Footnotes and Financial Disclosures

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HUMAN SUBJECTS: Human subjects were included in this study. The institutional review board of the University of California, San Diego, approved the methods, and written informed consent was obtained from all participants. The study adhered to the Health Insurance Portability and Accountability Act, and all study methods complied with the Declaration of Helsinki guidelines for human subject research.

Author Contributions:
Conception and design: Abe, Diniz-Filho, Medeiros
Analysis and interpretation: Abe, Medeiros
Data collection: Abe, Diniz-Filho, Costa, Wu, Medeiros
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Abbreviations and Acronyms:
CI = confidence interval; dB = decibel; logMAR = logarithm of the minimum angle of resolution; LTA = latent transition analysis; MD = mean deviation; MS = mean sensitivity; NEI VFQ-25 = 25-item National Eye Institute Visual Function Questionnaire; OR = odds ratio; QoL = quality of life; SAP = standard automated perimetry.

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Pictures & Perspectives

Spontaneous Rupture of an Iris Stromal Cyst
A 48-year-old man was referred for evaluation of an iris lesion (Fig 1A) in his left eye. His ocular history included ocular trauma in his left eye at age 8 resulting only in a brow laceration. On presentation, he was asymptomatic with 20/20 visual acuity. Ultrasound biomicroscopy revealed a 3-mm width × 3.6-mm height iris stromal cyst (Fig 1B). Treatment options were discussed and he chose observation. It was stable at 3 months, but at the 6-month follow-up it had ruptured without trauma (Fig 1C) resulting in significant endothelial touch and decrease in size (3-mm width × 1.6-mm height) (Fig 1D). He continues to be observed without further ocular sequela. (Magnified version of Fig 1A-D is available online at www.aaojournal.org).

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