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Vision:

1- Quantity: VA

2- Quality: VF, clarity of vision, color



vision

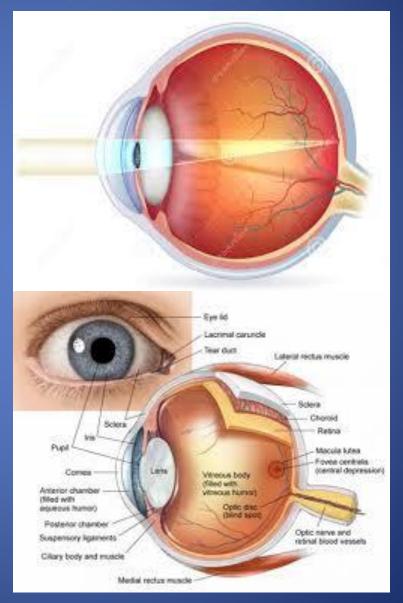






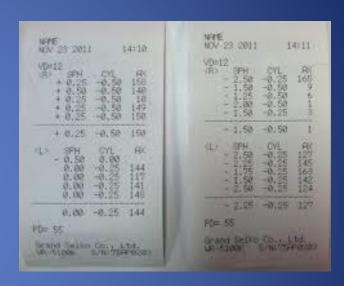
#### Causes:

- 1. Refractive
- 2. Cornea
- 3. Lens
- 4. Vitreous
- 5. Retina
- 6. Optic Nerve
- 7. Neurologic



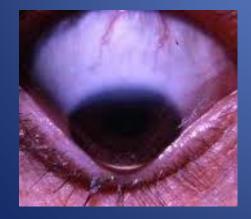
#### Refractive

- Mostly in young patients
- Myopia, hyperopia or astigmatism
- Amblyopia !!
- Signs: Normal exam. Refraction needed to show errors
- Rx: Glasses, CL, Refractive surgery
- NB: lenticular causes needs cataract surgery



#### Cornea

- Scar: trauma, infection
- Hereditary: corneal dystrophies, keratoconus
- Signs: corneal scar, bulging corneal, stromal opacities. Might have some conjunctival injection with chronicity







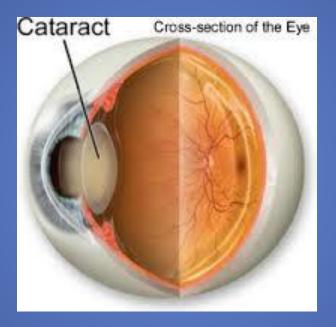
#### Cornea

 Rx: Refraction, CL (soft or hard), corneal cross linking, keratoplasty





#### Lens

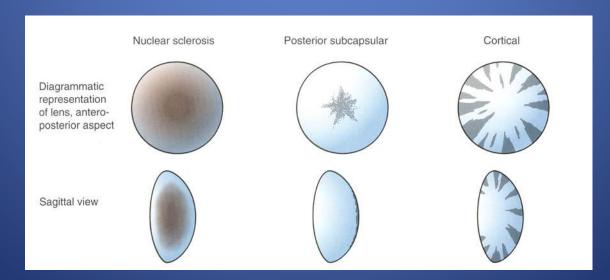


Disorganization of lens proteins



- Causes:
- A. Age related
- B. Metabolic
- C. Traumatic
- D. Congenital
- E. Drugs
- F. Inflammation
- G. Ocular

- Clinical Classification:
- A. Maturity: immature, mature, hypermature
- B. Anatomic: nuclear, subcapsular, cortical
- C. Age: congenital, infantile, pre-senile, senile



- Gradual onset
- VA: worsening of existing myopia, correction of hyperopia
- Loss of contrast sensitivity in low light
- Glare in bright light (scatter of light)

- Management:
- ✓ Congenital: lens aspitation ± IOL
- ✓ Acquired: ECCE + PCIOL / Phaco + PCIOL

#### Vitreous

- Vitreous Hge: trauma, PDR, uveitis, PR
- Vitreous condensation, opacification
- Vitritis: uveitis







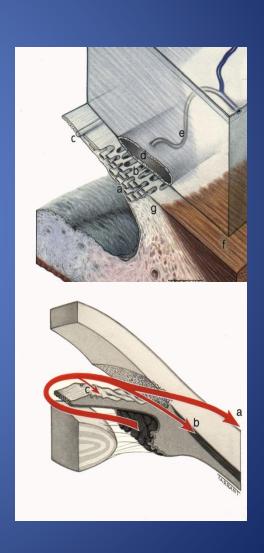
#### Vitreous

• Rx: underlying cause

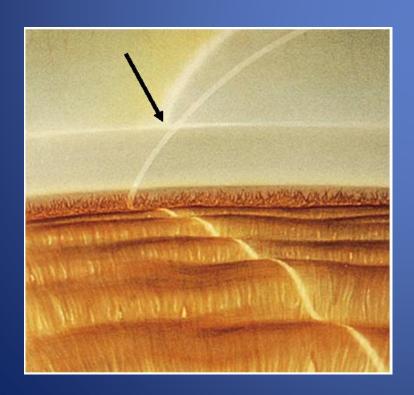
- Second leading cause of blindness
- Early diagnosis is crucial to prevent loss of vision
- High IOP + Characteristic optic nerve head changes + visual field loss secondary to nerve fiber layer loss
- IOP is the single factor to be controlled

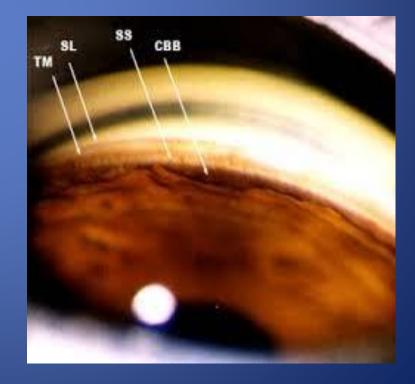
# Glaucoma Aqueous Humor

- Active secretion:
- 1. Na/K ATPase
- 2. Cl secretion
- 3. Carbonic anhydrase
- Passive secretion
- 1. Ultrafiltration
- 2. Diffusion



# Chronic Visual Loss Glaucoma Gonioscopy



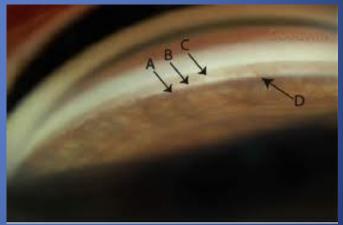


Glaucoma Is the iris

**Covering TM** 

**CLOSED** 

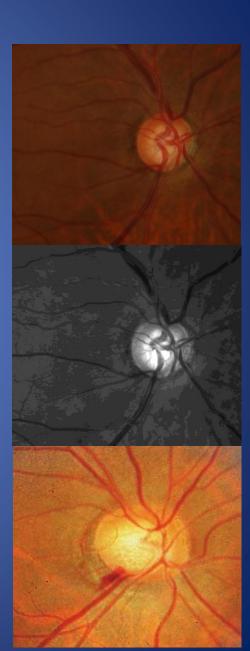
**Not covering TM** 



**OPEN** 

# Chronic Visual Loss Glaucoma ONH complex evaluation

- Disc margin and disc diameter
- Neuroretinal rim
- Cup/disc ratio
- Disc size
- PPA
- NFL defect
- Optic disc haemorrhage



Glaucoma Aetiology

#### **Primary**

- No detectable reason
- Often bilateral

#### **Secondary**

- Predisposing factor
- Often unilateral

Angle

Open

Closed

**Combined Mechanism** 

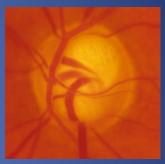
#### Glaucoma

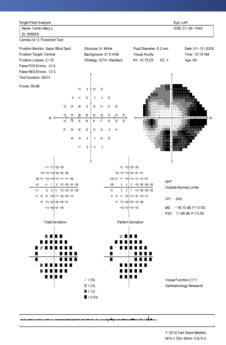
Start with peripheral (navigational) vision involvement



- Initially asymptomatic
- Usually detected on routine examination
- Risk factors:
- > IOP
- > age
- Family history
- > DM
- myopia

- Signs:
- ✓ High IOP
- ✓ Gonioscopy: open or closed
- ✓ Optic nerve head damage
- ✓ Visual field loss





- Rx:
- ✓ Antiglaucoma medications
- ✓ Lasers: SLT, PI
- ✓ Glaucoma surgery

## Macular Degeneration

- Impaired central vision
- Peripheral vision preserved
- Leading cause of legal blindness in developed world
- Multifactorial
  - Age
  - Smoking, vascular disease, UV light, diet, FHx

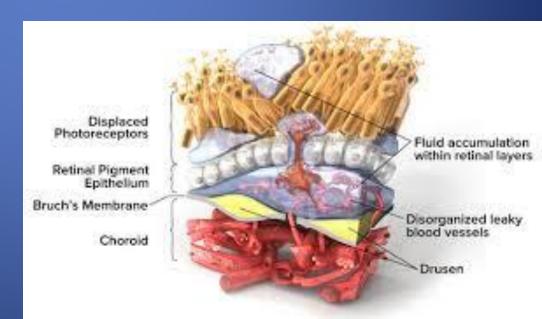
# Macular Degeneration

#### **Complaints:**

- Metamorphopsia: distorted vision
- Micropsia: reduction of size of objects
- Macropsia: enlargement of size of objects
- Scotoma: VF loss

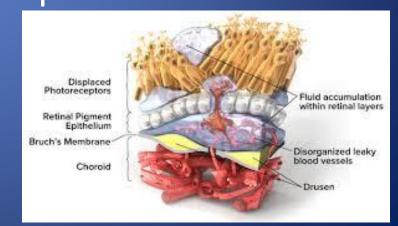
# **Macular Degeneration**

- Macular involvement:
- ➤ Outer retinal layer
- Retinal pigment epithelium
- > Bruch's membrane
- > choriocapillaris



#### **Macular Degeneration**

- Drusens: lipid products from photoreceptor outer segments, found under retina
- new vessels from choroid grow into the subretinal space forming subretinal neovascular membrane
- Hemorrhage into subretinal space or even through the retina into the vitreous (significant loss of vision)



#### **Macular Degeneration**

#### **Atrophic**

- Often asymptomatic
- Gradual over years
- Signs:
- Drusen



- Photoreceptor degeneration
- scotoma when light adapting

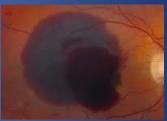


- Rapidly progressive (weeks)
- Signs:
- Choroidal (sub-retinal) neovascularisation



- Elevation of retina
- Subretinal fibrosis

- Metamorphopsia
- Central scotoma

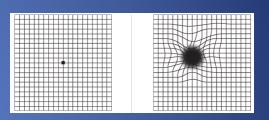


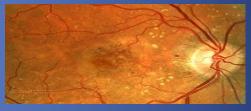


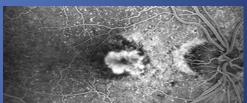


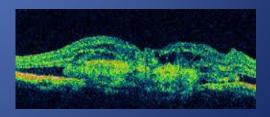
# **Macular Degeneration**

- Diagnosis:
- ✓ Visual acuity
- ✓ Amsler grid
- ✓ Ophthalmoscopy
- ✓ Fluorescein angiography
- ✓ ICG
- ✓ OCT



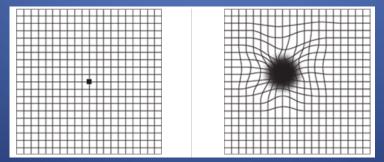






# Macular Degeneration Rx Dry Macular Degeneration

- Lifestyle
- Stop smoking, reduce UV exposure, Zinc & antioxidants
- Low vision aids
- Monitoring with Amsler chart

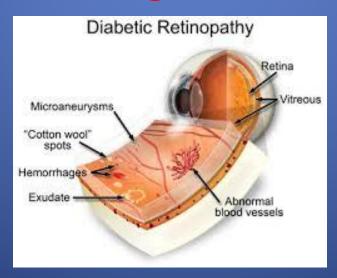


### **Macular Degeneration**

- Observation
- Laser photocoagulation
- Anti-VEGF
- Verteporfin photodynamic therapy (PDT): injection of photosensitizer into systemic circulation followed immediately by laser targeting new vessels in macular area

# Diabetic Retinopathy

- Microangiopathy which involves pre-capillary arterioles, capillaries and post-capillary venules
- Microvascular occlusion
- Microvascular leakage

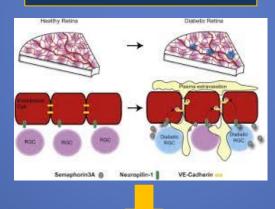


# Diabetic Retinopathy

#### Microvascular Occlusion

Thick capillary basement membrane

Capillary endothelial cell damage

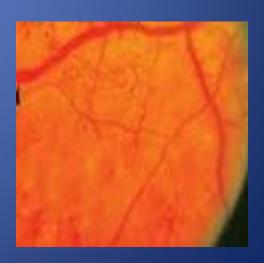


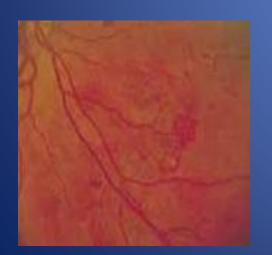
Retinal ischemia



AV shunts and NVs

Changes in red blood cells

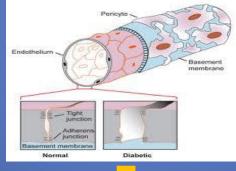




# Diabetic Retinopathy Microvascular Leakage

Loss of pericytes between endothelial cells



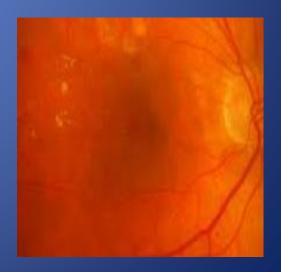




Leakage into retina



Exudates and edema



# Diabetic Retinopathy Risk Factors

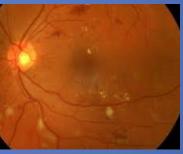
- Duration
- poor metabolic control
- Pregnancy
- HTN
- Nephropathy
- Smoking
- Obesity
- hyperlipidemia

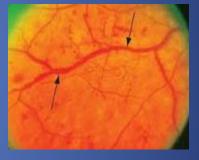
# Diabetic Retinopathy

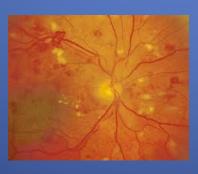
# Classified clinically to two types:

- NPDR
- A. Mild
- B. Moderate
- C. Sever
- PDR
- A. Early
- B. Advance





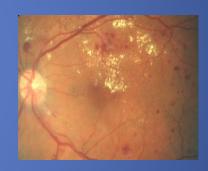




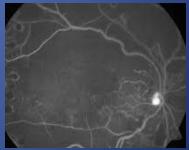


## Diabetic Retinopathy NPDR

- Asymptomatic
- Decreased visual acuity:
- A. CSME
- B. macular ischemia







## Diabetic Retinopathy PDR

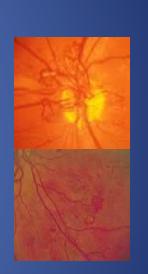
- Symptomatic
- Can also cause macular ischemia and/or edema

## Diabetic Retinopathy PDR

- Neovascularization
   NVD: neovascularization of the disc
   NVE: neovascularization elsewhere
- Fragile (intra-retinal or vitreous hemorrhage)
- Associated with fibrous proliferation TRD

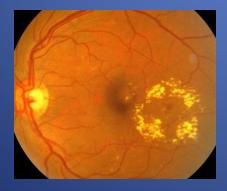






# Diabetic Retinopathy Diabetic Macular Edema

- Retinal edema threatening or involving the macula
- Evaluate: location of retinal thickening relative to the fovea and the presence and location of exudates





#### Diabetic Retinopathy

- Rx:
- Laser
- intravitreal steroid injection
- intravitreal anti-VEGF injection
- pars plana vitrectomy

#### Retinitis Pigmentosa

- Group of genetic disorders affect the retina ability to respond to light
- Slow loss of vision: nyctalopia, loss of peripheral vision, blindness
- Most are legally bling by 40s
- Central visual field of less than 20 degrees
- XR: males: more often and more severe females: carry the genes and experience vision loss less frequently

#### Retinitis Pigmentosa

- Target photoreceptors
- Associated with pigmentary changes in the RPE, which may be primary or secondary to the photoreceptor loss

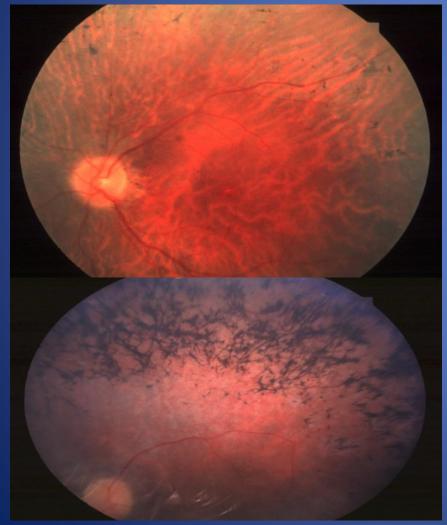
## Retinitis Pigmentosa Symptoms

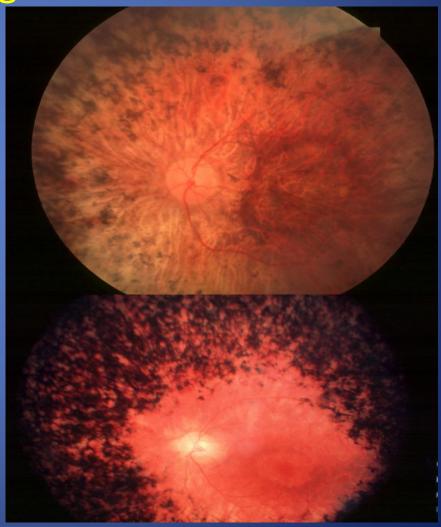
- Nyctalopia (loss of night vision)
- Tunnel vision (loss of peripheral vision)

## Retinitis Pigmentosa Signs

- VA: 20/20 NLP
- +- APD
- PSCC
- RPE hyperpigmentation (bone spicules) alternate with atrophic regions
- Attenuation of the arterioles
- Waxy pallor of the optic nerve head
- CME (severe cases of RP)

Retinitis Pigmentosa





## Retinitis Pigmentosa Investigations

- VF test
- Color testing (mild blue-yellow axis color defects)
- Dark adaptation study (reduced contrast sensitivity relative to VA)
- Genetic subtyping

## Retinitis Pigmentosa Investigations

- OCT (CME)
- FFA
- ERG
- EOG

## Retinitis Pigmentosa Systemic Associations

- hearing loss and RP
- ✓ Usher syndrome
- ✓ Alport syndrome
- ✓ Refsum disease
- Kearns-Sayre syndrome
- ✓ External ophthalmoplegia
- ✓ Lid ptosis
- √ Heart block
- ✓ Pigmentary retinopathy

## Retinitis Pigmentosa Systemic Associations

- Abetalipoproteinemia
- Mucopolysaccharidoses
- Bardet-Biedl syndrome
- Neuronal ceroid lipofuscinosis

## Retinitis Pigmentosa Treatment

- CAI: CME
- Vitamins ??
- Cataract: surgery
- Low vision aids
- Gene therapy !!