

Investigation of correlation between corneal thickness and intraocular pressure in New Zealand Albino Rabbits

Research Article

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ABSTRACT

The aim of this study was to determine intraocular pressure (IOP) and central corneal thickness (CCT) measurements in healthy rabbits to establish clinical reference values and to investigate the possible relationship between these measurements. The study included 40 eyes of 20 New Zealand albino rabbits, aged 1.5-2 years. All the eyes were healthy with no abnormalities, corneal disease, or evidence of glaucoma. An ultrasonographic pachymeter was used to measure CCT and TonoVet® was used to measure IOP. Correlations between IOP and CCT measurements were examined. The mean CCT was $388.2 \pm 38.22 \mu\text{m}$ in the right eye and $391.8 \pm 59.18 \mu\text{m}$ in the left eye. IOP was measured as $16 \pm 3.76 \text{ mmHg}$ in the right eye and $16 \pm 2.73 \text{ mmHg}$ in the left eye. No correlation was determined between the IOP and CCT, and this indicated that the TonoVet® readings of CCT and IOP did not cause a deviation that could be determined. There is a need for further studies of different animals to investigate the effect of corneal thickness on the IOP measurements made with TonoVet®.

Keywords: Central corneal thickness, pachymeter, rebound tonometer, tonovet.

INTRODUCTION

Glaucoma is the most important cause of permanent blindness in humans and domestic animals. Degeneration in the optic nerve head and retina forms with an increase in intraocular pressure (IOP) (Garway-Heath et al., 2015; Gelatt & MacKay, 2004a, 2004b; Tham et al., 2014). IOP is accepted as one of the greatest risk factors for the development of glaucoma, and is the most consistent predictor of glaucoma damage in both humans and animals. Accurate measurement and follow up of IOP is important for the diagnosis of glaucoma and treatment follow-up. Therefore, the available treatments for this disease focus on first reducing IOP (Gloe et al., 2019). Rabbits have been used for many years in glaucoma studies, and these studies have contributed to the development of drugs designed to reduce IOP, and to surgical procedures and medical devices. Rabbits are relatively inexpensive, and the care and study of large numbers is simple. Moreover, their clinical importance has increased in recent years as they are preferred as domestic pets (Millar & Pang, 2014; Hong Zhang et al., 2014).

Other types of tonometry used in rabbits include Schiötz (Becker, 1960; Behar-Cohen et al., 1996), MacKay-Marg (Wind & Irvine, 1969), Perkins (Acosta et al., 2007), Draeger (Kass et al., 1972), GAT (Jin et al., 2014), the Tono-Pen® ve TonoPen-XL® (Gerometta et al., 2012; Ito et al., 2013) and airpuff (Gupta et al., 2007).

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It is known that biomechanical properties such as central corneal thickness (CCT) and fluid content affect IOP, and correct measurement of IOP is important to understand how it is affected by these factors. There is evidence that there is a relationship between glaucoma and properties related to the cornea such as CCT (Belovay & Goldberg, 2018; Brandt et al., 2004; Brown & Congdon, 2006).

As there are variations in CCT between individuals, a great variation in CCT can cause an incorrect estimation of IOP and may cause incorrect diagnosis in the classification of glaucoma (Mansoori & Balakrishna, 2018). Therefore, it is important to determine how various tonometers are affected by CCT.

The estimated IOP values will likely be dependent upon corneal surface conditions, such

as the central corneal thickness (CCT), the corneal curvature, and the precorneal tear film. Nearly all human studies have shown that the CCT is positively correlated with IOP (Broman et al., 2007; Harada et al., 2008; Zeng et al., 2008). However, the effects of other corneal factors are still in dispute. The degree that the CCT affects IOP nevertheless varies between each study and tonometer (Bhan et al., 2002; Iliev et al., 2006). In the literature reviews, it was determined that the applanation tonometer was mostly used in the studies (Cairns et al., 2019; Moussa et al., 2021; Sethi et al., 2021; Hui Zhang et al., 2020). In the present study, it is also among the aims to investigate the effect of measurement with rebound tonometry. The aim of this study was to measure IOP and CCT in healthy rabbits and to determine whether or not there was any correlation between these measurements.

MATERIAL and METHOD

The study sample comprised 20 adult albino rabbits (10 males, 10 females), aged 1.5-2 years. In the physical and ophthalmoscopic examinations, the whole eye was evaluated with additional organs. All the eyes of all the rabbits were healthy with no disorder in the cornea and anterior/posterior chamber, or findings of glaucoma.

An ultrasonographic pachymeter (Pocket II, Quantel) was used in the measurement of both cornea thicknesses in all the rabbits. When taking the measurement, the probe was placed

vertical to the cornea and gentle contact was made. The measurement result was obtained as the mean of 5 measurements taken by the device. The corneal thickness was recorded as μm separately for each eye. In all the rabbits, IOP was measured using a TonoVet® (icare) rebound tonometry device, which provides the average of 5 measurements displayed on a digital screen. The measurements obtained were recorded separately for each eye (Figure 1). No anesthetic agents were used during the examination and measurements. All the measurements were gathered between 02:00 pm and 04:00 pm by the same veterinary surgeon.



Figure 1. IOP and CCT measurements.

Statistical Analysis

Data obtained in the study were analyzed statistically using SPSS vn. 14.01 software (SPSS Inc, USA). Descriptive analyses were used to summarize data and to check if assumptions were met. The results were evaluated using the Shapiro Wilk Test for

normality, and the Levene Test for homogeneity of variances. Differences in the IOP and CCT measurements between the right and left eyes were assessed with Independent Samples T-Test. The Pearson correlation coefficient was computed to evaluate relationships. A value of $p < 0.05$ was considered statistically significant for all analyses.

RESULTS

The mean CCT was $388.2 \pm 38.22 \mu\text{m}$ in the right eye and $391.8 \pm 59.18 \mu\text{m}$ in the left eye.

IOP was measured as $16 \pm 3.76 \text{ mmHg}$ in the right eye and $16 \pm 2.73 \text{ mmHg}$ in the left eye (Table 1).

Table 1. Mean value of IOP and CCT in right and left eyes.

		N	Mean	SD	P
IOP	Right	20	16	3,76	1
	Left	20	16	2,73	
CCT	Right	20	388,2	38,22	0,818
	Left	20	391,8	59,18	

The IOP and CCT values of the right and left eyes were examined separately with the Paired

Samples t-test. No significant difference was determined.

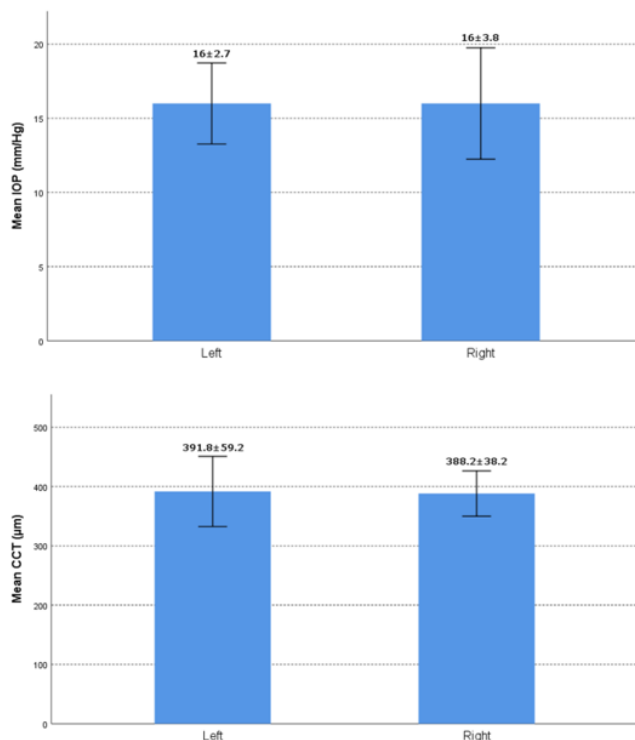


Figure 2. The bar graphs show the IOP and CCT values of the left and right eye.

Correlations between IOP and CCT were examined in the right eye ($p=0.961$, $r=0.012$), the left eye ($p=0.435$, $r=0.185$) and both eyes

together ($p=0.097$, $r=0.553$) and no significant correlation was determined (Figures 3, 4).

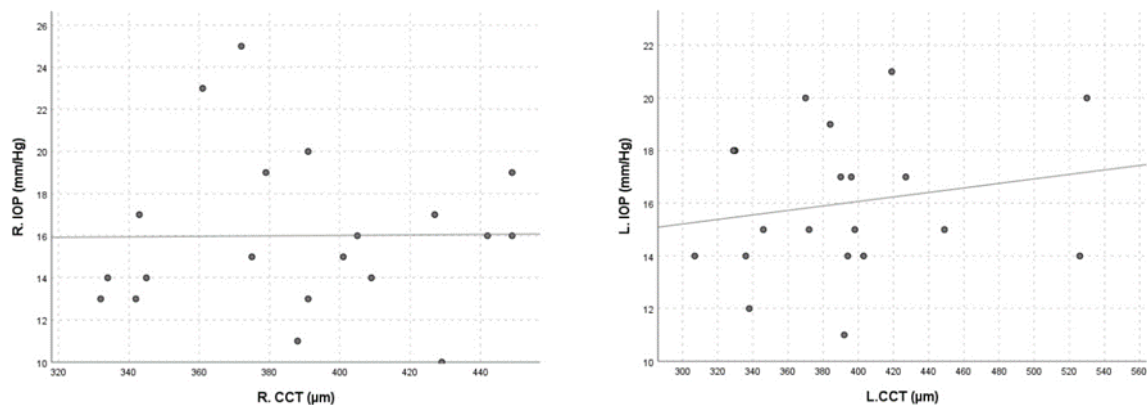


Figure 3. Scatter Dot Plot of IOP and CCT, right and left eyes (R: Right eye, L: Left eye, CCT: Central corneal thickness, IOP: intraocular pressure)

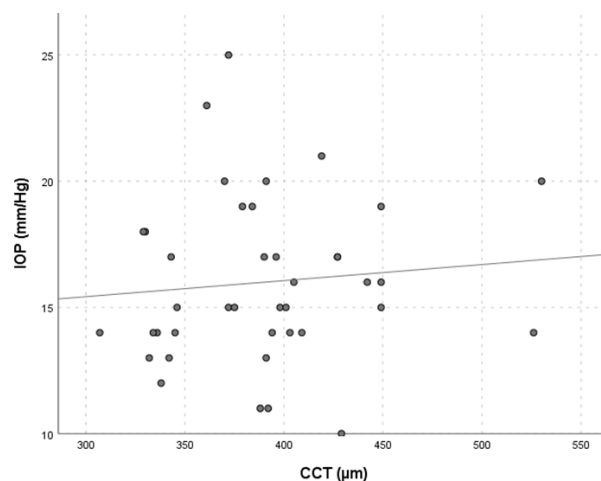


Figure 4. Scatter Dot Plot of IOP and CCT, both eyes (CCT: Central corneal thickness, IOP: intraocular pressure).

DISCUSSION

Rabbits are widely used as animal models in pharmacological tests for the examination of glaucoma and ocular diseases, and have recently been increasingly owned as domestic pets (A. Bouhenni et al., 2012; Hong Zhang et al., 2014).

An accurate, repeatable method for the measurement of IOP in rabbits is of vital importance. IOP is known to be affected by many types of sedative and general anaesthetic agents. In a previous study it was stated that if sedation or general anaesthesia is applied, attention must be paid not only to the effects of the agents used but also to how the effect

changes in the time following application. Overall, general anaesthetics (injectable or gas) significantly reduce basic IOP (Millar & Pang, 2014). Therefore, in the current study, no anaesthetic or sedative agent was used.

During an ophthalmic examination, clinicians measure and record values in the patient file such as the amount of tears, IOP, and corneal thickness. This is necessary for individual follow-up of the patient and for the formation of type-specific data records. It is clear that studies to determine reference values are important in the fields of both experimental and clinical studies. Species-specific studies can be considered to contribute to literature to be able to

clearly establish reference values. In the current study, the mean values of IOP were determined with TonoVet® and mean CCT values with pachymetry in healthy New Zealand albino rabbits.

From a literature scan (Table 2) it was seen that IOP values ranged between 3mmHg and 80 mmHG, and when studies are examined in detail, the values can be seen to be mostly in the range of 9-15mmHg. The IOP values obtained in the current study were found to be similar to the findings of studies by Williams et al, Doğan and Kibar, and Pereira et al (Doğan & Kibar, 2015; Pereira et al., 2011; Williams, 2012). Studies that have aimed to determine CCT values in rabbits have reported (Table 3) values ranging from

356µm to 407µm (Abrams et al., 1996; Charisis et al., 2008; Doğan & Kibar, 2015; Lim et al., 2005b; Ma et al., 2016; Mermoud et al., 1995; Pereira et al., 2011; Wang et al., 2013; Williams, 2012). The CCT values recorded in the current study were determined to be within this range. Consistent with the findings of previous studies, no significant difference was determined between the right and left eyes in respect of the IOP (Abrams et al., 1996; Charisis et al., 2008; Doğan & Kibar, 2015; Lim et al., 2005b; Ma et al., 2016; Mermoud et al., 1995; Pereira et al., 2011; Wang et al., 2013; Williams, 2012) and CCT (T. Chan et al., 1983; Herse & Yao, 2009; Khan, 2019; H. F. Li et al., 1997; Schulz et al., 2003; Wang & Wu, 2013) values.

Table 2. IOP values in literatures.

IOP	
16 ± 3,76 mmHg Right 16 ± 2.73 mmHg Left	Present study
3-30 mmHg	(Abrams et al., 1996) Abrams ve ark, 1996
0-50 mmHg	(Lim et al., 2005a) Lim ve ark, 2005
11.06 ± 1.62 mmHg	(Ma et al., 2016) Ma ve ark, 2016
9.51 ± 2.62 mmHg TonoVet® 15.44 ± 2.16 mmHg Tono-Pen Avia	(Pigatto et al., 2011) Pereira ve ark, 2011
12.99±2.67 mm/Hg	(Doğan & Kibar, 2015) Doğan ve Kibar, 2015
10.25 ± 2.3 mmHg Right 9.07 ± 2.47 mmHg Left	(Wang et al., 2013) Wang ve ark, 2013
15-23 mm Hg Yenidoğan 25 -50 mm Hg 1- 3 aylık	(Williams, 2012)
5-80 mmHg (Tono-Pen XL)	(Mermoud et al., 1995) Mermoud ve ark, 1995
10-70 mmHg (Tono-Pen XL)	(Charisis et al., 2008) Charisis ve ark, 2008

Table 3. CCT values in literatures.

CCT	
388,2 ± 38,22 µm Right 391,8± 59,18 µm Left	Present Study
381.6 ± 27,3 µm	(H. F. Li et al., 1997) Li ve ark, 1997
407 ± 20 µm	(Toiloi Chan et al., 1983) Chan ve Holden, 1983
356.11 ± 14.34 µm	(Schulz et al., 2003) Schulz ve ark, 2003
540 ± 25 µm	(Herse & Yao, 2009) Herse ve Yao, 1993
387 ± 19.8 µm Right 384 ± 20.2 µm Left	(Wang & Wu, 2013) Wang ve Wu, 2013
Pachymeter 372.47±20.11µm Right 373.20±20.32 µm Left spectral-domain anterior segment optical coherence tomography 375.40±20.12 µm Right 376.09±20.45 µm Left	(Khan, 2019) Khan, 2019

CONCLUSION

Previous studies in literature have reported that Goldmann applanation tonometry is effective in the measurement of CCT values (J. Li, 2004; Nejabat et al., 2016; Ozbek et al., 2006). That there was no correlation between IOP and CCT in the current study shows that there was no deviation that could be determined in the TonoVet® readings of CCT and IOP. The determination that there was no effect of corneal thickness in the IOP measurements made with TonoVet® is extremely important information in both clinical terms and in respect of experimental studies. Nevertheless, there is a need for further similar studies of different animal species to support these results.

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Conflict of interest: Authors have no conflicts of interest to declare.

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