

قال تعالمي :

﴿ يَرْفَعِ ٱللَّهُ ٱلَّذِينَ ءَامَنُواْ مِنكُمْ وَٱلَّذِينَ أُوتُواْ ٱلْعِلْمَ دَرَجَاتٍ وَٱللَّهُ بِمَا اللهُ اللهُ اللهُ اللهُ اللهُ اللهُ عَمَلُونَ خَبِيرٌ الله اللهُ اللهُ عَمَلُونَ خَبِيرٌ الله

صدق الله العظيم

الأية (11) سورة الجحادلة

Dedication

To my parents for the gangrenous and endless support through all my life.

To my brothers

To my large family

To my friends

To my dear teachers and colleagues

for their patience, understanding supports.

And to Me.

Acknowledgements

First and foremost, I would like to express my deepest gratitude

to

Dr. Caroline Edward Ayyad, without his help this work could not been accomplished.

My thanks also go to MEdhat Almasry Garash International hospitals

Deep thanks to my family for their consistent mental support

finally,

I would like to thanks my friend.

List of contents

| No. | Title | Page No. | | |
|--------------------------------|---------------------------|----------|--|--|
| | الآية | I | | |
| | Dedication | II | | |
| | Acknowledgments | III | | |
| | List of contents | IV | | |
| | List of tables | VI | | |
| | List of figures | | | |
| | List of Abbreviations | VIII | | |
| | Abstract | IX | | |
| | مستخلص البحث | X | | |
| Chapter one : Introduction | | | | |
| 1-1 | Introduction | 2 | | |
| 1-2 | Research problem | 2 | | |
| 1-3 | General Objective | 2 | | |
| 1-4 | Specific Objective | 3 | | |
| 1-5 | Significance | 3 | | |
| 1-6 | The scope of the study | 3 | | |
| Chapter two: literature review | | | | |
| 2-1 | Anatomy of the Eye | 5 | | |
| 2-1-1 | Anatomy of the Eye | 5 | | |
| 2-1-2 | The Optic Nerve | 7 | | |
| 2-1-3 | Visual pathway | 8 | | |
| 2-1-4 | Blind spot | 8 | | |
| 2-1-5 | The Retina | 9 | | |
| 2-2 | Physiology of the Eye | 11 | | |
| 2-3 | Pathology of the Eye | 12 | | |
| 2-3-1 | Optic atrophy | 12 | | |
| 2-3-2 | Optic neuritis | 13 | | |
| 2-3-3 | Papilledema | 14 | | |
| 2-3-4 | Ischemic optic neuropathy | 14 | | |
| 2-3-5 | Glaucoma | 15 | | |
| 2-3-6 | Cataract | 19 | | |
| 2-3-7 | Secondary cataract | 21 | | |
| 2-3-8 | Retinal detachment | 21 | | |
| 2-3-9 | Retinitis pigmentosa | 22 | | |
| 2-3-10 | Diabetes mellitus | 23 | | |

| 2-4 | Orbit Imaging technique 28 | | | | |
|---|---|----|--|--|--|
| 2-4-1 | Orbit CT technique | 28 | | | |
| 2-4-2 | Orbit MRI technique | 30 | | | |
| 2-5 | Previous studies | 34 | | | |
| Chapter three: Material and methods | | | | | |
| 3-1-1 | Study population | 39 | | | |
| 3-1-2 | Area, duration of study and data analysis | 39 | | | |
| 3-2 | Methods | 39 | | | |
| 3-3 | Used Machine | 39 | | | |
| 3-4 | Used protocol | 39 | | | |
| Chapter four : The Results | | | | | |
| 4-1 | Results | 41 | | | |
| Chapter five :The discussion, conclusion and recommendation | | | | | |
| 5-1 | The discussion | 47 | | | |
| 5-2 | Conclusion | 49 | | | |
| 5-3 | Recommendations | 50 | | | |
| 5-4 | References | 52 | | | |
| 5-5 | Apendix | 54 | | | |

List of tables

| No. | Title | Page No. |
|-----|---|----------|
| 1 | table2-1 Optic Nerve Quadrant and their Visual | 17 |
| | Field Loss | |
| 2 | table 2-2 The Causes Feature Comparison of type | 24 |
| | 1and 2 diabetes | |
| 3 | table 4 -1 the diabetic patient classification | 41 |
| | according to gender | |
| 4 | table 4 – 2 classifications of Diabetes Type | 42 |
| | | |
| 5 | table 4 - 3 The mean and standard deviation of | 43 |
| | the variables for control group | |
| | | |
| 6 | table 4 - 4 The mean and standard deviation of | 43 |
| | the variables for diabetic patients group | |
| 7 | table 4 - 5 P value (degree of significance | 43 |
| | between the control group and diabetic patient | |
| | group | |

List of Figures

| num | Title | Page |
|-----|--|------|
| 1 | Figure 2-1 show the Anatomy of the Eye | 6 |
| 2 | Figure 2-2 show the internal eye anatomy | 7 |
| 3 | Figure 2-3 show the optic nerve | 7 |
| 4 | Figure 2-4 show the photoreceptors. | 10 |
| 5 | Figure 2-5 show Process of vision | 11 |
| 6 | Figure 2-6 show the most significant symptoms of diabetes | 24 |
| 7 | Figure 2-7 shows the C.T Axial scan | 29 |
| 8 | Figure 2-8 shows the C.T coronal scan supine | 30 |
| 9 | Figure 2-9 shows the C.T coronal scan prone | 30 |
| 10 | Figure 2-10 shows the orbit anatomy and head coil | 32 |
| 11 | Figure 2-11 shows the MRI Axial scan | 33 |
| 12 | Figure 2-12 shows the MRI Sagittal scan | 33 |
| 13 | Figure 2-12 shows the MRI Coronal scan | 34 |
| 14 | Figure 4.1 Gender Distribution | 41 |
| 15 | Figure 4.2 Diabetes type Distribution | 42 |
| 16 | Figure 4 - 3 Scatter plot diagram shows the linear relationship between the duration of diabetes and optic nerve coronal measurement | 44 |
| 17 | Figure 4 - 4 Scatter plot diagram shows the linear relationship between the duration of diabetes and optic nerve Axial measurement | 44 |
| 18 | Figure 4 - 5 Scatter plot diagram shows the linear relationship between the Patients age and optic nerve coronal measurement | 45 |
| 19 | Figure 4 - 6 Scatter plot diagram shows the linear relationship between the Patients age and optic nerve Axial measurement | 45 |

List of Abbreviation

| Abbreviation | Full word |
|--------------|---|
| MRI | Magnetic Resonance Imaging |
| IOP | IntraOcular Pressure |
| PDP | Pattern Discrimination Perimetry |
| PMMA | PolyMethyl MethAcrylate |
| ECCE | ExtraCapsular Cataract Extraction |
| ICCE | IntraCapsular Cataract Extraction |
| YAG | Yttrium Aluminum Garnet |
| RD | Retinal Detachment |
| RP | Retinitis Pigmentosa |
| DM | Diabetes Mellitus |
| IDDM | Insulin Dependent Diabetes Mellitus |
| NIDDM | Non Insulin Dependent Diabetes Mellitus |
| CT | Computed Tomography |
| OM | OrbitoMaitaus |
| IOML | Inter Orbital Midline |
| ONSD | Optic Nerve Sheath Diameter |
| OND | Optic Nerve Diameter |
| SD | Sheath Diameter |
| ICP | Intracranial Pressure |
| FLAIR | Fluid Attenuated Inversion Recovery |
| MS | Multiple Sclerosis |
| VEP | Visual Evoked Potential |

Abstract

Diabetes is a common cause of damage to the optic nerve. The body's incapable of metabolizing sugars properly, resulting in high levels of glucose within the blood. When left untreated for prolonged periods, may result in blindness due to damage in the optic nerve.

The main objective of this study is to measure the Optic Nerve IN Diabetic Patient Using MRI.

The study was carried out during the period from June to November **2014** at Garash international hospital.

The total sample under study were 50 (30 of them had diabetes) and 20 as control group in both genders) there ages between <math>30-90 years old.

All sample were examed in coronal and sagittal cuts where measure of widths and length of the optic nerve.

The measurement were correlate with patients ages and duration of diabetes.

The coronal measurement of the optic nerve in diabetic patient group were decreased by 0.006 as the age increased and From the sagittal measurement of the optic nerve in diabetic patient group when decreased by 0.001 as the age increased with is mean the patient age effect the optic nerve diameter in widths and length .

The coronal measurement of the optic nerve in diabetic patient group were decreased by 0.009 as the duration of diabetic increased and From the sagittal measurement of the optic nerve in diabetic patient group when decreased by 0.002 as the duration of diabetic increased and that is mean when the duration of diabetic increased the measurements of the optic nerve decreased .

MRI has great value in measurements of the optic nerve diabetic Patient.

مستخلص البحث

مرض السكري سبب رئيسي في تلف العصب البصري . حيث يواجه الجسم في الغالب مشاكل في استقلاب السكر مما ينتج زيادة في كمية الجلكوز في الدم . و عندما تترك دون علاج لفترة من الزمن قد تودي الي العمى نتيجة عن تلف العصب البصري .

الهدف الرئيسي من هذه الدراسة هو قياس العصب البصري لمرضى السكري باستخدام التصوير بالرنين المغنطيسي .

اجريت هذه الدراسة في الفترة من يونيو الي نوفمبر من عام 2004 بمستشفى جرش الدولى.

العينة المستخدمة في هذه الدراسة 50 مريض 30 منهم يعانون من مرض السكري و 20 كمجموعة ضابطة نصف المجموعة من الرجال و النص الاخر من النساء تتراوح اعمارهم بين 30 - 90 سنة خضعوا جمعيهم لتصوير العيون بالرنين المغنطيسي .

أخذت المقاطع التاجية و الراسية لجميع الحالات لأخذ قياسات عرض و طول العصب البصري .

تمت مقارنة نتائج الدراسة مع أعمار المرضى و مد إصابتهم بمرض السكري .

من المقاطع التاجية لمجموعة مرضى السكري وجدنا ان السكري يقلل من عرض العصب البصري بمقدار 0.006 مم كلما ذاد العمر بينما يقل الطول بمقدار 0.001 مم وفقا للمقاطع الراسية و هذا يعني أن عمر المريض يؤثر في قياسات العصب البصري .

و من نتائج هذه الدراسة أيضا وجدنا في المقاطع التاجية للعصب البصري لمرضى السكري ان عرض العصب البصري يقل بمقدار 0.009 مم كلما ذادت مدة المرض و من المقاطع الرأسية وجدنا ان الطول يقل بمقدار 0.002 مم و هذا يعني أن زيادة مدة الإصابة بمرض السكري تقلل قياسات العصب البصري.

للرنين المغنطيسي دور كبير في قياسات العصب البصري لمرضى السكري .