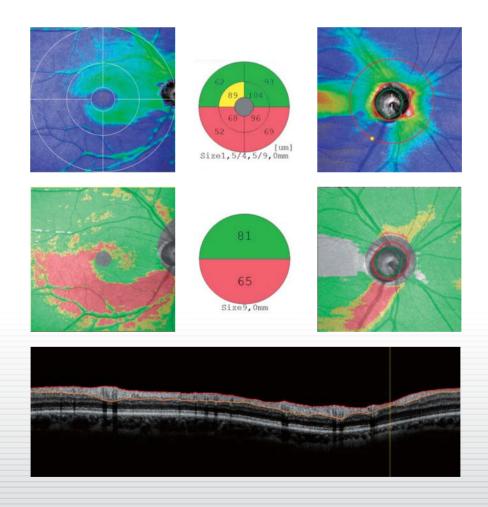






## GLAUCOMA

## **Clinical Data Book**



Dr. Heike Krueger Dr. Cesary J. Krueger

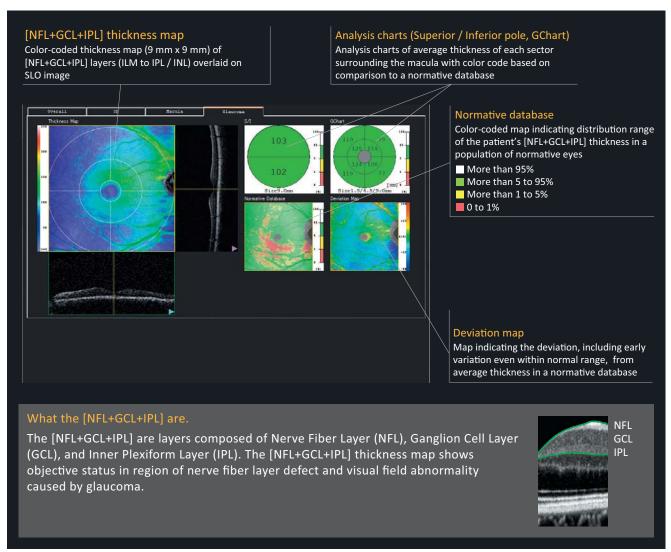
#### **CONTENTS**

Introduction - G	4	
Stages of Glaucoma		
Cases		
26-year-old fema	ale	6
Right eye Left eye	• • •	
72-year-old fema	ale	8
Right eye Left eye	- Preperimetric Glaucoma, BCVA 16/20 - Preperimetric Glaucoma, BCVA 16/20	
49-year-old fema	ale	10
Right eye Left eye		
62-year-old male	e	12
Right eye Left eye		
67-year-old fema	ale	14
Right eye Left eye		
74-year-old male	e	16
Right eye Left eye		
68-year-old fema	ale	18
Right eye Left eye	- Glaucoma Aulhorn stage 5, BCVA 6/20 - Glaucoma Aulhorn stage 1, BCVA 12/20	
Authors		20

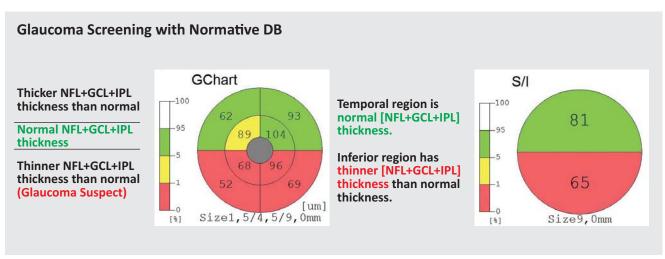
#### **Introduction - Glaucoma Analysis**

NAVIS-EX (ver. 1.3.3)

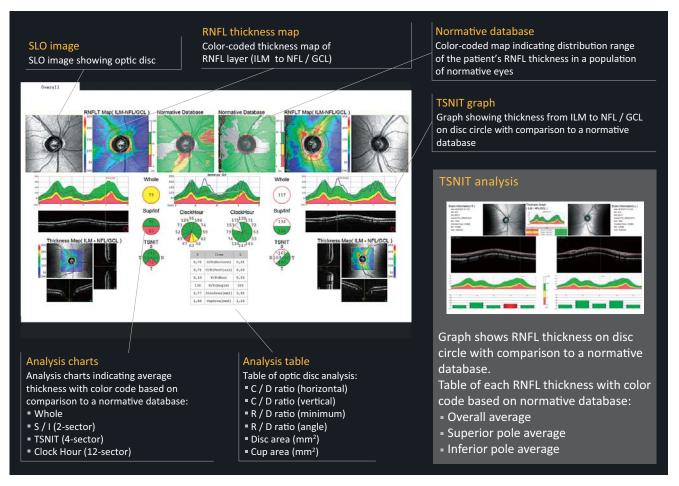
#### >> [NFL+GCL+IPL] thickness map



#### >> Retinal Pathology or Glaucoma?



#### >> RNFL thickness map



#### >> Aulhorn classification of visual field

Classification of glaucoma based upon static visual field with Twinfield-Perimeter (OCULUS Optikgeraete GmbH, Germany)











Stage 1

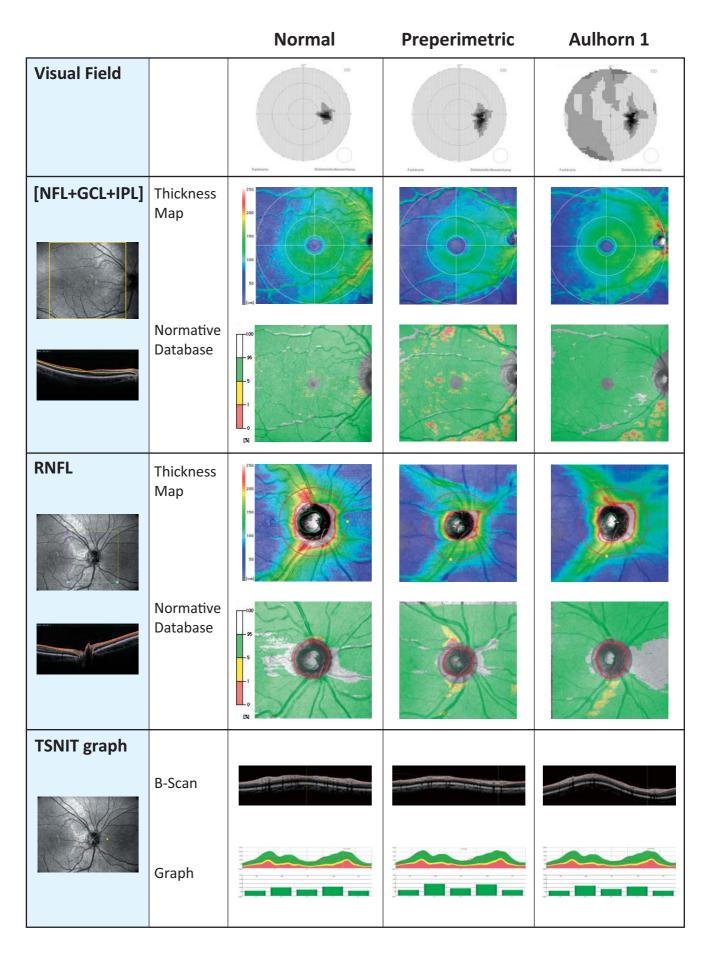
Stage 2

Stage 3

Stage 4 Stage 5

Stage 1	Relative scotomas only
Stage 2	Absolute scotomas, without connection to the blind spot
Stage 3	Absolute scotomas, with connection to the blind spot
Stage 4	Absolute scotomas, more than one quadrant affected
Stage 5	Temporal residual visual field only

#### **Stages of Glaucoma**



Aulhorn 2	Aulhorn 3	Aulhorn 4	Aulhorn 5
Fartilians Ophiotolish Albesto Faring	Fachteris Deleterate (Steamburg	Fachilator Definition follows have:	Facts arts  Onless title following hung

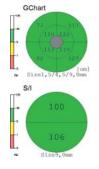
No glaucoma present, excavation of optic nerve head,

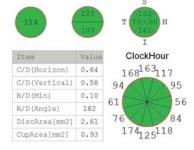
normal intraocular pressure, normal visual field

Perimeter Mirrored representation

Whole

**Analysis charts** 





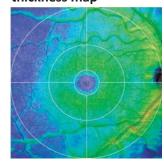
Sup/Inf

TSNIT

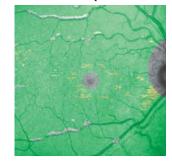
**Fundus Photo** 



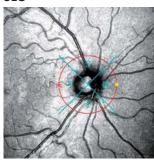
[NFL+GCL+IPL] thickness map



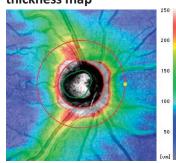
NDB/[NFL+GCL+IPL] thickness map



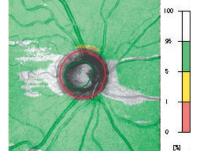
**SLO** 



**RNFL** thickness map

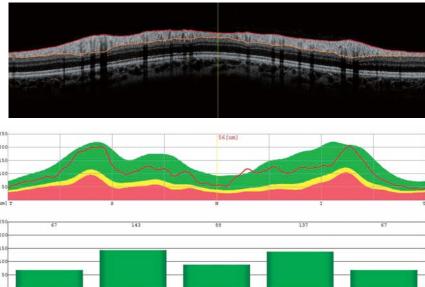


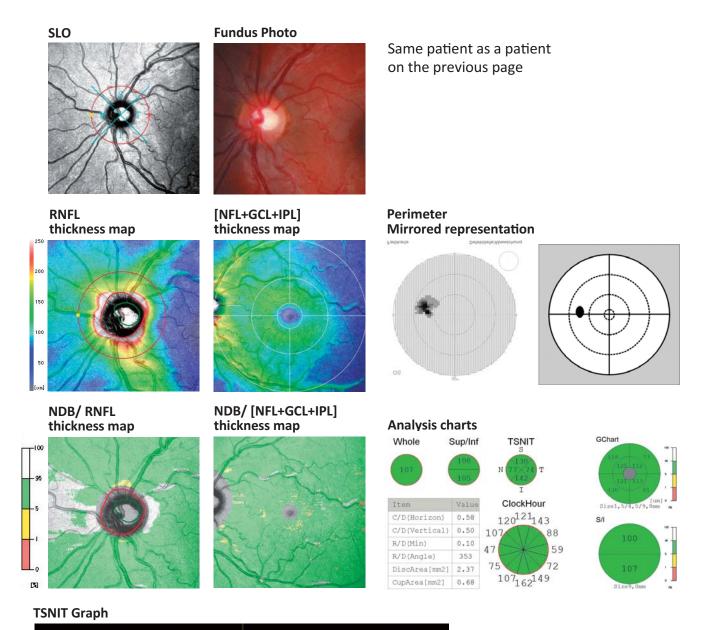
NDB/RNFL thickness map

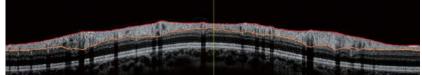


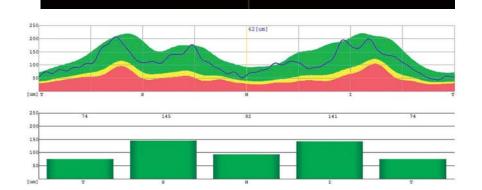
No evident abnormalities

**TSNIT Graph** 





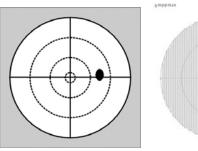


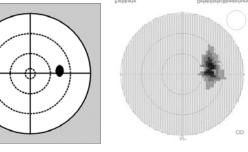


Ocular hypertension, due to intraocular pressure over 26 mmHg and thin cornea (510/530 μm) in therapy with anti-glaucoma drops since the age of 55, normal visual field

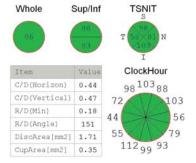
## **Fundus Photo SLO** [NFL+GCL+IPL] **RNFL** thickness map thickness map NDB/[NFL+GCL+IPL] NDB/RNFL thickness map thickness map

#### **Perimeter** Mirrored representation





**Analysis charts** S/I



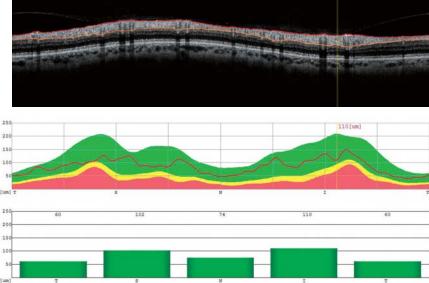
With normal mean values in the Analysis charts: The NDB/[NFL+GCL+IPL] thickness map shows spots of thinner locations,

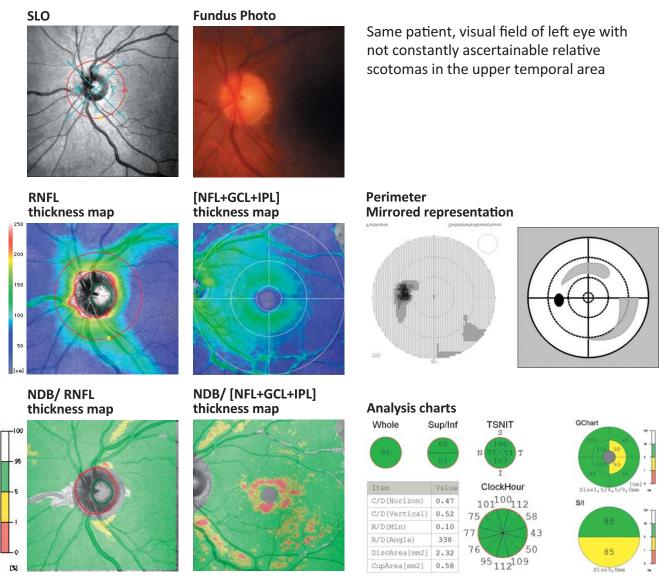
especially in the lower area.

The NDB/ RNFL thickness map shows mild thinning of nerve fiber layers downwards.

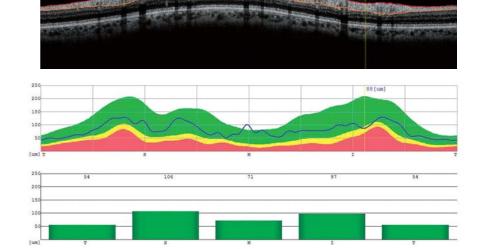
The **TSNIT** graph shows thinning in the inferior quadrants.

#### **TSNIT Graph**









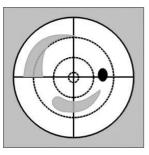
Similar findings as in the right eye, but the macular **Analysis charts** show evident average values.

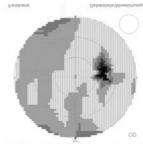
Primary open angle glaucoma, POAG, tension regulated with medication, visual fields with persistent relative scotomas in the areas of nerve fiber bundles

Fundus Photo



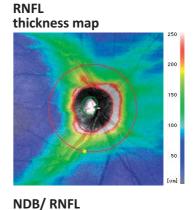
Perimeter Mirrored representation



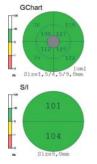


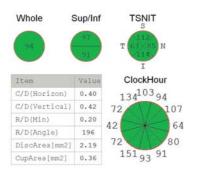
thickness map

[NFL+GCL+IPL]



**Analysis charts** 



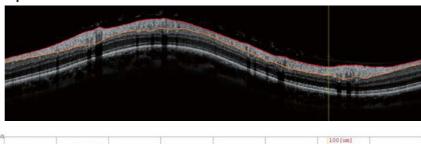


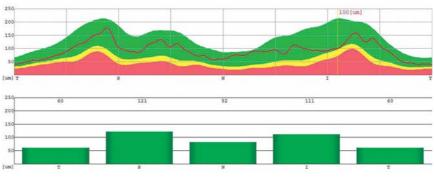
NDB/ [NFL+GCL+IPL] thickness map

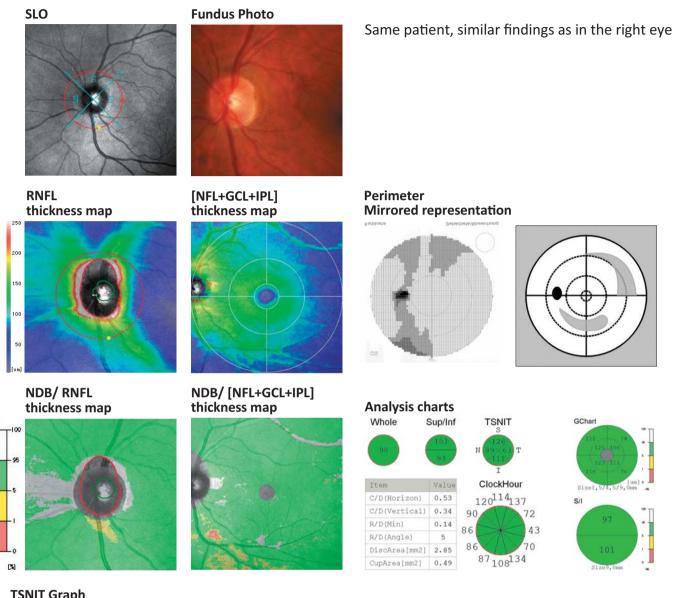
thickness map

**TSNIT Graph** 

With normal mean values in the Analysis charts: The NDB/[NFL+GCL+IPL] thickness map shows thinner locations in the lower area. NDB of RNFL thickness map and TSNIT Graph show mild nerve fiber thinning to inferior.







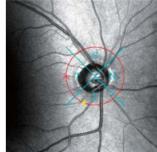
**TSNIT Graph** 

Similar findings as in the right eye

Primary open angle glaucoma, POAG, tension regulated with medication, visual fields with persistent relative and absolute scotomas in the peripheral area of the nerve fiber bundles

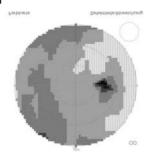
### al ute

SLO



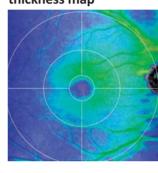
Perimeter Mirrored representation



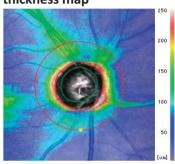


[NFL+GCL+IPL] thickness map

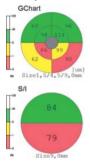
**Fundus Photo** 

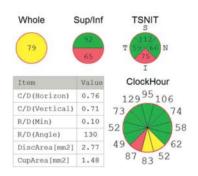


RNFL thickness map

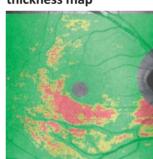


**Analysis charts** 

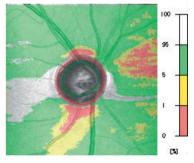




NDB/ [NFL+GCL+IPL] thickness map



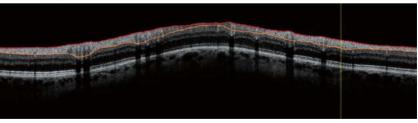
NDB/ RNFL thickness map

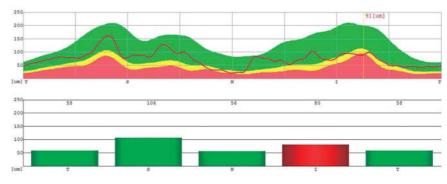


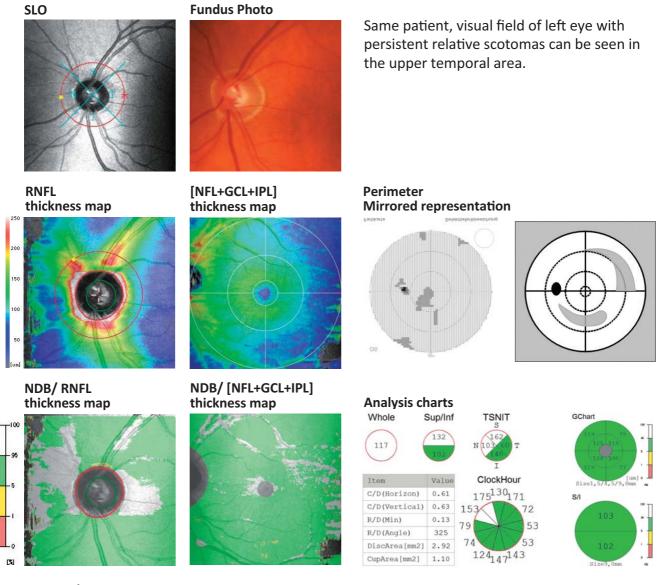
Clear sectorial loss of nerve fiber layer downwards in the Analysis charts, in the [NFL+GCL+IPL], NDB/[NFL+GCL+IPL] and NDB/RNFL thickness maps.

The **TSNIT graph** shows the overall and the especially clear inferior loss of nerve fiber layers.

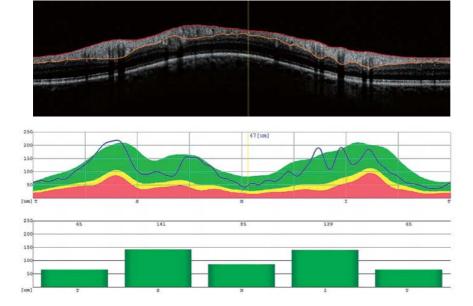
**TSNIT Graph** 







**TSNIT Graph** 

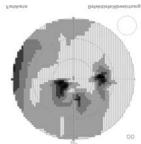


With normal mean values in the Analysis charts and the NDB/RNFL thickness map: The NDB/[NFL+GCL+IPL] shows thinned locations in the lower and peripheral area. The TSNIT graph shows early thinning in the inferior and nasal quadrants.

Normal pressure glaucoma, hypertension, blood pressure dips, tension treated with medication, optic disc excavation close to the rim downwards in both eyes, hemorrhage on the rim, sectorial, mostly superior visual field losses

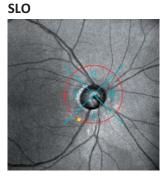
#### **Perimeter** Mirrored representation

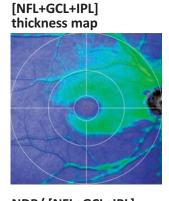


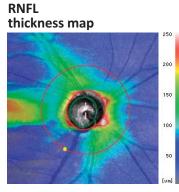




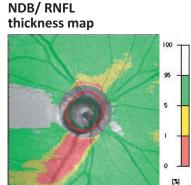




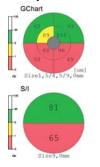


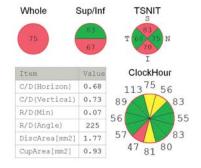






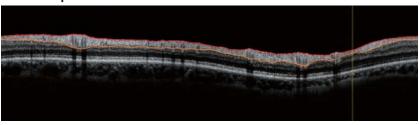
**Analysis charts** 

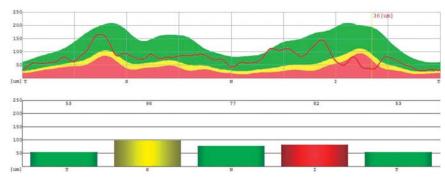


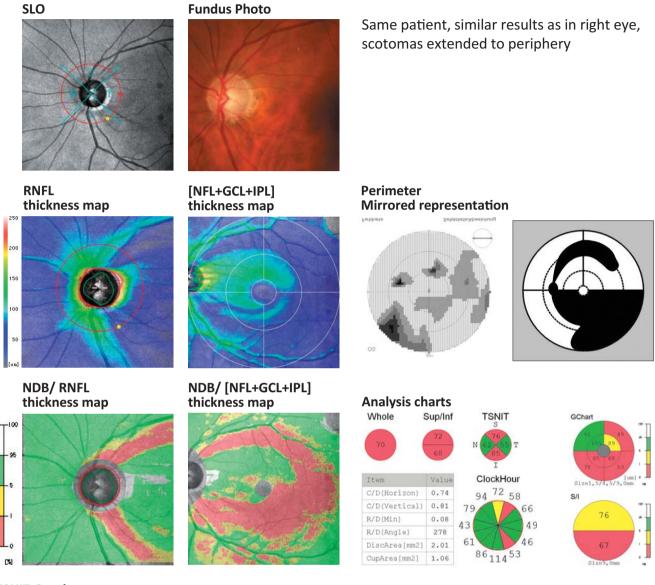


Massive sectorial losses of nerve fiber layer downwards in the **Analysis** charts, [NFL+GCL+IPL], NDB/[NFL+GCL+IPL] and NDB/RNFL thickness maps. The **TSNIT** graph shows apart of the inferior also the superior loss of nerve fibers.

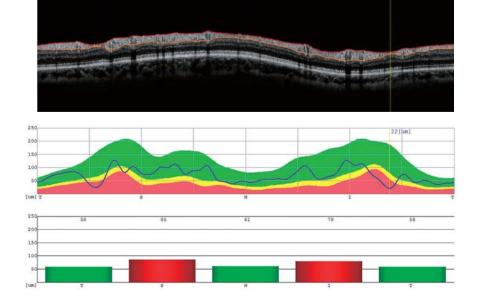
#### **TSNIT Graph**







**TSNIT Graph** 



The [NFL+GCL+IPL]
thickness map shows
clearly the single narrow
nerve fiber defects,
recognizable in the TSNIT
graph as narrowly confined
notches.

#### 74-year-old male

Primary open-angle glaucoma, POAG, diabetes, hypertension, glaucoma surgery in both eyes, tension regulated with medication, loss of visual field of right eye in

**Fundus Photo** 

**SLO** 

**RNFL** 

Perimeter Mirrored representation

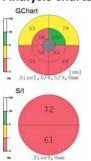


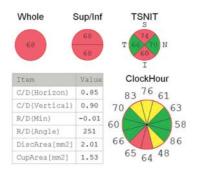


[NFL+GCL+IPL] thickness map

thickness map

**Analysis charts** 



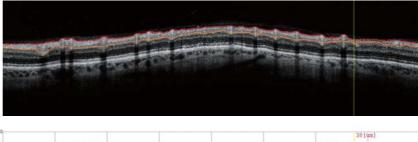


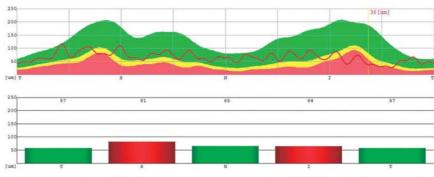
NDB/[NFL+GCL+IPL] thickness map

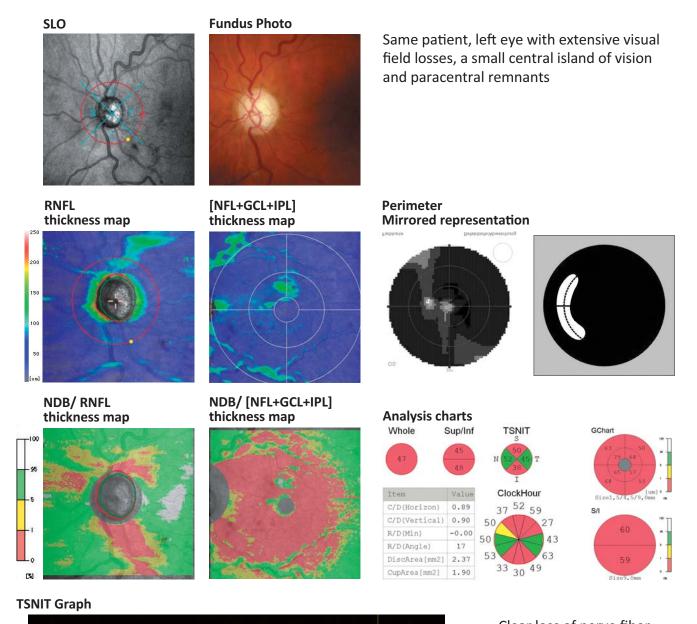
NDB/RNFL thickness map

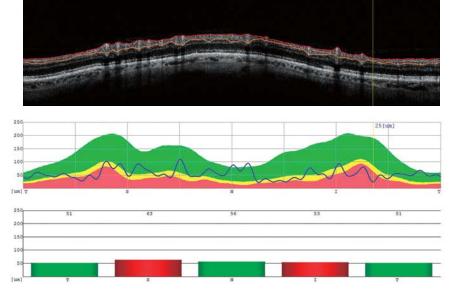
**TSNIT Graph** 

Clear sectorial loss of nerve fiber layer with well recognizable central rest can be seen in the [NFL+GCL+IPL], NDB/[NFL+GCL+IPL] and NDB/RNFL thickness maps. The **TSNIT** graph show no inferior or superior peaks. The exposed retinal vessels resemble a string of pearls.





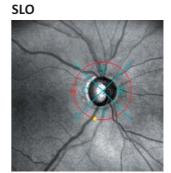




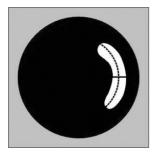
Clear loss of nerve fiber layer with small central remnants in the [NFL+GCL+IPL]thickness map. RNFL thickness map, NDB/[NFL+GCL+IPL] and NDB/RNFL thickness map as well as TSNIT Graph show the overestimated nasal and temporal remainings.

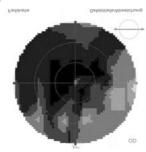
PEX Glaucoma, IOL and glaucoma surgery in right eye, tension regulated with medication, extensive visual field losses with a small central island of vision and temporal remnants

# Fundus Photo



Perimeter Mirrored representation





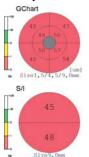
thickness map

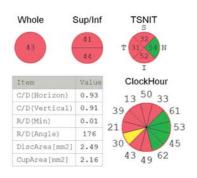
[NFL+GCL+IPL]

RNFL thickness map

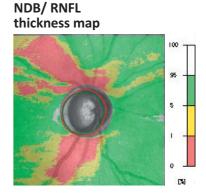
250
200
150
100
50
[un]

**Analysis charts** 





NDB/ [NFL+GCL+IPL] thickness map

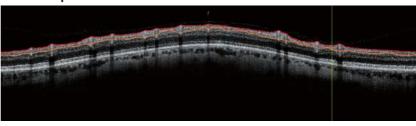


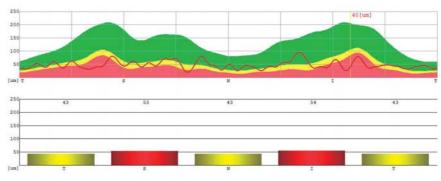
Clear losses of nerve fiber layer in the [NFL+GCL+IPL], RNFL and

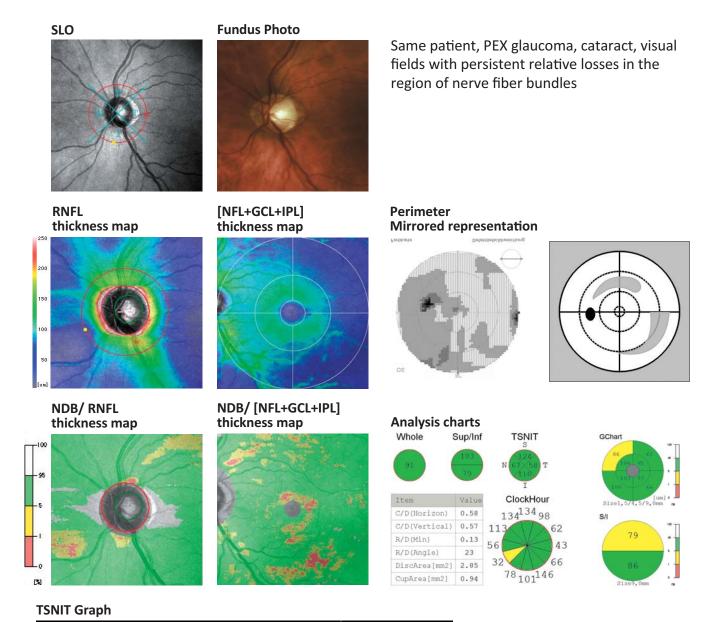
[NFL+GCL+IPL], RNFL and NDB/[NFL+GCL+IPL] thickness maps.

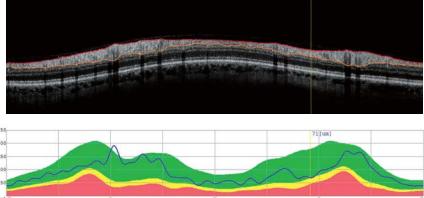
Recognizable nasal and temporal remnants are in the NDB/RNFL thickness map and in the TSNIT graph. In the latter the obvious exposure of retinal vessels resembling a string of pear can be noticed.











With almost normal mean values in the **Analysis charts**:

The NDB/[NFL+GCL+IPL] thickness map shows thinned locations.

The NDB/RNFL thickness map and the TSNIT graph show mild thinning of nerve fibers, mostly in the nasal area.

#### **AUTHOR**



Dr. med. Heike Krueger Bruende, Germany

Studies at the Philipps University in Marburg, the Academic Hospital in Fulda and the Medical School of Hannover.

Doctoral degree obtained at the Medical School of Hannover.

Specialization in ophthalmology at the Eye Clinic of the Medical School of Hannover (Director: Prof. Dr. H. Honegger)

Since 1983 active in a private eye clinic, since 1985 together with Dr. med. Cesary J. Krueger.

#### Affiliation:

**MuM** – Physician Network Medicine and More (Medizin und Mehr)

**BVA –** Professional Organisation of Eye Doctors (Berufsverband der Augenärzte)

**RWA** – Association of Eye Doctors of Rheineland-Westphalia (Verein Rheinisch-Westfälischer Augenärzte)

**DAKG –** German Contact Lense Society of Eye Doctors (Deutsche augenärztliche Kontaktlinsengesellschaft)

www.augenaerzte-krueger.de www.oct-bilder.de





Dr. med. Cesary J. Krueger Bruende, Germany

Studies at the Philipps University in Marburg, the Academic Hospital in Fulda and the Medical School of Hannover.

Doctoral degree obtained at the Medical School of Hannover.

Researcher in the Department for Experimental Ophthalmology of the Max-Planck Institute for Physiological and Clinical Research, Bad Nauheim (Director: Prof. Dr. E.Dodt) in association with the University Eye Clinic Frankfurt (Director: Prof. Dr. W. Doden)

Specialization in ophthalmology at the Eye Clinic of the Medical School of Hannover (Director: Prof. Dr. H. Honegger)

#### Affiliation:

**MuM** – Physician Network Medicine and More (Medizin und Mehr)

**BVA –** Professional Organisation of Eye Doctors (Berufsverband der Augenärzte)

**RWA** – Association of Eye Doctors of Rheineland-Westphalia (Verein Rheinisch-Westfälischer Augenärzte)

**DOG** – German Ophthalmological Society (Deutsche ophthalmologische Gesellschaft)

**DAKG –** German Contact Lense Society of Eye Doctors (Deutsche augenärztliche Kontaktlinsengesellschaft)

