

September 2000

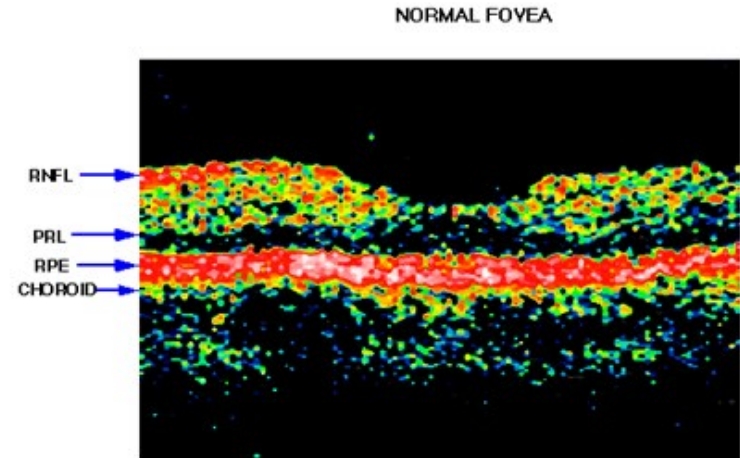
# Optical Coherence Tomography & Ultrasound Biomicroscopy of the Eye

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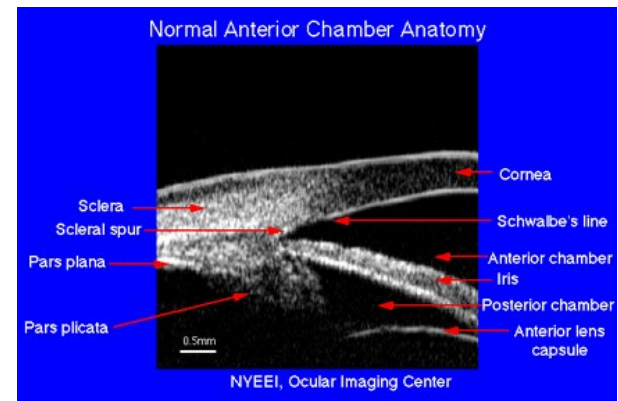
# Two New Imaging Modalities

- Optical Coherence Tomography (OCT)



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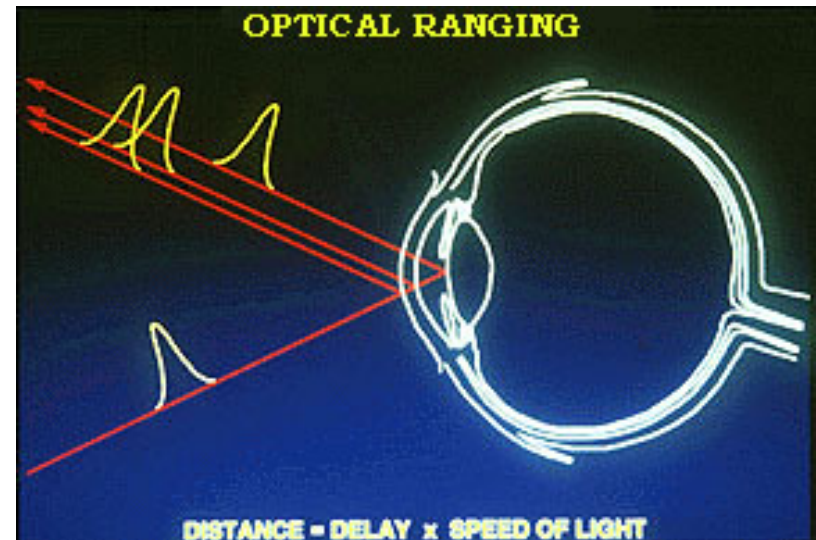
- Ultrasound Biomicroscopy (UBM)



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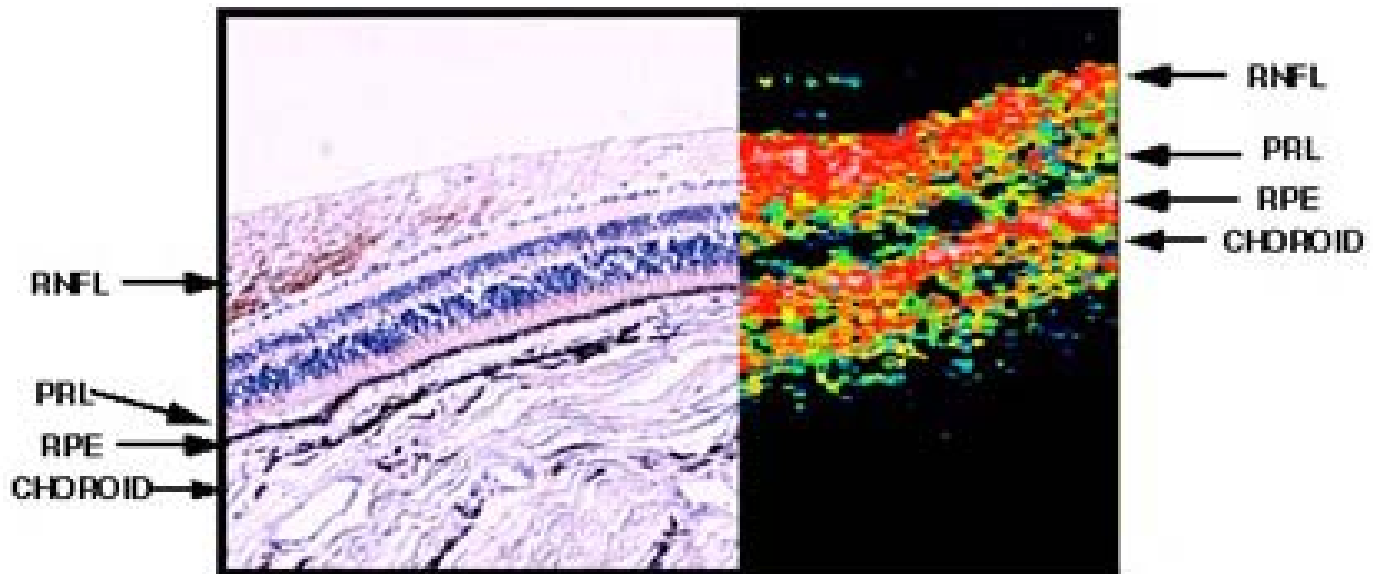
# Optical Coherence Tomography (OCT)

- Introduced in 1991 by NEEC & MIT
- Analogous to ultrasound imaging
- Uses near infrared laser instead of sound waves
- Characterizes scatter variation



# OCT Histopathologic Correlation

## OCT HISTOPATHOLOGIC CORRELATION



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# Advantages of OCT

- Non-invasive
- Non-contact
- Minimal cooperation needed
- Resolution  $\sim 10 \mu\text{m}$  (vs. US=150  $\mu\text{m}$ ; UBM=50  $\mu\text{m}$ )
- Pick up earliest signs of disease
- Quantitatively monitor disease/staging

# Disadvantages of OCT

- Best for optically transparent tissues
- Diminished penetration through retinal/subretinal hemorrhage
- Requires pupil diameter  $> 4$  mm

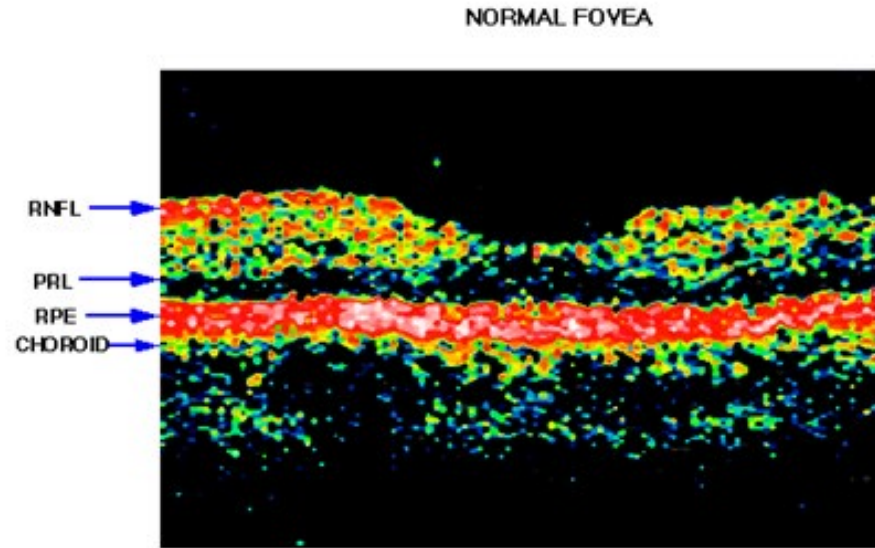
# Sample Applications

- Macular holes (partial/complete absence of retinal tissue)
- Retinal pigment epithelial detachment
- Diabetic retinopathy and macular edema
- Central serous chorioretinopathy
- Age-related macular degeneration
- Epiretinal membranes

# OCT - Normal Fovea

## Visible Structures

- Foveal depression
- Retinal Nerve Fiber Layer (RNFL)
- Photoreceptor Layer (PRL)
- Retinal Pigment Epithelium (RPE)
- Choroid



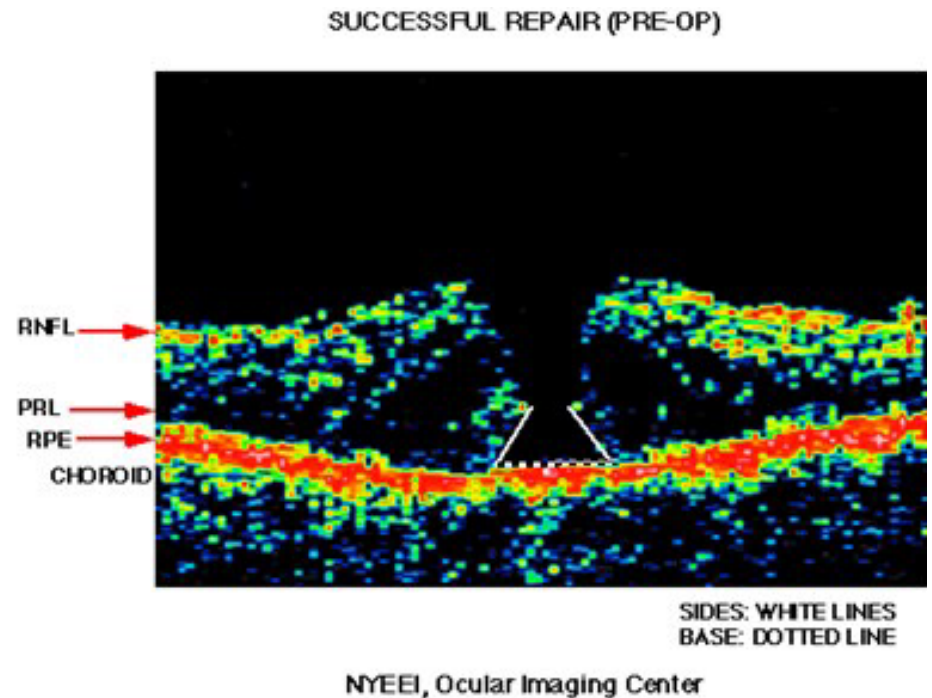
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# OCT - Macular Hole

## DDx of Macular Hole

- Lamellar hole
- Macular cyst
- Epiretinal membrane with pseudohole
- Foveal detachment due to central serous retinopathy
- Vitreomacular traction syndrome

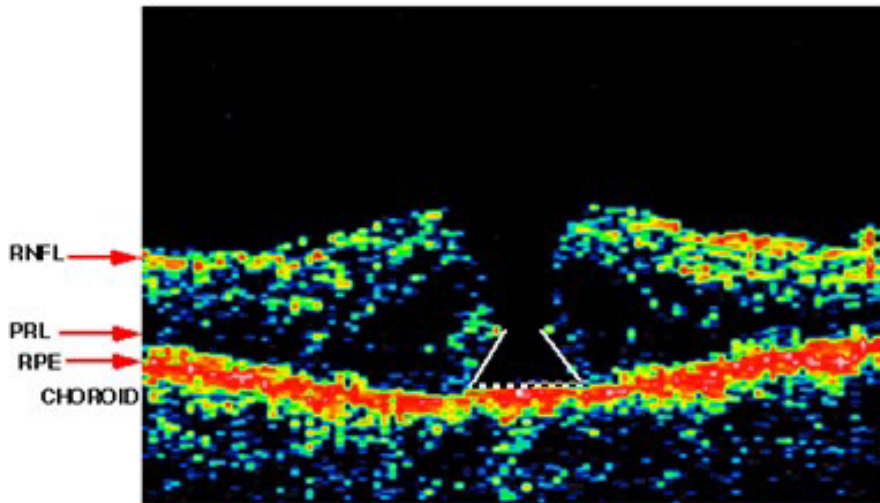


# Alternative Tests - Macular Hole

- Slit-lamp biomicroscopy – meticulous, qualitative, low reproducibility
- CT & MR imaging - limited resolution
- Conventional ultrasound -resolution of only 150  $\mu\text{m}$
- UBM - limited to anterior segment
- Indirect ophthalmoscopy
- Florescein angiography

# Macular Hole After Surgery

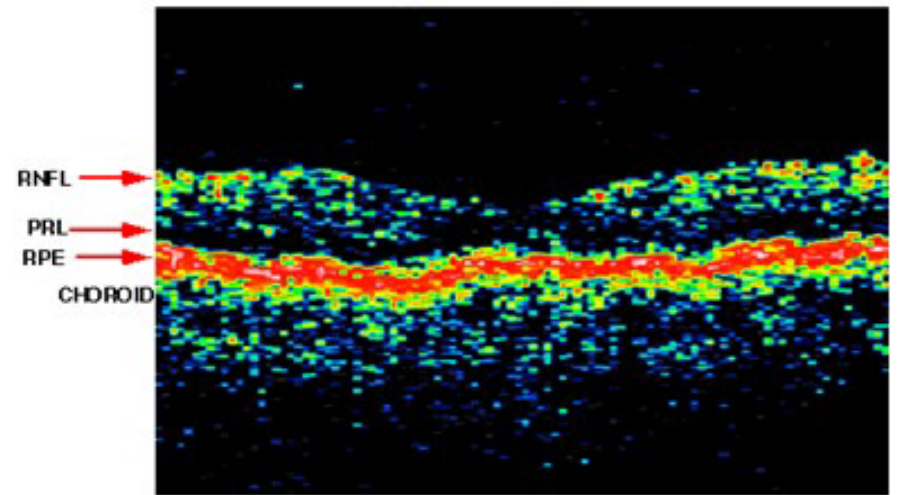
SUCCESSFUL REPAIR (PRE-OP)



SIDES: WHITE LINES  
BASE: DOTTED LINE

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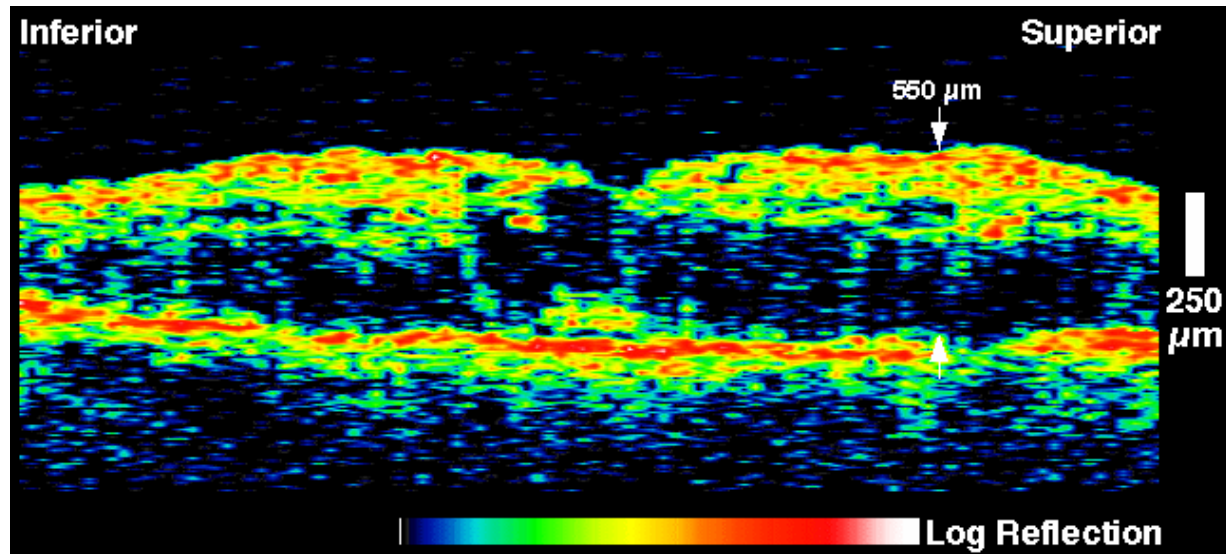
SUCCESSFUL CLOSURE (POST-OP)



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# Nonproliferative Diabetic Retinopathy and Macular Edema

- Foveal thickness correlated with visual acuity
- Edematous neurosensory retina
- Diminished reflectivity

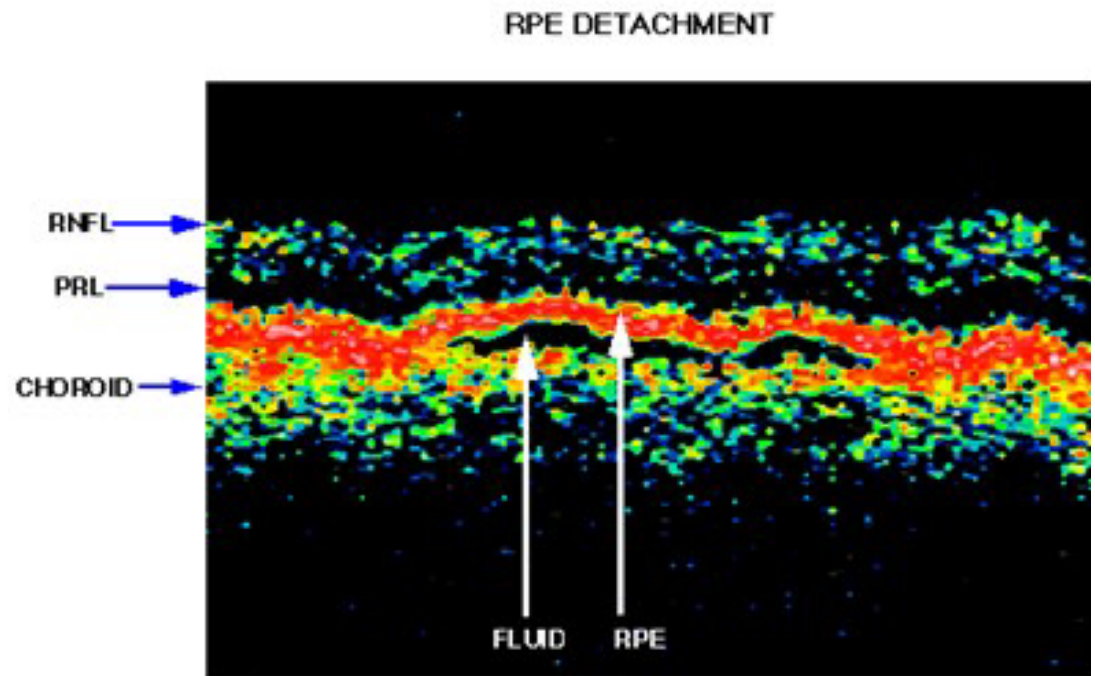


# Alternative Tests - Diabetic Retinopathy

- Florescein angiography
  - gold standard
  - minimally invasive
  - qualitative detection
  - low reproducibility
  - leakage not correlated with visual function

# Retinal Pigment Epithelial Detachment

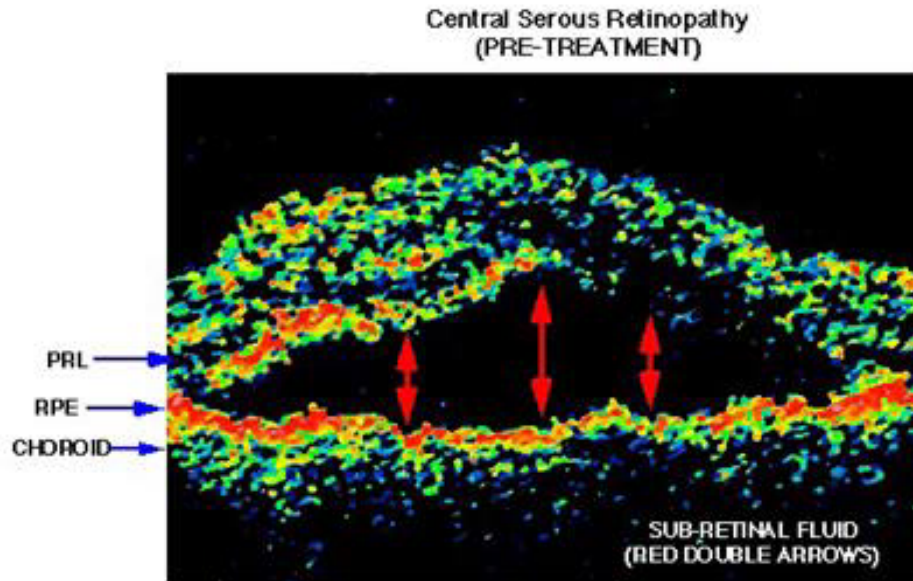
- Fluid between RPE and choroid



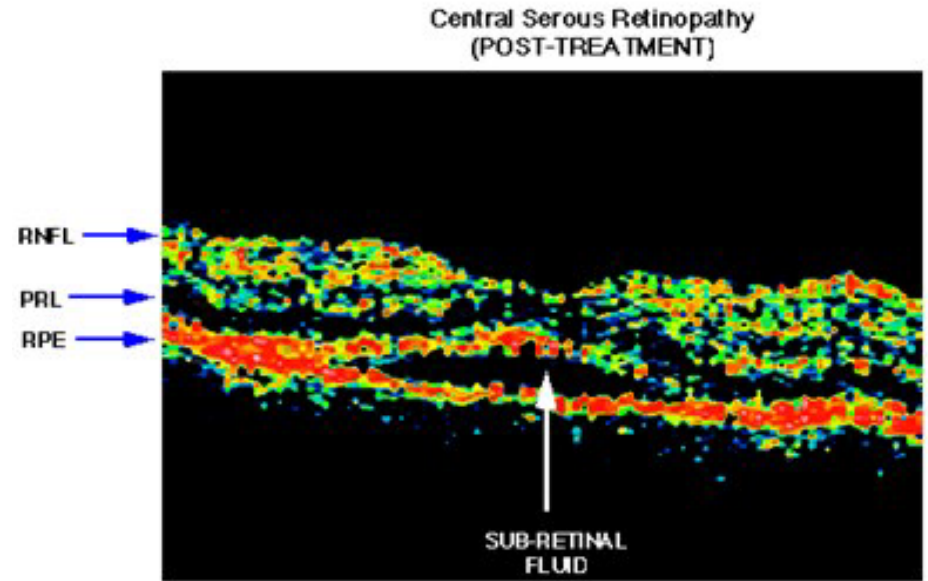
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# Central Serous Chorioretinopathy

- Fluid between RPE and PRL



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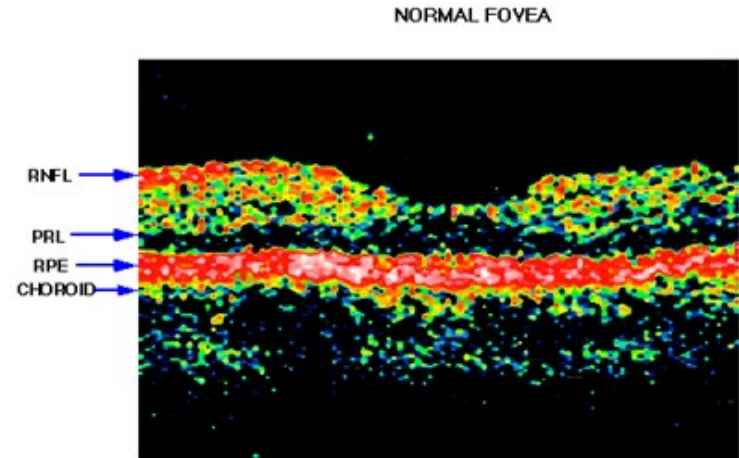


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# Two New Imaging Modalities



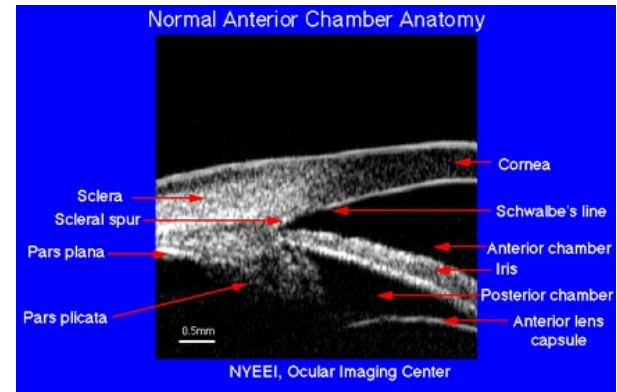
Optical Coherence  
Tomography (OCT)



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Ultrasound  
Biomicroscopy (UBM)





# Ultrasound Biomicroscopy (UBM)

- Introduced in 1990 by Princess Margaret Hospital, Canada
- Similar to conventional ultrasound imaging
- Uses high frequency ultrasound transducers 50 MHz (vs US 10 MHz)
- Patient in supine position with topical anesthesia
- 20 mm eye cup between eyelids filled with saline
- Probe placed into eye cup

# Advantages of UBM

- Resolution of  $\sim 50 \mu\text{m}$  (vs US=150  $\mu\text{m}$ )
- Anterior segment of the eye
- Not limited to optically transparent tissues (i.e. opaque corneas)

# Disadvantages of UBM

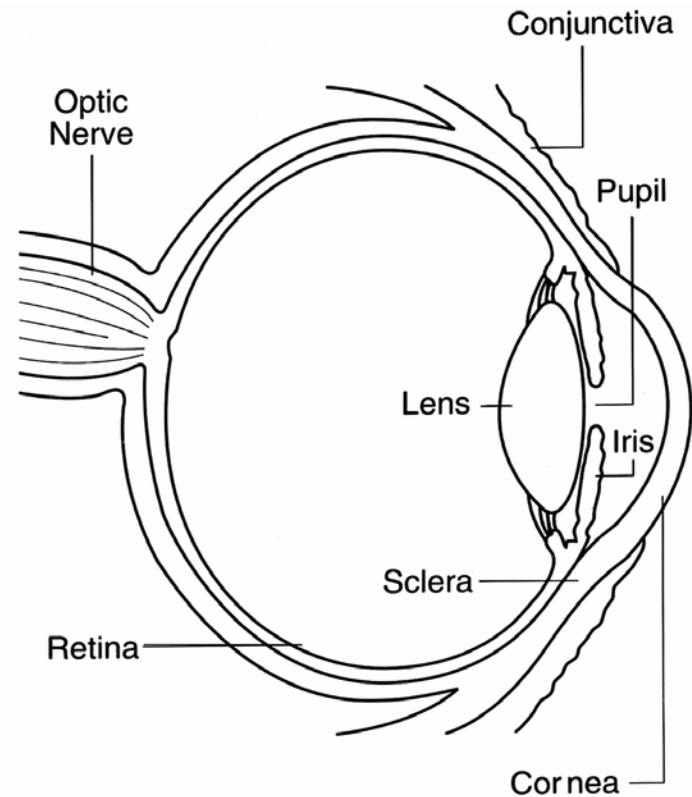
- Direct contact
- Penetration of only 4-5 mm
- Image influenced by
  - Plane of section
  - Distance to anterior chamber
  - Orientation of the probe
  - Room illumination
  - Fixation
  - Accommodative effort

# Sample Applications

- Pupillary block angle-closure glaucoma
- Ciliary body tumors
- Ocular trauma
- Pigment dispersion syndrome & pigmentary glaucoma
- Intraocular lens position
- Failing filtering blebs

# Normal Eye

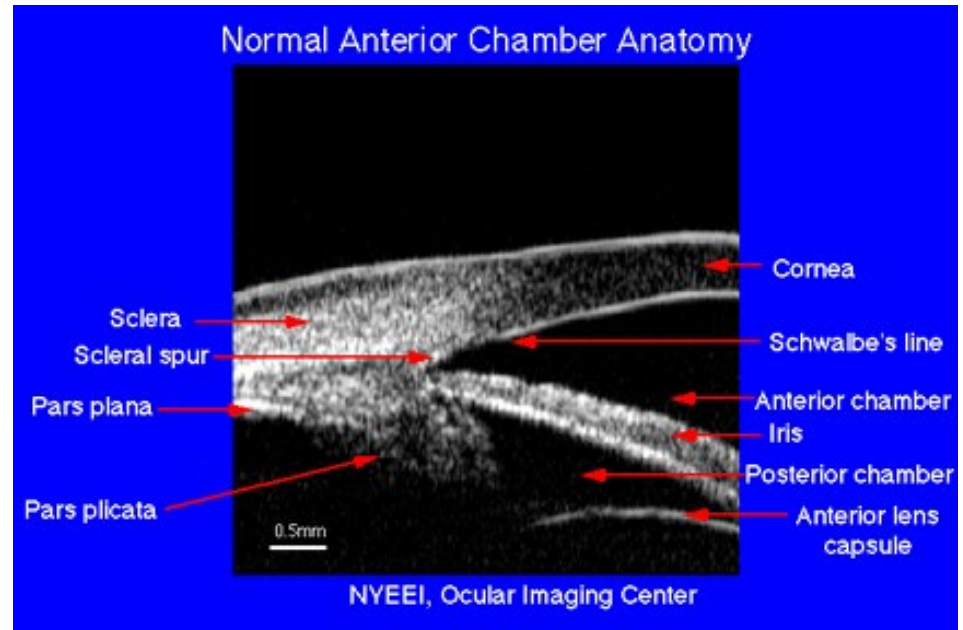
- Aqueous humor flows through pupil and into Canal of Schlemm



# Normal Eye Using UBM

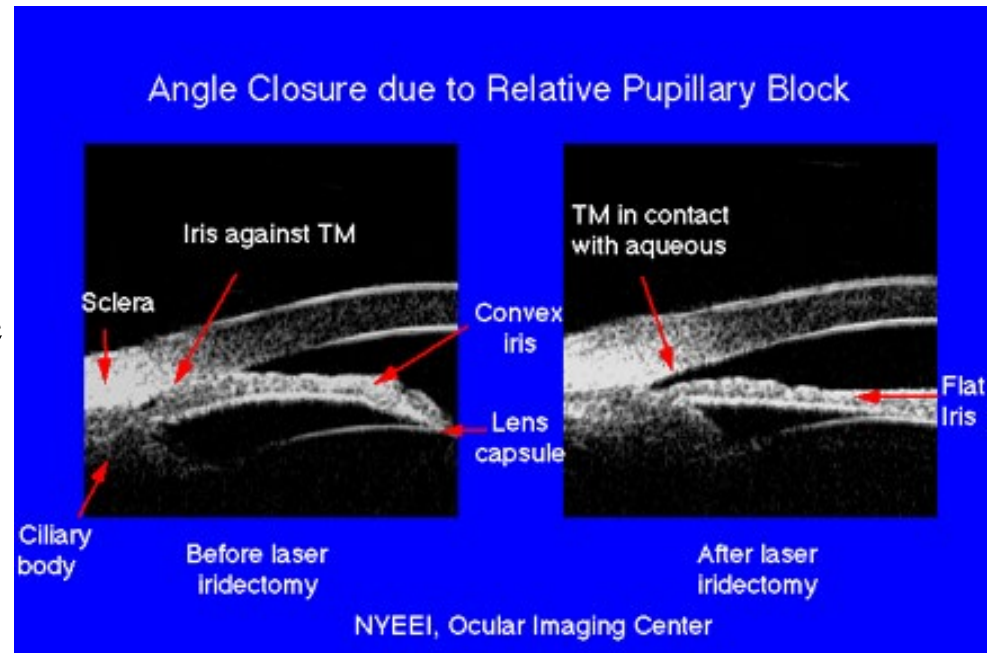
## Visible Structures

- Cornea
- Sclera & scleral spur
- Ciliary body
- Schwalbe's line (end of Descemet's membrane)
- Anterior chamber & angle
- Iris
- Posterior chamber
- Anterior lens capsule



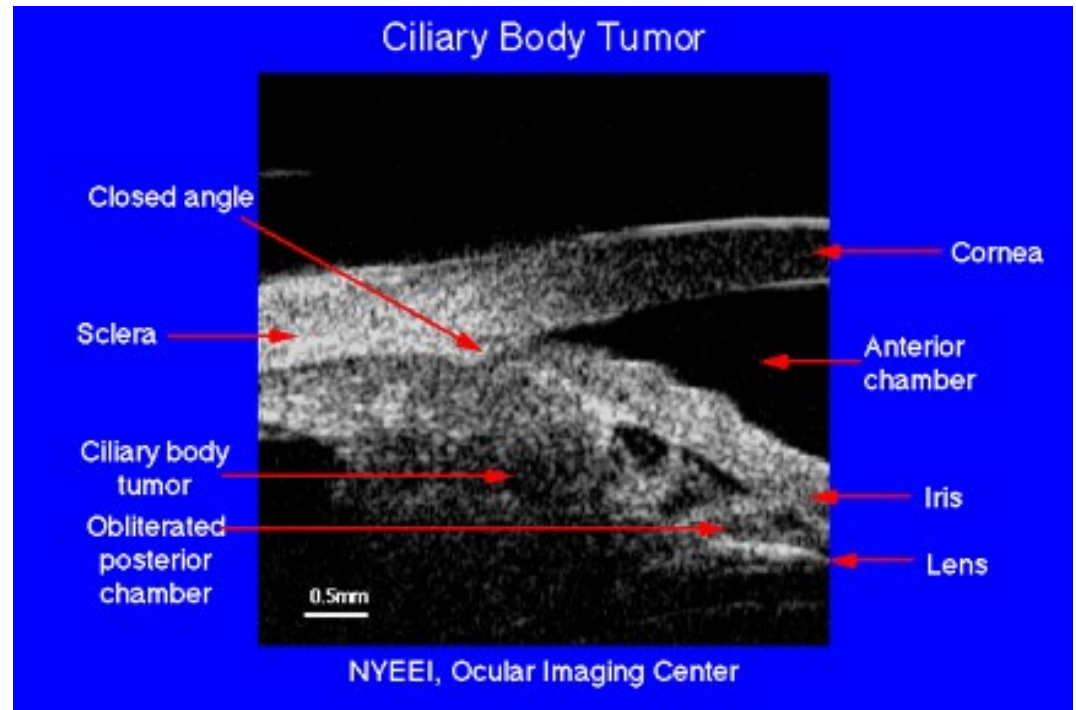
# Pupillary Block Angle-Closure Glaucoma

- Most common angle-closure glaucoma
- Mechanism
  - Aqueous made in posterior chamber unable to pass through pupil
  - Pressure gradient develops behind iris
  - Pushes iris against trabecular meshwork
- Treatment: laser iridotomy (tiny hole at side of iris)



# Ciliary Body Tumors

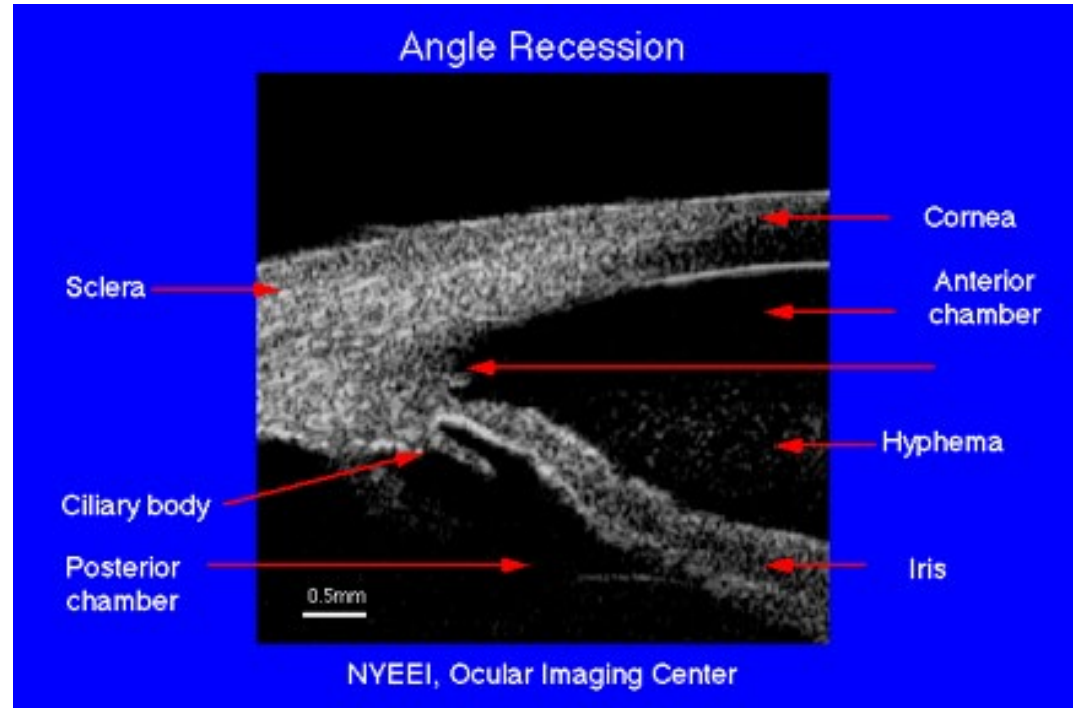
- Can cause angle-closure
- Uneven acoustic echoes





# Ocular Trauma – Angle Recession

- Tear into ciliary body
- Iris insertion appears posterior



# Image References

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- OCT Histopathologic Correlation
- OCT - Normal Fovea
- OCT - Macular Hole
- Macular Hole After Surgery
- Nonproliferative Diabetic Retinopathy and Macular Edema
- Retinal Pigment Epithelial Detachment
- Central Serous Chorioretinopathy
- Normal Eye
- Normal Eye using UBM
- Pupillary Block Angle-Closure Glaucoma
- Ciliary Body Tumors
- Ocular Trauma – Angle Recession

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<http://www.nyee.edu/glaucoma/ubmtraum.htm>

# Optical Coherence Tomography & Ultrasound Biomicroscopy of the Eye

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Core Radiology/September 18, 2000

HMS III