



▼ POST GRADUATES ABSTRACTS

PG -36 : CENTRAL MACULAR THICKNESS IN DIABETICS WITHOUT RETINOPATHY: A CROSS-SECTIONAL STUDY

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Background: Diabetic maculopathy is the major cause for visual impairment in type 2 diabetics. Slit lamp biomicroscopy with +90 D lens has been the traditional method for diagnosis. Neurodegenerative changes precede clinical retinopathy. Optical coherence tomography (OCT) is a newer tool for diagnosis of such subtle changes in the macula. The purpose of this study is to assess the central macular thickness (CMT) in type 2 diabetics without clinical retinopathy.

Methods: Prospective cross-sectional study was done at a rural tertiary care centre from January 2016 to June 2017 after obtaining clearance from the Institutional Human Ethics Committee. CMT was measured using Spectral Domain SLO/OCT [Opko/OTI, Inc., Miami, Florida] among the type 2 diabetics without clinical retinopathy. **Results:** This study included 104

patients (44 males, 60 females). Mean age of males was 53.66 ± 10.85 years and females were 48.63 ± 7.09 years. Duration of diabetes ranged from newly diagnosed to 15 years. Mean HbA1c was $8.99 \pm 2.51\%$. The average CMT among type 2 diabetics without retinopathy was $199.10 \pm 17.78 \mu\text{m}$. The CMT among male diabetics was thicker ($208.35 \pm 16.14 \mu\text{m}$) than female diabetics ($192.33 \pm 15.85 \mu\text{m}$) ($p=0.00$). CMT did not correlate with duration of diabetes ($r=0.047$) or with the glycemic control ($r=0.107$). **Conclusion:** Among type 2 diabetics without clinical retinopathy, males had thicker CMT than females. CMT did not correlate with duration of diabetes or with the glycemic control.

Keywords: Type 2 diabetes mellitus, Diabetic maculopathy, Central macular thickness and glycemic control