


Footnotes and Financial Disclosures

Originally received: January 28, 2017.
Final revision: April 25, 2017.
Accepted: April 27, 2017.

1 Nationally Commissioned Xeroderma Pigmentosum Service, Guy’s and St Thomas’ NHS Foundation Trust, London, United Kingdom.
2 Department of Ophthalmology, Guy’s and St Thomas’ NHS Foundation Trust, London, United Kingdom.
3 King’s College London, Kings Health Partners, Division of Genetics and Molecular Medicine, St John’s Institute of Dermatology, Guy’s Hospital, London, United Kingdom.

Presented at the Royal College of Ophthalmologists Annual Congress, May 21-23, 2013, Liverpool, United Kingdom; International Symposium on Xeroderma Pigmentosum & Related Diseases, March 5-7, 2014, Kobe, Japan; and European Xeroderma Pigmentosum Society Meeting, September 28, 2016, Vienna, Austria.

Financial Disclosure(s):
The National Multidisciplinary XP Clinic in the UK is funded by NHS England Highly Specialised Services. Supported by the Medical Research Council (fellowship grant no. MR/M001210/1 to M.S.), the UK National Institute for Health Research (NIHR) Biomedical Research Centre (based at Guy’s and St Thomas’ NHS Foundation Trust), and King’s College London, UK. The sponsor or funding organization had no role in the design or conduct of this research.

Author Contributions:
Conception and design: Lim, Morley
Analysis and interpretation: Lim, Sethi, Morley
Data collection: Lim, Sethi, Morley
Obtained funding: Not applicable
Overall responsibility: Lim, Sethi, Morley

Abbreviations and Acronyms:
BCVA = best-corrected visual acuity; IOP = intraocular pressure; GG-NER = global genome nucleotide excision repair; NER = nucleotide excision repair; NHS = National Health Service; TC-NER = transcription-coupled nucleotide excision repair; UK = United Kingdom; UVR = ultraviolet radiation; VA = visual acuity; XP = xeroderma pigmentosum.

Correspondence:
Rongxuan Lim, BM BCh (Oxon) FRCOphth, Nationally Commissioned Xeroderma Pigmentosum Service, Guy’s and St Thomas’ NHS Foundation Trust, London SE1 7EH, United Kingdom. E-mail: limrongxuan@gmail.com.

Pictures & Perspectives

Simultaneous Traumatic Central Retinal Artery Occlusion and Optic Neuropathy

A 15-year-old schoolboy was struck over his right eye by another player’s elbow during a basketball game, losing consciousness, temporarily, resulting in no light perception. Examination revealed lid swelling and a hemorrhagic, edematous optic disc and white macula with a cherry-red spot (Fig 1A). Fluorescein angiography revealed absent central retinal arterial flow (Fig 1B). Magnetic resonance imaging demonstrated a small, dark area 7-mm posteriorly in optic nerve sheath consistent with hematoma, without fracture or definitive transection (Fig 2). Extensive coagulopathy work-up was negative. Although simultaneous traumatic central retinal artery occlusion with optic neuropathy is rare, this is the first report with optic nerve sheath hemorrhage detected on neuroimaging. (Magnified version of Fig 1-2 is available online at www.aaojournal.org).

MARK P. BREAZZANO, MD1
JANICE C. LAW, MD1
PATRICK J. LAVIN, MD1,2

1Department of Ophthalmology, Vanderbilt University Medical Center, Nashville, Tennessee; 2Department of Neurology, Vanderbilt University Medical Center, Nashville, Tennessee