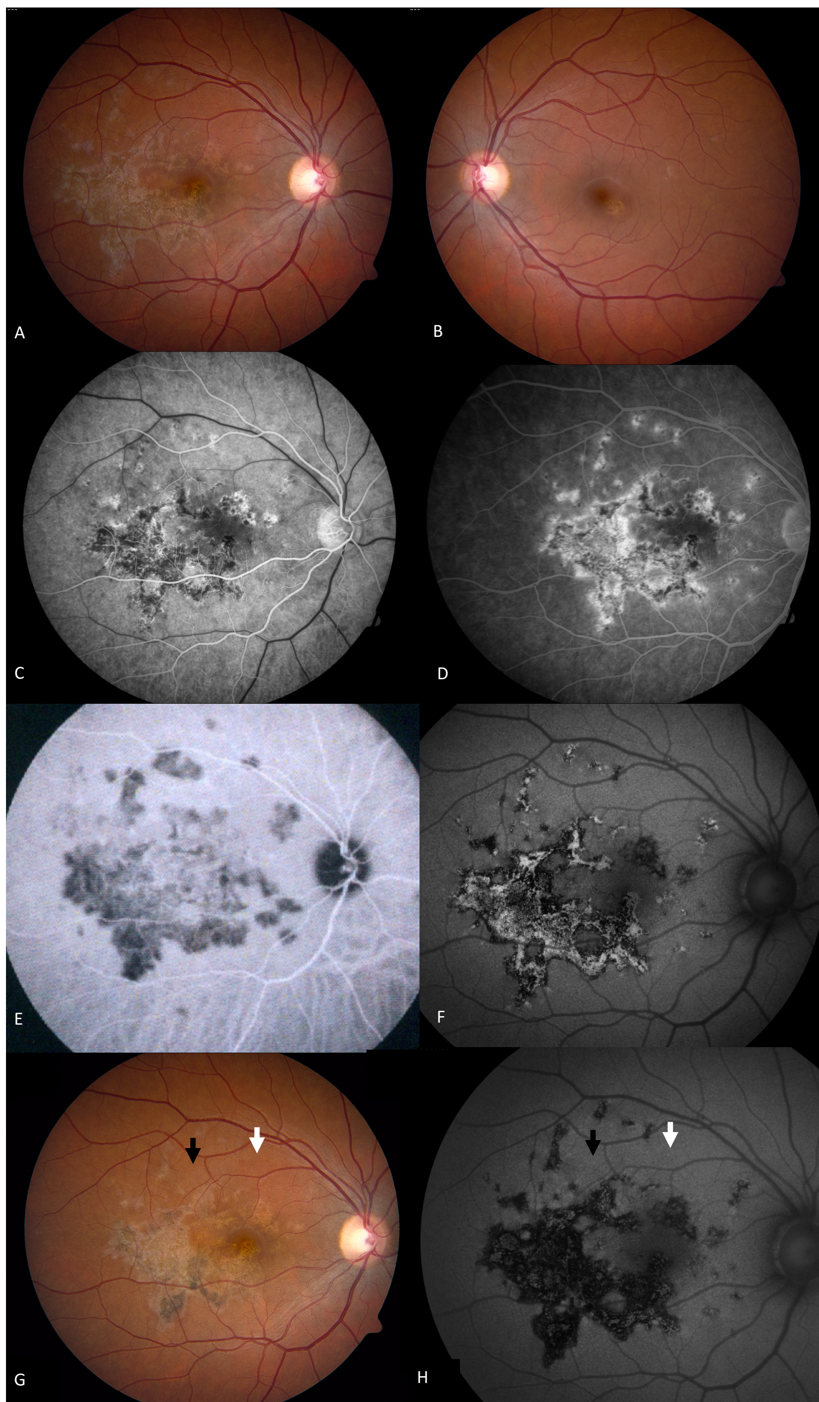

Figure 4 (Supplemental 2). Patient 3 demonstrating areas of active and inactive choroiditis at presentation in the right eye more than left, in both a multifocal and continuous pattern (A, B). Active lesions appear hypofluorescent early on fluorescein angiogram, with late hyperfluorescence. Areas of retinal pigment epithelial atrophy appear as window defects (C, D). Lesions are hypofluorescent on late indocyanine green angiography, with multifocal areas of involvement not apparent on other imaging modalities (E). A mixed pattern of predominantly hyperautofluoresence is evident on fundus autofluorescence imaging, with hypoautofluorescent borders (F). On a stable course of treatment just prior to discontinuation of tacrolimus, the lesions appeared more consolidated with smooth borders, greater pigment migration, and more uniform hypoautofluorescence (G, H). Arrows indicate uninvolved areas of future activity.