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ASSISTED OPHTHALMOSCOPY IMPROVES
SENSITIVITY OF BIO EXAM BY
30%

A study published in Eye and Brain suggests that adding an optomap® to a traditional BIO exam may improve sensitivity by up to 30%.

Results from this cross-sectional study found good agreement between image-assisted and traditional fundus examination. In cases of disagreement, the adjudicator agreed with the image-assisted method in over 70% of cases.

This suggests that adding nonmydriatic imaging, **optomap** UWF SLO in this case, to the clinical examination can improve the examiner's ability to detect or rule out lesions by up to 30%.

“Image-assisted fundus examination may enhance detection of retinal lesions compared with traditional fundus examination alone”

— Eye and Brain 2014

See how **optomap** will help you improve the way you manage your patients.

For more information call **800-854-3039** or email **BDS@optos.com**

Reference: Brown et al. Comparison of image-assisted versus traditional fundus examination. Eye and Brain, 2014

Building *The* Retina Company



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CLINICAL SUMMARY

Comparison of Image-assisted Versus Traditional Fundus Examination

Brown, Sewell, Trempe, Peto, Travison
Eye and Brain | 2014

Image-assisted fundus examination may enhance detection of retinal lesions by 30% compared with traditional fundus examination alone.

- This cross-sectional study found good agreement between image-assisted and traditional fundus examination.
- There was a higher rate of detection of posterior pole lesions using the image-assisted method in this study (90.1%).
- The image-assisted method detected 92.2% of all vitreoretinal interface abnormalities while the traditional examination detected 54.7%.
- Image-assisted method detected 90.6% of drusen in the posterior pole compared with 43.8% detected by the traditional fundus examination alone.
- When the methods disagreed for any lesion type, the image-assisted method was correct in 75% of the disagreements.
- Agreement between image-assisted and traditional fundus examination varied by lesion type and was excellent for staphyloma (κ 0.76), fair for suspicious cupping (κ 0.66), drusen in the posterior pole/macula and mid-to-peripheral retina (0.45, 0.41), retinal pigment epithelial changes in the posterior pole/macula (0.54), peripheral retinal degeneration (0.50), cobblestone (0.69), vitreoretinal interface abnormalities (0.40), and vitreous lesions (0.53).
- When the methods disagreed, the results indicated a statistically significant advantage for the image-assisted examination in detecting suspicious cupping ($P = 0.04$), drusen in the posterior pole/macula and mid-to-peripheral retina ($P = 0.004$, $P = 0.001$), retinal pigment epithelial changes in the posterior pole/macula ($P = 0.04$), nevi in the posterior pole/macula and mid-to-peripheral retina ($P = 0.01$, $P = 0.007$), peripheral retinal degeneration ($P = 0.001$), hemorrhage in the mid-to-peripheral retina ($P = 0.01$), and vitreous lesions ($P = 0.001$).
- The sensitivity of dilated ophthalmoscopy in previous studies ranges from 32% to 82%.

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