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Hall A

Sunday 5:00 — 7:00 PM

Cornea, Clinical & Epidemiologic Research, Physiology & Pharmacology Clinical Cornea/Lacrimal/Tears

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NOTE: Potential conflicts of interest of presenters and authors are noted at the end of the Abstract either by "None" or with codes (see code definitions under the section "Abstract Content/Commercial Relationships/Disclosure Codes" in the front matter).

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ENDOTHELIAL CELL ANGLE IRREGULARITY INDEX AS A MORPHOLOGIC INDICATOR OF RECENT CORNEAL ENDOTHELIAL CELL STRESS ((M.J. Maldonado^{1,2}, C. Ruiz-Lapuente¹, M.E. Diaz¹, E. Espana^{1,2}, V. Arnau¹, and J.L. Menezo¹)) Department of Ophthalmology, La Fe University Hospital and Department of Surgery¹; Department of Optics², La Esperanza del Mar Hospital - Barcelona¹; Institute of Robotics²; University of Valencia, Spain.

Purpose: To evaluate the usefulness of Angle Irregularity Index (AI) for detecting recent corneal endothelial cell stress. **Methods:** The corneas of 15 long-term soft contact lens wearers and 15 patients who had received intraocular lens (IOL) implantation were studied. Both groups did not differ significantly with respect to age or gender. The group of contact lens wearers had discontinued the use of the lenses for a minimum of 5 minutes and a maximum of 2 hours. The group of patients that had received IOL implantation underwent examination a mean of 15.5 ± 11.2 months after surgery. A non-contact specular microscope (TOPCON) was used to obtain endothelial photographs. The best images were selected for quantification so that a mean of 150 cells were analyzed for each cornea. An investigator performed the following determinations in a masked fashion: cell density, coefficient of variation (CV) of the cell area, the percentage of hexagonal cells and AI. AI was calculated as the pooled standard deviation of the angles of intersection at the apices. **Results:** Mean AI was higher in the contact lens group (18.3) than in the IOL surgery group (17.1, $P = 0.04$). For a 100% sensitivity value, AI was more specific (41.93%) than the CV (35.48%), the percentage of hexagonal cells (28.12%), and the cell density value (29.03%) in differentiating recent continuous stress to the corneal endothelium -contact lens group- from delayed effect of an acute insult to the endothelial layer in the past -IOL surgery group-. **Conclusions:** Angle irregularity seems to be a useful indicator of recent stress to the corneal endothelium. AI appeared to be more specific than any other endothelial cell parameter in differentiating recent continuous stress to the corneal endothelium from acute insult in the past.

None

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CENTRAL CORNEAL ENDOTHELIAL SPECULAR MICROSCOPY BY CONTACT AND AUTOMATED NONCONTACT TECHNIQUES ((J.W. McLaren¹, L.R. Nelson¹, D.O. Hodge², W.M. Bourne¹)) Department of Ophthalmology¹ and Section of Biostatistics², Mayo Clinic, Rochester, MN.

Purpose: In this study we compared endothelial cell images from automated noncontact and contact specular microscopes. **Methods:** 26 normal corneas and 41 penetrating keratoplasties (PK) were photographed with a Konan Robo automated noncontact specular microscope (NON) and a Keeler-Konan contact specular microscope (CON) after measuring the magnification of each instrument. Cellular apices were digitized and analyzed with a Bio-Optics Bambi analysis package modified to accept x- and y-calibrations. At least 100 cells were measured on each normal cornea and at least 40 cells on the PK corneas. **Results:** Endothelial cell density (ECD) of normal corneas was 2685 ± 357 cells/mm² (mean $\pm$ SD) by NON and 2703 ± 354 cells/mm² by CON ($p=0.51$, paired t-test). ECD of PK corneas was 1807 ± 775 cells/mm² by NON and 1767 ± 773 cells/mm² by CON ($p=0.31$). The coefficient of variation of cell area was 0.29 ± 0.08 and 0.30 ± 0.07 ($p=0.24$) by NON and CON, respectively, in the normal corneas and 0.31 ± 0.08 and 0.32 ± 0.09 ($p=0.11$) in the PK's. The percentage of hexagonal cells was $62 \pm 11\%$ and $61 \pm 8\%$ ($p=0.50$) by NON and CON, respectively, in the normal corneas and $57 \pm 9\%$ and $53 \pm 8\%$ ($p=0.01$) in the PK's. **Conclusions:** When properly calibrated, the automated noncontact specular microscope, an instrument that is more acceptable to the patient, may be used interchangeably with the contact specular microscope to measure ECD and coefficient of variation. However, in contrast to normal subjects, the estimate of percent of hexagonal cells in PK patients may be biased when using the noncontact instrument.

Supported by NEI grant EY02037 and Research to Prevent Blindness, Inc. None

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CHARACTERISTICS AND STANDARDISATION OF THE NON-CONTACT CORNEAL AESTHESIO-METER (NCCA) STIMULUS ((P.J. Murphy¹, S. Patel² and J. Marshall³))

¹Department of Vision Sciences, Glasgow Caledonian University, Glasgow, UK; ²Department of Ophthalmology, City Hospital, Birmingham, UK; ³Department of Experimental Ophthalmology, St Thomas' Hospital, London, UK

Purpose: To describe the air-flow characteristics and stimulus standardisation of the Non-Contact Corneal Aesthesiometer (NCCA). **Methods:** Consistency of the air-pulse stimulus supply: 1) Rate of Air-Flow over three stimulus durations (0.5, 0.9 and 1.5secs); 2) Volume of Air-Pulse over the three durations; 3) Schlieren Interferometry to examine the coherence/dispersion of the air-flow; 4) Lycopodium Powder Dispersion under different stimulus pressure/ duration/ working distance combinations; 5) Temperature Change Effect measured using thermocouple to mimic corneal nerves; Mode of Stimulation: 6) Pressure - rate of change of surface deformation; 7) Temperature - rate of change of corneal surface temperature. **Results:** 1) Rate of Air-Flow: No significant difference between each stimulus duration ($p>0.05$), no drop-off in stimulus intensity with time; 2) Air-Pulse Volume: High repeatability of stimulus volume, low standard deviations; 3) Schlieren Interferometry: Air-flow remains coherent up to 1.5cms from stimulus air-jet, with minimal dispersion: optimum working distance of 1cm; 4) Lycopodium Powder Dispersion: increases with rate of air-flow, optimum control of dispersion and stimulus intensity found with 0.5mm diameter air-jet; 5) Temperature Change Effect: air-pulse can produce a definite drop in temperature of a model corneal surface, with an increasing air-flow producing an increasing temperature loss; 6) Pressure Mode: no detectable surface deformation, although theoretically possible; 7) Temperature Mode: thermal imaging demonstrated ocular surface temperature loss, localised to discrete area of cornea only. Change of 0.5°C for typical normal sensitivity threshold of 0.5mbars. **Conclusions:** 1) NCCA produces a repeatable and consistent air-pulse stimulus; 2) Mode of stimulation primarily related to ocular surface temperature change; 3) Area of stimulation is localised to discrete area of cornea.

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