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The neurosensory retina contains three classes of cells:

--Neurons

--Glial

--Vascular



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The neurosensory retina contains three classes of cells: **There are five types of neural elements:**

- --Neurons:
- ----Photoreceptors (PRs)
- ----Bipolar cells
- ----Ganglion cells
- ----Amacrine cells
- ----Horizontal cells

--Glial



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- ----Müeller cells
- ----Astrocytes
- ----Microglia
- --Vascular



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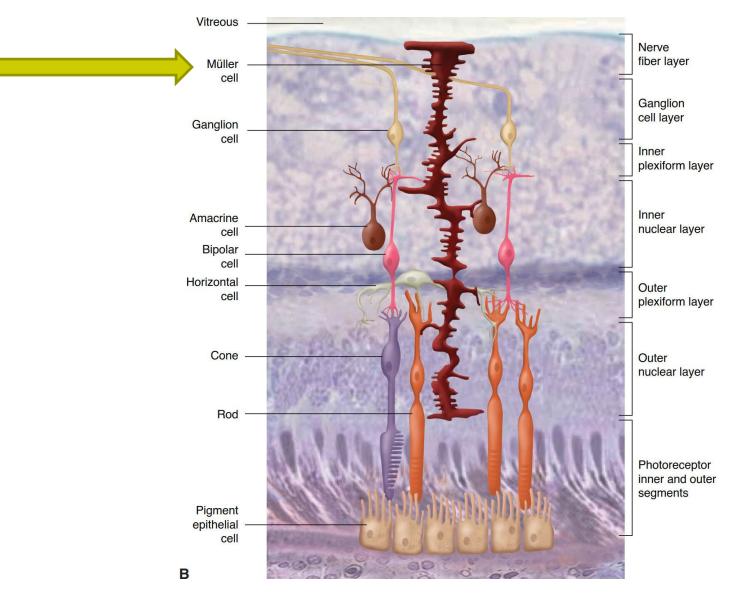
----Müeller cells

----Astrocytes ----Microglia

--Vascular

One of the glial cells is of particular note—**Müeller cells**. These large cells extend the breadth of the neurosensory retina, and their foot-processes form the **internal limiting membrane** of the retina.







Müeller cells

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- ----Pericytes

The amacrine cells and horizontal cells are **interneurons** connecting other neural elements.



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- ----Astrocytes
- ----Microglia
- --Vascular:
- ----Endothelial cells
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The amacrine cells and horizontal cells are **interneurons** connecting other neural elements. The horizontal cells interconnect PRs with one another; the amacrine cells interconnect bipolar cells, and ganglion cells.



What is the difference between the retina and the **neurosensory** retina? While often used interchangeably (including, on occasion, in this slide-set), these are technically not synonyms. The term *neurosensory retina* refers to

Noting that amacrine and horizontal cells are interconnectors dovetails nicely with a fundamental way you should think about the neural elements of the neurosensory retina. Specifically, all of the neural elements can be conceptualized as belonging to one of two pathways:

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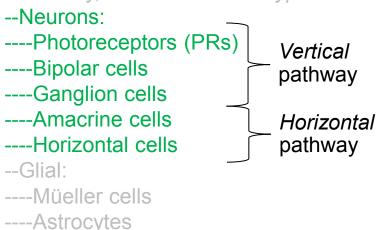


11

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- --The vertical pathway comprised of (in order) the PRs, bipolar cells, and ganglion cells; and
- --the horizontal pathway comprised of amacrine and horizontal cells

And lastly, two vascular cell types:



- ----Microglia
- --Vascular:
- ----Endothelial cells
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Vertical

pathway

Horizontal

pathway

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--Vascular:

----Endothelial cells

----Pericytes

What does it mean to say the vertical pathway is, well, vertical? It means that this is the direct path that neural impulses take in getting out of the eye and to the visual cortex.

13

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Vertical pathway

Horizontal pathway

In contrast, the horizontal pathway conducts impulses from one area of the retina to another.

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The neurosensory retina contains three classes of cells: There are five types of neural elements: Three types of glial cells:

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----Photoreceptors (PRs)

Let's drill down on the PRs. Their fundamental role is to convert light energy into electrical (neural) impulses, ie, they are the site at which phototransduction occurs. There are two basic PR types: Rods and cones, each named for the shape of their outer segments (we'll explain what an outer seg is shortly). In the average human retina there are 100-125M rods, and 6-7M cones.



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Rods and cones differ in many ways, but the most fundamental is that cones provide color vision, whereas rods provide monochromatic vision. There are three types of cones; they differ in terms of the wavelength of light to which they are most responsive: Short wavelength (S cones), medium (M cones), and long (L cones).

-----Endothelial cells -----Pericytes



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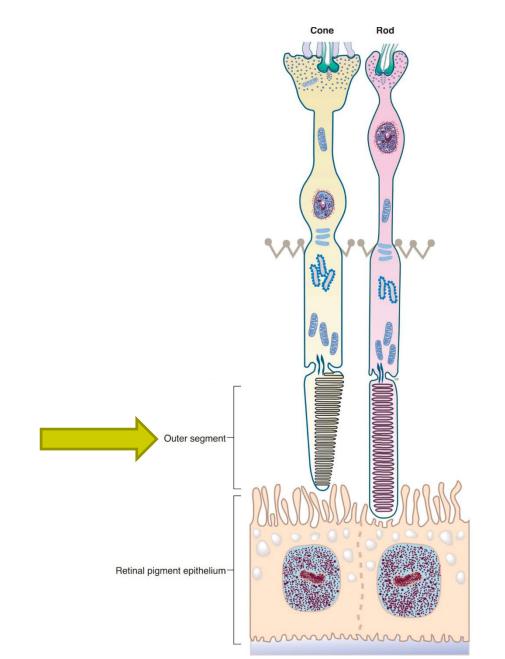
----Photoreceptors (PRs)

----Rinolar cells

Let's talk PR morphology. PRs have several portions, one being the **outer segment** (*outer* means 'closer to the eye wall'). As mentioned, the outer segs of rods and cones are rod-shaped and conical, respectively.







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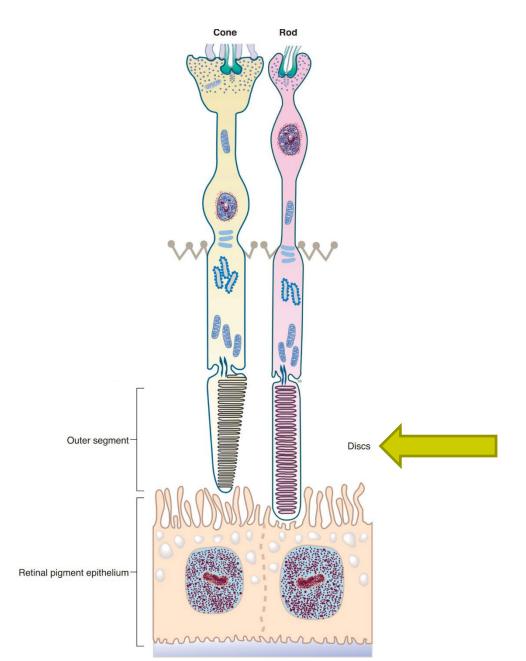
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The dominant morphologic feature of a PR outer seg are its **discs**. The disc membranes contain the protein **rhodopsin**, which is the substance that reacts to the incoming light and kicks off the process of phototransduction. After a disc's phototransduction ability is spent, it is 'shed' by the PR, and gobbled up by adjacent RPE cells.







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----Pericytes

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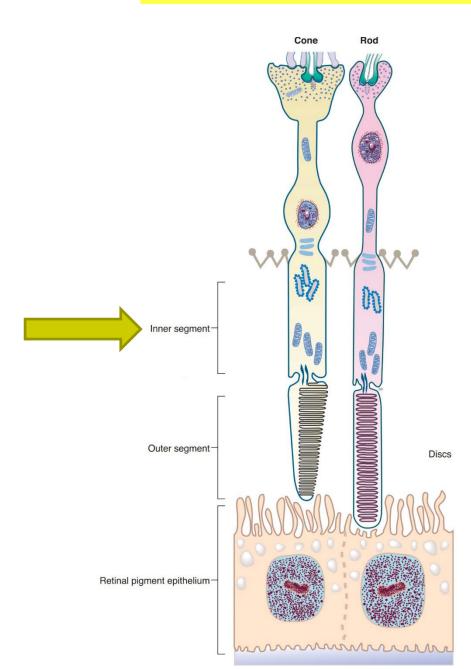
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Next to the outer segment is, perhaps not surprisingly, the **inner segment**.

---**Vascular**: -----Endothelial cells -----Pericytes







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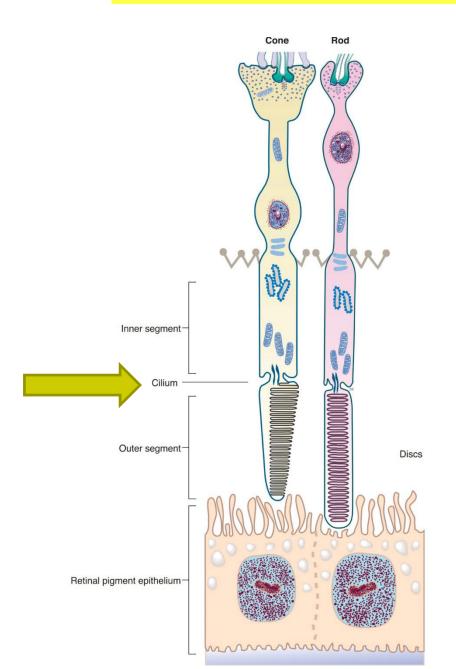


--Vascular:

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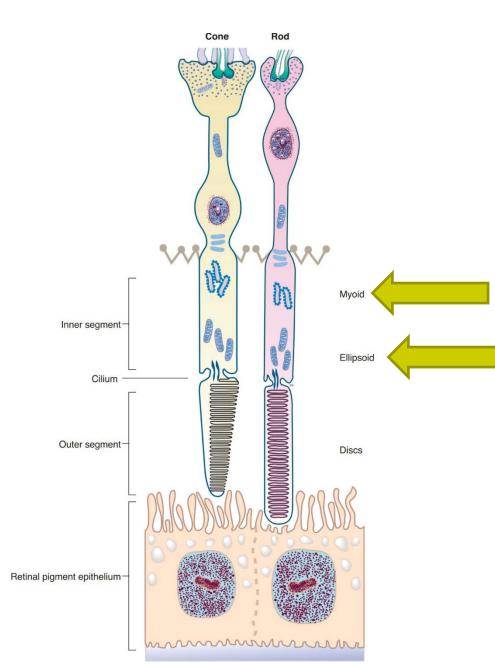
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The inner segment has two subsections—an **ellipsoid** immediately adjacent to the cilium, then a **myoid**. Each area is known for its contents, with the ellipsoid being chock full of mitochondria, and the myoid full of glycogen.

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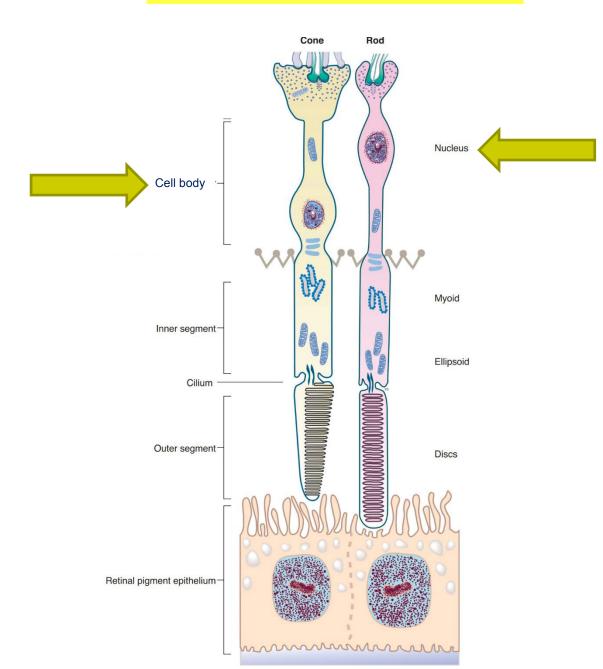
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Continuing on...The portion of the PR next to the inner segment is the **cell body**, which houses the cell's **nucleus**.



---LIUUIIEIIAI CEIIS







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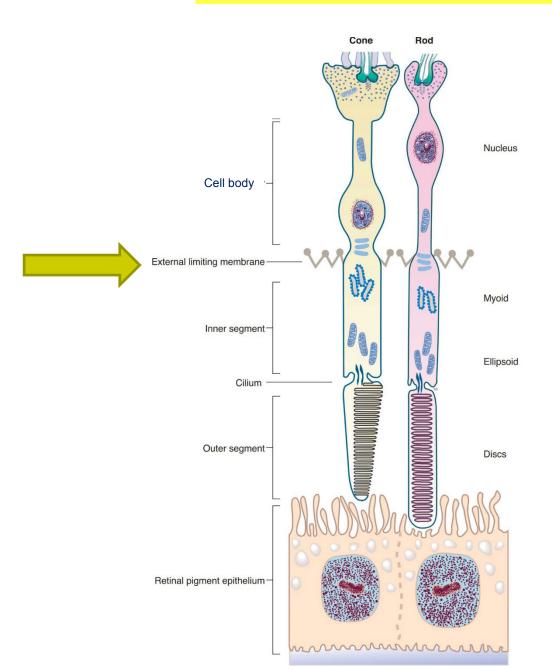
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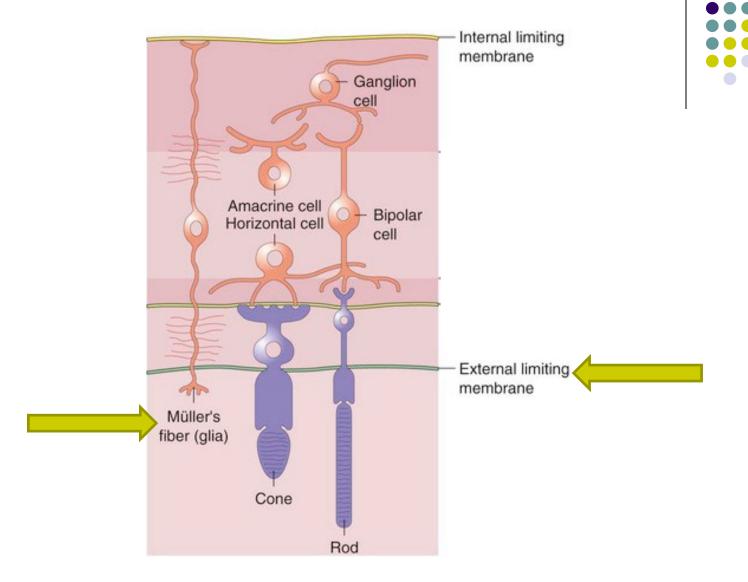
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While not a part of the PRs per se, they (the PRs) contribute to an important retinal structure located at the juncture of the inner segment and cell body—the **external limiting membrane** (ELM). The ELM is not an actual membrane, rather, it is a barrier created by connections between Mueller cells and PRs.









ELM, Müeller cells and PRs

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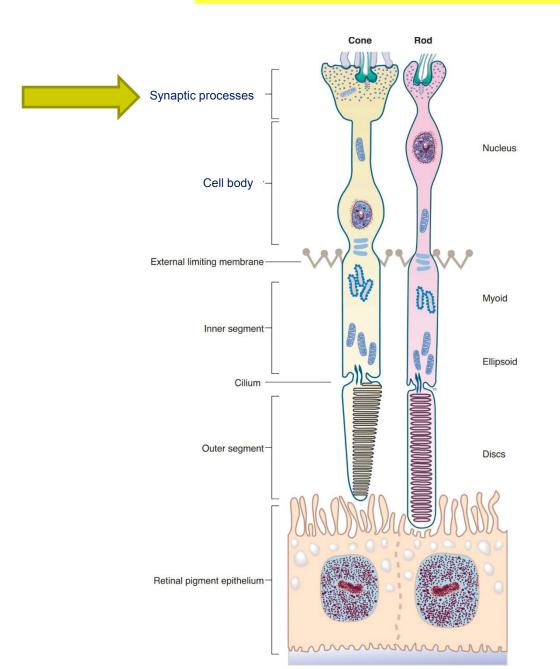
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After the cell body, the final portion of the PR is an axon-like fiber terminating in the PR's synaptic processes.

----LIIUUIIIEIIAI CEIIS







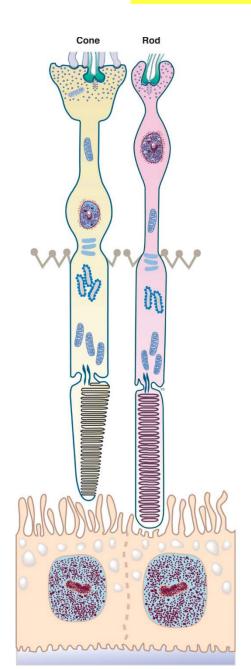




Next we will look at the layers of the neurosensory retina. But before we do, let's make sure you're on fleek* regarding the critical aspects of retinal histology we've seen thus far.



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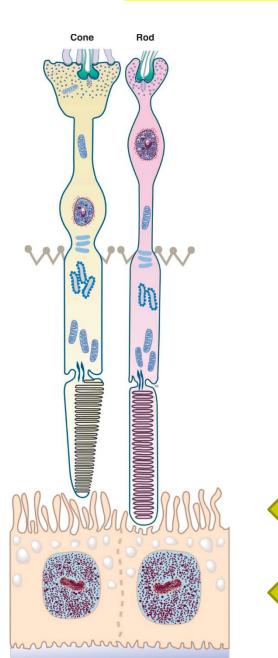




Working out →in: The first structure to be particularly aware of is...



RPE/Bruch's membrane complex





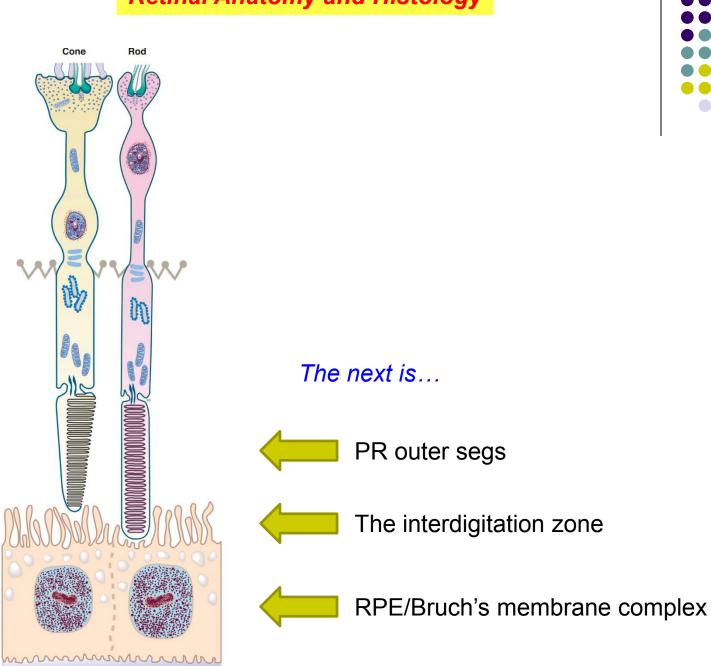
The next is...



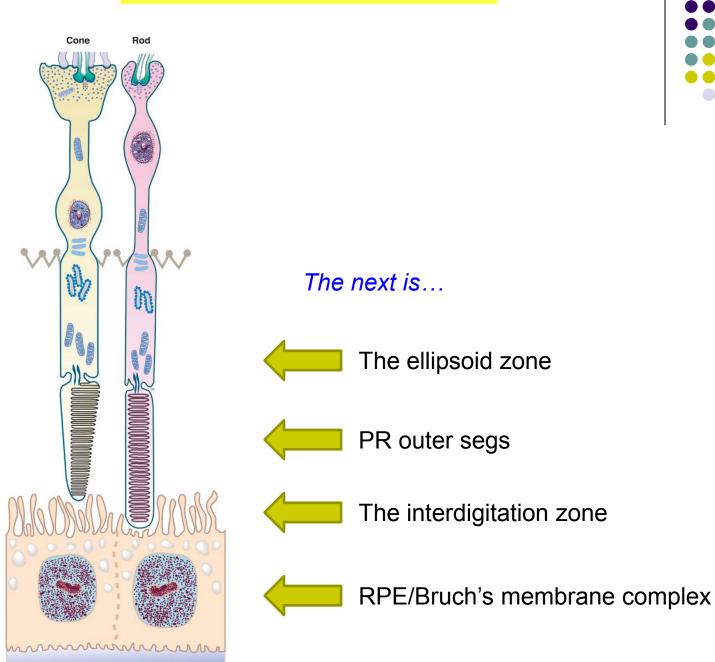
The interdigitation zone

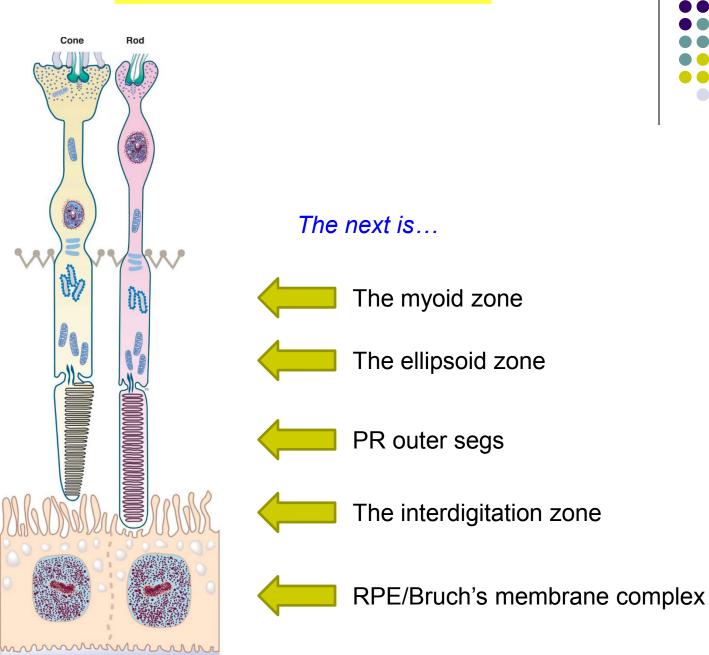


RPE/Bruch's membrane complex



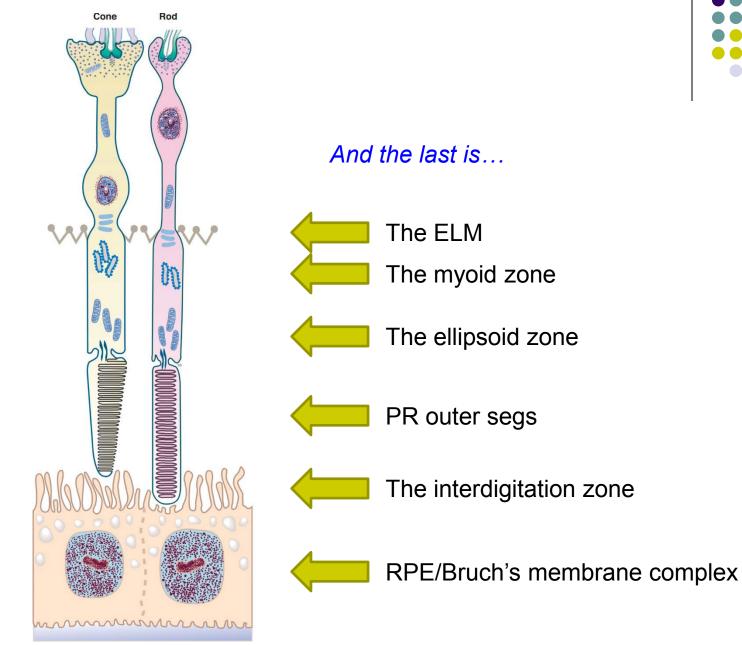


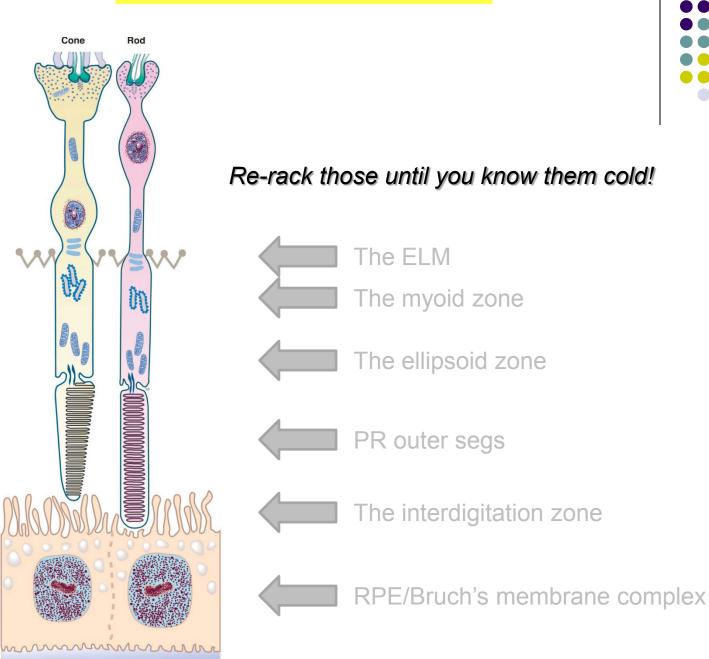














Now we're ready to review the layers of the retina

• Neurosensory Retina Layers

- Internal limiting membrane
- Nerve fiber layer
- Ganglion cell layer
- Inner plexiform layer
- Inner nuclear layer
- Outer plexiform layer
- Outer nuclear layer
- External limiting membrane
- Rod & cone inner and outer segments
- RPE
- Bruch's membrane

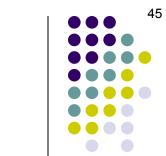
Here they are, but don't try to memorize them at this point instead, let's work through them.



Neurosensory Retina Layers

- Internal limiting membrane
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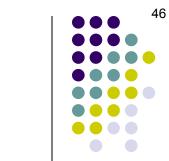
These three layers consist of **fibers**, ie, axons and/or dendrites. (A *plexus* is an interlaced group of fibers.)



Neurosensory Retina Layers

- Internal limiting membrane
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In contrast, these layers composed of the **cell bodies** that give rise to the axons and/or dendrites of the other layers.

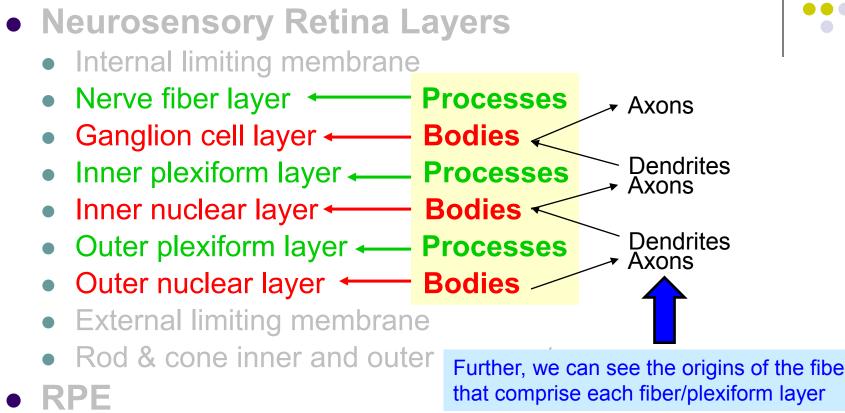


- Neurosensory Retina Layers
 - Internal limiting membrane
 - Nerve fiber layer **Processes**
 - Ganglion cell layer Bodies
 - Inner plexiform layer Processes
 - Inner nuclear layer Bodies
 - Outer plexiform layer Processes
 - Outer nuclear layer Bodies
 - External limiting membrane

- RPE
- Bruch's membrane

Note that this section of the retina consists of alternating layers of cell processes and cell bodies. This pattern can help you remember which layer is next to which!

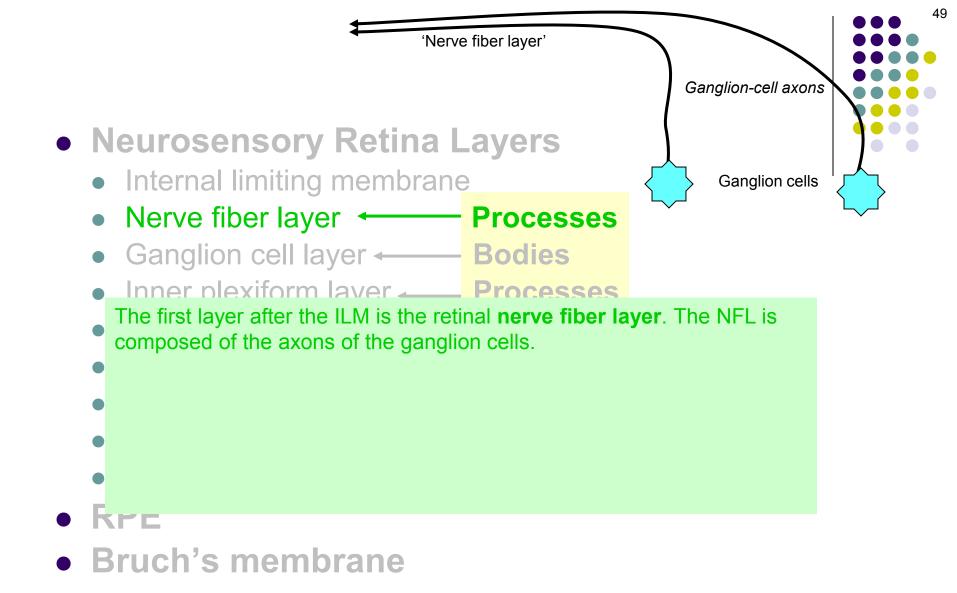


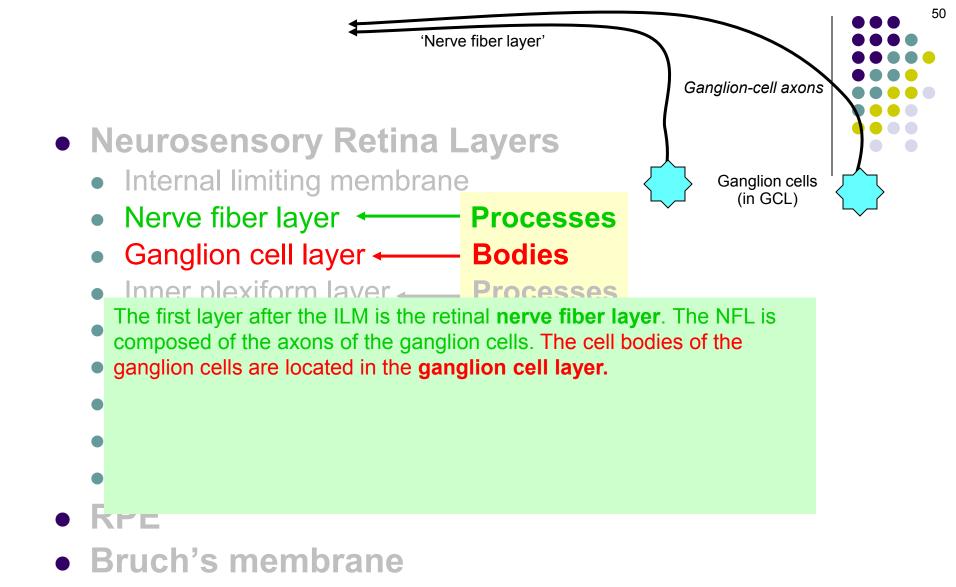


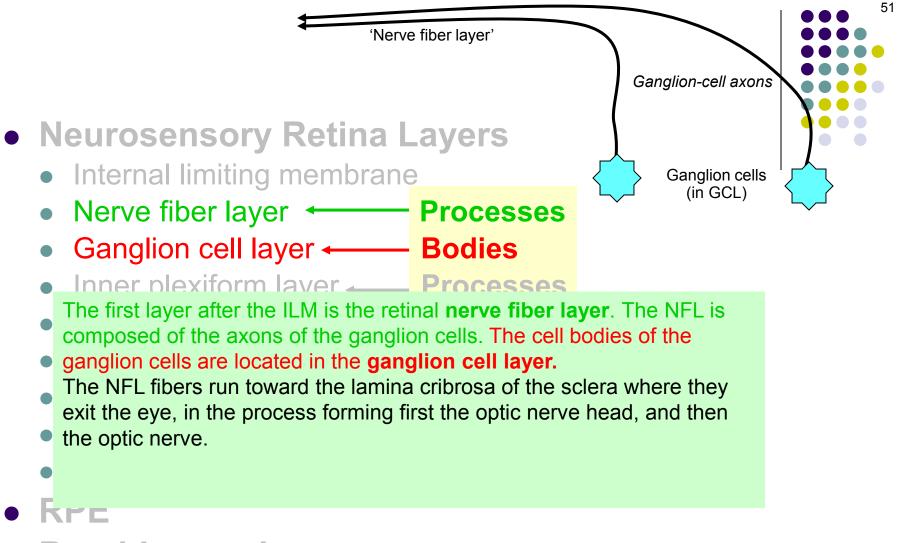
Bruch's membrane

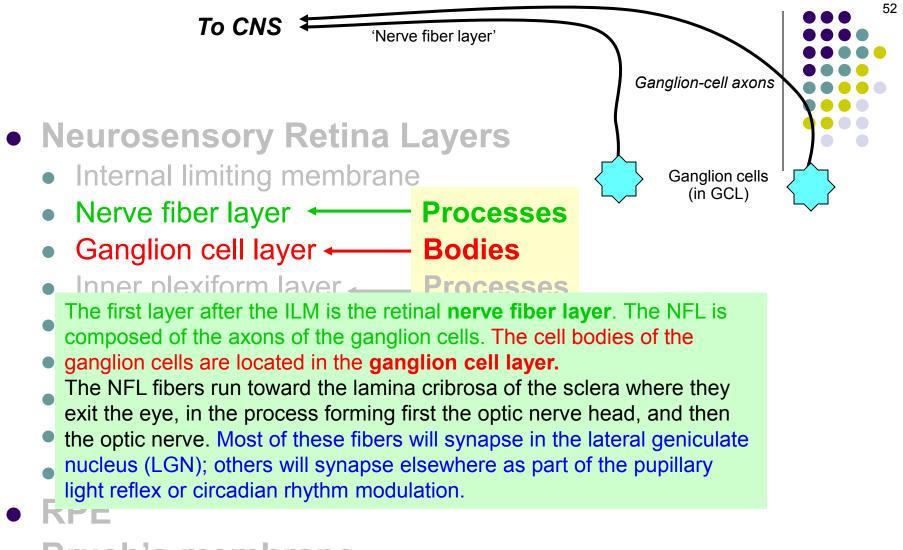
Further, we can see the origins of the fibers

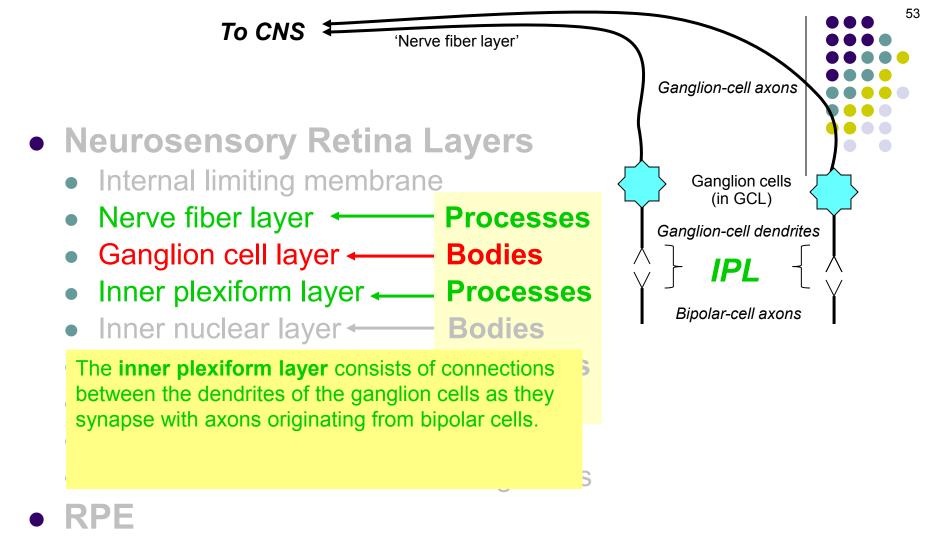


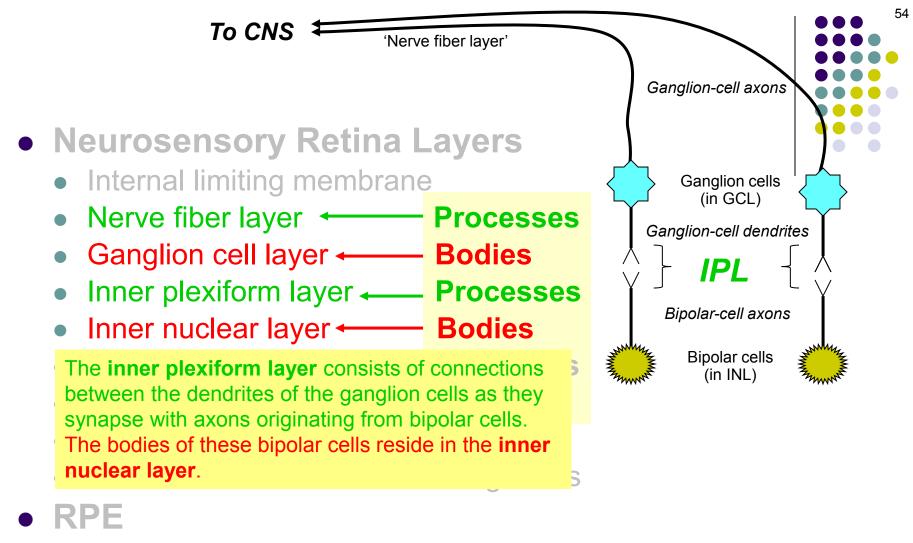


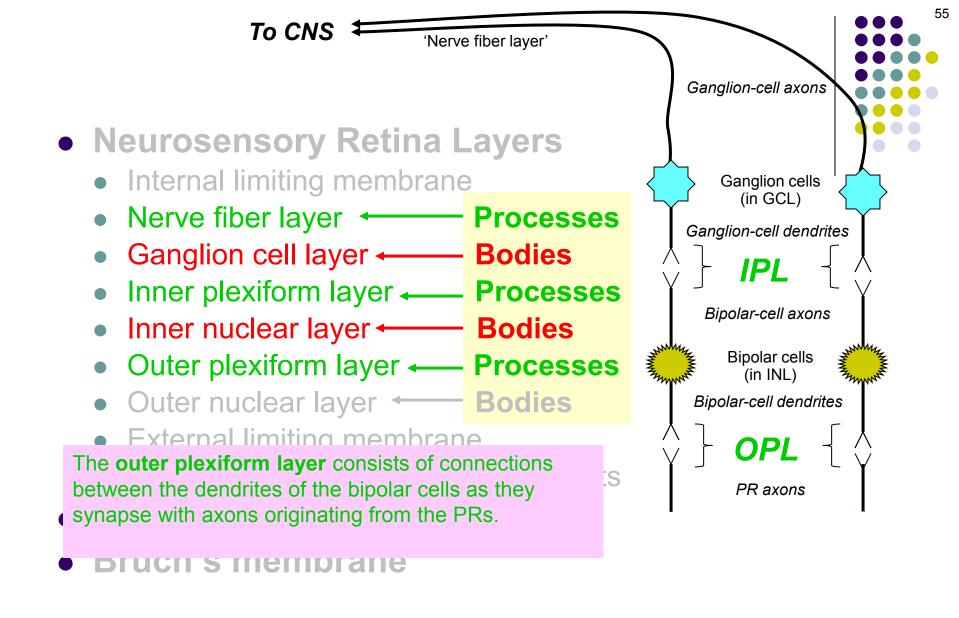


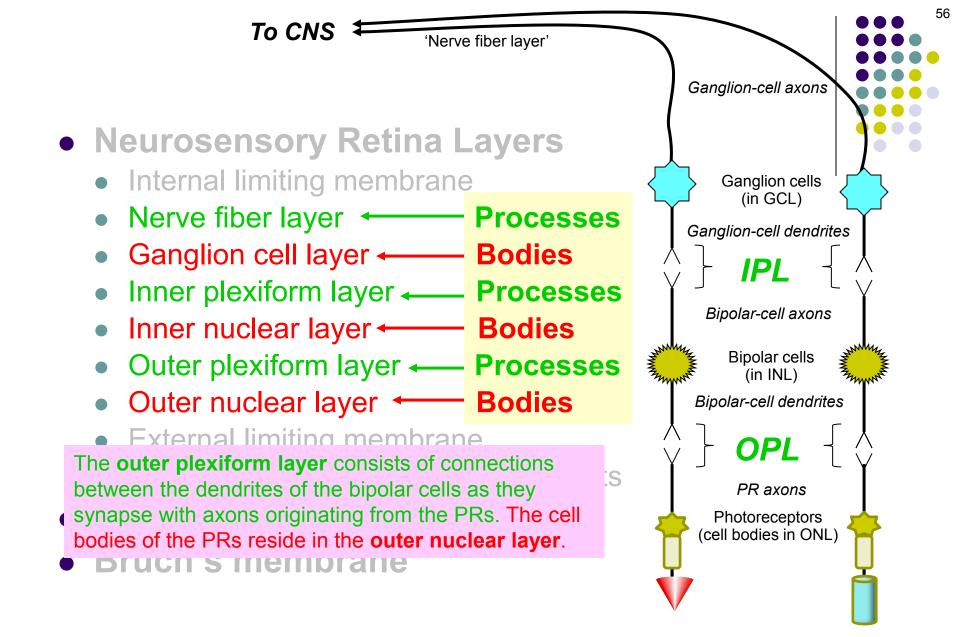


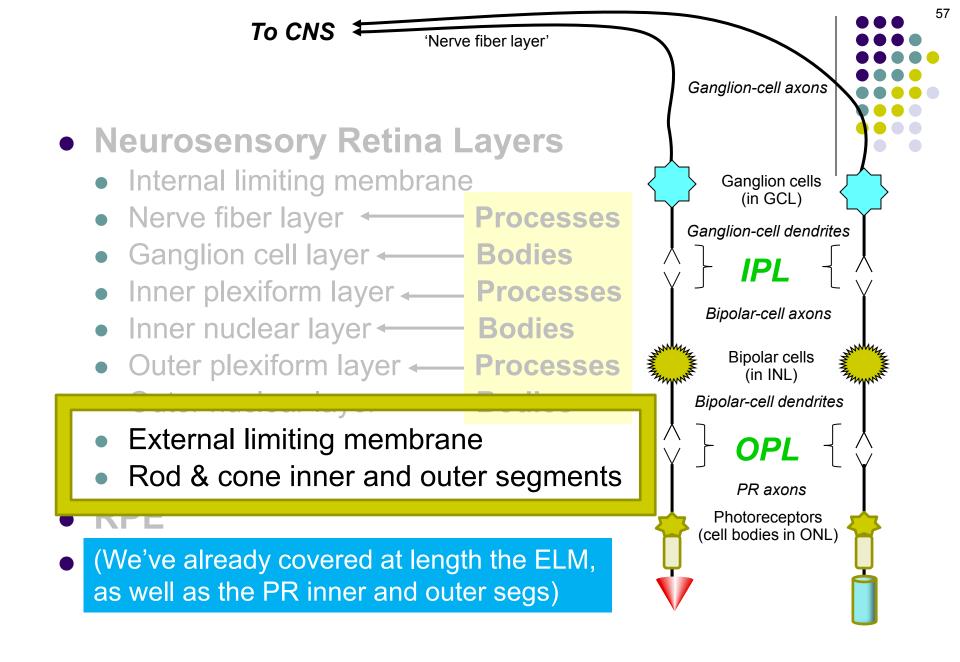


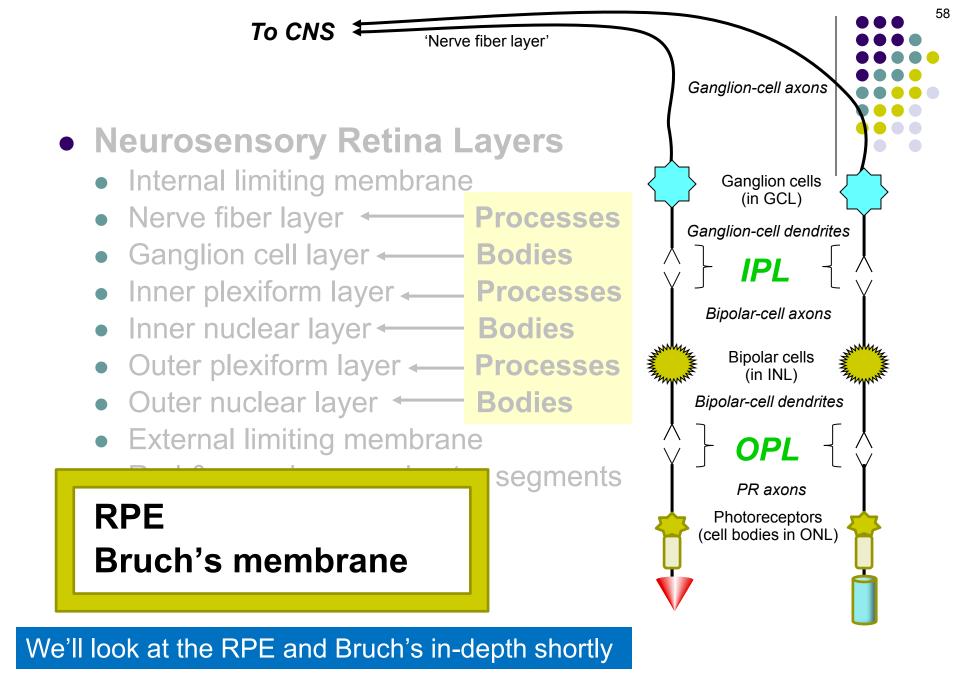


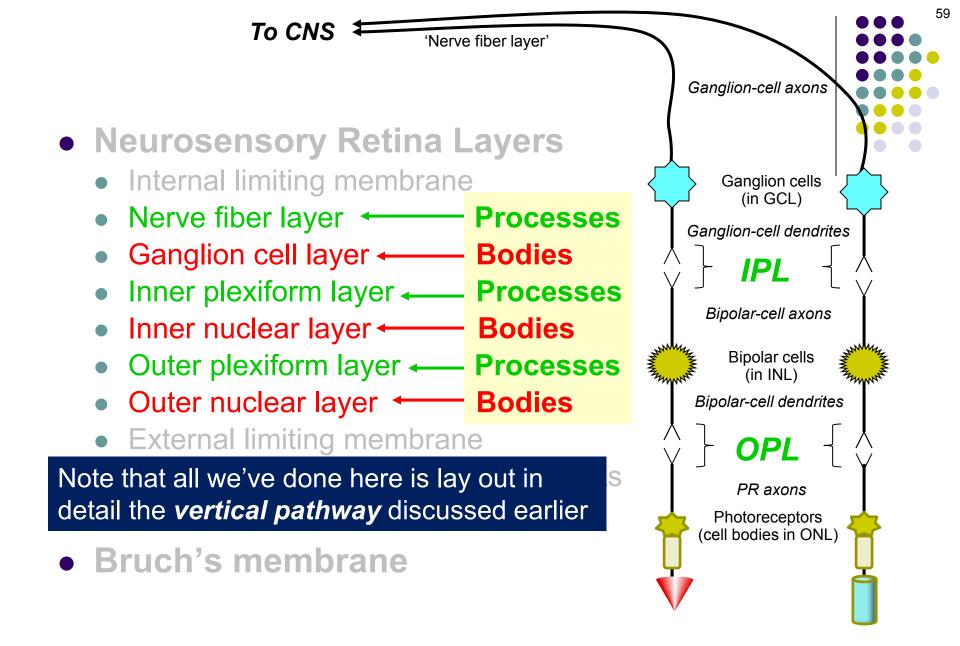












• Neurosensory Retina Layers

- Internal limiting membrane
- Nerve fiber layer
- Ganglion cell layer
- Inner plexiform layer
- Inner nuclear layer

• Outer plexiform layer = Henle's layer

Important aside: The outer plexiform layer is often referred to by an eponym: **Henle's layer**.

• RPE



• Neurosensory Retina Layers

- Internal limiting membrane
- Nerve fiber layer
- Ganglion cell layer
- Inner plexiform layer
- Inner nuclear layer

• Outer plexiform layer = Henle's layer (sort of)

Important aside: The outer plexiform layer is often referred to by an eponym: Henle's layer. However, as we will see when we correlate retinal anatomy with OCT imaging later in the slide-set, these terms are in fact not synonyms.

• RPE

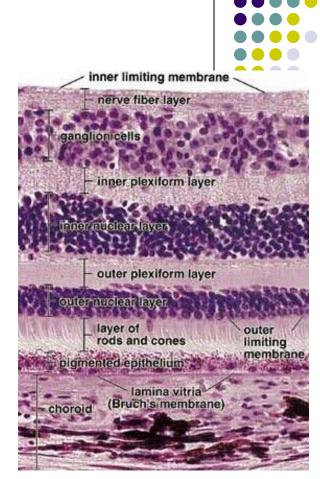


Neurosensory Retina Layers

- Internal limiting membrane
- Nerve fiber layer
- Ganglion cell layer
- Inner plexiform layer
- Inner nuclear layer
- Outer plexiform layer
- Outer nuclear layer
- External limiting membrane
- Rod & cone inner and outer segments
- RPE
- Bruch's membrane

Review slide—no questions

Retinal Anatomy and Histology



62



macula



Now that we're familiar with the histology of the retina, we're ready to tackle the topography of the *macula*



• We define the term macula...

…anatomically

as well as both

• ...histologically

and of course

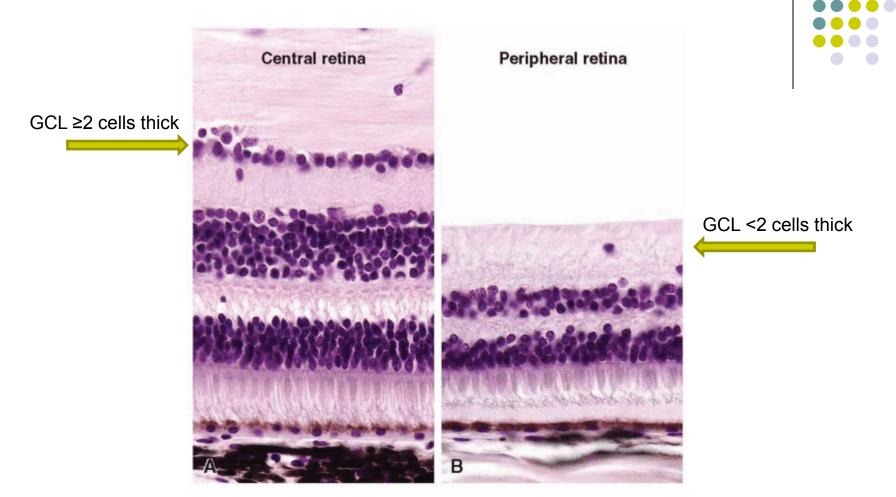
• ...clinically



- We define the term macula...
 - …anatomically, it is the retinal area in which the ganglion-cell layer is ≥ 2 cells thick
 - ...histologically

• ...clinically

The latest iteration of the *Retina* book refers to this pigment as "oxygenated carotenoids, in particular lutein and zeaxanthin"



Changes in retinal thickness. Two sections through the central (A) and peripheral (B) regions of the retina, aligned at the retinal pigment epithelium. The peripheral retina is thinner and has only rare cell nuclei in the ganglion cell layer (the uppermost layer of nuclei).

67

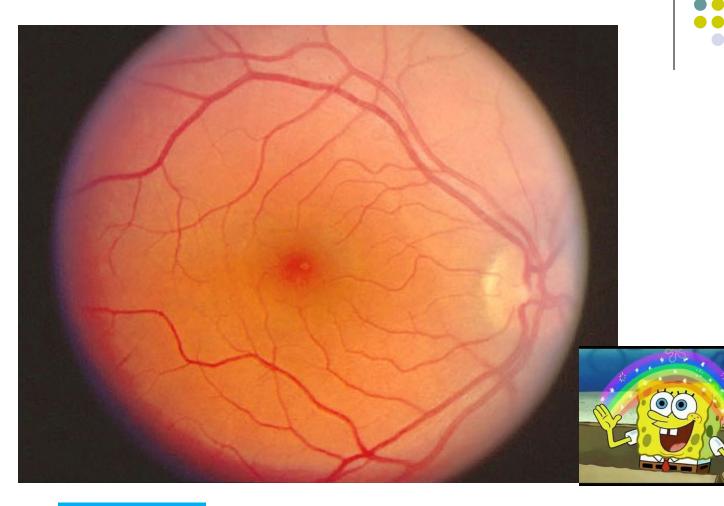


- We define the term macula...
 - …anatomically, it is the retinal area in which the ganglion-cell layer is ≥ 2 cells thick
 - ...histologically, it is the retinal area containing xanthophyll pigment
 - ...clinically



- We define the term *macula...*
 - …anatomically, it is the retinal area in which the ganglion-cell layer is ≥ 2 cells thick
 - ...histologically, it is the retinal area containing xanthophyll pigment Xanthophyll gives the macula a slight
 - ...clinically

Xanthophyll gives the macula a slight yellowish hue (hence the 'full' name of the macula being the macula lutea)

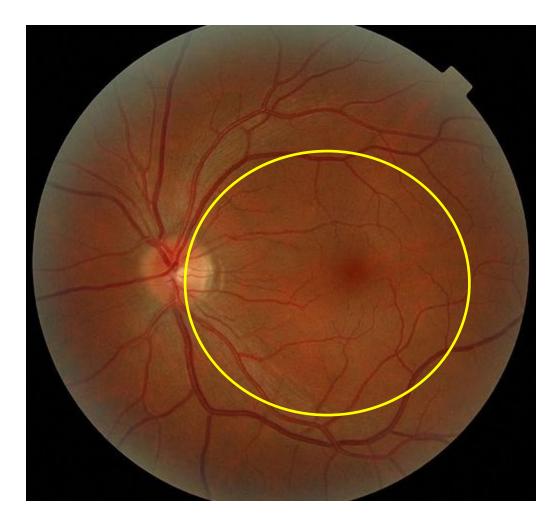


Macula lutea If you use your imagination, you can sort of see that the macula has a yellow tint



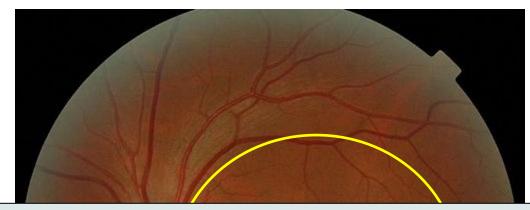


- We define the term *macula...*
 - …anatomically, it is the retinal area in which the ganglion-cell layer is ≥ 2 cells thick
 - ...histologically, it is the retinal area containing xanthophyll pigment
 - ...clinically, it is the retinal area bounded by the temporal vascular arcades



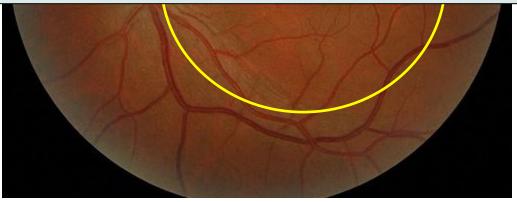


The clinical macula





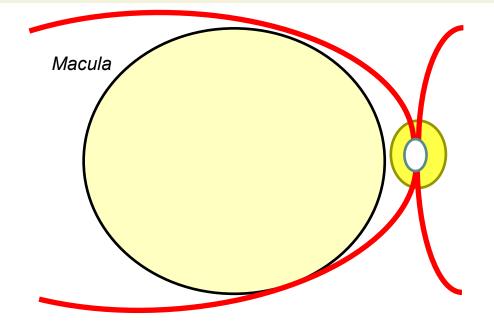
Speaking of the clinical macula...Let's look in some detail at its topography



The clinical macula



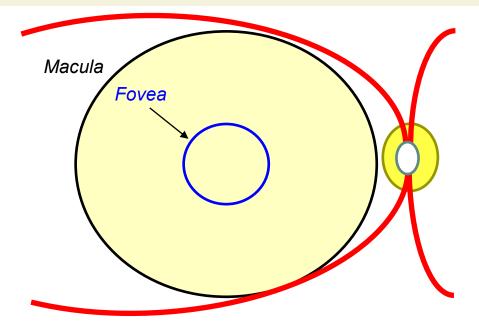
As said previously, the *macula* is defined clinically as the area bounded by the temporal arcades. It has a diameter of 5.5 to 6 mm or so.





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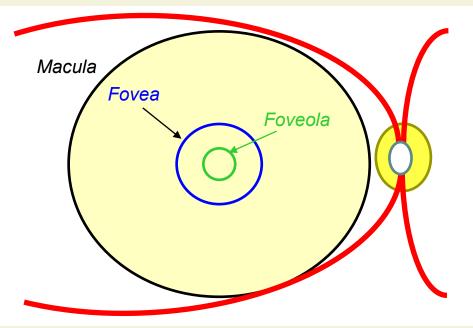
The macula is organized around the *fovea*. The fovea is the central ~1.5 mm of the macula about the size of an ONH. Its outer edge is the location at which the foveal depression starts. It contains mostly (but not exclusively) cones.



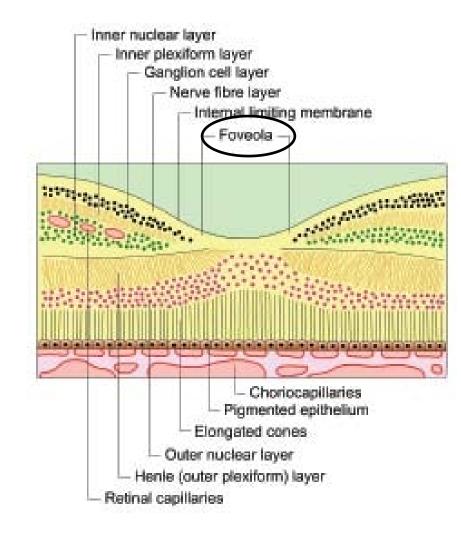


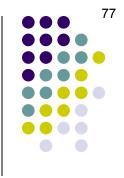
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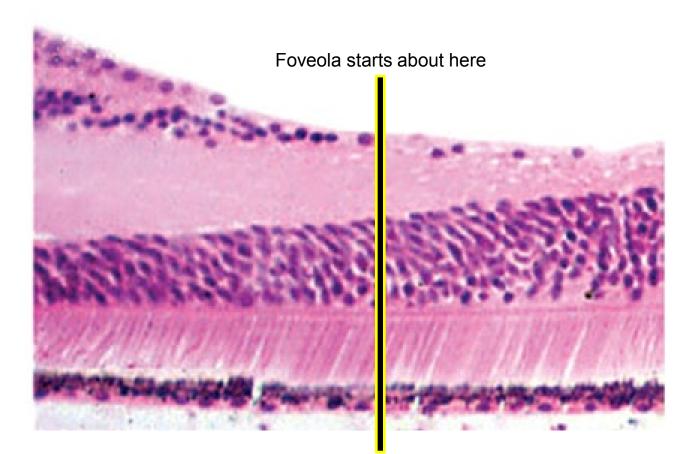
The 'floor' of the fovea is the *foveola*, an area ~0.35 mm in diameter—about the size of a small optic-disc cup. The foveola contains only cones and a few glial cells; the rest of the retinal layers were left behind along the walls of the fovea.





Foveola

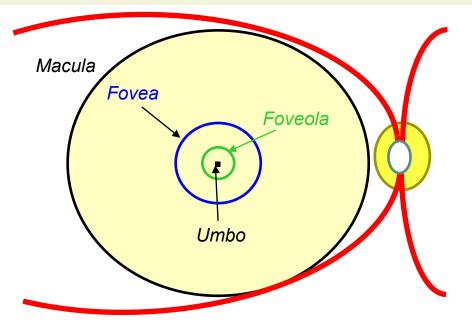






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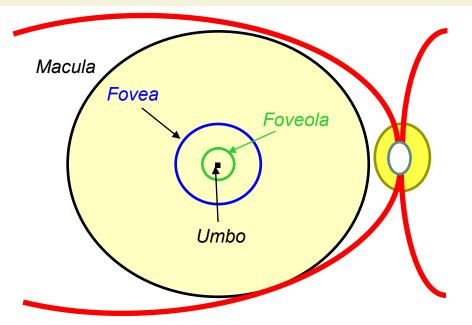


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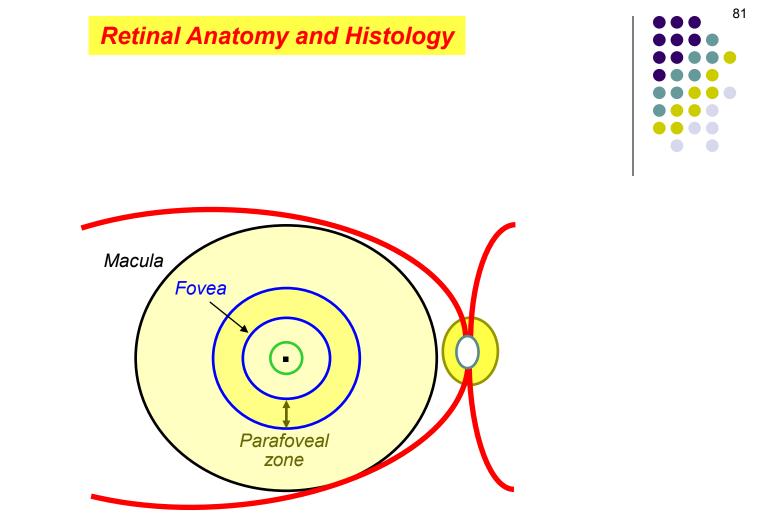


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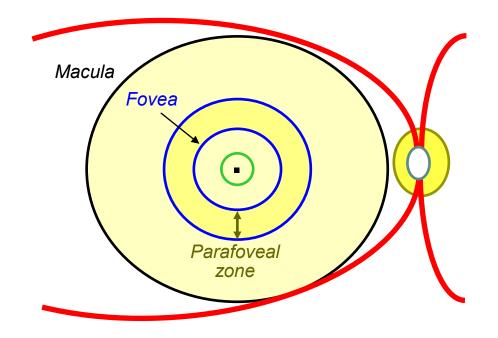
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The *parafoveal zone* is the donut-shaped area about 0.5 mm in width that surrounds the fovea. (The inner edge of the donut = the outer edge of the fovea.).

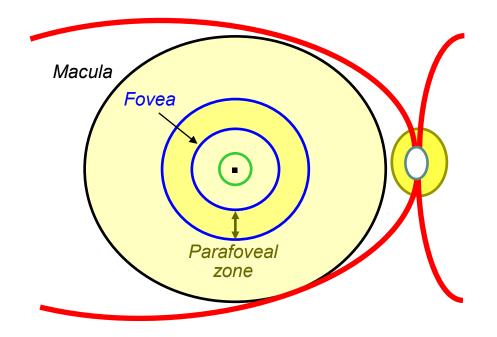


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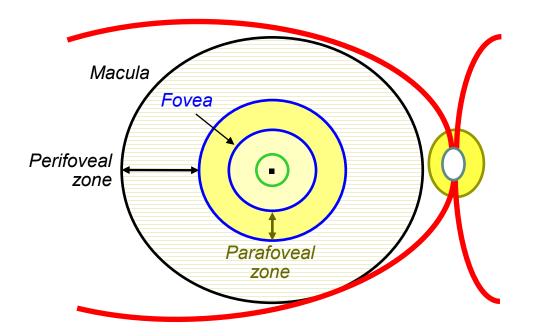
83

The *parafoveal zone* is the donut-shaped area about 0.5 mm in width that surrounds the fovea. (The inner edge of the donut = the outer edge of the fovea.). The parafoveal zone is where the GCL, INL and OPL are all at their thickest.

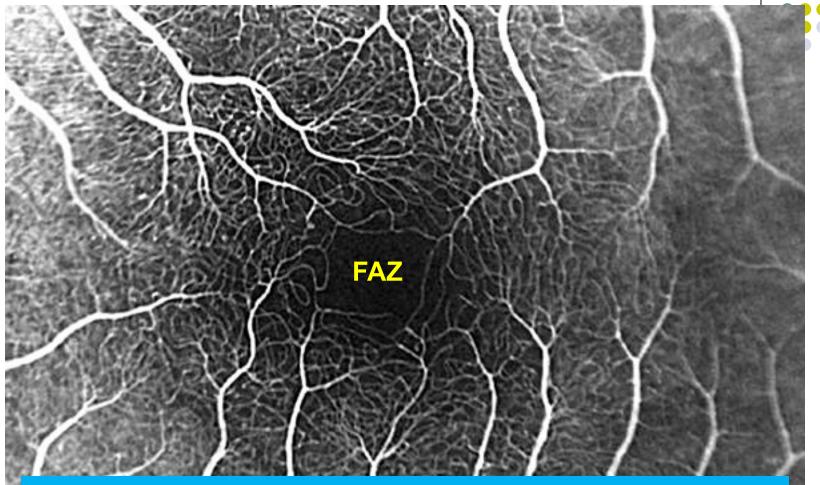


84

The *parafoveal zone* is the donut-shaped area about 0.5 mm in width that surrounds the fovea. (The inner edge of the donut = the outer edge of the fovea.). The parafoveal zone is where the GCL, INL and OPL are all at their thickest.



The remainder of the clinical macula—ie, the portion beyond the parafoveal zone—is the *perifoveal zone*. It is about 1.5 mm wide.

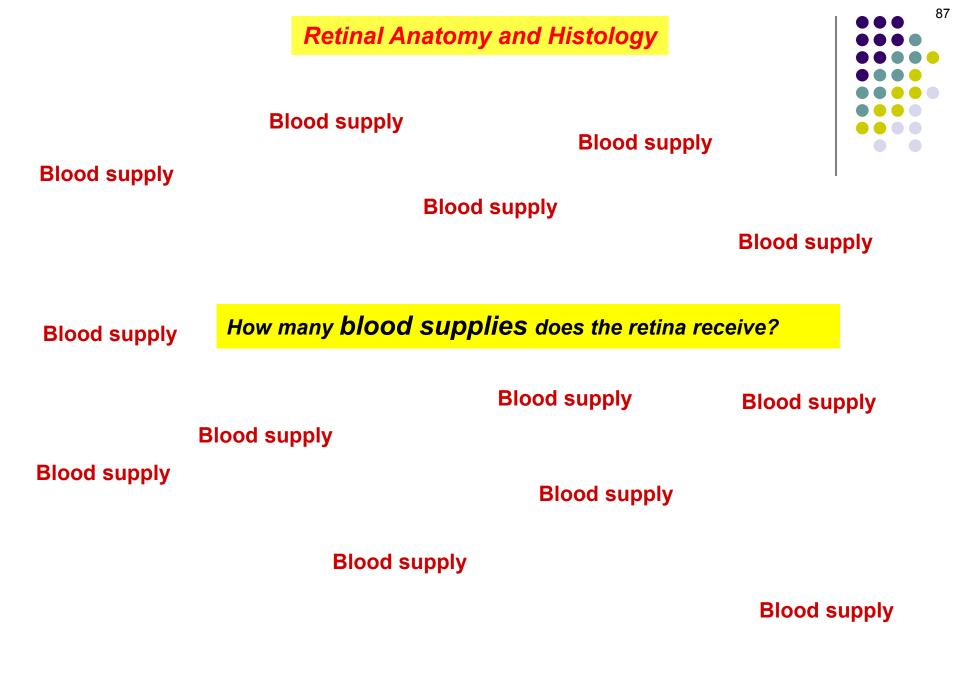


In the fovea lies an area—the *foveal avascular zone (FAZ)*—within which no vasculature is present. The FAZ is typically about the same size as the foveola, but considerable variability exists among individuals.



Next let's look at the retina's

blood supplies





Blood supply

How many **blood supplies** does the retina receive? **Two**

Blood supply



Blood supply: Central retinal artery

These are the sources of the retina's two blood supplies

Blood supply: Choriocapillaris

on in

of INL

2/3

nner

out

of INL on

Outer 1/3

• Retinal Layers

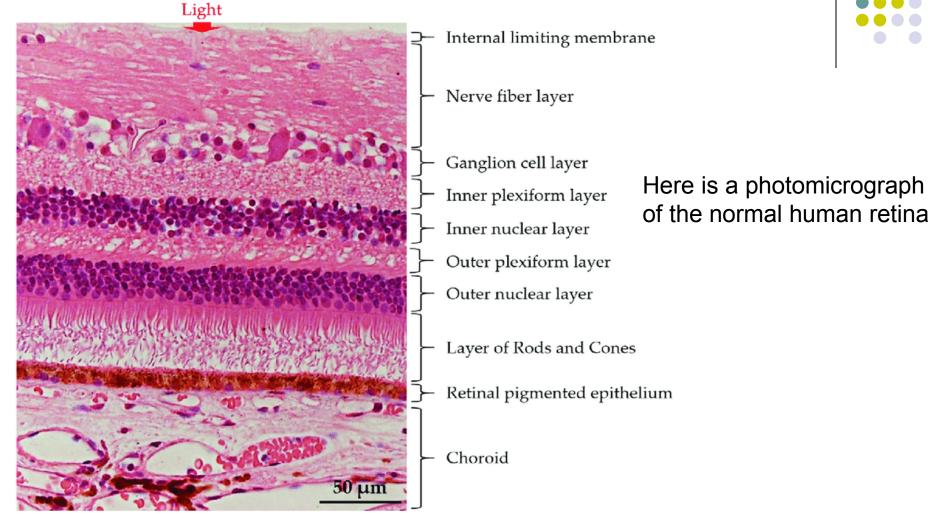
- Internal limiting membrane
- Nerve fiber layer
- Ganglion cell layer
- Inner plexiform layer
- Inner nuclear layer
- Outer plexiform layer
- Outer nuclear layer
- External limiting membrane
- Rod & cone inner and outer segments
- RPE
- Bruch's membrane



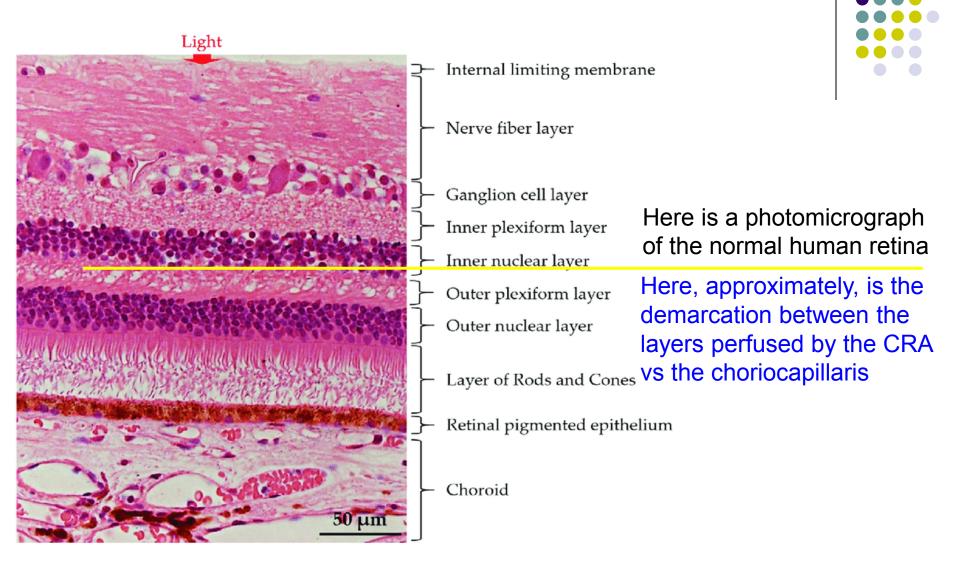
Blood supply: Central retinal artery

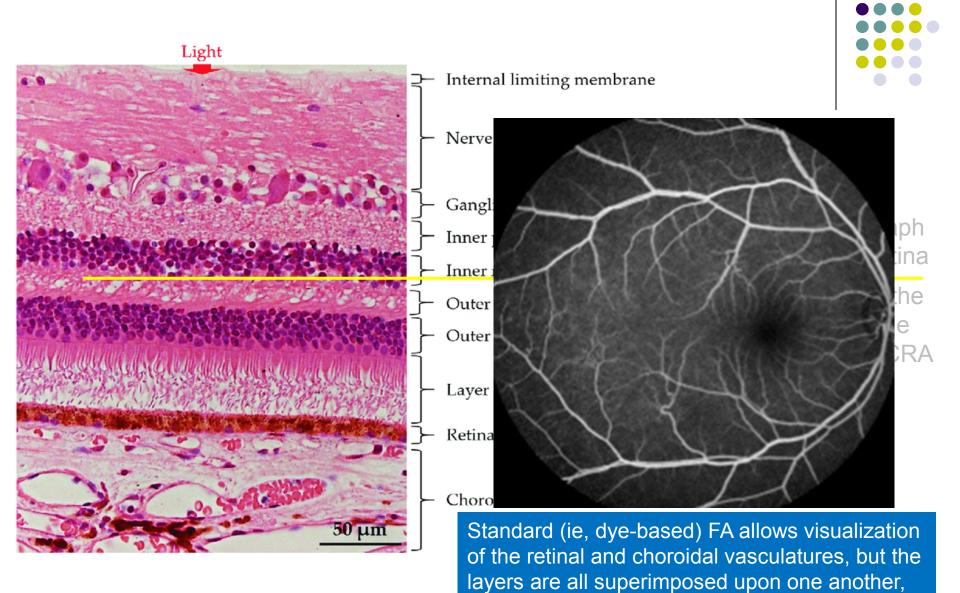
These are the layers supplied by each source

> Blood supply: Choriocapillaris

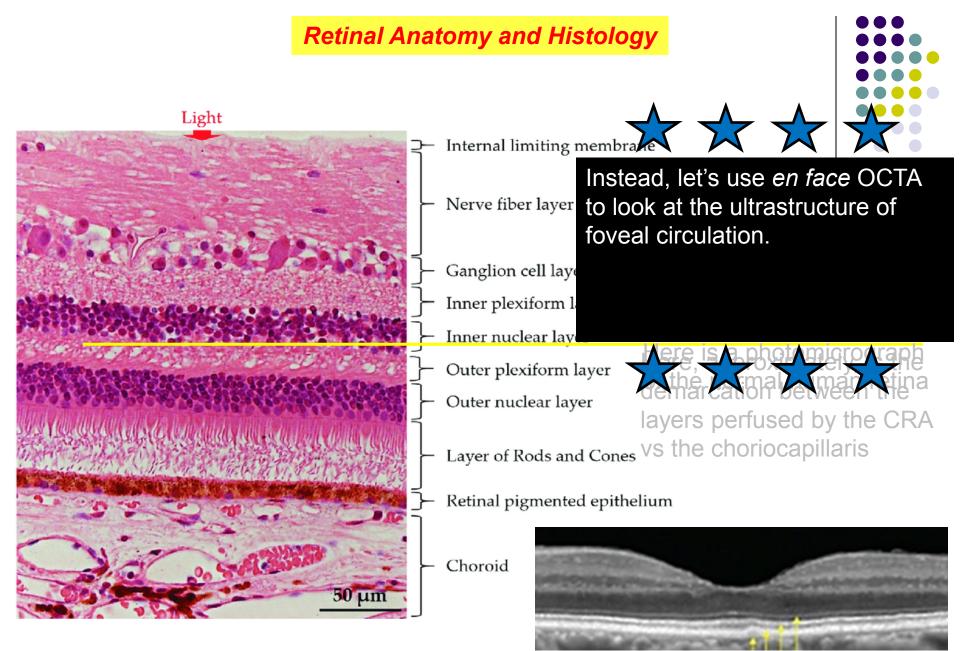


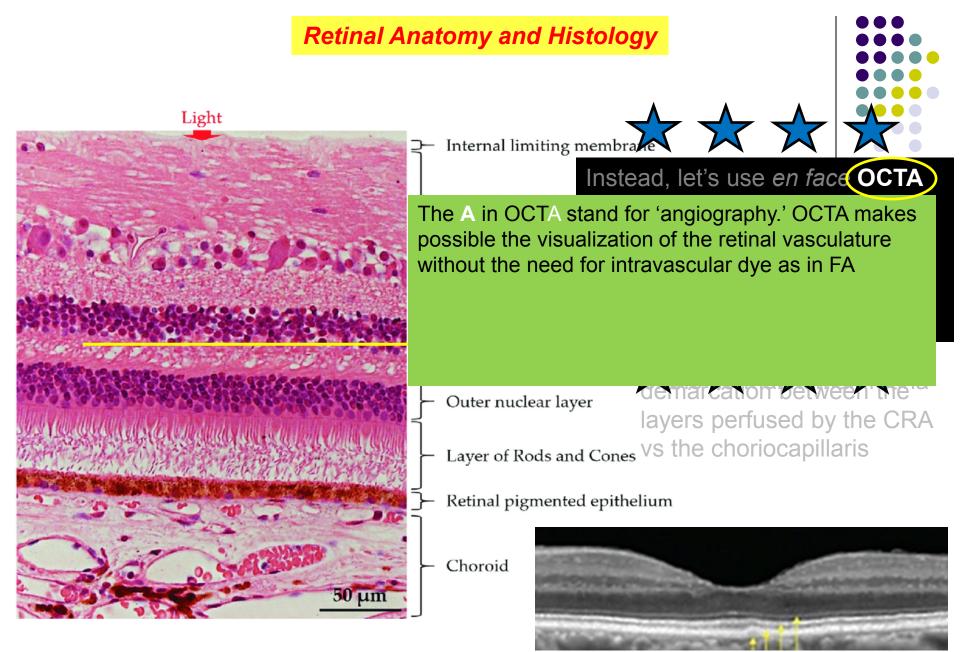


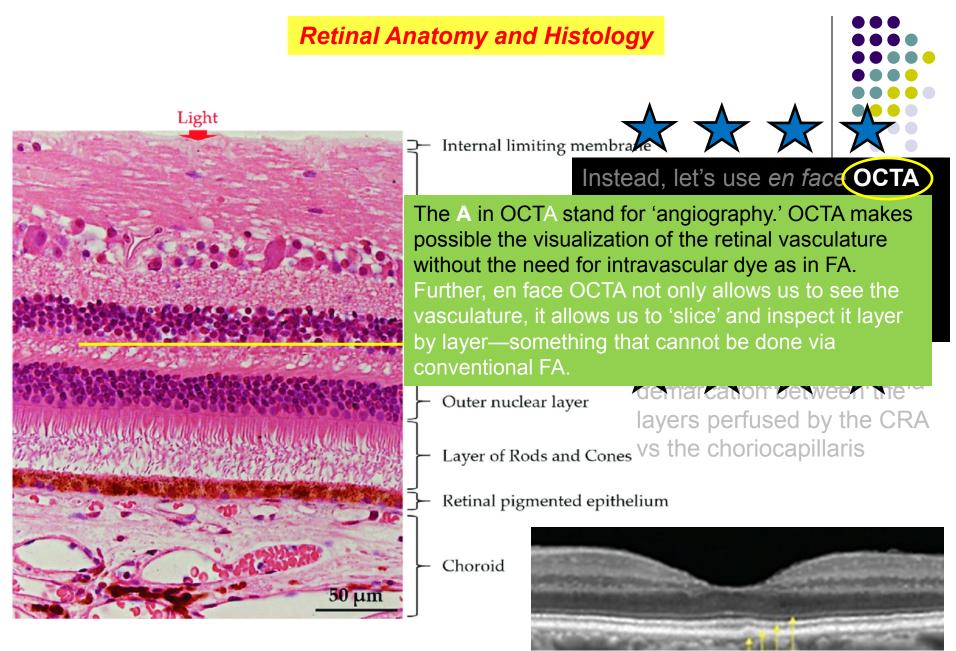


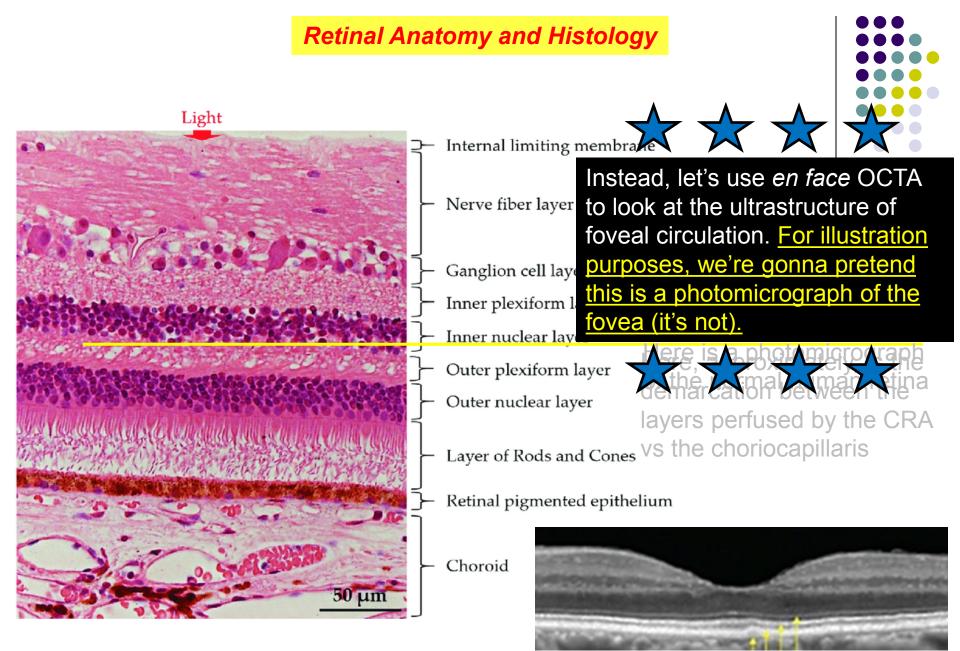


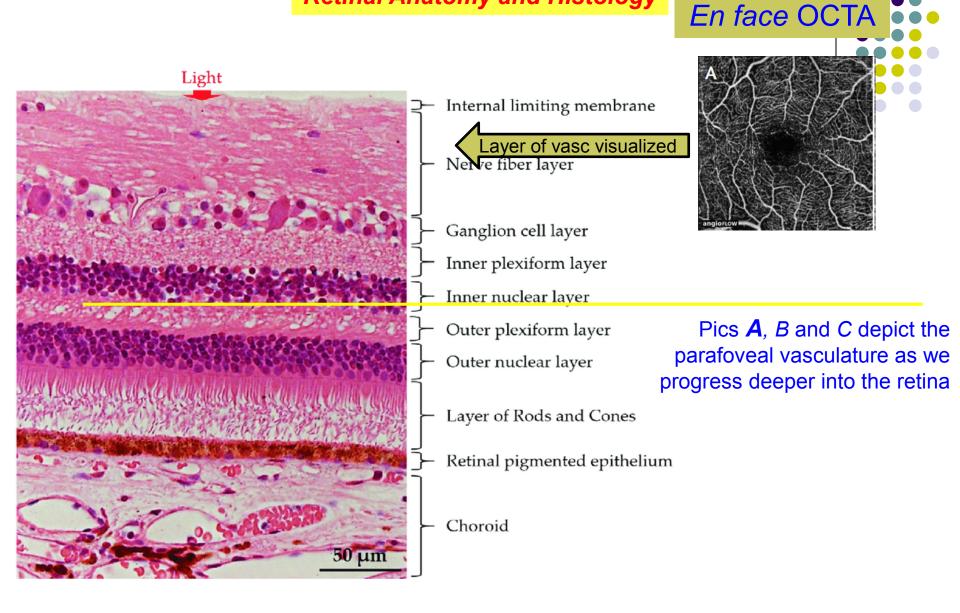
making it impossible to distinguish among them



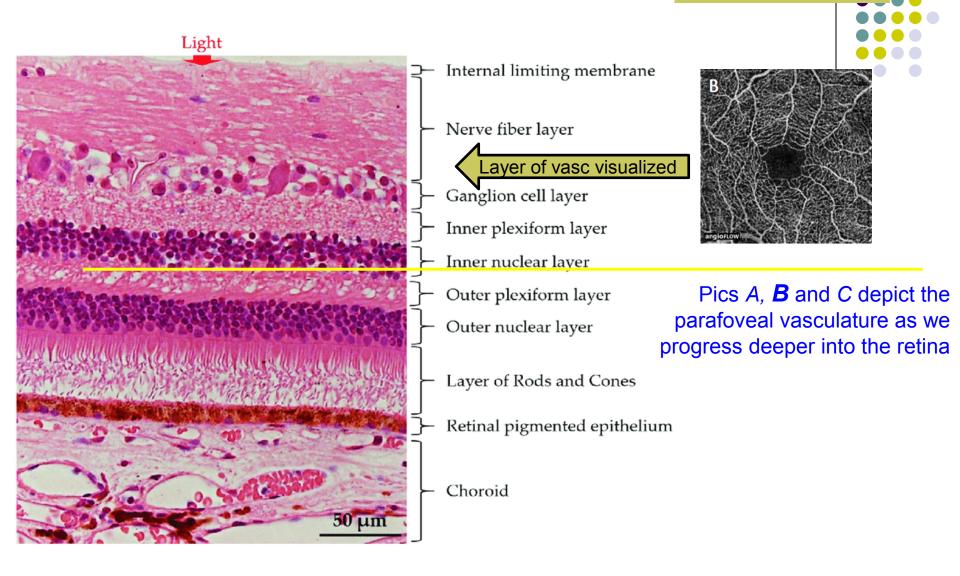


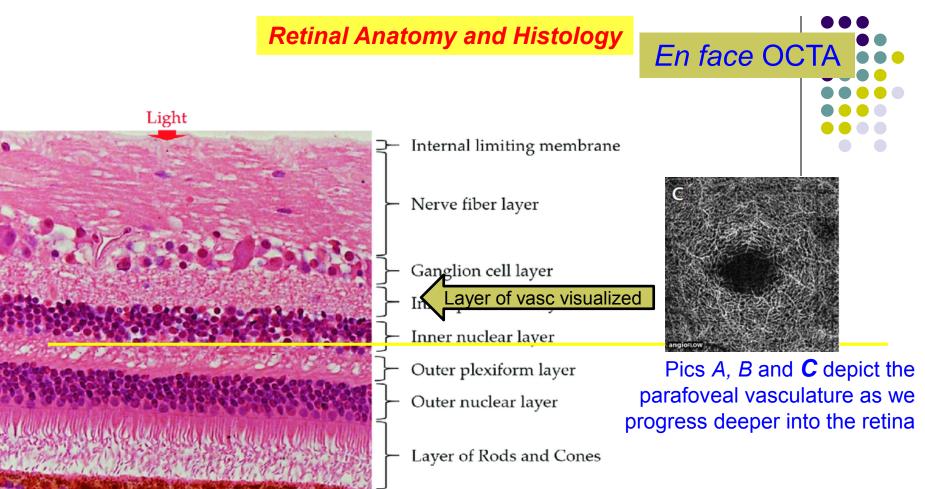






En face OCTA



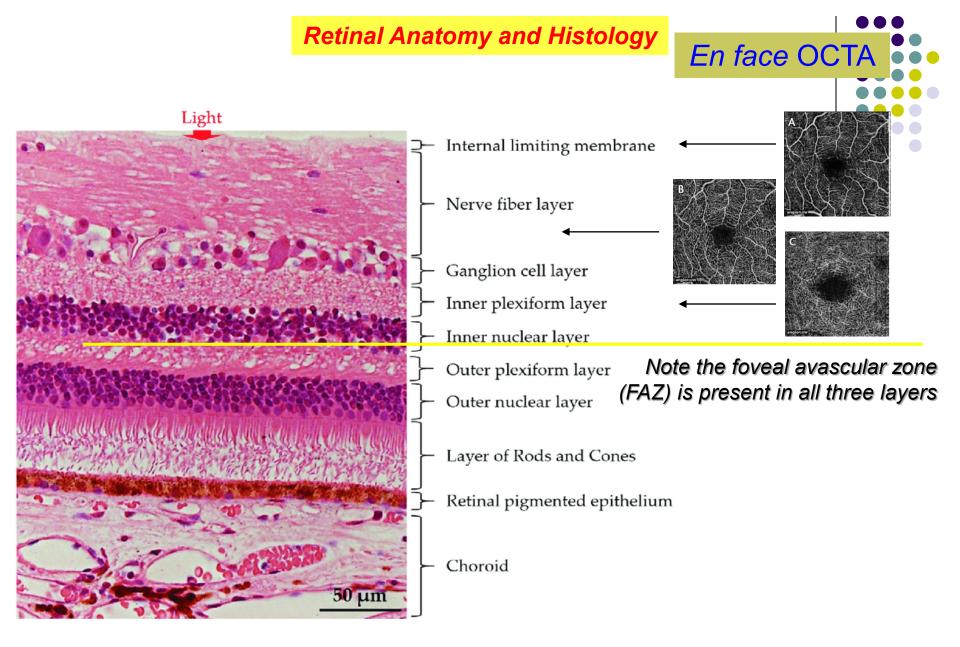


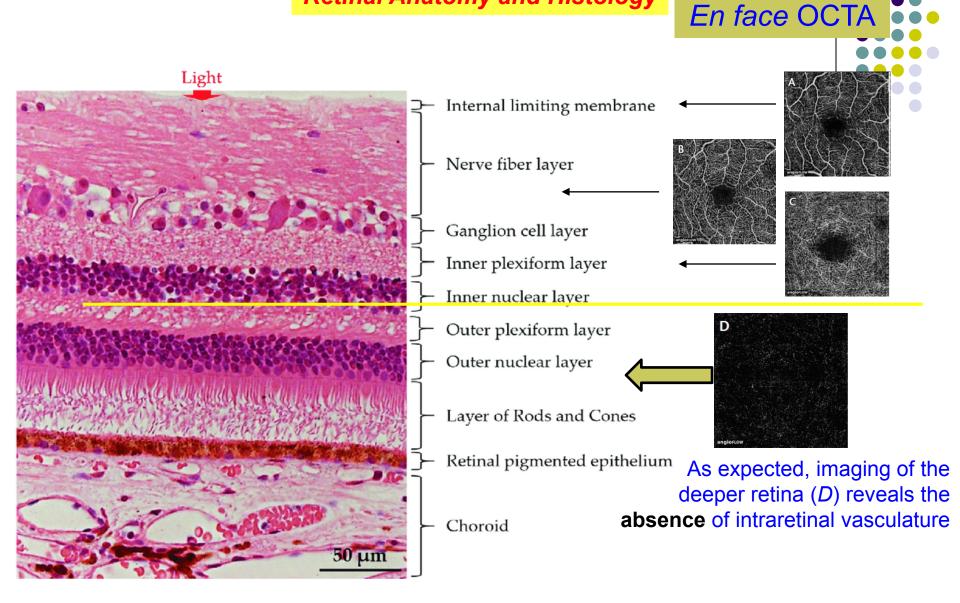
Retinal pigmented epithelium

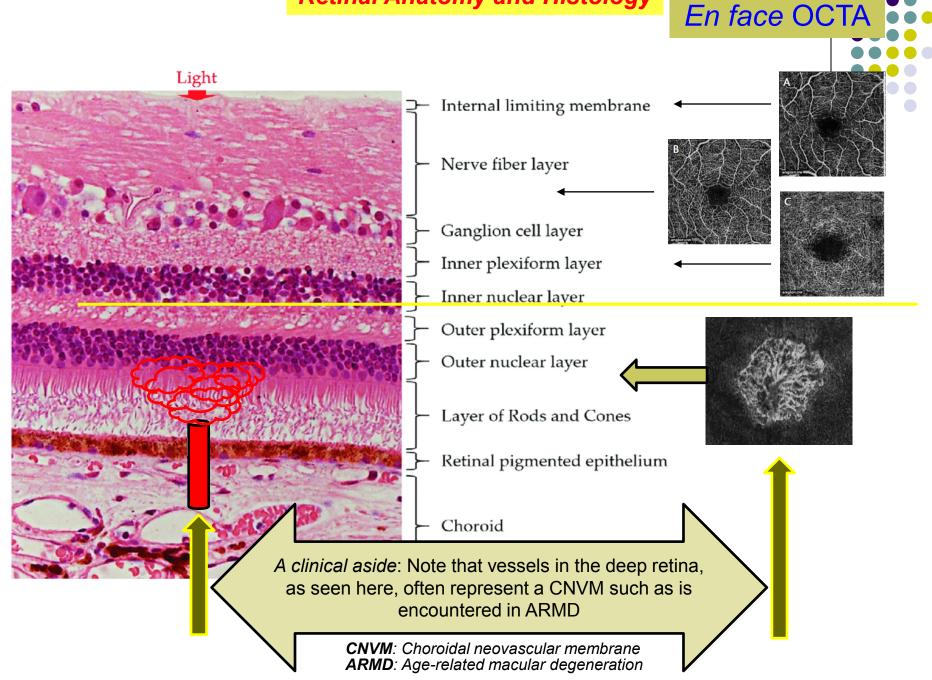
Choroid

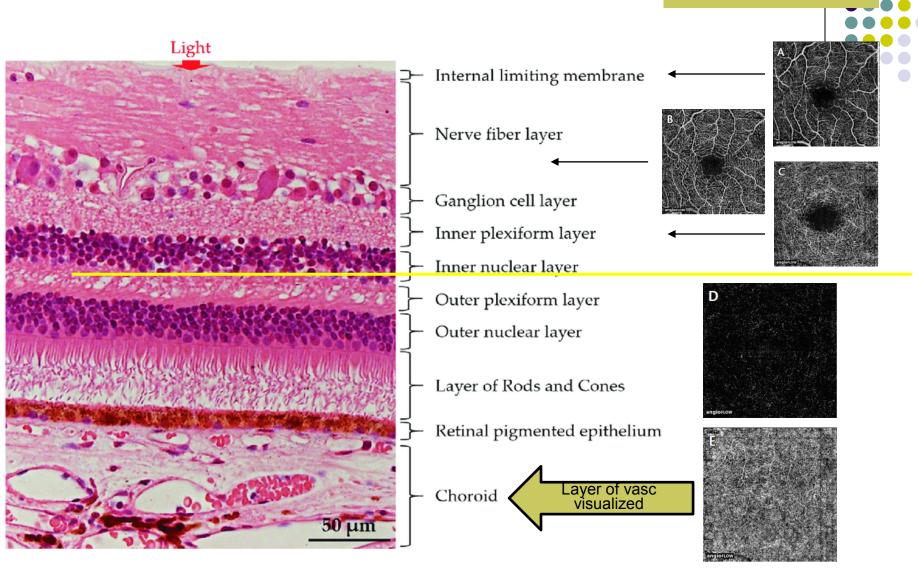
50 µm

(No question—proceed when ready)



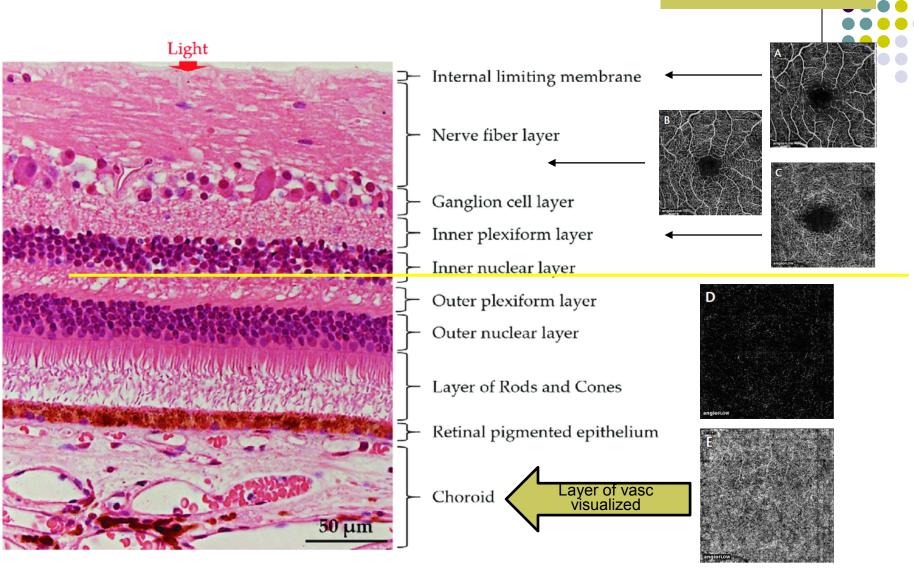






Imaging of the choriocapillaris (E) indicates it contains a dense, robust vasculature.

En face OCTA



Imaging of the choriocapillaris (*E*) indicates it contains a dense, robust vasculature. As expected, note the absence of a void corresponding to the FAZ.

En face OCTA

(No question—proceed when ready)





Next let's look in detail at the function and structure of the RPE

• RPE: Functions

2) 3)

1)



• RPE: Functions

1) Outer blood-retinal barrier

2) 3)



• RPE: Functions

- 1) Outer blood-retinal barrier
 - Formed by zonulae occludens near cell apices
- 2) 3)



• RPE: Functions

2)

3)

1) Outer blood-retinal barrier

• Formed by **zonulae occludens** near cell apices

As an aside, the *inner* blood-retinal barrier is formed by tight junctions between endothelial cells of the retinal vasculature



RPE: Functions

1) Outer blood-retinal barrier

• Formed by zonulae occludens near cell apices

2) Phagocytosis of rod/cone outer segments3)



RPE: Functions

- 1) Outer blood-retinal barrier
 - Formed by zonulae occludens near cell apices
- 2) Phagocytosis of rod/cone outer segments
- 3) Vitamin A metabolism

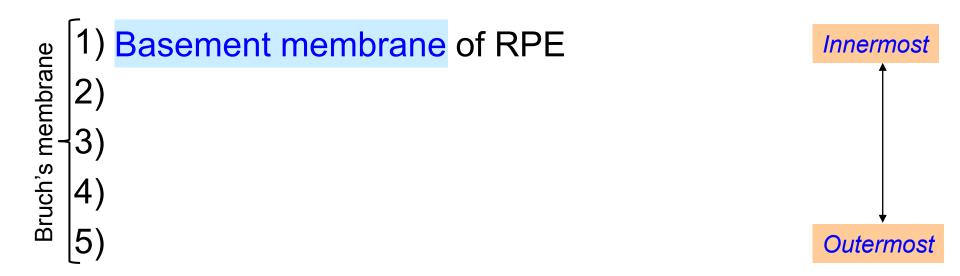


RPE: Functions

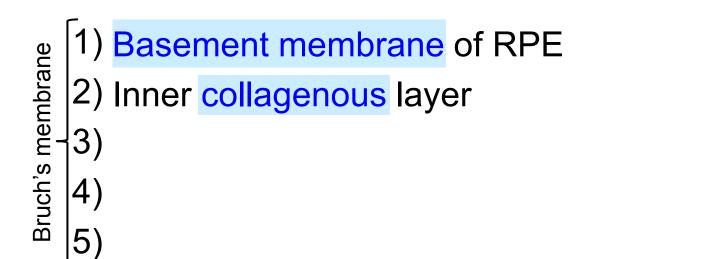
- 1) Outer blood-retinal barrier
 - Formed by zonulae occludens near cell apices
- 2) Phagocytosis of rod/cone outer segments
- 3) Vitamin A metabolism
 - Retinol acquired, stored and transported by RPE

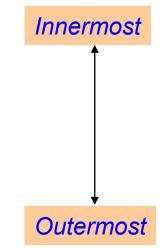




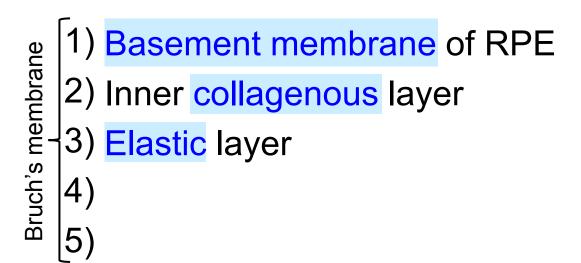


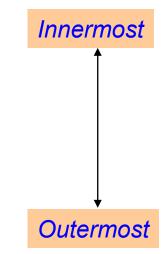






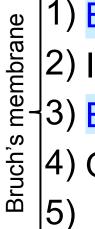




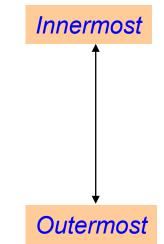




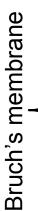
The five layers of Bruch's membrane:



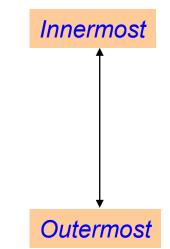
Basement membrane of RPE
 Inner collagenous layer
 Elastic layer
 Outer collagenous layer







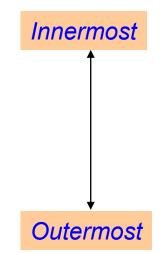
- Basement membrane of RPE
 Inner collagenous layer
 Destin layer
- 3) Elastic layer
- 4) Outer collagenous layer
- 5) Basement membrane of choriocapillaris



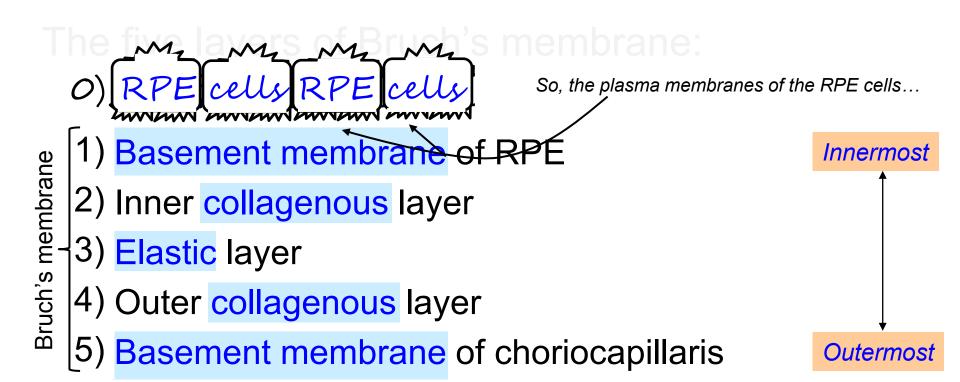


Provide a set of Bruch's membrane: Provide a set of Bruch's membrane: Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here Provide a set of the RPE cells themselves go here

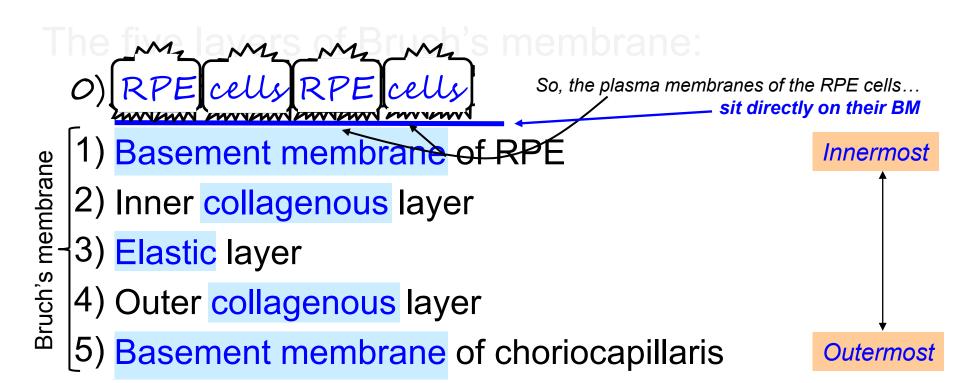
5) Basement membrane of choriocapillaris

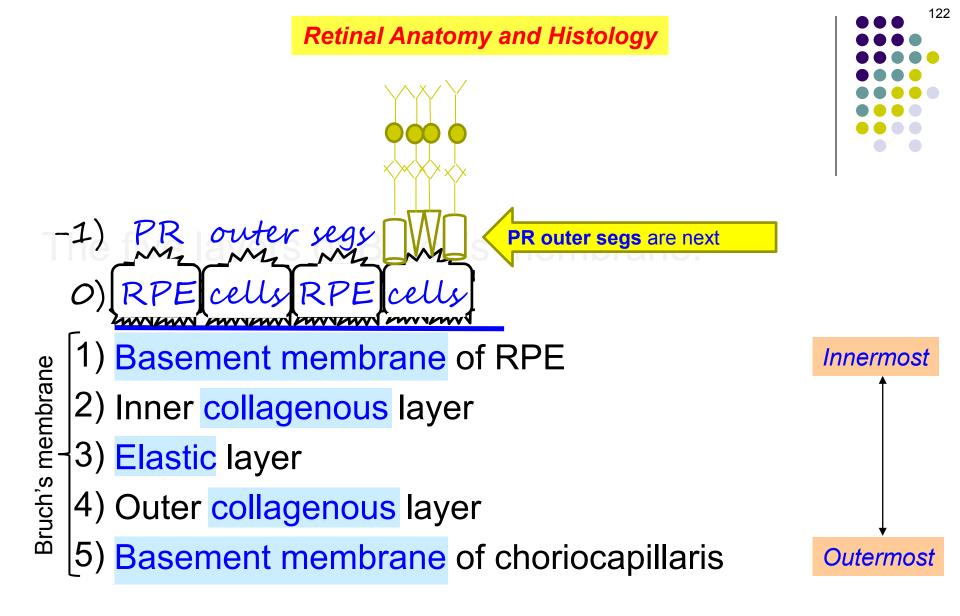


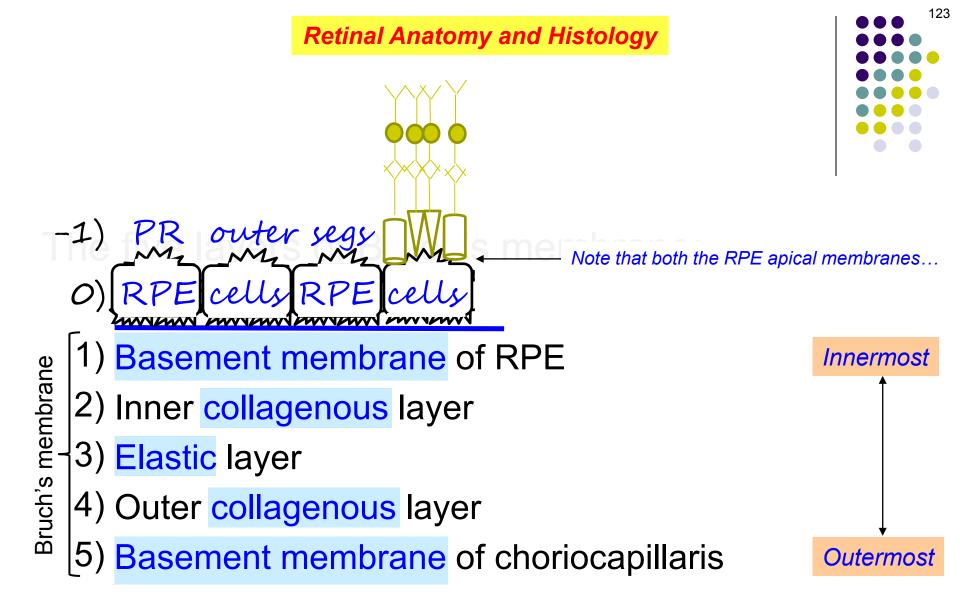


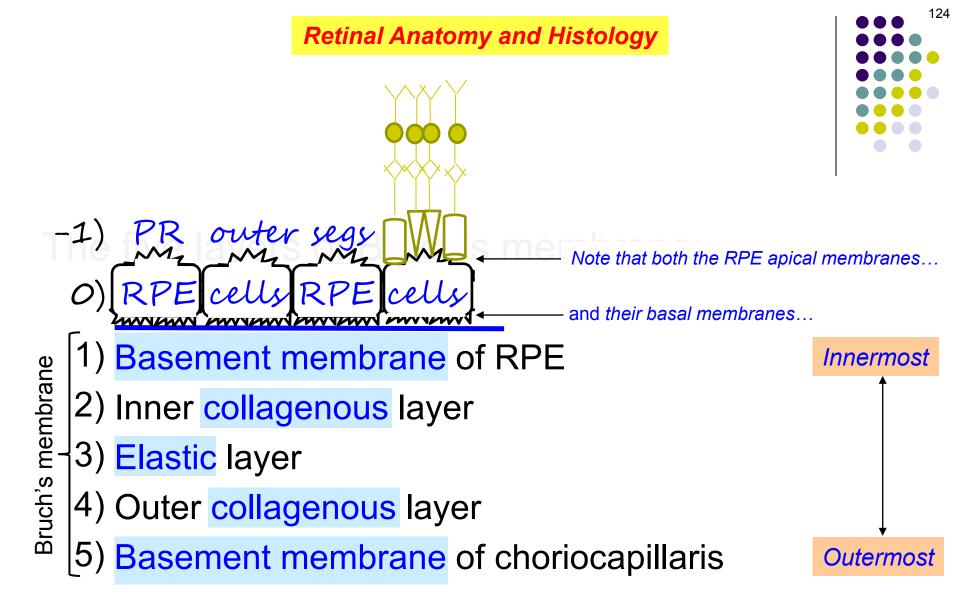


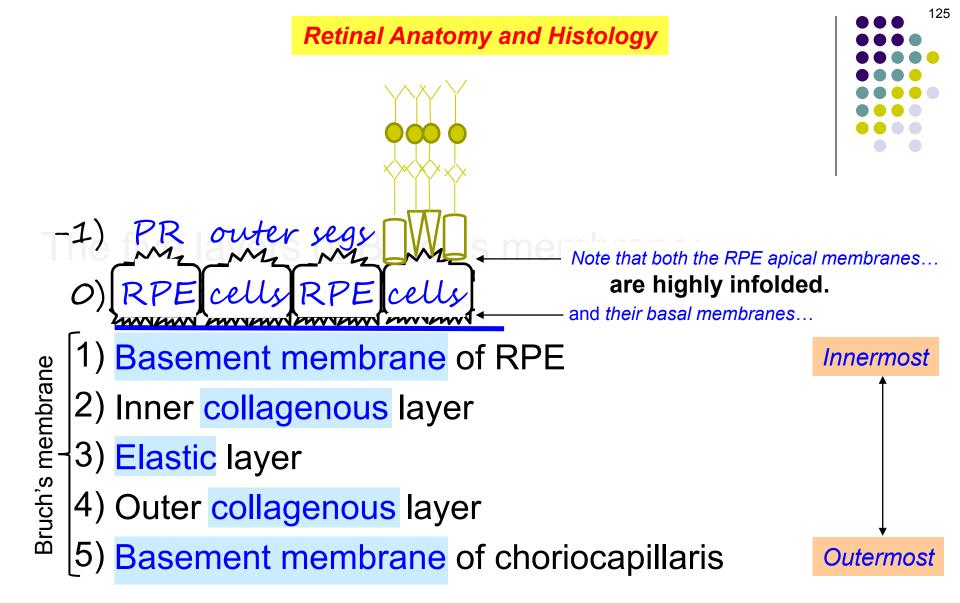


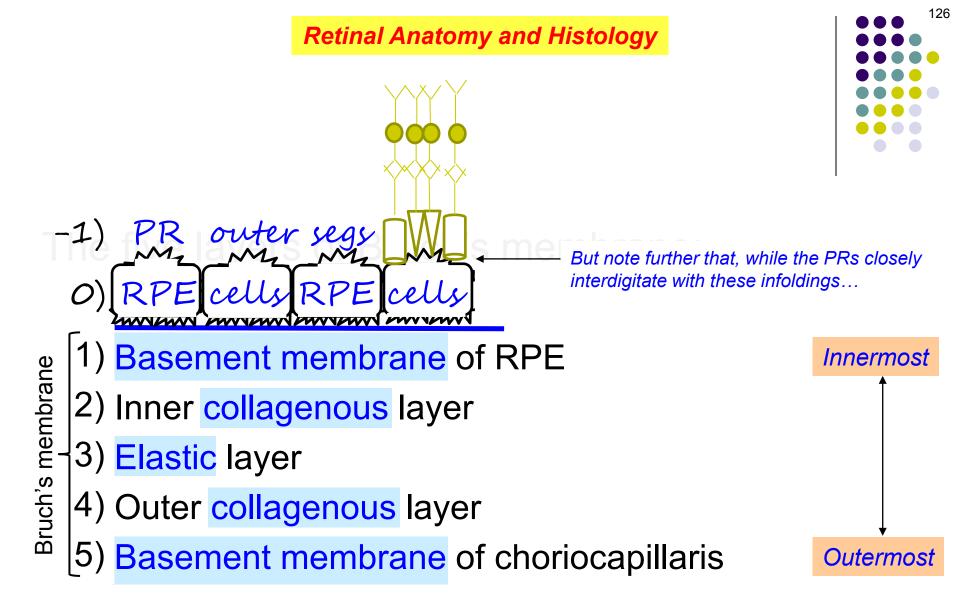


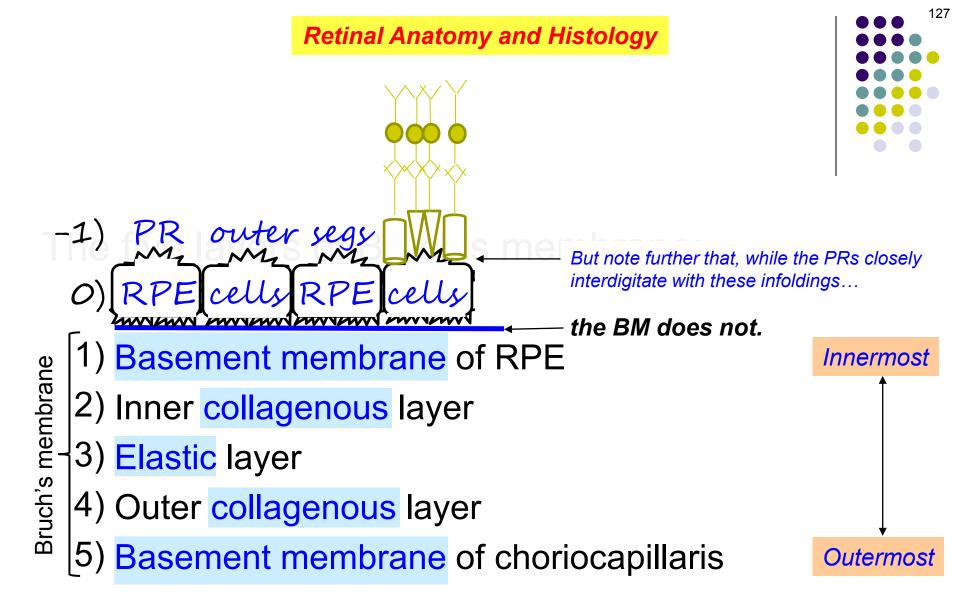


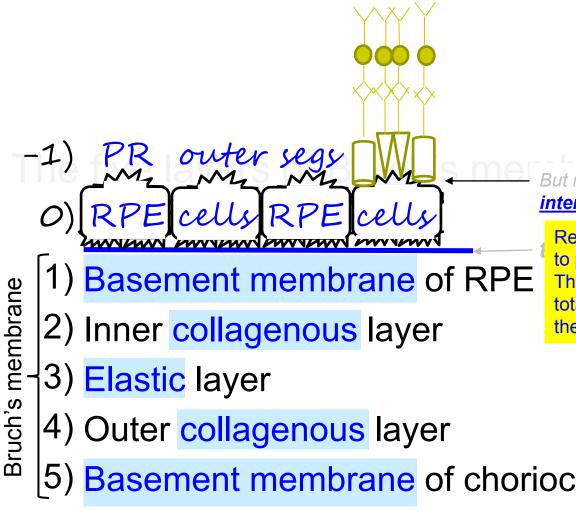












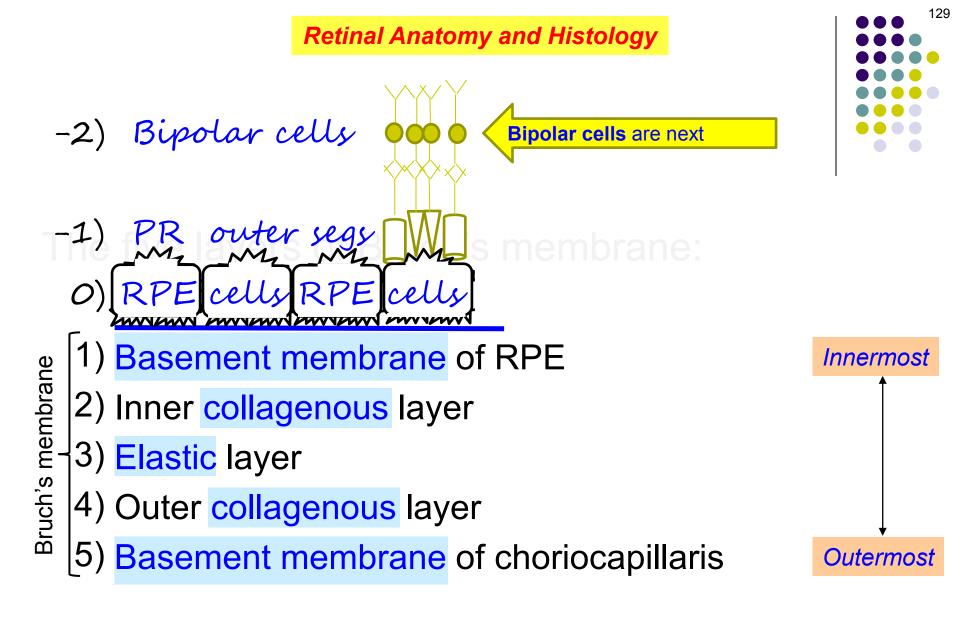


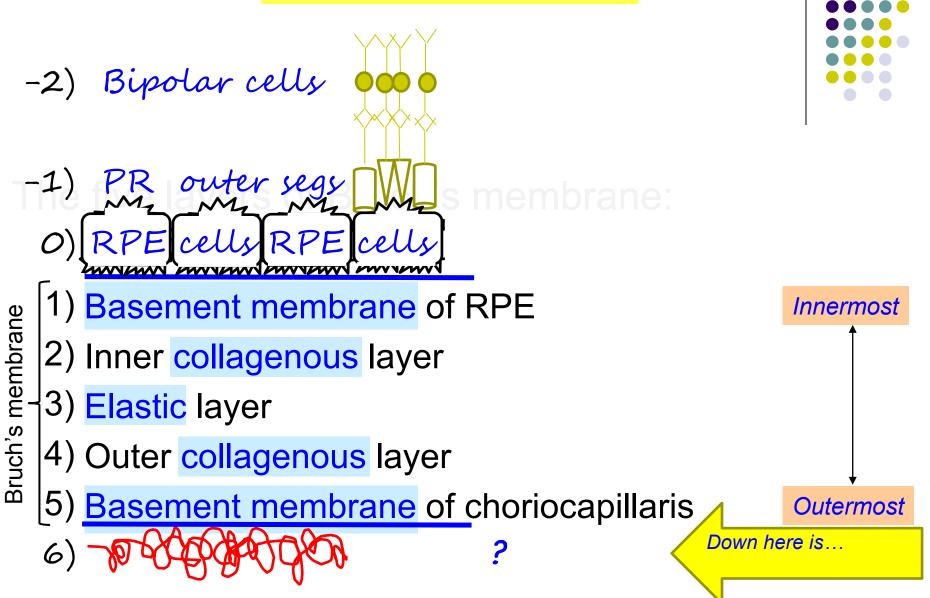
But note further that, while the PRs closely interdigitate with these infoldings.

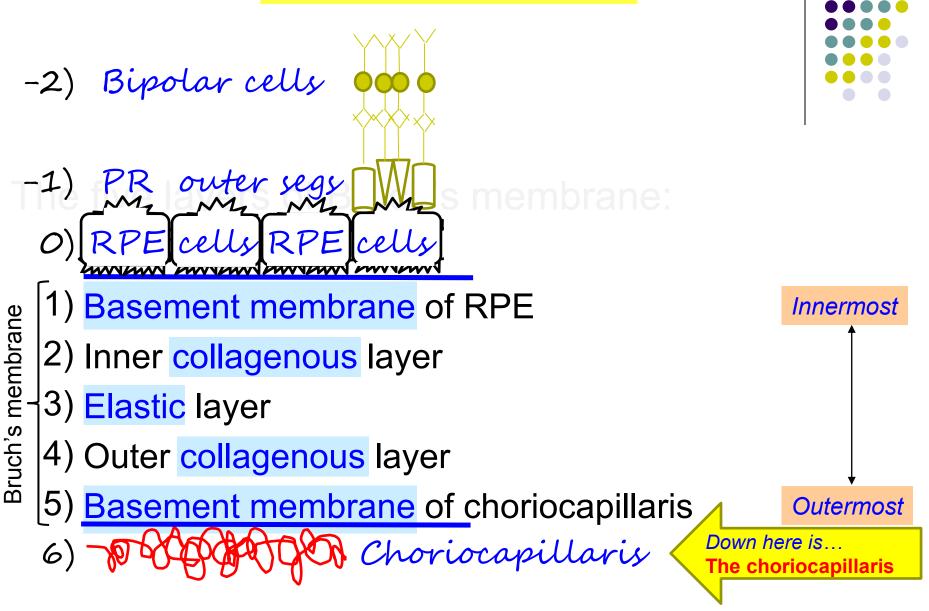
Recall that a central function of the RPE is to provide metabolic support for the PRs. The interdigitations greatly increase the total surface area of PR-RPE contact. thereby facilitating these metabolic efforts.

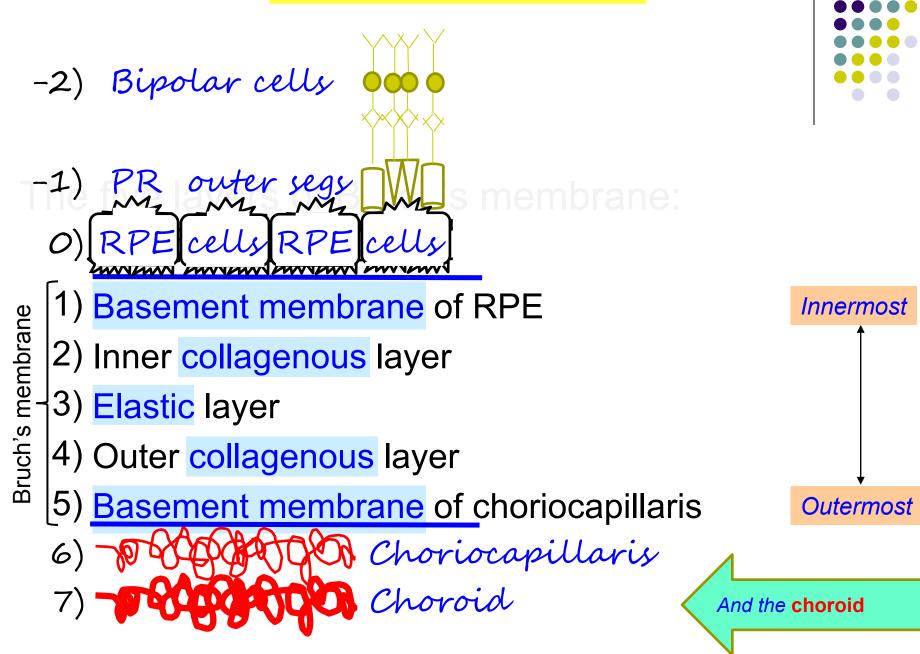
5) **Basement membrane** of choriocapillaris











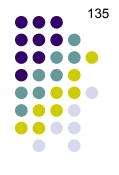


Next we will look at macular OCT, and relate it to what we've learned about the anatomy of the retina



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It works via **interferometry:** A beam of coherent light is directed toward the retina, and reflects when it encounters boundaries between tissue layers of differing optical properties. The device gathers the reflected light and compares it to a standardized beam of light reflected from a reference mirror.

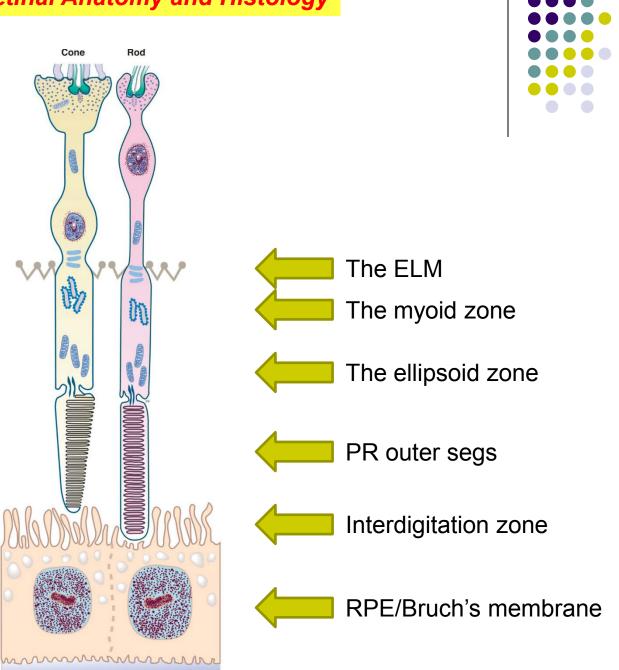


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It works via **interferometry:** A beam of coherent light is directed toward the retina, and reflects when it encounters boundaries between tissue layers of differing optical properties. The device gathers the reflected light and compares it to a standardized beam of light reflected from a reference mirror. In *spectral-domain OCT* (sdOCT), differences in the frequencies of the two reflected beams are used to infer the ultrastructure of the retina.

Recall this slide from earlier. The time/effort you spent committing it to memory is about to pay off.



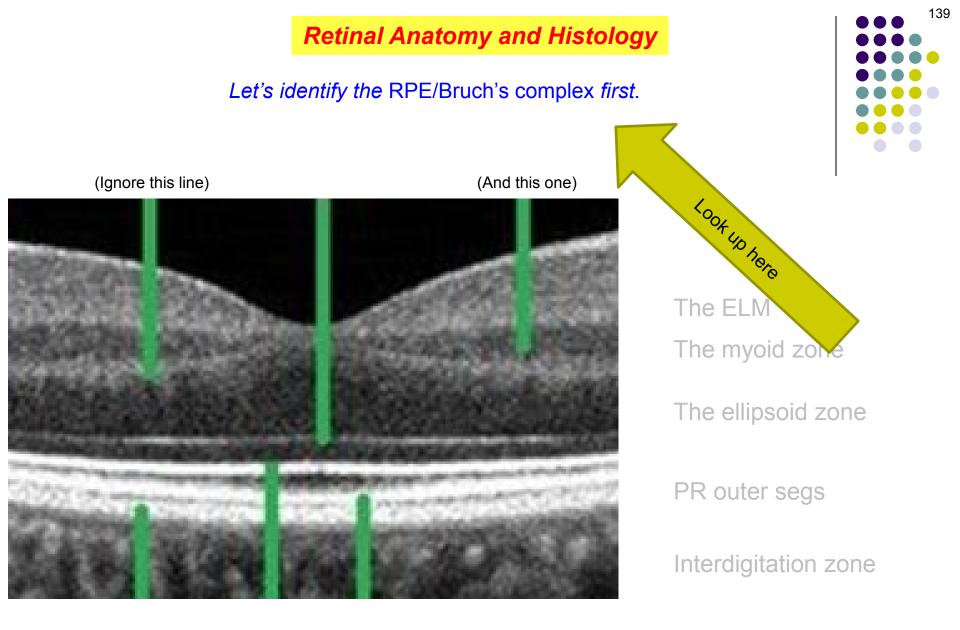


Recall this slide from earlier. The time/effort you spent committing it to memory is about to pay off. As we will see, these structures are visible on sdOCT, and it's vital you be able to recognize them. The ELM The myoid zone

The ellipsoid zone

PR outer segs

Interdigitation zone

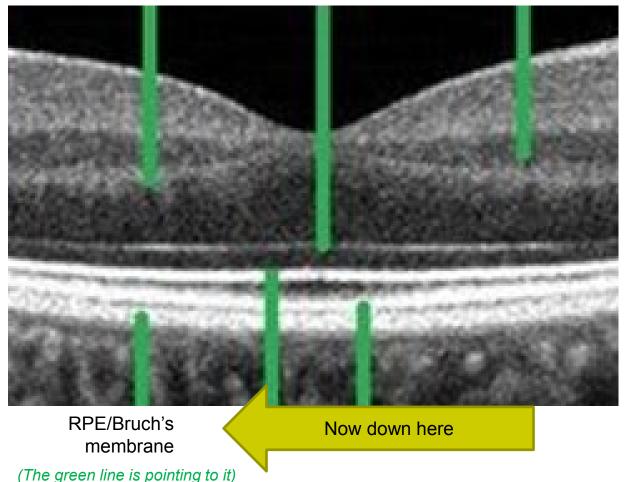


Let's identify the RPE/Bruch's complex *first.* The RPE/Bruch's complex is the outermost heavy white line

(Ignore this line)

(And this one)





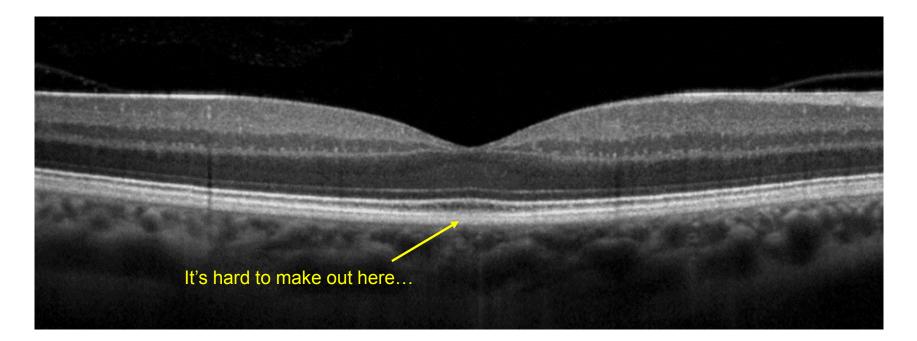
The ELM The myoid zone The ellipsoid zone

PR outer segs

Interdigitation zone

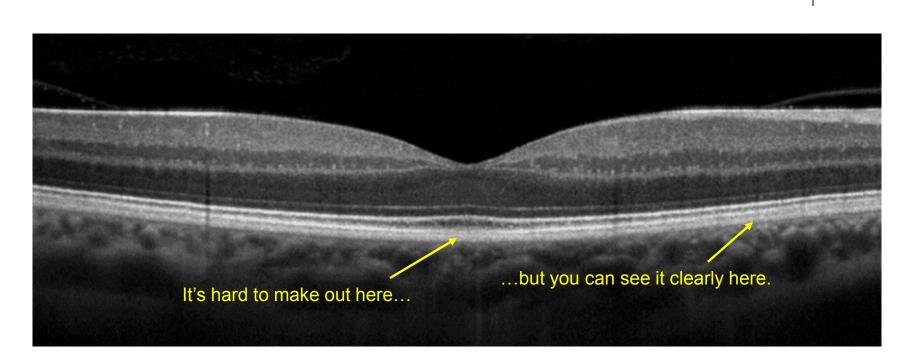
Let's identify the **RPE/Bruch's complex** *first.* The RPE/Bruch's complex is the outermost heavy white line





(Locating the same structure on a full-size OCT image)

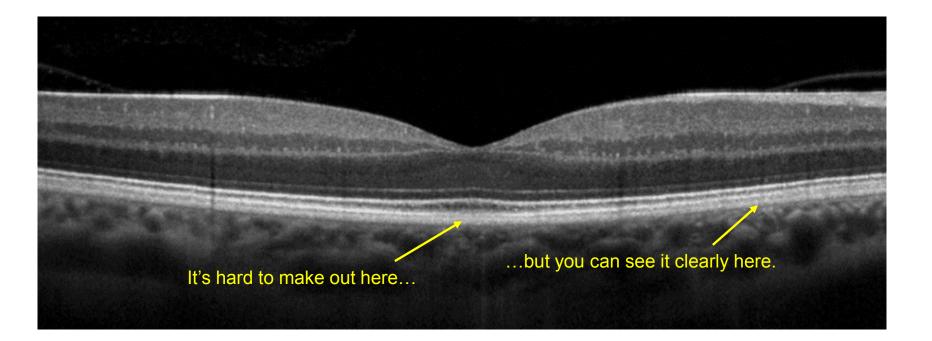
Let's identify the **RPE/Bruch's complex** *first.* The RPE/Bruch's complex is the outermost heavy white line



(Locating the same structure on a full-size OCT image)



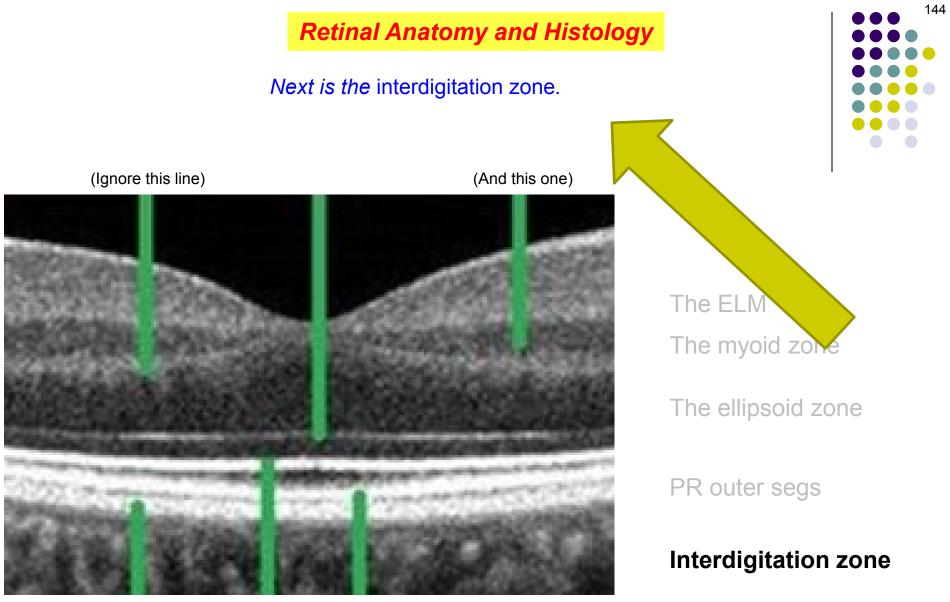
Let's identify the **RPE/Bruch's complex** first. The RPE/Bruch's complex is the outermost heavy white line



You must identify and assess the integrity of the RPE/Bruch's complex on every OCT you read!

(Locating the same structure on a full-size OCT image)





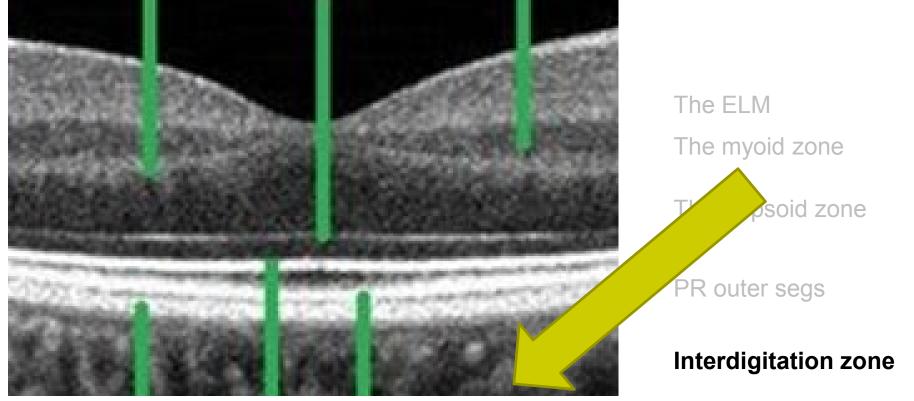
RPE/Bruch's membrane

Next is the interdigitation zone. It is the next heavy white line

(Ignore this line)

145

(And this one)

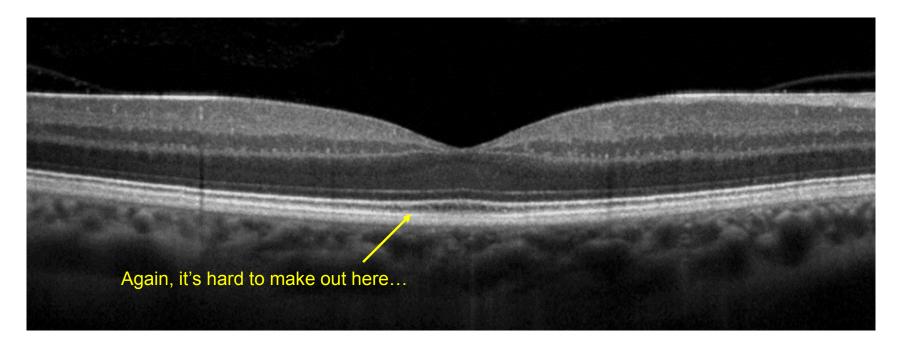


RPE/Bruch's membrane

Interdigitation zone (Ditto)

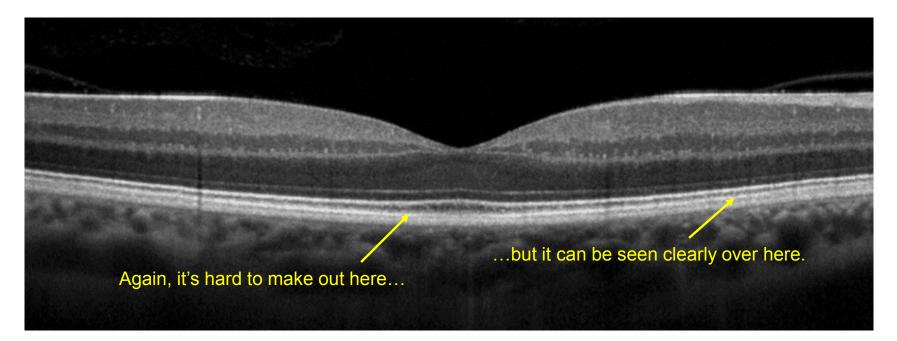
Next is the **interdigitation zone**. It is the next heavy white line





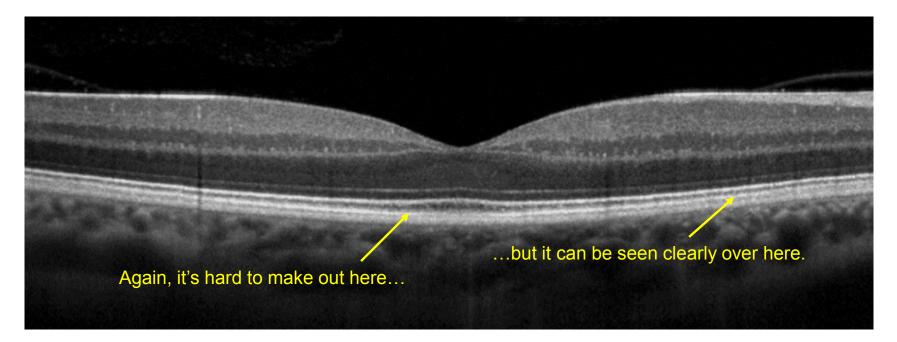
Next is the **interdigitation zone**. It is the next heavy white line





Next is the **interdigitation zone**. It is the next heavy white line





The interdigitation zone is not always clearly visible on OCT

Next is the PR outer segs.

Interdigitation

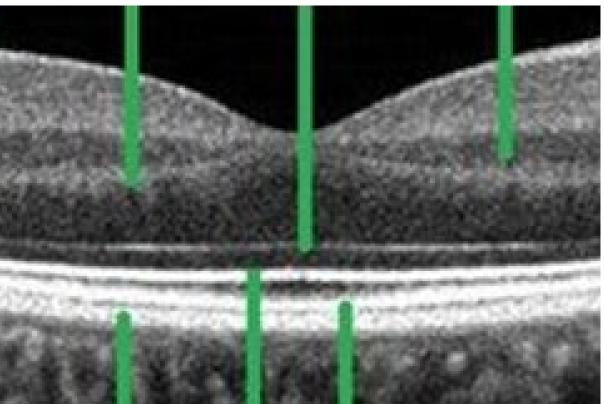
zone



(Ignore this line)

RPE/Bruch's

membrane



(And this one)

The ELM The myoid zone The ellipsoid zone

PR outer segs

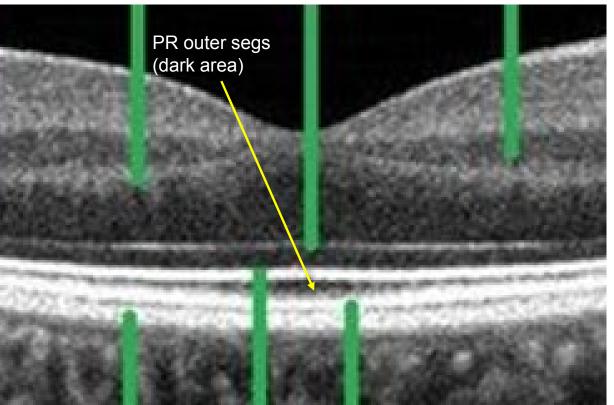
Interdigitation zone

Next is the PR outer segs. In the dark band just inside the interdigitation zone

(Ignore this line)

RPE/Bruch's

membrane



Interdigitation

zone

(And this one)



The ELM The myoid zone

The ellipsoid zone

PR outer segs

Interdigitation zone

Next is the **PR outer segs**. In the dark band just inside the interdigitation zone

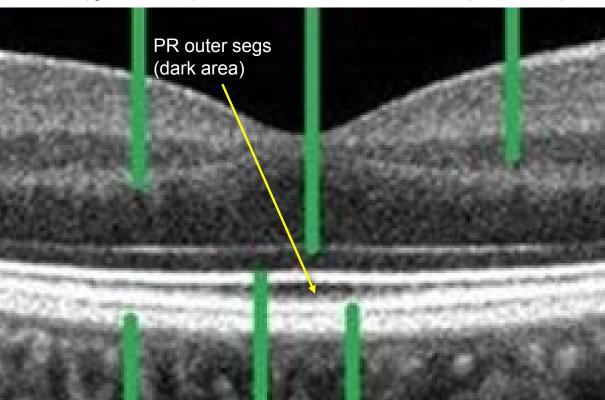




The PR outer segs band is taller at the fovea because the outer segs are longer here

Next is the ellipsoid zone.





(And this one)

The ELM The myoid zone

The ellipsoid zone

PR outer segs

Interdigitation zone

RPE/Bruch's membrane

RPE/Bruch's membrane

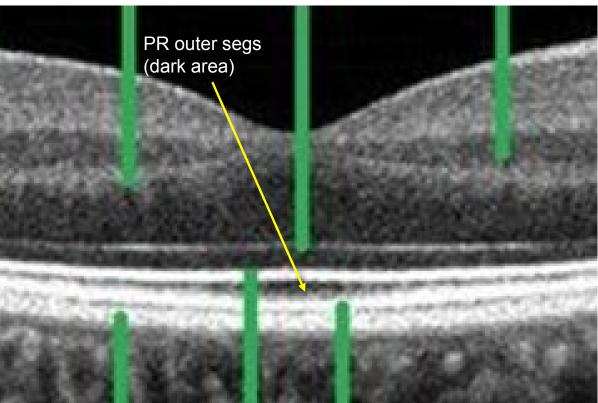
(Ignore this line)

Interdigitation zone

Next is the ellipsoid zone. It is the heavy white band inside the outer segs

(And this one)

(Ignore this line)



The ELM The myoid zone 153

The ellipsoid zone

PR outer segs

Interdigitation zone

RPE/Bruch's membrane

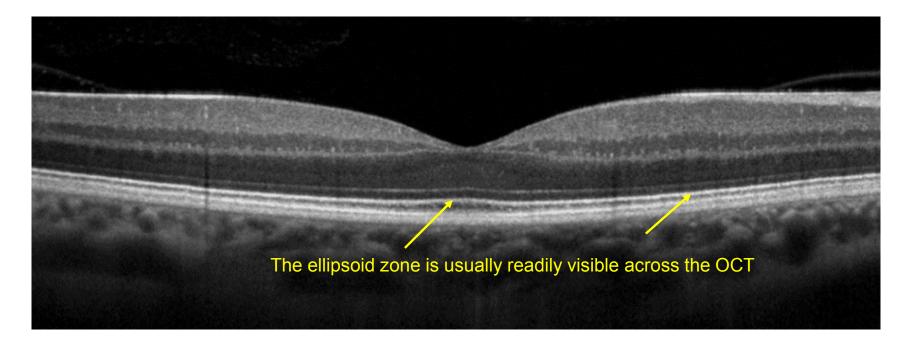
RPE/Bruch's membrane

Ellipsoid zone (the white line)

Interdigitation zone

Next is the **ellipsoid zone**. It is the heavy white band inside the outer segs





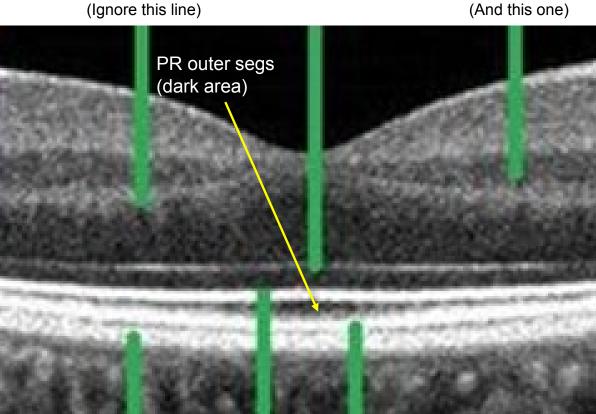
Many PR and other outer-retinal diseases manifest as changes to the EZ. Like the RPE/Bruch's complex, the EZ must be identified and assessed on every retinal OCT!

Next is the myoid zone.

Interdigitation

zone





Ellipsoid zone

(the white line)

RPE/Bruch's

membrane

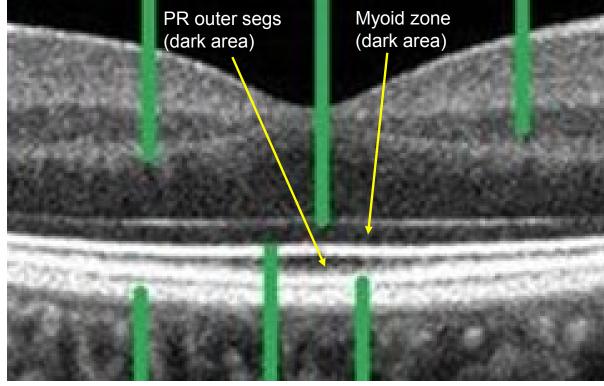
(And this one)

The ELM The myoid zone The ellipsoid zone PR outer segs Interdigitation zone

Next is the myoid zone. The dark band just inside the ellipsoid zone

(And this one)

(Ignore this line)



RPE/Bruch's membrane

Ellipsoid zone (the white line)

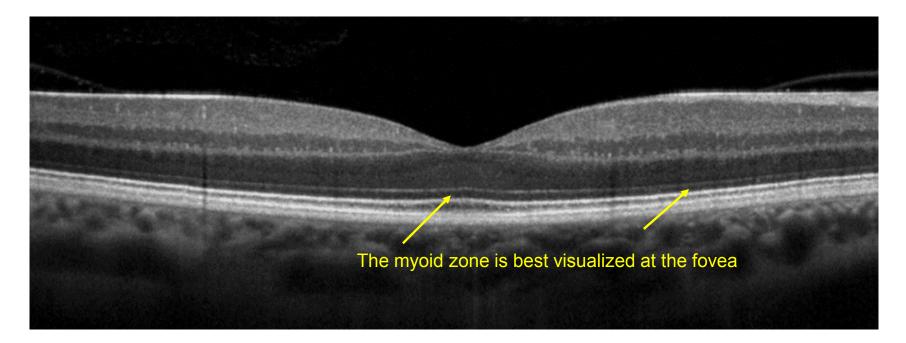
Interdigitation zone

The ELM **The myoid zone** The ellipsoid zone PR outer segs 156

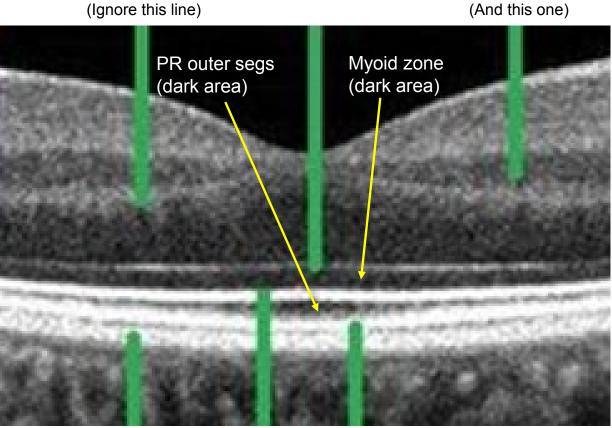
Interdigitation zone

Next is the **myoid zone**. The dark band just inside the ellipsoid zone





Next is the ELM.



The ELM
The myoid zone
The ellipsoid zone
PR outer segs
Interdigitation zone

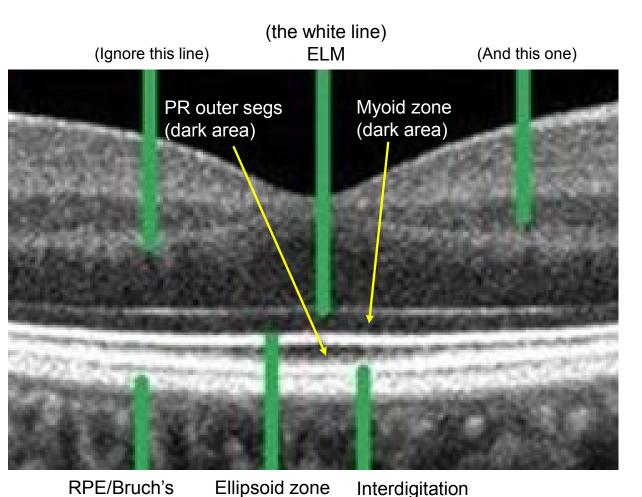
158

RPE/Bruch's membrane

Ellipsoid zone (the white line)

Interdigitation zone

Next is the ELM. It's the thin white band just inside the myoid zone



(the white line)

zone

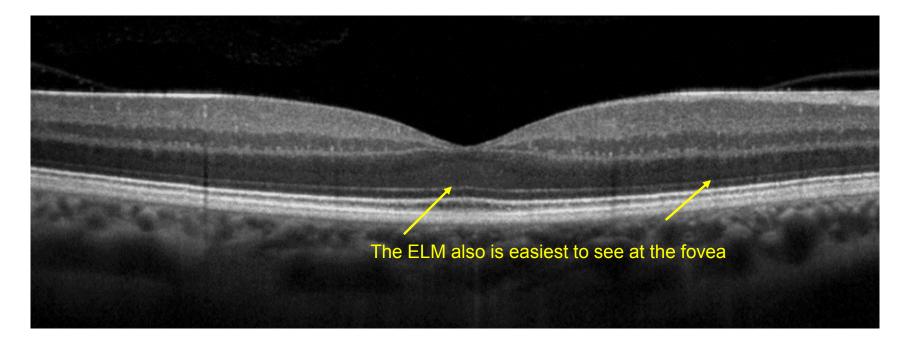
membrane

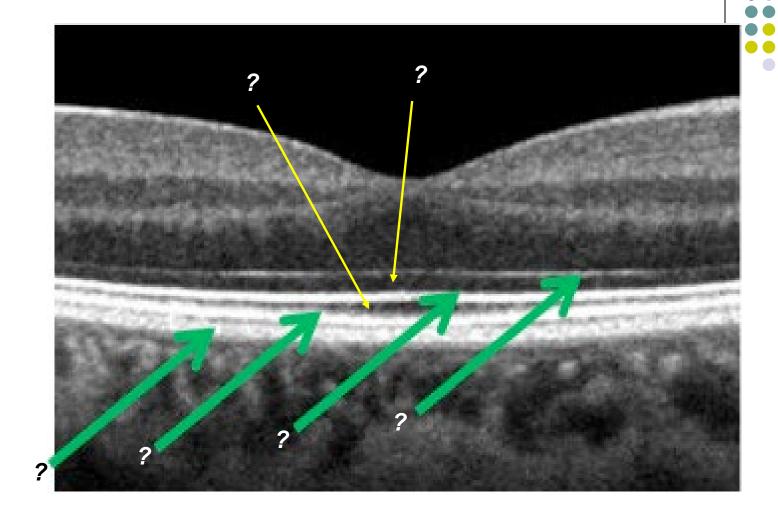


The ELM The myoid zone The ellipsoid zone PR outer segs Interdigitation zone

Next is the **ELM**. It's the thin white band just inside the myoid zone

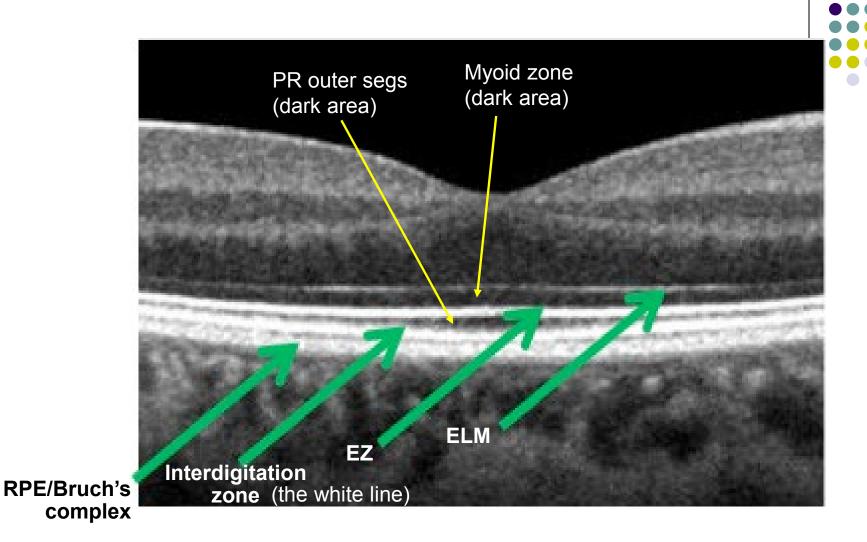






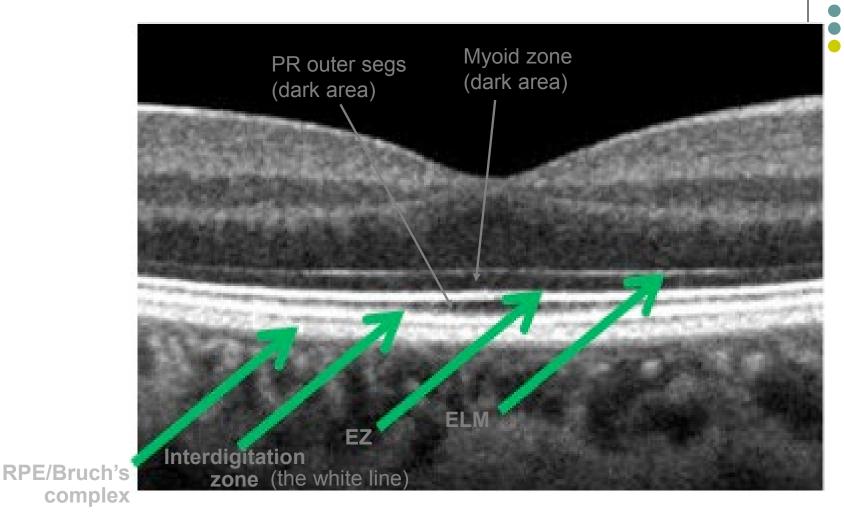
Quiz yourself by toggling back and forth between this slide and the next



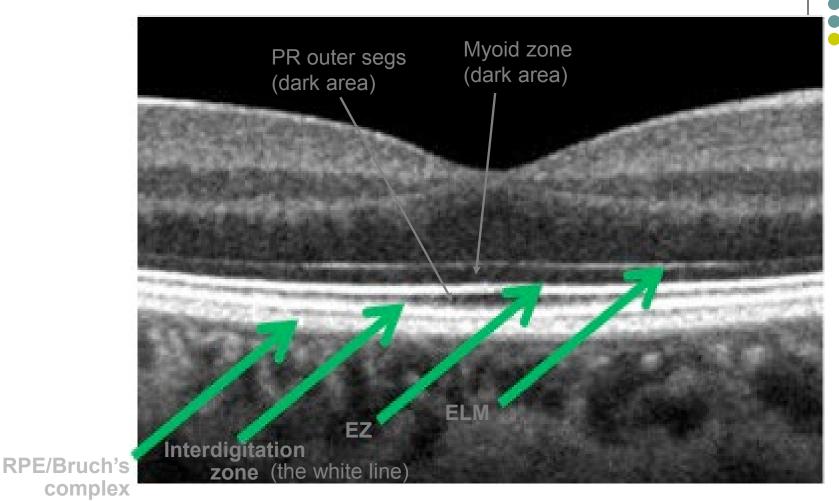


Quiz yourself by toggling back and forth between this slide and the next

163



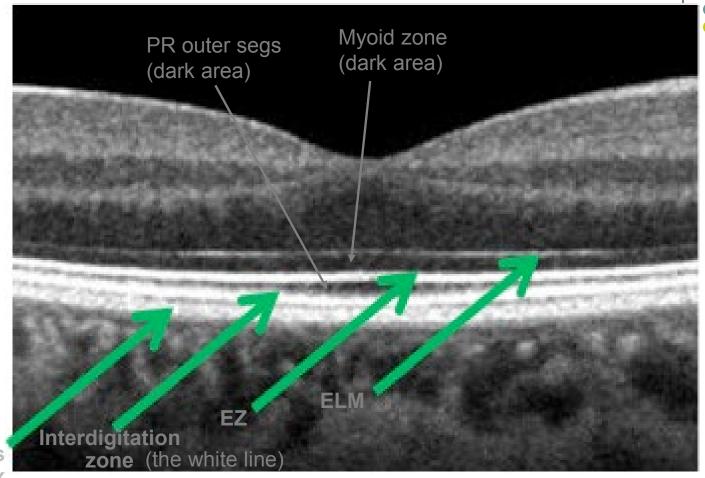
An important meta-point to come away with from all this is, OCT bands are determined by differences in tissue reflectivity, but *differences in reflectivity don't necessarily correlate 1:1 with retinal anatomy*.



An important meta-point to come away with from all this is, OCT bands are determined by differences in tissue reflectivity, but *differences in reflectivity don't necessarily correlate 1:1 with retinal anatomy*. Consider the ellipsoid and myoid of the PRs. They are parts of the same anatomic structure (the PR inner seg), but to the OCT scanner, they look **radically** different from one another.

164

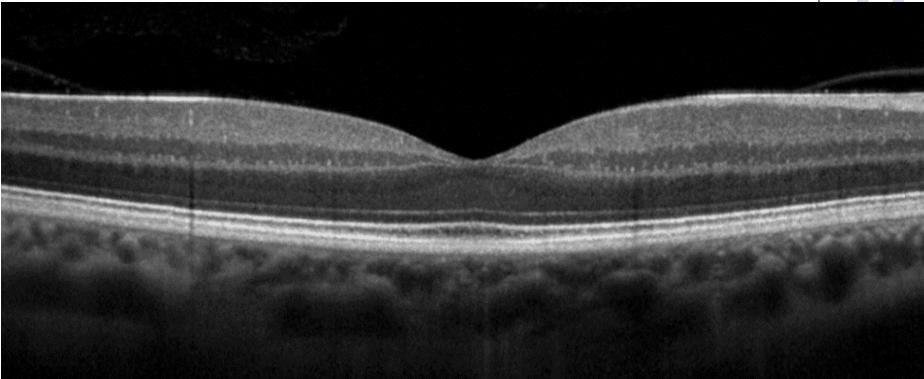
165



RPE/Bruch's complex

An important meta-point to come away with from all this is, OCT bands are determined by differences in tissue reflectivity, but *differences in reflectivity don't necessarily correlate 1:1 with retinal anatomy*. Consider the ellipsoid and myoid of the PRs. They are parts of the same anatomic structure (the PR inner seg), but to the OCT scanner, they look **radically** different from one another. Remember, the OCT is under no obligation to 'see' the retina the way an anatomist sees it.

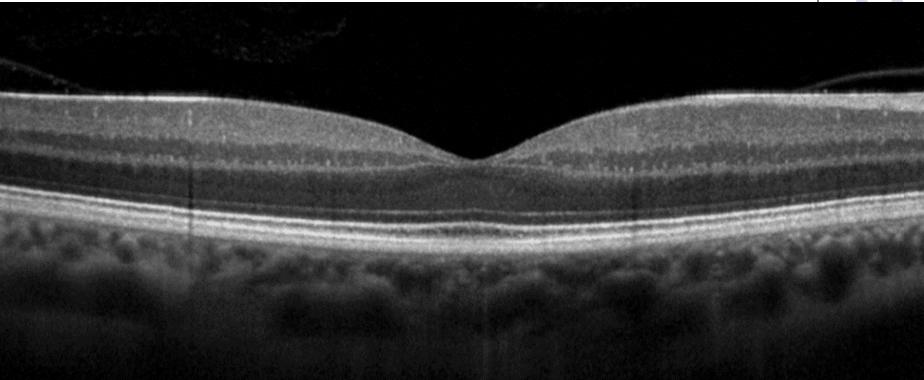




For the remainder of our intro to OCT, we're going to switch gears and work **outward** from the **inner** aspect of the scan

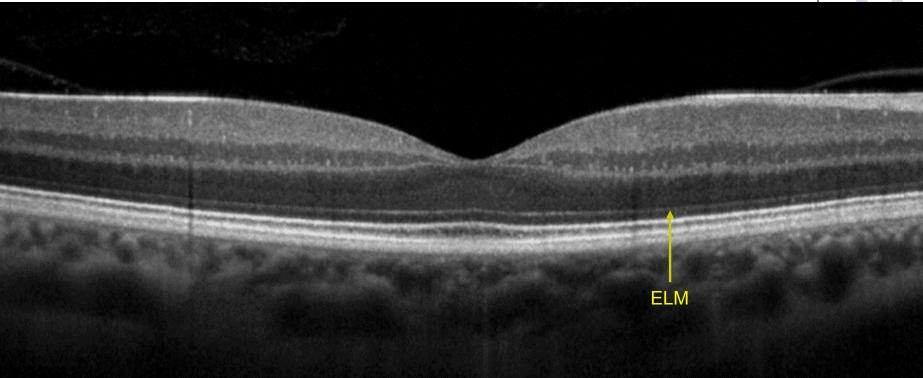
(No question—proceed when ready)





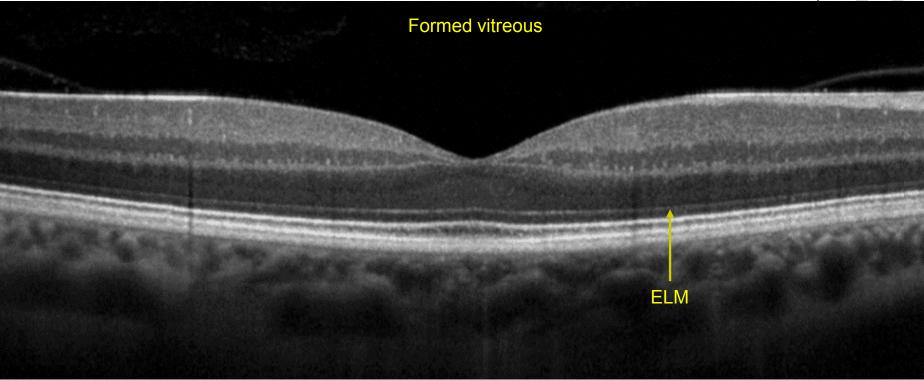
First things first: In order to 'set the floor' re how far down we need to go, locate the ELM:





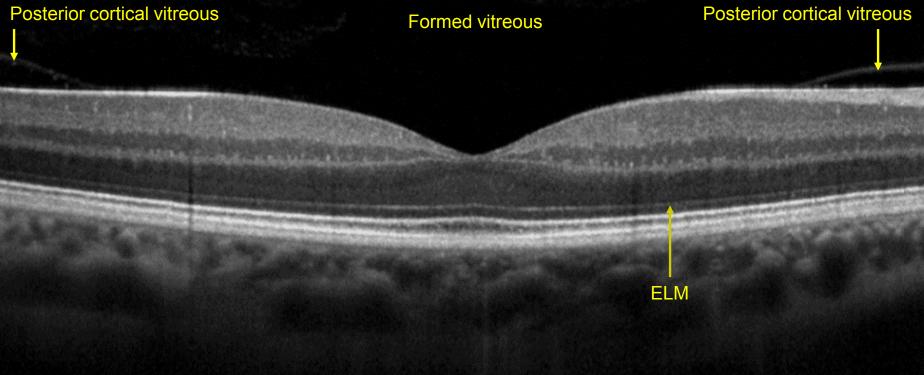
First things first: In order to 'set the floor' re how far down we need to go, locate the ELM:





Next, let's identify the following preretinal structures: --The formed vitreous

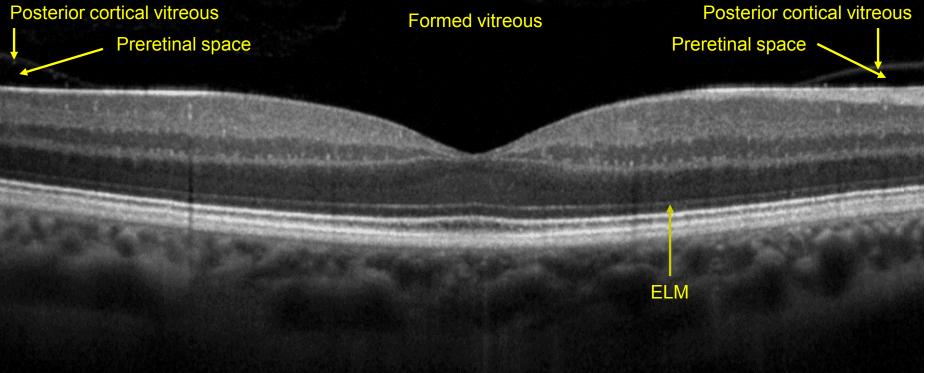




Next, let's identify the following preretinal structures:

- --The formed vitreous
- --The posterior cortical vitreous

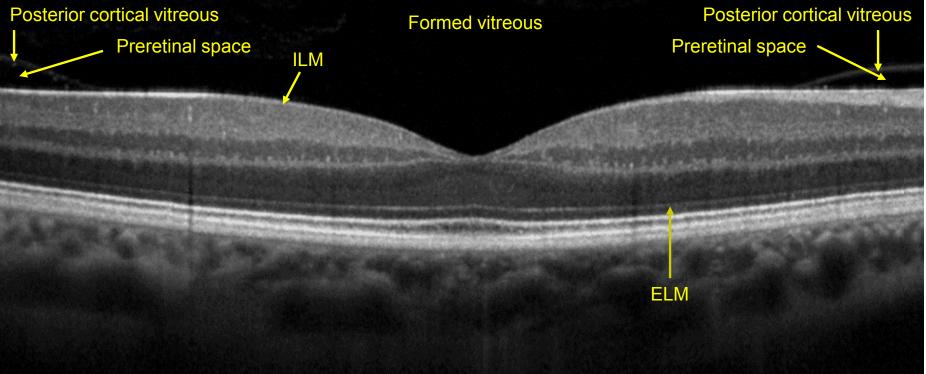




Next, let's identify the following preretinal structures:

- --The formed vitreous
- --The posterior cortical vitreous
- --The preretinal space



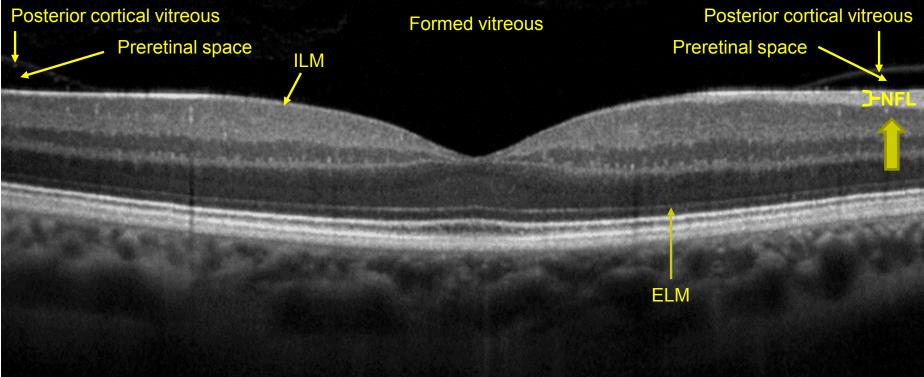


Next, let's identify the following preretinal structures:

- --The formed vitreous
- --The posterior cortical vitreous
- --The preretinal space

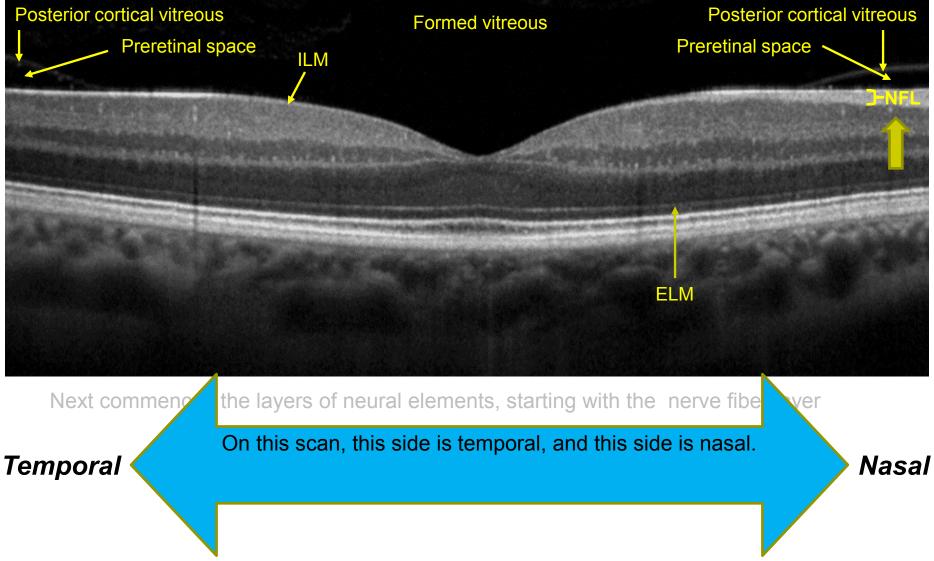
And now the innermost **retinal** structure, the ILM:



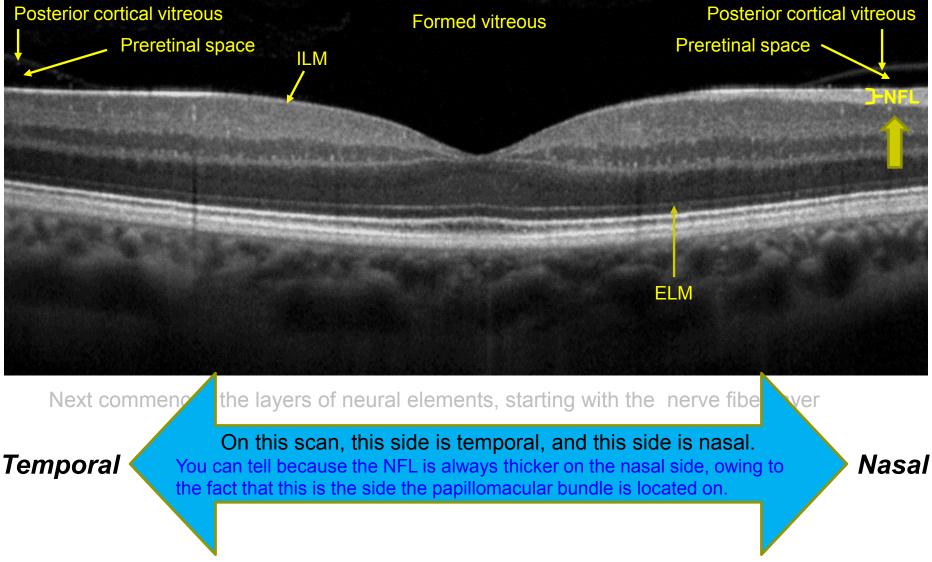


Next commences the layers of neural elements, starting with the nerve fiber layer

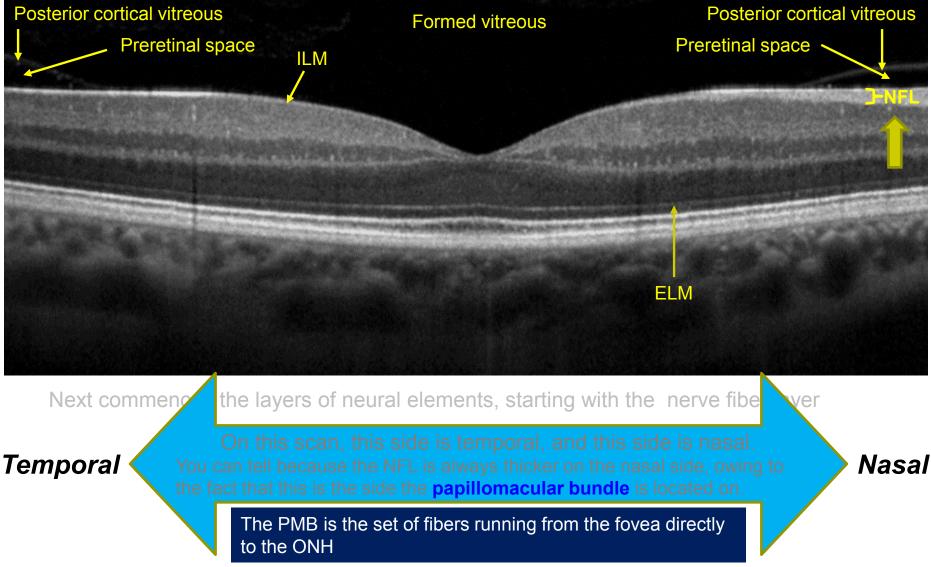


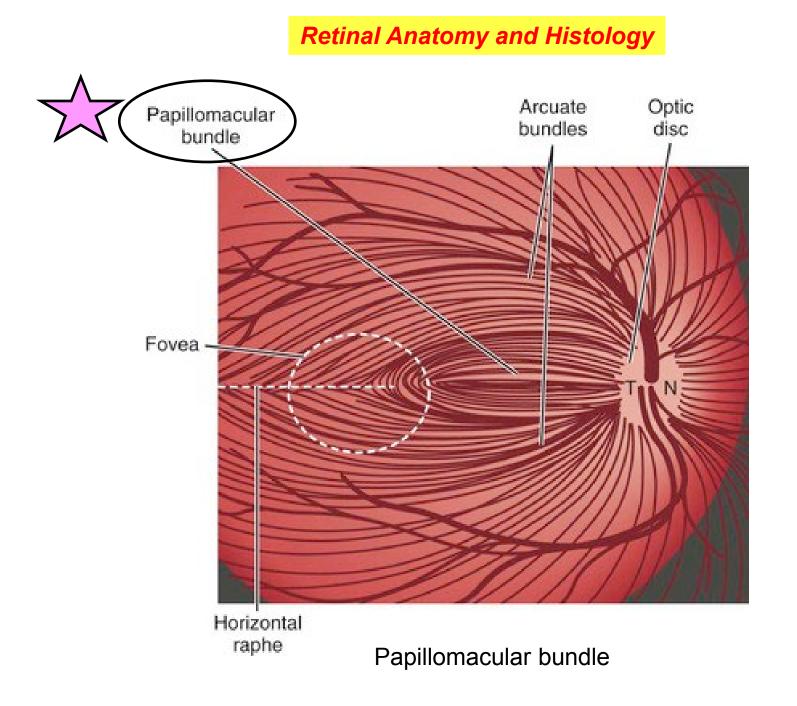






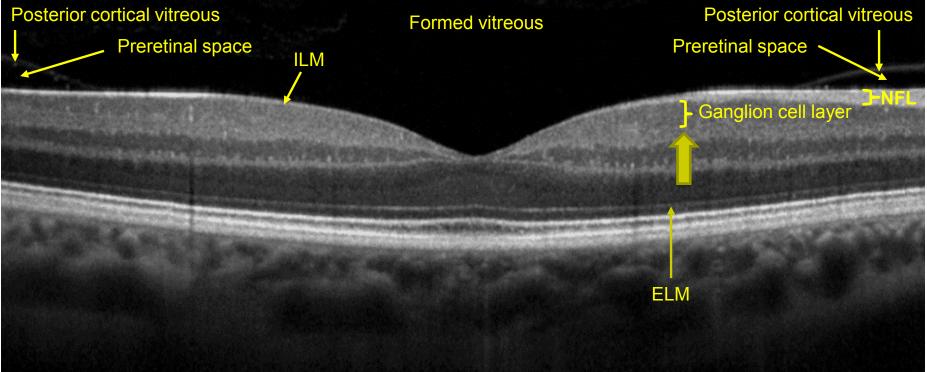






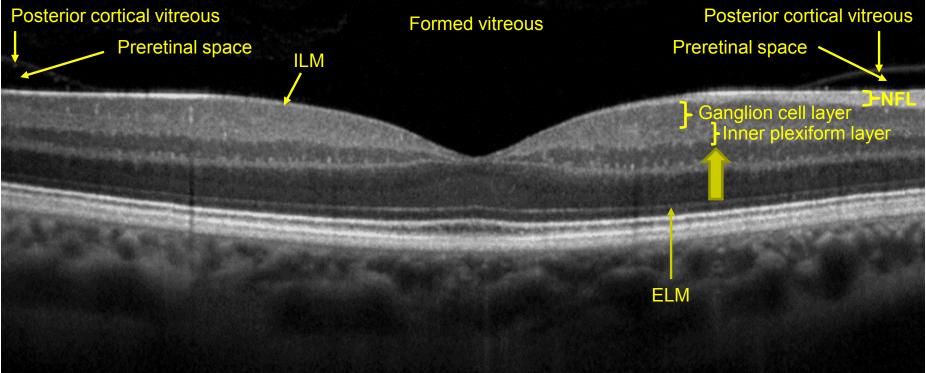






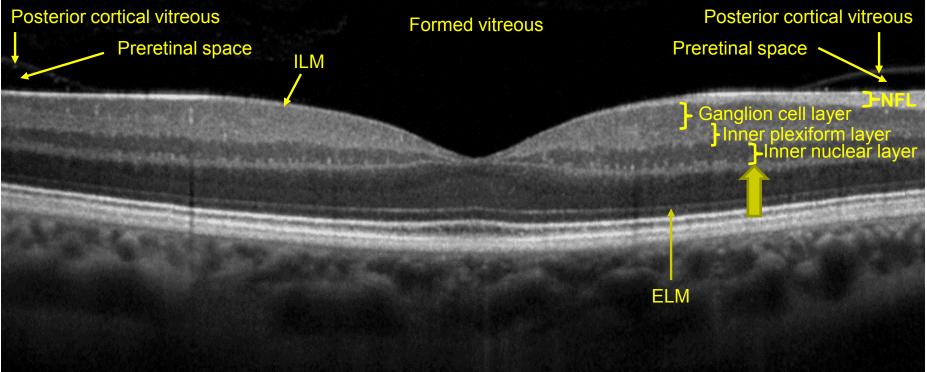
Next commences the layers of neural elements, starting with the nerve fiber layer. As the composition of the layers alternate, the next one must contain cell bodies; sure enough, it is the ganglion cell layer.





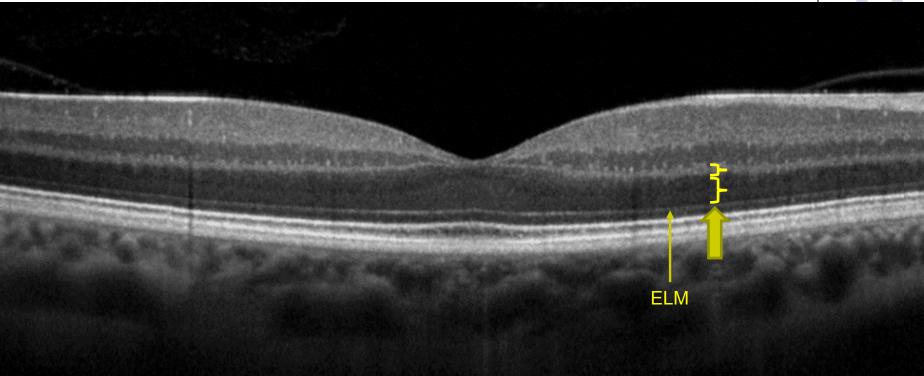
Next commences the layers of neural elements, starting with the nerve fiber layer. As the composition of the layers alternate, the next one must contain cell bodies; sure enough, it is the ganglion cell layer. The next, 'processes' layer is the inner plexiform layer





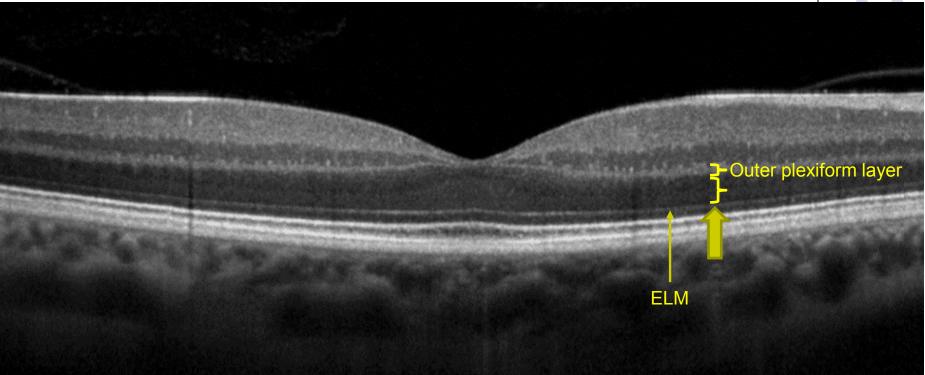
Next commences the layers of neural elements, starting with the nerve fiber layer. As the composition of the layers alternate, the next one must contain cell bodies; sure enough, it is the ganglion cell layer. The next, 'processes' layer is the inner plexiform layer, followed by the next cell-body layer, the inner nuclear layer.





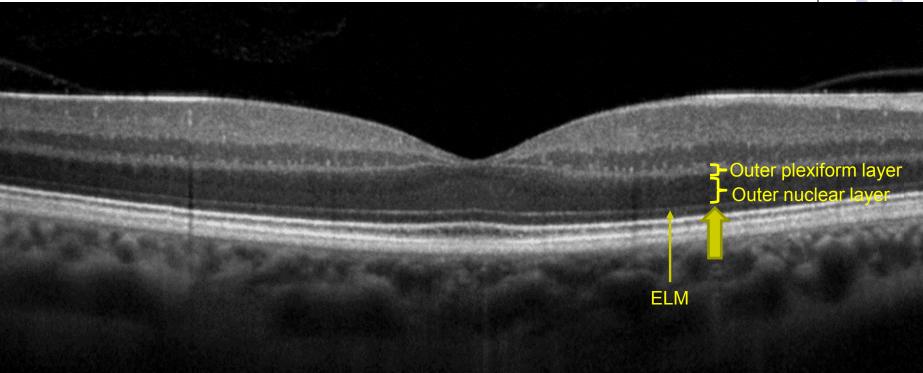
Things seem to be working out perfectly. The OCT appears to have two layers left to identify.





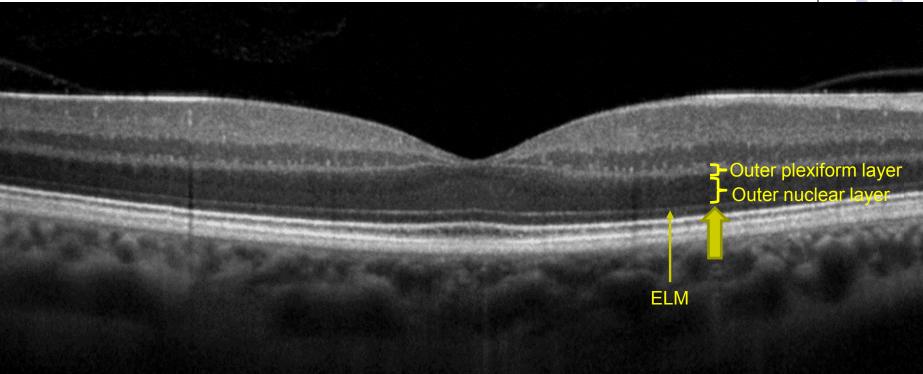
Things seem to be working out perfectly. The OCT appears to have two layers left to identify. Conveniently, there are two yet-unassigned layers—a processes layer (the outer plexiform layer)





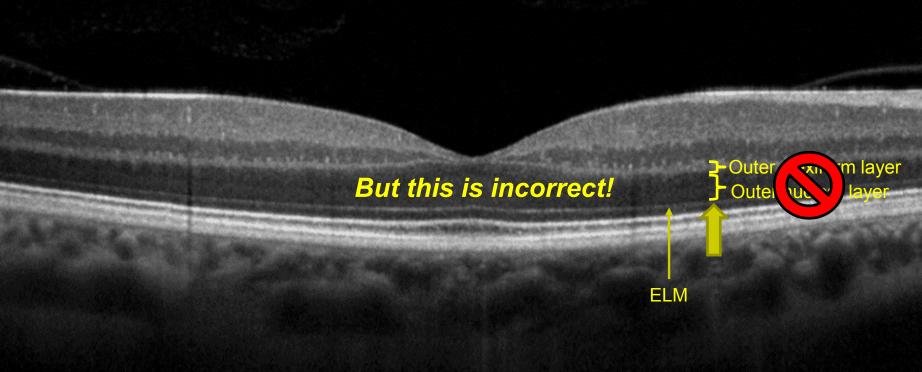
Things seem to be working out perfectly. The OCT appears to have two layers left to identify. Conveniently, there are two yet-unassigned layers—a processes layer (the outer plexiform layer), and a cell-bodies layer (the outer nuclear layer).





Things seem to be working out perfectly. The OCT appears to have two layers left to identify. Conveniently, there are two yet-unassigned layers—a processes layer (the outer plexiform layer), and a cell-bodies layer (the outer nuclear layer). Not uncommonly, you will see OCTs labeled in just this fashion.

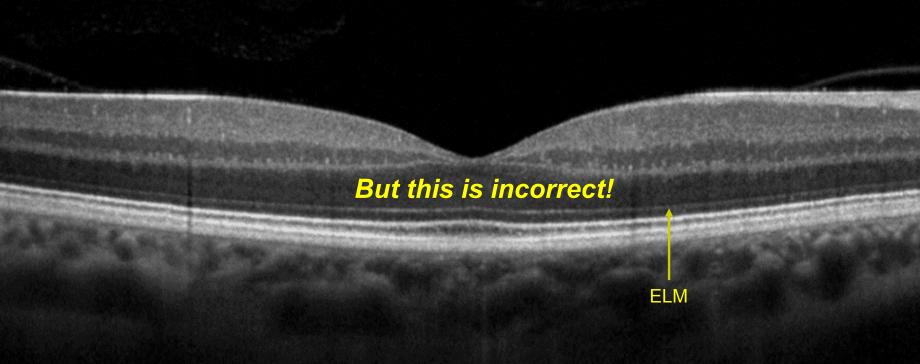




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But this is incorrect!

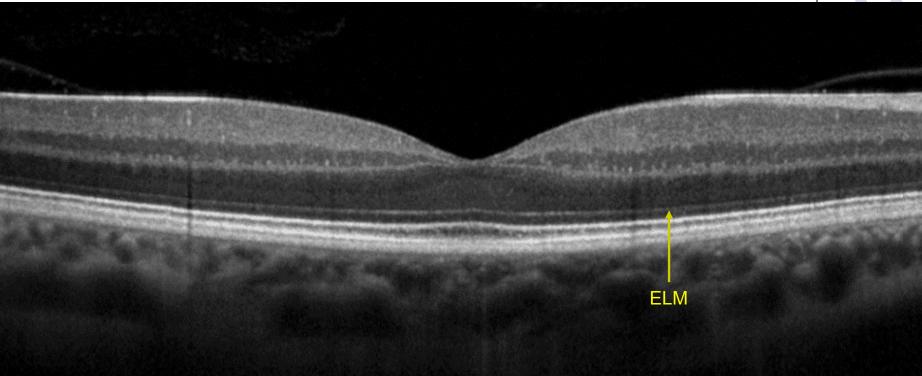




Things seem to be working out perfectly. The OCT appears to have two layers left to identify. Conveniently, there are two yet-unassigned layers—a processes layer (the outer plexiform layer), and a cell-bodies layer (the outer nuclear layer). Not uncommonly, you will see OCTs labeled in just this fashion.

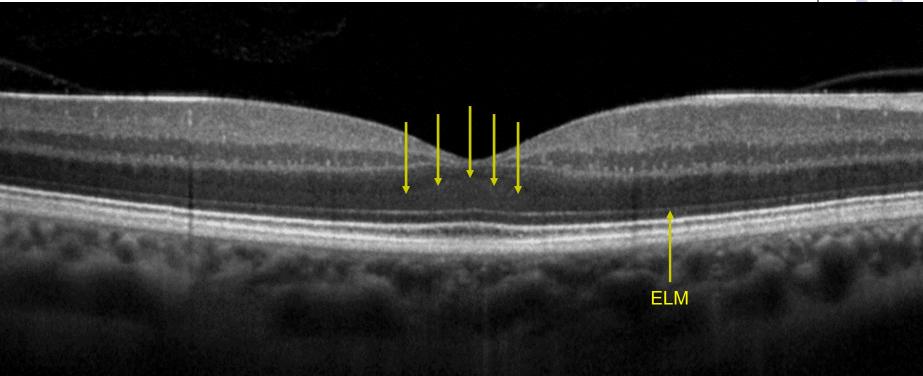
Why is it incorrect? Because the OCT has three layers left—not two!





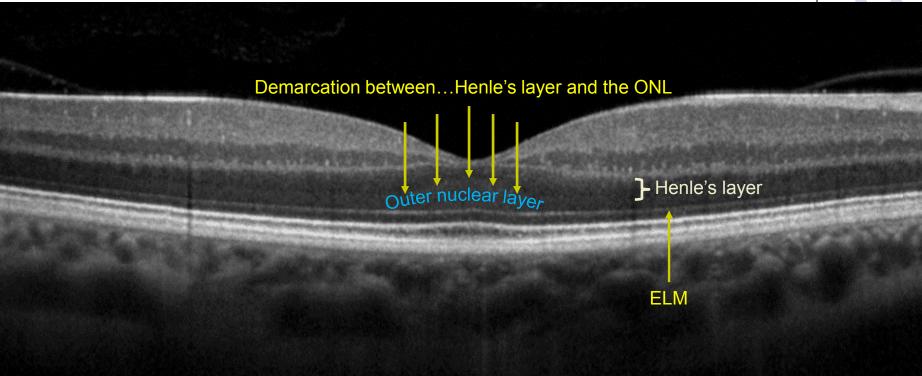
Look carefully at the remaining darker portion, and you will note the presence of a subtle demarcation line within it. (I will point it out on the next slide.)





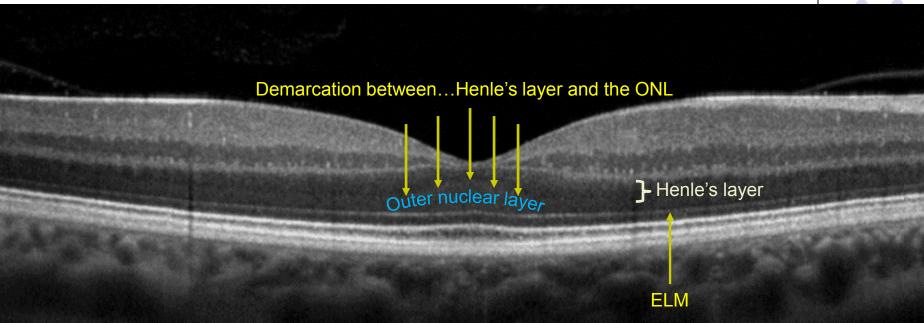
Look carefully at the remaining darker portion, and you will note the presence of a subtle demarcation line within it. (I will point it out on the next slide.)





Look carefully at the remaining darker portion, and you will note the presence of a subtle demarcation line within it. (I will point it out on the next slide.) This line demarcates between the outer nuclear layer and *Henle's layer*.

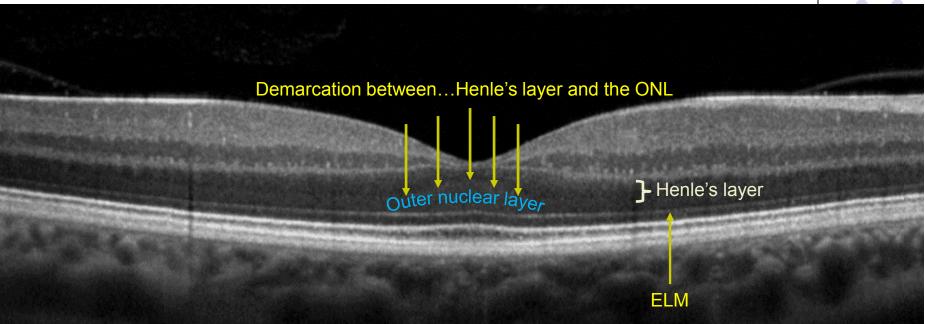




We mentioned Henle's layer earlier in the context of the OPL, when we noted that the terms were often (and erroneously) treated as synonyms.

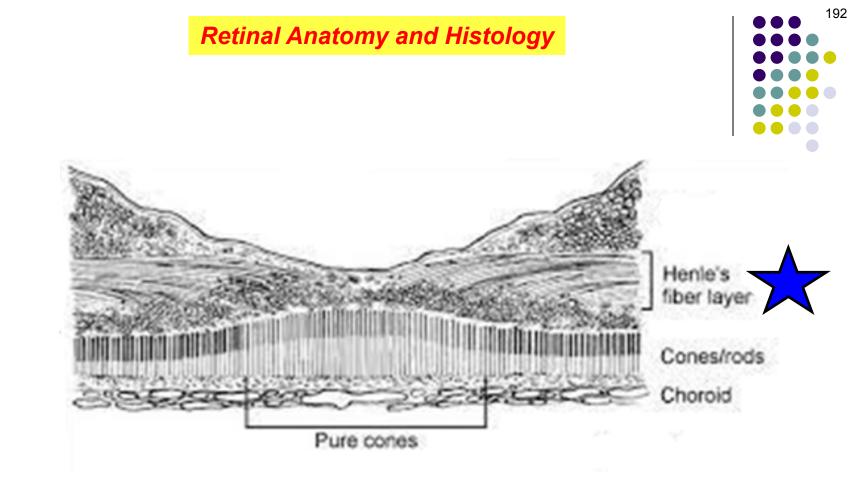
the outer nuclear layer and Henle's layer





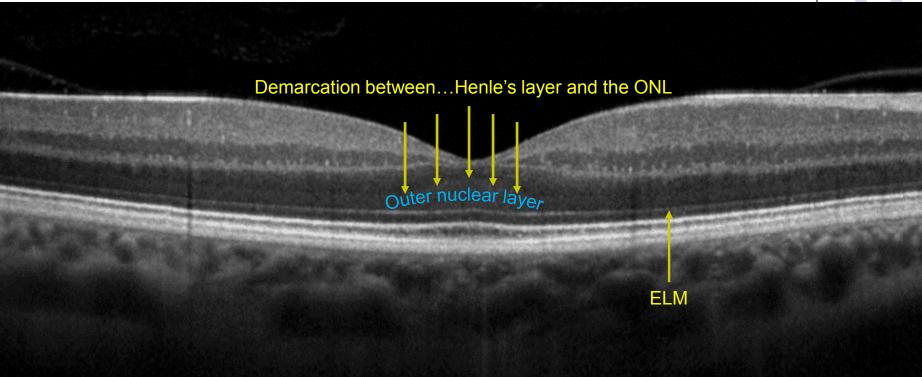
We mentioned Henle's layer earlier in the context of the OPL, when we noted that the terms were often (and erroneously) treated as synonyms. Here's why they're not synonymous. Recall that the OPL consists of the axonal processes of the PRs and the dendritic processes of the bipolar cells. (There's some horizontal-cell processes in there as well.)

the outer nuclear layer and Henle's layer



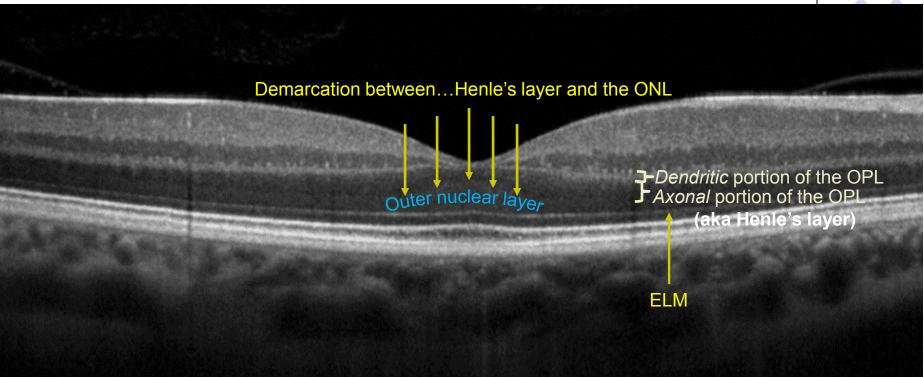
However, in the fovea/parafoveal region, the axonal processes of the PRs are elongated, and radiate directly away from the foveal center in all directions, running almost parallel to the retinal surface (see above). These long, radially oriented axonal fibers comprise the Henle's layer portion of the OPL.





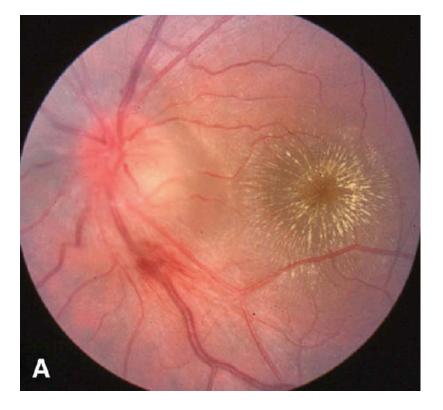
You can now appreciate the appearance of the OCT in the foveal region. The orientation of the PR axons leads the OCT to 'see' them as a layer separate and distinct from that of the bipolar-cell dendrites with which they form the outer plexus.





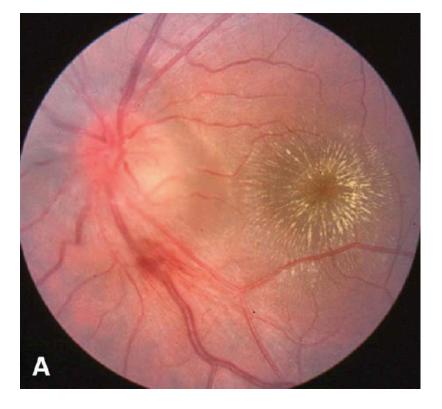
You can now appreciate the appearance of the OCT in the foveal region. The orientation of the PR axons leads the OCT to 'see' them as a layer separate and distinct from that of the bipolarcell dendrites with which they form the outer plexus. This is why it's misleading to treat the terms *Henle's layer* and *OPL* as synonyms: Technically speaking, <u>Henle's layer is the axonal portion of the OPL in the foveal and parafoveal region.</u>





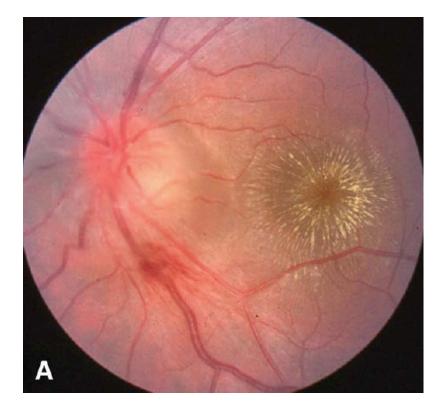
Highly relevant sidebar: The condition depicted above is *neuroretinitis*. (The *neuro-* part refers to the ONH swelling.) The classic cause is infection with *Bartonella henslae*; it is a form of *cat-scratch disease*. The descriptive term for the appearance of the macula in neuroretinitis is a *macular star*.





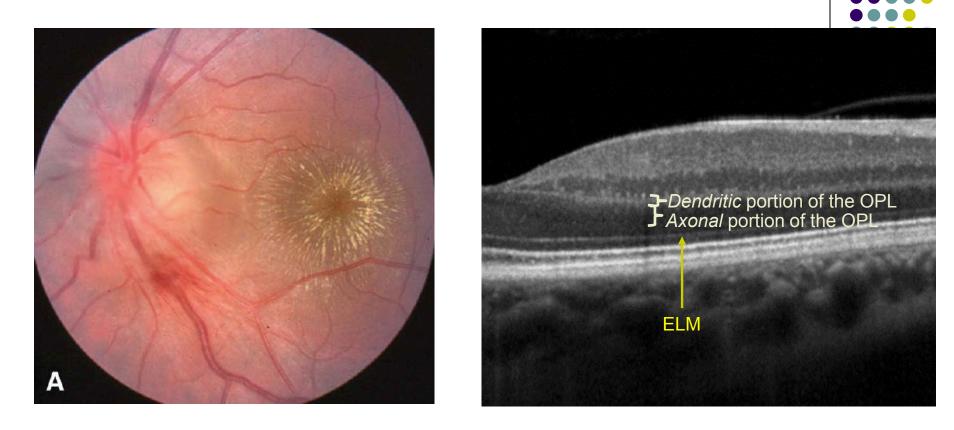
Highly relevant sidebar: The condition depicted above is *neuroretinitis*. (The *neuro*- part refers to the ONH swelling.) The classic cause is infection with *Bartonella henslae*; it is a form of *cat-scratch disease*. The descriptive term for the appearance of the macula in neuroretinitis is a *macular star*.

The point of this sidebar: The reason a macular star look the way it does is that the exudate is located in Henle's layer, and thus it mirrors Henle's radial orientation.

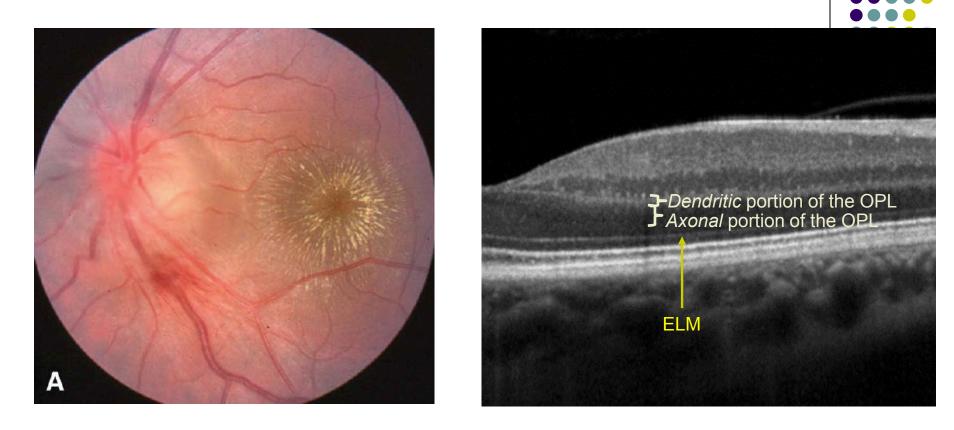




Make a connection in your head between the clinical appearance of a macular star...



Make a connection in your head between the clinical appearance of a macular star... and the OCT appearance of Henle's layer.

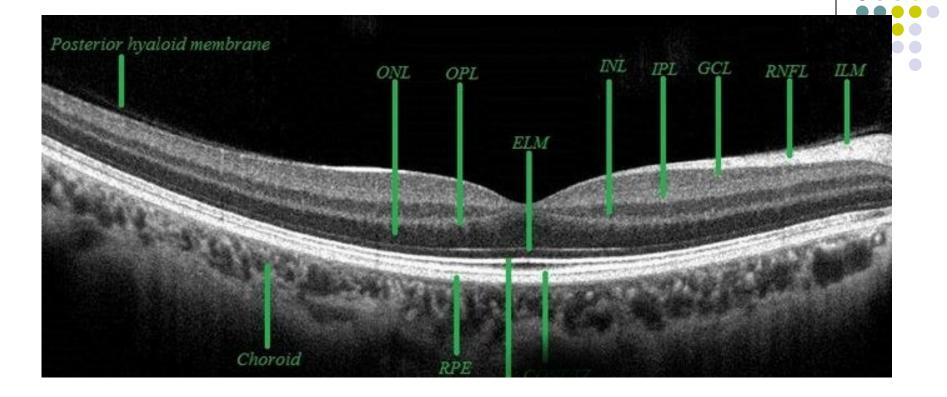


Make a connection in your head between the clinical appearance of a macular star... and the OCT appearance of Henle's layer. While they look nothing like one another, each arises from the same fundamental fact of retinal anatomy/histology!



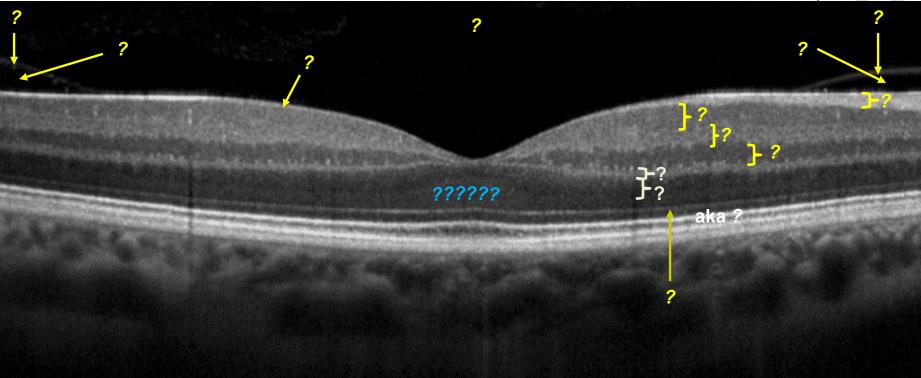
One last word about this OPL/Henle's layer issue—you will find that the *BCSC* books are not consistent in how they use these terms. (For example, the *Retina* book uses them as synonyms on one page, and as referring to separate layers two pages later.)

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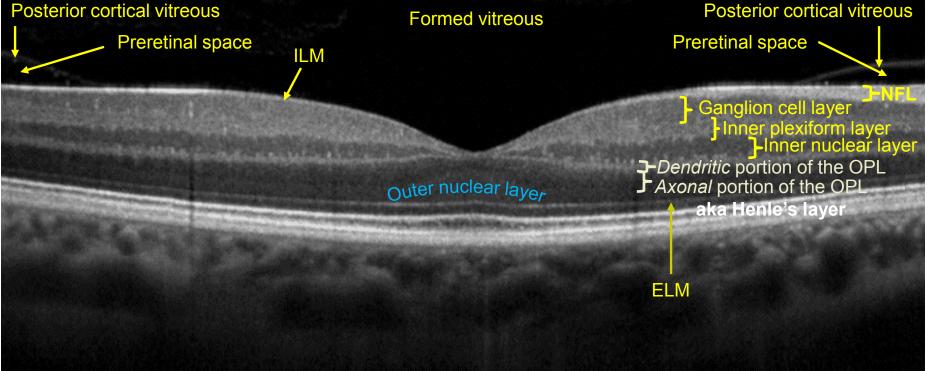
One last word about this OPL/Henle's layer issue—you will find that the *BCSC* books are not consistent in how they use these terms. (For example, the *Retina* book uses them as synonyms on one page, and as referring to separate layers two pages later.) Likewise, you will frequently encounter OCT images labeled in a manner that is unclear or misleading regarding what is the OPL, what is Henle's, and what is the ONL (eg, the above). You may also find that your program's retina specialist disagrees with how I've laid things out here. **Caveat emptor.**





Quiz yourself by toggling back and forth between this slide and the next. When you've got it, you're done!







That's it! Go through this slide-set a couple of times (at least) until you feel like you have a handle on it. When you're ready, do slide-set *R17*, which covers this material in a Q&A format (and more detail).