Overall responsibility: Khan, Kasilian, Mahroo, Tanna, Kalitzeos, Robson, Tsunoda, Iwata, Moore, Fujinami, Michaelides

Abbreviations and Acronyms:
ABCA4 = ATP binding cassette, subfamily A, member 4; **AOSLO** = adaptive optics scanning laser ophthalmoscope; **BM** = Bruch membrane; **cd.s.m^{-2}** = candela seconds per meter squared; **DA** = dark-adapted; **ELM** = external limiting membrane; **FAF** = fundus autofluorescence; **ISCEV** = International Society for Clinical Electrophysiology of Vision; **LA** = light-adapted; **logMAR** = logarithm of the minimum angle of resolution; **MEH** = Moorfields Eye Hospital; **PERG** = pattern electroretinography; **ONL** = outer nuclear layer; **RPE** = retinal pigment epithelium; **STGD1** = Stargardt disease.

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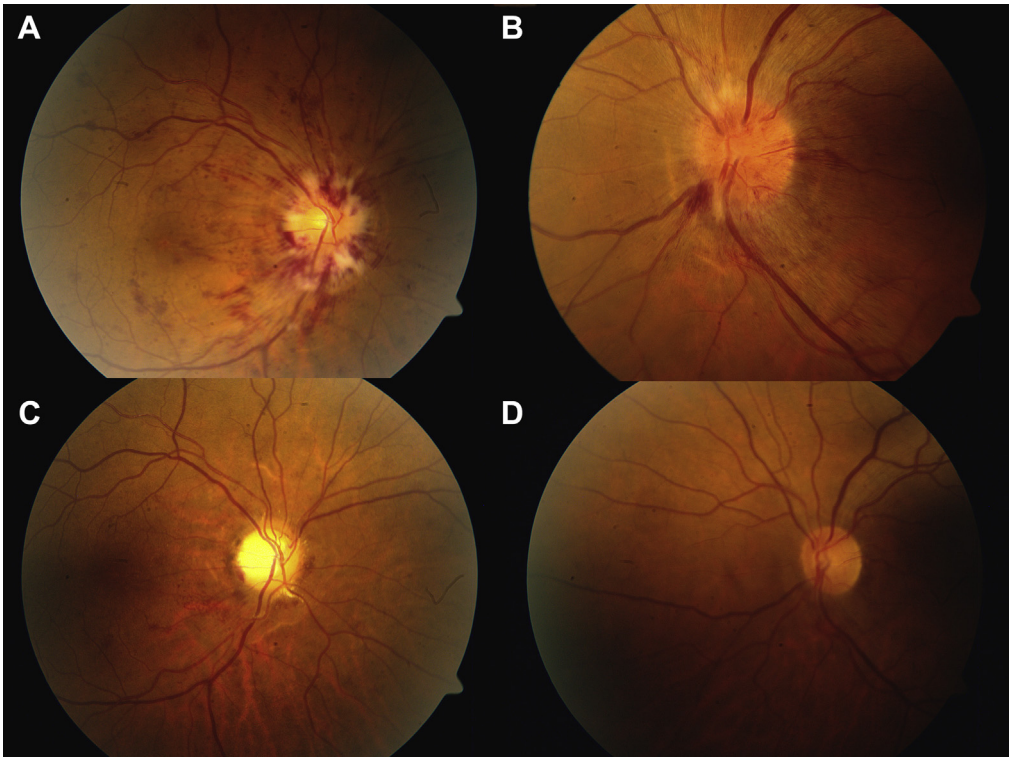
Pictures & Perspectives



Leukemic Optic Nerve Infiltration Responds to Radiation and Blinatumomab

A 52-year-old man with a history of Philadelphia chromosome negative B-cell acute lymphoblastic leukemia in remission presented with decreased vision in the right eye (OD) and headache. His visual acuity was count fingers OD and 20/20 left eye (OS). Fundoscopic examination revealed bilateral optic disc edema (Fig 1**A** and **B**). He was diagnosed with leukemic infiltration of the optic nerves. Treatment consisted of urgent radiotherapy and Blinatumomab, an anti-CD19 antibody that redirects T cells to enhance lysis of tumor cells. Six weeks after treatment, the visual acuity improved to 20/50 OD and remained 20/20 OS (Fig 1**C** and **D**). (Magnified version of Fig 1**A**–**D** is available online at www.aaojournal.org.)

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Footnotes and Financial Disclosures

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