

Retinal and OCT Grand Rounds

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OCT

- AMD
- DR/DME
- ERM/VMT
- CSR
- Macula edema from BRVO/CRVO
- Macula Holes
- Plaquenil screening
- OTHER STUFF

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CME



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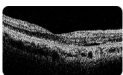
What's new in OCT?

- MORE SCANS PER SECOND
 - ≈70 k
- WIDEFIELD
- COMBO INSTRUMENTS
 - PHOTOS
 - FAF
 - ANTERIOR SEG
 - Pachmetry
 - Angles
- GLAUCOMA
 - GCC Analysis

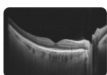
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OCT Angiography: the Next Chapter in Posterior Imaging

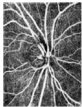
Images retinal microvasculature without dye injection
 Displays structure and function from a single imaging system



2002: Time Domain OCT



2006: Spectral Domain OCT



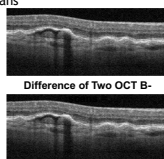
2014: OCTA

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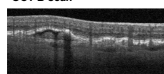
Principles of AngioVue OCTA

OCTA uses motion contrast to detect flow from OCT data

- Rapidly acquires multiple cross-sectional images from a single location on the retina
- Flow is the difference in signal between two sequential B-scans



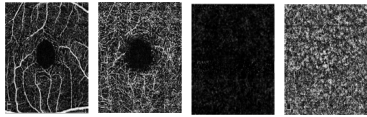
Flow Signal (Red) Overlay on OCT B-scan



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Vascular Imaging...No Referral Needed

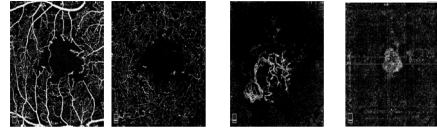
- See retinal vasculature without referring patients out of the practice
- Visualize signs of disease earlier and make more intelligent referrals
- Manage more pathology to keep patients in the practice longer
- Elevate the practice with state-of-the-art imaging technology



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The Utility: Applications of OCTA in the Primary Eye Care Practice

- Observing dry AMD for conversion to wet
- Monitoring diabetic patients
- Visualizing vascularization in PEDs
- Identifying CNV in central serous
- Examining glaucoma patients for vascular changes

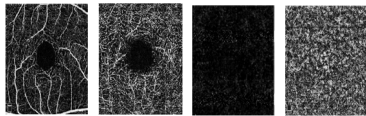


Images courtesy of Richard Rosen, MD, Pravin Dugel, MD & Alan Franklin, MD, PhD.

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A New Approach to Visualizing Blood Flow

- Patient Benefits
 - Reduces patient burden to allow more frequent imaging
 - Avoid potential side-effects of fluorescein injection
- Clinical Benefits
 - Faster than a dye-based procedure
 - Ultra-high resolution imaging of retinal microvasculature
 - 3D visualization: segments retinal vasculature into individual layers



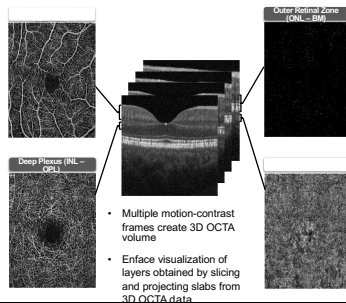
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Comparison of Vascular Imaging Modalities

	FA	ICG	OCTA
Test Administration	Dye Injection Series of Photos	Dye Injection Series of Photos	Non-Invasive, Dye-Free, OCT Scan
Image Presentation	2-Dimensional	2-Dimensional	3-Dimensional, Individual Layers of Vasculature, Allows Localization of Abnormal Flow
Vasculature Imaged	Retinal Vessels	Choroidal Vessels	Retinal and Choroidal Vessels
Blood Flow Visualization	Dynamic, Leakage and Pooling Visible	Dynamic, Leakage and Pooling Visible	Static, Shows Flow Information at a Fixed Point in Time
Field of View	30° - 150°	30° - 150°	?
Procedure Time	30 Minutes	30 Minutes	30 Seconds

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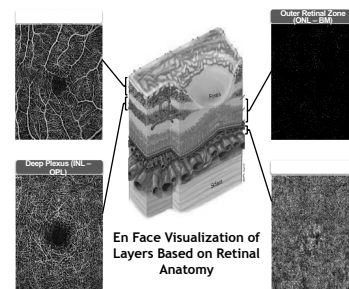
Enface OCTA Generated from OCTA Volume Data



- Multiple motion-contrast frames create 3D OCTA volume
- Enface visualization of layers obtained by slicing and projecting slabs from 3D OCTA data

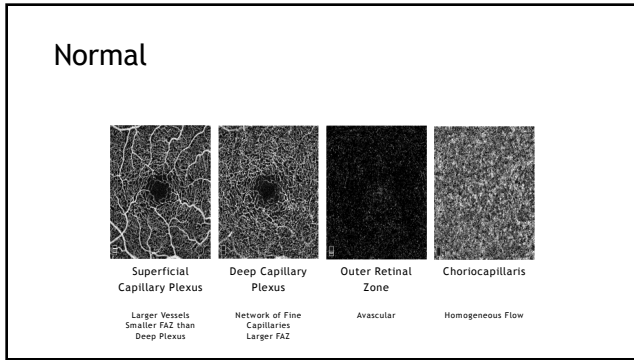
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Enface OCTA Slabs: Based on Retinal Anatomy

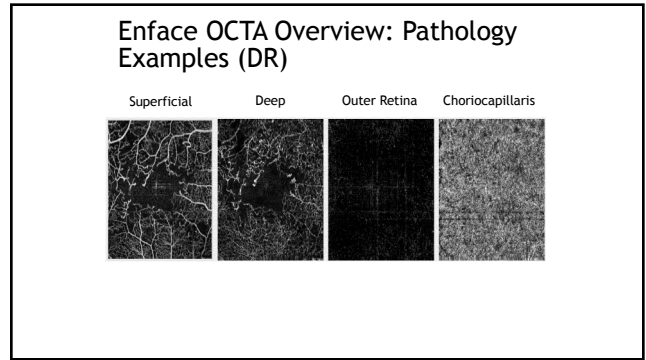


En Face Visualization of Layers Based on Retinal Anatomy

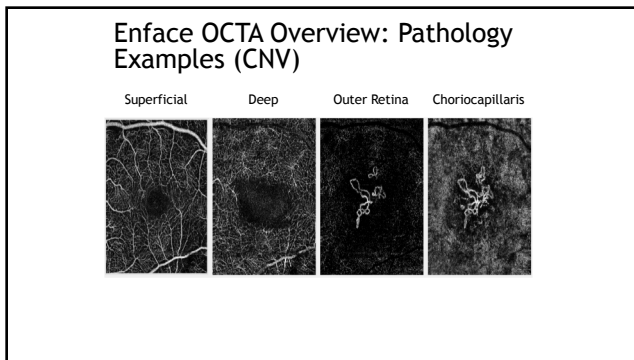
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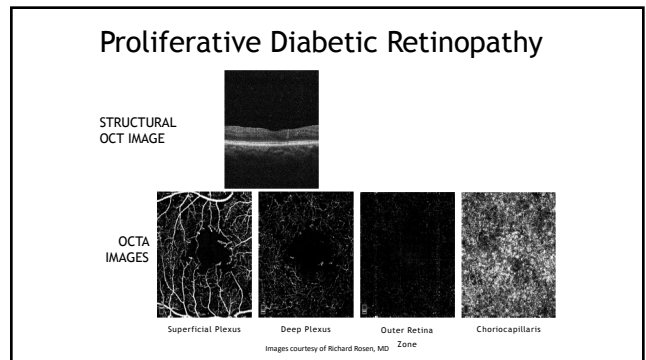
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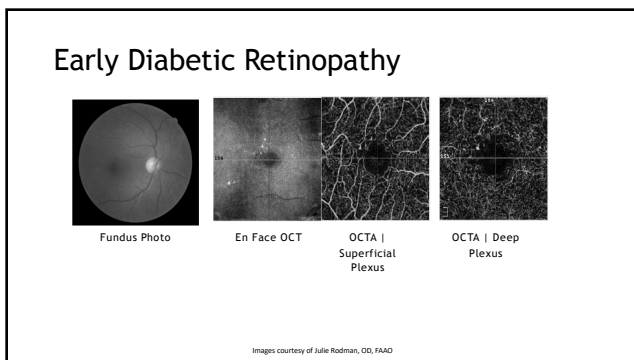
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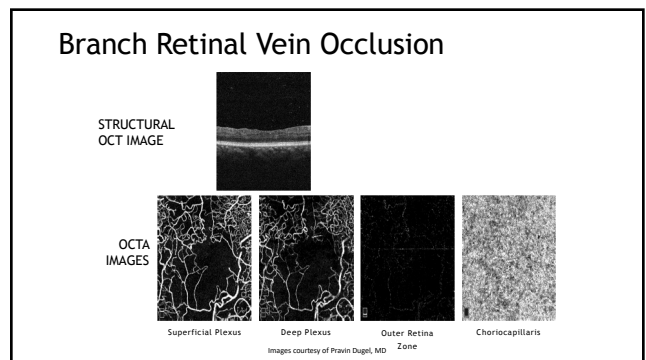
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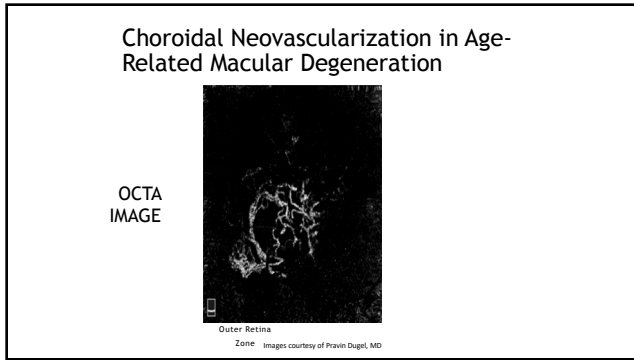
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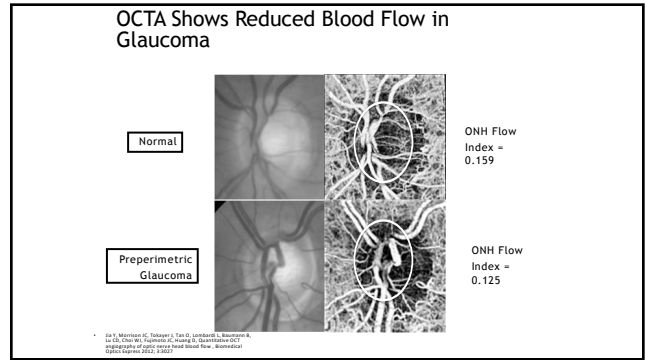
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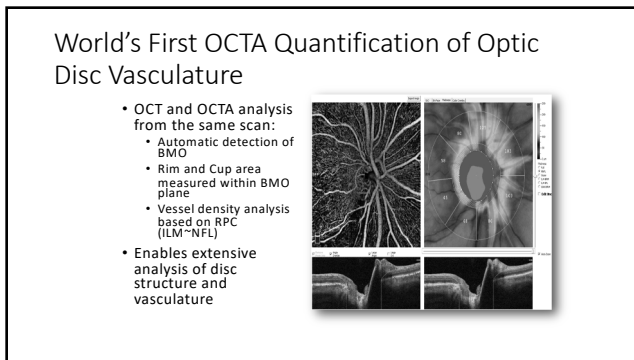
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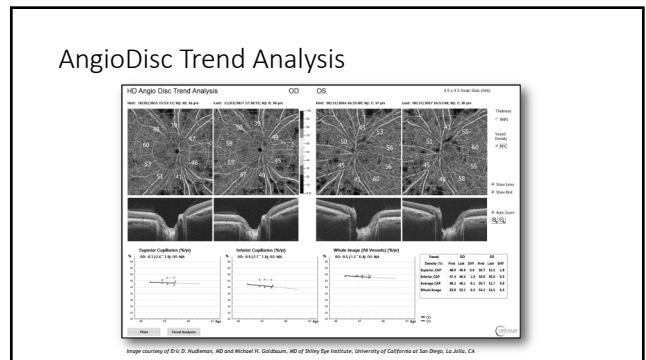
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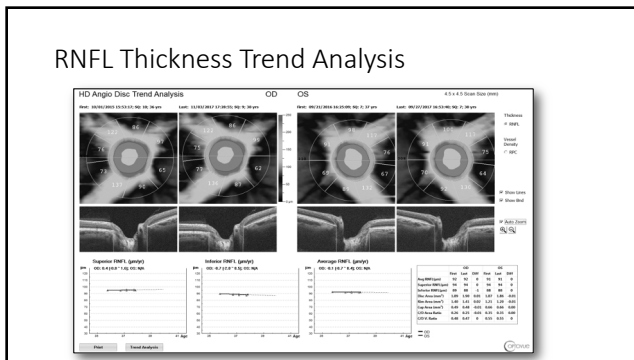
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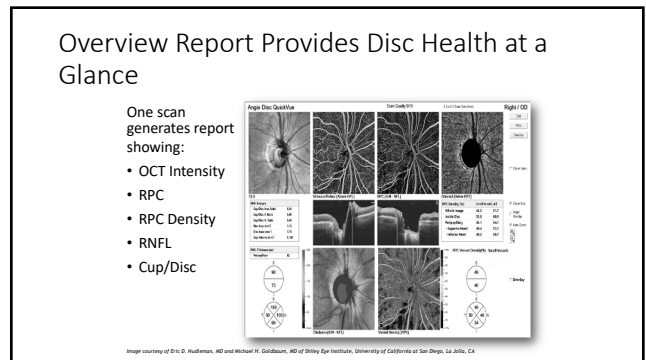
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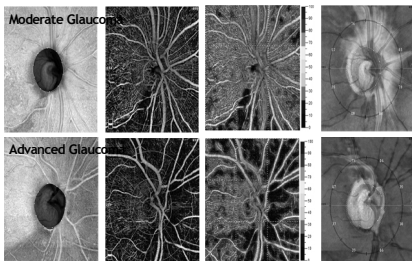


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Disc Overview Report Brings New Information to Glaucoma Management



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Macular Hole

- Present as a circular to oval depression of varying degrees in the avascular area of the macula
 - May have surrounding cuff of edema
- Most common cause is idiopathic
 - other causes include blunt trauma, severe myopia, solar retinopathy, CME
- Highest incidence in 7th decade of life
- Women 2x as often as men

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Macular Hole

- Vision typically 20/80 to 20/200 with full-thickness hole
- If pt has macular hole in one eye, 28-44% chance of macular hole in other eye w/o a PVD
 - If PVD already, very little chance
- Watzke-Allen sign useful to differentiate true hole from similar appearance
- OCT very useful

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FTMH

- Definition: Full thickness macular hole that affects all macular layers from ILM to RPE
- Size
 - Small: ≤ 250 μm
 - Medium: 250 μm to 400 μm
 - Large ≥ 400 μm
- Presence or absence of VMT
- By cause
 - Primary: Initiated by VMT (formerly idiopathic)
 - Secondary: from associated disease or trauma

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FTMH

- Small holes < 250 μm
 - Small rate of spontaneous closure
 - Very high surgical closure rate (almost 100%)
 - Best response to pharmacologic vitreolysis
- Medium holes 250 μm to 400 μm
 - High surgical closure rate ($> 90\%$)
 - Decent response to pharmacologic vitreolysis
- Large holes > 400 μm
 - High surgical closure rate (75-90%)
 - No response to pharmacologic vitreolysis
 - $\frac{1}{2}$ of all holes are large at time of diagnosis

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LMH

- Symptoms
 - mild metamorphopsia,
 - limited acuity loss
 - stable vision
- Surgery is controversial
 - 25% to 75% improved visual acuity
- Therefore, monitoring seems reasonable

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VMT: Vitreomacular Traction

- VMT syndrome is characterized by a partial detachment of the posterior vitreous with persistent adherence to the macula
 - Can lead to CME, ERM, and macular hole formation
- Once thought to be relatively rare, with advent of OCT now being seen more and more
 - In one study, 8% of pts were thought to have VMT by clinical observation only, but 30% by OCT

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VAST STUDY

- 2,179 eyes, 1,120 asymptomatic pts >40 years of age
 - Mean age 59
 - 57% female
 - 57% hyperopes, 35% myopes, 8% emmetropes
- VMA in 31% of eyes
 - Peak age 50-59
 - Less common in AA and HA

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VMT

- More commonly encountered in older women
 - Can occur in either sex, and age, no apparent racial predilection
- Aphakia and pseudophakia are protective, as these patient typically have a complete PVD
- Pts may report decreased vision, metamorphopsia and photopsia

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VMA vs. VMT: Duker

VMA	VMT
• Evidence of vitreous cortex detachment from retinal service	• Evidence of vitreous cortex detachment from retinal service
• Attachment of vitreous within 3 mm of fovea	• Attachment of vitreous within 3 mm of fovea
• No detectable change in foveal contour or underlying tissues	• Distortion of foveal surface, intraretinal structural changes, and/or elevation of fovea, but no full
• Focal: <1500 um	

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VMT

- Clinically, very hard to diagnose
 - PVD with adherence to macular area
 - Can present as macular surface wrinkling/striae, similar to ERM, or loss of foveal reflex
 - May also note a thickened posterior hyaloid membrane
 - Retinal blood vessel distortion straightening may be present
 - Retinal thickening /macular edema may be associated
- **OCT IS THE KEY!!!!**

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VMT

- Natural progression of disease is rather variable
 - Slow progression possible with near normal acuity
 - Approx 10% will have spontaneous PVD and resolution
 - Approx 30% will resolve after 90 days
- Therefore, close monitoring may be advised for some patients

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VMT

- In patients with poor vision, or symptomatic, a pars planar vitrectomy (PPV) may be considered
- Duration, severity should also be considered
- Literature reports up to a 75% success rate and improvement of vision following PPV

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Epi-retinal Membrane

- AKA macular pucker, cellophane maculopathy
- Can be secondary to peripheral retinal disease, such as detachment or tear; a retinal vascular disease such as BRVO; inflammation; trauma or idiopathic
- Idiopathic tend to be more mild and non-progressive vs. those after retinal tear

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Epi-retinal Membrane

- VA can range from 20/20 to 20/200 or worse
 - Studies show > 5% have worse than 20/200
- Often metamorphopsia is only complaint with idiopathic ERM
- Fewer than 20% of cases are bilateral
- Surgical removal is considered if severe vision loss or distortion

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ERM

AGE	INCIDENCE
< 60	1.7%
60-69	7.2%
70-79	11.6%
80+	9.3%

BLUE MOUNTAIN EYE STUDY, AUSTRALIA

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Epi-retinal Membrane

- Consider surgery if:
 - VA 20/40 or worse
 - Symptomatic
 - Visual need of patient
- 30 minute procedure
- Make sure you have an experienced surgeon!!

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Viagra and CSR

- Retina 2008: Fraunfelder and Fraunfelder
- 11 reported cases of CSR in men taking Viagra
 - In 8/11, pts stopped taking Viagra
 - In 6/8, vision improved with cessation
 - In 3 cases, CSR returned when started med again
 - 2 pts continued to have CSR after cessation
- Might consider recommending cessation of Viagra if active CSR, but relationship is unknown at this time

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Central Serous Retinopathy

- Common disorder of unknown etiology which typically affects men between age 20 and 45
 - Males to females 10:1
- Serous detachment of neurosensory retina due to leakage from small defect in RPE

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Central Serous Retinopathy

- Pt typically presents with fairly recent onset of blurred VA in one eye with a scotoma, micropsia, or metamorphopsia
 - VA typically 20/30-20/70
 - Often correctable with low hyperopic RX
 - Unilateral in 70% of cases

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Central Serous Retinopathy

- Appears as a shallow round or oval elevation of the sensory retina often outlined by a glistening reflex
- FA is helpful in providing definitive diagnosis
 - Classic Smoke stack appearance (occasionally)
 - Ink-blot appearance
- OCT shows marked elevation

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CSR: Risk Factors

TRADITIONAL

- Male > Female 10:1
- Age: Peak 20-45
- Type A personality
- Stress
- Pregnancy

OTHERS

- Steroid use
 - Oral
 - Topical?
 - Inhaled?
 - Injection?
- Choroidal Thickness
- Sleep apnea?
- Genes?
- Viagra?

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Central Serous Retinopathy

- 80-90% of pts will undergo spontaneous resolution and return to normal (or near normal) VA within 1-6 mos.
 - >60% resolve back to 20/20
 - Rare to have vision remain < 20/40
- Approx 40% will get recurrence
- CNVM is VERY rare occurrence, but possible

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CSR

- **When to worry/refer**
 - If VA worse than 20/70
 - If pt demographics do not support
 - If does not resolve in 6 mos
 - If gets worse rather than better
 - FA/ OCT does not support diagnosis
 - "Just doesn't feel right"
 - Pt is unable to accept vision/prognosis

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Treatment

- Observation
- PDT
- Anti-VEGF
- Anti-corticosteroids
 - Rifampin
 - Mifepristone
 - Ketoconazole
 - Spironolactone/eplerenone
 - Finasteride
- Acetazolamide
- Aspirin
- Metoprolol
- H.pylori treatment
- Methotrexate
- Behavior Modification!

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Conclusion

- OCT has been a game changer in my practice
- Help make better referrals
- Help keep patients longer
- Helps take better care of your patients
- Once you get one, not sure how you lived without!!!
- FAST BECOMING STANDARD OF CARE!!

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