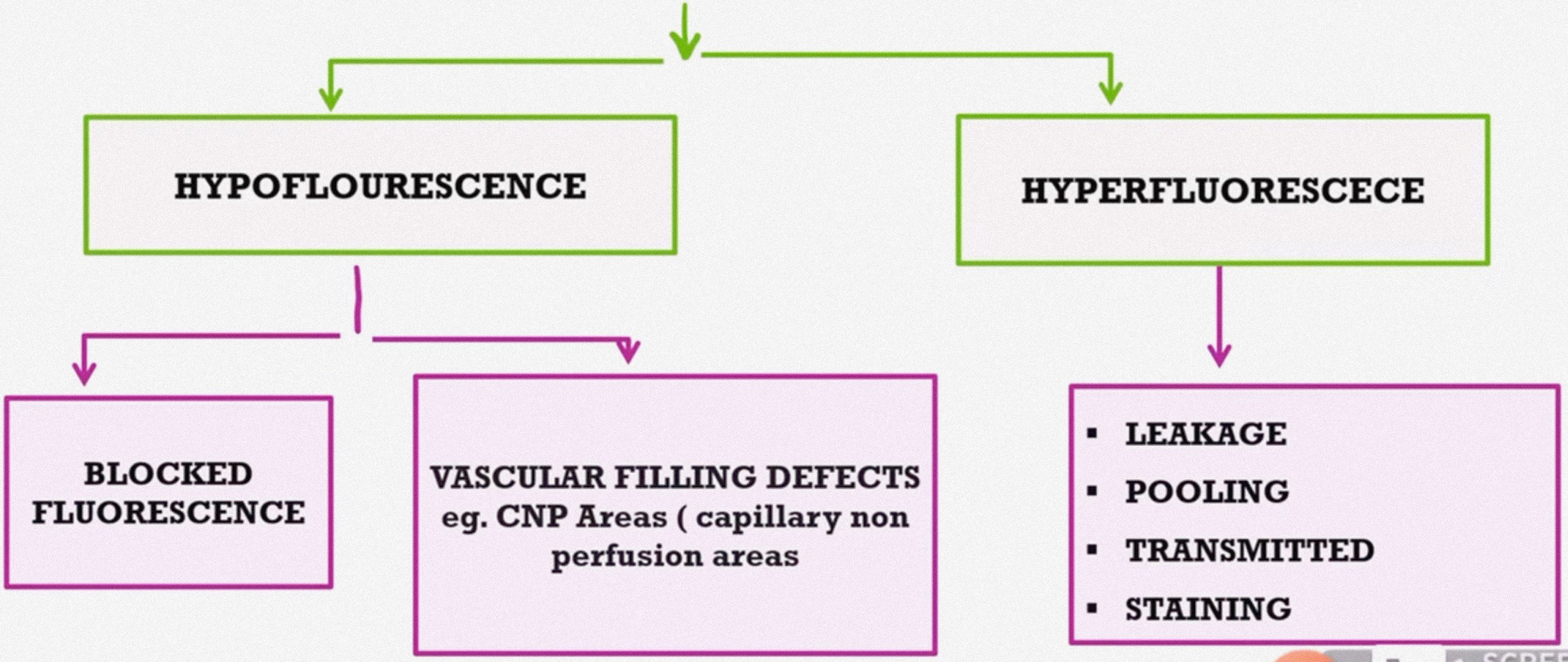
ABNORMAL FLUORESCENCE ON FFA

ABNORMAL FLUORESCENCE



HYPO FLUORESCENCE (BLOCKED FLUORESCENCE)

- PRE-RETINAL HEAMORRHAGE (blocks both the choroid and retinal vasculature)
- SUBRETINAL HEMORRHAGE (blocks only the choroidal fluorescence)

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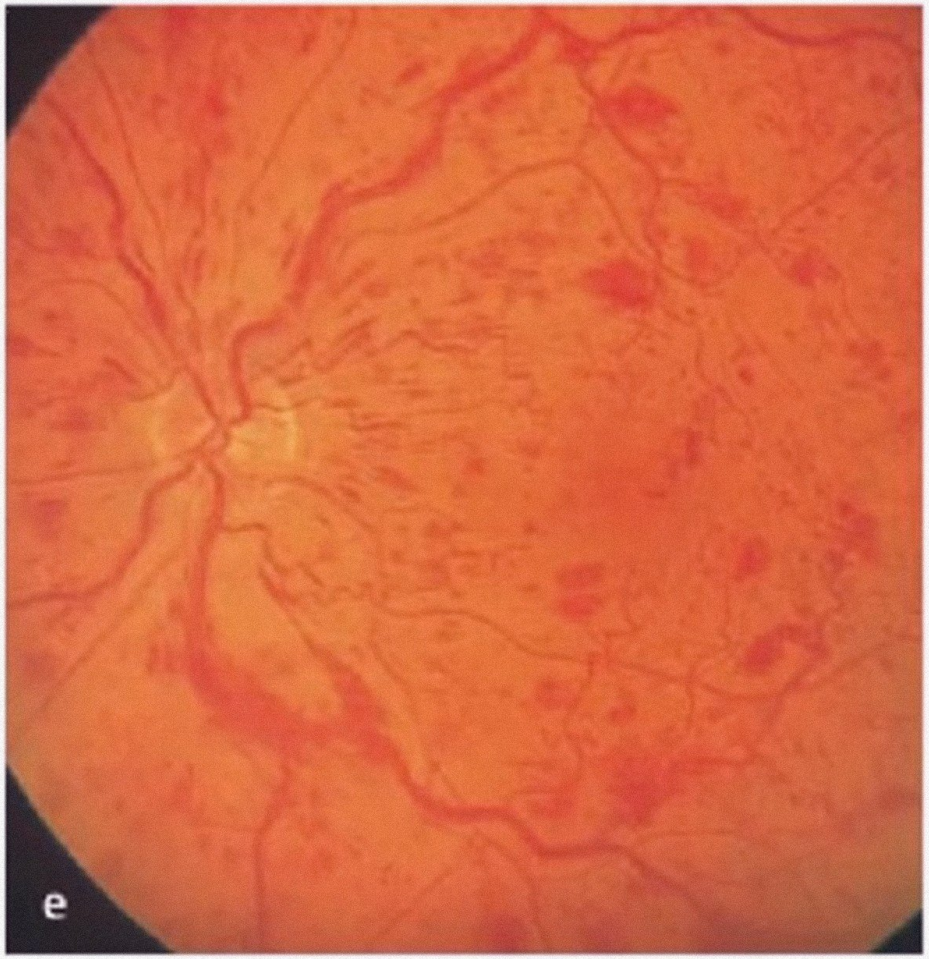
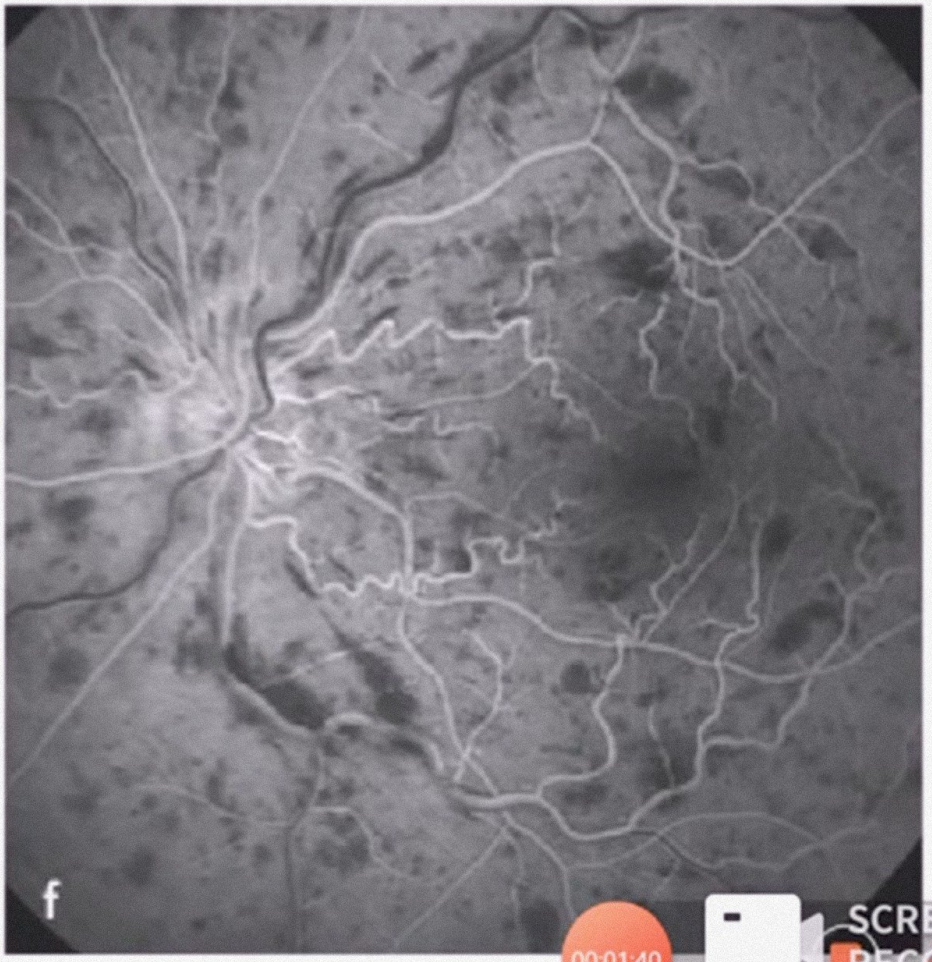
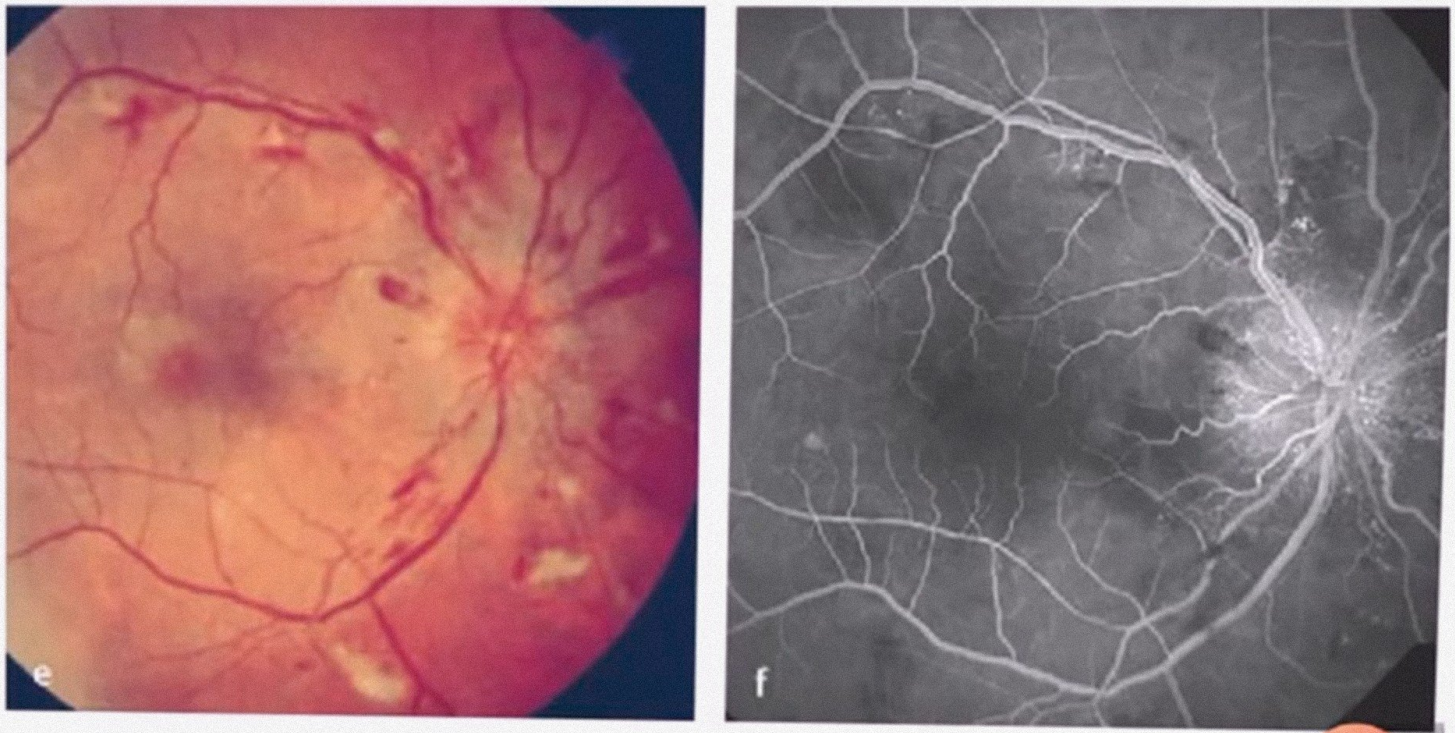
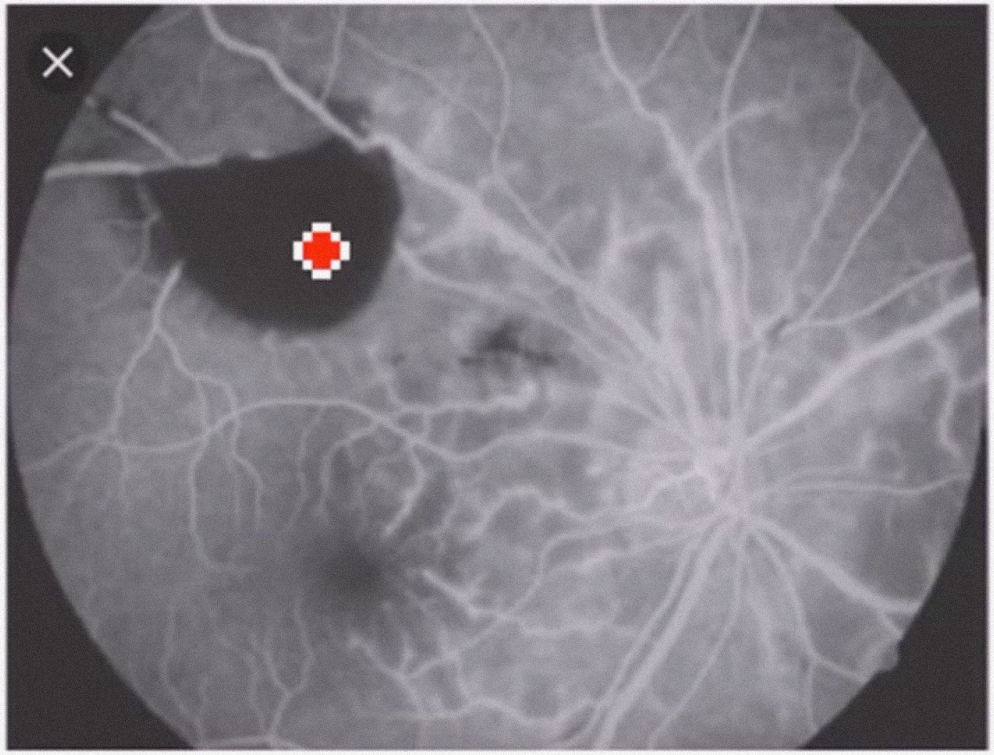


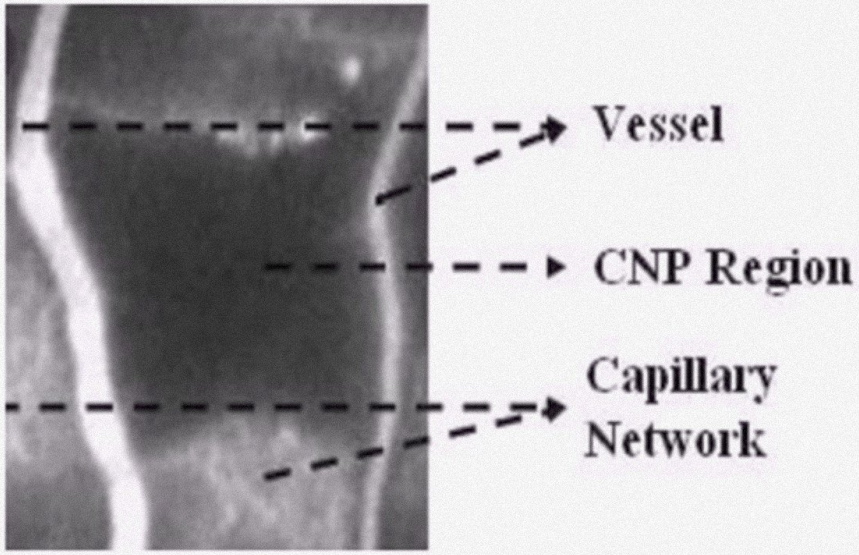


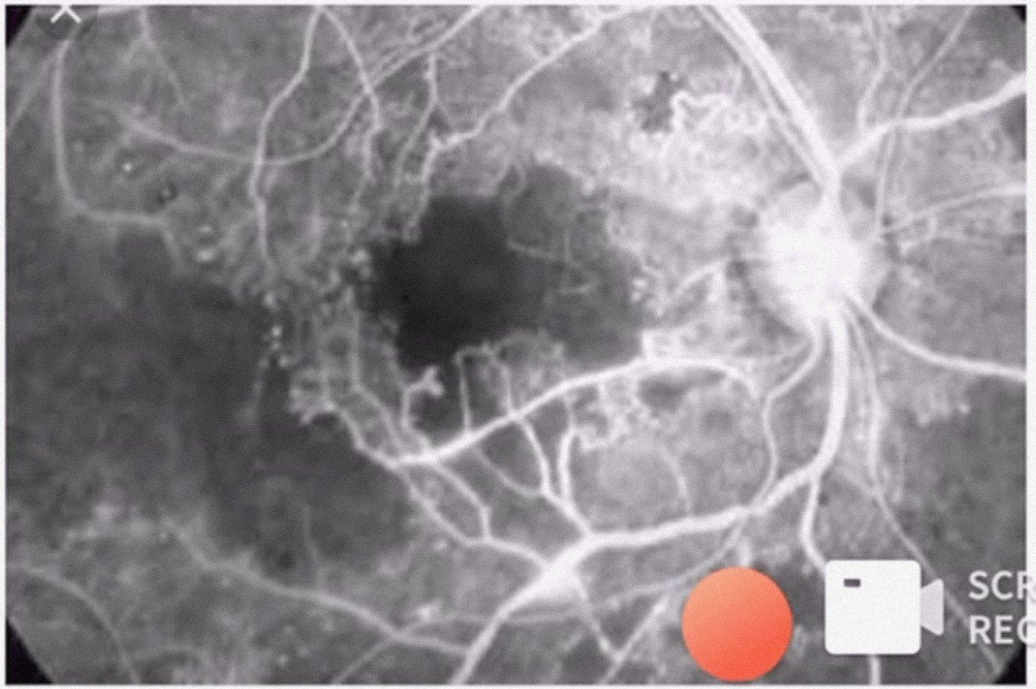


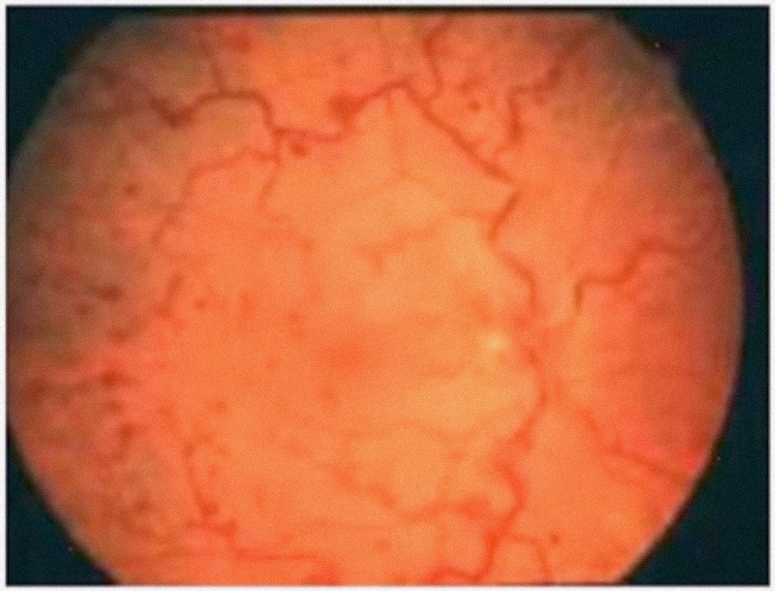


VASCULAR FILLING DEFECTS

- CAPILLARY NON PERFUSION AREAS (CNP) :- BRVO, CRVO and DR

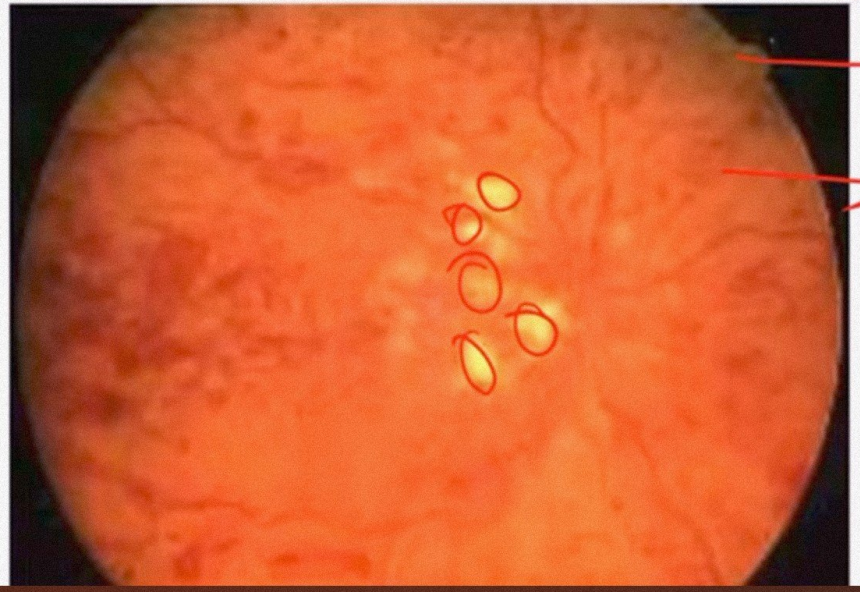


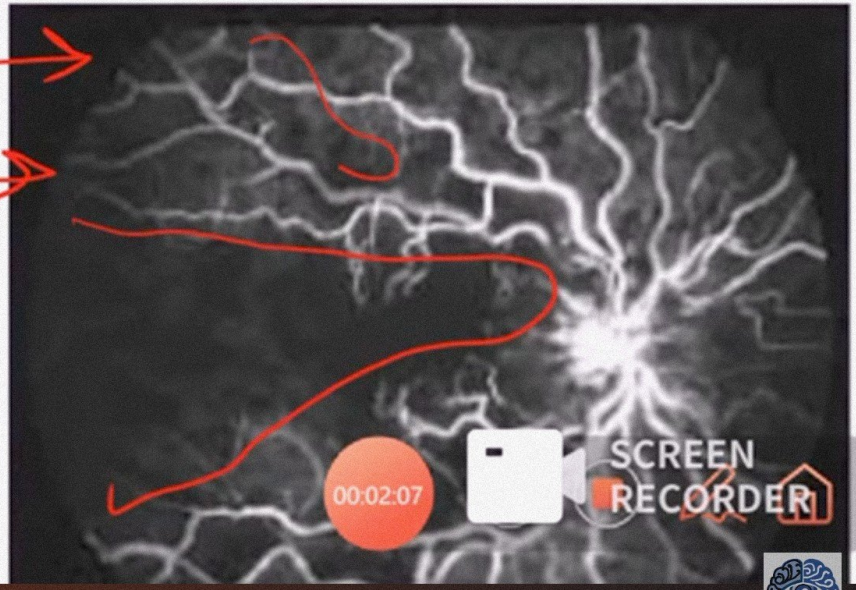




→ Non ischemic CRVO

ischemic CRVO



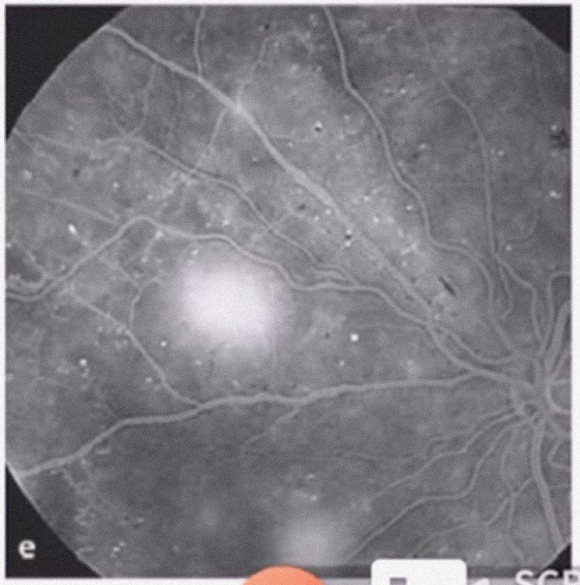


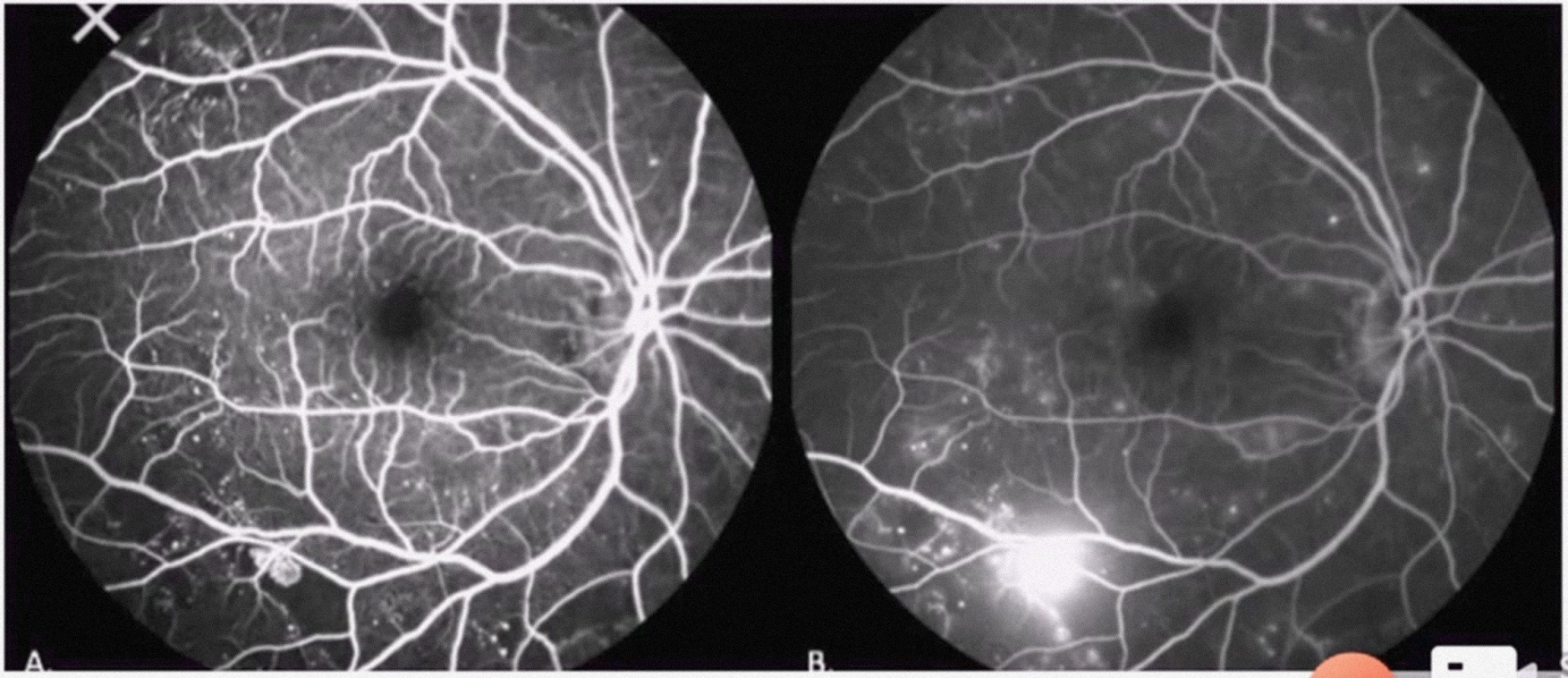
HYPERFLORESCENCE

- **LEAKAGE**
- **POOLING**
- **TRANSMITTED**
- **STAINING**

LEAKAGE

- **HYPERFLOURESCENCE** (increasing in size & intensity with progression of the angiogram)
- **ILLDEFINED and FUZZY MARGINS**
- Eg LEAKING NEOVASCULARISATION **{ NVE & NVD}**





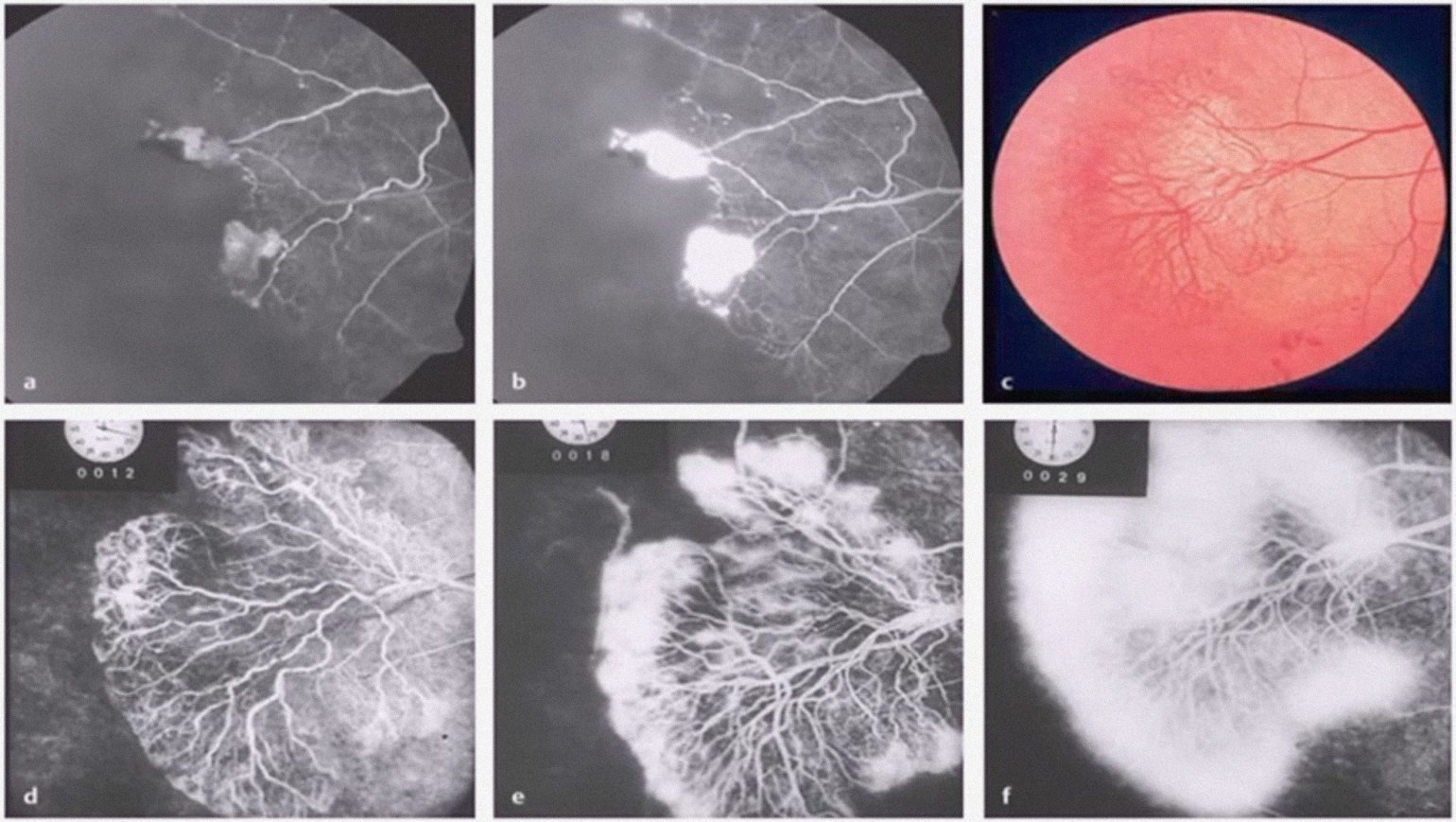


Fig. 7.**9a–f Eales disease**

a Early phase. Eales disease with peripheral ischemic retina. Capillary ectasias of the retinal vessels and neovascularization at the border of the ischemic retina can be seen.

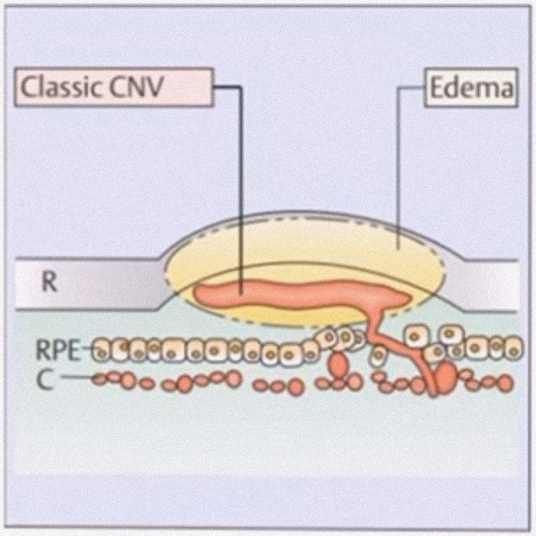
b Late arteriovenous phase. There is leakage from the neovascularizations and complete ischemia of the peripheral retina.

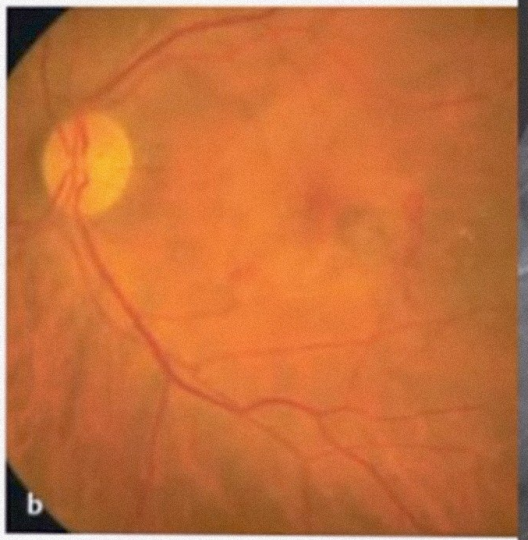
c Color photograph. There is a marked "sea fan" neovascularization pattern on the border with the ischemic peripheral retina.

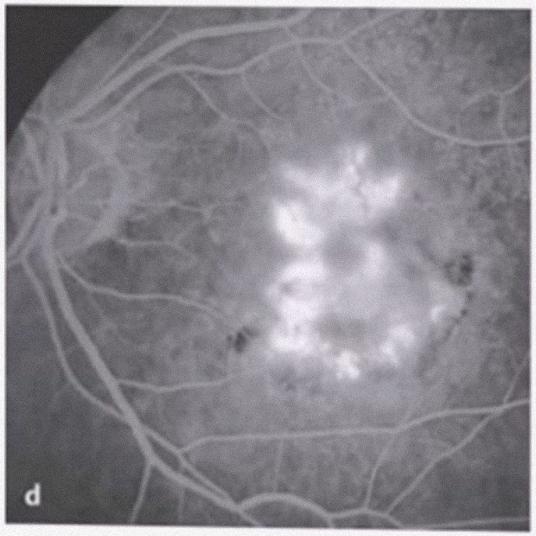
d Early phase. The neovascularization is clearly visible in the early arterial phase. Complete capillary and vessel dropout in the peripheral retina can be seen.

e Arteriovenous phase; transition to the middle arteriovenous phase. Areas of hyperfluorescence due to extended leakage from the newly formed vessels can be seen, as well as persistent hypofluorescence (ischemia) in the peripheral retina.

f Late arteriovenous phase. The continued increase in the leakage leads to massive hyperfluorescence in the area of neovascularization. In comparison with telangiectases, ne[illegible]ariza[illegible] show significantly more leakage phenomena.

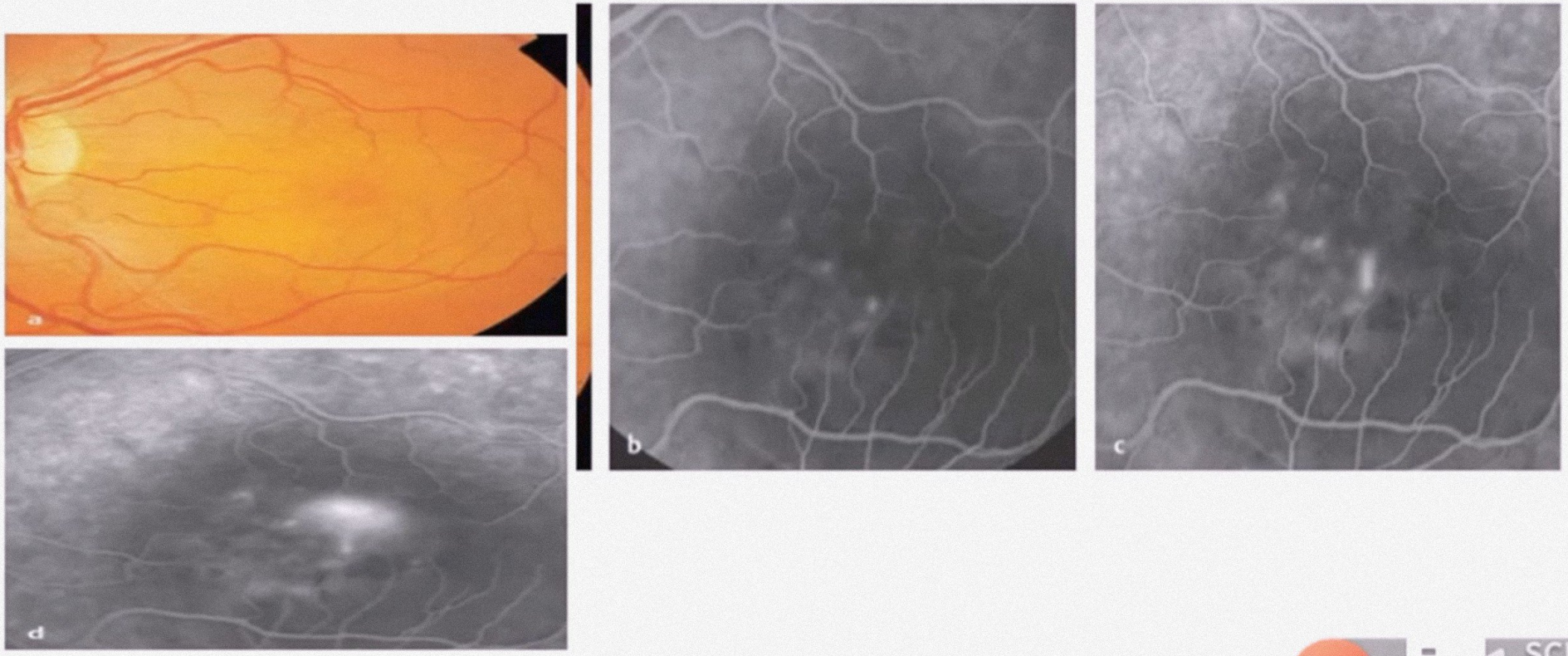


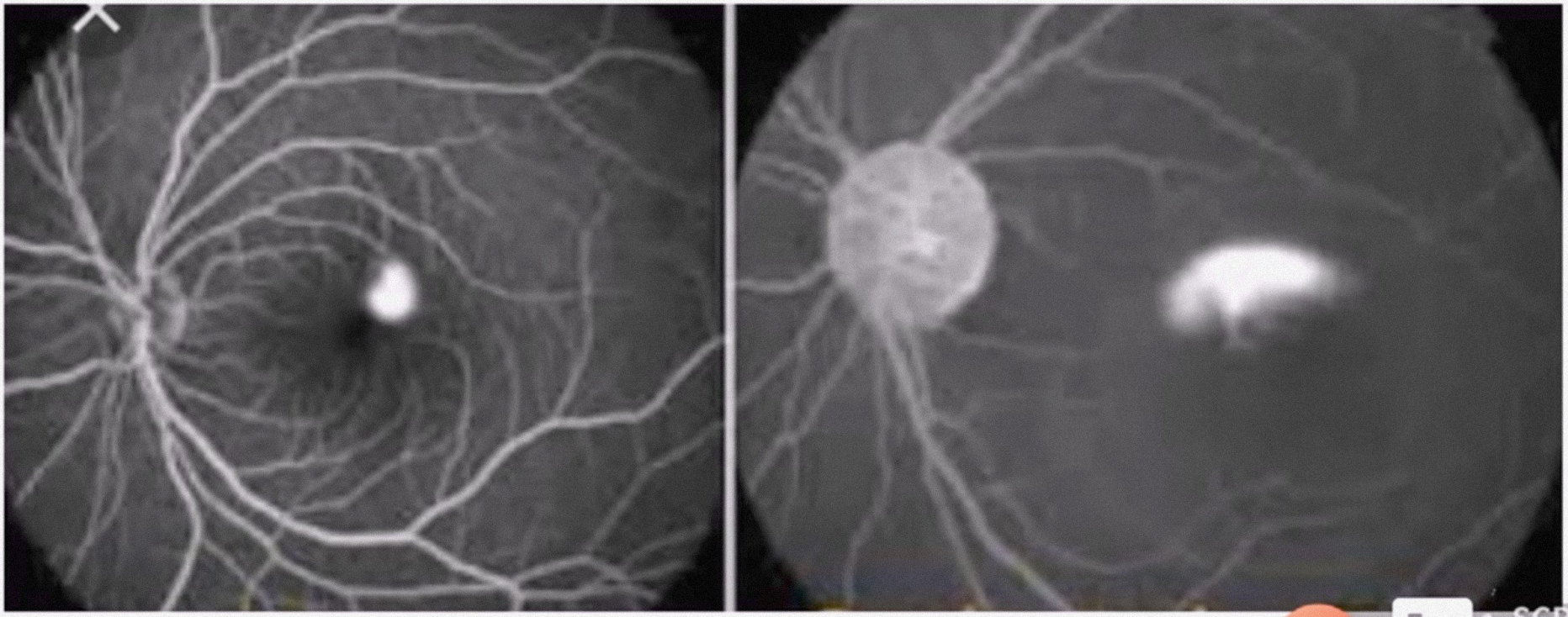


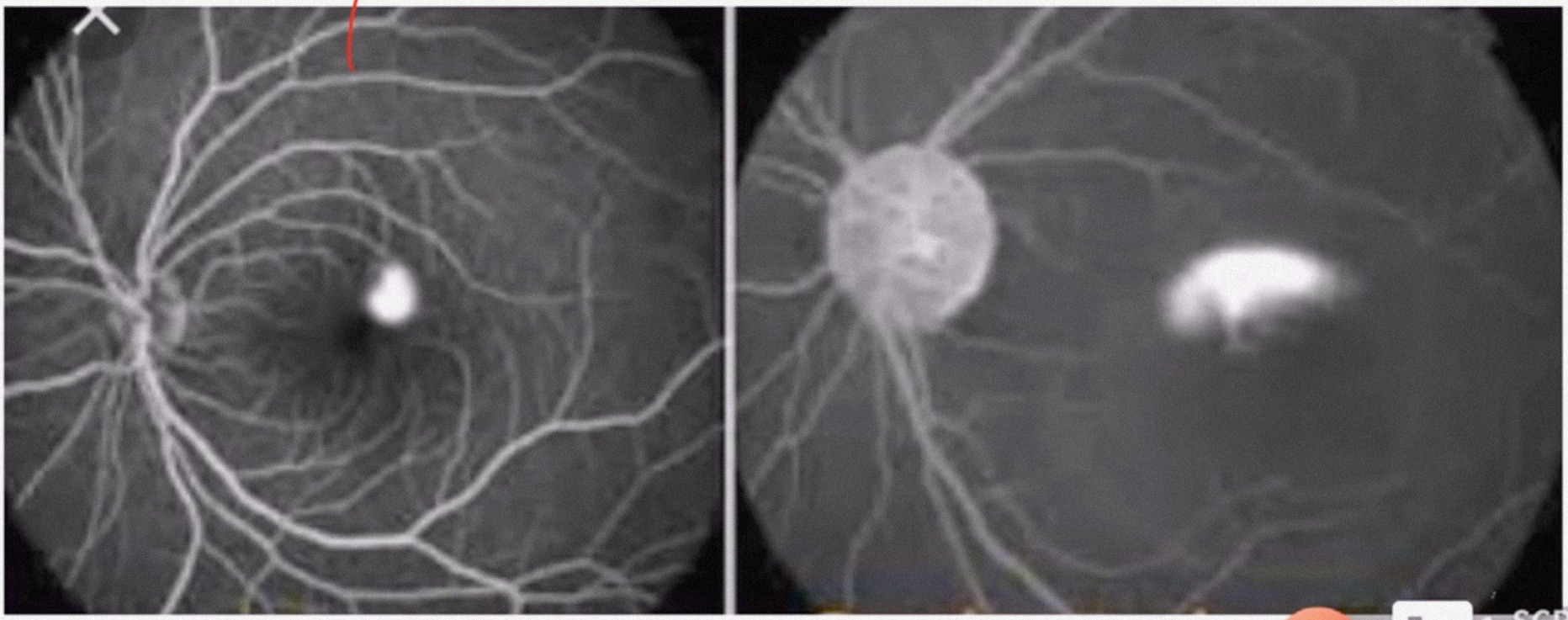


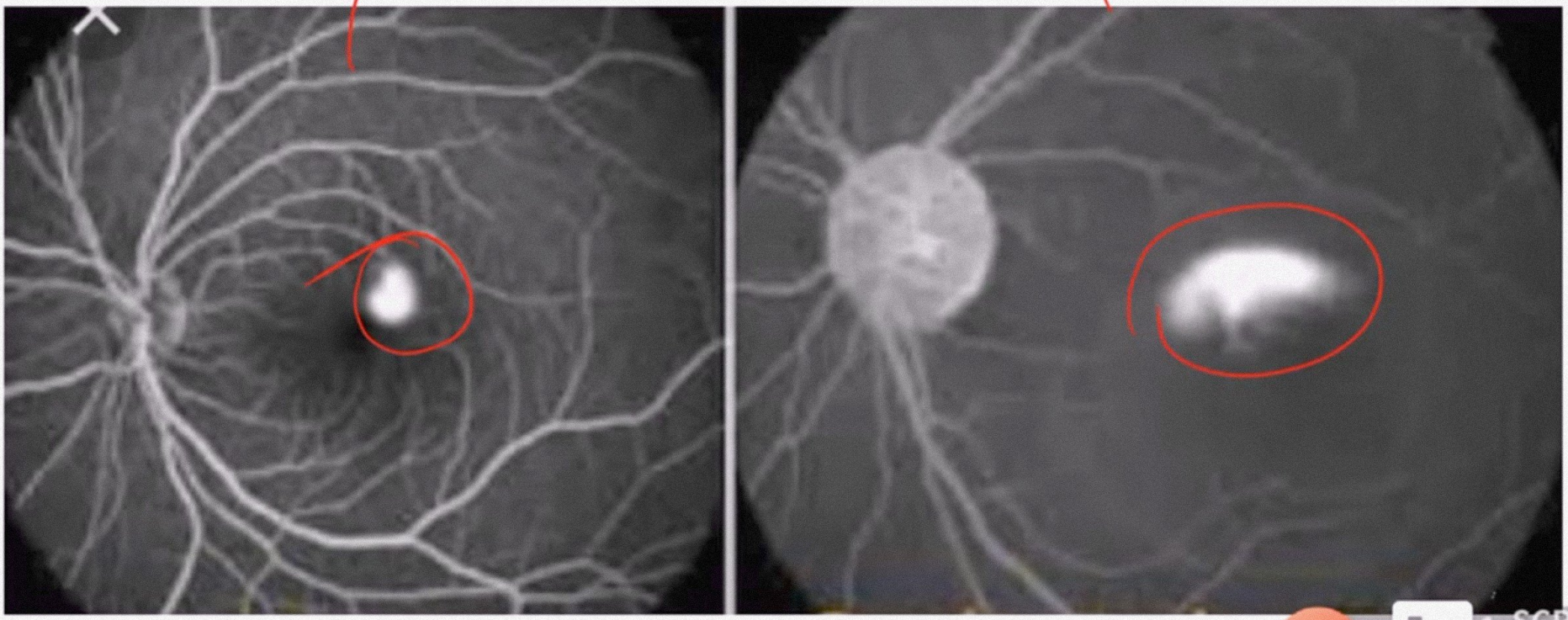
POOLING

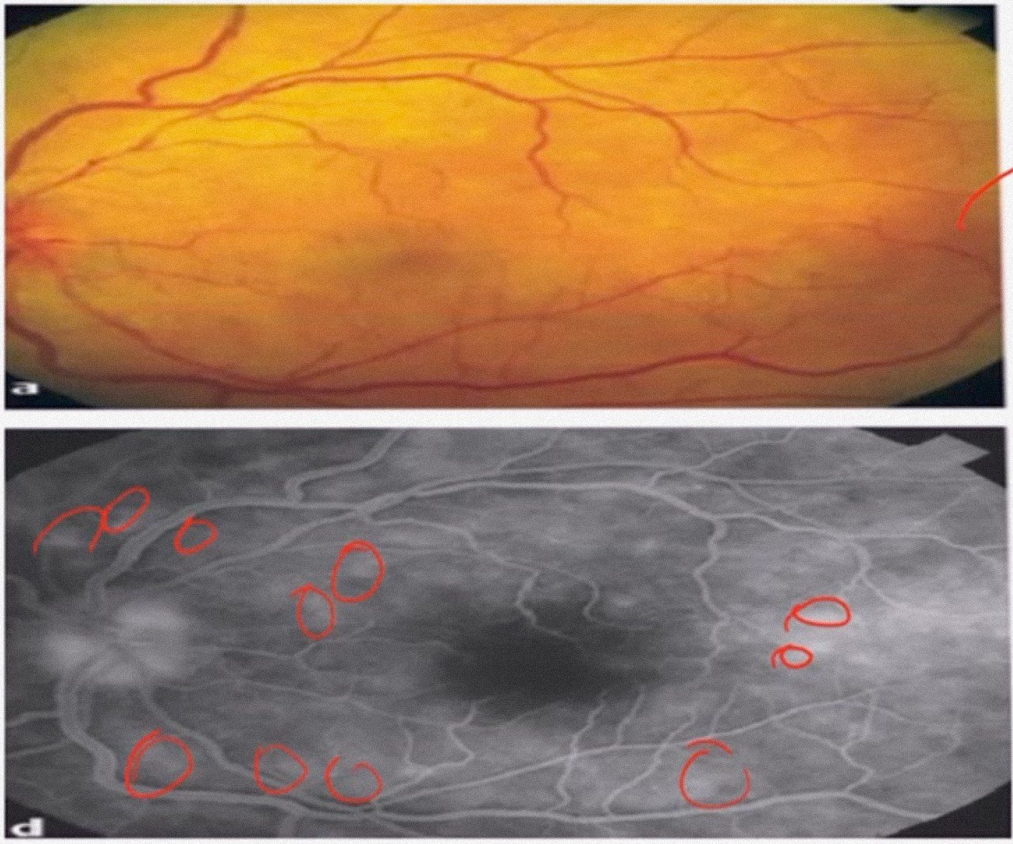
- Collection of the dye in the anatomical space.
- **CSR :→ INK BLOT & SMOKE STACK**
- **SEROUS DETACHMENT OF VKH (vogt koyanagi harada)**







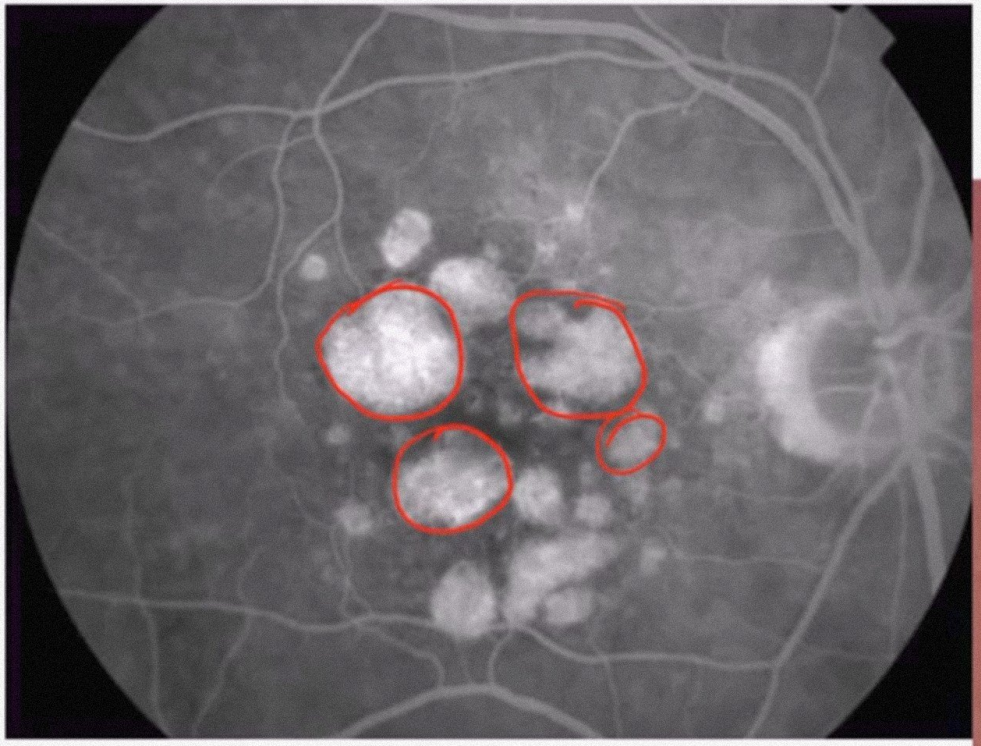


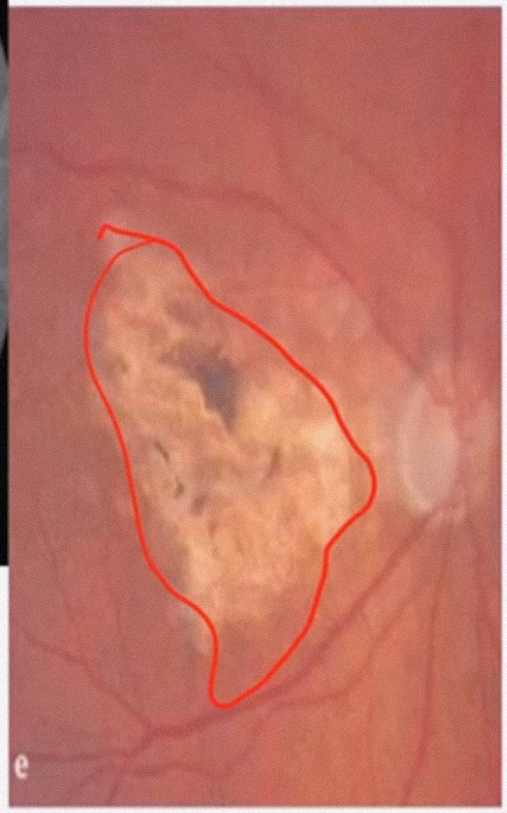


TRANSMITTED FLORESCENCE

- Also called the **WINDOW DEFECT**

- **RPE DEFECTS / ATROPHY**
- **GEOGRAPHICAL ATROPHY**
- Intensity will first increase then decrease along with the choroidal fluorescence.

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SCREEN
RECORDER

STAINING

- Seen in **SCARS**
- Hyper fluorescence does not extend beyond the limits of the scar
- The intensity remains the same

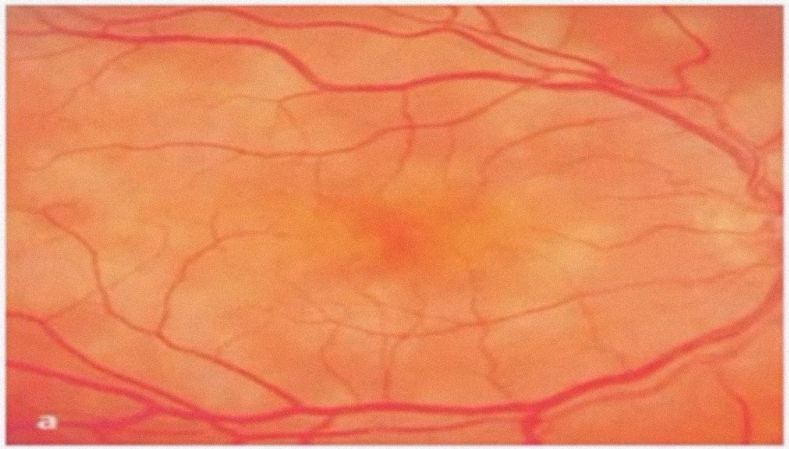

Fig. 9.7a–f Acute posterior multifocal pl