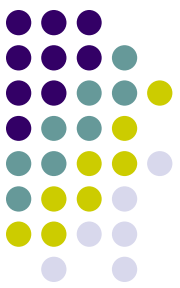


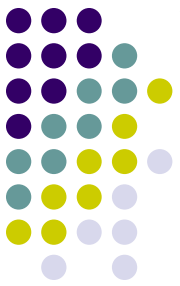
Q

Mucous Membrane Pemphigoid (MMP)



1

In a nutshell, what is MMP? How would you summarize it?



In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a

acute vs
chronic

MMP keyword

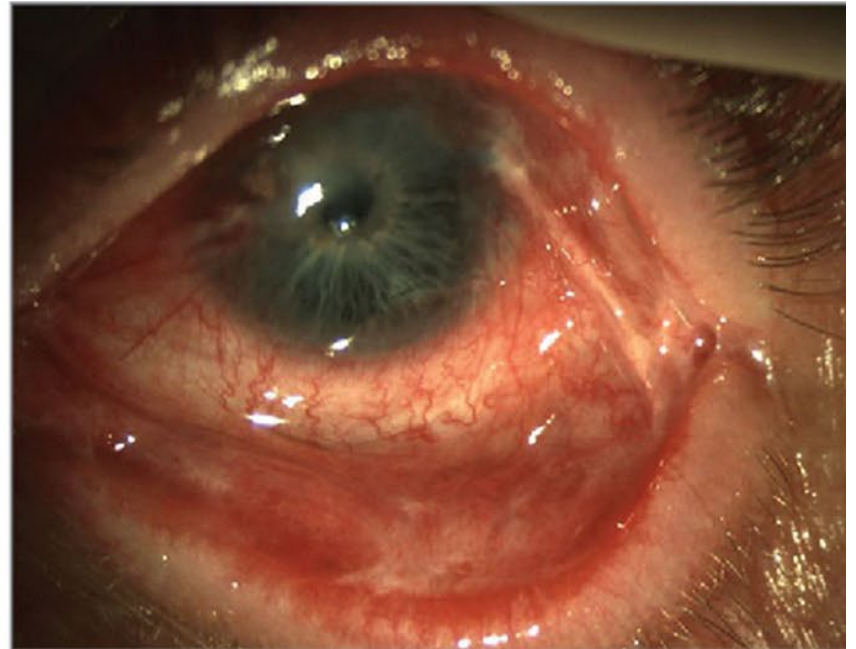
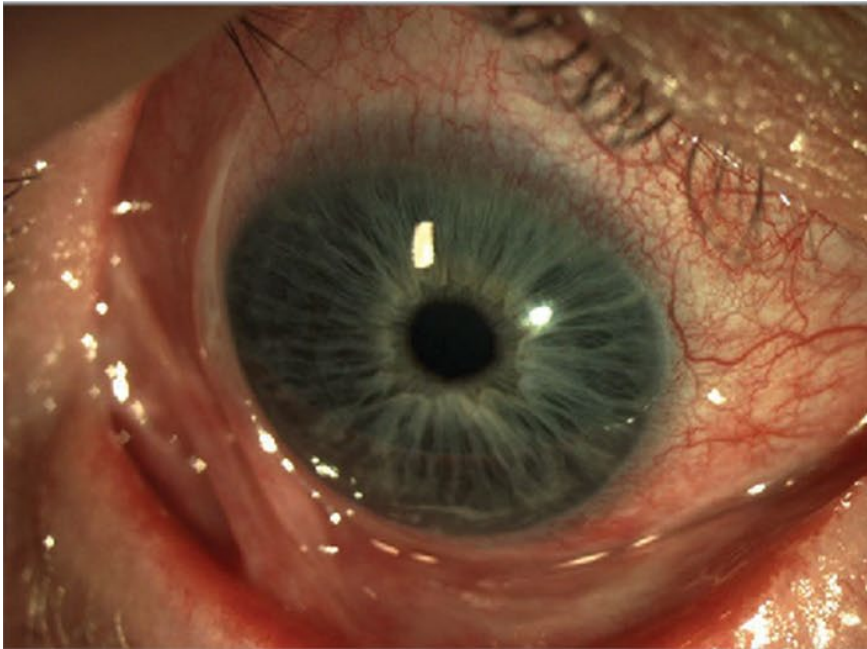
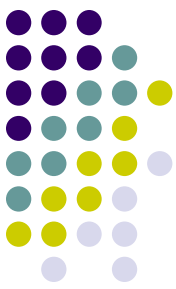
conjunctivitis



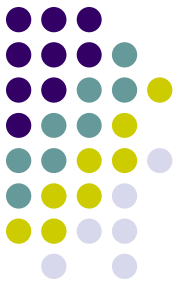
In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a chronic cicatrizing conjunctivitis

Mucous Membrane Pemphigoid (MMP)



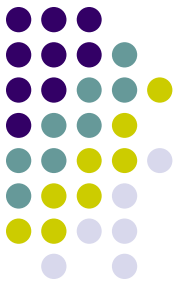
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In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a **chronic** cicatrizing conjunctivitis

Should chronic be taken to mean relentless?



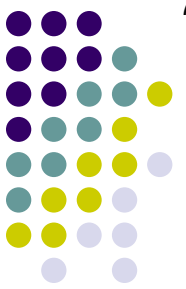
In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a **chronic** cicatrizing conjunctivitis

Should chronic be taken to mean relentless?

No. MMP often waxes and wanes

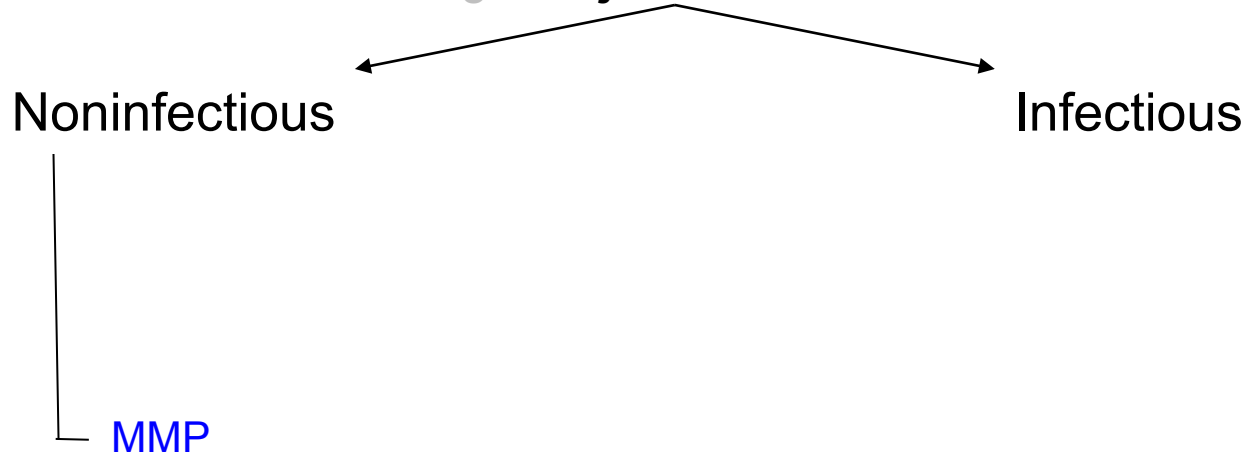
Mucous Membrane Pemphigoid (MMP)



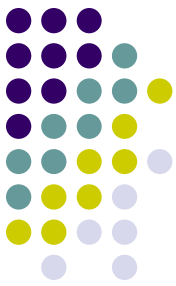
7

In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a **chronic** cicatrizing **conjunctivitis**

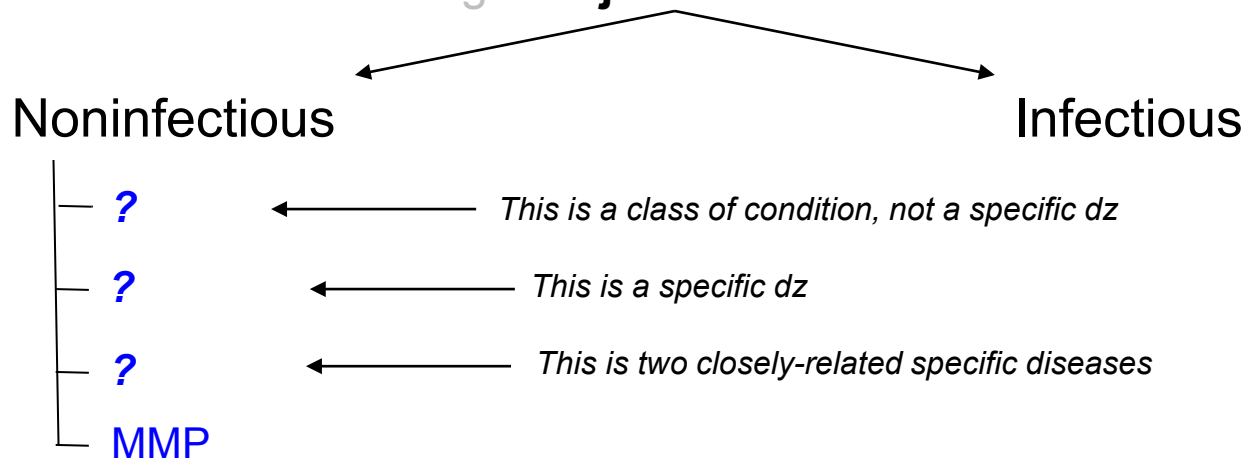


MMP is an important example of a **noninfectious conjunctivitis**.



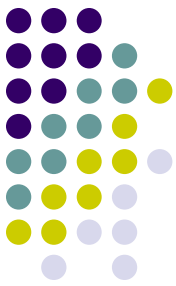
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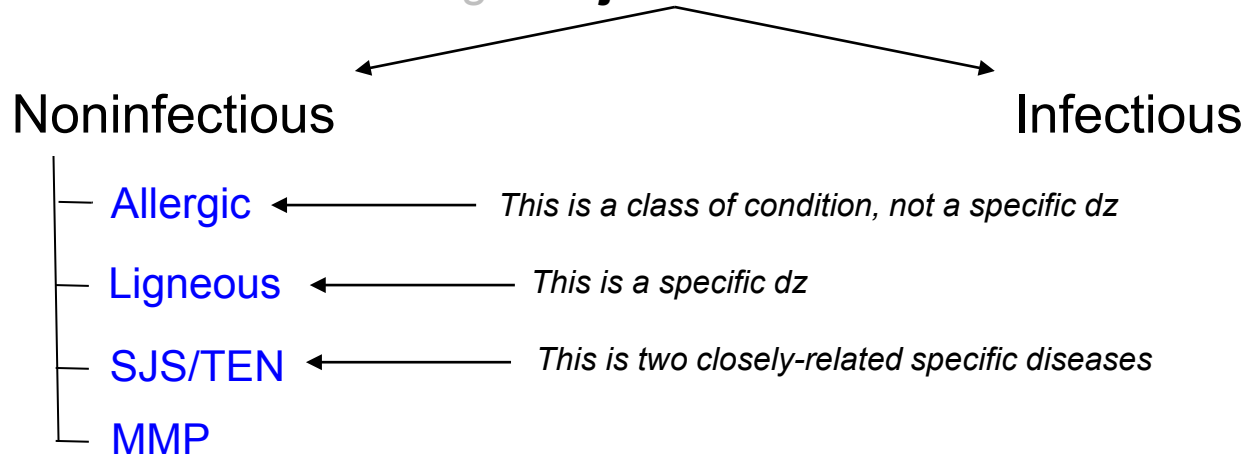
MMP is an important example of a **noninfectious conjunctivitis**.

There are three other entries in this group—what are they?



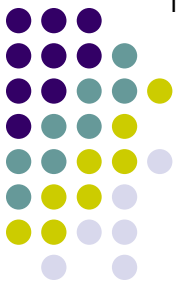
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MMP is an autoimmune condition of the ocular surface that produces a **chronic** cicatrizing **conjunctivitis**

Noninfectious

Infectious

— Allergic

— Ligneous

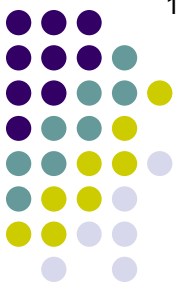
— **SJS/TEN**

— MMP

What do SJS and TEN stand for in this context?

SJS:

TEN:



In a nutshell, what is MMP? How would you summarize it?

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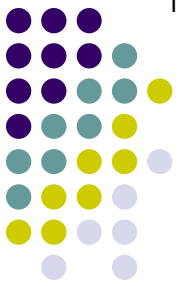
— MMP

What do SJS and TEN stand for in this context?

SJS: Stevens-Johnson syndrome

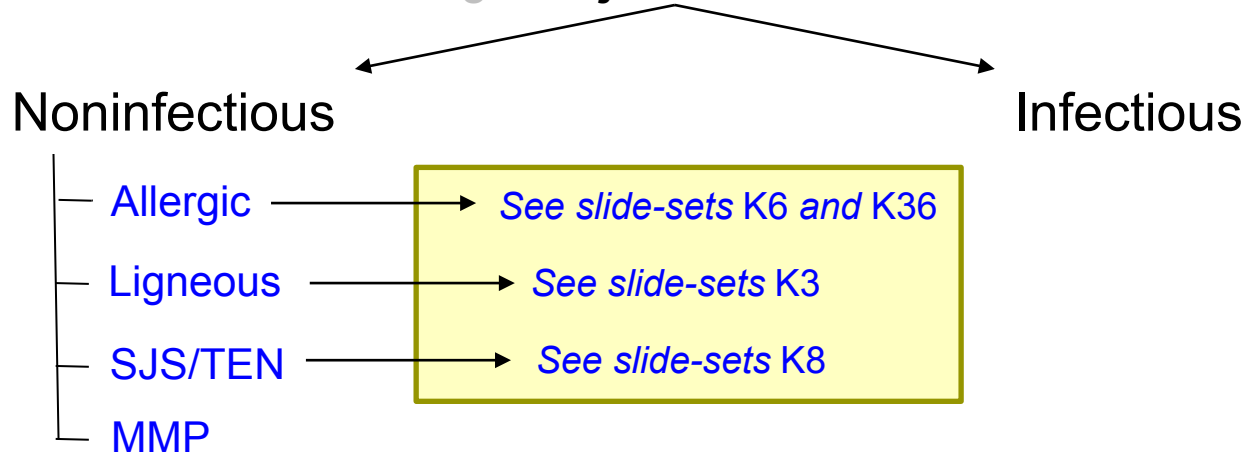
TEN: Toxic epidermal necrolysis

Mucous Membrane Pemphigoid (MMP)



In a nutshell, what is MMP? How would you summarize it?

MMP is an autoimmune condition of the ocular surface that produces a **chronic** cicatrizing **conjunctivitis**

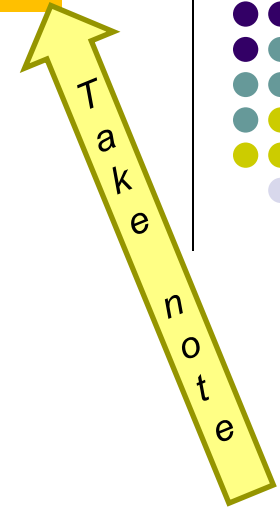


No question—proceed when ready

Q

Mucous Membrane Pemphigoid (MMP): T/F

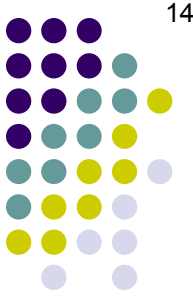
- Females are more commonly affected than males



A

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males *T*

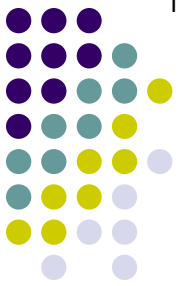


Q

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males **T**

What is the female:male ratio?

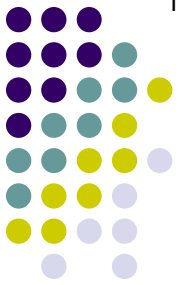


A

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males **T**

What is the female:male ratio?
About 2:1



Q

Mucous Membrane Pemphigoid (MMP): T/F

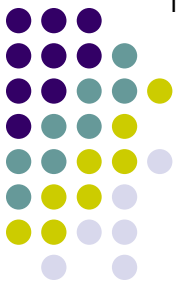
- Females are more commonly affected than males *T*
- Whites are more commonly affected than blacks



A

Mucous Membrane Pemphigoid (MMP): T/F

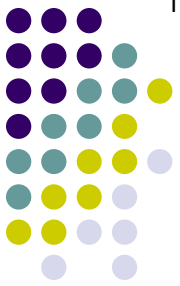
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Mucous Membrane Pemphigoid (MMP): T/F

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(No question being asked here—just correcting the statement.
Similar 'corrections' performed throughout the set.)

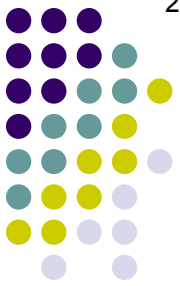


Q

Mucous Membrane Pemphigoid (MMP): T/F

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What, if any, is the racial predilection of MMP?



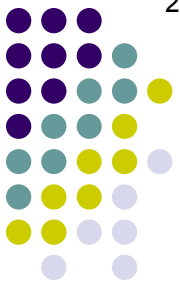
A

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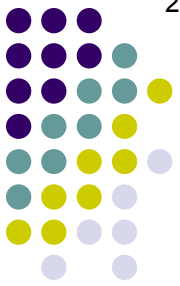
There is none



Q

Mucous Membrane Pemphigoid (MMP): T/F

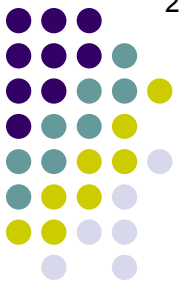
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- It was formerly known as *ocular cicatricial pemphigoid*



A

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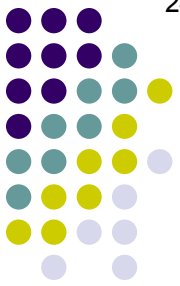
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Mucous Membrane Pemphigoid (MMP): T/F

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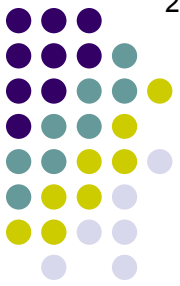
The BCSC *External Disease* book indicates the term *MMP* should be used in place of OCP. However, other well-regarded sources continue to use the term OCP to describe cases of MMP that principally affect the conj. Caveat emptor.



Q

Mucous Membrane Pemphigoid (MMP): T/F

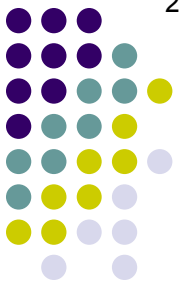
- Females are more commonly affected than males **T**
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- It was formerly known as *ocular cicatricial pemphigoid* **T**
- Rare after age 60



A

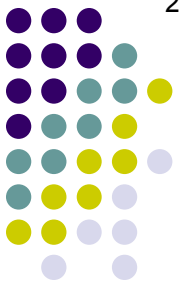
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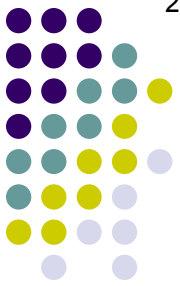
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Q

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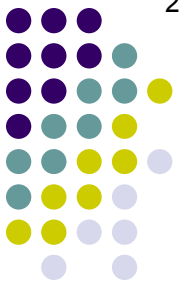
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A

Mucous Membrane Pemphigoid (MMP): T/F

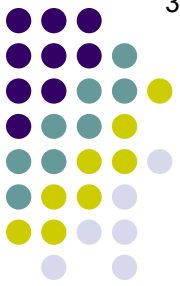
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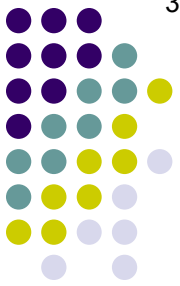
MMP pts are usually *older* than 60, and only rarely *younger* than 30



Q

Mucous Membrane Pemphigoid (MMP): T/F

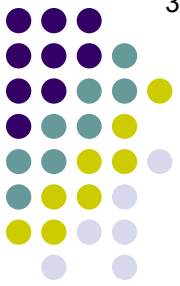
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- Rare before age 30 **T**
- Symblephara formation is common



A

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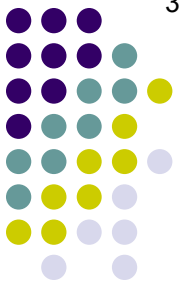
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Q

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What are symblephara?

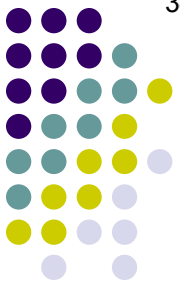
A

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What are symblephara?

Adhesions between conjunctival surfaces



Q

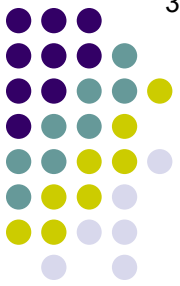
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Adhesions between which two conj surfaces are involved?



A

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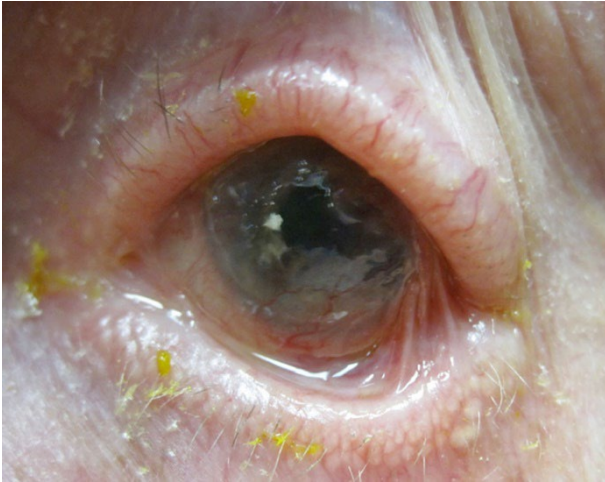
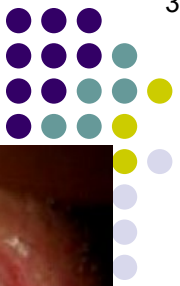
Adhesions between which two conj surfaces are involved?

Between the bulbar and tarsal/palpebral conj



Mucous Membrane Pemphigoid (MMP): T/F

37



MMP: Symblephara



Q

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What process produces the 'raw' conj surface needed to create symblephara?

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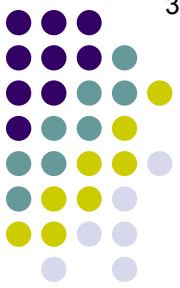
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The conj develops bullae, which leave a raw surface when they rupture



Q

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Extensive symblephara can lead to what dreaded complication?

Q/A

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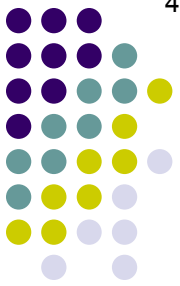
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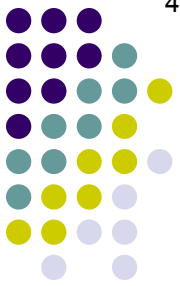
A globe



A

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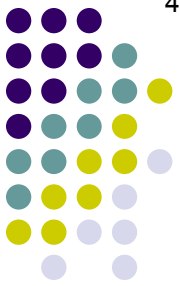
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What **non-MMP** conditions are associated with symblepharon formation?

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Q/A

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What **non-MMP** conditions are associated with symblepharon formation?

The one that should come to mind first is

three words

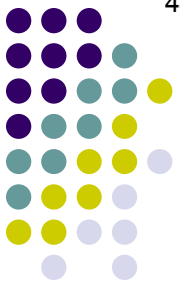
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Extensive symblephara can lead to what dreaded complication?

A 'frozen' globe



Q/A

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males *T*
- Whites are ^{no} more commonly affected than blacks *F*
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What **non-MMP** conditions are associated with symblepharon formation?

The one that should come to mind first is *Stevens-Johnson syndrome (SJS)*.

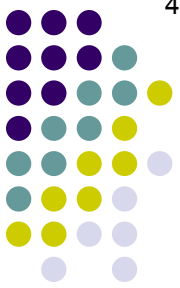
Between the bulbar and tarsal/palpebral conj

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Others include *atopic keratoconjunctivitis* (AKC), adenoviral conjunctivitis (especially *epidemic keratoconjunctivitis*, EKC), and trachoma. (There are a number of other causes to boot.)

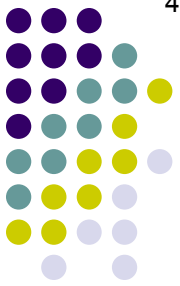
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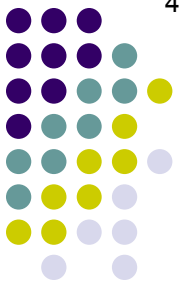
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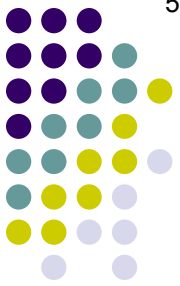
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Besides the conj, which mucosal surfaces can be involved?

--?

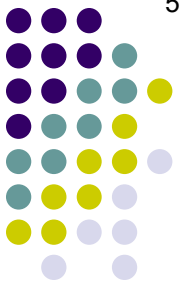
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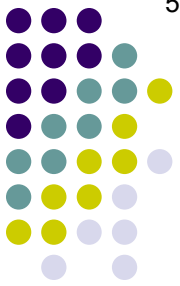
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- Oral
- Nasopharynx
- Genital
- Anal



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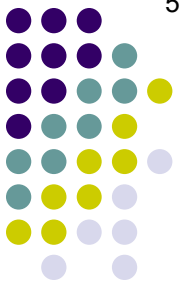
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54



MMP: Oral ulcers



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--Oral, specifically...

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--Genital

--Anal

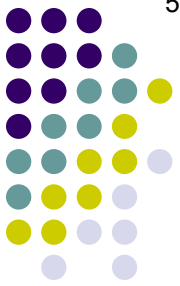
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What is the classic early symptom associated with oropharyngeal lesions?

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--Oral, specifically...difficulty swallowing

--Nasopharynx

--Genital

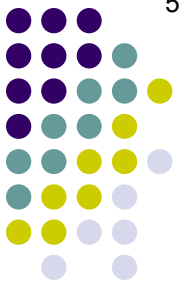
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All that being said, MMP is primarily an **ocular** condition (specifically of the conj)

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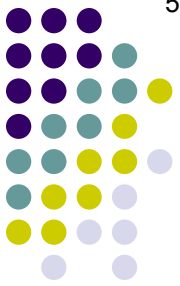
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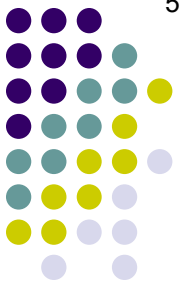
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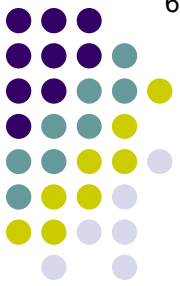
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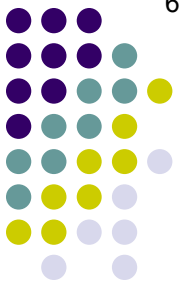


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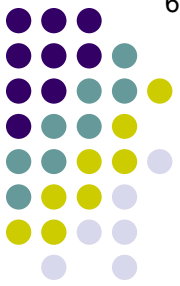
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MMP is a bilateral dz. **But:**

Can it be highly asymmetric in severity?

A

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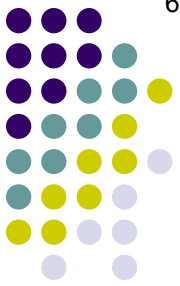


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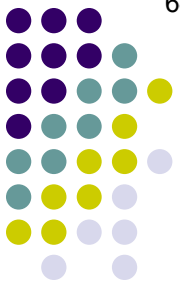
Can it be highly asymmetric in severity?

Yes

Can it initially present unilaterally?

A

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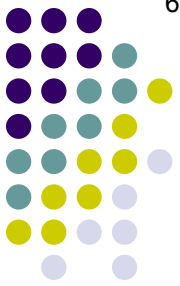


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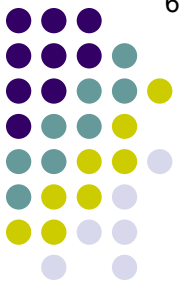
*Can it initially **present unilaterally**?*

Yes

How much time can pass until the fellow eye declares?

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MMP is a bilateral dz. **But:**

Can it be highly asymmetric in severity?

Yes

*Can it initially **present unilaterally**?*

Yes

How much time can pass until the fellow eye declares?

Up to several years

Q

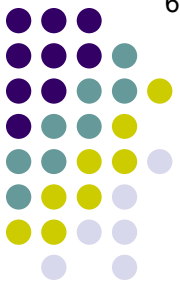
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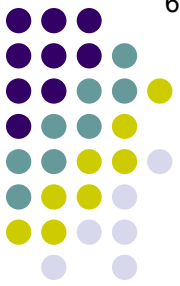
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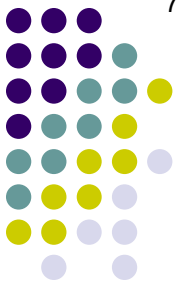


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What percent of cases involve the skin?

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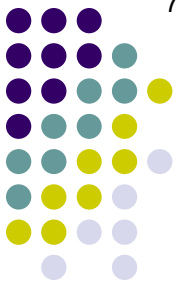


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What percent of cases involve the skin?
Only about 15

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- Tear film deficiency is a common development

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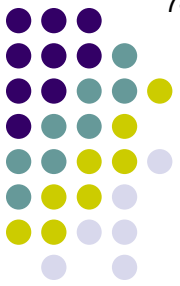
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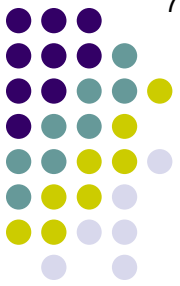


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Which component(s) of the tear film are deficient in MMP?

A

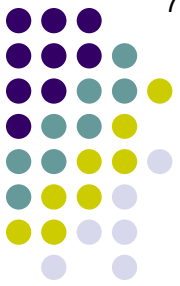
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How does the MMP dz process produce these deficiencies?

Q/A

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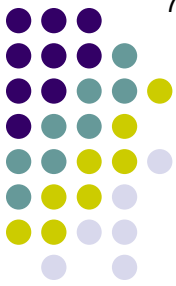
Which component(s) of the tear film are deficient in MMP?

Aqueous and mucin

How does the MMP dz process produce these deficiencies?

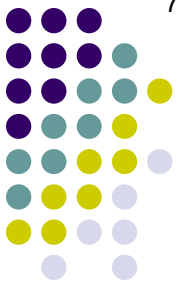
--Aqueous deficiency results from...

--Mucin deficiency results from...



A

Mucous Membrane Pemphigoid (MMP): T/F



- Females are more commonly affected than males *T*
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Q/A

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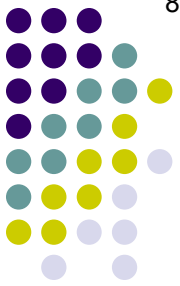
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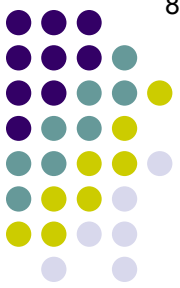
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--**Mucin deficiency**

Deficiencies of this sort in the tear film contribute to what devastating finding in MMP?

ings



A

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How does the MMP dz process produce these deficiencies?

-- **Aqueous deficiency**

-- **Mucin deficiency**

Deficiencies of this sort in the tear film contribute to what devastating finding in MMP?
Keratinization of the ocular surface



MMP: Ocular surface keratinization



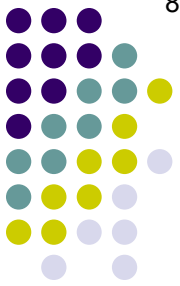
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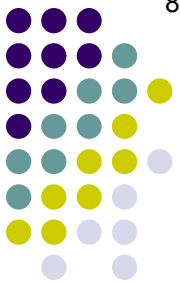


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While topical treatments can help alleviate symptoms, MMP is a **systemic** condition, and thus necessitates **systemic** treatment



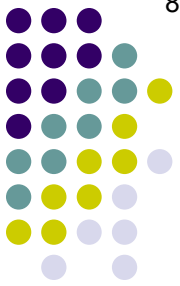
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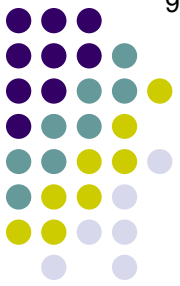
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Q

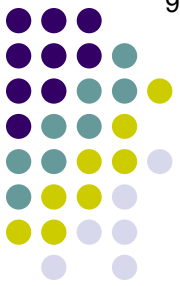
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What condition must they be screened for?

A

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What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (G6PD) deficiency



Q

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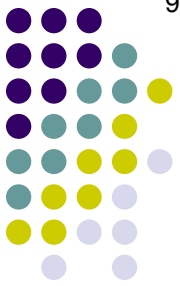
What is G6PD?

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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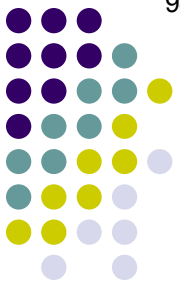
An enzyme involved in the production of glutathione

What condition must they be screened for?

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What is G6PD?

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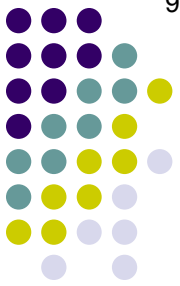
What role does glutathione play in cell metabolism?

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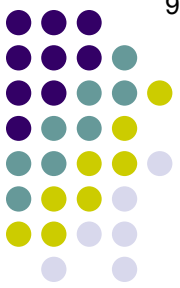
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What role does glutathione play in cell metabolism?

It protects cells from oxidative stress

What condition must they be screened for?

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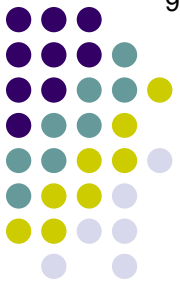
What is the mode of G6PD deficiency inheritance?

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Glucose-6-phosphate dehydrogenase **(G6PD) deficiency**

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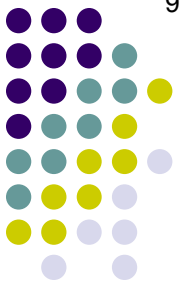
X-linked

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Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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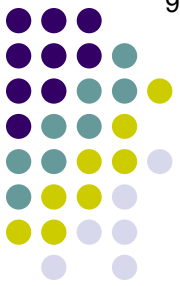
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What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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What does this imply about the demographics of G6PD deficiency?

X-linked

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What does this imply about the demographics of G6PD deficiency?
It is far more common in males

X-linked

What is the mode of G6PD deficiency inheritance?

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It is far more common in males

Does it have a racial predilection as well?

X-linked

What is the mode of G6PD deficiency inheritance?

What is the dreaded sequelae of G6PD deficiency?

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Q/A

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What does this imply about the demographics of G6PD deficiency?

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Does it have a racial predilection as well?

Yes, it is more common in those of **continent** and **body of water** descent

X-linked

What is the mode of G6PD deficiency inheritance?

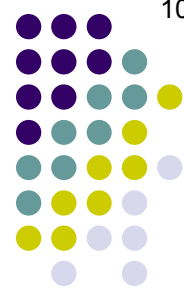
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- The skin is involved in a ^{minor} majority
- Tear film deficiency is a common
- Topical steroids are ^{not} the mainstay of treatment **F**
- Pts treated with dapsons must first be screened for sickle cell **F**

What does this imply about the demographics of G6PD deficiency?

It is far more common in males

Does it have a racial predilection as well?

Yes, it is more common in those of African and Mediterranean descent

X-linked

What is the mode of G6PD deficiency inheritance?

What is the dreaded sequelae of G6PD deficiency?

Hemolytic anemia

G-6-PD deficiency

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase **(G6PD) deficiency**



Q

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males **T**
- Whites are ^{no} more commonly affected than blacks **F**
- It was formerly known as ocular cicatricial pemphigoid **T**
- ^{Usually} ~~Rare~~ after age 40
- Rare before age 40
- Symblephara formation
- Mucosal involvement is ^{usually} ~~always~~

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What triggers hemolytic anemia in G6PD deficient pts?

- The skin is involved in a major way
- Tear film deficiency is a common feature
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- Pts treated with dapsons must first be screened for G-6-PD deficiency **F**

Hemolytic anemia

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency



A

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What triggers hemolytic anemia in G6PD deficient pts?

An infection, or a triggering agent—a food, or drug

- The skin is involved in a major way
- Tear film deficiency is a common complication
- Topical steroids are ^{not} the mainstay of treatment **F**
- Pts treated with dapsons must first be screened for G-6-PD deficiency **F**

Hemolytic anemia

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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What is the mode of G6PD deficiency inheritance?

G6PD deficient pts? linked

food, or drug

What is the dreaded sequelae of G6PD deficiency?

Hemolytic anemia

What is the classic trigger?

Topical steroids are ^{not} the mainstay of treatment **F**

Pts treated with dapsons must first be screened for G-6-PD deficiency **F**

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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What food is the classic trigger?
Fava beans (and a nice Chianti)

G6PD deficient pts?
a food, or drug

food

Hemolytic anemia

mainstay of treatment **F**
must first be screened for G-6-PD deficiency **F**

at condition must they be screened for?
glucose-6-phosphate dehydrogenase (**G6PD**) deficiency



j/k about the Chianti part, Clarisse

Q

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G6PD deficient pts? linked

a food, or **drug**

What is the dreaded sequelae of G6PD deficiency?

cy is a complication **Hemolytic anemia**

not

Topical steroids are the mainstay of treatment **F**

Pts treated with dapsons must first be screened for G-6-PD deficiency **F**

What food is the classic trigger?
Fava beans (and a nice Chianti)

What drug is the classic trigger?

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

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Hemolytic anemia

cy is a com

Topical steroids are ^{not} the mainstay of treatment **F**

Pts treated with **dapsone** must first be screened for G-6-PD deficiency **F**

What food is the classic trigger?
Fava beans (and a nice Chianti)

What drug is the classic trigger?
Dapsone

What condition must they be screened for?

Glucose-6-phosphate dehydrogenase (**G6PD**) deficiency

Mucous Membrane Pemphigoid (MMP): T/F

- Females are more commonly affected than males **T**
- Whites are more commonly affected than blacks **F**
- It was formerly known as oculodentodigital dysplasia
- Rare after age 60 *Usually*
- Rare before age 60
- Symblephara for
- Mucosal involvement is always *usually*

? *G6PD deficient pts?* linked

- a food, or **drug**

What is the dreaded sequelae of G6PD deficiency?

Hemolytic anemia

not

are the mainstay of treatment F

dapsone must first be screened for sickle cell *F*

In a word, what sort of drug is dapsone?

must they be screened for?

phosphate dehydrogenase (G6PD) deficiency

What food is the classic trigger?
Fava beans (and a nice Chianti)

What drug is the classic trigger?
Dapsone

- Topical steroids are the mainstay of treatment

- Pts treated with **dapsone** must first be screened for sickle cell *F*

A

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What does this imply about the demographics of G6PD deficiency?

It is far more common in males

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- Mucosal involvement is always

What food is the classic trigger?

Fava beans (and a nice Chianti)

G6PD deficient pts? linked

a food, or **drug**

What drug is the classic trigger?

Dapsone

What is the mode of G6PD deficiency inheritance?

What is the dreaded sequelae of G6PD deficiency?

Hemolytic anemia

- Topical steroids are the ^{not} mainstay of treatment **F**

- Pts treated with **dapsone** must first be screened for G-6-PD deficiency **F**

In a word, what sort of drug is dapsone?

An antibiotic

must they be screened for?

phosphate dehydrogenase (**G6PD**) deficiency



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a food, or

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Hemolytic anemia

cy is a com

Topical steroids are the ^{not} mainstay of treatment **F**

Pts treated with **dapsone** must first be screened for G-6-PD deficiency **F**

What food is the classic trigger?
Fava beans (and a nice Chianti)

What drug is the classic trigger?
Dapsone

In a word, what sort of drug is dapsone?

An antibiotic

What class of antibiotic?

must they be screened for?

phosphate dehydrogenase (**G6PD**) deficiency

A

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What food is the classic trigger?
Fava beans (and a nice Chianti)

G6PD deficient pts? **drug**

What drug is the classic trigger?
Dapsone

What is the mode of G6PD deficiency inheritance?
What is the dreaded sequelae of G6PD deficiency?

Hemolytic anemia

- Topical steroids are the ^{not} mainstay of treatment **F**

- Pts treated with **dapsone** must first be screened for G-6-PD deficiency **F**

In a word, what sort of drug is dapsone?

An antibiotic

What class of antibiotic?

A sulfonamide

must they be screened for?

phosphate dehydrogenase (**G6PD**) deficiency

Q

Mucous Membrane Pemphigoid (MMP): T/F



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- Topical steroids are ^{not} the mainstay of treatment **F**
- Pts treated with dapsone must first be screened for ^{G-6-PD deficiency} ~~sickle cell~~ **F**
- Diagnosis is primarily clinical

A

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Q

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If confirmation of the diagnosis is needed, what sort of assessment (eg, genotyping, bloodwork, imaging, etc) is performed?

- **Diagnosis is primarily clinical** *T*

A

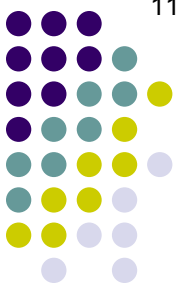
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- Biopsy of an active area of dz
-
-
-
-
-
-
-
- **Diagnosis is primarily clinical** *T*

Q

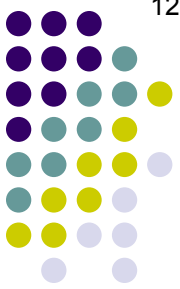
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- Biopsy of an active area of dz
- *What does histologic examination of the biopsy reveal?*
-
-
-
-
-
-
- **Diagnosis is primarily clinical** *T*

A

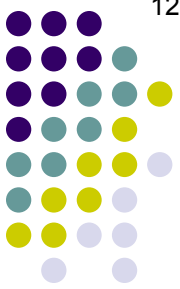
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-
-
-
-
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A

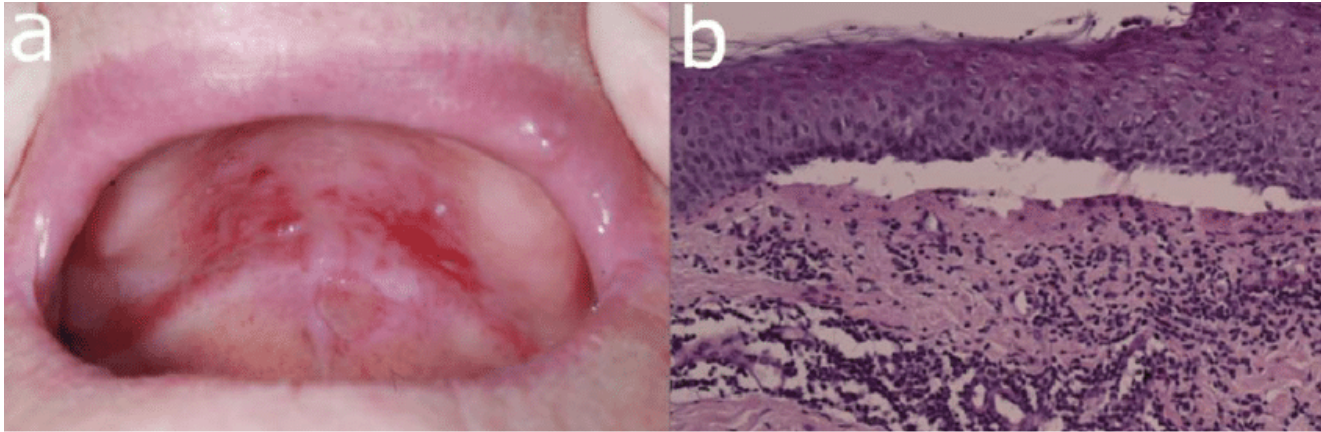
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- *What does histologic examination of the biopsy reveal?*
- Nonspecific changes including subepithelial infiltration by various inflammatory cells along with abnormalities (bullae formation; keratinization) of the overlying epithelium—nothing too terribly helpful, TBH
- **Diagnosis is primarily clinical** *T*

Mucous Membrane Pemphigoid (MMP): T/F

122



- (a) Buccal erosions in a 77-year old female with mucous membrane pemphigoid.
(b) Histopathological examination of mucosa reveals a sub-epidermal blister and a mixed leukocytic infiltrate.

Q

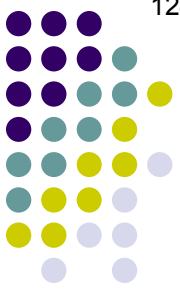
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- *What sort of testing is terribly helpful when performed on the biopsy specimen?*
- Immunohistochemical staining—the ‘gold standard’ for diagnosing MMP per the BCSC
- **Diagnosis is primarily clinical *T***

Q

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- **Diagnosis is primarily clinical *T***

What will immunohistochemical staining reveal?

Q/A

Mucous Membrane Pemphigoid (MMP): T/F



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What will immunohistochemical staining reveal?

Linear deposition of +/- along the of the conj layer

two words

A

Mucous Membrane Pemphigoid (MMP): T/F



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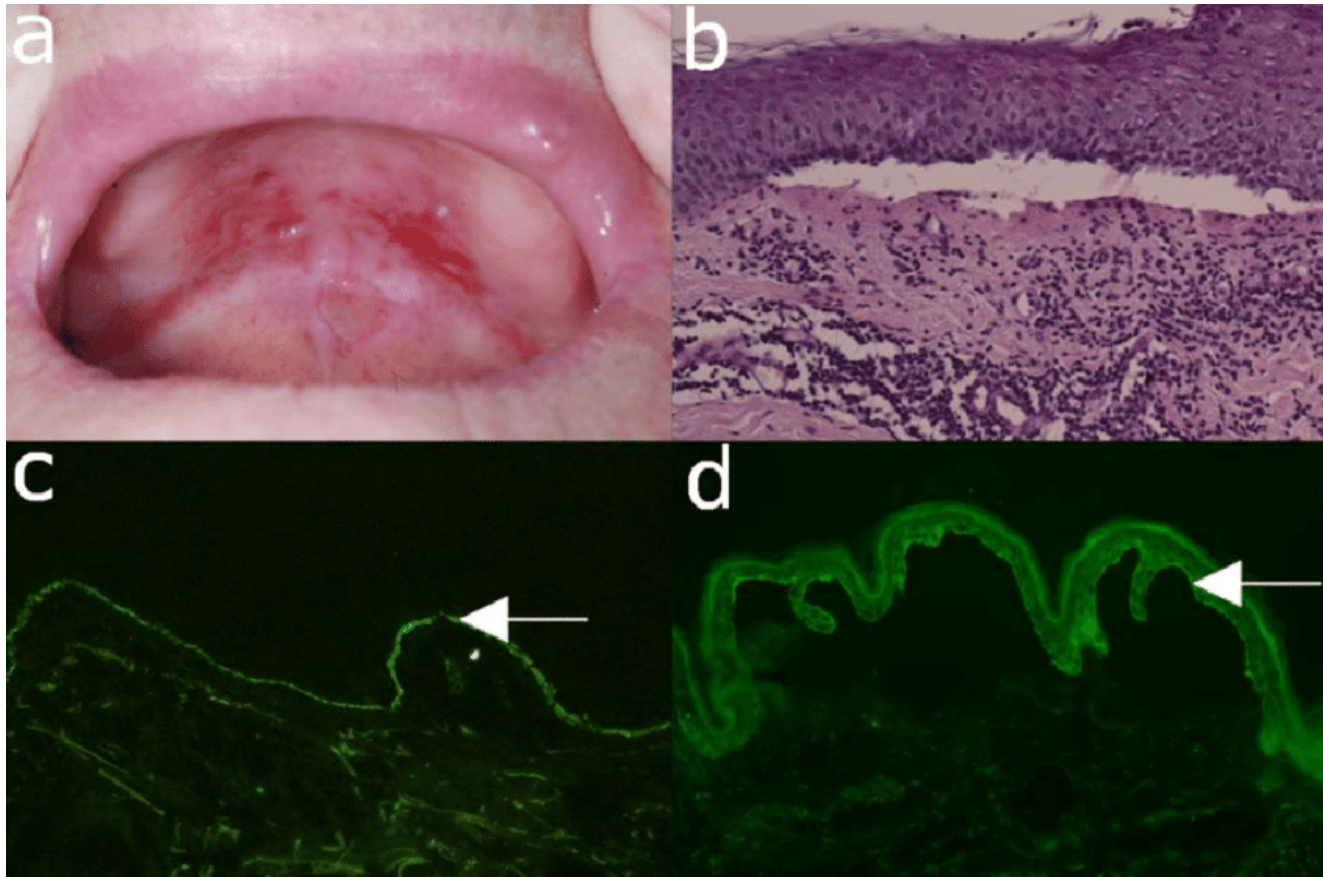
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- **Diagnosis is primarily clinical *T***

What will immunohistochemical staining reveal?

Linear deposition of immunoglobulins +/- complement along the basement membrane of the conj epithelium

Mucous Membrane Pemphigoid (MMP): T/F

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(a) Buccal erosions in a 77-year old female with mucous membrane pemphigoid. (b) Histopathological examination of mucosa reveals a sub-epidermal blister and a mixed leukocytic infiltrate. **(c) Direct and (d) indirect immunofluorescence microscopy shows IgG deposits at the dermo-epidermal junction.**

Q

Mucous Membrane Pemphigoid (MMP): T/F



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- It was formerly known as *ocular cicatricial pemphigoid* *T*
- ^{Usually} ~~Rare~~ after age 60 *F*
- If confirmation of the diagnosis is needed, what sort of assessment (eg, genotyping, bloodwork, imaging, etc) is performed?
- Biopsy of an active area of dz

*You strongly suspect MMP, but the biopsy comes back negative.
Does this rule it out?*

ous inflammatory cells along
lying epithelium—nothing

- What sort of testing is terribly helpful when performed on the biopsy specimen?
- **Immunohistochemical staining**—the 'gold standard' for diagnosing MMP per the BCSC
- **Diagnosis is primarily clinical** *T*

What will immunohistochemical staining reveal?

Linear deposition of immunoglobulins +/- complement along the basement membrane of the conj epithelium

Q/A

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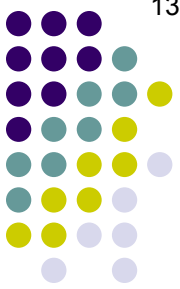
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Immunohistochemical staining—the 'gold standard' for diagnosing MMP per the BCSC
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What will immunohistochemical staining reveal?

Linear deposition of immunoglobulins +/- complement along the basement membrane of the conj epithelium

A

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- ^{Usually} ~~Rare~~ after age 60 *F*
- If confirmation of the diagnosis is needed, what sort of assessment (eg, genotyping, bloodwork, imaging, etc) is performed?
- Biopsy of an active area of dz

*You strongly suspect MMP, but the biopsy comes back negative.
Does this rule it out?*

No—unfortunately the sensitivity of immunohistochemical testing for MMP is only about 50% , thus false negatives are common

ous inflammatory cells along
lying epithelium—nothing

- *What sort of testing is terribly helpful when performed on the biopsy specimen?*
Immunohistochemical staining—the 'gold standard' for diagnosing MMP per the BCSC
- **Diagnosis is primarily clinical** *T*

What will immunohistochemical staining reveal?

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You strongly suspect MMP, but the biopsy comes back negative. Does this rule it out?

No—unfortunately the sensitivity of immunohistochemical testing for MMP is only about 50% , thus false negatives are common. So a positive test should be considered confirmatory, whereas a negative result does not rule MMP out.

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- *What sort of testing is terribly helpful when performed on the biopsy specimen?*
Immunohistochemical staining—the 'gold standard' for diagnosing MMP per the BCSC
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What will immunohistochemical staining reveal?

Linear deposition of immunoglobulins +/- complement along the basement membrane of the conj epithelium

Q

Mucous Membrane Pemphigoid (MMP): T/F



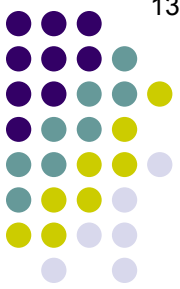
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- Rare before age 30 **T**
- Symblephara formation is common **T**
- Mucosal involvement is ^{usually not} ~~always~~ limited to the eye **F**
- The majority of cases are ^{bilateral} ~~unilateral~~ **F**
- The skin is involved in a ^{minority} ~~majority~~ of cases **F**
- Tear film deficiency is a common development **T**
- Topical steroids are ^{not} the mainstay of treatment **F**
- Pts treated with dapsone must first be screened for ^{G-6-PD deficiency} ~~sickle cell~~ **F**
- Diagnosis is primarily clinical **T**
- Cyclophosphamide is indicated in severe cases

A

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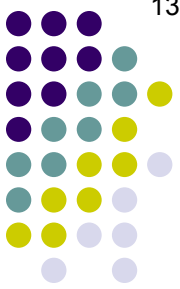
Q

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A

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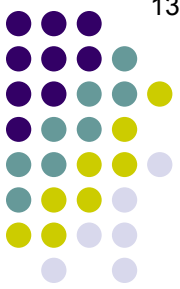
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What sort of med is cyclophosphamide?

A cytotoxic agent with immunosuppressive properties

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What hematologic side effect is inevitable, and must be monitored?

A

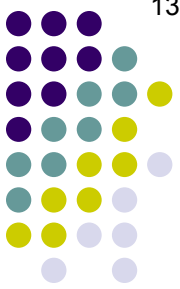
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A cytotoxic agent with immunosuppressive properties
 - What hematologic side effect is inevitable, and must be monitored?*
Leukopenia

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Leukopenia

Who should administer cyclophosphamide?

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- **Cyclophosphamide**

What sort of med is cyclophosphamide?

A cytotoxic agent with immunosuppressive properties

What hematologic side effect is inevitable, and must be monitored?

Leukopenia

Who should administer cyclophosphamide?

Not you, eye dentist (absent specific training/experience). Get your colleagues in Rheum, Onc or Derm to manage this for you.

Q

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- If surgery is indicated, it should be performed without delay

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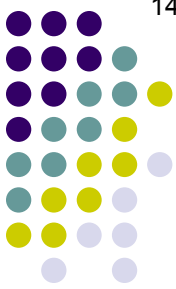
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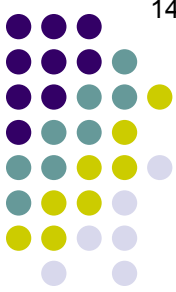


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If surgery should not be performed immediately, when should it be performed?

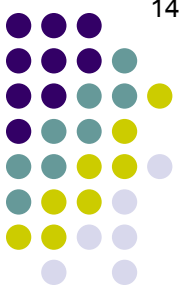
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If surgery should not be performed immediately, when should it be performed?
 Ideally, after the MMP has been quiescent for several months



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- What are the indications for surgery in an MMP pt?
- --
- --
- --
- --
- G-6-PD deficiency should be screened for *F*
- Severe cases *T*
- If **surgery is indicated**, it should be performed ^{when dz quiescent} without delay *F*

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- What are the indications for surgery in an MMP pt?
 - Entropion
 - Trichiasis
 - Symblephara
 - Corneal decompensation
- G-6-PD deficiency should be screened for *F*
- Severe cases *T*
- If **surgery is indicated**, it should be performed ^{when dz quiescent} without delay *F*

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- What are the indications for surgery in MMP?
 - Entropion
 - Trichiasis
 - Symblephara
 - Corneal decompensation
- Why might entropion and trichiasis necessitate surgery?
- --PD deficiency
- sickle cell *F*
- Severe cases *T*
- If **surgery is indicated**, it should be performed ^{when dz quiescent} without delay *F*

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- ^{What are the indications for surgery in MMP?}
 - Entropion
 - Trichiasis
 - Symblephara
 - Corneal decompensation
- ^{Why might entropion and trichiasis necessitate surgery?} Because both may cause or aggravate corneal abrasions, which in MMP can lead to scarring and vascularization
- ^{Severe cases} ~~Severe cases~~ *T*
- If **surgery is indicated**, it should be performed ^{when dz quiescent} ~~without delay~~ *F*

If surgery should not be performed immediately, when should it be performed?
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MMP: Trichiasis

Q

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- What are the indications for surgery in an MMP pt? *G-6-PD deficiency*
- --Entropion *be screened for sickle cell* *F*
- --Trichiasis
- --**Symblephara**
- --Corneal decompression
- Under what circumstances would symblephara necessitate surgery?
- If **surgery is indicated**, it should be performed ^{when dz quiescent} ~~without delay~~ *F*

If surgery should not be performed immediately, when should it be performed?
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- --Entropion *be screened for sickle cell* *F*
- --Trichiasis
- --**Symblephara**
- --Corneal decompression
- Under what circumstances would symblephara necessitate surgery? *If they are impairing movement of the globe, or movement/function of the eyelid*
- If **surgery is indicated**, it should be performed ^{when dz quiescent} ~~without delay~~ *F*

If surgery should not be performed immediately, when should it be performed?
 Ideally, after the MMP has been quiescent for several months

Mucous Membrane Pemphigoid (MMP): T/F



MMP: Fornix foreshortening



Q

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- What are the indications for surgery in an MMP pt? *G-6-PD deficiency*
- --Entropion *be screened for sickle cell* *F*
- --Trichiasis
- --Symblephara
- --**Corneal decompensation**
- How is corneal decompensation treated surgery?
- If **surgery is indicated**, it should be performed ^{when it is quiescent} without delay *F*

If surgery should not be performed immediately, when should it be performed?
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A

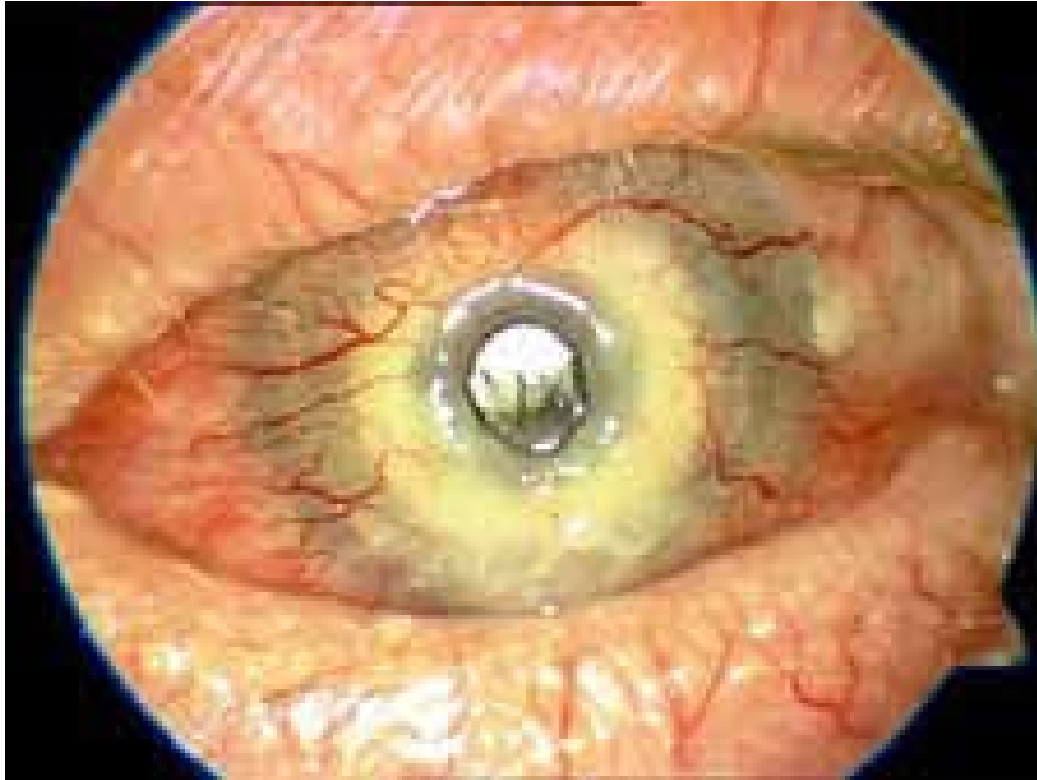
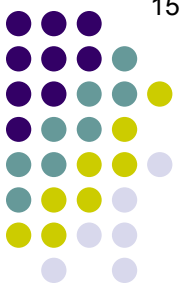
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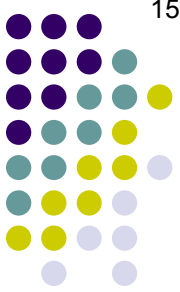
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- What are the indications for surgery in an MMP pt? *G-6-PD deficiency*
- --Entropion *be screened for sickle cell F*
- --Trichiasis
- --Symblephara
- --**Corneal decompensation**
- How is corneal decompensation treated surgery?
- Via amniotic membrane grafting, limbal stem-cell transplantation, or corneal transplantation
- If **surgery is indicated**, it should be performed ^{when it's quiescent} without delay *F*

If surgery should not be performed immediately, when should it be performed?
Ideally, after the MMP has been quiescent for several months

Mucous Membrane Pemphigoid (MMP): T/F



MMP: Keratoprosthesis



Q

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- The skin is involved in a ^{minority} majority of cases *F*
- Tear film deficiency is a common development *T*
- ^{not} Topical steroids are the mainstay of treatment *F*
- What are the indications for surgery in an MMP pt?
 - Entropion
 - Trichiasis
 - Symblephara
 - Corneal ^{abrasion} ~~decomp~~
- What commonly-occurring corneal condition—painful, but almost always self-limiting—is a bona fide ophthalmic emergency in MMP pts?
 - G-6-PD deficiency
 - sickle cell *F*
- If surgery is

If surgery should

Ideally, after the MMP has been quiescent for several months



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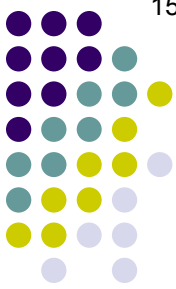
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- --Entropion *be screened for sickle cell* *F*
- --Trichiasis
- --Symblephara *abrasion*
- --**Corneal** *decompensation*
- What commonly-occurring corneal condition—painful, but almost always self-limiting—is a bona fide ophthalmic emergency in MMP pts? *Corneal abrasion*
- If surgery is *Why does corneal abrasion constitute an emergency in MMP?*

If surgery should

Ideally, after the MMP has been quiescent for several months

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- --Trichiasis
- --Symblephara ^{abrasion}
- --**Corneal** ^{decomp}
- What commonly-occurring corneal condition—painful, but almost always self-limiting—is a bona fide ophthalmic emergency in MMP pts? **F**
- Corneal abrasion
- If surgery is **Why does corneal abrasion constitute an emergency in MMP?**
- **If surgery should** Because the abnormal ocular surface means these abrasions won't heal, rather, they are likely to progress to scarring or even perforation
- Ideally, after the MMP has been quiescent for several months

Q

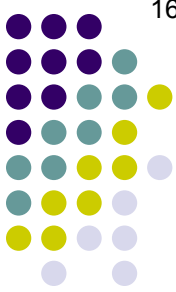
Mucous Membrane Pemphigoid (MMP): T/F



- Females are more commonly affected than males **T**
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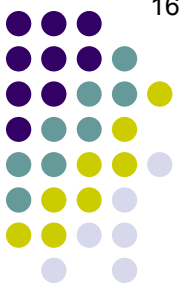
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A pemphigoid-like condition caused by a reaction to topical ocular meds

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What is pseudopemphigoid?

A pemphigoid-like condition caused by a reaction to topical ocular meds

Which meds have been implicated?

- ? A glaucoma drop
- ? Another glaucoma drop

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Which meds have been implicated?

--Timolol

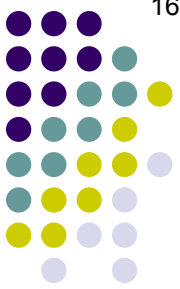
--Pilocarpine

(There are others, but they are used even less than pilo)

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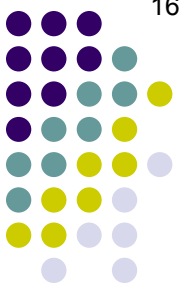
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How does pseudopemphigoid respond when the offending agent is discontinued?

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--Timolol

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(There are others, but they are used even less than pilo)

How does pseudopemphigoid respond when the offending agent is discontinued?

It resolves (which is how you know it was pseudopemphigoid)

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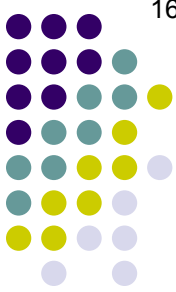
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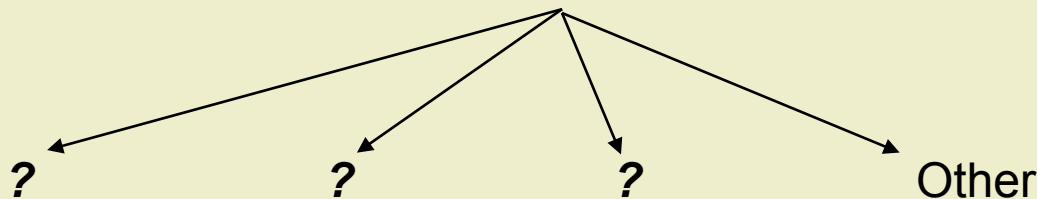
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Cicatrizing conjunctivitis



The Cornea book identifies three categories of conditions that can produce a cicatrizing conjunctivitis. What are these categories?

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Cicatrizing conjunctivitis

Infectious

Allergic

Autoimmune

Other

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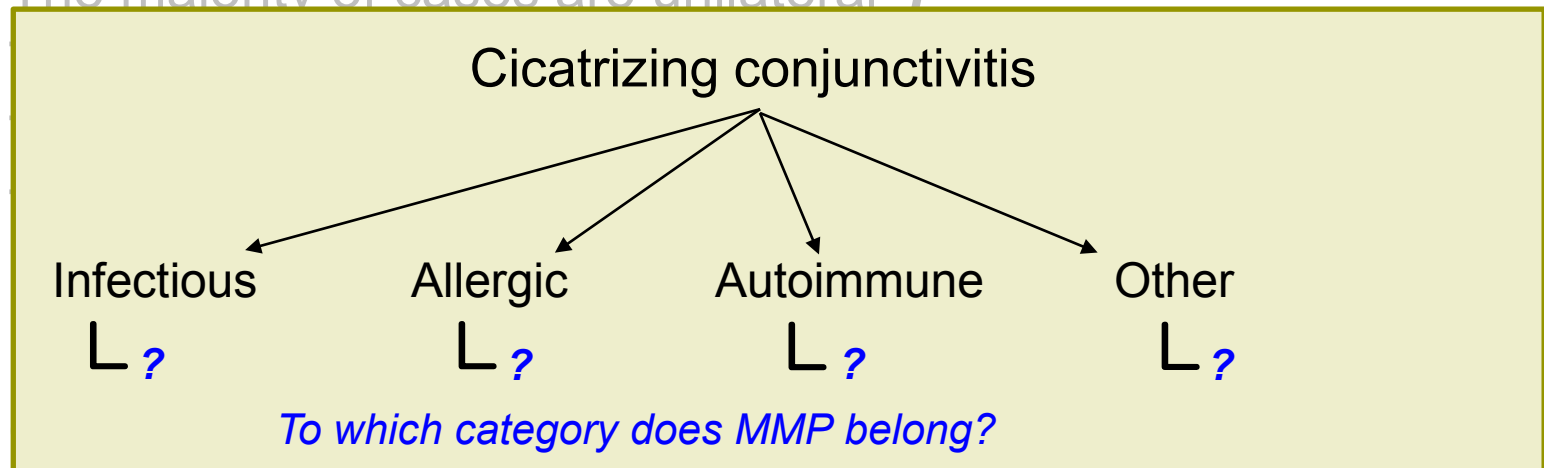
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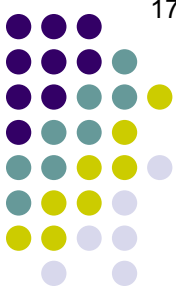
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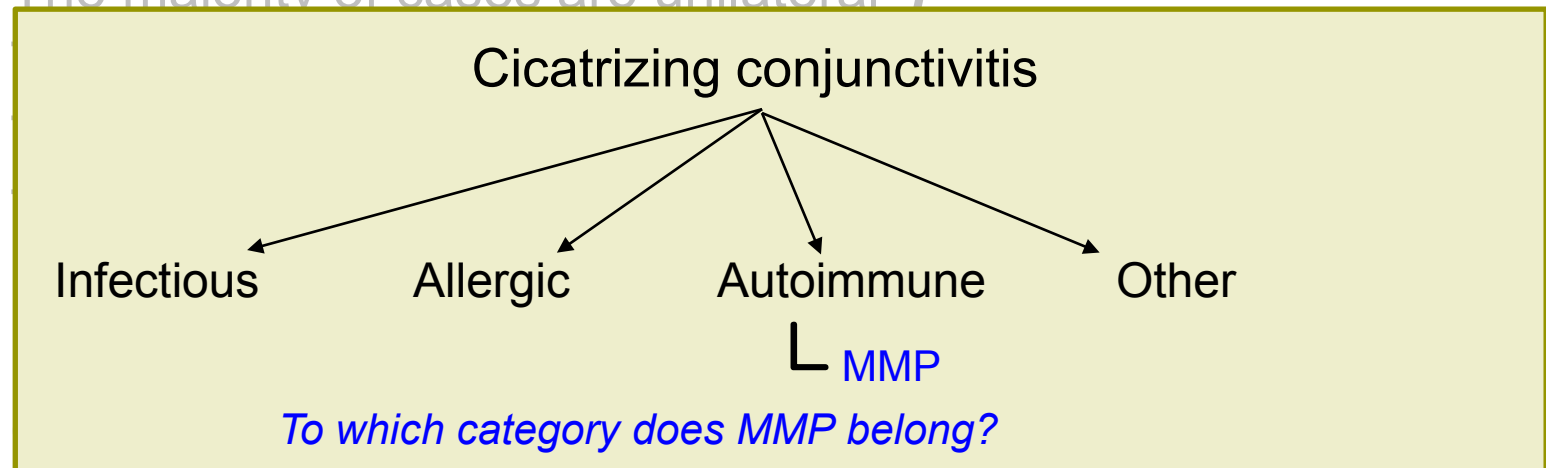
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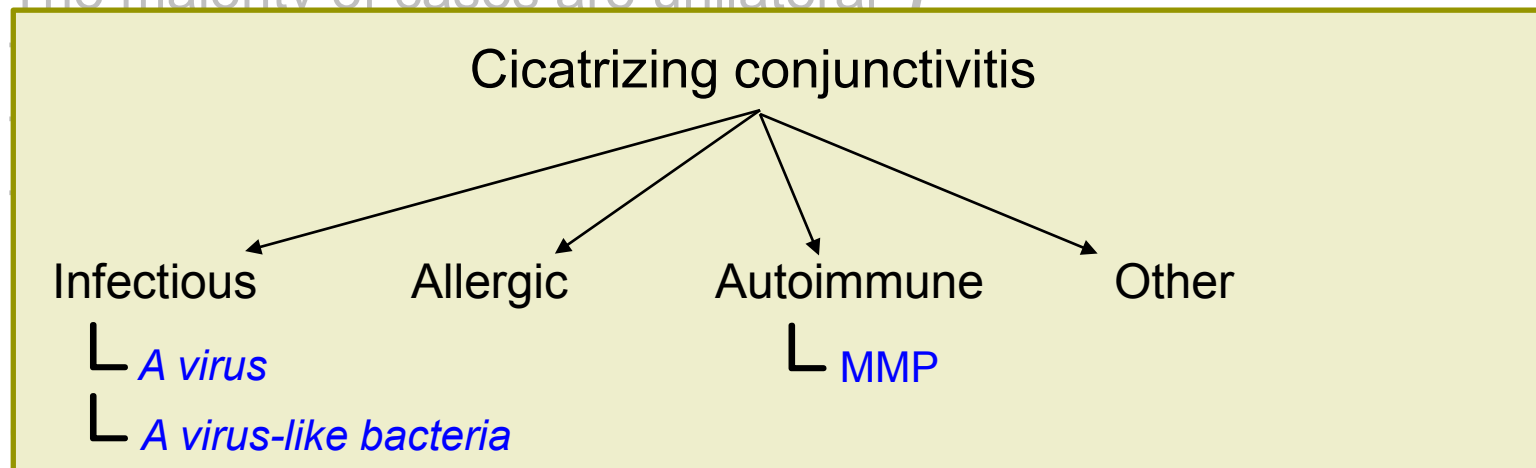
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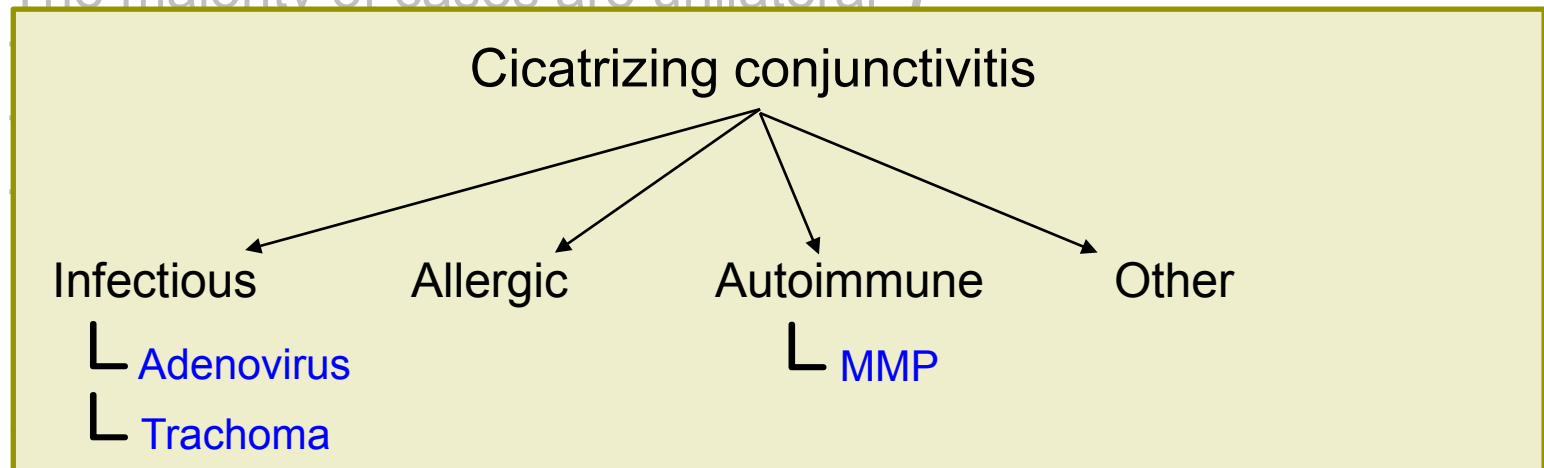
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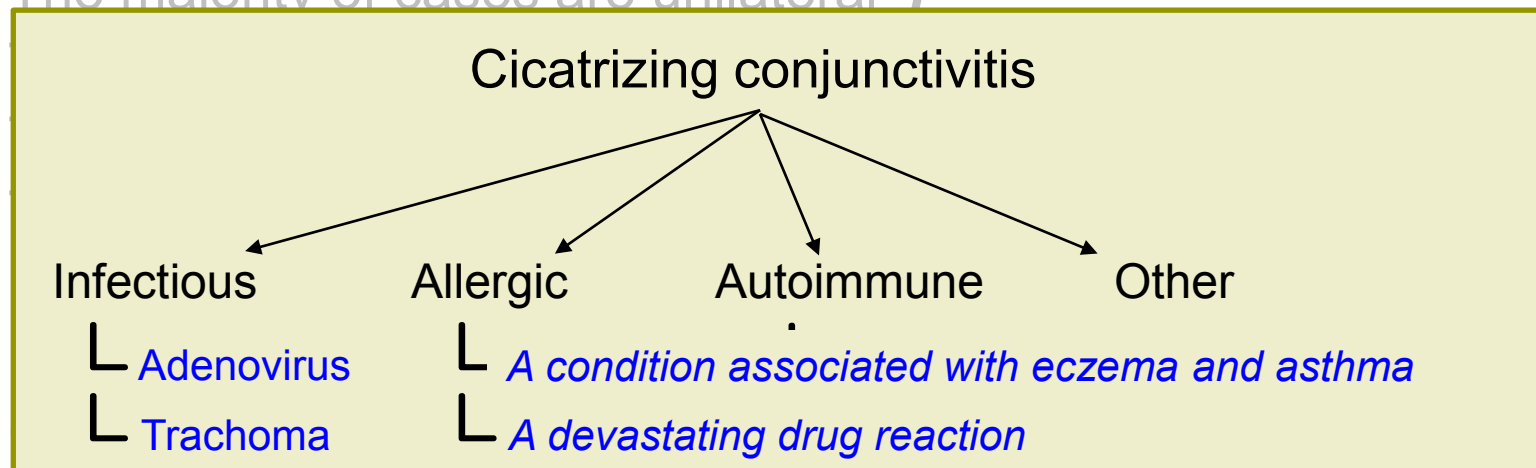
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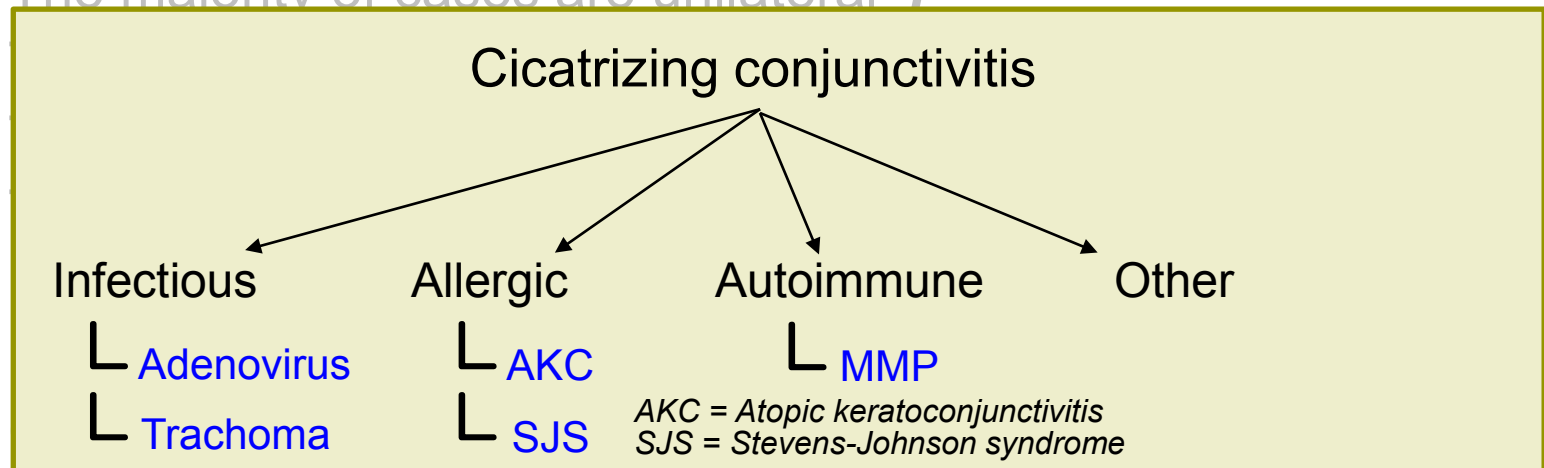
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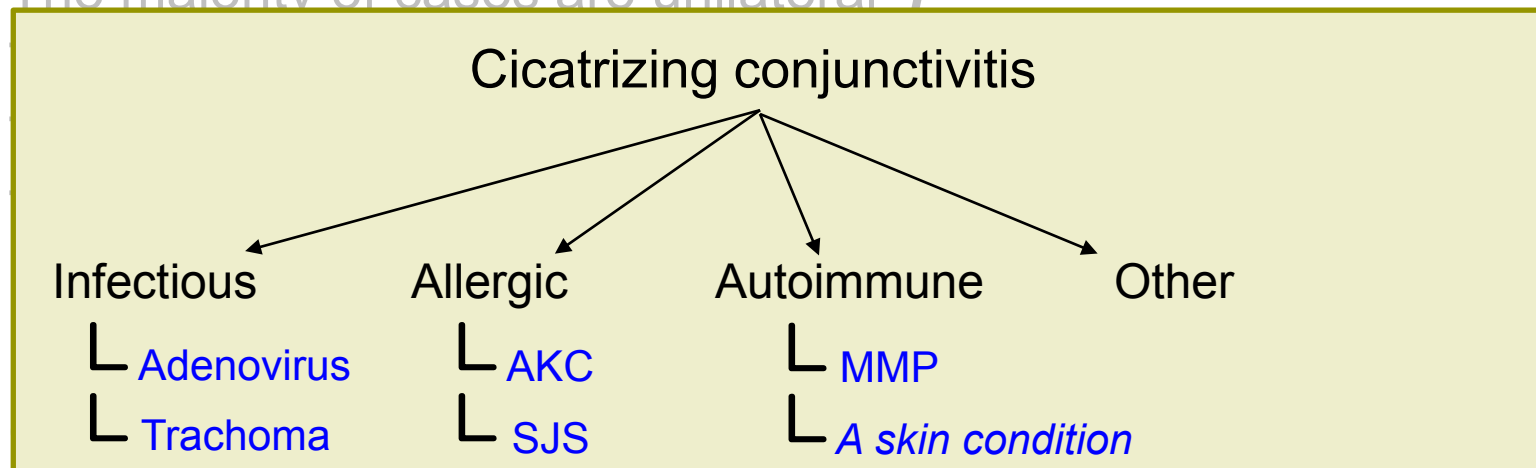
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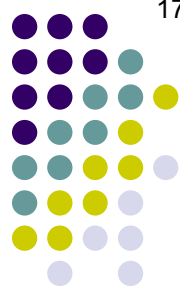
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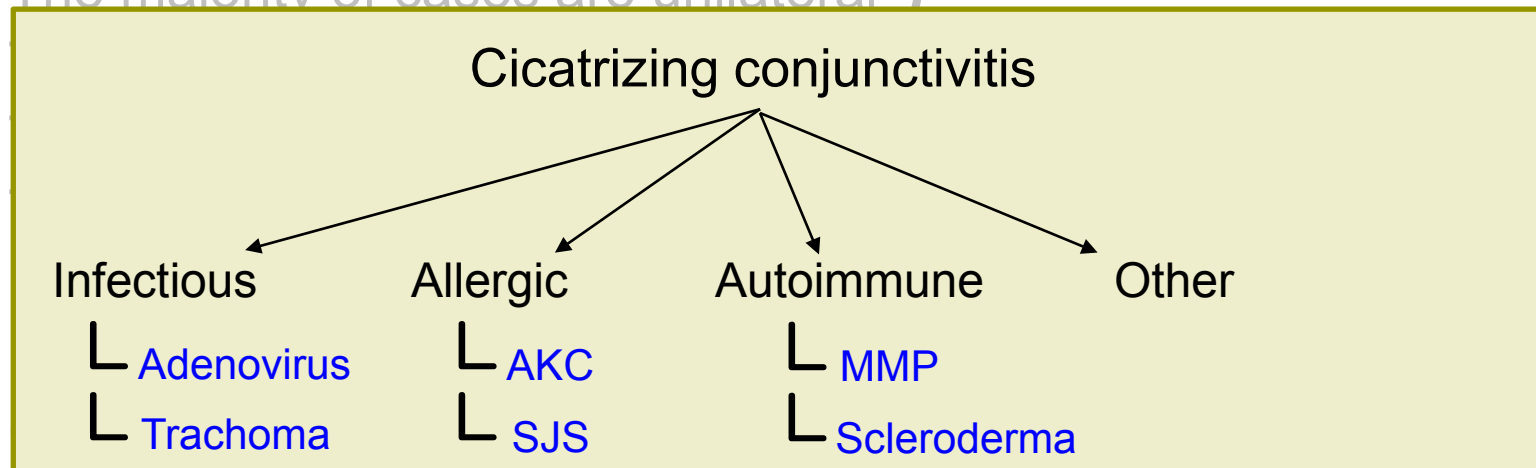
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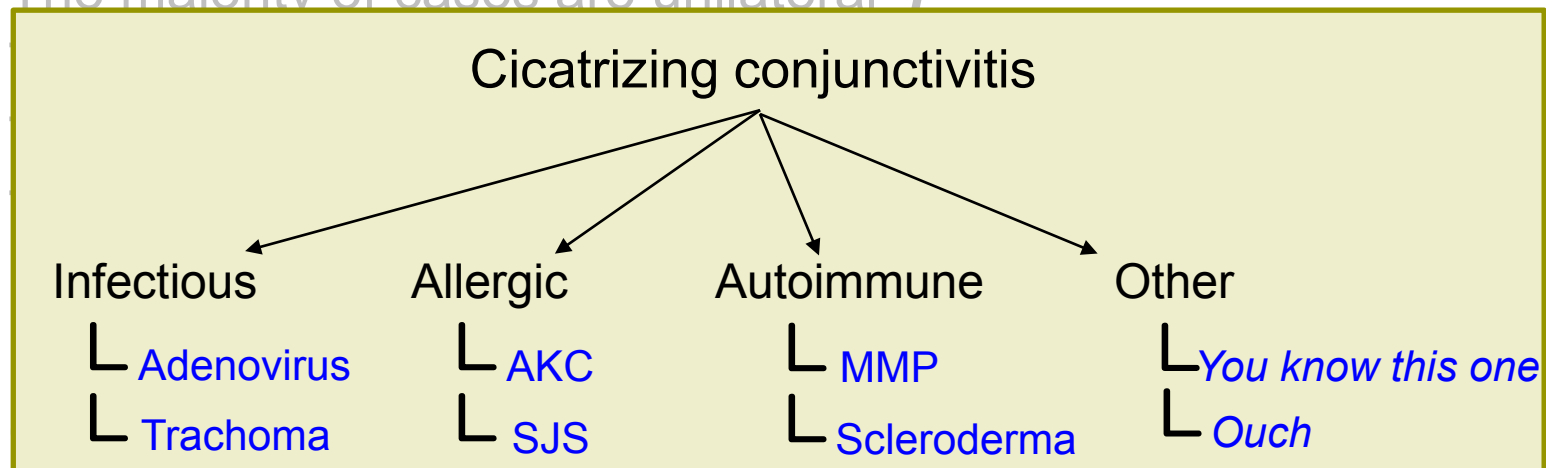
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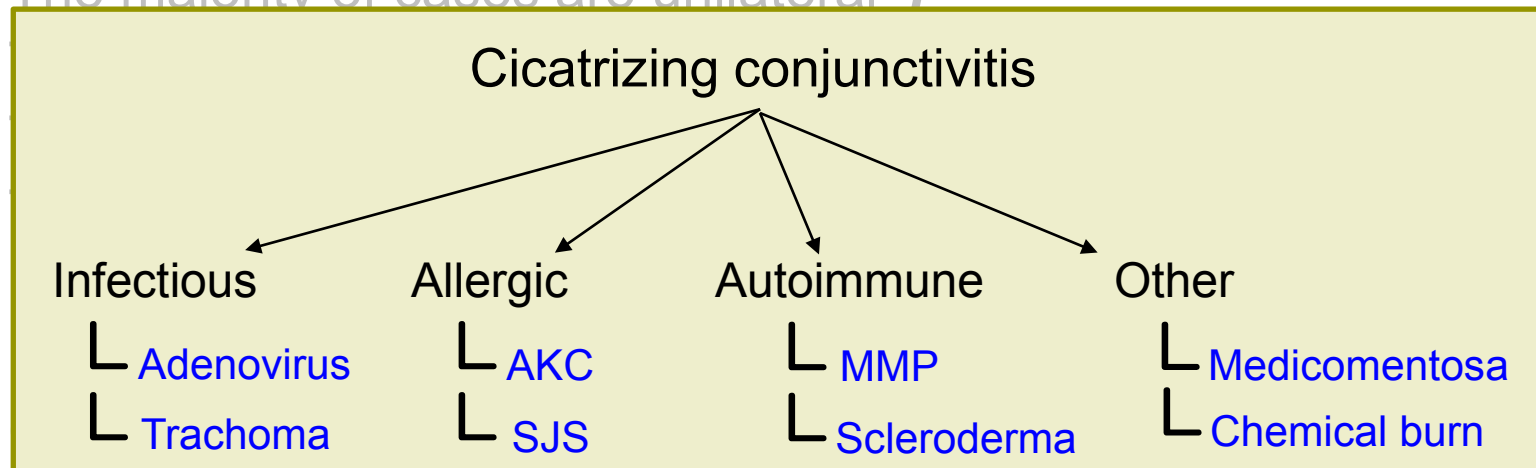
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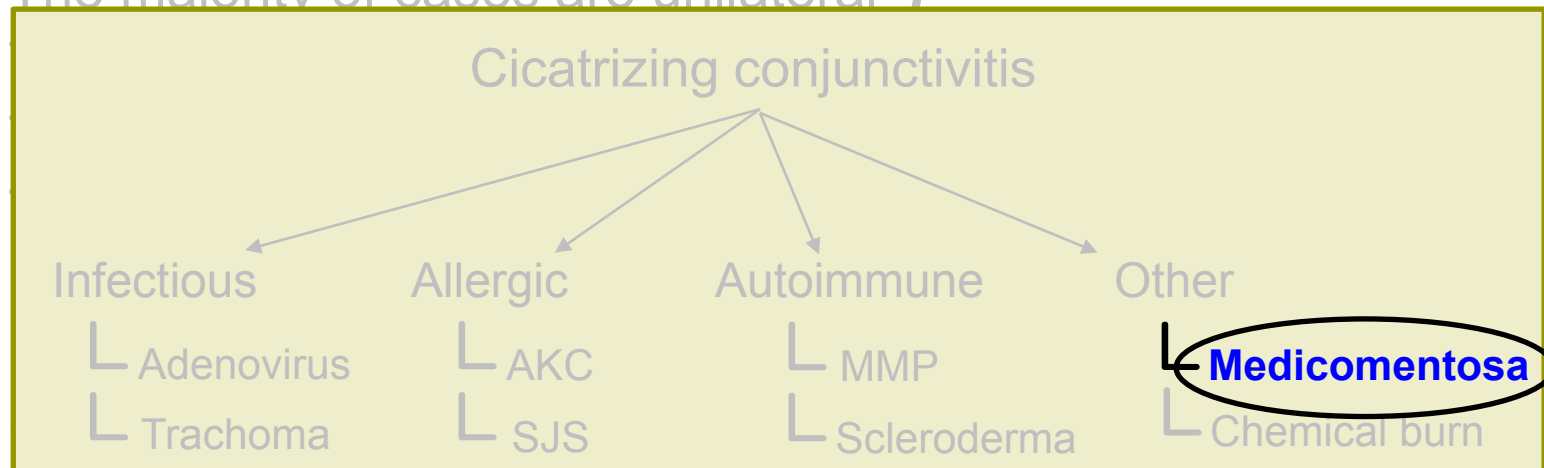


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