P100 Wave Latency in Anisometropic and Esotropic Amblyopia versus Normal Eyes

Saeedeh Hosseinmenni1, MS; Mohamad Reza Talebnejad2, MD; Ebrahim Jafarzadehpur3, PhD; Ali Mirzajani3, PhD; Enayatollah Osroosh4, MS

1Department of Optometry, Tehran University of Medical Sciences, Tehran, Iran
2Poostchi Eye Research Center, Shiraz University of Medical Sciences, Shiraz, Iran
3Department of Optometry, Iran University of Medical Sciences, Tehran, Iran
4Department of Optometry, Mashhad University of Medical Sciences, Mashhad, Iran

Abstract

Purpose: To evaluate cortical activity using pattern visual evoked potentials (PVEPs) in patients with mild and moderate amblyopia (esotropic and anisometropic).

Methods: PVEP was recorded in 43 unilateral amblyopic patients, including 15 esotropic (ET) and 28 anisometropic (AM) patients, selected from three different medical centers in the city of Shiraz, Iran and compared to that obtained from 15 age and sex matched normal subjects who served as controls. Visual acuity (VA) in amblyopic eyes was equal to or less than 0.7 LogMAR. The latency of P100 was recorded monocularly using two check sizes of 15 and 60 min of arcs at two different levels of contrasts (30% and 100%).

Results: P100 latency in amblyopic eyes was significantly increased compared to the normal group ($P < 0.001$). There was a significant difference ($P < 0.001$) in P100 latency in anisometropic and esotropic amblyopic eyes as compared to normal subjects, using high spatial frequency and with both levels of contrast. A significant difference was observed with large check sizes and high contrast between anisometropic amblyopic and normal eyes ($P = 0.03$). However, there was no significant difference between these two groups and the control group with other stimuli.

Conclusion: The neural response based on p100 latency in PVEP was different between amblyopic groups and normal subjects. PVEP may be valuable for diagnosis, prognosis and treatment of amblyopia.

Keywords: Amblyopic; Anisometropic; Esotropic; Visual Evoked Potential


INTRODUCTION

Amblyopia affects 2.5% of the population and is one of the most important causes of vision loss in children; not surprising it has been the subject of many studies.\[1\] Any vision reduction because of retinal image blur and suppression, such as anisometropia, strabismus or light deprivation, is considered as amblyopia.\[2\] Studies have shown that amblyopia is not simple vision reduction; it is a complicated mechanism of developmental malfunction in the brain\[3,4\]. Therefore, untimely treatment and diagnosis of the disorder may cause irreversible dysfunction and seriously affect the patient’s quality of life.
The samples were recruited from governmental ophthalmological centers such as Poostchi and Motahari and a private center, Maaliabad Optometry and Vision Therapy, in Shiraz, Iran.

The exclusion criteria included pathological complications in terms of ophthalmological evaluations, having a history of neurological diseases, vertical deviations secondary to surgery, and a previous amblyopic therapy program. The fixation of patients was carefully evaluated using a direct ophthalmoscope.

The study procedures were explained to the parents of all study subjects and informed consent was obtained. All patients underwent dry and cycloplegic refraction using Cyclopentolate 0.5%. In strabismic cases, suppression was checked with the worth 4-dot test (WFDT) using the chart projector (NIDEK CO., LTD., CP770, Tokyo, Japan) and anomalous retinal correspondence was tested using the Bagolini test.

Visual acuity was evaluated by standard Snellen Distance Chart (Abtahi Medical Co., Tehran, Iran) and Yang Vision Tester (SIFI Diagnostic S.P.A.-Via Castellana, 70/e-31100 Treviso, Italy). Esotropic patients had noticeable esotropia without optical correction and also having esotropia or esophoria or microtropia or eccentric fixation with optical correction. The control group had visual acuity of 0.0 log MAR and spherical equivalent refractive error less than +1.50 diopters.

Pattern reversal VEPs were recorded using the Roland RETI system (Roland Consult, Brandenburg an der Havel, Germany), with check sizes of 15 and 60 min of arc, and contrast levels of 30 and 100% in one eye of each patient. Temporal frequency was 1.5 Hertz for all tests. These spatial frequencies are most commonly used for checker board visual stimulation in PVEP recording machines and according to the temporal frequency of check sweeps, they provide effective visual discrimination for amblyopic eyes. Attachment electrodes were placed according to International Society of Electrophysiological Vision (ISCEV) instructions. The reference, ground and active electrodes were located on the frontal (Fpz), the vertex (Cz) and on the occipital area (Oz), respectively. The responses were recorded with optical correction. The patients were instructed to maintain fixation at the center of the stimulus located at a distance of 100 cm on a 20 × 30 cm black-and-white video display monitor. The stimulus was displayed with a pattern reversal rate of 1.5 times per second. VEP recordings were repeated three times when cooperation was poor. Fixation stability of the eyes was monitored closely by an experienced technician. The same conditions were considered for all VEP recordings. A connected computer analyzed the data. P100 latency was measured with each check size using two different levels of contrast for each eye. In each recording, 200 sweeps were averaged. All VEP tests were performed at the Electrophysiology Laboratory at Poostchi Eye Center, Shiraz, Iran.

of life in future.[5] Based on the neural plasticity theory, treatment of amblyopia before six years of age is very important, as it will entail better results.[6]

Anisometropic and esotropic amblyopia have a higher incidence as compared to other causes of the condition.[9] Anisometropic amblyopia involves a primary sensory disorder, whereas esotropic amblyopia is due to motor–sensory defects, therefore the neurological pattern of these types of amblyopia may be different. Failure of some parts of the visual cortex to receive neural input is responsible for incorrect visual information processing ultimately leading to amblyopia.[5] Neurological studies evaluating glucose metabolism and cerebral blood flow have also proven functional impairment in the amblyopic visual cortex.[7]

Visually evoked potential (VEP), which is the electrophysiological response of brain activity recorded to visual stimuli, is one of the current techniques to understand the complicated mechanism of amblyopia.[6,9] VEP test responses are the result of primary visual cortex activity located at the occipital lobe known as V1.[10] Central visual pathways, including the two main anatomical pathways, i.e. parvocellular and magnocellular, transmit visual inputs from the retina to the cortex in parallel.[11] Parvocellulars are sensitive to high spatial frequencies/low temporal frequencies, while magnocellulars are more sensitive to low spatial frequencies/high temporal frequencies.[12] Therefore, the function of these pathways could be evaluated by changes in spatial and temporal frequency properties, and it also seems possible to examine the effect of amblyopia on these two pathways.[4]

Amblyopia has been one of the controversial challenges in vision science and many studies have been carried out based on the difference of neural sensitivity in these patients; in some cases, the results justify each other[13‑17] while in others, they contradict one another.[18‑22] The current study was aimed to compare P100 wave latency using PVEP in the esotropic eye of esotropic and anisometric amblyopic patients as compared to a normal group.

METHODS

A total of 58 subjects aged four to fourteen years were evaluated by convenience sampling. These included 43 unilateral amblyopic patients (28 anisometropic and 15 esotropic) and 15 normal subjects. Amblyopia was defined by two criteria: (1) Visual acuity at least two lines worse than the sound eye and (2) visual acuity of 0.3 log MAR or worse in the amblyopic eye. In the presence of more than 2.00 D of anisometropia and absence of other amblyogenic factors, the condition was considered as anisometric amblyopia. The presence of esotropia without other amblyogenic factors was necessary to categorize the patient with esotropic amblyopia. The samples were recruited from governmental
DISCUSSION

As previously mentioned, amblyopia is considered as a disorder of cortical function. Although studies have not precisely shown the level at which these deficits occur, valuable studies performed over many years employing different tests, such as, electrophysiology, functional MRI and positron emission tomography (PET) have approximated the location of these deficits.[7,16,17,22-25]

In the present study, PVEP in amblyopic patients showed noticeable changes in P100 latency using some stimuli, in comparison to normal patients which is consistent with previous studies.[13,25-27]

As detailed in Table 1, P100 latencies were significantly increased in anisometric amblyopic eyes using small-check size at both levels of contrasts. However, when exposed to large-check size stimuli, abnormal results were recorded only with high contrast. It is well known that high spatial frequencies preferentially activate short axon neurons with slow neural conduction (attributed to the parvocellular system) whereas, at lower spatial frequencies, fast neural conduction is carried out by large axon neurons, (referred to as the magnocellular pathway).[19,27-29]

It seems that both parvocellular and magnocellular pathways are damaged in anisometric amblyopia and there have been similar findings showing that anisometric patients respond abnormally to this test at both high and low spatial frequencies.[13] Some other studies also showed differences in cellular function among anisometric patients.[21] Functional magnetic resonance imaging (MRI) results also advocate functional differences in the cortex.[16]

On the other hand, there was a significant difference in P100 latency between esotropic amblyopic and normal eyes when they were exposed to small-check size stimuli (the parvocellular system is characterized with %100 contrast and high spatial frequency). Even though P100 latencies at low spatial frequencies were not significantly different, recorded mean P100 latencies were somewhat longer than normal, possibly signifying functional differences in these two groups. According to these findings, it appears that using these stimuli could better record parvocellular defects in esotropic amblyopia than magnocellular defects. On the other hand, it defined these stimuli could show the cortical anisometric defects well.

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**RESULTS**

The current study included 58 subjects, consisting of 35 female and 23 male subjects. Twenty-eight anisometropic subjects, 15 patients with esotropic amblyopia (most of whom were partially accommodative), and 15 normal cases completed the VEP test with different stimuli. P100 latencies of amblyopic eyes in both groups were markedly longer than those of the normal group (P < 0.001).

**P100 Latency in Anisometric Amblyopic Versus Normal Eyes**

P100 latencies in anisometropic amblyopic eyes were longer than normal eyes, using small check sizes and at both levels of contrasts, (P < 0.001) [Table 1, Figures 1 and 2]. P100 latency in anisometric amblyopic eyes using large check sizes was longer only with high contrast (P = 0.03) [Table 1, Figure 3]. In spite of an observed difference, P100 latencies using large check size with low contrast, did not differ significantly (P = 0.085) [Table 1, Figures 3 and 4].

**P100 Latency in Esotropic Amblyopic Versus Normal Eyes**

P100 latencies in esotropic amblyopic eyes were significantly longer than normal eyes using small check sizes at both levels of contrasts (P < 0.001) [Table 2, Figures 1 and 2]. Using large check size and with both levels of contrast, mean P100 latencies were not significantly longer than normal (P = 0.164) [Table 2, Figures 3 and 4].

**P100 Latency in Anisometric Versus Esotropic Amblyopic Eyes**

No significant difference was observed in P100 latency between these two amblyopic groups across all check sizes and contrast levels [Tables 3 and 4].

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**Table 1. Mean and SD of P100 latency (ms) in anisometric amblyopic eyes versus normal controls**

<table>
<thead>
<tr>
<th></th>
<th>Anisometric group</th>
<th>Control group</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Check size 15 min contrast %100</td>
<td>115.28</td>
<td>6.41</td>
<td>105.33</td>
</tr>
<tr>
<td>Check size 15 min contrast %30</td>
<td>125.64</td>
<td>7.34</td>
<td>112.86</td>
</tr>
<tr>
<td>Check size 60 min contrast %100</td>
<td>104.78</td>
<td>6.20</td>
<td>99.73</td>
</tr>
<tr>
<td>Check size 60 min contrast %30</td>
<td>117.42</td>
<td>9.62</td>
<td>111.86</td>
</tr>
</tbody>
</table>

Min, minute; P, probability; SD, standard deviation
Previous studies have reported functional disorders in the parvocellular pathway in patients with esotropia whereas no difference was observed in their responses to large-check stimuli.\textsuperscript{[18,26]} However using colorful and motion stimuli, Davies et al reported disorders in both pathways.\textsuperscript{[30]} Levi et al believed that amblyopia had no influence on P100 latency, whereas, the amplitude of VEP was affected by amblyopia.\textsuperscript{[31]}

According to this study, differences in the results displayed in Tables 1 and 2 can help choose appropriate stimuli and conditions for evaluating visual function in amblyopia. Low spatial frequency stimuli in high contrast could record cortical anisometropic defects in compare with normal group whereas; they could not show cortical esotropic amblyopia disorders in comparison with normal group. This finding could signify unparalleled visual information processing in these two groups of subjects. Our findings summarized in Table 3 showed no significant difference in response to any stimuli between the two amblyopic groups,
which could have been the result of the small number of cases.

Our findings also confirm previous studies indicating obvious damage in the parvocellular but healthy magnocellular pathway in esotropic patients according to electrophysiological methods and PET.[7,18,21] In other words, sensitivity deficit at high spatial frequencies proves damage in the parvocellular pathway, while sensitivity and activation defects over the entire frequency range suggests both parvocellular and magnocellular pathway deficits.[27,32]

In summary, differences in electrophysiological functions of anisometropic and esotropic amblyopic patients, in comparison with the control group, raises the possibility of cellular dysfunction in the visual system. It may be hypothesized that by studying a larger group of subjects and using a variety of different stimuli, significantly different responses may be elicited in anisometropic and esotropic amblyopic subjects. It seems that these two kinds of amblyopia, while showing some similarities in reacting to stimuli in VEP, may have dissimilarities which may be important in terms of both diagnosis and treatment.

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Nil.

Conflicts of Interest

There are no conflicts of interest.

REFERENCES

12. Lalor EC, Foxe JJ. Visual evoked spread spectrum analysis (VESPA)}}
15. Feng LX, Zhao KX. Study on anisometric amblyopia by simultaneously recording multifocal VEP and multifocal ERG. Zhonghua Yan Ke Za Zhi 2005;41:41-46.