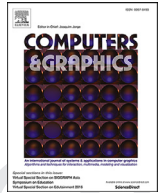




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## Mobile campimetry

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## ABSTRACT

Campimetry is an important test to detect and monitor central and peripheral ocular dysfunctions, which might indicate the existence of serious conditions such as glaucoma, or the occurrence of strokes or brain tumors. Commercially-available campimeters are expensive and lack portability. We present a portable, low-cost, easy-to-manufacture smartphone-based campimeter. We evaluated our prototype in a user-study, which has shown that its results are consistent with the ones obtained with the Humphrey Field Analyzer - HFA II-i campimeter, with a Pearson correlation coefficient above 0.98 for all sampling positions on the visual field. Moreover, its reproducibility is also comparable to the Humphrey campimeter. Given its portability and low cost, our mobile campimeter provides a promising alternative for patient screening in schools and community health centers, as well as for visual evaluation of patients with mobility restrictions, for keeping track of the visual field at home, and for use in communities with limited access to medical services.

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## 1. Introduction

*Campimetry*, also known as *perimetry*, is an important test to detect and monitor central and peripheral ocular dysfunctions. These might indicate the existence of serious conditions such as glaucoma, or the occurrence of strokes or brain tumors, which pose serious threats to one's health, and may dramatically affect the person's quality of life. Glaucoma, for instance, the leading cause of irreversible blindness, damages the optic nerve and often manifests itself as a silent disease. Without proper treatment, it may lead to blindness in just a few years [1]. Current estimates indicate that the worldwide prevalence of glaucoma in the population aged 40–80 years is approximately 3.54%, affecting over 64 million individuals, and should reach 76 million by 2020, and 111.8 million by 2040 [2]. Surprisingly, more than half of the patients suffering from glaucoma in developed countries are unaware of their condition. The situation is even more critical in underdeveloped countries.

Campimetry is a psychophysical test that checks the subject's perception of stimuli across the visual field. One eye at time, the patient should acknowledge each visual stimulus by pressing a button. The resulting maps reporting the minimum perceived in-

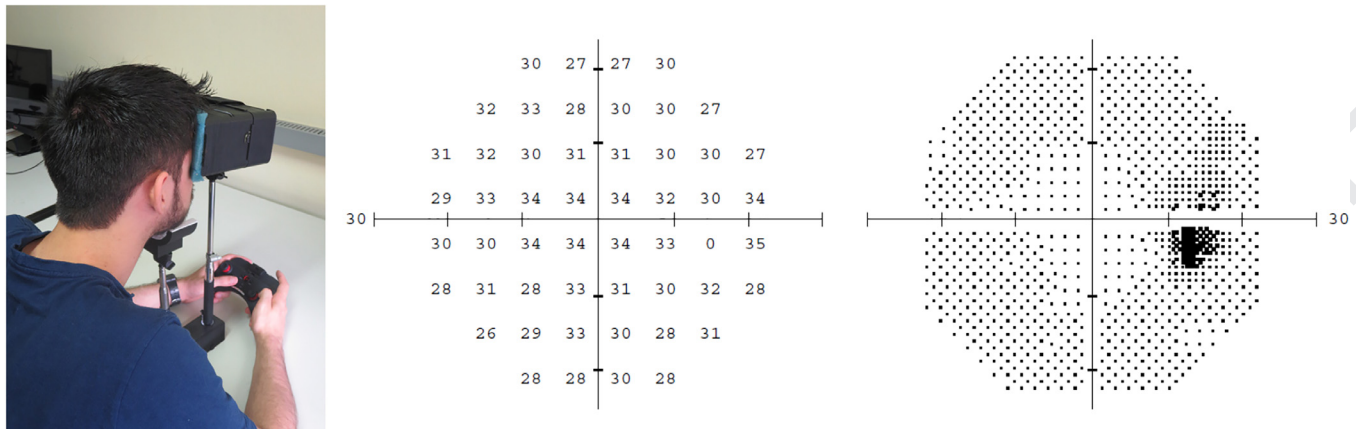
intensities across the visual field are used by doctors along with other data (such as intraocular pressure or images of the optical nerve structure and the retina) for diagnosis.

The first concepts of computational campimetry appeared around 1970 [3] and provided the basis for current devices. Modern campimeters are still big and expensive, costing tens of thousands of dollars and found almost exclusively in ophthalmology clinics. Their lack of portability and high cost has prevented their widespread use as screening devices for ocular dysfunctions. The availability of a portable, low-cost campimeter could change this situation, with the potential to significantly reduce the number of cases of avoidable blindness.

We present a smartphone-based campimeter designed to fulfill such needs. We have validated our prototype by performing a user study with 20 participants, who performed visual field evaluation both on our prototype and on a modern commercial campimeter (the Humphrey Field Analyzer - HFA II-i). We compared the subjects' evaluations using statistical tools for perimetry examination [4], and show that the results produced by our prototype are consistent with the ones obtained with the HFA II-i campimeter, with a Pearson correlation coefficient above 0.98 for all sampling points on the visual field. Moreover, its reproducibility is also comparable to the one of the HFA II-i using the SITA Fast algorithm. Thus, our mobile campimeter provides a promising alternative for patient screening in schools, organizations, and communities with limited access to medical services, as well as for visual evaluation of patients with reduced mobility. Fig. 1 illustrates the use of our

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**Fig. 1.** Our mobile campimeter. (left) Prototype during a visual field evaluation. (center) Minimum perceived intensities (in dB) computed by our campimeter and (right) its graphical representation (blind spot shown as a dark spot). A complete report example is shown in Appendix B.

49 mobile campimeter prototype in one of its possible configurations,  
50 and shows examples of its reports.

51 The **contributions** of our work include:

- 52 • The design and demonstration of a portable, low-cost,  
53 smartphone-based campimeter (Section 3). Our prototype ob-  
54 tains results comparable to the ones obtained with commercial  
55 perimeters. Unlike these, ours does not require a controlled-  
56 lighting environment. The results of the exams can be sent  
57 to doctors and patients by instant messaging or making them  
58 available on-line;
- 59 • The design of optics and interactive software that allows a  
60 small programmable display at close proximity to the eye to be  
61 effectively used for visual-field evaluation (Section 3). Our solu-  
62 tion is the first truly portable campimeter. Unlike commercially-  
63 available perimeters, ours contains no mechanically moving  
64 parts;
- 65 • A fast algorithm for visual field evaluation that obtains re-  
66 sults comparable to the ones used in commercially-available  
67 campimeters, both in terms of quality and examination time  
68 (Section 3.3).

## 69 2. Background and related work

70 Some of the first methods used to evaluate the visual field were  
71 the Amsler Grid and the tangent screen [5,6]. The first perime-  
72 ter using a cupola shape, as used by commercial devices today,  
73 was designed by Goldmann in 1945. Fankhauser developed the  
74 first prototype of an automated perimeter in 1972 [3]. Since then,  
75 more sophisticated and precise devices and algorithms have been  
76 developed.

77 A modern campimeter works by projecting a series of white  
78 light stimuli of various intensities (brightness) across a uniformly  
79 illuminated cupola (background) that covers the patient's field of  
80 view. Covering one eye at a time with an eye patch, the patient  
81 looks at a central fixation point and indicates (by pressing a but-  
82 ton) whether each stimulus is perceived. The goal of the exam is  
83 to determine the minimum perceived intensities at a set of sam-  
84 pling positions across the visual field. The estimated values are  
85 presented in decibels (dB), computed relatively to the intensity of  
86 the uniformly illuminated background.

87 Commercial perimeters are very similar both in shape and func-  
88 tionality. Currently, some of the most popular campimeters in the  
89 market are the Humphrey Field Analyzer (HFA) II-i series, manu-  
90 factured by Zeiss [7], and the Octopus 900, manufactured by Haag-  
91 Streit [8]. They consist of a computer together with a mechanical,

an electronic, and an optical sub-systems, making them heavy, big,  
expensive machines. For instance, the HFA II-i weighs 40 Kg, occu-  
pying a volume of  $60 \times 58 \times 51 \text{ cm}^3$  [9], and costing tens of thou-  
sands of dollars. Carvalho et al. [10] have developed an automated  
campimeter with features similar to the commercially-available  
campimeters. All these devices require a controlled-lighting envi-  
ronment for operation. In contrast, our mobile campimeter pro-  
vides a truly portable, low-cost alternative for visual-field evalua-  
tion. Our co-design of optics and interactive software allows the  
use of a programmable display at close proximity, avoiding the  
need for controlled-lighting environment or mechanically moving  
parts.

Tafaj et al. [11] describe a PC-based solution inspired by a  
mechanical campimeter developed by Bruckmann et al. [12]. The  
evaluation of Tafaj et al.'s campimeter consisted in comparing its  
measurements of blind-spot sizes with the corresponding mea-  
surements obtained with an Octopus 101 perimeter. No evaluation  
of the minimum perceived intensities across the visual field has  
been provided [11].

In recent years, several works [13–16] have evaluated the use  
of tablets (iPads) and apps to perform perimetry. In all these ex-  
periments, the tablet was kept at approximately 33 centimeters  
from the subject. During the test, the distance and positioning of  
the subject with respect to the device are checked by the tester  
through visual inspection. The use of tablets required a controlled-  
lighting environment and the tests were restricted to up to eight  
intensity values. Except for [13], these experiments used fixation  
points at the tablet's border, restricting the portion of the visual  
field that could be tested at once.

### 2.1. Head-mounted-display-based solutions

Matsumoto et al. [17] and Dariusz et al. [18] developed cus-  
tomized head-mounted displays (HMDs) for evaluating the visual  
field. Both HMDs use high-definition LCD displays and include  
additional hardware to provide eye-tracking. The equipment de-  
scribed by Matsumoto et al. [17] includes a sophisticated optical  
system consisting of several components. In both devices, the field  
evaluation is controlled by external processing units. Matsumoto  
et al. use a tablet to control the test and collect the patient's re-  
sponses. The equipment described by Dariusz et al. is connected  
by cable to a personal computer through some customized hard-  
ware interface. Unlike these devices, our mobile campimeter uses a  
smartphone to control the field evaluation and collect the patient's  
responses, providing a low-cost, autonomous, portable solution.

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