بسم الله الرحمن الرحيم


# شبكة المعلومـــــات الجامعية

# التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

# جامعة عين شمس

## التوثيق الالكتروني والميكروفيلم

## ﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

## يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

**To be kept away from dust in dry cool place of**
**15 – 25c and relative humidity 20-40 %**

# بعض الوثائق الأصلية تالفة


# بالرسالة صفحات

# لم ترد بالأصـــل

# Musca Volitantes

# Different Causes

***Thesis***

*Submitted in partial fulfillment for the*

*Master Degree in Ophthalmology*

**By**

***Walid Saad Eldeen Mohamed***

*M. B. B. Ch. Assiut University*

**SUPERVISED BY**

***Prof. Dr. Salah Ahmed Hassan***

*Professor of Ophthalmology*

*Faculty of Medicine*

*Assiut University*

***Dr. Ahmed Abd-Elal Abo-Gadeer***

*Ass. Professor of Ophthalmology*

*Faculty of Medicine*

*Assiut University*

***Dr. Abd El-Nasser Awad Mohammad***

*Lecturer of Ophthalmology*

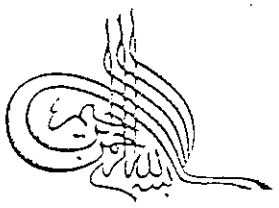
*Faculty of Medicine*

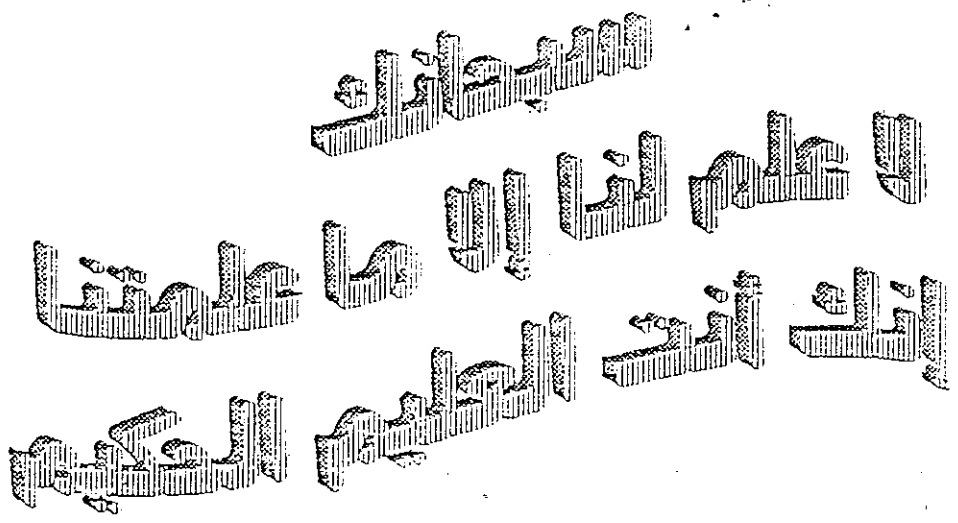
*Assiut University*



***Faculty of Medicine-Assiut University***

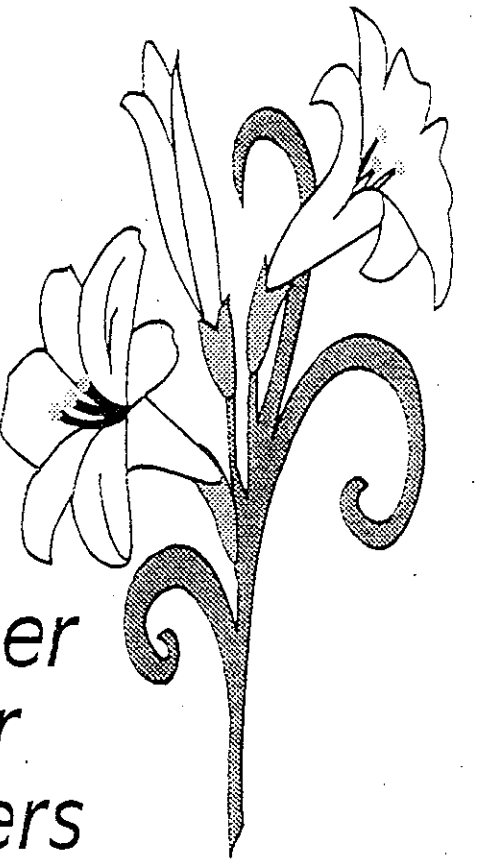
***1999***



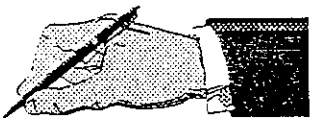



صدق الله العظيم

سورة البقرة : آية رقم (٣٢)



*To..My Mother*
*My Father*
*& My Brothers*



*Walid*

# ACKNOWLEDGMENT

This work would never be crowned by success without the blessing of **ALLAH**, to whom my loyalty will remain forever beyond any compromise.

I am greatly honoured to express my sincere gratitude to **Prof. Dr. Salah Ahmed Hassan**, Professor of Ophthalmology, Faculty of Medicine, Assiut University, for his constructive supervision and constant generous advice. I will never forget, forever, that he was the one who taught me how to think, how to be confident and work it out, and how to be an ophthalmologist. He exerted a lot of his time and effort to direct me to perfect this work, and for him all words of praise and thanks are not sufficient.

I would like to express my deepest thanks to **Dr. Ahmed Abd-Elal Abo-Gadeer**, Ass. Prof. of Ophthalmology, Faculty of Medicine, Assiut University, for his great help, constructive criticism, excellent guidance and eminent supervision which tided me over the difficulties I met throughout this work.

I would like to express my deepest thanks and extreme appreciation to **Dr. Abd El-Nasser Awad Mohammad**, Lecturer of Ophthalmology, Faculty of Medicine, Assiut University, for his enthusiastic effort, his continuous support and guidance in every stage of this work and his continuous helpful suggestions which have made possible the completion of this work.

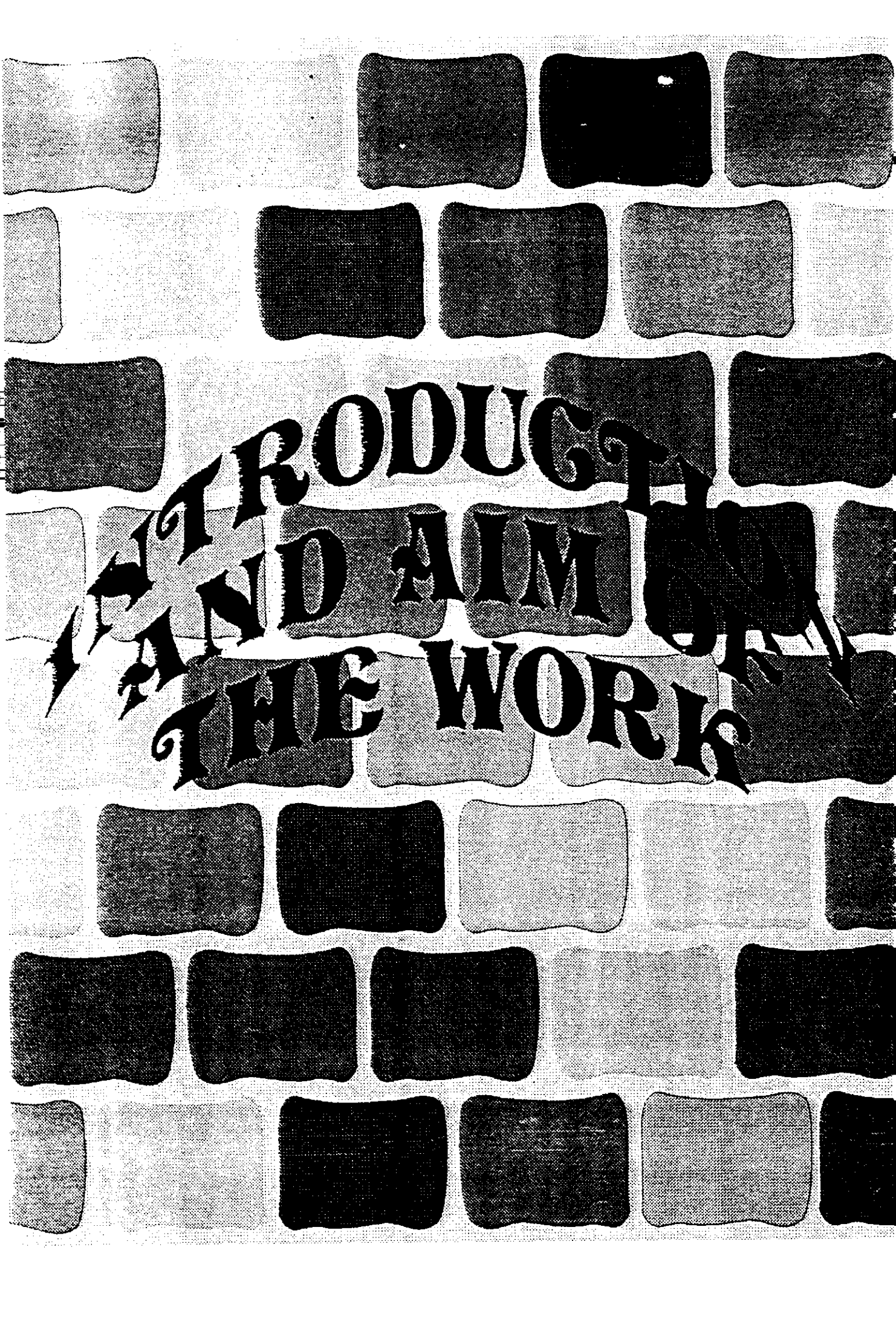
*Walid Saad Eldeen Mohamed*

*1999*

# CONTENTS



●●●●●


INTRODUCTION
AND AIM OF
THE WORK

# Introduction and Aim of the Work

## Introduction

Musca volitantes is a common complaint in ophthalmic practice. It may be a symptom of serious vitreoretinal pathology, but it may also occur in otherwise normal eyes. In the latter condition, it may incapacitate psychologically disturbed patients.

Musca volitantes represents the patient awareness of the shadow of a mobile vitreous opacity cast upon the retina[1,2&3]. The closer the opacity to the retina, the denser the shadow[3].

The onset may be either insidious or acute, unilateral or bilateral and it is more common in old age[2].

Simple floaters are the most common and they occur because of degenerations within the vitreous[1] , but it should never be dismissed as harmless or imaginary and a careful examination of the vitreous and the retina is always indicated to identify the nature and origin of floaters and to decide on management.

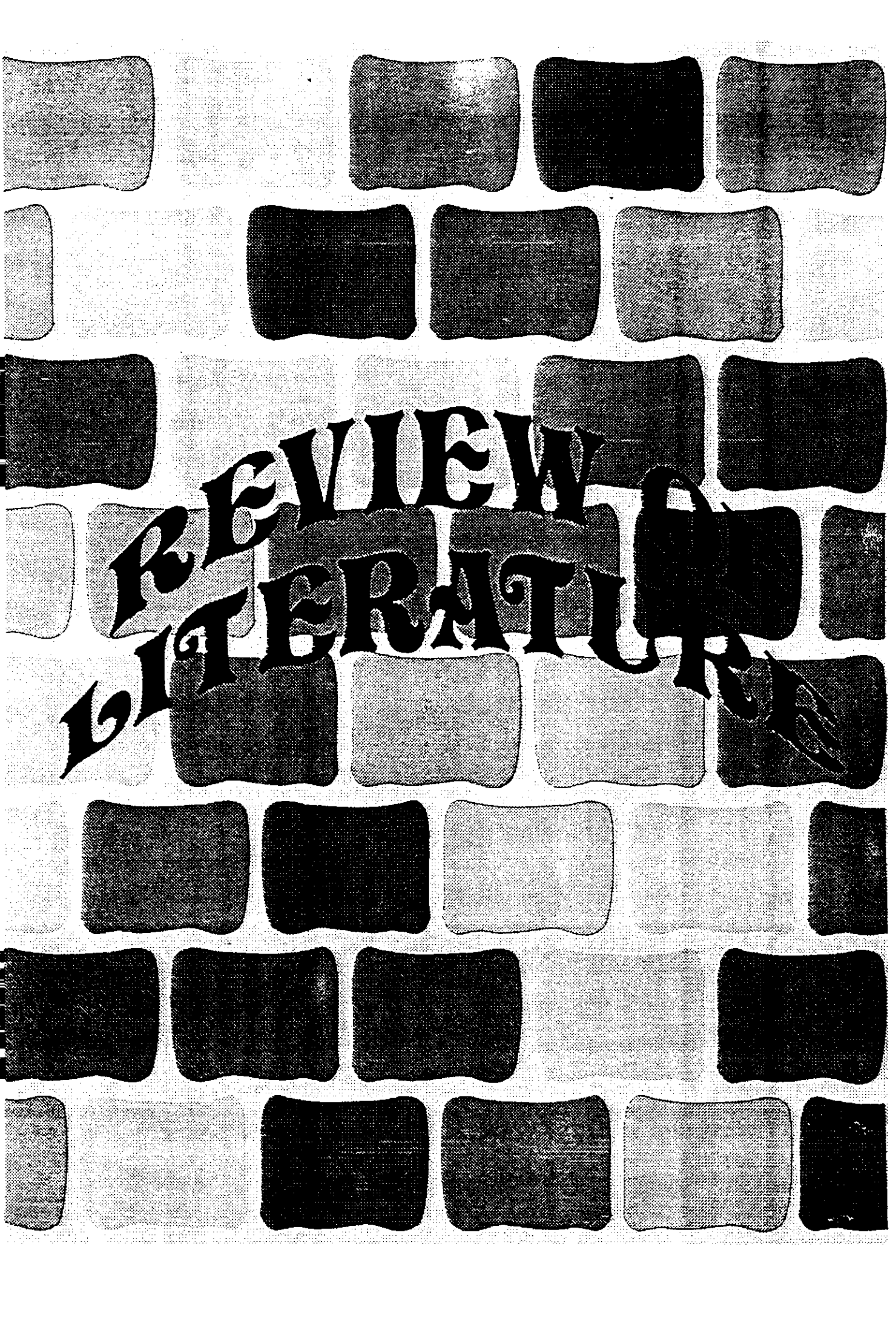
The symptom of floaters is very important clinically especially in patients 50 years or older , as it may be the only symptom of serious vitreoretinal pathology.

Musca volitantes (vitreous floaters) may be congenital due to remnants of hyaloid artery, or acquired due to primary changes in the vitreous as vitreous liquefaction or syneresis, as in ocular trauma, R. D., progressive myopia or senility. It may also be caused by serious changes in the surrounding structures, as exudate from uveitis, blood from vitreous and / or retinal haemorrhage, tumour cells as in retinoblastoma and malignant melanoma of uveal tract[4].

Prompt and conscientious vitreoretinal examination of each patient, especially if older than 50 years of age who experiences vitreous floaters even though limited to one or two, should be undertaken without delay. This practice provides the most effective means in detecting and treating serious viteroretinal disorders early.

## Aim of The Work

1. To know the demographic factors (age, sex, occupation, ... etc.) of patients complaining of musca volitantes.
2. To determine the underlying causes of musca volitantes in the examined cases.


REVIEW
LITERATURE

# Review of Literature

## Musca Volitantes

**(1) Definition :**

Musca volitantes was the former latin name for the term "floaters" for the flies that flit, flutter or fly to and from the eye [1]. So they are translucent particles of various shapes and sizes that float across the visual field [2].

A given floater represents the patient awareness of the shadow of a mobile vitreous opacity cast upon the retina [1,3]. The closer the opacity to the retina, the denser the shadow [3].

Floaters are small particles that occur in the vitreous gel as the result of congenital remnants or coagulation of protein material, usually in association with increased fluidity of the vitreous, resulting in opacities that appear subjectively as black spots or threads, shift on movement of the eye. This change in position is not precise, so that on attempting to view them against a particular part of the background, they flit rapidly away [4]. This is in contrast to scotoma (blind spot), which moves immediately with gaze, and is always in the same position in the visual field [5]. Also, scotoma usually follows a retinal lesion such as macular haemorrhage [4].

Floaters can be seen only when the eye is opened. Commonly the patient observes them when looking at a bright blue sky or pastel coloured wall [3]. They are visible particularly when they lie in the central part of the vitreous, and are clearly defined when they lie near the retina [4].

Usually the number of vitreous opacities is equal to the number of floaters; a single opacity always induces a single floater. If the number of opacities was larger than the number of floaters, the more centrally located