

Short Communication***ANISEIKONIA- EASY TO UNDERSTAND*****ABSTRACT:**

This article includes Introduction, Clinical Features , Determination and Management of Aniseikonia including Knapp's Law.

INTRODUCTION:

It is a condition where different ocular image size is present between two eyes. there. When there is a difference of 0.75% or greater between two image size, then it is considered as considerable amount of Aniseikonia.

It is of two types:

Static Aniseikonia

Dynamic Aniseikonia

When only two retinal image size difference is present, then it is called Static Aniseikonia. During considerable amount of Anisometropia, when the patient is wearing a spectacle correction and when patient is asked to look at different gaze, At that time, at different gaze, different amount of phoria is induced. The amount of induced phoria is assessed in Dynamic Aniseikonia.

KNAPP'S LAW :

It is applicable only in cases of Axial Ametropia. But it is also proved that this law is not useful.

According to Knapp's,

Axial ametropic eye's retinal image size is equal to the emmetropic eye, when proper corrected spectacle lens is placed on the anterior focal point of the Axial Ametropic eye.

28 CLINICAL FEATURES:

29 Symptoms include Asthenopia, Headaches, Photophobia, Reading Difficulty,
30 Nausea, Motility difficulty, Nervousness, Dizziness, General Fatigue, Distortion
31 of space.

32 Aniseikonia is not always associated with refractive error. In some cases, there
33 is no refractive error difference between two eyes, but unequal retinal image
34 size is present. In this case, different corneal power is present between the two
35 eyes which creates Anisometropia, which is very difficult to correct.

36 DETERMINATION OF ANISEIKONIA:

37 Aniseikonia can be determined by the following tests:

- 38 A. Alternate Cover Test
- 39 B. Turville Test
- 40 C. Maddox Rod and Two Point Light Source
- 41 D. The New Aniseikonia Test

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- 43 A. Alternate Cover Test

44 Here horizontal target is used to perform the test. Patient is instructed to
45 look at the target. Here, occlude should not be placed on the eye for more
46 than 1 sec.

- 47 B. Turville Test

48 Vertical Aniseikonia is diagnosed in this test.

- 49 C. Maddox Rod and Two Point Light Source

50 Here two light sources are placed at 60cm distance and the difference
51 between two light source is 20 cm. Maddox Rod is placed at 180 degree axis
52 on one eye. Patient have to compare Relative Separation of the lights with
53 Relative Separation of the Luminous Streak.

54 Management:

- 55 I. Proper Retinoscopic refraction along with Cycloplegic Refraction.
- 56 II. Size lens is being prescribed.

57 Size lens is a lens in which vergence is zero and only magnification
58 occurs. This lens is prescribed to the eye where Retinal Minification is
59 present as compare to the other eye.

60 III. Iseikonic lenses should be prescribed.

61 IV. Vertex distance is also an important factor for Aniseikonia.

62 Magnification is achieved by change in vertex distance.

63 V. Base curve is also an important factor. To change base curve,
64 magnification is needed.

65 VI. Anti Reflection Coating and Lens Edge Coating is also an essential
66 factor for Aniseikonia.

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69 **CONSENT :**

70 It is not applicable.

71 **ETHICAL APPROVAL:**

72 It is not applicable.

73 **REFERENCES:**

74 1. Mitchell Scheiman, Bruce Wick, Clinical Management of Binocular
75 Vision, 3rd ed., 2008

76 2. Paul L. Pease. Borish's clinical refraction. William J. Benjamin Second
77 Ed.; 2006