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

**Fuchs somethingoma**

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

Fuchs adenoma

Seen mainly by pathologists

Fuchs

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*
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

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*

---

**Ernst Fuchs (1851-1930)**

- An occasional DFE finding
Fuchs adenoma

Seen mainly by pathologists

Fuchs crypts

Seen every day at the slit lamp

Ernst Fuchs (1851-1930)

Fuchs marginal keratitis

An uncommon cornea condition

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

**Ernst Fuchs (1851-1930)**

Has an interesting VF finding

**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

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

**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

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

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

**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

**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)**

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

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

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

**Ernst Fuchs**
(1851-1930)

**Fuchs**
- 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

**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 crypts**

**Fuchs marginal keratitis**

**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

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

**Fuchs crypts**

**Fuchs marginal keratitis**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**

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

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

Fuchs adenoma
-- Very common (~25% of eyes post-mortem)
-- 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

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 endothelial dystrophy**

**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

**Fuchs coloboma**

**Fuchs crypts**

**Fuchs marginal keratitis**

**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
--

**Fuchs crypts**

**Fuchs marginal keratitis**

**Dalén - Fuchs nodule**

**Fuchs endothelial dystrophy**

**Fuchs coloboma**

**Fuchs spot**

**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 endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Ernst Fuchs**
(1851-1930)

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs spot**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs spot**

**Fuchs marginal keratitis**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**

What extremely important function is served by the nonpigmented epithelium of the ciliary body?
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

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs crypts**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**

**Fuchs heterochromic iridocyclitis**

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

---

**Ernst Fuchs**
(1851-1930)

---

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs marginal keratitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**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 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 crypts**

**Fuchs coloboma**

**Fuchs coloboma**

**Ernst Fuchs**
(1851-1930)

**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

**Fuchs spot**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**

**Fuchs marginal keratitis**

**Fuchs crypts**

**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

Fuchs endothelial dystrophy

Fuchs coloboma

Fuchs spot

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**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**

---

**Ernst Fuchs**
(1851-1930)

---

**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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

**Medulloepithelioma (aka diktyoma)**
- Rare
- Presents in childhood
- Usually managed with enucleation
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

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs crypts**

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it? Medulloepithelioma (aka diktyoma)

**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 endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Dalén - Fuchs nodule**

**Fuchs coloboma**

**Fuchs crypts**

There’s another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it? Medulloepithelioma (aka diktyoma)

**Fuchs marginal keratitis**

**Fuchs coloboma**

**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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

*In what sense is a medulloepithelioma ‘not benign’? Does that mean it’s a malignancy?*

**Fuchs endothelial dystrophy**
**Fuchs heterochromic iridocyclitis**
**Fuchs spot**

**Dalén - Fuchs nodule**
**Fuchs coloboma**
**Fuchs crypts**

34
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

In what sense is a medulloepithelioma ‘not benign’? Does that mean it’s a malignancy?

Not exactly. While it’s the case that the histology of the tumor can include malignant characteristics, clinically the tumor tends not to act malignantly in the sense that it only rarely metastasizes.

How ‘locally aggressive’ are we talking about here?

Aggressive enough to be fatal
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

In what sense is a medulloepithelioma ‘not benign’? Does that mean it’s a malignancy?
Not exactly. While it’s the case that the histology of the tumor can include malignant characteristics, clinically the tumor tends not to act malignantly in the sense that it only rarely metastasizes.

OK then, what is meant here by describing it as “not nearly as benign” as a Fuchs adenoma?
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

In what sense is a medulloepithelioma 'not benign'? Does that mean it's a malignancy?
Not exactly. While it's the case that the histology of the tumor can include malignant characteristics, clinically the tumor tends not to act malignantly in the sense that it only rarely metastasizes.

OK then, what is meant here by describing it as “not nearly as benign” as a Fuchs adenoma?
It means that medulloepitheliomas tend to be locally very aggressive.
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

In what sense is a medulloepithelioma ‘not benign’? Does that mean it’s a malignancy?
Not exactly. While it’s the case that the histology of the tumor can include malignant characteristics, clinically the tumor tends not to act malignantly in the sense that it only rarely metastasizes.

OK then, what is meant here by describing it as “not nearly as benign” as a Fuchs adenoma?
It means that medulloepitheliomas tend to be locally very aggressive.

How ‘locally aggressive’ are we talking about here?
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?

**Medulloepithelioma (aka diktyoma)**
- Rare
- Presents in childhood
- Enucleation is usually required
- Not exactly a malignancy
- While the histology of the tumor can include malignant characteristics, clinically the tumor tends not to act malignantly in the sense that it only rarely metastasizes.
- It means that medulloepitheliomas tend to be locally very aggressive
- Aggressive enough to be fatal
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

There’s another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?
Medulloepithelioma (aka diktyoma)

Is it common, or rare?

Fuchs coloboma

Fuchs heterochromic iridocyclitis

Fuchs spot

Fuchs endothelial dystrophy

Dalén - Fuchs nodule

Fuchs marginal keratitis

Fuchs crypts

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?
Medulloepithelioma (aka diktyoma)

Is it common, or rare?
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it? Medulloepithelioma (aka diktyoma)

*Is it common, or rare?*
Rare

**Fuchs coloboma**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**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 (<1 mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body
- Looks like a tiny pearl onion on the pars plicata

There’s another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it?
Medulloepithelioma (aka diktyoma)

Is it common, or rare?
Rare

Does medulloepithelioma present post-mortem?

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalen - Fuchs nodule**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs crypts**

**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
- Very common (~25% of eyes post-mortem)

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs marginal keratitis**

**Fuchs crypts**

There’s another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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
Ernst Fuchs (1851-1930) 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>Fuchs adenoma</td>
<td>Very common (~25% of eyes post-mortem). A small (&lt;1mm) nodular hyperplasia of the nonpigmented epithelium of the ciliary body that looks like a tiny pearl onion on the pars plicata. It is benign, but can cause sectoral cataract and/or be mistaken for a ciliary-body melanoma.</td>
</tr>
<tr>
<td>Fuchs endothelial dystrophy</td>
<td></td>
</tr>
<tr>
<td>Fuchs heterochromic iridocyclitis</td>
<td></td>
</tr>
<tr>
<td>Fuchs spot</td>
<td></td>
</tr>
<tr>
<td>Dalen - Fuchs nodule</td>
<td></td>
</tr>
</tbody>
</table>

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. What is it? Medulloepithelioma (aka diktyoma) is rare and presents in childhood. Enucleation is usually required for management. 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

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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 heterochromic iridocyclitis

Fuchs coloboma

Fuchs spot

Fuchs endothelial dystrophy

Dalén - Fuchs nodule

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

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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:
--
--
--
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

There’s another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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

---

**Fuchs endothelial dystrophy**

---

**Fuchs heterochromic iridocyclitis**

---

**Fuchs coloboma**

---

**Fuchs spot**

---

**Fuchs marginal keratitis**

---

**Fuchs coloboma**

---

**Dalén - Fuchs nodule**

---

**Fuchs crypts**

---
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 tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

There's another tumor of the nonpigmented epithelium of the ciliary body that is not nearly as benign as Fuchs adenoma. 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 coloboma**

**Fuchs crypts**

**Dalén - Fuchs nodule**

**Fuchs marginal keratitis**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**

**Fuchs coloboma**
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

**Fuchs spot**

**Fuchs marginal keratitis**

**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

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs spot**

**Fuchs coloboma**

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

**Fuchs marginal keratitis**

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

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

Fuchs crypts
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

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

**Fuchs endothelial dystrophy**

**Ernst Fuchs (1851-1930)**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**

**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... *[bad sequelae]*

**Fuchs coloboma**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Ernst Fuchs (1851-1930)**

**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 endothelial dystrophy**

**Fuchs coloboma**

**Fuchs spot**

**Fuchs heterochromic iridocyclitis**

**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**
--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 heterochromic iridocyclitis**

**Fuchs coloboma**

**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

**Ernst Fuchs** (1851-1930)

**Fuchs coloboma**

**Fuchs spot**

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Dalén - Fuchs nodule**

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

Fuchs marginal keratitis
Fuchs endothelial dystrophy
Fuchs heterochromic iridocyclitis
Fuchs spot
Dalén - Fuchs nodule
Fuchs coloboma
Fuchs crypts
--Craterlike openings in surface of the anterior iris
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 spot
Fuchs endothelial dystrophy
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?

Ernst Fuchs
(1851-1930)

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 Terrien marginal degeneration

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

**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**
-- 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 coloboma**

**Fuchs endothelial dystrophy**

**Dalén - Fuchs nodule**
-- Highly focal aggregate of inflammatory cells beneath the… [specific tissue]
--

**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

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

**Ernst Fuchs** (1851-1930)

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

**Fuchs coloboma**

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

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

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

**Ernst Fuchs** (1851-1930)

**Fuchs endothelial dystrophy**

**Fuchs heterochromic iridocyclitis**

**Fuchs coloboma**

**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

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

**Fuchs spot**

**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?

Dalén-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?

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 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**

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 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*

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*
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?
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**
- 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**
- High focal aggregate of inflammatory cells beneath the **RPE**
- 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
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?**

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

**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**
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... two words syndrome

**Fuchs spot**

**Ernst Fuchs** (1851-1930)

**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 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**

**Fuchs spot**

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

**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 (<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
- The ONH is elevated superotemporal, depressed inferonasal
- Associated with high myopia
- Characteristic VF deficit is...bitemporal superior loss direction, opposite direction

**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?

**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

**Ernst Fuchs (1851-1930)**

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

**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

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

**Ernst Fuchs**
(1851-1930)

**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

**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.

**Fuchs heterochromic iridocyclitis**

**Fuchs endothelial dystrophy**

**Fuchs spot**

**Fuchs crypts**

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

**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

**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

**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...

**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**

**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 coloboma**
- aka... **tilted 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

**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

**Is the myopia refractive, or axial?**

**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 spot**

**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 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

**Is the myopia refractive, or axial?**
Axial

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

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

**Ernst Fuchs (1851-1930)**

**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

**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**

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

---

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

---

**Fuchs heterochromic iridocyclitis**

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

---

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

**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

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.
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 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**

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.
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 spot
- 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?

### 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?*

### 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?

**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*

**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?

**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

**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?
**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.

*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*

**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 inferior loss

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

**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.

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

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**
--Seen in granulomatous conditions, esp...sympathetic ophthalmia

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

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

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?

---

**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

---
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 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.

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

Superior segmental ON hypoplasia: Inferior VF defects
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 marginal keratitis**
--Peripheral nonulcerative keratitis
--Produces progressive thinning, can result in...
--Perforation
--Resembles Terrien marginal degeneration

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

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 it is.
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

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

**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)

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

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?

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.

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

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’)
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

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. 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—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 casual 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
--D
--D
--d

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**

---

**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 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—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

---

**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

---

‘4 Ds of optic-nerve hypoplasia’
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...

**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?

**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*
- 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**

**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**
- Disease characterized by heterochromia iridum and iridocyclitis in the setting of uveitis or during an acute attack in a patient with 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 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*

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

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

**Fuchs heterochromic iridocyclitis**
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 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... [*two words*]
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

**Poppe & 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 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
- --
- --
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 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:
--
--

**Ernst Fuchs**
(1851-1930)

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

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

**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 heterochromic iridocyclitis
- Heterochromia iridis
- Unilateral cataract
- Stellate KP

Fuchs heterochromic iridocyclitis
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

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?

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

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

**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**

**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 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, sectoral cataract, stellate KP
- **Heterochromia iridis**

**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)**

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.
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 other conditions

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

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

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 crypts
--Craterlike openings in surface of the anterior iris

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...

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 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 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

**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 guttata 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

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

**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
--Can cause sectoral cataract and/or be mistaken for

**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

---

In addition to heterochromia, the atrophic changes give the iris an appearance that has been likened to damage caused by an insect.
What is the two-word description for this appearance?

In individuals with light-blue eyes…the atrophic changes stemming from the FHI process will make visible the darkly-pigmented epithelium of the posterior iris, thus making the eye appear darker

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

In individuals with light-blue eyes…
In addition to heterochromia, the atrophic changes give the iris an appearance that has been likened to damage caused by an insect. **What is the two-word description for this appearance?**

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

FHI: ‘Moth eaten’ iris. Note the smooth stromal architecture and loss of iris crypts.
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 spot**
- Area of RPE hyperplasia overlying pathologic myopia

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

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 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

**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: 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

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

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

**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 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 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

**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 dystrophy**
--Diseases of the anterior chamber characterized by... progressive... 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 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

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 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

**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 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

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

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

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

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

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

**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
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)
2)
3)
4)

**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 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*

**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*

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 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
- Associated with... high myopia
- Characteristic VF deficit is... bitemporal superior loss

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

**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**
- 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?

**Herr Doktor Fuchs**

Ernst Fuchs (1851-1930)

**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 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, cataract, stellate KP
- 25-50% associated with secondary... glaucoma

**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 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

**Dalén - Fuchs nodule**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp...sympathetic ophthalmia
- 25-50% associated with secondary glaucoma

**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

**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

**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

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**

- The presence of neovascularization of the angle (NVA)
- What’s atypical about the NVA associated with FHI?
- Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle
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**
- 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

**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

---

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**

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

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

**Ernst Fuchs (1851-1930)**

Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?

Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?

- 25-50% associated with sympathetic ophthalmia

**Dalén - Fuchs**
- 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
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**
--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

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**
Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?
The presence of **neovascularization of the angle (NVA)**

What's atypical about the NVA associated with FHI?
Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to **peripheral anterior synechiae (PAS)** formation with subsequent closure of the drainage angle

**Fuchs adenoma** is the most common of the eponymous diseases, occurring in about 25% of eyes post-mortem. It is a small nodular hyperplasia of the nonpigmented epithelium of the ciliary body, which looks like a tiny pearl onion on the pars plicata. It can be benign but can also cause sectoral cataract and be mistaken for a ciliary-body melanoma.

**Fuchs crypts** are craterlike openings in the surface of the anterior iris. They are nonulcerative keratitis that produces progressive thinning and can result in perforation. It resembles Terrien marginal degeneration.

**Ernst Fuchs** (1851-1930) is associated with **Fuchs coloboma**, which is characterized by the ONH being elevated superotemporally and depressed inferonasally. It is associated with high myopia and a characteristic VF deficit is bitemporal superior loss.

**Dalén - Fuchs** is a highly focal aggregate of inflammatory cells beneath the RPE, seen in granulomatous conditions such as sympathetic ophthalmia.

**Fuchs spot** is an area of RPE hyperplasia overlying regressed CNVM in pathologic myopia.

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**

Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?

The presence of **neovascularization of the angle (NVA)**

What's atypical about the NVA associated with FHI?

Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to **peripheral anterior synechiae (PAS)** formation with subsequent closure of the drainage angle.
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 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

**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**
- Highly focal aggregate of inflammatory cells beneath the RPE
- Seen in granulomatous conditions, esp... sympathetic ophthalmia
- 25-50% associated with... glaucoma

**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

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

---

Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?

Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?

The presence of neovascularization of the angle (NVA)

What’s atypical about the NVA associated with FHI?

- 25-50% associated with secondary glaucoma
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

**Dalén - Fuchs**
- 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

---

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**
Open-angle

**What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?**
- The presence of neovascularization of the angle (NVA)

**What's atypical about the NVA associated with FHI?**
- Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to **peripheral anterior synechiae (PAS)** formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

---

**Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?**
Open-angle

---

- **25-50%** associated with... **secondary glaucoma**
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

Ernst Fuchs (1851-1930)

Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?
Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?
The presence of neovascularization of the angle (NVA)

What's atypical about the NVA associated with FHI?
Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

Dalén - Fuchs
--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 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

Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?
Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?
The presence of neovascularization of the angle (NVA)

What's atypical about the NVA associated with FHI?
Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

Dalén - Fuchs
--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 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

Is it a secondary open-angle glaucoma, or a secondary closed-angle glaucoma?
Open-angle

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?
The presence of neovascularization of the angle (NVA)

What's atypical about the NVA associated with FHI?
Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

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

**Fuchs coloboma**

**Ernst Fuchs**
(1851-1930)

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

**Dalén - Fuchs**
- 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 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

**Fuchs adenoma**

**Fuchs crypts**

**Fuchs marginal keratitis**

**Dalén - Fuchs**

**Fuchs spot**

**Ernst Fuchs**
(1851-1930)

While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation:...

**the NVA in FHI**

**secondary glaucoma**
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

**Ernst Fuchs** (1851-1930)

**Fuchs adenoma**

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

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

While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation: **Hyphema**.

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

**Ernst Fuchs** (1851-1930)

**Fuchsadenoma**

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

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

**Ernst Fuchs** (1851-1930)

**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

**Ernst Fuchs** (1851-1930)

**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

**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 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 adenoma**
- While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation: **Hyphema**. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema?

**Dalén - Fuchs**
- Highly focal aggregate of inflammatory cells beneath the…
- 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 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 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 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

**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

**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 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)

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

While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation: **Hyphema**. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema? The creation of a wound during surgery

Unlike NVA associated with ischemic ocular conditions, essentially never leads to peripheral anterior synechiae (PAS), formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

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

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

**Ernst Fuchs (1851-1930)**

While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation: **Hyphema**. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema? The creation of a paracentesis wound during cataract surgery

**Fuchs adenoma**

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma? The presence of neovascularization of the angle (NVA) with characteristic VF deficit is... bitemporal superior loss

What’s atypical about the NVA associated with FHI?
- Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)
- Classically, NVG is associated with secondary glaucoma...

Secondary... glaucoma
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)

While the NVA in FHI doesn’t lead to PAS and NVG, it does have a notable clinical manifestation: Hyphema. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema?

The creation of a paracentesis wound during cataract surgery

What's atypical about the NVA associated with FHI?

Unlike NVA associated with ischemic ocular conditions, the NVA in FHI essentially never leads to peripheral anterior synechiae (PAS), formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

What is the eponymous name for a hyphema in this scenario?

Amsler’s sign
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 adenoma**

While the NVA in FHI doesn't lead to PAS and NVG, it does have a notable clinical manifestation: Hyphema. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema?

- The creation of a paracentesis wound during cataract surgery

What is the eponymous name for a hyphema in this scenario?

Amsler’s sign

The NVA in FHI

Secondary glaucoma

Dalén - Fuchs

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

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

Is it a secondary open-angle or closed-angle glaucoma?

What clinical feature of FHI might lead one to assume it is associated with closed-angle glaucoma?

The presence of neovascularization of the angle (NVA)

What's atypical about the NVA associated with FHI?

Unlike NVA associated with ischemic ocular conditions, essentially never leads to peripheral anterior synechiae (PAS) formation with subsequent closure of the drainage angle, ie, neovascular glaucoma (NVG)

While the NVA in FHI doesn't lead to PAS and NVG, it does have a notable clinical manifestation: Hyphema. What is the classic (read: OKAP/Boards-worthy) event that causes the NVA of FHI to bleed, thereby producing a small hyphema?

The creation of a paracentesis wound during cataract surgery

What is the eponymous name for a hyphema in this scenario?

Amsler’s sign

The NVA in FHI

Secondary glaucoma

Dalén - Fuchs

- Highly focal aggregate of inflammatory cells beneath the...sympathetic ophthalmia
- 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 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 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**
- 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

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

**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
- 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 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

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

**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)
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

**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

**Fuchs crypts**
- 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

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...
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*

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