

Ophthalmology and Visual Sciences



Multiple evanescent white dot syndrome (MEWDS)

Category(ies): Retina, Uveitis

Contributor: Jesse Vislisel, MD; Karen Gehrs, MD

Photographer: Carol Chan, CRA



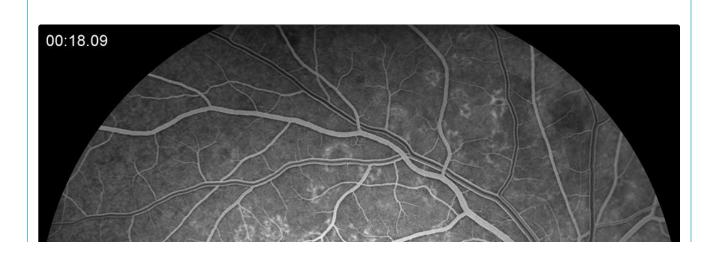
Figure 1 Multiple evanescent white dot syndrome (MEWDS) results from idiopathic inflammation of the retina. It is most common in healthy, young, white, myopic females and typically has an acute and unilateral presentation.



As seen in the photograph, the condition causes multiple, discrete, gray-white spots in the outer retina or retinal pigmented epithelium (RPE). There are pathognomonic granular changes within the fovea. Mild intraocular inflammation may be present.









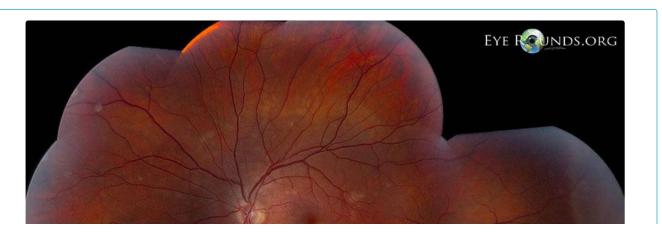
Fundus fluorescein angiography (FFA) shows early punctate hyperfluorescence

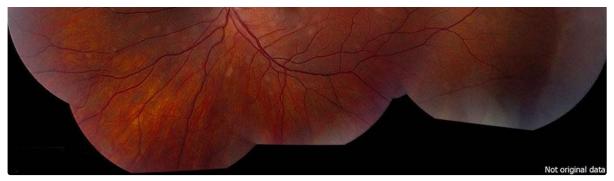






Figure 2
Contributor: Jeffrey Welder, MD
Photographer: : Brice Critser, CRA

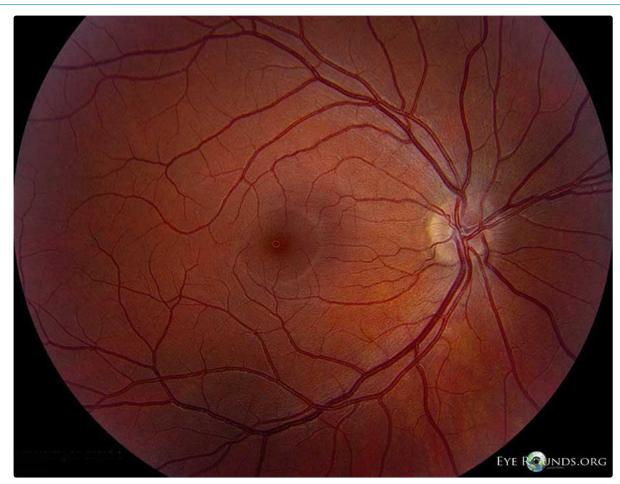




A 25-year-old male presented with 3 days of painless scotoma and photopsia in the left eye. Amsler grid testing revealed an enlarged blindspot. Fundus examination showed multiple subretintal white spots. Fluorescein angiography showed classic punctate hyperfluorescence in a wreath-like pattern in the left eye (photo at bottom of page). A diagnosis of MEWDS was made.



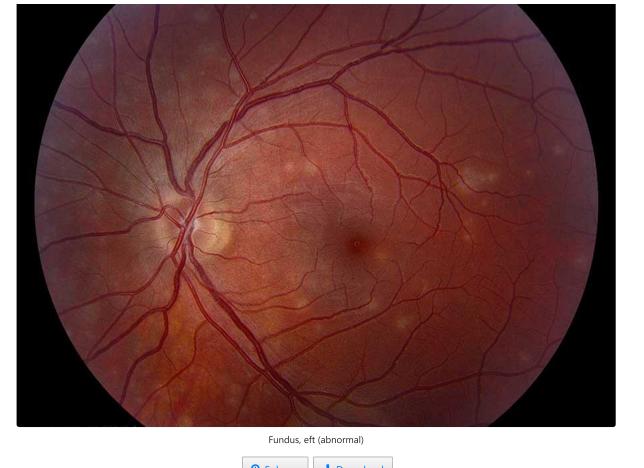




Fundus, right (normal)













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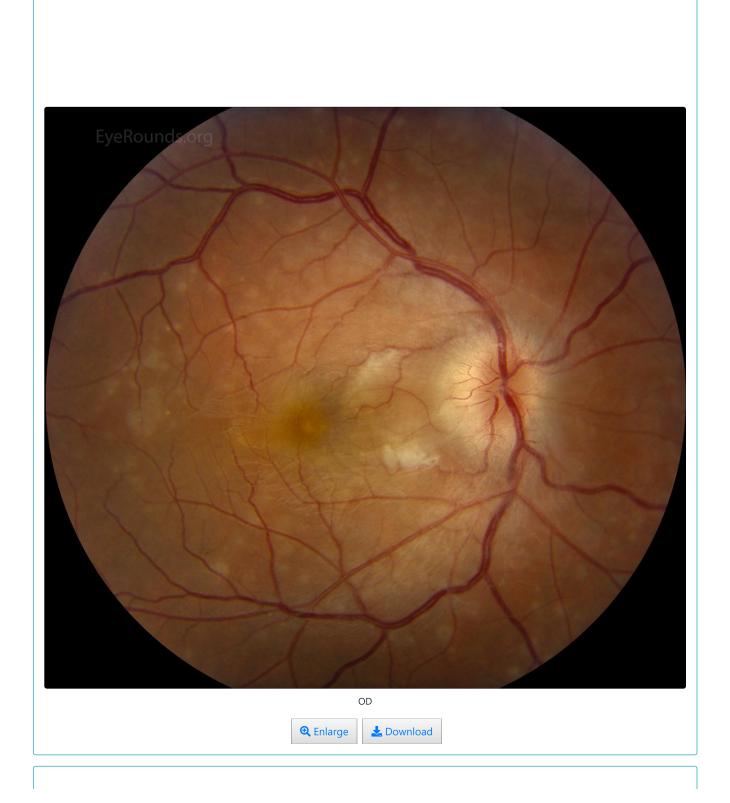


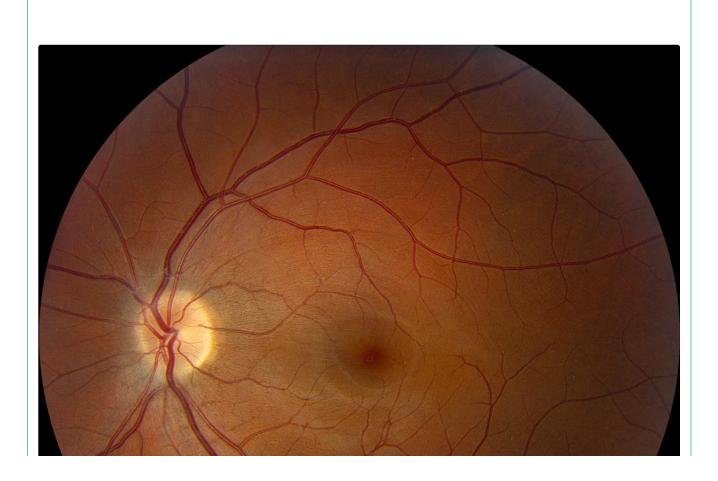
Figure 3

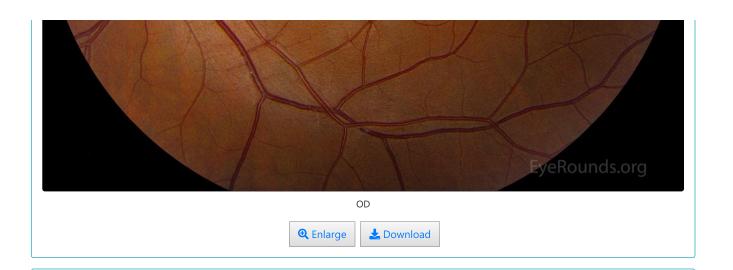
Contributor: <u>Luke Lenci, MD</u>

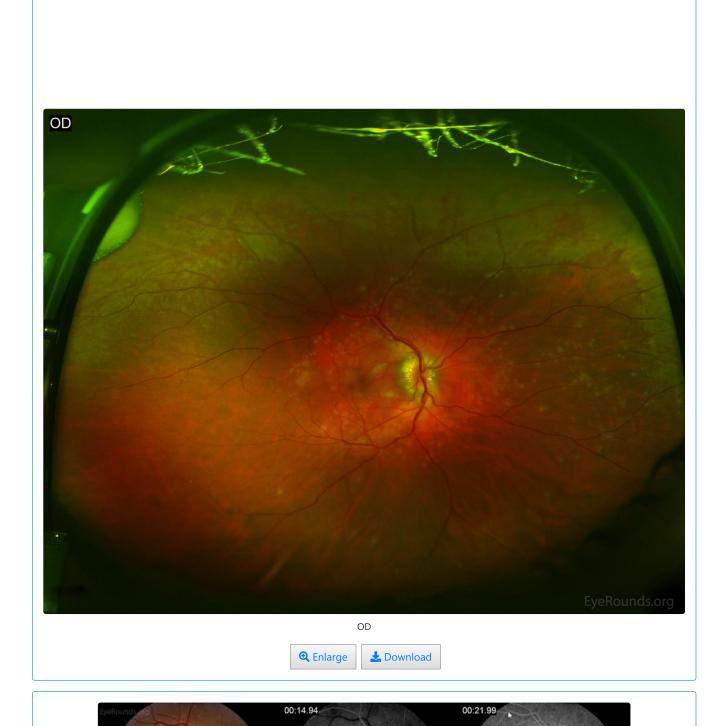
Photographer: : Brice Critser, CRA

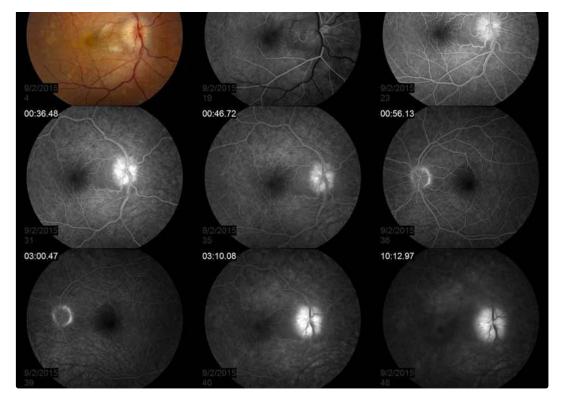
This case represents the more severe end of the spectrum for MEWDS. This young, myopic female presented with a complaint of unilateral shimmering photopsias and a paracentral scotoma. Her exam showed the pathognomic subfoveal yellow/orange granularity in the right eye along with an FFA that had a classic "wreathlike" hyperfluorescence. Disc edema is also seen in the right eye.











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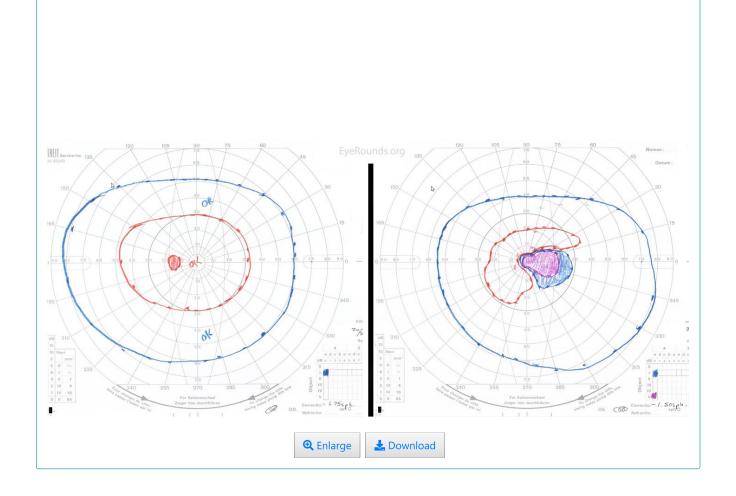


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