

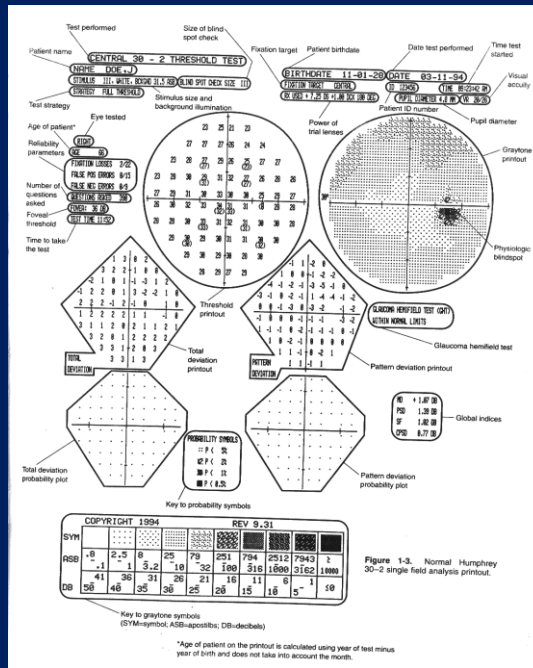
**Visual Field Testing**  
**13-13**

BY  
**MOUSTAFA NASSAR**  
Prof and Head of Oph dept- Menofya Univ  
and Secretary General of ESG

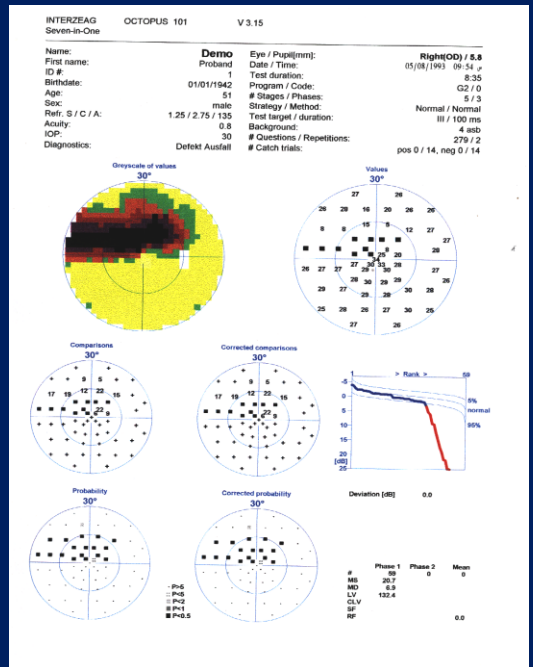
ESG- AURORA2013

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The slide has a dark blue background. In the top right corner, there is a cartoon character of a young boy in a red shirt and white pants, holding a flagpole with the Egyptian flag. The main text is in yellow and white. The title 'Visual Field Testing' is in yellow, and '13-13' is in a larger yellow font. Below that, 'BY' is in white, followed by 'MOUSTAFA NASSAR' in yellow. The author's title is in white. At the bottom left, 'ESG- AURORA2013' is written in white, and at the bottom right, 'MOUSTAFA NASSAR' is written in white.

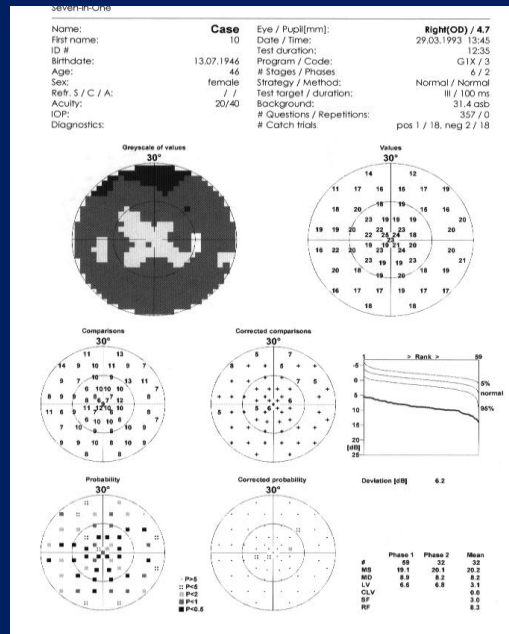


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## Glaucoma and visual field

- Glaucoma is *an optic n. neuropathy with early functional and late morphological changes.*
- Visual field is *the extent of an area, one fixating eye can see.*
- The retinal sensitivity is measured in dB which is a % calculated by the ability of a certain point to distinguish between unequal illumination densities, i.e. the ability of these locations to discriminate different light intensities (differential light sensitivity) or retinal threshold.
- The ratio of two powers in a mechanical system is expressed in logarithmic units called *decibels (dB).*

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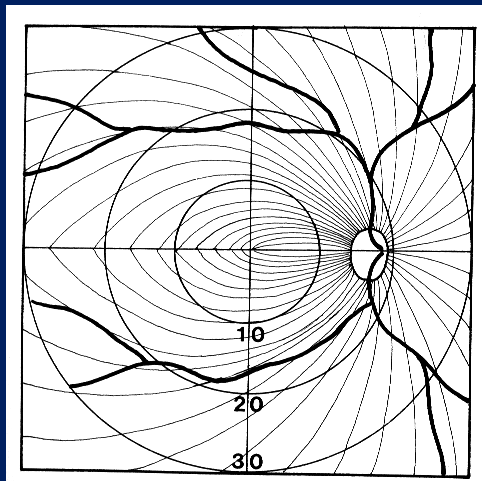


Visual field defects, are areas within the field of vision, where specific targets are not detected by the patient.

Glaucomatous field defects are determined by the anatomy of the retinal nerve fiber layer and the optic nerve head (respect horizontal line).

Neurological VF defects respect vertical line.

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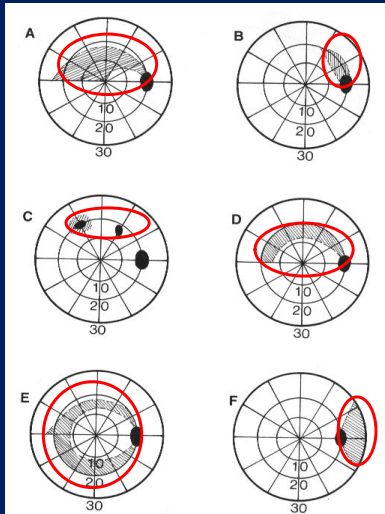
Superiotemporal and inferiotemporal retinal nerve fibers, follow an arcuate pathway around the fovea, to meet at median raphe. Damage to this portion of the nerve fiber layer is responsible for arcuate field defects seen in glaucoma.

*Modified from Shields MB: Textbook of Glaucoma, 3rd ed., Baltimore: Williams & Wilkins, 1992.*

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### Arcuate visual field defects:



- A. Bjerrum's region extends from the blind spot to the median raphe in an arcuate path which encompasses 10-20; nasally from fixation
- B. Seidel scotoma
- C. Paracentral scotomas
- D. Arcuate or Bjerrum scotoma
- E. Double arcuate scotoma
- F. Temporal wedge defects produced by damage to the nasal neuroretinal rim and are not arcuate in nature.

Modified from Shields MB: *Textbook of Glaucoma, 3rd ed.* Baltimore: Williams & Wilkins, 1992.

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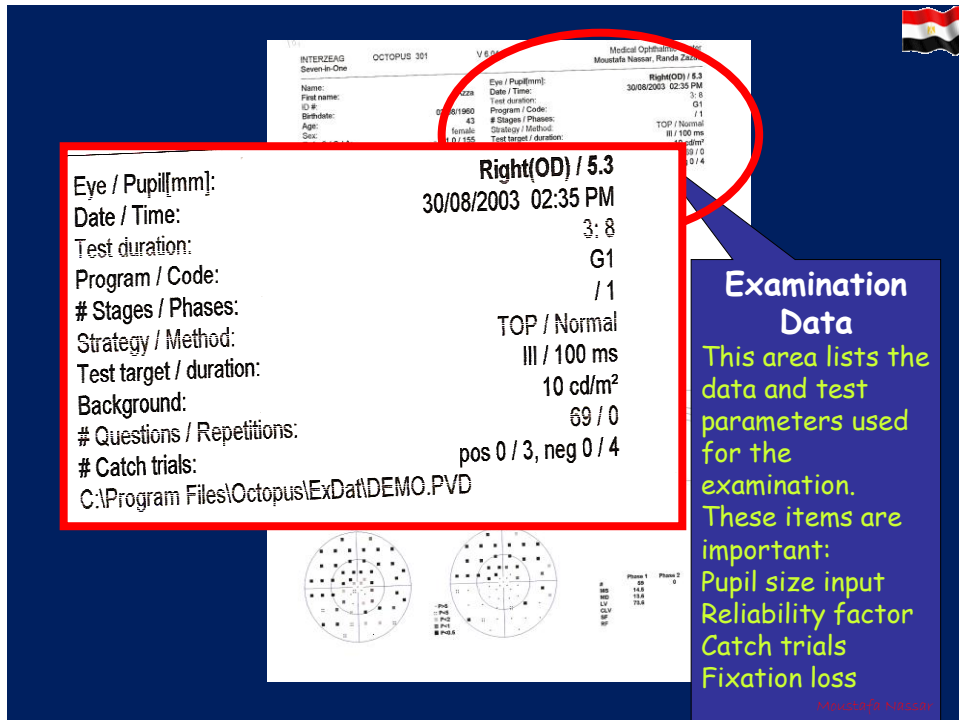
### Patient Data

INTERZEAG Seven-in-One		V 6.04c		Medical Ophthalmic Center Moustafa Nassar, Randa Zaza	
Name:	Azza	Eye / Pupil(mm):		Right(MOD) / 5.3	
First name:	Azza	Date / Time:	30/08/2003 02:39 PM		
ID #:		Test duration:	9.8		
Birthdate:	02/08/1960	Program / Code:	G1		
Age:	43	# Stages / Phases:	1.1	TOP / Normal	
Sex:	female	Strategy / Method:		III / 100 ms	
Refr. S / C / A:	- / -1.0 / 155	Test target / duration:		10 odmt	
Acuity:	6/18	Background:		09 / 0	
IOP:	12	# Questions / Repetitions:		pos 2 / 3, neg 0 / 4	
Diagnostics:	POAG	# Catch trials:			
Patient file:		C:\Program Files\Octopus\Ex\Dat\DEMO.PVD			

Name:	Azza
First name:	Azza
ID #:	
Birthdate:	02/08/1960
Age:	43
Sex:	female
Refr. S / C / A:	- / -1.0 / 155
Acuity:	6/18
IOP:	12
Diagnostics:	POAG
Patient file:	



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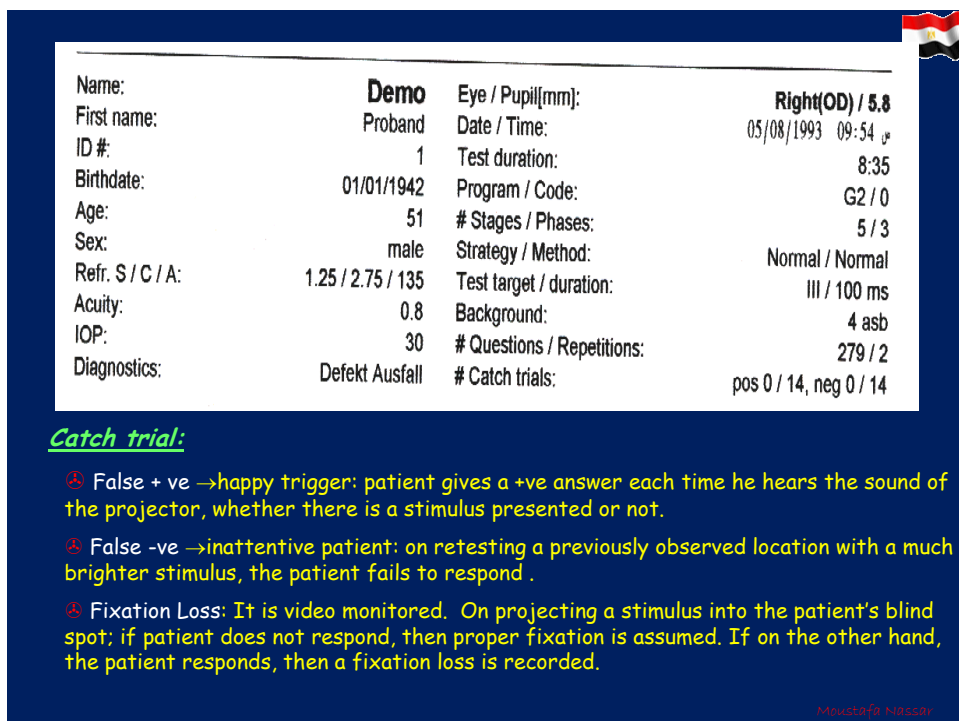
INTERZEAG OCTOPUS 301 V 6.01 Medical Optometrists  
Mustafa Nassar, Randa Zaki

Seven in One

Name: 223 Eye / Pupil[mm]: Right(OD) / 5.3  
Date / Time: 30/08/2003 02:35 PM  
First name: 223 Test duration: 3: 8  
ID #: 0001990 Program / Code: G1  
Birthdate: 43 # Stages / Phases: / 1  
Age: female Strategy / Method: TOP / Normal  
Sex: 1,1,1,55 Test target / duration: III / 100 ms  
Background: 10 cd/m<sup>2</sup>  
# Questions / Repetitions: 69 / 0  
# Catch trials: pos 0 / 3, neg 0 / 4  
C:\Program Files\Octopus\ExDat\DEMO.PVD

**Examination Data**  
This area lists the data and test parameters used for the examination. These items are important:  
Pupil size input  
Reliability factor  
Catch trials  
Fixation loss

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Name: **Demo** Eye / Pupil[mm]: **Right(OD) / 5.8**  
First name: Proband Date / Time: 05/08/1993 09:54  
ID #: 1 Test duration: 8:35  
Birthdate: 01/01/1942 Program / Code: G2 / 0  
Age: 51 # Stages / Phases: 5 / 3  
Sex: male Strategy / Method: Normal / Normal  
Refr. S / C / A: 1.25 / 2.75 / 135 Test target / duration: III / 100 ms  
Acuity: 0.8 Background: 4 asb  
IOP: 30 # Questions / Repetitions: 279 / 2  
Diagnostics: Defekt Ausfall # Catch trials: pos 0 / 14, neg 0 / 14

**Catch trial:**

- ⊕ False + ve →happy trigger: patient gives a +ve answer each time he hears the sound of the projector, whether there is a stimulus presented or not.
- ⊖ False -ve →inattentive patient: on retesting a previously observed location with a much brighter stimulus, the patient fails to respond .
- ⊖ Fixation Loss: It is video monitored. On projecting a stimulus into the patient's blind spot; if patient does not respond, then proper fixation is assumed. If on the other hand, the patient responds, then a fixation loss is recorded.

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Name:	<b>Demo</b>	Eye / Pupil(mm):	<b>Right(OD) / 5.8</b>
First name:	Proband	Date / Time:	05/08/1993 09:54 <sup>v</sup>
ID #:	1	Test duration:	8:35
Birthdate:	01/01/1942	Program / Code:	G2 / 0
Age:	51	# Stages / Phases:	5 / 3
Sex:	male	Strategy / Method:	Normal / Normal
Refr. S / C / A:	1.25 / 2.75 / 135	Test target / duration:	III / 100 ms
Acuity:	0.8	Background:	4 asb
IOP:	30	# Questions / Repetitions:	279 / 2
Diagnostics:	Defekt Ausfall	# Catch trials:	pos 0 / 14, neg 0 / 14

### Short-term Fluctuation:

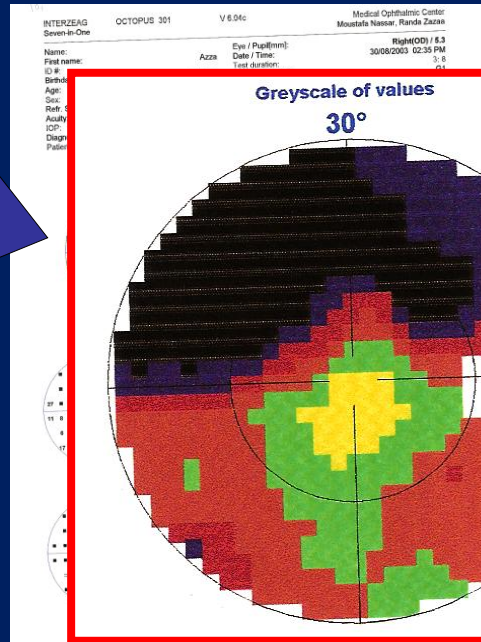
⊕ Determined by re-thresholding 10 locations. If this number in dB is very high than the first threshold, this may indicate patient unreliable.

⊕ On the other hand, high short-term fluctuation in a field whose reliability parameters are good, indicates early sign of glaucoma damage.

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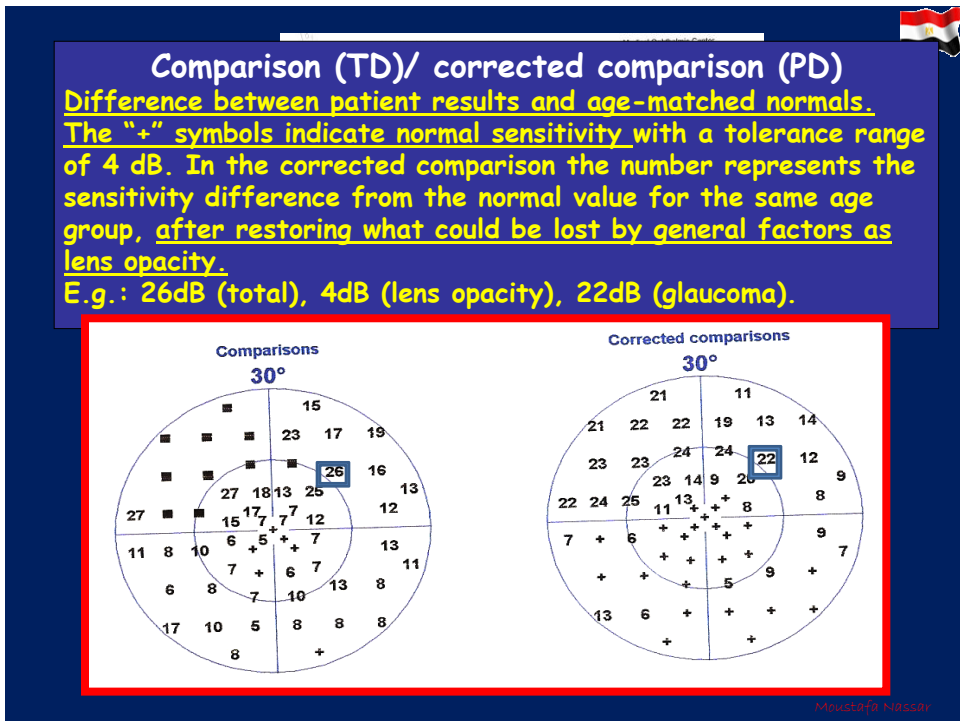
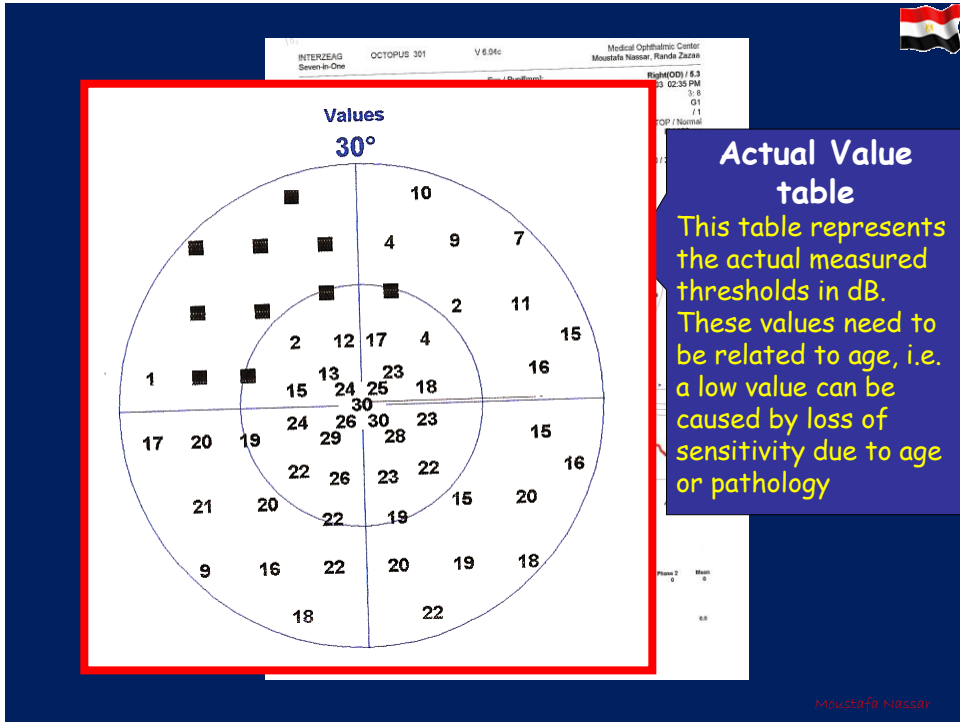
### **Gray Scale**

Shows depth and location of visual field defects in shades from white to black, or from bright color to dark tones.



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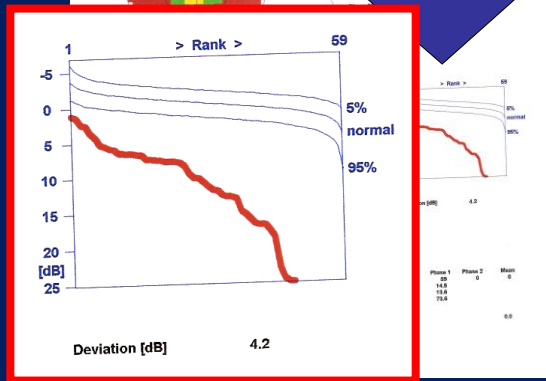




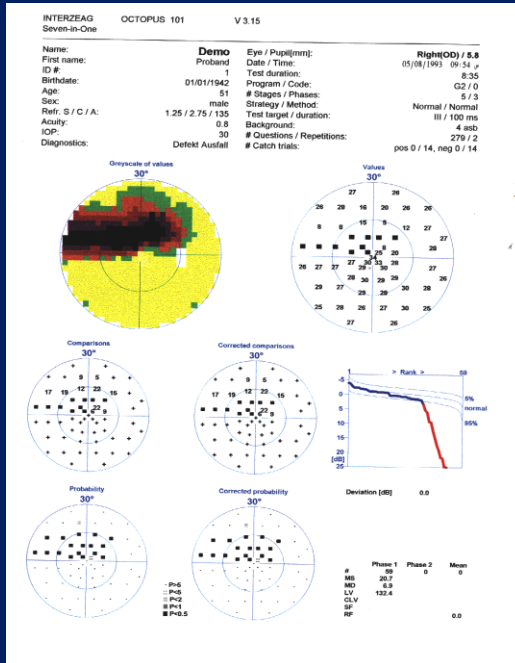


### Bebei Curve

Ranking all defects values from left to right. The Bebei curve shows actual visual field results together with the normal bandwidth. It clearly differentiates uniform depression (parallel to the band of normality) from localized defects (steep decline). Without the Bebei curve uniform loss, which can be caused by early glaucoma, is easily missed.



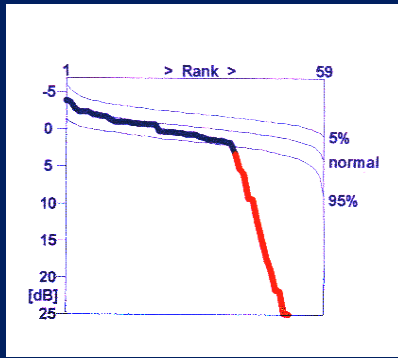
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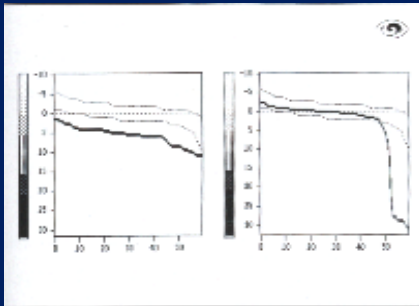
#### 4. Defect (Bebie) Curves:



⊗ The Bebie Curve is a unique Octopus feature.

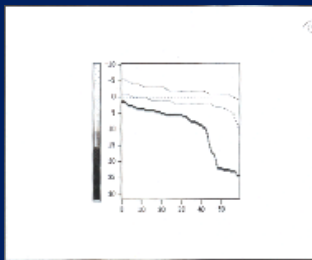
⊗ It is an additional graph to clearly and quickly assess the characteristics and depth of the defects in dB, sorted in rank from the most sensitive value to the deepest defect, from left to right.

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⇒ On the left: Bebie curve of the visual field shows diffuse damage.

⇒ The right curve shows local visual field damage.

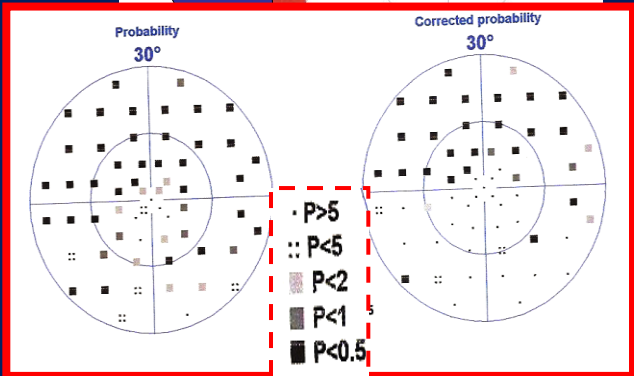
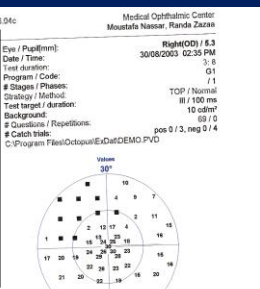


⇒ The Bebie curve in this visual field shows combined diffuse and local damage.

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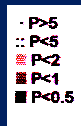
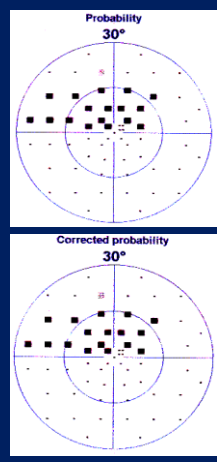


**Probability Plots**  
 These plots show the probability of real defect. The full black box indicates that this location has a defect with a probability of 99.5% (100-0.5%).



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**3. Probability Maps:**



- ⊗ Compare measured threshold at each location to the distribution of thresholds of an age-corrected normal population.
- ⊗ The points that show a decrease in sensitivity, whether in comparison or corrected comparison, are compared to related points stored in the computer for the same age group to know whether the decrease at that point takes place frequently, therefore they are insignificant.
- ⊗ If it takes place rarely, then it is significant. It can be probably considered as a scotoma.
- ⊗ The more the degree of probability, the darker the shadow of the point.

$P < 5\% \rightarrow$  not significant  
 $P < 0.5\% \rightarrow$  highly significant

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### Global indices

Statistical information about uniform (MD) and localized loss (LV) in the hill of vision. They provide a quick and easy assessment of the field. For example the visual field is abnormal when the MD =2.5dB (normal tolerance range between -2 to +2 dB). Loss by 1dB in MD=10% loss of visual function. LV (PSD) N=0.6.

Follow-up of MD and LV is an indicator of the extent and depth of pathology. CLV N=0.4

SF N=>1.5dB indicative of early pathology.

The reliability factor (RF) is a percentage value of the +ve and -ve catch trials. For reliable results, the RF should be >15%.

	Phase 1	Phase 2	Mean
#	59	0	0
MS	14.5		
MD	13.6		
LV	73.6		
CLV			
SF			0.0
RF			

	Phase 1	Phase 2	Mean
#	59	0	0
MS	14.5		
MD	13.6		
LV	73.6		
CLV			
SF			0.0

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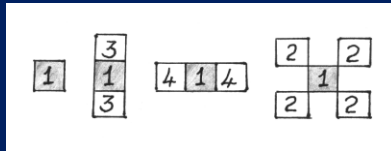
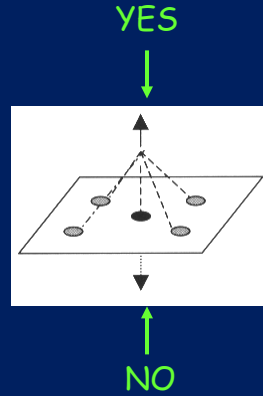
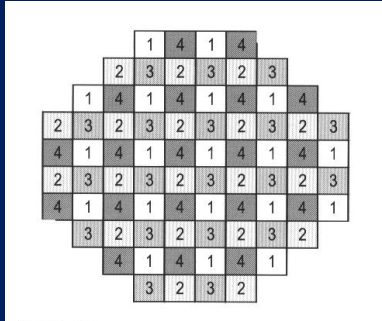
INTERZEAG OCTOPUS 101 V 3.15

Name: Demo Eye / Pupil(mm): Right(OD) / 5.8  
 First name: Proband Date / Time: 05/08/1993 09:24  
 ID #: 1 Test duration: 8:35  
 Birthdate: 01/01/1942 Program / Code: G2 / 0  
 Age: 51 # Stages / Phases: 5 / 3  
 Sex: male Strategy / Method: Normal / Normal  
 Refr. S / C / A: 1.25 / 2.75 / 1.25 Test target / duration: III / 100 ms  
 Acuity: 0.8 Background: 4. mid  
 IOP: 30 # Questions / Repetitions: 279 / 12  
 Diagnostics: Defect Ausfall # Catch trials: pos 0 / 14, neg 0 / 14

	Phase 1	Phase 2	Mean
#	59	0	0
MS	20.7		
MD	6.9		
LV	132.4		
CLV			
SF			0.0
RF			

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# D. Fast strategy: Top strategy



a- The 4 submatrices

b- each is examined once but four successive influences are used to calculate the threshold in point 1

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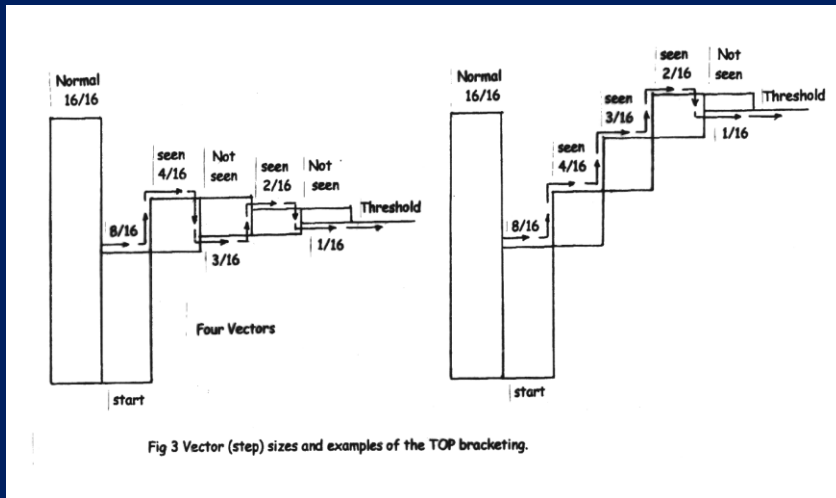
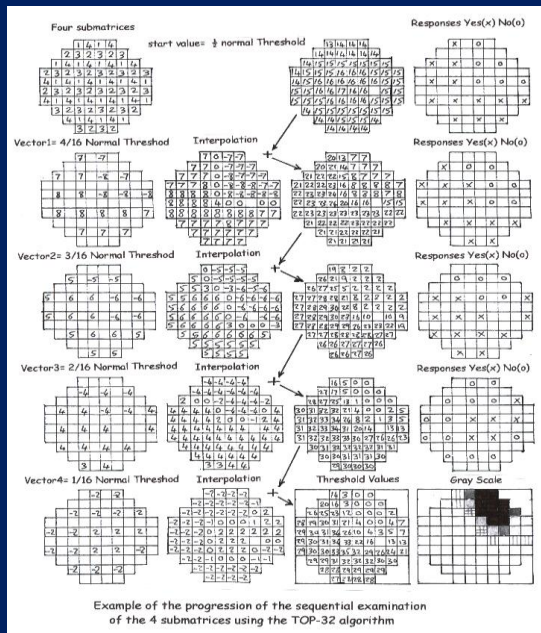
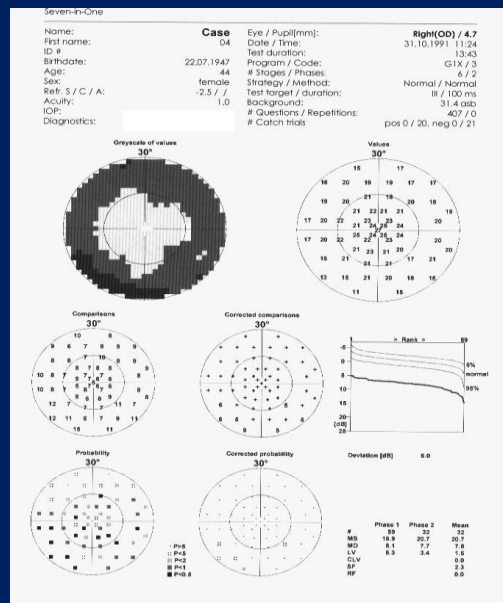


Fig 3 Vector (step) sizes and examples of the TOP bracketing.

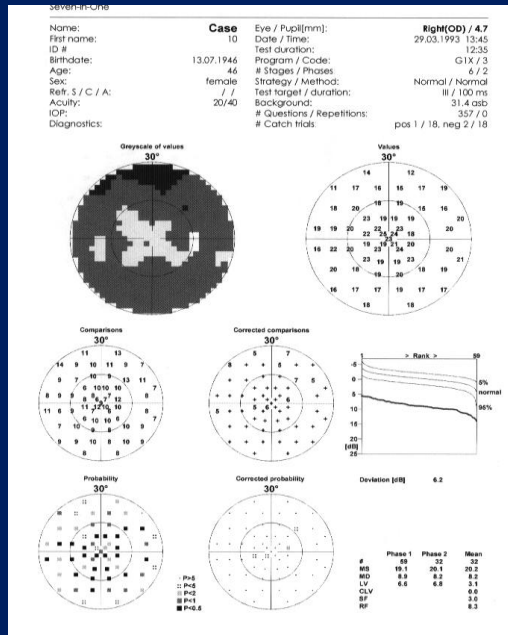
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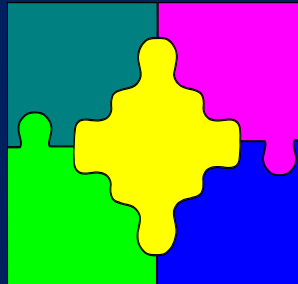
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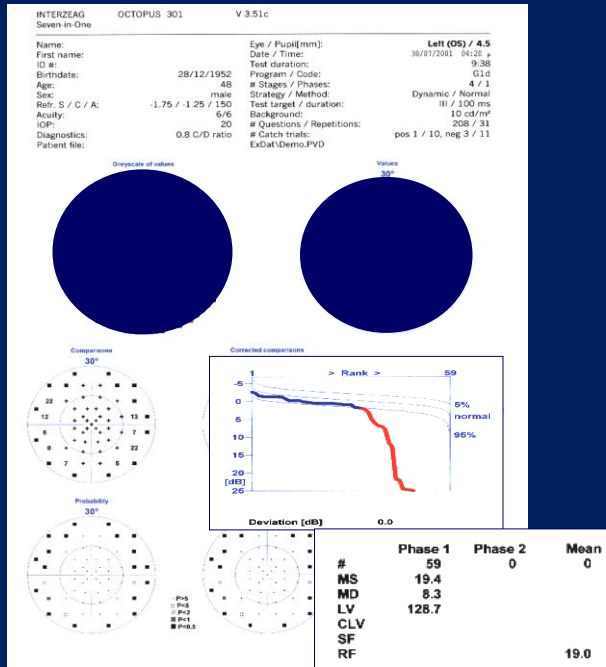
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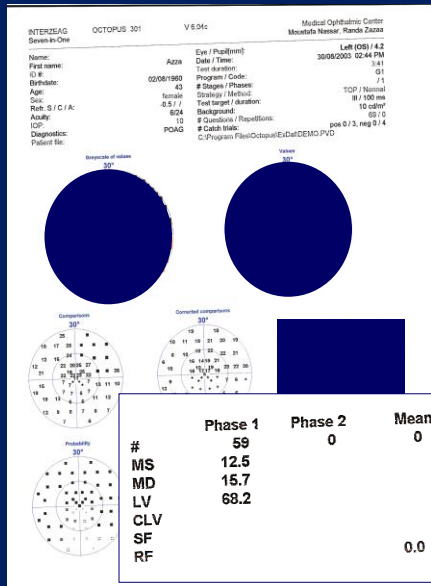
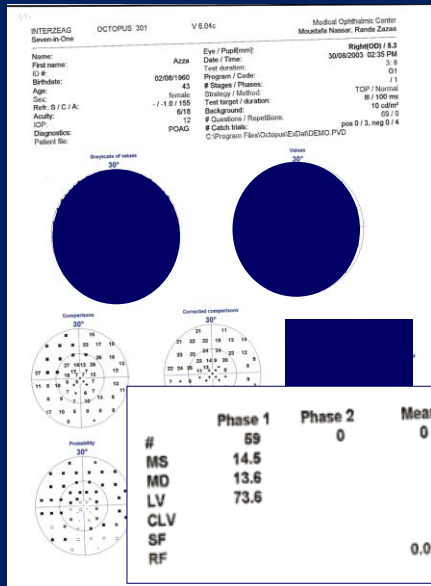
Puzzle Solved !!!

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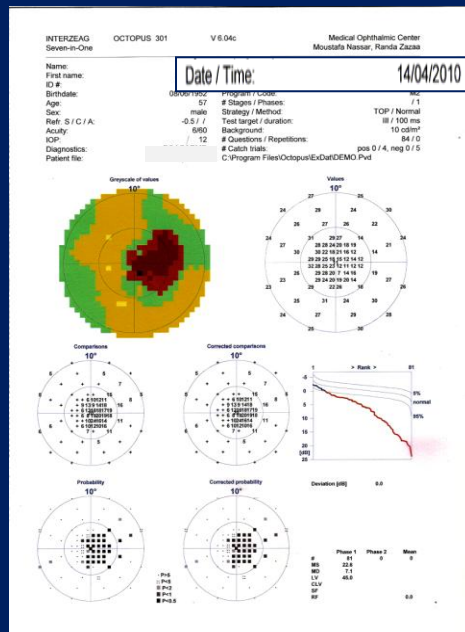


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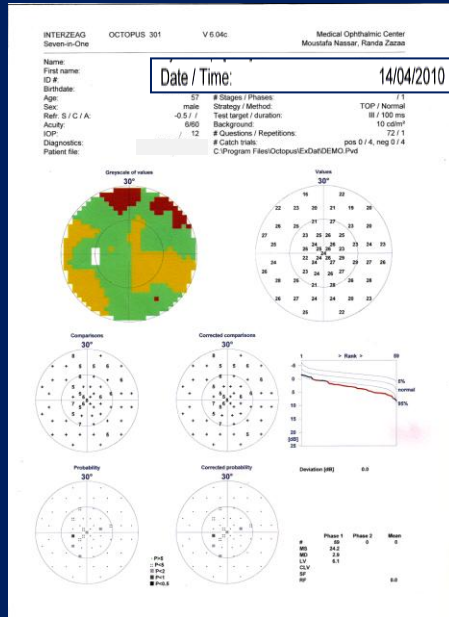


# Abnormal Field Discrepancies

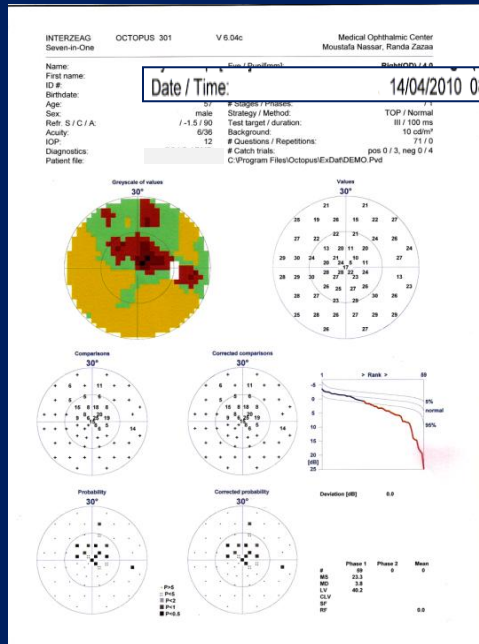
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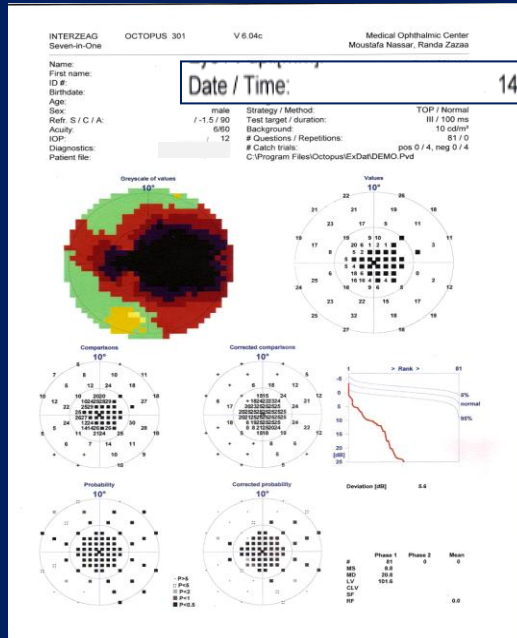
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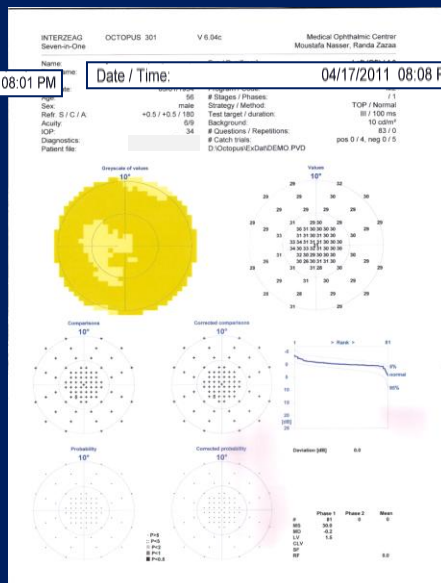
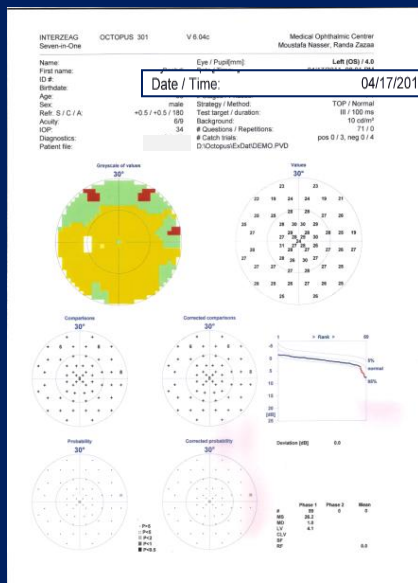
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Moustafa Nassar



Moustafa Nasser



Moustafa Nasser

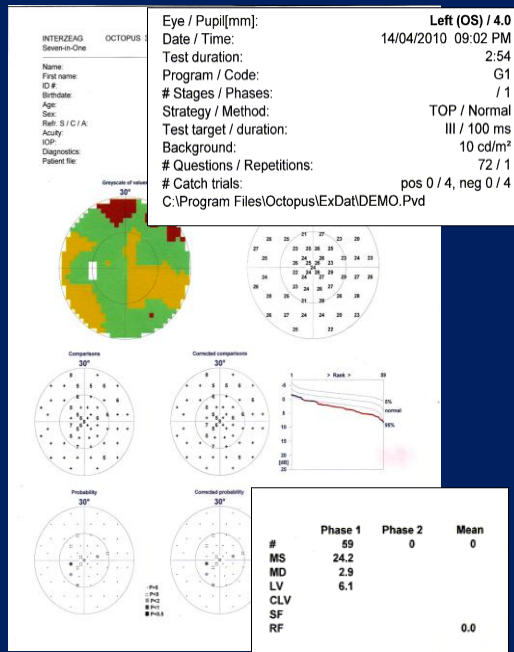




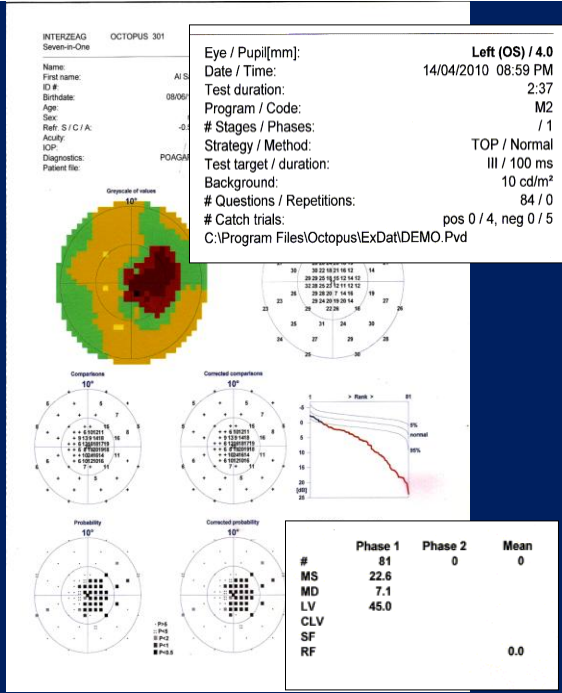
# CASE # 1

## POAG ARMD

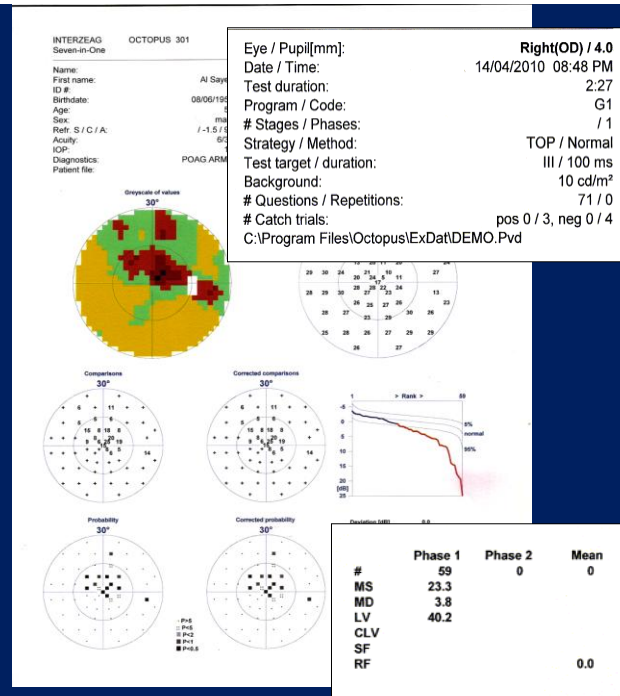
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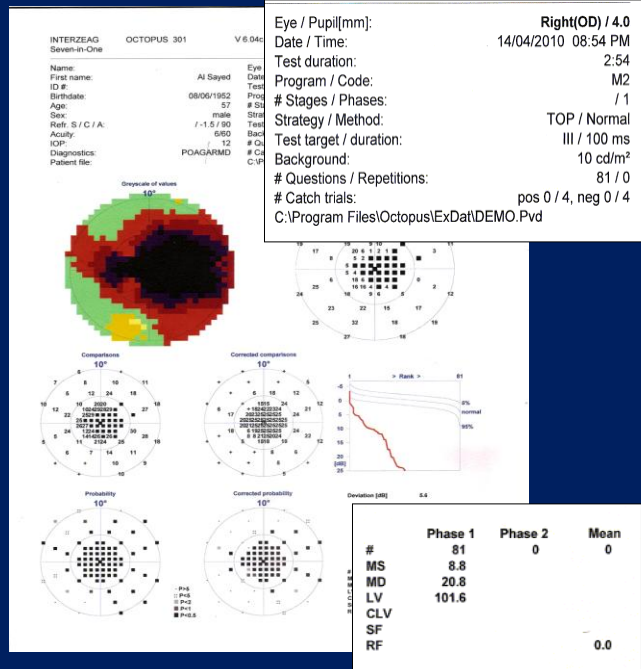
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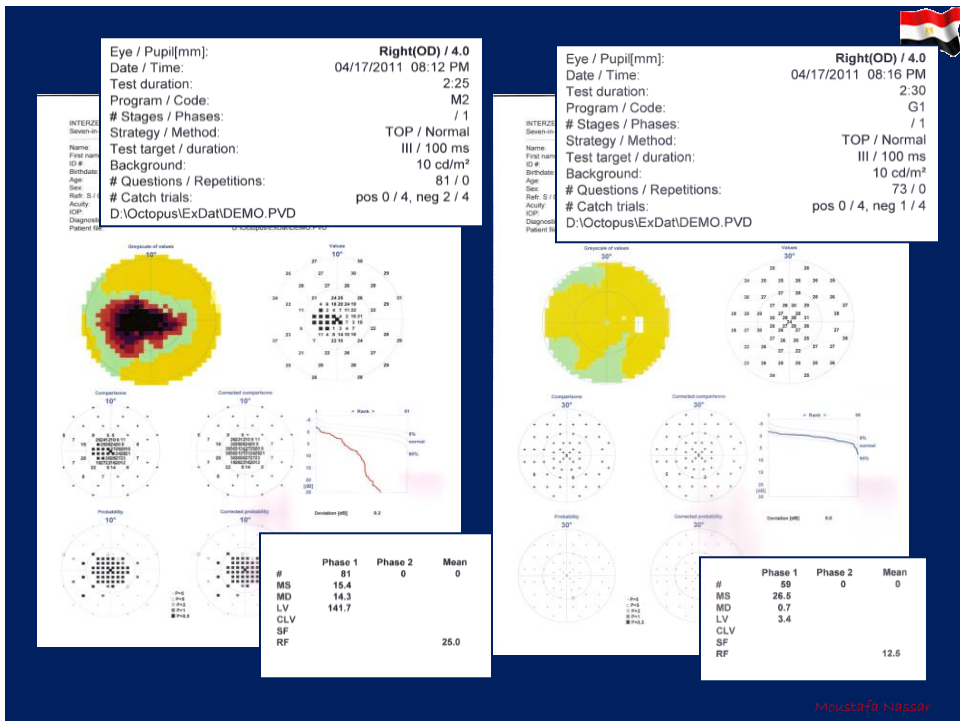
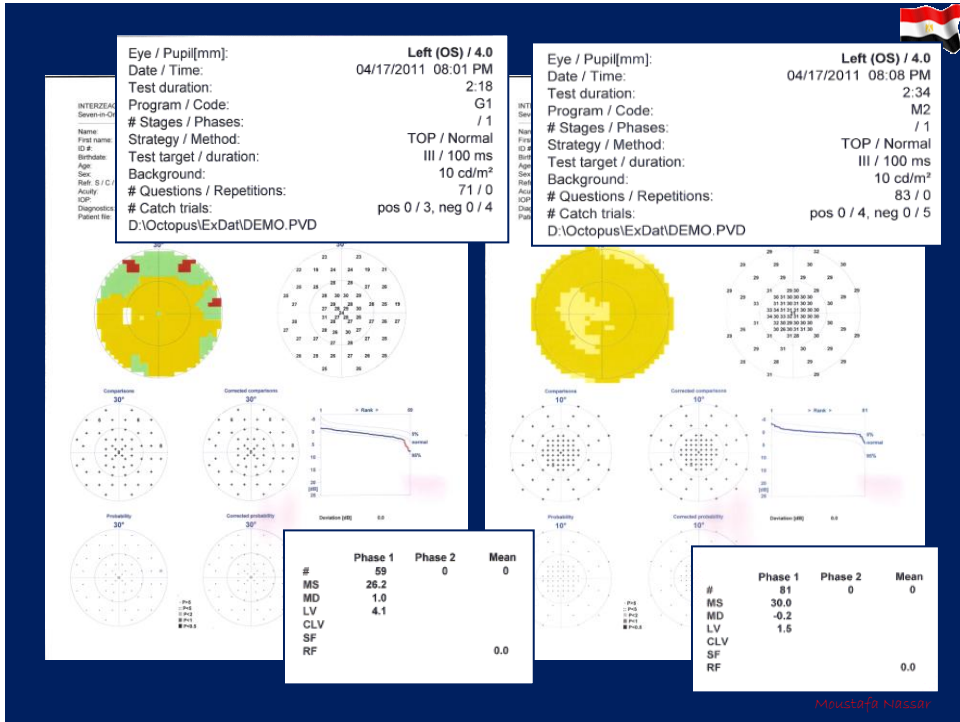
# CASE # 2

OU: POAG

OD: TOXOPLASMOSIS

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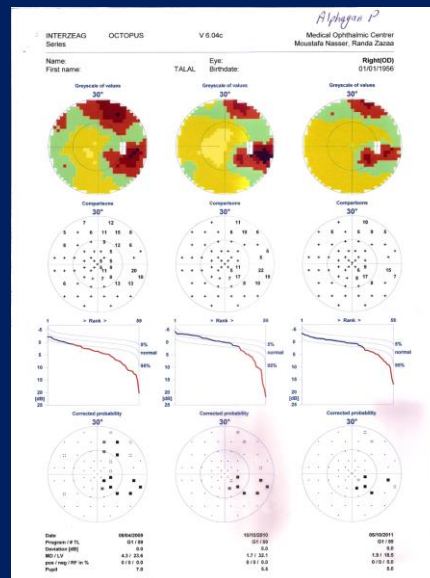
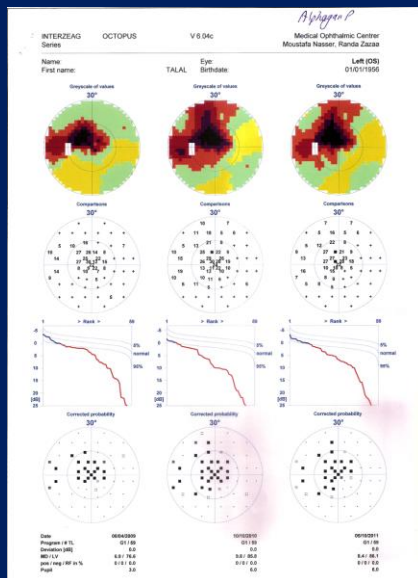




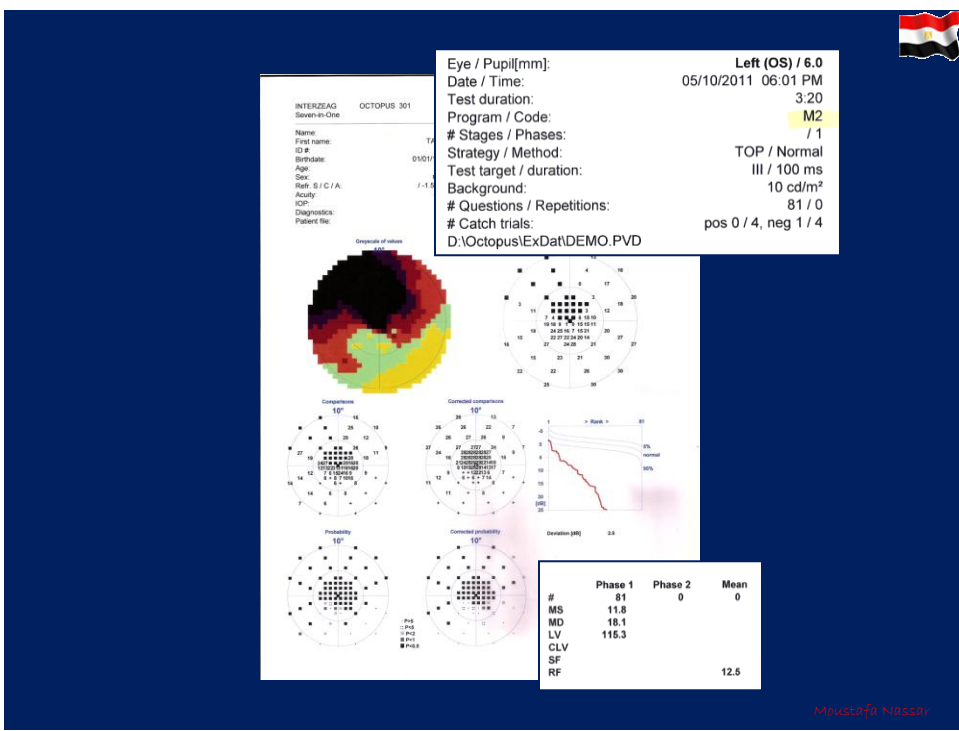
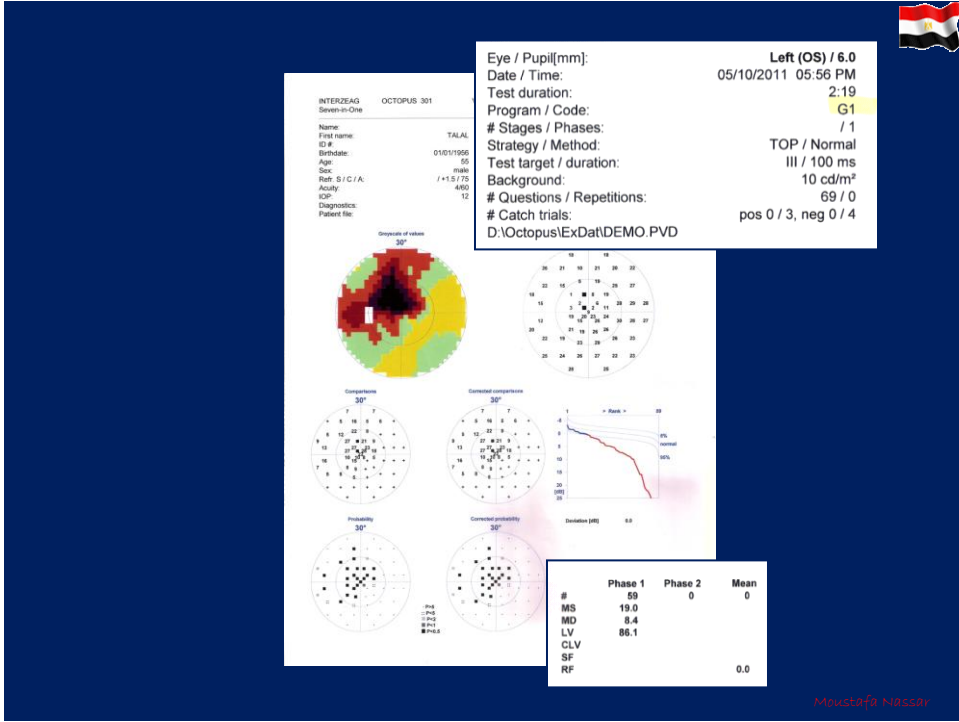
# CASE # 3


**OU : NTG (neuroprotection)**  
**OS : MACULAR DEGENERATION**

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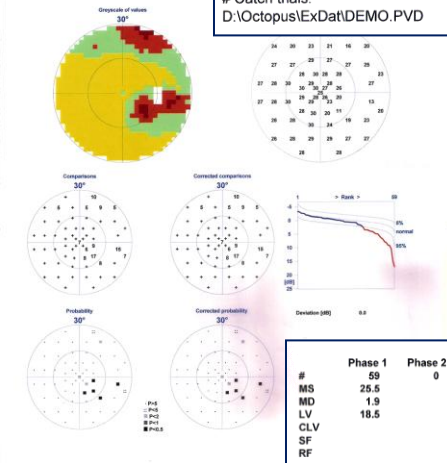




INTERZEAG OCTOPUS 301 V4.1  
Seven-in-One

Name: TALAL  
First name: TALAL  
DOB: 01/01/1995  
Age: 16  
Sex: male  
Ref: S / C / A: +0.25 / -1.5 / 180  
Acuity: 0/5  
ROP: 12  
Diagnostics: #1  
Patient file: #1

Eye / Pupil[mm]: **Right(OD) / 5.0**  
 Date / Time: 05/10/2011 05:53 PM  
 Test duration: 2:35  
 Program / Code: G1  
 # Stages / Phases: / 1  
 Strategy / Method: TOP / Normal  
 Test target / duration: III / 100 ms  
 Background: 10 cd/m<sup>2</sup>  
 # Questions / Repetitions: 72 / 0  
 # Catch trials: pos 0 / 4, neg 0 / 4  
 D:\Octopus\ExDat\DEMO.PVD



	Phase 1	Phase 2	Mean
#	59	0	0
MS	25.5		
MD	1.9		
LV	18.5		
CLV			
SF			
RF			0.0

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