

- Patients with gradual loss of vision present with chronic, slowly progressive loss of vision which is generally painless.
- Visual loss is usually bilateral, but may occur asymmetrically, and happens over weeks to years.
- Poor vision in one eye may only be noticed when the patient closes the other eye, and thus may be reported to be sudden in onset in some cases

History

- Patient age(younger/older)
- The nature of the problem

I. Unilateral OR bilateral

II. Painfull or painless

III. Blurred vision? (whole field, close, distance or both).

IV. Restricted visual field? (often noted following difficulties in driving/ daily activity

Examination

1. Visual acuity. (Note whether this improves using a pinhole)
2. Red reflex using ophthalmoscope
 - Media opacity
 - Media clear
3. Use an Amsler grid
to look for macular pathology

Where is the problem?

➤ **Pre-retinal:**

- Tear film
- Cornea (Refractive error, dystrophy, KC, scarring, edema)
- Lens (age-related, traumatic, steroid-induced)
- Glaucoma

➤ **Retinal:**

- DM (diabetic retinopathy, macular edema)
- Vascular insufficiency (arterial or venous occlusion)
- Tumors
- Macular degeneration

Remember

Sometimes, chronic visual loss in ONE eye, **noted incidentally**, by occluding the normal eye:

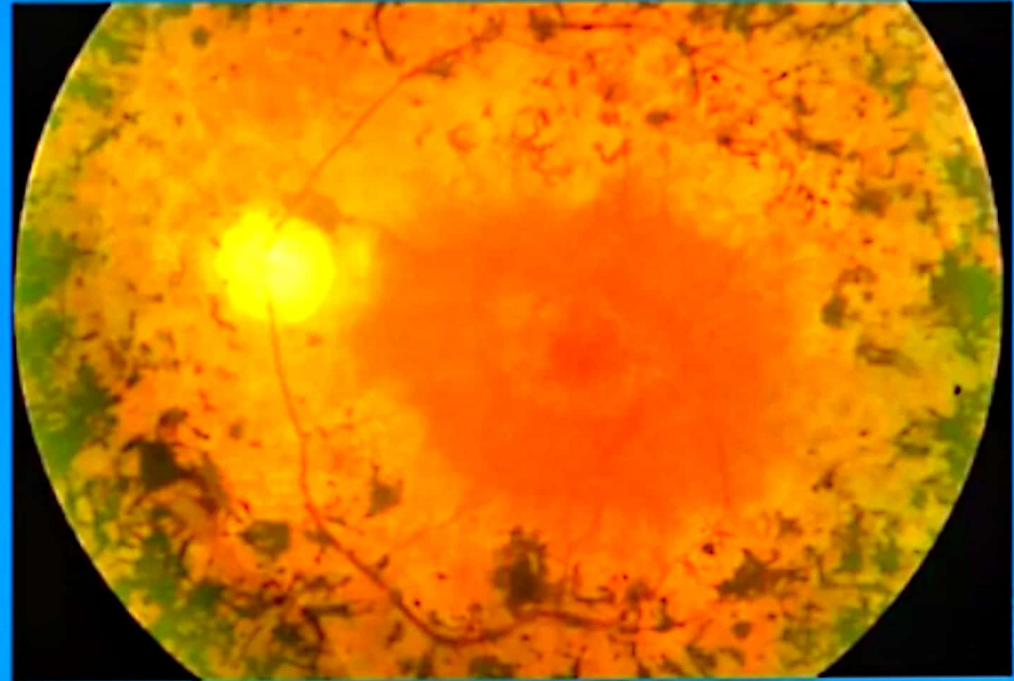
**CHRONIC LOSS OF VISION CAN
PRESENT ACUTELY!!**

Refractive error

- Corrected with pinhole
 - Management:
 - Glasses
 - Contact lenses
 - Refractive surgery
- If not corrected in childhood leads to Amblyopia
- Presbyopia

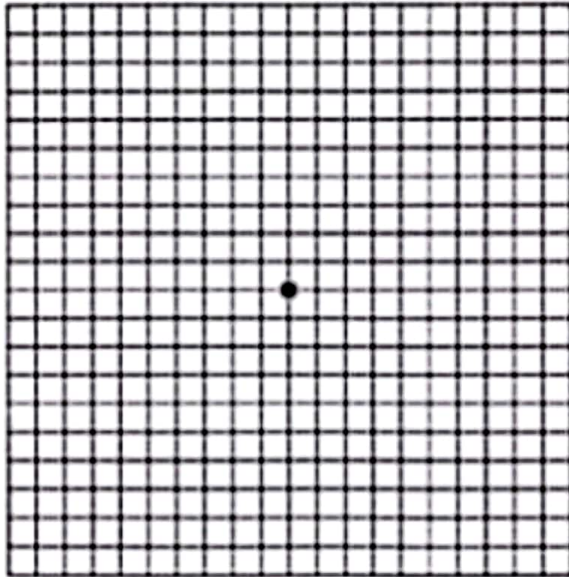
Retinitis Pigmentosa

- Genetically inherited
- Progressive retinal dystrophy
- Night blindness, tunnel vision, legal blindness
- Bony spicules from mottling of RPE
- Incurable
- Future: gene therapy, bionic eye, ...?

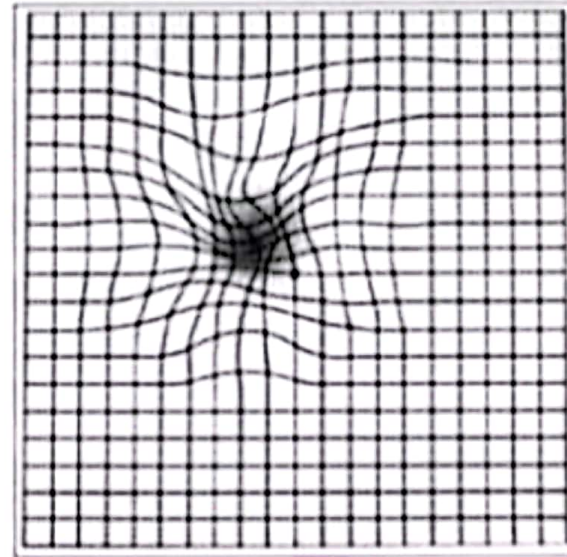


Tests for ARMD - Amsler grid

View with normal vision



Distorted view with ARMD



- Tested monocularly
- Can be used at home for self monitoring

