Q

- CNVM DDx:
  - ARMD
  - OHS
  - Pathologic myopia
  - Angioid streaks
  - Idiopathic
  - Sorsby macular dystrophy (SMD)
  - Traumatic choroidal rupture
  - Iatrogenic
CNVM DDx:
- ARMD
- OHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Traumatic choroidal rupture
- Iatrogenic
CNVM DDx:

- **ARMD**  
  ARMD is addressed extensively in a series of slide-sets—see the Table of Contents
- OHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Traumatic choroidal rupture
- Iatrogenic
What does OHS stand for in this context?

Ocular histoplasmosis syndrome, aka PoHS (the P is for presumed).

Is there a gender predilection in OHS?
No.

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage.

Is there a geographic predilection?
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US.

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis?
Never. If vitritis is present, it's not OHS.

What about AC cell?
Never. If AC cell is present, it's not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?

Is there a racial predilection? Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection? Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally? Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis? Never. If vitritis is present, it's not OHS.

What about AC cell? Never. If AC cell is present, it's not OHS.
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS? No
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for **presumed**)

*Is there a gender predilection in OHS?*
No

*Is there a racial predilection?*
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS? No

Is there a racial predilection? Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally?
### CNVM DDx

<table>
<thead>
<tr>
<th>Condition</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMD</td>
<td>Age-related Macular Degeneration</td>
</tr>
<tr>
<td>OHS</td>
<td>Ocular Histoplasmosis Syndrome, aka POHS (the P is for presumed)</td>
</tr>
<tr>
<td>Angioid streaks</td>
<td>Pathologic myopia</td>
</tr>
<tr>
<td>Sorsby macular dystrophy (SMD)</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>Iatrogenous</td>
</tr>
</tbody>
</table>

### Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does OHS stand for in this context?</td>
<td>Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)</td>
</tr>
<tr>
<td>Is there a gender predilection in OHS?</td>
<td>No</td>
</tr>
<tr>
<td>Is there a racial predilection?</td>
<td>Yes, OHS occurs almost exclusively among whites of Northern European heritage</td>
</tr>
<tr>
<td>Is there a geographic predilection?</td>
<td>Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US</td>
</tr>
<tr>
<td>Does OHS manifest unilaterally, or bilaterally?</td>
<td>Bilaterally (although it can be somewhat asymmetric)</td>
</tr>
</tbody>
</table>
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis?
What does OHS stand for in this context?  
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?  
No

Is there a racial predilection?  
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?  
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally?  
Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis?  
Never. If vitritis is present, it’s not OHS.
What does OHS stand for in this context?  
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?  
No

Is there a racial predilection?  
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?  
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally?  
Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis?  
Never. If vitritis is present, it’s not OHS.

What about AC cell?
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

Is there a gender predilection in OHS?
No

Is there a racial predilection?
Yes, OHS occurs almost exclusively among whites of Northern European heritage

Is there a geographic predilection?
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
**CNVM DDx**

- **OHS**
  - Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)
  
  *How is the diagnosis of OHS made?*

- **ARMD**

- **Pathologic myopia**
  - Angioid streaks
  - Idiopathic
  - Sorsby macular dystrophy (SMD)
  - Traumatic choroidal rupture
  - Iatrogenic

*What does OHS stand for in this context?*
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

*Is there a gender predilection in OHS?*
No

*Is there a racial predilection?*
Yes, OHS occurs almost exclusively among whites of Northern European heritage

*Is there a geographic predilection?*
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

*Does OHS manifest unilaterally, or bilaterally?*
Bilaterally (although it can be somewhat asymmetric)

*Is OHS associated with vitritis?*
Never. If vitritis is present, it’s not OHS.

*What about AC cell?*
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric)

Is OHS associated with vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called 'classic triad' of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis?
Never. If vitritis is present, it's not OHS.

What about AC cell?
Never. If AC cell is present, it's not OHS.
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made? It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE? The so-called ‘classic triad’ of OHS.

The classic triad of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

Is there a gender predilection in OHS? No.

Is there a racial predilection? Yes, OHS occurs almost exclusively among whites of Northern European heritage.

Is there a geographic predilection? Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US.

Does OHS manifest unilaterally, or bilaterally? Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis? Never. If vitritis is present, it’s not OHS.

What about AC cell? Never. If AC cell is present, it’s not OHS.
**Q**

**CNVM DDx**

- **ARMD**
- **OHS**
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy (SMD)
- Traumatic choroidal rupture
- Iatrogenic

---

**What does OHS stand for in this context?**
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

**How is the diagnosis of OHS made?**
It is a clinical diagnosis based on DFE findings.

**What are you looking for on DFE?**
The so-called ‘classic triad’ of OHS.

**What is the classic triad of OHS?**

**Does OHS manifest unilaterally, or bilaterally?**
Bilaterally (although it can be somewhat asymmetric).

**Is OHS associated with vitritis?**
*Never.* If vitritis is present, it’s not OHS.

**What about AC cell?**
*Never.* If AC cell is present, it’s not OHS.
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made? It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE? The so-called ‘classic triad’ of OHS.

What is the classic triad of OHS? --Histo spots --Peripapillary atrophy --Disciform macular lesion(s)

Does OHS manifest unilaterally, or bilaterally? Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis? Never. If vitritis is present, it’s not OHS.

What about AC cell? Never. If AC cell is present, it’s not OHS.
CNVM DDx

OHS: The classic triad
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

Are they usually larger, or smaller than the ONH?
Smaller.

What two-word phrase is used to describe them?
'Punched out'.

Do they evolve over time?
Generally no.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

What is the classic triad of OHS?
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, i.e., macula or near-to-mid periphery.

What two-word phrase is used to describe them?
‘Punched out’.

Do they evolve over time?
Generally no.

CNVM DDx
## CNVM DDx

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMD</td>
<td></td>
</tr>
<tr>
<td>OHS</td>
<td></td>
</tr>
<tr>
<td>Angioid streaks</td>
<td></td>
</tr>
<tr>
<td>Pathologic myopia</td>
<td></td>
</tr>
<tr>
<td>Idiopathic</td>
<td></td>
</tr>
<tr>
<td>Sorsby macular dystrophy (SMD)</td>
<td></td>
</tr>
<tr>
<td>Traumatic choroidal rupture</td>
<td></td>
</tr>
<tr>
<td>Iatrogenic</td>
<td></td>
</tr>
</tbody>
</table>

### OHS

- **What does OHS stand for in this context?**
  Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

- **How is the diagnosis of OHS made?**
  It is a clinical diagnosis based on DFE findings.

- **What are you looking for on DFE?**
  The so-called ‘classic triad’ of OHS.
  - Histo spots
  - Peripapillary atrophy
  - Disciform macular lesion

- **In a nutshell, what are histo spots?**
  Discrete, focal, atrophic scars.

- **Where are they typically located?**
  They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

- **Does OHS manifest unilaterally, or bilaterally?**
  Bilaterally (although it can be somewhat asymmetric).

- **Is OHS associated with vitritis?**
  Never. If vitritis is present, it’s not OHS.

- **Is OHS associated with AC cell?**
  Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

Are they usually larger, or smaller than the ONH?
Smaller.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion(s)

In essence, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.
- What does OHS stand for in this context?
  Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

- How is the diagnosis of OHS made?
  It is a clinical diagnosis based on DFE findings

- What are you looking for on DFE?
  The so-called ‘classic triad’ of OHS
  - Histo spots
  - Peripapillary atrophy
  - Disciform macular lesion(s)

- In a nutshell, what are histo spots?
  Discrete, focal, atrophic scars

- Where are they typically located?
  They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery

- Are they usually larger, or smaller than the ONH?
  Smaller

- Does OHS manifest unilaterally, or bilaterally?
  Bilaterally (although it can be somewhat asymmetric)

- Is OHS associated with vitritis?
  Never. If vitritis is present, it’s not OHS.

- What about AC cell?
  Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

Are they usually larger, or smaller than the ONH?
Smaller.

What two-word phrase is used to describe them?
‘Punched out’.

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

Are they usually larger, or smaller than the ONH?
Smaller.

What two-word phrase is used to describe them?
‘Punched out’.
OHS: Histo spots
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

In a nutshell, what are histo spots?
Discrete, focal, atrophic scars.

Where are they typically located?
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

Are they usually larger, or smaller than the ONH?
Smaller.

What two-word phrase is used to describe them?
‘Punched out’.

Do they evolve over time?
Generally no.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
### CNVM DDx

- **ARMD**
- **OHS**
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy (SMD)
- Traumatic choroidal rupture
- Iatrogenic

### Ocular Histoplasmosis Syndrome (OHS)

**What does OHS stand for in this context?**
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

**How is the diagnosis of OHS made?**
It is a clinical diagnosis based on DFE findings.

**What are you looking for on DFE?**
The so-called ‘classic triad’ of OHS:
- Peripapillary atrophy
- Disciform macular lesion
- Histo spots

**In a nutshell, what are histo spots?**
Discrete, focal, atrophic scars.

**Where are they typically located?**
They can be anywhere in the posterior pole, ie, macula or near-to-mid periphery.

**Are they usually larger, or smaller than the ONH?**
Smaller.

**What two-word phrase is used to describe them?**
‘Punched out’

**Do they evolve over time?**
Generally no.

**Is OHS associated with vitritis?**
Never. If vitritis is present, it’s not OHS.

**Does OHS manifest unilaterally, or bilaterally?**
Bilaterally (although it can be somewhat asymmetric).

**Is there a gender predilection in OHS?**
No.

**Is there a racial predilection?**
Yes, OHS occurs almost exclusively among whites of Northern European heritage.

**Is there a geographic predilection?**
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US.

**What about AC cell?**
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS:
- Histoplasmosis spots
- Peripapillary atrophy
- Disciform macular lesion

What is the classic triad of OHS?
In another nutshell, what is PPA?

Peripapillary atrophy

Does OHS manifest unilaterally, or bilaterally?
Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made? It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE? The so-called ‘classic triad’ of OHS.

What is the classic triad of OHS? --Histo spots --Peripapillary atrophy --Disciform macular lesion

In another nutshell, what is PPA? Like histo spots, PPA represent atrophic scars.

Does OHS manifest unilaterally, or bilaterally? Bilaterally (although it can be somewhat asymmetric).

Is OHS associated with vitritis? Never. If vitritis is present, it’s not OHS.

What about AC cell? Never. If AC cell is present, it’s not OHS.
OHS: PPA
Q

- **CNVM DDx**

  - **ARMD**
  - **OHS**
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic

**What does OHS stand for in this context?**
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)

**How is the diagnosis of OHS made?**
It is a clinical diagnosis based on DFE findings

**What are you looking for on DFE?**
The so-called ‘classic triad’ of OHS

**What is the classic triad of OHS?**
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion(s)

**In the last nutshell, what are disciform lesions?**
--Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment
--Inactive lesions (aka disciform scars) are…fibrovascular remnants of previous CNVM and/or subretinal hemorrhage

**Is there a gender predilection in OHS?**
No

**Is there a racial predilection?**
Yes, OHS occurs almost exclusively among whites

**Is there a geographic predilection?**
Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US

**Does OHS manifest unilaterally, or bilaterally?**
Bilaterally (although it can be somewhat asymmetric)

**Is OHS associated with vitritis?**
Never. If vitritis is present, it’s not OHS.

**What about AC cell?**
Never. If AC cell is present, it’s not OHS.
Q/A

What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

What is the classic triad of OHS?
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion(s)

In the last nutshell, what are disciform lesions?
--Active lesions represent...

What about AC cell?
Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context? Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made? It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE? The so-called ‘classic triad’ of OHS.

What is the classic triad of OHS? --Histo spots --Peripapillary atrophy --Disciform macular lesion(s)

In the last nutshell, what are disciform lesions? --Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment; whereas --

What about AC cell? Never. If AC cell is present, it’s not OHS.
Active lesion

OHS
Q/A

- **OHS**
  - What does OHS stand for in this context?
    - Ocular histoplasmosis syndrome, aka POHS (the P is for presumed)
  - How is the diagnosis of OHS made?
    - It is a clinical diagnosis based on DFE findings
  - What are you looking for on DFE?
    - The so-called ‘classic triad’ of OHS
      - Histo spots
      - Peripapillary atrophy
      - Disciform macular lesion(s)
  - What is the classic triad of OHS?
    - Histo spots
    - Peripapillary atrophy
    - Disciform macular lesion(s)
  - In the last nutshell, what are disciform lesions?
    - Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment; whereas
    - Inactive lesions (aka disciform scars) are…

- No gender predilection
- Yes, OHS occurs almost exclusively among whites
- Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US
- Bilaterally (although it can be somewhat asymmetric)
- Never. If vitritis is present, it’s not OHS.
- Never. If AC cell is present, it’s not OHS.
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

In the last nutshell, what are disciform lesions?
- Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment; whereas
- Inactive lesions (aka disciform scars) are…

What about vitritis?
Never. If vitritis is present, it’s not OHS.

What about AC cell?
Never. If AC cell is present, it’s not OHS.
**CNVM DDx**

- **CNVM DDx**
- **OHS**
- ARMD
- **Pathologic**
- **Idiopathic**
- **Angioid streaks**
- **Idiopathic**
- **Sorsby macular dystrophy (SMD)**
- **Traumatic choroidal rupture**
- **Iatrogenic**

---

**What does OHS stand for in this context?**
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

**How is the diagnosis of OHS made?**
It is a clinical diagnosis based on DFE findings.

**What are you looking for on DFE?**
The so-called ‘classic triad’ of OHS

- Histo spots
- Peripapillary atrophy
- **Disciform macular lesion(s)**

---

**In the last nutshell, what are disciform lesions?**

- **Active** lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment; whereas
- **Inactive** lesions (aka *disciform scars*) are…fibrovascular remnants of previous CNVM and/or subretinal hemorrhage.

---

**What about vitritis?**
**Never**. If vitritis is present, it’s not OHS.

**What about AC cell?**
**Never**. If AC cell is present, it’s not OHS.
CNVM DDx

Active lesion

Disciform scar

OHS
**CNVM DDx**

- **What does OHS stand for in this context?**
  Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

- **How is the diagnosis of OHS made?**
  It is a clinical diagnosis based on DFE findings.

- **What are you looking for on DFE?**
  The so-called ‘classic triad’ of OHS.

- **What is the classic triad of OHS?**
  --**Histo spots?**
  --**Peripapillary atrophy?**
  --**Disciform macular lesion(s)?**

- **Which lesion(s) require treatment?**
  Only active disciform lesions.

- **What treatment modalities are used to treat active disciform lesions?**
  --Thermal laser
  --Photodynamic therapy (PDT)
  --Anti-VEGF therapy
  --Submacular surgery
  --Intravitreal corticosteroids
  --Combination therapy (of some of the above modalities)

- **Is there a gender predilection in OHS?**
  No.

- **Is there a racial predilection?**
  Yes, OHS occurs almost exclusively among whites.

- **Is there a geographic predilection?**
  Yes, the majority of cases are found in people who reside in the Mississippi/Ohio River valleys of the US.

- **Does OHS manifest unilaterally, or bilaterally?**
  Bilaterally (although it can be somewhat asymmetric).

- **Is OHS associated with vitritis?**
  Never. If vitritis is present, it’s not OHS.

- **What about AC cell?**
  Never. If AC cell is present, it’s not OHS.
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

What is the classic triad of OHS?
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion(s)

What are active lesions?
Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment.

Which lesion(s) require treatment?
Only active disciform lesions.

What treatment modalities are used to treat active disciform lesions?
--Thermal laser
--Photodynamic therapy (PDT)
--Anti-VEGF therapy
--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS

What is the classic triad of OHS?
--Histo spots
--Porapapillary atrophy
--Disciform macular lesion(s)

What is a disciform lesion?
Active lesions represent…either the presence of CNVM under the retina, or a hemorrhagic retinal detachment.
Inactive lesions (aka disciform scars) are…fibrovascular remnants of previous CNVM and/or subretinal hemorrhage.

Which lesion(s) require treatment?
Only active disciform lesions

What treatment modalities are used to treat active disciform lesions?
--
--
--
--
--

Never
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS
--Histoplasmosis spots
--Peripapillary atrophy
--Disciform macular lesion(s)

What is the classic triad of OHS?
--Histoplasmosis spots
--Peripapillary atrophy
--Disciform macular lesion(s)

Which lesion(s) require treatment?
Only active disciform lesions

What treatment modalities are used to treat active disciform lesions?
--Thermal laser
--Photodynamic therapy (PDT)
--Anti-VEGF therapy
--Submacular surgery
--Intravitreal corticosteroids
--Combination therapy (of some of the above modalities)
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS.

What is the classic triad of OHS?
--Histo spots
--Peripapillary atrophy
--Disciform macular lesion(s)

In the last nutshell, which lesion(s) require treatment?
Only active disciform lesions.

What treatment modalities are used to treat active disciform lesions?
--Thermal laser
--Photodynamic therapy (PDT)
--Anti-VEGF therapy
--Combination therapy (of some of the above modalities)
--Antifungals?

Do antifungals play a role in the treatment of OHS?
No.
**CNVM DDx**

- **What does OHS stand for in this context?**
  Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

- **How is the diagnosis of OHS made?**
  It is a clinical diagnosis based on DFE findings.

- **What are you looking for on DFE?**
  The so-called ‘classic triad’ of OHS
  - Histo spots
  - Peripapillary atrophy
  - Disciform macular lesion(s)

- **What is the classic triad of OHS?**
  --Histo spots
  --Peripapillary atrophy
  --Disciform macular lesion(s)

- **In the last nutshell, which lesion(s) require treatment?**
  Only active disciform lesions.

- **What treatment modalities are used to treat active disciform lesions?**
  - Thermal laser
  - Photodynamic therapy (PDT)
  - Anti-VEGF therapy
  - Combination therapy (or some of the above modalities)

- **Do antifungals play a role in the treatment of OHS?**
  No
What does OHS stand for in this context?
Ocular histoplasmosis syndrome, aka POHS (the P is for presumed).

How is the diagnosis of OHS made?
It is a clinical diagnosis based on DFE findings.

What are you looking for on DFE?
The so-called ‘classic triad’ of OHS:
- Histo spots
- Peripapillary atrophy
- Disciform macular lesion(s)

What is the classic triad of OHS?

For a closer look at OHS, see slide-set U21.

Which lesion(s) require treatment?
Only active disciform lesions.

What treatment modalities are used to treat active disciform lesions?
- Thermal laser
- Photodynamic therapy (PDT)
- Anti-VEGF therapy
- Combination therapy (or some of the above modalities)
- Antifungals? No!
What is the classic DFE appearance of angioid streaks?

Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

About half of angioid streaks are associated with systemic abnormalities.

The well-known mnemonic for angioid streak's associations is PAPS.

Pseudoxanthoma elasticum (PXE)

Ehlers-Danlos syndrome

Paget's disease of bone

Sickle-cell disease

Idiopathic
What is the classic DFE appearance of angioid streaks?

Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in retinal structure.

What proportion of angioid streaks are associated with systemic abnormalities?

About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?

Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic.
What is the classic DFE appearance of angioid streaks?

Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.
Angioid streaks (arrowheads).
Note that only a few of the many present have been marked.
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streaks’ associations?
Pseudoxanthoma elasticum (PXE)
Ehlers-Danlos syndrome
Paget’s disease of bone
Sickle-cell disease
Idiopathic
What is the classic DFE appearance of angioid streaks?

Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane

What proportion of angioid streaks are associated with systemic abnormalities?

About half
What is the classic DFE appearance of angioid streaks?

Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane

What proportion of angioid streaks are associated with systemic abnormalities?

About half

What is the well-known mnemonic for angioid streak’s associations?

Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget’s disease of bone, Sickle-cell disease, Idiopathic
What is the classic DFE appearance of angioid streaks? 
**Reddish-brown** lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities? 
About half.

What is the well-known mnemonic for angioid streak’s associations? 
**P**
**E**
**P**
**S**
**I**
What is the classic DFE appearance of angioid streaks? Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities? About half.

What is the well-known mnemonic for angioid streak’s associations? What are these associations?

PEPSI
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane

What proportion of angioid streaks are associated with systemic abnormalities?
About half

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
Pseudoxanthoma elasticum (PXE)
Ehlers-Danlos syndrome
Paget’s disease of bone
Sickle-cell disease
Idiopathic (ie, no association)
CNVM DDx:

- ARMD
- POHS
- **Angioid streaks**

**What is the classic DFE appearance of angioid streaks?**
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

**What proportion of angioid streaks are associated with systemic abnormalities?**
About half.

**What is the well-known mnemonic for angioid streak’s associations? What are these associations?**

- **P**suedoxanthoma elasticum (PXE)
- Ehlers-Danlos syndrome
- Paget’s disease of bone
- S**ickle-cell disease
- Idiopathic (ie, no association)

- ~50% of cases are associated with one of these
- ~50% of cases have no known systemic association

(No question, proceed when ready)
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane

What proportion of angioid streaks are associated with systemic abnormalities?
About half

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
Pseudoxanthoma elasticum (PXE)?
Ehlers-Danlos syndrome?
Paget’s disease of bone?
Sickle-cell disease?
Idiopathic (ie, no association)

Which condition has the strongest association with angioid streaks?
PXE, by a mile
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak’s associations? What are these associations?

- Pseudoxanthoma elasticum (PXE)
- Ehlers-Danlos syndrome
- Paget’s disease of bone
- Sickle-cell disease
- Idiopathic (ie, no association)

Which condition has the strongest association with angioid streaks?
PXE, by a mile.
<table>
<thead>
<tr>
<th>CNVM DDx</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ARMD</td>
</tr>
<tr>
<td>- POHS</td>
</tr>
<tr>
<td>- Angioid streaks</td>
</tr>
<tr>
<td>- Pathologic myopia</td>
</tr>
<tr>
<td>- Idiopathic</td>
</tr>
<tr>
<td>- Sorsby macular dystrophy (SMD)</td>
</tr>
<tr>
<td>- Choroidal rupture after trauma</td>
</tr>
<tr>
<td>- Iatrogenic</td>
</tr>
</tbody>
</table>

What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
**P**seudoxanthoma elasticum (PXE), **E**hlers-Danlos syndrome, **P**aget’s disease of bone, **S**ickle-cell disease, **I**diopathic (ie, no association).

Which condition has the strongest association with angioid streaks? PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
- Skin
- Vascular system
- GI tract
- Eye
Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Which condition has the strongest association with angioid streaks? PXE, by a mile.
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget’s disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, Vascular system, GI tract.
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget’s disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, Vascular system, GI tract.
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streaks’ associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget’s disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks? What are these associations?
PXE, by a mile.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, Vascular system, GI tract, Eye.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.
**Q/A**

**CNVM DDx**

*Briefly, what sort of disorder is PXE?*
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

*Is it common, or rare?*
Rare

*Is there a gender predilection?*
Yes, ♀ are twice as likely to be affected

Pseudoxanthoma elasticum (PXE)

Ehlers-Danlos syndrome
Paget’s disease of bone
Sickle-cell disease
Idiopathic (ie, no association)

Which condition has the strongest association with angioid streaks? PXE, by a mile
**CNVM DDx**

*Briefly, what sort of disorder is PXE?*
An elastorrhexis, i.e., a condition characterized by progressive calcification and fragmentation of elastic tissues

*Is it common, or rare?*
Rare

*Is there a gender predilection?*
Yes, ♀ are twice as likely to be affected

What is the well-known mnemonic for angioid streak’s associations? What are these associations?

- *P*seudoxanthoma *e*lasicum (PXE)
- Ehlers-Danlos syndrome
- Paget’s disease of bone
- Sickle-cell disease
- Idiopathic (i.e., no association)

Which condition has the strongest association with angioid streaks? PXE, by a mile
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
**P**seudoxanthoma elasticum (PXE), **E**hlers-Danlos syndrome, **P**aget's disease of bone, **S**ickle-cell disease, **I**diopathic (ie, no association).

Which condition has the strongest association with angioid streaks? PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
- -
- -
Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

Is it common, or rare?
Rare

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected

Other than the eye, what organ-systems are affected?
--Skin
--Vascular system
--GI tract
--Eye

Which condition has the strongest association with angioid streaks? What are these associations?
Pseudoxanthoma elasticum (PXE)

Ehlers-Danlos syndrome
Paget’s disease of bone
Sickle-cell disease
Idiopathic (ie, no association)
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, vascular system, GI tract.

What is the appearance of affected skin?
An area of waxy-yellow, papule-like lesions.

What is the classic informal descriptor for this appearance?
'Chicken skin'.

In what two locations is 'chicken skin' most often found?
The neck, the axillae.
CNVM DDx

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

Is it common, or rare?
Rare

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected

What is the well-known mnemonic for angioid streak’s associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget’s disease of bone, Sickle-cell disease, Idiopathic (ie, no association)

Which condition has the strongest association with angioid streaks?
PXE, by a mile

What is the appearance of affected skin?
An area of waxy-yellow, papule-like lesions

What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane

What proportion of angioid streaks are associated with systemic abnormalities?
About half

Other than the eye, what organ-systems are affected?
Skin, --Vascular, --GI tract, --Eye

What is the classic informal descriptor for this appearance?
'Chicken skin'

In what two locations is 'chicken skin' most often found?
--The neck--The axillae
PXE skin
**CNVM DDx**

**Q**

**What is the classic DFE appearance of angioid streaks?**
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

**What proportion of angioid streaks are associated with systemic abnormalities?**
About half.

**What is the well-known mnemonic for angioid streak’s associations? What are these associations?**
**P**seudoxanthoma elasticum (PXE)
**E**hlers-Danlos syndrome
**A**aget’s disease of bone
**S**ickle-cell disease
**I**diopathic (ie, no association)

**Which condition has the strongest association with angioid streaks?**
PXE, by a mile.

**Briefly, what sort of disorder is PXE?**
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

**Is it common, or rare?**
Rare.

**Is there a gender predilection?**
Yes, ♀ are twice as likely to be affected.

**Other than the eye, what organ-systems are affected?**
Skin, vascular system, GI tract, eye.

**What is the appearance of affected skin?**
An area of waxy-yellow, papule-like lesions.

**What is the classic informal descriptor for this appearance?**
'Chicken skin'.

**In what two locations is 'chicken skin' most often found?**
The neck, the axillae.
A

CNVM DDx:

- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy (SMD)
- Choroidal rupture after trauma
- Iatrogenic

What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic (i.e., no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, i.e., a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes. Females are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, vascular system, GI tract, Eye.

What is the appearance of affected skin?
An area of waxy-yellow, papule-like lesions.

What is the classic informal descriptor for this appearance?
'Chicken skin'.

In what two locations is 'chicken skin' most often found?
Neck and axillae.
**Q**

**CNVM DDx**

- **Angioid streaks**
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy (SMD)
- Choroidal rupture after trauma
- Iatrogenic

- **What is the classic DFE appearance of angioid streaks?**
  - Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch’s membrane.

- **What proportion of angioid streaks are associated with systemic abnormalities?**
  - About half.

- **What is the well-known mnemonic for angioid streak’s associations? What are these associations?**
  - **P**seudoxanthoma elasticum (PXE)
  - Ehlers-Danlos syndrome
  - Paget’s disease of bone
  - Sickle-cell disease
  - Idiopathic (ie, no association)

- **Which condition has the strongest association with angioid streaks?**
  - PXE, by a mile

- **Briefly, what sort of disorder is PXE?**
  - An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

- **Is it common, or rare?**
  - Rare.

- **Is there a gender predilection?**
  - Yes, ♀ are twice as likely to be affected.

- **Other than the eye, what organ-systems are affected?**
  - Skin
  - Vascular system
  - GI tract
  - Eye

- **What is the appearance of affected skin?**
  - An area of waxy-yellow, papule-like lesions.

- **What is the classic informal descriptor for this appearance?**
  - ‘Chicken skin’

- **In what two locations is ‘chicken skin’ most often found?**
  - Skin
  - Eye
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks? PXE, by a mile.

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♂ are twice as likely to be affected.

Other than the eye, what organ-systems are affected?
Skin, Vascular system, GI tract, Eye.

What is the appearance of affected skin?
An area of waxy-yellow, papule-like lesions.

What is the classic informal descriptor for this appearance?
'Chicken skin'.

In what two locations is 'chicken skin' most often found?
The neck, the axillae.
PXE: ‘Chicken skin’
What is the classic DFE appearance of angioid streaks?
Reddish-brown lines radiating out from the peripapillary region; these lines represent breaks in Bruch's membrane.

What proportion of angioid streaks are associated with systemic abnormalities?
About half.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.

Other than the eye, what organ-systems are affected?
Skin, Vascular, GI tract.

There are three classic eye findings in PXE, one of which is angioid streaks. What are the other two?

Pseudoxanthoma elasticum (PXE)

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare.

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected.

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE), Ehlers-Danlos syndrome, Paget's disease of bone, Sickle-cell disease, Idiopathic (ie, no association).

Which condition has the strongest association with angioid streaks?
PXE, by a mile.
**CNVM DDx**

**Briefly, what sort of disorder is PXE?**
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

**Is it common, or rare?**
Rare

**Is there a gender predilection?**
Yes, ♀ are twice as likely to be affected

**Other than the eye, what organ-systems are affected?**
- Skin
- Vascular
- GI tract

**What is the well-known mnemonic for angioid streak's associations?**

- Pseudoxanthoma elasticum (PXE)
- Ehlers-Danlos syndrome
- Paget's disease of bone
- Sickle-cell disease
- Idiopathic (ie, no association)

**Which condition has the strongest association with angioid streaks?**
PXE, by a mile

There are three classic eye findings in PXE, one of which is angioid streaks. What are the other two?
- Angioid streaks
- RPE mottling
- Optic disc drusen
Q

CNVM DDx

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

Is it common, or rare?
Rare

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected

Other than the eye, what organ-systems are affected?
--Skin
--Vascular
--GI tract
--Eye

What is the well-known mnemonic for angioid streak's associations? What are these associations?
Pseudoxanthoma elasticum (PXE)
Ehlers-Danlos syndrome
Paget's disease of bone
Sickle-cell disease
Idiopathic (ie, no association)

There are three classic eye findings in PXE, one of which is angioid streaks. What are the other two?
--RPE mottling
--Optic disc drusen

What mellifluous name is used to describe the RPE mottling?
Peau d'orange

Which condition has the strongest association with angioid streaks?
PXE, by a mile
A CNVM DDx

Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues.

Is it common, or rare?
Rare

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected

Other than the eye, what organ-systems are affected?
--Skin
--Vascular
--GI tract
--Optic disc drusen

There are three classic eye findings in PXE, one of which is angioid streaks. What are the other two?
--Angioid streaks
--RPE mottling

What mellifluous name is used to describe the RPE mottling?
Peau d’orange

Which condition has the strongest association with angioid streaks?
PXE, by a mile

Pseudoxanthoma elasticum (PXE)

Ehlers-Danlos syndrome
Paget’s disease of bone
Sickle-cell disease
Idiopathic (ie, no association)
PXE: Peau d’orange fundus
Briefly, what sort of disorder is PXE?
An elastorrhexis, ie, a condition characterized by progressive calcification and fragmentation of elastic tissues

Is it common, or rare?
Rare

Is there a gender predilection?
Yes, ♀ are twice as likely to be affected

There are three classic eye findings in PXE, one of which is angioid streaks. What are the other two?
-- RPE mottling
-- Optic disc drusen

What mellifluous name is used to describe the RPE mottling?
Peau d’orange

Which condition has the strongest association with angioid streaks?
PXE, by a mile

For more on angioid streaks, see slide-set R61
CNVM DDx:

- ARMD
- POHS
- Angioid streaks
- **Pathologic myopia**
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture after trauma
- Iatrogenic

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?*
CNVM DDx:
- ARMD
- POHS
- Angioid streaks
- **Pathologic myopia**
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture after trauma
- Iatrogenic

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia? 26.5 mm*
Q

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - **Pathologic myopia**
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture after trauma
  - Iatrogenic

What proportion of eyes longer than 26.5 mm will develop CNV? About 10%

What is the classic finding on DFE that puts high myopes at risk for CNVM?

Lacquer cracks

What is the classic finding on DFE that puts high myopes at risk for CNVM?
A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture after trauma
  - Iatrogenic
Q

- **CNVM DDx:**
  - ARMD
  - POHS
  - Angioid streaks
  - **Pathologic myopia**
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture after trauma
  - Iatrogenic

---

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?*

26.5 mm

*What is the classic finding on DFE that puts high myopes at risk for CNVM?*
CNVM DDx:

- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture after trauma
- Iatrogenic

Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?
26.5 mm

What is the classic finding on DFE that puts high myopes at risk for CNVM?
Lacquer cracks
Q

- CNVM DDx:
  - ARMD
  - POHS
  - **Angioid streaks**
  - Pathologic myopia

Angioid streaks vs lacquer cracks: Compare and contrast

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>
**Q/A**

- **CNVM DDx:**
  - ARMD
  - POHS
  - **Angioid streaks**
  - Pathologic myopia

**Angioid streaks vs lacquer cracks: Compare and contrast**

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
</tbody>
</table>

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia? 26.5 mm*
Angioid streaks
‘Reddish-brown’

Lacquer cracks
‘Yellowish’
Q/A

- **CNVM DDx:**
  - ARMD
  - POHS
  - **Angioid streaks**
  - Pathologic myopia
  - Sorsby macular dystrophy (SMD)
  - Choroidal rupture after trauma

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?*

26.5 mm

Angioid streaks vs lacquer cracks: Compare and contrast

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td><strong>Depth</strong></td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

**CNVM DDx:**

- ARMD
- POHS
- **Angioid streaks**
- Pathologic myopia
- Sorsby macular dystrophy (SMD)
- Choroidal rupture after trauma
Q/A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia

**Angioid streaks vs lacquer cracks: Compare and contrast**

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Peripapillary</td>
<td>Macula</td>
</tr>
</tbody>
</table>

**Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?**

26.5 mm

**What is the classic finding on DFE that puts high myopes at risk for CNVM?**

Lacquer cracks
Angioid streaks
‘Reddish-brown’
‘Peripapillary’

Lacquer cracks
‘Yellowish’
‘Macular’
Q/A

CNVM DDx:
- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Sorsby macular dystrophy (SMD)
- Choroidal rupture after trauma
- Iatrogenic

Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?
26.5 mm

What is the classic finding on DFE that puts high myopes at risk for CNVM?
Lacquer cracks

Angioid streaks vs lacquer cracks: Compare and contrast

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Peripapillary</td>
<td>Macula</td>
</tr>
<tr>
<td><strong>Subretinal heme?</strong></td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>
Q/A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy (SMD)
  - Choroidal rupture after trauma

**Angioid streaks vs lacquer cracks: Compare and contrast**

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Peripapillary</td>
<td>Macula</td>
</tr>
<tr>
<td><strong>Subretinal heme?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Locus for CNV?</strong></td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>

Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia? 26.5 mm
Q/A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy (SMD)
  - Choroidal rupture after trauma

Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia?

26.5 mm

What is the classic finding on DFE that puts high myopes at risk for CNVM?

Lacquer cracks

Angioid streaks vs lacquer cracks: Compare and contrast

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td>Location</td>
<td>Peripapillary</td>
<td>Macula</td>
</tr>
<tr>
<td>Subretinal heme?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Locus for CNV?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Associated with…</td>
<td>?</td>
<td>?</td>
</tr>
</tbody>
</table>
### CNVM DDx:
- ARMD
- POHS
- **Angioid streaks**
- Pathologic myopia

---

**Angioid streaks vs lacquer cracks: Compare and contrast**

<table>
<thead>
<tr>
<th></th>
<th>Angioid streaks</th>
<th>Lacquer cracks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Reddish-brown</td>
<td>Yellowish</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Peripapillary</td>
<td>Macula</td>
</tr>
<tr>
<td><strong>Subretinal heme?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Locus for CNV?</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Associated with…</strong></td>
<td>PEPSI</td>
<td>High/pathologic myopia</td>
</tr>
</tbody>
</table>

*Per the Retina book, what axial length serves as a useful cutoff for defining pathologic myopia? 26.5 mm*
Q

• CNVM DDx:
  • ARMD
  • POHS
  • Angioid streaks
  • Pathologic myopia
  • Idiopathic
  • Sorsby macular dystrophy
  • Choroidal rupture
  • Iatrogenic

In two words, what sort of condition is Sorsby?
(Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)
In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)

A macular dystrophy

CNVM DDx:
- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture
- Iatrogenic
In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)

A macular dystrophy

For context and completeness’ sake: What are the other macular dystrophies with which Sorsby’s is addressed?

- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture
- Iatrogenic
In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)

macular dystrophy

For context and completeness’ sake: What are the other macular dystrophies with which Sorsby’s is addressed?

--Stargardt
--Best vitelliform
--Adult-onset vitelliform
--The ‘pattern’ dystrophies
--Central areolar choroidal dystrophy
--North Carolina macular dystrophy
Q

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture
  - Iatrogenic

In two words, what sort of condition is Sorsby?
(Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)
A macular dystrophy

What is the inheritance pattern?
CNVM DDx:
- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- Sorsby macular dystrophy
- Choroidal rupture
- Iatrogenic

In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)
A macular dystrophy

What is the inheritance pattern?
AD
In two words, what sort of condition is Sorsby?
(Hint: It’s the two-word header of the section in the
Retina book in which Sorsby is discussed.)
A macular dystrophy

What is the inheritance pattern?
AD

What is the classic DFE finding in a pt who has the
condition, but has yet to become symptomatic?
(Hint: It’s indicated by the subheader of the section
in the Retina book in which it is presented.)
A

- **CNVM DDx:**
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - **Sorsby macular dystrophy**
  - Choroidal rupture
  - Iatrogenic

---

**In two words, what sort of condition is Sorsby?**
(Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)
A macular dystrophy

**What is the inheritance pattern?**
AD

**What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic?**
(Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)
A young adult with large numbers of “drusenlike deposits” in the maculae
Sorsby: Drusenlike deposits
Q

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - **Sorsby macular dystrophy**
  - Choroidal rupture
  - Iatrogenic

**CNVM DDx**

*In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)*

A macular dystrophy

*What is the inheritance pattern?*

AD

*What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic? (Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)*

A young adult with large numbers of “drusenlike deposits” in the maculae

**Sorsby macular dystrophy**

*What is the classic presentation of a pt who has become symptomatic?*
Q/A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture
  - Iatrogenic

**CNVM DDx**

In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)

A macular dystrophy

What is the inheritance pattern?
AD

What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic? (Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)

A young adult with large numbers of “drusenlike deposits” in the maculae

What is the classic presentation of a pt who has become symptomatic?

CNVMs at age #
A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture
  - Iatrogenic

**CNVM DDx**

*In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)*

A: Macular dystrophy

What is the inheritance pattern?
AD

What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic? (Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)
A young adult with large numbers of “drusenlike deposits” in the maculae

**Sorsby macular dystrophy**

What is the classic presentation of a pt who has become symptomatic?
Bilateral subfoveal CNVMs at age 40
**CNVM DDx:**
- ARMD
- POHS
- Angioid streaks
- Pathologic myopia
- Idiopathic
- **Sorsby macular dystrophy**
- Choroidal rupture
- Iatrogenic

In two words, what sort of condition is Sorsby?
(Hint: It’s the two-word header of the section in the *Retina* book in which Sorsby is discussed.)
A macular dystrophy

What is the inheritance pattern?
AD

What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic?
(Hint: It’s indicated by the subheader of the section in the *Retina* book in which it is presented.)
A young adult with large numbers of “drusenlike deposits” in the maculae

What is the classic presentation of a pt who has become symptomatic?
Bilateral subfoveal CNVMs at age 40

The story you’re looking for (on a test) is of an adult who had good vision bilaterally until their early 40s, when they noted sudden VA decrease in one eye, then the other. DFE and imaging will reveal CNVM in the affected eye(s) if vision loss is recent, extensive scarring if remote.

*(No question, proceed when ready)*
Sorsby: Late extensive fibrosis/scarring
Q

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - Sorsby macular dystrophy
  - Choroidal rupture
  - Iatrogenic

In two words, what sort of condition is Sorsby?
(Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)
A macular dystrophy

What is the inheritance pattern?
AD

What is the classic DFE finding in a pt who has the condition, but has yet to become symptomatic?
(Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)
A young adult with large numbers of “drusenlike deposits” in the maculae

What is the subheader name?
‘Early-onset “drusenoid” macular dystrophies’

What is the classic presentation of a pt who has become symptomatic?
Bilateral subfoveal CNVMs at age 40
A

- CNVM DDx:
  - ARMD
  - POHS
  - Angioid streaks
  - Pathologic myopia
  - Idiopathic
  - **Sorsby macular dystrophy**
  - Choroidal rupture
  - Iatrogenic

**CNVM DDx**

*In two words, what sort of condition is Sorsby? (Hint: It’s the two-word header of the section in the Retina book in which Sorsby is discussed.)*

A macular dystrophy

*What is the inheritance pattern? AD*

*What is the classic presentation of a pt who has become symptomatic? (Hint: It’s indicated by the subheader of the section in the Retina book in which it is presented.)*

Bilateral subfoveal CNVMs at age 40

*What is the subheader name? ‘Early-onset “drusenoid” macular dystrophies’*