

OCT IN GLAUCOMA: A VALUABLE DIAGNOSTIC TOOL

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Glaucoma is a leading cause of blindness worldwide, and early detection and management are crucial to prevent vision loss. Optical coherence tomography (OCT) is being used these days as an important tool in the repertoire of ophthalmologists. OCT provides high-resolution images of the retinal nerve fiber layer (RNFL), ganglion cell layer (GCL), and other relevant structures, enabling clinicians to detect subtle changes in these structures before visual field defects become apparent.¹

OCT is a non-invasive and objective method of assessing glaucoma progression. It allows for the measurement of RNFL thickness, which has been found to be a reliable predictor of glaucoma progression. In addition, OCT can detect changes in the GCL, which is affected in the early stages of glaucoma, before changes in the RNFL become apparent. This information can aid in the diagnosis and management of glaucoma.²

Studies have shown that OCT can detect glaucomatous changes in the RNFL and GCL earlier than other diagnostic tools such as standard automated perimetry (SAP) and stereo disc photography. One study found that OCT detected RNFL defects in glaucoma suspects that were missed by SAP and fundus photography.³ Another study found that OCT detected more GCL defects in glaucoma patients than SAP.⁴ These findings suggest that OCT can be a valuable tool in the early detection and management of glaucoma.

OCT is also useful in monitoring glaucoma progression. Serial OCT measurements can detect subtle changes in the RNFL and GCL, allowing for earlier intervention and potentially better outcomes. One study found that serial OCT measurements were better than SAP at detecting glaucoma progression.

In conclusion, OCT has become an essential tool in the diagnosis and management of glaucoma. It provides high-resolution images of the RNFL and GCL, allowing for early detection and monitoring of glaucoma progression. As such, OCT should be considered a valuable diagnostic tool in the management of glaucoma.

REFERENCES:

1. Hood DC, Raza AS, de Moraes CG, Liebmann JM, Ritch R. Glaucomatous damage of the macula. *Prog Retin Eye Res.* 2013;32:1-21.
2. Mwanza JC, Durbin MK, Budenz DL, Sayyad FE, Chang RT, Neelakantan A, et al. Glaucoma diagnostic accuracy of ganglion cell-inner plexiform layer thickness: comparison with nerve fiber layer and optic nerve head. *Ophthalmology.* 2012;119:1151-8.
3. Medeiros FA, Zangwill LM, Bowd C, Vessani RM, Susanna R Jr, Weinreb RN. Evaluation of retinal nerve fiber layer, optic nerve head, and macular thickness measurements for glaucoma detection using optical coherence tomography. *Am J Ophthalmol.* 2005;139:44-55.

4. Leung CK, Lam S, Weinreb RN, Liu S, Ye C, Liu L, et al. Retinal nerve fiber layer imaging with spectral-domain optical coherence tomography: analysis of the retinal nerve fiber layer map for glaucoma detection. *Ophthalmology*. 2010;117:1684-91.
5. Kim NR, Kim JH, Lee J, Lee ES, Seong GJ, Kim CY. Determinants of perimacular inner retinal layer thickness measured by spectral domain optical coherence tomography in normal eyes. *Invest Ophthalmol Vis Sci*. 2011;52:3413-8.
6. Garway-Heath DF, Crabb DP, Bunce C, Lascaratos G, Amalfitano F, Anand N, et al. Latanoprost for open-angle glaucoma (UKGTS): a randomised, multicentre, placebo-controlled trial. *Lancet*. 2015 Apr 4;385(9975):1295-304.