Q

Sympathetic Ophthalmia (SO): Wadda ya know?

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

It is a **bilateral** condition.

SO is a bilateral [general condition] following ocular injury or in one eye.
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

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

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

**Is it granulomatous, or nongranulomatous?**

**Granulomatous**
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?

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

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

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

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

What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?
Is SO a unilateral, or bilateral disease?
It is a bilateral condition.

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

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

What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?
tissue incarcerated in the wound.
Sympathetic Ophthalmia (SO): Wadda ya know?

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  It is a **bilateral** condition

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

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

What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp?
Uveal tissue incarcerated in the wound
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

You know that perforating/penetrating injury can result in SO, but what about a contusion?
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition.

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

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

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

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

Which of these surgeries has been associated with SO--
--PPV?
--Cataract surgery?
--Trabeculectomy?
--Cyclocryoablation?
--Cyclophotocoagulation?
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

All have been associated with SO!
Sympathetic Ophthalmia (SO): Wadda ya know?

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

- SO is a bilateral panuveitis following ocular injury or surgery

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

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

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

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

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

Vitrectomy
Sympathetic Ophthalmia (SO): Wadda ya know?

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

Which of these surgeries has been associated with SO--

---PPV!

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

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

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

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

---

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

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

It is a **bilateral** condition

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

- Previously injured/operated eye is called the **exciting** eye
Q

Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

It is a **bilateral** condition

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

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

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

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

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

It is bilateral.

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

Previously injured/operated eye is called the exciting eye.

Previously normal eye is called the sympathizing eye.

What is the cause of SO? Unknown.

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

Is it infectious, or noninfectious?

Most experts are convinced it is noninfectious.

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

This one we know--T-cells are the culprit.

To what antigens are the T cells responding?

This is less certain, but it seems uveal antigens--specifically, melanin-associated?--play a central role.
Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is bilateral
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Sympathetic Ophthalmia (SO): Wadda ya know?

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- Previously normal eye is called the sympathizing eye.
- What is the cause of SO? Unknown.

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

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  It is bilateral.

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

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

- Previously normal eye is called the sympathizing eye.

- What is the cause of SO? Unknown.

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

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  **To what antigens are the T cells responding?**
  This is less certain, but it seems uveal antigens--specifically, melanin-associated?--play a central role.
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition

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

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

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

What is the classic presenting complaint?
● Is SO a unilateral, or bilateral disease?
  It is a **bilateral** condition

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

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

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

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

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

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

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

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

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

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

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

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

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

SO: Treatment/course/prognosis

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

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

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

SO: Treatment/course/prognosis

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

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

**SO: Treatment/course/prognosis**

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

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

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

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

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

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

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

**SO: Treatment/course/prognosis**

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

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

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

SO: Treatment/course/prognosis

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

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

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

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

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

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

If the injured eye is not salvageable, is eviscera reasonable option?
No
Sympathetic Ophthalmia (SO): Wadda ya know?

SO: Treatment/course/prognosis

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

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

If the injured eye is not salvageable, is evisc a reasonable option?
- Tough call, but probably not. Evisc incurs a risk of leaving minute amounts of uveal tissue, and thus does not completely eliminate the risk of inciting SO.
**SO: Treatment/course/prognosis**

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

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

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

Sympathetic Ophthalmia (SO): Wadda ya know?
SO: Treatment/course/prognosis

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

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

- What is the prognosis?

Sympathetic Ophthalmia (SO): Wadda ya know?
SO: Treatment/course/prognosis

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

Sympathetic Ophthalmia (SO): Wadda ya know?
Fill in the blanks regarding the time course of post-trauma SO:

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

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

- The onset of SO is very rare before \(2\) \text{ weeks}\.

- 80% declare by \([\text{length of time since trauma}]\), and 90% by \([\text{length of time since trauma}]\).
Fill in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before \textbf{2 weeks}.
- 80% declare by \textbf{3 months}, and 90% by \textbf{1 year}. 

Sympathetic Ophthalmia (SO): Wadda ya know?
Fill in the blanks regarding the time course of post-trauma SO:

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

- The onset of SO is very rare before 2 weeks.
- 80% declare by 3 months, and 90% by 1 year.
- The shortest documented time to onset was 5 days; the longest, 66 years.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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

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

- It is a **bilateral** condition

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

It is a **bilateral** condition

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

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

Is it granulomatous, or nongranulomatous?
Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.

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

*Is it granulomatous, or nongranulomatous?*

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

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

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

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

What is the cause of VKH? **Unknown**
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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

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

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

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

Is it infectious, or noninfectious? Most experts are convinced it is noninfectious.
Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.

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

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

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

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

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

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

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This one we know--T-cells are the culprit.
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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*To what antigens are the T cells responding?*
Is VKH a unilateral, or bilateral disease?
It is a **bilateral** condition

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

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

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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 **type of cell**
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

- Is VKH a unilateral, or bilateral disease? It is a **bilateral** condition.
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  This one we know--T-cells are the culprit.

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

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

---

**Note the similarities…**

---

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

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

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

Note the similarities...And the \textbf{key difference}.

Sympathetic Ophthalmia (SO): Wadda ya know?

- Is SO a unilateral, or bilateral disease? It is a \textbf{bilateral} condition.
- SO is a granulomatous panuveitis following \textbf{ocular injury/surgery in one eye}.
- What is the cause of VKH? Unknown (but T-cells, melanin implicated).
VKH: Treatment/course/prognosis

- In a nutshell, treat like any other
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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

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

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

- What is the prognosis?
**VKH: Treatment/course/prognosis**

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

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

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

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

**What are some of these sight-threatening sequelae?**

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

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Re treatment, etc: Again, note the similarities!

Sympathetic Ophthalmia (SO): Wadda ya know?

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

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(If you’re thinking ‘But VKH has four stages!’…We’ll get to that momentarily.)
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How much time typically passes between the onset of the Prodromal phase and the onset of the Acute Uveitic phase?
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How much time typically passes between the onset of the Acute Uveitic phase and onset of the Convalescent phase?
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What is the classic retinal manifestation at this stage?

- Multifocal serous retinal detachments
- Can these coalesce to form a substantial exudative retinal detachment?
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- **Signs/Symptoms**: The classic bilateral granulomatous panuveitis

**What is the classic retinal manifestation at this stage?**
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**How does this appear on FA?**
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It is called 'starry night sign' or 'Milky Way sign'
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Can SO present with multifocal serous RD and a ‘starry night’ FA?

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

If s/he presents with ocular plus neuro **or** skin/hair changes, s/he has…

(‘or’ here indicates ‘not both’)

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If s/he presents with ocular plus neuro or skin/hair changes, s/he has…**Incomplete** VKH
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*If s/he presents with all three, s/she has…*
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VKH can have a fourth phase. What is it, and why does it occur?
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<th>Signs/Symptoms</th>
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<td>Gradual depigmentation of the skin, hair, and choroid</td>
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<td><strong>Chronic Recurrent</strong></td>
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<td>Occurs when VKH is undertreated</td>
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VKH can have a fourth phase. What is it, and why does it occur?  
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VKH can have a fourth phase. What is it, and why does it occur?

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

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

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.**

*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**
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- 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.

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- More common in whites: **SO**
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- 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.

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

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

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

They appear in about 1/3 of patients

**Vitiligo**

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**SO vs VKH**

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

What is the classic skin finding? Vitiligo

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

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**SO vs VKH**

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

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

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

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

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

A ‘**perilimbal adjacent**’ structure also becomes depigmented. Which one?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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

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A ‘perilimbal adjacent’ structure also becomes depigmented. Which one?
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What is the eponymous name for TM depigmentation in VKH?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH), or both.

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

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

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation 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

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

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

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

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

What is the classic skin finding? Vitiligo.

What are the classic hair findings? Alopecia and poliosis.

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

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

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

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

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

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation

Do the skin and hair findings precede, coincide with, or follow the onset of eye inflammation in VKH?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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

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

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation

Do the skin and hair findings precede, coincide with, or follow the onset of eye inflammation in VKH?
The skin/hair changes generally precede the onset of eye inflammation by a period of weeks.
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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

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

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

**What is vitiligo?**
Depigmentation

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

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

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

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

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

_Do skin findings occur in SO as well? Yes, but they are much less common_
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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

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

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

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

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

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

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

*In what other ways can CNS involvement manifest?*

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

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

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

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

- Predilection for adults age 20 – 50: \textbf{VKH}
- More common in whites: \textbf{SO}
- Concurrent skin findings common: \textbf{VKH}
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\textbf{What is the classic sign/symptoms of CNS involvement in VKH?}
Auditory issues, particularly tinnitus and dysacusis

\textbf{In what other ways can CNS involvement manifest?}
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--Headache

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

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

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

**In what other ways can CNS involvement manifest?**
--Meningeal signs/symptoms
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**Do focal neurologic signs/symptoms occur?**
They can, but are rare
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What is the classic sign/symptoms of CNS involvement in VKH?
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They can, but are rare

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Choriocapillaris is spared: SO**

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

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

---

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

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

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

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

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

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- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in **Hispanics, Asians**: **VKH**

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

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

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

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- CNS involvement rare: SO
- Dalen-Fuchs nodules present: Both
- Choriocapillaris is spared: SO
- More common in Hispanics, Asians: VKH

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

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

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

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

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

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

Given this, it must follow that sub-Saharan Africans are at high risk, yes?

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

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

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

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

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

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

**What does indicate about the disease process?**

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

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

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

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

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

**Q**

What other ethnic groups are frequently affected?

Native-Americans; Middle Easterners

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

A relatively high level of skin pigmentation

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

Given this, it must follow that sub-Saharan Africans are at high risk, yes?

You’d think so, but no—their relative risk is quite low

What does indicate about the disease process?

It indicates that pigmentation is not the sole contributor to the dz process, but

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

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

**Speaking of contributing to the dz process...**

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

What does indicate about the disease process?

It indicates that pigmentation is not the sole contributor to the dz process, but... is the common thread? A relatively high level of skin pigmentation.

**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**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**

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

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

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

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

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

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

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

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

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

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

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

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
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- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection: **Depends…**
  - VKH: M < F
  - SO after surgery: M = F
  - SO after trauma: M > F
Vogt-Koyanagi-Harada (VKH) Syndrome: Wada 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): Wada ya know?
Number one on the DDx for VKH: **SO**.  
Number one on the DDx for SO: **VKH**.

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

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

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Wadda ya know?
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BDUMP

Quite rare (as in, <50 or so reported cases)

Who is the typical BDUMP pt?
An adult 50+

Is there a gender predilection?
No

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

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

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

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

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

Is BDUMP common, or rare?

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

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Is BDUMP common, or rare?
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Who is the typical BDUMP pt?

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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 is the classic presenting ocular complaint?
Bilateral serous/exudative RDs

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

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

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