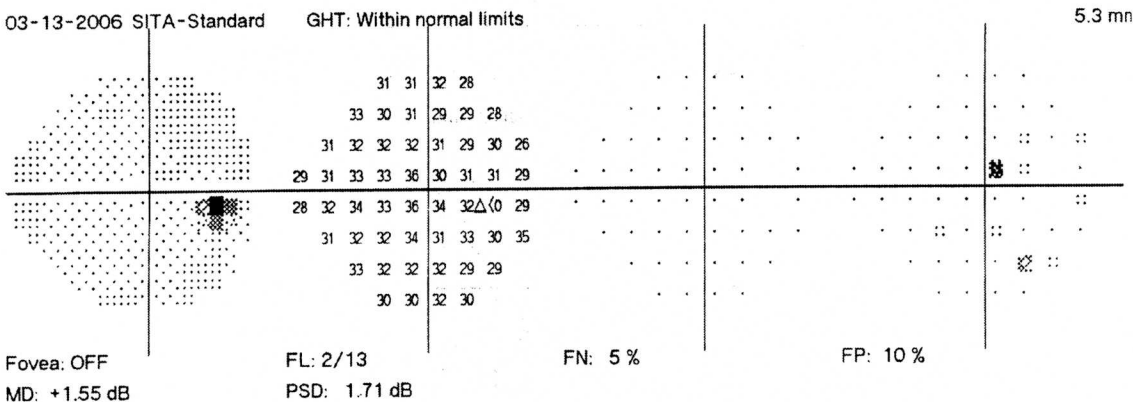
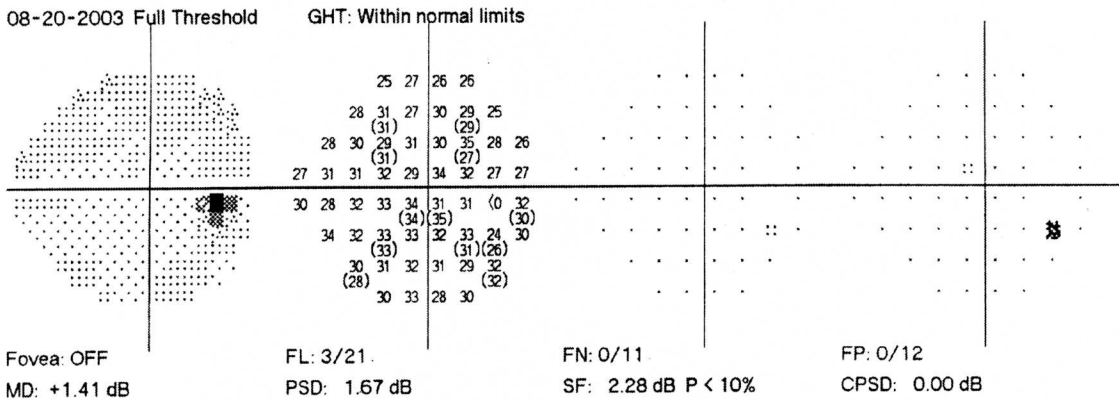


64 yo Male, has been followed for at least 6 years (earlier written notes are no longer available). From computerized pt record notes that are available from 2000 to present:

- Open angle glaucoma suspect not on g meds, not on oral beta blocker
- Ta 22-26 ou off meds
- CCT 595/589
- Fm Hx negative
- .55/.6
- Vertical Disc Height 2.1, ou
- nl NFL,ou

Pt recently had repeat visual field testing. Review the overview of the last two fields of the right eye only and decide:

- a) was the right test run
- b) was the test reliable
- c) is there a defect, by which criteria
- d) is it glaucoma
- e) is it getting worse



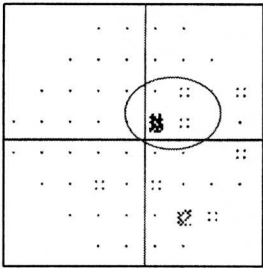
Answers to the questions:

a) The 24 degree pattern is an appropriate test for glaucoma. His past test strategy was Full Threshold which the pt performed without fatigue or learning effect. The pt was switched to SS strategy appropriately in the interest of saving time.

b) The perimetrist noted good fixation, in agreement with 2/13 FL's. FN were 5%, which seems high for a field that looks this good. Remember, FN indicates inconsistent responses that indicate either a pt whose criteria for responding is changing during the test or it indicates inconsistent responses as a result of the disease process. (Boel Bengtston has shown that even though the new SITA strategy for testing FN was designed to minimize the effect of disease on effect on FN, it was not successful, pts with known disease still have elevated FN.) In this case, the clinical findings do not suggest/support the diagnosis of obvious disc damage and the 5% FN seem a bit high. The FP was 10%. In some of the newer software, a FP of 15% or higher is flagged as unreliable. However, in a review of 200 pts's visual fields done in our clinic, the most common FP value was 0%, the median was 1%, and the average was 3%. Ninety percent (90%) of fields had 5% or less false positives, 95% of the fields had 8% or less FP. So, a FP value of 10% suggests a patient who may be trigger happy. Even without the presence of "super points" (values above 36), the reliability should be suspect. Inspection of the edge points shows values too high for the eccentricity. Overall, the reliability of the field is suspect.

		31	31	32	28		
		33	30	31	29	29	28
		31	32	32	32	31	29
		29	31	33	33	36	30
		30	31	31	29		
28	32	34	33	36	34	32	29
	31	32	32	34	31	33	30
		33	32	32	32	29	29
		30	30	32	30		

c) The Glaucoma Hemifield Test (GHT) was normal, but there is a significant cluster defect present in the pattern deviation plot. Of interest is the cluster is not seen in the total deviation plot. In most patients, the pattern deviation plots look better than the total deviation plots as the pattern deviation plot corrects for overall depression. In some pts, who perform better than the average pt, the pattern deviation actually lowers the values. Theoretically, there are pts whose field will be better than the expected median values. However, whenever the pattern deviation plots look better than



the total deviation plots, suspect a trigger happy pt and evaluate the field with caution. If the single field print out is available,

you can look at the numerical deviation boxes and see that the pattern deviation values are worse than the total deviation values. Because the field is unreliable secondary to FP, it can not be analyzed further. Rerun the test and give specific pre-test instructions to the pt to make sure they see a spot before responding.

		4	5	6	2				1	1	2	-1
		5	1	2	1	1	1		1	-2	-1	-3
		3	2	2	1	0	0	1	-1	-1	-2	-3
		3	2	3	1	4	-1	0	0	-1	-2	-3
		2	3	3	1	3	2	0	-1	-2	0	-1
		3	2	0	2	0	2	0	5	-1	-2	-3
		4	2	1	1	-1	-1		0	-2	-2	-3
		1	1	3	1				-2	-3	-1	-3
Total									Pattern			