CONCLUSION

Following findings are concluded in present study:

**Disc diameter:**
- All the cases of Very Large (VL) disc diameter are found only in higher myopia group (Group A).
- Large (L) disc diameter is found more (68.06%) in higher myopia group (Group A) than lower myopia group (Group B).
- Normal (N) disc diameter is found more (91.34%) in lower myopia group (Group B) than higher myopia group (Group A).
- In this study, increased power of myopia has increased size of disc but optic disc size is not always correlated with increased power of myopia.
- Very Large (VL) (56.25%) and Large (L) (68.06%) disc diameter are found more in higher age group (Group C) than lower age group (Group D).
- Normal (N) disc diameter (77.17%) is found more in lower age group (Group D) than higher age group (Group C).
- In this study, increased age has increased disc diameter but disc size is not always correlated with increased age.

**Crescent:**
- Temporal is the most common type of crescent found (67.71%). Annular (25.00%), Inferior (5.21%), Inferonasal (1.04%) and Nasal (1.04%) crescents are found in descending order.
- Inferonasal and Nasal type of crescents are very rare; only one case of each is found.
- All above types of crescents are found more in higher myopia group (Group A) than lower myopia group (Group B).
- There is no significant association found between crescent and age group.
- Crescents are not strongly correlated with increased power of myopia.

**Foveal Reflex:**
- Dull foveal reflex (37.21%) is found in less number than Normal foveal reflex.
- Dull foveal reflex is found more (81.25%) in higher myopia group (Group A) and normal foveal reflex is found more (91.85%) in lower myopia group (Group B).
- Dull foveal reflex is found more (77.50%) in higher age group (Group C) and normal foveal reflex is found more (81.48%) in lower age group (Group D).
- Though Dull foveal reflex is in less number than normal foveal reflex, it is found more in higher myopia and higher age groups.

Conclusion
Macular Degeneration:
- Presence of macular degeneration is found less (23.72%) than absent of macular degeneration.
- Macular degeneration is found more (84.31%) in higher myopia group (Group A) and absent of macular degeneration is found more (79.88%) in lower myopia group (Group B).
- Macular degeneration is found more (74.51%) in higher age group (Group C) and absent of macular degeneration is found more (70.12%) in lower age group (Group D).
- Macular degeneration is found more in higher myopia group and higher age group.

Macular Scar:
- Presence of macular scar is found less (6.51%) than absent of macular scar.
- Macular scar is found more (85.71%) in higher myopia group (Group A) and absent of macular scar is found more (68.16%) in lower myopia group (Group B).
- Macular scar is found more (78.57%) in higher age group (Group C) and absent of macular scar is found more (62.19%) in lower age group (Group D).
- Macular scar is found more in higher myopia group and higher age group.

Macular Haemorrhage:
- Presence of macular haemorrhage is found less (4.19%) than absent of macular haemorrhage.
- Macular haemorrhage is found more (88.89%) in higher myopia group (Group A) and absent of macular haemorrhage is found more (66.99%) in lower myopia group (Group B).
- There is no significant association found between macular haemorrhage and age.
- Macular haemorrhage is found more in higher myopia group.

Macular Pigmentation:
- Presence of macular pigmentation is found less (15.81%) than absent of macular pigmentation.
- Macular pigmentation is found more (85.29%) in higher myopia group (Group A) and absent of macular pigmentation is found more (74.03%) in lower myopia group (Group B).
- Macular pigmentation is found more (82.35%) in higher age group (Group C) and absent of macular pigmentation is found more (67.40%) in lower age group (Group D).

Conclusion
• Macular pigmentation is found more in higher myopia group and higher age group.

**Staphyloma:**

• Advance (2.79%) and Early (2.33%) types of staphyloma are found less than absent of staphyloma.

• Both the above types of staphyloma are found only in higher myopia group (Group A).

• Absence of staphyloma is found more (68.14%) in lower myopia group (Group B).

• There is no significant association found between staphyloma and age.

• Staphyloma is found more in higher myopia group.

**Choroidal Markings (Tessellation):**

• Choroidal markings are found 58.14% in this study; marked (44.80%), moderate (24.80%) and mild (30.40%) forms.

• Presence of choroidal markings is found more (56.80%) in higher myopia group (Group A) and absent of it is found more (94.44%) in lower myopia group (Group B).

• Marked (76.79%) and Moderate (70.97%) forms of choroidal markings are found more in higher myopia group (Group A) and Mild (84.21%) form of choroidal markings is found more in lower myopia group (Group B).

• Presence of choroidal markings is found more (60.80%) in higher age group (Group C) and absent of it is found more (87.78%) in lower age group (Group D).

• Marked (67.86%) and Moderate (74.19%) forms of choroidal markings are found more in higher age group (Group C) and Mild (60.53%) form of choroidal markings is found more in lower age group (Group D).

• Marked and Moderate forms of choroidal markings are found more in higher myopia group and higher age group and Mild form of choroidal markings is found more in lower myopia group and lower age group.
Gross chorio-retinal findings:

- Presence of gross chorio-retinal findings are less (27.44%) than absence of it.
- Presence of gross chorio-retinal finding is found more (84.75%) in higher myopia group (Group A) and absent of gross chorio-retinal finding is found more (83.33%) in lower myopia group (Group B).
- In gross chorio-retinal findings, gross myopic degeneration is the most common (46.48%) changes found followed by degeneration in temporal quadrants (16.90%), angioid streaks (9.86%), prominent vascularisation (9.86%), degeneration in nasal quadrant (2.82%) and macular hole (2.82%).
- All above gross findings are found more in higher myopia group (Group A) than lower myopia group (Group B) except macular hole and prominent vascularisation.
- There is no significant association found between gross chorio-retinal changes and age.
- Myopia has definite role in chorio-retinal changes but degree of myopia and amount of pathological retinal findings do not always correlate.

- Uniocular myopic eyes are 35 (16.28%) found in this study. Myopia has definite role in chorio-retinal changes because only myopic eye shows chorio-retinal findings while normal eye does not show different changes. This proves that it is because of myopia only.
- 51.43% uniocular myopia is found in higher myopia group (Group A) and 65.71% are found in higher age group (Group C). These should be examined and followed regularly with fellow eye as noted by Yoshinori Oie et al., [167] that probability of the fellow eye with high myopia developing macular hole retinal detachment (MHRD) is significantly higher than that of eyes without high myopia.

In present study, whatever positive findings irrespective of its total number, they are found more in higher myopia and higher age group except macular hole found more in lower myopia group. This proves that macular hole is due to combine pathology of vitreous and retina, vitreous traction and thinner retina. It develops if abnormal vitreous attachment and traction create a divot in the foveola.

This study proves that degree of myopia has definite relation with amount of different myopic changes but it does not always correlate.

Higher myopic eyes and normal fellow eyes should be examined and followed regularly for early detection of any warning signs of retinal detachment.

Like fundus photography, other digital imaging procedures i.e., OCT (Optical Coherence Tomography), FFA (Fundus Fluorescein Angiography), HRT (Heidelberg Retinal Tomography) and ICGA (Indocyanine Green Angiography) also should be observed for their effectiveness.

Conclusion