**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

- **IK** represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.
- Vascular ingrowth is the rule.
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.
*Interstitial keratitis* is an **inflammatory condition of the corneal stroma** in the absence of primary involvement of either the corneal epithelium or endothelium.

**What does it mean to say the corneal stroma is inflamed?**
Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

What does it mean to say the corneal stroma is inflamed?
It means inflammatory cells are present in the interlamellar stroma.
Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

*What does it mean to say the corneal stroma is inflamed?*_

It means inflammatory cells are present in the interlamellar stroma.

*So, there's pus in the stroma?*_
Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

*What does it mean to say the corneal stroma is inflamed?*
It means inflammatory cells are present in the interlamellar stroma.

*So, there’s pus in the stroma?*
No--IK is a nonsuppurative condition.
Interstitial keratitis is an inflammatory condition of the corneal stroma *in the absence of primary involvement of either the corneal epithelium or endothelium.*

Be sure to take note of this! This is why, for example, the stromal inflammation that results when a corneal ulcer eats its way into stroma would *not* be classified as IK.
*Interstitial keratitis* is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type hypersensitivity reaction to antigens within the [ ] two words.
*Interstitial keratitis* is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.
*Interstitial keratitis* is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

Vascular ingrowth is the rule.
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

Vascular ingrowth is the rule.
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma. Vascular ingrowth is the rule.

What is the most common cause of IK?

Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the 'classic' cause of IK. What is it?

Luetic dz (ie, syphilis)

Other than herpesviruses and *T. pallidum*, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?

Mycobacterium tuberculosis (ie, TB)

Mycobacterium leprae (leprosy/Hansen's dz)

*Borrelia burgdorferi* (Lyme dz)
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the 'classic' cause of IK. What is it?
Luetic dz (ie, syphilis)

Other than herpesviruses and *T. pallidum*, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?

-- Mycobacterium tuberculosis (ie, TB)
-- Mycobacterium leprae (leprosy/Hansen's dz)
-- *Borrelia burgdorferi* (Lyme dz)
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma. Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?

---

**Mycobacterium tuberculosis** (ie, TB)

**Mycobacterium leprae** (leprosy/Hansen’s dz)

**Borrelia burgdorferi** (Lyme dz)
Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma. Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?
Luetic dz (ie, syphilis)
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?
Luetic dz (ie, syphilis)

Other than herpesviruses and T. pallidum, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?
--
--
--
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma. Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?
Luetic dz (ie, syphilis)

Other than herpesviruses and T. pallidum, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?
--*Mycobacterium tuberculosis* (ie, TB)
--*Mycobacterium leprae* (leprosy/Hansen’s dz)
--*Borrelia burgdorferi* (Lyme dz)
Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?
Lue.

There is a noninfectious cause worth mentioning (for the same reason)--what is it?

Other than herpesviruses and T. pallidum, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?
--Mycobacterium tuberculosis (ie, TB)
--Mycobacterium leprae (leprosy/Hansen’s dz)
--Borrelia burgdorferi (Lyme dz)
**Interstitial keratitis** is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma. Vascular ingrowth is the rule.

What is the most common cause of IK?
Herpetic dz

Despite the fact that herpetic dz is the leading cause, another etiology is considered the ‘classic’ cause of IK. What is it?
Lue: **There is a noninfectious cause worth mentioning (for the same reason)—what is it? Cogan syndrome**, which we’ll discuss in detail later in the slide set. But first…

Other than herpesviruses and *T. pallidum*, three other infectious causes of IK are worth mentioning (in that they **would make good OKAP questions**). What are they?
--*Mycobacterium tuberculosis* (ie, TB)
--*Mycobacterium leprae* (leprosy/Hansen’s dz)
--*Borrelia burgdorferi* (Lyme dz)
Regarding luetic interstitial keratitis (IK), which are true?
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  T
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  
  \[ T \]
- Symptoms include tearing and photophobia  
  \[ T \]
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  T
- Symptoms include tearing and photophobia  T

What are the typical signs of IK?
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**

**What are the typical signs of IK?**
Early IK is characterized by perilimbal injection, inflammation of the peripheral stroma, and possibly keratic precipitates. As the disease progresses, deep stromal vessels appear and make their way toward the central cornea.
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease
- Symptoms include tearing and photophobia

What are the typical signs of IK? Early IK is characterized by perilimbal injection, inflammation of the peripheral stroma, and possibly keratic precipitates. As the disease progresses, deep stromal vessels appear and make their way toward the central cornea.

With respect to IK, to what does the term salmon patch refer?
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease. T
- Symptoms include tearing and photophobia. T
- Signs include perilimbal injection, KP, 'salmon patch'.

**What are the typical signs of IK?**
Early IK is characterized by perilimbal injection, inflammation of the peripheral stroma, and possibly keratic precipitates. As the disease progresses, deep stromal vessels appear and make their way toward the central cornea.

**With respect to IK, to what does the term salmon patch refer?**
If/when the stromal vascularization is particularly dense and the blood flow is exuberant, the resulting color of the cornea has been likened to that of salmon.
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease   **T**
- Symptoms include tearing and photophobia   **T**
- Usual age of presentation is late teens to early 20s
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is ten to twelve years  **F**
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**

**Rule of thumb:** Manifestations of congenital syphilis that present within the first two years of life are secondary to an **infectious** process, whereas manifestations presenting later in life are secondary to an **immune-mediated** process.
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  \(T\)
- Symptoms include tearing and photophobia  \(T\)
- Usual age of presentation is late teens to early 20s  \(F\)

**Rule of thumb**: Manifestations of congenital syphilis that present within the first two years of life are secondary to an **infectious** process, whereas manifestations presenting later in life are secondary to an **immune-mediated** process.
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease **T**
- Symptoms include tearing and photophobia **T**
- Usual age of presentation is late teens to early 20s **F**
- Treatment is topical steroids and cycloplegia **T**

What is the natural course of syphilitic IK if it goes untreated?

It tends to burn itself out in a matter of weeks to months

Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?

- Formerly-perfused, now-empty stromal blood vessels (aka **ghost vessels**)
- Corneal scarring may produce visually significant haze and/or astigmatism
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**

*What is the natural course of syphilitic IK if it goes untreated?*
It tends to burn itself out in a matter of weeks to months
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease **T**
- Symptoms include tearing and photophobia **T**
- Usual age of presentation is late teens to early 20s **F**
- Treatment is topical steroids and cycloplegia **T**

*What is the natural course of syphilitic IK if it goes untreated?*
It tends to burn itself out in a matter of weeks to months.

*Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?*
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  
  - True
- Symptoms include tearing and photophobia  
  - True
- Usual age of presentation is late teens to early 20s  
  - False
- Treatment is topical steroids and cycloplegia  
  - True

What is the natural course of syphilitic IK if it goes untreated?
It tends to burn itself out in a matter of weeks to months

Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?
--Formerly-perfused, now-empty stromal blood vessels (aka
--
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**

*What is the natural course of syphilitic IK if it goes untreated?*
It tends to burn itself out in a matter of weeks to months

*Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?*
--Formerly-perfused, now-empty stromal blood vessels (aka **ghost vessels**)
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**

What is the natural course of syphilitic IK if it goes untreated?
It tends to burn itself out in a matter of weeks to months

Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?
--Formerly-perfused, now-empty stromal blood vessels (aka **ghost vessels**)  
--Corneal scarring may produce visually significant  and/or  one word
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease – T
- Symptoms include tearing and photophobia – T
- Usual age of presentation is late teens to early 20s – F
- Treatment is topical steroids and cycloplegia – T

What is the natural course of syphilitic IK if it goes untreated?
It tends to burn itself out in a matter of weeks to months

Irrespective of whether it was treated, what are the common corneal stigmata of resolved IK that may be seen at the slit lamp?
--Formerly-perfused, now-empty stromal blood vessels (aka ghost vessels)
--Corneal scarring may produce visually significant haze and/or astigmatism
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is **nine years** late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- Most patients have bilateral disease
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- Most patients have bilateral disease  **T**
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- **Most patients have bilateral disease**  **T**

*But note:*

- 80% of congenital luetic IK cases are bilateral, whereas only
  - 40% of *acquired* luetic IK cases are bilateral
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- Most patients have bilateral disease  **T**

**But note:**
80% of congenital luetic IK cases are bilateral, whereas only 40% of acquired luetic IK cases are bilateral
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease **T**
- Symptoms include tearing and photophobia **T**
- Usual age of presentation is late teens to early 20s **F**
- Treatment is topical steroids and cycloplegia **T**
- Most patients have bilateral disease **T**

**In other words, the reason we can say most luetic IK pts have bilateral dz is that most cases are congenital in origin**

**But note:**

80% of congenital luetic IK cases are bilateral whereas only 40% of acquired luetic IK cases are bilateral.
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- **Most patients have bilateral disease**  **T**

Re bilateral IK, do both eyes always present simultaneously?
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  \( T \)
- Symptoms include tearing and photophobia  \( T \)
- Usual age of presentation is late teens to early 20s  \( F \)
- Treatment is topical steroids and cycloplegia  \( T \)
- Most patients have bilateral disease  \( T \)

Re bilateral IK, do both eyes always present simultaneously?  
No
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- **Most patients have bilateral disease**  **T**

*Re bilateral IK, do both eyes always present simultaneously?*  
No

*Is the extent of involvement always equal between the eyes?*
Regarding luetic interstitial keratitis (IK), which are true?

- Most cases are secondary to congenital disease  **T**
- Symptoms include tearing and photophobia  **T**
- Usual age of presentation is late teens to early 20s  **F**
- Treatment is topical steroids and cycloplegia  **T**
- **Most patients have bilateral disease  **T**

---

Re bilateral IK, do both eyes always present simultaneously?
No

Is the extent of involvement always equal between the eyes?
No, involvement can be asymmetric
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR-CN8 deafness
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR (Mental retardation)
- CN8 deafness
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the formal term for these circumoral scars?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the formal term for these circumoral scars? ‘Rhagades’
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- **Hutchinson teeth**
- Saddle nose
- Saber shins
- MR
- CN8 deafness

*What is the classic description of Hutchinson teeth?*
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- **Hutchinson teeth**
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic description of Hutchinson teeth? 'Peg-shaped'
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

abnormal teeth...
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In three words, what sort of condition is A-R? Abnormal teeth...
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In three words, what sort of condition is A-R? An anterior-segment dysgenesis
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

If limited to one word, what sort of condition is A-R?

- An anterior-segment dysgenesis

MR
CN8 deafness
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

If limited to one word, what sort of condition is A-R? A neurocristopathy
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In three words, what sort of condition is A-R?
An anterior-segment dysgenesis

If limited to one word, what sort of condition is A-R?
neurocristopathy

A ‘neurocristopathy’? What does that mean?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
-- Axenfeld-Rieger syndrome
-- Incontinentia pigmenti

In three words, what sort of condition is A-R?
An anterior-segment dysgenesis

If limited to one word, what sort of condition is A-R?
A neuocristopathy

A 'neuocristopathy'? What does that mean?
It means 'a disorder stemming from abnormal neural-crest cell migration and/or differentiation'
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? A phakomatosis
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? A phakomatosis
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN 8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP?

A phakomatosis

Briefly, what is a phakomatosis?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? Phakomatosis

Briefly, what is a phakomatosis? A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes, and skin.
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
-- Axenfeld-Rieger syndrome
-- Incontinentia pigmenti

In one word, what sort of condition is IP?

A phakomatosis

Briefly, what is a phakomatosis?
A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes and skin.
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? Phakomatosis

Briefly, what is a phakomatosis?
A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes and skin

By what more-descriptive name does the BCSC Peds book refer to them?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? A phakomatosis

Briefly, what is a phakomatosis? A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes, and skin.

By what more-descriptive name does the BCSC Peds book refer to them? As neuro-
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:

- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP?

A phakomatosis

Briefly, what is a phakomatosis?

A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes, and skin.

By what more-descriptive name does the BCSC Peds book refer to them? As neuro-oculo
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Name two other congenital eye syndromes that are associated with abnormal dentition:
- Axenfeld-Rieger syndrome
- Incontinentia pigmenti

In one word, what sort of condition is IP? Phakomatosis

Briefly, what is a phakomatosis? A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the CNS, eyes, and skin.

By what more-descriptive name does the BCSC Peds book refer to them? As neuro-oculocutaneous syndromes.
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

In the present context, to what does the term Hutchinson’s triad refer?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

In the present context, to what does the term Hutchinson’s triad refer? To the three stigmata of congenital syphilis that are especially common
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

Which three comprise Hutchinson’s triad?
- Interstitial keratitis
- Deafness
- Hutchinson teeth

In the present context, to what does the term Hutchinson’s triad refer?
To the three stigmata of congenital syphilis that are especially common.
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- **Hutchinson teeth**
- Saddle nose
- Saber shins
- MR
- **CN8 deafness**

Which three comprise Hutchinson’s triad?
- Interstitial keratitis
- Deafness
- Hutchinson teeth

In the present context, to what does the term Hutchinson’s triad refer?
To **the three stigmata of congenital syphilis that are especially common**
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic retinal finding in congenital lues?
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic retinal finding in congenital lues?

**Salt-and-pepper retinitis**
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic retinal finding in congenital lues? **Salt-and-pepper retinitis**

Name another congenital condition in which a salt-and-pepper retinitis may be encountered:
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic retinal finding in congenital lues? **Salt-and-pepper retinitis**

Name another congenital condition in which a salt-and-pepper retinitis may be encountered:
Speaking of congenital syphilis: What are the classic signs (other than IK, of course)?

- Circumoral scars
- Hutchinson teeth
- Saddle nose
- Saber shins
- MR
- CN8 deafness

What is the classic retinal finding in congenital lues? *Salt-and-pepper retinitis*

Name another congenital condition in which a salt-and-pepper retinitis may be encountered: *Rubella*
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years
Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?

- It usually strikes children around age 9 years. **F**
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years **F**
- It often follows an URTI by 1-2 weeks or so
  
  *(Upper respiratory tract infection)*
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  F
- It often follows an URTI by 1-2 weeks or so  T
Regarding interstitial keratitis (IK) associated with **Cogan syndrome**, which are true?

- It usually strikes **children around age 9 years** **F**
- It often follows an URTI by 1-2 weeks or so **T**
- Some patients have serologic evidence of Wegener’s granulomatosis
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years: F
- It often follows an URTI by 1-2 weeks or so: T
- Some patients have serologic evidence of Wegener’s granulomatosis: F
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  
  - F
- It often follows an URTI by 1-2 weeks or so  
  - T
- Some patients have serologic evidence of Wegener's granulomatosis  
  - F

Do these pts go on to manifest a systemic vasculitic process?
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years F
- It often follows an URTI by 1-2 weeks or so T
- Some patients have serologic evidence of polyarteritis nodosum F
  **Some patients have serologic evidence of** Wegener’s granulomatosis F

Do these pts go on to manifest a systemic vasculitic process? Some do, yes
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years [F]
- It often follows an URTI by 1-2 weeks or so [T]
- Some patients have serologic evidence of Wegener’s granulomatosis [F]
- Patients may complain of tinnitus and/or vertigo
Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?

- It usually strikes children around age 9 years. **F**
- It often follows an URTI by 1-2 weeks or so. **T**
- Some patients have serologic evidence of *Wegener’s granulomatosis*. **F**
- Patients may complain of tinnitus and/or vertigo. **T**
Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?

- It usually strikes children around age 9 years **F**
- It often follows an URTI by 1-2 weeks or so **T**
- Some patients have serologic evidence of Wegener’s granulomatosis **F**
- Patients may complain of tinnitus and/or vertigo **T**
- Topical steroids are the sole treatment
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years: F
- It often follows an URTI by 1-2 weeks or so: T
- Some patients have serologic evidence of Wegener’s granulomatosis: F
- Patients may complain of tinnitus and/or vertigo: T
- Topical steroids are the sole treatment: F
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years. **T**
- It often follows an URTI by 1-2 weeks or so. **T**
- Some patients have serologic evidence of Wegener’s granulomatosis. **F**
- Patients may complain of tinnitus and/or vertigo. **T**
- Topical steroids are the sole treatment. **F**

Does this mean topical steroids play no role in managing Cogan syndrome?

- Topical steroids are the sole treatment. **F**

What other med(s) is/are indicated in managing Cogan syndrome?

PO steroids are used to treat the CN8 symptoms. How urgent is it to start PO steroids?

Quite. Cogan's tends to progress rapidly, and profound, permanent hearing loss can result if systemic steroid therapy isn't initiated promptly.
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  
- It often follows an URTI by 1-2 weeks or so
- Some patients have serologic evidence of Wegener's granulomatosis
- Patients may complain of tinnitus and/or vertigo
- Topical steroids are the sole treatment

Does this mean topical steroids play no role in managing Cogan syndrome?
Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.

Topical steroids are the sole treatment  F
Regarding interstitial keratitis (IK) associated with Cogan syndrome:

- It usually strikes children around age 9 years
- It often follows an URTI by 1-2 weeks or so
- Some patients have serologic evidence of Wegener's granulomatosis
- Patients may complain of tinnitus and/or vertigo
- Topical steroids are the sole treatment

*Does this mean topical steroids play no role in managing Cogan syndrome?* Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.

*What other med(s) is/are indicated in managing Cogan syndrome?*

- Topical steroids are the sole treatment

Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.
Regarding interstitial keratitis (IK) associated with Cogan syndrome:

- It usually strikes children around age 9 years (F)
- It often follows an URTI by 1-2 weeks or so (T)
- Some patients have serologic evidence of Wegener's granulomatosis (F)
- Patients may complain of tinnitus and/or vertigo (T)
- Topical steroids are the sole treatment (F)

Does this mean topical steroids play no role in managing Cogan syndrome? Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.

What other med(s) is/are indicated in managing Cogan syndrome? PO steroids are used to treat the CN8 symptoms.

- Topical steroids are the sole treatment (F)
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years
- It often follows an URTI by 1-2 weeks or so
- Some patients have serologic evidence of Wegener's granulomatosis
- Patients may complain of tinnitus and/or vertigo
- Topical steroids are the sole treatment

Does this mean topical steroids play no role in managing Cogan syndrome? Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.

What other med(s) is/are indicated in managing Cogan syndrome? PO steroids are used to treat the CN8 symptoms.

How urgent is it to start PO steroids? Quite. Cogan’s tends to progress rapidly, and profound, permanent hearing loss can result if systemic steroid therapy isn’t initiated promptly.
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years: F
- It often follows an URTI by 1-2 weeks or so: T
- Some patients have serologic evidence of Wegener's granulomatosis: F
- Patients may complain of tinnitus and/or vertigo: T

Does this mean topical steroids play no role in managing Cogan syndrome? Not at all; in fact, topical steroids are the mainstay of treatment for the IK component of Cogan syndrome.

What other med(s) is/are indicated in managing Cogan syndrome? PO steroids are used to treat the CN8 symptoms.

How urgent is it to start PO steroids? Quite. Cogan’s tends to progress rapidly, and profound, permanent hearing loss can result if systemic steroid therapy isn’t initiated promptly.

- Topical steroids are the sole treatment: F
Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?

- It usually strikes children around age 9 years **F**
- It often follows an URTI by 1-2 weeks or so **T**
- Some patients have serologic evidence of *Wegener’s granulomatosis* **F**
- Patients may complain of tinnitus and/or vertigo **T**
- Topical steroids are the sole treatment **F**
- Cogan’s is diagnosed via serum antibody test **F**
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years **F**
- It often follows an URTI by 1-2 weeks or so **T**
- Some patients have serologic evidence of Wegener’s granulomatosis **F**
- Patients may complain of tinnitus and/or vertigo **T**
- Topical steroids are the sole treatment **F**
- Cogan’s is diagnosed via serum antibody test **F**
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  F
- It often follows an URTI by 1-2 weeks or so  T
- Some patients have serologic evidence of Wegener’s granulomatosis  F
- Patients may complain of tinnitus and/or vertigo  T
- Topical steroids are the sole treatment  F
- Cogan’s is diagnosed via serum antibody test  F

What test is used to diagnose Cogan’s?
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years: **F**
- It often follows an URTI by 1-2 weeks or so: **T**
- Some patients have serologic evidence of Wegener’s granulomatosis: **F**
- Patients may complain of tinnitus and/or vertigo: **T**
- Topical steroids are the sole treatment: **F**
- Cogan’s is diagnosed via serum antibody test: **F**

What test is used to diagnose Cogan’s?

There is none—it is a diagnosis of exclusion.
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years \( \text{F} \)
- It often follows an URTI by 1-2 weeks or so \( \text{T} \)
- Some patients have serologic evidence of Wegener's granulomatosis \( \text{F} \)
- Patients may complain of tinnitus and/or vertigo \( \text{T} \)
- Topical steroids are the sole treatment \( \text{F} \)
- Cogan's is diagnosed via serum antibody test \( \text{F} \)

What test is used to diagnose Cogan's?
There is none--it is a diagnosis of exclusion

So does this mean no testing is necessary?
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  **F**
- It often follows an URTI by 1-2 weeks or so  **T**
- Some patients have serologic evidence of Wegener’s granulomatosis  **F**
- Patients may complain of tinnitus and/or vertigo  **T**
- Topical steroids are the sole treatment  **F**
- Cogan’s is diagnosed via serum antibody test  **F**

What test is used to diagnose Cogan’s?

There is none—it is a diagnosis of exclusion.

So does this mean no testing is necessary? It does not. When faced with a case of IK of uncertain origin, [polyarteritis nodosum] must be ruled out via serologic testing (and consideration should be given to assessing for other infectious causes as well).
Regarding interstitial keratitis (IK) associated with Cogan syndrome, which are true?

- It usually strikes children around age 9 years  F
- It often follows an URTI by 1-2 weeks or so  T
- Some patients have serologic evidence of Wegener’s granulomatosis  F
- Patients may complain of tinnitus and/or vertigo  T
- Topical steroids are the sole treatment  F
- Cogan’s is diagnosed via serum antibody test  F

What test is used to diagnose Cogan’s?
There is none—it is a diagnosis of exclusion

So does this mean no testing is necessary?
It does not. When faced with a case of IK of uncertain origin, syphilis must be ruled out via serologic testing (and consideration should be given to assessing for other infectious causes as well)