

Dr Vignesh Raja presents on OCT Angiography

Optometry
WESTERN AUSTRALIA

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MONDAY 15TH JUNE



NOVARTIS
OPHTHALMICS

LIVE WEBCAST

Summary: Dr. Raja will discuss about the relevance and use of OCT angiography in retina practice with clinical case studies.

Learning objectives:

By the end of this presentation, participants will be able to

Understand the principles of OCT angiography

Determine which situations OCT angiography can be helpful in day-to-day practice

Understand the limitations of this modality.

Please submit your final Quiz attempt after watching Dr Raja's presentation.

Q.1) **Which of the following is not a characteristic of OCT Angiography?**

- A. Invasive
- B. Motion-Contrast
- C. Based on OCT technology
- D. Helps study retinal and choroidal vasculature

Q.2) **Which of these are not studied in OCT angiography?**

- A. Vitreous
- B. Superficial capillary plexus
- C. Deep capillary plexus
- D. Avascular zone

Q.3) **Halo sign in OCT angiography represents**

- A. RPE hypertrophy
- B. RPE atrophy
- C. Hard exudate
- D. Cotton wool spot

Q.4) **FAZ area and vessel density of the deep capillary plexus predict**

- A. Hypertensive retinopathy
- B. Onset of diabetic retinopathy
- C. Progression of diabetic retinopathy
- D. Anemic retinopathy

Q.5) **If OCT shows irregular, conical / bilobed PED with thick choroid, one must suspect**

- A. Hypertensive retinopathy
- B. Diabetic retinopathy
- C. Radiation retinopathy
- D. Choroidal Polyp

Q.6) **In early MacTel, changes in OCTA are seen more pronounced in**

- A. Vitreous
- B. Superficial capillary plexus
- C. Deep capillary plexus
- D. Choroid