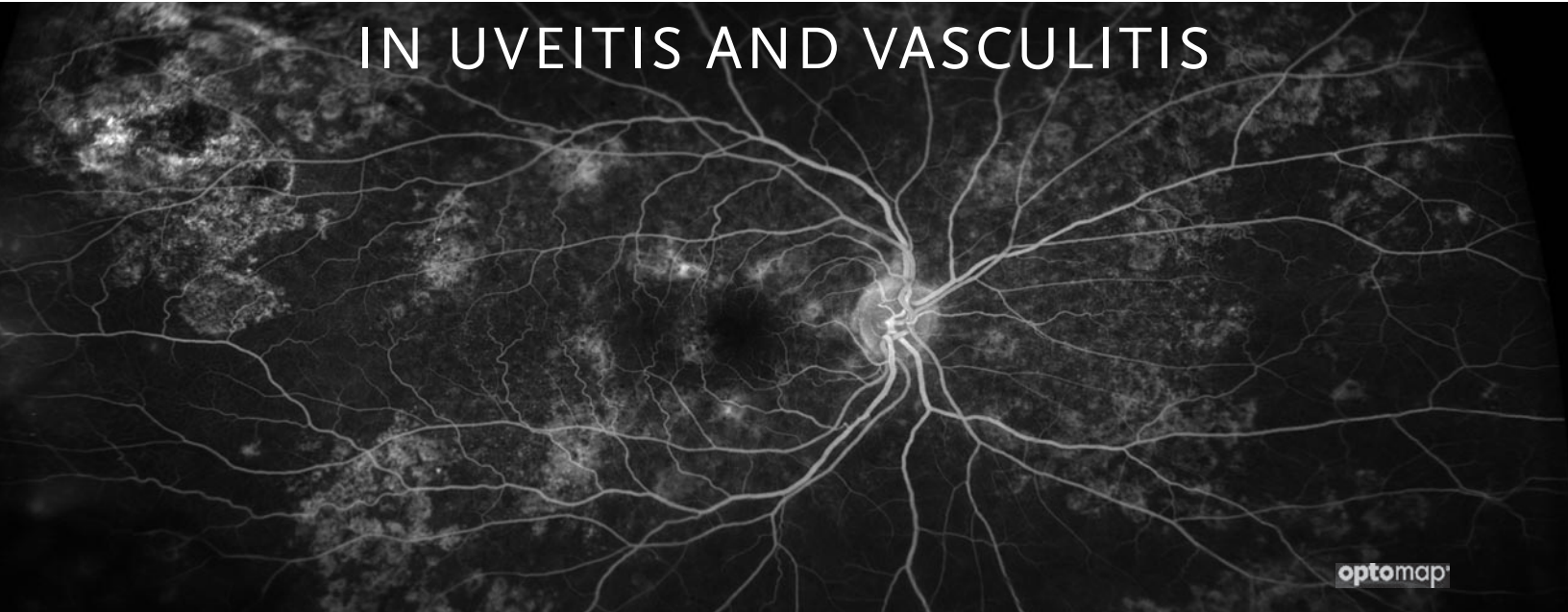


optomap®

IMPACTS PATIENT MANAGEMENT IN UVEITIS AND VASCULITIS



optomap®

Several recent studies have underlined the importance of optomap in the management of patients with uveitis and vasculitis.

- The decision to alter management was made in 48% of patients with UWF FA imaging compared to examination and simulated conventional FA.¹
- Treatment was altered 51% of the time in patients with vasculitis managed with optomap when compared to examination and traditional small field imaging.²
- UWF imaging was able to detect 23% more uveitic changes when compared to clinical examination and conventional fluorescein angiography (FA).²
- optomap *color* images can be used in place of traditional white light fundus photography for the assessment of vitreous haze.³
- optomap *fa* added additional information regarding the presence of peripheral vascular leakage in 25%, peripheral nonperfusion in 14%, peripheral lesions in 6.6%, and peripheral neovascularization in 3.9% of patients.⁴

“UWF imaging and FFA play a pivotal role in the diagnosis and management of patients with retinal vasculitis. UWF imaging has been shown to be superior to both clinical examination and conventional angiography in detection of retinal pathology in the context of vasculitis.”⁵

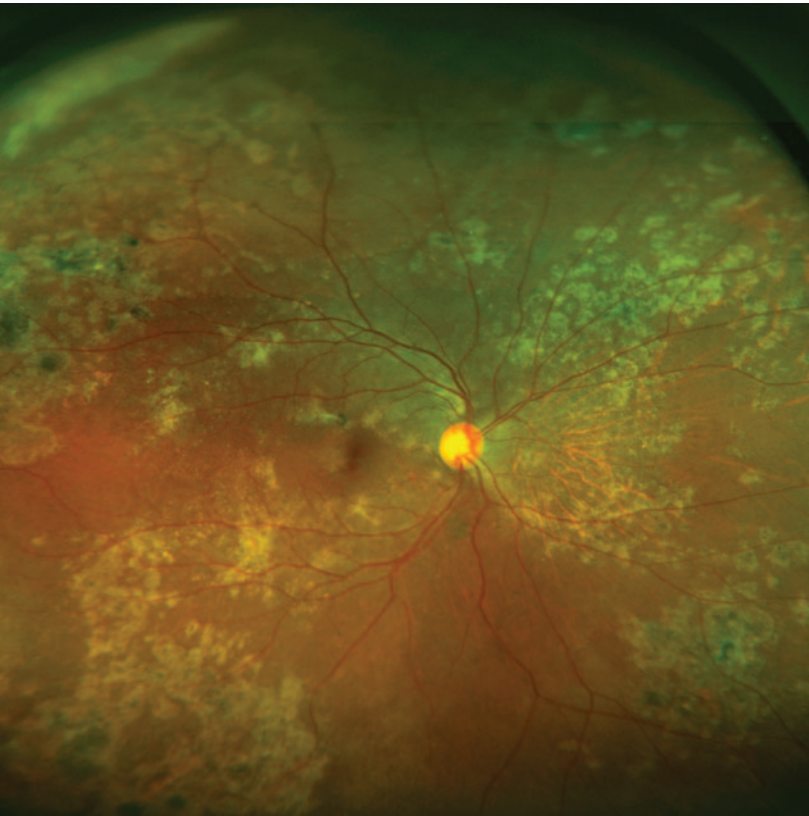
- Indian Journal of Ophthalmology, 2021

See how **optomap** will help you manage your patients. For more information call **800-854-3039** or email **BDS@optos.com**.



CLINICAL SUMMARY

Ultra-widefield Imaging improves the Management of Uveitis



optomap color image showing the peripheral retinal changes associated with uveitis.

- **optomap** ultra-widefield imaging in the evaluation of uveitis is beneficial because in 48% of patients, management was altered due to the widefield findings.¹
- **optomap color** images altered management in 19% (8 of 43 patients), **optomap fa** an additional 13% (6 of 43), combined color and **optomap fa** altered management in a total of 48% (21 of 43 patients) overall.¹
- UWF cSLO imaging significantly altered management decisions compared to standard of care imaging and clinical examination. The differences are attributed to peripheral retinal imaging and angiographic findings not easily visualized or identified without UWF imaging.^{1,2}
- A number of studies have demonstrated evidence of disease activity on peripheral angiography which appeared to have inactive disease by examination alone.^{1, 2, 6}
- Disease activity was detected in 68% of vasculitis patients using UWF imaging in comparison to 45% with conventional imaging and exam. The decision to alter management was made 65% of the time when compared to 10% with conventional imaging and exam.²
- **optomap color** images could be used in place of traditional white light fundus photography for the assessment of vitreous haze.³
- A higher number of patients were determined to have bilateral disease (72.5%) on UWF-FFA as compared to clinical examination alone (65%).⁸
- UWF imaging may be useful to make a correct diagnosis, determine the extent of involvement, identify secondary complications such as retinal detachment, and for follow-up to look for recurrence of activity in cases of uveitis.⁸
- UWF imaging detects the peripheral involvement in this subset of patients which may not be evident clinically.⁸

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