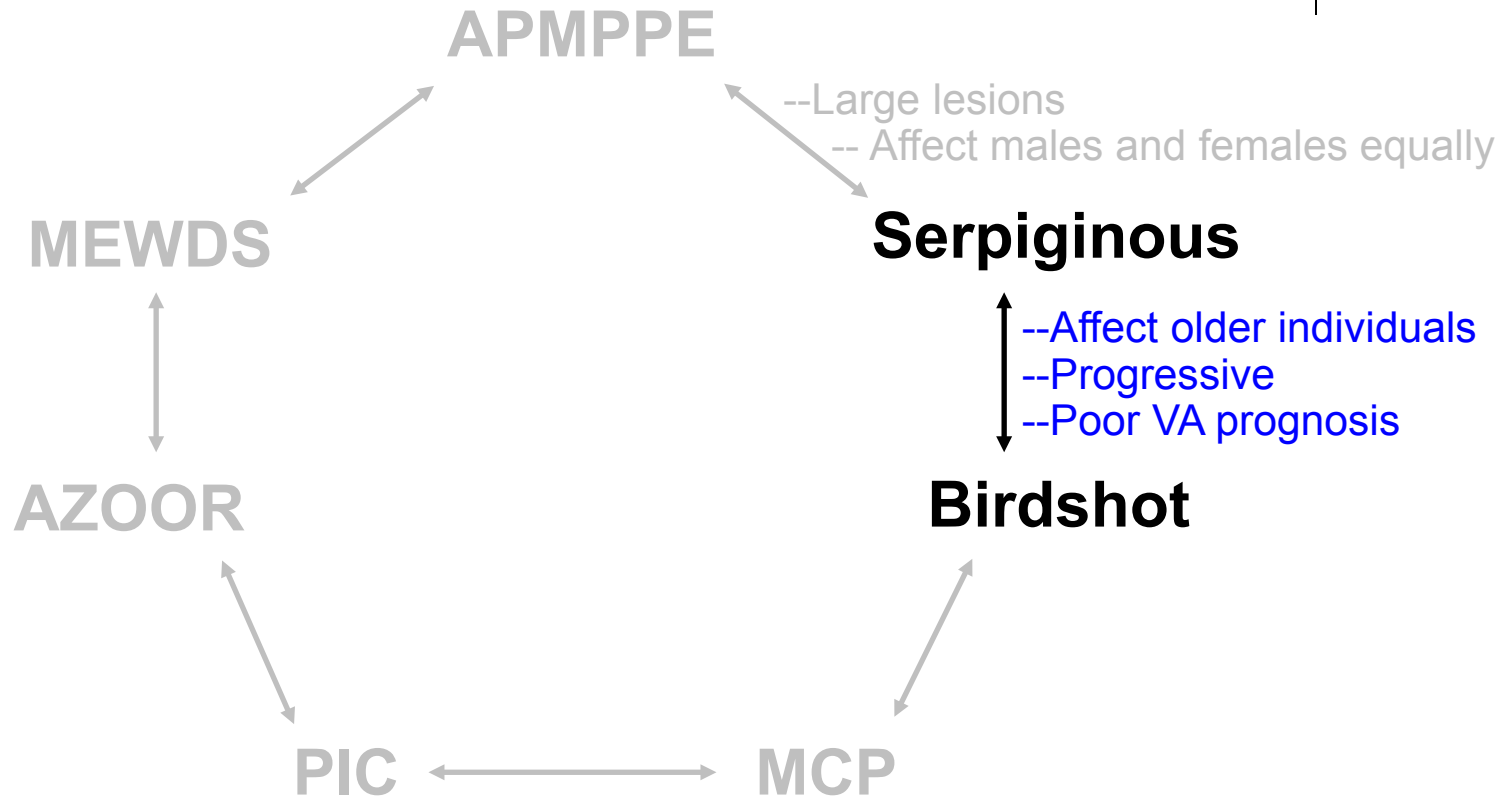
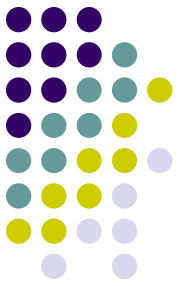
Q

## White Dot Syndromes



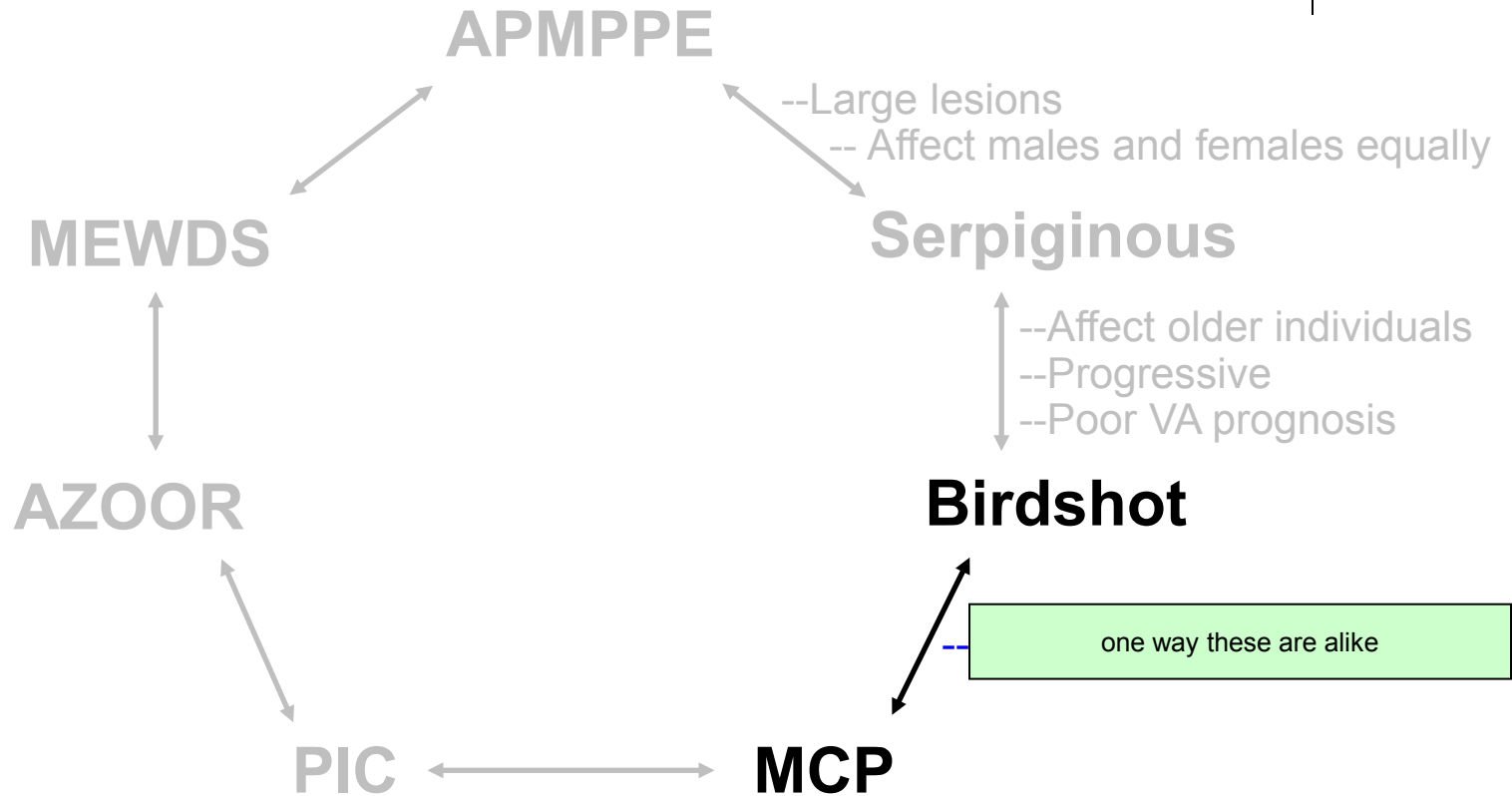
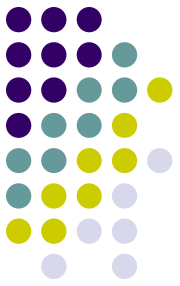
A

## White Dot Syndromes



Q

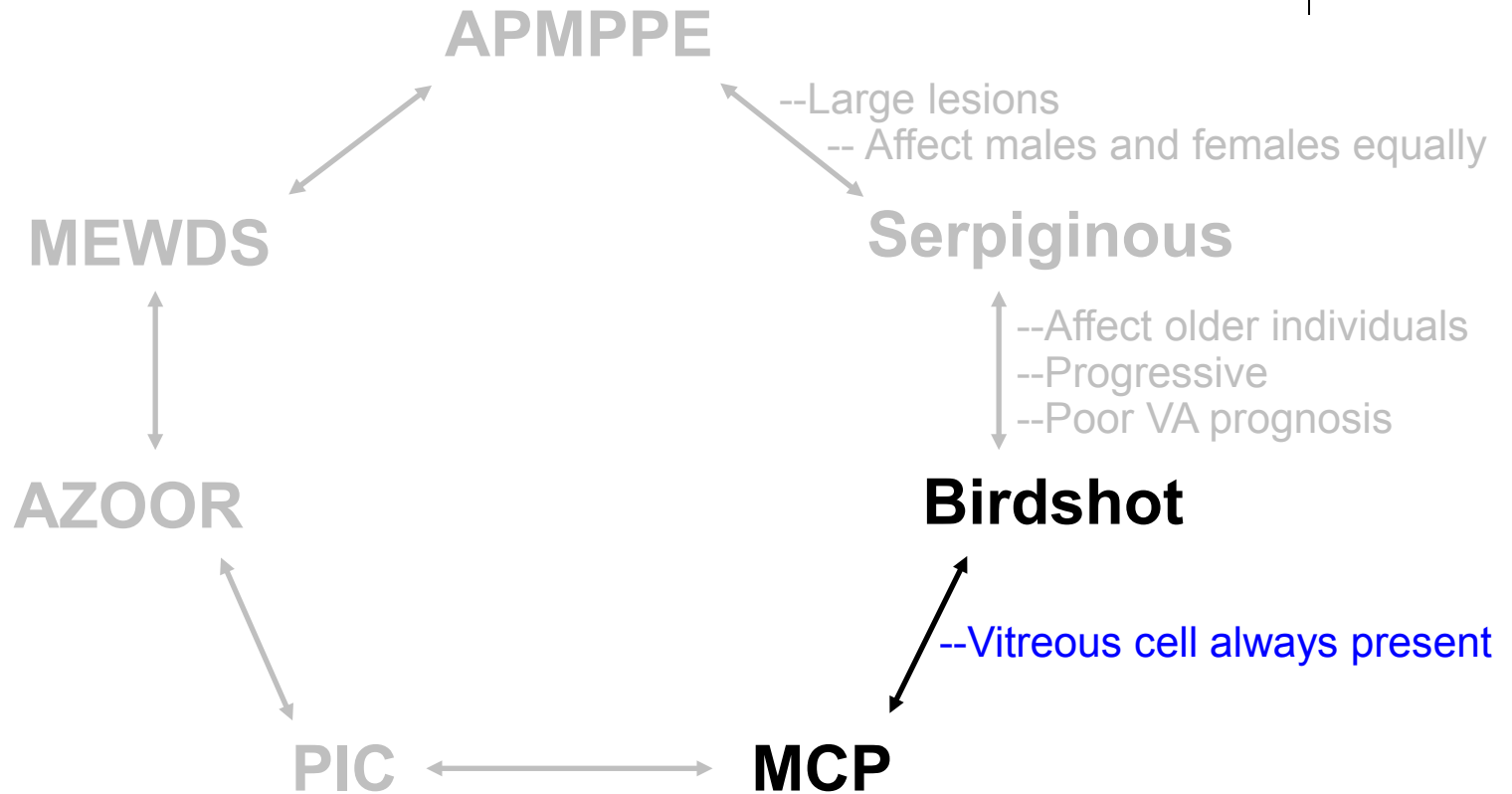
## White Dot Syndromes





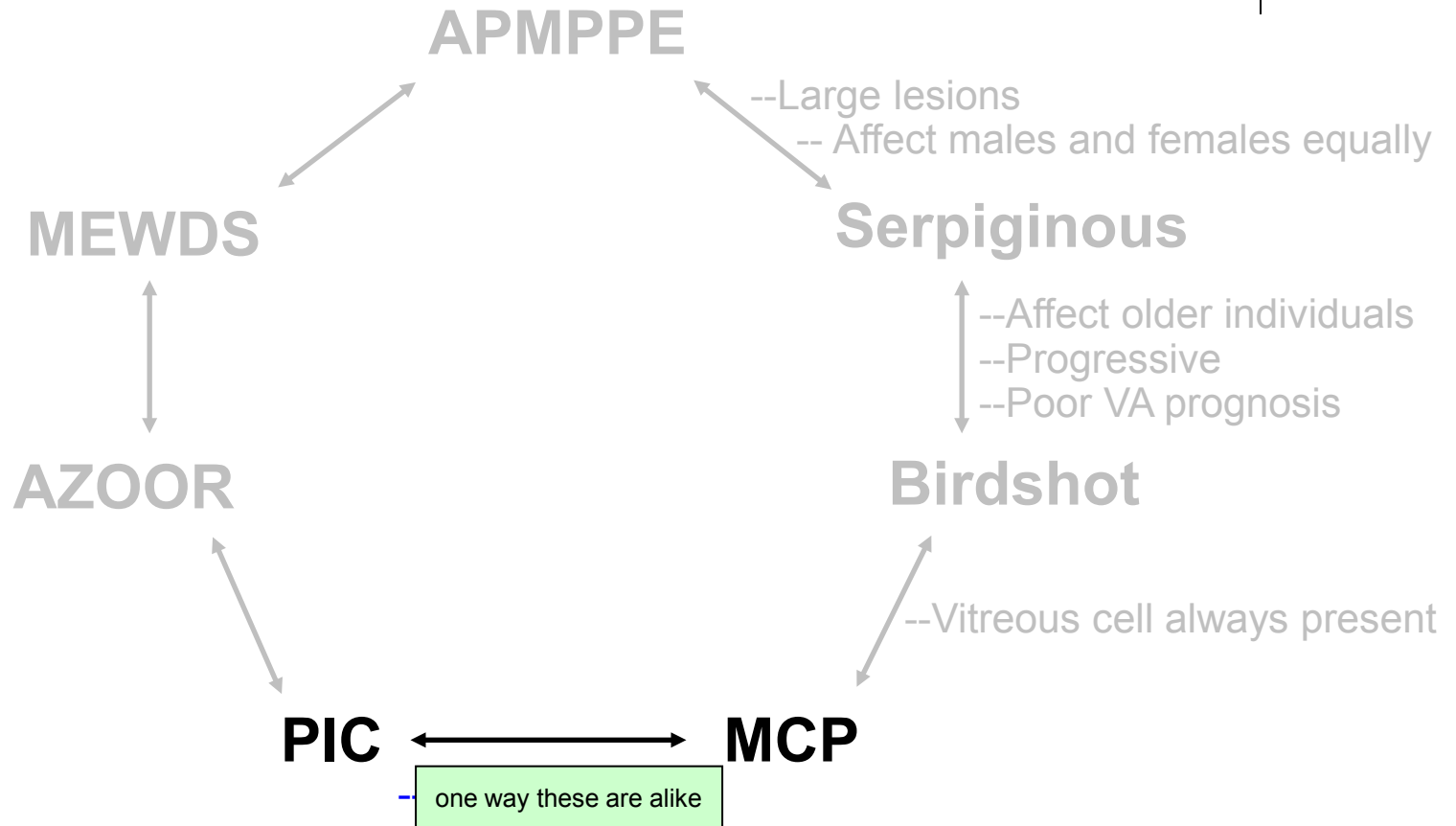
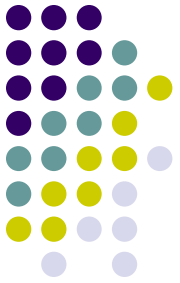
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## White Dot Syndromes



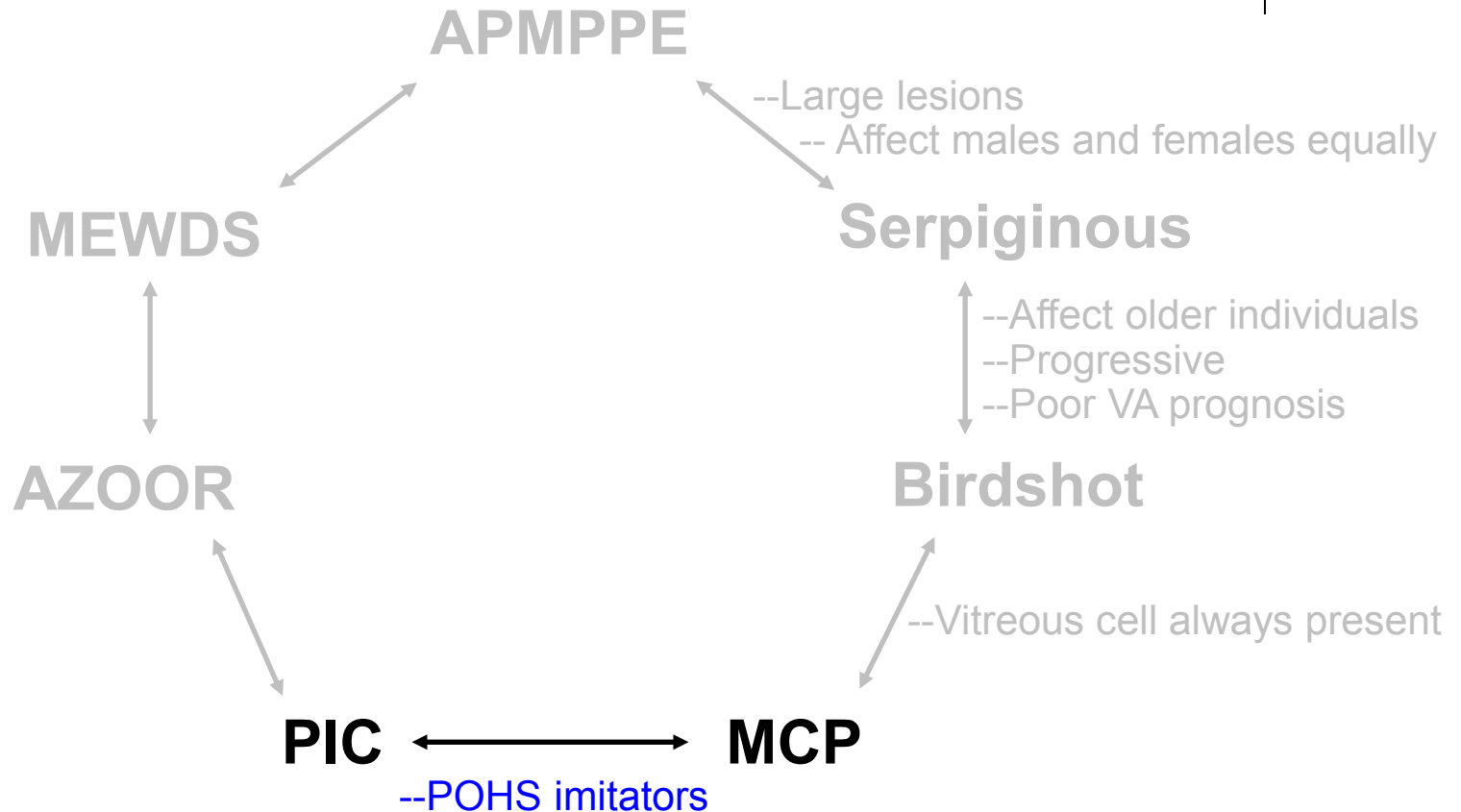
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## White Dot Syndromes



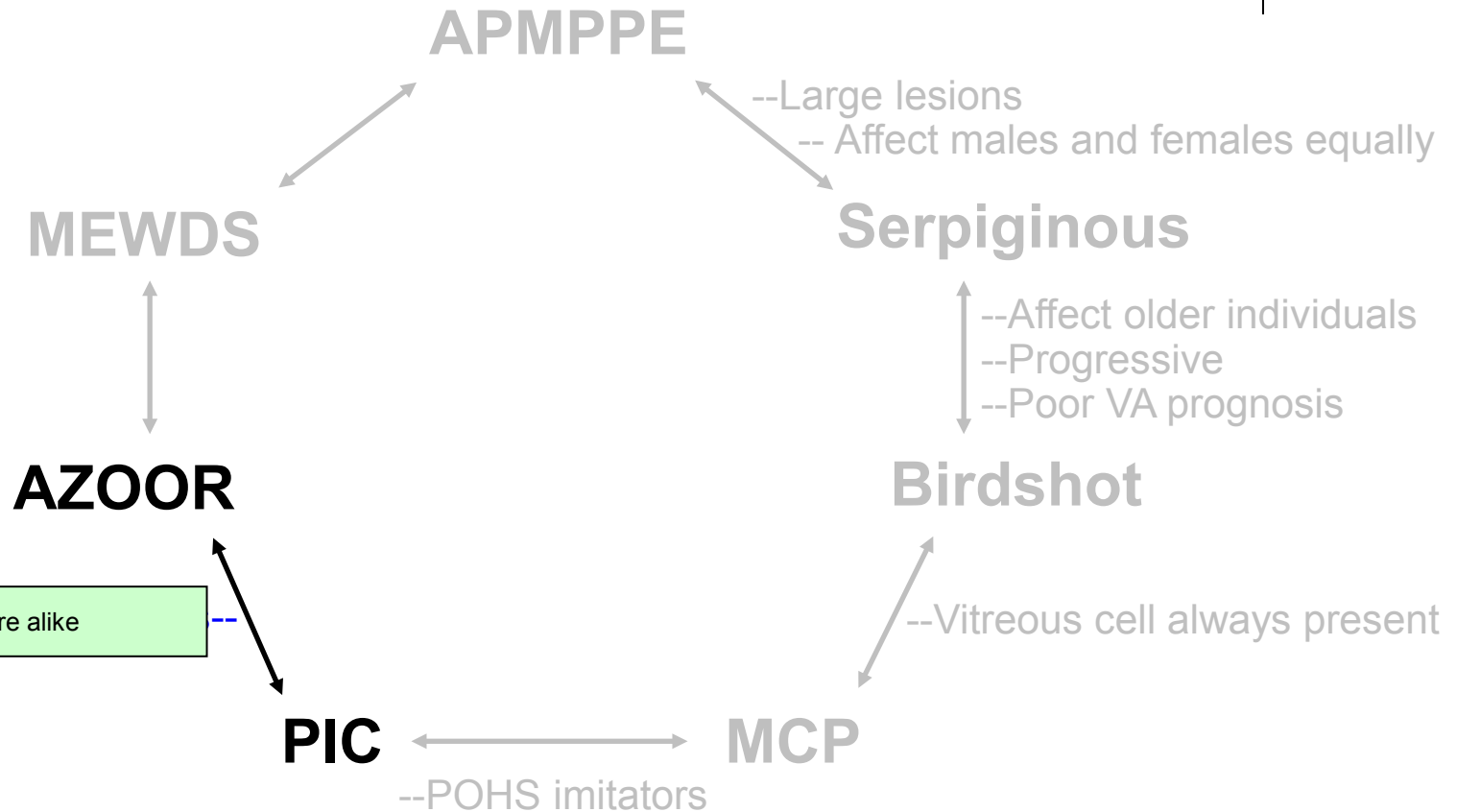
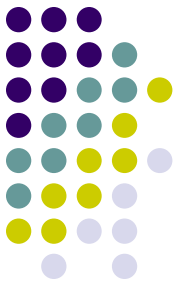
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## White Dot Syndromes



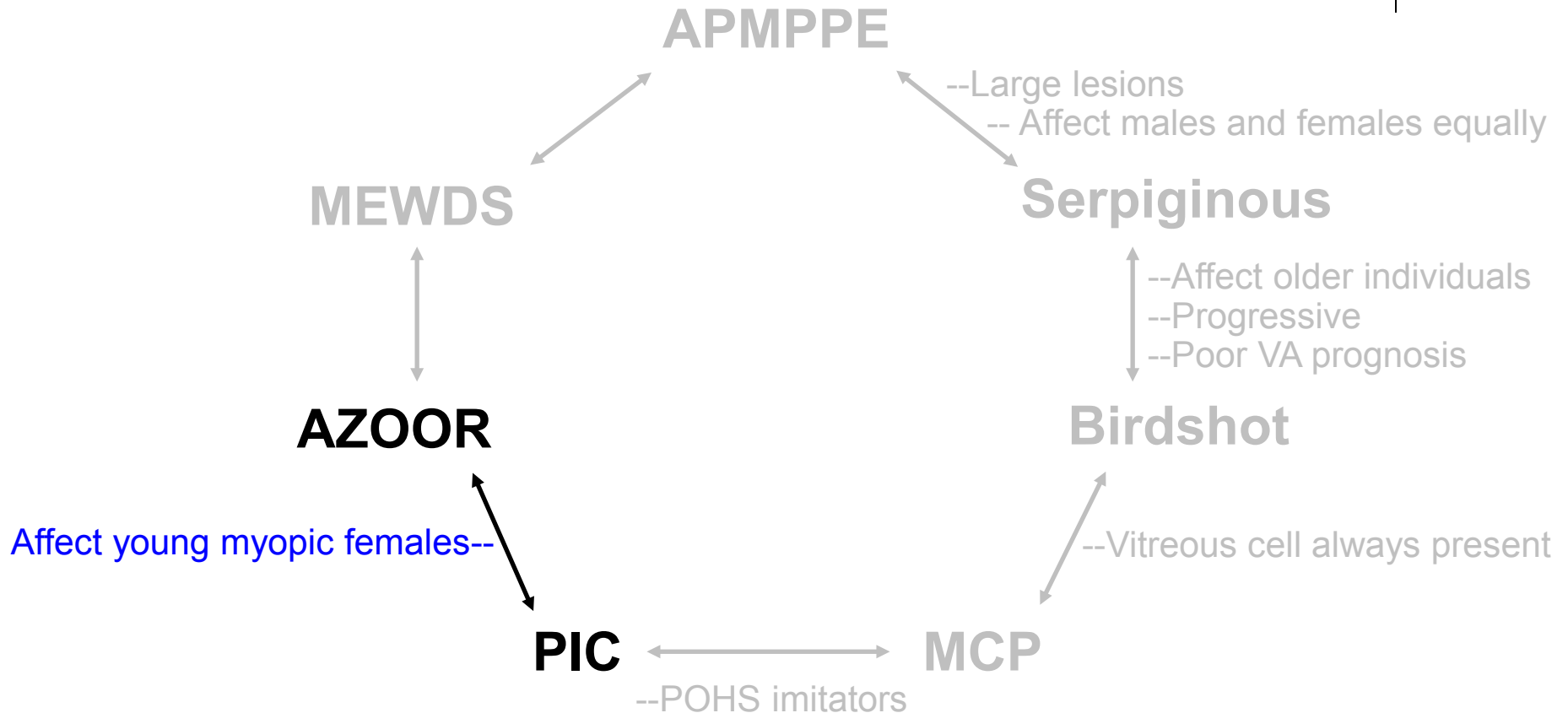
Q

## White Dot Syndromes



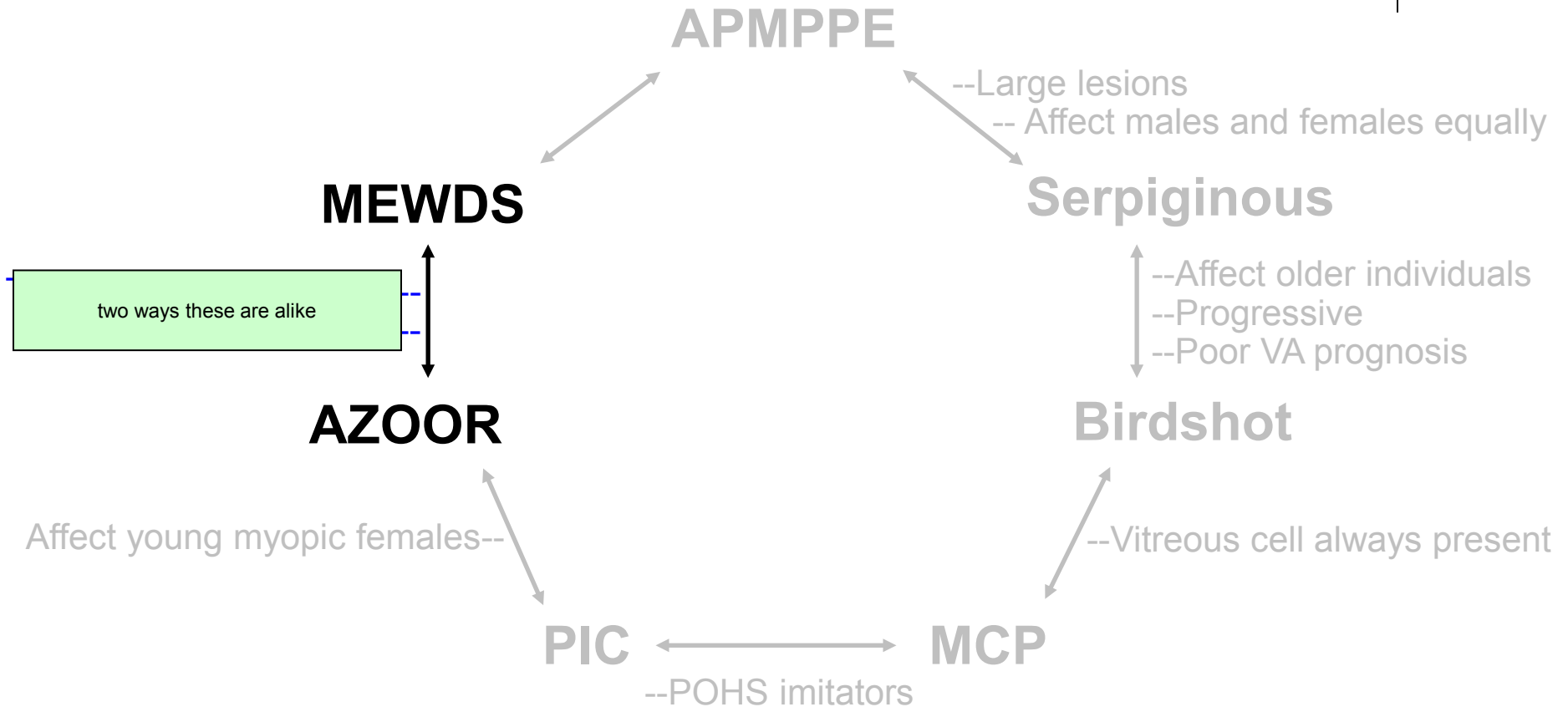
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## White Dot Syndromes



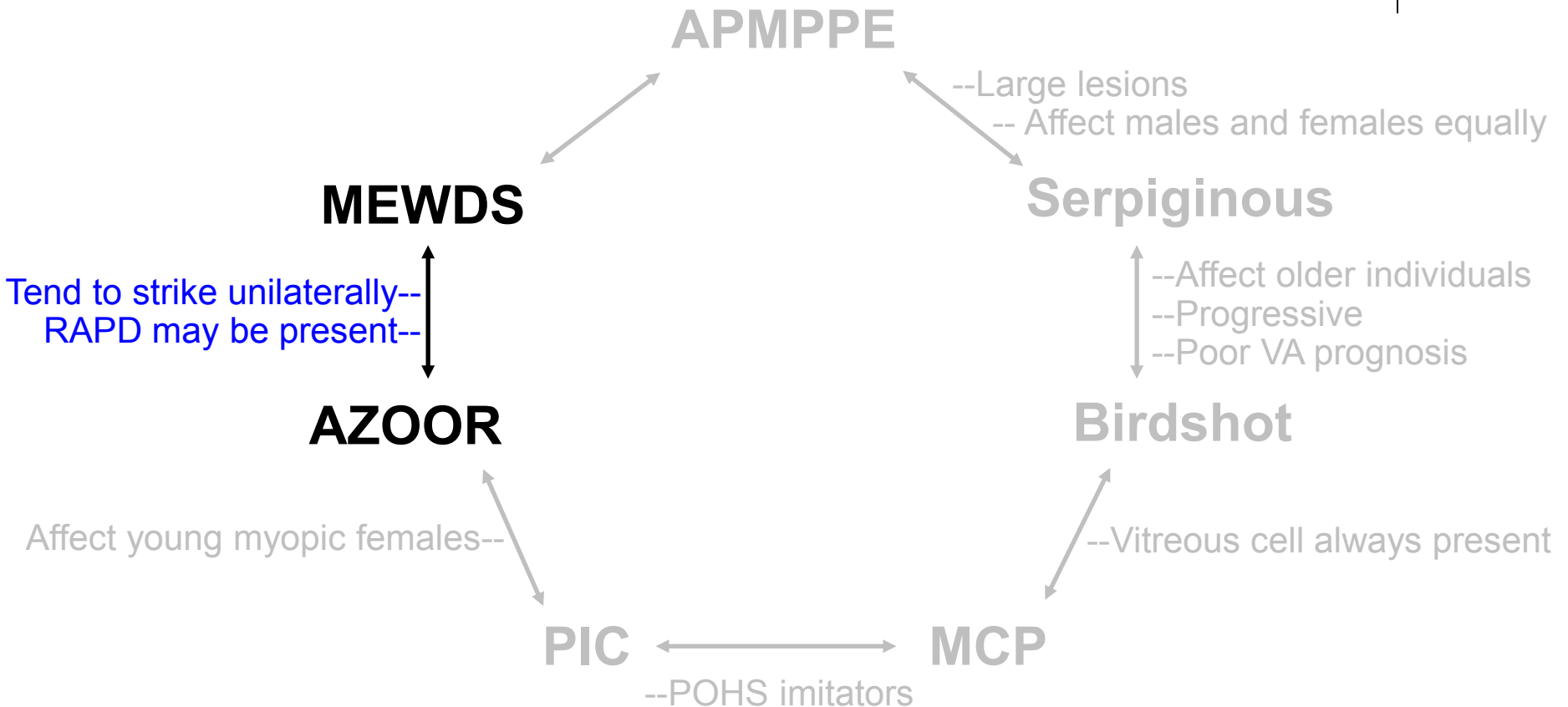
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## White Dot Syndromes



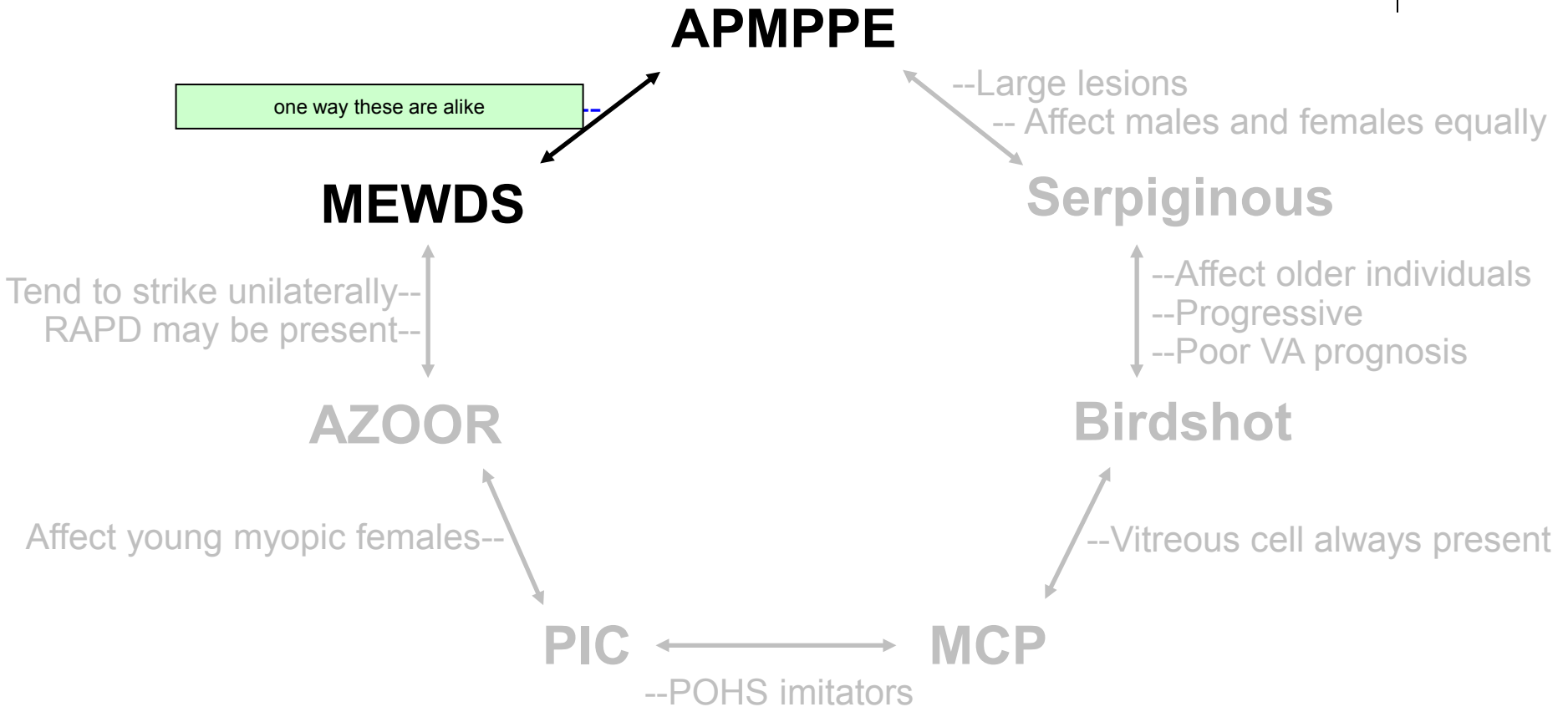
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## White Dot Syndromes



Q

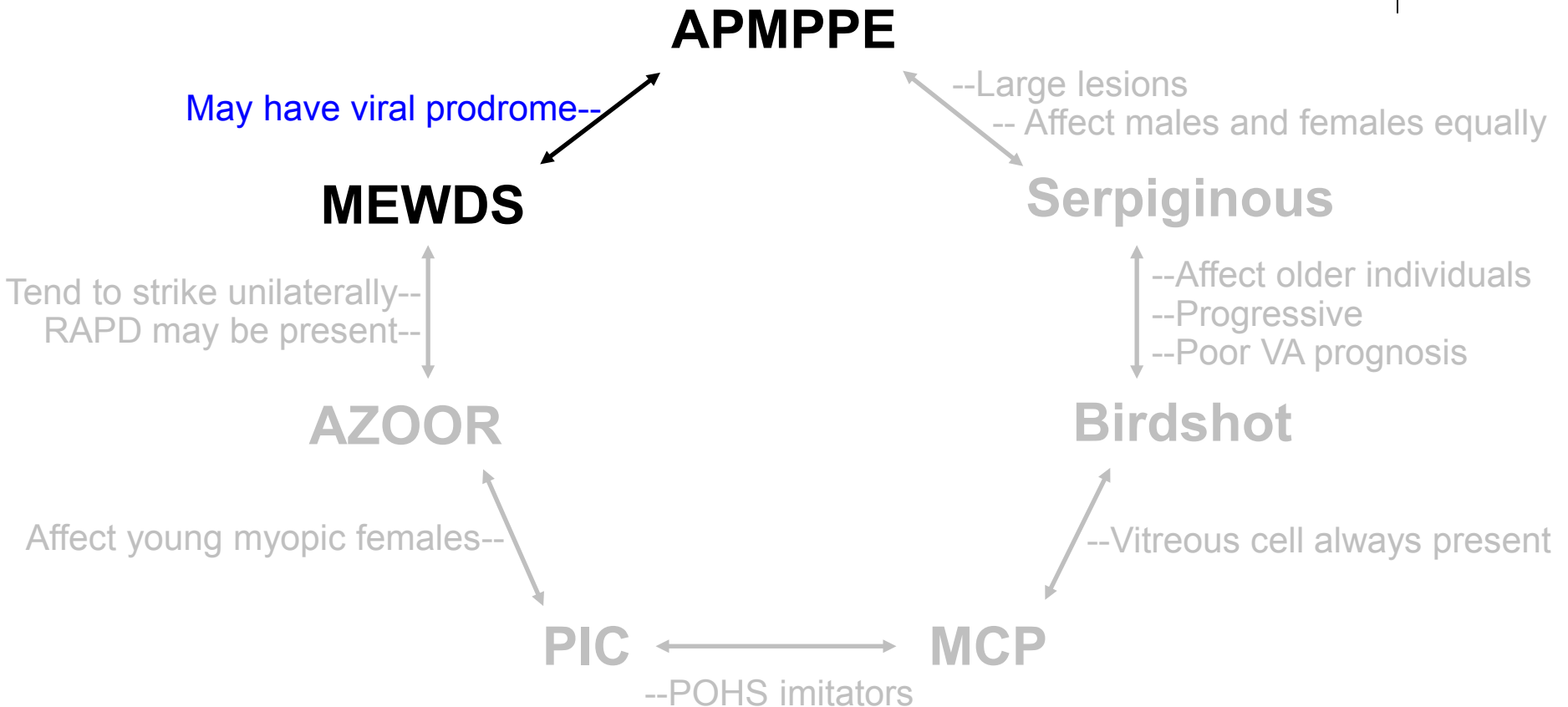
## White Dot Syndromes

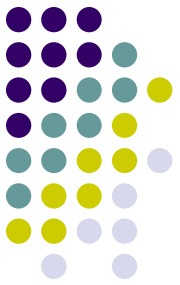




A

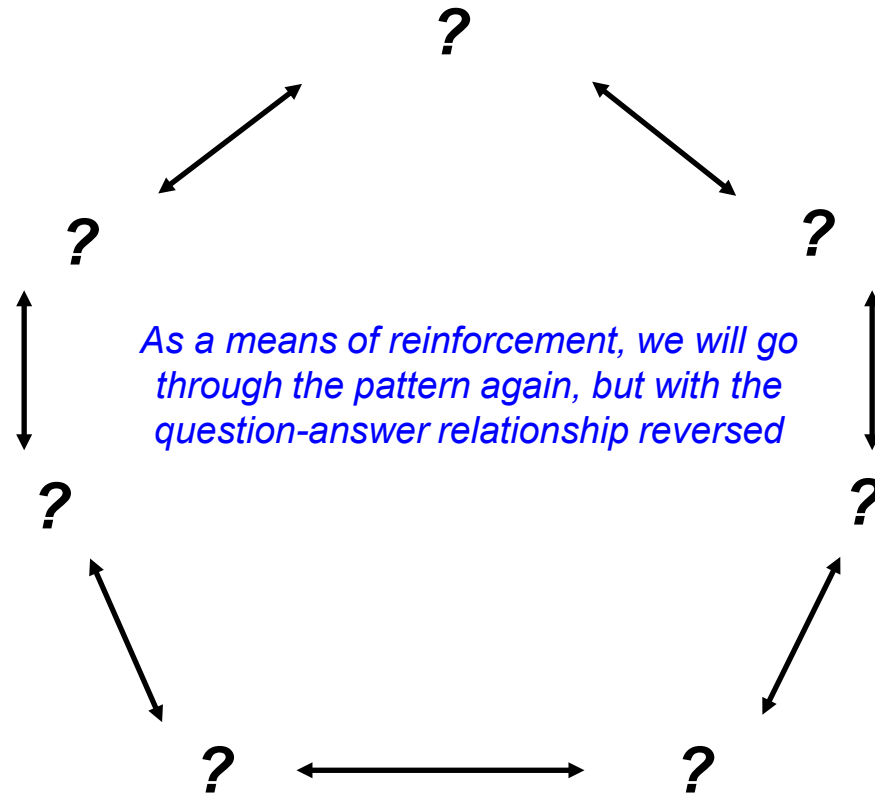
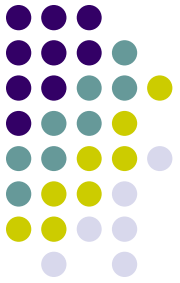
## White Dot Syndromes





*(Slide intentionally left blank, to clear your visual memory)*

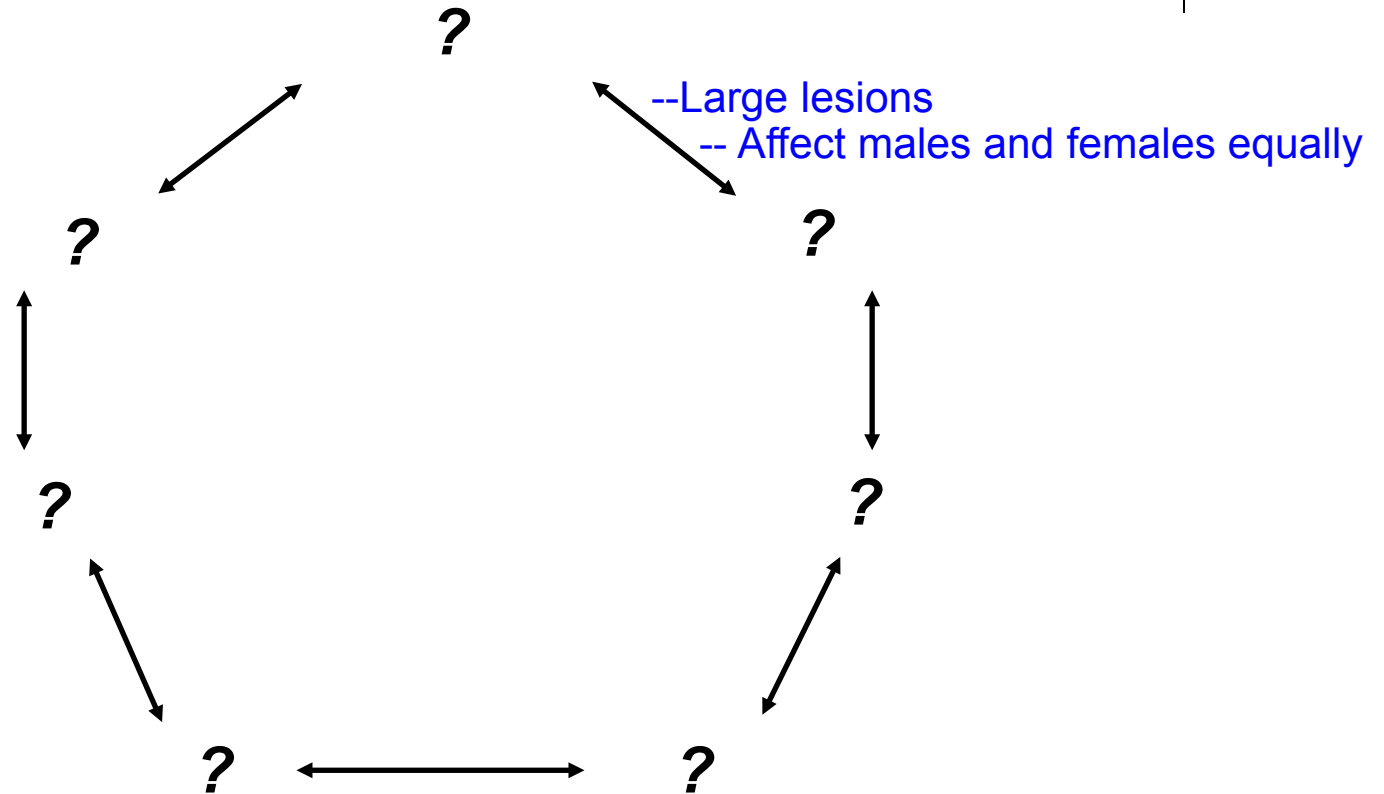
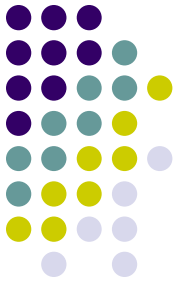
# White Dot Syndromes



*(No question yet—proceed when ready)*

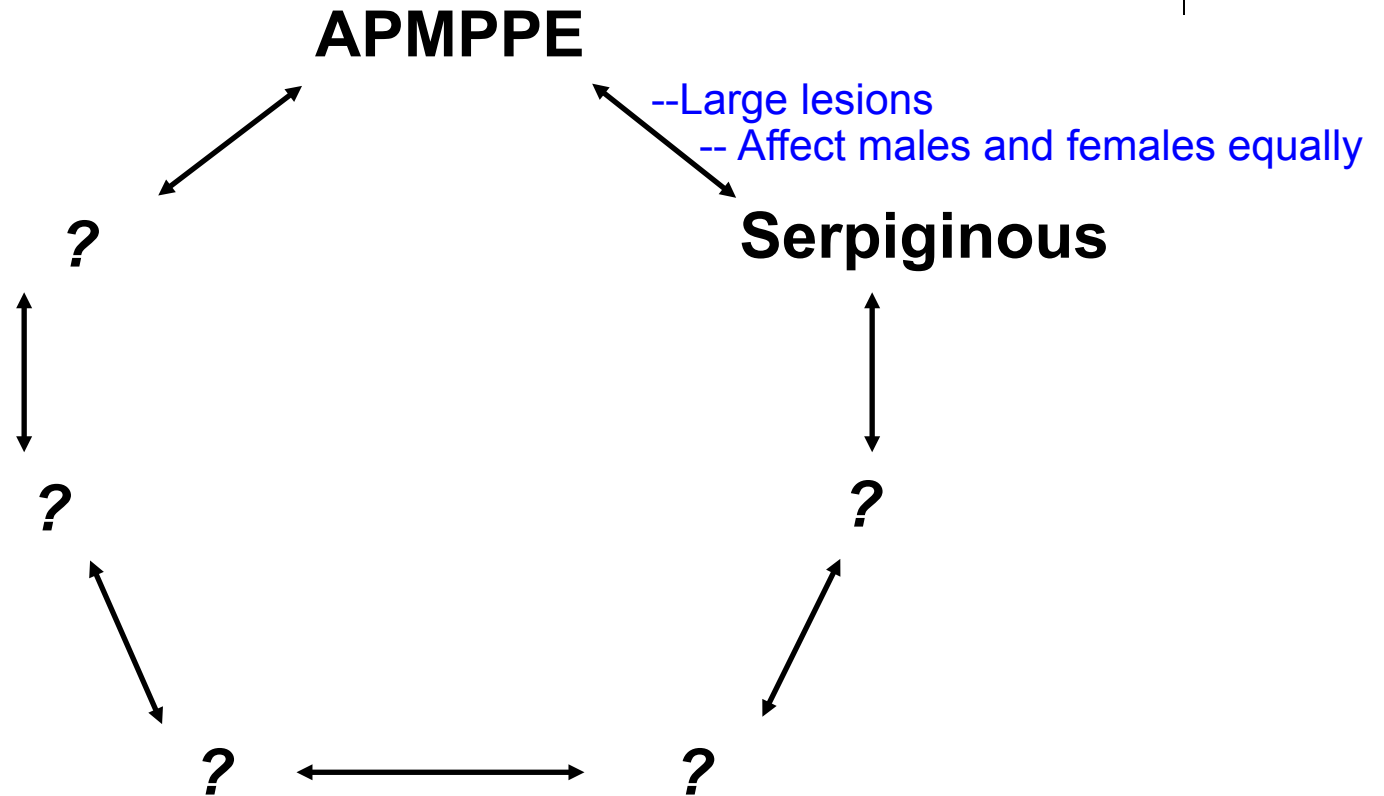
Q

## White Dot Syndromes



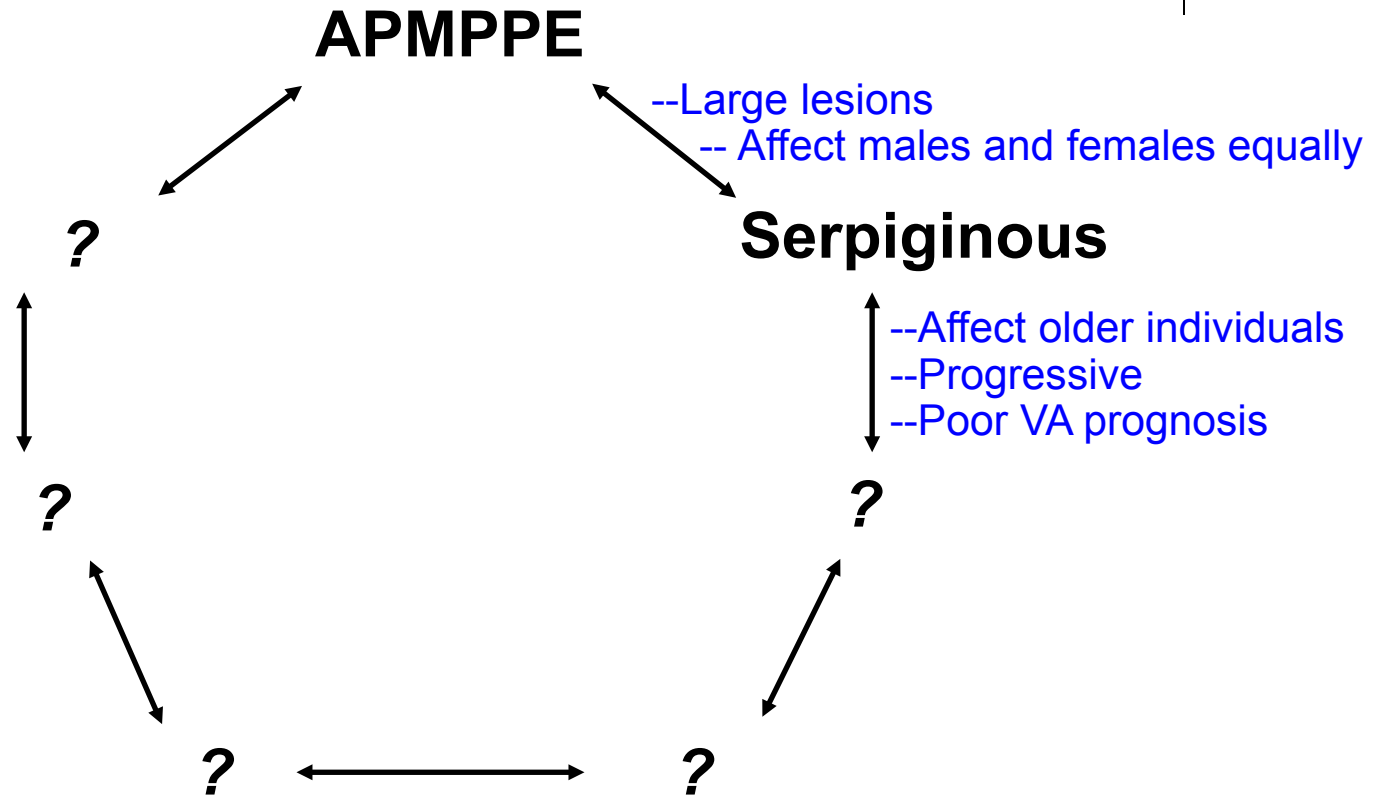
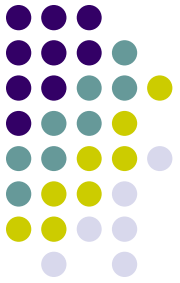
A

## White Dot Syndromes



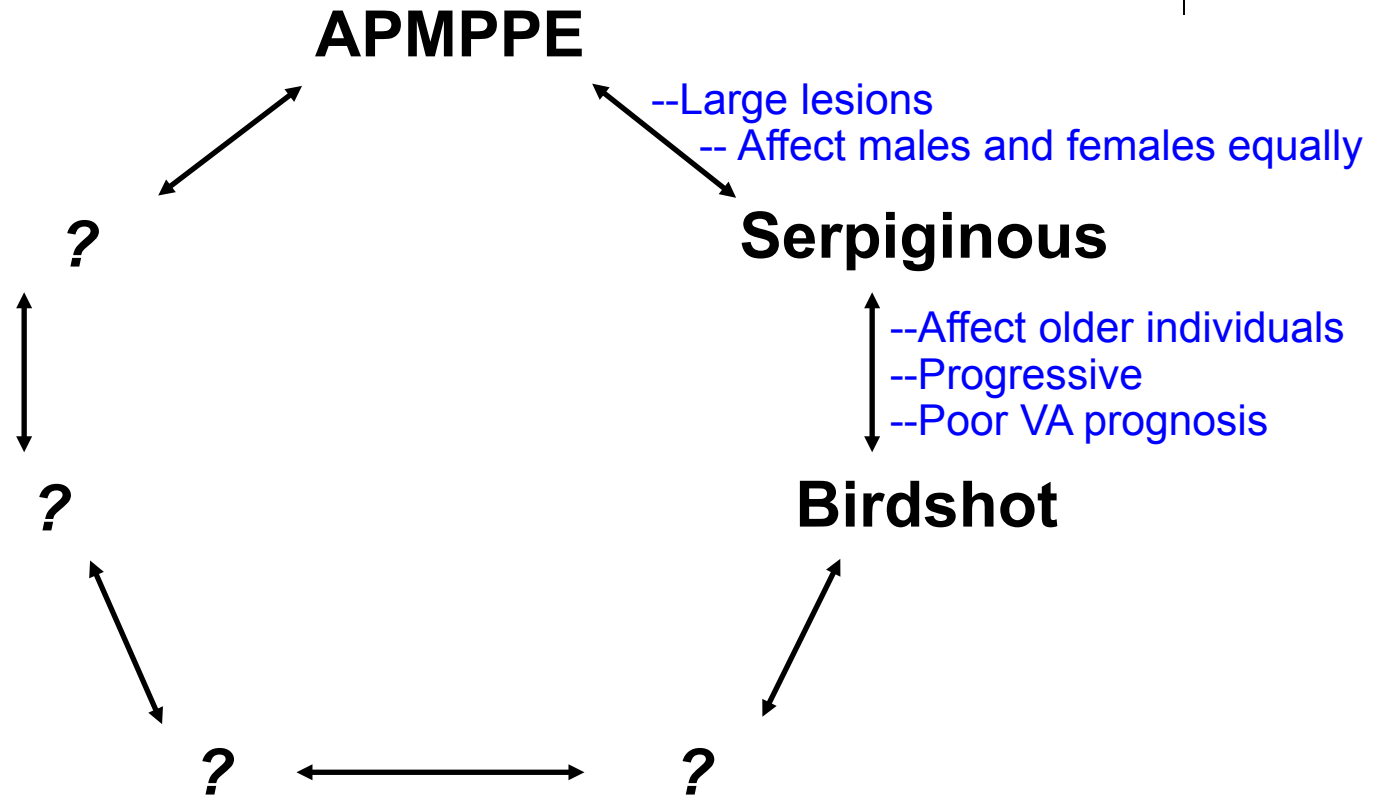
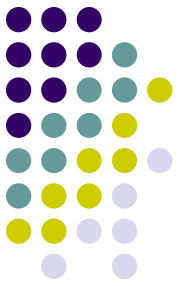
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## White Dot Syndromes



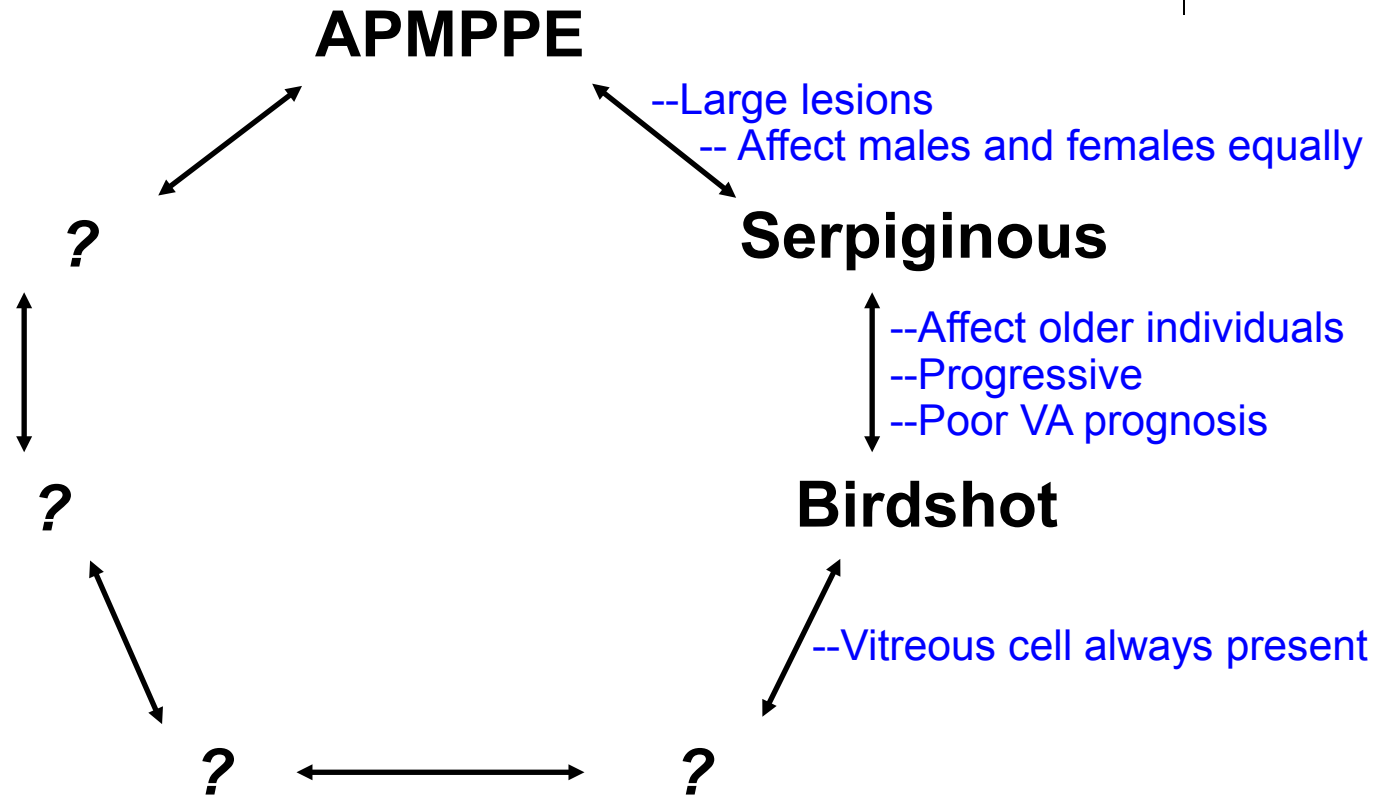
A

## White Dot Syndromes



Q

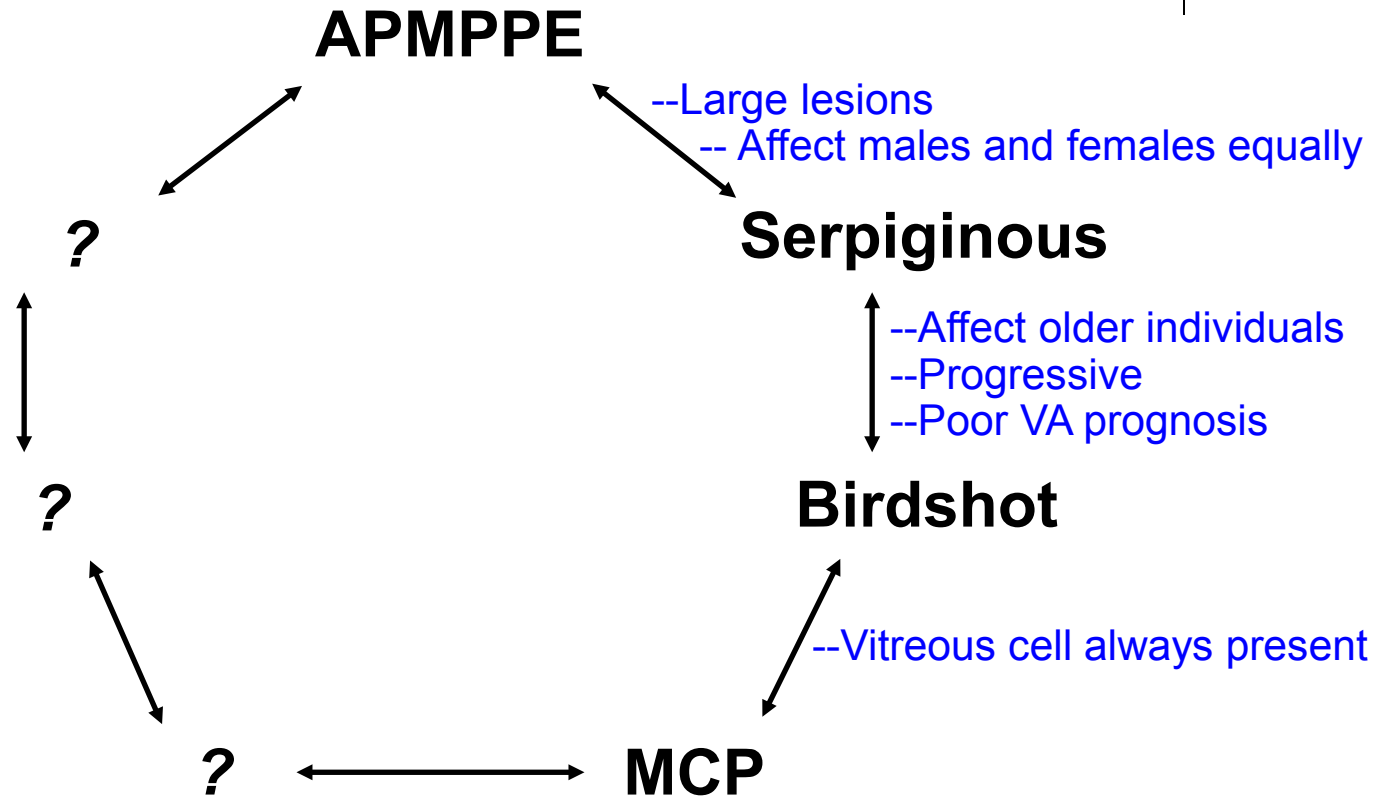
## White Dot Syndromes





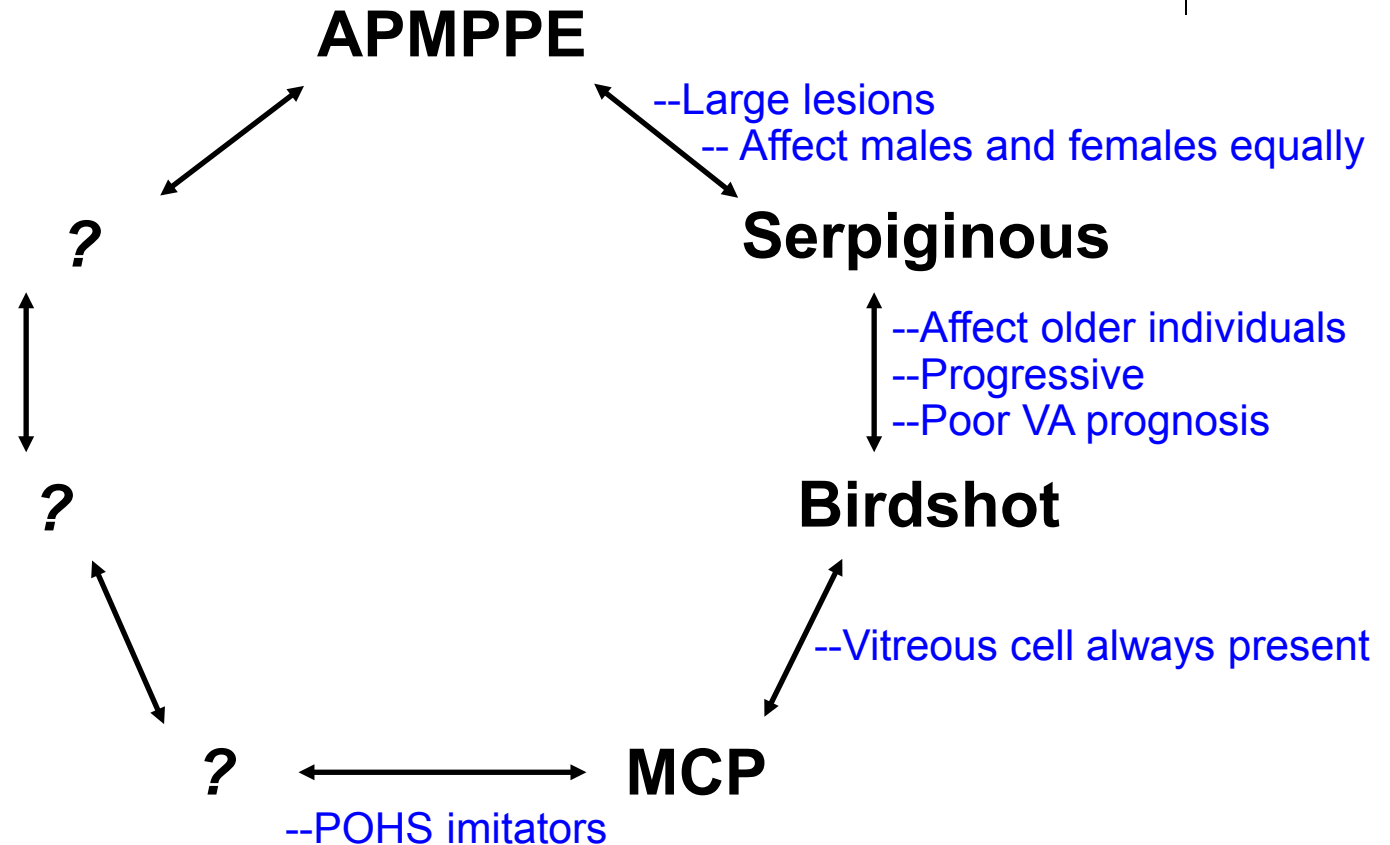
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## White Dot Syndromes



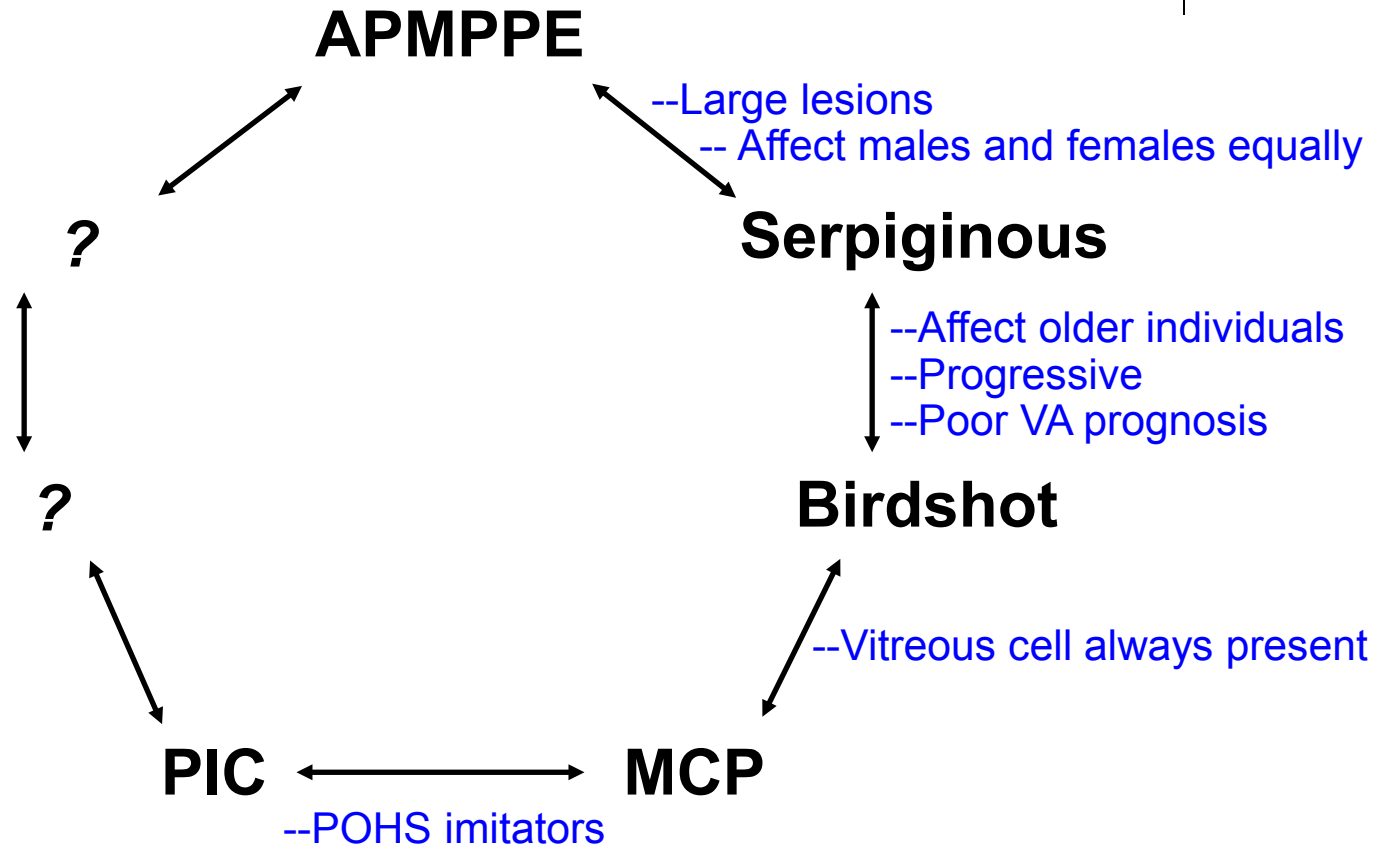
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## White Dot Syndromes



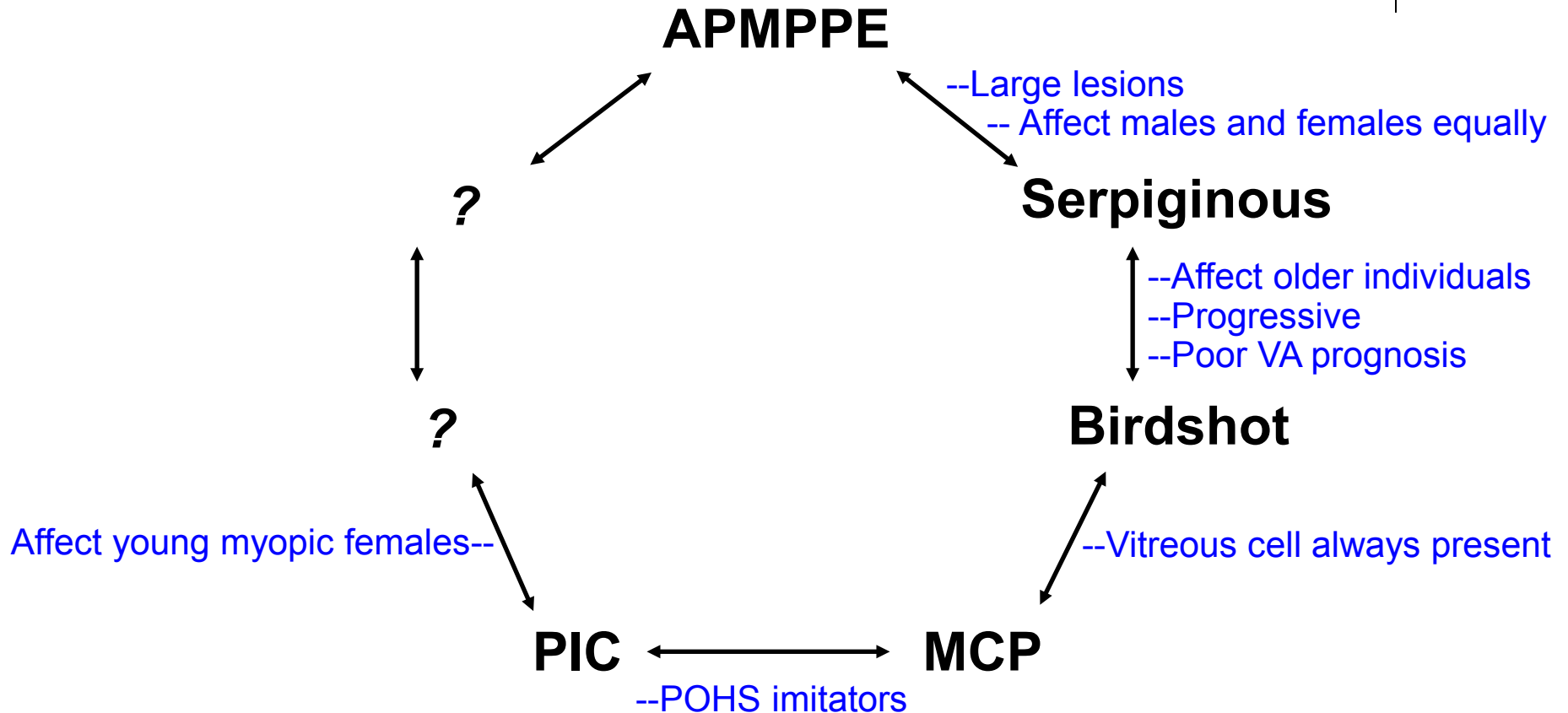
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## White Dot Syndromes



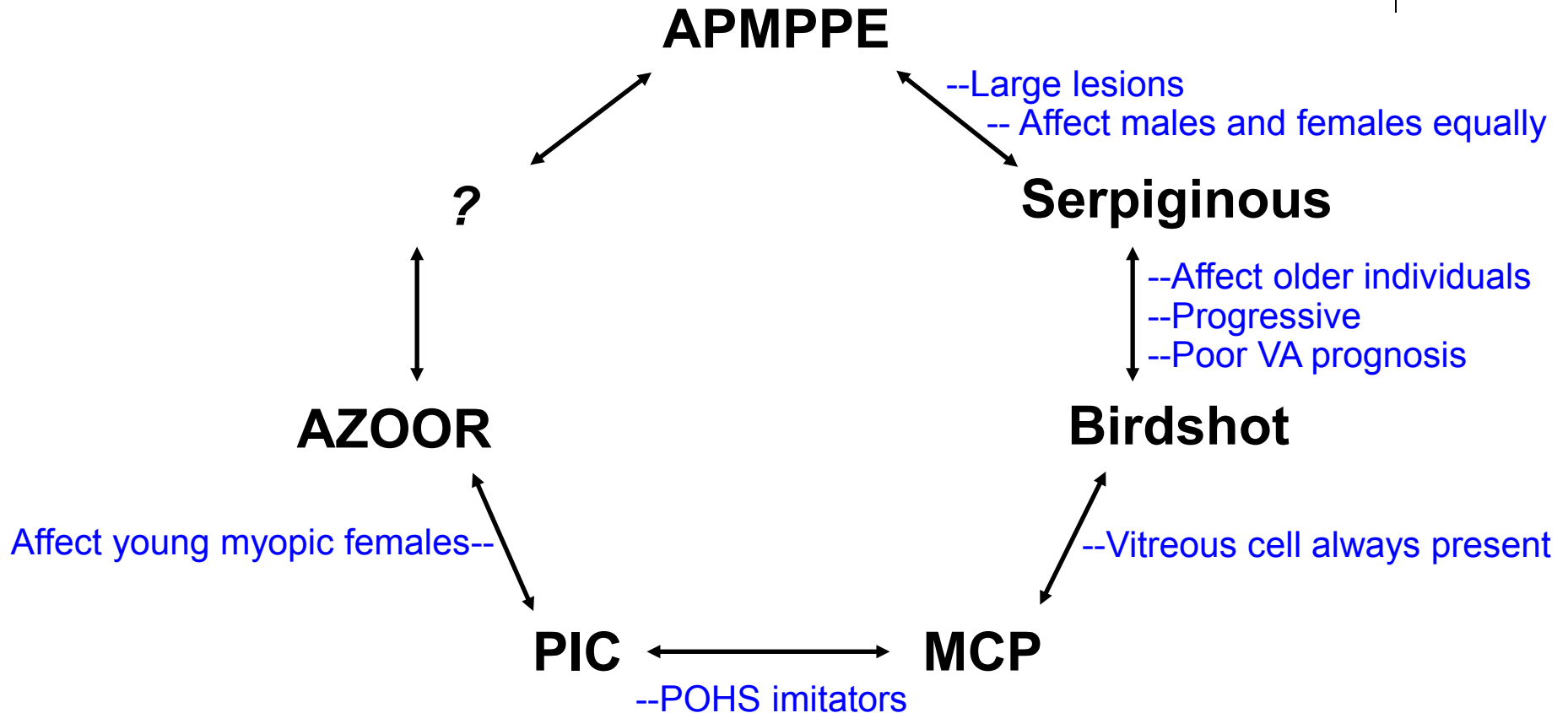
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## White Dot Syndromes



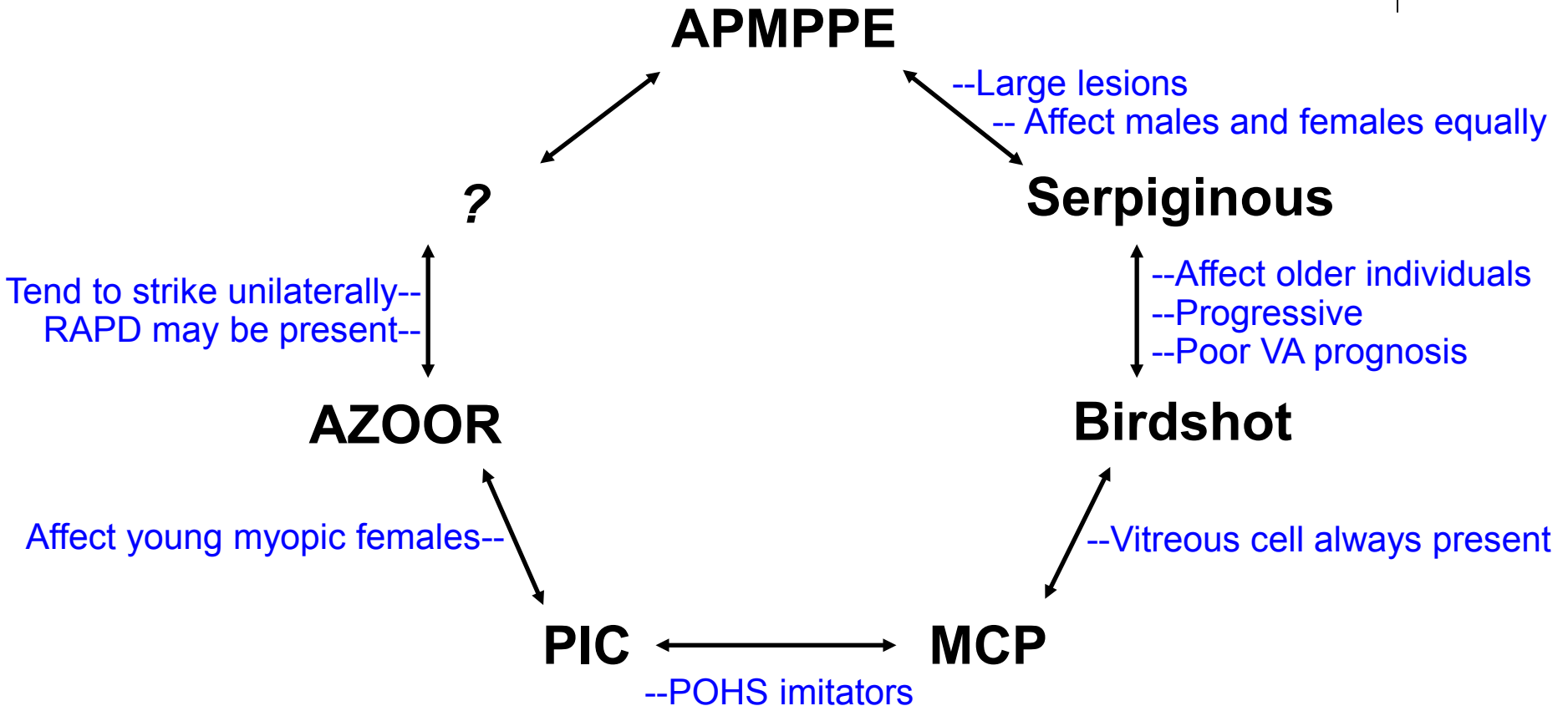
A

## White Dot Syndromes

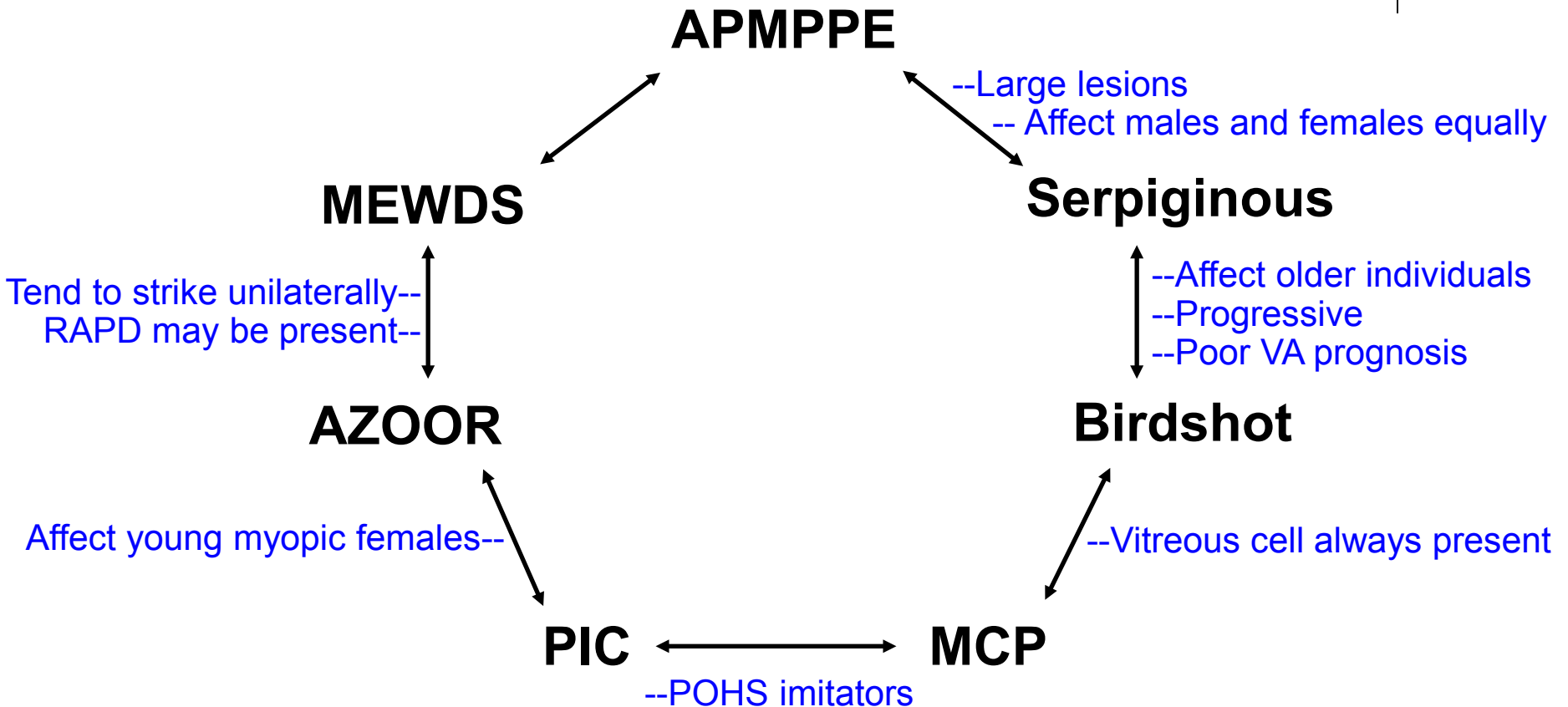


Q

## White Dot Syndromes

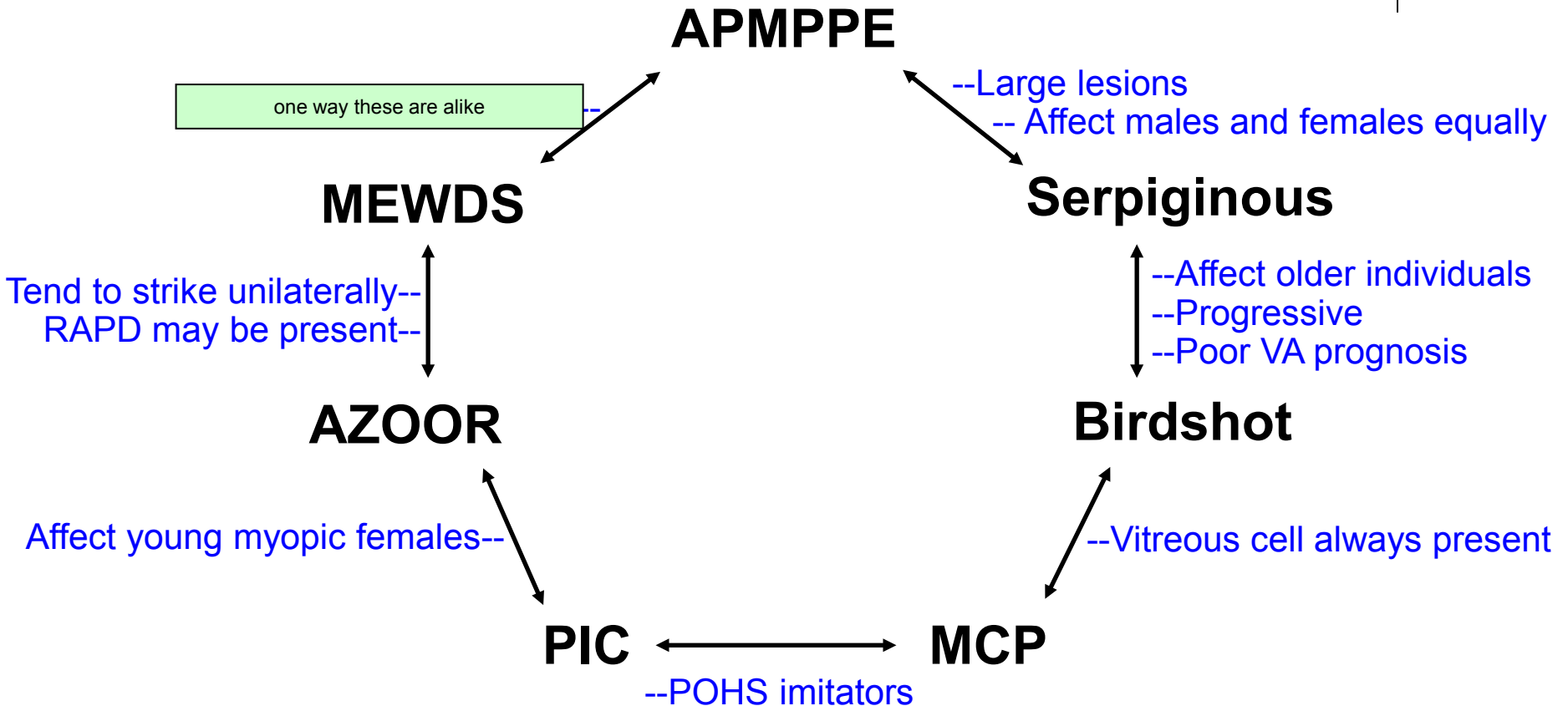
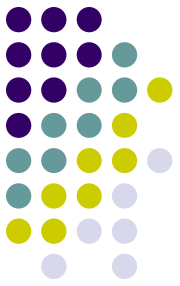


# White Dot Syndromes



Q

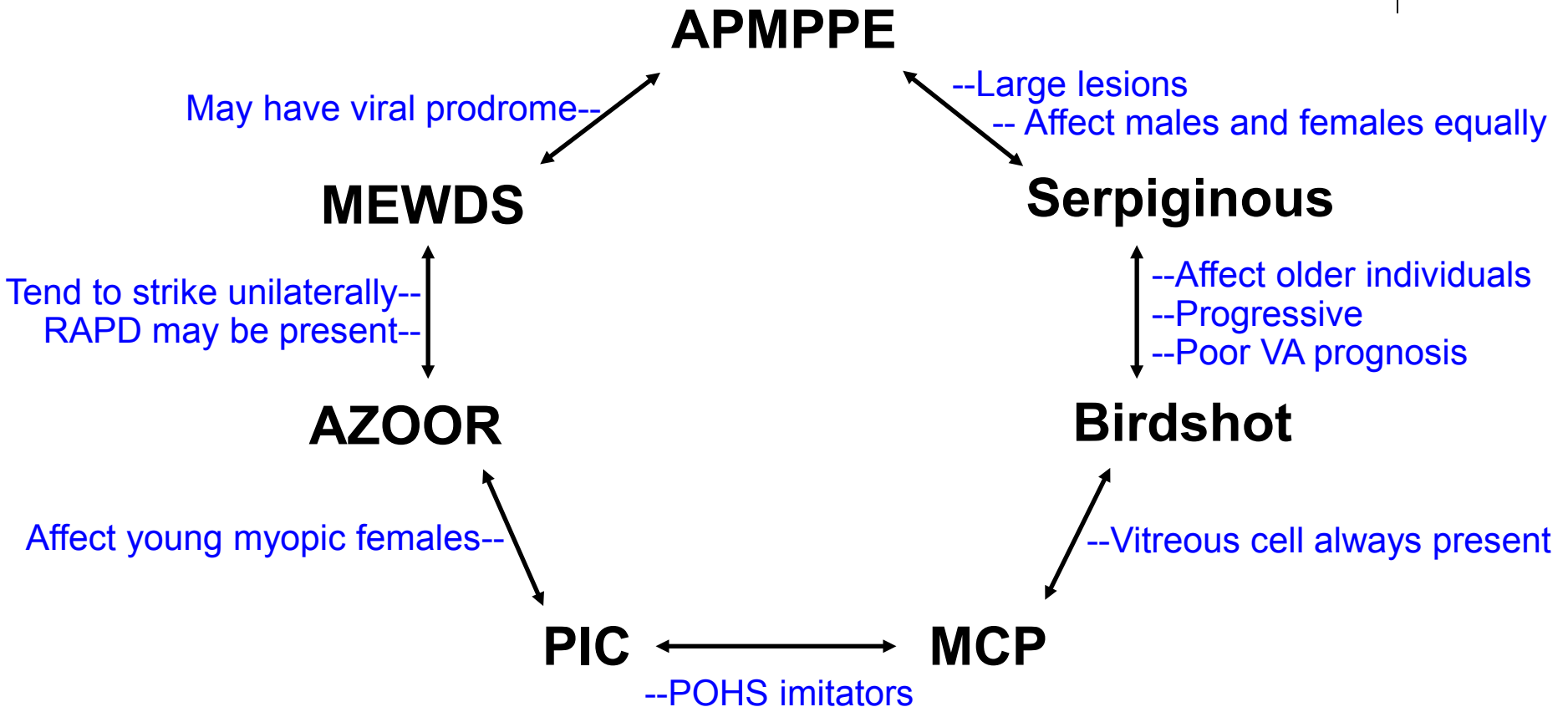
## White Dot Syndromes

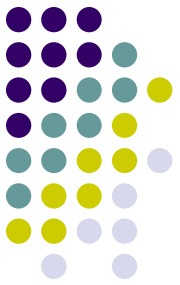




A

## White Dot Syndromes

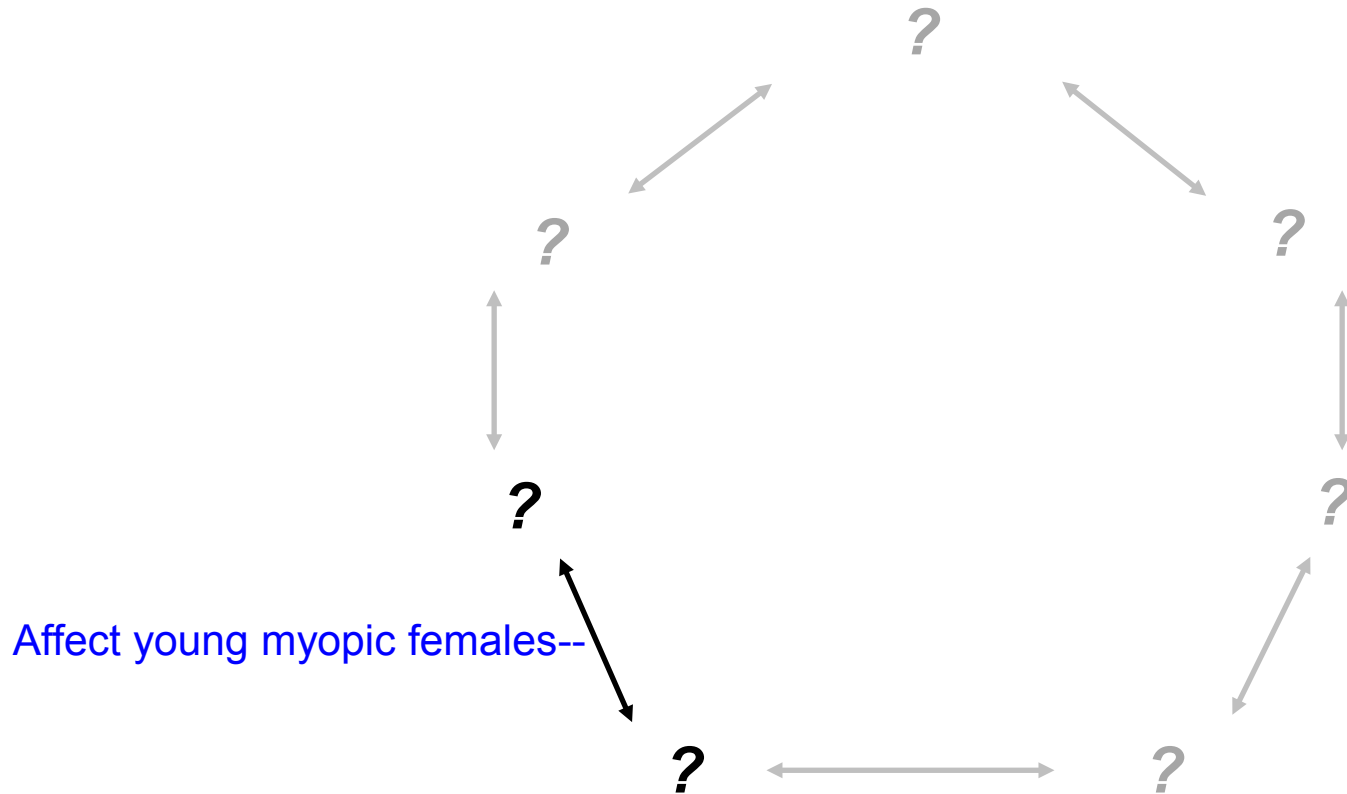
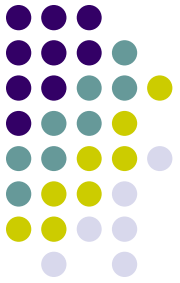




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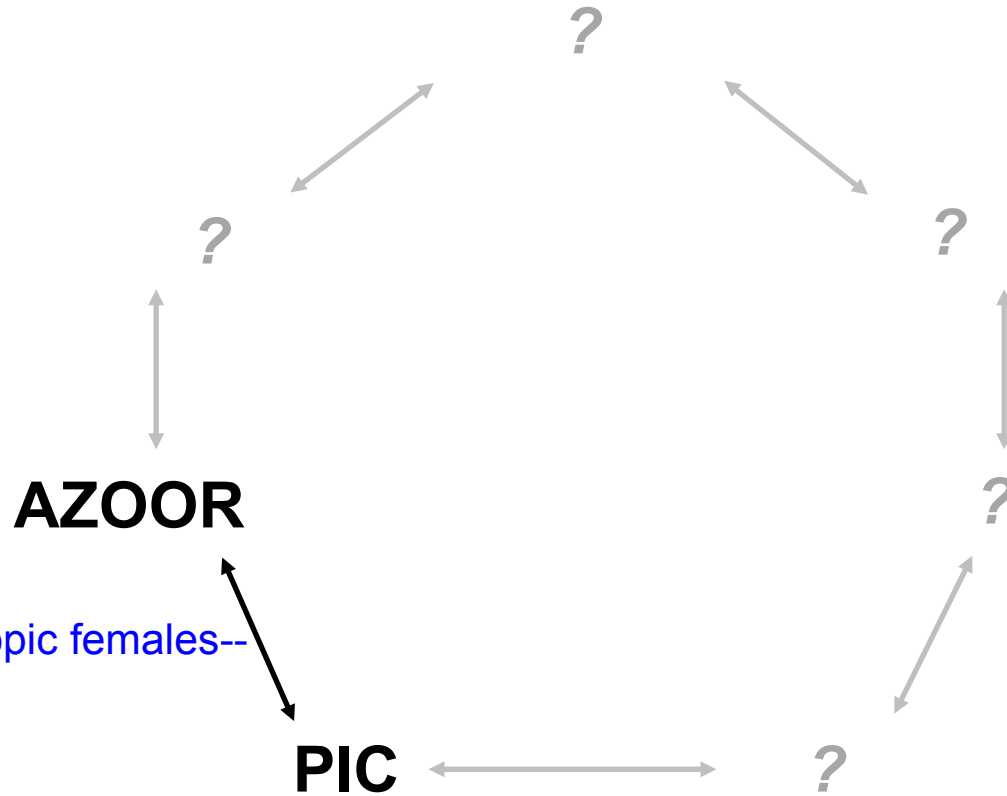
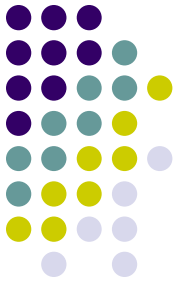
Q

## White Dot Syndromes



A

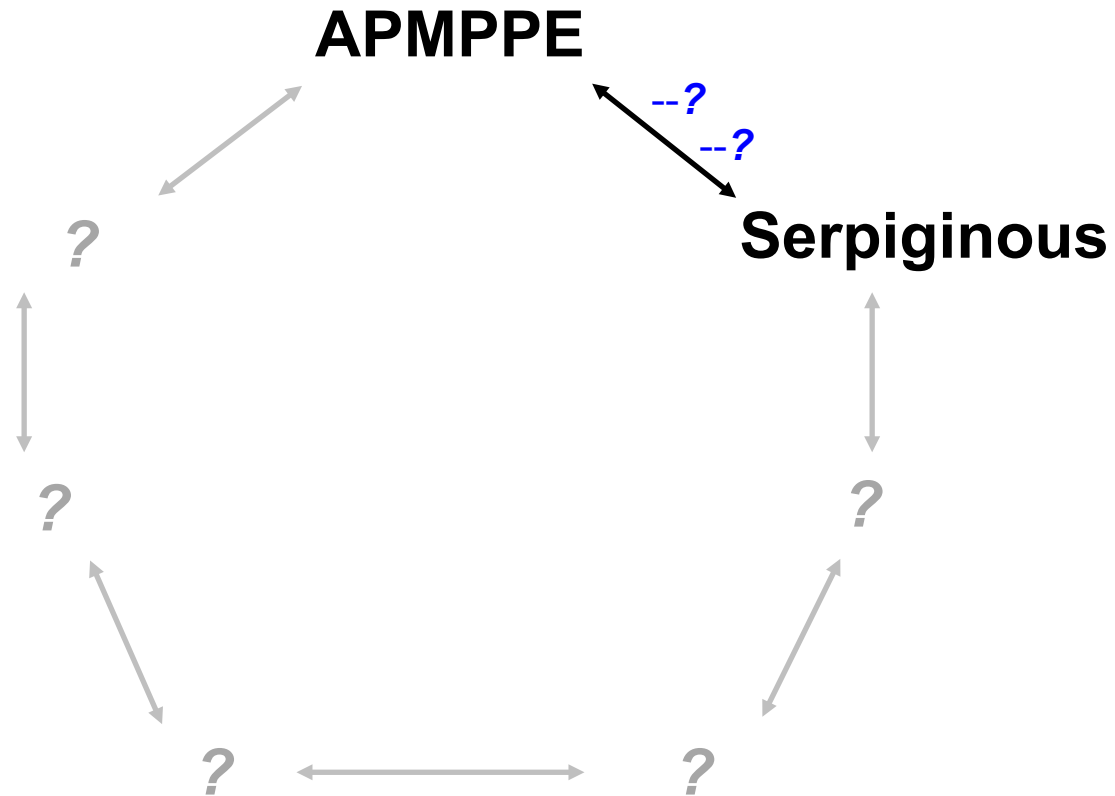
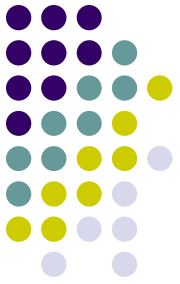
## White Dot Syndromes



Affect young myopic females--

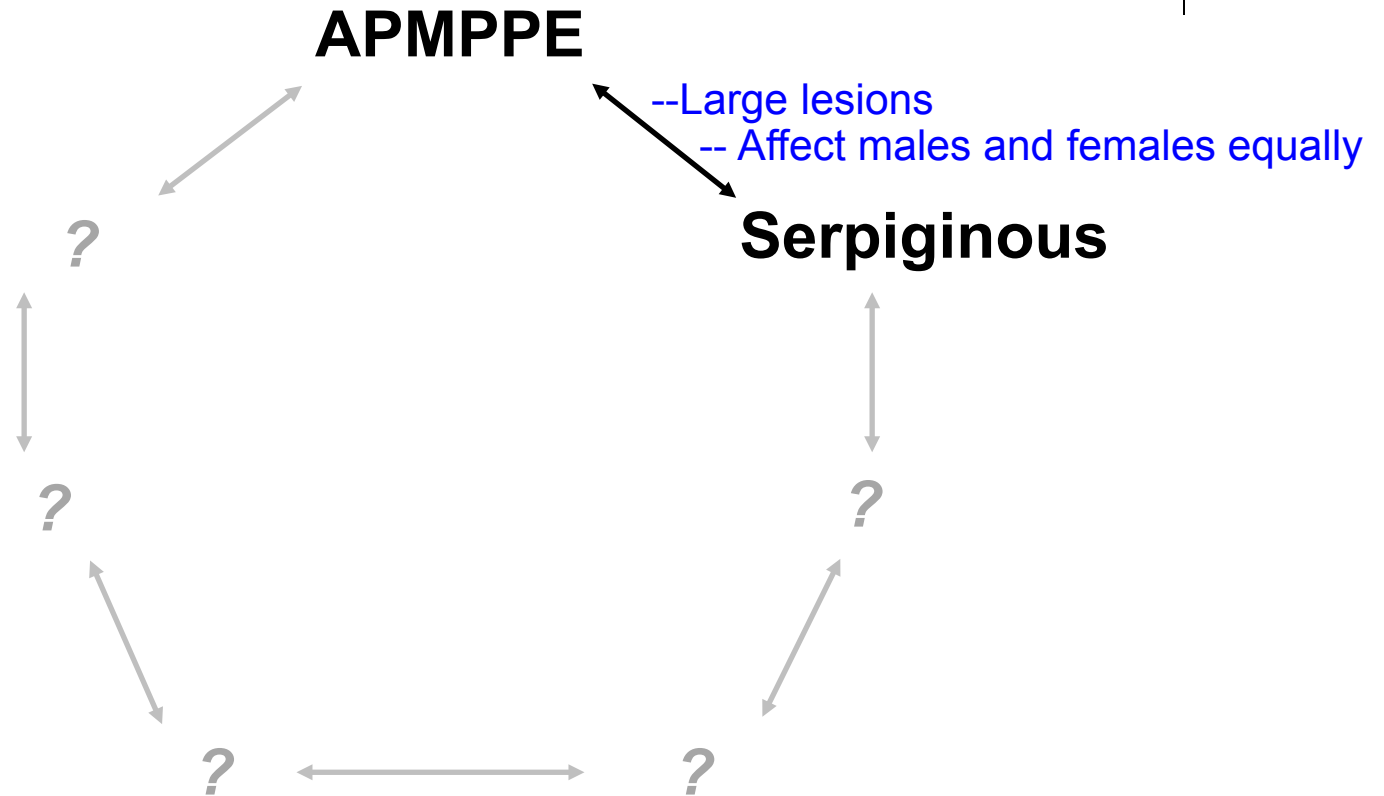
Q

## White Dot Syndromes



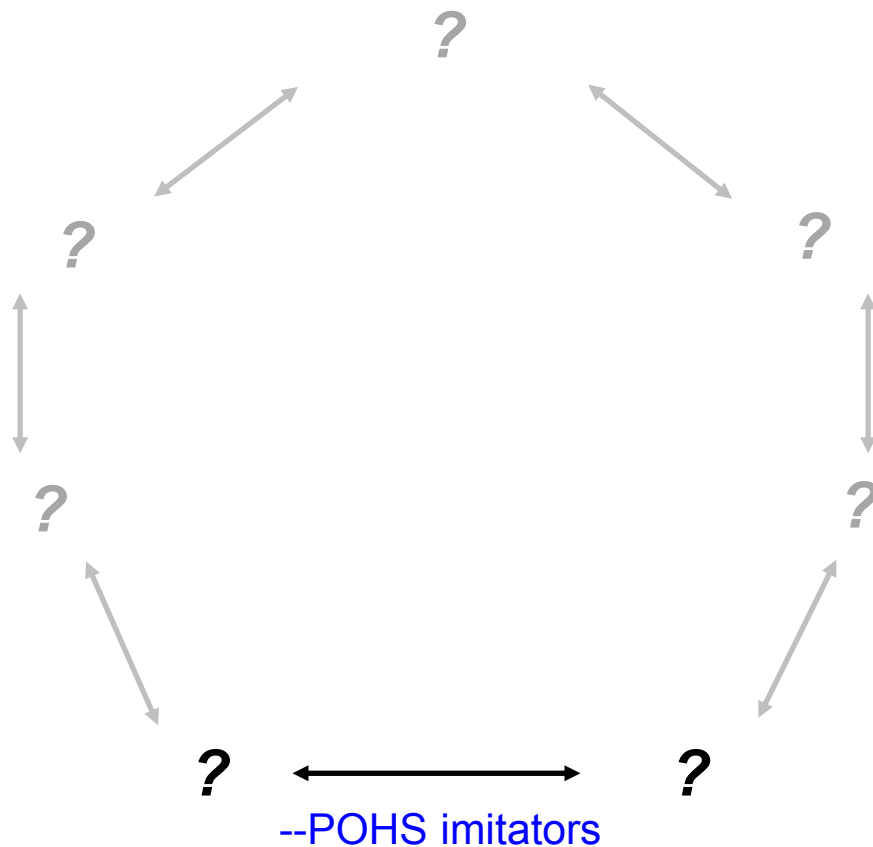
A

## White Dot Syndromes



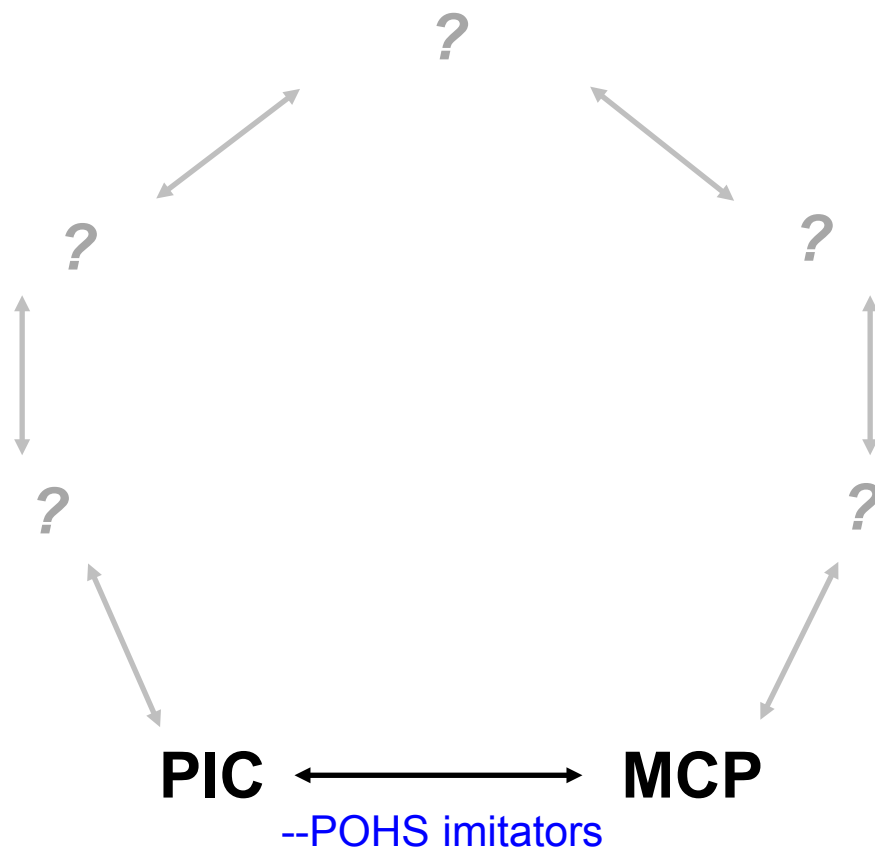
Q

## White Dot Syndromes



A

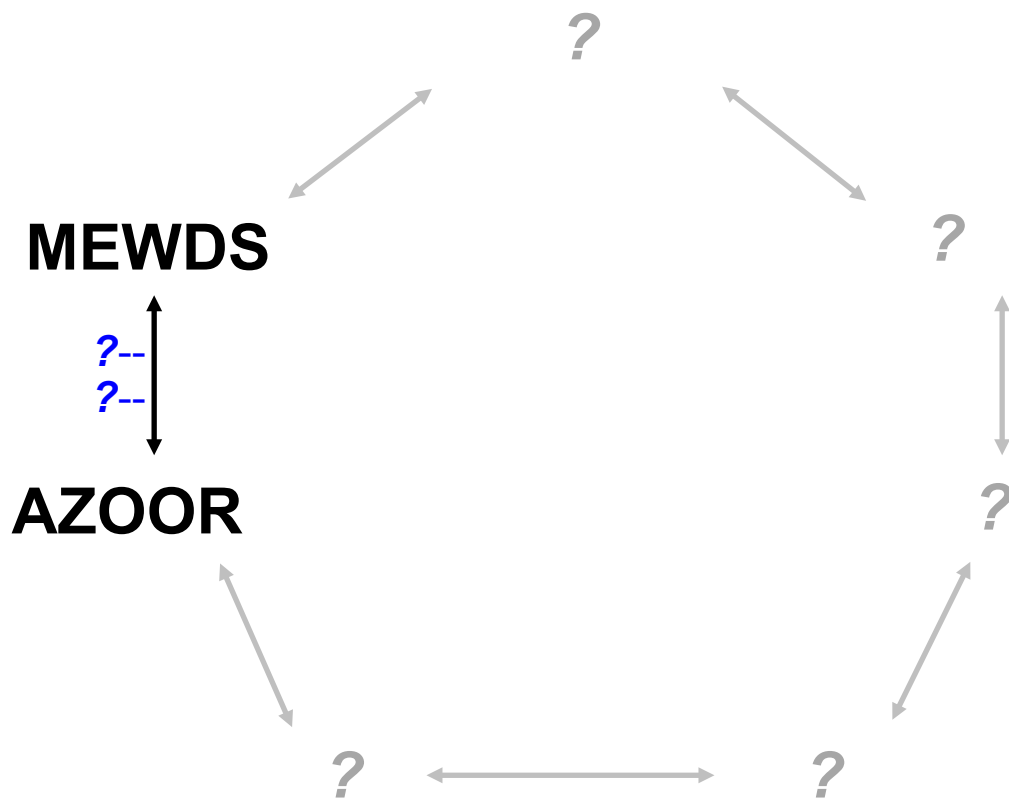
## White Dot Syndromes





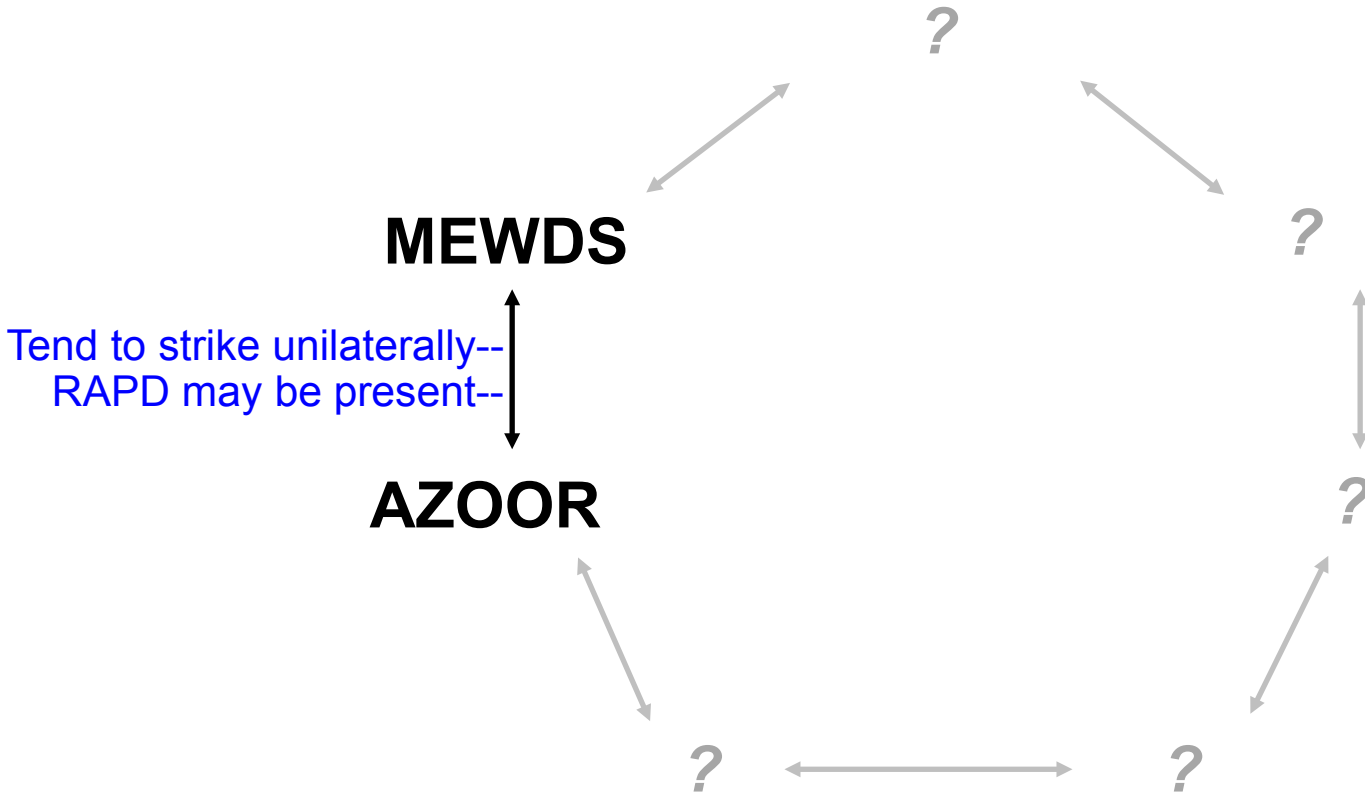
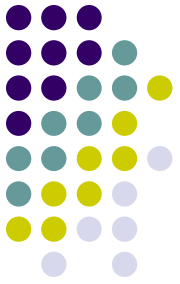
Q

## White Dot Syndromes



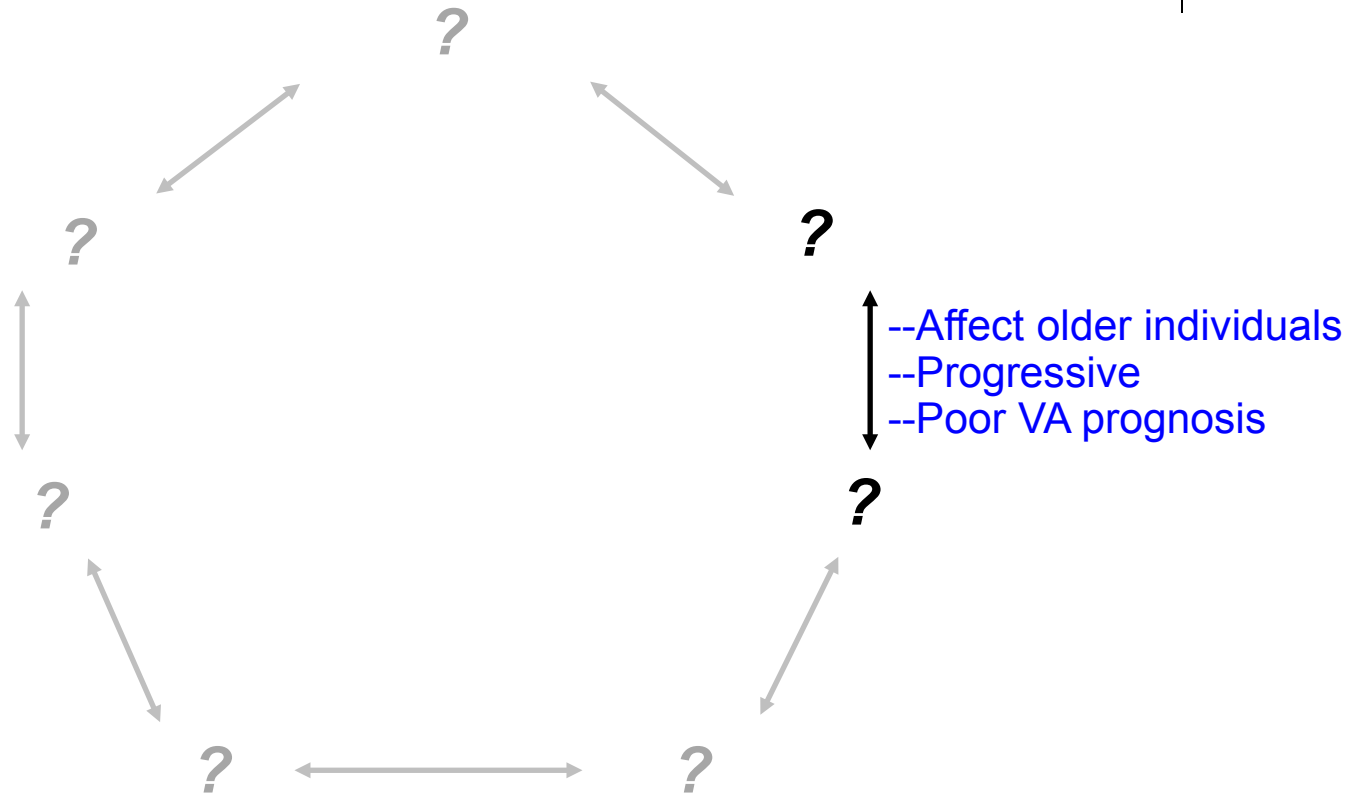
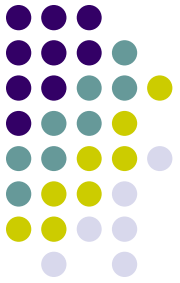
A

## White Dot Syndromes



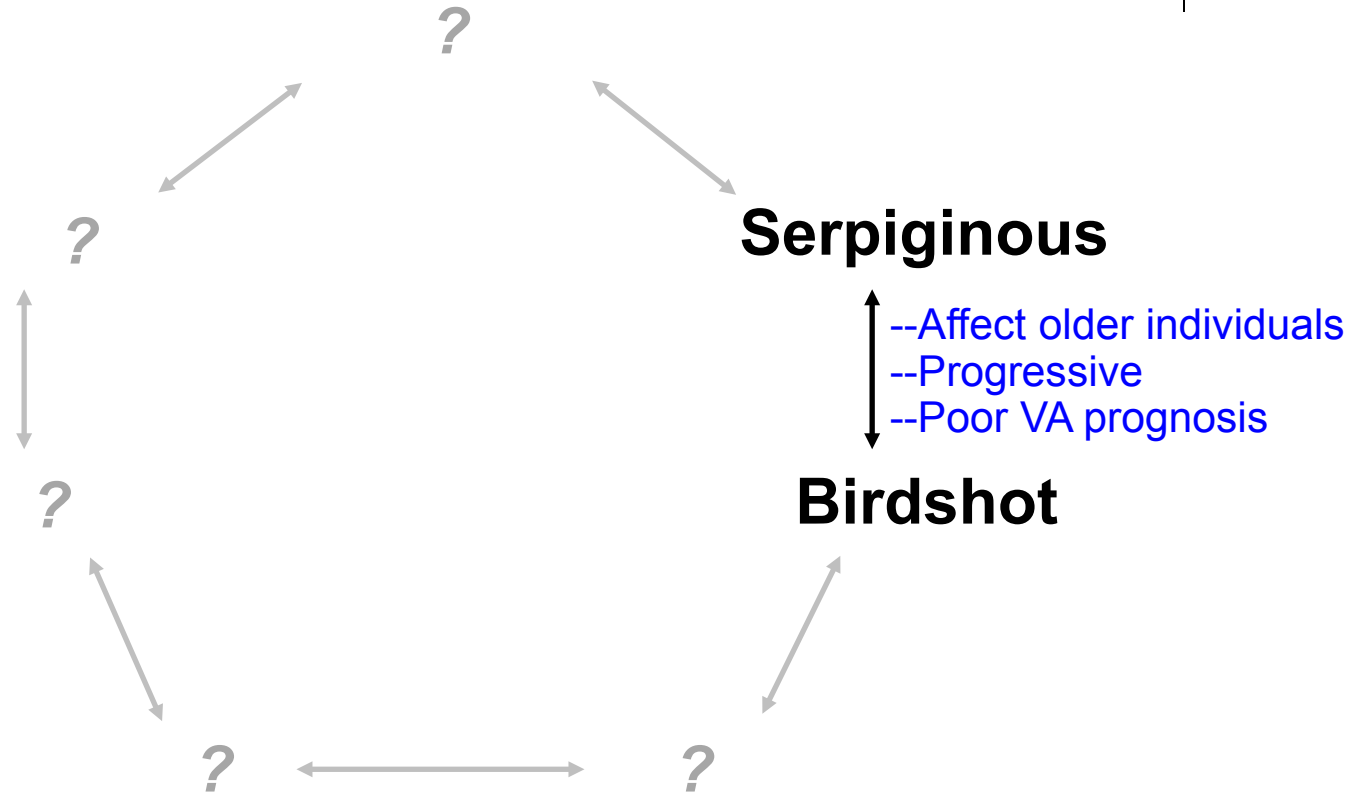
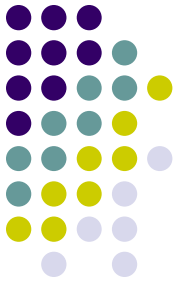
Q

## White Dot Syndromes



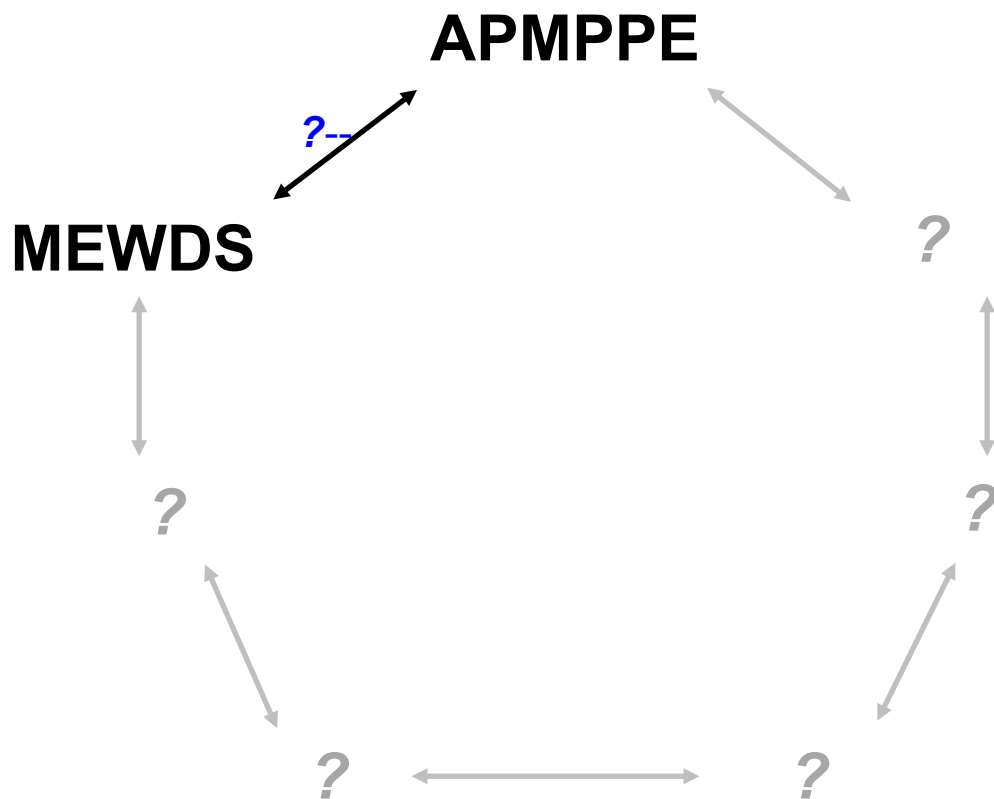
A

## White Dot Syndromes



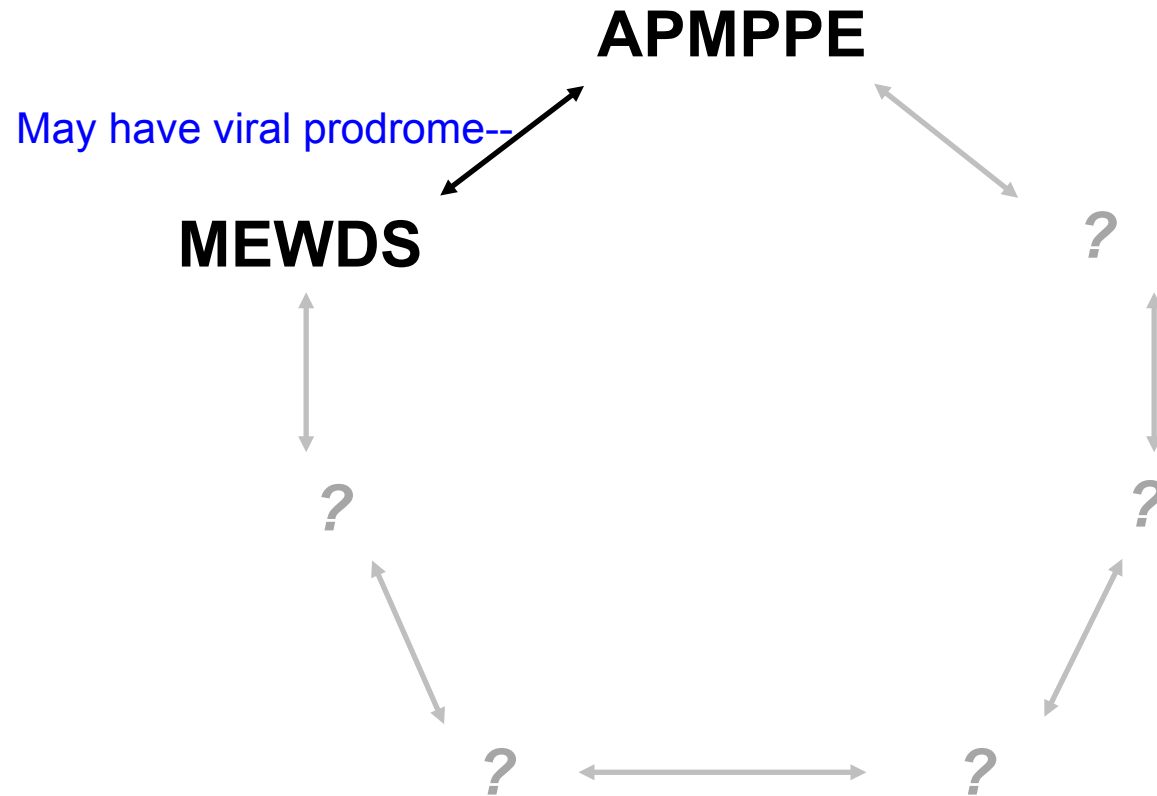
Q

## White Dot Syndromes



A

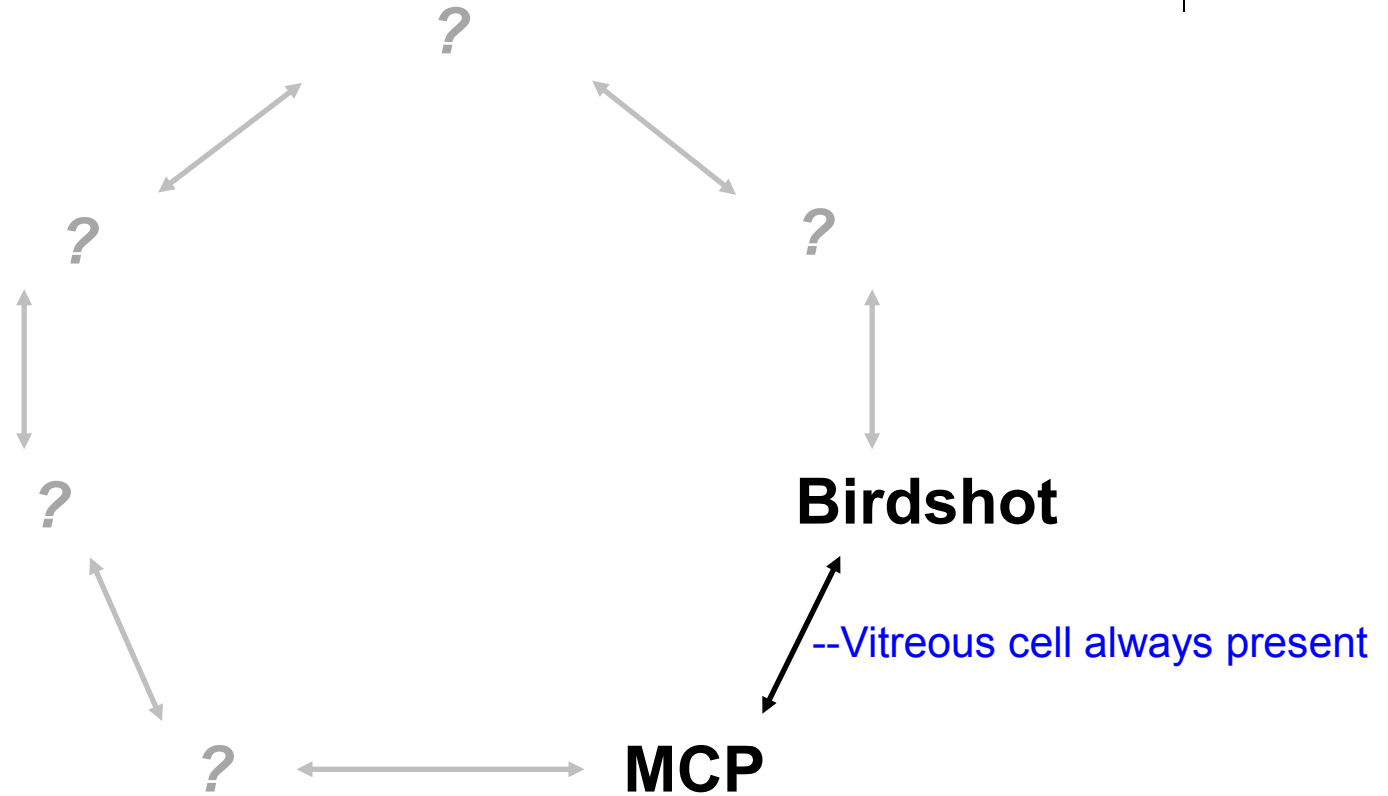
## White Dot Syndromes





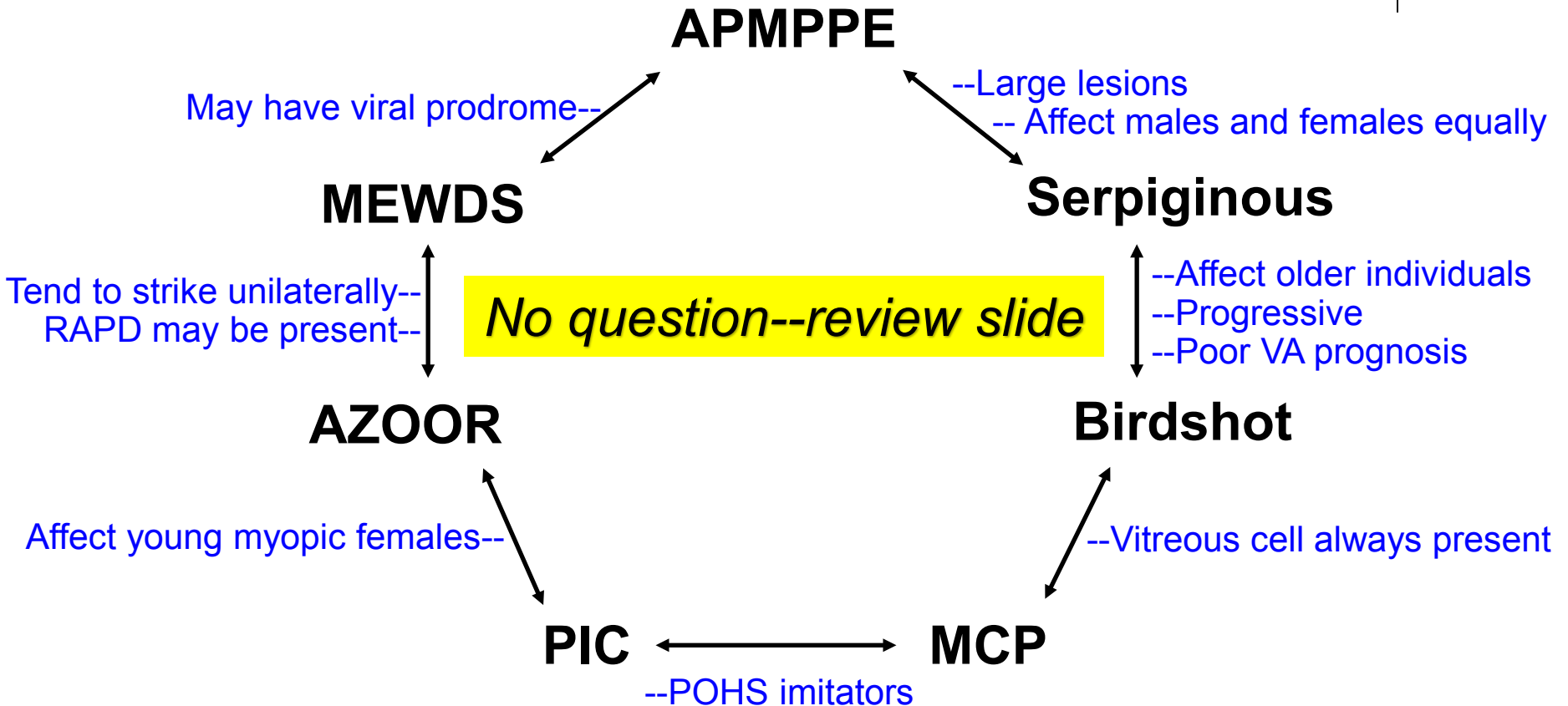
A

## White Dot Syndromes

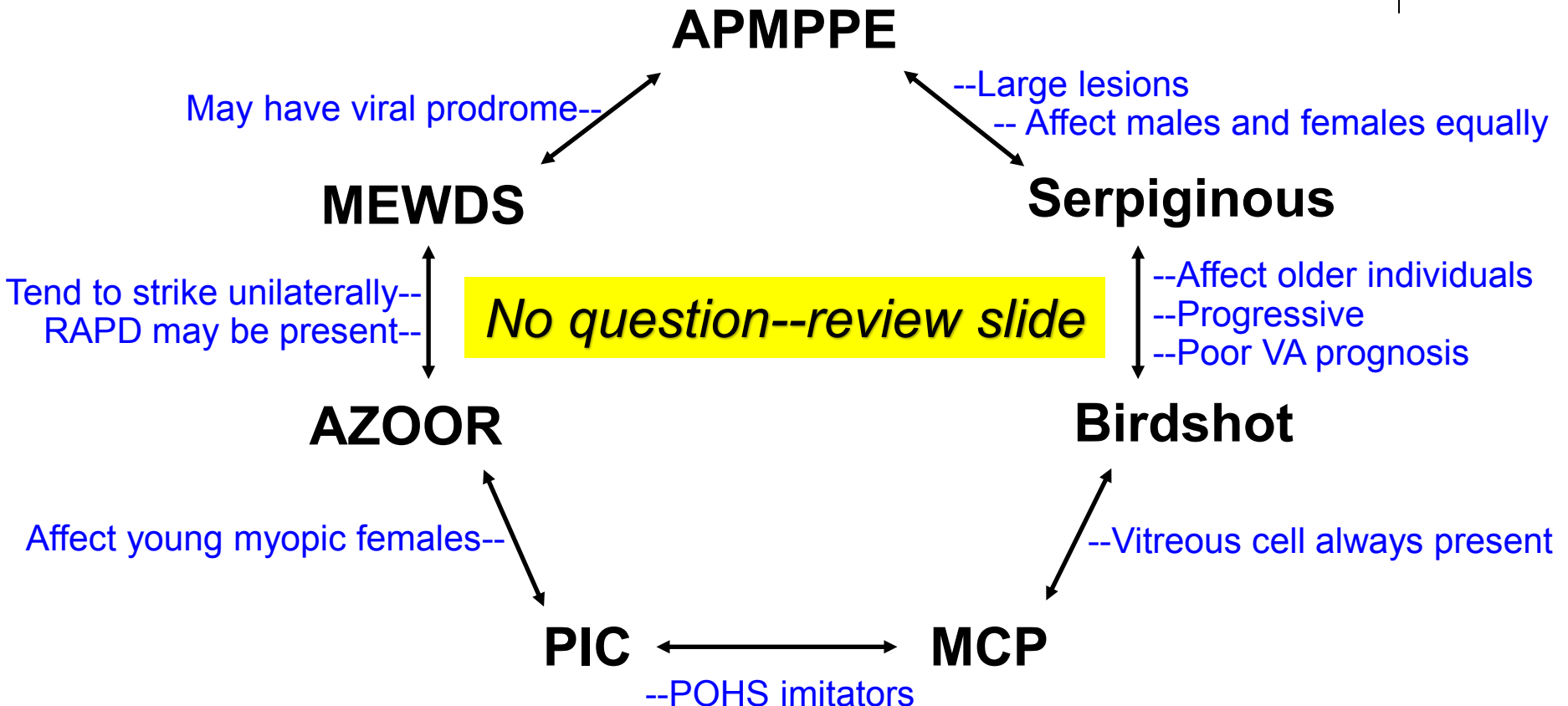




# White Dot Syndromes

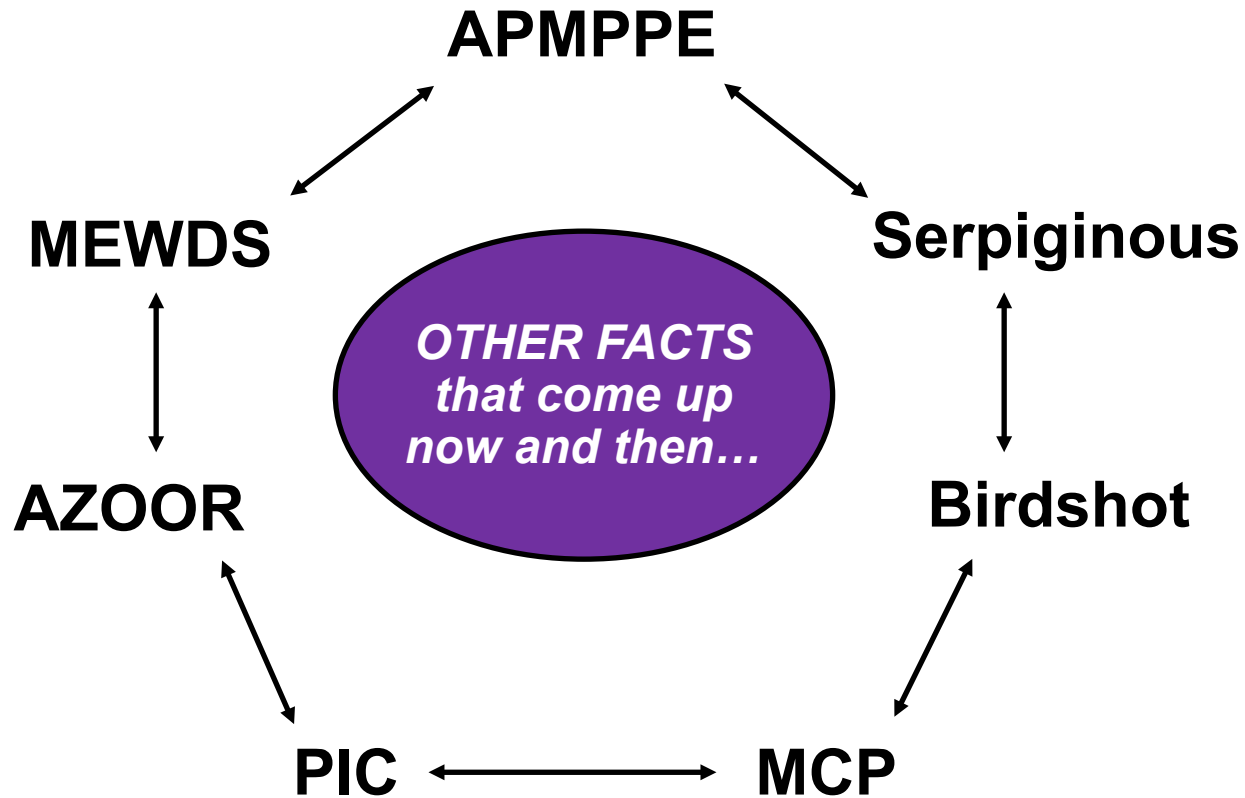
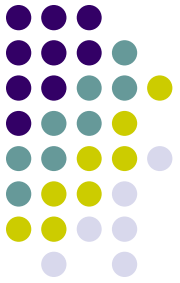


# White Dot Syndromes



(If, at this point, you're getting annoyed because we're repeating facts you feel you've mastered... *You're welcome!*)

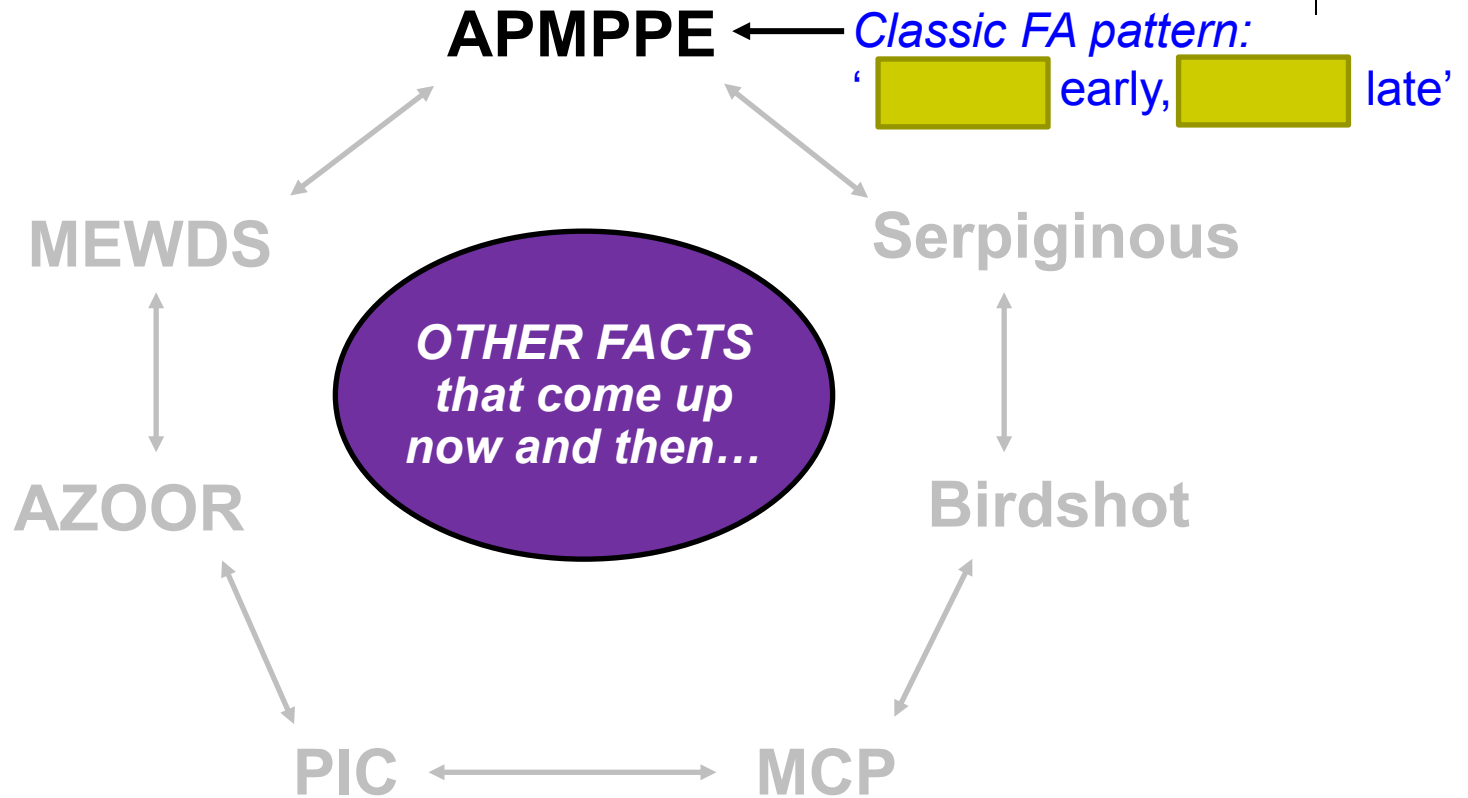
## White Dot Syndromes



*(No question yet—proceed when ready)*

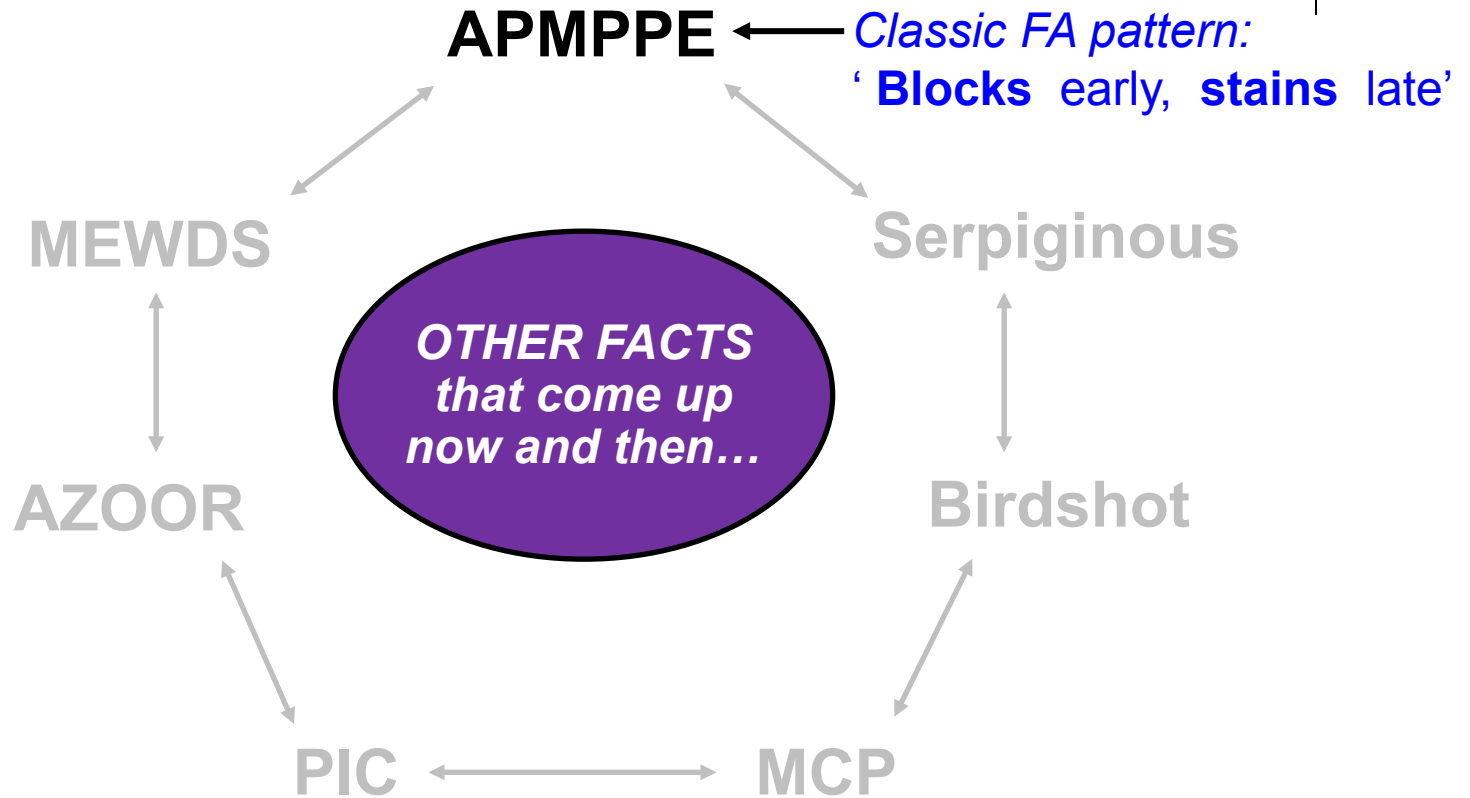
Q

## White Dot Syndromes

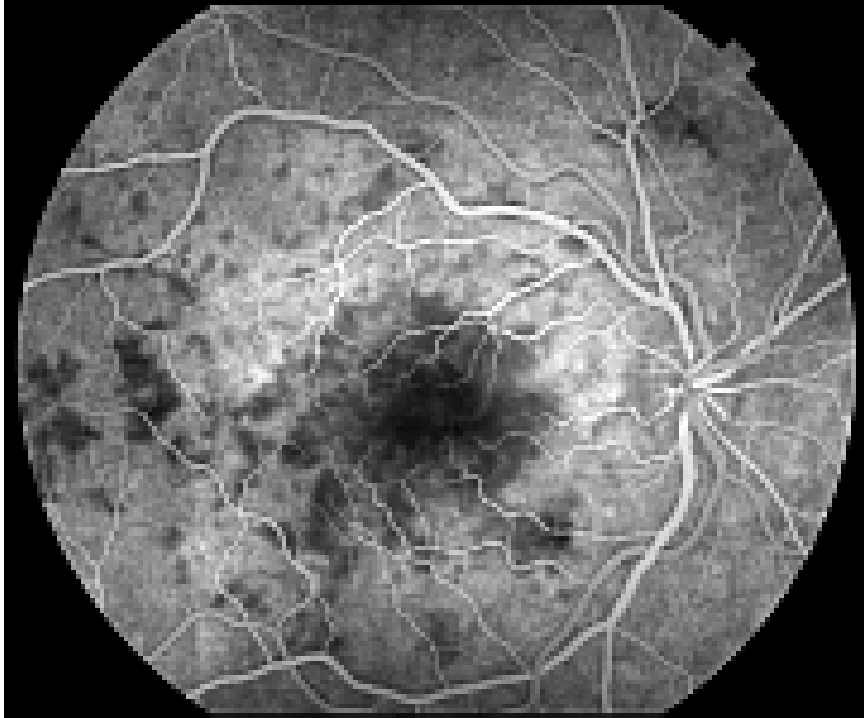


A

## White Dot Syndromes



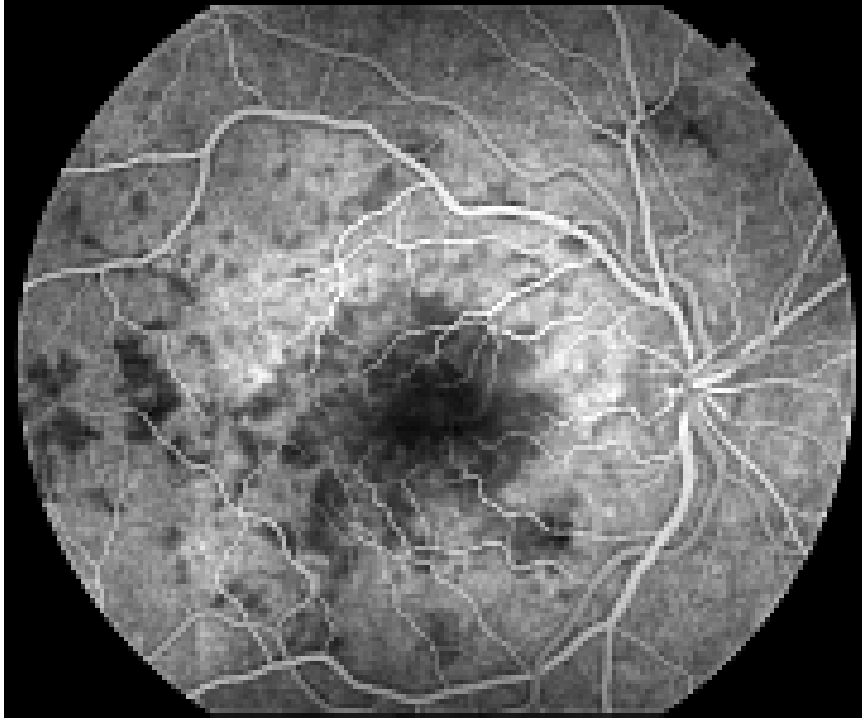
## White Dot Syndromes



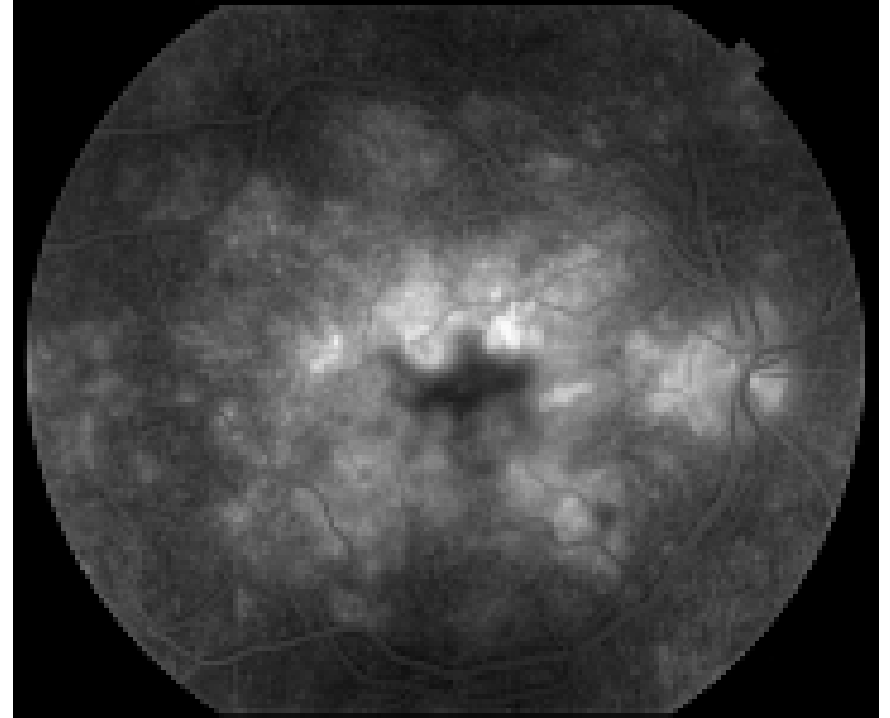
*Blocks early...*

APMPPE: FA

## White Dot Syndromes



*Blocks early...*

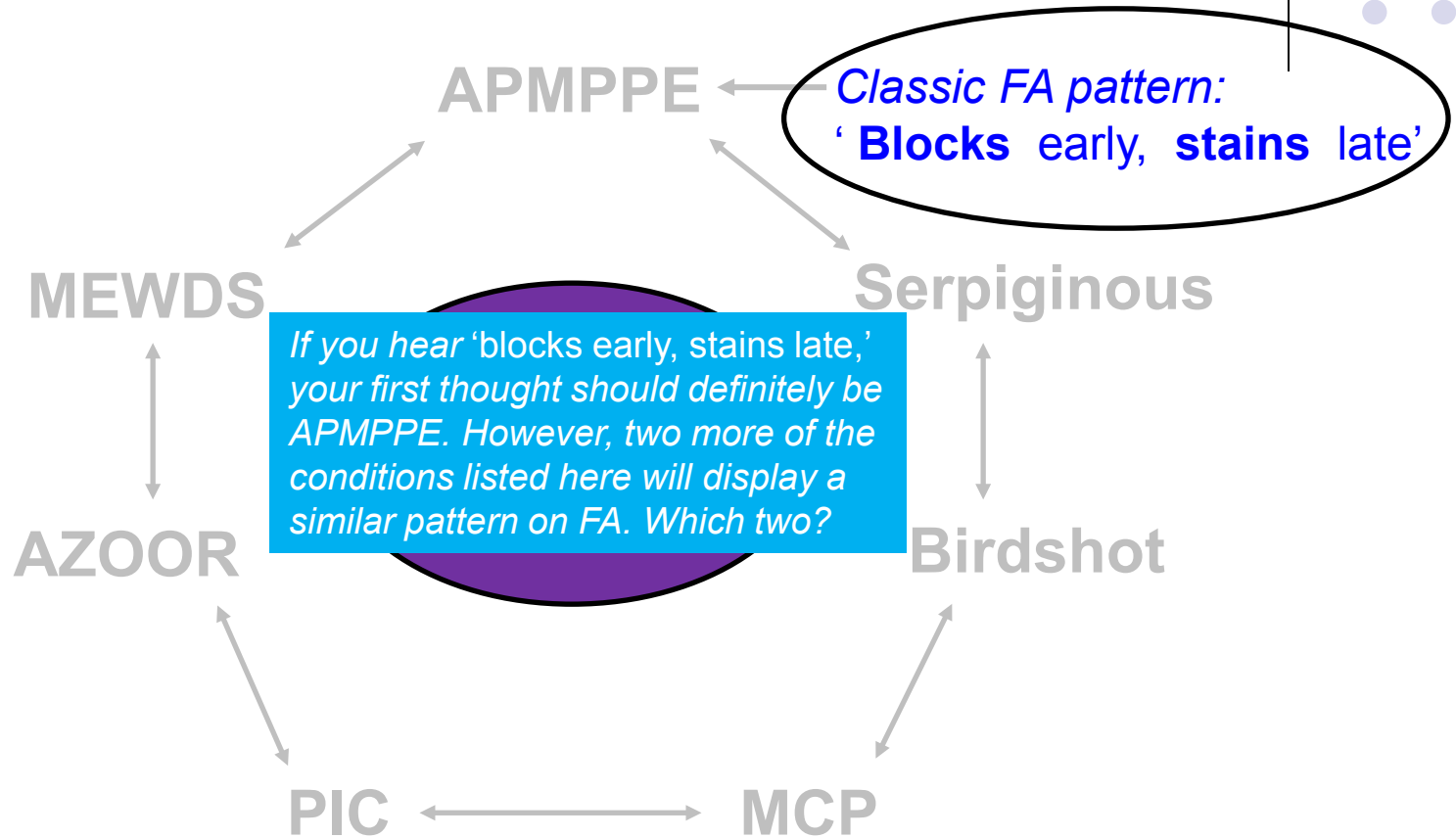
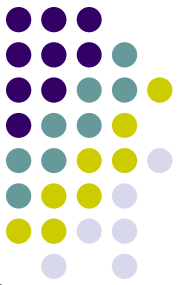


*...stains late*

APMPPE: FA

Q

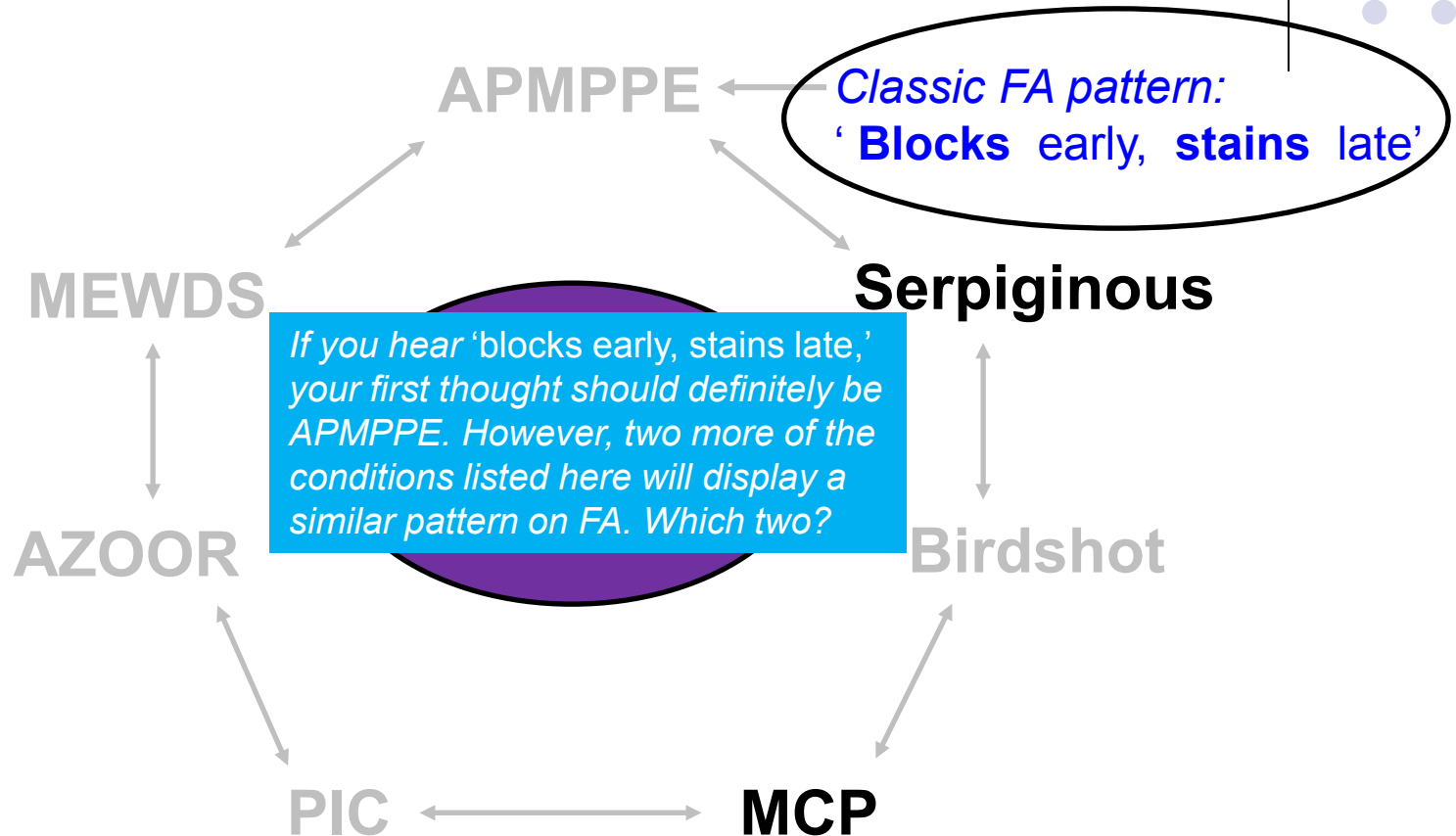
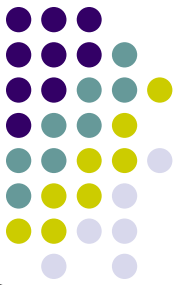
## White Dot Syndromes





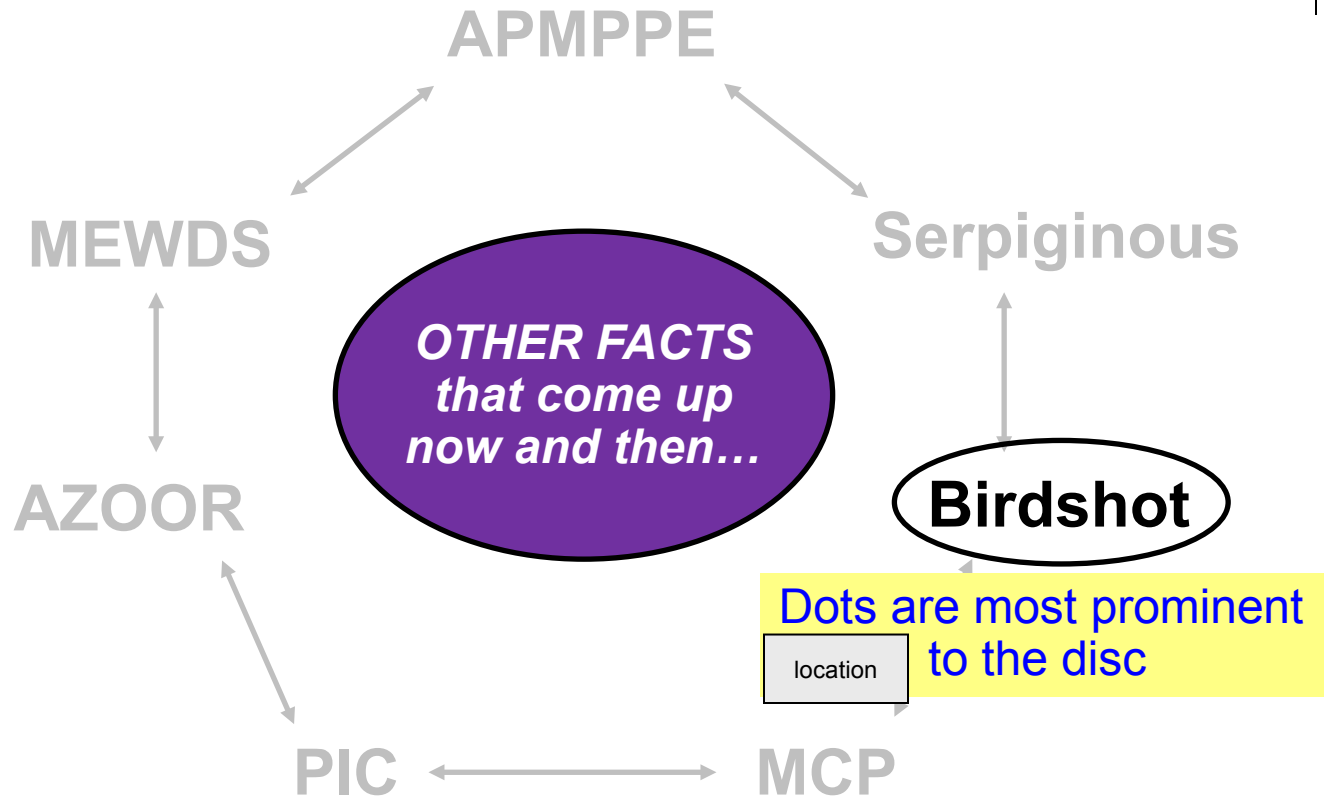
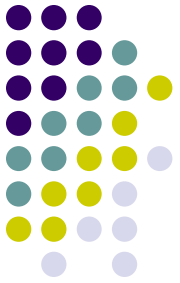
# A

## White Dot Syndromes



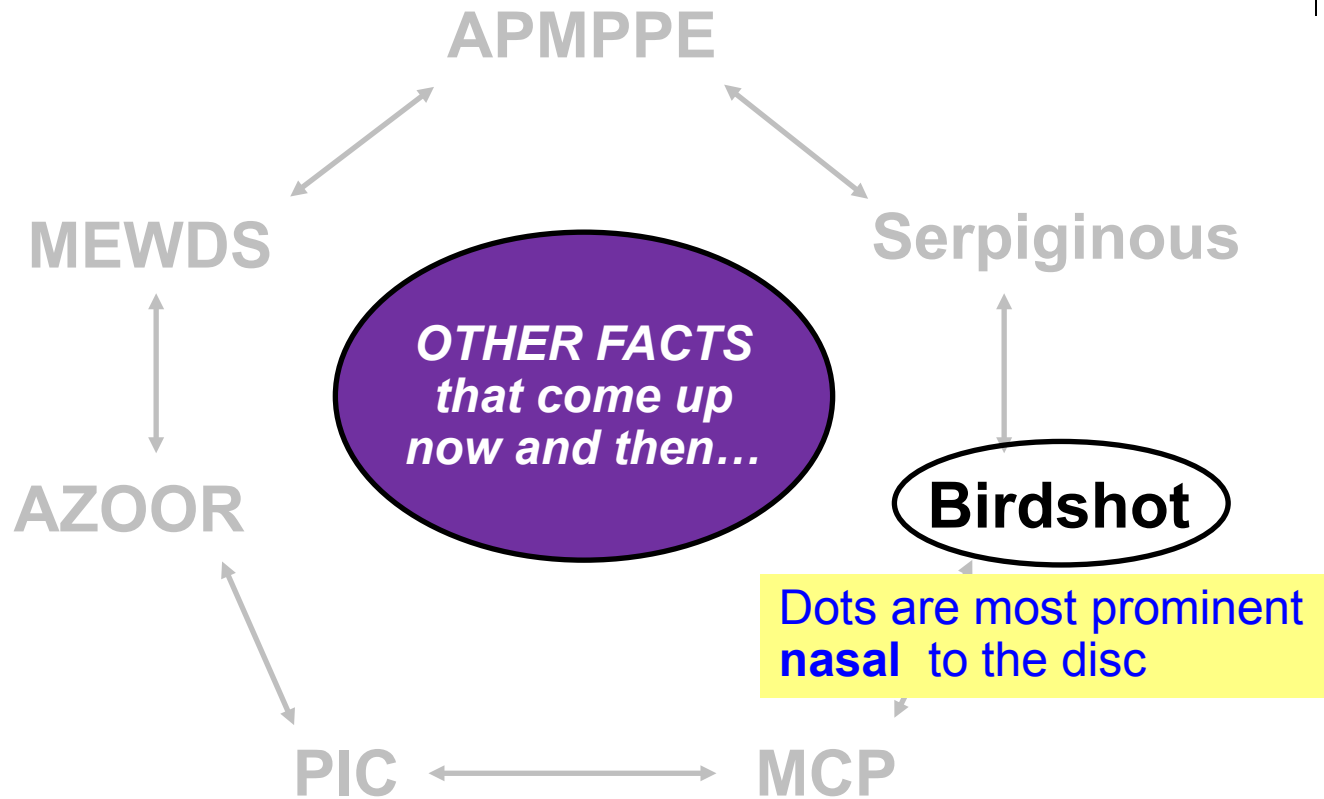
Q

## White Dot Syndromes

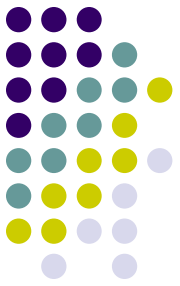


A

## White Dot Syndromes



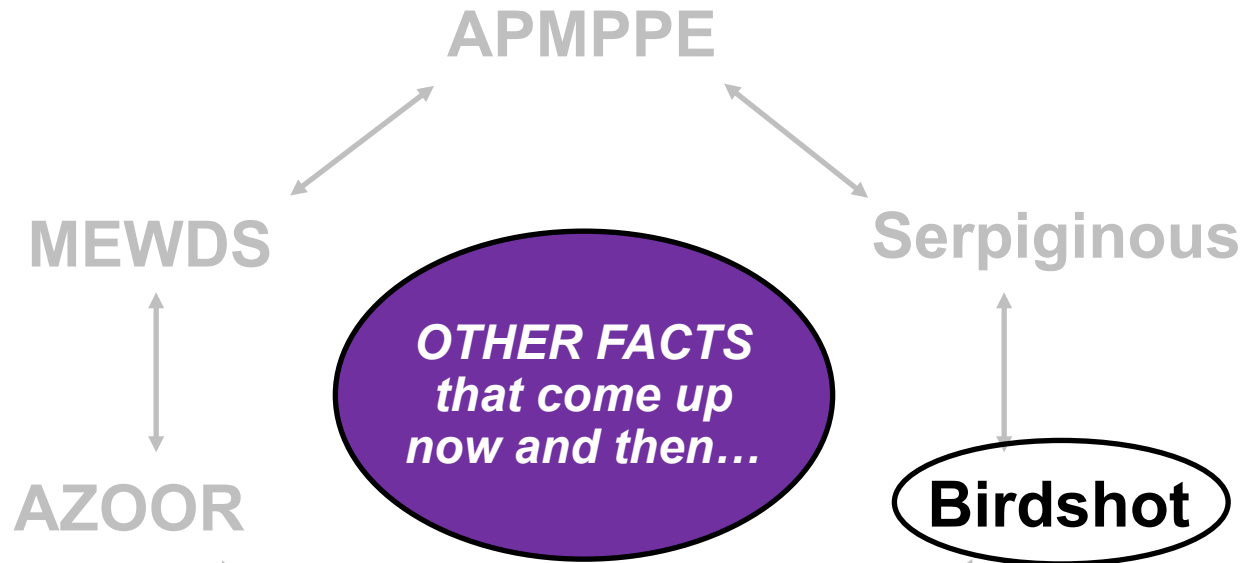
## White Dot Syndromes



Birdshot: Dots nasal >> temporal

Q

## White Dot Syndromes



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

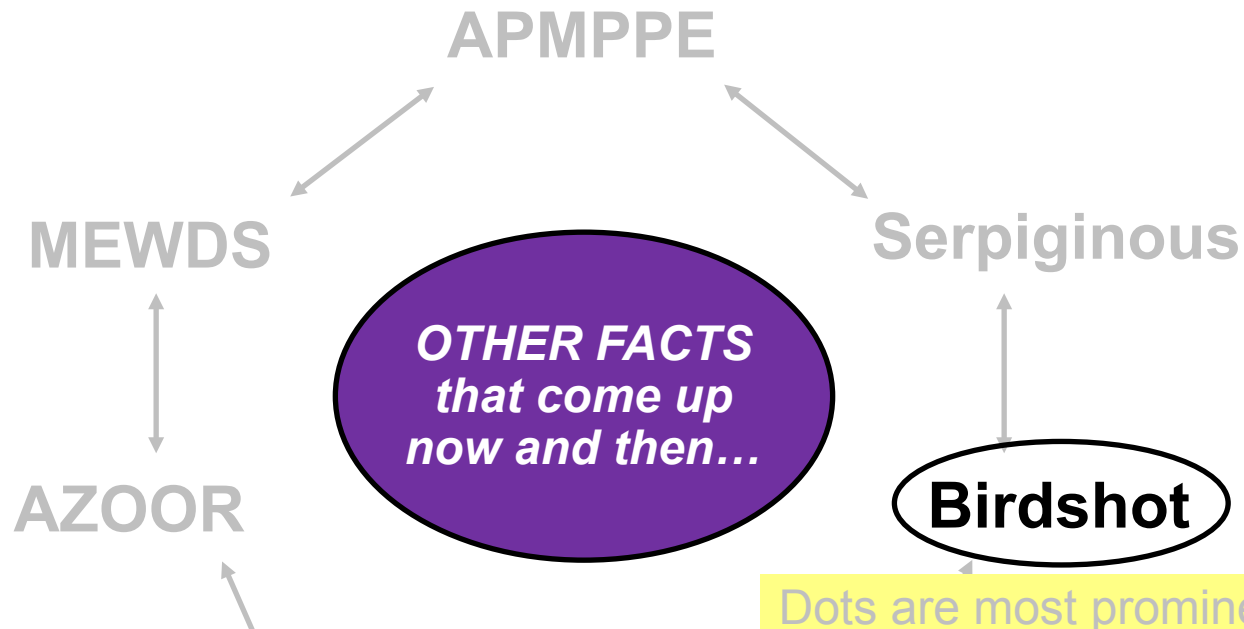
Uveitic

three words

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

# A

## White Dot Syndromes



*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

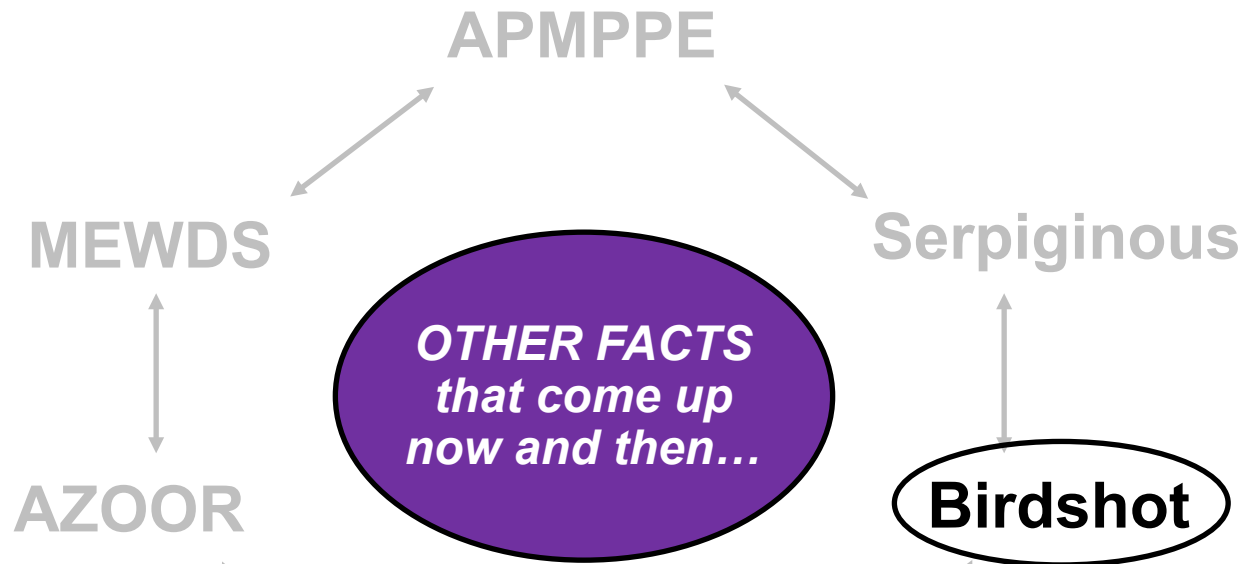
## White Dot Syndromes



Birdshot: CME on FA

Q

## White Dot Syndromes



Dots are most prominent

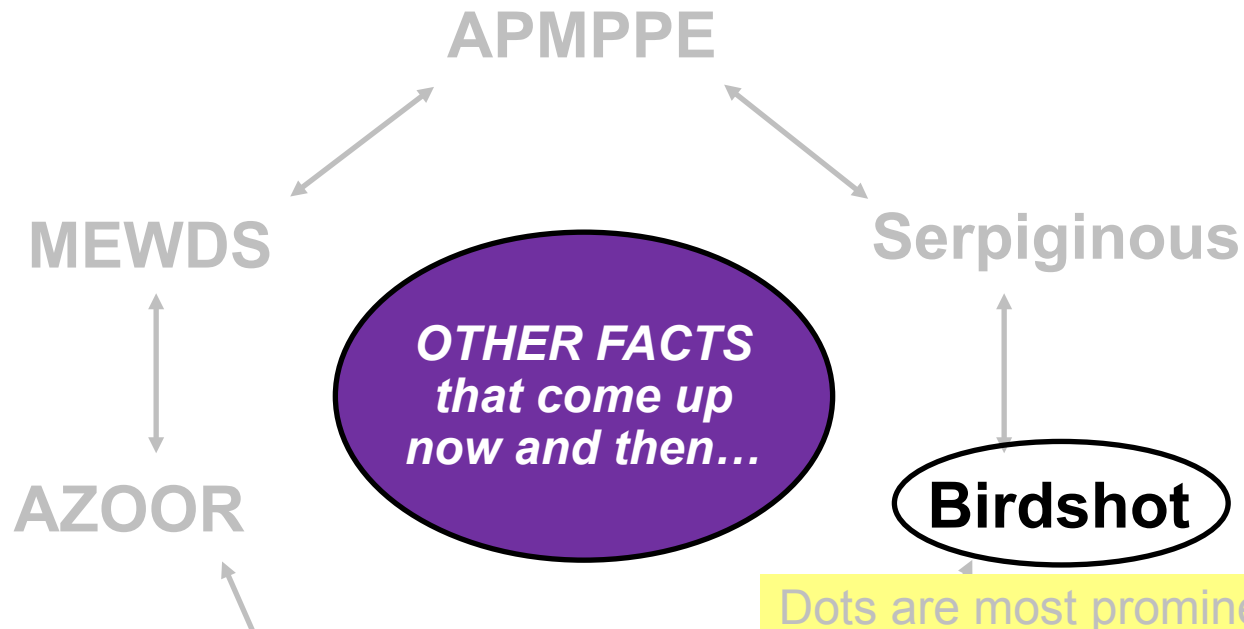
*Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision, What is it?*  
Uveitic cystoid macular edema

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



# A

## White Dot Syndromes

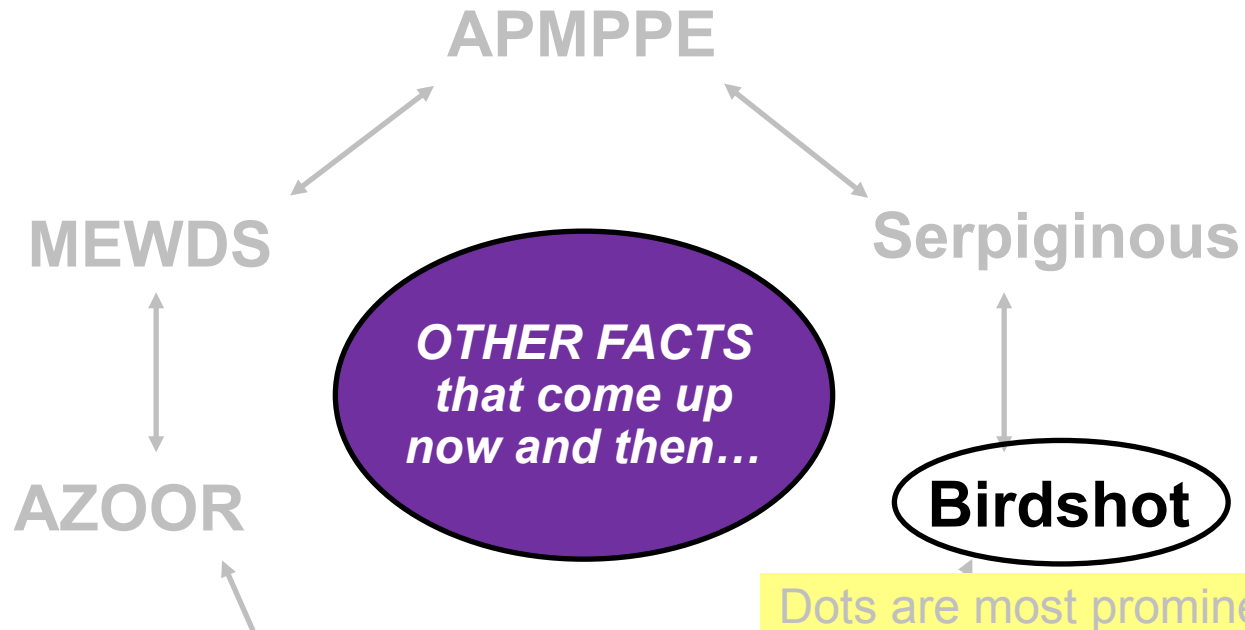


*Birdshot pts are at particular risk of developing a common uveitis complication that produces decreased vision, What is it?*  
Uveitic cystoid macular edema

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

Q

## White Dot Syndromes



Dots are most prominent

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

--CME

--?

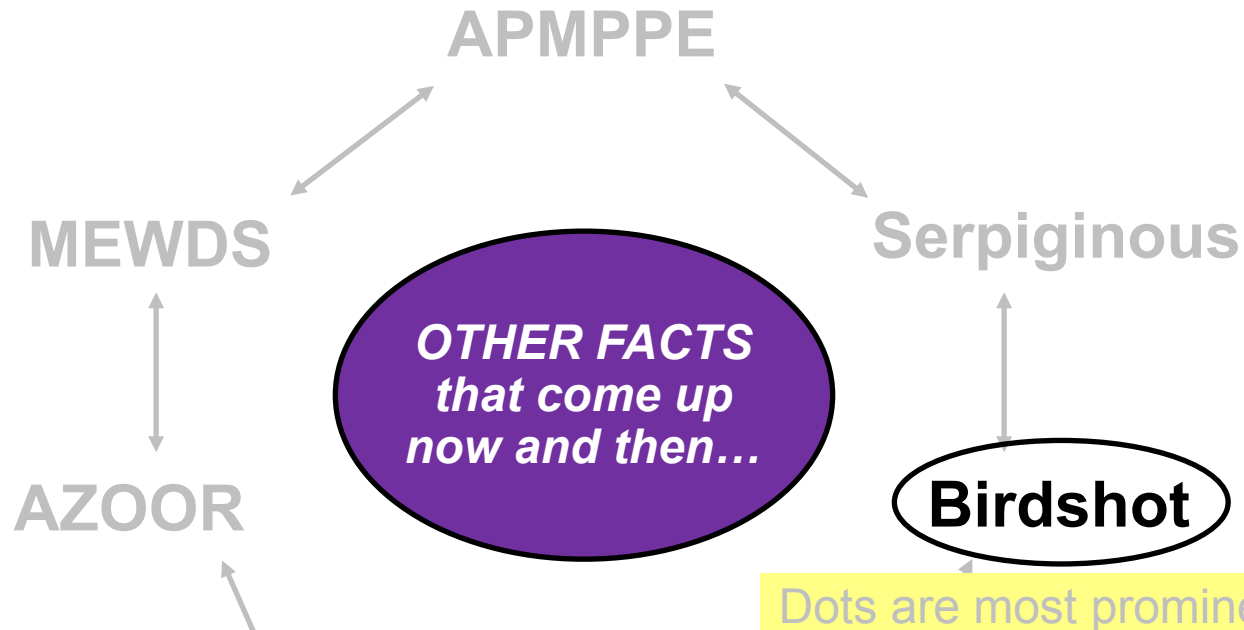
--?

CME in a birdshot is an ominous finding. Why?

It signals the dz is active

# Q/A

## White Dot Syndromes



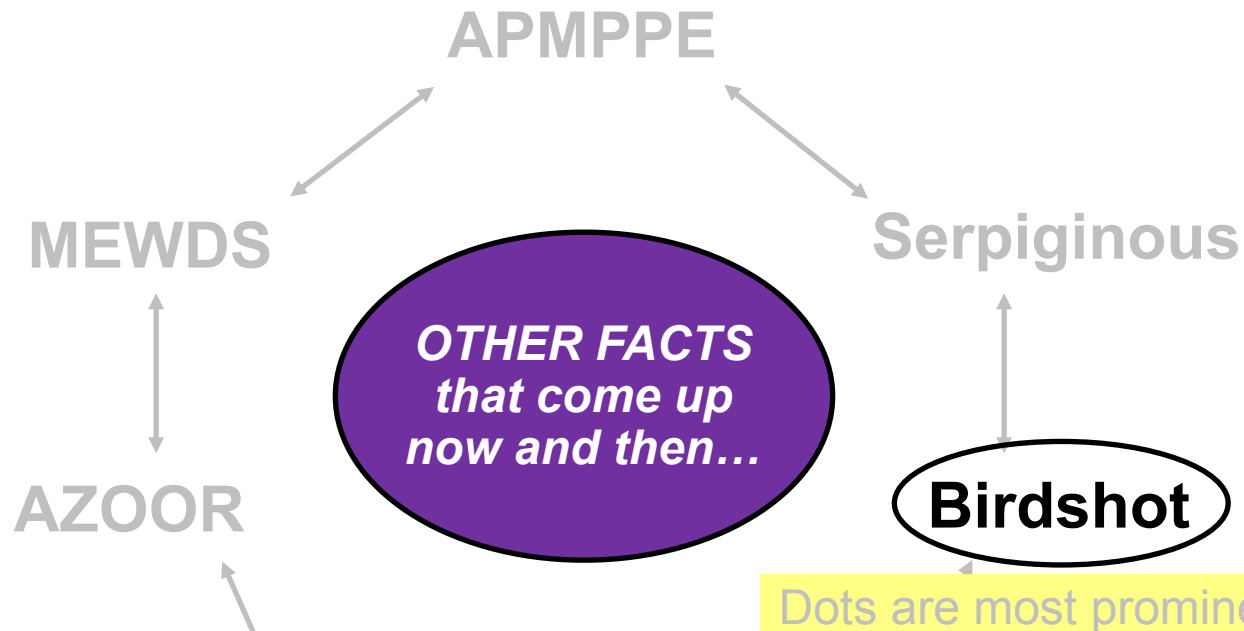
The Uveitis book mentions three signs of dz activity. One is CME; what are the other two?

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

It signals the dz is active

A

## White Dot Syndromes

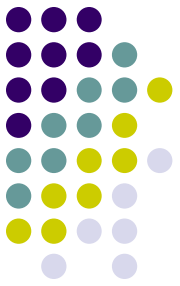


The Uveitis book mentions three signs of dz activity. One is CME; what are the other two?

- CME
- ONH inflammation
- Retinal vasculitis (usually a phlebitis )

It signals the dz is active

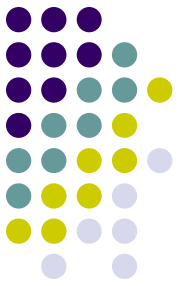
## White Dot Syndromes



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?

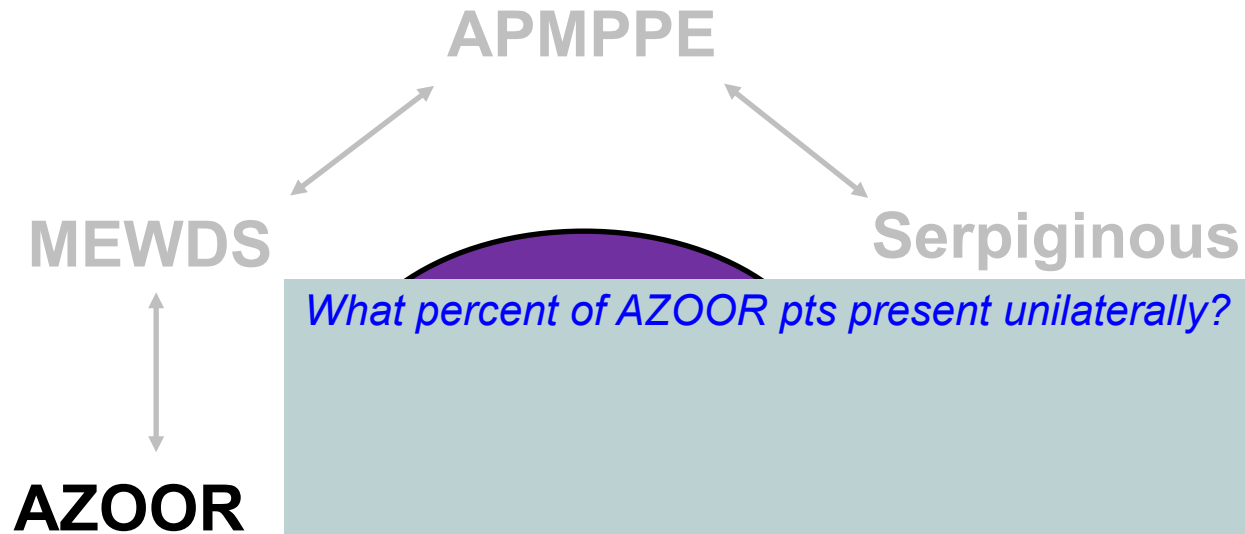


FA: Phlebitis

Birdshot

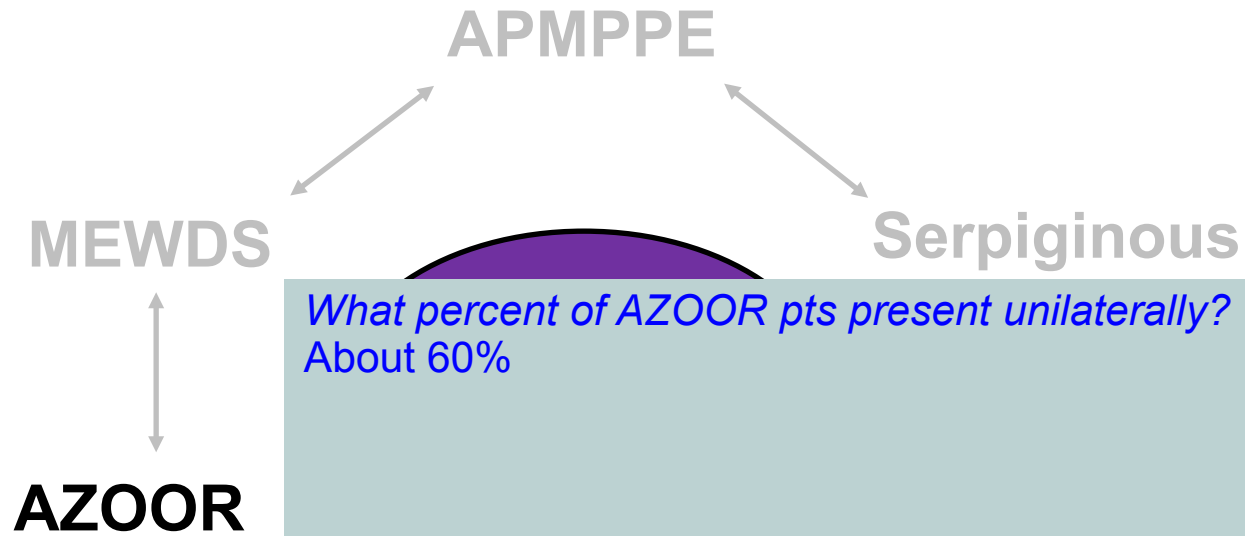
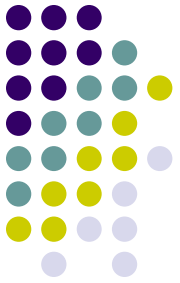
Q

## White Dot Syndromes



A

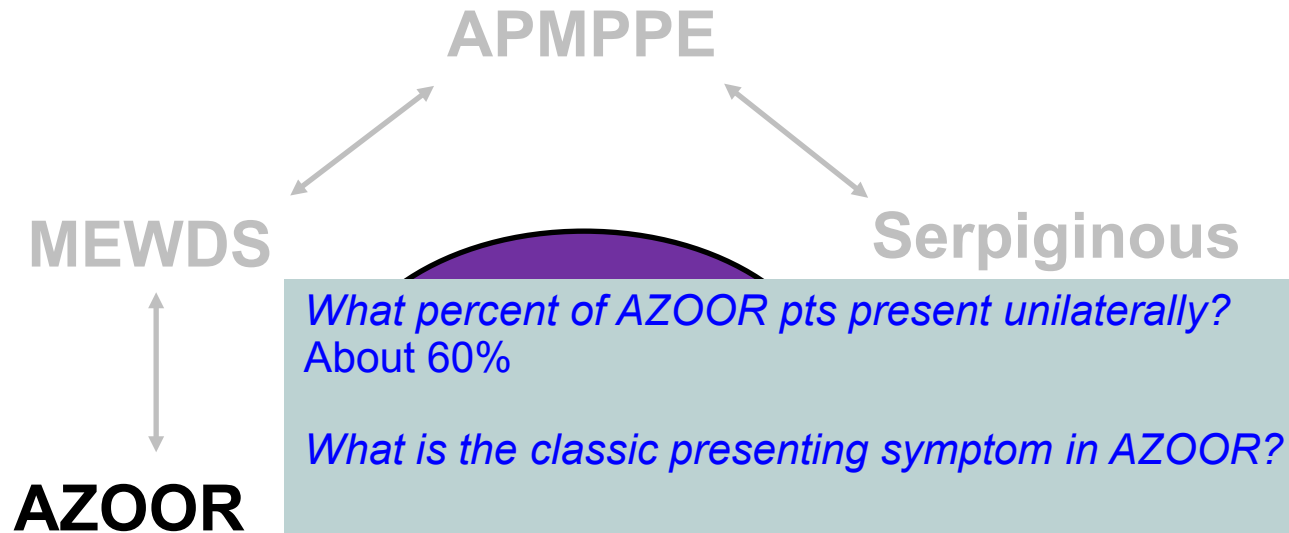
## White Dot Syndromes





Q

## White Dot Syndromes

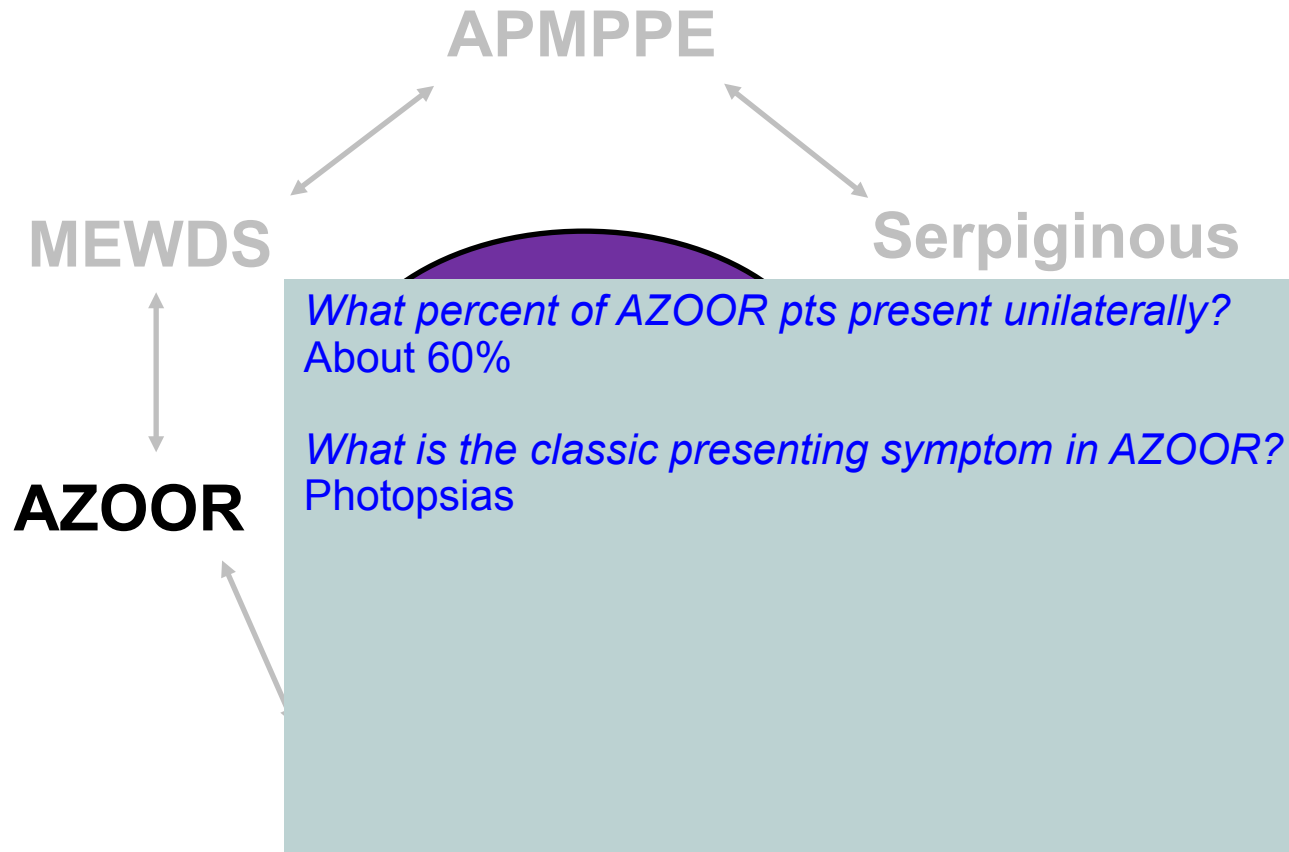
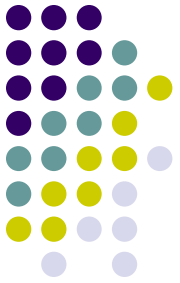


*What percent of AZOOR pts present unilaterally?  
About 60%*

*What is the classic presenting symptom in AZOOR?*

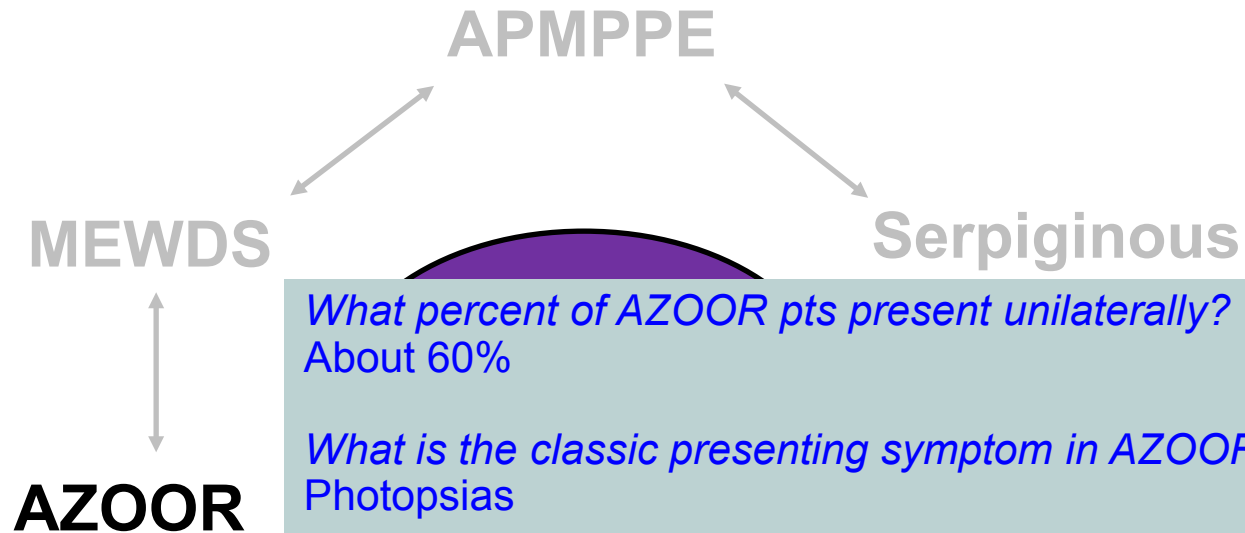
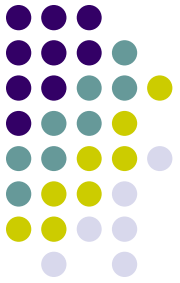
A

## White Dot Syndromes



Q

## White Dot Syndromes



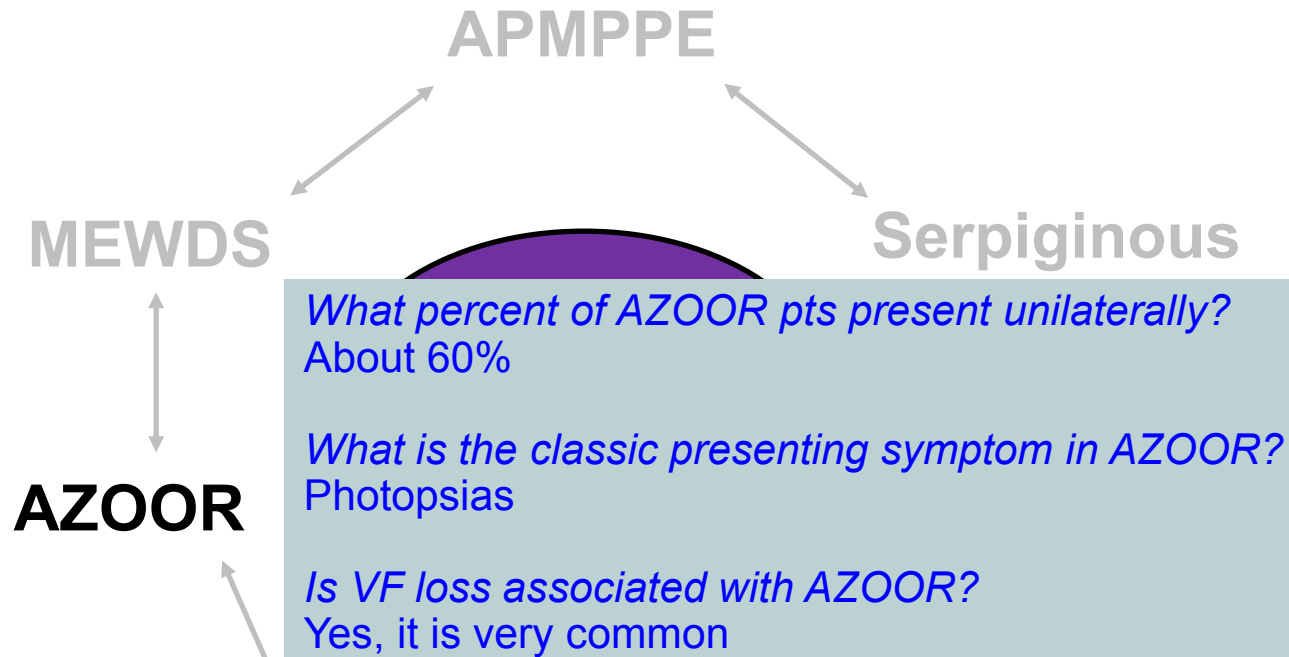
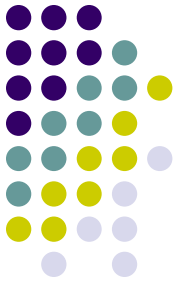
*What percent of AZOOR pts present unilaterally?*  
About 60%

*What is the classic presenting symptom in AZOOR?*  
Photopsias

*Is VF loss associated with AZOOR?*

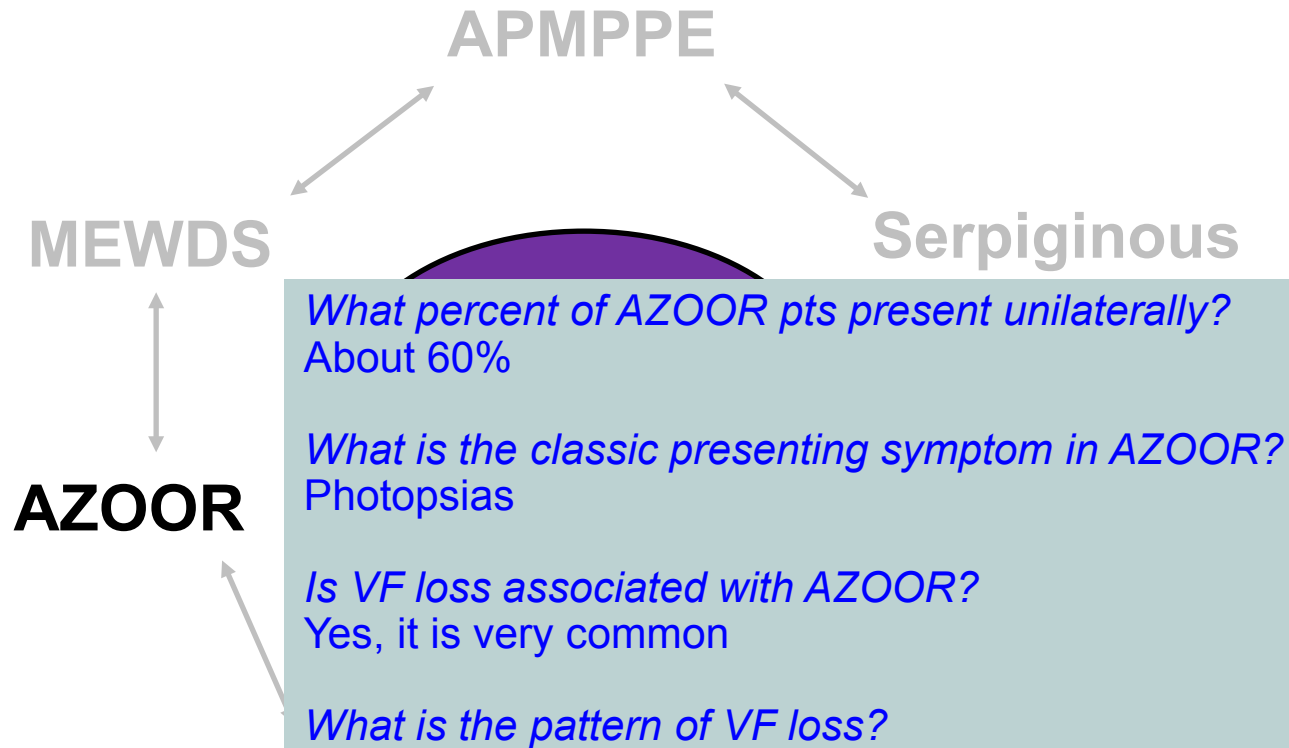
A

## White Dot Syndromes



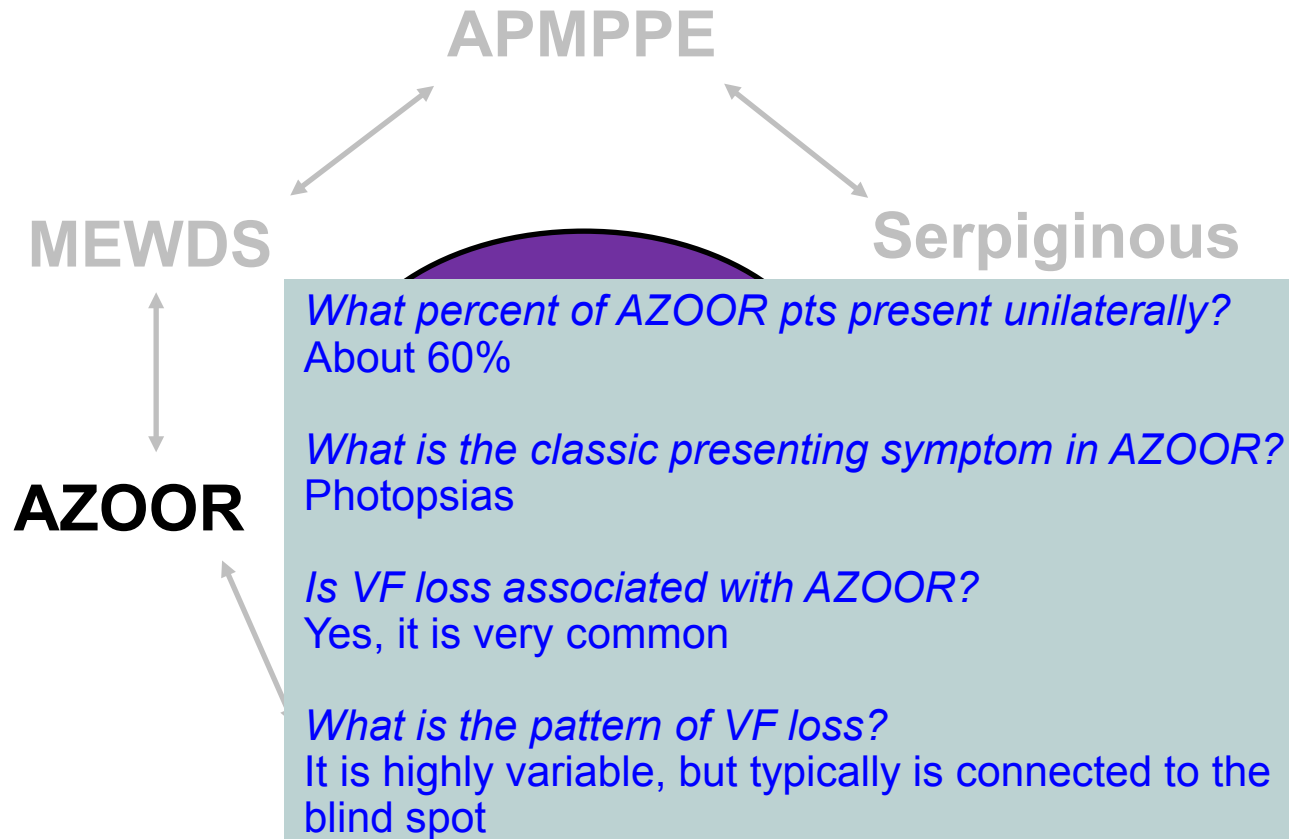
Q

## White Dot Syndromes



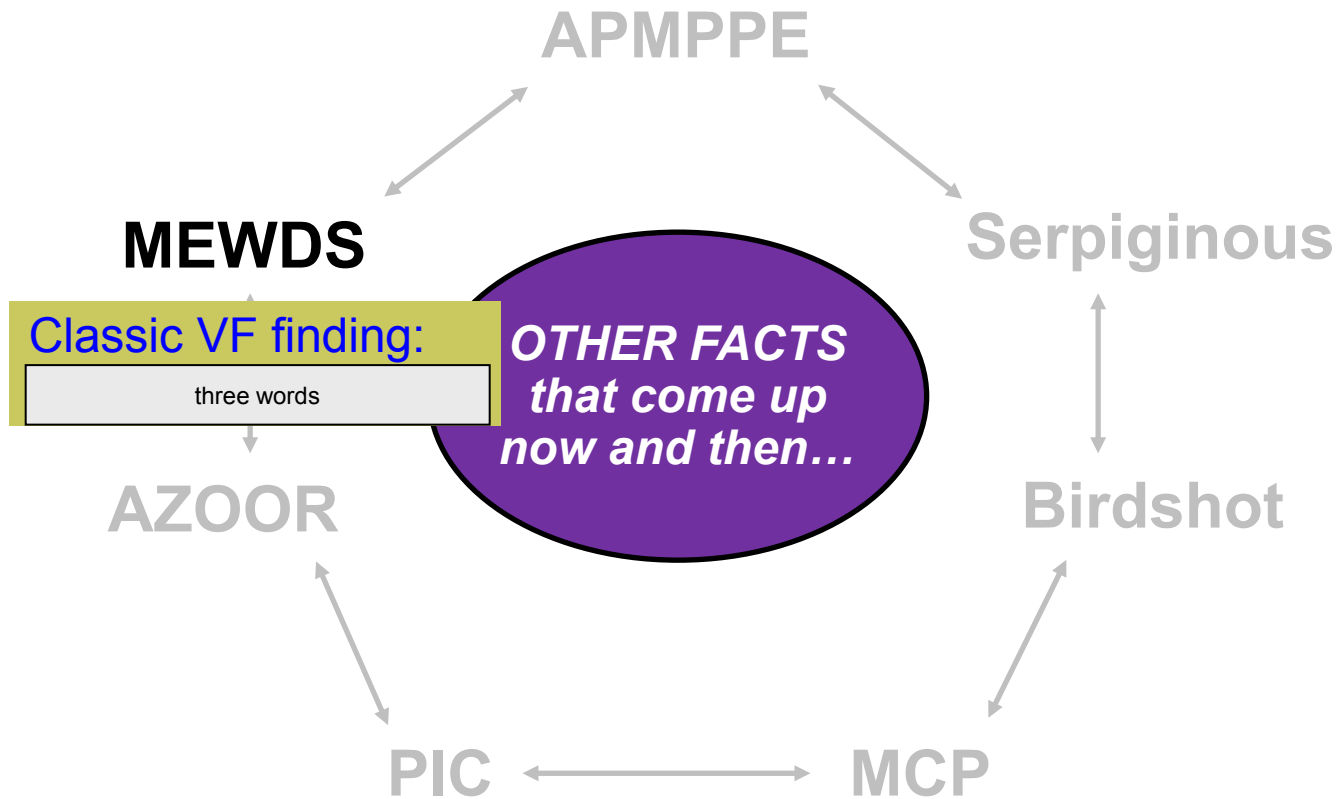
A

## White Dot Syndromes



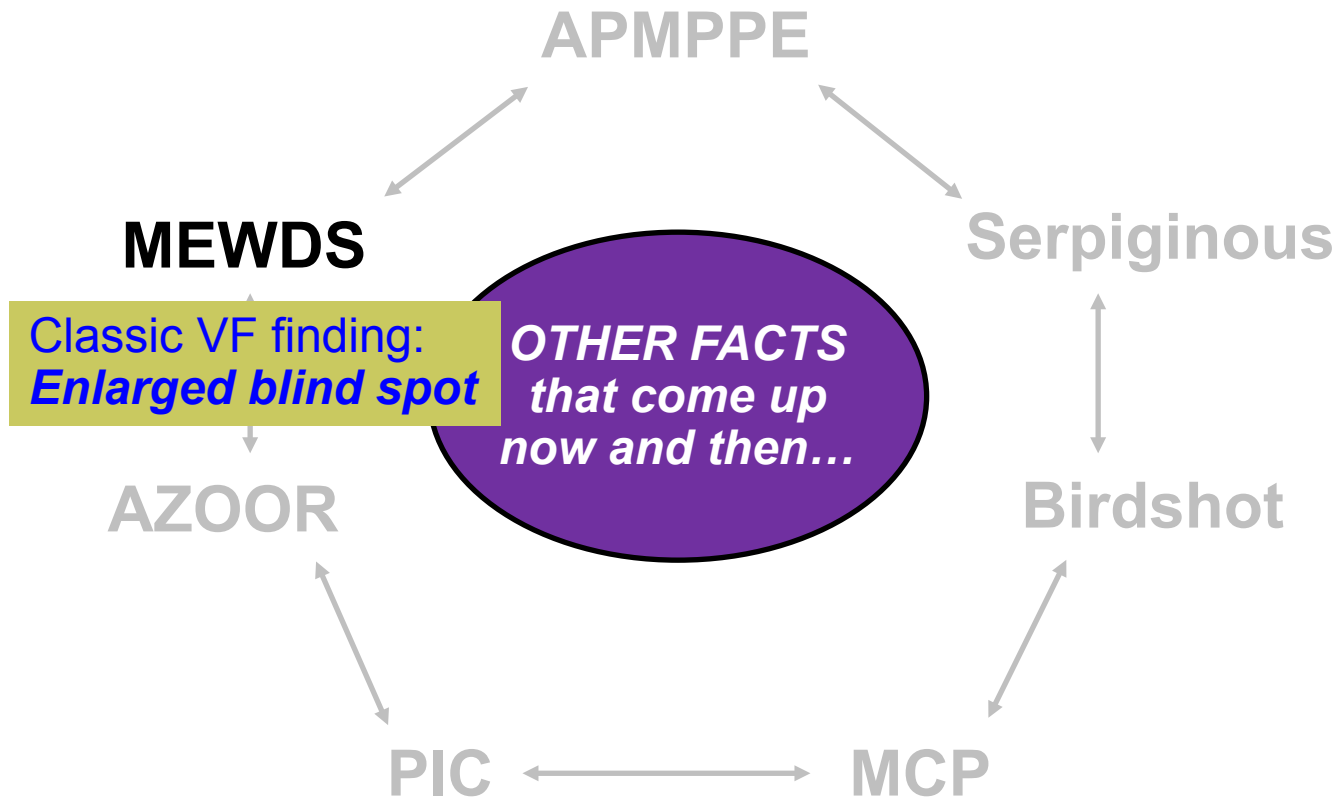
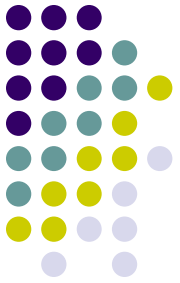
Q

## White Dot Syndromes



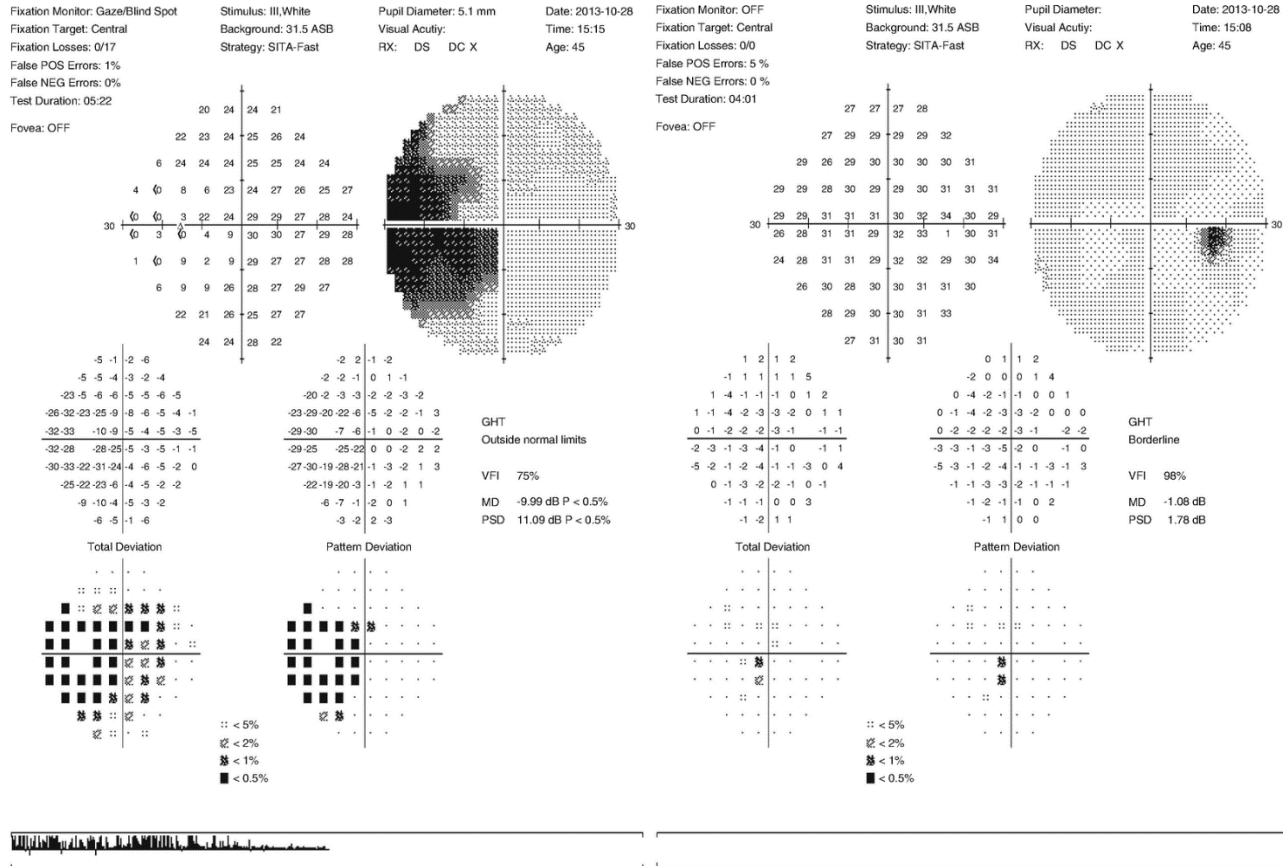
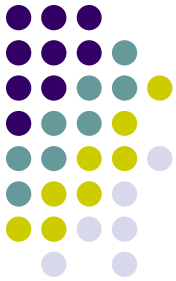
A

## White Dot Syndromes





# White Dot Syndromes



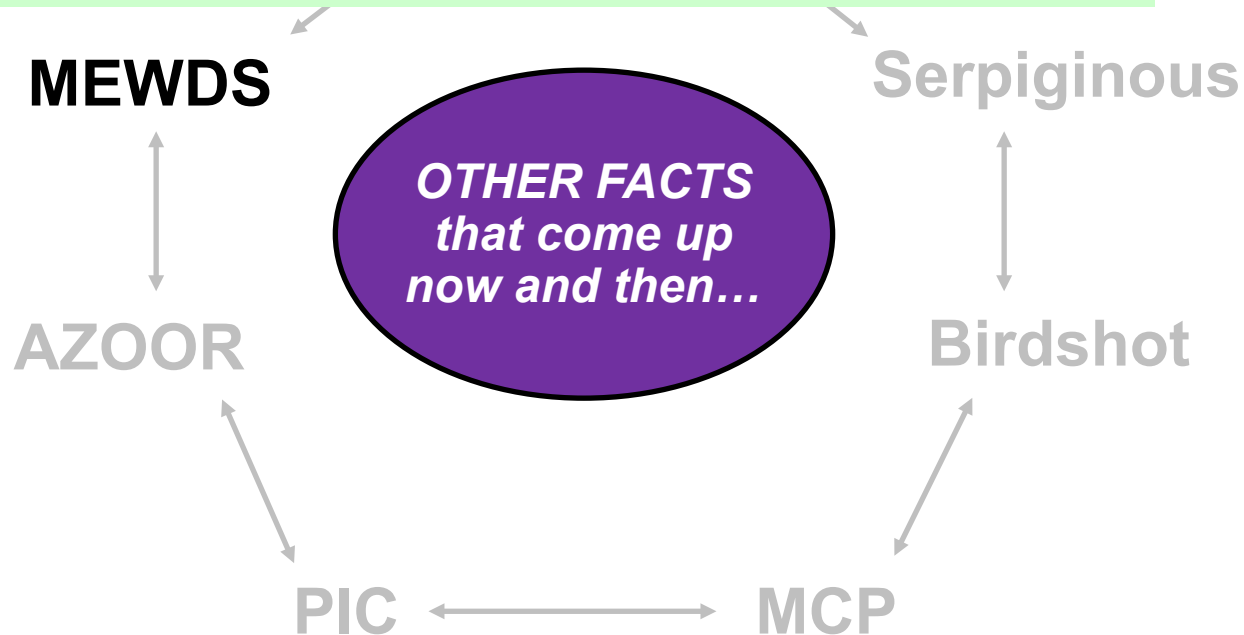
MEWDS: Enlarged blind spot (also, note the unilaterality)

Q

## White Dot Syndromes



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

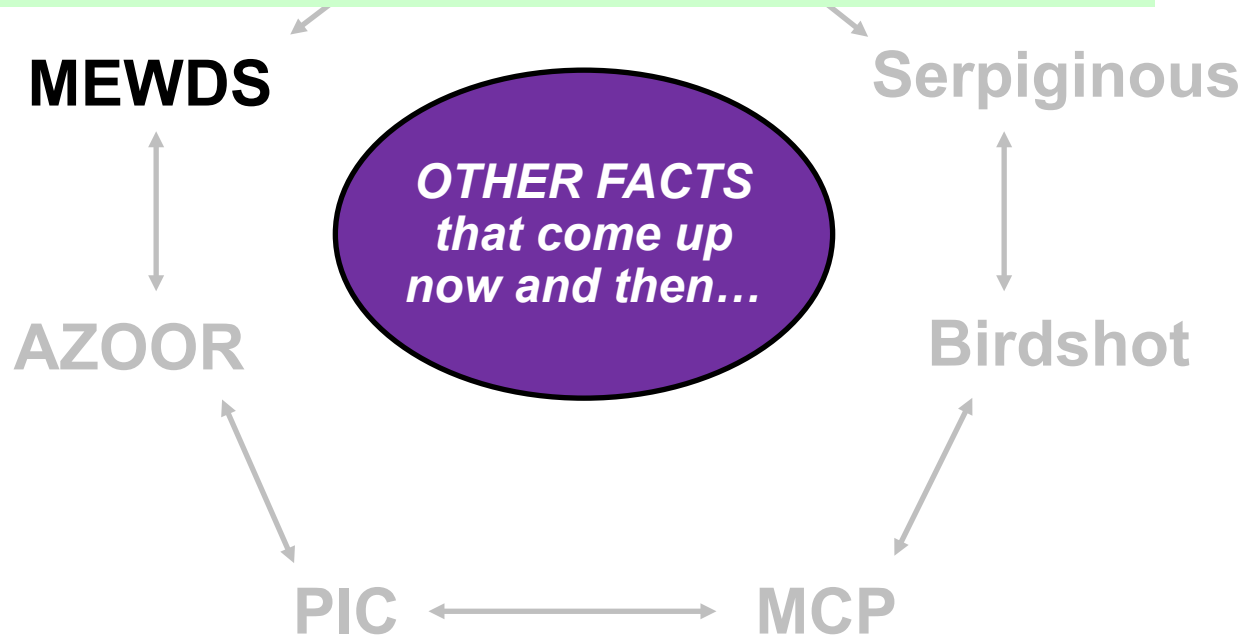


# Q/A

## White Dot Syndromes



*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  

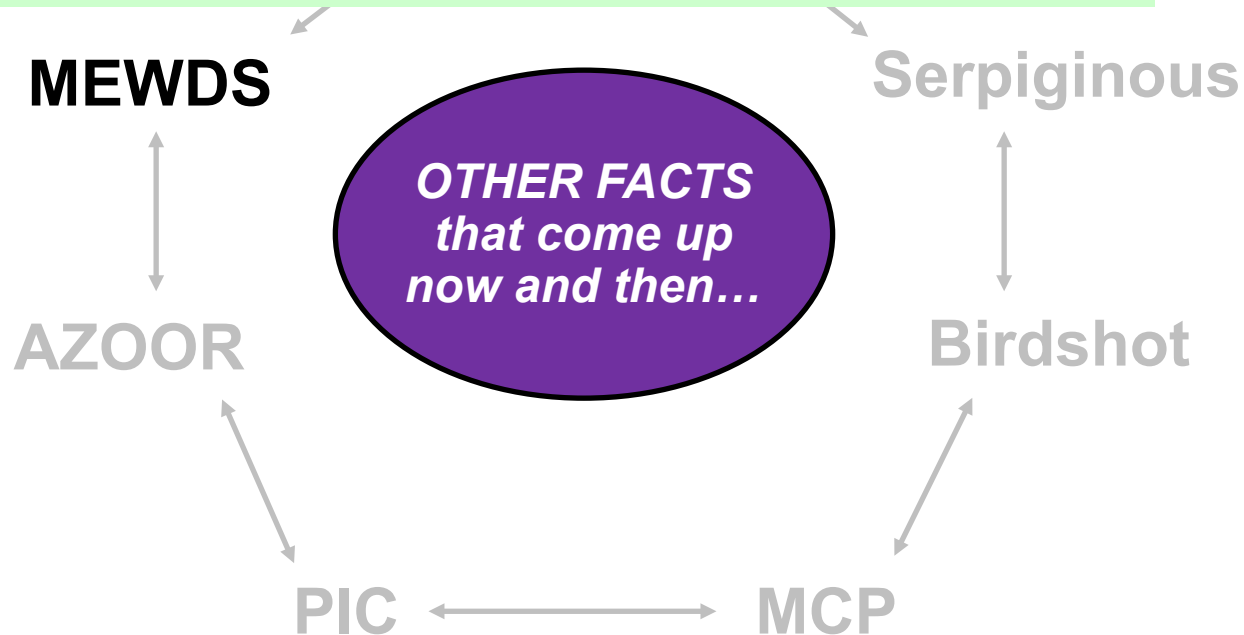


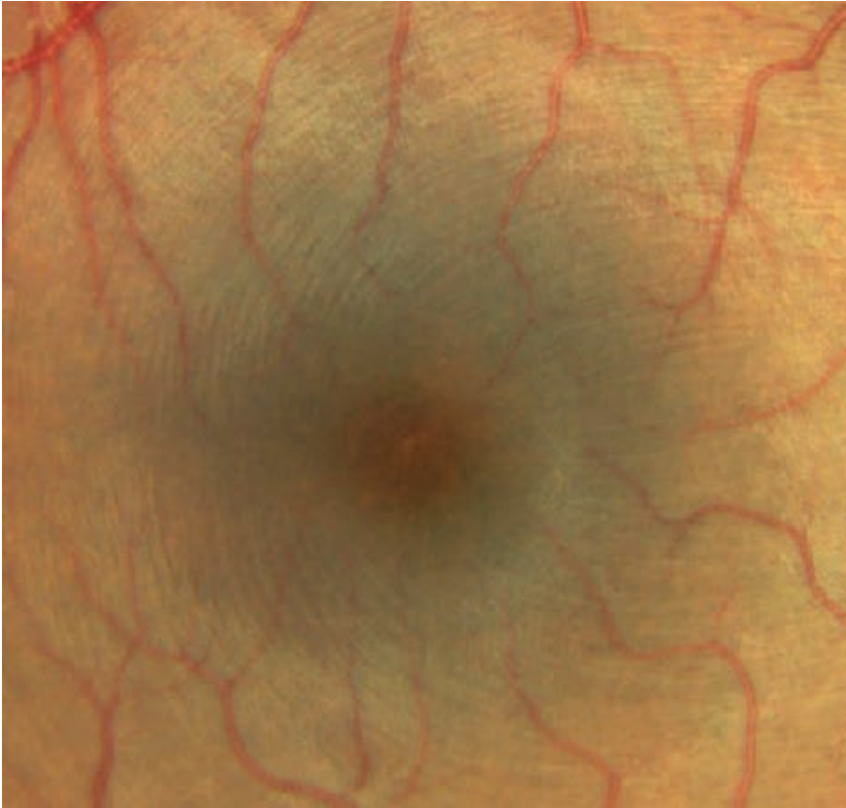
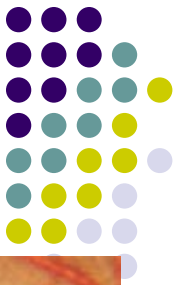
# A

## White Dot Syndromes

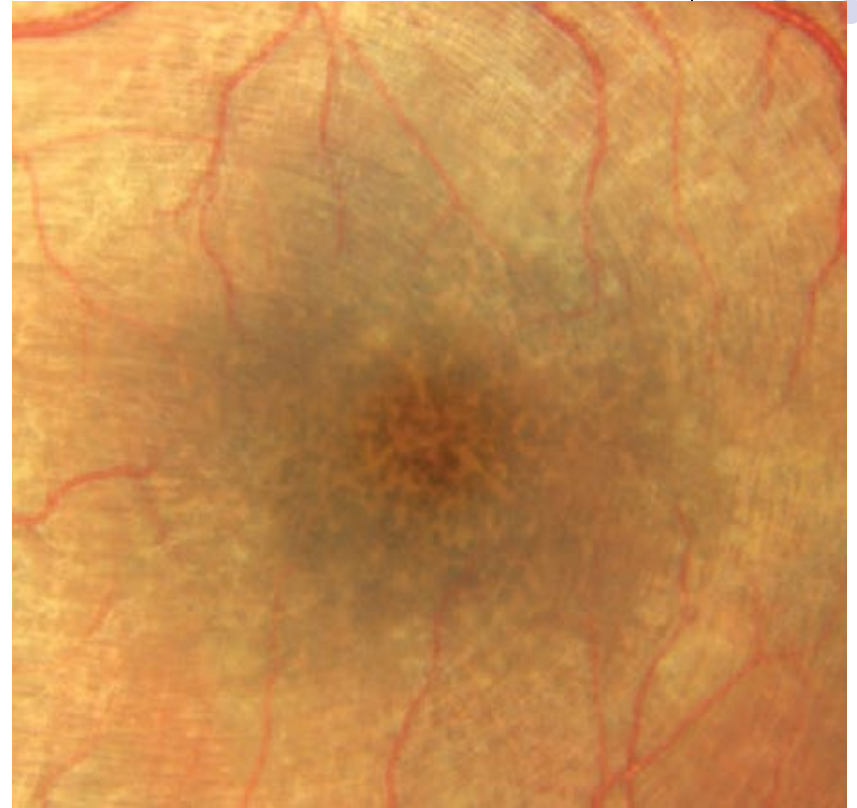


*In MEWDS, resolution of the white dots is followed by a foveal change considered pathognomonic for the condition. What is this change?  
A subtle pigment change described as 'granular'*





OD (unaffected)

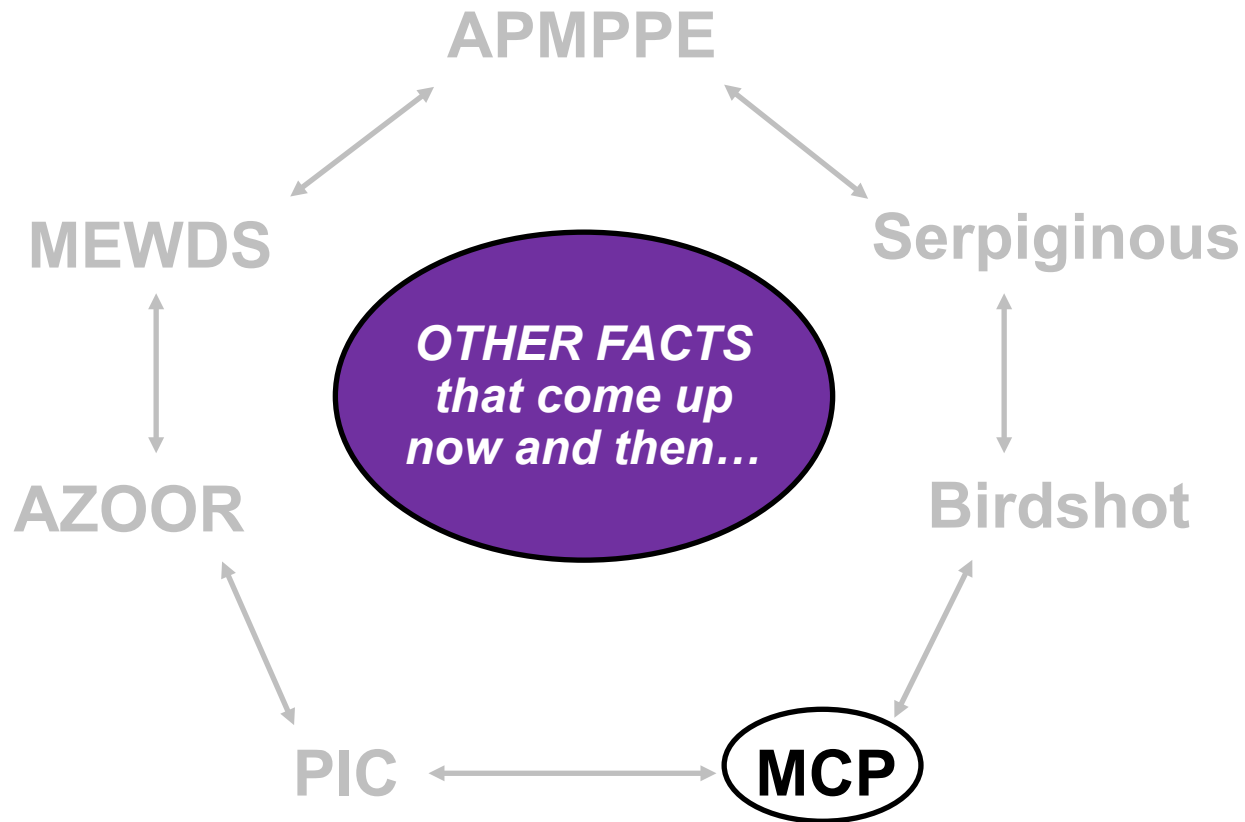
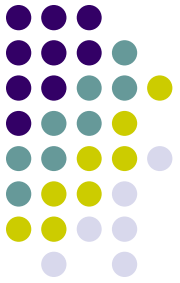


OS s/p MEWDS with subfoveal pigment granularity

MEWDS: Granular subfoveal pigment changes

Q

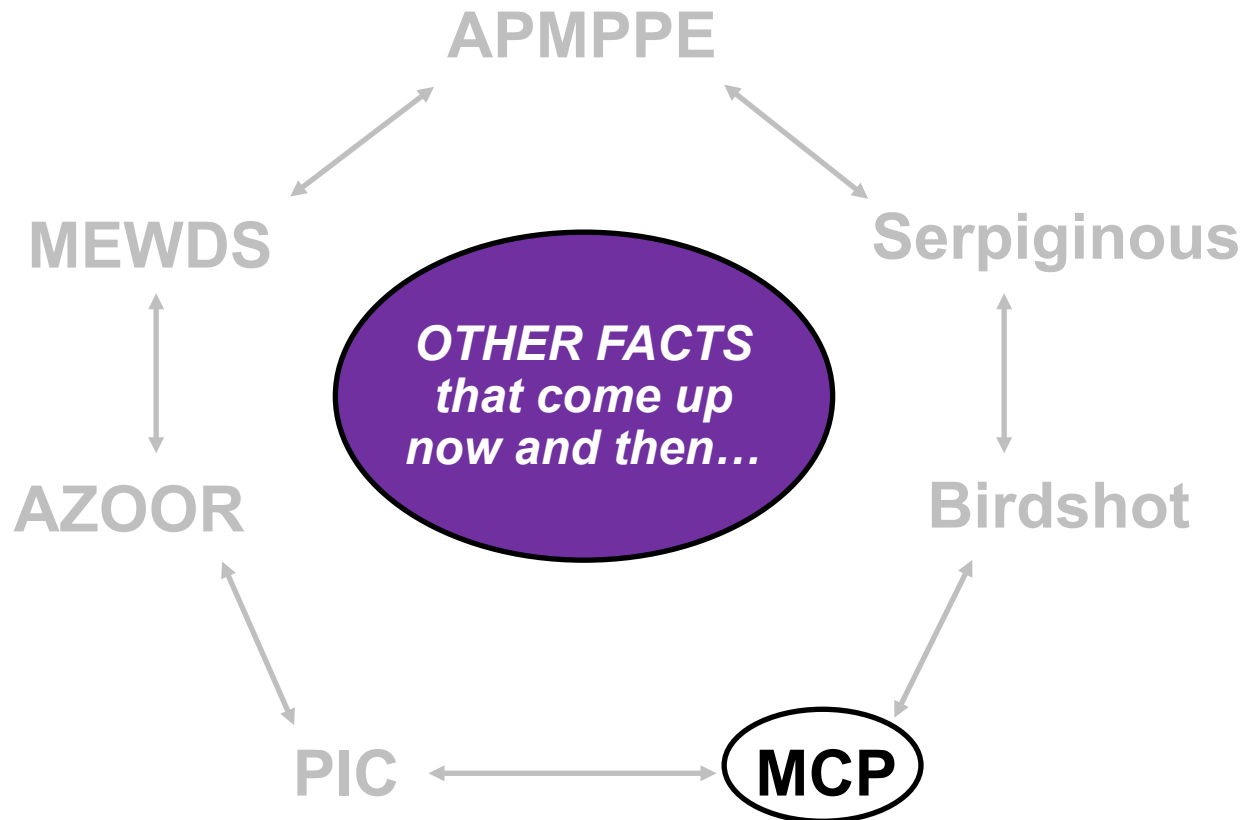
## White Dot Syndromes



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

A

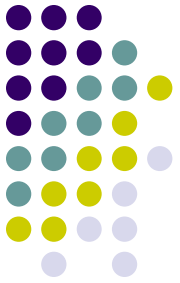
## White Dot Syndromes



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

Q

## White Dot Syndromes



?

~~APMPPE~~

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

PIC

MCP



A

## White Dot Syndromes



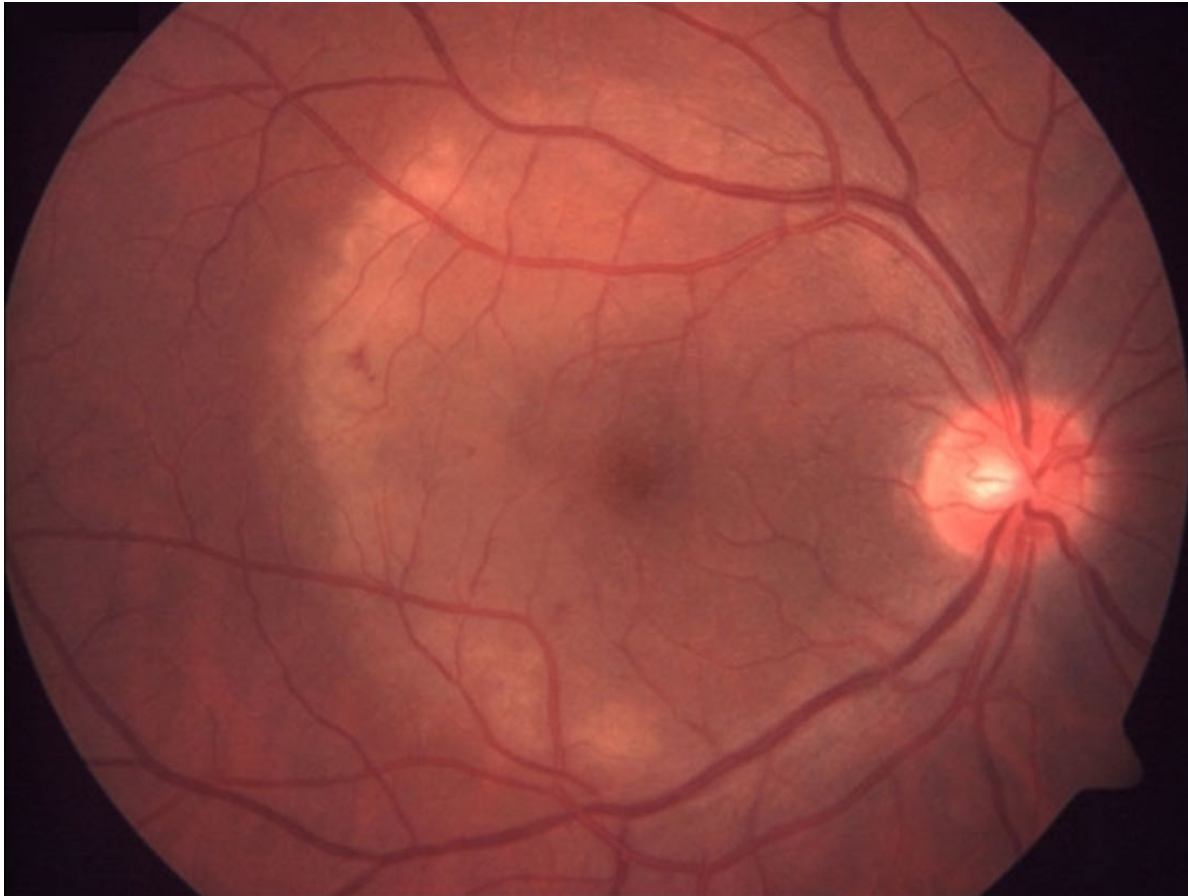
*Syphilis*  
~~APMPPE~~

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

PIC

MCP

## White Dot Syndromes



ASPPC

Q

## White Dot Syndromes



*Syphilis* ← Classic FA pattern:  
~~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?*

PIC

MCP

# Q/A

## White Dot Syndromes



*Syphilis* ← Classic FA pattern:  
~~APMPPE~~ ' [ ] 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 [ ] early, [ ] late

PIC

MCP

# A

## White Dot Syndromes



*Syphilis* ← Classic FA pattern:  
~~APMPPE~~ 'Blocks early, stains late'

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

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

*What about the FA in ASPPC?*

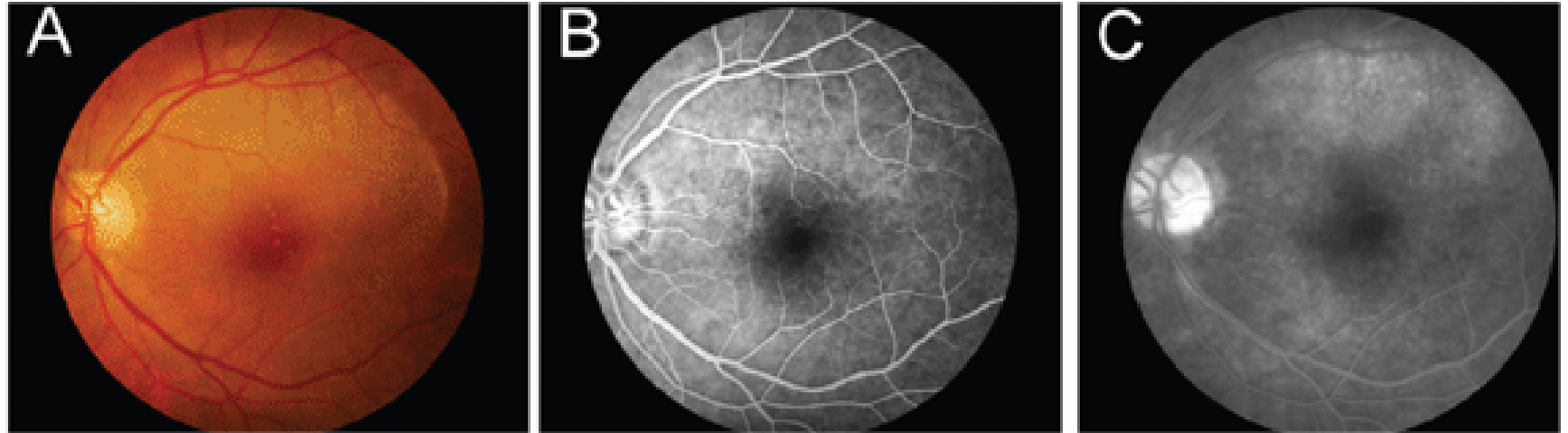
As in APMPPE, FA in ASPPC has blocking early, staining late

PIC ↔ MCP

## White Dot Syndromes



A Anshu, CL Cheng, SP Chee



**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.<sup>33</sup>**

ASPPC

Q

## White Dot Syndromes



*Syphilis*  
~~APMPPE~~

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

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*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?*

PIC

MCP

# Q/A

## White Dot Syndromes



*Syphilis*  
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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

PIC

MCP



# A

## White Dot Syndromes



*Syphilis*  
~~APMPPE~~

*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

PIC

MCP

# A

## White Dot Syndromes



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

?  
~~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

# A

## White Dot Syndromes



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

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

Q

## White Dot Syndromes

What **noninfectious** condition 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?

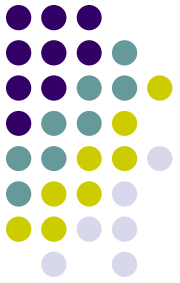
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Are there any factors in the clinical history to push you toward one or the other?

Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPPE patients (usually) aren't

PIC

MCP



# A

## White Dot Syndromes

What **noninfectious** condition can produce the same clinical picture?  
**Sarcoid**

*Sarcoid*

~~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?*

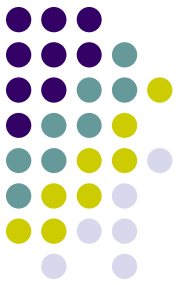
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*Are there any factors in the clinical history to push you toward one or the other?*

Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPPE patients (usually) aren't

PIC

MCP



## 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?*

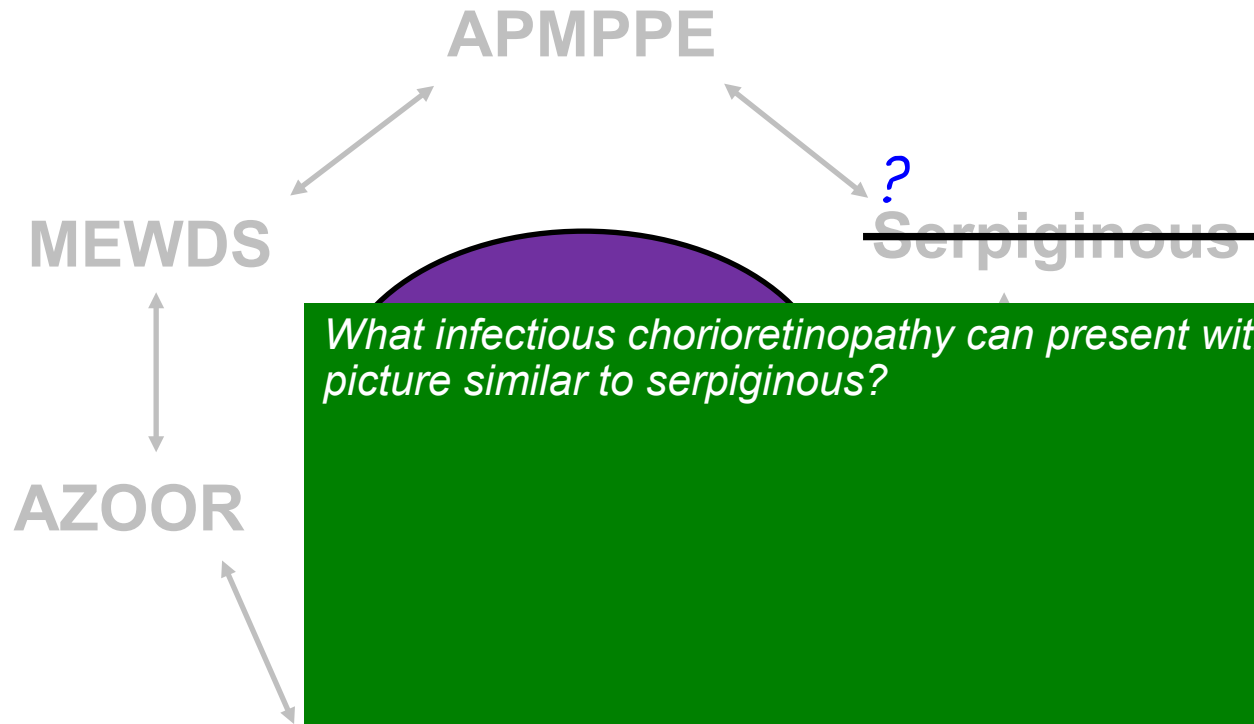
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PIC

MCP

Q

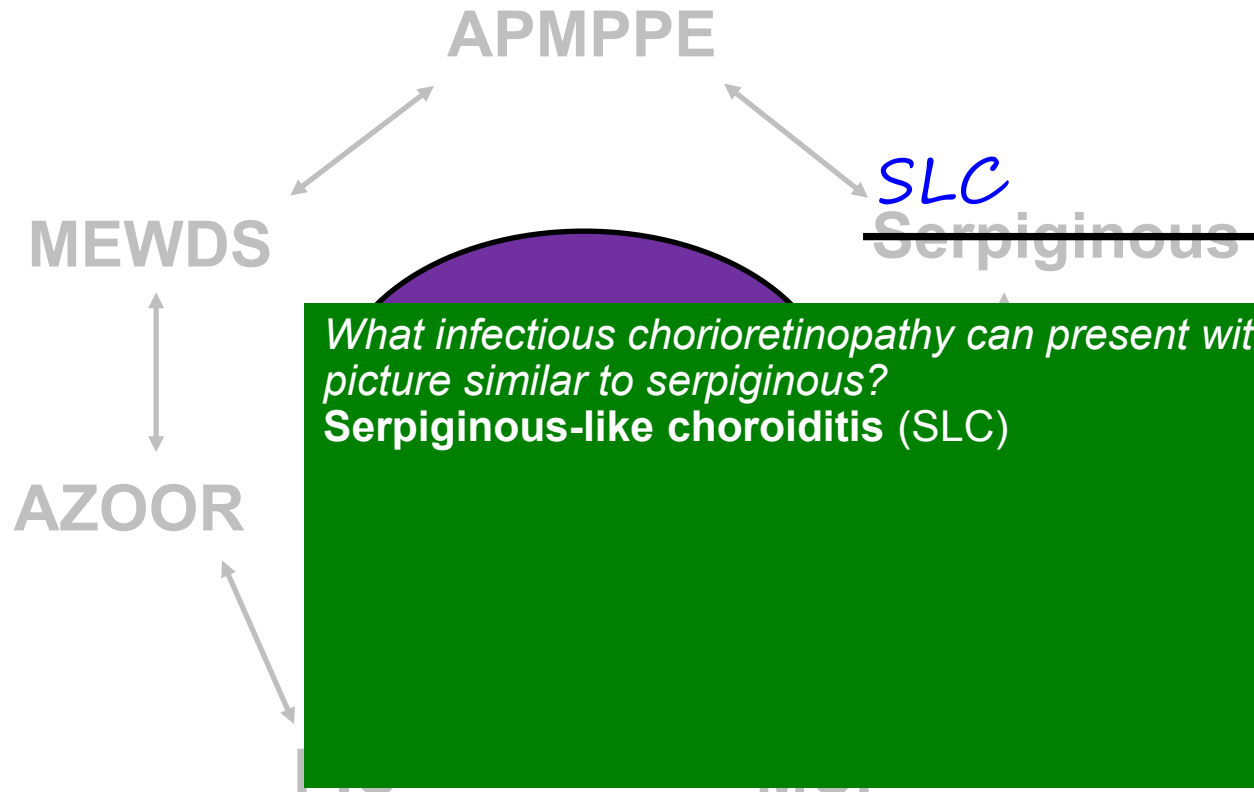
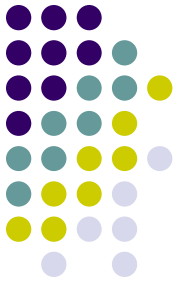
## White Dot Syndromes



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

A

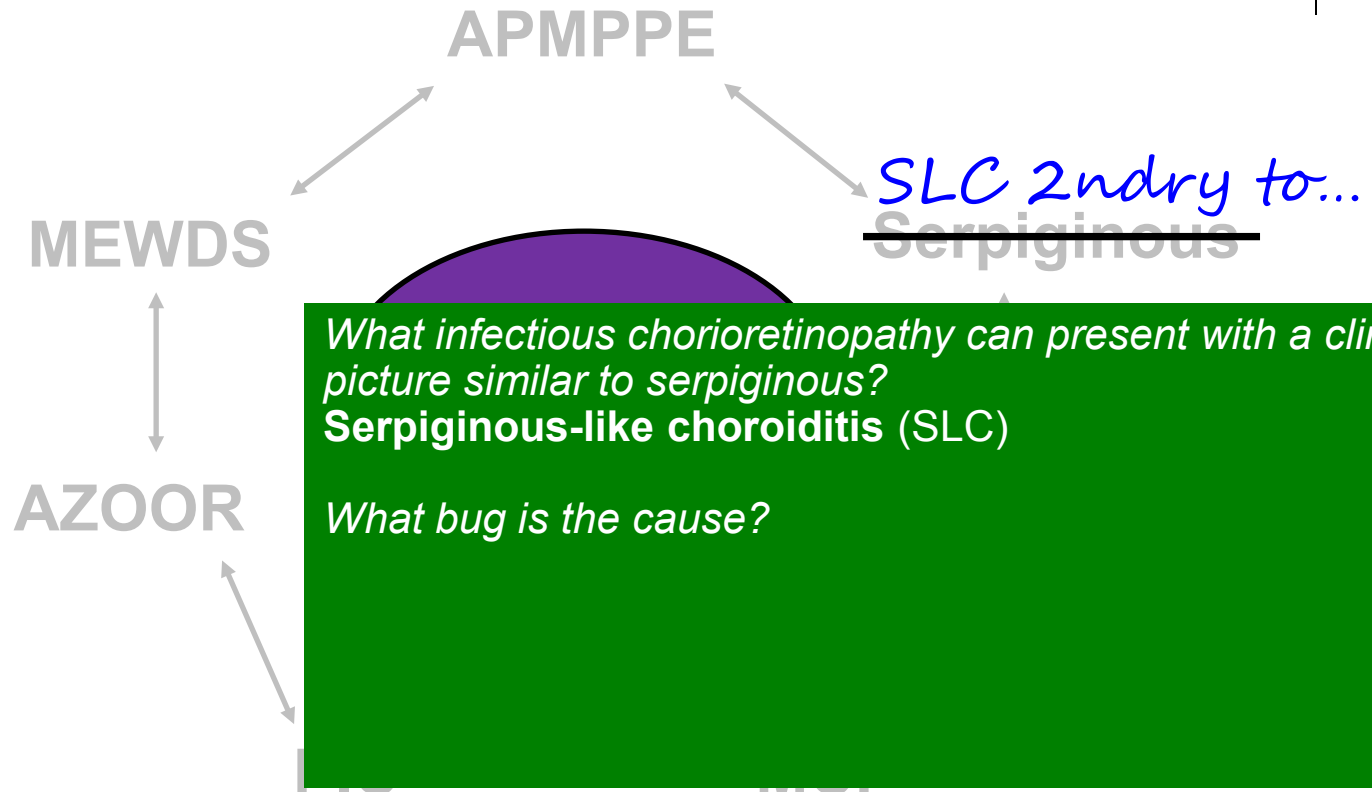
## White Dot Syndromes





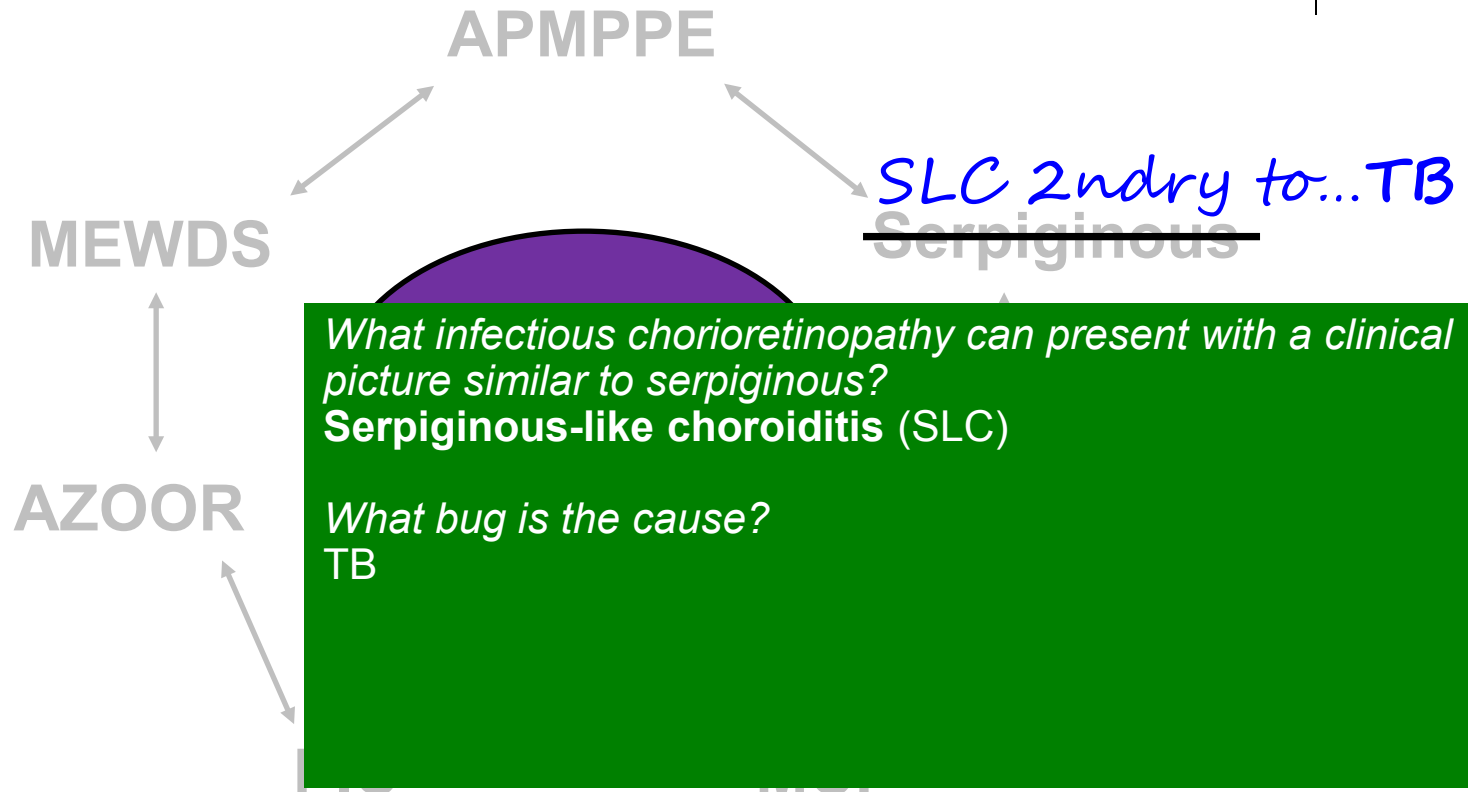
Q

## White Dot Syndromes



A

## White Dot Syndromes



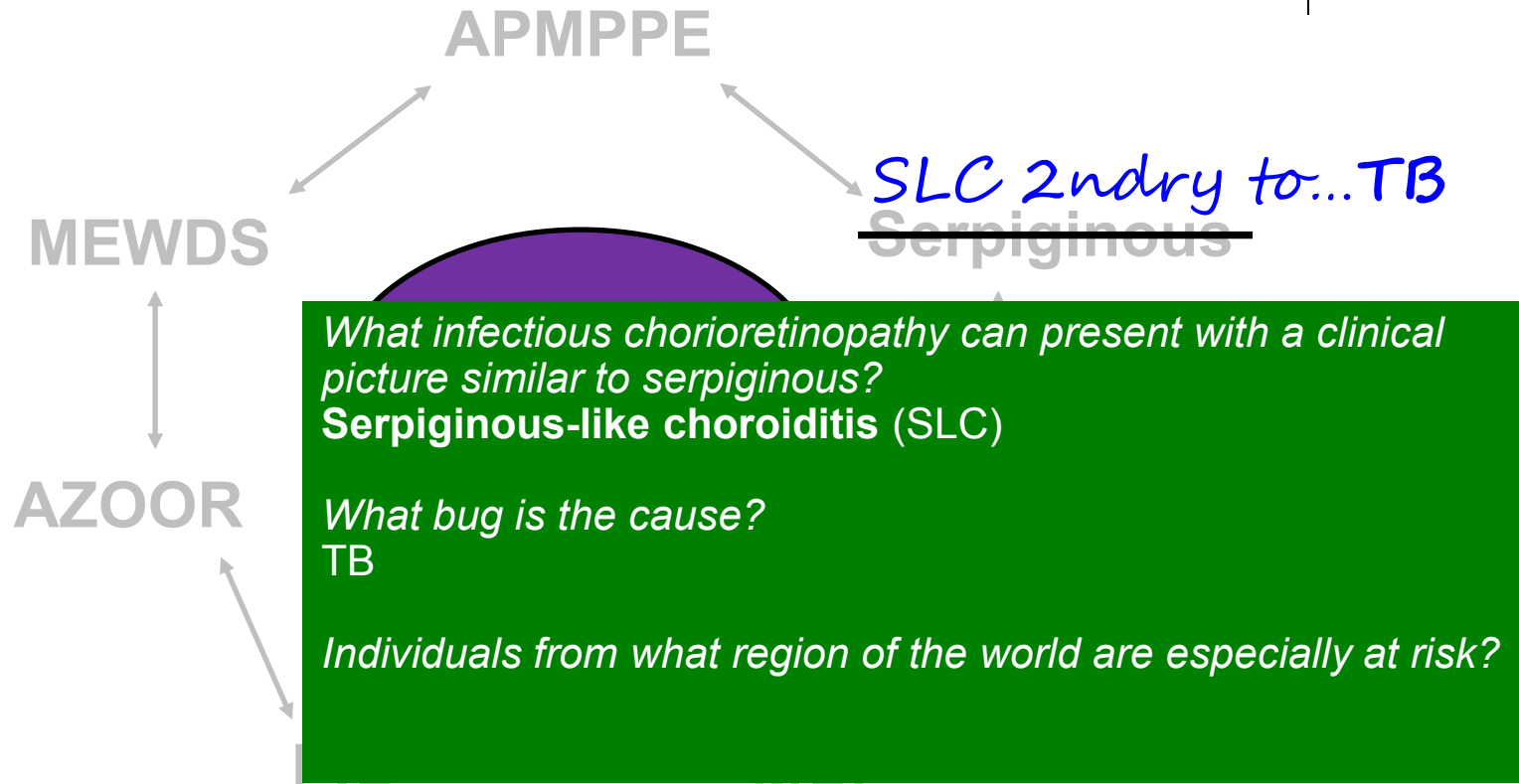
## White Dot Syndromes



Serpiginous-like choroidopathy 2ndry to TB

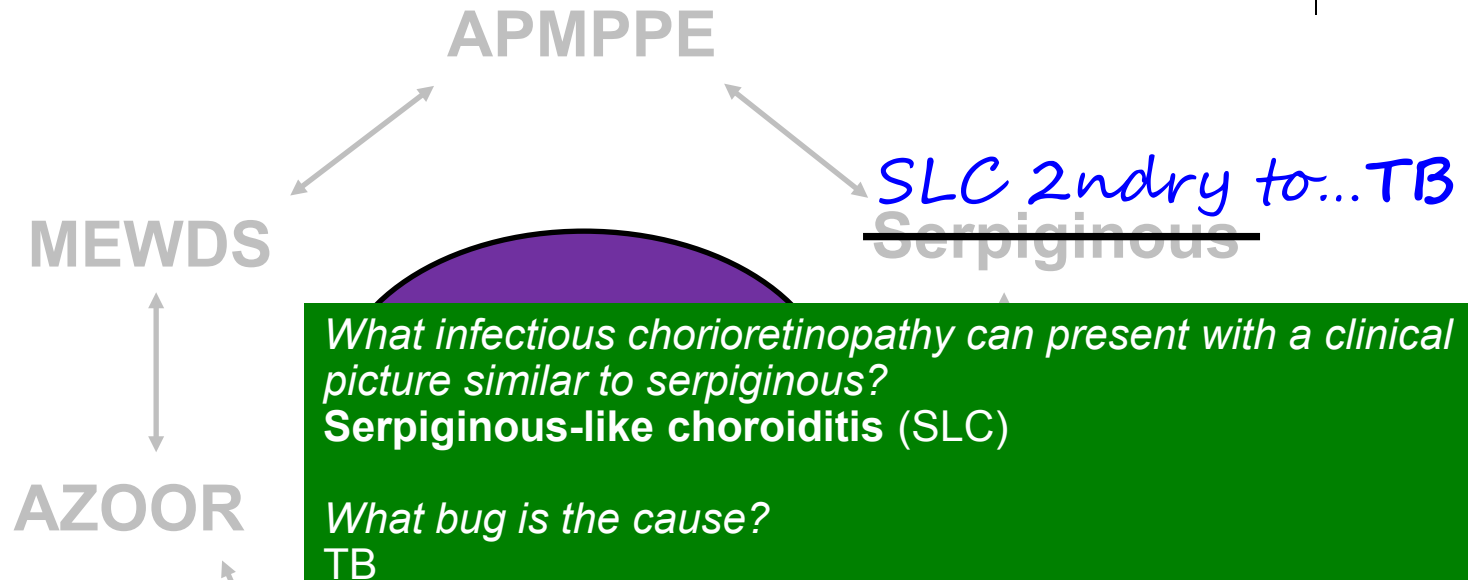
Q

## White Dot Syndromes



A

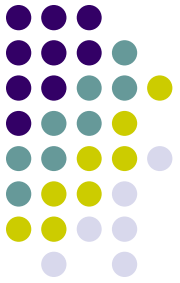
## White Dot Syndromes



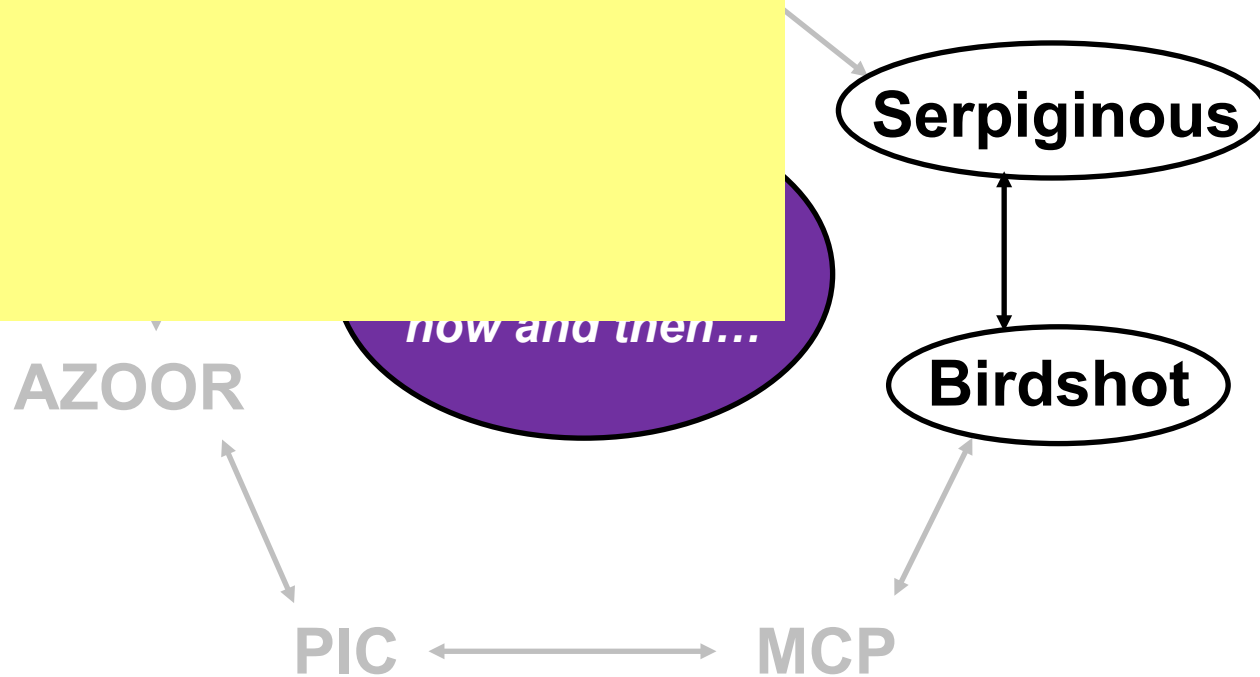
*Individuals from what region of the world are especially at risk?*  
Asians. Don't diagnose someone from the continent of Asia with serpiginous without first checking him/her for TB!

Q

## White Dot Syndromes



*Steroids are appropriate initial tx in serpiginous and birdshot, but IMT is usually indicated as well. Why?*

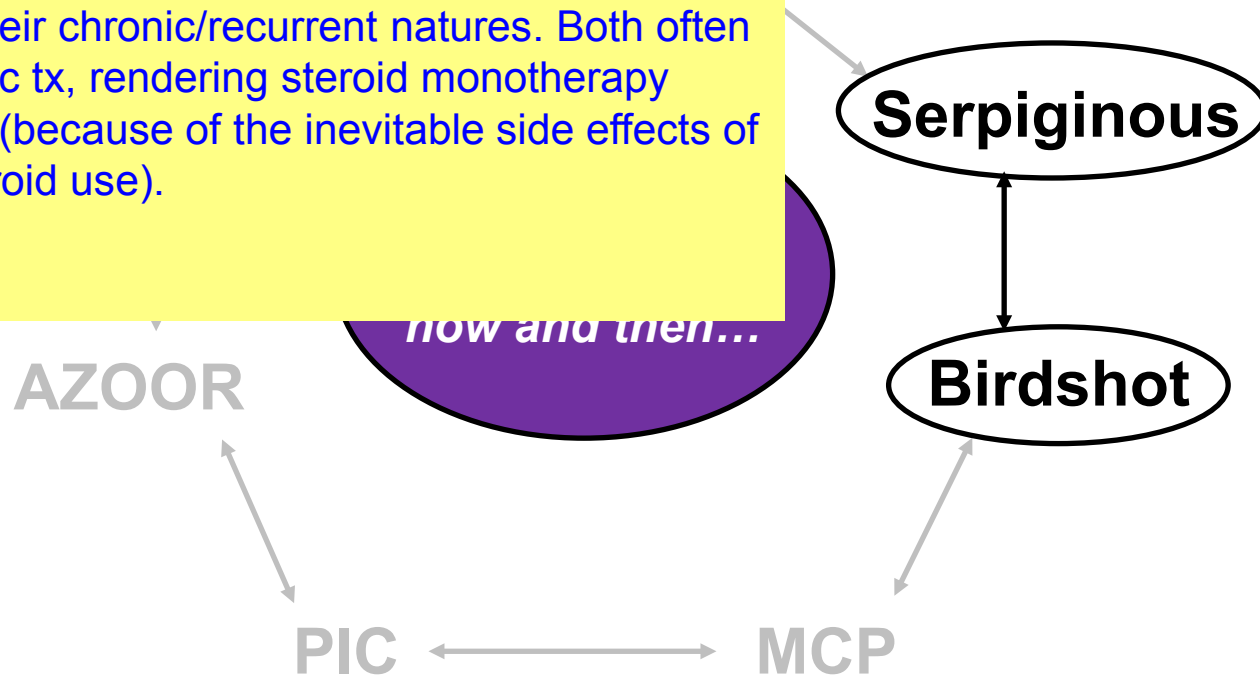


# A

## White Dot Syndromes



*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).*

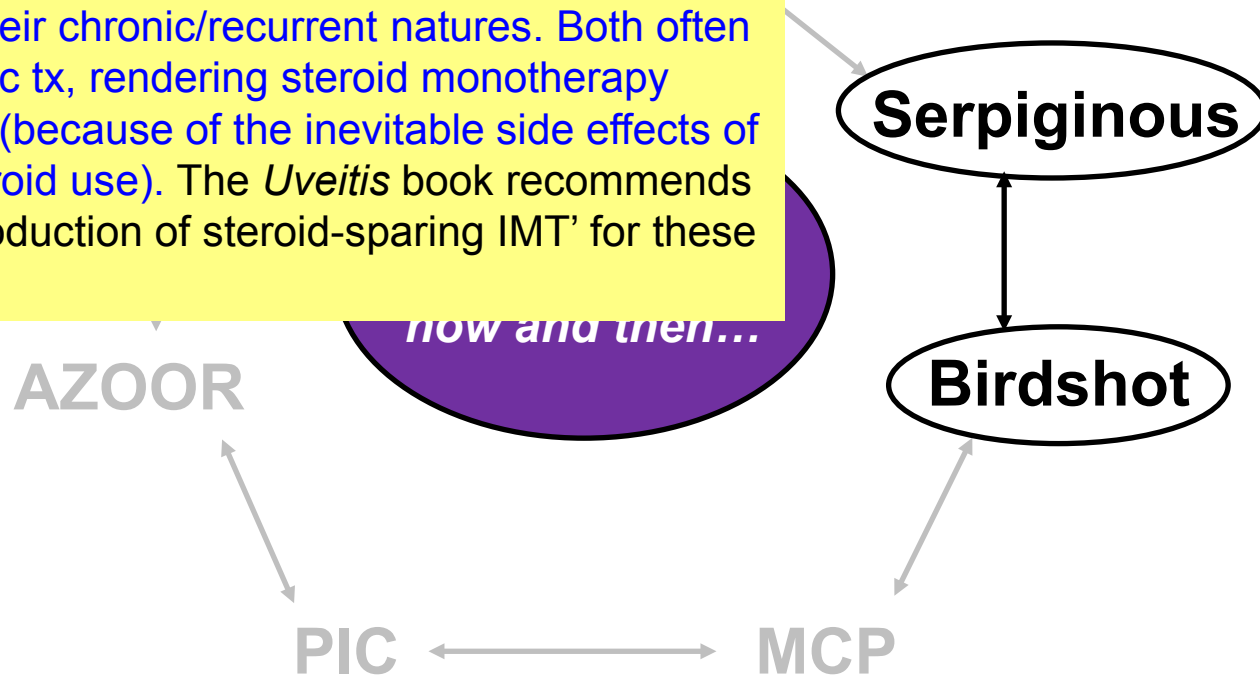


# A

## White Dot Syndromes



*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



*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*

**Serpiginous**

***Remember the ultimate/long-range management goal for all forms of uveitis: No inflammation on no steroids!***

AZOOR

**Birdshot**

PIC

MCP

Q

## White Dot Syndromes



*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.*

AZOOR

*now and then...*

Serpiginous

Birdshot

*My pt's birdshot seems quiescent. Can I just monitor her VA and keep an eye on her posterior pole?*

# A

## White Dot Syndromes



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.

AZOOR

now and then...

Serpiginous

Birdshot

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]

# Q

## White Dot Syndromes



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OK then, how should I monitor her?

# Q/A

## White Dot Syndromes



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now and then...

Serpiginous

Birdshot

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*OK then, how should I monitor her?*  
By doing # tests on the reg

# A

## White Dot Syndromes



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.

AZOOR

now and then...

Serpiginous

Birdshot

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

# Q

## White Dot Syndromes



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.

AZOOR

now and then...

Serpiginous

Birdshot

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OK then, how should I monitor her?

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

# Q/A

## White Dot Syndromes



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.

AZOOR

now and then...

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Birdshot

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OK then, how should I monitor her?

By doing two tests on the reg: full-field vs multifocal ERG, and size visual fields



# A

## White Dot Syndromes



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.

AZOOR

now and then...

Serpiginous

Birdshot

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]

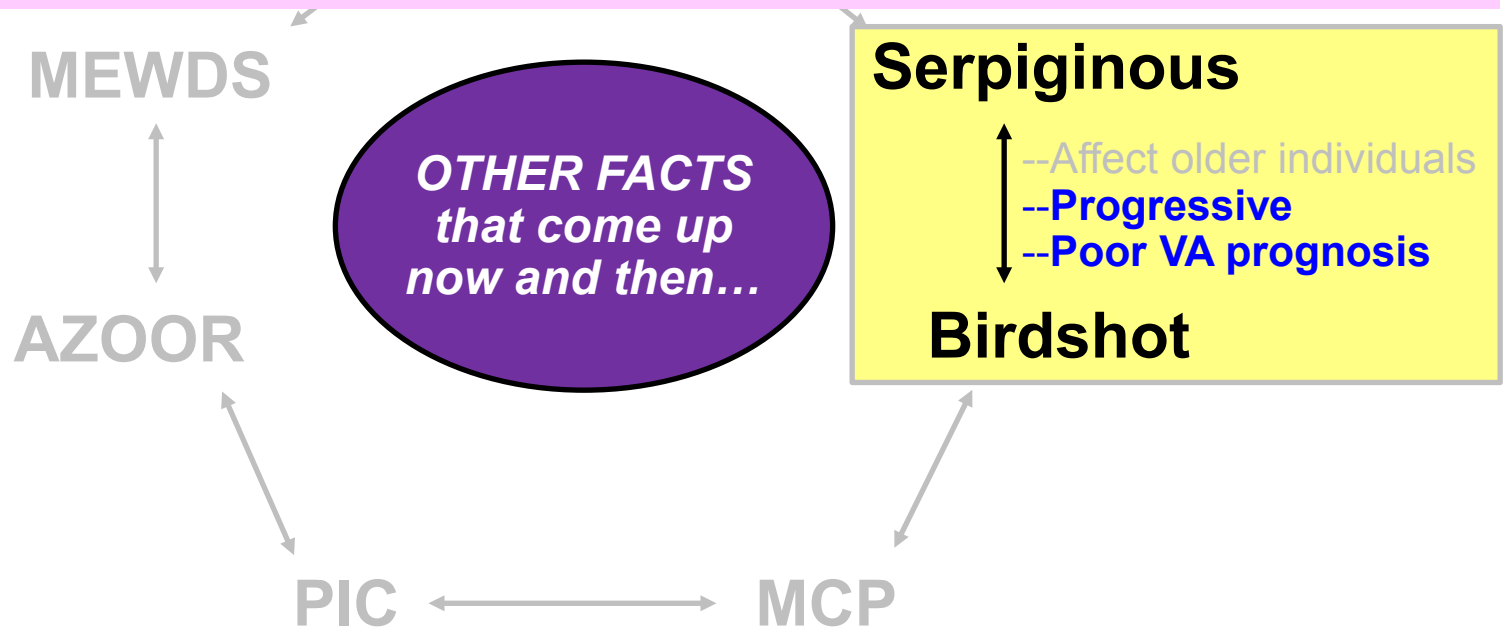
OK then, how should I monitor her?

By doing two tests on the reg: Full-field ERG , and 30-2 visual fields

## White Dot Syndromes



It was noted previously that seriginous and birdshot are alike in that both 1) tend to be progressive, and 2) are prone to poor visual outcomes.

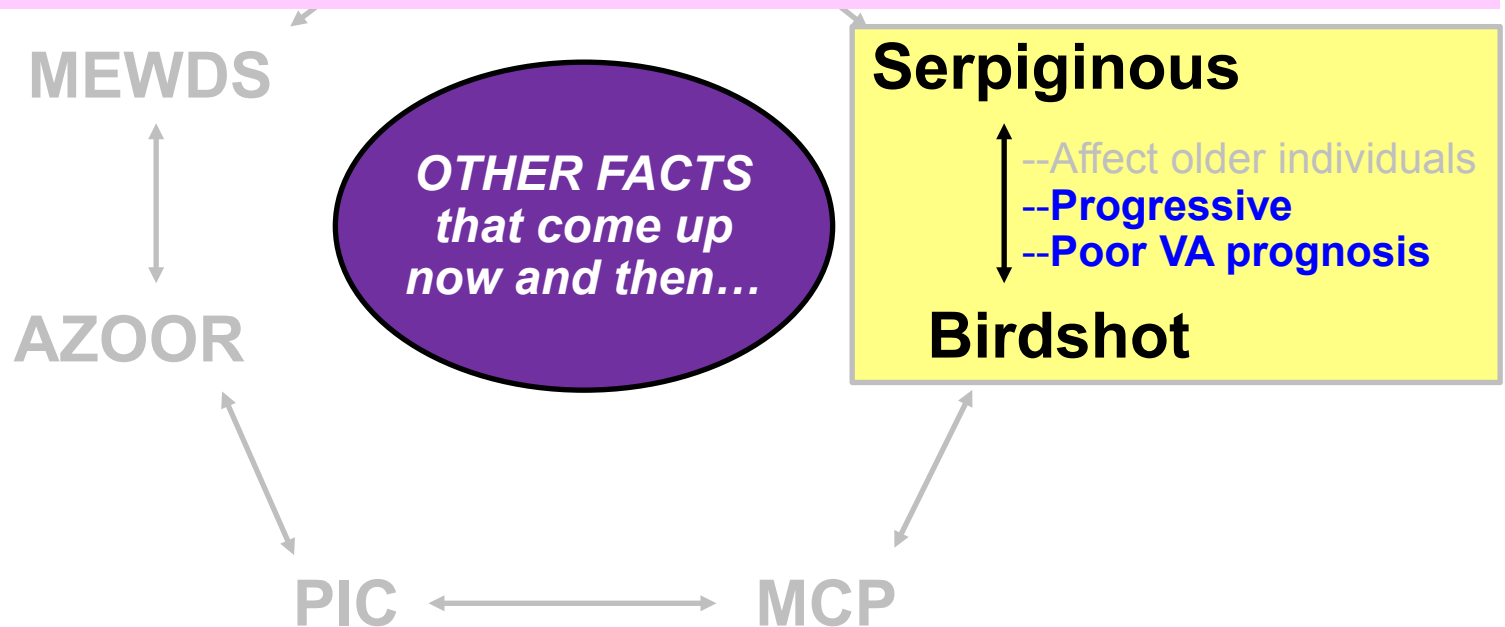


(No question—proceed when ready)

## White Dot Syndromes



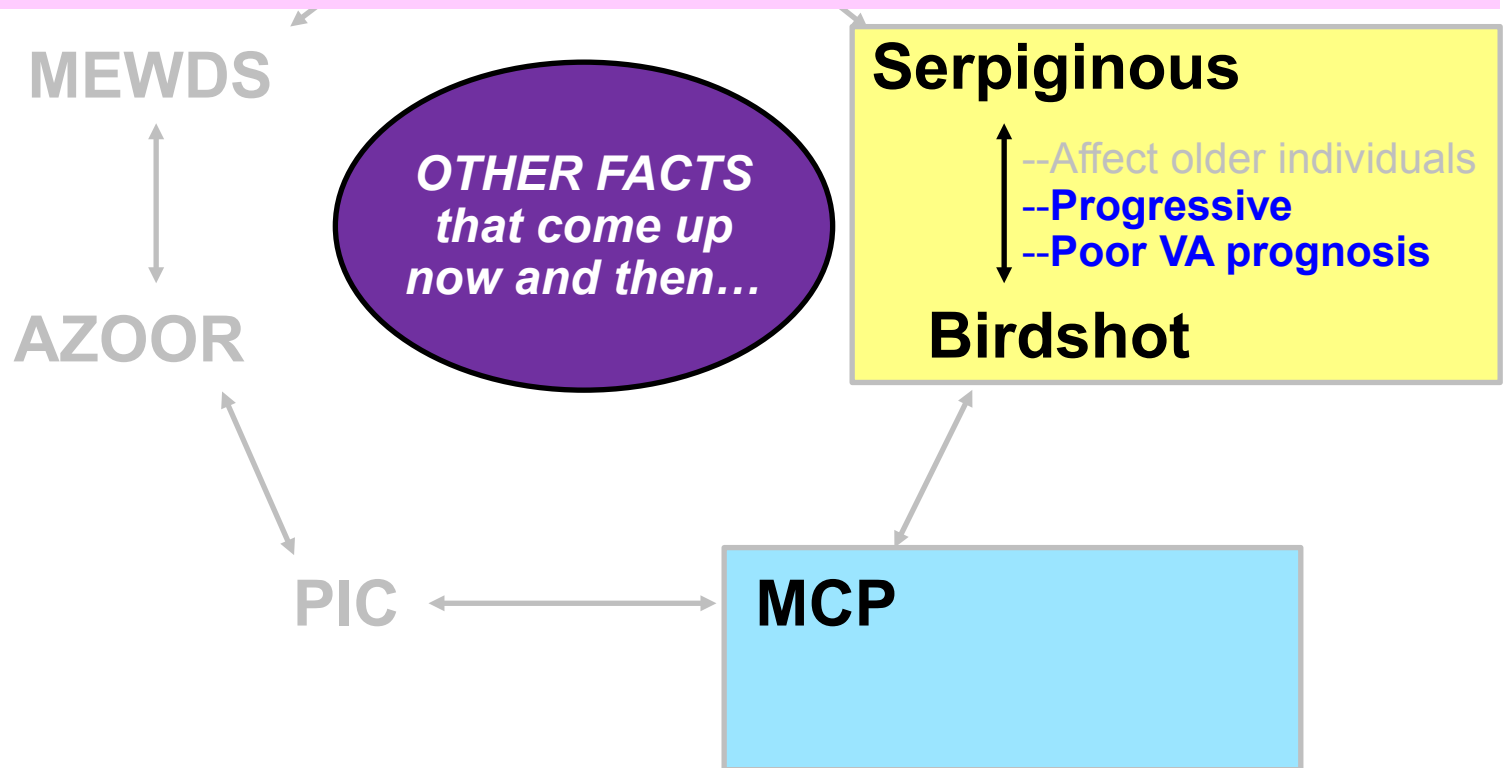
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## White Dot Syndromes



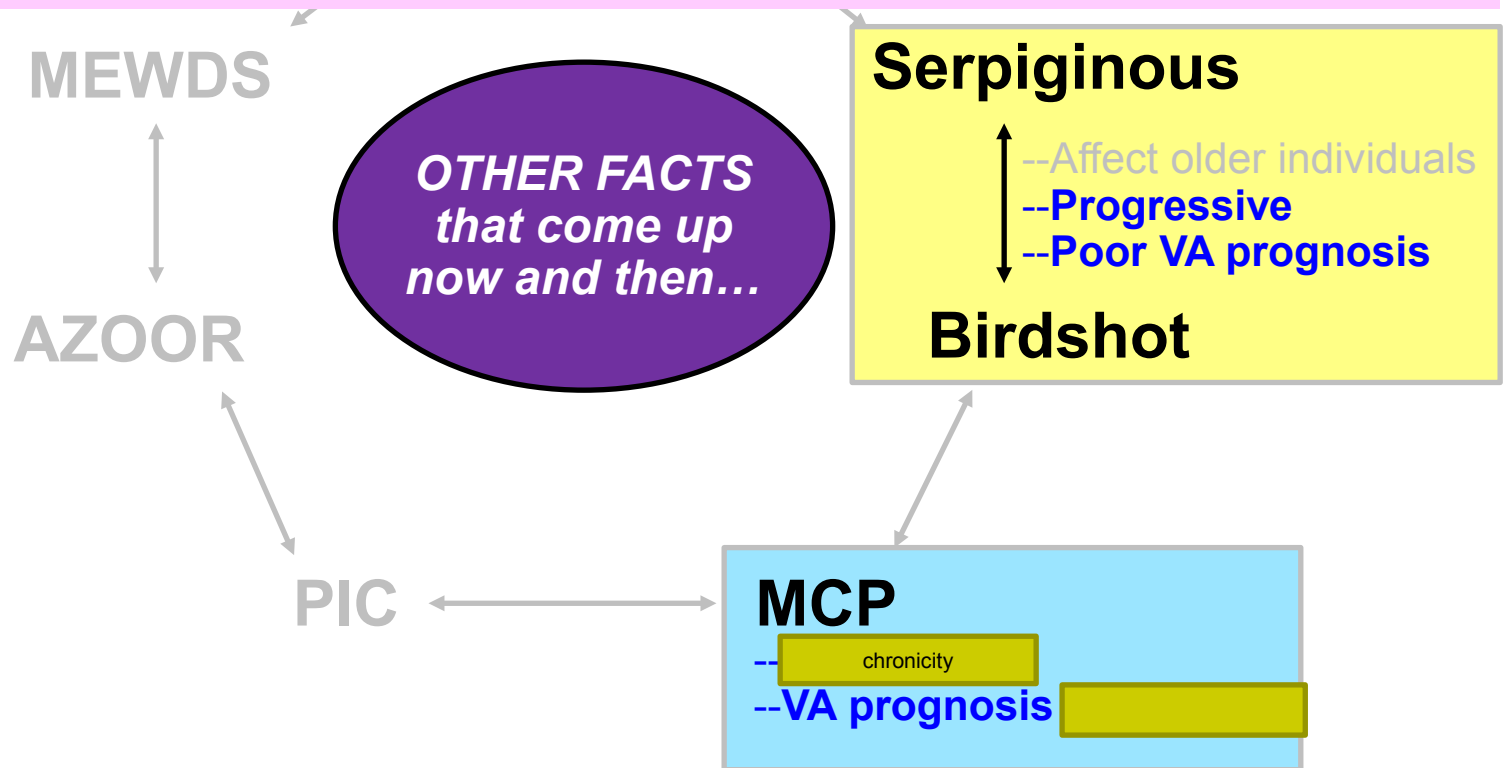
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## White Dot Syndromes



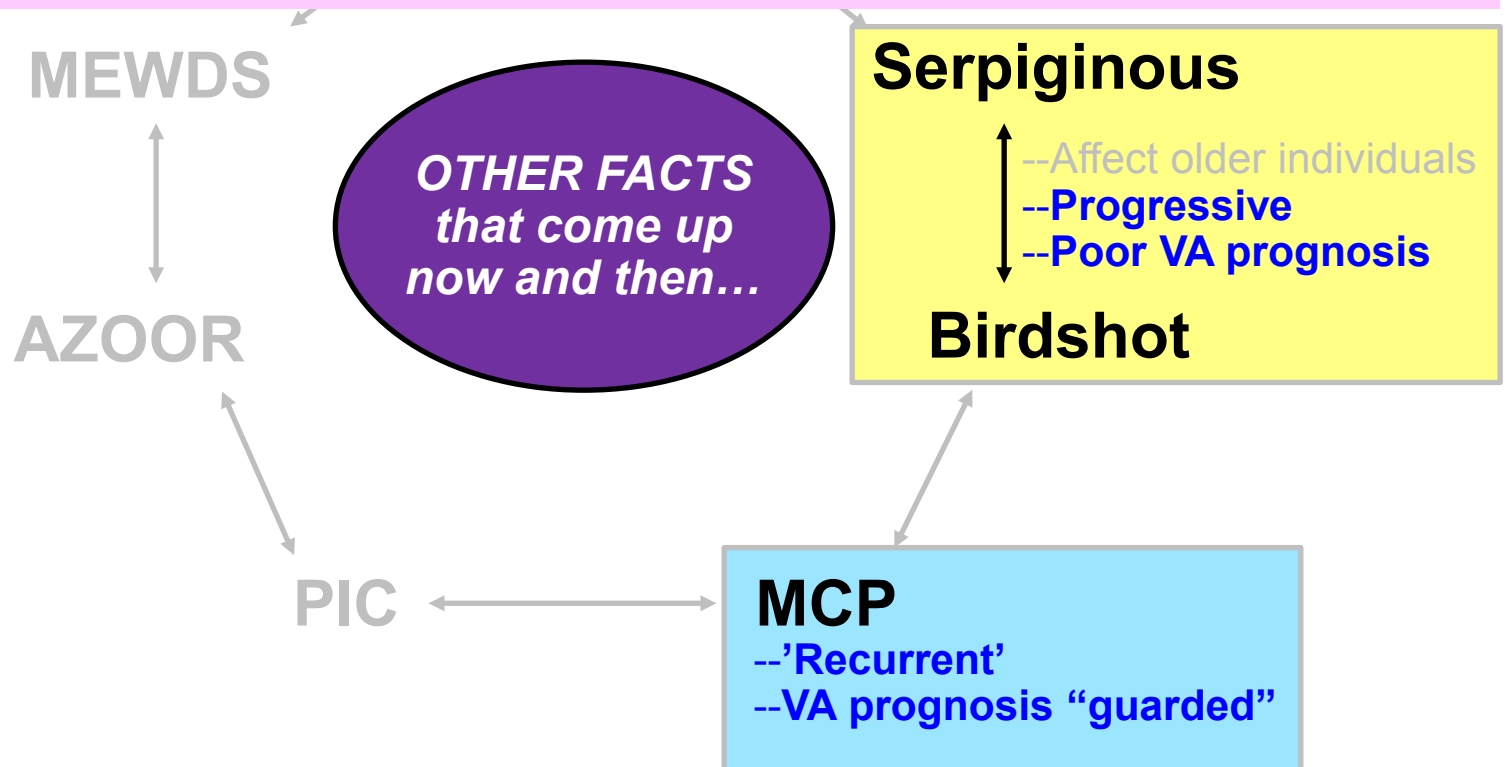
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## White Dot Syndromes



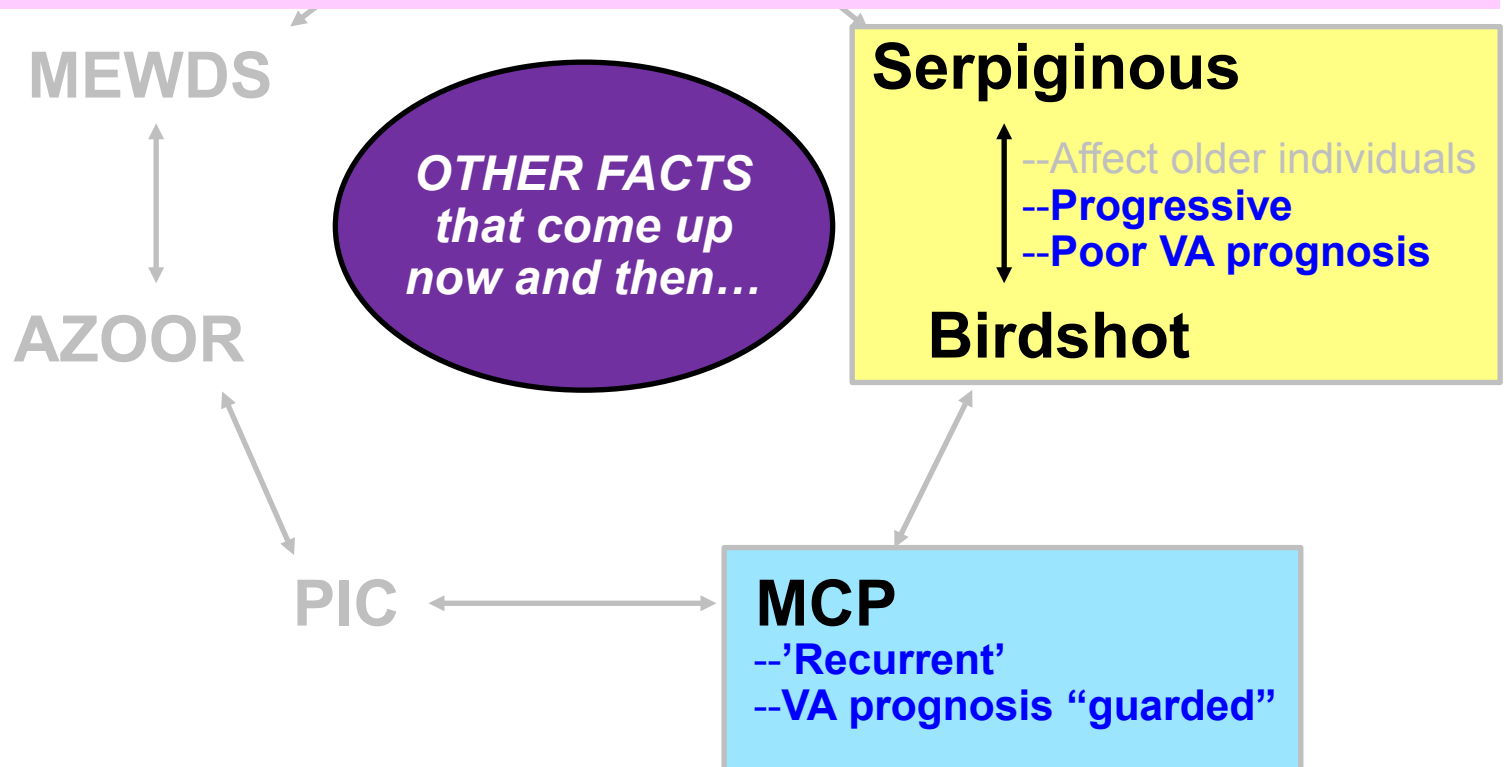
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## White Dot Syndromes



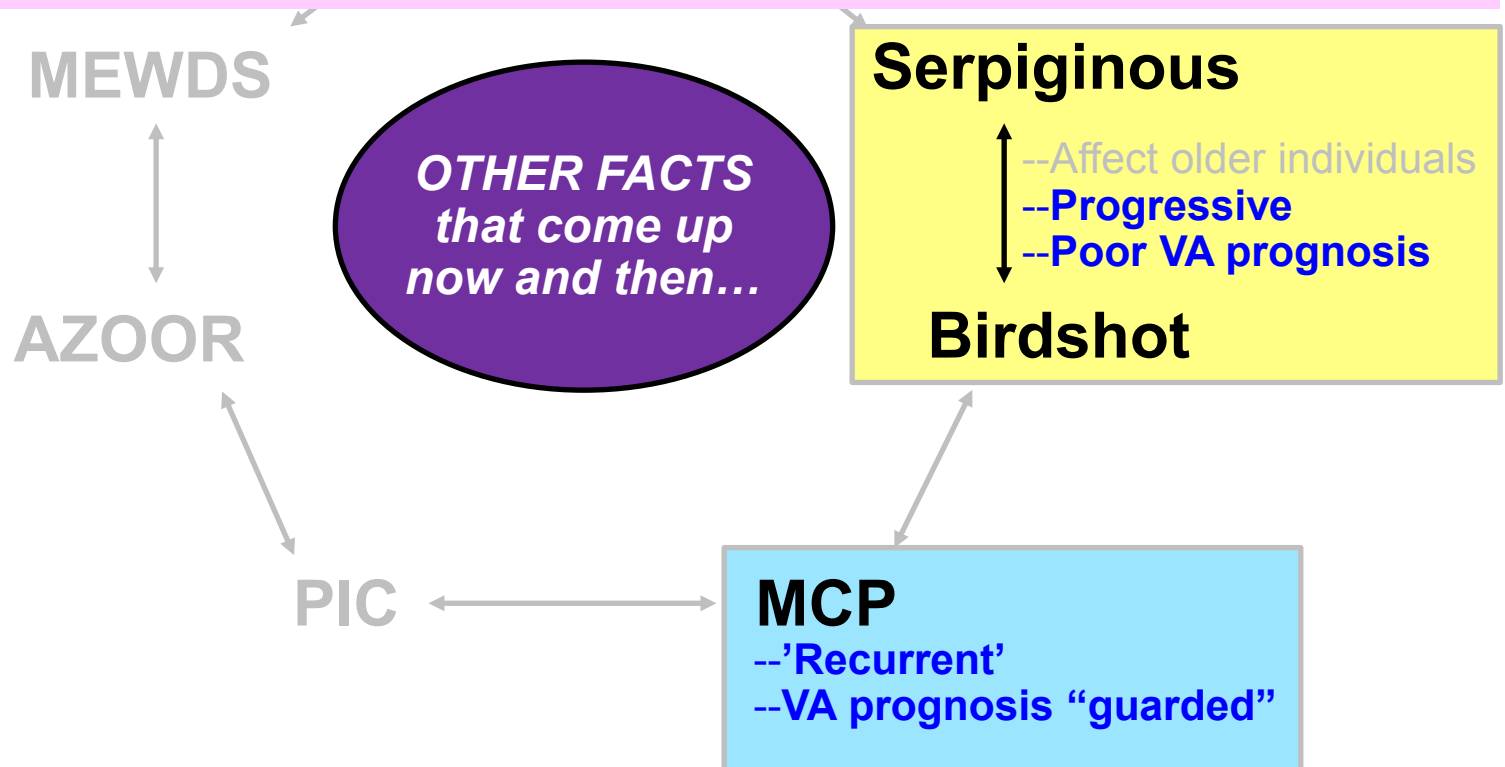
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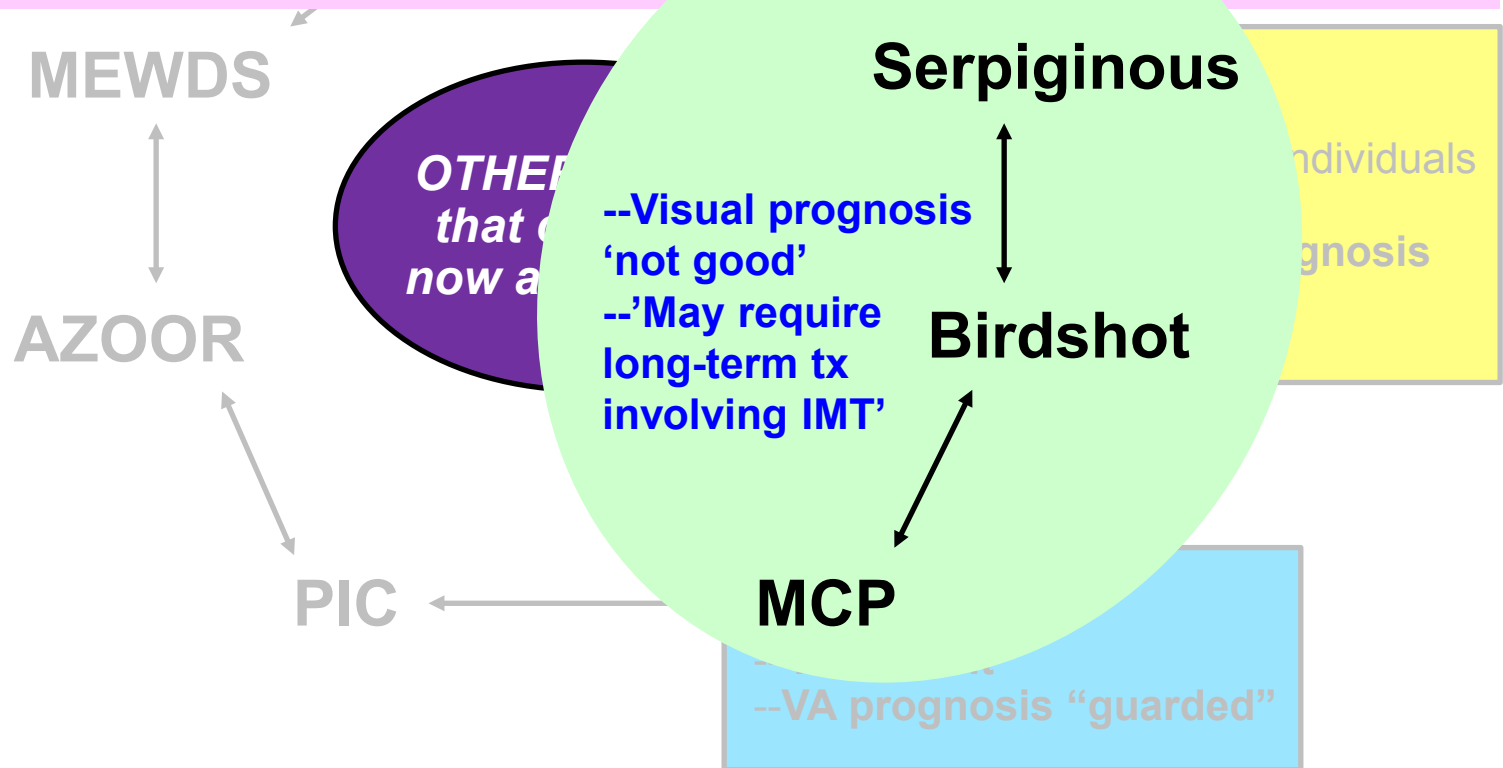


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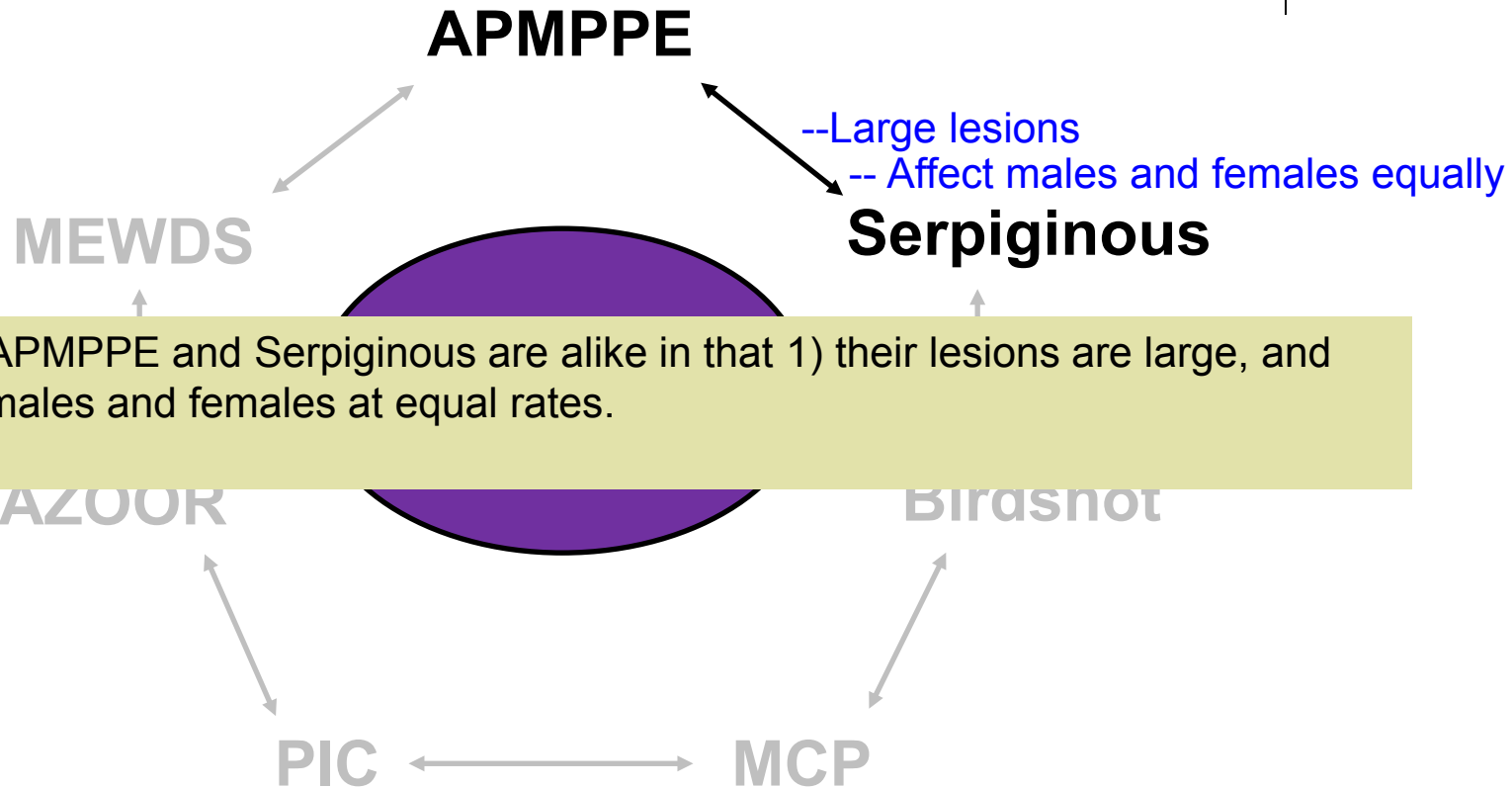
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The point being, there would be value in having a mental category entitled '*In what way are these **three** things alike?*' for these conditions.



(No question—proceed when ready)

# White Dot Syndromes

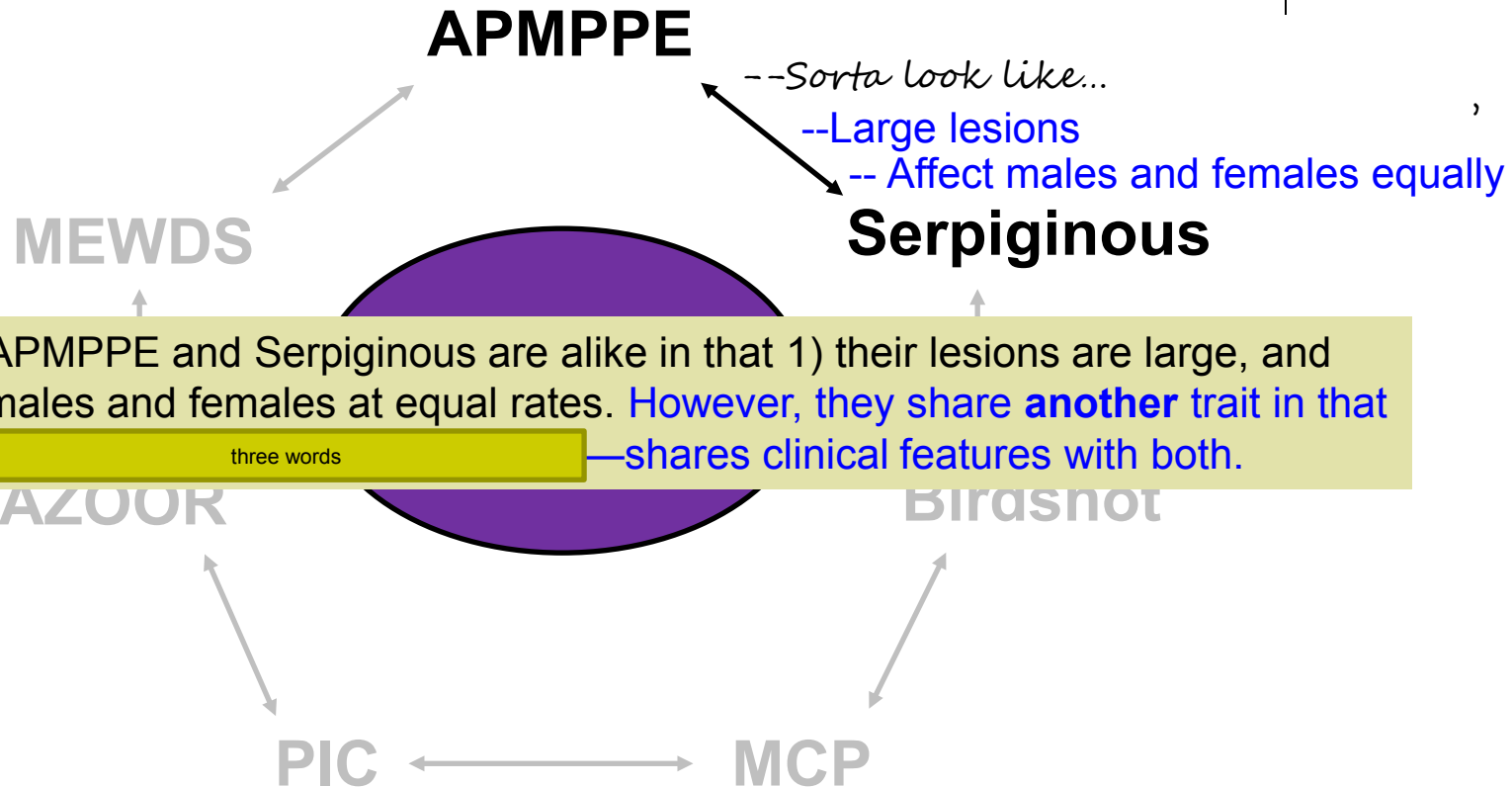


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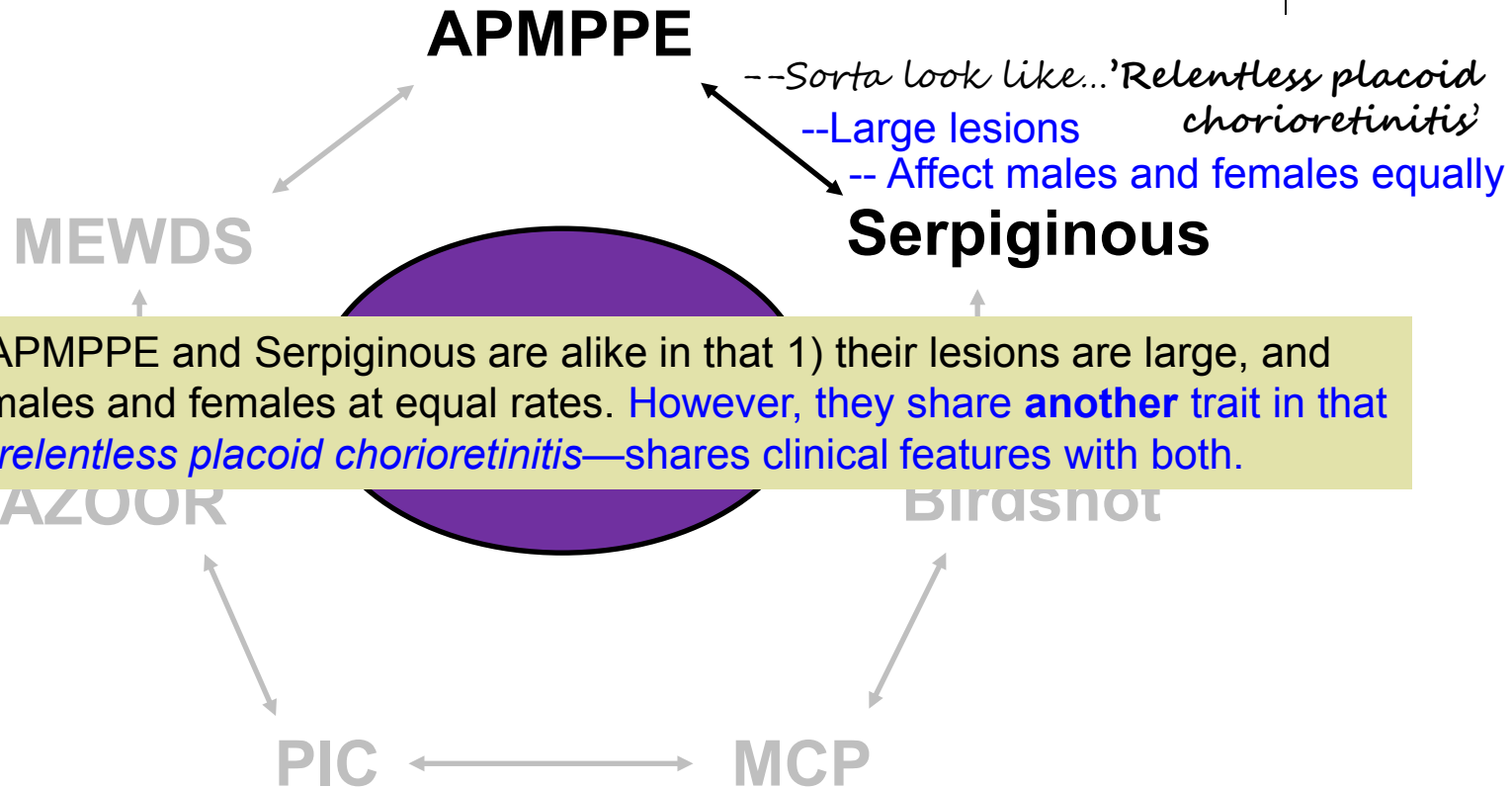
Q

## White Dot Syndromes



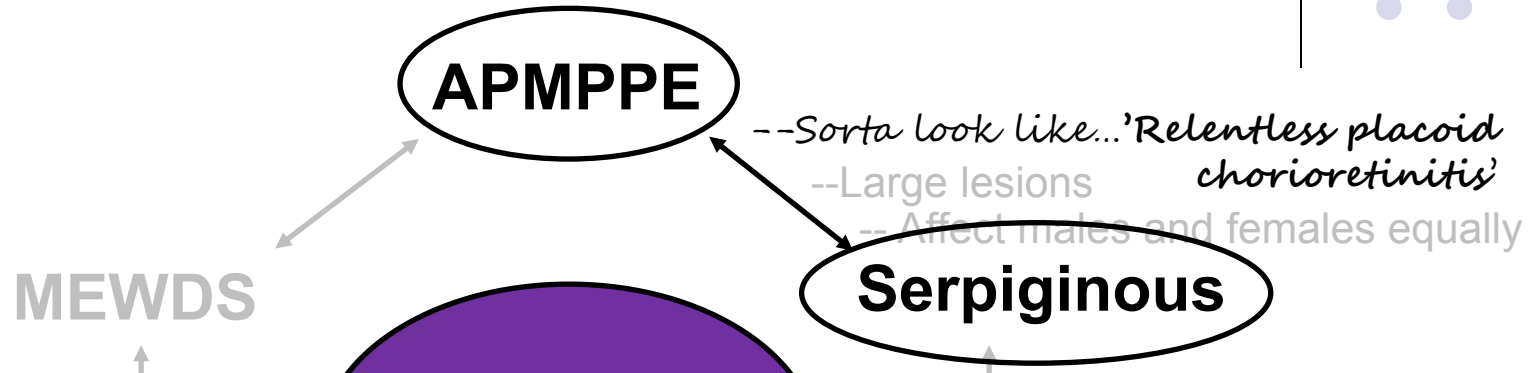
# A

## White Dot Syndromes



Q

## White Dot Syndromes

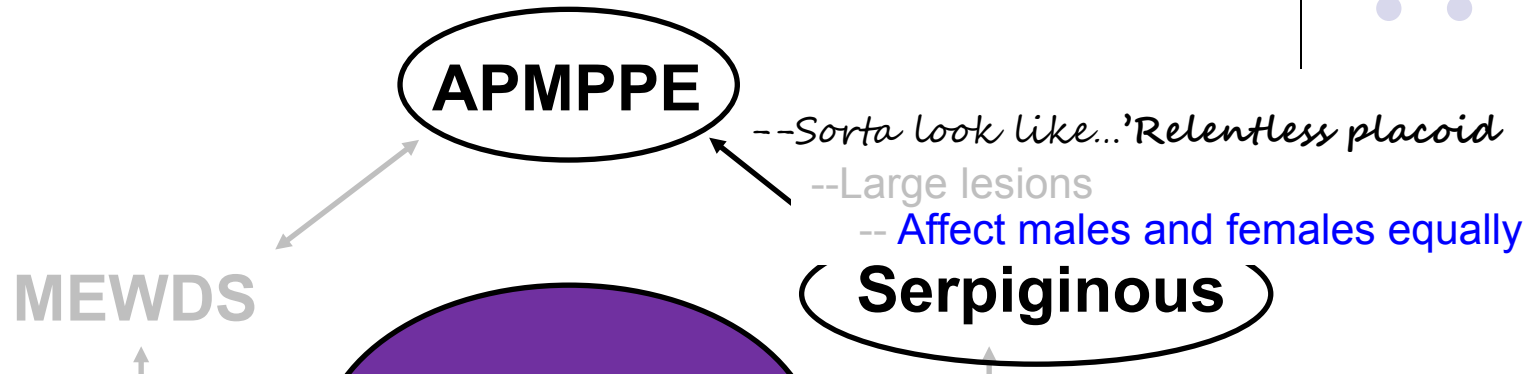


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*In what way is relentless placoid chorioretinitis (RPC) like both Serpiginous and APMPE?*

# A

## White Dot Syndromes

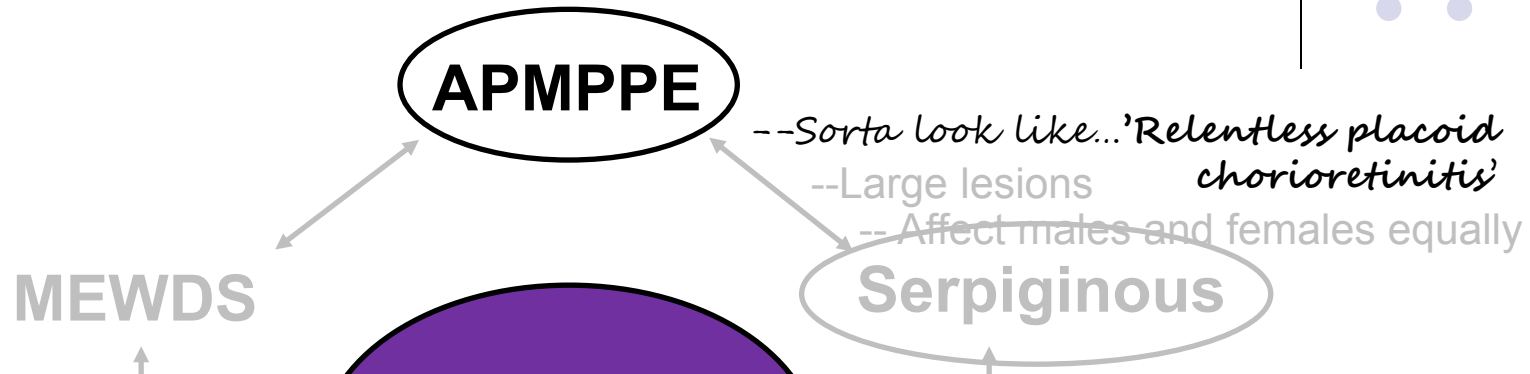


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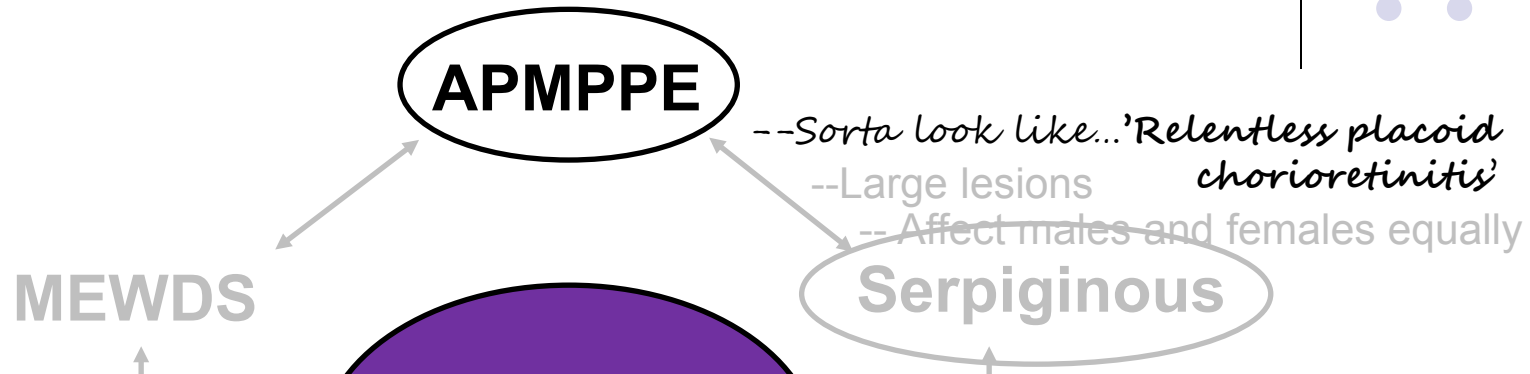
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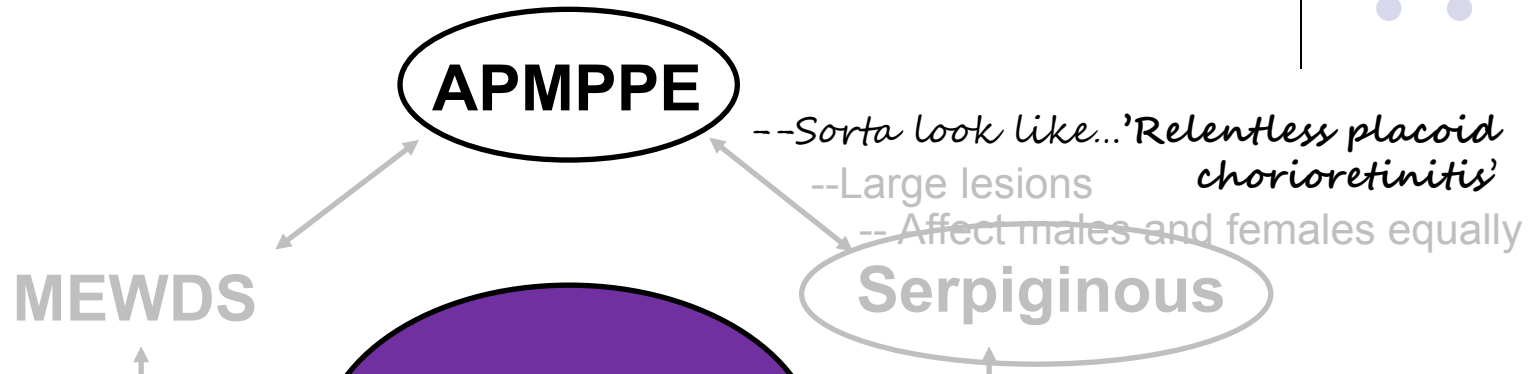
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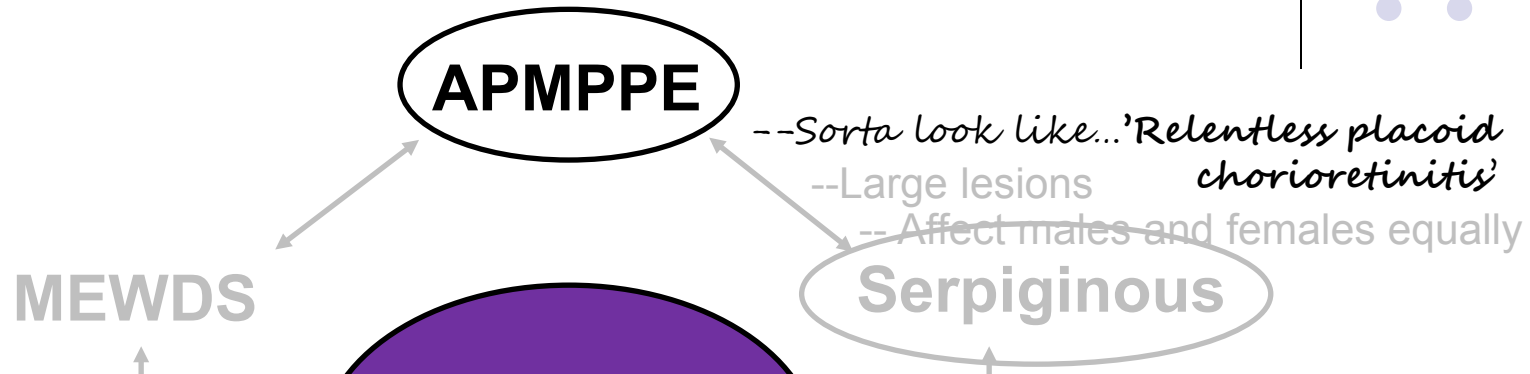
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# Q/A

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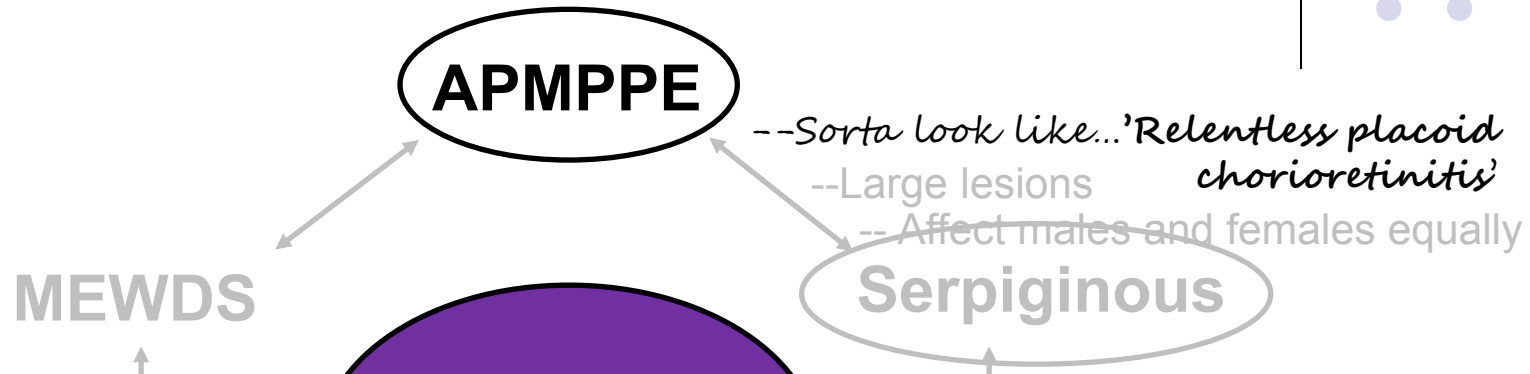
In two ways:

--?

--?

Q

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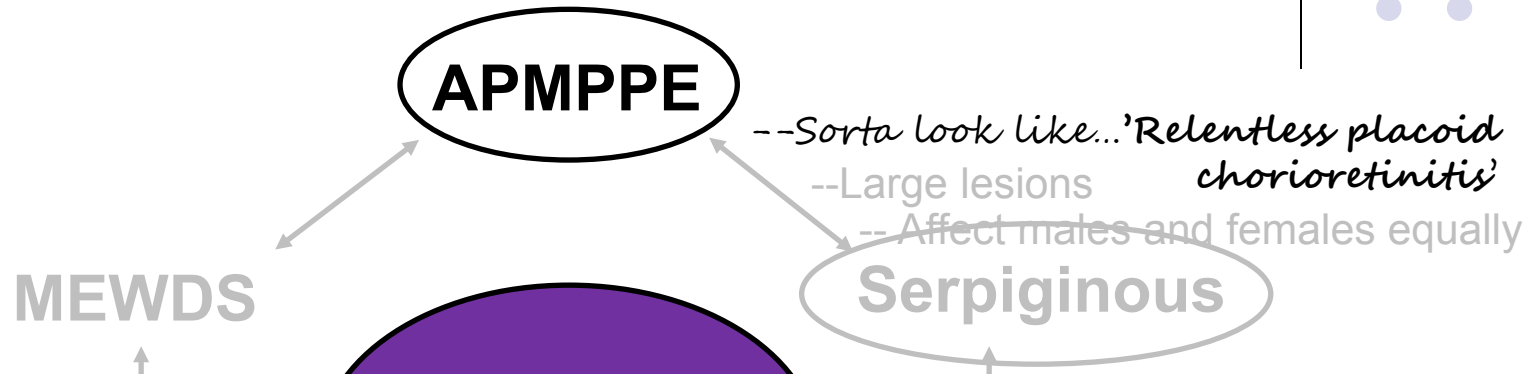
In two ways:

--The condition is

--?

# A

## White Dot Syndromes



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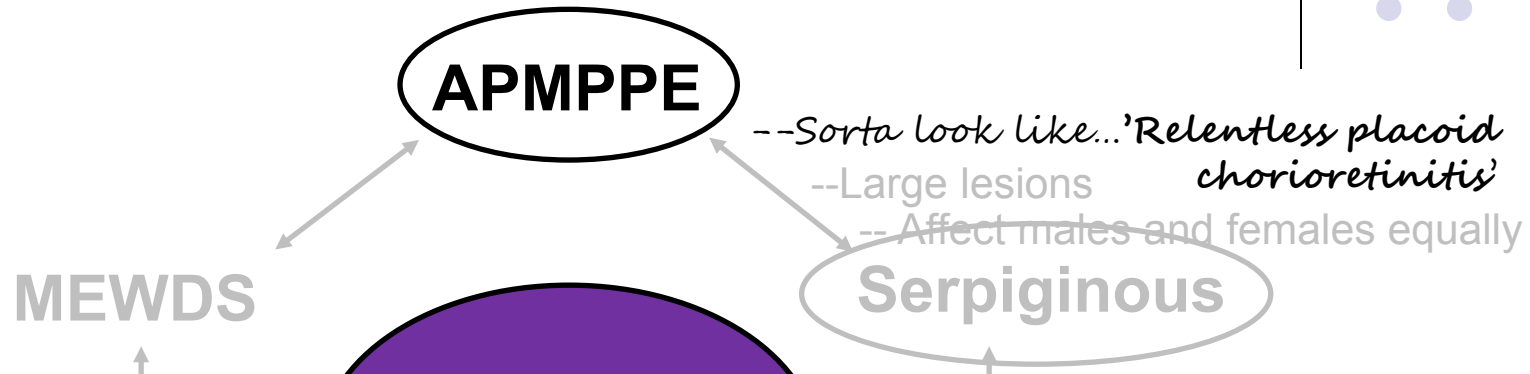
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In two ways:  
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--?

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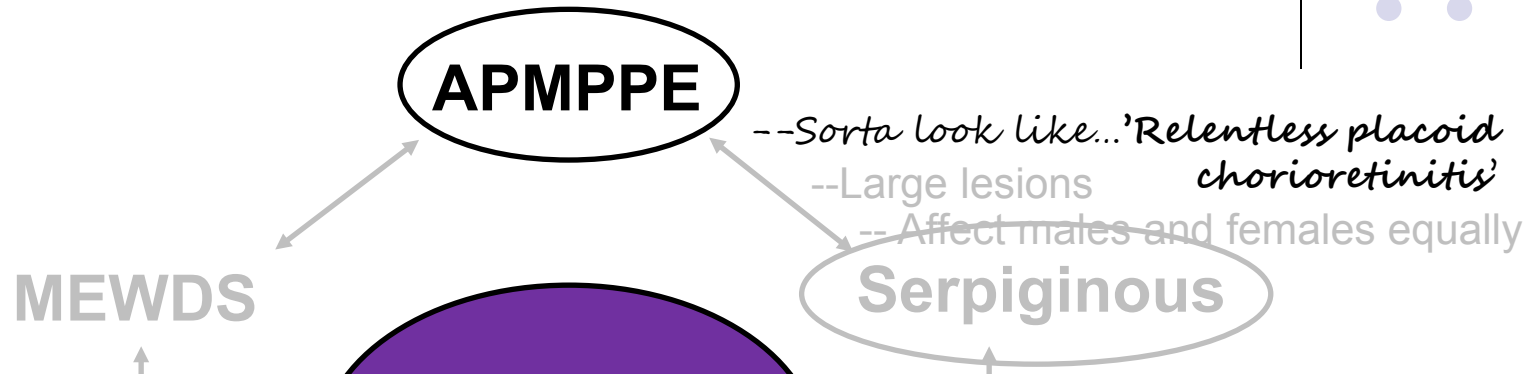
In two ways:

--The condition is recurrent

--When active lesions resolve, they leave

# A

## White Dot Syndromes



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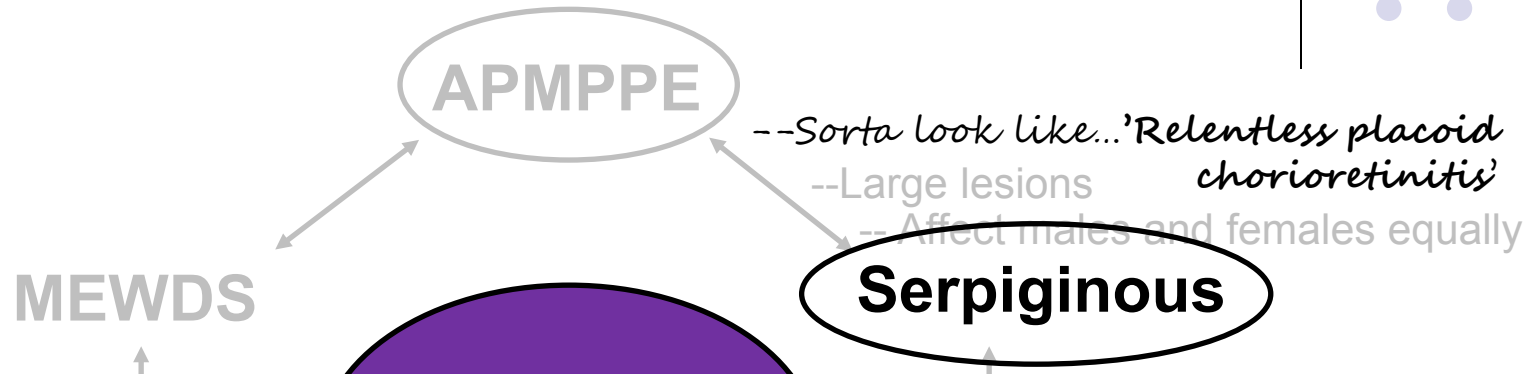
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In two ways:  
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--When active lesions resolve, they leave pigmented areas of chorioretinal scarring/atrophy

Q

## White Dot Syndromes



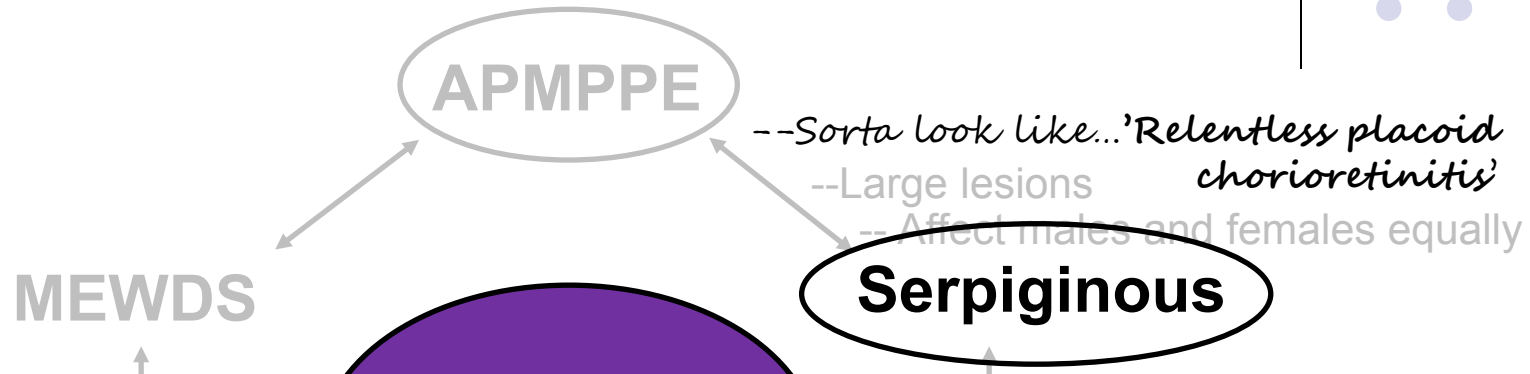
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- The condition is recurrent
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# Q/A

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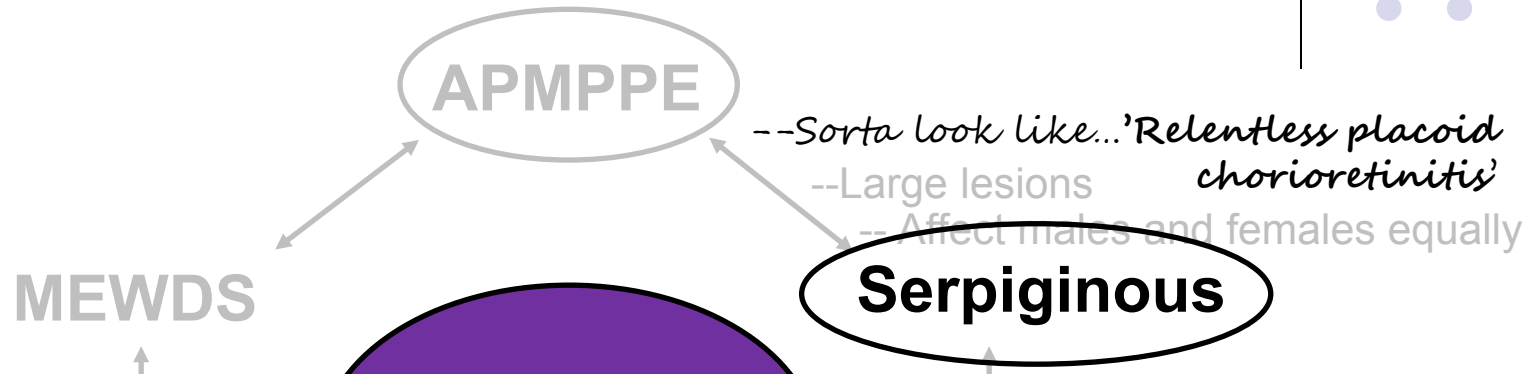
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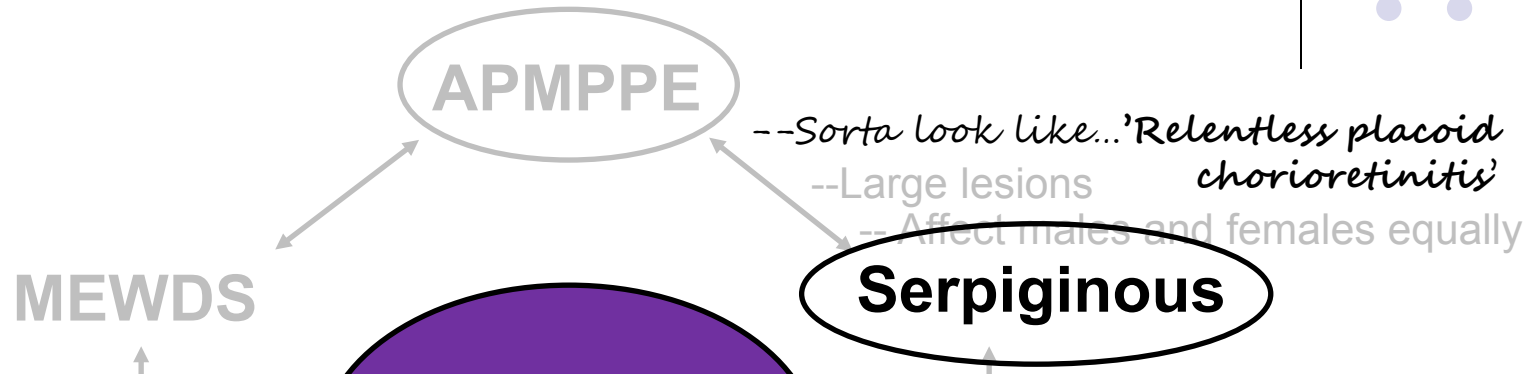
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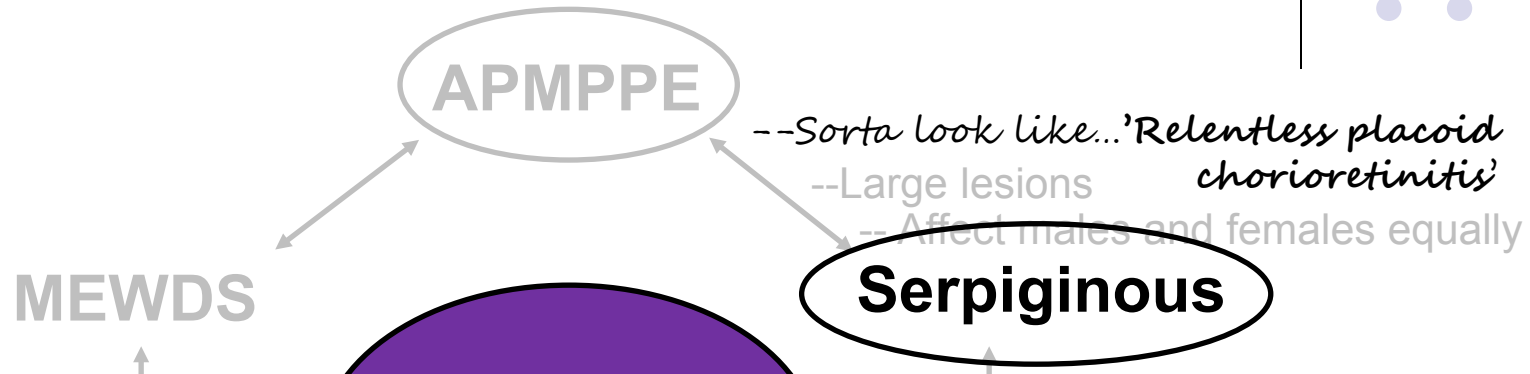
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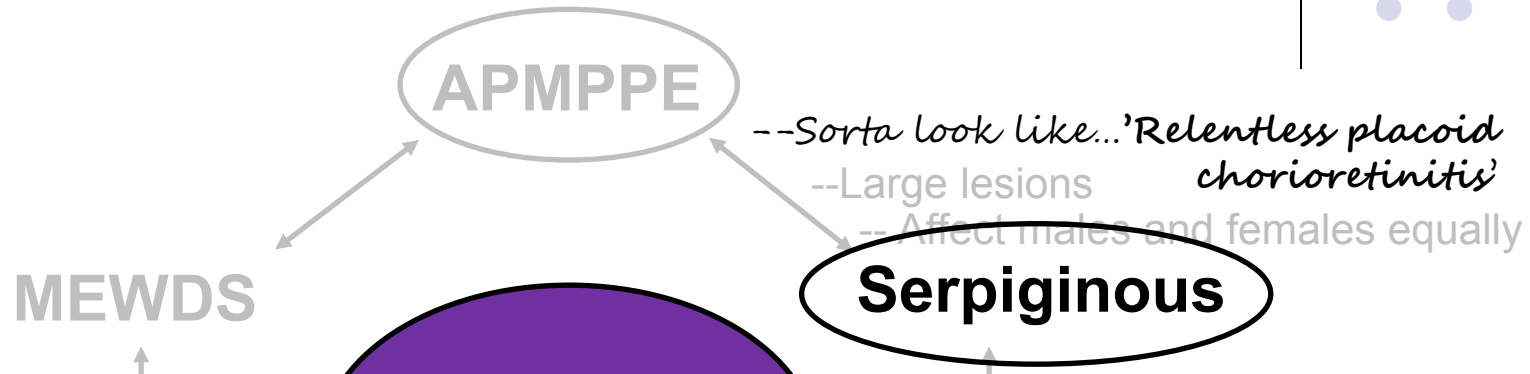
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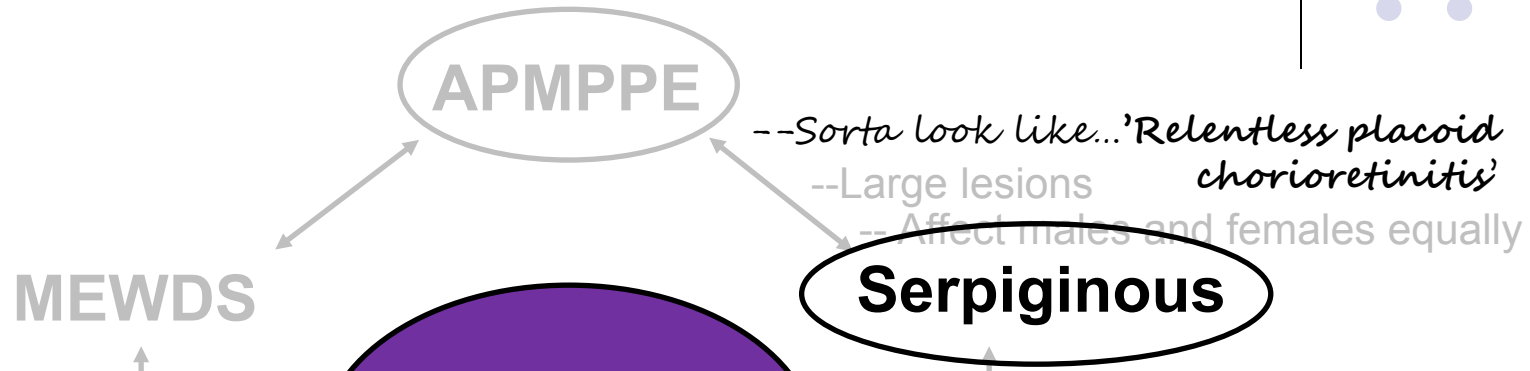
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Q

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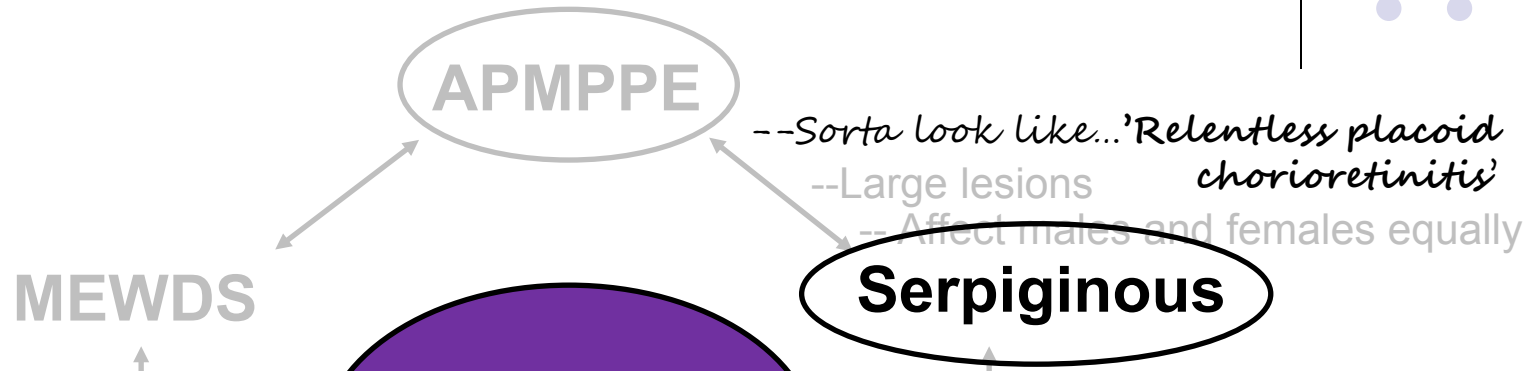
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# A

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In two ways:

- The condition is recurrent
- When active lesions resolve, they leave pigmented areas of chorioretinal scarring/atrophy

*In what way do RPC lesions **not** resemble those of Serpiginous?*

When the condition recurs, lesions often crop up in new locations; ie, unlike recurrences in Serpiginous, new lesions don't appear at the edge of older ones

--The condition is recurrent

--When active lesions resolve, they leave pigmented areas of chorioretinal scarring/atrophy

## White Dot Syndromes



**Relentless placoid chorioretinitis.** Note the RPE hyperpigmentation and atrophy in the central macula; this is indicative of previous inflammation.

## White Dot Syndromes



**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.**



# Q

## White Dot Syndromes



- *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?*

# A

## White Dot Syndromes

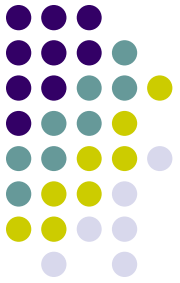


- *Four infectious etiologies must be considered before making the diagnosis of a white-dot syndrome. Three (syphilis, TB and histo) have already been mentioned. What is the fourth?*

***Diffuse unilateral subacute neuroretinitis (DUSN)***

Q

## White Dot Syndromes



- *What category of bug is implicated in DUSN?*

# A

## White Dot Syndromes



- *What category of bug is implicated in DUSN?*  
The nematode

Q

## White Dot Syndromes



- *What category of bug is implicated in DUSN?*  
The **nematode**

*What is the more colloquial name for the nematode?*

# A

## White Dot Syndromes



- *What category of bug is implicated in DUSN?*  
The **nematode**

*What is the more colloquial name for the nematode?*  
The roundworm

# Q

## White Dot Syndromes



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

# A

## White Dot Syndromes



- *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*



# Q

## White Dot Syndromes



- *What category of bug is implicated in DUSN?*  
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# A

## White Dot Syndromes



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## White Dot Syndromes



*Baylisascaris procyonis* (the raccoon roundworm)

# Q

## White Dot Syndromes



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- *What is the infectious load; ie, how many worms are typically involved?*

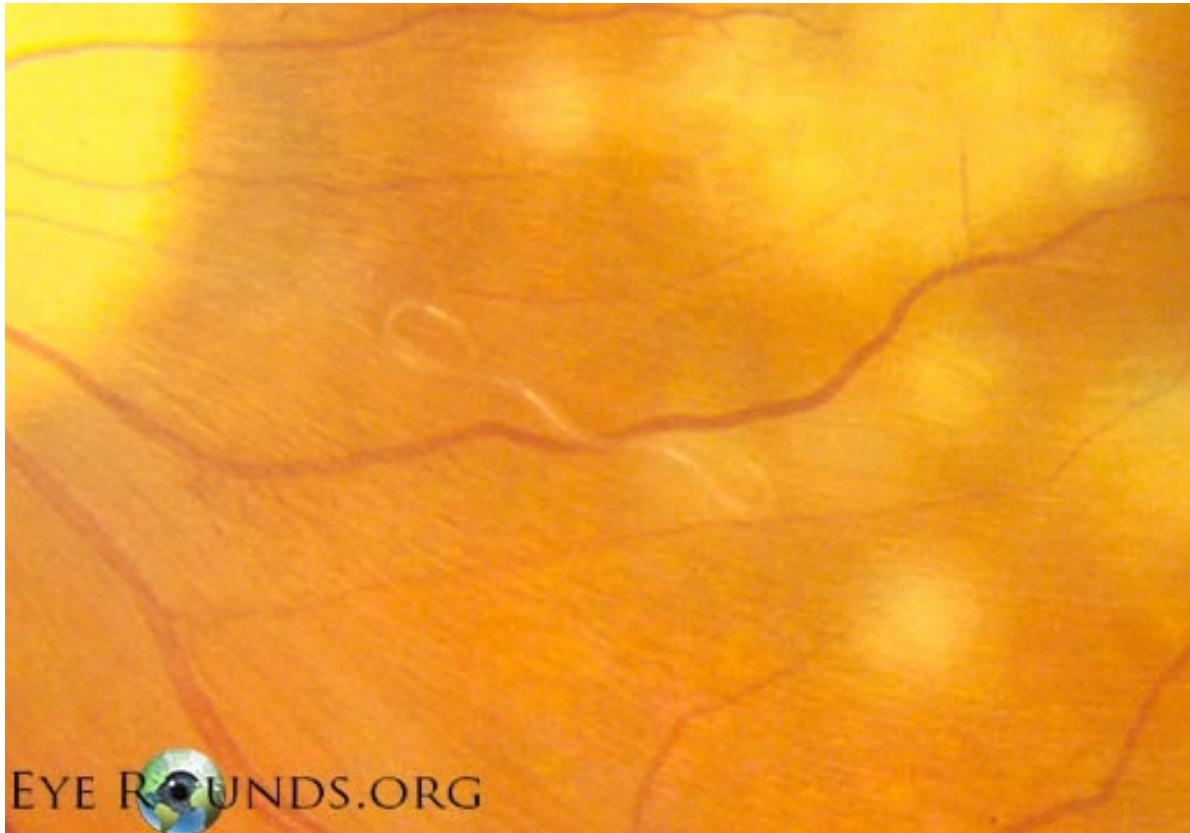
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## White Dot Syndromes



*DUSN*

# Q

## White Dot Syndromes



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- *How is DUSN treated?*

# A

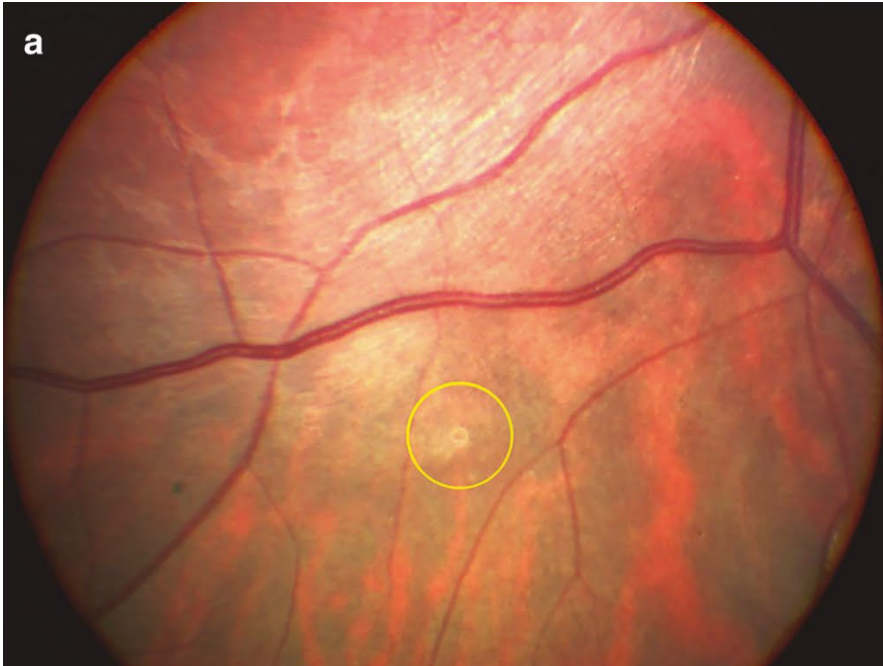
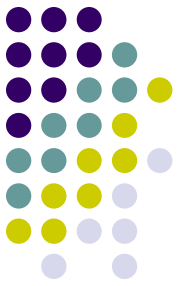
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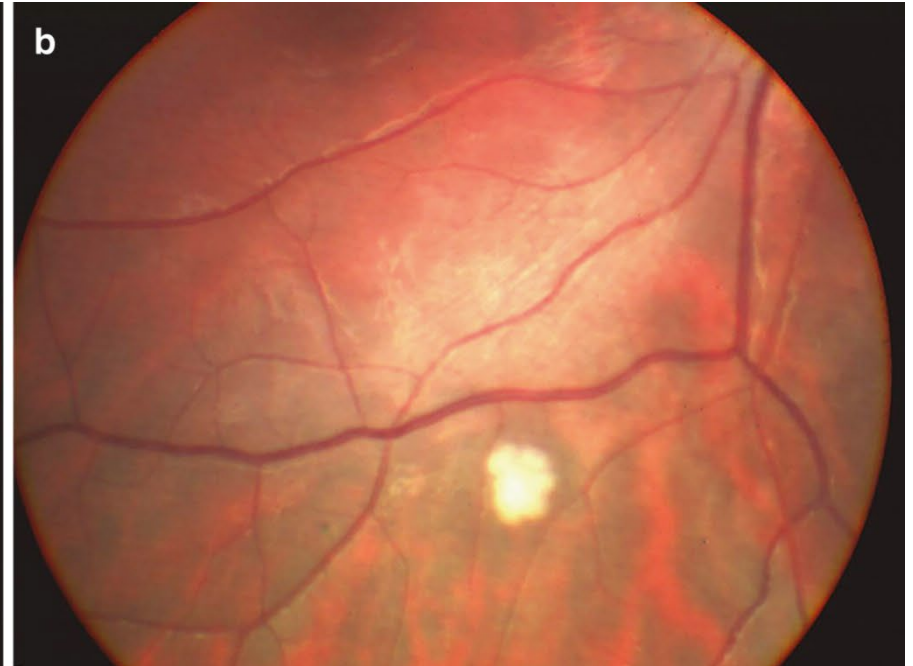
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  - 3) *Toxocara*
- *What is the infectious load; ie, how many worms are typically involved? **ONE!** There is a single worm back there*
- *How is DUSN treated? Laser the subretinal critter (if you can find it)*



# White Dot Syndromes



Worm



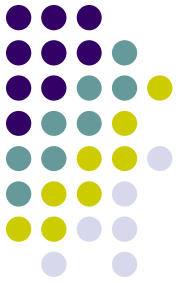
s/p laser

*DUSN*

Q

## White Dot Syndromes

- *Who is the typical DUSN pt?*



# A

## White Dot Syndromes



- *Who is the typical DUSN pt?* An otherwise healthy adolescent or young adult

# Q

## White Dot Syndromes



- *Who is the typical DUSN pt?* An otherwise healthy adolescent or young adult
- *DUSN has two stages--what are they?*
  - 1) *(this one occurs first)*
  - 2)

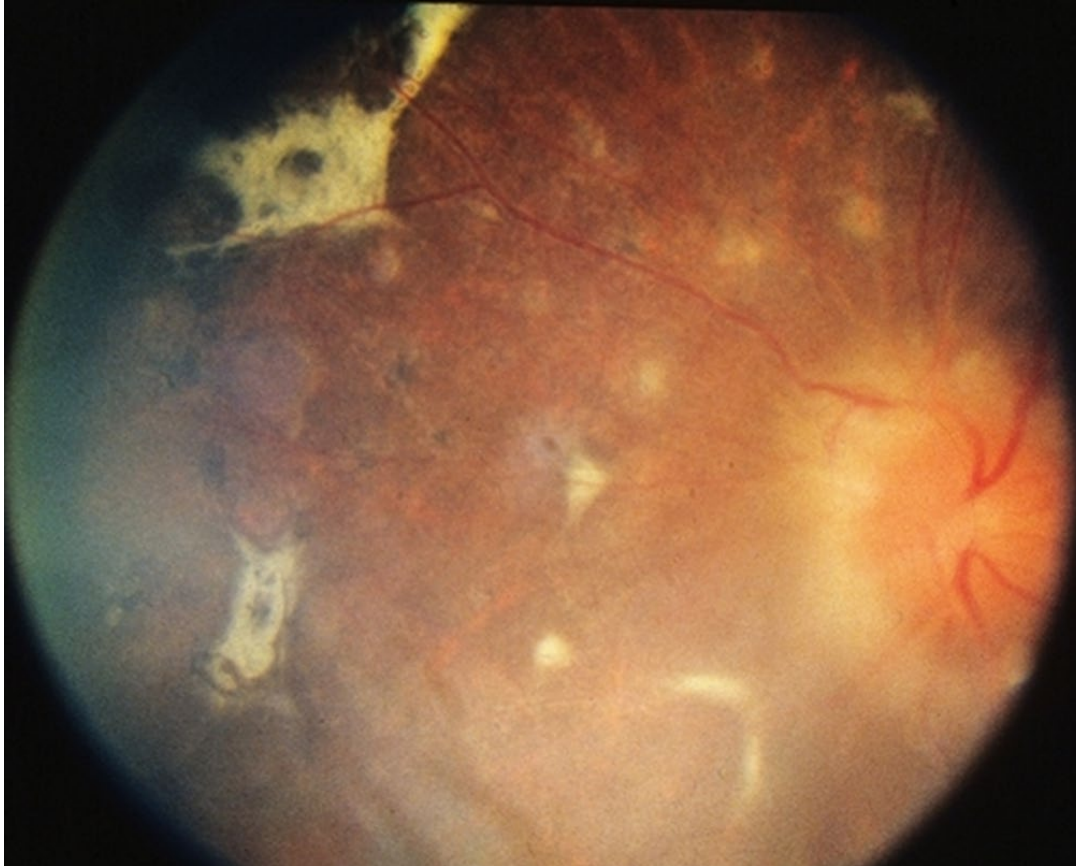
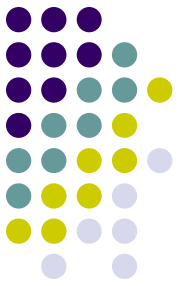
# A/Q

## White Dot Syndromes



- *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)

## White Dot Syndromes



*DUSN: Acute stage*

# A/Q

## White Dot Syndromes



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  - 2) *(then this one)*

# A

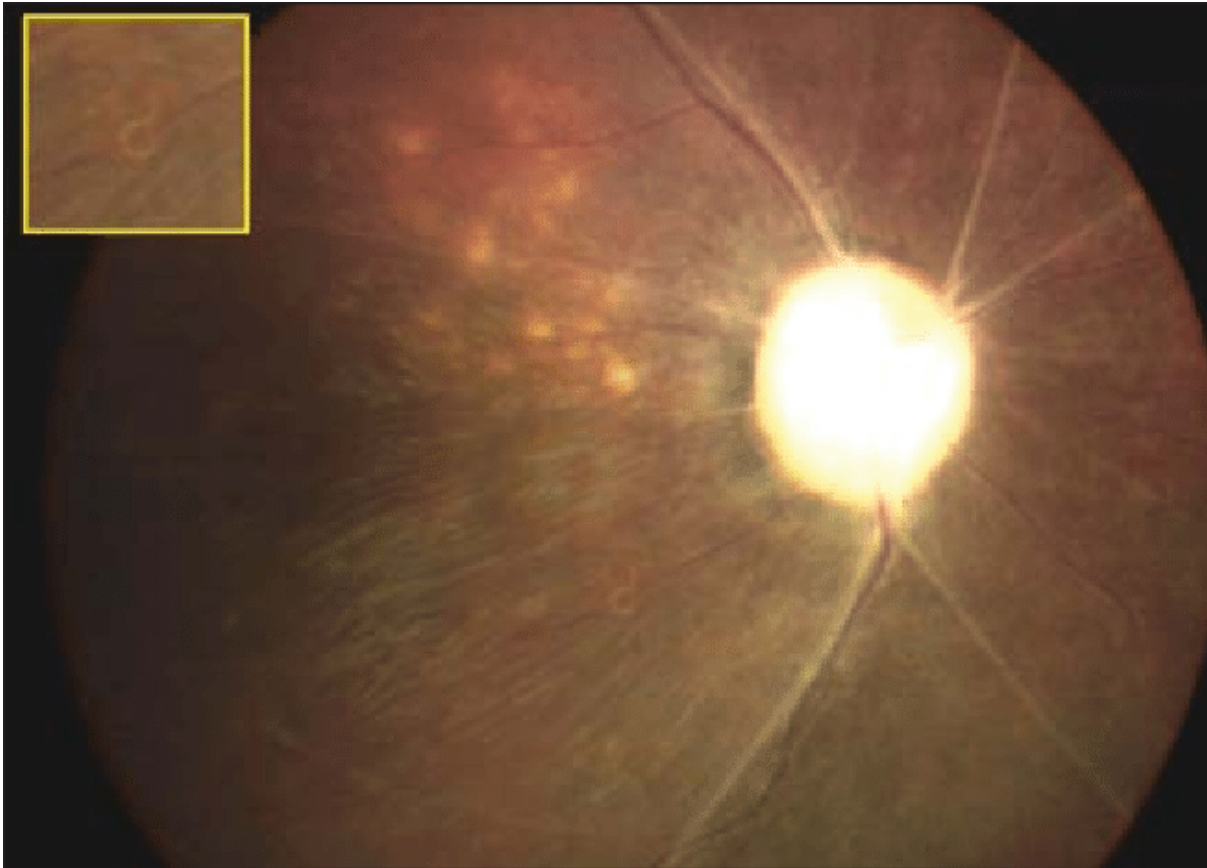
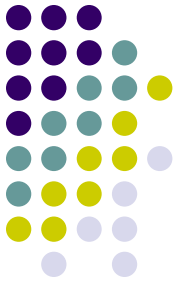
## White Dot Syndromes



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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

# Q

## White Dot Syndromes



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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?*

# A

## White Dot Syndromes



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Duh--**white-dot syndromes**. When faced with a presumptive WDS pt, always consider whether it might be DUSN.

# Q

## White Dot Syndromes



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*Why is it so important to consider DUSN in WDS pts?*

# A

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Duh--**white-dot syndromes**. When faced with a presumptive WDS pt, always consider whether it might be DUSN.

*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.