





an “-itis”) caused by a variety of antecedents: allergic, chemical, environmental, infectious, immune-mediated, mechanical, thermal or toxic. While this term is still ubiquitous on well-known websites (Centers for Disease Control, National Eye Institute, Mayo Clinic,

among others [15-17], the confusion and anxiety its use creates for patients suggests that it is perhaps time to abandon it in favor of more etiological descriptors for conjunctivitis.

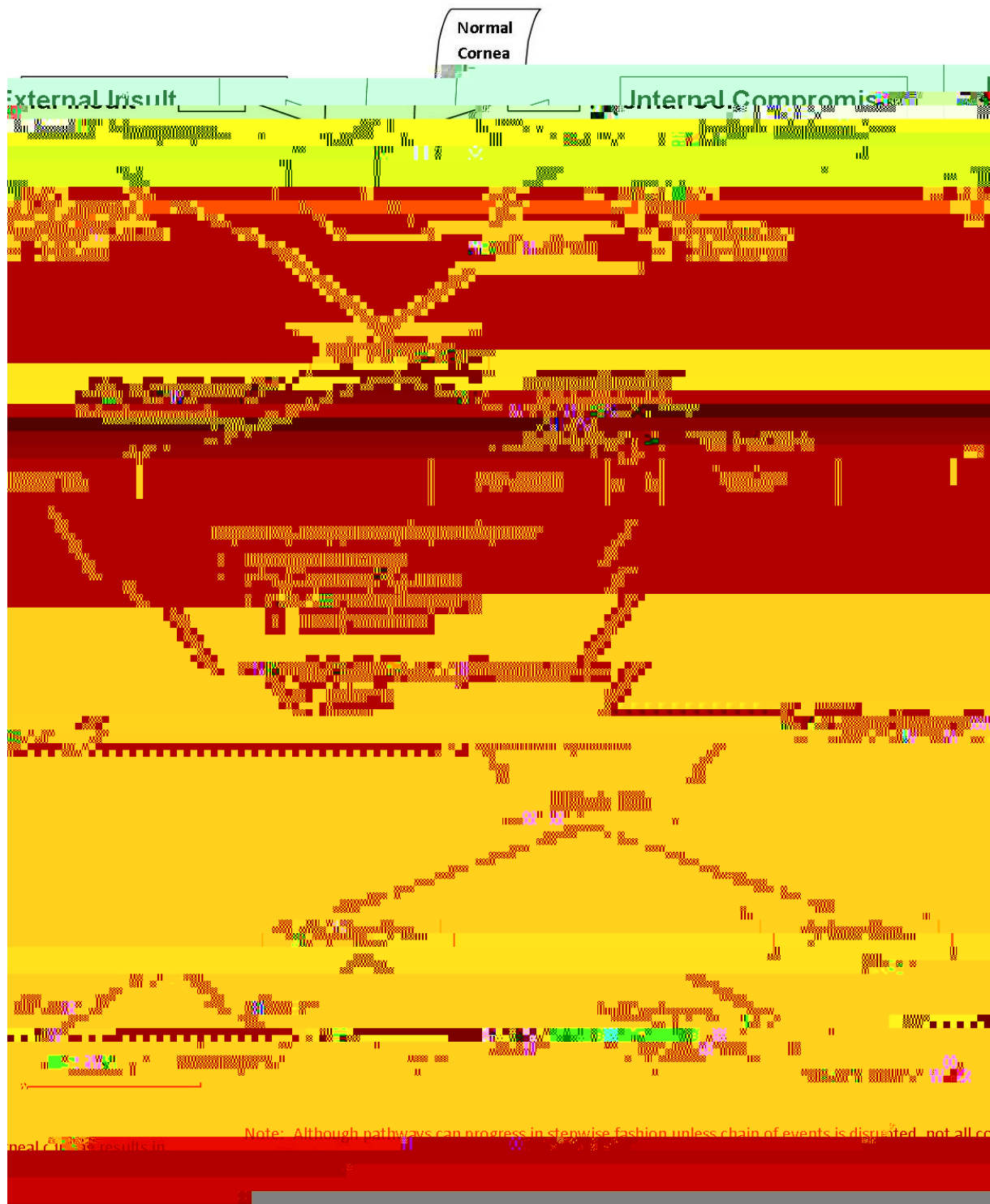


Figure 1: A framework for the Nomenclature of Keratopathy

Although less important to patients, haphazard use of the terminology of keratopathy is a well-known problem for eye doctors familiar with the literature of the cornea. Y diagnostic dilemmas involving keratitis, ulcer, abrasion, erosion and the like not only bedevil patient care, but are quite common in publications of corneal research, hindering clear communication of bX]b[g for providers. Perhaps a consideration of this vocabulary is best appreciated within a context of disease progression. Because of so much ambiguity regarding terminology for the cornea, a new framework for keratopathy is presented in Figure 1.

**-b ifU]cb.** Typically a gradual process of abnormal accumulation of a substance in body cells, tissues or organs. In the cornea, primarily

**Uveitis** terminology has been **Wggj YX** by the Standardization of Uveitis Nomenclature (SUN) Working Group, with anatomic, chronicity, grading of cells and **UfYz** and measures of activity clearly delineated [9]. It is hoped that this important work is embraced by eye doctors in the years to come.

**Light sensitivity** and **photophobia** are poorly **XY bYX** and variably used in the medical literature. Inconsistencies extend into ophthalmic practice (as well as in the lay press and advertising) and documentation among providers varies widely. Light sensitivity of the eyes remains without **XY b|j|cbz** but is essentially subjective discomfort caused by exposure to light. **lg** is in contrast to photophobia, which may be better considered as "a pathological intolerance of light," as might be encountered in ocular albinism or with chronic anterior uveitis. An abnormal process, "pathological" implies a disease process, an objective **bX|b|**"

Light sensitivity is quite common, largely relieved by tinted spectacle lenses, and accounts for the vast majority of light-related complaints **c YfYX** by ophthalmic patients. By contrast, photophobia is (fortunately) rare, requires medical treatment of the underlying cause (if possible), and may be present under otherwise "normal" light exposure. **YgY** distinctions are especially important with regard to legal determinations regarding vehicle window tinting, disability claims, or other medicolegal cases.

**Y** terminology for **diabetes Wggj W|cb** changed in 2003 favoring etiologic ("type 1" and "type 2") rather than pharmacologic distinctions [28]. Gone are the Type I/Type II, IDDM/NIDDM, diet-controlled and insulin-dependent designators. Dichotomous grading of **diabetic retinopathy** now favors "non-proliferative" versus "proliferative" distinctions [29] ("background diabetic retinopathy" has fallen out of vogue); yet mild/moderate/severe **a cX| Yfg** are still variably used in the context of non-proliferative diabetic retinopathy.

**7|b|W|ntG|b| Wbh** Macular Edema (CSME) is a **g|YW|W** type of **Diabetic Macular Edema (DME)**, and was **XY bYX** in the Early-Treatment Diabetic Retinopathy Study to set criteria for focal laser photocoagulation treatment. However, in more recent years, the marketing of intravitreal injections has resulted in less use of CSME in favor of the more generic DME. It is hoped that retinologists will once again **XY bY** DME with respect to treatment algorithms in order to help facilitate the ophthalmic referral process and ongoing patient care,

5 Ufg

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