

Discussion:

- The literature suggests that dark areas on cSLO images are related to the absorption of IR wavelengths by blood, pigment, melanin, or turbid fluid.
- The question is whether the tonal shift is a result of reflectance and absorption as suggested by several authors, or simply confocal suppression of poorly focused areas due to elevation or scatter.

What Does the Literature Say?

 "The origin of dark lesions on examination and hyporeflectance on IR in AMN remains speculative.... there is a striking correlation between the location of interrupted OS/RPE junction (not the IS/OS junction) and the IR hyporeflective pattern. This OS/RPE junction on OCT is thought to represent the interdigitation of the tips of the photoreceptor outer segments with the apical RPE processes, where melanin granules are normally located in apical RPE."

Fawzi AA, Pappuru RR, Sarraf D, et al. Acute macular neuroretinopathy: long-term insights revealed by multimodal imagina. Retina 32:1500-1513. 2012.

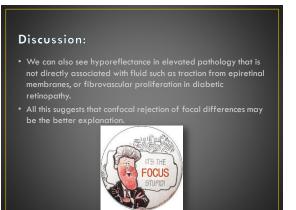
What Does the Literature Say?

• "If the focal plane of the image is near the apex of the RPE elevation, then the lesion appears bright due to the light scattered by the pigment epithelium. However, if the image is focused deep to Bruch's membrane, a dark core caused by light absorption within the turbid sub-RPE fluid will dominate the lesion center. The edges of the RPE elevation will appear bright due to the oblique position and associated scattering of the incoming light. This summation of melanin reflectance and light scattering results in a strong NIR signal."

Theelen T, Hoyng CB, and Klevering JB. Near-infrared subretinal imaging in choroidal neovascularization. In: Holtz FG and Spaide R eds. Medical Retina, Focus on Retinal imaging, Heidelberg, Springer 2010:77-93.

Discussion:

- Many of the conditions that cause elevation indeed consist of blood or fluid: macular edema, retinal vein occlusion, papilledema, serous detachments, RD, etc.
- So it may seem logical that absorption of IR by blood and fluid may be the cause of the hyporeflectance.
- But we also see these dark areas in blue and green reflectance cSLO images where fluid coincides with elevation. Blood will absorb these visible wavelengths but fluid does not.





Discussion:

- I believe that what we see in confocal images is a combination of pure reflectance from the plane of focus, plus attenuated reflectance (dark areas) from out-of-focus areas.

 Abnormal elevation of retinal morphology is one cause of the confocal tonal shift.
- A secondary cause may be the confocal rejection of focal areas of tissue that scatter reflected light or IR.
- The red/green/blue color balance of Spectralis MultiColor images is also effected by focus.

Discussion: Does it Really Matter?

- capturing or interpreting cSLO images and differentiate between structures that truly are dark in tonality, from those that are simply out-of-focus.
- In some cases the tonal shift will enhance areas of interest that may not be easily identified by other means. In others it may
- A second imaging modality such as color fundus photography, OCT, or angiography is often needed to present a more complete diagnostic imaging study.

References

- 13T(10):1275-1267, 2013.
 Rohimy E and Sarrd D. Parocentral acute middle maculopathy spectral-decipillary ischemia. Curr Opin Ophthalmol. 25(3):207-12, 2014.
 Rohimy E, Sarrd D. Dollin ML, et al. Parocentral acute middle maculopath retinal vein occlusion. Am J Ophthalmol. 158(2):372-380, 2014.

