Is SO a unilateral, or bilateral disease?

Sympathetic Ophthalmia (SO): Wadda ya know?
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  It is a **bilateral** condition
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  It is a **bilateral** condition

- SO is a bilateral general condition following ocular injury or event in one eye
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition

SO is a bilateral **panuveitis** following ocular injury or surgery in one eye
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a bilateral condition.
- SO is a bilateral panuveitis following ocular injury or surgery.

Is it granulomatous, or nongranulomatous?
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral **panuveitis** following ocular injury or surgery.

*Is it granulomatous, or nongranulomatous? Granulomatous*
Sympathetic Ophthalmia (SO): Wadda ya know?

SO: Granulomatous KP
Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.

SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye.

*Which is a more common cause: Injury, or surgery?*
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral **panuveitis** following ocular **injury or surgery** in one eye.

*Which is a more common cause: Injury, or surgery?*
Back in the day, it was injury by a mile. However, refinements in managing ocular trauma have reduced the post-trauma SO rate such that it is now below that after surgery.
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral panuveitis following ocular **injury or surgery** in one eye.

*Which is a more common cause: Injury, or surgery?*
Back in the day, it was injury by a mile. However, refinements in managing ocular trauma have reduced the post-trauma SO rate such that it is now below that after surgery.

*What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?*
Q/A

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral panuveitis following ocular **injury** or **surgery** in one eye.

*Which is a more common cause: Injury, or surgery?*

Back in the day, it was injury by a mile. However, refinements in managing ocular trauma have reduced the post-trauma SO rate such that it is now below that after surgery.

*What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?*

tissue incarcerated in the wound
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition

SO is a bilateral **panuveitis** following ocular **injury or surgery** in one eye

*Which is a more common cause: Injury, or surgery?*

Back in the day, it was injury by a mile. However, refinements in managing ocular trauma have reduced the post-trauma SO rate such that it is now below that after surgery

*What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?*

Uveal tissue incarcerated in the wound
Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.

SO is a bilateral **panuveitis** following ocular **injury** or surgery in one eye.

*You know that perforating/penetrating injury can result in SO, but what about a contusion?*
**Sympathetic Ophthalmia (SO): Wadda ya know?**

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral **panuveitis** following ocular **injury** or surgery in one eye.

You know that perforating/penetrating injury can result in SO, but what about a contusion? Yes, globe contusion has resulted in SO (although this is **exceedingly** rare).
Q

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral panuveitis following ocular injury or surgery.

Which of these surgeries has been associated with SO--
---PPV?
---Cataract surgery?
---Trabeculectomy?
---Cyclocryoablation?
---Cyclophotocoagulation?
Is SO a unilateral, or bilateral disease?
It is a **bilateral** condition.

SO is a bilateral panuveitis following ocular injury or surgery in one eye.

**Sympathetic Ophthalmia (SO): Wadda ya know?**

Which of these surgeries has been associated with SO--
- PPV!
- Cataract surgery!
- Trabeculectomy!
- Cyclocryoablation!
- Cyclophotocoagulation!

All have been associated with SO!
Q

- Is SO a unilateral, or bilateral disease?
  It is a bilateral condition.
- SO is a bilateral panuveitis following ocular injury or surgery in one eye.

Which surgery carries the highest risk of SO?

Which of these surgeries has been associated with SO--
--PPV?
--Cataract surgery?
--Trabeculectomy?
--Cyclocryoablation?
--Cyclophotocoagulation?
A

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral panuveitis following ocular injury or surgery in one eye.

Which of these surgeries has been associated with SO—
- PPV!
- Cataract surgery
- Trabeculectomy
- Cyclocryoablation
- Cyclophotocoagulation

Which surgery carries the highest risk of SO? **Vitrectomy**
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral panuveitis following ocular injury or surgery.

Which of these surgeries has been associated with SO--

--PPV!

Which incidence is higher: Post-PPV endophthalmitis, or post-PPV SO?

--Cyclophotocoagulation
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition.

SO is a bilateral panuveitis following ocular injury or surgery.

**Sympathetic Ophthalmia (SO): Wadda ya know?**

Which of these surgeries has been associated with SO--

--- PPV!

Which incidence is higher: Post-PPV endophthalmitis, or post-PPV SO?

--- Post-PPV SO

--- Cyclophotocoagulation
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? **It is a bilateral condition**
- SO is a bilateral panuveitis following ocular injury or surgery in one eye
  - Previously injured/operated eye is called the **inciting eye**
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition

SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye

- Previously injured/operated eye is called the **exciting** eye
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye.
  - Previously injured/operated eye is called the **exciting** eye.
  - Previously normal eye is called the **sympathizing** eye.

Q
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  It is a **bilateral** condition

- SO is a bilateral **panuveitis** following ocular injury or surgery in one eye
  - Previously injured/operated eye is called the **exciting** eye
  - Previously normal eye is called the **sympathizing** eye
Is SO a unilateral, or bilateral disease? 
*It is a *bilateral* condition*

SO is a bilateral *panuveitis* following ocular injury or surgery in one eye
- Previously injured/operated eye is called the *exciting* eye
- Previously normal eye is called the *sympathizing* eye

What is the cause of SO?
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition

SO is a bilateral **panuveitis** following ocular injury or surgery in one eye

- Previously injured/operated eye is called the **exciting** eye
- Previously normal eye is called the **sympathizing** eye

What is the cause of SO? **Unknown**
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  - It is a bilateral condition.
  - SO is a bilateral panuveitis following ocular injury or surgery in one eye.
  - Previously injured/operated eye is called the exciting eye.
  - Previously normal eye is called the sympathizing eye.
- Is it infectious, or noninfectious?
  - Most experts are convinced it is noninfectious.
- Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?
  - This one we know--T-cells are the culprit.
- To what antigens are the T cells responding?
  - This is less certain, but it seems uveal antigens--specifically, melanin-associated?--play a central role.
- What is the cause of SO? **Unknown**
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
- It is a bilateral condition

SO is a bilateral panuveitis following ocular injury or surgery in one eye

- Previously injured/operated eye is called the exciting eye
- Previously normal eye is called the sympathizing eye

- What is the cause of SO? Unknown

That said, we are not completely in the dark vis a vis etiology, so…

Is it infectious, or noninfectious?
Most experts are convinced it is noninfectious
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a bilateral condition.
- SO is a bilateral panuveitis following ocular injury or surgery in one eye. The previously injured/operated eye is called the exciting eye, and the previously normal eye is called the sympathizing eye.
- What is the cause of SO? Unknown

That said, we are not completely in the dark vis a vis etiology, so...

Is it infectious, or noninfectious?
Most experts are convinced it is noninfectious.

Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?

To what antigens are the T cells responding?
This is less certain, but it seems uveal antigens—specifically, melanin-associated?—play a central role.
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  - It is a bilateral condition

- SO is a bilateral panuveitis following ocular injury or surgery in one eye
  - Previously injured/operated eye is called the exciting eye
  - Previously normal eye is called the sympathizing eye

- What is the cause of SO? Unknown

That said, we are not completely in the dark vis a vis etiology, so...

Is it infectious, or noninfectious?
  - Most experts are convinced it is noninfectious

Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?
  - This one we know—T-cells are the culprit

To what antigens are the T cells responding?
  - This is less certain, but it seems uveal antigens—specifically, melanin-associated?—play a central role
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  - It is a bilateral condition.

- SO is a bilateral panuveitis following ocular injury or surgery in one eye.
  - Previously injured/operated eye is called the exciting eye.
  - Previously normal eye is called the sympathizing eye.

- What is the cause of SO?
  - Unknown

That said, we are not completely in the dark vis a vis etiology, so...

Is it infectious, or noninfectious?
- Most experts are convinced it is noninfectious.

Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?
- This one we know—T-cells are the culprit.

To what antigens are the T cells responding?
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  It is a bilateral condition.

- SO is a bilateral panuveitis following ocular injury or surgery in one eye.

  - Previously injured/operated eye is called the exciting eye.
  - Previously normal eye is called the sympathizing eye.

- What is the cause of SO? Unknown

  - That said, we are not completely in the dark vis a vis etiology, so…
  - Is it infectious, or noninfectious?
    - Most experts are convinced it is noninfectious.
  - Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?
    - This one we know—T-cells are the culprit.
  - To what antigens are the T cells responding?
    - This is less certain, but it seems uveal antigens—specifically, melanin-associated?—play a central role.
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? **It is a bilateral condition**
- SO is a bilateral panuveitis following ocular injury or surgery in one eye
  - Previously injured/operated eye is called the **exciting** eye
  - Previously normal eye is called the **sympathizing** eye
- What is the cause of SO? **Unknown**
- What is the classic presenting complaint?
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease?
  It is a **bilateral** condition

- SO is a bilateral panuveitis following ocular injury or surgery in one eye
  - Previously injured/operated eye is called the **exciting** eye
  - Previously normal eye is called the **sympathizing** eye

- What is the cause of SO? **Unknown**

- What is the classic presenting complaint?
  Impaired near vision (ie, loss of accommodation) in the previously normal eye
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a bilateral **panuveitis** following ocular injury or surgery in one eye.
  - Previously injured/operated eye is called the **exciting** eye.
  - Previously normal eye is called the **sympathizing** eye.
- What is the cause of SO? Unknown.
- What is the **classic presenting complaint**?
  Impaired near vision (ie, **loss of accommodation**).

*Take note of this! IMHO, it would make a great Orals question--a pt with a remote hx of ocular trauma presenting with what sounds like a simple case of early-onset presbyopia. Would be all too easy to send him/her out with OTC readers, thereby consigning this hypothetical pt to profound vision loss—and yourself to repeating the Boards.*
Sympathetic Ophthalmia (SO): Wadda ya know?

- SO: Treatment/course/prognosis
  - In a nutshell, treat like any other
Sympathetic Ophthalmia (SO): Wadda ya know?

- SO: Treatment/course/prognosis
  - In a nutshell, treat like any other panuveitis
Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO**: Treatment/course/prognosis
  - In a nutshell, treat like any other *panuveitis*
    - Local

Q
Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other panuveitis
    - Local **steroids**
Sympathetic Ophthalmia (SO): Wadda ya know?

- SO: Treatment/course/prognosis
  - In a nutshell, treat like any other panuveitis
    - Local steroids
    - [ ] for comfort
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other **panuveitis**
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- systemic
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other **panuveitis**
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- systemic **steroids**
    - May need systemic **(two) related/words**
SO: Treatment/course/prognosis

- In a nutshell, treat like any other *panuveitis*
  - Local *steroids*
  - *Cycloplegia* for comfort
  - +/- systemic *steroids*
  - May need systemic *immunomodulation/suppression*
Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other **panuveitis**
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- systemic **steroids**
    - May need systemic **immunomodulation/suppression**
    - Should the exciting eye be removed?
SO: Treatment/course/prognosis

In a nutshell, treat like any other panuveitis

- Local steroids
- Cycloplegia for comfort
- +/- systemic steroids
- May need systemic immunomodulation/suppression
- Should the exciting eye be removed? Not if it has any potential for useful vision
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression
- Should the exciting eye be removed? Not if it has any potential for useful vision

Can the risk of SO be reduced by prophylactic enucleation?
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression

- Should the exciting eye be removed? *Not if it has any potential for useful vision*

---

**Q/A**

**Sympathetic Ophthalmia (SO): Wadda ya know?**

- Can the risk of SO be reduced by prophylactic enucleation? *Yes, if it’s done within about time period of injury occurrence*
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression
- Should the exciting eye be removed? Not if it has any potential for useful vision

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Can the risk of SO be reduced by prophylactic enucleation?
Yes, if it’s done within about 2 weeks of injury occurrence
Sympathetic Ophthalmia (SO): Wadda ya know?

- SO: Treatment/course/prognosis
  - In a nutshell, treat like any other panuveitis
    - Local steroids
    - Cycloplegia for comfort
    - +/- systemic steroids
    - May need systemic immunomodulation/suppression
  - Should the exciting eye be removed? Not if it has any potential for useful vision

  *Can the risk of SO be reduced by prophylactic enucleation?*
  Yes, if it’s done within about 2 weeks of injury occurrence

  *Once the process commences, can the course (severity; duration, etc) be mitigated by enucleating the exciting eye?*
**Sympathetic Ophthalmia (SO): Wadda ya know?**

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other **panuveitis**
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- **systemic steroids**
    - May need systemic **immunomodulation/suppression**
  - **Should the exciting eye be removed?** Not if it has any potential for useful vision

*Can the risk of SO be reduced by prophylactic enucleation?*
Yes, if it’s done within about 2 weeks of injury occurrence

*Once the process commences, can the course (severity, duration, etc) be mitigated by enucleating the exciting eye?*
No
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression
  - Should the exciting eye be removed? Not if it has any potential for useful vision

Sympathetic Ophthalmia (SO): Wadda ya know?

Q

Can the risk of SO be reduced by prophylactic enucleation?
Yes, if it’s done within about 2 weeks of injury occurrence.

If the injured eye is not salvageable, is evisceration a reasonable option?
No. Evisceration incurs a risk of leaving minute amounts of uveal tissue, and thus does not completely eliminate the risk of inciting SO.
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression
  - Should the exciting eye be removed? Not if it has any potential for useful vision

Sympathetic Ophthalmia (SO): Wadda ya know?

- Can the risk of SO be reduced by prophylactic enucleation? Yes, if it’s done within about 2 weeks of injury occurrence
- Once the process commences, can the course (severity, duration, etc) be mitigated by enucleating the exciting eye? No
- If the injured eye is not salvageable, is evisceration a reasonable option? Tough call, but probably not. Evisc incurs a risk of leaving small amounts of uveal tissue, and thus does not completely eliminate the risk of inciting SO.
SO: Treatment/course/prognosis

In a nutshell, treat like any other panuveitis

- Local steroids
- Cycloplegia for comfort
- +/- systemic steroids
- May need systemic immunomodulation/suppression

Should the exciting eye be removed? Not if it has any potential for useful vision

What is the course? chronic vs a one-time acute event
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - Cycloplegia for comfort
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression
  - Should the exciting eye be removed? Not if it has any potential for useful vision
- What is the course? Chronic--waxing and waning
Sympathetic Ophthalmia (SO): Wadda ya know?

**SO: Treatment/course/prognosis**

- In a nutshell, treat like any other **panuveitis**
  - Local **steroids**
  - **Cycloplegia** for comfort
  - +/- systemic **steroids**
  - May need systemic **immunomodulation/suppression**
  - Should the exciting eye be removed? **Not if it has any potential for useful vision**

- What is the course? **Chronic--waxing and waning**

- What is the prognosis?
Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other panuveitis
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- systemic **steroids**
    - May need systemic immunomodulation/suppression
    - Should the exciting eye be removed? Not if it has any potential for useful vision
  - What is the course? **Chronic--waxing and waning**
  - What is the prognosis? Far better than it used to be—with modern steroids/immuno drugs, probability of maintaining useful vision is excellent
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

- **Fill in the blanks regarding the time course of post-trauma SO:**
  - The onset of SO is very rare before [length of time since trauma].
Fill in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before **2 weeks**.
Fill in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before **2 weeks**.
- 80% declare by **[length of time since trauma]**, and 90% by **[length of time since trauma]**.
Fill in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before **2 weeks**.
- 80% declare by **3 months**, and 90% by **1 year**.
Fill in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before **2 weeks**.
- 80% declare by **3 months**, and 90% by **1 year**.
- The shortest documented time to onset was **[length of time since trauma]**; the longest, **[length of time since trauma]**.
● **Fill in the blanks regarding the time course of post-trauma SO:**

   ● The onset of SO is very rare before **2 weeks**.

   ● 80% declare by **3 months**, and 90% by **1 year**.

   ● The shortest documented time to onset was **5 days**; the longest, **66 years**.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease?
Is VKH a unilateral, or bilateral disease?

It is a **bilateral** condition
Is VKH a unilateral, or bilateral disease?

It is a **bilateral** condition

VKH is a bilateral **absent** ocular or **history**
Is VKH a unilateral, or bilateral disease?

It is a **bilateral** condition

VKH is a bilateral **panuveitis** absent ocular **injury** or **surgery** history
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a bilateral condition.
- VKH is a bilateral panuveitis absent ocular injury or surgery history.

Is it granulomatous, or nongranulomatous?
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
- VKH is a bilateral **panuveitis** absent ocular injury or surgery history.

Is it granulomatous, or nongranulomatous? **Granulomatous**
Q Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease?
  It is a **bilateral** condition

- VKH is a bilateral panuveitis **absent** ocular injury or **surgery** history

- What is the cause of VKH?
Is VKH a unilateral, or bilateral disease? It is a bilateral condition.

VKH is a bilateral panuveitis absent ocular injury or surgery history.

What is the cause of VKH? Unknown.
Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition

VKH is a bilateral **panuveitis** **absent** ocular **injury** or **surgery** history

What is **the cause of VKH?** **Unknown**

That said, we are not completely in the dark vis a vis etiology, so…

*Is it infectious, or noninfectious?*
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a bilateral condition.
- VKH is a bilateral panuveitis absent ocular injury or surgery history.
- What is the cause of VKH? Unknown.

That said, we are not completely in the dark vis a vis etiology, so...

Is it infectious, or noninfectious?
Most experts are convinced it is noninfectious.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a bilateral condition.
- VKH is a bilateral panuveitis absent ocular injury or surgery history.
- What is the cause of VKH? Unknown.

That said, we are not completely in the dark vis a vis etiology, so…

*Is it infectious, or noninfectious?*
Most experts are convinced it is noninfectious.

*Ok, so it's immune-related. Is it T-cell, or B-cell mediated?*
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
- VKH is a bilateral panuveitis **absent** ocular injury or surgery history.
- What is the cause of VKH? **Unknown**

That said, we are not completely in the dark vis a vis etiology, so…

*Is it infectious, or noninfectious?*
Most experts are convinced it is noninfectious.

*Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?*
This one we know—T-cells are the culprit.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
- VKH is a bilateral panuveitis **absent** ocular injury or surgery history.
- What is the cause of VKH? **Unknown**

That said, we are not completely in the dark vis a vis etiology, so…

*Is it infectious, or noninfectious?*
Most experts are convinced it is noninfectious

*Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?*
This one we know—T-cells are the culprit

*To what antigens are the T cells responding?*
Q/A  Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a bilateral condition.
- VKH is a bilateral panuveitis absent ocular injury or surgery history.
- What is the cause of VKH? Unknown

That said, we are not completely in the dark vis a vis etiology, so…

_Is it infectious, or noninfectious?_
Most experts are convinced it is noninfectious

_Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?_
This one we know—T-cells are the culprit

_To what antigens are the T cells responding?_
The experimental evidence strongly suggests that the antigens in question are associated with a type of cell.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
- VKH is a bilateral **panuveitis** absent ocular injury or surgery history.
- What is the cause of VKH? **Unknown**

That said, we are not completely in the dark vis a vis etiology, so…

*Is it infectious, or noninfectious?*
Most experts are convinced it is noninfectious.

*Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?*
This one we know—T-cells are the culprit.

*To what antigens are the T cells responding?*
The experimental evidence strongly suggests that the antigens in question are associated with melanocytes.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition
- VKH is a granulomatous **panuveitis**
- What is the cause of VKH? **Unknown (but T-cells, melanin implicated)**

**Note the similarities…**

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition
- SO is a granulomatous **panuveitis**
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Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
- VKH is a granulomatous panuveitis **absent** ocular injury/surgery history.
- What is the cause of VKH? Unknown (but T-cells, melanin implicated).

Note the similarities…And the **key difference**

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.
- SO is a granulomatous panuveitis **following** ocular injury/surgery in one eye.
- What is the cause of VKH? Unknown (but T-cells, melanin implicated).
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- VKH: Treatment/course/prognosis
  - In a nutshell, treat like any other
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- **What is the course?**
  - *chronic vs a one-time acute event*
VKH: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
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*What factors tend to limit the prognosis in VKH?*

With modern steroids/immuno drugs, the **probability of maintaining useful vision is good.**
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- **VKH: Treatment/course/prognosis**
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*What factors tend to limit the prognosis in VKH?*
The sequelae of the severe intraocular inflammation that characterizes the disease with modern steroids/immuno drugs, **probability of maintaining useful vision is good.**
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**What is the course?** Chronic—waxing and waning

**What is the prognosis?** Far better than it used to be—with modern steroids/immuno drugs, probability of maintaining useful vision is good.

**What factors tend to limit the prognosis in VKH?**
The sequelae of the severe intraocular inflammation that characterizes the disease

**What are some of these sight-threatening sequelae?**
--Secondary angle-closure glaucoma
--Cataracts that are difficult to manage successfully due to intra- and/or post-op complications
--Retinal neovascularization
--Phthisis
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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  - What is the course? **Chronic--waxing and waning**
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*Re treatment, etc: Again, note the similarities!*

Sympathetic Ophthalmia (SO): Wadda ya know?

- **SO: Treatment/course/prognosis**
  - In a nutshell, treat like any other panuveitis
    - Local **steroids**
    - **Cycloplegia** for comfort
    - +/- systemic **steroids**
    - May need systemic **immunomodulation/suppression**
    - Should the exciting eye be removed? **Not if it has any potential for useful vision**
  - What is the course? **Chronic--waxing and waning**
  - What is the prognosis? **Far better than it used to be—with modern steroids/immuno drugs, probability of maintaining useful vision is excellent**
 VKH tends to present stepwise, in three stages. What are they?

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(If you’re thinking ‘But VKH has four stages!’…We’ll get to that momentarily.)
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The above bears repeating! Generally speaking:
### SO vs VKH

#### Stage 'Phase Phrase' Signs/Symptoms

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*The above bears repeating!*  
Generally speaking:  
**VKH starts off by inflaming the CNS**
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_The above bears repeating! Generally speaking:_

_VKH starts off by inflaming the CNS; then it inflames the eyes_
The above bears repeating! Generally speaking: VKH starts off by inflaming the CNS; then it inflames the eyes; and finally goes about depigmenting everything.
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What is the typical duration between the onset of the Prodromal phase and the onset of the Acute Uveitic phase?
### Stage | ‘Phase Phrase’ | Signs/Symptoms
---|---|---
**Prodromal** (a couple of days) | ‘Meningo-encephalitic’ | Flu-like symptoms plus multiple and varied neurologic findings
**Acute Uveitic** | | Granulomatous panuveitis
**Convalescent** | ‘Depigmentation’ | Gradual depigmentation of the skin, hair, and choroid

**Question:** How much time typically passes between the onset of the Prodromal phase and the onset of the Acute Uveitic phase? A couple of days
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How much time typically passes between the onset of the Acute Uveitic phase and onset of the Convalescent phase?
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How much time typically passes between the onset of the Acute Uveitic phase and onset of the Convalescent phase? A couple of **weeks**
**Stage** | **‘Phase Phrase’** | **Signs/Symptoms**
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*Prodromal* | ‘Meningo-encephalitic’ | Flu-like symptoms plus multiple and varied neurologic findings
(a couple of days) |  |
*Acute U* | What is the most common neurologic manifestation at this stage? |  |
(a couple of weeks) |  |
*Convalescent* | ‘Depigmentation’ | Gradual depigmentation of the skin, hair, and choroid
### Prophylactic Signs/Symptoms

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What is the classic *retinal* manifestation at this stage?

Multifocal serous retinal detachments

Can these coalesce to form a substantial exudative retinal detachment?  Yes

Optic nerve edema--common, or uncommon in this phase?  Very common
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**What is the classic retinal manifestation at this stage?**
Multifocal serous retinal detachments
VKH: Bilateral multifocal serous RDs
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*What is the classic retinal manifestation at this stage?*
Multifocal serous retinal detachments

*Can these coalesce to form a substantial exudative retinal detachment?*
Yes
VKH: Big coalesced serous RDs
### SO vs VKH

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### Table: Stage vs 'Phase Phrase' vs Signs/Symptoms

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VKH: ONH edema
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What is the classic retinal manifestation at this stage? **Multifocal serous retinal detachments**

How does this appear on FA? Optic nerve edema--common, or uncommon in this phase? Very common
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**What is the classic retinal manifestation at this stage?**

**Multifocal serous retinal detachments**

**How does this appear on FA?**

Early, as multiple scattered pinpoint leakages; late, as pooling within the serous-RD spaces

**Optic nerve edema--common, or uncommon in this phase?**

Very common
VKH FA: Pinpoint leakage (and serous RD pooling)
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**How does this appear on FA?**

Early, as multiple scattered pinpoint leakages; late, as pooling within the serous RD spaces

**By what colorful monikers is this appearance known?**

It is called 'starry night sign' or 'Milky Way sign'
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*Depigmentation of the choroid leads to a characteristic orange-red color change of the posterior pole. What is the classic term used in describing this finding?*
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**Depigmentation of the choroid leads to a characteristic orange-red color change of the posterior pole. What is the classic term used in describing this finding?**

‘Sunset glow fundus’
VKH: Sunset glow fundus
As should be apparent by now, VKH has three broad sorts of manifestations: Neurologic, Ocular and Integumentary (i.e., skin and hair). These categories provide the basis for defining three “forms” of VKH.

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*If a pt presents with ocular signs/symptoms only, s/he has…*
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If a pt presents with ocular signs/symptoms **only**, s/he has…**Probable** VKH
If s/he presents with ocular plus neuro **or** skin/hair changes, s/he has…

(‘or’ here indicates ‘not both’)
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*If s/he presents with all three, s/he has…*
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**VKH can have a fourth phase. What is it, and why does it occur?**
A

VKH can have a fourth phase. What is it, and why does it occur?

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<td>Gradual depigmentation of the skin, hair, and choroid</td>
</tr>
<tr>
<td><strong>Chronic Recurrent</strong></td>
<td></td>
<td>Occurs when VKH is undertreated</td>
</tr>
</tbody>
</table>

**SO vs VKH**

**VKH can have a fourth phase. What is it, and why does it occur?**
### VKH Stages and Signs/Symptoms

<table>
<thead>
<tr>
<th>Stage</th>
<th>‘Phase Phrase’</th>
<th>Signs/Symptoms</th>
</tr>
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<tr>
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VKH can have a fourth phase. What is it, and why does it occur?

What specific signs/symptoms characterize this stage?
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VKH can have a fourth phase. What is it, and why does it occur?

What specific signs/symptoms characterize this stage?
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

As the *Uveitis* book puts it, “The numerous clinical and pathological similarities between SO and VKH syndrome suggest that they share a similar immunopathogenesis.” Given this, it likely won’t surprise you that:

Sympathetic Ophthalmia (SO): Wadda ya know?
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

Sympathetic Ophthalmia (SO): Wadda ya know?

As the *Uveitis* book puts it, “The numerous clinical and pathological similarities between SO and VKH syndrome suggest that they share a similar immunopathogenesis.” Given this, it likely won’t surprise you that:

**Number one on the DDx for VKH: SO.**
**Number one on the DDx for SO: VKH.**

Sympathetic Ophthalmia (SO): Wadda ya know?
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

As the *Uveitis* book puts it, “The numerous clinical and pathological similarities between SO and VKH syndrome suggest that they share a similar immunopathogenesis.” Given this, it likely won’t surprise you that:

*Number one on the DDx for VKH: SO.*
*Number one on the DDx for SO: VKH.*

So let’s compare and contrast them!

Sympathetic Ophthalmia (SO): Wadda ya know?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
For each of the following statements, indicate whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH

How common are skin (and hair) findings in VKH?

What is the classic skin finding?

Vitiligo

What is vitiligo?

Depigmentation of the skin
For each of the following statements, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH

**How common are skin (and hair) findings in VKH?**
They appear in about 1/3 of patients
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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- More common in whites: SO
- Concurrent skin findings common: VKH

**SO vs VKH**

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*What is the classic skin finding?*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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**SO vs VKH**

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How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation of the skin
Same pt late in the dz course (and despite aggressive immunosuppressive therapy)
VKH: Vitiligo
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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- How common are skin (and hair) findings in VKH?
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- What is the classic skin finding?
  - Vitiligo

- What is vitiligo?
  - Depigmentation of the skin

Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
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How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

What is the classic skin finding? **Vitiligo**

What is vitiligo? Depigmentation of the skin.

Vitiligo is not limited to the skin--a classic eye location is the **perilimbal** region. What is the eponymous name for this sign?
For each of the following statements, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
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**SO vs VKH**

**How common are skin (and hair) findings in VKH?**
They appear in about 1/3 of patients.

**What is the classic skin finding?**
Vitiligo

**What is vitiligo?**
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In which pt population is it common?
For each of the following conditions, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada disease (VKH), or both.

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**In which pt population is it common?**
Pts of Japanese ancestry--almost all of them will manifest this finding
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Does it occur in Caucasian pts? Almost never

A ‘perilimbal adjacent’ structure also becomes depigmented. Which one? The trabecular meshwork.

What is the eponymous name for TM depigmentation in VKH? Ohno's sign.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH

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- More common in whites: **SO**
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**SO vs VKH**

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What is the eponymous name for TM depigmentation in VKH? Ohno's sign
Ohno sign. (a, b) Appearance of TM at 1 month after disease onset. (c, d) Five months after disease onset, TM pigmentation was noticeably reduced.
• For each of the following conditions, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.
  • Predilection for adults age 20 – 50: VKH
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How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients

What is the classic skin finding? Vitiligo

What are the classic hair findings? Alopecia and poliosis

Alopecia: Loss of hair
Poliosis: Loss of hair pigmentation
For each of the following conditions, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

What is the classic skin finding? Vitiligo

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For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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- More common in whites:
  - SO

- Concurrent skin findings common:
  - VKH

  How common are skin (and hair) findings in VKH?
  - They appear in about 1/3 of patients

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  - Vitiligo

  What are the classic hair findings?
  - Alopecia and poliosis

  What do these terms mean?
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  - Poliosis:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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- More common in whites: SO
- Concurrent skin findings common: VKH

How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

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How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients

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What are the classic hair findings?
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For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
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How common are skin and hair findings in VKH? They appear in about 1/3 of patients.

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- Alopecia: Loss of hair
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For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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- More common in whites: SO
- Concurrent skin findings common: VKH

How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation

Do the skin and hair findings precede, coincide with, or follow the onset of eye inflammation in VKH?
Q/A

- For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.
  - Predilection for adults age 20 – 50: VKH
  - More common in whites: SO
  - Concurrent skin findings common: VKH
- How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.
- What is the classic skin finding? Vitiligo
- What is vitiligo? Depigmentation
- Do the skin and hair findings precede, coincide with, or follow the onset of eye inflammation in VKH? The skin/hair changes generally follow the onset of eye inflammation by a period of weeks.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH

How common are skin (and hair) findings in VKH? They appear in about 1/3 of patients.

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation

Do the skin and hair findings precede, coincide with, or follow the onset of eye inflammation in VKH? The skin/hair changes generally follow the onset of eye inflammation by a period of weeks.

Remember the pattern:
First: Neurologic
Second: Eye
Third: Integument
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH, SO?**

Do skin findings occur in SO as well?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**, **SO**!

\[ Do \text{ skin findings occur in SO as well?} \]
Yes, but they are much less common
Q

For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- **CNS involvement rare**: in **VKH**

What is the classic sign/symptoms of CNS involvement in VKH?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
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What is the classic sign/symptoms of CNS involvement in VKH?
Auditory issues, particularly tinnitus and dysacusis
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- **CNS involvement rare:** in **VKH**

*What is the classic sign/symptoms of CNS involvement in VKH?*
Auditory issues, particularly tinnitus and dysacusis

*In what other ways can CNS involvement manifest?*
--
--
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- Concurrent skin findings common: **VKH**
- **CNS involvement rare:** in VKH

**What is the classic sign/symptoms of CNS involvement in VKH?**
Auditory issues, particularly tinnitus and dysacusis

**In what other ways can CNS involvement manifest?**
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- **CNS involvement rare:** in **VKH**

**Q**

What is the classic sign/symptoms of CNS involvement in VKH? Auditory issues, particularly tinnitus and dysacusis

In what other ways can CNS involvement manifest?
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

Do focal neurologic signs/symptoms occur?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- **CNS involvement rare** in **VKH**

**What is the classic sign/symptoms of CNS involvement in VKH?**
Auditory issues, particularly tinnitus and dysacusis

**In what other ways can CNS involvement manifest?**
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

**Do focal neurologic signs/symptoms occur?**
They can, but are rare
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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- **CNS** involvement rare: **in VKH**

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--Meningeal signs/symptoms (eg, nuchal rigidity)
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They can, but are rare

Can VKH cause an optic neuropathy?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- **CNS involvement** rare: in **VKH**

**What is the classic sign/symptoms of CNS involvement in VKH?**
Auditory issues, particularly tinnitus and dysacusis

**In what other ways can CNS involvement manifest?**
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

**Do focal neurologic signs/symptoms occur?**
They can, but are rare

**Can VKH cause an optic neuropathy?**
Yes
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**

*Does CNS involvement occur in SO as well?*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO? Yes!

*Does CNS involvement occur in SO as well? Yes, but it is much less common*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- **Dalen-Fuchs nodules** present: **Both**

What are Dalen-Fuchs nodules?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both

What are Dalen-Fuchs nodules?
Focal collections of inflammatory cells between Bruch’s membrane and the RPE
Dalen-Fuchs nodules
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Dalen-Fuchs nodules
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- **Dalen-Fuchs nodules present:** Both

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**What are Dalen-Fuchs nodules?**
Focal collections of inflammatory cells between Bruch’s membrane and the RPE

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*The classic test-association for Dalen-Fuchs nodules is SO/VKH. However, there is another condition, vastly more common, in which they are seen as well. So, whereas during an exam your first response to the term Dalen-Fuchs nodule should be SO/VKH, what condition should come to mind first if you encounter them in the clinic?*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- **Dalen-Fuchs nodules present:** Both

*What are Dalen-Fuchs nodules?*
Focal collections of inflammatory cells between Bruch’s membrane and the RPE

*The classic test-association for Dalen-Fuchs nodules is SO/VKH. However, there is another condition, vastly more common, in which they are seen as well. So, whereas during an exam your first response to the term Dalen-Fuchs nodule should be SO/VKH, what condition should come to mind first if you encounter them in the clinic?*

**Sarcoid**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Choriocapillaris is spared:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- **Choriocapillaris is spared:** **SO**

*What is the choriocapillaris?*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- **Choriocapillaris is spared:** **SO**

*What is the choriocapillaris?*
The innermost portion of the choroid; it is a layer of highly-fenestrated capillaries.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- **Choriocapillaris is spared:** SO

A word of clarification is in order. Much is made about the presence/absence of choriocapillaris involvement as a feature distinguishing between SO and VKH. And it is true: The choriocapillaris *is* spared in SO, and it *is* affected in VKH. But note that the choriocapillaris is spared *during the Acute Uveitic phase of VKH*—it’s only later, during the Chronic Recurrent phase, that it becomes involved.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- **Choriocapillaris is spared: SO**

A word of clarification is in order. Much is made about the presence/absence of choriocapillaris involvement as a feature distinguishing between SO and VKH. And it is true: The choriocapillaris *is* spared in SO, and it *is* affected in VKH. But note that the choriocapillaris is spared during the Acute Uveitic phase of VKH—it’s only later, during the Chronic Recurrent phase, that it becomes involved. Thus, choriocapillaris status does not distinguish between SO and VKH so much as it distinguishes between the different stages of VKH.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Choriocapillaris is spared: SO
- More common in Hispanics, Asians:
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Choriocapillaris is spared: SO
- More common in Hispanics, Asians: VKH

What other ethnic groups are frequently affected?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**: **VKH**

*What other ethnic groups are frequently affected?*
Native-Americans; Middle Easterners
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**: **VKH**

*What other ethnic groups are frequently affected?*
Native-Americans; Middle Easterners

*Hispanics, Asians, Native-Americans, Middle Easterners--what is the common thread?*
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Choriocapillaris is spared: SO
- More common in Hispanics, Asians: VKH

What other ethnic groups are frequently affected?
Native-Americans; Middle Easterners

Hispanics, Asians, Native-Americans, Middle Easterners--what is the common thread?
A relatively high level of skin pigmentation
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians, and Africans**?

Given this, it must follow that sub-Saharan Africans are at high risk, yes? A relatively **high level of skin pigmentation** is the common thread.

What does indicate about the disease process?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**; **not Africans**

*Given this, it must follow that sub-Saharan Africans are at high risk, yes? You’d think so, but no--their relative risk is quite low.*

What is the common thread?

A relatively **high level of skin pigmentation**
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**, but **not Africans**

**Given this, it must follow that sub-Saharan Africans are at high risk, yes?**
You’d think so, but no--their relative risk is quite low

**What does indicate about the disease process?**
A relatively high level of skin pigmentation
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**; **but not Africans**

*Given this, it must follow that sub-Saharan Africans are at high risk, yes? You’d think so, but no--their relative risk is quite low*

*What does indicate about the disease process? It indicates that pigmentation is not the sole contributor to the dz process*

A relatively **high level of skin pigmentation**
Q

For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**

What does indicate about the disease process?
It indicates that pigmentation is not the sole contributor to the disease process.

A relatively high level of skin pigmentation is the common thread?

Is there a genetic predisposition to VKH?
Very much so—strong HLA associations exist. All are of the HLA-DR* type—HLA-DR4 in Japanese pts; DR1 and DR4 among Hispanics; DRB among others.

Can these HLA types be used to differentiate between VKH and SO?
Alas no, because SO has virtually identical HLA associations.

Speaking of contributing to the disease process...
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: VKH
- More common in whites: SO
- Concurrent skin findings common: VKH
- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Chorio-capillaris is spared: SO

Speaking of contributing to the dz process…Is there a genetic predisposition to VKH? Very much so—strong HLA associations exist. All are of the HLA-DR* type—HLA-DR4 in Japanese pts; DR1 and DR4 among Hispanics; DRB among others.

What does indicate about the disease process? It indicates that pigmentation is not the sole contributor to the dz process. A relatively high level of skin pigmentation is the common thread.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**

**Q**

Speaking of contributing to the dz process... *Is there a genetic predisposition to VKH?* Very much so—strong HLA associations exist. All are of the HLA-DR* type—HLA-DR4 in Japanese pts; DR1 and DR4 among Hispanics; DRB among others.

*Can these HLA types be used to differentiate between VKH and SO?*

**Contributor to the dz process**

**Common thread?**

A relatively high level of skin pigmentation
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**

**SO vs VKH**

Speaking of contributing to the dz process... Is there a genetic predisposition to VKH? Very much so—strong HLA associations exist. All are of the HLA-DR* type—HLA-DR4 in Japanese pts; DR1 and DR4 among Hispanics; DRB among others.

Can these HLA types be used to differentiate between VKH and SO? Alas no, because SO has virtually identical HLA associations.

What does indicate about the disease process? It indicates that pigmentation is not the sole contributor to the dz process, but is the common thread?

A relatively high level of skin pigmentation.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection:
Q

For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: *Depends…*
  - **VKH**: $M = F$
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
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- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: *Depends…*
  - **VKH**: M < F
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: **Depends…**
  - **VKH**: M < F
  - **SO after surgery**: M=F
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: **Depends…**
  - VKH: M < F
  - SO after surgery: M = F
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: **Depends…**
  - VKH: M < F
  - SO after surgery: M = F
  - SO after trauma: M = F
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: **Depends…**
  - VKH: M < F
  - SO after surgery: M = F
  - SO after trauma: M > F
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it?

Number one on the DDx for VKH: **SO**.
Number one on the DDx for SO: **VKH**.

Sympathetic Ophthalmia (SO): Wadda ya know?
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it?

*Bilateral diffuse uveal melanocytic proliferation* (BDUMP)

Number one on the DDx for VKH: **SO**.

Number one on the DDx for SO: **VKH**.

Sympathetic Ophthalmia (SO): Wadda ya know?
Number one on the DDx for VKH: SO.
Number one on the DDx for SO: VKH.

So let's compare and contrast them!

Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?
Sympathetic Ophthalmia (SO): Wadda ya know?

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it? Bilateral diffuse uveal melanocytic proliferation (BDUMP)

In a word, what sort of condition is BDUMP?
A: Paraneoplastic syndrome

Wadda ya know?

Identified then, tops on masquerade Syndromes mentioned as BDUMP

What is the classic presenting ocular complaint? Bilateral rapid vision loss

What classic DFE finding puts it on the DDx for VKH? Bilateral serous/exudative RDs

What are the two other classic findings on exam? Bilateral...--rapid cataract progression --multiple large 'nevi' of the posterior choroid

What is the prognosis? Poor, in terms of both vision and life expectancy
In a word, what sort of condition is BDUMP?
A paraneoplastic syndrome

Wadda ya know?

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it?
Bilateral diffuse uveal melanocytic proliferation (BDUMP)

In a word, what sort of condition is BDUMP?
A paraneoplastic syndrome

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Bilateral serous/exudative RDs

What are the two other classic findings on exam?
Bilateral...--rapid cataract progression --multiple large 'nevi' of the posterior choroid

What is the prognosis?
Poor, in terms of both vision and life expectancy
Number one on the DDx for VKH: SO.
Number one on the DDx for SO: VKH.

So let’s compare and contrast them!

Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?
Sympathetic Ophthalmia (SO): Wadda ya know?

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it? Bilateral diffuse uveal melanocytic proliferation (BDUMP)

In a word, what sort of condition is BDUMP? A paraneoplastic syndrome

Is BDUMP common, or rare? Very rare

Who is the typical BDUMP pt? An adult 50+

Is there a gender predilection? No

With which malignancies is it associated? Gynecologic in women; lung and pancreatic in men

What is the classic presenting ocular complaint? Bilateral rapid vision loss

What classic DFE finding puts it on the DDx for VKH? Bilateral serous/exudative RDs

What are the two other classic findings on exam? Bilateral…rapid cataract progression --multiple large 'nevi' of the posterior choroid

What is the prognosis? Poor, in terms of both vision and life expectancy

Q
Number one on the DDx for VKH: SO.
Number one on the DDx for SO: VKH.

So let's compare and contrast them!

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it?

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Bilateral diffuse uveal melanocytic proliferation (BDUMP)

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Bilateral diffuse uveal melanocytic proliferation (BDUMP)

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Who is the typical BDUMP pt?
In a word, what sort of condition is BDUMP?
A paraneoplastic syndrome

Is BDUMP common, or rare?
Very rare

Who is the typical BDUMP pt?
An adult 50+

Recall this slide from earlier in the set. As stated then, tops on the DDx for VKH is SO. That said, in the Masquerade Syndromes chapter of the Uveitis book, one condition is mentioned as masquerading for VKH. What is it?
Bilateral diffuse uveal melanocytic proliferation (BDUMP)

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Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

Sympathetic Ophthalmia (SO): Wadda ya know?
Number one on the DDx for VKH: SO.
Number one on the DDx for SO: VKH.

So let's compare and contrast them!

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With which malignancies is it associated?
Number one on the DDx for VKH: SO.
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Gynecologic in women; lung and pancreatic in men
**Q**

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*What is the classic presenting ocular complaint?*
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What is the classic presenting ocular complaint?
Bilateral rapid vision loss
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What classic DFE finding puts it on the DDx for VKH?
Number one on the DDx for VKH: SO.
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Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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What is the classic presenting ocular complaint?
Bilateral rapid vision loss

What classic DFE finding puts it on the DDx for VKH?
Bilateral serous/exudative RDs

What is the prognosis?
Poor, in terms of both vision and life expectancy
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What are the two other classic findings on exam?
Bilateral…
--
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What is the classic presenting ocular complaint? Bilateral rapid vision loss.

What classic DFE finding puts it on the DDx for VKH? Bilateral serous/exudative RDs.

What are the two other classic findings on exam? Bilateral…
--rapid cataract progression
--multiple large ‘nevi’ of the posterior choroid.

What classic DFE finding puts it on the DDx for VKH? Bilateral serous/exudative RDs.
BDUMP: Posterior-pole nevus-like lesions
Number one on the DDx for VKH: SO.
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