CONCLUSION

Fluorescein angiography of the optic disc is an objective modality that has its place in the diagnosis of primary open angle glaucoma.

It can be used as an additional tool for early detection of glaucoma as cases with early visual field loss show a disc fluorescence pattern which is quite different from normal. The increase in the disc absolute fluorescein filling defects is easily detectable.

The disc absolute fluorescein filling defect increases with the increase in the visual field defect. By knowing the percentage of the disc absolute fluorescein filling defect, the percentage of the visual field defect can he predicted with good reliability.

The distribution of the disc absolute fluorescein filling defects correlates positively with the distribution of the field

defects putting in consideration the orientation of the nerve fibers in the optic disc and their projection in the field.

This technique can be used for follow up of cases of glaucoma. New disc absolute fluorescein filling defects or enlargement of previously existing ones will mean further optic nerve damage.

It is recommended that during fluorescein angiography for other causes, a late venous phase photo is taken specially in patients above 50 years of age. The fluorescence pattern of the disc may draw the attention to furtherly investigate the case for glaucoma. This may help detecting undiagnosed cases.