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Challenges of diagnosing glaucoma in myopic eyes

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Stellingen

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Challenges of Diagnosing Glaucoma in Myopic Eyes

Characteristics and determinants of the anatomical structures relevant to glaucoma

1. In Chinese people, the retinal nerve fiber bundle trajectories of high and non-high myopic eyes follow a different pattern in the inferior hemiretina but not in the superior one (Chapter 3).
2. The retinal vessel topography is the most prominent predictor of the variability in both the retinal nerve fiber bundle trajectories and the peripapillary retinal nerve fiber layer thickness profile (Chapters 2, 3 and 5).
3. The peripapillary retinal nerve fiber layer thickness profiles of myopic and non-myopic eyes differ and are characterized by different ocular parameters in the superior and inferior hemiretina (Chapter 5).
4. Eyes with a long axial length and a small retinal artery angle are prone to optical coherence tomography (OCT) based abnormal peripapillary retinal nerve fiber layer glaucoma diagnostic classifications (Chapter 6).
5. Analysis of the characteristic location of the color-coded regions (indicating significant thinning of the retinal nerve fiber layer) relative to the major temporal retinal vessels in the OCT thickness deviation map significantly improves the glaucoma diagnostic screening performance (Chapter 6).
6. Eyes with a greater disc-fovea distance have thinner individual inner retinal layers in the macula, resulting in more false-positive test results (Chapters 7, 8, and 9).
7. The ISNT-rule and its variants for the retinal nerve fiber layer thickness and the neuroretinal rim area have a limited useability in diagnosing glaucoma in myopic subjects (this thesis).
8. Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.
9. Science relies on evidence.
10. Science is a wonderful thing if one does not have to earn one's living at it (Albert Einstein).