

- The trigger for this study was a case
- 64 years old female came for follow up investigations as she was diagnosed more than 10 yeas ago for POA glaucoma (refraction for far was -3.0 and -2.5) myope
- The patient was controlled under medical treatment (one eye drops and IOP usually on the low side (14-15 mmhg)



OCT Optic Head thinning of NFL thickness

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OCT Angiography





















Back To Our Case



• **IS** the original diagnosis "subacute chronic closed angle glaucoma" from the start (Occludable angle)

• S the increase of lens volume with age decrease the angle area and intern increase IOP and progression of glaucoma damage

Back To Our Case



How we can use the new modes of imaging (anterior segment OCT & (Scheimpflug image) &UBM) to diagnose the occludable angle

Gonioscopy

Gaze in the primary position.

Occludable angle was defined as the posterior trabecular meshwork only visible for less than 90° of the angle circumference,





Patient Population 80 eyes		N=40
	Age Mean ± SD (years)	46 ± 10.2
	Female Sex	28 (70%)
	Family history of ACG	9 (22.5%)
	Normal Visual field	40 (100%)

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Mydriatic test imaging the anterior chamber and AC angle before and after













































UBM	AS-OCT
Visualizes the angle and structures posterior to the iris pigment epithelium including the ciliary body, zonules, and lens	Visualizes anterior chamber structures anterior to the iris pigment epithelium
Patient is in a supine position	Patient is in an upright position
Contact with coupling medium	Non-contact
Acoustic waves visualize through corneal opacities	Optical images through clear cornea
Slower acquisition time	Rapid acquisition time
Allows quantitative measurements of the angle, posterior iris, and ciliary body structures	Allows quantitative measurements of various angle structures

