Divide the lesions into their respective categories

Retinal Lesions…

…Predisposing to RD

Lattice
Cobblestone degeneration
Vitreoretinal tufts
Meridional folds
RPE hyperplasia
Enclosed ora bays
RPE hypertrophy
Peripheral cystoid degeneration

…NOT Predisposing to RD
Divide the lesions into their respective categories

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Before we start, some background info. What are the three classes of retinal detachment (RD)?
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…Predisposing to RD …NOT Predisposing to RD

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Before we start, some background info. What are the three classes of retinal detachment (RD)? Exudative, tractional and rhegmatogenous
Divide the lesions into their respective categories

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...Predisposing to RD

Lattice
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Before we start, some background info. What are the three classes of retinal detachment (RD)?
Exudative, tractional and rhegmatogenous

Looking over the list of lesions above, which of the three is this slide-set concerned with?
Divide the lesions into their respective categories

Retinal Lesions...

...Predisposing to RD

Lattice
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RPE hyperplasia
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Before we start, some background info. What are the three classes of retinal detachment (RD)? Exudative, tractional and rhegmatogenous

Looking over the list of lesions above, which of the three is this slide-set concerned with? Rhegmatogenous
Divide the lesions into their respective categories

Retinal Lesions...

...Predisposing to RD

Lattice
Cobblestone degeneration
Vitreoretinal tufts
Meridional folds
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Enclosed ora bays
RPE hypertrophy
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(OK, now start here and work your way down the list, placing each in the appropriate column)
Divide the lesions into their respective categories

Retinal Lesions...

...Predisposing to RD

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Cobblestone degeneration
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Divide the lesions into their respective categories

Retinal Lesions...

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Retinal Lesions...

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Retinal Lesions: Matching!

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- Black and flat
- Small peripheral retinal elevations 2° to vitreous or zonular traction
- Present in 100% of adults >20 y.o.
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Retinal Lesions: Matching!

How common is lattice degeneration?

Quite—it is found in 5-10% of the population

Is it more common in myopic, or hyperopic eyes?
Myopic

Is it sporadic, or familial?
While not inevitable, a familial predisposition is often found

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Retinal Lesions: Matching!

Q: How common is lattice degeneration?
A: Quite—it is found in 5-10% of the population

Q: When present, how common is lattice to be bilateral?
A: Quite—it is bilateral in 1/3 to 1/2 of lattice pts
Lattice degeneration

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**A/Q**

**Retinal Lesions: Matching!**

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Retinal Lesions: Matching!

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Is it more common in myopic, or hyperopic eyes?

Lattice

Cobblestone pattern commonly

Vitreoretinal tufts --Black and flat

Meridional folds --Small peripheral retinal elevations 2° to vitreous or zonular traction

RPE hyperplasia --Present in 100% of adults >20

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Retinal Lesions: Matching!

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1) A focal area of retina for which the internal limiting membrane is missing;
2) A pocket of liquefied vitreous overlying this retinal lesion;
3) Abnormally firm adhesion between the edges of the retina lesion and the walls of the overlying pocket of liquefied vitreous.

Retinal tears (with subsequent rhegmatogenous RD can result from traction on these abnormal vitreo-retinal adhesions.

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**Q/A**

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What is the ophthalmoscopic appearance of cobblestone (aka paving-stone) degeneration?

Small discrete white/yellow areas, often with a thin rim of hypertrophic RPE. The areas are often closely confluent (hence their harkening to the appearance of cobble- or paving-stones). They are found anterior to the equator, often close to the ora.

What is the histological essence of cobblestone degeneration?

They are focal areas of atrophic outer retina/RPE/choriocapillaris. The remaining retinal layers are fused to the underlying Bruch's membrane.

How do they prevent extension of an RD?

Because they involve fusion of the neurosensory retina to Bruch's, they do not allow liquid vitreous to proceed through their location.
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Cobblestone degeneration - Actual prevents RD extension

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What is the ora serrata?

The junction between the peripheral retina and the pars plana of the ciliary body >20 y.o.

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Cobblestone degeneration

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--Small peripheral retinal elevations due to vitreous or zonular traction

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What is the histological essence of cobblestones?

RPE hypertrophy

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Lattice

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Retinal Lesions: Matching!

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- Meridional folds
- RPE hyperplasia

Vitreoretinal tufts are known also by what name?

Vitreoretinal tufts are known also by the name of Peripheral retinal tufts.

They are highly focal areas of glial hyperplasia firmly attached to both the vitreous face/zonules and the retina. Because of the strength of these attachments, traction arising in the vitreous (or zonules) will elevate the retina. If sufficient traction is applied, the retina will break, resulting in a hole or horseshoe tear.

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Wait—Both the Matching answer and the one above referenced zonules. What gives?

There are three subtypes of vitreoretinal tufts, one of which bridges between the retina and the zonules, not vitreous.
Retinal Lesions: Matching!

- Lattice
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Vitreoretinal tufts

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Vitreoretinal tufts
Meridional folds
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Enclosed ora bays
RPE hypertrophy
Peripheral cystoid degeneration

Retinal Lesions: Matching!

--Actually prevents RD extension
--RD usually 2° to tractional tear at posterior edge of lesion
--Black and flat
--Small peripheral retinal elevations 2° to vitreous or zonular traction
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- Dentate processes look like very pointy teeth (hence the word dentate)

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Pars plana of ciliary body
Ora bays
Peripheral retina
Dentate processes
Ora bays look like inlets of water (hence the word bay)
Dentate processes look like very pointy teeth (hence the word dentate)

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Meridional folds are elevated ridges of retina in a dentate process

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The vitreous base straddles these structures, and post-PVD traction at the end of the fold can lead to a horseshoe tear

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**How does an enclosed ora bay differ from the sort we encountered previously?**

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With respect to retinal breaks, what does it mean to say a pt is ‘symptomatic’?

Symptomatic
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It means the patient is c/o **photopsias** and/or **floaters**

Symptomatic
For each retinal break, state whether it should be treated **prophylactically**

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<tr>
<td><strong>Horseshoe tear</strong></td>
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</tr>
<tr>
<td><strong>Operculated tear</strong></td>
<td>Yes</td>
<td>Never</td>
</tr>
<tr>
<td><strong>Atrophic hole</strong></td>
<td>Rarely</td>
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*In general, which carries the highest risk of RD? Horseshoe tears*
For each retinal break, state whether it should be treated **prophylactically**

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**In general, which carries the highest risk of RD?**

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**Why?**
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In general, which carries the highest risk of RD? **Horseshoe tears**

Why?
Because of **ongoing vitreous traction**
Q

More Retina Problems of an RD Sort…

- % of eyes harbor a retinal break, but only 1 in big number get an RD
6% of eyes harbor a retinal break, but only 1 in 12,000 get an RD
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Goal of RD prophylaxis: Creation of a prophylaxis goal (2 words)
6% of eyes harbor a retinal break, but only 1 in 12,000 get an RD

Goal of RD prophylaxis: Creation of a chorioretinal scar
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Goal of RD prophylaxis: Creation of a chorioretinal scar

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How far anterior should treatment extend?
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How far anterior should treatment extend? As a general rule, all the way to the ora serrata.
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