

In April of 2017, Jeffrey came to see Dr. Bryan Stoller for his annual exam. 54 year-old Jeffrey was a glaucoma patient who Stoller saw every four months for pressure checks. Jeffrey also had an annual visit to have Dr. Stoller image his optic nerve and monitor a small nevus.

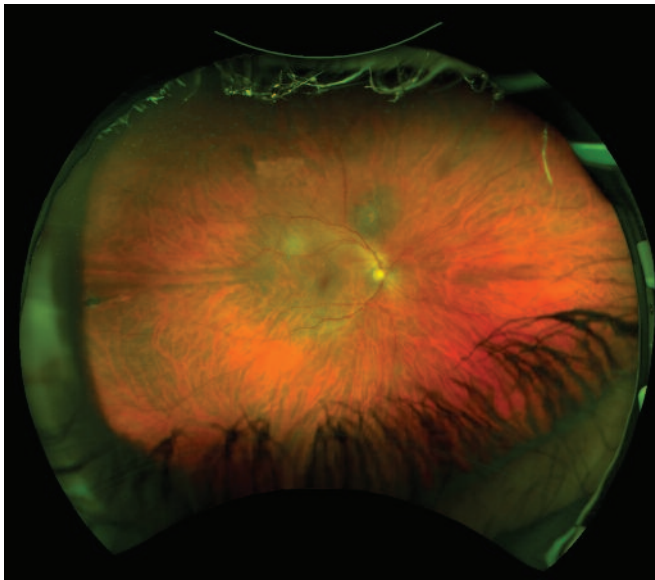
Dr. Stoller took **optomap** images of Jeffrey regularly to document and monitor his existing retinal pathologies. Something easily done with the comparison overlay function of **optomap**.

On this visit, when Dr. Stoller utilized the FAF **optomap** imaging modality (**optomap af**) he noticed that the nevus had started to autofluoresce. The small nevus itself, which measured 3DD, did not appear to be any larger, however the hyperfluorescence of the lipofuscin prompted Stoller to take a closer look. Dr. Stoller performed a dilated cross-sectional OCT image of the retina, found fluid around the nevus and noted that it was significantly elevated. He determined that the nevus was highly suspicious for melanoma and immediately referred Jeffrey to the specialists at The University of Iowa.

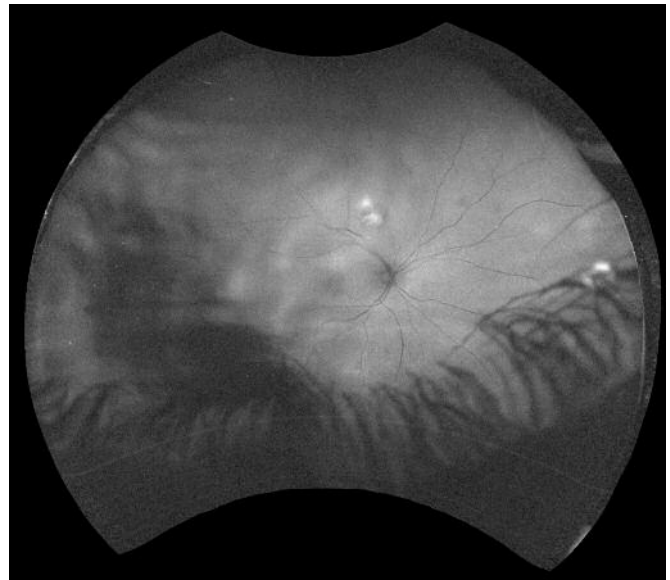
Stoller believes that without using **optomap af** he may have missed the conversion. Stoller elaborated that in his 19 years of practice his detection of nevi increased significantly with the use of **optomap**. He further noted that the appearance of hyperfluorescence, and the potential conversion to melanoma has him increasing his use of **optomap af** on members of his patient base with nevi, to help facilitate earlier diagnosis, direct treatment and increase successful patient outcomes.

*“Based on Jeffrey’s case, I have increased my use of **optomap af** on other members of my patient base who also have nevi.”*

**Dr. Bryan Stoller**  
Family Eye Care of Pontiac  
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optomap image showing nevus in the superior retina



optomap af image with hyperfluorescence of the lipofuscin in the RPE