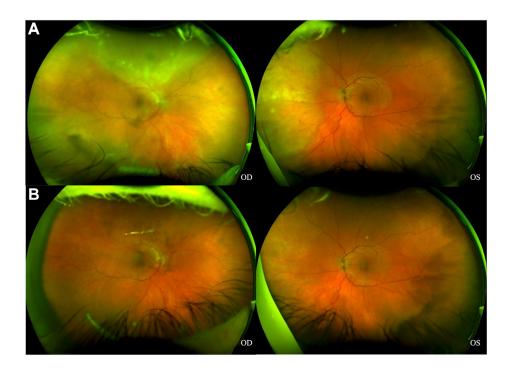
- Wu Z, Saunders LJ, Zangwill LM, et al. Impact of normal aging and progression definitions on the specificity of detecting retinal nerve fiber layer thinning. Am J Ophthalmol. 2017;181:106—113.
- 24. Kass MA, Heuer DK, Higginbotham EJ, et al. for the Ocular Hypertension Treatment Study Group. The Ocular Hypertension Treatment Study. A randomized trial determines that topical ocular hypotensive medication delays or prevents the onset of primary open-angle glaucoma. *Arch Ophthalmol.* 2002;120:701–713.
- Hattenhauer MG, Johnson DH, Ing HH, et al. The probability of blindness from open-angle glaucoma. *Ophthalmology*. 1998:105:2099–2104.
- Song C, De Moraes CG, Forchheimer I, et al. Risk calculation variability over time in ocular hypertensive subjects. *J Glaucoma*. 2014;23:1–4.
- 27. De Moraes CG, Hood DC, Thenappan A, et al. 24–2 Visual fields miss central defects shown on 10–2 tests in glaucoma suspects, ocular hypertensives, and early glaucoma. *Ophthalmology*. 2017;124(10):1449–1456.
- 28. Grillo LM, Wang DL, Ramachandran R, et al. The 24–2 visual field test misses central macular damage confirmed by the 10–2 visual field test and optical coherence tomography. *Transl Vis Sci Technol.* 2016;5:15.

## **Pictures & Perspectives**



## Retinitis after Long-Term Corticosteroid Use

A 61-year-old man presented with acute-onset blurriness in both eyes (OU). His medical history was significant for biopsy-negative temporal arteritis and long-term systemic corticosteroid use. On presentation, visual acuity was 20/40 with 3-4+ cells in the anterior chamber and 1+ cells in the vitreous OU. Fundus examination revealed elevated optic nerve margins and peripheral retinal whitening (A). Laboratory work-up showed positive syphilis serology and elevated rapid plasma reagin 1:512. With the diagnosis of neurosyphilis the patient received intravenous penicillin, and vision improved to 20/20 with resolution of retinitis (B). This case highlights the importance of infectious work-up in new-onset retinitis, especially in immunocompromised patients. (Magnified version of Figure A-B is available online at www.aaojournal.org).

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