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• **572 Optimization of anterior eye fluorescein viewing.**

Rachael C. Peterson, BSc, James S. Wolffsohn, PhD, and Colin W. Fowler, PhD

The blue light from slit-lamps used to excite fluorescein molecules to fluoresce was assessed and generally found to be suboptimal for viewing. Yellow barrier filters that are placed in the observation system to increase the contrast of fluorescence had a cut-off frequency that was too high (510 to 520 nm). Instillation of fluorescein using moistened florets or 1% minims seemed most clinically appropriate as lower quantities and concentrations of fluorescein were shown to improve the efficiency of clinical examination.

• **576 Baseline optical coherence tomography predicts the development of glaucomatous change in glaucoma suspects.**

Maziar Lalezary, MD, Felipe A. Medeiros, MD, Robert N. Weinreb, MD, Christopher Bowd, PhD, Pamela A. Sample, PhD, Ivan M. Tavares, MD, Ali Tafreshi, and Linda M. Zangwill, PhD

In the management of glaucoma, the predictive ability of Optical Coherence Tomography (OCT) has not been documented. Thinner OCT retinal nerve fiber layer (RNFL) measurements at baseline, alone, or in combination with clinical and demographic factors, predict the development of repeatable visual field damage and/or progressive glaucomatous optic neuropathy (GON).

• **583 Comparison of dynamic contour tonometry and Goldmann Applanation Tonometry in glaucoma patients and healthy subjects.**

Lorenz Barleon, MD, Esther M. Hoffmann, MD, Manfred Berres, PhD, Norbert Pfeiffer, MD, and Franz H. Grus, MD, PhD

Intraocular pressure (IOP) measurements using the new PASCAL Contour Tonometry Device are highly correlated with those of Goldmann Applanation Tonometry

(GAT). However, each of the tonometers may provide different results when tested on the same individual. Therefore, they should not be used interchangeably for the assessment of IOP in daily practice.

• **591 Assessment of axonal degeneration along the human visual pathway using diffusion trace analysis.**

Satoshi Ueki, MD, Yukihiko Fujii, MD, PhD, Hitoshi Matsuzawa, MD, PhD, Mineo Takagi, MD, PhD, Haruki Abe, MD, PhD, Ingrid L. Kwee, MD, and Tsutomu Nakada, MD, PhD

The effectiveness of diffusion trace analysis on 3.0T magnetic resonance imaging (MRI) system in the non-invasive assessment of retinal ganglion cell axonal degeneration at multiple anatomic levels along the visual pathway was evaluated in patients with unilateral chronic optic neuropathy. Patients had higher trace values in anatomic structures along the course of degenerated axons in a manner consistent with established fiber anatomy. Diffusion trace analysis at multiple sites appears to be a powerful addition to clinical assessment of the functionality of components of the visual pathways during various stages of a pathologic process.

• **597 Measurement of the actual dose of triamcinolone acetonide delivered by common techniques of intravitreal injection.**

Michael D. Ober, MD, Gaetano R. Barile, MD, Samir R. Tari, MD, Gian M. Tossi, MD, William M. Schiff, MD, and Stanley Chang, MD

Although intravitreal triamcinolone acetonide continues to expand its applications, the true dose being injected remains uncertain. We measured the mass of triamcinolone acetonide injected by several common techniques and found great variability in the delivered dose. Several recommendations are suggested to minimize dose variation.