

For each attribute, assign the correct **RNFL** fiber type **Magnocellular (M)**, **Parvocellular (P)**, **Koniocellular (K)** 

# **But first:**

What does RNFL stand for?



For each attribute, assign the correc **RNFL** fiber type **Magnocellular (M), Parvocellular (P)**, Koniocellular (K)

# 3

## **But first:**

What does RNFL stand for? Retinal nerve fiber layer

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What type of cells gives rise to the retinal nerve fibers?



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What does RNFL stand for? Retinal nerve fiber layer

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What portion of the ganglion cell constitutes the 'fibers' in RNFL?



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What type of cells gives rise to the retinal nerve fibers? Ganglion cells

What portion of the ganglion cell constitutes the 'fibers' in RNFL? The axon



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Ganglion cells synapse primarily with what type of retinal cell?



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Where do the ganglion cells synapse next?





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Where do the ganglion cells synapse next? Most do so at the three words



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Where do the ganglion cells synapse next? Most do so at the lateral geniculate nucleus (LGN)





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Where do the ganglion cells synapse next?Most do so at the lateral geniculate nucleus (LGN) ; most of the restare involved in thethree wordstwo wordslocated in thetwo wordstwo diff words



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Ganglion-cell axons

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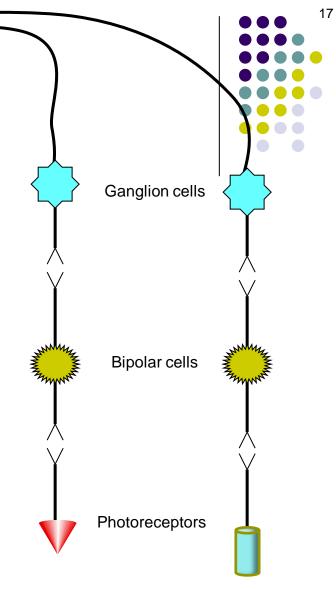
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To CNS

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The *photoreceptors*, *bipolar* and *ganglion cells* comprise what is known as the **vertical retinal pathway**. This pathway is vertical in the sense that it is the direct path from photic stimulation to the CNS.

Motion sensitive:

start here



At last: For each attribute, identify the RNFL fiber type to which it applies



Motion sensitive: M

Α



- Motion sensitive: M
- Small VF:

Q



- Motion sensitive: M
- Small VF: P

Α



- Motion sensitive: M
- Small VF: P

Q

• 80-90% of fibers:



- Motion sensitive: M
- Small VF: P

Α

80-90% of fibers: P



- Motion sensitive: M
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Q

- 80-90% of fibers: P
- ~10% of fibers:



- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both M and K



- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
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- Motion sensitive: M
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- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light:



- Motion sensitive: M
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- Sensitive in dim light: M



- Motion sensitive: M
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- 80-90% of fibers: P
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- Sensitive in dim light: M
- 'Fine detail' fibers:



- Motion sensitive: M
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- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF:



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- Small VF: P
- 80-90% of fibers: P
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- Highly redundant, much overlap of VF: P
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- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of *FDT testing* to detect early glaucoma:



- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M



# Q

#### For each attribute, assign the correct RNFL fiber type Magnocellular (M), Parvocellular (P), Koniocellular (K)

- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of (FDT) testing to detect early glaucoma: M

What does FDT stand for in this context?



#### For each attribute, assign the correct RNFL fiber type Magnocellular (M), Parvocellular (P), Koniocellular (K)

- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of (FDT) testing to detect early glaucoma: M

What does FDT stand for in this context? Frequency-doubling technology



- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive:



## A

- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
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- Highly redundant, much overlap of VF: P
- Largest diameter: M
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- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P



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- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma:



### A

- Motion sensitive: M
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- 80-90% of fibers: P
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- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma: K



# Q

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- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
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- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P
- Basis of (SWAP) esting to detect early glaucoma: K

What does SWAP stand for in this context?



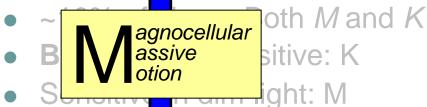
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- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
- Largest diameter: M
- Smallest diameter: K
- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P
- Basis of **SWAP** esting to detect early glaucoma: K

What does SWAP stand for in this context? Short-wavelength automated perimetry



- Motion sensitive: M
- Small V
- 80-90% fibers: P



- 'Fine det l' fibers: P
- Highly roundant, much overlap of VF: P
- Largest diameter: M
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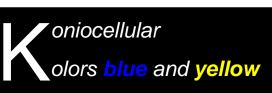


- Motion sensitive: M
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- Blue/yellow sensitive: K
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- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P
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- Basis of *FDT testing* to detect early glaucoma: M
- Mainly red/green sensitive: P
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- Basis of SWAP testing to detect early glaucoma: K









Why do we need special tests to detect early glaucoma? Why doesn't SAP pick up early glaucoma? (And what does SAP stand for anyway?)

- Basis of FDT testing to detect early glaucoma: M
- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma: K

#### For each attribute, assign the correct RNFL fiber type Magnocellular (M), Parvocellular (P), Koniocellular (K)

52

Why do we need special tests to detect early glaucoma? Why doesn't SAP pick up early glaucoma? (And what does SAP stand for anyway?) SAP is standard automated (or achromatic) perimetry. This is the typical Humphrey or Octopus visual field: The stimulus is white, and is presented against a white background (thus SAP is sometimes referred to as *white-on-white* or *WOW* visual field testing). The primary RNFL subpopulation involved in WOW visual field responses are the *P* cells. As noted previously, *P* cells have overlapping visual fields, and therefore they 'cover' for one another when one dies. As a result, a significant proportion of the *P* cell population—perhaps as high as 50%--must die before VF defects will be picked up by SAP. Obviously, it is suboptimal that so many cells have to die before VF evidence of glaucoma is found.

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On the other hand, *M* cells and *K* cells have minimal VF overlap. Thus, VF technologies that are preferentially sensitive to loss of these subpopulations have the potential to detect glaucomatous VF loss at a much earlier stage—a definite boon to glaucoma diagnosis.

- Basis of FDT testing to detect early glaucoma(M)
- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucomatic K

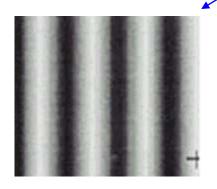
<u>Frequency doubling technology</u> is unfamiliar to many ophthalmologists, but it's an easy and convenient screening technology for visual field loss. It is based on an optical illusion in which a sinusoidal grating—ie, an image composed of black and white stripes—is flashed on a screen, followed by a second image in which the locations of the dark and white stripes are reversed. These two images are alternated over and over. At relatively slow alteration speeds, an observer sees what you would expect—they simply see the light and dark areas reversing position over and over. However, as the alteration speed is increased, there comes a point where the observer reports that the number of stripes s/he sees has *doubled*. This is the 'frequency doubling phenomenon.'

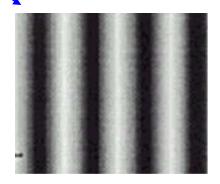
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No question—proceed when ready

Rapid (~20Hz) alternating between these...

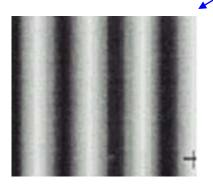


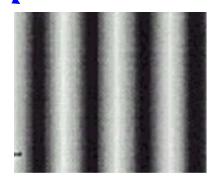


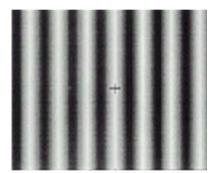


Frequency-doubling technology

Rapid (~20Hz) alternating between these...







... yields this visual experience

Frequency-doubling technology



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### Basis of FDT testing to detect early glaucoma: M

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FDT has several advantages over standard automated perimetry, including being relatively unaffected by the test-taker's refractive error, or by the presence of cataracts.

### Basis of FDT testing to detect early glaucoma: M

- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma: K

- Motion sensitive: M
- Small VF: P
- 80-90% of fibers: P
- ~10% of fibers: Both *M* and *K*
- Blue/yellow sensitive: K
- Sensitive in dim light: M
- 'Fine detail' fibers: P
- Highly redundant, much overlap of VF: P

To preferentially activate the koniocellular fibers, <u>short-wavelength automated perimetry</u> employs a blue stimulus (recall that blue light has a short wavelength—hence the name) against a yellow background.

- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma: K



- Motion sensitive: M
- Small VF: P
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- Mainly red/green sensitive: P
- Basis of SWAP testing to detect early glaucoma: K

