

Slide 1

Asymmetric Retinitis Pigmentosa

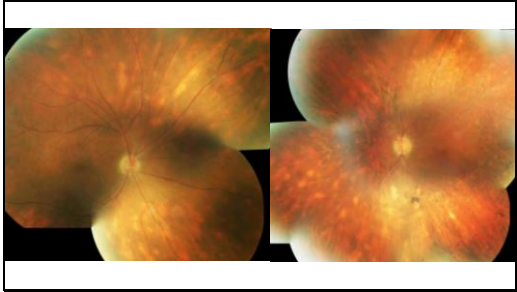
Slide 2

71 year old man referred by his ophthalmologist with 6 year history of RP; maternal aunt had RP; the ophthalmologist wondered "Why the asymmetry?"

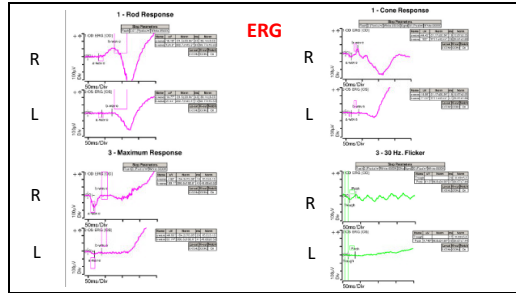
1/1/2016

- VA R- 20/20, L-20/30
- IOP 16 OU
- Pupils – no RAPD
- Slit lamp – 2+ NS and trace vitreous cells OU
- Fundus – as shown

Slide 3



Slide 7



Slide 8

What would you tell the referring ophthalmologist?

Slide 9

What I told the ophthalmologist

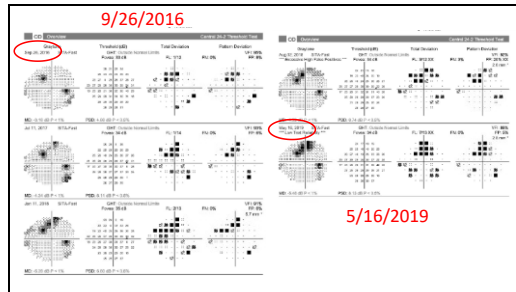
- This is not RP
- This is most likely birdshot retinochoroidopathy with asymmetric secondary retinal degeneration
- HLA- A29 was drawn – positive
- Referred to uveitis specialist who placed him on methotrexate 20 mg/week with folate supplementation

Slide 10

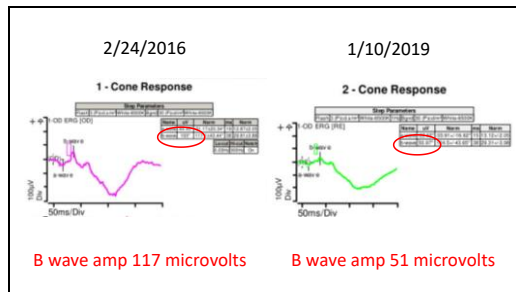
32 month follow-up

- Had bilateral ce/iol
- Still 20/20 OU
- Never had CME or vasculitis

Slide 11



Slide 12



Slide 13

What would you advise the patient?

Slide 14

My advice

- Consider fluocinolone intravitreal implant
 - Retisert 0.59 mg
 - Yutiq 0.18 mg
- Consider increasing systemic immunosuppression
 - Mycophenolate mofetil
 - Cyclosporine A
 - Azathioprine
- The patient refused fluocinolone, either dosage, and will consider adding to systemic immunosuppressive therapy

Slide 15

Birdshot Masquerading as Retinitis Pigmentosa
Several previous cases have been reported

ACTA OPHTHALMOLOGICA 70 (1992) 693-697


CASE REPORT

Birdshot retinochoroidopathy in monozygotic twins

Marianne Fich and Thomas Rosenberg
The National Eye Clinic for the Visually Impaired, Copenhagen, Denmark

Slide 16

Birdshot Masquerading as Retinitis Pigmentosa
Several previous cases have been reported

 Ocular Immunology and Inflammation
0927-2948/03/US\$ 16.00

Ocular Immunology and Inflammation –
2003, Vol. 11, No. 4, pp. 305–307
© Swets & Zeitlinger 2003
Accepted 19 April 2003

**Atypical end-stage birdshot
retinochoroidopathy**

François Willermain^{1,2}
Kathrin Greiner¹
John V. Forrester¹

¹Department of Ophthalmology, University of Aberdeen,
Scotland, UK
²CHU Saint-Pierre, Université Libre de Bruxelles, Belgium

Slide 17

**Unilateral and Asymmetric Cases of Retinitis
Pigmentosa**

- Unilateral -usually not RP; asymmetric – unlikely, but possible
- Consider masquerade syndromes:
 - Syphilis
 - Trauma
 - Spontaneous resolved RD
 - Ischemia
 - AZOOR
- Asymmetric cases of RP –similar considerations
 - Longer follow-up may lead to symmetry
- In the era of genetic testing, looking for an associated pathogenetic mutation may be informative

Slide 18

Questions, Comments, Discussion
