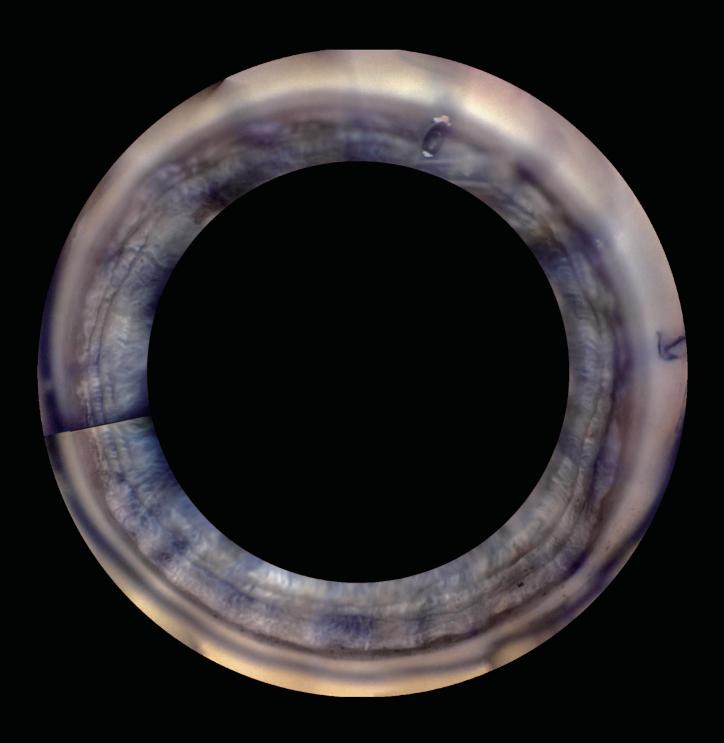


Clinical Cases with Automated Gonioscopy GS-1 Gonioscope

Prof. Carlo E. Traverso, MD

Assist. Prof. Luis Abegão Pinto, MD, PhD

Assoc. Prof. Vikas Chopra, MD



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Contributing professionals

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Ophthalmology Dept, San Martino Hospital, Genova, Italy
Professor of Ophthalmology
Chairman of Clinica Oculistica University of Genova
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AAO Achievement Award, FARVO
President, EU EYE
Chairman, EGS Foundation Board
Medical director, FBOMJ Eye Bank of Genova
Executive Committee Member, Istituto David Chiossone Genova

Assist. Prof. Luis Abegão Pinto, MD, PhD



Ophthalmology Dept, Hospital Santa Maria, Lisbon, Portugal Prof. Luís Abegão Pinto is the Head of the Glaucoma Clinic of the Department of Ophthalmology of Portugal's largest Hospital (Hospital Santa Maria) and serves as Assistant Professor of Ophthalmology at the Faculty of Medicine of Lisbon University, Portugal. He has authored or co-authored 50 indexed, peer-reviewed papers in Glaucoma. He is actively engaged in a number of scientific ophthalmological societies, including the European Glaucoma Society (EGS) and European Vision and Eye Research (EVER).

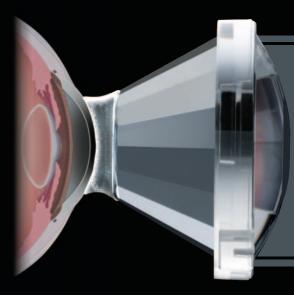
Assoc. Prof. Vikas Chopra, MD



Associate Professor, Ophthalmology
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Steward and Hildegard Warren Endowed Chair
Doheny Eye Institute
Principal Investigator, Doheny Image Reading Center
Medical Director, UCLA Doheny Eye Centers - Pasadena

60+ Peer-reviewed publications AAO Achievement Award Active Member: AAO, AGS, ABO

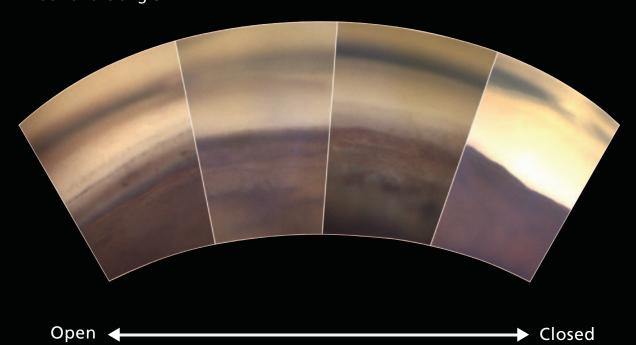
Introduction



The Gonioscope was developed to capture the entire 360 degrees of the angle using a unique 16 surface multi-mirrored prism lens. By optimizing the multimirror prism lens, a white LED is projected into the angle, simulating indirect static gonioscopy.

Captured images can be stitched together to provide a view of the entire angle to support angle assessment and clinical findings.

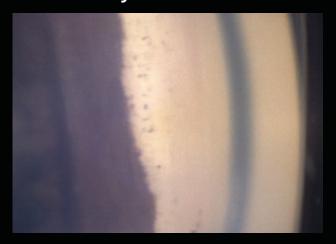
Width of the angle



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Clinical evaluation

Synechia*1



Closed angle
Trabecular meshwork is not visible.

Iris processes*2

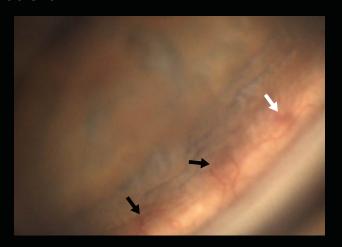


Comment
This is different from synechiae.

Neo-vessels*2



March 2018



August 2018

Comment

White arrows: same vessel in both pictures

Black arrows: increased neovascularization, indicating progressive disease

^{*1} Images courtesy of Prof. C. E. TRAVERSO, MD, Clinica Oculistica, Di.N.O.G.M.I., University of Genova - Ospedale Policlinico S. Martino, Italy

^{*2} Images courtesy of Assist. Prof. Luis Abegão Pinto, MD, PhD, University of Lisbon, Portugal

Angular recession*1



Comment
Cyclodialysis + Iridodialysis with sclera visible through cleft

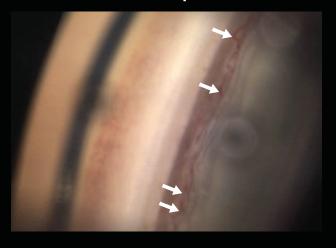
Angle closure*2



Comment

Minor gap between the full length synechia

Sea-serpent*2



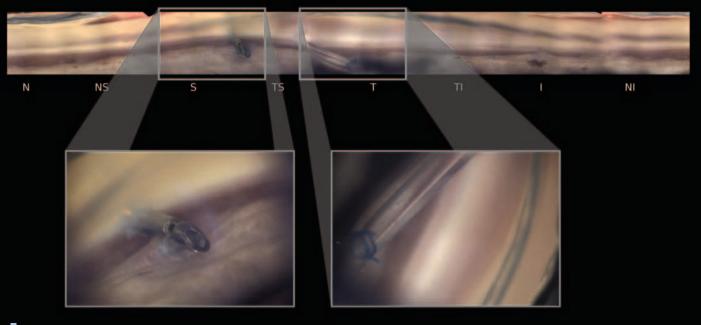
A physiological vessel circling the iris, not to be confused with neovascularization

^{*1} Images courtesy of Vikas Chopra, MD, Doheny Eye Institute, UCLA, USA

^{*2} Images courtesy of Assist. Prof. Luis Abegão Pinto, MD, PhD, University of Lisbon, Portugal

Surgical evaluation

Drainage system implantation*



Comment
Linear stitching and individual images

Trabeculectomy*2



Comment
Black arrow: Scleral window
White arrows: Iridectomy beneath
the scleral hole

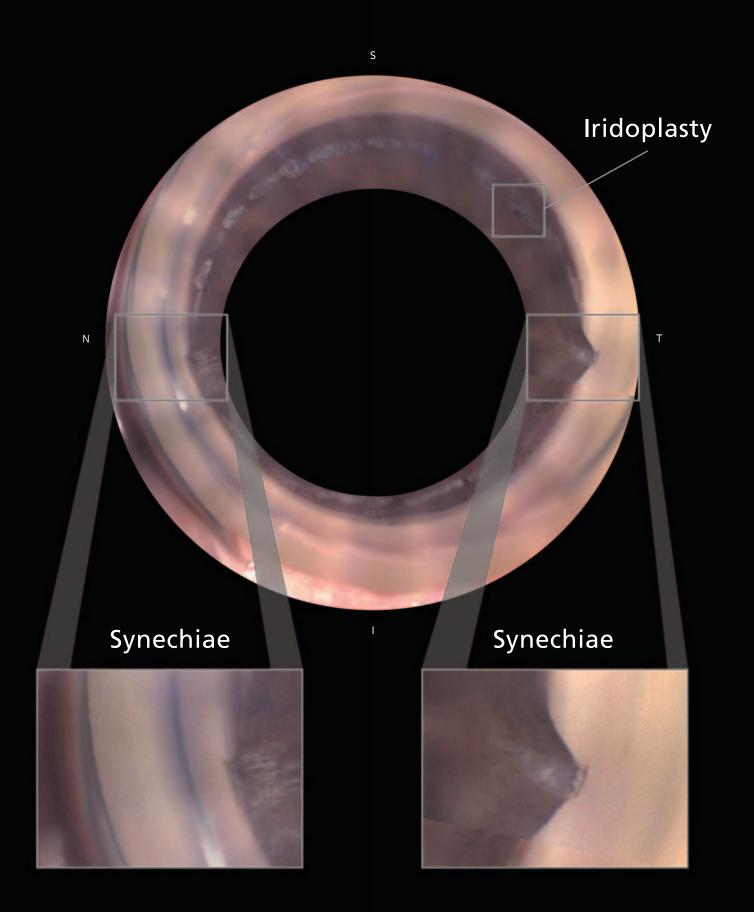
Post-vitreous surgery*2



Comment
Silicone oil covering the entire superior angle

^{*1} Images courtesy of Prof. C. E. TRAVERSO, MD, Clinica Oculistica, Di.N.O.G.M.I., University of Genova - Ospedale Policlinico S. Martino, Italy

^{*2} Images courtesy of Assist. Prof. Luis Abegão Pinto, MD, PhD, University of Lisbon, Portugal



Surgical evaluation

Phakic IOL implantation*



Comment

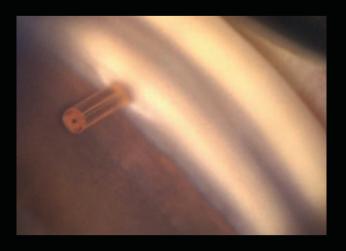
White arrow: Haptic of phakic IOL Black arrows: Epithelial ingrowth covering the angle

MIGS device 1*2



Comment Trabecular bypass microstent within Schlemm's canal

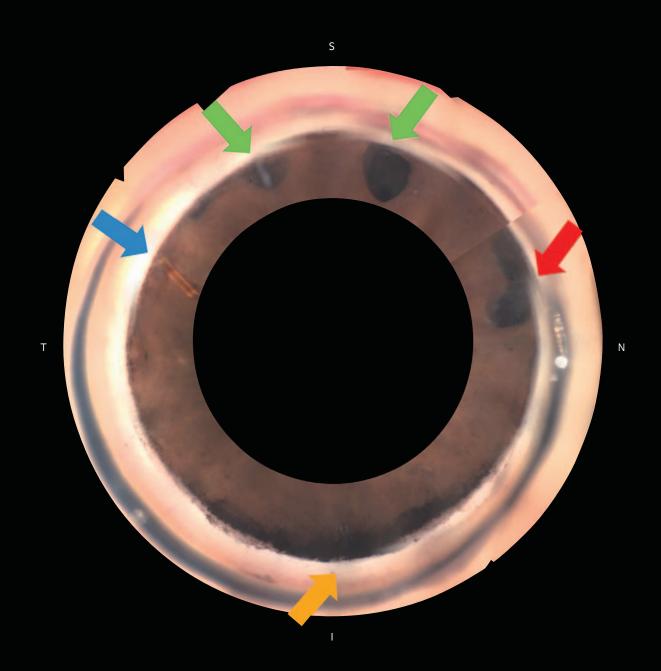
MIGS device 2^{*1}



Comment Focusing on the device

^{*1} Images courtesy of Assist. Prof. Luis Abegão Pinto, MD, PhD, University of Lisbon, Portugal

Clinical and surgical evaluation



Comment

Blue arrow: MIGS implant Green arrows: Trabeculectomy ostium Orange arrow: Pigment deposit inferiorly Red arrow: Iris torn from the root

Brochure and listed features of the device are intended for non-US practitioners.



More clinical information available online



