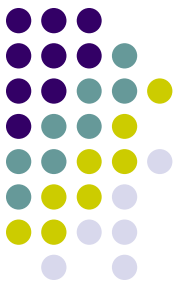


Q

PXS v PDS/PG



*In the context of training to be an eye dentist,
what do the following stand for?*

PXS: ?

PDS: ?

PG: ?

A

PXS v PDS/PG



*In the context of training to be an eye dentist,
what do the following stand for?*

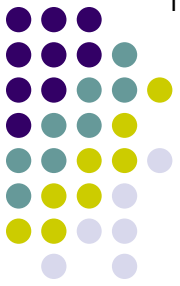
PXS: Pseudoexfoliation syndrome

PDS: Pigment dispersion syndrome

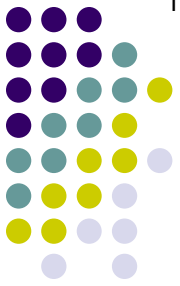
PG: Pigmentary glaucoma

Q/A

PXS v PDS/PG: FITB



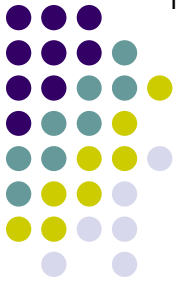
	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20s – 40s
<i>Sex predilection</i>	F>M	M>F
<i>Angle status</i>	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i> The compromised status of the allows the lens-iris diaphragm to move forward</p>		



A

PXS v PDS/PG: FITB

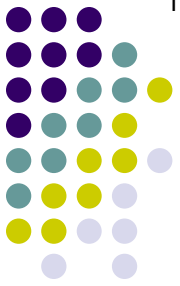
	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20s – 40s
<i>Sex predilection</i>	F>M	M>F
<i>Angle status</i>	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i> The compromised status of the zonules allows the lens-iris diaphragm to move forward</p>		



PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS? The compromised status of the zonules to move forward	We'll unpack this later in the set	

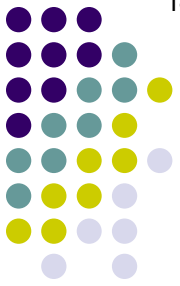
No question—keep going



Q

PXS v PDS/PG: FITB

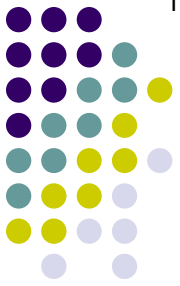
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i></p> <p>The compromised status of the zonules allows the lens-iris diaphragm to move forward</p> <p><i>Does this mean PXS is a closed-angle form of glaucoma?</i></p>		



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i> The compromised status of the zonules allows the lens-iris diaphragm to move forward</p> <p><i>Does this mean PXS is a closed-angle form of glaucoma?</i> Despite the characteristic narrowed angle, it is not—it is an open-angle glaucoma (OAG)</p>		



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i> The compromised status of the zonules allows the lens-iris diaphragm to move forward</p>		
<p><i>Does this mean PXS is a form of POAG?</i> Despite the characteristic angle closure glaucoma (OAG)</p>		
<p><i>So does this mean PXS is a form of POAG?</i></p>		



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i></p> <p>The compromised status of the zonules allows the lens-iris diaphragm to move forward</p>		
<p><i>Does this mean PXS is a form of POAG?</i></p> <p>Despite the characteristic narrow angle, PXS is not a form of glaucoma (OAG)</p>		
<p><i>So does this mean PXS is a form of POAG?</i></p> <p>There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is open (duh), and 2) no associated condition is present.</p>		



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is open (duh), and 2) no associated condition is present. In short, POAG is a diagnosis of exclusion .	
Despite the characteristic narrow angle, PXS is not a form of glaucoma (OAG)		



Q

PXS v PDS/PG: FITB

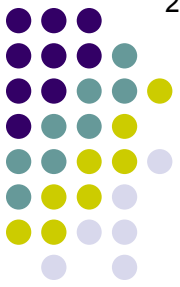
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is open (duh), and 2) no associated condition is present. In short, POAG is a diagnosis of exclusion .	
Despite the characteristic narrow angle, PXS is not a form of glaucoma (OAG)	If PXS is not POAG, what is it?	

A

PXS v PDS/PG: FITB



	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is open (duh), and 2) no associated condition is present. In short, POAG is a diagnosis of exclusion .	
Despite the characteristic narrow angle, PXS is not a form of OAG .	If PXS is not POAG, what is it? It is a form of 2ndry OAG	



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is closed and 2) a specific condition is present. In short, 'A form of 2ndry OAG' implies that other forms exist— is this the case?	
Despite the characteristic narrow angle, PXS is not a form of OAG	If PXS is not POAG, what is it? It is a form of 2ndry OAG	



A

PXS v PDS/PG: FITB

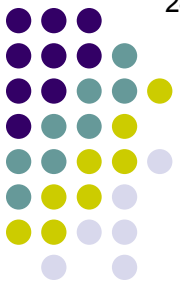
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
<p><i>Why is the angle narrowed in PXS?</i> The compromised status of the zonules allows the lens-iris diaphragm to move forward</p>		
<p><i>Does this mean PXS is a form of POAG?</i> Despite the characteristic narrow angle, PXS is not a form of POAG. There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is closed and 2) a specific condition is present. In short, PXS is not POAG.</p>		
<p><i>If PXS is not POAG, what is it?</i> It is a form of 2ndry OAG</p>		<p><i>'A form of 2ndry OAG' implies that other forms exist— is this the case?</i> Indeed it is (slide-set G13 addresses the 2ndry OAGs)</p>



A

PXS v PDS/PG: FITB

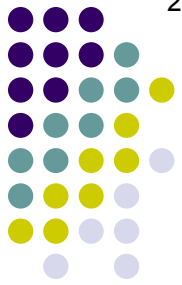
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is closed and 2) the condition is present. In short, no.	
Despite the characteristic angle-closure glaucoma (OAG)	'A form of 2ndry OAG' implies that other forms exist—is this the case? Indeed it is (slide-set G13 addresses the 2ndry OAGs)	
If PXS is not POAG, what is it?	It is a form of 2ndry OAG	
Is PG one of the other forms?	It is indeed	



Q

PXS v PDS/PG: FITB

	PXS?	PDS/PG?
Age	Rare <50, usually >70	20s – 40s
Sex predilection	Which is more common—PXS, or PG?	
Angle status		
Why is the angle narrowed in PXS?	The compromised status of the zonules allows the lens-iris diaphragm to move forward	
Does this mean PXS is a form of POAG?	Despite the characteristic angle-closure glaucoma (OAG) There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is closed and 2) a 'form of 2ndry OAG' implies that other forms exist—condition is present. In short, is this the case? Indeed it is (slide-set G13 addresses the 2ndry OAGs)	
If PXS is not POAG, what is it?	It is a form of 2ndry OAG	
Is PG one of the other forms?	It is indeed	

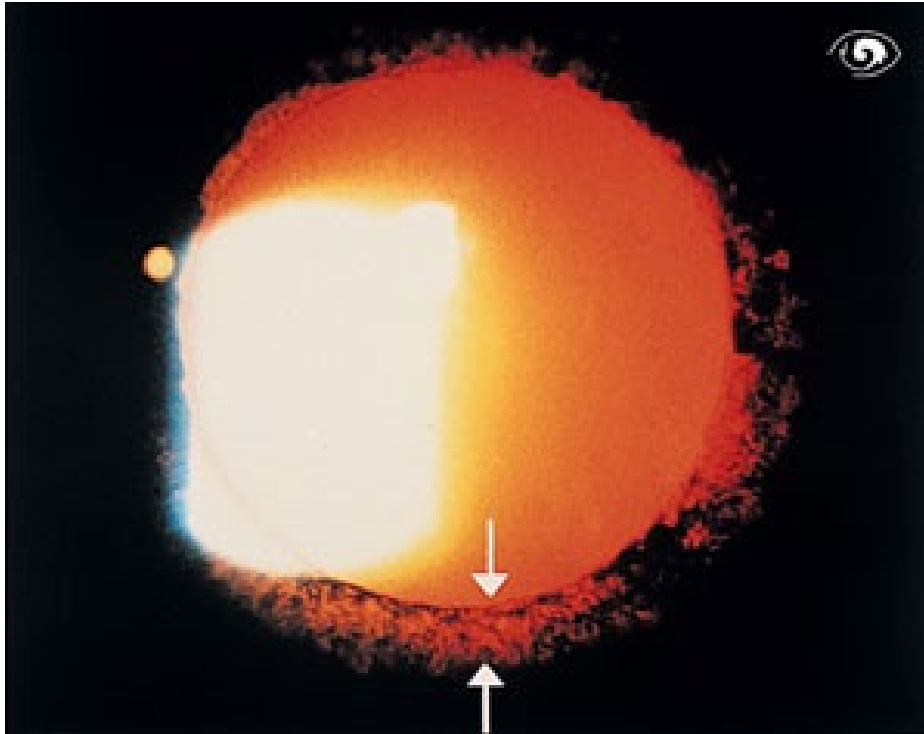


A

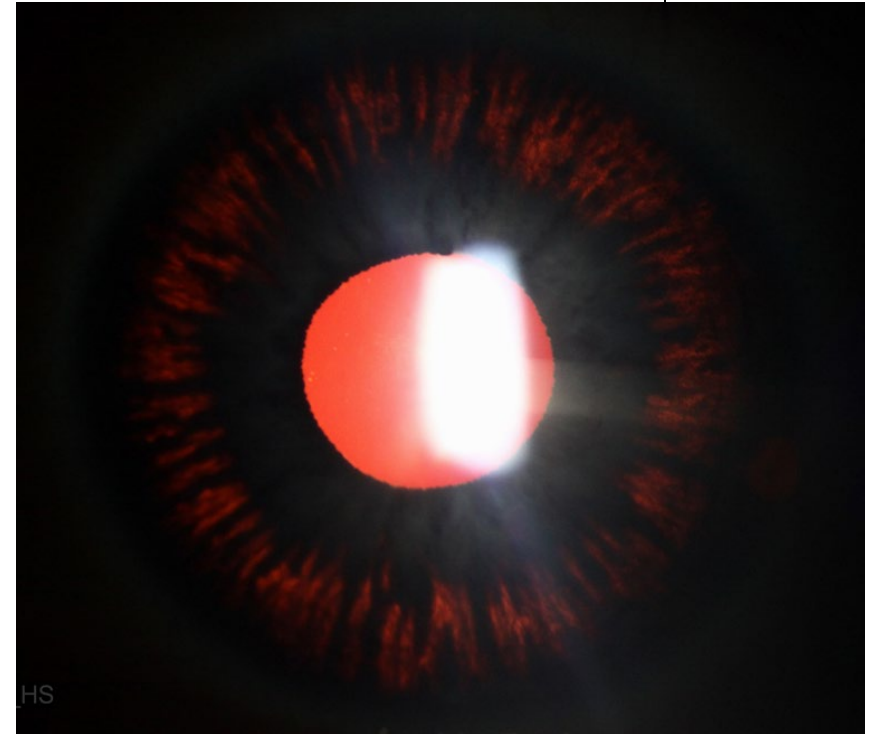
PXS v PDS/PG: FITB

	PXS!	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	<p><i>Which is more common—PXS, or PG?</i></p> <p>PXS. In fact, PXS is the most common form of 2ndry OAG (a point the BCSC stresses, meaning you should too)</p>	
Angle status		
<p><i>Why is the angle narrowed in PXS?</i></p> <p>The compromised status of the zonules allows the lens-iris diaphragm to move forward</p>		
<p><i>Does this mean PXS is a form of POAG?</i></p> <p>Despite the characteristic angle-closure glaucoma (OAG)</p>	<p><i>So does this mean PXS is a form of POAG?</i></p> <p>There's no such thing as a 'form of POAG.' A glaucoma is POAG if and only if 1) the angle is closed and 2) the condition is present. In short, <i>is this the case?</i></p> <p><i>Indeed it is (slide-set G13 addresses the 2ndry OAGs)</i></p>	
<p><i>If PXS is not POAG, what is it?</i></p> <p>It is a form of 2ndry OAG</p>		
		<p><i>Is PG one of the other forms?</i></p> <p>It is indeed</p>

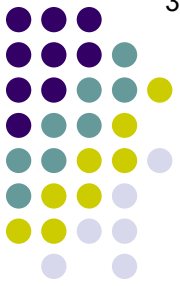
PXS v PDS/PG: FITB



Pseudoexfoliation syndrome:
'Moth eaten' marginal TIDs



PDS: 'Radial' TIDs



Q

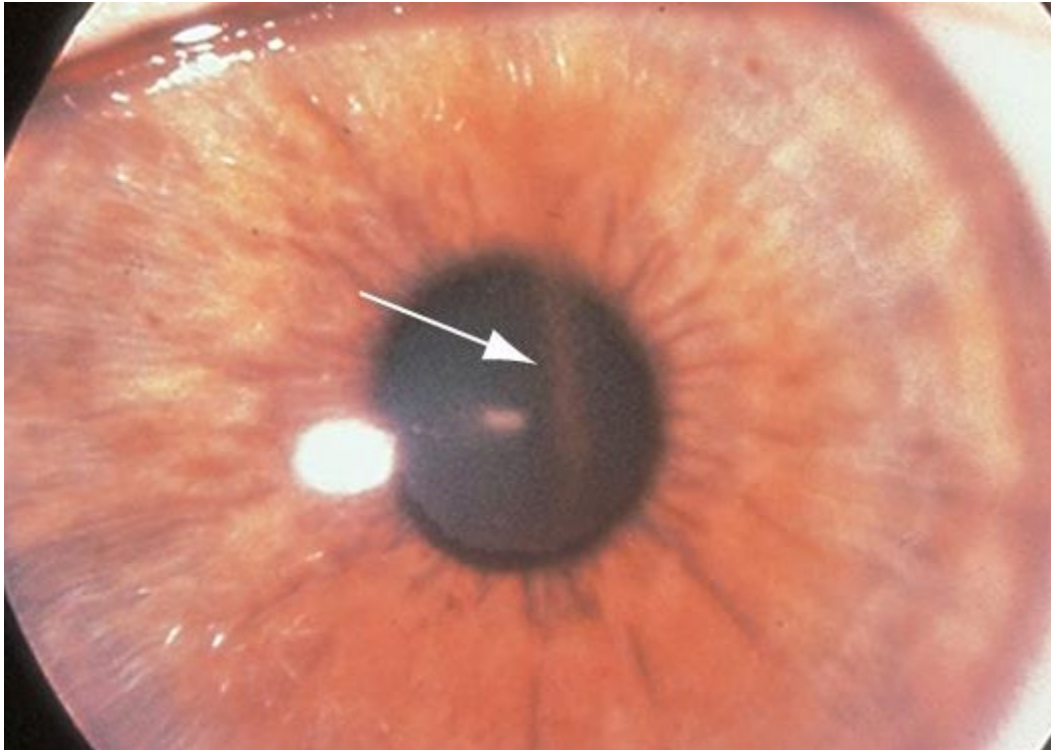
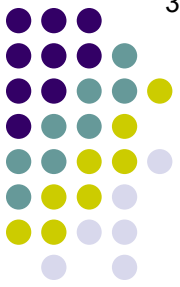
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection		
Angle status		
Iris transilluminates v		
Krukenberg spindle		

What is a Krukenberg spindle?

Krukenberg spindle

PXS v PDS/PG: FITB



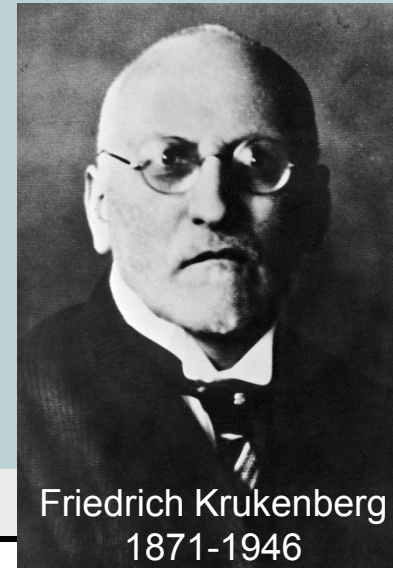
Krukenberg spindle



A

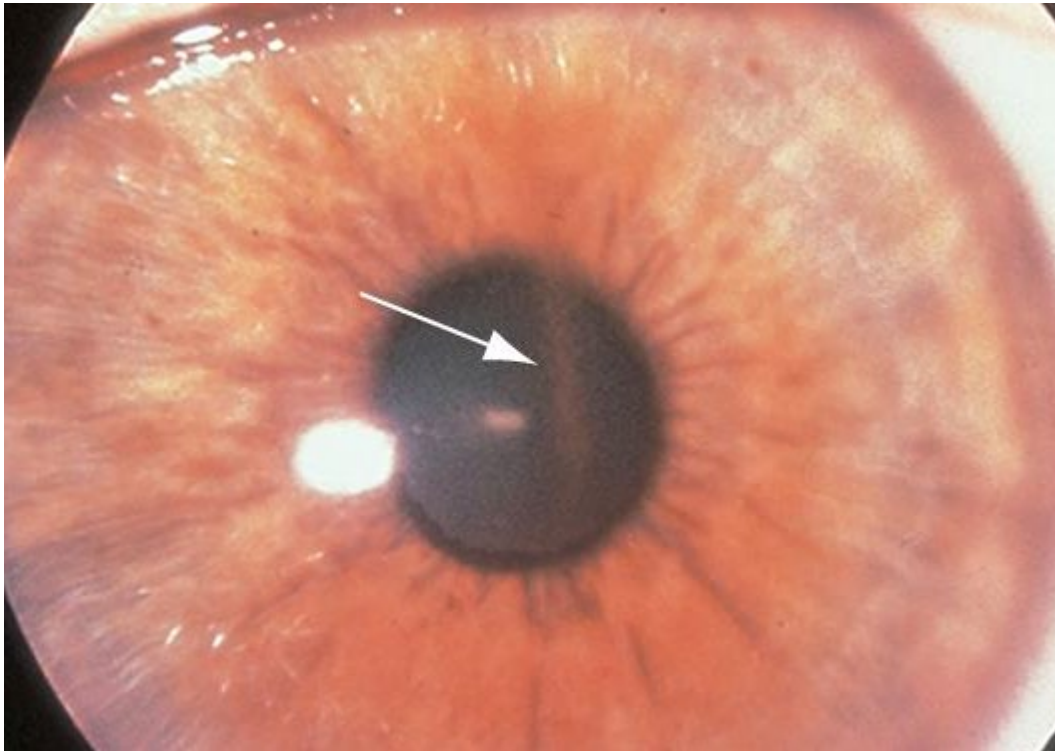
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection	<p><i>What is a Krukenberg spindle?</i> A vertical distribution of pigment on the endothelial surface of the cornea</p>	
Angle status	<p><i>Why is it called that?</i> Because Dr Krukenberg was the first to publish about it</p>	
Iris transilluminate v		
Krukenberg spindle		



Friedrich Krukenberg
1871-1946

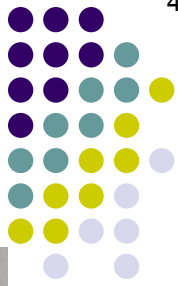
PXS v PDS/PG: FITB

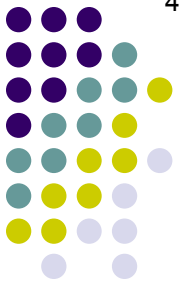


Krukenberg spindle



Spindle spindle

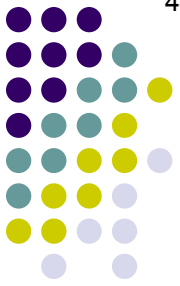




Q

PXS v PDS/PG: FITB

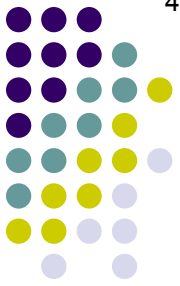
	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection	<p>What is a Krukenberg spindle? A vertical distribution of pigment on the endothelial surface of the cornea</p>	
Angle status	<p>Why is it called that? Because Dr Krukenberg was the first to publish about it</p>	
Iris transilluminates v	<p><i>I meant the 'spindle' part. (I had already assumed it was named after some dead white guy.) What does it mean to say something is spindle-shaped?</i> It means it's elongated, thicker in the middle and tapered at the ends</p>	
Krukenberg spindle	<p>What is the source of the spindle's pigment in PDS/PG? It is liberated from the posterior aspect of the iris by the rubbing of the zonules</p>	
	<p>What factors account for the location and shape of the K spindle? Convection currents within the anterior chamber funnel pigment into this area</p>	



A

PXS v PDS/PG: FITB

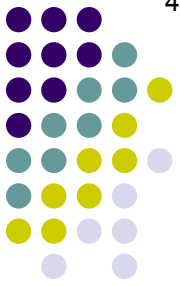
	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection	<p><i>What is a Krukenberg spindle?</i> A vertical distribution of pigment on the endothelial surface of the cornea</p>	
Angle status	<p><i>Why is it called that?</i> Because Dr Krukenberg was the first to publish about it</p>	
Iris transilluminate v	<p><i>I meant the 'spindle' part. (I had already assumed it was named after some dead white guy.) What does it mean to say something is spindle-shaped?</i> It means it's elongated, thicker in the middle and tapered at the ends</p>	
Krukenberg spindle	<p><i>What is the source of the spindle's pigment in PDS/PG?</i> It is liberated from the posterior aspect of the iris by the rubbing of the zonules</p>	
	<p><i>What factors account for the location and shape of the K spindle?</i> Convection currents within the anterior chamber funnel pigment into this area</p>	



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection	<p><i>What is a Krukenberg spindle?</i> A vertical distribution of pigment on the endothelial surface of the cornea</p>	
Angle status	<p><i>Why is it called that?</i></p>	
Iris transillumination defects	<p><i>Is Krukenberg spindle pathognomonic for PDS and/or PXS?</i></p>	
Krukenberg spindle	<p><i>It is spindle-shaped?</i> It means it's elongated, thicker in the middle and tapered at the ends</p>	
	<p><i>What is the source of the spindle's pigment in PDS/PG?</i> It is liberated from the posterior aspect of the iris by the rubbing of the zonules</p>	
	<p><i>What factors account for the location and shape of the K spindle?</i> Convection currents within the anterior chamber funnel pigment into this area</p>	



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50 usually >70	20s – 40s
Sex predilection		
Angle status		
Iris transilluminates v		
Krukenberg spindle	<p><i>What is a Krukenberg spindle?</i> A vertical distribution of pigment on the endothelial surface of the cornea</p> <p><i>Why is it called that?</i> <i>Is Krukenberg spindle pathognomonic for PDS and/or PXS?</i></p> <p>No, it can occur in any ocular condition in which pigment is liberated within the anterior segment of the eye (eg, uveitis) and after some time it becomes spindle-shaped? It means it's elongated, thicker in the middle and tapered at the ends</p> <p><i>What is the source of the spindle's pigment in PDS/PG?</i> It is liberated from the posterior aspect of the iris by the rubbing of the zonules</p> <p><i>What factors account for the location and shape of the K spindle?</i> Convection currents within the anterior chamber funnel pigment into this area</p>	



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line --common?	Very common	Less common
What is a Sampaolesi line?		



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line --common?	Very common	Less common
<p><i>What is a Sampaolesi line?</i> A scalloped line of pigment present anterior (ie, 'above' on gonioscopy) to Schwalbe's line in the angle</p>		

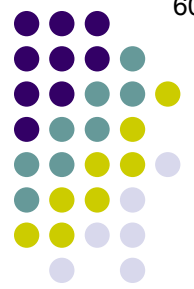


A

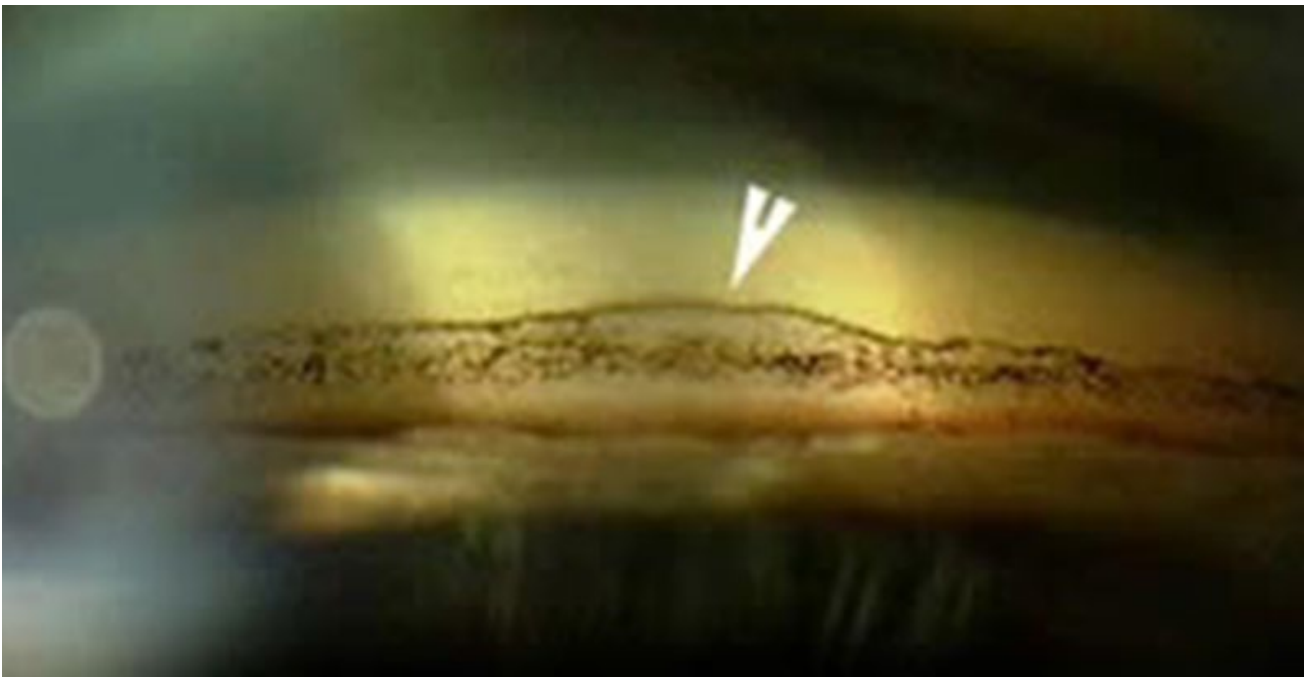
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line --common?	Very common	Less common

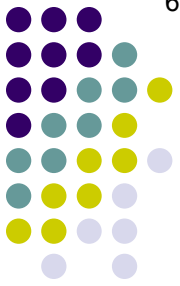
What is a Sampaolesi line?
 A scalloped line of pigment present anterior (ie, 'above' on gonioscopy) to Schwalbe's line in the angle. It may seem counterintuitive that a pigment-related exam finding would be **more** common in PXS and **less** in PDS/PG (it certainly does to me), but that's the way it is. Be sure to make a mental note of this!



PXS v PDS/PG: FITB



Sampaolesi line



PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s - 40s
Subpopulation	In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)...		
Angle status	<i>No question yet—keep going</i>		
Iris transilluminates when			
Krukenberg spindle			
Sampaolesi line			



Q

PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s - 40s
Sex predilection			
Angle status			
Iris transilluminates when			
Krukenberg spindle			
Sampaolesi line			

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

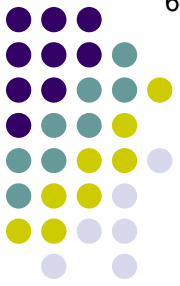


A

PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s - 40s
Sex predilection			
Angle status			
Iris transillumination			
Krukenberg spindle			
Sampaolesi line			

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*
 The area of zonular insertion on the posterior aspect of the lens capsule



Q

PXS v PDS/PG: FITB

PDS/PG

Age

Rare <50 usually >70

20s - 40s

Stromal predilection

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

Angle status

The area of zonular insertion on the posterior aspect of the lens capsule

Iris transilluminates when

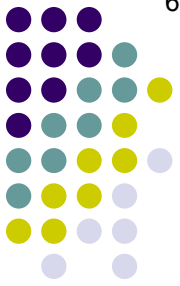
Krukenberg spindle

Sampaolesi line

By what eponymous names (there are two) is this sign known?

Q/A

PXS v PDS/PG: FITB



PDS/PG

Age

Rare <50 usually >70

20s - 40s

Sprengvork predilection

Angle status

Iris transillumination

Krukenberg spindle

Sampaolesi line

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*
 The area of zonular insertion on the posterior aspect of the lens capsule

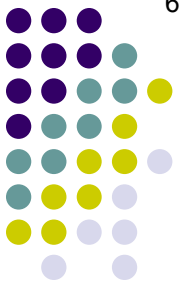
By what eponymous names (there are two) is this sign known?

eponym 1

stripe or

eponym 2

line



A

PXS v PDS/PG: FITB

PDS/PG

Age

Rare <50 usually >70

20s - 40s

Stromal predilection

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

Angle status

The area of zonular insertion on the posterior aspect of the lens capsule

Iris transilluminates where

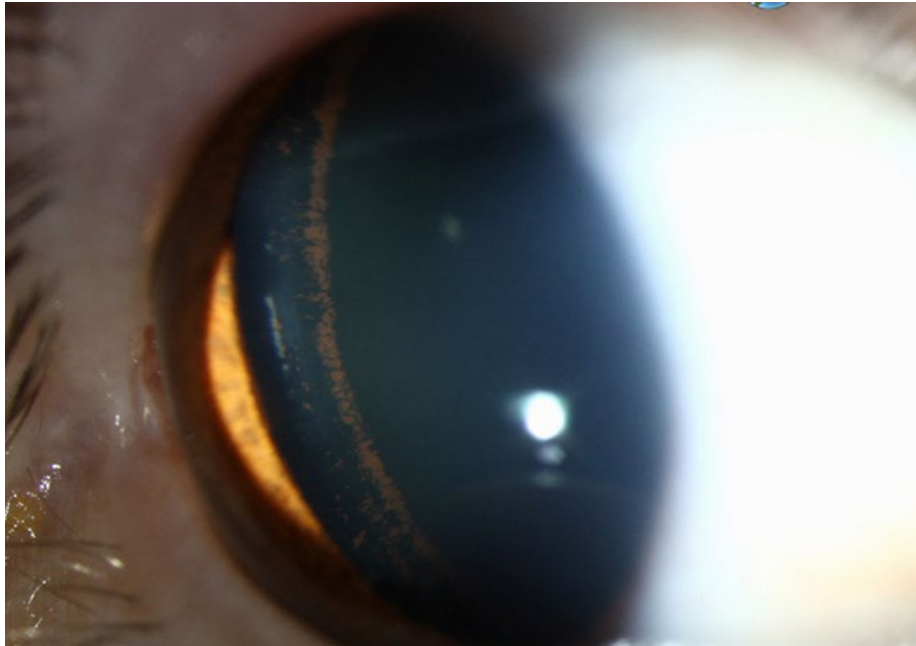
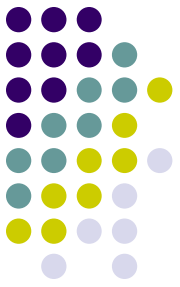
Krukenberg spindle

By what eponymous names (there are two) is this sign known?

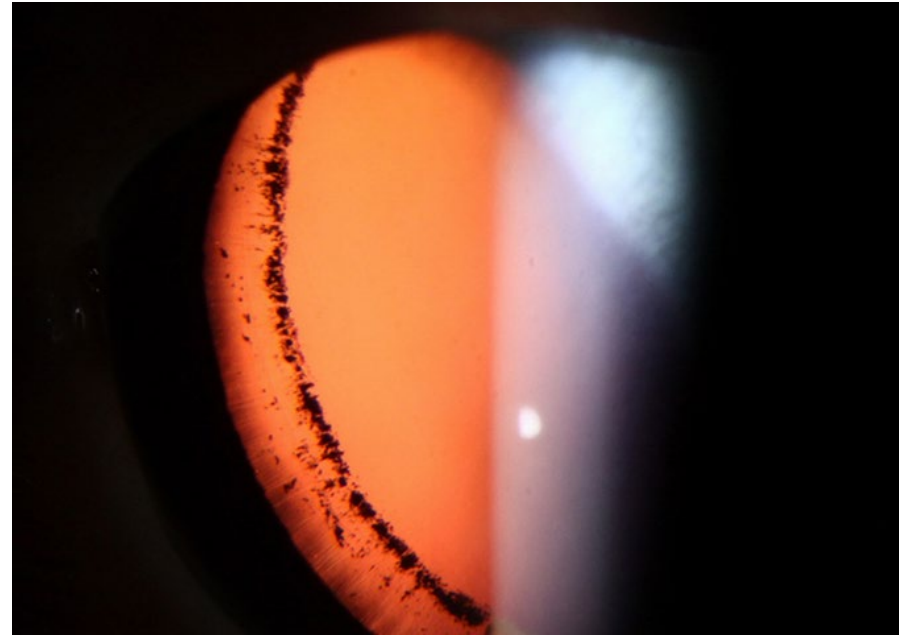
Sampaolesi line

Scheie stripe or **Zentmayer line**

PXS v PDS/PG: FITB

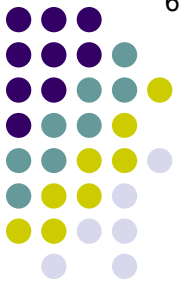


Direct illumination



Retroillumination

Scheie stripe



PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s – 40s
Sex predilection			
Angle status			
Iris transilluminates when			
Krukenberg spindle			
Sampaolesi line			

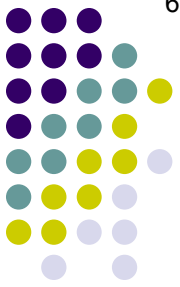
In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

The area of zonular insertion on the posterior aspect of the lens capsule

By what eponymous names (there are two) is this sign known?

Scheie stripe or **Zentmayer line**

(Note: For some reason, the BCSC Glaucoma book prefers the much-less-commonly-used term **Zentmayer line** for this finding. So make sure to know **both** names!)



Q

PXS v PDS/PG: FITB

PDS/PG

Age

Rare <50 usually >70

20s - 40s

Sclerotic predilection

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

Angle status

The area of zonular insertion on the posterior aspect of the lens capsule

Iris transillumination

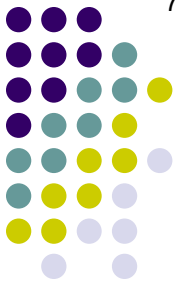
Krukenberg spindle

By what eponymous names (there are two) is this sign known?

Sampaolesi line

Scheie stripe or **Zentmayer line**

Is this finding pathognomonic for PDS/PG?



A

PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s - 40s
Sex predilection			
Angle status			
Iris transilluminates when			
Krukenberg spindle			
Sampaolesi line			

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

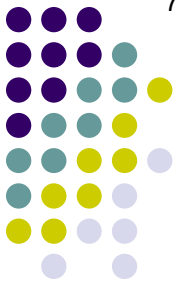
The area of zonular insertion on the posterior aspect of the lens capsule

By what eponymous names (there are two) is this sign known?

Scheie stripe or **Zentmayer line**

Is this finding pathognomonic for PDS/PG?

Yes (note: Unlike both the K spindle and Sampaolesi line!)



Q

PXS v PDS/PG: FITB

PDS/PG

Age

Rare <50 usually >70

20s - 40s

Sclerotic predilection

In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... *In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?*

Angle status

The area of zonular insertion on the posterior aspect of the lens capsule

Iris transillumination

Krukenberg spindle

By what eponymous names (there are two) is this sign known?

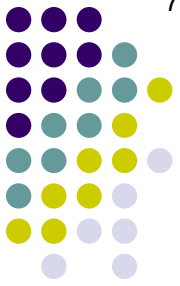
Sampaolesi line

Scheie stripe or **Zentmayer line**

Is this finding pathognomonic for PDS/PG?

Yes (note: Unlike both the K spindle and Sampaolesi line!)

Does it tend to fade with time a la the K spindle and Sampaolesi line?



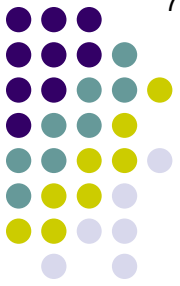
A

PXS v PDS/PG: FITB

			PDS/PG
Age	Rare <50 usually >70		20s - 40s
Site of predilection	<p>In addition to the cornea's endothelial surface (K spindle) and the angle (Sampaolesi line)... <i>In what other anterior-segment location does pigment accumulate in PDS/PG such as to form a well-known clinical sign?</i></p> <p>The area of zonular insertion on the posterior aspect of the lens capsule</p>		
Angle status	<p><i>By what eponymous names (there are two) is this sign known?</i></p> <p>Scheie stripe or Zentmayer line</p>		
Iris transillumination	<p><i>Is this finding pathognomonic for PDS/PG?</i></p> <p>Yes (note: Unlike both the K spindle and Sampaolesi line!)</p>		
	<p><i>Does it tend to fade with time as the K spindle and Sampaolesi line?</i></p> <p>No (a fact that increases its value as an exam finding)</p>		

Krukenberg spindle

Sampaolesi line



PXS v PDS/PG: FITB



Note: Changing conditions!



	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminate where?	Margin	Radial
Krukenberg spindle —common?	Less common	Very common
Sampaolesi line —common?	Very common	Less common

No question yet—keep going



Q

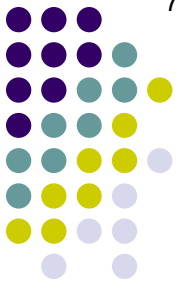
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection		
Marital status		
Iris transillumination		
Krukenberg spindle		
Sampaolesi line		

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Q/A

PXS v PDS/PG: FITB



PXS

PDS/PG

Age

Rare <50, usually >70

20s – 40s

Stromal redilation

Angle status

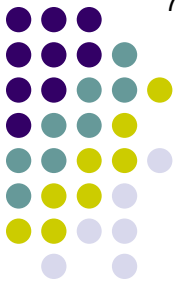
Iris transillumination

Krukenberg spindle

Sampaolesi line

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

The presence of **buzzword** material on the anterior lens capsule

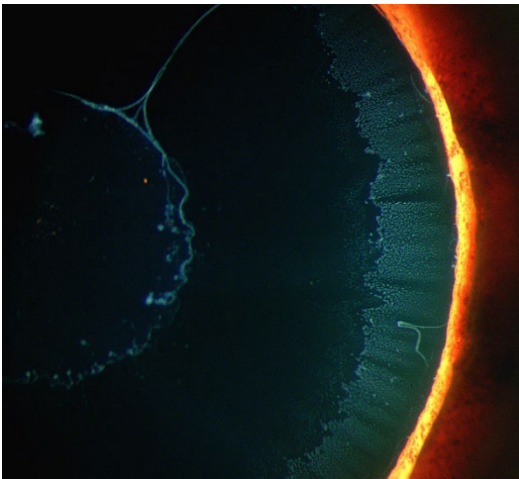
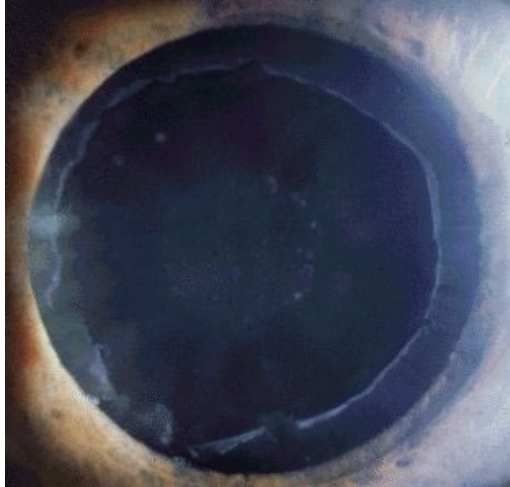


Q

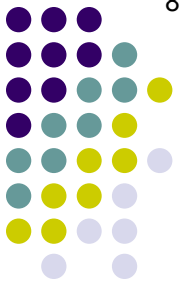
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Stromal predilection	<p><i>In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?</i></p> <p>The presence of fibrillar material on the anterior lens capsule</p> <p><i>What sort of pattern does this material form on the capsule?</i></p>	
Angle status		
Iris transillumination		
Krukenberg spindle		
Sampaolesi line		

PXS v PDS/PG: FITB



PXS: Fibrillar material on anterior capsule in a target-like distribution



A

PXS v PDS/PG: FITB

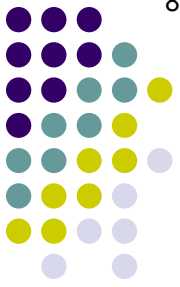
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Stromal redilection	<p><i>In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?</i></p> <p>The presence of fibrillar material on the anterior lens capsule</p>	
Angle status	<p><i>The presence of fibrillar material on the anterior lens capsule</i></p>	
Iris transillumination	<p><i>What sort of pattern does this material form on the capsule?</i></p> <p>'Target-like'</p>	
Krukenberg spindle	<p><i>What accounts for the target-like distribution of the material?</i></p> <p>The movement of the iris across the capsule as the pupil dilates and constricts</p>	
Sampaolesi line		



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	What is this material limited to the anterior lens surface?	
Krukenberg spindle		
Sampaolesi line		
	What accounts for the target-like distribution of the material?	
	The movement of the iris across the capsule as the pupil dilates and constricts	

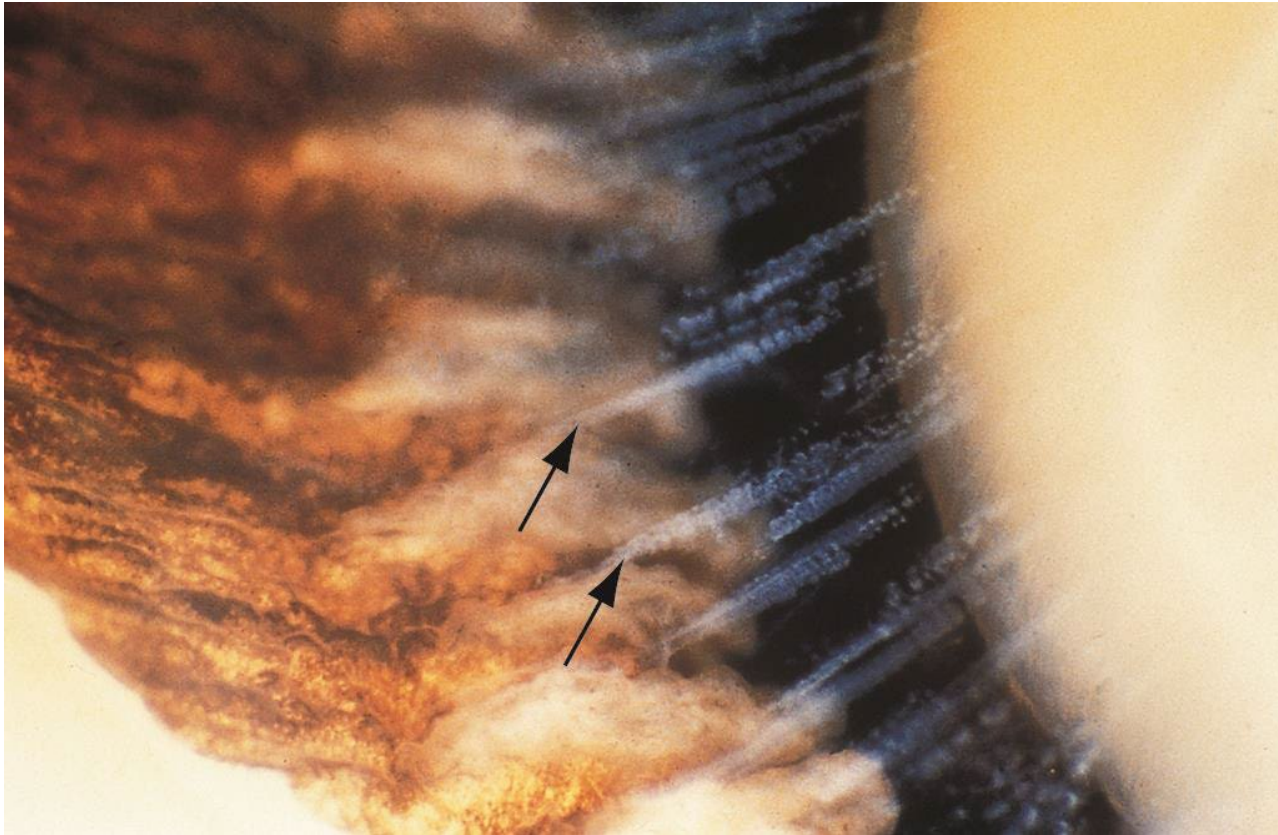


A

PXS v PDS/PG: FITB

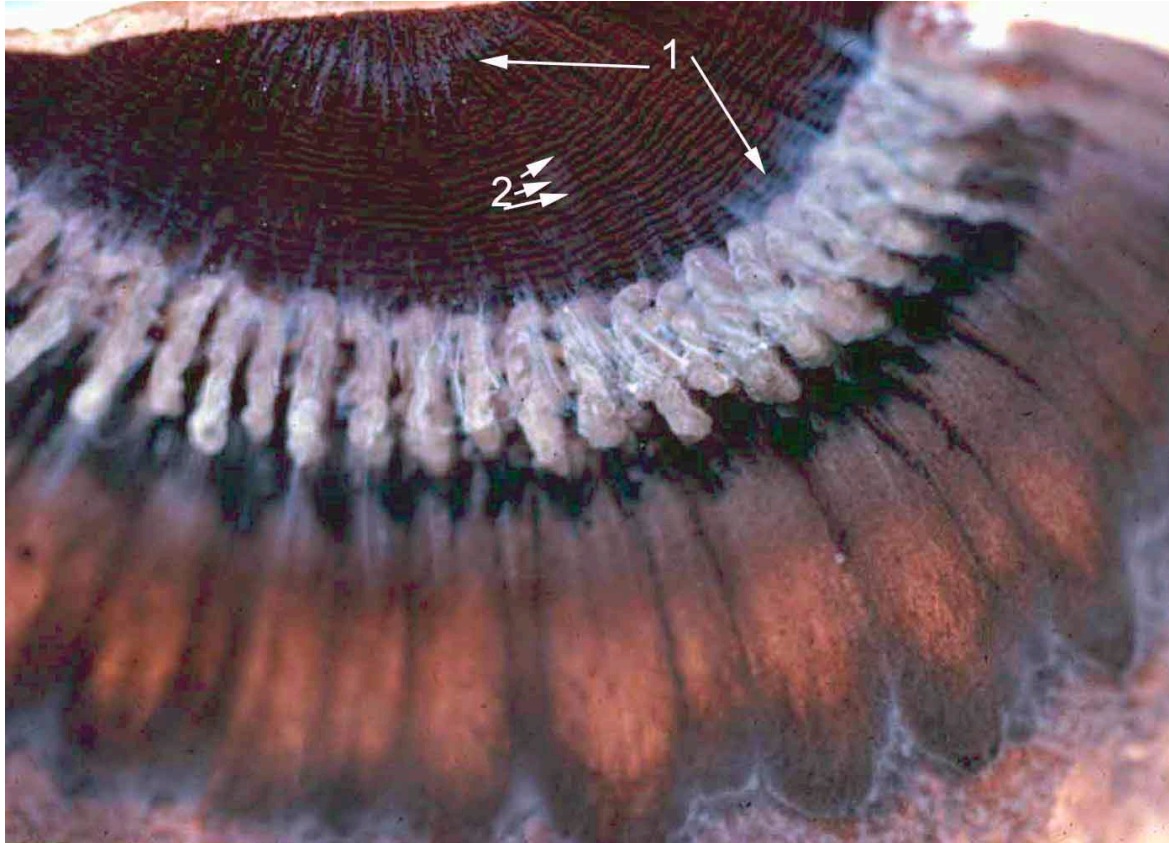
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Stromal predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	What is this material limited to the anterior lens surface?	
Krukenberg spindle	No, it can be found throughout both the anterior and posterior chambers	
Sampaolesi line	What accounts for the target-like distribution of the material?	
	The movement of the iris across the capsule as the pupil dilates and constricts	

PXS v PDS/PG: FITB



PXS: Fibrillar material on zonles

PXS v PDS/PG: FITB



PXS: Fibrillar material on posterior iris, and ciliary processes

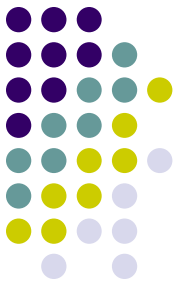
PXS v PDS/PG: FITB



PXS: Fibrillar material on ciliary processes (high mag)

Q

PXS v PDS/PG: FITB



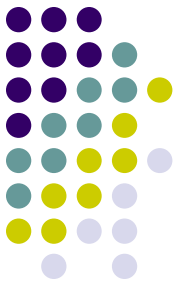
Note: Looks like

Classic two-word description

PXS: Fibrillar material on ciliary processes (high mag)

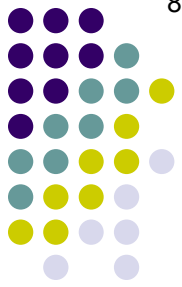
A

PXS v PDS/PG: FITB



Note: Looks like 'iron filings'

PXS: Fibrillar material on ciliary processes (high mag)

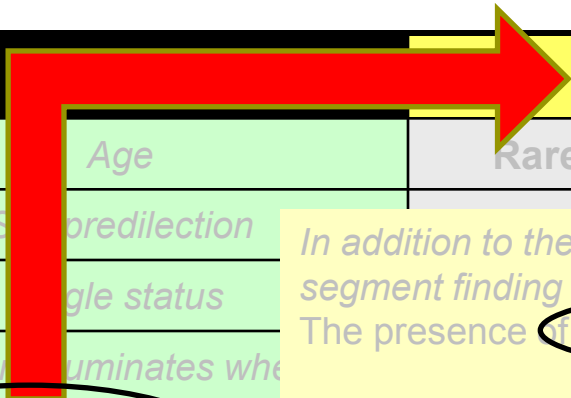


Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Stromal predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	I can see how this stuff might be floating around the AC, but how does it get into the vitreous?	
Krukenberg spindle		posterior chambers
Sampaolesi line		al? dilates and constricts

Krukenberg spindle
Sampaolesi line



PXS

fibrillar material on the anterior lens capsule

I can see how this stuff might be floating around the AC, but how does it get into the vitreous?

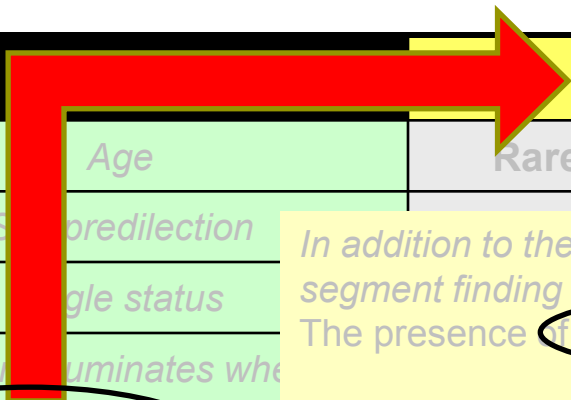
posterior chambers
al?
dilates and constricts



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Stromal predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't	
Krukenberg spindle		posterior chambers
Sampaolesi line		al? dilates and constricts



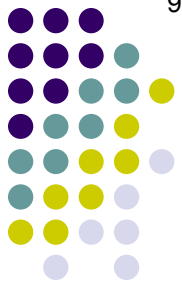
In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

The presence of **fibrillar material on the anterior lens capsule**

I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't

posterior chambers

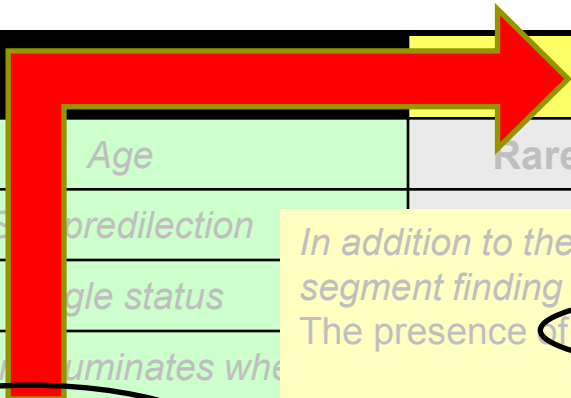
al?
dilates and constricts



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Spontaneous red reflex	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't	
Krukenberg spindle	But you said it's in the posterior chamber (PC)... What's up with this?	
Sampaolesi line		
		posterior chambers
		dilates and constricts



PXS

PDS/PG

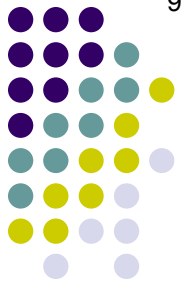
Krukenberg spindle
Sampaolesi line

posterior chambers

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?
The presence of **fibrillar material on the anterior lens capsule**

I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't

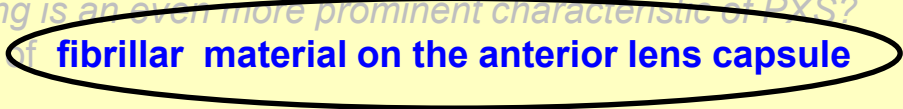
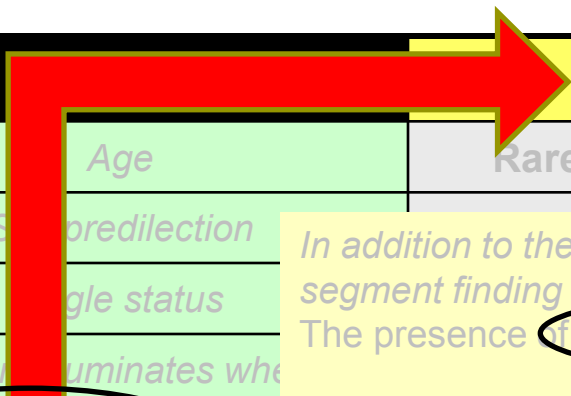
But you said it's in the posterior chamber (PC)... What's up with this?



Q/A

PXS v PDS/PG: FITB

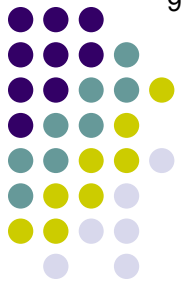
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Site of predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination		
Krukenberg spindle	I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't	
Sampaolesi line	But you said it's in the posterior chamber (PC)... What's up with this?	
	The PC is the space behind the [] and in front of the [] face of the vitreous body	
		posterior chambers
		dilates and constricts



I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't

But you said it's in the posterior chamber (PC)... What's up with this?

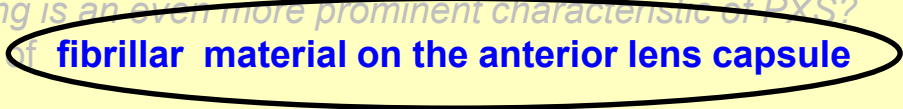
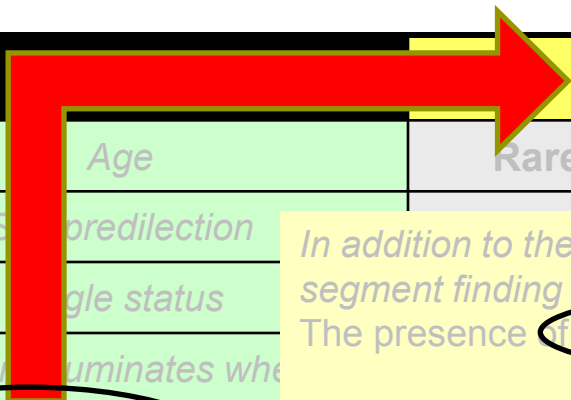
The PC is the space behind the [] and in front of the [] face of the vitreous body



A

PXS v PDS/PG: FITB

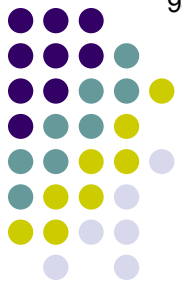
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Spindle predilection	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination		
Krukenberg spindle	I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't	
Sampaolesi line	But you said it's in the posterior chamber (PC)... What's up with this?	
	The PC is the space behind the iris and in front of the anterior hyaloid face of the vitreous body	
		posterior chambers
		dilates and constricts



I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't

But you said it's in the posterior chamber (PC)... What's up with this?

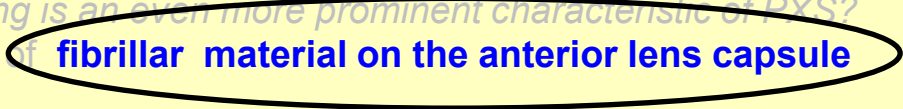
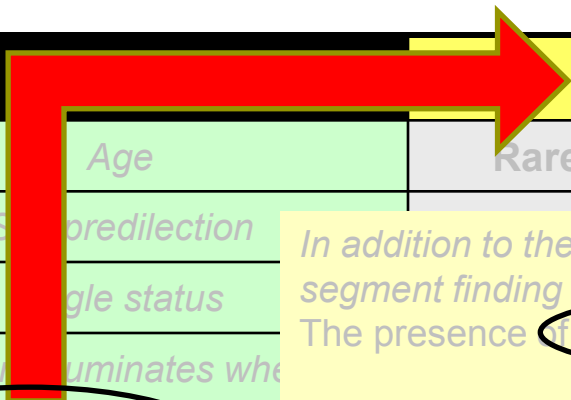
The PC is the space behind the iris and in front of the anterior hyaloid face of the vitreous body



A

PXS v PDS/PG: FITB

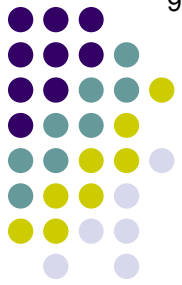
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Spontaneous red reflex	In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?	
Angle status	The presence of fibrillar material on the anterior lens capsule	
Iris transillumination	I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't	
Krukenberg spindle	But you said it's in the posterior chamber (PC)... What's up with this? The PC is the space behind the iris and in front of the anterior hyaloid face of the vitreous body. Vitreous is found in the vitreous cavity, not the PC.	
Sampaolesi line		
		posterior chambers
		dilates and constricts



I can see how this stuff might be floating around the AC, but how does it get into the vitreous? It doesn't

But you said it's in the posterior chamber (PC)... What's up with this?

The PC is the space behind the iris and in front of the anterior hyaloid face of the vitreous body. Vitreous is found in the vitreous cavity, not the PC.



Q

PXS v PDS/PG: FITB

PXS = exfoliation syndrome?

Age

Rare <50, usually >70

20s – 40s

Scleral predilection

Angle status

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

The presence of **fibrillar material on the anterior lens capsule**

Iris transillumination

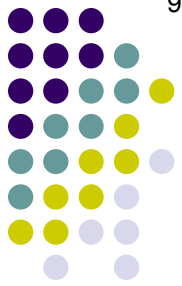
Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sampaolesi

chambers

constricts



A

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Sclerotic predilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of **fibrillar material on the anterior lens capsule**

Iris transilluminate whorls

Krukenberg

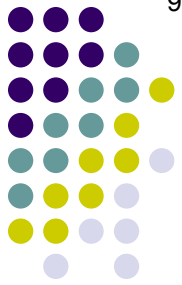
Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Despite some overlap in appearance, and an unfortunate tendency among some to treat these terms as synonyms, they mos def are not

Sampaolesi

chambers

constricts



Q

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Syndrome predilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of **fibrillar material on the anterior lens capsule**

Iris transilluminate whorls

Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

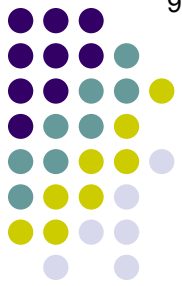
Sampaolesi

Despite some overlap in appearance, and an unfortunate tendency among some to treat these terms as synonyms, they mos def are not. The term **exfoliation syndrome** refers to changes in the anterior capsule stemming from exposure to high levels of radiation, whereas **PXS** refers to the clinical entity described in this slide-set.

type

chambers

constricts



A

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

S predilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

ngle status

The presence of **fibrillar material on the anterior lens capsule**

Iris transilluminates whe

Kruken

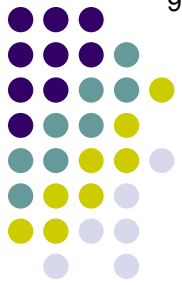
Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sam

Despite some overlap in appearance, and an unfortunate tendency among some to treat these terms as synonyms, they mos def are not. The term **exfoliation syndrome** refers to changes in the anterior capsule stemming from exposure to high levels of infrared radiation, whereas **PXS** refers to the clinical entity described in this slide-set.

chambers

constricts



Q

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Stromal predilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of **fibrillar material on the anterior lens capsule**

Iris transilluminate whorls

Krukenberg spindle

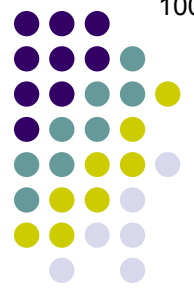
Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome? Despite some overlap in appearance, and an unfortunate tendency among some to treat these terms as synonyms, they mos def are not. The term **exfoliation syndrome** refers to changes in the anterior capsule stemming from exposure to high levels of infrared radiation, whereas **PXS** refers to the clinical entity described in this slide-set.

Sampaolesi line

What effect does such exposure have on the anterior capsule?

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A

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Syndrome predilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of

fibrillar material on the anterior lens capsule

Iris transilluminate

Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sampaolesi

Despite some overlap in appearance, and an unfortunate tendency among some to treat these terms as synonyms, they mos def are not. The term **exfoliation syndrome** refers to changes in the anterior capsule stemming from exposure to high levels of infrared radiation, whereas **PXS** refers to the clinical entity described in this slide-set.

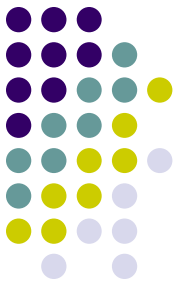
chambers

What effect does such exposure have on the anterior capsule?

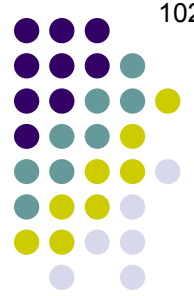
It causes the capsule to delaminate, resulting in scrolled-up material either on the lens surface or wafting about in the AC

constricts

PXS v PDS/PG: FITB



Exfoliation syndrome: Scrolled-up delaminated capsule



Q

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Scleral ectasia

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of

fibrillar material on the anterior lens capsule

Iris transillumination defects

Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sampaolesi

Exfoliation syndrome commonly has another lens-related manifestation—what is it?

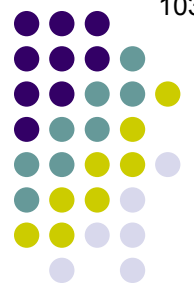
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What effect does s...
It causes the caps...
lens surface or wa...

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high levels of...
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constricts

either on the



A

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Sclerodilection

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

Angle status

The presence of

fibrillar material on the anterior lens capsule

Iris transilluminates where

Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sampaolesi

Despite some overlapping, we should not treat these terms as synonymous. Pseudoexfoliation syndrome refers to changes in the lens capsule induced by infrared radiation, which is not seen in exfoliation syndrome.

**Exfoliation syndrome commonly has another lens-related manifestation—what is it?
Cortical cataract**

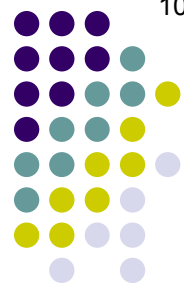
Among some to exfoliation syndrome high levels of intraocular pressure are found in this slide-set.

chambers

What effect does exfoliation syndrome have on the lens? It causes the capsule to peel off the lens surface or wall.

either on the

constricts



Q

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Sex predilection

Marital status

Iris transilluminate

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

The presence of **fibrillar material on the anterior lens capsule**

Krukenberg

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Sampaolesi

Despite some overlapping, these terms are not synonymous. Pseudoexfoliation syndrome refers to changes in the lens capsule induced by ultraviolet or infrared radiation.

Exfoliation syndrome commonly has another lens-related manifestation—what is it?
Cortical cataract

What effect does exfoliation syndrome have on the lens? It causes the capsule to contract, which causes the lens to become smaller and more spherical.

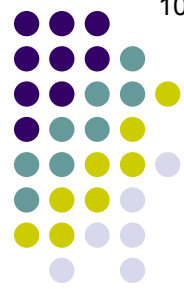
By what name is the cataract associated with exfoliation syndrome known?

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Among some to exfoliation syndrome high levels of intraocular pressure are found in this slide-set.

either on the



A

PXS v PDS/PG: FITB

PXS = exfoliation syndrome? No!

Age

Rare <50, usually >70

20s – 40s

Sex predilection

Marital status

Iris transilluminate

Krukenberg

Sampaolesi

In addition to the cornea K spindle and Sampaolesi line, what other anterior-segment finding is an even more prominent characteristic of PXS?

The presence of **fibrillar material on the anterior lens capsule**

Relatedly: Is exfoliation syndrome the same thing as pseudoexfoliation syndrome?

Despite some overlapping, these terms are not synonymous. Pseudoexfoliation syndrome refers to changes in the lens capsule caused by ultraviolet or infrared radiation.

Exfoliation syndrome commonly has another lens-related manifestation—what is it?
Cortical cataract

What effect does exfoliation syndrome have on the lens? It causes the capsule to wrinkle and contract, which can lead to lens dislocation.

By what name is the cataract associated with exfoliation syndrome known?
Glassblower's cataract (the condition was first identified in glassblowers)

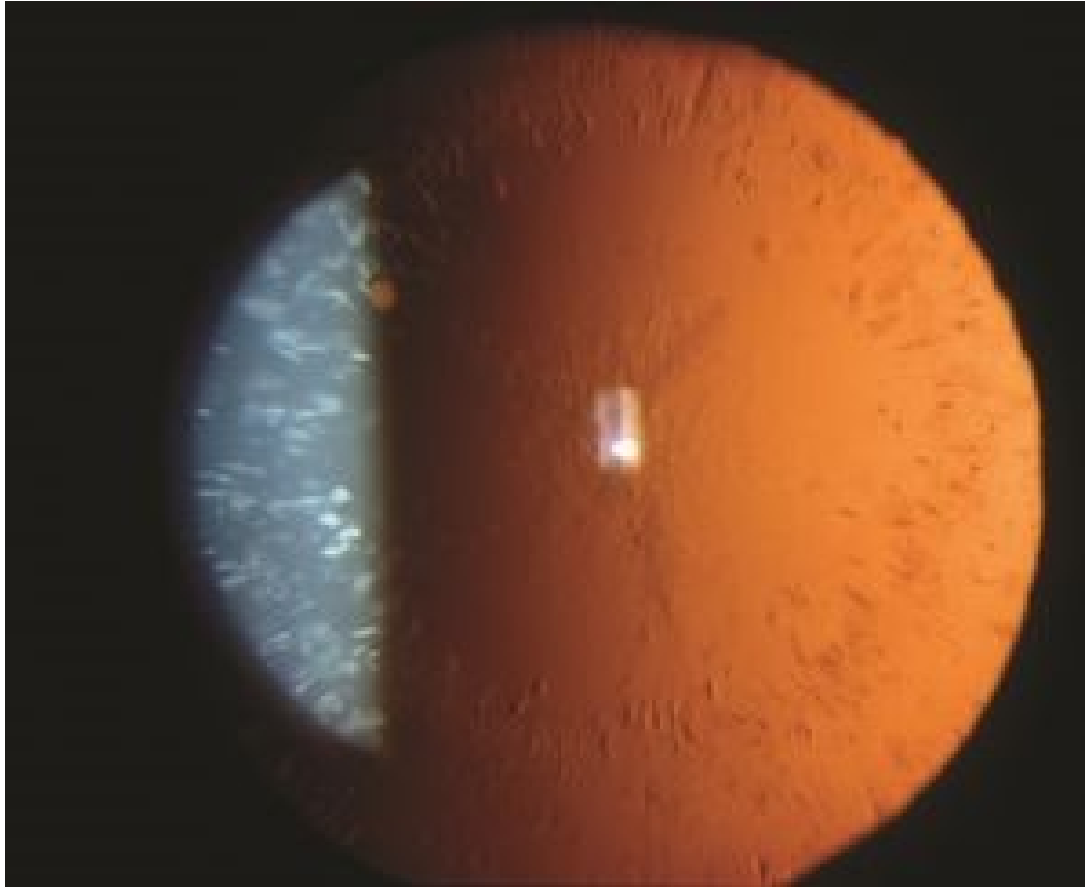
chambers

constricts

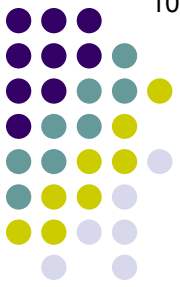
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PXS v PDS/PG: FITB



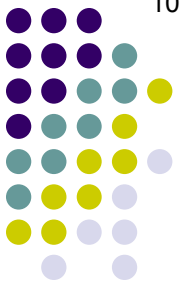
Exfoliation syndrome: Glassblower's cataract



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20 – 50
<i>Sex predilection</i>	F>M	M>F
<i>Angle status</i>	Narrow	Wide open
<i>Iris transilluminates where?</i>	Margin	Radial
<i>Krukenberg spindle--common?</i>	Less common	Very common
<i>Sampaolesi line--common?</i>	Very common	Less common
<i>Systemic disorder?</i>	?	?



A

PXS v PDS/PG: FITB

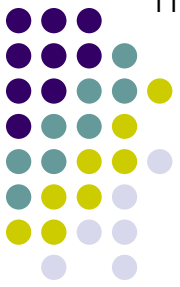
	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20 – 50
<i>Sex predilection</i>	F>M	M>F
<i>Angle status</i>	Narrow	Wide open
<i>Iris transilluminates where?</i>	Margin	Radial
<i>Krukenberg spindle--common?</i>	Less common	Very common
<i>Sampaolesi line--common?</i>	Very common	Less common
<i>Systemic disorder?</i>	Yes	No



Q

PXS v PDS/PG: FITB

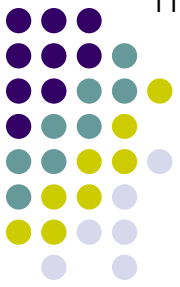
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
<p><i>What does this mean, PXS is a systemic disorder?</i></p>		M>F
		Wide open
		Radial
		Very common
Camptodactyly - common?	Very common	Less common
Systemic disorder?	Yes	No



A

PXS v PDS/PG: FITB

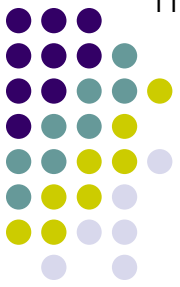
	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
<p><i>What does this mean, PXS is a systemic disorder?</i> The same fibrillar material found in the anterior chamber is found in distant organs</p>		M>F
		Wide open
		Radial
		Very common
		Less common
Systemic disorder?	Yes	No



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
<i>What does this mean, PXS is a systemic disorder?</i>		M>F
<i>The same fibrillar material found in the anterior chamber is found in distant organs</i>		Wide open
<i>What sort of material is the fibrillar material?</i>		Radial
		Very common
<i>Common? less common?</i>	<i>Very common</i>	Less common
Systemic disorder?	Yes	No



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
What does this mean, PXS is a systemic disorder? The same fibrillar material found in the anterior chamber is found in distant organs		M>F
What sort of material is the fibrillar material? It is composed of connective tissues, mainly elastin and collagen		Wide open
		Radial
		Very common
		Less common
Systemic disorder?	Yes	No



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	?	?



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20 – 50
<i>Sex predilection</i>	F>M	M>F
<i>Angle status</i>	Narrow	Wide open
<i>Iris transilluminates where?</i>	Margin	Radial
<i>Krukenberg spindle--common?</i>	Less common	Very common
<i>Sampaolesi line--common?</i>	Very common	Less common
<i>Systemic disorder?</i>	Yes	No
<i>↑ risk complications during CE?</i>	Yes	No



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the **adj. form** weakness associated with this condition. Weakened **noun form** are not a feature of PDS.



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Iris transillumination defects	Common	Uncommon
Krukenberg spindle	Common	Uncommon
Sampson's line	Common	Uncommon
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

In addition to complications owing to zonular weakness, what iris-related issue renders CE in PXS trickier?

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.

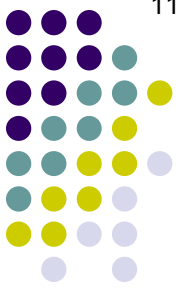
A

PXS v PDS/PG: FITB



	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Iris transillumination defects	In addition to complications owing to zonular weakness, what iris-related issue renders CE in PXS trickier? PXS eyes tend to dilate poorly	Irregular
Krukenberg spindle	Uncommon	Common
Sampson's line	Uncommon	Common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



Q

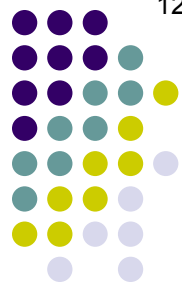
PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
<i>In addition to complications owing to zonular weakness, what iris-related issue renders CE in PXS trickier?</i>		iris open
Iris trauma	PXS eyes tend to dilate poorly	radial
Krukenberg	<i>Why do they dilate poorly?</i>	common
Sampson		common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.

A

PXS v PDS/PG: FITB



	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Iris transillumination defects	In addition to complications owing to zonular weakness, what iris-related issue renders CE in PXS trickier? PXS eyes tend to dilate poorly	Common
Krukenberg spindle	Why do they dilate poorly? The presence of the fibrillar material within the dilator muscle (and its blood vessels) compromises dilation	Common
Sampson's sign		Common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



Q

PXS v PDS/PG: FITB

In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?

	PXS	PDS/PG
<i>Systemic disorder?</i>	Yes	No
<i>↑ risk complications during CE?</i>	Yes	No

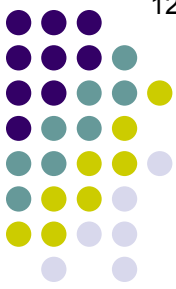
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A

PXS v PDS/PG: FITB



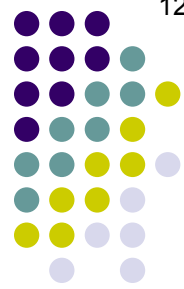
	PXS	PDS/PG
<i>In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?</i>		
PXS corneas tend to have more intra- and post-op edema		
<i>Iris</i>		
<i>Kruk</i>		
<i>Samp</i>	The presence of the fibrillar material within the dilator muscle (and its blood vessels) compromises dilation	common
<i>Systemic disorder?</i>	Yes	No
↑ risk complications during CE?	Yes	No
One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.		



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to? PXS corneas tend to have more intra- and post-op edema		
Why?		
Iris		
Krukenberg		
Sampson	The presence of the fibrillar material within the dilator muscle (and its blood vessels) compromises dilation	common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.		



A

PXS v PDS/PG: FITB

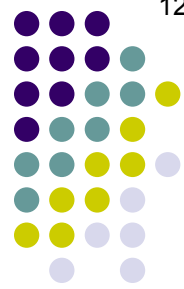
	PXS	PDS/PG
<i>In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?</i>		
<i>PXS corneas tend to have more intra- and post-op edema</i>		
<i>Why?</i>		
<i>Again, blame the fibrillar material—its presence on the corneal endothelium compromises pump function</i>		
<i>The presence of the fibrillar material within the dilator muscle (and its blood vessels) compromises dilation</i>		
<i>Systemic disorder?</i>	Yes	No
<i>↑ risk complications during CE?</i>	Yes	No
<i>One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.</i>		

In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?
PXS corneas tend to have more intra- and post-op edema
Why?
Again, blame the fibrillar material—its presence on the corneal endothelium compromises pump function

The presence of the fibrillar material within the dilator muscle (and its blood vessels) compromises dilation

Systemic disorder? Yes No
↑ risk complications during CE? **Yes** **No**

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



Q

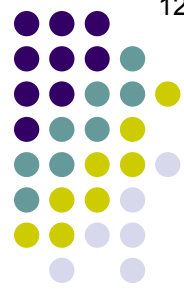
PXS v PDS/PG: FITB

	PXS	PDS/PG
<i>In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?</i>		
<i>PXS corneas tend to have more intra- and post-op edema</i>		
<i>Why?</i>		
<i>Again</i>		
<i>Krukenberg</i>		
<i>Sampson</i>		
<i>Systemic disorder?</i>	Yes	No
<i>↑ risk complications during CE?</i>	Yes	No

In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?
PXS corneas tend to have more intra- and post-op edema
Why?
Again
Krukenberg
Sampson
Systemic disorder?
↑ risk complications during CE?

Final question on this: s/p CE PXS eyes are prone to what long-term serious complication?

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
<i>In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?</i>		
<i>PXS corneas tend to have more intra- and post-op edema</i>		
<i>Why?</i>		
<i>Again?</i>		
<i>Krukenberg's spindle</i>		
<i>Sampson's sign</i>		
<i>Systemic disorder?</i>	Yes	No
↑ risk complications during CE?	Yes	No

In addition to complications owing to zonule and iris issues, what cornea-related complication are PXS pts susceptible to?
PXS corneas tend to have more intra- and post-op edema
Why?
Again?
Krukenberg's spindle
Sampson's sign
Spontaneous dislocation of the IOL/bag complex into the vitreous cavity
(blood vessels) compromises dilation

Final question on this: s/p CE PXS eyes are prone to what long-term serious complication?
Spontaneous dislocation of the IOL/bag complex into the vitreous cavity

One important cause of increased risk of intraoperative complications during CE surgery in PXS is due to the zonular weakness associated with this condition. Weakened zonules are not a feature of PDS.



Q

PXS v PDS/PG: FITB

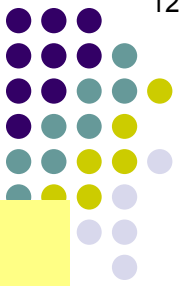
	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	?	?



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently

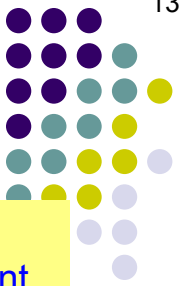


Q

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

	Yes	NO
<i>↑ risk complications during CE?</i>		
<i>Complain of eye pain?</i>	No	Frequently



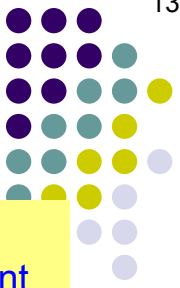
A

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

	Yes	NO
↑ risk complications during CE?		
Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

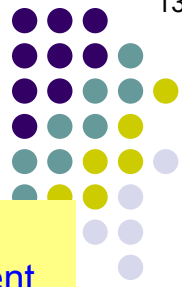
It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

In what sorts of situations might one expect a sudden and substantial release of pigment?

	Yes	NO
↑ risk complications during CE?		
Complain of eye pain?	No	Frequently

Q/A

PXS v PDS/PG: FITB



What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

In what sorts of situations might one expect a sudden and substantial release of pigment?

The classic story is of a young adult male who experiences sudden-onset but transient eye pain while , or after an event

↑ risk complications during CE?

Yes

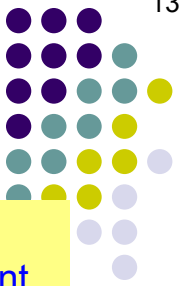
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



A

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

In what sorts of situations might one expect a sudden and substantial release of pigment?

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↑ risk complications during CE?

Yes

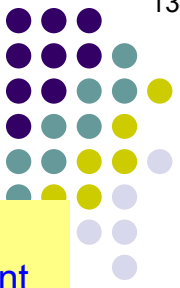
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

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Why would such situations be expected to produce pigment release?

↑ risk complications during CE?

Yes

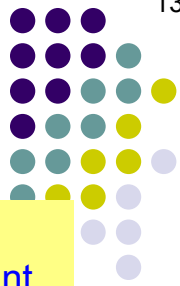
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



A

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

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Why would such situations be expected to produce pigment release?

The stressful event leads to a surge in sympathetic innervation, which in turn prompts a brisk dilation of the pupil

↑ risk complications during CE?

Yes

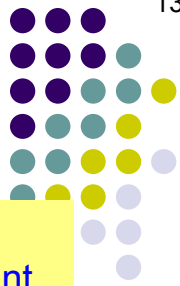
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



Q

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Why would such situations be expected to produce pigment release?

The stressful event leads to a surge in sympathetic innervation, which in turn prompts a brisk dilation of the pupil

In the classic scenarios, is the pain accompanied by other symptoms?

↑ risk complications during CE?

Yes

NO

Complain of eye pain?

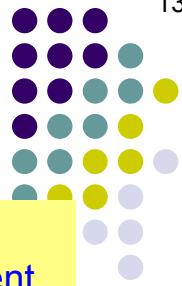
No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently

A

PXS v PDS/PG: FITB



What is the etiology of pain in PDS?

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The stressful event leads to a surge in sympathetic innervation, which in turn prompts a brisk dilation of the pupil

In the classic scenarios, is the pain accompanied by other symptoms?

Yes—decreased VA and/or haloes around lights

↑ risk complications during CE?

Yes

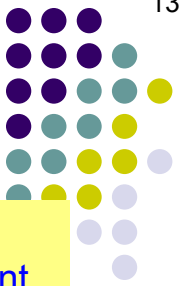
NO

Complain of eye pain?

No

Frequently

↑ risk complications during CE?	Yes	NO
Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

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In the classic scenarios, is the pain accompanied by other symptoms?

Yes—decreased VA and/or haloes around lights

What is the mechanism for these visual disturbances?

↑ risk complications during CE?

Yes

NO

Complain of eye pain?

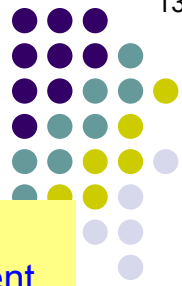
No

Frequently

↑ risk complications during CE?	Yes	NO
Complain of eye pain?	No	Frequently

A

PXS v PDS/PG: FITB



What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

In what sorts of situations might one expect a sudden and substantial release of pigment?

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Why would such situations be expected to produce pigment release?

The stressful event leads to a surge in sympathetic innervation, which in turn prompts a brisk dilation of the pupil

In the classic scenarios, is the pain accompanied by other symptoms?

Yes—decreased VA and/or haloes around lights

What is the mechanism for these visual disturbances?

Corneal edema secondary to the sudden and dramatic IOP spike

↑ risk complications during CE?

Yes

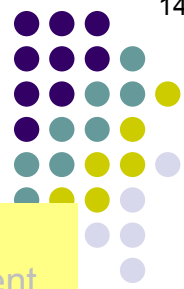
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

In what sorts of situations might one expect a sudden and substantial release of pigment?

The classic story is of a young adult male who experiences sudden-onset but transient eye pain while **exercising** or after an emotional event

Why v

The s
dilat

When you hear 'decreased vision associated with exercise, three conditions should come to mind. What are the other two?

--PDS

--?

In the

Yes

--?

What is the mechanism for these visual disturbances?

Corneal edema secondary to the sudden and dramatic IOP spike

↑ risk complications during CE?

Yes

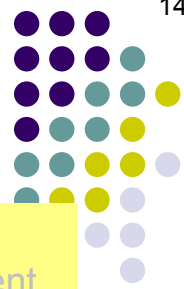
NO

Complain of eye pain?

No

Frequently

	Yes	NO
Complain of eye pain?	No	Frequently



A

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When you hear 'decreased vision associated with exercise, three conditions should come to mind. What are the other two?

turn prompts a brisk

--PDS

--Vasospasm

--Uhthoff's phenomenon

In the

Yes—

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Yes

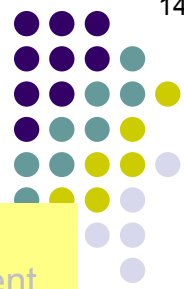
NO

Complain of eye pain?

No

Frequently

	Yes	NO
<i>Complain of eye pain?</i>	No	Frequently



Q

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--Vasospasm

What is Uhthoff's phenomenon?

In the

--**Uhthoff's phenomenon**

Yes

What is the mechanism for these

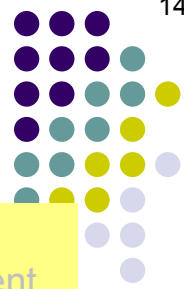
Corneal edema secondary to the s

↑ risk complications during CE?

YES

NO

Complain of eye pain?	No	Frequently



Q/A

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turn prompts a brisk

The s
dilat

--PDS

--Vasospasm

What is Uhthoff's phenomenon?

TMVL in **condition**

2ndry to **three words**

In the

--**Uhthoff's phenomenon**

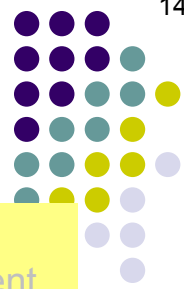
Yes

What is the mechanism for these

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↑ risk complications during CE?

Complain of eye pain?	No	Frequently



A

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turn prompts a brisk

The s dilatio

- PDS
- Vasospasm

What is Uhthoff's phenomenon?

TMVL in optic neuritis 2ndry to increased body temp

In the Yes

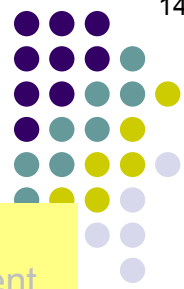
Uhthoff's phenomenon

What is the mechanism for these

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	YES	NO
Complain of eye pain?	No	Frequently



Q

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Why v

When you hear 'decreased vision associated with exercise, three conditions should come to mind. What are the other two?

The s
dilat

--PDS

--Vasospasm

What is
TMVL

What does TMVL stand for?

In the

Yes

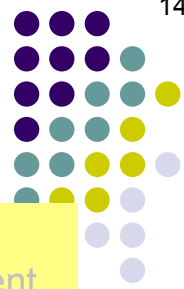
Uthoff's phenomenon

What is the mechanism for these

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Complain of eye pain?	No	Frequently



A

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--PDS

--Vasospasm

--**Uthoff's phenomenon**

What is
TMVL

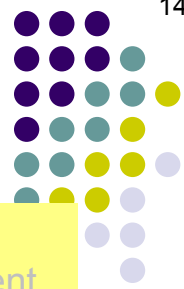
What does TMVL stand for?
Transient monocular vision loss

What is the mechanism for these

Corneal edema secondary to the s

↑ risk complications during CE?

Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

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- PDS
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TMVL in optic neuritis 2ndry to increased body temp

In the
Yes

Uhthoff's phenomenon

What does this have to do with exercise?

What is the mechanism for these

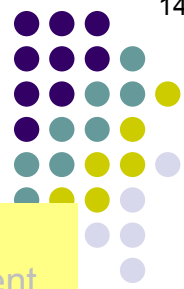
Corneal edema secondary to the s

↑ risk complications during CE?

YES

NO

Complain of eye pain?	No	Frequently



A

PXS v PDS/PG: FITB

What is the etiology of pain in PDS?

It is believed to be secondary to an IOP spike after a sudden and substantial release of pigment

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Why v

When you hear 'decreased vision associated with exercise, three conditions should come to mind. What are the other two?

turn prompts a brisk

The s dilatio

- PDS
- Vasospasm

What is Uhthoff's phenomenon?

TMVL in optic neuritis 2ndry to increased body temp

In the Yes

Uhthoff's phenomenon

What is the mechanism for these

What does this have to do with exercise?

Corneal edema secondary to the s

Exercise elevates body temp (pts will complain of blurry vision during and after exercising)

↑ risk complications during CE?

YES

NO

Complain of eye pain?	No	Frequently



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	?	?



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No



Q

PXS v PDS/PG: FITB

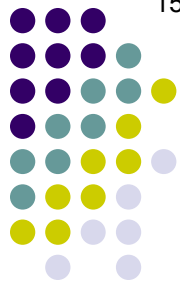
	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No
↑ risk of cataract?	?	?



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
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Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No
↑ risk of cataract?	Yes	No



Q

PXS v PDS/PG: FITB

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Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No
↑ risk of cataract?	Yes	No
Typical refractive status?	?	?



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20 – 50
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No
↑ risk of cataract?	Yes	No
Typical refractive status?	None	Myopia



Q

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	Do PDS patients tend to be low myopes, or high?
↑ risk of cataract?	Yes	
Typical refractive status?	None	Myopia



A

PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F
Angle status	Narrow	Wide open
Iris transilluminates where?	Margin	Radial
Krukenberg spindle--common?	Less common	Very common
Sampaolesi line--common?	Very common	Less common
Systemic disorder?	Yes	No
↑ risk complications during CE?	Yes	No
Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	Do PDS patients tend to be low myopes, or high? High
↑ risk of cataract?	Yes	
Typical refractive status?	None	Myopia



PXS v PDS/PG: FITB

	PXS	PDS/PG
<i>Age</i>	Rare <50, usually >70	20s – 40s
<i>Sex predilection</i>	F>M	M>F

PXS vs PDS: tl;dr

PXS: An elderly white female with cataract, marginal iris TID, and elevated IOP. Be sure to recognize the fact that her cataract surgery is likely to be complicated owing to her compromised zonules.

<i>Complain of eye pain?</i>	No	Frequently
<i>↑ inflammation after CE?</i>	Yes	No
<i>↑ risk of cataract?</i>	Yes	No
<i>Typical refractive status?</i>	None	Myopia



PXS v PDS/PG: FITB

	PXS	PDS/PG
Age	Rare <50, usually >70	20s – 40s
Sex predilection	F>M	M>F

PXS vs PDS: tl;dr

PXS: An elderly white female with cataract, marginal iris TID, and elevated IOP. Be sure to recognize the fact that her cataract surgery is likely to be complicated owing to her compromised zonules.

PDS: A young myopic male with radial TID who complains about pain/haloes associated with exercise.

Complain of eye pain?	No	Frequently
↑ inflammation after CE?	Yes	No
↑ risk of cataract?	Yes	No
Typical refractive status?	None	Myopia

Q



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it?

A



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it?

Posner-Schlossman syndrome

Q



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? **Posner-Schlossman syndrome**. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	?	?

A



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? Posner-Schlossman syndrome. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle

Q



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? **Posner-Schlossman syndrome**. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
AC findings	?	?

A



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? Posner-Schlossman syndrome. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
AC findings	Cell	Pigment

Q



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? Posner-Schlossman syndrome. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
AC findings	Cell	Pigment
Gonioscopic findings	?	?

A



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? Posner-Schlossman syndrome. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
AC findings	Cell	Pigment
Gonioscopic findings	May have 'KP'	Heavy TM pigment; +/- Sampaolesi line

Q



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? **Posner-Schlossman syndrome**. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
AC findings	Cell	Pigment
Gonioscopic findings	May have 'KP'	Heavy TM pigment; +/- Sampaolesi line
Iris findings	?	?

A



The scenario of a young adult with episodic unilateral pain, blurred vision and haloes, and significantly elevated IOP should bring to mind another condition--what is it? Posner-Schlossman syndrome. So let's compare/contrast them:

Characteristics	Posner-Schlossman	Pigment Dispersion
Gender predilection	None	Male
Refractive status	No tendency	Myopic
Precipitating factors	None	Exercise; emotional event
Endothelial findings	KP	Krukenberg spindle
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Iris findings	None	Radial TID; concave bowing
Lens findings	None	Scheie stripe (Zentmayer line)

Q

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG?

A

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1

Q

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1

What percentage of open-angle glaucoma worldwide is accounted for by PXS?

A

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1

*What percentage of open-angle glaucoma worldwide is accounted for by PXS?
~10, maybe a little higher*

Q

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1
- What ethnic group has the highest prevalence of PXS?

A

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? **#1**
- What ethnic group has the highest prevalence of PXS? *Scandinavians*

Q

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1
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How common is PXS among Scandinavians with glaucoma?

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PXS and PDS/PG: Short answer



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- What ethnic group has the highest prevalence of PXS? *Scandinavians*

How common is PXS among Scandinavians with glaucoma?

It is estimated that over **50%** of all OAG cases among Scandinavians are PXS

Q

PXS and PDS/PG: Short answer



- Where does PXS rank as a cause of secondary OAG? #1
- What ethnic group has the highest prevalence of PXS? *Scandinavians*

In which non-Scandinavian populations does PXS account for a significant proportion of the glaucoma burden?

--?

--?

--?

--?

--(there are others)

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- Japanese
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What about African-Americans? is it common among them?

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There is a people, indigenous to North America, in whom there has never been a single reported case of PXS. Who are they?

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What sort of glaucoma are the Inuit highly predisposed to develop?

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Primary angle-closure glaucoma

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- Where does PXS rank as a cause of secondary OAG? **#1**
- What ethnic group has the highest prevalence of PXS? *Scandinavians*
- Do PXS and PG respond to LT?

(LT = laser trabeculoplasty; ie, ALT and/or SLT)

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No--PXS has a higher risk of progression **even at the same IOP**

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Elastin

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