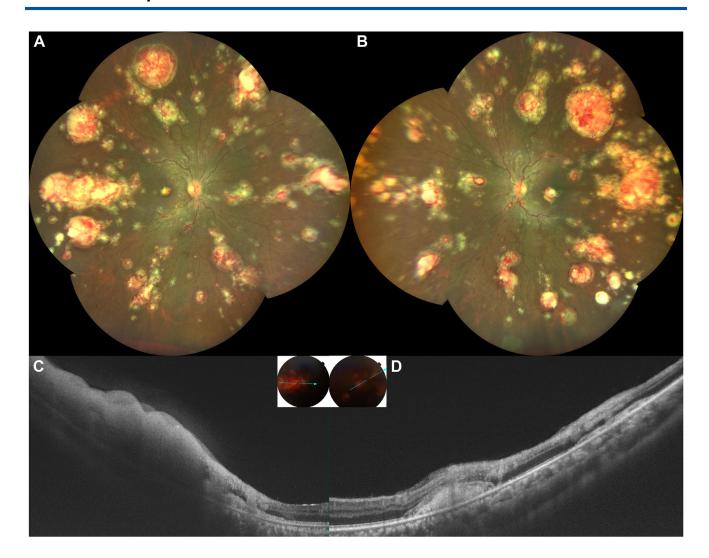
- keratoconus: a claims-based analysis. *Cornea*. 2023;42: 663–669.
- 46. Lee YH, Chen AX, Varadaraj V, et al. Comparison of access to eye care appointments between patients with Medicaid and those with private health care insurance. *JAMA Ophthalmol*. 2018;136:622–629.
- 47. Lee DC, Liang H, Shi L. The convergence of racial and income disparities in health insurance coverage in the United States. *Int J Equity Health*. 2021;20:96.
- 48. Lindstrom RL, Berdahl JP, Donnenfeld ED, et al. Corneal crosslinking versus conventional management for keratoconus: a lifetime economic model. *J Med Econ.* 2021;24:410–420.

Pictures & Perspectives



Bilateral Massive Retinal Infiltrates: Sign of Blast Crisis in Chronic Myeloid Leukemia

A 28-year-old Indian woman with chronic phase-chronic myeloid leukemia (CML), on oral Imatinib 400 mg once a day, presented with complaints of decreased vision in both eyes for 1 week. Her visual acuity was 20/160 in both eyes. **A-B**, Retinal evaluation revealed bilateral tortuous, dilated retinal veins, and multifocal, symmetrical, retinal infiltrates ranging from 1 to 8-disc diameters. **C**, Swept source-OCT passing through the lesions showed full-thickness homogenous hyperreflectivity of the retina, subretinal hyperreflectivity with thickened external limiting membrane, and inner retinal hyperreflectivity (**D**). Treatment for the CML relapse was initiated by her hematologist. (Magnified version of Figure **A-D** is available online at www.aaojournal.org).

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