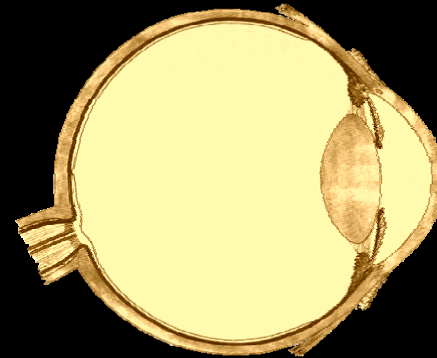
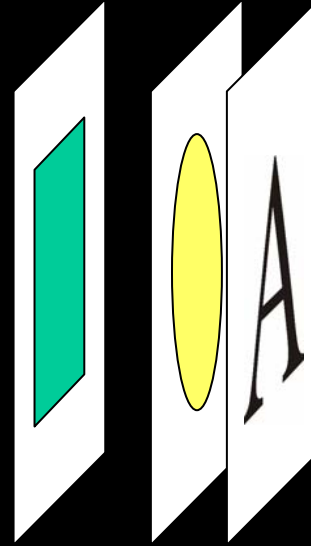
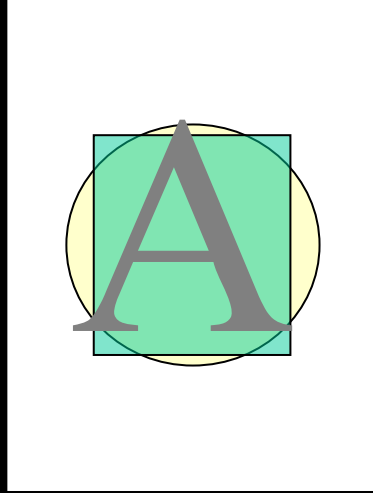


Andrzej Kowalczyk

# **Optical Coherence Tomography (19<sup>th</sup> century physics as a diagnostic tool for ophthalmology and art conservation)**

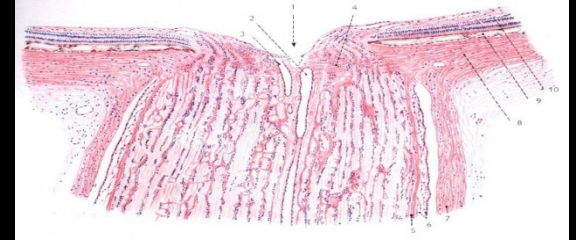
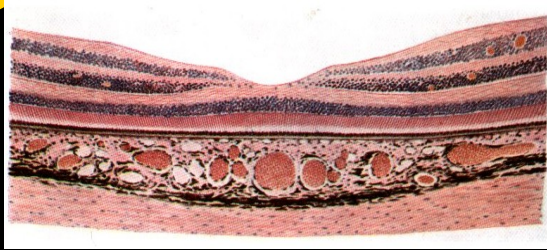
Nicolaus Copernicus University, Toruń, Poland

# OCT: from *en face* illumination & observation to cross sectional image



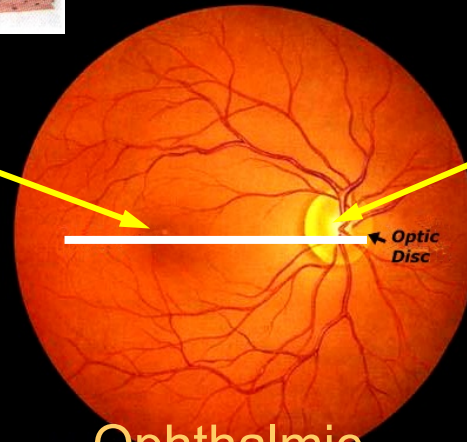
# Ophthalmology: retina

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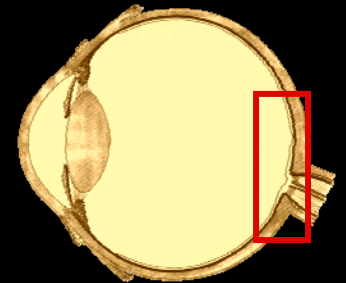


Macula

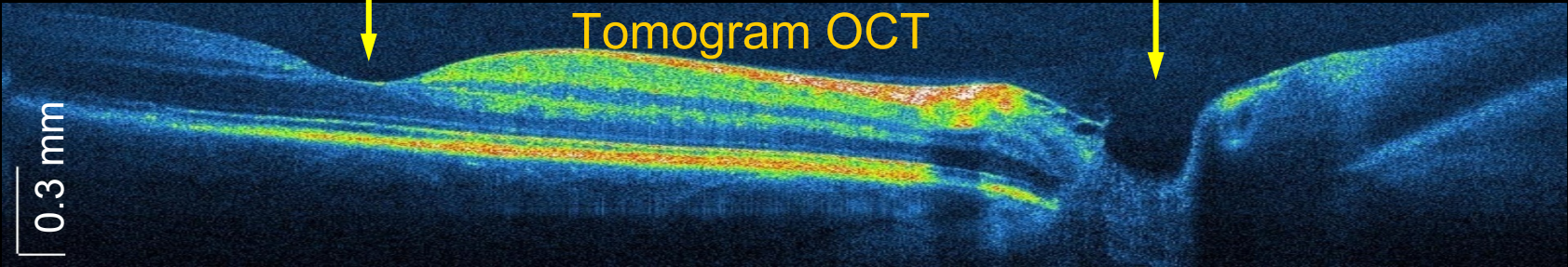
Optic disc



Ophthalmic examination



Tomogram OCT

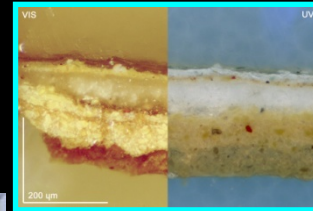
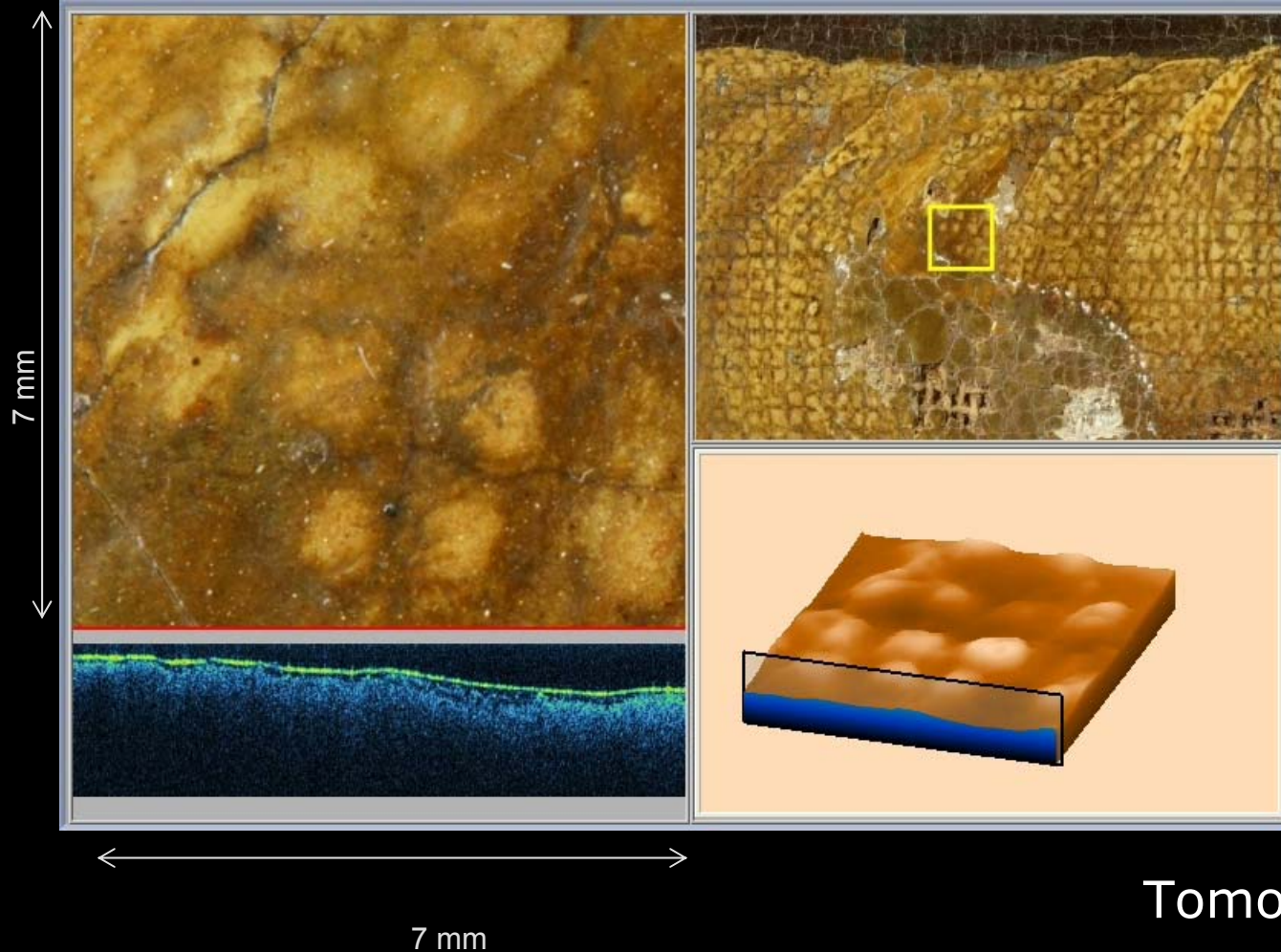


0.3 mm

0.2 mm

# Art conservation - varnish

Sample taken by traditional way

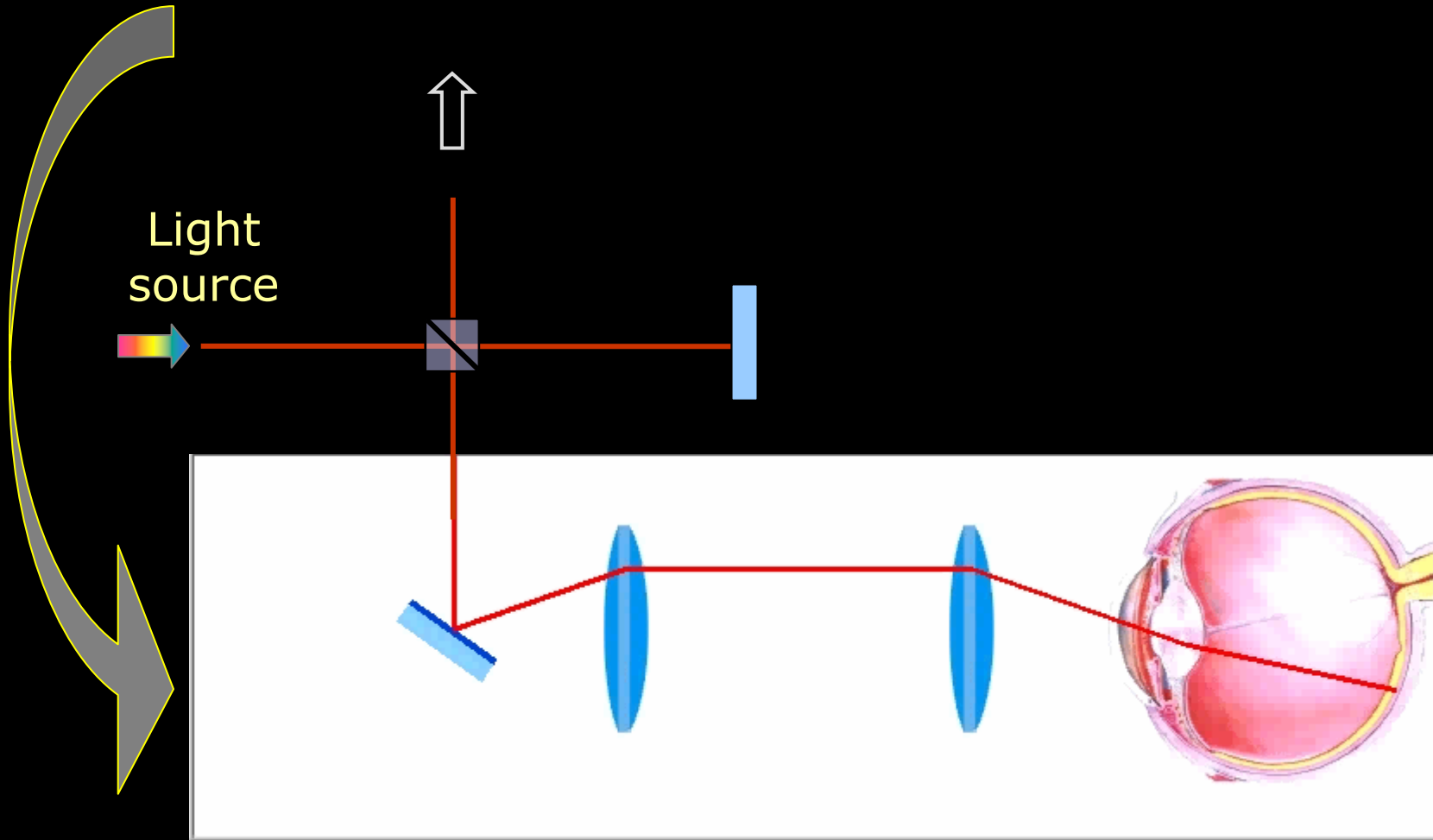


Tomogram OCT



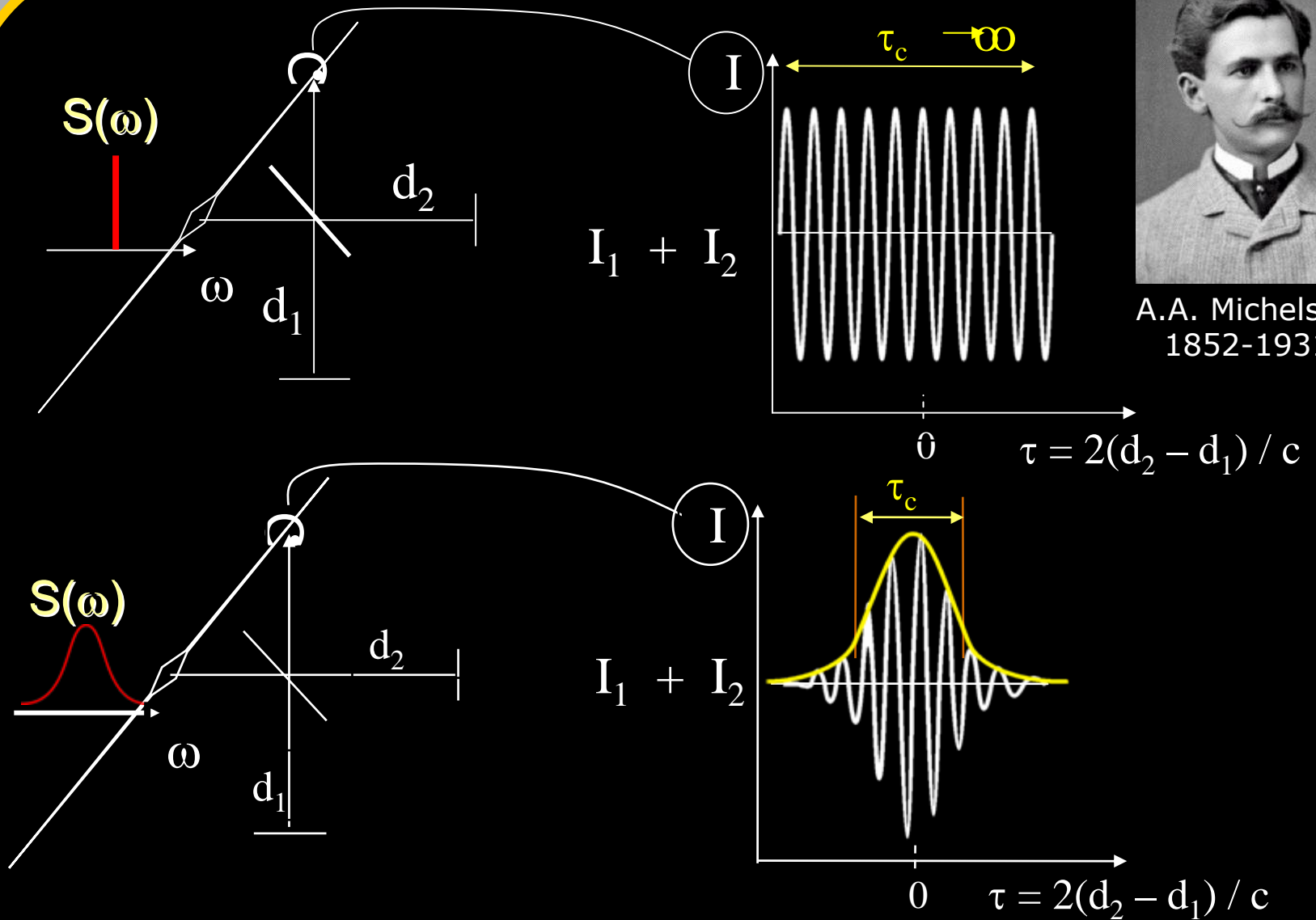
# Tomogram consists of lines

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But how to get an individual line?

# Basic tricks – same as in Michelson's definition of the meter



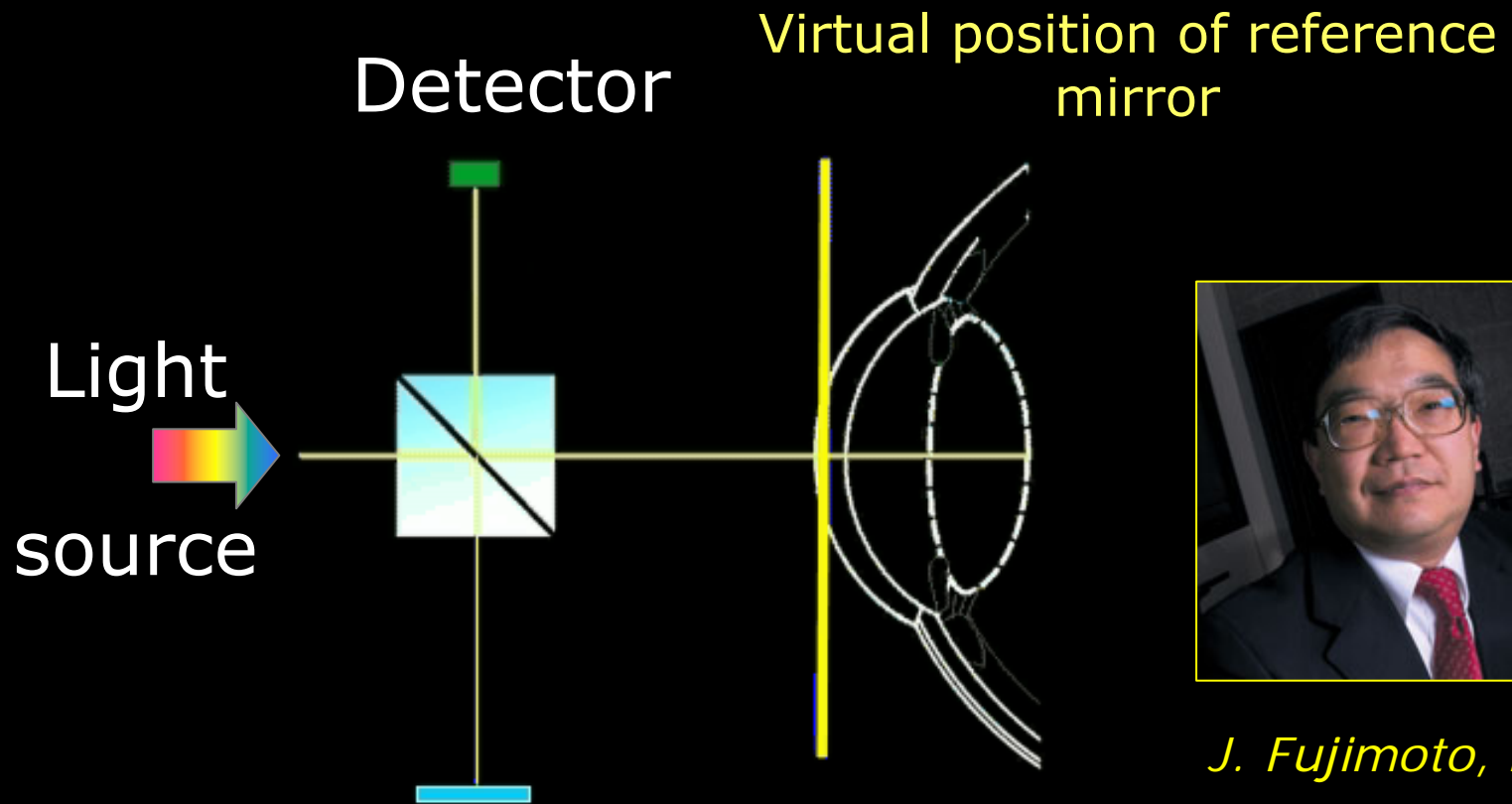
# Precision of arms length match & axial resolution

Wider spectrum of the source  $S(\omega) \rightarrow$  narrower coherence envelope  $\Gamma(\tau)$ :

$$\Gamma(\tau) = FT\{S(\omega)\}$$

Axial resolution with: Sodium lamp: 0.6 mm,  
Superluminescent diode: 5 - 15  $\mu\text{m}$

# Individual line in Time domain OCT



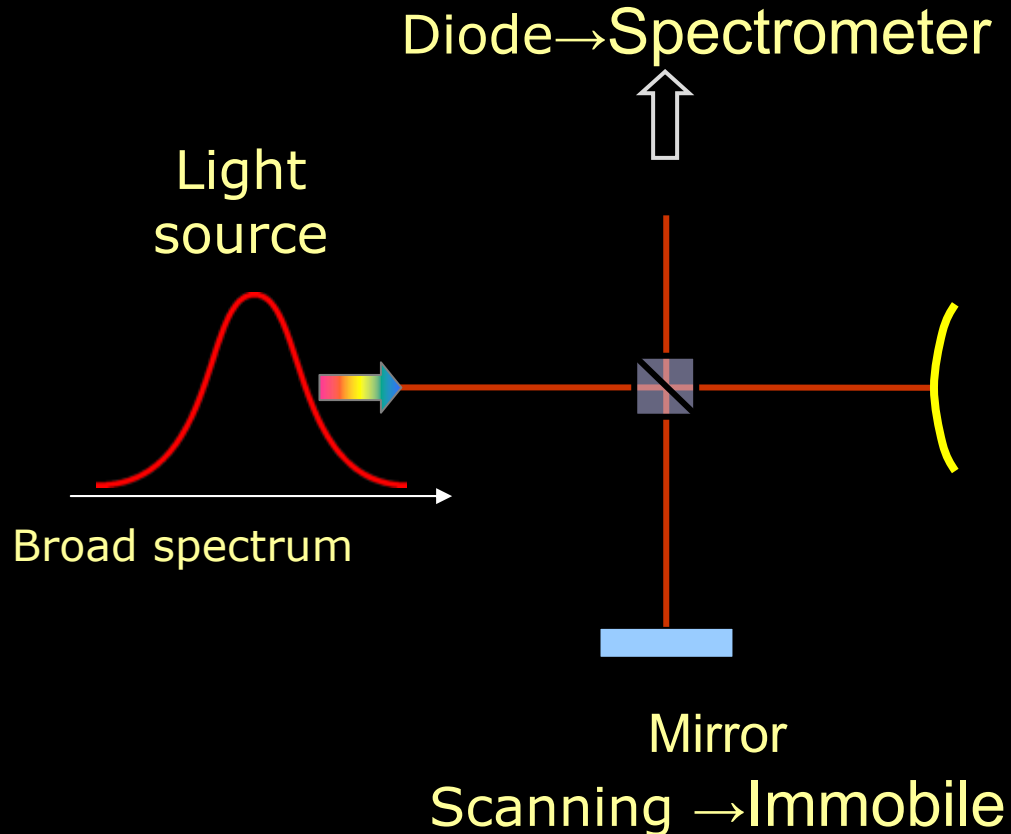
*J. Fujimoto, MIT*

*J. Fujimoto, MIT, 1991; Humphrey Zeiss, 1996, Zeiss Meditec 2003*



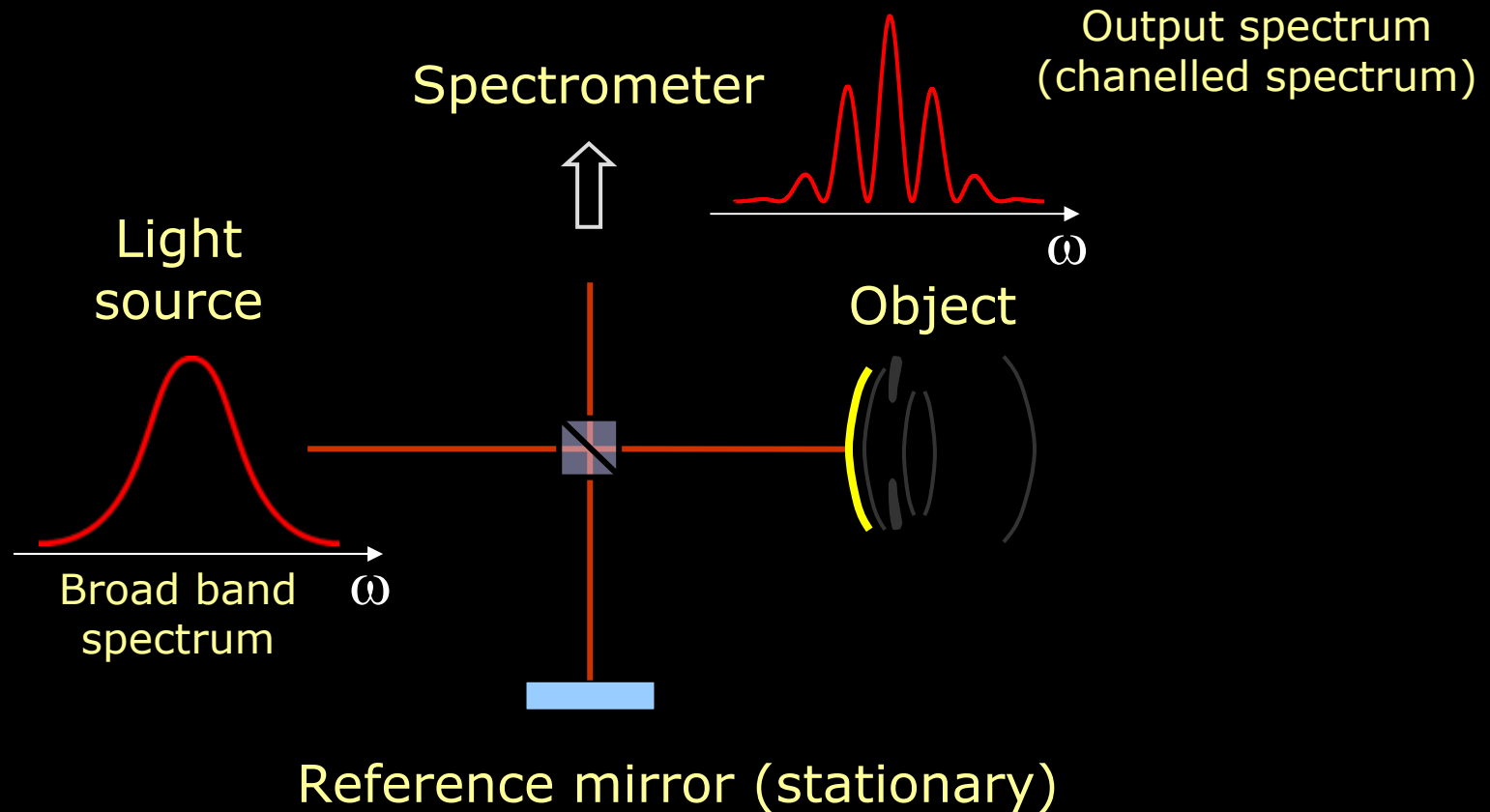
# Is it possible to use light more effectively?

In Time domain OCT light penetrates the object during mirror movement (about 10 ms) but only the fraction reflected at sequential interfaces contributes to the signal



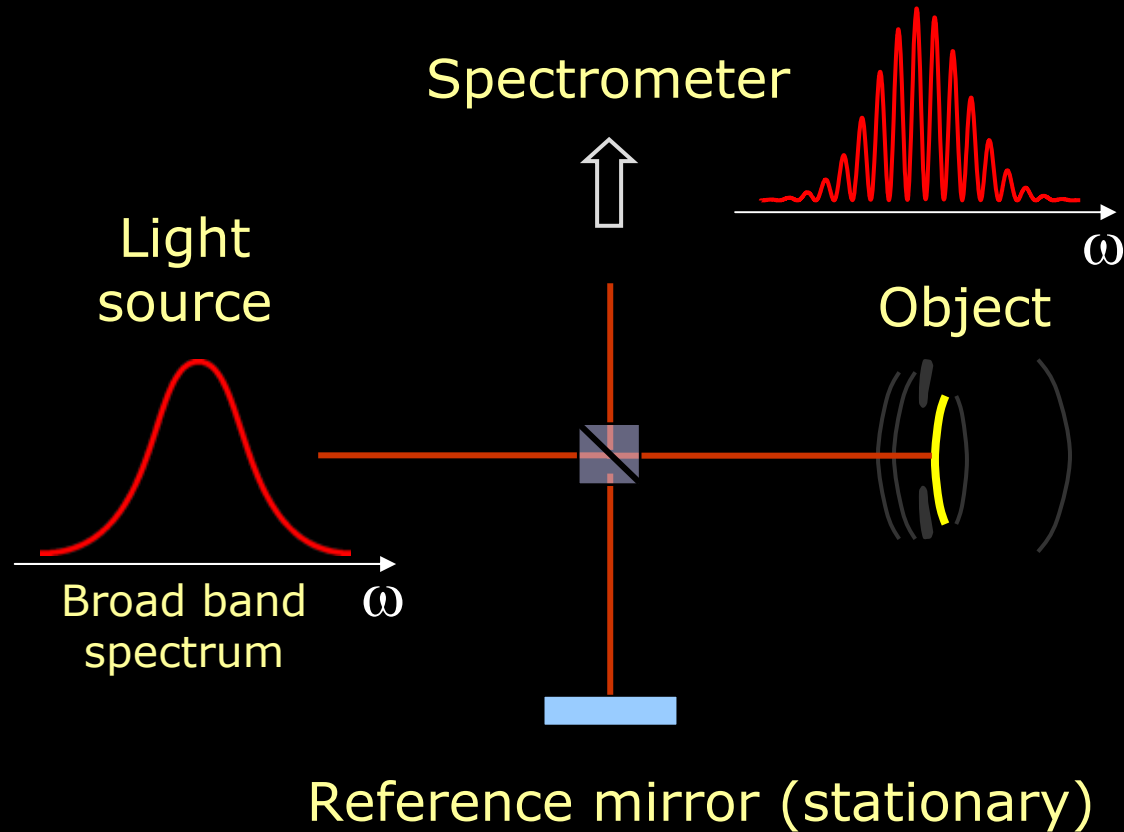
*A.F. Fercher,  
MedUni, Vienna*

# Individual line in Spectral OCT



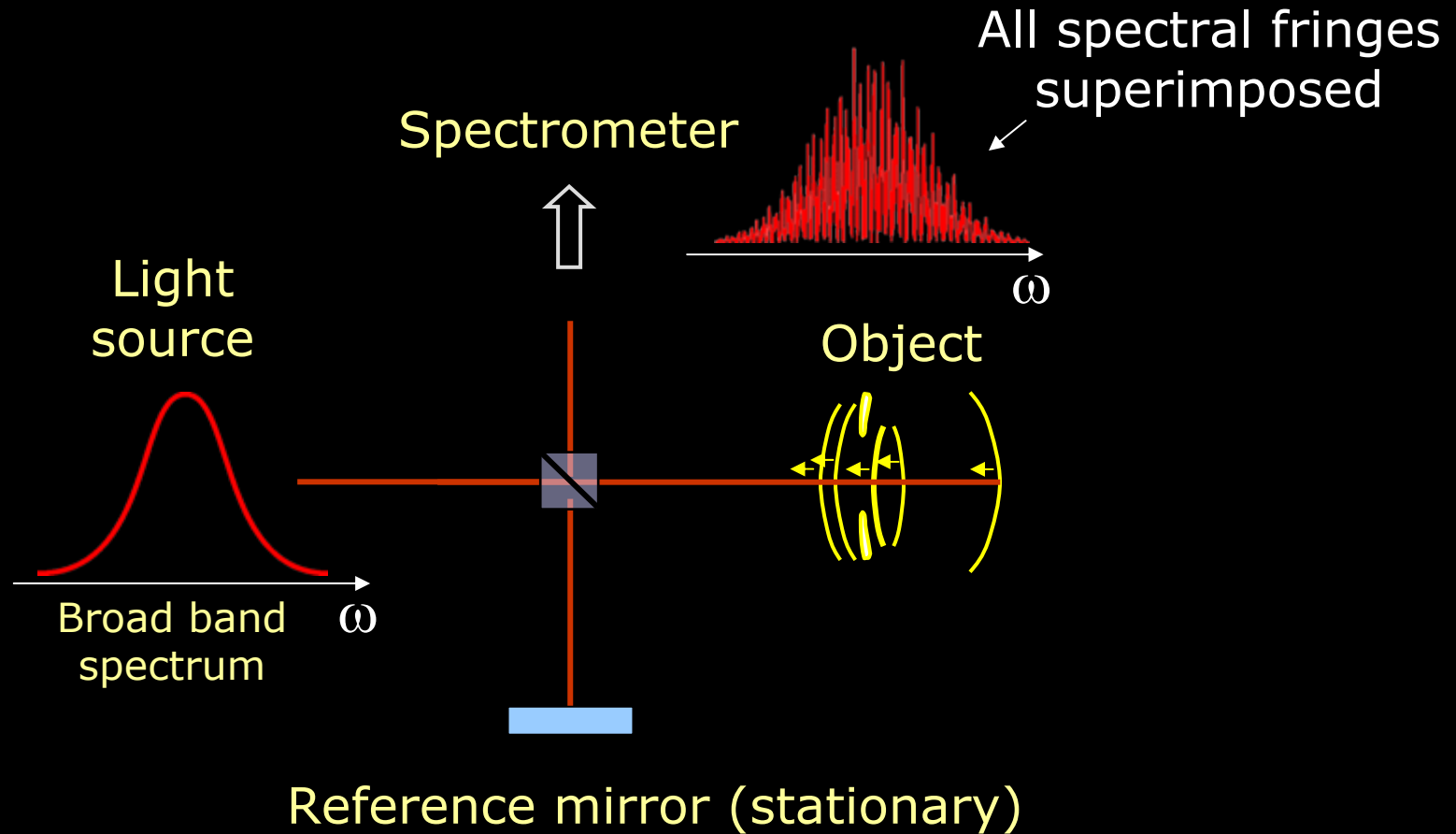
$$I(\omega) = I_1(\omega) + I_2(\omega) + 2\sqrt{I_1(\omega)I_2(\omega)} \cos\left[\frac{2(d_2 - d_1)}{c} \omega\right]$$

# Spectral OCT – spectrum modulation $\propto \Delta d$



$$I(\omega) = I_1(\omega) + I_2(\omega) + 2\sqrt{I_1(\omega)I_2(\omega)} \cos\left[\frac{2(d_2 - d_1)}{c} \omega\right]$$

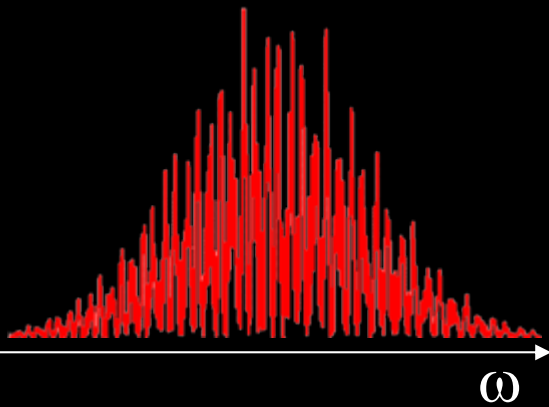
# Information along one line collected in 20 $\mu$ s





# Additional effort is required

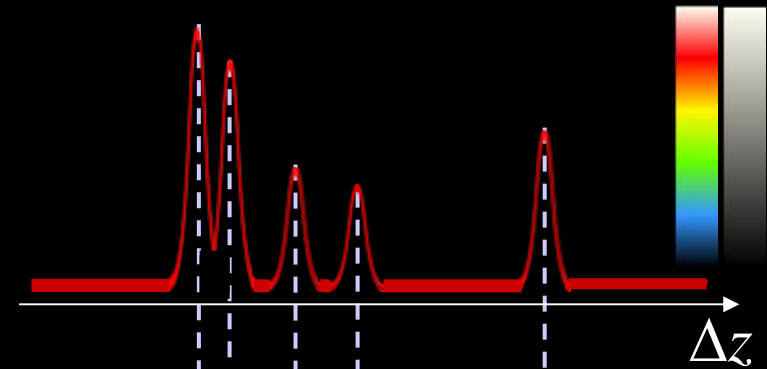
Spectral Fringes



$|FT|^2$



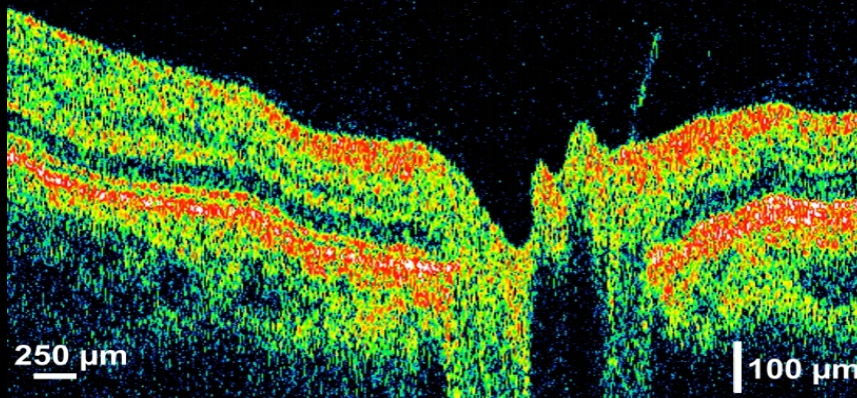
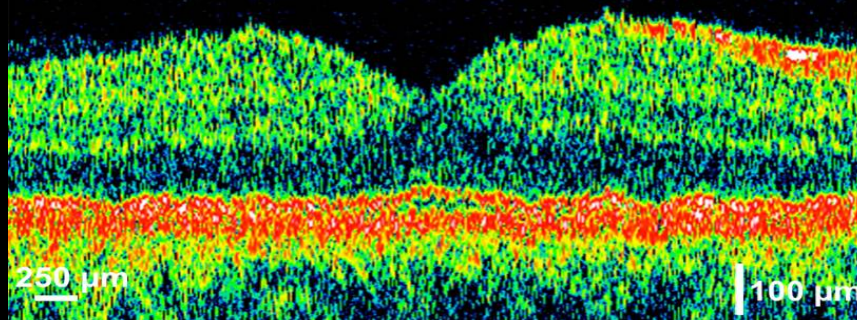
One tomogram line  
(axial structure of the object)



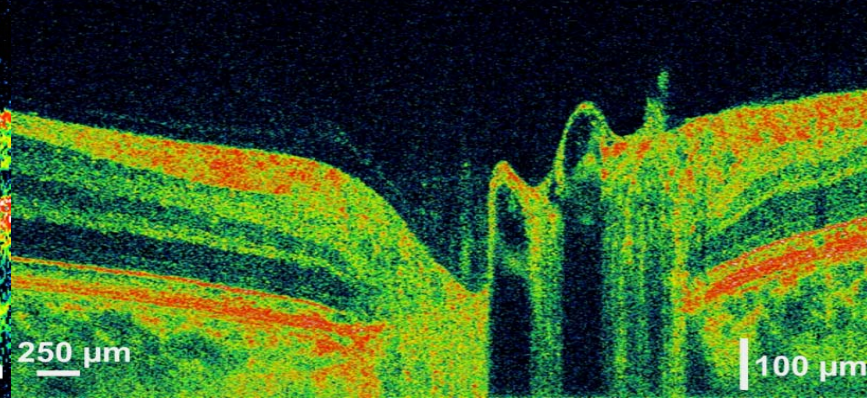
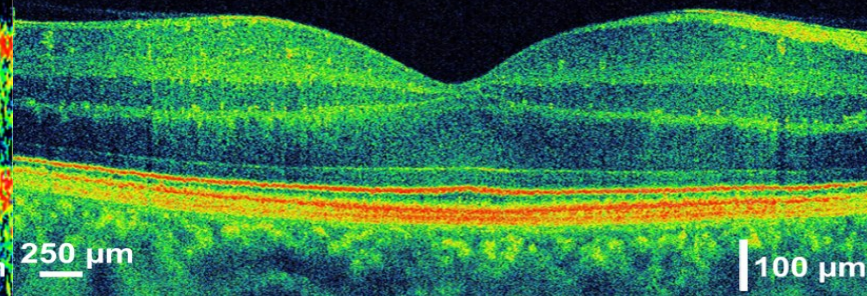
*Jean Baptiste Joseph Fourier*  
1768-1830

# Advantages: more lines in shorter time

## Time domain OCT



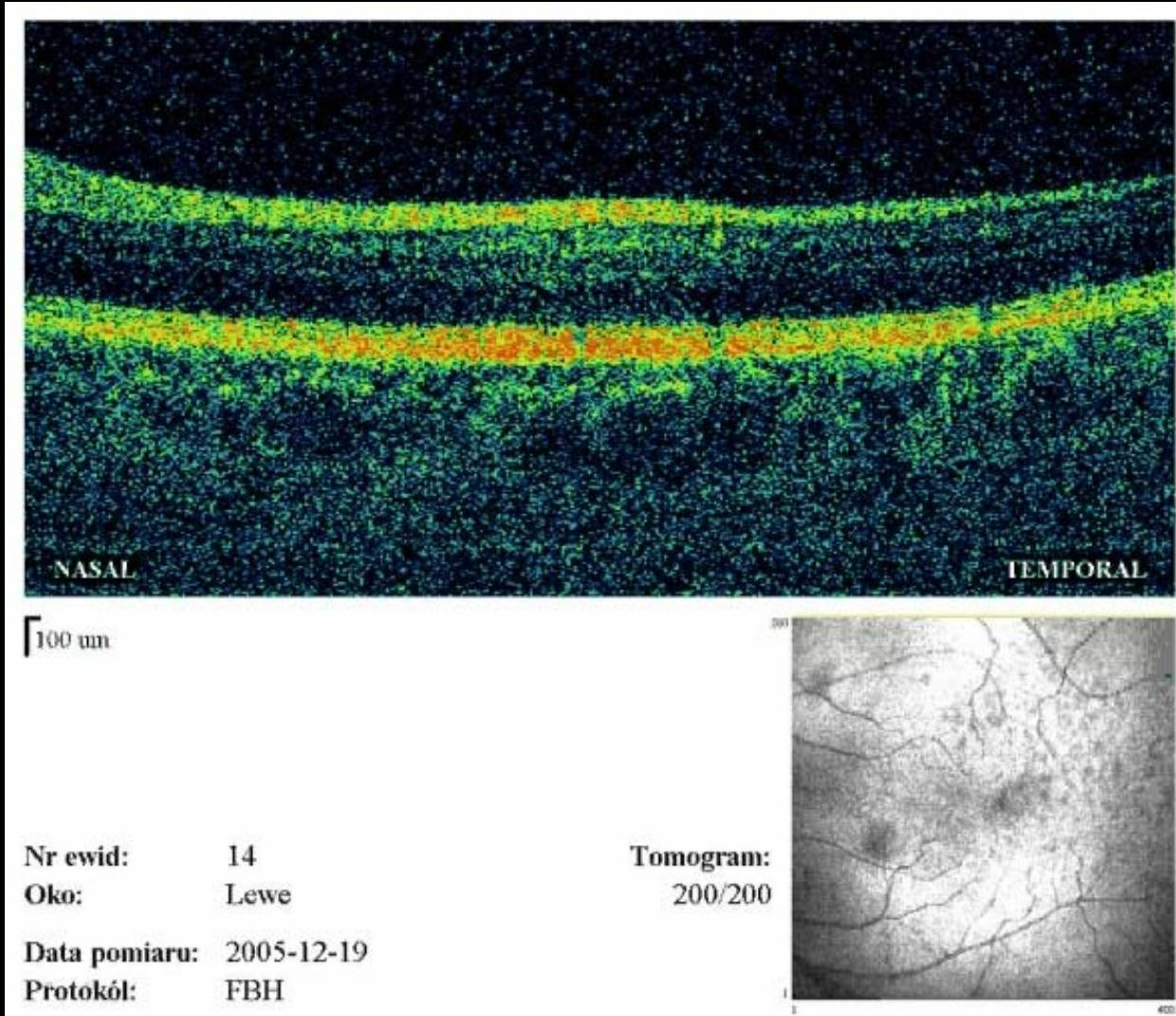
## Spectral OCT



1. Time domain OCT– 500 lines in 1.4 sec
2. Spectral OCT – 9000 lines in 0.4 sec

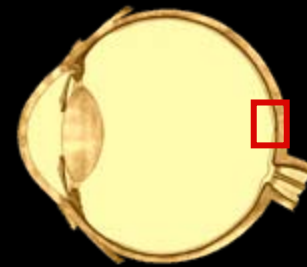


Tradeoff: low density of lines  $\leftrightarrow$  many cross sections at different locations (3D rendering)

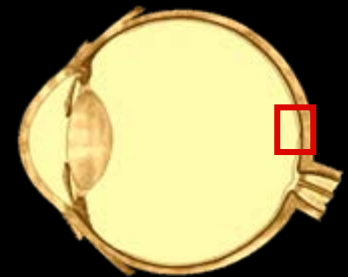
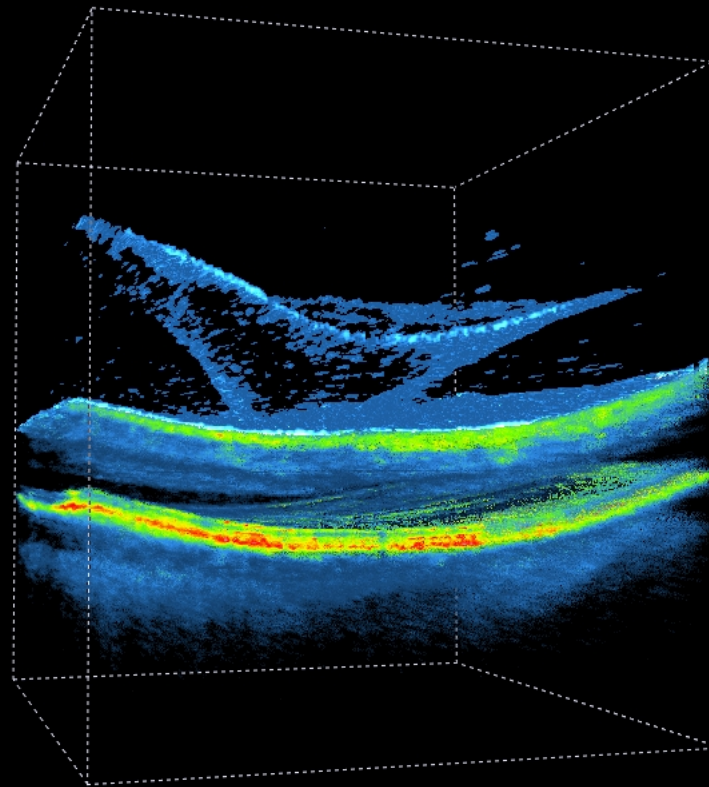


Age-related  
Macular  
Degeneration

Meas.  
time 2 s



Tradeoff: low density of lines  $\Leftrightarrow$  many cross sections at different locations (3D-cube)



Tractions  $\rightarrow$  macular hole



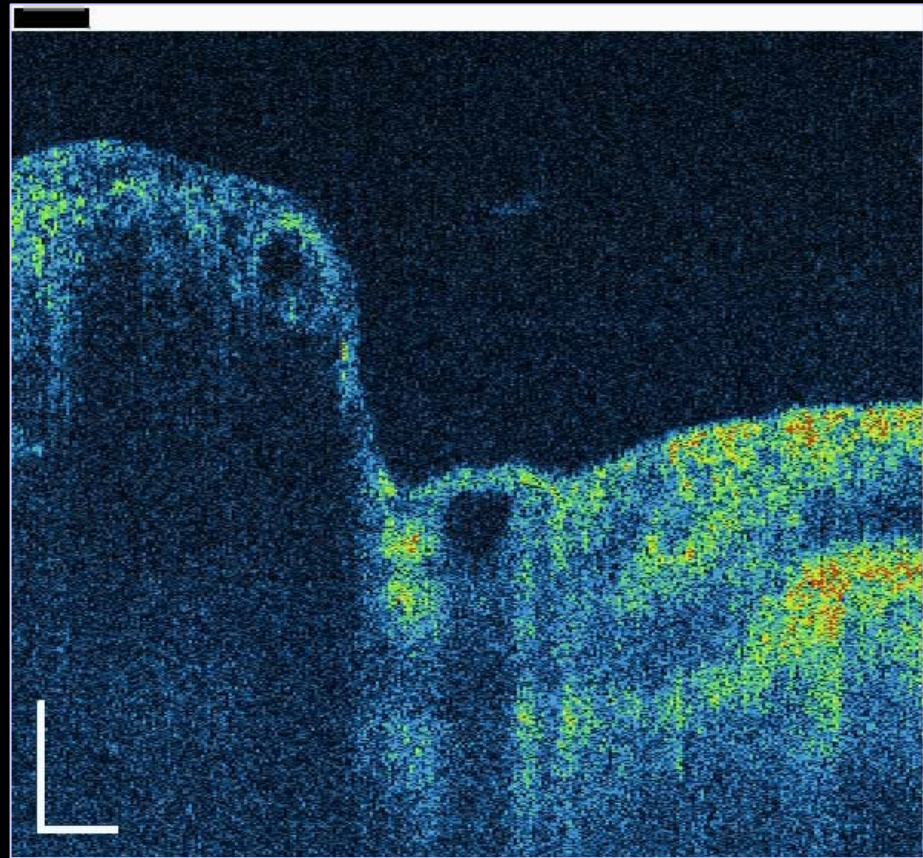
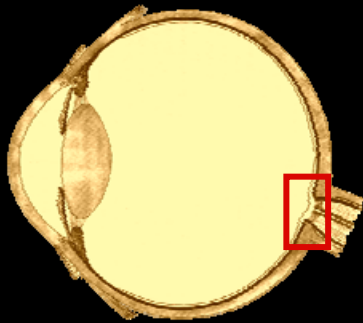
# Tradeoff: low density of lines $\Leftrightarrow$ many cross sections at the same location (movie)

The human nerve head  
*in vivo*

Size: 600 A-scans

Registration: 33 fr/s

Play-back: 33 fr/s



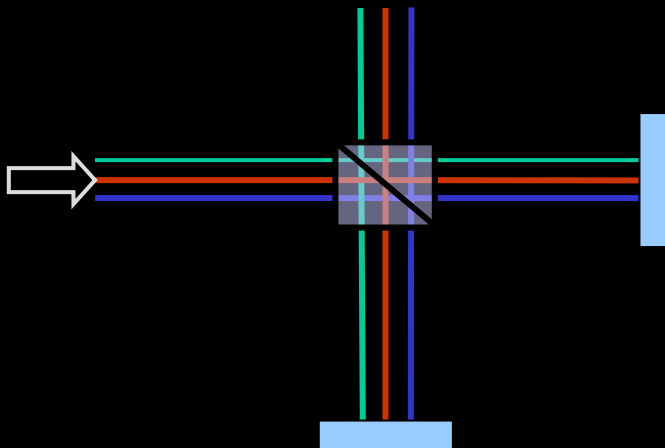
0.2 mm

# Question #1:

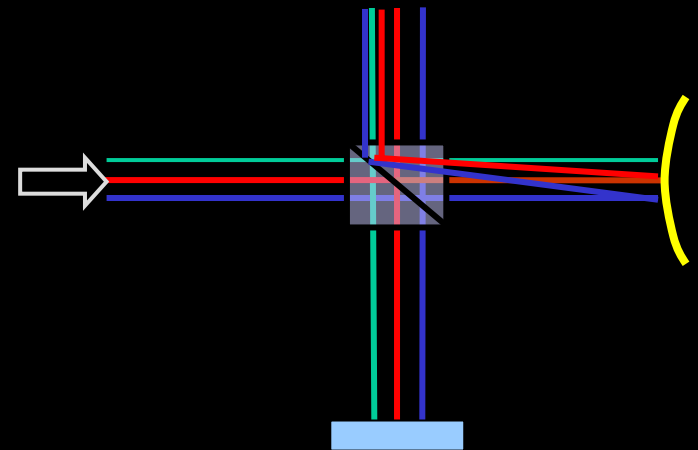
Why Michelson has not invented OCT despite he used the same idea to define the meter in terms of  $\lambda_{Kr}$ ?

## Technology:

- computers were not available
- there were no efficient light sources of high transversal coherence (small hole=no light)



Specular reflection

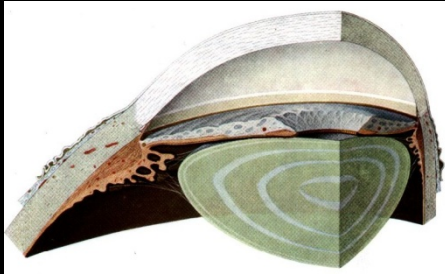


Diffuse reflection

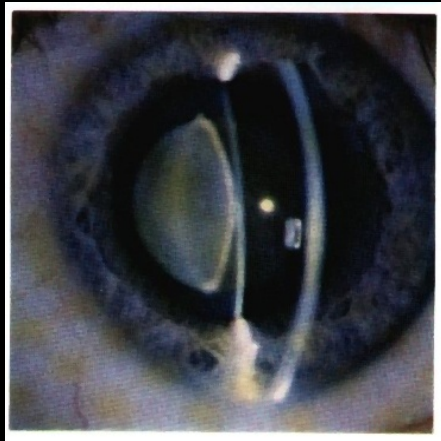


# Examples: Cornea & contact lens

Schematic  
diagram

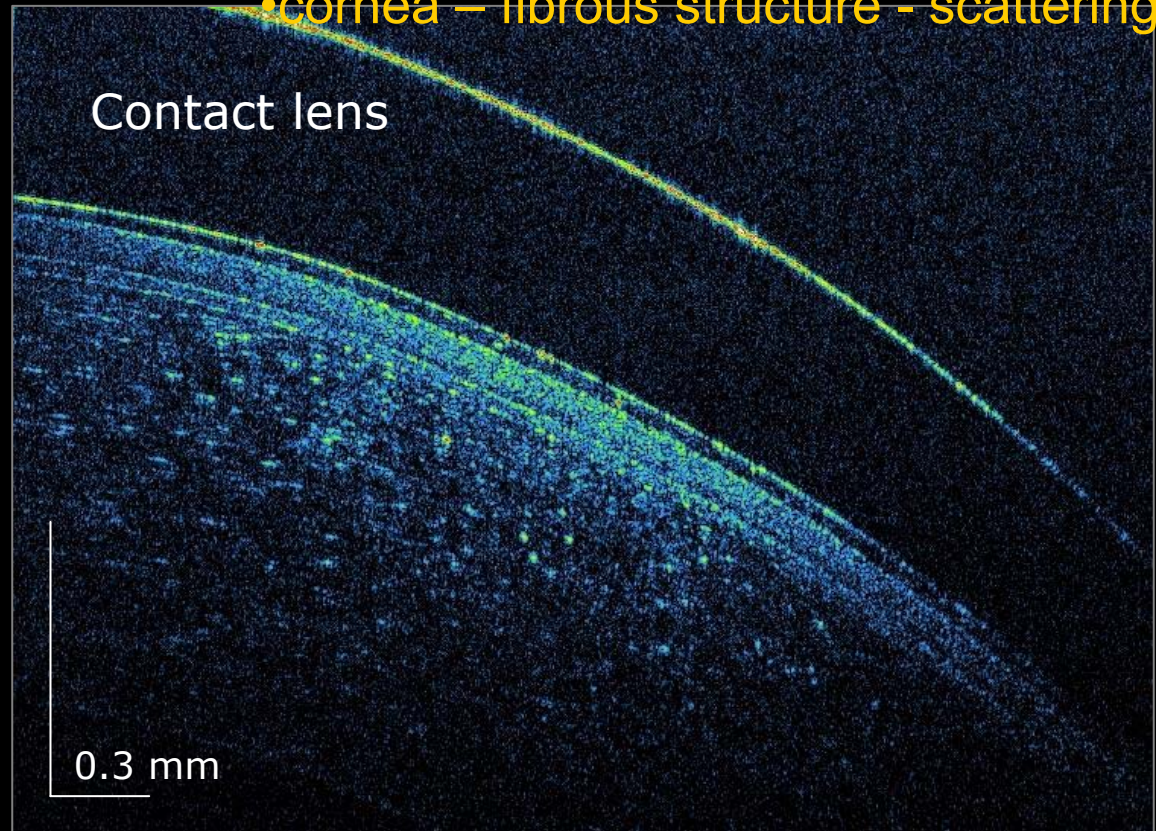


Classical  
examination



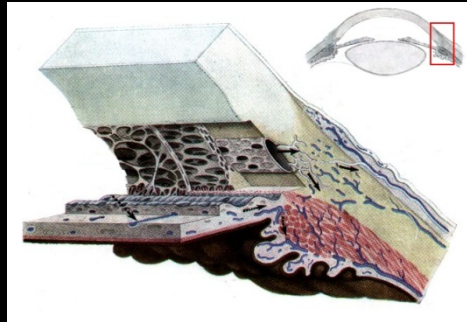
Cornea & contact lens, both transparent

- lens - homogenous – no scattering
- cornea – fibrous structure - scattering



# Examples: corneo-scleral angle & iris

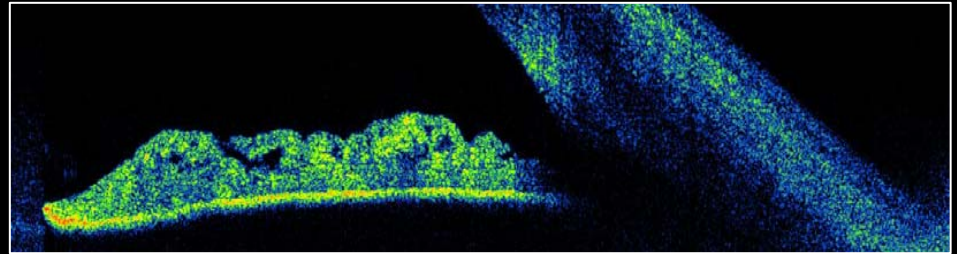
Schematic diagram



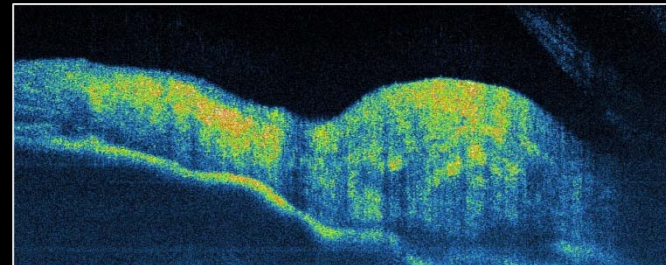
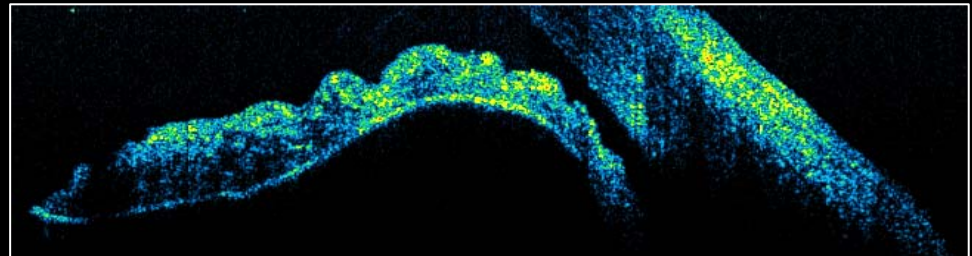
Classical examination



Normal eye



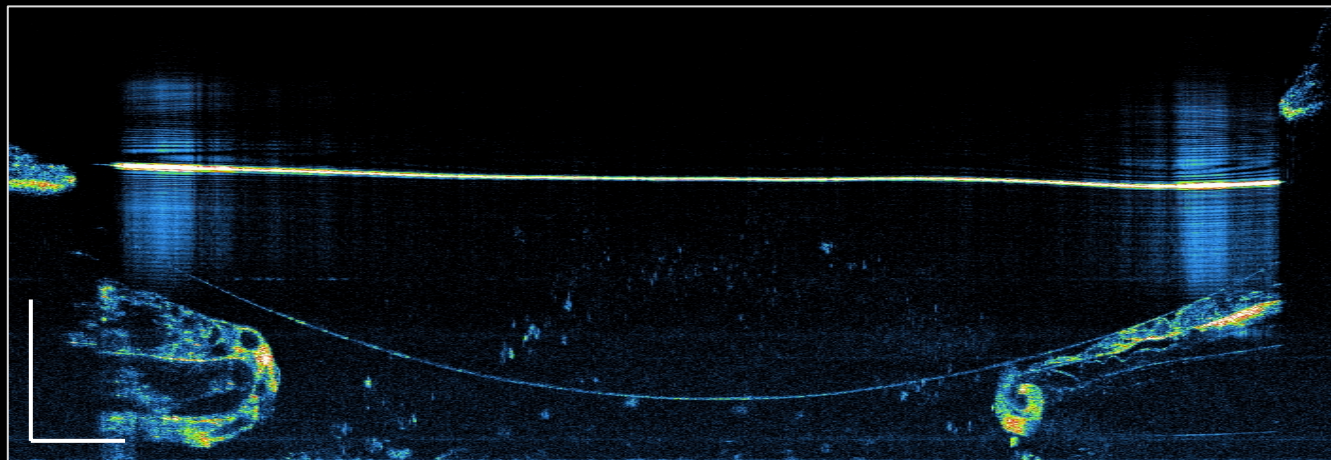
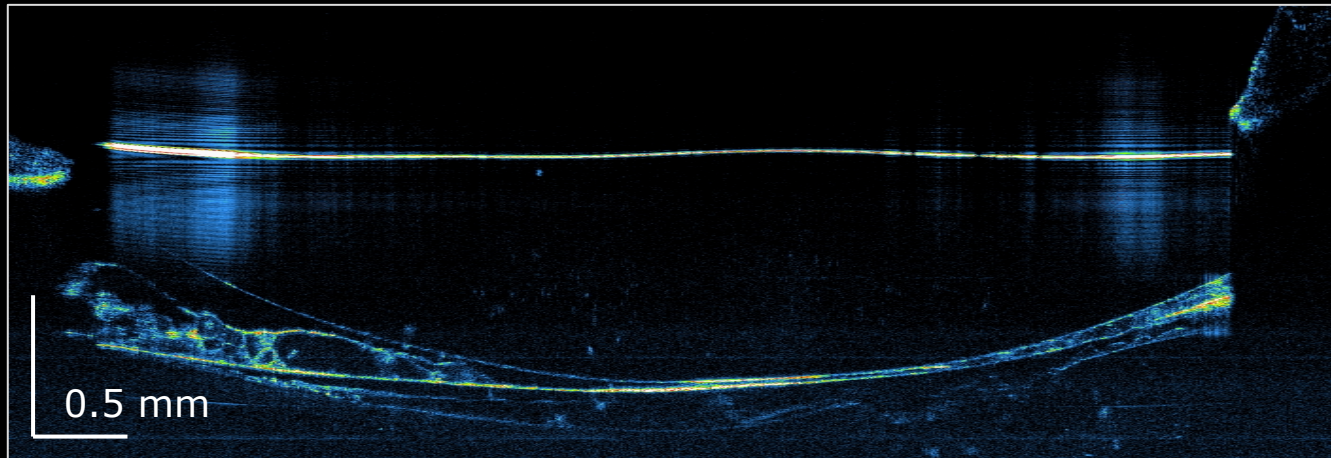
Pathologies



0.4 mm



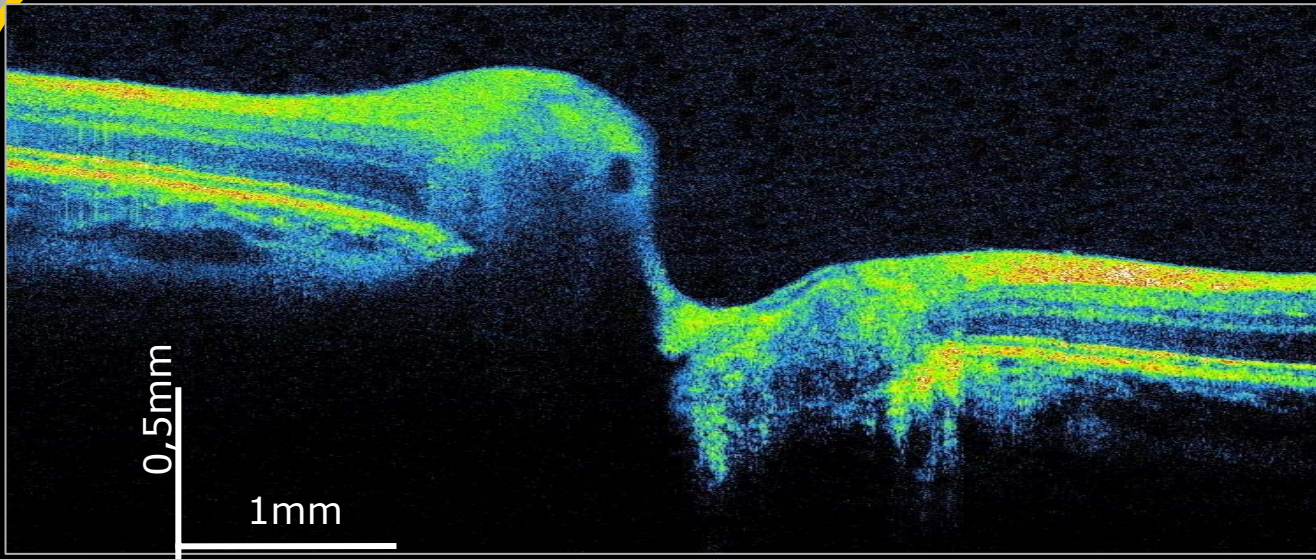
# Examples: Intra ocular lenses



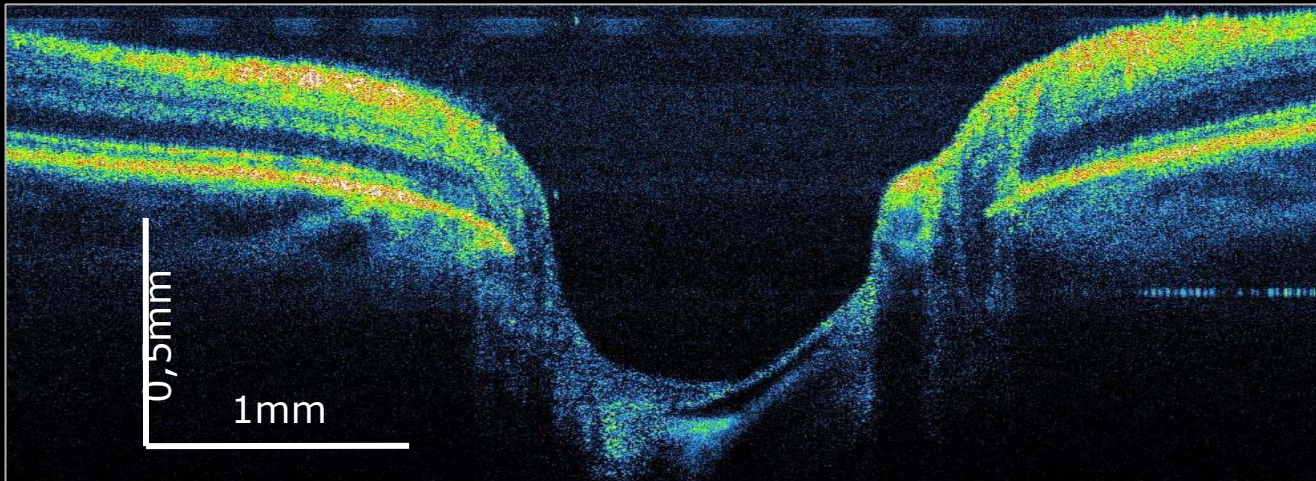
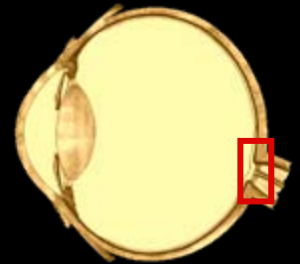
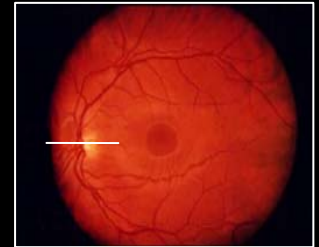
Secondary cataract  
before and after capsulotomy



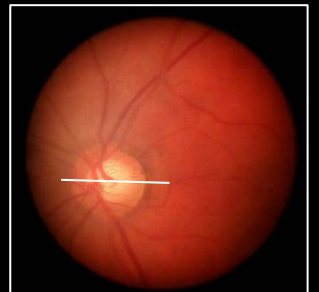
# Examples: pathology of the optic disc



normal

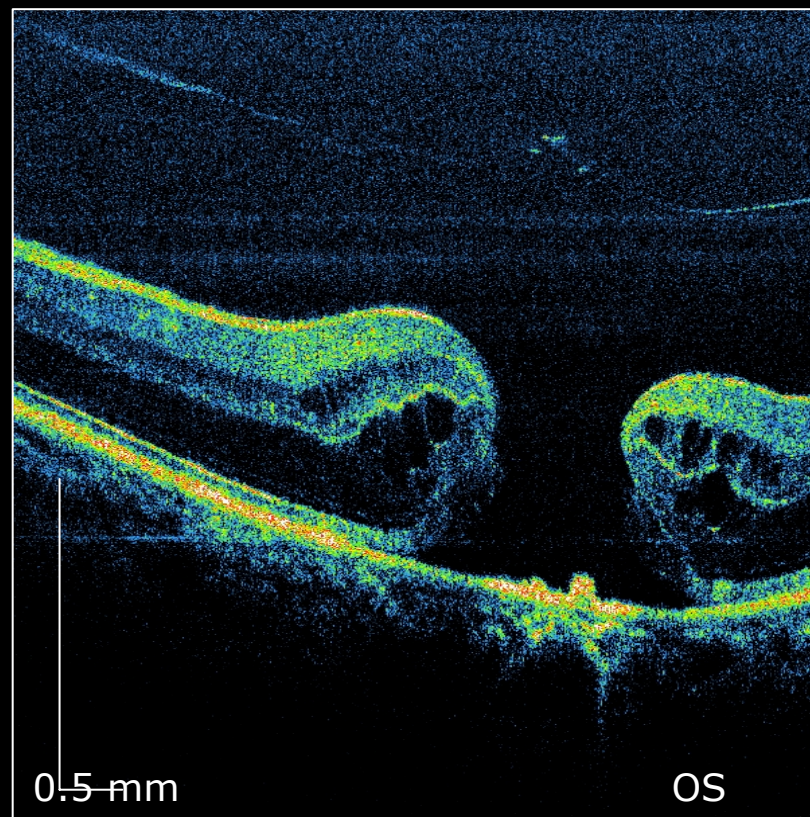
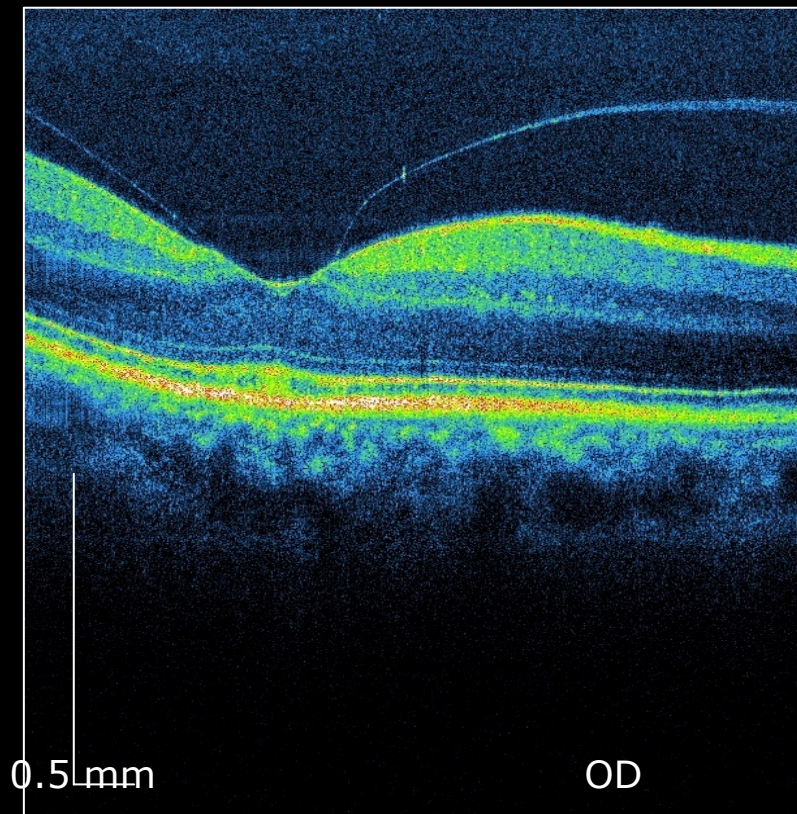


glaucomatic





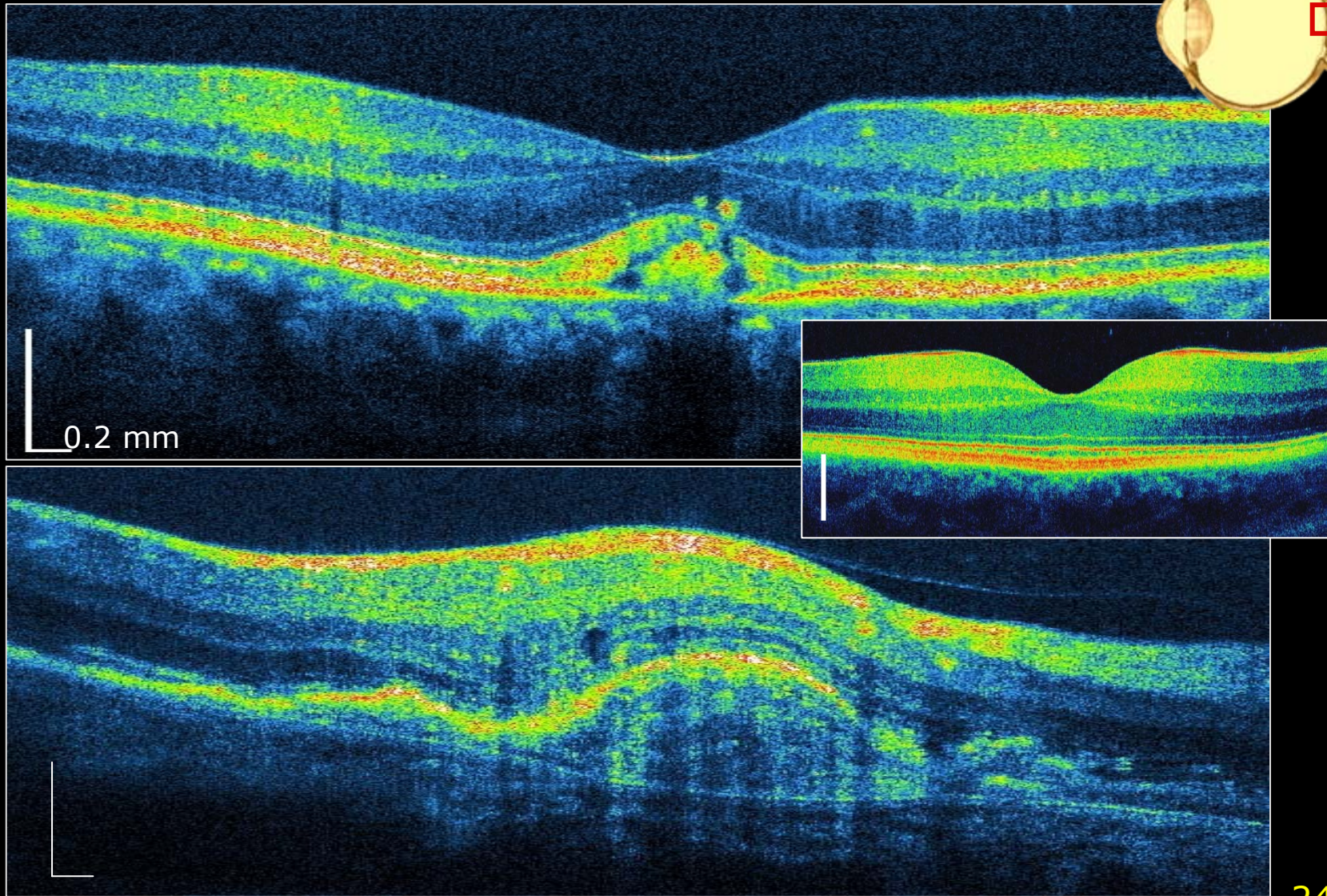
# Examples: Macular hole





# Example: Age related macular degeneration –pathology of the macula

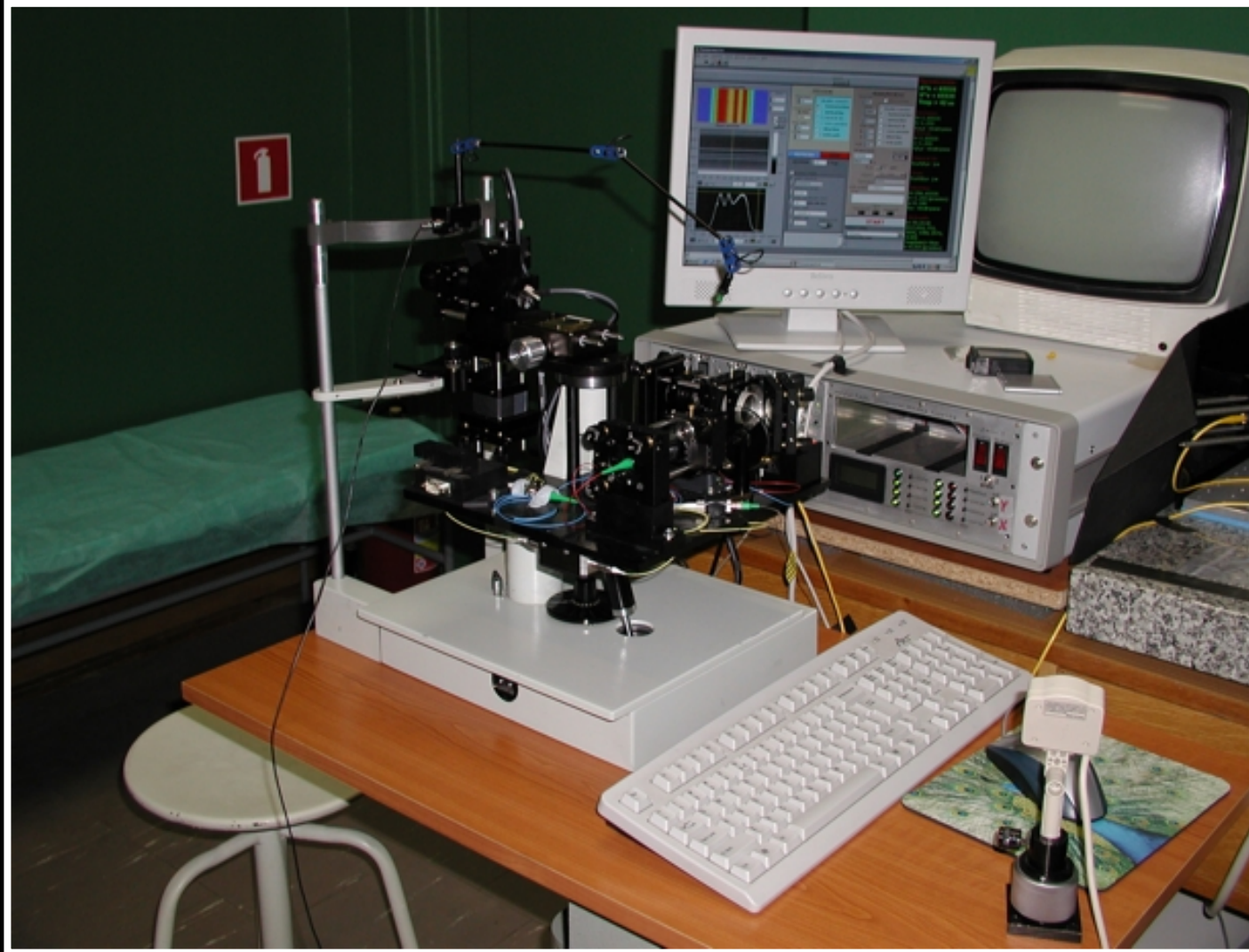
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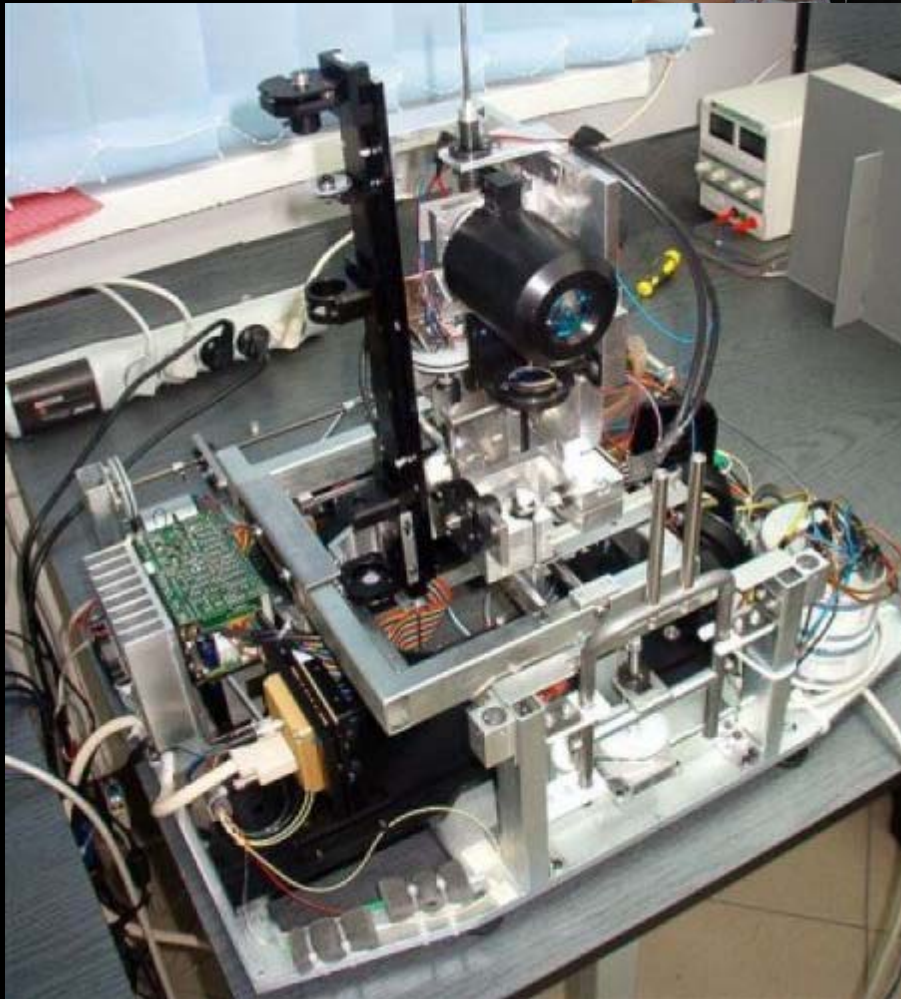
# Laboratory prototype in clinic...

Photonics Society of Poland 31.05.2008



# ...and commercialized version: SOCT Copernicus

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## Question #2:

### Why newcomers pioneered in fast ophthalmic OCT measurements?

#### Technology:

- CCD were too slow to be used in ophthalmology → CCD matrix used as a fast memory.
- since 2003 fast line scan CCD made Spectral OCT available to all.

#### Psychology:

- positive attitude to applied research
- patience

#### Methodology:

How to deal with overlap of:

- twin images
- useful and useless information

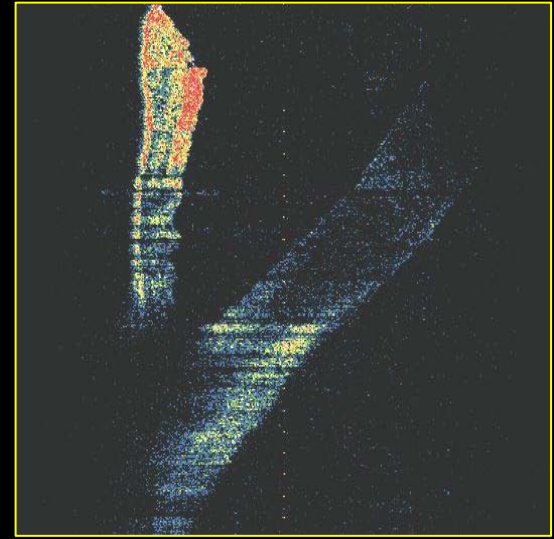
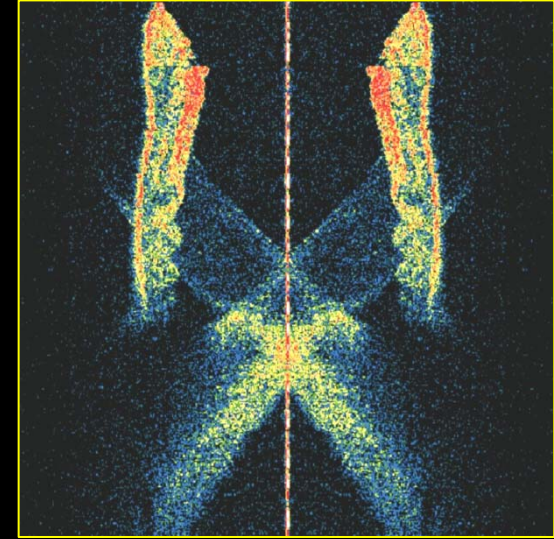
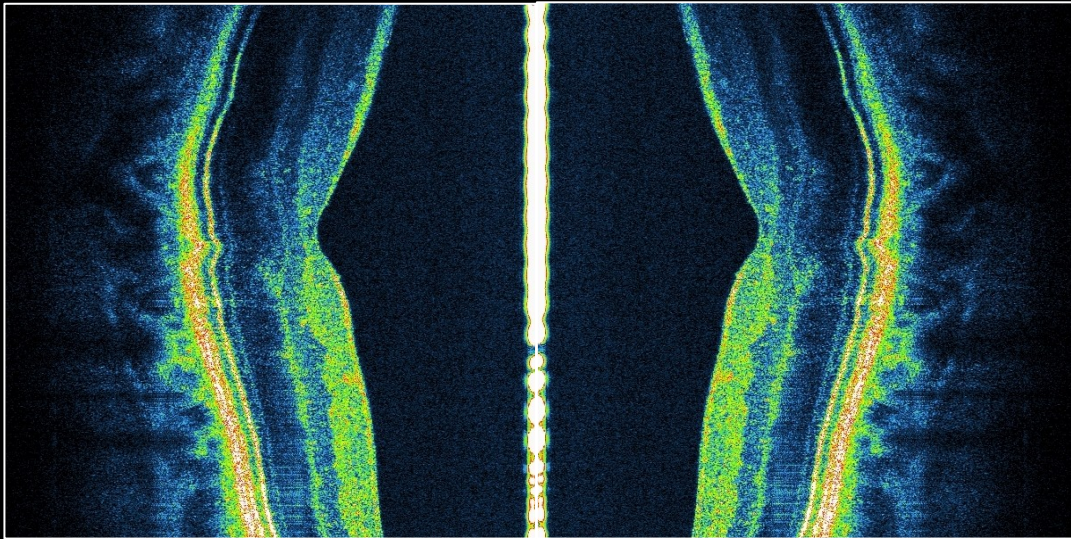
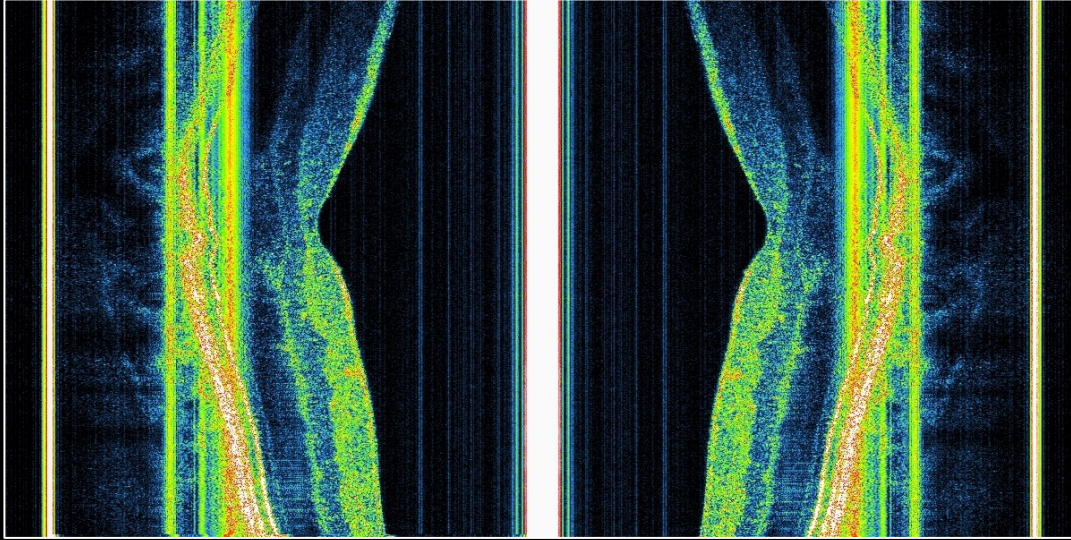
see next 2 slides



A. Jabłoński & A.K.  
1979

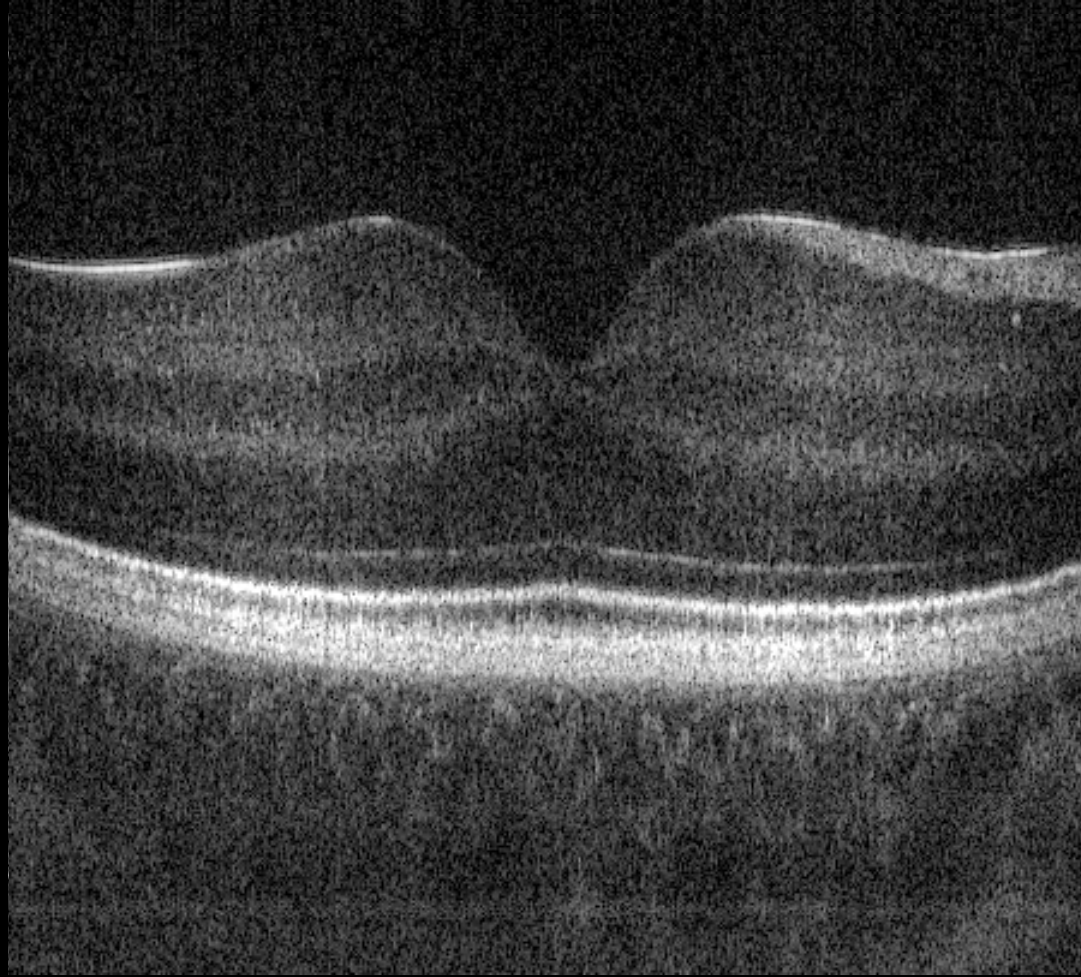


$|\text{FT}\{\text{real valued function}\}| \rightarrow \text{twin images}$



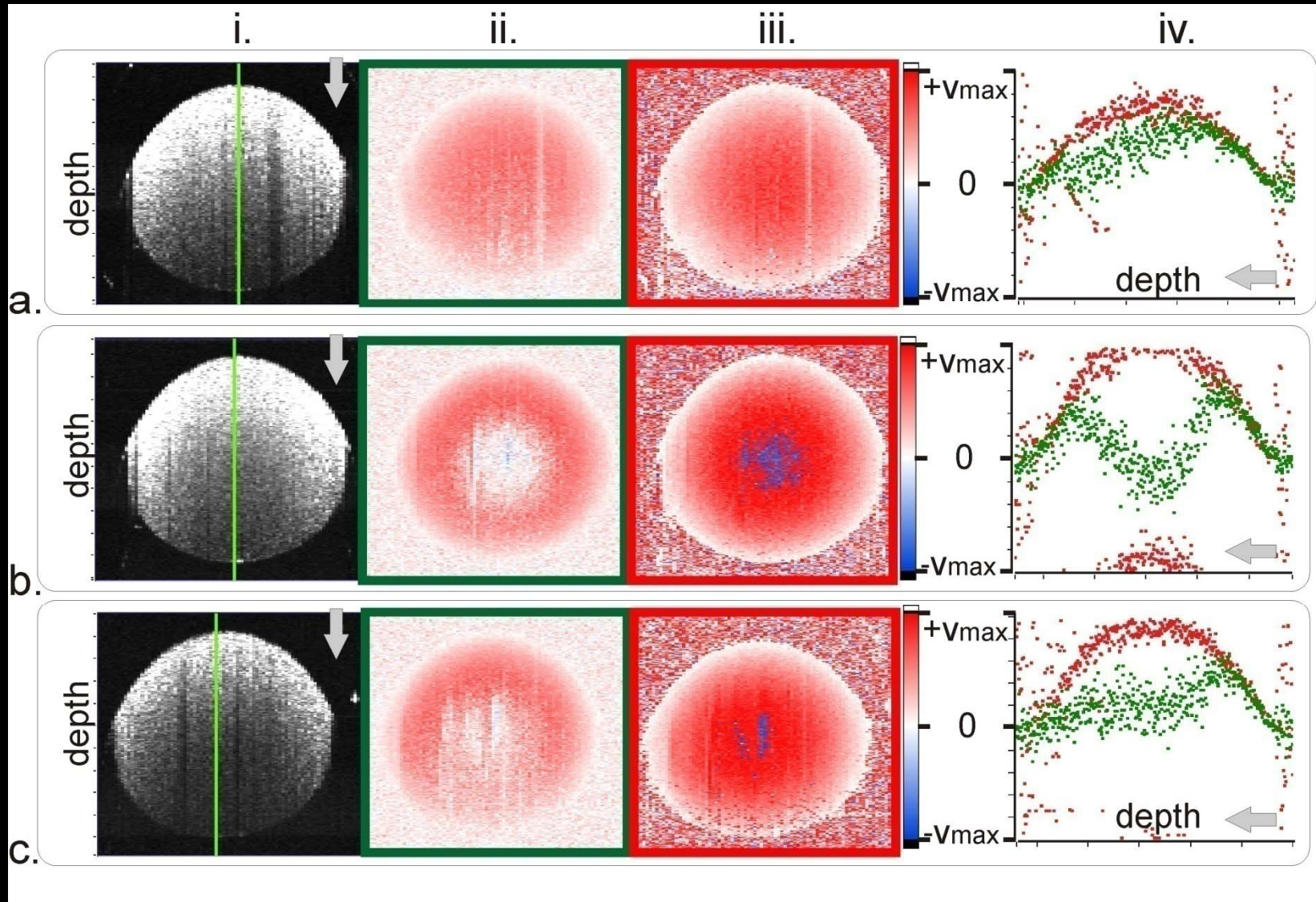


# Useful & useless information together



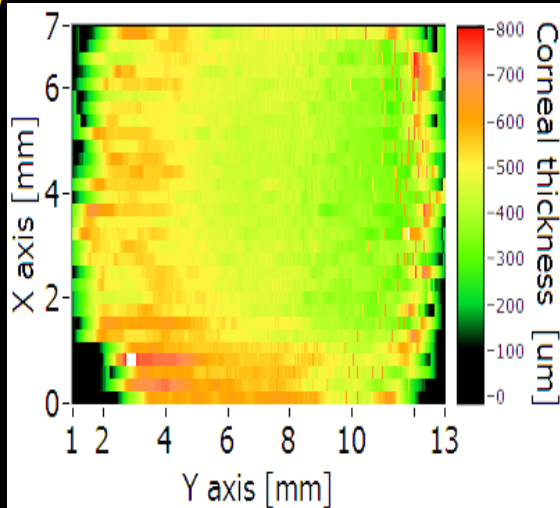
# What next: proper imaging of flows

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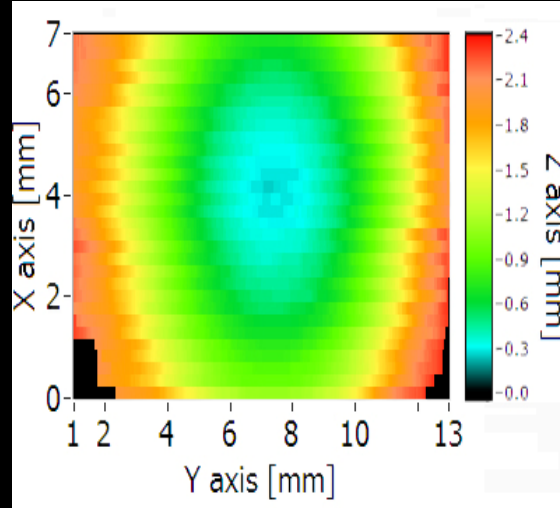


# What next: topography of cornea in 25 ms!

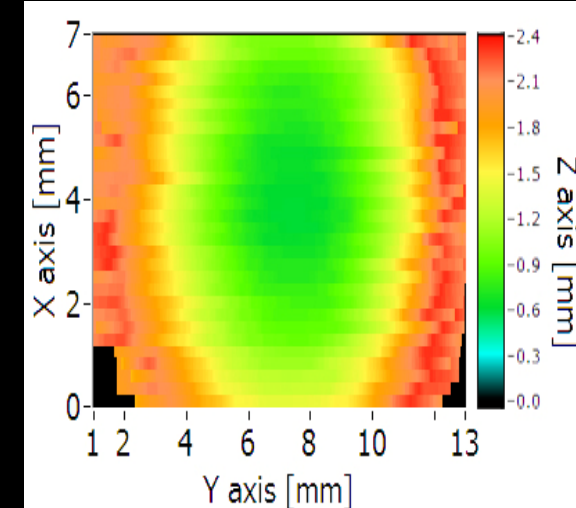
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thickness  
map



topography of  
anterior surface



posterior





# Medical Physics Group

Photonics Society of Poland 31.05.2008



**Prof. Andrzej  
Kowalczyk**



**Dr hab. Piotr  
Targowski**



**Dr Maciej  
Wojtkowski**



**Dr Iwona  
Gorczyńska**



**Dr Ireneusz  
Grulkowski**



**Mgr Anna  
Szkulmowska**



**Mgr Michalina  
Góra**



**Mgr Karol  
Karnowski**



**Mgr Danuta  
Bukowska**



**Mgr Szymon  
Tamborski**



**Mgr inż. Daniel  
Szlag**



- Thank you