Re white dot syndromes:

What do these acronyms stand for?

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

What do these acronyms stand for?

**MCP**: Multifocal choroiditis and panuveitis

**PIC**: Punctate inner choroiditis

**MEWDS**: Multiple evanescent white dot syndrome

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

**AZOOR**: Acute zonal occult outer retinopathy
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

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 My copy of the *Uveitis* book still uses the terms as listed above (that said, I am one version out of date on this volume).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

Note: Two others, not previously mentioned
What is the ‘full name’ of serpiginous?
What is the ‘full name’ of serpiginous? The most recent version of the *Retina* book calls it *serpiginous choroidopathy*. If you answered *geographic choroiditis* or *helicoid peripapillary choroidopathy*, you aren’t wrong (but you are a gunner).
**MCP:** Multifocal choroiditis and panuveitis  
**PIC:** Punctate inner choroiditis  
**MEWDS:** Multiple evanescent white dot syndrome  
**APMPPE:** Acute posterior multifocal placoid pigment epitheliopathy  
**AZOOR:** Acute zonal occult outer retinopathy  
Also, **SERPIGINOUS** and **BIRDSHOT**

---

**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?

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP</td>
<td>Multifocal choroiditis and panuveitis</td>
</tr>
<tr>
<td>PIC</td>
<td>Punctate inner choroiditis</td>
</tr>
<tr>
<td>MEWDS</td>
<td>Multiple evanescent white dot syndrome</td>
</tr>
<tr>
<td>APMPPE</td>
<td>Acute posterior multifocal placoid pigment epitheliopathy</td>
</tr>
<tr>
<td>AZOOR</td>
<td>Acute zonal occult outer retinopathy</td>
</tr>
<tr>
<td>SERPIGINOUS</td>
<td>and BIRDSHOT</td>
</tr>
</tbody>
</table>
Re white dot syndromes:

- Which two look like POHS? *MCP, PIC*
- Which two are most likely to strike older individuals? *Birdshot, serpiginous*
Note: Lesions are largely nasal to the ONH

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**
Note:
--Spots are perifoveal, often 'wreathlike' in distribution

Note:
--Pic is FAF (DFE often not revealing)
--Peripapillary location
--Hypofluorescent (= RPE/choriocap atrophy) & hyperfluorescent (excess lipofuscin in RPE)
Re white dot syndromes:

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

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

**Mnemonic alert:** Note that the words **MEWDS** and **AZOOR** contain the **U** sound, which hearkens to the ‘**U**’ in the word unilateral.
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**

**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**
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?
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*
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? **Birdshot, MCP**
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**
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?
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**

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

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

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

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

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

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

**MCP**: Multifocal choroiditis and panuveitis  
**PIC**: Punctate inner choroiditis  
**MEWDS**: Multiple evanescent white dot syndrome  
**APMPPE**: Acute posterior multifocal placoid pigment epitheliopathy  
**AZOOR**: Acute zonal occult outer retinopathy  
Also, **SERPIGINOUS and BIRDSHOT**
Re white dot syndromes:
- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- 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?
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**
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)**
- 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**
- 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**

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

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

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

With regard to visual prognosis:

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

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

With regard to visual prognosis:

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

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

With regard to visual prognosis:

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

- Which two look like POHS? **MCP, PIC**
- Which two are most likely to strike older individuals? **Birdshot, serpiginous**
- Which two are likely to present unilaterally? **MEWDS, AZOOR**
- Which two have the largest lesions? **APMPPE, serpiginous**
- Which two always have vitreous cell? **Birdshot, MCP**
- Which are likely to strike females? **All of them**
- 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?
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
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?
- 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? 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)
- Which two affect young myopic females? PIC, AZOOR
- Which two have the worst prognosis? Serpiginous, Birdshot
- Which two may have a viral prodrome? APMPPPE

Per the BCSC Retina book
Per the BCSC Uveitis book

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

With regard to a viral prodrome:

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

Per both books
Re white dot syndromes:

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

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

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

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

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

In general terms, how does serpiginous progress (ie, from where, in what fashion)? It starts in the peripapillary area, and spreads centrifugally from there in a meandering, snake-like pattern.
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
- Which two may have a viral prodrome? APMPPE, MEWDS
- Which two tend to be chronic/recurrent? Serpiginous, birdshot

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

What does the word serpiginous mean, anyway? Serpiginous
- 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

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

What does the word serpiginous mean, anyway? It means ‘snake-like’
**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*
  - Which two may have a viral prodrome? *APMPPE, MEWDS*
  - 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? **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**
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
- Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?
- Which two always have vitreous cell? Birdshot, MCP
- Which 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
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.

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
- 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?
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

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
- 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

**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
- 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

**Your APMPPE pt c/o a HA. Should you be concerned s/he has cerebral vasculitis?**

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

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

A peripheral neuro deficit

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

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

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

Learn the pattern!

(No question--proceed when ready)
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

PIC

MCP

Serpiginous

Birdshot
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

- 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
- Birdshot

One way these are alike
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
- AZOOR
- PIC
- MCP
White Dot Syndromes

- APMPPE
  - Large lesions
  - Affect males and females equally

- MEWDS
- AZOOR
- PIC
- MCP

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

- Birdshot
  - Vitreous cell always present

One way these are alike

Affect males and females equally

Affect older individuals
Progressive
Poor VA prognosis

Vitreous cell always present
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

MEWDS

AZOOR

PIC
- POHS imitators

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
- PIC
  - POHS imitators
- MCP
- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis
- Birdshot
  - Vitreous cell always present

One way these are alike.
White Dot Syndromes

AZOOR

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

PIC

APMPPE

MEWDS

Serpiginous

Birdshot

MCP

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

APMPPE

--Large lesions
--Affect males and females equally

MEWDS

two ways these are alike

AZOOR

Affect young myopic females--

PIC

--POHS imitators

MCP

--POHS imitators

Serpiginous

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

Birdshot

--Vitreous cell always present

Q
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
  - POHS imitators
- PIC
  - POHS imitators
- MCP
  - Vitreous cell always present
- Serpiginous
  - Affect older individuals
  - Progressive
  - Poor VA prognosis
- Birdshot
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
  - May have viral prodrome

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

- **Serpiginous**
  - Vitreous cell always present

- **PIC**
  - POHS imitators

- **MCP**
  - One way these are alike
White Dot Syndromes

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

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

**AZOOR**
- Affect young myopic females

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

**Birdshot**
- Vitreous cell always present

**PIC**
- POHS imitators

**MCP**

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

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

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

- Large lesions
- Affect males and females equally

APMPPE

Serpiginous
White Dot Syndromes

APMPPE

- Large lesions
- Affect males and females equally

Serpiginous

- Affect older individuals
- Progressive
- Poor VA prognosis

?
White Dot Syndromes

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

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

Birdshot
White Dot Syndromes

APMPPE
- Large lesions
- Affect males and females equally

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present
White Dot Syndromes

APMPPE

--Large lesions
--Affect males and females equally

Serpiginous

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

Birdshot

--Vitreous cell always present

MCP
White Dot Syndromes

APMPPE
- Large lesions
- 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
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--

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

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

Birdshot
- Vitreous cell always present

AZOOR
- Tend to strike unilaterally
- RAPD may be present

PIC
- Affect young myopic females

MCP
- POHS imitators
White Dot Syndromes

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

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

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

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

**PIC**
- POHS imitators

**MCP**
- POHS imitators

**Birdshot**
- Vitreous cell always present

---

A
White Dot Syndromes

MEWDS
- Tend to strike unilaterally
- RAPD may be present

AZOOR
- Affect young myopic females

PIC
- POHS imitators

APMPPE
- Large lesions
- Affect males and females equally

Serpiginous
- Affect older individuals
- Progressive
- Poor VA prognosis

Birdshot
- Vitreous cell always present

one way these are alike
White Dot Syndromes

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

- AZOOR:
  - Affect young myopic females

- PIC:
  - --POHS imitators

- MCP:
  - --POHS imitators

- APMPPE:
  - May have viral prodrome

- 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

AZOOR

PIC

Affect young myopic females--
White Dot Syndromes

APMPPE

Serpiginous
White Dot Syndromes

APMPPE

--Large lesions
--Affect males and females equally

Serpiginous

A
White Dot Syndromes

--POHS imitators
White Dot Syndromes

PIC ←→ MCP
--POHS imitators
White Dot Syndromes

MEWDS

AZOOR

?
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

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

AZOOR
- Affect young myopic females

PIC
- POHS imitators

MCP

Serpiginous

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

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

Stipulogy
- POHS imitators

Serpiginous
- Affect older individuals
  - Progressive
  - Poor VA prognosis

PIC
- Vitreous cell always present

MCP

(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

Serpiginous
Birdshot

PIC MCP

OTHER FACTS that come up now and then...

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

**APMPPE**

*Classic FA pattern:*

‘early, late’

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

MEWDS

AZOOR

PIC

MCP

Birdshot

Serpiginous
White Dot Syndromes

APMPPE

Classic FA pattern: ‘Blocks early, stains late’

MEWDS
AZOOR
PIC
MCP

Serpiginous
Birdshot

OTHER FACTS that come up now and then...
Blocks early…

APMPPE: FA
White Dot Syndromes

Blocks early…

…stains late

APMPPE: FA
White Dot Syndromes

APMPPE

MEWDS

AZOOR

PIC

MCP

Serpiginous

Birdshot

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

OTHER FACTS that come up now and then...

Dots are most prominent to the disc

location

APMPPE

MEWDS

AZOOR

PIC

MCP

Birdshot
White Dot Syndromes

APMPPE
MEWDS
AZOOR
PIC
MCP

OTHER FACTS that come up now and then…

Serpiginous

Birdshot

Dots are most prominent nasal to the disc
White Dot Syndromes

Birdshot: Dots nasal >> temporal
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

IsVF loss associated with AZOOR?

Yes, it is very common

What is the pattern of VF loss?

It is highly variable, but typically is connected to the blind spot
White Dot Syndromes

APMPPE

MEWDS

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

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

APMPPE

MEWDS

AZOOR

Serpiginous

What percent of AZOOR pts present unilaterally?
About 60%

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

What percent of AZOOR pts present unilaterally? About 60%

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

APMPPE

MEWDS

Serpiginous

AZOOR

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

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

What is the pattern of VF loss?
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

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

Q

APMPPE

MEWDS

Serpiginous

AZOOR

OTHER FACTS
that come up
now and then...

PIC

MCP

Birdshot

Classic VF finding:
three words
White Dot Syndromes

- APMPPE
- Birdshot
- MEWDS
- AZOOR
- PIC
- MCP

OTHER FACTS that come up now and then...

Classic VF finding: *Enlarged blind spot*
MEWDS: Enlarged blind spot (also, note the unilaterality)
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
White Dot Syndromes

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

What about the FA in ASPPC?

Syphilis

APMPPE

Classic FA pattern:

PIC

MCP
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.33
What infectious chorioretinopathy can present with a clinical picture similar to APMPPE?
Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

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

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

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 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
What **non**infectious 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
**White Dot Syndromes**

**Sarcoid**

What non-infectious 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 APMPPPE 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)
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!
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!
White Dot Syndromes

Serpiginous-like choroidopathy 2ndry to TB
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?
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!
These three share a common attribute related to treatment—what is it?

Steroid monotherapy is associated with vision loss in these conditions; therefore, they should be managed with steroid-sparing immunomodulatory meds.
These three share a common attribute related to treatment—what is it?
Steroid monotherapy is associated with vision loss in these conditions; therefore, they should be managed with steroid-sparing immunomodulatory meds.
Four infectious etiologies must be considered before making the diagnosis of a white-dot syndrome. Three (syphilis, TB and histo) have already been mentioned. What is the fourth?
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)**
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**
What category of bug is implicated in DUSN?
The nematode

Which three nematodes are implicated most often in DUSN?
1) Baylisascaris—most common
2) Ancylostoma
3) White Dot Syndromes
What category of bug is implicated in DUSN?
The nematode

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

Which three nematodes are implicated most often in DUSN? Which is the most common cause?

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?

1) Baylisascaris—most common
2) Ancylostoma
3) Toxocara
Baylisascaris procyonis (the raccoon roundworm)
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?

1) *Baylisascaris*—most common
2) *Ancylostoma*
3) *Toxocara*

What is the infectious load; ie, how many worms are typically involved?
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?
1) Baylisascaris—most common
2) Ancylostoma
3) Toxocara

What is the infectious load; ie, how many worms are typically involved? ONE! There is a single worm back there
White Dot Syndromes

DUSN
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?
1) Baylisascaris—most common
2) Ancylostoma
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?
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?
1) Baylisascaris—most common
2) Ancylostoma
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
Who is the typical DUSN pt?
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult
Who is the typical DUSN pt? An otherwise healthy adolescent or young adult

DUSN has two stages--what are they?

1) (this one 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)
**White Dot Syndromes**

*DUSN: Acute stage*
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) *(then this one)*
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) 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?

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) In **late**-stage disease, the RPE is depigmented, the disc is pallorous and atrophic, and the retinal vessels are attenuated. VA is poor.

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?
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) In **late**-stage disease, the RPE is depigmented, the disc is pallorous and atrophic, and the retinal vessels are attenuated. VA is poor.

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?

Duh--**white-dot syndromes**. When faced with a presumptive WDS pt, always consider whether it might be DUSN.
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) In **late**-stage disease, the RPE is depigmented, the disc is pallorous and atrophic, and the retinal vessels are attenuated. VA is poor.

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?

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?**
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) In **late**-stage disease, the RPE is depigmented, the disc is pallorous and atrophic, and the retinal vessels are attenuated. VA is poor.

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?

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.