Lattice

Cobblestone degeneration

Vitreoretinal tufts

Meridional folds

RPE hyperplasia

Enclosed ora bays

RPE hypertrophy

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

Lattice
- Actually prevents RD extension

Cobblestone degeneration

Vitreoretinal tufts
- Black and flat

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

RPE hyperplasia
- Present in 100% of adults

Enclosed ora bays
- Spiculated appearance

RPE hypertrophy
- Islands of pars plana epithelium surrounded by retina

Peripheral cystoid degeneration (typical and/or reticular)
- Redundant linear retinal elevations
**Retinal Lesions: Matching**

1. **Which form is present in “100% of adults”?**
   - **Peripheral cystoid degeneration (typical and/or reticular)**

   - **--Spiculated appearance**
   - **--Islands of pars plana epithelium surrounded by retina**
   - **--Redundant linear retinal elevations**

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

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

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

5. In which retinal layer are the cystoid cavities found in typical cystoid degeneration?
   - **--Small peripheral retinal elevations 2° to vitreous or zonular traction**

6. At what general retinal location is typical cystoid degeneration found?
   - **--Present in 100% of adults**

   - **--Black and flat**

   - **--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’)

Peripheral cystoid degeneration
(typical and/or reticular)

Lattice

--Actually prevents RD extension

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

--Black and flat

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

--Present in 100% of adults

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations
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
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
--Spiculated appearance
--Islands of pars plana epithelium surrounded by retina
--Redundant linear retinal elevations

Peripheral cystoid degeneration (typical and/or reticular)

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

6
Lattice

--Actually prevents RD extension
--RD usually 2º to tractional tear at posterior edge of lesion
--Black and flat
--Small peripheral retinal elevations 2º 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)

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'

In the far periphery—it starts at the ora and extends several millimeters posteriorly
Retinal Lesions: Matching

- Lattice
  - Cobblestone degeneration
  - Meridional folds
  - RPE hyperplasia
  - Enclosed ora bays
  - RPE hypertrophy

- Peripheral cystoid degeneration
  - Actually prevents RD extension
  - RD usually 2º to tractional tear at posterior edge of lesion
  - Black and flat
  - Small peripheral retinal elevations 2º to vitreous or zonular traction

- 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)
  - Present in 100% of adults
  - Spiculated appearance
  - Islands of pars plana epithelium surrounded by retina
  - Redundant linear retinal elevations
Typical peripheral cystoid degeneration: ‘Bubbly’ appearance
Lattice

---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)

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
Lattice

Cobblestone degeneration

Vitreoretinal tufts

Meridional folds

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Peripheral cystoid degeneration

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--Islands of pars plana epithelium surrounded by retina

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Retinal Lesions: Matching

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)
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

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

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Peripheral cystoid degeneration (typical and/or reticular)

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

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

Bubbly

At what general retinal location is typical cystoid degeneration found?

Peripheral cystoid degeneration (typical and/or reticular)

--Actually prevents RD extension

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

--Black and flat

Small peripheral retinal elevations 2o 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

Cobblestone degeneration

Vitreoretinal tufts

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RPE hyperplasia

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Peripheral cystoid degeneration

--Actually prevents RD extension

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--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Retinal Lesions: Matching

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

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

Bubbly

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

Peripheral cystoid degeneration (typical and/or reticular)
Retinal Lesions: Matching

Peripheral cystoid degeneration (typical and/or reticular)

- Redundant linear retinal elevations
- Spiculated appearance
- Surrounding by retina
- Islands of pars plana epithelium

Lattice

- Present in 100% of adults
- Spiculated appearance
- Islands of pars plana epithelium
- Surrounding by retina

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

- Inferior vs. superior
- Temporal (esp. inferotemporal)

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?

- 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

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

- Inferior vs. superior
- Temporal (esp. inferotemporal)

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

- Small peripheral retinal elevations
- Black and flat
- To vitreous or zonular traction

- Actually prevents RD extension

- Present in 100% of adults
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

--Spiculated appearance

--Islands of pars plana epithelium surrounded by retina

--Redundant linear retinal elevations

Retinal Lesions: Matching

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

At what specific location (as in circumferential locale) is typical cystoid degeneration located?
The temporal periphery, more often inferior than superior

Bubbly

At what general retinal location is typical cystoid degeneration found?
Temporal (esp. inferotemporal)

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

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
- Present in 100% of adults
- Spiculated appearance
- Islands of pars plana epithelium surrounded by retina
- Redundant linear retinal elevations

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
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
Peripheral cystoid degeneration (typical and/or reticular)

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.

--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? 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 (typical and/or reticular)

--- Actually prevents RD extension

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

--- Black and flat

--- Small peripheral retinal elevations 2º 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

Peripheral cystoid degeneration (typical and/or reticular)

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

--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**

--- 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)

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
Retinal Lesions: Matching

Typical and reticular cystoid degeneration. Note their positional relationship.
Typical peripheral cystoid degeneration consists of cystoid spaces in the outer plexiform layer (asterisk) on the lower left (anterior retina).
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.
Peripheral cystoid degeneration (typical and/or reticular)

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

Retinal Lesions: Matching

--Actually prevents RD extension
--RD usually 2° to tractional tear at posterior edge of lesion
--Black and flat
--Small peripheral retinal elevations 2° to vitreous or zonular traction
--Present in 100% of adults
--Spiculated appearance
--Islands of pars plana epithelium surrounded by retina
--Redundant linear retinal elevations

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

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?
It is found in ~20% of adults
Retinal Lesions: Matching

Peripheral cystoid degeneration (typical and/or reticular)

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

-- 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

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 layer

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
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)
Peripheral cystoid degeneration (typical and/or reticular)

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?

---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
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 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 2º to tractional tear at posterior edge of lesion
---Black and flat
---Small peripheral retinal elevations 2º to vitreous or zonular traction
---Present in 100% of adults
---Spiculated appearance
---Islands of pars plana epithelium surrounded by retina
---Redundant linear retinal elevations

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 process?
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. Actually prevents RD extension

---

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

---

**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)**
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.

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

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.

---

**Retinal Lesions: Matching**

To what does the term retinoschisis refer? To a splitting of the neurosensory retina.

---

- 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

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
Retinoschisis (Note: Not *degenerative cystoid* as being discussed here)
Peripheral cystoid degeneration (typical and/or reticular)

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?

--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

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

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.

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.

(but this is somewhat misleading, because it skips a step.)
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

--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)

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 in typical cystoid degeneration?
The outer plexiform layer.

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.

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.

--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

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

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?
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The outer plexiform layer.

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

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--Small peripheral retinal elevations 2° to vitreous or zonular traction
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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 in typical cystoid degeneration?
The outer plexiform layer.

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.
**Retinal Lesions: Matching**

- **Typical (that's why it's called 'typical')**
- **In which retinal layer are the cystoid cavities found in typical cystoid degeneration?** The outer plexiform layer.
- **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.
- **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**
- **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.
- **Where is reticular degenerative retinoschisis located?** It is always adjacent and just posterior to a section of the ‘typical’ form.
- **In which retinal layer does the split occur?** The same one containing the cysts—the NFL.
- **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)**
- **Actually prevents RD extension**
- **--Present in 100% of adults**
- **--Spiculated appearance**
- **--Islands of pars plana epithelium surrounded by retina**
- **--Redundant linear retinal elevations**
- **--Small peripheral retinal elevations 2° to vitreous or zonular traction**
Retinal Lesions: Matching

Typical inferotemporal location for reticular degenerative retinoschisis
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.

---

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

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.

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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.

---

---

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.

---

Coalesce

Typical degenerative retinoschisis

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

---

---

--Actually prevents RD extension
--RD usually 2o to tractional tear at posterior edge of lesion
--Black and flat
--Small peripheral retinal elevations 2o 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. *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

Peripheral cystoid degeneration (typical and/or reticular)
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.

---

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

**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 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

---

**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

---

**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

---

Actually prevents RD extension

**--Small peripheral retinal elevations**

2° to vitreous or zonular traction

---

**--Meridional folds**

**--Enclosed ora bays**

**--Peripheral cystoid degeneration**

**--RPE hyperplasia**

**--RPE hypertrophy**

**--RPE hyperplasia**

**--Peripheral cystoid degeneration**

**--Vitreoretinal tufts**

**--Lattice Cobblestone degeneration**
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.

Peripheral cystoid degeneration (typical and/or reticular)

---

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.

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?
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)

---

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.

---

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.
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

---

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

---

Coalesce

Reticular degenerative retinoschisis

---

Coalesce

Typical degenerative retinoschisis

---

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

---

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)
Peripheral cystoid degeneration (typical and/or reticular)

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

Typical degenerative retinoschisis

Coalesce

Reticular degenerative retinoschisis

--Small peripheral retinal elevations

Typical degenerative retinoschisis predisposes to RD when it goes on to form reticular degenerative retinoschisis...

Reticular peripheral cystoid degeneration

Coalesce

Reticular degenerative retinoschisis

Retinal Lesions: Matching

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

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

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 NFL

Where is reticular cystoid degeneration located?

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

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

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
Retinal Lesions: Matching

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

Reticular degenerative retinoschisis

Typical degenerative retinoschisis!

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

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

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

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

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

Roughly speaking, what is the prevalence rate of reticular peripheral cystoid degeneration?
It is found in ~20% of adults

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 shape of an area of reticular degenerative retinoschisis?
Coalesce

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)
In the first section of the 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 must coalesce to form an area of reticular degenerative retinoschisis.

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

In which retinal layer are the cystoid cavities found in reticular peripheral cystoid degeneration? The NFL.

In which retinal layer is reticular peripheral cystoid degeneration located? It is always adjacent and just posterior to a section of the ‘typical’ form.

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

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

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

Typical peripheral cystoid degeneration is located in the far periphery—it starts at the ora and extends several millimeters posteriorly.

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

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 peripheral cystoid degeneration found? In the far periphery—it starts at the ora and extends several millimeters posteriorly.

In which retinal layer does the split occur in typical degenerative retinoschisis? 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.

In which retinal layer does the split occur in reticular degenerative retinoschisis? The same one containing the cysts—the NFL.

In which retinal layer does the split occur in retinoschisis? The NFL.

Reticular degenerative retinoschisis

Reticular degenerative retinoschisis

Typical degenerative retinoschisis
Retinal Lesions: Matching

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

Reticular degenerative retinoschisis

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

Reticular peripheral cystoid degeneration

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

But typical peripheral cystoid degeneration does not predispose to RD, even if it degenerates.

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

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

Typical degenerative retinoschisis!

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

And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form? It does not.
In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to RD if/when it goes on to form reticular degenerative retinoschisis…

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

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

The cysts have to coalesce to form an area of reticular degenerative retinoschisis in order for it to pose an RD risk. The same one containing the cysts—the NFL

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

In what retinal layer does the split occur?
The same one containing the cysts—the NFL

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 shape of an area of typical degenerative retinoschisis?
Flat

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

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

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

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

A
Retinal Lesions: Matching

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

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.

But typical peripheral cystoid degeneration does not predispose to RD, even if it degenerates.

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

All this being said…

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

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)
Peripheral cystoid degeneration (typical and/or reticular)

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

- Actually prevents RD extension
- RD usually 2o to tractional tear at posterior edge of lesion
- Black and flat
- Small peripheral retinal elevations 2o to vitreous or zonular traction

Retinal Lesions: Matching (typical and/or reticular)

- 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

- 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

- 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 NFL

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

- In the first section of this slide-set we said that reticular peripheral cystoid degeneration predisposes an eye to reticular degenerative retinoschisis—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

- Typical degenerative retinoschisis? Flat

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

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

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

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

- And does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?
  - The same one containing the cysts—the OPL

- Does typical degenerative retinoschisis put the pt at risk of RRD a la the reticular form?
  - It does not
In the first section of this slide-set, we said that peripheral cystoid degeneration predisposes an eye to RD. However, this is somewhat misleading, because it skips a step. The cysts must coalesce to form an area of reticular degenerative retinoschisis in order for it to pose an RD risk.

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

Typical peripheral cystoid degeneration does not predispose to RD, even if it progresses to retinoschisis. All that said: Are these easily differentiated from one another on exam? No

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

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

Peripheral cystoid degeneration (typical and/or reticular)

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

"Typical degenerative retinoschisis!"

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

Reticular degenerative retinoschisis

Reticular peripheral cystoid degeneration

Typical peripheral cystoid degeneration

Peripheral cystoid degeneration (typical and/or reticular)
Retinoschisis with large, irregular outer-schisis-layer holes (*outlined by arrowheads*) and yellow dots on the inner surface.
What is a retinal dialysis?

What is a retinal Dialysis?

Horseshoe tear

Operculated hole

Atrophic hole

Lattice
What is a retinal dialysis?
A circumferential disinsertion of the peripheral retina from the ora serrata
What is a retinal dialysis?
A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?
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
What is a retinal dialysis?
A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?
Usually blunt trauma

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

Horseshoe tear
Operculated hole
Atrophic hole
Lattice
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
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?
A circumferential disinsertion of the peripheral retina from the ora serrata

What is the inciting event?
Usually blunt trauma

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

What is a Horseshoe tear?

Operculated hole

Atrophic hole

Lattice
What is a horseshoe tear?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina.
Retinal Lesions: Not Matching

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

Where are they typically found?

(The black part is the tear itself)
What is a **Horseshoe tear**?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

Where are they typically found?
In the far periphery, near the ora serrata
What is a **Horseshoe tear**?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina

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

How do they develop?
A

**Retinal Lesions: Not Matching**

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

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

How do they develop?
A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina.
What is a horseshoe tear?
Just what it sounds like—a horseshoe-shaped defect torn in the neurosensory retina.

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

How do they develop?
A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina. Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.
Horseshoe tear mechanism
What is a \textbf{Horseshoe tear}?

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

Where are they typically found?

In the far periphery, near the ora serrata.

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A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina. Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.
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In the far periphery, near the ora serrata.

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A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina. Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.

The occurrence of a posterior vitreous detachment most commonly precipitates this tension.
What is a Horseshoe tear?

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

Where are they typically found?

In the far periphery, near the ora serrata.

How do they develop?

A tongue of attached vitreous extends beyond the normal limit of the vitreous base, onto the peripheral retina. Tension on the vitreous gets focused at this site, and the tongue of vitreous tears the retina and peels it back, producing the flap.

‘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.
What is a horseshoe tear?

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

Where are they typically found?

In the far periphery, near the ora serrata.

How do they develop?

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Dialysis

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

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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.

Retinal Lesions: Not Matching

‘The flap’

(The black part is the tear itself)

Anterior

Posterior
Retinal dialysis: Retina peels away from vitreous base

Horseshoe tear: Retina peels toward vitreous base

Retinal Lesions: Not Matching
Retinal Lesions: Not Matching

Dialysis

Horseshoe tear

What is an Operculated hole?

Atrophic hole

Lattice
Dialysis

Horseshoe tear

What is an Operculated hole?

Atrophic hole

Lattice

What does operculated mean?
It means, ‘covered by an operculum’
What is an Operculated hole?

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

Retinal Lesions: Not Matching

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.
Operculated retinal tear/hole: Mechanism

Operculated retinal tear/hole (far right of the pic) with the operculum floating in the vitreous
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?
What is an **Operculated hole**?

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)

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

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.”
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.
Atrophic retinal hole
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.)*
Dialysis

Horseshoe tear

Operculated hole

Atrophic hole

(We already know about Lattice)
With respect to retinal breaks, what does it mean to say a pt is ‘symptomatic’?

Symptomatic

Dialysis

Horseshoe tear

Operculated hole

Atrophic hole

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

<table>
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*The Retina book states there is ‘no consensus’ regarding whether asymptomatic dialyses should be treated*
For each retinal break, state whether it should be treated **prophylactically**

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

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Under what circumstances should you consider treating asymptomatic horseshoe tears?
For each retinal break, state whether it should be treated **prophylactically**

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</table>

Under what circumstances should you consider treating asymptomatic horseshoe tears?

--If they are associated with **two words**
For each retinal break, state whether it should be treated **prophylactically**.

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**Under what circumstances should you consider treating asymptomatic horseshoe tears?**

--If they are associated with lattice degeneration
For each retinal break, state whether it should be treated **prophylactically**

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**Under what circumstances should you consider treating asymptomatic horseshoe tears?**

--If they are associated with lattice degeneration
--If the eye is significantly...
For each retinal break, state whether it should be treated **prophylactically**

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Under what circumstances should you consider treating asymptomatic horseshoe tears?
- If they are associated with lattice degeneration
- If the eye is significantly myopic
For each retinal break, state whether it should be treated **prophylactically**

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**Under what circumstances should you consider treating asymptomatic horseshoe tears?**

--If they are associated with lattice degeneration

--If the eye is significantly myopic

--If the eye is [ ] or [ ]
For each retinal break, state whether it should be treated **prophylactically**

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**Under what circumstances should you consider treating asymptomatic horseshoe tears?**

-- If they are associated with lattice degeneration
-- If the eye is significantly myopic
-- If the eye is aphakic or pseudophakic
For each retinal break, state whether it should be treated **prophylactically**.

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Under what circumstances should you consider treating asymptomatic horseshoe tears?

- 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
### Table: Retinal Break Treatment

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**Under what circumstances should you consider treating asymptomatic horseshoe tears?**

- 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
Q

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

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Under what circumstances should you consider treating symptomatic operculated holes?

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

### Under what circumstances should you consider treating symptomatic operculated holes?

- If there is **three words** at the edge of the hole

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Under what circumstances should you consider treating symptomatic operculated holes?
--If there is ongoing vitreous traction at the edge of the hole
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--If there is ongoing vitreous traction at the edge of the hole
--If the hole is
For each retinal break, state whether it should be treated **prophylactically**

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**Under what circumstances should you consider treating symptomatic operculated holes?**

--If there is ongoing vitreous traction at the edge of the hole
--If the hole is large
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For each retinal break, state whether it should be treated prophylactically

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Under what circumstances should you consider treating symptomatic operculated holes?

--If there is ongoing vitreous traction at the edge of the hole
--If the hole is large
--If is present

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

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**Under what circumstances should you consider treating symptomatic opercuated holes?**

--If there is ongoing vitreous traction at the edge of the hole
--If the hole is large
--If vitreous hemorrhage is present
For each retinal break, state whether it should be treated **prophylactically**

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(Lattice itself can’t be symptomatic—only a lesion associated with it can)
For each retinal break, state whether it should be treated *prophylactically*

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**Under what circumstances should you consider treating lattice?**
**Q/A**

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

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*Under what circumstances should you consider treating lattice?*

---If two words are present

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

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**Lattice**

Under what circumstances should you consider treating lattice?

--If horseshoe tears are present

--If the eye is [ ] or [ ]
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*Under what circumstances should you consider treating lattice?*

--If horseshoe tears are present
--If the eye is aphakic or pseudophakic

*For each retinal break, state whether it should be treated prophylactically*
## Q/A

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

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**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
- If there was a hx of two words in the fellow eye
For each retinal break, state whether it should be treated *prophylactically*

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*Under what circumstances should you consider treating lattice?*

--If horseshoe tears are present
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--If there was a hx of retinal detachment in the fellow eye
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In general, which carries the highest risk of RD? Horseshoe tears
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In general, which carries the highest risk of RD? Horseshoe tears

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

Why?
Because of **ongoing vitreous traction**
6% of eyes harbor a retinal break, but only 1 in a big number get an RD.
6% of eyes harbor a retinal break, but only 1 in 12,000 get an RD
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
• 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
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?
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
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?*

--
--
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
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

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

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)
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

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?
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.

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.
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

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