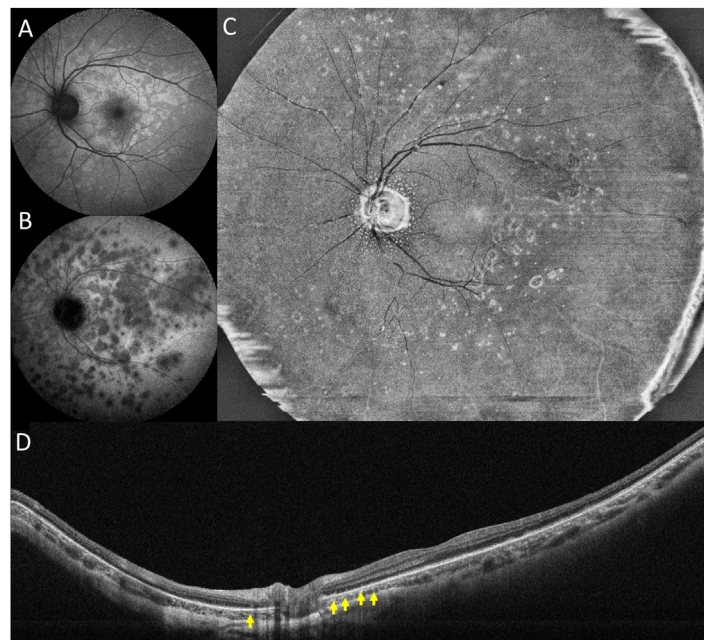


- Mendelian randomization study. *Int J Epidemiol.* 2021;50:325–336.
52. Liu DJ, Peloso GM, Yu H, et al. Exome-wide association study of plasma lipids in >300,000 individuals. *Nat Genet.* 2017;49:1758–1766.
  53. Colijn JM, den Hollander AI, Demirkan A, et al. Increased high-density lipoprotein levels associated with age-related macular degeneration: evidence from the EYE-RISK and European Eye Epidemiology Consortia. *Ophthalmology.* 2019;126:393–406.
  54. Zhang Q-Y, Tie L-J, Wu S-S, et al. Overweight, obesity, and risk of age-related macular degeneration. *Invest Ophthalmol Vis Sci.* 2016;57:1276–1283.
  55. Kichaev G, Bhatia G, Loh P-R, et al. Leveraging polygenic functional enrichment to improve GWAS power. *Am J Hum Genet.* 2019;104:65–75.
  56. Klein RJ, Zeiss C, Chew EY, et al. Complement factor H polymorphism in age-related macular degeneration. *Science.* 2005;308:385–389.
  57. Cipriani V, Leung H-T, Plagnol V, et al. Genome-wide association study of age-related macular degeneration identifies associated variants in the TNXB-FKBPL-NOTCH4 region of chromosome 6p21.3. *Hum Mol Genet.* 2012;21:4138–4150.
  58. Privé F, Arbel J, Vilhjálmsdóttir BJ. LDpred2: better, faster, stronger. *Bioinformatics (Oxford, England).* 2021;36(22–23):5424–5431.
  59. Mak TSH, Porsch RM, Choi SW, Zhou X, Sham PC. Polygenic scores via penalized regression on summary statistics. *Genet. Epidemiol.* 2017;41:469–480.
  60. de Breuk A, Acar IE, Kersten E, et al. Development of a genotype assay for age-related macular degeneration: the EYE-RISK Consortium. *Ophthalmology.* 2021;128:1604–1617.
  61. Cooke Bailey JN, Hoffman JD, Sardell RJ, et al. The application of genetic risk scores in age-related macular degeneration: a review. *J Clin Med Res.* 2016;5(3):31.

## Pictures & Perspectives



### Ultrawide-field En face OCT of Multiple Evanescent White Dot Syndrome

A 36-year-old woman diagnosed with multiple evanescent white dot syndrome (MEWDS) underwent a multimodal imaging examination. Autofluorescence (A) and indocyanine green angiography (B) were consistent with typical MEWDS features. Additionally, en face OCT image (at the level of the outer retina) (C) obtained from ultrawide-field swept-source OCT angiography revealed small hyperreflective dots around the optic nerve and confluent hyperreflective spots disseminated at the midperipheral retina. The OCT B-scan (D) confirmed multiple hyperreflective dots (yellow arrows) that corresponded with the findings on the en face OCT. Ultrawide-field en face OCT provides valuable noninvasive diagnostic and monitoring information for patients with MEWDS (Magnified version of Figure A–D is available online at [www.aaojournal.org](http://www.aaojournal.org)).

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