# OCT Angiography: operating principles and clinical cases

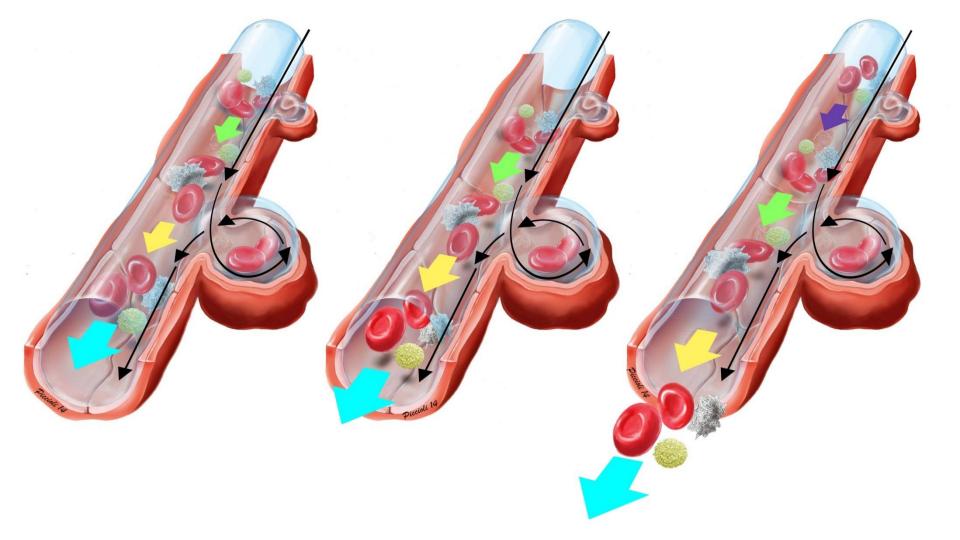
Marco Rispoli Bruno Lumbroso

### introduction

OCT-A is a direct Enface derivation.

It works on SD and SS OCT.

SSADA allows visualization of retinal vessels by their blood flow. Where there is a flow, there will be a grey scale image (flow signal or decorrelation)



## warning

We can not absolutely tell about hyper or hyporeflectance in OCT-A. those are words linked to structural OCT. They are absolutely not correlable with flow data, described by other words.

# SSADA: aquiring protocol

- Macular cube 304x304 (fast scan, low res)
- horizontal raster scan
- Vertical raster scan
- MCT (motion correction)

- Each scan is divided in several spectrum bands ("split spectrum")
- The low res allows to enhance contrast between moving and not moving structures. Each spectrum band shows in different way the same variation.
- Combining the bands balances and optimizes the signal/noise ratio.

# Flow signals-quantification

- Vascular signals
- Not vascular signals

- Sensitivity limit (low flows 0.3mm/sec)
- saturation limit (fast flows 4mm/sec)

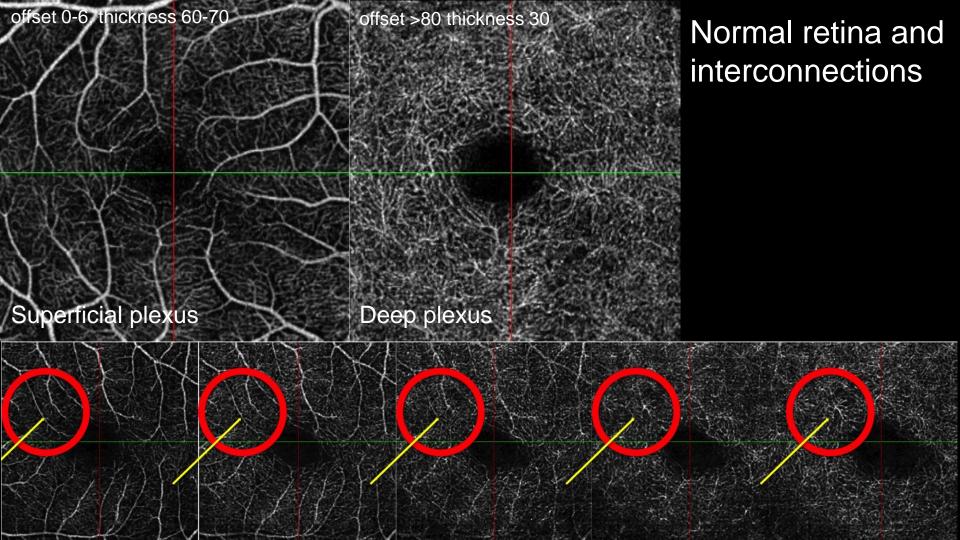
# Take home message

- SSADA generates a "flow projection" of the superficial vascular plexus on the RPE.
- Choroid signal is lowered by the RPE density and fast choroidal flow
- Like the other stratigraphies, OCT-A has to be analyzed layer by layer.
- Vascular segmentation differs from structural enface segmentation

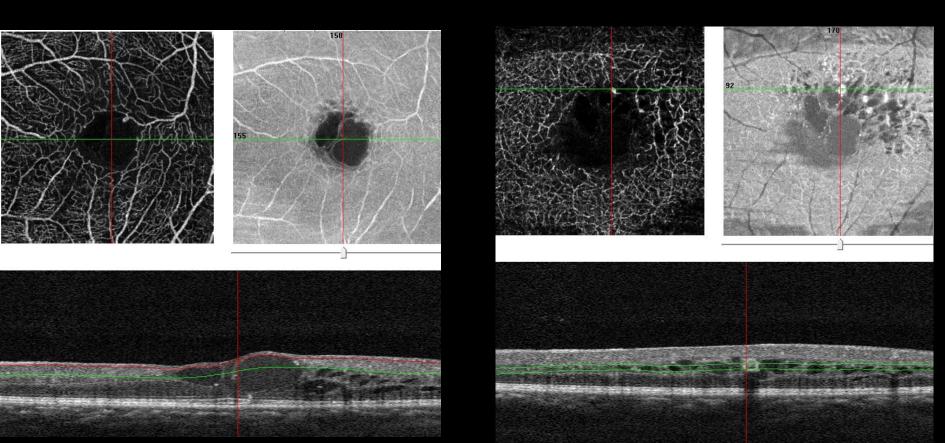
# Vascular segmentation

- Superficial vascular plexus (vascular retina)
- Deep vascular plexus (vascular retina)
- Avascular retina (ONL + RPE/Bruch)
- Choroid

After defining segmentation it is necessary to assess depth and thickness of the segmentation. These parameters may change in different pathologies.

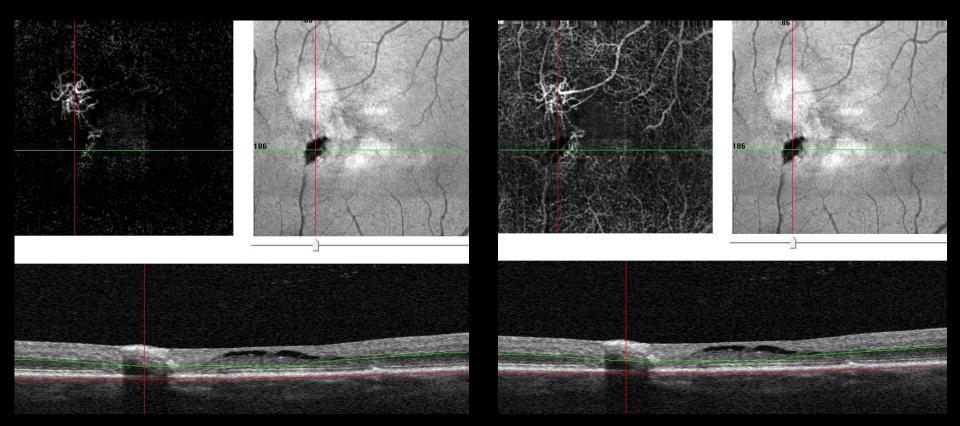


# vascular plexa

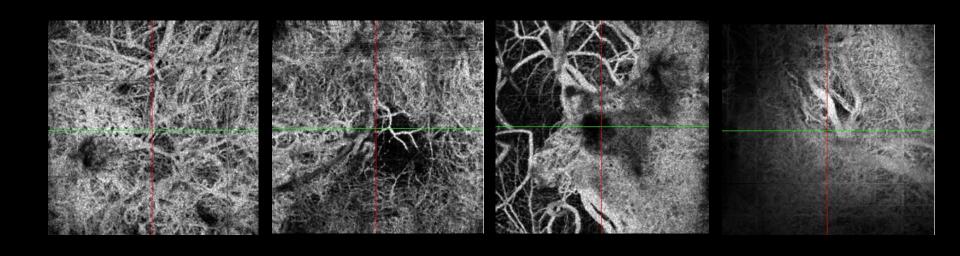




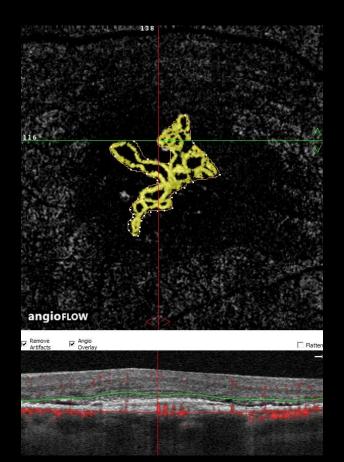
### Avascular zone with and without filter

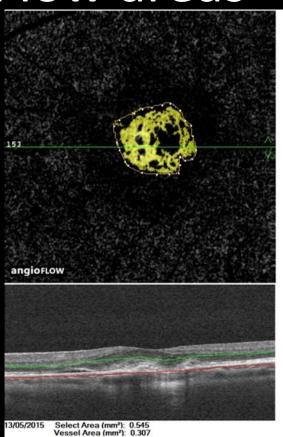


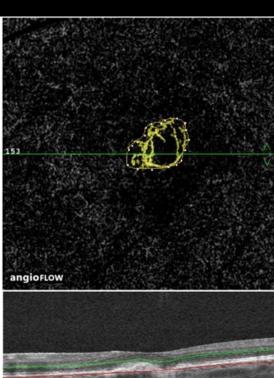
# Choroid (myopia)

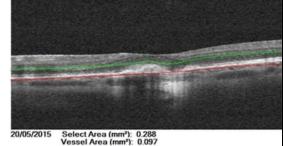


# Flow areas

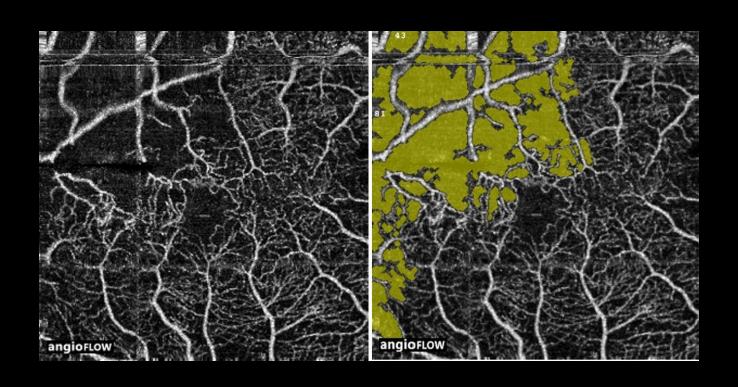




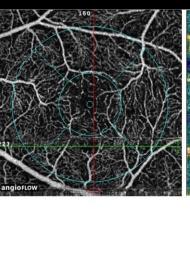


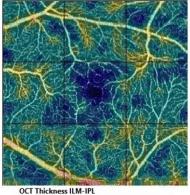


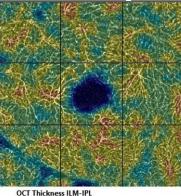
# No flow areas

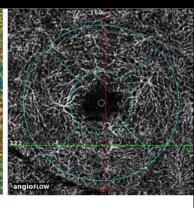


# Flow density









|        | <br> |  |
|--------|------|--|
| Cartia |      |  |

| ection             | Thickness (µm)    |
|--------------------|-------------------|
| araFovea           | 118               |
| Superior-Hemi      | 119               |
| Inferior-Hemi      | 118               |
| CT Thickness ILM-R | PE & Flow Density |

| OCT Thickness ILM-RPE & Flow Density |              |         |  |
|--------------------------------------|--------------|---------|--|
| Section                              | Thickness (µ | Density |  |

| Section         | Thickness (µ | Density (%) |
|-----------------|--------------|-------------|
| Whole en fa     | N/A          | 53.17       |
| Fovea           | 289          | 33.44       |
| ParaFovea       | 308          | 56.90       |
| - Tempo         | 313          | 55.48       |
| - Superior      | 316          | 55.39       |
| - Nasal         | 298          | 55.13       |
| - Inferior      | 307          | 61.60       |
| Grid-based Flow |              | 01.00       |

| Olia basca ilio |       |       |
|-----------------|-------|-------|
| 52.59           | 55.56 | 55.06 |
| 56.02           | 38.08 | 55.50 |
| 50.65           | 57.76 | 56.00 |

#### Section Thickness (µm) ParaFovea 118 - Superior-Hemi 119

- Inferior-Hemi

118

27.15

#### OCT Thickness ILM-RPE & Flow Density Section Thickness (µ... Density (%) Whole en fa... N/A 41.40

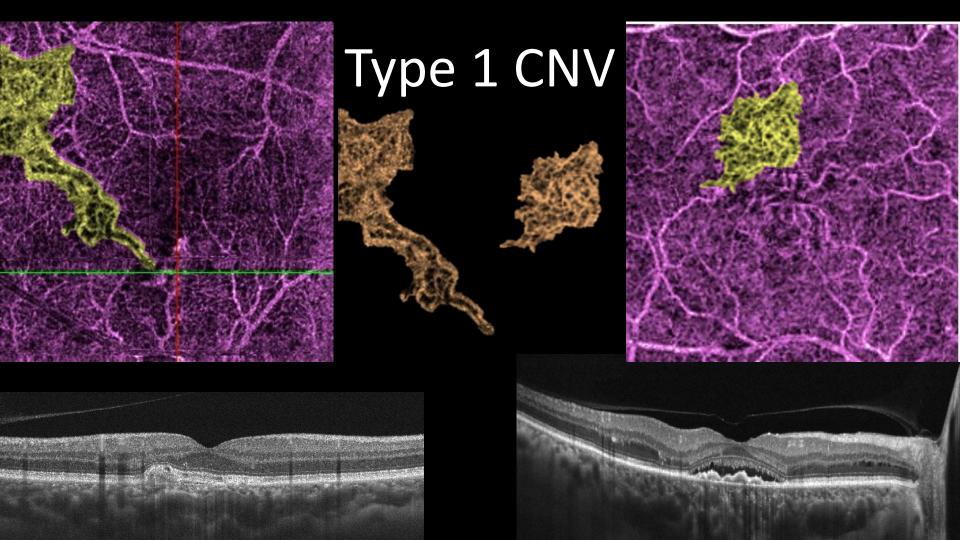
289

| ParaFovea  | 308 | 42.25 |
|------------|-----|-------|
| - Tempo    | 313 | 42.46 |
| - Superior | 316 | 43.06 |
| - Nasal    | 298 | 41.02 |
| - Inferior | 307 | 42.47 |
|            |     |       |

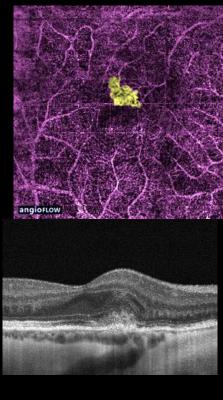
#### Grid-based Flow Density (%)

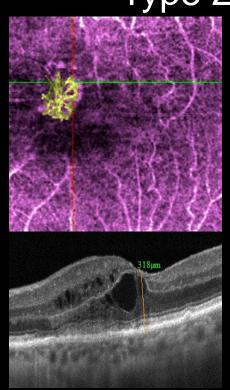
Fovea

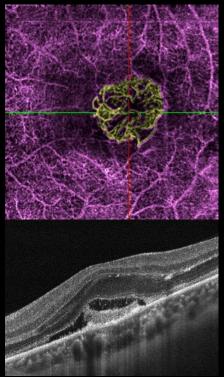
| Γ | 42.62 | 43.38 | 41.75 |
|---|-------|-------|-------|
| ľ | 41.90 | 28.81 | 38.29 |
| ľ | 45.02 | 44.88 | 45.62 |

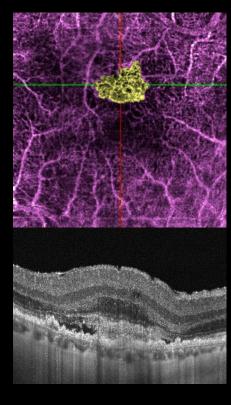


Type 2 CNV







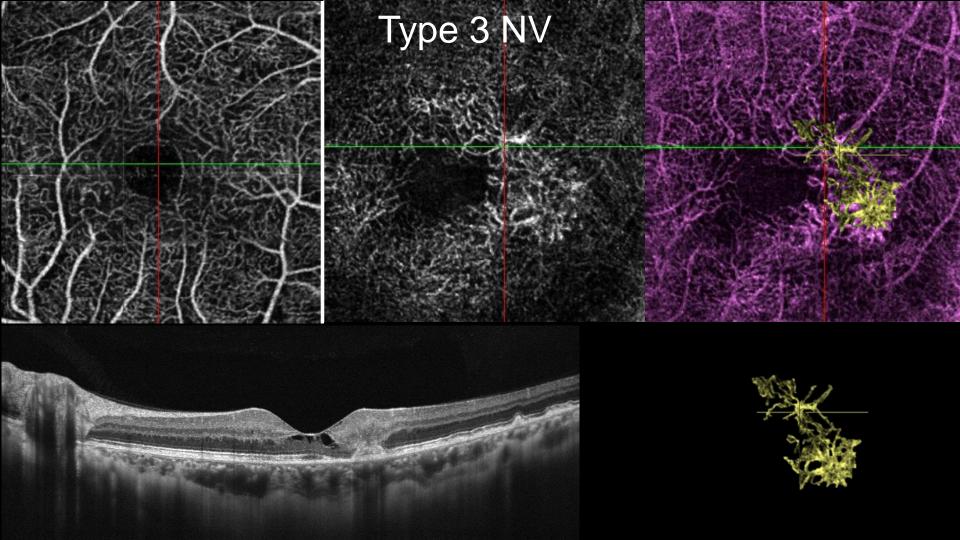


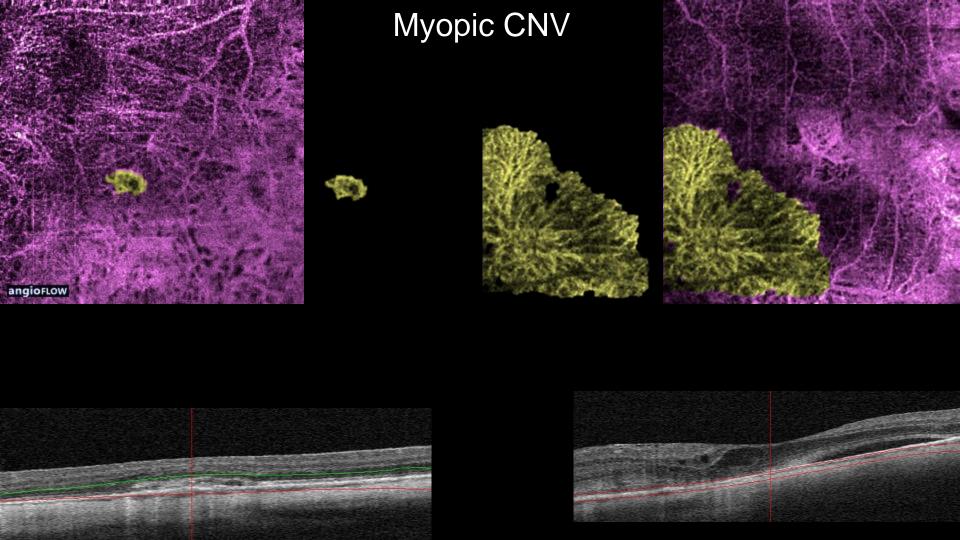












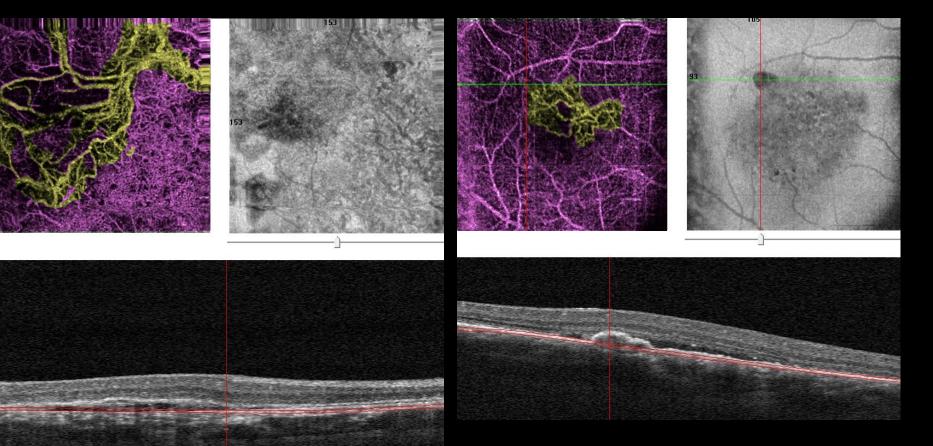
### Filamentous CNVs



### Spectral-Domain Optical Coherence Tomography Angiography of Choroidal Neovascularization

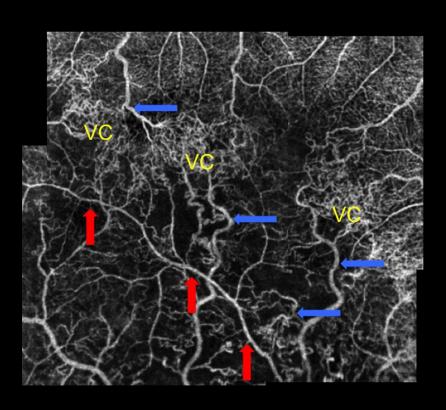
Talisa E. de Carlo, BA, <sup>1,2</sup> Marco A. Bonini Filho, MD, PhD, <sup>1,3</sup> Adam T. Chin, BA, <sup>1</sup> Mehreen Adhi, MD, <sup>1,2</sup> Daniela Ferrara, MD, PhD, <sup>1</sup> Caroline R. Baumal, MD, <sup>1</sup> Andre J. Witkin, MD, <sup>1</sup> Elias Reichel, MD, <sup>1</sup> Jay S. Duker, MD, <sup>1</sup> Nadia K. Waheed, MD, MPH<sup>1</sup>

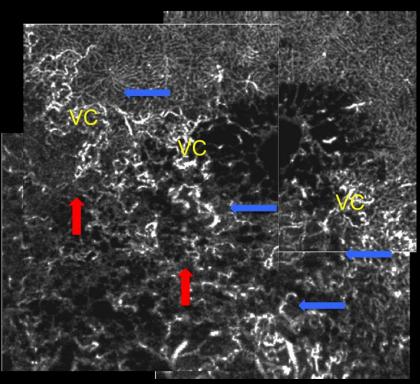
# Filamentous CNV

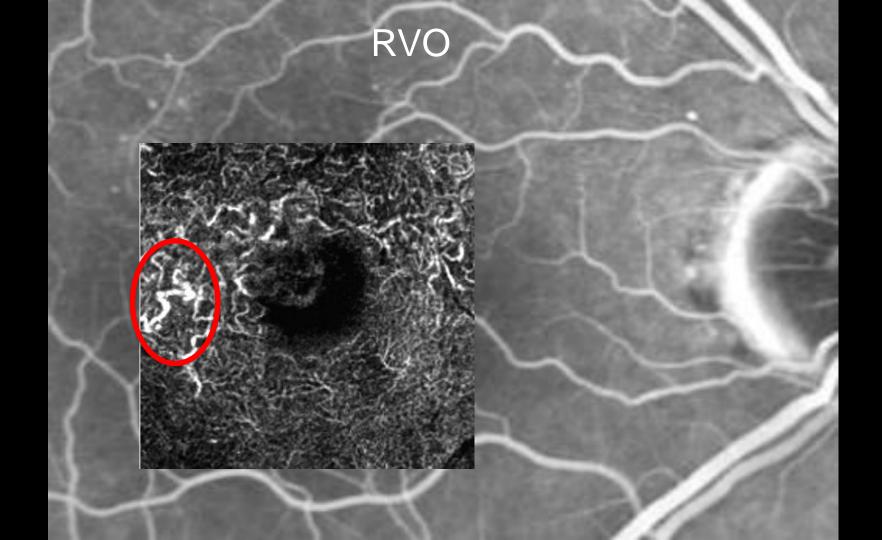


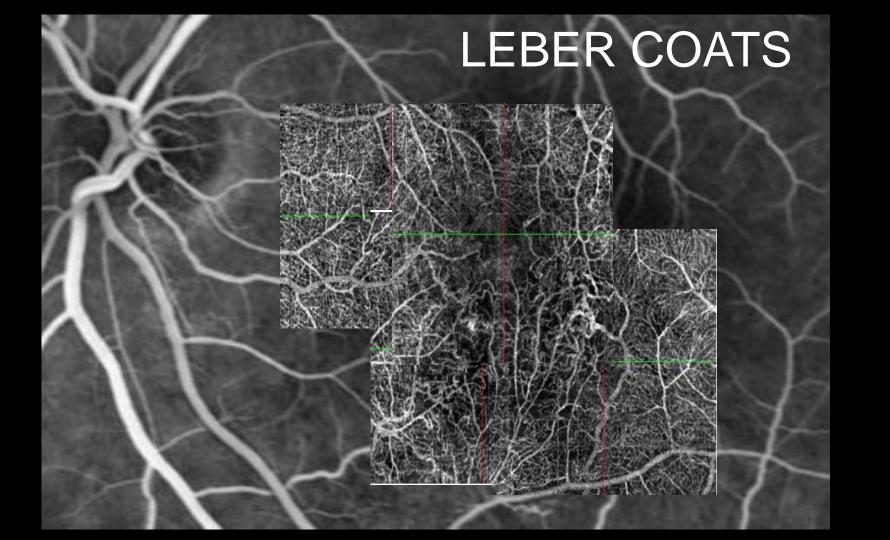
Diabetic edema

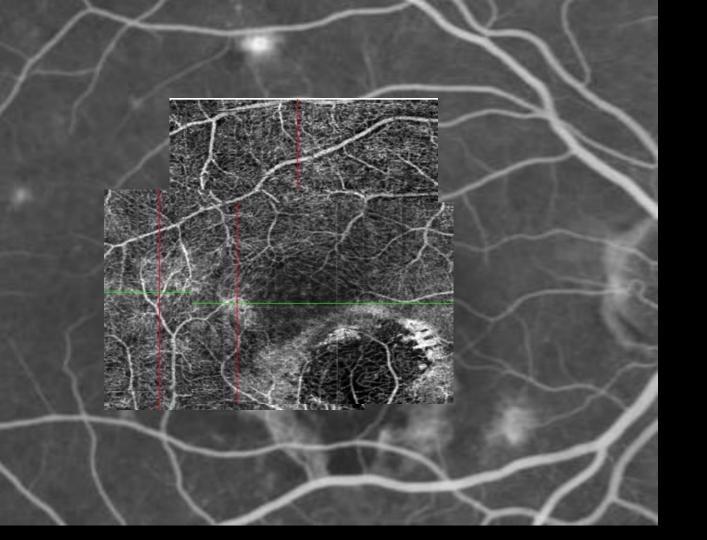
# Brvo: vascular congestion





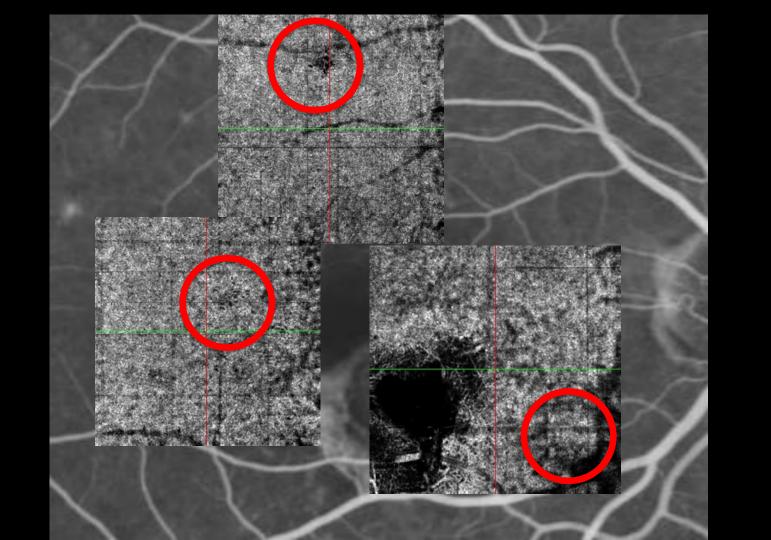


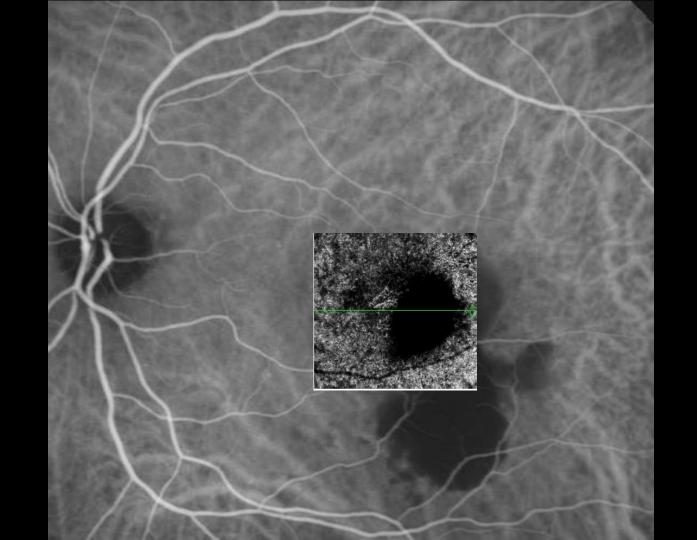




# MULTIFOCAL CHOROIDITIS

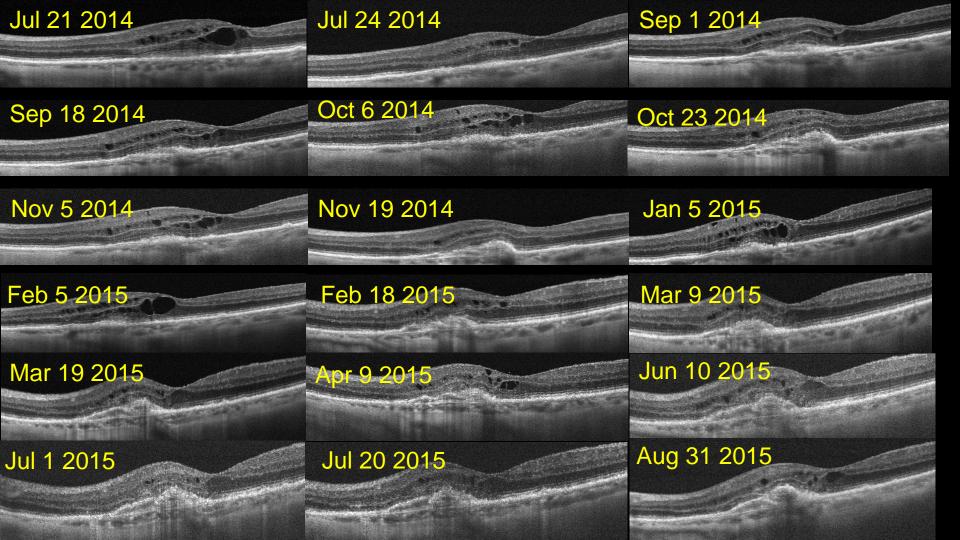
Full thickness analysis

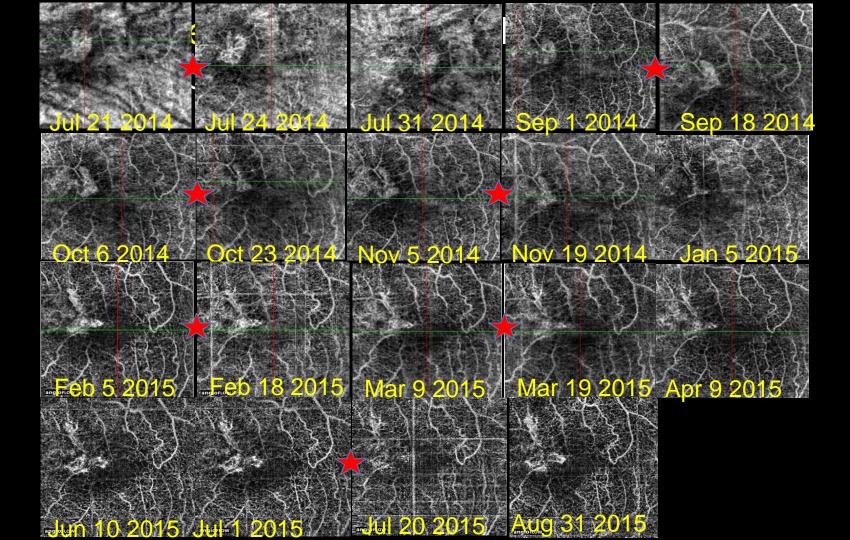


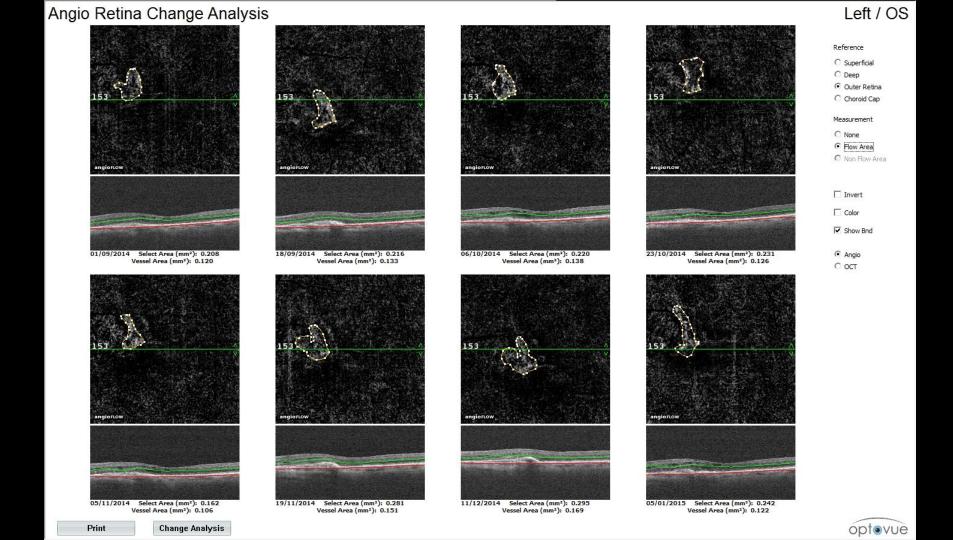


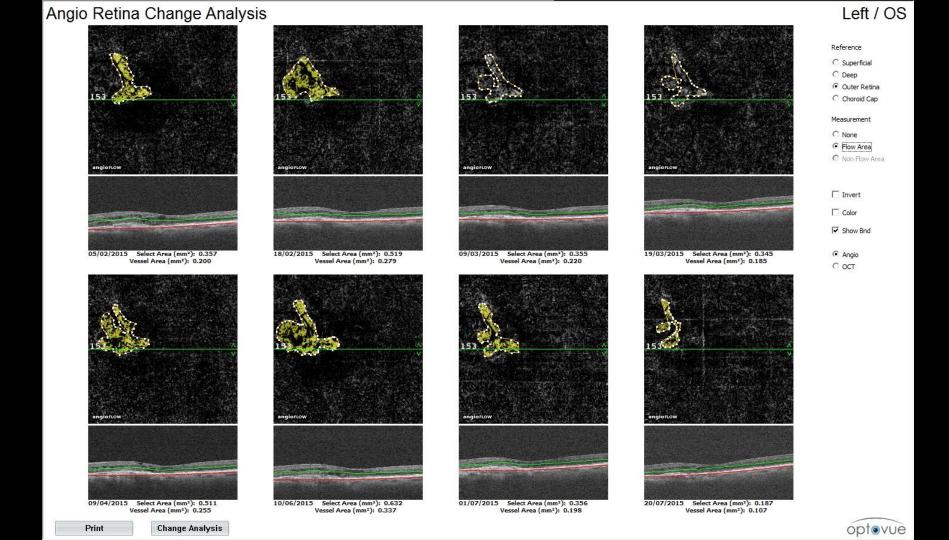
#### OCT Angiography clinical case: AMD CNV monitoring after treatment

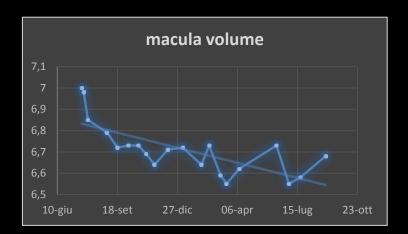
- Female, 83 yo, Emmetropic,
- Va 20/50, AMD, CNV type 2
- 13 months follow up
- OCT Angiography may give quantitative data in the CNV follow-up, that are not available with fluorescein angiography or ICG
- CNV area, VA, Retina Thickness at CNV level, Macular volume



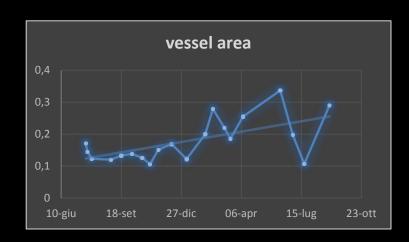






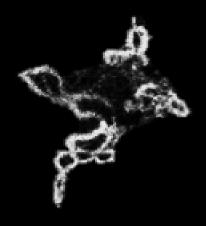








#### Time progress



### Preliminary impressions

- CNV flow decreases 24 hours after injection and reopens after 4 weeks
- CNV area decreases sharply after the first injection, and decreased even more after the other injections
- CNV flow and area do not relate
- Vision increase in this case is related to decrease CNV activity
- Same main vessels reappear after 4 weeks

### conclusions

OCT angiography is a modern imaging technique adding functional data and quantification on the classic structural OCT examination.

#### Rome, December 11-12, 2015 Hotel NH Vittorio Veneto – Corso d'Italia, I

# Third International "En Face" OCT and OCT Angiography Congress

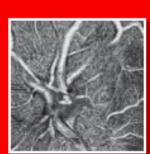
Bringing together the clinical and basic science communities

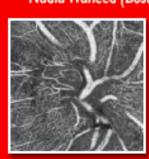
#### Organizers:

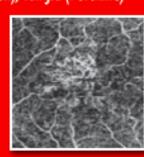
Bruno Lumbroso (Rome), Gabriel Coscas (Paris), K. Bailey Freund (New York), James Fujimoto (Cambridge), David Huang (Portland), Philip Rosenfeld (Miami), Richard Spaide (New York)

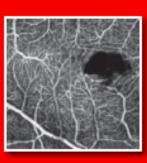
#### Coordinators:

Martine Mauget Faysse (Lyon), Andre Romano (São Paulo), Marco Rispoli (Rome), Nadia Waheed (Boston), Yali Jia (Portland)









# Thank you