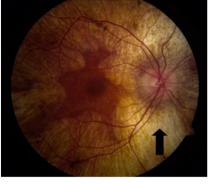


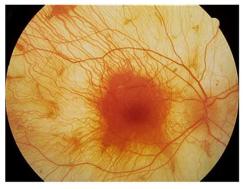
Choroideremia (CHM)

- A slowly progressive inherited retinal dystrophy.
- Rare, prevalence is estimated to 1/50,000 in the general population.
- Caused by CHM gene loss-of-function mutations.
- Inherited in an X-linked recessive pattern, thus mainly affects males.
- Account for approximately 4 percent of all blindness.

A Classic Course









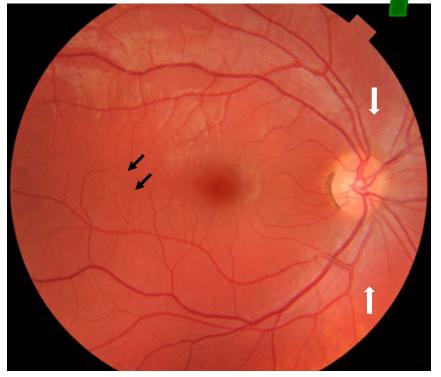
Night blindness in early childhood

A progressive narrowing of the visual field follows

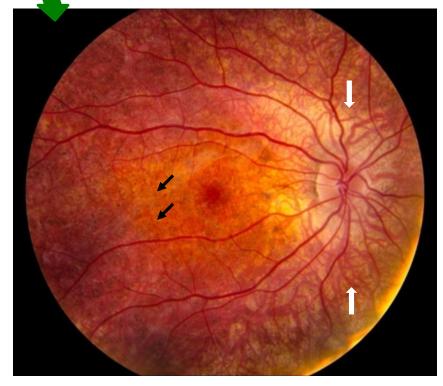
A huge decrease of visual acuity at the late stage

Blindness in late adulthood (60~70y)

Early Stage



Normal Fundus



Fundus of an Early Stage CHM male

- Retinal pigment epithelial cell changes → Retinal hypo- or hyperpigmentation → "salt and pepper" appearance (black arrows)
- The pigment layer is more transparent, allowing one to see the deep blood vessels of the choroid (white arrow)



Mid Stage



Fundus of an Early Stage CHM Male

Fundus of a Mid Stage CHM Male

- The pigment layer is possibly absent in the peripheral (black arrow)
- The pigment layer is only preserved in the central area called the macula (within the white circle)

Late Stage



Fundus of a Mid Stage CHM Male



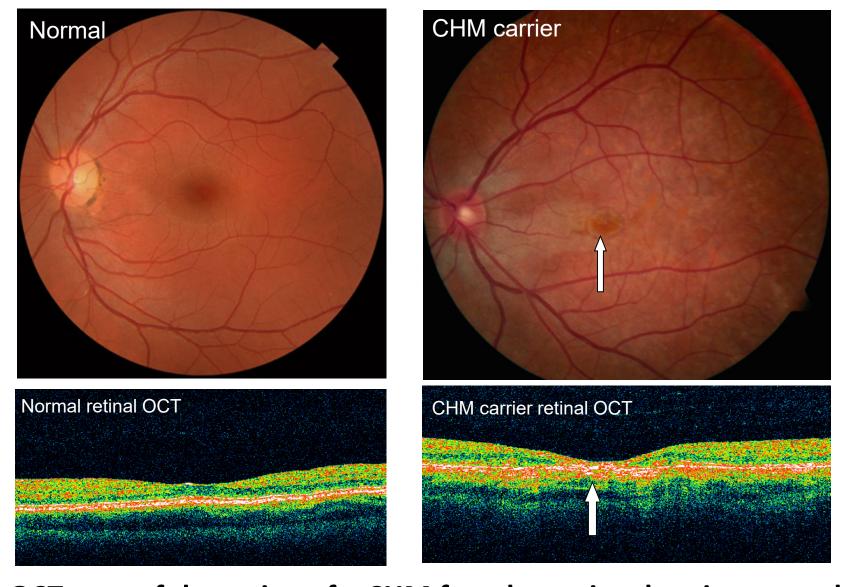
Fundus of a Late Stage CHM Male

- Exposure of the white sclera, "white-out" appearance.
- Extensive choriocapillaris atrophy.

Female carriers of choroideremia

- Female carriers can experience a milder form of Choroideremia.
- Decline of visual function with difficulty seeing at night generally occurs after age of 50.
- In rare cases, female carriers may exhibit severe symptoms similar to those of affected males.

Female carrier with signs in the eye

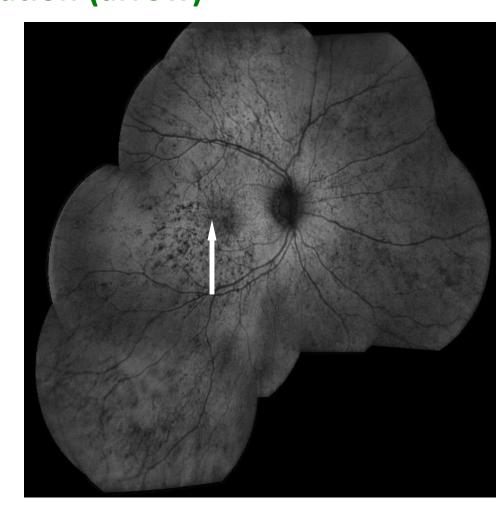


OCT scan of the retina of a CHM female carrier showing central thinning of the retina (white arrow)



Fundus of female carrier (left) and autofluorescent image of the same eye (right). Note areas of speckling of the pigment layer representing its deterioration (arrow)



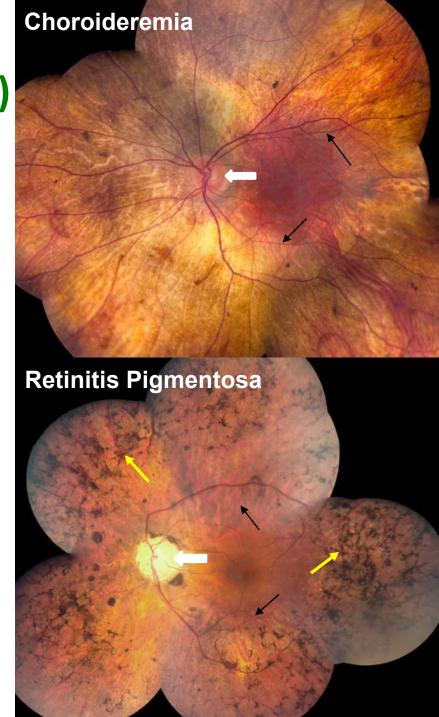


The Differential Diagnosis of Choroideremia

	Choroideremia (CHM)	Retinitis Pigmentosa (RP)
Inheritance Pattern	X-linked recessive	Autosomal dominant /Autosomal recessive/X-linked
Cause	CHM gene mutations	Mutations in more than 60 genes
Gender	Mainly affects males	Both males and females
Symptoms	Night blindness Visual field constriction (tunnel vision) Decreased visual acuity Photophobia	Night blindness Visual field constriction (tunnel vision) Decreased visual acuity Photophobia
ERG finding	Early stage: Decreased Scotopic response Late stage: Non-recordable	Early stage: Decreased Scotopic response Late stage: Non-recordable
OCT finding	Retinal thinning Loss of RPE and photoreceptors Preservation of the inner retinal layers Retinal tubulations	Retinal thinning Loss of RPE and photoreceptors Preservation of the inner retinal layers Retinal tubulations

Retinal findings in RP that differ from CHM (Later stage)

- The optic nerve can be much paler, termed as waxy appearance. (White arrows)
- The blood vessels, especially the arterioles, can be thinner. (Black arrows)
- Areas of pigment, termed as bone spicules, are more commonly seen. (Yellow arrows)
- Cystoid Macular Edema (CME) is more common.



Clinically diagnosed with CHM?

Free genetic testing is available

www.curechm.org/resources for details.

Other genetic testing resources:

www.eyewant2know.com

Additional Resources

Choroideremia Research Foundation:

curechm.org

Foundation Fighting Blindness:

USA: www.blindness.org

Canada: www.ffb.ca

Choroideremia patient survey:

English: http://choroideremiasurvey.questionpro.com/

French: http://choroideremieenquete.questionpro.com/

Join the Choroideremia Patient Registry:

https://www.curechm.org/research/join-patient-registry

Contact Us

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For information regarding care options for you and your family, please contact your ophthalmologist.