

<b>DEWS</b>	<b>DRY EYE: DIAGNOSTIC TEST TEMPLATE</b>	
<b>RAPPORTEUR</b>	Mark Willcox	10 <sup>th</sup> Jan 2006
<b>TEST</b>	<b>Tear meniscus height and cross sectional area</b>	
<b>TO DIAGNOSE</b>	Aqueous tear deficiency (ATD).	REFERENCES
<b>VERSION of TEST</b>	[V 1 ]	Yokoi and Komuro, 2004
<b>DESCRIPTION</b>	A rotatable projection system with a target comprising black and white stripes is projected onto the lower central tear film meniscus. Images are recorded and transferred to computer in order to calculate radius of curvature	
<b>CONDUCT of TEST</b>	<ol style="list-style-type: none"> <li>1. The subject is seated at a slit lamp</li> <li>2. A rotatable projection system with a target comprising a series of black and white stripes (4 black and 5 white; each 4mm wide), is introduced coaxially using a half-silvered mirror</li> <li>3. Images of the tear meniscus (of either or both eyes) are recorded with a digital video recorder</li> <li>4. Images are transferred to a computer and image analysis software used to calculate the radius of curvature of the meniscus by applying the concave mirror formula</li> </ol>	
<b>Web Video</b>	Not available	
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• Slit lamp</li> <li>• Rotatable projection system (see above) with half silvered mirror</li> <li>• Digital video recorder plus TV monitor</li> <li>• Computer plus software</li> <li>• Colour printer</li> </ul>	Oguz et al., 2000
<b>Variations of technique</b>	<p>Several alternative methods have been published including:</p> <ol style="list-style-type: none"> <li>1. Use of variable beam height on a slit lamp</li> <li>2. Measurement and grading of meniscus integrity using slit lamp</li> <li>3. Using a video slit lamp biomicroscope but no projected stripes</li> <li>4. Measurement after instillation of fluorescein</li> </ol>	<p>Nichols et al., 2004a Cermak et al., 2003; Glasson et al., 2003</p> <p>Farrell et al., 2003</p> <p>Oguz et al., 2000</p>
<b>Standardization</b>	Time of day [ X ] Temperature [ ] Humidity [ ] Air speed [ ] Illumination [ x ] Other:[ ]	
<b>Diagnostic value</b>	This version : [ x ] Other version: [ ]	
<b>Repeatability</b>	Intra-observer agreement. [ Not recorded for V1 – but poor in Nichols et al system] Inter-observer agreement. [ Not recorded ]	
<b>Sensitivity</b>	<b>Tear meniscus height: cut off of: &lt; 0.18 mm (true positives)</b> Farrell et al's technique = [72.8%]	Farrell et al., 2003
<b>Specificity</b>	<b>(100 – false positives)</b> Farrell's technique = [66.6%]	
<b>Sensitivity</b>	<b>Tear Meniscus Height: Small vol. fluorescein: cut off &lt; 0.35mm</b>	Mainstone et al., 1996

	(true positives) Mainstone et al. = [93.3%]	
<b>Specificity</b>	(100 – false positives) Mainstone et al. = [66.7% ]	
<b>Other Stats</b>	For V1 – significantly lower meniscus height in dry eye subjects. Plugging puncta significantly increased meniscus height. Significant correlation between meniscus height and Schirmer test Cermak et al. – significantly lower meniscus height in androgen insensitive female subjects who demonstrated dry eyes Farrell et al. – significant decrease in dry eye subjects compared with controls; significant increase in dry eye subjects with puncta occluded Correlations noted between meniscus curvature and meniscus height in presence or absence of fluorescein Tear meniscus height and area reduced in subjects intolerant to contact lens wear compared with tolerant subjects Nichols et al (2004b) demonstrated lack of association between tear meniscus height and symptoms of dry eye.	Yokoi and Komuro, 2004  Cermak et al., 2003  Farrell et al., 2003  Oguz et al., 2000  Glasson et al., 2003 Nichols et al., 2004b
<b>Test problems</b>	Positioning of subject etc and use of specialise equipment	
<b>Test solutions</b>		
<b>FORWARD LOOK</b>	Likely the V1 method can be readily adapted for use in practice	

**References:**

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