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Enhanced Framework for Concurrent correction and Segmentation in Retinal Optical Coherence Tomography

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Abstract



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I. Introduction

A popular imaging technique in ophthalmology for diagnosing retinal abnormalities is optical coherence tomography (OCT) [1]. Near-infrared (NIR) light sources are used by currently available commercial OCT devices; these light sources are either swept source OCT at 1050 nm or spectral domain OCT at about 850 nm [2] more recent method is VIS-OCT, centres visible light at 550 nm and uses a shorter wavelength [3]. The resulting advantages allow for more accurate study of 2D images with improved contrast and resolution down to the micron level in imaging, and 3D retinal layers in therapeutic applications and preclinical animal models [4–7]. Measurement of haemoglobin oxygen saturation using label-free oximetry: a spatio-spectral study inside the microvasculature or sO₂) is another benefit of VIS-OCT [8–10]. The ability to segment vessels accurately using 3D imaging helps isolate signals inside microvasculature and prevents the interference of other signals which can occur with fundus-based oximetry. Thus, VIS-OCT has shown microvascular retinal oximetry down to the capillary level [11–13]. Numerous retinal vascular diseases have revealed the clinical viability of microvascular sO₂ in parafoveal arteries with a diameter of 20–30 [14, 15]. Furthermore, structural features beyond image resolution can be obtained through spectroscopic analysis because of the unique scattering contrast between VIS and NIR-OCT. According to Song et al., pre-perimetric eyes and normal eyes may be more precisely distinguished using spectroscopy and VIS-OCT reflectivity, indicating a possible method for early glaucoma identification. Using VIS-OCT, which focuses light at specific red, green, and blue wavelength bands, Gupta et al. evaluated macular pigments and pinpointed their depth inside the human retina *in vivo*. One can also use the spectral contrast provided by VIS-OCT for single-scan OCTA.

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