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Indirect imaging of branch retinal vein occlusion using a scanning laser
ophthalmoscope
(走査レーザー検眼鏡を用いた網膜静脈分枝閉塞症の間接的画像化)

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1 **Indirect Imaging of Branch Retinal Vein Occlusion using a Scanning Laser**

2 **Ophthalmoscope**

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5 Running head: RETINAL FINDINGS IN BRVO USING SLO

6

7 An earlier version of this paper was presented at the Japanese Retina Vitreous

8 Society Meeting, November 23, 2007.

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10 Conflict of interest: F. VAN DE VELDE: Nidek, Inc. (Consultant)

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12 Cystoid macular edema (CME) is a common cause of visual loss in several macular
13 diseases including branch retinal vein occlusion (BRVO) [1]. Evaluation of the
14 macular pathology is important to determine the severity of the visual impairment.

15 Infrared (790 nm) indirect imaging using a SLO digital ophthalmoscope F-10
16 (Nidek, Gamagori, Japan) with a new aperture, we refer to this as the retro-mode. This
17 apparatus can visualize retinal features undetectable by other methods. Herein we
18 report the retinal findings evaluated by the retro-mode in patient with BRVO.

19 **Case Report**

20 A 60-year-old man who had had blurred vision OD for 2 months was diagnosed
21 with BRVO at an eye clinic and referred to our hospital for detailed examination. The
22 VA OD was 0.09. Retinal hemorrhage and macular edema were observed (Figure 1a).
23 SLO examination showed cystic changes with a narrow confocal aperture and
24 niveau-like findings, with the wide confocal aperture they revealed an impression of
25 the fluid-fluid level with a meniscus (Figure 1b, c). Some niveau-like findings were
26 seen at the inferior part of the image of the cyst. In retro-mode, the presence and
27 progression of both large and small cystic changes at the macular area, and fine
28 retinal wrinkles were clearly seen on topographic images (Figure 1d). OCT showed
29 retinal cystic changes at the macular area (Figure 1e); however, no fine retinal
30 wrinkles were seen and the niveau-like findings were barely visible on the OCT

31 images.

32 **Comments**

33 In the SLO, when light travels to the fundus, a great deal of both direct and
34 indirect scattered light returns to the detector. With the confocal aperture, only the light
35 returning from the focal plane can pass through the aperture [2]. The aperture for the
36 retro-mode allows the light to return only from one direction to the confocal aperture. If
37 the detector receives the returning light from a limited angle, it casts a shadow on the
38 retinal pathology. Therefore, the borders of the cystic changes were highlighted by the
39 retro-mode. Fine retinal wrinkles that were barely visible during the fundus
40 examination were also observed. Even with an OCT, the resolution of the surface
41 image is less distinct and the viewing angle is limited [3]. SLO infrared imaging
42 facilitates observation of precise retinal changes and the full extent of the retinal
43 findings. Therefore, the SLO is useful for gaining an understanding of the disease
44 findings on fundus. Intraretinal hemorrhages can be observed through the retinal
45 layers. The niveau-like findings were observed more distinctly on SLO infrared images
46 and went beyond the findings on fundus photography. Niveau-like findings in the
47 cystic changes can be observed when the fluid has high-density components; we
48 speculate that this might be related to the severity of the leakage from the vessels.
49 Cystic changes and intraretinal and subretinal hemorrhages were seen by OCT [4,5];

50 however, no mention niveau-like findings.

51 The SLO infrared examination visualizes the localization and the expanse of the
52 findings in a 40-degree angle of view that is easy to compare to a fundus photograph
53 and an angiographic image. Therefore, it would be useful to have a global overview of
54 the fundus abnormalities before the OCT examination, because it would help to know
55 where to focus the OCT examination. Some findings can be obtained only using SLO.
56 Therefore, SLO can provide essential information relating to morphologic changes.
57 Furthermore, because the method can be performed quickly and noninvasively and
58 can, therefore, be done repeatedly, it would be clinically useful for evaluating the
59 pathological changes and follow up patients with BRVO.

60

61 **Keywords:** branch retinal vein occlusion; cystoid macular edema; scanning laser
62 ophthalmoscope

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Legend

91 **Fig.1** **a** A color fundus image shows some hemorrhage and soft exudates. **b** A SLO

92 image with the narrow confocal aperture shows cystic changes and retinal

93 hemorrhages. **c** A SLO confocal image with a wide confocal aperture shows some

94 niveau-like changes and hemorrhage. **d** SLO retro-mode shows cystic changes and

95 the highlighted fine retinal wrinkles. **e** An OCT cross-sectional image shows cystic

96 changes, but no niveau-like changes are seen.

97

Fig.1

