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11th Global Ophthalmologists Annual Meeting

September 25-26, 2017 Dubai, UAE

Workshop

(Day 1)

Anu Khanna, Optom open access 2017, 2:2 (Suppl)
DOI: 10.4172/2476-2075-C1-005

11th Global Ophthalmologists Annual Meeting

Anu Khanna

Loyola University, USA

Improving healthcare by enhancing education with virtual reality: An experiential demonstration of simulations for resident, medical student and patient education in ophthalmology

Currently, much of medical education is delivered though professor-centered, passive learning methods such as lectures. Clinical experience is attained with direct patient interaction. There is a need for experiential learning opportunities for an interactive educational experience and pre-clinical preparation prior to direct patient encounter. Simulation based medical education has been researched and proven to be superior to traditional teaching methods. Simulation has become an important component of resident and medical student education in many medical specialties. There is a distinct need for high fidelity simulations in ophthalmology curriculum. In this workshop we will share examples of how simulations have been incorporated into medical education and resident training curricula. This workshop is designed to highlight why the traditional lecture format, i.e., passive knowledge transfer, needs to be complemented with active learning opportunities such as flipped class room and simulations. Simulators will be able for hands on experience for you. You will be able to experience how the students can use the stereo eye model to virtually dissect and better conceptualize the structure of the eye and to understand the visual pathways. Visual pathways are often confusing to students, but the color coding and camera flythrough features of EyeSim generate concept clarity. In addition, during their clinical skills sessions students can use the virtual patient to learn to perform the pupil exam and recognize pupil and cranial nerve dysfunctions.

Biography

Anu Khanna is a Professor and Vice-Chair of Education in Ophthalmology at Loyola University Chicago with over 20 years of experience in patient care, cataract surgery and academic medicine. She has been awarded the Teacher of the Year award four times from ophthalmology residents. She has focused her work on experiential learning tools by creating an interactive, virtual patient for deliberate practice in a safe environment. She has developed EyeSim, a simulator for neuro-ophthalmic skills and anatomy using Virtual Reality (VR) technology in collaboration with EON Reality. Her work in simulation has been acknowledged with an award at the 2015 International Laval Virtual reality conference and at the 2017 Society of Simulation in Healthcare annual meeting.

anuradha_khanna@hotmail.com
akhanna@lumc.edu

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Scientific Tracks & Abstracts

(Day 1)

Saba Al Reshaid, Optom open access 2017, 2:2 (Suppl)
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High-power blue laser pointer induced maculopathy

Saba Al Reshaid
King Khaled Eye Specialist Hospital, KSA

Laser devices are ubiquitous in modern medicine, industry, military and everyday life. Lecturers often use hand held laser pointers at conferences. Eye injuries due to laser exposure are a concern because optical radiation from 400 nm to 1400 nm penetrates into various ocular structures. The eye is the only organ vulnerable to this range of wavelength. The blink reflex and aversion response restrict the duration of laser exposure to 0.15-0.25 seconds. These natural protective mechanisms are effective against low power laser pointers. However, retinal injury following prolonged (>10 seconds) can occur after exposure to low-power laser pointers recently high-power handheld laser pointers (up to 1200 mW) are now publicly available via the internet. These laser pointers can be used to light fireworks from a distance, light cigarettes and burn through plastic bags, this study will show our experience with the patients presented with retina injury caused by momentary exposure to a high-power blue laser pointer. 27 patients had a history of laser pointer were presented with the followings: Full thickness macular hole (FTMH) in 17 eyes, intraocular hemorrhage in 7 eyes, an outer retinal disruption in one eye, an epiretinal membrane in 1 eye and a schisis-like cavity in one eye. Initial best-corrected visual acuity (BCVA) had a mean of 20/290 (range: 20/40 to 4/200). Neodymium:yttrium-aluminum-garnet Nd:YAG hyaloidotomy was performed in five eyes with sub hyaloid hemorrhage and pars plana vitrectomy (PPV) with or without tamponed in 15 eyes. Whereas observation elected in 7 eyes visual acuity improved almost in all patients spontaneously or following intervention. Conclusions observed that visual acuity improved in all patients spontaneously or following intervention. High-power handheld laser pointers are extremely dangerous to the eye and public awareness should be encouraged.

Biography

Saba Al Rashaed is an Ophthalmologist who has experience in handling eye diagnosis, surgeries and recommendations to help patients perform proper care for their eyes. He has excellent skills in performing surgeries and giving treatments, values time and work management, practices effective organizational skills strategies for better coordination with peers. He participates in the training of residents, as well as fellows. He is a dedicated Researcher and rigorous when it comes to designing the research projects, as well as in implementing them. He has 30 scientific publications and 66 scientific posts.

srashaed@kkesh.med.sa

Notes:

Arjeta Grezda et al., Optom open access 2017, 2:2 (Suppl)
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Long term follow-up of patients affected by dome shaped macula associated with serous detachment of the foveal neuroepithelium and treated with photodynamic therapy

Arjeta Grezda[1] and Ilir Arapi[1, 2]
[1]University Hospital Center Mother Terea, Albania
[2]Polytechnic University of Marche, Italy

Introduction & Objectives: Foveal serous retinal detachment (SRD) in patients with dome shaped macula (DSM) represents the most frequent reason of impaired vision and referral to eye care units. The aim of this study is to investigate the role of photodynamic therapy (PDT) as a therapeutic modality in myopic patients affected by DSM associated with foveal SRD.

Methods: The study was designed as a retrospective interventional case series. The medical records of 18 consecutive myopic patients (20 eyes) with DSM associated with foveal SRD and treated with PDT were retrospectively reviewed. Best corrected visual acuity (BCVA), refractive error, fluorescein angiography (FA), indocyanine green angiography (ICGA) and enhanced depth imaging (EDI) optical coherence tomography (OCT) findings were evaluated. Visual gain and loss were considered as increasing or decreasing of two or more lines of best corrected visual acuity (BCVA) respectively and eyes with fluid resolution were considered as responsive to PDT.

Results: All eyes underwent several PDT treatments with a median of 3 (1st, 3rd quartiles 2; 3, 75; range: 1 to 7) and with a median follow-up time of 22 months (1st, 3rd quartiles 12; 40; range 4 to 55). At the last follow-up 7 eyes (35%) showed complete resolution of the foveal SRD being considered as responsive to PDT. At last follow-up visit 5 eyes (25%) showed an increased BCVA, 13 eyes (65%) maintained a stable BCVA, while 2 eyes (10%) had a decrease in their BCVA. Statistical analysis showed that BCVA improvement was significantly higher in eyes responding to PDT (p=0.027). The median baseline hypocyanescent macular area observed during late ICGA frames resulted significantly lower [2.6 mm^2 (1st, 3rd quartiles 2.3; 2.8 mm^2; range 1.61-3.28 mm^2)] in the group of patients that responded to PDT and had an increase of ≥2 Snellen lines in BCVA versus the remaining ones that were considered non-responders [8.1 mm^2 (1°; 3° quartile 5.1; 10.2 mm^2; range 4.50-14.26 mm^2)] (p<0.001).

Conclusions: Our data suggest that myopic eyes associated with DSM and foveal SRD might be responsive to PDT showing total resolution of fluid accumulation and positive BCVA changes, if baseline ICGA findings show evidence of a limited hypocyanescent macular area.

arjeta_demi@yahoo.com

Notes:

Meghana Patil, Optom open access 2017, 2:2 (Suppl)
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Suture or sutureless technique to compare the surgical outcome and patient comfort with dry amniotic membrane and conjunctival limbal autograft in primary pterygium surgery

Meghana Patil
J.J.M Medical College, India

Objective: To compare the intraoperative and post-operative complications with dry amniotic membrane transplantation and conjunctival limbal autograft and to assess the patient comfort between the two surgeries in primary pterygium.

Method: This randomized, open labeled, parallel group and prospective study enrolled 80 patients above 18 years attending the ophthalmic OPD with primary pterygium. The eligible participants were randomized into four groups. Group-A: Conjunctival limbal autograft with autologous serum, Group-B: Conjunctival limbal autograft with suture, Group-C: Amniotic membrane transplantation with autologous serum, Group-D and Group-C Amniotic membrane transplantation with Suture. Patient assessment was done intraoperatively, postoperative day 1, week 1 and week 6 for ocular signs and symptoms. Adverse events were recorded. The statistical analysis was done using Chi square test and Wilcoxon signed rank test.

Results: Surgical outcome-graft tear (4.20%) and button hole (3.15%) were higher in suture techniques and graft loss (1, 5%) was seen in Group-B. Congestion (25, 62.5%) and graft edema (12.30%) was more with suture techniques, maximum recurrence was seen in Group-A (5.25%) and Group-B (4.25%). Patient comfort was highest in suture less technique with significant p value (0.012). At week 6, a significant reduction in the mean scores was seen in all the four groups.

Conclusion: Conjunctival limbal autograft with autologuos serum is the best technique for pterygium surgery with few complications, recurrences and good patient comfort. However, amniotic membrane transplantation can be reserved for patients with glaucoma.

Biography

Meghana Patil has completed her MBBS, MS in Ophthalmology and FCPRS Fellowship in Cornea and Phacorefractive Surgery. She is currently an Assistant Professor at the Department of Ophthalmology, J.J.M Medical College, India.

drmeghana14@gmail.com

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11th Global Ophthalmologists Annual Meeting

Saba Al Reshaed

King Khaled Eye Specialist Hospital, KSA

Argus II implant: Experience in a Saudi population

Purpose: To describe the anatomical and functional outcome in patients affected by retinitis pigmentosa (RP) who received the Argus II Retinal Prosthesis System at King Khaled Eye Specialist Hospital (KKESH).

Background: The Argus II Retinal Prosthesis System (Second Sight Medical Products, Inc., Sylmar, CA) was developed to restore some vision to blind patients caused by outer retinal cells degeneration such in retinitis pigmentosa (RP). The 60-electrode array is surgically implanted on the surface of the retina (epiretinal). It elicits visual percepts by electrically stimulating surviving neurons. Visual input is provided by glasses-mounted miniature camera and a video processor.

Study Design: Retrospective consecutive interventional case series.

Methods: 10 retinitis pigementosa patients have been implanted at the KKESH center. The demographic distribution is 3 female and 7 male patients; average age 41.3 years (range 26.0-55.0 years); 6 OD and 4 OS implanted eyes. Mean implant duration is 2.1 years range from 4 months to 3.8 years. The primary outcome measures were safety (the number, seriousness and relatedness of adverse events) and visual function, as measured by 2 computer-based, objective tests, including square localization and direction of motion. Secondary measures included functional vision performances, including orientation and mobility (O&M) tasks.

Results: The implantation of the Argus II Retinal Prosthesis System was safely performed in all patients and remained implanted for 4 years after the surgery. One patient had suture exposure over the coil suture tab and over the inferior case suture tab at 2-years post-implant this was managed by conjunctival suturing. One patient developed mild vitreous hemorrhage that resolved spontaneously one patient had post-operative high intraocular pressure due to tight scleral band (SB) and was controlled by relaxation of SB. Patients performed significantly better with the Argus II on than off on all visual function tests and functional vision tasks (Square localization: Mean error across the population of tested patients was 8.83 cm (SD 0.94 cm) while it was 16.11 cm (SD 1.56 cm) with the system "off"; Direction of motion: Mean error across the population of tested patients was 81.32 degrees (SD 6.22 degrees) while it was 90.60 degrees (SD 5.90 degrees) with the system "off"). This demonstrates the clinical benefit that Argus II patients implanted in our center receive and it translates in real life improvements for the majority of patients.

Conclusion: Our results demonstrate the efficacy and safety of Argus II implant system which can be option to restore some vision in blind eyes with retinitis pigementosa strictly adherent to patient selection criteria is highly recommended.

Biography

Saba Al Rashaed is an Ophthalmologist who has experience in handling eye diagnosis, surgeries and recommendations to help patients perform proper care for their eyes. He has excellent skills in performing surgeries and giving treatments, values time and work management, practices effective organizational skills strategies for better coordination with peers. He has been regularly participated in the training of residents as well as fellows. He is a dedicated Researcher, rigorous when it comes to designing the research projects as well as in implementing them and has 30 scientific publications and 66 scientific posts.

srashaed@kkesh.med.sa

Hala El Mofty, Optom open access 2017, 2:2 (Suppl)
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Management of resistant keratitis in a sample of patients attending Cairo University Hospital

Hala El Mofty
Cario University, Egypt

Purpose: To apply a step wise evaluation and a treatment plan for patients with resistant keratitis.

Patients & Methods: In this prospective study, laboratory diagnosis and treatment outcome were assessed in 40 patients with clinical diagnosis of resistant keratitis that failed to improve by conventional medical treatment. Each patient was evaluated by clinical examination, ultrasound as well as specimen collection from the affected eye for laboratory evaluation. Sterile swabs, scraping, biopsy or contact lens, specimens were inoculated directly onto blood agar, chocolate agar and Sabouraud dextrose agar (SDA) and smeared onto two slides-one for Gram stain and the other for 10% KOH wet preparation. Direct microscopy and culture methods were used for diagnosis of bacterial and fungal keratitis.

Results: 14/40 was diagnosed as bacterial keratitis, 16 patients were diagnosed as fungal keratitis with (fungal/bacterial ratio was 1.14/1). Six patients had mixed bacterial and fungal infection. Trauma was the most important predisposing factor (42.5%). *Pseudomonas* was the most frequent bacterial isolate (20%) while *Aspergillus* was the most frequent fungal isolate (31.8%). Medical therapy failed in 16% of cases that necessitated surgical intervention. Keratitis healed without complications in 87.5%; however, complications occurred in 12.5% of cases. No statistically significant difference was observed when we compared occurrence of complications between fungal keratitis and bacterial keratitis cases ($p>0.05$).There was an overall success rate without complications in 84% of cases treated medically and 93.3% of cases treated by combined medical and surgical treatment.

Conclusions: Understanding the cause of resistant keratitis and using a planned protocol for management improves the outcome and decrease the need for urgent penetrating keratoplasty.

Biography

Hala El Mofty is working as a Professor of Ophthalmology, Faculty of Medicine, Cairo University. Born in Cairo, Egypt. Joined Cairo University Faculty of medicine in 1977 and graduated with an excellent degree with honour and got residency in Cairo University hospitals (about 6000 beds). Ophthalmology department in Cairo university hospitals is considered as a referral center from all over Egypt. Thus, practicing ophthalmology since 1985.
Head of ophthalmology department Misr University for science and Technology since 2015 with main interest in corneal infections and ophthalmology ultrasound. Education and teaching undergraduate and postgraduates is my hobby.
Moreover interested in Research work and published a lot of national and international papers. Through my research achieved the patency of new topical drug for treating fungal and acanthamoeba keratitis from Academy of Scientific Research in Cairo August 2005.

dr.halaelmofty@yahoo.com

Notes:

Murad A Sunalp, Optom open access 2017, 2:2 (Suppl)
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Phacoemulsification vibrations causes Sunalp vibration syndrome in ophthalmic surgeons

Murad A Sunalp
Sunalp Laser Vision Inc., USA

Introduction: Occupational Safety and Health Administration (OSHA) has cited both repetitive tasks and vibration as risk factors for cumulative trauma disorders. The National Institute for Occupational Safety and Health (NIOSH) has also found correlation between CTS and repetitive task being performed at specific wrist angles. The average cataract ophthalmic surgeon performs 500 surgeries per year, each taking 15-30 minutes. While the specific phaco-time may only be 2 minutes per surgery, over the lifetime of surgeon more than 500 hours (30 Year×500 cases×2 minutes) can create cumulative vibration trauma to the hand of the surgeon resulting in Sunalp vibration syndrome. Sunalp vibration syndrome is a new syndrome that specifically affects high volume cataract ophthalmic surgeons. The industry should not only warn surgeons of the risk but should provide them with vibration-dampening gloves or hand-pieces to ensure the safety of physicians. Measurements of phacoemulsification hand piece vibrations are taken to demonstrate potential for damage in ophthalmic surgeon's hands resulting in Carpal Tunnel Syndrome (CTS) and Sunalp Vibration Syndrome (SVS).

Purpose: To prove that phacoemulsification hand piece vibrations at 50 khz can cause CTS and SVS in ophthalmic surgeons and is demonstrated to be dexterity specific.

Methods: 50 ophthalmic phacoemulsification cases were recorded with a vibration recording probe in contact with the surgeons thumb and fore-finger holding the phaco hand piece. 63 year old surgeon, Alcon Centurion and Abbot Whitestar phacoemulsification units with corresponding hand pieces, SmartSensor vibration sensor and Dana Sunalp vibration technician. Measurements were taken under sterile conditions during actual surgery. Dr. Sunalp, due to his experience tends to have less Phaco-time per case, but has experienced more than 750 hours due to the volume of cases performed.

Results: The vibration meter at lower frequencies demonstrates that there is vibration directly.

Conclusion: Phacoemulsification over the lifetime of the ophthalmic surgeon produces sufficient vibration to result in CTS and Sunalp Vibration Syndrome.

Biography

Murad A Sunalp has graduated from Oxford University Medical School at St. John's College and continued his Post-graduate medical education in Ophthalmology at Stanford and the University of Southern California. His most recent educational accomplishment has been an MBA at the University of Tennessee. Throughout his career he has remained up to date on medical advancements by both participating and teaching continuing medical education courses. He has provided state of the art ophthalmologic services in the San Joaquin valley for the last 30 years. He has developed innovative techniques to treat common eye diseases in a safe and effective manner.

murad.sunalp@gmail.com

Notes:

Nazanin Ebrahimiadib et al., Optom open access 2017, 2:2 (Suppl)
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Atopy in patients with ocular cicatricial pemphigoid

Nazanin Ebrahimiadib, Mikhail Hernandez, Bobeck S Modjtahedi, Ramak Roohipoor and Charles Stephen Foster
Tehran University of Medical Sciences, Iran

Purpose: To evaluate the presence of atopy in patients with Ocular Cicatricial Pemphigoid (OCP).

Method: The Massachusetts Eye Research and Surgery Institution (MERSI) patient database was searched from 2005 to 2016 to identify patients with biopsy proven OCP who had concurrent evidence of atopy.

Results: There were 230 patients with biopsy proven OCP. 33 of these were found to have clinical symptoms of atopy (asthma, hay fever, eczema) and of these, 23 had evidence of atopy in their conjunctival biopsy specimens. All patients were started on immunomodulatory therapy for treatment of their OCP with 20 patients requiring additional anti-allergy treatment to control residual atopic ocular symptoms. Among patients who used anti-allergy medication, 80% showed improvement of residual symptoms. Rituximab and/or IVIG are preferred OCP medication in these patients.

Conclusion: Clinicians should consider the co-existence of atopy in patients with OCP, especially in those with persistent symptoms after initiation of immunomodulatory therapy.

Biography

Nazanin Ebrahimiadib had her Fellowship in Vitreoretinal Surgery after completing Ophthalmology Residency in Tehran University of Medical Sciences, Iran. Then, she studied Ocular Inflammation and Uveitis in Massachusetts. Her field of interest focuses on retina diseases, uveitis and immunomodulatory therapy. She has established an infusion suit for chemotherapy of uveitis patients at Farabi Eye Hospital and also visits pediatric patients, diabetic retinopathy, trauma and and other retina cases. Presently she works as a Faculty Member of Ophthalmology Department in the largest eye hospital of the country.

nazanin.ebrahimiadib@gmail.com

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11th Global Ophthalmologists Annual Meeting

Nazanin Ebrahimiadib

Tehran University of Medical Sciences, Iran

OCT in uveitis

Purpose: To describe the EDI OCT features and its diagnostic value in various posterior uveitis diseases.

Method: Vogt Koyanagi Harada disease, posterior scleritis, Ampiginous choroiditis, Behcet's disease, ocular toxoplasmosis and ocular tuberculosis were included in our survey.

Results: VKH features: high serous RD, inward bulging of choroid, choroidal thickening and loss of vascular pattern of choroid, RPE undulation, subretinal hyper reflective spots, septate in subretinal fluid. Remission is characterized by resuming vascular pattern of choroid.

Posterior scleritis features: very similar to VKH but RD is not high and although choroid is thickened, its vascular pattern is not lost.

Ampiginous choroiditis features: hyperreflective outer retina and some localized choroidal thickening (hyporeflective choroid and hyperreflective outer retina)

Behcet's disease and macular hole due to longstanding macular edema and vasculitis: closing of macular hole with one session of intravitreal injection of combination of bevacizumab and triamcinolone has been shown in images. The patient was also started with immunomodulatory treatment.

Ocular toxoplasma features: usually a choroidal nodule in the form of localized choroidal thickening and bulging is evident in addition to a homogenous retinal hyper reflectivity in all retinal layers. This feature help in differentiating of toxoplasma retinochoroiditis from CMV retinitis as choroid in the latter entity is not involved.

TB choroiditis: Tubercle of the choroid and overlying exudative RD is shown in a case with proven pulmonary TB. Also, resolving of the above features with treatment has been shown with EDI OCT imaging.

Conclusion: EDI OCT can be helpful in diagnosis of different posterior uveitis.

Biography

Nazanin Ebrahimiadib had her Fellowship in Vitreoretinal Surgery after completing Ophthalmology Residency in Tehran University of Medical Sciences, Iran. Her field of interest is retina diseases, uveitis and immunomodulatroy therapy. She has established an infusion suit for chemotherapy of uveitis patients at Farabi Eye Hospital. Working as a Faculty Member of Ophthalmology Department in the largest eye hospital of the country, she conducts several research projects to improve patients' standard of care and quality of life.

nazanin.ebrahimiadib@gmail.com

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Scientific Tracks & Abstracts

(Day 2)

Alahmady Hamad Alsmman, Optom open access 2017, 2:2 (Suppl)
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Corneal tattoo from animal to human

Alahmady Hamad Alsmman
Sohag Faculty of Medicine Sohag University, Egypt

Purpose: To compare the safety and efficacy of corneal tattoo by China painting ink and progress from animal search to human application.

Material & Methods: Corneas of 10 rabbits and 50 human eyes were injected with Rotring China painting ink, the rabbit's corneas were histologically examined and human eyes were clinically followed up.

Results: In rabbit corneas the stain was stable in color and distribution with no major complications. Histological results of the stained rabbit corneas showed blackish pigmentation in the corneal stroma without any inflammatory cellular infiltration. Some fibroblast cells had pigment granules in their cytoplasm in the adjacent layers. In human eyes the Rotring painting ink was safe stable in color with no fading in the follow up period however insufficient staining with re-staining was required in some patients.

Conclusion: Corneal staining by China painting ink is an effective and safe method in staining corneas with longer follow-up period is advisable.

Biography

Present Occupation:
Assistant Professor of Ophthalmology, Ophthalmology Department, Sohag University
Education and Qualifications:
- MD degree of Ophthalmology - South Valley University - November 2007
- MSc degree of Ophthalmology - Sohag University - May 2002

Employment Record:
2016 - Assistant Professor of Ophthalmology, Ophthalmology Department, Sohag University
2007 - 20015 Lecturer of Ophthalmology, Ophthalmology Department, Menofyia University
2002 - 2007 Assistant lecturer of Ophthalmology, Ophthalmology Department, South Valley University
1998 - 2002 Resident of Ophthalmology, Ophthalmology Department, South Valley University
1997 -1998 House officer, Sohag hospitals, Faculty of Medicine, South Valley University

alahmady20@yahoo.com

Sujani Shroff, Optom open access 2017, 2:2 (Suppl)
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Inhaled corticosteroids and intraocular pressure: Is it more than what meets the eye?

Sujani Shroff
Aravind Eye Hospital, India

Introduction & Aim: Glaucoma is the leading cause of irreversible blindness worldwide. Extensive studies have proved that systemic and topical steroids play an important role in the pathogenesis of glaucoma. However little is known about the effect of inhalational route. Our study was aimed to detect if there is truly an association between inhalational steroids and intraocular pressure (IOP).

Design: Cross sectional case control study of 200 patients visiting the pulmonologist and 200 controls among the general population.

Methods: Patients on inhaled corticosteroids 800 mcg equivalent of Budesonide or more for a period >6 months with no usage of oral or topical steroids within the last 3 months were included as cases. Controls were recruited from the general ophthalmological department with no previous steroid usage. IOP and central corneal thickness (CCT) was analyzed. Cases were divided into two groups. Group-1: IOP<21 mm of Hg and Cup disc ratio (CDR) <0.4. Group-2: IOP>21 mm of Hg or with CDR>0.5. Analysis was done within these two groups to find if there was an increased risk of developing ocular hypertension/ glaucoma with duration of inhaled steroids.

Results: Statistically significant difference ($p<0.001$) was found between adjusted IOP of the controls [14.47 mm of Hg (±2.17)] and cases [16.78 mm of Hg (±3.42)]. CCT among the cases was 522.02 microns (±30.47) which was lower compared to the controls with 528.73 microns (±29.09). Our study found 11 patients with ocular hypertension and 2 patients with primary open angle glaucoma. However, it showed no statistically significant correlation between duration of inhaled steroids usage and increased risk for ocular hypertension/glaucoma.

Conclusion: These findings suggest a probable association between inhalational steroids and intraocular pressure. Therefore, it is advisable to measure baseline IOPs and CCT of all patients on inhaled corticosteroids and review them at regular intervals.

Biography

Sujani Shroff is a Budding Ophthalmologist who is doing her Fellowship in Glaucoma in Aravind Eye Hospital Madurai, India. She has keen interest in glaucoma research and is currently working on several research projects in her institute. She has recently completed her Post-graduation from St. John's Medical College, India. Her research interest is to explore opportunities to learn and contribute in the field of glaucoma.

sujani88@gmail.com

Hessa Altammami et al., Optom open access 2017, 2:2 (Suppl)
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Antiphosphlipid syndrome presenting with atypical ischemic optic neuropathy: A case report

Hessa Altammami, Selwa Alhazza and Jeylan Almansouri
King Faisal Specialist Hospital & Research Center, Kingdom of Saudi Arabia

We report an atypical presentation of Antiphospholipid syndrome in a 40 year old male who presented with headache and left eye pain. Upon examination he had left severe optic disk edema and retinal hemorrhages surrounding the optic disk, which made optic neuritis a less likely differential diagnosis. Patient had a mild RAPD on the left eye with good color vision and absence of profound visual acuity loss. MRI was performed and it excluded thrombosis or intracranial abnormality. Our patient received steroids; however, patient did not improve after the course. After exclusion, our differential diagnoses were consistent with an atypical optic neuritis vs. ischemic optic neuropathy. Onset of the disease as well as the presence of hemorrhages excluded atypical optic neuritis. Even though the age of the patient was younger for ischemic optic neuropathy, the diagnosis was made after the exclusion of all other causes including infectious and non-infectious causes of optic neuritis. Medical treatment was preferred to any invasive treatment. Antiphospholipid syndrome should be considered in the differential diagnosis of NAION in middle age individuals. This is often difficult, as ocular manifestations of APS can be variable. Antiphospholipid syndrome is an autoimmune disease that has been strongly associated with arterial or venous thrombosis that can affect virtually any organ resulting in an acute to indolent chronic ischemic presentations. Deep vein thrombosis is considered the most common manifestation affecting 29 to 55% of patients with APS. Ocular involvement occurs in 8 to 88% of the patients. It can be the first clinical presenting sign of APS and it has wide range that can be unilateral or bilateral from visual acuity reduction and amaurosis fugax to transient scotoma and visual field defect. Conjunctival hyperemia, ocular discomfort and pain have often been reported in the literature as common symptoms of APS patients.

haltammami@alfaisal.edu

Irshad Ahamed Subhan, Optom open access 2017, 2:2 (Suppl)
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Ahmed glaucoma valve (AGV), tube insertion technique (graft sparing) and management of rare complications in AGV surgeries

Irshad Ahamed Subhan
King Abdulla Medical City, Saudi Arabia

Introduction & Aim: The purpose of this 5 surgical videos presentation is to demonstrate a new technique of tube insertion in AGV implantations and also provide audience with rare situations of AGV surgeries and managing complications. The presentation package has 2 videos showing AGV insertion techniques involving only needles. It gives an easy route for the tube as the scleral tunnel is designed using only needles. Hence the difficulty in pushing the tube from the large tunnel created by crescent blade (Gdih technique) into the 23G tunnel is totally avoided. There is no need to have a crescent blade and graft to cover the tube. The presentation has videos of the following surgeries.

Tube Insertion Technique: Subhan's scleral tunnel technique.

Anterior Cut Tube Insertion Technique: A modification of Subhan's scleral tunnel technique for long tunnels.

Plate Migration Management: Shows pictures and video of surgical management of AGV plate migration in a case having high myopia and prominent globes in a 15 year old child. The cause of plate migration was constant rubbing of the lid by the patient as the lids showed swelling because of the large bleb around the plate, which was more prominent because of the large globes. The video shows rare images of the encapsulation around the plate when surgically exposed during exchange of the AGV plate.

Tube Exposure Repair Technique: This video demonstrates a rare situation where the patient had undergone penetrating keratoplasty with phaco IOL previously and AGV implant. The patient already had one episode of tube exposure repair, which re-exposed again. This case was managed with a pedicle kind of conjunctival graft.

Tube Inadvertently Entering the Vitreous Cavity: This video shows surgical management of tube inadvertently entering the vitreous cavity during insertion. It has two videos of accurately placing the tube in the sulcus with an approach from the opposite limbus and needle tracking the tube.

Results & Conclusion: The tube insertion techniques provide a safe, simple and secure method, saving the need for crescent blade and graft. The other three videos provide clear and safe skills to come over tough situations in surgical management of AGV implants and its complications. The surgical video packages help the viewing surgeon to adopt new techniques and improve surgical skills in order to give quality surgical care in difficult situations with confidence.

Biography

Full fledge ophthalmic physician and surgeon, with 18 years' of clinical and surgical experience to comprehensively manage Glaucoma and Anterior Segment. Since May 2010 he is working as Associate Consultant in the prestigious King Abdullah medical city (JCIA Hospital), Makkah, KSA. Since last year he is the Head of the Department of Glaucoma

drias227@gmail.com

Prakash V Suranagi et al., Optom open access 2017, 2:2 (Suppl)
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Retinopathy of prematurity incidence, risk factors and treatment modalities among premature infants at various neonatal intensive care units of central Karnataka in South India

Prakash V Suranagi, Ashutosh Patel, B S Prasad and Anand Vinekar
Thumbay Hospital , UAE

Statement of the Problem: Retinopathy of prematurity (ROP) is a potentially blinding eye disorder of childhood that primarily affects premature infants weighing 1250 grams or less/born before 31 weeks of gestation. ROP is a vaso-proliferative eye disorder characterized by abnormal vascular development of retina. Various other risk factors also contribute. The purpose of this study is to describe the incidence of ROP in various neonate intensive care units (NICU) and obtain information about risk factors associated with ROP and treatment modalities.

Methodology & Theoretical Orientation: Premature infant born at 36 weeks of gestation or younger or 2000 grams or smaller were screened for ROP. 1350 babies were screened during October 2012 to March 2016. Screening was done with RETCAM and indirect ophthalmoscope using 28D volk lenses under topical anesthesia and those requiring treatment were given laser treatment. All the babies were followed up till 40 weeks of corrected gestation or until retina matured and further follow up continued for those with ROP until resolved.

Findings: In 1350 premature neonates, ROP was detected in 248 infants. Most of the babies were in the range of 26-34 weeks of gestation age at birth. Total 74 infants had pre-threshold ROP, out of which 49 infants had Type-1 or high risk pre-threshold ROP and were given laser treatment. Remaining 25 infants had type-2 or low risk pre threshold ROP and were followed weekly.

Conclusion & Significance: ROP is one of the important causes of ocular morbidities and childhood blindness. The magnitude of ROP in our study is 18.37%. Response to laser therapy is encouraging. Recommendation-Gestational age and low birth weight were the most significant risk factors for development of ROP, thus screening those with more than 1.5 kg and gestational age up to 36 weeks needs to be considered.

Biography

Prakash Suranagi has a passion and specializes for screening and management of neonates with Retinopathy of Prematurity (ROP). He has a Fellowship in ROP from L V Prasad Eye Institute, Hyderabad, India (WHO collaborating center for prevention of blindness). He serves as Central Zone Karnataka Coordinator (Technical) for Karnataka Internet Diagnosis of Retinopathy of Prematurity (KIDROP) under National Rural Health Mission (NRHM) of India and Narayana Nethralaya Bangalore.

psuranagi@rediffmail.com

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Access to low vision services in a limited resource setting: Profile and barriers

Asik Pradhan[1], Sanjeeb Bhandari[1] and Raju Kaiti[2]
[1]Tilganga Institute of Ophthalmology, Nepal
[2]Kathmandu University Hospital, Nepal

Background: Visual impairment is one of the most common disabilities that degrade the quality of life. Visual rehabilitation services may be limited due to a number of barriers. This present study seeks to identify the common obstacles to access low vision services from patient's perspective and also to know the reasons for unwillingness to pursue low vision aids.

Methods: All the patients referred to low vision department of Tilganga Institute of Ophthalmology (TIO) during the study period were included. A questionnaire inquiring barriers to access low vision service was adopted, pretested and validated. A complete proforma was used to collect information regarding demographic profile, best corrected distance and near visual acuities, educational status, and occupation, causes of low vision.

Results: Out of 135 low vision patients, 96 (71.1%) were males and 39 (28.9%) were females. The age range was from 4 to 85 years, with a mean of 32.4±21.34 years. 22.96% were bilaterally blind, 65.19% had moderate and 11.85% had severe visual impairment. Retinitis pigmentosa (20.74%) and refractive error & amblyopia (14.81%) were the most common causes of low vision identified. The reason for unwillingness to use low vision device was not practical enough (50.37%). Lack of awareness (78.15%) was the commonly perceived barrier to access low vision services.

Conclusion: Eye care provider can help to decrease the barriers to access low vision services by educating patients in the early stages of vision loss regarding the effectiveness of low vision rehabilitation and by making appropriate referrals.

Biography

Asik Pradhan has completed his Bachelor of Optometry in 2005 from Institute of Medicine, Tribhuvan University, Nepaland and Post-graduate studies from Amity University, Haryana in 2016. He is a Consultant Optometrist at Tilganga Institute of Ophthalmology, Nepal. He has presented 2 papers at the national level and 1 poster presentation at the international level. He has 2 papers as second author and recently got the opportunity to deliver oral presentation in ISGEO meeting at Durban.

asikpr@gmail.com

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The association between relative peripheral refraction and myopia

Lianhong Zhou
Renmin Hospital of Wuhan University, China

Objective: To evaluate the relation between relative peripheral refraction and myopia by studying the characteristics of retinal peripheral relative refraction in children with emmetropia, low myopia or moderate myopia.

Method: 90 children (with 165 eyes included) at the age of 7-12 years old, who have attended to Pediatric Ophthalmology Clinic, Renmin Hospital of Wuhan University in September 2016 to February 2017 were included in the study. Axial dimensions and peripheral refraction are measured. The 90 subjects with 165 eyes included were divided into three refractive categories according to the spherical equivalent based on objective retinoscopic findings under cycloplegia: Emmetropia group (>-0.5 and ≤+0.50 D, n=27), low myopia group (>-3.00 D and ≤-0.50 D, n=112) and moderate myopia group (>-6.00 D and ≤-3.00 D, n=26). Peripheral refractions were measured in uncorrected state along 15 degrees and 30 degrees from central fixation in both nasal and temporal fields. The relative peripheral refraction (RPRE) is described as the difference between peripheral refraction and central refraction.

Results: There is significant difference in RPRE among the three refraction groups, the RPRE is increased from emmetropia, low myopia to moderate myopia ($p<0.05$). As changing of fixation angles, it decreases progressively from temporal 30 degrees, nasal 30 degrees to temporal 15 degrees and nasal 15 degrees ($p<0.05$). The RPRE shows relative hyperopia in low and moderate myopia, which is greater at the surrounding retina than macular center ($p<0.05$) and is greater at the temporal fixating angles than nasal's ($p>0.05$). The axial length is negatively relative with spherical equivalent refraction ($r=-0.564$, $p=0.001$) and is positively relative with RPRE, which is more strongly to the temporal fixation angles, as the correlation coefficient in T30 °s', T15 °s', N15 °s' and N30 °s' RPRE are $r=0.347$, $p=0.001$; $r=0.341$, $p=0.001$; $r=0.199$, $p=0.004$; and $r=0.199$, $p=0.001$, respectively.

Conclusions: Peripheral retinal relative refraction status shows relatively hyperopic that increases vary from emmetropia, low myopia to moderate myopia. Occurrence and progress of myopia may have intimate connection with total field retinal hyperopic defocus, but it plays a greater role in the temporal retina.

Biography

Lianhong Zhou has completed her PhD from Wuhan University. She is the Professor, Tutor at Renmin Hospital of Wuhan University or People's Hospital of Wuhan University. She has published more than 85 papers in reputed journals so far.

zlh681102@aliyun.com

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Comparison of conbercept With Ranibizumab for the treatment of macular edema secondary to Branch Retinal Vein Occlusion (BRVO)

Bojun Zhao
Shandong University, China

Purpose: To confirm the therapeutic efficacy the novel anti-VEGF reagent of Conbercept for the treatment of macular edema (ME) secondary to branch retinal vein occlusion (BRVO).

Methods: In this prospective, randomized, comparative study, patients were randomized and divided into Conbercept (n=18) and Ranibizumab (n=17) groups. After an initial intravitreal injection of either Conbercept or Ranibizumab, a pro re nata (PRN) strategy was adopted based on loss of visual acuity (VA) or increase in central macular thickness (CMT).

Results: All patients were followed for >6 months. Baseline best-corrected visual acuities (BCVAs) were 0.67±0.37 and 0.511±0.23 logMAR in the Conbercept and Ranibizumab groups, respectively (p=0.087). Baseline CMTs were 512.5±115.22 and 491.23±114.72 μm in the Conbercept and Ranibizumab groups, respectively (p=0.993). Significant improvements in BCVA and reduction of CMT were observed in both groups at each follow-up visit and compared to baseline values (p<0.05, t-test). No significant differences in improvement of BCVA (p>0.05, t-test) or reduction of CMT (p>0.05, t-test) was noted between groups. Mean numbers of injections were 2.28±0.96 and 2.65±1.17 for the Conbercept and Ranibizumab groups, respectively (p=0.478), with no statistically significant differences between the two groups.

Conclusion: Intravitreal injection of Conbercept is shown to be safe and effective for the treatment of ME secondary to BRVO, based on 6-months follow-up data.

Biography

Bojun Zhao is a Consultant Ophthalmologist and Professor at Shandong Provincial Hospital affiliated to Shandong University, China. He has obtained his MD in Medical School of Shandong University, China and a PhD in the School of Optometry and Vision Sciences, Cardiff University, UK. Currently, he focuses his study on the role of vascular endothelial growth factor (VEGF) and other growth factors on diabetic retinopathy, age-related macular degeneration and retinal vein occlusion and tries to find novel therapy for the treatment of these diseases. He has more than 80 publications in both international and Chinese journals. He is an Editorial Board Member of Mathews Journal of Ophthalmology, Austin Ophthalmology, International Journal of Burn and Trauma and Case Studies in Surgery. He is also the President of Ocular Fundus Disease Group of Chinese Society of Microcirculation.

zhaobojun@hotmail.com