

Retinal Diseases That You Do Not Want To Miss

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Introduction

This talk will outline several important retinal diseases that should not be missed for a variety of reasons. It is divided into three different parts.

- I. Patients who illustrate a retinal finding with important implications.
- II. Case presentations of a series of patients who represent fairly common but important diseases requiring timely diagnosis and treatment with implications for preserving vision.
- III. Case presentations of rare but serious diseases requiring a timely diagnosis and treatment and of importance in preserving life.

These case series will be presented as “unknowns” therefore this outline will be a general outline of the disease type without giving away the final unknown diagnosis.

For instance, a common scenario for disease may be a 73-year-old male who wakes up without being able to see anything from one eye. Such a patient would have a painless loss of vision and would have specific retinal findings that would lead to a specific set of work-ups and a targeted history-taking. This, along with some lab work and possibly biopsies, may lead to an important diagnosis that may be sight and life-saving.

In addition, complications following cataract surgery will be discussed. Often these complications may seem quite routine but will present a masquerade of other, less common diseases. The common conditions that one may expect after cataract surgery as complications include cystoid macular edema, retinal detachment, vitreous hemorrhage and rarely, endophthalmitis.

However some of the findings in these diseases are non-specific and may mislead the examiner into a false sense of security. These non-specific findings when evaluated closely may lead to a less common but more important disease that requires timely diagnosis.

Finally, there are a set of conditions that have specific findings that are rarely seen in patients. However, although these conditions may be very rare, they often represent life-threatening conditions for the patient. It is very likely that an eye health practitioner would see at least one, if not more, of these diseases in their career time. The importance of understanding the specific clinical signs is not just in making the diagnosis but making the appropriate referral thereafter and the appropriate follow-up and lab and diagnostic testing if necessary.

Conclusion

In summary, three different categories of diseases will be presented as unknown cases. Presenting such diseases as “unknowns” not only makes this talk more interactive and interesting but also provides a basis for remembering these diseases for the long-term. The significance of these diseases is not only in the liability of missing specific signs and symptoms from a medical legal standpoint but, more importantly, missing the opportunity to save the patient’s sight or indeed the patient’s life.