

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



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Optical Coherence Tomography and Optical Coherence Tomography Angiography Findings in Amblyopic Patients

Thesis

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List of Abbreviations

Abb. Full term	
BBV Balanced binocular viewing	
BCVA Best corrected visual acuity	
CCD Charge-coupled device	
epRNFL Circumpapillary retinal nerve fiber layer	
CT Choroidal thickness	
DCP Deep capillary plexus	
DE Dominant eye	
EDI Enhanced depth imaging	
ELM External limiting membrane	
FAZ Foveal avascular zone	
FD-OCT Fourier domain optical coherence tomograph	ıy
FFA Fundus fluorescein angiography	
FMT Foveal minimum thickness	
GCL Ganglion cell complex	
GCL Ganglion cell layer	
-BiT Interactive binocular treatment	
CGA Indocyanine green angiography	
LM Internal limiting membrane	
NL Inner nuclear layer	
PLInner plexiform layer	
Mrnfl Macular retinal nerve fiber layer	
NDE Non-dominant eye	
OCT Optical coherence tomography	
OCTA Optical coherence tomography angiography	
ONH Optic nerve head	
ONL Outer nuclear layer	

List of Abbreviations Cont...

Abb.	Full term
OPL	Outer plexiform layer
RNFL	Retinal nerve fiber layer
SCP	Superficial capillary plexus
	Spectral domain Optical coherence tomography
SS-OCT	Swept-source optical coherence tomography
TD-OCT	Time domain optical coherence tomography
VD	Vascular density

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Introduction

Amblyopia is the most common vision deficit in children, affecting 2-5% of children in the UK and the second most common cause of functional low vision in children in low-income countries. Unilateral amblyopia is a developmental defect of vision, and has two main causes: (i) a difference in the optical properties of the two eyes, reflected in a different spectacle prescription for the right and the left eye (anisometropia) and (ii) strabismus (misalignment of the visual axes). Some children have both anisometropic and strabismic amblyopia ('combined' or 'mixed mechanism' amblyopia) (Tailor et al., 2016).

A study was made by Rashad et al., 2018 to measure the prevalence of amblyopia among primary school children in central Cairo which was 1.49% another study was made in Minia University showed same prevalence of amblyopia (Abdelrazik and Khalil, 2014).

Rarely, congenital or early childhood obstruction of the visual axis, for example by lid ptosis or by opacities of the cornea, crystalline lens or vitreous, can give rise to amblyopia by deprivation, as the retina does not receive a clear image (Tailor et al., 2016).

Although it has been reported that amblyopia primarily causes cerebral anatomical alterations in lateral geniculate



bodies and the visual cortex, it can also affect retinal layers and vascular structures (Karabulut et al., 2019).

The pathophysiology of amblyopia has not been fully defined. Neuroanatomy and neurophysiology studies have equated the hypothesis that retinal functional changes are involved in the development of amblyopia (Sobral et al., 2018). However, the nature of the retina's involvement remains unclear (Bruce et al., 2013).

A large number of studies have been recently performed to assess the structural variations in retinal nerve fiber layer (RNFL) in eyes with amblyopia. Contrary to the general belief that the amblyopic eyes are structurally normal, significant alterations have been found in the RNFL, ganglion cell complex and foveal thickness in patients with amblyopia. However, a consensus on retinal abnormalities has not been reached (Bitirgen et al., 2019).

Another region under investigation in amblyopic eyes is the choroid. Spaide et al., 2008 defined enhanced depth imaging (EDI) method using conventional spectral-domain optical coherence tomography (SD-OCT). This new procedure enables measurement of the choroidal thickness (CT) at different locations within the macular and peripapillary regions. Recent studies have reported an increase in macular CT in amblyopic eyes (Bitirgen et al., 2019).