Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Start here, and work your way down the list →

Pattern dystrophy
Macroaneurysms
Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

Wet ARMD DDx

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Wet ARMD DDx

Macroaneurysms
Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

Briefly, what is a pattern dystrophy*?*

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Briefly, what is a pattern dystrophy*?*
An inherited macular dystrophy that has a characteristic appearance (ie, a particular 'pattern')

Q

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

Briefly, what is a pattern dystrophy*?*
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What is the inheritance pattern?

A

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Briefly, what is a pattern dystrophy*?*
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What is the inheritance pattern?
AD

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Wet ARMD DDx

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Are pattern dystrophies associated with severe vision loss?

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

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What is the inheritance pattern?
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Are pattern dystrophies associated with severe vision loss?
Generally no--vision is only slightly affected

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

Dry ARMD DDx

Wet ARMD DDx

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Do the macular 'patterns' appear early in life?

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Wet ARMD DDx

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Dry ARMD DDx

Wet ARMD DDx

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The BCSC Retina *book identifies four pattern dystrophies by name--what are they?*
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The mnemonic is…

Q/A

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

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--B
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--R
--F

The mnemonic is…BARF?

A

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

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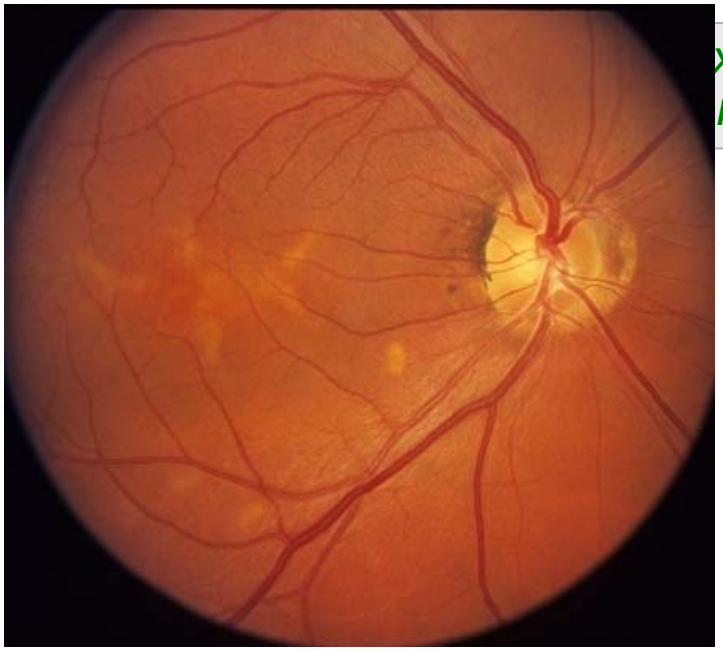
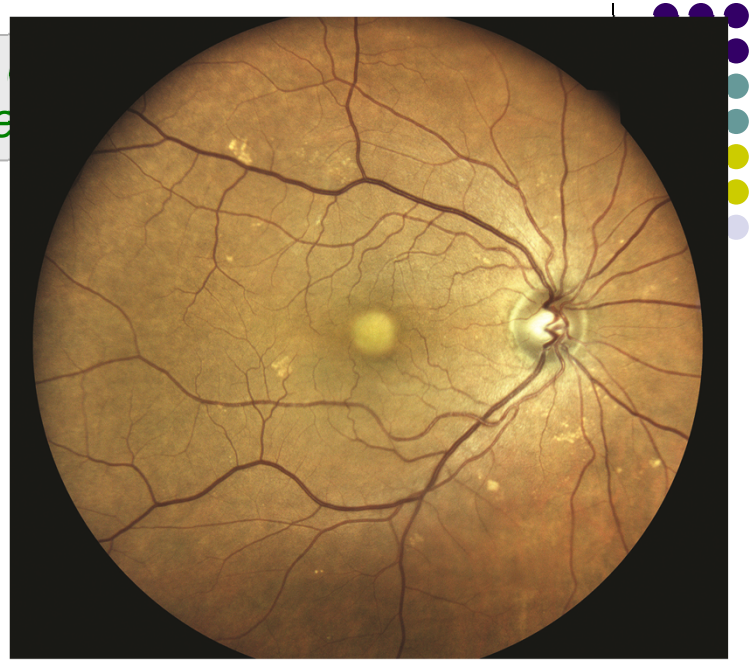
The BCSC Retina *book identifies four pattern dystrophies by name--what are they?*
--**B**utterfly dystrophy
--**A**dult-onset foveomacular vitelliform dystrophy
--**R**eticular dystrophy
--**F**undus pulverulentus

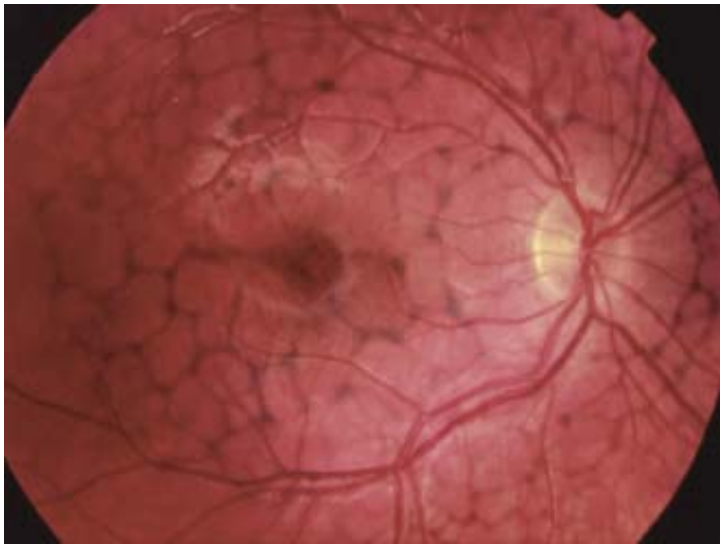
x for both
respective



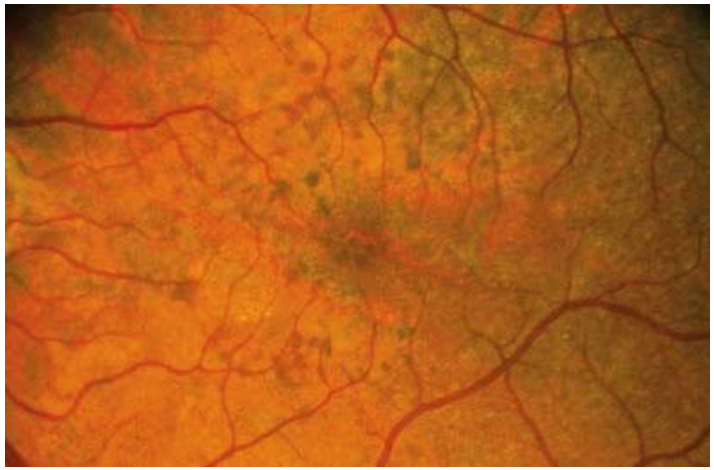
Butterfly dystrophy



Adult-onset foveomacular vitelliform dystrophy



Reticular dystrophy



Fundus pulverulentus

Q

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Dry ARMD DDx

Pattern dystrophy

Wet ARMD DDx

Macroaneurysms
Cuticular drusen
Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

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Dry ARMD DDx

Pattern dystrophy

Wet ARMD DDx

Macroaneurysms

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Small choroidal melanoma
Hydroxychloroquine toxicity

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What is a retinal macroaneurysm?

Wet ARMD DDx

Macroaneurysms

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This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Wet ARMD DDx

Macroaneurysms

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This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

1A) FP of eye with a retinal arteriole macroaneurysm, evidenced by exudation and subretinal blood in the area of an arteriolar bifurcation. (1B) FA in the early phase highlights the focal hyperfluorescent dilation of the arteriole

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

What is a retinal macroaneurysm?
A focal dilatation of one of the early branches on the arteriolar side of the retinal circulatory tree

Are they more likely to occur in the temporal, or nasal retina?

Wet ARMD DDx

Macroaneurysms

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Wet ARMD DDx

Macroaneurysms

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Wet ARMD DDx

Macroaneurysms

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Temporal

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Yes

Is it common to have macroAs bilaterally?

Wet ARMD DDx

Macroaneurysms

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Q/A

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Temporal

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Is it common to have macroAs bilaterally?
No, they are bilateral in % or fewer of cases

Wet ARMD DDx

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Are there any systemic risk factors?

Wet ARMD DDx

Macroaneurysms

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Yes

Is it common to have macroAs bilaterally?
No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes-- [redacted]. (It is present in as many as 75% of cases.)

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No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
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Is age a risk factor?

Wet ARMD DDx

Macroaneurysms

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Is age a risk factor?
Yes, most pts are over # years old

Wet ARMD DDx

Macroaneurysms

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Yes, most pts are over 50 years old

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Is gender a risk factor?

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No, they are bilateral in 10% or fewer of cases

Are there any systemic risk factors?
Yes-- **HTN** . (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are M v F

Wet ARMD DDx

Macroaneurysms

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Is age a risk factor?
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Is gender a risk factor?
Yes, a preponderance of the pts are ♀

Wet ARMD DDx

Macroaneurysms

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Is gender a risk factor?
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By what two mechanisms do macroAs affect vision?

Wet ARMD DDx

Macroaneurysms

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Are there any systemic risk factors?
Yes-- **HTN** . (It is present in as many as 75% of cases.)

Is age a risk factor?
Yes, most pts are over 50 years old

Is gender a risk factor?
Yes, a preponderance of the pts are ♀

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

Wet ARMD DDx

Macroaneurysms

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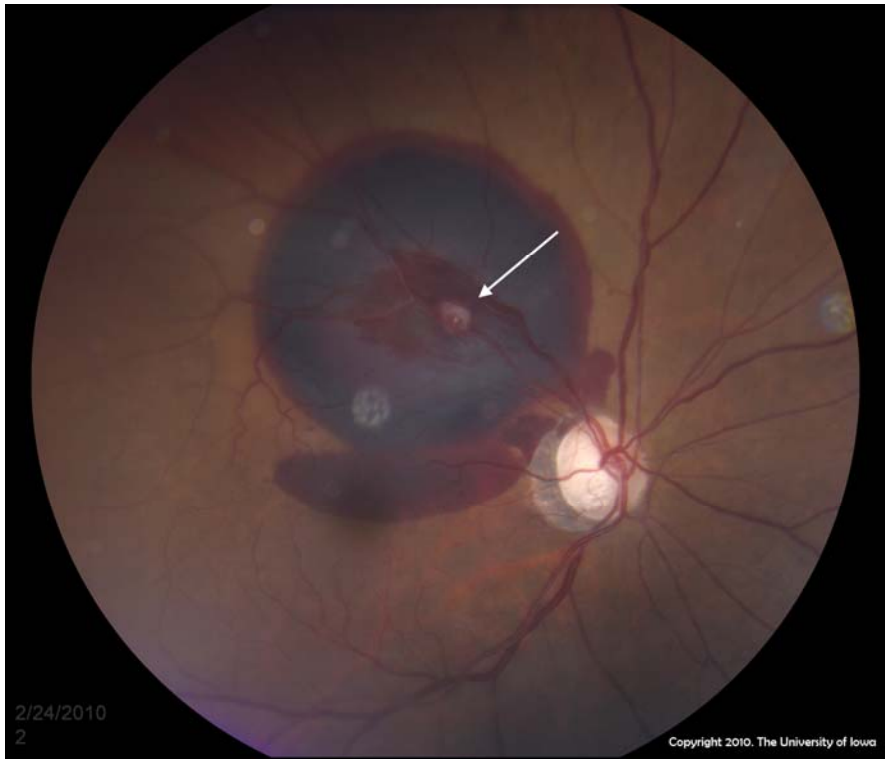

Macroaneurysm: Bleeding, and macular edema

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Is gender a risk factor?
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By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?

Wet ARMD DDx

Macroaneurysms

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Is gender a risk factor?
Yes, a preponderance of the pts are ♀

By what two mechanisms do macroAs affect vision?
By bleeding, or leaking (ie, causing macular edema)

How are macroAs managed?
Via observation, or anti-VEGF agents, or photocoagulation

Wet ARMD DDx

Macroaneurysms

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Dry ARMD DDx

Pattern dystrophy

Wet ARMD DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

RPE change after CSC

Small choroidal melanoma

Hydroxychloroquine toxicity

A

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Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

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Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

What are drusen*?*

DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment

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RPE change after CSC

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Hydroxychloroquine toxicity

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What are drusen*?*
Small, round-ish, yellow-ish deposits just beneath the RPE

DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
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RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

What are drusen*?*
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are *drusen). What are they?*
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DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
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What are drusen*?*
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are *drusen).*
What are they?
--Cuticular drusen
--Basal linear drusen
--Reticular (pseudo)drusen

DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment
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What are they?
--Cuticular drusen *aka*…
--Basal linear drusen
--Reticular (pseudo)drusen

Cuticular drusen are known by what other name?

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
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Cuticular drusen are known by what other name?
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Macroaneurysms

Cuticular drusen

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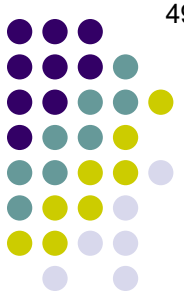

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

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Small, round-ish, yellow-i

There are three main typ
What are they?
--Cuticular drusen *aka*…basal laminar drusen *aka*…
--Basal linear drusen *aka*…
--Reticular (pseudo)drusen

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?

DDx

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

What are drusen?
Small, round-ish, yellow-i

There are three main typ
What are they?
--Cuticular drusen *aka*…basal laminar drusen *aka*…**hard** drusen
--Basal linear drusen *aka*…***soft*** drusen
--Reticular (pseudo)drusen

Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?
Hard drusen and **soft** drusen, respectively

DDx

Macroaneurysms

Cuticular drusen

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Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
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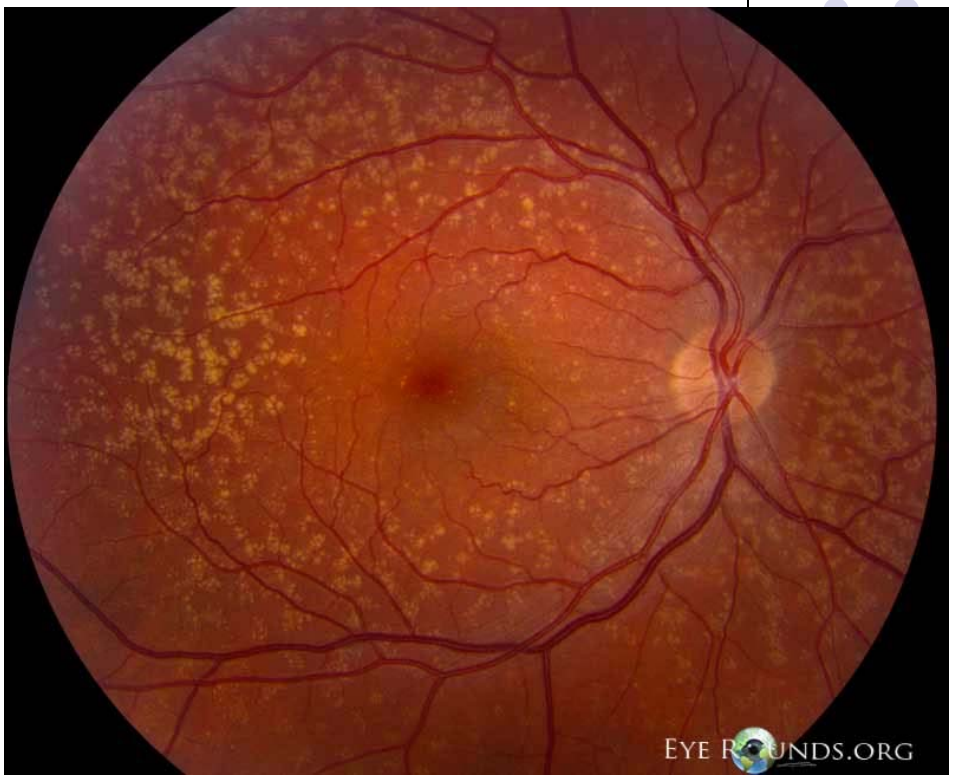

Cuticular drusen

Q

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Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?
Hard drusen and **soft** drusen, respectively

DDx

What is meant by a soft *vs* hard *appearance?*

Cuticular drusen

Vitelliform exudative macular detachment
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RPE change after CSC
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Based on their appearance, cuticular/basal laminar drusen and basal linear drusen are known by what other names?
Hard drusen and **soft** drusen, respectively

DDx

What is meant by a soft *vs* hard *appearance?*
It refers to how sharply the drusen are demarcated, ie, how well-defined their borders are

Cuticular drusen

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy
RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

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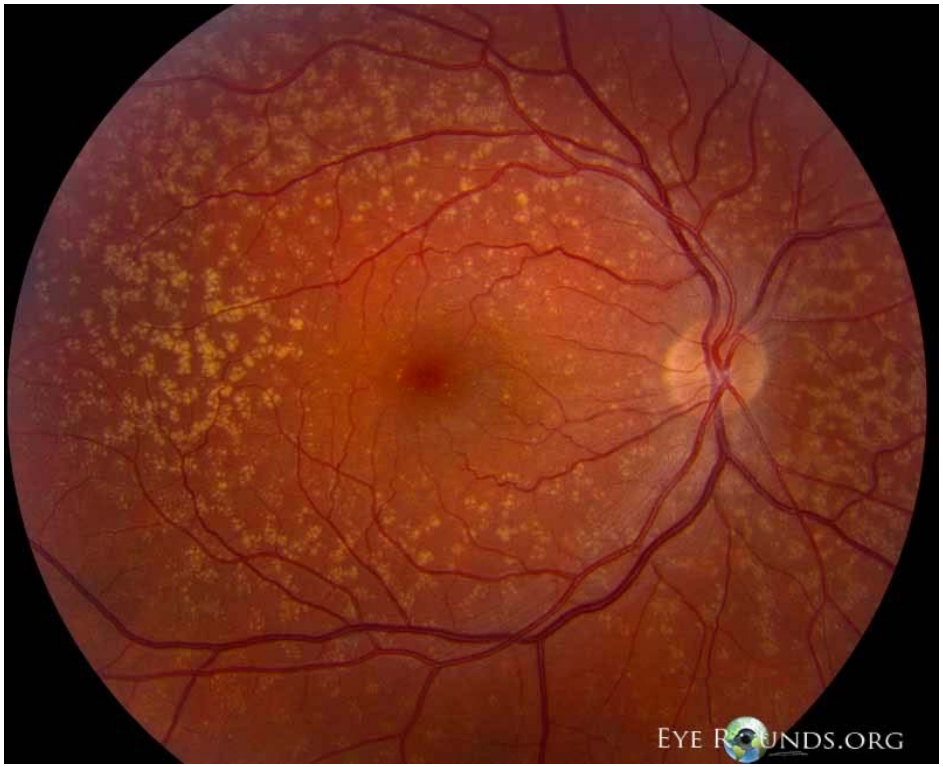

Basal laminar ‘hard’ drusen

Basal linear ‘soft’ drusen

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

What are drusen?
Small, round-ish, yellow-ish deposits just beneath the RPE

There are three main types of entities that are drusen-like (two actually are *drusen).*
What are they?
--**Cuticular drusen** *aka…***basal laminar drusen** *aka…***hard** drusen
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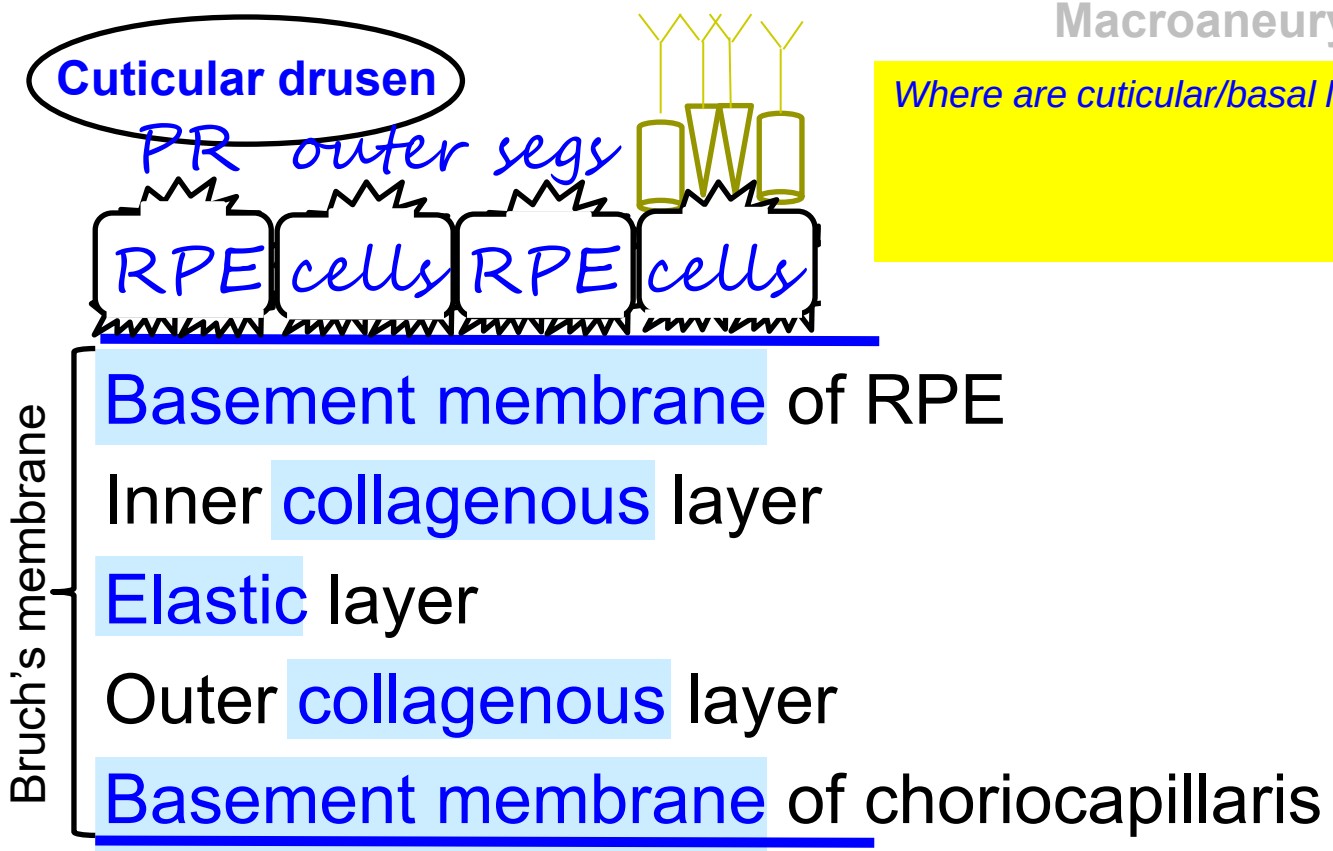
--Reticular (pseudo)drusen

DDx

Macroaneurysms

Where are cuticular/basal laminar drusen found?



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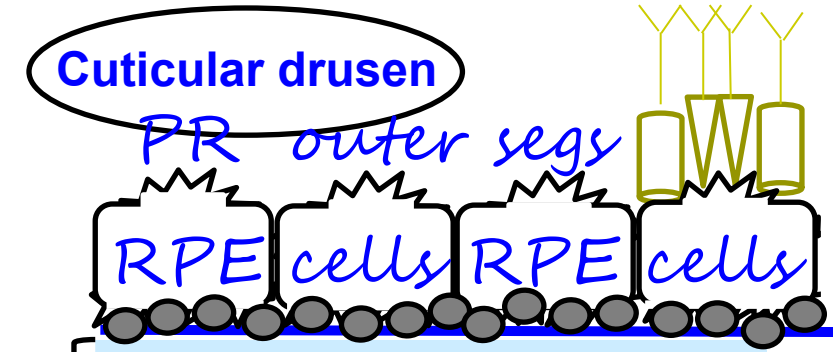
DDx

Macroaneurysms



Where are cuticular/basal laminar drusen found?
Between the basement membrane of the RPE and the basal membrane--'basal lamina,' get it?--of the RPE cells

Cuticular/basal laminar drusen

Bruch's membrane

Basement membrane of RPE

Inner collagenous layer

Elastic layer

Outer collagenous layer

Basement membrane of choriocapillaris

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

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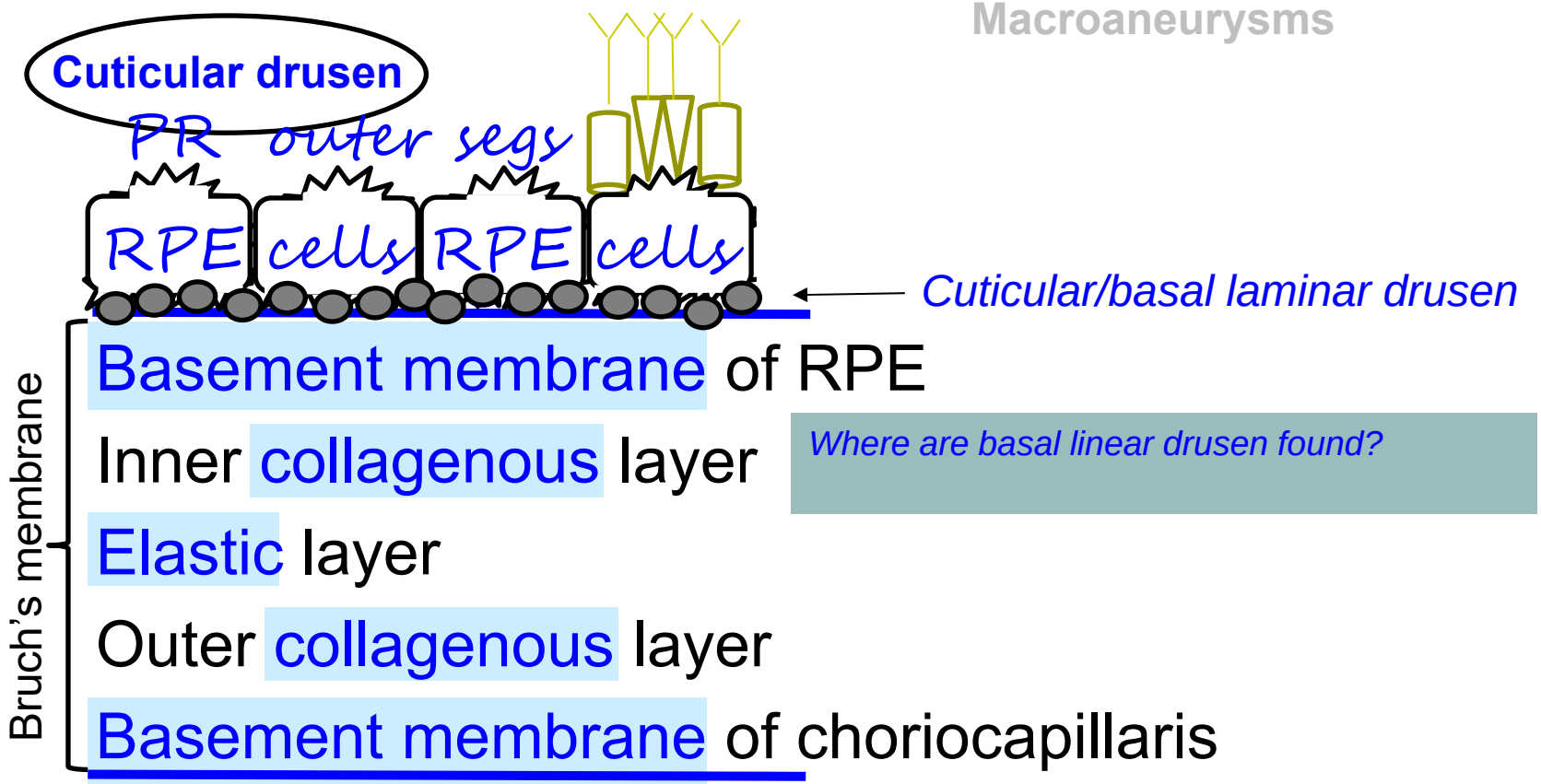
DDx

Macroaneurysms



Where are basal linear drusen found?

A

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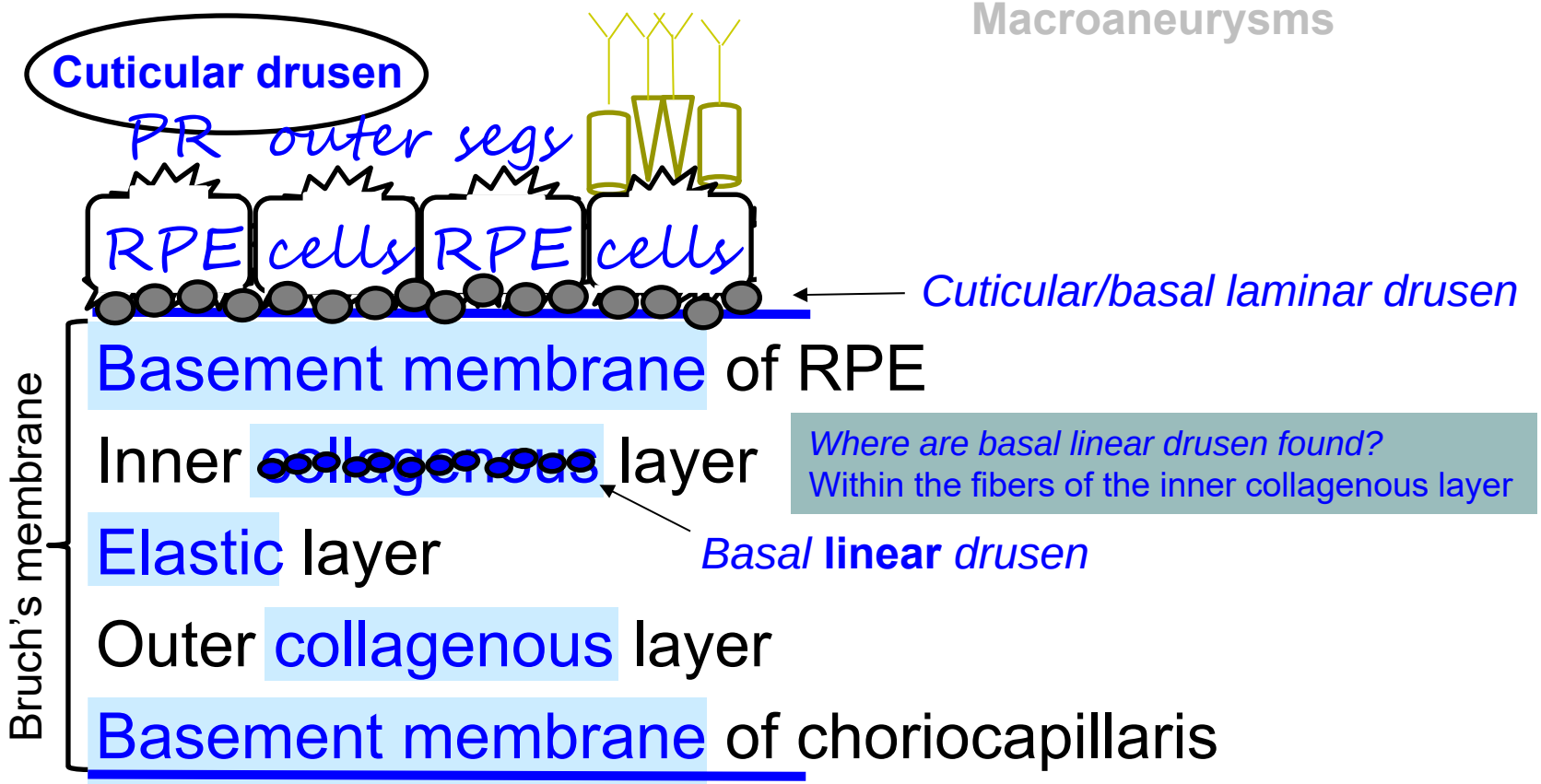
DDx

Macroaneurysms



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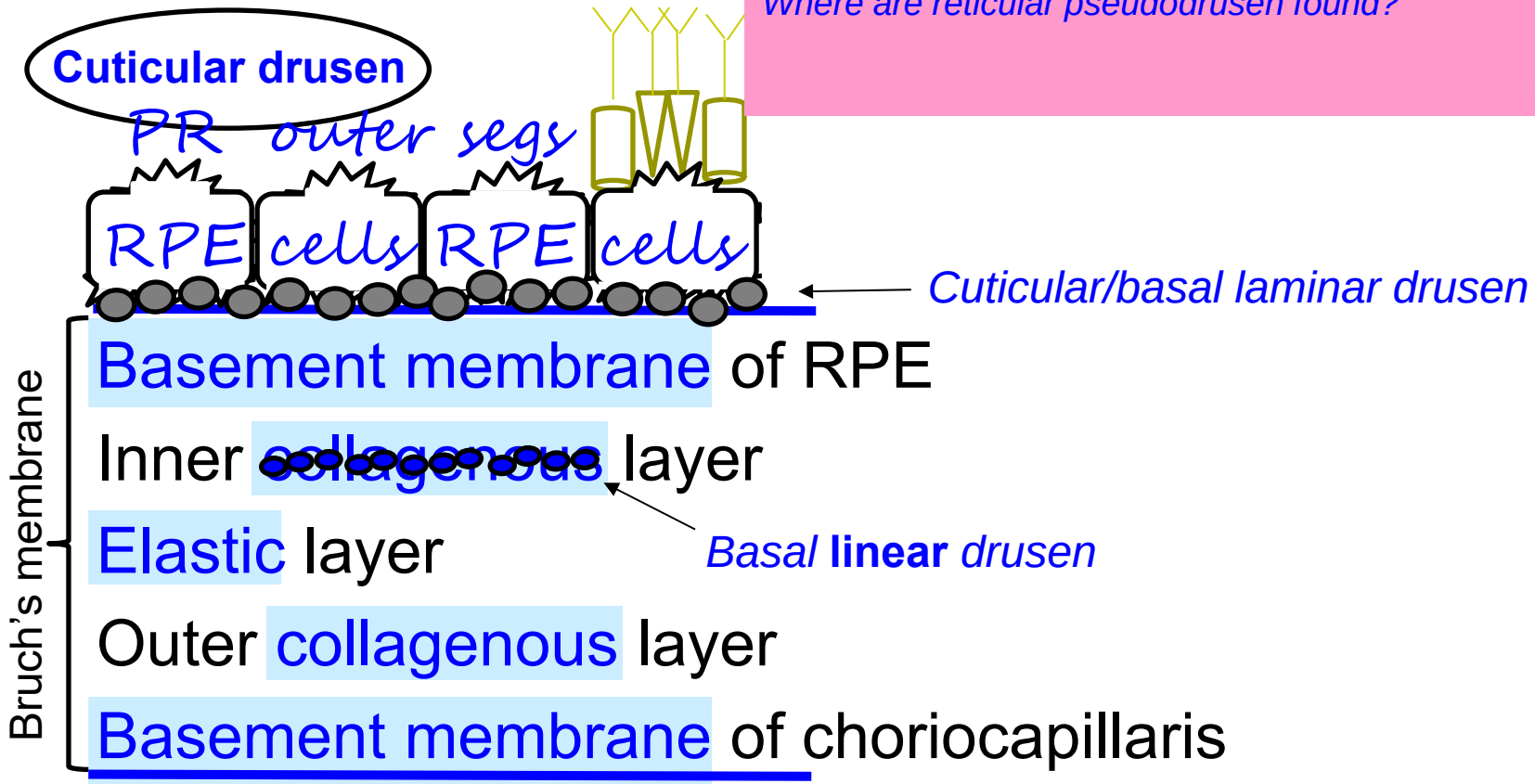
DDx

Where are reticular pseudodrusen found?



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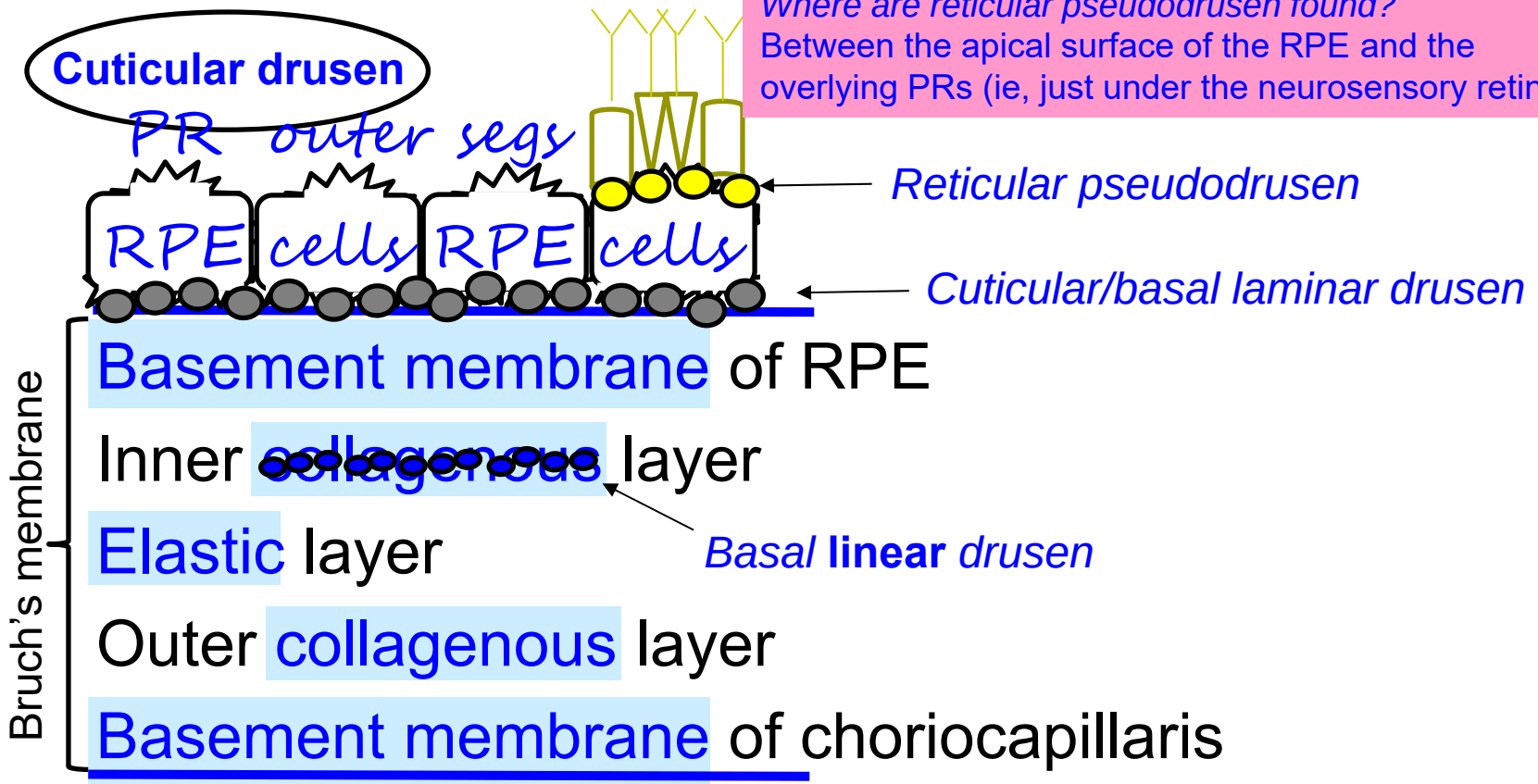
DDx

Where are reticular pseudodrusen found?
Between the apical surface of the RPE and the overlying PRs (ie, just under the neurosensory retina)



Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

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Central serous chorioretinopathy

RPE change after CSC

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Cuticular drusen

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central

RP

Sma

Hydr

What is vitelliform exudative macular detachment (VEMD)*?*

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Polypoidal choroidal vasculopathy

Central

RP

Sma

Hydr

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

What is vitelliform exudative macular detachment (VEMD)*?*
The name says it all--an exudative detachment of the macula in which the subretinal fluid is yellow

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Cuticular drusen

Macroaneurysms

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What is vitelliform exudative macular detachment (VEMD)*?*
The name says it all--an exudative detachment of the macula in which the subretinal fluid is yellow

With what (discussed recently in this slide-set) lesion is it associated?

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Polypoidal choroidal vasculopathy

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Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

What is vitelliform exudative macular detachment (VEMD)*?*
The name says it all--an exudative detachment of the macula in which the subretinal fluid is yellow

With what (discussed recently in this slide-set) lesion is it associated?
VEMD occurs in eyes with extensive **cuticular drusen**

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Vitelliform exudative macular detachment. Note the cuticular drusen

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

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What is vitelliform exudative macular detachment (VEMD)*?*
The name says it all--an exudative detachment of the macula in which the **subretinal fluid is yellow**

Hmm…An exudative detachment of the macula with yellow subretinal fluid…
What condition does that sound like?

A

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Dry ARMD DDx

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Macroaneurysms

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Best disease

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Are VEMD and Best dz related?

A

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Dry ARMD DDx

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Hmm…An exudative detachment of the macula with yellow subretinal fluid…
What condition does that sound like?
Best disease

Are VEMD and Best dz related?
No, but their appearance can be very similar

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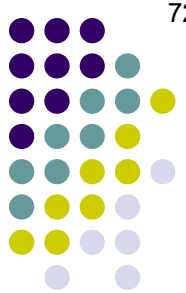

Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

	Best dz	VEMD
Life-stage of onset?		

…nment (VEMD)?
…ent of the macula in

…h yellow subretinal fluid…

Best disease

Are ***VEMD and Best dz*** *related?*
No, but their appearance can be very similar

A

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Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

	Best dz	VEMD
Life-stage of onset?	**Childhood**	**Adulthood**

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Best disease

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Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

Cuticular drusen

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	Best dz	VEMD
Life-stage of onset?	Childhood	Adulthood
Cuticular drusen present?		

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EOG abnormal?		

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Wet ARMD DDx

Pattern dystro

Cuticular dru

detachment

EMD)?

e macula in

Life-stage

Cuticular drus

EOG *abr*

subretinal fluid…

What does EOG *stand for?*

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What does EOG *stand for?*

Electro-oculogram

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Wet ARMD DDx

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What does EOG *stand for?*
Electro-oculogram

In a nutshell, what does an electro-oculogram measure?

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Wet ARMD DDx

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Again in a nutshell, how does it work?

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Again in a nutshell, how does it work?
The resting potential of the RPE is measured in both the light- and dark-adapted states, and a ratio of the two resting potentials is calculated

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The **Arden ratio**

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The **Arden ratio**

What is the normal range for the Arden ratio?

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What is the normal range for the Arden ratio?
1.9-2.8

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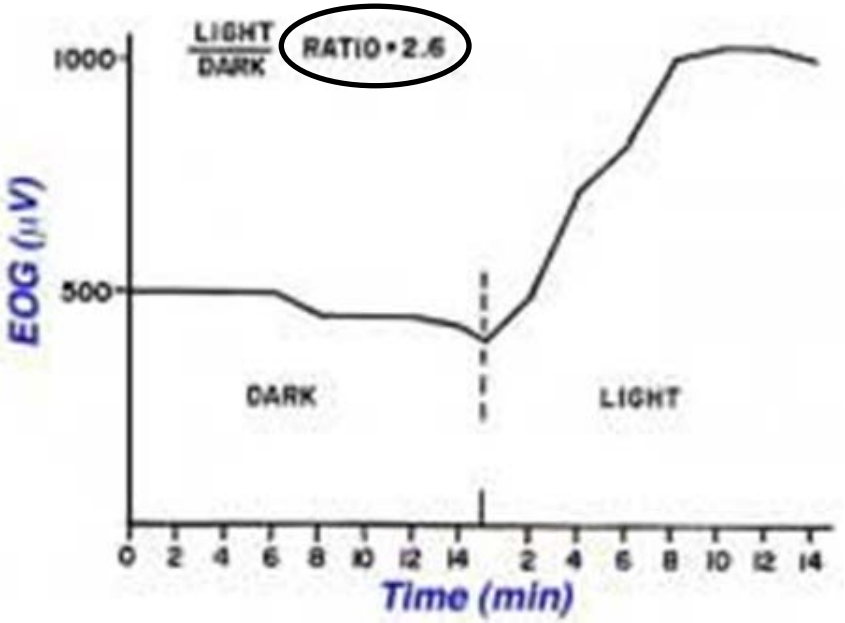

Non-Best pts

EOG

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1.9-2.8

At what value is the Arden ratio considered definitely abnormal?

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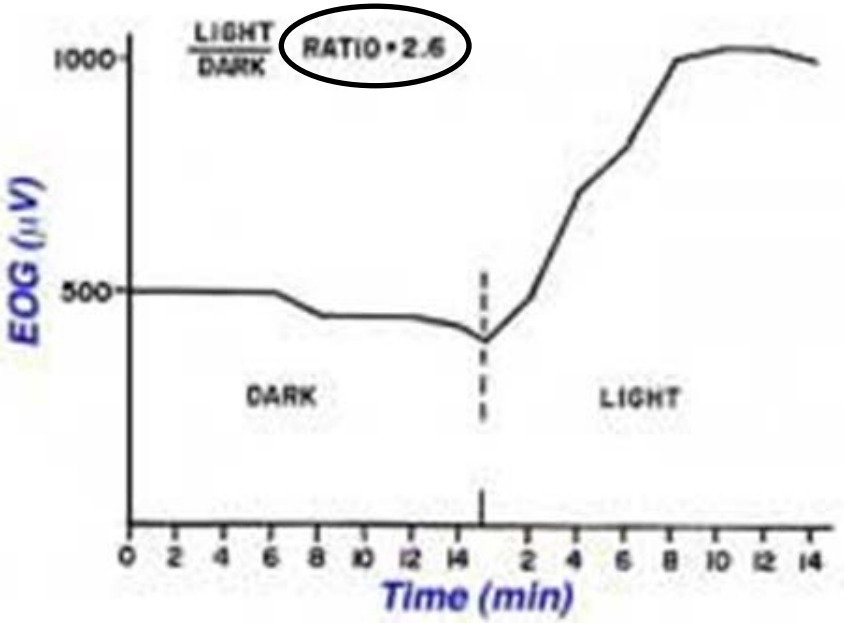
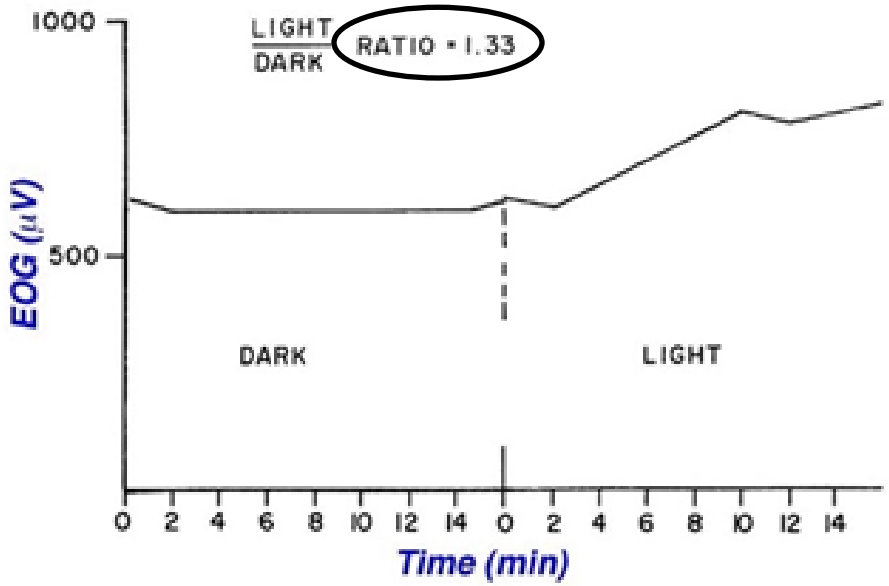
1.9-2.8

At what value is the Arden ratio considered definitely abnormal?
Below 1.7 (it's usually <1.5 in Best dz, and ratios as low as 1.1 are not uncommon)

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials



Non-Best pts



Best pts

EOG

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

Cuticular drusen/VEMD tl;dr

Cuticular drusen can mimic **dry ARMD**.

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Wet ARMD DDx

Pattern dystrophy

Macroaneurysms

Cuticular drusen

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

<u>Cuticular drusen/VEMD tl;dr</u>

Cuticular drusen can mimic **dry ARMD**.

Cuticular drusen can also lead to VEMD, which in turn…

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Cuticular drusen/VEMD tl;dr

Cuticular drusen can mimic **dry ARMD**.
Cuticular drusen can also lead to VEMD, which in turn…
can mimic **wet ARMD**.

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

RPE change after CSC

Small choroidal melanoma

Hydroxychloroquine toxicity

A

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Dry ARMD DDx

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Wet ARMD DDx

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Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

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Wet ARMD DDx

Macroaneurysms

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Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

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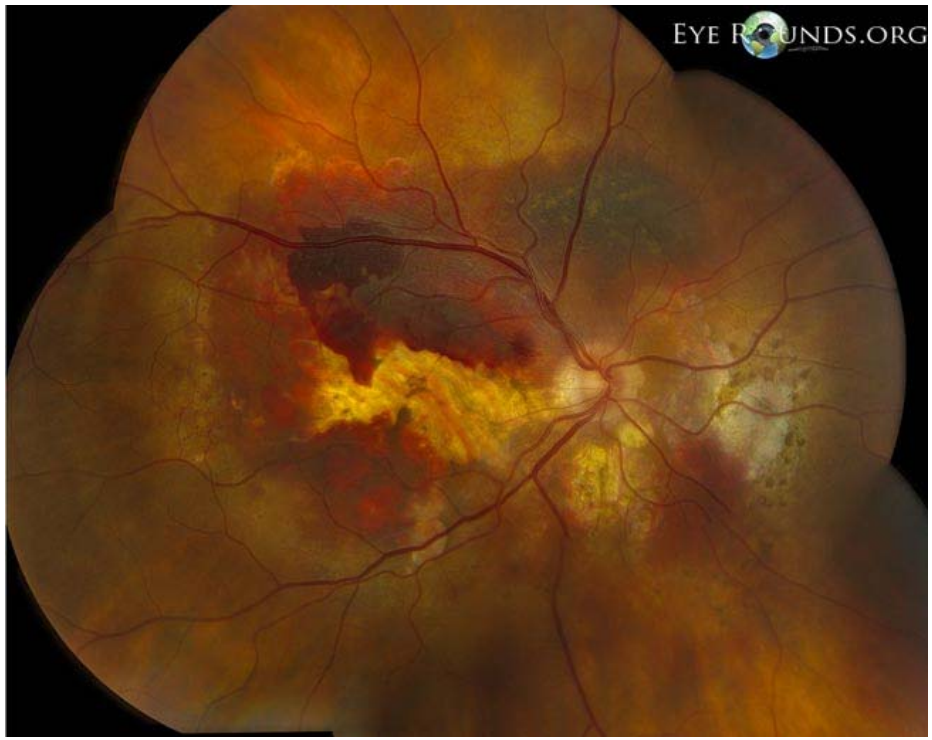
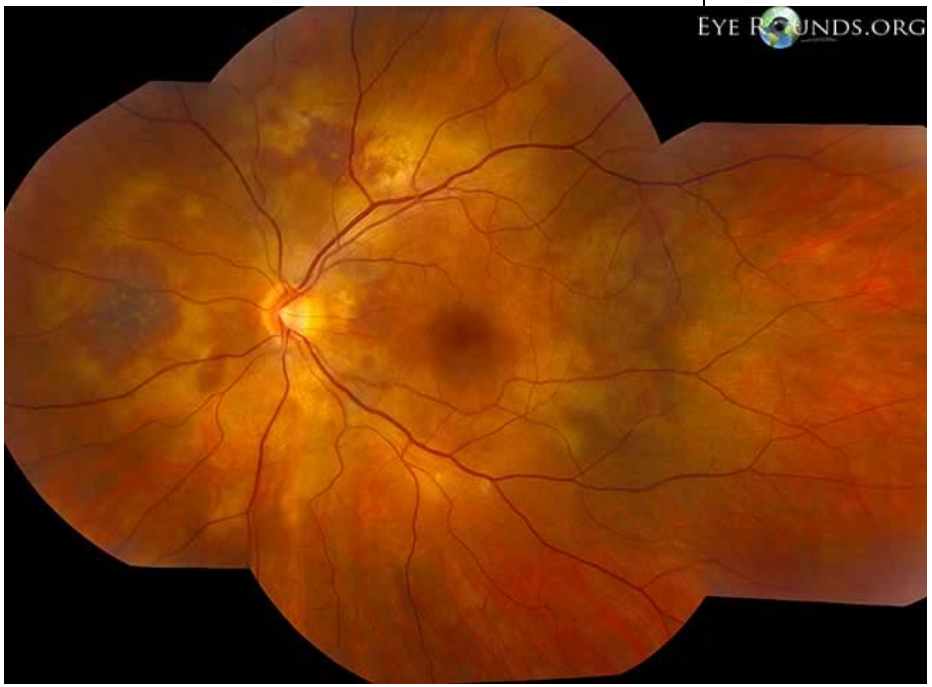
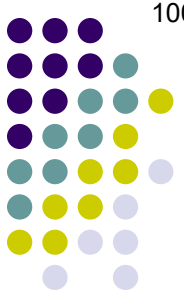




PCV. Multiple areas of subretinal hemorrhage are visible. They are surrounded by areas of yellow subretinal material which likely represents old hemorrhage. There is an acute subretinal hemorrhage OD.

PCV

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*



Dry ARMD DDx

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Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal **serous/sanguineous** detachments of the RPE

Where does this fluid and blood come from?

A

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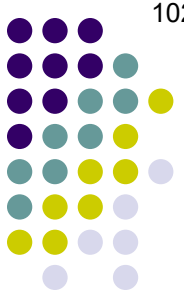
How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal **serous/sanguineous** detachments of the RPE

Where does this fluid and blood come from?
It's all in the name. The choroidal vasculature contains polyp-shaped terminal dilatations that leach serum and/or heme--hence, poly-poidal choroidal vasculopathy.

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*



Dry ARMD DDx

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Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

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How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?

Q/A

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How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?
Yes, [redacted] are more likely to be affected

A

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Is there a gender predilection?
Yes, females are more likely to be affected

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Yes, females are more likely to be affected

Is there a racial predilection?

Q/A

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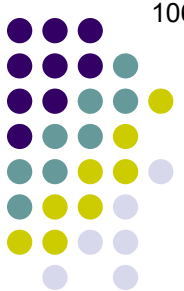

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Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of [redacted] and [redacted] heritage are more likely to be affected

A

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Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

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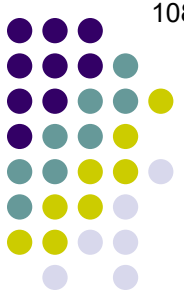

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How does polypoidal choroidal vasculopathy (PCV) present?
With recurrent, multifocal serous/sanguineous detachments of the RPE

Is there a gender predilection?

What percentage of cases of presumed wet ARMD are actually PCV in:
Whites?
East Asians?

Yes, individuals of **(East) Asian** and African heritage are more likely to be affected

A

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Dry ARMD DDx

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Is there a gender predilection?

What percentage of cases of presumed wet ARMD are actually PCV in:
Whites? No more than about 5%
East Asians?
Yes, individuals of **(East) Asian** and African heritage are more likely to be affected

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Is there a gender predilection?

What percentage of cases of presumed wet ARMD are actually PCV in:
Whites? No more than about 5%
East Asians? Estimates run as high as an astonishing **50%**!

Yes, individuals of **(East) Asian** and African heritage are more likely to be affected

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Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

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Is there a gender predilection?
Yes, females are more likely to be affected

Is there a racial predilection?
Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*

Dry ARMD DDx

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Cuticular drusen

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Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

How is PCV diagnosed?

Because of its ability to image the choroidal circulation, abb. + word is probably the most useful test in making the dx

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

Between 50 and 70 years of age

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How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
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Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

achment

pathy

What does ICG *stand for in this context?*

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, **ICG** angiography is probably the most useful test in making the dx

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
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Dry ARMD DDx

Pattern dystrophy

Cuticular d

Wet ARMD DDx

Macroaneurysms

achment

athy

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Indocyanine green

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Wet ARMD DDx

Macroaneurysms

achment

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What does ICG *stand for in this context?*
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Under what circumstance is ICG angiography preferred over FA?

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Because of its ability to image the choroidal circulation, **ICG** angiography is probably the most useful test in making the dx

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Macroaneurysms

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What does ICG *stand for in this context?*
Indocyanine green

Under what circumstance is ICG angiography preferred over FA?
When one is primarily concerned with visualizing the choroidal circulation

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, **ICG** angiography is probably the most useful test in making the dx

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During what age range does it typically present?
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pathy

How is PCV diagnosed?
Because of its ability to image the choroidal circulation, **ICG** angiography is probably the most useful test in making the dx

Why is ICG superior to fluorescein for imaging the choroidal circulation?

ected

During what age range does it typically present?
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Why is ICG superior to fluorescein for imaging the choroidal circulation?
Fluorescein diffuses rapidly through choroidal vessels, rendering them hard to visualize.

ected

During what age range does it typically present?
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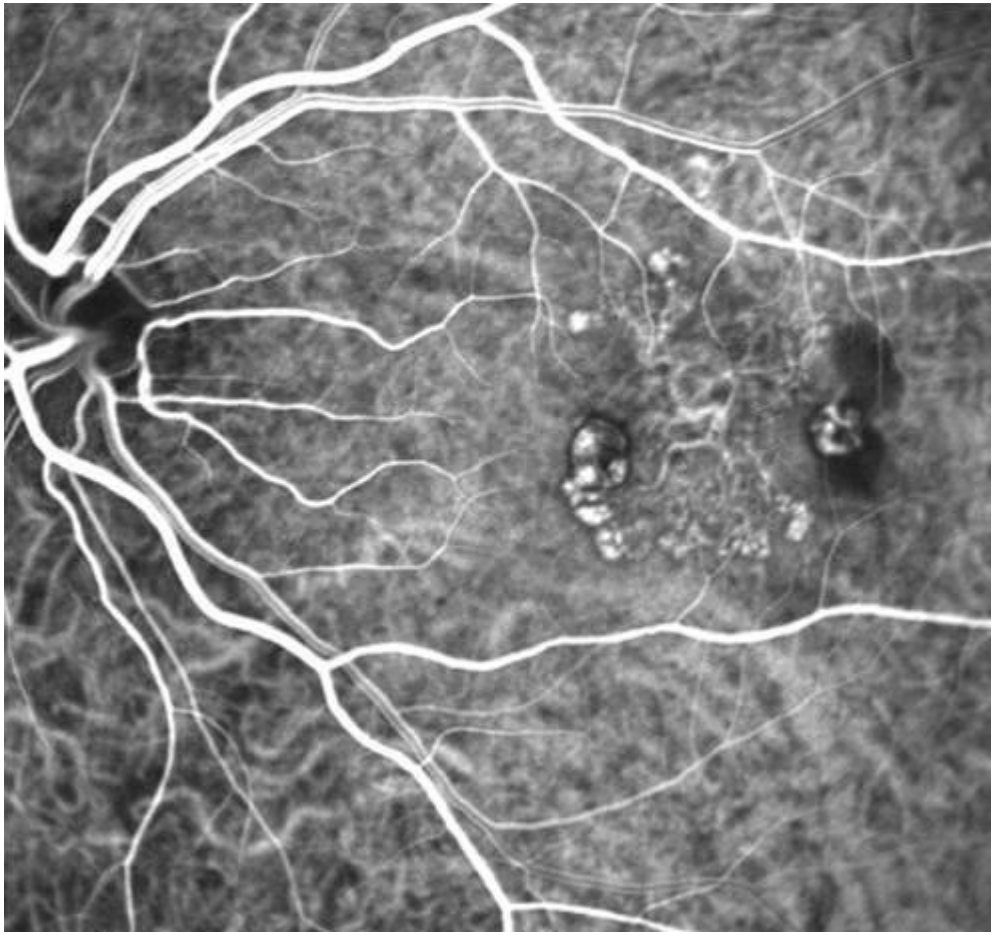
Because of its ability to image the choroidal circulation, **ICG** angiography is probably the most useful test in making the dx

Why is ICG superior to fluorescein for imaging the choroidal circulation?
Fluorescein diffuses rapidly through choroidal vessels, rendering them hard to visualize. In contrast (ahem), ICG is almost completely protein-bound in circulation, and thus will not diffuse across normal choroidal vessels. This renders ICG ideal for visualizing pathology of the choroidal vasculature.

ected

During what age range does it typically present?
Between 50 and 70 years of age

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials



PCV: ICGA. Note the characteristic lesion: a choroidal vascular network of vessels ending in aneurysmal, polyp-like bulges

Q/A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

How is PCV diagnosed?

Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (abb and abb. can be contributory as well)

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

Between 50 and 70 years of age

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How is PCV diagnosed?
Because of its ability to image the choroida… most useful test in making the dx (FA and **OCTA** ca…

What does OCTA *stand for in this context?*

Yes, individuals of (East) Asian and African heritage are more likely to be affected

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How is PCV diagnosed?
Because of its ability to image the choroida… most useful test in making the dx (FA and **OCTA** ca…

What does OCTA *stand for in this context?*
Ocular coherence tomography angiography

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
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Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

How is it treated?

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?

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How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with [two words]

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
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How is PCV diagnosed?
Because of its ability to image the choroidal circulation, ICG angiography is probably the most useful test in making the dx (FA and OCTA can be contributory as well)

How is it treated?
Anti-VEGF agents are effective, especially in conjunction with photodynamic therapy (PDT)

Yes, individuals of (East) Asian and African heritage are more likely to be affected

During what age range does it typically present?
Between 50 and 70 years of age

Q

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RPE change after CSC

Small choroidal melanoma

Hydroxychloroquine toxicity

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Central serous chorioretinopathy

In a nutshell, what is the pathophysiology of CSC?

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy

In a nutshell, what is the pathophysiology of CSC?

Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

CSC: Serous RD

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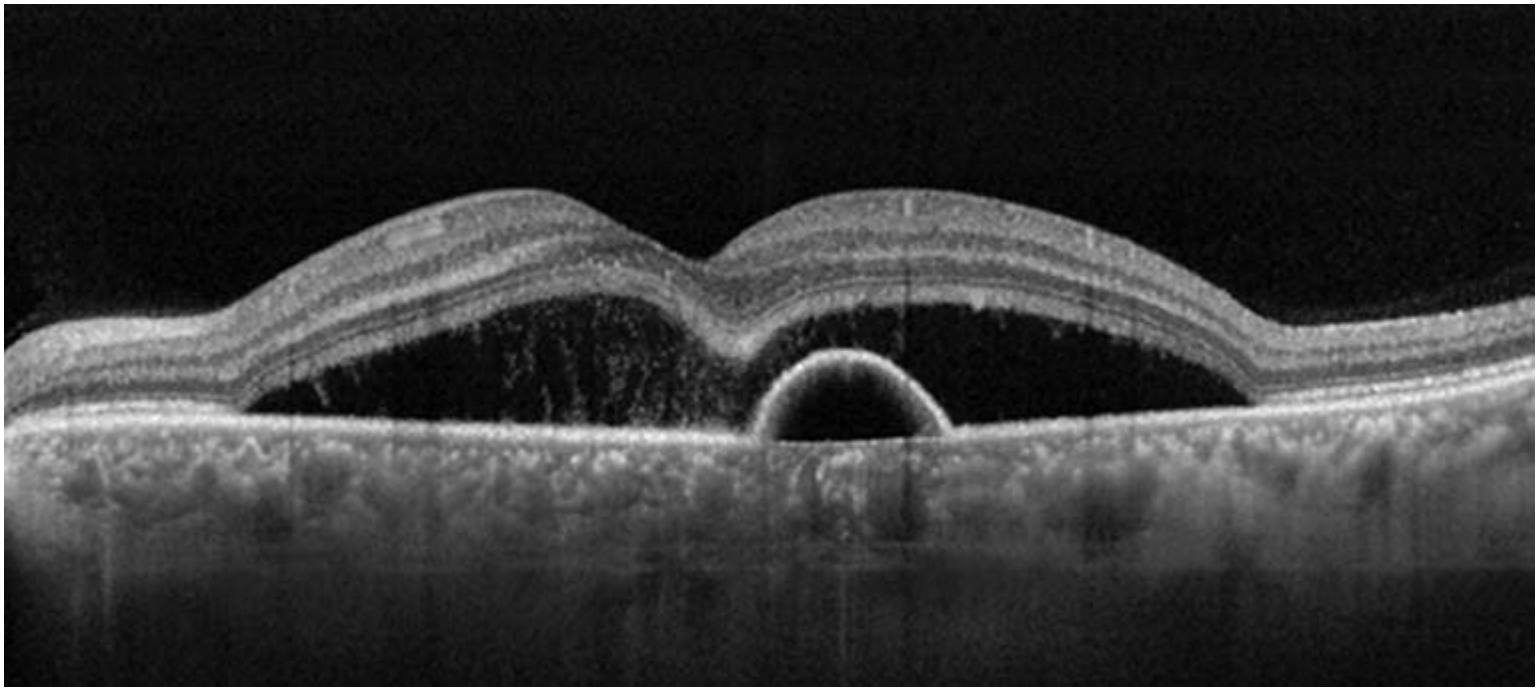
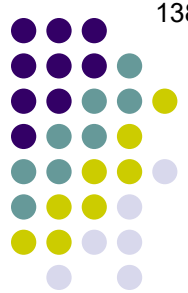


CSC: OCT

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*



Dry ARMD DDx

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Cuticular drusen

Wet ARMD DDx

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In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?

A

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In a nutshell, what is the pathophysiology of CSC?
Choroidal hyperpermeability + impaired RPE barrier function → serous retinal detachment(s)

How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

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Who is the typical pt?

Q/A

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How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
A M vs F between the ages of _____ who has a so-called kind of person you are

A

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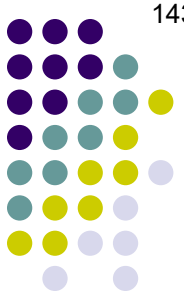
How does CSC present?
With visual dysfunction--decreased VA, dyschromatopsia, metamorphopsia, etc

Who is the typical pt?
A male between the ages of 35 and 55 who has a so-called Type A personality

Q *This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials*



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A male between the ages of 35 and 55 who has a so-called Type A personality

What is the preferred treatment?

A

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Who is the typical pt?
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What is the preferred treatment?
PDT

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RPE change after CSC
Small choroidal melanoma
Hydroxychloroquine toxicity

A

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RPE change after CSC

Small choroidal melanoma

Hydroxychloroquine toxicity

Wet ARMD DDx

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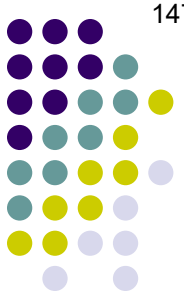
Vitelliform exudative macular detachment

Polypoidal choroidal vasculopathy

Central serous chorioretinopathy



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Dry ARMD DDx

Pattern dystrophy

Cuticular drusen

RPE change after CSC

Small choroidal melanoma

ity

After CSC (especially chronic CSC), the RPE can acquire a 'granular' appearance that mimics dry ARMD

Wet ARMD DDx

Macroaneurysms

Vitelliform exudative macular detachment
Polypoidal choroidal vasculopathy
Central serous chorioretinopathy

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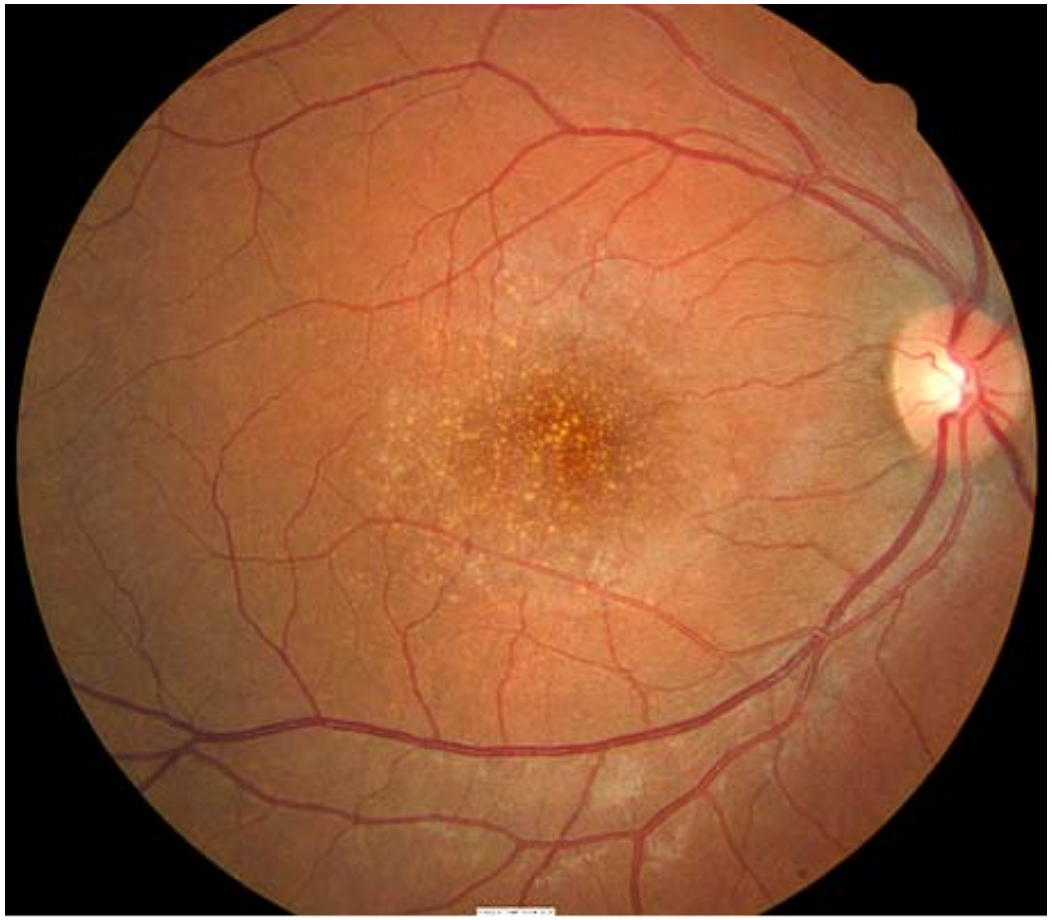

CSC: RPE change

Q

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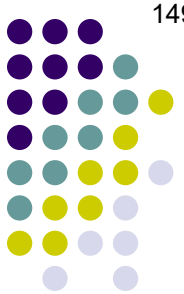

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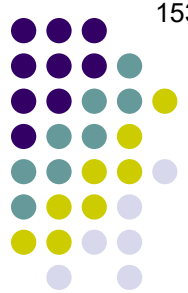

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Polypoidal choroidal vasculopathy

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Small choroidal melanoma

For what it's worth: The *Retina* book spends more time discussing CSC as a mimic of **both** forms of ARMD than it does any other cause!

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area						
CSC	*?*						
ARMD	*?*						

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area						
CSC	**Leak<<SRF**						
ARMD	**Leak ≈ SRF**						

Q

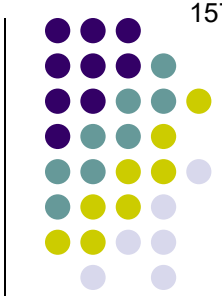
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?					
CSC	**Leak<<SRF**	***?***					
ARMD	**Leak ≈ SRF**	**?**					

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

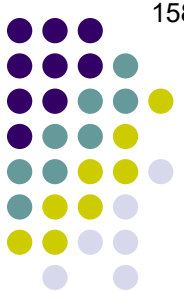


Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?					
CSC	**Leak<<SRF**	**Yes**					
ARMD	**Leak ≈ SRF**	**No**					

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials



Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?				
CSC	**Leak<<SRF**	**Yes**	***?***				
ARMD	**Leak ≈ SRF**	**No**	***?***				

A

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?				
CSC	**Leak<<SRF**	**Yes**	**No**				
ARMD	**Leak ≈ SRF**	**No**	**Yes**				

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?			
CSC	**Leak<<SRF**	**Yes**	**No**	**?**			
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**?**			

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?			
CSC	**Leak<<SRF**	**Yes**	**No**	**No**			
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**			

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?		
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**?**		
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**?**		

A

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?		
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**No**		
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**Yes**		

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**No**	*?*	
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**Yes**	*?*	

A

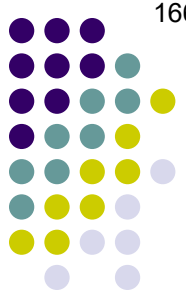
This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials

Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**No**	**Thicker**	
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**Yes**	**Thinner**	

Q

This is the combined DDx for both dry and wet ARMD—divide it into the respective differentials



Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**No**	**Thicker**	***?***
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**Yes**	**Thinner**	***?***

A

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	**Leak<<SRF**	**Yes**	**No**	**No**	**No**	**Thicker**	**Yes**
ARMD	**Leak ≈ SRF**	**No**	**Yes**	**Yes**	**Yes**	**Thinner**	**No**

Q

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	Leak<<SRF	Yes	No	No	No	Thicker	**Yes**
ARMD	Leak ≈ SRF	No	Yes	Yes	Yes	Thinner	No

In the context of CSC, what are descending tracts*?*

A

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	Leak<<SRF	Yes	No	No	No	Thicker	**Yes**
ARMD	Leak ≈ SRF	No	Yes	Yes	Yes	Thinner	No

In the context of CSC, what are descending tracts*?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

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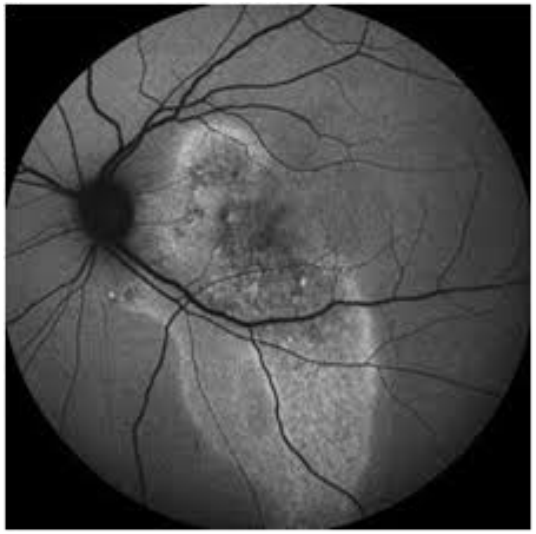

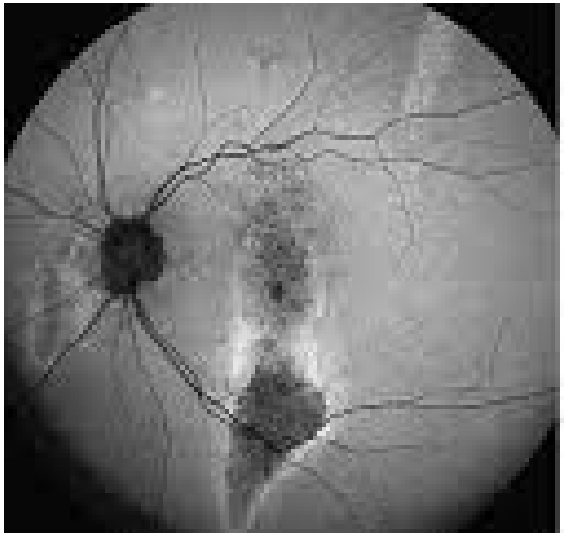

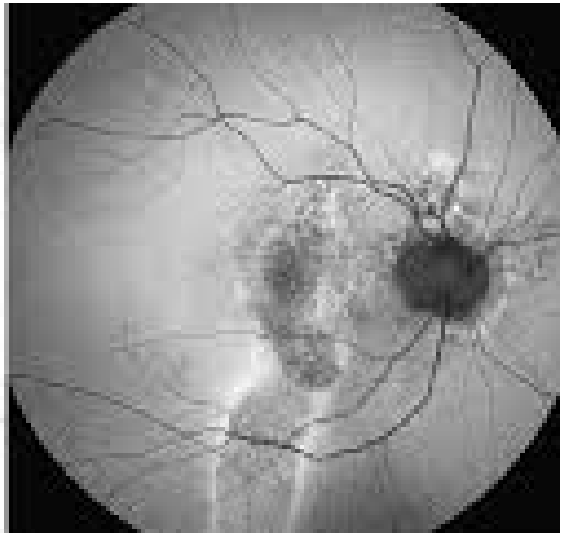

CSC: Descending tracts

Q

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	Leak<<SRF	Yes	No	No	No	Thicker	**Yes**
ARMD	Leak ≈ SRF	No	Yes	Yes	Yes	Thinner	No

In the context of CSC, what are descending tracts*?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?

A

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Is it CSC or wet ARMD? An important distinction to make—can you make it?

	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	Leak<<SRF	Yes	No	No	No	Thicker	**Yes**
ARMD	Leak ≈ SRF	No	Yes	Yes	Yes	Thinner	No

In the context of CSC, what are descending tracts*?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
Gravity-dependent 'dripping' of the SRF

Q

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	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
CSC	Leak<<SRF	Yes	No	No	No	Thicker	**Yes**
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In the context of CSC, what are descending tracts*?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
Gravity-dependent 'dripping' of the SRF

By what other name is this phenomenon known?

A

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	Size of leak relative to size of SRF area	Multiple small PED present?	Drusen present?	Blood present?	Lipid present?	Choroidal thickness c/w normal	Descending tracts present?
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In the context of CSC, what are descending tracts*?*
Long, narrow areas of RPE change extending inferiorly from the areas of SRF

What is the cause?
Gravity-dependent 'dripping' of the SRF

By what other name is this phenomenon known?
'Guttering'