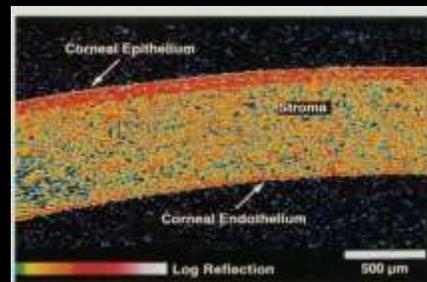
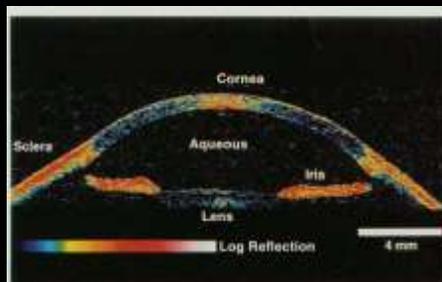


Role of Anterior Segment OCT in Corneal Imaging

Haitham Y. Al-Nashar, MD
Zagazig University

- OCT is a noninvasive imaging technique first introduced in 1991.
- The first visualization of the cornea and anterior segment by OCT was reported in 1994 by Izatt et al



Anterior Segment OCT Systems

**Systems have wide scan ranges
(16 mm width & 7 mm depth)**

- Zeiss Visantie
- Heidelberg SL-OCT
- Tomey CASIA



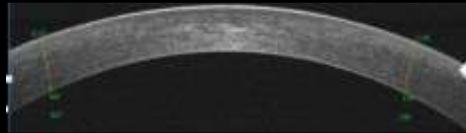
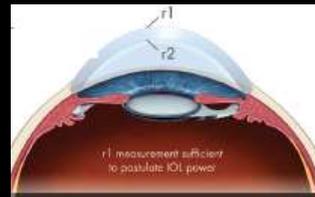
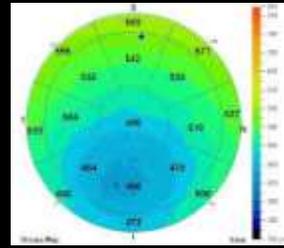
**Systems have limited scan ranges
(~6 mm width & 2 mm depth)**

- Optovue
- Zeiss Cirrus
- Heidelberg Spectralis



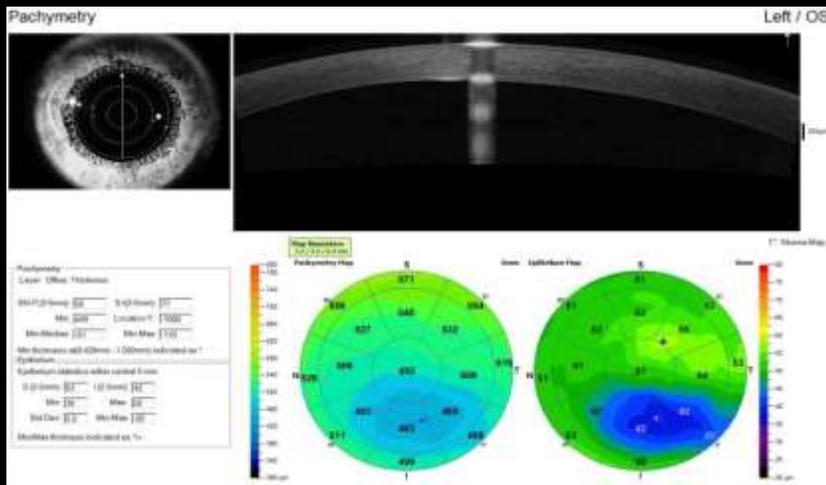
Anterior Segment OCT scanning of the cornea can provide:

- Pachymetry maps
- Corneal dioptric power
- Corneal line scans

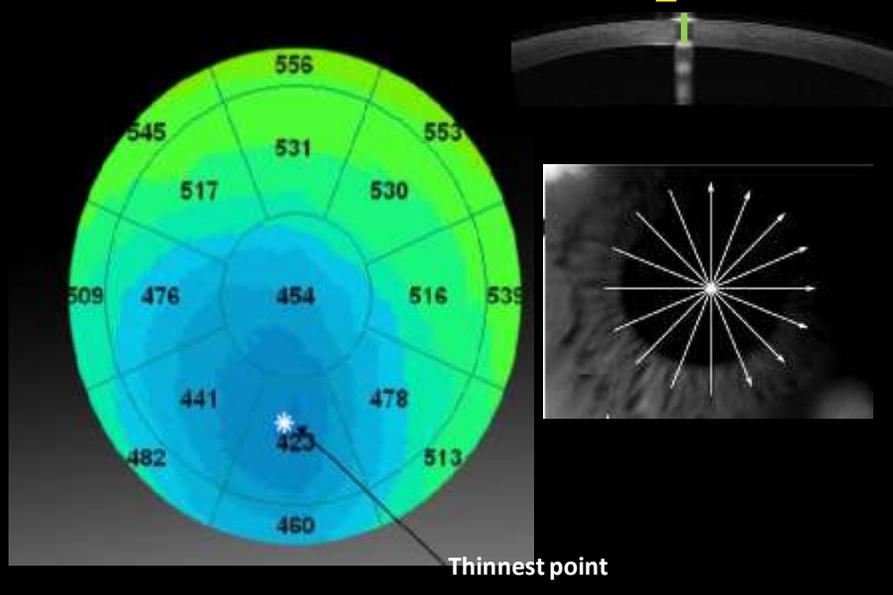


Corneal Thickness Measurement (Pachymetry)

- As-OCT creates a pachymetry map that provides thickness readings across 6 mm of cornea.

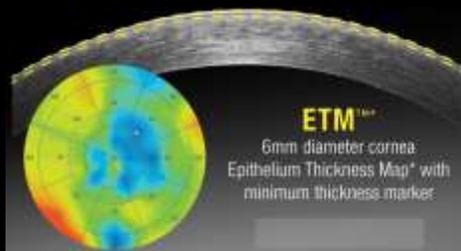
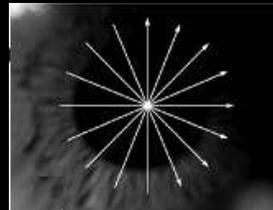


Corneal thickness map



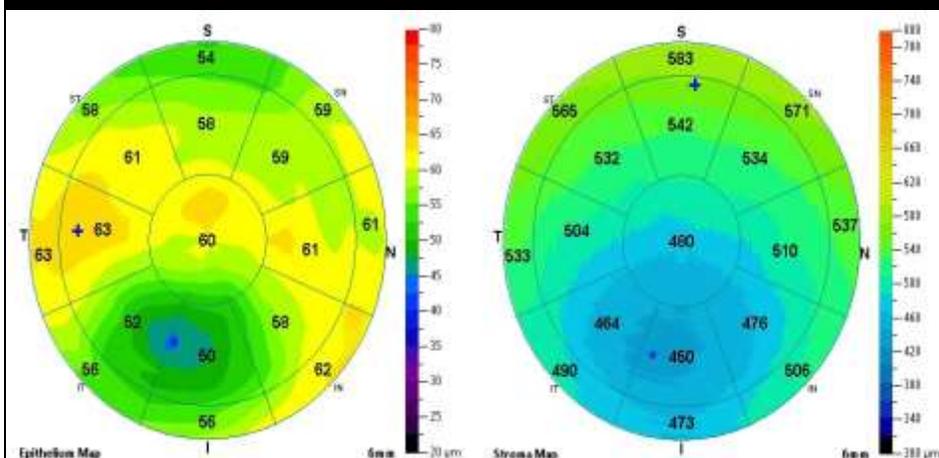
Epithelial thickness map

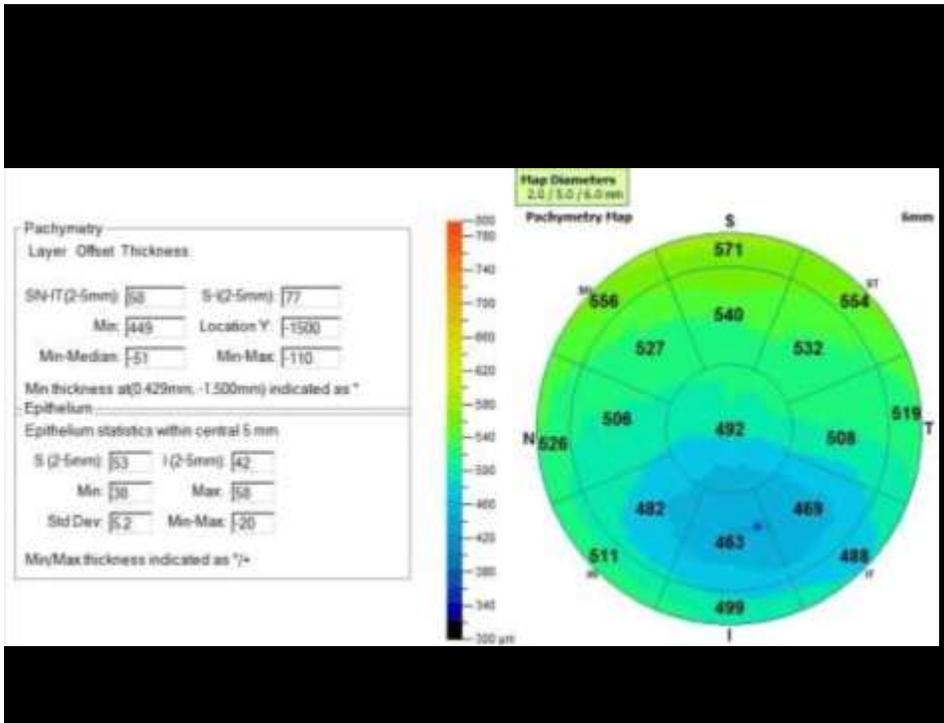
- 8 radial scans with automated boundary detection: tear film to Bowman's
- Normal Thickness:
Central > Inferior > Superior



Stroma map

- AS-OCT has the ability to differentiate between stromal and epithelial layers



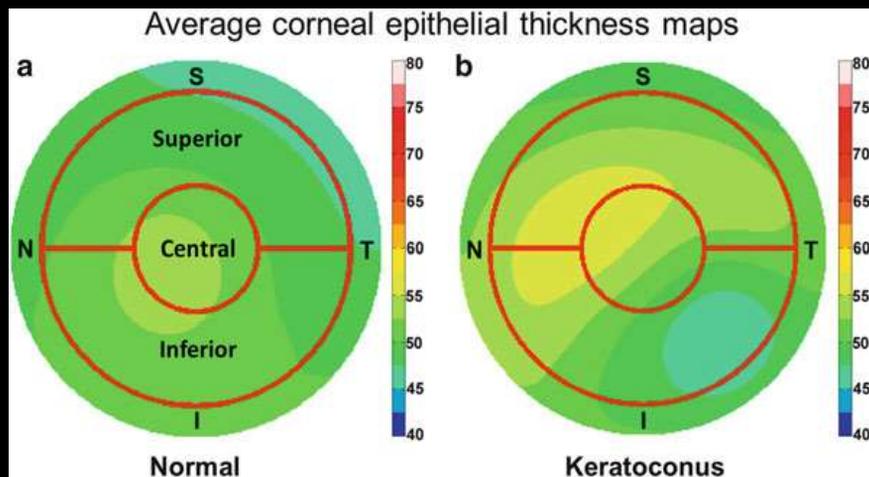
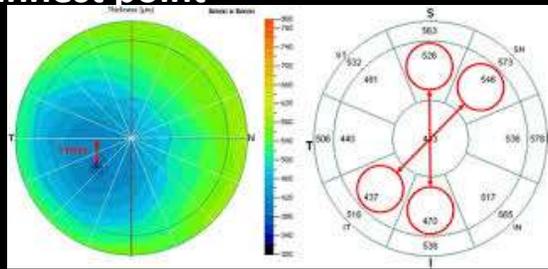


AS-OCT and LASIK

- As-OCT is a valuable tool for LASIK surgeons,
both before and after surgery
- AS-OCT can detect early forme fruste
keratoconus

AS-OCT signs of keratoconus

- Abnormal focal epithelial thinning.
- Thinning displaced inferior
- Greater difference between mean thickness and thinnest point

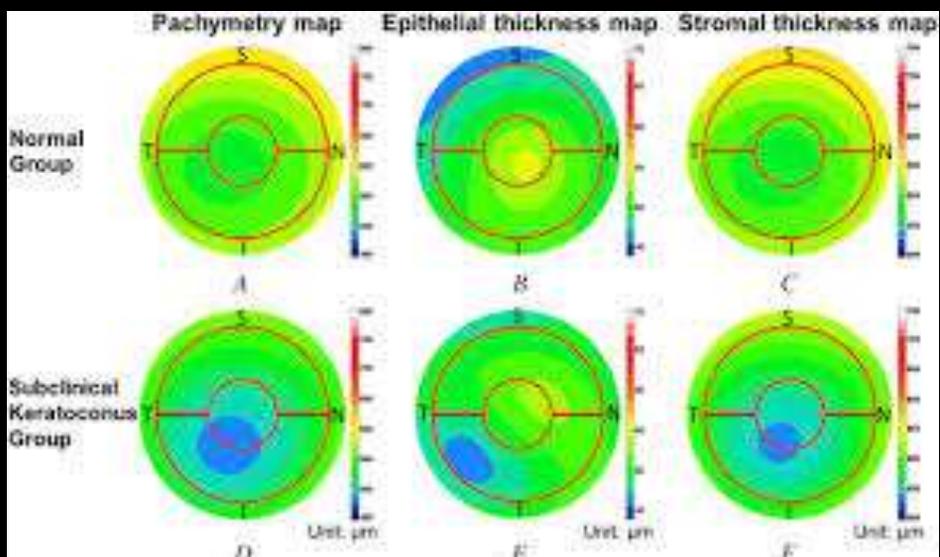


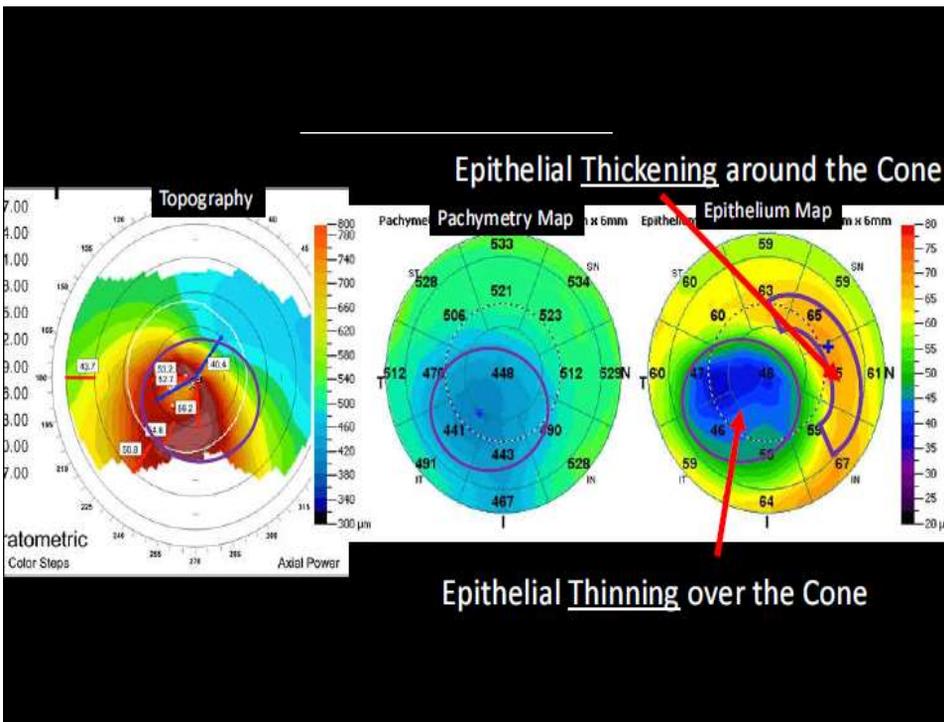
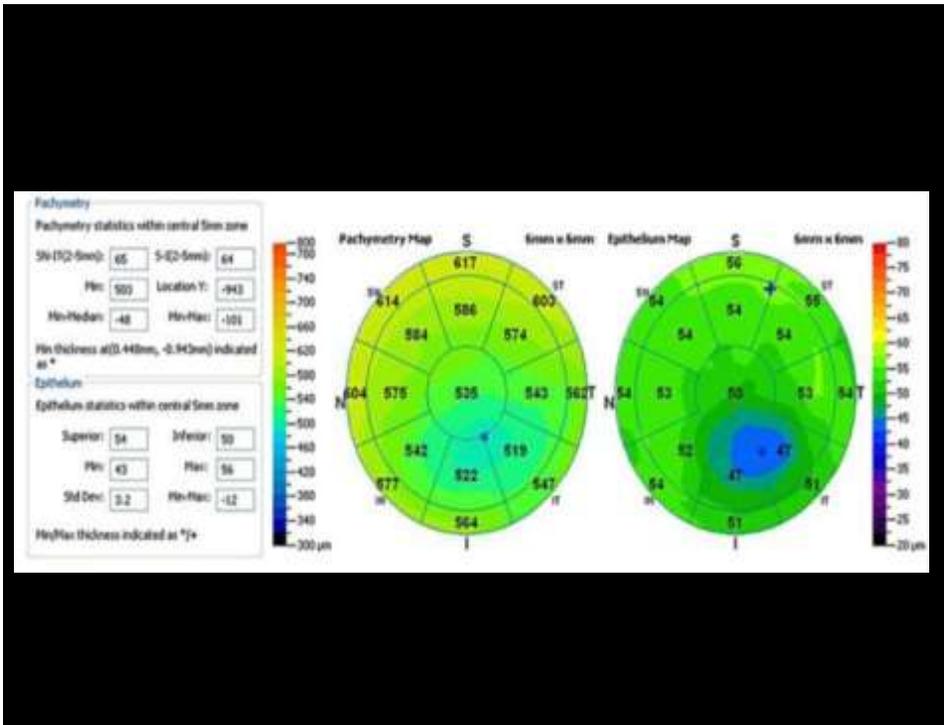
- Keratoconus shows a focal thinning, typically infero-temporally.

Cutoff values for OCT pachymetric parameters

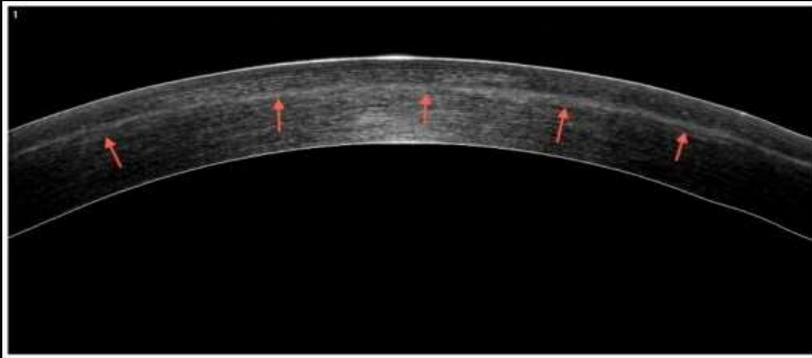
Pachymetric parameters	Minimum	Minimum–maximum	I-S	IT-SN
Cutoff (unit: μm)	472	-62	-52	-51

- If one parameter is abnormal, the cornea is likely to have keratoconus.
- If two or more parameters are abnormal, then the eye is very likely to have keratoconus



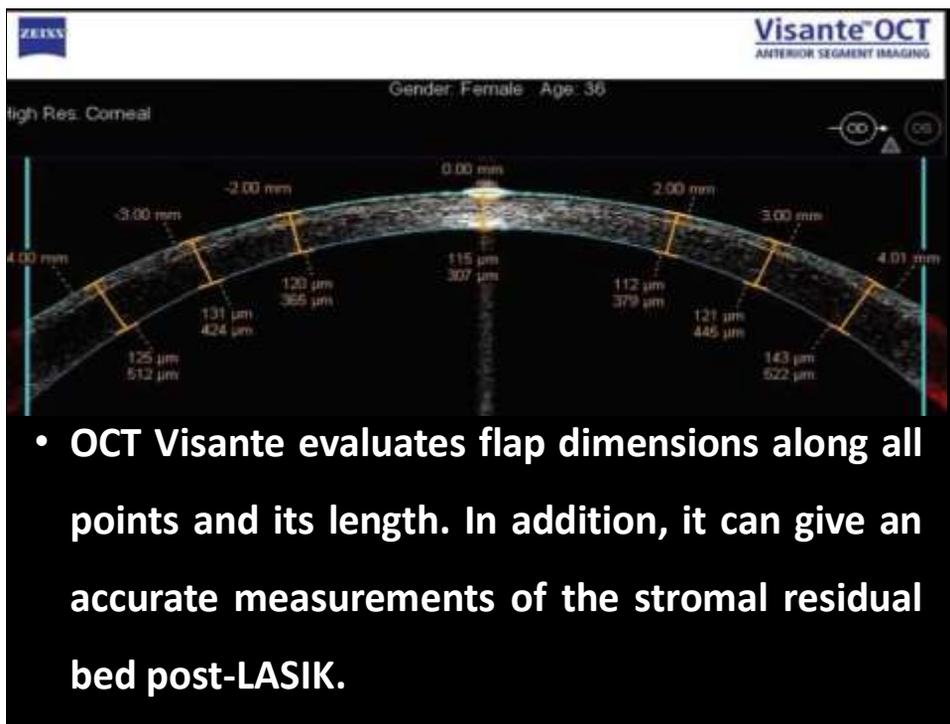


- A second important use for AS-OCT in LASIK patients is as a way to evaluate the cornea when a LASIK patient needs an enhancement



- Evaluation of the Flap and Stromal Residual Bed in the Postoperative and Prior to Deciding on a Retreatment

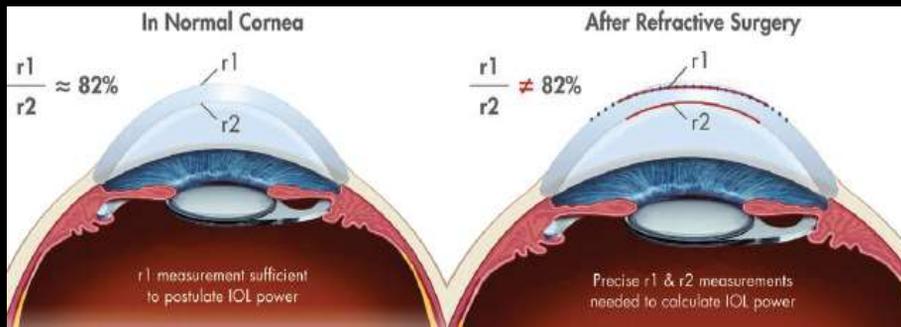




Corneal Power Measurement

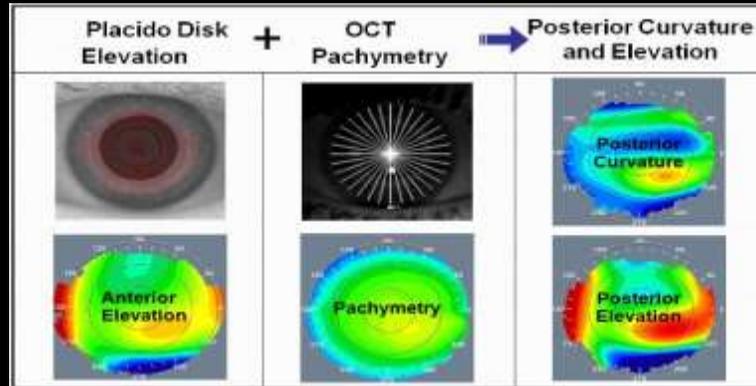
- OCT can be used to measure corneal power, so improve the calculation of IOL power in cataract surgeries after corneal refractive surgery

- In post-LASIK cataractous patients, the relationship between the anterior and posterior corneal curvature are altered by LASIK



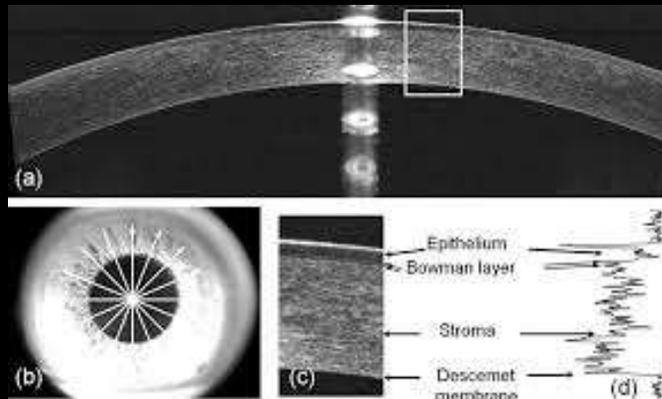
- The investigation of OCT corneal power started with the use of TD-OCT.
- Due to the slow speed of TD-OCT, the direct measurement of anterior and posterior corneal powers was imprecise.

- It was necessary to combine OCT pachymetry with Placido-ring topography to obtain acceptable measurement of net corneal power

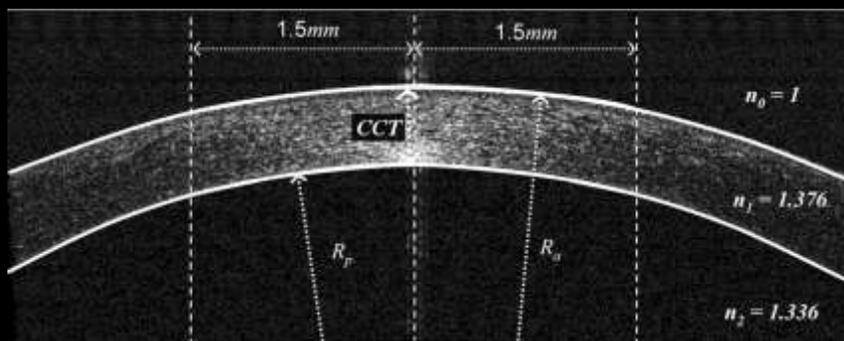


- With SD-OCT, the speed of OCT corneal mapping became much faster.
- The measure of net corneal power can be done without any supplemental information from Placido-ring topography

- The cornea is scanned with a mapping pattern (Pachymetry + Power) that consisted of 6-mm lines on eight evenly spaced meridians with centration on the pupil.



- On each meridional cross-sectional OCT image, the software identifies the anterior and posterior corneal boundaries.
- The anterior and posterior corneal radii of curvature (R_a and R_p) are calculated by fitting within the central 3mm-diameter zone



TCP DATA POINTS			
CORNEAL POWER			
Within central 3mm zone			
Power	Net	Anterior	Posterior
	41.08	47.20	-6.22
CURVATURE RADIUS			
Anterior R:	7.966	Posterior R:	6.434
PACHYMETRY			
Layer	Offset	Thickness	
SN-IT (2-5mm):	9	S-I (2-5mm):	8
Min:	463	Location Y:	59
Min-Median:	-33	Min-Max:	-71
Min thickness at (-0.129mm, 0.059mm) indicated as*			
EPITHELIUM			
Epithelium statistics within central 5mm			
S (2-5mm):	55	I (2-5mm):	57
Min:	51	Max:	61
Std Dev:	2.3	Min-Max:	-10
Min/Max thickness indicated as*/+			

- The refractive powers of the anterior and posterior corneal surfaces are then calculated using the known refractive indices of air, cornea, and aqueous.

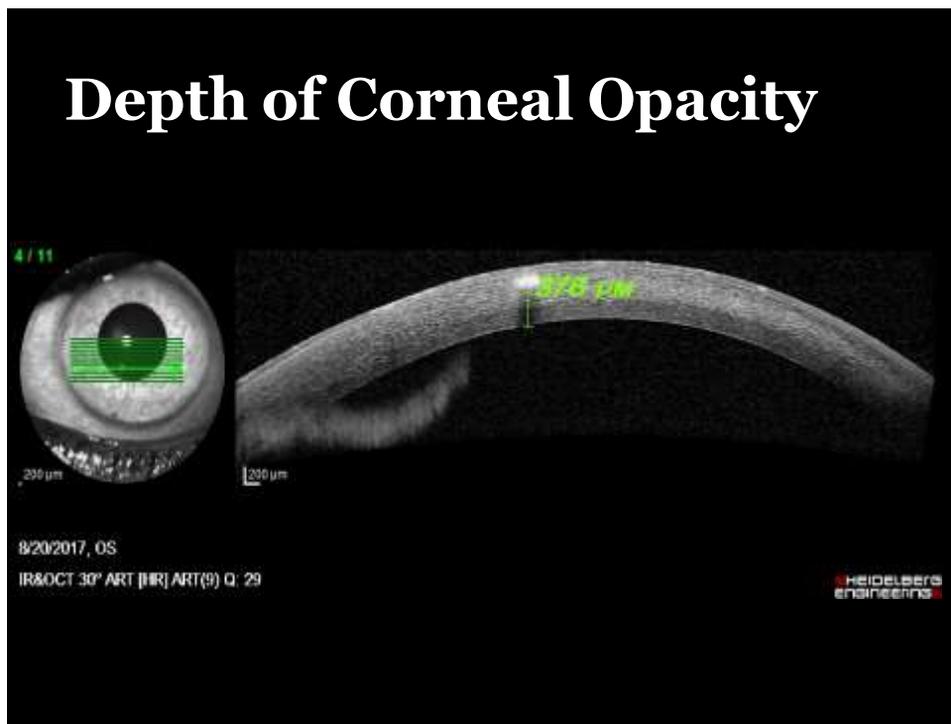
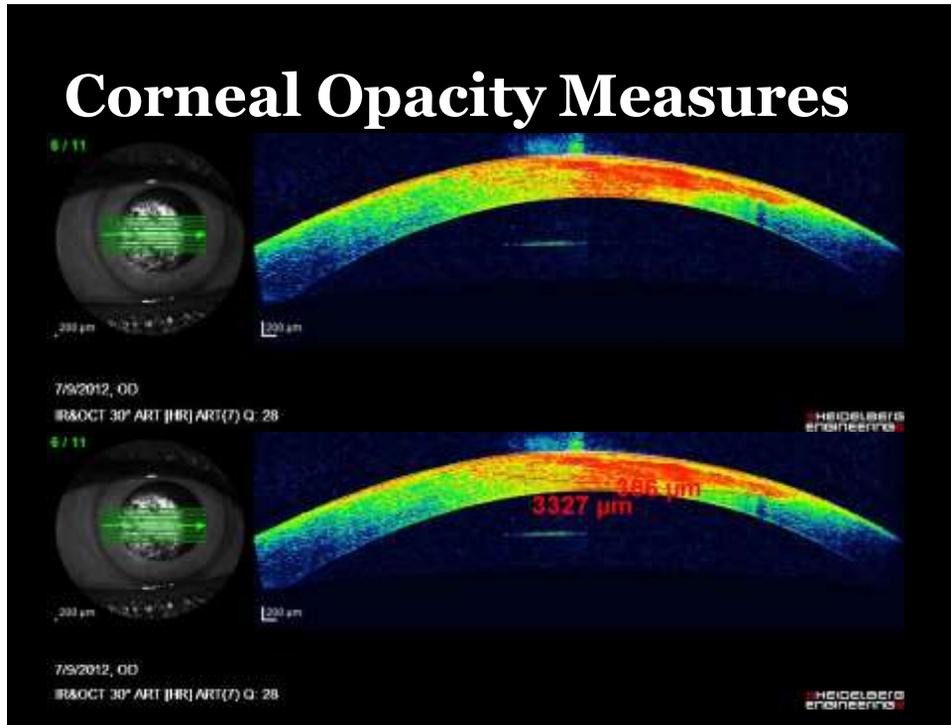
Corneal Line Scans

AS-OCT In corneal opacities detection

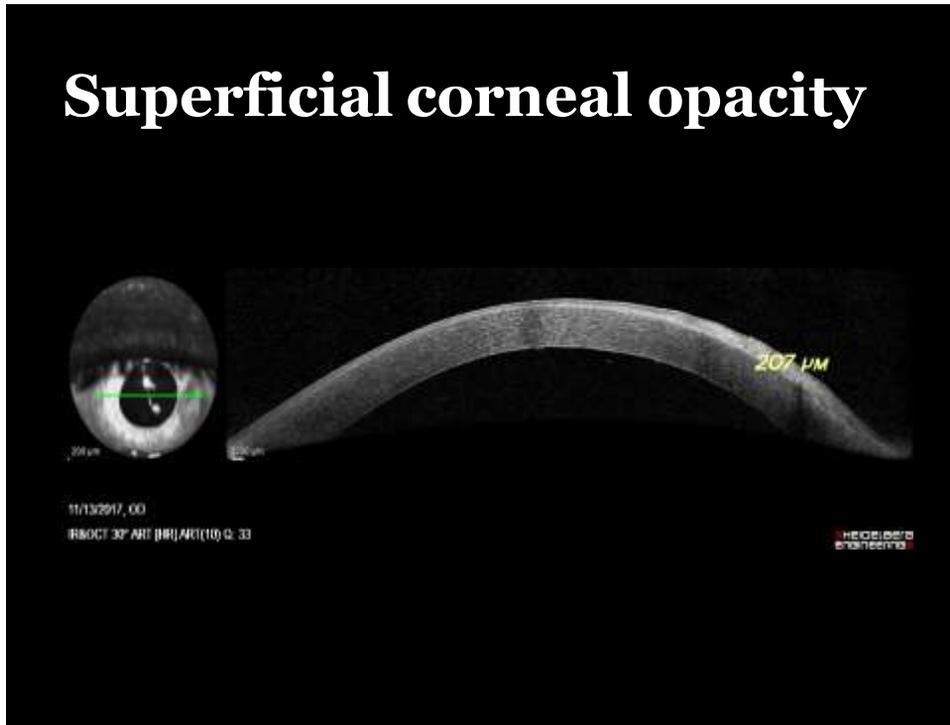
- Corneal opacities can be seen on the slit lamp.
- However, the depth at which they can be accurately determined only by AS-OCT.
- This is important in assessment of proper technique for its management

Corneal Opacity





Superficial corneal opacity

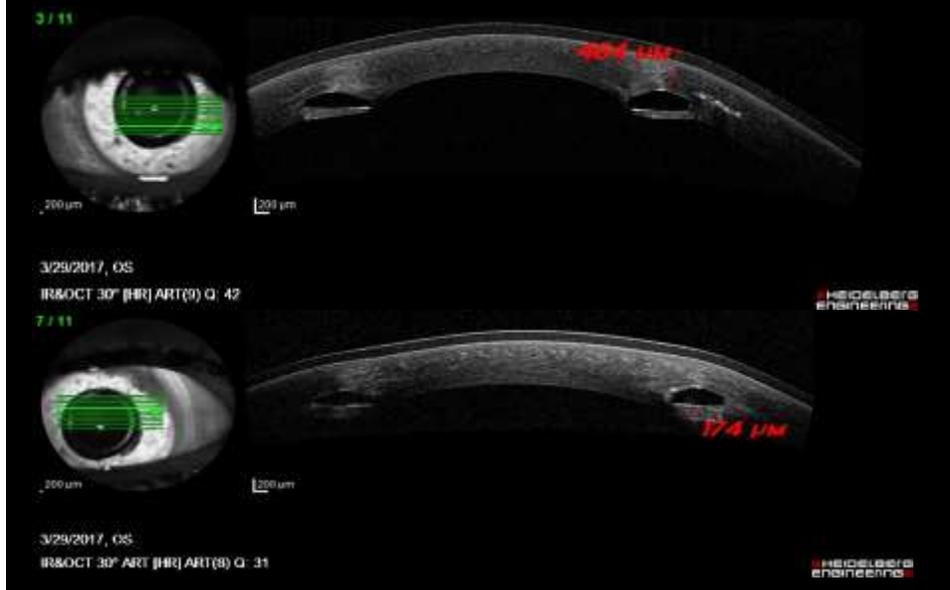


Intra-corneal Ring Segments

- AS-OCT allows the evaluation of precise depth of implantation of the segment and in this way have a clearer view of the potential risk of extrusion or perforation.



Corneal rings

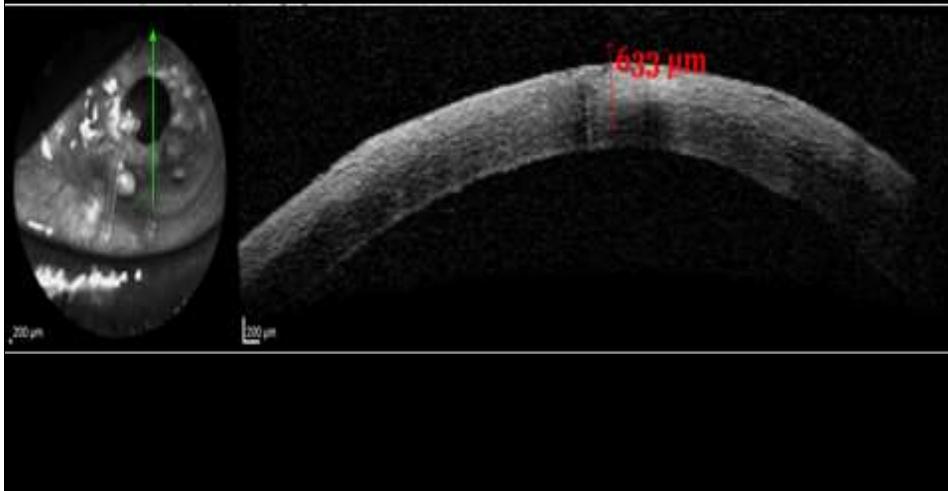


AS-OCT in Postoperative Evaluation

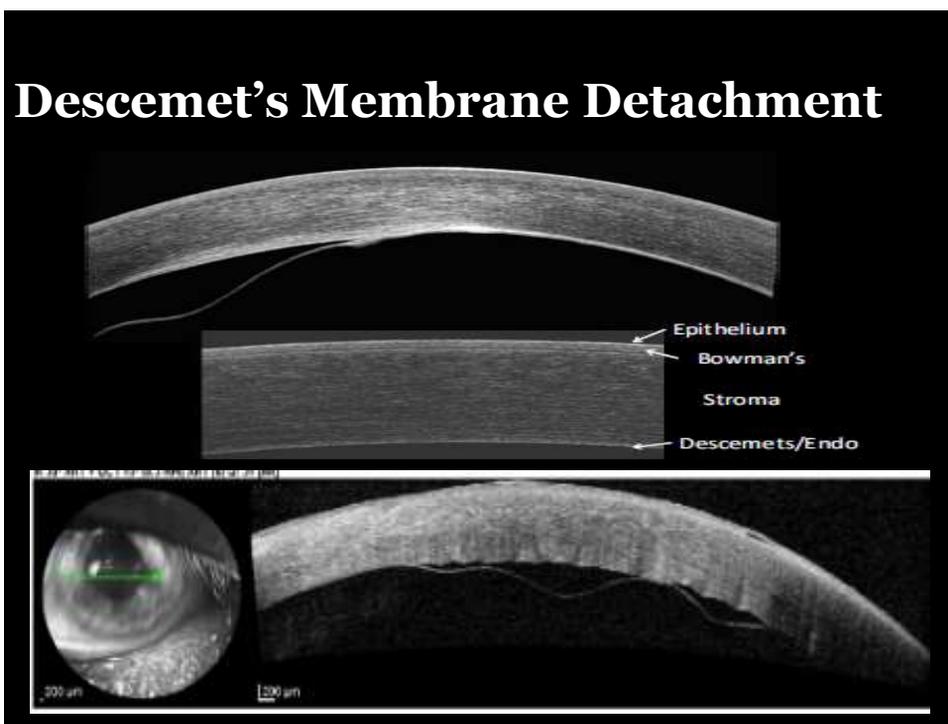
AS-OCT is helpful after many surgical procedures:

- Cataract surgery
- DALK surgery
- DSEK surgery

Post-operative Corneal Edema



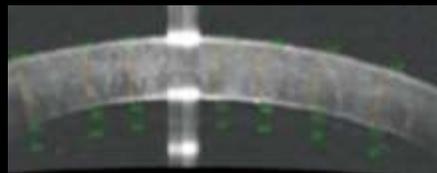
Descemet's Membrane Detachment



DALK surgery

- In DALK, complications like Descemet's membrane (DM) perforation and double anterior chamber formation can be better recorded and managed using AS-OCT.

- AS-OCT image of double anterior chamber post-DALK
- Attached DM after injection of air in the anterior chamber



DSEK Surgery

- In DSEK, AS-OCT can help to monitor the position and attachment of the graft to the recipient, and the quality of the interface.
- The corneal thickness can be measured over a period of time related to the endothelial function.

- Measurement of the corneal and donor graft thickness following DSEK
- Donor graft dislocation after DSEK

