

In terms of the fundamental embryological disorder involved, anterior segment dysgenesis is what sort of condition?



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What is a neurocristopathy?



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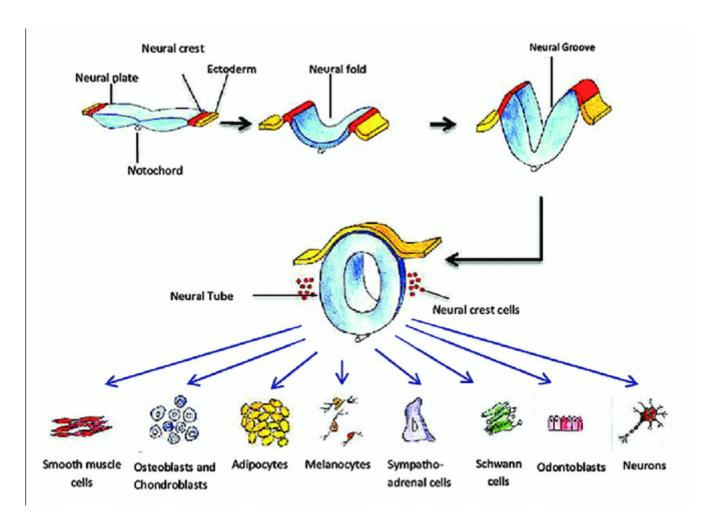
What is/are neural crest cells?



In terms of the fundamental embryological disorder involved, anterior segment dysgenesis is what sort of condition? A **neurocristopathy**

What is a neurocristopathy? A congenital/developmental abnormality owing to flawed neural-crest cell migration or differentiation

What is/are neural crest cells? A special subpopulation of neuroectodermal cells that migrate across the embryo and deposit themselves at a wide variety of locations, eventually differentiating into many distinct tissues



Neural crest cell differentiation (for demo purposes only; don't memorize)





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Neural-crest-cell migration concerning the anterior segment occurs in three 'waves.' Which wave involves which future structure? First wave →? Second wave → Third wave →



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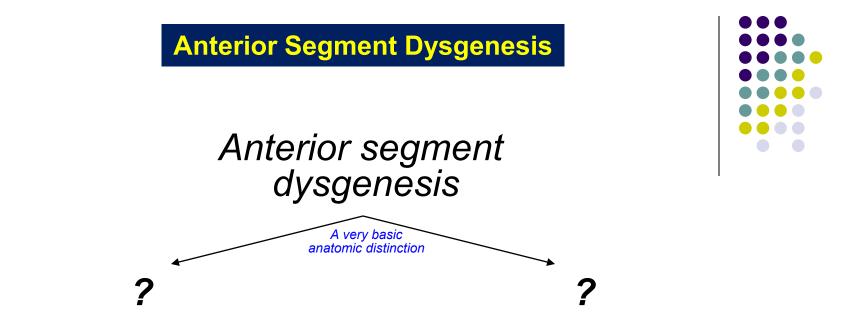


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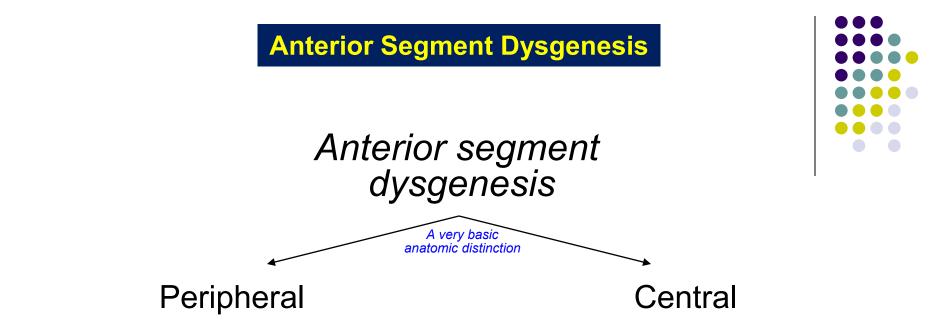
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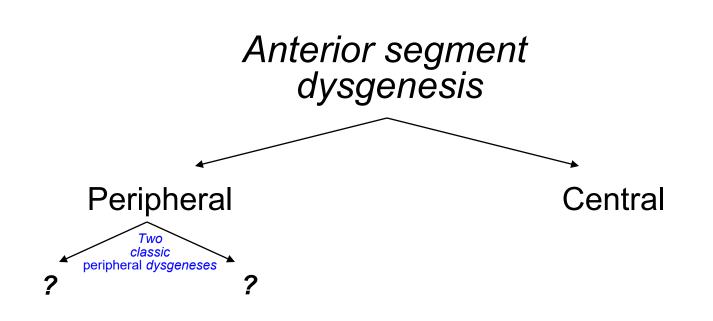
Neural-crest-cell migration concerning the anterior segment occurs in three 'waves.' Which wave involves which future structure? First wave →Corneal endothelium Second wave →Iris stroma Third wave →Corneal stroma (keratocytes)



The anterior-segment dysgeneses are divvied into two groups on the basis of a very fundamental anatomic distinction among them. What is that distinction?

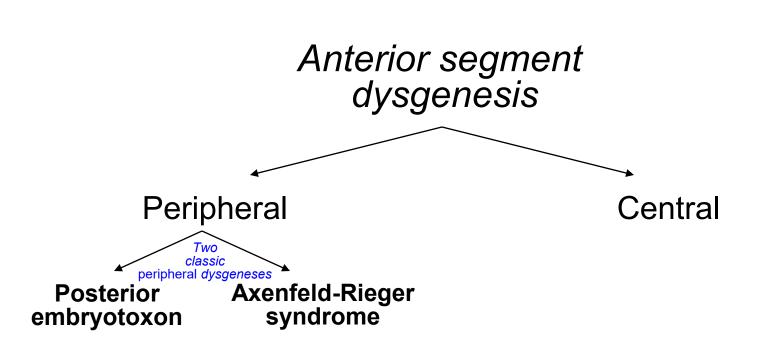


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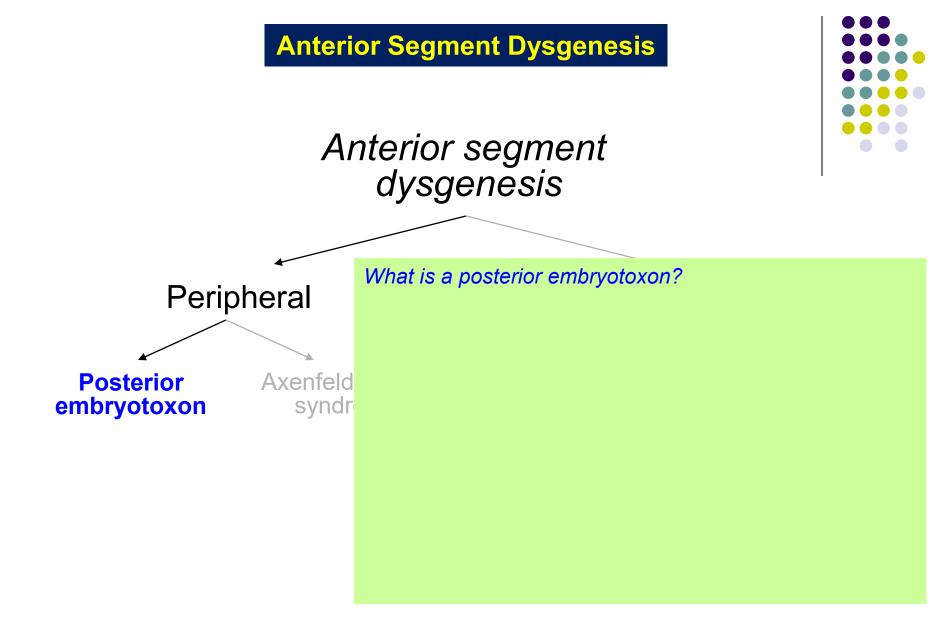
The BCSC goes into depth on two peripheral dysgeneses—which two?

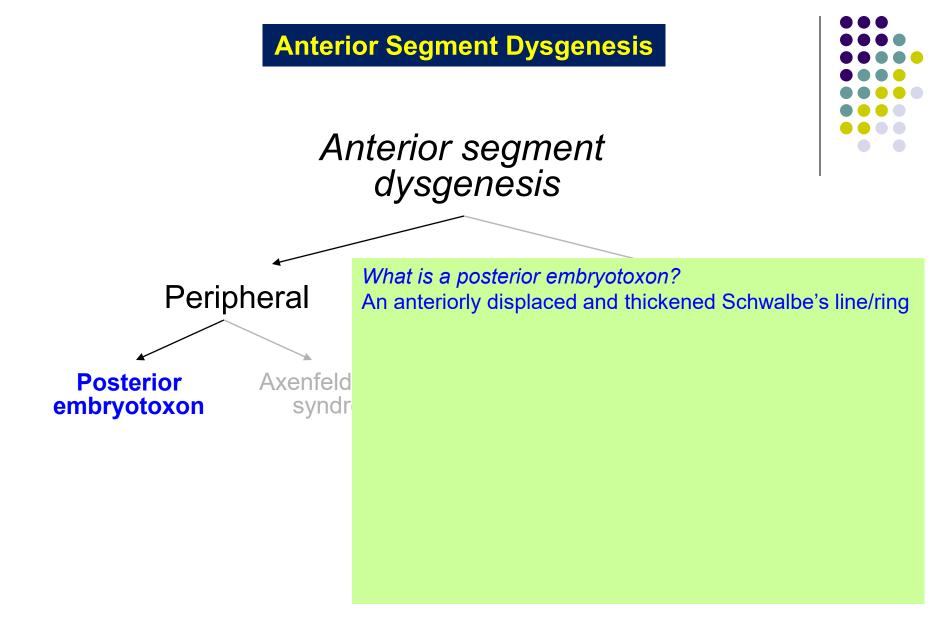


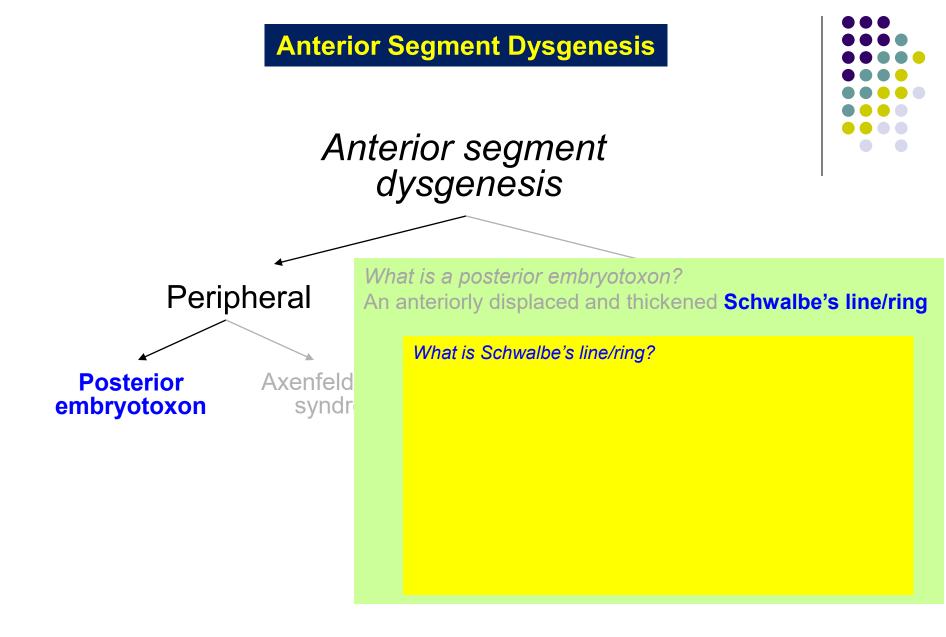


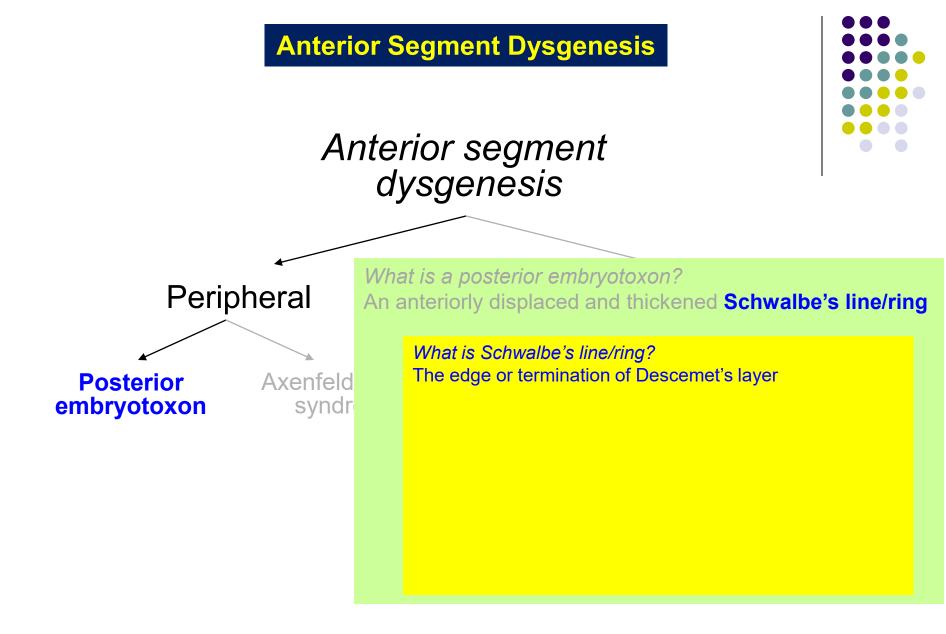
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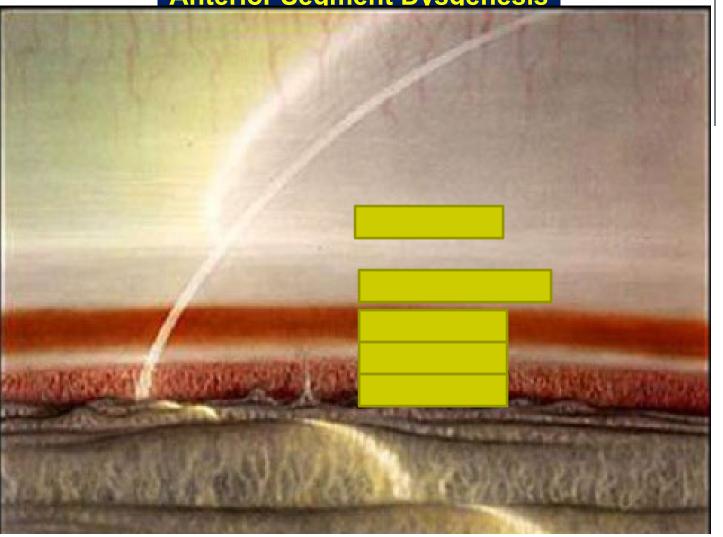




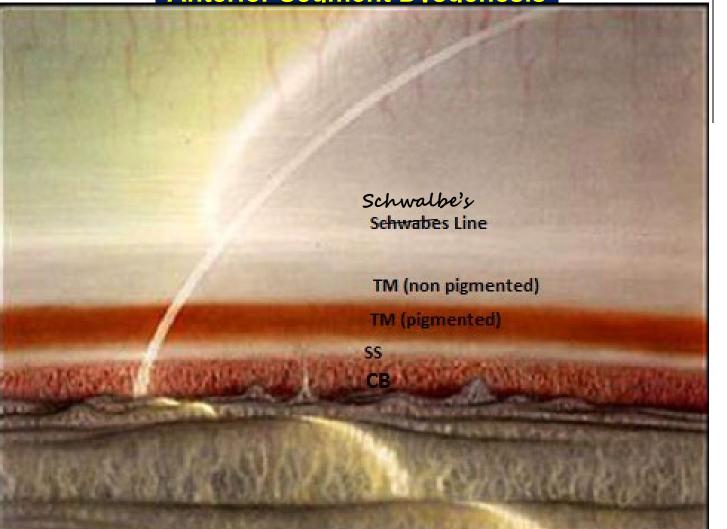




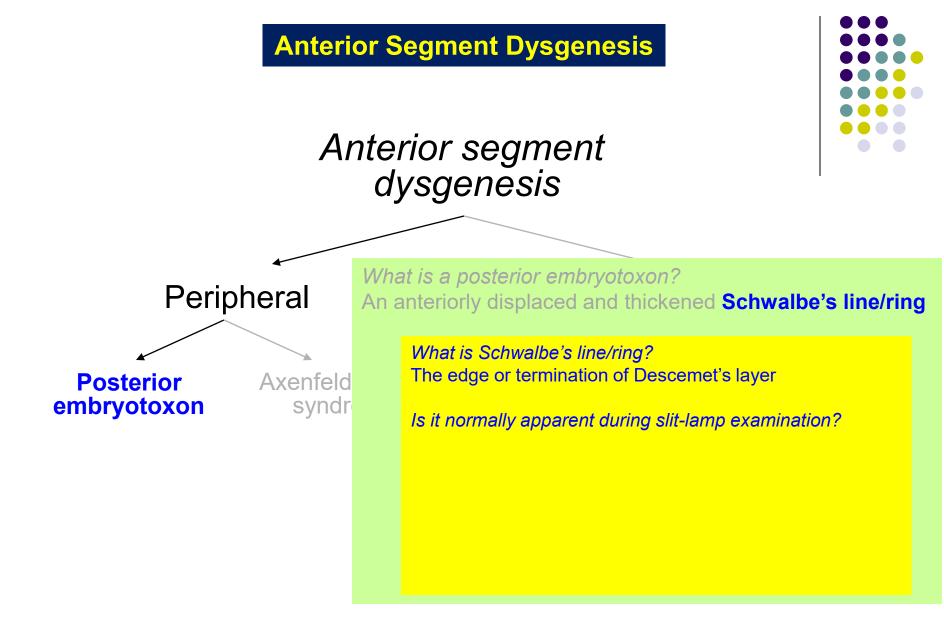


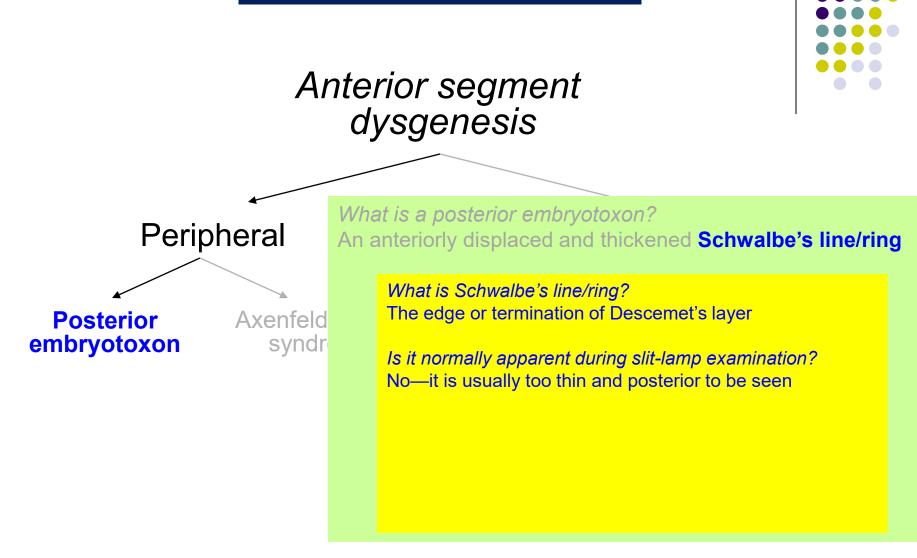


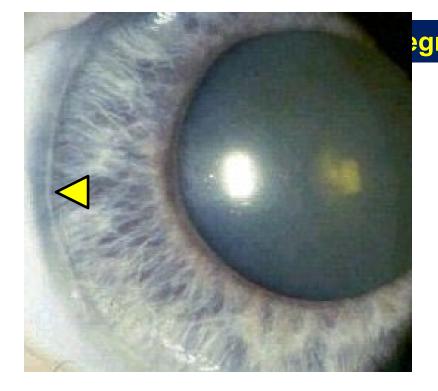
Normal angle anatomy: Identify the structures

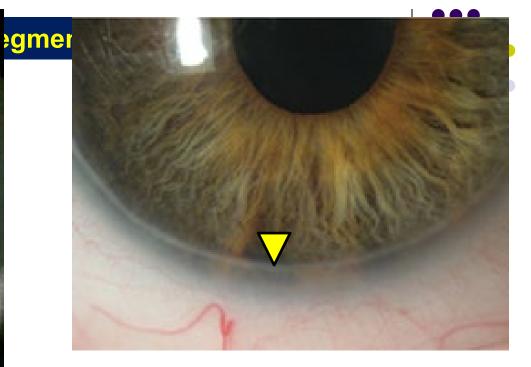


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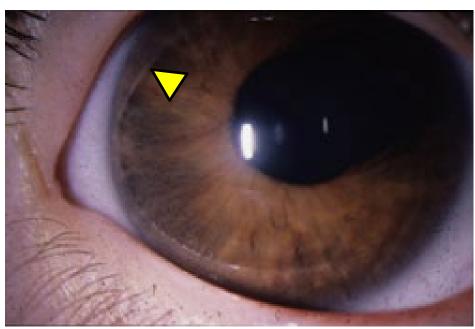


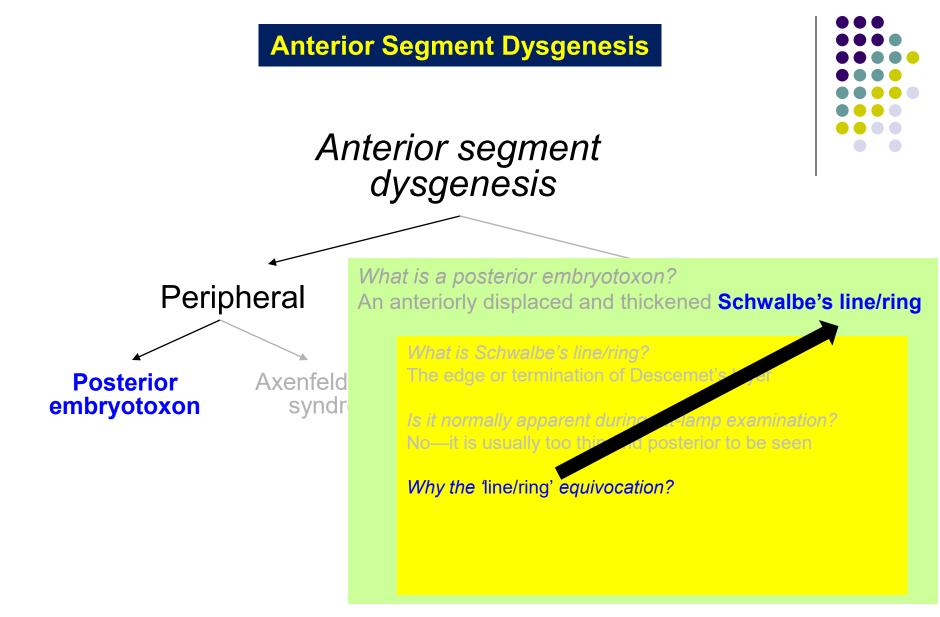


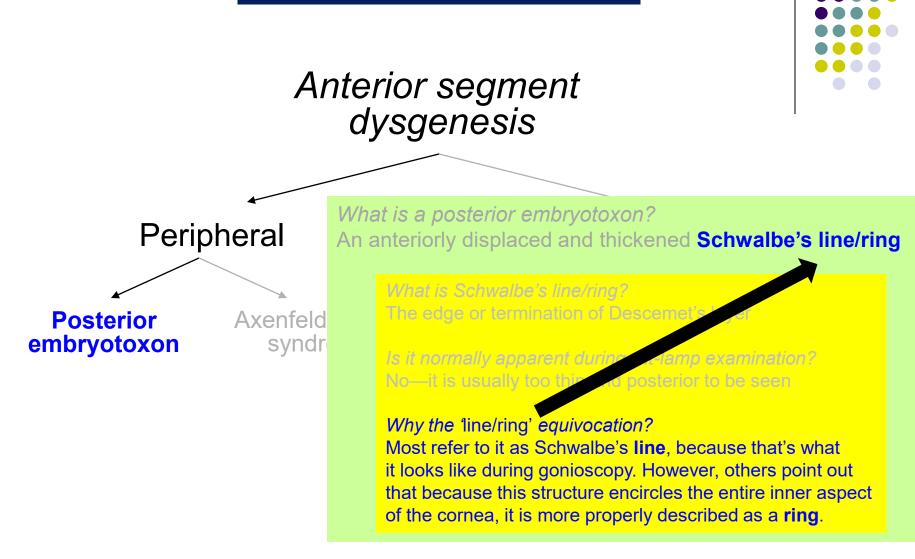


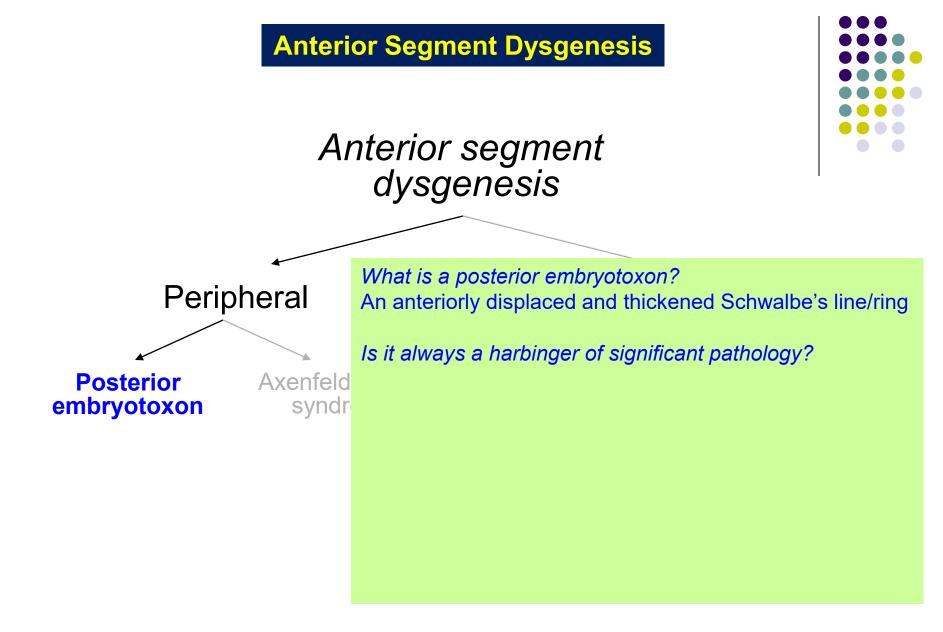


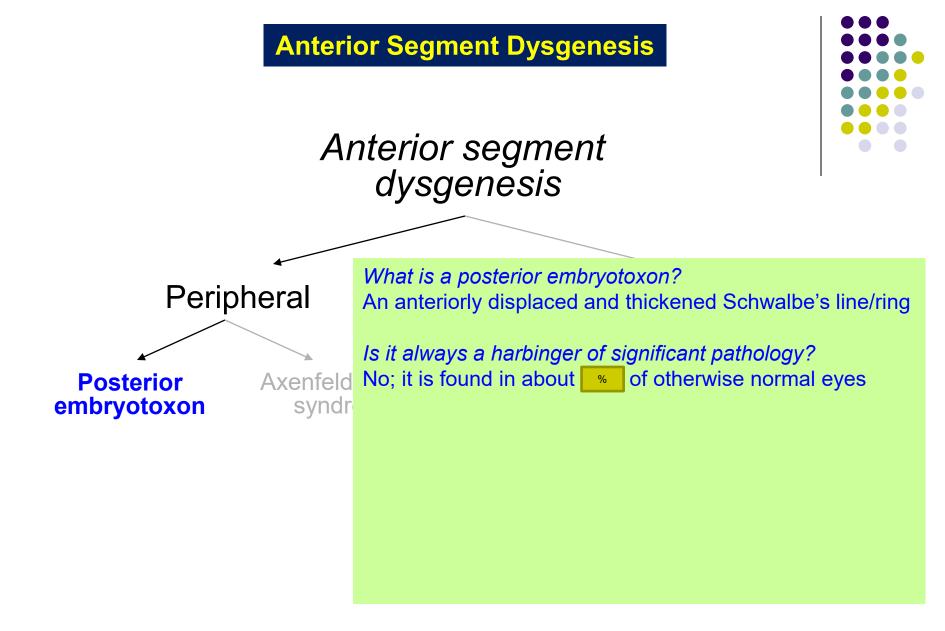
Posterior embryotoxon

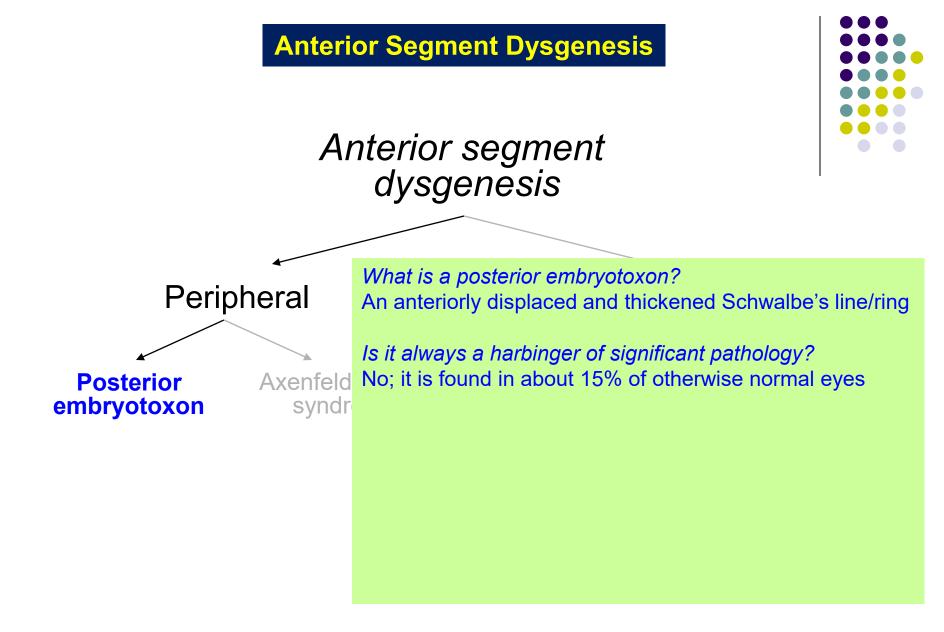


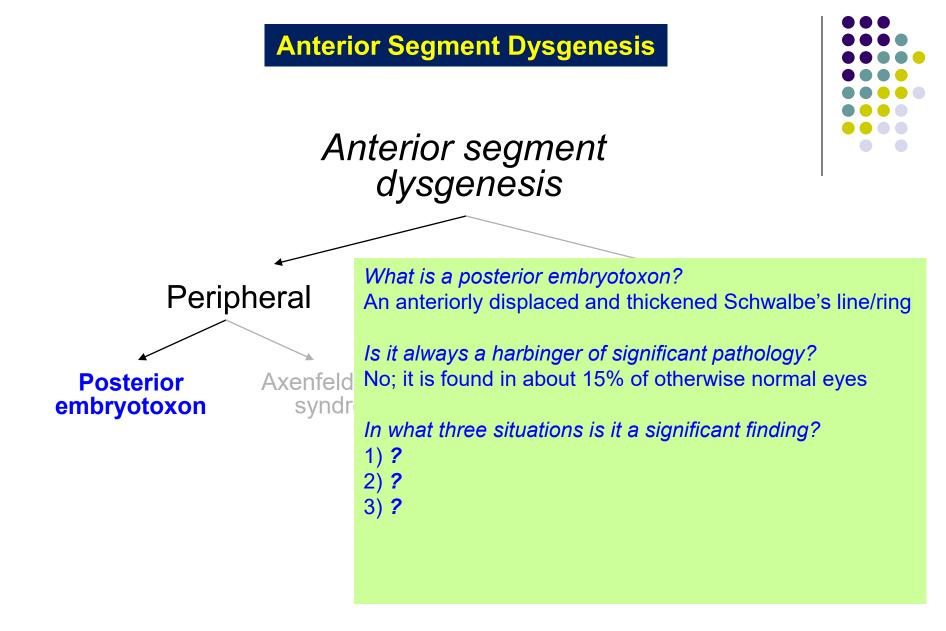


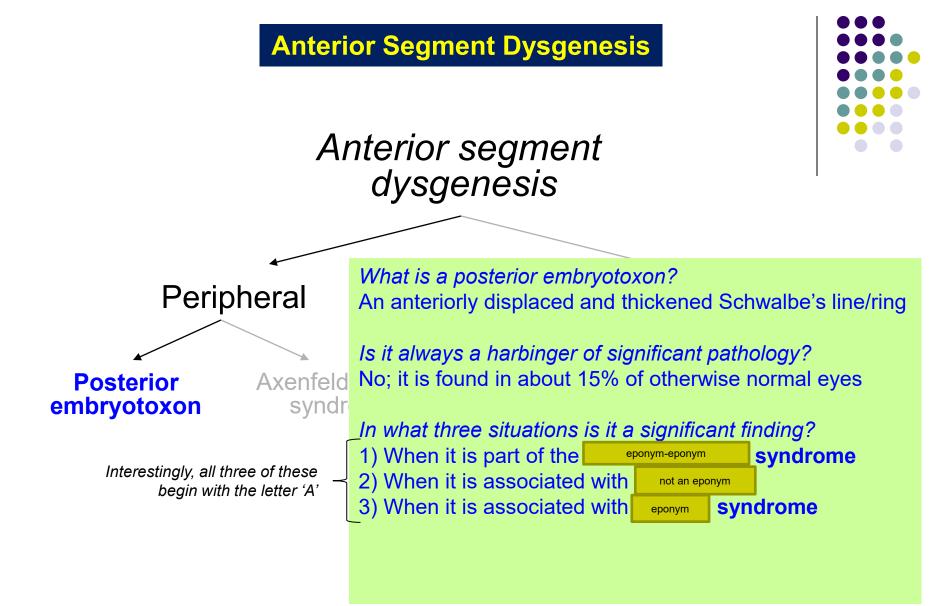




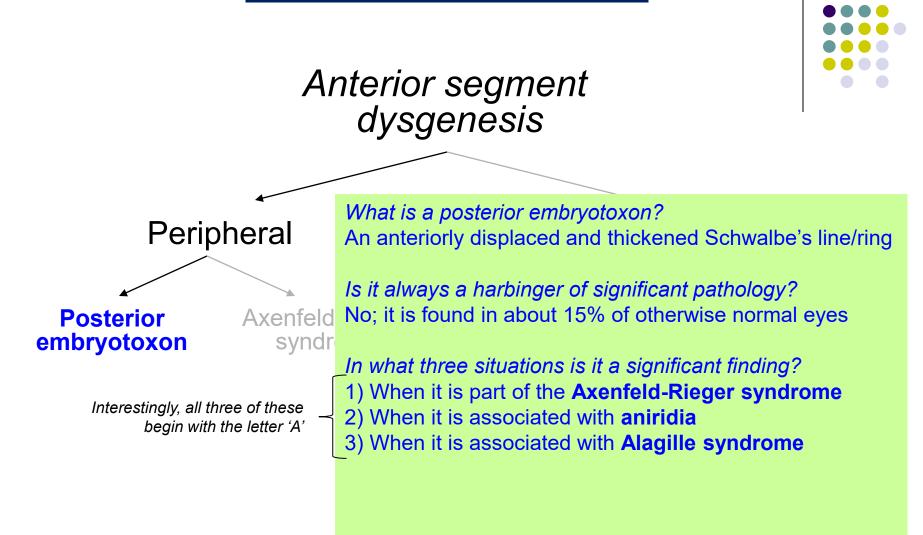














Anterior segment dysgenesis

Why is the term 'aniridia' technically a misnomer?

embryotoxon? ced and thickened Schwalbe's line/ring

ger of significant pathology? out 15% of otherwise normal eyes

ons is it a significant finding? the **Axenfeld-Rieger syndrome** ated with **aniridia** ated with **Alagilie syndrome**



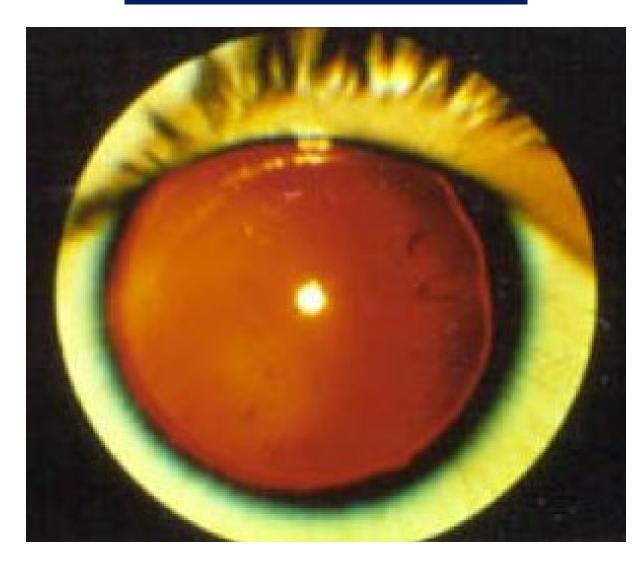
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Aniridia. Note the presence of an iris stub/root



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Why is the term 'aniridia' technically a misnomer? Because a rudimentary iris root is always present

Is aniridia usually unilateral, or bilateral? It is almost always bilateral *embryotoxon?* ced and thickened Schwalbe's line/ring

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Mental note of aniridia's ocular associations:

--Nystagmus (more to follow)

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Is it a jerk, or a pendular nystagmus?

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Mental note of aniridia's ocular associations:

- --Nystagmus
- --Foveal hypoplasia
- --ON hypoplasia (more to follow)



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WAGR complex consists of: W Aniridia G R *embryotoxon?* ced and thickened Schwalbe's line/ring

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WAGR complex consists of: Wilms tumor Aniridia Genitourinary abnormalities Retardation *embryotoxon?* ced and thickened Schwalbe's line/ring

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WAGR complex: Wilm's tumor



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Are Defects involving what gene are the cause of aniridia?



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Are No. Defects involving what gene are the cause of aniridia? The PAX6 gene



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What other ocular abnormalities are associated with defects of the PAX6 gene?



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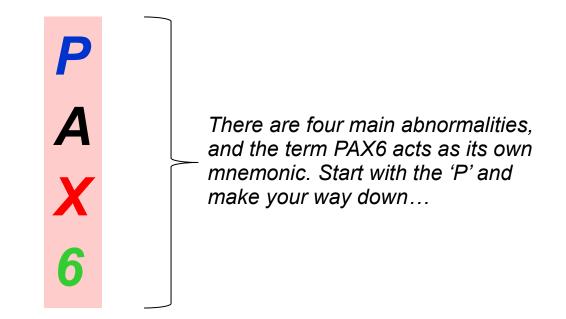
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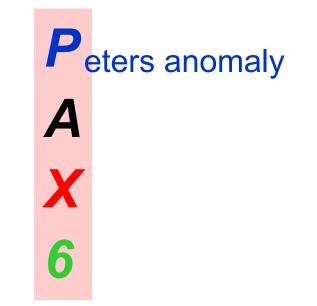
Are No. Defects involving what gene are the cause of aniridia? The PAX6 gene

What other ocular abnormalities are associated with defects of the PAX6 gene? I'm glad you asked...

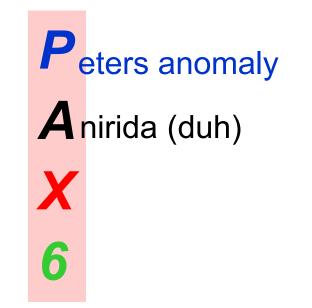




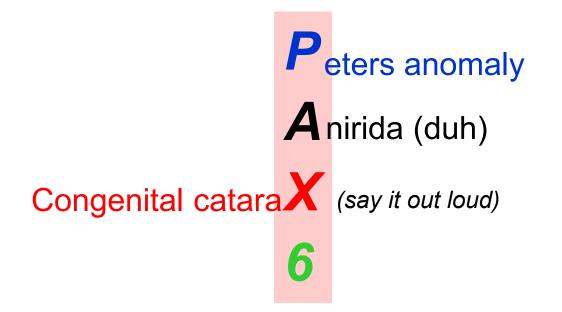




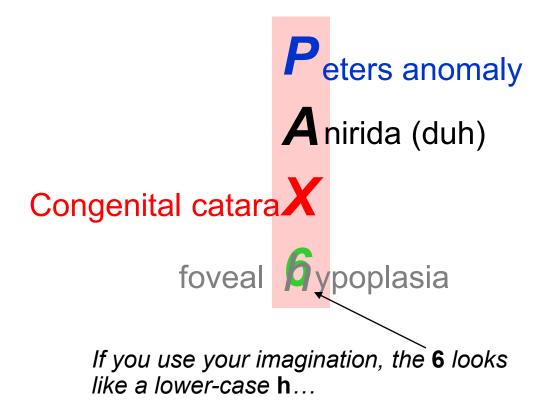




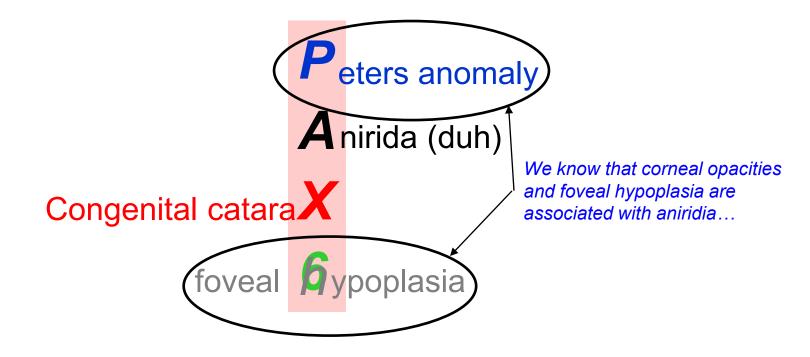




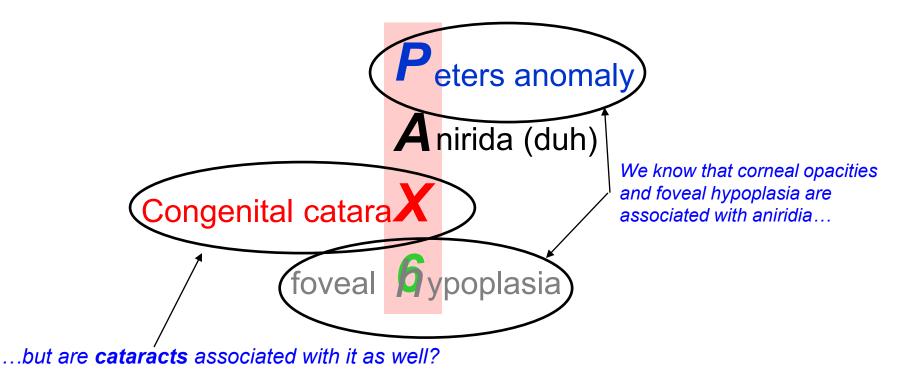




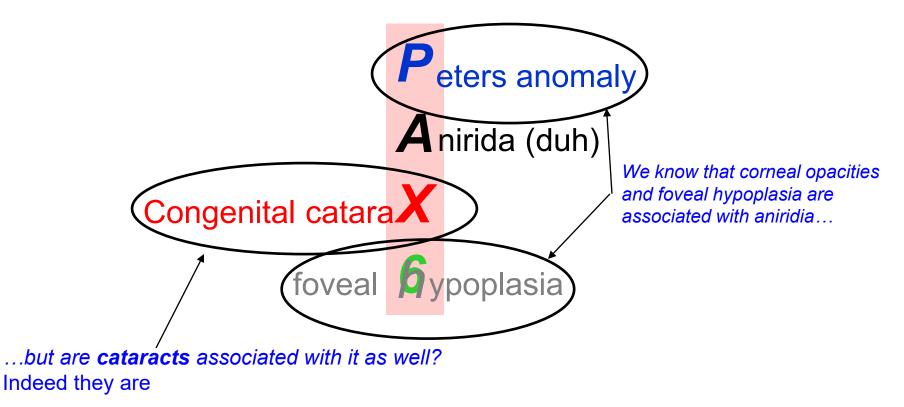


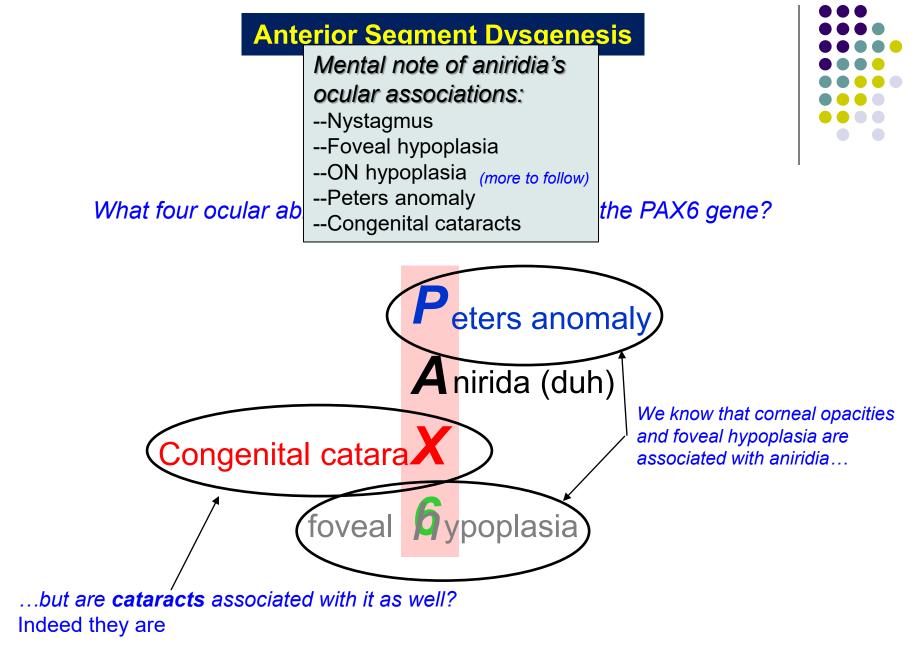


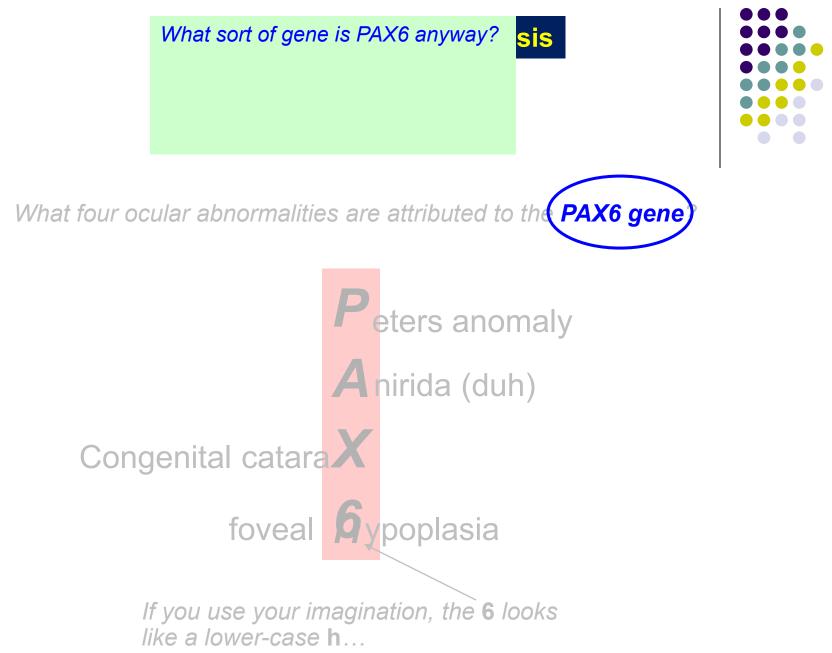


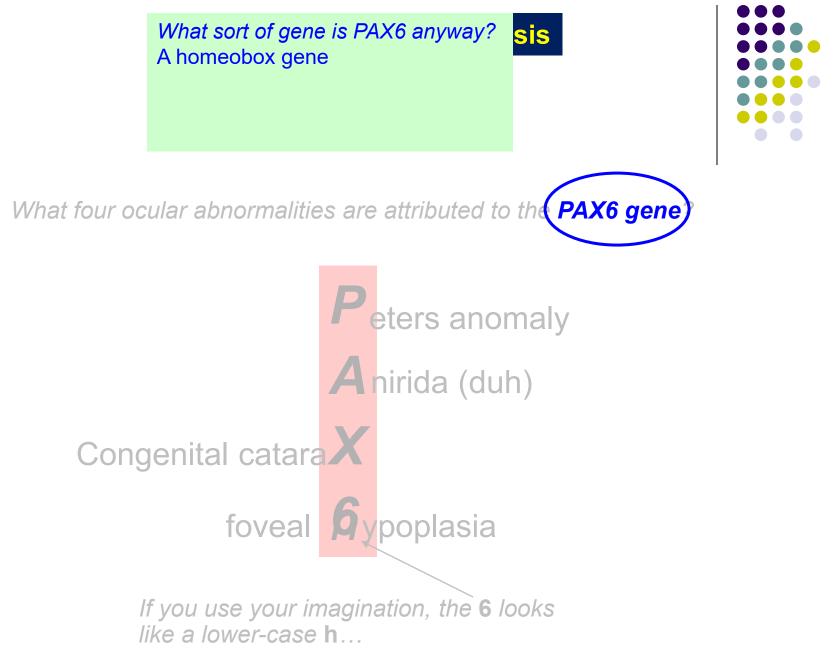


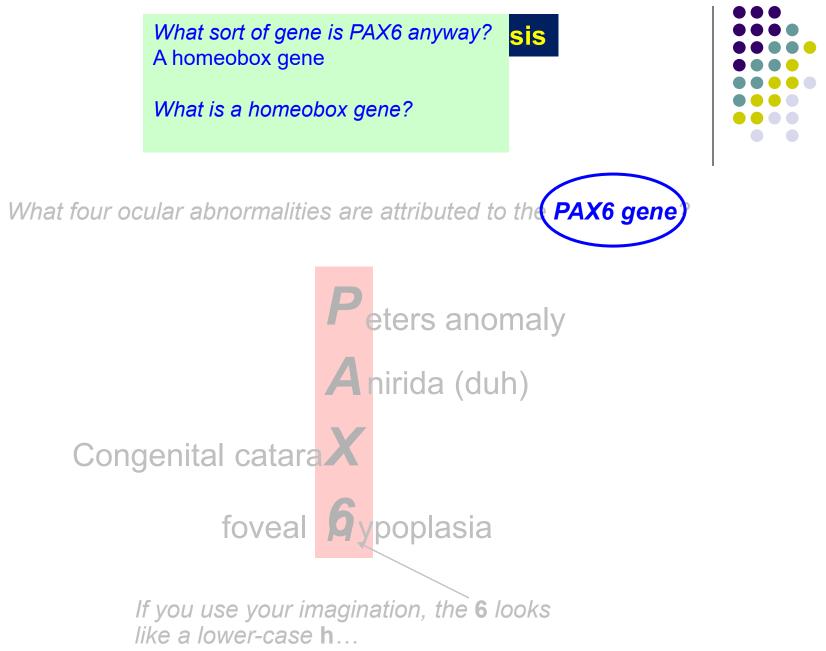


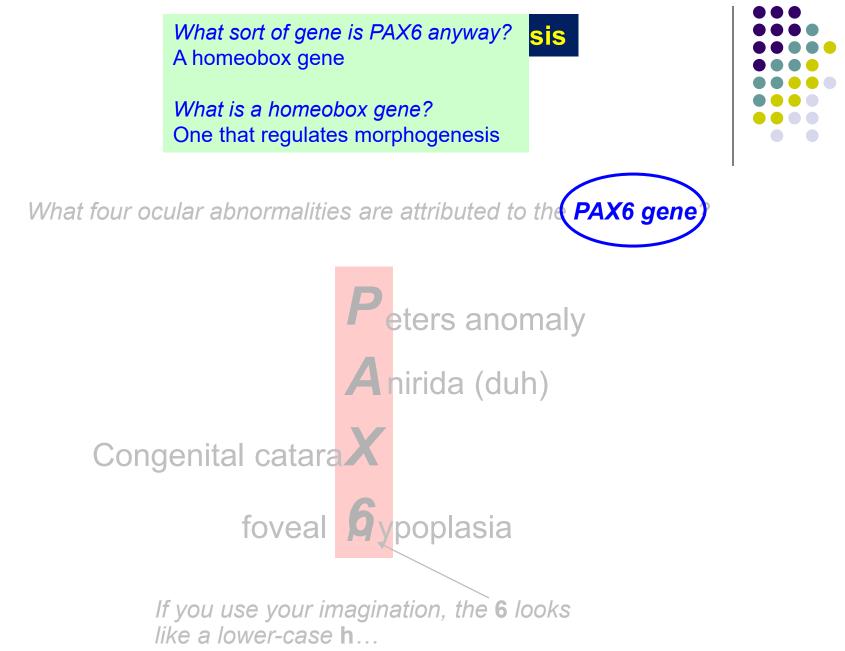


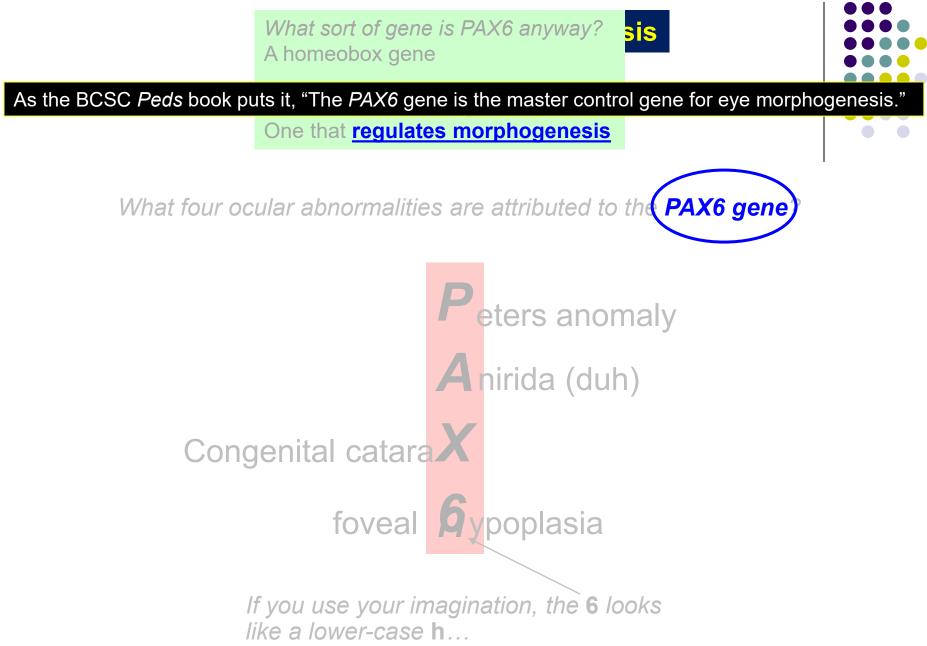








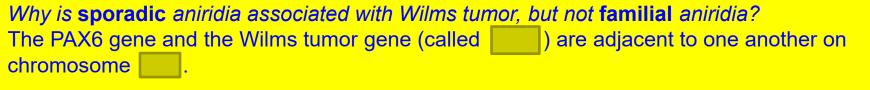






Why is sporadic aniridia associated with Wilms tumor, but not familial aniridia?







Why is **sporadic** aniridia associated with Wilms tumor, but not **familial** aniridia? The PAX6 gene and the Wilms tumor gene (called *WT1*) are adjacent to one another on chromosome 11p.



Why is **sporadic** aniridia associated with Wilms tumor, but not **familial** aniridia? The PAX6 gene and the Wilms tumor gene (called *WT1*) are adjacent to one another on chromosome 11p. Inherited genetic abnormalities leading to familial aniridia are located within the PAX6 gene itself, and thus do not affect the viability of the nearby WT1.



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If a child tests positive for the Wilms tumor defect, how should they be screened for Wilms tumor? Via periodic renal ultrasound

How often, and for how long?

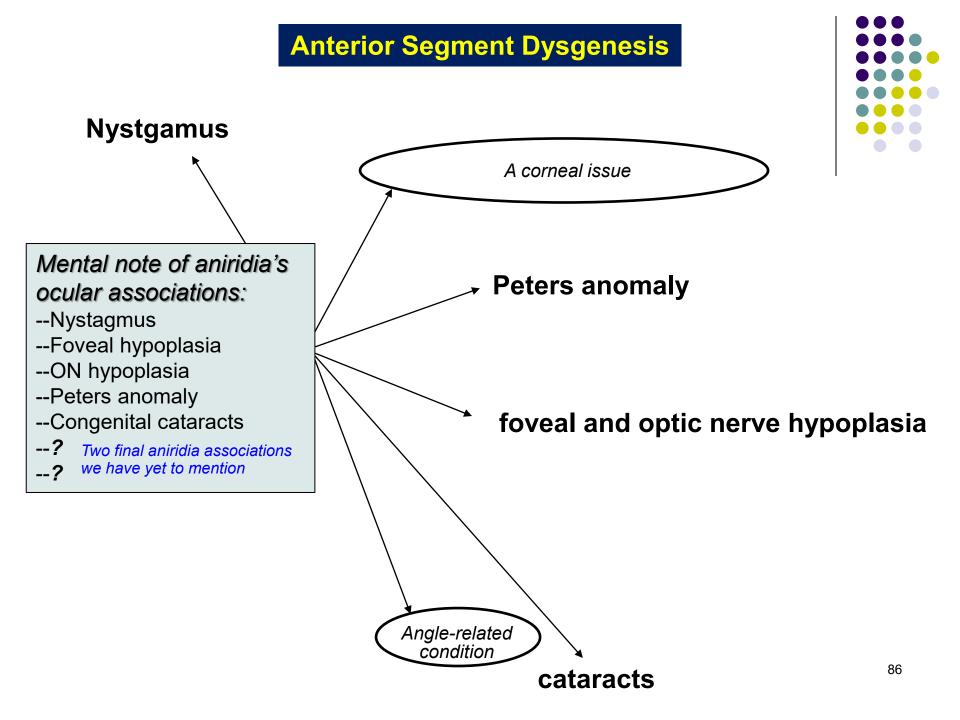


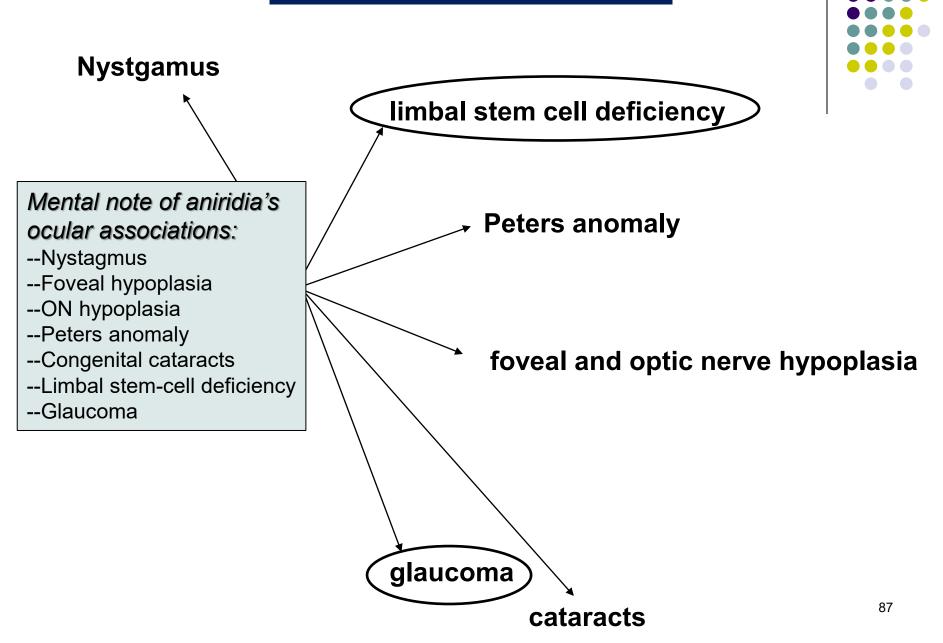
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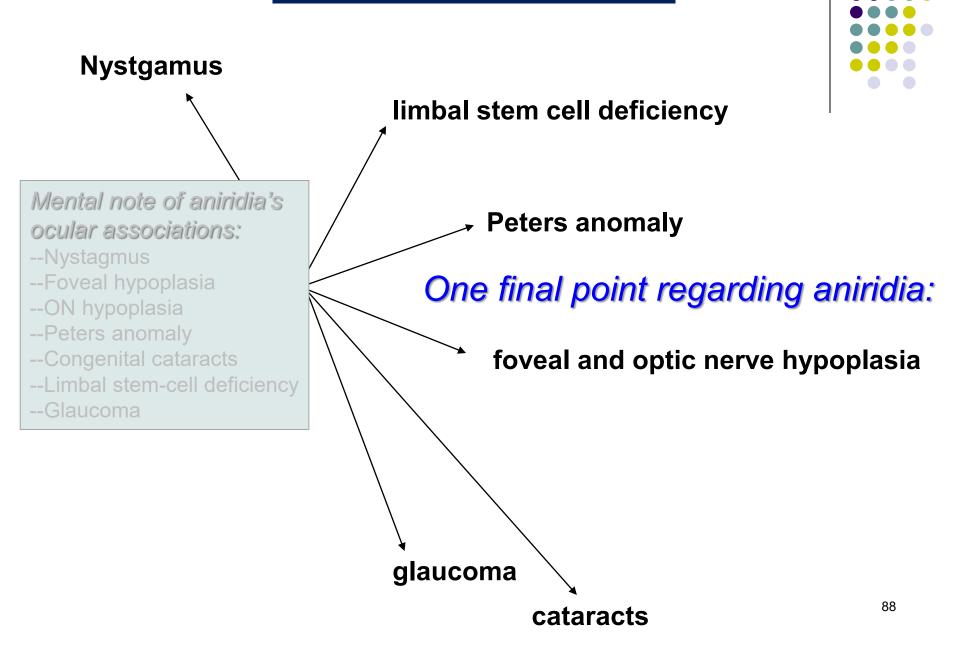
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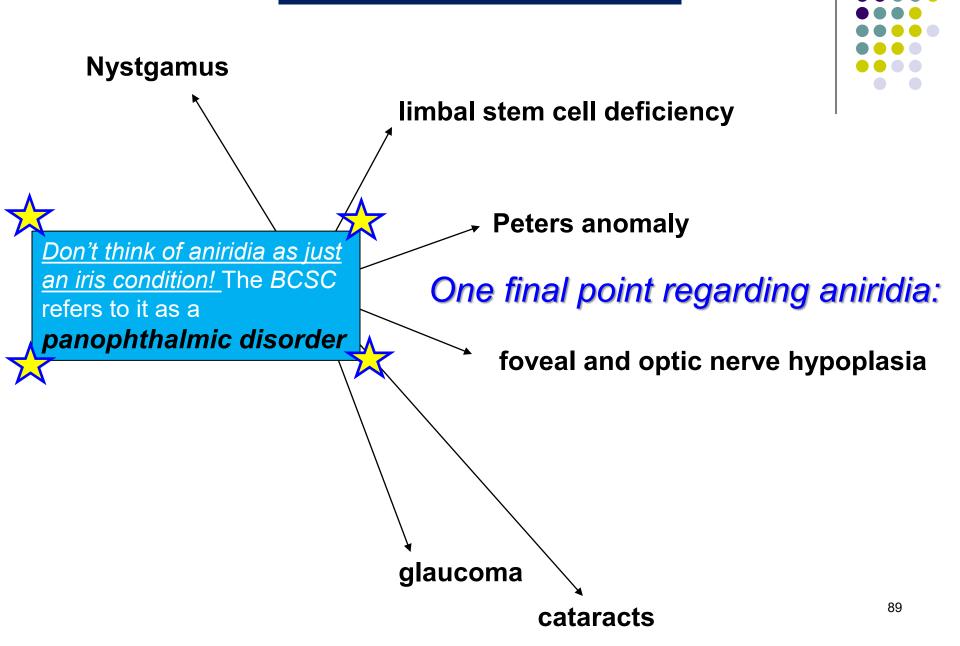
If a child tests positive for the Wilms tumor defect, how should they be screened for Wilms tumor? Via periodic renal ultrasound

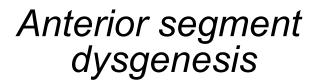
How often, and for how long? Every 3 months until age 7 years











What is the noneponymous name of Alagille syndrome?

oxon? thickened Schwalbe's line/ring

ignificant pathology? of otherwise normal eyes

a significant finding? nfeld-Rieger syndrome h aniridia



Anterior segment dysgenesis

What is the noneponymous name of Alagille syndrome? Arterohepatic dysplasia oxon? thickened Schwalbe's line/ring

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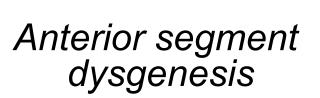
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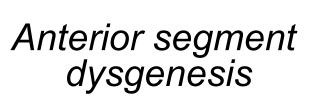
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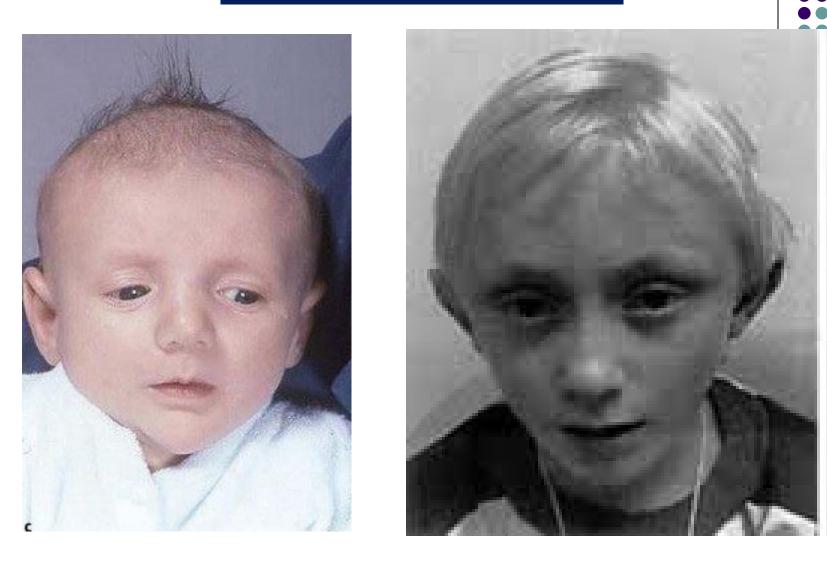
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Alagille syndrome: Facies



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- --The skeleton: The classic finding is 'butterfly vertebrae'

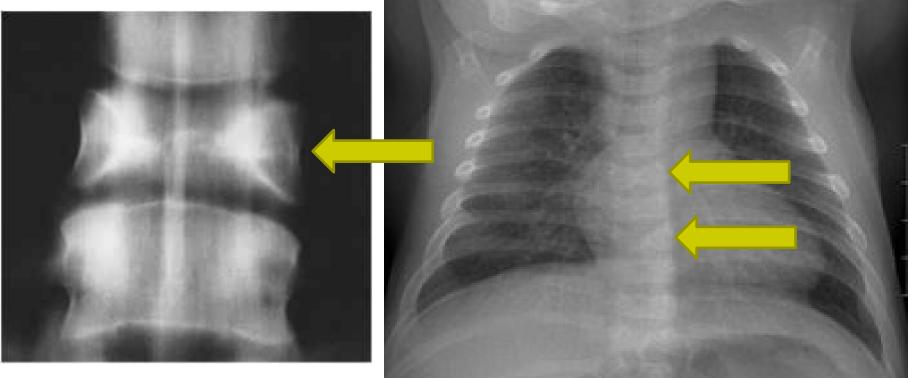
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Alagille syndrome: Butterfly vertebrae

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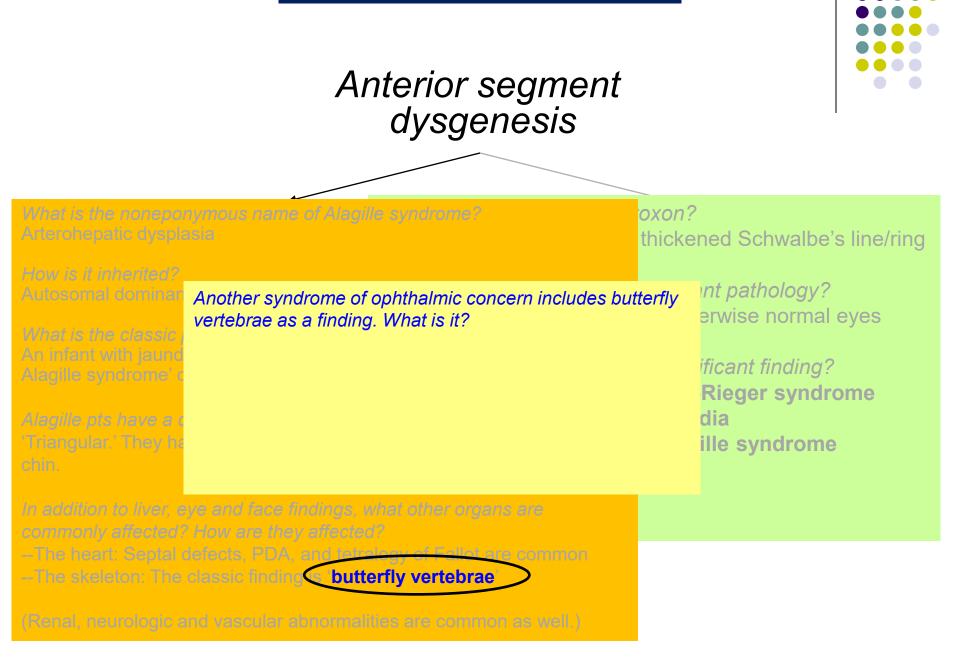
(Renal, neurologic and vascular abnormalities are common as well.)

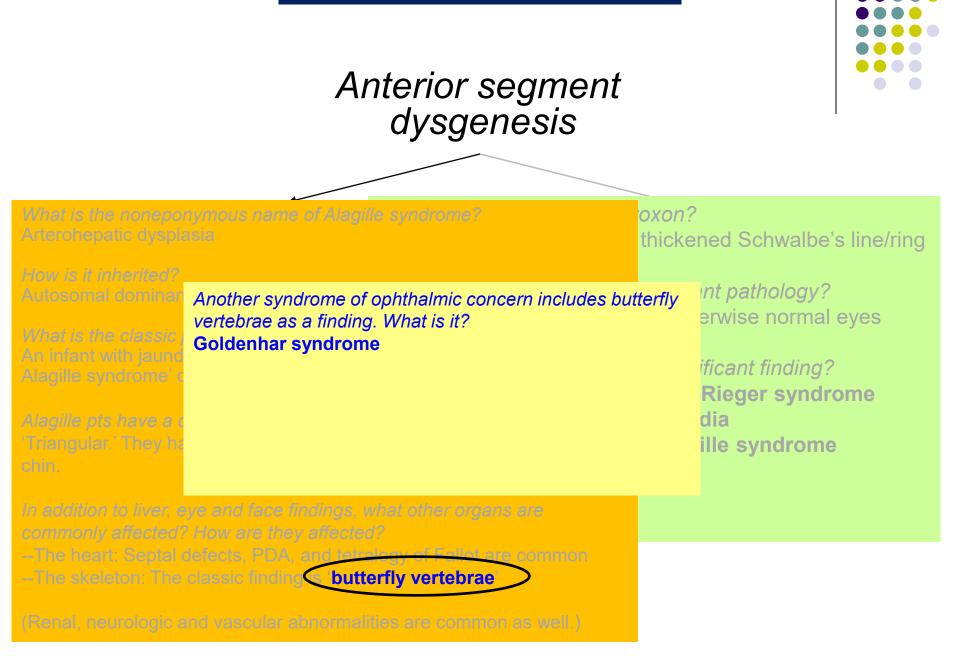
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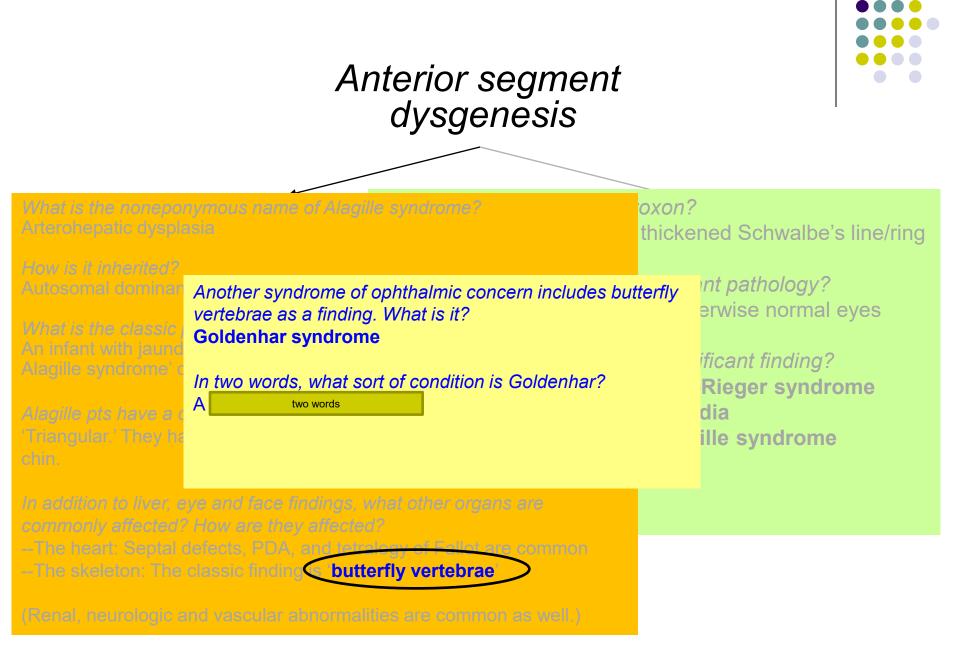
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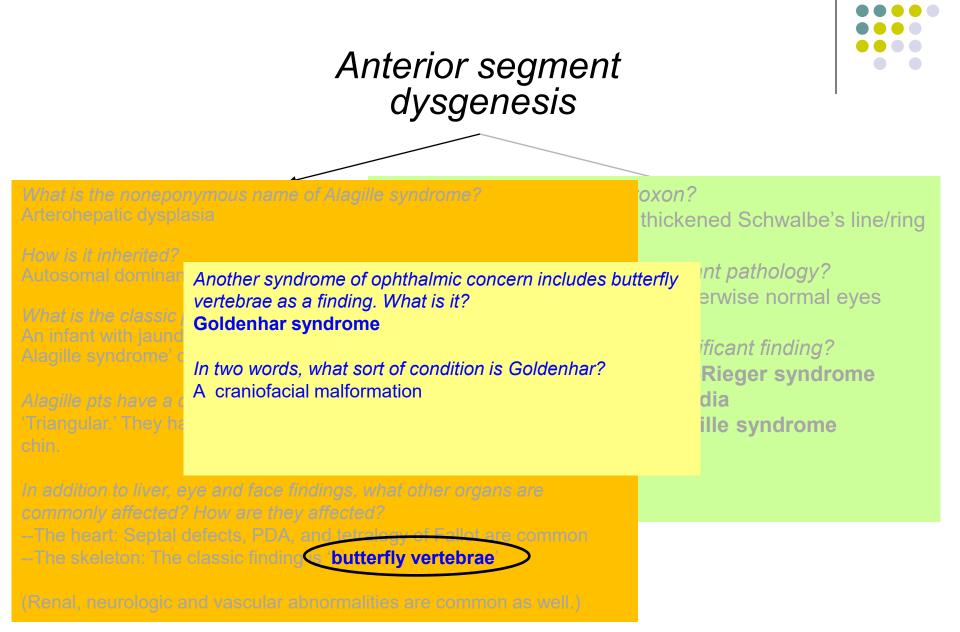
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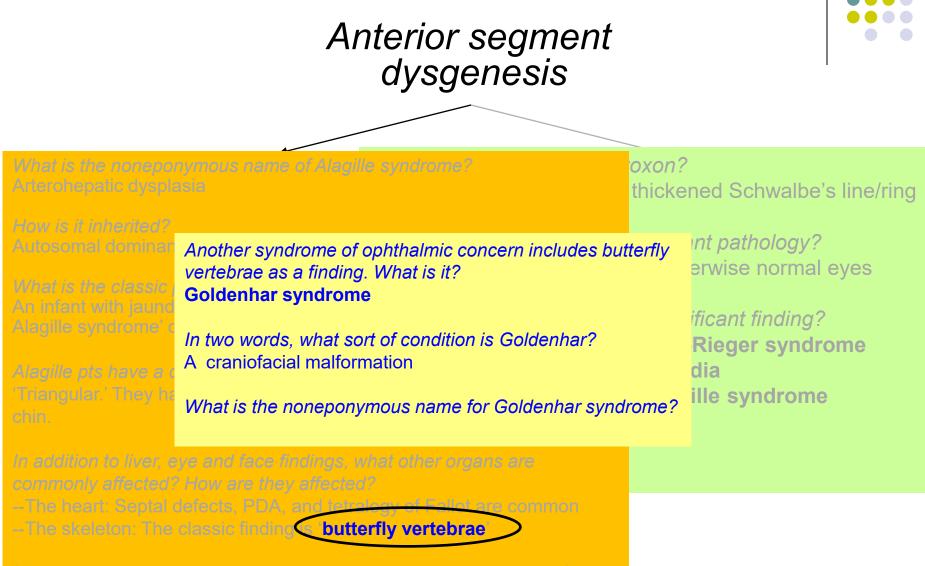




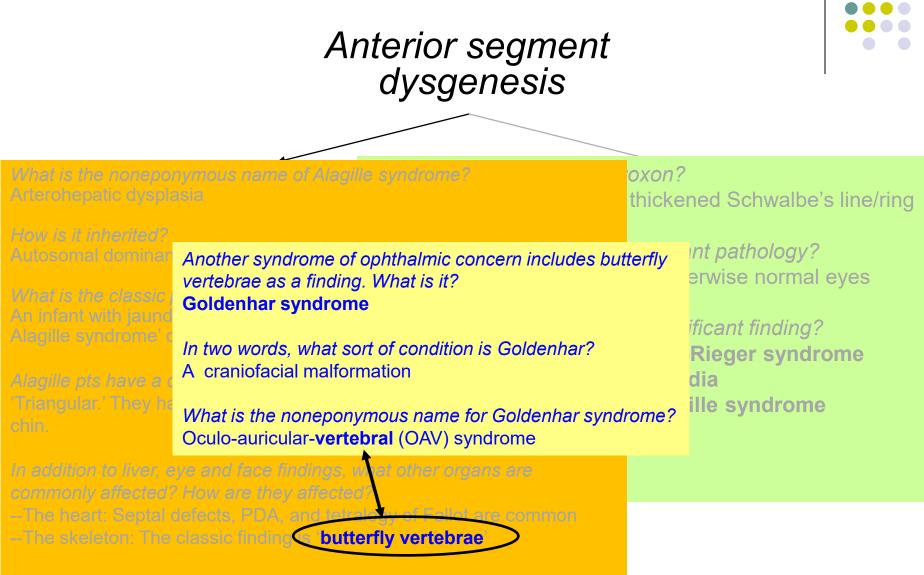




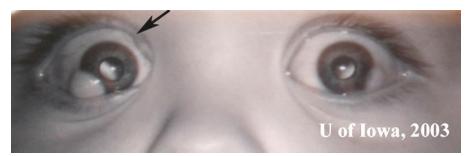




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Goldenhar: Limbal (epibulbar) dermoids; lid coloboma (OCULO-auriculo-vertebral syndrome)



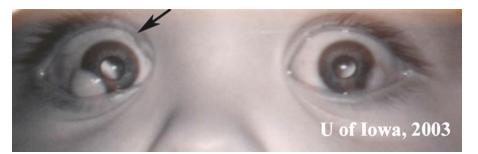


Goldenhar syndrome: Hemifacial microsomia





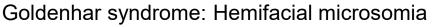
Goldenhar: Ear abnormalities (Oculo-AURICULO-vertebral syndrome)



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For more on Goldenhar, see slide-set P22

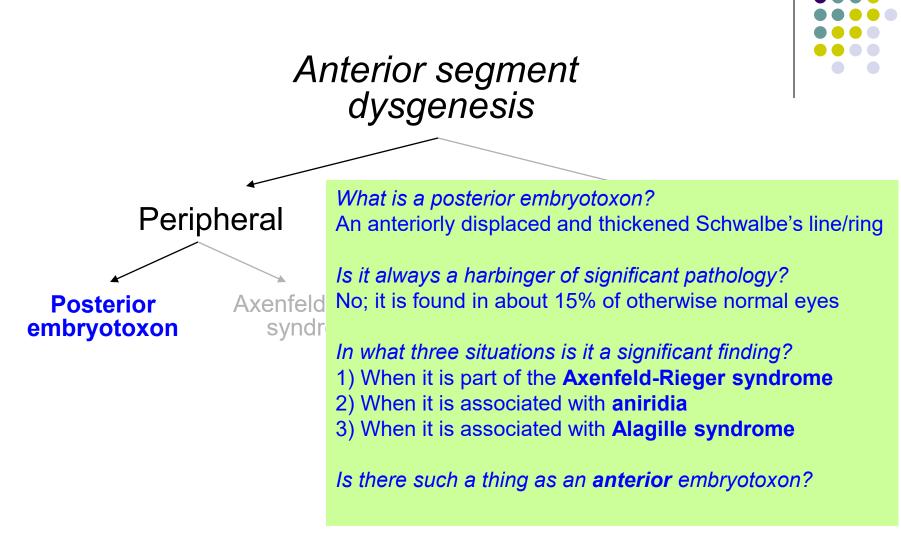




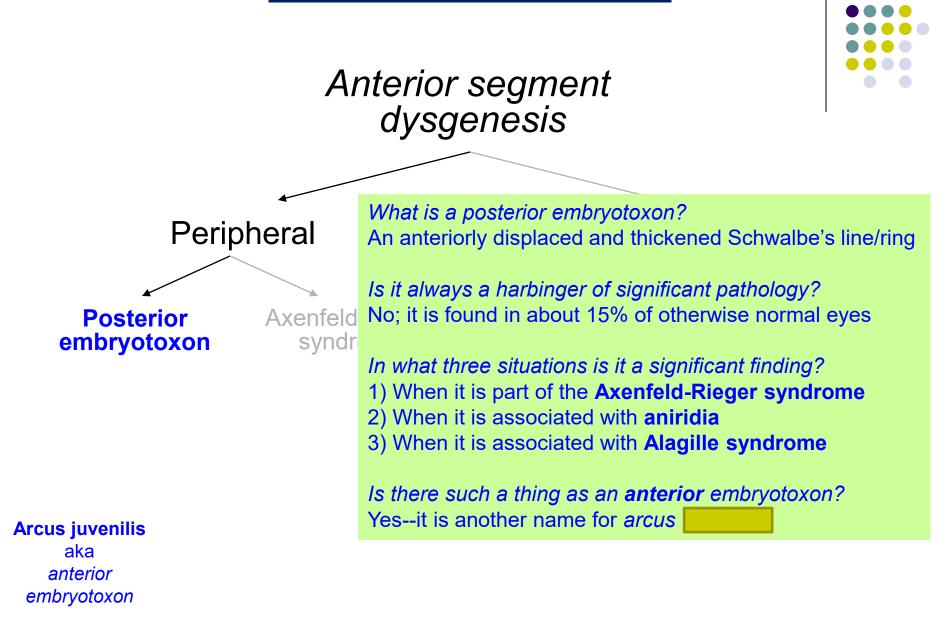


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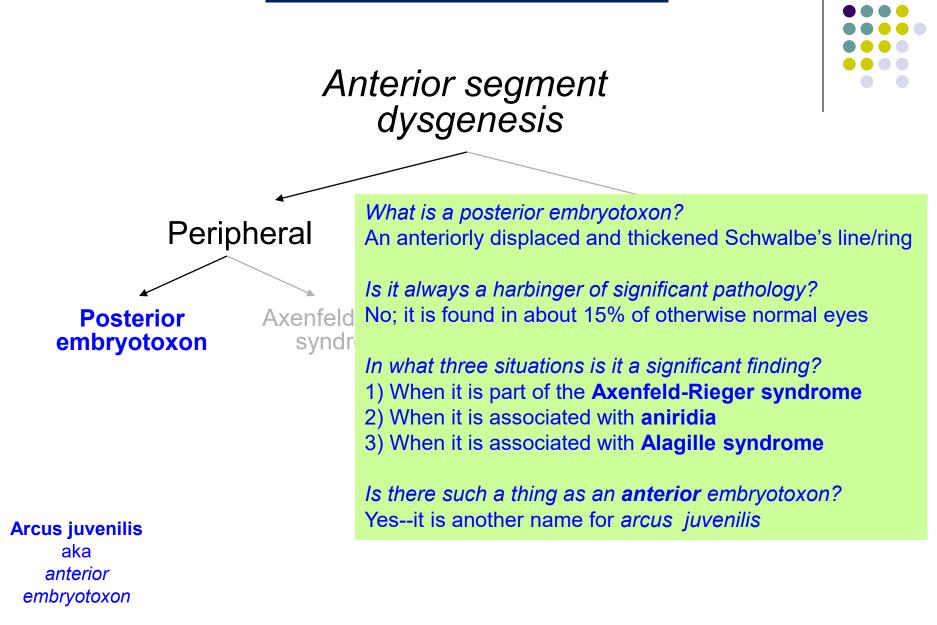


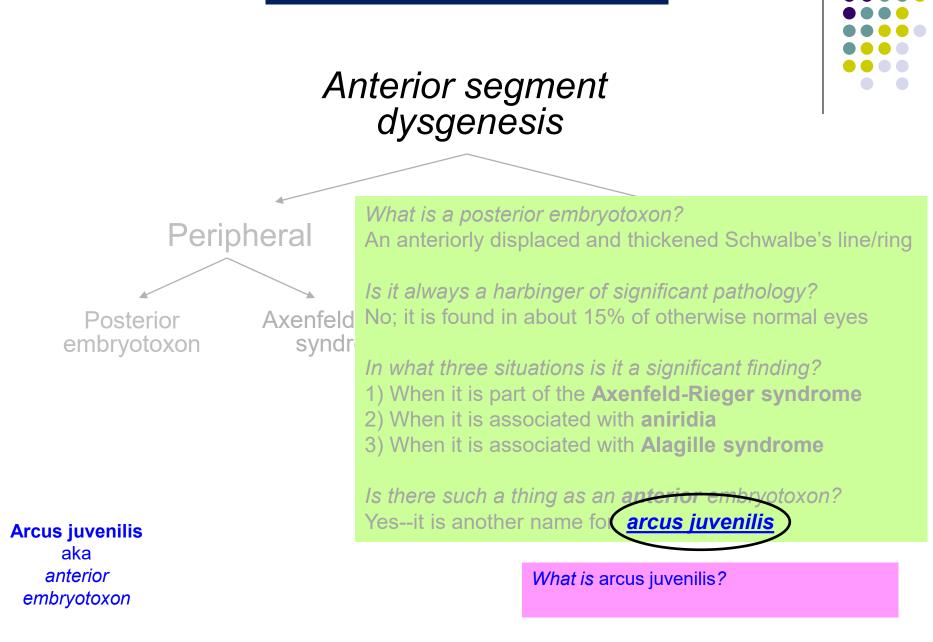


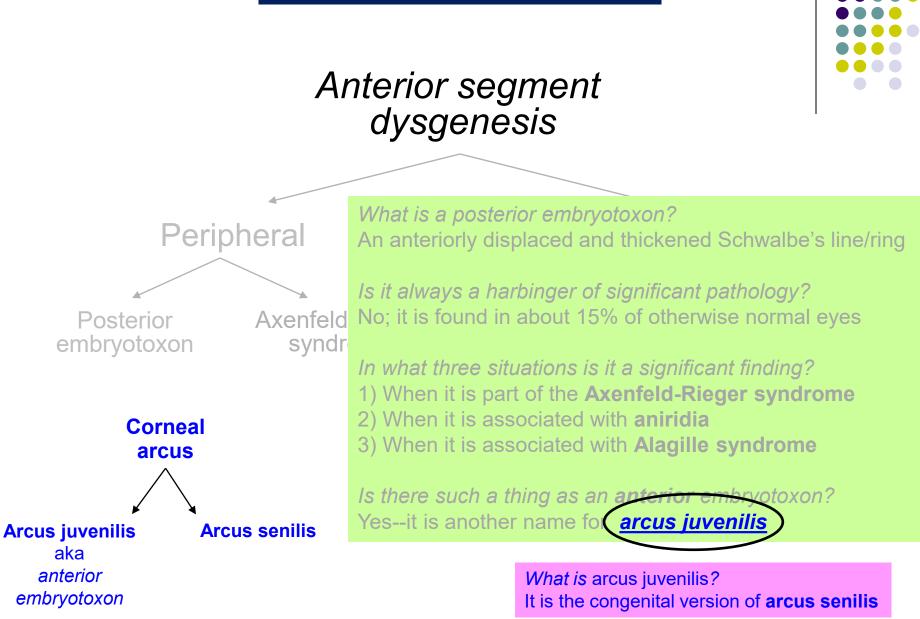




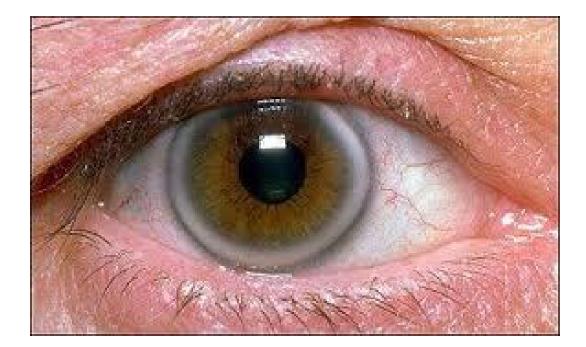




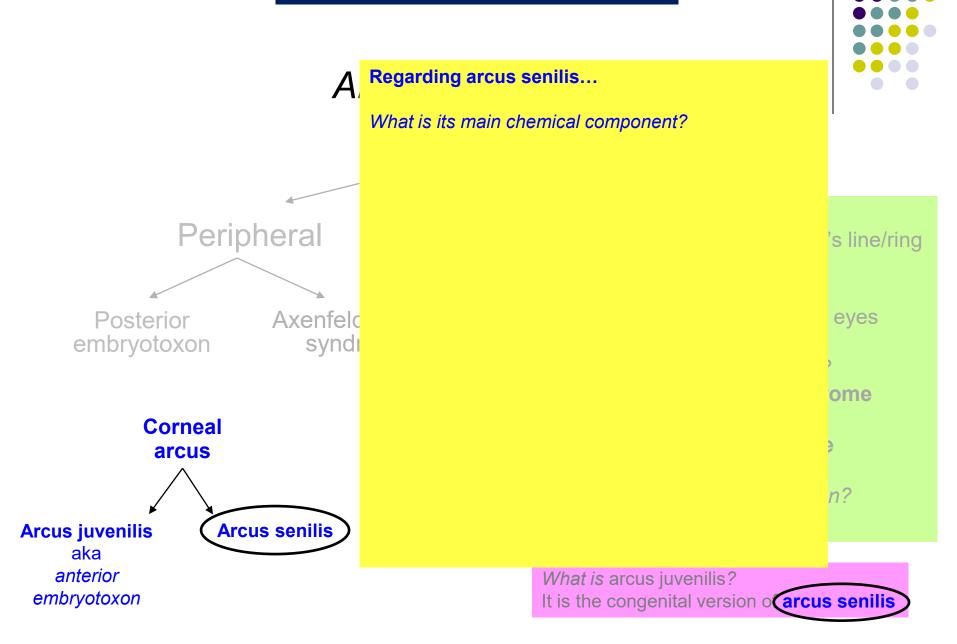


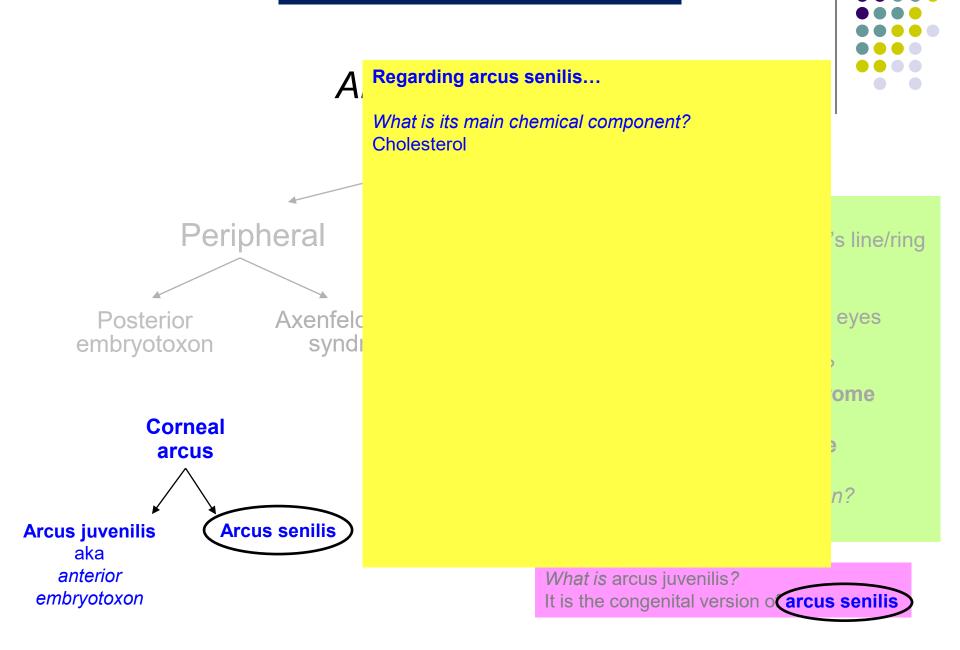


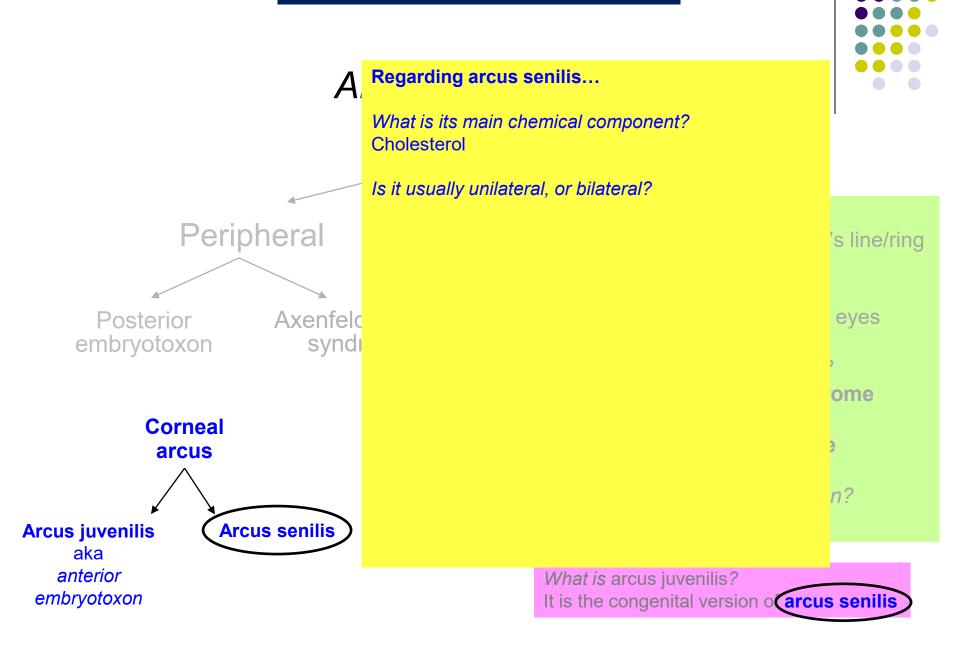


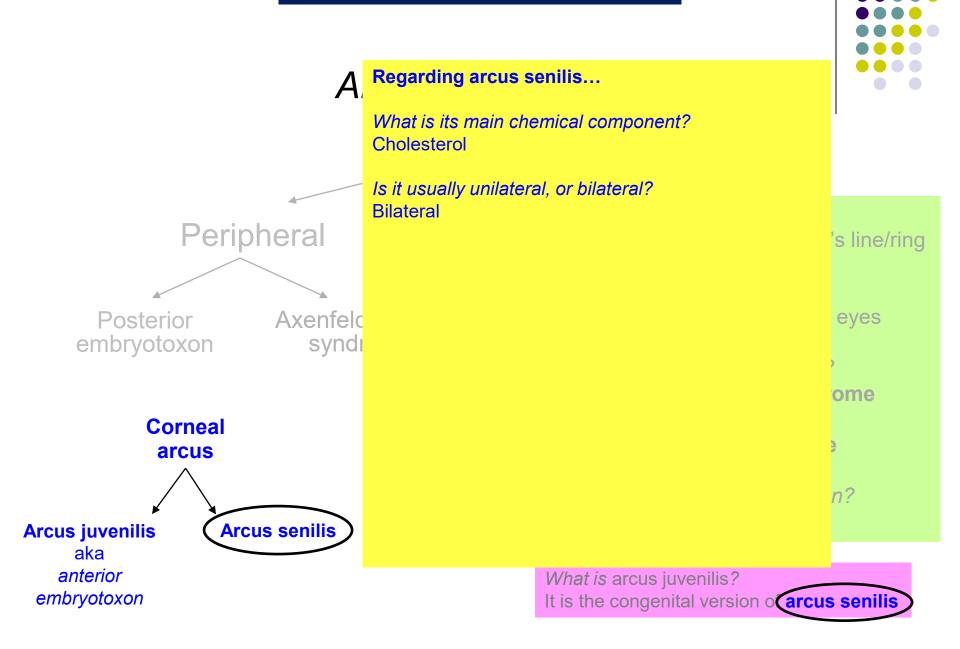


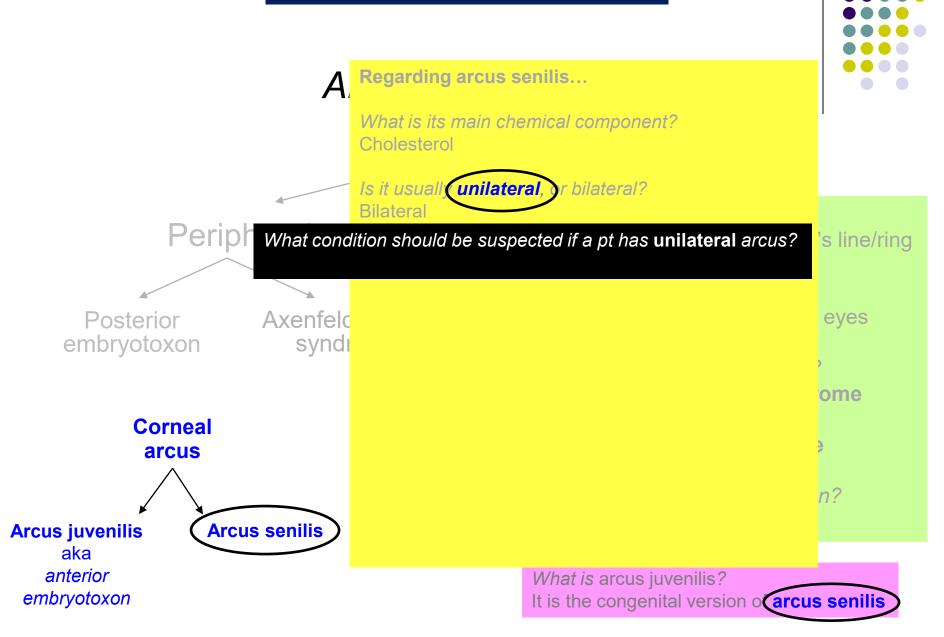
Arcus senilis

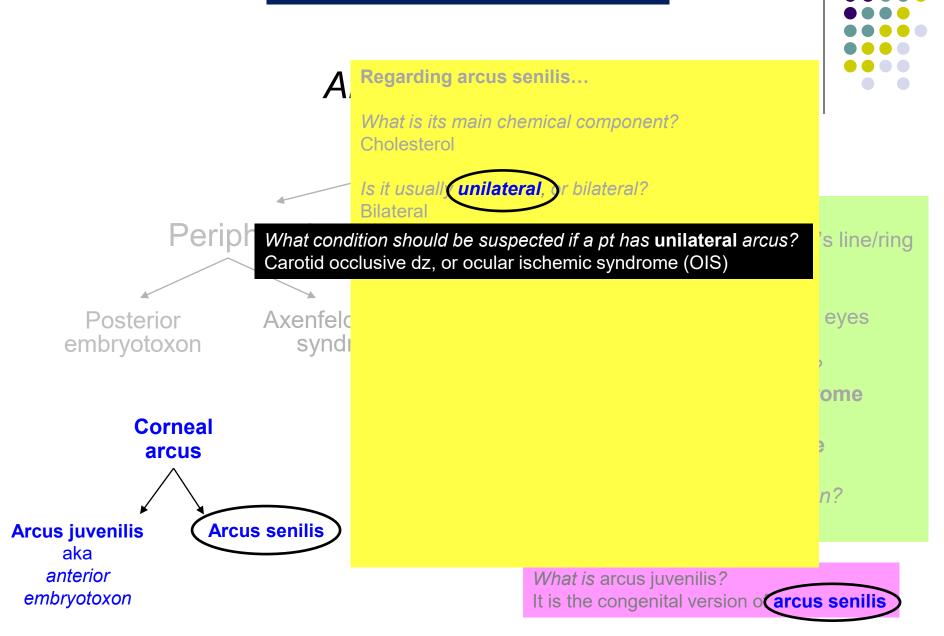


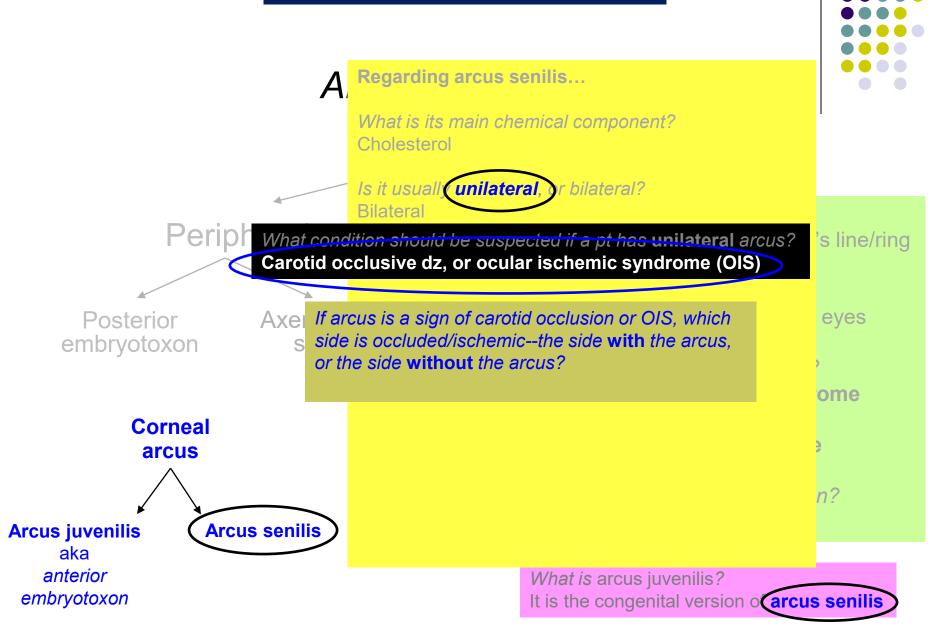


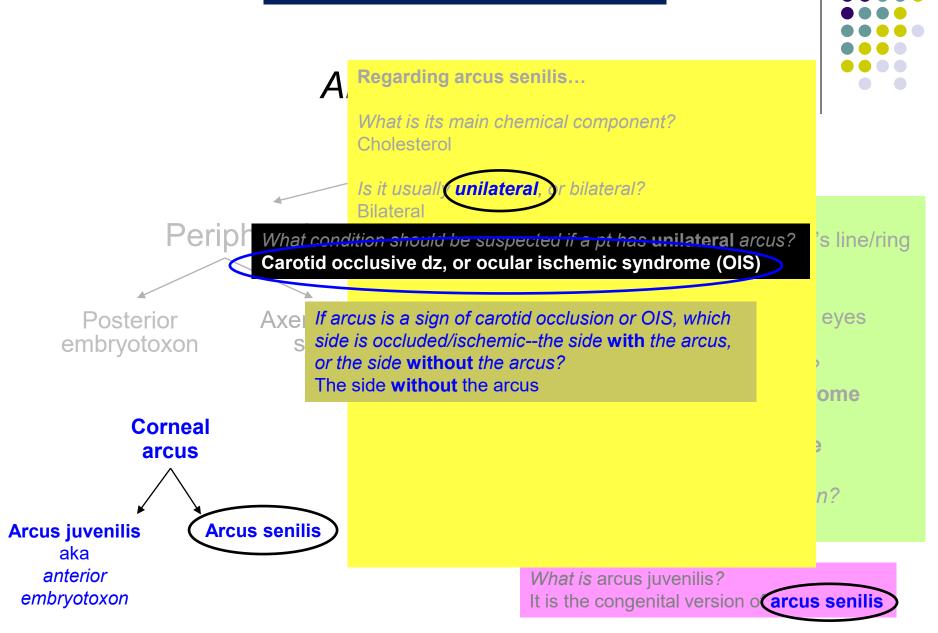


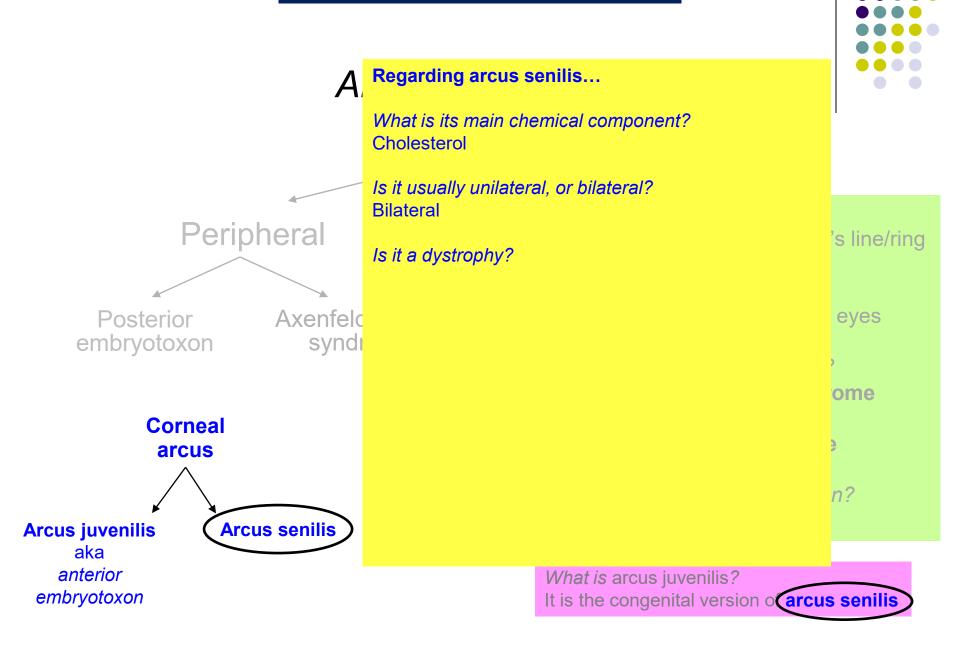


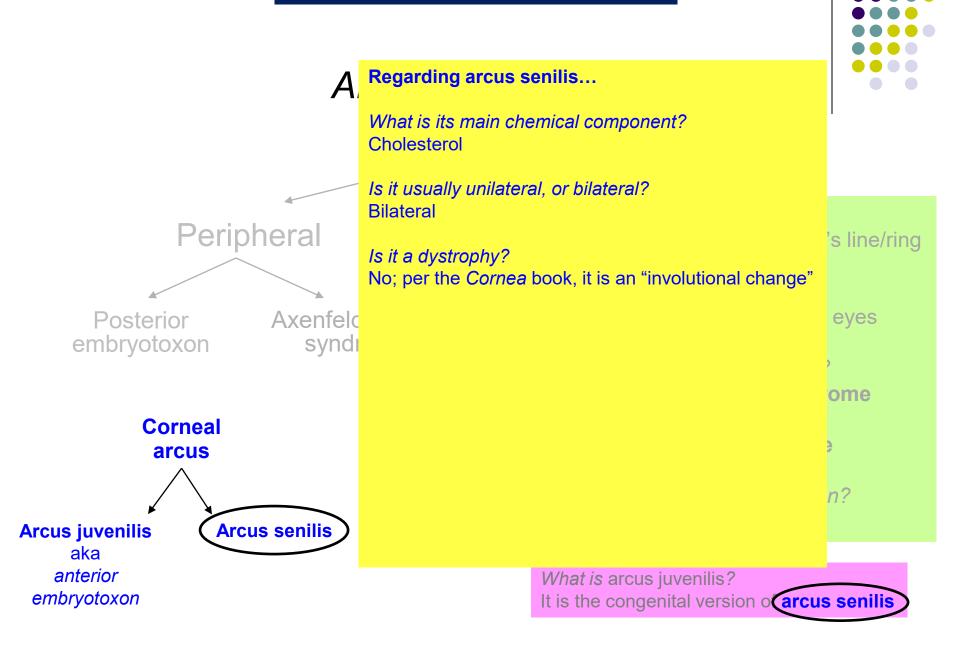


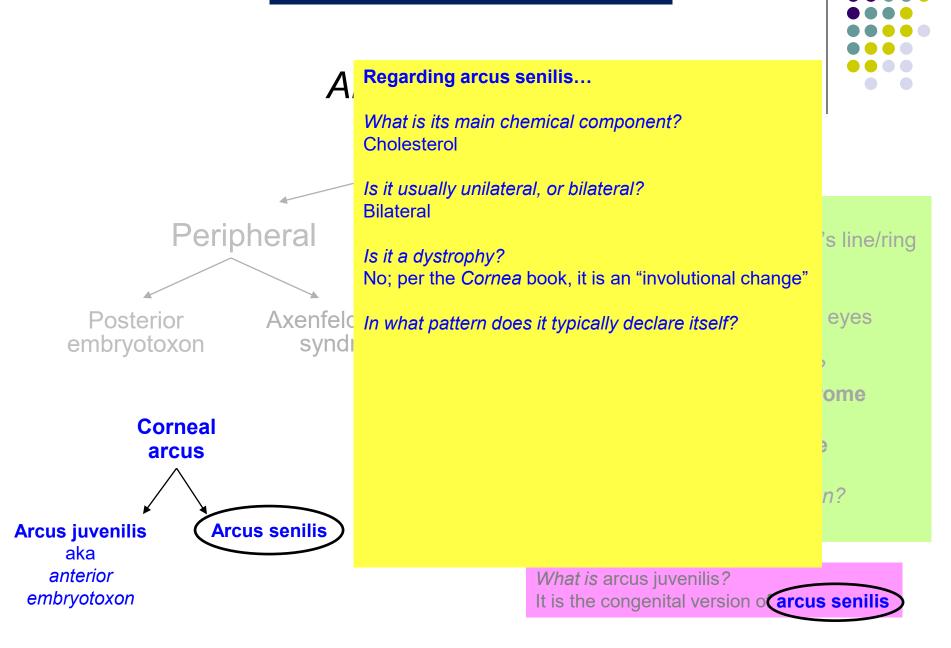


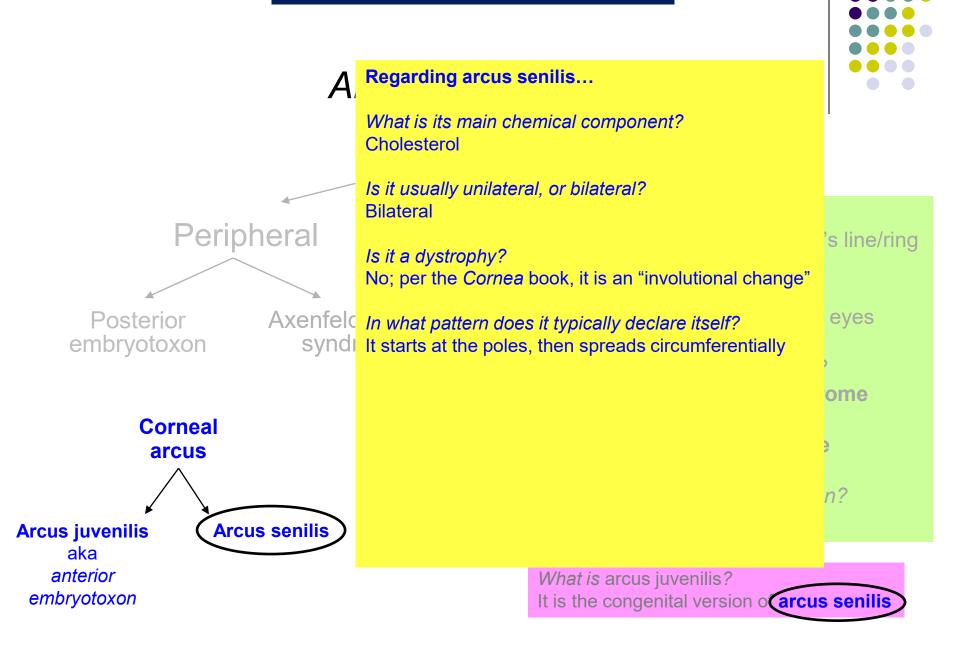




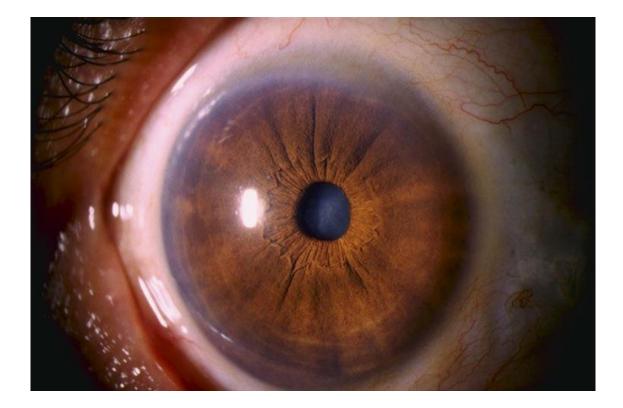




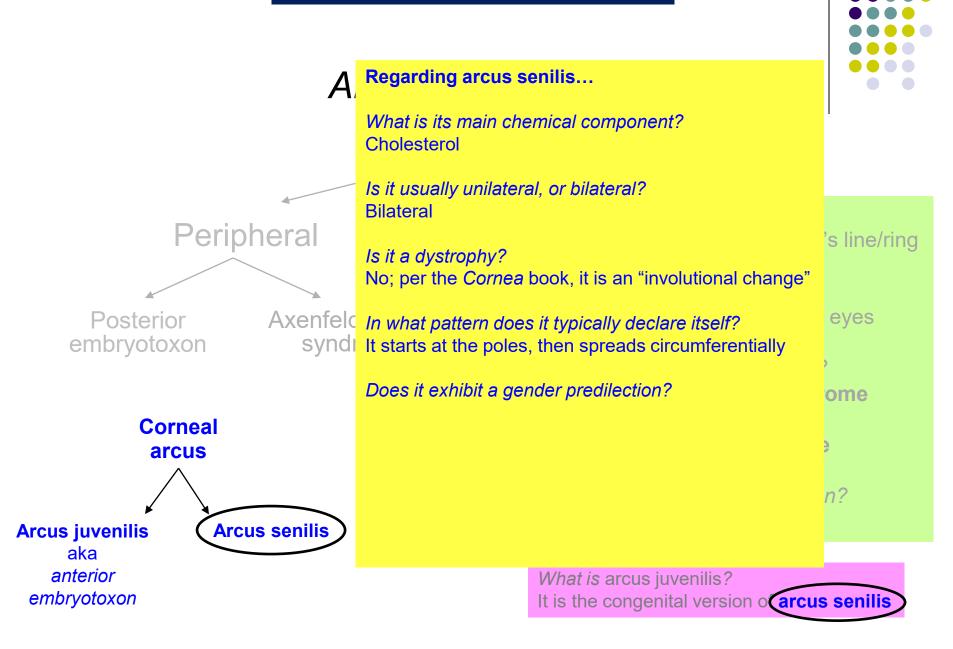


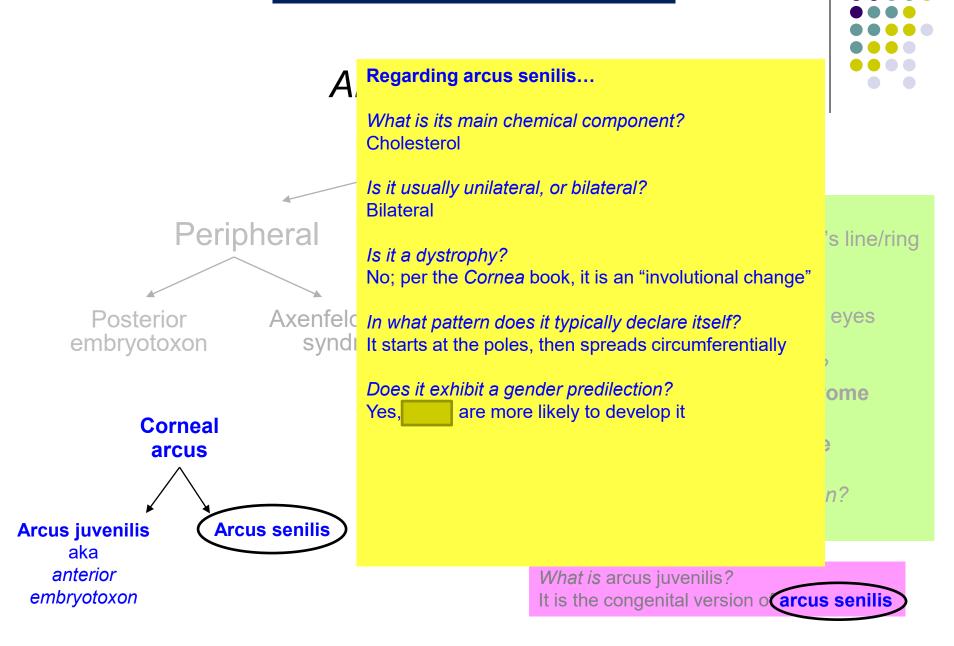


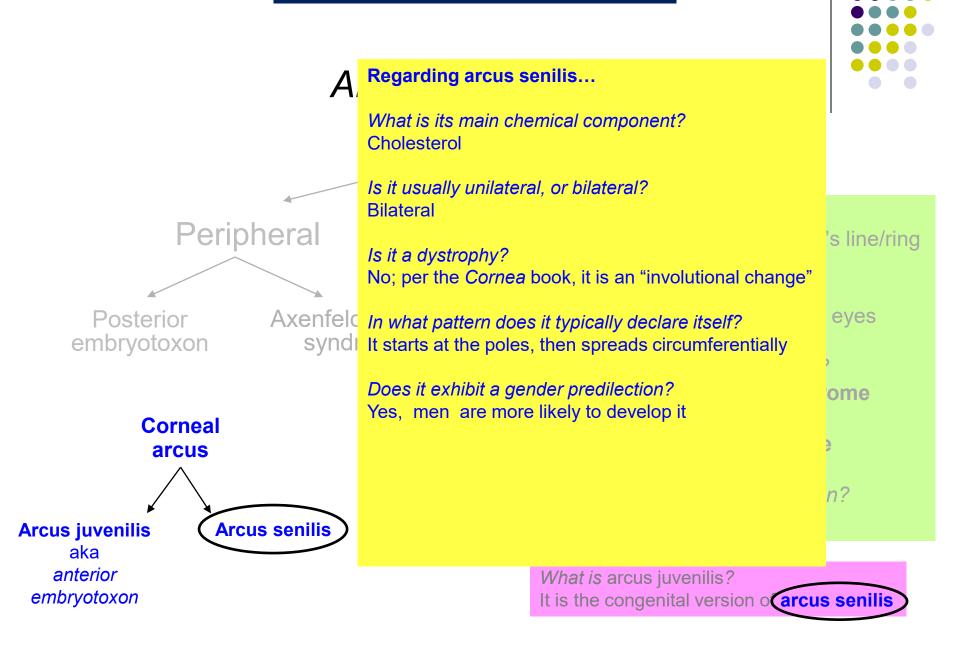


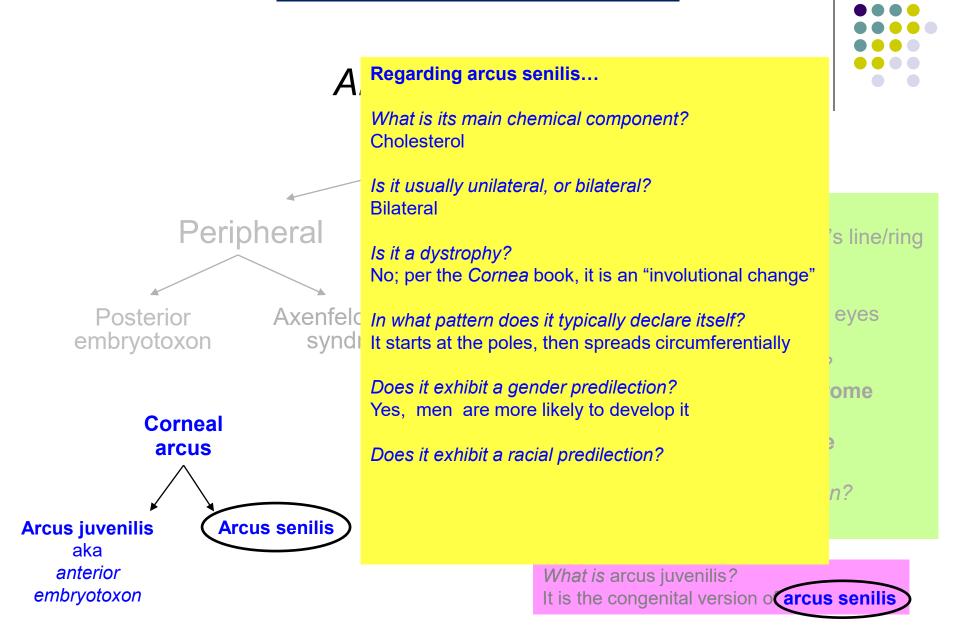


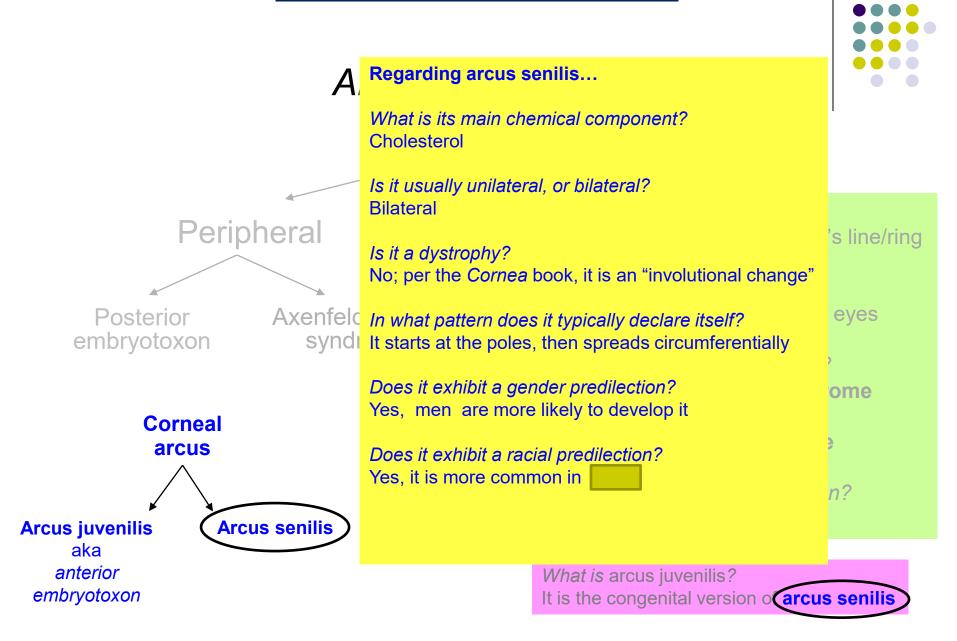
Early arcus senilis

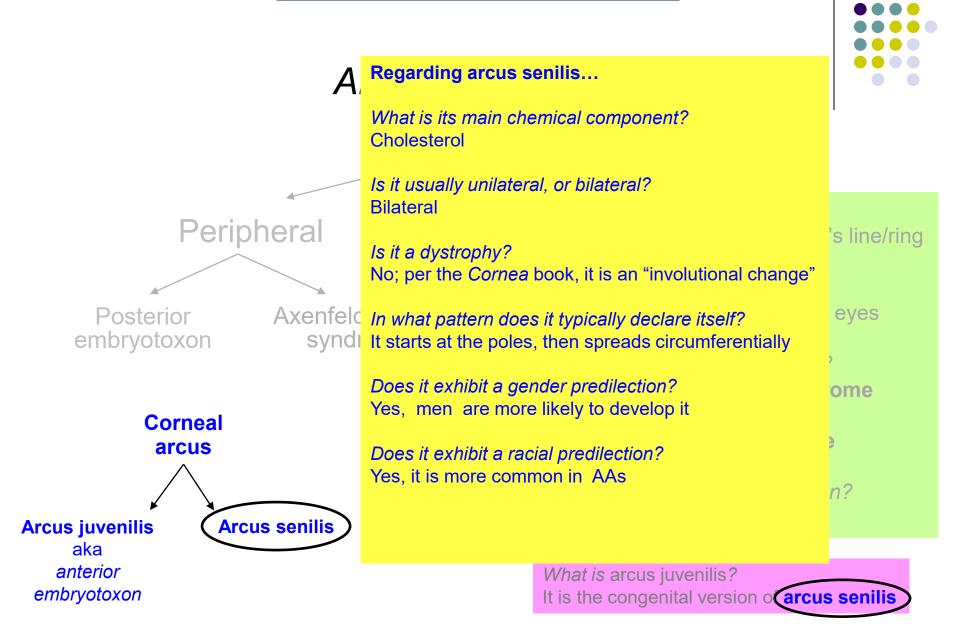


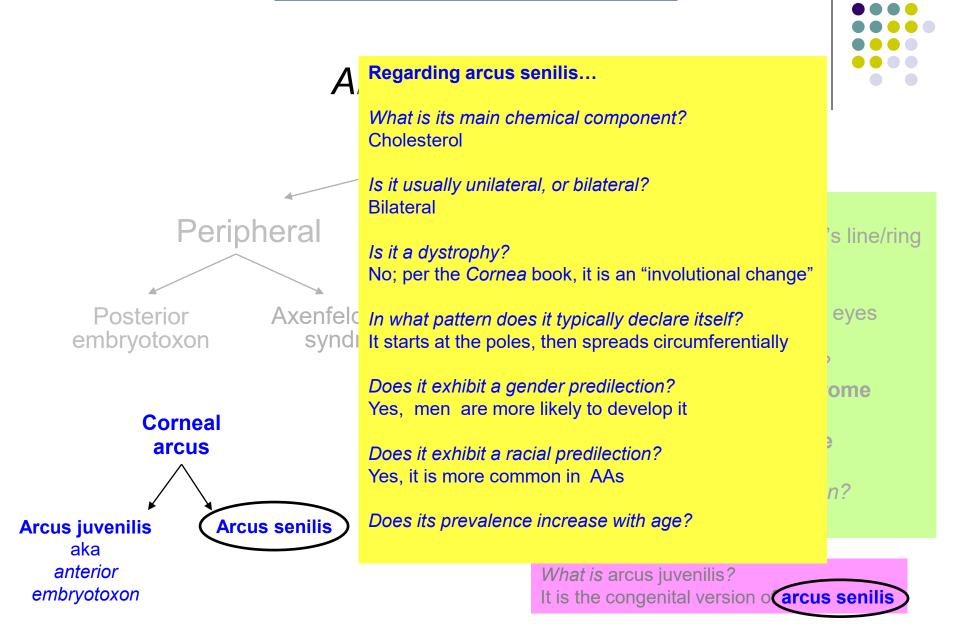


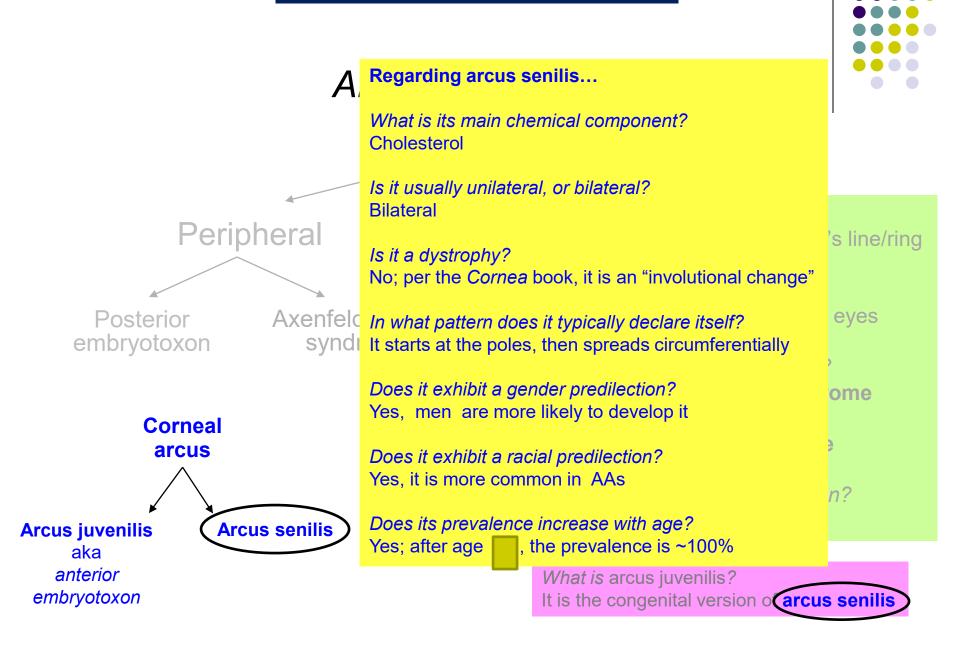


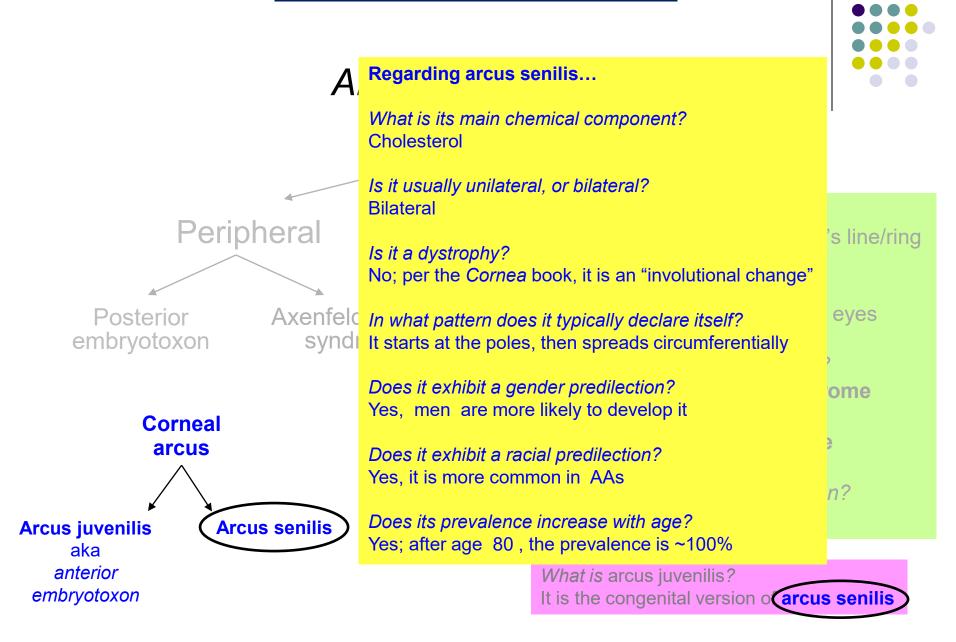








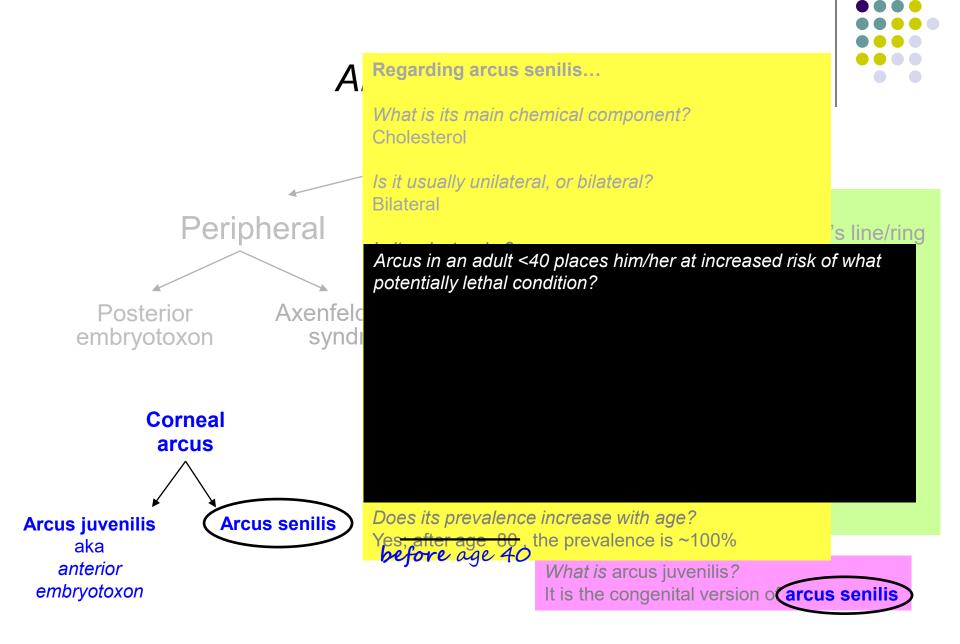


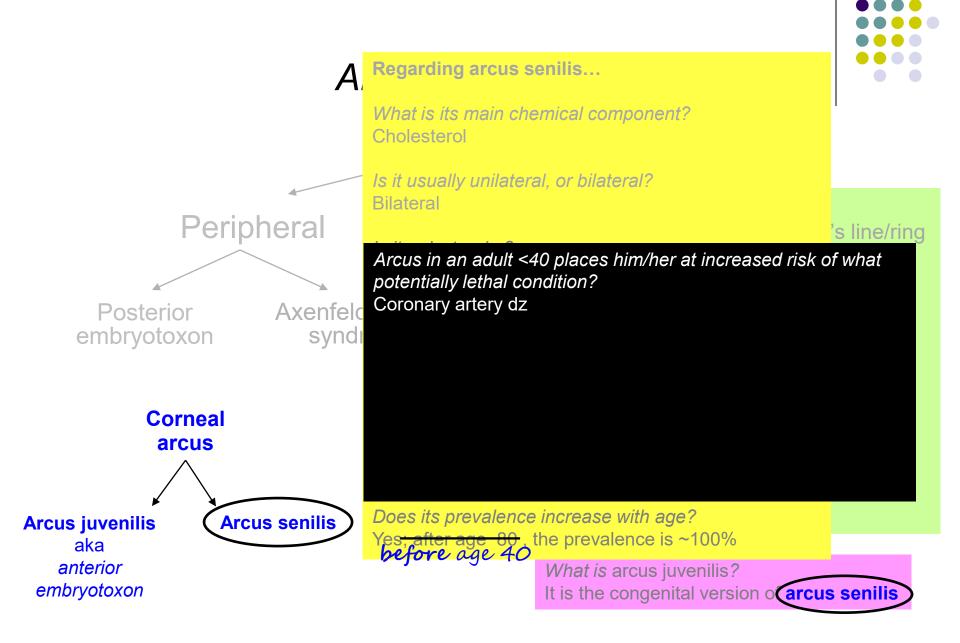


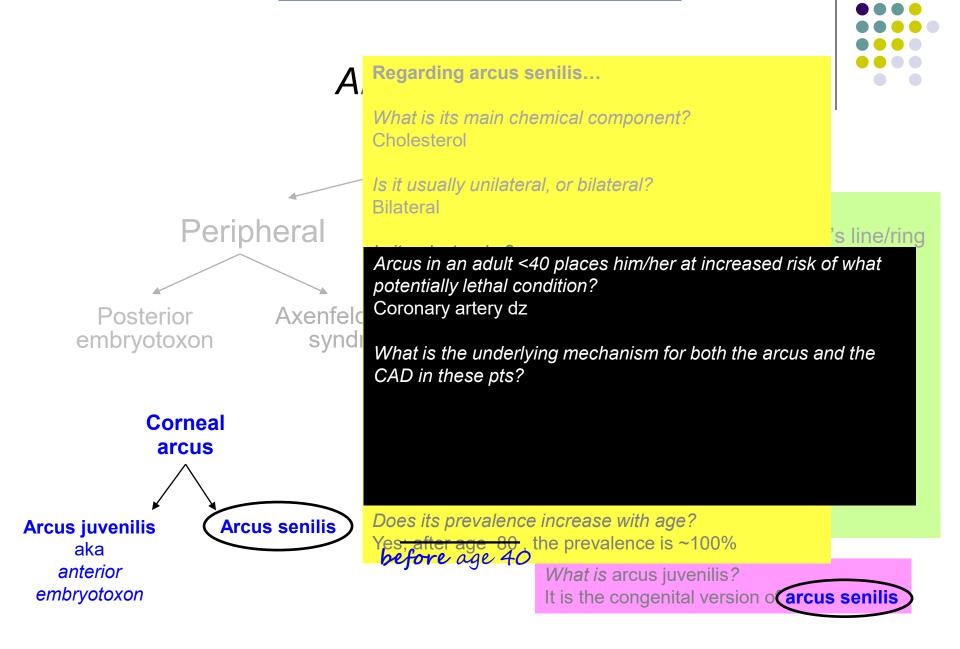


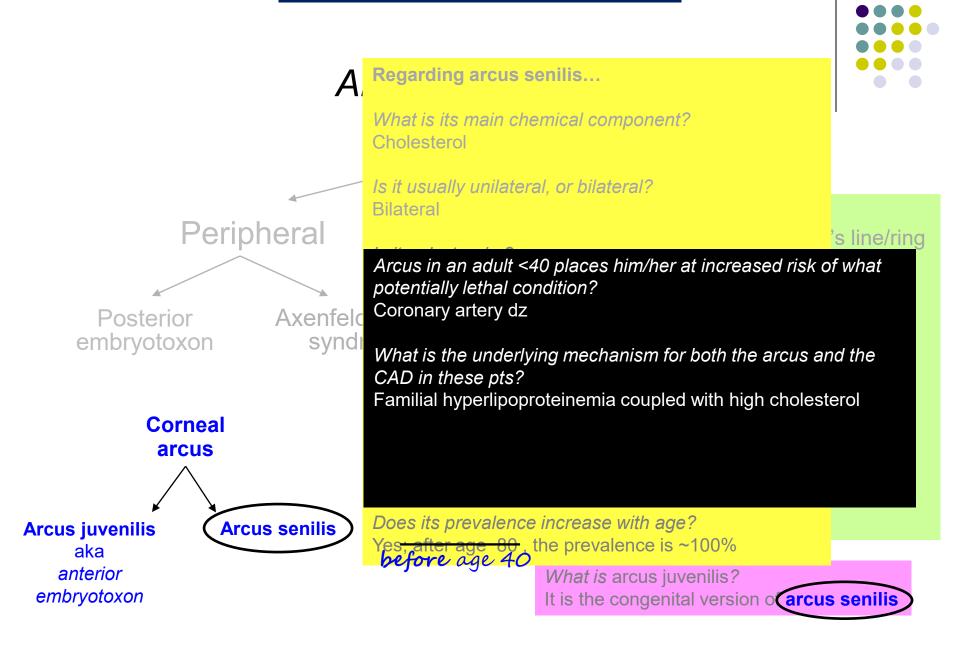


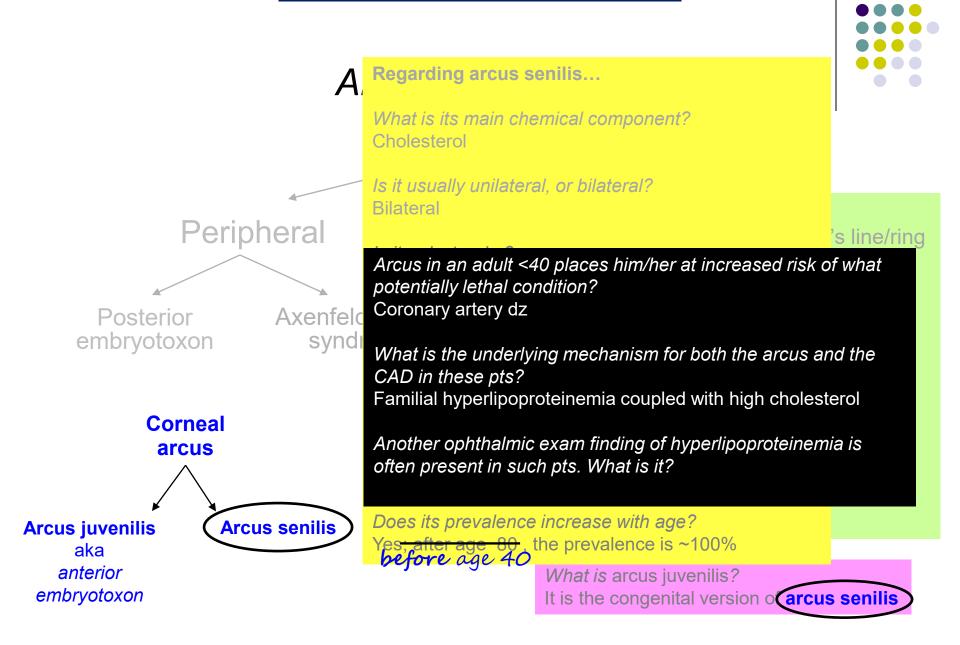
Arcus senilis in older AAM

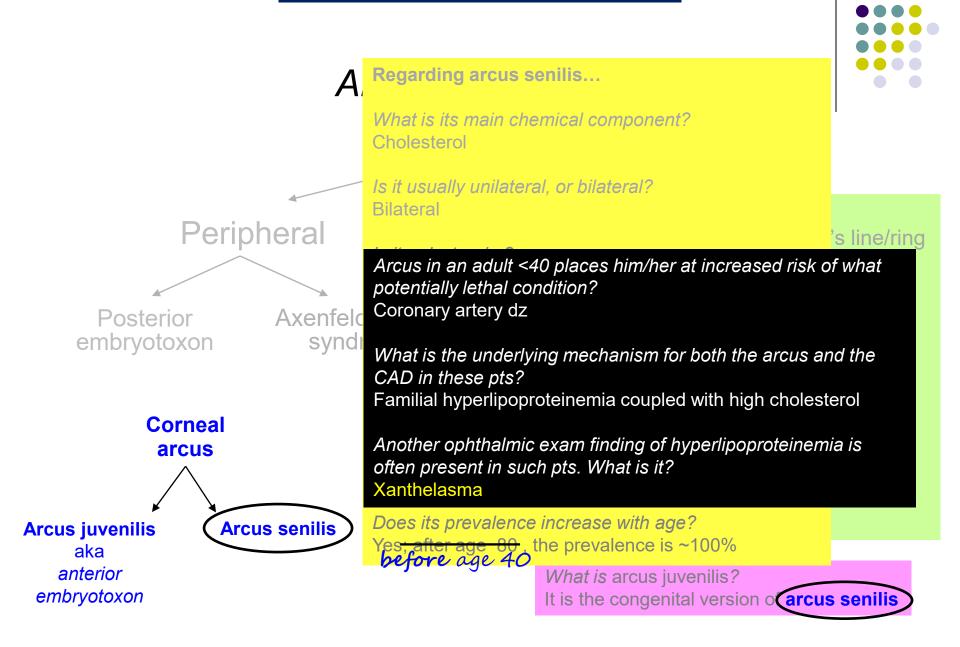


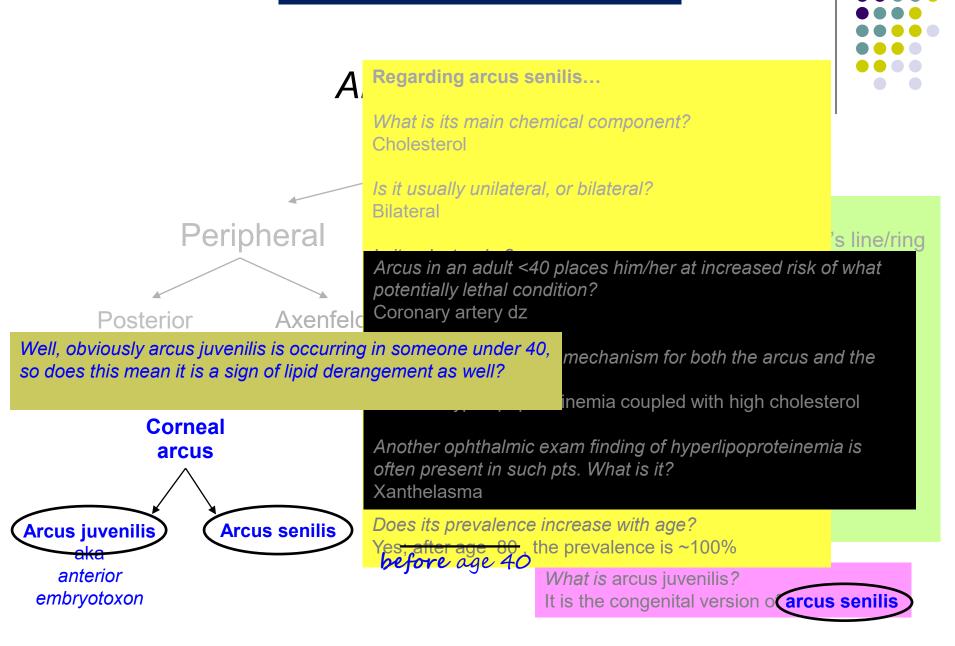


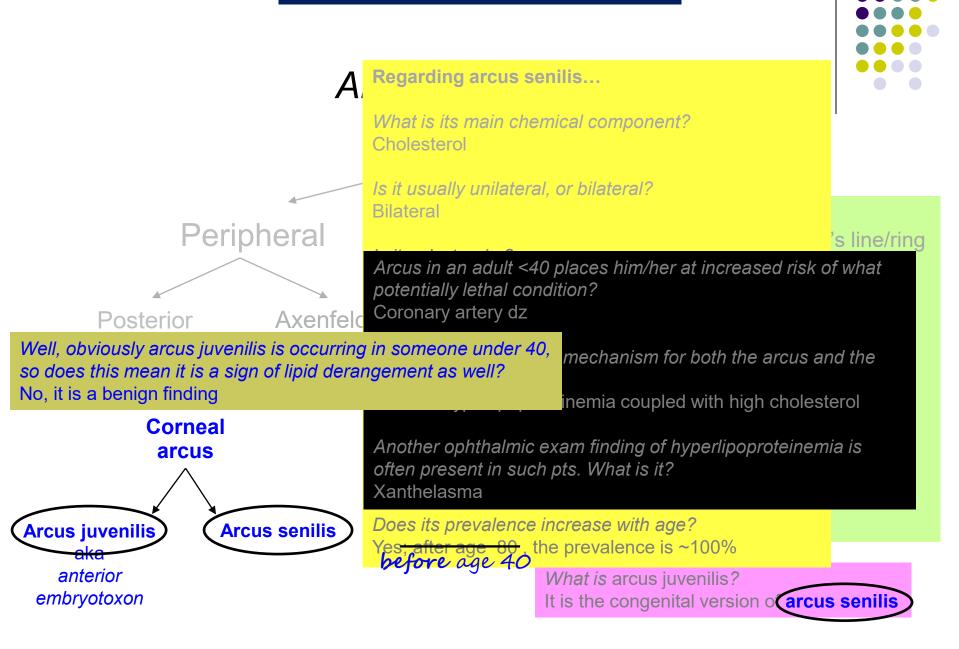




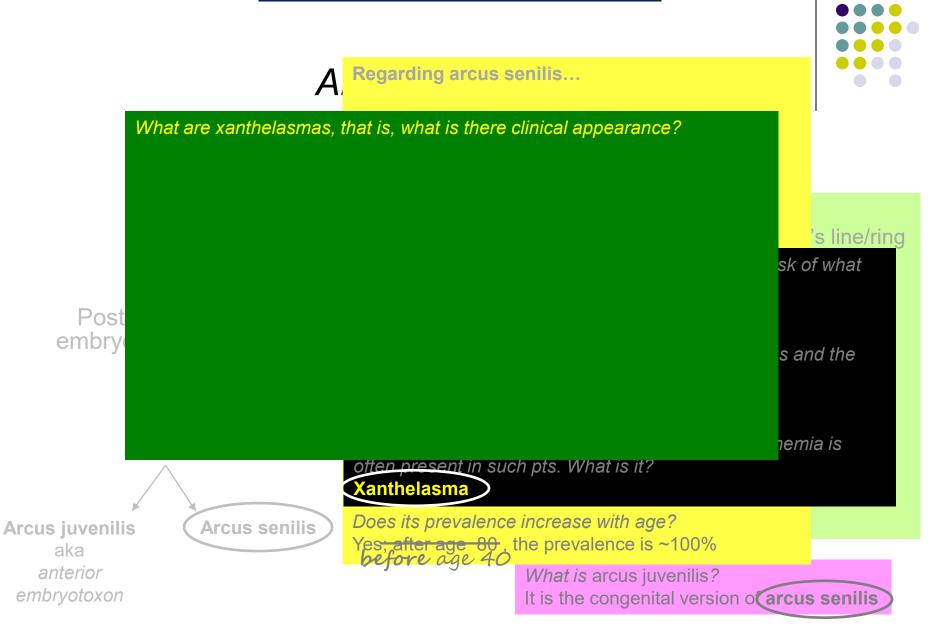


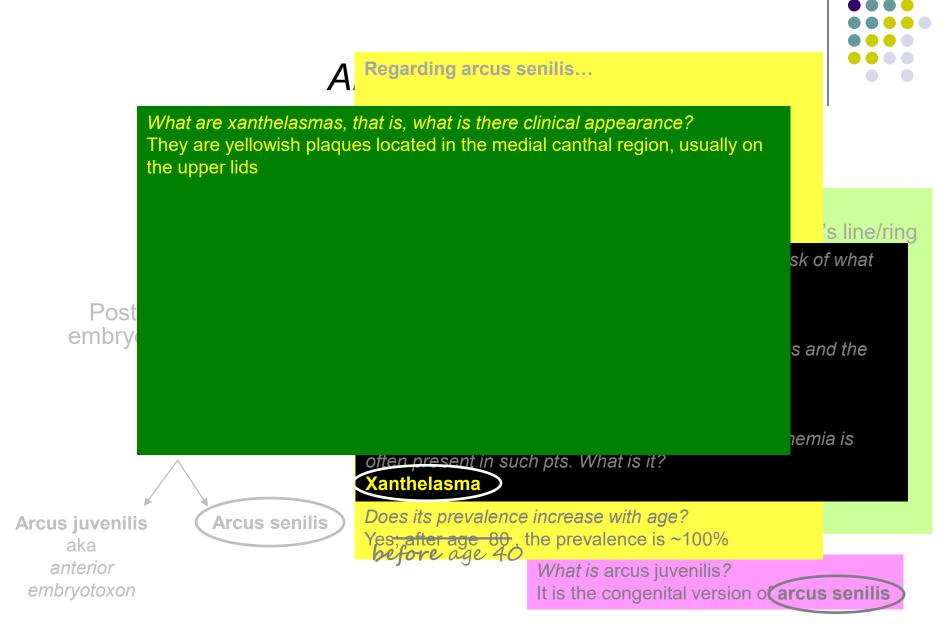








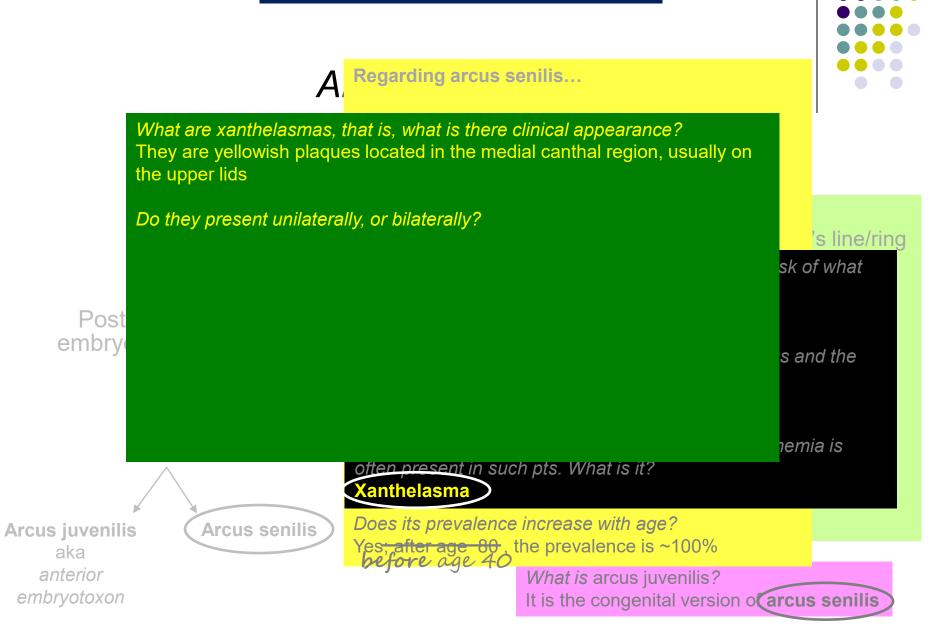


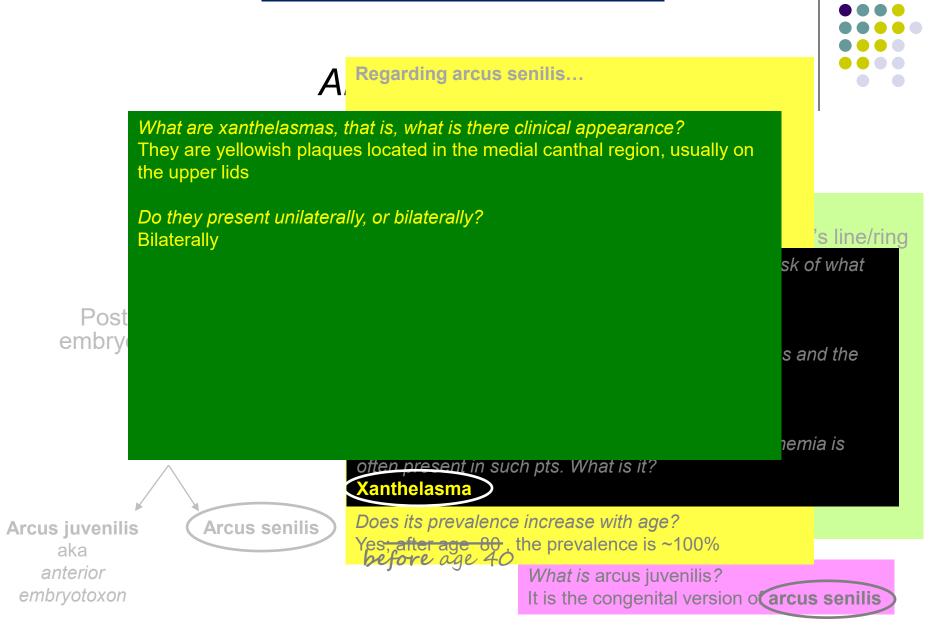


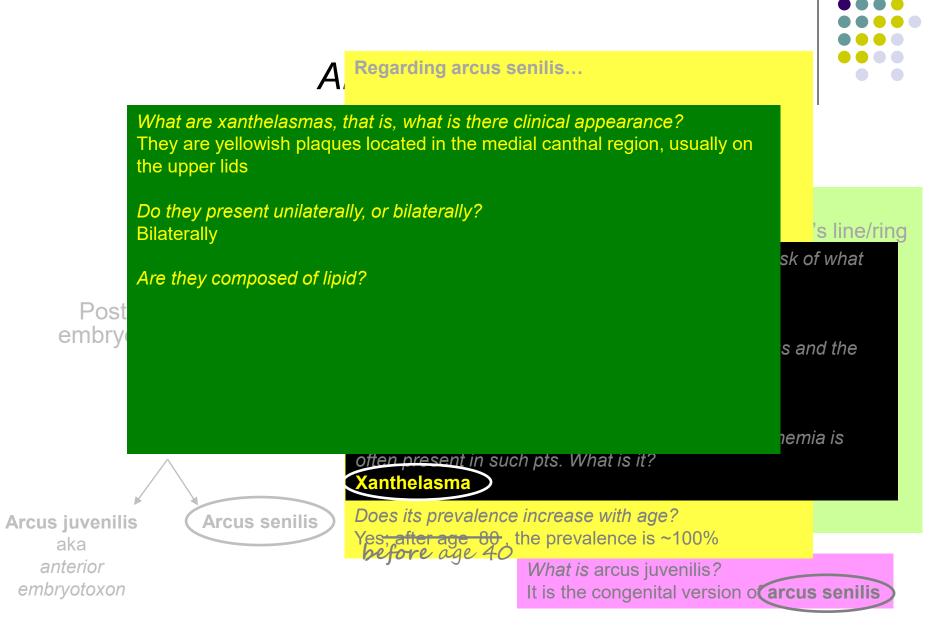


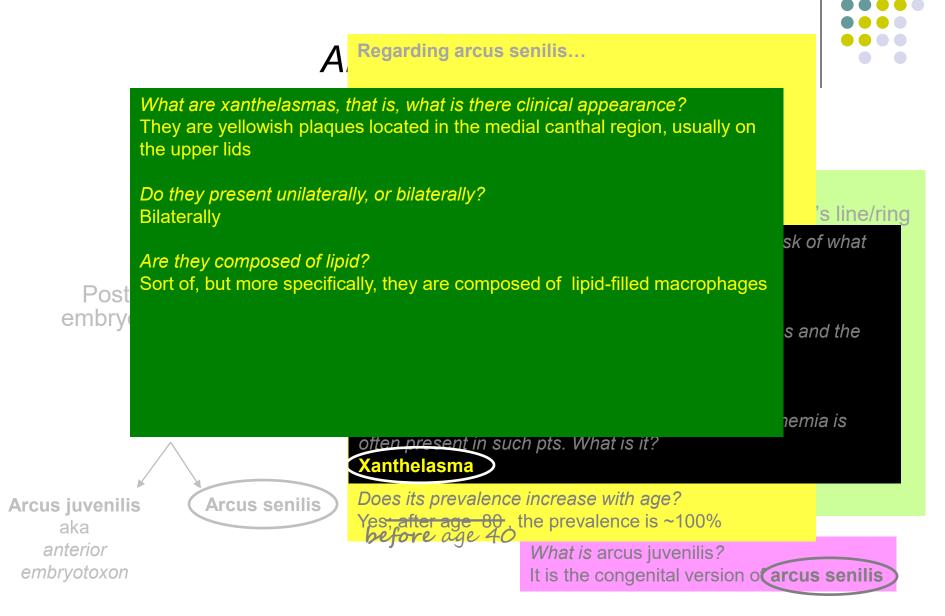


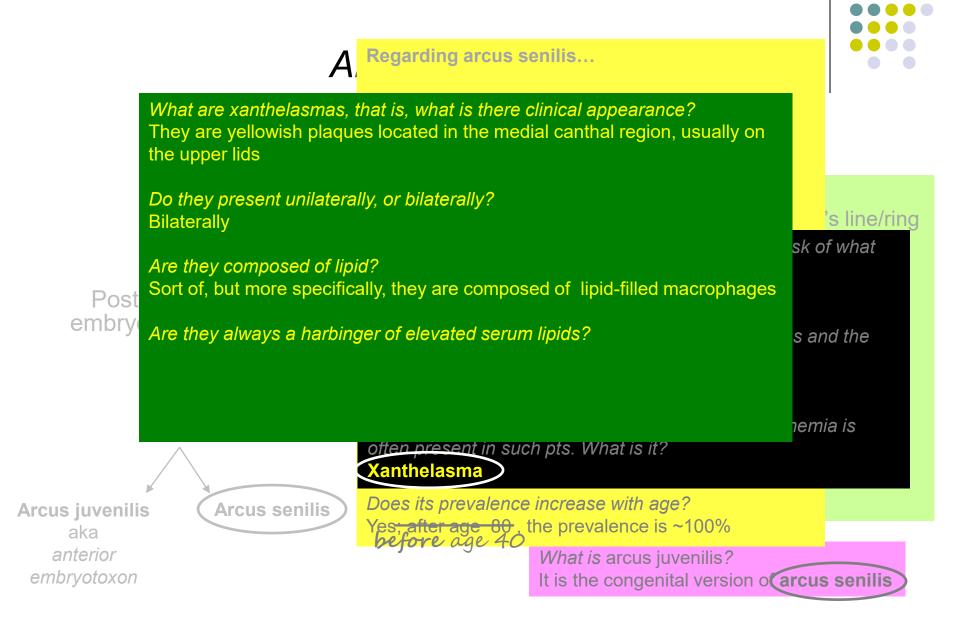
Xanthelasma

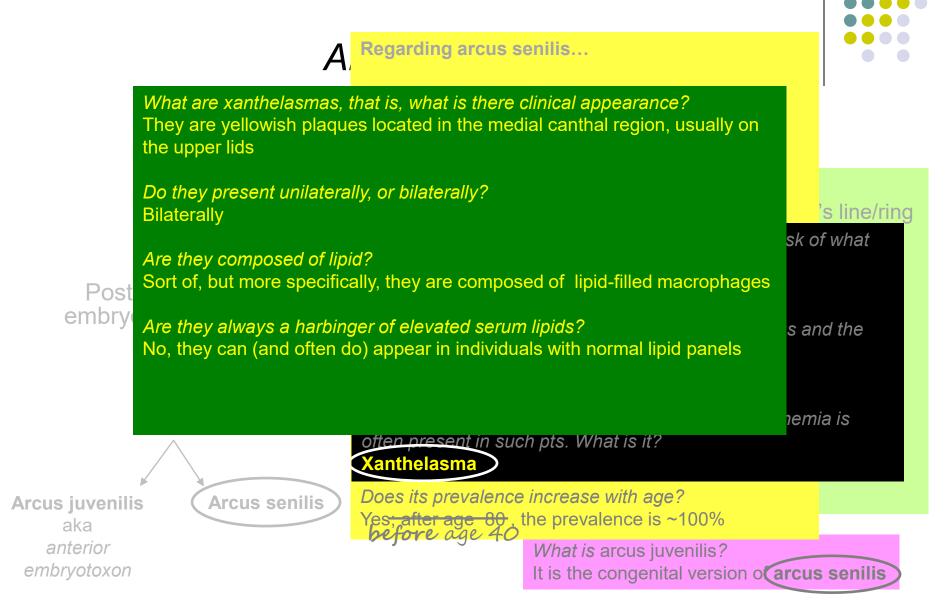


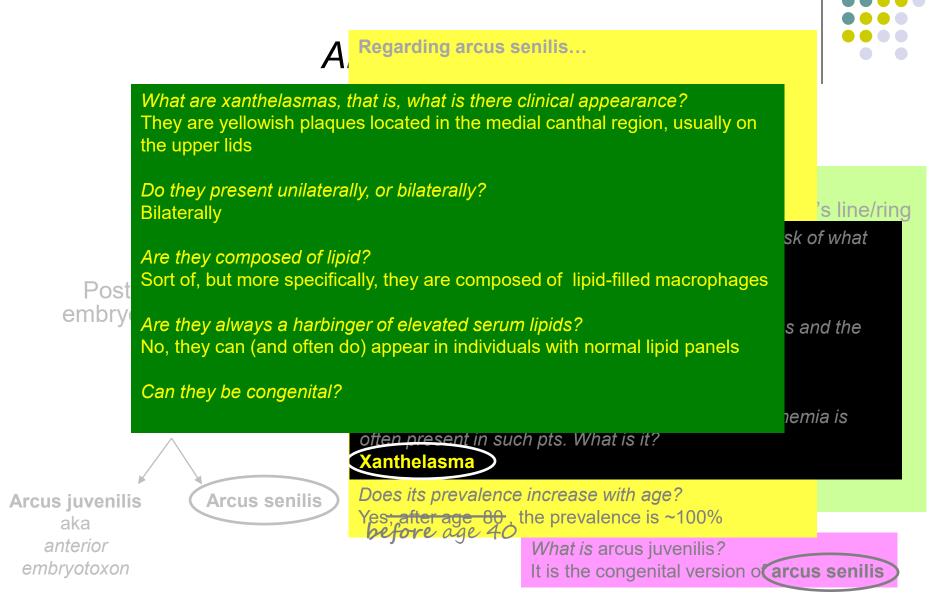


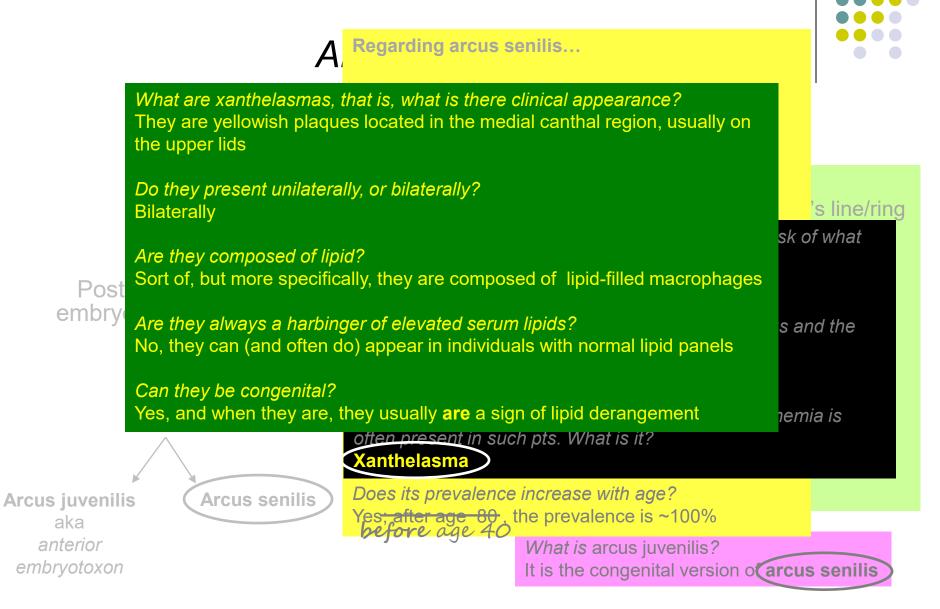




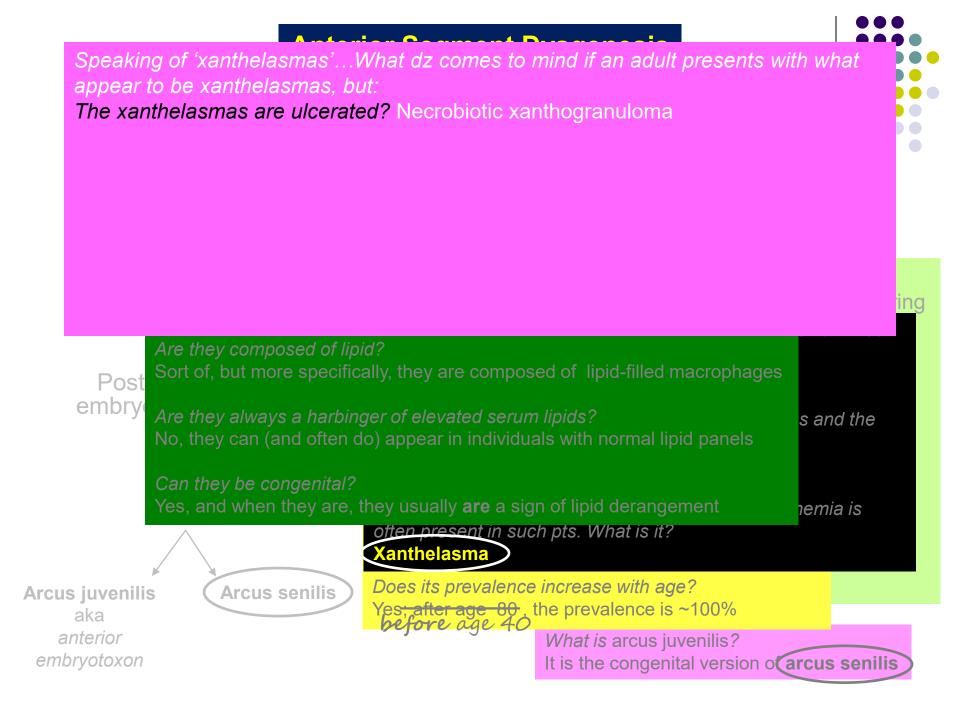










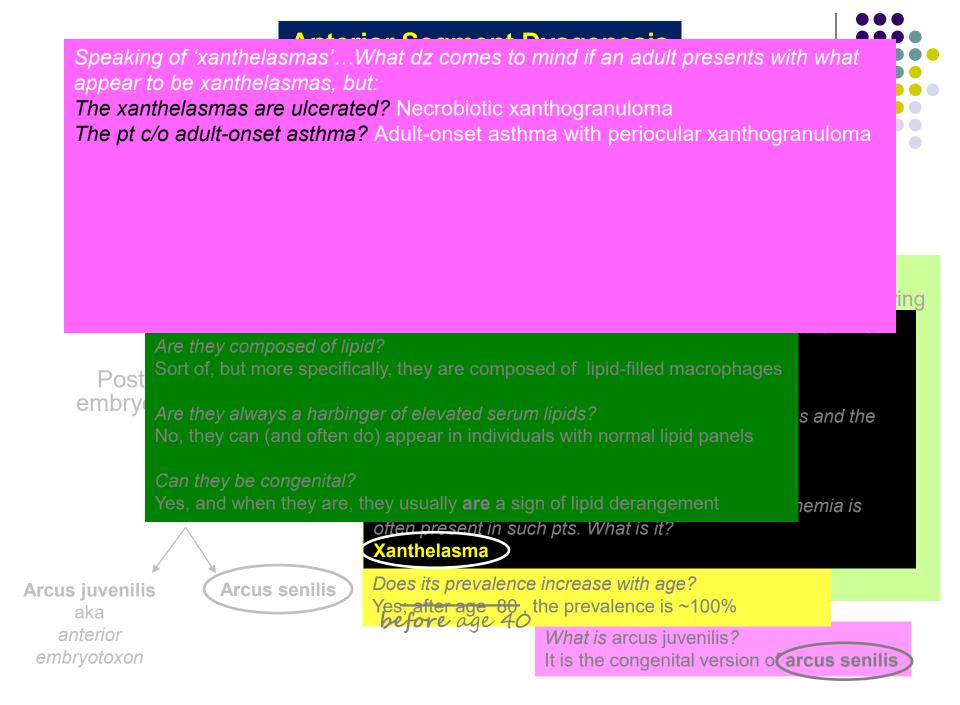




Necrobiotic xanthogranuloma









Necrobiotic xanthogranuloma

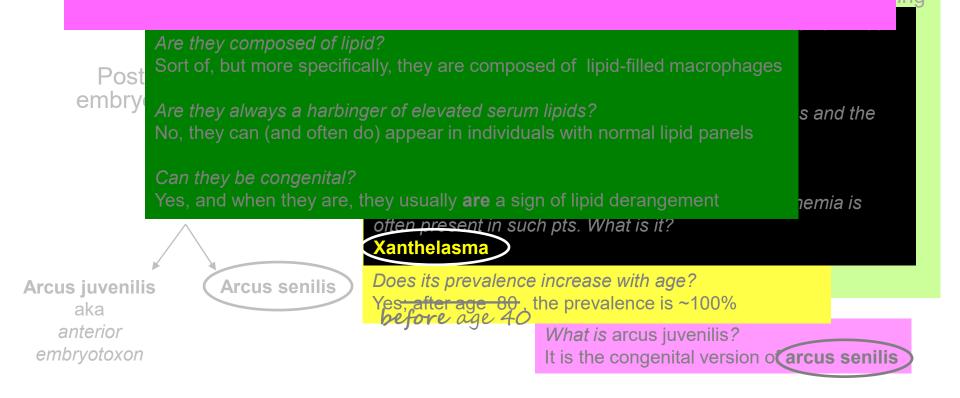


Adult-onset asthma with periocular xanthogranuloma



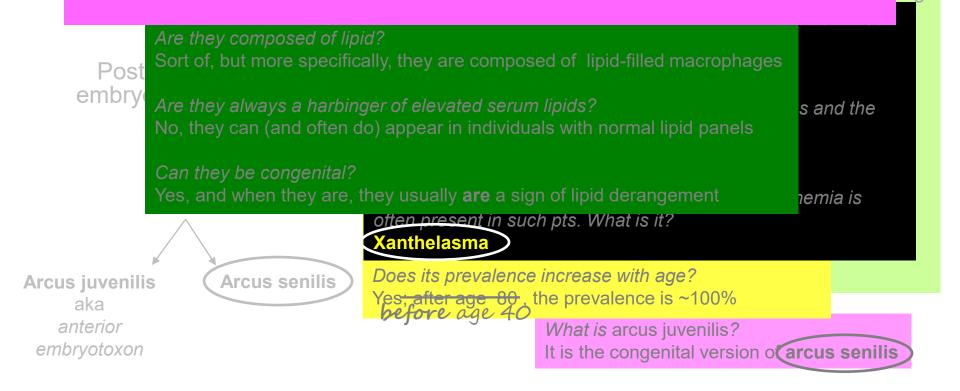
Speaking of 'xanthelasmas'...What dz comes to mind if an adult presents with what appear to be xanthelasmas, but:

The xanthelasmas are ulcerated? Necrobiotic xanthogranuloma The pt c/o adult-onset asthma? Adult-onset asthma with periocular xanthogranuloma The pt is severely systemically ill (by the same dz process)?



Speaking of 'xanthelasmas'...What dz comes to mind if an adult presents with what appear to be xanthelasmas, but:

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Necrobiotic xanthogranuloma





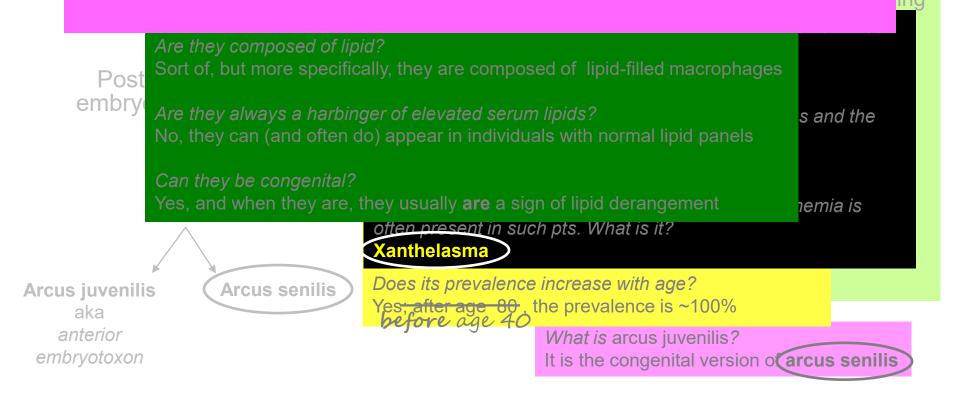


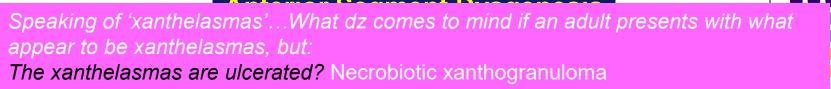
Erdheim-Chester disease

Speaking of 'xanthelasmas'...What dz comes to mind if an adult presents with what appear to be xanthelasmas, but:

The xanthelasmas are ulcerated? Necrobiotic xanthogranuloma The pt c/o adult-onset asthma? Adult-onset asthma with periocular xanthogranuloma The pt is severely systemically ill (by the same dz process)? Erdheim-Chester dz

The above are 3 of 4 conditions that fall under what heading?

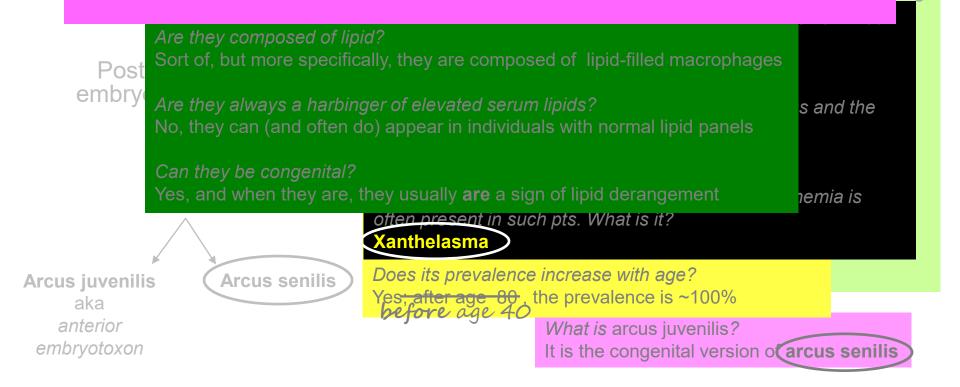




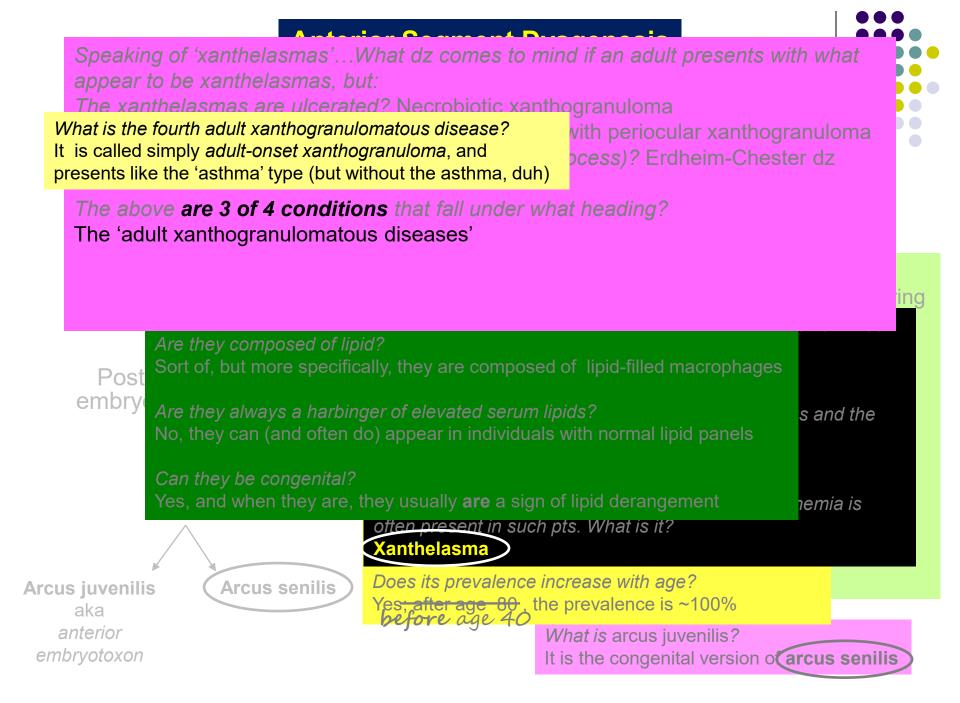
The pt c/o adult-onset asthma? Adult-onset asthma with periocular xanthogranuloma

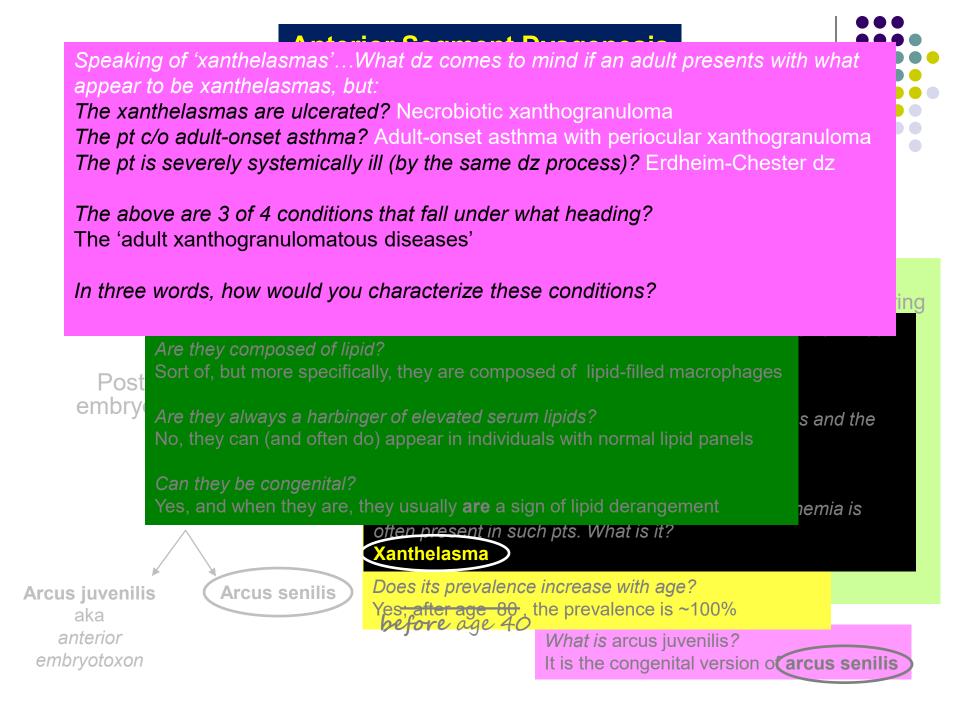
The pt is severely systemically ill (by the same dz process)? Erdheim-Chester dz

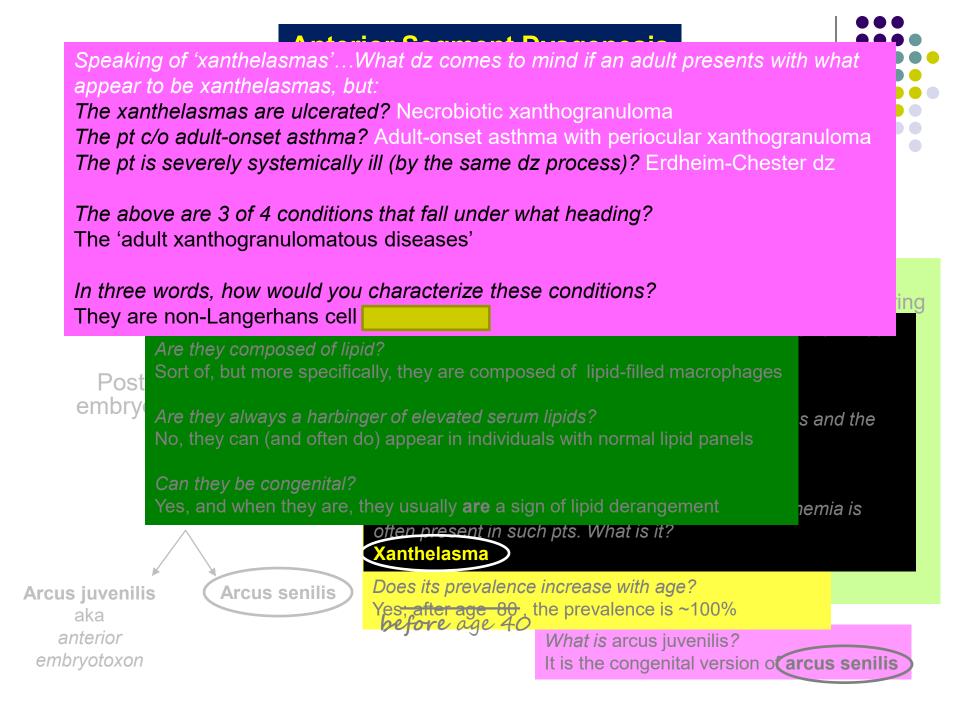
The above are 3 of 4 conditions that fall under what heading? The 'adult xanthogranulomatous diseases'

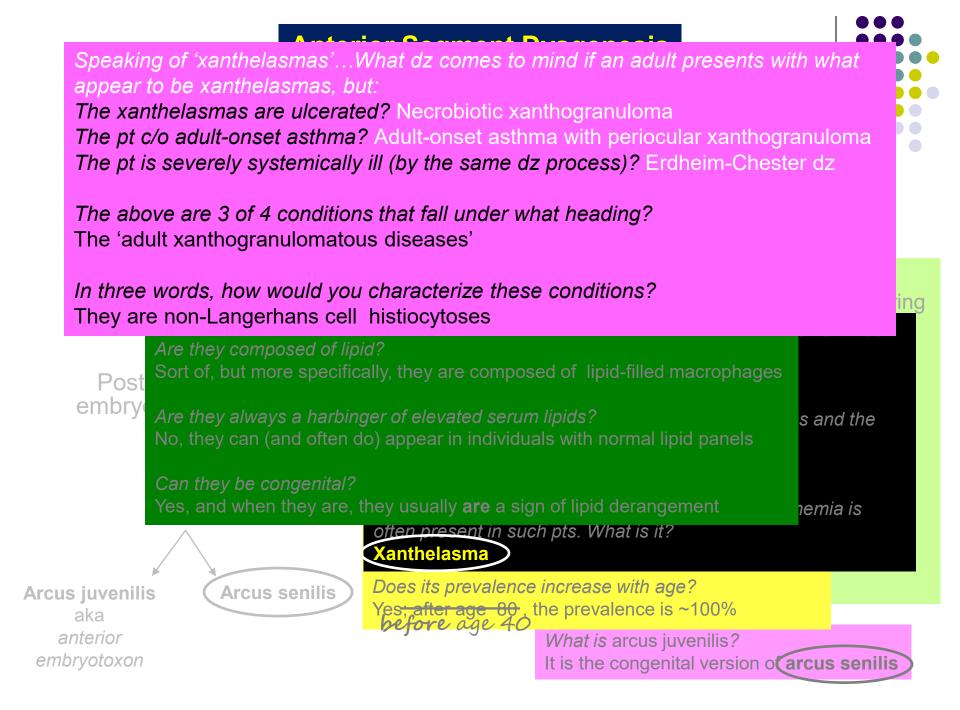


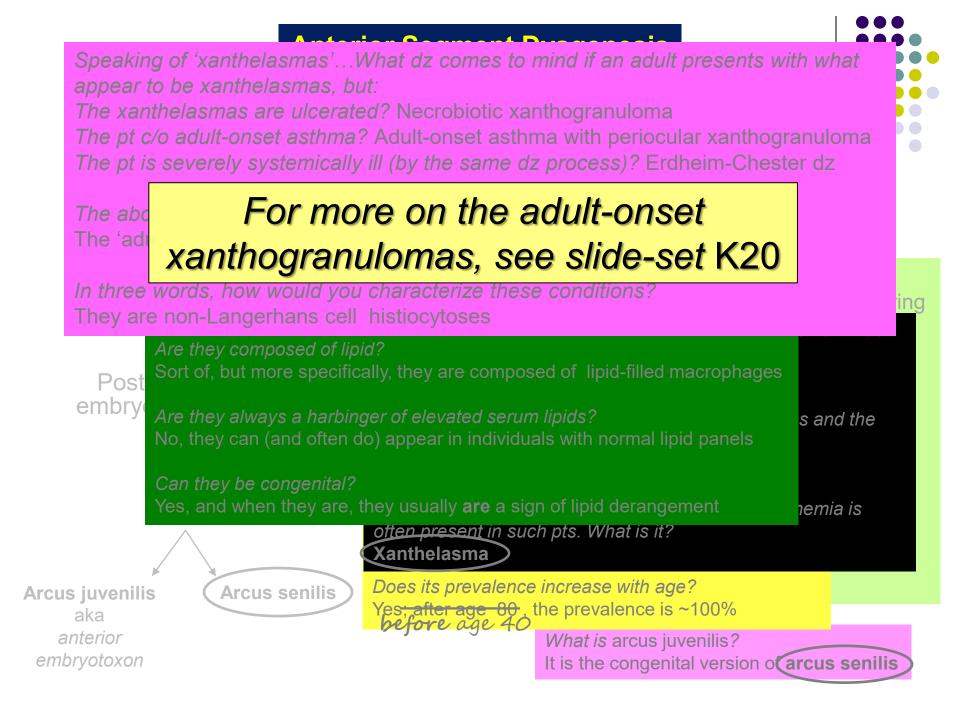


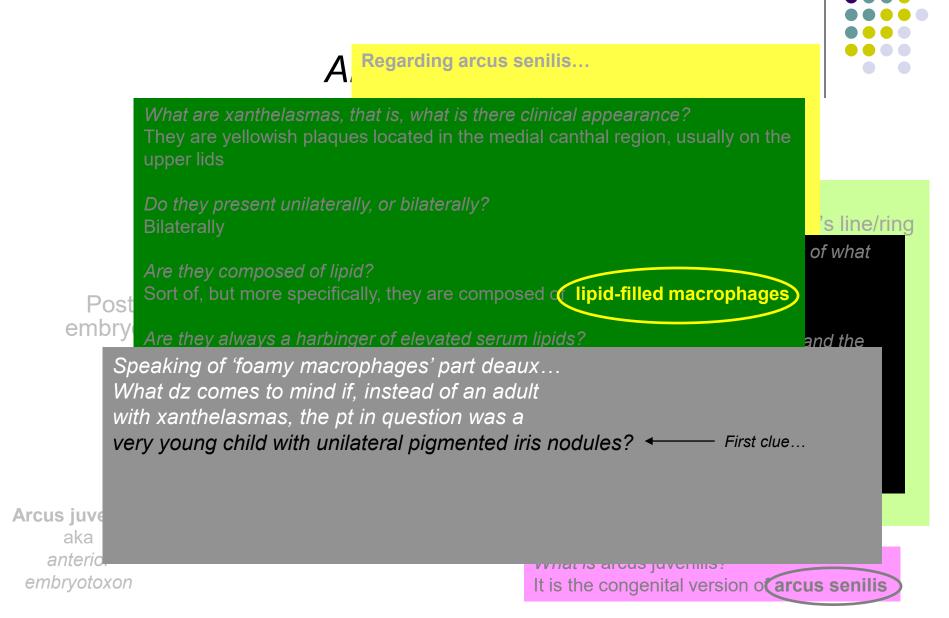


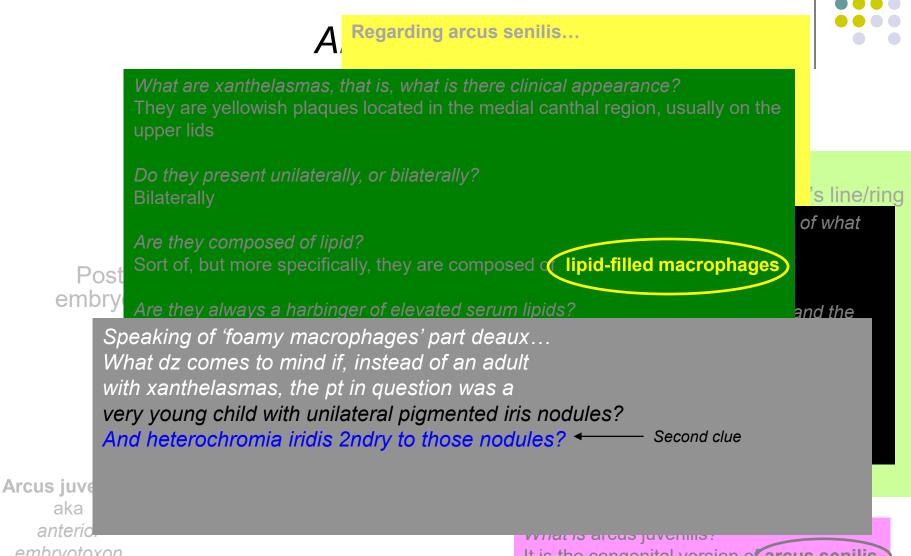






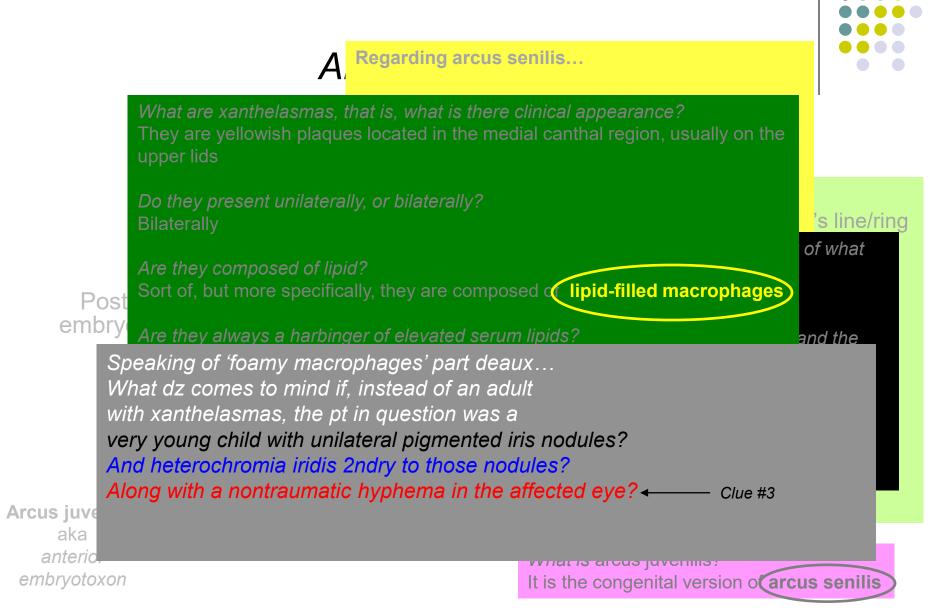


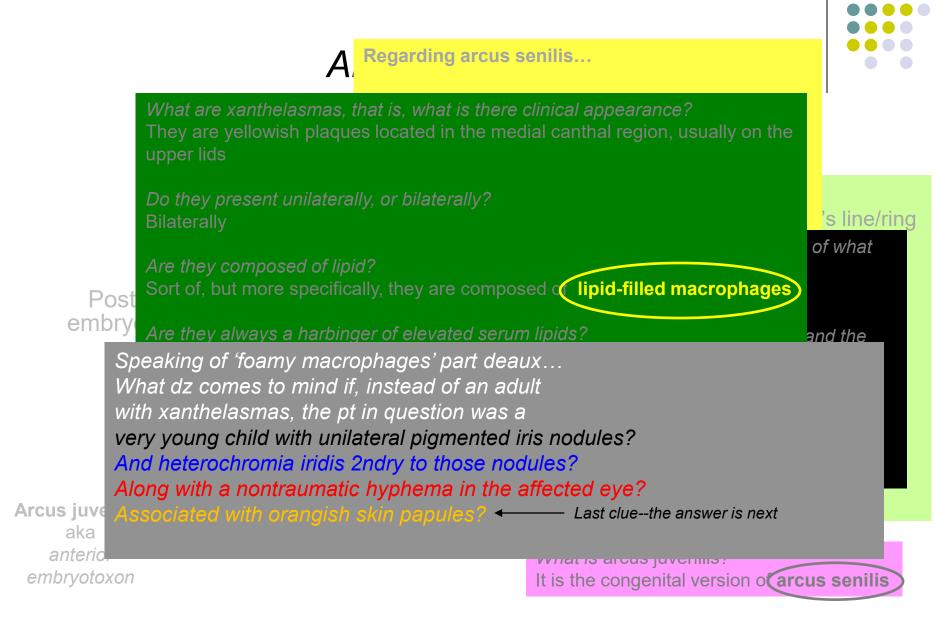


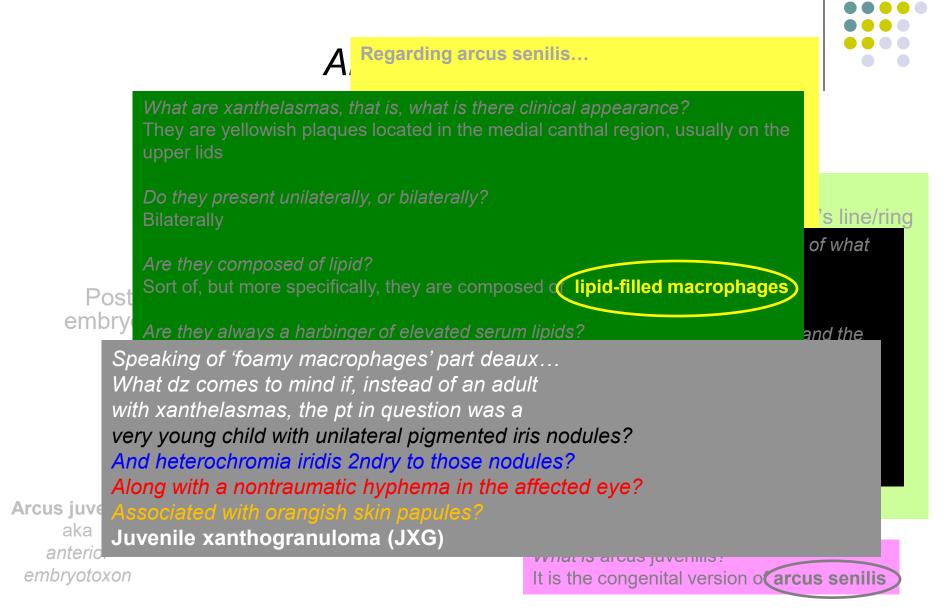


embryotoxon

It is the congenital version of arcus senilis





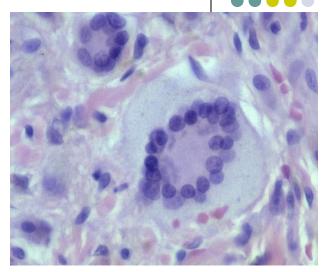




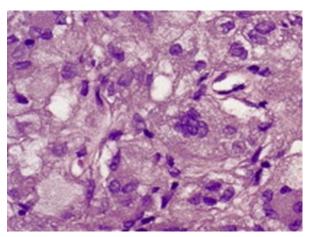




Spontaneous hyphema



Touton giant cells



Foamy macrophages



Skin papules. The orange color is classic

JXG





For more on JXG, see slide-set FELT8

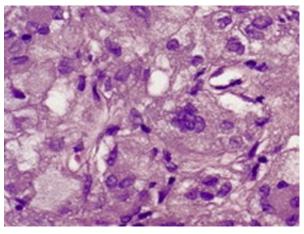
cells



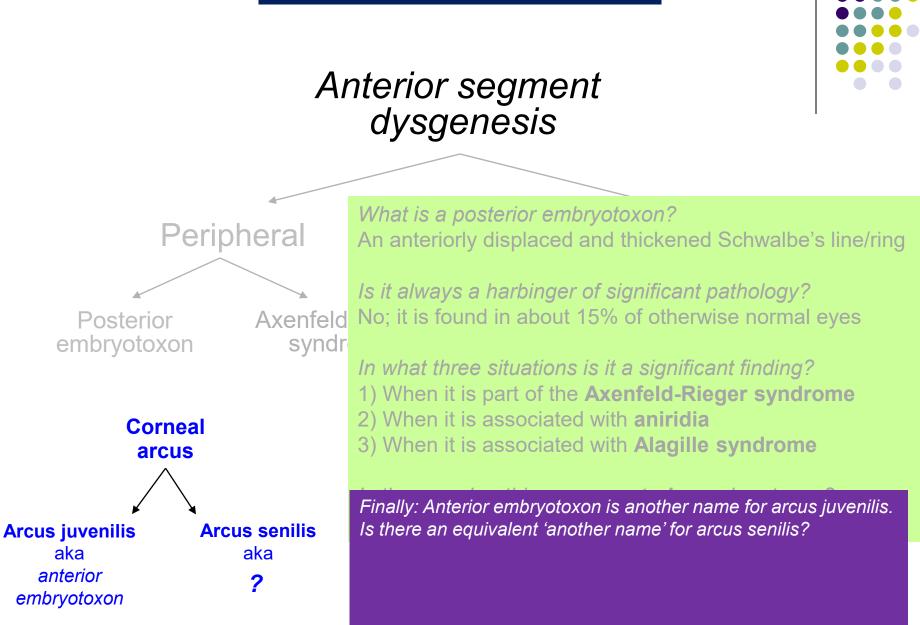
Skin papules. The orange color is classic

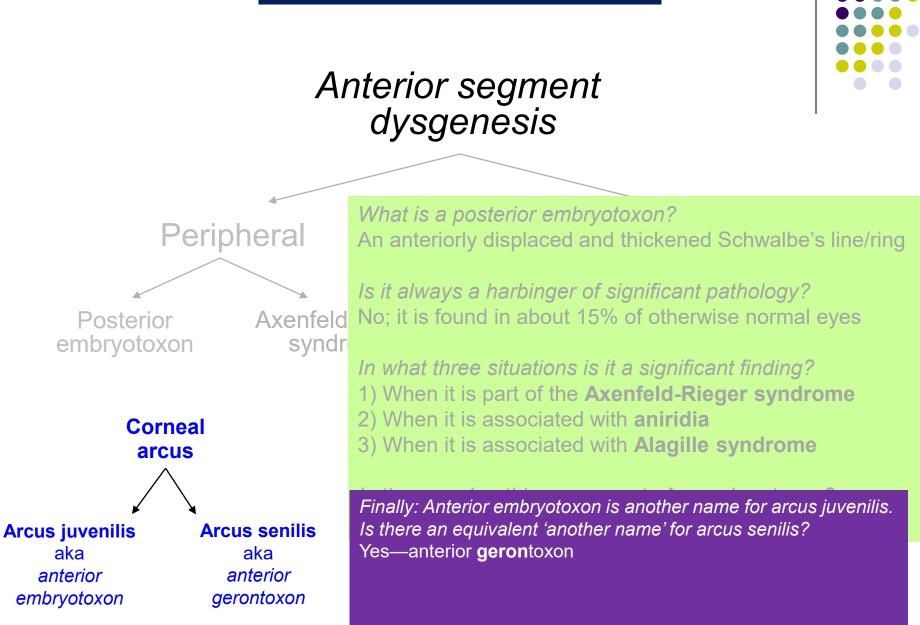
Spontaneous hyphema

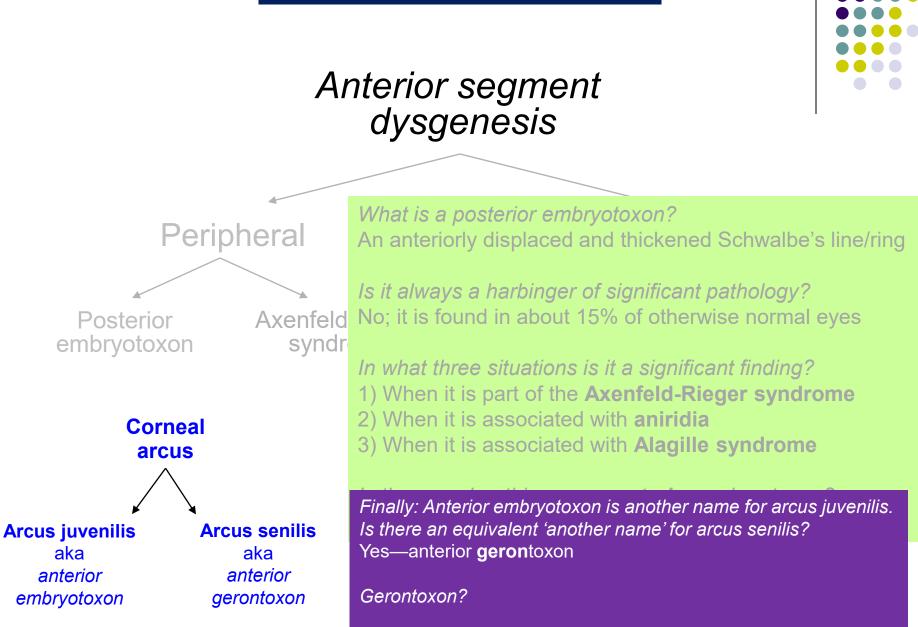
JXG

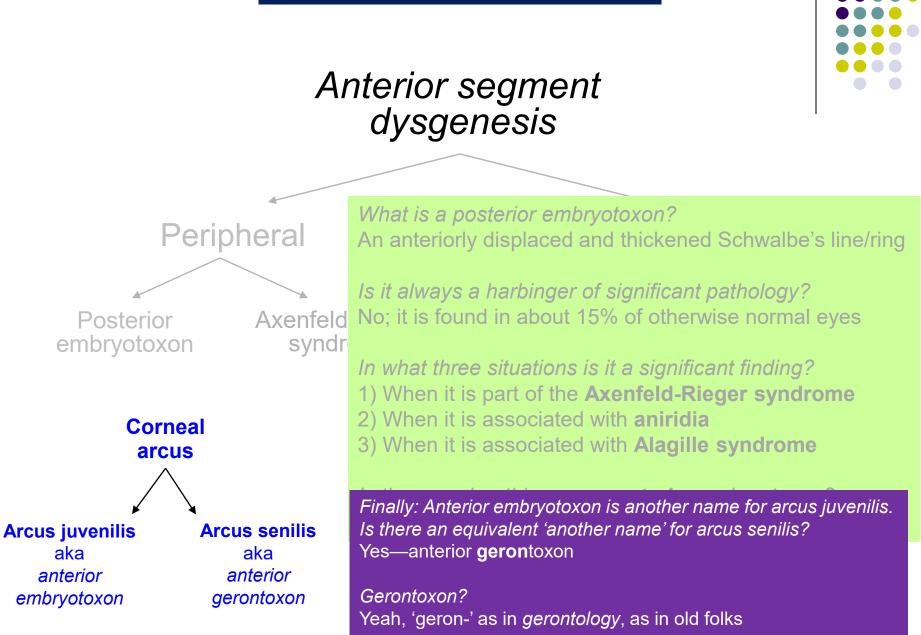


Foamy macrophages

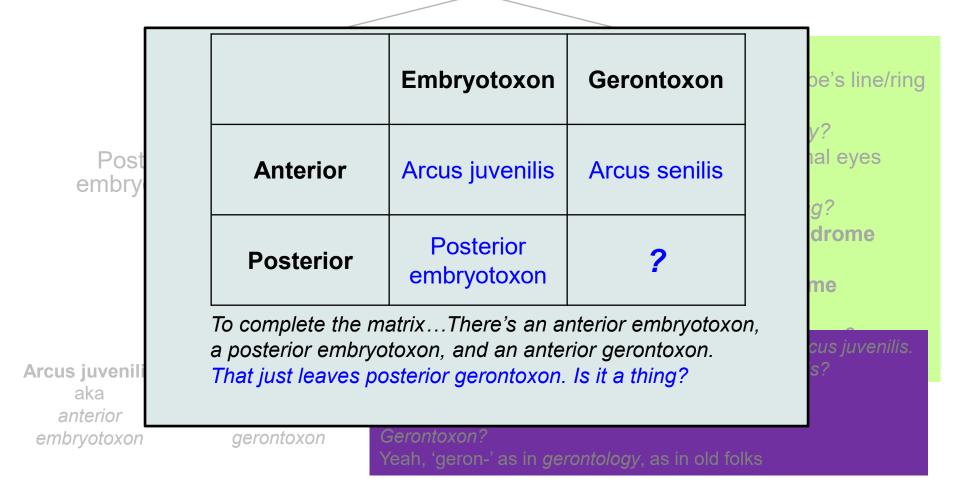




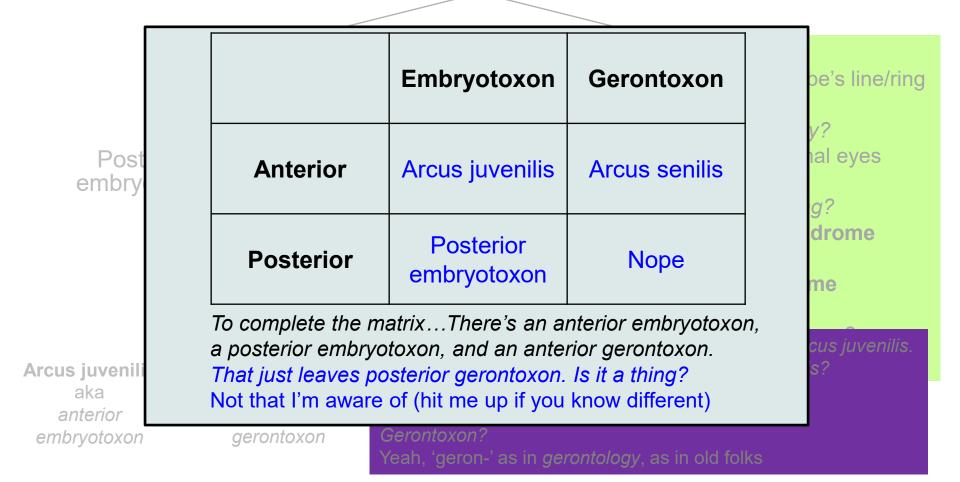


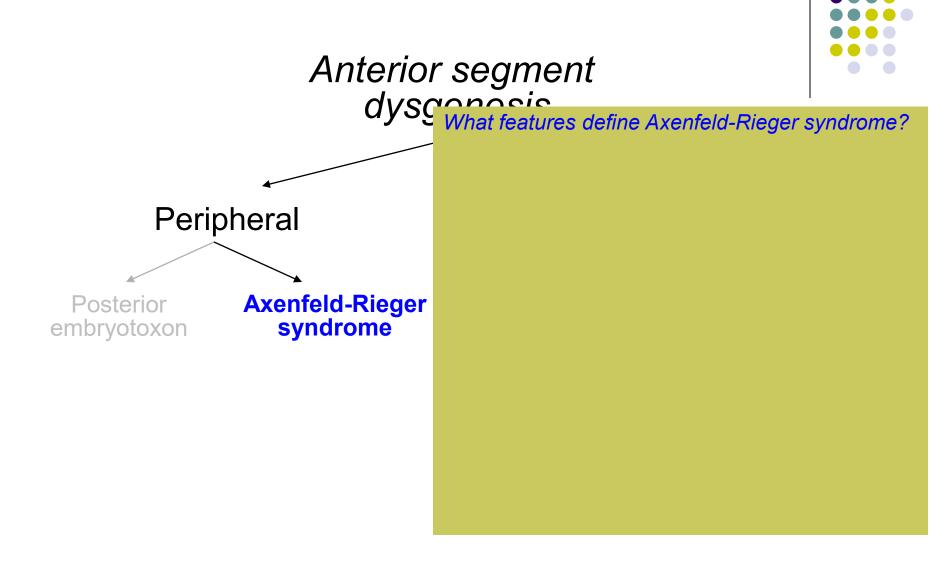


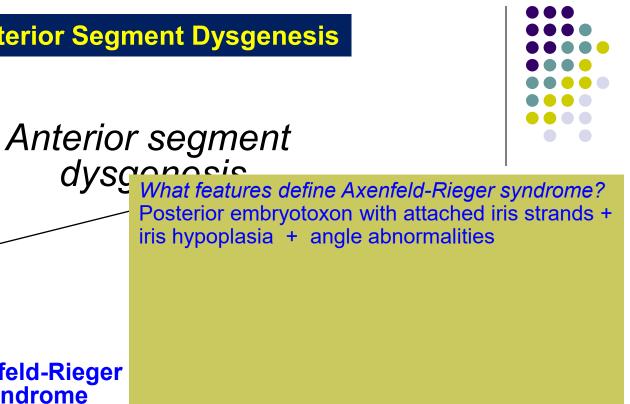


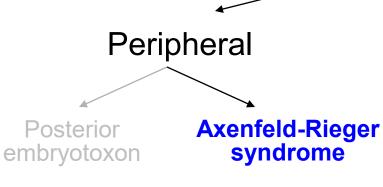


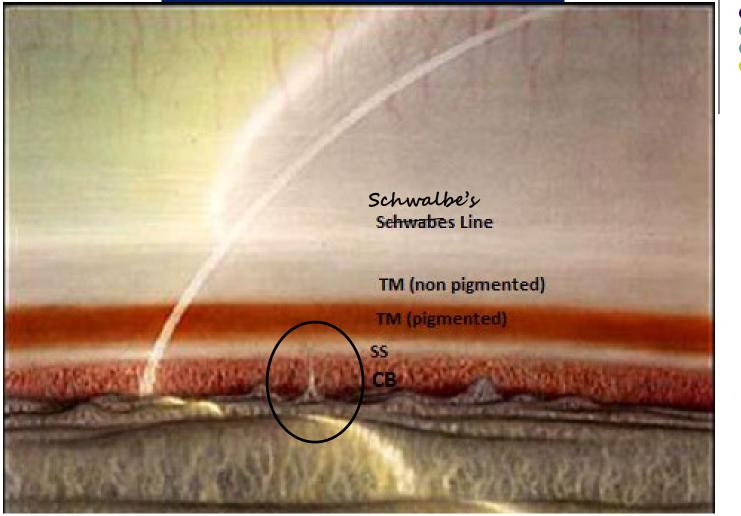




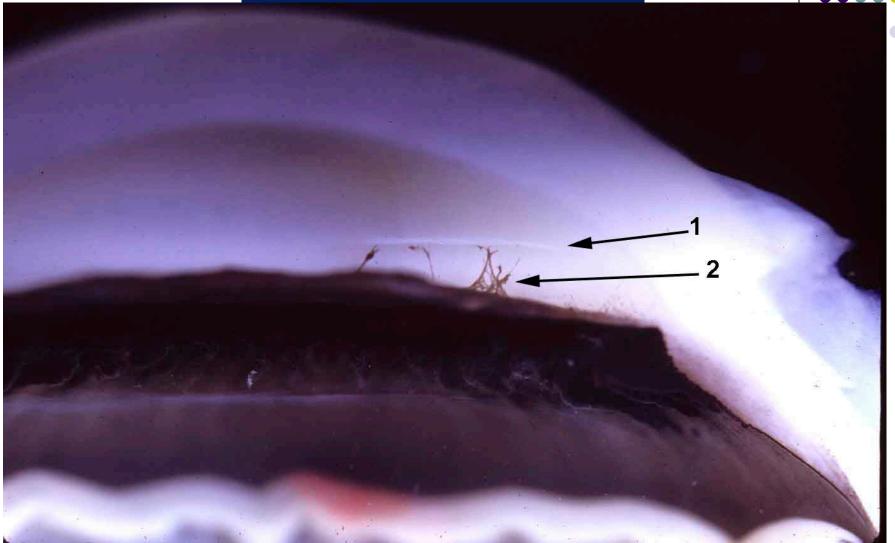




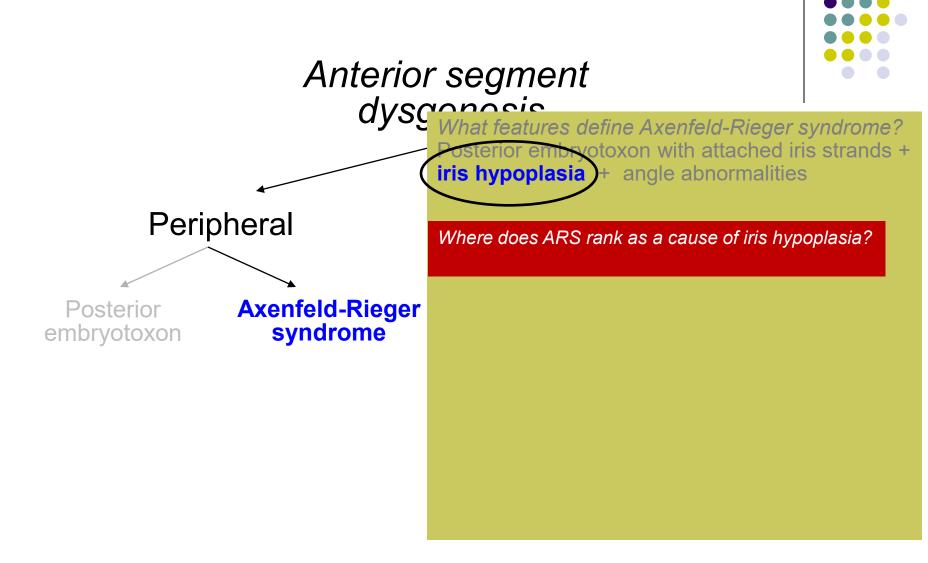


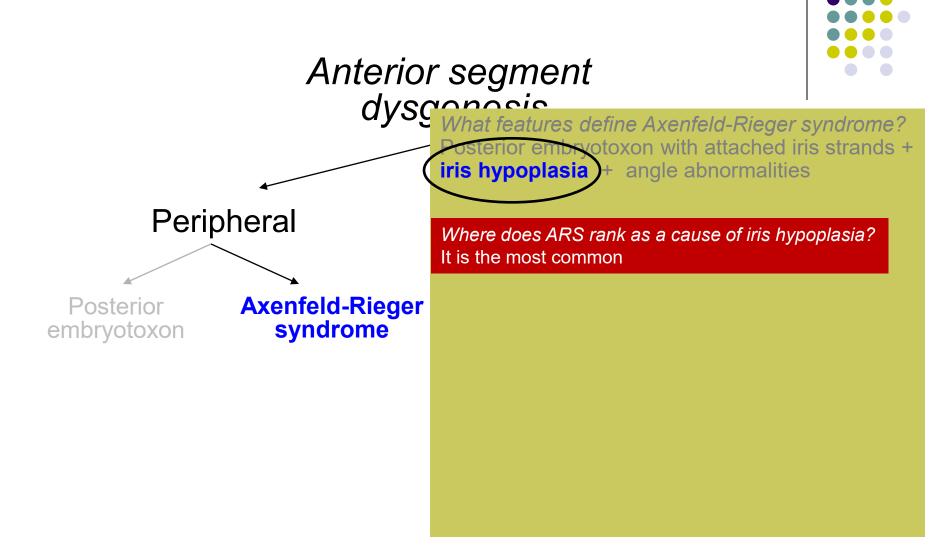


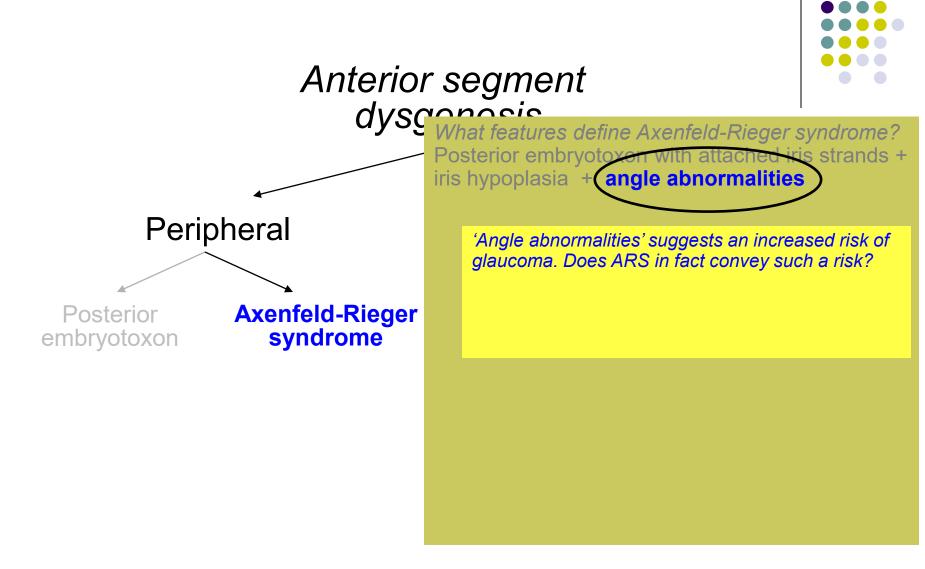
Normal iris strands attached to SS

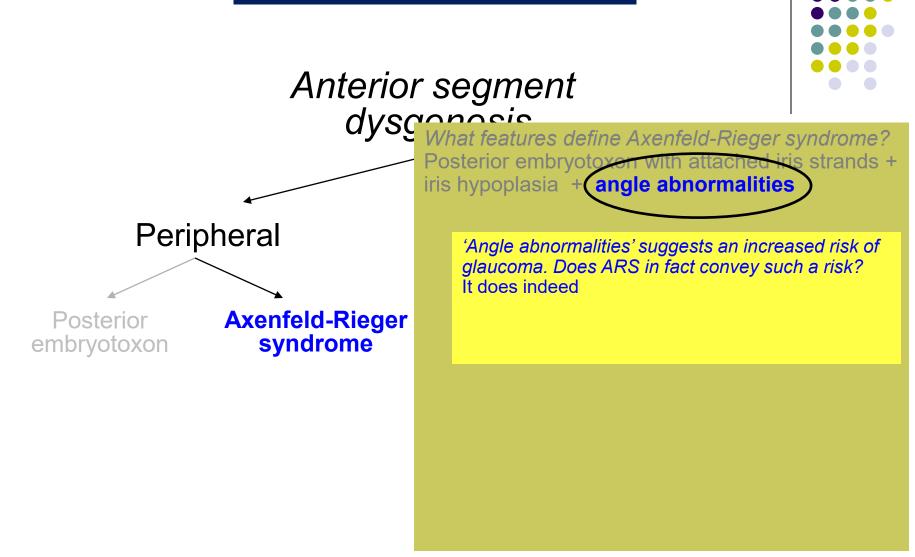


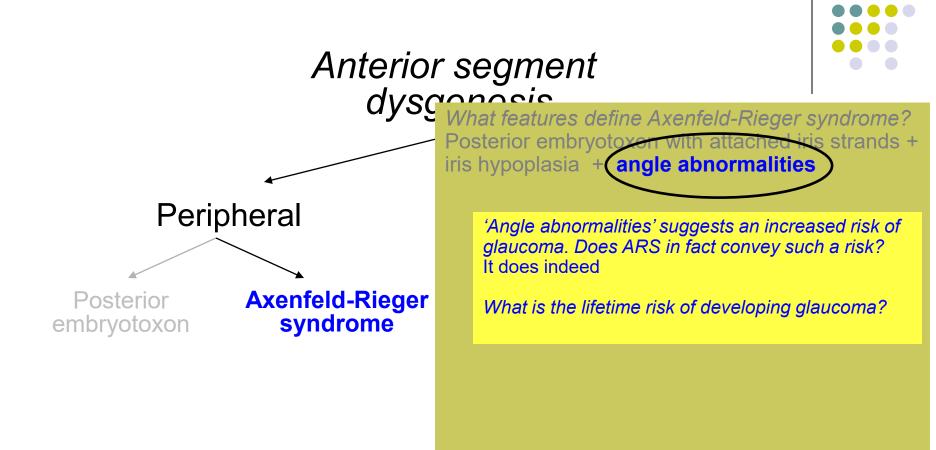
Abnormal iris strands attached to posterior embryotoxon in A-R

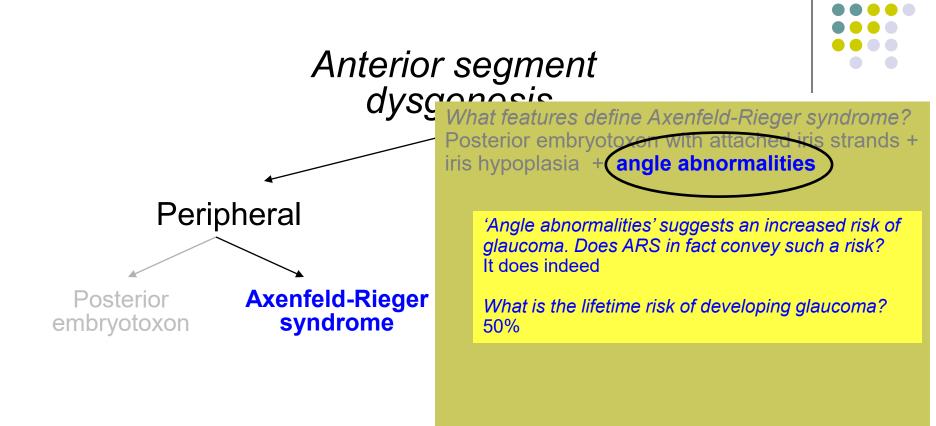




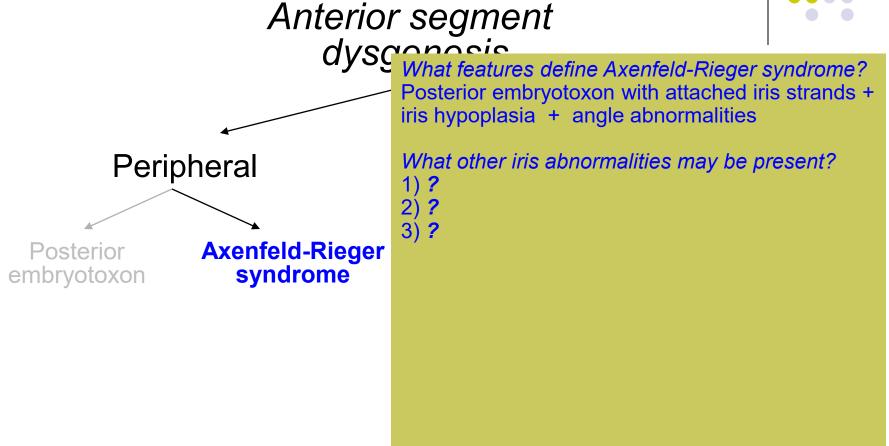




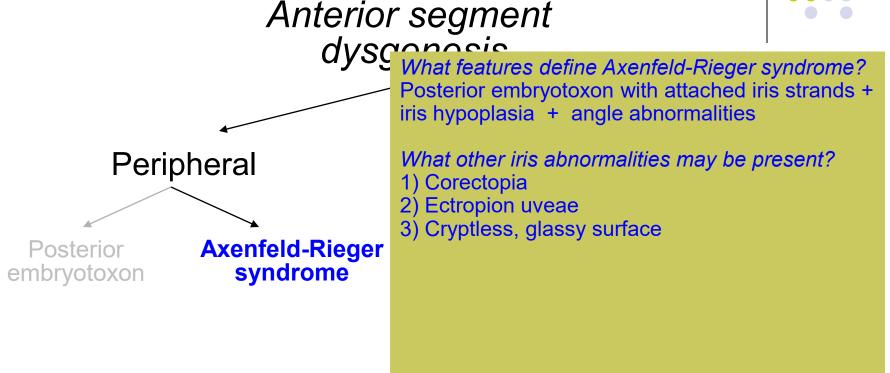


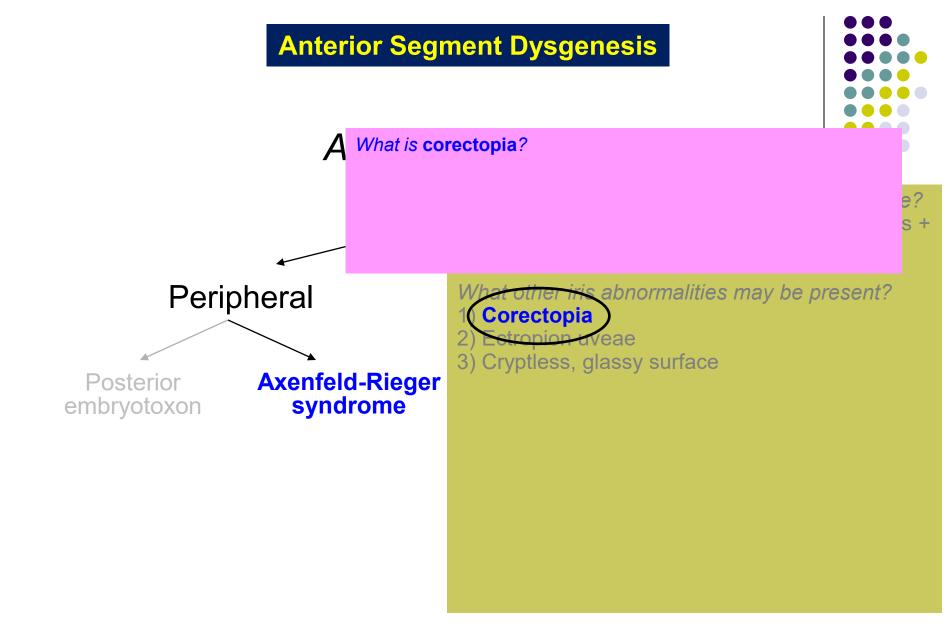


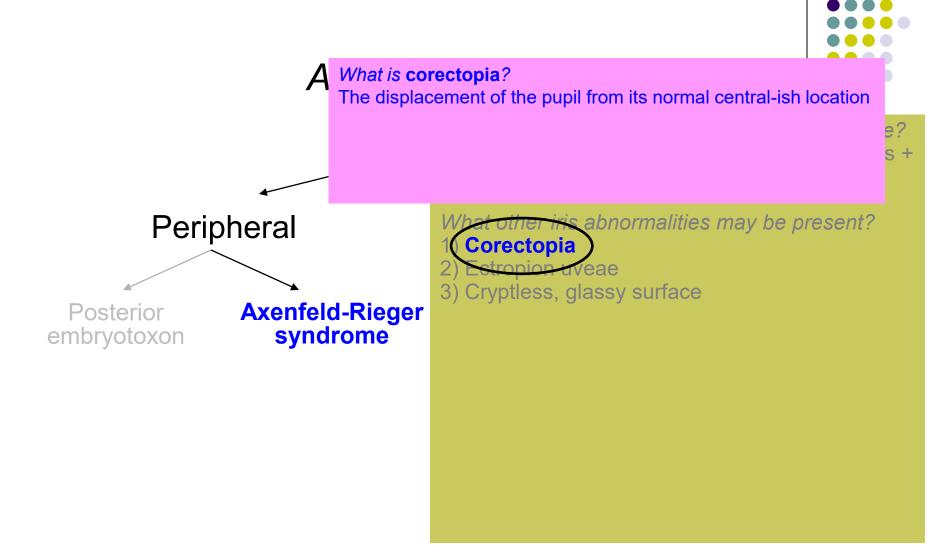




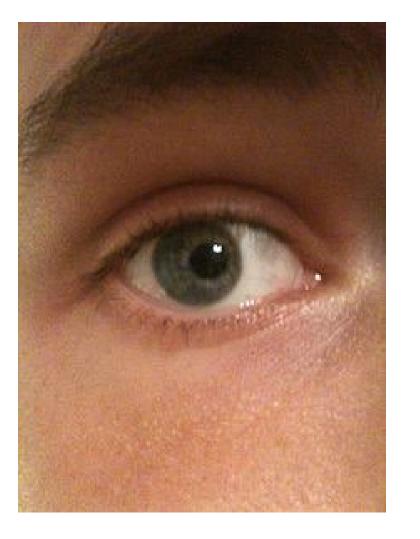


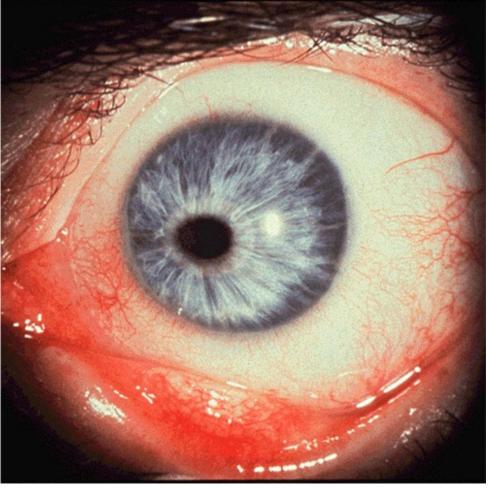




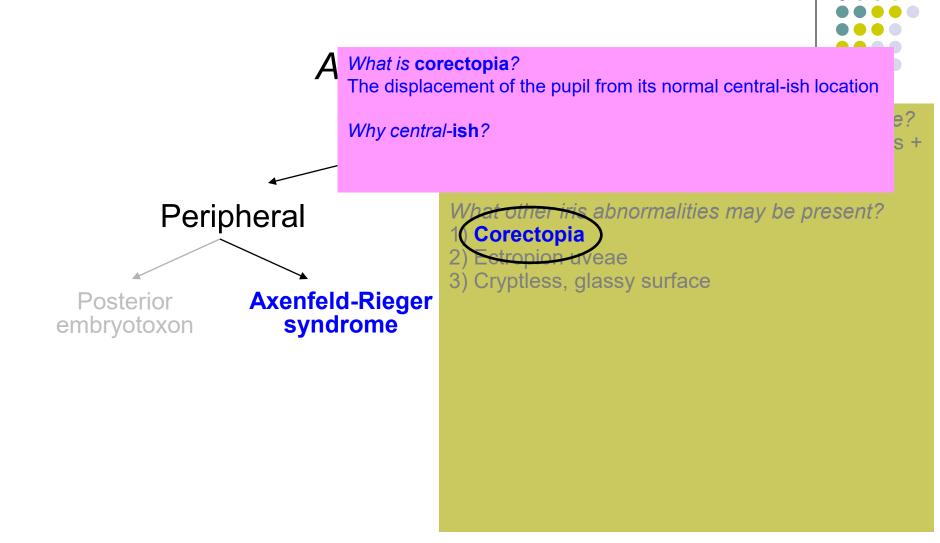


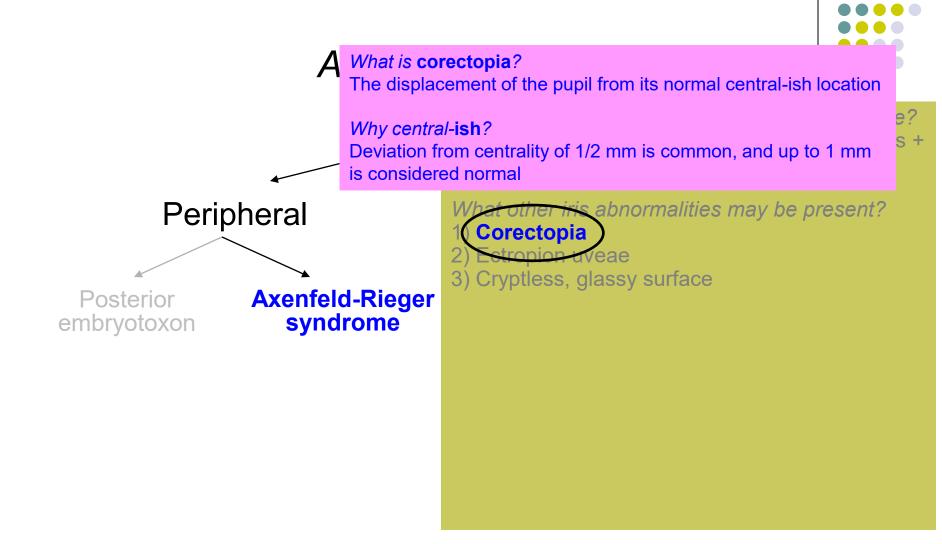


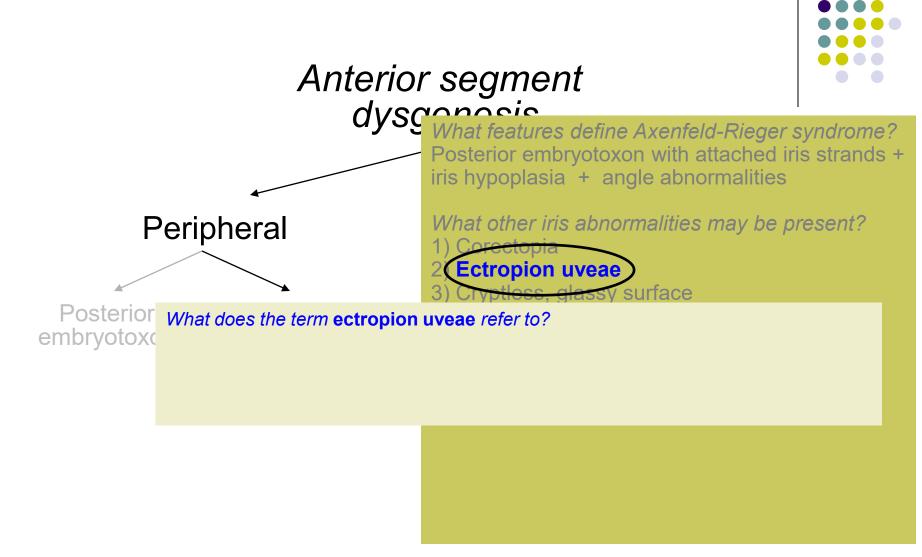


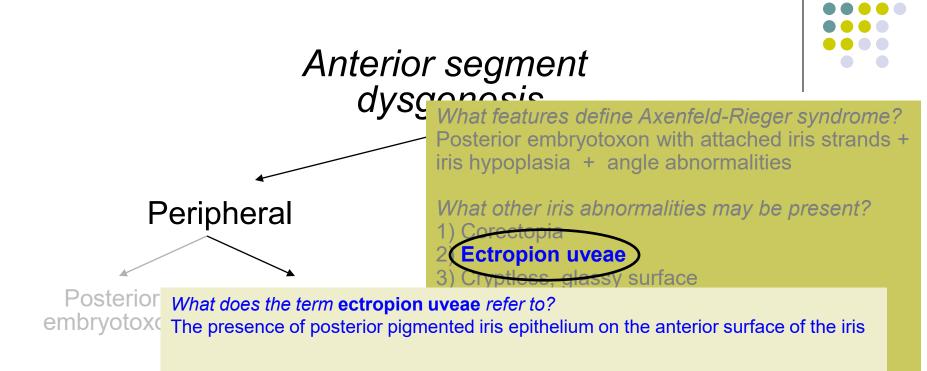


Corectopia







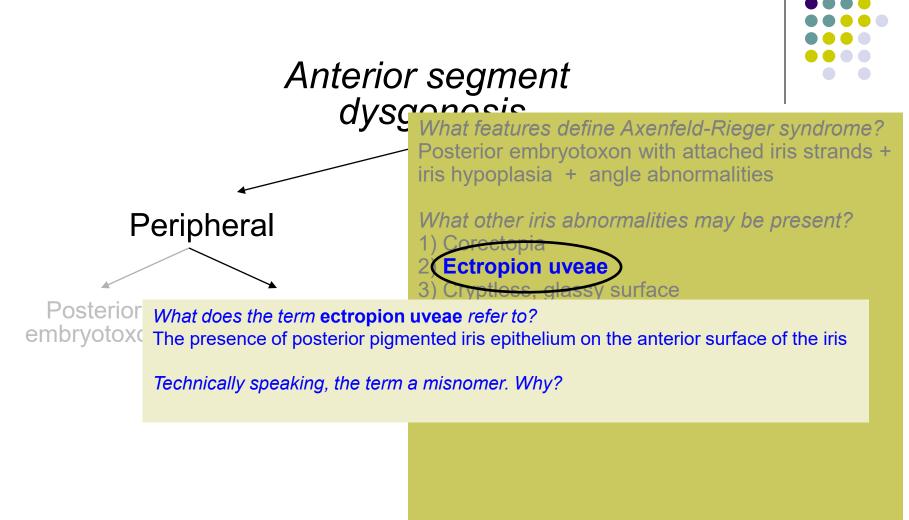


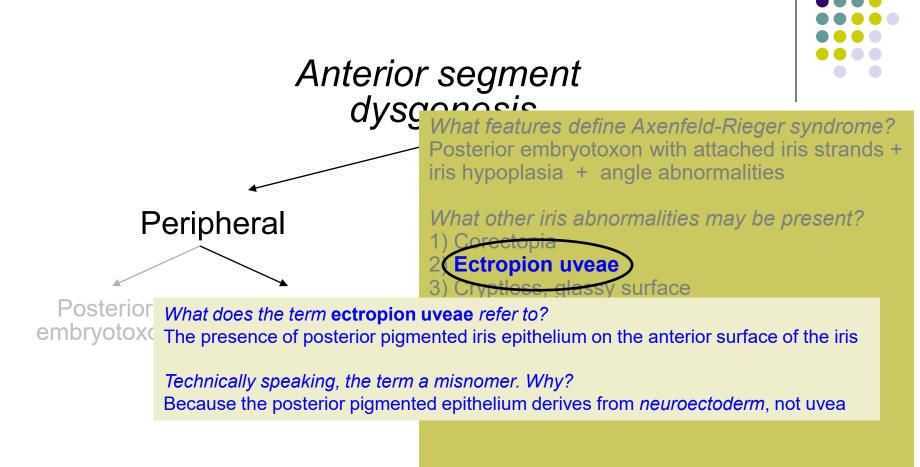


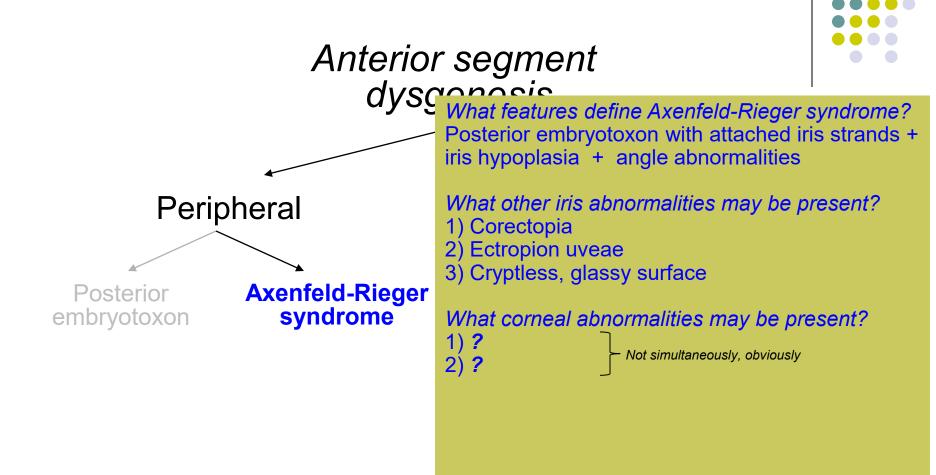


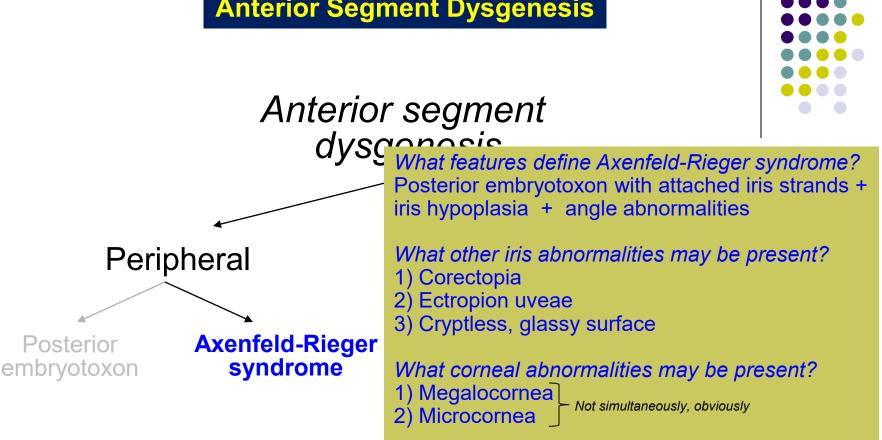


Ectropion uveae





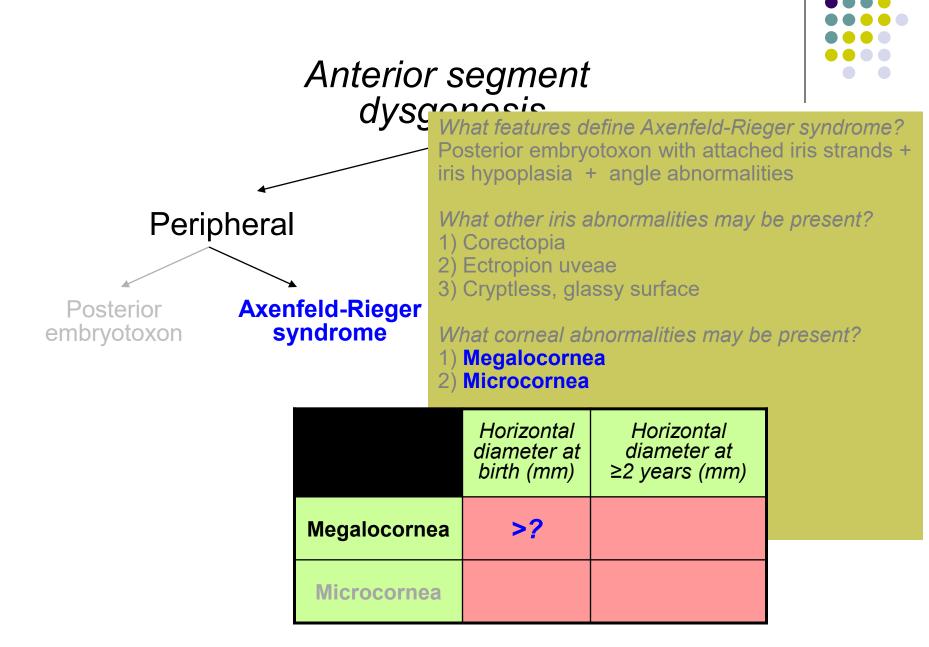


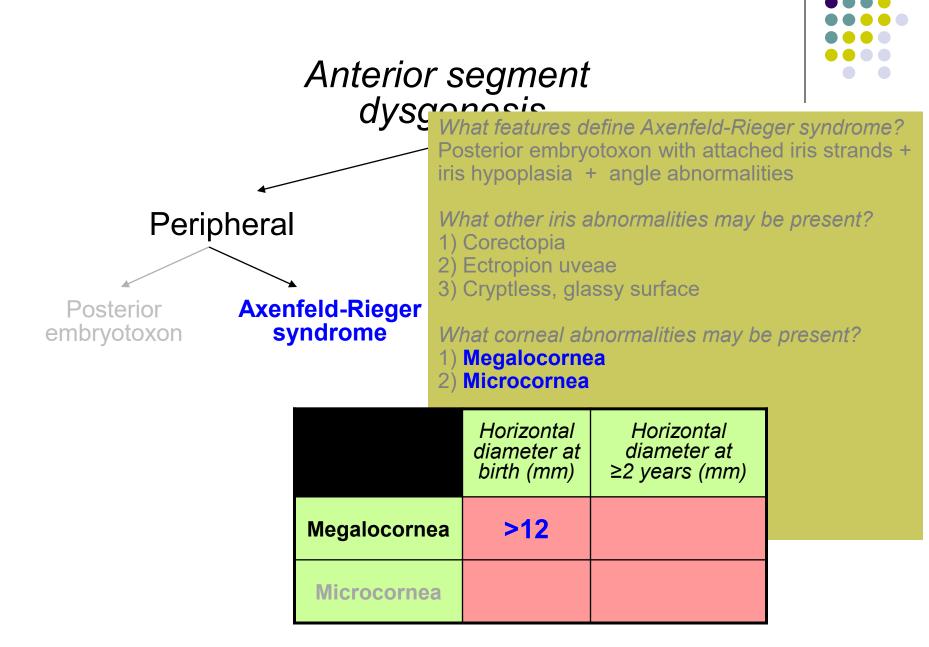


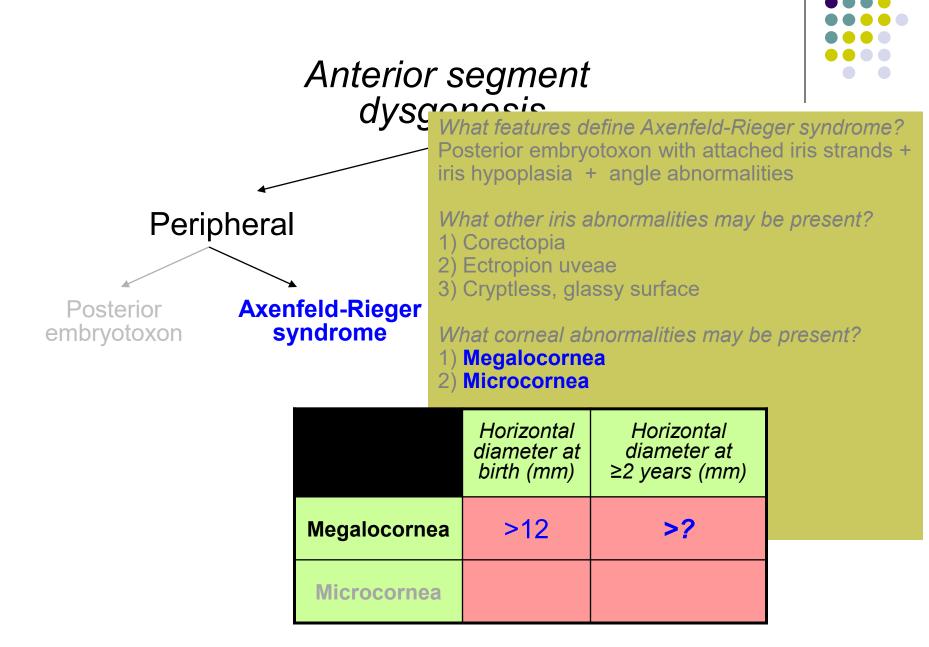


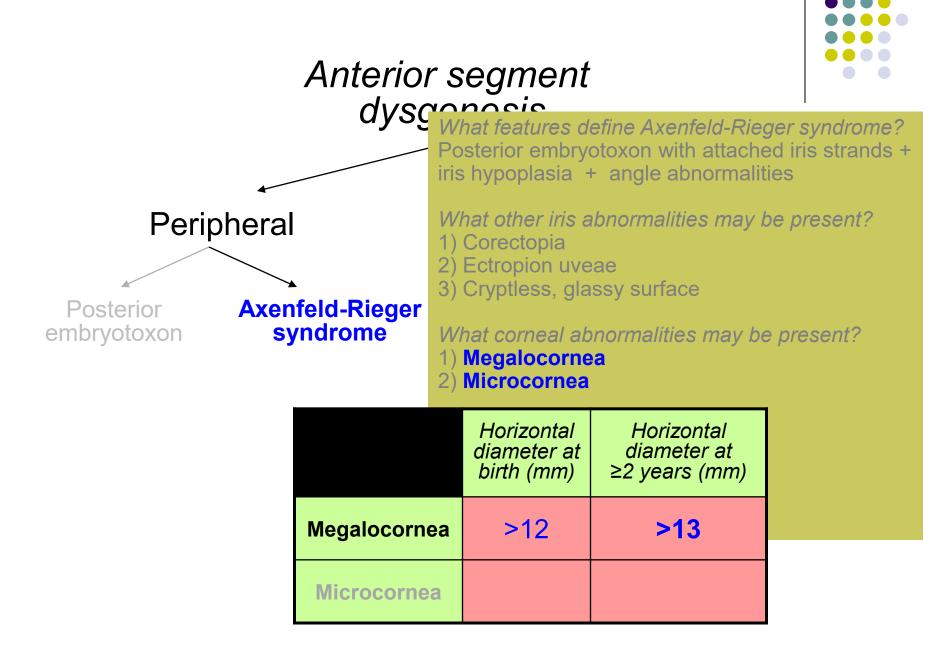
Megalocornea in a 2 y.o. with Axenfeld-Reiger

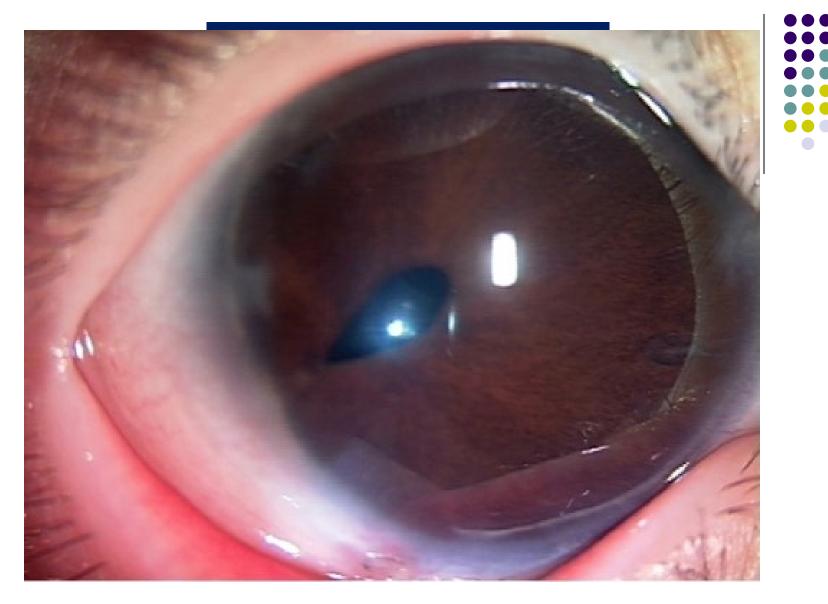




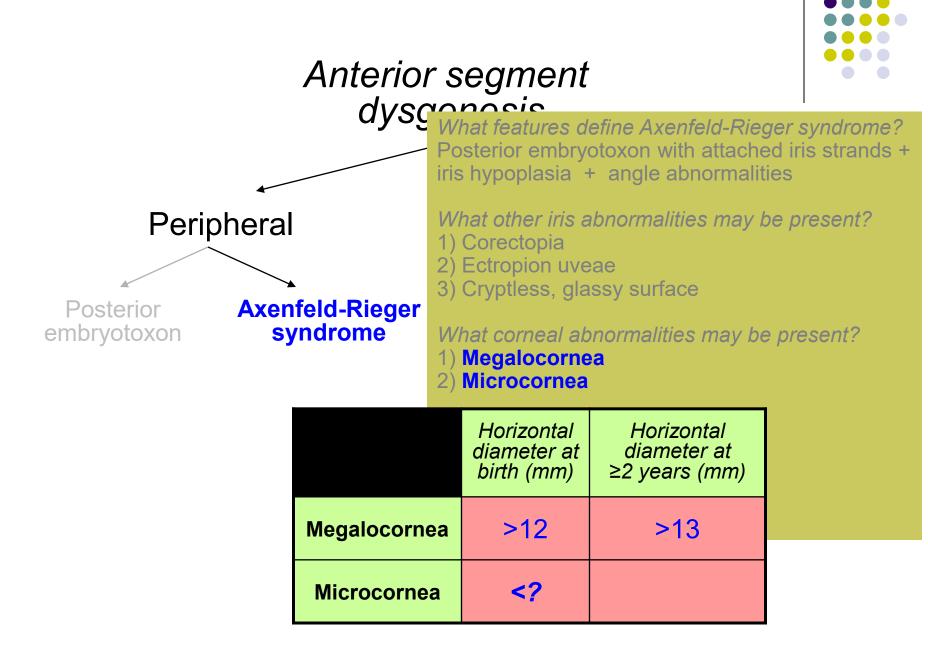


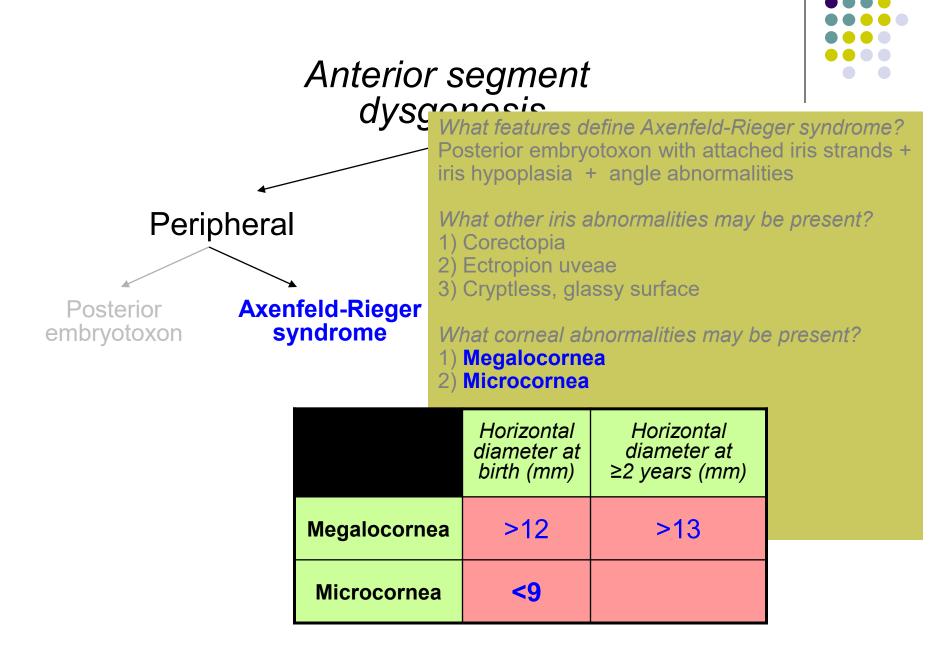


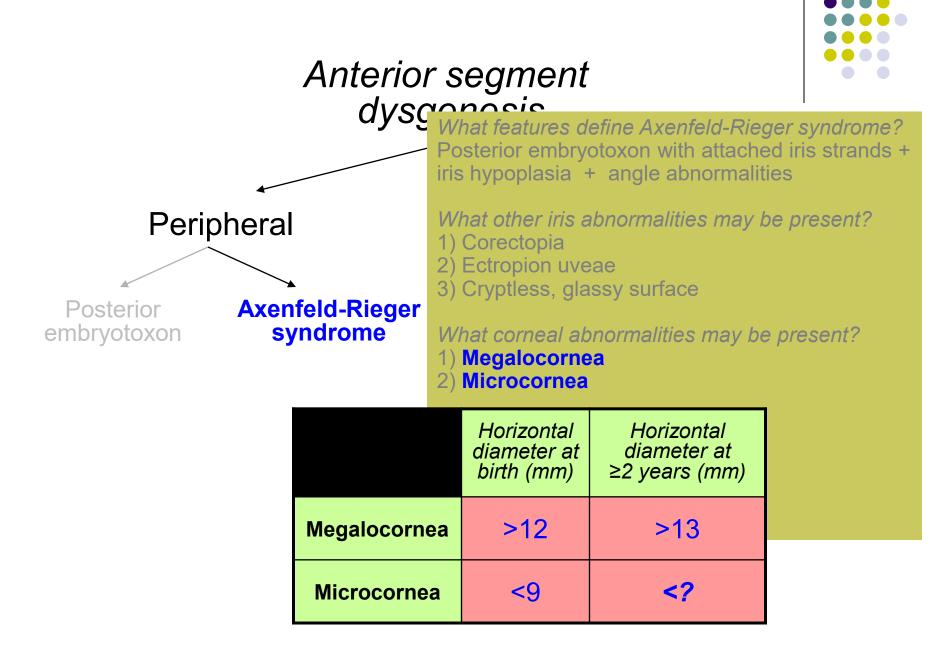


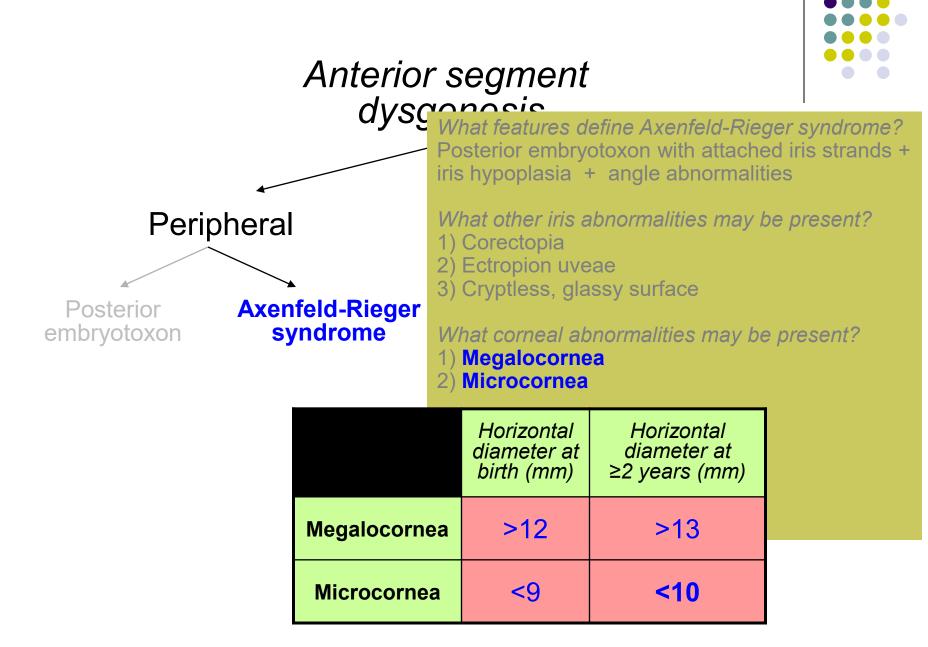


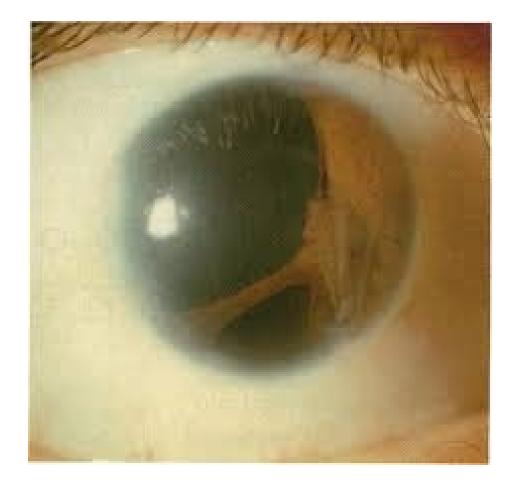
3 y.o. girl who presented at three months of age with hazy megalocornea, posterior embryotoxon, iris hypoplasia, corectopia with early onset severe glaucoma. The horizontal/vertical corneal diameters were 13.0/12.5 mm.





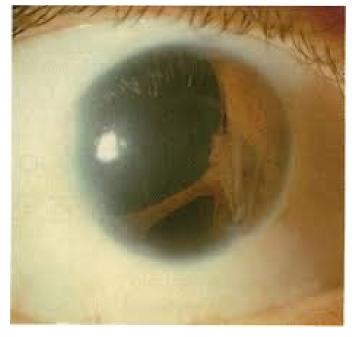








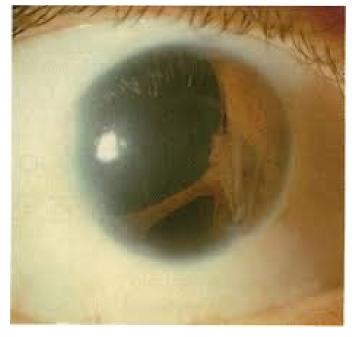
Axenfeld-Reiger with microcornea (8.5 mm)



Axenfeld-Reiger with microcornea (8.5 mm)



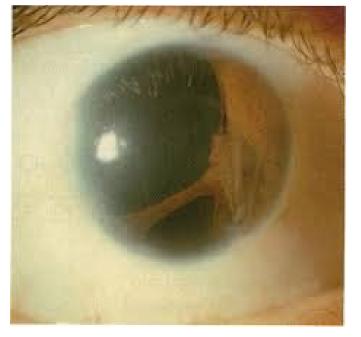
←That pic should have immediately reminded you of another condition (pictured above)—what is it?



Axenfeld-Reiger with microcornea (8.5 mm)



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

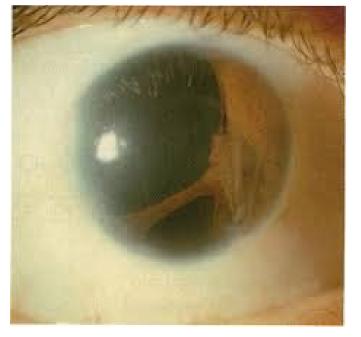


Axenfeld-Reiger with microcornea (8.5 mm)



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition?

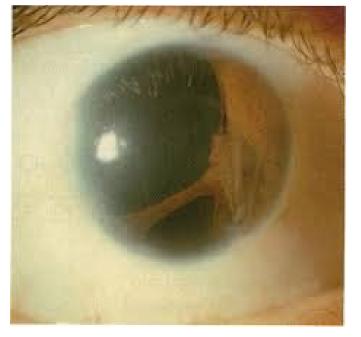


Axenfeld-Reiger with microcornea (8.5 mm)



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



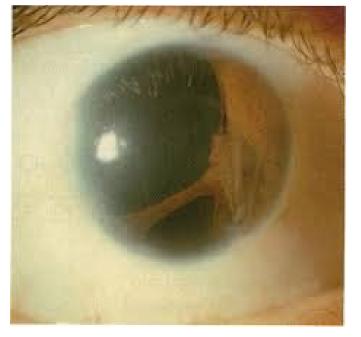
Axenfeld-Reiger with microcornea (8.5 mm)



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How do we know that the ARS pic isn't actually ICE?



Axenfeld-Reiger with microcornea (8.5 mm)



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



Is ICE sporadic, or inherited?

Axenfeld



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



Is ICE sporadic, or inherited? Sporadic

←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome

How do we know that the ARS pic isn't actually ICE? Because ICE is not associated with microcornea

Axenfeld



Is ICE sporadic, or inherited? Sporadic

Is it unilateral, or bilateral?

Axenfeld



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



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Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



Is ICE sporadic, or inherited? Sporadic

Is it unilateral, or bilateral? Unilateral

Axenfeld

Does it tend to affect males, or females?



←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome



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Axenfeld

Does it tend to affect males, or females? Females



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Essential iris atrophy is a variant/form of what condition? Iridocorneal endothelial (ICE) syndrome





←That pic should have immediately reminded you of another condition (pictured above)—what is it? Essential iris atrophy

Axenf

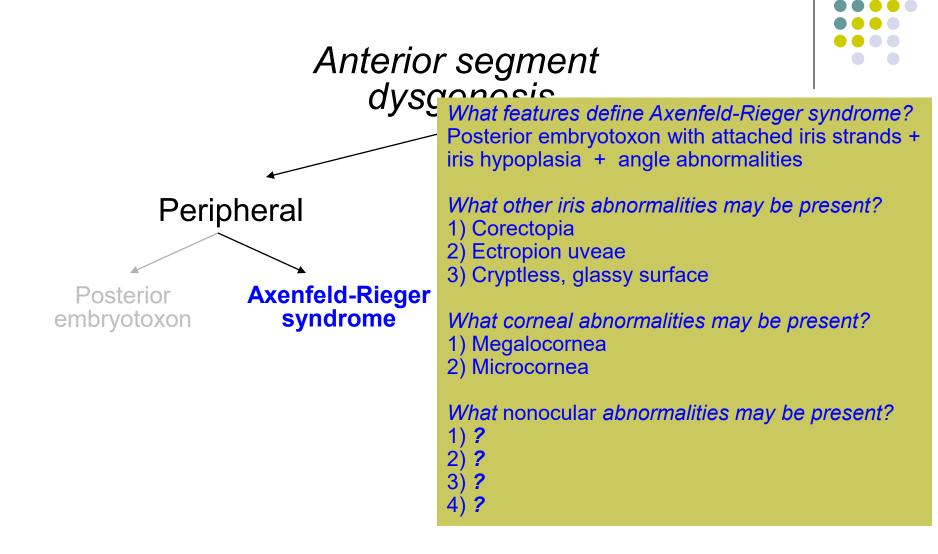
So, if you encounter a pic like these on the OKAP/Boards: --If the answer is ICE, the pt will be an adult female with one wonky eye, and there will be no family hx of similar eye issues --If the answer is ARS, the pt will be a child, the cornea may be too small (or large), and s/he will have other stigmata of ARS (we are continuing to unpack these)

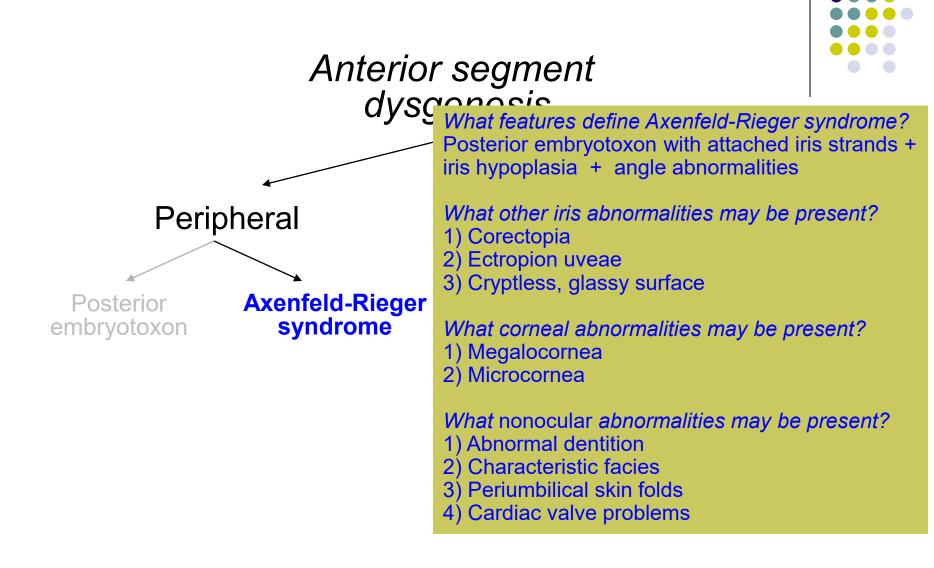
For more on ICE, see slide-set K26

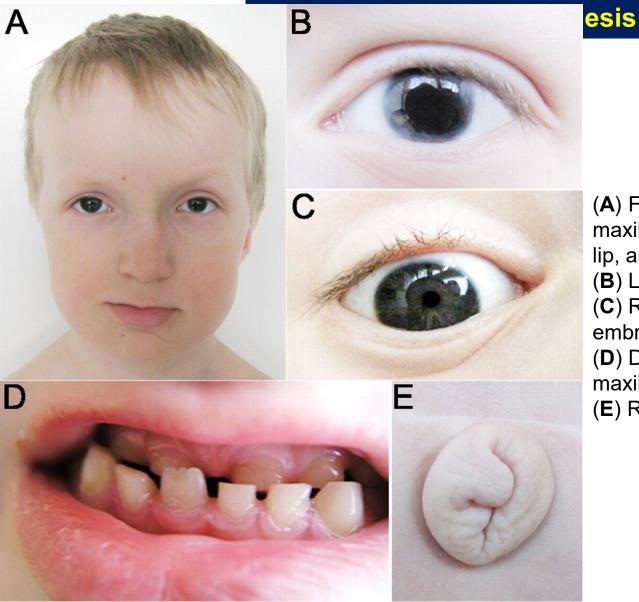
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Axenf

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 (A) Facial photograph showing maxillary hypoplasia, thin upper lip, and broad nasal bridge.
 (P) Left ave with correctorie

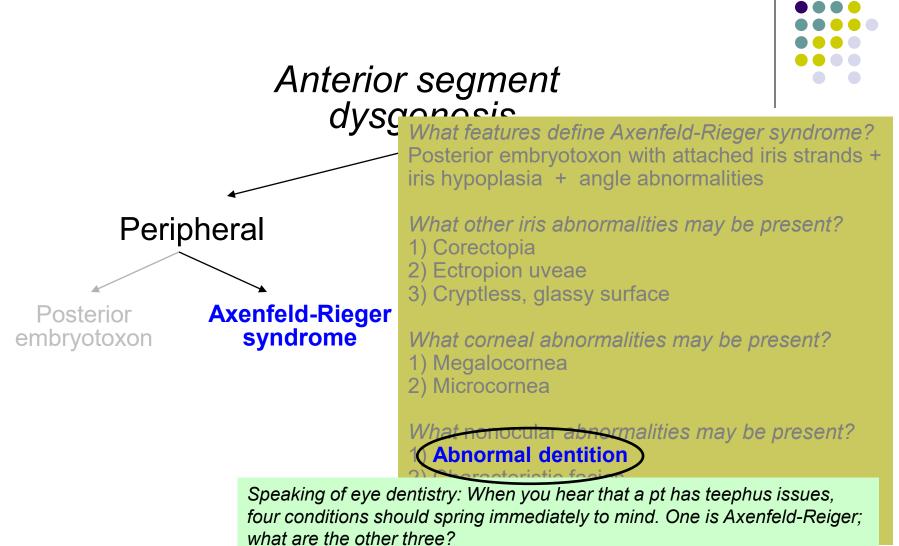
(**B**) Left eye with corectopia.

(**C**) Right eye with posterior embryotoxon.

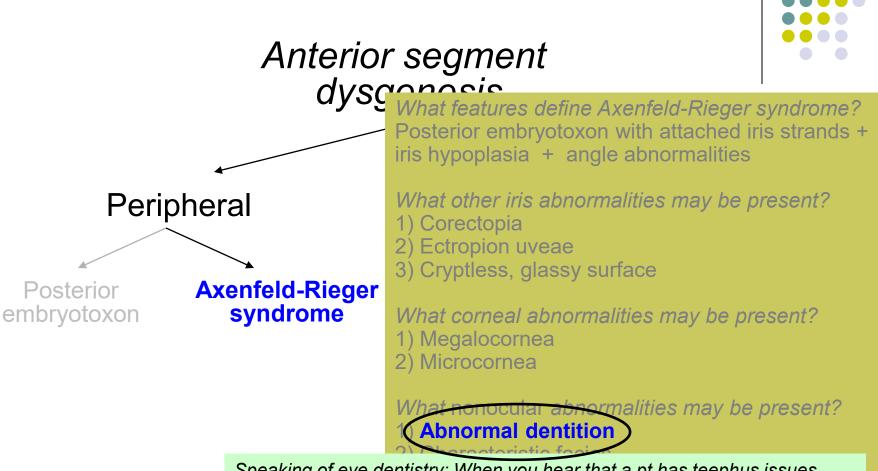
(**D**) Dental anomalies, including maxillary hypodontia.

(E) Redundant periumbilical skin.

Axenfeld-Reiger syndrome



- --Axenfeld-Reiger
- --?
- --?
- --?



Speaking of eye dentistry: When you hear that a pt has teephus issues, four conditions should spring immediately to mind. One is Axenfeld-Reiger; what are the other three?

- --Axenfeld-Reiger
- --Gardner syndrome
- --Congenital syphilis
- --Incontinentia pigmenti



Anterior segment

dysgonocic What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

What is the noneponymous name of this syndrome?

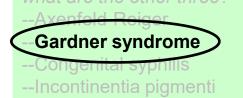
abnormalities may be present?

eae assy surface

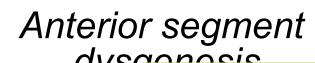
bnormalities may be present? a

Abnormal dentition

hear that a pt has teephus issues, ately to mind. One is Axenfeld-Reiger;







dysgonocic What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

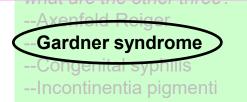
What is the noneponymous name of this syndrome? Familial adenomatous polyposis abnormalities may be present?

eae assy surface

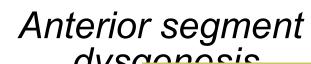
bnormalities may be present? a

Abnormal dentition

hear that a pt has teephus issues, ately to mind. One is Axenfeld-Reiger;





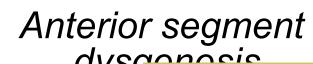


dysgonocie What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

abnormalities may be present? What is the noneponymous name of this syndrome? Familial adenomatous polyposis eae assy surface Is it common, or rare? bnormalities may be present? a -abnormalities may be present? Abnormal dentition hear that a pt has teephus issues, ately to mind. One is Axenfeld-Reiger; Gardner syndrome -Congenital syphilis

--Incontinentia pigmenti

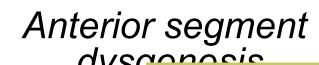




dysgonocic What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

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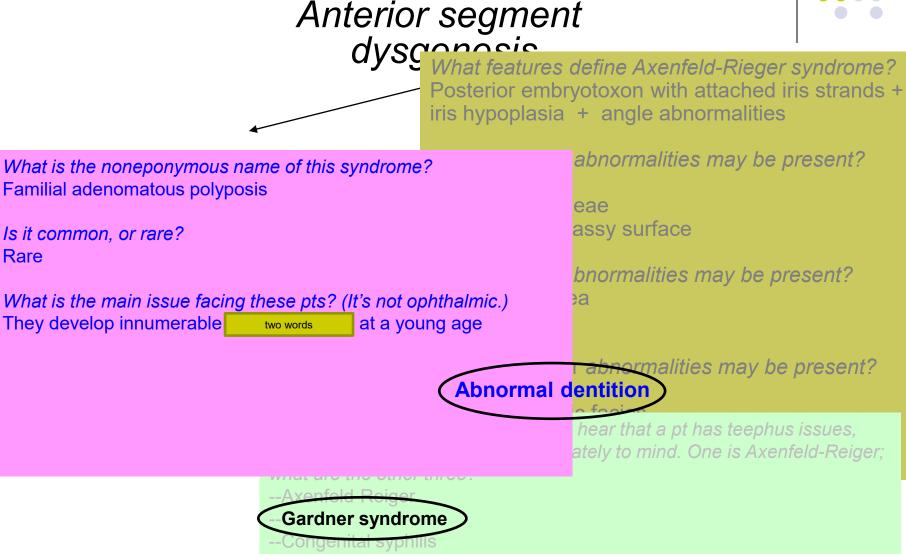




dysc What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

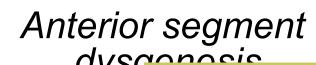
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--Incontinentia pigmenti

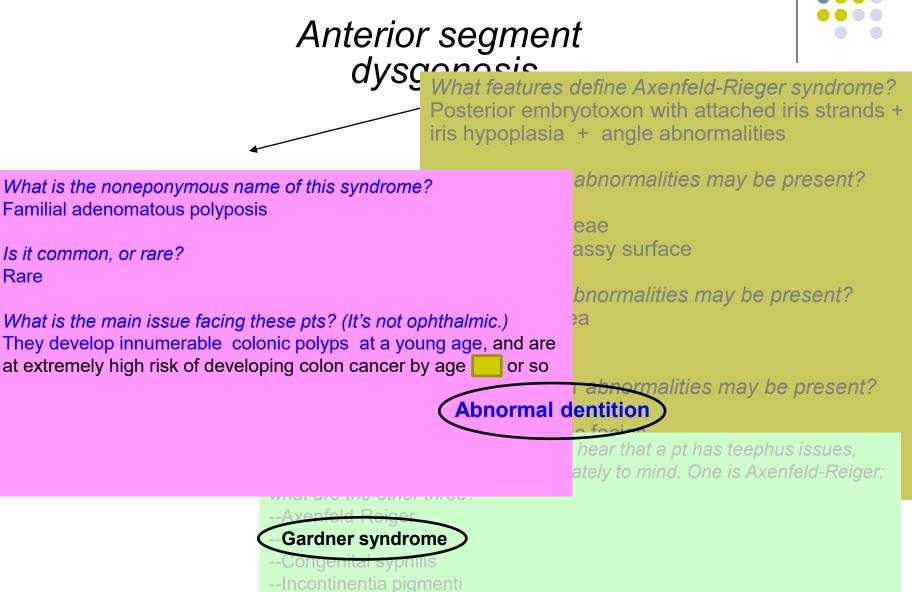




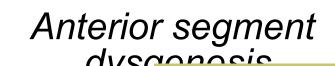
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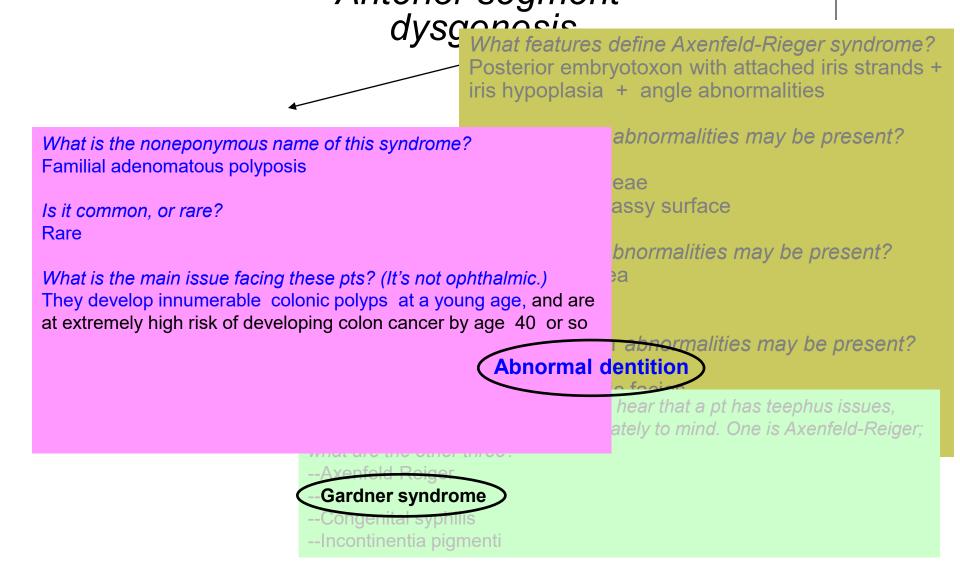
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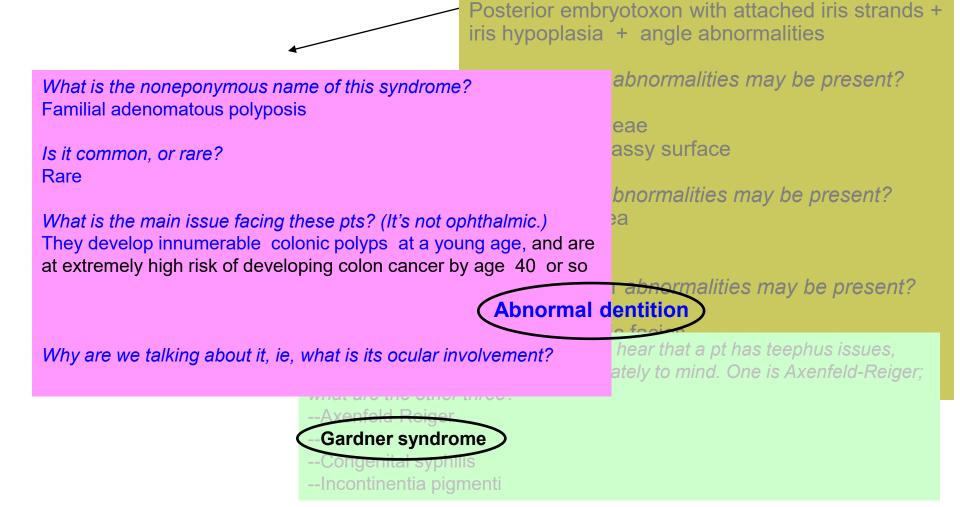




Gardner syndrome: Colonic polyps







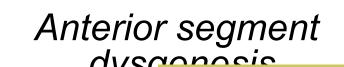


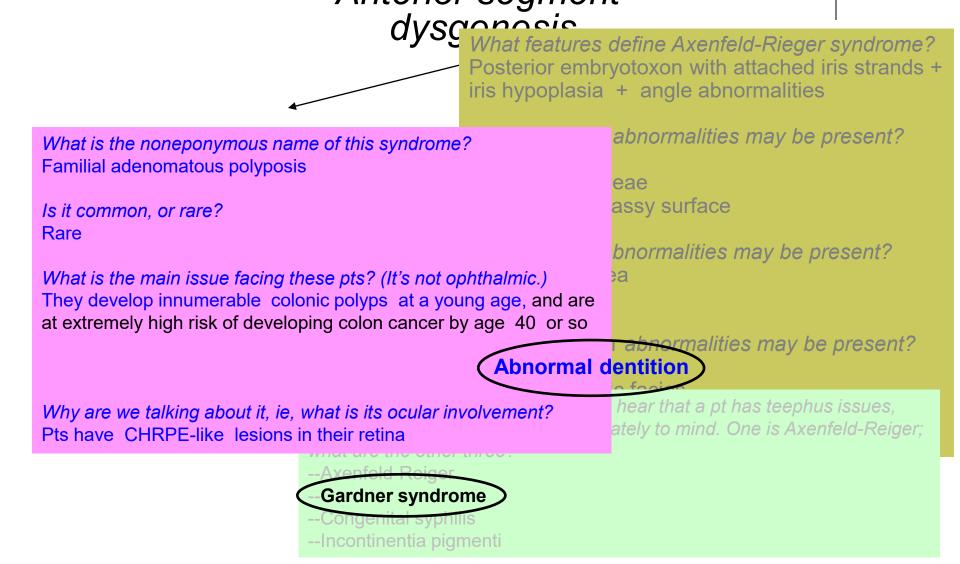


dysc What features define Axenfeld-Rieger syndrome? Posterior embryotoxon with attached iris strands + iris hypoplasia + angle abnormalities

What is the noneponymous name of this syndrome? Familial adenomatous polyposis	abnormalities may be present? eae
Is it common, or rare?	assy surface
Rare	bnormalities may be present?
What is the main issue facing these pts? (It's not ophthalmic.) They develop innumerable colonic polyps at a young age, and are at extremely high risk of developing colon cancer by age 40 or so	ea Participation of the second
Abnormal	tentition
Why are we talking about it, ie, what is its ocular involvement? Pts have something-like lesions in their retina	hear that a pt has teephus issues, ately to mind. One is Axenfeld-Reiger;







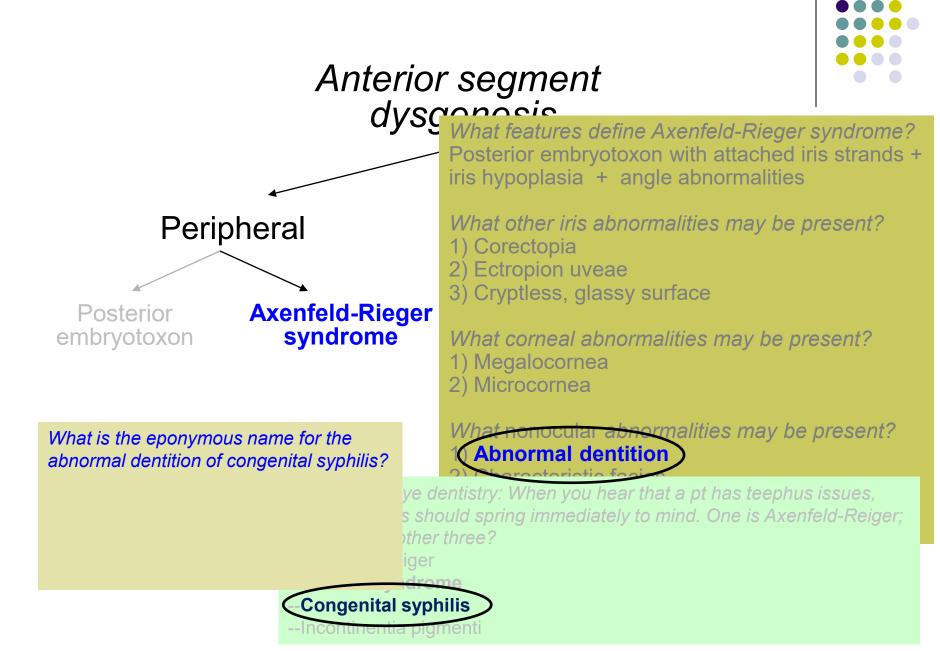


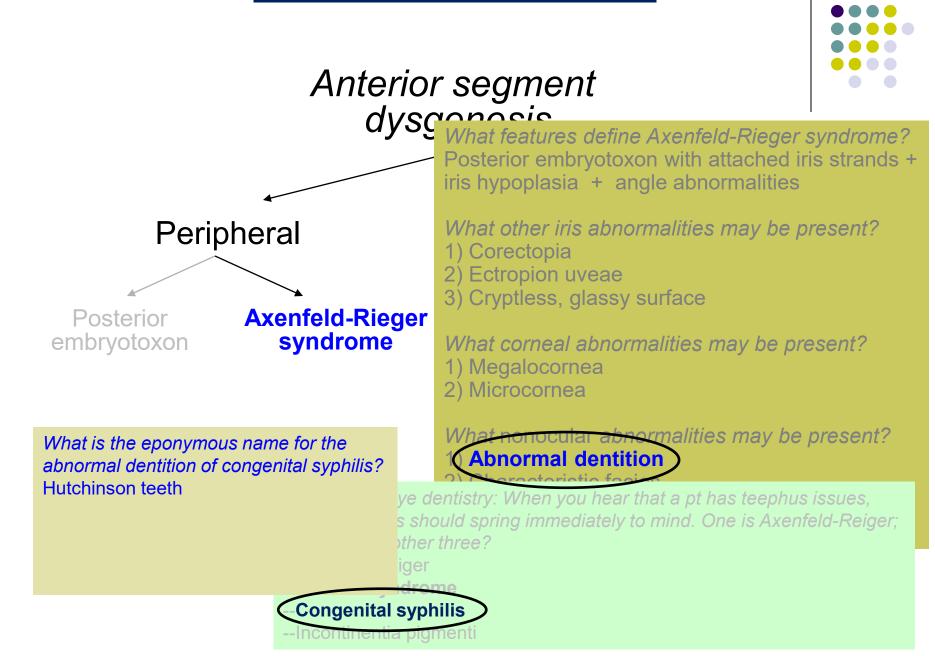


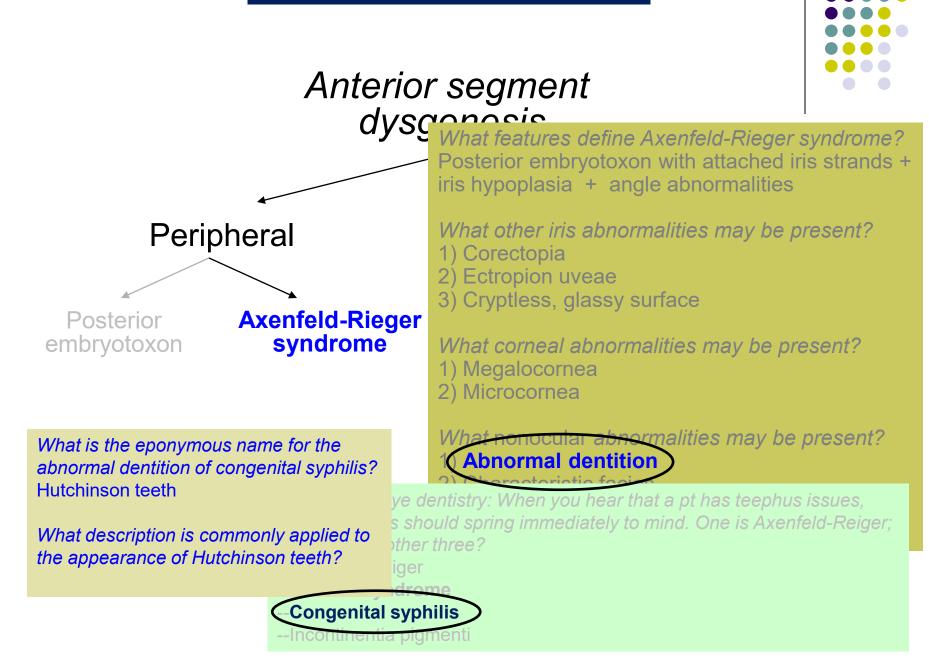
CHRPE

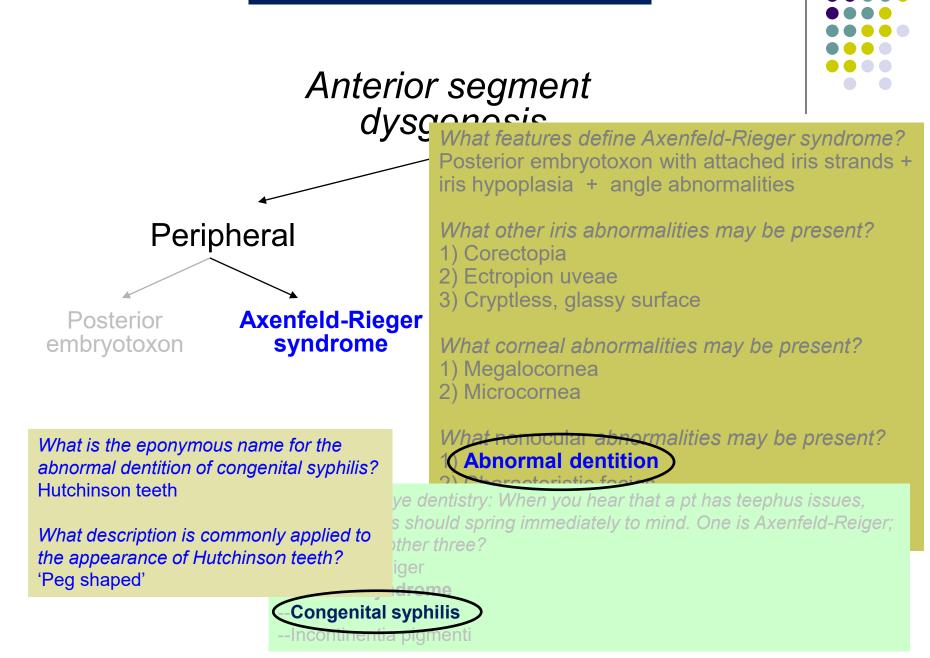
CHRPE-like lesions of Gardner syndrome

For more on Gardners, see slide-set P3



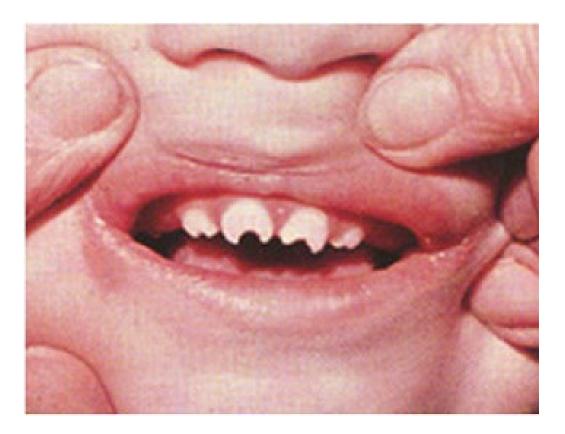




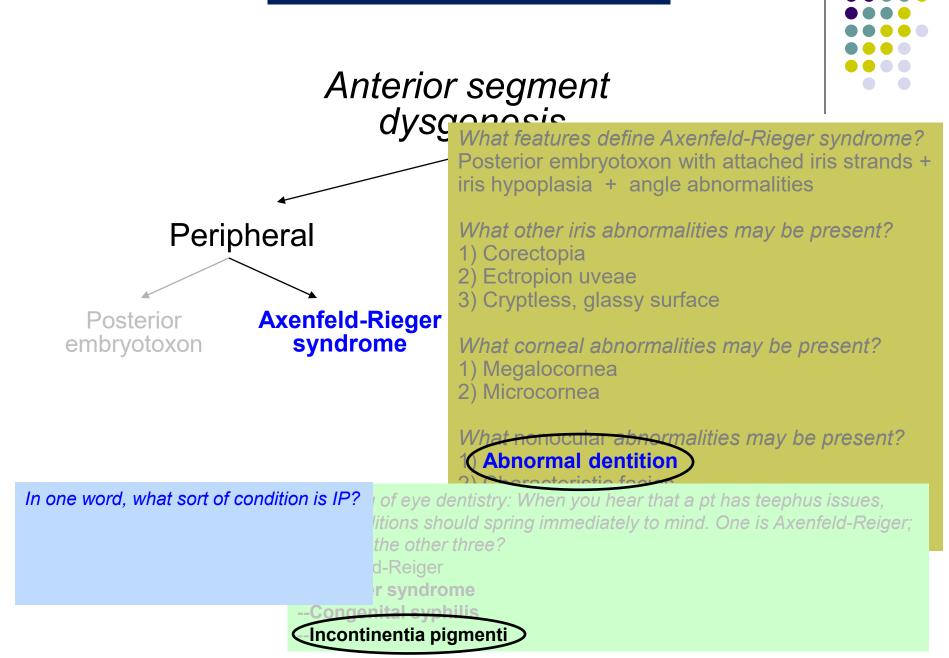


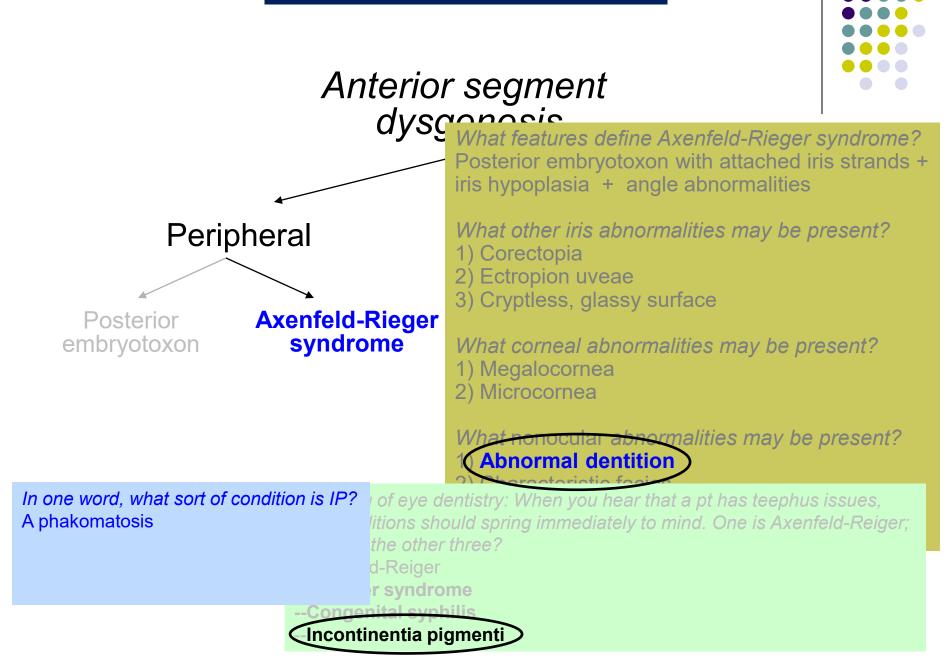


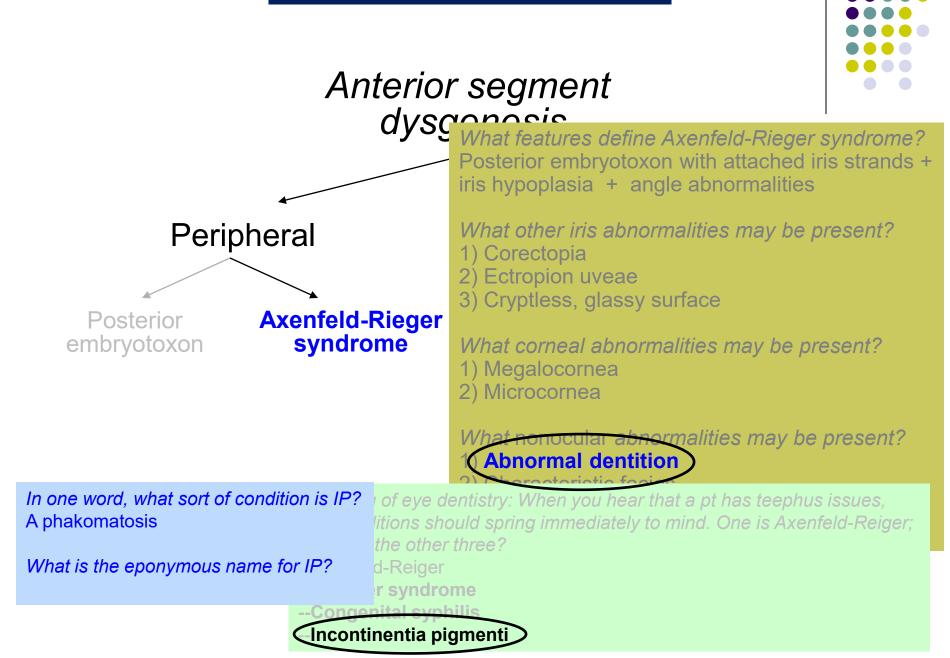
For more on congenital syphilis, see slide-set U16

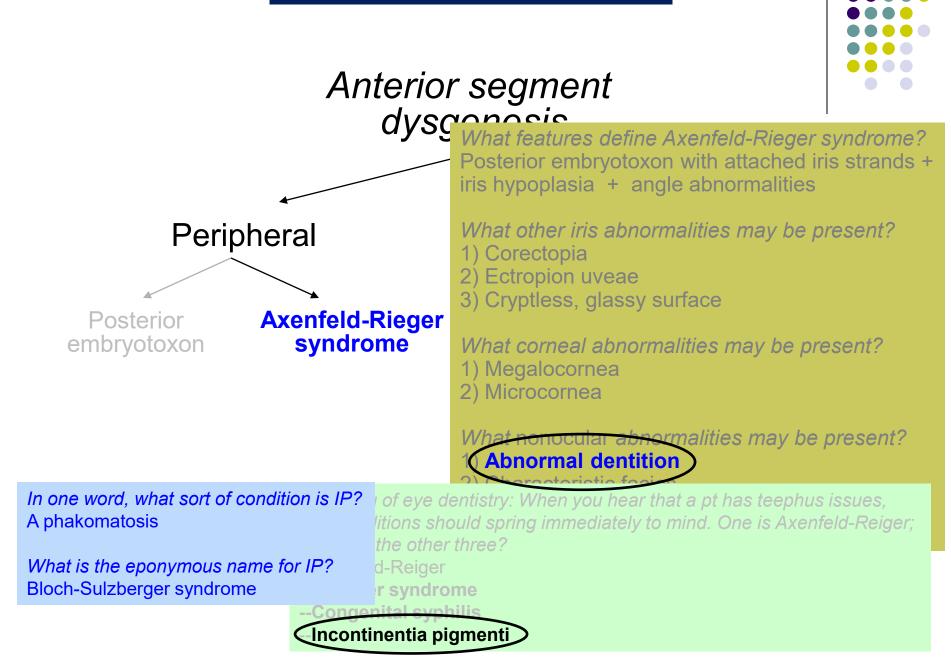


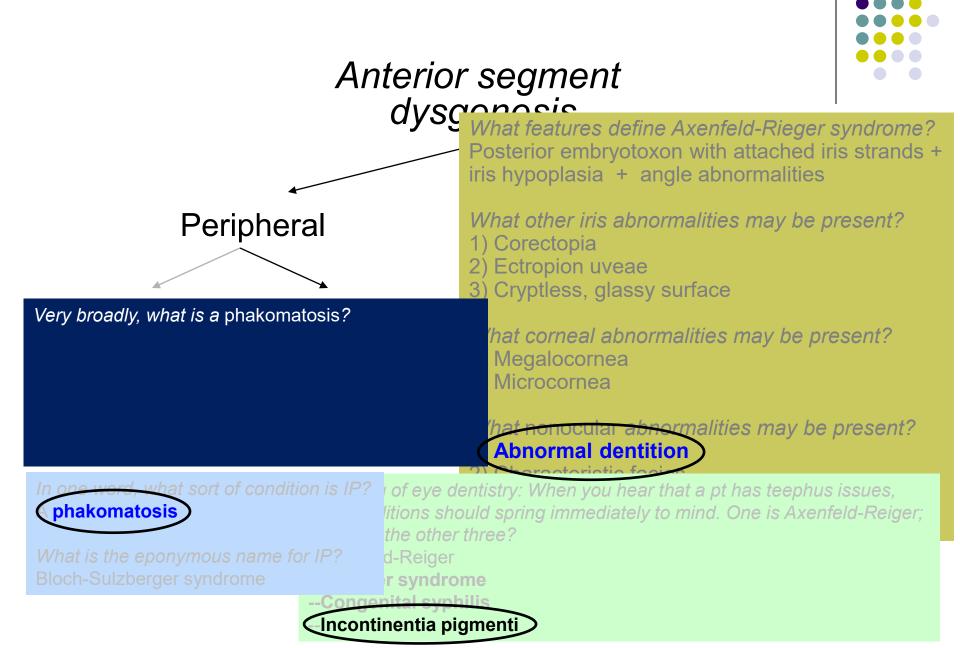
Congenital syphilis: Hutchinson teeth

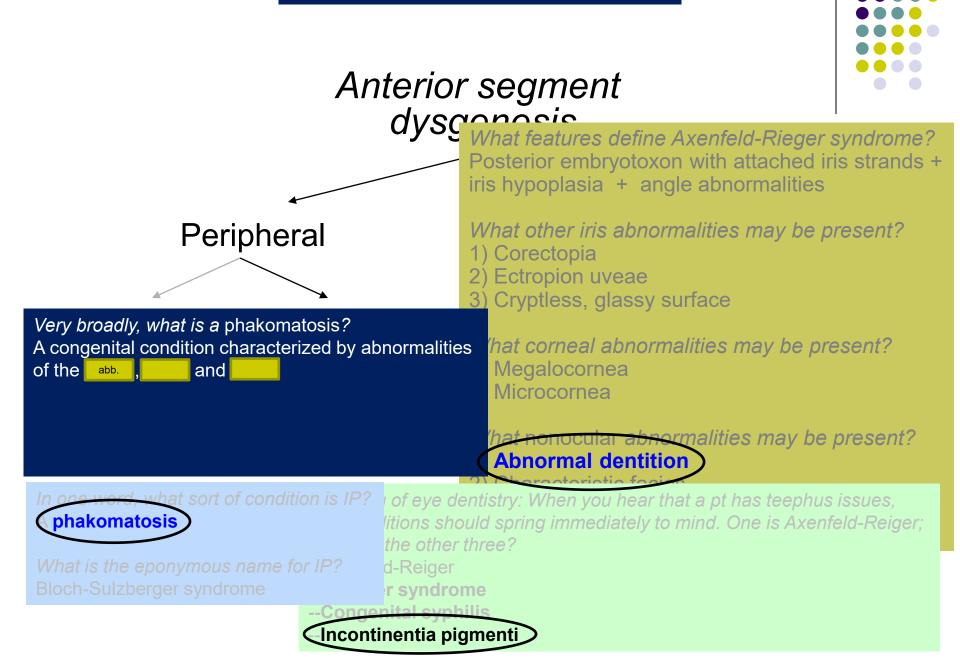


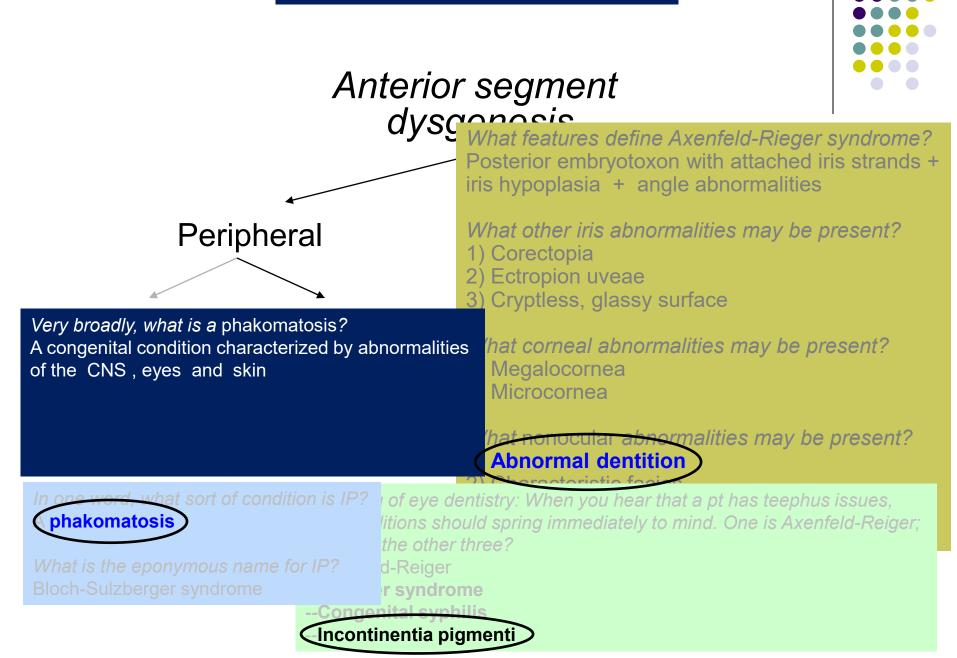


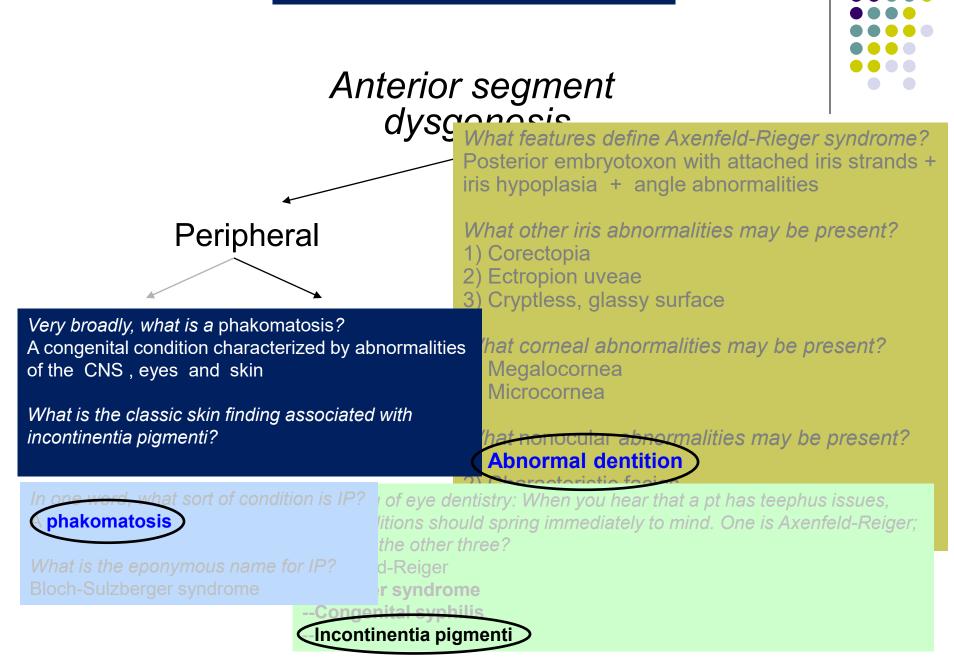


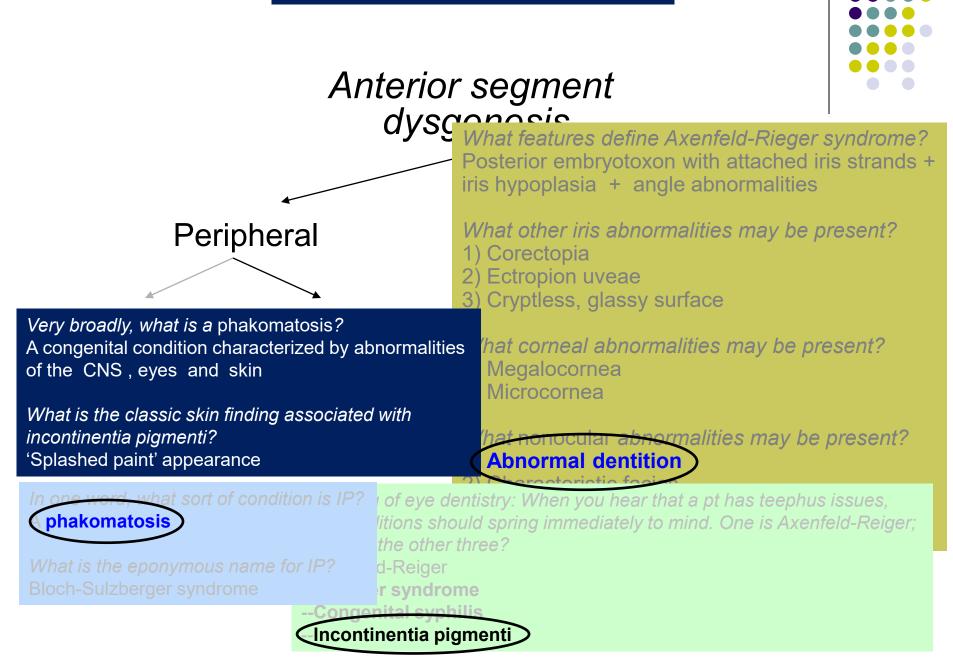




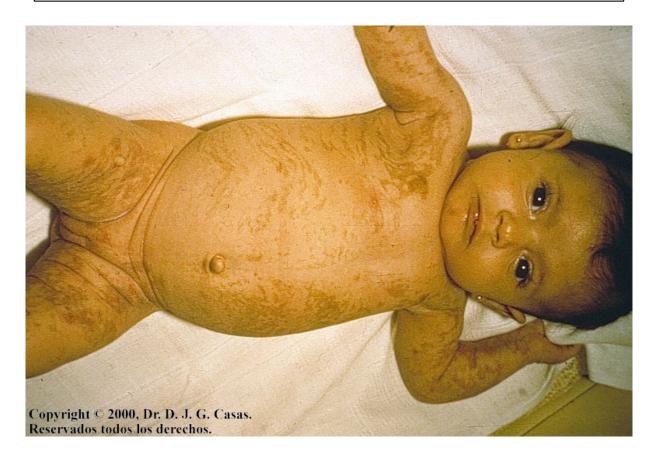






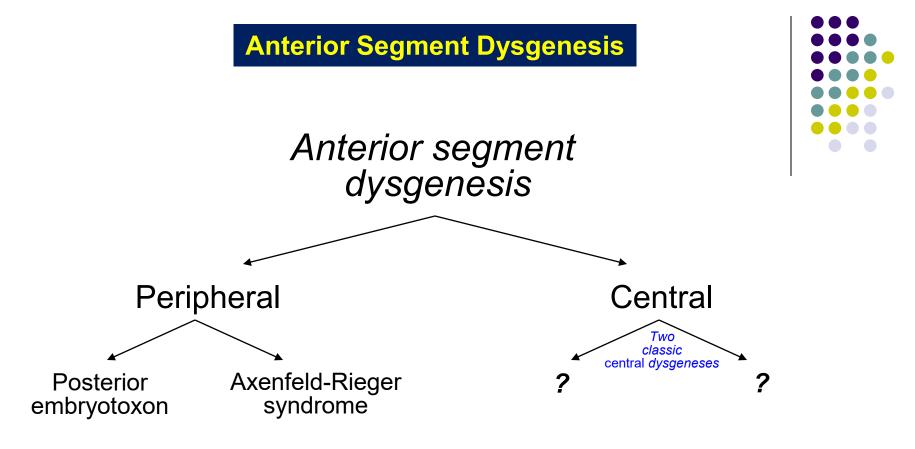


For more on IP, see slide-set P10

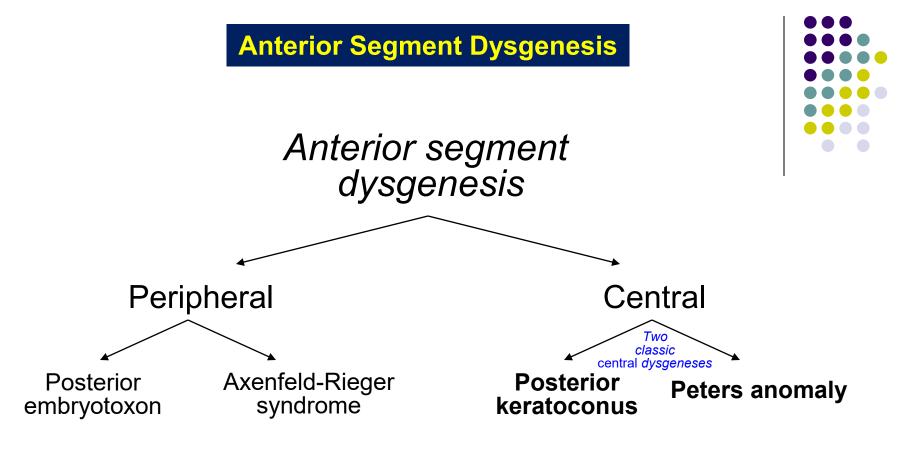


Incontinentia pigmenti: Splashed-paint appearance

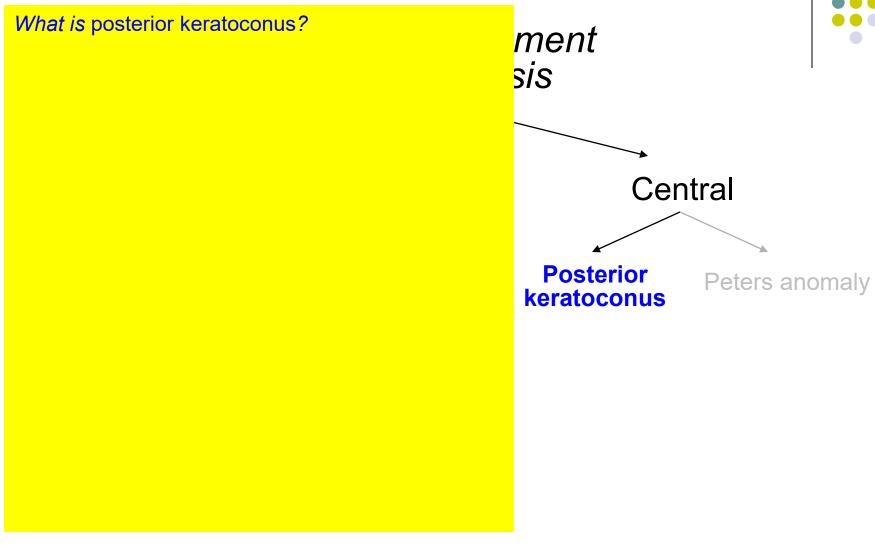




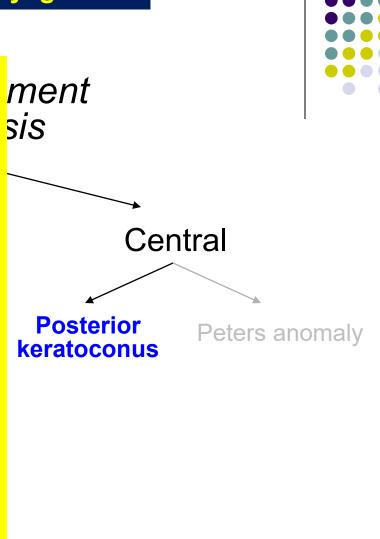
The BCSC goes into depth on two central dysgeneses—which two?



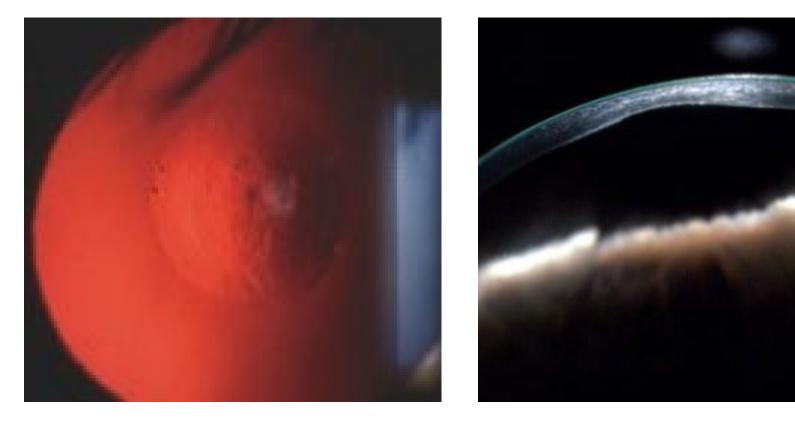
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What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface



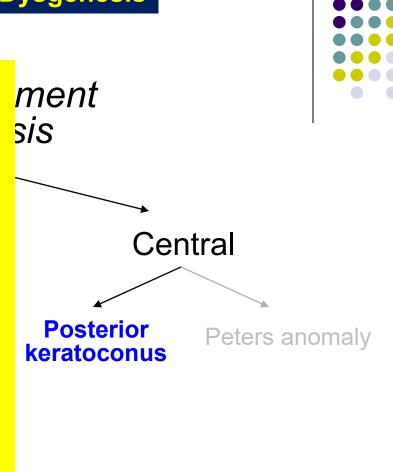




Posterior keratoconus

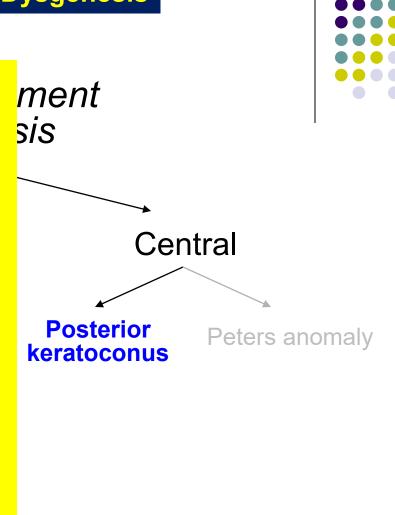
What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

Is the indentation secondary to a defect in the endothelium and/or Descemet's?



What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

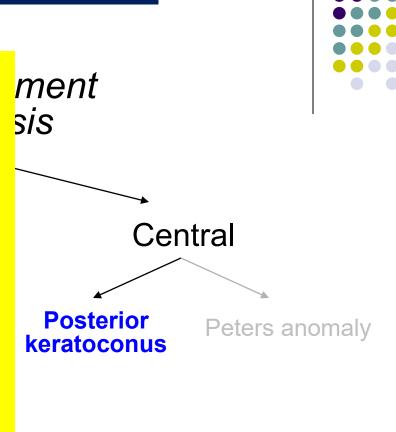
Is the indentation secondary to a defect in the endothelium and/or Descemet's? No, both are usually present and intact



What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

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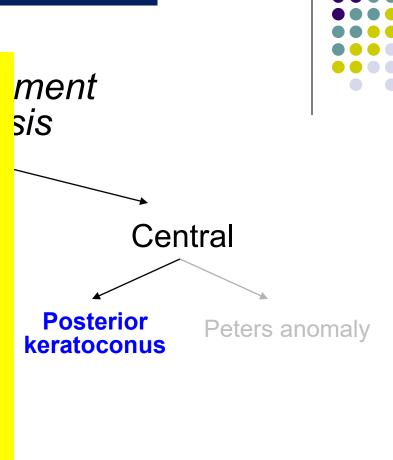
Is it common, like regular keratoconus?



What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

Is the indentation secondary to a defect in the endothelium and/or Descemet's? No, both are usually present and intact

Is it common, like regular keratoconus? No, it is rare

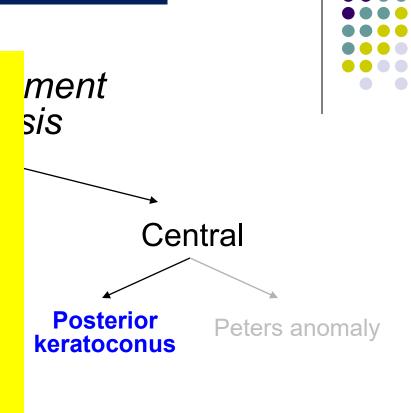


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Does it affect vision?

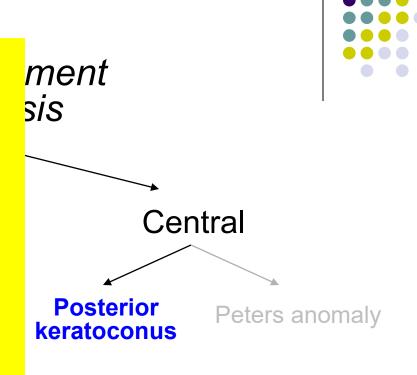


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Does it affect vision? Yes, it causes irregular astigmatism, which can be severe enough to result in amblyopia



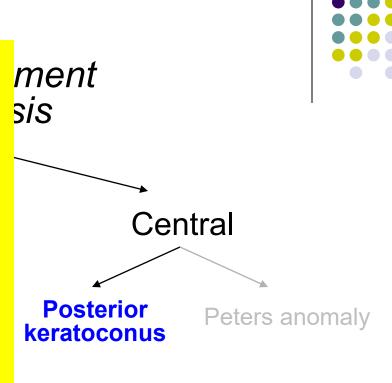
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Are most cases unilateral, or bilateral?





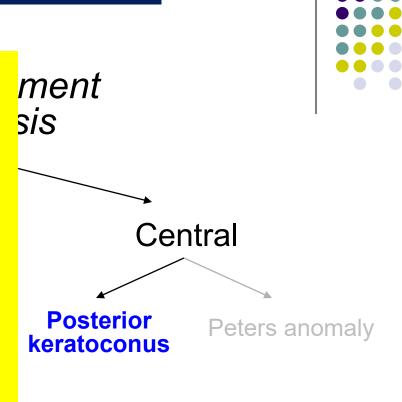
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What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

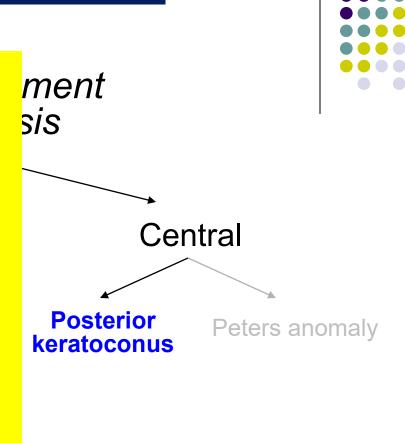
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Are most cases unilateral, or bilateral? Unilateral

Are most cases familial, or sporadic?



What is posterior keratoconus? A focal and discrete indentation of the posterior corneal surface

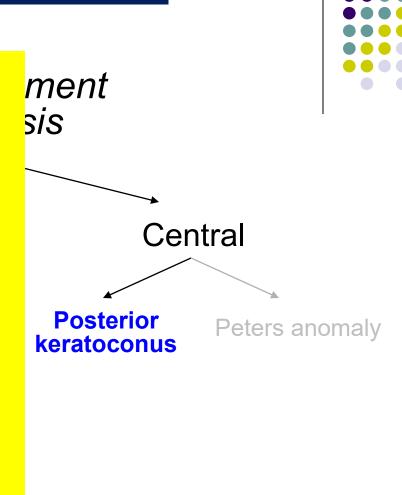
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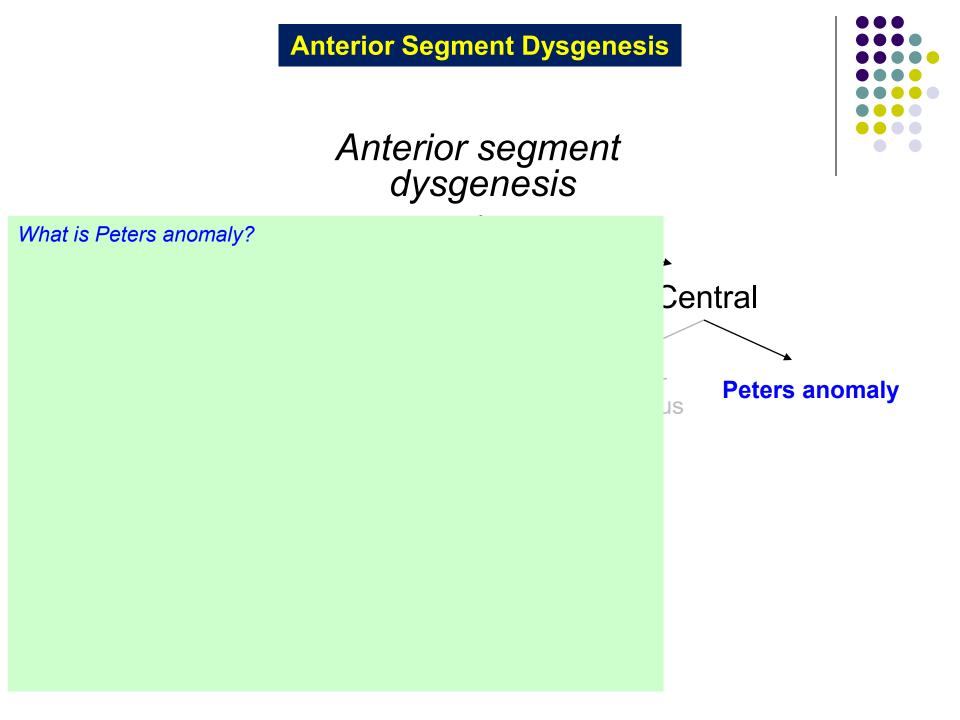
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Are most cases unilateral, or bilateral? Unilateral

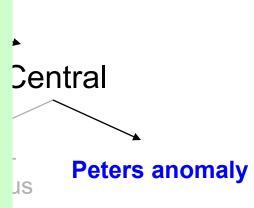
Are most cases familial, or sporadic? Sporadic





Anterior segment dysgenesis

What is Peters anomaly? A defect of the posterior central cornea, including the absence of Descemet's and subjacent endothelium. Adhesions extending from the iris to the posterior corneal defect are often present.

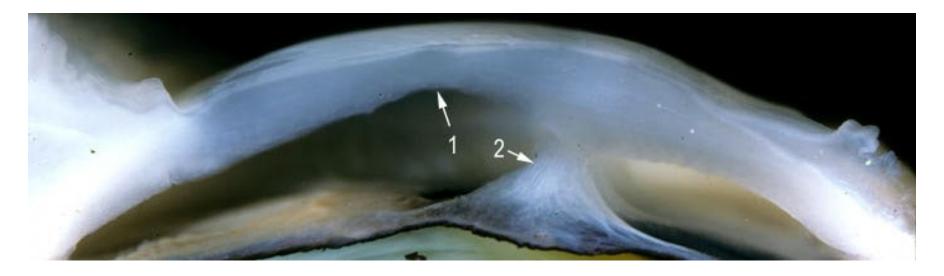






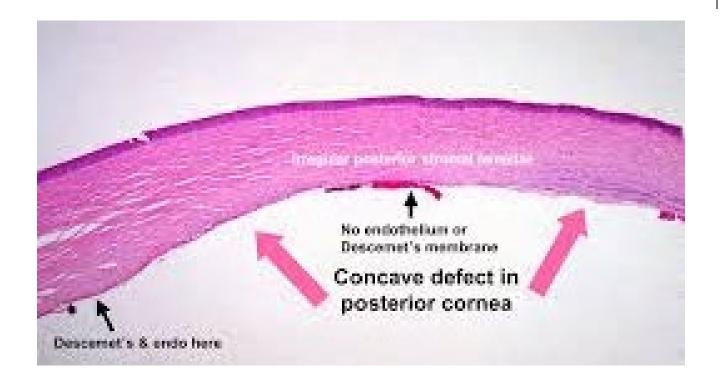
1. Defect of the posterior central cornea, including the absence of Descemet's and subjacent endothelium

2. Adhesions extending from the iris to the posterior corneal defect



Peters anomaly



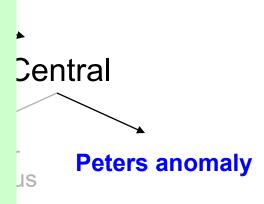


Peters anomaly

Anterior segment dysgenesis

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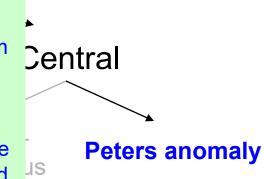
How does it present?



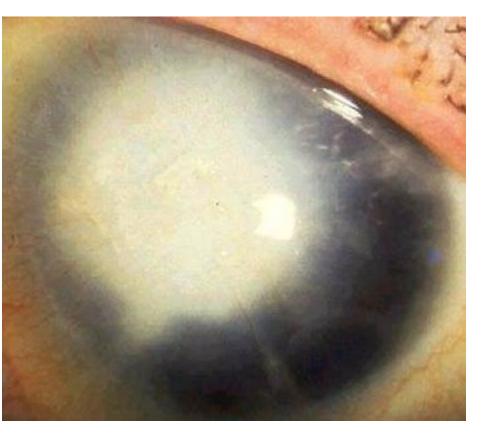
Anterior segment dysgenesis

What is Peters anomaly? A defect of the posterior central cornea, including the absence of Descemet's and subjacent endothelium. Adhesions extending from the iris to the posterior corneal defect are often present.

How does it present? As a corneal opacity at birth (it's in the STUMPED mnemonic). The opacity ranges in severity from a faint haze to an opaque, elevated and vascularized mess.

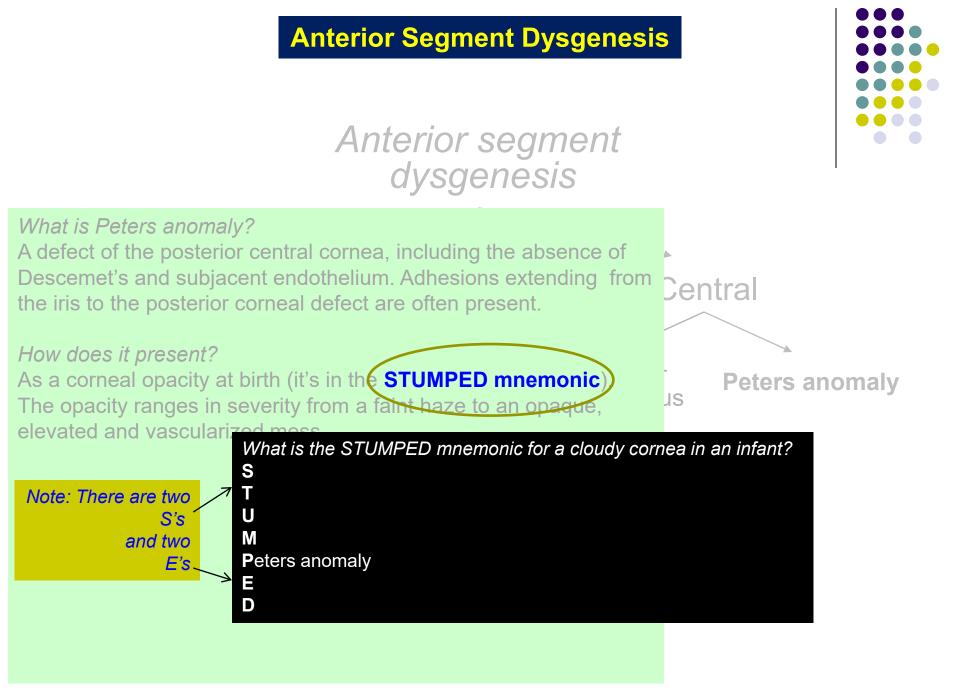


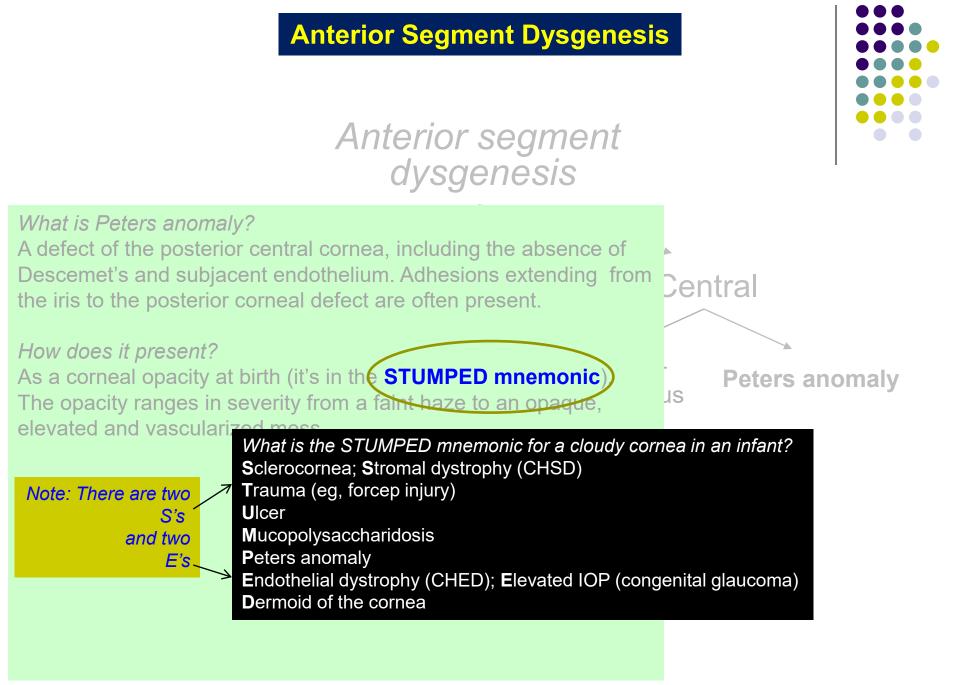






Peters anomaly: Hazy cornea



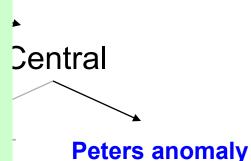


Anterior segment dysgenesis

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How might the lens be involved?





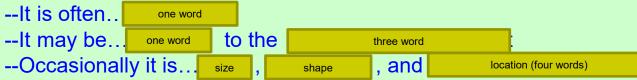
Anterior segment dysgenesis

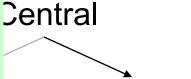
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Peters anomaly



Anterior segment dysgenesis

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How might the lens be involved?

--It is often...cataractous --It may be...adherent to the posterior corneal defect --Occasionally it is...small, misshapen, and displaced into the AC



Central







Peters anomaly: Cataractous lens



What is Peters anomaly?
A d HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular Det condition. What is it?
the second se
Hor
As
opa
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It
Occasionally it issmall, misshapen, and displaced into the AC







What is Peters anomaly?	
A d Des condition. What is it? the Microspherophakia	bring to mind particular
Hov Is microspherophakia associated with Peters anomaly?	
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Occasionally it is small , misshapen , and displaced into the AC	



What is Peters anomaly?	
A d Des condition. What is it? the Microspherophakia	text should bring to mind particular
Hov Is microspherophakia associated with Peters anomaly?	
As Yes, although only "occasionally" per the BCSC Lens book	ik
opa	
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It j	
Occasionally it issmall, misshapen, and displaced into the AC	



Wh	What is Peters anomaly?		
A d Des the			
Ho As	<i>Is microspherophakia associated with Peters anomaly?</i> Yes, although only "occasionally" per the BCSC <i>Lens</i> book		
opa and	In a few words, how would you describe the shape of a microspherophakic lens?		
Ho It			
0	ccasionally it is small , misshapen , and displaced into the AC		



Wh	nat is Peters anomaly?
A d Des the	HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular condition. What is it? Microspherophakia
Ho As	Yes, although only "occasionally" per the BCSC Lens book
opa and	
<i>Ho</i> It It	
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What is Peters anomaly?		
A d HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particu Des condition. What is it? the Microspherophakia	lar	
Hot Is microspherophakia associated with Peters anomaly? As Yes, although only "occasionally" per the BCSC Lens book opa	,	
and In a few words, how would you describe the shape of a microspherophakic lens? The name says it all: the lens is small ('micro') and round ('sphero')		
Ho What common slit-lamp observation owes to the lens' small size? It It		
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A d Des condition. What is it? the Microspherophakia
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 Ho' What common slit-lamp observation owes to the lens' small size? It Typically, the entirety of the lens equator can be seen in the pupillary aperture when the pt is widely dilated
Occasionally it is small , misshapen, and displaced into the AC



Wha	at is Peters anomaly?
	HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular condition. What is it? Microspherophakia
	Is microspherophakia associated with Peters anomaly? Yes, although only "occasionally" per the BCSC <i>Lens</i> book
opa anc	In a few words, how would you describe the shape of a microspherophakic lens? The name says it all: the lens is small ('micro') and round ('sphero')
Hor It It	How does refractive status manifest the lens' spherical shape?
	casionally it issmall , misshapen , and displaced into the AC



What is Peters anomaly?
A d HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular Des condition. What is it? the Microspherophakia
How Is microspherophakia associated with Peters anomaly? As Yes, although only "occasionally" per the BCSC <i>Lens</i> book
opa and <i>In a few words, how would you describe the shape of a microspherophakic lens?</i> The name says it all: the lens is small ('micro') and round ('sphero')
How How does refractive status manifest the lens' spherical shape? It Pts are usually highly myopic
Occasionally it issmall , misshapen , and displaced into the AC



11/6	at in Potara anomaly?
	at is Peters anomaly?
A d De: the	HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular condition. What is it? Microspherophakia
Ho	Is microspherophakia associated with Peters anomaly?
	Yes, although only "occasionally" per the BCSC <i>Lens</i> book
As	res, although only occasionally per the DCSC Lens book
opa	In a few words, how would you describe the shape of a microspherophakic lens?
and	
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Ho	
lt	If zonular laxity allows the lens to drift forward, what clinical condition may result?
lt	
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Anterior segment dysgenesis

What is Peters anomaly? Hmm...The notion of a 'small, misshapen' lens in this context should bring to mind particular Des condition. What is it? the **Microspherophakia** Is microspherophakia associated with Peters anomaly? Но Yes, although only "occasionally" per the BCSC Lens book As opa In a few words, how would you describe the shape of a microspherophakic lens? and The name says it all: the lens is small ('micro') and round ('sphero') Но If zonular laxity allows the lens to drift forward, what clinical condition may result? The lens may 'clog' the pupillary opening, resulting in pupillary block angle-closure glaucoma --Occasionally it is...small, misshapen, and displaced into the AC

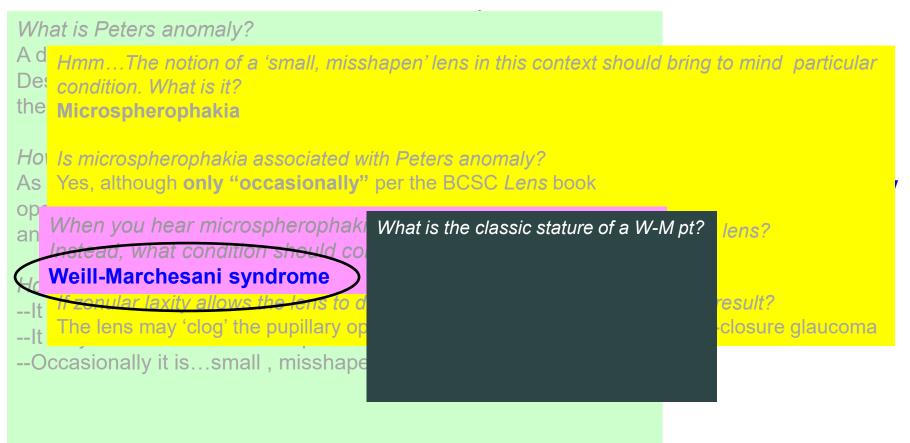


WI	hat is Peters anomaly?
De the	HmmThe notion of a 'small, misshapen' lens in this context should bring to mind particular condition. What is it? Microspherophakia
Ho As	
op an	When you hear microspherophakia, don't think 'Peters anomaly.' hakic lens? Instead, what condition should come immediately to mind?
Hc It	If zonular laxity allows the lens to drift forward, what clinical condition may result?
It	If zonular laxity allows the lens to drift forward, what clinical condition may result? The lens may 'clog' the pupillary opening, resulting in pupillary block angle-closure glaucoma
C	Occasionally it issmall, misshapen, and displaced into the AC

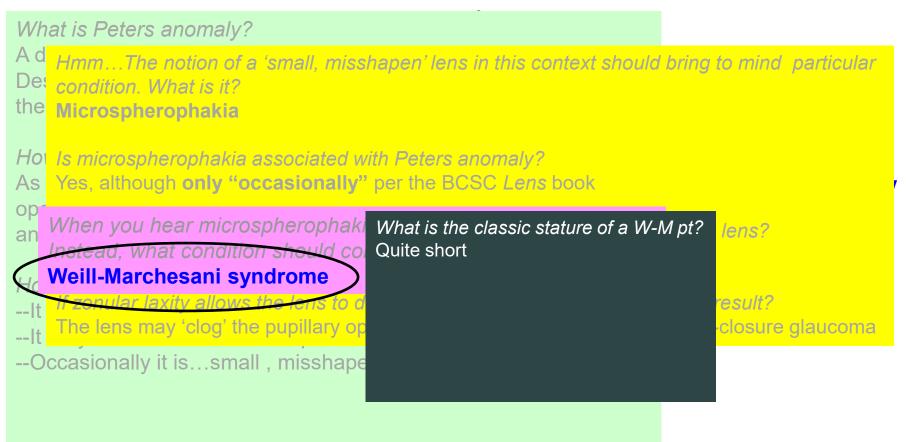


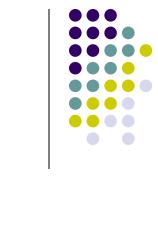
Wha	at is Peters anomaly?
A d	Hmm…The notion of a 'small, misshapen' lens in this context should bring to mind_particular
De:	condition. What is it?
the	Microspherophakia
Ho	<i>Is microspherophakia associated with Peters anomaly?</i>
As	Yes, although only "occasionally" per the BCSC <i>Lens</i> book
Ha	When you hear microspherophakia, don't think 'Peters anomaly.' _{thakic lens?} Instead, what condition should come immediately to mind? Weill-Marchesani syndrome
lt	If zonular laxity allows the lens to drift forward, what clinical condition may result?
lt	The lens may 'clog' the pupillary opening, resulting in pupillary block angle-closure glaucoma
	ccasionally it issmall , misshapen , and displaced into the AC







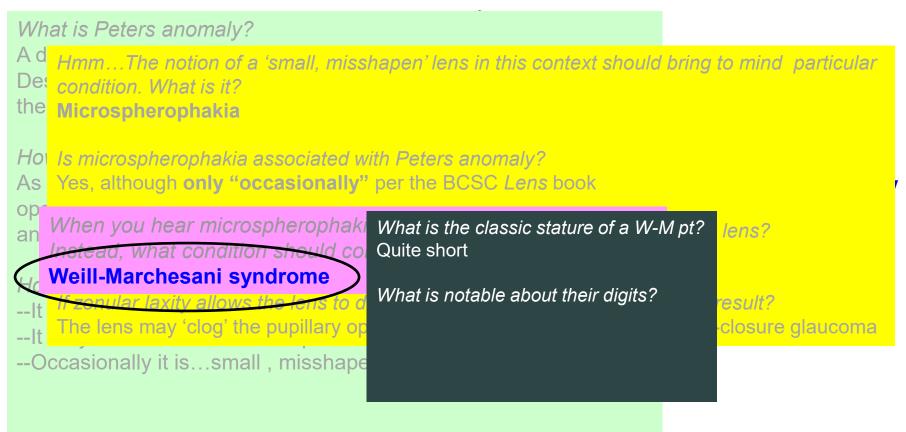




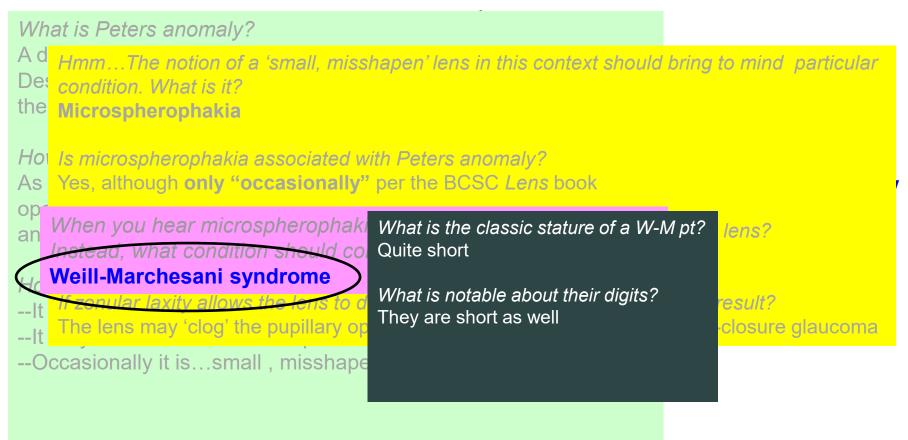


Weill-Marchesani syndrome: Short stature

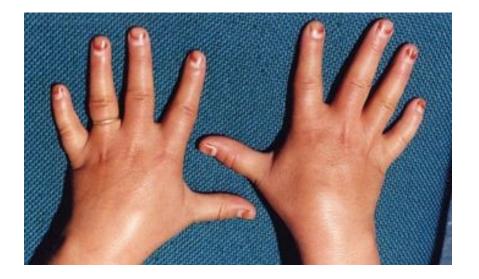






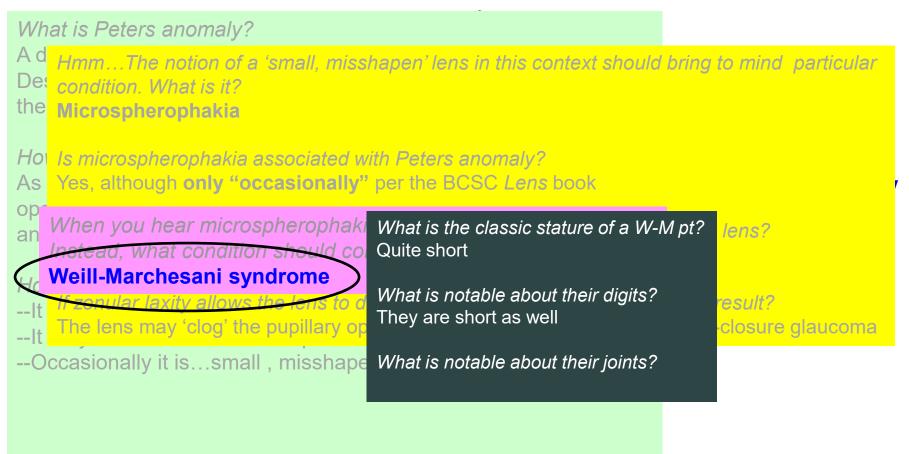




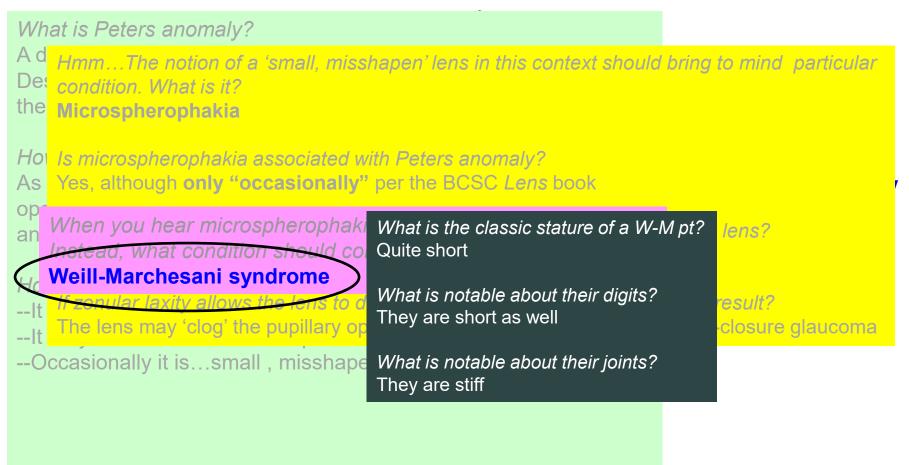
















Anterior segment dysgenesis

What is Peters anomaly? A defect of the posterior central cornea, including the absence of Descemet's and subjacent endothelium. Adhesions extending from the iris to the posterior corneal defect are often present.

How does it present? As a corneal opacity at birth (it's in the STUMPED mnemonic). The opacity ranges in severity from a faint haze to an opaque, elevated and vascularized mess.

How might the lens be involved?

--It is often...cataractous --It may be...adherent to the posterior corneal defect --Occasionally it is...small, misshapen, and displaced into the AC



Central



Anterior segment dysgenesis

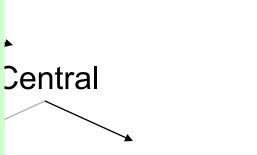
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--It is often...cataractous --It may be...adherent to the posterior corneal defect --Occasionally it is...small, misshapen, and displaced into the AC

Does Peters anomaly require a workup?



Peters anomaly

Anterior segment dysgenesis

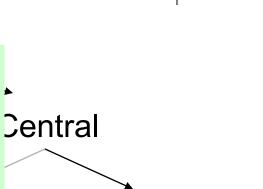
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How might the lens be involved?

--It is often...cataractous --It may be...adherent to the posterior corneal defect --Occasionally it is...small, misshapen, and displaced into the AC

Does Peters anomaly require a workup? No if it's... Yes if it's...



Peters anomaly



Anterior segment dysgenesis

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How might the lens be involved?

--It is often...cataractous --It may be...adherent to the posterior corneal defect --Occasionally it is...small, misshapen, and displaced into the AC

Does Peters anomaly require a workup?No if it's...unilateral (usually sporadic)Yes if it's...bilateral (do a complete genetic and systemic workup)



Central