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.
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

It is a **bilateral** condition

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

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

It is a bilateral condition.

SO is a bilateral panuveitis following ocular injury or surgery.

Is it granulomatous, or nongranulomatous?

Granulomatous
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

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

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

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

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

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

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

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

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

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

What is the classic injury-related scenario associated with SO; ie, what would be seen at the slit-lamp? Uveal tissue incarcerated in the wound.
Is SO a unilateral, or bilateral disease?
It is a \textbf{bilateral} condition

SO is a bilateral \textbf{panuveitis} following ocular \textbf{injury} or \textbf{surgery} in one eye

\textbf{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?

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

SO is a bilateral panuveitis following ocular injury or surgery.

Which surgery carries the highest risk of SO?

- PPV?
- Cataract surgery?
- Trabeculectomy?
- Cyclocryoablation?
- Cyclophotocoagulation?
Is SO a unilateral, or bilateral disease?

It is a **bilateral** condition.

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

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

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

**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!
- Cataract surgery
- Trabeculectomy
- Cyclocryoablation

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

--Cyclophotocoagulation
A

Sympathetic Ophthalmia (SO): Wadda ya know?

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

Which of these surgeries has been associated with SO--
--PPV!

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

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

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

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

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

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

- Previously injured/operated eye is called the **exciting** eye.
- Previously normal eye is called the **sympathizing** eye.
Is SO a unilateral, or bilateral disease? It is a **bilateral** condition.

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

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

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

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

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

It is a bilateral condition.

SO is a bilateral panuveitis following ocular injury or surgery in one eye. The previously injured/operated eye is called the exciting eye, and the previously normal eye is called the sympathizing eye.

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

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

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

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

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

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

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

Previously injured/operated eye is called the exciting eye.

Previously normal eye is called the sympathizing eye.

What is the cause of SO? Unknown

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

Is it infectious, or noninfectious?

Most experts are convinced it is noninfectious.

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

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

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

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

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

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

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

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

  *To what antigens are the T cells responding?*
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 a bilateral condition**
- SO is a bilateral **panuveitis** following ocular **injury** or **surgery** in one eye
  - Previously injured/operated eye is called the **exciting eye**
  - Previously normal eye is called the **sympathizing eye**
- What is the cause of SO? **Unknown**
- What is the classic presenting complaint?
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

*Take note of this!* IMHO, it would make a great Orals question—a pt with a remote hx of ocular trauma presenting with what sounds like early-onset presbyopia.
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 early-onset presbyopia. 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.
Sympathetic Ophthalmia (SO): Wadda ya know?

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

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

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

- In a nutshell, treat like any other panuveitis
  - Local steroids

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](#)

*Is SO steroid responsive?*
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local **steroids**

*Is SO steroid responsive?*
Yes, reliably and significantly
SO: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local steroids
  - for comfort

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
SO: Treatment/course/prognosis

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

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

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
**SO: Treatment/course/prognosis**

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

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**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**
  - May need systemic **immunomodulation/suppression**
  - Should the exciting eye be removed?
SO: Treatment/course/prognosis

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

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

Can the risk of SO be reduced by prophylactic enucleation?
**Q&A**

**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 [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

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

*Once the process commences, can the course (severity; duration, etc) be mitigated by enucleating the exciting eye?*
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
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?
No

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 evisc a reasonable option?
Tough call, but probably not. Evisc incurs a risk of leaving small amounts of uveal tissue, and thus does not completely eliminate the risk of inciting SO.
SO: Treatment/course/prognosis

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

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

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

- What is the course? Chronic--waxing and waning
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?
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
Fill in the blanks regarding the time course of post-trauma SO:

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

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

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

- 80% declare by (**length of time since trauma**), and 90% by (**length of time since trauma**).
Fire in the blanks regarding the time course of post-trauma SO:

- The onset of SO is very rare before ________.
- 80% declare by ________, and 90% by ________.

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 **[length of time since trauma]**; the longest, **[length of time since trauma]**.
 Fill in the blanks regarding the time course of post-trauma SO:

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

Now we will turn our attention to VKH.
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

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
Q

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

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

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

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

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

Is it granulomatous, or nongranulomatous?

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

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

Is it granulomatous, or nongranulomatous?

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

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

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

What is the cause of VKH? Unknown.

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

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

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

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

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

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

*Ok, so it’s immune-related. Is it T-cell, or B-cell mediated?*
This one we know—T-cells are the culprit.
Is VKH a unilateral, or bilateral disease?
It is a **bilateral** condition.

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

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

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

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

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

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

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

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

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

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

*To what antigens are the T cells responding?*
The experimental evidence strongly suggests that the antigens in question are associated with **type of cell**
Is VKH a unilateral, or bilateral disease?
It is a bilateral condition.

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

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

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

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

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

*To what antigens are the T cells responding?*
The experimental evidence strongly suggests that the antigens in question are associated with melanocytes.
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?**

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

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?

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

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

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

VKH: Treatment/course/prognosis

- In a nutshell, treat like any other panuveitis
  - Local **steroids**
    
    *Is SO steroid responsive?*
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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

*Is SO steroid responsive?*
Yes, reliably and significantly
Vogt-Koyanagi-Harada (VKH) Syndrome: Wadda ya know?

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

- In a nutshell, treat like any other *panuveitis*
  - Local *steroids*
  - *Cycloplegia* for comfort
  - +/- systemic *steroids*
  - May need systemic *immunomodulation/suppression*
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 vs a one-time acute event
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
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?
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? Far better than it used to be—
  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
  - Cycloplegia for comfort
  - +/- systemic steroids
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What is the course? Chronic--waxing and waning

What is the prognosis? Far better than it used to be—

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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
  - +/- systemic steroids
  - May need systemic immunomodulation/suppression

**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.**
**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? 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?

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

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?

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

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

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

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

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

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

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
For each of the following, state to which extent 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? Vitiligo: Depigmentation of the skin
For each of the following, state to whom 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
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?**
Depigmentation of the skin
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
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?
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 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?**
Depigmentation of the skin

**Concurrent skin findings common: VKH**
A VKH pt early in the dz course

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

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

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

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

**What is vitiligo?**
Depigmentation of the skin

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

What is the classic skin finding? Vitiligo

What is vitiligo? Depigmentation of the skin

Vitiligo is not limited to the skin--a classic eye location is the perilimbal region. What is the eponymous name for this sign?
For each of the following, 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

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
Perilimbal vitiligo

SUGUIRA'S 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**
- 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?**
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
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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Depigmentation of the skin

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**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, 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

**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?**
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, 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**

**Vitiligo**

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

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

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 is vitiligo?
  - Depigmentation of the skin

  Vitiligo is not limited to the skin—a classic eye location is the perlimbal 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 ‘perlimbal adjacent’ structure also becomes depigmented. Which one?
  - The trabecular meshwork

  What is the eponymous name for TM depigmentation in VKH?
  - Ohno’s sign
Ohno sign. (a, b) Appearance of TM at 1 month after disease onset. (c, d) Five months after disease onset, TM pigmentation was noticeably reduced.
For each of the following, 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

**Q**

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.

**SO vs VKH**

- 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.

- 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.
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

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.

- 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.

What do these terms mean?
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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 are the classic hair findings? Alopecia and poliosis

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

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

- Predilection for adults age 20–50: VKH
- 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 1–2 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: SO? Yes!

To be clear: Can CNS involvement occur in 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? Yes!**

*To be clear: Can CNS involvement occur in SO? Yes, it’s just 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:** in **VKH**

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

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

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

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

In what other ways can CNS involvement manifest?

**Meningeal signs/symptoms**
- Headache
- Meningeal signs (e.g., nuchal rigidity)

In what 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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**Meningeal signs/symptoms**
- Headache

These same sources also emphasize a key difference in the temporal relationship between meningeal S/S in VKH vs in SO—what is that difference?
For each of the following, state whether it is associated with sympathetic ophthalmia (SO), Vogt-Koyanagi-Harada (VKH) disease, or both.

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- CNS involvement rare: **in VKH**

**SO vs VKH**

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

*In what other ways can CNS involvement manifest?*

- Meningeal signs/symptoms (e.g., nuchal rigidity)
- Headache

*These same sources also emphasize a key difference in the temporal relationship between meningeal S/S in VKH vs in SO—what is that difference?*

It is this: Meningeal S/S tend to **precede** ocular inflammation in VKH, but **follow** it in SO.
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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**SO vs VKH**

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

In what other ways can CNS involvement manifest?

- Meningeal signs/symptoms
  - Headache

These same sources also emphasize a key difference in the temporal relationship between meningeal S/S in VKH vs in SO—what is that difference?

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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?**
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

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

- Predilection for adults age 20 – 50: **VKH**
- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
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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?
--Meningeal signs/symptoms (eg, nuchal rigidity)
--Headache

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

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Auditory issues, particularly tinnitus and dysacusis

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Do focal neurologic signs/symptoms occur?
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.

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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?**
--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**
- Dalen-Fuchs nodules present: **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**
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
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- **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
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- Dalen-Fuchs nodules present: Both

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

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

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

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

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

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

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

*What is the choriocapillaris?*

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

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

A word of clarification is in order. Much is made about the presence/absence of choriocapillaris involvement as a feature distinguishing between SO and VKH. And it is true: The choriocapillaris is spared in SO, and it is affected in VKH.
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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- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: Both
- **Choriocapillaris is spared: SO**

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

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

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

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

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

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- Choriocapillaris is spared: **SO**
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**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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- 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?

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.

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- More common in **Hispanics, Asians; but not Africans**

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

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

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- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**

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

**Given:**

- You find that people who have skin pigmentation are less likely to get VKH.

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

It indicates that pigmentation is not the sole contributor to the disease process.

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

**contributor to the dz process**
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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- Choriocapillaris is spared: **SO**

**SO vs VKH**

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

Very much so—strong HLA associations exist. All are of the HLA-DR* type—HLA-DR4 in Japanese pts; *DR1* and *DR4* among Hispanics; *DRB* among others.

What does indicate about the disease process?

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

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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?*  

*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**
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- Dalen-Fuchs nodules present: **Both**
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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. 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.

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- More common in whites: **SO**
- Concurrent skin findings common: **VKH**
- CNS involvement rare: **SO**
- Dalen-Fuchs nodules present: **Both**
- Choriocapillaris is spared: **SO**
- More common in Hispanics, Asians: **VKH**
- No gender predilection:
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.

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

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

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

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

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?
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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**
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Finally, let’s drill down on the stages of VKH
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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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...*

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*The above bears repeating!* Generally speaking:
### Stage

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*The above bears repeating!* Generally speaking: VKH starts off by inflaming the CNS; then it inflames the eyes
### Stage | ‘Phase Phrase’ | Signs/Symptoms
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**Acute Uveitic** | ‘Ophthalmic’ | The classic bilateral granulomatous panuveitis
**Convalescent** | ‘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*
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How much time typically passes between the onset of the Prodromal phase and the onset of the Acute Uveitic phase? A couple of days?
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**Convalescent**<br> | Depigmentation | Gradual depigmentation of 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 vs VKH

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What is the classic retinal manifestation at this stage?
### SO vs VKH

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**What is the classic retinal manifestation at this stage?**
Multifocal serous retinal detachments
VKH: Bilateral multifocal serous RDs
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What is the classic retinal manifestation at this stage? Multifocal serous retinal detachments

Can these coalesce to form a substantial exudative retinal detachment?
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*What is the classic retinal manifestation at this stage?*
Multifocal serous retinal detachments

*Can these coalesce to form a substantial exudative retinal detachment?*
Yes
VKH: Big coalesced serous RDs
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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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**Optic nerve edema--common, or uncommon in this phase?**
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**What is the classic retinal manifestation at this stage?**
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**Can these coalesce to form a substantial exudative retinal detachment?**
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**Optic nerve edema--common, or uncommon in this phase?**
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VKH: ONH edema
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**What is the classic retinal manifestation at this stage?**

**Multifocal serous retinal detachments**

**How does this appear on FA?**

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

How does this appear on FA? Early, as multiple scattered pinpoint leakages; late, as pooling within the serous-RD spaces.

Optic nerve edema—common, or uncommon in this phase? Very common.
VKH FA: Pinpoint leakage (and serous RD pooling)
### Stage vs ‘Phase Phrase’ Signs/Symptoms

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**What is the classic retinal manifestation at this stage?**
Multifocal serous retinal detachments

**By what colorful monikers is this appearance known?**
It is called ‘starry night sign’ or ‘Milky Way sign’

**How does this appear on FA?**
- Early, as multiple scattered pinpoint leakages
- Late, as pooling within the serous RD spaces
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What is the classic retinal manifestation at this stage? Multifocal serous retinal detachments.

How does this appear on FA? Early, as multiple scattered pinpoint leakages. Late, as pooling within the serous RD spaces.

By what colorful monikers is this appearance known? It is called ‘starry night sign’ or ‘Milky Way sign’.
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**Stage: Acute Uveitic**

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

Multifocal serous retinal detachments

*How does this appear on FA?*  
Early, as multiple scattered pinpoint leakages; late, as pooling within the serous-RD spaces

*By what colorful monikers is this appearance known?*  
It is called ‘starry night sign’ or ‘Milky Way sign’

*Can SO present with multifocal serous RD and a ‘starry night’ FA?*  
Yes
### Stage 'Phase Phrase' Signs/Symptoms

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**What is the classic retinal manifestation at this stage?**
- Multifocal serous retinal detachments

**How does this appear on FA?**
- Early, as multiple scattered pinpoint leakages
- Late, as pooling within the serous RD spaces

**By what colorful monikers is this appearance known?**
- It is called ‘starry night sign’ or ‘Milky Way sign’

**Can SO present with multifocal serous RD and a ‘starry night’ FA?**
- Yes
### Stage | ‘Phase Phrase’ | Signs/Symptoms
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**Acute Uveitic** (a couple of weeks) | ‘Ophthalmic’ | The classic bilateral granulomatous panuveitis
**Convalescent** | ‘Depigmentation’ | Gradual depigmentation of the skin, hair, and choroid

*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?*
### Stage of SO vs VKH

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**Depigmentation of the choroid leads to a characteristic orange-red color change of the posterior pole. What is the classic term used in describing this finding? ‘Sunset glow fundus’**
VKH: Sunset glow fundus
As should be apparent by now, VKH has three broad sorts of manifestations: Neurologic, Ocular and Integumentary (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*
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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 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…
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**VKH can have a fourth phase. What is it, and why does it occur?**
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<td><strong>Chronic Recurrent</strong></td>
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VKH can have a fourth phase. What is it, and why does it occur?

What specific signs/symptoms characterize this stage?
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What specific signs/symptoms characterize this stage?