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#### Author Contributions:

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Analysis and interpretation: Wykoff, Chakravarthy, Campochiaro, Bailey, Green, Cunha-Vaz

Data collection: Wykoff, Chakravarthy, Campochiaro, Bailey, Green, Cunha-Vaz

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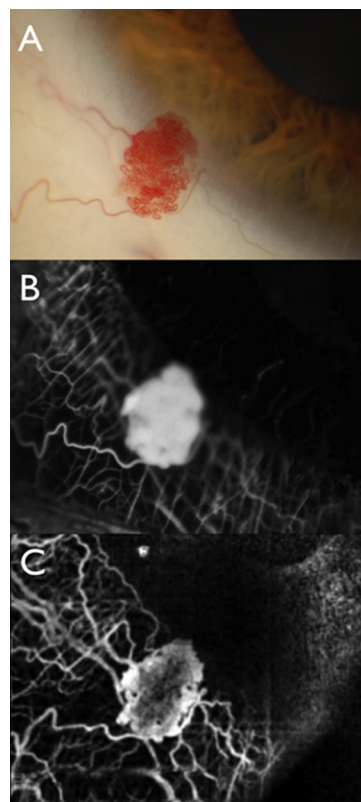
#### Abbreviations and Acronyms:

**DME** = diabetic macular edema; **DR** = diabetic retinopathy; **DRCR.net** = Diabetic Retinopathy Clinical Research Network; **DRSS** = diabetic retinopathy severity scale; **ETDRS** = Early Treatment Diabetic Retinopathy Study; **FAc** = fluocinolone acetonide; **FAME** = Fluocinolone Acetonide in Diabetic Macular Edema; **IOP** = intraocular pressure; **NPDR** = nonproliferative diabetic retinopathy; **PDR** = proliferative diabetic retinopathy; **PPV** = pars plana vitrectomy; **PRP** = panretinal photocoagulation; **VEGF** = vascular endothelial growth factor-A.

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## Pictures & Perspectives



### Optical Coherence Tomography Angiography of Conjunctival Racemose Hemangioma

A 29-year-old man observed a red spot on his left eye. By slit-lamp biomicroscopy, the base of the lesion measured 1.5 mm and was located at the inferonasal limbus (Fig 1A). Anterior segment fluorescein angiography (FA) (Fig 1B) and optical coherence tomography angiography (OCTA) (Fig 1C; Optovue Inc, Fremont, CA) showed a vascular mass compatible with racemose hemangioma. The hemangioma and related vessels were better depicted on noninvasive OCTA compared with FA. Furthermore, OCTA demonstrated numerous vessels not seen on FA. Similar to retinal OCTA, conjunctival OCTA may depict all layers of flow more accurately than FA, visualize vessels hidden by leakage, and could be the preferred imaging modality in cooperative patients, especially those with history of adverse FA reaction.

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