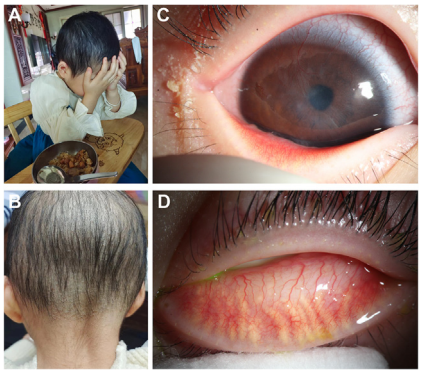

Meibomian Gland Dysfunction as a Manifestation of IFAP Syndrome

A 5-year-old girl was born with photophobia (**A**) and hair loss (**B**). Bilateral corneal neovascularization, superficial punctate keratopathy (**C**), meibomian gland drop-out with thickened meibum (**D**), and eyelid hyperkeratosis (**C**) were noted. Physical examination was unremarkable except for extensive non-scarring atrichia of scalp and hyperkeratotic follicles. A heterozygous mutation c.1573_1581del (p.P525_R527del) in *SREBF1* gene was detected, whereas family detection was negative. Autosomal-dominant ichthyosis follicular, with atrichia and photophobia (IFAP) syndrome, a rare genetic disorder, was diagnosed. Although IFAP syndrome is often first diagnosed in dermatology, our case suggests that patients might first seek eye care for photophobia caused by ocular surface deficits. (Magnified version of Figure **A**-**D** is available online at www.aaojournal.org).

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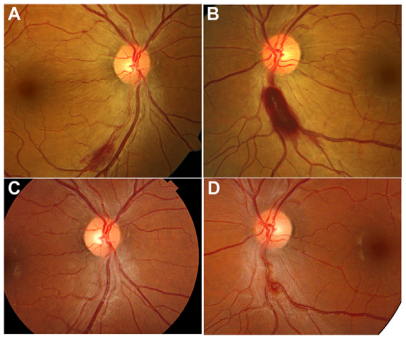

Infrequent but Important Fundus Findings in Wernicke's Encephalopathy

A 28-year-old man who underwent gastric bypass surgery 2 months prior presented with acute blurred vision and vomiting. His afferent visual function was normal. Fundus examination revealed hyperemic optic discs, telangiectasias, thickened peripapillary retinal nerve fiber layer, and perivenous hemorrhages in both eyes (**A**, **B**). Brain magnetic resonance imaging showed bilateral and symmetric involvement of the floor of the third ventricle, dorsomedial thalamus, mamillary bodies, periaqueductal gray matter, and tectal plate, all typical of Wernicke's encephalopathy. Fundus abnormalities improved 1 month after thiamine supplementation (**C**, **D**). Fundus findings are unusual but important to recognize to avoid diagnostic delay (Magnified version of Figure **A**-**D** is available online at www.aaojournal.org).

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