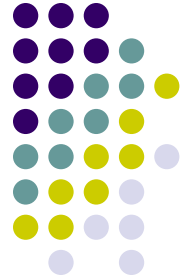


Q

IK? IDK IK! OMG!

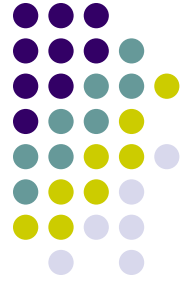


Interstitial keratitis is an inflammatory condition of the in the absence of primary involvement of either the corneal or

two words

A

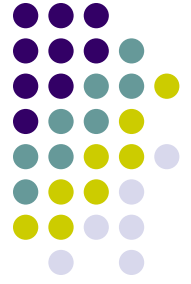
IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



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?

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



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

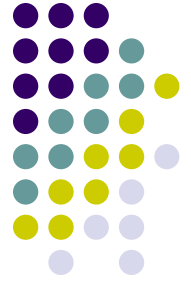
What does it mean to say the corneal stroma is inflamed?

It means inflammatory cells are present in the interlamellar stroma

So, there's pus in the stroma?

A

IK? IDK IK! OMG!



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

IK? IDK IK! OMG!

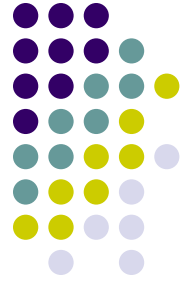


Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

*Be sure to take note of this! This is why stromal inflammation resulting from, say, a corneal ulcer eating its way into stroma would **not** be classified as IK.*

Q

IK? IDK IK! OMG!

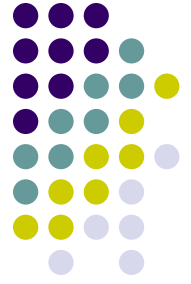


Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

What are the typical symptoms of IK?

A

IK? IDK IK! OMG!

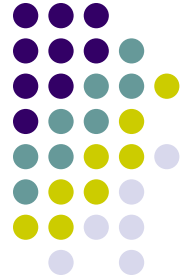


Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

What are the typical symptoms of IK?
Tearing and photophobia

Q

IK? IDK IK! OMG!



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

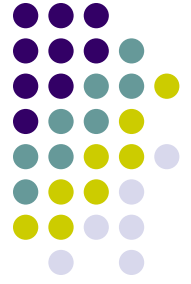
What are the typical symptoms of IK?

Tearing and photophobia

What are the typical signs of IK, ie, what does it look like at the slit lamp?

A

IK? IDK IK! OMG!



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

What are the typical symptoms of IK?

Tearing and photophobia

What are the typical signs of IK, ie, what does it look like at the slit lamp?

Early IK is characterized by perilimbal injection, inflammation of the peripheral stroma, and possibly keratic precipitates

A

IK? IDK IK! OMG!



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

What are the typical symptoms of IK?

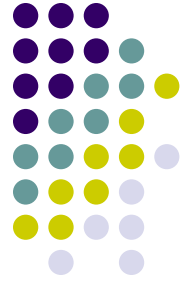
Tearing and photophobia

What are the typical signs of IK, ie, what does it look like at the slit lamp?

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.

Q

IK? IDK IK! OMG!



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

What are the typical symptoms of IK?

Tearing and photophobia

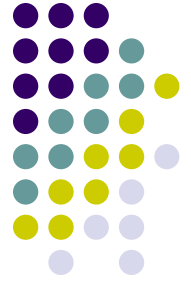
What are the typical signs of IK, ie, what does it look like at the slit lamp?

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?*

A

IK? IDK IK! OMG!



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

What are the typical symptoms of IK?

Tearing and photophobia

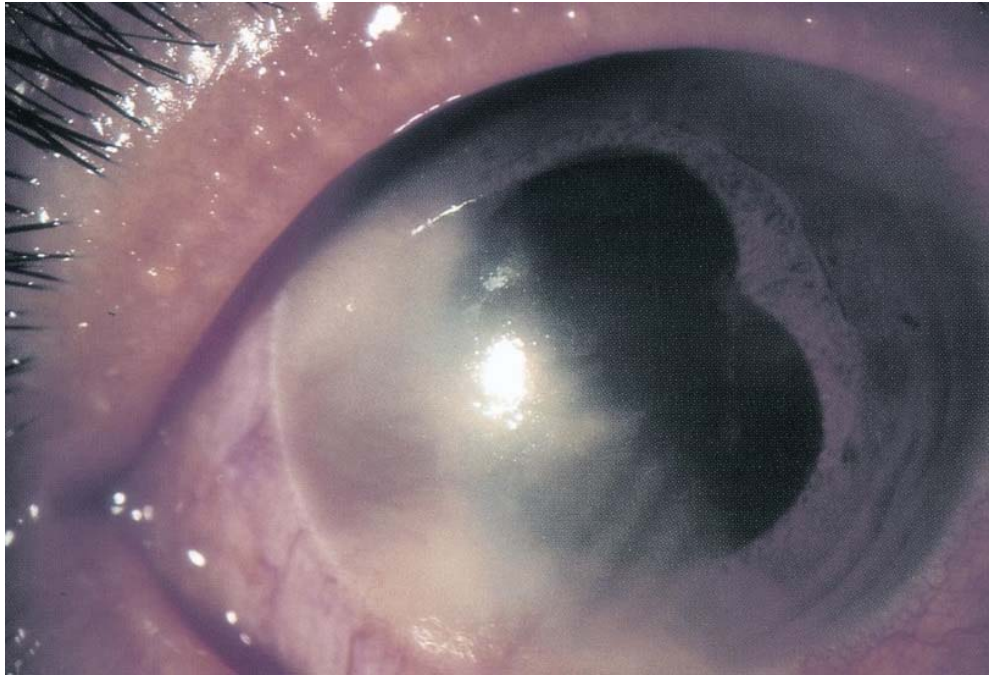
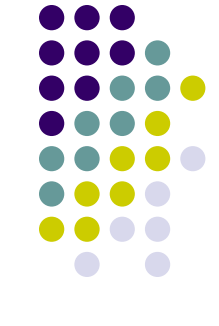
What are the typical signs of IK, ie, what does it look like at the slit lamp?

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 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 flesh

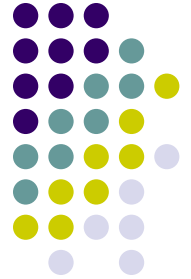
IK? IDK IK! OMG!



Salmon patch in IK

Q

IK? IDK IK! OMG!

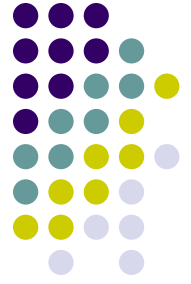


Interstitial keratitis is an inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

IK represents a Type hypersensitivity reaction to antigens within the

A

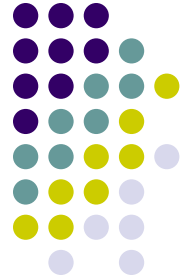
IK? IDK IK! OMG!



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.

IK? IDK IK! OMG!



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.

Speaking of hypersensitivity reactions...

Q

IK? IDK IK! OMG!



Speaking of hypersensitivity reactions...

How many types of ocular-surface hypersensitivity reactions are there?

A

IK? IDK IK! OMG!



Type I

Type II

Type III

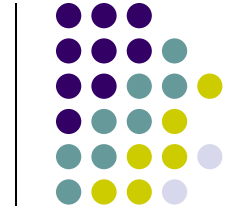
Type IV

Speaking of hypersensitivity reactions...

How many types of ocular-surface hypersensitivity reactions are there?

Q

IK? IDK IK! OMG!



Type I

Type II

Type III

Type IV

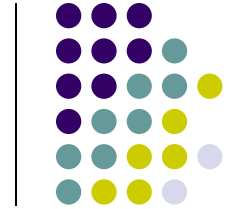
Type I reactions involve... [One word that captures the nature of this rxn]
Type II reactions involve...
Type III reactions involve...
Type IV reactions involve...

Speaking of hypersensitivity reactions...

How many types of ocular-surface hypersensitivity reactions are there?

A

IK? IDK IK! OMG!



Anaphylaxis

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis

Type II reactions involve...

Type III reactions involve...

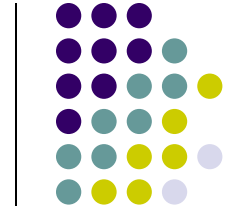
Type IV reactions involve...

Speaking of hypersensitivity reactions...

How many types of ocular-surface hypersensitivity reactions are there?

Q

IK? IDK IK! OMG!



Anaphylaxis

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis

Type II reactions involve... [Two words capturing this rxn]

Type III reactions involve...

Type IV reactions involve...

A

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...
Type IV reactions involve...

Q

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve... [Three words for this one]
Type IV reactions involve...

A

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

**Immune-complex
reactions**

Type I

Type II

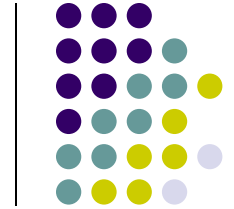
Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...

Q

IK? IDK IK! OMG!



Anaphylaxis

Type I

Cytotoxic Ab

Type II

*Immune-complex
reactions*

Type III

Type IV

Type I reactions involve...Anaphylaxis

Type II reactions involve...Cytotoxic antibodies

Type III reactions involve...Immune-complex reactions

Type IV reactions involve... [Three words again]

A

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

*Immune-complex
reactions*

*Cell-mediated
reactions*

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

Q

IK? IDK IK! OMG!



Cell-mediated reactions
Type IV

Anaphylaxis
Type I

Cytotoxic Ab
Type II

Immune-complex reactions
Type III

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?

A

IK? IDK IK! OMG!

Anaphylaxis

Type I

Cytotoxic Ab

Type II

*Immune-complex
reactions*

Type III

**Cell-mediated
reactions**

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

Q

IK? IDK IK! OMG!

Anaphylaxis

Type I

Cytotoxic Ab

Type II

Immune-complex
reactions

Type III

Cell-mediated
reactions

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

In what way are T-helper cells mediating the reaction?

A

IK? IDK IK! OMG!

Anaphylaxis

Type I

Cytotoxic Ab

Type II

*Immune-complex
reactions*

Type III

**Cell-mediated
reactions**

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

In what way are T-helper cells mediating the reaction?

In Type IV reactions, T-helpers interact with antigens, thereby becoming activated. Once activated, the T-helpers release chemotactic factors that recruit and activate macrophages.

Q

IK? IDK IK! OMG!

Anaphylaxis

Type I

Cytotoxic Ab

Type II

*Immune-complex
reactions*

Type III

**Cell-mediated
reactions**

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

In what way are T-helper cells mediating the reaction?

In Type IV reactions, T-helpers interact with antigens, thereby becoming activated. Once activated, the T-helpers release chemotactic factors that recruit and activate macrophages.

That's a convoluted process. How long does it take to become clinically apparent?

A

IK? IDK IK! OMG!

Anaphylaxis

Type I

Cytotoxic Ab

Type II

*Immune-complex
reactions*

Type III

**Cell-mediated
reactions**

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Cell-mediated reactions

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

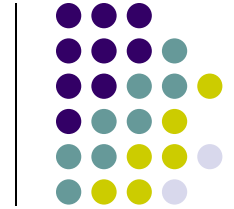
In what way are T-helper cells mediating the reaction?

In Type IV reactions, T-helpers interact with antigens, thereby becoming activated. Once activated, the T-helpers release chemotactic factors that recruit and activate macrophages.

That's a convoluted process. How long does it take to become clinically apparent?

24-72 hours, which is why this reaction is often referred to as *delayed hypersensitivity*

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

Immune-complex reactions

Cell-mediated reactions

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Delayed hypersensitivity

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

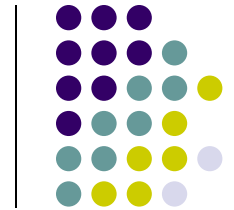
In what way a
In Type IV rea
activated, the T-helpers release chemotactic factors that recruit and activate
macrophages.

Note that if you remember Type IV as 'delayed hypersensitivity'...

That's a convoluted process. How long does it take to become clinically apparent?
24-72 hours, which is why this reaction is often referred to as

delayed hypersensitivity

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

Immune-complex reactions

Cell-mediated reactions

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis
Type II reactions involve...Cytotoxic antibodies
Type III reactions involve...Immune-complex reactions
Type IV reactions involve...Delayed hypersensitivity

'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells

In what way a
In Type IV re
activated, the T-helpers release chemotactic factors that recruit and activate
macrophages.

Note that if you remember Type IV as 'delayed hypersensitivity'...
the four forms can be remembered with the mnemonic ACID

That's a convoluted process. How long does it take to become clinically apparent?
24-72 hours, which is why this reaction is often referred to as

delayed hypersensitivity

IK? IDK IK! OMG!



Anaphylaxis

Cytotoxic Ab

*Immune-complex
reactions*

*Cell-mediated
reactions*

Type I

Type II

Type III

Type IV

Type I reactions involve...Anaphylaxis

Type II reactions involve...Cytotoxic antibodies

***For more on hypersensitivity reactions
of the ocular surface, see slide-set K21***

*'Cell-mediated reaction'...Which sort of immune cell is doing the mediating?
T-helper cells*

*In what way a
In Type IV re
activated, the T-helpers release chemotactic factors that recruit and activate
macrophages.*

*Note that if you remember Type IV as 'delayed hypersensitivity'...
the four forms can be remembered with the mnemonic ACID*

*That's a convoluted process. How long does it take to become clinically apparent?
24-72 hours, which is why this reaction is often referred to as **delayed hypersensitivity***

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

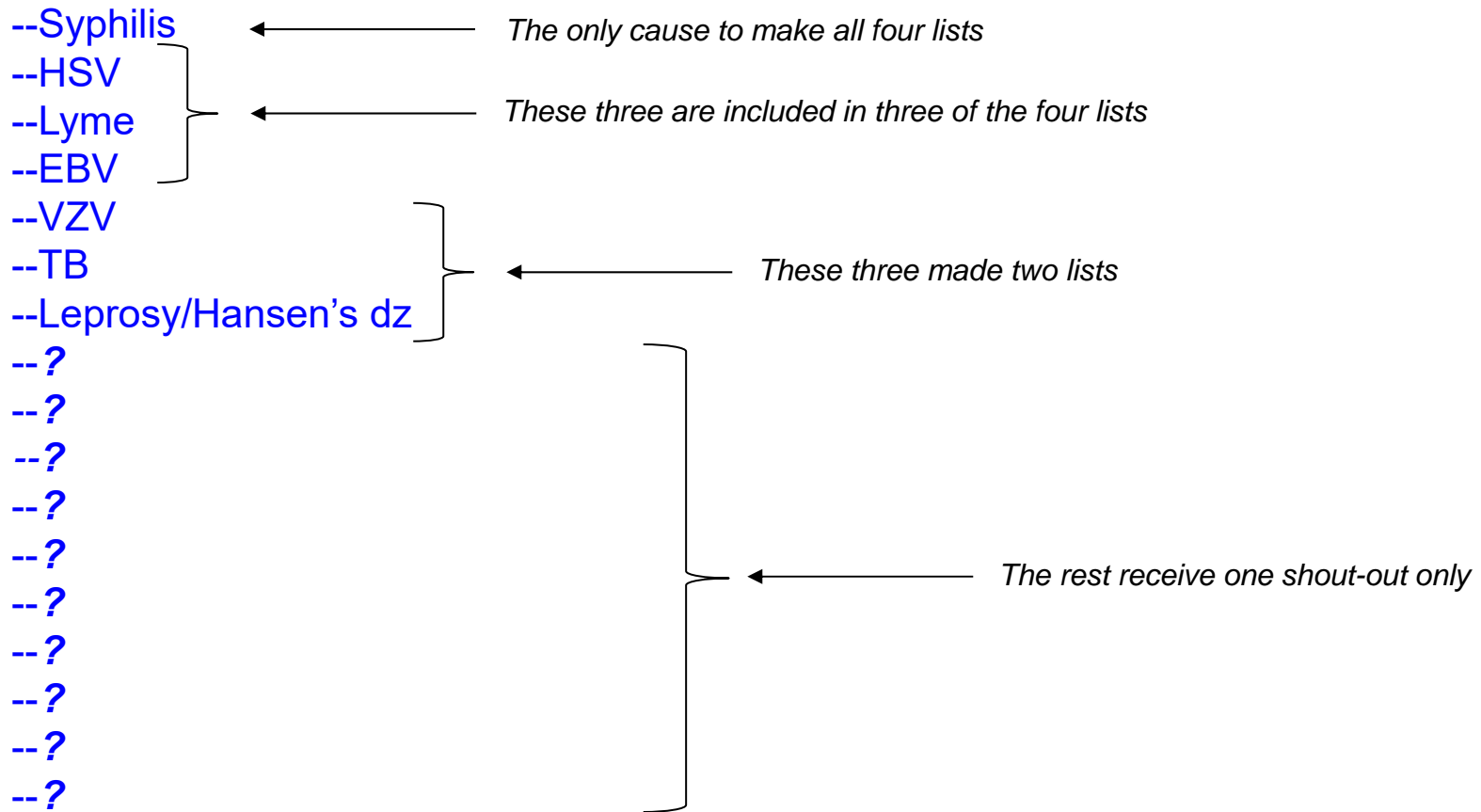
- Syphilis
 - HSV
 - Lyme
 - EBV
 - ?
 - ?
 - ?
 -
 -
 -
 -
 -
 -
 -
 -
 -
 -
 -
 -
- ← The only cause to make all four lists
- ← These three are included in three of the four lists
- ← These three made two lists

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...



A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

- Syphilis
 - HSV
 - Lyme
 - EBV
 - VZV
 - TB
 - Leprosy/Hansen's dz
 - Cogan syndrome
 - Measles virus
 - C trachomatis* serotypes L1, L2, L3
 - Leishmania* spp
 - Onchocerca volvulus*
 - Acanthamoeba*
 - Mumps
 - Sarcoid
 - Atopic keratitis (ie, AKC)
 - Vernal keratitis (ie, VKC)
- ← The only cause to make all four lists
- ← These three are included in three of the four lists
- ← These three made two lists
- ← The rest receive one shout-out only

Q

IK? IDK IK! OMG!



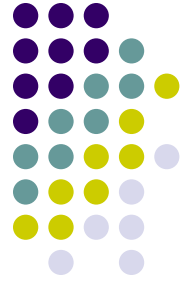
The BCSC addresses IK four times in three volumes (twice in the Cornea book). The combined differential is listed below. It long. Let's work through it...

- Syphilis
- HSV
- Lyme
- EBV
- VZV
- TB
- Leprosy/Hansen's dz
- Cogan syndrome
- Measles virus
- C trachomatis* serotypes L1, L2, L3
- Leishmania* spp
- Onchocerca volvulus*
- Acanthamoeba*
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Which one is described (by at least one BCSC book) as the "classic cause" of IK?

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book). The combined differential is listed below. It long. Let's work through it...

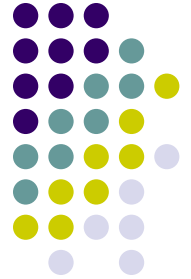
--Syphilis

- HSV
- Lyme
- EBV
- VZV
- TB
- Leprosy/Hansen's dz
- Cogan syndrome
- Measles virus
- C trachomatis* serotypes L1, L2, L3
- Leishmania* spp
- Onchocerca volvulus*
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Which one is described (by at least one BCSC book) as the "classic cause" of IK?
Syphilis

Q

IK? IDK IK! OMG!



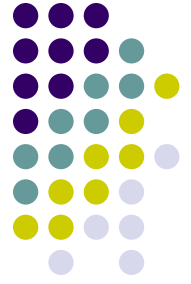
*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

- Syphilis
- HSV
- Lyme
- EBV
- VZV
- TB
- Leprosy/Hansen's dz
- Cogan syndrome
- Measles virus
- C trachomatis* serotypes L1, L2, L3
- Leishmania* spp
- Onchocerca volvulus*
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Which is the most common cause of IK?

A

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--**HSV**

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

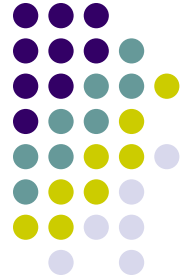
--Vernal keratitis (ie, VKC)

Which is the most common cause of IK?

HSV (interesting that the most common cause is not considered the 'classic' cause!)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

--?
--?
--?

- Cogan syndrome
- Measles virus
- **C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It longa. Let's work through it...*

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

Is trachoma a serious ocular condition?

--Trachoma

--Adult inclusion conjunctivitis

--Lymphogranuloma venereum

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

Is trachoma a serious ocular condition?
Mos def—it is a blinding condition

--Trachoma

--Adult inclusion conjunctivitis

--Lymphogranuloma venereum

--Cogan syndrome

--Measles virus

--C trachomatis serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

Is trachoma a serious ocular condition?

Mos def—it is a blinding condition

--**Trachoma**

Where does it rank in terms of infectious causes of blindness?

--Adult inclusion conjunctivitis

--Lymphogranuloma venereum

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

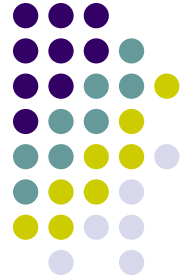
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It longa. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

Is trachoma a serious ocular condition?

Mos def—it is a blinding condition

--**Trachoma**

Where does it rank in terms of infectious causes of blindness?

It is the #1 cause worldwide

--Adult inclusion conjunctivitis

--Lymphogranuloma venereum

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

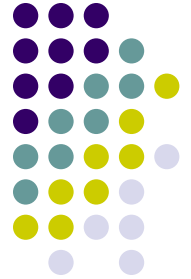
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



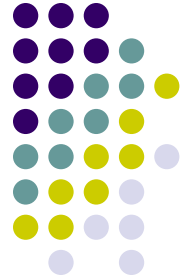
The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

Is adult inclusion conjunctivitis a serious ocular condition?

- Trachoma
- Adult inclusion conjunctivitis**
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



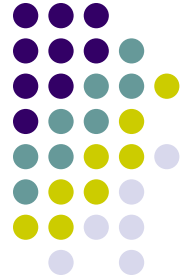
The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis**
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Is adult inclusion conjunctivitis a serious ocular condition?
Nah—it is mild and transient

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis**
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Is adult inclusion conjunctivitis a serious ocular condition?

Nah—it is mild and transient

Does this bug have serious effects elsewhere?

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

--Trachoma

--**Adult inclusion conjunctivitis**

--Lymphogranuloma venereum

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Is adult inclusion conjunctivitis a serious ocular condition?

Nah—it is mild and transient

Does this bug have serious effects elsewhere?

Mos def—it is the cause of the classic chlamydial urethritis/cervicitis, ie, the STD form of *Chlamydia* disease

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis**
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Is adult inclusion conjunctivitis a serious ocular condition?
Nah—it is mild and transient

Does this bug have serious effects elsewhere?
Mos def—it is the cause of the classic chlamydial urethritis/cervicitis, ie, the **STD form** of Chlamydia disease

How does a sexually-transmitted dz cause conjunctivitis?

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis**
- Lymphogranuloma venereum
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Is adult inclusion conjunctivitis a serious ocular condition?
Nah—it is mild and transient

Does this bug have serious effects elsewhere?
Mos def—it is the cause of the classic chlamydial urethritis/cervicitis, ie, the **STD form** of Chlamydia disease

How does a sexually-transmitted dz cause conjunctivitis?
Um, ask your parents

Q

IK? IDK IK! OMG!



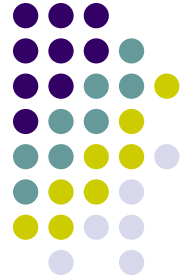
The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis
- Lymphogranuloma venereum**
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Surely lymphogranuloma venereum is an STD as well?
I mean, it has venere- in its name.

A

IK? IDK IK! OMG!



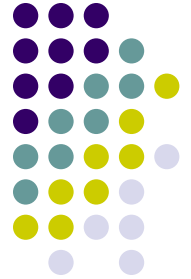
The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...
Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

- Trachoma
- Adult inclusion conjunctivitis
- Lymphogranuloma venereum**
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

Surely lymphogranuloma venereum is an STD as well?
I mean, it has venere- in its name.
It is an STD too, but it's not 'the' chlamydial STD

Q

IK? IDK IK! OMG!



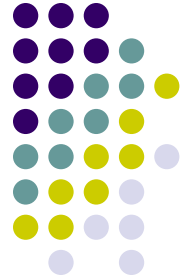
*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

*Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?
What property of a Chlamydial bug determines which condition it will cause?*

- Trachoma: ?
- Adult inclusion conjunctivitis: ?
- Lymphogranuloma venereum: ?
- Cogan syndrome
- Measles virus
- C trachomatis** serotypes L1, L2, L3
- Leishmania spp
- Onchocerca volvulus
- Acanthamoeba
- Mumps
- Sarcoid
- Atopic keratitis (ie, AKC)
- Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

--Trachoma: Serotype

--Adult inclusion conjunctivitis: Serotype

--Lymphogranuloma venereum: Serotype

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

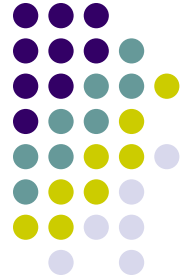
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?
What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes... ?

This one first

--Adult inclusion conjunctivitis: Serotype

--Lymphogranuloma venereum: Serotype

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?
What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes... **A, B, C** ← This one first

--Adult inclusion conjunctivitis: Serotype

--Lymphogranuloma venereum: Serotype

--Cogan syndrome

--Measles virus

-- **C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

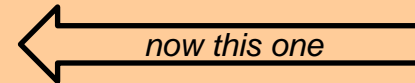
What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... ?



--Lymphogranuloma venereum: Serotype

--Cogan syndrome

--Measles virus

-- **C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... **D-K**

← now this one

--Lymphogranuloma venereum: Serotype

--Cogan syndrome

--Measles virus

-- **C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

What property of a Chlamydial bug determines which condition it will cause?

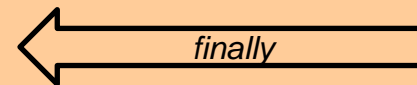
Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes...**A, B, C**

--Adult inclusion conjunctivitis: Serotypes...**D-K**

--Lymphogranuloma venereum: Serotypes...**?**



--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

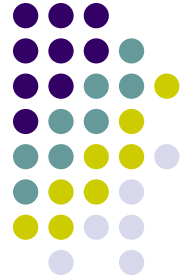
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?

What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes...**A, B, C**

--Adult inclusion conjunctivitis: Serotypes...**D-K**

--Lymphogranuloma venereum: Serotypes...**L1, L2, L3**

← finally

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

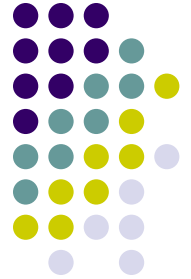
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Q

IK? IDK IK! OMG!



Got a mnemonic for remembering these serotypes?

The BCS

The com

Let's rev

What pro

Its serot

Which ch

--Trachoma: Serotypes...**A, B, C**

--Adult inclusion conjunctivitis: Serotypes...**D-K**

--Lymphogranuloma venereum: Serotypes...**L1, L2, L3**

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

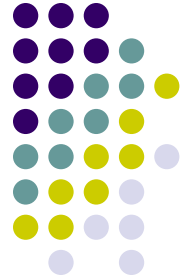
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



Got a mnemonic for remembering these serotypes?

Try these:

--Trachoma is as simple as ABC

The BCS

The com

Let's rev

What pro

Its serot

Which cl

-Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... **D-K**

--Lymphogranuloma venereum: Serotypes... **L1, L2, L3**

--Cogan syndrome

- Measles virus

-- **C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

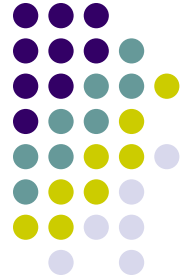
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



Got a mnemonic for remembering these serotypes?

Try these:

--Trachoma is as simple as ABC

--Adult inclusion conjunctivitis is 'the' sexually-transmitted form of Chlamydia.

Can you think of a sex-related word that starts with a D and ends with a K?

The BCS
The com
Let's rev
What pro
Its serot
Which ch

--Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... **D-K**

--Lymphogranuloma venereum: Serotypes... **L1, L2, L3**

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

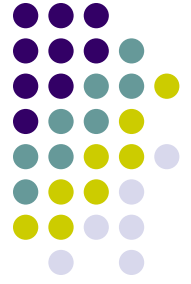
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

A

IK? IDK IK! OMG!



Got a mnemonic for remembering these serotypes?

Try these:

--Trachoma is as simple as ABC

--Adult inclusion conjunctivitis is 'the' sexually-transmitted form of Chlamydia.

Can you think of a sex-related word that starts with a D and ends with a K?

--As for the 'L' serotypes causing Lymphogranuloma, I assume you got that one.

--Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... **D-K**

--Lymphogranuloma venereum: Serotypes... **L1, L2, L3**

--Cogan syndrome

--Measles virus

--**C trachomatis** serotypes L1, L2, L3

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

IK? IDK IK! OMG!



The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It lona. Let's work through it...

Let's review Chlamydial dz. Chlamydia causes three conditions—what are they?
What property of a Chlamydial bug determines which condition it will cause?

Its **serotype**

Which chlamydia serotypes produce each condition?

--Trachoma: Serotypes... **A, B, C**

--Adult inclusion conjunctivitis: Serotypes... **D-K**

--**Lymphogranuloma venereum: Serotypes... L1, L2, L3**

--Cogan syndrome

--Measles virus

--**C trachomatis serotypes L1, L2, L3**

--Leishmania spp

--Onchocerca volvulus

--Acanthamoeba

--Mumps

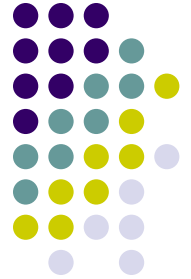
--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Finally: Take note that it is the lymphogranuloma venereum serotypes which are associated with IK!

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--**HSV**

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

Because HSV is the most common cause of IK...

(No question—proceed when ready)

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--HSV

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

--Sarcoid

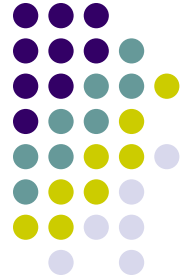
--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

*Because HSV is the most common cause of IK...
and syphilis is its 'classic' cause...*

(No question—proceed when ready)

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--HSV

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--Acanthamoeba

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

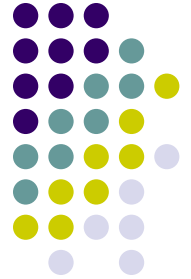
--Vernal keratitis (ie, VKC)

*Because HSV is the most common cause of IK...
and syphilis is its 'classic' cause...
it should come as no surprise that the BCSC
addresses them in depth—and thus, so shall we.*

(No question—proceed when ready)

Q

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--HSV

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--*Acanthamoeba*

--Mumps

--Sarcoid

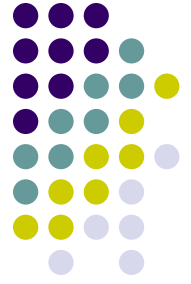
--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

*Because HSV is the most common cause of IK...
and syphilis is its 'classic' cause...
it should come as no surprise that the BCSC
addresses them in depth—and thus, so shall we.
Of the remaining causes of IK, only one is
covered in detail by any BCSC volume—and thus
by this slide-set. Which one?*

A

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--Syphilis

--HSV

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--Cogan syndrome

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--*Acanthamoeba*

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

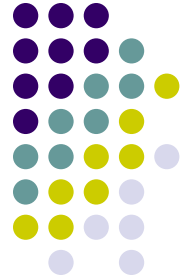
*Because HSV is the most common cause of IK...
and syphilis is its 'classic' cause...*

*it should come as no surprise that the BCSC
addresses them in depth—and thus, so shall we.*

*Of the remaining causes of IK, only one is
covered in detail by any BCSC volume—and thus
by this slide-set. Which one?*

Cogan syndrome

IK? IDK IK! OMG!



*The BCSC addresses IK four times in three volumes (twice in the Cornea book).
The combined differential is listed below. It long. Let's work through it...*

--**Syphilis**

--HSV

--Lyme

--EBV

--VZV

--TB

--Leprosy/Hansen's dz

--**Cogan syndrome**

--Measles virus

--*C trachomatis* serotypes L1, L2, L3

--*Leishmania* spp

--*Onchocerca volvulus*

--*Acanthamoeba*

--Mumps

--Sarcoid

--Atopic keratitis (ie, AKC)

--Vernal keratitis (ie, VKC)

*Because HSV is the most common cause of IK...
and syphilis is its 'classic' cause...
it should come as no surprise that the BCSC
addresses them in depth—and thus, so shall we.
Of the remaining causes of IK, only one is
covered in detail by any BCSC volume—and thus
by this slide-set. Which one?*

Cogan syndrome

Let's start with luetic (ie, syphilitic) IK...

Q

IK? IDK IK! OMG!



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

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



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

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



- 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

A

IK? IDK IK! OMG!



- 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**

A

IK? IDK IK! OMG!



- 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~~ *nine years* **F**

Q

IK? IDK IK! OMG!



- 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

Rule of thumb regarding congenital syphilis manifestations and age:

--Manifestations presenting within the first two years of life are secondary to..

--Manifestations presenting later in life are secondary to...an

A

IK? IDK IK! OMG!



- 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

Rule of thumb regarding congenital syphilis manifestations and age:

*--Manifestations presenting within the first two years of life are secondary to...**active infection***

*--Manifestations presenting later in life are secondary to...an **immune-mediated process***

Q

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia

A

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia **T**

Q

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia **T**
 - Most patients have bilateral disease

A

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia **T**
 - Most patients have bilateral disease **T**

Q

IK? IDK IK! OMG!



- 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~~ ^{nine years} F
 - Treatment is topical steroids and cycloplegia T
 - **Most patients have bilateral disease T**

Re bilateral IK, do both eyes always present simultaneously?

A

IK? IDK IK! OMG!



- 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~~ ^{nine years} F
 - Treatment is topical steroids and cycloplegia T
 - **Most patients have bilateral disease T**

Re bilateral IK, do both eyes always present simultaneously?

No

Q

IK? IDK IK! OMG!



- 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~~ ^{nine years} 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?

A

IK? IDK IK! OMG!



- 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~~ ^{nine years} 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

Q

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia **T**
 - Most patients have bilateral disease **T**
 - About 50% of congenital syphilis cases manifest IK

A

IK? IDK IK! OMG!



- 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~~ *nine years* **F**
 - Treatment is topical steroids and cycloplegia **T**
 - Most patients have bilateral disease **T**
 - About 50% of congenital syphilis cases manifest IK **F**

A

IK? IDK IK! OMG!



- 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~~ ^{nine years} **F**
 - Treatment is topical steroids and cycloplegia **T**
 - Most patients have bilateral disease **T**
 - About ~~50%~~ ^{10%} of congenital syphilis cases manifest IK **F**

Q

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia T
 - *What is the natural course of syphilitic IK if it goes untreated?*
 -
 -
 -
 - About 50% of congenital syphilis cases manifest IK F

A

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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
 -
 -
 -
 - About 50% of congenital syphilis cases manifest IK F

Q

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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?*
 - About 50% of congenital syphilis cases manifest IK F

Q/A

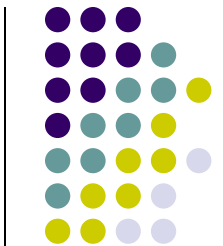
IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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 Boo!)
 - --
 - About 50% of congenital syphilis cases manifest IK F

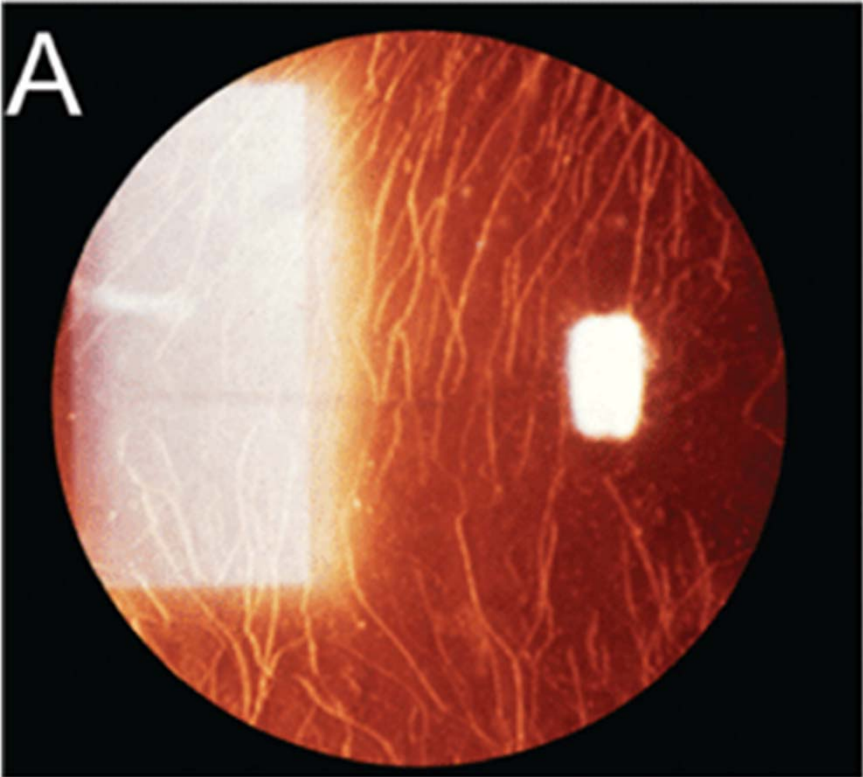
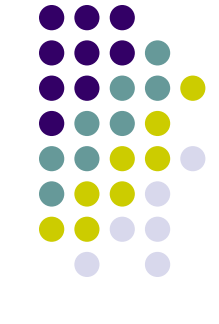
A

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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**)
 - --
 - About 50% of congenital syphilis cases manifest IK F

IK? IDK IK! OMG!



Ghost vessels

Congenital syphilis: Interstitial keratitis

Q

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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
 - About 50% of congenital syphilis cases manifest IK F

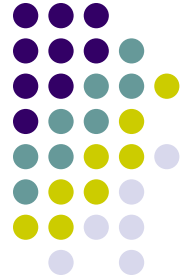
A

IK? IDK IK! OMG!



- Regarding luetic interstitial keratitis (IK), which are true?
 - Most cases are secondary to congenital disease T
 - Symptoms include tearing and photophobia 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**
 - About 50% of congenital syphilis cases manifest IK F

IK? IDK IK! OMG!



Corneal scarring/haze

Congenital syphilis: Interstitial keratitis

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

-
-
-
-
-
-

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

- **Circumoral scars**

What is the formal term for these circumoral scars?

- Hutchinson teeth
- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

*What is the formal term for these circumoral scars?
'Rhagades'*

IK? IDK IK! OMG!



Congenital syphilis: Rhagades

Q

IK? IDK IK! OMG!



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

What is the classic description of Hutchinson teeth?

A

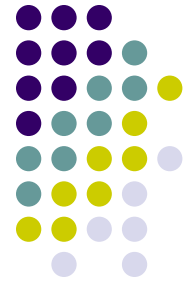
IK? IDK IK! OMG!



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

*What is the classic description of Hutchinson teeth?
'Peg-shaped'*

IK? IDK IK! OMG!



Congenital syphilis: Teeplus

Q

IK? IDK IK! OMG!



abnormal teeth...

- **Speaking of** congenital syphilis: What are the classic signs (other than IK, duh)?

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

--

--

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

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

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth.

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

In three words, what sort of condition is A-R?

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth.

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

In three words, what sort of condition is A-R?

An anterior-segment dysgenesis

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth.

--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?*

- Cognitive impairment
- CN8 deafness

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

In three words, what sort of condition is A-R?

An anterior-segment dysgenesis

● Saddle nose

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

A neurocristopathy

- Cognitive impairment
- CN8 deafness

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth.

--Axenfeld-Rieger syndrome
--Incontinentia pigmenti

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

• Saddle nose

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

• **neurocristopathy**

• Cognitive impairment

A 'neurocristopathy'? What does that mean?

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

Name two other congenital eye syndromes that are associated with abnormal teeth.

--Axenfeld-Rieger syndrome
--Incontinentia pigmenti

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

- Saddle nose

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

^ **neurocristopathy**

- Cognitive impairment

A 'neurocristopathy'? What does that mean?

It means 'a disorder stemming from abnormal neural-crest cell migration and/or differentiation'

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

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?

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of [^]congenital syphilis: What are the classic signs (other than IK, duh)?

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

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

In one word, what sort of condition is IP?

A phakomatosis

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

● Saddle nose

● Saber shins

● Cognitive impairment

● CN8 deafness

In one word, what sort of condition is IP?

● **phakomatosis**

Briefly, what is a phakomatosis?

Q/A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

Briefly, what is a phakomatosis?

A congenital condition involving hamartomatous lesions of multiple organ systems, usually including the (abb.), and .

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

- Saddle nose
- Saber shins
- Cognitive impairment
- CN8 deafness

Briefly, what is a phakomatosis?

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

Q

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

--Axenfeld-Rieger syndrome

--Incontinentia pigmenti

● Saddle nose

● Saber shins

● Cognitive impairment

● CN8 deafness

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?

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

- Saddle nose
- Saber shi
- Cognitive i
- CN8 deafn

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-**

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

- Saddle nose
- Saber shi
- Cognitive i
- CN8 deafn

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**

A

IK? IDK IK! OMG!



abnormal teeth...

- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?

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

- Saddle nose
- Saber shi
- Cognitive i
- CN8 deafn

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

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?



Saddle-nose deformity

Q/A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and granulomatosis with polyangiitis (formerly known as)



Saddle-nose deformity

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?
Relapsing polychondritis (RP), and granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis)



Saddle-nose deformity

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis)**

Why formerly? Why is the term Wegener's no longer preferred?



Saddle-nose deformity

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis (formerly known as Wegener's granulomatosis)**

*Why formerly? Why is the term Wegener's no longer preferred?
Because Dr Wegener was a Nazi*



Saddle-nose deformity

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

--RP?

--Granulomatosis with polyangiitis?



Saddle-nose deformity

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

--RP? The presence of ear-cartilage inflammation and/or deformity

--Granulomatosis with polyangiitis?



Saddle-nose deformity

IK? IDK IK! OMG!



Acute inflammation



Post-inflammation deformity

Auricular damage in RP

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

--RP? The presence of ear-cartilage inflammation and/or deformity

--Granulomatosis with polyangiitis?



Saddle-nose deformity

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

- RP? The presence of ear-cartilage inflammation and/or deformity
- Granulomatosis with polyangiitis? The presence of chronic sinusitis



Saddle-nose deformity

Q

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

--RP? The presence of ear-cartilage inflammation and/or deformity
--**Granulomatosis with polyangiitis?** The presence of chronic sinusitis (especially if the nasal discharge is)



Saddle-nose deformity

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - **Saddle nose**

Speaking of saddle-nose deformity...If a pt with it had peripheral ulcerative keratitis (PUK) rather than IK, what two diagnoses should you consider?

Relapsing polychondritis (RP), and **granulomatosis with polyangiitis** (formerly known as Wegener's granulomatosis)

With respect to a saddle-nose pt with PUK, what would push you toward a dx of:

- RP? The presence of ear-cartilage inflammation and/or deformity
- Granulomatosis with polyangiitis?** The presence of chronic sinusitis (especially if the nasal discharge is **bloody**)



Saddle-nose deformity

Q

IK? IDK IK! OMG!



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

In the present context, to what does the term Hutchinson's triad refer?

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - Saddle nose
 - Saber shins
 - Cognitive impairment
 - 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*

Q

IK? IDK IK! OMG!



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

Which three comprise Hutchinson's triad?
--
--
--

In the present context, to what does the term Hutchinson's triad refer?
To **the three stigmata of congenital syphilis that are especially common**

A

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than **IK**, duh)?
 - Circumoral scars
 - **Hutchinson teeth**
 - Saddle nose
 - Saber shins
 - Cognitive impairment
 - **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**

Q

IK? IDK IK! OMG!



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

What is the classic retinal finding in congenital lues?

A

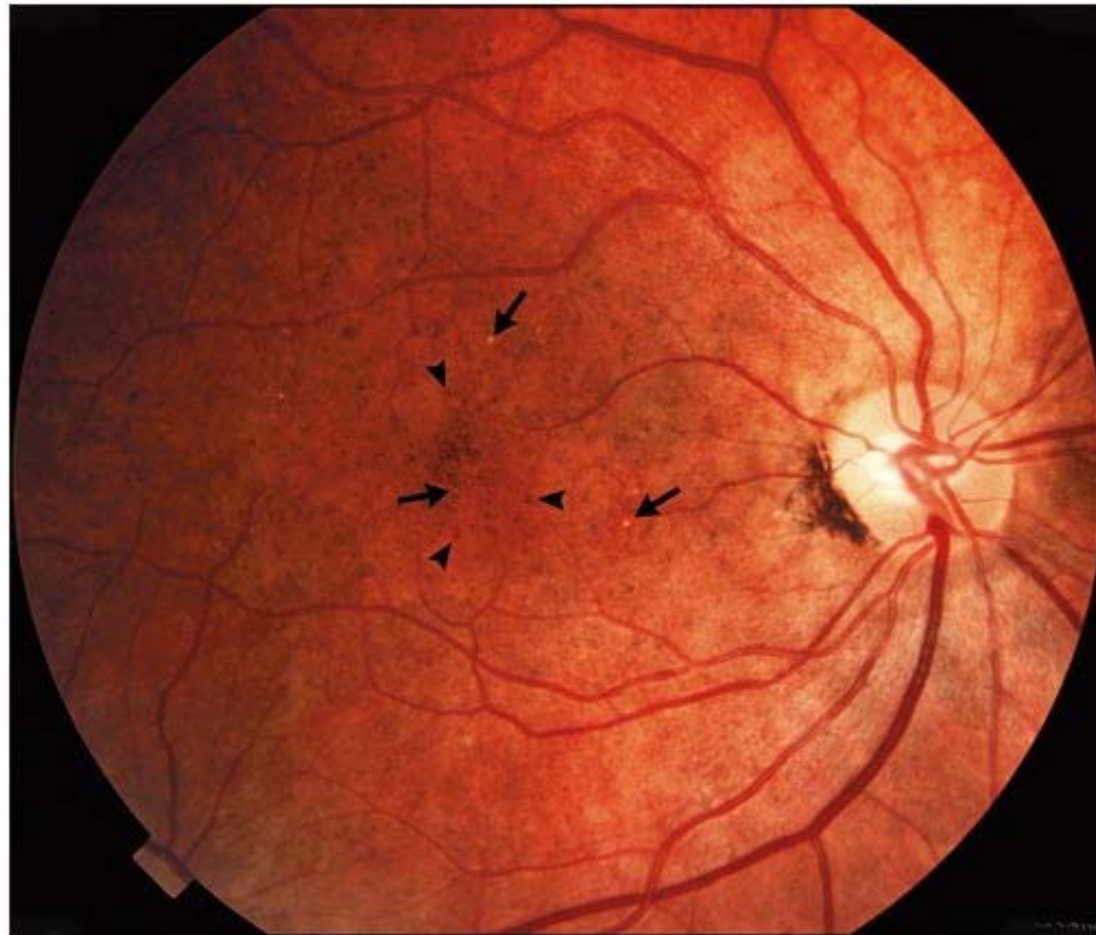
IK? IDK IK! OMG!



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

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

IK? IDK IK! OMG!



Congenital syphilis: Salt-and-pepper retinitis

IK? IDK IK! OMG!



- Speaking of congenital syphilis: What are the classic signs (other than IK, duh)?
 - Circumoral scars
 - Hutchinson teeth
 - Saddle ***Next we will turn our attention to HSV***
 - Saber shins
 - Cognitive impairment
 - CN8 deafness

Q

IK? IDK IK! OMG!



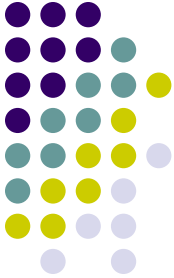
1) ?

2) ?

*You should think of anterior HSV eye dz as having two very broad forms.
What are they?*

A

IK? IDK IK! OMG!



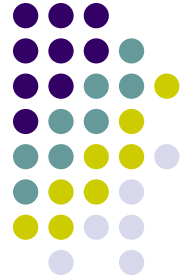
1) Primary ocular disease

2) Recurrent ocular disease

*You should think of anterior HSV eye dz as having two very broad forms.
What are they?*

Q

IK? IDK IK! OMG!



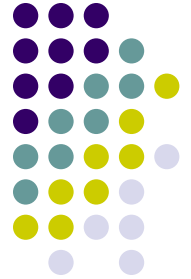
1) Primary ocular disease

2) **Recurrent** ocular disease

Does 'recurrence' mean the pt gets re-infected?

A

IK? IDK IK! OMG!



1) Primary ocular disease

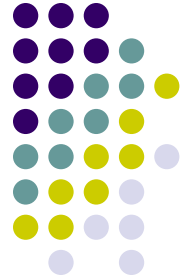
2) **Recurrent** ocular disease

Does 'recurrence' mean the pt gets re-infected?

No! Remember, herpes virus infection is never cleared--rather, it becomes latent within the host. Thus, recurrence means the virus is **reactivated**, not re-acquired.

Q

IK? IDK IK! OMG!



1) Primary ocular disease

2) **Recurrent** ocular disease

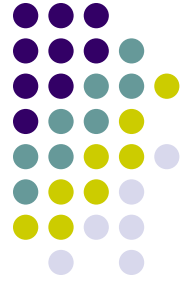
Does 'recurrence' mean the pt gets re-infected?

No! Remember, herpes virus infection is never cleared--rather, **it becomes latent within the host**. Thus, recurrence means the virus is **reactivated**, not re-acquired.

Where in the body do herpesviruses establish their latency?

A

IK? IDK IK! OMG!



1) Primary ocular disease

2) **Recurrent** ocular disease

Does 'recurrence' mean the pt gets re-infected?

No! Remember, herpes virus infection is never cleared--rather, **it becomes latent within the host**. Thus, recurrence means the virus is **reactivated**, not re-acquired.

Where in the body do herpesviruses establish their latency?

Different members of the herpesvirus family take up residence in different cell types. HSV-1 and HSV-2 hole up in sensory neural ganglia.

Q

IK? IDK IK! OMG!



1) Primary ocular disease

2) **Recurrent** ocular disease

Does 'recurrence' mean the pt gets re-infected?

No! Remember, herpes virus infection is never cleared--rather, **it becomes latent within the host**. Thus, recurrence means the virus is **reactivated**, not re-acquired.

Where in the body do herpesviruses establish their latency?

Different members of the herpesvirus family take up residence in different cell types.

HSV-1 and HSV-2 hole up in sensory neural ganglia

Which sensory ganglion harbors the virions responsible for recurrent ocular dz?

A

IK? IDK IK! OMG!



1) Primary ocular disease

2) **Recurrent** ocular disease

Does 'recurrence' mean the pt gets re-infected?

No! Remember, herpes virus infection is never cleared--rather, **it becomes latent within the host**. Thus, recurrence means the virus is **reactivated**, not re-acquired.

Where in the body do herpesviruses establish their latency?

Different members of the herpesvirus family take up residence in different cell types.

HSV-1 and HSV-2 hole up in sensory neural ganglia

Which sensory ganglion harbors the virions responsible for recurrent ocular dz?

The trigeminal (CN5; 'stellate') ganglion

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral* one long word

2) Recurrent ocular disease

A

IK? IDK IK! OMG!



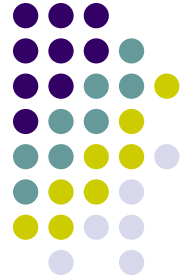
1) Primary ocular disease

--Usually a *unilateral blepharconjunctivitis*

2) Recurrent ocular disease

Q

IK? IDK IK! OMG!



1) Primary ocular disease

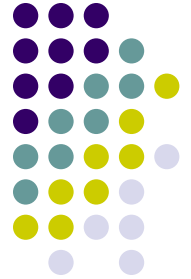
--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin sign 1 and bulbar sign 2

2) Recurrent ocular disease

A

IK? IDK IK! OMG!



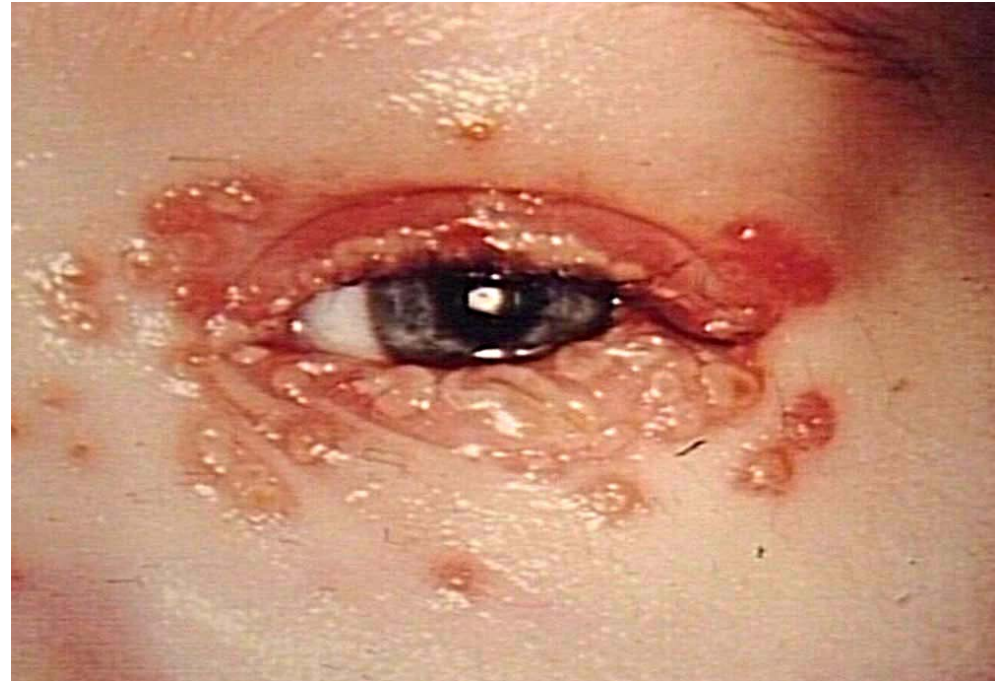
1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

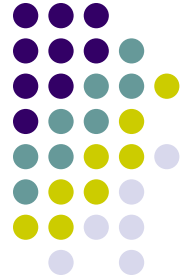
IK? IDK IK! OMG!



HSV blepharoconjunctivitis

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

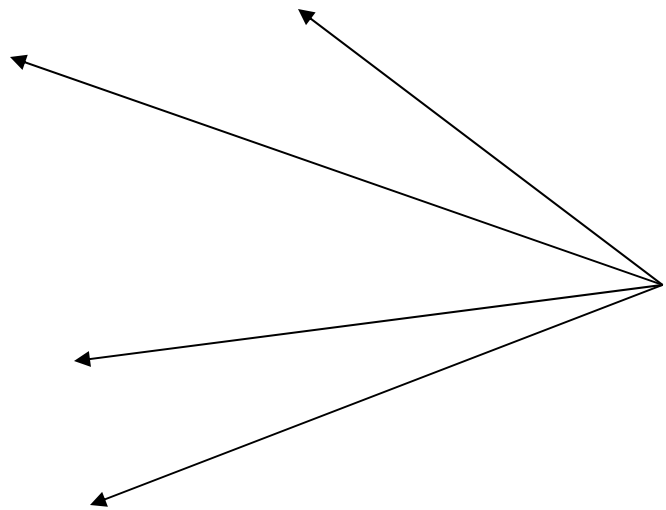
2) Recurrent ocular disease

a) ?

b) ?

c) ?

d) ?



*Four distinct ocular manifestations
(think broadly and anatomically)*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

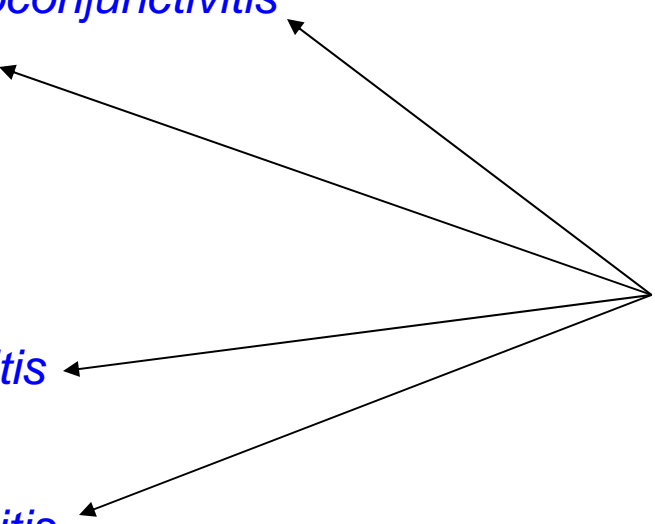
a) *Blepharoconjunctivitis*

b) *Keratitis*

c) *Iridocyclitis*

d) *Trabeculitis*

*Four distinct ocular manifestations
(think broadly and anatomically)*



Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--?

--?

--?

c) *Iridocyclitis*

d) *Trabeculitis*

Three specific and distinct keratitis subtypes

A diagram consisting of three black arrows pointing from the text 'Three specific and distinct keratitis subtypes' to the three subtypes of Keratitis listed above: '--?', '--?', and '--?'.

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial** ←

--**Stromal** ←

--**Endotheliitis** ←

c) *Iridocyclitis*

d) *Trabeculitis*

Three specific and distinct keratitis subtypes

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial:** c/o . Classic sign:

--**Stromal**

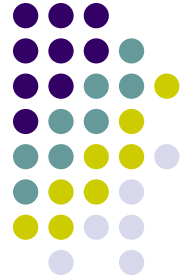
--**Endotheliitis**

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

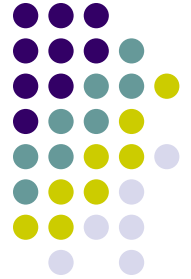
--**Stromal**

--**Endotheliitis**

c) *Iridocyclitis*

d) *Trabeculitis*

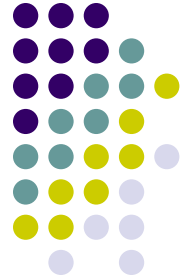
IK? IDK IK! OMG!



HSV epithelial keratitis

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin **vesicles/ulcers** and bulbar **conj ulcers**

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o **foreign body sensation**. Classic sign: **Dendrites**

--**Stromal**

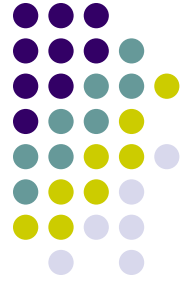
--**Endotheliitis** (aka **two words**): Presents as -shaped edematous area with **abb.**

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

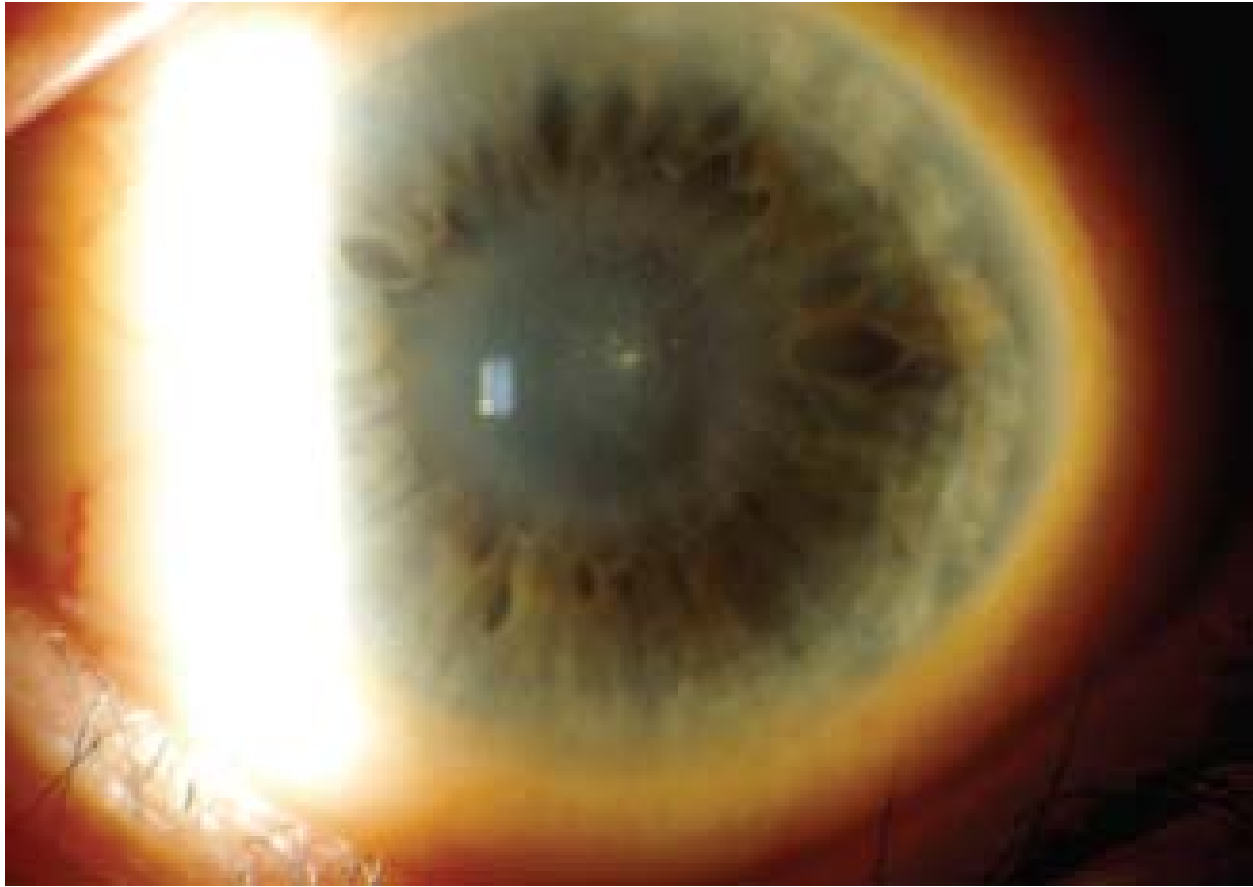
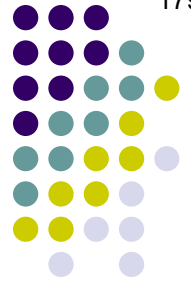
--**Stromal**

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc*-shaped edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

IK? IDK IK! OMG!



HSV endotheliitis/disciform keratitis

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

--?

--?

} *Two subtypes of stromal keratitis*

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

★ --*Necrotizing*
★ --*Interstitial* } *Two subtypes of stromal keratitis*

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

--*Necrotizing*: Looks like an

★--*Interstitial*

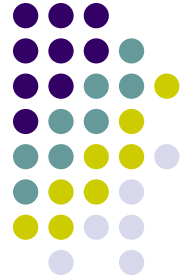
--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin **vesicles/ulcers** and bulbar **conj ulcers**

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o **foreign body sensation**. Classic sign: **Dendrites**

--**Stromal**

--**Necrotizing**: Looks like an **ulcer**

★--**Interstitial**

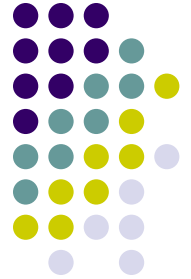
--**Endotheliitis** (aka **disciform keratitis**): Presents as **disc-shaped** edematous area with **KP**

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

--*Necrotizing*: Looks like an *ulcer* (ie, suppurative, with an overlying epithelial defect)

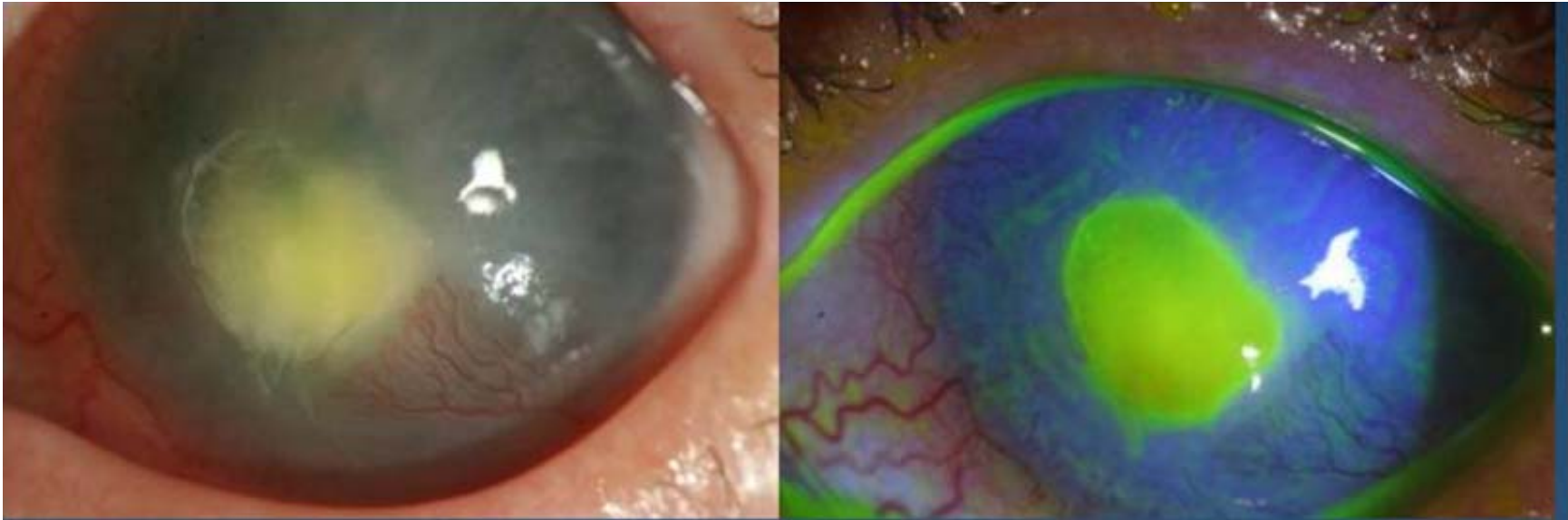
★--*Interstitial*

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

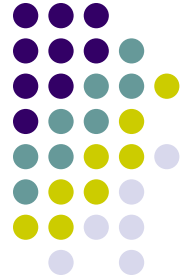
IK? IDK IK! OMG!



HSV necrotizing keratitis

Q

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

--*Necrotizing*: Looks like an *ulcer* (ie, suppurative, with an overlying epithelial defect)

★--*Interstitial*: Looks like a

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin *vesicles/ulcers* and bulbar *conj ulcers*

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o *foreign body sensation*. Classic sign: *Dendrites*

--**Stromal**

--*Necrotizing*: Looks like an *ulcer* (ie, suppurative, with an overlying epithelial defect)

★--*Interstitial*: Looks like a *scar*

--**Endotheliitis** (aka *disciform keratitis*): Presents as *disc-shaped* edematous area with *KP*

c) *Iridocyclitis*

d) *Trabeculitis*

A

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin **vesicles/ulcers** and bulbar **conj ulcers**

2) Recurrent ocular disease

a) *Blepharoconjunctivitis*

b) *Keratitis*

--**Epithelial**: c/o **foreign body sensation**. Classic sign: **Dendrites**

--**Stromal**

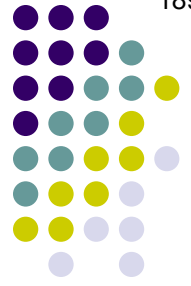
--**Necrotizing**: Looks like an **ulcer** (ie, suppurative, with an overlying epithelial defect)

★--**Interstitial**: Looks like a **scar** (ie, hazy, with **no** overlying epithelial defect)

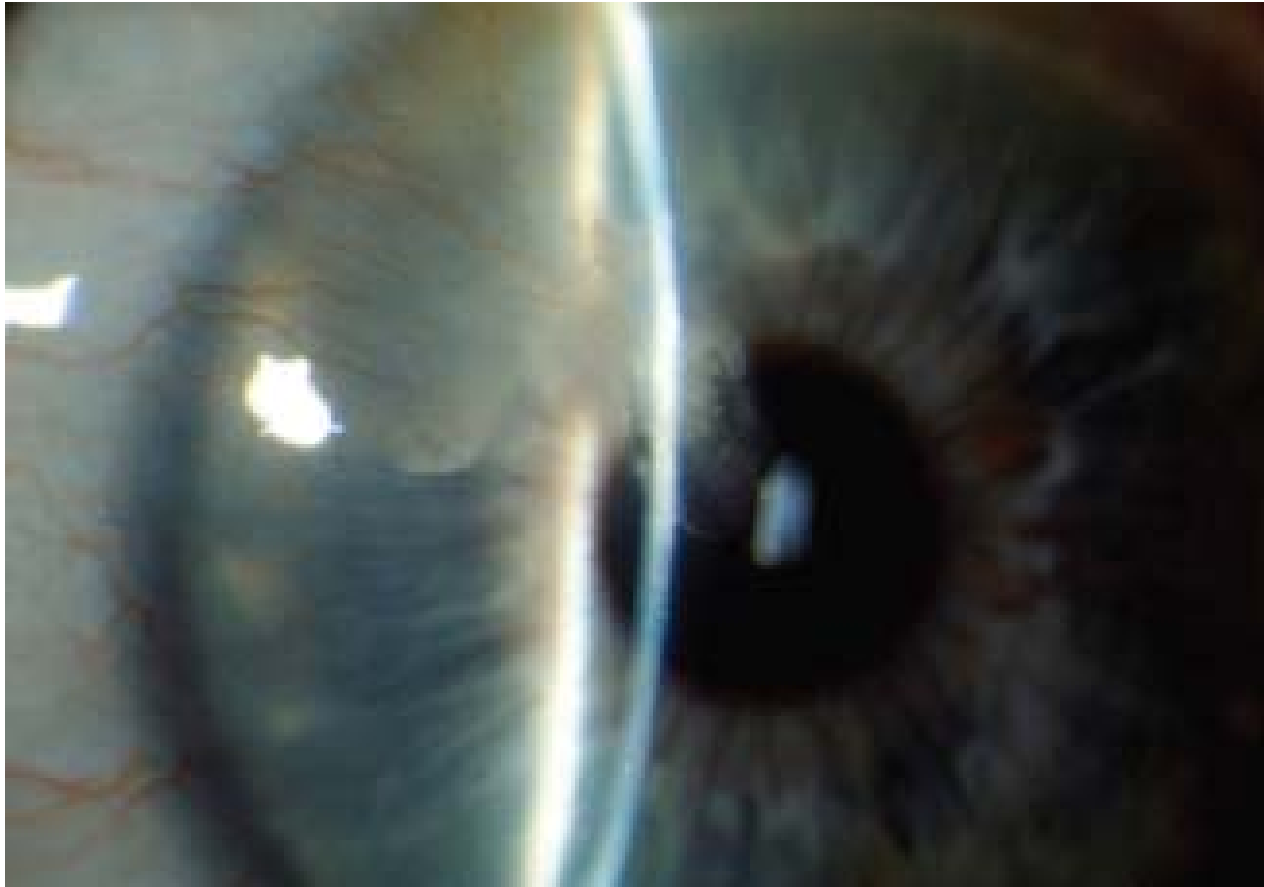
--**Endotheliitis** (aka **disciform keratitis**): Presents as **disc-shaped** edematous area with **KP**

c) *Iridocyclitis*

d) *Trabeculitis*



IK? IDK IK! OMG!



HSV interstitial keratitis

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin vesicles/ulcers and bulbar conj ulcers

2) Recurrent ocular disease

a) *Blepharokeratitis*

b) *Keratitis*

For more on anterior HSV dz, see slide-set K23

--**Epithelial**: c/o foreign body sensation. Classic sign: Dendrites

--**Stromal**

--**Necrotizing**: Looks like an **ulcer** (ie, suppurative, with an overlying epithelial defect)

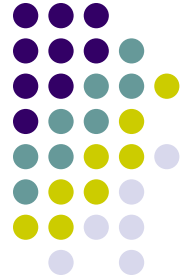
★--**Interstitial**: Looks like a **scar** (ie, hazy, with **no** overlying epithelial defect)

--**Endotheliitis** (aka **disciform keratitis**): Presents as **disc-shaped** edematous area with **KP**

c) *Iridocyclitis*

d) *Trabeculitis*

IK? IDK IK! OMG!



1) Primary ocular disease

--Usually a *unilateral blepharoconjunctivitis*

--Presents with lid margin vesicles/ulcers and bulbar conj ulcers

2) Recurrent ocular disease

a) *Blepharitis*

b) *Keratitis*

For more on anterior HSV dz, see slide-set K23

--**Epithelial**: c/o foreign body sensation. Classic sign: Dendrites

--**Stromal**

--**Necrotizing**: Looks like an **ulcer** (ie, suppurative, with an overlying epithelial defect)

★--**Interstitial**: Looks like a **scar** (ie, hazy, with **no** overlying epithelial defect)

--**Epithelial** (ie, keratitis) Presents with **ulcers** and **ulcers** with **KP**

c) *Iridocyclitis*

Next we will turn our attention to Cogan syndrome

d) *Trabeculitis*

Q

IK? IDK IK! OMG!



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

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



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

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
 - Some patients have serologic evidence of granulomatosis with polyangiitis

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
 - Some patients have serologic evidence of granulomatosis with polyangiitis **F**

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T** *polyarteritis nodosum*
 - Some patients have serologic evidence of ~~granulomatosis with polyangiitis~~ **F**

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children~~ ^{young adults} 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*} ~~granulomatosis~~ _{with polyangiitis}
- Do these pts go on to manifest a systemic vasculitic process?*

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?

- It usually strikes ~~children around age 9 years~~ ^{young adults} F

- It often follows an URTI by 1-2 weeks or so T

- **Some patients have serologic evidence of** ^{*polyarteritis nodosum*} ~~granulomatosis~~

~~with polyangiitis~~

*Do these pts go on to manifest a systemic vasculitic process?
Some do, and it can be life-threatening*

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
polyarteritis nodosum
 - Some patients have serologic evidence of ~~granulomatosis with polyangiitis~~ **F**
 - Patients may complain of tinnitus and/or vertigo

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
 - Some patients have serologic evidence of ~~granulomatosis with polyangiitis~~ *polyarteritis nodosum* **F**
 - Patients may complain of tinnitus and/or vertigo **T**

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
 - Some patients have serologic evidence of ~~granulomatosis with polyangiitis~~ *polyarteritis nodosum* **F**
 - Patients may complain of tinnitus and/or vertigo **T**
 - Topical steroids are the sole treatment

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ *young adults* **F**
 - It often follows an URTI by 1-2 weeks or so **T**
 - Some patients have serologic evidence of ~~granulomatosis with polyangiitis~~ *polyarteritis nodosum* **F**
 - Patients may complain of tinnitus and/or vertigo **T**
 - Topical steroids are the sole treatment **F**

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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

● Patients may complain of tinnitus and/or vertigo

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

osum
is

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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

osum
is

- Patients may complain of tinnitus and/or vertigo
- **Topical steroids are the sole treatment F**

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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?

- Patients may complain of tinnitus and/or vertigo

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

osum
is

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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 (or on occasion, IMT) are used to treat the CNS manifestations

*osum
is*

- Patients may complain of tinnitus and/or vertigo

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

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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 (or on occasion, IMT) are used to treat the CNS manifestations

How urgent is the need to start systemic steroids?

- Patients may complain of tinnitus and/or vertigo

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

osum
is

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with

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 (or on occasion, IMT) are used to treat the CNS manifestations

How urgent is the need to start systemic steroids?

Quite. Cogan's tends to progress rapidly, and profound, permanent hearing loss and even death can result if systemic steroid therapy isn't initiated promptly.

- Patients may complain of tinnitus and/or vertigo

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

osum
is

Q

IK? IDK IK! OMG!



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

A

IK? IDK IK! OMG!



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

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children~~ ^{young adults} 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} ~~granulomatosis~~ with ~~polyangiitis~~ F
 - Patients may complain of tinnitus and/or vertigo T
 - Topical steroids are the sole treatment F
 - **Cogan's is diagnosed a via serum antibody test F**

What test is used to diagnose Cogan's?

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children~~ ^{young adults} 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} ~~granulomatosis~~ with ~~polyangiitis~~ F
 - Patients may complain of tinnitus and/or vertigo T
 - Topical steroids are the sole treatment F
 - **Cogan's is diagnosed a via serum antibody test F**

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

Q

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ ^{young adults} F
 - It often follows an URTI by 1-2 weeks or so T
 - Some patients have serologic evidence of ^{polyarteritis nodosum} ~~granulomatosis with polyangiitis~~ F
 - Patients may complain of tinnitus and/or vertigo T
 - Topical steroids are the sole treatment F
 - **Cogan's is diagnosed a 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?

Q/A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children around age 9 years~~ ^{young adults} F
 - It often follows an URTI by 1-2 weeks or so T
 - Some patients have serologic evidence of ^{polyarteritis nodosum} ~~granulomatosis with polyangiitis~~ F
 - Patients may complain of tinnitus and/or vertigo T
 - Topical steroids are the sole treatment F
 - **Cogan's is diagnosed a 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, must be ruled out via serologic testing (and consideration should be given to assessing for systemic inflammatory causes as well)

A

IK? IDK IK! OMG!



- Regarding interstitial keratitis (IK) associated with *Cogan syndrome*, which are true?
 - It usually strikes ~~children~~ ^{young adults} 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} ~~granulomatosis with polyangiitis~~ F
 - Patients may complain of tinnitus and/or vertigo T
 - Topical steroids are the sole treatment F
 - **Cogan's is diagnosed a 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 systemic inflammatory causes as well)