



Angio-OCT Degenerazione Maculare Legata all'Età

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- Zeiss

Classification of Neovascularization

• Classification made by GASS

- Type 1 > Sub-RPE > occult neovascularization
- Type 2 > Sub-retinal > visible neovascularization
- Type 3 Neovascularisation: introduced by *Freund* in 2008
- Several anatomical findings corresponding to type 3 neovascularization have been described in the past
 - Hartnett 1992 « Abnormal deep retinal vascular complexe »
 - Khun 1995 « Chorio-Retinal Anastomosis » (CRA)
 - Yanuzzi 2001 « Retinal Angiomatous Proliferation » (RAP)
 - Gass 2003 « Occult choroidal retinal anastomosis » (OCRA)

TYPE 1 NEO





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TYPE 2 NEO



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Type 3 Neovascularization

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Editorial

Review of Retinal Angiomatous Proliferation or Type 3 Neovascularization

Lawrence A. Yannuzzi, MD K. Bailey Freund, MD Beatriz S. Takahashi, MD

YANNUZZI PROPOSED THREE VARIANTS IN THE VASOGENIC PROCESS:

- 1. Initial focal retinal proliferation and progression
- 2. Focal retinal proliferation with preexisting or simultaneous choroidal proliferation
- 3. Initial focal choroidal proliferation and progression



RCA = Retinal-choroidal anastomosis

Multimodal Imaging of Type 3 Neo

- The intraretinal neovascular complex appears as a hyper-reflective lesion located in the outer retina adherent to the underlying RPE
- A focal discontinuity of the RPE band through which the hyperreflective intra retinal lesion communicated with the underlying material within drusen or drusenoid PED
- No evidence of a communication with the choroid



Multimodal Imaging of Type 3 Neo

 Primarily intraretinal proliferation and anastomoses between retinal vessels and evolving type 1 neovascular tissue within underlying drusen or drusenoid PEDs without evidence of anastomoses with the choroidal circulation



Editorial_

How Has High-Resolution Multimodal Imaging Refined Our Understanding of the Vasogenic Process in Type 3 Neovascularization?



 However, in vivo imaging does not allow us to conclusively rule out preexisting Type 1 neovascularization or even early RCA



optovue

Editorial_

How Has High-Resolution Multimodal Imaging Refined Our Understanding of the Vasogenic Process in Type 3 Neovascularization?

Giuseppe Querques, MD, PHD* Eric H. Souied, MD, PHD* K. Bailey Freund, MD†‡





TYPE1 NEO quiescent



Editorial

Vascularized Drusen

Sowly Progressive Type 1 Neovascularization Mimicking Drusenoid Retinal Pigment Epithelium Elevation

Giuseppe Querques, MD, PHD*† Eric H. Souied, MD, PHD*

Editorial

Vascularized Drusen

Sowly Progressive Type 1 Neovascularization Mimicking Drusenoid Retinal Pigment Epithelium Elevation

Giuseppe Querques, MD, PHD*† Eric H. Souied, MD, PHD*

- We investigated the OCT-A features of treatment-naïve quiescent CNV in 22 AMD eyes and assessed its sensitivity and specificity for neovascular detection
- To estimate the sensitivity and specificity of OCT-A, an additional cohort of 22 eyes of 22 patients with drusenoid PED and no evidence of vascular network at ICGA, were merged to the study group as negative control group
- OCT-A was performed through AngioPlex® CIRRUS HD-OCT model 5000 (Carl Zeiss Meditec, Inc., Dublin, USA), or using AngioVue® RTVue® XR Avanti (Optovue, Freemont, California, USA)

• Two readers correctly identified on OCT-A quiescent CNVs in 18 out of 22 eyes, and correctly excluded all 22 eyes with AMD without CNV.

 OCT-A sensitivity turned out to be 81.8%, and specificity was 100% and there was complete agreement among the readers

