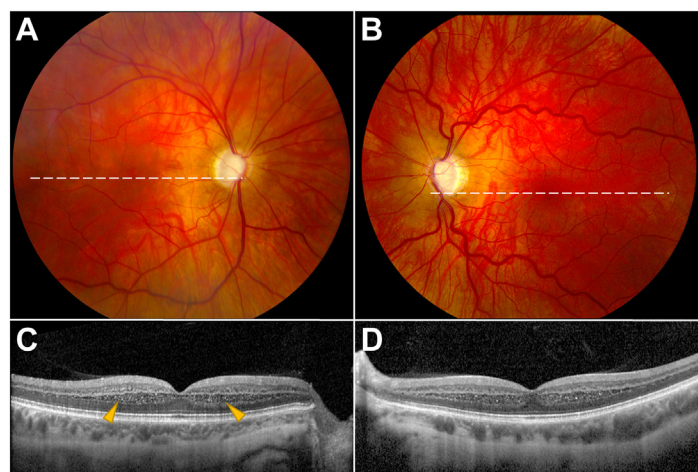


24. Whelehan DF, McCarrick CA, Ridgway PF. A systematic review of sleep deprivation and technical skill in surgery. *Surgeon*. 2020;18:375–384.
25. Bonnet MH, Arand DL. Clinical effects of sleep fragmentation versus sleep deprivation. *Sleep Med Rev*. 2003;7:297–310.
26. Belykh E, Onaka NR, Abramov IT, et al. Systematic review of factors influencing surgical performance: practical recommendations for microsurgical procedures in Neurosurgery. *World Neurosurg*. 2018;112:e182–e207.
27. Banfi T, Coletto E, d’Ascanio P, et al. Effects of sleep deprivation on surgeons dexterity. *Front Neurol*. 2019;10:595.
28. Weinger MB, Ancoli-Israel S. Sleep deprivation and clinical performance. *JAMA*. 2002;287:955–957.
29. Lee R, Raison N, Lau WY, et al. A systematic review of simulation-based training tools for technical and non-technical skills in ophthalmology. *Eye (Lond)*. 2020;34:1737–1759.
30. Djonlagic I, Saboisky J, Carusona A, et al. Increased sleep fragmentation leads to impaired off-line consolidation of motor memories in humans. *PLoS One*. 2012;7:e34106.
31. El-Ad B, Lavie P. Effect of sleep apnea on cognition and mood. *Int Rev Psychiatry*. 2005;17:277–282.
32. Beebe DW, Groesz L, Wells C, et al. The neuropsychological effects of obstructive sleep apnea: a meta-analysis of norm-referenced and case-controlled data. *Sleep*. 2003;26:298–307.
33. Devita M, Montemurro S, Zangrossi A, et al. Cognitive and motor reaction times in obstructive sleep apnea syndrome: A study based on computerized measures. *Brain Cogn*. 2017;117:26–32.
34. Verstraeten E, Cluydts R, Pevernagie D, Hoffmann G. Executive function in sleep apnea: controlling for attentional capacity in assessing executive attention. *Sleep*. 2004;27:685–693.
35. Leppänen T, Kulkas A, Oksenberg A, et al. Differences in arousal probability and duration after apnea and hypopnea events in adult obstructive sleep apnea patients. *Physiol Meas*. 2018;39:114004.

## Pictures & Perspectives



### Peculiar Outer Plexiform Layer in Autosomal Dominant Wolfram Syndrome

A 29-year-old man with congenital sensorineural hearing loss and type 1 diabetes was referred for evaluation of macular edema. Examination revealed pallorous, excavated optic nerve heads with blunted foveal reflex in both eyes (A, B). OCT demonstrated multilaminated outer plexiform layer (OPL) with hyperreflective foci (C, D; arrowheads). Genetic testing revealed a de novo heterozygous missense mutation in *WFS1* (Ala684Val), consistent with Wolfram syndrome. This peculiar OPL clefting is only seen in dominant *WFS1* missense mutations and is thought to result from deranged Muller cell architecture and contracted synaptic pedicles in the OPL because of abnormal wolframin expression. (Magnified version of Figure A–D is available online at [www.opthalmologyretina.org](http://www.opthalmologyretina.org)).

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