

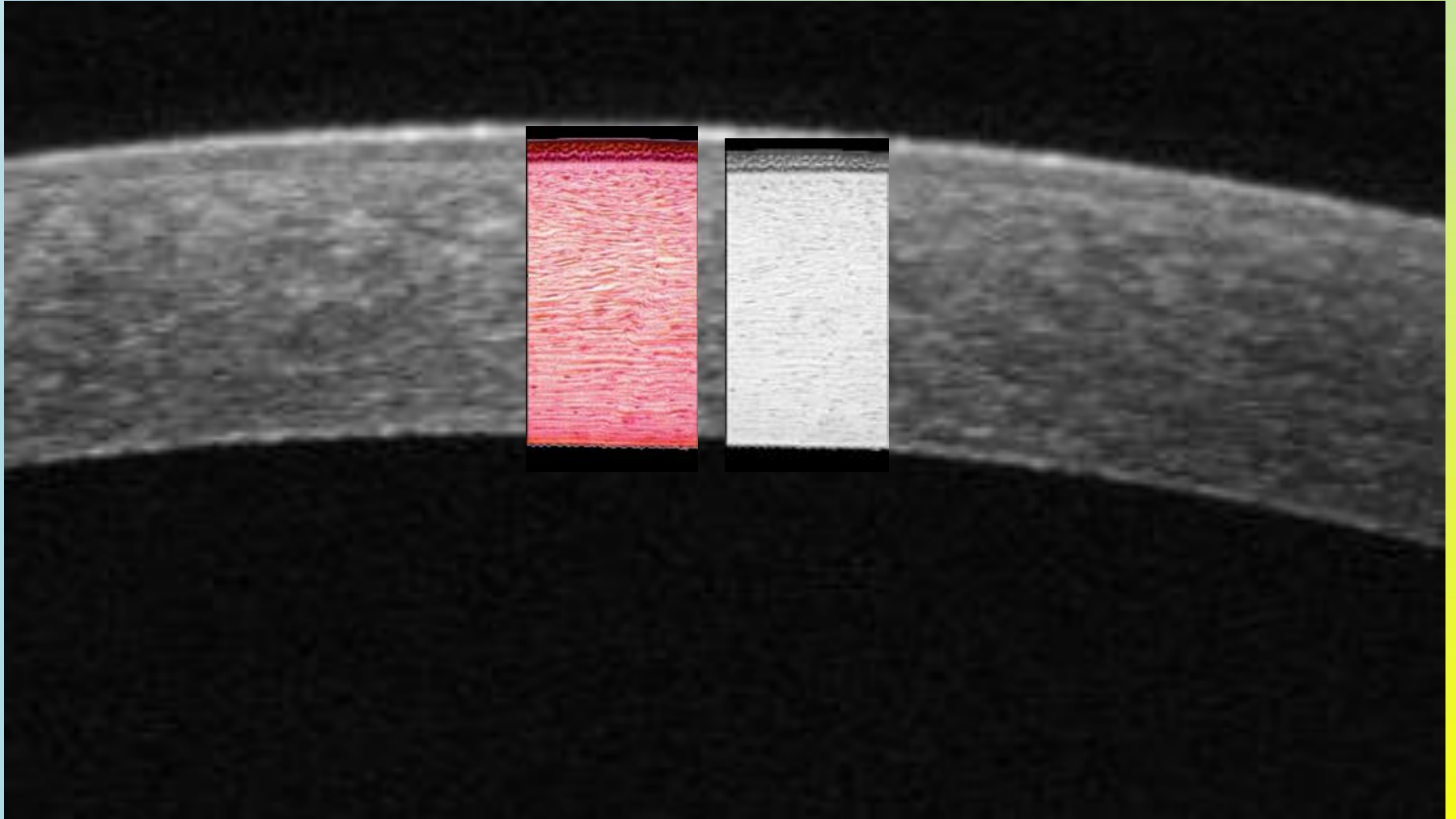


**CATANZARO 7-8 Ottobre 2016**

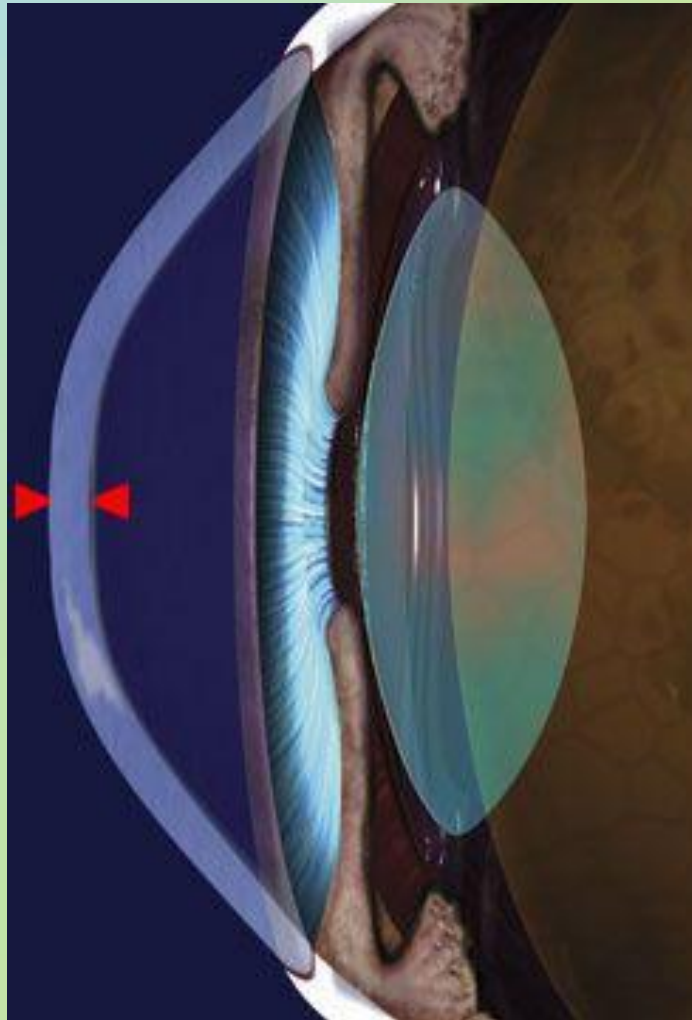
# **OCT Segmento anteriore e glaucoma**

**Dr. Alain SERRU - NUORO**

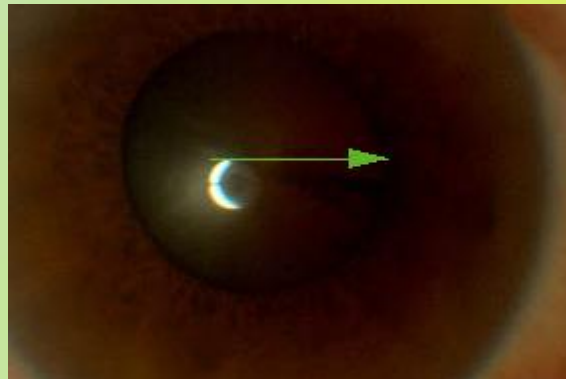
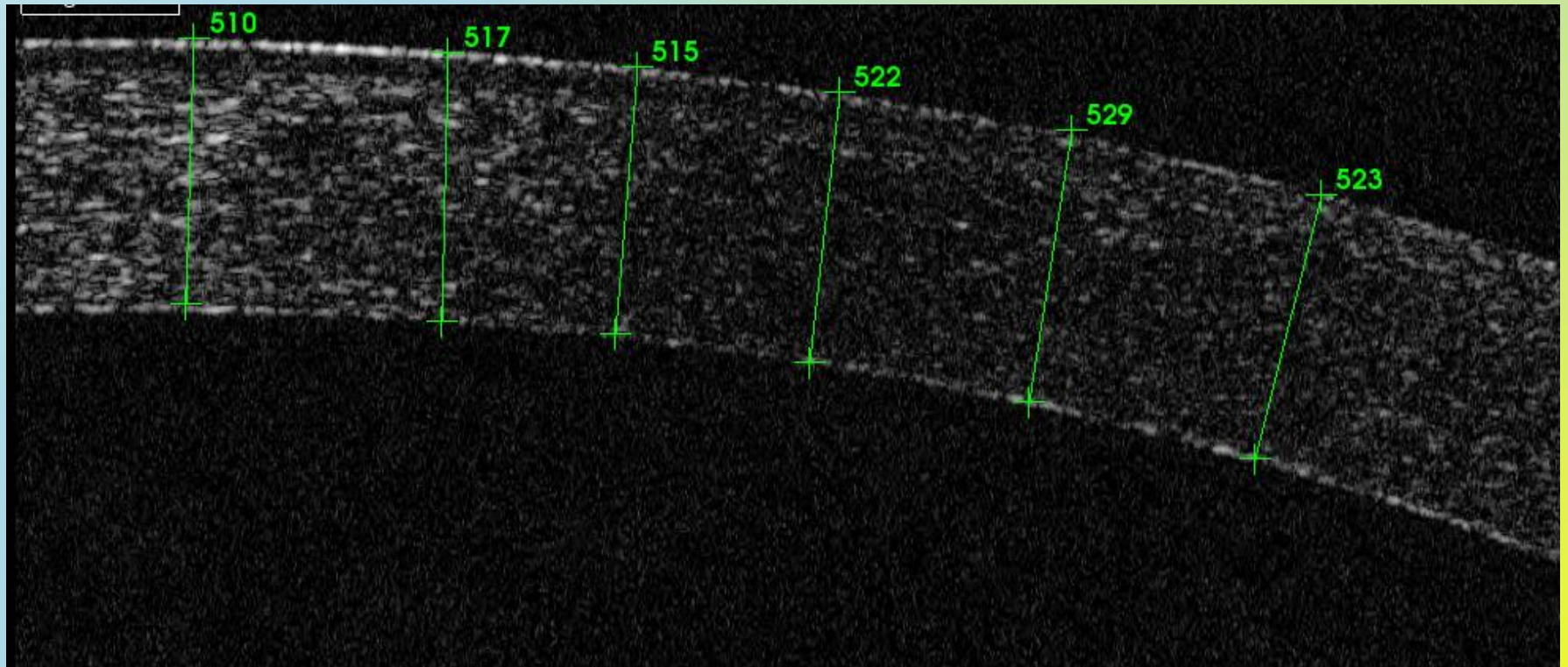
# Istologia corneale



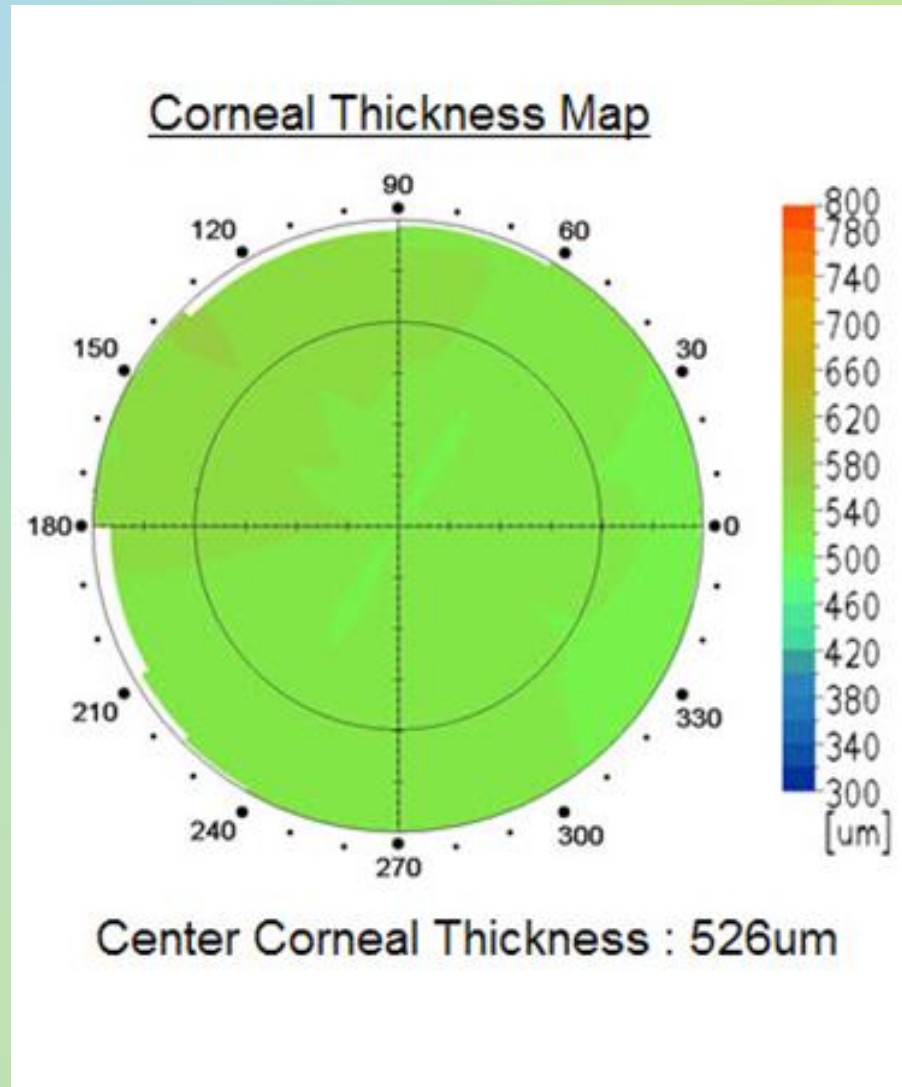
# Tonometro di Goldmann



# Misurazione manuale



# Misurazione automatica

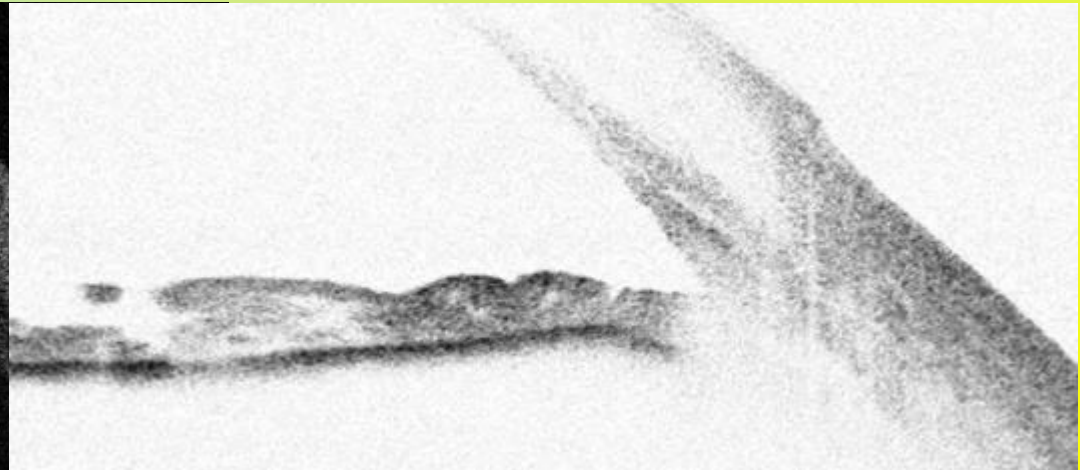
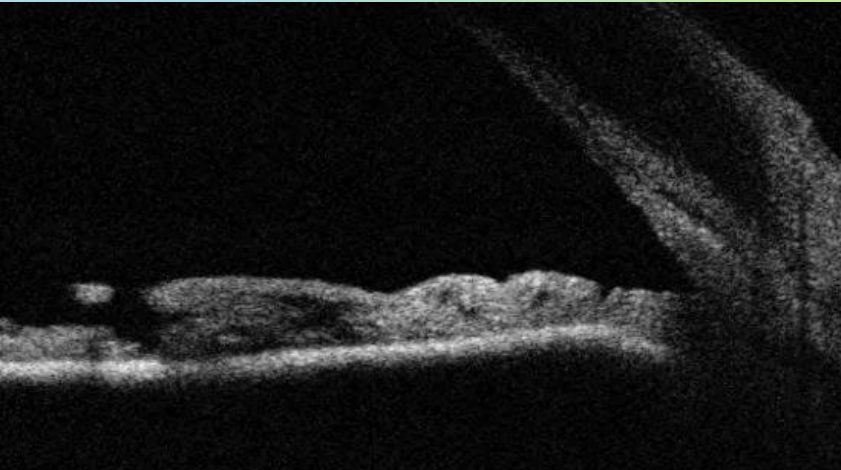
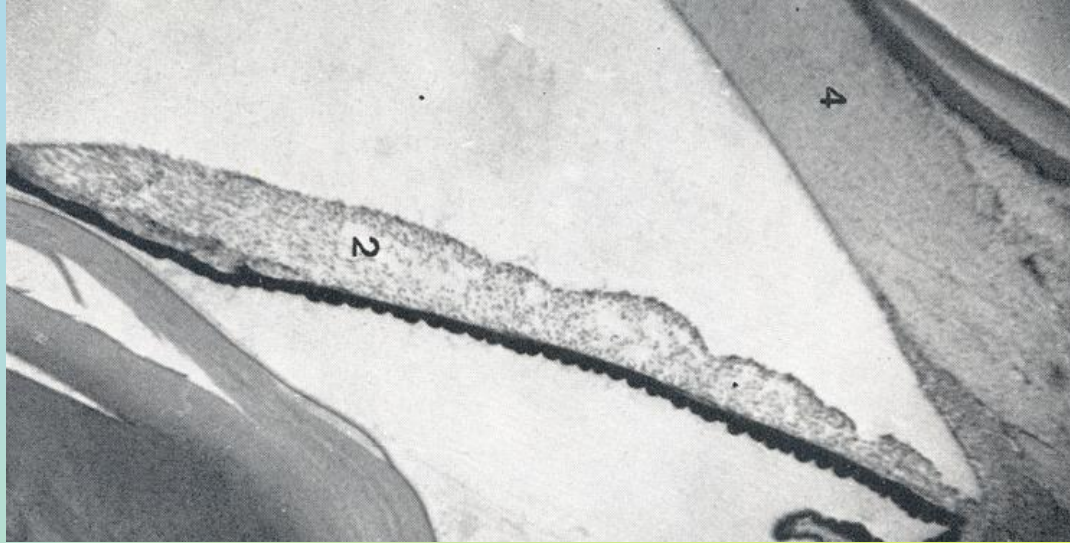


# Formula per la correzione della pressione oculare

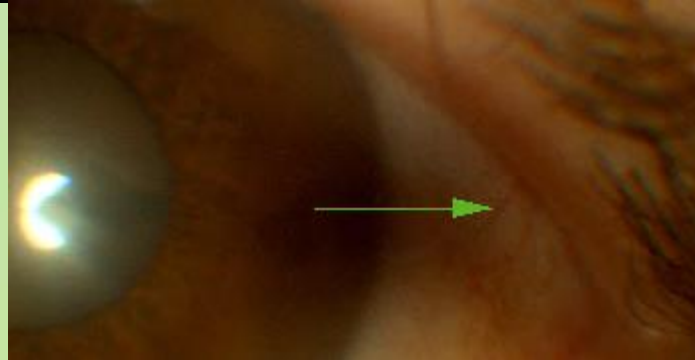
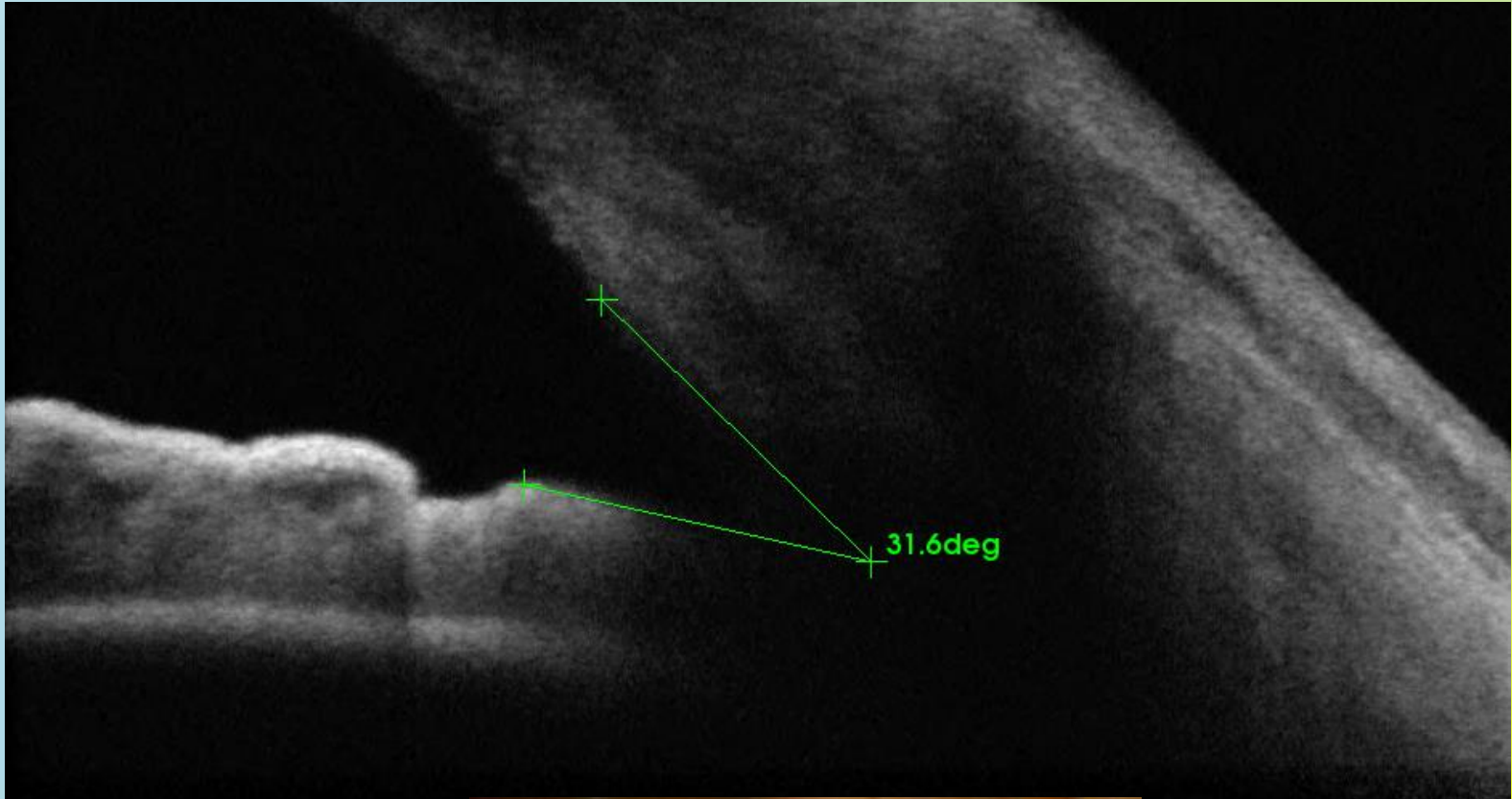
$$\frac{(\text{pachimetria}-520)}{10} \times 0,35$$

$$\frac{\text{Pachymetrie} - 540 \mu}{50} \times 3$$

# Angolo irido - corneale



# Misurazione dell'angolo



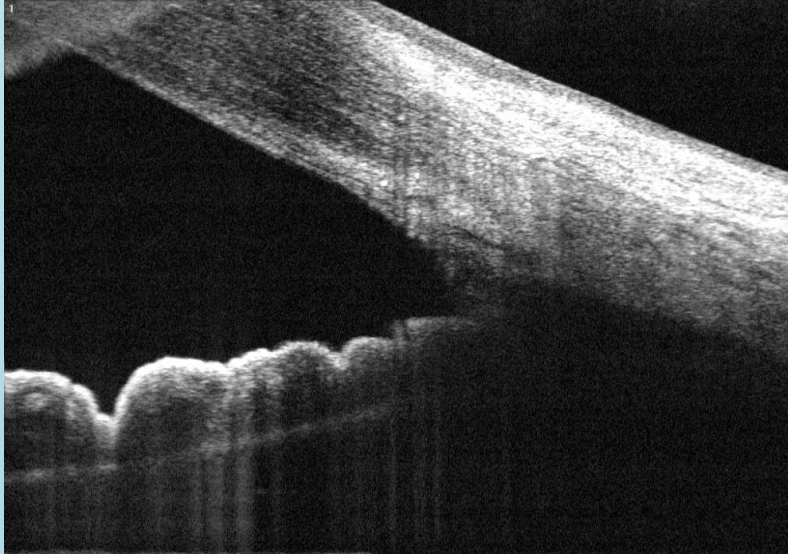


# Classificazione

- $0 = 0^\circ$  Angolo chiuso
- $1 = < 10^\circ$  Angolo molto stretto
- $2 = 20^\circ$  Angolo stretto
- $3 = > 20^\circ < 35^\circ$  Angolo aperto
- $4 = > 35^\circ < 45^\circ$  Angolo molto aperto

R. N. Shaffer (1960)

# Modifica dell'angolo nella midriasi

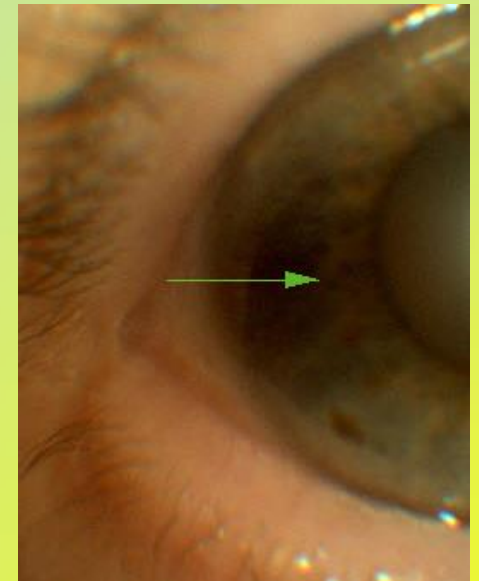
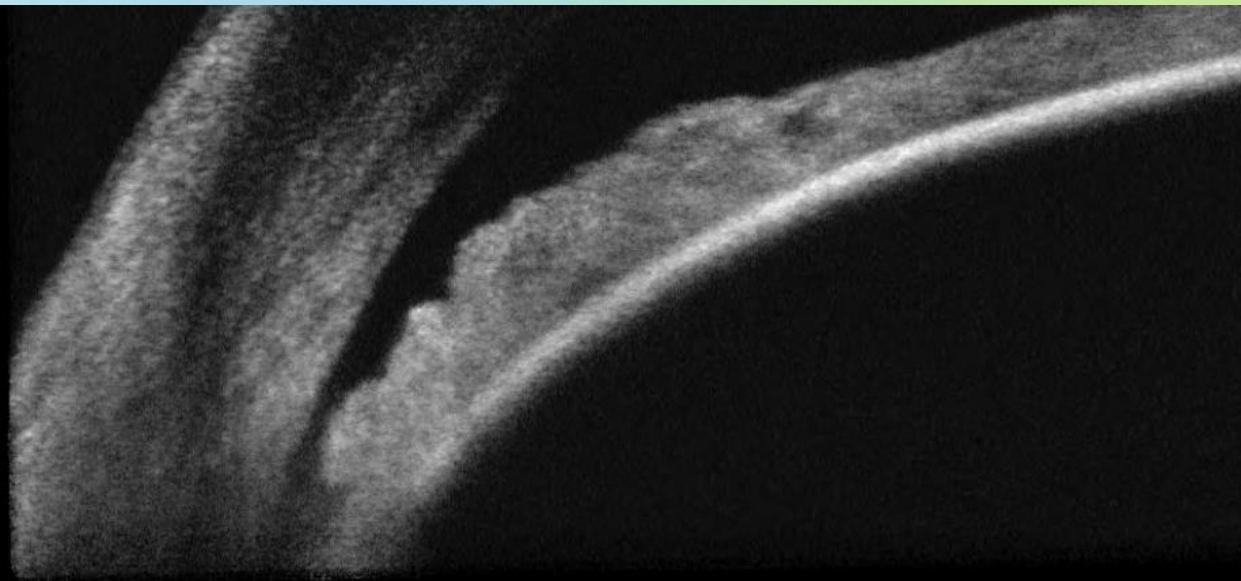


Normale

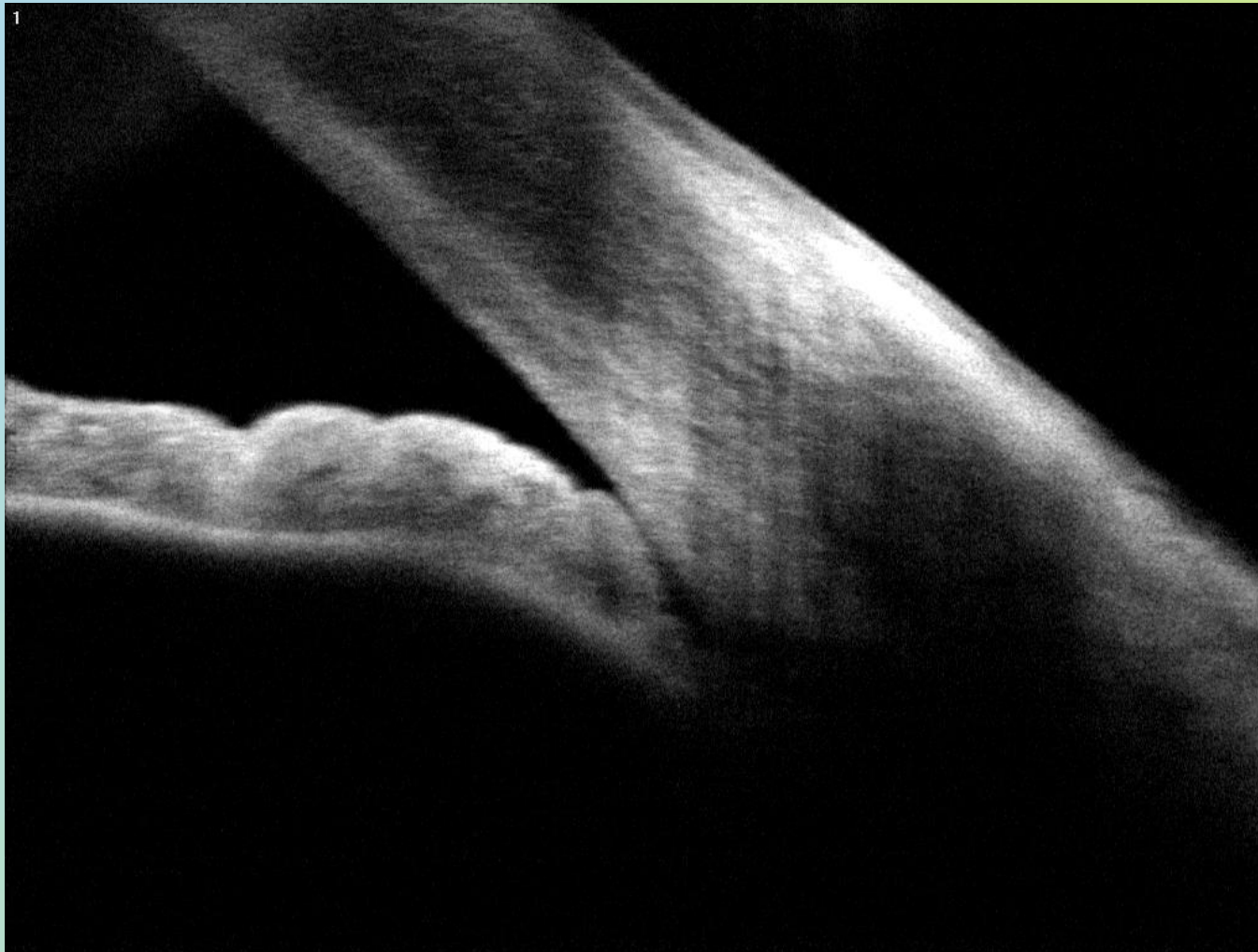
Midriasi



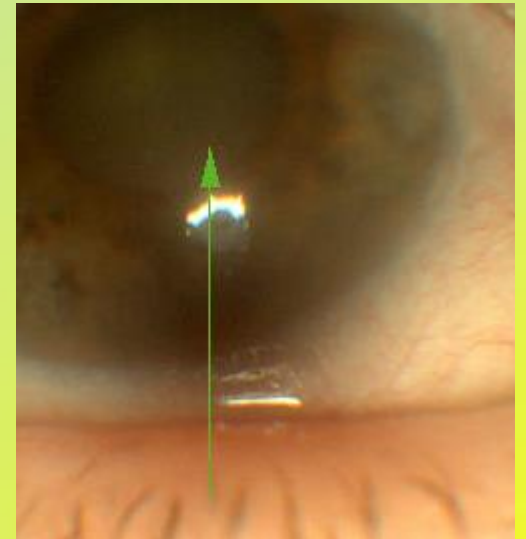
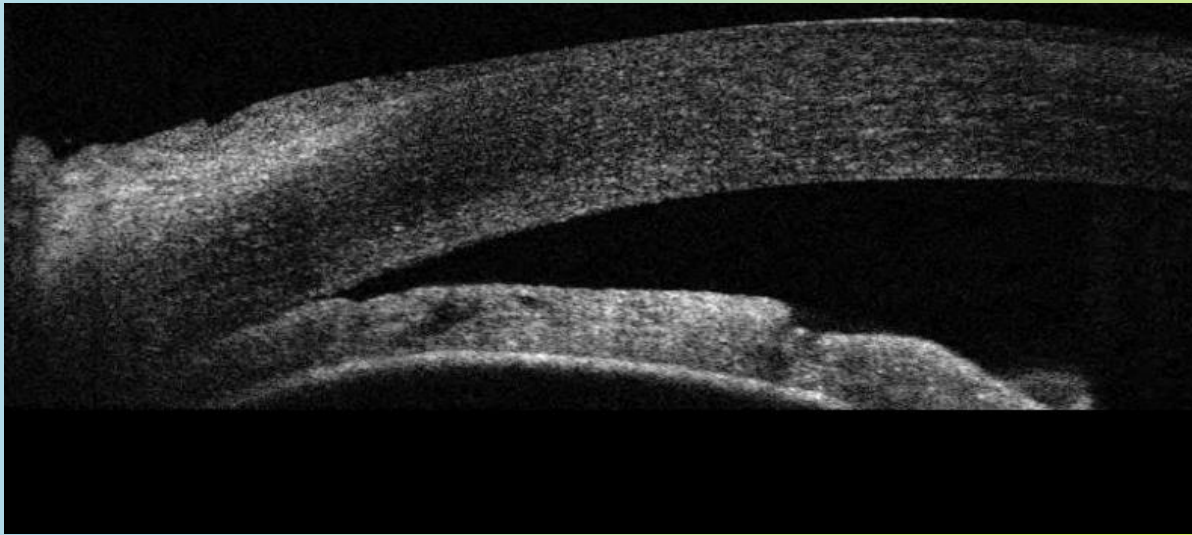
# Angolo molto stretto



# Iride plateau



# Glaucoma acuto

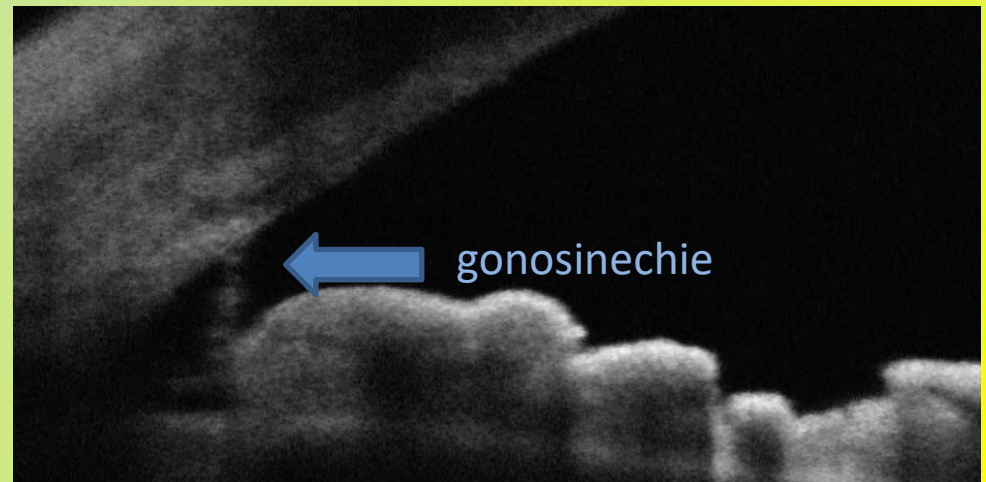


# Ruolo del cristallino

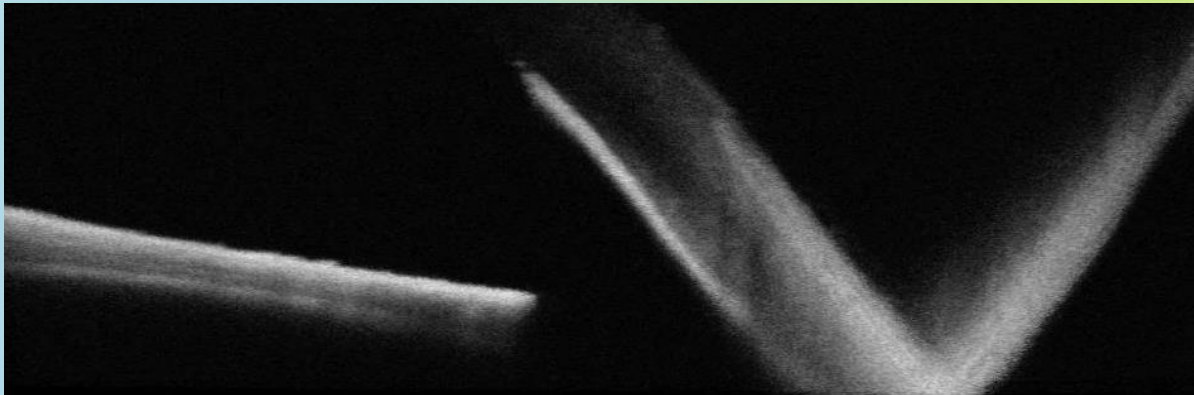


Con cristallino

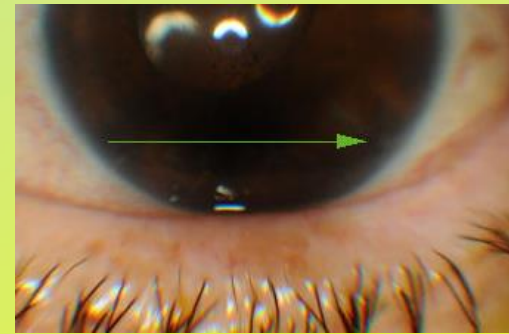
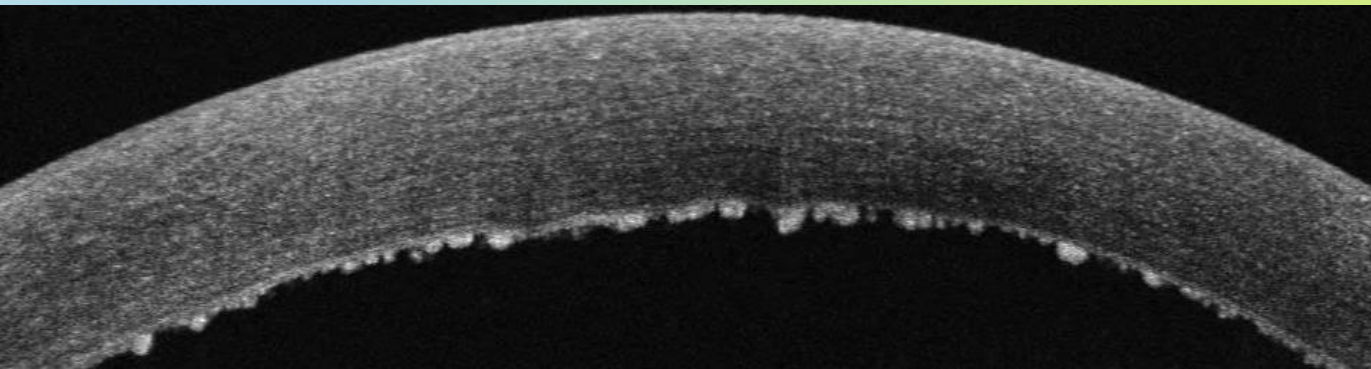
Senza cristallino



# Melanosi dell'iride

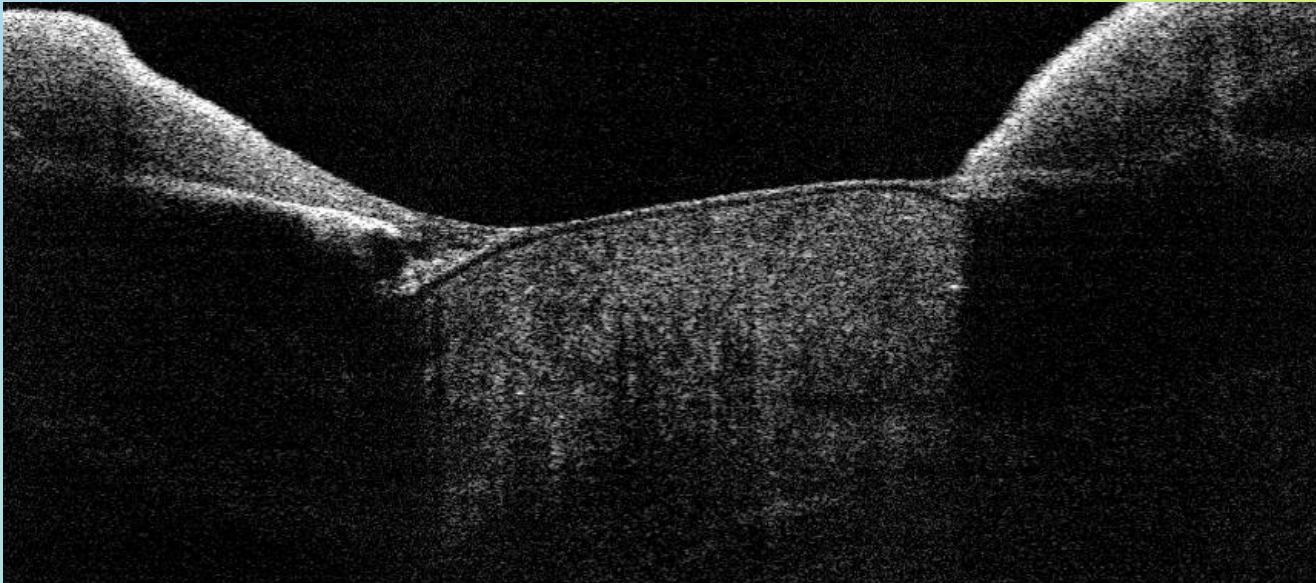


# Glaucoma uveitico

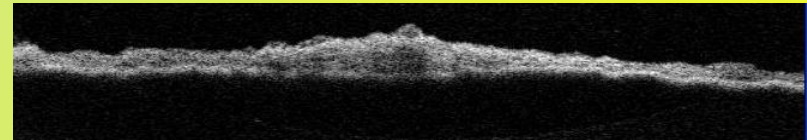
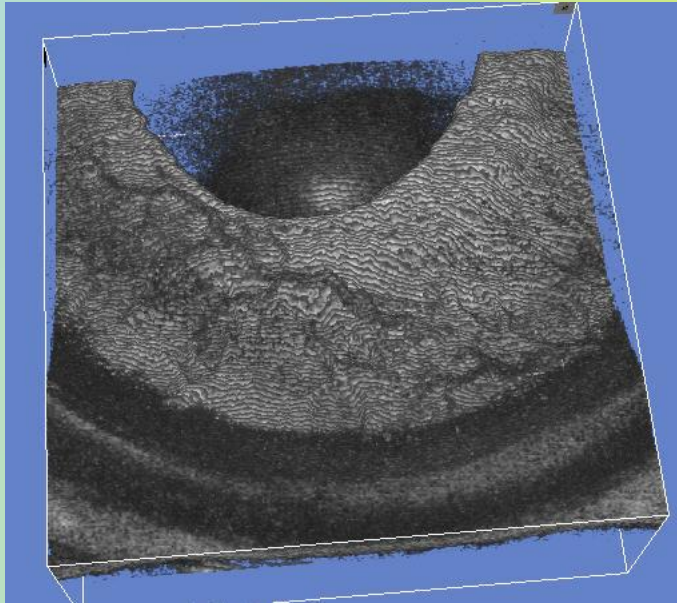
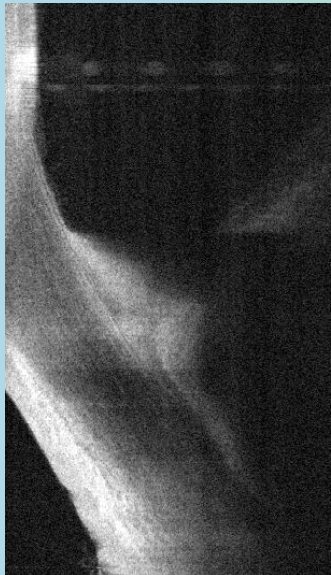
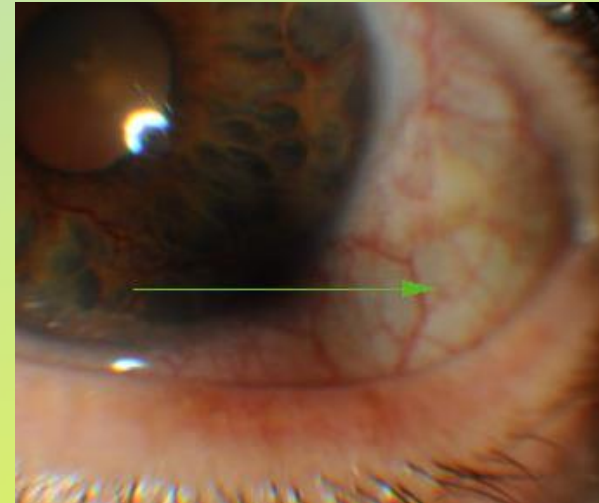
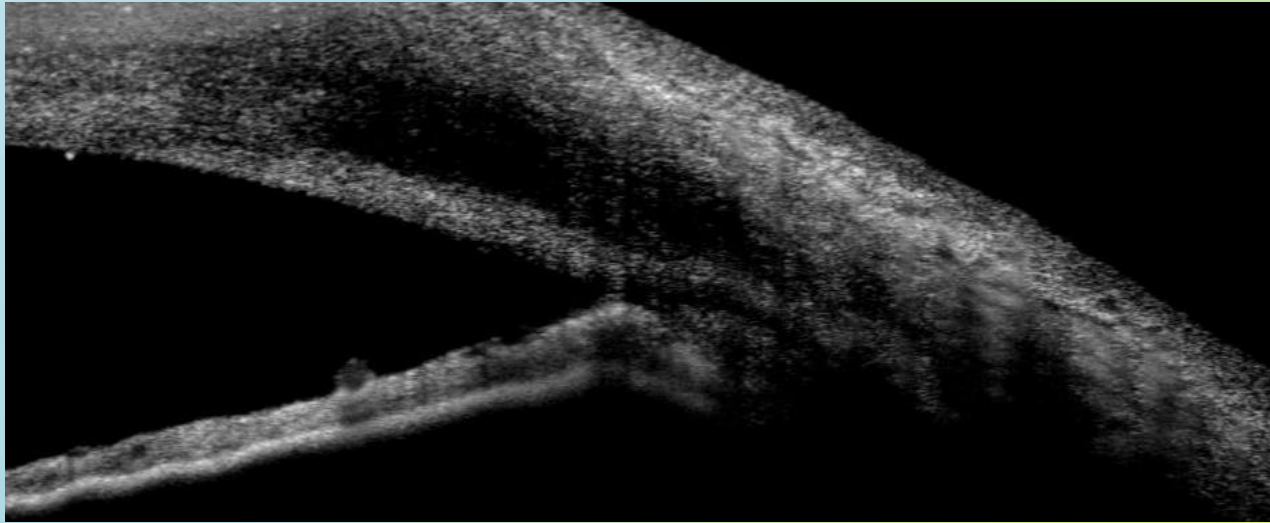




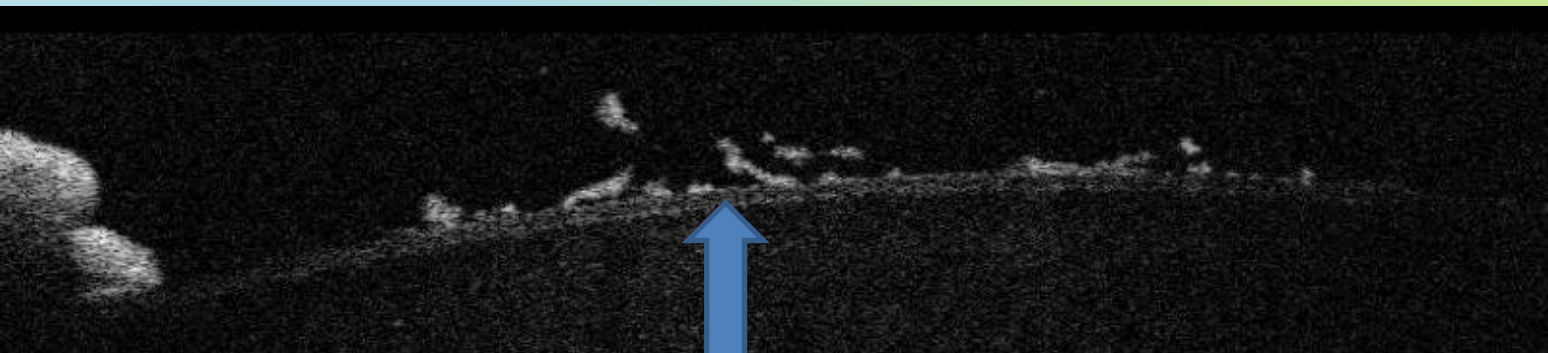
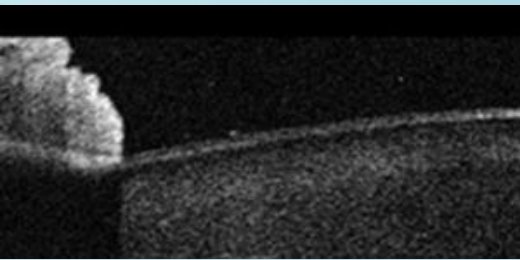
# Sinechie irido - lenticolari



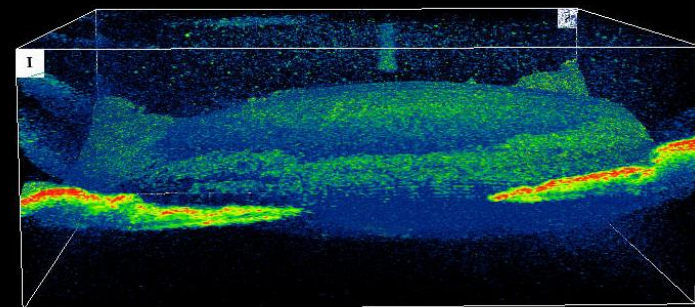
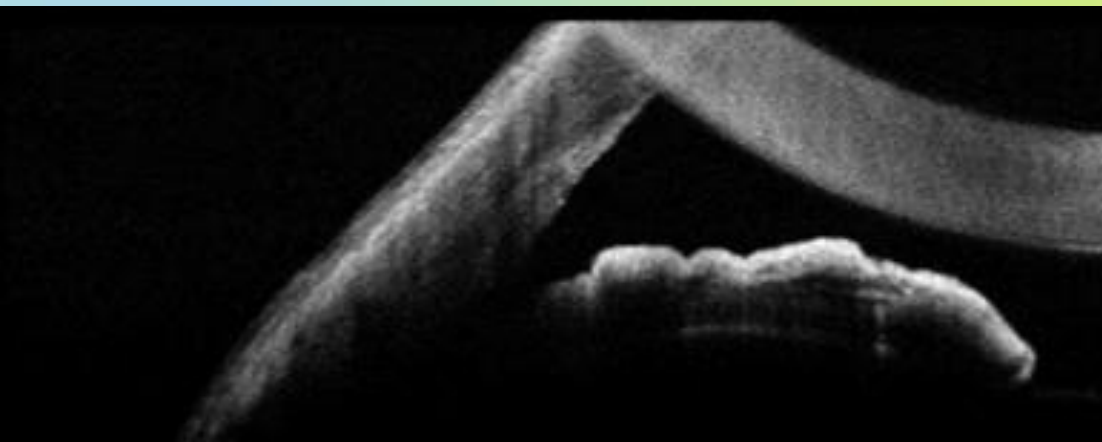
# Glaucoma neovascolare



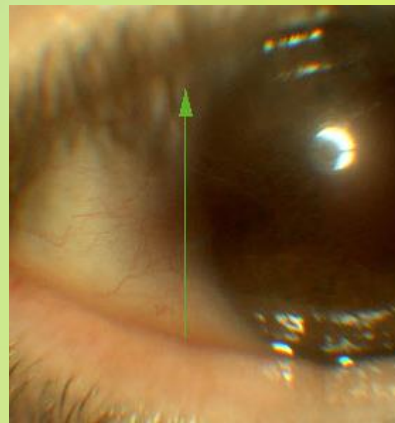
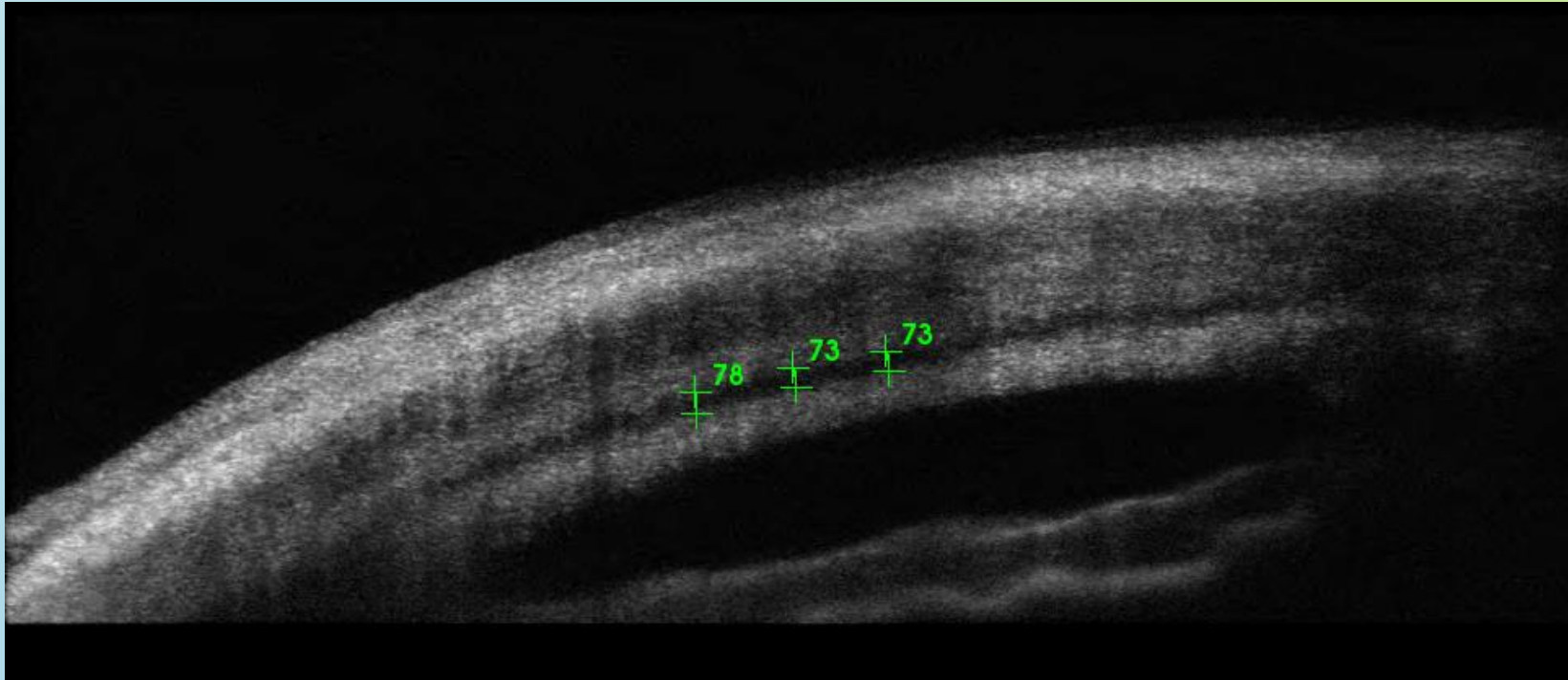
# Pseudoesfoliatio



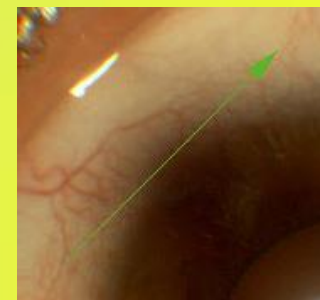
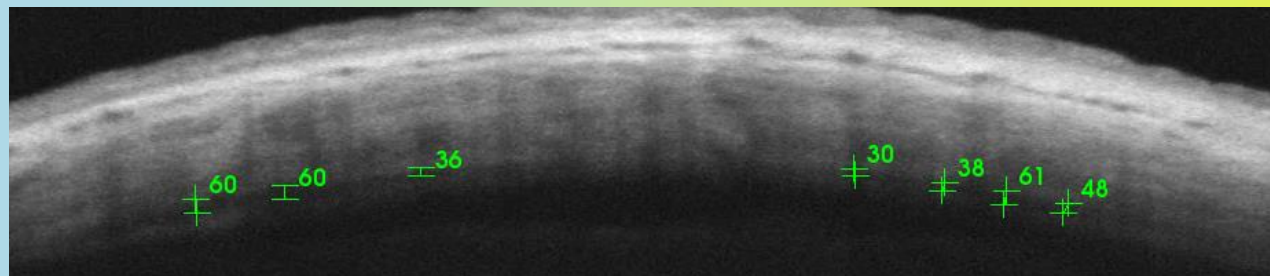
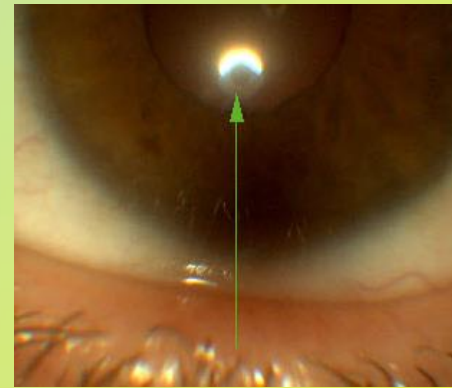
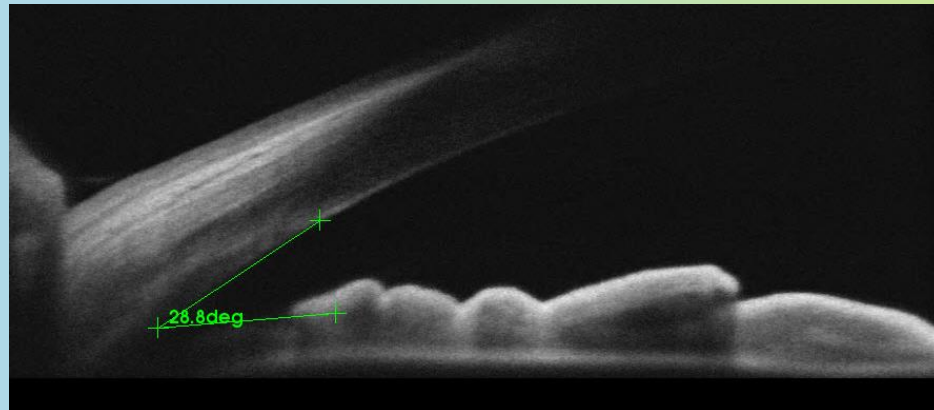
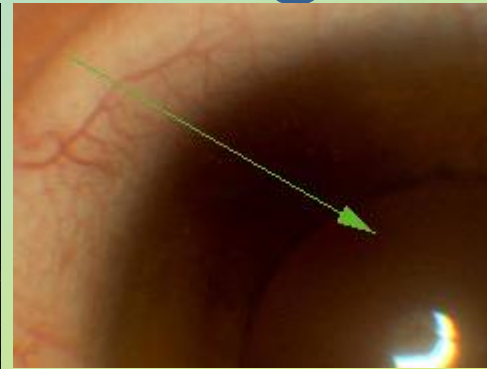
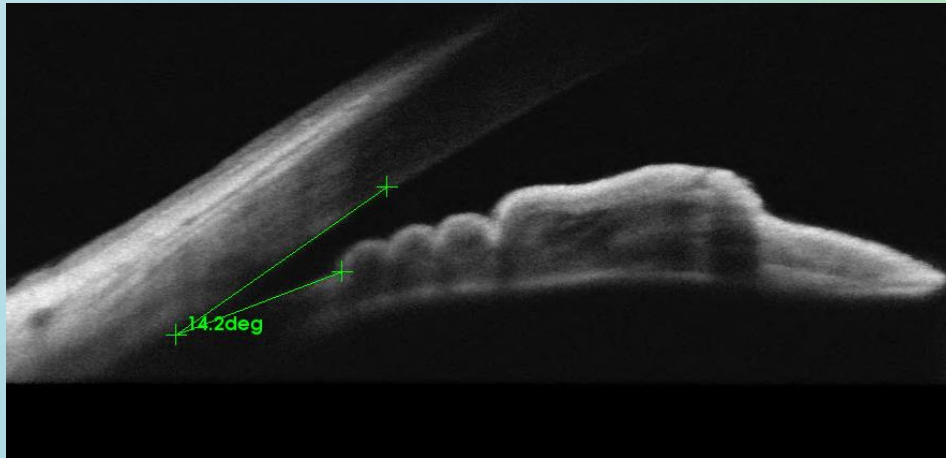
Strato amorfo di Bertelsen



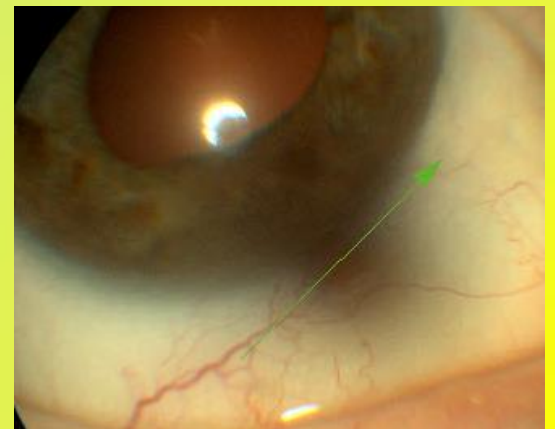
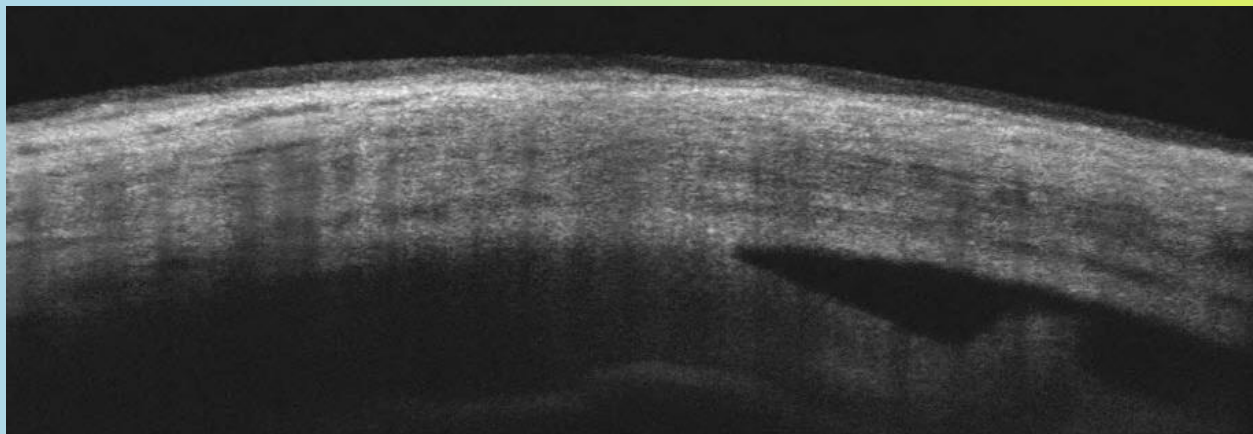
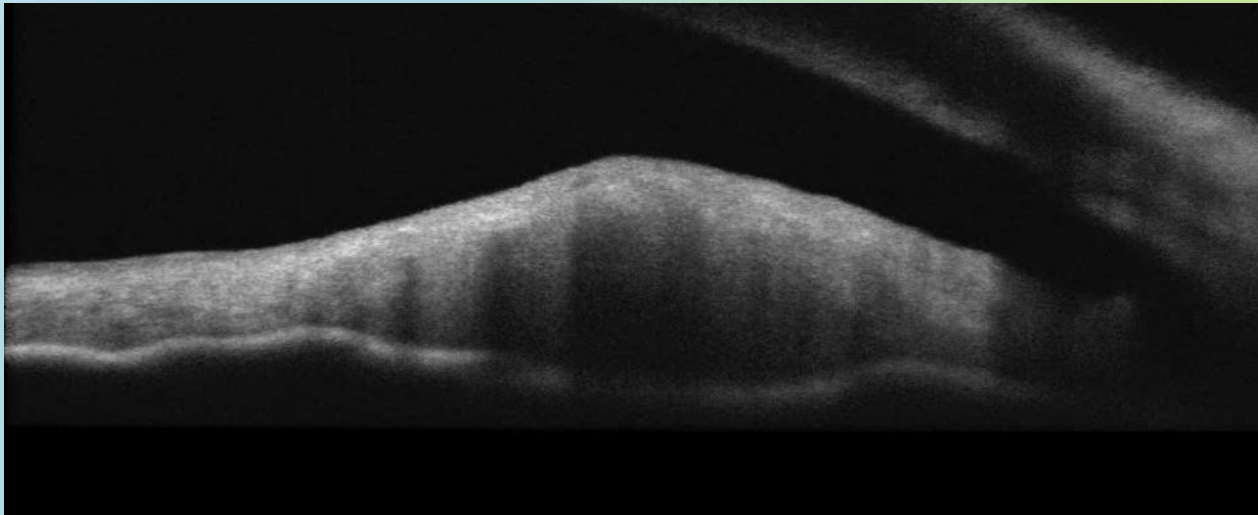
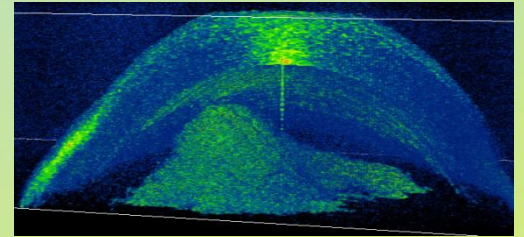
# Canale di Schlemm



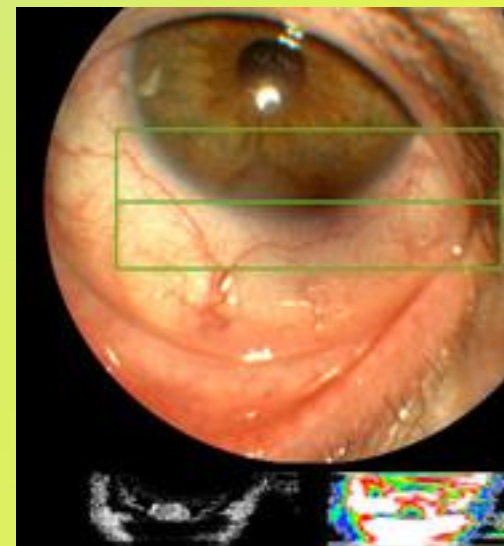
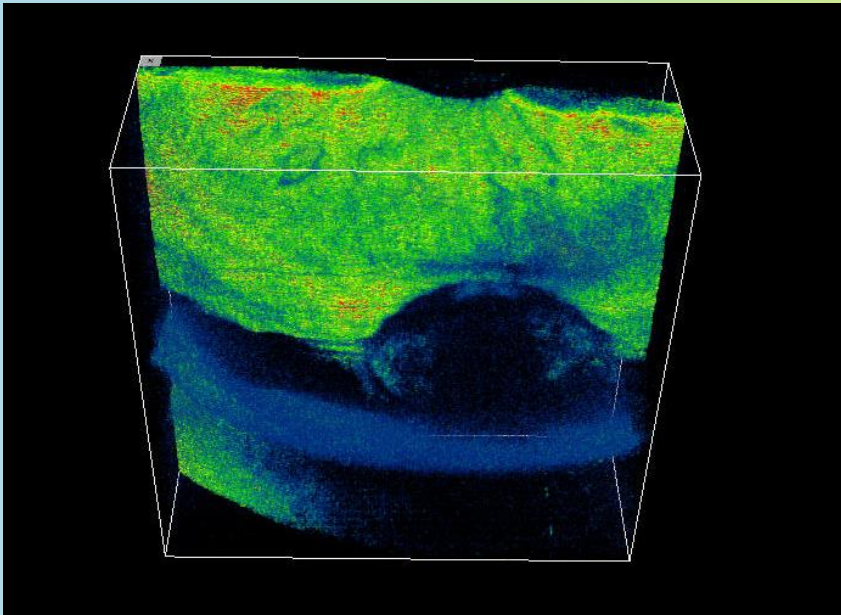
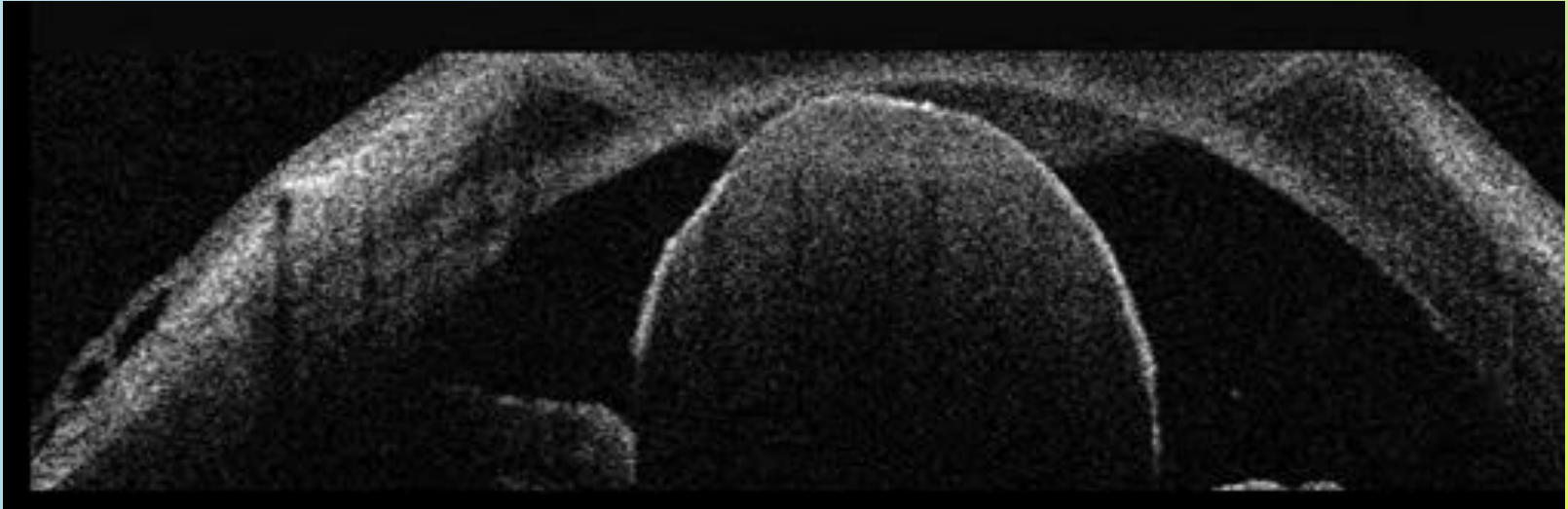
# Recessione dell'angolo



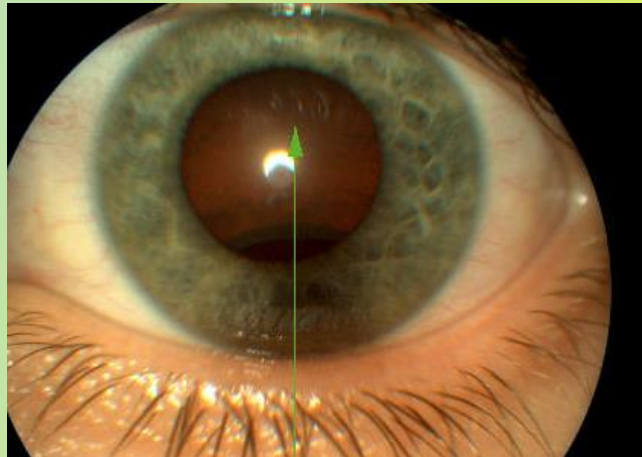
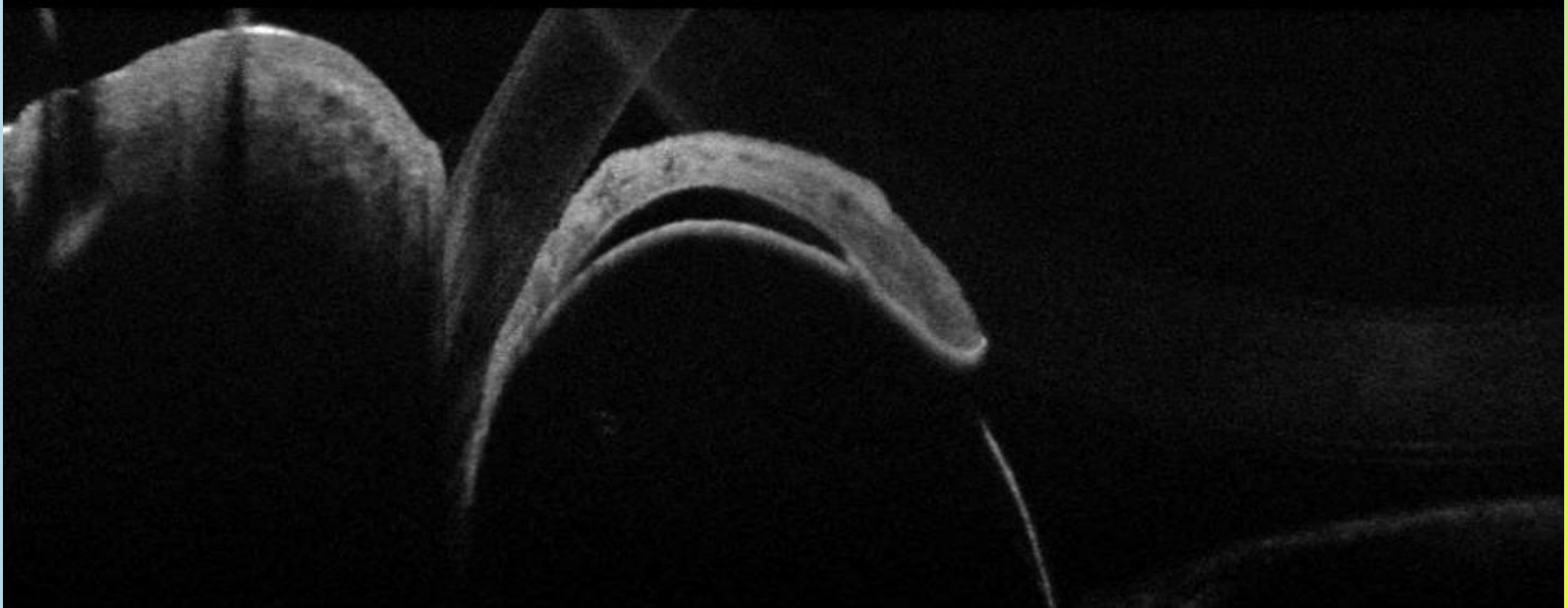
# Melanoma



# Cisti iridea anteriore

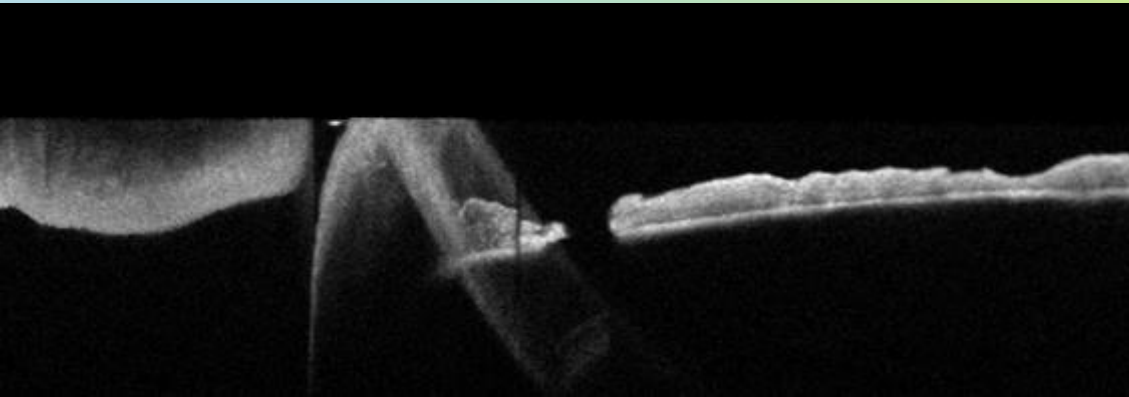


# Cisti iridea posteriore

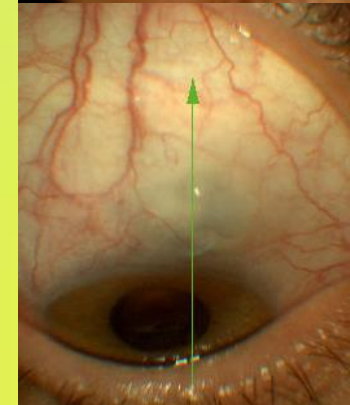
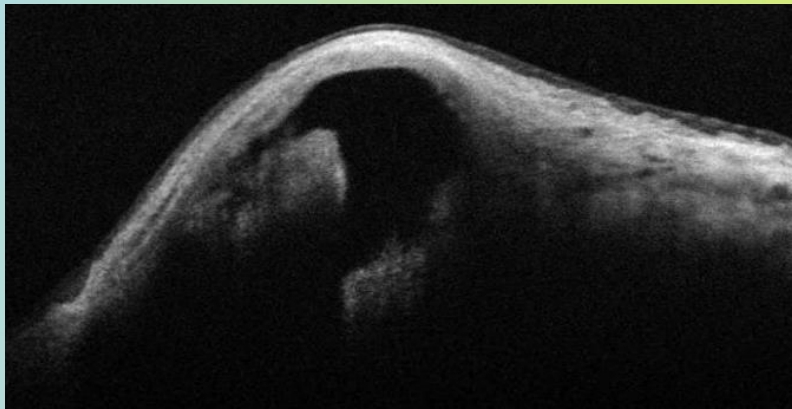
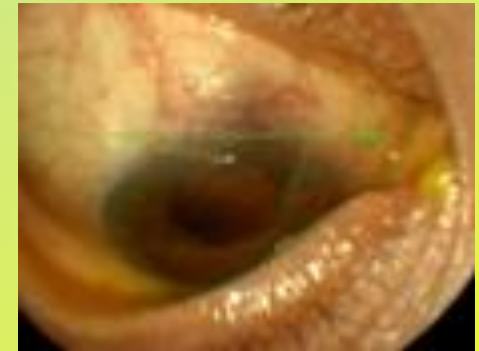
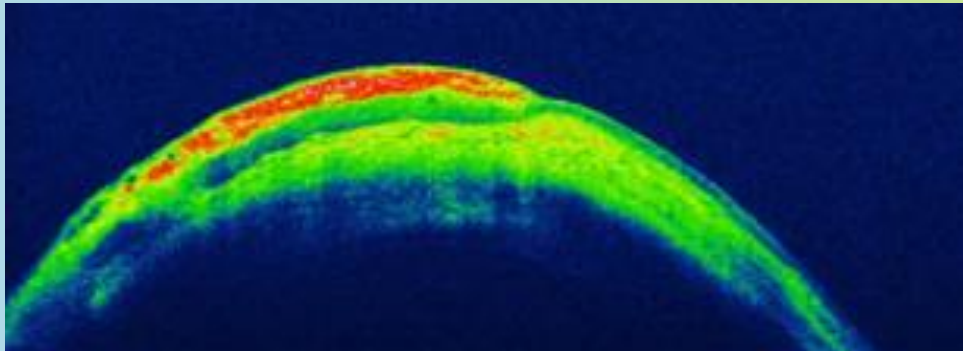
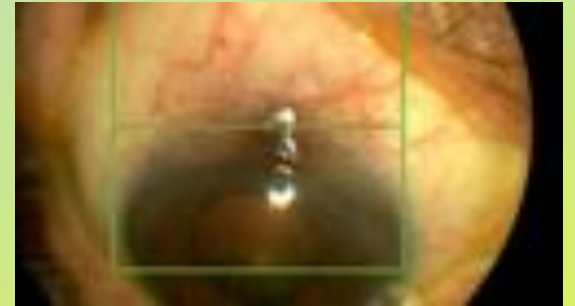
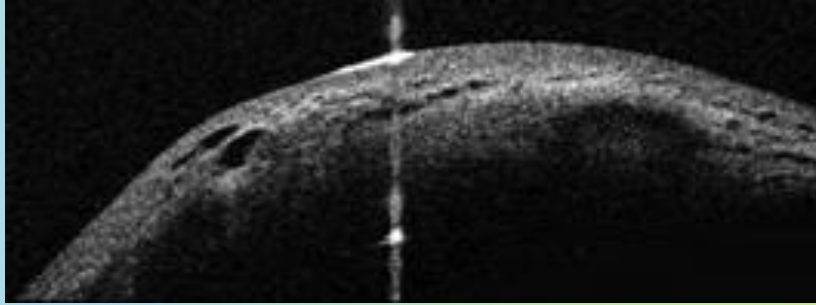




# Iridotomia yag laser



# Dopo la trabeculectomia



# Conclusione

- L'OCT del segmento anteriore sta diventando un momento fondamentale per lo studio del paziente glaucomatoso e il sua applicazione routinaria servirà ad appronfondire il percorso di diagnosi e terapia.



Grazie per l'attenzione