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### Imaging the Anterior Segment of the Eye: Optical Coherence Tomography

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Financial Interests:  
Optovue, Inc.: stock options, patent royalty, travel, grant  
Carl Zeiss Meditec, Inc.: patent royalty

## Anterior Segment Optical Coherence Tomography Systems

### • Time Domain

- Zeiss Visante



- Heidelberg SL-OCT (slitlamp-mounted)



### • Fourier Domain

- Optovue RTVue (retina+cornea)



- Tomey SS-1000 CASIA



- Zeiss Cirrus (retina+cornea)



## Fourier v. Time Domain OCT

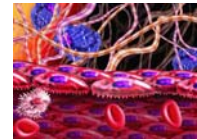


Technology	Time domain (Zeiss Visante)	Fourier domain (Optovue RTVue)
Speed	2000 A-scan/sec	26,000 A-scan/sec

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## Long v. Short Wavelength Infrared

- Shorter wavelength gives finer resolution
- Longer wavelength gives deeper penetration for angle and scleral imaging



Technology	Visante	RTVue
Axial resolution (FWHM cornea)	17 $\mu\text{m}$	5 $\mu\text{m}$
Wavelength	1310 nm	830 nm

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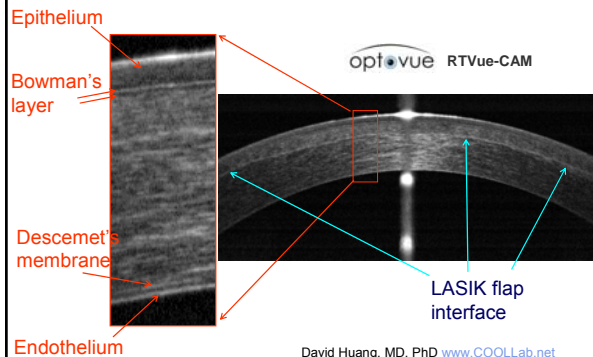
## RTVue-CAM: an FD-OCT System for Both Retinal and Corneal Imaging

RTVue with corneal adaptor module



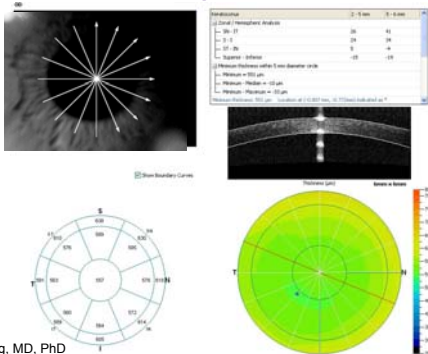
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## Higher resolution allows better visualization of corneal structure



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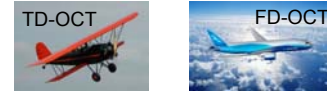
## Corneal mapping over 8 meridians (8 x 1019 a-scans) in 0.31 second



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## Higher speed means greater precision

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Technology	Visante (2 kHz)	RTVue (26 kHz)
Corneal power (D)	0.8	0.19
Pachymetry map (µm)	3.5	1.2
Anterior topography (µm)	14.9	3.4

Pooled standard deviation of repeat measurements in normal eyes

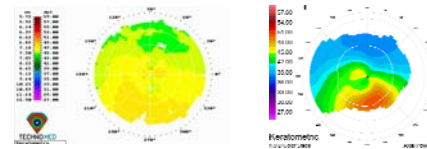


Yan Li, PhD

## Keratoconus Screening

## Forme Fruste Keratoconus is the Most Important Risk Factor for Post-LASIK Corneal Ectasia

Binder P, Analysis of ectasia after LASIK: risk factors, *J Cat Refract Surg* 33:1530, 2007



## But Topography Does Not Screen Out All Eyes at Risk

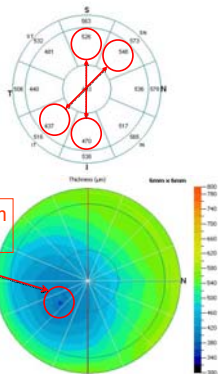
Topography	Normal	Suspicious	Abnormal	Total
# Ectasia Cases	25	27	33	93
Percent	27%	29%	41%	100%

Randelman JB et al. Risk assessment for ectasia after corneal refractive surgery. *Ophthalmol* 2007; 115:37-50

## Detecting Keratoconic Thinning with OCT Pachymetric Indices

- General thinning
  - Min
- Focal thinning
  - Minimum - median
- Inferotemporal thinning
  - I-S
  - IT-SN
  - Y location of the Min

Minimum = 404 µm  
Y = -710 µm



Li Y, Meisler M, Tang M, Lu A, Thakrar V, Reiser B, Huang D. Keratoconus diagnosis with optical coherence tomography pachymetry mapping. *Ophthalmology* 2008;115:2159-2166.

## Combining OCT pachymetry indices improves keratoconus diagnosis

Parameter	1% Cutoff	Sensitivity	Specificity
IT - SN	< -52 µm	0.673	0.993
I - S	< -54 µm	0.561	0.986
Min	< 464 µm	0.649	1.000
Min-median	< -33 µm	0.839	0.986
Min location	Y < -1.1 mm	0.415	0.979
1 Abnormal		0.907	0.958
2 Abnormal		0.824	0.986

\* Optovue RTVue database based on 143 normal and 205 keratoconus eyes from David Huang, MD, PhD; Robert Brass, MD; Yaron Rabinowicz, MD

### Planning Laser Vision Correction

### Planning LASIK Retreatment

Central flap thickness = 150 microns

Ablation depth = 29 microns

Residual stromal bed thickness =  $451 - 150 - 29 = 272$  (microns) **OK**

Minimum pachymetry = 451 microns

### Planning PRK Retreatment

Central epithelial thickness = 61 microns

MR = -2.50 sph, 6.0 mm OZ  
Ablation depth = 30 microns

Residual stromal bed thickness =  $320 - 150 - 30 = 240$  (microns)  
**NOT SAFE!**

Minimum pachymetry = 320 microns

Yan Li, PhD

### Guiding Phototherapeutic Keratectomy

### Epithelial Thickness and Opacity Depth Measurements on OCT

	1	2	3	4	5	6	7	8
Red measurement bar (micron)	61	143	162	148	73	75		
Corneal thickness at the red measurement bar (micron)	576	577	583	590	594	603		
Distance to the vertex (mm)	-1.1	-0.6	0.0	0.6	0.8	1.3		

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### OCT Is Useful in The Planning of PTK

#### Example: Reis Buckler Dystrophy

Opacity: 200  $\mu$ m; CCT: 680  $\mu$ m

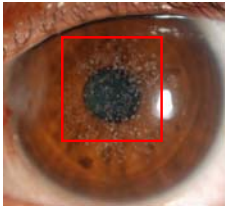
Pre-PTK  
BSCVA 20/100

Post-PTK  
BSCVA 20/40

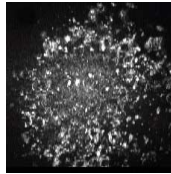
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## Granular Corneal Dystrophy

Slit-lamp photo

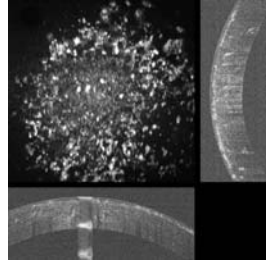


OCT projection



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## PTK + PRK Simulation



- Transepithelial PTK  
6.5/0.5 mm  
AZ/TZ circle,  
76μm
- PRK  
-2.00 D, 6mm,  
24μm

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Maolong Tang,  
PhD

## Corneal Power Measurement and Intraocular Lens Power Calculation

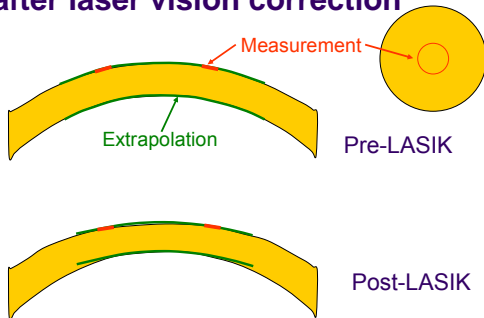


## IOL calculation after laser vision correction is less accurate.

Group	Post-LASIK	Control
Within 1 D of emmetropia	30%	90%
Mean absolute deviation	1.3 D	0.6 D

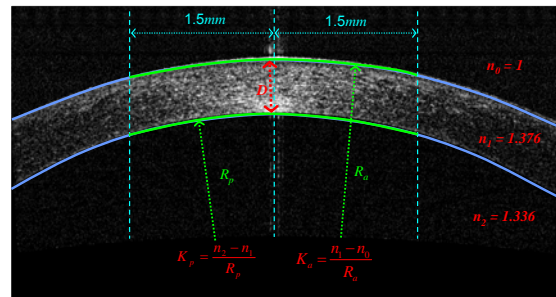
Cataract surgery results using the clinical history method.  
Randleman JB et al. *Cornea*. 2002; 21:751

## The problem with keratometry after laser vision correction



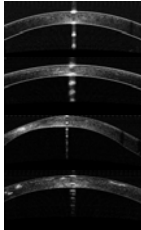
The extrapolation no longer works!

## Net corneal power combines anterior & posterior curvature measurements from OCT sections of corneal meridians



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## Corneal power can be repeatably measured with OCT



Category	Number of eyes	Pooled STDEV (D)
Normal	38	0.19
Post-LASIK	16	0.26
Keratoconus	16	0.30
Scar	6	0.57

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## OCT corneal power outperformed other methods in IOL power calculation

Method	# Eyes	Single-K SRK/T		Single-K Hoffer Q		Double-K Holladay II	
		MAE (D)	Range (D)	MAE (D)	Range (D)	MAE (D)	Range (D)
IOL-Master K	13	2.24	(-4.6, 1.4)	1.50	(-3.5, 0.8)	1.20	(-2.9, 0.89)
RGP K	11	2.20	(-5.1, 3.0)	1.86	(-4.1, 3.8)	1.70	(-3.5, 4.1)
Clinical History	11	1.35	(-3.7, 1.5)	1.35	(-2.8, 1.6)	1.44	(-2.3, 2.1)
OCT K	13	1.10	(-3.9, 0.9)	<b>0.87</b>	(-2.7, 1.6)	1.02	(-2.1, 1.9)

MAE = mean absolute error  
 Prediction error = Predicted MRSE - Measured MRSE 1 month after surgery  
 13 eyes of 11 cataract patient who had myopic LASIK  
 Unpublished study performed at the Doheny Eye Institute

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## Some OCT functions presented are not yet FDA-approved

- RTVue Keratoconus Diagnosis Normative Reference
  - International software release November 2010
  - FDA approval pending
- RTVue Corneal Power
  - International software release November 2010
  - FDA approval pending
- PTK Simulation
  - Experimental software not FDA approved

## Acknowledgements



R01 EY018184

Guiding The Treatment of Anterior Eye Diseases with Optical Coherence Tomography

## COOL Center for Ophthalmic Optics & Lasers



PDF handout is posted on [www.COOLLab.net](http://www.COOLLab.net)