

Biomechanics

Tarek El-Naggar, MD, FRCS (Glasg) Head Of Refractive surgery unit -Research Institute of Ophthalmology A. Professor of Ophthalmology The Speaker Has No Financial Interest



Do we really need biomechanical evaluation?



• Progressive, non-inflammatory condition, which produces a thinning and steeping of the cornea.

Subclinical inflammatory disease.(Increased levels IL-6, TNF-α, and MMP-9).
EOS 2025 Ibbing, a proven risk factor for keratoconus.
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KC and Post LVC Ectasia

• Biomechanical Failure!!

Ocular Response analyzer (ORA)





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EGYPTIAN OPHTHALMOLC Cataract Refract Surg. 2014;40:862–9.



CorVis ST Corneal Visualization Scheimpflug Technology











Scheimpflug images of the corneal deformation response on Corvis ST showing the biomechanical parameters derived at each stage. The fixed air puff causes the cornea to flatten (applanation point A1) and then move inwards to reach the point of highest concavity where the deformation amplitude (DA in mm), peak distance (PD in mm), and the radius of curvature (RC in mm) are measured. As the cornea begins to assume its normal, convex shape, it passes through the second applanation point (A2)



OCULUS Corvis® ST - Dynamic Corneal Response



















SS Curve and SSI

- SS curves describe the intrinsic elastic properties of the cornea.
- Shifted to the right if the cornea is softer, and shifted to the left if the cornea is stiffer.
- Less dependent on corneal thickness and IOP.

SS Curve and SSI



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| 1 st Applanation | Moment at the first applanation of the cornea during the air puff (in miliseconds). In parenthesis is the length of the applanation at this moment (in milimeters) |
|-----------------------------|---|
| Highest Concavity | Moment that the cornea assumes its maximum concavity during the air puff (in miliseconds). In parenthesis is the length of the distance between the two peaks of the cornea at this moment (in milimeters) |
| 2 nd Applanation | Moment at the second applanation of the cornea during the air puff (in miliseconds). In parenthesis is the lenght of the applanation at this moment (in milimeters) |
| Maximum Deformation | Measurement (in milimeters) of the maximum cornea deformation during the air puff |
| Wing Distance | Length of the distance between the two peaks of the cornea at this moment (in milimeters) |
| Maximum Velocity (in) | Maximum velocity during the ingoing phase (in meters per secons [m/s]) |
| Maximum Velocity (out) | Maximum velocity during the outgoing phase (in meters per secons [m/s]) |
| Curvature Radius Normal | Radius of curvature of the cornea in its natural state (in milimeters) |
| Curvature Radius HC | Radius of curvature of the cornea at the time of maximum concavity during the air puff (in milimeters) |
| Cornea Thickness | Measurement of the corneal thickness (in milimeters) |
| IOP | Measurement of the intraocular pressure (in milimeters of Mercury [mmHg]) |
| DAratio 2 mm | Ratio between vertical displacement at apex and at 2 mm |
| Inverse concave Radius | Inverse of the Radius of curvature during concave phase of the deformation |
| Integrated Radius | Area under the inverse concave Radius vs. time curve |
| SP-A1 | Parameter reflecting bending stiffness of the cornea as defined by force/replacement |
| bIOP | Biomechanical corrected IOP |
| CBI | Corvis Biomechanical Index: overall biomechanical index for kc detection |
| тві | Tomographic Biomechanical Index: combines tomographic and biomechanical data for enhanced ectasia detection |

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CBI Corvis Biomechanical Index



updated 20170721

EO

EGYF



TBI Tomographic Biomechanical Index

TBI calculation









CBI Ethnicity



KC **F** Ectasia Susceptibility

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Biomechanics Evaluation
Biomechanics Evaluation

• KC:

- Diagnosis of KC.
- Follow up of KC.
- Assessment of Ectasia Management.
- Refractive Surgery:
 - Avoid Post LVC Ectasia.
 - Exclude Ectasia Susceptibility.
 - Diagnosis of Post LVC Ectasia.

• Other options. EOS 2025 EGYPTIAN OPHTHALMOLOGICAL SOCIETY

Diagnosis of KC

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10 Years Old F referred for CXL



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OCULUS - PENTACAM Belin/Ambrósio Enhanced Ectasia Display









Steep Cornea

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Steep Cornea

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1.2515



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1.22(09 Last Name: 300 **Comeal Thickness** Elevation (Front) Elevation (Back) 340 First Name: (F)=6.77 Float, Dis=8.00 (B)=5.65 Float, Dis=8.00 9,0 % ID: -65 3 OD 8-05/16/2004 Eye: Right Date of Birth: G. 9 OD OD 450 8-8--60 07/06/2021 Time 10.14:37 Exam Date: 500 0 -85 (29) 540 Examinio: 4-4 4 590 49.4D 165.91 KQ: Àxe Q-va -45 K2: 51.0D -0.16 560 0 180 0-(30°) QS: 0 700 КМак 51.8D DK. -40 +28 740 532jim Pachy Thin Local 0 ぼ 790 4 4 П 0.37mm Dist Apen Thin Loca: 820 10 90 -15 -27 609 F.Ele.Th: 1µm E.E.e.Th: Jum 360 8 -25 8 9-N Progression Index. 270 10 µm 0.64 1.12 Min: Max: 8 Pachy. 1152 ARTmax 474 AND Abs (F) Excl.3.5mm r=6.79 Float, Dia=6.00 [9] Excl 3.5mm r=5.69 Float, Dia=0.00 OD OD Sint Same Mean corneal thickness values on rings corresplically to the thrinest location. 8-8-Comeal Thickness Spatial Frofile (CTSP) Diameter 10 mm 4 400 +10 500 Ū-11 +14 +39 +75 600 +20 700 4 4 800 4.2E 8-8-900 +30 Ν μm 125 8 0 Patcentage Thickness Increase (PTI) Diameter Front[Difference (Back) Difference 2 10 mm 0 OD Sint Same OD 8-8-10 20 4 4 30 40 50 0 0 60 +70 x 475 4 4 25 µm EGYPTIA Reference Database @ Myopic/Normal C Hyperopic/Mixed Cyl Literature 0 8 Elevation N D: 1.06 Df. 0.74 Db. 0.05 Dp. 0.08 DE 0.16 Da: 0.13 Fired 57um 1246µm Sur

EOS



Minimum Corneal Diameter and Anterior Steep Axis Curvature Share the Same Meridian: A Novel Finding

MATHEW FRANCIS, HIMANSHU MATALIA, ANSU ANN JOHN, JYOTI MATALIA, NANDINI CHINNAPPALAH, PRARTHANA BHANDARY, ROHIT SHETTY, RUDY M.M.A. NUIJTS, AND ABHIIT SINHA ROY





Hypothesis: When corneal diameter decreases, elevation and curvature increases.

FIGURE 5. Schematic diagram showing how lower cornea diameter (CD) was causing warping of the cornea, especially along the minimum corneal diameter (minCD) meridian resulting in higher elevation and curvature along the same meridian.



Internet Parayana versionary in Polandaria (P.C., 2020), Sengara Nelmahya dia Department of Consult and Roberts's Surgers. Nanogana Nelmahya (E.M., A.A., L.M., M.C. ER, R.S.), Brandress Huls, University Pay-Clinic Massardin, Massurdin, University Modesal Center (MUMC4+) (M.D., R.S., R.M.M.A.N.J., Massardin, Nerherlands (M.D., R.S., R.M.M.A.N.J., Massardin, Nerherlands) (M.D., et al. 2010) (Science Science Methalics), Jangalow, India venalt surger/Physikovana

However, such a measurement of CD would require a clear and simple definition of the external scleral suchs on Scheimoflag images, which is currently locking in literature.^{45,11-14} Several approaches were proposed, such as edge detection.¹³ height or profile data,^{55,14} and on face carr-

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Thin Cornea

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1,3/2794

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Follow Up of KC

Without treatment





Post CXL

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OCULUS - PENTACAM Compare 4 Exams



OCULUS Corvis® ST - Homburg Biomechanical E-Staging (BEST)

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OCULUS

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Patient Examination Display Export Sattings Name Salart 4 OD E-Staging Gelec: 6 exans Hight Eye esan's Left Eye Exam (Right (00 QS 20.03.2024 .0 00 00 0 15.40:07 15.05.202 OK 3 12/51:45 64 12.2023 13 28:57 15 U1 2024 14 25:30 U 1 24.72 n s 2 DA Ratio Integr Radius ARTh SP-A1 SSI soft soft thin soft +3 SD +450 +3 SD +3.8D at +2 SD +3 SD +2 SD +2 SD 0.10 +1 SD +2 SD +1 SD +1 SD [Wards] 0.12 1 0 SD +1 SD 0 SD 0 SD 0.08 -1 SD 0 SD -1 SD -1 SD 븅 0.04 -1 SD -2 SD -2 SD -2 SD Strain -2 SD -3 SD -3 SD -3 SD 0.00 05. 22 4% \$2 stiff stiff thick stiff 0 51 5.4 5.6 5.0 4.9. 113 116 95 89 252 244 303 78 90 CBiF. 5.7 06 06 0.6 0.7 Value: 55 52 Value: Value: 208 Value: .76 81 Value: E-Stage 2.4 1.8 1.6 1.4 29 31 13 08 19 17 18 12 21 18 15 25 26 21 19 17 14 SD: 340 SD: SD: 2.8 SD: SD: 19 O 0 C 0.0 Bancline (a) 0 0 0 BaseLine (iii) 0 0 BaseLine (a) 0 0.0 BaseLine 🛞 0 0 BaseLine 🛞 C 0 BaseLine (iii) Changes from baseline esam Changes from baseline exam: Charages from hazekne exam Changes from baseline exam Changes from baudine usam Charges from bassiens exam-Diff. Ine. Diff. Ianu. DH. tre: 0.2 0.0y 0.0y Dill. inst. 0.8y 0.8y Dill. Inc. DIL ITR. 0.25 0.8y 0.3y 0.2 0.8 0.2y 0.8y 0.2 0.25 0.8# 0.8y 0.8y 0.84 DH: SD -12 -14 DH SD 0.2 -16 -22 DR SD: -0,5 -0.3 -0.0 D# 50: -0.1 -0.7 D# 50: 0.0 -0.1 -0.5 DM. Stage : 0.5 0.8 1.0 -0.9 -0.3 No Prog. Stiffer Sitter Thicker Stiffer Sifter not sign Processe. hot sign not sign. not sign 1 1 not sign J J sotter thinner. softer softer softer Referencemental databa EGYPTI/ Oculus Optikgeräte GmbH 35582 Wetzlar Tel: (0641) 20 05-0 www.oculus.de Münchholzhäuser Str. 29 Fax (0641) 20 05-255

OCULUS Corvis® ST - Homburg Biomechanical E-Staging (BEST)

EOS

E-Mail AVI JPG

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Post ICRS

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Diagnosis of Post LVC Ectasia.



Post Elevation Post LVC



EOS 2





EOS 2



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OCULUS - PENTACAM Compare 2 Exams



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Unilateral Post LVC Ectasia?

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OCULUS Corvis® ST - Biomechanical/Tomographic Assessment (ARV) 1.72794 Petiere kport Settings External software E-Muit AVI JPG PostLVC Ectasia Date of birth: 24.12.1974 Age: 49 Name: ID: Time: 11:04:59 Eye Flight (CD) Exam Date: 15 12 2024 Time: 10:52:29 Eye: Right(OD) Exam, Date. 10:12:202* Into-OS: Airment Info: OS-Data Gaps Corvis ST - Biomechanical Assessment Pentacam - Tomographic Assessment l. ECTASIA Population Distributions: post LASIK Population 90.0 exist / Sogittal Eurysture (Picrit) **Corneal Thickness** 80.0 Stiffness Parameter Al 71.B Integrated Reduct 14.5 70.0 20 20.7 R OD Sint OD 输出 6.3 46.0 44.0 42.0 000 ARE. 573 501 57.782.5 11.1 13.0 38.0 180 82 36.0 ARTh 26.0 **DA Retio** 346 32.0 80.0 20.0 N 270 270 10 y Part Att D The second **Ourseture** 54 264 1495 6.3 Abe. Phickness Special Profile (CTSP) Diavister Percentage Thickness Increase (PTI) Diev Corneel At OD 10 m 10 -------270 63 4.0 HC. A 100 600 150 1600 200 UUU. 62 2 LM 0 . 1.85 me **IOPnct**: K Max :: PRFI: 25.5mmHg HOP: 4.0.0 0.97 TKC: 27.2 mmHig 648D. IS Value: BAD D post LVC: no BADD calculation CBI LVC 1.00 (a) myopic () hyperopic 0.25 0.75 0.50 1.00 EOS Reference thracity Global database ~ Treatment post TB post LVC: no TBI calculation EGYPTI/ Oculus Optikgeräte GmbH Tel: (0641) 20 05-0 35582 Wetzlar www.oculus.de Münchholzhäuser Str. 29 Fax (0641) 20 05-255



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Brillouin microscopy

- Brillouin Optical Scanner System (BOSS)
- Based on a Brillouin microscopy technique that measures minute changes in the wavelength of back-scattered light produced by light directed and focused into the cornea
- The measured frequency shift, which is correlated to the material stiffness, will be used to determine cornea stiffness



The principle of Brillouin microscopy



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Optical coherence elastography (OCE)

 Dynamic OCE is a clinically promising non-contact imaging technique that can provide measurements of corneal tissue stiffness directly in vivo.



Take Home Message

Dunning-Kruger effect



 The more knowledge you get, the better decision you can make EOS 2025 EGYPTIAN OPHTHALMOLOGICAL SOCIETY

Thank you