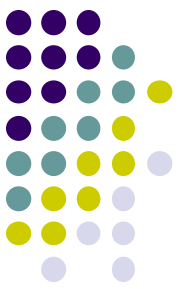


Q

Sympathetic Ophthalmia (SO): Wadda ya know?

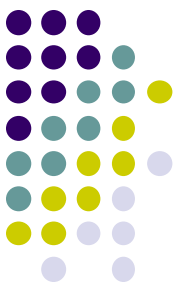
- Is SO a unilateral, or bilateral disease?



A

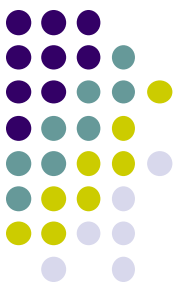
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- Is SO a unilateral, or bilateral disease?
It is a **bilateral** condition



Q

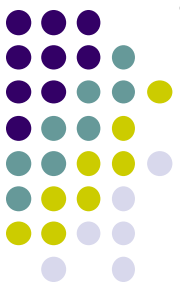
Sympathetic Ophthalmia (SO): Wadda ya know?



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

A

Sympathetic Ophthalmia (SO): Wadda ya know?



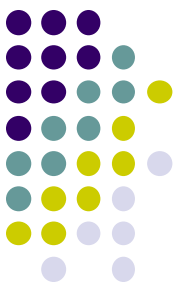
- Is SO a unilateral, or bilateral disease?
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- SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye

Q

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

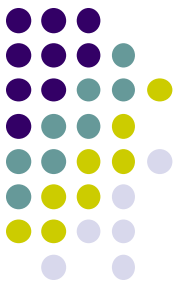
Is it granulomatous, or nongranulomatous?



A

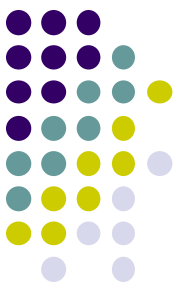
Sympathetic Ophthalmia (SO): Wadda ya know?

6

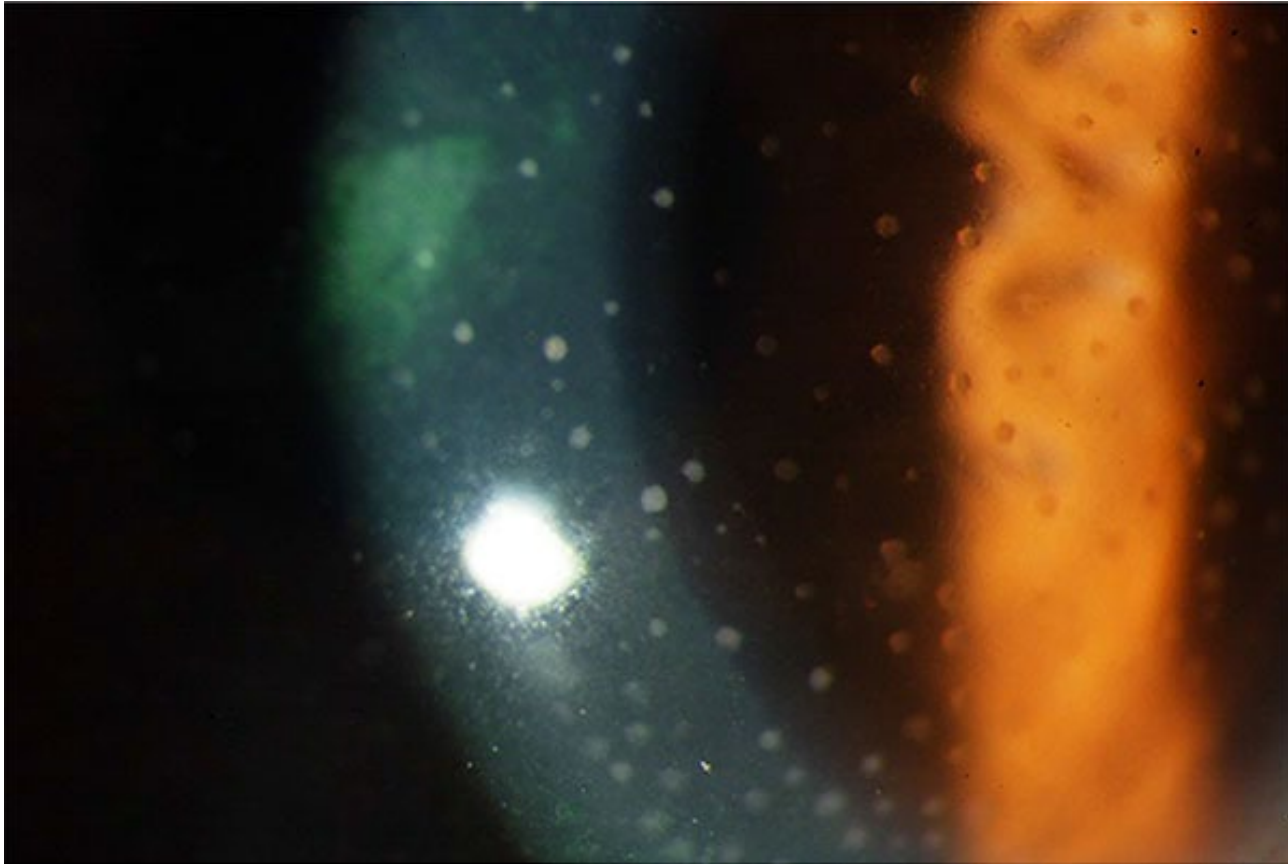


- Is SO a unilateral, or bilateral disease?
It is a **bilateral** condition
- SO is a bilateral **panuveitis** following ocular injury or surgery
Is it granulomatous, or nongranulomatous?
Granulomatous

Sympathetic Ophthalmia (SO): Wadda ya know?



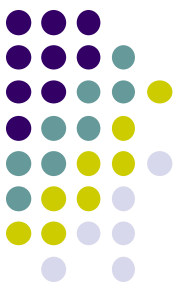
7



SO: Granulomatous KP

Q

Sympathetic Ophthalmia (SO): Wadda ya know?

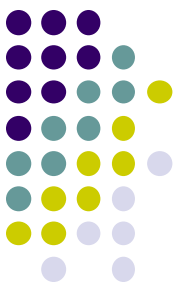


- Is SO a unilateral, or bilateral disease?
It is a **bilateral** condition
- SO is a bilateral **panuveitis** following ocular **injury or surgery** in one eye

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

A

Sympathetic Ophthalmia (SO): Wadda ya know?



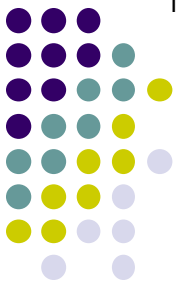
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Which is a more common cause: Injury, or surgery?

Back in the day, it was injury by a mile

A

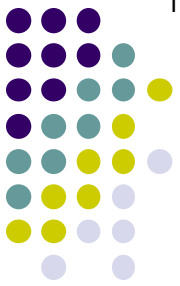
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Which is a more common cause: Injury, or surgery?

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.



Q

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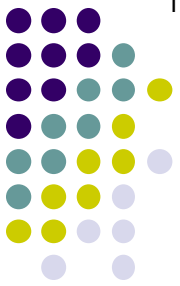
Which is a more common cause: Injury, or surgery?

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*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?



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

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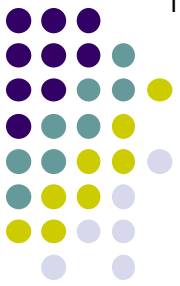
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Wound tissue incarcerated in the wound

A

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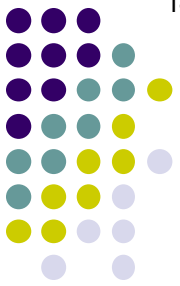
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Q

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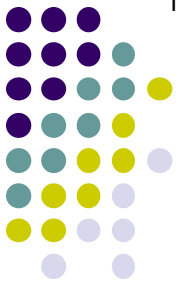


- Is SO a unilateral, or bilateral disease?
It is a **bilateral** condition
- SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye

You know that perforating/penetrating injury can result in SO, but what about a contusion?

A

Sympathetic Ophthalmia (SO): Wadda ya know?

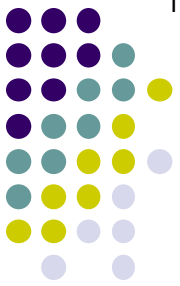


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- SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye

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

Sympathetic Ophthalmia (SO): Wadda ya know?



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

- SO is a bilateral **periorbital** **injury** or **surgery** in

Which of these surgeries has been associated with SO--

--PPV?

--Cataract surgery?

--Trabeculectomy?

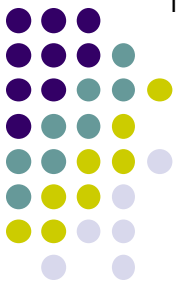
--Cyclocryoablation?

--Cyclophotocoagulation?

A

Sympathetic Ophthalmia (SO): Wadda ya know?

17



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--**Trabeculectomy!**

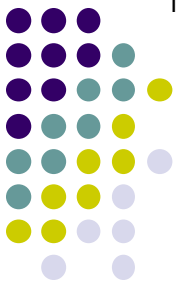
--**Cyclocryoablation!**

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All have been
associated with SO!

Q

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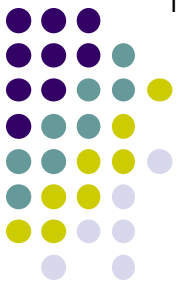
--Cyclocryoablation?

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*Which surgery carries
the highest risk of SO?*

A

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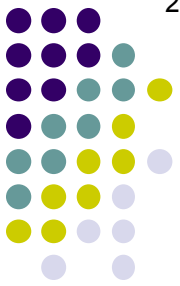
--Cataract surgery

--Trabeculectomy

--Cyclocryoablation

--Cyclophotocoagulation

*Which surgery carries
the highest risk of SO?*
Vitrectomy



Q

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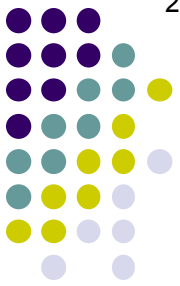
--PPV!

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

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A

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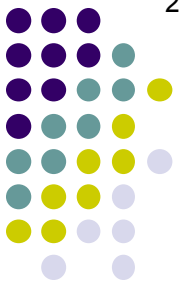
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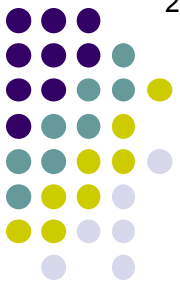
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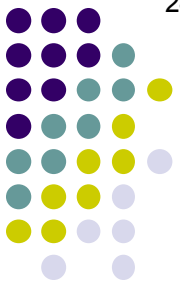
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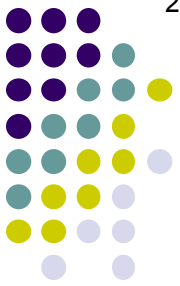
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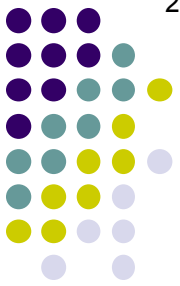
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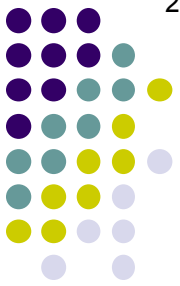
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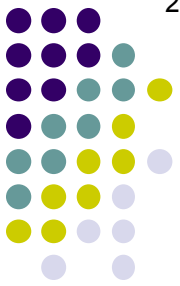
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- What is the cause of SO? **Unknown**



Q

Sympathetic Ophthalmia (SO): Wadda ya know?

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

Is it infectious, or noninfectious?

- SO
- injur

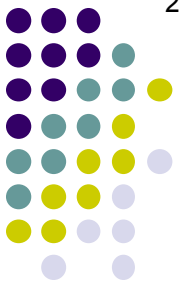
- Pr
- ey
- Pr

ar

exciting

zing eye

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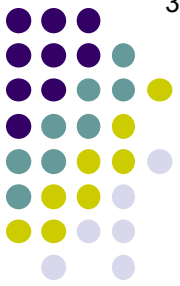
- Pre
- eye
- Pre

ar

exciting

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

- Pr
- ey
- Pr

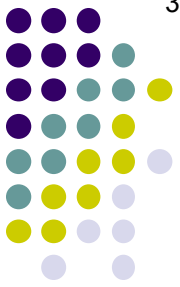
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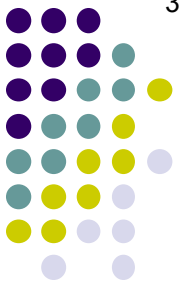
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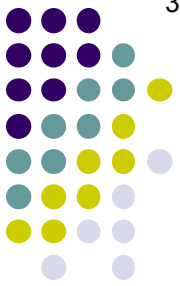
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To what antigens are the T cells responding?

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This is less certain, but it seems uveal antigens—specifically melanin-associated—play a central role

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

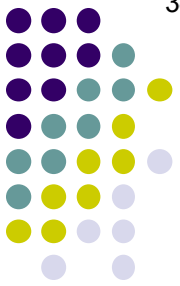
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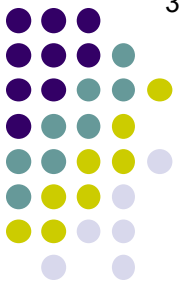
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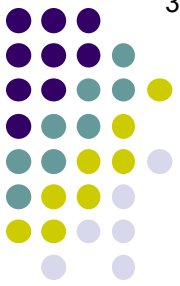
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- What is the classic presenting complaint?
Impaired near vision (ie, loss of accommodation) in the previously normal eye

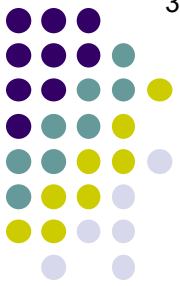
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Impaired near vision (ie, loss of accommodation)

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 early-onset presbyopia.

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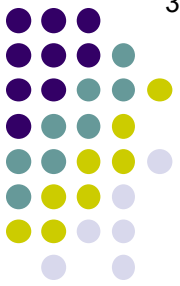
It would be all too easy to send them out with OTC readers, thereby consigning this hypothetical pt to profound vision loss—and yourself to repeating the Boards.

Q

Sympathetic Ophthalmia (SO): Wadda ya know?

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



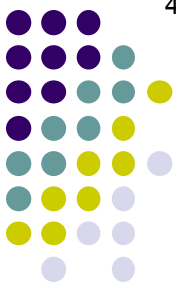


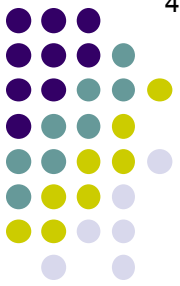
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Q

Sympathetic Ophthalmia (SO): Wadda ya know?

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





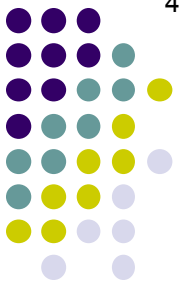
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Q

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 - Local **steroids**

Is SO steroid responsive?



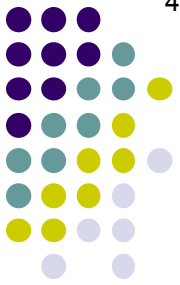
A

Sympathetic Ophthalmia (SO): Wadda ya know?

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

Is SO steroid responsive?

Yes, reliably and significantly

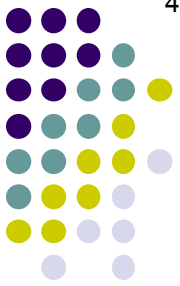


Q

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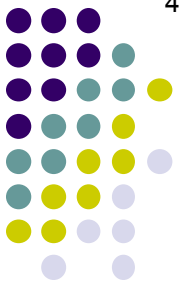
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 - for comfort



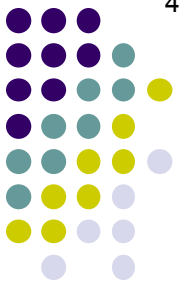
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 - Cycloplegia for comfort

Q

Sympathetic Ophthalmia (SO): Wadda ya know?



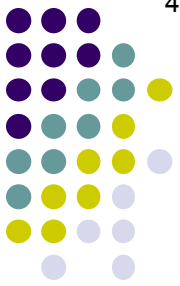
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 - In a nutshell, treat like any other panuveitis
 - Local steroids
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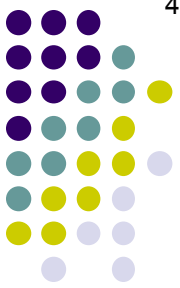
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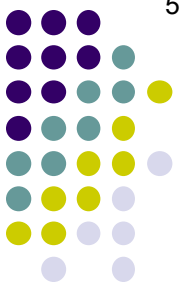
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(two) related/words

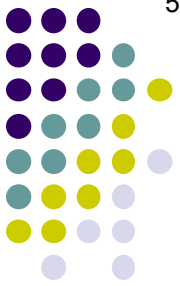


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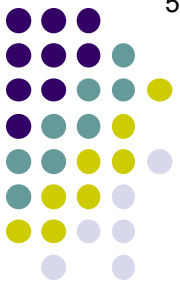
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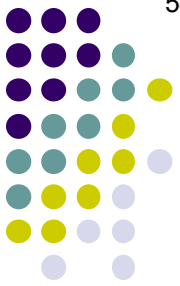
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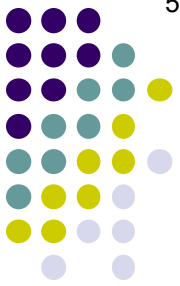
Can the risk of SO be reduced by prophylactic enucleation?

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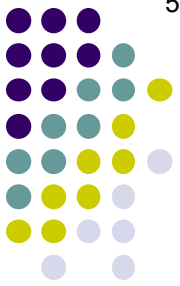
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*Once the process commences, can the course (severity;
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evisceration?

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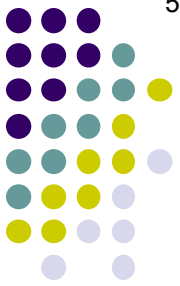
Yes, if it's done within about 2 weeks of injury occurring

If the injured eye is not salvageable, is evisc a reasonable option?

Once the

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No



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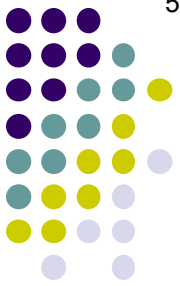
Tough call, but probably not. Evisc incurs a risk of leaving small amounts of uveal tissue, and thus does not completely eliminate the risk of inciting SO.

Once the risk of SO (by duration, etc) be mitigated by enucleating the exciting eye?

No

Q

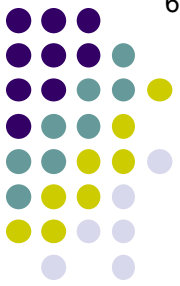
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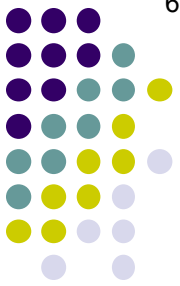
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- What is the course?

chronic vs a one-time acute event

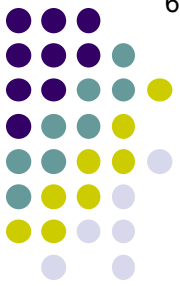


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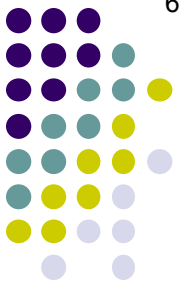


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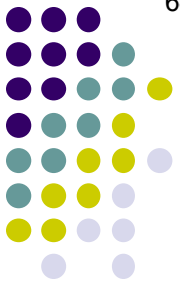
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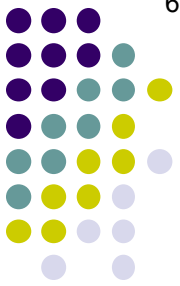
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 - What is the prognosis? Far better than it used to be—
with modern steroids/immuno drugs, probability of
maintaining useful vision is excellent



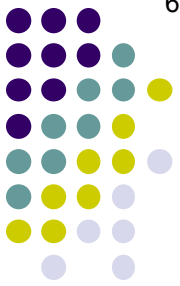
- *Fill in the blanks regarding the time course of post-trauma SO:*
 - The onset of SO is very rare before <sup>[length of time
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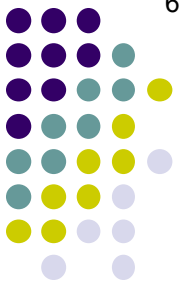
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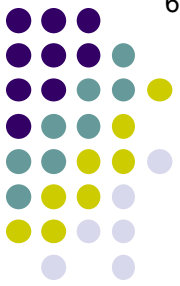
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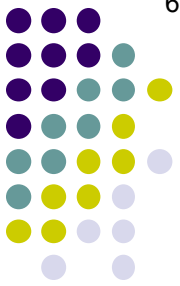


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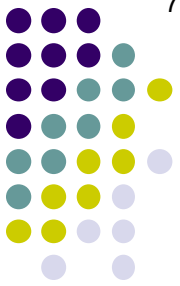
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Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?



Now we will turn our attention to VKH.

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



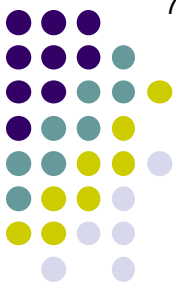
Now we will turn our attention to VKH. If during this section you find yourself experiencing a strong sense of déjà vu, relax—it's real, not a glitch in the Matrix.



Q

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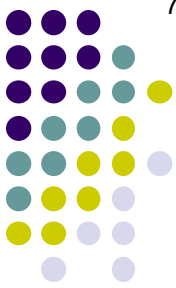
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A

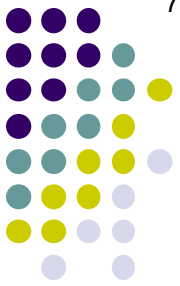
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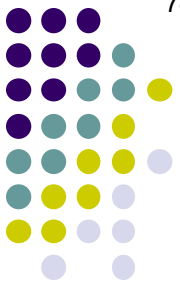
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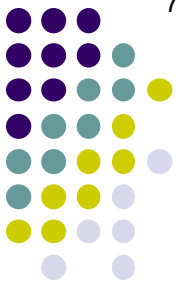
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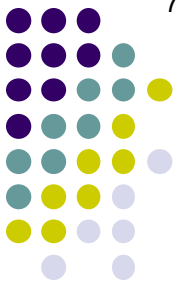
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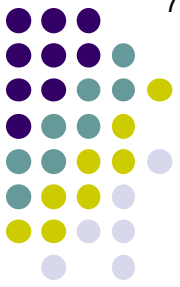
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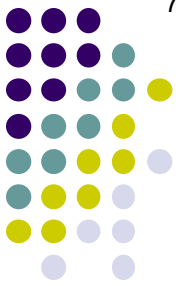
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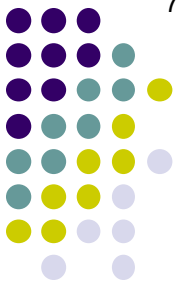
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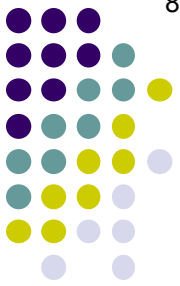
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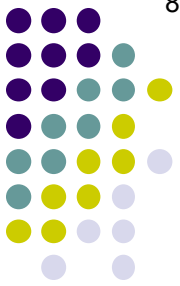
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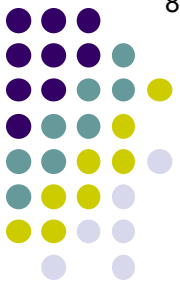
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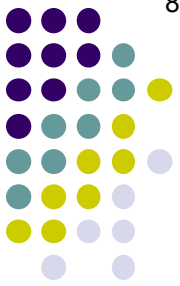
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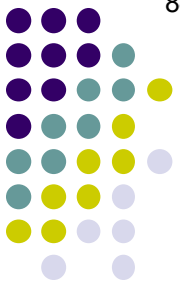
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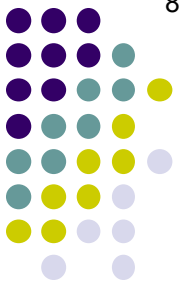
To what antigens are the T cells responding?

The experimental evidence strongly suggests that the antigens in question are associated with

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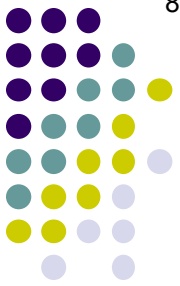
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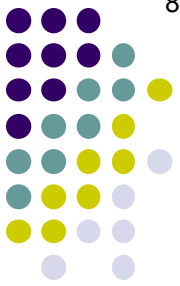
As a prominent AAO source puts it, “*both [SO and VKH] represent an autoimmune response to tissue pigment*”

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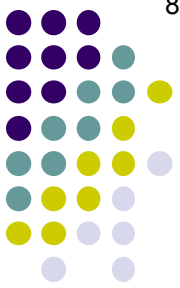
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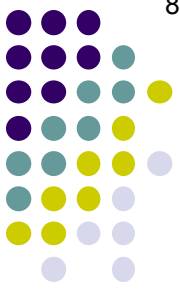
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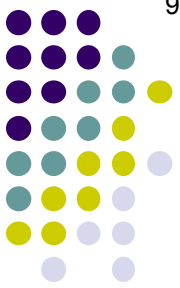
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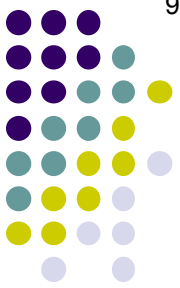
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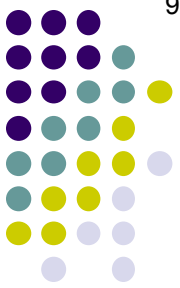
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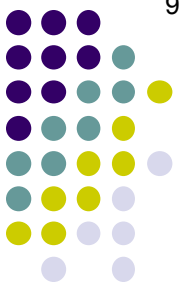
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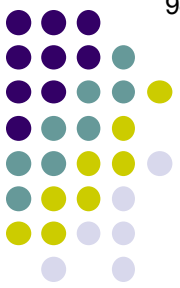
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 - Cycloplegia for comfort



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



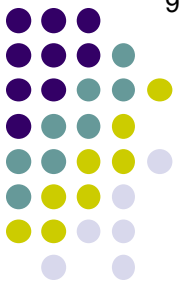
- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other panuveitis
 - Local steroids
 - Cycloplegia for comfort
 - +/- systemic



- VKH: Treatment/course/prognosis
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Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

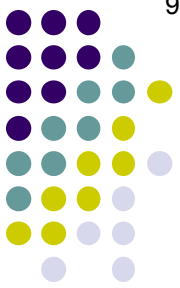


- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other **panuveitis**
 - Local **steroids**
 - **Cycloplegia** for comfort
 - +/- systemic **steroids**
 - May need systemic

two related words

A

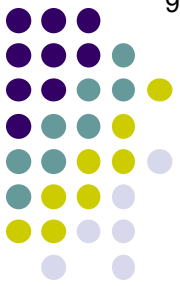
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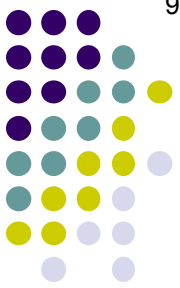


Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?



- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other **panuveitis**
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 - What is the course?

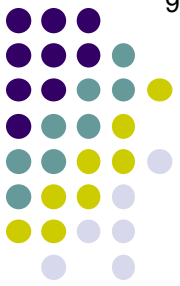
chronic vs a one-time acute event



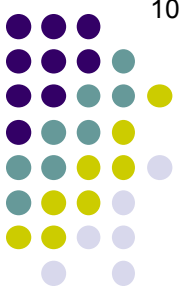
- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other panuveitis
 - Local steroids
 - Cycloplegia for comfort
 - +/- systemic steroids
 - May need systemic immunomodulation/suppression
 - What is the course? Chronic--waxing and waning



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



- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other **panuveitis**
 - Local **steroids**
 - **Cycloplegia** for comfort
 - +/- systemic **steroids**
 - May need systemic **immunomodulation/suppression**
 - What is the course? **Chronic--waxing and waning**
 - What is the prognosis?



- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other **panuveitis**
 - Local **steroids**
 - **Cycloplegia** for comfort
 - +/- systemic **steroids**
 - May need systemic **immunomodulation/suppression**
 - 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.**



Q

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

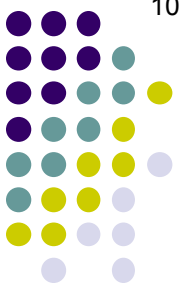
- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other panuveitis
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What factors tend to limit the prognosis in VKH?

with modern steroids/immuno drugs, **probability of maintaining useful vision is good.**

A

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

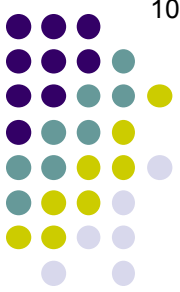


- VKH: Treatment/course/prognosis
 - In a nutshell, treat like any other panuveitis
 - Local steroids

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.**



Q

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

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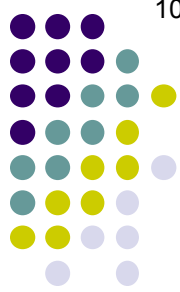
What factors tend to limit the prognosis in VKH?

The sequelae of the severe intraocular inflammation that characterizes the disease

What are some of these sight-threatening sequelae?

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with modern steroids/immuno drugs, **probability of maintaining useful vision is good.**



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

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

with modern steroids/immuno drugs, **probability of maintaining useful vision is good.**

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

- VKH is a **bilateral** condition
- VKH is a **granulomatous panuveitis**
- VKH is an **autoimmune response to tissue pigment**
- VKH is **steroid responsive**

Note the similarities...

Sympathetic Ophthalmia (SO): Wadda ya know?

- SO is a **bilateral** condition
- SO is a **granulomatous panuveitis**
- SO is an **autoimmune response to tissue pigment**
- SO is **steroid responsive**

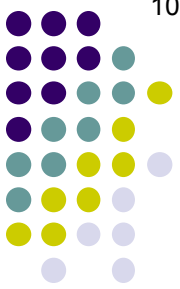
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- VKH is a **bilateral** condition
- VKH is a **granulomatous panuveitis** *absent* ocular injury/surgery history
- VKH is an **autoimmune response to tissue pigment**
- VKH is **steroid responsive**

*Note the similarities...And the **key difference***

Sympathetic Ophthalmia (SO): Wadda ya know?

- SO is a **bilateral** condition
- SO is a **granulomatous panuveitis** *following* ocular injury/surgery
- SO is an **autoimmune response to tissue pigment**
- SO is **steroid responsive**



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?

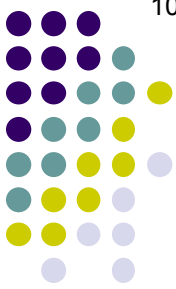


Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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**
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 - Concurrent skin findings common: **VKH**



- For each of the following findings, is it more common in SO, VKH, or both?
 - Predilection for
 - More common
 - **Concurrent skin findings common: VKH**



- For each of the following findings, is it associated with SO, VKH, or both.
 - Predilection for
 - More common
 - **Concurrent skin findings common: VKH**

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



Q

SO vs VKH

- For each of the following questions, is SO or VKH associated with the finding?
 - How common are skin (and hair) findings in VKH?
They appear in about 1/3 of patients
 - What is the classic skin finding?
- Predilection for the face
- More common in children
- **Concurrent skin findings common: VKH**



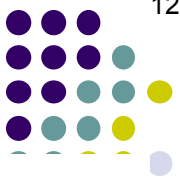
- For each of the following findings, is it associated with SO, VKH, or both?
 - Predilection for face
 - More common in children
 - **Concurrent skin findings common: VKH**

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

They appear in about 1/3 of patients

What is the classic skin finding?

Vitiligo



Q

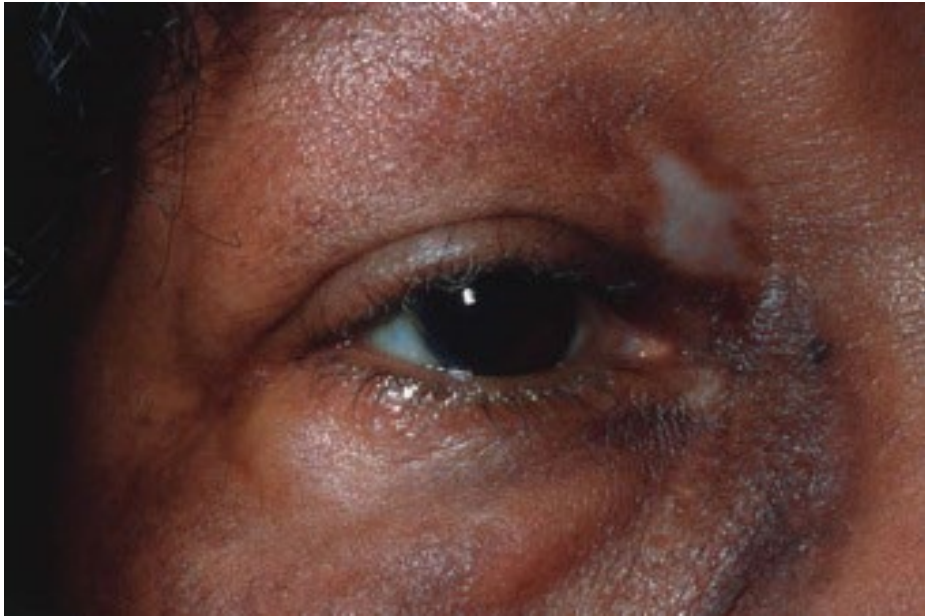
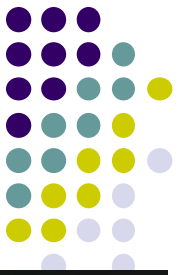
SO vs VKH

- For each of the following questions, is SO or VKH associated with the finding?
 - 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?
- Predilection for SO or VKH?
- More common in SO or VKH?
- **Concurrent skin findings common: VKH**



- For each of the following findings, is it associated with SO (Syndromic Ocular) or VKH (Vogt-Koyanagi-Harada)?
 - Predilection for bilateral findings
 - More common in children
 - **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 of the skin





A VKH pt early in the dz course

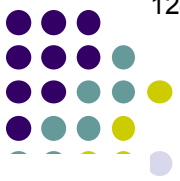


Same pt late in the dz course (and despite aggressive immunosuppressive therapy)

SO vs VKH



VKH: Vitiligo



- For each of the following findings, is it associated with SO, VKH, or both?
 - 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
- Predilection for
- More common
- **Concurrent skin findings common: VKH**

Vitiligo is not limited to the skin--a classic eye location is the region.



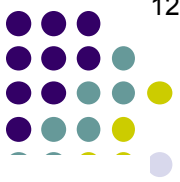
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- Predilection for
- More common
- **Concurrent skin findings common: VKH**

Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.



- For each of the following findings, is it more common in SO, VKH, or both?
 - How common are skin (and hair) findings in VKH?
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 - What is vitiligo?
Depigmentation of the skin
- Predilection for
- More common
- **Concurrent skin findings common: VKH**

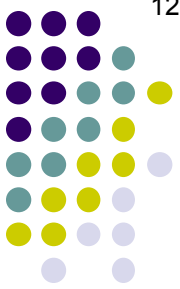
*Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
What is the eponymous name for this sign?*



- For each of the following findings, is it associated with SO, VKH, or both?
 - 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
- Predilection for face
- More common in children
- Concurrent skin findings common: **VKH**

*Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
What is the eponymous name for this sign?
Sugiura's sign*

SO vs VKH



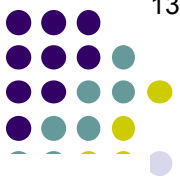
Sugiura's sign



- For each of the following findings, is it associated with SO, VKH, or both?
 - 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
- Predilection for
- More common
- **Concurrent skin findings common: VKH**

*Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
What is the eponymous name for this sign?
Sugiura's sign*

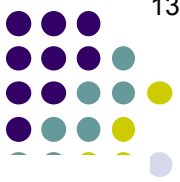
In which pt population is it common?



- For each of the following findings, is it associated with SO or VKH? (SO), or both.
 - 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
- Predilection for SO or VKH?
- More common in SO or VKH?
- Concurrent skin findings common: **VKH**

*Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
What is the eponymous name for this sign?
Sugiura's sign*

*In which pt population is it common?
Pts of Japanese ancestry--almost all of them will manifest this finding*

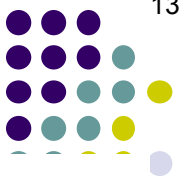


- For each of the following questions, indicate whether the finding is associated with SO, VKH, or both.
 - How common are skin (and hair) findings in VKH?
They appear in about 1/3 of patients
 - What is the classic skin finding?
Vitiligo
 - What is vitiligo?
Depigmentation of the skin
- Predilection for
- More common
- **Concurrent skin findings common: VKH**

*Vitiligo is not limited to the skin--a classic eye location is the perilimbal region.
What is the eponymous name for this sign?
Sugiura's sign*

*In which pt population is it common?
Pts of Japanese ancestry--almost all of them will manifest this finding*

Does it occur in Caucasian pts?



- For each of the following findings, indicate whether it is associated with SO or VKH (SO), VKH (VKH), or both.
 - Predilection for vitiligo
 - More common in Japanese pts
 - 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 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?

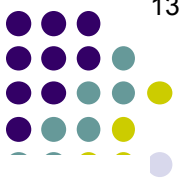
Sugiura's sign

In which pt population is it common?

Pts of Japanese ancestry--almost all of them will manifest this finding

Does it occur in Caucasian pts?

Almost never



- For each of the following questions, choose the correct answer (SO or VKH).
associated with Vogt-Koyanagi-Harada (VKH) disease. (SO or VKH),
for both.
- 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
- Predilection for...
More common in...
Concurrent skin findings common: **VKH**

Vitiligo is not limited to the skin--a classic eye location is the **perilimbal region**.

What is the eponymous name for this sign?

Sugiura's sign

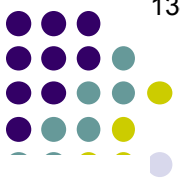
In which pt...

Pts of Japan

Does it occur...

Almost never

A 'perilimbal adjacent' structure also becomes depigmented. Which one?



- For each of the following questions, choose the correct answer (SO, VKH, or both).
- 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
- Predilection for
- More common
- Concurrent skin findings common: **VKH**

Vitiligo is not limited to the skin--a classic eye location is the **perilimbal region**.

What is the eponymous name for this sign?

Sugiura's sign

A 'perilimbal adjacent' structure also becomes depigmented. Which one?

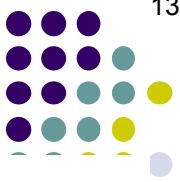
The trabecular meshwork

In which pt

Pts of Japan

Does it occur

Almost never



- For each of the following questions, choose the correct answer (SO or VKH).
 associated with Vogt-Koyanagi-Harada (VKH) disease. (SO or VKH),
 for both.
- Predilection for skin findings in 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 of the skin
- Concurrent skin findings common: **VKH**

Vitiligo is not limited to the skin--a classic eye location is the **perilimbal region**.

What is the eponymous name for this sign?

Sugiura's sign

In which pt?

Pts of Japan

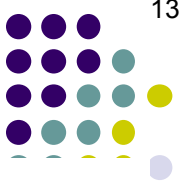
Does it occur?

Almost never

A 'perilimbal adjacent' structure also becomes depigmented. Which one?

The trabecular meshwork

What is the eponymous name for TM depigmentation in VKH?



- For each of the following questions, choose the correct answer (SO, VKH, or both).
 - 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
- Predilection for
- More common
- Concurrent skin findings common: **VKH**

Vitiligo is not limited to the skin--a classic eye location is the **perilimbal region**.

What is the eponymous name for this sign?

Sugiura's sign

A 'perilimbal adjacent' structure also becomes depigmented. Which one?

The trabecular meshwork

In which pt

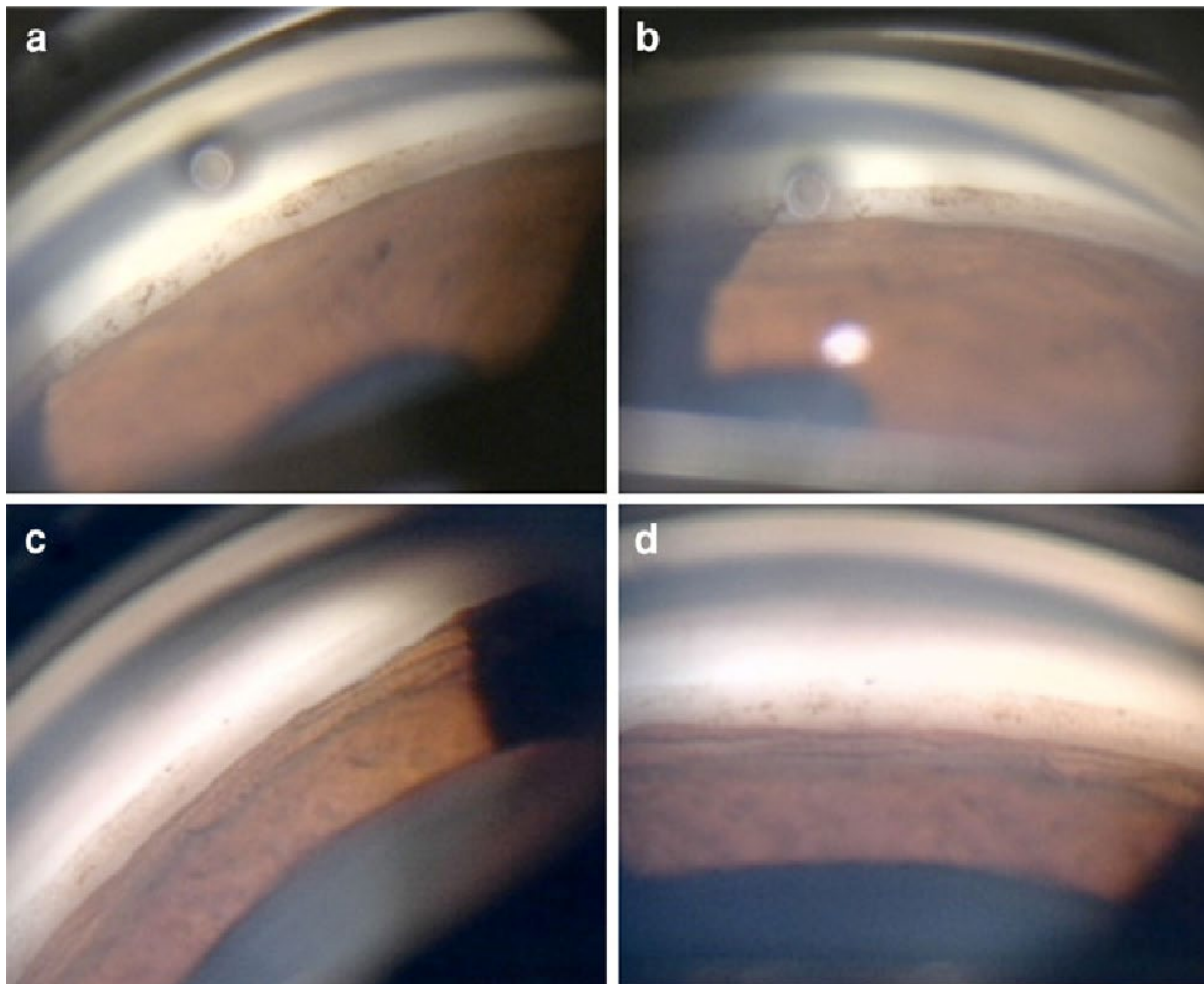
Pts of Japan

What is the eponymous name for TM depigmentation in VKH?

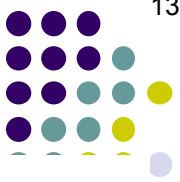
Ohno's sign

Does it occur

Almost never



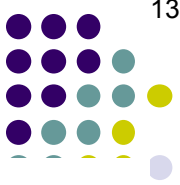
Ohno sign. (a, b) Appearance of TM at 1 month after disease onset. (c, d) Five months after disease onset, TM pigmentation was noticeably reduced.



Q

SO vs VKH

- For each of the following findings, is it more common in SO or 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 are the classic hair findings?
 - Poliosis
- Predilection for the face
- More common in children
- Concurrent uveitis: VKH**



A

SO vs VKH

- For each of the following findings, is it more common in SO or 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 are the classic hair findings?
 - Alopecia and poliosis
- Predilection for the face
- More common in children
- Concurrent uveitis: VKH**



Q

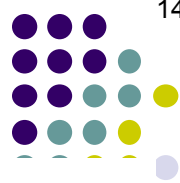
SO vs VKH

- For each of the following, is SO, VKH, or both associated with the finding?
 Vogt-Koyanagi-Harada (VKH) is associated with the following findings:
 • Predilection for the face
 • More common in Asians
 • **Concurrent skin and hair findings**
 - 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
 - What do these terms mean?
 Alopecia:
 Poliosis:
- Common: VKH



- For each of the following questions, choose the correct answer (SO or 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 are the classic hair findings?
 Alopecia and poliosis
 What do these terms mean?
 Alopecia: Loss of hair
 Poliosis: Premature greyness of hair
 Which is more common: SO or VKH?
 SO is more common: SO
 VKH is more common: VKH
 Both are equally common: both.



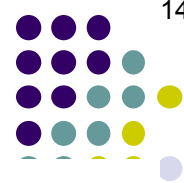


A

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 are the classic hair findings?
 - Alopecia and poliosis
 - What do these terms mean?
 - Alopecia: Loss of hair
 - Poliosis:
- Concurrent**
 - Common: VKH

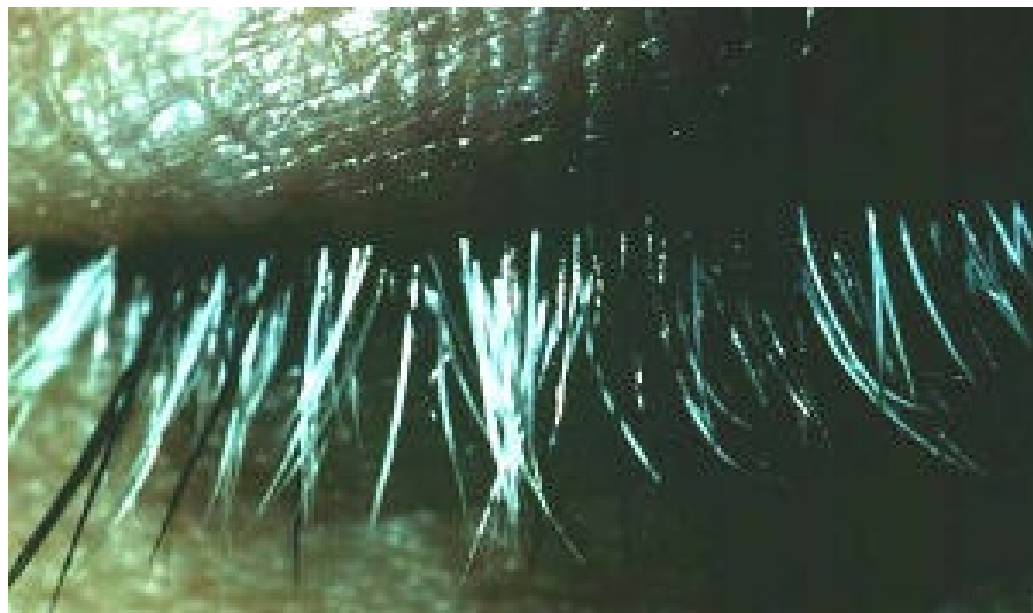


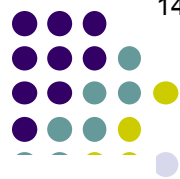


A

SO vs VKH

- For each of the following findings, is it more common in SO or 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 are the classic hair findings?
 - Alopecia and poliosis
 - What do these terms mean?
 - Alopecia: Loss of hair
 - Poliosis: Loss of hair pigmentation
- Concurrent findings: VKH**





Q

SO vs VKH

- For each of the following, is it associated with SO or VKH?

Vogt-Koyanagi

- Predilection for

- More common

- Concurrent skin findings**

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?



- For each of the following questions, is SO associated with Vogt-Koyanagi-Harada (VKH) or not?
 - 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 **precede v follow** the onset of eye inflammation by a period of **unit of time**
- Concurrent skin findings**



- For each of the following, is SO associated with VKH or is VKH associated with SO?
 - 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**
- **Concurrent skin findings**

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^{un} 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.
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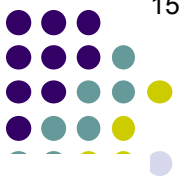
Do skin findings occur in SO as well?
Yes, but they are much less common

Q

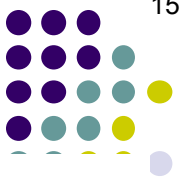
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 - Concurrent skin findings common: **VKH**
 - CNS involvement rare:

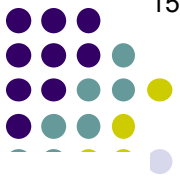


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 - More common in whites: SO
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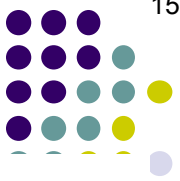
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 - CNS involvement ^{possible in} ~~rare~~: **SO?** Yes!

To be clear: Can CNS involvement occur in SO?



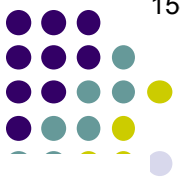
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To be clear: Can CNS involvement occur in SO?
Yes, it's just much less common



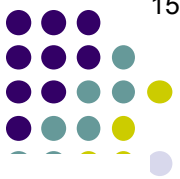
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 - **CNS involvement rare:** *in VKH*

What is the classic sign/symptoms of CNS involvement in VKH?



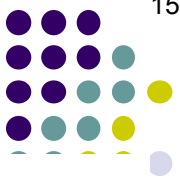
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What is the classic sign/symptoms of CNS involvement in VKH?
Auditory issues, particularly [] and []



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Auditory issues, particularly tinnitus and dysacusis

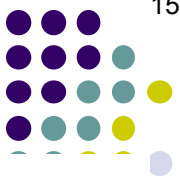


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In what other ways can CNS involvement manifest?

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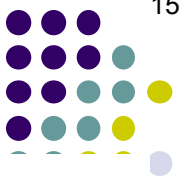


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In what other ways can CNS involvement manifest?
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

SO vs VKH



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Take special note of this, as prominent AAO sources emphasize the presence of meningeal manifestations in both VKH and SO!

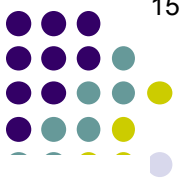
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Q

SO vs VKH



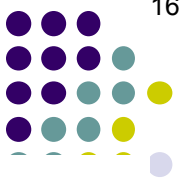
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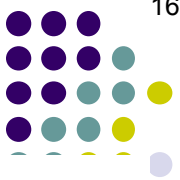
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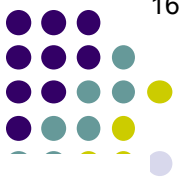
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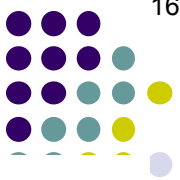


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Auditory issues, particularly tinnitus and dysacusis

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Do focal neurologic signs/symptoms occur?

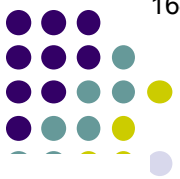


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Do focal neurologic signs/symptoms occur?
They can, but are rare



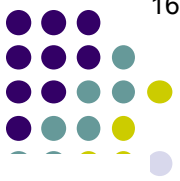
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Can VKH cause an optic neuropathy?



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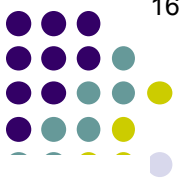
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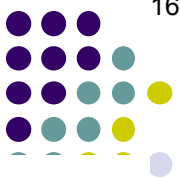
Can VKH cause an optic neuropathy?
Yes

Q

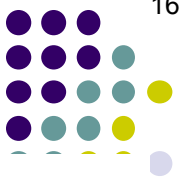
SO vs VKH



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 - CNS involvement rare: **SO**
 - Dalen-Fuchs nodules present:

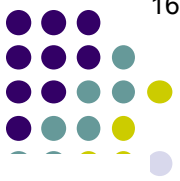


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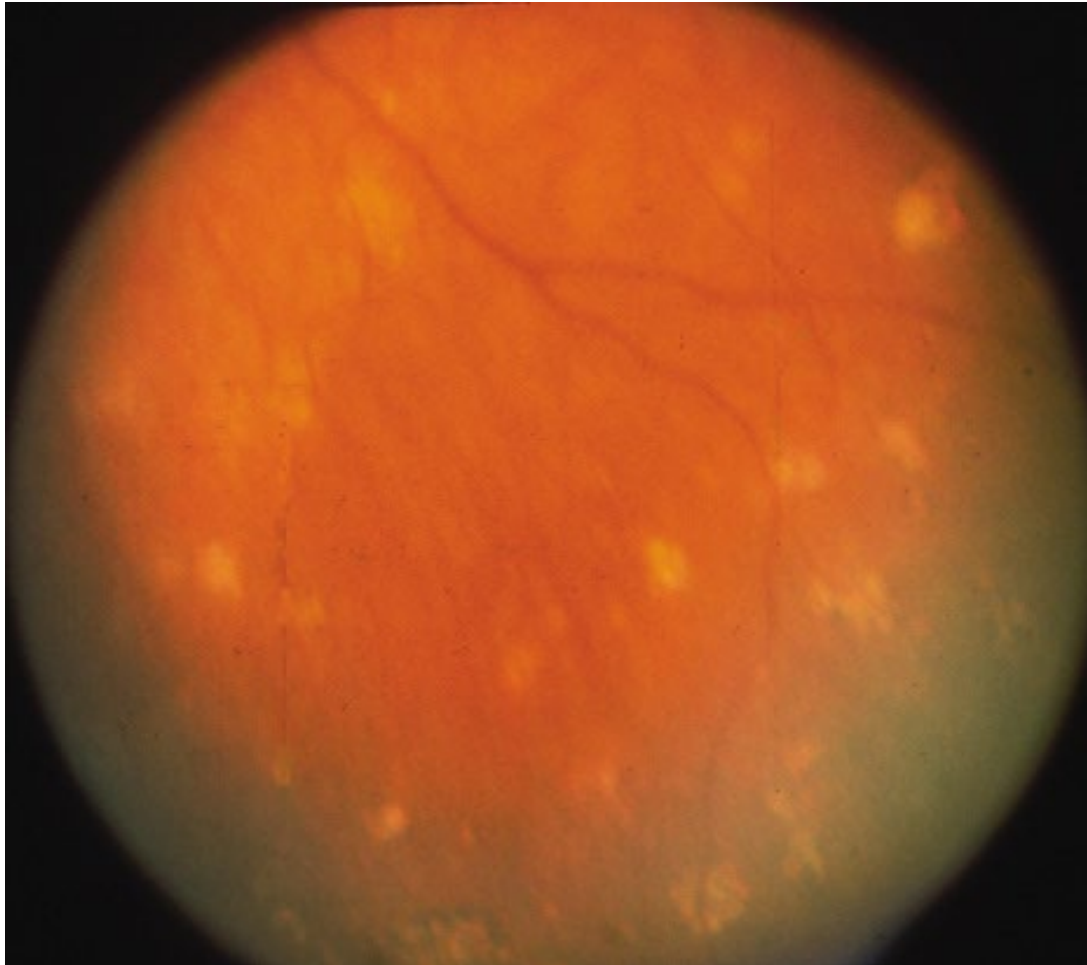
What are Dalen-Fuchs nodules?



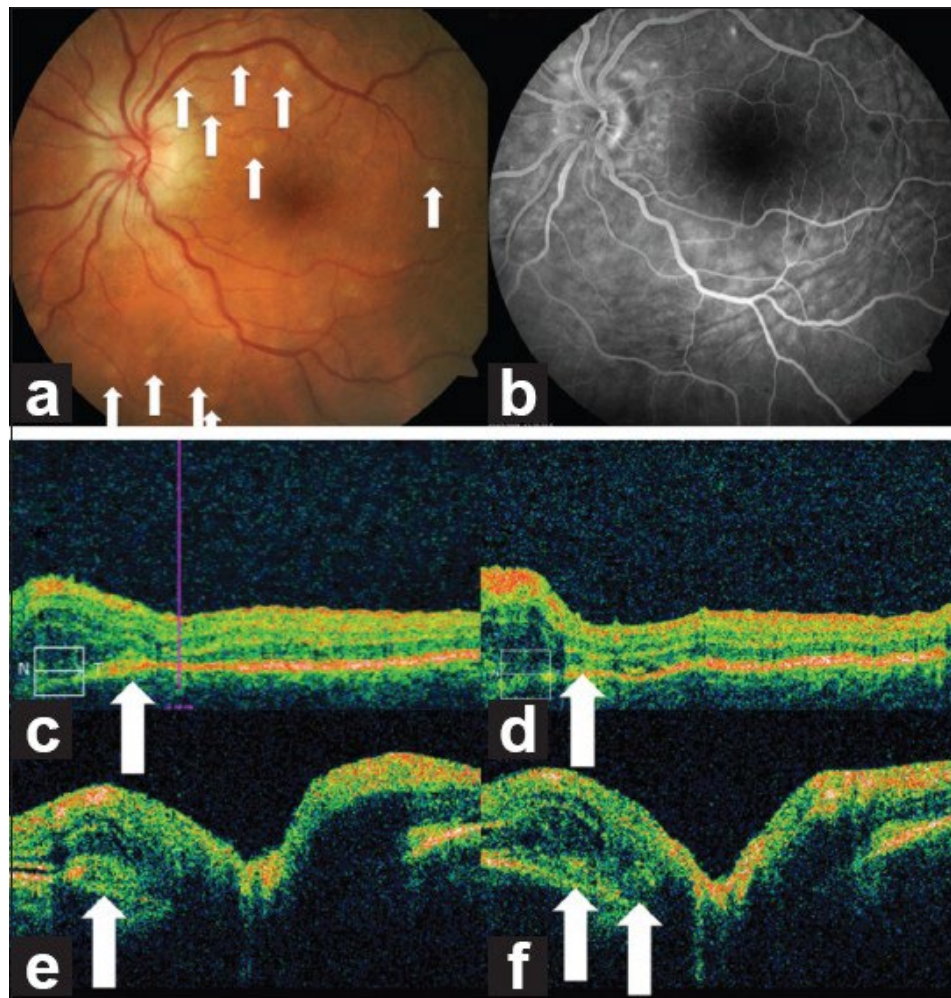
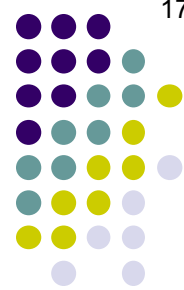
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*What are **Dalen-Fuchs** nodules?*

Focal collections of inflammatory cells between Bruch's membrane and the RPE

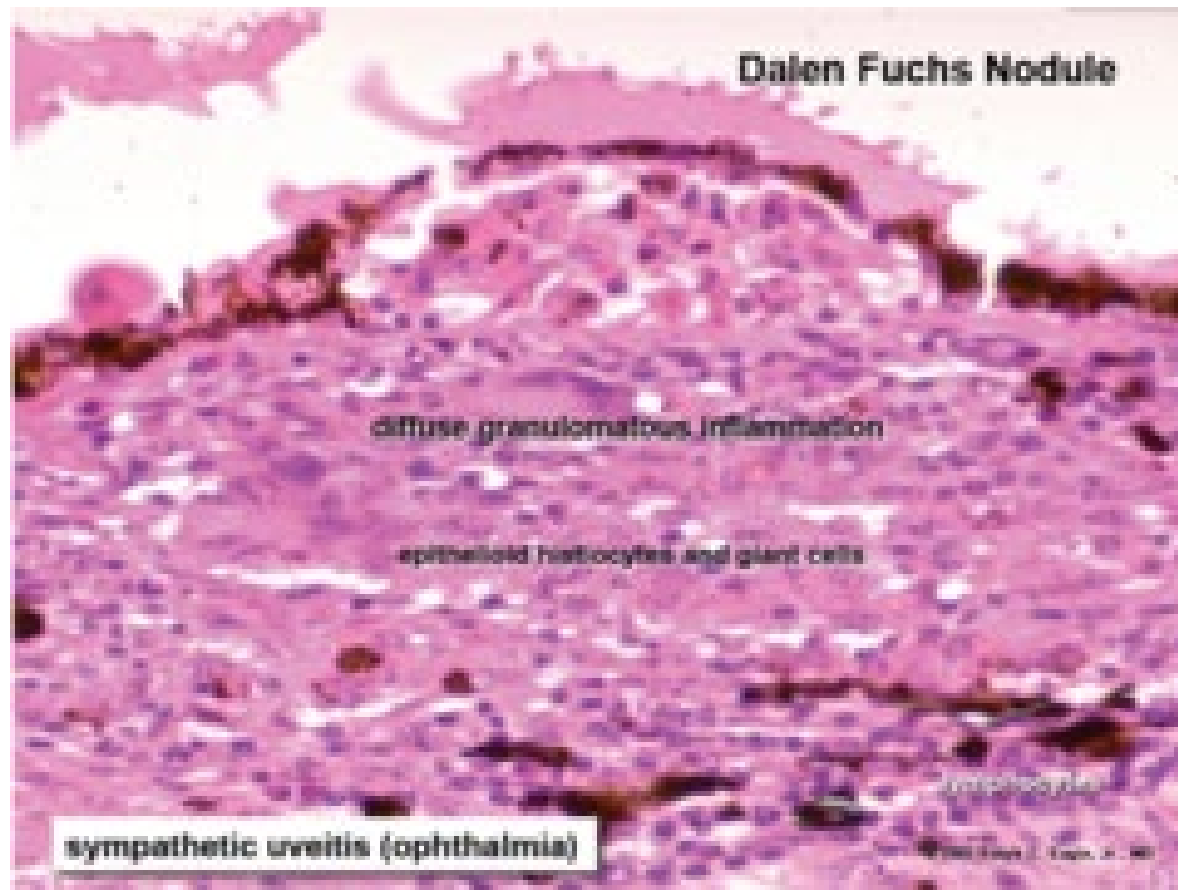


Dalen-Fuchs nodules



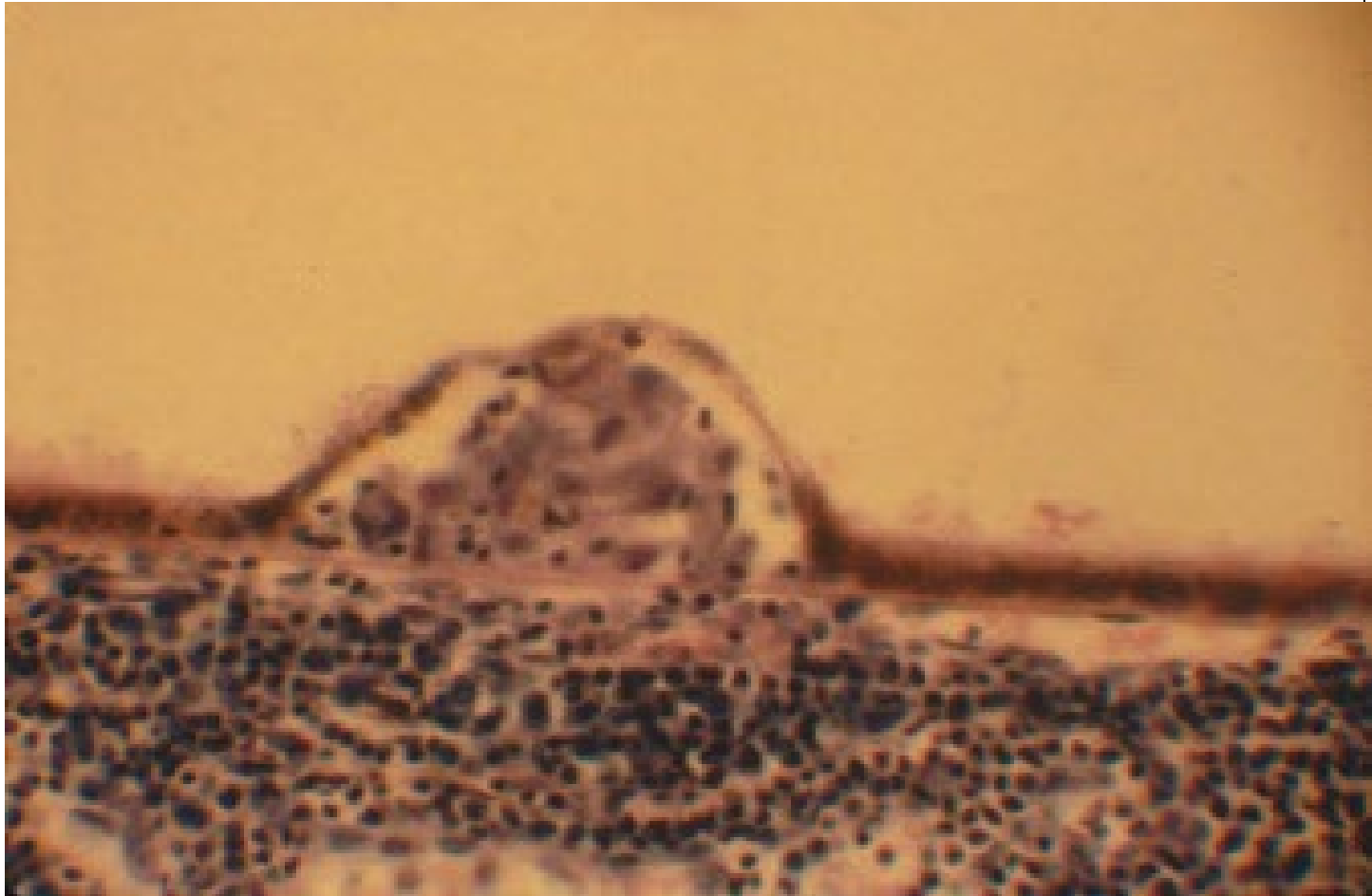
Dalen-Fuchs nodules

SO vs VKH

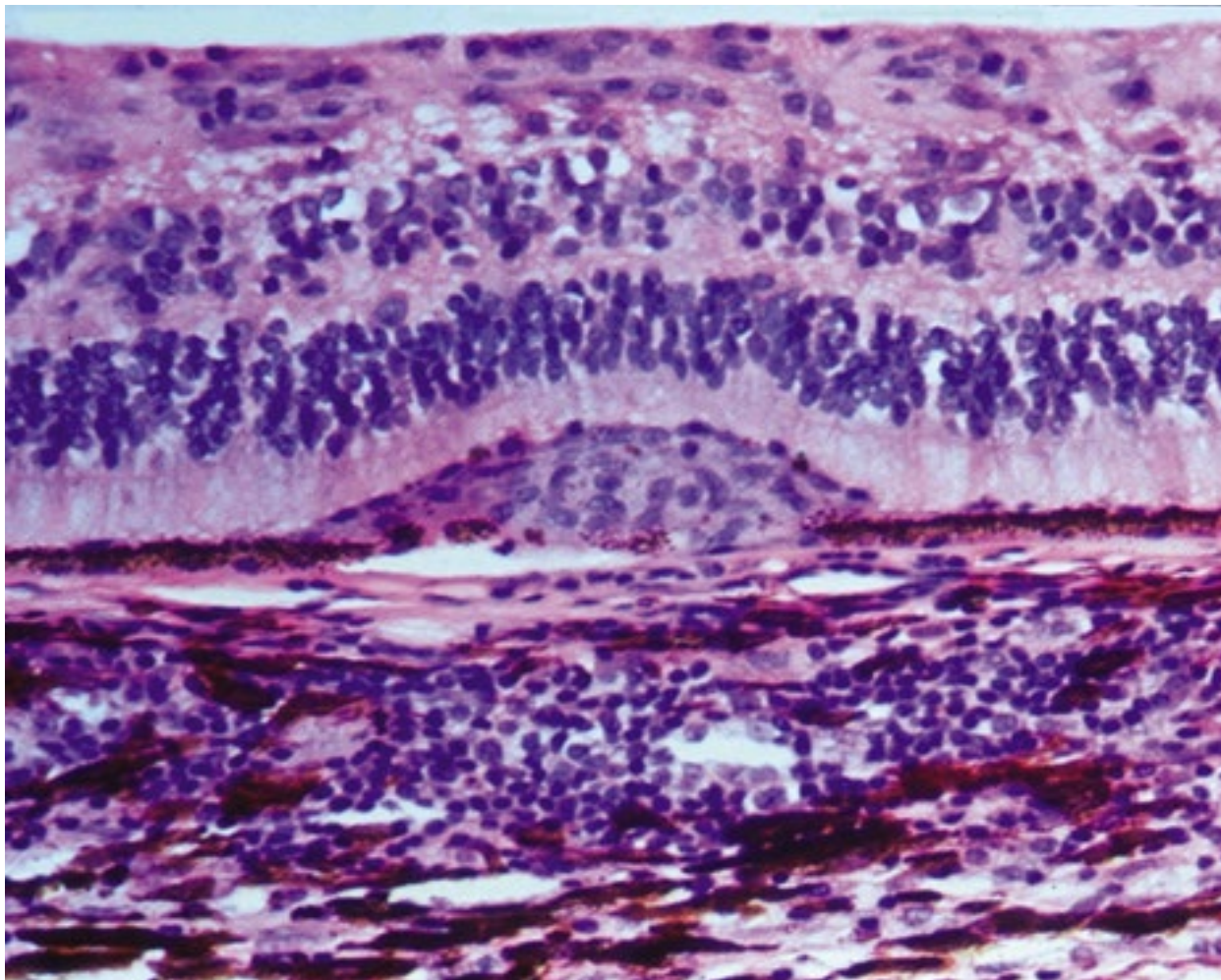
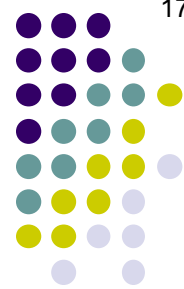


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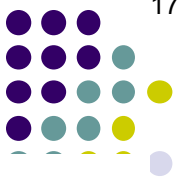
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What are **Dalen-Fuchs** nodules?

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?



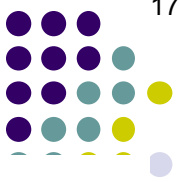
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Sarcoid



- 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:

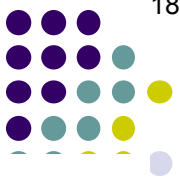


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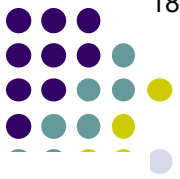
What is the choriocapillaris?



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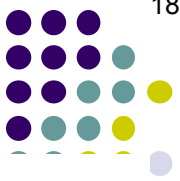
What is the choriocapillaris?

The innermost portion of the choroid; it is a layer of highly-fenestrated capillaries

SO vs VKH

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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.

SO vs VKH

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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 stage of VKH—it's only later, during the Chronic Recurrent stage, that it becomes involved.**

SO vs VKH

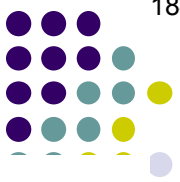


- For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.
 - Predilection for adults age 20 – 50: **VKH**
 - More common in whites: **SO**
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 - **Choriocapillaris is spared: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

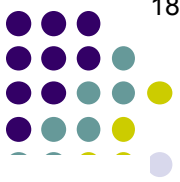
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Q

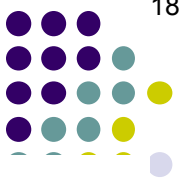
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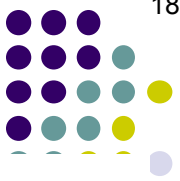


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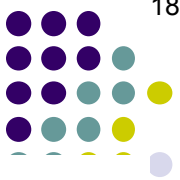
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What other ethnic groups are frequently affected?



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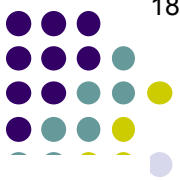
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Native-Americans; Middle Easterners



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Hispanics, Asians, Native-Americans, Middle Easterners—what is the common thread?



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Hispanics, Asians, Native-Americans, Middle Easterners—what is the common thread?
A relatively high level of skin pigmentation



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 - 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?

the common thread?

A relatively **high level of skin pigmentation**

what is



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*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*

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What does indicate about the disease process?

the common thread?

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Q

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 - More

Speaking of contributing to the dz process...Is there a genetic predisposition to VKH?

Gi
Yo

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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.

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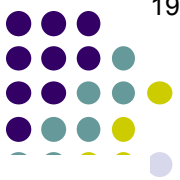
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Can these HLA types be used to differentiate between VKH and SO?

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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?

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SO vs VKH



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Q

SO vs VKH



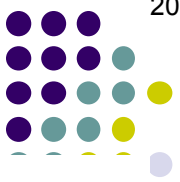
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 - **SO after surgery: M $\begin{matrix} > \\ \approx \\ = \end{matrix} F$**



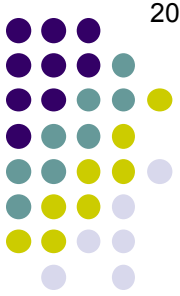
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 - **SO after surgery: M = F**



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 - **SO after surgery: M = F**
 - **SO after trauma: M $\begin{matrix} > \\ \approx \\ = \end{matrix} F$**



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 - **SO** after surgery: $M = F$
 - **SO** after *trauma*: $M > F$

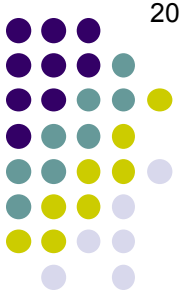


Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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?



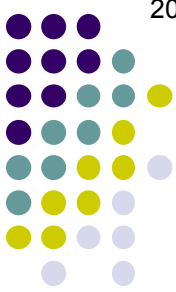
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Bilateral diffuse uveal melanocytic proliferation (BDUMP)

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

Sympathetic Ophthalmia (SO): Wadda ya know?



Q

In a word, what sort of condition is *BDUMP*?

A syndrome

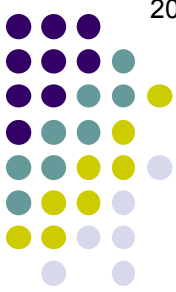
Wadda ya know?

ated then, tops on
squerade Syndromes
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on (**BDUMP**)

VKH: SO.
SO: VKH.

a ya know?



A

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

Wadda ya know?

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Q

In a word, what sort of condition is BDUMP?

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Is BDUMP common, or rare?

Nadda ya know?

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a ya know?

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In a word, what sort of condition is BDUMP?

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Is BDUMP common, or rare?

Very rare

Wadda ya know?

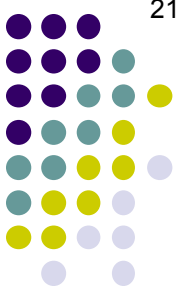
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Wadda ya know?

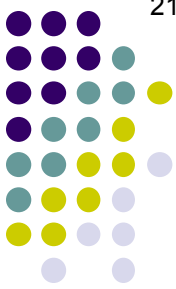
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Who is the typical BDUMP pt?

An adult 50+

Nadda ya know?

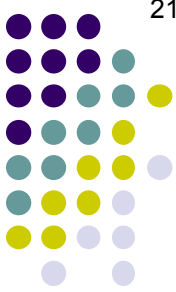
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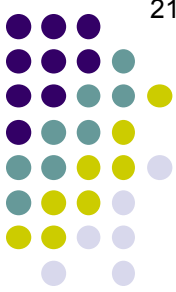
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With which malignancies is it associated?

Gynecologic in women; lung and pancreatic in men

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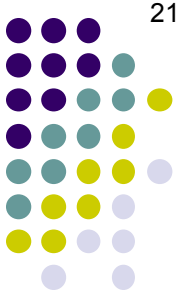
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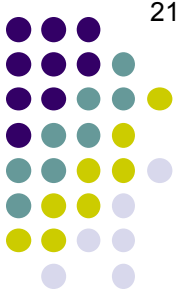
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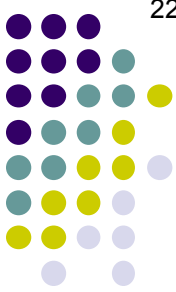
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What are the two other classic findings on exam?

Bilateral...

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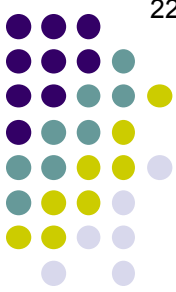
Wadda ya know?

ated then, tops on
squerade Syndromes
mentioned as

on **BDUMP**

VKH: SO.
SO: VKH.

a ya know?





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

Wadda ya know?

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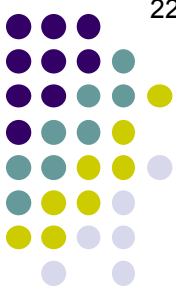
on **BDUMP**

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SO: VKH.*

a ya know?



BDUMP: Posterior-pole nevus-like lesions



Q

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--multiple large 'nevi' of the posterior choroid

What is the prognosis?

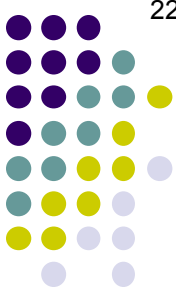
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Bilateral...

--rapid cataract progression

--multiple large 'nevi' of the posterior choroid

What is the prognosis?

Poor, in terms of both vision and life expectancy

Wadda ya know?

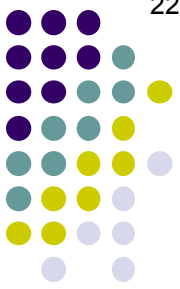
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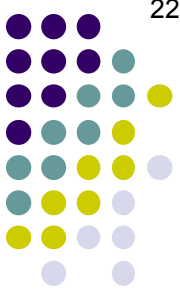
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a ya know?

SO vs VKH



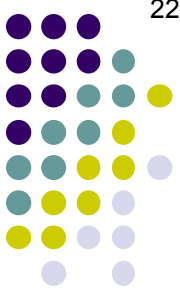
Finally, let's drill down on the stages of VKH



VKH tends to present stepwise, in three stages. What are they?

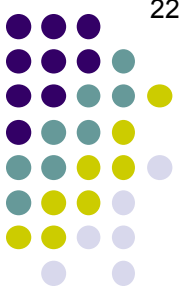
Stage		
?		
?		
?		

(If you're thinking 'But VKH has four stages!'...We'll get to that momentarily.)



VKH tends to present stepwise, in three stages. What are they?

Stage		
<i>Prodromal</i>		
<i>Acute Uveitic</i>		
<i>Convalescent</i>		



VKH tends to present stepwise, in three stages. What are they?
What specific signs/symptoms characterize this stage?

Stage		Signs/Symptoms
<i>Prodromal</i>		<i>?</i>
<i>Acute Uveitic</i>		
<i>Convalescent</i>		



VKH tends to present stepwise, in three stages. What are they?

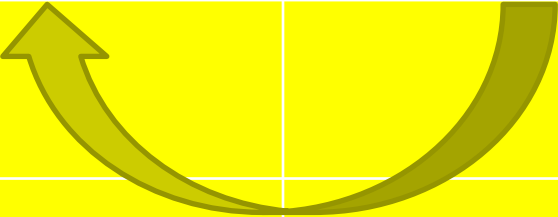
What specific signs/symptoms characterize this stage?

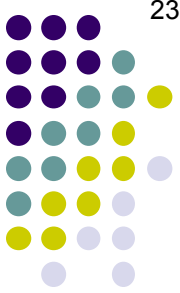
Stage		Signs/Symptoms
<i>Prodromal</i>		Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute Uveitic</i>		
<i>Convalescent</i>		



*VKH tends to present stepwise, in three stages. What are they?
What specific signs/symptoms characterize this stage?*

Each stage can be summarized in a word or two; for this stage...

Stage	'Phase Phrase'	Signs/Symptoms
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<i>Convalescent</i>		

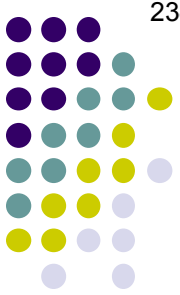


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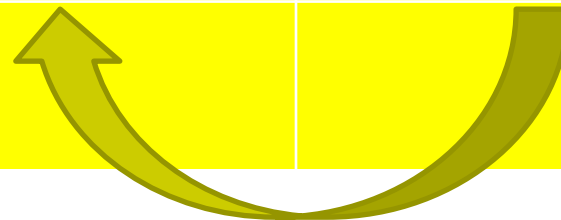
Stage	'Phase Phrase'	Signs/Symptoms
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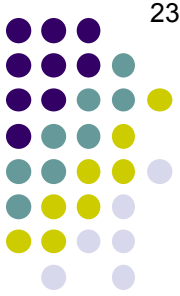


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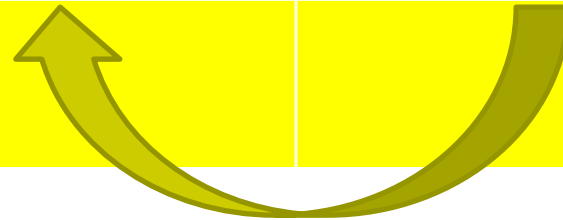


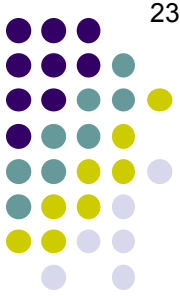


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<i>Acute Uveitic</i>	'Ophthalmic'	The classic bilateral granulomatous panuveitis
<i>Convalescent</i>		



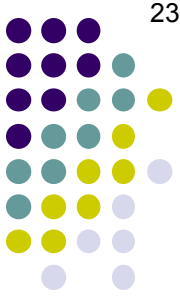


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<i>Convalescent</i>		?



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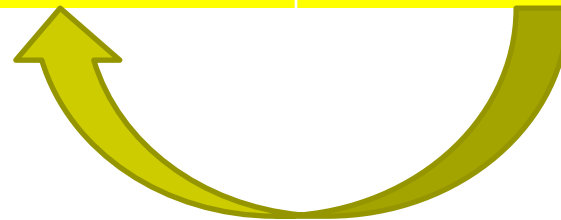
Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i>	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
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<i>Convalescent</i>		Gradual depigmentation of the skin, hair, and choroid

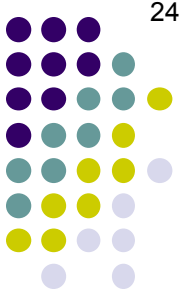


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<i>Convalescent</i>	?	Gradual depigmentation of the skin, hair, and choroid

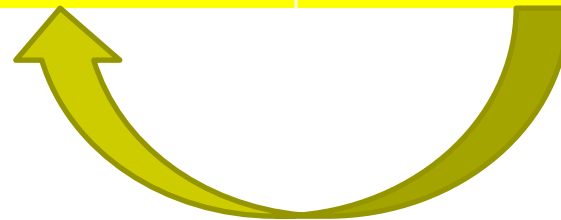




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Stage	‘Phase Phrase’	Signs/Symptoms
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<i>Convalescent</i>	‘Depigmentation’	Gradual depigmentation of the skin, hair, and choroid



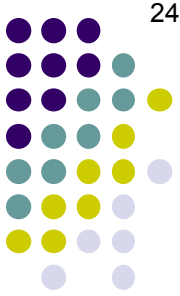
SO vs VKH



Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i>	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
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<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid

The above bears repeating! Generally speaking:

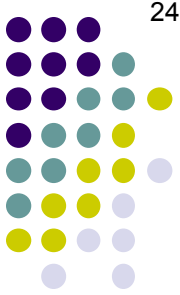
SO vs VKH



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

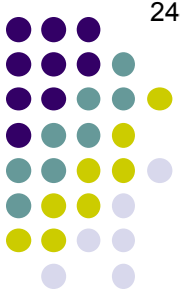
SO vs VKH



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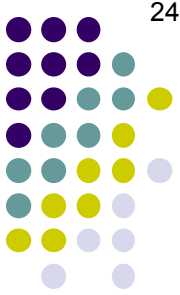
The above bears repeating! Generally speaking:
VKH starts off by inflaming the CNS; then it
inflames the eyes

SO vs VKH



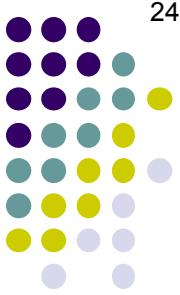
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<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid

The above bears repeating! Generally speaking:
VKH starts off by inflaming the CNS; then it
inflames the eyes; and finally
goes about depigmenting everything



Stage	'Phase Phrase'	Signs/Symptoms
Prodromal	'Meninge-encephalitic'	Flu-like symptoms plus multiple and varied
Acute Uveitic	Ophthalmic	granulomatous panuveitis
Convalescent	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid

How much time typically passes between the onset of the Prodromal phase and the onset of the Acute Uveitic phase?



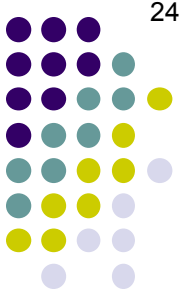
Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meninge-encephalitic'	Flu-like symptoms plus multiple and varied
<i>Acute Uveitic</i>	Ophthalmic	granulomatous panuveitis
<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid

How much time typically passes between the onset of the Prodromal phase and the onset of the Acute Uveitic phase?
A couple of days



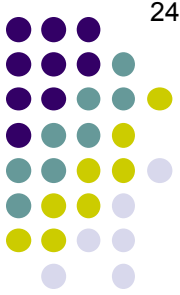
Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
Acute Uveitic	'Ophthalmic'	The classic bilateral
?		
Convalescent	Depigmentation	the skin, hair, and choroid

How much time typically passes between the onset of the Acute Uveitic phase and onset of the Convalescent phase?



Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
Acute Uveitic (a couple of weeks)	'Ophthalmic'	The classic bilateral
Convalescent	Depigmentation	the skin, hair, and choroid

How much time typically passes between the onset of the Acute Uveitic phase and onset of the Convalescent phase?
A couple of **weeks**



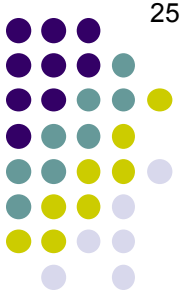
Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute Uveitis</i> (a couple of weeks)	What is the most common neurologic manifestation at this stage?	
<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid



Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute U</i> (a couple of weeks)	What is the most common neurologic manifestation at this stage? Auditory difficulties, especially [redacted]	
<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid



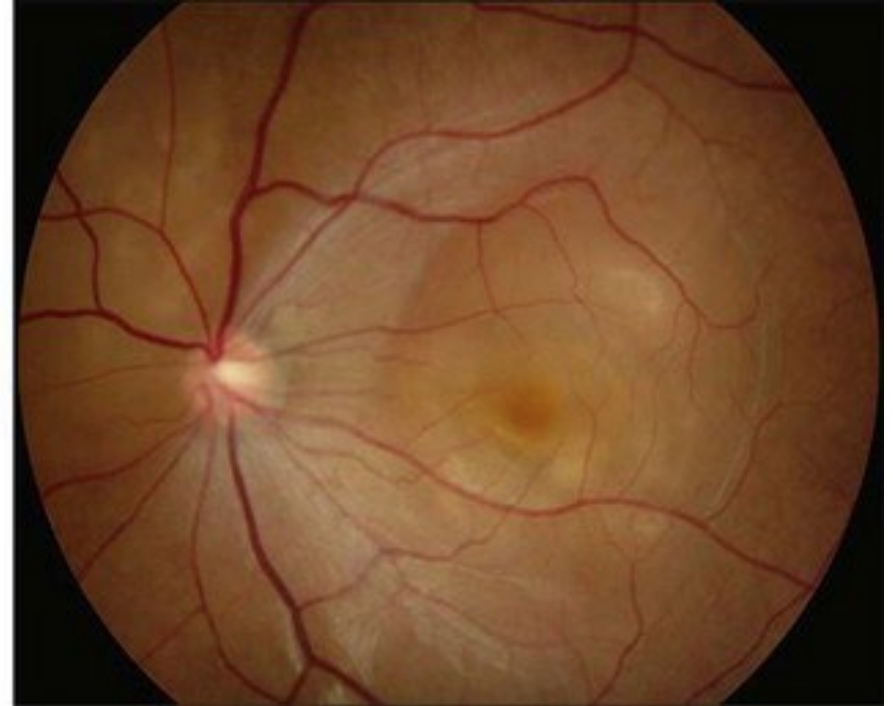
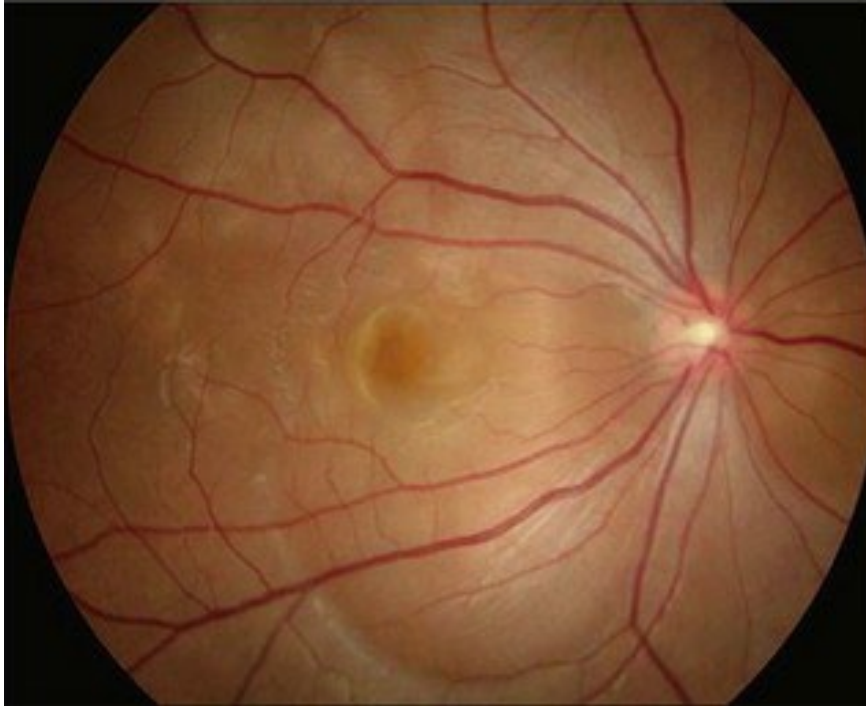
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<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute U</i> (a couple of weeks)	<i>What is the most common neurologic manifestation at this stage?</i> Auditory difficulties, especially tinnitus	
<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid



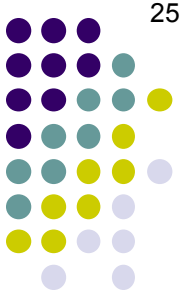
Stage	'Phase Phrase'	Signs/Symptoms
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<i>Acute Uveitic</i> (a couple of weeks)	'Ophthalmic'	The classic bilateral granulomatous panuveitis
<p>What is the classic retinal manifestation at this stage?</p>		



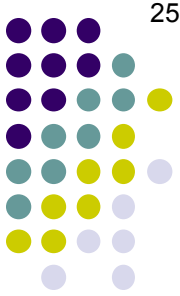
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<i>Acute Uveitic</i> (a couple of weeks)	'Ophthalmic'	The classic bilateral granulomatous panuveitis
<p>What is the classic retinal manifestation at this stage?</p> <p>Multifocal serous retinal detachments</p>		



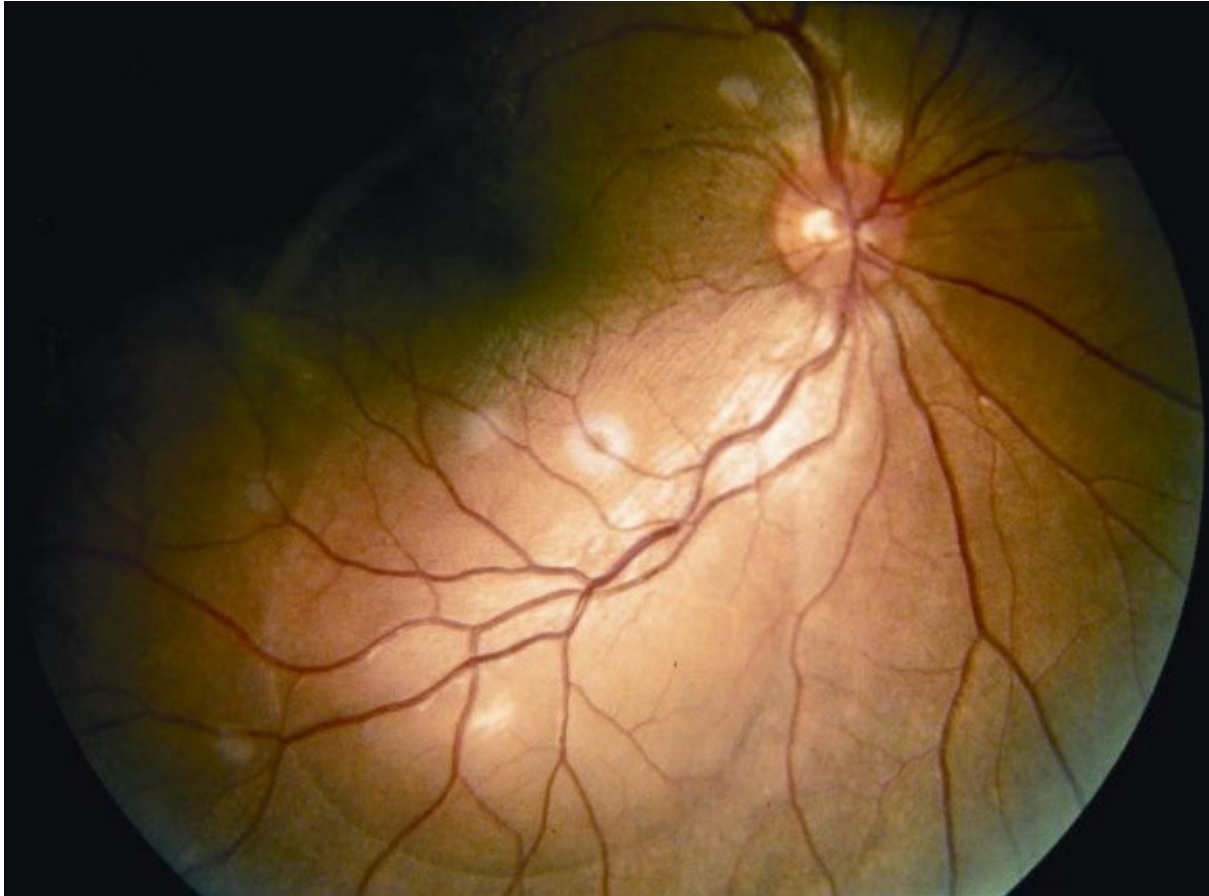
VKH: Bilateral multifocal serous RDs



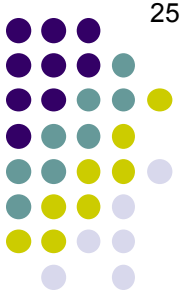
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<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute Uveitic</i> (a couple of weeks)	'Ophthalmic'	The classic bilateral granulomatous panuveitis
<p>What is the classic retinal manifestation at this stage?</p> <p>Multifocal serous retinal detachments</p> <p>Can these coalesce to form a substantial exudative retinal detachment?</p>		



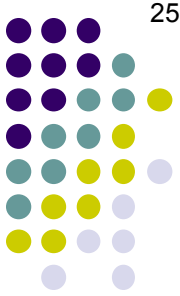
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<p>What is the classic retinal manifestation at this stage?</p> <p>Multifocal serous retinal detachments</p> <p>Can these coalesce to form a substantial exudative retinal detachment?</p> <p>Yes</p>		



VKH: Big coalesced serous RDs



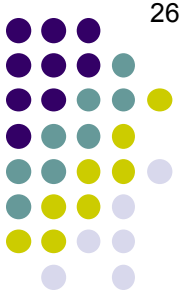
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<p>What is the classic retinal manifestation at this stage? Multifocal serous retinal detachments</p> <p>Can these coalesce to form a substantial exudative retinal detachment? Yes</p> <p>Optic nerve edema--common, or uncommon in this phase?</p>		



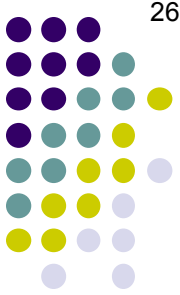
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<p>What is the classic retinal manifestation at this stage? Multifocal serous retinal detachments</p> <p>Can these coalesce to form a substantial exudative retinal detachment? Yes</p> <p>Optic nerve edema--common, or uncommon in this phase? Very common</p>		

SO vs VKH

260



VKH: ONH edema

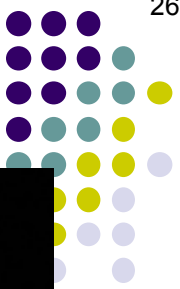


Stage	'Phase Phrase'	Signs/Symptoms
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<p>What is the classic retinal manifestation at this stage?</p> <p>Multifocal serous retinal detachments</p> <p>How does this appear on FA?</p> <p>exudative retinal detachment?</p> <p>Optic nerve edema--common, or uncommon in this phase?</p> <p>Very common</p>		

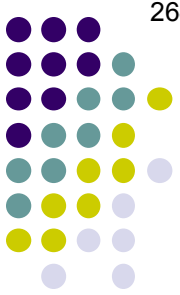


Stage	'Phase Phrase'	Signs/Symptoms
<i>Prodromal</i> (a couple of days)	'Meningo-encephalitic'	Flu-like symptoms plus multiple and varied neurologic findings
<i>Acute Uveitic</i> (a couple of weeks)	'Ophthalmic'	The classic bilateral granulomatous panuveitis
<p>What is the classic retinal manifestation at this stage?</p> <p>Multifocal serous retinal detachments</p> <p>How does this appear on FA?</p> <p>Early, as multiple scattered pinpoint leakages; late, as pooling within the serous-RD spaces</p> <p>Optic nerve edema--common, or uncommon in this phase?</p> <p>Very common</p>		

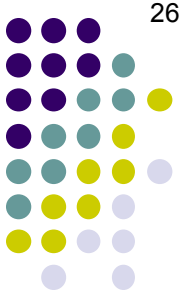
SO vs VKH



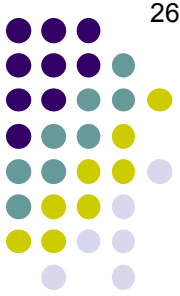
VKH FA: Pinpoint leakage (and serous RD pooling)



Stage	'Phase Phrase'	Signs/Symptoms
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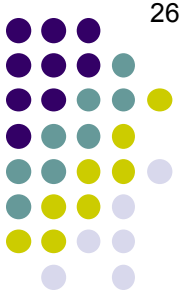
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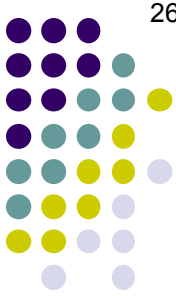
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Exudative retinal detachment?

Can SO present with multifocal serous RD and a 'starry night' FA?

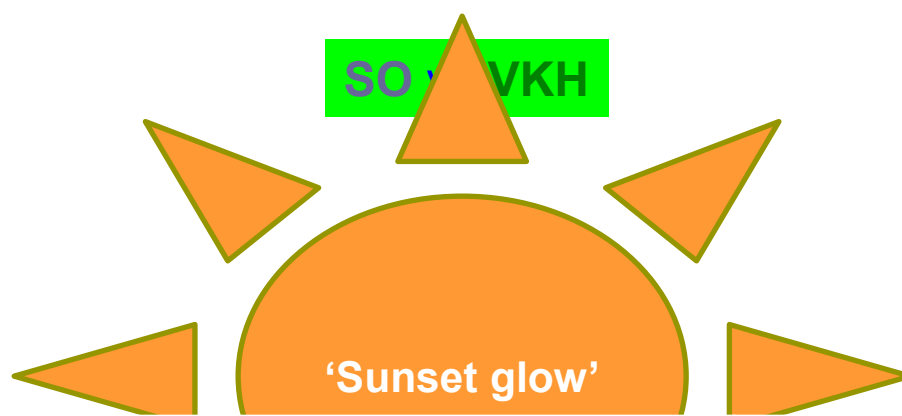
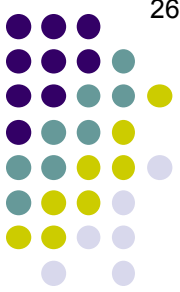


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<p>Can SO present with multifocal serous RD and a 'starry night' FA?</p> <p>Yes</p>		



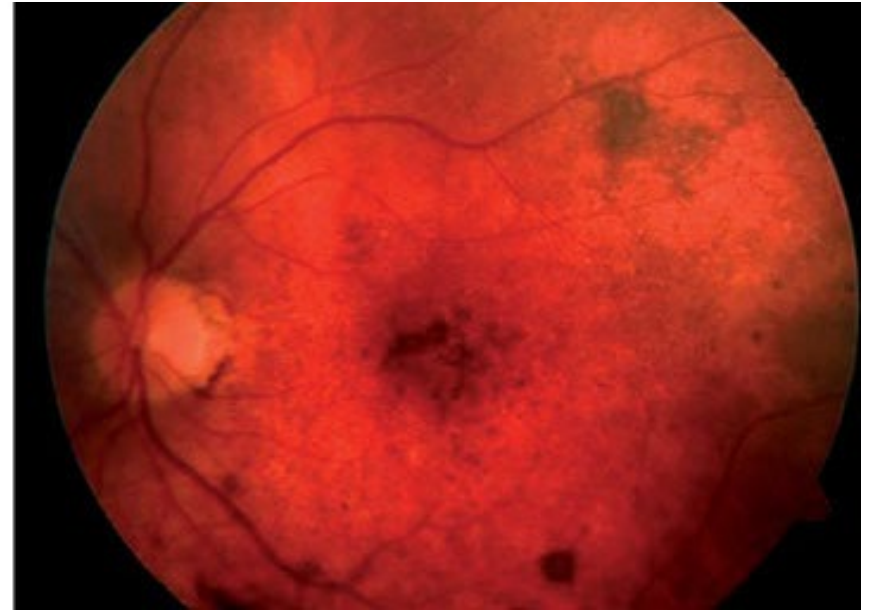
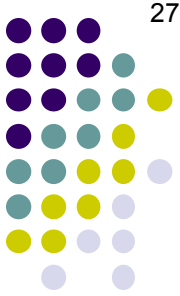
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*Depigmentation of the choroid leads to a characteristic **orange-red** color change of the posterior pole. What is the classic term used in describing this finding?*



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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

SO vs VKH



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

<i>Manifestation</i> Stage	‘Phase Phrase’	Signs/Symptoms
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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



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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’)



As should be apparent by now, VKH has three broad sorts of manifestations: Neurologic, Ocular and Integumentary (ie, 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...Probable VKH
If s/he presents with ocular plus neuro or skin/hair changes, s/he has...Incomplete VKH



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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...Incomplete VKH

If s/he presents with all three, s/he has...



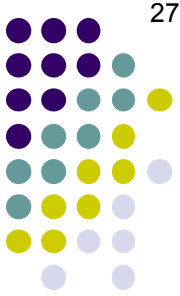
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If a pt presents with ocular signs/symptoms only, s/he has...Probable VKH

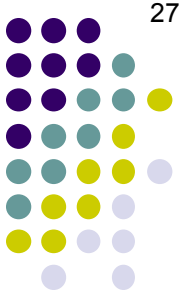
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If s/he presents with all three, s/he has...Complete VKH



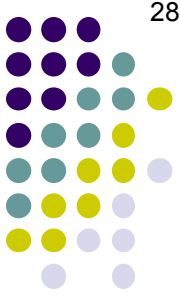
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?		?

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



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<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid
<i>Chronic Recurrent</i>		Occurs when VKH is undertreated

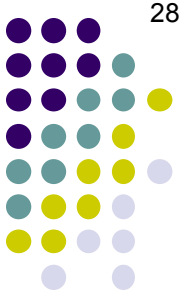
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<i>Chronic Recurrent</i>		?

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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<i>Convalescent</i>	'Depigmentation'	Gradual depigmentation of the skin, hair, and choroid
<i>Chronic Recurrent</i>		Episodes of granulomatous anterior uveitis

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What specific signs/symptoms characterize this stage?