

# Keratoconus Diagnostic Model Integrating Ocular Response Analyzer Measurements and Corneal Topography

Pablo R. Ruiseñor Vázquez <sup>1</sup>, Jeremías G. Galletti <sup>2</sup>

1. Hospital de Clínicas, University of Buenos Aires 2. Institute of Experimental Medicine, National Academy of Medicine/CONICET, Buenos Aires, Argentina

✉ **Corresponding author:** Pablo R. Ruiseñor Vázquez, pablor\_04@hotmail.com

**Categories:** Ophthalmology

**Keywords:**

**How to cite this poster**

Ruiseñor Vázquez P R, Galletti J G (2012) Keratoconus Diagnostic Model Integrating Ocular Response Analyzer Measurements and Corneal Topography. *Cureus* 4(10): e392.

## Abstract

**Purpose:** To evaluate the performance of a diagnostic model for keratoconus that considers both Ocular Response Analyzer (ORA) parameters and corneal topography, in order to improve the yield with myopic eyes. **Methods:** 95 eyes from 95 healthy subjects in group 1 and 70 eyes from 70 keratoconus patients in group 2 were evaluated with Ocular Response Analyzer (ORA), corneal topography, aberrometry and anterior segment optical coherence tomography for central corneal thickness (CCT) measurement. For group 1, an eye with spherical equivalent  $< -5.00$  was considered myopic and for group 2, the eye with the lowest average corneal power (ACP) was chosen. Corneal hysteresis (CH) and resistance factor (CRF) transformations to compensate for CCT effect (DifCH, DifCRF and CH-CRF) and diagnostic cutoff points were obtained from previous work on an independent sample. Discriminant functions were built using biomechanical variables and ACP. **Results:** Group 2 eyes had lower CCT ( $\mu\text{m}$ ,  $516.6 \pm 35.87$  vs  $491.6 \pm 31.92$ ,  $p < 0.01$ ), DifCH ( $-0.121 \pm 1.35$  vs  $-1.01 \pm 1.295$ ,  $p < 0.01$ ), DifCRF ( $-0.147 \pm 1.50$  vs  $1.774 \pm 1.468$ ,  $p < 0.01$ ) and higher CH-CRF ( $0.25 \pm 0.92$  vs  $1.1 \pm 0.96$ ,  $p < 0.01$ ) and average corneal power (ACP,  $43.96 \pm 1.780$  vs  $45.99 \pm 4.248$ ,  $p < 0.01$ ). 40 eyes in group 1 were non-myopic and 55 eyes were myopic. The DifCRF cutoff point correctly diagnosed 67.5% of group 1 eyes (77.5% of non-myopic and 60.0% of myopic eyes) and 84.3% of group 2 eyes, whereas the best discriminant function (combining DifCRF, DifCH, CH-CRF and ACP) correctly identified 84.2% of group 1 eyes (92.5% of non-myopic and 78.2% of myopic eyes) and 75.7% of group 2 eyes. **Conclusions:** DifCRF readily detects subclinical biomechanical abnormalities of keratoconic corneas (high sensitivity) but falsely flags biomechanically atypical, normal myopic eyes (reduced specificity). An integrated approach combining corneal biomechanics and anterior curvature increases the model's specificity with some sacrifice in sensitivity, probably improving its usability in the preoperative evaluation of refractive surgery candidates.

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Published 10/11/2012

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