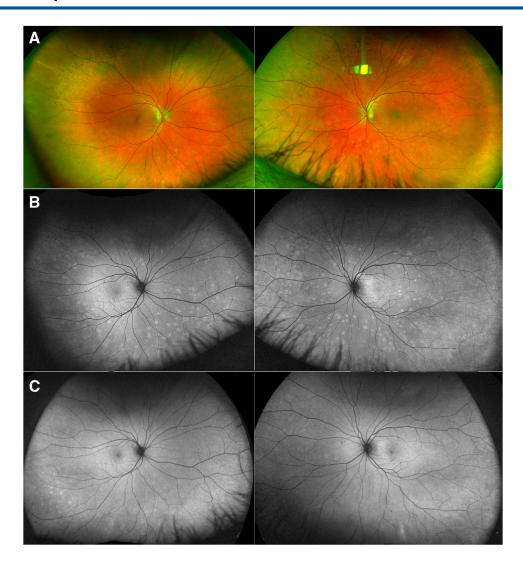
- Dempsey RF, Monson LA, Maricevich RS, et al. Nonsyndromic craniosynostosis. Clin Plast Surg. 2019;46(2):123–139.
- Choi HJ, Lee WC. Revision surgery for recurrent pain after excision of the accessory navicular and relocation of the tibialis posterior tendon. *Clin Orthop Surg*. 2017;9(2):232–238.
- 16. Kim HJ, Crawford 3rd CH, Ledonio C, et al. Current evidence regarding the diagnostic methods for pediatric lumbar spondylolisthesis: a report from the Scoliosis Research Society Evidence Based Medicine Committee. Spine Deform. 2018;6(2):185–188.

Pictures & Perspectives



Acute Syphilitic Outer Retinopathy Masquerading as Atypical White Dot Syndrome

A 51-year-old man presented with blurred vision (20/40) in his left eye for 2 weeks. Visual acuity in his right eye was unaffected (20/20). Fundoscopy exhibited mild vitritis, blurred disc margins, and multiple subtle, deep, small, creamy white dots extending to the retinal midperiphery (Fig A), with corresponding multifocal hyperautofluorescence (Fig B) bilaterally. A positive rapid plasma reagent and syphilis-specific antibody test (enzyme immunoassay) established the diagnosis of syphilitic outer retinopathy (SOR). After 2 weeks of intravenous penicillin (18 million units/day) on 5-week follow-up, both eyes had 20/20 vision and near-complete SOR resolution on fundus autofluorescence (Fig C). This case emphasizes the importance of maintaining clinical suspicion of SOR masquerading as atypical white dot syndrome (Magnified version of Fig A-C is available online at www.aaojournal.org).

Ava Torjani, BA¹
Abtin Shahlaee, MD²

¹Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania; ²Wills Eye Hospital, Mid Atlantic Retina, Thomas Jefferson University, Philadelphia, Pennsylvania