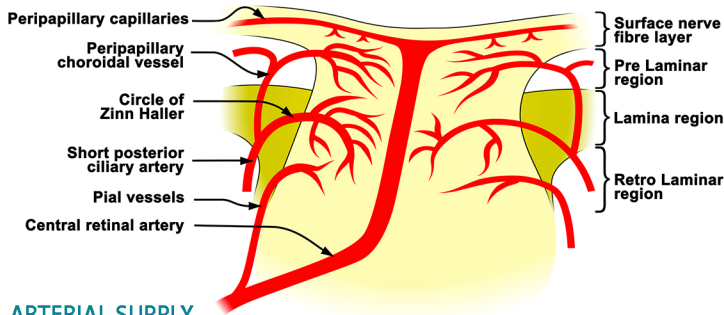


EYE - OPENER

(Lets brush-up our basics)

BLOOD SUPPLY OF OPTIC NERVE HEAD

- Dr. Sai Sri Hrudya



ARTERIAL SUPPLY

- **Surface nerve fiber layer** - Capillaries from retinal arterioles which anastomose with vessels of prelaminar region
- **Prelaminar region** - Peripapillary choroidal vessels
- **Lamina cribrosa** - Ciliary vessels of short posterior ciliary arteries and Arterial circle of Zinn- Haller
- **Retrolaminar region** - Both ciliary and retinal circulation
- **Venous drainage** - Venules drain into central retinal vein which drain into Superior ophthalmic vein to Cavernous sinus

APPLIED ANATOMY

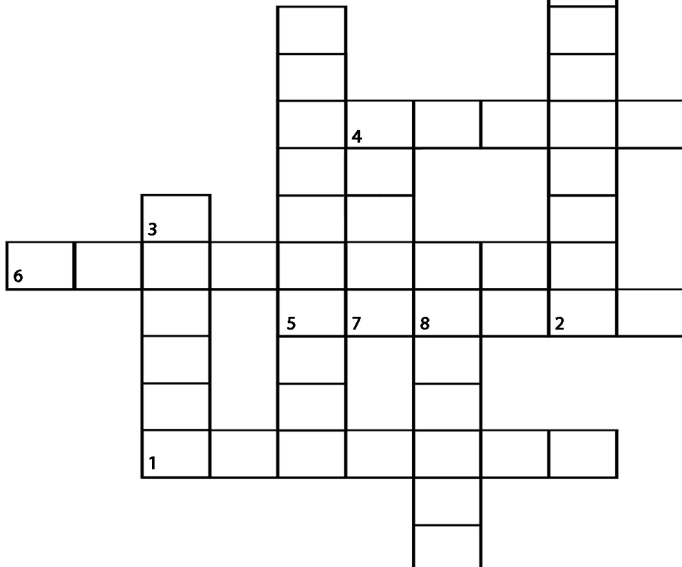
- In Central Retinal Vein Occlusion (CRVO), the occlusion is at or proximal to the lamina cribrosa of the optic nerve, where the central retinal vein exits the eye.
- Non-Arteritic Anterior Ischemic Optic Neuropathy (NAAION) is caused by the occlusion of the posterior ciliary artery resulting in a partial / total infarction of the ONH.

EYE QUEST

(To tease your brain a little)

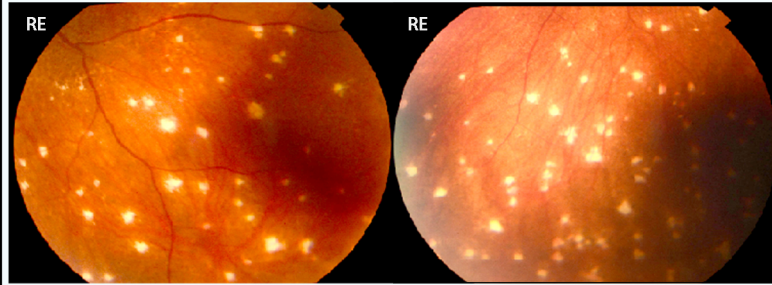
- Dr. Sara. S

1. Bedside test for macular function (R to L)
2. Prostaglandin analogue (Down to Up)
3. Avascular structure (Up to Down)
4. Treatment for keratoconus (R to L)
5. a) An external sign of thyroid eye disease (R to L)
b) Autoimmune peripheral corneal ulcer (Down to Up)
c) Surgical management for glaucoma (Up to Down)
6. Responsible for scotopic vision (R to L)
7. Part of IOL (Down to Up)
8. Orientation of prism to correct exotropia (Up to Down)



SYMPATHETIC OPHTHALMIA

- Dr. Anjana Chandran



Sunset Glow Fundus: RE Fundus photo of a 24 year old female with Sympathetic Ophthalmia showing depigmented fundus with Dalen Fuchs spots, LE being the exciting eye post VR surgery.

EYE - WORTHY SNAP

(Captured clinical findings)

EYE - CONIC CASE

(Glimpse of an enticing case scenario)

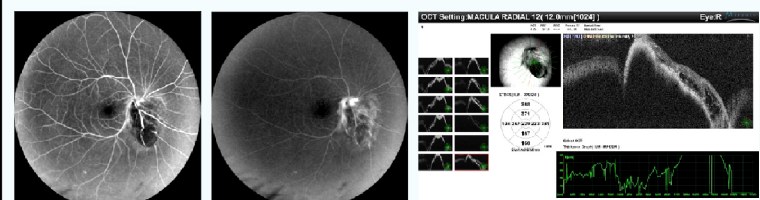
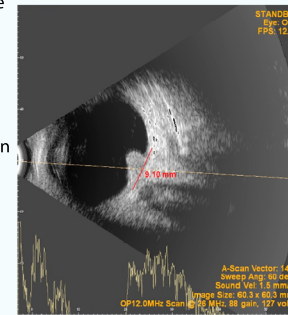
INVESTIGATING A CHOROIDAL MASS

- Dr. Pavitravarsaa



Left eye was normal. B scan ultrasonography of the right eye showed dome shaped mass near optic nerve head with low to moderate reflectivity, arising from choroid with base diameter measuring 9.10 mm & apical height 5.86 mm. Fundus Fluorescein Angiography (FFA) showed blocked fluorescence surrounding the disc enclosing the mass in all the phases of circulation, scattered hyperfluorescence within the lesion in the late phase. Enhanced Depth Imaging Spectral Domain OCT over the lesion showed elevated choroidal mass pushing into retina thus displacing its contour. MRI Orbit showed a well defined lobulated lesion at right optic disc with intermediate signal in T1 & hypointense signal in T2 weighted image, Post contrast study showed mild enhancement suggestive of choroidal melanoma with no extra ocular extension. PET CT showed mild enhancing lesion in Right optic disc with increased FDG activity in the mediastinal lymph nodes suggestive of metastasis. Clinical diagnosis of uveal melanoma was made and patient was advised either enucleation or radiotherapy. As the patient had positive PET scan, oncologist opinion was advised. As patient wanted to salvage the globe, patient opted for brachytherapy. Choroidal melanoma is the most common primary intraocular malignancy in the adult population which arises from uveal melanocytes (choroid posterior to the equator is the most common site involved in 85%). Clinical examination with necessary investigations are vital for diagnosis and follow up.

A 75 year old male came with the complaints of gradual painless blurring of vision in the right eye for past 6 months. Best corrected visual acuity in Right eye is 6/9, N6 . Intraocular pressure was 14 mmHg. On Slit lamp examination, anterior segment was normal except for the early lens changes in both eyes. Fundus examination of right eye revealed an elevated pigmented mass near the optic nerve head with 3DD size, rest of the retina appears normal.



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