Optomap was founded by Douglas Anderson after his then five-year-old son Leif went blind in one eye when a retinal detachment was detected too late. The intention was to create a way of non-invasively capturing as much of the retina in one image as possible to allow for more comfortable and efficient imaging of children.

Results from numerous clinical studies suggest that Optomap may be an essential element to the screening and management of pediatric patients.

**CLINICAL SUMMARY**

- **Optomap** can obtain high-quality images in babies with retinopathy of prematurity (ROP) down to 24 week gestation. Optos imaging was faster, elicited better pediatric patient cooperation, negated the need for anesthesia, captured a larger coverage area, and achieved better image clarity compared to conventional contact-based imaging.

- **Optomap** has been shown to capture up to 75% more abnormal peripheral pathology in pediatric patients unseen by conventional imaging methods in ROP, incontinentia pigmenti, uveitis, hereditary retinal dystrophies, retinal vascular diseases, trauma, infection, tumors, Familial exudative vitreoretinopathy (FEVR), Coats’ disease, MARFAN syndrome and sickle cell retinopathy.

- **Optomap** images are obtained without contact and allow for the successful management of infants in the early post-operative stage and following intravitreal injection in high risk ROP.

“The availability of Optos UWF imaging is helping us improve the diagnosis and management of pediatric retinal disease, in both babies and older children. With these systems we can now readily obtain non-contact, single-pass, high resolution digital images of the macula and periphery in an outpatient digital imaging without the use of anesthesia or intravenous fluorescein. Even with patients who would not be able to cooperate with conventional imaging techniques, UWF imaging permits the identification of pathology in the periphery we might otherwise have missed and can help target laser photocoagulation.”

— Chetan K. Patel, FRCPht

See how Optomap will help you manage your patients. For more information call 800-854-3039 or email BDS@optos.com.
• Optos imaging can obtain high-quality images in ROP faster, elicited better pediatric patient cooperation, negated the need for anesthesia, captured a larger coverage area and achieved better image clarity compared to conventional contact-based imaging.1,2,3,4

• Researchers described the use of oral fluorescein in an office setting on a non-sedated infant with incontinentia pigmenti. optomap also correctly identified retinal neovascularization and avascular retinal zones, which subsequently permitted targeted laser treatment of retinal capillary nonperfused areas.4,5

• optomap fa is useful in children under 13 for a variety of pediatric retinal conditions. In these patients, abnormal peripheral angiographic findings were found in 75%.6

• Familial exudative vitreoretinopathy (FEVR) and Coats’ disease, both pediatric retinal diseases that involve the peripheral retina, can be evaluated using optomap fa. optomap fa in targeting laser photocoagulation administered in an outpatient setting without the use of anesthesia has been reported useful. The investigators concluded that optomap fa is useful in identifying peripheral retinal pathologies in pediatric patients, guiding management, which may potentially reduce delays in diagnosis and treatment.7

• There is a strong correlation between Optos and OCT over a wide range of optic nerve size, in pediatric patients with optic nerve hypoplasia.10

• optomap has been found to be a sensitive tool to screen for sickle cell retinopathy in pediatric subjects. It is superior to dilated fundus exam in detecting capillary occlusion or anastomosis.11

• optomap af is superior to fundus photography and clinical examination in detecting pathology in children with suspected inherited retinal diseases. It is a feasible, non-invasive, and quick tool that provides important clinical information in treating these patients.12

References: