

# THE RETINA TIMES

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# CASE STUDY

A 26 year-old female was referred for a 2-week history of visual field loss and persistent photopsias in both eyes. She had a recent viral illness prior to developing her symptoms. Visual acuity was 20/20 in both eyes with a normal pupil exam. Her 30-2 Humphrey Visual Field test revealed bilateral enlarged blind spots. Her anterior segment exam was normal. Rare vitreous cell was present in both eyes. Her fundus photos (Images 1 and 2) reveal a large area of subtle whitening of the outer retina and RPE extending from the optic nerve in both eyes. The fundus autofluorescence (FAF) shows increased fluorescence of this corresponding area (Images 3 and 4). The OCT of the right eye reveals disruption of the outer segments and subtle RPE changes on either side of the red arrows with central sparing of the fovea (Image 5). The OCT of the macula in the left eye is unremarkable due to relative sparing of the macula (Image 6). On further questioning she reported her right eye seemed to be worsening over the past week. A systemic laboratory work-up was obtained that was unremarkable. Prednisone 60mg daily was prescribed for 3 weeks duration and she promptly reported improved symptoms. Follow-up imaging showed significant improvement in the inflammation on FAF in both eyes (Images 7 and 8) with improvement of the outer segment anatomy on OCT in the right eye (Image 9). Her enlarged blind spot in both eyes improved but was still present on follow-up visual field testing. She has not had any recurrences of the inflammation in 2 years.

### **DIFFERENTIAL DIAGNOSIS**

The differential diagnosis of an enlarged blind spot is broad, and most commonly include neuro-ophthalmic conditions such as optic nerve drusen and optic nerve edema or neuropathy. Less common etiologies are a group of posterior uveitis conditions referred to as the white-dot-syndromes. In our patient these include acute idiopathic blind spot enlargement (AIBSE), multiple evanescent white-dot-syndrome (MEWDS), multifocal choroiditis (MFC), and acute zonal occult outer retinopathy (AZOOR). It is important to rule out syphilis and tuberculosis because these infections can occasionally present with similar clinical findings.



Image 1. Right eye – subtle peripapillery whitening with well demarcated borders



Image 2. Left eye – subtle peripapillery whitening with well demarcated borders



Image 3. Right eye – peripapillery hyperautofluorescence, before treatment

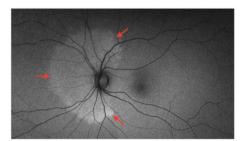


Image 4. Left eye – peripapillery hyperautofluorescence, before treatment

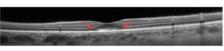


Image 5. Right eye – loss of perifoveal ellipsoid zone,



Image 7. Right eye – restoration of normal autofluorescence image, after treatment



Image 8. Left eve - restoration of normal

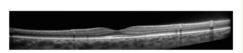


Image 9. Right eye - restoration of perifoveal ellipsoid zone, after treatment

# **DISCUSSION**

autofluorescence image, after treatment

Our patient's clinical findings and her immediate improvement on oral prednisone is consistent with a diagnosis of AIBSE. This condition was first described in 1988 by Dr. Fletcher and over time has been distinctly separated from AZOOR and multiple evanescent white-dot-syndrome. AIBSE includes clinical findings similar to our patient and may include mild optic nerve edema. The primary site of inflammation is the photoreceptor outer segments with mild RPE irregularities centered around the optic nerve. Similar to MEWDS, it is more common in young women and is associated with a recent viral illness. MEWDS also involves inflammation of the outer segments and underlying

RPE, but the lesions are more scattered throughout the posterior pole. Unlike MEWDS there is not always complete recovery of vision in AIBSE and some patients will have permanent scotomas. Initially AIBSE and AZOOR were thought to be the same condition. However, AZOOR is typically progressive and less responsive to treatment. Many experts believe these conditions are a spectrum of phenotypic presentations resulting from a single disease entity related to an immunologic response to a recent illness. All of these conditions are rare and require a keen observer to recognize the often subtle clinical findings. Multimodal imaging including OCT, FAF, and fluorescein angiography are important tools to assist in the diagnosis and management of posterior uveitis.

# **PHYSICIAN SPOTLIGHT**

**RETINA ASSOCIATES WELCOMES** JACK L. HOLLINS, MD



#### **EDUCATION**

**Cumberland College** Undergraduate School Degree: B.S. Chemistry, Math

University of Louisville Medical School Degree: M.D. Louisville, Kentucky

University of Louisville Affilliated Hospital – Internship Louisville, Kentucky

University of Kentucky Ophthalmology Residency

Vitreoretinal Foundation Fellowship – Memphis Tennessee

Jack Lynn Hollins, MD is a native of Kentucky who received his undergraduate degree from Cumberland College and his Medical Degree from the University of Louisville. Dr. Hollins completed his ophthalmology residency at the University of Kentucky and his vitreoretinal fellowship at the Vitreoretinal Foundation in Memphis, Tennessee in 1984. He served in higher education for over a decade at both the University of Kentucky and the University of Tennessee in their Departments of Ophthalmology, as a Director, Assistant Professor and Clinical Instructor. Dr. Hollins was President of Whitley County Medical Society and has been recognized by the American Medical Association for his achievements in ophthalmology. He is a member of the Kentucky Ophthalmological Association, Fayette County Eye Society and the American Academy of Ophthalmology. Dr. Hollins has served the Lexington community in his private practice since 1986 and Retina Associates of Kentucky is excited to welcome him as a Medical Retina Specialist.



Louisville Rise & Shine Grand Rounds Fante's Coffee 7:00am



Lexington Ophthalmology Meeting Epping's 6:00pm

Louisville Retina Trivia Flying Axes 7:30pm

Frankfort CE (3) Credit Hours Castle & Key Distillery 5:00pm

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#### FEATURING:

Online Consultation Request Form Improved Patient Education Including Surgical Videos The Retina Times Newsletter Library

# **COMMUNITY SPONSORSHIP**

Retina Associates of Kentucky is a proud sponsor for the annual Lions Club Lexington South Run for Sight. We had several RAK team members who volunteered to participate!



Cure annual event. Di Dr. Javed Sayed, and bringing their children



# FELLOWSHIP PROGRAM

Retina Associates of Kentucky proudly spotlights our Fellowship Training Program for future Vitreo-Retinal surgeons. Our physicians feel fortunate that they received outstanding training when they started their careers, and are devoted to giving back to the field by training the next generation of retinal specialists.

Recognized as one of the top training sites in the nation, each year we interview and recruit some of the finest residents from all over the country to be in our Program. Our fellows are already well trained general eye surgeons when they enter our fellowship, and they have elected to spend an additional two years of training in our field instead of going into practice.

We are proud to have these bright young physicians accompany our doctors in our clinic and during surgical cases. By teaching and organizing discussion around patients, our doctors are able to offer the most thorough care to even the most challenging eye diseases. Our fellows also help us coordinate our emergency care, so if you call after hours or on the weekend you may talk with them initially.

We encourage you to learn more about each of our fellows listed below:

Stuart Ball, MD, graduated in 2008 with a double major in Biochemistry and Philosophy from Tulane University, where he attended on a Foundation Scholarship. He completed his Medical Degree in his home state of Alabama at the University of Alabama-Birmingham. Dr. Ball then served a preliminary Transitional Year at Baptist Health Systems in Birmingham, Alabama before coming to the University of Kentucky for his Ophthalmology Residency. While in residency, he was awarded the Mark Gross Research Award and elected to serve as Chief Resident his final year. When not working at Retina Associates of Kentucky, he enjoys making hot sauce and playing darts.



Stuart Ball, MD

Osama Sabbagh, MD graduated in 2011 with a Bachelor's of Arts degree in Biology from West Virginia University. He completed his Medical Degree at West Virginia University in 2015. Dr. Sabbagh did a preliminary year in internal medicine at Allegheny General Hospital and then completed his Ophthalmology Residency in 2019 at George Washington University. Outside of medicine, Dr. Sabbagh enjoys playing teamoriented sports like basketball and soccer, spending time with friends and family, and traveling



Michelle Abou-Jaoude, MD graduated Summa Cum Laude in 2011 with a Bachelor of Science degree in Chemical Engineering from the University of Florida. She completed her Medical Degree at the Herbert Wertheim College of Medicine at Florida International University in 2015. Dr. Abou-Jaoude then did a preliminary year in general surgery at the University of Kentucky before continuing at the University of Kentucky for her residency in Ophthalmology. While in residency she was elected to serve as Chief Resident for her final year. Outside of medicine, Dr. Abou-Jaoude enjoys playing board games, hiking, travelling, and spending time with friends and family.



Abou-Jaoude, MD 2019-2021

# **EDUCATION, AWARDS & RECOGNITION**





# RESEARCH

If you are interested in information regarding past clinical trials or participation criteria in our current clinical trials, please contact our research department: Diana Holcomb - Clinical Research ManagerPH (859) 264-2905 | dholcomb@retinaky.com



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# **OUR PHYSICIANS**

William J. Wood, MD Rick D. Isernhagen, MD Thomas W. Stone, MD John W. Kitchens, MD Todd J. Purkiss, MD, PhD Belinda L. Shirkey, MD Sheila Garcia Santana, MD Blake A. Isernhagen, MD Jack L. Hollins, MD