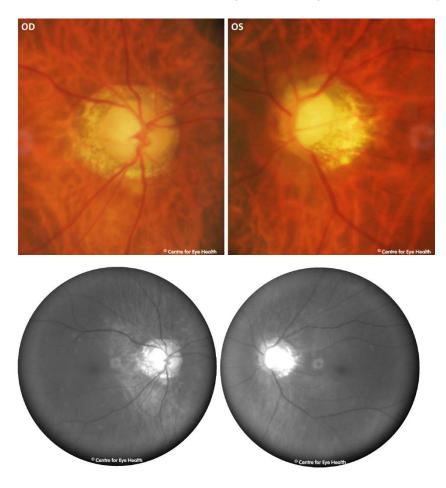
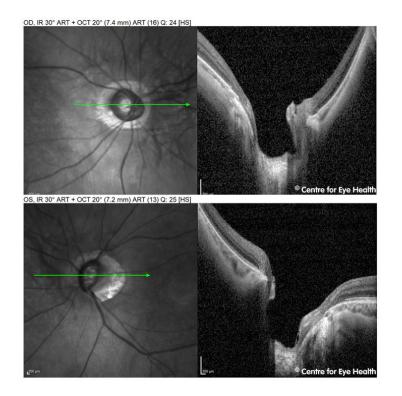


## CFEH Facebook Case #140

A 57 year old Asian male was referred to the Centre for assessment due to his high myopia. His refraction was -10DS in each eye and he reports good general health but has systemic hypertension which is treated with medication. Intraocular pressures are 15mmHg OU, angles are open to the ciliary body band in all quadrants and the peripheral retina shows no holes, breaks or tears. What sight threatening condition does this patient have?









## Answer

While this patient has a retinoschisis superonasal to right disc and a peripapillary intrachoroidal cavitation inferior to the left disc as seen on Spectralis line scans, these are not the cause of potential vision loss. This patient has advanced glaucoma.

This case is an example of how high myopia can make glaucoma difficult to detect. The NRR is difficult to assess given the asymmetric and myopic nature of the discs, however it appeared notably thin both superiorly and inferiorly in both eyes. The OCT results shown below should be viewed with caution due to questionable segmentation from the high myopia, however results suggest a very thin RNFL in both eyes. GCA values should be viewed with caution due to the high myopia affecting the normative comparisons as well as the right staphyloma affecting the segmentation.

The visual fields results reveal typically glaucomatous field defects that are concordant with the structural changes indicated on OCT analysis. The mean deviation in both eyes indicate that this is a case of advanced bilateral glaucoma. This patient is outside the scope of glaucoma that is treatable at CFEH by co-management so this patient was referred to a glaucoma specialist.

