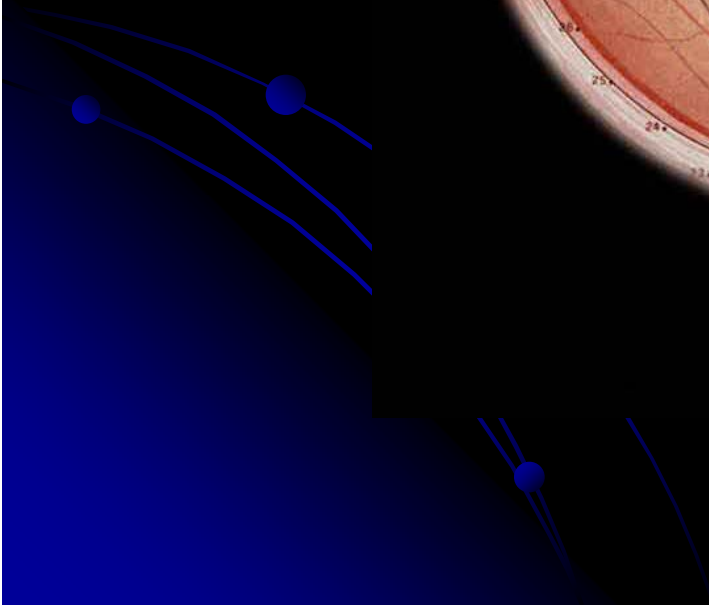
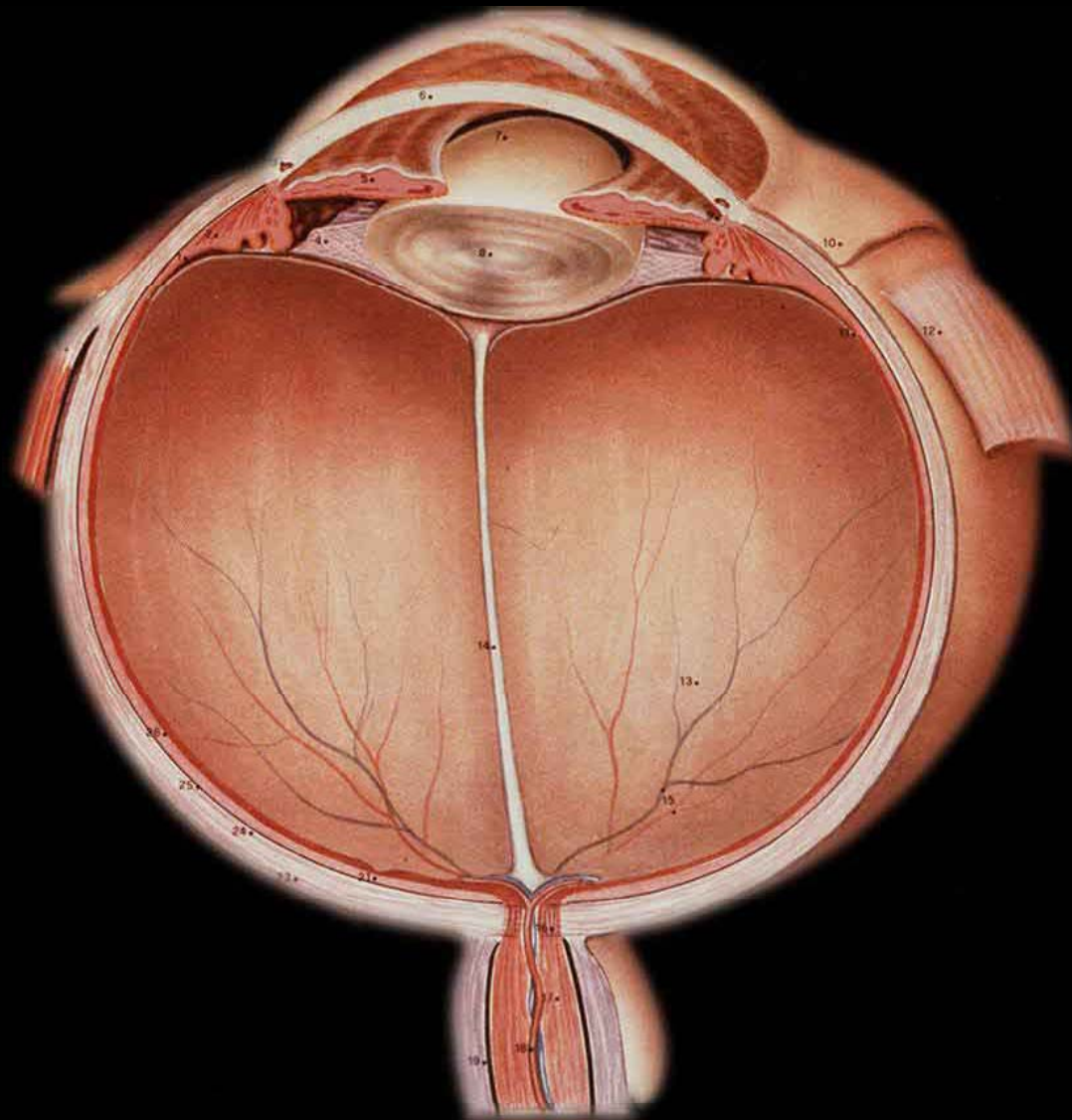


Acute Visual Loss

Saleh A. Al Amro, MD, FRCS, FRCOphth



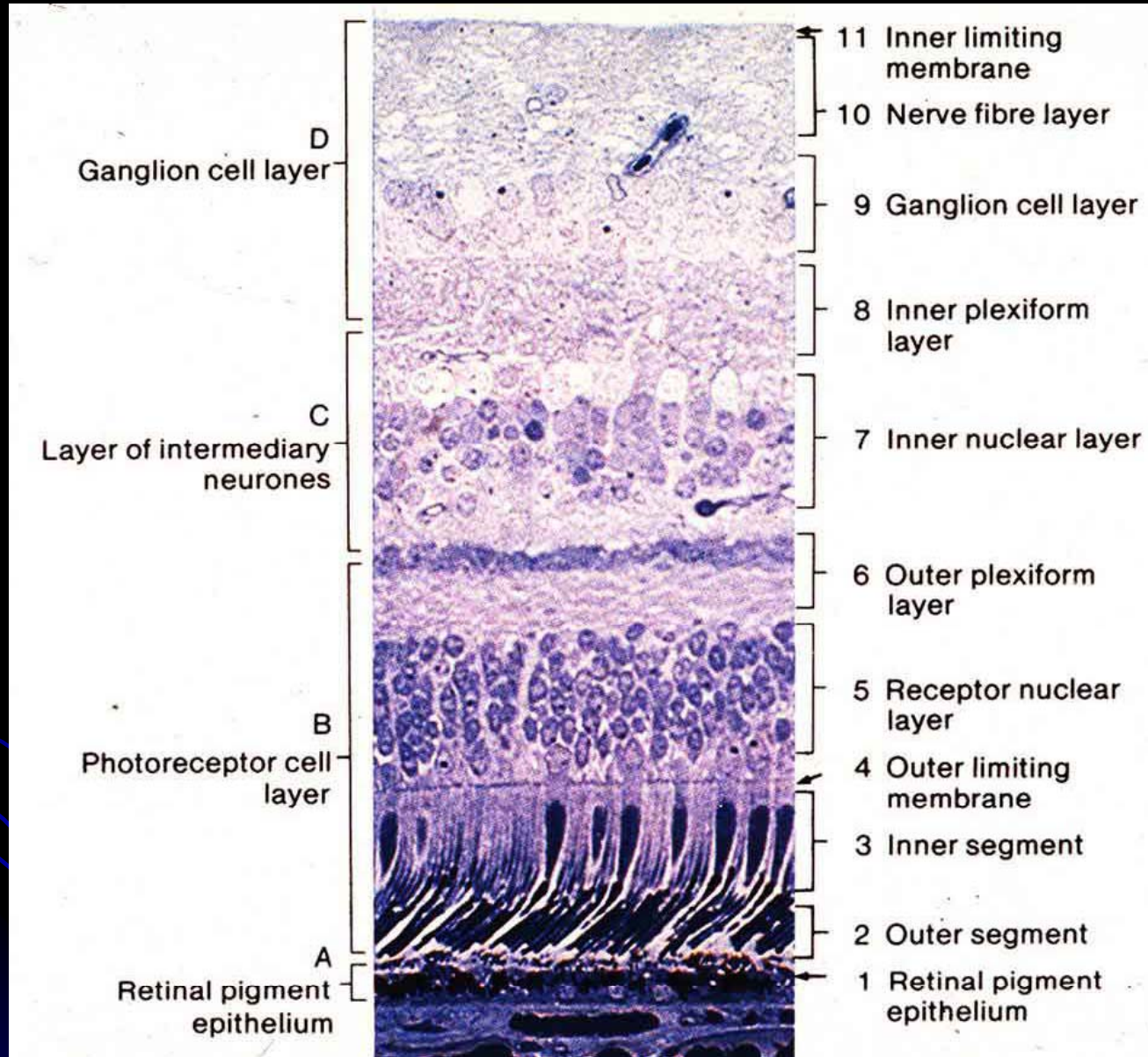
Causes of Acute Visual Loss

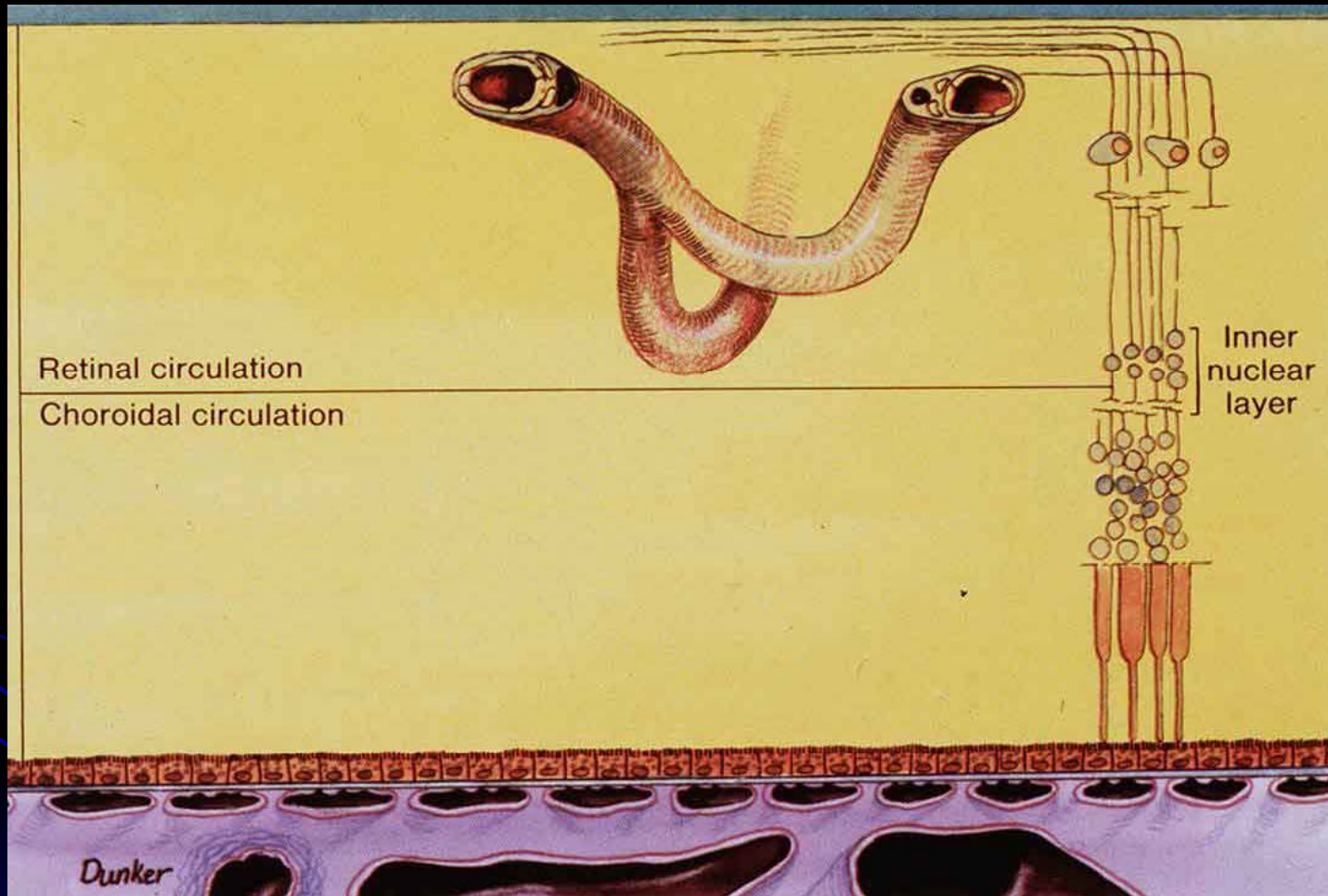
Painful

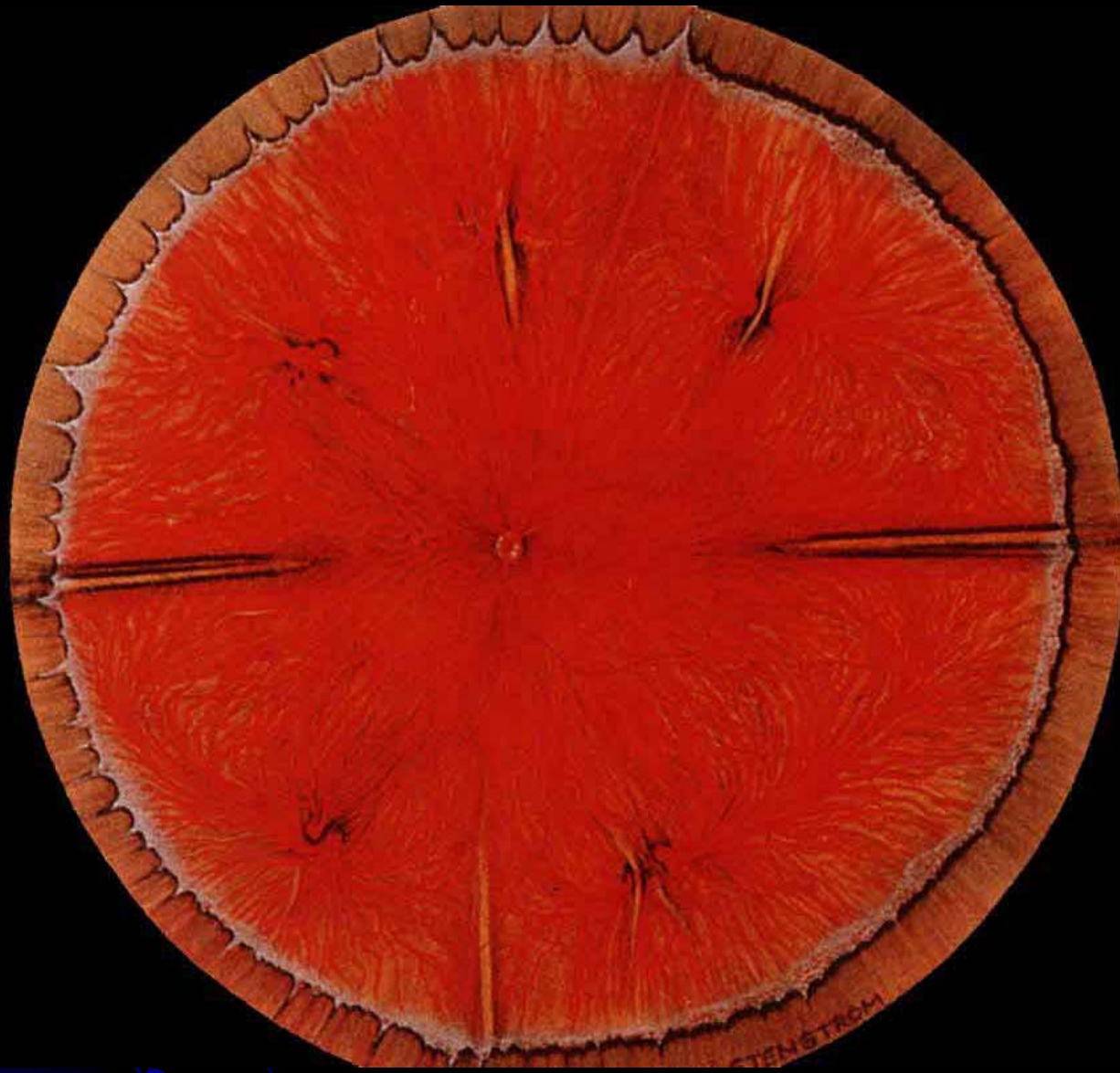
- Keratitis
- Acute A. C. glaucoma
- Uveitis
- ~~Lens~~

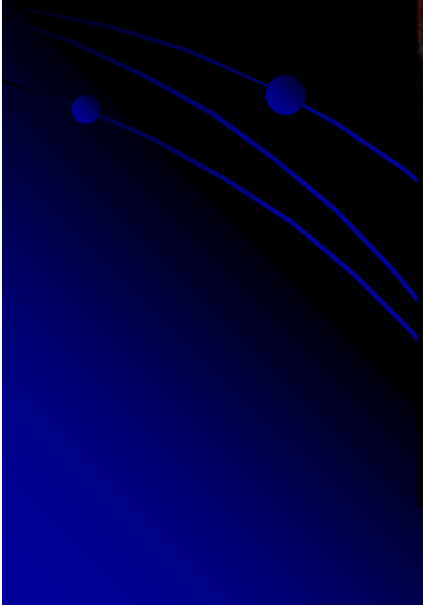
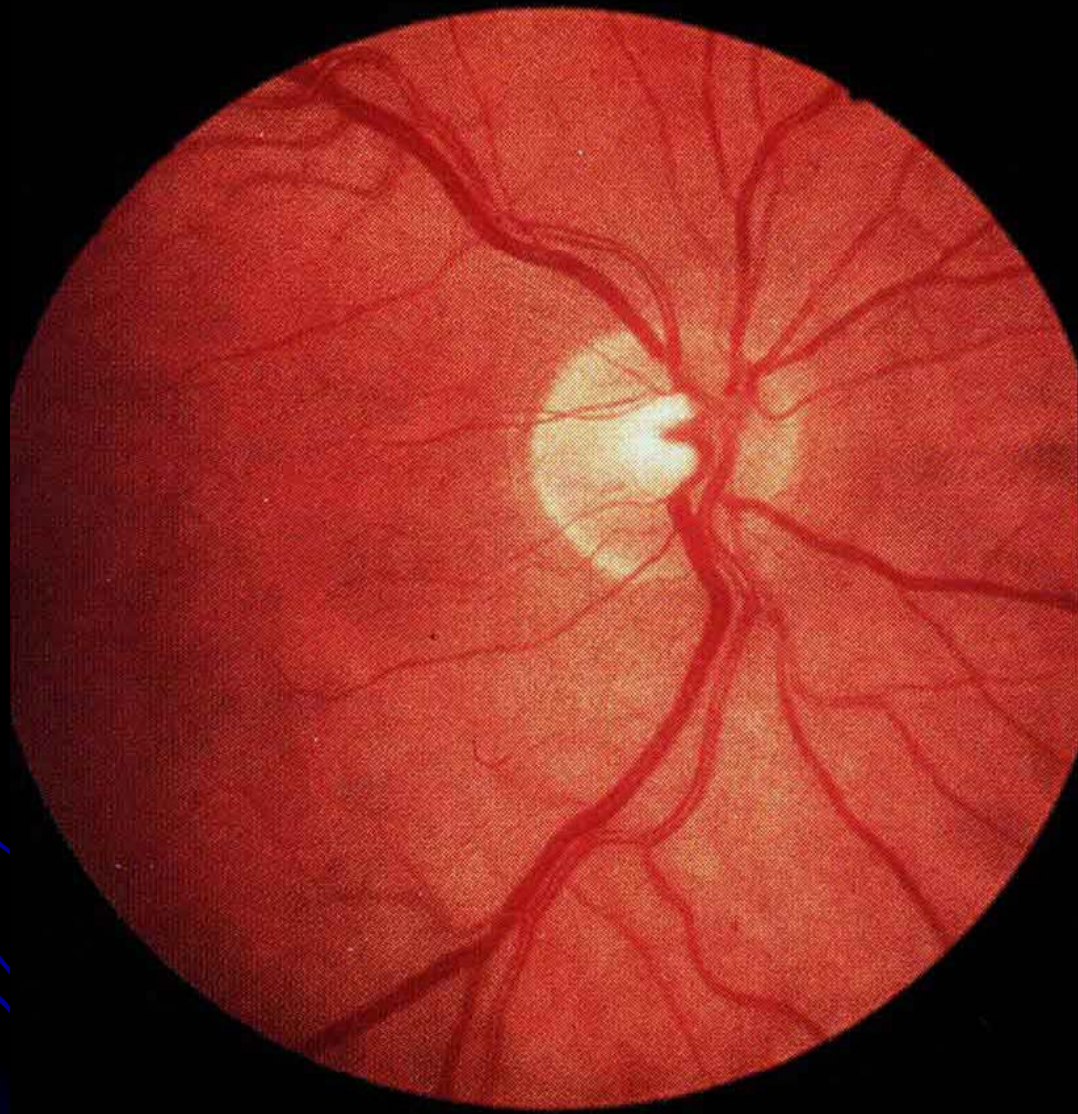
Painless

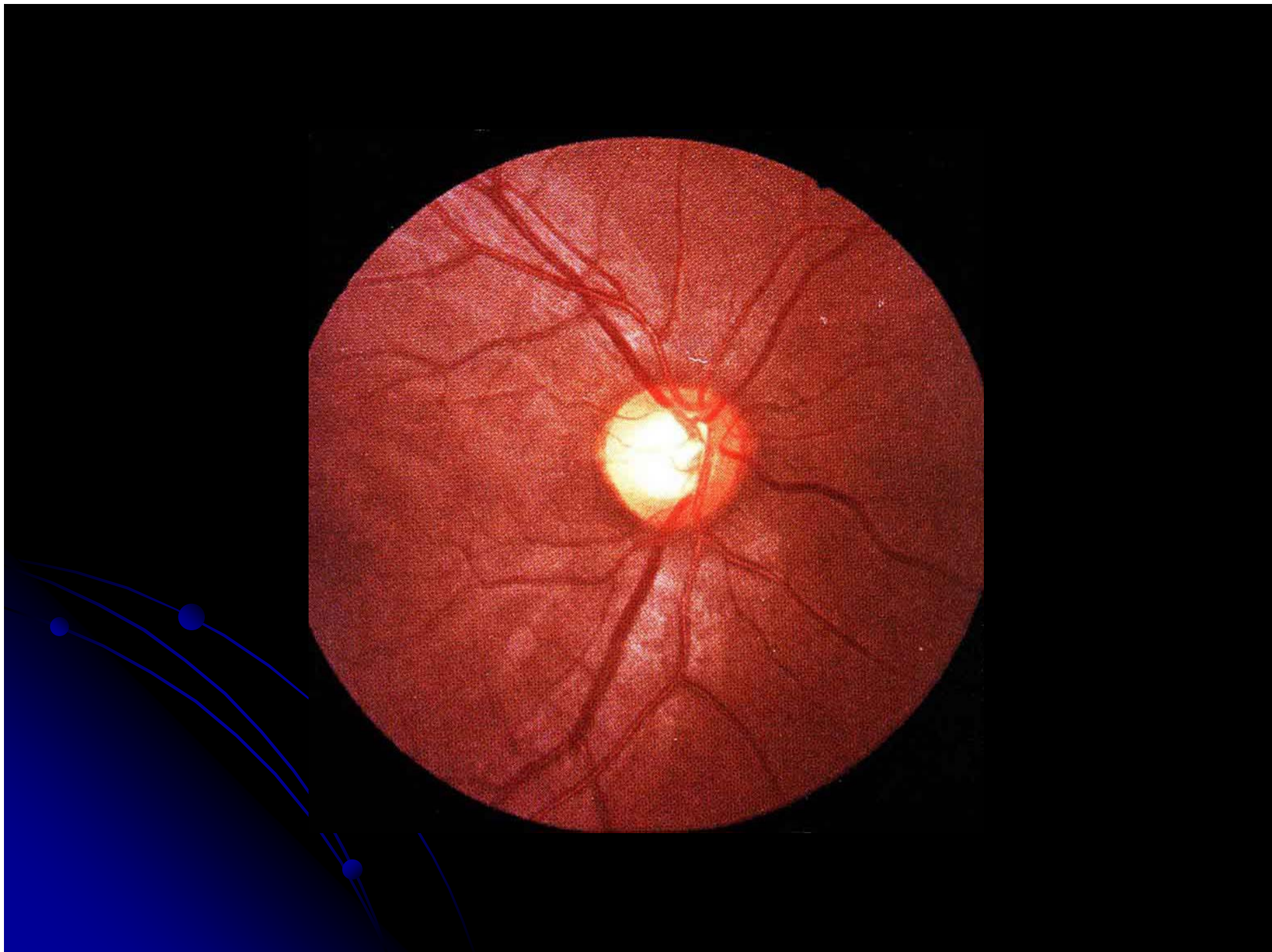
- Vitreous hem
- RD
- Retinal vascular Occlusions
- Optic neuritis +
- Ischemic optic neuropathy
- CVA
- Functional



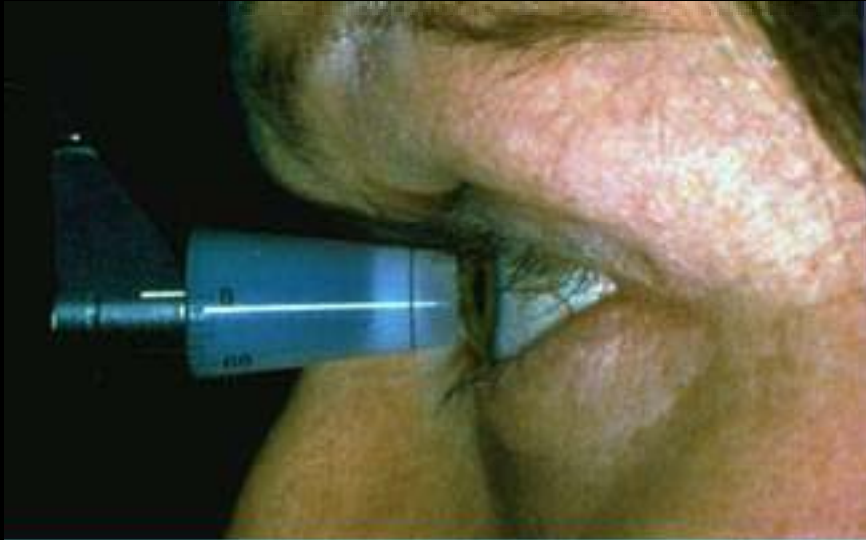






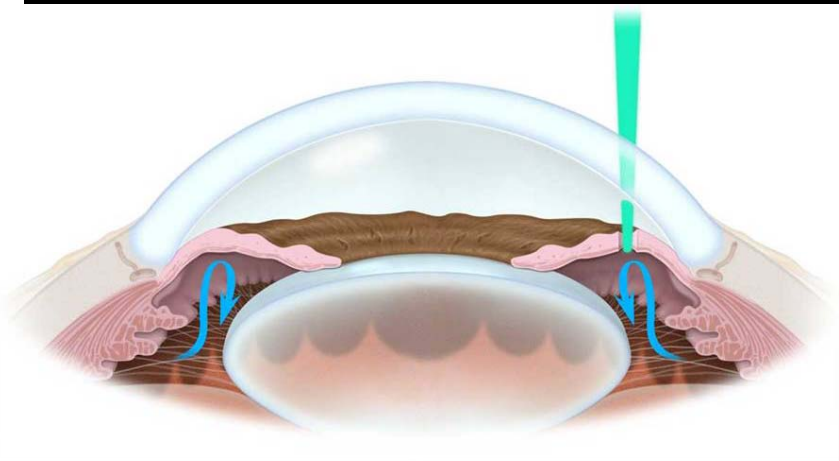
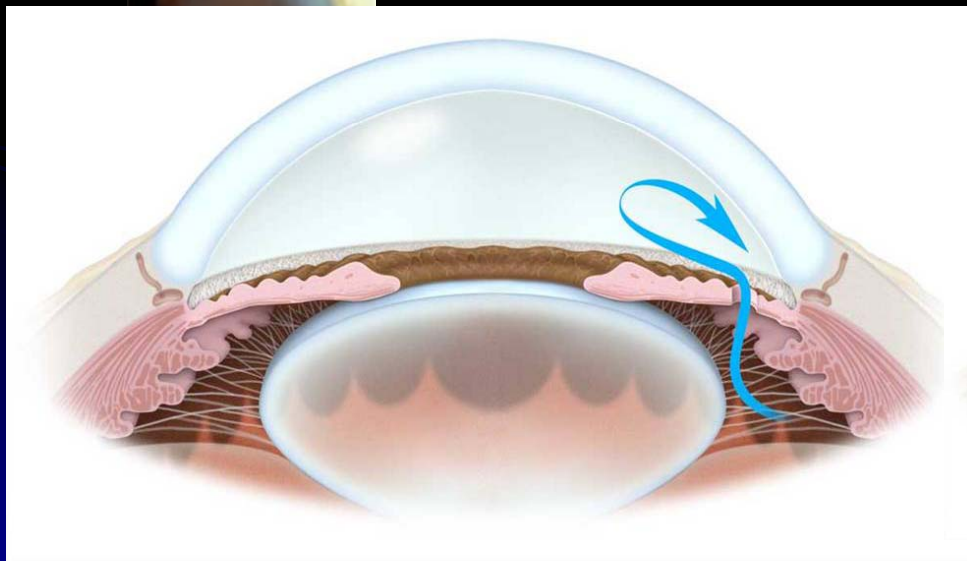
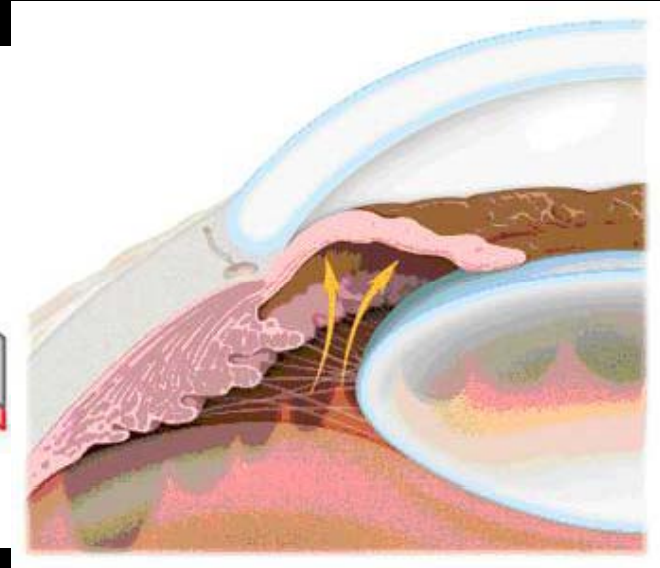
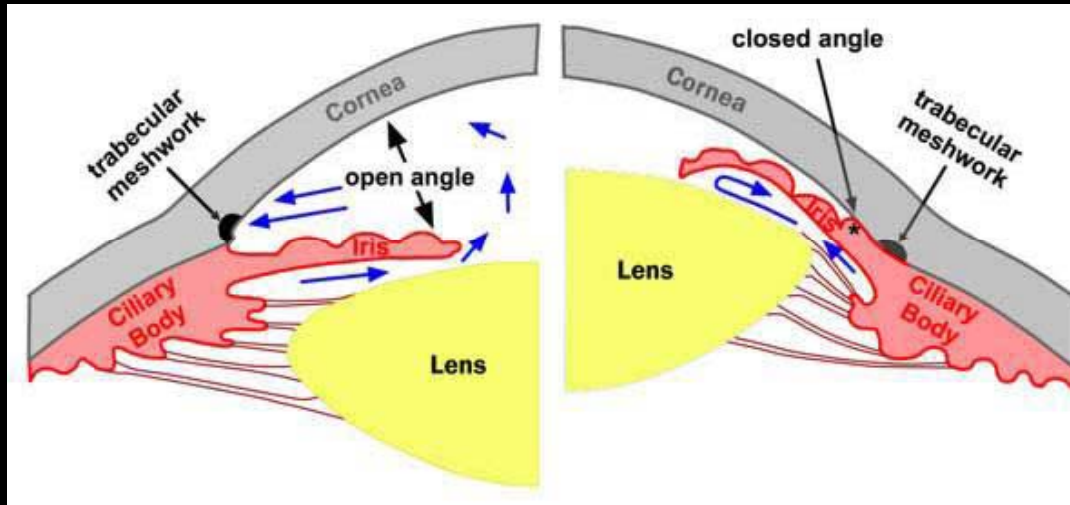


Acute Angle Closure Glaucoma



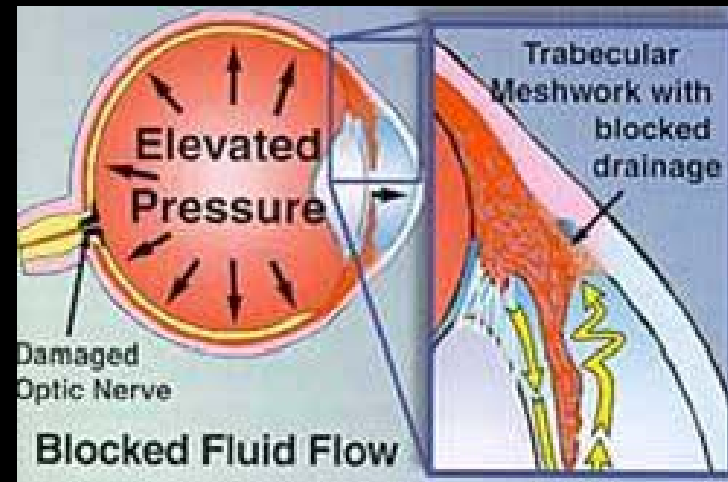
APPLANATION TONOMETRY - Precise and painless



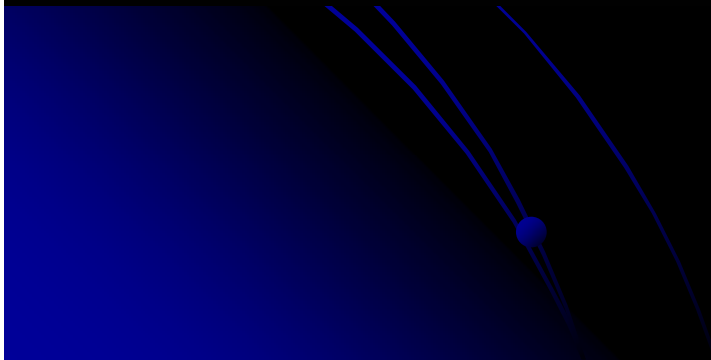
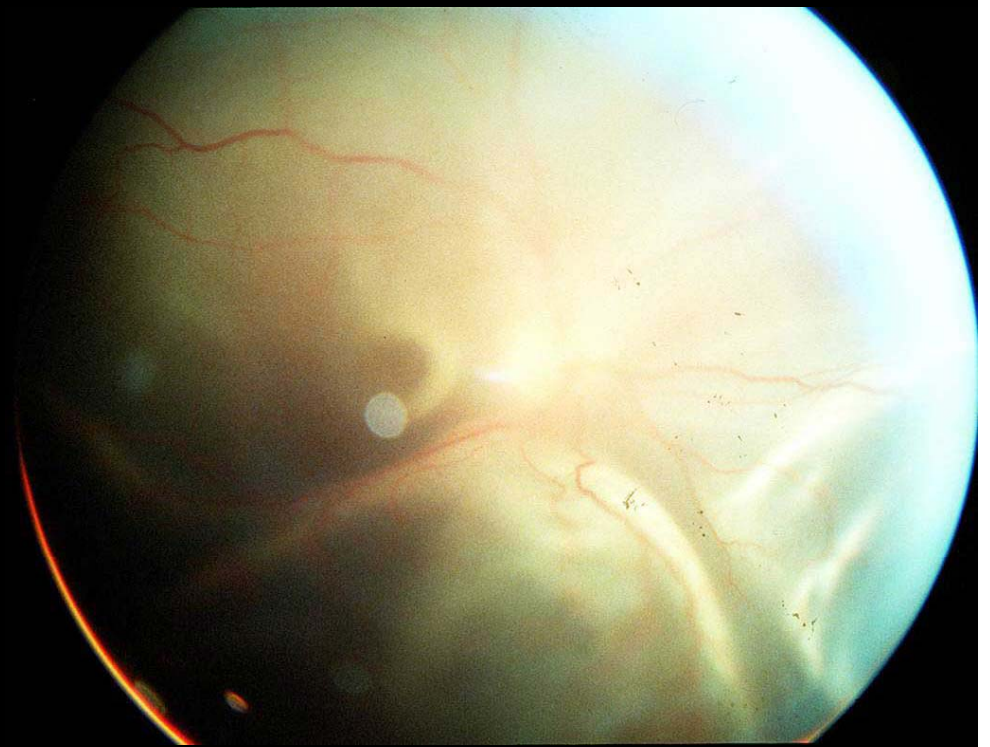
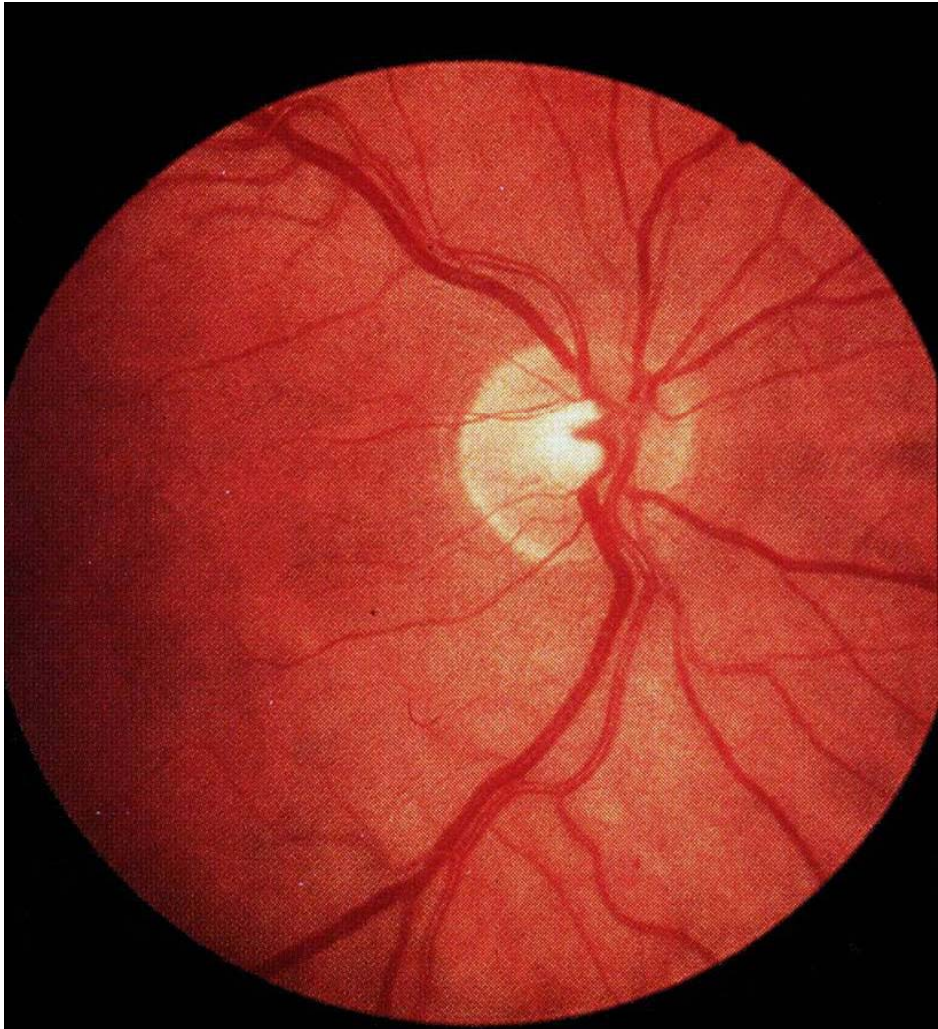


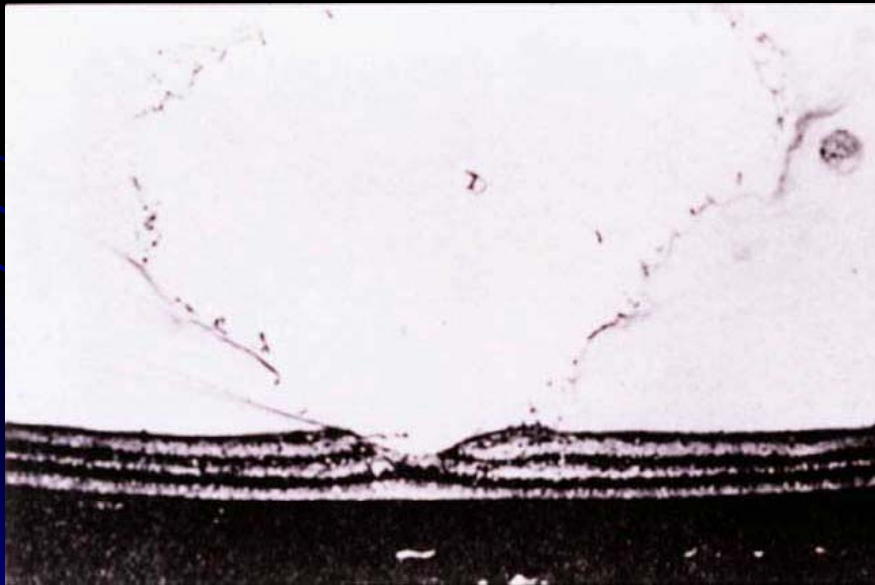
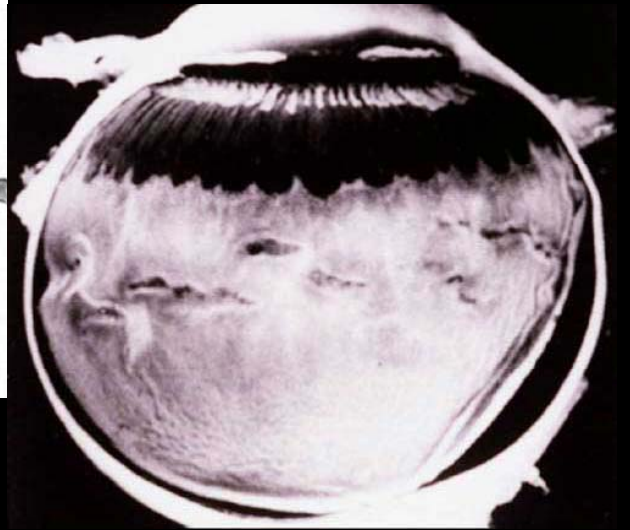
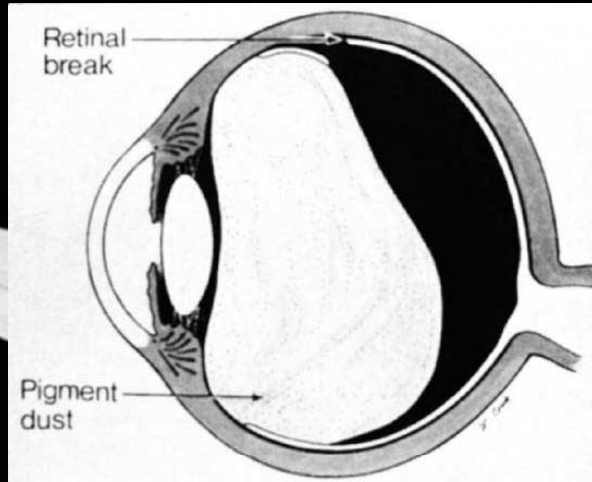
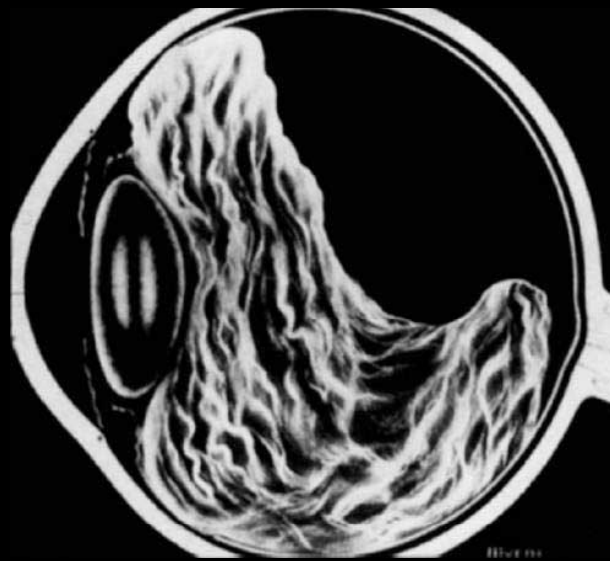
Aims of Acute ACG management :

- Decrease IOP



- Prevent future attacks in OU





Retinal Detachment (RD)

Symptoms:

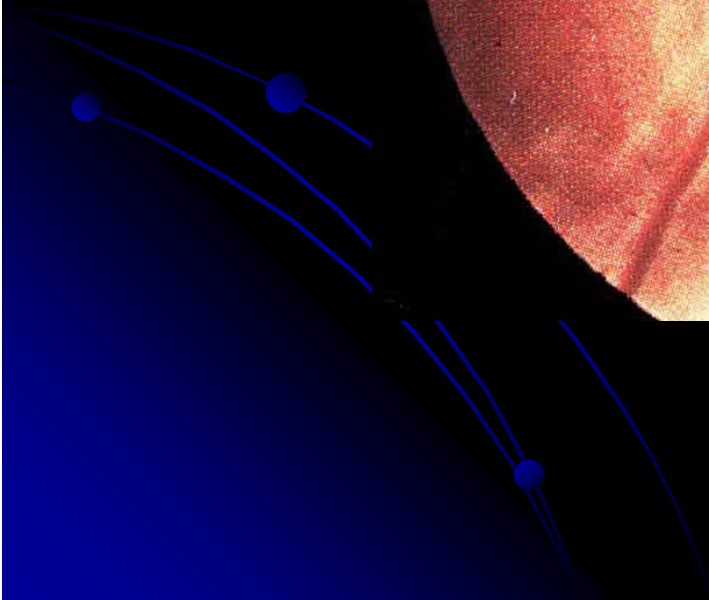
- A. Flashes
 - B. Floaters
- } Prodromal

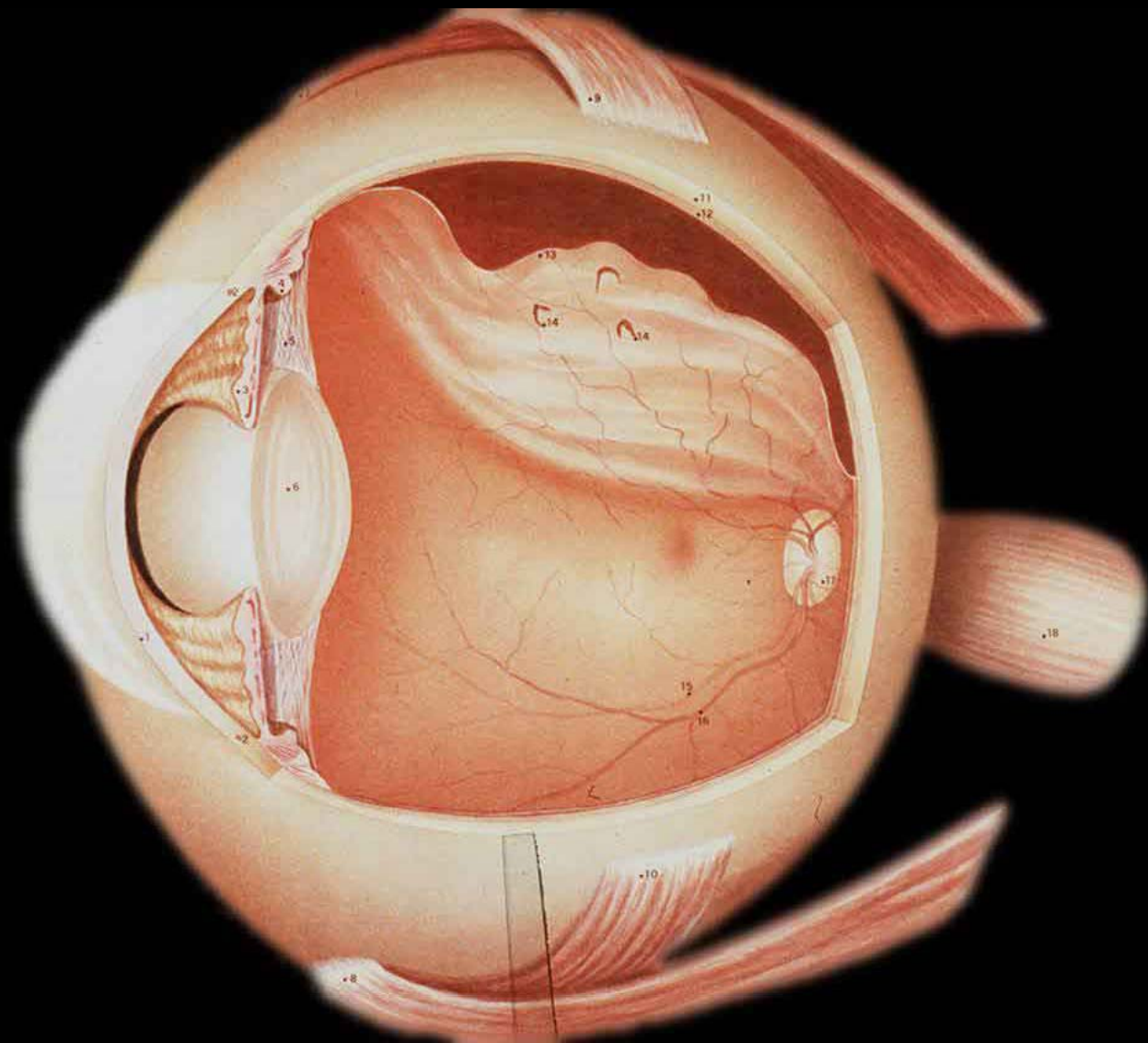
1. VF loss – curtain-like.
2. Sudden, painless loss of vision.

RD

Types:

1. Rhegmatogenous RD.
 2. Traction RD.
 3. Exudative RD.
- 





RD (cont.)

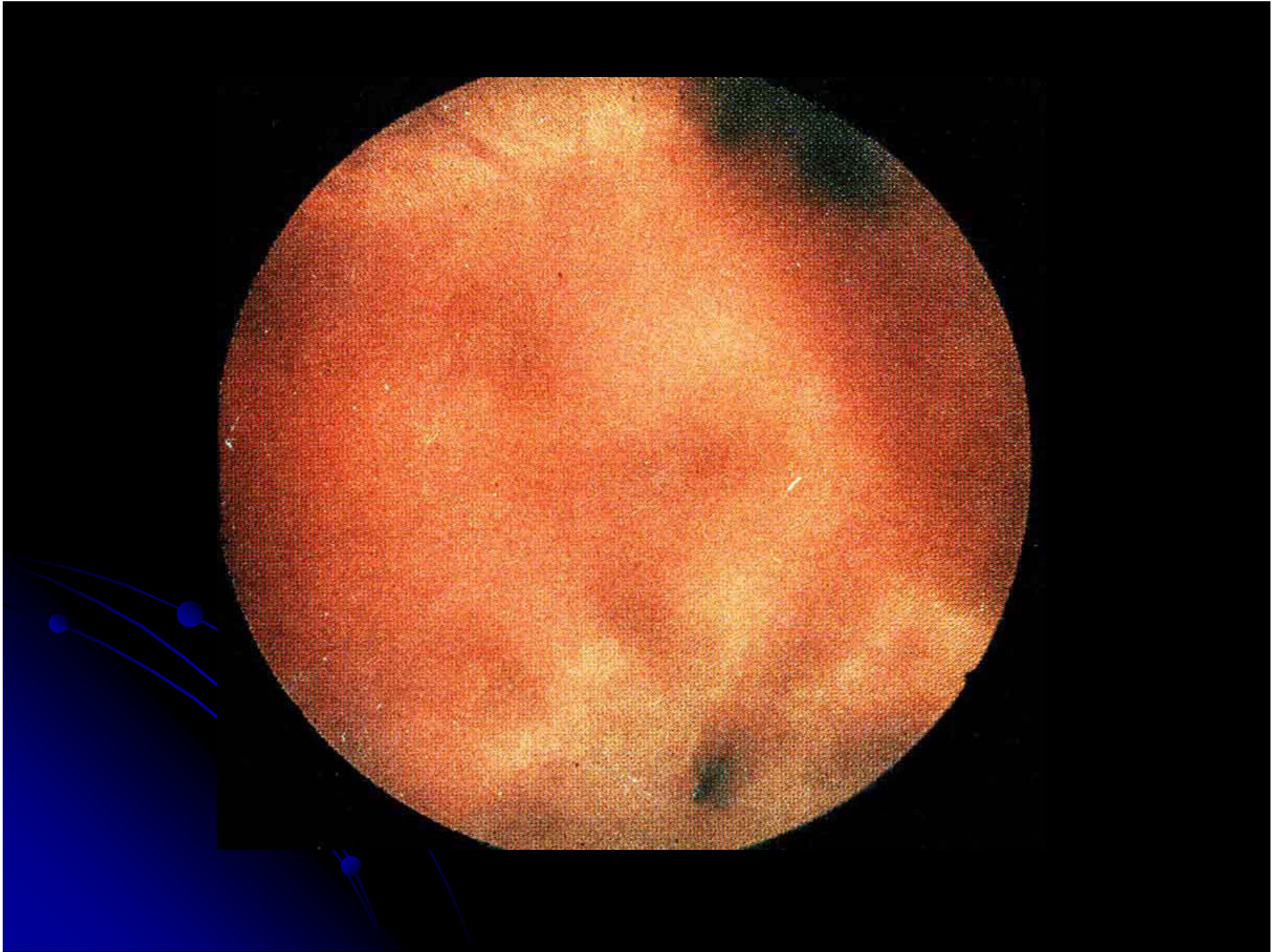
Risk Factors:

- Peripheral retinal degenerations
 - e.g. lattice degeneration, retinal tufts...etc.
- High myopia.
- Aphakia.
- Trauma.
- H/O RD.

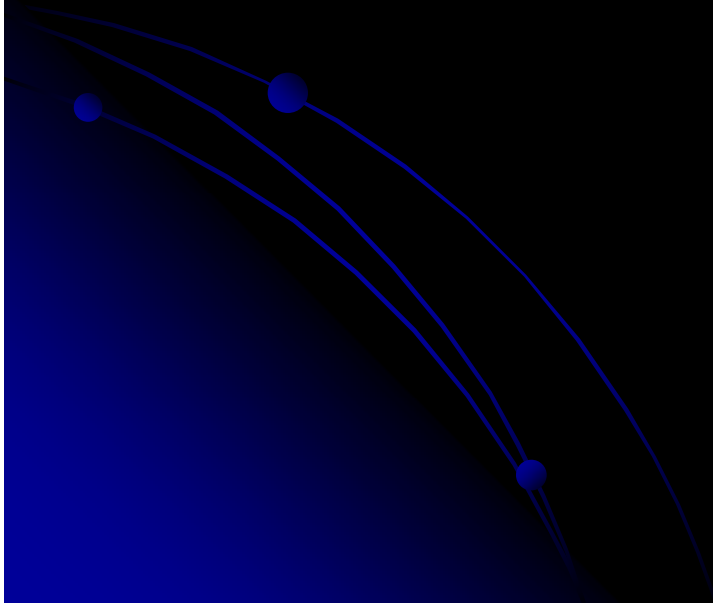
RD (cont.)

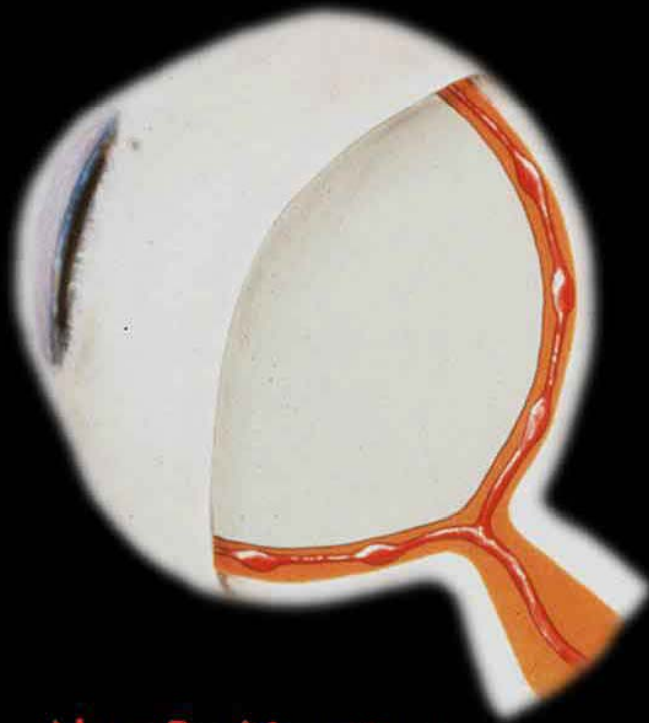
Management:

- RD is an urgent condition.
- Needs emergency surgery.
- Scleral buckle, cryotherapy, SRF drainage.
- Vitrectomy, AFX, endolaser, long-acting tamponade (Gas, Silicone oil).



Diabetic Retinopathy



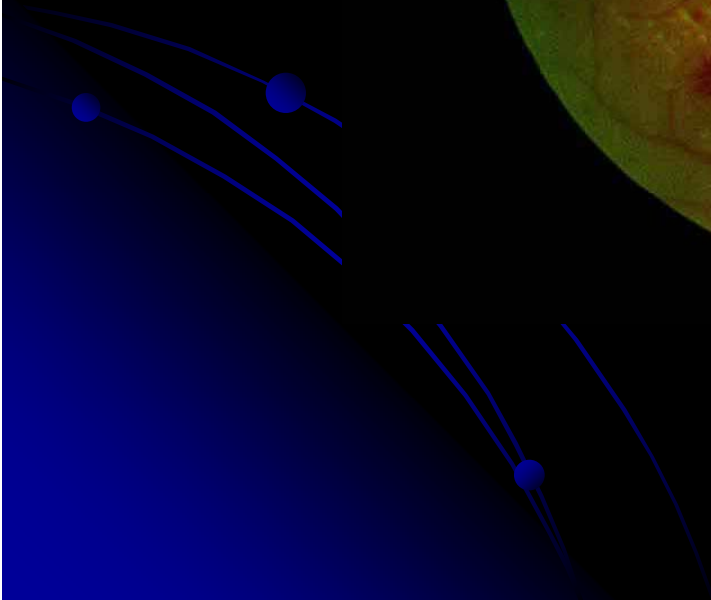
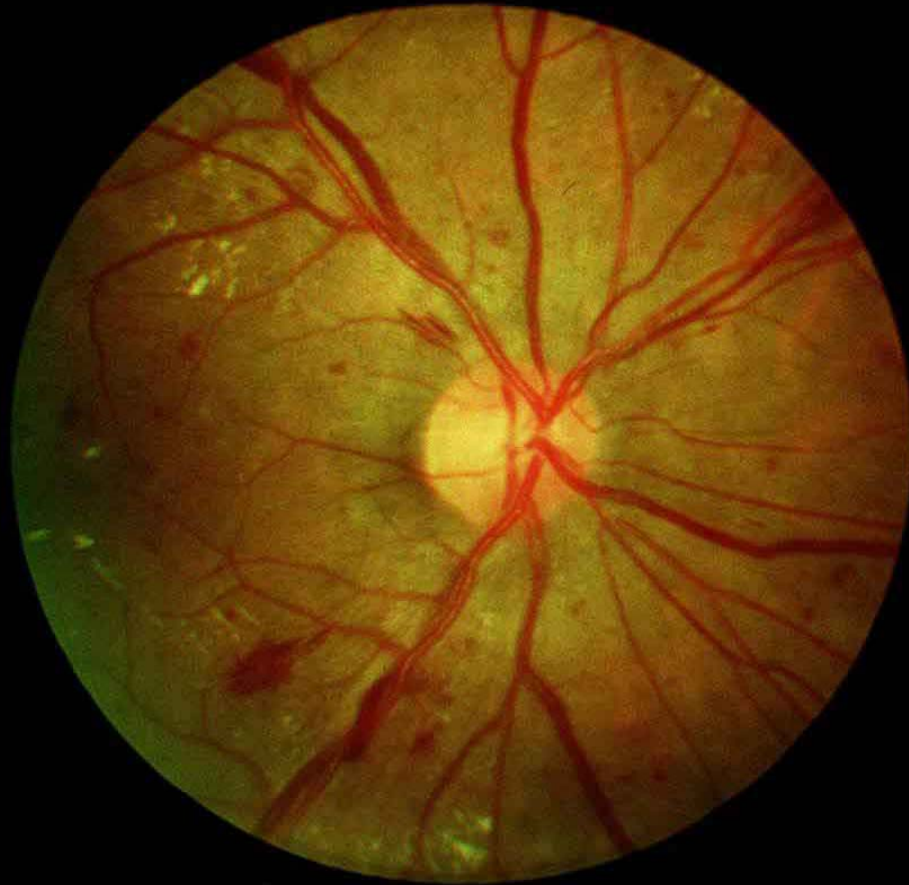


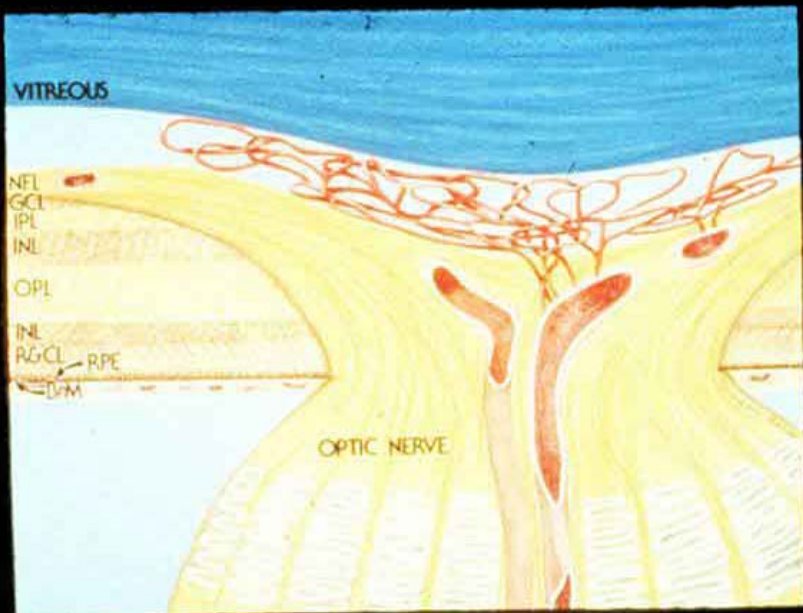
**Non-Proliferative
Retinopathy**

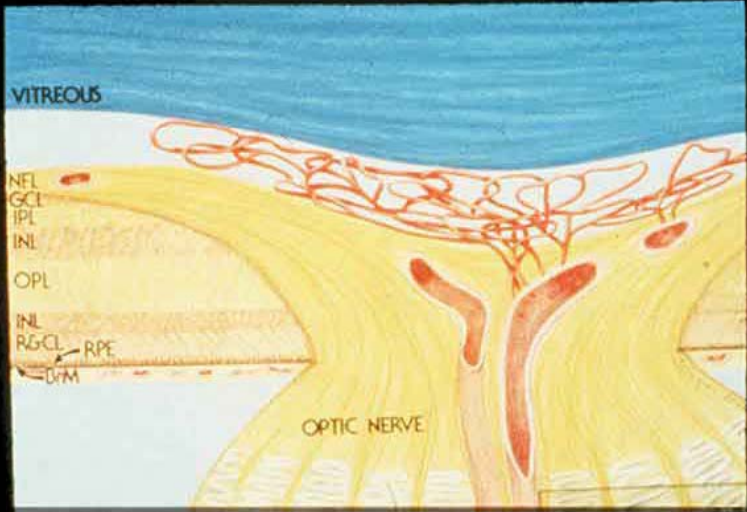
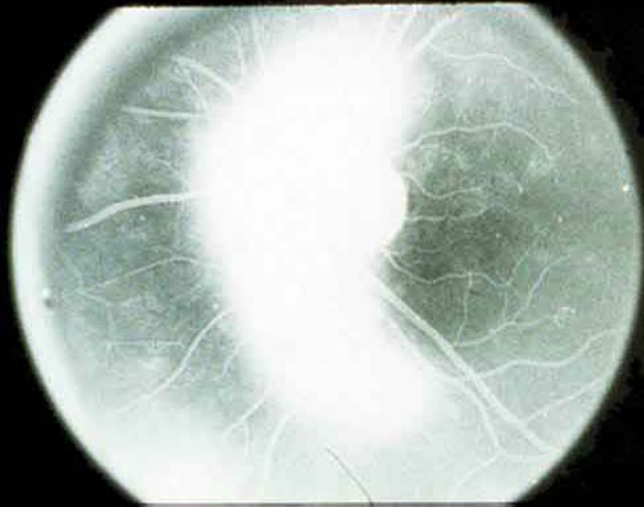
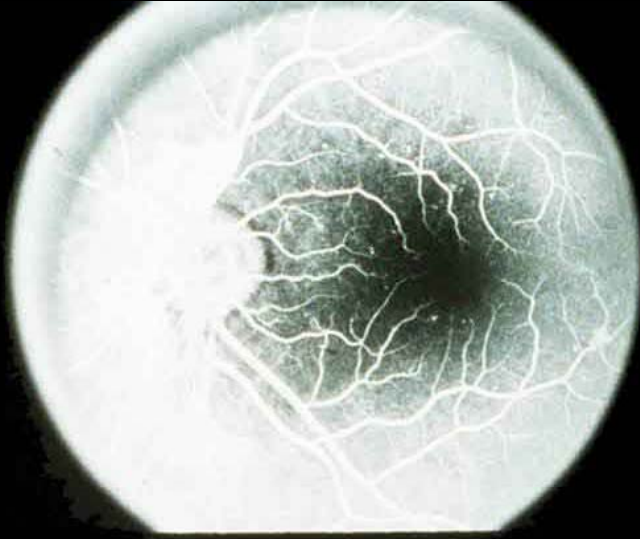


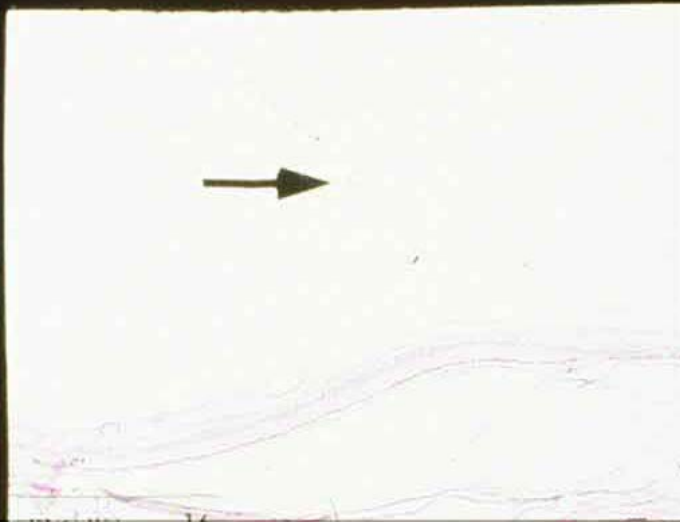
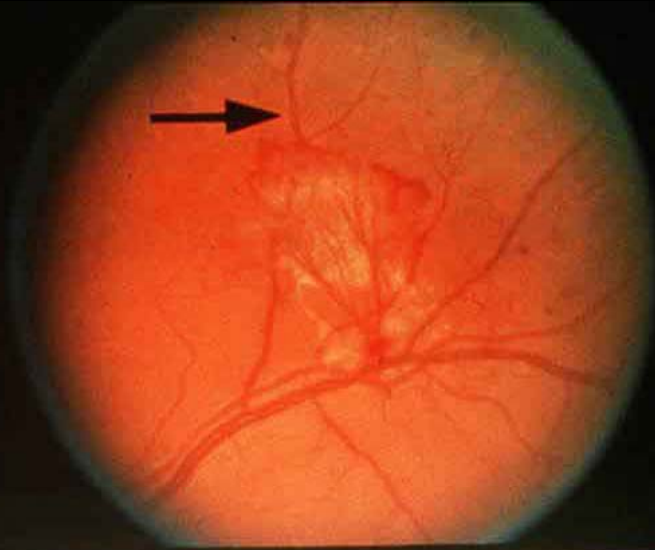
**Proliferative
Retinopathy**

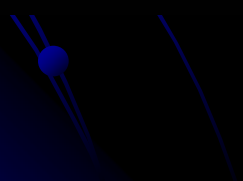
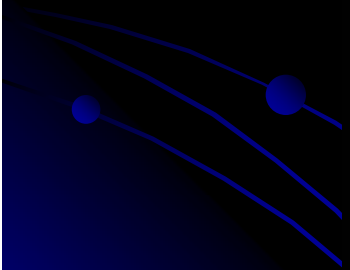
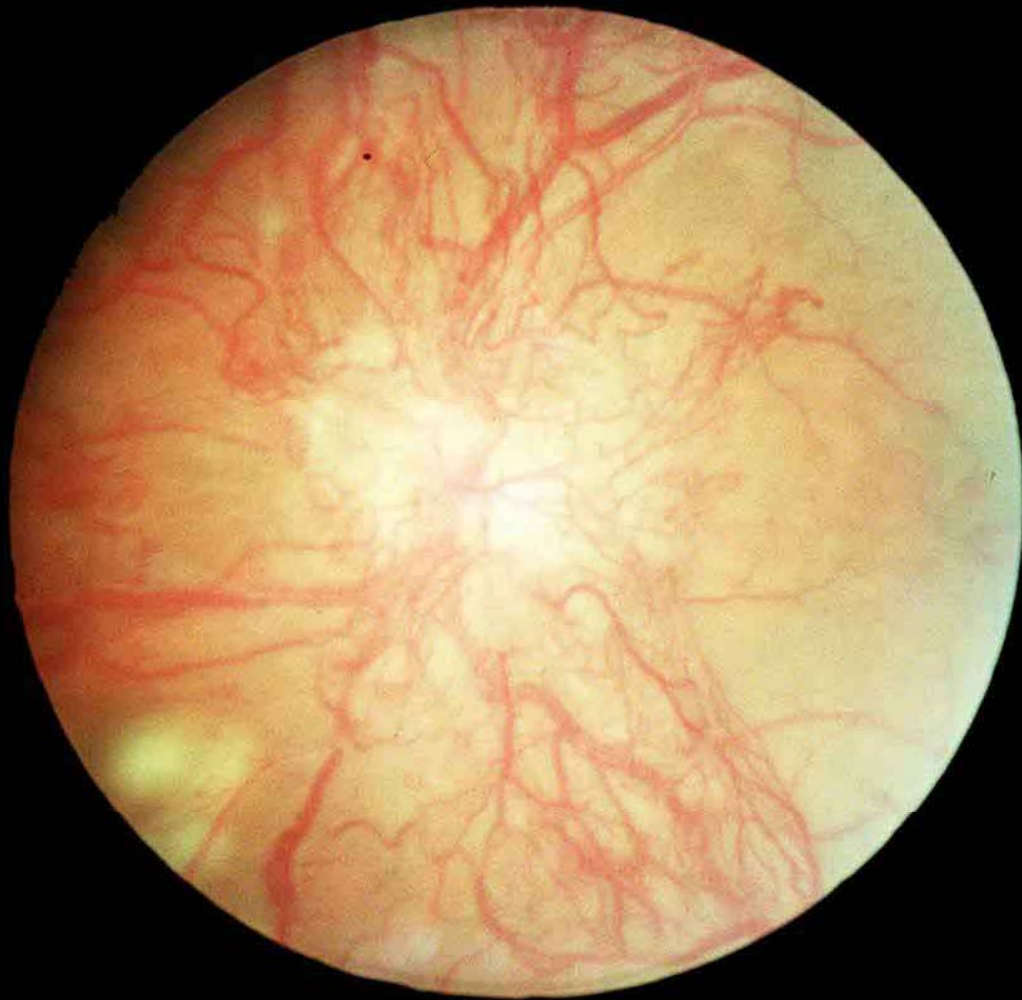
RVC Wilmer

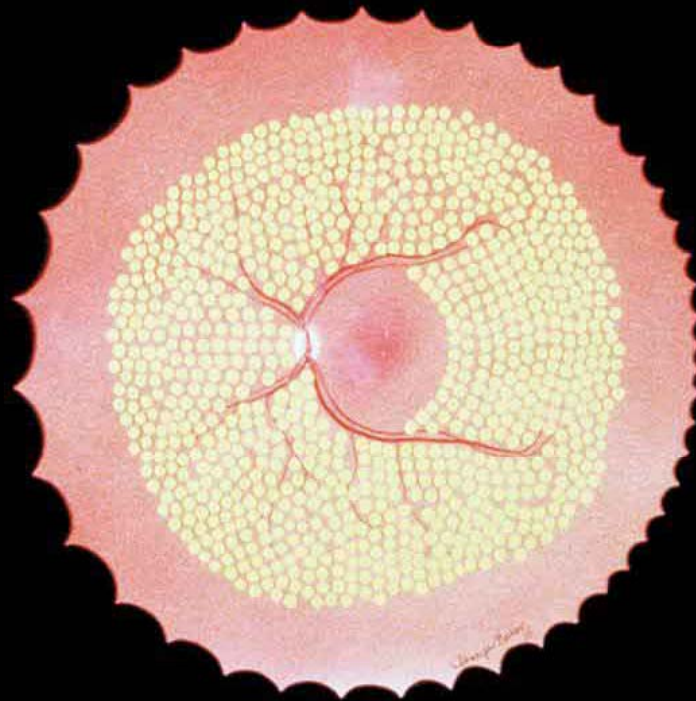
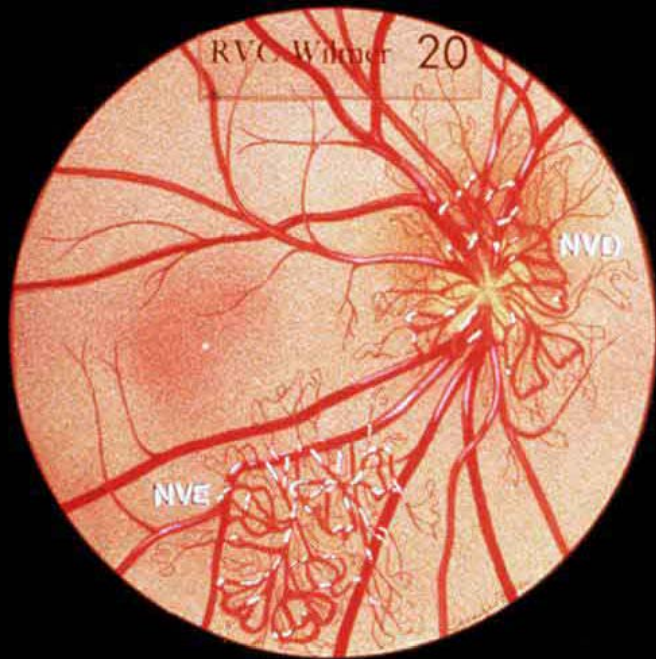


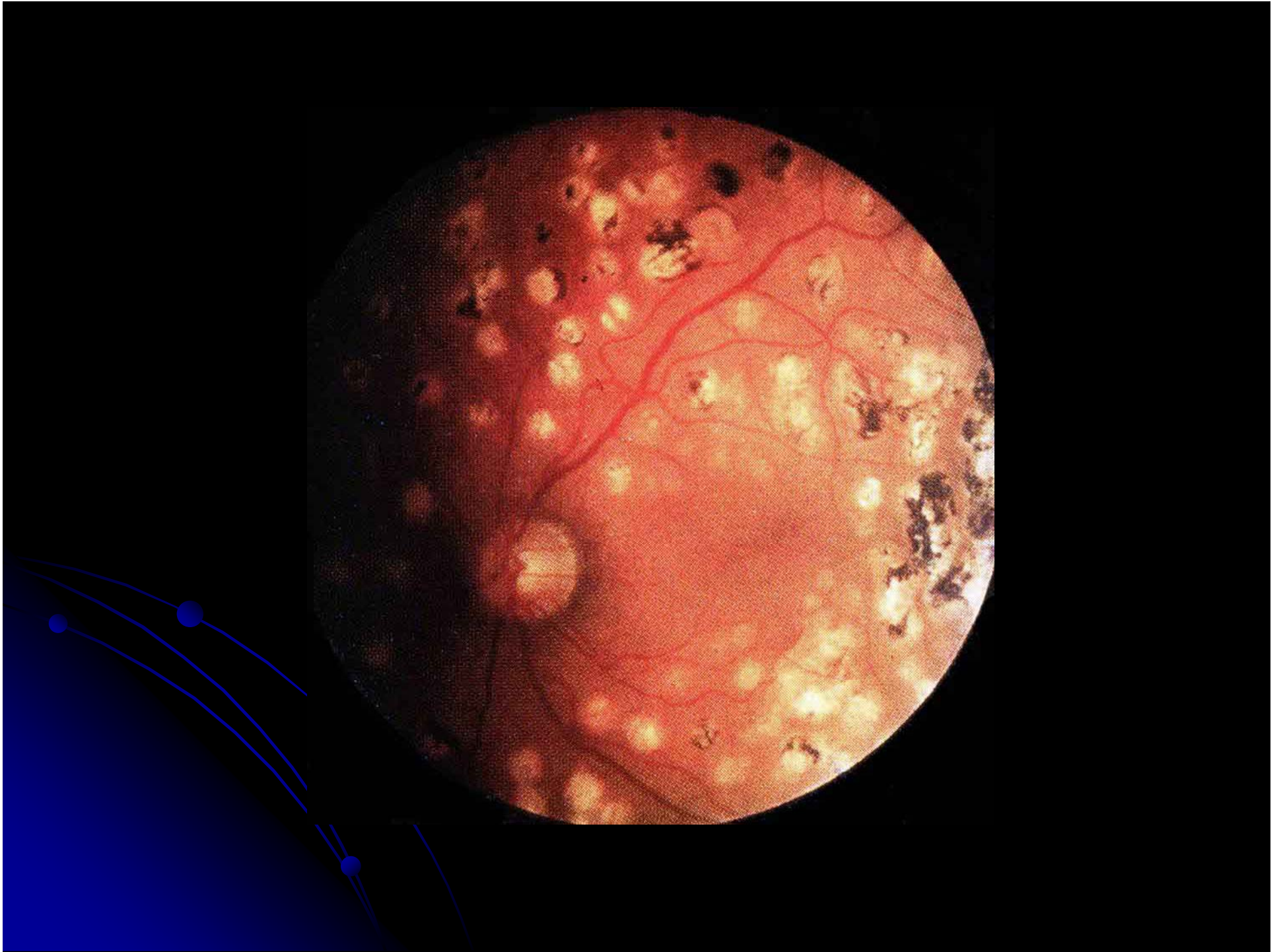


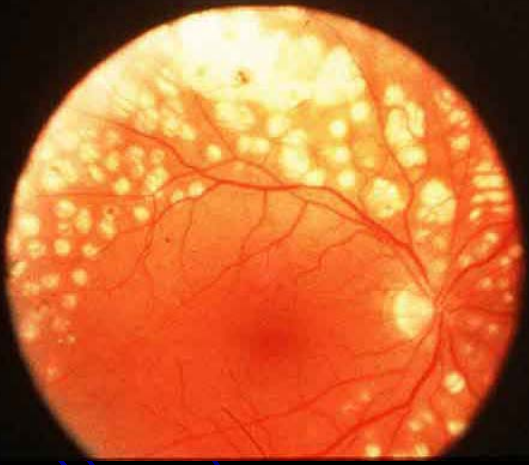
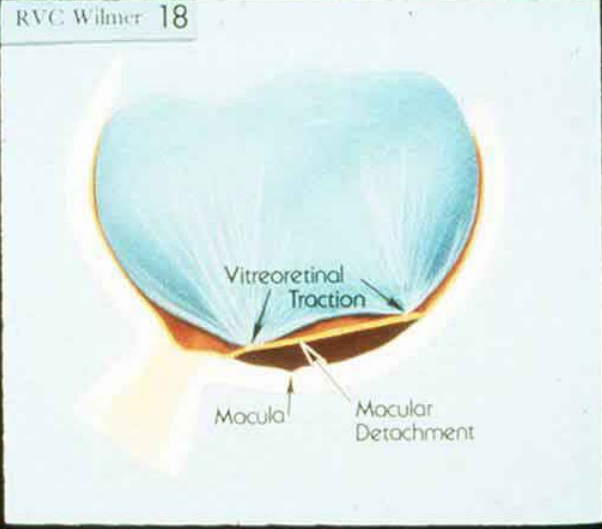


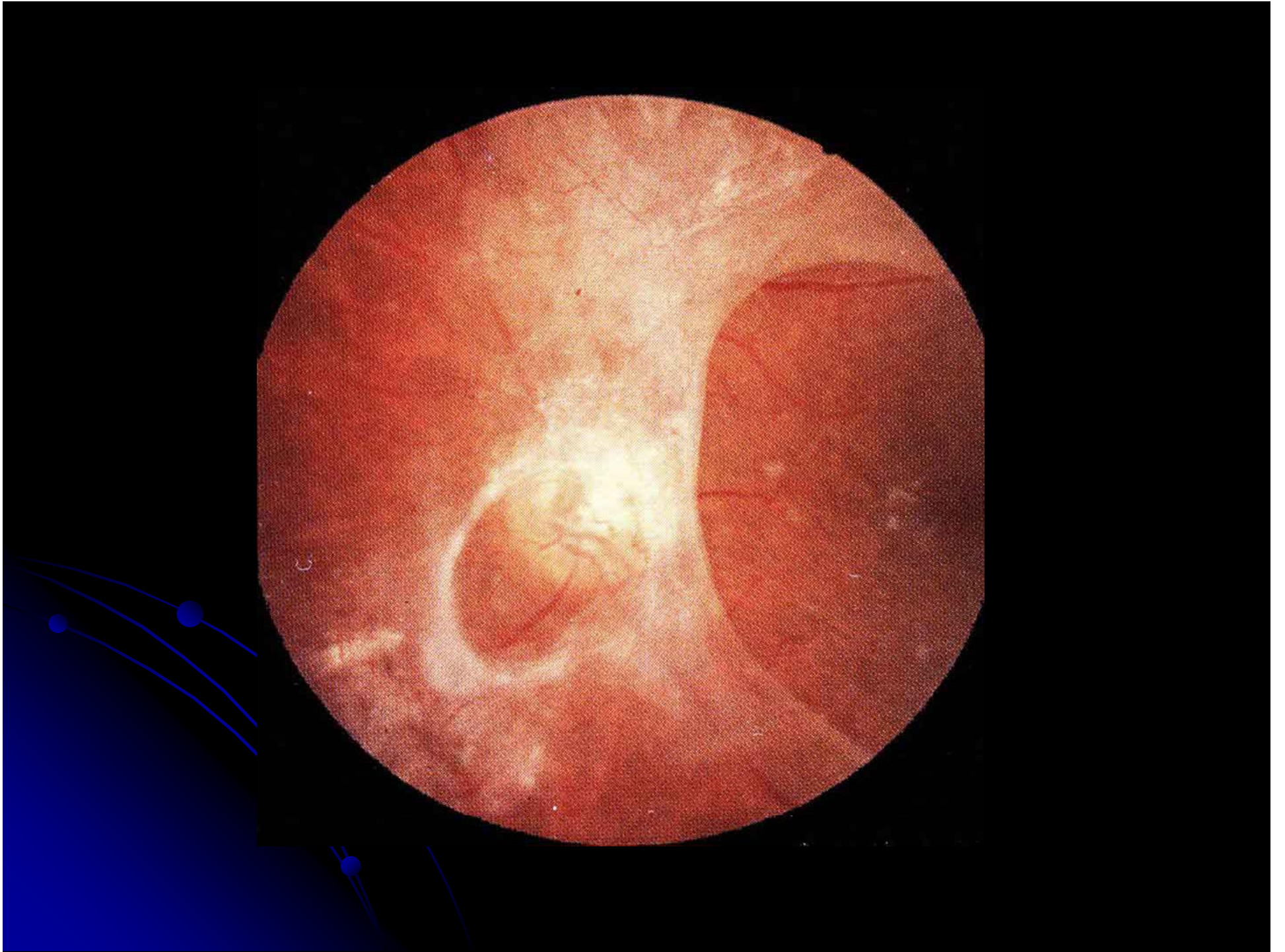


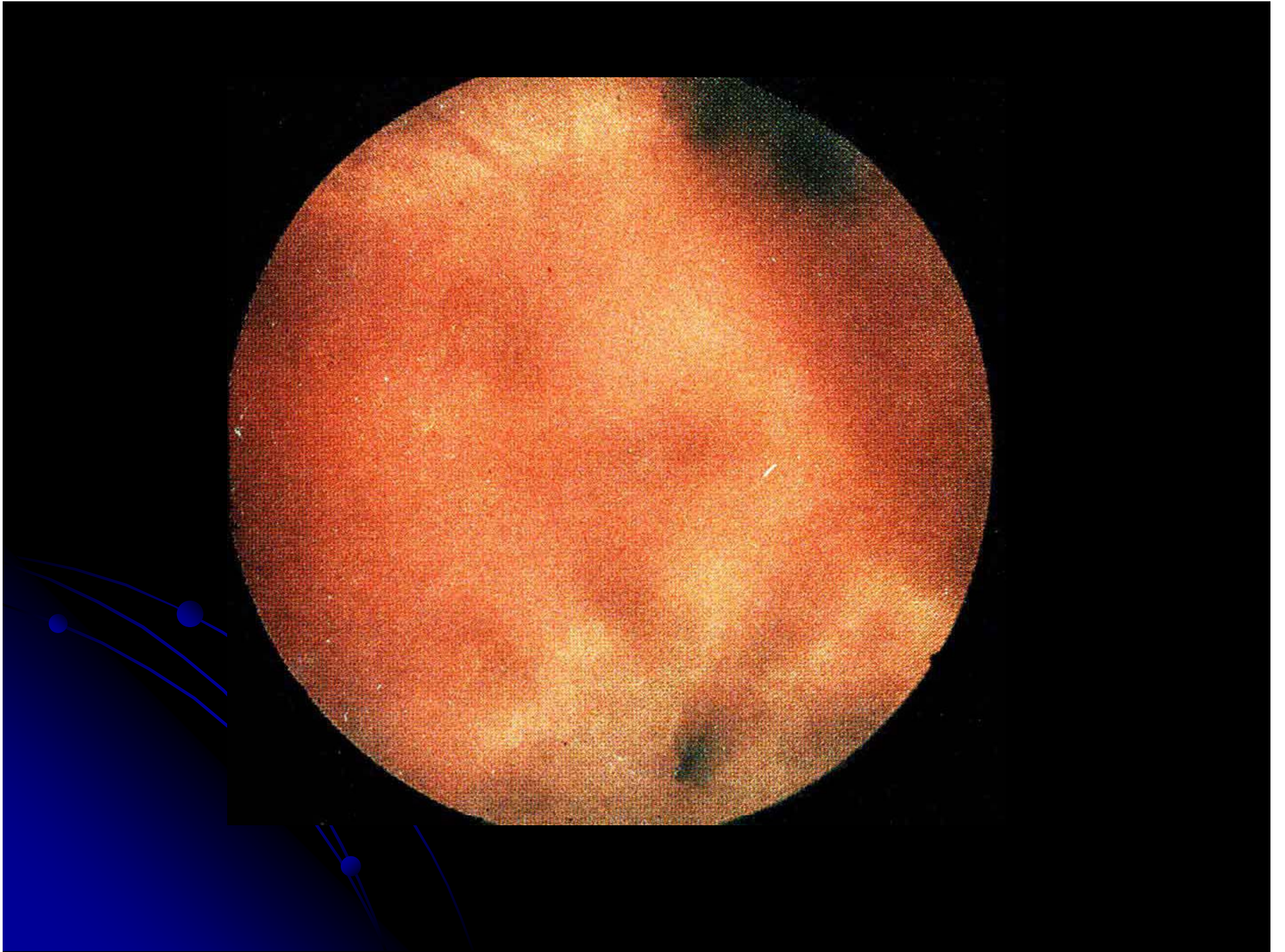






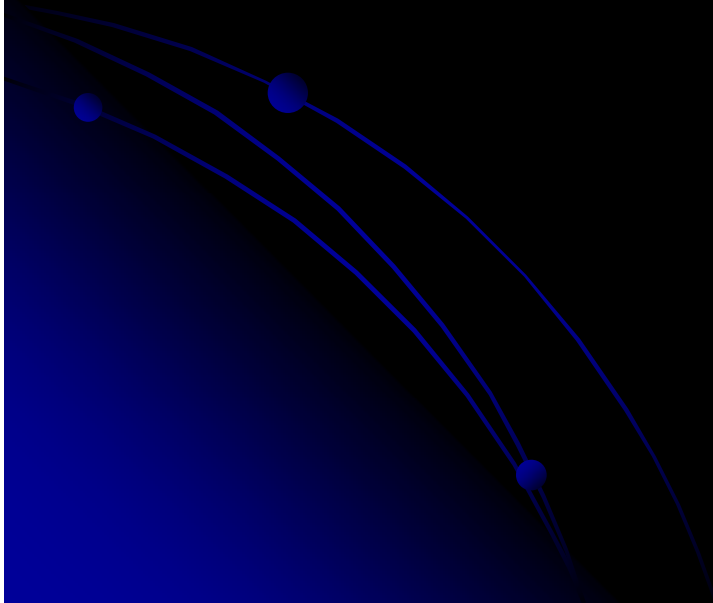






Vitreous Hemorrhage

Not a diagnosis rather a sign of
many diseases

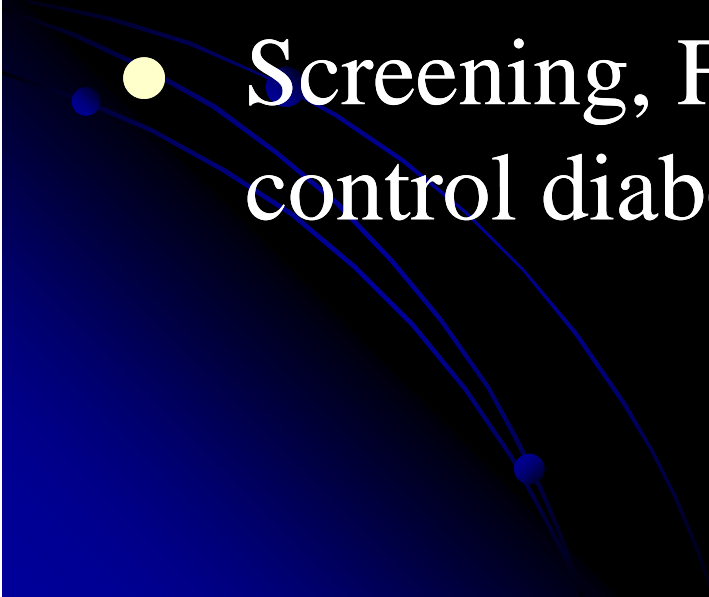


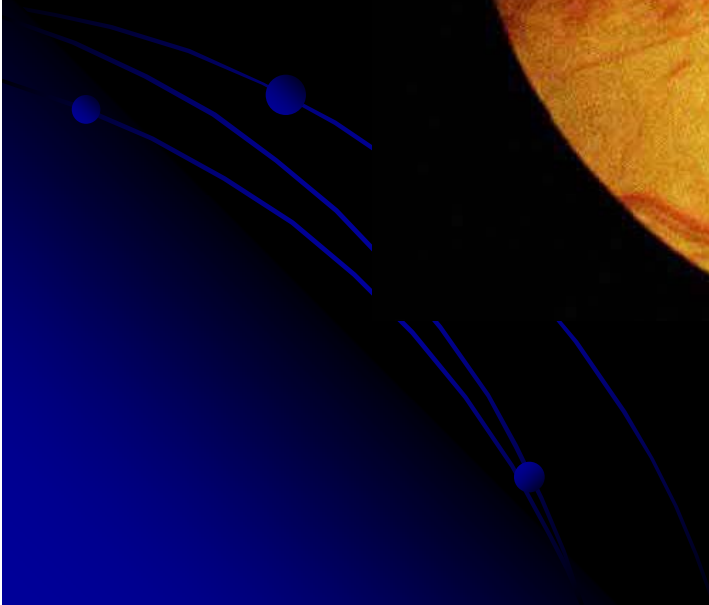
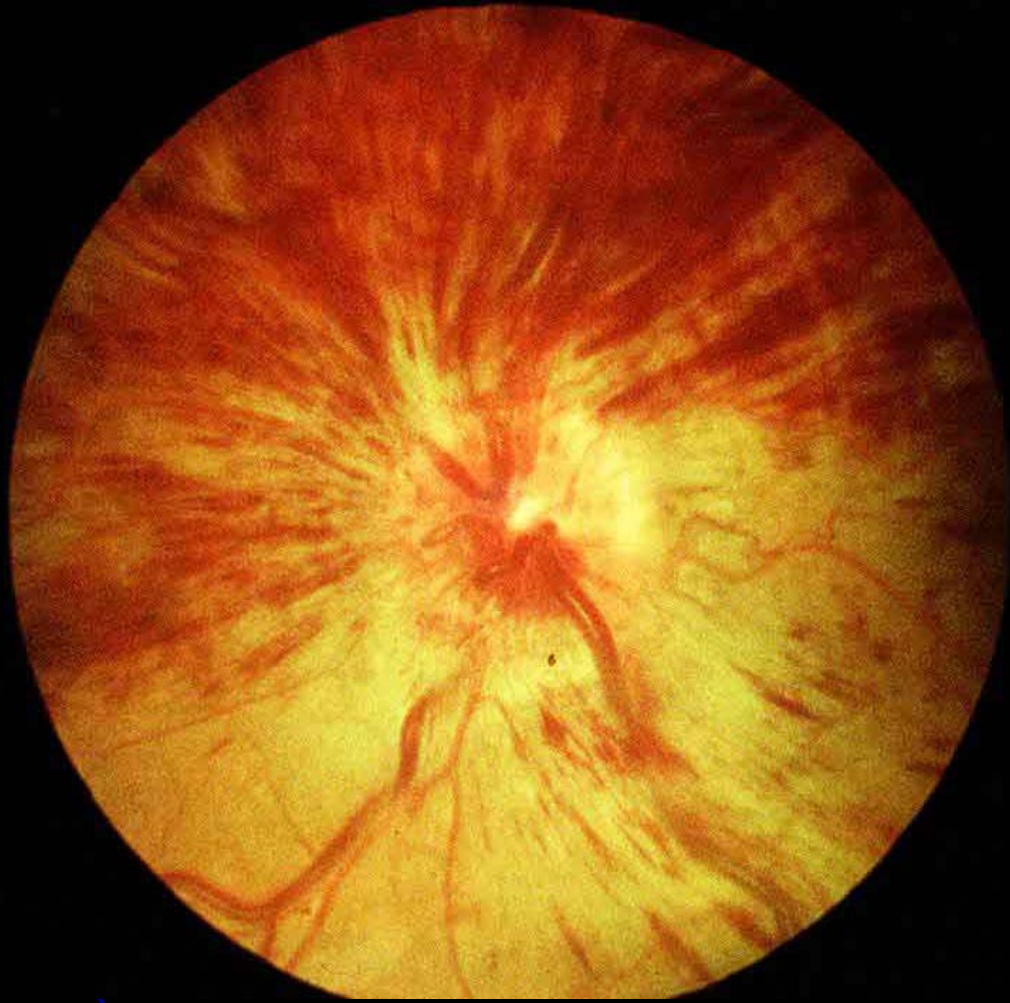
Diabetic Retinopathy

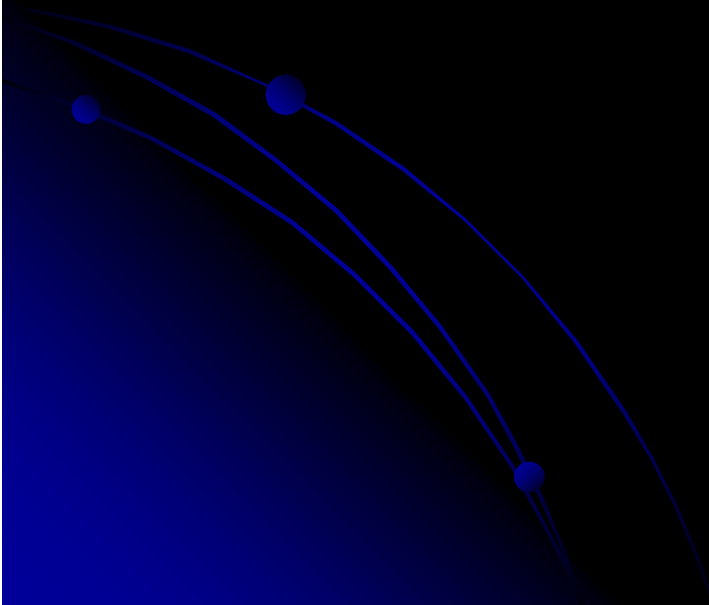
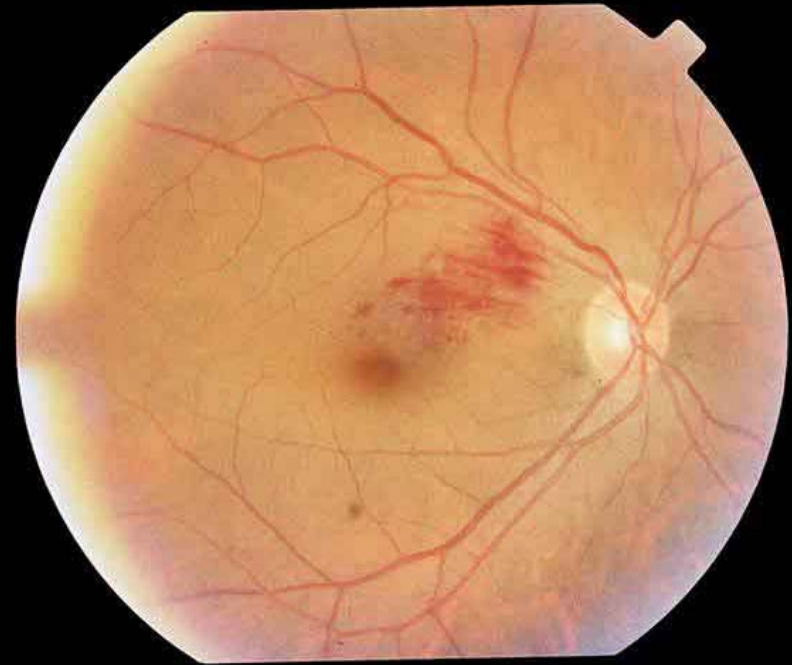
DDX

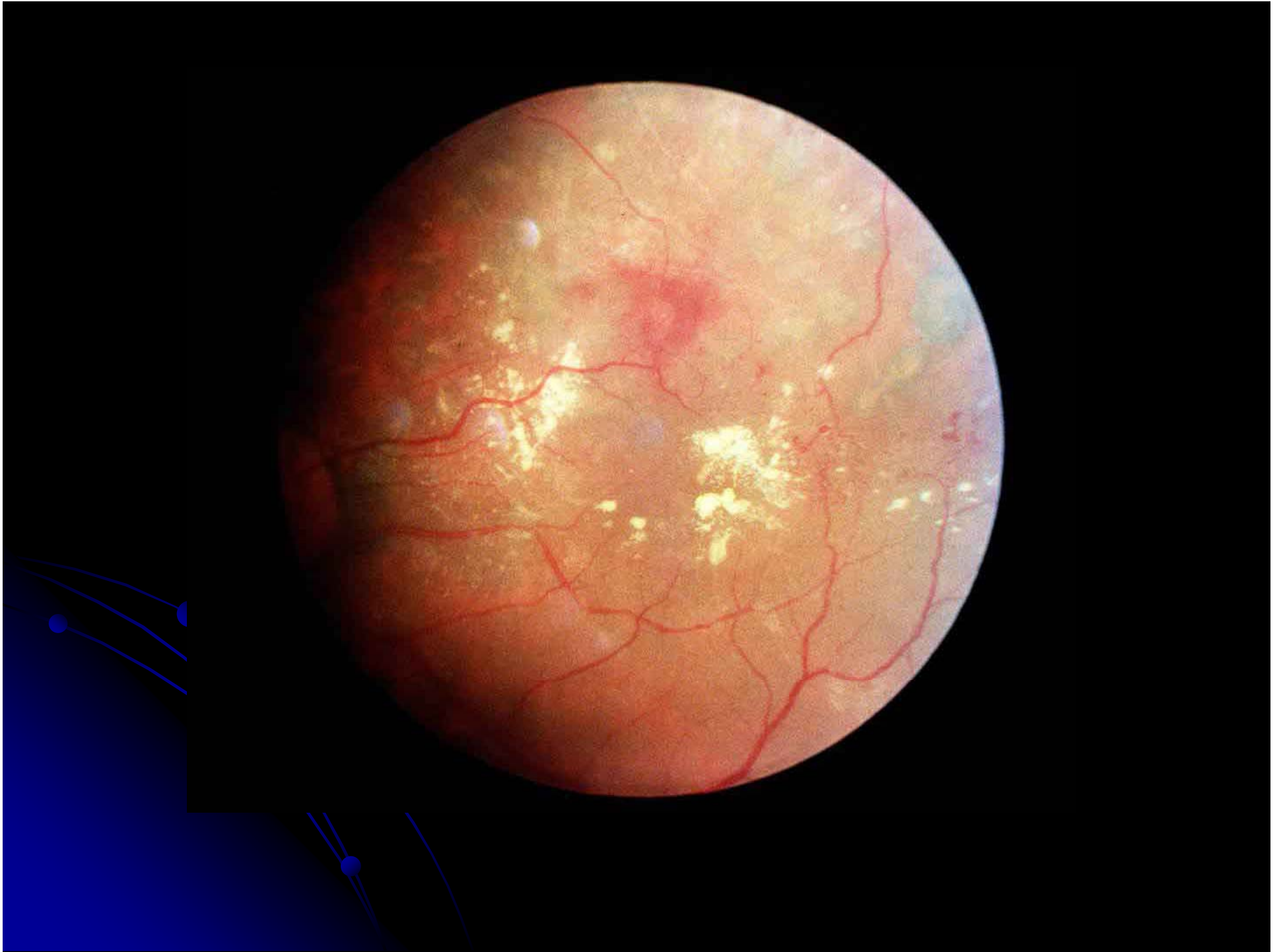
1. Radiation retinopathy.
2. Hypertensive retinopathy.
3. Retinal venous obstruction.
4. Ocular ischemic syndrome.
5. Coat's disease.
6. Retinal telangiectasia.
7. Sickle cell retinopathy.

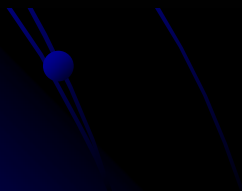
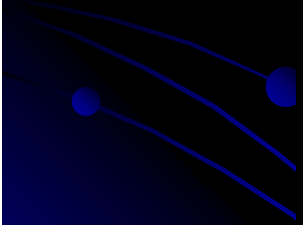
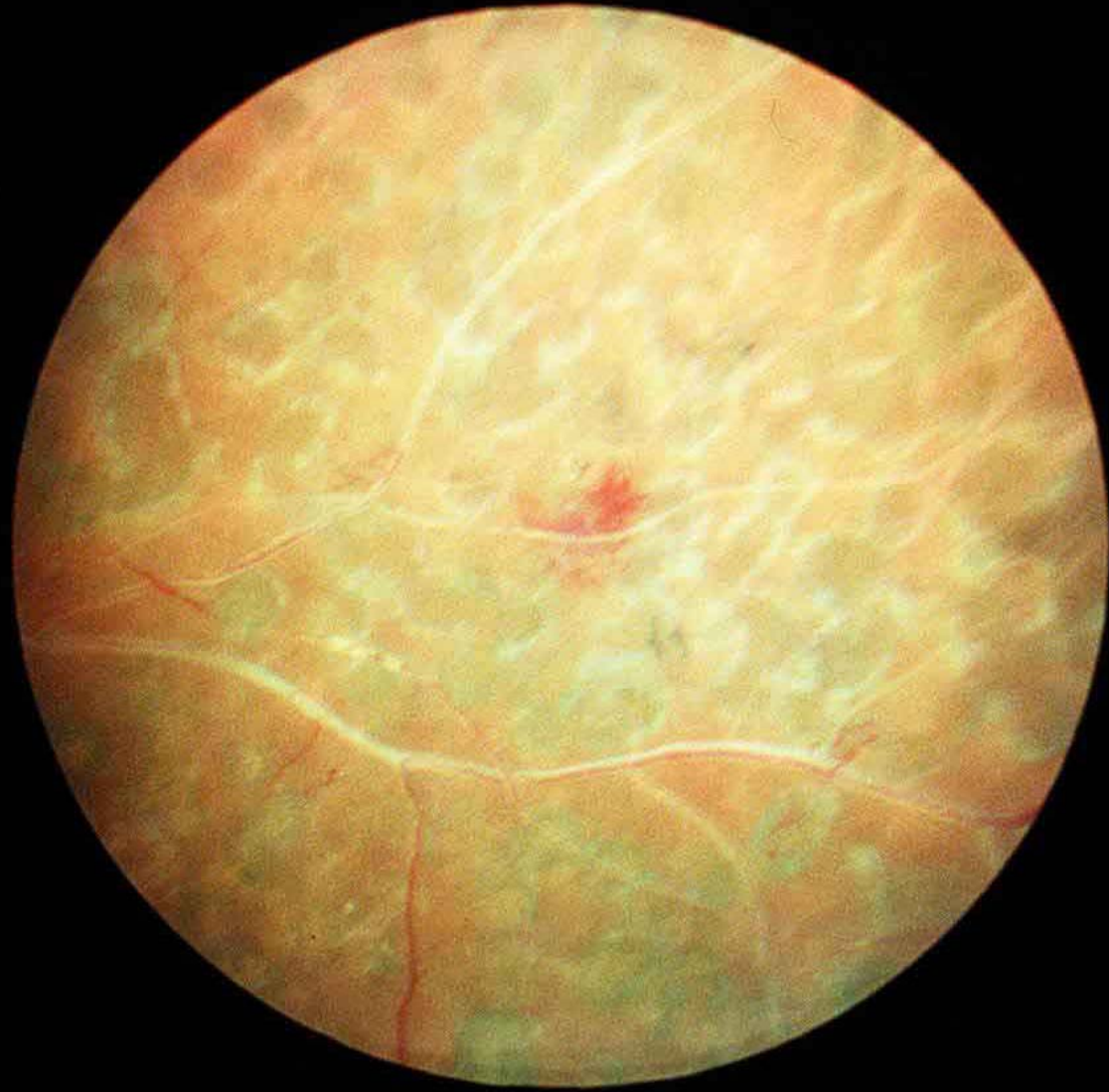
Diabetic Retinopathy

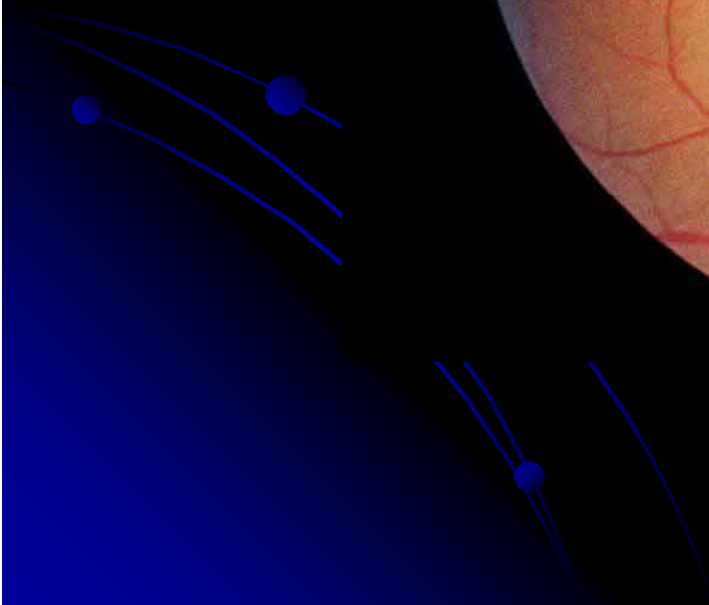
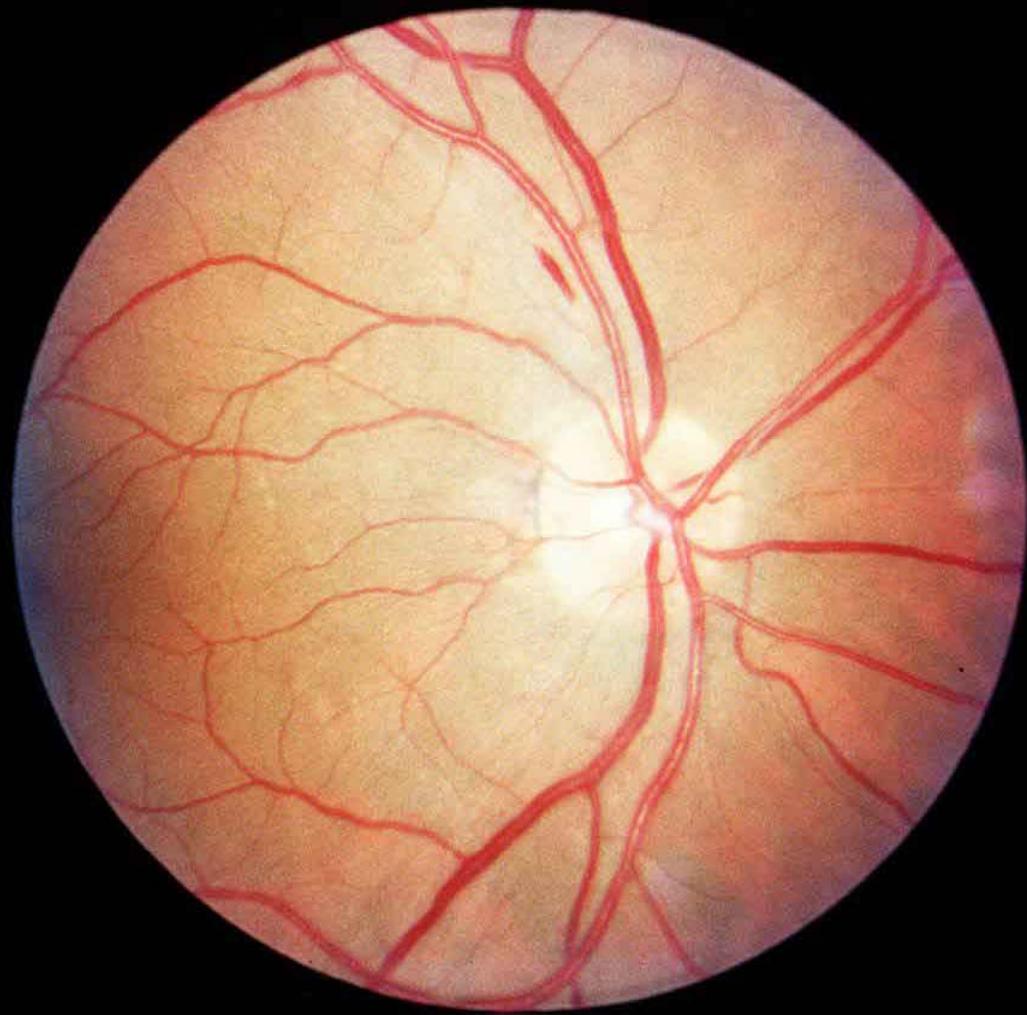
- Most important ocular complication of DM.
 - The leading cause of blindness in active young individuals.
 - Screening, F/U and early treatment can control diabetic blindness.
- 

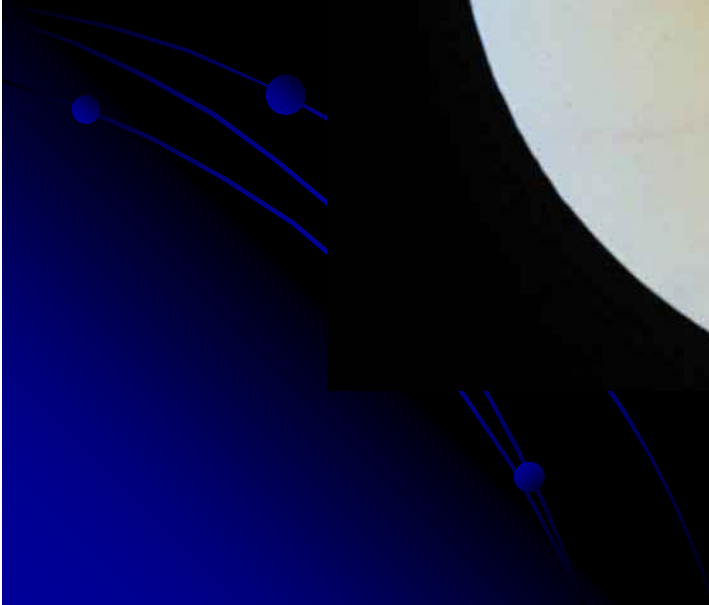
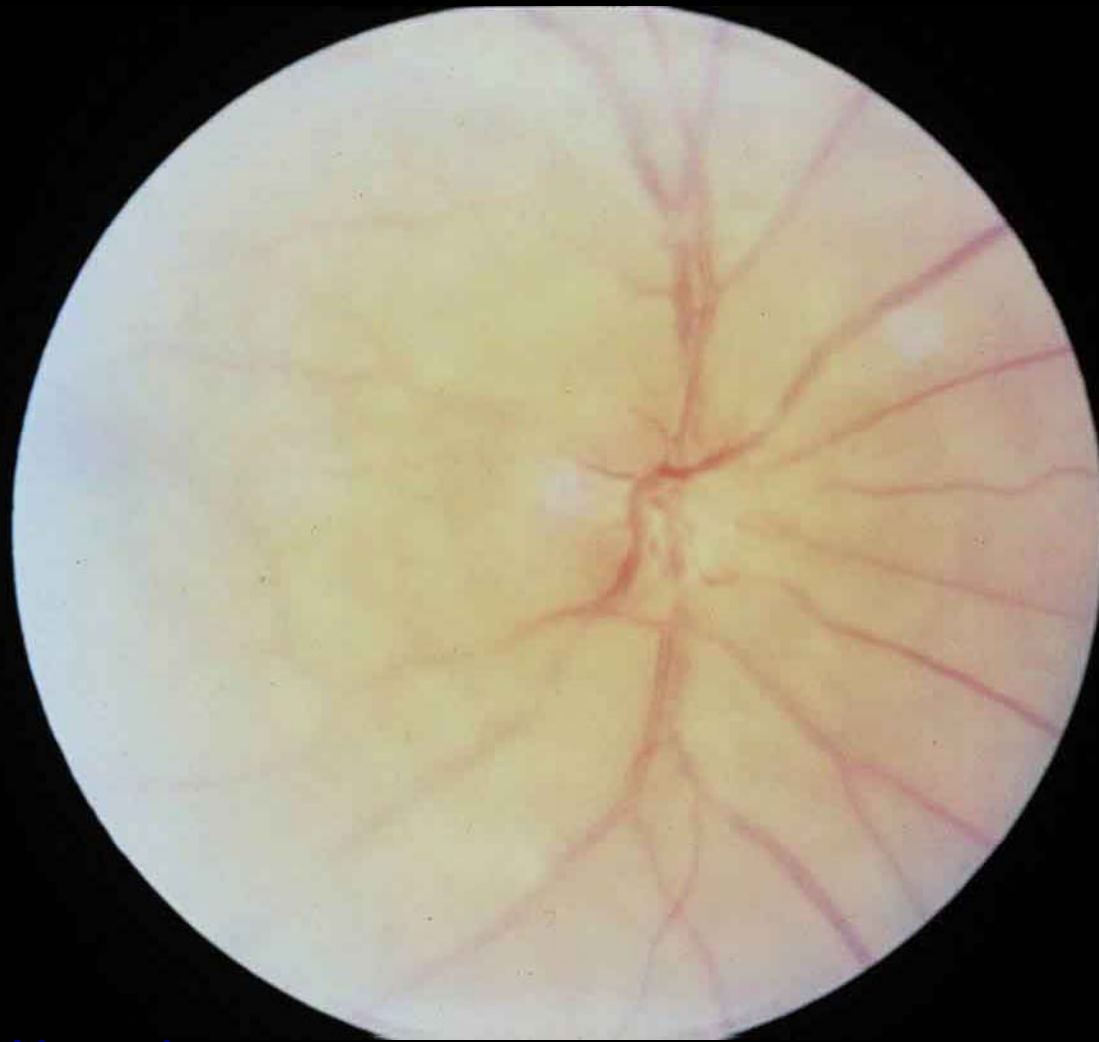


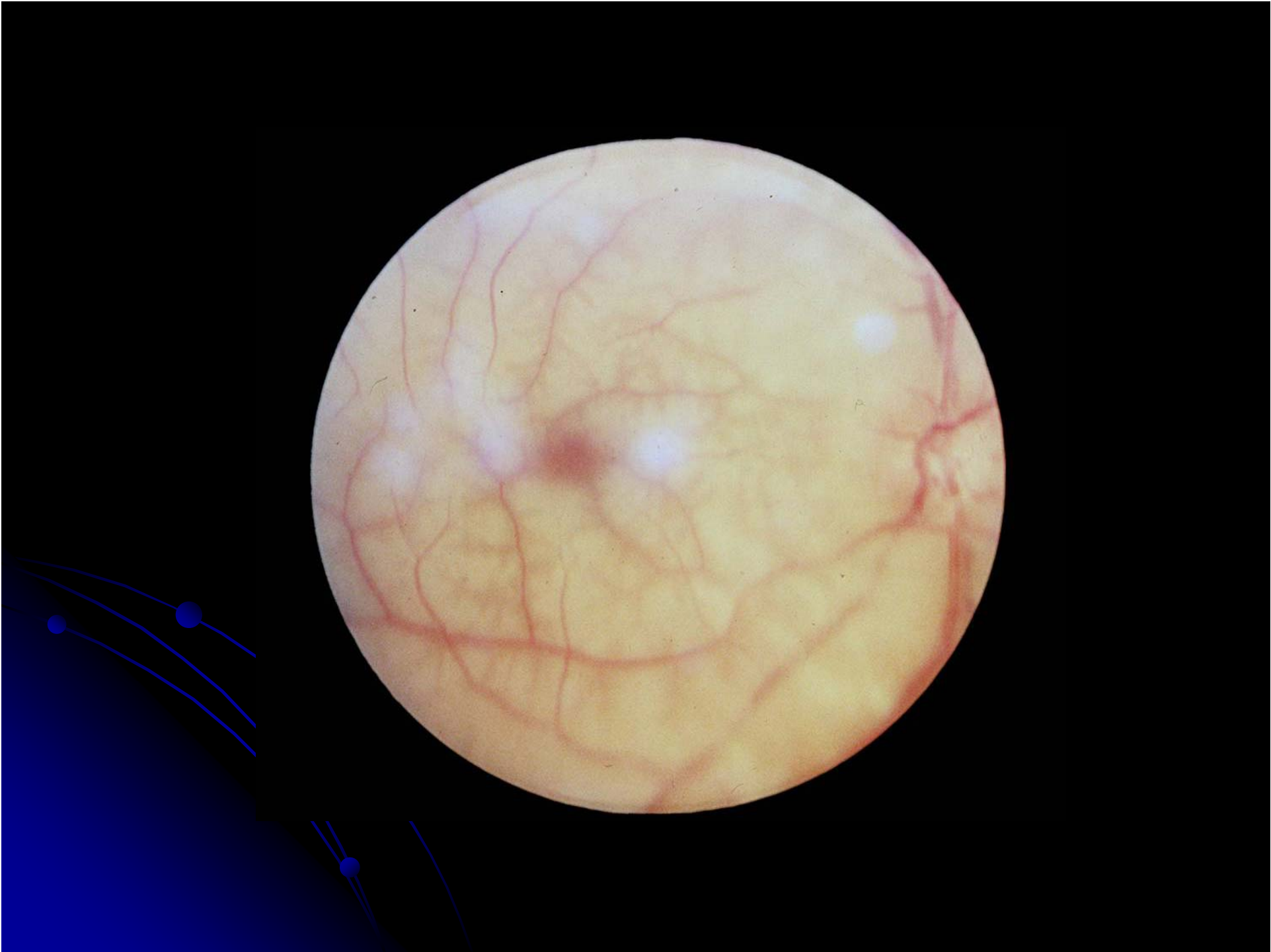


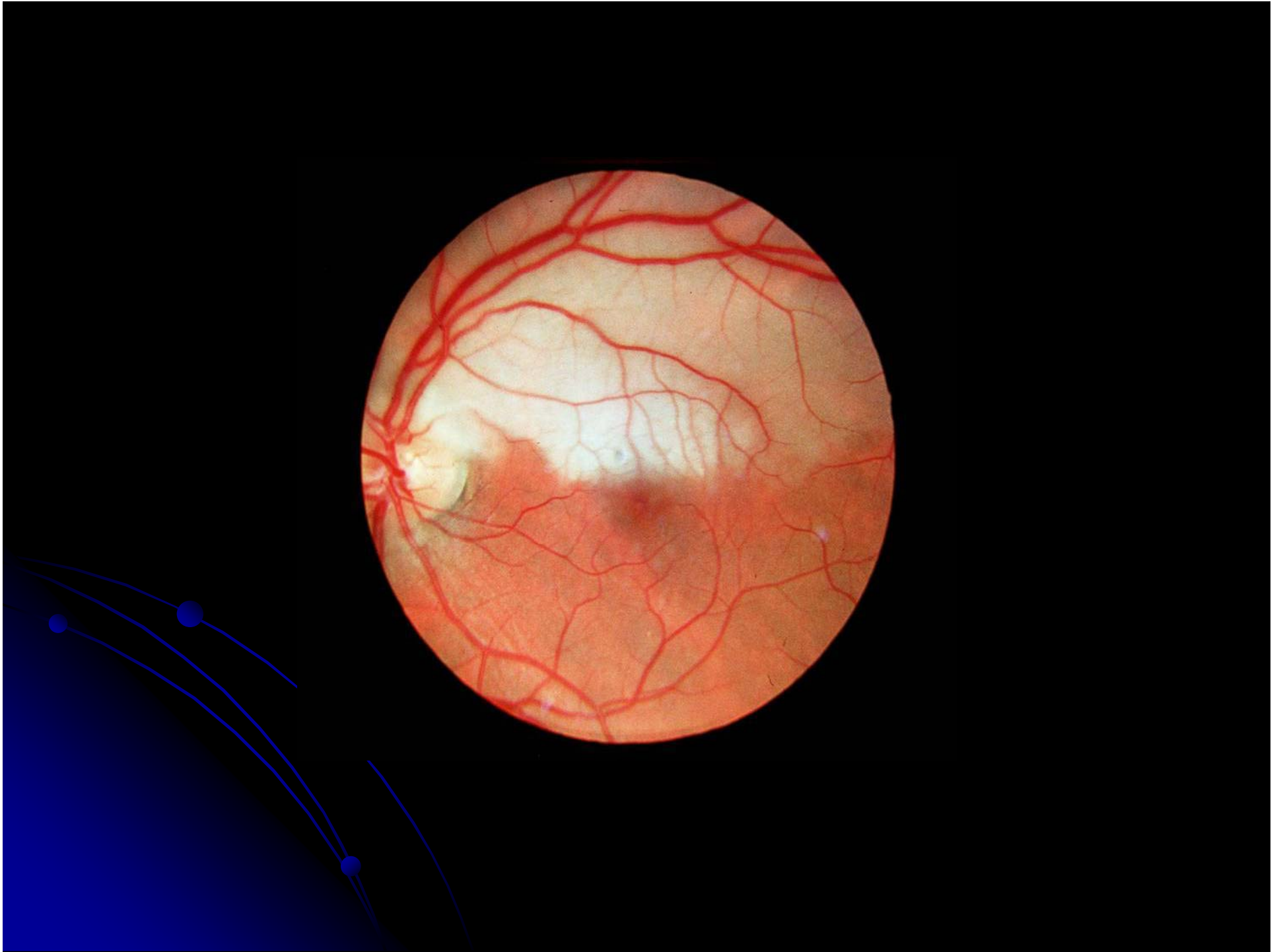


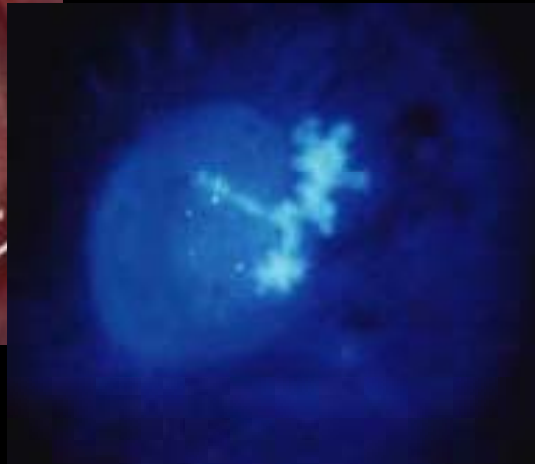












American Ophthalmology, 1994

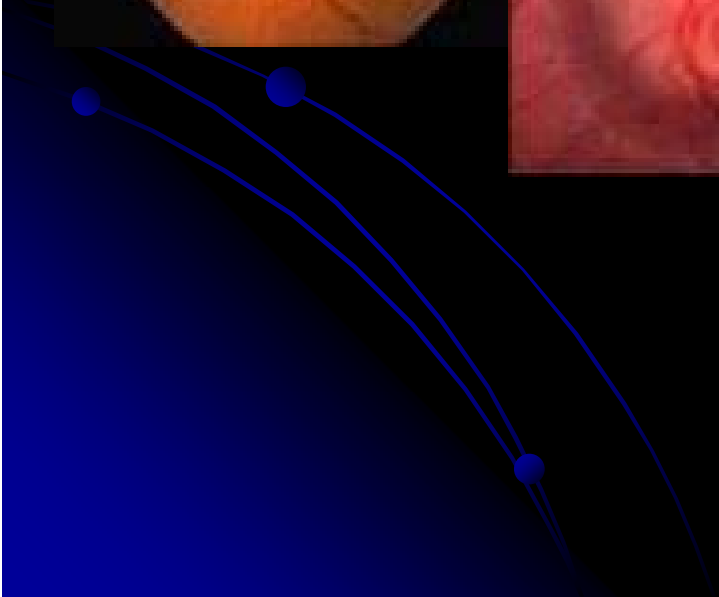
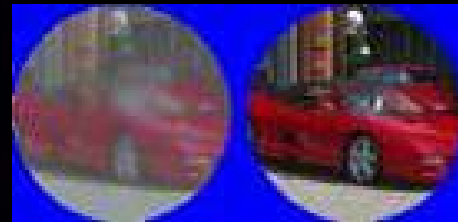
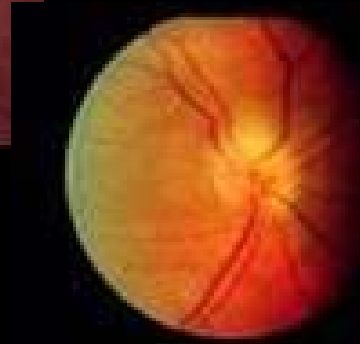
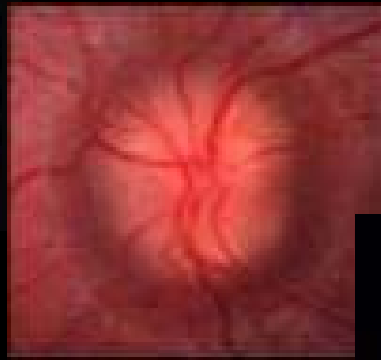
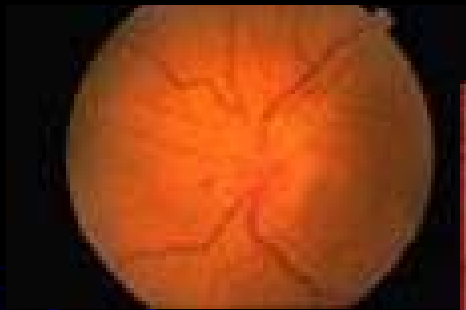
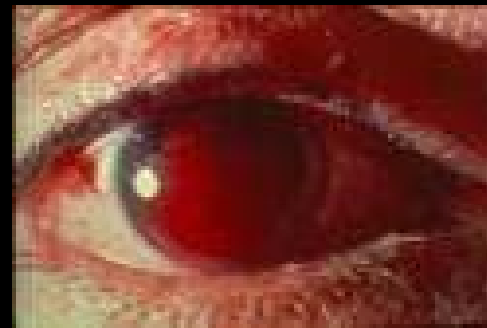
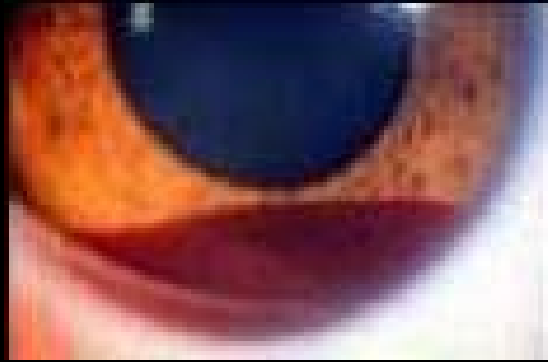


DJO



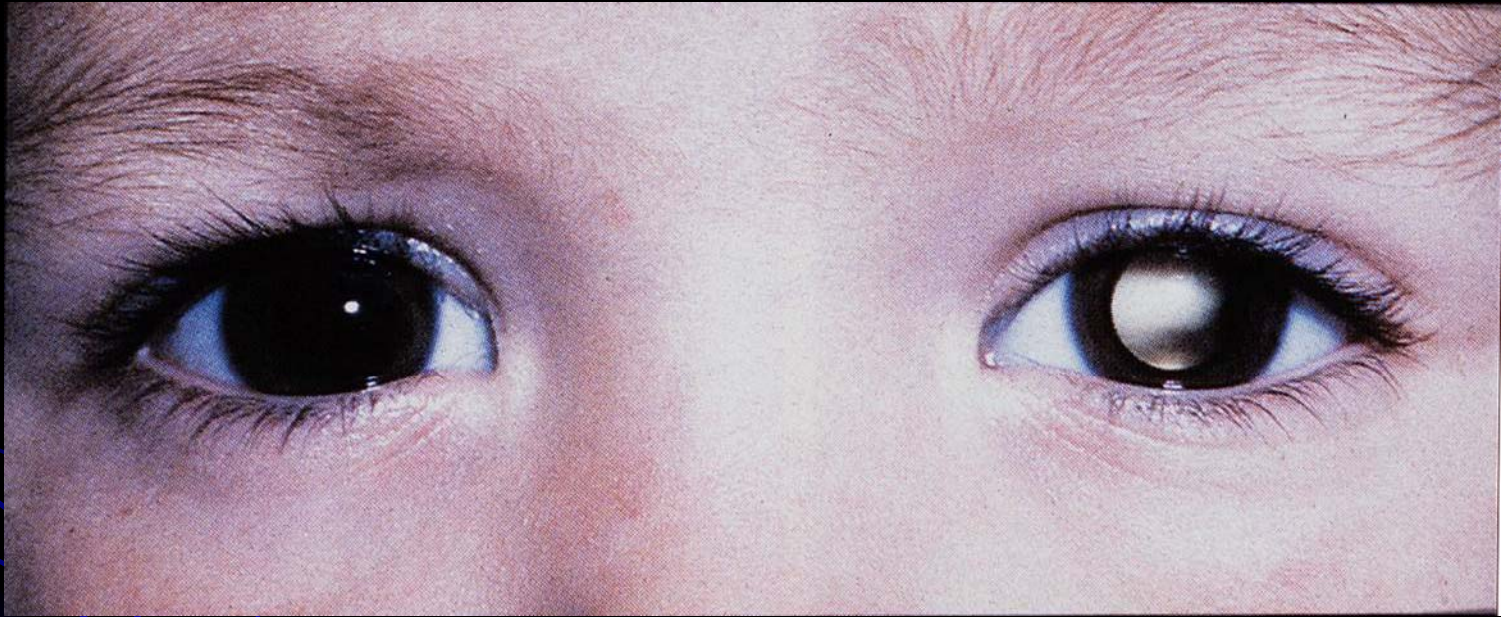
Aqueous flare as seen by beam of light through anterior chamber; blue line on left is cornea, yellow line on right is iris, in between is anterior chamber







THANK YOU







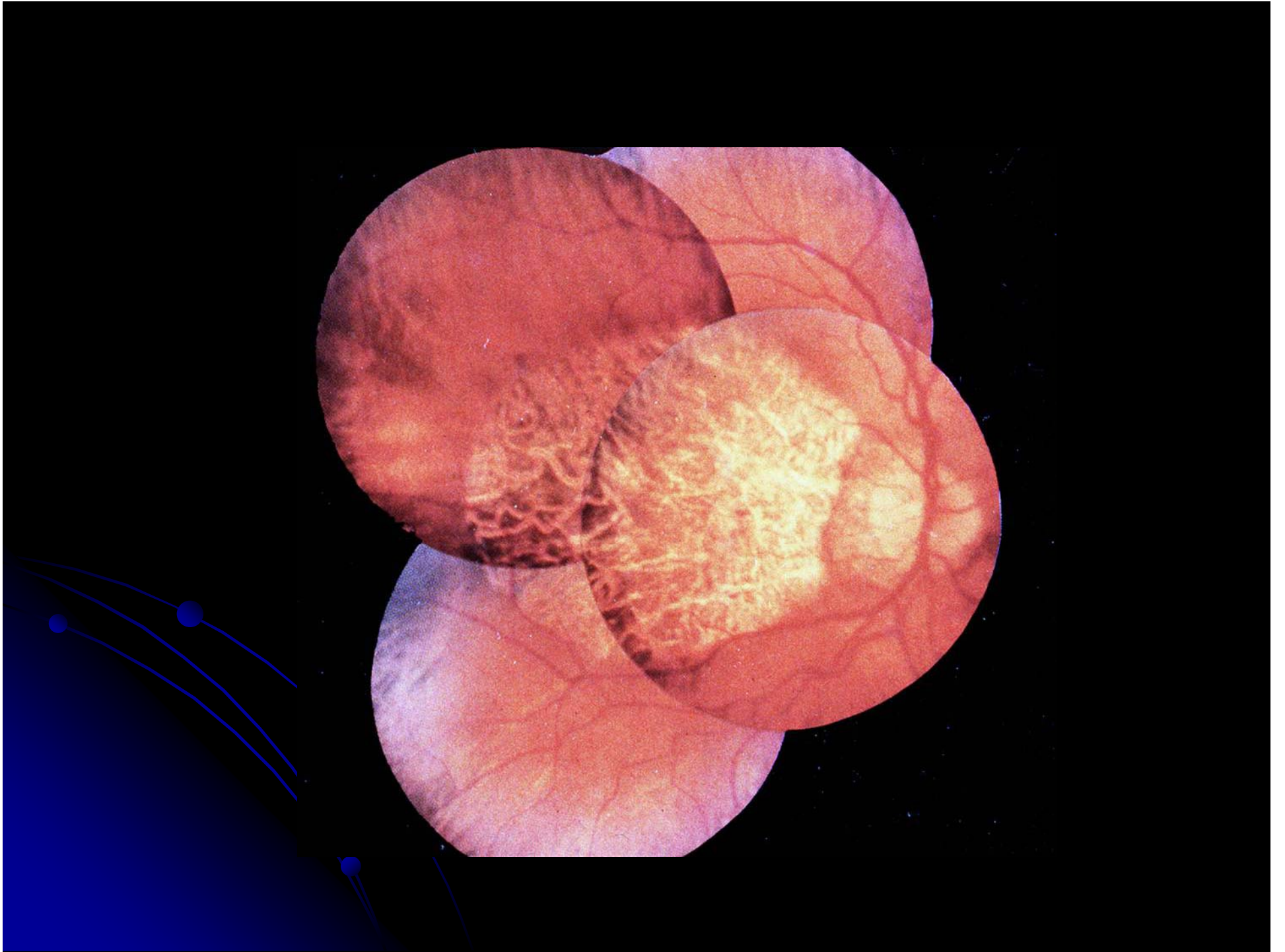
S86-1408

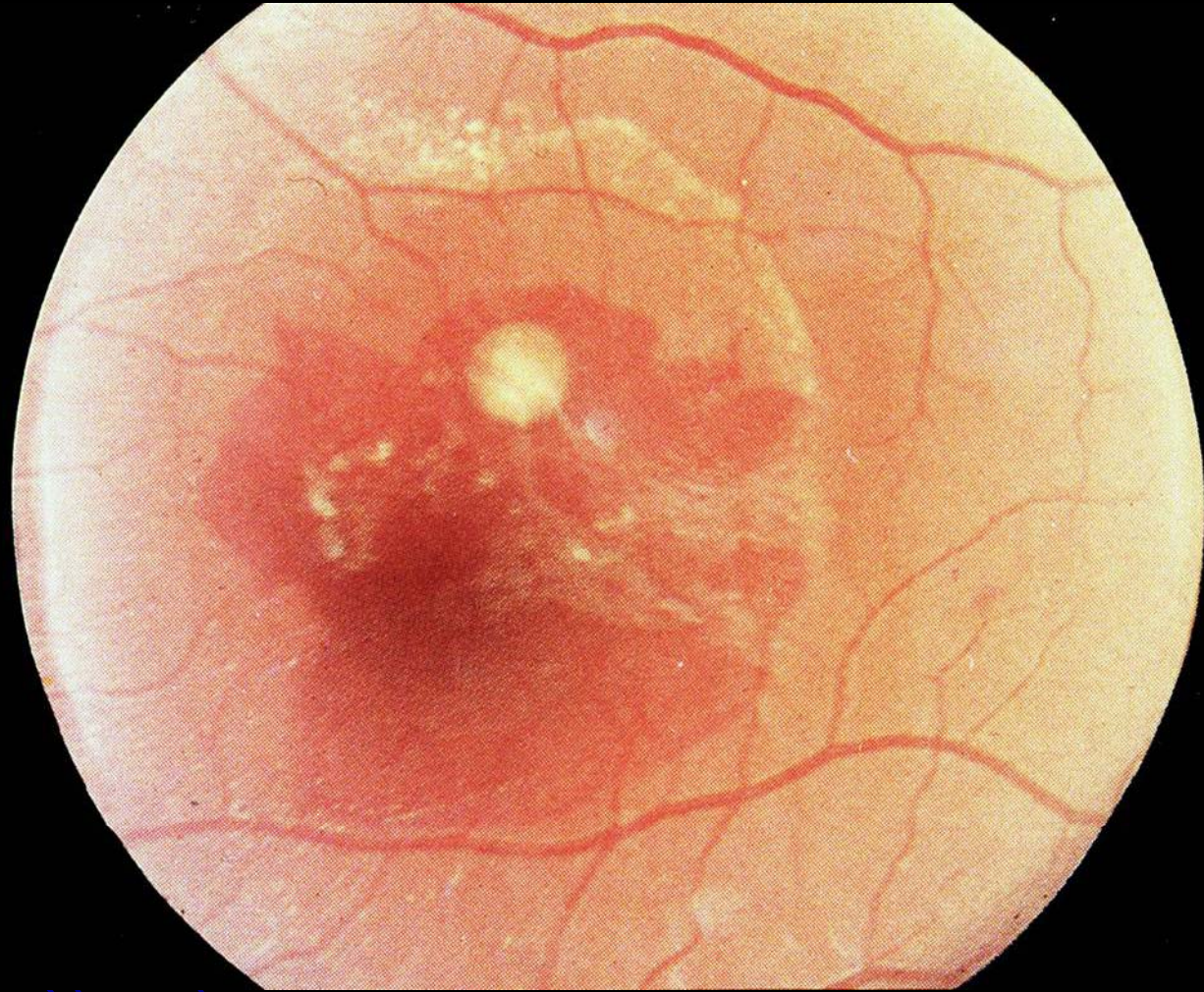
6

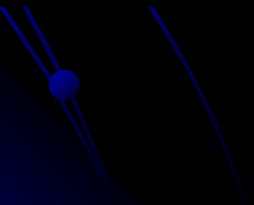
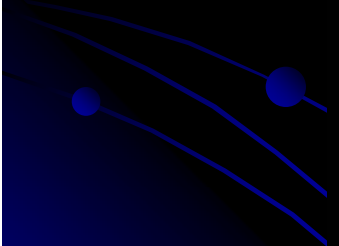
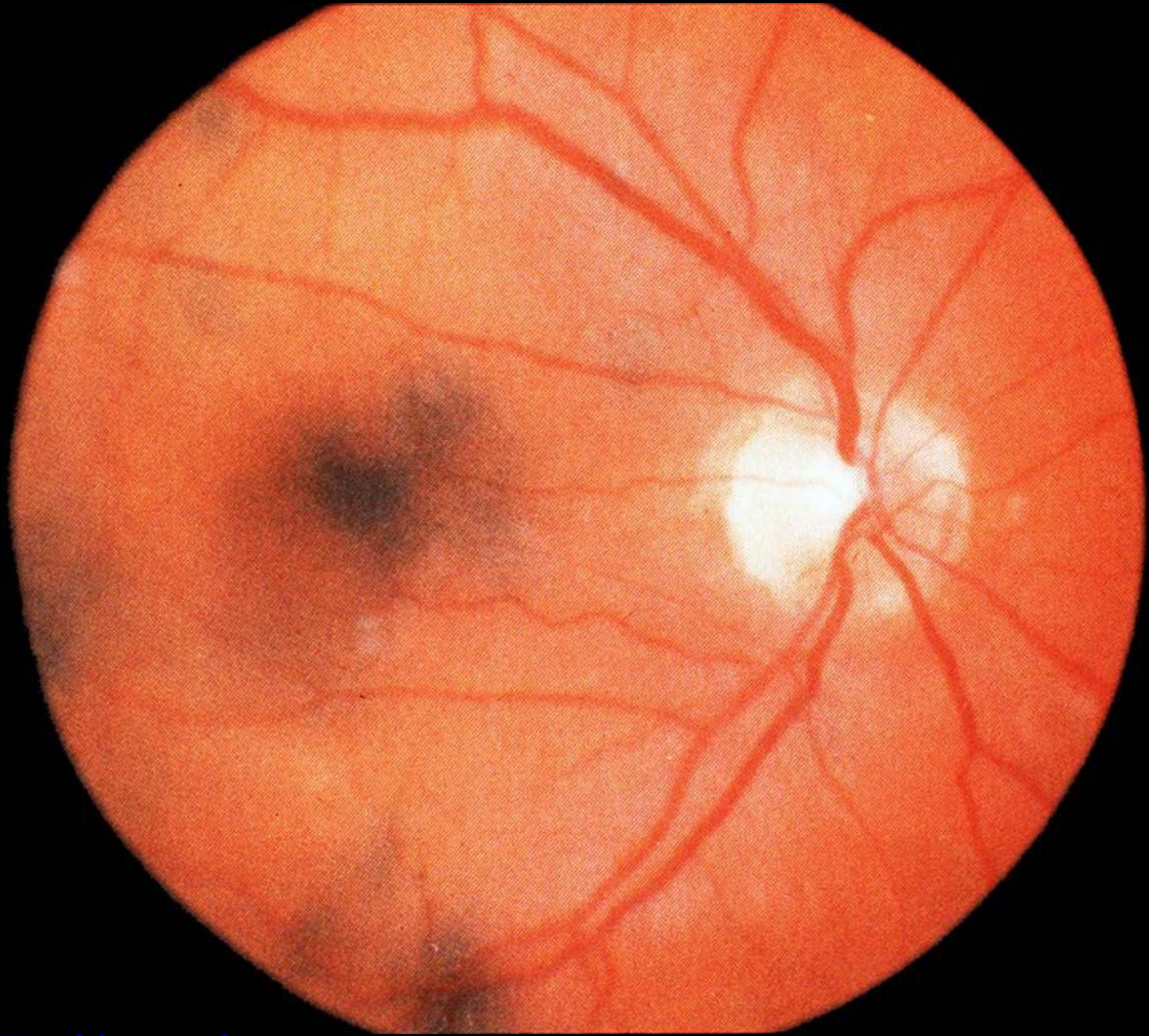
7

8

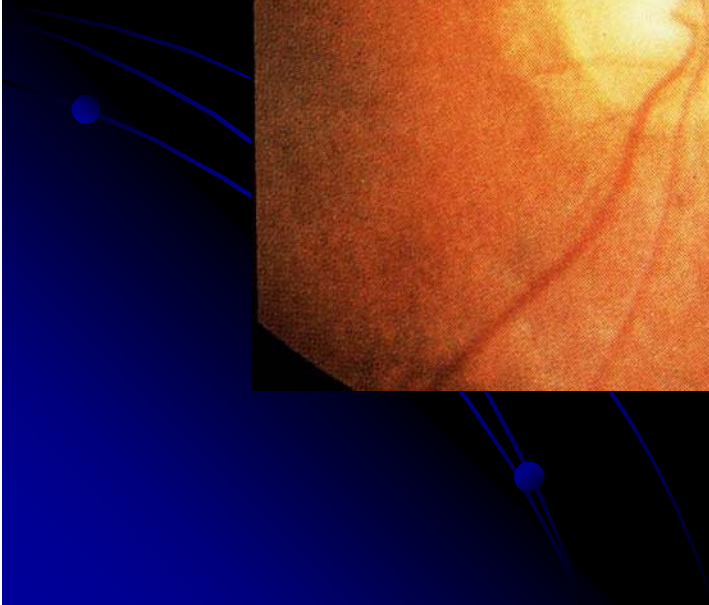
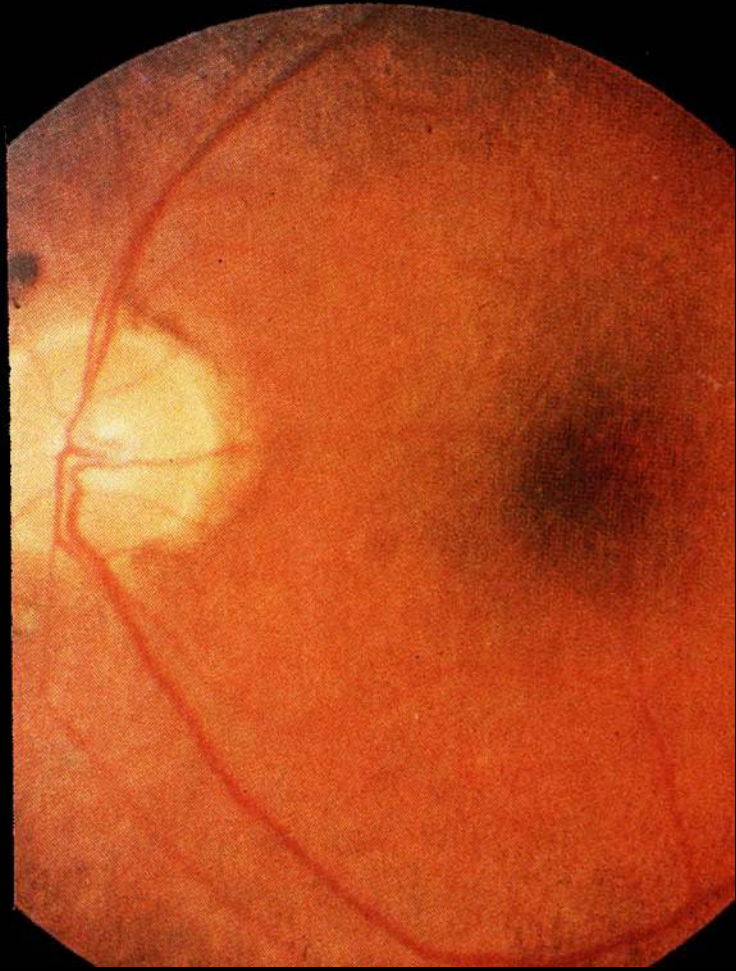
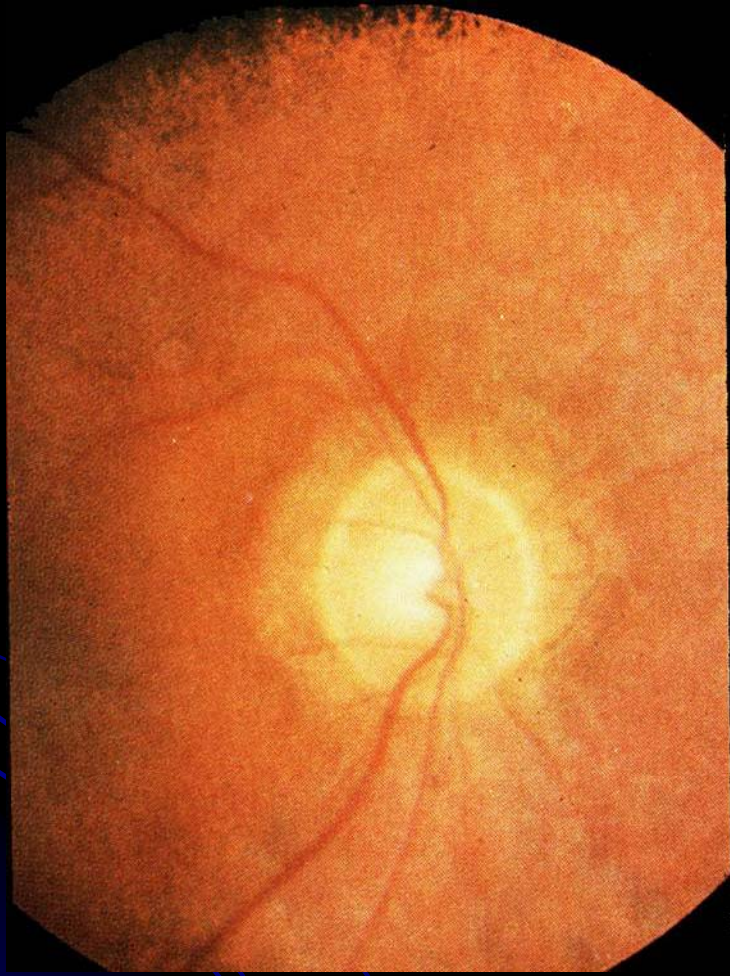
9





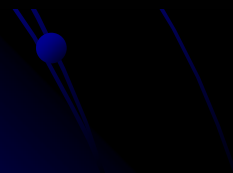
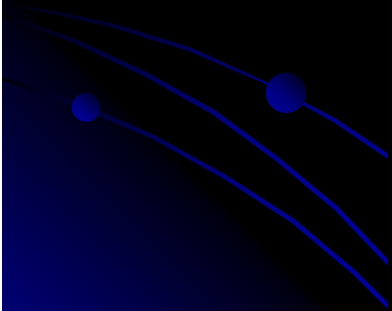


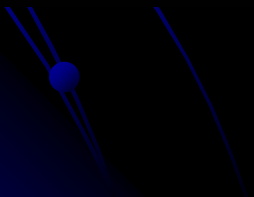
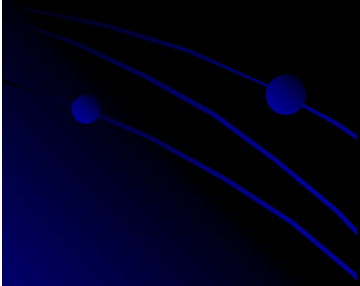


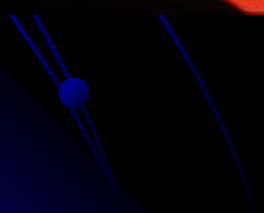
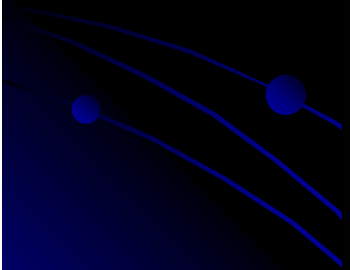
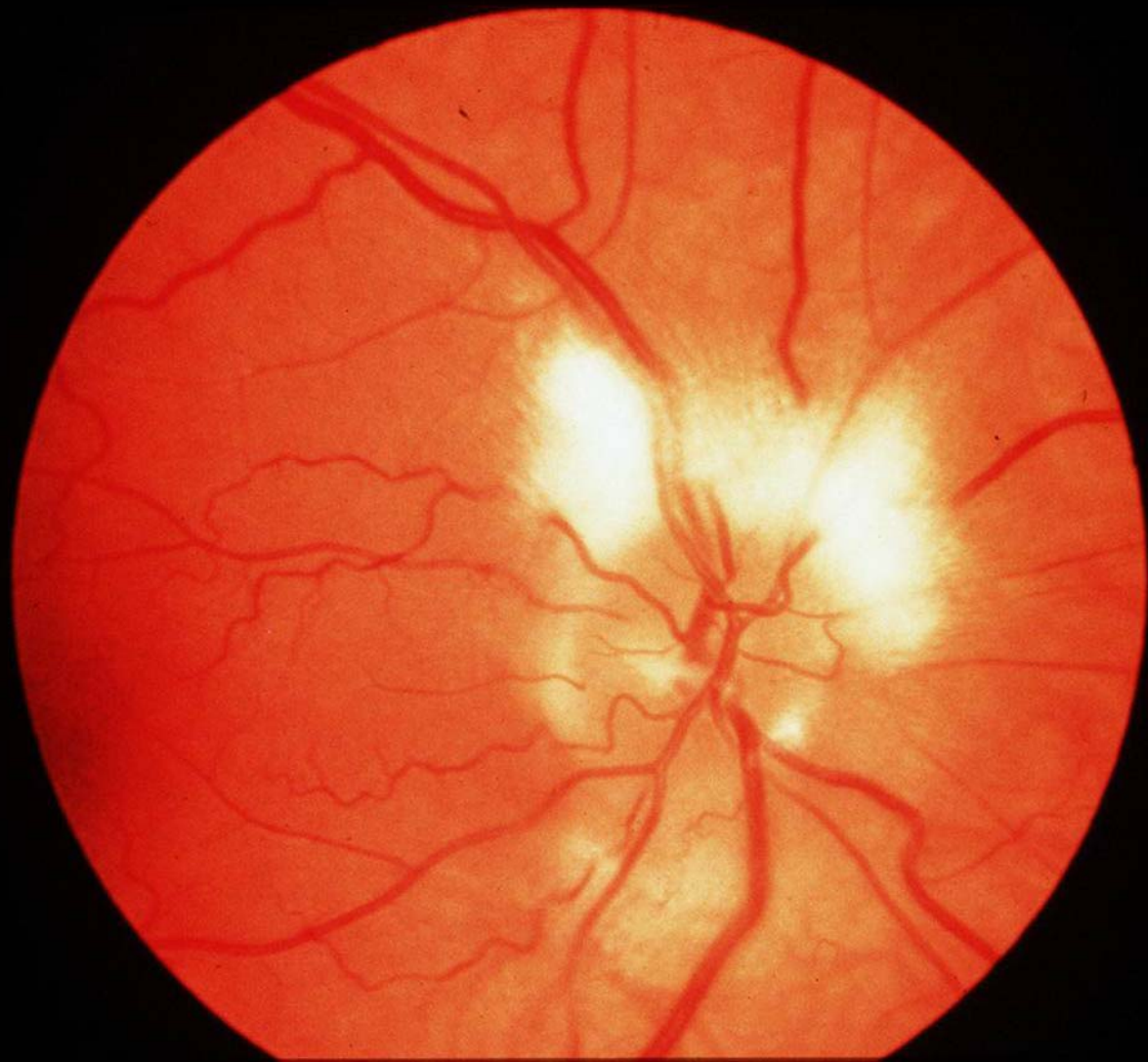


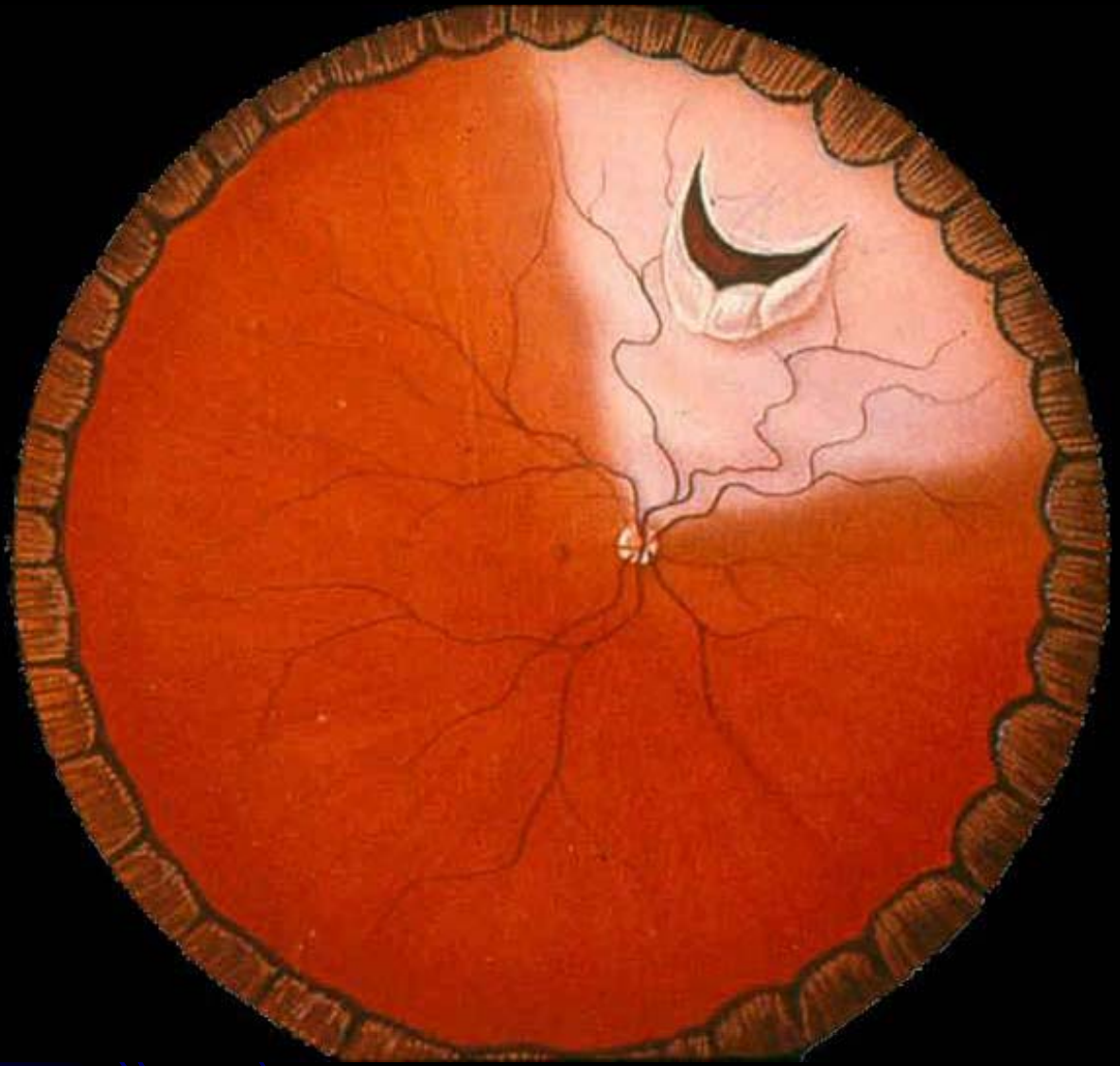


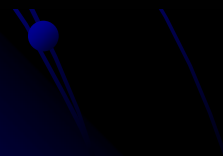
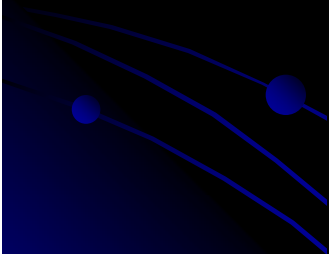
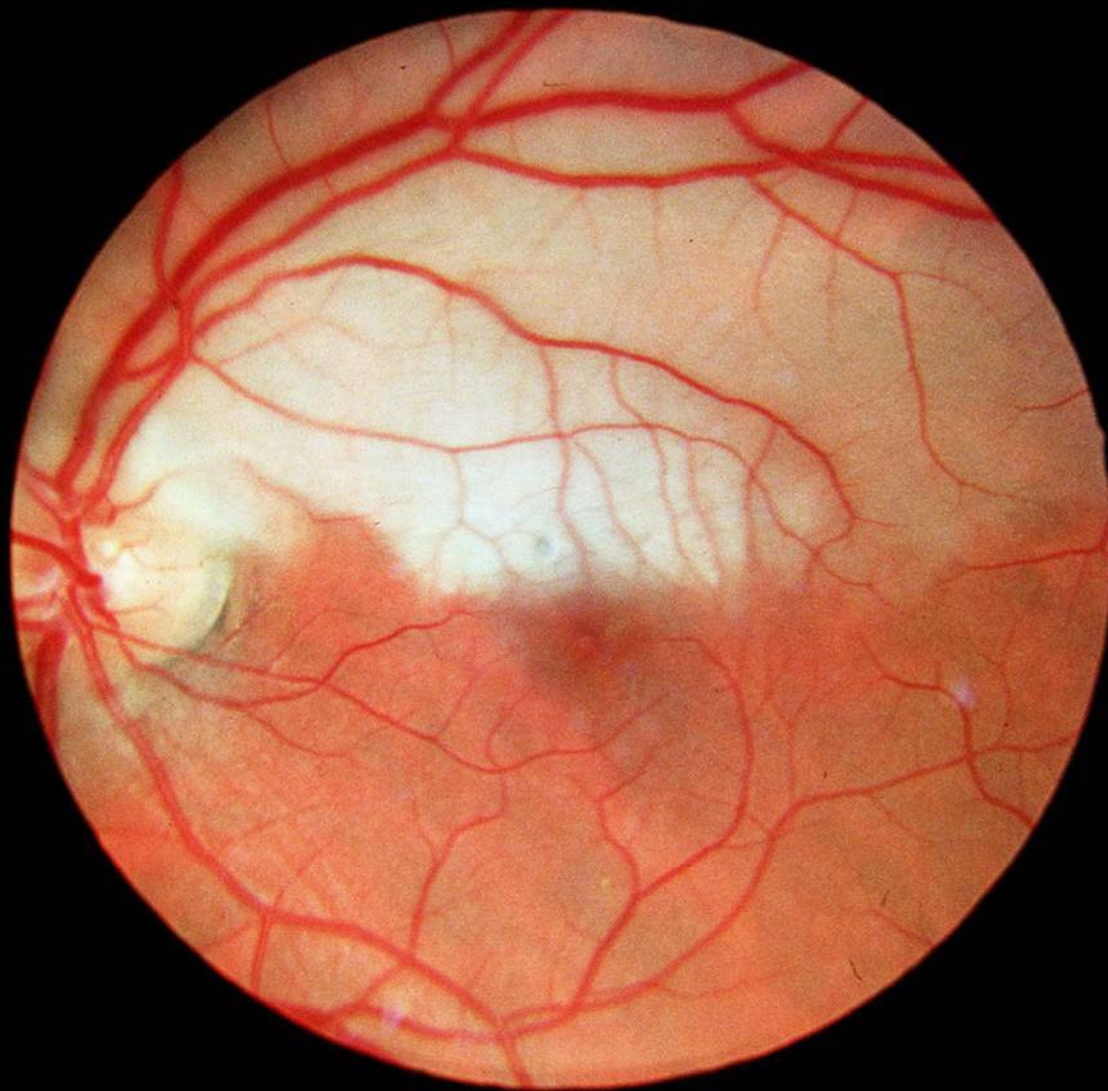


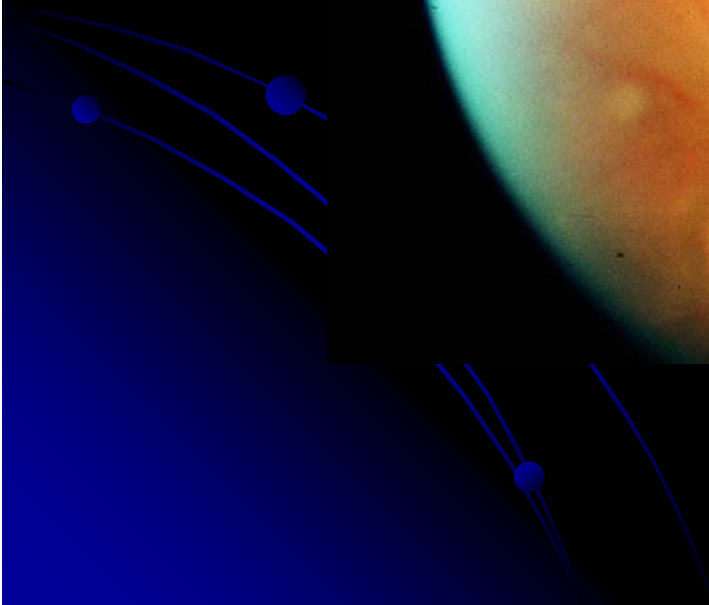


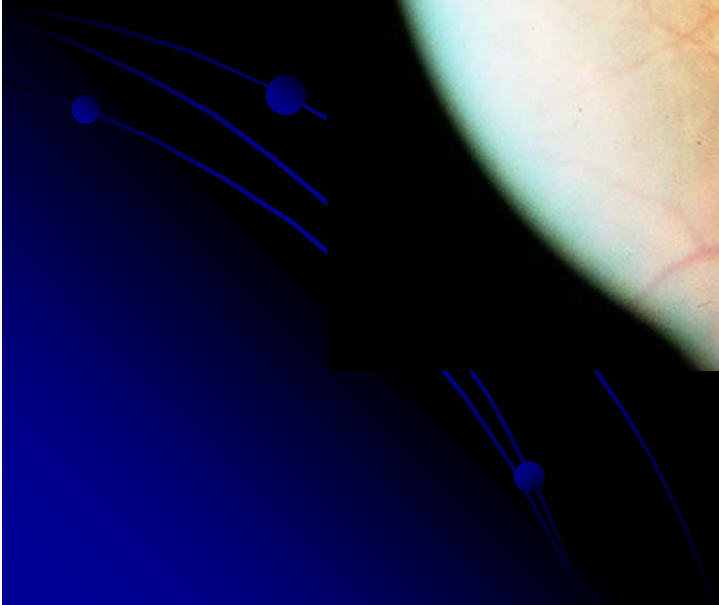














THANK YOU