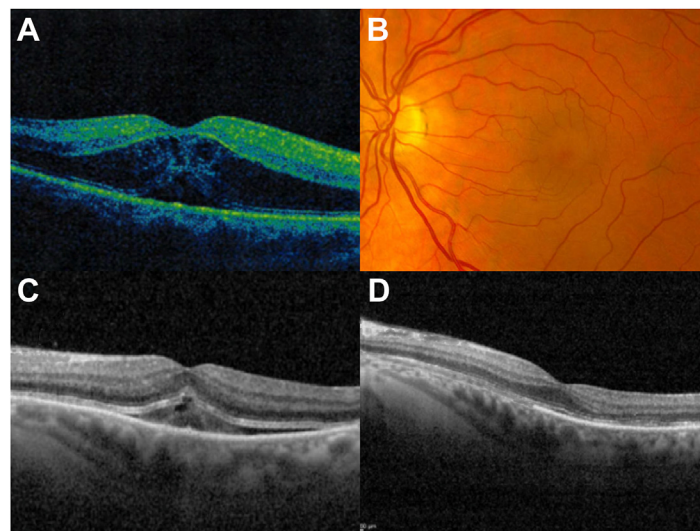


45. Khawaja AP, Chua S, Hysi PG, et al. Comparison of associations with different macular inner retinal thickness parameters in a large cohort: the UK Biobank. *Ophthalmology*. 2020;127:62–71.
46. Han YS, Kim YW, Kim YJ, et al. Alcohol consumption is associated with glaucoma severity regardless of ALDH2 polymorphism. *Sci Rep*. 2020;10:17422.
47. Curhan GC, Willett WC, Speizer FE, Stampfer MJ. Beverage use and risk for kidney stones in women. *Ann Intern Med*. 1998;128:534–540.
48. Djoussé L, Ellison RC, Beiser A, et al. Alcohol consumption and risk of ischemic stroke: the Framingham study. *Stroke*. 2002;33:907–912.
49. Choi HK, Atkinson K, Karlson EW, et al. Alcohol intake and risk of incident gout in men: a prospective study. *Lancet*. 2004;363:1277–1281.
50. Sun Q, Townsend MK, Okereke OI, et al. Alcohol consumption at midlife and successful ageing in women: a prospective cohort analysis in the nurses' health study. *PLoS Med*. 2011;8:e1001090.
51. Rice-Evans CA, Miller NJ, Bolwell PG, et al. The relative antioxidant activities of plant-derived polyphenolic flavonoids. *Free Radic Res*. 1995;22:375–383.
52. Whitehead TP, Robinson D, Allaway S, et al. Effect of red wine ingestion on the antioxidant capacity of serum. *Clin Chem*. 1995;41:32–35.
53. Heinonen IM, Lehtonen PJ, Hopia AI. Antioxidant activity of berry and fruit wines and liquors. *J Agric Food Chem*. 1998;46:25–31.
54. Cashwell LFJ, Shields MB. Exfoliation syndrome. Prevalence in a southeastern United States population. *Arch Ophthalmol*. 1988;106:335–336.
55. Rothman KJ, Greenland S. *Modern Epidemiology*. Second ed. Philadelphia: Lippincott-Raven Publishers; 1998.
56. Kang JH, Loomis S, Wiggs JL, et al. Demographic and geographic features of exfoliation glaucoma in 2 United States-based prospective cohorts. *Ophthalmology*. 2012;119:27–35.
57. Genetics of Exfoliation Syndrome Partnership, Li Z, Wang Z, et al. Association of rare CYP39A1 variants with exfoliation syndrome involving the anterior chamber of the eye [published correction appears in *JAMA*. 2021;325(13):1335]. *JAMA*. 2021;325(8):753–764.
58. Kang JH, Willett WC, Rosner BA, et al. Prospective study of alcohol consumption and the risk of primary open-angle glaucoma. *Ophthalmic Epidemiol*. 2007;14:141–147.

Pictures & Perspectives



Self-limiting Bilateral Foveal Detachment after Coup-Contrecoup Injury

A 68-year-old man had sudden, painless, bilateral central blurred vision after an automobile collision. He did not lose consciousness. Three hours later, visual acuity was 20/150 in his right eye and 20/300 in his left eye. OCT showed bilateral subfoveal and intraretinal fluid (Fig A). One day later, intraretinal fluid had resolved with residual subfoveal fluid (Fig B). The posterior hyaloid was broadly adherent, and the choriocapillaris appeared abnormally hyperreflective (Fig C). Two months later, the only OCT abnormality was irregularity of the ellipsoid zone (Fig D). Visual acuity recovered to 20/25 in both eyes. Acute, bilateral, self-limiting foveal detachment after coup-contrecoup injury, sometimes referred to as “whiplash maculopathy,” is a rare but likely underdiagnosed condition. Possible mechanisms include broad vitreomacular traction, transient choriocapillaris ischemia, or hyperacute rise in endogenous corticosteroids leading to increased choroidal vascular permeability (Magnified version of Fig A–D is available online at www.aaojournal.org/).

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