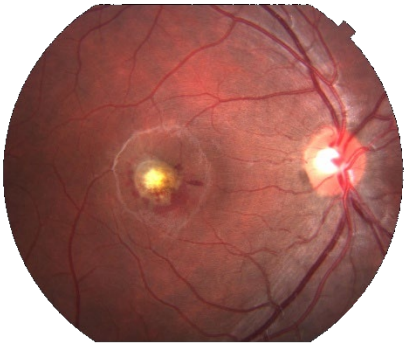
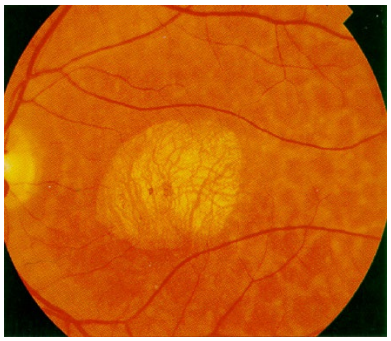
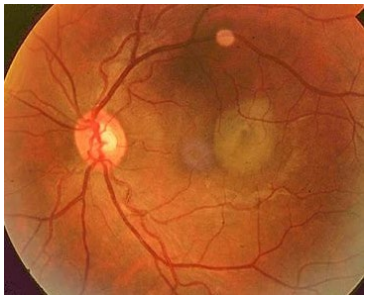
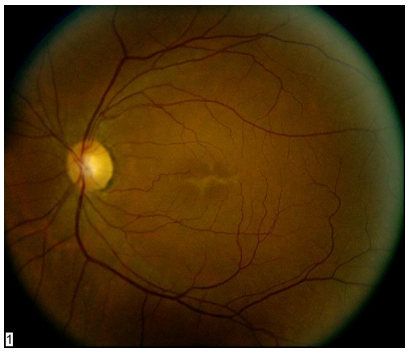
Conditions that can masquerade as AMD		
Condition	**Background**	**Differentiating features**
Best's disease	Best's disease is an inherited macular dystrophy that can be mistaken for AMD[7] 	• In young patients, Best's disease is characterized by a distinctive yellow, "egg-yolk" like lesion, which may develop into a pseudo-hypopyon[36] • While adult vitelliform lesions can occur in late dry AMD, the classic vitelliform lesion of Best's disease is typically observed at an earlier age[8] • The EOG is definitive ○ Any patient with Arden Ratio less than 1.5 has Best's disease
Stargardt's disease	Stargardt's disease is another inherited macular dystrophy that can mimic AMD[7] 	• **Clinical**: Patients typically report visual complaints starting in childhood (age 6 to 20 years), and their visual acuity and fundoscopic features tend to remain stable over time. This contrasts with AMD, which usually affects older individuals and is often progressive[21,37] • **Imaging (FAF):** The yellow deposits seen in Stargardt's disease correspond to reduced FAF, which is distinct from the FAF signal typically observed with drusen in AMD[21] • The IVFA is pathognomonic! ○ The silent choroid
Central serous chorioretinopathy (CSCR) (& pachychoroid spectrum)	CSCR-pattern AMD is recognized as an "indeterminate" subtype within the AMD classification system, characterized by degenerative AMD changes alongside sub- or intra-retinal	• **Clinical/Imaging**: The presence of fluid (intraretinal or subretinal) in the absence of a neovascular complex, as detected by OCT, is a key distinguishing factor.[7] Fundus Autoflouresence is very helpful to differentiate from GA

	fluid in the absence of neovascularization[8] 	• **Treatment Implications**: This form of AMD may not respond to antiangiogenic treatments typically used for wet AMD, which is an important consideration for management[8]
Pattern dystrophies of the RPE	These are a group of inherited macular disorders that can clinically overlap with AMD[4] 	• **Clinical:** Patients may have relatively good and stable visual acuity. They will sometimes present with night vision problems or peripheral vision loss.[21] It is typically seen in younger patients with no other signs of FA. There are no drusen. Pattern dystrophy is often asymmetric • **Imaging (OCT):** On SD-OCT, the characteristic deposits in pattern dystrophies are located anterior to the RPE, whereas drusen in AMD are typically found beneath the RPE. OCT can also show thickening of the RPE in some pattern dystrophies[21] • **Imaging (FAF):** Pronounced FAF changes in atrophy may be observed[21]
nAMD	Wet AMD (also known as neovascular or exudative AMD) is an advanced form of AMD, accounting for approximately 15-20% of cases, and is generally associated with more severe	• **Clinical Symptoms:** Diminished central visual acuity, distorted vision (metamorphopsia), and a central black or gray patch or blind spot are common. Patients may report that straight lines appear distorted or objects appear smaller.

	and rapid vision loss than dry AMD[1]	Symptoms can be acute or rapidly worsening[5,12] • **Imaging:** OCT is crucial for detecting fluid (intraretinal, subretinal, or sub-RPE) and identifying neovascularization[5] • OCT-Angio can also be used to confirm an active lesion • FFA is used to confirm active leakage and visualize the neovascular complex[5] • ICG-A is particularly useful for identifying specific subtypes like polypoidal choroidal vasculopathy, which is more common in Asian populations[8]