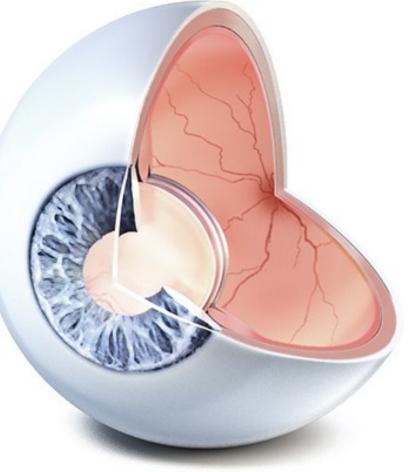
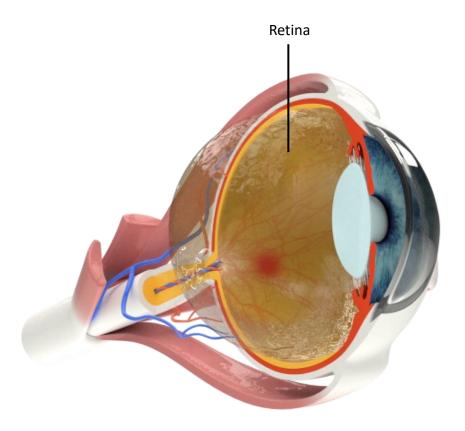
Anatomy and pathology



The macula, what about the retina? Inside lining

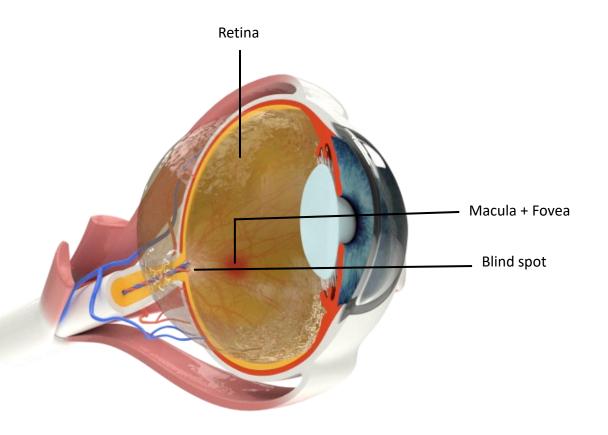
The retina is the nerve layer that lines the back of the eye. The retina senses light and sends signals through the optic nerve to the brain.



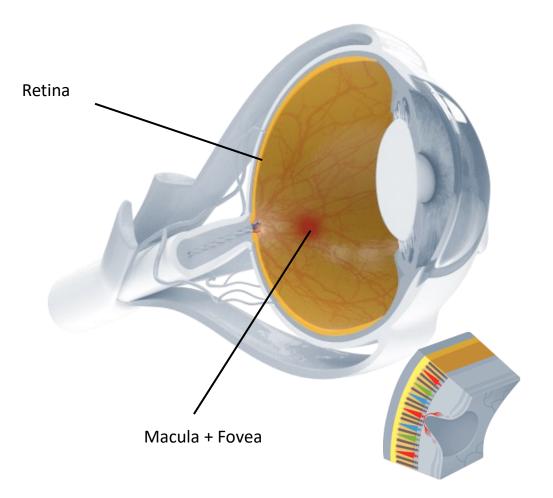
The macula Where is it?

Macula and fovea are a small part of an amazing organ!

The macula is 5.5mm in diameter The fovea is 1.5mm in diameter



Macula and fovea Jam donut vs donut - same, same but different



The macula is an area of the retina, with the fovea in the center.

The macula has the highest density of light receptors and is free of major blood vessels.

The fovea in the center of the macula is responsible for sharp, detailed vision, e.g. when doing activities such as reading, watching TV or driving a car.

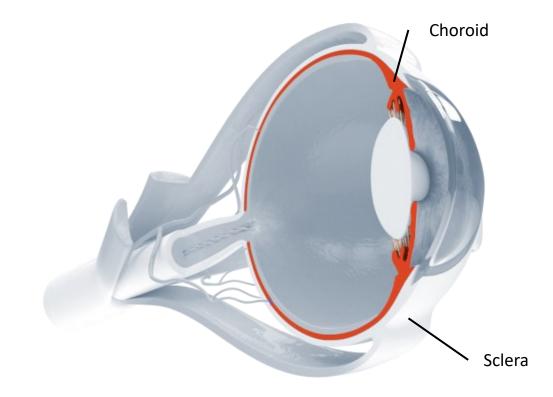
Light receptors in the fovea – we call them cones Colour, depth perception, reading – all the good stuff!!

Humans usually have three kinds of cones – specialized in the perception of three basic colors.

- Red
- Green
- Blue



Macula and fovea Nourished and protected



The choroid provides oxygen and nourishment to the retina. The sclera, also known as the white of the eye, is the protective outer layer of the eye. In humans, the whole sclera is white, contrasting with the colored iris.

How can it affect my eyes

- As the name implies, age is the major risk factor.
- A disease that progressively damages the sensitive centre of the retina the fovea and hence the center of the visual field.
- AMD is the leading cause of severe and irreversible vision loss in elderly people throughout the western world.
- Between the ages 65 and 75 about 10 % of people have some impairment of vision due to AMD, and over 75 years about 30% are affected.
- In late stages people usually maintain peripheral vision and can see to walk around (often with difficulty), but it is the loss of central vision that has the most devastating effect on lifestyle.

Age Related Macular Degeneration (AMD) Different types

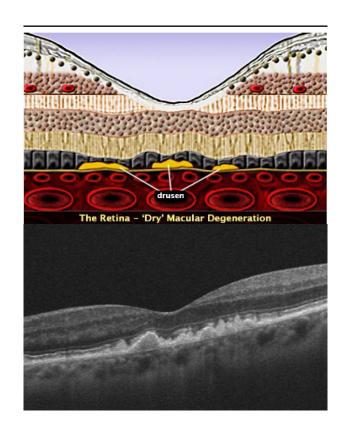
1. Non-exudative ("dry") 90%

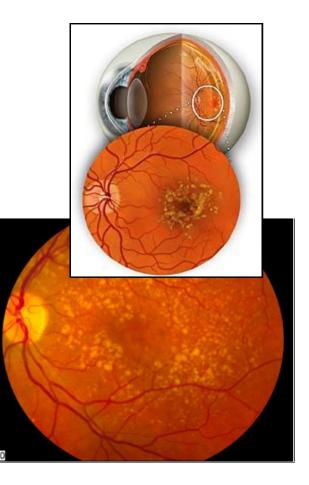
2. Exudative ("wet") 10%

Exudative = relating to leaking of fluid and other materials from cells and tissues, usually as a result of inflammation or injury.

Drusen – fat bumps

- Drusen are made up of lipids, a fatty protein
- Appear as yellow deposits
- Can be hard or soft in appearance
- Change in vision yes, it may cause gradual central vision loss as they are underneath your macula

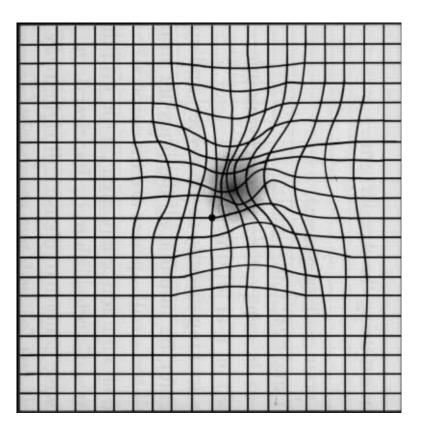




Amsler Grid – monitor your own eyes when you get your milk from the fridge for your coffee

Consisting of grid lines with a central fixation dot, the Amsler chart was developed to detect abnormalities in the central 20 degrees of vision.

Excellent self screening tool for early symptoms of AMD



How does wet happen?



Picture blood vessels as the roots of a tree growing and spreading under concrete.

Concrete represents the macula.

In a healthy eye, vessels stay in place and vision is normal

How does wet happen?



Abnormal blood vessels ("roots") push up through the concrete, cracks in the sidewalk.

These vessels tend to be fragile and can start leaking or bleeding.

Subtle change in vision can occur at this stage.

How does wet happen?

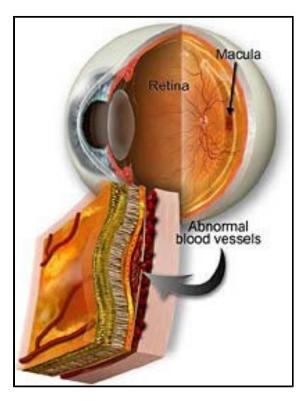


Leaking or bleeding vessels lead to swelling and bleeding in the macula, causing visual distortions or decreased vision.

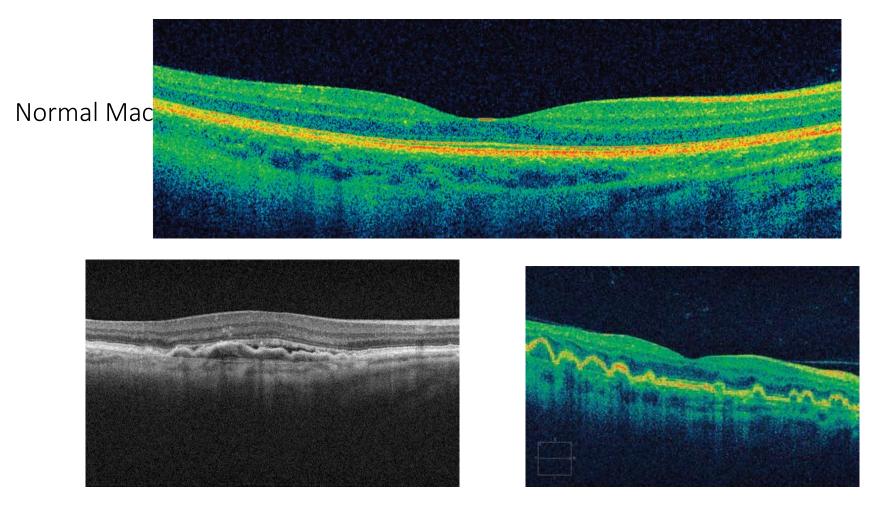
Over time, this can lead to scarring in the macula & create damage that may result in the loss of central vision

How does wet happen?

- About 10% of dry AMD cases progresses to more advanced, damaging form of disease
- New blood vessels grow beneath retina
- Leak blood and fluid
- Leakage causes permanent damage to light-sensitive retinal cells
- Cells die & create blind spots in central vision.



OCT scan – the best way to screen for AMD or distinguish which kind you have



Wet AMD

Dry AMD

• OCT has a new friend called OCTA or angioplex

•OCTA has led to the identification of a new subtype of AMD – dry with new vessel growth (wait a minute dry but also wet???)

- Called quiescent CNV which does not leak on traditional methods of photographing leaks (fluorescein angiograms)
- Changes are so subtle that it can only be detected by OCTA
- 80% of the new type of AMD will turn wet within 2 years – better indication if your eye is turning wet before you see a change in vision!!
- Keep in mind we cannot stop wet AMD from forming but we can treat earlier and mitigate vision loss

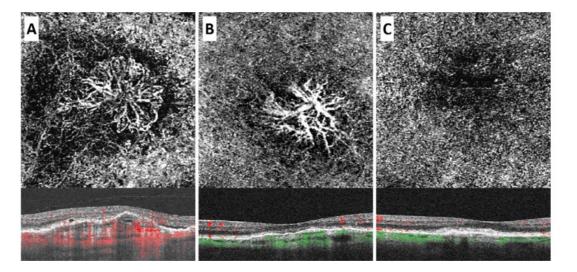


Figure 11: Active CNV (A), nonexudative CNV (B), and a disciform scar (C). Pigment epithelial detachments are visualized with structural OCT in all three cases, but OCT-A reveals a choroidal neovascularization in A and B only. Note the similarity of the shallow pigment epithelial detachment in B and C.

Treatment

Since around 2006, a breakthrough occurred with treatment. The advent of the use of anti-VEGf drugs to treat "wet"

Anit-VEGf has helped halt the aggressive effects of CNV on macula and its role for fine central vision.

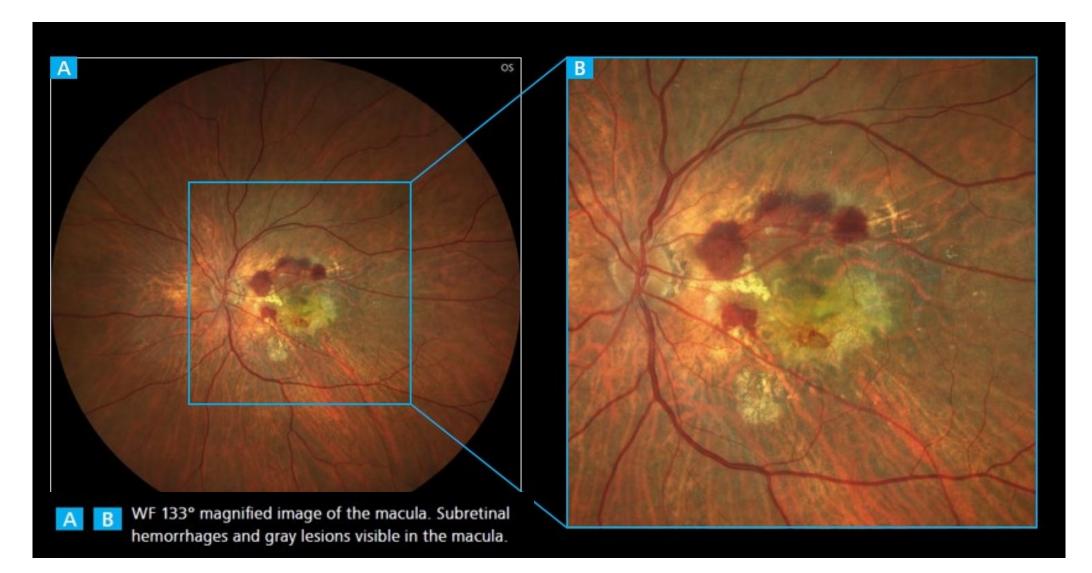
Administered via an intravitreal injection.

Anti-VEGf drugs: •Lucentis (Novartis) •Eyelea (Bayer)

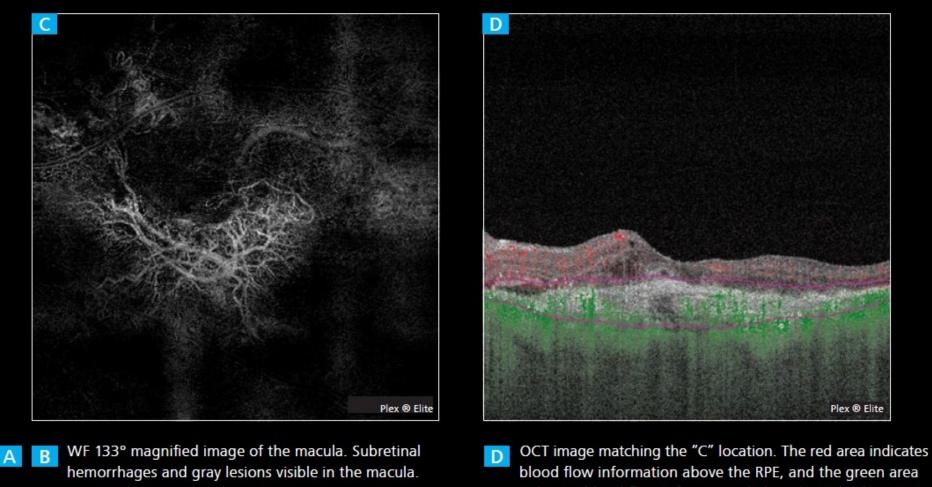




• Wet AMD – 87 year old male

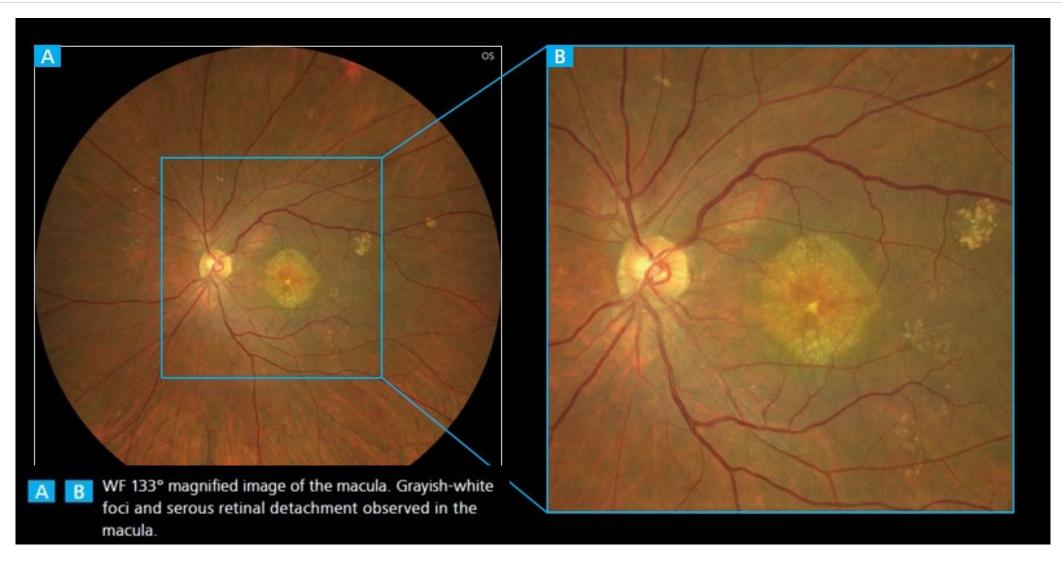


• Wet AMD – 87 year old male



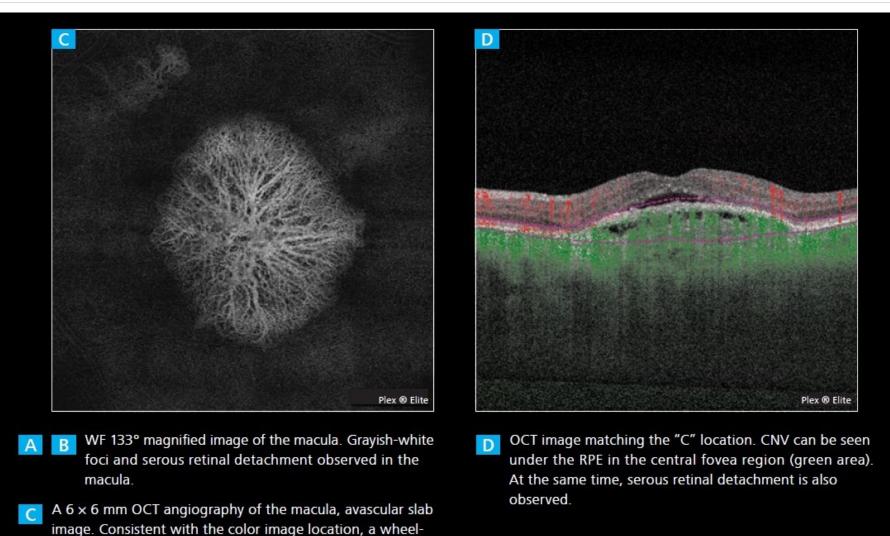
OCT angiography of macula 6 × 6 mm, ORCC slab image. CNV is widespread under the retina. OCT image matching the "C" location. The red area indicates blood flow information above the RPE, and the green area indicates blood flow information below the RPE. The CNV extending below the RPE can also be seen on the tomography (green area).

• Wet AMD – 82 year old male

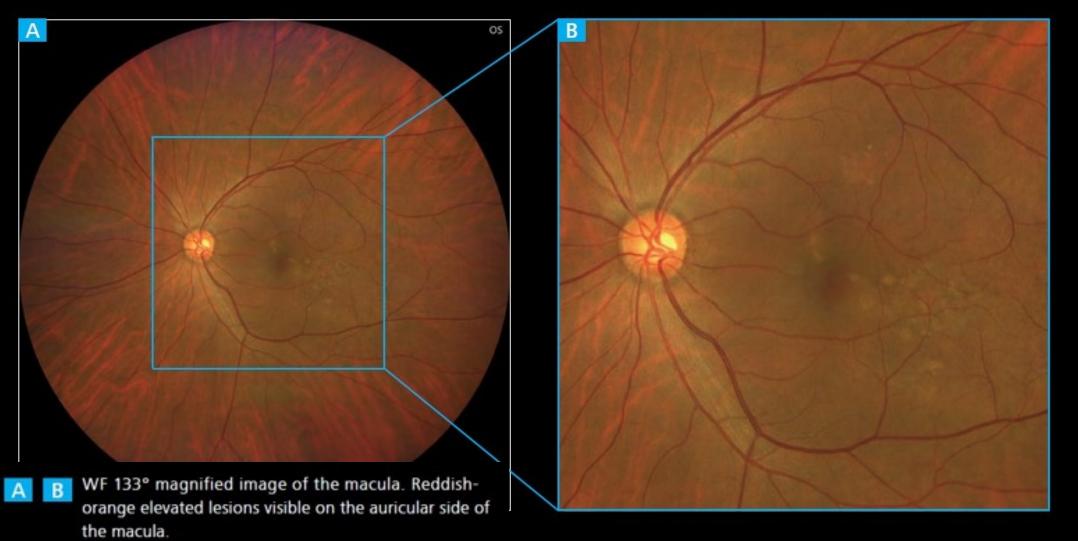


• Wet AMD – 82 year old male

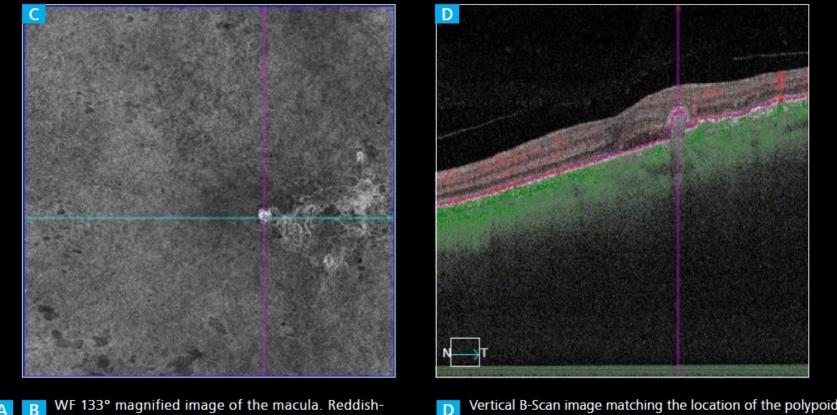
like CNV is depicted.



• PCV – 69 year old male



• PCV – 69 year old male



- orange elevated lesions visible on the auricular side of the macula.
- A 6 × 6 mm OCT angiography of the macula, choroid slab image. Polypoid lesions (horizontal and vertical line intersections) and an abnormal vascular network are depicted to the right of said polypoid lesions.

Vertical B-Scan image matching the location of the polypoid lesions on the OCT A image. You can see the RPE is bulging.