

# OCT and OCT Angiography in Glaucoma

Greg Caldwell, OD, FAAO March 18, 2023



#### Disclosures- Greg Caldwell, OD, FAAO

All relevant relationships have been mitigated

- Lectured for: Alcon, Allergan, Aerie, B&L, BioTissue, Kala, Maculogix, Optovue, RVL, Heru,
   Santen
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- · Advisory Board: Allergan, Alcon, Dompe, Eyenovia Tarsus, Visus
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- •• Envolve: PA Medical Director, Credential Committee
- •• Healthcare Registries Chairman of Advisory Council for Diabetes and AMD
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   Canada Owner



#### OCT in my office:

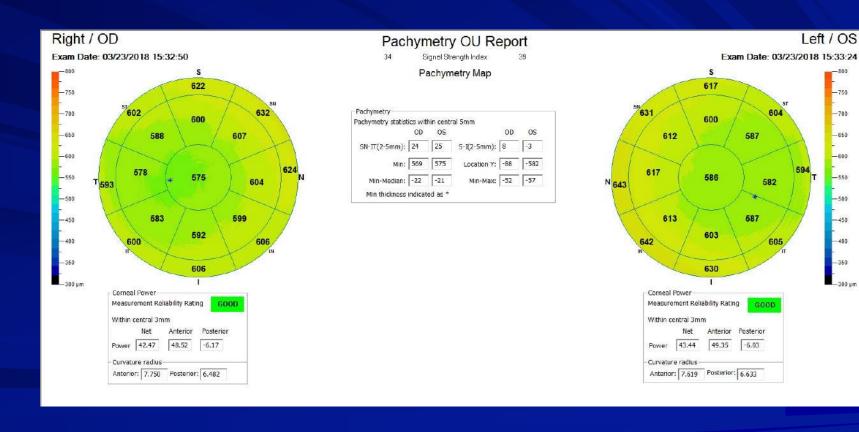
- A. OCT
- B. OCT and OCT Angiography
- C. No OCT technology

# OCT Anterior Segment Applications in Glaucoma

#### OCT for Pachymetry in Glaucoma

-750

-700

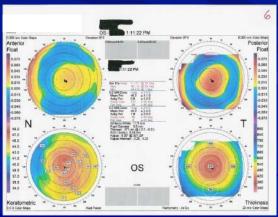


# Pachymetry Ultrasonic versus Optical versus OCT

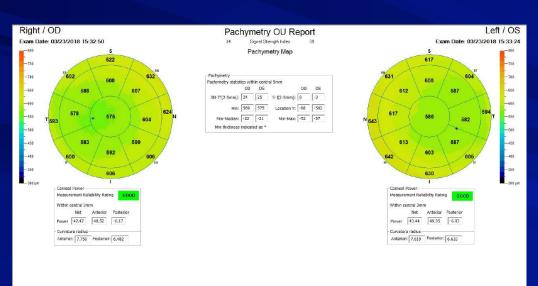


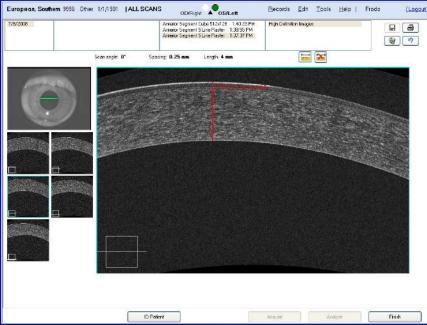






## Anterior Segment Imaging Pachymetry





#### 55-Year-Old Men

500 microns CCT and 21 mm Hg with Goldmann

600 microns CCT and 21 mm Hg with Goldmann

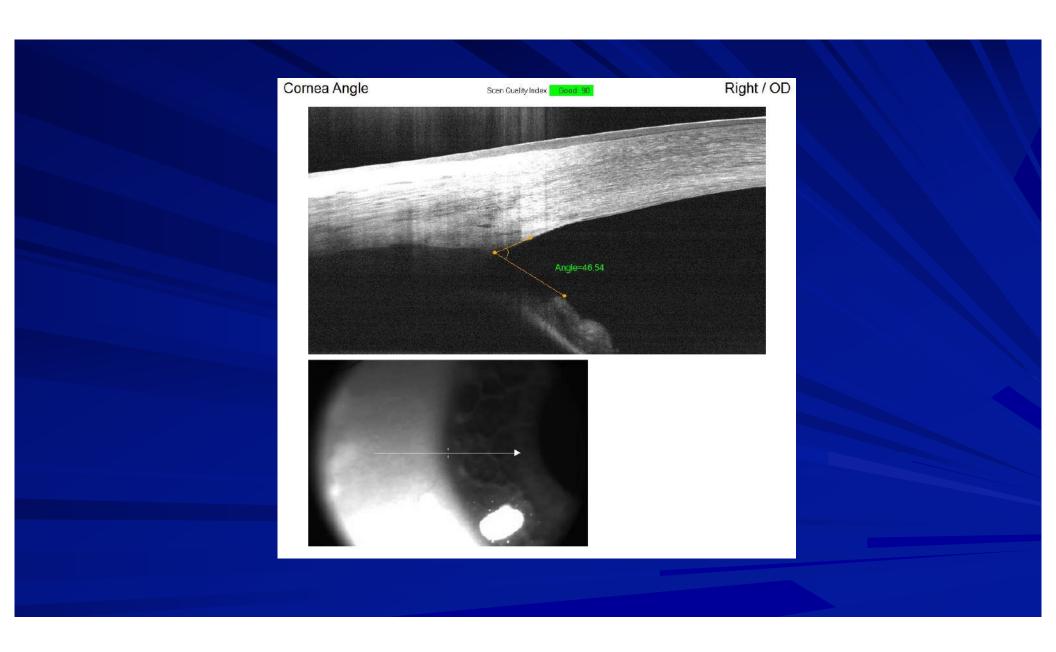
What is the true IOP?

- 1. 18 mm Hg
- 2. 21 mm Hg
- 3. 24 mm Hg
- 4. Don't Know

What is the true IOP?

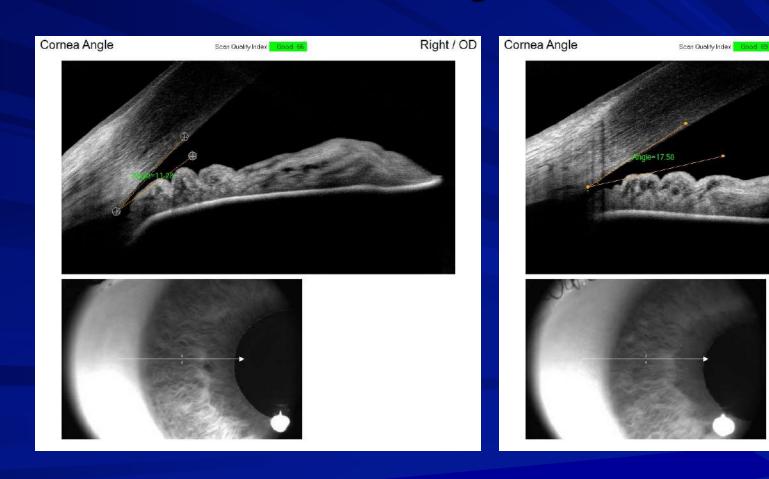
- 1. 18 mm Hg
- 2. 21 mm Hg
- 3. 24 mm Hg
- 4. Don't Know

Corneal Curvature
Corneal Thickness
Corneal Rigidity



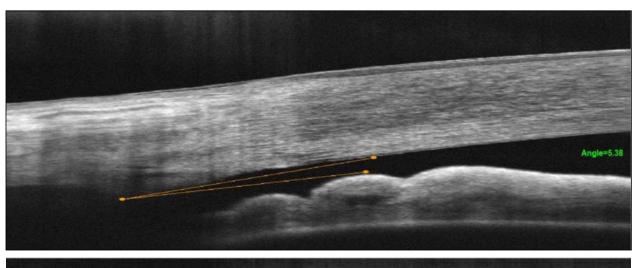
#### Less Than 15 Degrees Get Consult

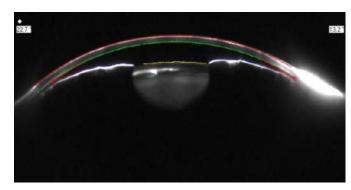
Left / OS

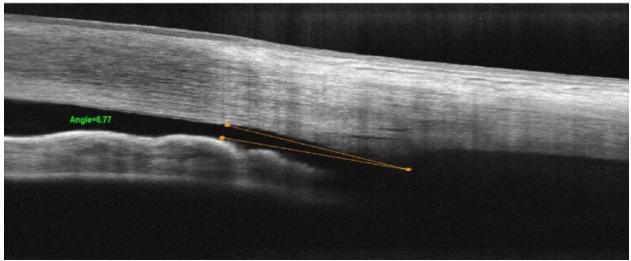


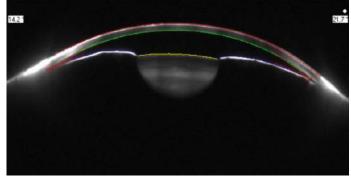
## Closed Angle







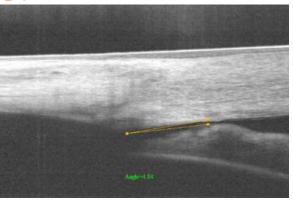


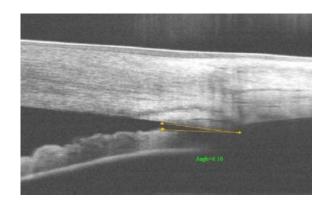


Assessment and Plan?

#### Backed into a closure corner

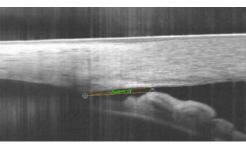
- 30 YOF
- 2018: Referred for narrow angles
- BVA: +2.00 DS 20/20; +1.25 DS 20/20
- Gonio: "slit OU" Grade 1 OU
- IOP 18 mm OU
- Dx: PACS OU
- Plan LPI OU

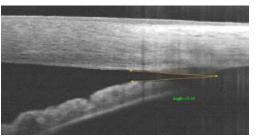




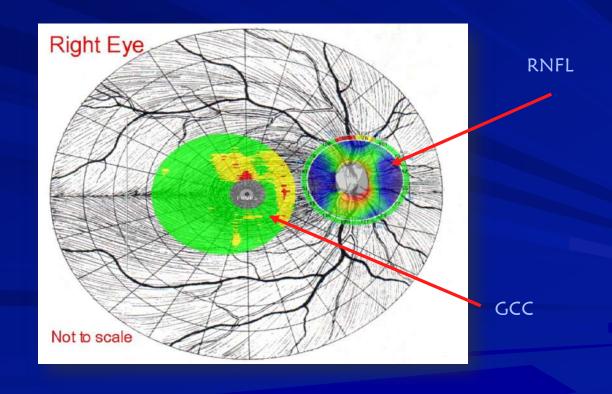
#### Backed into a closure corner

- Follow up (2018)
- No appreciable change after LPI
- Gonio: grade 1; no PAS, double hump sign
- Dx: plateau iris syndrome
- Plan: Discussion iridoplasty, pilocarpine, lens extraction
- Observation recommended
- Other glaucoma specialists may have different approach
  - welcome to second opinion
- Do not start any new medication without clearance
  - Cold and allergy meds

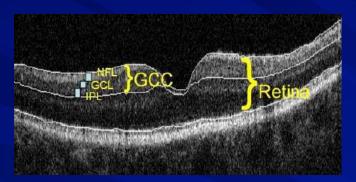




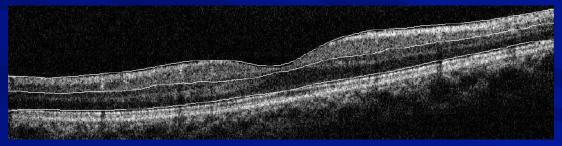
### Overlay of the RNFL and GCC



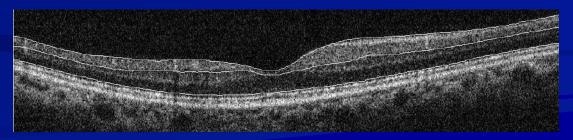
#### GCC Thinning in Glaucoma



Normal



Glaucoma with thinner GCC

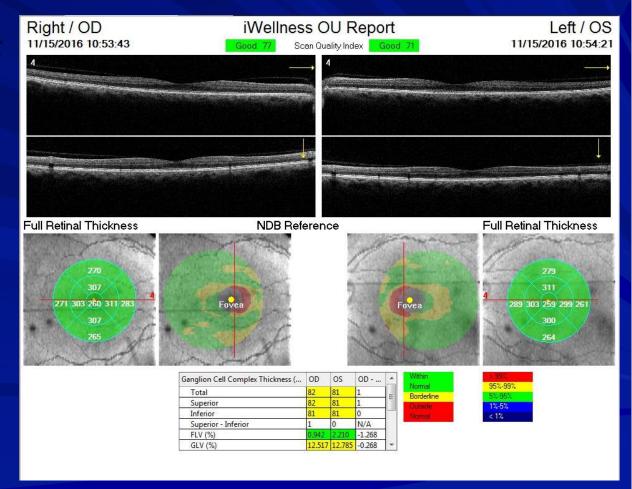


#### Test

This GCC thinning is most likely from glaucoma?

- \*Yes
- \*No
- **★I** don't know





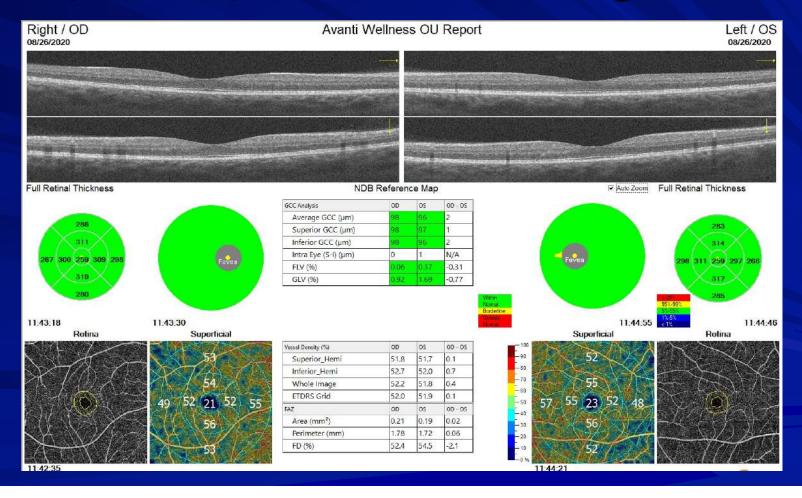
# Green, Red, Yellow, and Blue Disease

Physiologically Normal OCT measure structure

# Green, Red, Yellow, and Blue Disease Hints to this Disease

- A If the disease is a bilateral disease
  - \* Glaucoma
    - lt is usually asymmetric
- Alf the scans are symmetric
  - \* Then it most likely not disease physiologically normal
  - \* Anatomical variation
    - Normal for that patient
- Another hint is the GCC expected values
  - \* 85-100 microns
  - \* 92-95 microns

#### Symmetry and What is Being Tested



#### 46-year-old woman with red-yellow disease

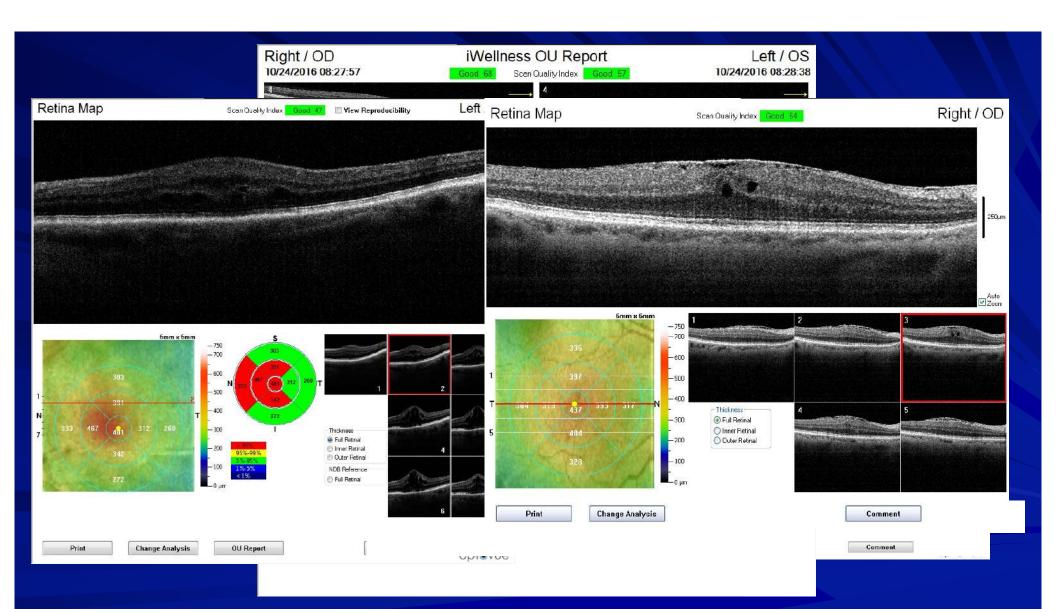
↔OD -0.75 20/20

& OS -1.25 20/20

Systemic hx: thyroid dysfunction, high cholesterol

\* Medications for the above

△ IOPs 15 mm Hg OU 8:30 am

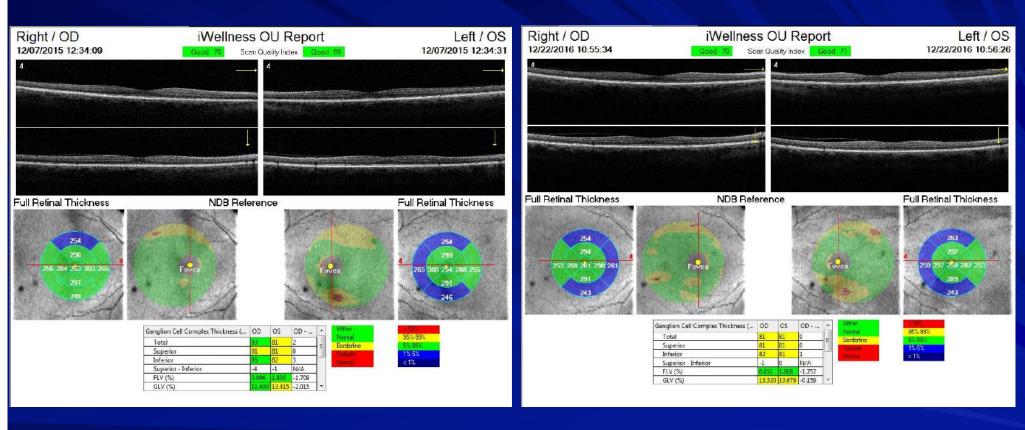


#### 63-year-old woman with red, yellow, blue, and green disease

↔ OD plano/ +2.00 20/20

G√OS -0.50/ +2.00 20/20

*⇔* IOPs 15-18 mm Hg OU 2011-2015



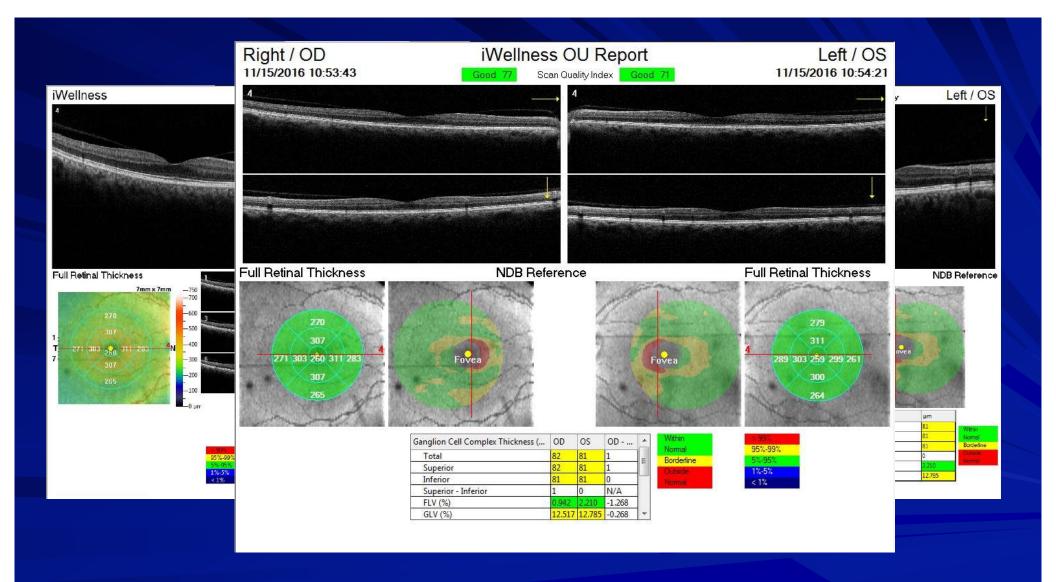
#### 58-year-old with yellow disease

← OD +1.00 20/20

*⇔*OS +1.25 20/20

*⇔* IOPs: 13/15 mm Hg at 11:24 am

⇔ (pay attention to FLV and GLV)



#### 40 yo man with red, blue, green disease

*⇔*OD -7.50 − 0.75 x 110 20/20

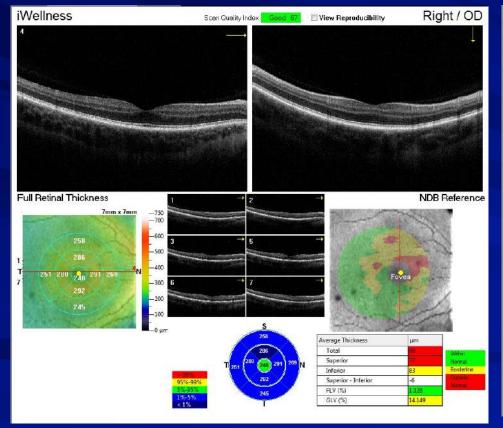
*⇔*OS -7.50 − 0.75 x 105 20/20

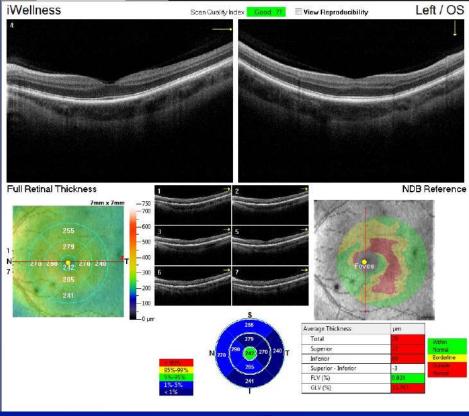
€ IOPs: 15/13 mm Hg at 6:30 pm

#### March 16, 2015

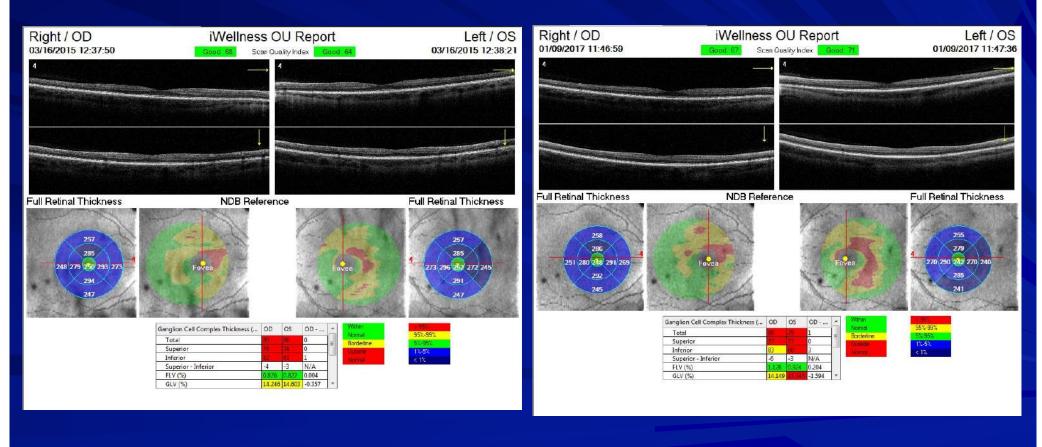


## January 9, 2017

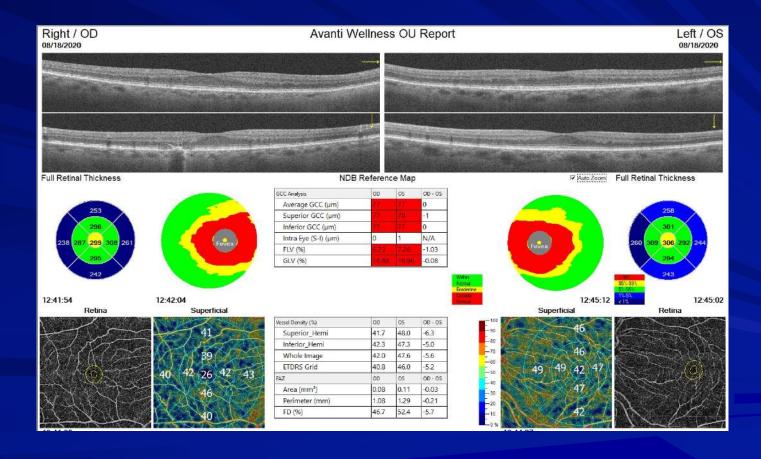


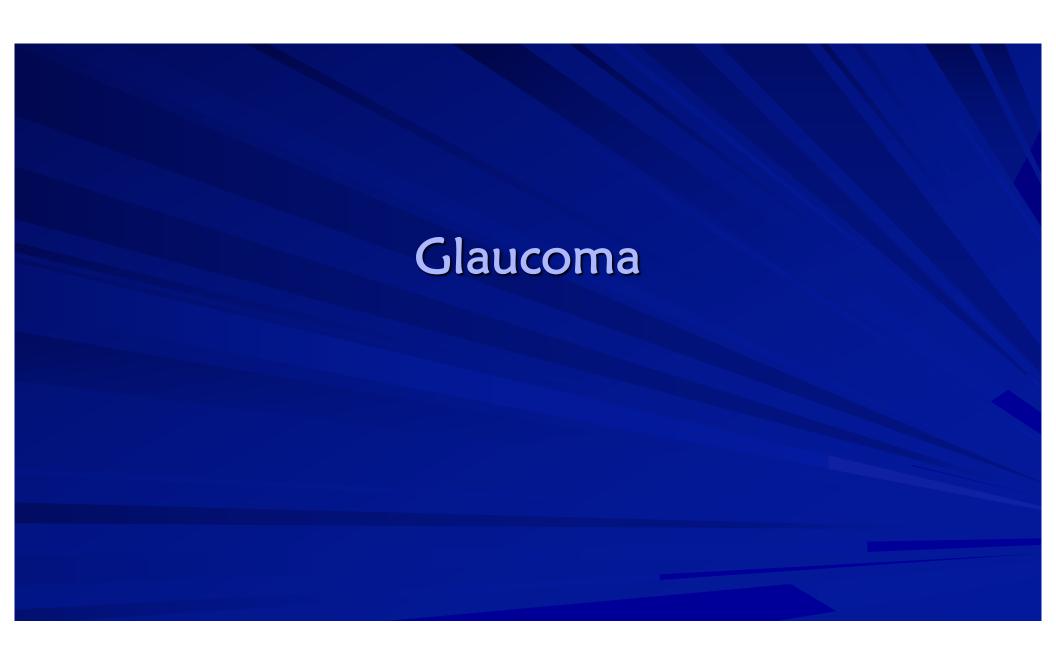


#### 22 months apart

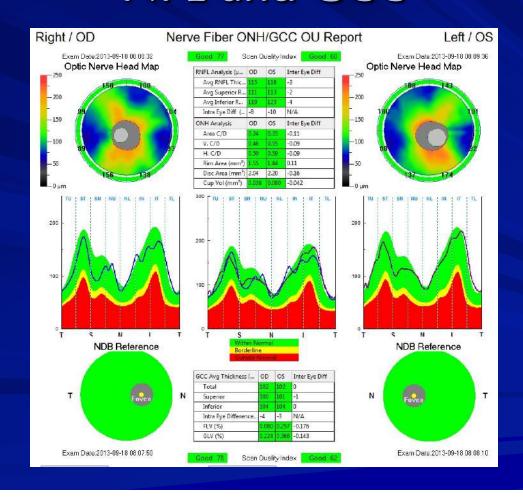


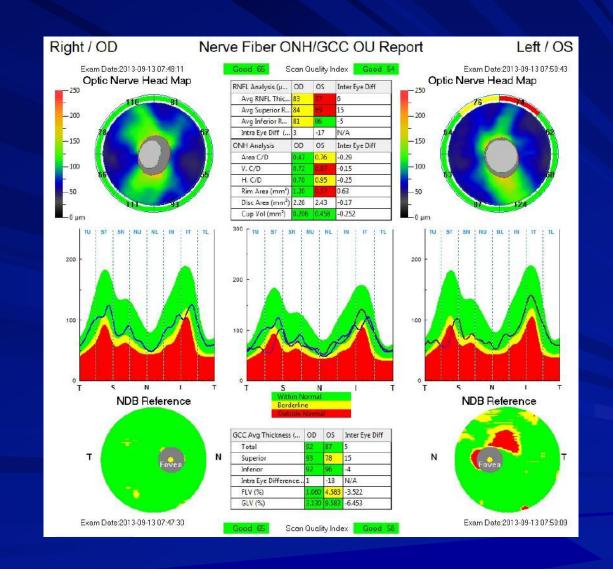
#### 79-year-old woman with DM

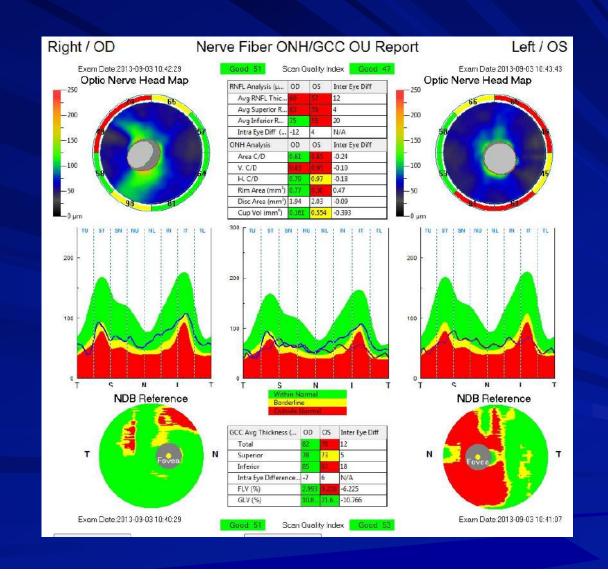


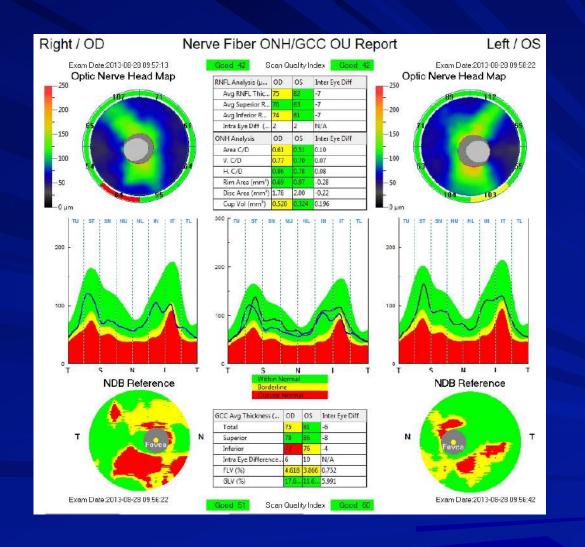


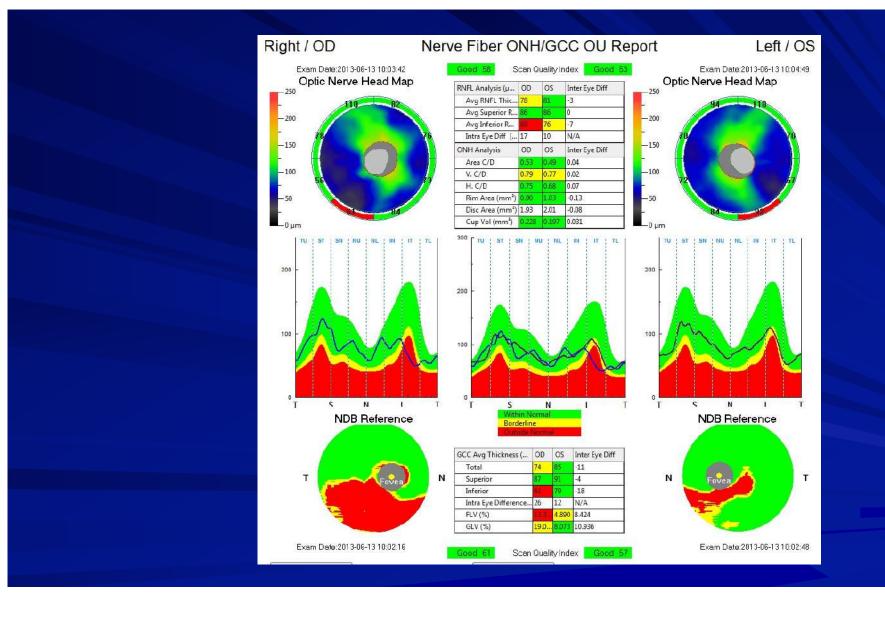
#### NFL and GCC



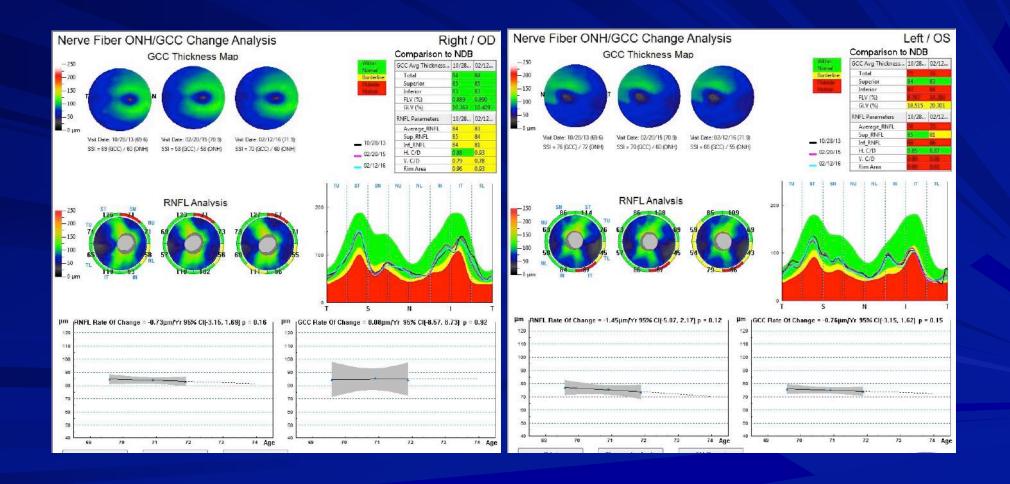




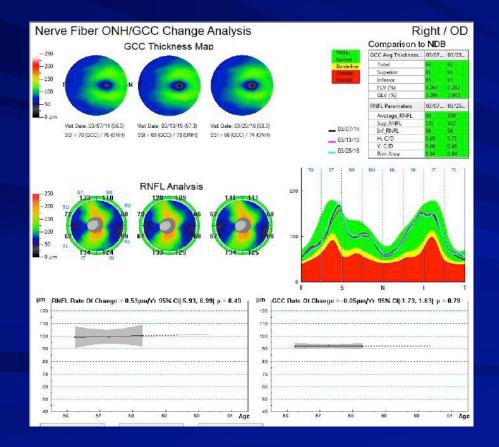


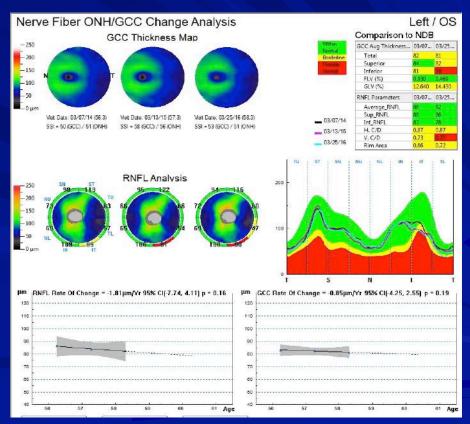


## POAG

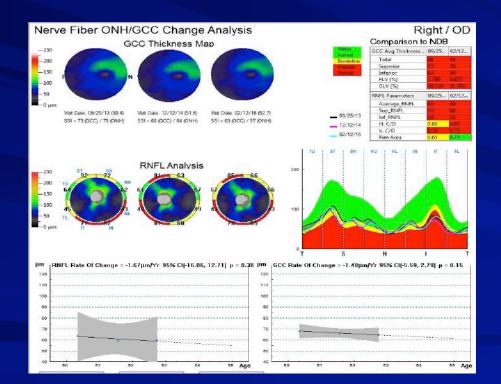


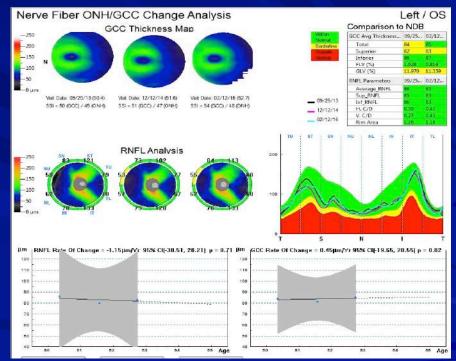
# POAG



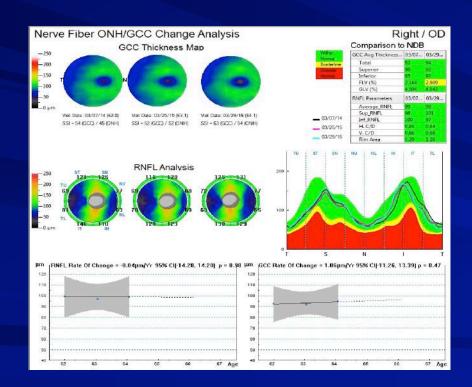


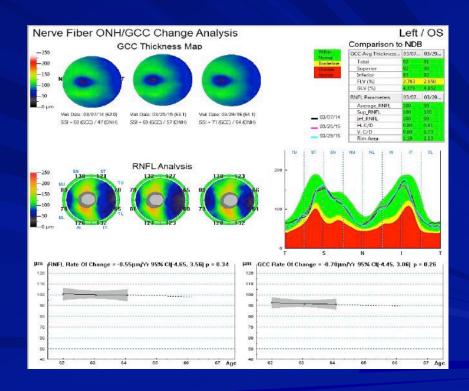
# POAG





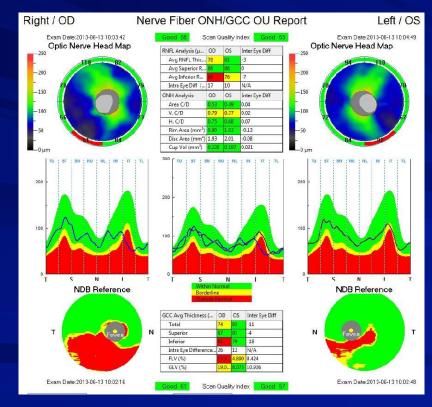
# Glaucoma Suspect strong family history

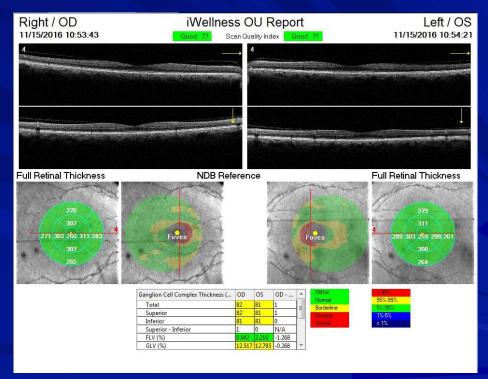






# Which OCT is most likely due to glaucoma?

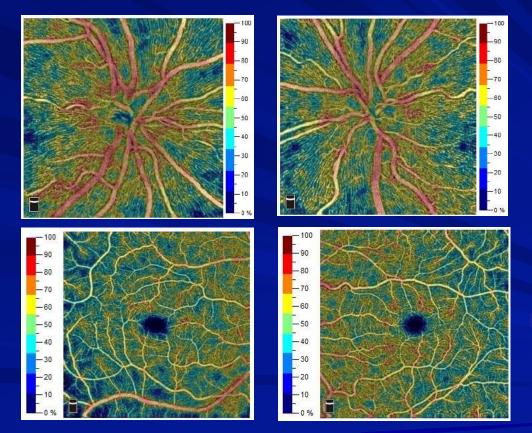




# Learn What Normal Looks Like

Disc: Radial Peripapillary Capillaries

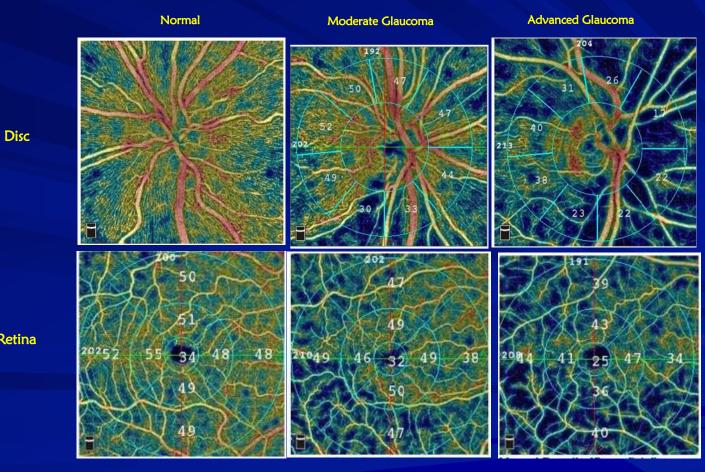
Retina: Superficial Vascular Complex



OD

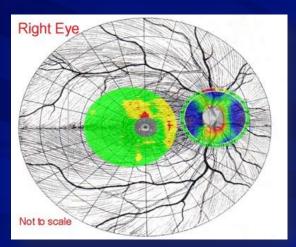
05

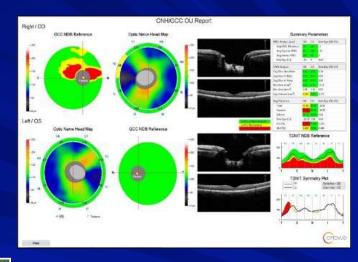
# What Does Glaucoma Look Like?

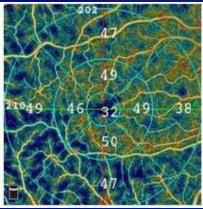


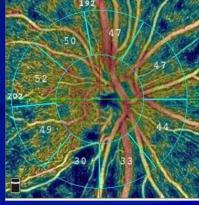
Retina

# Glaucoma





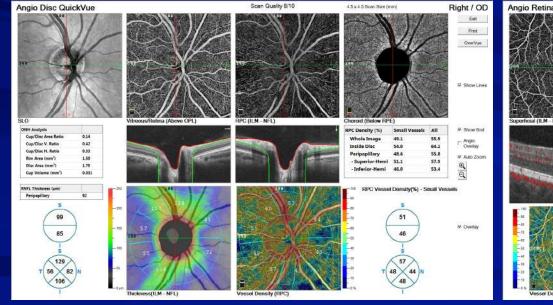


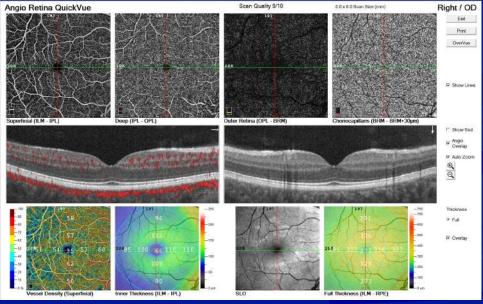


# How Does OCTA Change the Way You See Glaucoma?

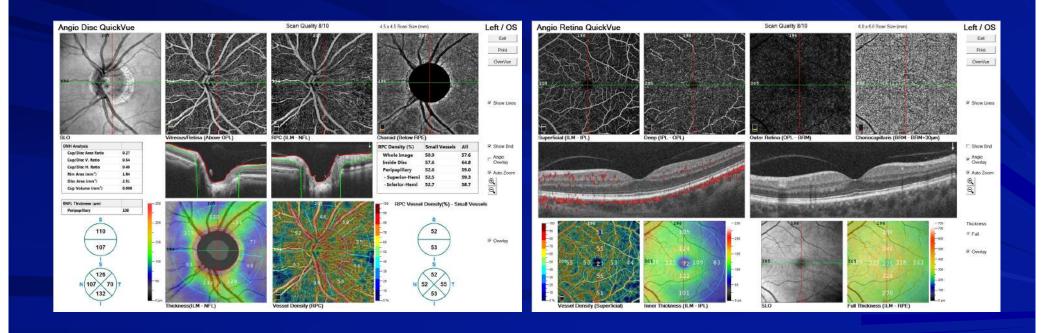
- Shows early changes in the retina and optic disc
- Adds new information to the diagnosis
- Aids in progression detection

# Review of Normal 25-year-old man



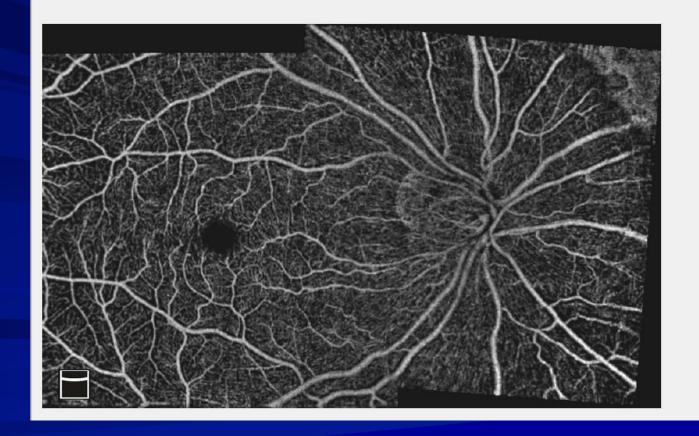


# Review of Normal 60-year-old man



# 60-Year-Old Montage OD

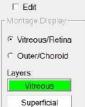
#### Angio Montage



#### Right / OD



#### Reset View



#### ☐ Greyscale

Click image to select layer. Use scrollwheel to adjust layer.

# 60-Year-Old Montage OS

Exit
OverVue

Reset View

☐ Edit

Montage Display

• Vitreous/Retina

• Outer/Choroid

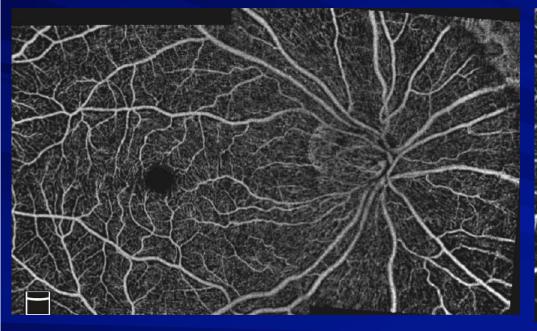
Superficial

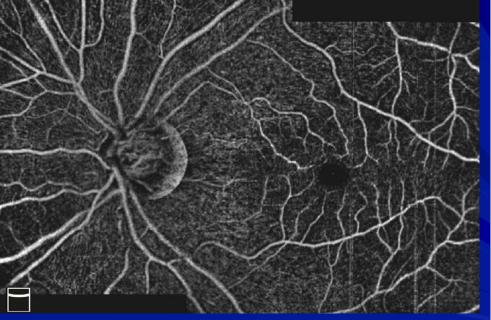
Click image to select layer. Use scrollwheel to adjust layer.

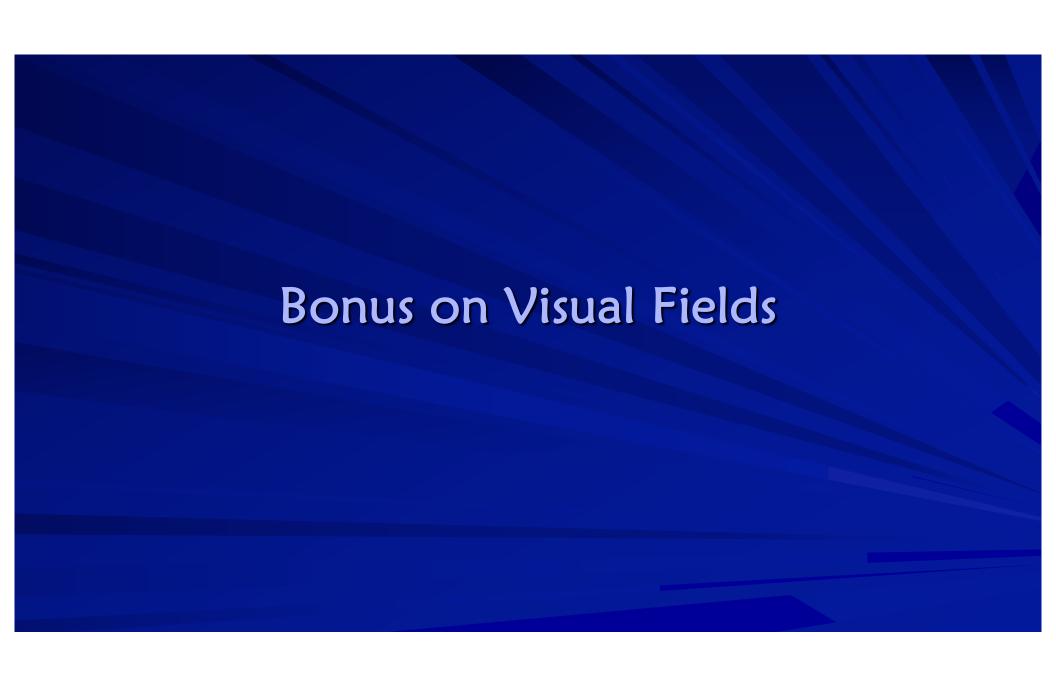
☐ Greyscale

# Angio Montage

# 60-Year-Old Montage OU



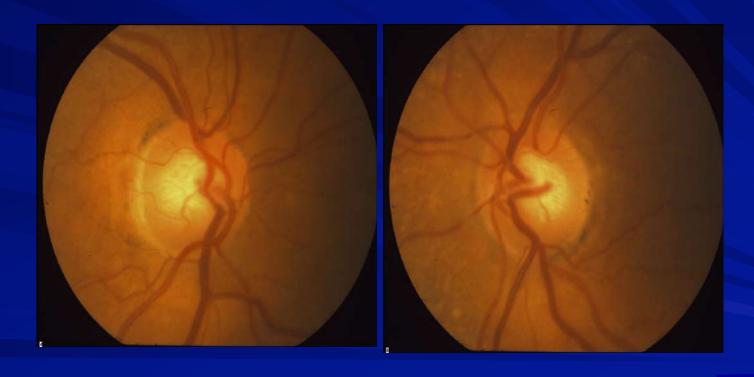




# 50-year-old woman

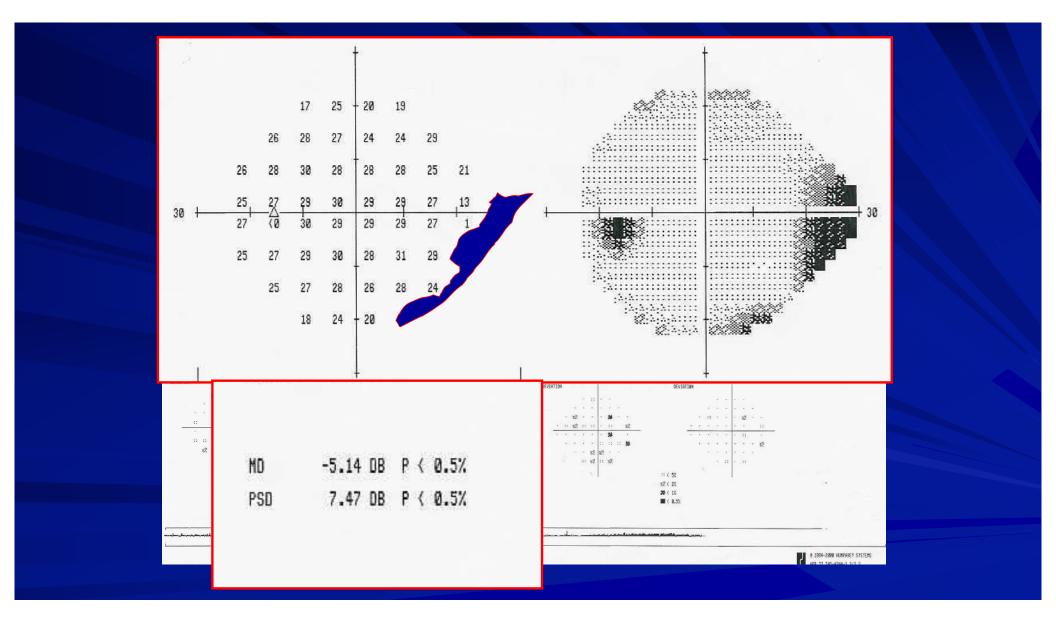
- Recently has moved to the area and needs followed for her "ocular hypertension"
- & Diagnosed 18 months ago
- Currently is using Travatan qd OU (PM)
- & VA 20/15 OU
- & Externals: unremarkable
- & SLE: slight hyperemia OU
- ←/IOP: 13 OD and 14 OS @ 8:30 AM

# ONH Appearance



### Review of Records

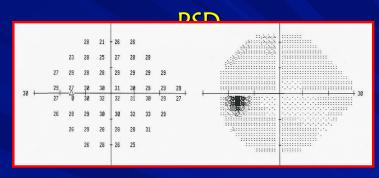
- & Diurnal IOP without medication
  - **★**OD 16-19 8:00 AM thru 5:30 PM
  - **\***OS 17-20 8:00 AM thru 5:30 PM
- & Pachs
  - **★OD** 505
  - **★OS** 505



## MD and PSD

### <u>MD</u>

- €√54 spots on 24-2
  - \* All 54 spots reduced by 1 DB (54DB)
  - **★** MD 1DB
- €~54 spots on 24-2
  - \* 27 spots reduced by 2 DB (54 DB)
  - \* MD 1 DB
- €~54 spots on 24-2
  - \* 13.5 spots reduced by 4 DB (54DB)
  - \* MD 1 DB



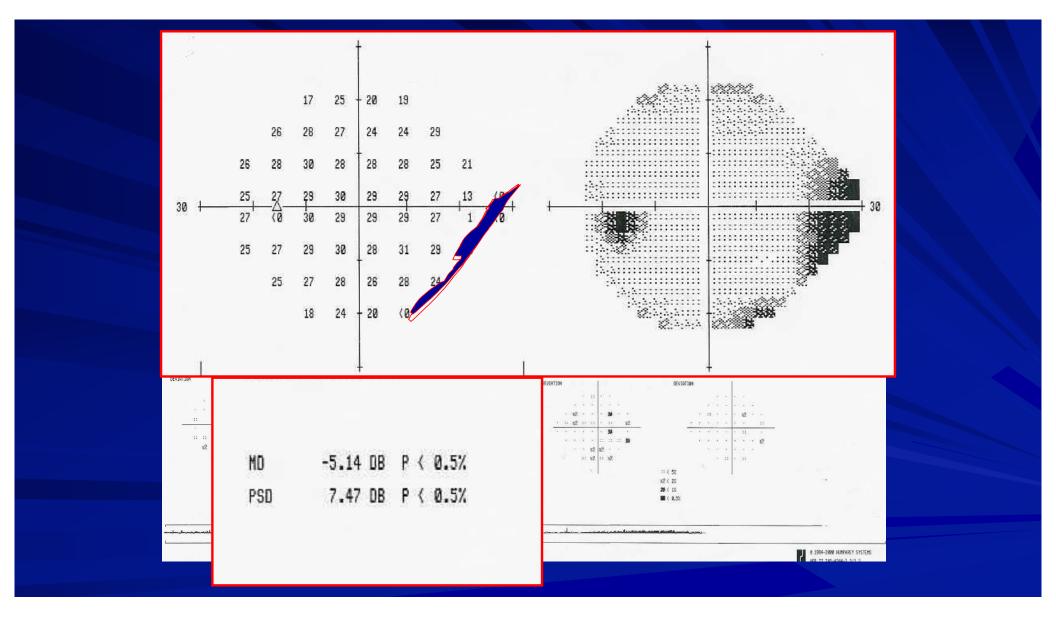
Moderate PSD (More localized loss)

\* 3.00 DB

← High PSD (Localized loss)

**★ 5.00 DB** 

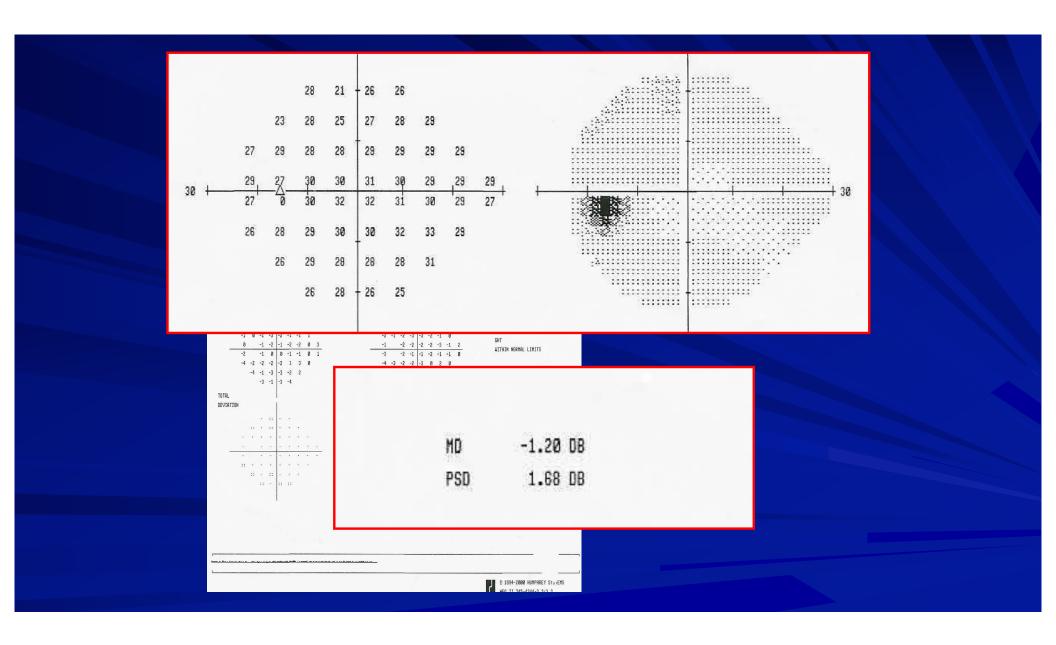
MD -1.20 DB PSD 1.68 DB

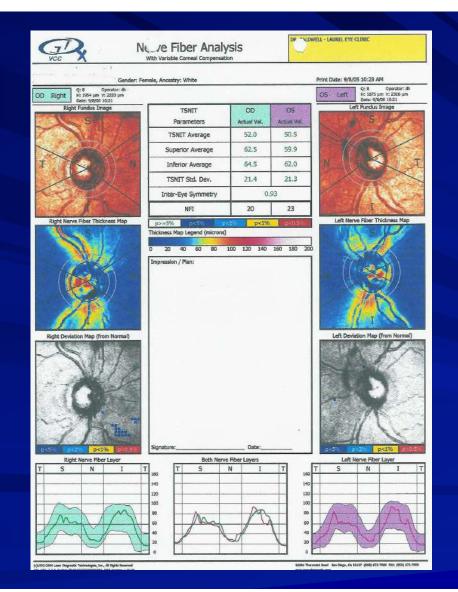


# Discussion Why is this patient being treated?

## Treatment

- Repeat visual field
- & Discontinue Travatan
- GGet GDX nerve fiber analysis





# **GDX** Results

# Cranium Keeper

- Do not back door patients into the ocular hypertension treatment study
  - **★** Via thin pach results
- A patient needs to be suffering from ocular hypertension to use the study
- & Thin pachs tell us:
  - \*Patients with ocular hypertension are at high, medium or low risk for development
- Ar If you have a diagnostic instrument learn how it works and make proper interpretations

# Test

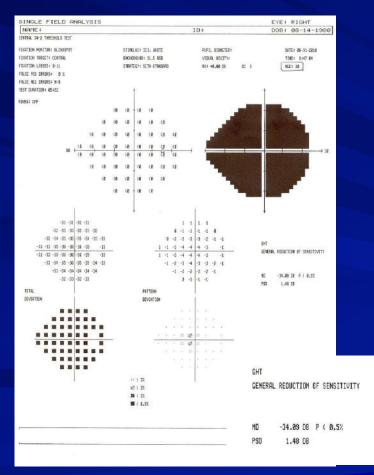
What's the Mean Deviation (MD) on a 24-2 Threshold Visual Field?

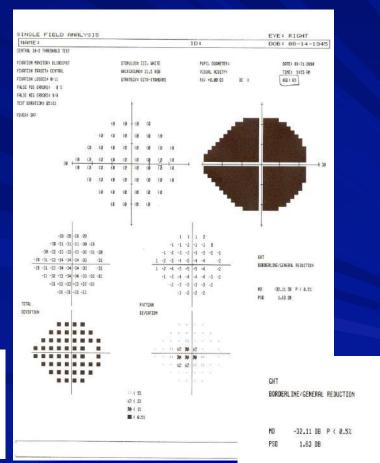
- \* + 5 db
- \* 0 db
- \* -5 db
- \* -12 db
- \* -32 db
- \* -50 db



## Thoughts on Mean Deviation (MD)

What is the Mean Deviation on a visual field of a blind eye?





# Thoughts on Mean Deviation (MD)

& Turn on your VF let it run

**★**30 DB (decibel)

€ 0-5 (1/6) 30% reduction

*←* 5-10 (1/3) 40% reduction

*⇔* > 10 (1/2) 50% reduction

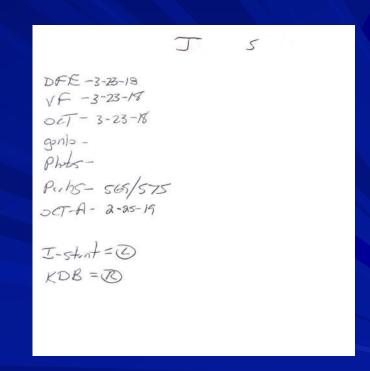


A How many DB difference to reliable VF should cause a RAPD?

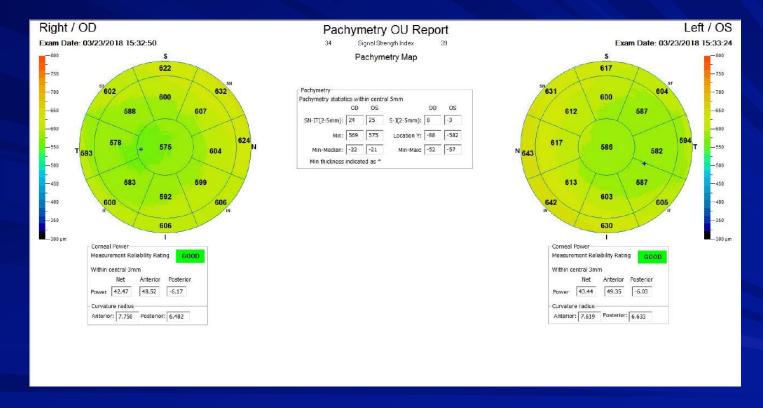
**★** 3 DB for a small APD, the larger the difference the greater the APD

# 68-year-old woman with glaucoma

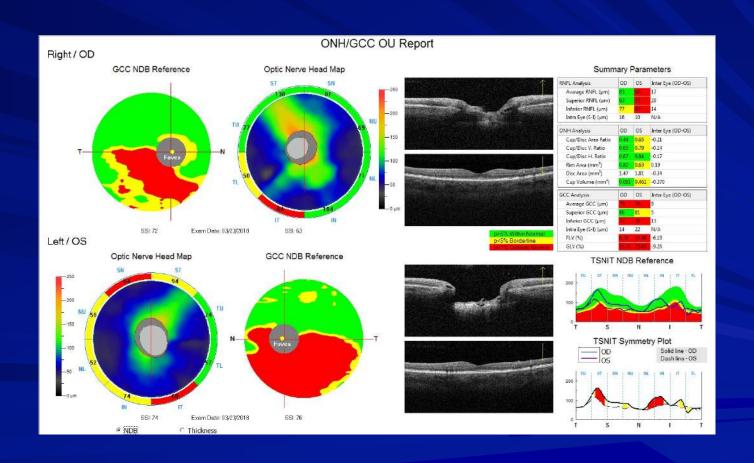
- Wants second opinion for glaucoma management
- Recently had cataract surgery OS with iStent
  - **★** September 25, 2017
  - **★** Dorzolamide 2% BID OS, Lumigan 0.01% QD OS
- ← Our practice recently performed cataract surgery and Kahook dual blade (KDB) MIGS
  - \* July 24, 2018
- *⇔* IOP<sub>GAT</sub>: 12 and 16 at 11:27 am



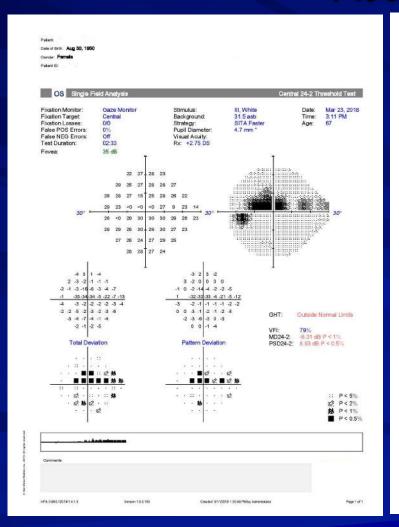
# OCT for Pachymetry in Glaucoma

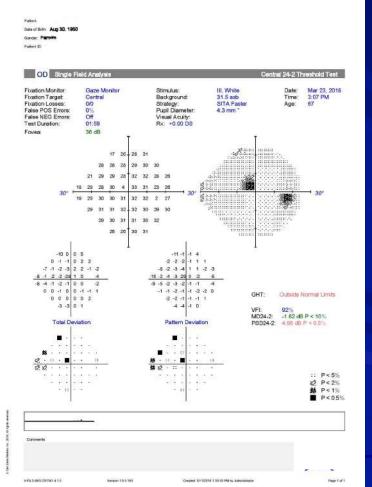


# OCT GCC and NFL

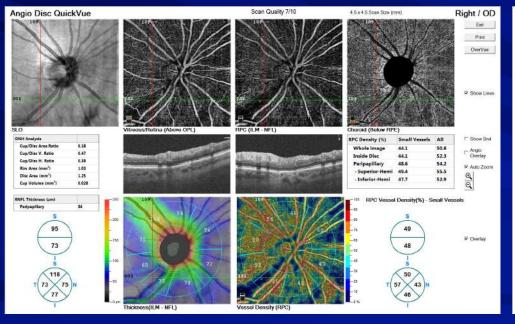


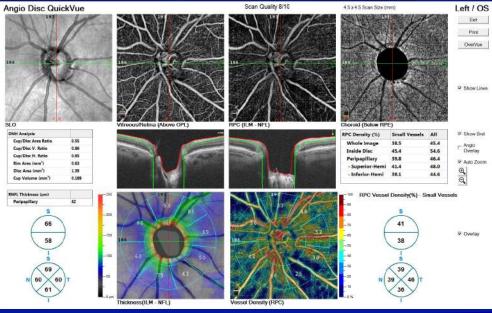
# Visual Fields



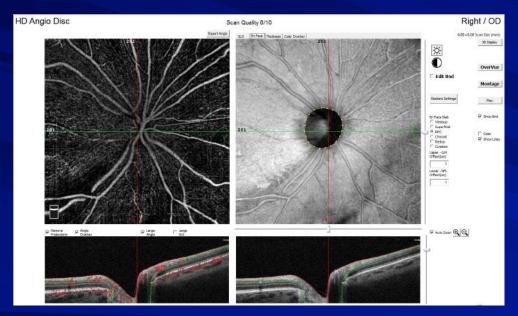


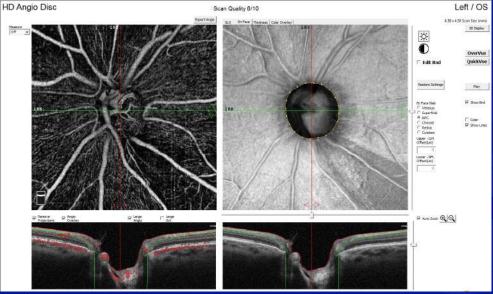
# Angiography and AngioAnalytics of Disc



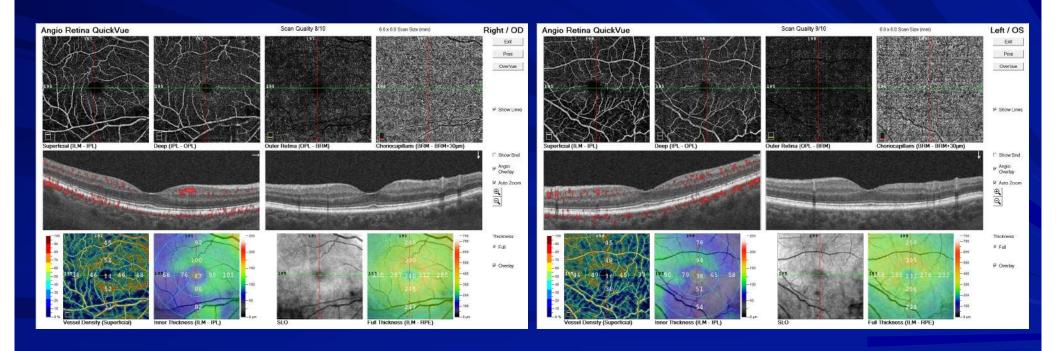


# En Face Radial Peripapillary Capillaries (RPC)



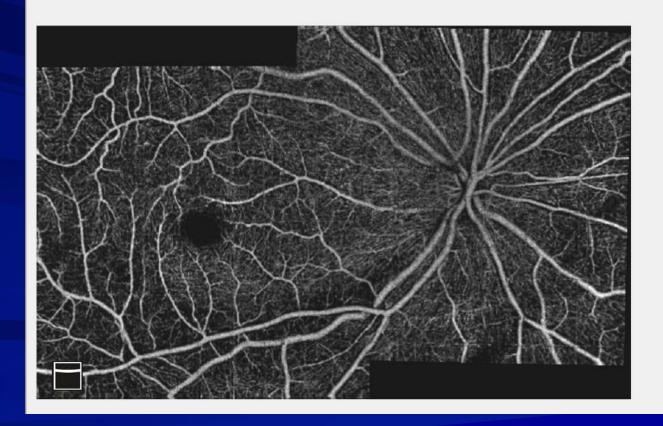


### Angiography and AngioAnalytics of Retina



### Montage OD

### Angio Montage



### Right / OD Exit Over/Vue

Print

Reset View

□ Edit

Vitreous/Retina

○ Outer/Choroid

Layers:

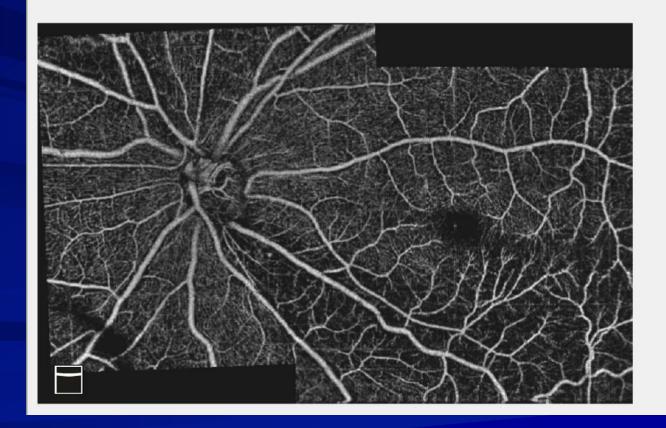
Superficial

☐ Greyscale

Click image to select layer. Use scrollwheel to adjust layer

### Montage OS

### Angio Montage



### Left / OS

Exit
OverVue
QuickVue
Print

Reset View

□ Edit

● Vitreous/Retina

● Outer/Choroid

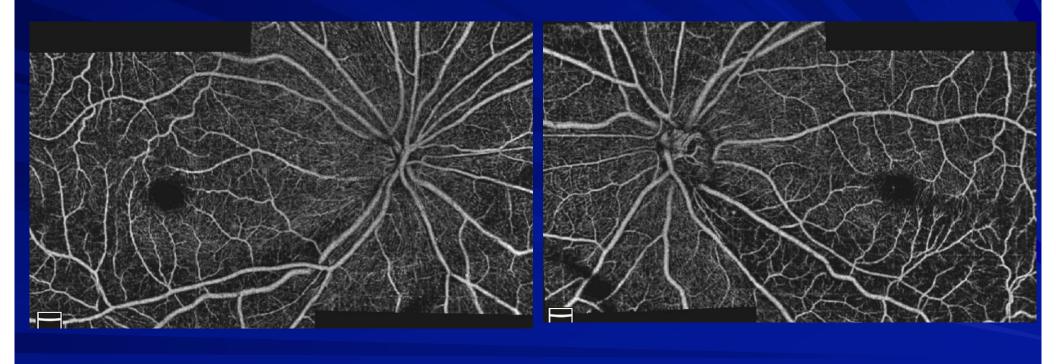
Layers:

Superficial

☐ Greyscale

Click image to select layer: Use scrollwheel to adjust layer.

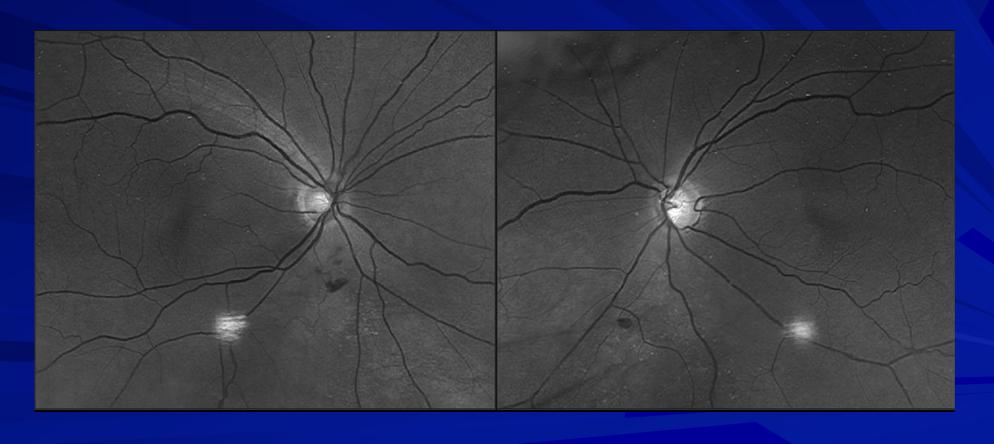
### Montage OU

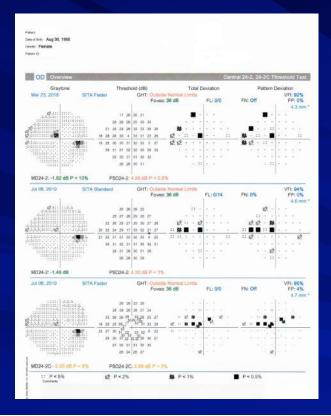


## Update 2021 May 24, 2021



## Update 2021 May 24, 2021

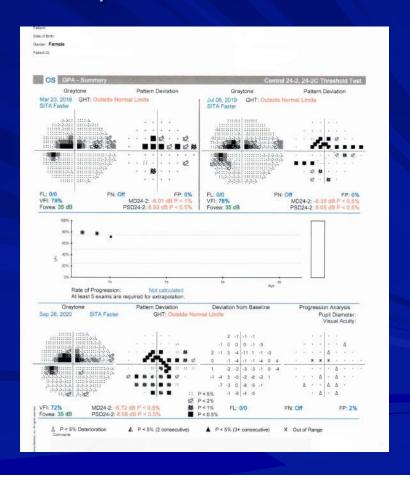


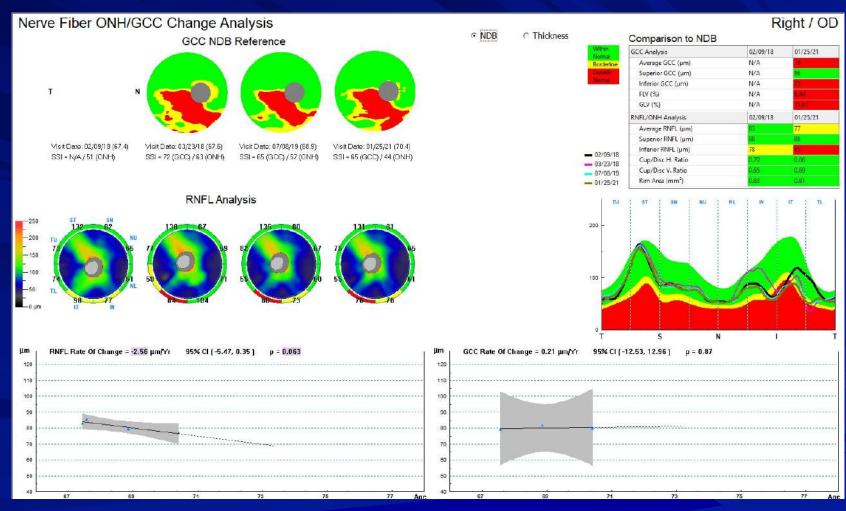


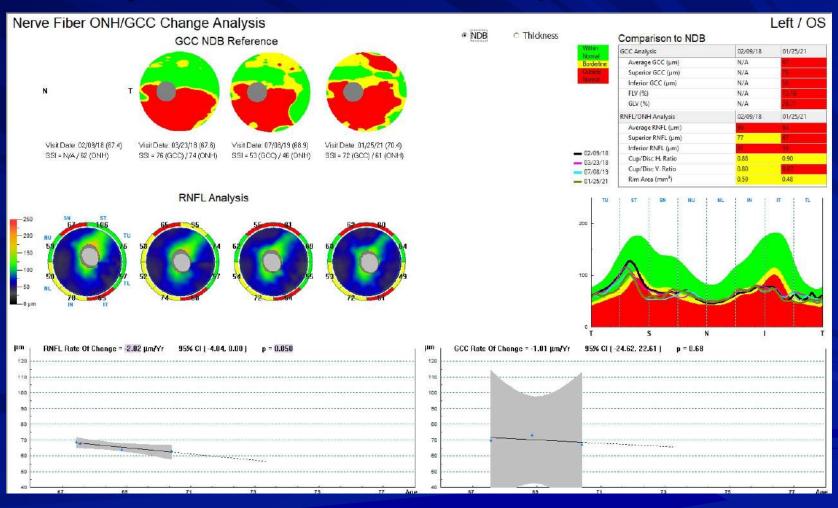


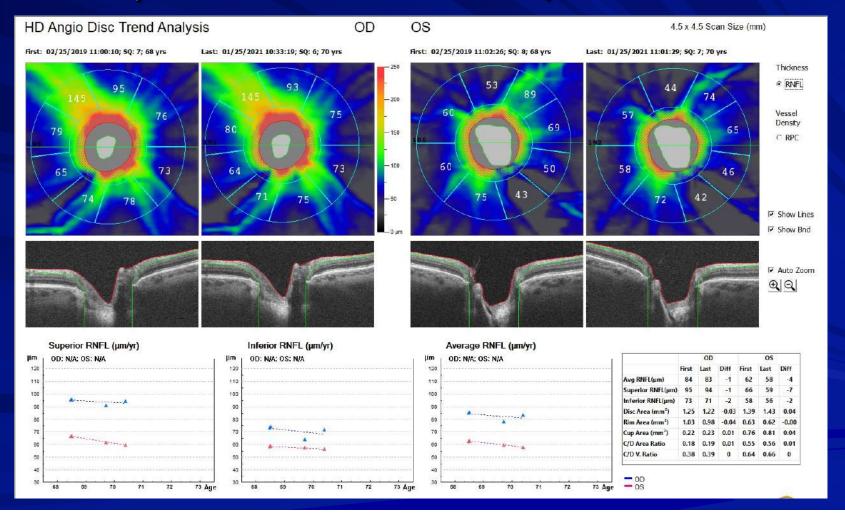
### Update 2021

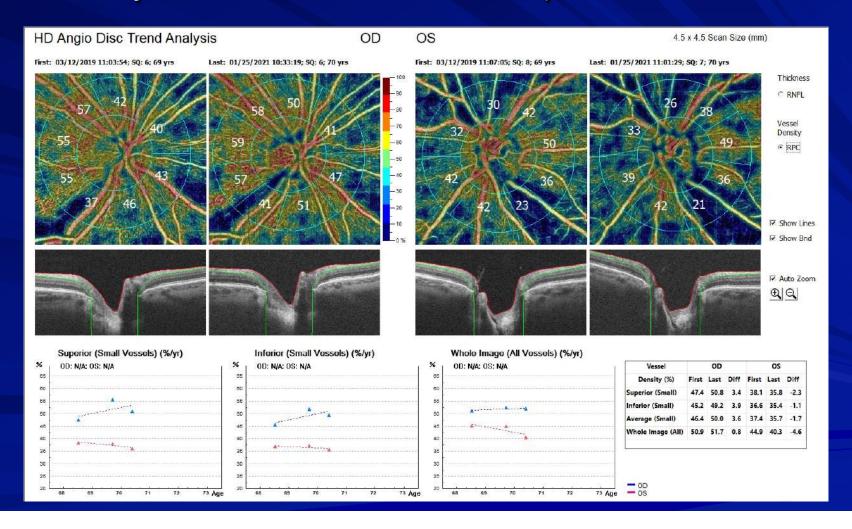
September 20, 2020

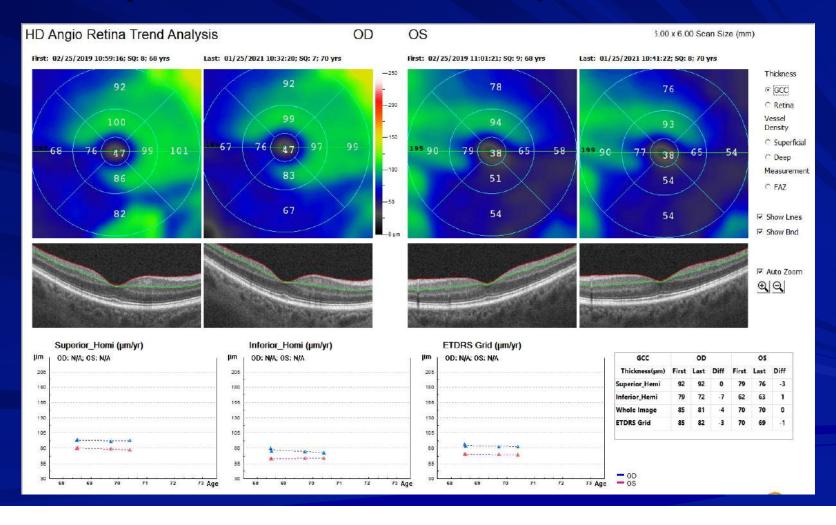


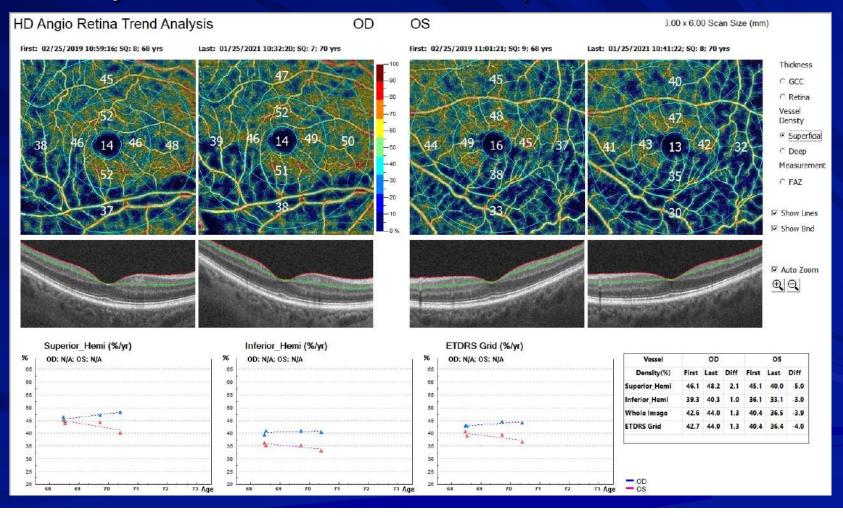


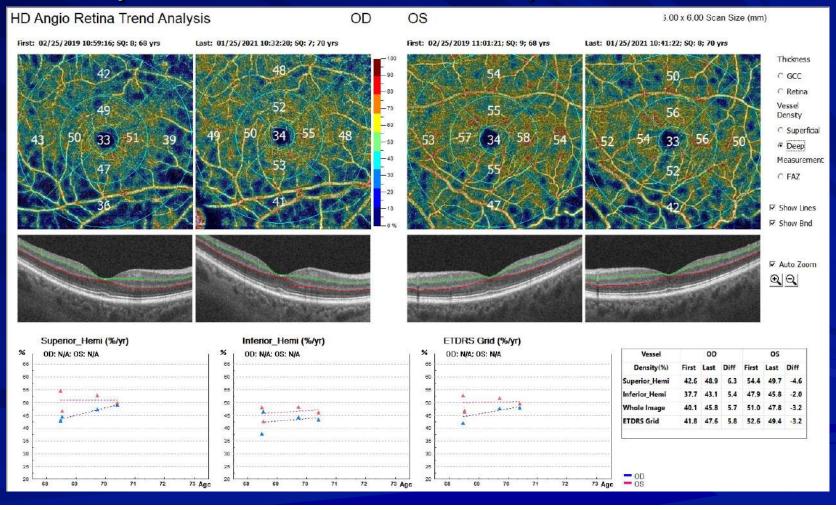










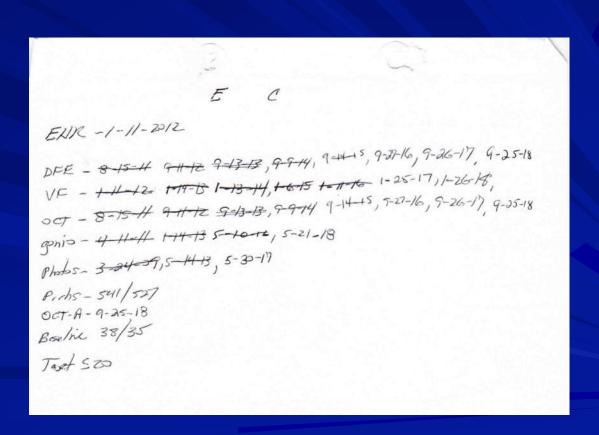


### 74-year-old man

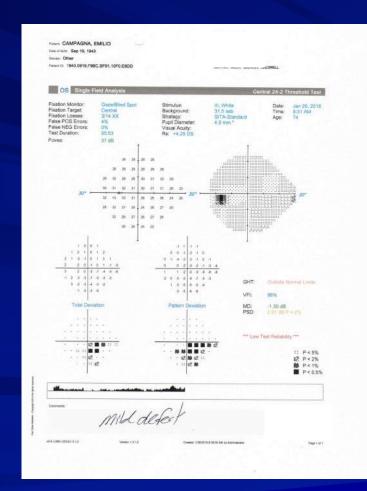
APOAG, OS > OD

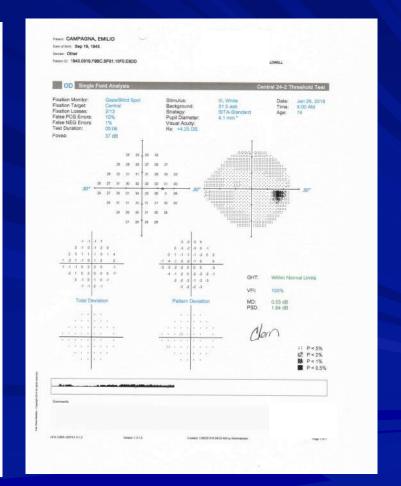
Lumigan 0.01% QD OU

Combigan BID OU

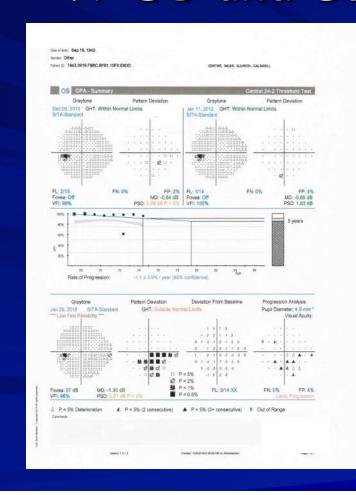


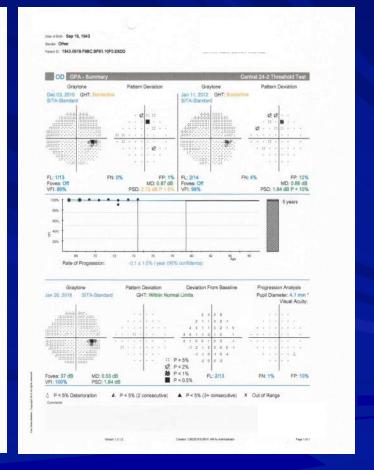
### VF OD and OS 1-26-2018





### VF OD and OS GPA 1-26-2018

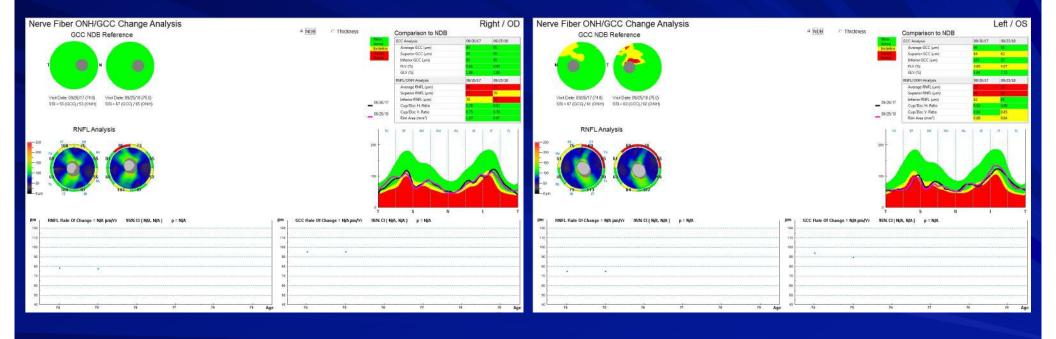


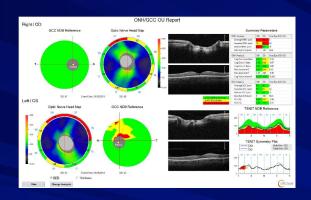


### OCT NFL and GCC 9-25-2018

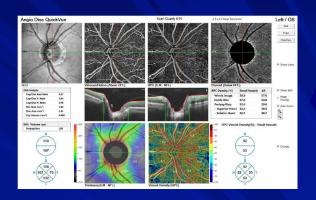


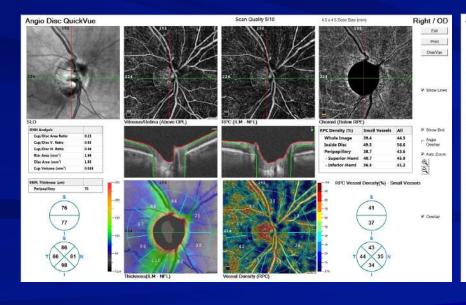
### Change Analysis NFL-GCC

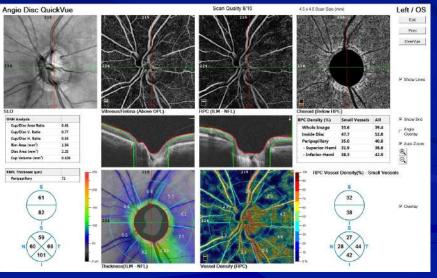




### OCT-A 9-25-2018 POAG OS > OD

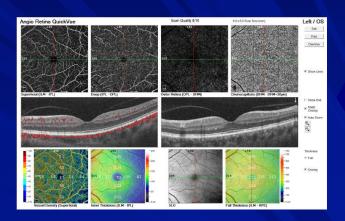


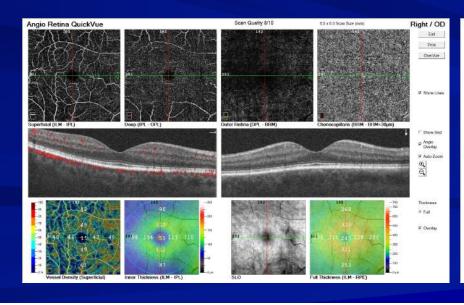


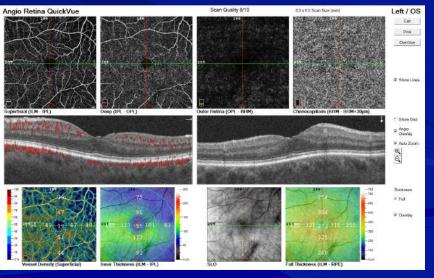


# Pight / CD ONH/GCC OU Report OCC NOB Reference Optic Name Head Map O

### OCT-A 9-25-2018 POAG OS > OD

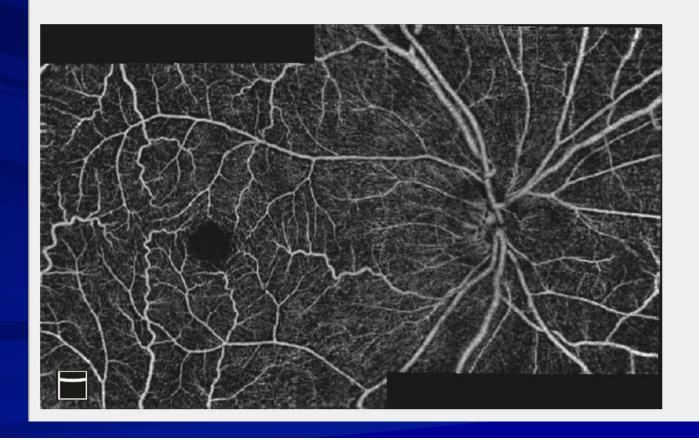






### Montage OD

### Angio Montage



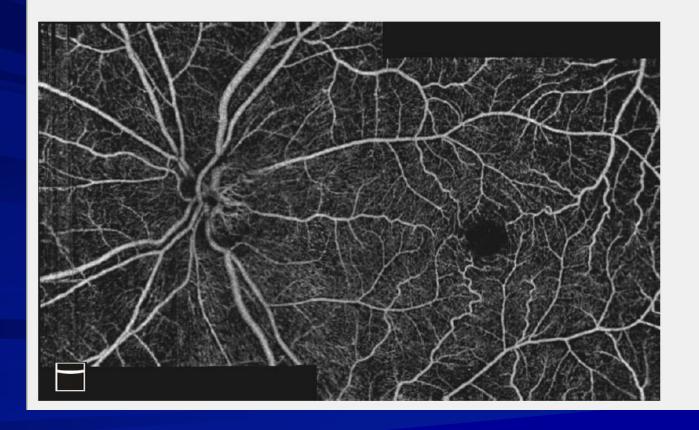
# Right / OD Exit OverVue Print Reset View Edit Nonriage Display Vitreous/Retina Outer/Choroid Layors: Vitreous Superficial Deep Greyscale Click image to select layer. Use scrollwheel

to adjust layer.

### Montage OS

### O

Angio Montage



### Left / OS

OverVue

Print

Reset View

□ Edit

-Montage Display -
© Vitreous/Retina

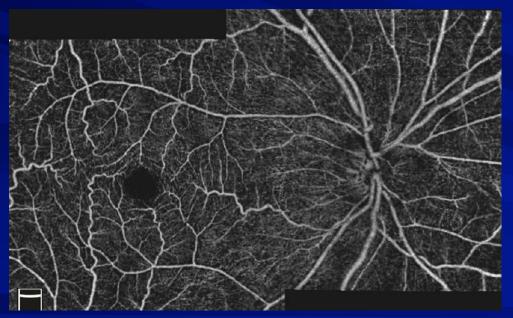
○ Outer/Choroid Layers:

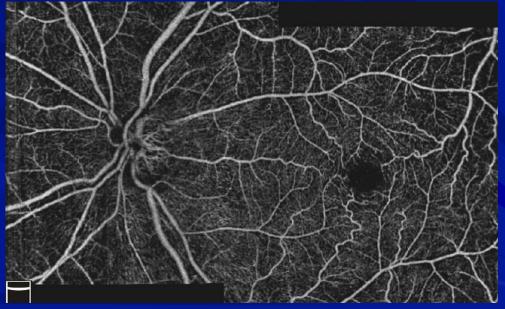
Vitreous
Superficial

□ Greyscale

Click image to select layer. Use scrollwheel to adjust layer.

### Montage OU





# They do read their EHR communication

Page 1 of 1

#### Drs. Centar & Imler

From:

Date:

Tuesday, September 25, 2018 1:07 PM

<centarimler@atlanticbb.net>

To: Subject:

To Whom it may concern:

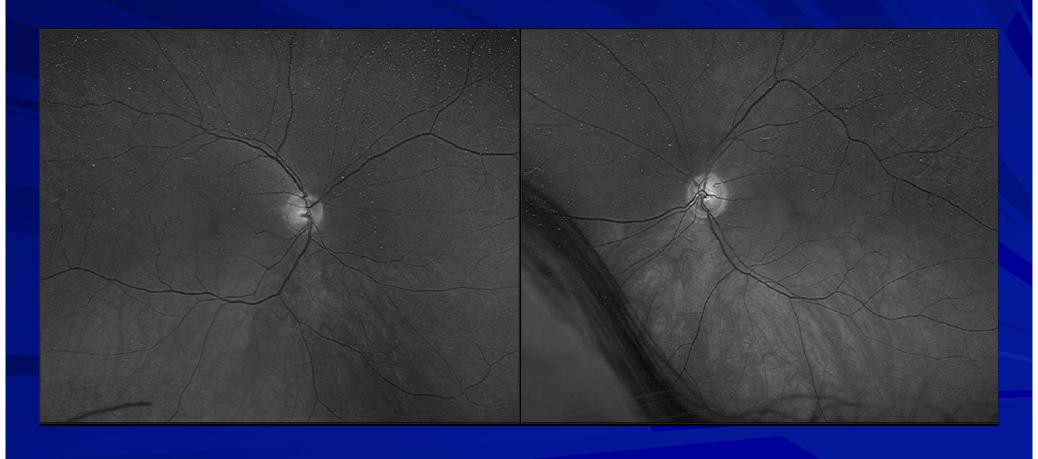
I was reading my patient chart online, which was emailed to me right after my office visit today. I noticed they have my weight recorded as 344 pounds. That weight is incorrect because I'm now at 333, which has been holding steady between 332 and 334 for several months now.

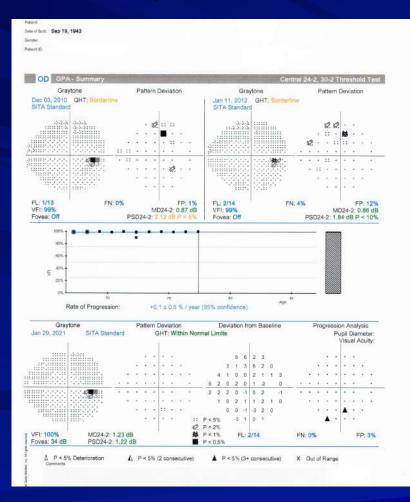
Sincerely,

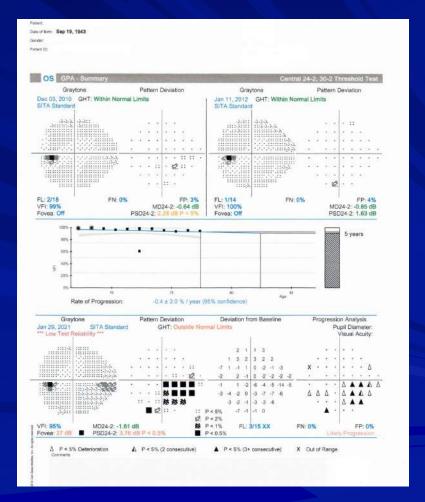
Sent from my iPhone=

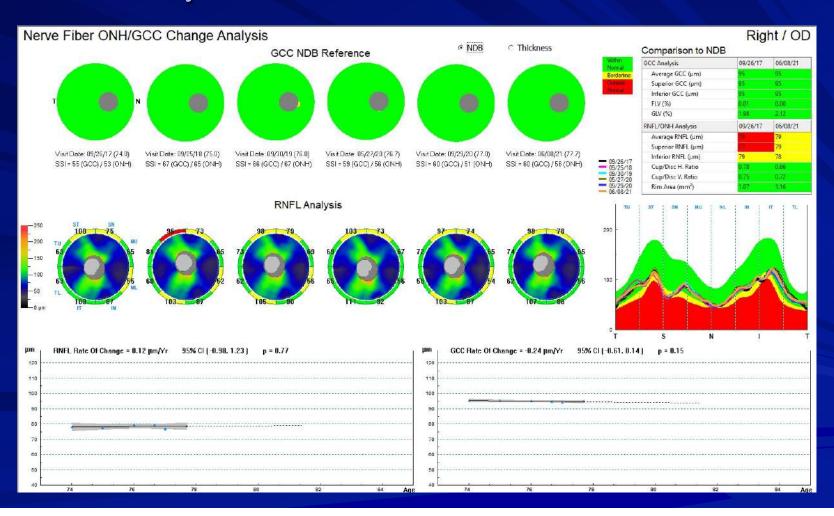


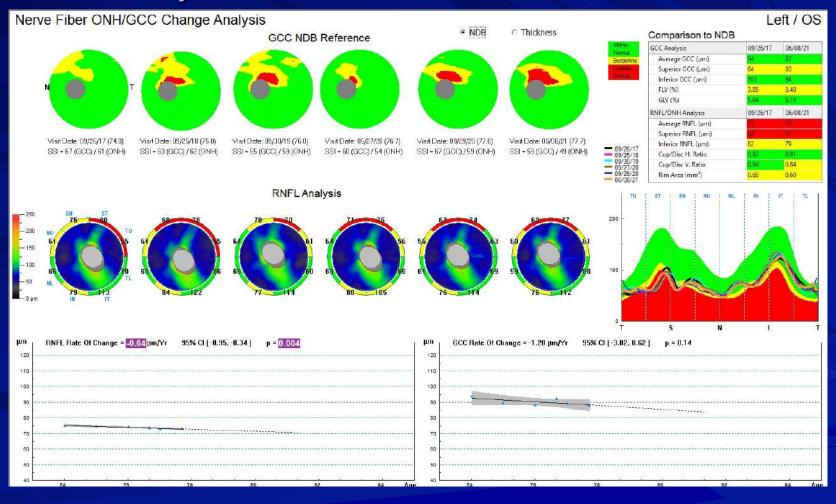


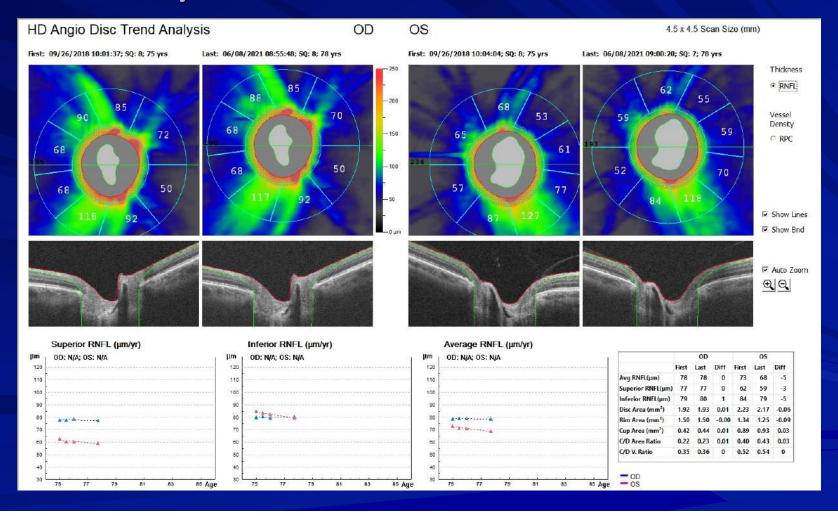


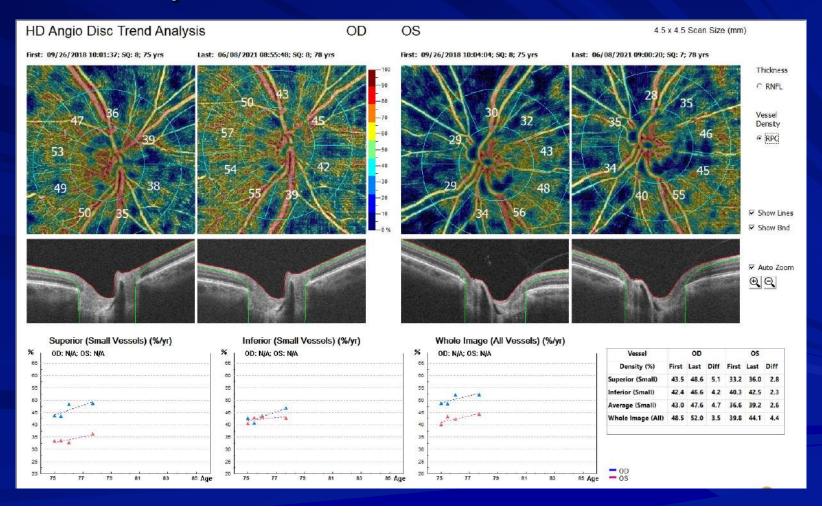


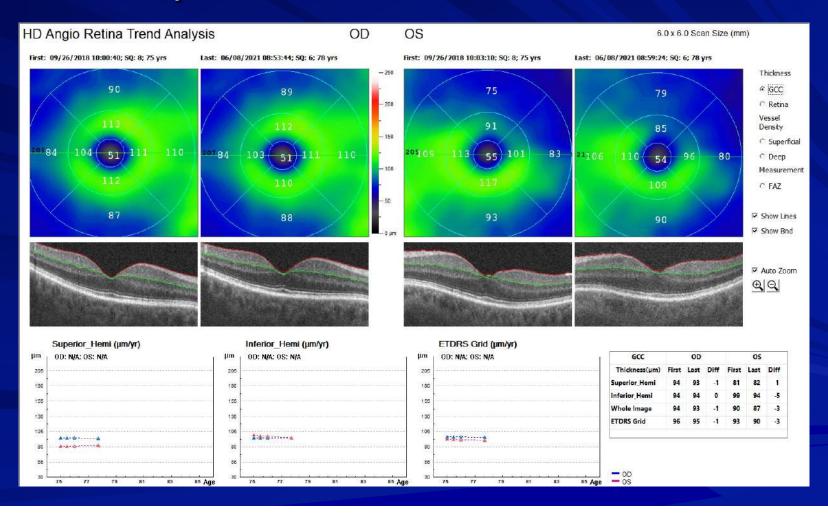


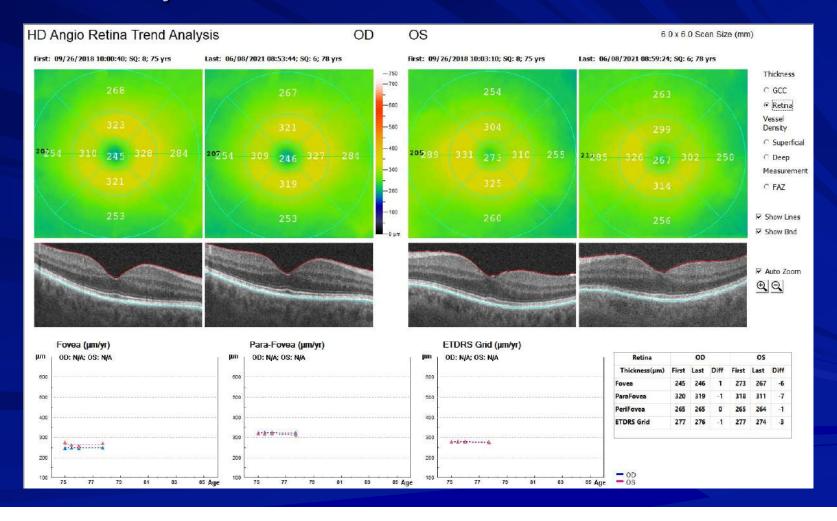


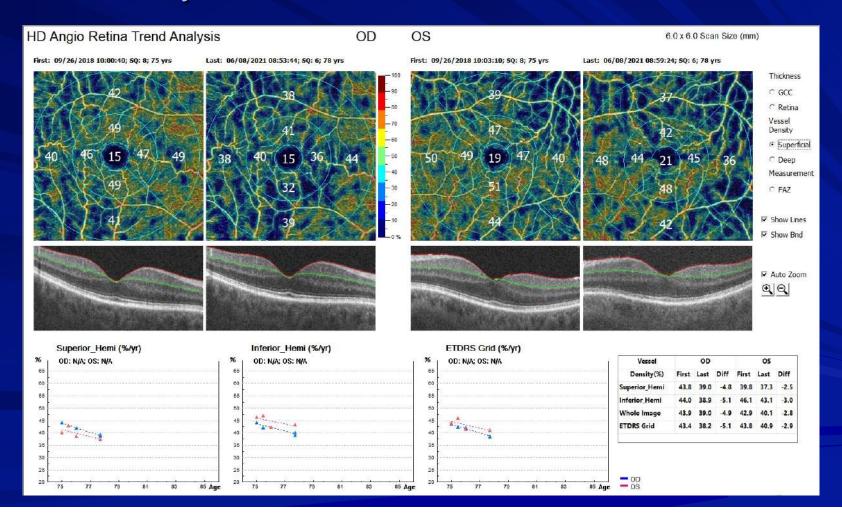


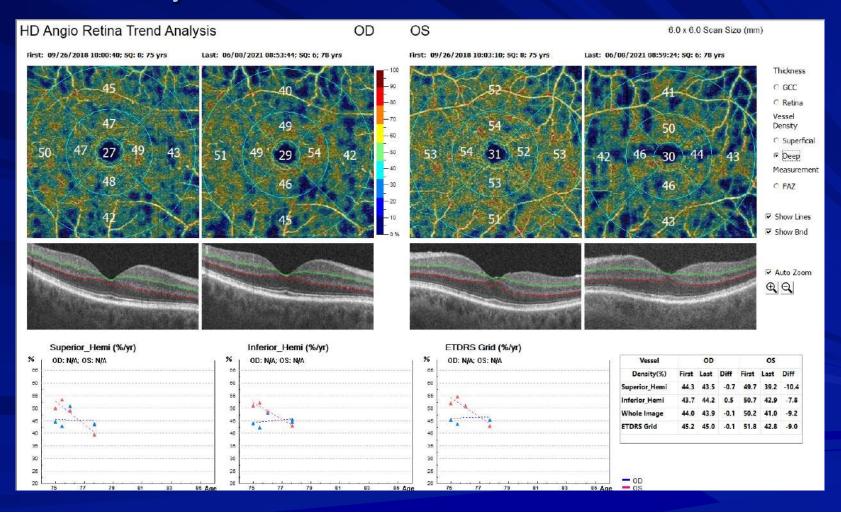






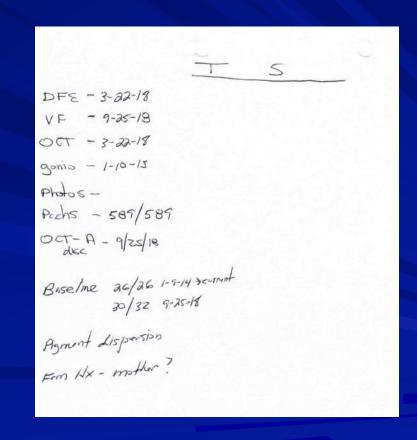




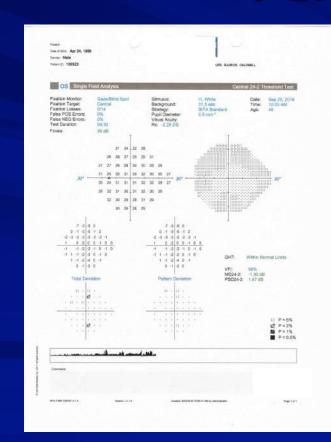


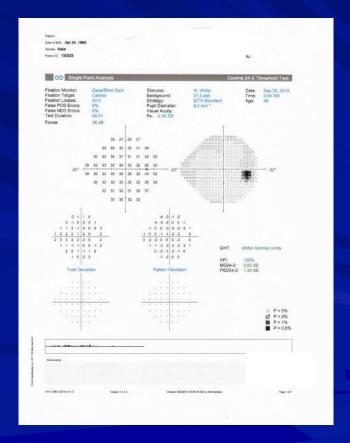
# 51-year-old man

- ← Ocular Hypertension since 2014
  - \* No treatment
- & Pigment Dispersion
- ⇔ Baseline IOP or Tmax 26/26
  - \* 2014— March 2018
- *⇔* Today 30/32, new Tmax 9-25-18

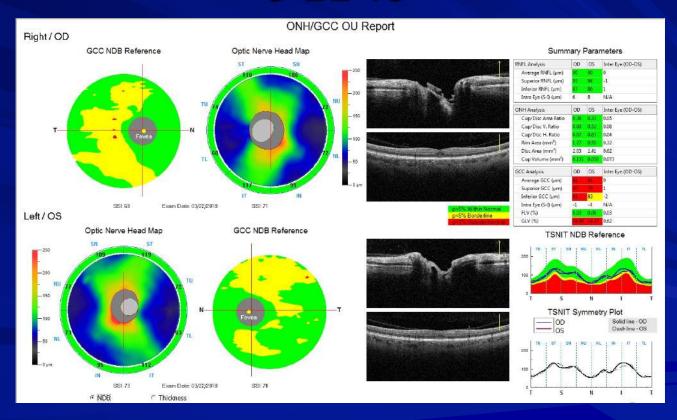


# VF 24-2 Sita-Faster 9-25-2018

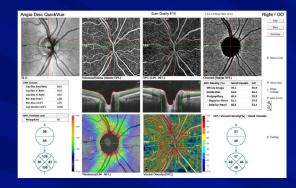


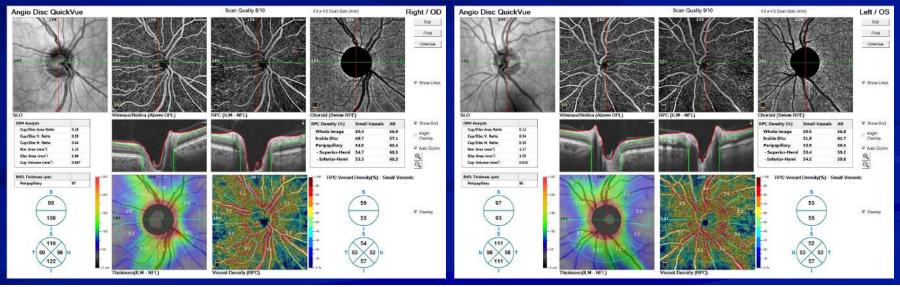


# OCT NFL and GCC 3-22-18

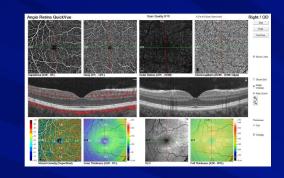


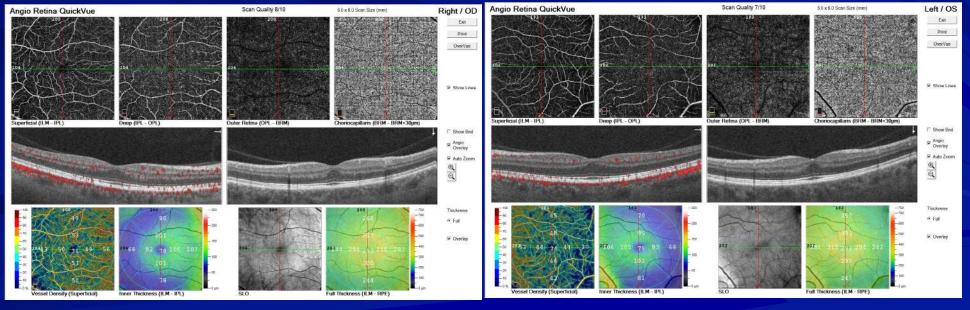
# OCT-A 9-25-2018





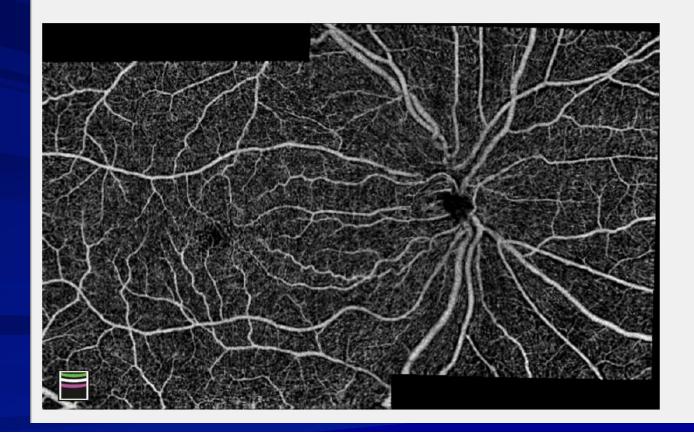
# OCT-A 9-25-2018





# Montage OD

### Angio Montage



### Right / OD

Exit OverVue

Print

Reset View

□ Edit

- Montage Display-

· Vitreous/Retina

○ Outer/Choroid

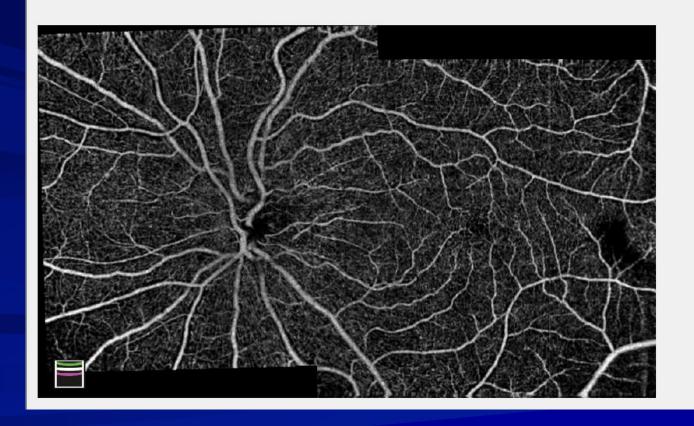
▼ Greyscale

Click image to select layer. Use scrollwheel to adjust layer.

# Montage OS



Angio Montage



### Left / OS

Exit OverVue

Print

Reset View

□ Edit

-Montage Display --

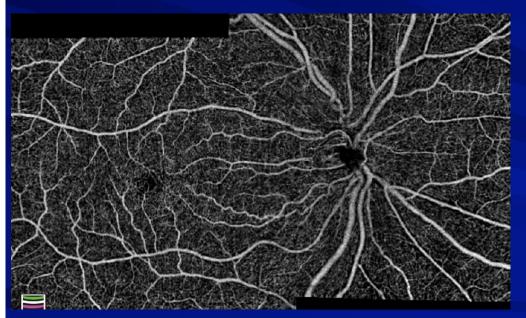
Vitreous/Retina

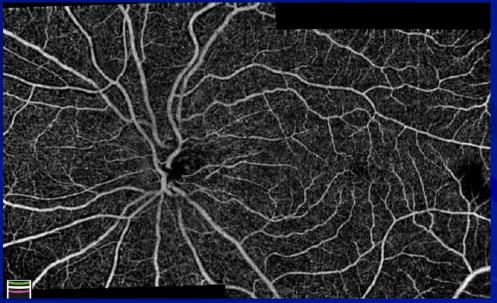
Outer/Choroid

□ Greyscale

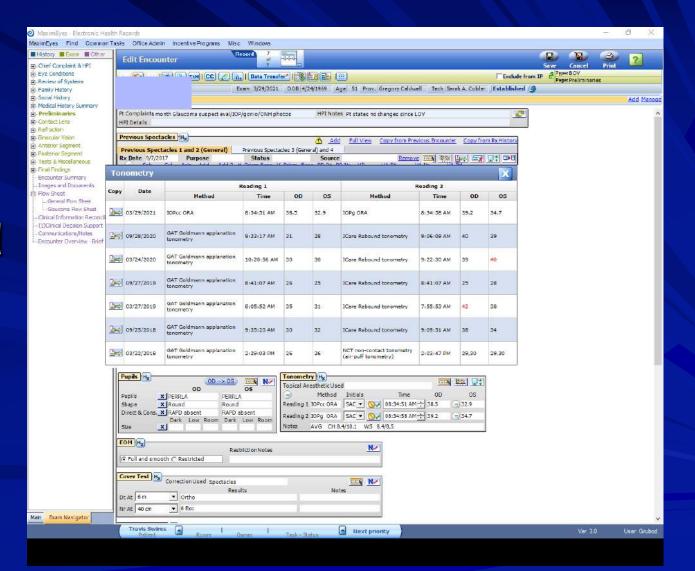
Click image to select layer. Use scrollwheel to adjust layer.

# Montage OU

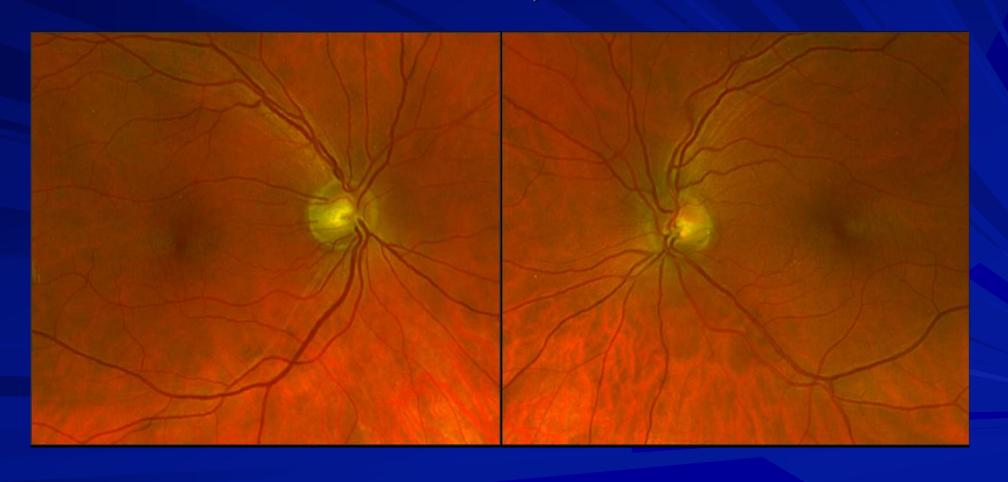




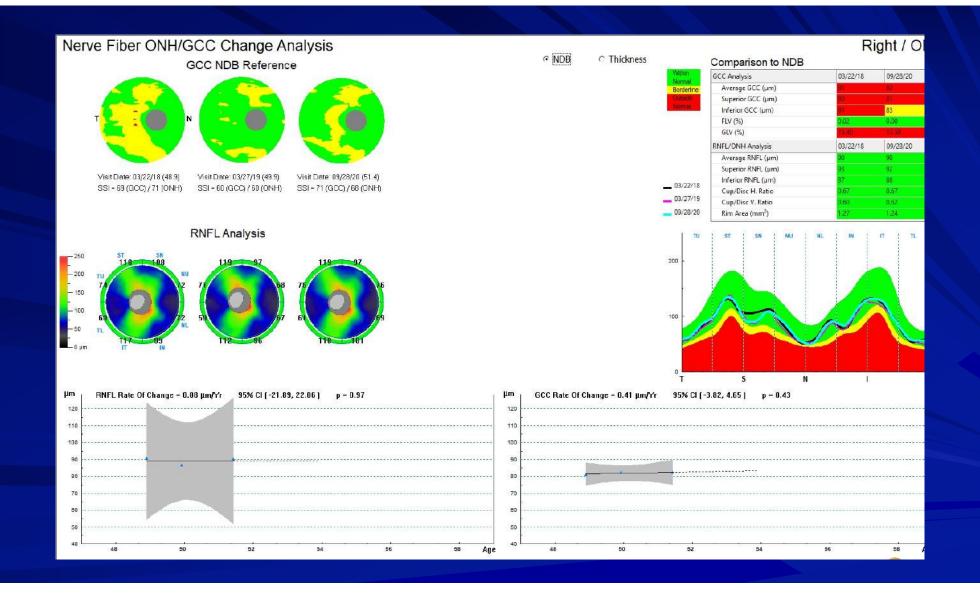
Update 2021

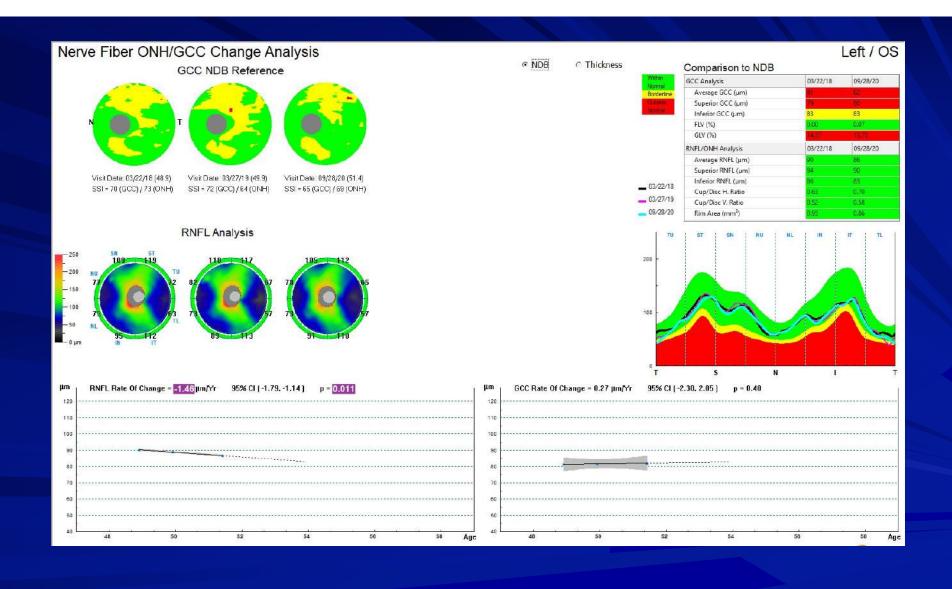


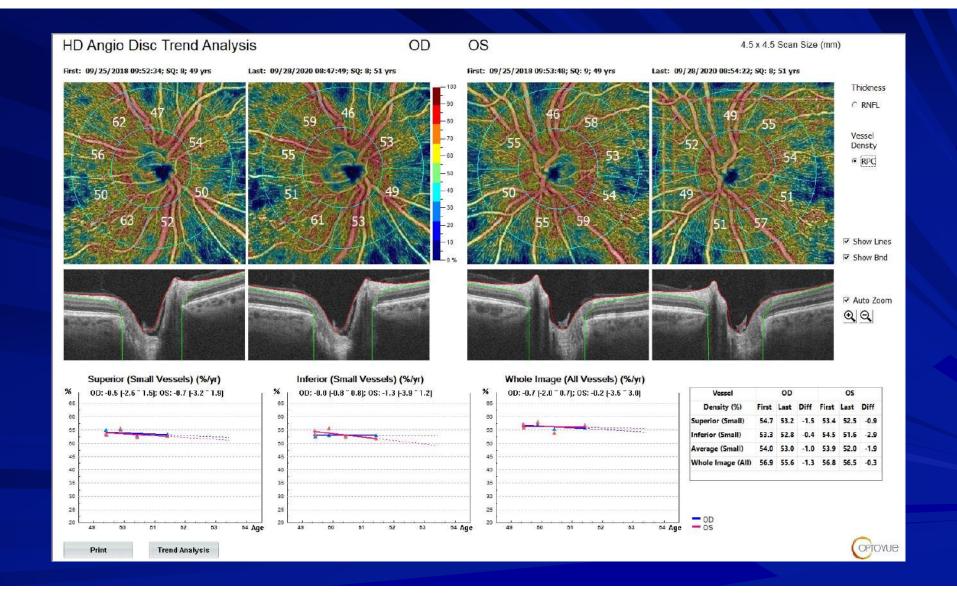
# March 29, 2021

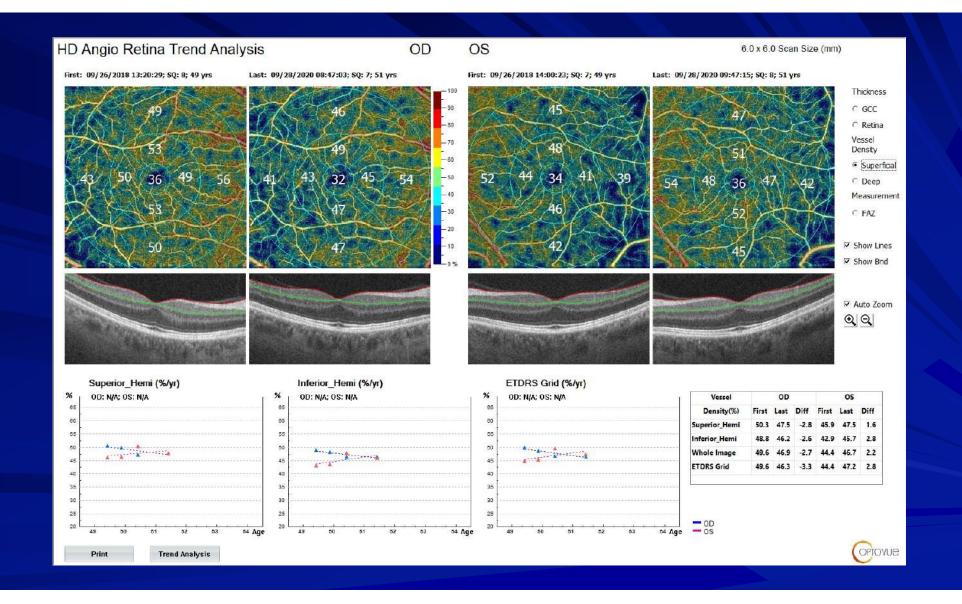


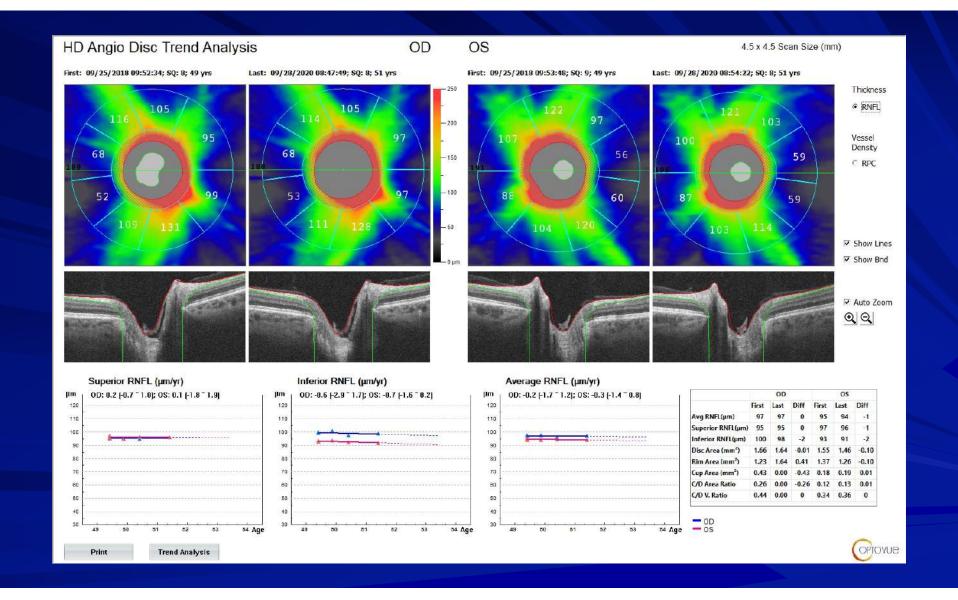
# March 29, 2021

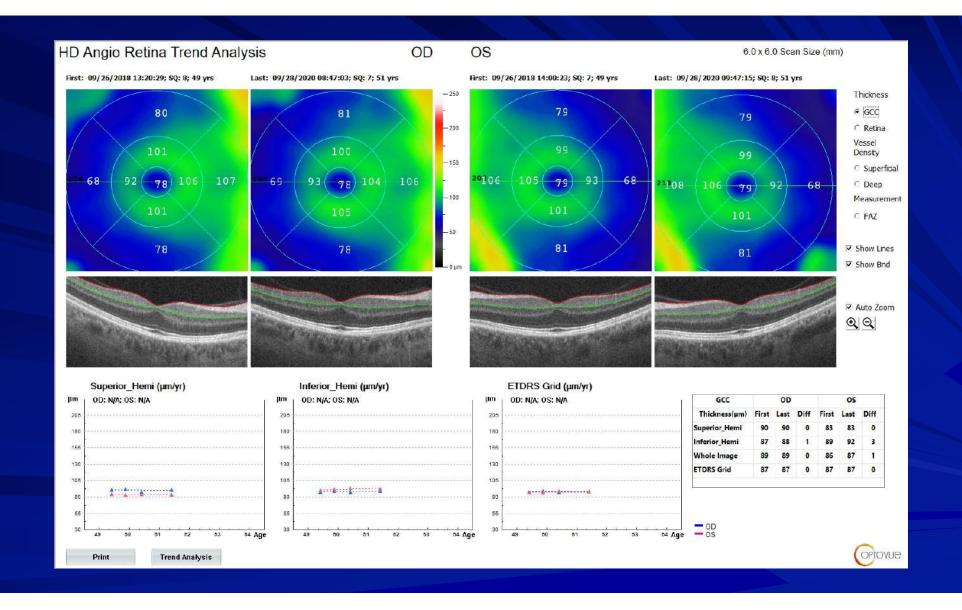












# 1OPs 38 and 32

- ← Ocular hypertension versus glaucoma reviewed with patient
- ← OCT results reviewed with patient
- - \* RTC in 4 months for IOP ck and Visual Field 24-2 OU

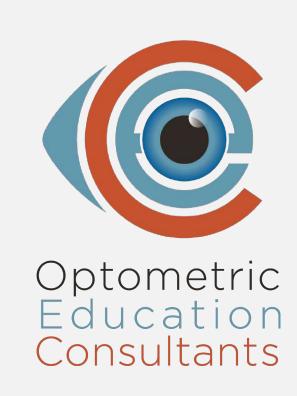
# How Does OCTA Change the Way You See Glaucoma?

- Shows early changes in the retina and optic disc
- Adds new information to the diagnosis
- Aids in progression detection

# Question?

- Ar I feel more comfortable in interpreting an OCT or OCT-A for the diagnosis, management, or treatment of glaucoma?
  - **★** Strongly agree
  - \* Agree
  - \* Disagree
  - **★** Strongly disagree





## **Questions and Thank You**

# OCT and OCT Angiography in Glaucoma

Greg Caldwell, OD, FAAO March 18, 2023

