Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma

Seen mainly by pathologists

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma

*Seen mainly by pathologists*

**Ernst Fuchs**

*(1851-1930)*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

*Seen mainly by pathologists*

**Fuchs** one word

*Seen every day at the slit lamp*

**Ernst Fuchs**

*(1851-1930)*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

*Seen mainly by pathologists*

**Fuchs crypts**

*Seen every day at the slit lamp*

*Ernst Fuchs (1851-1930)*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

Seen mainly by pathologists

**Fuchs crypts**

Seen every day at the slit lamp

**Fuchs** two words-itis

An uncommon cornea condition

*Ernst Fuchs (1851-1930)*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma

Seen mainly by pathologists

Fuchs crypts

Seen every day at the slit lamp

Fuchs marginal keratitis

An uncommon cornea condition
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma

Seen mainly by pathologists

Fuchs crypts

Seen every day at the slit lamp

***Fuchs superficial marginal keratitis***

Ernst Fuchs (1851-1930)

Note that it is also known (including in the Cornea book) as Fuchs *superficial* marginal keratitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Seen mainly by pathologists

**Fuchs crypts**
- Seen every day at the slit lamp

**Fuchs marginal keratitis**
- An uncommon cornea condition

An occasional DFE finding
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

*Seen mainly by pathologists*

**Fuchs crypts**

*Seen every day at the slit lamp*

**Fuchs marginal keratitis**

*An uncommon cornea condition*

**Dalen - Fuchs nodule**

*An occasional DFE finding*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

Seen mainly by pathologists

**Fuchs crypts**

Seen every day at the slit lamp

**Fuchs marginal keratitis**

An uncommon cornea condition

**Ernst Fuchs**

(1851-1930)

**Dalen - Fuchs nodule**

An occasional DFE finding

**Fuchs**

something-oma

Has an interesting VF finding
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Seen mainly by pathologists

**Fuchs crypts**
- Seen every day at the slit lamp

**Fuchs marginal keratitis**
- An uncommon cornea condition

**Fuchs coloboma**
- Has an interesting VF finding

**Ernst Fuchs**
(1851-1930)

**Dalén - Fuchs nodule**
- An occasional DFE finding
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
Seen mainly by pathologists

Fuchs crypts
Seen every day at the slit lamp

Fuchs marginal keratitis
An uncommon cornea condition

Dalén - Fuchs nodule
An occasional DFE finding

Fuchs coloboma
Has an interesting VF finding

Fuchs one word
IMHO, the most obscure of them all

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

Seen mainly by pathologists

**Fuchs crypts**

Seen every day at the slit lamp

**Fuchs marginal keratitis**

An uncommon cornea condition

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**

Has an interesting VF finding

**Fuchs spot**

IMHO, the most obscure of them all

**Dalen - Fuchs nodule**

An occasional DFE finding
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Seen mainly by pathologists

**Fuchs crypts**
- Seen every day at the slit lamp

**Fuchs marginal keratitis**
- An uncommon cornea condition

**Fuchs coloboma**
- Has an interesting VF finding

**Fuchs spot**
- IMHO, the most obscure of them all

**Dalén - Fuchs nodule**
- An occasional DFE finding

**Ernst Fuchs**
(1851-1930)

**Fuchs**
- IMHO, the least obscure of them all
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

- Seen mainly by pathologists

**Fuchs crypts**

- Seen every day at the slit lamp

**Fuchs marginal keratitis**

- An uncommon cornea condition

**Fuchs coloboma**

- Has an interesting VF finding

**Fuchs spot**

- IMHO, the most obscure of them all

**Ernst Fuchs (1851-1930)**

**Fuchs endothelial dystrophy**

- IMHO, the least obscure of them all

**Dalén - Fuchs nodule**

- An occasional DFE finding

**Fuchs**

- Two words

- Of interest to the most subspecialties
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Seen mainly by pathologists

**Fuchs crypts**
- Seen every day at the slit lamp

**Fuchs marginal keratitis**
- An uncommon cornea condition

**Fuchs coloboma**
- Has an interesting VF finding

**Ernst Fuchs (1851-1930)**

**Fuchs spot**
- IMHO, the most obscure of them all

**Fuchs endothelial dystrophy**
- IMHO, the least obscure of them all

**Dalén - Fuchs nodule**
- An occasional DFE finding

**Fuchs heterochromic iridocyclitis**
- Of interest to the most subspecialties
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

What are the two noneponymous names for Fuchs adenoma?
- Pseudoadenomatous hyperplasia of the ciliary body
- Coronal adenoma

Ernst Fuchs (1851-1930)

Fuchs coloboma

Fuchs spot

Fuchs marginal keratitis

Fuchs crypts

Fuchs endothelial dystrophy

Dalen - Fuchs nodule

Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

What are the two noneponymous names for Fuchs adenoma?
- Pseudoadenomatous hyperplasia of the ciliary body
- Coronal adenoma

**Ernst Fuchs**
(1851-1930)

Fuchs crypts

Fuchs marginal keratitis

**Fuchs coloboma**

Fuchs spot

**Dalén - Fuchs nodule**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**

**Fuchs marginal keratitis**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs heterochromic iridocyclitis**

**Ernst Fuchs (1851-1930)**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**

**Fuchs marginal keratitis**

**Dalén - Fuchs nodule**

**Ernst Fuchs (1851-1930)**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts

Fuchs marginal keratitis

Ernst Fuchs (1851-1930)

Fuchs spot

Fuchs coloboma

Fuchs endothelial dystrophy

Dalén - Fuchs nodule

Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs coloboma

Fuchs crypts

Fuchs marginal keratitis

Fuchs spot

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Dalén - Fuchs nodule

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Fuchs spot

Fuchs marginal keratitis

Fuchs coloboma

Fuchs crypts

**Dalén - Fuchs nodule**

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Ernst Fuchs (1851-1930)

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

What extremely important function is served by the nonpigmented epithelium of the ciliary body? The creation of two words

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Dalén - Fuchs nodule**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Ernst Fuchs
(1851-1930)

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
Very common (~25% of eyes post-mortem)
A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
Looks like a tiny pearl onion on the pars plicata
Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

What extremely important function is served by the nonpigmented epithelium of the ciliary body?
The creation of aqueous humor

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs marginal keratitis**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Ernst Fuchs**
(1851-1930)

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs crypts**

**Fuchs coloboma**

**Ernst Fuchs**
(1851-1930)

**Fuchs endothelial dystrophy**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny **pearl onion** on the **pars plicata**
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**

**Fuchs crypts**

**Fuchs spot**

**Fuchs marginal keratitis**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma—’a tiny pearl onion on the pars plicata’
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts

Fuchs marginal keratitis

Ernst Fuchs (1851-1930)

Fuchs coloboma

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Fuchs spot

Dalén - Fuchs nodule
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Ernst Fuchs (1851-1930)**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuch left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs crypts**

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?

**Medulloepithelioma (aka diktyoma)**

- Rare
- Presents in childhood
- Enucleation is usually required
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata

There's another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it? Medulloepithelioma (aka diktyoma)

Fuchs spot

Fuchs endothelial dystrophy

Dalén - Fuchs nodule

Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There's another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs marginal keratitis**

**Fuchs crypts**

There's another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)
Ernst Fuchs (1851-1930)

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny **pearl onion** on the **pars plicata**

There's another benign (but **locally very aggressive**) tumor of the nonpigmented epithelium of the ciliary body. What is it?
**Medulloepithelioma** (aka diktyoma)

How 'locally aggressive' is it?
Aggressive enough to cause death

Enucleation is usually required

**Dalén - Fuchs nodule**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There's another benign (but **locally very aggressive**) tumor of the nonpigmented epithelium of the ciliary body. What is it?
- Medulloepithelioma (aka diktyoma)
- Rare
- Presents in childhood
- Managed by enucleation
- Aggressive enough to cause death

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Medulloepithelioma/diktyoma
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the **nonpigmented epithelium of the ciliary body**
- Looks like a tiny *pearl onion* on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs crypts**

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?

Medulloepithelioma (aka diktyoma)

Is it common, or rare?

Rare

Does medulloepithelioma present post-mortem?

No, it presents in childhood

How is it managed?

Enucleation is usually required
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
- Medulloepithelioma (aka diktyoma)

Is it common, or rare?
- Rare

Fuchs coloboma
Fuchs endothelial dystrophy
Fuchs heterochromic iridocyclitis
Fuchs spot
Fuchs marginal keratitis
Fuchs coloboma
Fuchs heterochromic iridocyclitis

Dalén - Fuchs nodule
Fuchs coloboma
Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

*There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?*
Medulloepithelioma (aka diktyoma)

*Is it common, or rare?*
Rare

*Does medulloepithelioma present post-mortem?*

---

**Fuchs coloboma**

---

**Fuchs endothelial dystrophy**

---

**Fuchs heterochromic iridocyclitis**

---

**Fuchs spot**

---

**Dalén - Fuchs nodule**

---

**Fuchs coloboma**

---

**Fuchs coloboma**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There's another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)

*Is it common, or rare?*
Rare

*Does medulloepithelioma present post-mortem?*
No, it presents in childhood

---

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs crypts**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs coloboma**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**

- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka *diktyoma*)

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

**Does medulloepithelioma present post-mortem?**
No, *it presents in childhood*

*How does it present?*

- Glaucoma
- Hyphema
- Sectoral cataract

---

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

---
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There's another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it? Medulloepithelioma (aka diktyoma)

Is it common, or rare? Rare

Does medulloepithelioma present post-mortem? No, it presents in childhood

How does it present? As an iris mass

Fuchs coloboma

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Fuchs spot

Fuchs coloboma

Dalén - Fuchs nodule
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Medulloepithelioma/diktyoma
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)

Is it common, or rare?
Rare

Does medulloepithelioma present post-mortem?
No, it presents in childhood

**How does it present?**
As an iris mass along with one or more of the following:
- Glaucoma
- Hyphema
- Sectoral cataract
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1 mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause sectoral cataract

*Fuchs coloboma*

*Fuchs endothelial dystrophy*

*Fuchs heterochromic iridocyclitis*

*Fuchs spot*

*Dalén - Fuchs nodule*

*Fuchs coloboma*

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
- Medulloepithelioma (aka *diktyoma*)

Is it common, or rare?
- Rare

Does medulloepithelioma present post-mortem?
- No, it presents in childhood

How does it present?
- As an iris mass along with one or more of the following:
  - Glaucoma
  - Hyphema
  - Sectoral cataract
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)

Is it common, or rare?
Rare

Does medulloepithelioma present post-mortem?
No, it presents in childhood

How is it managed?
Enucleation is usually required

Fuchs endothelial dystrophy
Fuchs heterochromic iridocyclitis

Fuchs coloboma

Fuchs spot

Dalén - Fuchs nodule
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

There’s another benign (but locally very aggressive) tumor of the nonpigmented epithelium of the ciliary body. What is it?
Medulloepithelioma (aka diktyoma)

*Is it common, or rare?*
Rare

*Does medulloepithelioma present post-mortem?*
No, it presents in childhood

*How is it managed?*
Enucleation is usually required

---

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior

**Fuchs coloboma**

**Fuchs spot**

**Fuchs marginal keratitis**

**Ernst Fuchs**
(1851-1930)

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Ernst Fuchs (1851-1930)

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

**Dalén - Fuchs nodule**

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs crypts
Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Fuchs spot

Dalén - Fuchs nodule

Fuchs adenoma
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
-- Craterlike openings in surface of the anterior iris

Fuchs marginal keratitis
-- Peripheral non- vs ulcerative keratitis

Ernst Fuchs (1851-1930)

Fuchs coloboma

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
-- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
-- Peripheral nonulcerative keratitis

**Fuchs spot**

**Ernst Fuchs (1851-1930)**

**Fuchs endothelial dystrophy**

**Fuchs coloboma**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...[bad sequelae]

**Fuchs coloboma**

**Fuchs spot**

**Ernst Fuchs (1851-1930)**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation

**Ernst Fuchs**
(1851-1930)

**Fuchs coloboma**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...perforation
--Resembles Eponym + word + word

**Ernst Fuchs (1851-1930)**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny pearl onion on the pars plicata
-- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
-- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
-- Peripheral nonulcerative keratitis
-- Produces progressive thinning, can result in... perforation
-- Resembles Terrien marginal degeneration

**Ernst Fuchs**
(1851-1930)

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalen - Fuchs nodule**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs coloboma**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs marginal keratitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

What is the fundamental difference between Fuchs marginal keratitis and Terriens?

Dalén - Fuchs nodule

Fuchs heterochromic iridocyclitis

Fuchs coloboma
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

*Ernst Fuchs (1851-1930)*

What is the fundamental difference between Fuchs marginal keratitis and Terriens? Fuchs marginal is an inflammatory condition, whereas Terriens is noninflammatory

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Fuchs endothelial dystrophy
Fuchs heterochromic iridocyclitis
Fuchs spot
Fuchs coloboma
Fuchs coloboma
Fuchs endothelial dystrophy
Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the **nonpigmented epithelium** of the **ciliary body**
- Looks like a tiny **pearl onion** on the **pars plicata**
- Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body **melanoma**

**Fuchs crypts**
- Craterlike openings in surface of the anterior **iris**

**Fuchs marginal keratitis**
- Peripheral **nonulcerative** keratitis
- Produces progressive thinning, can result in... **perforation**
- Resembles **Terrien marginal degeneration**

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... **[specific tissue]**
- Ernst Fuchs (1851-1930)

**Fuchs heterochromic iridocyclitis**

Fuchs coloboma
**Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?**

<table>
<thead>
<tr>
<th><strong>Fuchs adenoma</strong></th>
<th><strong>Fuchs crypts</strong></th>
<th><strong>Fuchs marginal keratitis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>--Very common (~25% of eyes post-mortem)</td>
<td>--Craterlike openings in surface of the anterior iris</td>
<td>--Peripheral nonulcerative keratitis</td>
</tr>
<tr>
<td>--A small (&lt;1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body</td>
<td></td>
<td>--Produces progressive thinning, can result in...perforation</td>
</tr>
<tr>
<td>--Looks like a tiny pearl onion on the pars plicata</td>
<td></td>
<td>--Resembles Terrien marginal degeneration</td>
</tr>
<tr>
<td>--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fuchs crypts**

**Fuchs marginal keratitis**

**Ernst Fuchs (1851-1930)**

**Dalén - Fuchs nodule**

--Highly focal aggregate of inflammatory cells beneath the...RPE

**Fuchs endothelial dystrophy**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the **nonpigmented epithelium** of the **ciliary body**
- Looks like a tiny **pearl onion** on the **pars plicata**
- Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body **melanoma**

**Fuchs crypts**
- Craterlike openings in surface of the anterior **iris**

**Fuchs marginal keratitis**
- Peripheral **nonulcerative** keratitis
- Produces progressive thinning, can result in **perforation**
- Resembles **Terrien marginal degeneration**

**Fuchs crypts**
- Highly focal aggregate of inflammatory cells beneath the... **RPE**
- Seen in granulomatous conditions, esp... **[bad dz]**

**Ernst Fuchs (1851-1930)**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...perforation
--Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs coloboma**

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia (SO)

**Ernst Fuchs**
(1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Dalén-Fuchs nodules
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Dalen Fuchs Nodule

diffuse granulomatous inflammation
epithelioid histiocytes and giant cells
sympathetic uveitis (ophthalmia)

Dalan-Fuchs nodules
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Dalén-Fuchs nodules
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs crypts**
- Craterlike openings in surface of the anterior *iris*

**Fuchs spot**
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. What is it?

Sarcoid
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)  
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body  
--Looks like a tiny **pearl onion** on the **pars plicata**  
--Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body **melanoma**

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs coloboma**

**Fuchs spot**
--Very common (~25% of eyes post-mortem)  
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body  
--Looks like a tiny **pearl onion** on the **pars plicata**  
--Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body **melanoma**

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. **What is it?**

**Vogt-Koyanagi-Harada (VKH) dz.** These two diagnoses are like salt-and-pepper shakers—they go everywhere together.

**Fuchs coloboma**

**Fuchs spot**
--Seen in granulomatous conditions, esp...**sympathetic ophthalmia (SO)**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. What is it?

**Vogt-Koyanagi-Harada (VKH) dz.** These two diagnoses are like salt-and-pepper shakers—they go everywhere together.

Are Dalén-Fuchs nodules associated with VKH?

**Dalén-Fuchs nodules**
- Seen in granulomatous conditions, esp... sympathetic ophthalmia (SO)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (≈25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs spot**
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the pars plicata of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. What is it? Vogt-Koyanagi-Harada (VKH) dz. These two diagnoses are like salt-and-pepper shakers—they go everywhere together.

Are Dalén-Fuchs nodules associated with VKH?
You betcha

**Cells beneath the...**
- Seen in granulomatous conditions, esp... *sympathetic ophthalmia (SO)*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs coloboma

Fuchs spot
--Seen in granulomatous conditions, esp...sympathetic ophthalmia (SO)

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. What is it?
Vogt-Koyanagi-Harada (VKH) dz. These two diagnoses are like salt-and-pepper shakers—they go everywhere together.

Are Dalén-Fuchs nodules associated with VKH?
You betcha

There is another condition—vastly more common than either SO or VKH—in which Dalén-Fuchs nodules are seen as well. So, whereas during an exam your first response to the term Dalén-Fuchs nodule should be SO/VKH, what condition should come to mind first if you encounter them in the clinic?
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs coloboma**

**Fuchs spot**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

The classic test-association for Dalén-Fuchs nodules is SO. That said, whenever SO is on the DDx, another condition should be as well. What is it? Vogt-Koyanagi-Harada (VKH) dz. These two diagnoses are like salt-and-pepper shakers—they go everywhere together.

Are Dalén-Fuchs nodules associated with VKH?
You betcha

There is another condition—vastly more common than either SO or VKH—in which Dalén-Fuchs nodules are seen as well. So, whereas during an exam your first response to the term Dalén-Fuchs nodule should be SO/VKH, what condition should come to mind first if you encounter them in the clinic? Sarcoid

--Seen in granulomatous conditions, esp...sympathetic ophthalmia (SO)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs coloboma**
- aka... two words syndrome

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

Ernst Fuchs (1851-1930)

Fuchs coloboma
--aka... tilted disc syndrome

Dalén - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

Fuchs spot

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs crypts**
--Craterlike openings in surface of the anterior *iris*

**Fuchs marginal keratitis**
--Peripheral *nonulcerative* keratitis
--Produces progressive thinning, can result in... *perforation*
--Resembles *Terrien marginal degeneration*

**Fuchs coloboma**
--aka... *tilted disc syndrome*
--The ONH is elevated depressed

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... *RPE*
--Seen in granulomatous conditions, esp... *sympathetic ophthalmia*

**Fuchs endothelial dystrophy**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs coloboma**
--aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Ernst Fuchs (1851-1930)**

**Fuchs heterochromic iridocyclitis**

**Fuchs endothelial dystrophy**

**Fuchs spot**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs coloboma**
aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Ernst Fuchs (1851-1930)**

Why is the ONH tilted in this manner?

Abnormal closure of the embryonic optic fissure at the optic-nerve/globe junction results in an oblique (read: tilted) orientation of the ONH. The abnormal closure also creates a modest staphyloma in the inferonasal region of the globe.
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs coloboma**
aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Why is the ONH tilted in this manner?**
Abnormal closure of the embryonic optic fissure at the optic-nerve/globe junction results in an oblique (read: tilted) orientation of the ONH. The abnormal closure also creates a modest staphyloma in the inferonasal region of the globe.

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Ernst Fuchs (1851-1930)**

Fuchs coloboma
aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...perforation
--Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs coloboma**
--aka...tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...

**Fuchs spot**

**Fuchs crypts**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs coloboma
--aka... titled disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with... high myopia

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

Fuchs spot

Fuchs endothelial dystrophy

Fuchs heterochromic iridocyclitis

Dalén - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

**Ernst Fuchs**
(1851-1930)

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia

*Is the myopia refractive, or axial?*

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia
## Fuchs coloboma

--aka...*tilted disc syndrome*

--The ONH is elevated *superotemporal*, depressed *inferonasal*

--Associated with...**high myopia**

---

**Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?**

### Fuchs adenoma

--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the *nonpigmented epithelium* of the *ciliary body*
--Looks like a tiny **pearl onion** on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

### Fuchs crypts

--Craterlike openings in surface of the anterior *iris*

### Fuchs marginal keratitis

--Peripheral *nonulcerative keratitis*
--Produces progressive thinning, can result in... *perforation*
--Resembles *Terrien marginal degeneration*

### Fuchs spot

### Fuchs crypts

--Craterlike openings in surface of the anterior *iris*

### Fuchs endothelial dystrophy

### Fuchs heterochromic iridocyclitis

---

**Ernst Fuchs (1851-1930)**

---

**Dalén - Fuchs nodule**

--Highly focal aggregate of inflammatory cells beneath the...*RPE*
--Seen in granulomatous conditions, esp...**sympathetic ophthalmia**

---

Is the myopia refractive, or axial?

Axial

---

Fuchs coloboma --aka...*tilted disc syndrome*

--The ONH is elevated *superotemporal*, depressed *inferonasal*

--Associated with...**high myopia**

---

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

---
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs coloboma**
--aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with... high myopia
--Characteristic VF deficit is...

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Ernst Fuchs**
(1851-1930)

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in...perforation
- Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

1. Bitemporal VF defects

2. Note the tilted insertions of the optic nerves and diffuse atrophy of the nasal RPE

3. Ultrasound B-scan confirmed the oblique insertion of the optic nerves

Fuchs coloboma
Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs coloboma
--aka…tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with…high myopia
--Characteristic VF deficit is…bitemporal superior loss

Dalen - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the…RPE
--Seen in granulomatous conditions, esp…sympathetic ophthalmia

Fuchs heterochromic iridocyclitis

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

OK, but why on earth do these pts get a VF defect?

As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the 'axial length' inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF.

This implies that the VF defect will resolve if the 'proper' refractive correction is employed. Does it?

Indeed it does

This implies also that the bitemporal VF loss shouldn't respect the vertical midline. Does it?

Indeed it doesn’t
Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs coloboma
--aka...tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...high myopia
--Characteristic VF deficit is...bitemporal superior loss

Fuchs heterochromic iridocyclitis

Dalen - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia

OK, but why on earth do these pts get a VF defect?
It’s actually pretty simple.
As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatic fovea—is not myopic enough for the inferonasal retina.

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka… *tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with… *high myopia*
- Characteristic VF deficit is… *bitemporal superior loss*

**Fuchs heterochromic iridocyclitis**

OK, but why on earth do these pts get a VF defect?
It’s actually pretty simple.
As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test--a correction based on the non-staphylomatous fovea--is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a *refractive scotoma* in the superotemporal VF.

**Dalen - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the… RPE
- Seen in granulomatous conditions, esp… sympathetic ophthalmia

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
- aka… *tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with… *high myopia*
- Characteristic VF deficit is… *bitemporal superior loss*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs coloboma**
- aka *tilted disc syndrome*
- The ONH is elevated *superotemporal*, depressed *inferonasal*
- Associated with *high myopia*
- Characteristic VF deficit is...
  - *bitemporal superior loss*

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... *RPE*
- Seen in granulomatous conditions, esp... *sympathetic ophthalmia*

---

**OK, but why on earth do these pts get a VF defect?**

It’s actually pretty simple.

As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a *refractive scotoma* in the superotemporal VF.

*This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it?*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs heterochromic iridocyclitis**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
- aka…tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with…high myopia
- Characteristic VF deficit is…bitemporal superior loss

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in…perforation
- Resembles…Terrien marginal degeneration

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the…RPE
- Seen in granulomatous conditions, esp…sympathetic ophthalmia

**OK, but why on earth do these pts get a VF defect?**
It’s actually pretty simple.
As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF.

*This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

OK, but why on earth do these pts get a VF defect?

It's actually pretty simple.

As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test--a correction based on the non-staphylomatous fovea--is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF.

This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does

This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it?

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny **pearl onion** on the **pars plicata**
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
--aka...**tilted disc syndrome**
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...**high myopia**
--Characteristic VF deficit is...**bitemporal superior loss**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...**sympathetic ophthalmia**

---

**Fuch's crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs endothelial dystrophy**

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**OK, but why on earth do these pts get a VF defect?**
It’s actually pretty simple.

As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a **refractive scotoma** in the superotemporal VF.

*This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does*

*This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it? Indeed it doesn't*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal inferior loss

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

*OK, but why on earth do these pts get a VF defect? It’s actually pretty simple.*

As indicated, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test--a correction based on the non-staphylomatous fovea--is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF.

*This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does*

*This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it? Indeed it doesn’t*

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny [pearl onion](#) on the [pars plicata](#)
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body [melanoma](#)

**Fuchs coloboma**
- aka… [tilted disc syndrome](#)
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with… high myopia
- Characteristic VF deficit is…

**Fuchs heterochromic iridocyclitis**
- Seen in granulomatous conditions, esp… sympathetic ophthalmia

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn’t respect the vertical midline. What is it?

Superior segmental optic nerve hypoplasia (SSONH)

This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it?

Indeed it does

This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it?

Indeed it doesn’t
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...high myopia
--Characteristic VF deficit is... bitemporal inferior loss

**Fuchs heterochromic iridocyclitis**
--Seen in granulomatous conditions, esp...sympathetic ophthalmia

OK, but why do these pts get a VF defect? It's actually pretty simple.
As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the 'axial length' inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test--a correction based on the non-staphylomatous fovea--is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF.

This implies that the VF defect will resolve if the 'proper' refractive correction is employed. Indeed it does
This implies also that the bitemporal VF loss shouldn't respect the vertical midline. Indeed it doesn't

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn't respect the vertical midline. What is it?
Superior segmental optic nerve hypoplasia (SSONH)

What is the appearance of the nerve head in SSONH?

This implies...
Indeed

**Dalén - Fuchs Nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia
Fuchs crypts
--Craterlike openings in surface of the anterior iris
Fuchs endothelial dystrophy
Fuchs heterochromic iridocyclitis
Fuchs spot
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia
Fuchs coloboma
--aka...tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...high myopia
--Characteristic VF deficit is...bitemporal, inferior loss

Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs coloboma
--aka...tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...high myopia
--Characteristic VF deficit is...bitemporal, inferior loss

OK, but why do these patients get a VF defect? It's actually pretty simple. As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the 'axial length' inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF. This implies that the VF defect will resolve if the 'proper' refractive correction is employed. Does it? Indeed it does. This implies also that the bitemporal VF loss shouldn't respect the vertical midline. Does it? Indeed it doesn't.

Superior segmental optic nerve hypoplasia (SSONH)
What is the appearance of the nerve head in SSONH? Pretty much what you would expect based on the name—a normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer.

Dalen - Fuchs Nodule
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
--aka…tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with…high myopia
--Characteristic VF deficit is…bitemporal, superior loss

**Fuchs heterochromic iridocyclitis**
--Seen in granulomatous conditions, esp…sympathetic ophthalmia

**Dalen - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the…RPE

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn’t respect the vertical midline. What is it?

**Superior segmental optic nerve hypoplasia (SSONH)**

What is the appearance of the nerve head in SSONH?
Pretty much what you would expect based on the name--a normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer

Is SSONH an acquire, or congenital condition?
Indeed
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka...*tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is bitemporal

**Fuchs heterochromic iridocyclitis**
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

OK, but why on earth do these pts get a VF defect?
It's actually pretty simple. As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the 'axial length' inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test--a correction based on the non-staphylomatous fovea--is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF. This implies that the VF defect will resolve if the 'proper' refractive correction is employed. Does it? Indeed it does. This implies also that the bitemporal VF loss shouldn't respect the vertical midline. Does it? Indeed it doesn't.

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn’t respect the vertical midline. What is it?
**Superior segmental optic nerve hypoplasia (SSONH)**

What is the appearance of the nerve head in SSONH?
Pretty much what you would expect based on the name--a normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer

Is SSONH an acquire, or congenital condition?
Congenital

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny **pearl onion** on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka... **tilted disc syndrome**
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... **high myopia**
- Characteristic VF deficit is... **bitemporal**

**Fuchs heterochromic iridocyclitis**
- Seen in granulomatous conditions, esp. sympathetic ophthalmia

Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny **pearl onion** on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka... **tilted disc syndrome**
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... **high myopia**
- Characteristic VF deficit is... **bitemporal**

**Fuchs heterochromic iridocyclitis**
- Seen in granulomatous conditions, esp. sympathetic ophthalmia

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... **RPE**

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn’t respect the vertical midline. What is it?

**Superior segmental optic nerve hypoplasia (SSONH)**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles... Terrien marginal degeneration

What is the appearance of the nerve head in SSONH?
- Pretty much what you would expect based on the name—a normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer
- **This implies**... indeed
- **This implies** also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it?
- Indeed it doesn’t

Is SSONH an acquire, or congenital condition?
- Congenital

What is the classic causal association? (Hint: It concerns the status of the pt’s mother.)
- Maternal DM
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*
--Associated with...*high myopia*
--Characteristic VF deficit is...

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH appears elevated *superotemporal*, depressed *inferonasal*
--Associated with...*high myopia*
--Characteristic VF deficit is...

**Fuchs heterochromic iridocyclitis**
--Seen in granulomatous conditions, esp...*sympathetic ophthalmia*

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE

**OK, but why on earth do these pts get a VF defect?**
It’s actually pretty simple. As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a *refractive scotoma* in the superotemporal VF.

This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does.

This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it? Indeed it doesn’t.

There is another optic-nerve condition that presents with nonprogressive bitemporal inferior loss that doesn’t respect the vertical midline. What is it?

**Superior segmental optic nerve hypoplasia (SSONH)**

**What is the appearance of the nerve head in SSONH?**
Pretty much what you would expect based on the name—a normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer.

**Is SSONH an acquire, or congenital condition?**
Congenital

**What is the classic causal association? (Hint: It concerns the status of the pt’s mother.)**
Maternal diabetes (It’s one of the ‘4 Ds of optic-nerve hypoplasia’)

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...
--Resembles *Terrien marginal degeneration*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*
--Associated with...*high myopia*
--Characteristic VF deficit is...*bitemporal superior loss*

Fuchs crypts
--Craterlike openings in surface of the anterior iris

**Fuchs endothelial dystrophy**
**Fuchs heterochromic iridocyclitis**
**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*
--Associated with...*high myopia*
--Characteristic VF deficit is...*bitemporal superior loss*

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated *superotemporal*, depressed *inferonasal*
--Associated with...*high myopia*
--Characteristic VF deficit is...*bitemporal superior loss*

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body melanoma

OK, but why on earth do these pts get a VF defect?
It's actually pretty simple.
As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the 'axial length' inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a *refractive scotoma* in the superotemporal VF.

This implies that the VF defect will resolve if the 'proper' refractive correction is employed. Does it?
Indeed it does
This implies also that the bitemporal VF loss shouldn't respect the vertical midline. Does it?
Indeed it doesn't

There is another optic-nerve condition that presents with nonprogressive *bitemporal inferior* loss that doesn’t respect the vertical midline. What is it?

**Superior segmental optic nerve hypoplasia (SSONH)**

What is the appearance of the nerve head in SSONH?
Pretty much what you'd expect based on the name—normal-appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer

Is SSONH an acquire or congenital condition?
Congenital

What is the classic causal association? (Hint: It concerns the status of the pt’s mother.)
Maternal diabetes (It's one of the 4 Ds of optic-nerve hypoplasia’)

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...*sympathetic ophthalmia*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka...*tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
- aka...*tilted disc syndrome*
- The ONH appears elevated superiorly and depressed inferiorly
- Associated with high myopia
- Characteristic VF deficit is...

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka...*tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs heterochromic iridocyclitis**

**OK, but why on earth do these pts get a VF defect?**

It’s actually pretty simple. As indicated below, these eyes are staphyloma-ish inferonasally. Thus, the ‘axial length’ inferonasally is longer than it is in other regions. Because of this extra axial length, the refractive correction used during the performance of a visual-field test—a correction based on the non-staphylomatous fovea—is not myopic enough for the inferonasal retina. The subsequent uncorrected refractive error produces a refractive scotoma in the superotemporal VF. This implies that the VF defect will resolve if the ‘proper’ refractive correction is employed. Does it? Indeed it does.

This implies also that the bitemporal VF loss shouldn’t respect the vertical midline. Does it? Indeed it doesn’t.

**What are the 4 Ds of optic-nerve hypoplasia?**
- Diabetes
- Drink (ie, heavy maternal EtOH consumption during gestation)
- Drugs, especially Dilantin (ie, maternal use during gestation)
- de Morsier syndrome

**What is the appearance of the nerve head in SSONH?**
- Pretty much what you would expect based on the name—normal appearing nerve save for a thin superior rim, with associated thinning of the superior nerve fiber layer

**Is SSONH an acquire, or congenital condition?**
- Congenital

**What is the classic causal association? (Hint: It concerns the status of the pt’s mother.)**
- Maternal diabetes (It’s one of the ‘4 Ds of optic-nerve hypoplasia’)

**What are the 4 Ds of optic-nerve hypoplasia?**
- Diabetes
- Drink (ie, heavy maternal EtOH consumption during gestation)
- Drugs, especially Dilantin (ie, maternal use during gestation)
- de Morsier syndrome

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthamia
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in...perforation
- Resembles Terrien marginal degeneration

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1 mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal superior loss

**Fuchs endothelial dystrophy**

**Ernst Fuchs**
(1851-1930)

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs spot
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal superior loss

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive two words

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs marginal keratitis**
- Peripheral *nonulcerative* keratitis
- Produces progressive thinning, can result in... *perforation*
- Resembles *Terrien marginal degeneration*

**Fuchs crypts**
- Craterlike openings in surface of the anterior *iris*

**Fuchs coloboma**
- *titled disc syndrome*
- The ONH is elevated *superotemporal*, depressed *inferonasal*
- Associated with... *high myopia*
- Characteristic VF deficit is... *bitemporal superior loss*

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in *pathologic myopia*

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of *guttae* and progressive corneal edema

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... *RPE*
- Seen in granulomatous conditions, esp... *sympathetic ophthalmia*

**Ernst Fuchs**
- (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs endothelial dystrophy
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in perforation
--Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs coloboma**
--aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with... high myopia
--Characteristic VF deficit is... bitemporal superior loss

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Ernst Fuchs** (1851-1930)

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
--Uncommon cause of chronic... [two words]
**Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fuchs adenoma</strong></td>
<td>--Very common (~25% of eyes post-mortem)</td>
</tr>
<tr>
<td></td>
<td>--A small (&lt;1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body</td>
</tr>
<tr>
<td></td>
<td>--Looks like a tiny <strong>pearl onion</strong> on the pars plicata</td>
</tr>
<tr>
<td></td>
<td>--Benign, but can cause <strong>sectoral cataract</strong> and/or be mistaken for a ciliary-body <strong>melanoma</strong></td>
</tr>
<tr>
<td><strong>Fuchs coloboma</strong></td>
<td>--aka…<strong>tilted disc syndrome</strong></td>
</tr>
<tr>
<td></td>
<td>--The ONH is elevated <strong>superotemporal</strong>, depressed <strong>inferonasal</strong></td>
</tr>
<tr>
<td></td>
<td>--Associated with…<strong>high myopia</strong></td>
</tr>
<tr>
<td></td>
<td>--Characteristic VF deficit is… <strong>bitemporal superior loss</strong></td>
</tr>
<tr>
<td><strong>Fuchs spot</strong></td>
<td>--Area of RPE hyperplasia overlying regressed CNVM in <strong>pathologic myopia</strong></td>
</tr>
<tr>
<td><strong>Fuchs marginal keratitis</strong></td>
<td>--Peripheral <strong>nonulcerative</strong> keratitis</td>
</tr>
<tr>
<td></td>
<td>--Produces progressive thinning, can result in… <strong>perforation</strong></td>
</tr>
<tr>
<td></td>
<td>--Resembles <strong>Terrien marginal degeneration</strong></td>
</tr>
<tr>
<td><strong>Fuchs crypts</strong></td>
<td>--Craterlike openings in surface of the anterior <strong>iris</strong></td>
</tr>
<tr>
<td><strong>Fuchs endothelial dystrophy</strong></td>
<td>--Disease of corneal endothelium characterized by the presence of <strong>guttae</strong> and progressive corneal edema</td>
</tr>
<tr>
<td><strong>Fuchs heterochromic iridocyclitis</strong></td>
<td>--Uncommon cause of chronic… <strong>unilateral uveitis</strong></td>
</tr>
<tr>
<td><strong>Dalén - Fuchs nodule</strong></td>
<td>--Highly focal aggregate of inflammatory cells beneath the… <strong>RPE</strong></td>
</tr>
<tr>
<td></td>
<td>--Seen in granulomatous conditions, esp… <strong>sympathetic ophthalmia</strong></td>
</tr>
<tr>
<td><strong>Ernst Fuchs (1851-1930)</strong></td>
<td></td>
</tr>
</tbody>
</table>
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with high myopia
- Characteristic VF deficit is bitemporal superior loss

**Ernst Fuchs** (1851-1930)

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic... unilateral uveitis
- Classic triad:
  - 
  - 
  -
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in... perforation
- Resembles Terrien marginal degeneration

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is... bitemporal superior loss

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic... unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- --
- --
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

- **Heterochromia iridis**
- **Fuchs heterochromic iridocyclitis**
- **Unilateral cataract**
- **Stellate KP**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for *ciliary-body melanoma*

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs coloboma**
--aka...*tilted disc syndrome*
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...*high myopia*
--Characteristic VF deficit is...bitemporal superior loss

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...perforation
--Resembles *Terrien marginal degeneration*

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs heterochromic iridocyclitis**
--Uncommon cause of chronic...unilateral uveitis
--Classic triad: *heterochromia iridis*, cataract, stellate KP
--25-50% associated with secondary...glaucoma
--Cause is unknown; is a diagnosis of exclusion

---

Is the affected eye the *darker* eye or the *lighter* eye?

---

**Heterochromia iridis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in perforation
--Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs coloboma**
--aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with high myopia
--Characteristic VF deficit is bitemporal superior loss

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
--Uncommon cause of chronic... unilateral uveitis
--Classic triad: Heterochromia iridis, cataract, stellate KP
--Cause is unknown; is a diagnosis of exclusion

Is the affected eye the darker eye or the lighter eye? The lighter (with one exception)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs coloboma
--aka…tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with…high myopia
--Characteristic VF deficit is…bitemporal superior loss

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in…perforation
--Resembles Terrien marginal degeneration

Dalén - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the…RPE
--Seen in granulomatous conditions, esp…sympathetic ophthalmia

Fuchs heterochromic iridocyclitis
--Uncommon cause of chronic…unilateral uveitis
--Classic triad: Heterochromia, cataract, stellate KP
--Heterochromia iridis
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in the anterior iris

**Fuchs coloboma**
- Also known as tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with high myopia
- Characteristic VF deficit is bitemporal superior loss

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary glaucoma
- Cause is unknown; is a diagnosis of exclusion

What is the exception; ie, under what circumstances is the darker eye the one with FHI?

In individuals with light-blue eyes...

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Is the affected eye the darker eye or the lighter eye?**

**The lighter (with one exception)**

**Heterochromia iridis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with high myopia
- Characteristic VF deficit is bitemporal superior loss

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic, unilateral uveitis
- Classic triad: Heterochromia iridis, stellate KP, sectoral cataract
- 25-50% associated with secondary glaucoma
- Cause is unknown; is a diagnosis of exclusion

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Dalén-Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs cryoplasia**
- Craterlike openings in surface of the anterior iris

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic, unilateral uveitis
- Classic triad: Heterochromia iridis, stellate KP, sectoral cataract

Is the affected eye the darker eye or the lighter eye?
The lighter (with one exception)

What is the exception; ie, under what circumstances is the darker eye the one with FHI?
In individuals with light-blue eyes...the iris atrophy stemming from the FHI process will make visible the darkly-pigmented epithelium of the posterior iris, thus making the eye appear darker

**Heterochromia iridis**
**Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?**

---

**Fuchs adenoma**
-- Very common (~25% of eyes post-mortem)
-- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
-- Looks like a tiny **pearl onion** on the **pars plicata**
-- Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body **melanoma**

**Fuchs crypts**
-- Craterlike openings in surface of the anterior **iris**

**Fuchs marginal keratitis**
-- Peripheral nonulcerative keratitis
-- Produces progressive thinning, can result in... perforation
-- Resembles **Terrien marginal degeneration**

**Fuchs coloboma**
-- aka... **tilted disc syndrome**
-- The ONH is elevated superotemporal, depressed inferonasal
-- Associated with... **high myopia**
-- Characteristic VF deficit is... bitemporal superior loss

**Fuchs spot**
-- Area of RPE hyperplasia overlying pathologic myopia

**Fuchs endothelial dystrophy**
-- Disease of corneal endothelium characterized by the presence of **guttae** and progressive **corneal edema**

**Fuchs heterochromic iridocyclitis**
-- Uncommon cause of chronic... unilateral uveitis
-- Classic triad: **Heterochromia iridis**, cataract, stellate KP
-- 25-50% associated with secondary... **glaucoma**
-- Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?
In an area of the cornea known as **Arlt's triangle**

Where/what is **Arlt's triangle**?
It's an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

Name 4 other uveitides associated with stellate KP.
1) **Herpes simplex**
2) **Herpes zoster**
3) **CMV retinitis**
4) **Toxoplasmosis**

---
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp. sympathetic ophthalmia

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary glaucoma
- Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal superior loss

**Arlt’s triangle**
- An equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

**Stellate KP**

1) **Herpes simplex**
2) **Herpes zoster**
3) **CMV retinitis**
4) **Toxoplasmosis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Dalén-Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary glaucoma
- Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?

Where/what is Arlt's triangle?
- It's an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

Name 4 other uveitides associated with stellate KP.
1) Herpes simplex
2) Herpes zoster
3) CMV retinitis
4) Toxoplasmosis

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny *pearl onion* on the *pars plicata*
--Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs crypts**
--Craterlike openings in surface of the anterior *iris*

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles *Terrien marginal degeneration*

**Dalén - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
--Disease of corneal endothelium characterized by the presence of *guttae* and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
--Uncommon cause of chronic unilateral uveitis
--Classic triad: Heterochromia iridis, cataract, stellate KP
--25-50% associated with secondary glaucoma
--Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?
In an area of the cornea known as *Arlt’s triangle*
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in the surface of the anterior iris

**Fuchs coloboma**
- Aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs crypts**
- Craterlike openings in the surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in...perforation
- Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic...unilateral uveitis
- Classic triad: Heterchromia iridis, cataract, stellate KP
- 25-50% associated with secondary...glaucoma
- Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?
In an area of the cornea known as Arlt’s triangle

Where/what is Arlt’s triangle?

It’s an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

Name 4 other uveitides associated with stellate KP.
1) Herpes simplex
2) Herpes zoster
3) CMV retinitis
4) Toxoplasmosis

**Dalén - Fuchs coloboma**
- Aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs coloboma**
- Aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss
Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in…perforation
--Resembles Terrien marginal degeneration

Fuchs spot
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

Fuchs endothelial dystrophy
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

Fuchs heterochromic iridocyclitis
--Uncommon cause of chronic unilateral uveitis
--Classic triad: Heterochromia iridis, cataract, stellate KP
--25-50% associated with secondary glaucoma
--Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?
In an area of the cornea known as Arlt’s triangle

Where/what is Arlt’s triangle?
It’s an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

Fuchs coloboma
--aka…tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with…high myopia
--Characteristic VF deficit is…bitemporal superior loss

Fuchs coloboma
--aka…tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with…high myopia
--Characteristic VF deficit is…bitemporal superior loss

Dalén - Fuchs cyclitis
--Highly focal aggregate of inflammatory cells beneath the RPE
--Seen in granulomatous conditions, esp…sympathetic ophthalmia
**Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?**

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny *pearl onion* on the *pars plicata*
- Benign, but can cause *sectoral cataract* and/or be mistaken for a ciliary-body *melanoma*

**Fuchs crypts**
- Craterlike openings in surface of the anterior *iris*

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs coloboma**
- *aka…tilted disc syndrome*
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with… *high myopia*
- Characteristic VF deficit is… bitemporal superior loss

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary… glaucoma
- Cause is unknown; is a diagnosis of exclusion

**Besides being stellate, what else is unusual about the KP in FHI?**
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

**How are KP usually distributed?**
In an area of the cornea known as **Arlt’s triangle**

**Where/what is Arlt’s triangle?**
It’s an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

**Name 4 other uveitides that can present with stellate KP:**
1) 
2) 
3) 
4)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny **pearl onion** on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in… perforation
- Resembles Terrien marginal degeneration

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary glaucoma
- Cause is unknown; is a diagnosis of exclusion

Besides being stellate, what else is unusual about the KP in FHI?
1) They can be interconnected via very fine tendrils or filaments
2) They are evenly distributed across the entire endothelium

How are KP usually distributed?
In an area of the cornea known as **Arlt’s triangle**

Where/what is Arlt’s triangle?
It’s an equilateral triangle with its apex at the corneal center and base near the inferior border of the cornea

Name 4 other uveitides that can present with stellate KP:
1) **Herpes simplex**
2) **Herpes zoster**
3) **CMV retinitis**
4) **Toxoplasmosis**
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny **pearl onion** on the **pars plicata**
- Benign, but can cause **sectoral cataract** and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior **iris**

**Fuchs marginal keratitis**
- Peripheral **nonulcerative** keratitis
- Produces progressive thinning, can result in... **perforation**
- Resembles **Terrien marginal degeneration**

**Ernst Fuchs** (1851-1930)

**Fuchs coloboma**
- aka... **tilted disc syndrome**
- The ONH is elevated **superotemporal**, depressed **inferonasal**
- Associated with... **high myopia**
- Characteristic VF deficit is... **bitemporal superior loss**

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in **pathologic myopia**

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of **guttae** and progressive corneal edema

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... **RPE**
- Seen in granulomatous conditions, esp... **sympathetic ophthalmia**

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic... **unilateral uveitis**
- Classic triad: **Heterochromia iridis, cataract, stellate KP**
- 25-50% associated with secondary... **[dz]**
-
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic...unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary...glaucoma

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in...perforation
- Resembles Terrien marginal degeneration

**Ernst Fuchs**
(1851-1930)

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs crypts**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**
- aka... tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal superior loss

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the... RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs heterochromic iridocyclitis**
- Uncommon cause of chronic... unilateral uveitis
- Classic triad: Heterochromia iridis, cataract, stellate KP
- 25-50% associated with secondary... glaucoma
- Cause is unknown; is a diagnosis of exclusion
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
--Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Fuchs coloboma**
--aka... tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with... high myopia
--Characteristic VF deficit is... bitemporal superior loss

**Fuchs spot**
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs crypts**
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in... perforation
--Resembles Terrien marginal degeneration

**Fuchs endothelial dystrophy**
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**Dalen - Fuchs nodule**
--Highly focal aggregate of inflammatory cells beneath the... RPE
--Seen in granulomatous conditions, esp... sympathetic ophthalmia

While not confirmed (as of this writing), one possible cause for FHI is considered especially likely. What is it?

--Chronic infection with the rubella virus

--25-50% associated with secondary... glaucoma
--Cause is unknown; is a diagnosis of exclusion

Ernst Fuchs (1851-1930)
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

Fuchs adenoma
--Very common (~25% of eyes post-mortem)
--A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
--Looks like a tiny pearl onion on the pars plicata
--Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

Fuchs crypts
--Craterlike openings in surface of the anterior iris

Fuchs marginal keratitis
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...perforation
--Resembles Terrien marginal degeneration

Fuchs spot
--Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

Ernst Fuchs (1851-1930)

Dalén - Fuchs nodule
--Highly focal aggregate of inflammatory cells beneath the...RPE
--Seen in granulomatous conditions, esp...sympathetic ophthalmia

Fuchs coloboma
--aka...tilted disc syndrome
--The ONH is elevated superotemporal, depressed inferonasal
--Associated with...high myopia
--Characteristic VF deficit is...bitemporal superior loss

Fuchs endothelial dystrophy
--Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

Fuchs crypts
--Craterlike openings in surface of the anterior iris

While not confirmed (as of this writing), one possible cause for FHI is considered especially likely. What is it? Chronic infection with the rubella virus
--25-50% associated with secondary...glaucoma
--Cause is unknown; is a diagnosis of exclusion
Herr Doktor Fuchs left quite an ophthalmic legacy. Can you identify these eponymous diseases and signs?

**Fuchs adenoma**
- Very common (~25% of eyes post-mortem)
- A small (<1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata
- Benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma

**Fuchs crypts**
- Craterlike openings in surface of the anterior iris

**Fuchs marginal keratitis**
- Peripheral nonulcerative keratitis
- Produces progressive thinning, can result in perforation
- Resembles Terrien marginal degeneration

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the...RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia

**Fuchs coloboma**
- aka...tilted disc syndrome
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with...high myopia
- Characteristic VF deficit is...bitemporal superior loss

**Ernst Fuchs (1851-1930)**

**Fuchs spot**
- Area of RPE hyperplasia overlying regressed CNVM in pathologic myopia

**Fuchs endothelial dystrophy**
- Disease of corneal endothelium characterized by the presence of guttae and progressive corneal edema

**While not confirmed (as of this writing), one possible cause for FHI is considered especially likely. What is it?**
- Chronic infection with the rubella virus
- 25-50% associated with secondary...glaucoma
- Cause is unknown; is a diagnosis of exclusion