

3. Brown DM, Nguyen QD, Marcus DM, et al. Long-term outcomes of ranibizumab therapy for diabetic macular edema: the 36-month results from two phase III trials: RISE and RIDE. *Ophthalmology*. 2013;120:2013-2022.
4. Do DV, Nguyen QD, Boyer D, et al. One-year outcomes of the da Vinci Study of VEGF Trap-Eye in eyes with diabetic macular edema. *Ophthalmology*. 2012;119:1658-1665.
5. Boyer D, Heier J, Brown DM, et al. Vascular endothelial growth factor Trap-Eye for macular edema secondary to central retinal vein occlusion: six-month results of the phase 3 COPERNICUS study. *Ophthalmology*. 2012;119:1024-1032.
6. Campochiaro PA, Heier JS, Feiner L, et al. Ranibizumab for macular edema following branch retinal vein occlusion: six-month primary end point results of a phase III study. *Ophthalmology*. 2010;117:1102-1112.
7. Hwang JC. Regional practice patterns for retinal detachment repair in the United States. *Am J Ophthalmol*. 2012;153:1125-1128.
8. Ramulu PY, Do DV, Corcoran KJ, et al. Use of retinal procedures in Medicare beneficiaries from 1997 to 2007. *Arch Ophthalmol*. 2010;128:1335-1340.
9. Hoerger TJ, Segel JE, Gregg EW, Saaddine JB. Is glycemic control improving in U.S. adults? *Diabetes Care*. 2008;1:81-86.

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Abbreviations and Acronyms:

CPT = Current Procedural Terminology; **FFS** = Fee-for-Service;

HCPCS = Healthcare Common Procedure Coding System;

VEGF = vascular endothelial growth factor.

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Pictures & Perspectives



Neonatal Graves' Eye Disease

A 5-month-old girl presented with history of neonatal Graves' disease. Methimazole was initiated on day 4 of life due to elevated free T3 and T4 and low thyroid-stimulating hormone. Thyrotropin receptor antibody was elevated and thyroid-stimulating immunoglobulin was normal. Family history was significant for Graves' disease in her mother (status post-radioactive iodine ablation) and older brother. Examination demonstrated bilateral upper eyelid retraction (Fig 1A, B) confirming a diagnosis of neonatal Graves' eye disease. Despite the eyelid retraction, there was no exposure keratopathy. The patient was monitored and the most recent examination at 16 months of age was stable.

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