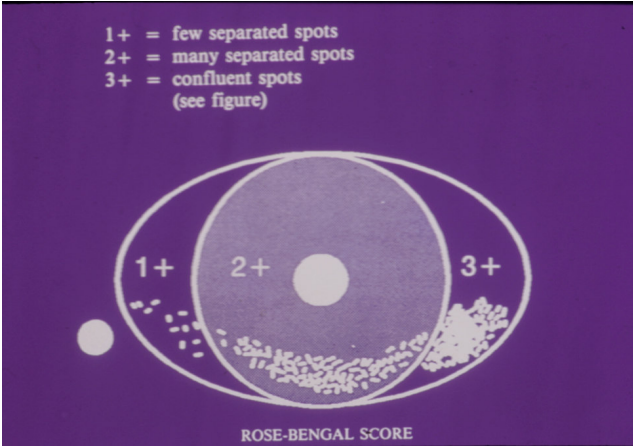


DEWS	DRY EYE: DIAGNOSTIC TEST TEMPLATE	
RAPPORTEUR	A.J.Bron	21 st Oct 2004
Reviewers	Barbara Caffery,	April 2, 2006
TEST	Grading staining: van Bijsterveld schema	
TO DIAGNOSE	The scheme is used to estimate surface damage in sicca.	REFERENCES
VERSION of TEST	[V]	Van Bijsterveld 1969
DESCRIPTION	Surface damage to the exposed eye, assessed by staining, is graded against standard chart.	
NATURE of STUDY	Diagnostic value of the Schirmer 1 test, Rose bengal staining and a test of lysozyme tear level in sicca syndrome. Normal controls: 550 Age 20-74 years M=F in each 5 y band Sicca syndrome: 43 F32; M11	
CONDUCT of TESTS	<p>Rose bengal staining: 1% liquid rose bengal is instilled into the eye. The examiner uses white light to assess the amount of staining.</p> <p>Intensity scored in 2 exposed conjunctival zones and cornea Score 0-3 for each zone. Maximum score 9.</p> 	
RESULTS of STUDY	N. A.	
Web Video	Available [No]	
Materials:	<ul style="list-style-type: none"> Bengal rose 1%. Source not stated. 	
Standardization	Time of day [] Temperature [] Humidity [] Air speed [] Illumination [] These have not been assessed	
Variations		
Repeatability	Intra-observer agreement. [-] Inter-observer agreement. [-]	
Sensitivity	Rose bengal test: with a cut off of ≥ 3.5 mm the probability of misclassification of patients was 5% and of controls was 4%. (true positives) [95%]	
Specificity	(100 – false positives) [96%]	

Other Stats	Data available in a number of studies: eg. European / American collaboration on classification criteria for Sjögren's syndrome.	Vitali et al. 2002
Test problems	1% rose bengal is difficult to obtain. Also, significant stinging is caused by instillation of a full drop (eg. 25-50 μ) of the solution, especially in dry eye patients where the stain is retained.	
Test solutions	Approaches to the use of bengal rose, where this is thought to be appropriate, are discussed in :	

References

van Bijsterveld OP. (1969). Diagnostic tests in the sicca syndrome. *Arch Ophthalmol* 82: 10-14.

Vitali C, Bombardieri S, et al. (2002). Classification criteria for Sjogren's syndrome: a revised version of the European criteria proposed by the American-European Consensus Group. *Ann Rheum Dis* 61:554-8.