





HOW CAN MEIBOGRAPHY AND OTHER DED DIAGNOSTICS CHANGE OUR CLINICAL DECISIONS ??

BY Dr. Amr Mounir Assistant Professor of Ophthalmology Sohag University





Lipid (Oil) Layer: Lubricates and prevents evaporation

Aqueous (Water) Layer: Nourishes and protects the cornea

Mucin Layer: Adheres tears to the eye

Meibomian Glands:

Create the lipid (oil) layer of the tear film, a blockage can leave to evaporative dry eye



Dilemma of dry eye diagnosis





Conventional Diagnosing Tools



Tear Film Break-Up Time (BUT)



Rose Bengal Staining



Lissamine Green Staining



Fluorescein Staining

Blink Rate

Schirmer Testing

Osmolarity





DILEMMA OF DRY EYE TREATMENT







- Imaging techniques for the anterior segment are nowadays routinely used in clinical practice.
- A variety of imaging techniques have been introduced to study the ocular surface, such as anterior segment optical coherence tomography, in vivo confocal microscopy, or noncontact meibography.



Non-Contact Meibography

- Meibography refers to the visualization and quantification of Meibomian gland drop-out using photo documentation.
- Non-contact Meibography consist of a slit lamp equipped with an infrared charge-coupled device video camera and an infrared transmitting filter to allow the observation of the everted lid without contact to the instrument.



Evaluation:

- Normal meibomian glands appear as hypoilluminant grape-like clusters.

- Upper eyelid MGs outnumber the lower eyelid MGs and are longer in length.
- The MGs that did not transverse the total tarsal plate were indicated as a "dropout."

Advantages:

- Easy to perform, with entire gross evaluation of the lid.
- Good tool for documentation and monitoring of the glands.
- Subjective interpretation of the image by various objective and analytical grading systems.



/fide this recent 1 Bins 1 Step 2 Step 3 Step 4 Step 5 Cick the flag to compare edding. Check the loss score on the nel bracele on the left

Noncontact meibography performed by Sirius (CSO, Florence, Italy)



Measurements:

- Measurements of the dropout by percentage, as well as grouped the dropout by a scale within the area, which was highlighted by the users' free-hand tool:
- Grade 0, no loss at all;
- Grade 1, ≤25%;
- Grade 2, 26%–50%;
- Grade 3, 51%–75%;
- Grade 4, greater than 75%







Meibograde System

The meibograde system was developed and validated by Call et al.*

This system involves gland distortion which is an abnormal gland to tarsus ratio, tortuous glands, and/or discordant patterning depending on previously studied histopathological changes.

*Call CB, Wise RJ, Hansen MR, Carter KD, Allen RC. In vivo examination of meibomian gland morphology in patients with facial nerve palsy using infrared meibography. Ophthalmic Plast Reconstr Surg. 2012 Nov-Dec;28(6):396-400.

Grade 0, no significant eyelid involvement



Grade 1: dilatation and tortuosity of the MG.



Grade 2: dropout of MG along with gland distortion.



Grade 3: MG does not traverse the total tarsal with mottling of details.



1) Study the effect of posterior blepharitis on meibomian glands

Journal List > Saudi J Ophthalmol > y.31(3); Jul-Sep 2017 > PMC5569335

Saudi Journal of Ophthalmology Oficial Publication of the Back Comparent/opical Security



Saudi J Ophthalmol. 2017 Jul-Sep; 31(3): 131–134. Published online 2017 Jun 1. doi: 10.1016/j.sjopt.2017.05.014

Meibography for eyes with posterior blepharitis

Abdulrahman AlDarrab,^a Mohammed Alrajeh,^b and Adel H. Alsuhaibani^{c,*}

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2) Determine changes detected by noncontact meibography in individuals with regular use of soft contact lenses



3) Differentiation between chalazion and sebaceous carcinoma.



Dovepress Clinical Ophthalinology

Clin Ophtheimol. 2014; 8: 1859–1875. Published online 2014 Sep 18. doi: 10.2147/OPTH S69804 PMCID: PMC4172083 PMID: 25258508

Differentiation between chalazion and sebaceous carcinoma by noninvasive meibography

Yua Nemoto 1 Reiko Anta, 23 Atsushi Mizota, 1 and Yuko Sasaima4

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arcinoma is notorious for masquerading clinically as other benign lesions such as tool to better differentiate between these two conditions would thus be desirable.

4) Prevalence of Meibomian Gland Atrophy in a Pediatric Population.





5) Evaluation of morphological changes of meibomian glands in patients with type 2 diabetes.



Int J Ophthalmol. 2016; 9(12): 1740–1744. Published online 2016 Dec 18. doi: <u>10.18240/iip.2016.12.06</u> PMCID: PMC5154985 PMID: 28003972

Changes of meibomian glands in patients with type 2 diabetes mellitus
Tao Yu, ^{1,2} Wei-Yun Shi ³ AL-Ping Song,² Yang Gao,² Guang-Fu Dang,² and Gang Ding⁴

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Abstract Go to: •

AIM
To investigate the morphological changes of meibomian glands in patients with type 2 diabetes
mellitus (DM).
METHODS
Of 118 eves (118 patients) with type 2 DM (DM group) and 100 eves of 100 control subjects [control

6) Evaluation of morphological changes of meibomian glands in Sjögren's syndrome and r Sjögren's dry eye patients



Photo Documentation

Anterior segment photos can be used to document and follow over time dry eye signs











Anterior Segment Optical Coherence Tomography



In vivo confocal microscopy

- A noninvasive technology that is useful as a supplementary diagnostic tool for the in vivo assessment of the histopathology of many ocular surface diseases and anterior-segment disorders at cellular level.
- In the dry eye field, in vivo confocal microscopy has been applied to the examination of the cornea, bulbar and palpebral conjunctiva, Meibomian gland, and lacrimal gland.



Thank You