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Earliest detection of asymptomatic glaucoma is possible if the patient has a frequent complaint of altered visual acuity within the last 6 to 8 months

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Purpose: To determine Primary Open Angel Glaucoma (POAG) in those patients have normal morphological fundi, C:D ratio & Neuroretinal rim, IOP may or may not significantly raised.

Background: At first there are no detectable symptoms except history usually given by patients altered Acuity & glasses are not working properly, if this frequently complaint 3-4 times for last 8 months suspicion should develop for POAG.

Design: A Prospective Cohort study.

Participant: Selection of Patients is based upon these factors: (a) Aged >40yrs regardless of gender discrimination. (b) Those have an axial length of eyeball 24.0+/-2.5mm. (c) Three or more consecutive visits to OPD for Visual Acuity (VA) correction within last 8 month.

Method: We performed a comprehensive Ophthalmic Examination i-e VA, Ophthalmoscopy, Biomicroscopy, Gold standard Applanation Tonometry. When Patients have complaint persistent change of glasses without any defined morphology etiology.We investigated these particular group for RNFL thickness at Optical Coherence Tomography (OCT) and measure thickness RNFL of twice in a year.

Result: There is a variation of RNFL thickness in Earliest suspected POAG patient with mean RNFL thickness 0.22 +/-0.1 Moderate suspected POAG mean Retinal Nerve Fiber Layer (RNFL) thickness 0.16 +/-0.12 & with healthy patient mean RNFL thickness 0.23 +/-0.03. All have clinical Cup Disc Ratio Of Optical Nerve Head (C:D) ratio under the range 0.2 to 0.5 & IOP under a range of 14 to 18mmhg.

Conclusion: We analyzed the values thickness of RNFL at OCT along supportive history of frequent complaint altered VA within last 8 months helps to sort out asymptomatic POAG before the development of sign.& symptoms associated with thousands of axonal death. Once Glaucoma developed. Its hallmark of *Irreversible *Progressive *Permanent loss of vision badly affects the quality of life.

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