

## OPHTHALMOLOGY WAIVERS

CONDITION: OCULAR HISTOPLASMOSIS (ICD9 115.02)

Revised January 2003

**AEROMEDICAL CONCERNS:** The maculopathy that occurs in ocular histoplasmosis syndrome can lead to legal blindness. Performing the Valsalva maneuver can cause leakage into the maculopathy. Hemorrhages can occur in the fundus at high altitudes.

### **WAIVER:**

Initial Applicants (All Classes): Exceptions to policy will be considered on a case-by-case basis provided visual acuity is normal. Involvement of the macular area will rarely be granted an exception to policy.

Rated Aviation Personnel (All Classes): Waivers will be considered on a case-by-case basis. Waiver is possible provided visual acuity is normal. If histoplasmosis spots are present in the macular area, the aircrew member should be grounded until case review is complete. Restriction from unpressurized flight over 8,000 feet must be considered in cases with histoplasmosis spots.

**INFORMATION REQUIRED:** Ophthalmology consultation.

**FOLLOW-UP:** Annual ophthalmology consultation is required. If histoplasmosis spots are in the vicinity of the disc or macula reevaluation may be required every six months. Macular histoplasmosis involvement should be followed daily by the individual aircrew member using an Amsler grid. Peripheral manifestations of histoplasmosis are usually asymptomatic and clinically irrelevant requiring no such watchfulness.

**TREATMENT:** Laser photocoagulation to limit exudation and prevent serous retinopathy is compatible with flying status. Patients should not be flying while on steroid therapy and may return to flying duty within 72 hours after completion of treatment if asymptomatic. An eyecare provider must perform a thorough evaluation after completion of any therapy to include a slit lamp examination and biomicroscopy. This is to ensure no recurrence of retinal neovascularization and that IOP is not elevated after steroid treatment.

**DISCUSSION:** Over 99 percent of histoplasmic infections are benign. Up to 2 percent of adults in the midwest have histoplasmosis spots disseminated in the fundus. The spots are more frequent in left than right eyes, but they are bilateral in 67 percent of patients. Some studies have reported 60 percent of patients with macular involvement become legally blind. If spots are present in the area of the disc, the risk of a symptomatic attack in the next 3 years is 20 percent; if none are present, the risk declines to 2 percent.

**REFERENCE:** Presumed Ocular Histoplasmosis Syndrome;  
<http://www.revoptom.com/handbook/sect5o.htm>