

Before you begin: This is a big topic, and big topics beget big slide-sets. There are natural breaks at slides 226ish and 303ish; I placed *break time!* slides at those points to mark them





In a nutshell, what is OIS?



*In a nutshell, what is OIS?* A constellation of signs and symptoms owing to chronic ocular

one word









In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion



Hypoperfusion...That sounds like a CRAO to me. Is it fair to say that the difference between OIS and a CRAO is that OIS involves chronic hypotension, whereas CRAO represents an acute hypotensive event?



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Not at all, and for a reason that is vital to understand. In OIS, the **entirety** of the ocular blood supply is reduced, not just the supply to the retina (as in CRAO). So it's not just the retina that's hypoperfused in OIS—the choroid, ciliary body, and iris are as well.





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The vessel most commonly implicated is the ipsilateral two words

artery





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The vessel most commonly implicated is the ipsilateral internal carotid artery (a distant second is the ipsilateral one word artery)



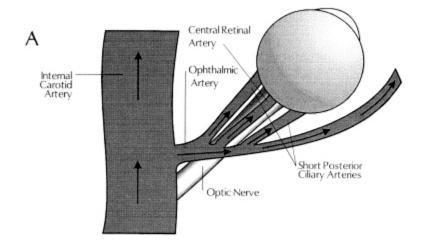


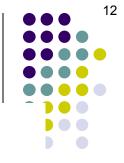
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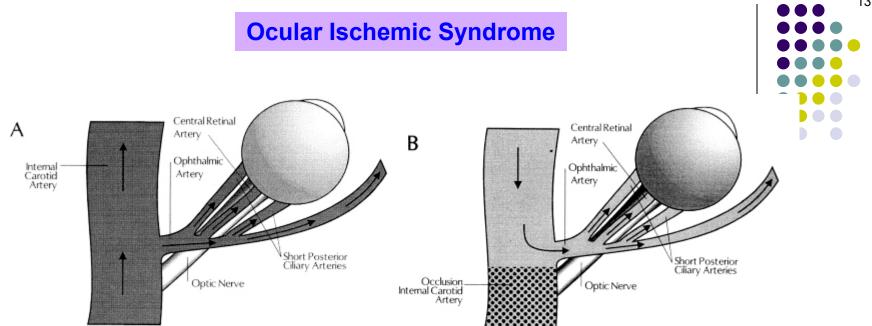
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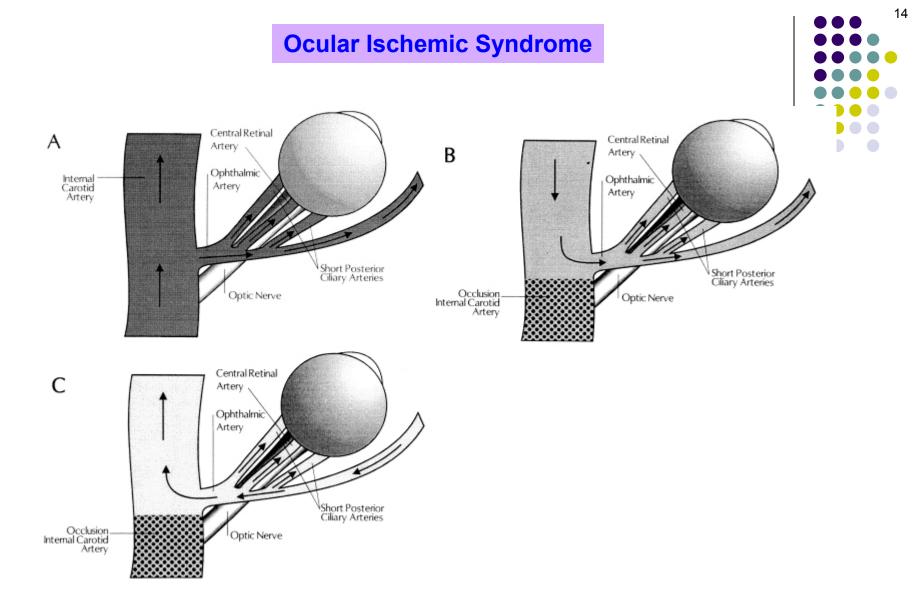




Blood flow in the ophthalmic artery and its branches. (A) Normal unobstructed flow.



Blood flow in the ophthalmic artery and its branches. (A) Normal unobstructed flow. (B) In a patient with ICA occlusion and collateral circulation via the circle of Willis.



Blood flow in the ophthalmic artery and its branches. (A) Normal unobstructed flow.(B) In a patient with ICA occlusion and collateral circulation via the circle of Willis.(C) In a patient with ICA occlusion and collaterals via the ophthalmic artery.



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If the ophthalmic artery is the occluded vessel, what dz process is implicated?



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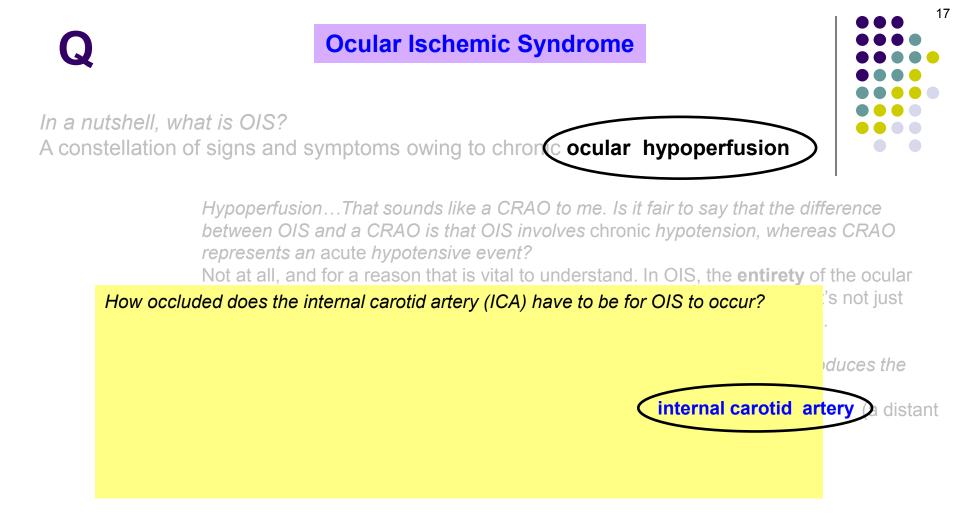
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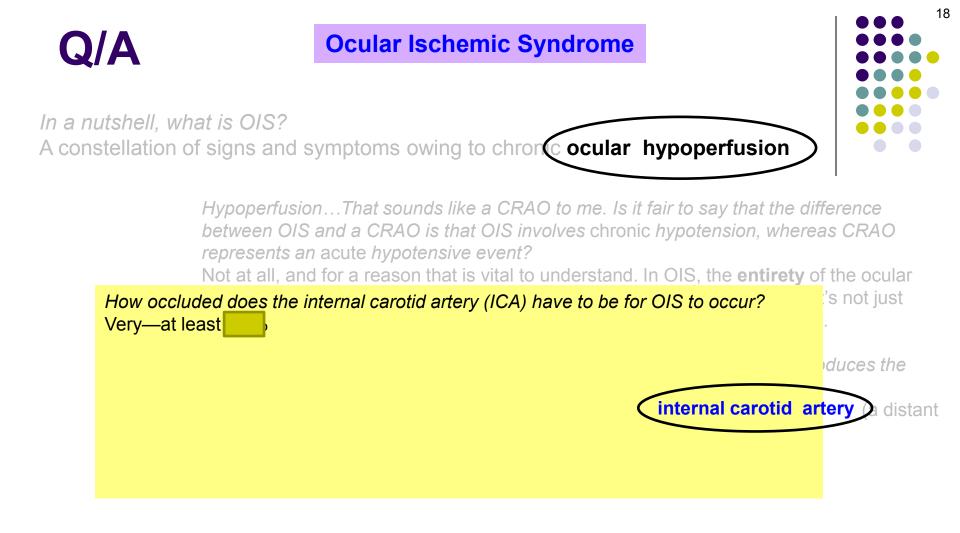
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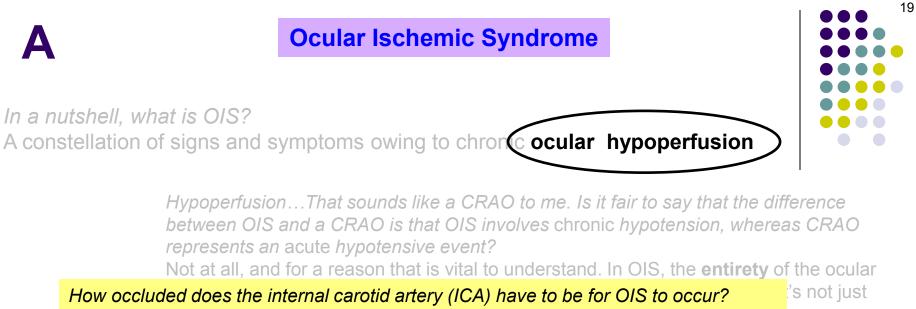
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*If the ophthalmic artery is the occluded vessel, what dz process is implicated?* Giant cell arteritis (GCA). Always bear GCA in mind when you evaluate an OIS pt!







Very—at least 90%

duces the

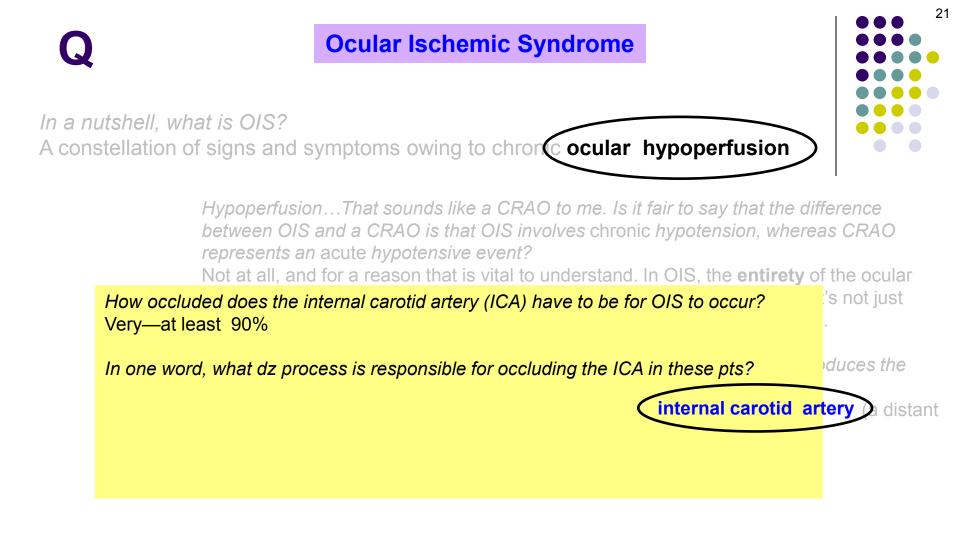
internal carotid artery a distant

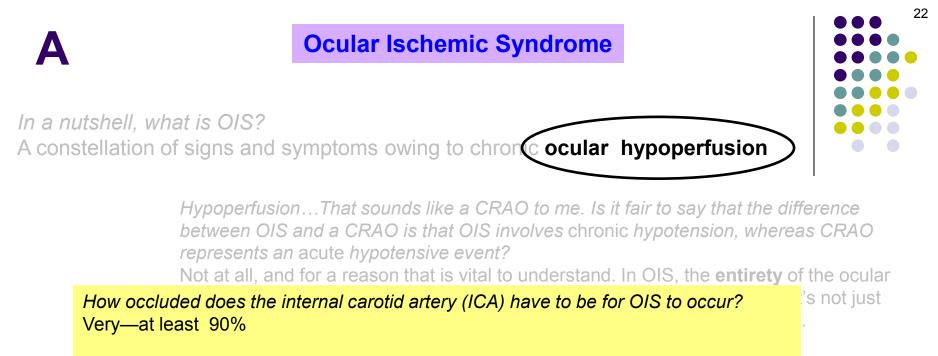




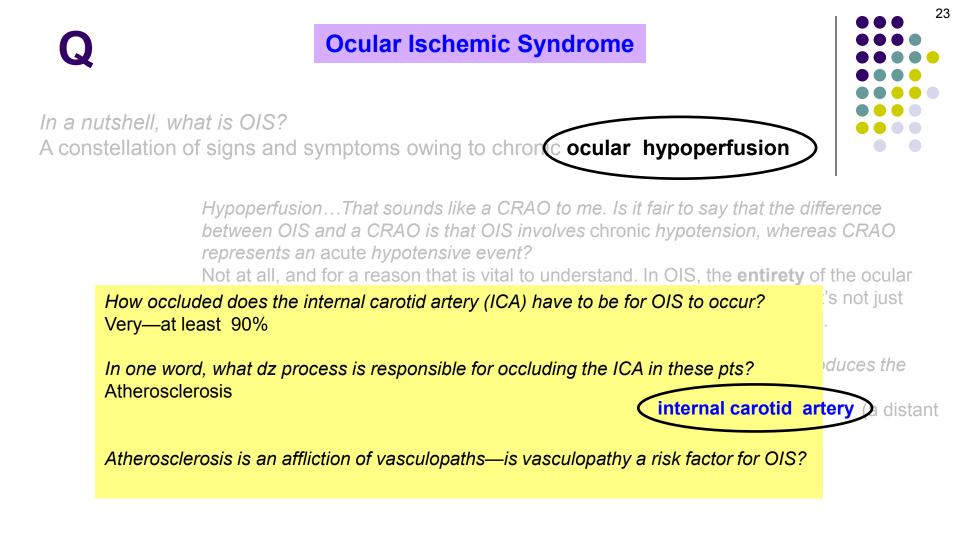


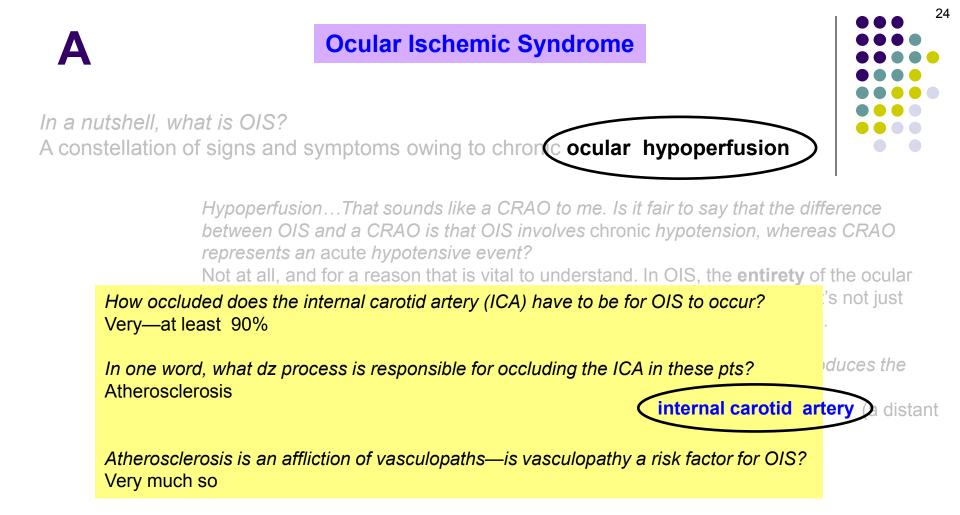






In one word, what dz process is responsible for occludin	ng the ICA in these pts?	duces the
Atherosclerosis	internal carotid a	rtery a distant







--? --? --?

## **Ocular Ischemic Syndrome**

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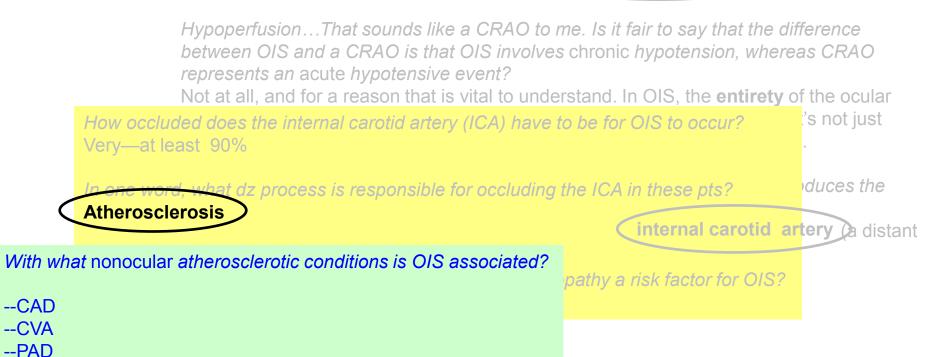
With what nonocular atherosclerotic conditions is OIS associated?

pathy a risk factor for OIS?



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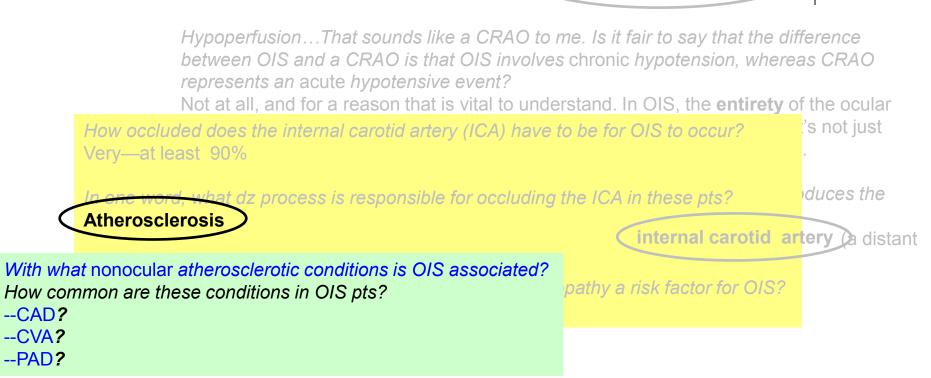






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--CVA?

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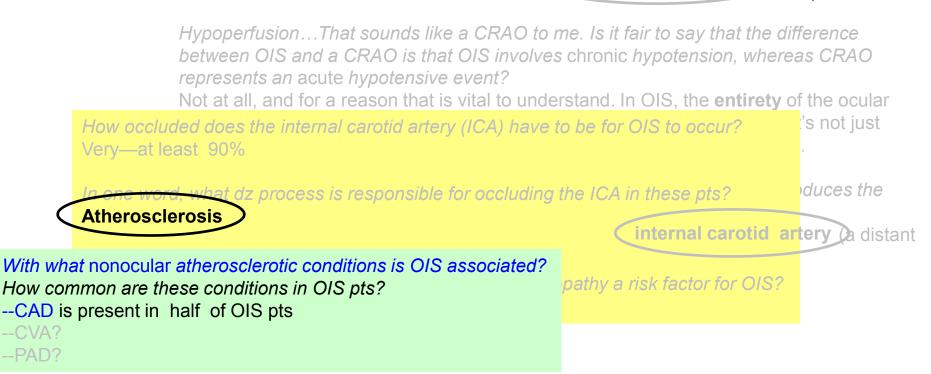
With what nonocular atherosclerotic conditions is OIS associated? How common are these conditions in OIS pts? --CAD is present in % of OIS pts

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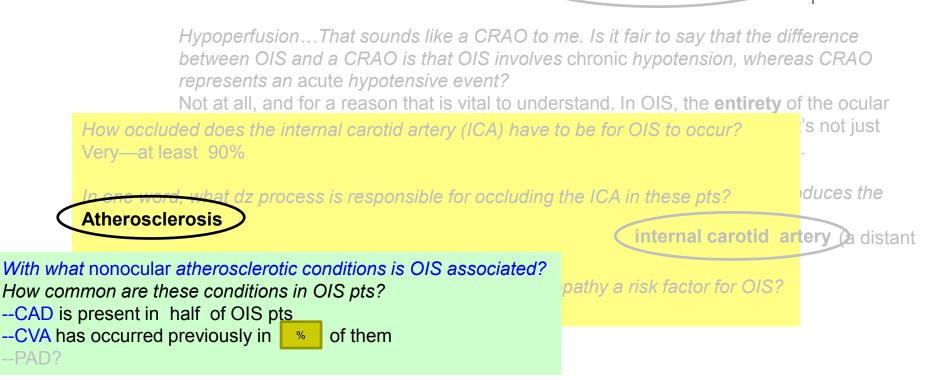






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*With what* nonocular *atherosclerotic conditions is OIS associated? How common are these conditions in OIS pts?* 

- --CAD is present in half of OIS pts
- --CVA has occurred previously in 25% of them

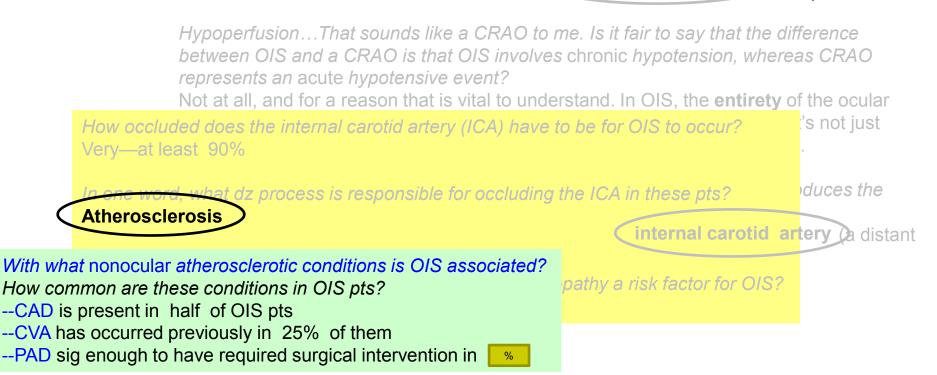
--PAD?

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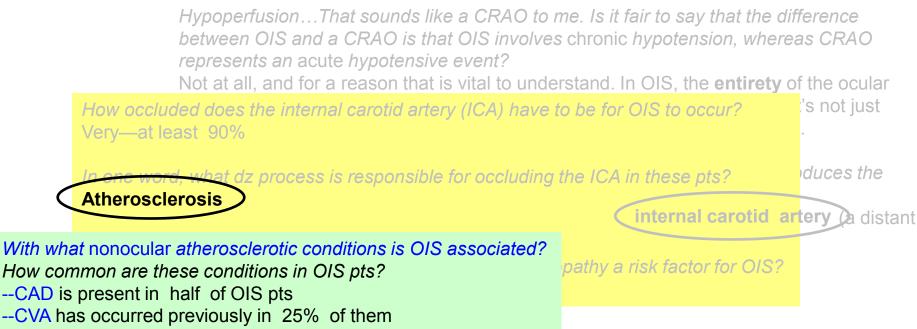






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--PAD sig enough to have required surgical intervention in 20%



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Does it present unilaterally, or bilaterally?





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Does OIS carry implications for the general health of the afflicted individual?





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Signs:	Symptoms	
? ?		
?		
?		

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Signs: --Intraretinal hemorrhages --NVI/NVA --AC cell/flare --Retinal vascular changes **Symptoms** 

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Signs:	Symptoms:
Intraretinal hemorrhages	?
NVI/NVA	?
AC cell/flare	?
Retinal vascular changes	

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#### What are the signs/symptoms of OIS?

Signs:	Symptoms:
Intraretinal hemorrhages	Decreased vision
NVI/NVA	Pain
AC cell/flare	Prolonged photostress recovery time
Retinal vascular changes	

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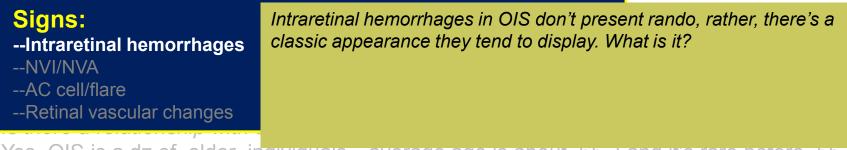
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## Signs:<br/>--Intraretinal hemorrhages<br/>--NVI/NVA<br/>--AC cell/flare<br/>--Retinal vascular changesIntraretinal hemorrhages in OIS don't present rando, rather, there's a<br/>classic appearance they tend to display. What is it?<br/>The hemorrhages typically have a particular...<br/>Size: [Small? Medium? Large?]

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Retinal vascular changes	Configuration (shape): Dot/blot (DBH)

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Signs: Intraretinal hemorrhages	Intraretinal hemorrhages in OIS don't present rando, rather, there's a classic appearance they tend to display. What is it?
NVI/NVA	The hemorrhages typically have a particular
AC cell/flare	Size: Medium to large
Retinal vascular changes	Configuration (shape): Dot/blot (DBH)
	Location: [Posterior pole? Periphery?]

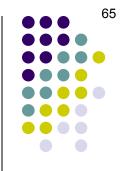
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Intraretinal hemorrhages	classic appearance they tend to display. What is it?
NVI/NVA	The hemorrhages typically have a particular
AC cell/flare	Size: Medium to large
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	Location: The mid periphery

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*How common is it?* Estimates vary, but fair to say it's uncommon—vastly less common than diabetic retinopathy and/or CRVO, certainly

*What is the long-term visual prognosis for eyes with OIS?* This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).



#### What are the signs/symptoms of OIS?



Signs: Intraretinal hemorrhages	Intraretinal hemorrhages in OIS don't present rando, rather, there's a classic appearance they tend to display. What is it?	
NVI/NVA	The hemorrhages typically have a particular	
AC cell/flare	Size: Medium to large	
Retinal vascular changes	Configuration (shape): Dot/blot (DBH)	
	Location: The mid-periphery	

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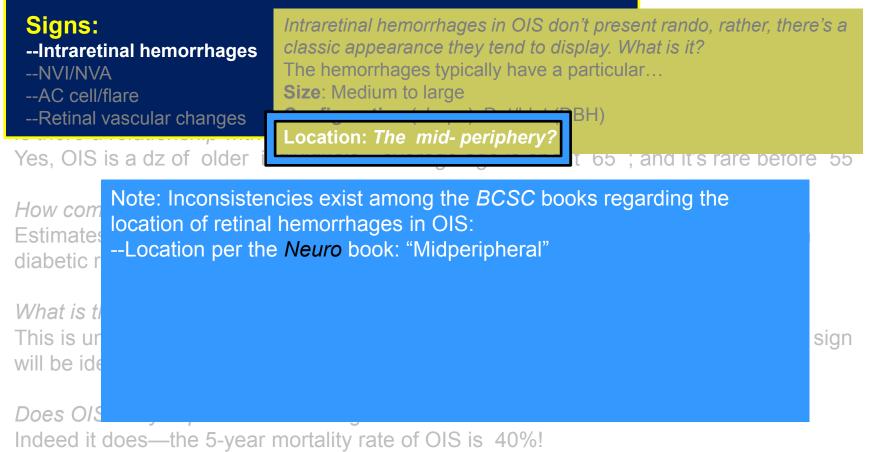


Intraretinal hemorrhages in OIS: Midperipheral, medium-large, dot-blot



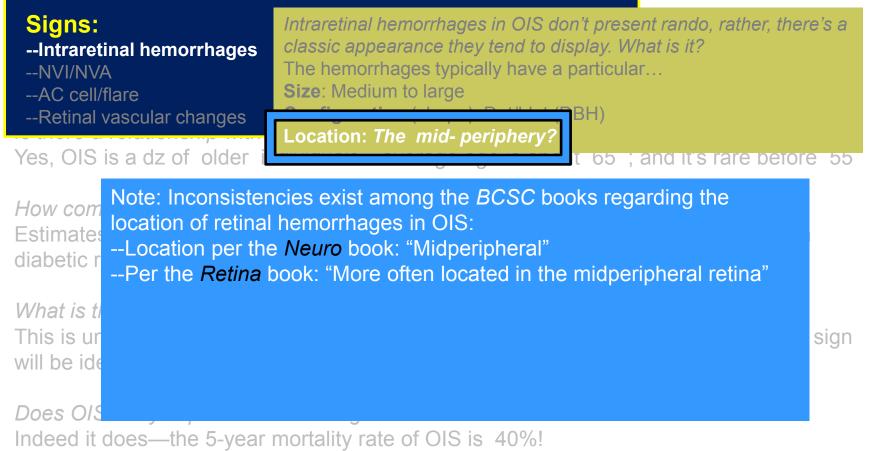
In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion

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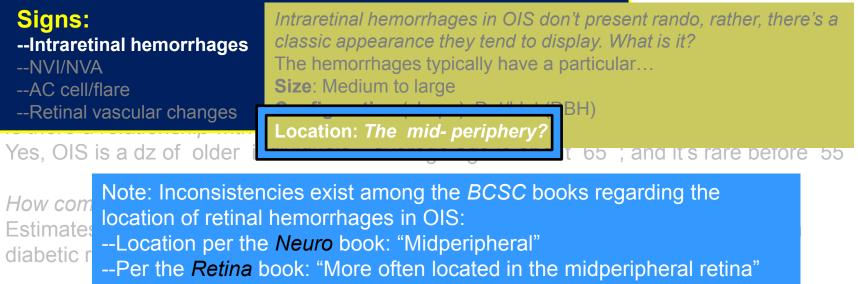
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--Per the Uveitis book: "The midperiphery and far periphery"

sign

Does OIS

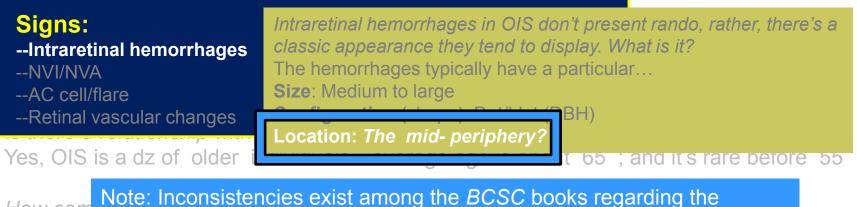
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will be ide

Indeed it does-the 5-year mortality rate of OIS is 40%!

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How con location of retinal hemorrhages in OIS: Estimates --Location per the Neuro book: "Midperipheral" diabetic --Per the Retina book: "More often located in the midperipheral retina" --Per the Uveitis book: "The midperiphery and far periphery" What is t This is u sign FWIW, EyeWiki indicates they're mid-peripheral. I was 'raised' to believe will be ide they're mid-peripheral myself, so that's how I roll. Caveat emptor. (FYI, this is not the last such inconsistency we will encounter re OIS.) Does O Indeed it does—the 5-year mortality rate of OIS is 40%!



#### What are the signs/symptoms of OIS?

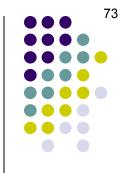


# Signs: -Intraretinal hemorrhages -NVI/NVA -AC cell/flare -Retinal vascular changes

There is another classic configuration for intraretinal hemorrhages, one not expected in OIS. What is it?



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What descriptive term is used to label such hemorrhages?



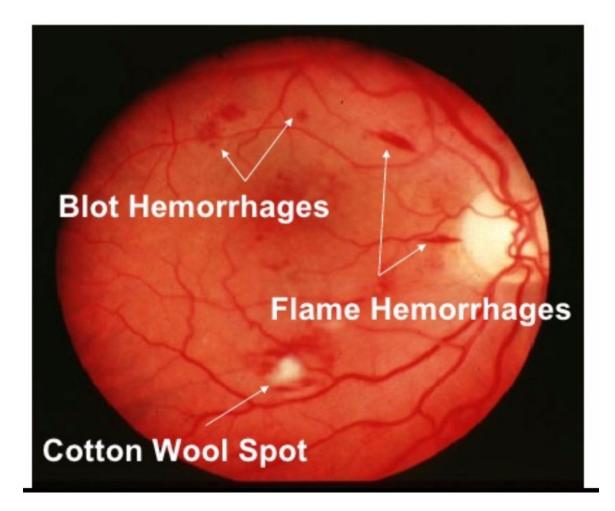
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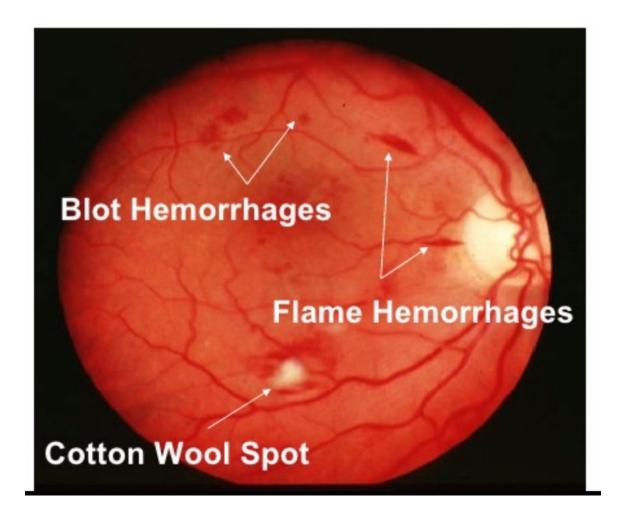
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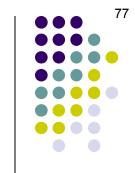
What descriptive term is used to label such hemorrhages? They are known as 'flame hemorrhages' (FH)



Flame vs DB hemorrhages (and a CWS for lulz)



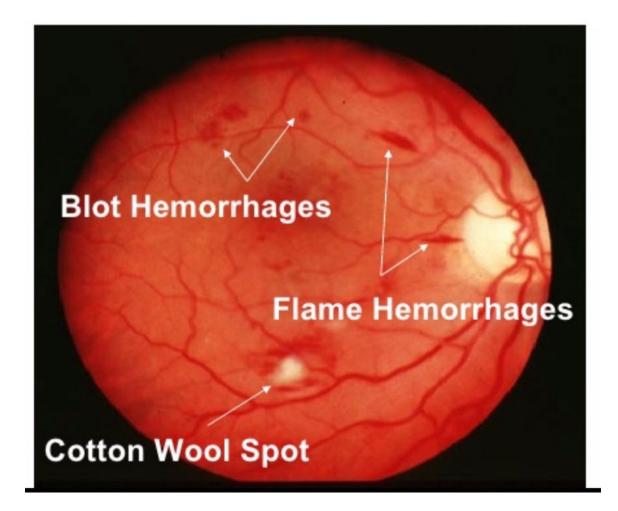




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Are CWS expected in OIS?







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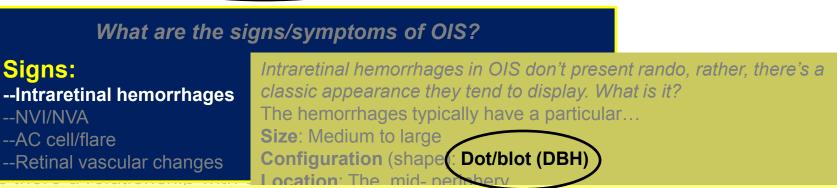
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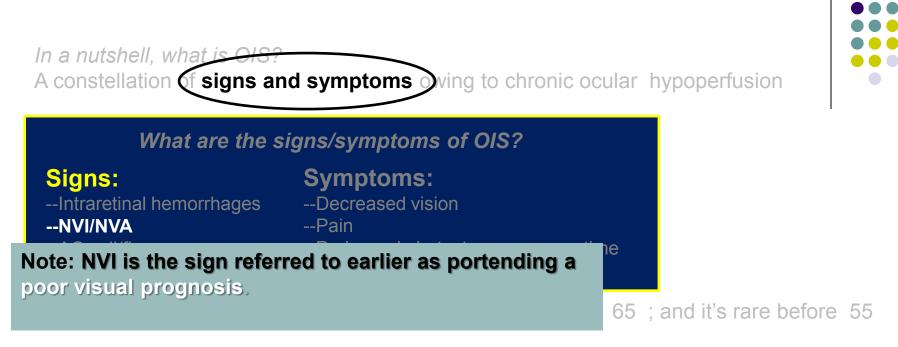


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*What is the long-term visual prognosis for eyes with OIS?* This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).





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Signs: --Intraretinal hemorrhages --NVI/NVA Symptoms: --Decreased vision --Pain

## Note: NVI is the sign referred to earlier as portending a

poor visual prognosis. yikes% of eyes with NVI 2ndry to OIS will have VA of 20/200 or worse within a year of diagnosis!

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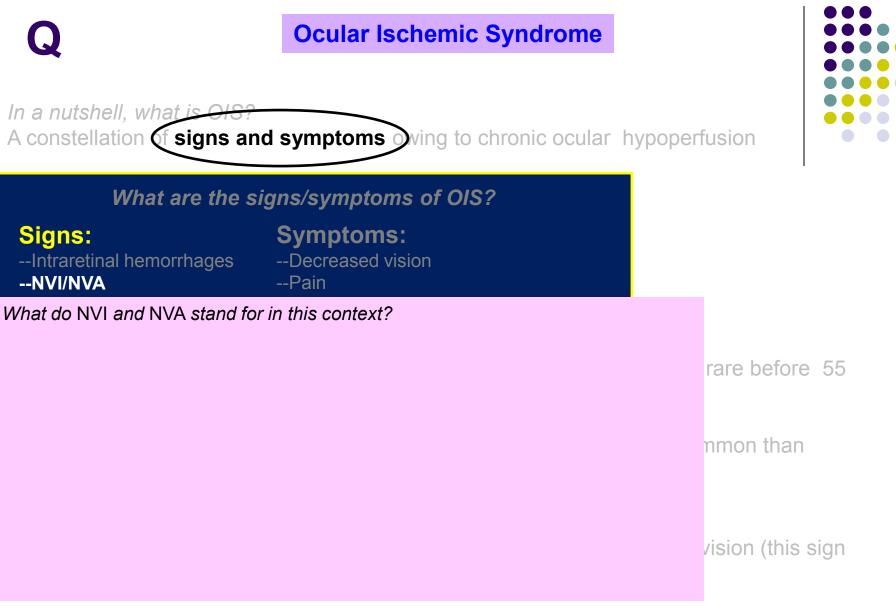
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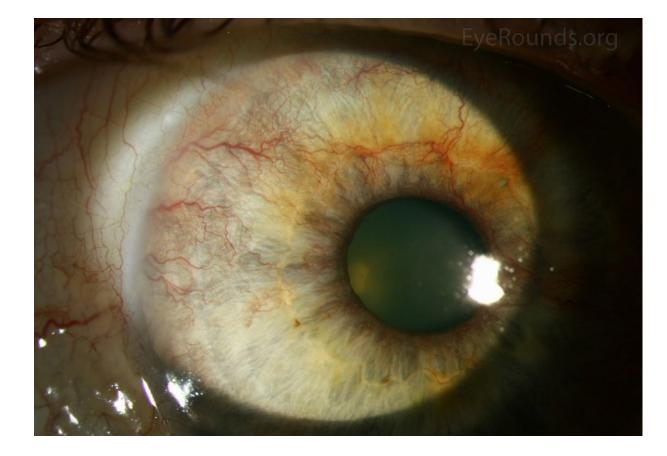




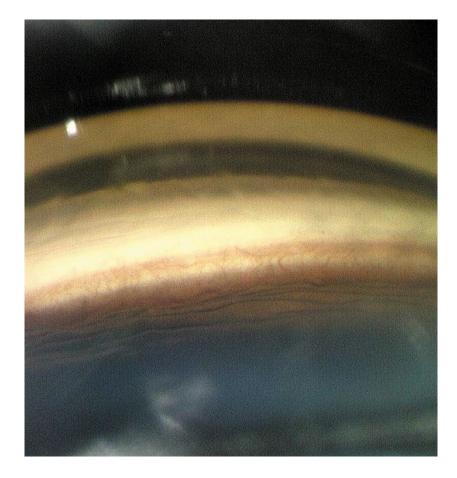
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In a nutshell, what A constellation of signs and symptoms oving to chronic ocular hypoperfusion What are the signs/symptoms of OIS? Signs: Symptoms: --Decreased vision --Intraretinal hemorrhages --Pain --NVI/NVA What do NVI and NVA stand for in this context? Neovascularization of the iris (NVI) and the angle (NVA) rare before 55 nmon than vision (this sign











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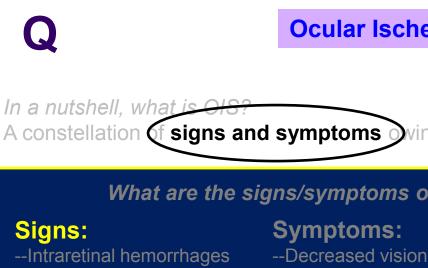
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In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion

I Signs: Intraretinal NVI/NVA	NVI/NVA often leads to what dreaded ocular condition?	
<i>What do</i> NVI & Neovasculariz		
Are NVI/NVA Yes—roughly		
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	NVI/NVA often leads to what d	readed ocular condition?		
Signs: Intraretina NVI/NVA	Neovascular glaucoma (NVG)	Why is NVG "dreaded"?		
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Signs: Intraretina NVI/NVA	Neovascular glaucoma (NVG)	Why is NVG "dreaded"? Because it is difficult to control, and ca a high risk of loss of vision or even the	
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How does NVA lead to NVG?

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Closed angle in NVG





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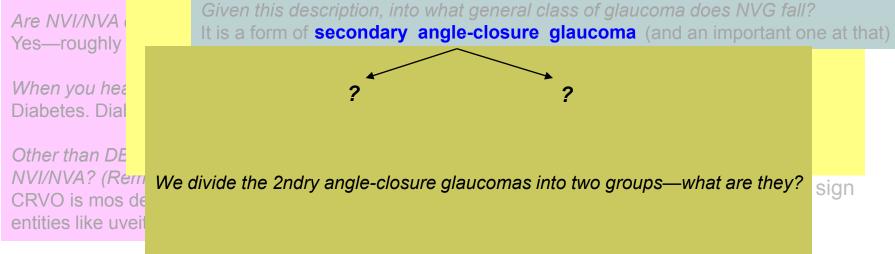


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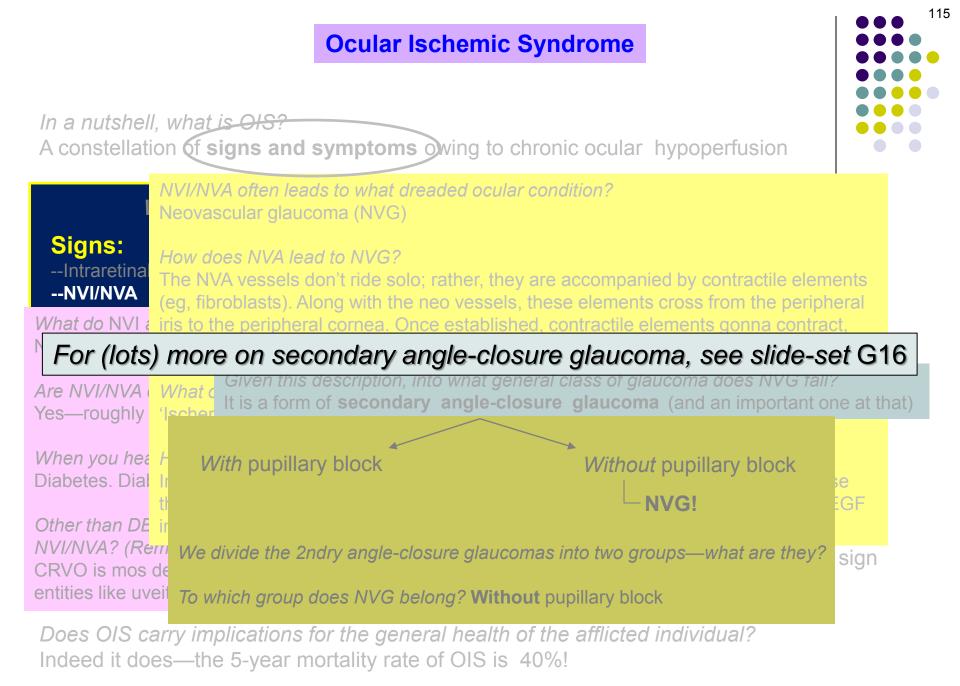
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Given this description, into what general class of glaucoma does NVG fall? Are NVI/NVA It is a form of **secondary angle-closure glaucoma** (and an important one at that) Yes—roughly When you hea With pupillary block Without pupillary block Diabetes, Dial NVG! Other than DE NVI/NVA? (Rem We divide the 2ndry angle-closure glaucomas into two groups—what are they? sign CRVO is mos de entities like uveit To which group does NVG belong? Without pupillary block







> NVI/NVA often leads to what dreaded ocular condition? Neovascular glaucoma (NVG)

# Signs: --NVI/NVA

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Signs:

--Intraretinal

--NVI/NVA

## **Ocular Ischemic Syndrome**

In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion

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vision (this sign





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What specific component of the ciliary body creates aqueous?

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vision (this sign





Signs:

--NVI/NVA

#### **Ocular Ischemic Syndrome**

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What specific component of the ciliary body creates aqueous? epithelial layer of the pars The distinguishing attribute

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vision (this sign





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What specific component of the ciliary body creates aqueous? The nonpigmented epithelial layer of the pars plicata

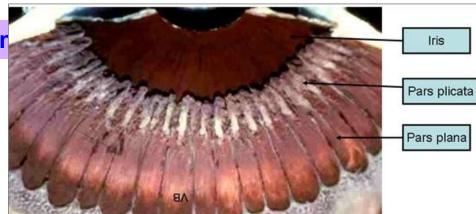
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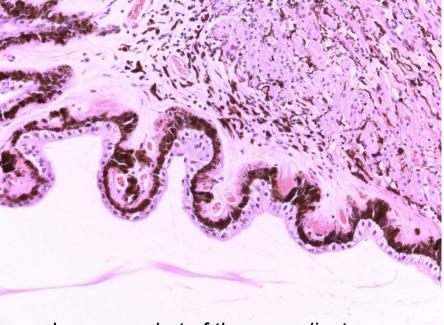
vision (this sign



**Ocular Ischer** 

"Aqueous is formed in the nonpigmented epithelium of the pars plicata portion of the ciliary body"





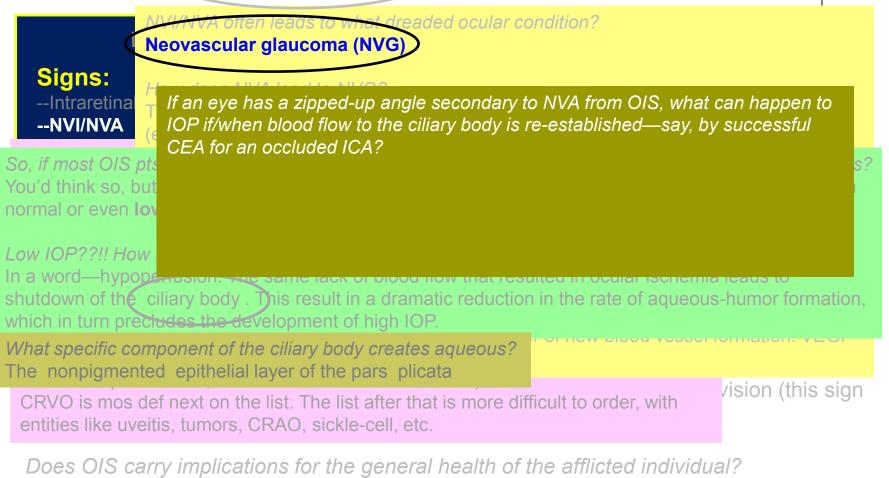
Low mag shot of the pars plicata

**Pigmented epithelium** 

Nonpigmented epithelium

High mag shot of the pars plicata





Indeed it does—the 5-year mortality rate of OIS is 40%!





In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion

> NVIAWA often leads to what dreaded ocular condition? Neovascular glaucoma (NVG)

Signs: --Intraretinal --NVI/NVA

So, if most OIS pts You'd think so, but normal or even **lov**  If an eye has a zipped-up angle secondary to NVA from OIS, what can happen to IOP if/when blood flow to the ciliary body is re-established—say, by successful CEA for an occluded ICA?

In such cases, IOP can spike precipitously when the CB 'wakes up' and resumes producing aqueous at a normal rate. If this occurs, the pt may be thrown into NVG severe enough to threaten vision or even the eye.

Low IOP??!! How

In a word—hypopenasion. He same lack of blood now that resulted in octilar ischemia leads to shutdown of the ciliary body. This result in a dramatic reduction in the rate of aqueous-humor formation, which in turn precludes the development of high IOP.

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In such cases, IOP can spike precipitously when the CB 'wakes up' and resumes producing aqueous at a normal rate. If this occurs, the pt may be thrown into NVG severe enough to threaten vision or even the eye. Because of this possibility, it is vital that you 1) are looped in on plans to operate on your OIS pt, and 2) have Low IOP??!! How a plan in place to intervene acutely if the above scenario comes to pass! In a word—hypop

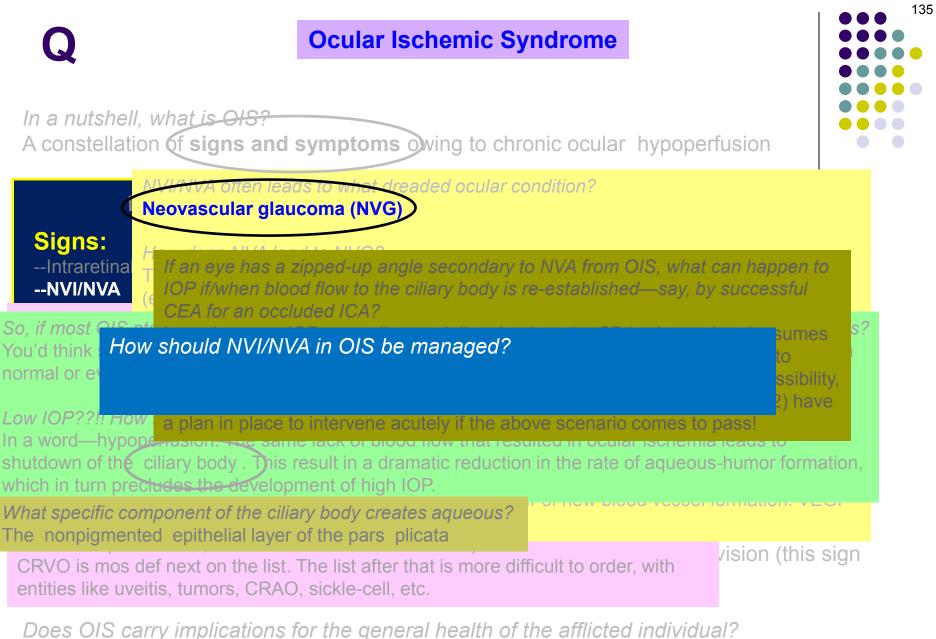
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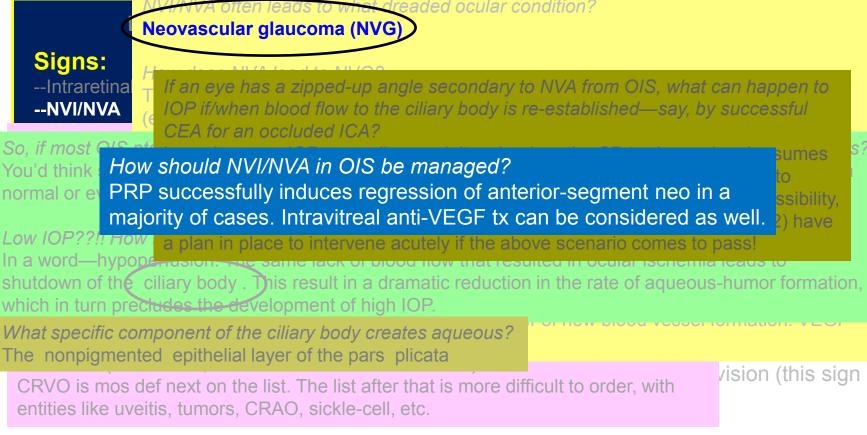




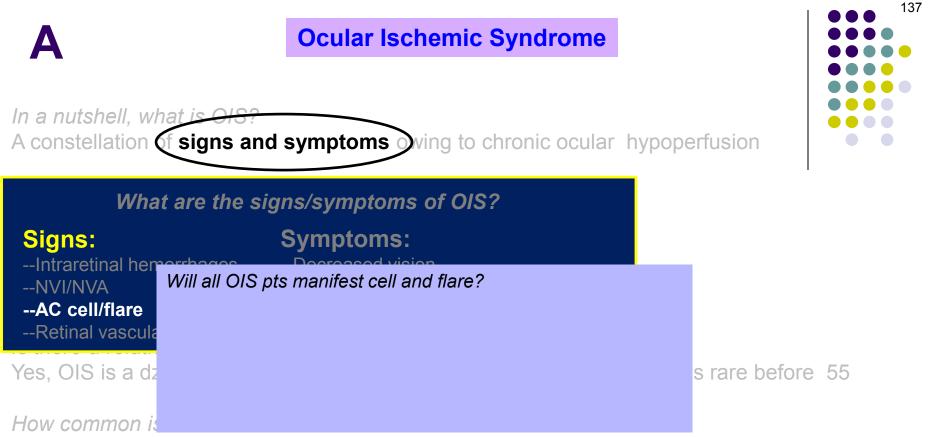
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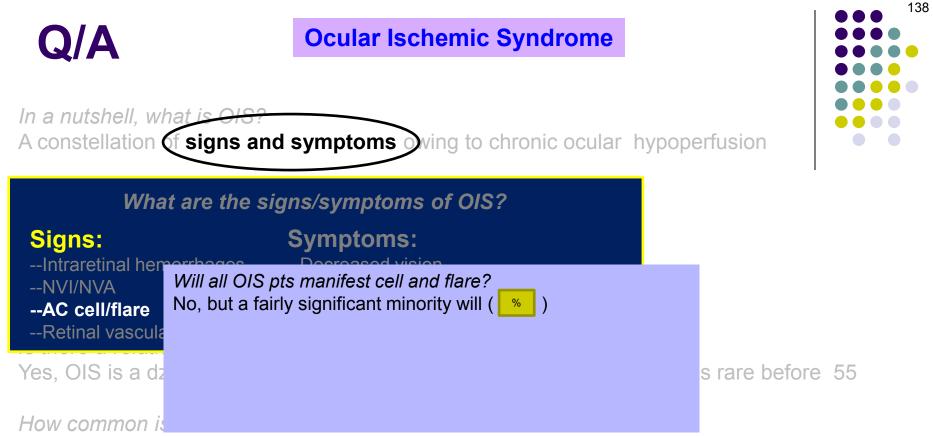
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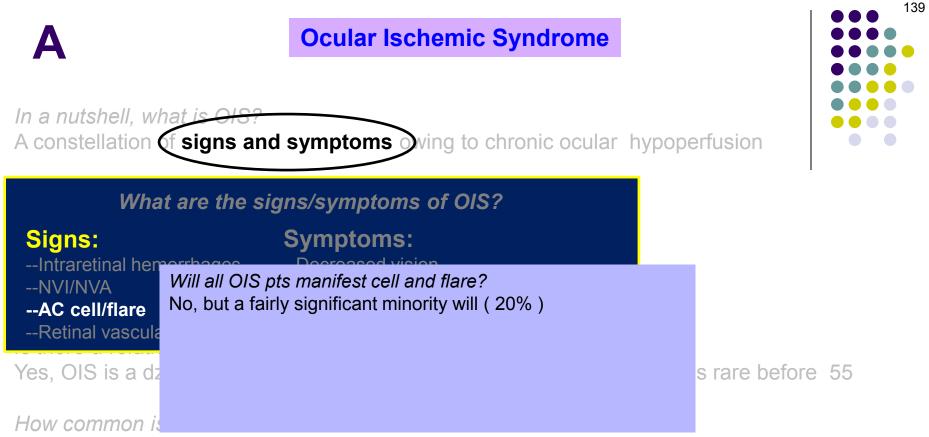




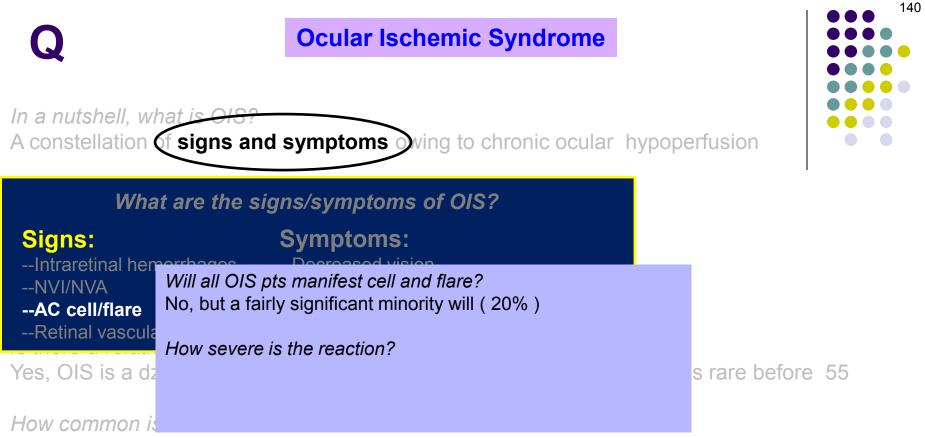
*What is the long-term visual prognosis for eyes with OIS?* This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).



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Signs:

--NVI/NVA

--Intraretinal hem

In a nutshell, what A constellation of signs and symptoms oving to chronic ocular hypoperfusion

#### What are the signs/symptoms of OIS?

Symptoms:

No, but a fairly significant minority will (20%) --AC cell/flare --Retinal vascula How severe is the reaction? Yes, OIS is a dz Not terrible--certainly nowhere near the 'hypopyon' range, say s rare before 55

Will all OIS pts manifest cell and flare?

How common is

Estimates vary, but fair to say it's an uncommon condition—vastly less common than diabetic retinopathy and/or CRVO, certainly

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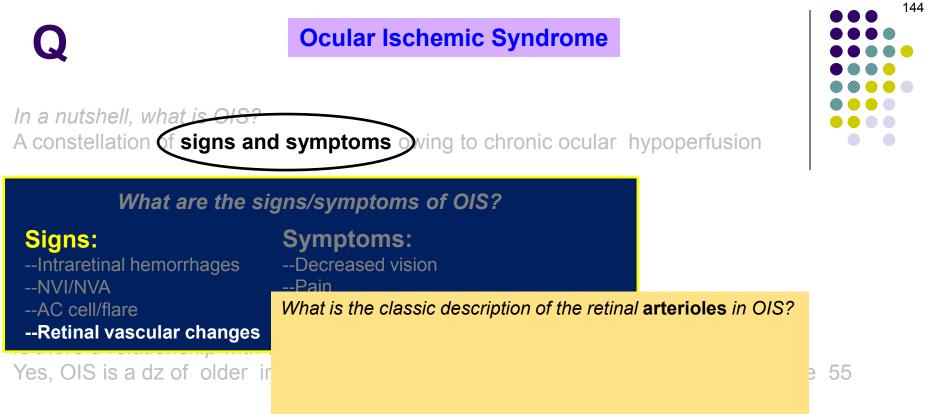
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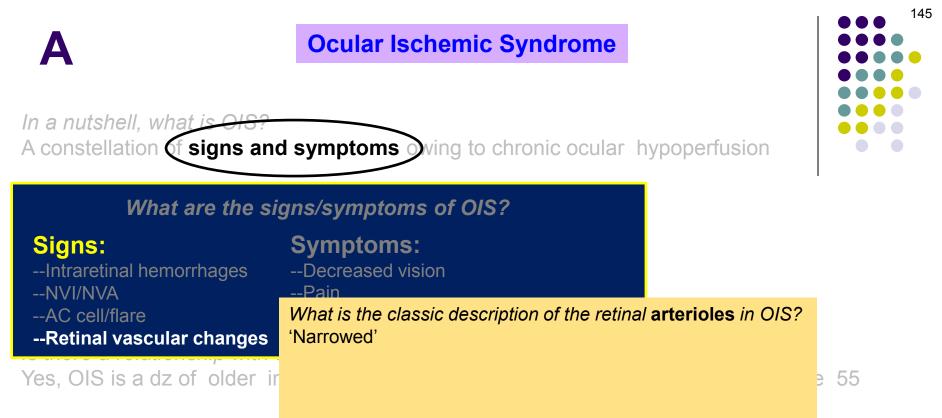




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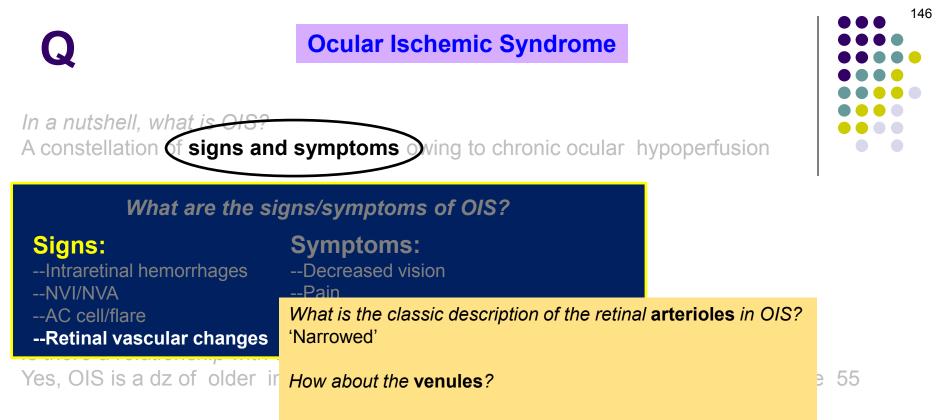
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## What are the signs/symptoms of OIS?

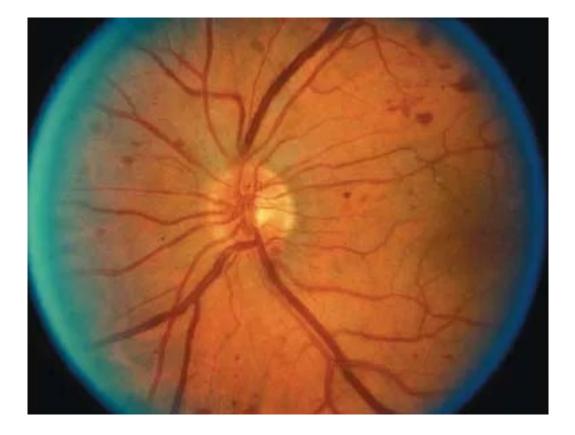
Signs: Intraretinal hemorrhages NVI/NVA	Symptoms: Decreased vision	
AC cell/flare Retinal vascular changes	What is the classic description of the retinal <b>arterioles</b> in OIS? 'Narrowed'	
Yes, OIS is a dz of older in	<i>How about the <b>venules</b>?</i> 'Dilated, not tortuous'	e 55
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# **Ocular Ischemic Syndrome**



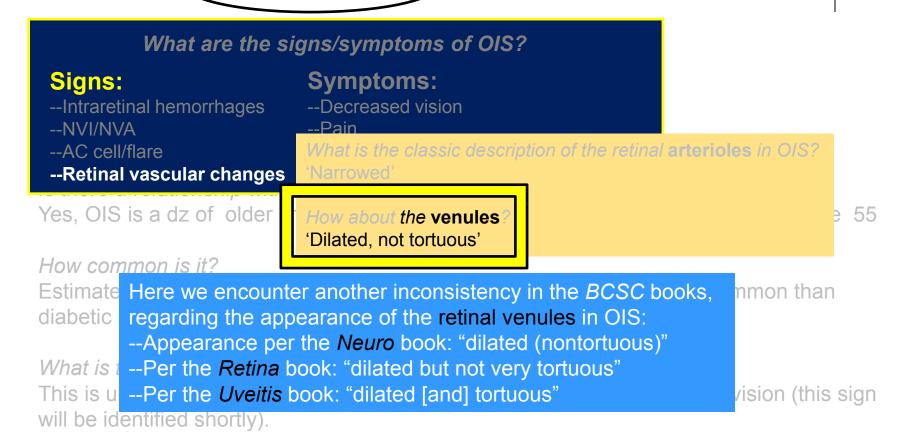
OIS: Arteriolar narrowing; venous dilation without tortuosity



## **Ocular Ischemic Syndrome**

149

In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion



*Does OIS carry implications for the general health of the afflicted individual?* Indeed it does—the 5-year mortality rate of OIS is 40%!

No question—proceed





What are the signs/symptoms of OIS? Signs: Symptoms: --Decreased vision --Intraretinal hemorrhages -Pain --NVI/NVA What is the classic description of the retinal arterioles in OIS? --AC cell/flare --Retinal vascular changes Yes, OIS is a dz of older 55 How about the venules 'Dilated, not tortuous' How common is it? Estir Why does the appearance of the venules—specifically, whether they are tortuous—matter? diab (Other than being able to answer OKAP/WQE/Board questions correctly, that is.) Wha This Ign will Doe Indeed it does—the 5-year mortality rate of OIS is 40%!





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What is the classic description of the retinal arterioles in OIS?

In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion



-Pain

Symptoms:

--Decreased vision

Signs: --Intraretinal hemorrhages --NVI/NVA --AC cell/flare --Retinal vascular changes

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How about the **venules** 'Dilated, not tortuous'

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Estimute diab *Why does the appearance of the venules—specifically, whether they are tortuous—matter? (Other than being able to answer OKAP/WQE/Board questions correctly, that is.)* Because the DDx for an OIS-like fundus includes mild CRVO, and in CRVO the venules are **always** tortuous (as well as dilated). Thus, if **non**dilated venules are a feature of OIS, their presence on DFE would point strongly toward OIS and away from CRVO. will t



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What is the classic description of the retinal arterioles in OIS?

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This of OIS, their presence on DFE would point strongly toward OIS and away from CRVO.

FWIW, *EyeWiki* states the venules are "dilated but not tortuous." This is my understanding as well. Caveat emptor.

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## **Ocular Ischemic Syndrome**

What is the classic description of the retinal arterioles in OIS?

In a nutshell, what is OIS? A constellation of signs and symptoms oving to chronic ocular hypoperfusion



-Pain

Symptoms:

--Decreased vision

How about the venules

'Dilated, not tortuous'
How common is it?
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Head's up: We will have much more to say about differentiating between OIS and CRVO later in the slide-set

rstanding

Doel as well. Caveat emptor.

Signs:

--NVI/NVA

--AC cell/flare

--Intraretinal hemorrhages

Yes, OIS is a dz of older

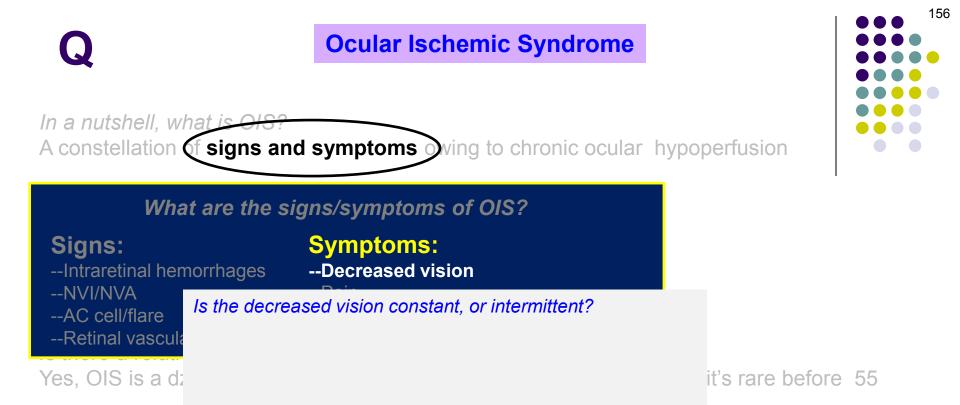
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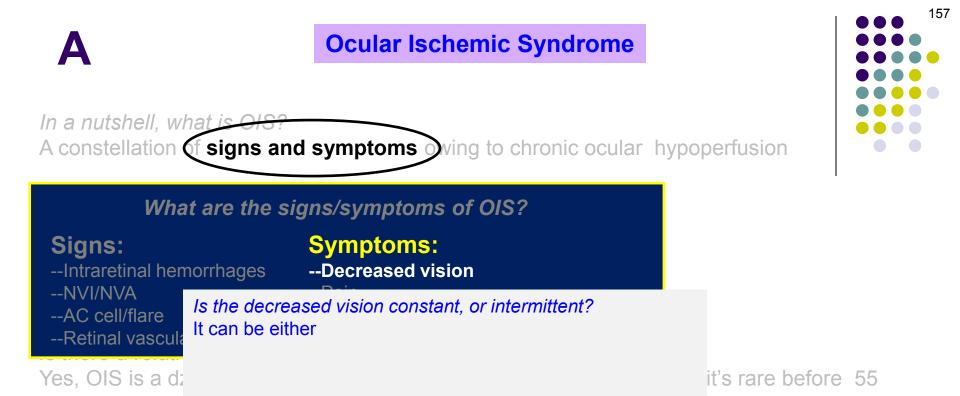
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*How common is it?* Estimates vary, but fair to say it's an uncommon condition—vastly less common than diabetic retinopathy and/or CRVO, certainly

*What is the long-term visual prognosis for eyes with OIS?* This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).



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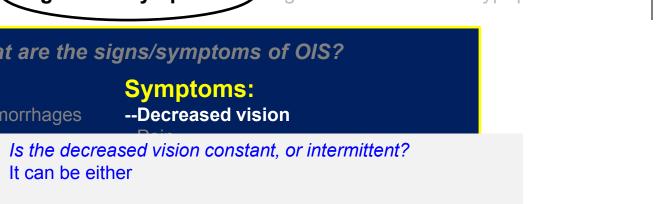
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## What are the signs/symptoms of OIS?

Signs: --Intraretinal hemorrhages

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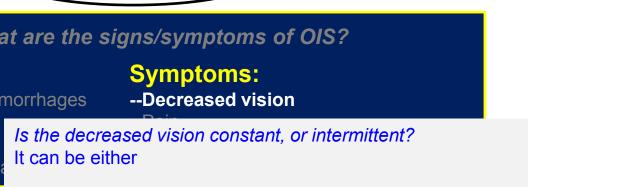




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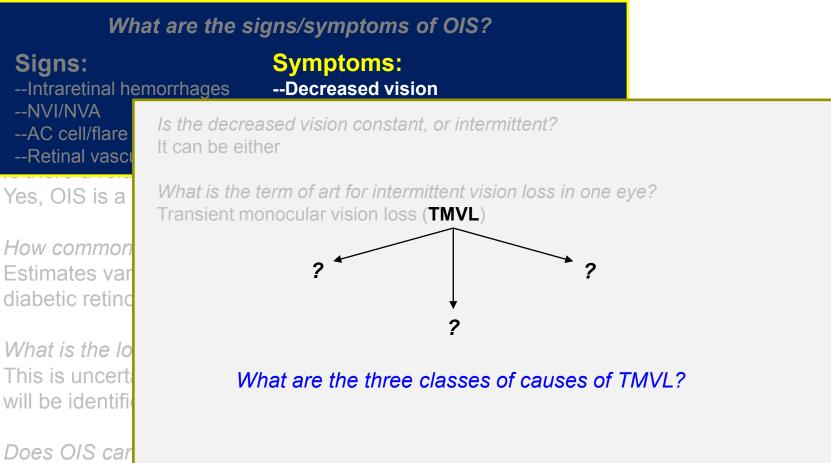
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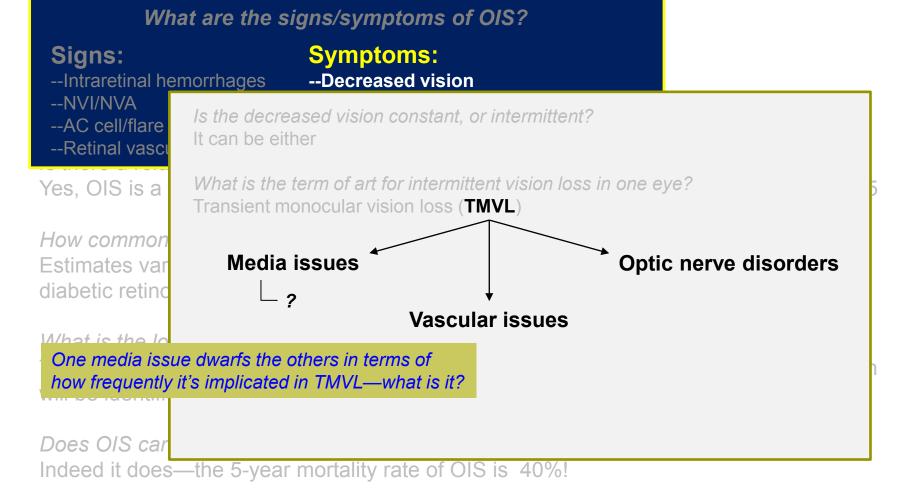


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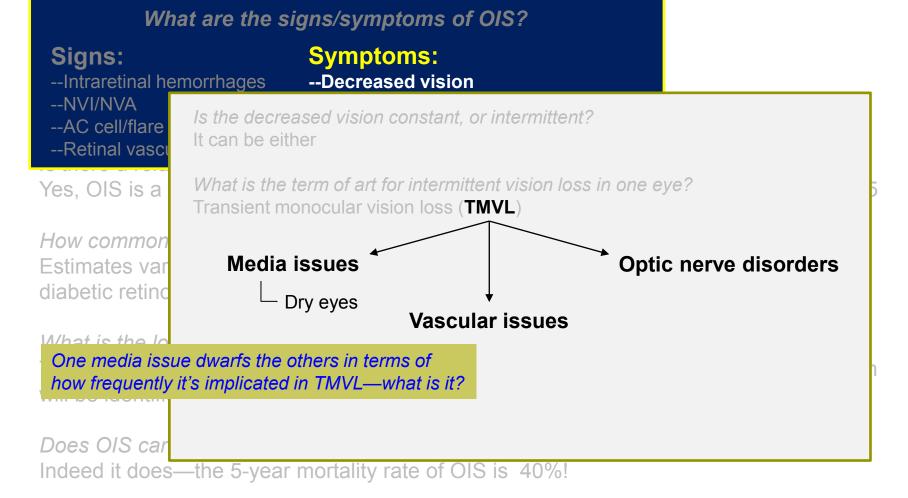








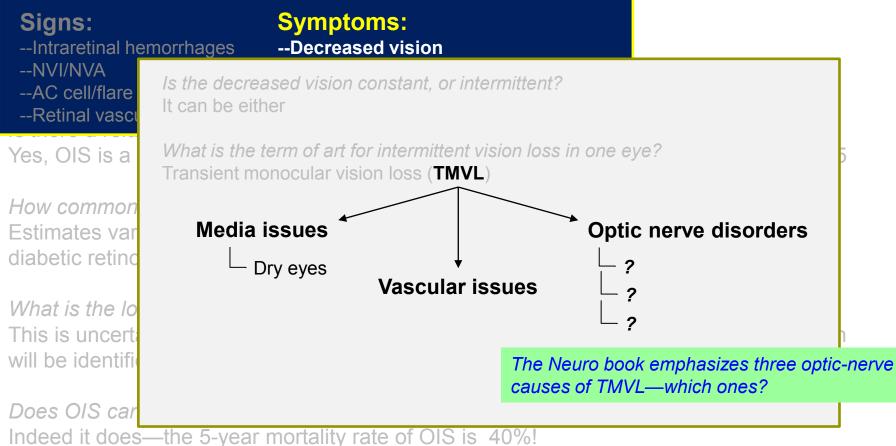






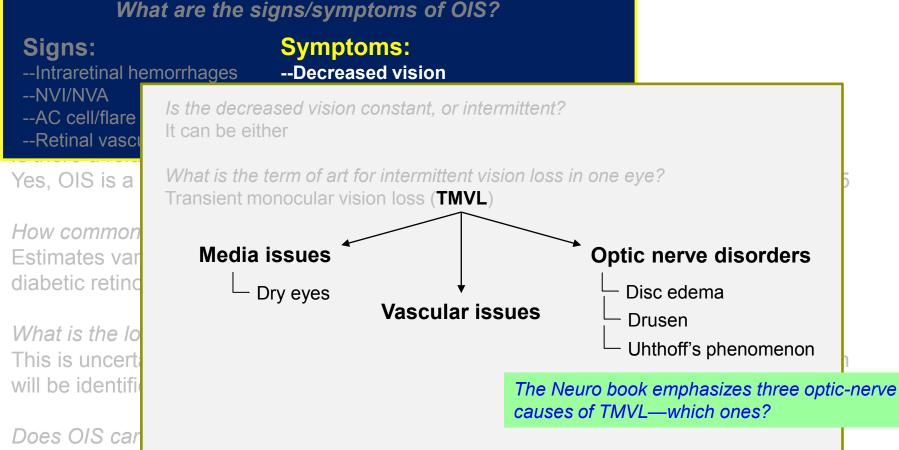


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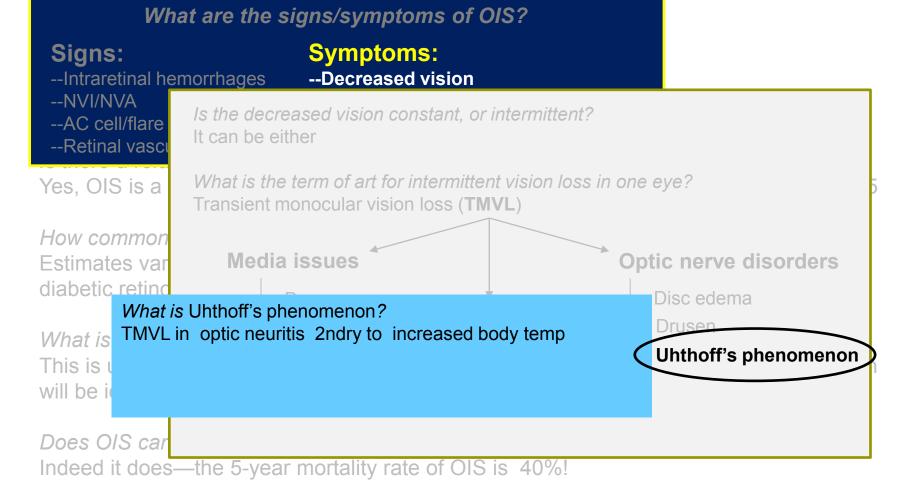


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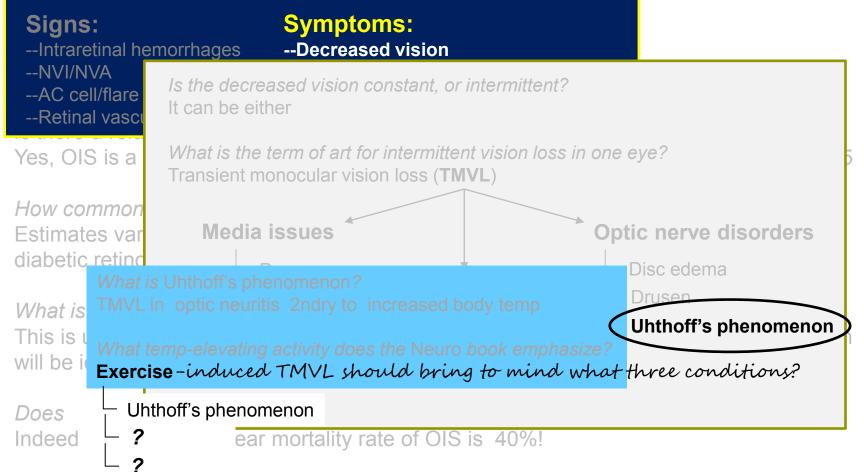
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Pigment-dispersion syndrome



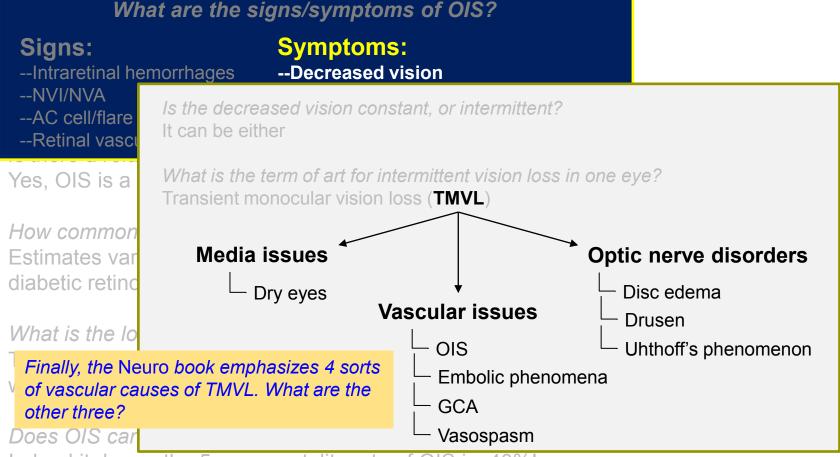


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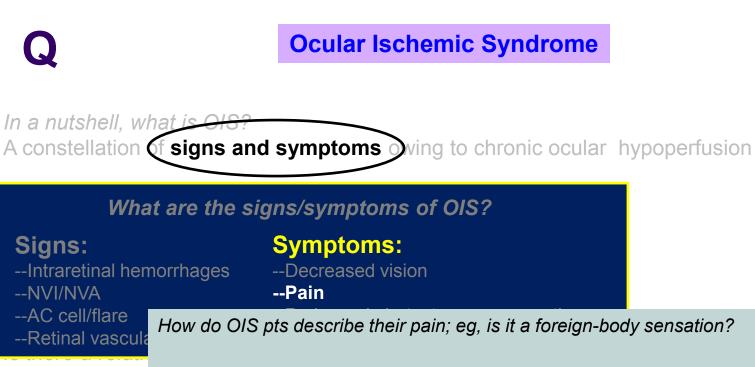
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Yes, OIS is a dz

How common is ...

Estimates vary, but fair to say it's an uncommon condition—vastly less common than diabetic retinopathy and/or CRVO, certainly

What is the long-term visual prognosis for eyes with OIS? This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).

*Does OIS carry implications for the general health of the afflicted individual?* Indeed it does—the 5-year mortality rate of OIS is 40%! 55



### What are the signs/symptoms of OIS?

--Pain

Symptoms: --Decreased vision

Signs: --Intraretinal hemorrhages --NVI/NVA --AC cell/flare --Retinal vascula

How do OIS pts describe their pain; eg, is it a foreign-body sensation? No, it is a dull, aching pain that locates to the eye or orbit

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In a nutshell, what is OIS? A constellation of signs and symptoms owing to chronic ocular hypoperfusion

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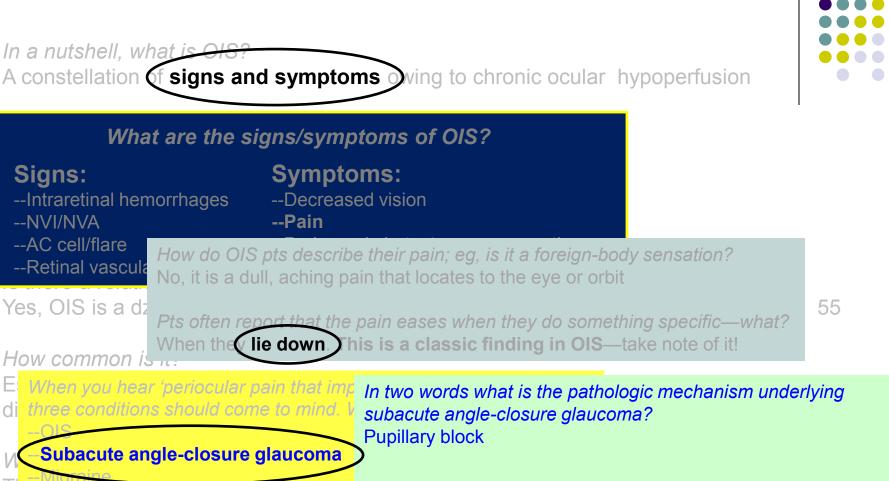
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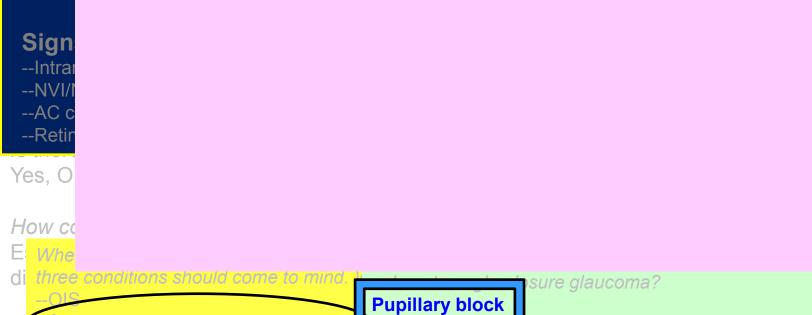


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In a nutshell, what is OIS?

A constallation of signs and symptoms owing to chronic ocular by poporfusion

Are you sure about this? I thought pupillary block was the mechanism underlying acute angle-closure glaucoma.



Subacute angle-closure glaucoma

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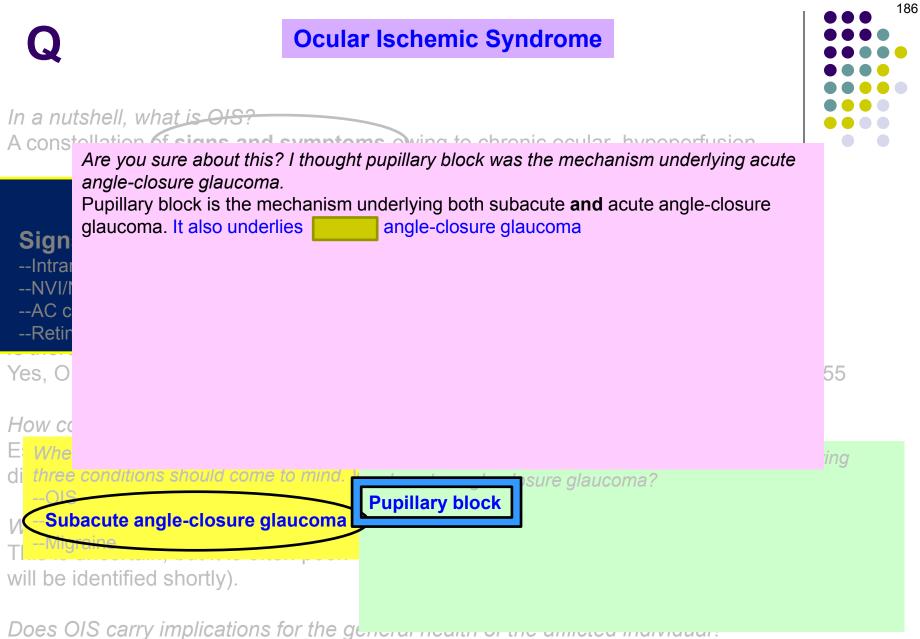




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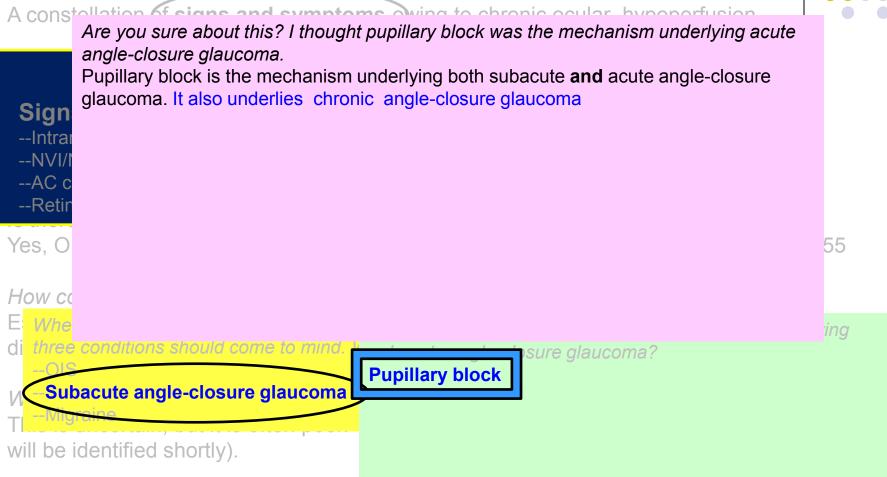


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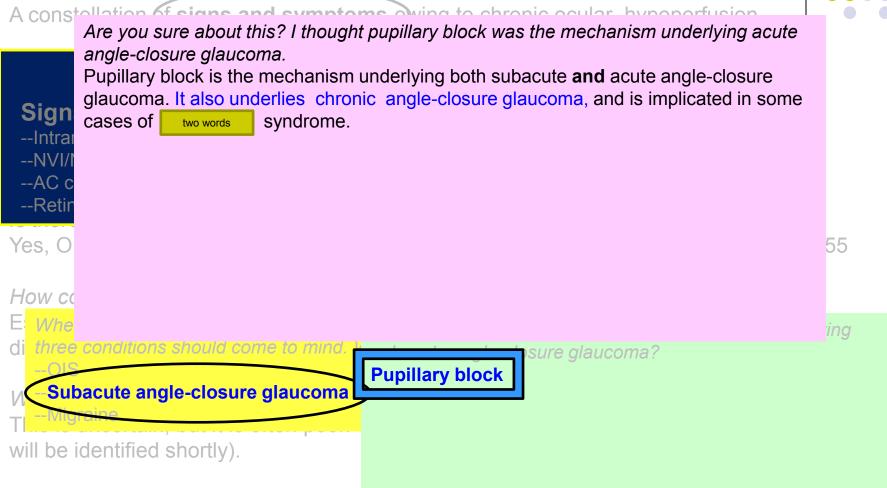


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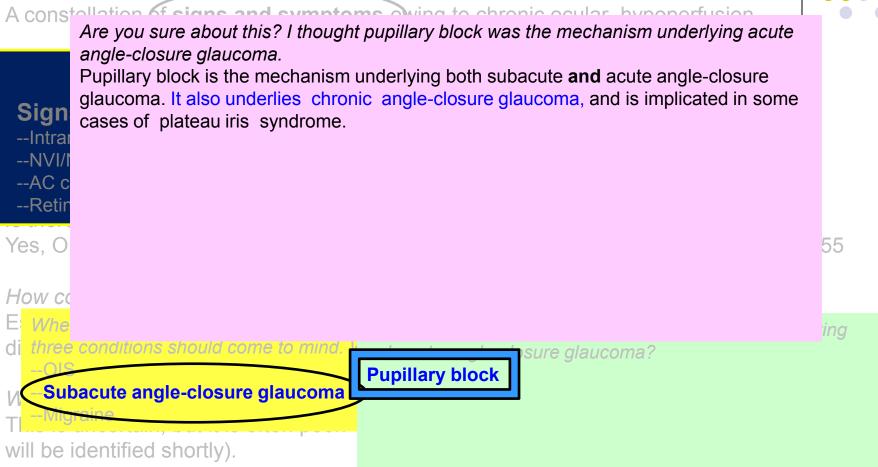


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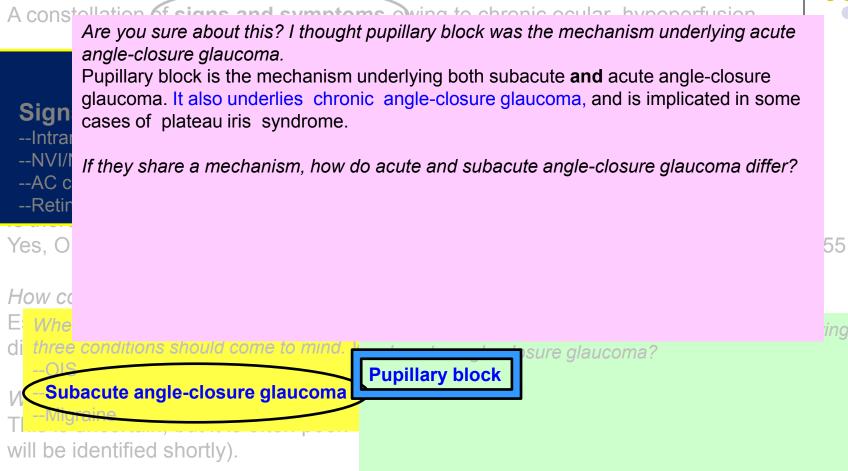


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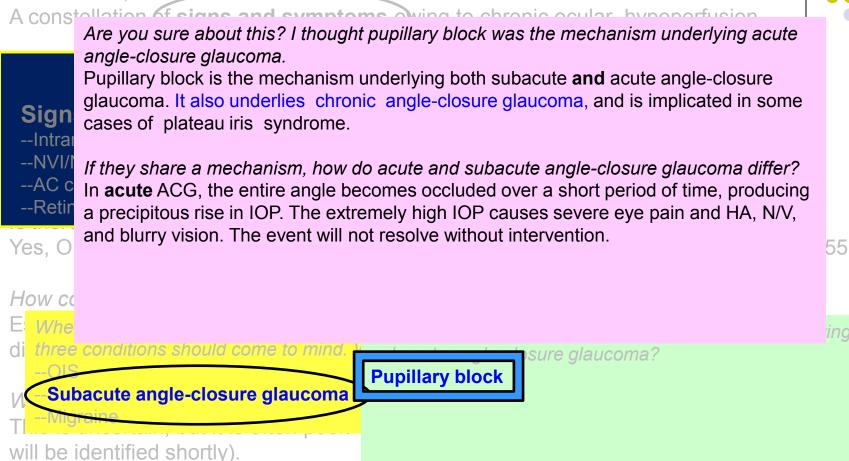


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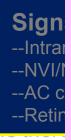


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#### In a nutshell, what is OIS?

A constellation of signs and symptoms duing to obtable coular, hypoporfusion Are you sure about this? I thought pupillary block was the mechanism underlying acute angle-closure glaucoma.

Pupillary block is the mechanism underlying both subacute **and** acute angle-closure glaucoma. It also underlies chronic angle-closure glaucoma, and is implicated in some cases of plateau iris syndrome.



*If they share a mechanism, how do acute and subacute angle-closure glaucoma differ?* In **acute** ACG, the entire angle becomes occluded over a short period of time, producing a precipitous rise in IOP. The extremely high IOP causes severe eye pain and HA, N/V, and blurry vision. The event will not resolve without intervention.

Yes, O In **subacute** ACG, some *portion* of the angle occludes *episodically*, resulting in periods of moderate (not extreme) IOP elevation. This IOP causes moderate eye pain and HA, *How cc* and blurry vision. The episodes resolve spontaneously, often after sleep. IOP is normal

Whe between episodes, which can make diagnosis challenging.

three conditions should come to mind.

-Subacute angle-closure glaucoma

Pupillary block

will be identified shortly).

Does OIS carry implications for the general means of the annexed memory indexed in the annexed memory in the second secon





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Circling back to the original point: What happens during sleep that provides pain relief in subacute angle-closure glaucoma?

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*subacute angle-closure glaucoma?* Pupillary block

Circling back to the original point: What happens during sleep that provides pain relief in subacute angle-closure glaucoma? Sleep-induced miosis breaks the pupillary block, thus allowing aqueous outflow to resume (and IOP to drop)

Does OIS carry implications for the general near or the ameter manager. Indeed it does—the 5-year mortality rate of OIS is 40%! 55

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#### What are the signs/symptoms of OIS?







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#### What are the signs/symptoms of OIS?

<b>Signs:</b> Intraretinal hemorrhages NVI/NVA AC cell/flare Retinal vascular changes	Symptoms: Decreased vision Pain Prolonged photostress recovery time	
Yes, OIS is a dz of It refers subject	photostress recovery time? to the length of time it takes for vision to record ed to a very bright light (OIS pts will complain ffected eye after exposure to bright light)	
Estimates vary, but diabetic retinopath		
<i>What is the long-te</i> This is uncertain, b will be identified shortly).		





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Yes, OIS is a dz of It refers subjecte	'photostress recovery time'? to the length of time it takes for vision to reco ed to a very bright light (OIS pts will complain ffected eye after exposure to bright light)	
Estimates vary, but Why is	recovery time prolonged in OIS?	
<i>What is the long-te</i> This is uncertain, b will be identified shortly).		



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How common is it? Estimates vary, but diabetic retinopath	<i>Why is recovery time prolonged in OIS?</i> Because the ischemic retinal circulation is unable meet the high metabolic demand
What is the long-te This is uncertain, b will be identified sh	

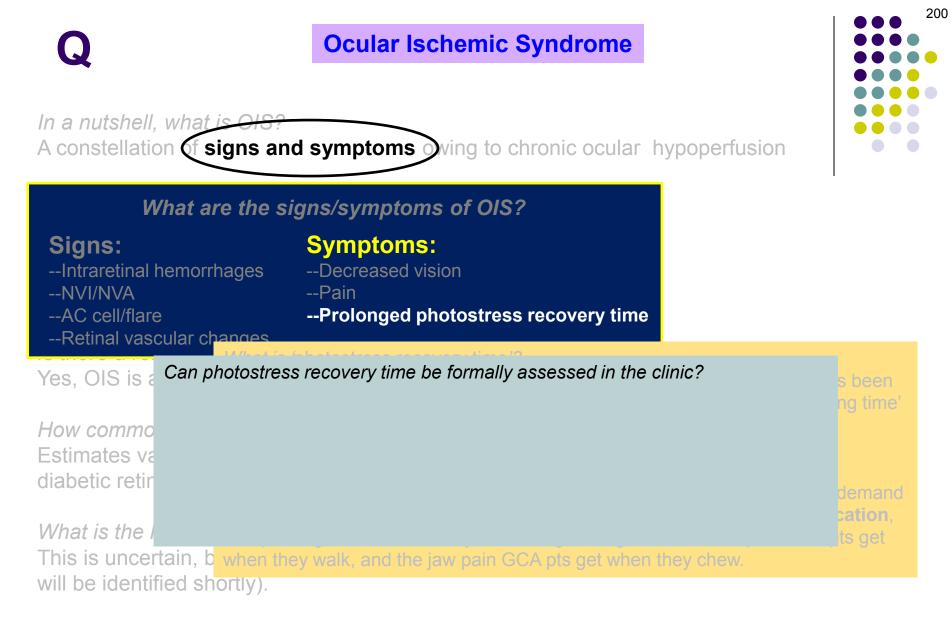




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What is the long-te with p	s recovery time prolonged in OIS? se the ischemic retinal circulation is unable meet the high metabolic demand d by the photostress in a timely manner. Think of it as <b>retinal claudication</b> , rolonged visual recovery time being analogous to the calf pain PAD pts get they walk, and the jaw pain GCA pts get when they chew.	







What are the signs/symptoms of OIS?



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<i>How commo</i> Estimates va	<i>Can photostress recovery time be formally assessed in the clinic?</i> It can indeed, via the <i>photostress recovery test</i> . The test is performed unilaterally . The BCVA for the eye is determined (reliable results require that VA be 20/80 or better). An extremely bright light is shone directly into the eye from a distance of about 1 inch for 10 seconds . The pt is then asked to read a Snellen line two words worse than their BCVA, and the amount of time it takes for	s been ng time'
What is the l	them to be able to do this is recorded.	demand cation,
	tain, b when they walk, and the jaw pain GCA pts get when they chew.	ts get





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How commo Estimates va	a distance of about 1 inch for 10 seconds. The pt is then asked to read a	s been ng time'
diabetic retir	Snellen line one row worse than their BCVA, and the amount of time it takes for	demand cation.
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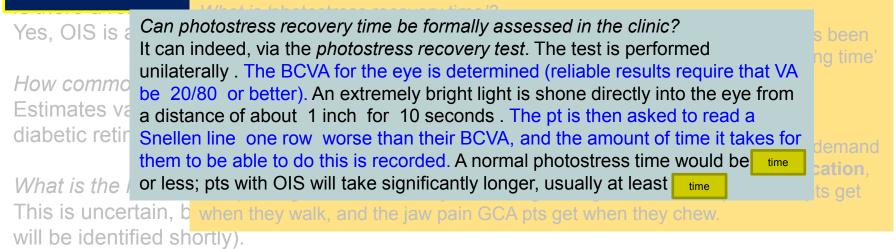


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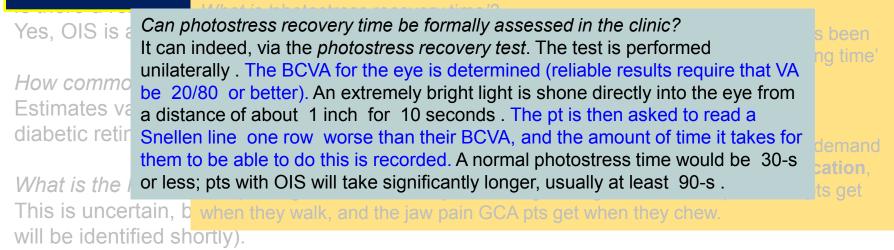


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<i>How c<mark>How wo</mark> Estim</i> a diabet	uld a pt with VA	loss 2ndry to an optic neuropathy perform on the	e test? e from a units in takes for	
t		o do this is recorded. A normal photostress time DIS will take significantly longer, usually at least	would be 30-s	demand <b>cation</b> , ts get
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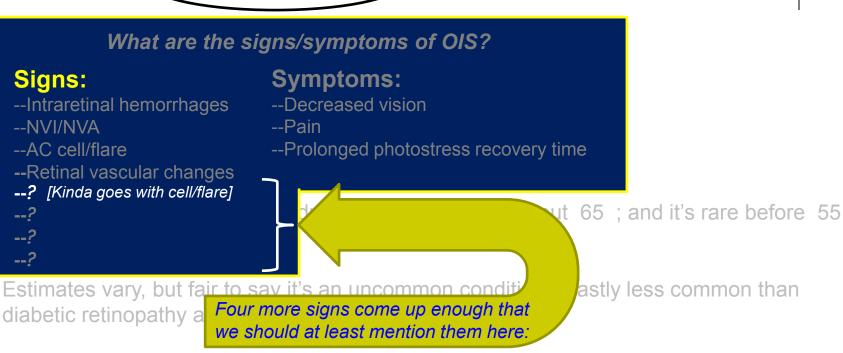
213

#### What are the signs/symptoms of OIS? Signs: Symptoms: --Decreased vision --Intraretinal hemorrhages --NVI/NVA --Pain --AC cell/flare --Prolonged photostress recovery time --Retinal vascular changes --? t 65 ; and it's rare before 55 --? Hints forthcoming --? --? Estimates vary, but fair to say it's an uncommon condition astly less common than diabetic retinopathy a Four more signs come up enough that we should at least mention them here:

What is the long-term visual prognosis for eyes with OIS?

This is uncertain, but it is often poor. One sign in particular portends poor vision (this sign will be identified shortly).





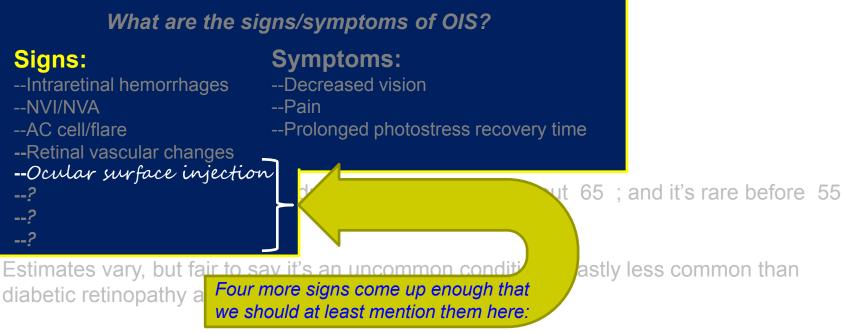
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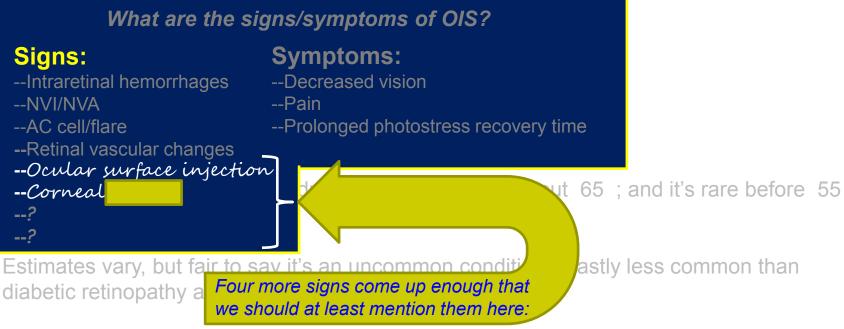


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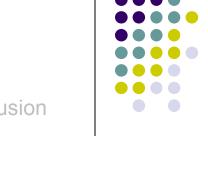


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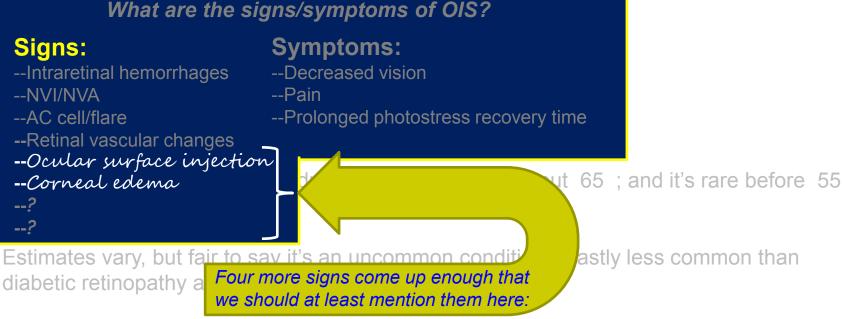
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In a nutshell, what is OIS? A constellation of signs and symptoms oving to chronic ocular hypoperfusion



217



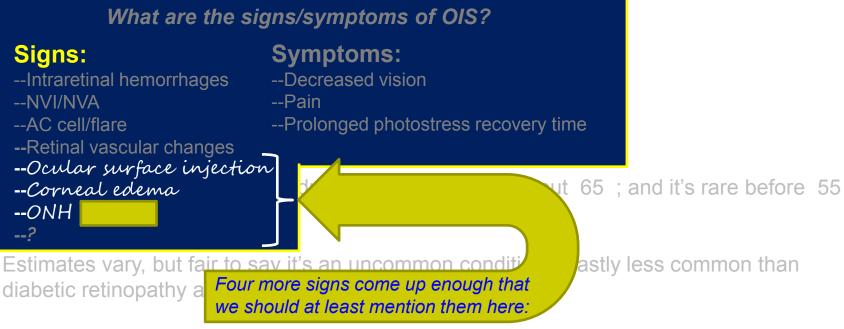
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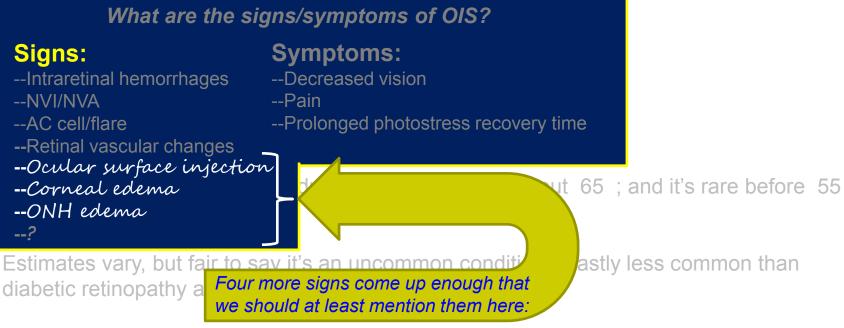
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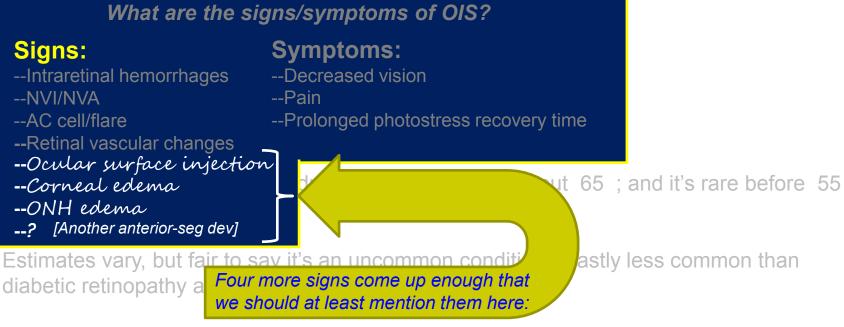
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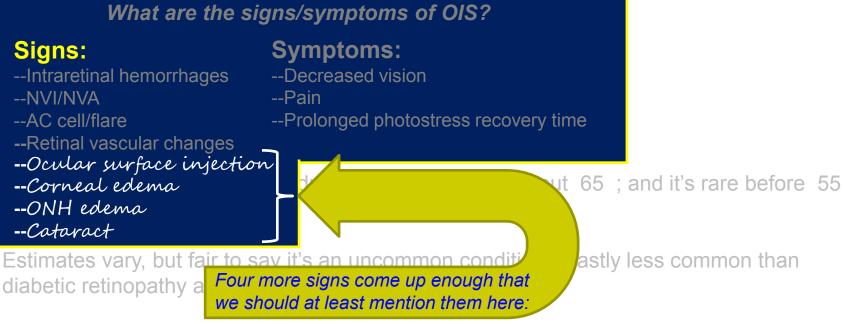
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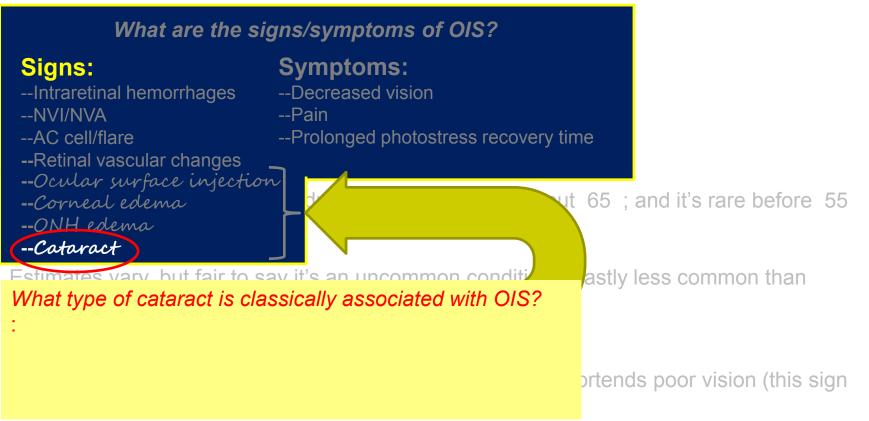
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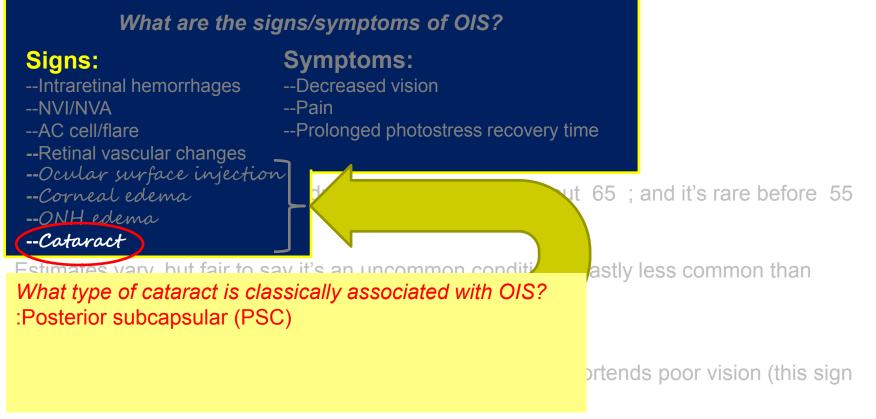






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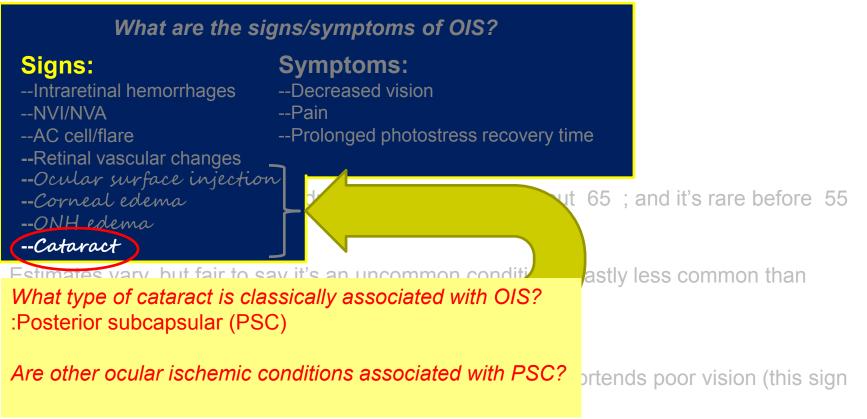






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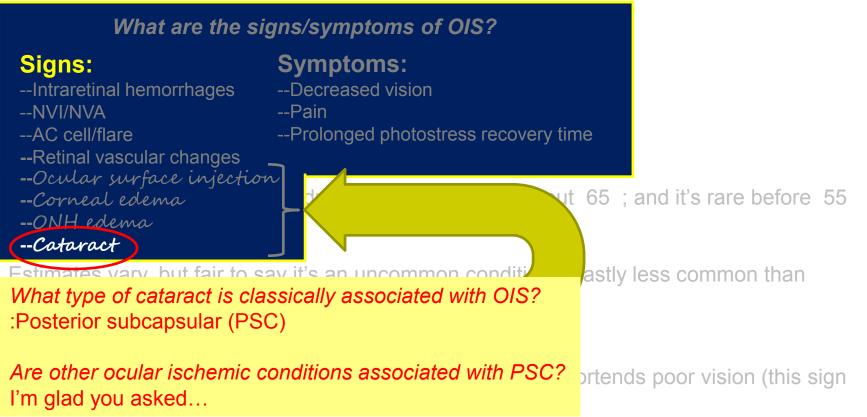


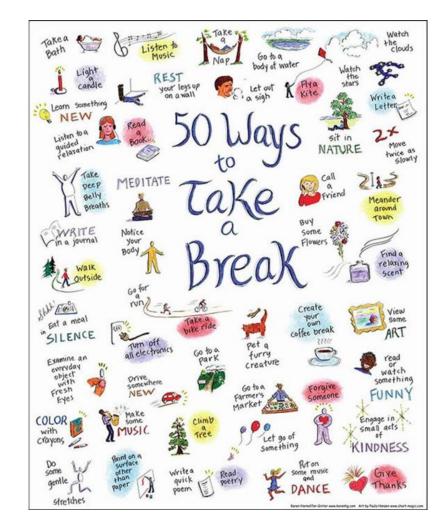


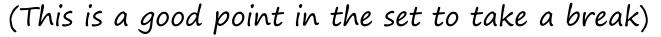


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- Regarding ischemic conditions that cause PSCs...The Lens book names *\** besides OIS.
  - Ocular ischemic syndrome





- Regarding ischemic conditions that cause PSCs...The *Lens* book names three besides OIS.

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- Regarding ischemic conditions that cause PSCs...The *Lens* book names three besides OIS. What are they?
  - ?
  - Ocular ischemic syndrome
  - ?

# • ?

Mnemonic forthcoming





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  - A

### • T

Mnemonic: **BOAT** Hints forthcoming





- Regarding ischemic conditions that cause PSCs...The *Lens* book names three besides OIS. What are they?
- Systemic 🔵
  - Ocular ischemic syndrome
  - Ocular 🌒 🗛

### Systemic

### Mnemonic: **BOAT**

R

Hints: One is ocular and... Two are systemic and...





Systemic 🔵

• Ocular ischemic syndrome

Ocular 🌒 🗛

Systemic

Mnemonic: **BOAT** 

R

*Hints*: One is ocular and...iatrogenic Two are systemic and...eponymous, and rare (but you read about them in med school)





- Regarding ischemic conditions that cause PSCs...The *Lens* book names three besides OIS. What are they?
- systemic Buerger's disease (Thromboangiitis obliterans)
  - Ocular ischemic syndrome
  - Anterior segment ischemia syndrome
- Systemic Takayasu's arteritis (Pulseless disease)

Mnemonic: **BOAT** 

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Mnemonic: Hints: One Two:

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Mnemonic: Hints: One Two s

*How bad can the cataract get in these conditions?* Total opacification is not uncommon

n med school)





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Systemic	
	Mnemonic: BOAT

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Mnemonic: BOAT

Hints: One is ocular and...iatrogenic



It was noted that anterior segment ischemia syndrome is iatrogenic. In very general terms, what physician-related activity is the cause?



**BS** 

# • Anterior segment ischemia syndrome

### systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT

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**BS** 

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247

**BS** 

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Again in general terms, how does eye surgery cause anterior segment ischemia?

• Anterior segment ischemia syndrome

systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT

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248

**BS** 

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Again in general terms, how does eye surgery cause anterior segment ischemia? By impeding/disrupting blood flow to the anterior segment

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- Anterior segment ischemia syndrome
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Mnemonic: BOAT

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ry

**BS** 

250

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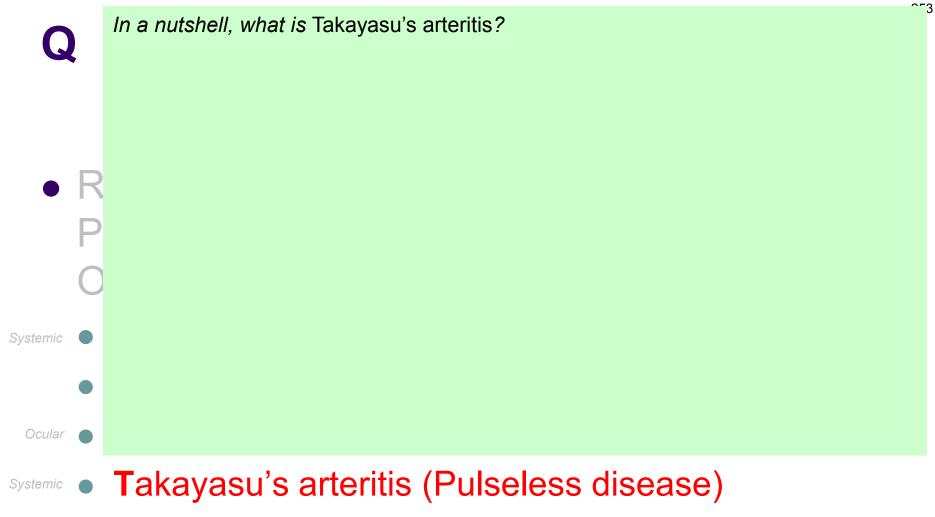
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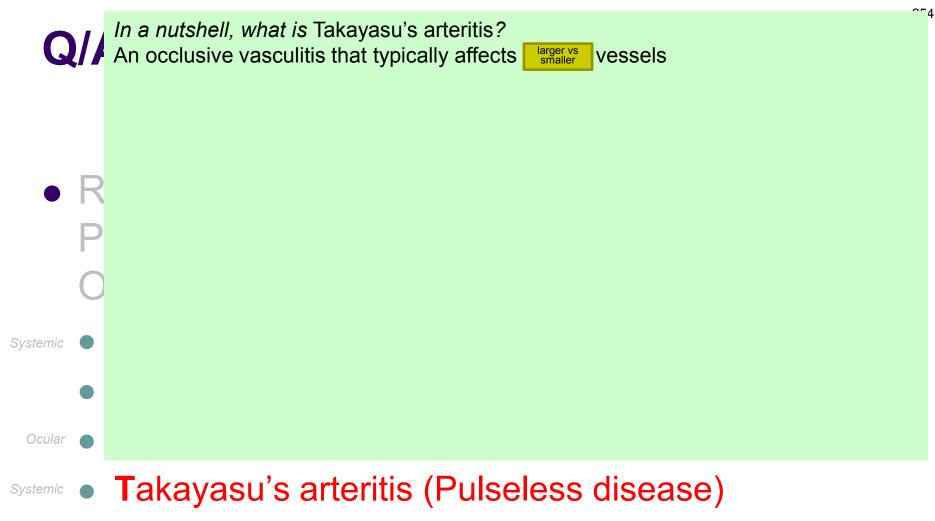
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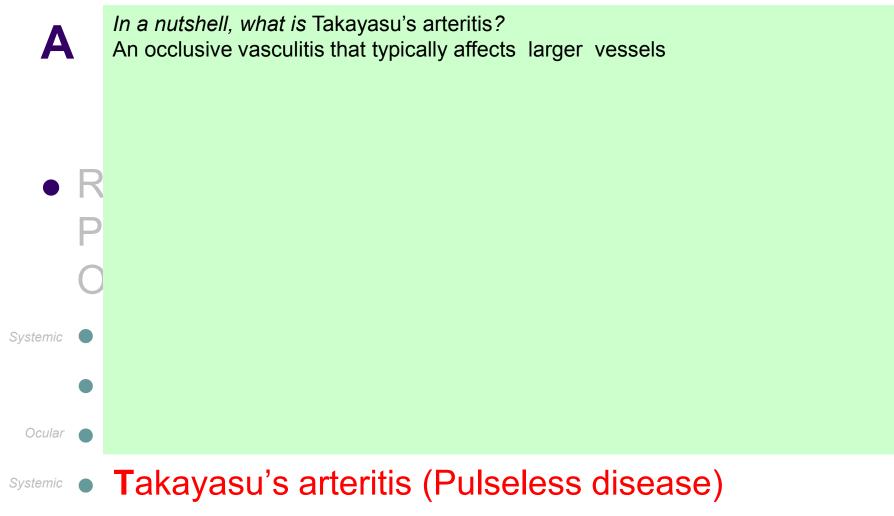
Mnemonic: BOAT

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Hints: One is ocular and...iatrogenic



25

Mnemonic: BOAT

C	2	In a putshell, what is Takayasu's arteritis? A occlusive vasculitis that typically affects larger vessels
		What clinically significant effect results from this occlusion?
٠	R	
	Ρ	
	0	
Systemic	•	
	•	
Ocular	•	
Systemic		Takayasu's arteritis (Pulseless disease)

256

Mnemonic: **BOAT** 

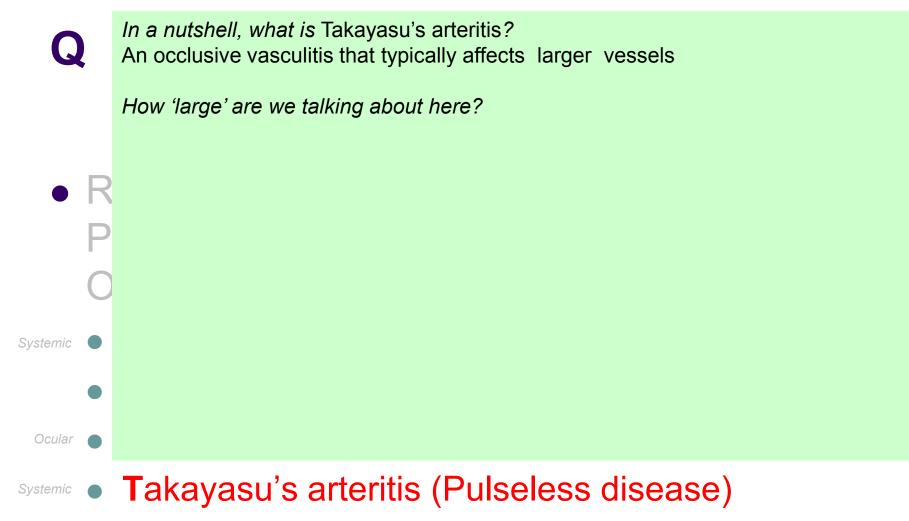
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Α	In a putshell, what is Takayasu's arteritis? A occlusive vasculitis that typically affects larger vessels
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•	R
	P
Systemic	
Ocular	
Svstemic	Takavasu's arteritis (Pulseless disease)

### <sup>Systemic</sup> • Takayasu's arteritis (Pulseless disease)

Mnemonic: **BOAT** 

Hints: One is ocular and...iatrogenic



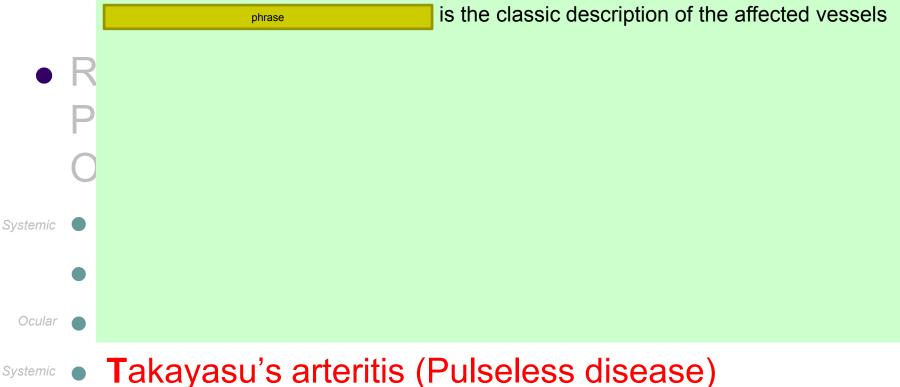
<u>~~8</u>

Mnemonic: BOAT

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#### In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels

#### How 'large' are we talking about here?



2-9

Mnemonic: **BOAT** 

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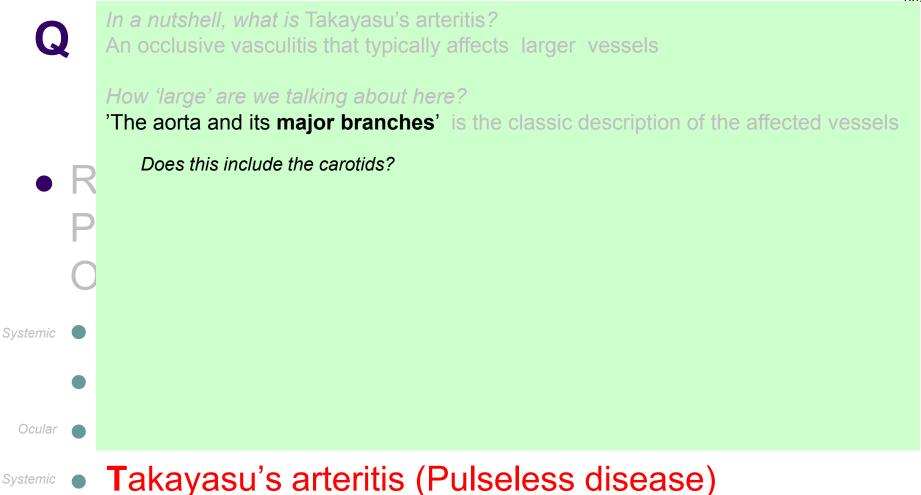
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		How 'large' are we talking about here? 'The aorta and its major branches' is the classic description of the affected vessels
	R	
	Ρ	
	0	
emic		
cular		

# Systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: **BOAT** 

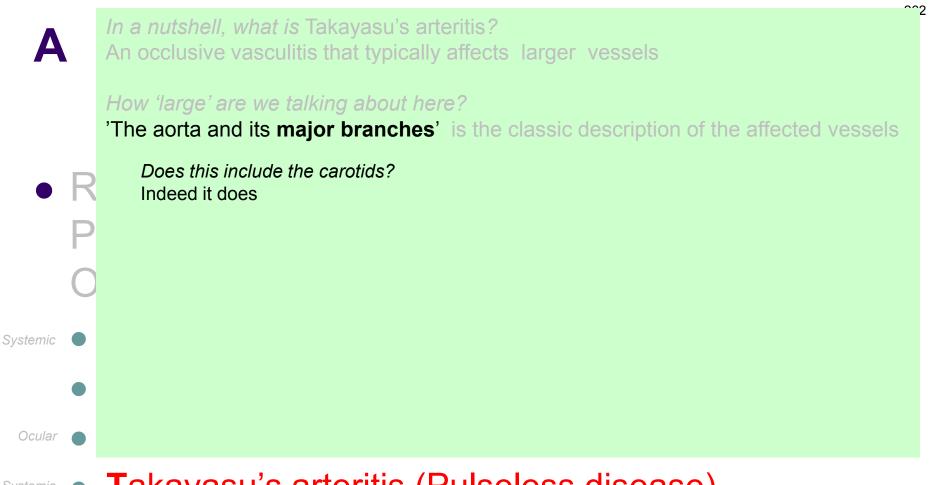
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#### Takayasu s arteritis (r uiseless u

Mnemonic: BOAT

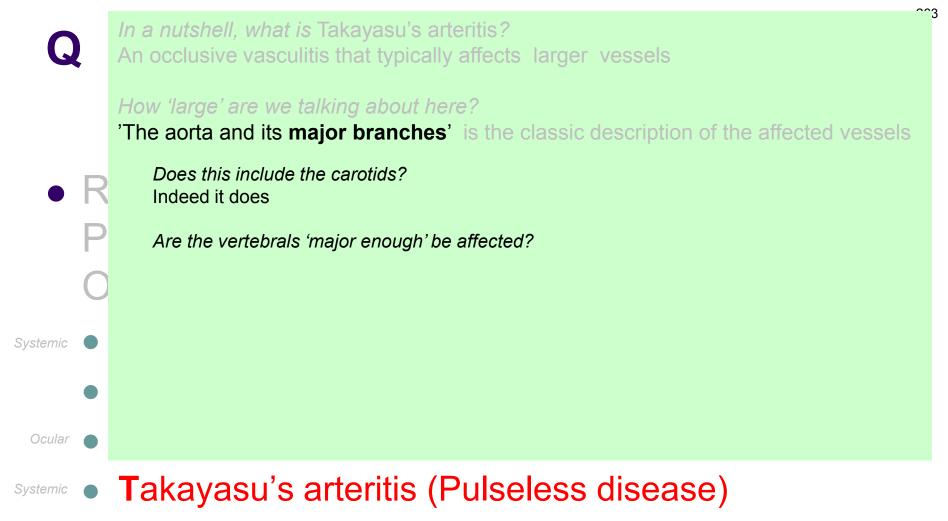
*Hints*: One is ocular and...iatrogenic



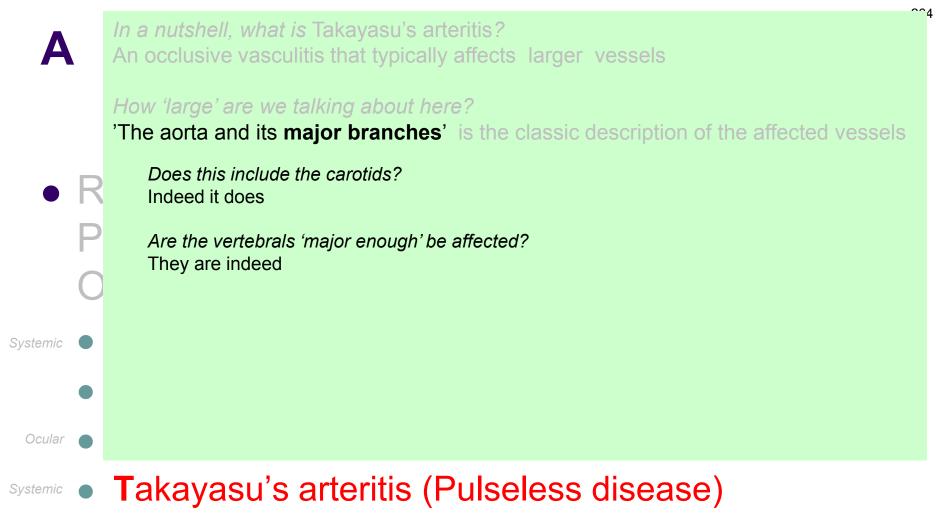
#### Systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT

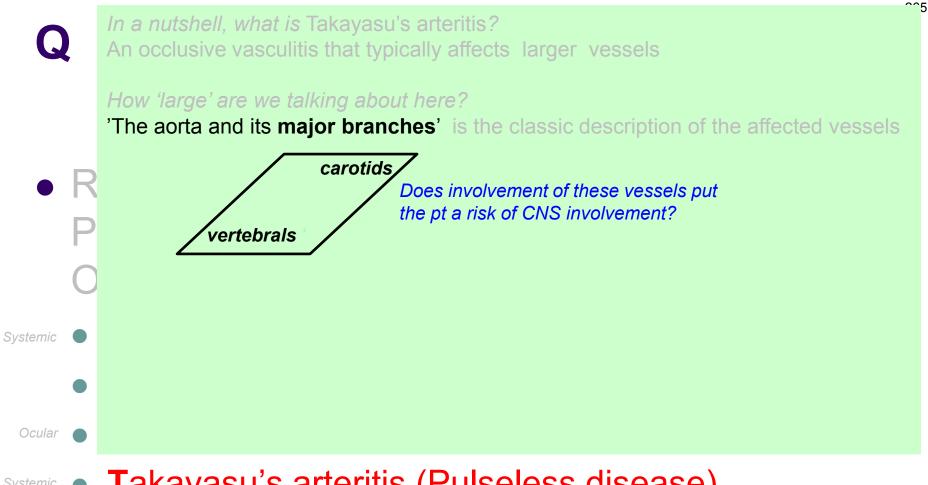
*Hints*: One is ocular and...iatrogenic



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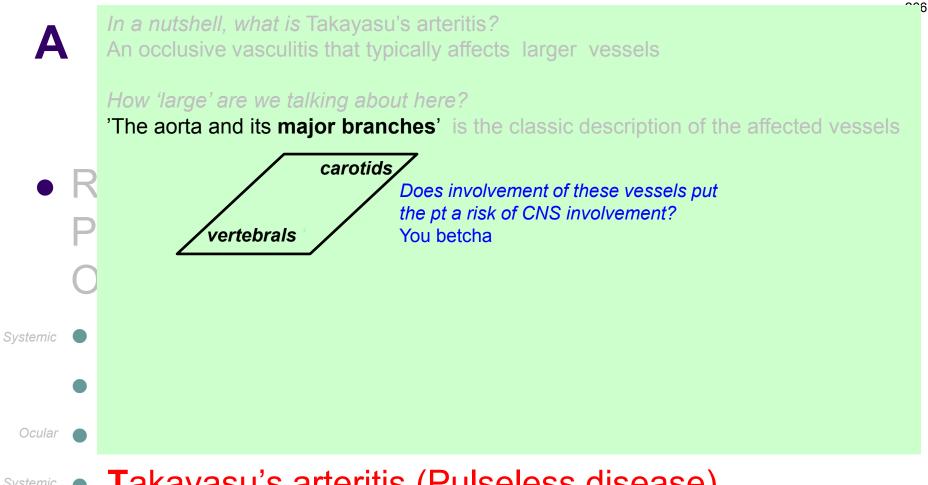
*Hints*: One is ocular and...iatrogenic



## Systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT

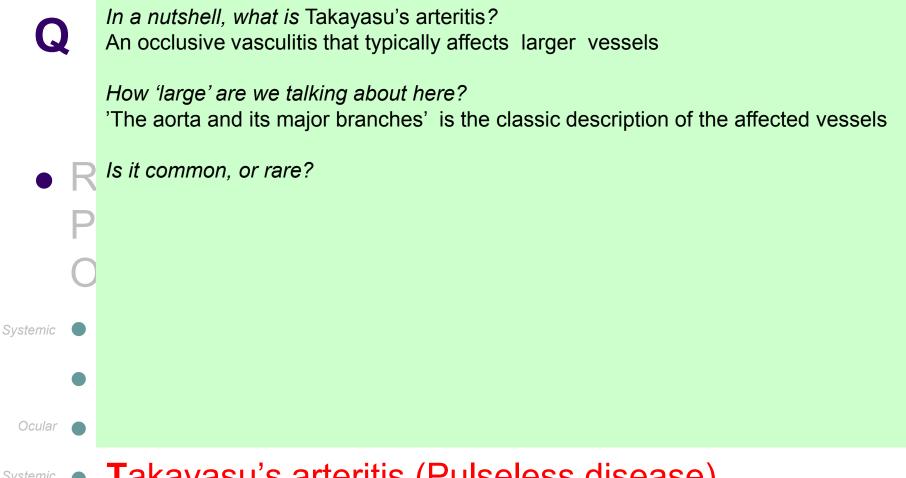
*Hints*: One is ocular and...iatrogenic



#### Takayasu's arteritis (Pulseless disease) Systemic

Mnemonic: **BOAT** 

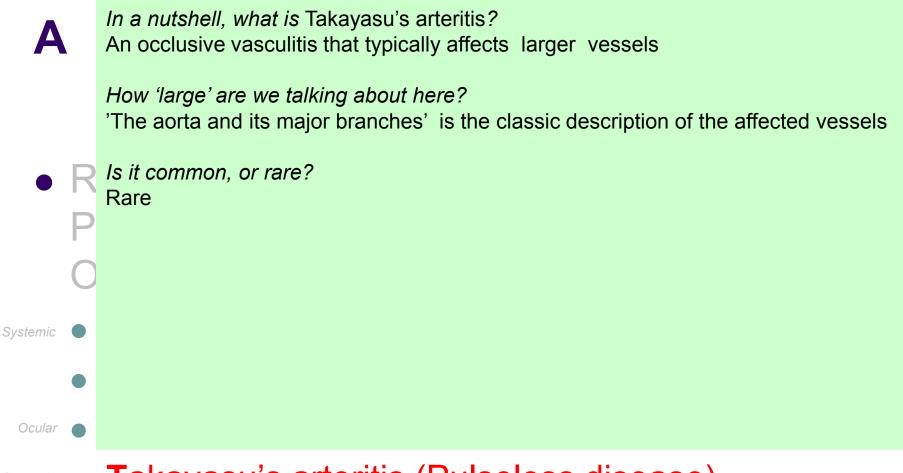
*Hints*: One is ocular and...iatrogenic



## Systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT

*Hints*: One is ocular and...iatrogenic

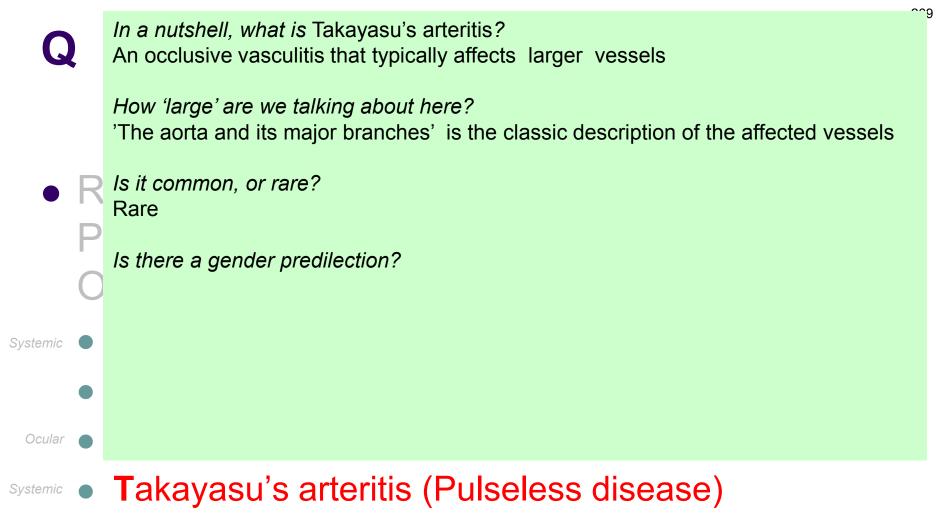


228

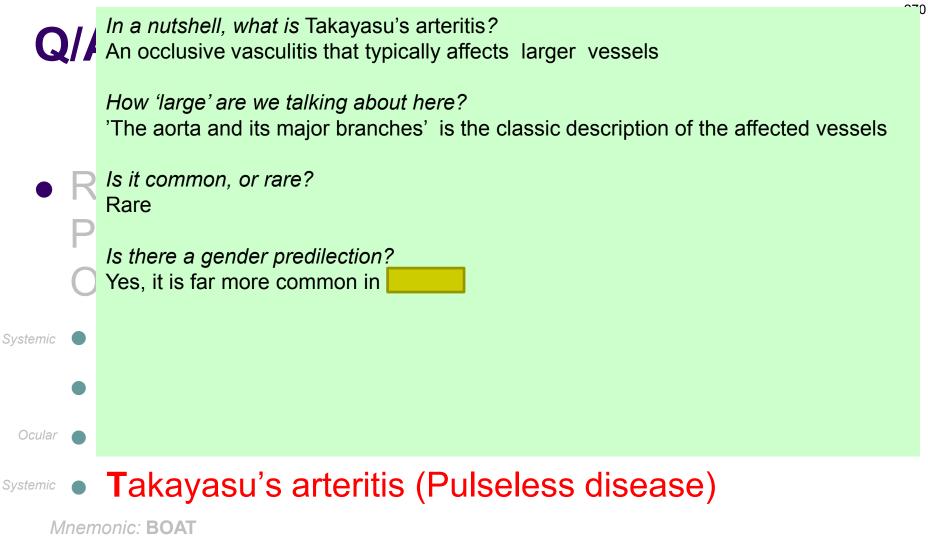
### Systemic • Takayasu's arteritis (Pulseless disease)

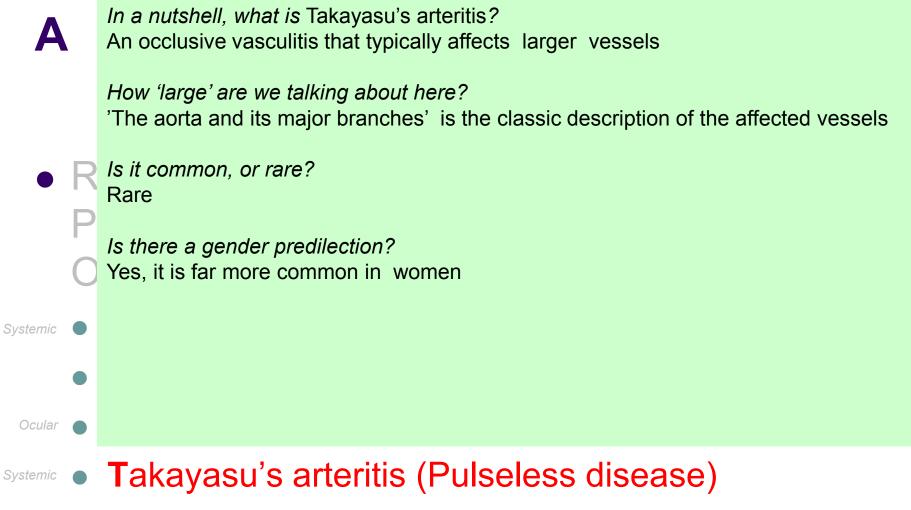
Mnemonic: BOAT

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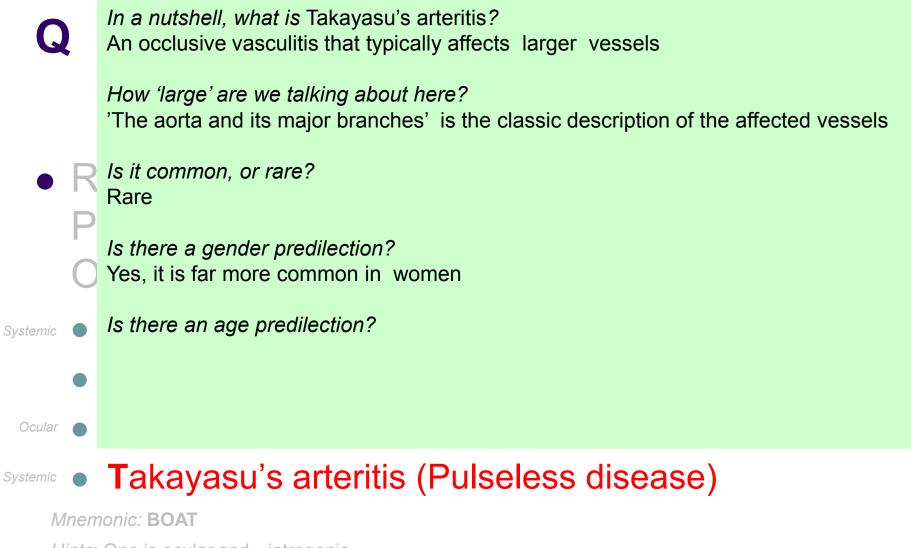


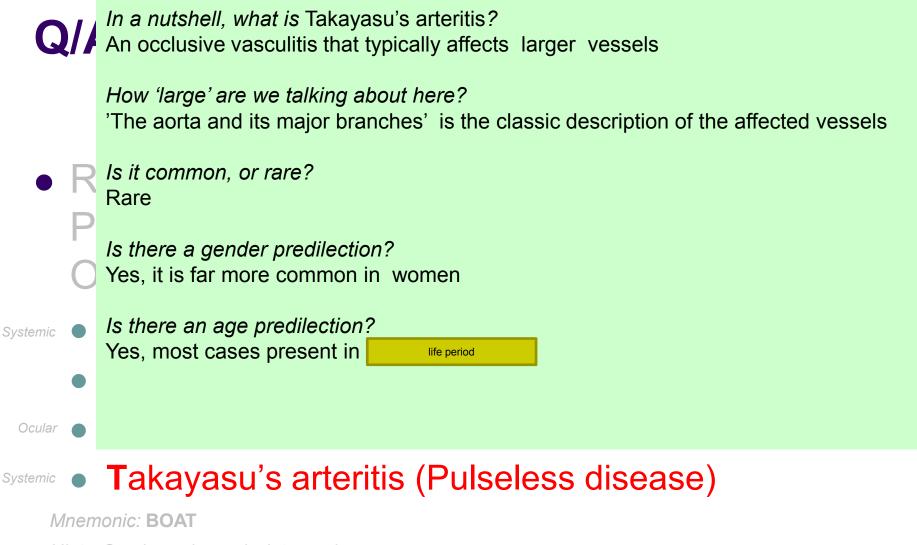
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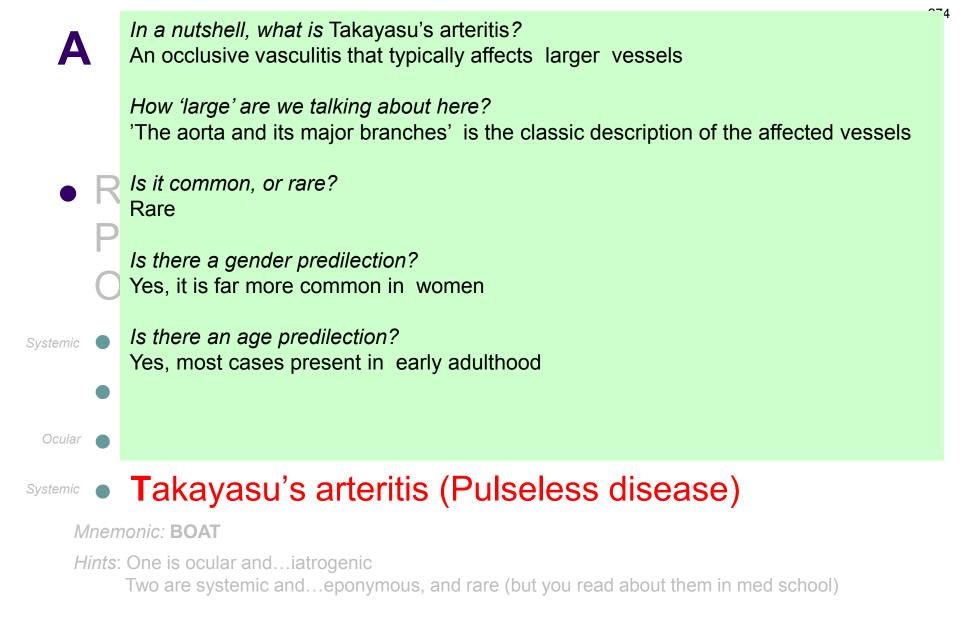


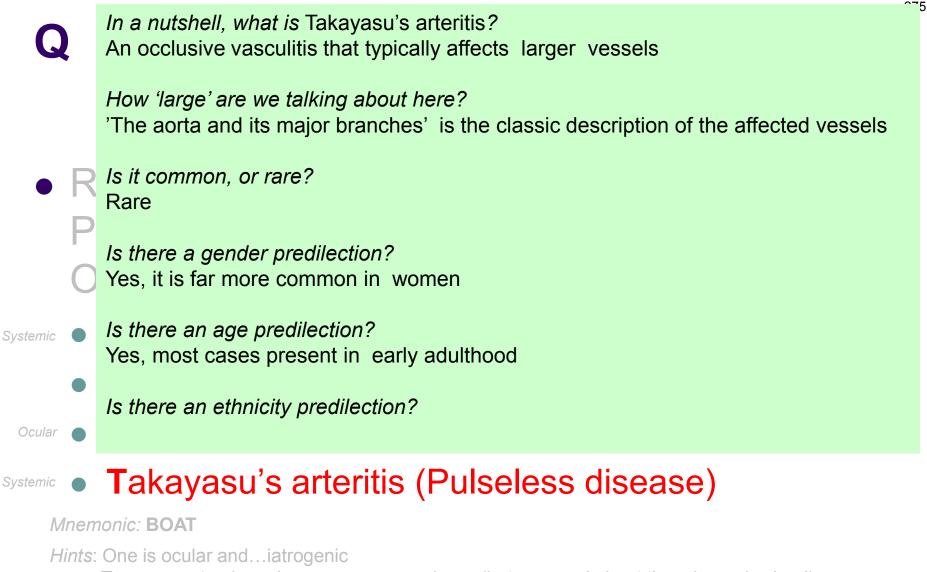


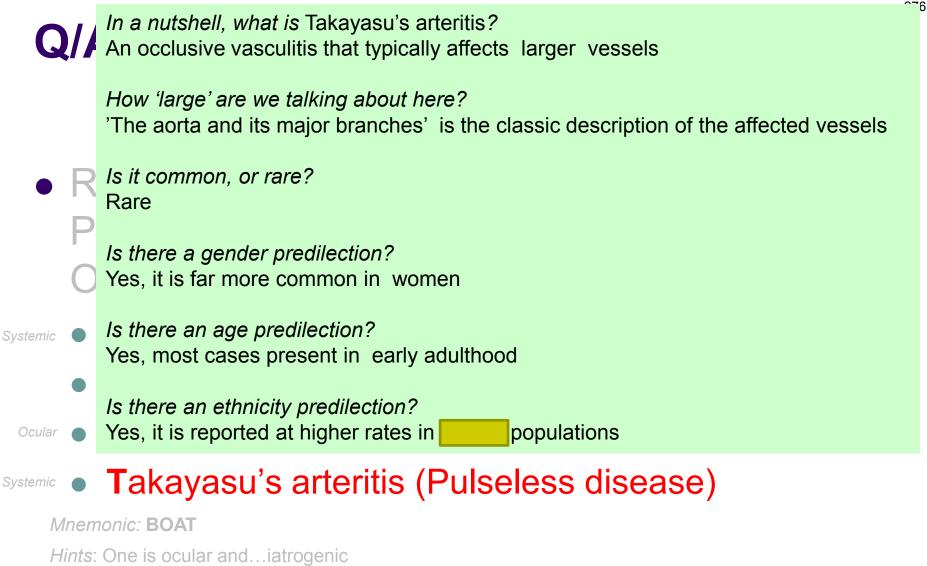
*Hints*: One is ocular and...iatrogenic













In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels

*How 'large' are we talking about here?* 'The aorta and its major branches' is the classic description of the affected vessels

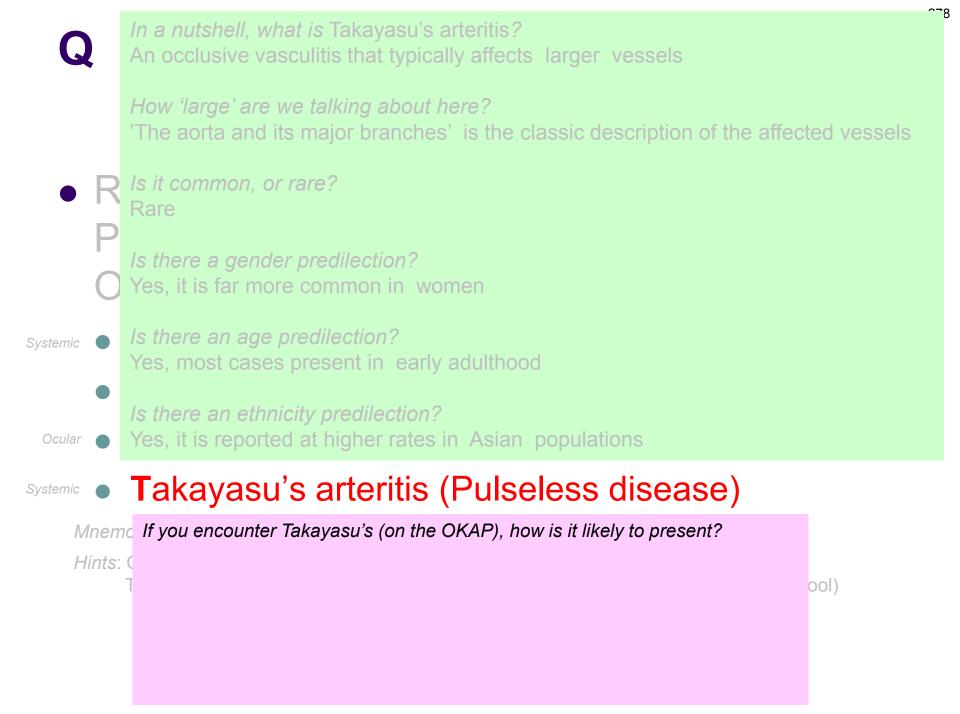
R *Is it common, or rare?* Rare

*Is there a gender predilection?* Yes, it is far more common in women

- *Systemic* Is there an age predilection? Yes, most cases present in early adulthood
  - Is there an ethnicity predilection?
  - <sup>cular</sup> Yes, it is reported at higher rates in Asian populations

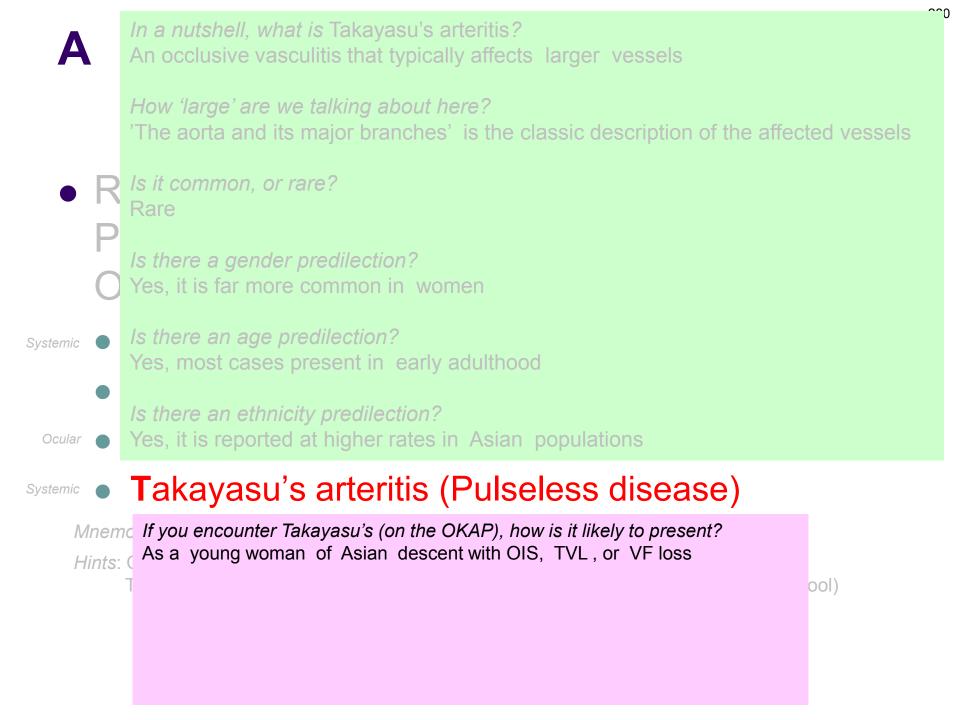
# Systemic • Takayasu's arteritis (Pulseless disease)

Mnemonic: BOAT



Q	/	In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels		
		How 'large' are we talking about here? 'The aorta and its major branches' is the classic description of the affected	d vessels	
٠	R	<i>Is it common, or rare?</i> Rare		
	Г 0	<i>Is there a gender predilection?</i> Yes, it is far more common in women		
Systemic	•	<i>Is there an age predilection?</i> Yes, most cases present in early adulthood		
Ocular	•	<i>Is there an ethnicity predilection?</i> Yes, it is reported at higher rates in Asian populations		
Systemic		Takayasu's arteritis (Pulseless disease)		
Mnemc If you encounter Takayasu's (on the OKAP), how is it likely to present? Hints: ( As a demographic of ethnicity descent with OIS, abb., or abb. + word				
		00	)	

~79



C	2	In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels	
		How 'large' are we talking about here? 'The aorta and its major branches' is the classic description of the affect	ed vessels
•	R	<i>Is it common, or rare?</i> Rare	
	Г 0	<i>Is there a gender predilection?</i> Yes, it is far more common in women	
Systemic	•	<i>Is there an age predilection?</i> Yes, most cases present in early adulthood	
Ocular	•	<i>Is there an ethnicity predilection?</i> Yes, it is reported at higher rates in Asian populations	
Systemic		Takayasu's arteritis (Pulseless disease)	
	Inem lints:	c If you encounter Takayasu's (on the OKAP), how is it likely to present? As a young woman of Asian descent with OIS, TVL, or VF loss	
		What nonocular complaints might she have?	ool)

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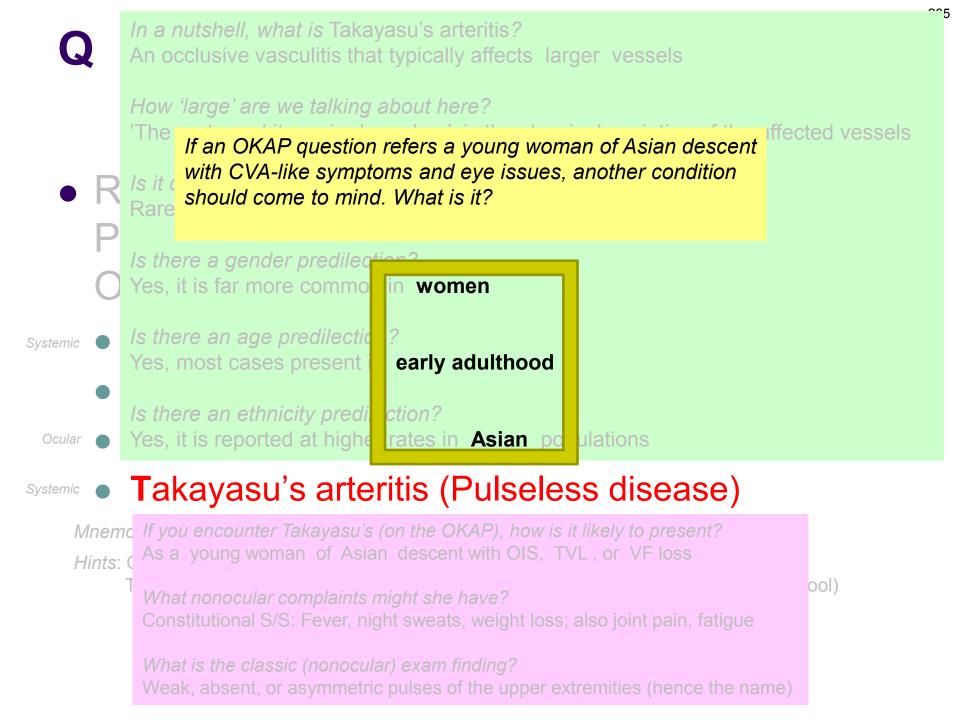
Α		In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels	^^2
		<i>How 'large' are we talking about here?</i> 'The aorta and its major branches' is the classic description of the affected vessels	
•	R	<i>Is it common, or rare?</i> Rare	
		<i>Is there a gender predilection?</i> Yes, it is far more common in women	
Systemic	-	<i>Is there an age predilection?</i> Yes, most cases present in early adulthood	
Ocular		<i>Is there an ethnicity predilection?</i> Yes, it is reported at higher rates in Asian populations	
Systemic		Takayasu's arteritis (Pulseless disease)	
	nemo nts: (	If you encounter Takayasu's (on the OKAP), how is it likely to present? As a young woman of Asian descent with OIS, TVL, or VF loss	
	٦	What nonocular complaints might she have? Constitutional S/S: Fever, night sweats, weight loss; also joint pain, fatigue	

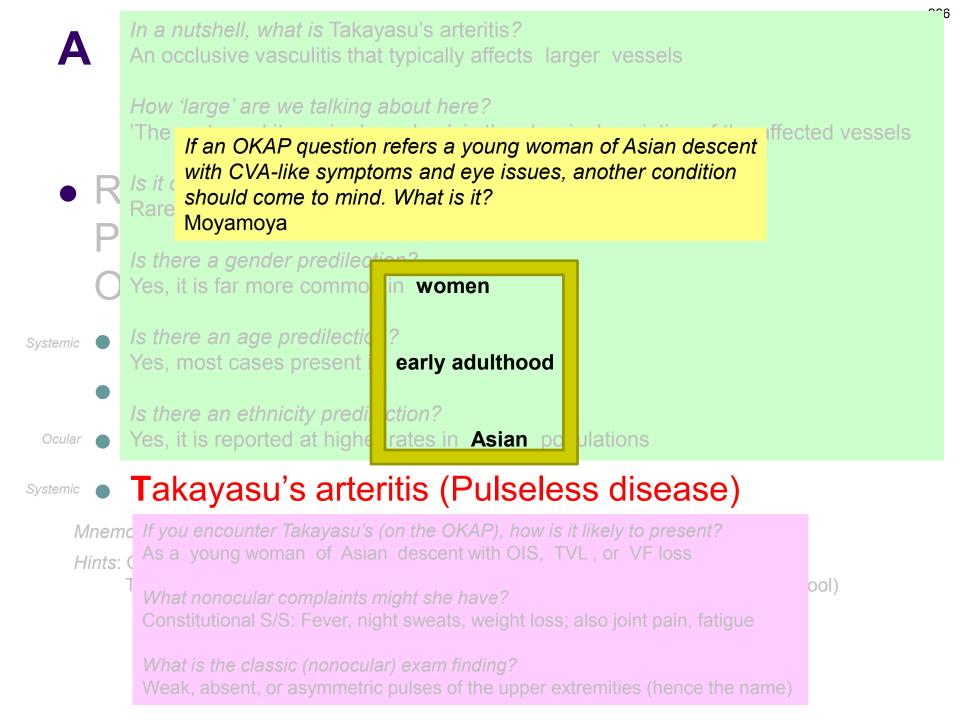
Q	In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels	
~	How 'large' are we talking about here? 'The aorta and its major branches' is the classic description of the affected vessel	S
• R	<i>Is it common, or rare?</i> Rare	
P O	<i>Is there a gender predilection?</i> Yes, it is far more common in women	
Systemic	<i>Is there an age predilection?</i> Yes, most cases present in early adulthood	
Ocular	<i>Is there an ethnicity predilection?</i> Yes, it is reported at higher rates in Asian populations	
Systemic 🔵	Takayasu's arteritis (Pulseless disease)	
Mnem Hints:	If you encounter Takayasu's (on the OKAP), how is it likely to present? As a young woman of Asian descent with OIS, TVL, or VF loss	
	<i>What nonocular complaints might she have?</i> Constitutional S/S: Fever, night sweats, weight loss; also joint pain, fatigue	
	What is the classic (nonocular) exam finding?	

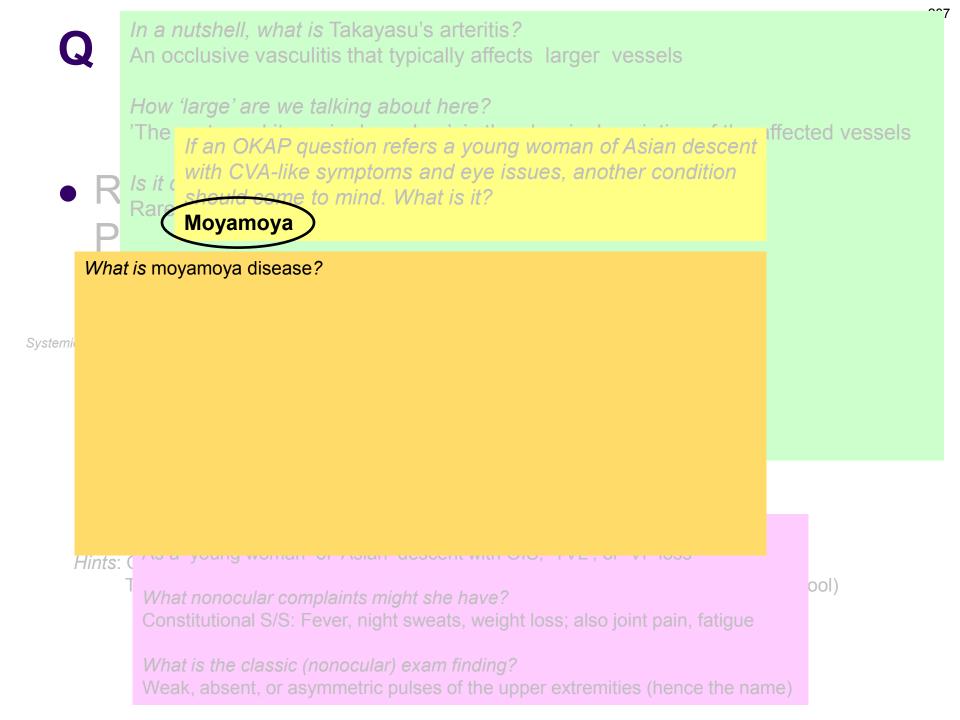
<u>^^3</u>

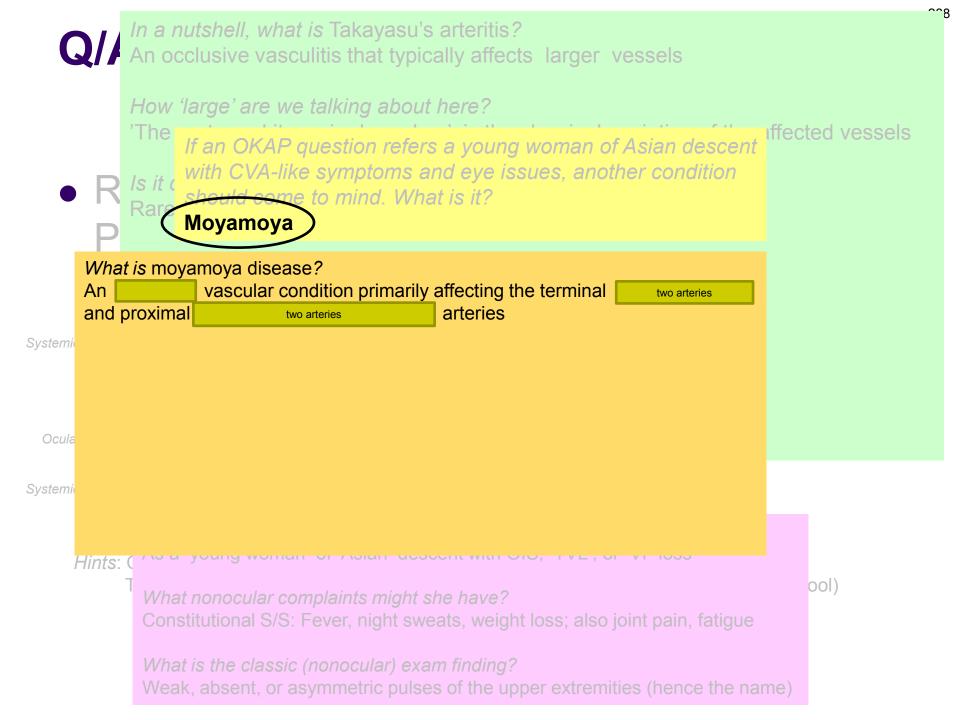
Α	In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels	
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• R	<i>Is it common, or rare?</i> Rare	
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Systemic	Takayasu's arteritis ( <b>Pulseless disease</b> )	
Mnem Hints:	As a young woman of Asian descent with OIS, TVL, AVF loss	
	What nonocular complaints might she have? Constitutional S/S: Fever, night sweats, weight loss; also joint in, fatigue	ool)
	What is the classic (nonocular) exam finding?	

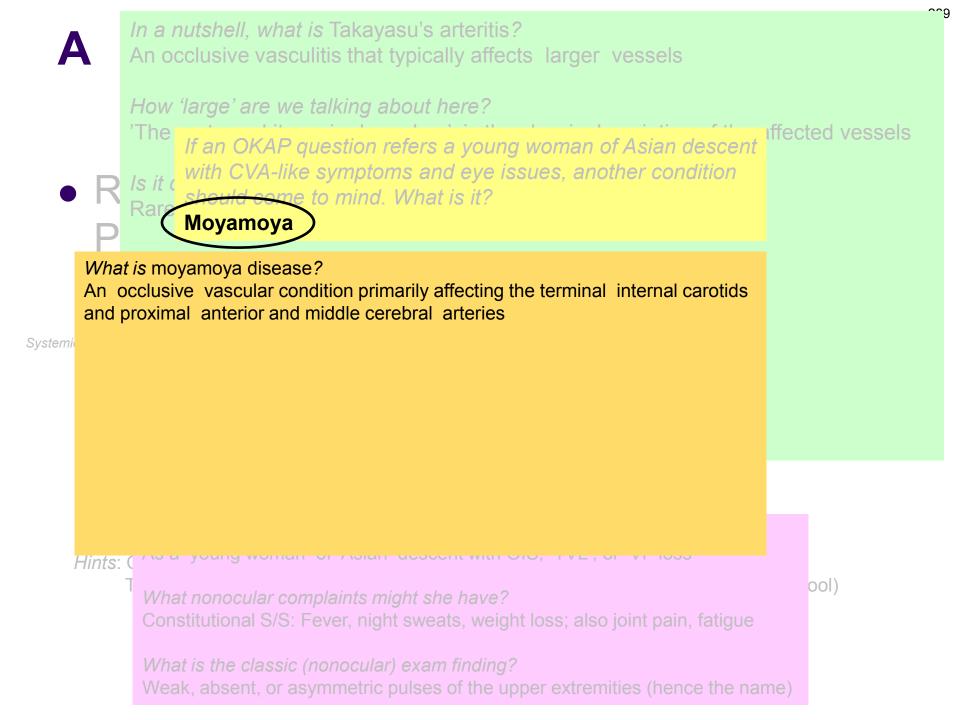
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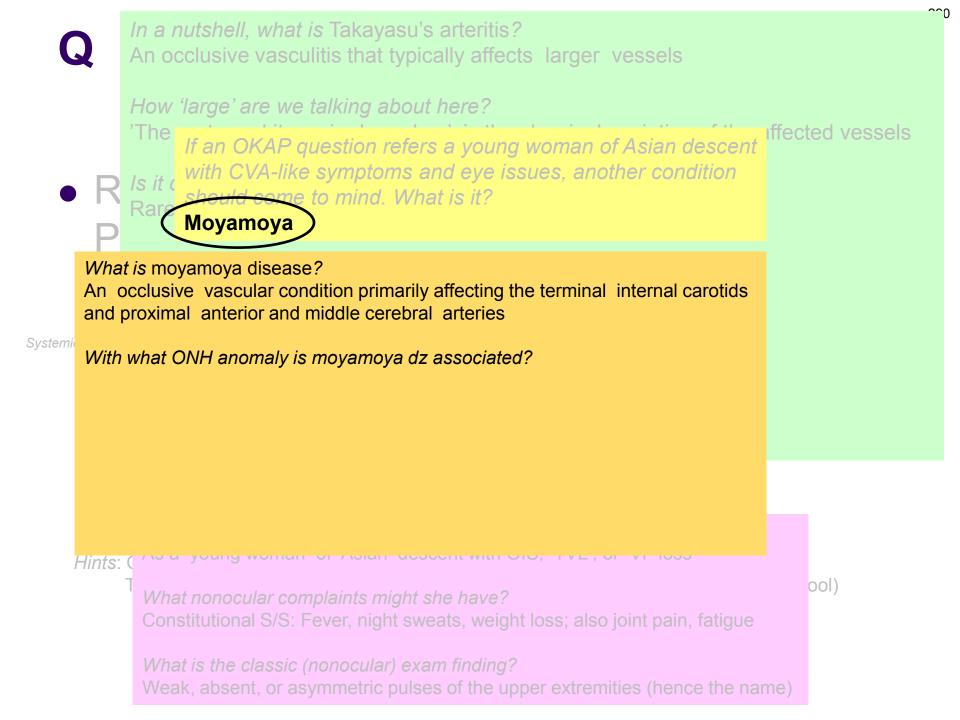


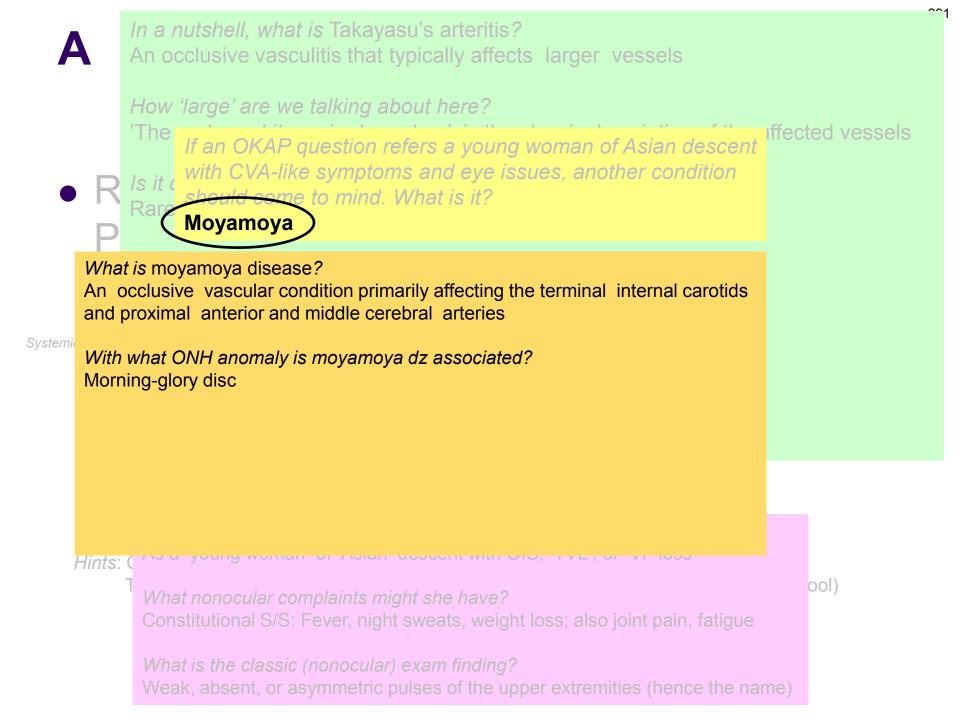














*In a nutshell, what is* Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels

How 'large' are we talking about here?

The If an OKAP question refers a young woman of Asian descent of the second of the sec

#### Moyamoya

What is moyamoya disease?

An occlusive vascular condition primarily affecting the terminal internal carotids and proximal anterior and middle cerebral arteries

#### Systemi

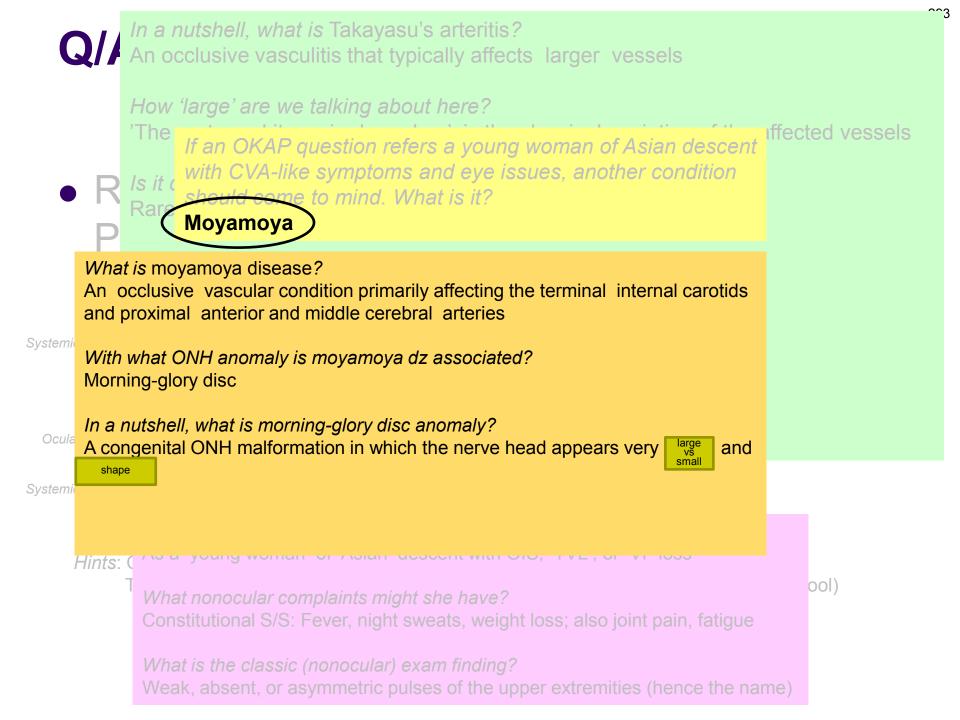
*With what ONH anomaly is moyamoya dz associated?* Morning-glory disc

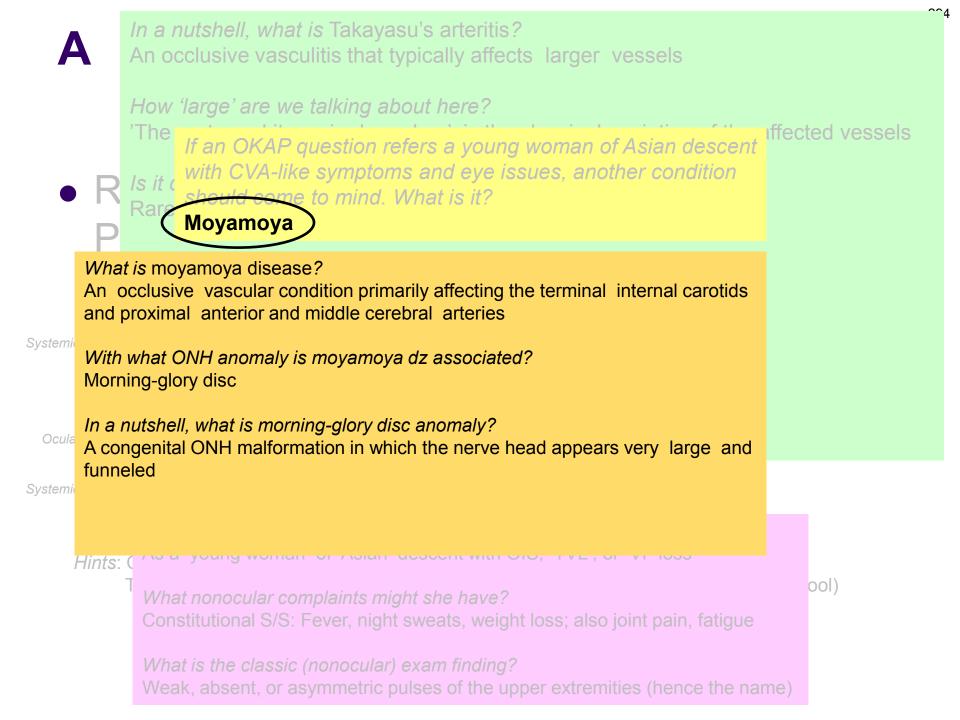
In a nutshell, what is morning-glory disc anomaly?

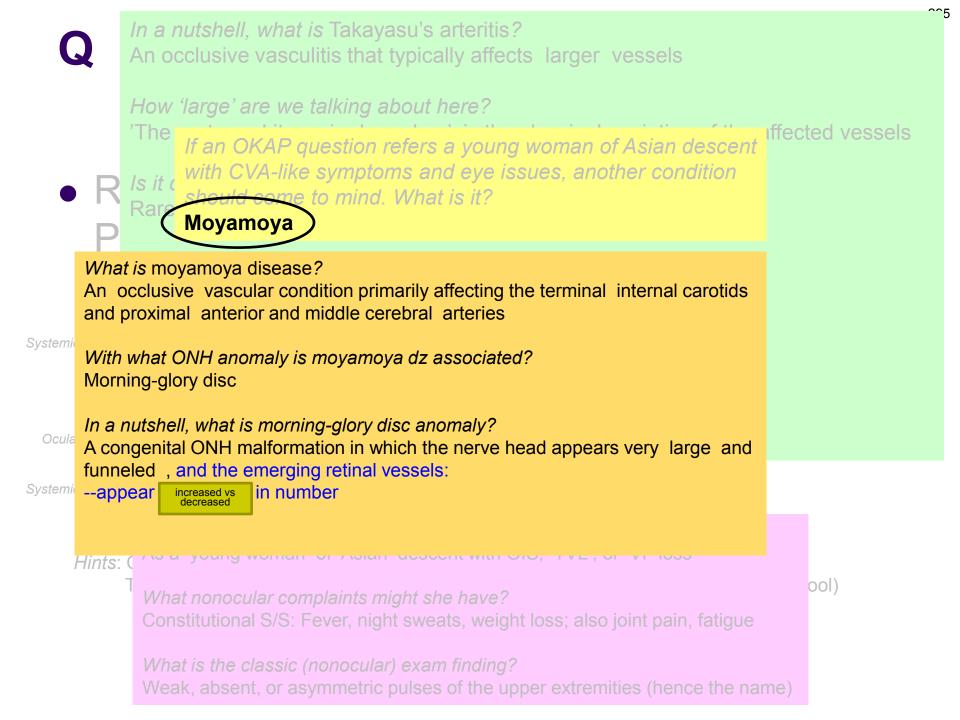
#### Hints:

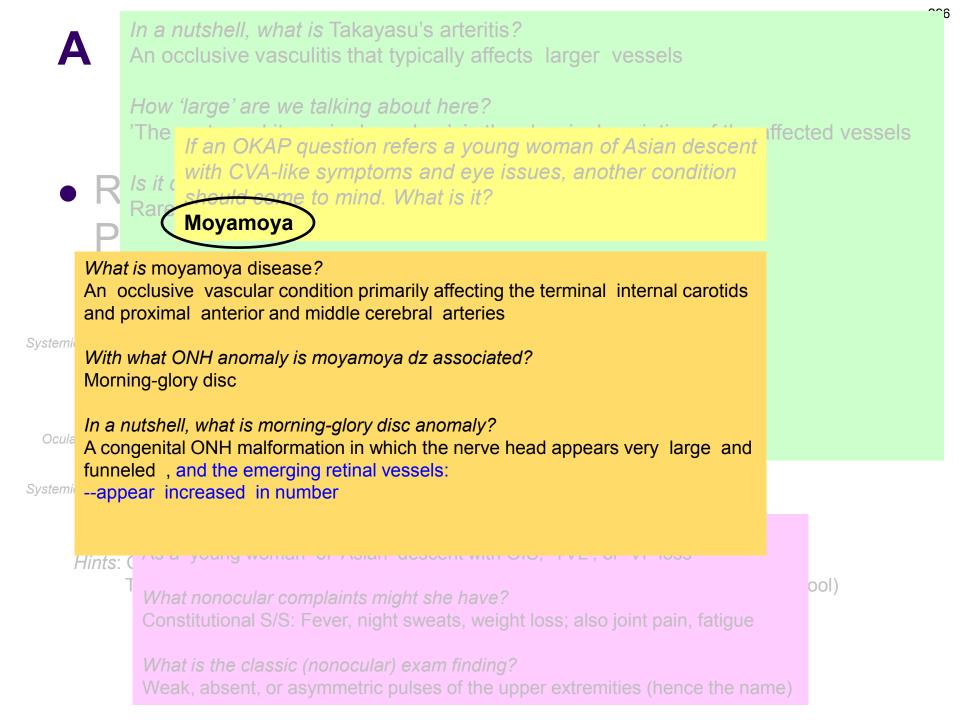
*What nonocular complaints might she have?* Constitutional S/S: Fever, night sweats, weight loss; also joint pain, fatigue

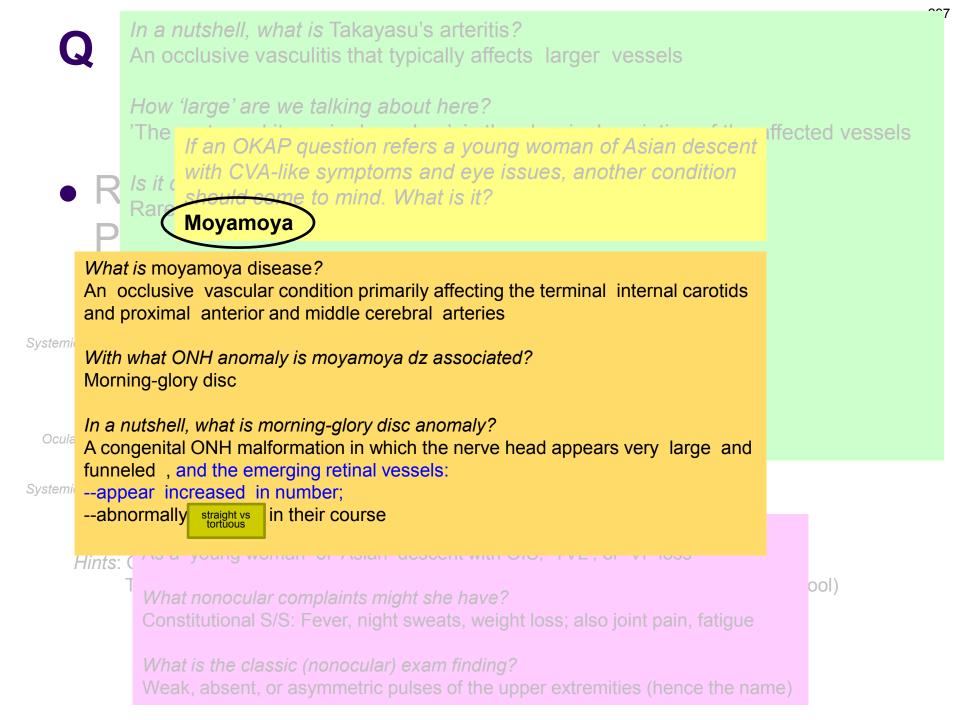
*What is the classic (nonocular) exam finding?* Weak, absent, or asymmetric pulses of the upper extremities (hence the name) ool)

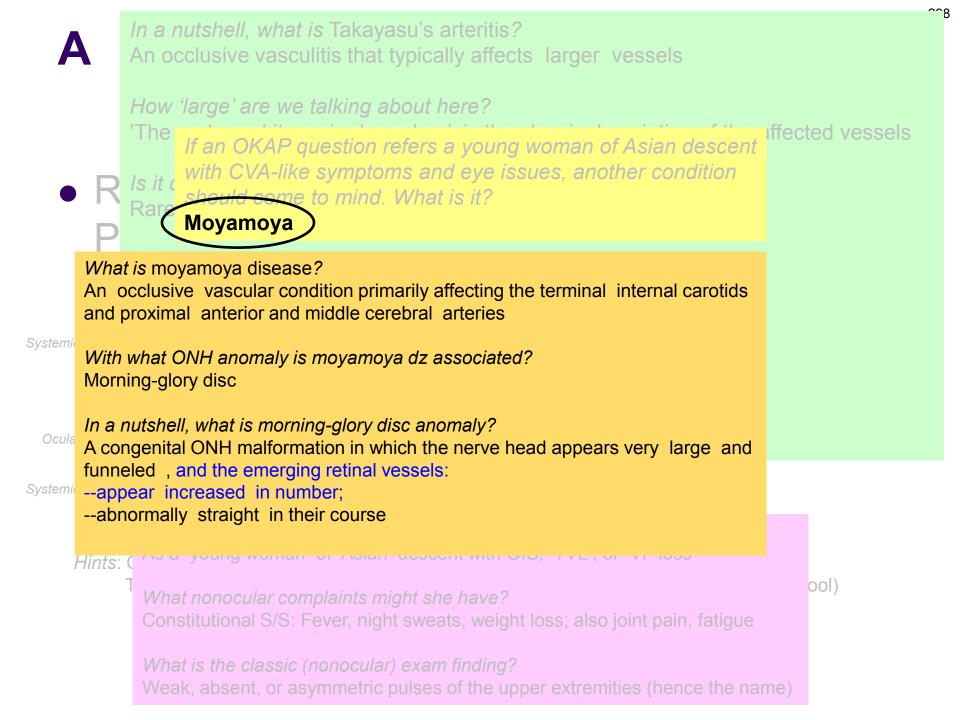




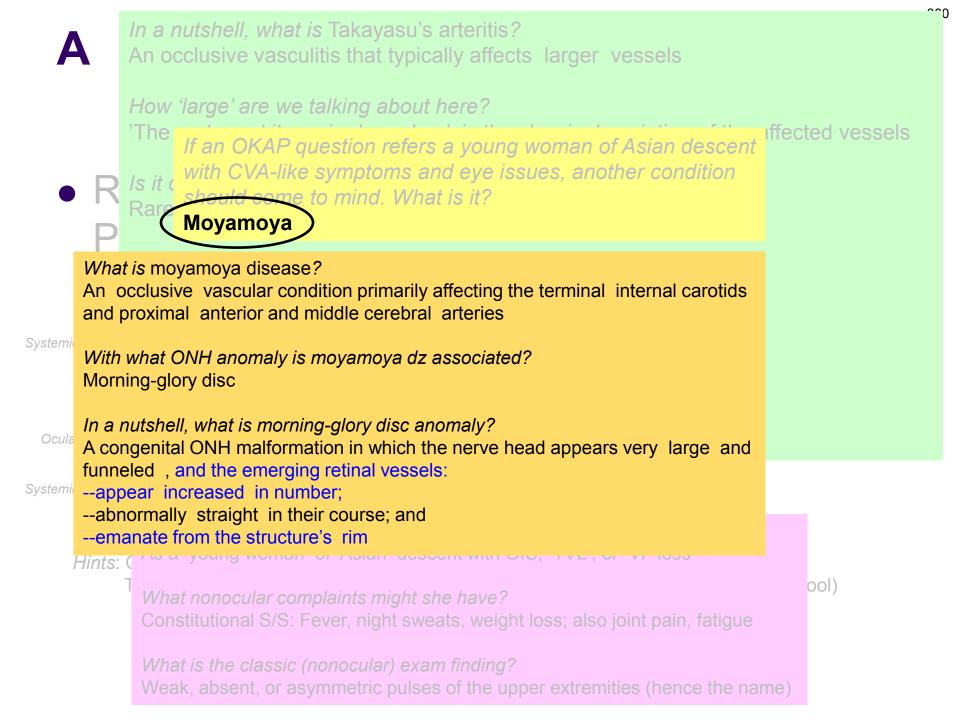








C	2	In a nutshell, what is Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels	^^9
•	R	How 'large' are we talking about here? 'The If an OKAP question refers a young woman of Asian descent with CVA-like symptoms and eye issues, another condition sheuld come to mind. What is it? Rare Moyamoya	cted vessels
	An	at is moyamoya disease? occlusive vascular condition primarily affecting the terminal internal carotids proximal anterior and middle cerebral arteries	
Systemi		n what ONH anomaly is moyamoya dz associated? ning-glory disc	
Ocula	A co	nutshell, what is morning-glory disc anomaly? ongenital ONH malformation in which the nerve head appears very large and beled , and the emerging retinal vessels:	
Systemi	ap ab em	pear increased in number; normally straight in their course; and nanate from the structure's location	
1	Hints	<i>What nonocular complaints might she have?</i> Constitutional S/S: Fever, night sweats, weight loss; also joint pain, fatigue	ool)
		<i>What is the classic (nonocular) exam finding?</i> Weak, absent, or asymmetric pulses of the upper extremities (hence the name)	







Morning-glory disc: Lotsa straight vessels emanating from the rim

*In a nutshell, what is* Takayasu's arteritis? An occlusive vasculitis that typically affects larger vessels

How 'large' are we talking about here?

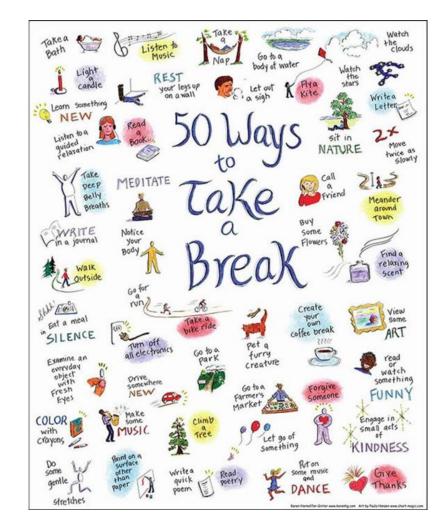
The If an OKAP question refers a young woman of Asian descent with CVA-like symptoms and eye issues, another condition should come to mind. What is it?

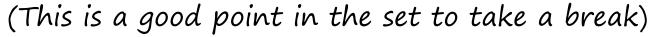
What is moyamoya disease?

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## For more on moyamoya, see slide-set FELT10

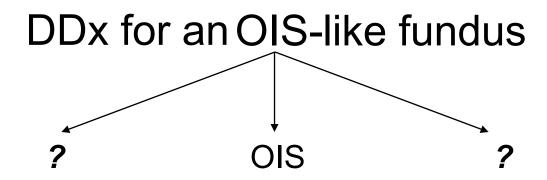
In a nutshell, what is morning-glory disc anomaly?		
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	A con funne appo abno ema	A congenital ONH malformation in which the nerve head appears very large and funneled , and the emerging retinal vessels: appear increased in number; abnormally straight in their course; and emanate from the structure's rim Hints: ( What nonocular complaints might she have? Constitutional S/S: Fever, night sweats, weight loss; also joint pain, fatigue What is the classic (nonocular) exam finding?





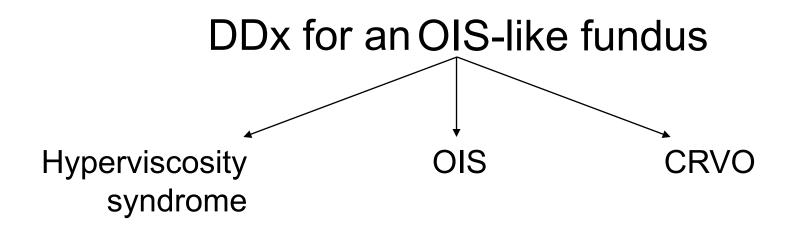




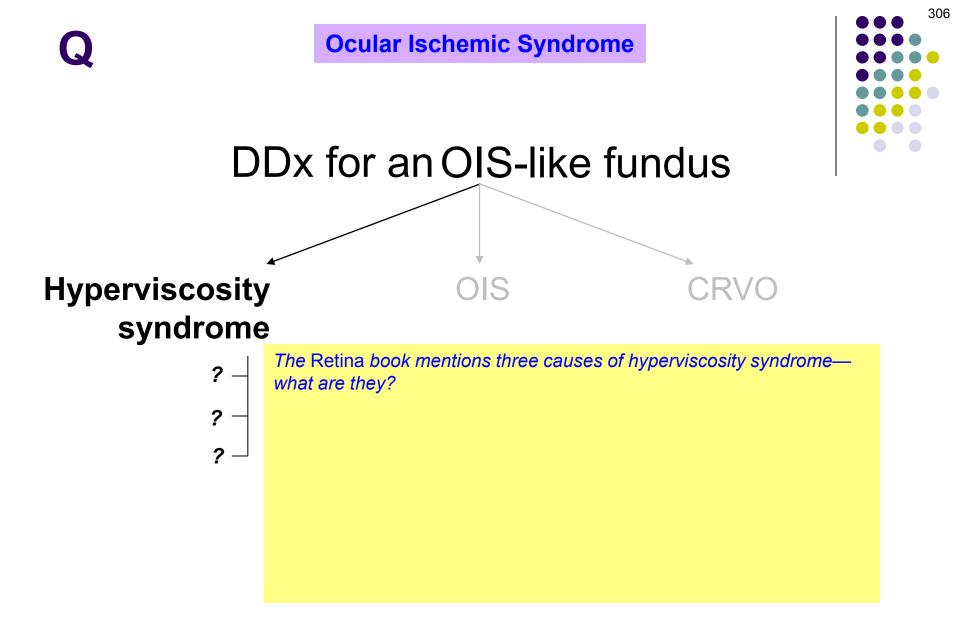




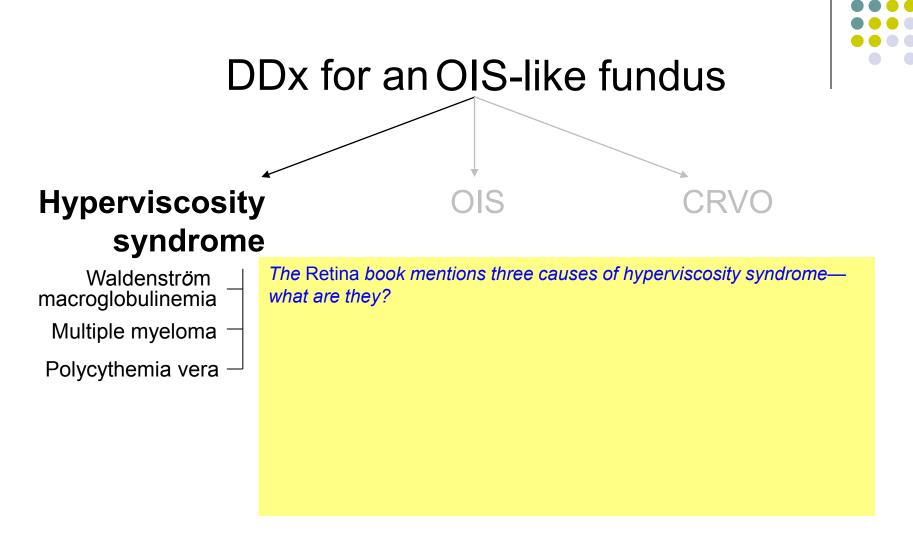






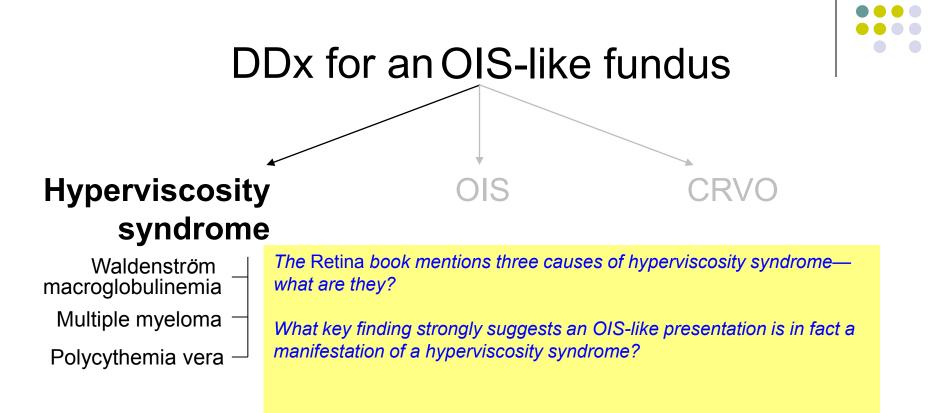




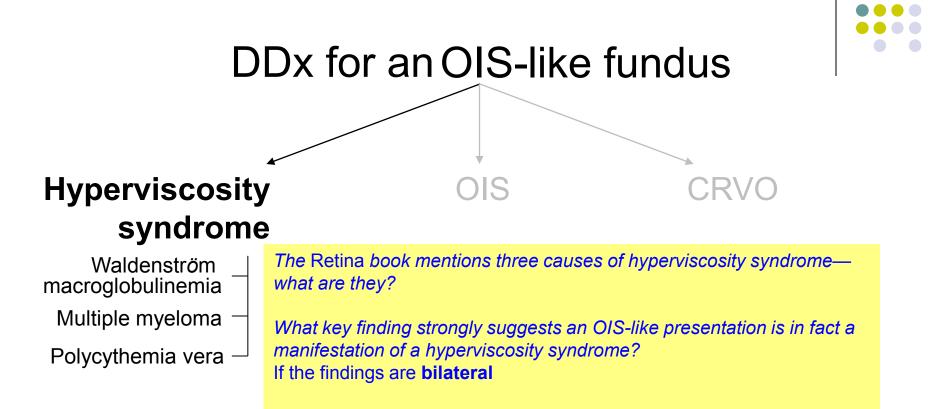






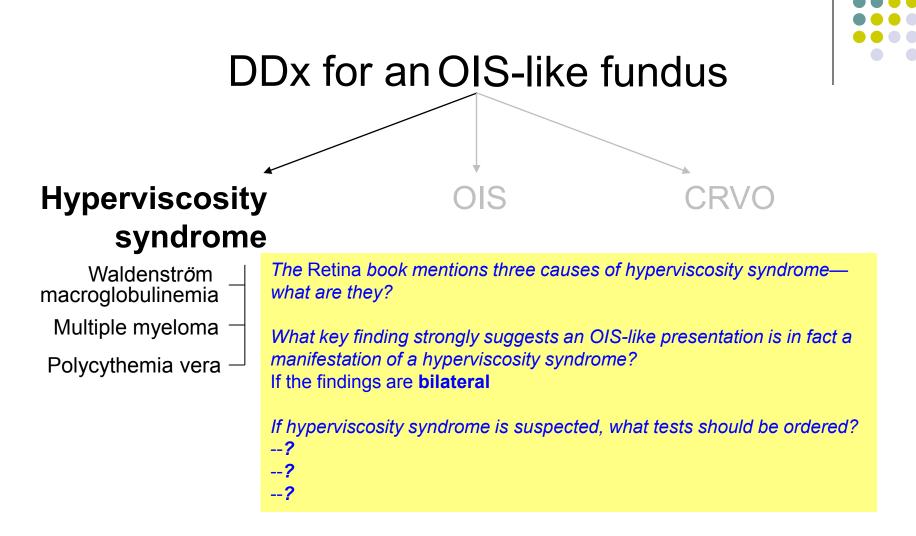




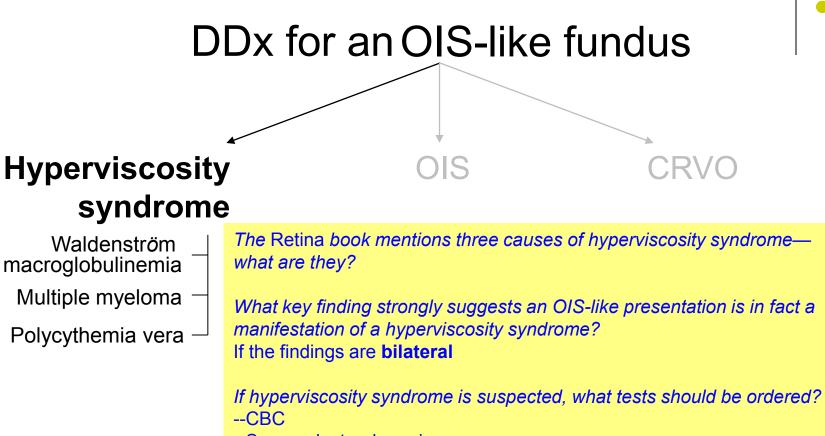












- --Serum electrophoresis
- --Measurement of whole-blood viscosity



#### DDx for an OIS-like fundus

What is the mechanism underlying CRVO?





#### DDx for an OIS-like fundus

What is the mechanism underlying CRVO? Thrombosis of the central retinal vein

**CRVO** 

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### DDx for an OIS-like fundus

What is the mechanism underlying CRVO? Thrombosis of the central retinal vein

Where does thrombosis typically occur?

**CRVO** 

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#### DDx for an OIS-like fundus

What is the mechanism underlying CRVO? Thrombosis of the central retinal vein

*Where does thrombosis typically occur?* At the lamina cribrosa, or just posterior to it





## DDx for an OIS-like fundus

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Do CRVO pts tend to be vasculopaths?





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**CRVO** 

## DDx for an OIS-like fundus

What is the mechanism underlying CRVO? Thrombosis of the central retinal vein

*Where does thrombosis typically occur?* At the lamina cribrosa, or just posterior to it

*Do CRVO pts tend to be vasculopaths?* Yes—HTN is second only to as a risk factor for CRVO



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**CRVO** 

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What role does vasculopathy play in the genesis of a CRVO?





**CRVO** 

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What role does vasculopathy play in the genesis of a CRVO?

Vasculopathy contributes to the development of atherosclerotic dz, and it's atherosclerotic changes to retinal arterial vessels that cause them to impinge upon and compress adjacent venous vessels



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CRVO

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What two DFE findings are the hallmark of an CRVO event? --? --?



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What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the three words





CRVO

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What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the nerve fiber layer (FH)

--?



CRVO

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## DDx for an OIS-like fundus

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What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina] --?

CRVO

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## DDx for an OIS-like fundus

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What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina] -- and of the retinal venules



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CRVO

# DDx for an OIS-like fundus

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*Where does thrombosis typically occur?* At the lamina cribrosa, or just posterior to it

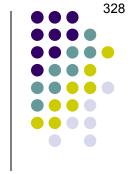
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What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina] --Dilation and tortuosity of the retinal venules





CRVO

## DDx for an OIS-like fundus

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### What role does vasculopathy play in the genesis of a CRVO?

Vasculopathy contributes to the development of atherosclerotic dz, and it's atherosclerotic changes to retinal arterial vessels that cause them to impinge upon and compress adjacent venous vessels. Impingement impedes blood flow through the venous vessel, as well as damages its endothelial cells. The combination of endothelial damage and impeded blood flow initiates the clotting cascade, with the result being formation of a thrombus.

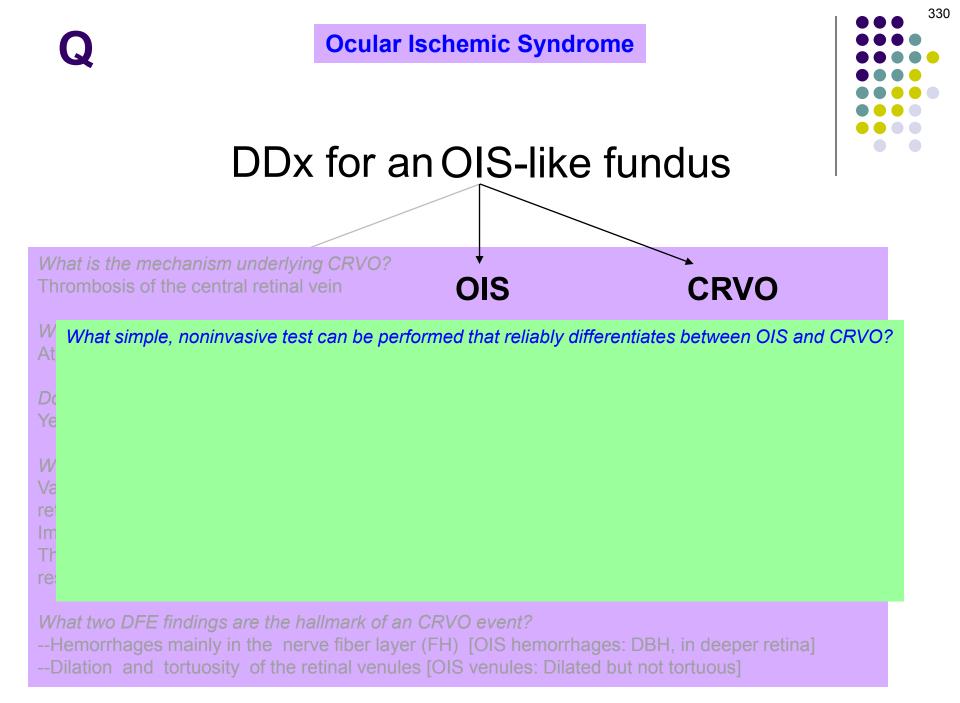
#### What two DFE findings are the hallmark of an CRVO event?

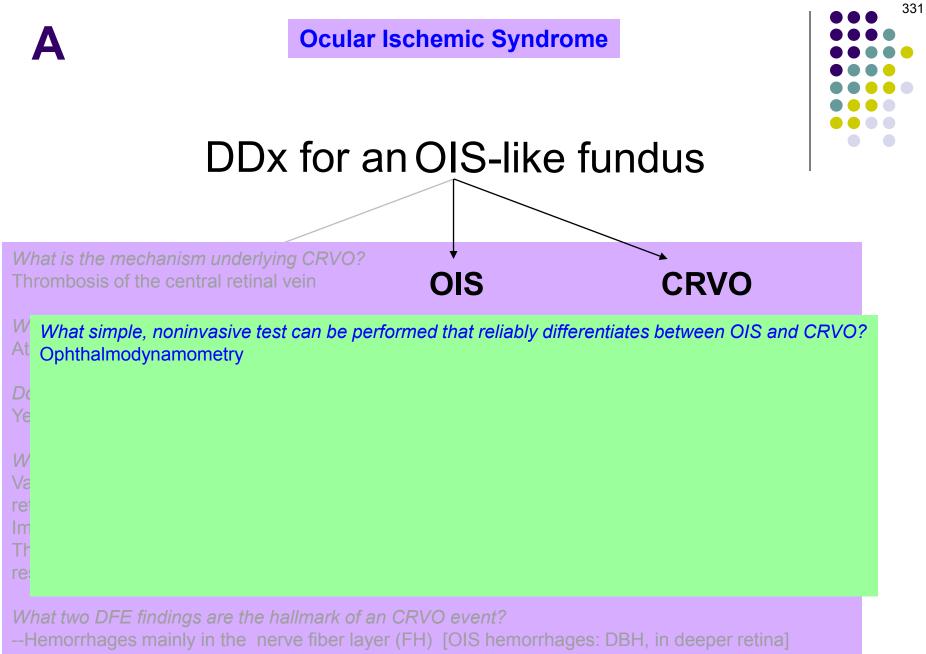
--Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina] --Dilation and tortuosity of the retinal venules [OIS venules: Dilated but not tortuous]

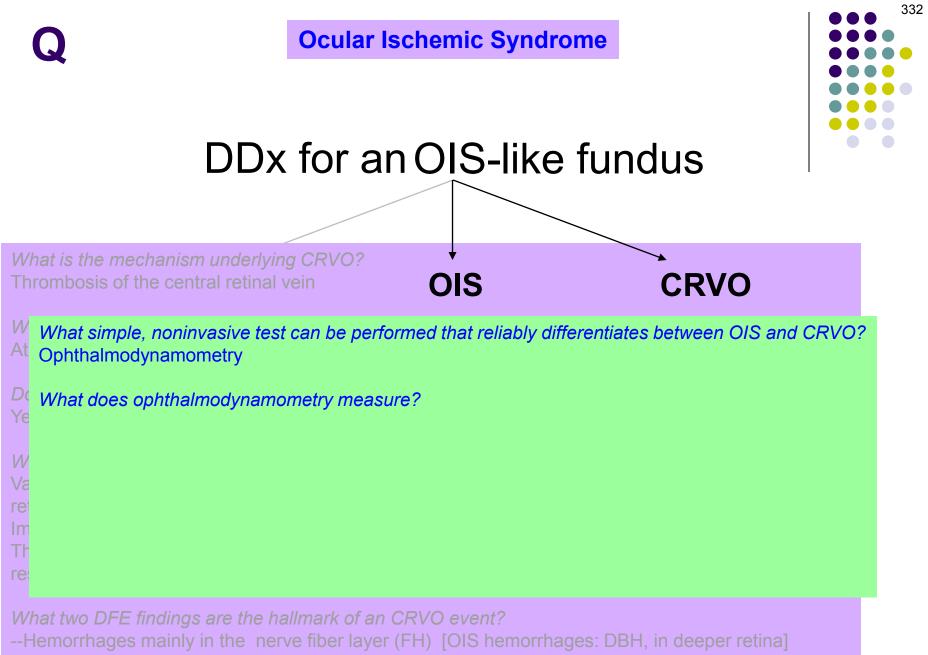


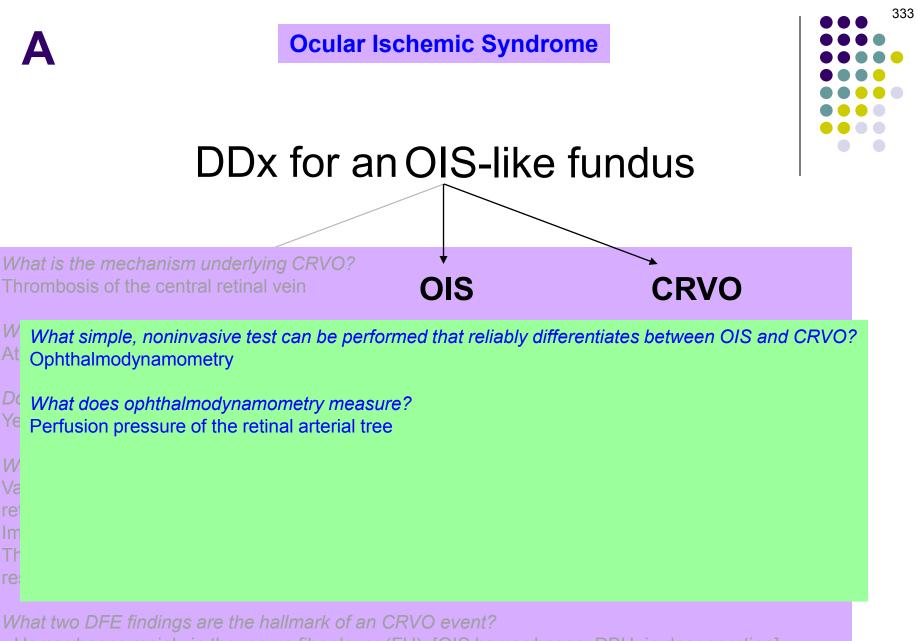


### CRVO: Dilated and tortuous veins; RNFL hemorrhages

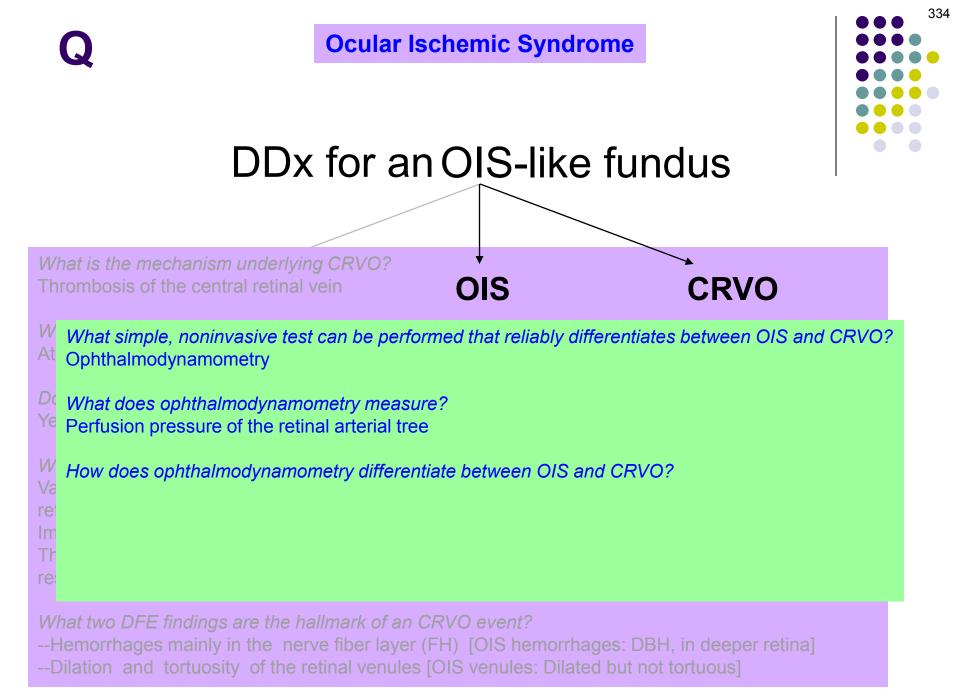






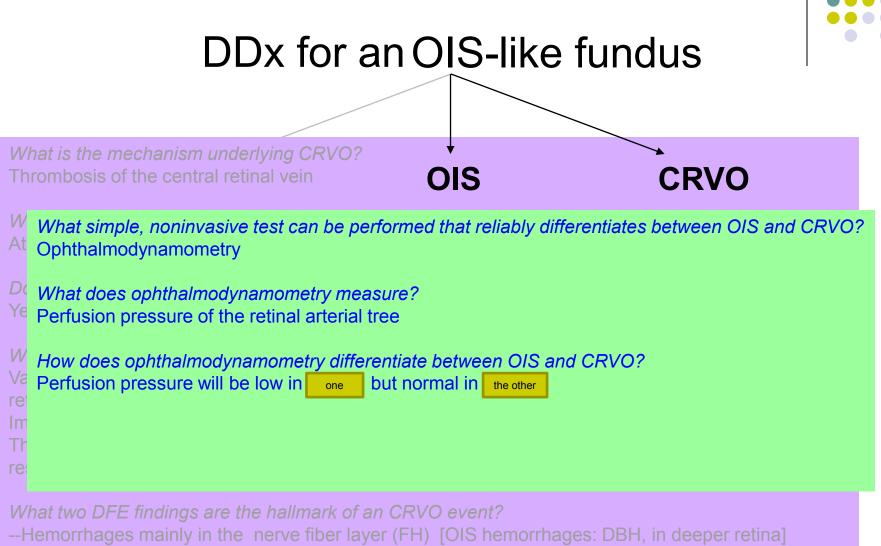


--Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina]



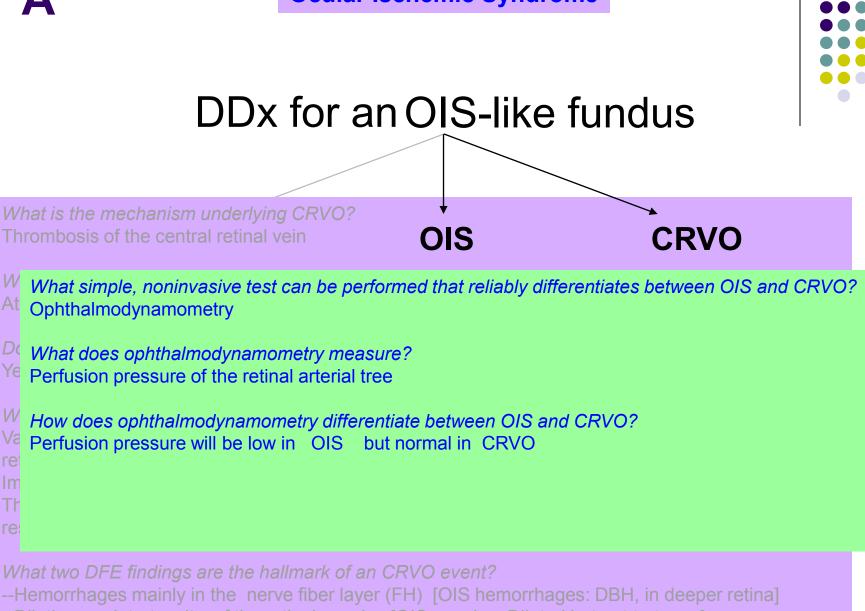


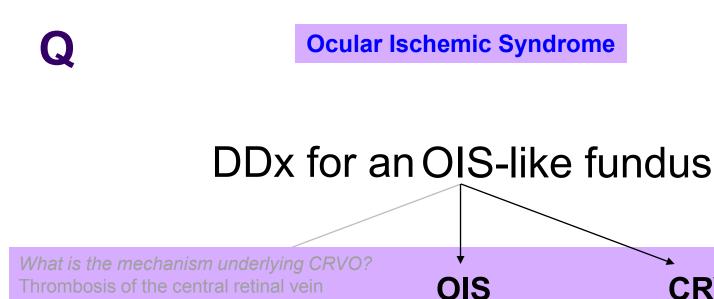






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What simple, noninvasive test can be performed that reliably differentiates between OIS and CRVO? At Ophthalmodynamometry

337

**CRVO** 

What does ophthalmodynamometry measure? Ye Perfusion pressure of the retinal arterial tree

How does ophthalmodynamometry differentiate between OIS and CRVO? Va Perfusion pressure will be low in OIS but normal in CRVO

My ophthalmodynamometer is in the shop. Is there a way to check perfusion pressure without it?

What two DFE findings are the hallmark of an CRVO event?

--Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina]





**CRVO** 



What is the mechanism underlying CRVO? Thrombosis of the central retinal vein

W What simple, noninvasive test can be performed that reliably differentiates between OIS and CRVO? At Ophthalmodynamometry

OIS

*Vertice* What does ophthalmodynamometry measure? Ye Perfusion pressure of the retinal arterial tree

W How does ophthalmodynamometry differentiate between OIS and CRVO? Ve Perfusion pressure will be low in OIS but normal in CRVO

My ophthalmodynamometer is in the shop. Is there a way to check perfusion pressure without it?
 Push gently on the globe while observing the central retinal artery. If it collapses with minimal applied pressure, perfusion pressure is low, and OIS rises to the top of the DDx.

What two DFE findings are the hallmark of an CRVO event? --Hemorrhages mainly in the nerve fiber layer (FH) [OIS hemorrhages: DBH, in deeper retina] --Dilation and tortuosity of the retinal venules [OIS venules: Dilated but not tortuous]

OIS and a mild CRVO can be difficult to differentiate from one another.



OIS and a mild CRVO can be difficult to differentiate from one another. For each statement, indicate whether it best applies to **OIS**, **CRVO**, or **Both**.

**Ocular Ischemic Syndrome** 





For each statement, indicate whether it best applies to OIS, CRVO, or Both.

• Retinal hemorrhages present:





For each statement, indicate whether it best applies to OIS, CRVO, or Both.

• Retinal hemorrhages present: Both





- Retinal hemorrhages present: Both
- c/o periorbital ache:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both



- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS



- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO



- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS



- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
- Retinal veins tortuous:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
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- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
- Retinal veins tortuous: CRVO
- Cell and flare present:





- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
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- Slow vision loss: OIS
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- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
- Retinal veins tortuous: CRVO
- Cell and flare present: OIS
- At risk for rubeosis iridis:



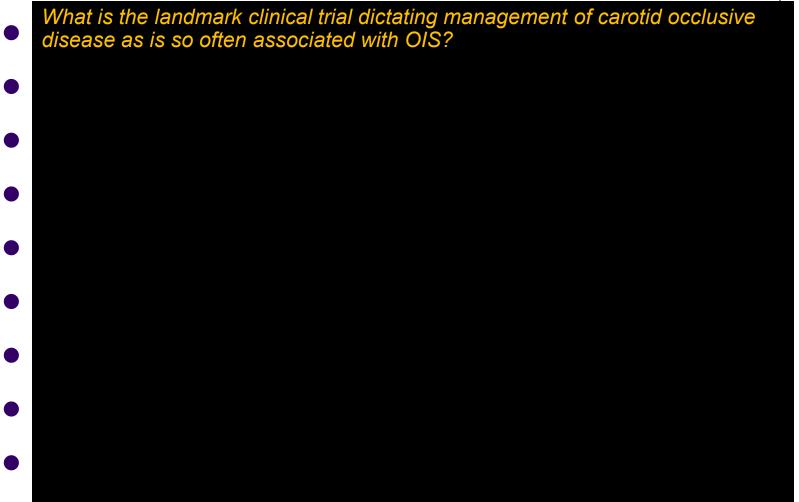


- Retinal hemorrhages present: Both
- c/o periorbital ache: OIS
- Retinal veins dilated: Both
- Hemorrhages confined to mid-periphery: OIS
- Ophthalmodynamometry normal: CRVO
- Slow vision loss: OIS
- Retinal veins tortuous: CRVO
- Cell and flare present: OIS
- At risk for rubeosis iridis: Both



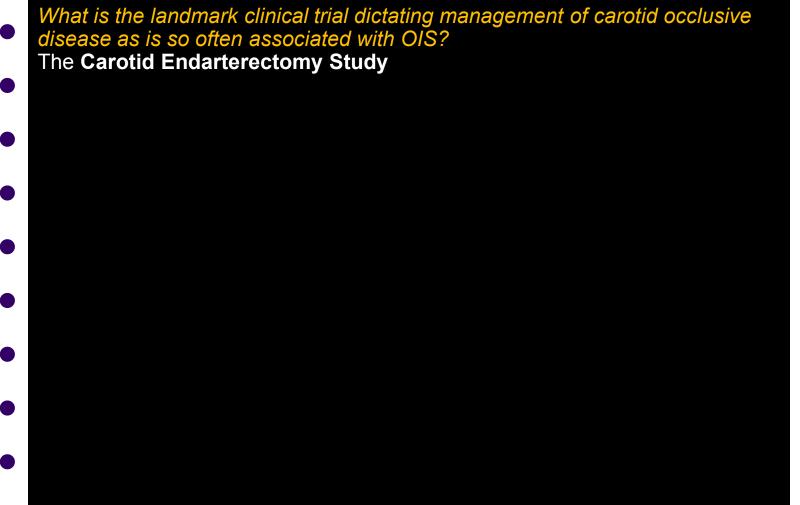








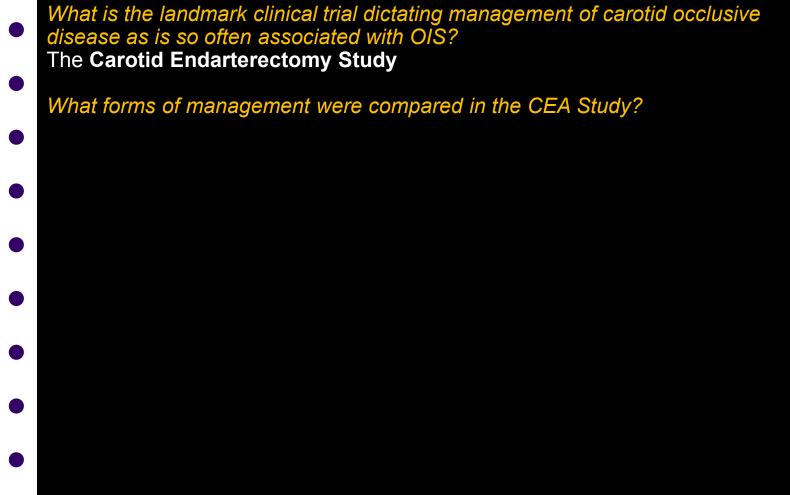






## **Ocular Ischemic Syndrome**

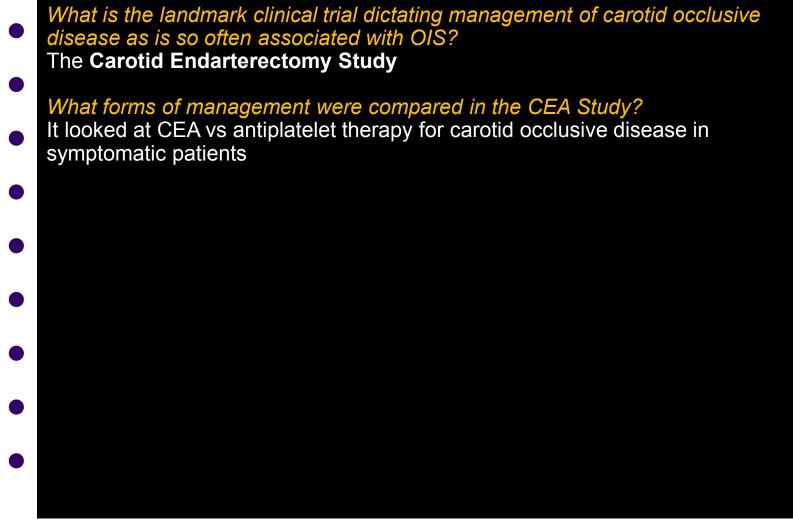






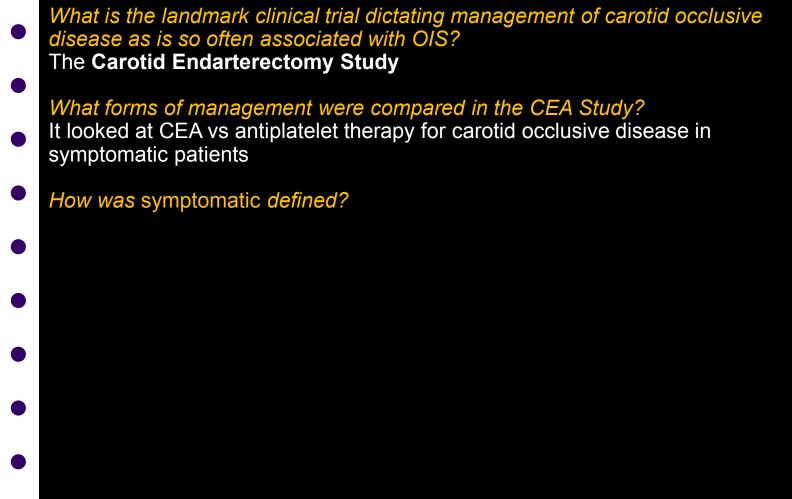
## **Ocular Ischemic Syndrome**





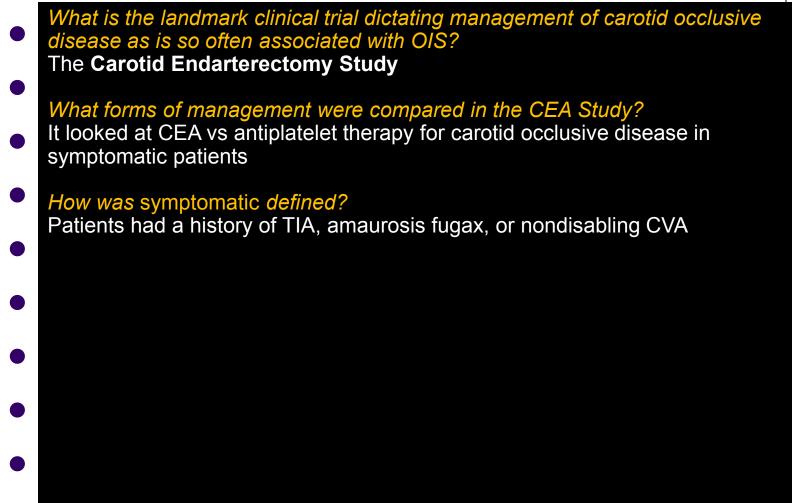






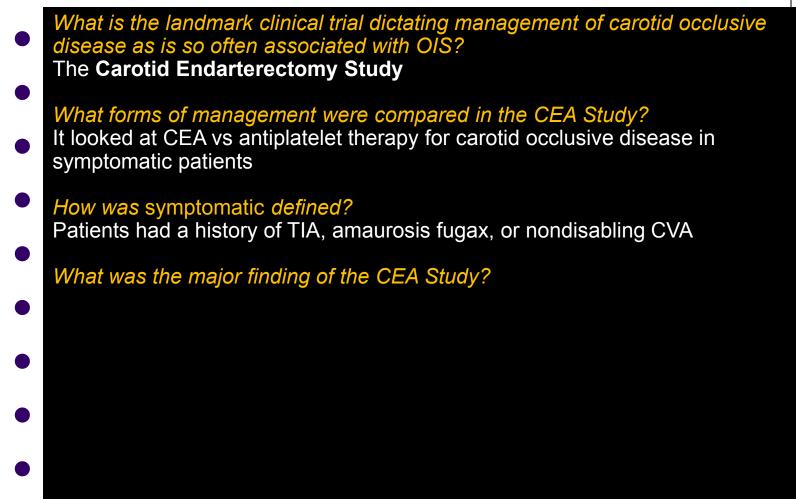






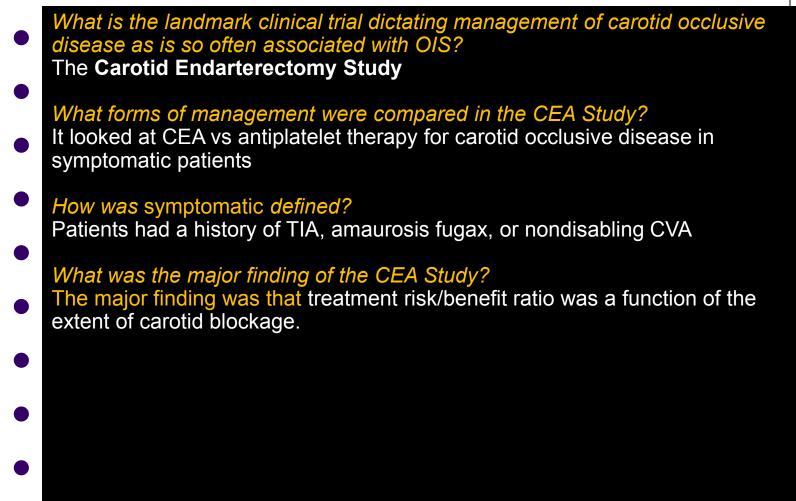




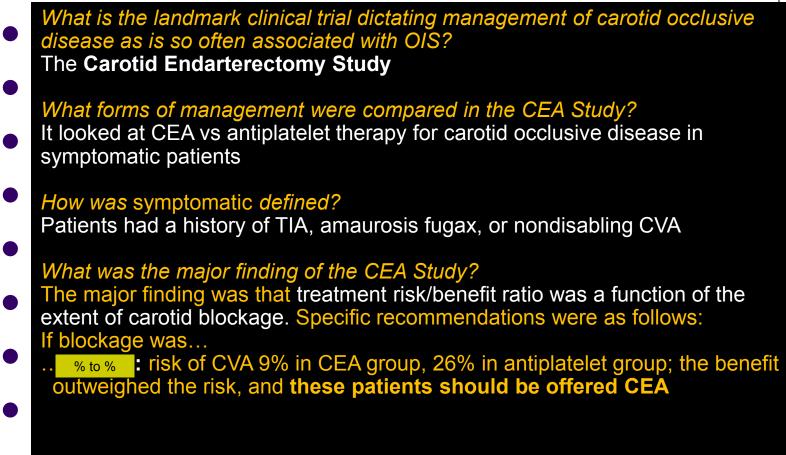






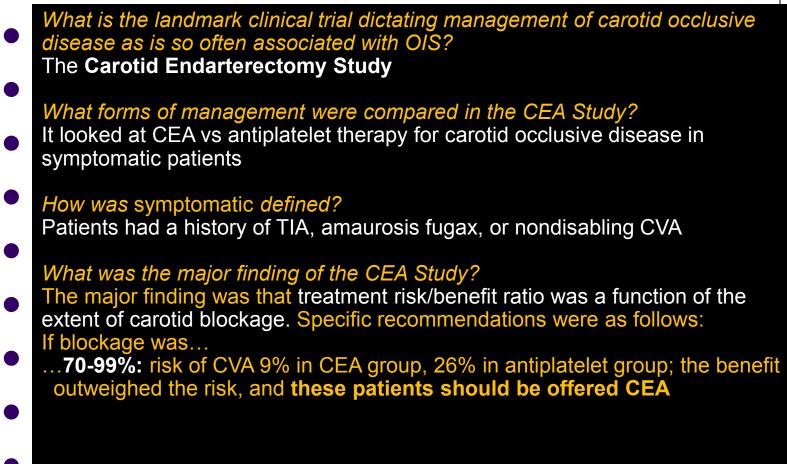




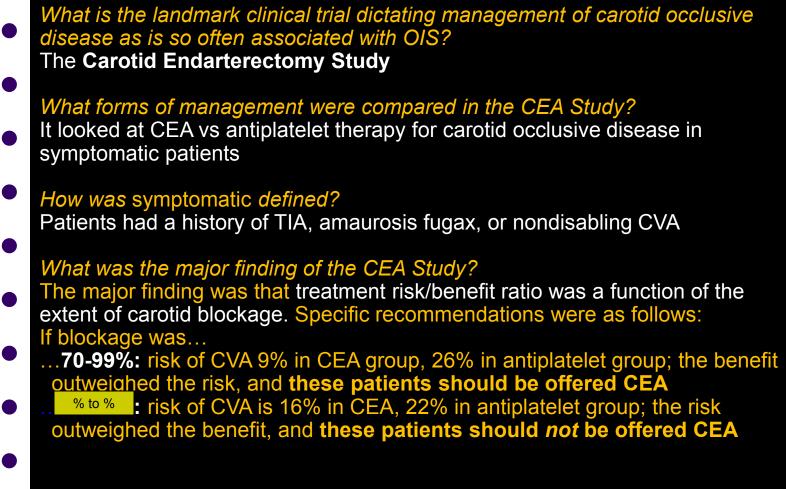






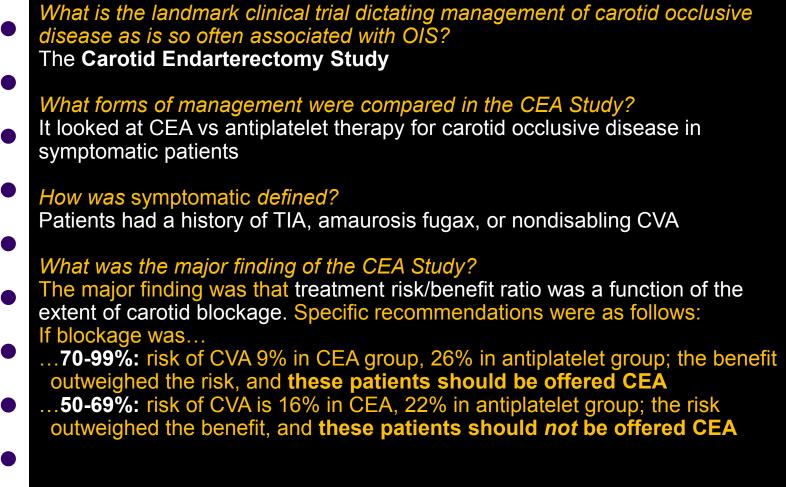






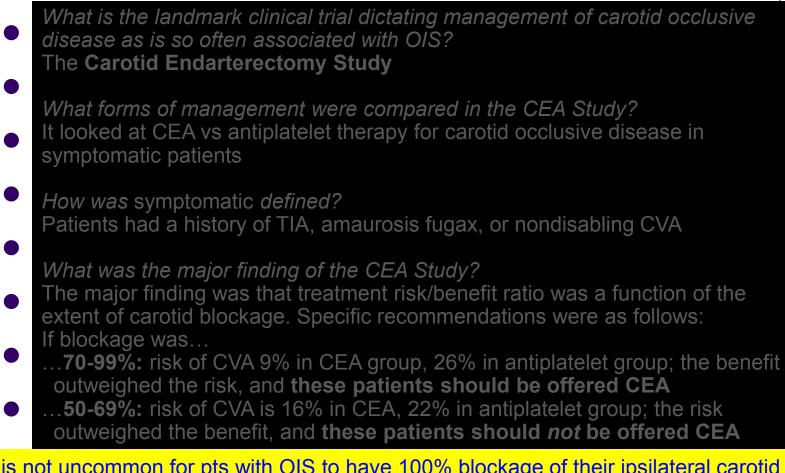






## **Ocular Ischemic Syndrome**





It is not uncommon for pts with OIS to have 100% blockage of their ipsilateral carotid artery. Note that 100% blockage of the carotids is a **contraindication** to CEA, as it is ineffective in these cases.



