DISCUSSION
In our study of 360 eyes we were able to found following lesions in the peripheral retina:

1. Peripheral Cystoid Degeneration
2. Peripheral Chorioretinal Degeneration
3. Retinoschisis
4. Paving Stone Degeneration
5. Pigmentory Degeneration
6. White with Pressure
7. White without Pressure
8. Lattice Degeneration
9. Snail Track Degeneration
10. Retinal Breaks

All these lesions will now be discussed one by one.

PERIPHERAL CYSTOID DEGENERATION -

In this study peripheral cystoid degeneration was found to be present in about 90% of cases irrespective of the fact that whether they were myopic or emmetropic.

Both the sexes were nearly equally affected in all the groups.

As regards age the percentage for the people above 30 years was 100 and the younger population was less affected.
Thus we see that the risk of involvement increases with age.

As regards involvement of the quadrants we note that the temporal ones are more predisposed to the lesion although all the four quadrants were involved.

Dumas and Schepens (1966) have reported that all the eyes are involved in this lesion. But their study consisted of mainly aged eyes.

Shukla and Co-authors (1982) have reported the incidence of this lesion to be 92%.

M. Shkla and Ahuja (1983) have reported the incidence to be 100% for all age groups. They have also reported that there is no predilection for any sex.

Meyer and Kurz (1963) in their study published in Arch Ophth have also reached the same conclusion.

O'Malley and Allen (1967) also told that this lesion is present in all the eyes without any predilection for any sex.

Straatsma and Foos in their study published in AJO (1973) reached to the conclusion that the peripheral cystoid degeneration is present in all age groups and in both the sexes almost equally.

PERIPHERAL CHORIORETINAL DEGENERATION -
The peripheral chorioretinal degeneration was found to be present in 2.5% of emmetropic and 5.0% of myopic eyes. This difference was even more pronounced with the increase in myopia as the percentage of involvement was 3.6% in low myopia group while it was 8.3% in high myopia group.

We found that there was a clear male predominance in the involvement and more so in the myope group. It seems that myopia along with male sex predisposes the eye to this type of lesion. The difference was not so much marked in the emmetropic eyes.

There was even more strong suggestion that the age has something to do with this type of degeneration. The higher age group was very much more affected than the lower age group. Also the age combine with the myopia has even more pronounced effect. In the emmetrope population of less than 30 years of age not even a single case was noted.

As regards the quadrants the temporal quadrants were much more affected.

Dumas and Schepens (1966) found it in 33.3% of eyes in their study. This difference is due to the fact that the age group of their study was high.

Halpern J.I. (1966) reports it to be only 1.6% but once again the group in his study had a lower mean age.
Rutnin and Schepens (1967) in their study established the relationship between age and peripheral chorioretinal degeneration and associated it with senility.

Manoj Shukla and co-authors (1987) reported the incidence to be 8%.

Shukla and Ahuja (1983) reported the incidence of this degeneration to be 22.4% in the overall myopic population. They also reported that more than 50% of the eyes were of age more than 30 years.

RETINOSCHISIS -

In this study it was found that the retinashisis is present more or less equally in both myopi as well as emmetropic eyes.

Also in this study females have a slight but incolclusive predominance.

When it comes to age it is very strongly evident that this is a senile lesion. Not even a single case was noted in the age group of less than 30 years in any of the four study groups.

The inferior half of the eye was more commonly found to have this lesion. Not a single case was found in the superonasal quadrant.
Halpern J.L. (1966) in his study found that the incidence of retinoschisis was only 0.8% and that the involvement was that of inferior and temporal periphery. The less involvement may be due to lesser mean age of his study group.

Falls, Spencer and Brockhurst (1966) found that after the age of 40 years 7% of eyes were involved.

Straatsma and Foos (1973), Byer (1968), Harris (1968), and Byer (1976) in their independent studies came to the conclusion that retinoschisis is more common in the hyperopic eyes and also that the involvement was bilateral in 60 to 90% eyes and that it tends to be symmetrical in location whenever bilateral.

Shukla, Uboweja and Mannan (1982) reported that retinoschisis is found in 5.33% of eyes and that it is bilateral in 78% of cases.

Shukla and Ahuja (1983) reported the incidence of this lesion to be 1.6%.

**PAVING STONE DEGENERATION** -

In this study it was found that the involvement of the eye in paving stone degeneration increases with the eye becoming highly myopic. Both in the emmetropic and the low myopic
eyes the incidence was found to be between 8 and 9%. In the high myopia group it was 18.1%.

In this study the male sex was found to be more predisposed than the female sex for this degeneration. The ratio in both the groups was about 2 : 1 in favour of males.

When we see the age profile it the older population which is more predisposed. This difference is even more marked in the emmetropic eyes thus leading us to conclude that myopia in itself acts as a predisposing factor.

Among the quadrants the inferotemporal quadrant occupies the top slot. Otherwise all four quadrants are involved.

O'Malley and co-authors (1965) in their extensive study on the paving stone degeneration found its incidence to be 27%. They also reported a male predominance.

Rutnin and Schepens (1967) reported similar findings as regards incidence and also reported male predominance.

Halpern (1966) reported the incidence of this degeneration to be 4.4%.

Shukla and coauthors (1982) reported the incidence to be 7.33%.

Shukla and Ahuja (1983) reported the incidence to be 20%. 

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PIGMENTARY DEGENERATION

In our study the incidence of pigmentary degeneration was found to be nearly same in the low myope and emmetrope groups but it was high in the high myopia group.

Also in this study there was present a male predominance which was more marked in the myopic group. It may be that the myopia and the male sex act in synergy as a predominance.

As regards the age factor there was found to be a predisposition for the higher age group. The ratio of the age group of more than 30 years and less than 30 years was found to be 3 : 1.

Although all the quadrants were involved there was more involvement of the inferior quadrants.

Dumas and Schepens (1966) reported the incidence of pigmentary degeneration to be 26% but there study comprised symptomatic patients with retinal breaks.

Shields and Tso (1975), Buettner (1975), Purcell and Shields (1975) and Kurz and Zimmerman (1965) have also reported similar changes in their independent studies.

Gass (1966) found in his study that there exists a predominance for the aged.
Shukla and co-authors (1982) found the changes in 15.33% of eyes in their study.

Shukla and Ahuja (1983) found these changes in 24.4% of the eyes.

**WHITE WITH PRESSURE**

It was found to involve more often the myopic eyes than the emmetropic ones. The involvement increased with the refractive error of the eye.

While analysing the involvement of eyes according to their sex we found that there is slight predilection for males.

When we analyse the age of the involved eyes we found that the higher age group was more involved in the emmetropic eyes. There was slight predilection for the higher age group in the myopic eyes also.

As regards the quadrants all were involved to more or less the same extent.

Halpern (1966) in his study found 30.4% eyes to be involved with this lesion.

Shukla and co-authors (1982) reported the incidence to be 15.66%.

Shukla and Ahuja (1983) in their study found the incidence of this lesion to be 27.6% in their study the temporal half
was involved more than the nasal half. Also the incidence went high with the growing refractive error.

**WHITE WITHOUT PRESSURE**

The incidence of this lesion in this study was found to be rising with the refractive error of the eye. Thus it was least in the emmetropes and maximum in the high myopia group.

As regards the involvement of the sexes there was hardly any predilection for any sex.

We noted that the higher age group was slightly more predisposed for this lesion in the high myopia group and more so in the emmetrope population.

While studying the involvement pattern areawise we found that the inferior half was involved more than the superior half of the retina.

Halpern (1966) in his study reported the incidence of white without pressure to be only 1.2% but here again the reason may be the lower age group.

Shukla and co-authors (1982) found that the incidence was 11.33%.

Shukla and Ahuja (1983) found the incidence to be 8.4%. Also the incidence rose with the myopia in their study.
LATTICE DEGENERATION -

In our study we found that the incidence of the lattice degeneration increased with the rise in the myopic error. The incidence was thus highest in the high myopia group and least in the emmetropes.

On the analysis of the involved eyes as regards the sex we found no special predilection for either males or females.

When we see the figures from the age point of view we find that the aged have a slight predilection for this lesion.

On analysis of the involved areas it becomes clear that the temporal half of the retina is more predisposed for lattice degeneration.

Dumas and Schepens (1966) in their study found that the incidence in their series of eyes with retinal detachment was 30%. Also they concluded that the most commonly involved quadrant was superotemporal. Next came the superonasal and inferotemporal quadrants. The inferonasal was least commonly affected.

Halpern (1966) in his study concluded that the incidence was 5%.

Rutnin and Schepens (1967) and Boniuk and Butler (1968)
in their studies found that the incidence of lattice degeneration in the general population was 6 to 8%.

Byer (1974) in his study found that the lesions appeared early in life and became well established by the age of 20 years. Only 5% new lesions appeared after that.

Shukla and co-authors (1982) in their study found that the incidence of this lesion was 22.3% and that its presence increased with the increase in myopia.

Shukla and Ahuja (1983) found the incidence to be 13.6% and also conclude that its incidence increased with the rise in myopia.

**SNAIL TRACK DEGENERATION**

Just like the lattice degeneration the incidence of this lesion also rises with the increase in myopia.

There is no predilection for any sex.

When we see the figures for the pattern regarding age we find that the higher age group in the all the study groups is more commonly affected.

As regards the area of involvement we see that the temporal half more commonly affected.

Not every author takes it as a separate lesion from the
lattice degeneration.

Aeberg and Stevens (1972) have described it separately.

Shukla and co-authors (1982) have found its incidence to be 3.66%.

Shukla and Ahuja (1983) have found its incidence to be 4.4%. He also concluded that the superotemporal quadrant was most commonly involved.

**RETINAL BREAKS**

The incidence of retinal breaks rise rapidly with the increase in the myopia in this study.

There is no predilection for either of the sexes.

When we analyse the age of the involved eyes we find that the elderly are more commonly affected than the younger people.

Superotemporal quadrant was involved more commonly than the other ones.

Halpern (1966) reported the incidence of retinal breaks to be 3.6%. In his study the superotemporal quadrant was more commonly affected.

Byer (1967) reported the incidence in the general population to be 5.8% and the peak age between 40 and 49 years in
his study.

Shukla and co-authors in their study claimed the incidence to be 11.33%.

Shukla and Ahuja (1983) in their study found the incidence to be maximum in the higher myopia group. The most involved quadrant in their study was superotemporal.