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VISUAL ACUITY

-Difinition :- DEGREE TO WHICH DETAILS OF OBJECTS ARE PERCIEVED

Visual threshold / is minimal amount of light that elicit sensation of light

2 lines can be seen as 2 if a visual angle of about 1 minute between them

-Snellen s chart to measure visual acuity

Normal acuity = (d/D = distance of Patient / distance of normal person = 6/6)

A person of *//* 12/6 has better vision than normal vision (not hyperope)

A person of // 6/12 has less vision than normal vision

DUPLICITY THEORY OF VISION (2 kinds of vision under diff conditions)

Q.Differentiate between cones & rodes vision.

<u>1-PHOTOPIC VISION</u> (bright light vision)

- -served by cones
- -high visual acuity = colors & details
- low sensitivity to light = needs high visual threshold to be stimulated

2-SCOTOPIC VISION (night vision, dimlight vision)

- served by rodes
- low visual acuity = no colors or details
- great sensitivity to light =low visual threshold

VISUAL PATHWAY:-

* 1- some ganglion cells axons pass from optic tract to <u>pretectal region of midbrain</u> for pupillary reflexes & eye movement

* 2- Some axons of ganglion cells from optic chiasma pass directly to <u>hypothalamus</u> for circadian rhythm (light-dark cycle)

*3-Some axons from lateral geniculate body in thalamus to <u>superior colliculus</u> in midbrain for accomodation. R & its miosis component



-VISUAL PATHWAY & FIELD :-

- -The nasal fibers (medial) cross to opposite side •
- The temporal fibers (lateral) do not cross
- -Nasal fibers conveys temporal field (outer)of vision •

-Temporal fibers conveys nasal field (inner)of vision •

OPTIC TRACT :- •

includes temporal fibers of the same side i.e nasal • field of same eye (inner)+ nasal fibers of the opposite side i.e temporal field of other eye(outer)

exp//LEFT OPTIC TRACT:-

Conveys temporal fibers of the left eye + nasal fibers of the right eye =(left nasal visual field(right half of visual field of left eye)+ right temporal visual field(right half of visual field of right eye), both form right half of visual field of both eyes.

N.B -- The left optic tract corresponds to the right ½ of the visual field -- The right optic tract corresponds to the left ½ of the visual field





At rest (looking at far objects):- -

Ciliary muscles are relaxed + taut (tense) - ligaments + flat lens

<u>looking at near objects</u>:- from near (close)
objects parallel rays focus behind retina(if ciliary muscles remain relaxed)>>>>>blurred vision

Solution is to increase curvature & refractive • power of lens by accomodation to bring focus on retina.

Accomodation reflex:- •

- (
- -
- Focusing at near object(increased anterior surface curvature of lens by ciliary muscles contraction, slack = relaxed ligaments, increased anterior surface curvature of lens.
 why?
- -to add 12D to refractive power of lens. •
- -both circular & longitudinal cilliary muscles contract to pull cilliary muscle forwards & inwards>>>>cilliary muscles edges come close to each other to increase anterior surface curvature of lens.
- Test//sanson purkinje image •

looking at a close object (near response) •

- a- convergence. Why? .
- b- pupil constriction. Why? •
- c- Accomodation. Why? •

<u>Near point:-</u>

Nearest point to eye at which object can brought • into focus on retina by <u>ACCOMODATION</u>

-10 years----9 cm •

-At 60 years-----80-100 cm, due to hardness of lens & • loss of accomodation.

-(presbyopia:-((triade) •

- 1-loss of accomodation 2-loss of lens elasticity •
- 3- near point receed •

-correction by biconvex lens •



When the ciliary muscles are relaxed the lens is flat and distant objects are focussed onto the retina

When the ciliary muscles are **contracted**, the lens becomes more round and a close object is focussed onto the retina

Pathway of accomodation:- •

Light on eye>>>>retina >>>>optic nerve >>>>optic chiasma>>>> optic tract->>> lateral geniculate body in thalamus & to superior colliculus in midbrain for->>>EWN>>>>> cilliary ganglion to oculomotor N>>>>>cilliary **body** contraction (accomodation. R) & miosis of near response

this pathway of near response is
ventral to pupillary light reflex)

Pupilary light reflex:-

Light on one eye pupil>>>>>constiction of this pupil (direct)

& the other pupil (indirect)

Pathway of consensual Pupilary light reflex (indirect):-

Light on eye>>>>retina>>>optic nerve >>>optic chiasma>>>>optic tract>>>pass through superior colliculus to end in pretectal nucleus >>>>both oculomotor nerve nuclei (EWN)>>>> both ciliary ganglia>>>>supply both eyes by oculomotor nerves>>>>miosis in both eyes.

-Atropine drops:- block parasympathetic supply of oculomotor >>>>>mydriasis

Q. Argyll Robertson pupil?

In syphilis tabes dorsalis which destroy pretectal nucleus

-light .R is lost & accomodation .R remains

because lesion is in pretectal nucleus
only, away from superior colliculus &
ibers of accomodation.

Lateral geniculate body:- •

Thus left LGB (similar to left optic tract) has • all layers receive from RIGHT ½ of visual field

Right LGB (similar to right optic tract) has
all layers receive from LEFT ½ of visual field.

FUNCTION OF LGB:- •

1-acts as a relay station for visual information • from optic tract to cortex.

2-It has point to point transmission(spatial • fidelity)

 3-Acts as <u>gate controls signal transmission</u>
<u>to visual cortex</u> i.e control how much signals reach visual cortex

4-color vision & detect shapes & texture •

NB/ it is rapidly conducting to visual cortex. •

visual cortex has 6 layers •

<u>1-Primary visual cortex(braodmann area</u> <u>17):-</u> percieve sensation of vision (movement + shapes+ stereoscopic vision + brightness) &has blobs for color detection

2-Association visual cortex(area 18&19):-

interpretation of visual stimuli



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