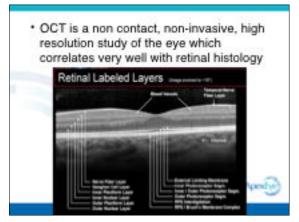


"Any sufficiently advanced technology is indistinguishable from magic."

- Arthur C. Clarke

2 3



Overview

- · Review of Retinal Cases
 - . What types of Imaging to Use
 - · How Imaging Helps in Diagnosis
 - · How Imaging Helps in Referring
 - · How Imaging Helps in Treatment
- · A few surgical examples

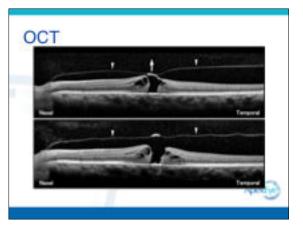




- This 56 year old has trouble with his left eye
- He feels that all cookies look like donuts which is frustrating in his line of work
- Vision 20/25, 20/80
- Anterior Exam: Complete absence of eyelids OU







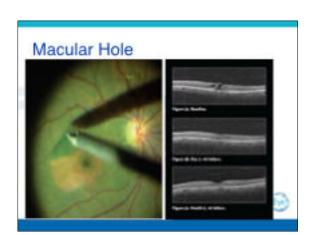
7 8 9

Macular Hole

Jetrea vs Surgery

- · Jetrea (Ocriplasmin) a 1 time injection
- · Enzymatically cleaves VMT
- · No gas bubble, face down or drops
- · No cataract and can still do surgery
- . Only small holes with VMT
- . Elected for surgery
 - · 94% vs 40% success rate
- Final vision 20/30

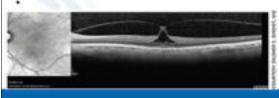




10 11 12

Pseudohole vs Macular Hole

- · With or without ERM
- · With or without VMT
- · Key difference is IS/OS Layer Disruption



13

Apredia



14

History

- . The 87 yo woman in this photo states she has some right eye distortion doing her crossword puzzle for the last for 3 weeks
- · Last refraction during Nixon administration
- Vision 20/60, 20/30
- · Exam: PCIOL OU



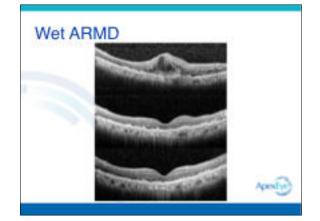




Anti-VEGF

- · Avastin not approved but inexpensive
- · Lucentis/Eylea approved but expensive
 - . Eylea lasts 1.5 to 2x as long
- Only risk is endophthalmitis (1/4000)
 - · Ocular flora vs compounding
- Vision 20/40 after 2
 - · Injections for years
 - · PRN vs Treat/Extend





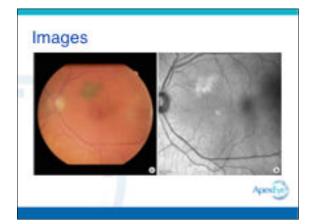


19 20 21

History

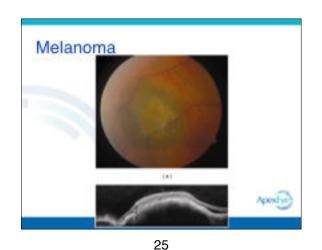
- 14 year old boy presents for routine exam with no complaints or worries
- · Mom complains he reads too many comics
- Vision 20/20 OU
- · Anterior Exam: 2 Iris Nevi
- · No uveitis or vitritis

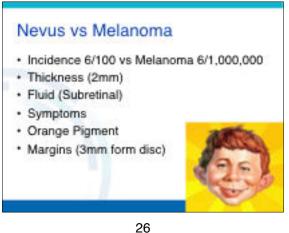


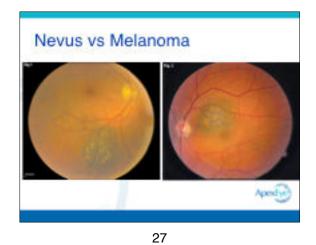




22 23 24







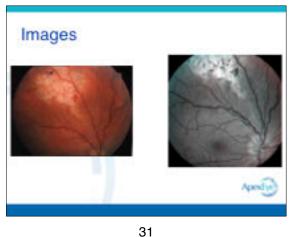
FAF

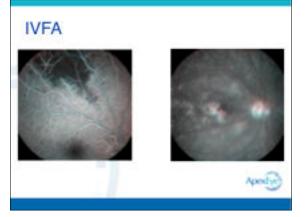
28



History
 24 yo woman with h/o Hepatitis and Ulcerative Colitis presents with a painful red right eye x 1 week.
 Vision 20/30 OD, 20/20 OS
 IOP 45 OD, 22 OS
 Anterior Exam
 OD 1+inj, 1+ cell
 No vitritis or rAPD

29





Acute Retinal Necrosis

- Viral particles infiltrate retina and cause occlusive arteriolitis and vitritis
 - · HSV or VZV
- · Usually immunocompetent
- 2/3 ARN, 1/3 BARN
- Patchy yellowing of retina starts peripheral and spreads posterior
- · Become confluent



32



ARN

- · Treat with IV Acyclovir
- · Gancyclovir injections 3x/week
- · Oral Valacyclovir
- · Encephalitis and Dermatitis
- . 50-75% develop RD within 3 months
- · Prophylactic Laser
- · Vitrectomy with Silicone Oil
- · Poor prognosis



ARN

- . Treated with Oral Valtrex 2g TID
- . Lesions slowly resolved OD
- · No lesions OS (BARN)
- . IOP could not be controlled medically
- . Ranged from 44 to 68
- · Tube put in, IOP better
- · Valtrex reduced and vision stable
- · Watch close for RD



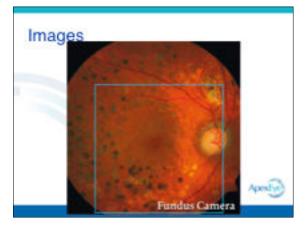




- 43 yo male with IDDM complains of blurry vision in right eye
- History of multiple lasers and multiple donuts
- · Radiation exposure at work
- Vision 20/70, 20/30
- . 1+ Cortical cataracts
- · A1C 8.8%



37 38 39





CSME

- · Gold standard is focal laser
 - . Ineffective for diffuse or foveal ME
 - · Anti-VEGF options much better
- · Not as effective as in ARMD
 - · VEGF load much higher
- · Ozurdex and Iluvien effective
 - · Longer acting steroids
- . Risk of OHTN and Cataract

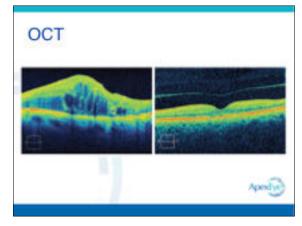


40 41 42

CSME

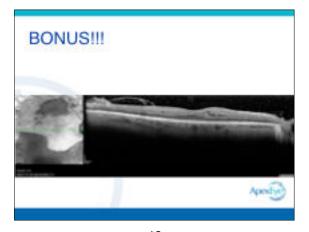
- · Had Ozurdex injection OD
- Vision improved to 20/40
- · IOP remained in teens
- · Edema recurred in 14 weeks
- · Injection repeated
- Visually significant cataract after 2 years and 6 total injections
 - · Vision 20/30 after CE/IOL







43 44 45



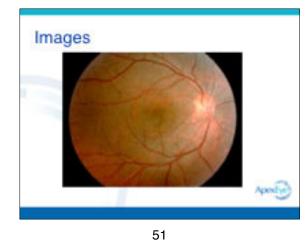
Patient received LIO MiniPulse PRP - 20ms Duration - 400mW Power - 80ms Interval • Patient received MicroPulse Focal 5% - 200ms Duration - 400mW Power - 200ms Interval



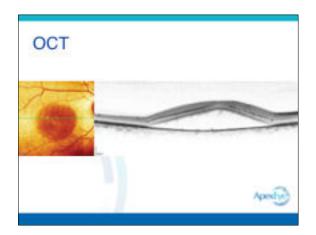


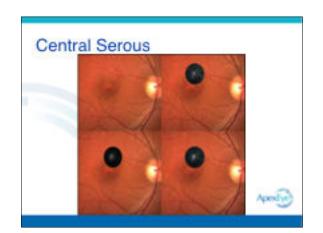


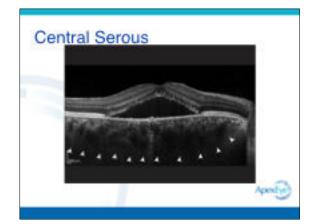
- 45 yo executive has foggy vision in right eye for 1 week
- He's in your chair when you walk in and insists on examining himself
- · He palpates his eyelids and says its 17
- He reads 20/30 OD and says his anterior exam is normal



9 50



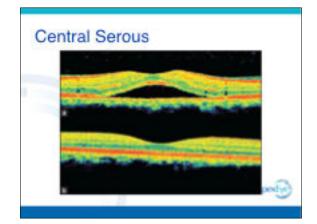




54

Options

- · Over 90% resolve · D/C Steroids and reduce stress
- · 33% recurrence in either eye
 - . Chronic CSR has worse prognosis
- · Focal Laser can hasten recovery
 - · Does not change final prognosis
- . He's too busy to follow up but buys an OCT at his advertising firm





55 56 57

BONUS!!!







- 66 yo states that recently everything looks really small and greenish in his right eye
- String beans and corn stalks look twisted and crooked
- Vision 20/50, 20/20
- . Does not fit in slit lamp



Images

61 62 63



ERM

- Inflammatory cells respond to macula as vitreous ages and separates
- · Tightens to create tension
- . Diplopia, Distortion and Macropsia
- · 1.1% risk per year
- · 2.7% fellow eye
- · 82% symptoms improve
 - · Vitrectomy if desired





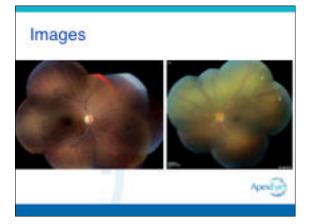


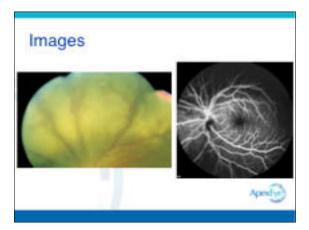


- 27 yo man complains of painless vision loss in left eye for four days
- · Noticed when reading a magazine
- . On chemo for Osteosarcoma
- Vision 20/20 OD, 20/40 OS
- Anterior Exam Normal
- * 3+ rAPD OS
- · No uveitis or vitritis



67 68 69





Labs

- · Uveitis blood workup negative
 - · Low white count
- · Normal Chest X Ray
- · HIV negative
- · Viral PCR of Vitreous
- . Negative for HSV and CMV
- · Positive for VZV



Progressive Outer Retinal Necrosis • Immunocompromised

- . HSV or VZV, may be CMV
- · No inflammation
- · Obliterative retinitis and vasculitis
 - · Cracked Mud Appearance
 - · Guarded prognosis
- · Central to peripheral
- · IV, Injection or Oral Antivirals



PORN

- · IV Acyclovir started
- · Intravitreal Gancyclovir and Foscarnet
- · Lesions healed but blood persisted
- · Final vision 20/80 OS
- · Guarded prognosis
- · No RD OS
- · OD remained disease free





74 75

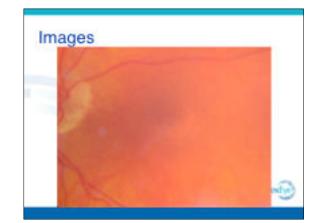


73

History

- · 61 yo with multiple auto immune conditions presents for first exam
- · Has been on a medicine he forgot for which he should get eyes checked
- Vision 20/25 OU
- · Exam shows forehead lac and bolts in neck







Plaquenil Toxicity

- Mechanism Unknown
- Incidence 0.5%
- · Risk Factors
- · Daily dose over 400mg
- · Cumulative dose over 1000g
- . Taking over 5 years
- · Renal, liver or macula disease
- · Over 60 years old



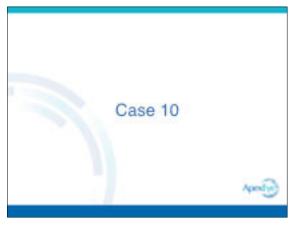
Apody

Plaquenil Screening

- Dilated exam and 10-2 HVF
 - OCT, FAF or mfERG.
- · Do at baseline
- · Repeat testing at 5 years
- · Earlier if high risk
- · Annually thereafter
- · Stop if toxicity confirmed
- Won't clear quick so may progress



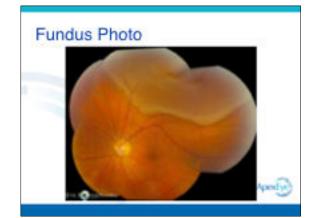
80 79 81



History

- · On a Friday at 4:59pm your next patient tells you they have flashes, floaters and a curtain OS for 1 day
- . She is a 48 yo monocular myope
- · She lost the other eye to fashion
- VA NLP OD, 20/25 OS
- · CVF inferior defect
- Height 5'10"
- · Weight 130lbs





82

83





Macula Status

- . If Macula On repair with 24-48 hours
- . If Macula Off repair with 10 days
- . Success rate after 1 surgery 85-90%
 - · PVR
 - · New tear
- · Goals
 - · Relieve traction
- · Remove subretinal fluid
- · Scar around tear



85 86 87

Surgery

- · Offered scleral buckle or vitrectomy
- Pneumatic not offered due to monocular status

88

- . Elected for vitrectomy with SF6 gas
- . Face down x 1 week
- · No flying to Milan
- VA 20/25 after CE/IOL
- · Eye insured for \$1M



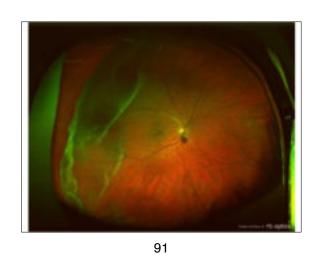


Case 11



- . 68 yo WF under a lot of stress lately
- Seeing floaters for 3 days and flashes last night that may be paparazzi

- · Having trouble reading her e-mails
- · Large shadow in the vision



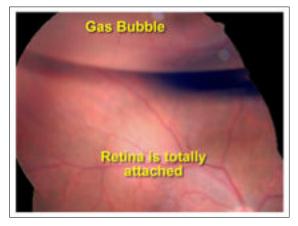
Vitrectomy

- Carefully remove vitreous and relieve traction on torn retina
- . Remove other vitreous as well to reduce PVR risk
- · Consider scleral buckle for external support
- Laser photocoagulation after retina reattached under air

92

· Gas or Oil to hold retina in place

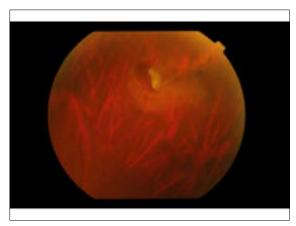
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Case 12



- . 70 yo OM also under a lot of stress
- . Sees a floater in his vision that is yuuuluige
- · No previous trauma. Had flashes last week

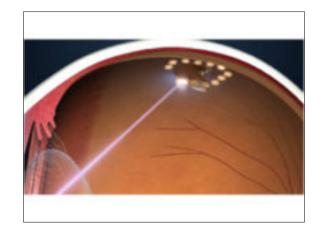


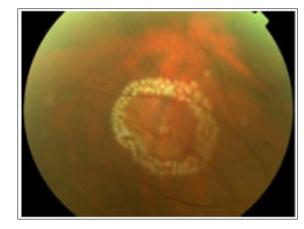
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Laser Retinopexy

- · Thermal photocoagulation around refinal tear
- · Tear and traction are still present
- · Highly successful if no sub retinal fluid
- Can also barricade around fluid but that may break through
- · Scleral depression helps to get anterior





97 98 99

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- + (908) 247-5273

