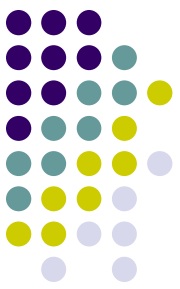


Divide the lesions into their respective categories

(But don't start yet)



Retinal Lesions...

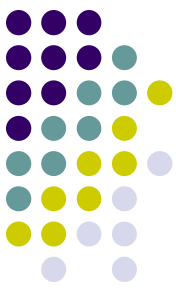
...Predisposing to RD

...NOT Predisposing to RD

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



Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

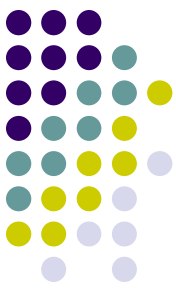
...NOT Predisposing to RD

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

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

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

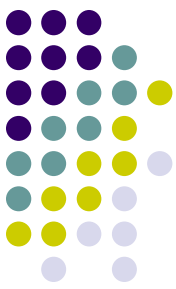
...NOT Predisposing to RD

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

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



Retinal Lesions...

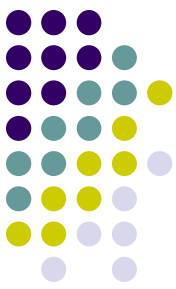
...Predisposing to RD

...NOT Predisposing to RD

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

*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?



Retinal Lesions...

...Predisposing to RD

...NOT Predisposing to RD

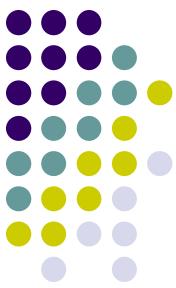
Lattice
Cobblestone degeneration
Vitreoretinal tufts
Meridional folds
RPE hyperplasia
Enclosed ora bays
RPE hypertrophy
Peripheral cystoid degeneration

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

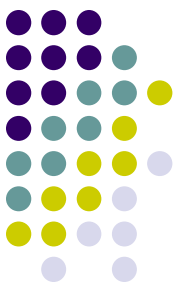
...NOT Predisposing to RD

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

(OK, now start here and work your way down the list, placing each in the appropriate column)

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

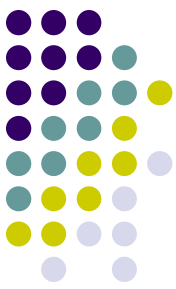
Lattice

...NOT Predisposing to RD

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

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

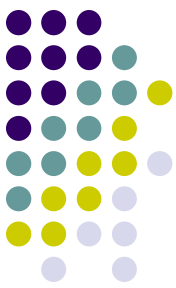
...NOT Predisposing to RD

Cobblestone degeneration

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

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

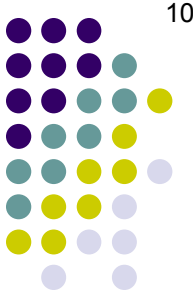
...NOT Predisposing to RD

Cobblestone degeneration

Meridional folds
RPE hyperplasia
Enclosed ora bays
RPE hypertrophy
Peripheral cystoid degeneration

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

Meridional folds

...NOT Predisposing to RD

Cobblestone degeneration

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

Meridional folds

...NOT Predisposing to RD

Cobblestone degeneration

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

Meridional folds

Enclosed ora bays

...NOT Predisposing to RD

Cobblestone degeneration

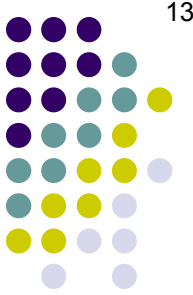
RPE hyperplasia

RPE hypertrophy

Peripheral cystoid degeneration

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

Meridional folds

Enclosed ora bays

Peripheral cystoid degeneration

...NOT Predisposing to RD

Cobblestone degeneration

RPE hyperplasia

RPE hypertrophy

A

Divide the lesions into their respective categories



Retinal Lesions...

...Predisposing to RD

Lattice

Vitreoretinal tufts

Meridional folds

Enclosed ora bays

...NOT Predisposing to RD

Cobblestone degeneration

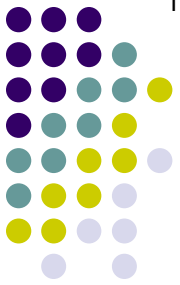
RPE hyperplasia

RPE hypertrophy

Peripheral cystoid degeneration

Q

Retinal Lesions: Matching



Lattice

(As before, let's start at the top and work down the list)

Cobblestone degeneration

Vitreoretinal tufts

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

--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

--Present in 100% of adults >20 y.o.

--Spiculated appearance

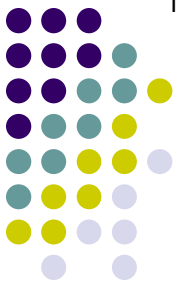
--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching

16



Lattice

Cobblestone degeneration

Vitreoretinal tufts

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

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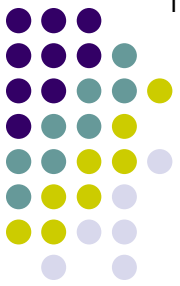
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Q

Retinal Lesions: Matching



How common is lattice degeneration?

Lattice

Cobbleston

Vitreoretinal tufts

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

...ents RD extension

...to tractional tear at
... of lesion

--Black and flat

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

--Present in 100% of adults >20

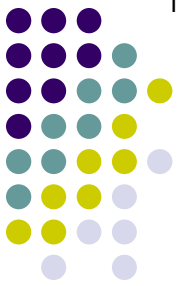
--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



How common is lattice degeneration?

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

Lattice

...presents RD extension

Cobbleston

...leads to tractional tear at
edge of lesion

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

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

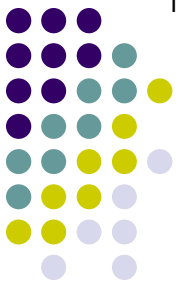
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

Q

Retinal Lesions: Matching



Lattice

How common is lattice degeneration?

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

When present, how likely is lattice to be bilateral?

Cobbleston

...ents RD extension

...to tractional tear at
...of lesion

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

Enclosed ora bays

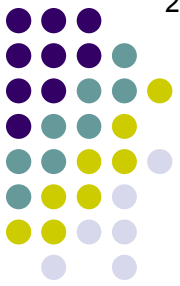
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Lattice

How common is lattice degeneration?

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

When present, how likely is lattice to be bilateral?

Quite--it is bilateral in % to % of lattice pts

...ents RD extension

Cobbleston

...to tractional tear at
...of lesion

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

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

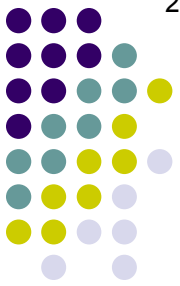
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

How common is lattice degeneration?

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

When present, how likely is lattice to be bilateral?

Quite--it is bilateral in 1/3 to 1/2 of lattice pts

Cobbleston

...ents RD extension

...to tractional tear at
...of lesion

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

Enclosed ora bays

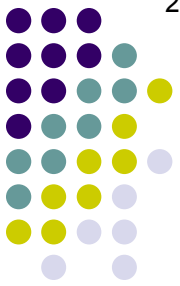
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Q

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?

Lattice

Cobbleston

Vitreoretinal tufts

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

...ents RD extension

...to tractional tear at
...of lesion

--Black and flat

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

--Present in 100% of adults >20

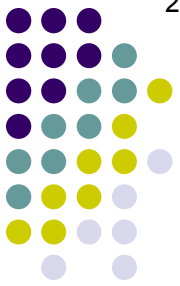
--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

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

...ents RD extension

Cobbleston

...to tractional tear at
...of lesion

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

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

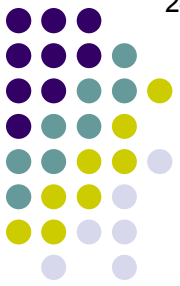
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

Q

Retinal Lesions: Matching



Lattice

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?

Cobbleston

resents RD extension

to tractional tear at
e of lesion

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

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

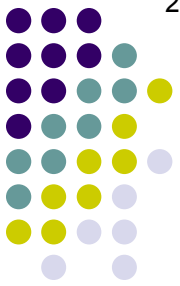
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

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

...ents RD extension

...to tractional tear at
...of lesion

Cobbleston

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

Enclosed ora bays

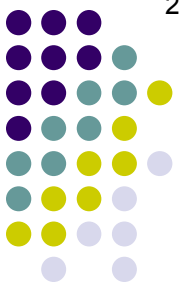
--Spiculated appearance

RPE hypertrophy

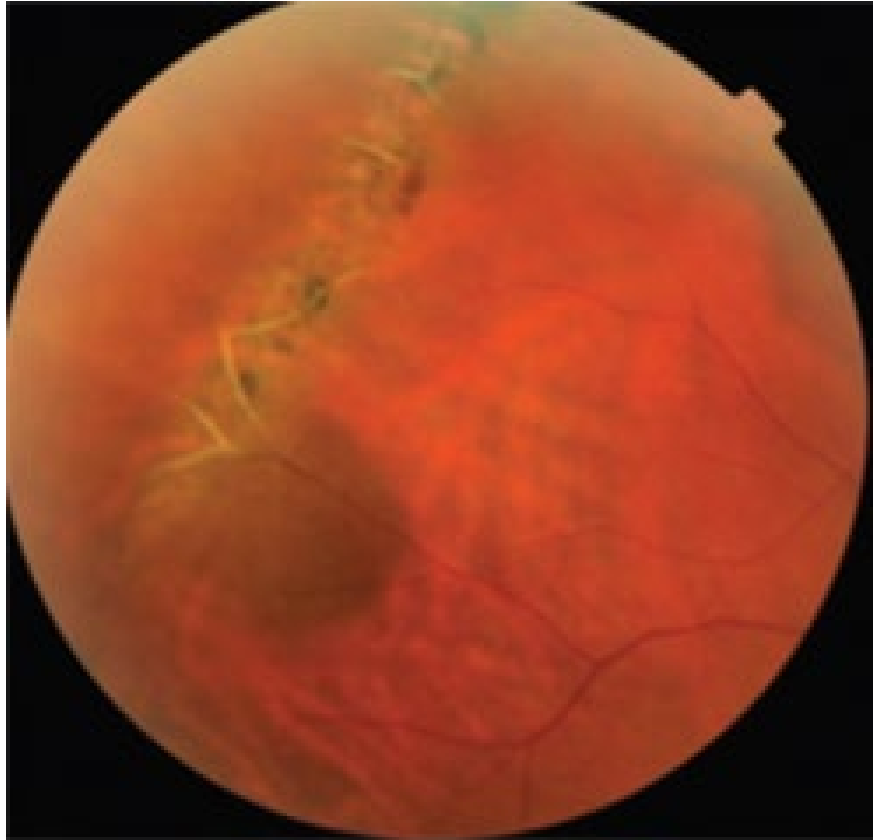
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Retinal Lesions: Matching



Lattice degeneration: Note the retinal thinning, which is characterized by a color change. There are also pigment clumps and crosshatching of sclerotic vessels



Lattice

Cobblestone degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

- 1)
- 2)
- 3)

Enclosed ora bays

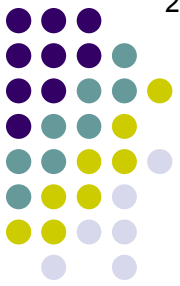
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

1) A focal area of retina for which the three words is missing;

2)

3)

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

Cobblestone degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

1) A focal area of retina for which the **internal limiting membrane** is missing;

2)

3)

Enclosed ora bays

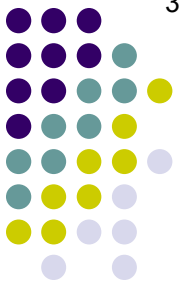
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Lattice

Cobblestone degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

1) A focal area of retina for which the **internal limiting membrane** is missing;

2) a pocket of two words overlying this retinal lesion

3)

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

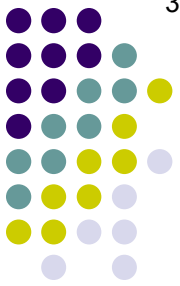
Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching

31



Lattice

Cobblestone degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

- 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)

Enclosed ora bays

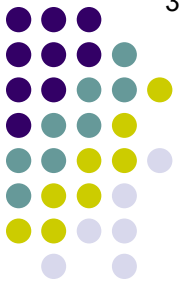
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

- 1) A focal area of retina for which the **internal limiting membrane** is missing;
- 2) a pocket of **liquefied vitreous** overlying this retinal lesion; and
- 3) abnormally firm one word between the edges of the retina lesion and the walls of the overlying pocket of liquefied vitreous

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

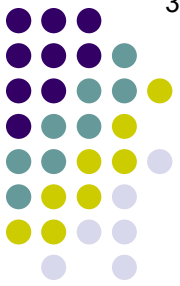
--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

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

Enclosed ora bays

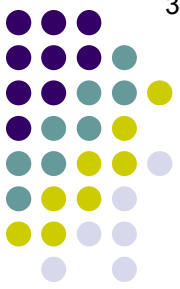
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Retinal Lesions: Matching

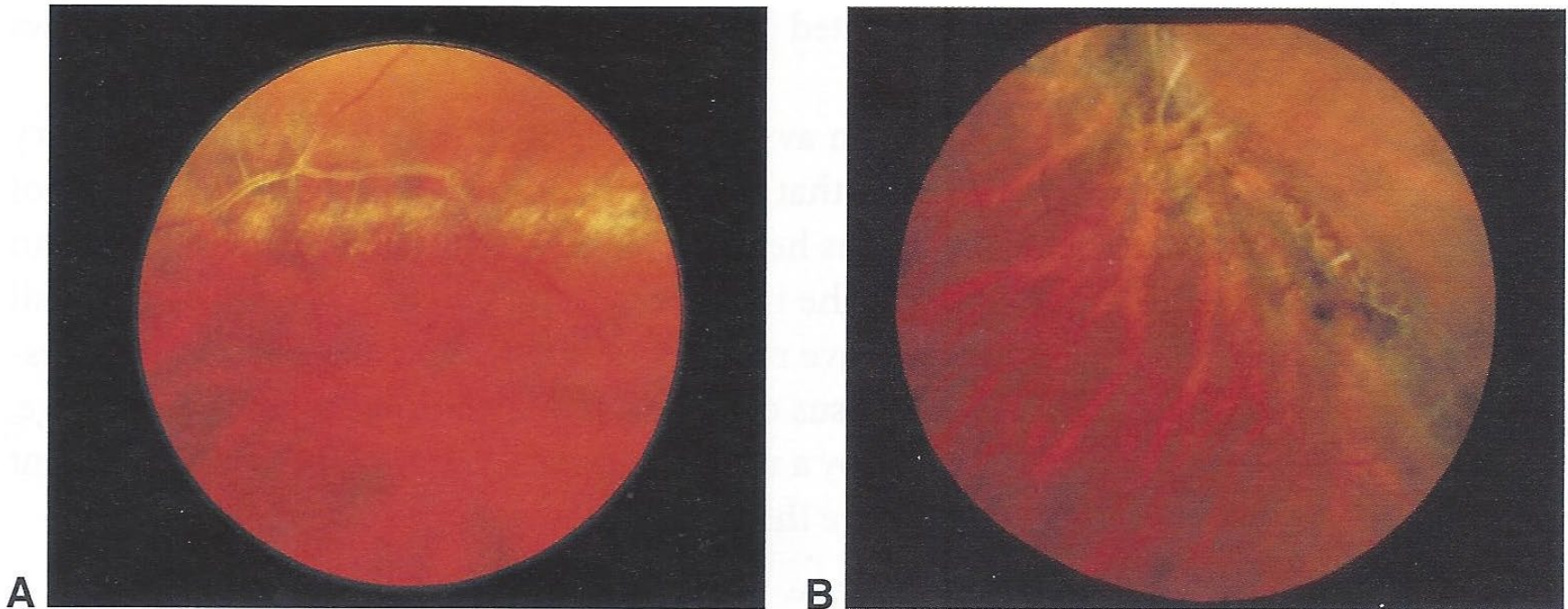
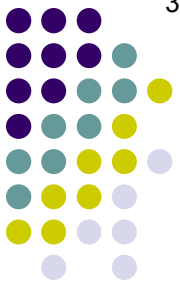


Figure 16-3 Lattice degeneration. **A**, Color fundus photograph of lattice degeneration as viewed without scleral indentation. Vascular sheathing is apparent where the vessel crosses the area of lattice. Characteristic white lattice lines are visible. **B**, Color fundus photograph of another example of lattice degeneration demonstrates associated hyperpigmentation, which is commonly observed. (Part A used with permission from Byer NE. *Peripheral Retina in Profile: A Stereoscopic Atlas*. Torrance, CA: Criterion Press; 1982.)



Retinal Lesions: Matching

Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

There are three clinically important aspects to the structure of lattice degeneration--what are they?

- 1) A focal area of retina for which the **internal limiting membrane** is missing;
- 2) a pocket of **liquefied vitreous** overlying this retinal lesion; and
- 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.

Enclosed ora bays

--Spiculated appearance

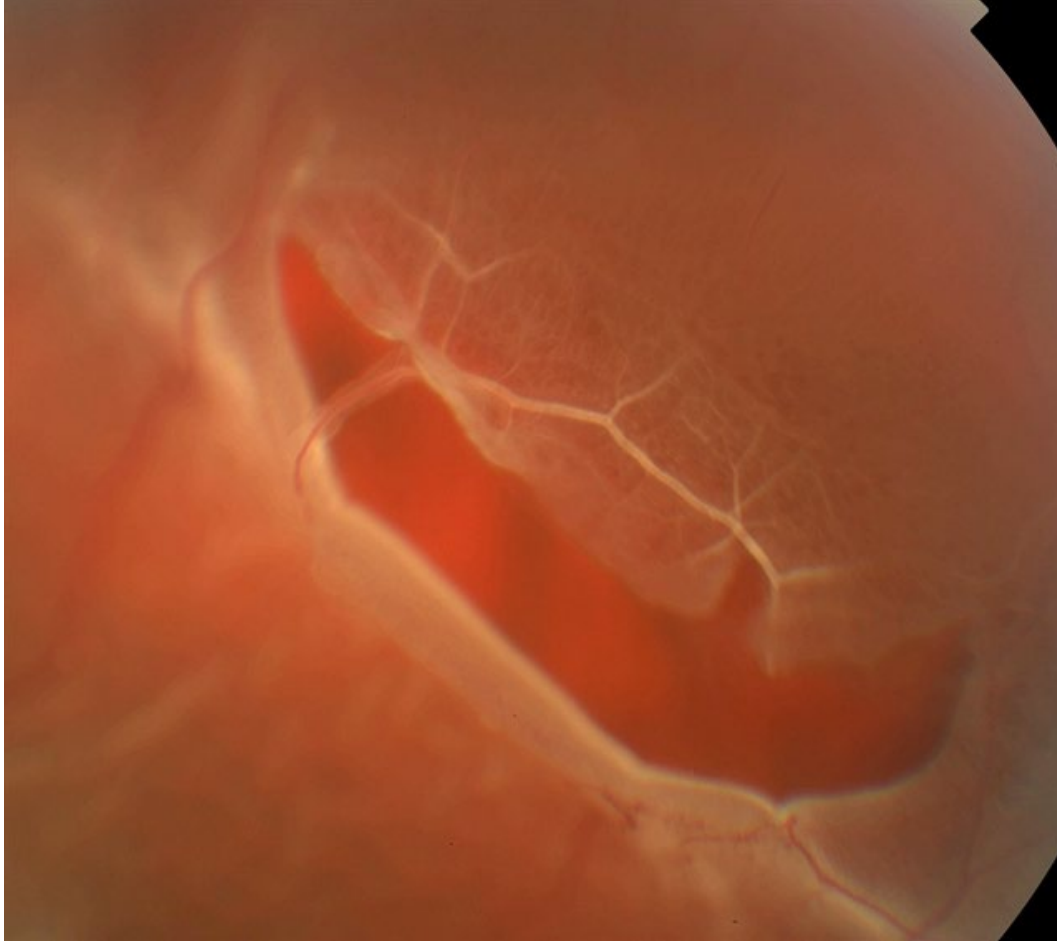
RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

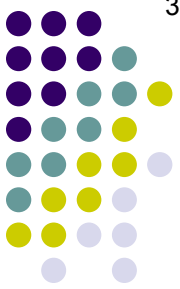
Peripheral cystoid degeneration

--Redundant linear retinal elevations

Retinal Lesions: Matching



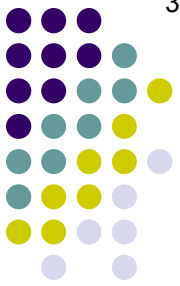
Retinal tear at the posterior edge of lattice degeneration



Q

Retinal Lesions: Matching

37



Lattice

Cobblestone degeneration ?

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

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 y.o.

Enclosed ora bays

--Spiculated appearance

RPE hypertrophy

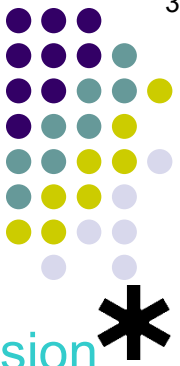
--Islands of pars plana epithelium
surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

Cobblestone degeneration

--Actually prevents RD extension *

--RD usually 2° to tractional tear at posterior edge of lesion

Vitreoretinal tufts

--Black and flat

Meridional folds

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RPE hyperplasia

--Present in 100% of adults >20 y.o.

Enclosed ora bays

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RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

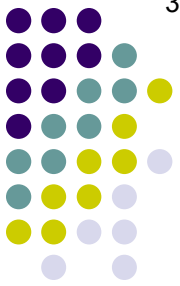
Peripheral cystoid degeneration

*Note: The assertion that cobblestones prevent RD extension is in a previous version of the *Retina* book. It is not found in the most recent version I checked; that said, my impression is it was culled to save space, not because it's no longer true. Still, caveat emptor.

ons

Q

Retinal Lesions: Matching



Lattice

Cobblestone degeneration

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

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

elevations
action

>20 y.o.

Myopia

Peripheral cystoid degeneration

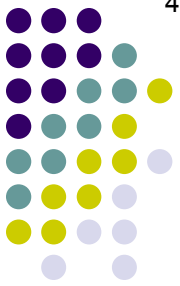
--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching

40



Lattice

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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 pavingstones). They are found anterior to the equator, often close to the ora serrata.

retinal elevations
action

>20 y.o.

RPE hypertrophy

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Peripheral cystoid degeneration

--Redundant linear retinal elevations

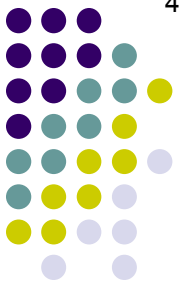
Retinal Lesions: Matching



Figure 16-10 Gross appearance of paving-stone degeneration. (Used with permission from Green WR. *Pathology of the retina*. In: Frayer WC, ed. *Lancaster Course in Ophthalmic Histopathology, unit 9*, Philadelphia: FA Davis; 1988:181.)

Q

Retinal Lesions: Matching



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What is the ora serrata?

elevations
action

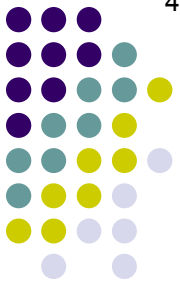
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What is the ora serrata?

The junction between the peripheral retina and the **two words** of the ciliary body

RPE hypertrophy

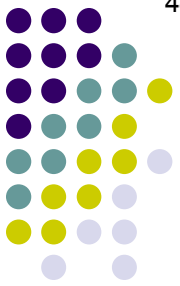
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The junction between the peripheral retina and the pars plana of the ciliary body

elevations
action

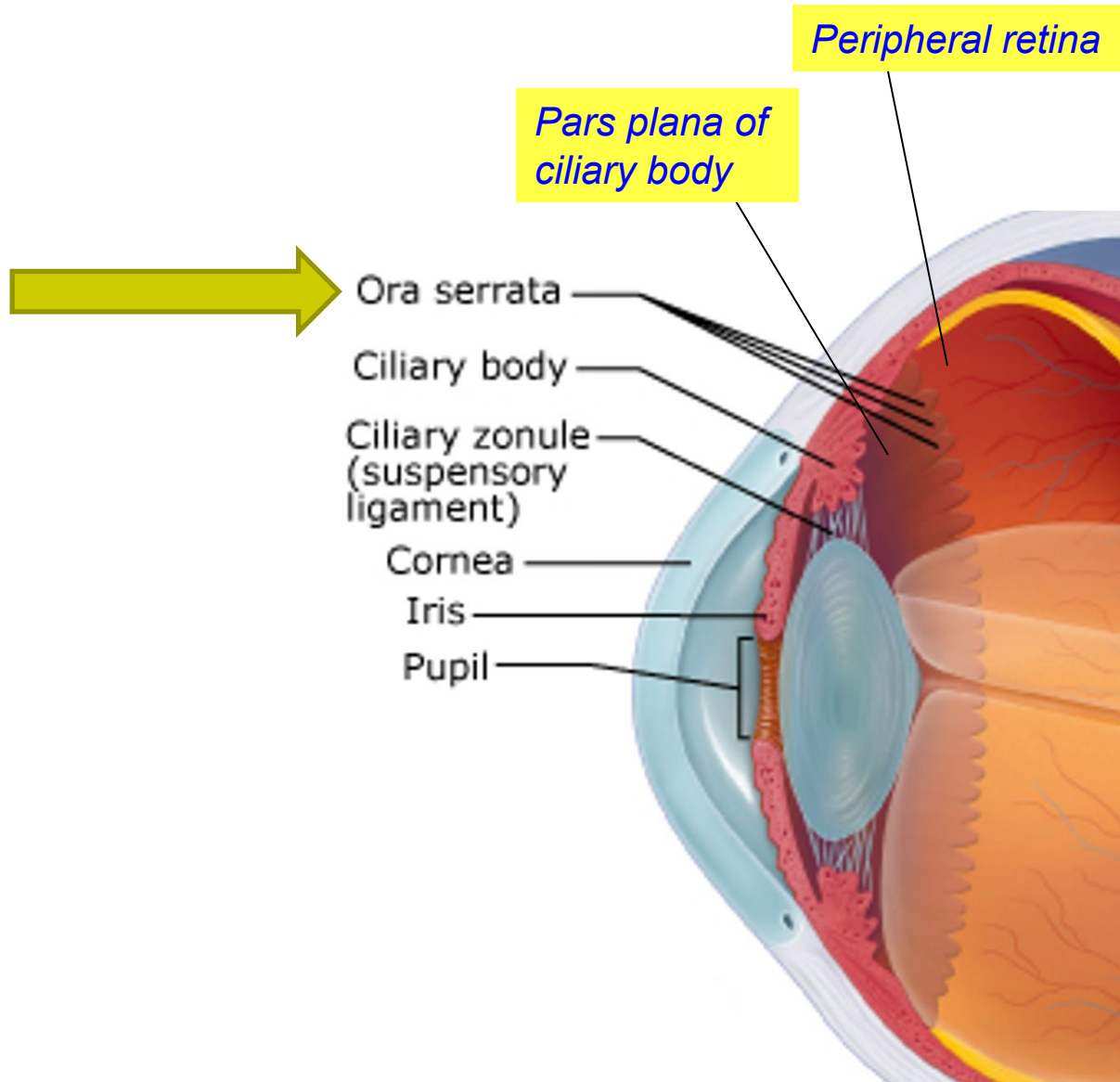
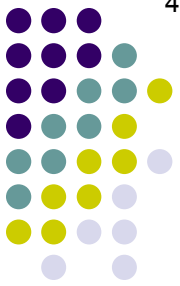
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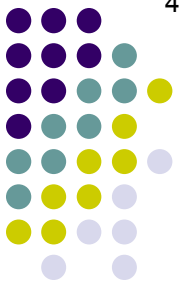
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Ora serrata

Q

Retinal Lesions: Matching



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What is the histological essence of cobblestones?

elevations
action

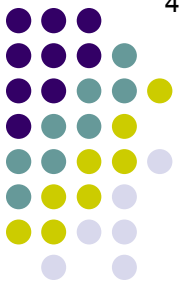
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What is the histological essence of cobblestones?

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

elevations
action

>20 y.o.

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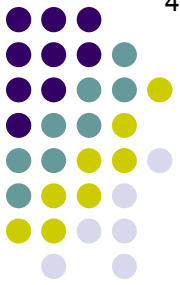
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How do they prevent extension of an RD?

retinal elevations
action

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RPE hypertrophy

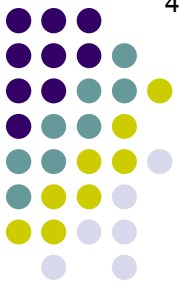
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What is the histological essence of cobblestones?

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 Bruchs, they do not allow liquid vitreous to proceed through their location

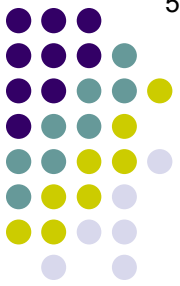
elevations
action

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Q

Retinal Lesions: Matching

Lattice

Cobblestone degeneration

Vitreoretinal tufts

?

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

Peripheral cystoid degeneration

--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

--Present in 100% of adults >20 y.o.

--Spiculated appearance

--Islands of pars plana epithelium
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Retinal Lesions: Matching



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RPE hyperplasia

--Present in 100% of adults >20

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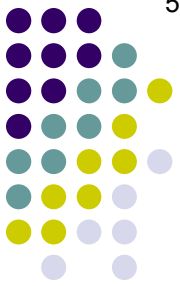
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Retinal Lesions: Matching

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Vitreoretinal tufts

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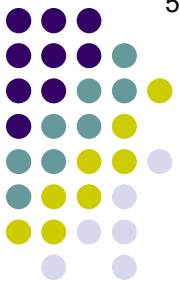
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RPE hyperplasia

Vitreoretinal tufts are known also by what name?

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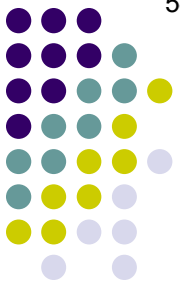
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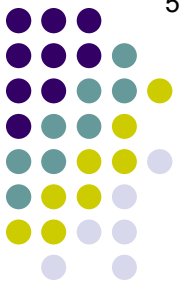
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Vitreoretinal tufts are known also by what name?

Peripheral retinal tufts

What are vitreoretinal tufts composed of?

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.



Retinal Lesions: Matching

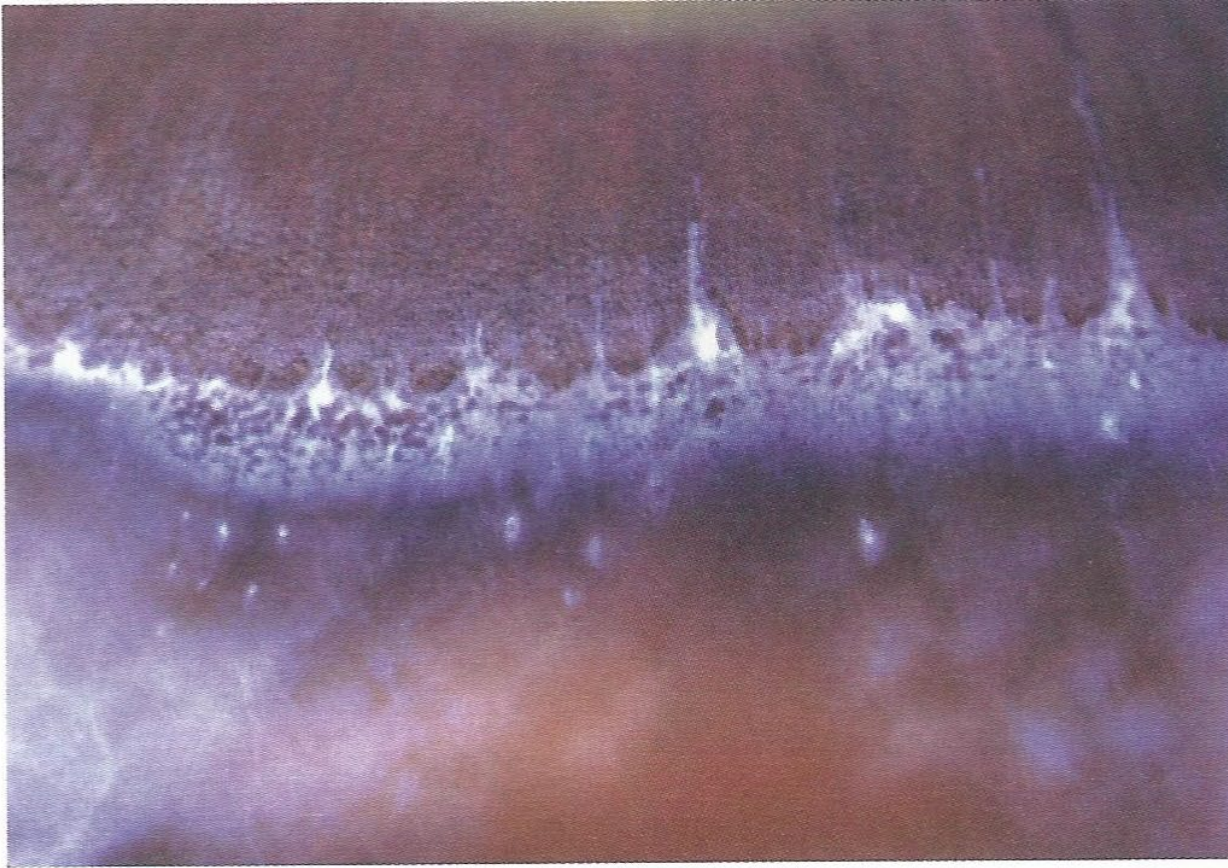
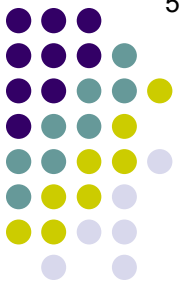


Figure 16-7 Color photograph of a gross eye specimen shows a cluster of white surface nodules with characteristic gross appearance and location of noncystic retinal tufts. (Used with permission from Foos RY, Silverstein RN, eds. System of Ocular Pathology. Vol. 3. Los Angeles: iPATH Press; 2004.)



Q

Retinal Lesions: Matching

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Peripheral retinal tufts

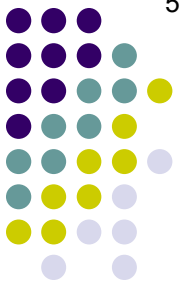
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Wait—both the Matching answer and the one above referenced zonules. What gives?

A

Retinal Lesions: Matching



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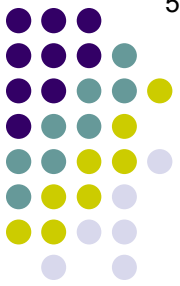
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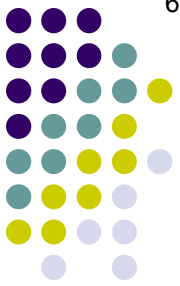
There are three subtypes of vitreoretinal tufts, one of which bridges between the retina and the zonules, not vitreous



Retinal Lesions: Matching



Color photo of a gross eye specimen shows a small zonular traction tuft (*arrow*) with cystic base. Note that the tuft points anteriorly toward the peripheral lens.



Q

Retinal Lesions: Matching

- | | | |
|---------------------------------|---|--|
| Lattice | → | --Actually prevents RD extension |
| Cobblestone degeneration | → | --RD usually 2° to tractional tear at posterior edge of lesion |
| 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 y.o. |
| Enclosed ora bays | | --Spiculated appearance |
| RPE hypertrophy | | --Islands of pars plana epithelium surrounded by retina |
| Peripheral cystoid degeneration | | --Redundant linear retinal elevations |

A

Retinal Lesions: Matching



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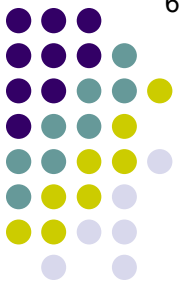
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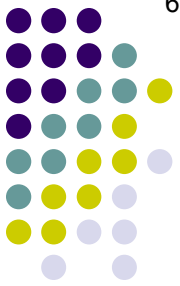
How are meridional folds oriented?

Peripheral cystoid degeneration

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A

Retinal Lesions: Matching

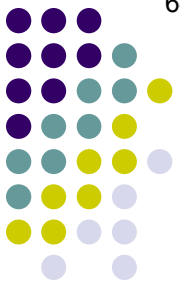


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How are meridional folds oriented?

Anterior-posterior. Think of them as 'ridges of retina' that start at the ora and run posteriorly a millimeter or two.

--Redundant linear retinal elevations



Q

Retinal Lesions: Matching

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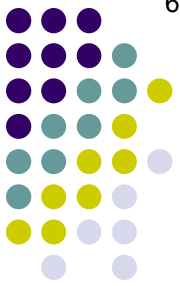
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With what common (at the ora) retinal findings are they associated?

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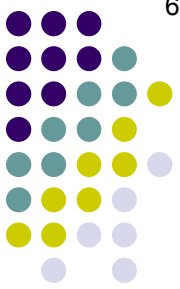
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Dentate processes and ora bays

--Redundant linear retinal elevations

Retinal Lesions: Matching



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Pars plana of the ciliary body

Peripheral retina

Dentate processes

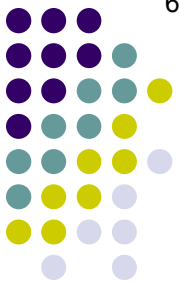
Dentate processes look like very pointy teeth (hence the word *dentate*)

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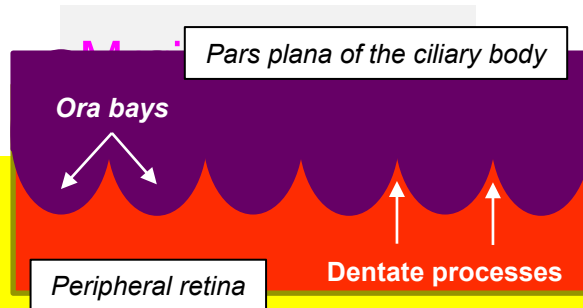
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Ora bays look like inlets of water (hence the word bay)

elevations
2° to vitreous or zonal traction

'ridges of retina' that start at the ora and run posteriorly a millimeter or two

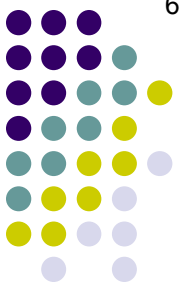
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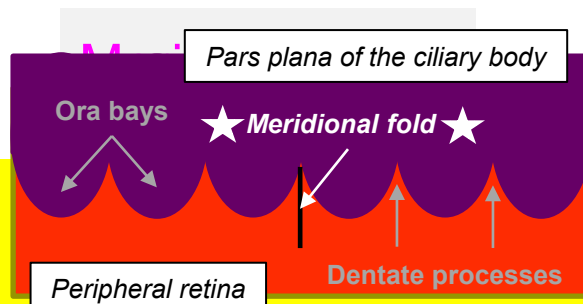
Dentate processes and **ora bays**

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Ora bays look like inlets of water (hence the word *bay*) elevations 2° to vitreous or zonal traction

Meridional folds are elevated ridges of retina within a dentate process

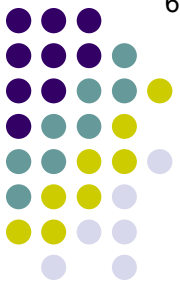
'ridges of retina' that start at the ora and run posteriorly a millimeter or two

Dentate processes look like very pointy teeth (hence the word *dentate*)

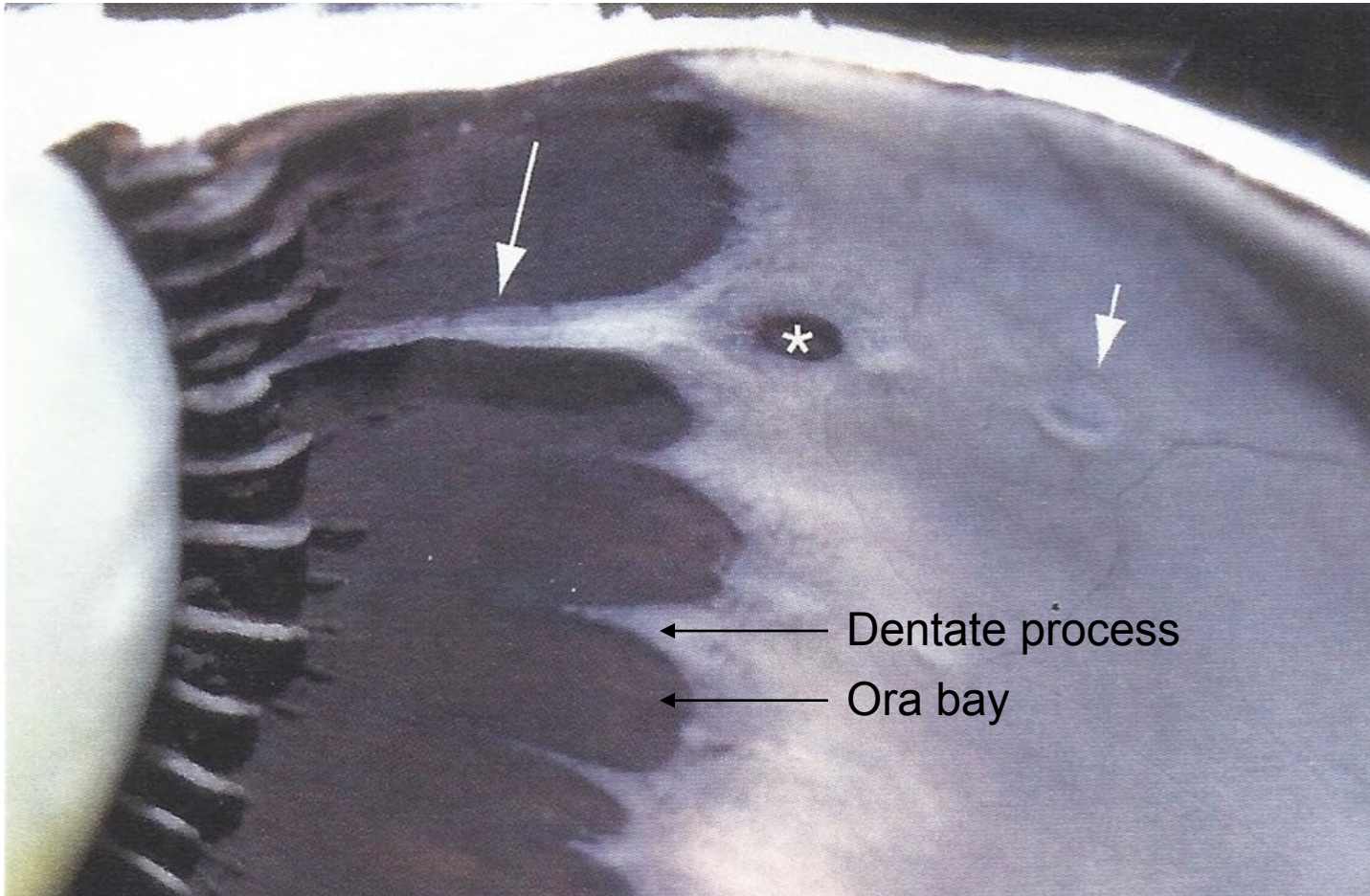
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Dentate processes and ora bays

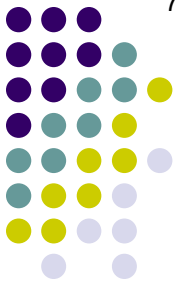
--Redundant linear retinal elevations



Retinal Lesions: Matching



Meridional fold (*large white arrow*)



Q

Retinal Lesions: Matching

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How are meridional folds oriented?

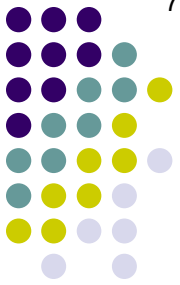
Anterior-posterior. Think of them as 'ridges of retina' that start at the ora and run posteriorly a millimeter or two.

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Dentate processes and ora bays

How do meridional folds increase the risk of an RD?

--Redundant linear retinal elevations



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Dentate processes and ora bays

How do meridional folds increase the risk of an RD?

The vitreous base straddles these structures, and post-PVD traction at the

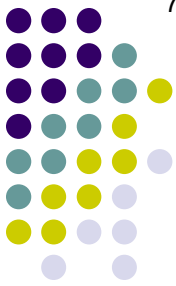
anterior
vs
posterior

 end of the fold can lead to a horseshoe tear

--Redundant linear retinal elevations

A

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- Vitreoretinal tufts --Black and flat
- Meridional folds** --Small peripheral retinal elevations 2° to vitreous or zonular traction

How are meridional folds oriented?

Anterior-posterior. Think of them as 'ridges of retina' that start at the ora and run posteriorly a millimeter or two.

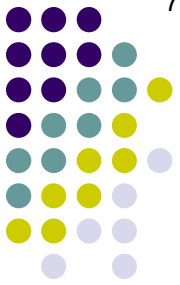
With what common (at the ora) retinal findings are they associated?

Dentate processes and ora bays

How do meridional folds increase the risk of an RD?

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

--Redundant linear retinal elevations



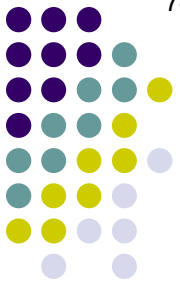
Q

Retinal Lesions: Matching

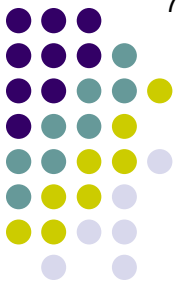
- Lattice
- Cobblestone degeneration
- Vitreoretinal tufts
- Meridional folds
- RPE hyperplasia** ?
- Enclosed ora bays
- RPE hypertrophy
- Peripheral cystoid degeneration
- Actually prevents RD extension
 - RD usually 2° to tractional tear at posterior edge of lesion
 - Black and flat
 - Small peripheral retinal elevations 2° to vitreous or zonular traction
 - Present in 100% of adults >20 y.o.
 - Spiculated appearance
 - Islands of pars plana epithelium surrounded by retina
 - Redundant linear retinal elevations

A

Retinal Lesions: Matching



- Lattice --Actually prevents RD extension
- Cobblestone degeneration --RD usually 2° to tractional tear at posterior edge of lesion
- 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 y.o.
- Enclosed ora bays --Spiculated appearance
- RPE hypertrophy --Islands of pars plana epithelium surrounded by retina
- Peripheral cystoid degeneration --Redundant linear retinal elevations



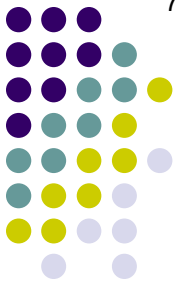
Q

Retinal Lesions: Matching

- Lattice
- Cobblestone degeneration
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- Redundant linear retinal elevations

A

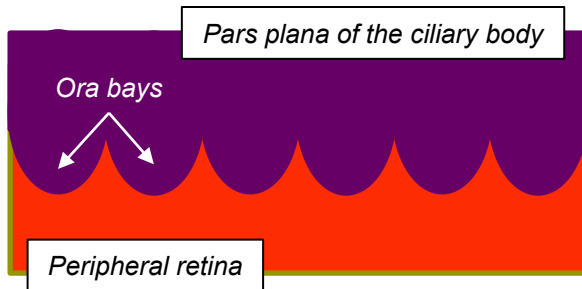
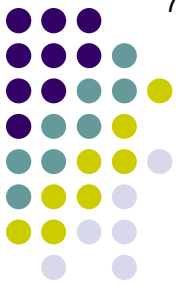
Retinal Lesions: Matching



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- RPE hypertrophy --Islands of pars plana epithelium surrounded by retina
- Peripheral cystoid degeneration --Redundant linear retinal elevations

Q

Retinal Lesions: Matching



--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

Vitreoretinal tufts

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

Enclosed ora bays

--Present in 100% of adults >20 y.o.

--Spiculated appearance

RPE hypertrophy

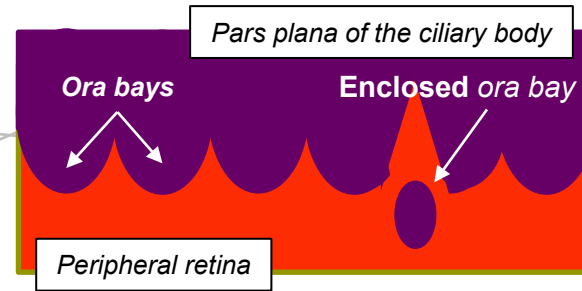
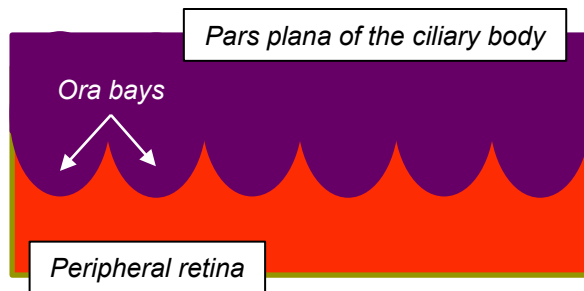
--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



How does an enclosed ora bay differ from the sort we encountered previously?
It differs in that it is 'cut off' from the rest of the pars plana by retina

Enclosed ora bays

RPE hypertrophy

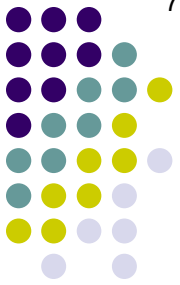
Peripheral cystoid degeneration

--Present in 100% of adults >20 y.o.

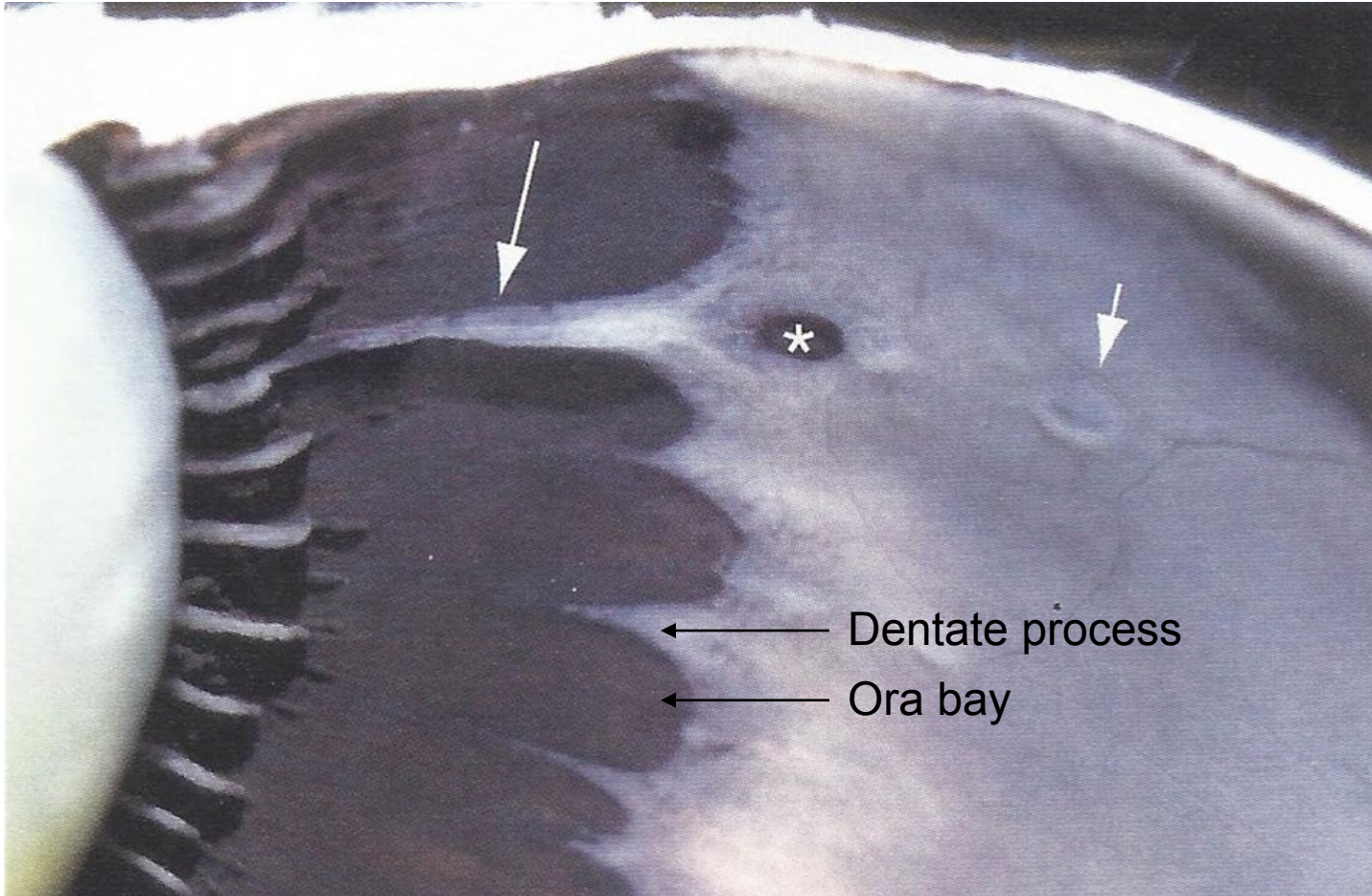
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations



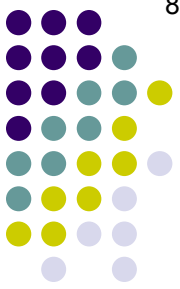
Retinal Lesions: Matching



Enclosed ora bay (*asterisk*)

Q

Retinal Lesions: Matching



Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

Vitreoretinal tufts

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

It differs in that it is 'cut off' from the rest of the pars plana by retina

How do enclosed ora bays increase the risk of an RD?

Enclosed ora bays

--Present in 100% of adults >20 y.o.

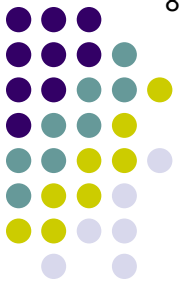
--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations



Lattice

--Actually prevents RD extension

Cobblestone degeneration

--RD usually 2° to tractional tear at posterior edge of lesion

Vitreoretinal tufts

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

It differs in that it is 'cut off' from the rest of the pars plana by retina

How do enclosed ora bays increase the risk of an RD?

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

anterior
vs
posterior

Enclosed ora bays

--Present in 100% of adults >20 y.o.

--Spiculated appearance

RPE hypertrophy

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice --Actually prevents RD extension

Cobblestone degeneration --RD usually 2° to tractional tear at posterior edge of lesion

Vitreoretinal tufts

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

It differs in that it is 'cut off' from the rest of the pars plana by retina

How do enclosed ora bays increase the risk of an RD?

The vitreous base straddles these structures, and post-PVD traction on the retina at the posterior end of the bay can lead to a tear

Enclosed ora bays

RPE hypertrophy

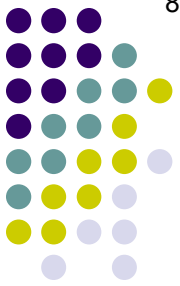
Peripheral cystoid degeneration

--Present in 100% of adults >20 y.o.

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

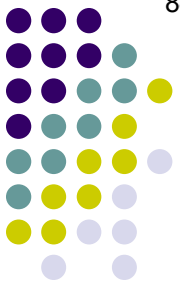
--Redundant linear retinal elevations



Q

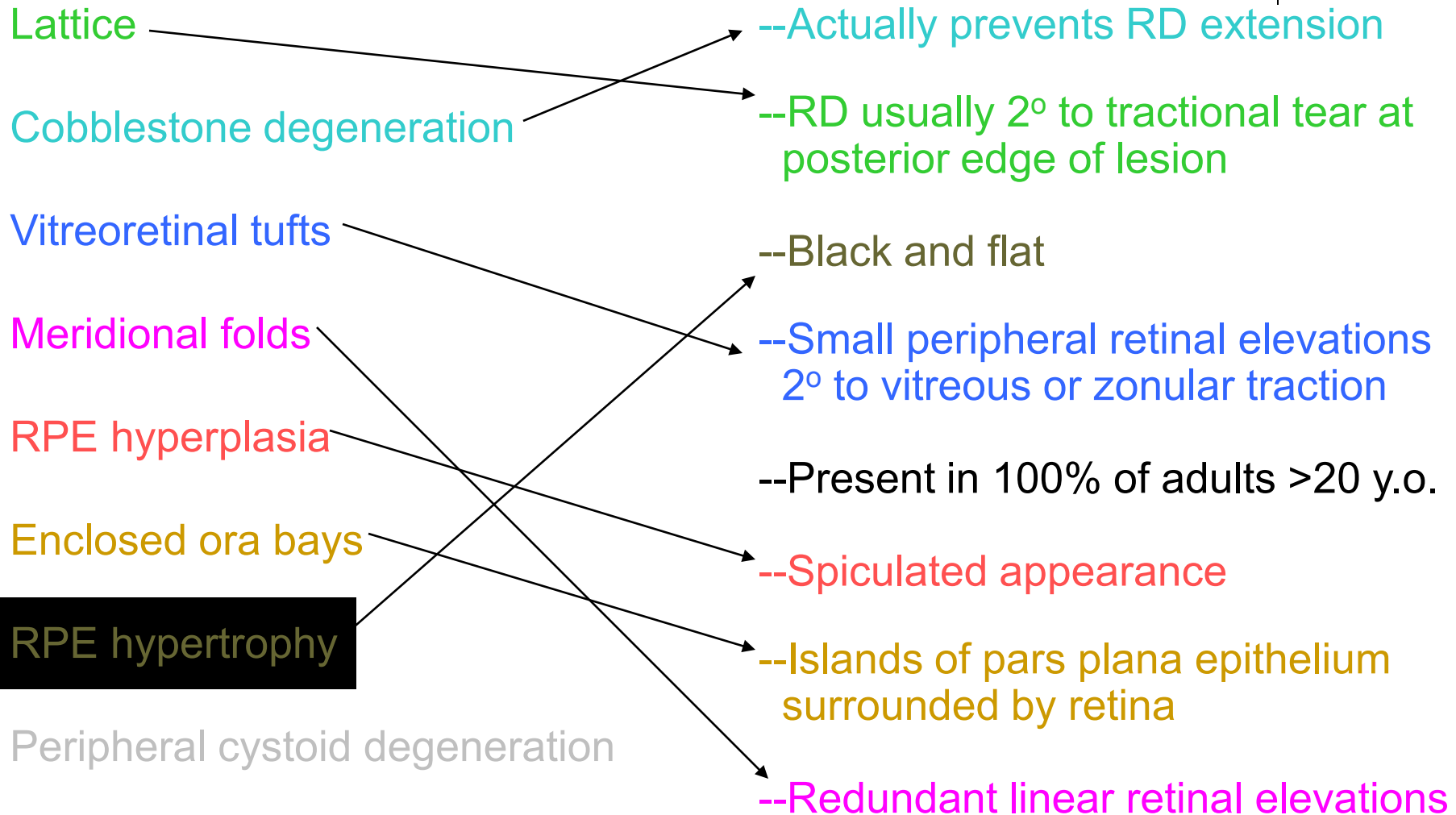
Retinal Lesions: Matching

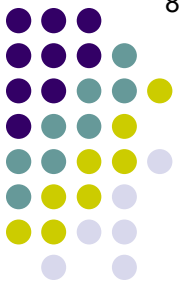
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A

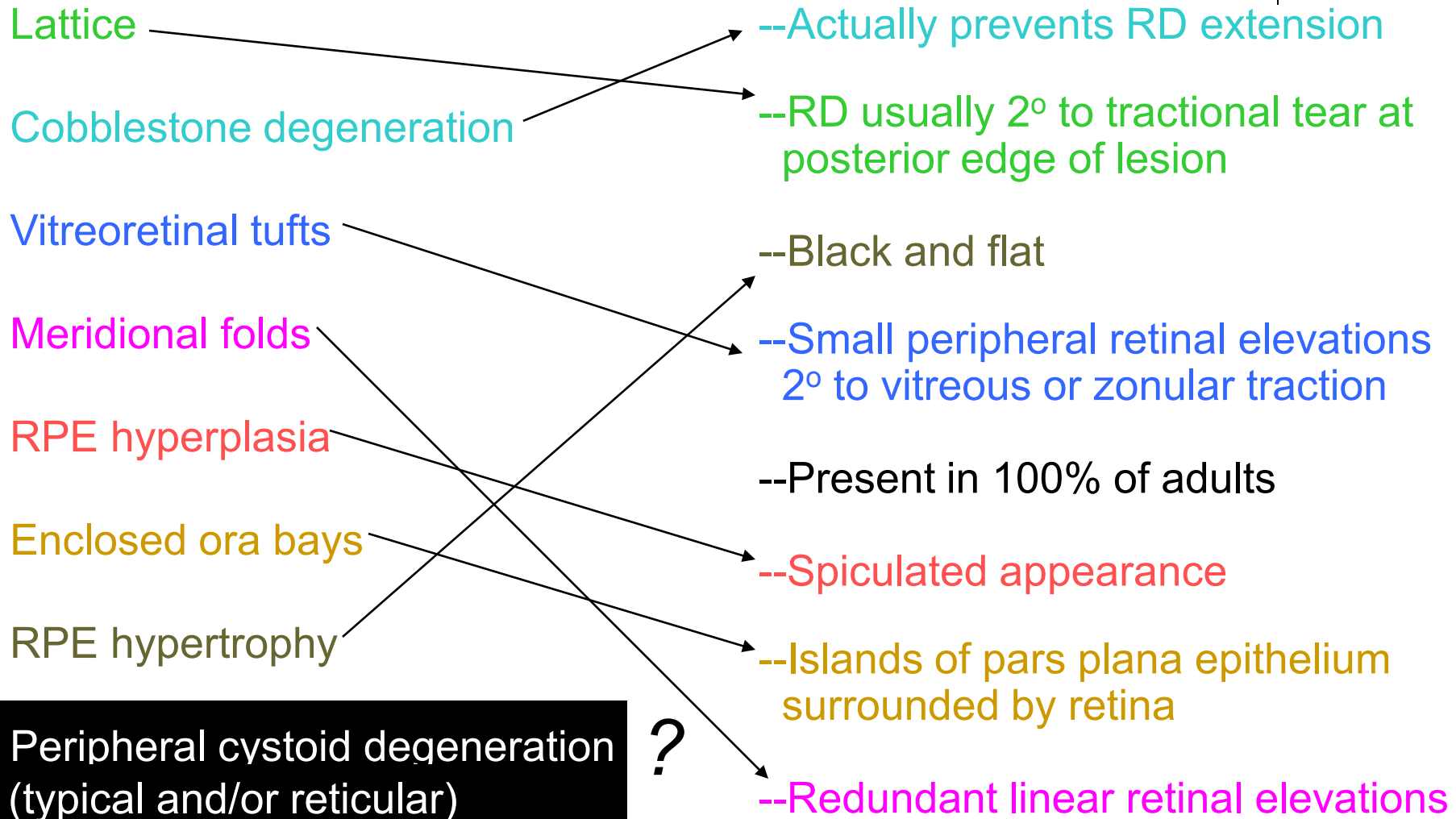
Retinal Lesions: Matching





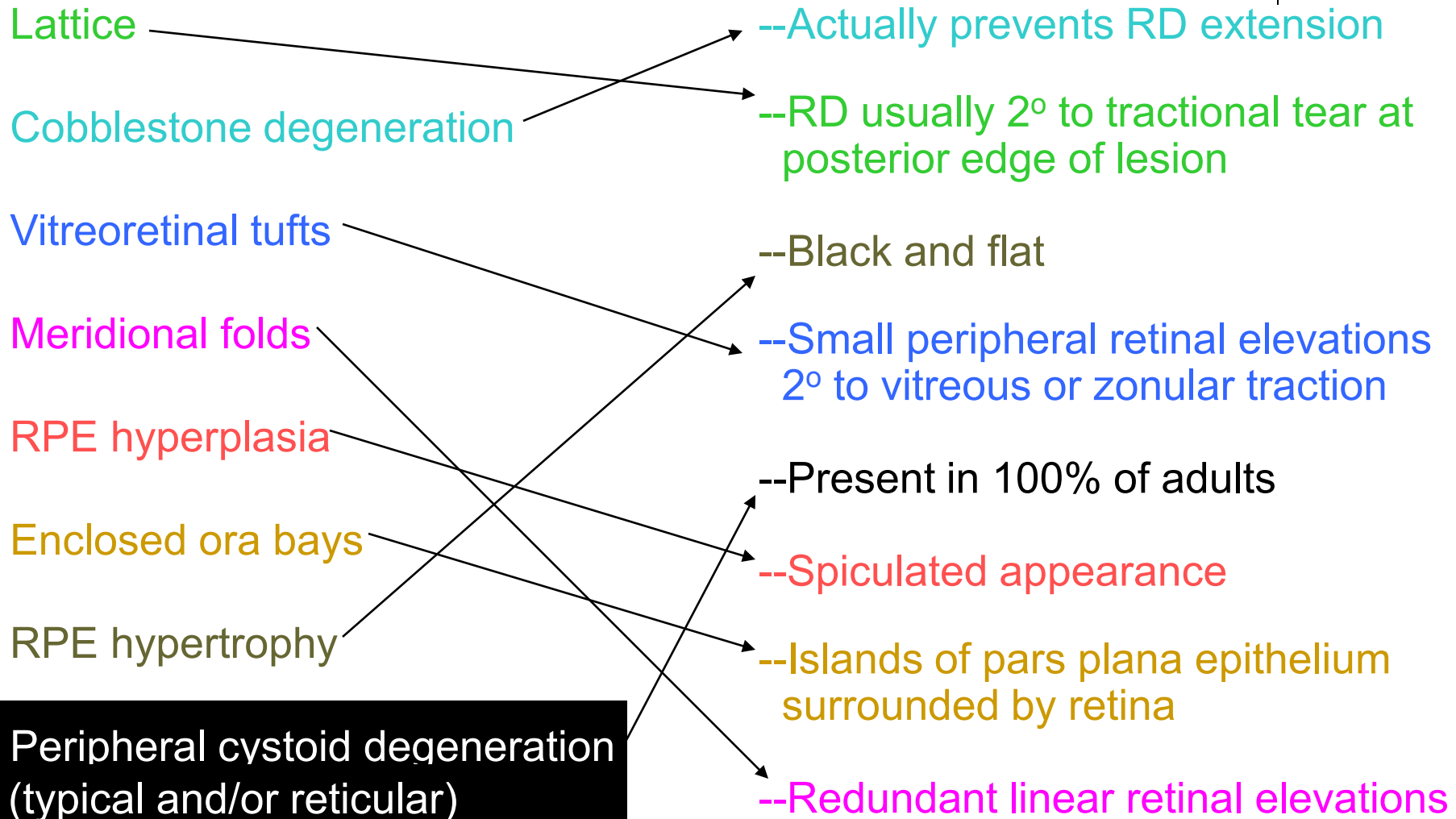
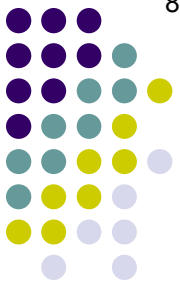
Q

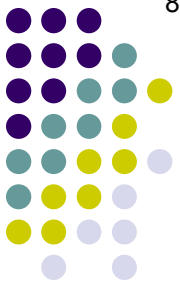
Retinal Lesions: Matching



A

Retinal Lesions: Matching





Lattice

Which form is present in "100% of adults"?

--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

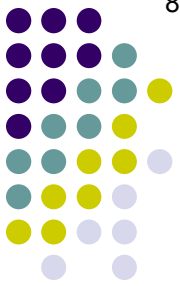
--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

**Peripheral cystoid degeneration
(typical and/or reticular)**

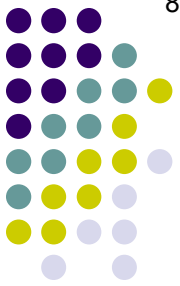


Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

**Peripheral cystoid degeneration
(typical and/or reticular)**

- Actually prevents RD extension
- RD usually 2° to tractional tear at posterior edge of lesion
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- Spiculated appearance
- Islands of pars plana epithelium surrounded by retina
- Redundant linear retinal elevations



Q

Retinal Lesions: Matching

Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

*In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?*

Peripheral cystoid degeneration
(typical and/or reticular)

--Actually prevents RD extension

--RD usually 2° to tractional tear at
posterior edge of lesion

--Black and flat

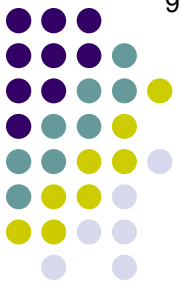
--Small peripheral retinal elevations
2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Lattice

Which form is present in “100% of adults”?
‘Typical’ (that’s why it’s called ‘typical’)

In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?
The outer plexiform

Peripheral cystoid degeneration
(typical and/or reticular)

--Actually prevents RD extension

--RD usually 2° to tractional tear at
posterior edge of lesion

--Black and flat

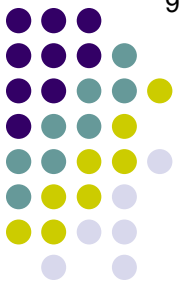
--Small peripheral retinal elevations
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--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

*In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?*

The outer plexiform

*What one word is used to describe the appearance
of typical peripheral cystoid degeneration?*

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Actually prevents RD extension

--RD usually 2° to tractional tear at
posterior edge of lesion

--Black and flat

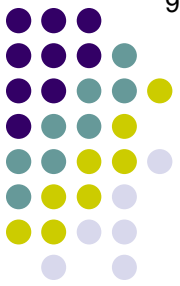
--Small peripheral retinal elevations
2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

*In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?*
The outer plexiform

*What one word is used to describe the appearance
of typical peripheral cystoid degeneration?*
'Bubbly'

Peripheral cystoid degeneration
(typical and/or reticular)

--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

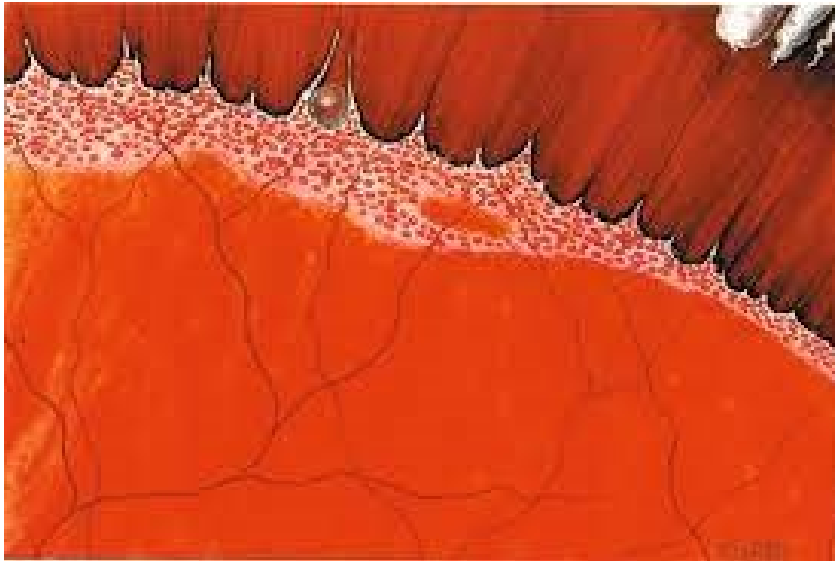
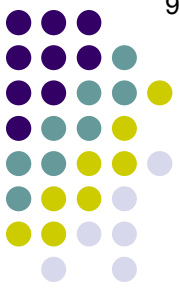
--Present in 100% of adults

--Spiculated appearance

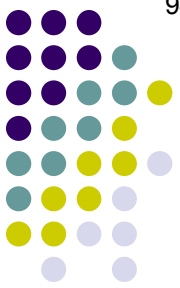
--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

Retinal Lesions: Matching



Typical peripheral cystoid degeneration: 'Bubbly' appearance



Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

*In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?*
The outer plexiform

*What one word is used to describe the appearance
of typical peripheral cystoid degeneration?*
'Bubbly'

*At what general retinal location is typical cystoid
degeneration found?*

Peripheral cystoid degeneration
(typical and/or reticular)

--Actually prevents RD extension

--RD usually 2° to tractional tear at
posterior edge of lesion

--Black and flat

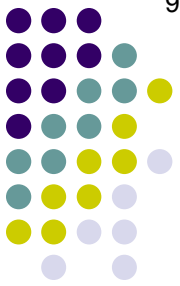
--Small peripheral retinal elevations
2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Lattice

*Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')*

*In which retinal layer are the cystoid cavities found in
typical cystoid degeneration?*
The outer plexiform

*What one word is used to describe the appearance
of typical peripheral cystoid degeneration?*
'Bubbly'

*At what general retinal location is typical cystoid
degeneration found?*
In the far periphery

Peripheral cystoid degeneration
(typical and/or reticular)

--Actually prevents RD extension

--RD usually 2° to tractional tear at
posterior edge of lesion

--Black and flat

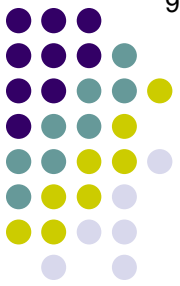
--Small peripheral retinal elevations
2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Q

Retinal Lesions: Matching

Lattice

Which form is present in “100% of adults”?
‘Typical’ (that’s why it’s called ‘typical’)

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?
The outer plexiform

What one word is used to describe the appearance of typical peripheral cystoid degeneration?
‘Bubbly’

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the [] and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

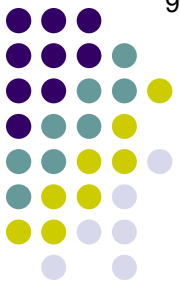
--Small peripheral retinal elevations 2° to vitreous or zonular traction

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--Redundant linear retinal elevations



Lattice

Which form is present in “100% of adults”?
‘Typical’ (that’s why it’s called ‘typical’)

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?
The outer plexiform

What one word is used to describe the appearance of typical peripheral cystoid degeneration?
‘Bubbly’

At what general retinal location is typical cystoid degeneration found?
In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

--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

--Present in 100% of adults

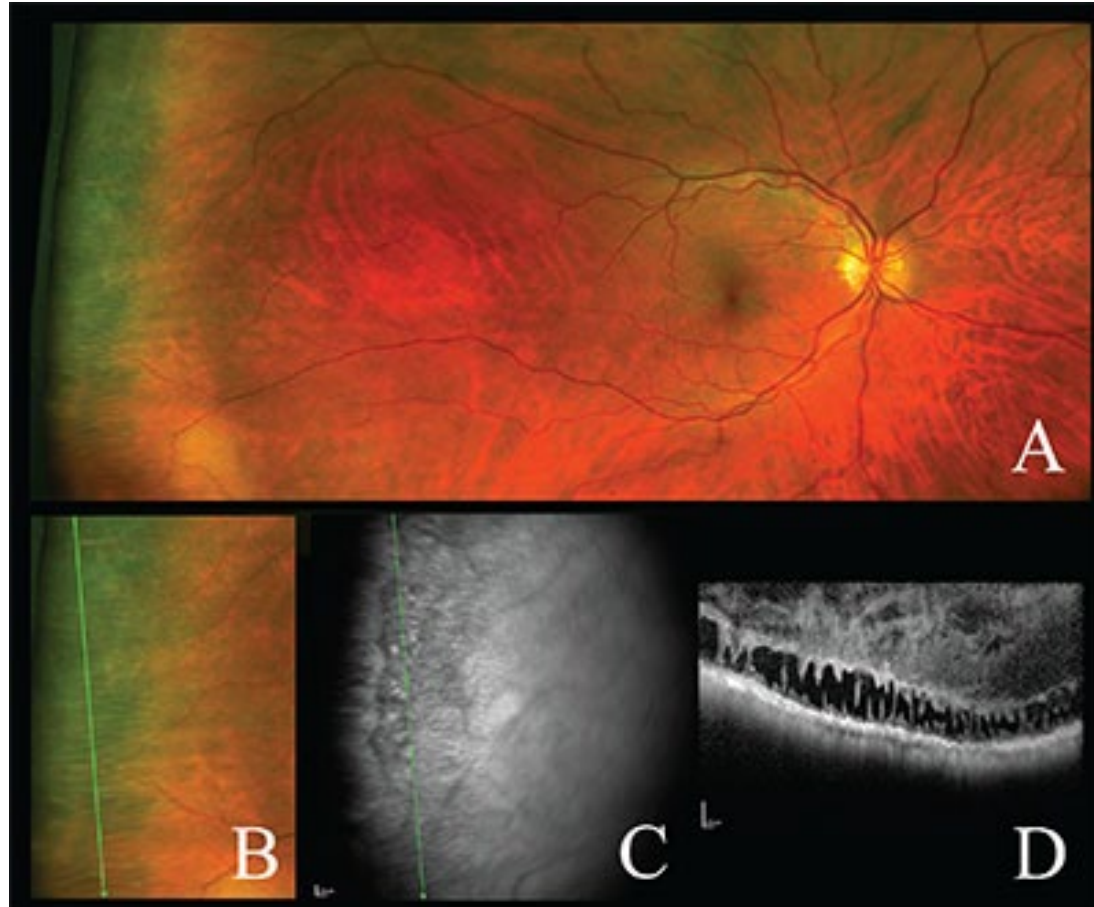
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations



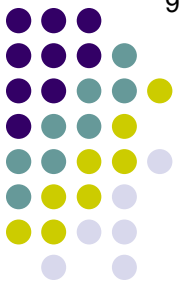
Retinal Lesions: Matching



Typical peripheral cystoid degeneration. (A) Ultra-widefield pseudocolor image (B) High-magnification view (C) Near-Infrared reflectance image (D) SD-OCT

Q

Retinal Lesions: Matching



Lattice

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?

The outer plexiform

--Black and flat

At what **specific** location (as in circumferential locale) is typical cystoid degeneration located?

Small peripheral retinal elevations
due to vitreous or zonular traction

'Bubbly'

At what ^{specific} ~~general~~ retinal location is typical cystoid degeneration found?

--Present in 100% of adults

--Spiculated appearance

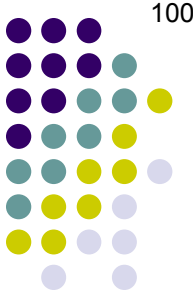
--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration
(typical and/or reticular)

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



100

Lattice

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?

The outer plexiform

--Black and flat

At what **specific** location (as in circumferential locale) is typical cystoid degeneration located?

The temporal periphery

Small peripheral retinal elevations
due to vitreous or zonular traction

'Bubbly'

At what *specific* ~~general~~ retinal location is typical cystoid degeneration found?

Temporal

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration
(typical and/or reticular)

--Redundant linear retinal elevations



Q

Retinal Lesions: Matching

Lattice

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?

The outer plexiform

--Black and flat

At what **specific** location (as in circumferential locale) is typical cystoid degeneration located?

The temporal periphery, more often inferior v superior than inferior v superior)

Small peripheral retinal elevations due to vitreous or zonular traction

'Bubbly'

--Present in 100% of adults

At what *specific* ~~general~~ retinal location is typical cystoid degeneration found?

Temporal (esp. infero- vs superotemporal)

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration
(typical and/or reticular)

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Lattice

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

Which form is present in "100% of adults"?
'Typical' (that's why it's called 'typical')

In which retinal layer are the cystoid cavities found in typical cystoid degeneration?

The outer plexiform

--Black and flat

At what **specific** location (as in circumferential locale) is typical cystoid degeneration located?

The temporal periphery, more often inferior than superior)

'Bubbly'

Small peripheral retinal elevations
due to vitreous or zonular traction

At what *specific* ~~general~~ retinal location is typical cystoid degeneration found?

Temporal (esp. inferotemporal)

--Present in 100% of adults

--Spiculated appearance

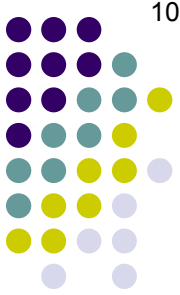
--Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration
(typical and/or reticular)

--Redundant linear retinal elevations



Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

--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

What one word is used to describe the appearance of typical peripheral cystoid degeneration?
'Bubbly'

--Present in 100% of adults

At what general retinal location is typical cystoid degeneration found?

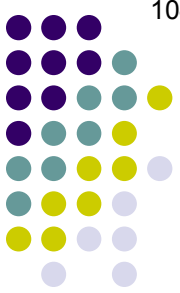
--Spiculated appearance

In the far periphery—it starts at the ora and extends several millimeters posteriorly

--Islands of pars plana epithelium surrounded by retina

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Redundant linear retinal elevations



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations



Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
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Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

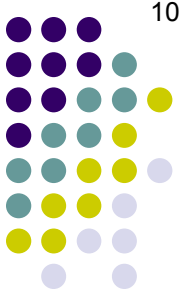
--Small peripheral retinal elevations 2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--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

--Present in 100% of adults

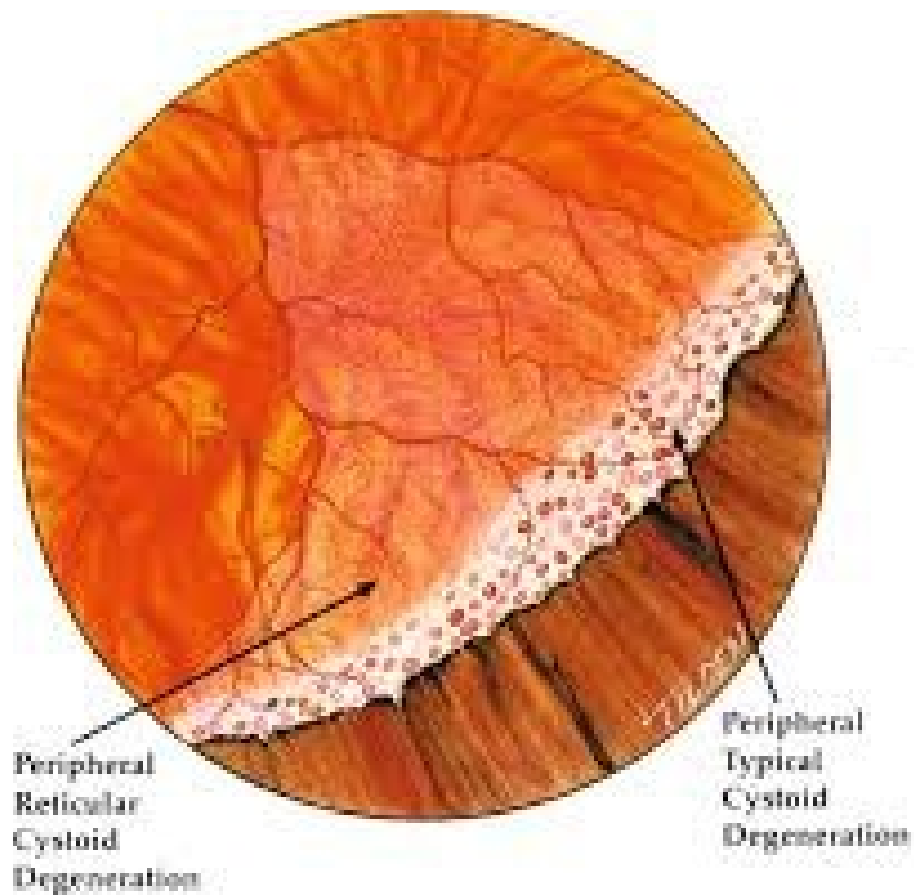
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

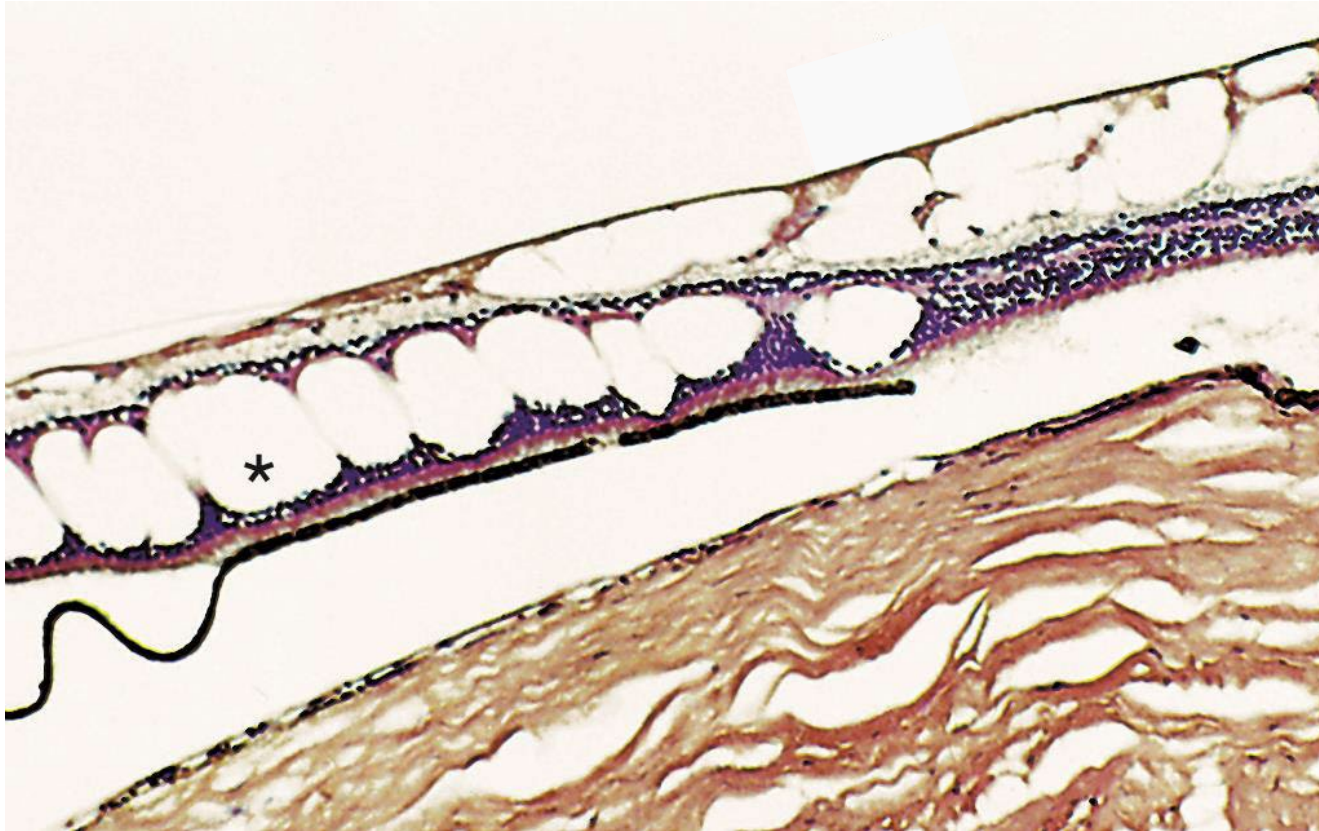


Retinal Lesions: Matching



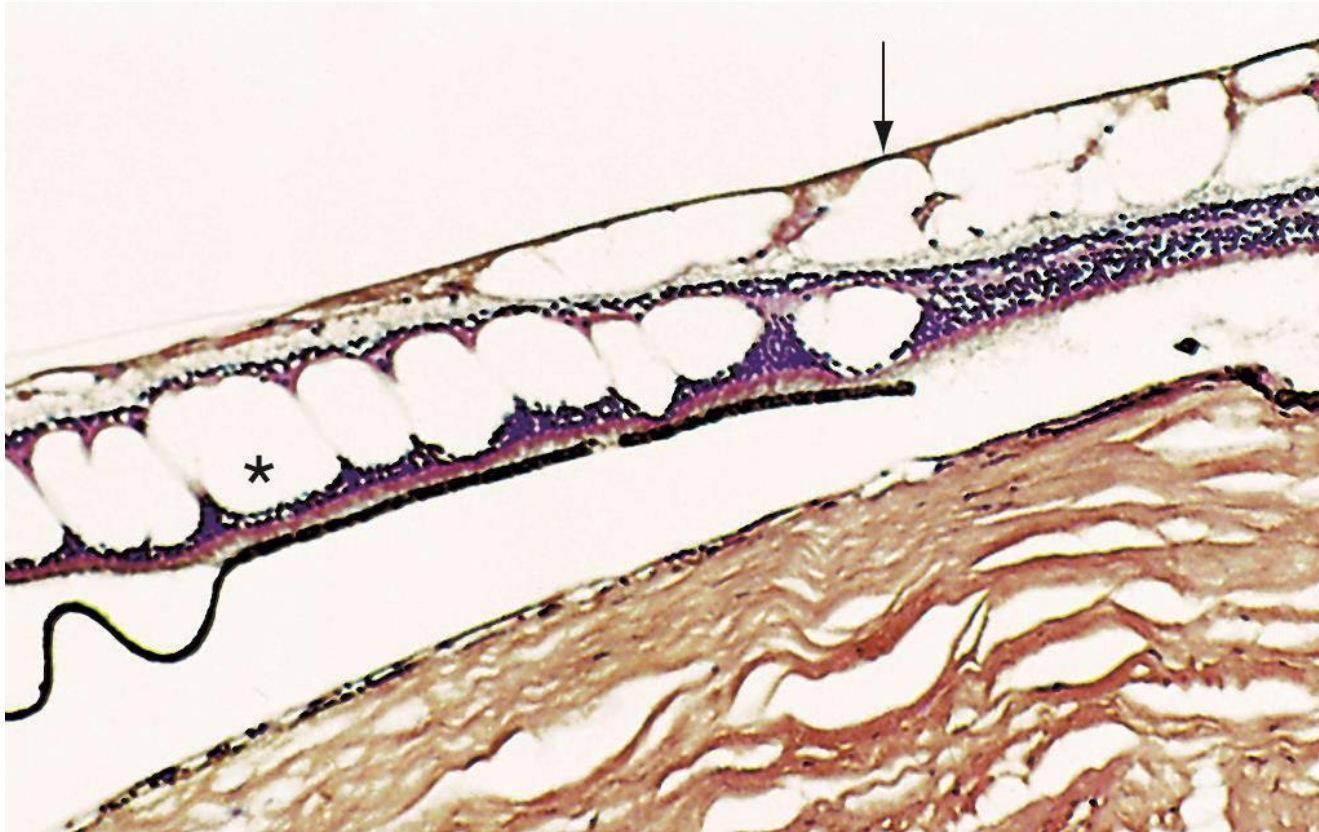
Typical and reticular cystoid degeneration. Note their positional relationship

Retinal Lesions: Matching



Typical peripheral cystoid degeneration consists of cystoid spaces in the outer plexiform layer (asterisk) on the lower left (anterior retina).

Retinal Lesions: Matching



Typical peripheral cystoid degeneration consists of cystoid spaces in the outer plexiform layer (asterisk) on the lower left (anterior retina). In the upper right (posterior retina), reticular peripheral cystoid degeneration (arrow) is present

Q

Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What does this imply vis a vis reticular's circumferential locale?

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

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

Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What does this imply vis a vis reticular's circumferential locale?

That like typical cystoid degeneration, it has a predilection for the inferotemporal periphery

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

**Peripheral cystoid degeneration
(typical and/or reticular)**

--Actually prevents RD extension

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

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

Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Retinal Lesions: Matching

In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step.

No question yet—proceed when ready

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

--Actually prevents RD extension

--RD usually 2° tractional tear at posterior edge of lesion

--Black and flat

--Small peripheral retinal elevations 2° to vitreous traction

--Present in 10% of adults

--Spiculated appearance

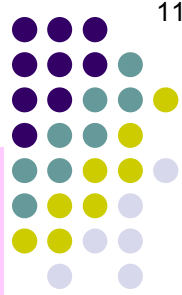
--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Look up here

Q

Retinal Lesions: Matching



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Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

--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

--Present in 100% of adults

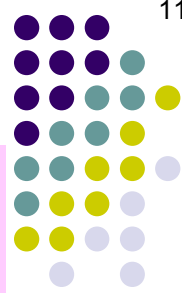
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Q/A

Retinal Lesions: Matching



In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to **process** to form an area of reticular degenerative **process**

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

Reticular degenerative **process**

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

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

--Present in 100% of adults

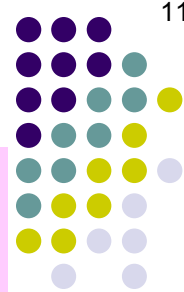
--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to coalesce to form an area of reticular degenerative retinoschisis

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

--RD usually 2° to tractional tear at posterior edge of lesion

--Black and flat

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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Peripheral cystoid degeneration (typical and/or reticular)

Q

Retinal Lesions: Matching

In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to **coalesce** to form an area of reticular degenerative retinoschisis

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

Peripheral cystoid degeneration
(typical and/or reticular)

A

Retinal Lesions: Matching

In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to coalesce to form an area of reticular degenerative retinoschisis

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The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

Peripheral cystoid degeneration
(typical and/or reticular)

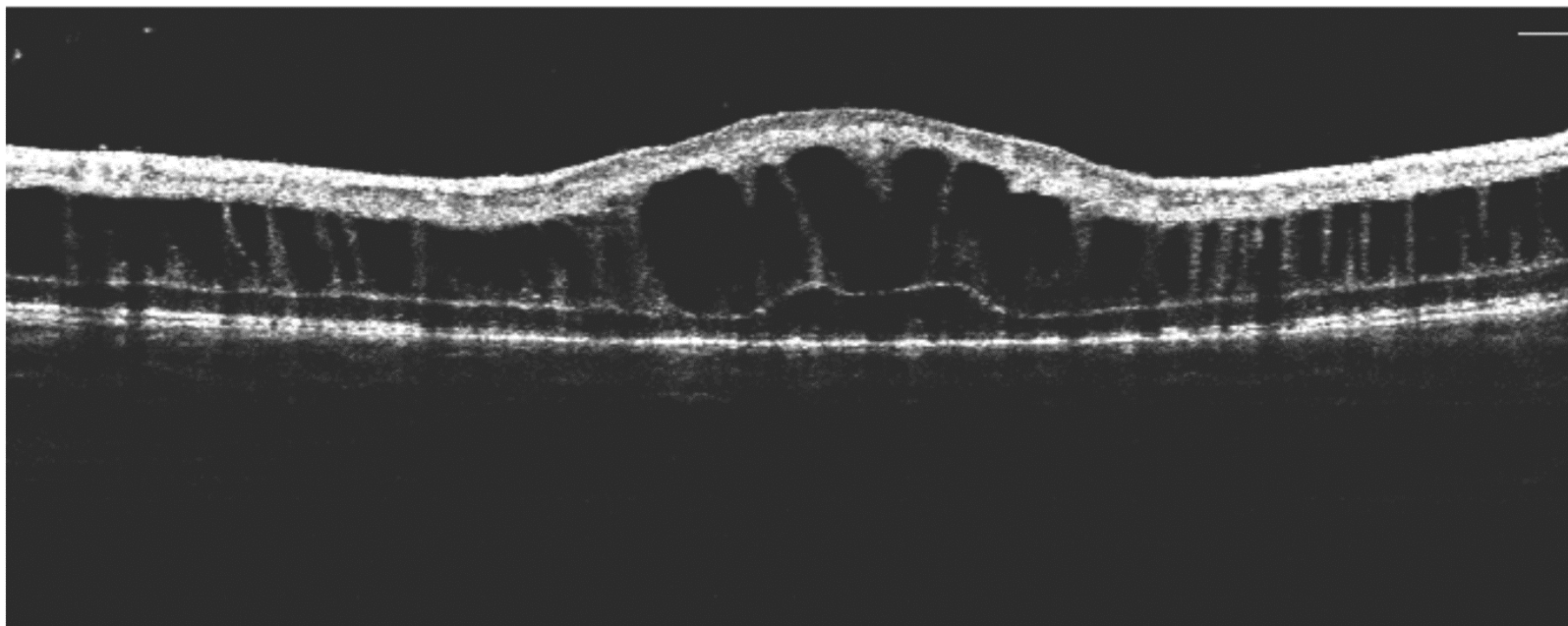
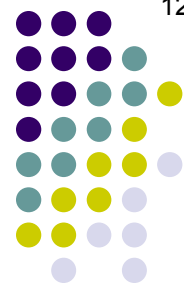
--Small peripheral retinal elevations
2° to vitreous or zonular traction

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations



Retinoschisis (Note: Not *degenerative cystoid* as being discussed here)

Q

Retinal Lesions: Matching

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Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

Peripheral cystoid degeneration
(typical and/or reticular)

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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching

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Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

**Peripheral cystoid degeneration
(typical and/or reticular)**

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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

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Q

Retinal Lesions: Matching

In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to coalesce to form an area of reticular degenerative retinoschisis

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

Coalesce

Reticular degenerative retinoschisis

In which direction does reticular degenerative retinoschisis tend to occur? Because reticular cystoid degeneration tends to occur in the inferotemporal periphery, it would seem that reticular degenerative retinoschisis should too. Is this the case?

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

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

--Present in 100% of adults

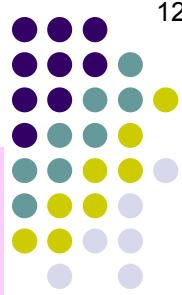
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--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

A

Retinal Lesions: Matching



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Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

Coalesce →

Reticular degenerative retinoschisis

In which direction does reticular degenerative retinoschisis tend to spread?
 The new retinoschisis tends to spread in the direction of the original reticular peripheral cystoid degeneration. *Because reticular cystoid degeneration tends to occur in the inferotemporal periphery, it would seem that reticular degenerative retinoschisis should too. Is this the case?*
 Indeed it is

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

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

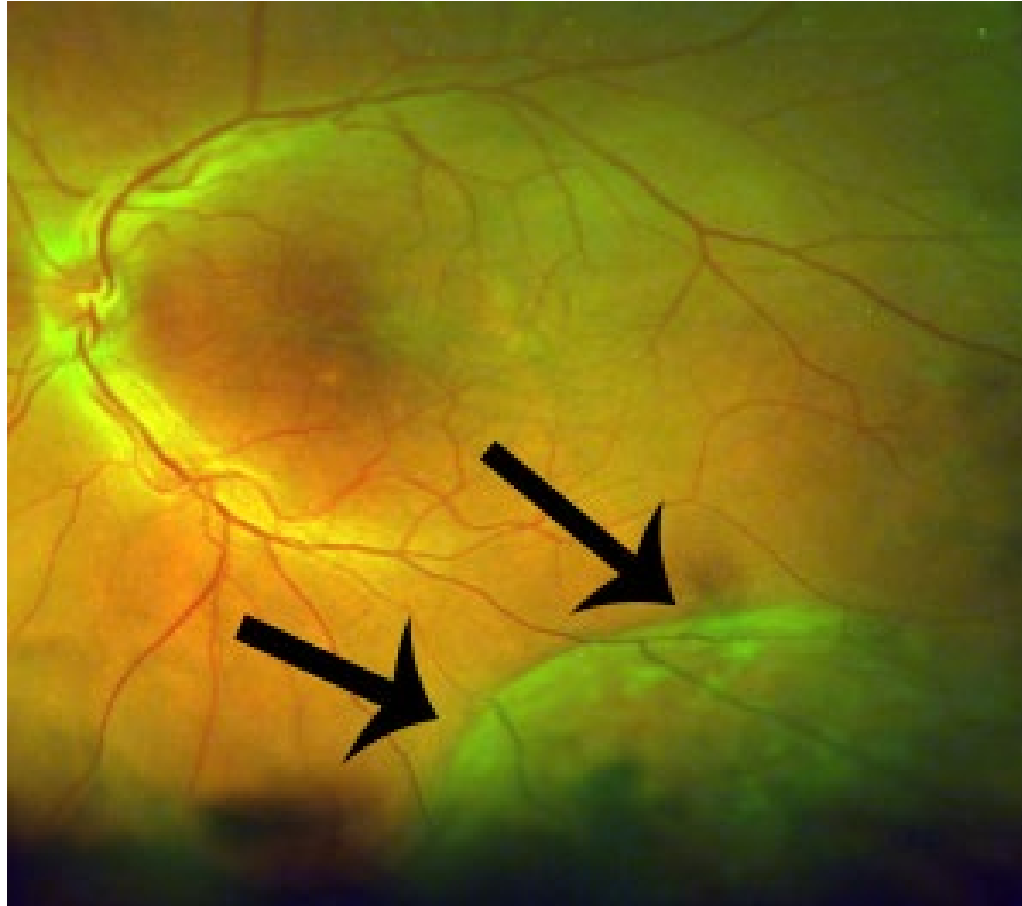
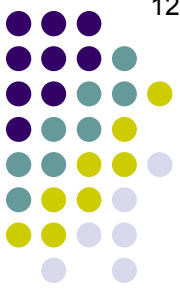
--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium
surrounded by retina

--Redundant linear retinal elevations

Retinal Lesions: Matching



Typical inferotemporal location for reticular degenerative retinoschisis

Q

Retinal Lesions: Matching

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Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonular traction

Coalesce

Typical degenerative retinoschisis?

Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?

Peripheral cystoid degeneration
(typical and/or reticular)

A

Retinal Lesions: Matching



In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to coalesce to form an area of reticular degenerative retinoschisis

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Where is reticular cystoid degeneration located?

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What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

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Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

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In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonular traction

Coalesce

Typical degenerative retinoschisis!

Can typical peripheral cystoid degeneration

coalesce to form 'typical degenerative retinoschisis'?

Indeed it can, and frequently does

Peripheral cystoid degeneration
(typical and/or reticular)

Q

Retinal Lesions: Matching



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Where is reticular cystoid degeneration located?

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What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonular traction

Coalesce

Typical degenerative retinoschisis!

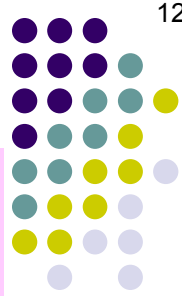
Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?
Indeed it can, and frequently does

In which retinal layer does the split occur?

Peripheral cystoid degeneration
(typical and/or reticular)

A

Retinal Lesions: Matching



In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to **coalesce** to form an area of reticular degenerative retinoschisis

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The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonular traction

Coalesce

Typical degenerative retinoschisis!

Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?
Indeed it can, and frequently does

In which retinal layer does the split occur?

The same one containing the cysts—the OPL

Peripheral cystoid degeneration
(typical and/or reticular)

Q

Retinal Lesions: Matching



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What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonal traction

Coalesce

Typical degenerative retinoschisis!

Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?
Indeed it can, and frequently does

In which retinal layer does the split occur?

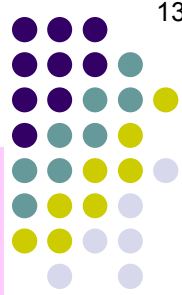
The same one containing the cysts—the OPL

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?

**Peripheral cystoid degeneration
(typical and/or reticular)**

A

Retinal Lesions: Matching



In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD—but this is somewhat misleading, because it skips a step. *What must happen to a section of reticular cystoid degeneration in order for it to pose an RD risk?* The cysts have to coalesce to form an area of reticular degenerative retinoschisis

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?

It is found in ~20% of adults

In which retinal layer are the cystoid cavities found?

The nerve fiber layer (NFL)

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration?

'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Coalesce

Reticular degenerative retinoschisis

To what does the term retinoschisis refer?

To a splitting of the neurosensory retina

In which retinal layer does the split occur?

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

2° to vitreous or zonular traction

Coalesce

Typical degenerative retinoschisis!

Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?
Indeed it can, and frequently does

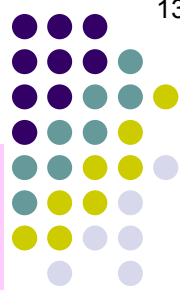
In which retinal layer does the split occur?

The same one containing the cysts—the OPL

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?
It does not

Peripheral cystoid degeneration
(typical and/or reticular)

Retinal Lesions: Matching



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reticular peripheral cystoid degeneration **Coalesce** → Reticular degenerative retinoschisis

So, **reticular peripheral cystoid degeneration** predisposes to RD if/when it goes on to form reticular degenerative retinoschisis...

Where is reticular cystoid degeneration located?

It is always adjacent and just posterior to a section of the 'typical' form

What one word is used to describe the appearance of typical peripheral cystoid degeneration? 'Bubbly'

At what general retinal location is typical cystoid degeneration found?

In the far periphery—it starts at the ora and extends several millimeters posteriorly

Peripheral cystoid degeneration
(typical and/or reticular)

The same one containing the cysts—the NFL

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2° to vitreous or zonular traction

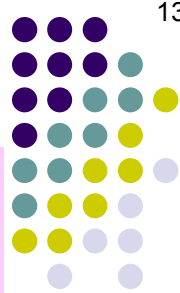
Typical degenerative retinoschisis?

Can typical peripheral cystoid degeneration coalesce to form 'typical degenerative retinoschisis'?
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Retinal Lesions: Matching



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reticular peripheral cystoid degeneration $\xrightarrow{\text{Coalesce}}$ **Reticular degenerative retinoschisis**

So, **reticular peripheral cystoid degeneration** predisposes to RD if/when it goes on to form reticular degenerative retinoschisis...

Where is reticular cystoid degeneration located?
It is always adjacent and just posterior to a section of the 'typical' form

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

typical peripheral cystoid degeneration $\xrightarrow{\text{Coalesce}}$ **Typical degenerative retinoschisis!**

But **typical peripheral cystoid degeneration** does not predispose to RD, even if it progresses to retinoschisis.

At what distance from the ora does typical peripheral cystoid degeneration begin?
In the far periphery—it starts at the ora and extends several millimeters posteriorly

In which retinal layer does the split occur?

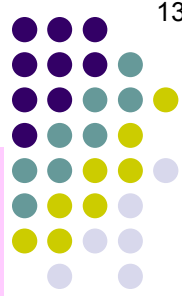
The same one containing the cysts—the OPL

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?
It does not

Peripheral cystoid degeneration
(typical and/or reticular)

Q

Retinal Lesions: Matching



In the first section of the... predisposes an eye to... must happen to a section of reticular cystoid degeneration in order for it to pass on to RD. The cysts have to coalesce to form an area of reticular degenerative retinoschisis.

What one word is used to describe the shape of an area of reticular degenerative retinoschisis?

reticular peripheral cystoid degeneration

Coalesces

Reticular degenerative retinoschisis

So, reticular peripheral cystoid degeneration predisposes to RD if/when it goes on to form reticular degenerative retinoschisis...

Where is reticular cystoid degeneration located? It is always adjacent and just posterior to a section of the 'typical' form

The same one containing the cysts—the NFL

--Small peripheral retinal elevations

typical peripheral cystoid degeneration

Coalesces

Typical degenerative retinoschisis!

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In which retinal layer does the split occur? The same one containing the cysts—the OPL

Peripheral cystoid degeneration (typical and/or reticular)

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form? It does not

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Retinal Lesions: Matching



In the first section of the... predisposes an eye to... must happen to a section of reticular cystoid degeneration in order for it to pass an RD risk. The cysts have to coalesce to form an area of reticular degenerative retinoschisis.

What one word is used to describe the shape of an area of reticular degenerative retinoschisis? **Domed**

reticular peripheral cystoid degeneration

Coales

→ Reticular degenerative retinoschisis

In what... So, reticular peripheral cystoid degeneration predisposes to RD. The... if/when it goes on to form reticular degenerative retinoschisis...

Where is reticular cystoid degeneration located? It is always adjacent and just posterior to a section of the 'typical' form

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typical peripheral cystoid degeneration

Coales

→ Typical degenerative retinoschisis!

At what... But typical peripheral cystoid degeneration does not predispose to RD, even if it progresses to retinoschisis.

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Retinal Lesions: Matching



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Coalesces

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What one word is used to describe the shape of an area of typical degenerative retinoschisis?

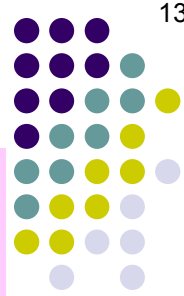
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Peripheral cystoid degeneration (typical and/or reticular)

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Retinal Lesions: Matching



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Coales

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The same one containing the cysts—the NFL

--Small peripheral retinal elevations

typical peripheral cystoid degeneration

Coales

Typical degenerative retinoschisis!

But typical peripheral cystoid degeneration does not predispose to RD, even if it... In the far periphery—it starts at several millimeters posteriorly

What one word is used to describe the shape of an area of typical degenerative retinoschisis? **Flat**

Peripheral cystoid degeneration (typical and/or reticular)

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form? It does not

Retinal Lesions: Matching

What one word is used to describe the shape of an area of reticular degenerative retinoschisis? **Domed**

reticular peripheral cystoid degeneration

Coales

Reticular degenerative retinoschisis

All this being said...

typical peripheral cystoid degeneration

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What one word is used to describe the shape of an area of typical degenerative retinoschisis? **Flat**

Peripheral cystoid degeneration
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And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?
It does not

Q

Retinal Lesions: Matching

What one word is used to describe the shape of an area of reticular degenerative retinoschisis? **Domed**

reticular peripheral cystoid degeneration

Reticular degenerative retinoschisis

All this being said...Are these readily differentiated from one another on exam?

typical peripheral cystoid degeneration

Typical degenerative retinoschisis!

What one word is used to describe the shape of an area of typical degenerative retinoschisis? **Flat**

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Retinal Lesions: Matching

What one word is used to describe the shape of an area of reticular degenerative retinoschisis? **Domed**

reticular peripheral cystoid degeneration

Reticular degenerative retinoschisis

All this being said...Are these readily differentiated from one another on exam? **No**

typical peripheral cystoid degeneration

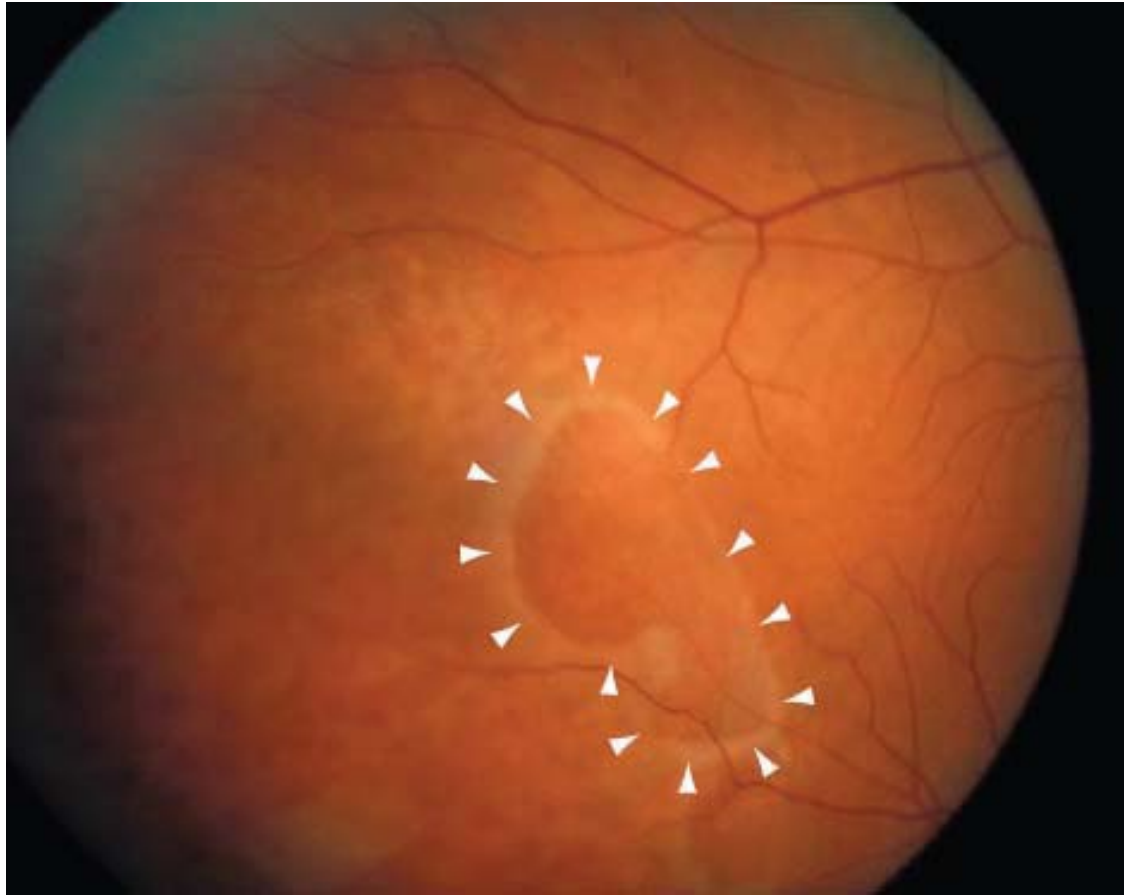
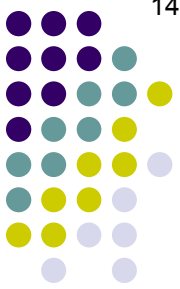
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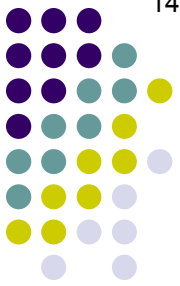
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It does not

Retinal Lesions: Matching



Retinoschisis with large, irregular outer-schisis-layer holes (*outlined by arrowheads*) and yellow dots on the inner surface

Q

Retinal Lesions: Not Matching

What is a retinal dialysis?

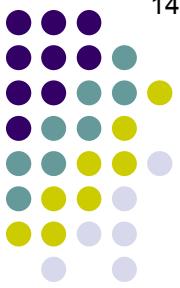
What is a retinal
Dialysis?

Horseshoe tear

Operculated hole

Atrophic hole

Lattice



*What is a retinal
Dialysis?*

What is a retinal dialysis?

A circumferential disinsertion of the peripheral retina from the ora serrata

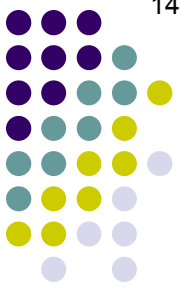
Horseshoe tear

Operculated hole

Atrophic hole

Lattice

Q

Retinal Lesions: Not Matching

What is a retinal
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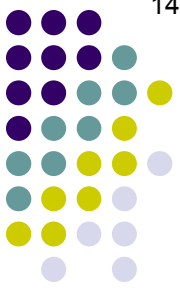
What is the inciting event?

Horseshoe tear

Operculated hole

Atrophic hole

Lattice



*What is a retinal
Dialysis?*

What is a retinal dialysis?

A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?

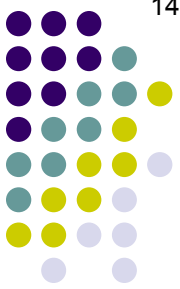
Usually blunt trauma

Horseshoe tear

Operculated hole

Atrophic hole

Lattice



Q

Retinal Lesions: Not Matching

*What is a retinal
Dialysis?*

What is a retinal dialysis?

A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?

Usually blunt trauma

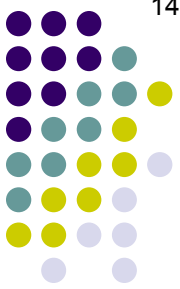
Horseshoe tear

In general terms, what is the process by which dialysis occurs and proceeds?

Operculated hole

Atrophic hole

Lattice



*What is a retinal
Dialysis?*

What is a retinal dialysis?

A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?

Usually blunt trauma

Horseshoe tear

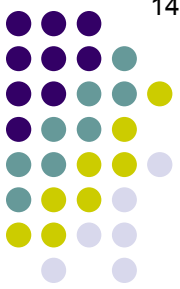
In general terms, what is the process by which dialysis occurs and proceeds?

Operculated hole

Compression of the globe produces vitreous-based mechanical stress that gets focused at the ora region. This stress causes several clock-hours of neurosensory retina to 'let go' at the ora.

Atrophic hole

Lattice



*What is a retinal
Dialysis?*

What is a retinal dialysis?

A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?

Usually blunt trauma

Horseshoe tear

In general terms, what is the process by which dialysis occurs and proceeds?

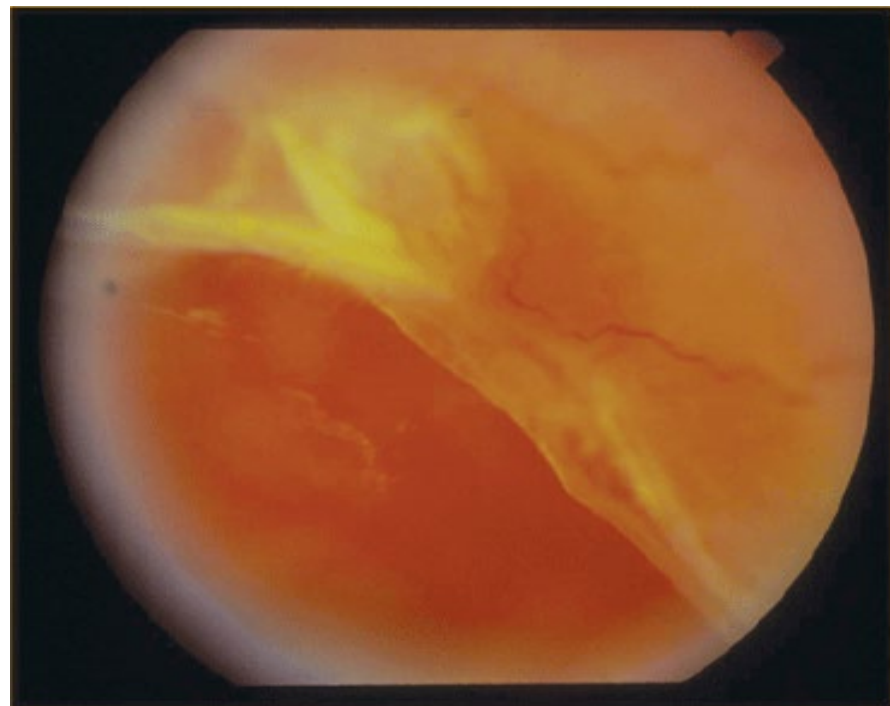
Operculated hole

Compression of the globe produces vitreous-based mechanical stress that gets focused at the ora region. This stress causes several clock-hours of neurosensory retina to 'let go' at the ora. After disinserting, the vitreous-based mechanical stress 'peels' the NS retina posteriorly, separating it from the underlying RPE

Atrophic hole

Lattice

Retinal Lesions: Not Matching

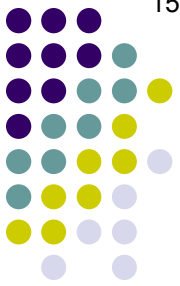


Retinal dialysis

Q

Retinal Lesions: Not Matching

150



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Operculated hole

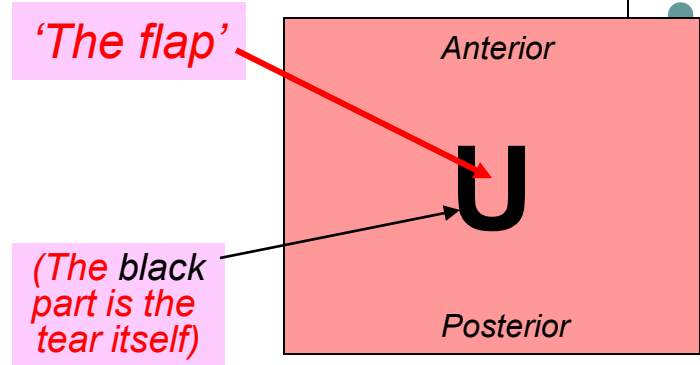
Atrophic hole

Lattice

A

Retinal Lesions: Not Matching

151



Dialysis

What is a
Horseshoe tear?

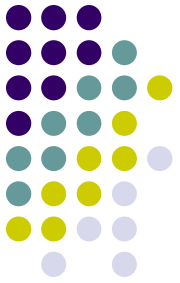
What is a horseshoe tear?
Just what it sounds like—a horseshoe-shaped defect torn
in the neurosensory retina

Operculated hole

Atrophic hole

Lattice

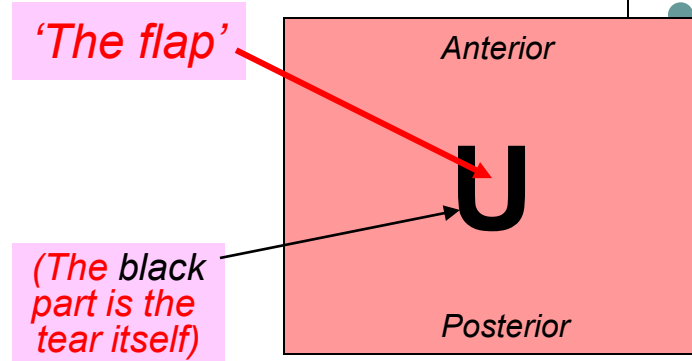
Retinal Lesions: Not Matching



Horseshoe tear

Q

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

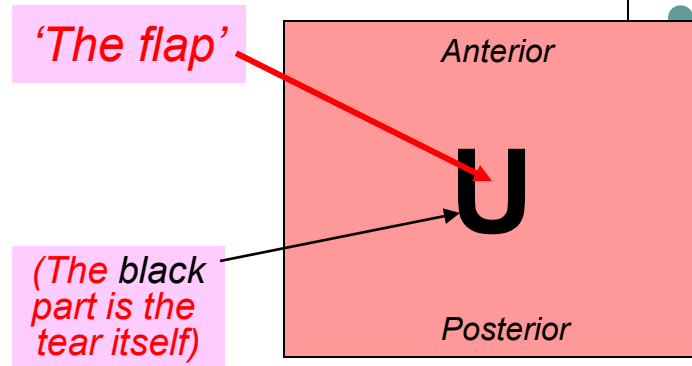
Atrophic hole

Lattice

A

Retinal Lesions: Not Matching

154



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

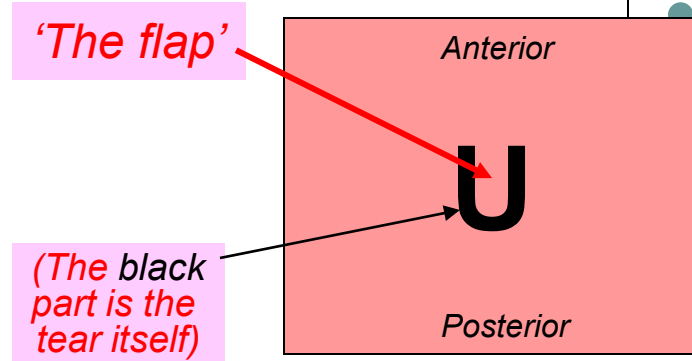
In the far periphery, near the ora serrata

Atrophic hole

Lattice

Q

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?
In the far periphery, near the ora serrata

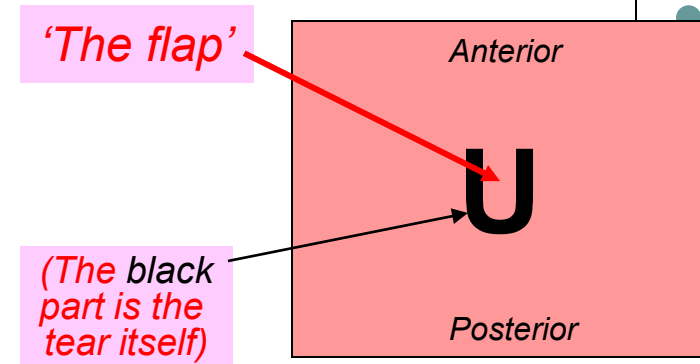
Atrophic hole

How do they develop?

Lattice

A

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

In the far periphery, near the ora serrata

Atrophic hole

How do they develop?

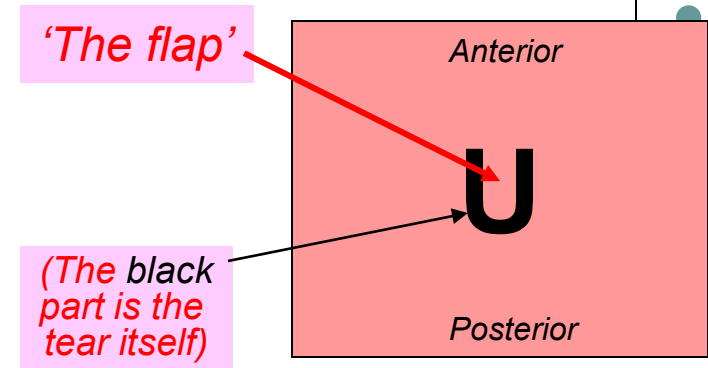
A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina.

Lattice

A

Retinal Lesions: Not Matching

157



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

In the far periphery, near the ora serrata

Atrophic hole

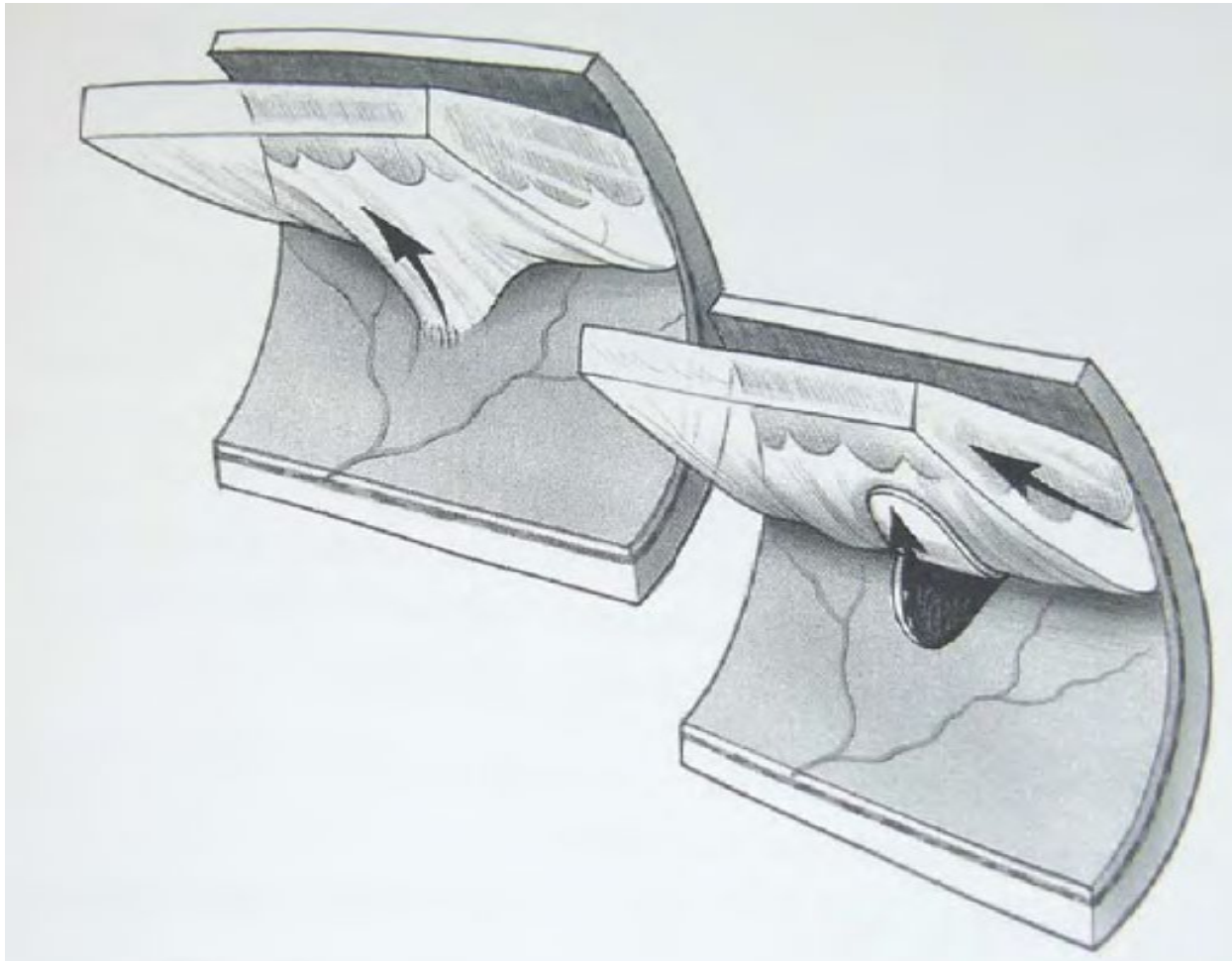
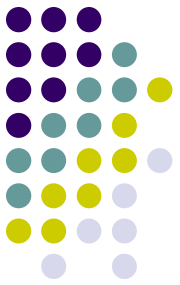
How do they develop?

A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina.

Lattice

Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.

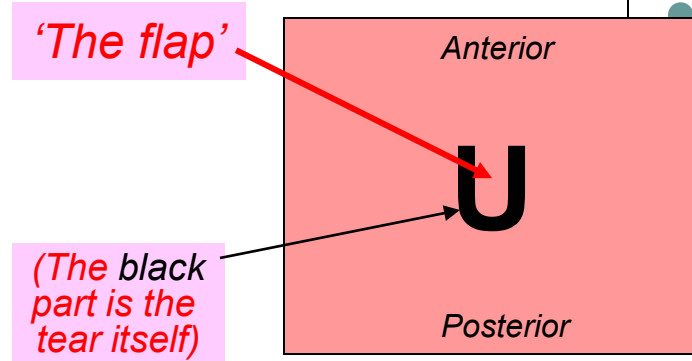
Retinal Lesions: Not Matching



Horseshoe tear mechanism

Q

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

In the far periphery, near the ora serrata

Atrophic hole

How do they develop?

What event most commonly precipitates this tension?

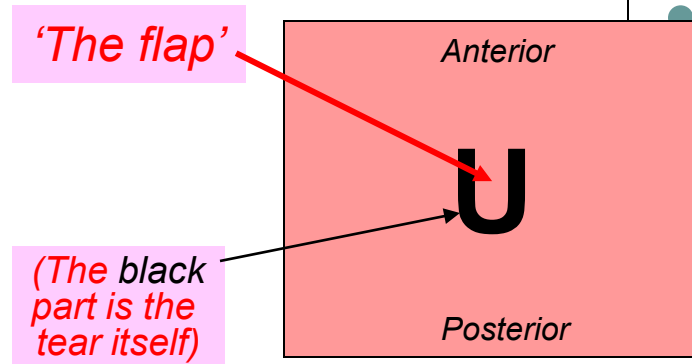
is beyond the normal peripheral retina.

Lattice

Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.

A

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Operculated hole

Where are they typically found?

In the far periphery, near the ora serrata

Atrophic hole

How do they develop?

What event most commonly precipitates this tension?

The occurrence of a **posterior vitreous detachment**

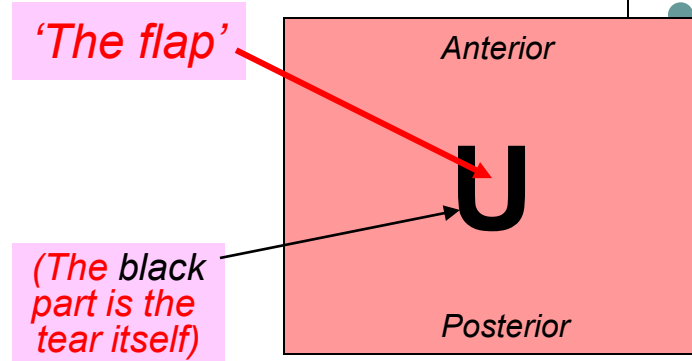
is beyond the normal peripheral retina.

Lattice

Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.

Q

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina.

'Vitreous tension tearing the retina and peeling it back' sounds an awful lot like the description of retinal dialysis we saw a few slides ago. Are these fundamentally the same lesion?

Operculated

Atrophic

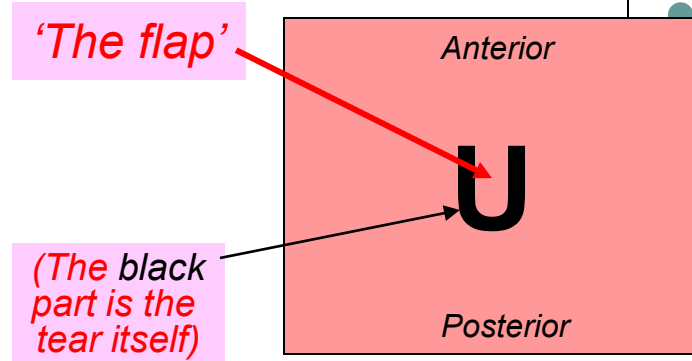
Lattice

Tension on the vitreous gets focused at this site, and the tongue of vitreous **tears the retina and peels it back,**

producing the flap.

A

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina.

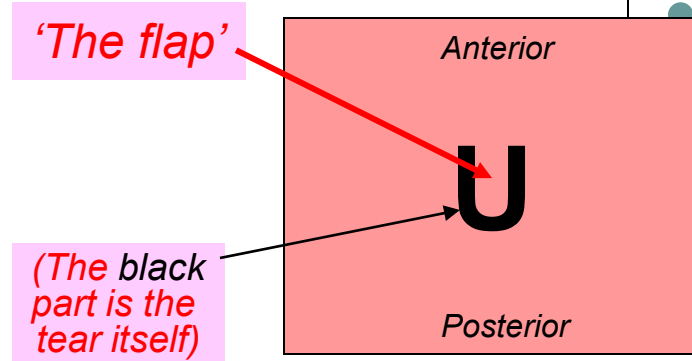
'Vitreous tension tearing the retina and peeling it back' sounds an awful lot like the description of retinal dialysis we saw a few slides ago. Are these fundamentally the same lesion?

Not at all—in fact, in an important sense they are the **opposite** of one another. In a retinal dialysis, the disinserted retina peels posteriorly, away from the vitreous base.

Tension on the vitreous gets focused at this site, and the tongue of vitreous **tears the retina and peels it back**, producing the flap.

A

Retinal Lesions: Not Matching



Dialysis

What is a
Horseshoe tear?

What is a horseshoe tear?

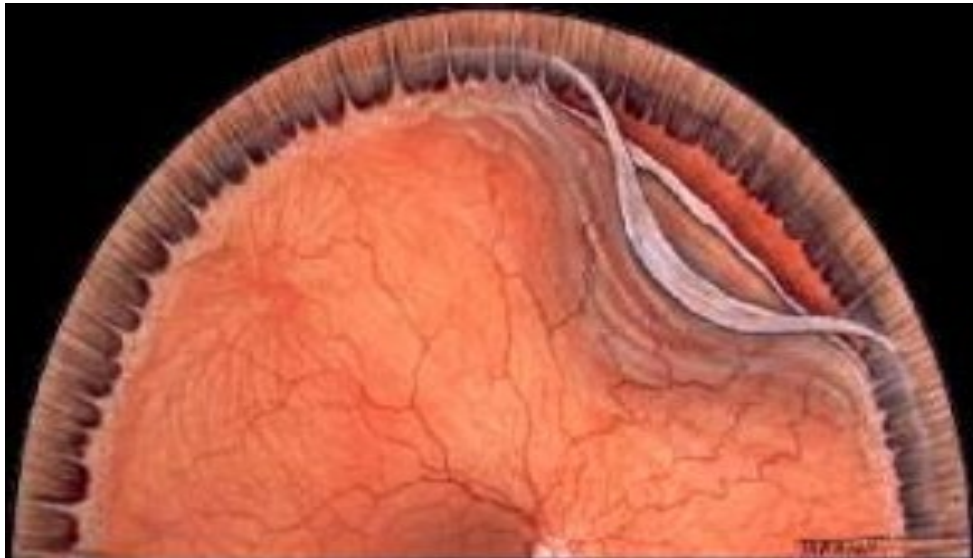
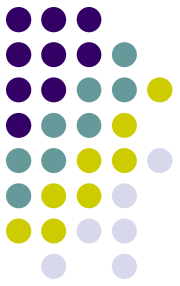
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina.

'Vitreous tension tearing the retina and peeling it back' sounds an awful lot like the description of retinal dialysis we saw a few slides ago. Are these fundamentally the same lesion?

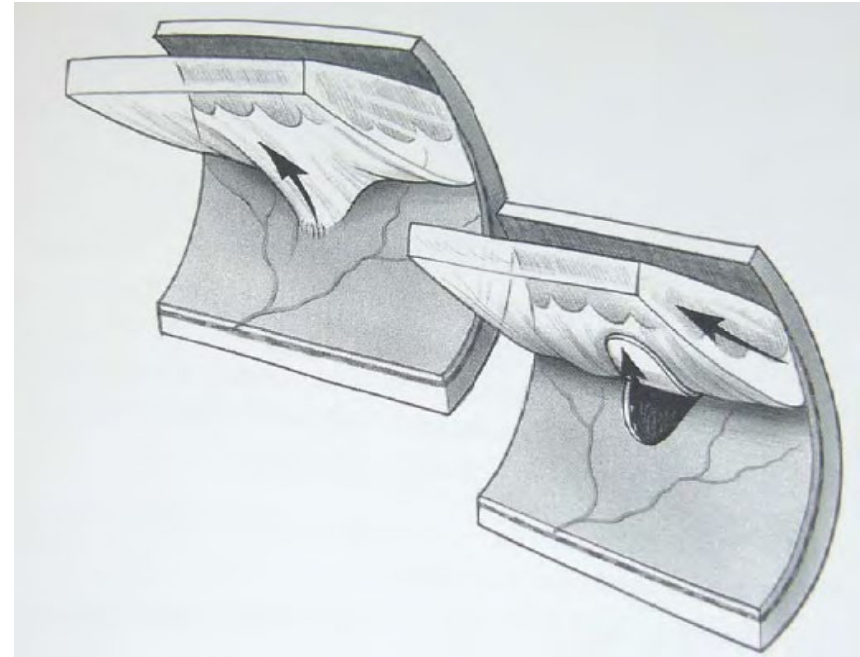
Not at all—in fact, in an important sense they are the **opposite** of one another. In a retinal dialysis, the disinserted retina peels posteriorly, away from the vitreous base. In contrast, in a horseshoe tear the retina peels anteriorly, **towards** the vitreous base.

Tension on the vitreous gets focused at this site, and the tongue of vitreous **tears the retina and peels it back**, producing the flap.

Retinal Lesions: Not Matching



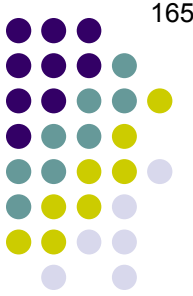
Retinal dialysis: Retina peels *away* from vitreous base



Horseshoe tear: Retina peels *toward* vitreous base

Q

Retinal Lesions: Not Matching



Dialysis

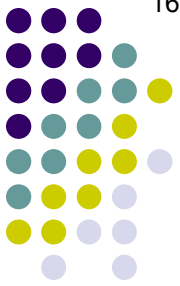
What does operculated mean?

Horseshoe tear

*What is an
Operculated hole?*

Atrophic hole

Lattice



Dialysis

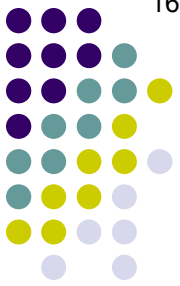
Horseshoe tear

What is an
Operculated hole?

What does operculated mean?
It means, 'covered by an operculum'

Atrophic hole

Lattice



Dialysis

Horseshoe tear

What is an
Operculated hole?

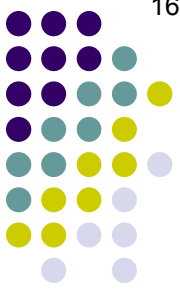
Atrophic hole

Lattice

What does operculated mean?

It means, 'covered by an operculum'

OK, so what's an operculum?



Dialysis

Horseshoe tear

What is an
Operculated hole?

Atrophic hole

Lattice

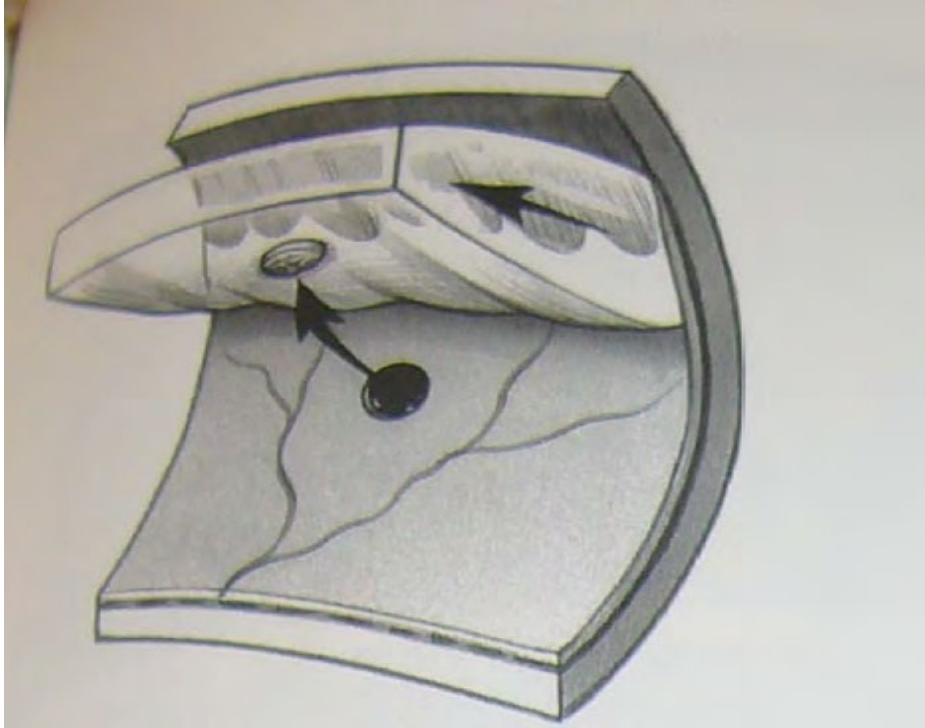
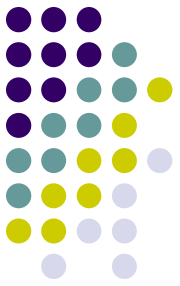
What does operculated mean?

It means, 'covered by an operculum'

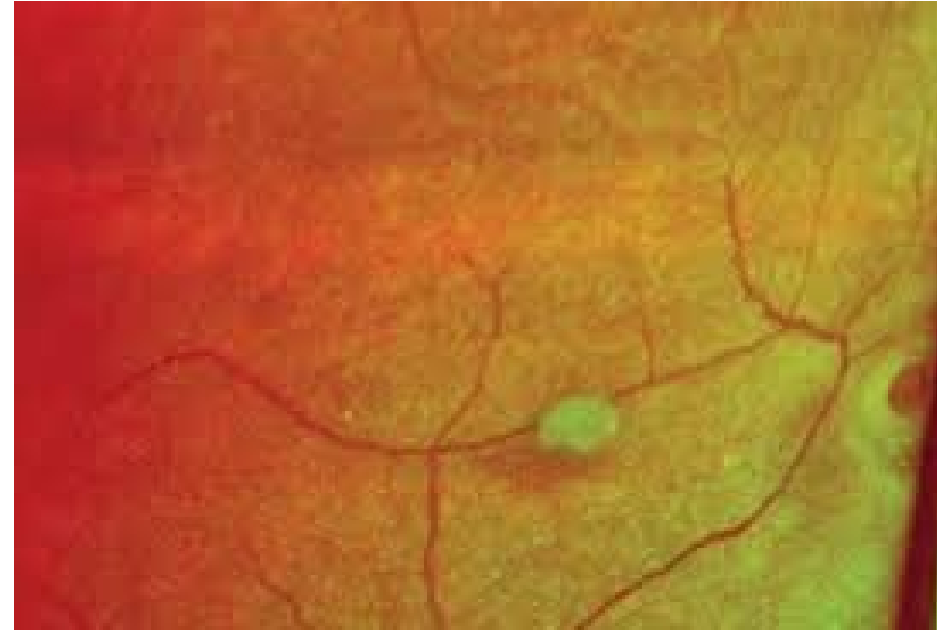
OK, so what's an operculum?

An operculum is a lid, or a cover. Thus, an operculated hole is a full-thickness break in the retina with the missing piece of retina suspended within the vitreous above the break.

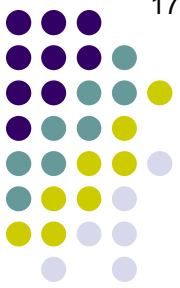
Retinal Lesions: Not Matching



Operculated retinal tear/hole: Mechanism



Operculated retinal tear/hole (far right of the pic) with the operculum floating in the vitreous



Dialysis

Horseshoe tear

What is an
Operculated hole?

Atrophic hole

Lattice

What does operculated mean?

It means, 'covered by an operculum'

OK, so what's an operculum?

An operculum is a lid, or a cover. Thus, an operculated hole is a full-thickness break in the retina with the missing piece of retina suspended within the vitreous above the break.

How do operculated holes come about?

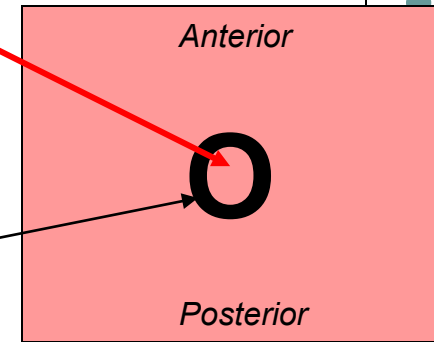
A

Retinal Lesions: Not Matching

171

'The operculum'
(floating in the vitreous
just above the hole)

(The black
part is the
hole itself)



Dialysis

Horseshoe tear

What is an
Operculated hole?

Atrophic hole

Lattice

What does operculated mean?

It means, 'covered by an operculum'

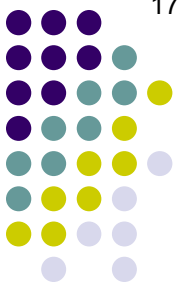
OK, so what's an operculum?

An operculum is a lid, or a cover. Thus, an operculated hole is a full-thickness break in the retina with the missing piece of retina suspended within the vitreous above the break.

How do operculated holes come about?

They often (but not always) start as horseshoe tears, with subsequent amputation of the flap; ie, the operculum is the amputated flap (see above)

Retinal Lesions: Not Matching



Dialysis

Horseshoe tear

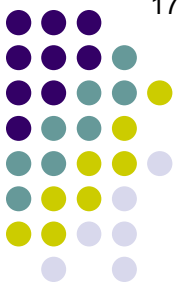
Operculated hole

What is an
Atrophic hole?

The *Retina* book say surprisingly little about atrophic holes, and what little is said is somewhat contradictory. One mention states atrophic holes have “not been linked to an increased risk of retinal detachment.”

Lattice

Retinal Lesions: Not Matching



Dialysis

Horseshoe tear

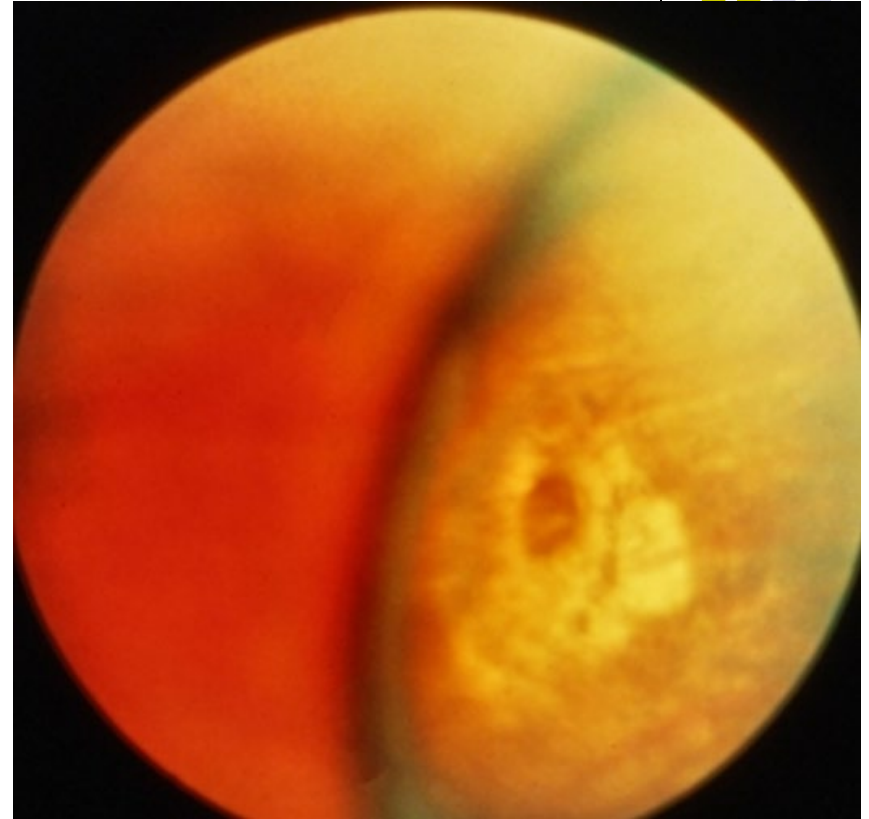
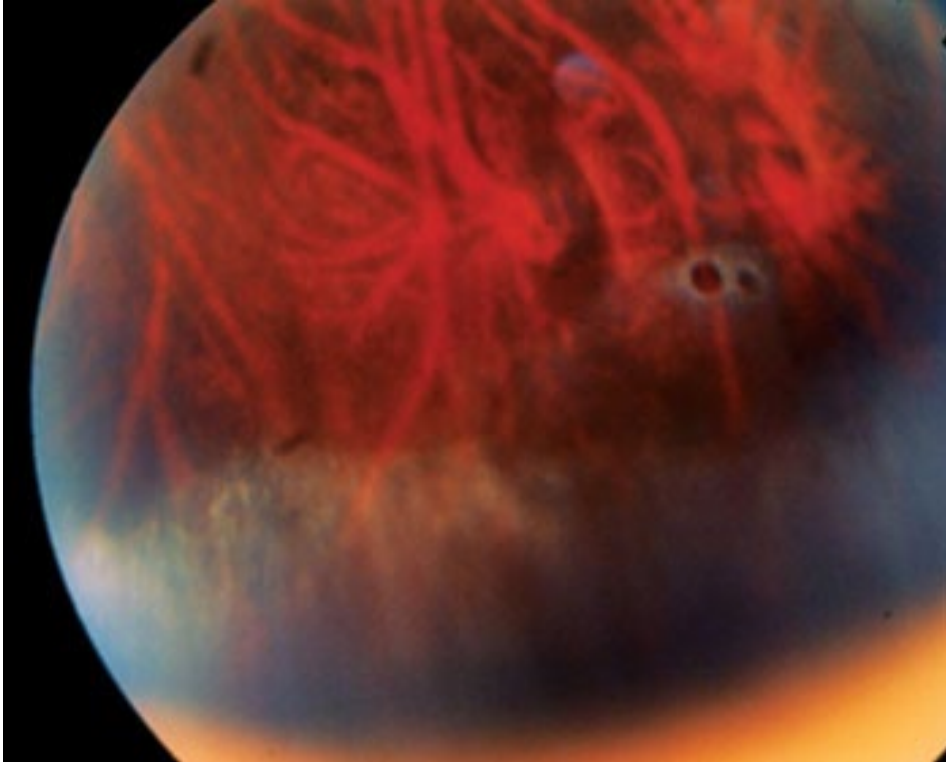
Operculated hole

What is an
Atrophic hole?

Lattice

The *Retina* book say surprisingly little about atrophic holes, and what little is said is somewhat contradictory. One mention states atrophic holes have “not been linked to an increased risk of retinal detachment.” But another mention asserts that atrophic holes within an area of lattice degeneration are an ‘uncommon cause of retinal detachment.’ Caveat emptor.

Retinal Lesions: Not Matching



Atrophic retinal hole



Retinal Lesions: Not Matching

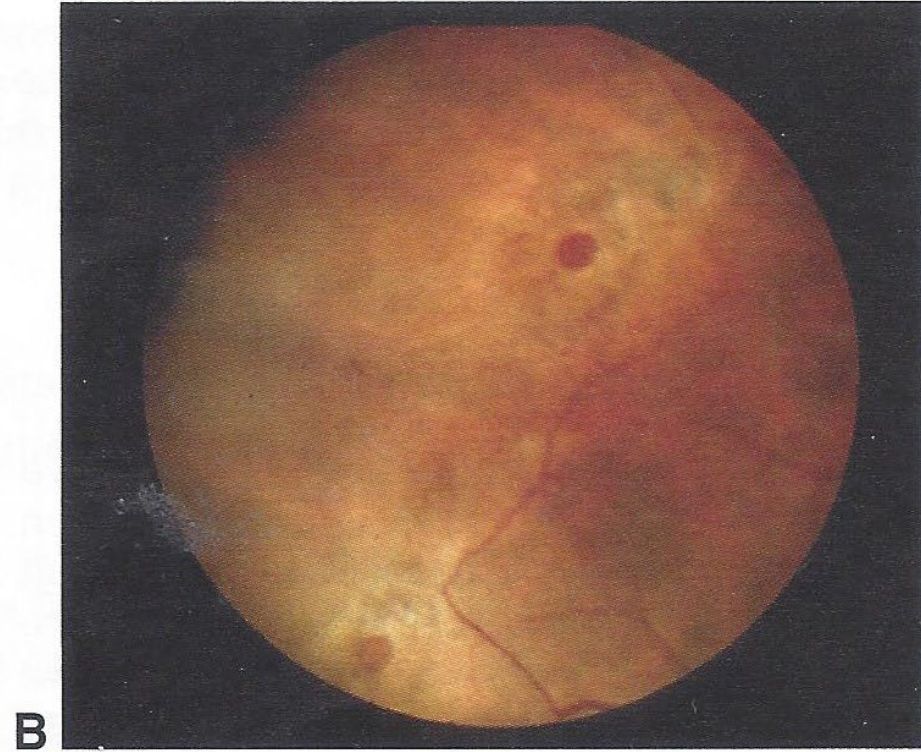


Figure 16-6 Lattice degeneration with atrophic hole. **A**, Fundus photograph of lattice degeneration with a small atrophic hole as viewed with scleral depression. **B**, Fundus photograph of an example of an atrophic hole as may be observed in lattice degeneration without scleral depression. (Part A courtesy of Norman E. Byer, MD.)

Retinal Lesions: Not Matching



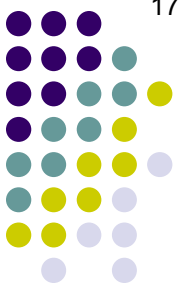
Dialysis

Horseshoe tear

Operculated hole

Atrophic hole

*(We already know about
Lattice)*



Q

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

Symptomatic

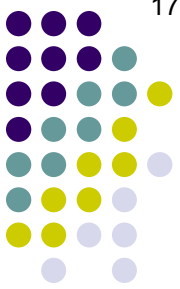
Dialysis

Horseshoe tear

Operculated hole

Atrophic hole

Lattice



A

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

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

Symptomatic

Dialysis

Horseshoe tear

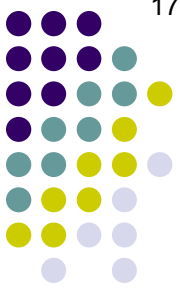
Operculated hole

Atrophic hole

Lattice

Q

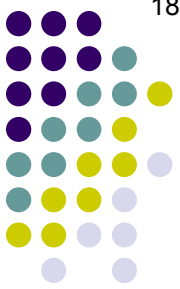
For each retinal break, state whether it should be treated prophylactically



	Symptomatic	Asymptomatic
<i>Dialysis</i>	?	?
<i>Horseshoe tear</i>		
<i>Operculated hole</i>		
<i>Atrophic hole</i>		
<i>Lattice</i>		

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>		
<i>Operculated hole</i>		
<i>Atrophic hole</i>		
<i>Lattice</i>		

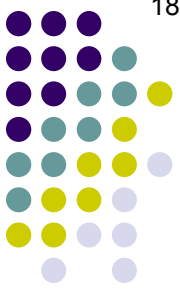


*For each retinal break, state whether it should be treated **prophylactically***

	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	The Retina book states there is 'no consensus' regarding whether asymptomatic dialyses should be treated	
<i>Operculated hole</i>		
<i>Atrophic hole</i>		
<i>Lattice</i>		

Q

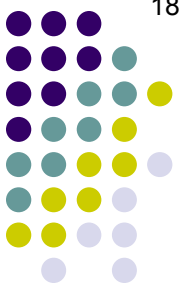
For each retinal break, state whether it should be treated prophylactically



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	?	?
<i>Operculated hole</i>		
<i>Atrophic hole</i>		
<i>Lattice</i>		

A

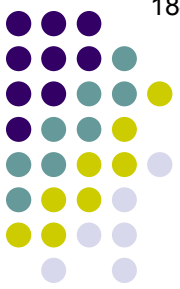
For each retinal break, state whether it should be treated prophylactically



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>		
<i>Atrophic hole</i>		
<i>Lattice</i>		

Q

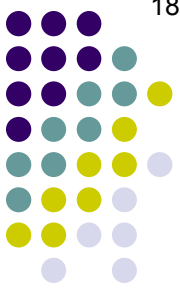
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <p>---</p> <p>---</p> <p>---</p> <p>---</p>	
<i>Atroph</i>		
<i>Lattice</i>		

Q/A

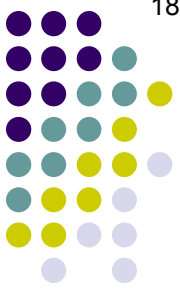
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <p>--If they are associated with two words</p> <p>--</p> <p>--</p> <p>--</p>	
<i>Atroph</i>		
<i>Lattice</i>		

A

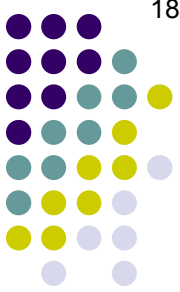
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <p>--If they are associated with lattice degeneration</p> <p>--</p> <p>--</p> <p>--</p>	
<i>Atrophic</i>		
<i>Lattice</i>		

Q/A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <p>--If they are associated with lattice degeneration</p> <p>--If the eye is significantly </p> <p>--</p> <p>--</p>	
<i>Atrophic</i>		
<i>Lattice</i>		

A

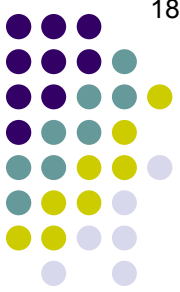
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <ul style="list-style-type: none"> --If they are associated with lattice degeneration --If the eye is significantly myopic -- -- 	
<i>Atrophic</i>		
<i>Lattice</i>		

Q/A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <ul style="list-style-type: none"> --If they are associated with lattice degeneration --If the eye is significantly myopic --If the eye is <input type="text"/> or <input type="text"/> -- 	
<i>Atrophic</i>		
<i>Lattice</i>		

A

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



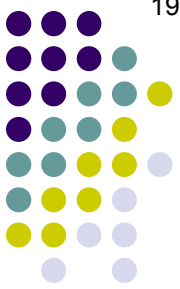
	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <ul style="list-style-type: none"> --If they are associated with lattice degeneration --If the eye is significantly myopic --If the eye is aphakic or pseudophakic -- 	
<i>Atrophic</i>		
<i>Lattice</i>		



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <ul style="list-style-type: none"> --If they are associated with lattice degeneration --If the eye is significantly myopic --If the eye is aphakic or pseudophakic --If there was a hx of two words in the fellow eye 	
<i>Atrophic</i>		
<i>Lattice</i>		

A

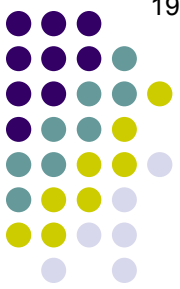
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
Horseshoe tear	Yes	No (unless...)
<i>Opercular</i>	<p>Under what circumstances should you consider treating asymptomatic horseshoe tears?</p> <ul style="list-style-type: none"> --If they are associated with lattice degeneration --If the eye is significantly myopic --If the eye is aphakic or pseudophakic --If there was a hx of retinal detachment in the fellow eye 	
<i>Atrophic</i>		
<i>Lattice</i>		

Q

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	?	?
<i>Atrophic hole</i>		
<i>Lattice</i>		

A

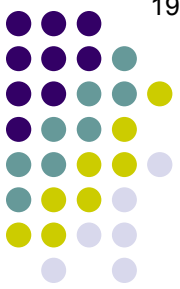
For each retinal break, state whether it should be treated prophylactically



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic hole</i>		
<i>Lattice</i>		

Q

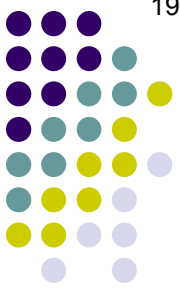
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
Under what circumstances should you consider treating symptomatic operculated holes? -- -- --		

Q/A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p>Under what circumstances should you consider treating symptomatic operculated holes?</p> <p>--If there is three words at the edge of the hole</p> <p>--</p> <p>--</p>		

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p>Under what circumstances should you consider treating symptomatic operculated holes?</p> <p>--If there is ongoing vitreous traction at the edge of the hole</p> <p>--</p> <p>--</p>		

Q/A

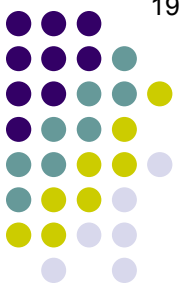
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p>Under what circumstances should you consider treating symptomatic operculated holes?</p> <p>--If there is ongoing vitreous traction at the edge of the hole</p> <p>--If the hole is </p> <p>--</p>		

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p><i>Under what circumstances should you consider treating symptomatic operculated holes?</i></p> <p>--If there is ongoing vitreous traction at the edge of the hole</p> <p>--If the hole is large</p> <p>--</p>		

	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p>Under what circumstances should you consider treating symptomatic operculated holes?</p> <p>--If there is ongoing vitreous traction at the edge of the hole</p> <p>--If the hole is large</p> <p>--If two words is present</p>		

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
Operculated hole	No (unless...)	No
<p><i>Under what circumstances should you consider treating symptomatic operculated holes?</i></p> <p>--If there is ongoing vitreous traction at the edge of the hole</p> <p>--If the hole is large</p> <p>--If vitreous hemorrhage is present</p>		

Q

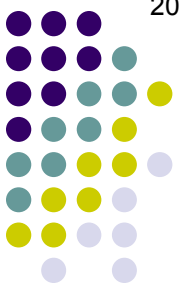
For each retinal break, state whether it should be treated **prophylactically**



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic hole</i>	?	?
<i>Lattice</i>		

A

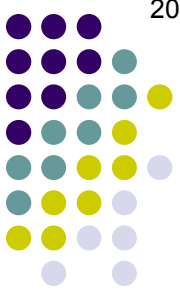
For each retinal break, state whether it should be treated prophylactically



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic hole</i>	No	No
<i>Lattice</i>		

Q

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

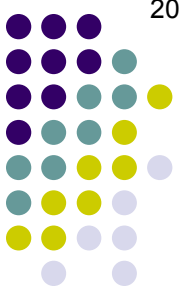


	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic hole</i>	No	No
<i>Lattice</i>	n/a	?

(Lattice itself can't be symptomatic—
only a lesion *associated* with it can)

A

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



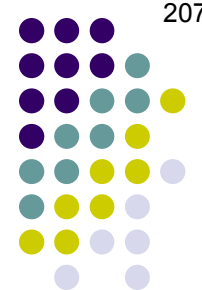
	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic hole</i>	No	No
<i>Lattice</i>	n/a	No (unless...)

Q

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atro</i>	<p>Under what circumstances should you consider treating lattice?</p> <p>--</p> <p>--</p> <p>--</p>	
Lattice	n/a	No (unless...)



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic</i>		
Lattice	n/a	No (unless...)

Under what circumstances should you consider treating lattice?

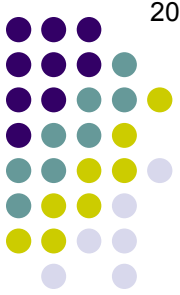
--If two words are present

--

--

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic</i>		
Lattice	n/a	No (unless...)

Under what circumstances should you consider treating lattice?

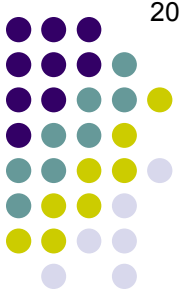
--If horseshoe tears are present

--

--

Q/A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic</i>		
Lattice	n/a	No (unless...)

Under what circumstances should you consider treating lattice?

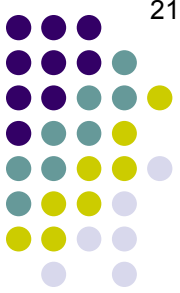
--If horseshoe tears are present

--If the eye is or

--

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic</i>		
Lattice	n/a	No (unless...)

Under what circumstances should you consider treating lattice?

--If horseshoe tears are present

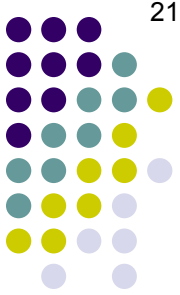
--If the eye is aphakic or pseudophakic

--

	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
<i>Horseshoe tear</i>	Yes	No (unless...)
<i>Operculated hole</i>	No (unless...)	No
<i>Atrophic</i>	<p>Under what circumstances should you consider treating lattice?</p> <p>--If horseshoe tears are present</p> <p>--If the eye is aphakic or pseudophakic</p> <p>--If there was a hx of two words in the fellow eye</p>	
Lattice	n/a	No (unless...)

A

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



	Symptomatic	Asymptomatic
<i>Dialysis</i>	Yes	'Consider it'
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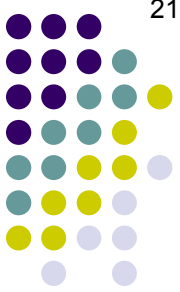
--If horseshoe tears are present

--If the eye is aphakic or pseudophakic

--If there was a hx of retinal detachment in the fellow eye

Q

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

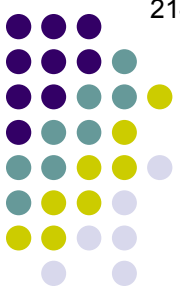


	Symptomatic	Asymptomatic
<i>Dialysis?</i>	Yes	'Consider it'
<i>Horseshoe tear?</i>	Yes	No (unless...)
<i>Operculated hole?</i>	No	No
<i>Atrophic hole?</i>	No	No
<i>Lattice?</i>	n/a	No (unless...)

In general, which carries the highest risk of RD?

A

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

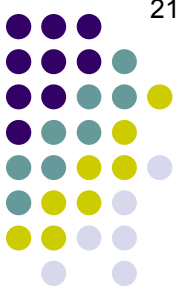


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*In general, which carries the highest risk of RD?
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*In general, which carries the highest risk of RD?
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Why?

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



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In general, which carries the highest risk of RD?

Horseshoe tears

Why?

Because of **ongoing vitreous traction**

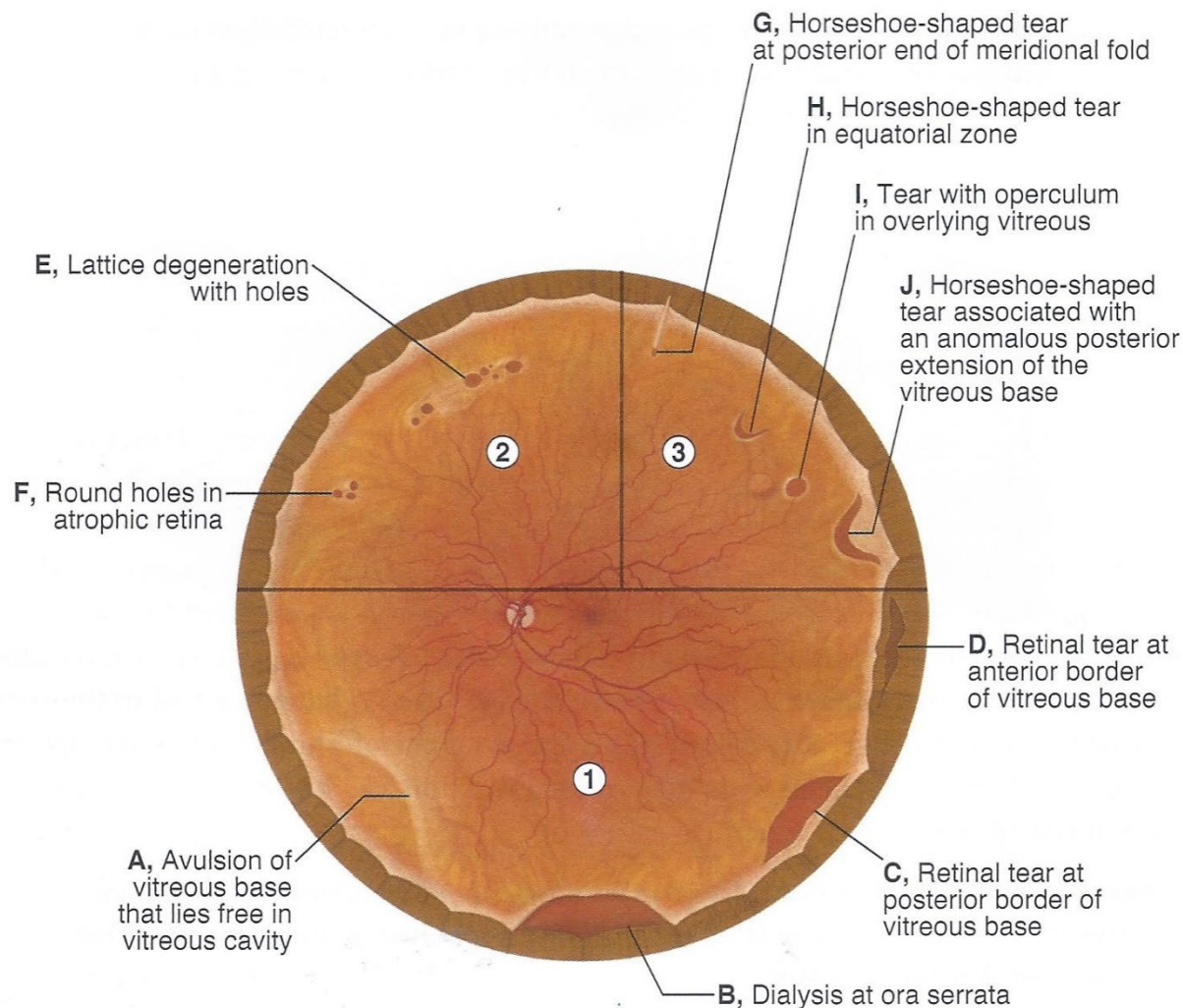


Figure 16-11 Schematic illustration of retinal tears and holes. **Part 1**, Retinal breaks at borders of the vitreous base. **A**, Avulsion of vitreous base that lies free in the vitreous cavity. **B**, Dialysis of the ora serrata. **C**, Retinal tear at the posterior border of the vitreous base. **D**, Retinal tear at the anterior border of the vitreous base. **Part 2**, Retinal breaks with areas of abnormal vitreoretinal interface (lattice degeneration). **E**, Lattice degeneration with holes. **F**, Round holes in atrophic retina. **Part 3**, Retinal breaks associated with abnormal vitreoretinal attachments. **G**, Horseshoe-shaped tear at the posterior end of a meridional fold. **H**, Horseshoe-shaped tear in the equatorial zone. **I**, Tear with operculum in the overlying vitreous. **J**, Horseshoe-shaped tear associated with an anomalous posterior extension of the vitreous base. (Illustration by Mark M. Miller.)

Q

More Retina Problems of an RD Sort...



- $\boxed{\%}$ of eyes harbor a retinal break, but only 1 in $\boxed{\text{big number}}$ get an RD

A

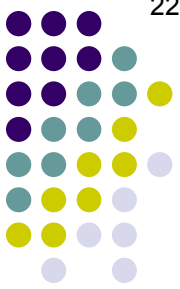
More Retina Problems of an RD Sort...



- 6% of eyes harbor a retinal break, but only 1 in 12,000 get an RD

Q

More Retina Problems of an RD Sort...



- 6% of eyes harbor a retinal break, but only 1 in 12,000 get an RD
- Goal of RD prophylaxis: Creation of a

prophylaxis goal (2 words)

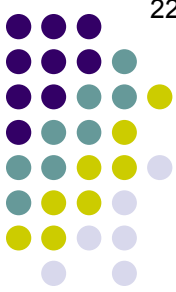
around the break

A

More Retina Problems of an RD Sort...



- 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 around the break



Q

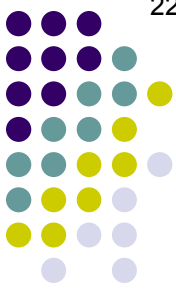
More Retina Problems of an RD Sort...

- 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 around the break**

How does one go about creating the chorioretinal scar?

A

More Retina Problems of an RD Sort...



- 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 around the break**

How does one go about creating the chorioretinal scar?
By inducing an inflammatory response in the chorioretinal tissue immediately surrounding the break



Q

More Retina Problems of an RD Sort...

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How does one go about creating the chorioretinal scar?

By inducing an inflammatory response in the chorioretinal tissue immediately surrounding the break

What are the two main surgical approaches for inducing the inflammatory response?

--

--



A

More Retina Problems of an RD Sort...

- 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 around the break**

How does one go about creating the chorioretinal scar?

By inducing an inflammatory response in the chorioretinal tissue immediately surrounding the break

What are the two main surgical approaches for inducing the inflammatory response?

--Laser

--Transscleral cryotherapy



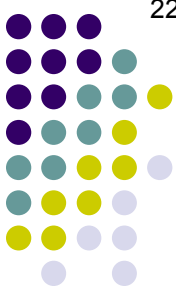
Q

More Retina Problems of an RD Sort...

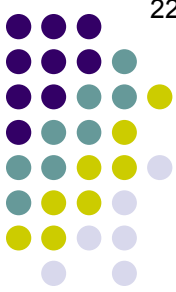
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- If a *flap* or *horseshoe tear* is being prophylaxed, be sure to treat a larger area, especially anterior vs posterior to the lesion (pathology word 1 of 2) pathology (2 of 2) can pull through a chorioretinal scar)

A

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Q

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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

two words



A

More Retina Problems of an RD Sort...

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- If a *flap* or *horseshoe tear* is being prophylaxed, be sure to treat a larger area, **especially anterior to the lesion** (continuing traction can pull through a chorioretinal scar)

How far anterior should treatment extend?

As a general rule, all the way to the ora serrata