

The OCT Angiography in glaucoma what s new

by

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OCT Angiography

The recent introduction of optical coherence tomography angiography

OCT-A has sparked interest in evaluating vascular alterations in the retina and optic nerve head for diagnosis, staging, and monitoring in glaucoma.

OCT-A is an extension of OCT which allows non-invasive visualization of the retinal vasculature by detecting motion contrast from perfused blood vessels without the use of exogenous dye.

In principle, OCT-A compares sequential B-scans acquired at the same location to detect change. As stationary structures would appear static in sequential B-scans, changes detected by OCT-A are largely attributed to erythrocyte movement in the perfused vasculatures.

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Various vascular

Parameters have been investigated in glaucoma suspects and established glaucoma patients including vascular density in the optic nerve head ,flow index of the optic disc vascular density in the peri papillary retina and vascular density in the macula. OCTA studies in primary open-angle glaucoma have consistently demonstrated reduced microcirculation in the superficial optic nerve, peri papillary retina and the macula of glaucoma patients. How will OCTA help the glaucoma clinician now and in the future? What else must we learn before achieving more practical usefulness from OCTA for glaucoma?

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OCTA will supplement current glaucoma diagnostic tools to aid in the early detection of glaucoma.

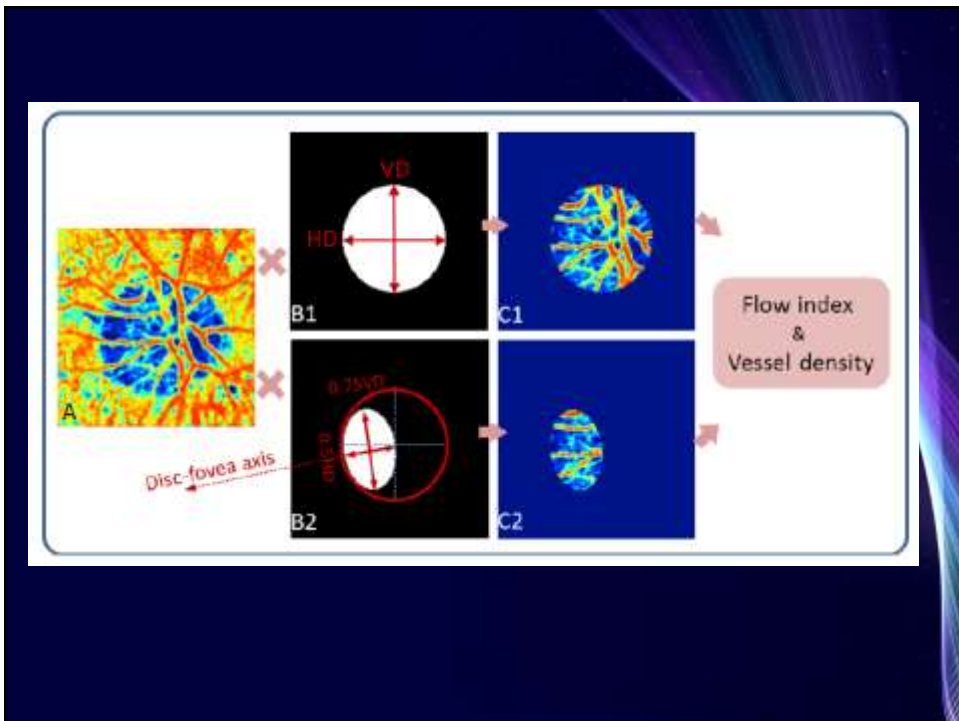
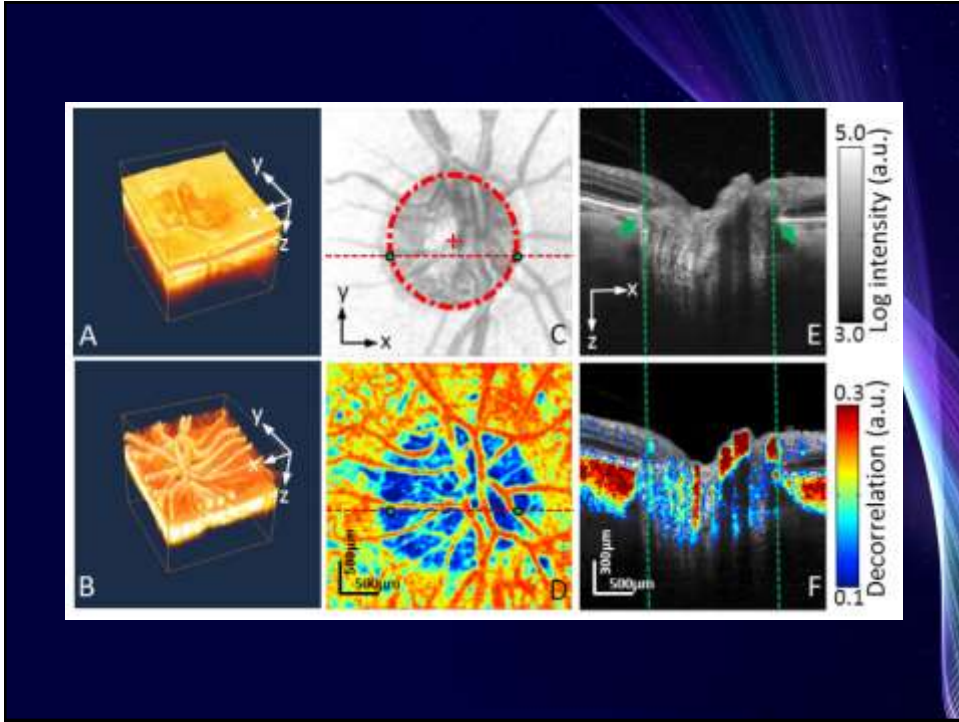
Diagnostic accuracy of OCTA vessel density measurements from small studies to date support its promise in this role. On the other hand OCT is a routine tool to aid in the detection of glaucoma and its progression, but this is not without limitations. For example, OCT scans of eyes with atypical optic nerve anatomic features such as myopic tilt are fraught with issues that reduce our confidence in the RNFL thickness findings.

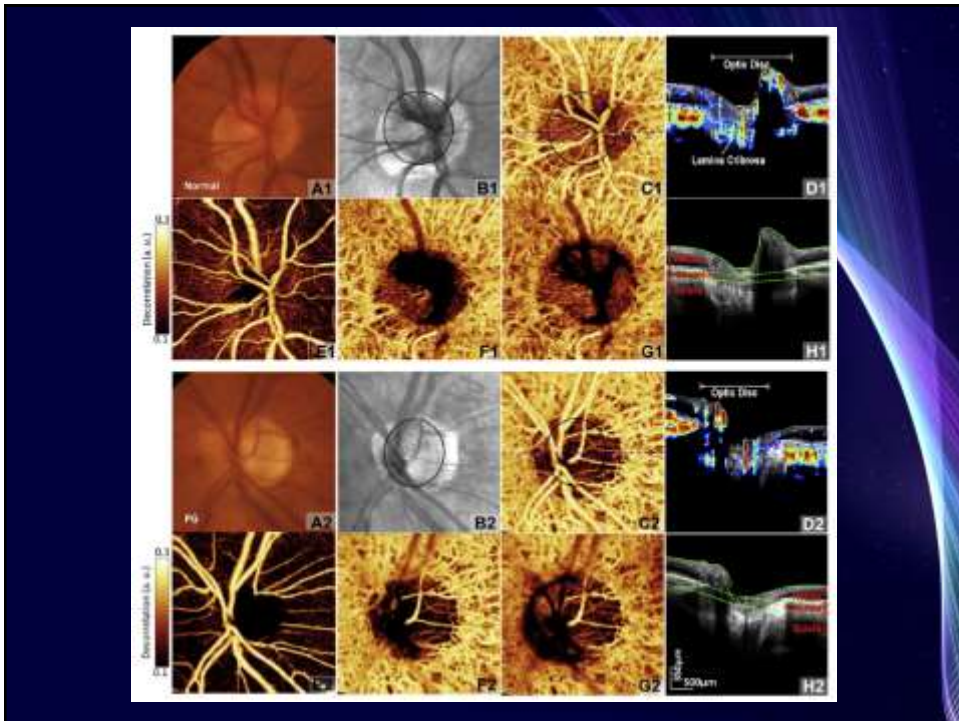
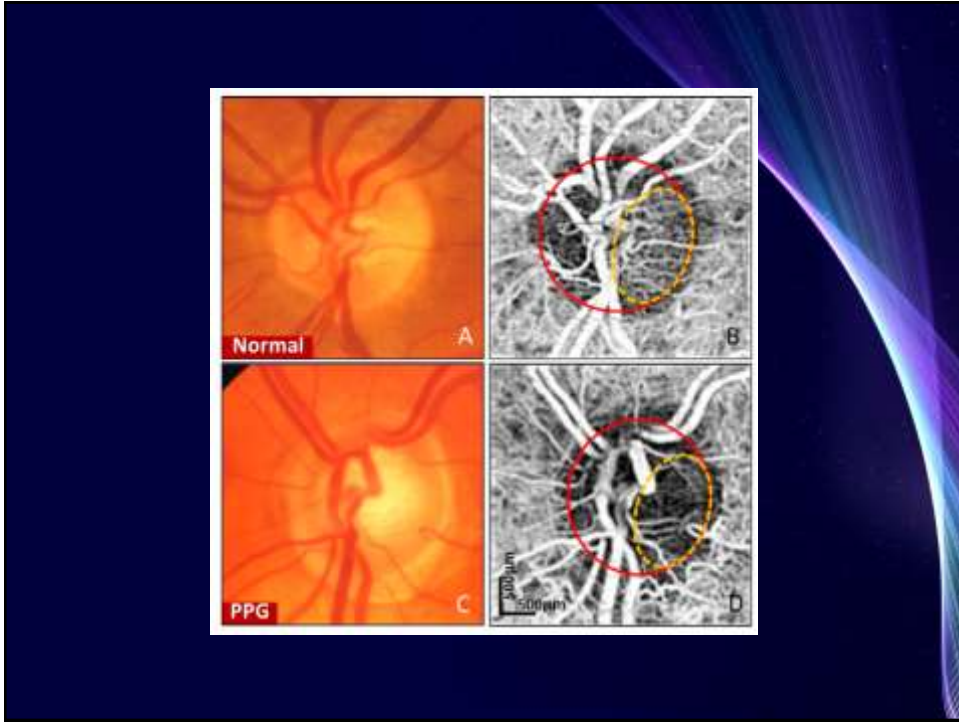
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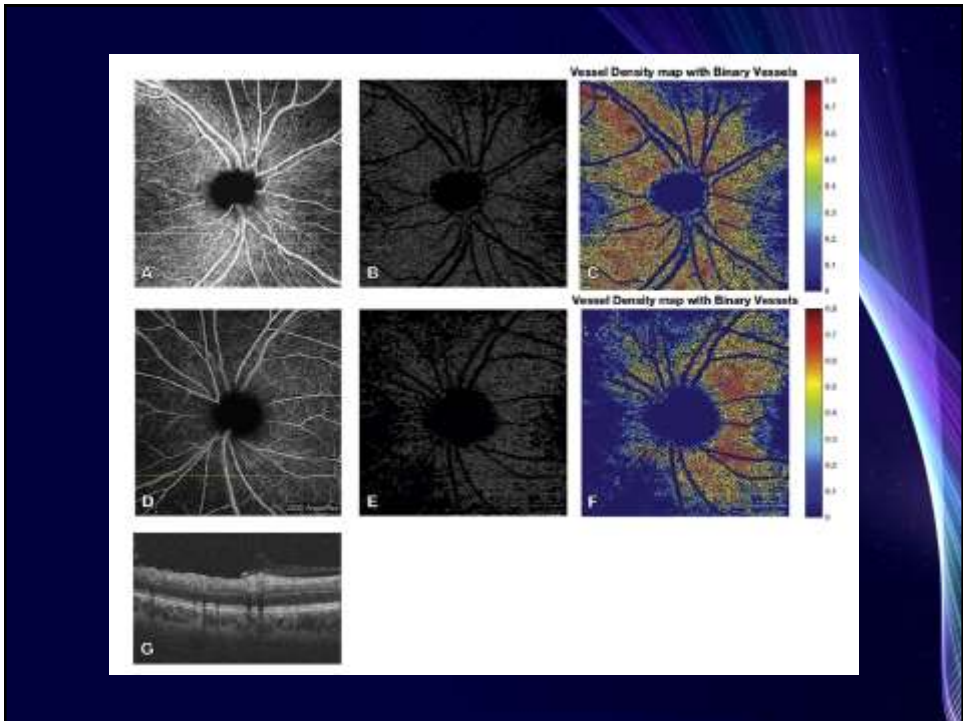
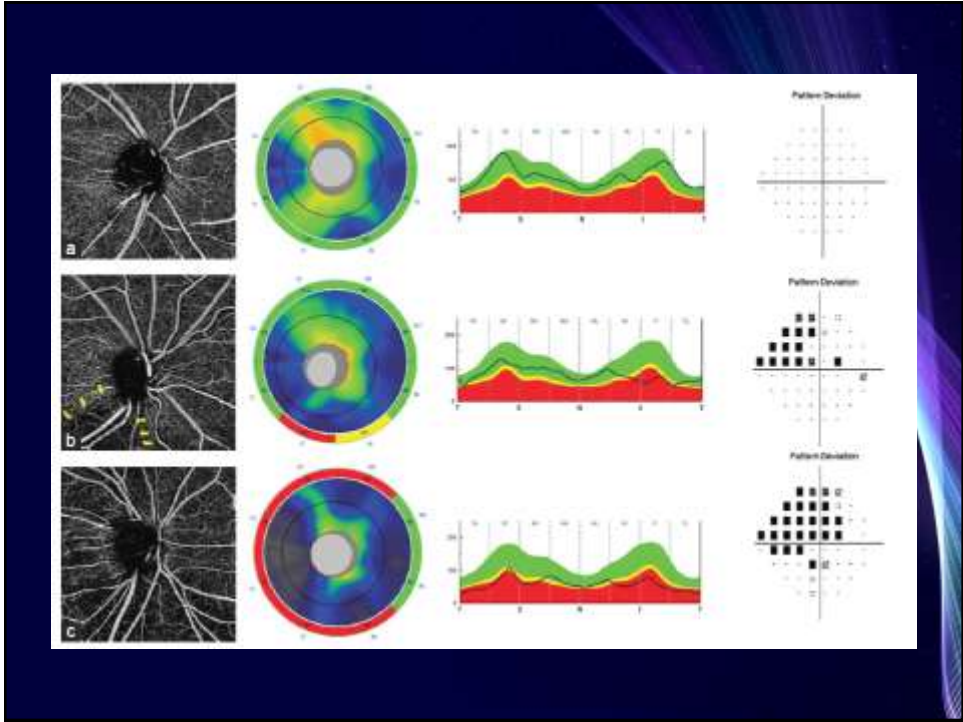
Additionally, OCT RNFL measurements in advanced glaucoma become unhelpful when the RNFL thickness has reached its floor of approximately 50 to 60 μm . It is possible that measuring the microcirculation rather than the nerve tissue itself may improve diagnostic usefulness over a wider range of anatomic features and disease. OCTA may explain the role of vascular pathophysiologic features in glaucoma. We have long known that glaucomatous eyes have reduced OBF, but we do not know whether reduced OBF is a cause or the simple result of glaucomatous optic neuropathy.

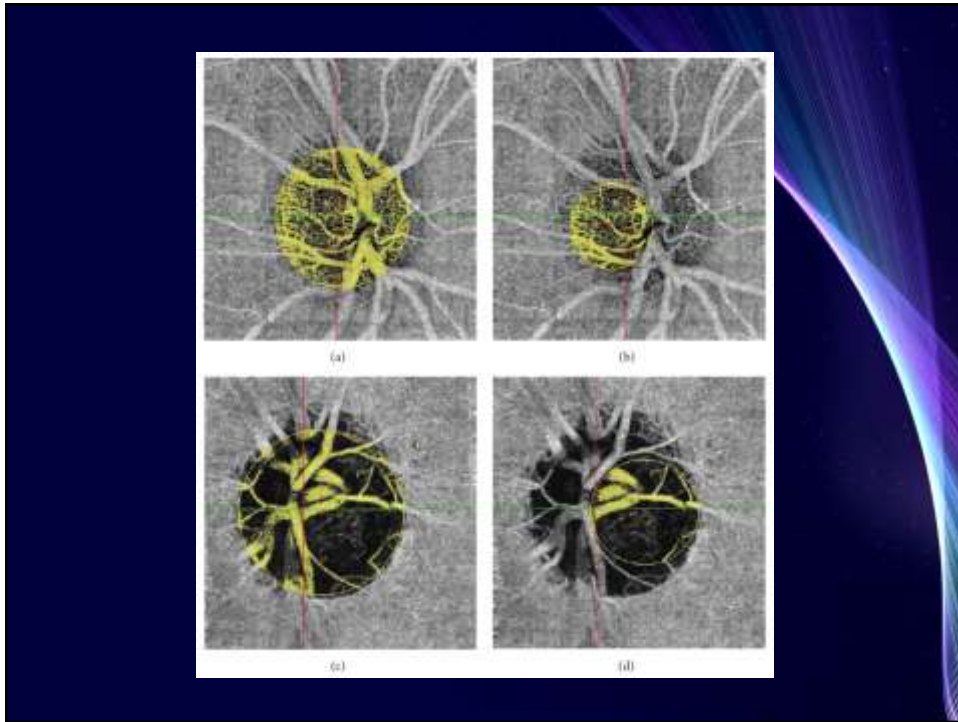
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Although one explanation is that a reduced number of retinal ganglion cell (RGC) axons leads to lower metabolic demand and thus reduced circulation, the other possibility is that a vascular problem such as unstable OBF or microvascular abnormalities contributes to primary open angle glaucoma in some.

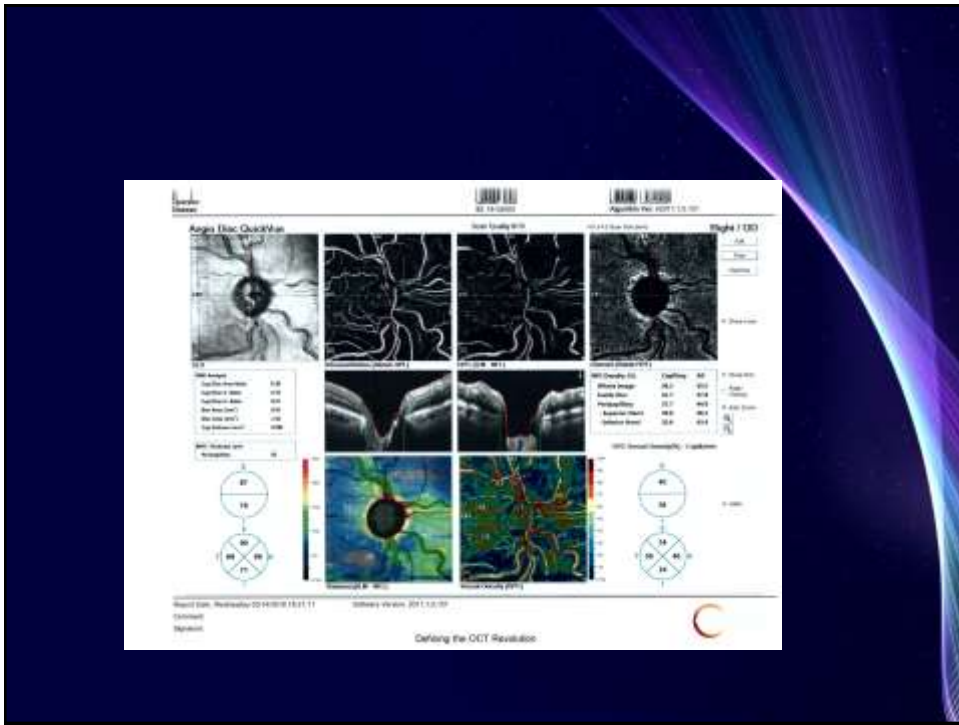
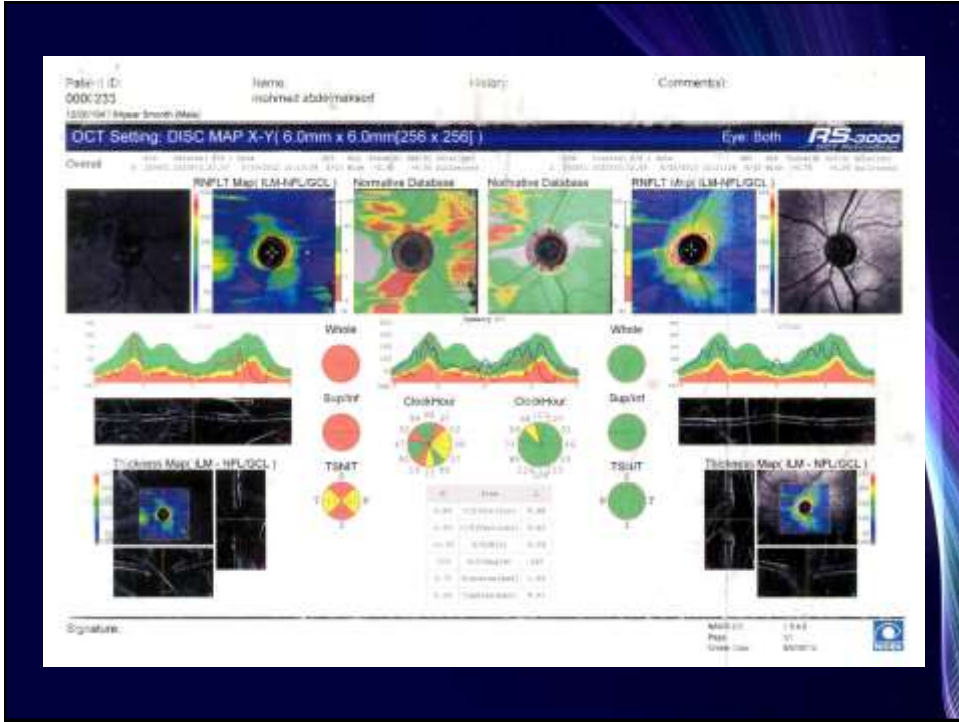








- Male patient 71 years old
- IOP in right eye is 17 and in left eye is 16 under anti glaucoma eye drops ,cup-disc ratio is 0.8 in right eye and 0.6 in left eye



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Take Home Message

OCTA could more clearly reveal who is at risk for glaucomatous progression and guide early treatment decisions. OCTA may identify glaucomatous damage before standard perimetry shows defects. Furthermore OCTA retinal vessel density measurements could differentiate primary open-angle glaucoma, pre perimetric glaucoma, and normal eyes.

