Telangana Ophthalmological Society



1st Annual Meeting

June 19 - 21, 2015

PIMS, Karimnagar, Telangana

Organized by

KARIMNAGAR OPHTHALMOLOGICAL ASSOCIANTION

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Message from the scientific committee Telangana Ophthalmological Society

Dear friends and well wishers,

Greetings from the first scientific committee of the Telangana Ophthalmological Society,

We are proud to be a part of the inaugural scientific committee of the TOS and are grateful for this opportunity to evolve the scientific content of the annual meeting towards a comprehensive and complete program that focuses on learning and teaching.

This program would never have been possible without the expert guidance and help from many office bearers of the society, friends, peers and well wishers notably Dr NS Reddy, Dr Manoj Mathur, Dr Nandkishore Kidambi, Dr Mallika Goyal, Dr Rajalingam V and the able patronage of our president Dr Hari Kishen G and our secretary Dr A Ravindra.

The sheer energy and involvement of the local organizing committee with Dr G Badrinarayana, Dr JM Rao, Dr Ramakrishna S, Dr V Raghu and many more has helped interface the scientific program on the ground.

All of us are extremely grateful to our guest speakers, Dr Gerard Sutton, Dr Sri Ganesh, Dr R Kim, Dr Debasish Bhattacharya, Dr D Ramamurthy and Dr Partha Biswas for contributing their time towards this meeting.

We are excited to have a program that caters to all levels of Ophthalmology with the introduction of focused teaching in the form of master classes and 4 hands on skills transfer courses.

The best program would amount to nothing without the participation of delegates and this year has a seen a tremendous response from students and practitioners alike with over 40 paper presentations and over 50 posters accepted for presentation. In addition we have 33 instruction courses, symposia and master classes by experts in the field.

Thank you all for the vote of confidence and looking forward to a stronger Telangana Ophthalmolgical Society and an inclusive scientific program that attracts delegates from across the country in future!

Pravin K Vaddavalli
Chair, Scientific committee, TSOS

Scientific committee members
Ashok Madiraju, Rishi Swarup, Samatha G, Srinivas Prasad K

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Guest Faculty

Prof Gerald Sutton
Sydney, Australia

Dr Sri Ganesh
Bangalore, Karnataka

Dr R Kim
Madurai, Tamil Nadu

Dr Debasish Bhattacharya
Barrackpore, West Bengal

Dr D Ramamurthy
Coimbatore, Tamil Nadu

Dr Partha Biswas
Kolkata, West Bengal

Prof Gerald Sutton, *MMBS, FRANZCO, FRACS*

Professor of Corneal and Refractive Surgery at
the Save Sight Institute
University of Sydney
Sydney, Australia



Professor Gerard Sutton is an internationally recognised expert in laser eye surgery. His areas of specialisation include LASIK, ASLA and SMILE laser cataract surgery, laser lens surgery, corneal transplant surgery including DSAEK and DMEK and in the treatment of Keratoconus. Dr Sutton has performed over 25,000 surgical procedures. He was the first Australian surgeon to perform femtosecond LASIK, and he and his Chatswood colleagues were the first in Sydney to perform SMILE. Dr Sutton is the inaugural Professor of Corneal and Refractive Surgery at the Save Sight Institute, University of Sydney and is the Medical Director of the Lions NSW Eye Bank.

Professor Sutton has introduced many new surgical techniques to Australia, as well as achieving many milestones in his career. These include:

- First surgeon in Australia to perform LASIK using femtosecond laser
- First surgeon in Australia to use Intacs for keratoconus
- First Australian surgeon to perform a corneal transplantation using femtosecond laser
- First Professor of Corneal and Refractive Surgery
- Published over 60 peer reviewed papers and textbook chapters, and continues to lecture both nationally and internationally.

Dr Sri Ganesh, *MS*

Chairman and Medical Director,
Nethradhama Super-specialty Eye Hospital
Bangalore, Karnataka



Dr Sri Ganesh, Chairman and managing director of Nethradhama Hospitals and medical director of Nethradhama Super Specialty Eye Hospital, Bangalore is a superstar in the field of cataract and refractive surgery in India. He trained in Bangalore and later under the irrepressible Dr. Howard Fine at Eugene, Oregan and is considered by many as among the fastest phaco surgeon around. He has won more than 15 national and international awards and has numerous publications in peer-reviewed journals. Among the pioneers of SMILE technology in India, he has devised innovative techniques to treat keratoconus and has presented extensively, both nationally and internationally.

Dr. R. Kim, *DO. DNB*

Chief Consultant, Vitreo Retinal Services
Aravind Eye Hospital & Postgraduate Institute of Ophthalmology
Madurai



Dr Kim has undergone fellowship training in the vitreo retinal specialty under Dr. P. Namperumalsamy, Aravind Eye Hospital, Madurai and later on under Late Dr. George F Hilton, University of California, USA. He also underwent a short term training at Wilmer Eye Institute at Johns Hopkins University, USA. Now he is currently the Chief Medical Officer of Aravind Eye hospital, Madurai and also heads the Department of Retina & Vitreous Services, Aravind Eye Hospital, Madurai and runs an active Vitreoretinal fellowship Program, where he trains many aspiring Vitreoretinal specialists. He has keen interest in telemedicine and was one of the early pioneers to introduce Tele-ophthalmology in India. Now, he is the Director of Information technology & Systems division of Aravind Eye Care System. He has authored chapters on books on Vasculitis and Tele-ophthalmology. He has many publications to his credit both in national and international journals. He is currently the Scientific committee chairman for the Vitreoretinal Society of India. He is currently the Co-chair of the expert committee on "Developing national guidelines for the prevention of sight threatening DR and also a member of the AIOS Diabetic Blindness Awareness Committee.

Dr Debasish Bhattacharya, *MS*

Founder Chairman, Disha Eye Hospital, Barrackpore, WB
President, All India Ophthalmology Society



Dr Debasish Bhattacharya is the founder chairman of the world-renowned Disha Eye Hospitals in Barrackpore, near Kolkata and is currently the honorable President of the All India Ophthalmology Society. As a surgeon and Ophthalmologist, he is greatly respected as a teacher of small incision cataract surgery and phacoemulsification in India and abroad. He has presented innumerable instruction courses, papers, posters and videos on practice management and small incision cataract surgery in International, National, Zonal and state conferences. He has also won several awards and is widely respected for his affirmed philosophy of "affordable quality eye care for everyone". He is also one of the prime movers of the group practice model in Indian healthcare.

Dr D Ramamurthy, *MD*

Chairman, The Eye Foundation
Coimbatore, TN
President Elect, All India Ophthalmology Society



Dr. D. Ramamurthy, completed his M.B.B.S from JIPMER, Pondicherry and M.D. Ophthalmology from R.P. Center, AIIMS, New Delhi,India. At present, he is the chairman of, THE EYE FOUNDATION, a chain of state of the art eye hospitals, situated in South India. His areas of interest are in cutting edge technology in Cataract and Refractive Surgery. He was the chairman scientific committee of All India Ophthalmological Society (AIOS) for a period of six years and is presently the President Elect of the same organization. He has been awarded several named orations both in India and abroad. He has been an invited speaker and has performed live surgeries in most parts of India and in several countries abroad.

Dr Partha Biswas

MBBS (Hons), MS, Fellow (Sankara Nethralaya)

Chairman, BB Eye Foundation
Kolkata, WB
Chairman, ARC, All India Ophthalmology Society



In addition to being the Chairman of BB Eye Foundation, Dr Biswas also serves as honorary chair of Purnima Netralaya, Jharkhand and is the honorary director of Netra Jyoti Seva Mandiram, Rajgir, Bihar.. He was elected as Chairman of the academic and research committee of the AIOS and has undertaken several new initiatives to increase the reach and effectiveness of the committee. Over the years, he has won several awards including the Col. Rangachari award for best paper at the AIOS and is involved in numerous cutting edge research projects. Dr Biswas is a superb cataract and refractive surgeon and being an educationist at heart, he has also started the innovative "Court Martial in Ophthalmology" which has been a highly successful program at national and international meetings.

Orations

P Siva Reddy Oration 2015

Evolution of Refractive Surgery and my Journey

Dr Sri Ganesh, *MS*

Chairman and Medical Director
Nethradhama Super-specialty Eye Hospital
Bangalore, Karnataka



Refractive surgery has evolved from Keratomileusis and Radial Keratotomy over several decades to highly refined Femtolasik and ReLEx SMILE techniques. The safety and accuracy of modern kerato-refractive procedures have made them very popular and millions of patients have undergone these procedures successfully.

The oration would focus on the very beginnings of kerato-refractive procedure like Barraquer's myopic Keratomileusis to the more popular radial keratotomy which was popularized by Fydorov and performed in fairly large numbers and the introduction of excimer lasers, femtosecond lasers with modern techniques of Femtolasik and ReLEx SMILE. This would also include my personal journey and experience with kerato-refractive procedures over the past 20 years starting with Radial Keratotomy to the present Intrastromal Lenticule Extraction procedures and my experimentation with tissue addition techniques.

Phakic IOL's and their role in modern refractive practice and also presbyopic correction would be touched on to give an overview of the entire spectrum of refractive procedures.

Rustom Ranji Oration 2015

The journey forwards based on the Highs and Lows of 17 years of ROP Screening in Telangana

Subhadra Jalali

Associate director
Smt Kannuri Santhamma centre for Vitreoretinal diseases
Jasti V. Ramanama Childrens' Eye Care Centre
Kallam Anji Reddy Campus
L V Prasad Eye Institute
Hyderabad, Telangana
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In 1997 we encountered a new disease of ROP in 12 babies, something we had never seen before. All these babies came with bilateral retinal detachment and blindness. Except for sending them to Chennai for second opinion and offering Blind school, we could not do anything further. However, this experience jolted us out of our slumber and we immediately realised that we were on the verge of an upcoming epidemic of newborn blindness due to ROP in our twin cities of Hyderabad and Secunderabad. The city had become 'modern', a hub of high quality infertility and neonatal care centres that set the place ripe for this epidemic. In 1998, after 3 months of training in USA, we started for the first time in a developing country a citywide ROP screening and treatment program. We also started the first ever ROP hands-on training program. Many more doctors are now available who can screen for ROP in Telangana and surrounding areas. Over last 17 years we have seen improved survivals and the epidemic growing into the districts and smaller towns of Telenagana. Being a disease of middle and high income families, it is very rapidly coming to our own homes and families. All doctors and especially all Ophthalmologists hence need to be aware and learn basics of ROP and newborn eye screening.

Scientific Program Overview

	Hall A	Hall B	Hall C	Video Theater
0700 - 0730				
0730 - 0800				
0800 - 0830				
0830 - 0900	Flag Hoisting	Registration		
0900 - 0930	IC1 COR: Corneal infections Somasheila Murthy	Symposium 1 Posterior Segment complications of anterior segment surgery Mallika Goyal	Marocharitra - The art and the science of MSCIS M Vijayarama Raju	Video Theater
0930 - 1000				
1000 - 1030	Symposium 2 Challenges in phacoemulsification Ravi Kumar Reddy	IC2 RET Rajeev K Pappuru OCT in Ophthalmology	Maya Bazaar - Glaucoma diagnostics explained Syed Asghar Hussain	
1030 - 1100				
1100 - 1130	SYM 3: Shoba Hari Kishan Symposium Phakic IOLs - Syed Maaz Keynote: D Ramamurthy	IC 3: PED: Pediatric cataract Muralidhar Ramappa	Aa Okkati Adagaku - Which IOL to use? Murali K Assuri	Swarup's video session
1130 - 1200				
1200 - 1230	Symposium 4: AIOS ARC Cataract & Glaucoms Think under the apple tree Partha Biswas D Ramamurthy	P Ramchander's competitive Free paper session	Sagara Sangamam - Lacrimal disorders Tarjani Dave	
1230 - 1300				
1300 - 1330			Attarintiki Daredi: Ocular deviations BV Rao	
1330 - 1400		Lunch		Lunch
1400 - 1430	LUNCH SYMPOSIUM - ALCON	NS Reddy PG Free paper session	Lunch	
1430 - 1500	Symposium 5: C Sharath babu's session Optimizing Outcomes in Cataract and Refractive surgery - Aashish K Bansal Keynote: Sriganesh			Video Theater
1500 - 1530			IC 4 Madiraju Ashok's session Festival of errors Sikander Lodhi	
1530 - 1600				
1600 - 1630	Preperation for Inaguration	GBM		
1630 - 1700				
1700 - 1730	INAGURATION			
1730 - 1800				

Scientific Program Overview

	Hall A	Hall B	Hall C	Video Theater
0700 - 0730				
0730 - 0800	Coffee with the experts: Sriganesh	Coffee with the experts: R Kim	Coffee with the experts: Ravi Kumar Reddy	
0800 - 0830				
0830 - 0900				
0900 - 0930	SYM 6 - G Ramachandra Rao Symposium Keratoconus Jagadesh Reddy Keynote: Gerald Sutton	Symposium 7: RET Diabetic retinopathy Ajit B Majji Keynote: R Kim	Gundajaari Gallanthayyinde - Phacoemulsification demystified Sriram C Ravula	Video Theater
0930 - 1000				
1000 - 1030			Sudigundaalu - Femtodynamics MS Sridhar	
1030 - 1100	Symposium 9: P Ranga Reddy's session on Clinical challenges: What would you do? Santosh G Honavar	IC 5: PED Pediatric Ophthalmology Video Extravaganza Ramesh Kekunnaya		
1100 - 1130				
1130 - 1200	P Siva Reddy Oration: Sriganesh			
1200 - 1230	Rsutom Ranji Oration: Subhadra Jalali			
1230 - 1300	IC 6: COR: Ocular surface disease Virender S Sangwan	IC 7 OCU: Ocular Adnexal Tumors Swathi Kaliki	Ye Maaya Chesave - Disc evaluation G Chandrasekhar	
1300 - 1330				
1330 - 1400	LUNCH SYMPOSIUM - AMO	Lunch	Lunch	Lunch
1400 - 1430	Gangadhar Reddy's Quiz Rishi Swarup			
1430 - 1500		IC 8 UVE Posterior Uveitis Annie Mathai	Konchem Ishtam Konchem Kashtam - Searching for medical literature Tandava Krishnan	Video Theater
1500 - 1530				
1530 - 1600	IC 9 GLA Sirisha Senthil Challenges in glaucoma	IC 10 OCU: Retinoblastoma 2015: They live and see Santosh G Honavar	Swamy Ra Ra - Endophthalmitis Rajalingam V	
1600 - 1630				
1630 - 1700	IC 11 GLA Neonatal Corneal clouding Anil K Mandal	Non competitive free papers	Cameraman Ganga Tho Rambabu: Photography in the clinic Rishi Swarup	
1700 - 1730				
1730 - 1800	Valedictory			

Skills Transfer Sessions
June 19, 2015

1st Telangana Ophthalmological Society Annual meeting

June 19 – 21, 2015
PIMS, Karimnagar, Telangana

Friday, June 19

1400 – 1600 Pre conference Skills transfer courses

HALL A: Cornea & anterior segment

Instructor: Somasheila Murthy
Co Instructors: Swapnali Sabhapandit, Muralidhar R, Sunita Chaurasia

Station 1 – Tissue adhesives (cyanoacrylate and fibrin glue)
Station 2 – Amniotic membrane grafts
Station 3 – Corneal tear suturing

3 sessions of 80 minutes each
Total 12 candidates per session
36 delegates

HALL B: Retina

Instructor: Rajeev R Pappuru
Co instructors: Srinivas Ambatipudi, Rajalingam V, Vikas Ambiya

Station 1 – Intravitreal injections
Station 2 – Intravitreal injections
Station 3 – Intravitreal injections

3 sessions of 80 minutes each
Total 12 candidates per session
36 delegates

HALL C: Oculoplasty & Ocular oncology
Instructor: Milind N Naik
Co-instructors: Tarjani Dave, Anuradha Ayyar

3D Anatomy show
Station 1 – Basic oculoplastic surgeries Skull model demo
Station 2 – Eyelid suturing course

3 sessions of 80 minutes each
Total 12 candidates per session
36 delegates

Dept of Ophthalmology, PIMS – Glaucoma
Instructor – Manoj Mathur
Co instructors – Syed Hussain Naqvi, Venkatratnam

Station 1 – Demonstration of Humphrey's perimeter
Station 2 – Gonioscopy
Station 3 – 90D evaluation of optic disc

3 sessions of 80 minutes each
Total 12 candidates per session
36 delegates

Scientific Program
Day 1
June 20, 2015

Saturday, June 20

0800 – 0900 **Registration**
0830 – 0900 **Flag hoisting**

Hall A: Instruction Course 1

0900 – 1000 **Corneal infections: Somasheila Murthy**
Chair - Somasheila Murthy
Co Chair - Savitri Sharma
Moderator - Swapnali Sabhapandit

0900 – 0915	Infectious keratitis: clinical evaluation pearls	Somasheila Murthy
0915 – 0930	Laboratory diagnosis in infectious keratitis	Savitri Sharma
0930 – 0945	Medical management: guidelines on therapy, empirical versus tailored	Swapnali Sabhapandit
0945 – 1000	Surgical management: Indications and techniques	Swapnali Sabhapandit

Hall B: Instruction course 2

0900 – 1000 **Posterior segment complications of anterior segment surgery: Mallika Goyal**
Chair - Mallika Goyal
Co Chair - R Kim
Moderator - O Muralidhar

0900 – 0901	Introduction	Mallika Goyal
0901 – 0907	Vitreous Loss	O Muralidhar
0908 – 0914	Nucleus drop	Raja Narayanan
0915 – 0921	Dropped IOL removal: different techniques	Madhu Kumar
0922 – 0928	Surgery for endophthalmitis	Mallika Goyal
0929 – 0935	Pseudophakic retinal detachment	Padmaja Kumari
0936 – 0942	Cystoid Macular edema	Rajeev K Pappuru
0943 – 0949	Expulsive hemorrhage	R Kim
0950 – 1000	Panel discussion	

Hall C: Masterclass 1

0900 – 1000 **Maro Charitra: The Art & Science of MSICS** **M Vijayarama Raju**

Chair: M Vijayarama Raju
Co Chair: Chandrakanth Reddy
Moderator: Nitesh Narayen

0900 – 0901	Introduction	M Vijayarama Raju
0901 – 0915	SICS for beginners	Debasish Bhattacharya
0916 – 0928	Constructing a good tunnel	M Vijayarama Raju
0929 – 0941	Making good capsulorhexis	Nitesh Narayen
0942 – 0954	Dynamics and nucleus delivery	Ramesh Bobbili
0955 – 1000	Discussion	

HALL A: Symposium 1

1000 – 1100 Challenges in Phacoemulsification: Ravi Kumar Reddy

Chair: Ravi Kumar Reddy
Co chair: Rupak Kumar Reddy
Moderator: Mehgraj Chitta

1000 – 1015	Phaco in polar cataract and in high myopia	Ravi Kumar Reddy
1016 – 1026	Supra hard cataracts: Mission possible	Megharaj Chitta
1026 – 1040	Phaco in soft cataracts : A Tricky situation	Rupak Kumar Reddy
1041 – 1055	Subluxation : Rescue with Rings and Segments	Megharaj Chitta
1056 – 1100	Discussion	

HALL B: Instruction course 2

1000 -1100 OCT in Ophthalmology practice: Rajeev R Pappuru

Chair: Rajeev R Pappuru
Co chair: Manoj Mathur
Moderator: C Jagadesh Reddy

1000 – 1005	Introduction	
1006 – 1020	OCT in Glaucoma practice	Manoj Mathur
1021 – 1035	OCT in Cornea practice	C Jagadesh Reddy
1036 – 1050	OCT in retina practice	Rajeev R Pappuru
1051 – 1100	Case scenarios/Discussion	

HALL C: Masterclass 3

1000 – 1100 Maya Bazaar - Glaucoma diagnostics explained: SA Hussain Naqvi

Chair: SA Hussain Naqvi
Co chair: Venkat Ratnam P
Moderator: Manoj Mathur

1000 – 1001	Introduction	
1001 – 1015	Approach to identify Structural changes of Optic nerve head and RNFL	Venkat Ratnam P
1016 – 1030	Role of OCT in assessing Optic nerve head and RNFL	SA Hussain Naqvi
1031 – 1045	Perimetry in diagnosing Glaucoma	Manoj Mathur

HALL A: Shoba Hari Kishan symposium

1100 – 1200 Phakic IOLs

Chair: D Ramamurthy

Co Chair: Syed Maaz

Moderator: Nitesh Narayen

1100 – 1101	Introduction	Syed Maaz Mohiuddin
1101 – 1113	Optimizing ICL implantation	D Ramamurthy
1113 – 1125	ICLs in special situations	Sri Ganesh
1125 – 1135	Initiating ICL in your practice	Ramesh Bobbili
1135 – 1145	My experience with the new centraflow ICL	Nitesh Narayen
1145 – 1155	Complications: Avoiding them and managing them	Syed Maaz Mohiuddin

Hall B: Instruction Course 3

1100 – 1200 Pediatric cataract: Muralidhar Ramappa

Chair: Muralidhar Ramappa

Co Chair: Ramesh Kekunnaya

Moderator: Virender Sachdeva

1100 – 1101	Introduction	Murlaidhar Ramappa
1101 – 1110	Preoperative evaluation, Critical period assessment and amblyopia management	Niranjan K Pehere
1111 – 1120	Prediction error and biometry issues	Virender Sachdeva
1121 – 1130	Surgical steps of pediatric cataract surgery	Ramesh Kekunnaya
1131 – 1140	Challenging situations in the pediatric cataract surgery	Mural K Aasuri
1141 – 1150	Interesting surgical case scenario	Muralidhar Ramappa
1151 – 1200	Coloboma Cataract	Sunita Chaurasia

HALL C: Masterclass 3

1100 – 1200 Aa Okkati Adagaku - Which IOL to use? Murali K Aasuri

Chair: Murali K Aasuri

Co Chair: Sri Ganesh

1100 – 1101	Introduction	
1101 – 1115	How do I decide my IOL material?	Sri Ganesh
1116 – 1130	How do I choose my IOL design?	D Ramamurthy
1131 – 1145	How do I plan IOL selection?	Murali K Aasuri
1146 – 1200	Discussion	

HALL A: Symposium 4

1200 – 1400 AIOS ARC Symposium
1200 – 1210 Introduction: ARC for you — Partha Biswas
1210 – 1250 Glaucoma symposium
Chair: Manoj Mathur
Co Chair: Venkatratnam P
Moderator: SA Hussain

1210 – 1220	Angle closure glaucoma updates	Venkatratnam P
1221 – 1230	Medical therapy for glaucoma: Practical trips	Manoj Mathur
1231 – 1240	Surgical therapy for glaucoma: Update	SA Hussain
1240 – 1250	Discussion	

1251 – 1330 Cataract Symposium
Chair: Partha Biswas
Co Chair: D Ramamurthy
Moderator: Pradeep Swarup

1251 – 1300	Custom cataract surgery	D Ramamurthy
1301 – 1310	Optimizing outcomes of cataract surgery: The dry eye issue	Rishi Swarup
1311 – 1320	Post Operative endophthalmitis: Current updates	Partha Biswas
1321 – 1330	Discussion	

1330 – 1400 THINK UNDER THE APPLE TREE
Chair: Debasish Bhattacharya
Co Chair: D Ramamurthy
Moderator: Partha Biswas

1330 – 1337	Clinical study of visual outcome and intraocular pressure control after cataract surgery in lens induced glaucoma – S Swathi, Sarojini Devi Eye Hospital, Hyderabad
1338 – 1345	Prevalence of primary open angle glaucoma in diabetics – Sowmya Yasam, Prathima Institute of Medical Sciences, Karimnagar
1346 – 1353	Comparative study of clinical outcomes of femtosecond laser assisted cataract surgery versus conventional phacoemulsification. – Iram Jowher, Medivision Eye Institute, Hyderabad
1354 – 1400	Clinical study of fungal corneal ulcer – Lahari Aitharaju, Prathima Institute of Medical sciences, Karimnagar

HALL B: P Ramchander's competitive Free paper session

1200 – 1330

Chair: R Kim

Co Chair: Aashish K Bansal

Moderator: Ravi Kumar Reddy

1	1200 - 1205	Atul Gupta	Role of collagen cross linking in keratoconus
2	1206 - 1210	Anjani Pratap	Change of Attitude - Need of the hour
3	1211 - 1215	Muralidhar Ramappa	Morphometric and Densitometric analysis after non-Descemets Stripping Endothelial Keratoplasty (nDSEAK) in children with Congenital Hereditary Endothelial Dystrophy (CHED)
	1216 - 1220	**DISCUSSION**	
4	1221 - 1225	Nitesh Narayen	Descemetic DALK and Predescemetic DALK: Outcomes in 44 Cases
5	1226 - 1230	Rajeev R Pappuru	Endoscopic vitreoretinal surgeries – indications, outcomes and complications
6	1231 - 1235	Kavya Kolli	A case of Rosacea with Phlytenular Conjunctivitis
	1236 - 1240	**DISCUSSION**	
7	1241 - 1245	Sree Kumar Vaggu	Clinical Profile of Ocular Surface Squamous Neoplasia: A Retrospective Case series
8	1246 - 1250	Srinivas Prasad K	Clinico microbiological correlation in diagnosis of fungal keratitis
9	1251 - 1255	Swathi Kaliki	The correlation of International Classification of Retinoblastoma and high-risk retinoblastoma
	1256 - 1300	**DISCUSSION**	
10	1301 - 1305	Jagadesh Reddy	Spontaneous attachment of detached Descemet's membrane after cataract surgery
11	1306 - 1310	Rupak Kumar Reddy	Femto cataract - beginers perspective
12	1311 - 1315	Tulasi Priya Kandyala	A comprehensive study of refractive errors
13	1316 - 1320	Lumbini V	Amniotic membrane transplantation vs conjunctival autograft in double pterygium
	1321 - 1330	**DISCUSSION**	

HALL C: Masterclass 4

1200 – 1300 Sagara Sangamam - Lacrimal disorders: Tarjani Dave

Chair: Tarjani Dave
Co Chair: Swathi Kaliki
Moderator: Swati Singh

1200 – 1202	Introduction	Tarjani Dave
1203 – 1210	Non endoscopic endonasal DCR	Swati Singh
1211 – 1218	Congenital nasolacrimal duct obstruction	Swati Singh
1219 – 1226	Nuances in evisceration with implant	Tarjani Dave
1227 – 1234	Enucleation with motility enhancement	Swathi Kaliki
1235 – 1244	Aesthetic approaches to the orbit	Tarjani Dave
1245 – 1252	Rehabilitation of your anophthalmic patient	Gayatri Gaur
1253 – 1300	Panel discussion - 8 min	

HALL C: Masterclass 5

1300 – 1400 Attarintiki Daredi: Ocular deviations: B Venkateshwar Rao

Chair: B Venkateshwar Rao
Co Chair: Virender Sachdeva
Moderator: Ramesh Kekunnaya

1300 – 1310	Simplified Diagnostic Evaluation of a Strabismus Case	B Venkateshwar Rao
1311 – 1320	Paralytic Strabismus-Evaluation	Virender Sachdeva
1321 – 1330	Esotropia	Ramesh Kekunnaya
1331 – 1340	Exotropia	B Venkateshwar Rao
1341 – 1350	Basics of Strabismus Surgery	Ramesh Kekunnaya
1351 – 1400	Discussion	

HALL D: Swarup competitive Video session
Chair: Pradeep Swarup
Co Chair: Sharath Babu
Convener: Madiraju Ashok

1	S A Hussain	Aphakic glaucoma – Tackling the Co-morbidities together
2	S A Hussain	Ex-press Shunt – Minimal invasive glaucoma surgery in VKC
3	Isha Gulati	Management of a giant overhanging bleb.
4	Jagadesh Reddy	Annular bubble DALK in a case of preformed full thickness corneal opacity
5	Kiranmayee Turaga	How to make a trabeculectomy safe and effective?
6	Krishna Priya KVR	Smart split autograft
7	Krishna Priya KVR	Preventing uveal effusion in Nanophthalmos is not easy!
8	Mudit Tyagi	Intraoperative OCT during ERM removal
9	Muralidhar Ramappa	Role of Mitomycin C in endothelial keratopalsty
10	Muralidhar Ramappa	Holistic approach in the management of congenital corneal anesthesia
11	Rajeev R Pappuru	Endoscopy in vitroretinal surgery
12	Sirisha Senthil	Processing a donor scleral patch graft
13	Swathi Kaliki	Enucleation by Myoconjunctival technique
14	Vivek Dave	ILM Peeling in case of Terson syndroms
15	Vivek Dave	Managing a dropped nucleus
16	Santosh Honavar	Chemotherapy for vitreous seeds in retinoblastoma
17	Santosh Honavar	Synkinetic ptosis made simple
18	Mallika Goyal	Management of Nucleus drop: Different situations
19	Vivek Dave	Diabetic vitrectomy: The whole show!

HALL A: Lunch Symposium
1400 – 1430 ALCON

HALL A: Symposium 5
1430 – 1600 Sharath Babu symposium - Refractive Cataract Surgery
Chair: Aashish K Bansal
Co Chair: Sri Ganesh
Moderator: G Samatha

1430 – 1431	Introduction	
1431 – 1443	Simple ways towards refractive cataract surgery	Debasish Bhattacharya
1443 – 1455	Getting the IOL power right - every time	D Ramamurthy
1455 – 1507	Conquering astigmatism	IS Murthy
1507 – 1519	Correction of Near vision	Sri Ganesh
1519 – 1531	Addressing quality of vision	Aashish K Bansal
1531 – 1543	Femto second laser assisted phaco: How does it help	Jagadesh Reddy
1543 – 1600	Discussion	

HALL B: N Subramanya Reddy competitive free paper session for PGs and residents
1400 – 1600
Chair: Partha Biswas
Co Chair: Pradeep Swarup
Convener: Mallika Goyal

1	1400 - 1405	Shreya Thandra	Role of ophthalmologist in a general hospital.
2	1406 - 1410	Vijaya Keerthi	Comparative study of Subtenon's anaesthesia with Peribulbar anaesthesia in Manual Small Incision Cataract Surgery
3	1411 - 1415	Sunisha Gajula	Comparision Of Endothelial Cell Loss After Cataract Surgery - Phacoemulsification versus Manual Small Incision Cataract Surgery (SICS).
4	1416 - 1420	Shilpa Ravi P	Comparative study of Fornix based versus Limbal based conjunctival flaps in trabeculectomy
	1421 - 1425	**DISCUSSION**	

5	1426 - 1430	Mahima Jhingan	Indications, clinical presentations and surgical outcomes of sutured scleral fixated intraocular lens (SFIOL) implantation
6	1431 - 1435	Shruti Gajula	Visual outcome and complications after implantation of scleral fixated posterior chamber intraocular lens (SFIOL).
7	1436 - 1440	Kamaleswar Rao Katha	Evaluation of deep recalcitrant fungal keratitis, managed with intrastromal and intracameral voriconazole injection
8	1441 - 1445	Saifuddin Adeel	Efficacy of Corneal Collagen Crosslinking with Riboflavin and Ultraviolet- A radiation in progressive Keratoconus
	1446 - 1450	**DISCUSSION**	
9	1451 - 1455	Priyanka Sudanaboyina	Awareness of diabetic retinopathy among diabetics in Nalgonda district - A Hospital based study
10	1456 - 1500	Saidivya Narayan	Evaluate awareness of Diabetic Retinopathy in self reported diabetic patients attending diabetic clinics in rural Telangana
11	1501 - 1505	Harshitha Kadava	Morphological Patterns of Diabetic Macular Edema with Optical Coherence Tomography
12	1506 - 1510	Khaiser Jehan N	Role of posterior subtenons triamcinolone injection in cataract surgery associated with diabetic retinopathy
	1511 - 1515	**DISCUSSION**	
13	1516 - 1520	Bavandla Keerthi	Intravitreal Becacizumab for macular edema due to branch retinal vein occlusion: A 12 month retrospective study
14	1521 - 1525	Archana Karnati	Baseline Characteristics and Risk factors of Retinal Vein Occlusions
15	1526 - 1530	Swetha Kondam	Significance of axial length in retinal venous occlusions.
16	1531 - 1535	Sreedhar Reddy V	ROP - Incidence and risk factors in a tertiary hospital at a peripheral center
	1536 - 1540	**DISCUSSION**	

17	1541 - 1545	Kavita K	Aesthetic way of treating chalazion
18	1545 - 1550	Archana Kuppala	Pattern of posterior uveitis in a tertiary care hospital.
19	1551 - 1555	Pallavi Gupta	Sensitivity of Impression cytology in diagnosing Ocular Surface Squamous Neoplasia
	1556 - 1600	**DISCUSSION**	
20	1601 - 1605	Shailaja Cinnam	Role of Botox in Infantile esotropia
21	1606 - 1610	Shruti Taniparthy	A case series to show the effectiveness of ONTT trial on patients with optic disc edema
22	1611 - 1615	Sushma Katukuri	Validation of Enyedi's rule for undercorrection of IOL power in children

HALL C: Instruction Course 4

1500 – 1600 Madiraju Ashok's session – Festival of errors Sikander Lodhi/Srinivas Prasad

Chair: Sikander Lodhi

Co Chair: R Kim

Moderator: Srinivas Prasad

1500 – 1501	Introduction
1501 – 1510	Debasish Bhattacharya
1511 – 1520	Ravi Kumar Reddy
1521 – 1530	Rajiv R Pappuru
1531 – 1540	Sikander Lodhi
1541 – 1550	Srinivas K Prasad
1551 – 1600	Syed Maaz

Scientific Program
Day 2
June 21, 2015

Day 2 Sunday, June 21

0730 – 0900 Coffee With the Experts

Hall A Sri Ganesh – Refractive surgery
Hall B R Kim – Diabetic Vitrectomy/Ocular trauma
Hall C D Ramamurthy – Premium IOLs
Hall D Ravi Kumar Reddy – SFIOL

HALL A: Symposium 6

0900 – 1030 G Ramachandra Rao Symposium: Keratoconus – The next big thing?

Chair: C Jagadesh Reddy
Co Chair: Gerard Sutton
Moderator: D Ramamurthy

0900 – 0901	Introduction	
0901 – 0910	Pathogenesis of Keratoconus	Gerard Sutton
0911 – 0918	Diagnosis of keratoconus with precision	Jagadesh Reddy
0919 – 1926	Treatment algorithms for keratoconus	Rishi Swarup
0926 – 0945	KEYNOTE: Collagen crosslinking: Fact & Fiction	Gerard Sutton
0946 – 0953	Refractive laser surgery for keratoconus	Aashish K Bansal
0954 – 1002	Stretch the bulge: Intracorneal ring segments	D Ramamurthy
1003 – 1010	Tissue augmentation for keratoconus	Sri Ganesh
1011 – 1020	ICL for keratoconus	MS Sridhar
1021 – 1030	Discussion	

HALL B: Symposium 7

0900 – 1030 Diabetic Retinopathy: Ajit Babu Majji

Chair: Ajit Babu Majji
Co Chair: R Kim
Moderator: Srinivas Ambatipudi

0900 – 0901	Introduction	
0901 – 0915	Epidemiology of DR and the importance of screening	R Kim
0916 – 0925	Systemic evaluation in patient of DR	Rajalingam V
0926 – 0935	Clinical presentation and classification	Srinivas Ambatipudi
0936 – 0945	Diagnostic evaluation in DR	Divya Balakrishnan
0946 – 0955	Lasers in PDR and recurrences	Jay Chhablani
0956 – 1005	Role of Anti VEGFs and Steroids in D	Raja Ramireddy
1005 – 1015	Surgical management of DR	Ajit B Majji
1016 – 1030	Discussion	

HALL C: Master class 5

0900 – 1000 Gundajaari Gallanthayyinde - Phacoemulsification demystified : Sriram C Ravula

Chair: Sriram C Ravula
Co Chair: Indrajit Kothari
Moderator: K Madhusudhan Rao

0900 – 0903	Overview	Sriram C Ravula
0903 – 0913	Introduction to the machine	Ramesh Bobbili
0914 – 0923	Phaco terms and techniques	Sriram C Ravula
0924 – 0940	The procedure	Rsihi Swarup
0941 – 0950	Safety Measures	Indrajit Kothari
0951 – 1000	Transition	K Madhusudhan Rao

HALL A: Symposium 9

1030 – 1130 P Ranga Reddy's Session on Clinical challenges

Chair: R Kim

Co Chair: Rashmin Gandhi

Convener: Santosh Honavar

1030 – 1040	Traumatic Optic Neuropathy	Rashmin Gandhi
1041 – 1050	Progressive Advanced Glaucoma with High IOP Despite MMT with Risk of Wipe Out	G Chandrasekhar
1051 – 1100	Advanced Tumors of the Eyelid, Ocular Surface and Orbit	Santosh Honavar
1101 – 1110	Hemorrhagic Choroidal Detachment During Cataract Surgery	Sri Ganesh
1111 – 1120	Postoperative Inflammation Vs Endophthalmitis	R Kim
1121 – 1130	Complications in LASIK	Gerard Sutton

HALL B: Instruction course 5

1030 – 1130 Pediatric Ophthalmology Video Extravaganza: Ramesh Kekunnaya

Chair: Ramesh Kekunnaya

Co Chair: B Venkateshwar Rao

Convener: Virender Sachdeva

1030 – 1031	Introduction	
1031 – 1042	Video 1	Preeti P Chhablani
1043 – 1054	Video 2	Ramesh Kekunnaya
1055 – 1106	Video 3	B Venkateshwar Rao
1107 – 1118	Video 4	Virender Sachdeva
1119 – 1130	Discussion	

HALL C: Masterclass 7

1000 – 1130 Sudigundaalu – Femtodynamics: MS Sridhar

Chair: D Ramamurthy
Co Chair: Nandkishore Kidambi
Convener: MS Sridhar

1000 – 1005	Introduction	MS Sridhar
1006 – 1010	Microkeratome Vs Femto LASIK	MS Sridhar
1011 – 1020	SMILE or raise the flap?	Aashish K Bansal
1021 – 1030	INTACS with the femtosecond laser	Sri Ganesh
1031 – 1040	Femtosecond DALK - Video	Gerard Sutton
1041 – 1050	Femtosecond cataract platforms and transition	Ravi Kumar Reddy
1051 – 1100	How not to hydrodissect in Femtocataract surgery	Gerard Sutton
1101 – 1110	Femtosecond cataract surgery in difficult situation	Sri Ganesh
1111 – 1121	Femtosecond cataract surgery in challenging cases	D Ramamurthy
1121 – 1130	Discussion	

HALL A: P Siva Reddy Oration
Chair: Hari Kishan G
Co Chair: G Badrinarayana
1130 – 1200 My Journey in Refractive surgery: Sri Ganesh

HALL A: Rustom Ranji Oration
Chair: Manoj Mathur
Co Chair: Ch Jagan Mohan Rao
1200 – 1230 The journey forward: 17 years of ROP screening in Telangana: Subhadra Jalali

HALL A: Instruction Course 6
1230 – 1330 Ocular surface disease in clinical practice: Virender S Sangwan
Chair: Virender S Sangwan
Co Chair: Rishi Swarup
Convener: Sayan Basu

1230 – 1240	Introduction to ocular surface disease	Sayan Basu
1241 – 1250	Vernal Keratoconjunctivitis: How to manage the itch?	Virender S Sangwan
1251 – 1300	Pterygium Surgery: achieving recurrence free results	Rishi Swarup
1301 – 1310	Steven's Johnson Syndrome: What can eye doctor do?	Sayan Basu
1311 – 1320	Surgical Management of OSD	Virender Sangwan
1321 – 1330	Discussion	

HALL B: Instruction course 7

1230 – 1330 Ocular Adnexal tumors: Swathi Kaliki

Chair: Swathi Kaliki
Co Chair: Subrahmanyam M
Convener: Tarjani Dave

1230 – 1231	Introduction	
1231 – 1240	Diagnosis of eyelid tumors	Modini P
1241 – 1250	Pearls in the management of eyelid tumors	Swathi Kaliki
1251 – 1300	Diagnosis of conjunctival tumors	Swathi Kaliki
1301 – 1310	Pearls in the management of conjunctival tumors	Swathi Kaliki
1311 – 1320	Diagnosis of orbital tumors	Tarjani Dave
1321 – 1330	Pearls in the management of orbital tumors	Subrahmanyam M

HALL C: Masterclass 8

1230 – 1330 Ye Maaya Chesave: Disc evaluation: G Chandrasekhar

Chair: G Chandrasekhar
Co Chair: Sirisha Senthil

1230 – 1300	Clinical Disc evaluation	Sirisha Senthil
1301 – 1330	Imaging in disc evaluation: G Chandrasekhar	

HALL A: Lunch Symposium
1330 – 1400 AMO Symposium

HALL A – Quiz
1400 – 1530 Gangadhar Reddy Quiz: Rishi Swarup

HALL B: Instruction course 8
1430 – 1530 Posterior Uveitis: Annie Mathai
Chair: Annie Mathai
Co Chair: Rajeev R Pappuru
Convener: Tandava Krishnan

1430 – 1431	Introduction	
1431 – 1440	Toxoplasmosis, Syphilis	Tandava Krishnan
1441 – 1450	Viral Retinitis	Annie Mathai
1451 – 1500	Endogenous endophthalmitis	Rajeev K Reddy
1501 – 1510	Tubercular posterior uveitis	Mudit Tyagi
1511 – 1520	Cat-scratch disease & other retinitis	Padmaja Kumari Rani
1521 – 1530	Discussion	

HALL C: Masterclass 9

1430 – 1530 Konchem Ishtam Konchem Kashtam -
Searching for medical literature: Tandava Krishnan

Chair: Tandava Krishnan
Co Chair: Savitri Sharma

1430 – 1445	Planning and conducting a study	Padmaja Kumari Rani
1446 – 1500	Search strategies for medical literature	Tandava Krishnan
1501 – 1515	Publishing research findings	Savitri Sharma
1516 – 1530	Discussion/Interaction	

HALL A: Instruction Course 9

1530 – 1630 Challenges in glaucoma: Learning with cases: Sirisha Senthil

Chair: Sirisha Senthil
Co Chair: G Chandrasekhar
Convener: Nikhil Choudari
Moderator: Kiranmayee Turaga

1530 – 1540	Can "Malignant glaucoma" be "Benign"?
1541 – 1550	Commonly misdiagnosed glaucoma like conditions!
1551 – 1600	How do systemic diseases affect glaucoma?
1601 – 1610	Normal tension glaucoma: how to investigate and treat?
1611 – 1620	Ocular hypertension: to treat or to observe?
1621 – 1630	How to diagnose and treat plateau iris syndrome?

HALL B: Instruction Course 10

1530 – 1630 Retinoblastoma 2015: They Live and See! Santosh Honavar

Chair: Santosh G Honavar
Co Chair: Vikas Khetan
Convener: Kaustubh Mulay

1530 – 1538	Diagnosis and Differential Diagnosis	Santosh G Honavar
1539 – 1546	Classification	Vikas Khetan
1547 – 1558	Management of Intraocular Retinoblastoma Group A to C	Vikas Khetan
1559 – 1610	Management of Advanced Retinoblastoma	Santosh G Honavar
1611 – 1622	How does Histopathology influence the management of Retinoblastoma	Kaustubh Mulay
1623 – 1630	Discussion	

HALL C: Masterclass 10

1530 – 1630 Swamy Ra Ra – Endophthalmitis: Rajalingam V

Chair: Rajalingam V
Co Chair: Sikander Lodhi
Convener: Lokabhi Reddy

1530 – 1531	Introduction	
1531 – 1540	Clinical features	Lokabhi Reddy
1541 – 1550	Investigations	Ashok Reddy
1551 – 1600	Intravitreal Injections	Sikander Lodhi
1601 – 1610	Vitrectomy	Rajalingam V
1611 – 1620	Prophylaxis	Sudhakar Reddy
1621 – 1630	Discussion	

HALL A: Instruction course 11

1630 – 1730 Congenital corneal clouding: Anil K Mandal

Chair: Anil K Mandal
Co Chair: Sirisha Senthil
Convener: Muralidhar Ramappa

1630 – 1631	Introduction	
1631 – 1640	Differential diagnosis of congenital corneal clouding	Muralidhar Ramappa
1641 – 1650	Diagnostic evaluation and medical management	Siddharth Dikshit
1651 – 1705	Primary surgery for newborn glaucoma	Anil K Mandal
1706 – 1720	Management of refractory newborn glaucoma	Sirisha Senthil
1721 – 1730	Discussion	

HALL B: Non Competitive free paper session

1630 - 1730

Chair: LVK Raju
Co Chair: Sandeep Bacchu
Convener: P Venkatratnam

HALL C: Masterclass 11

1630 – 1730 Cameraman Ganga Tho Rambabu: Photography in the clinic: Rishi Swarup

Chair: Rishi Swarup
Co Chair: Rajeev Reddy
Convener: C Jagadesh Reddy

1630 – 1640	Slit lamp photography of the anterior segment	Jagadesh Reddy
1641 – 1650	Photographing the optic disc and retina	Rajeev Reddy
1651 – 1700	External photography of the eye and adnexa	Swathi Kaliki
1701 – 1710	Organizing and editing photos and video	Rishi Swarup
1711 – 1730	Discussion	

HALL D: All Days – Video theater

Manoj Mathur poster session

Judges: Manoj Mathur, Somasheila Murthy, Srinivas Ambatipudi

1	Alekhya Vanama	Adult onset coats disease
2	Anithasree Doli	A Case of Chronic Progressive external Ophthalmoplegia
3	Asadullah Hussaini	Laurence - Moon - Bardet - Biedle sydrome - A case report
4	Ashok Janjirala	A case of perforating injury with intraocular metallic wire
5	Krishna Priya KVR	Use of anterior segment OCT to differentiate between Microsporidial keratitis from Adenoviral keratitis
6	Lahari Aitharaju	Juvenile primary open angle glaucoma
7	Swathi Kaliki	Ocular Surface Squamous Neoplasia (OSSN) as the prsenting feature of Human Immunodeficiency Virus (HIV) infection
8	Rohini M	A case report of Duane's Retraction syndrome.
9	Satya Vattikonda	Ocular manifestations in herpes zoster
10	Shruti Taniparthy	A case report of Orbital Mucormycosis
11	Sritha Vemuganti	An interesting case of uniocular pathological myopia with posterior staphyloma
12	Sujani Sunkesula	FUNDUS FLAVIMACULATUS: a variant of stargardts diseae
13	Varun Malhotra	A case report of a novel technique of "BCL Scaffold " for corneal punched out lesion proximal to visual axis
14	Vivek Dave	A novel method of phacofragmentation using a chopper with chandlier assisted illumination
15	Ruby Moharana	Visual impairment due to Split Brain with boat shaped head : Schizencepahly with scaphocephaly
16	Jagadesh Reddy	A rare case of central corneal dermoid: clinico-pathological and immunocytochemistry analysis
17	Priyanka Sudanaboina	Resistance to Anti-VEGF in a 64 year old male patient with wet ARMD
18	Ruby Moharana	Infiltrative optic neuropathy- Unusual ocular manifestation in 2 cases of presumed sarcoidosis
19	Sreedhar Reddy V	Retinopathy of prematurity in a term baby with normal birth weight
20	Sreedhar Reddy V	Best disease

21	Surender Seepathy	Retinal involvement in a case of FEVR
22	Adarsh Reddy	Ocular manifestations in Sturge Weber syndrome
23	Adarsh Reddy	An interesting case of Infero Temporal BRVO with POAG with NPDR
24	Anuradha Ayyar	Orbital involvement in periocular sebaceous gland carcinoma: clinical profile and outcomes
25	A Vanitha	Goldenhar syndrome presenting as limbal dermoid and its management
26	Alekhya Vanama	Microsporidial Keratoconjunctivitis-a case report
27	Saidivya Narayan	An unusual case of schwannoma of right jugular foramen
28	Anupama Kalwad	A case of Foville's syndrome
29	Arpita Rao J	Salt-and-Pepper Retinopathy of Rubella- A case report
30	Ashok Janjirala	Graft survival in Therapeutic Penetrating Keratoplasty for fungal keratitis in a tertiary eye care centre
31	Hari Sindhu Kakarla	Nasopharyngeal Carcinoma presenting with rapidly progressive severe vision loss: a case report
32	Jyothi Mannem	Intravitreal Bevacizumab for treatment of non- resolving Central Serous Choroido retinopathy
33	Kavya Rao Kolli	A case of Stargardt Disease
34	Nazia Naz	Right sided hemianopia due to bilatereral PCA infarct and homocystinemia: A differential diagnosis of stroke in the young
35	Pasyanthi Balijepalli	Microbial Keratitis post Corneal Collagen Crosslinking (CXL): Diagnosis and management
36	Rashmi Mittal	Opacification of intraocular lens after Descemet stripping automated endothelial keratoplasty
37	Saudamini Shiguru	A case of craniopharyngioma
38	Sowmya Yasam	Posner Schlossman syndrome - A case report
39	Sravanthi Singarapu	A case of choroidal mass lesion
40	Sujani Sunkesula	Various manifestaions in Goldenhar syndrome
41	Neeraj Kumthekar	Ocular manifestations in Crohn's disease – A rare presentation
42	Kiran Bisam	An unusal case of Apert's syndrome with craniosynostosis with centrilobar emphysematous changes in both the lungs
43	Sree Kumar Vaggu	Chronic progressive external ophthalmoplegia: A Rare case report

44	Swathi Kaliki	Orbital involvement in periocular sebaceous gland carcinoma: clinical profile and outcomes
45	Kiran Bisam	An unusual of schwannoma of right jugular foramen
46	Divya Bheema	Persistent Hyperplastic Primary Vitreous –a case report
47	Nitin Reddy Gunna	Tuberculous choroiditis
48	Nitin Reddy Gunna	Acute dacryoadenitis –a case report
49	Nazia Naz	A rare case os supra glottic carcinoma with orbital metastasis presenting as total ophthalmoplegia
50	Syed Abdul Basith	Steroid induced dry eyes and cataract in a patient with mucous membrane pemphigoid on DCP therapy
51	Manmitha Reddy	To report a rare case of Eales disease

Abstracts

P Ramchander competitive free paper session

Abstracts

1. Role of collagen cross-linking in keratoconus. To evaluate the outcome of collagen crosslinkage using riboflavin 0.1% and ultraviolet A radiation of a wavelength 370nm

Atul Gupta, BV Kranthi, Sarojini Devi Eye Hospital, Hyderabad

Purpose:

To determine the effect of collagen cross linking for keratoconus on pachymetry, corneal topography, uncorrected visual acuity, specular count, IOP at 1,3,6 months.

Methods:

The current study was designed as a prospective interventional trial of corneal collagen cross-linking in subjects with progressive keratoconus between a period of January 2013 to July 2014 including 50 eyes of 30 patients. This study received approval from Ethics committee. Informed written consent was obtained from all patients prior to treatment.

Results:

Mean follow up period of 6 months. There was statistically significant decline in effective k readings from mean pre op (51.7D) to post op value(49.65D).

Pachymetry showed initial increase post operatively followed by reduction in corneal thickness in 3 months follow up, followed by gradual increase in thickness over a period of 6 months though it was not equivalent to pre operative values.paired t test p value was 0.001 in 1 n 3 month and 0.043 in 6 month,concluding significant reduction in early post op period with improvement over time.

Specular count reduced from preop(2673.80) levelsto post op(2654.60) levels,the reduction in specular count was not statistically significant P value(0.014)

The uncorrected visual acuity showed decrease in refractive error with increase in visual acuity gradually over 6 months,logMAR scale visual acuity was used for statistical analysis with P value(0.001) which was stastistically significant.visual acuity improved by 1.5 lines in Snellens equivalence or from 0.5 to 0.4 in logMAR chart +_20cells/mm3, P value(0.001).

IOP statistically showed no significant change in pre operative and post operatively, paired t test p value was 0.44 showing it was not significant.

Conclusions:s:

1. Visual acuity improved in keratoconus patients by 1.5 lines of snellens equivalent,henceforth CXL can be treatment modality for visual improvement along with other techniques.
2. Keratometric readings showed statistically significant reduction there was no progression in effective and steepest K values showing that CXL halts the progression of keratoconus.
3. Pachymetry reduction was not statistically significant.
4. Endothelial cell count was not affected post operatively, suggesting it was a safer procedure with no toxic effects.
5. IOP showed no significant elevation post operatively this could be good prognostic sign.

2. Change of attitude – Need of the hour

Anjani Pratap, Sarojini Devi Eye Hospital, Hyderabad

Aim:

To determine the risk factors associated with clinically significant macular edema (CSME) and the severity of macular edema in both PDR and NPDR

Methods:

A tertiary hospital based cross sectional study in which 300 patients presenting at the Retina Department of Sarojini Devi Eye Hospital with Diabetic Retinopathy are studied. Patients of either type 1 or type 2 diabetes mellitus with NPDR or PDR were included. Of these, 100 patients with diabetic retinopathy had clinically significant macular edema.

A detailed history including age of the patient, gender, age of onset of DM, its duration, BMI of the patient, any treatment for diabetes is obtained. A comprehensive assessment of various systemic parameters likehaemoglobin(Hb), glycosylated haemoglobin (HbA1c), blood pressure, serum creatinine and complete lipid profile will be done and the correlation of these factors with the severity of diabetic macular edema studied.

Results:

Total duration of diabetes, duration of hyperglycemia, hypertension, total serum cholesterol, serum LDL, HbA1C and serum creatinine were significantly associated with CSME.

Conclusions:s:

Identifying risk factors for Diabetic Retinopathy associated macular edema in patients with diabetes will help clinicians to identify a subgroup of patients with higher priority for DR screening and improve early screening for those at highest risk and will in turn help in prevention of this avoidable but grave blinding condition.

3. Morphometric and Densitometric analysis after non-Descemets Stripping Endothelial Keratoplasty (nDSEAK) in children with Congenital Hereditary Endothelial Dystrophy (CHED).

Muralidhar Ramappa, Sunita Chaurasia. L V Prasad Eye Institute, Hyderabad

Title:

Morphometric and Densitometric analysis after non-Descemets Stripping Endothelial Keratoplasty (nDSEAK) in children with Congenital Hereditary Endothelial Dystrophy (CHED).

Purpose: To evaluate the graft-host dynamics and densitomoteric changes after nDSEK using anterior segment optical coherence tomography (AS-OCT) and Scheimpflug imaging respectively.

Methods:

13 eyes from 9 children underwent nDSEAK for CHED. Central corneal thickness (CCT), graft thickness (GT), dynamics of graft host was measured with an AS-OCT and densitomoteric changes by using an Scheimpflug imaging during between 2012-2015.

Results:

Median age at surgery was 8 (IQR; 4-14) yrs, M: F=5:4, 100 % had clear graft with median follow up of 26 (IQR; 13-36) months. The averaged pre op CCT was 1120 µm with100% reflectivity. Post op between 3-12 months the CCT and densitometry significantly diminished ($P < 0.0001$). Median BCVA improved from 2.00(IQR, 2.00 to 3.00)pre-operatively to 0.90(IQR, 0.48 to 2.00)at last follow up visit ($P<0.0001$). Complications: rejection 1 (7.6 %).

Conclusions:s:nDSEK seems to offer better graft outcomes and visual prognosis in children with CHED, even in the presence significant stromal haze.

4. Descemetic DALK and Predescemetic DALK: Outcomes in 44 Cases

Nitesh Narayen, Maxivision Eye Hospital, Hyderabad

Keywords:

Corneal scars, Deep anterior lamellar keratoplasty and Keratoconus

Purpose:

To report the outcomes of our experience with deep anterior lamellar keratoplasty (DALK) in patients with Keratoconus and other corneal opacities and dystrophies.

Methods:

A retrospective evaluation of 47 eyes of 44 patients that have undergone DALK between 2011 and 2013 using, Melles, or Anwar technique was done. We analyzed the frequency of true Descemet

membrane exposure, which we termed dDALK, and the number of eyes in which a predescemetic plane was achieved, which we termed pdDALK. Postoperative visual acuity and central corneal thickness were evaluated.

Results:

A total of 17 of 44 (38.6%) eyes were classified as dDALK.Descemet ruptures occurred in 4 of 47 cases (8.5%). There was no difference in visual acuity between the pdDALK and dDALK groups at an average follow-up of 15.2 months, although the eyes in the dDALK group seemed to have faster visual recovery.. Best spectacle corrected visual acuity postoperatively was at least 20/40 in 89% of eyes at the patient's last visit.

Conclusions::

Performing DALK, we had the greatest likelihood of reaching Descemet's membrane with the Anwar Big Bubble technique. The visual outcomes of pdDALK and DALK are comparable to standard PK, avoiding the risk of endothelial rejection.

5. Endoscopic vitreoretinal surgeries– indications, outcomes and complications

Rajeev R Pappuru, L V Prasad Eye Institute, Hyderabad

Purpose:

To evaluate indications for endoscopic surgeries and to document complications and our experiences in cases of endoscopic vitrectomies

Methods:

Retrospective, non-comparative chart review of 30 eyes of 30 (consecutive) patients undergoing endoscopic intervention for varied indications at a tertiary care center in India from February, 2014 to December, 2014. All eyes were operated using a standard 3 port approach using the E2 Laser and Endoscopic system (EndoOptiks) with 19.5 G probe

Results:

Thirty eyes of thirty patients who underwent endoscopic surgeries were evaluated. Majority of patients were males (M: F :: 23:7) The various indications for endoscopic vitrectomy included Steven Johnson Syndrome sequelae (8),chemical injury sequelae (5), failed corneal graft (5), trauma (3), microbial keratitis (3), vitreo-retinal surgery complications (2) and others like thermal injury, eyes with keratoprosthesis and post operative endophthalmitis. Diagnostic endoscopy was performed in majority of patients followed by membranectomy and vitreo-retinal surgery if required. Two patients required endocyclophotocoagulation in view of pre-existing glaucoma. Main intraoperative complications, which were noted in 6 patients, were subretinal cannula placement (2 cases), haemorrhage (2cases), iatrogenic retinal breaks (2 cases).

Factors associated with poor visual outcomes were preexisting glaucomatous optic atrophy (4 cases) optic atrophy (5 cases), extensive PVR changes or closed funnel retinal detachments (5cases). Post operative complications that often affected the improvement in visual acuity was recurrence of retro-prostehtic membranes in Keratoprosthesispatients and recurrent retinal detachments (5 cases)

Conclusions:

Endoscopy is a new and promising armamentarium, providing a chance for intervention better visualization in cases where an anterior segment or corneal opacity prevents visualization through conventional viewing systems. It is a new ray of hope for eyes deemed despondent.

6. A case of Rosacea with Phlytenular Conjunctivitis

Kavya Rao, C Madhavi, Mama

Introduction:

Rosacea is a common inflammatory dermatologic condition that affects the midface and eyes.1,2 patients that suffer from this disorder are at increased risk for pain, photophobia, infection, and vision loss3. About 58–72 % of rosacea patients develop ophthalmic findings.4

Case report:

16yr old female presented with complaints of redness and watering in both eyes since 2 months & multiple elevated skin lesions all over the face since 2 months.H/O photophobia,itching(OU).No H/O of trauma,pain (OU).No H/O use of any topical eye drops or oral medications.On examination,visual acuity (OU) 6/9pinhole 6/6. Anterior segment(OU) showed ulcerativebleparitis,conjuntival congestion, spk on cornea, phlyten present at 3'o clock, 4'o clock and 6'o clock limbus.pupillary reactions (OU) regular reacting. Skin findings: Erythema & telangiectasia over the face, multiple papules, pustules over cheeks chin & forehead,Rhinophyma.

Treatment:

topical steroid eye drops, artificial tears, antibiotic eye drops.oral doxycycline and topical metronidazole and sunscreen lotion.

Conclusions::

A rare case of rosacea with evident ocular and skin changes.At the last review marked reduction in ocular and skin changes.

7. Clinical Profile of Ocular Surface Squamous Neoplasia: A Retrospective Case series.

Sree Kumar Vaggu, Jeevitha Gaddala, Regional Eye Hospital, Kakatiya Medical College, Warangal

Ocular surface squamous neoplasia(OSSN) of eye has a predilection for corneo-scleral limbus which is a transition zone with greatest mitotic activity. Almost all dysplastic lesions of cornea and conjunctiva involve corneo-scleral limbus. Isolated cases of (OSSN) of cornea are rare. OSSN may masquerade as benign lesions like squamous papilloma and pterygium. These lesions though removed are usually not submitted for histopathological examination leading to complications like recurrence and metastasis.

This is a retrospective case series of 4 patients who underwent surgical excision and histopathologically proved to be cases of ocular surface squamous neoplasia (OSSN) at regional eye hospital Warangal.

1. A 35 year old female pt with complaints of swelling, foreign body sensation,watering since 2mths,on excision biopsy turned out to be OSSN. Rare at this age .
2. A 47 year old female pt with simple complaints as foreign body sensation and watering. diagnosed as pterygium, on excision biopsy turned out to be OSSN.
3. A 50 year old female pt underwent pterygium excision 5 yrs ago but came with recurrence, after excision and sent for biopsy, confirmed well differentiated squamous carcinoma
4. A 65 Year old female pt presented with small recurrent pterygium left eye which we sent for excision biopsy confirmed ocular surface squamous neoplasia.pt treated with topical mitomycin c and doing well .

Conclusions:

Many ocular surface lesions though removed are not submitted for histopathological examination hence causing complications and metastasis. Thence every ocular lesion should be submitted to histopathological examination, which helps ophthalmic surgeon in decision making and post operative management of OSSN like instillation of mitomycin C or cryotherapy application.

8. Clinico microbiological correlation in diagnosis of fungal keratitis

Srinivas Prasad K, Sreedhar G, Sarojini Devi Eye Hospital, Hyderabad

Purpose:

This study was taken up to evaluate cases of fungal keratitis with features suggestive of fungal keratitis and later subjected to microbiological work up.

Methods:

Patients with suppurative keratitis coming to the corneal OPD of Sarojini Devi Eye Hospital, Hyderabad were provisionally diagnosed as infective keratitis. These patients were subjected to

corneal scrapings under microscope. The scrapped material was subjected for KOH (wet) mount/ Grams stain and inoculated on Sabaraud Dextrose Agar (SDA) / Chocolate agar and Blood agar.

Results:

Based on results of KOH & fungal culture, the patients were grouped in to 4 categories. (A,B,C,D)

Group A	KOH (+)ve	Fungal culture (+)ve	Fungal ulcer
Group B	KOH (-)ve	Fungal culture (+)ve	Fungal ulcer
Group C	KOH (+)ve	Fungal culture (-)ve	Due to contamination
Group D	KOH (-)ve	Fungal culture (-)ve	Non fungal infective keratitis

Conclusions:

1. Clinical features aid in rapid presumptive diagnosis of fungal keratitis at primary health care level.
2. KOH mount study is a very cost effective, sensitive test to identify fungal keratitis and initiating early treatment.

9. The correlation of International Classification of Retinoblastoma and high-risk retinoblastoma

Swathi Kaliki, Visveswaran Srinivasan, Vijay Anand P Reddy, Dilip K Mishra
L V Prasad Eye Institute, Hyderabad

Purpose:

To determine the correlation of the International Classification of Retinoblastoma and histopathologic high-risk retinoblastoma.

Methods:

Retrospective study of 403 patients

Results:

Of 403 primarily enucleated eyes, 49 (12%) were classified as group D and 354 (88%) as group E based on the International Classification of Retinoblastoma. High-risk retinoblastoma was identified in 36% (145/403) of enucleated eyes including 14% (7/49) group D and 39% (138/354) group E eyes. High-risk histopathologic features of retinoblastoma included anterior chamber involvement [0/7 (0%) group D eyes, 25/138 (18%) group E eyes], iris infiltration [0/7 (0%) group D eyes, 12/138 (9%) group E eyes], ciliary body infiltration [0/8 (0%) group D eyes, 19/138 (14%) group E eyes], isolated massive posterior uveal invasion >3mm [7/7 (100%) group D eyes, 64/138 (46%) group E eyes], isolated post-laminar optic nerve invasion [1/7 (25%) group D eyes, 73/138 (53%) group E eyes],

any combination of minor posterior uveal invasion and prelaminar/laminar optic nerve involvement [0/7 (0%) group D eyes, 16/138 (12%) group E eyes], scleral invasion [0/7 (0%) group D eyes, 20/138 (14%) group E eyes], and extrascleral extension [0/7 (0%) group D eyes, 8/138 (6%) group E eyes] respectively. Of 145 patients with high-risk retinoblastoma, systemic adjuvant chemotherapy was administered in 139 (96%) patients. Systemic metastasis and death occurred in 0% (0/7) of those with high-risk group D and 4% (5/138) of those with high-risk group E retinoblastoma over mean follow-up period of 32 months (median, 36; range 1 to 67 months). There was no metastasis in any patient (n=258) classified as non-high-risk retinoblastoma.

Conclusions::

Based on the International Classification of Retinoblastoma, 14% of group D and 39% of group E eyes are at increased risk for metastatic disease. In this study, 3% patients developed metastasis. There was no metastasis in any patient classified as non-high-risk retinoblastoma.

10. Spontaneous attachment of detached Descemet's membrane after cataract surgery

Jagadesh C Reddy, L V Prasad Eye Institute, Hyderabad

Purpose:

To characterize the anterior segment optical coherence tomography (OCT) features of Descemet membrane detachment (DMD) after cataract surgery and to assess the role of OCT in predicting spontaneous attachment

Methods:

Retrospective evaluation of clinical notes and OCT images of patients with DMD after cataract surgery and were observed for spontaneous attachment for at least 1 month were included in the study. Demographics, anatomical (OCT) features (height of maximum detachment, width of maximum detachment, distance between edges if a break is identified, area of the detachment, central corneal thickness, corneal thickness at the area of maximum detachment) and functional (corrected distance visual acuity-CDVA and corneal clarity) outcomes were evaluated and compared at baseline and at 1month or last follow-up visit

Results:

Twenty-two eyes of 22 patients with a mean age of 63 ± 8.2 years were included in the studyVisual acuity was significantly improved from baseline and at final follow up ($p<0.01$). Central 3 mm of cornea was involved in 16 (73%)eyes. Height of maximum DMD, width and area of DMD were 0.38 ± 0.13 mm, 3.4 ±1.6mm, and 0.69 ± 0.33 mm respectively. Logistic regression analysis showed that pinhole visual acuity at the time of detachment, attached DM at final visit and CCT at maximum detachment were predictors of better final CDVA.

Conclusions::

Spontaneous attachment of Descemet membrane can be anticipated with good anatomical and functional outcomes after post-cataract surgery DMD. Extent of DMD noted on OCT helps us in understanding the nature of detachment but may not help in prognosticating.

11. Femto cataract - beginner's perspective

Rupak Kumar Reddy Kondreddy. Ravi Kumar Reddy, Medivision Eyecare center

The purpose is to evaluate the experience as a beginner surgeon working with the femto cataract catalys platform. This study evaluate the difficulties experience by the surgeon in various steps of the procedure like docking, planning, execution in the initial 20 cases and corrective measures in the next 30 cases. learning curve, perspective, tips and tricks,complications and management from beginners perspective shall be discussed.

12. A comprehensive study of refractive errors

Tulasi Priya Kandyala, V Chandrashekar Reddy

Purpose:

To study the demographic characteristics of patients with refractive errors.

Methods:

This is a hospital based study conducted in patients presenting to the Ophthalmology Out Patient department of a medical college located in a rural area between March 2014 to July 2014. A total of 1420 patients (2840 eyes) between the age groups of 6 and 40 years were included. Patients with causes of decreased vision other than refractive errors, history of previous eye surgery and eye trauma were excluded from the study.

Results:

Out of 1420 patients, there were 718 females and 702 males. First time diagnosis of refractive error was made in 596 patients (41.97%) and they were prescribed spectacles. The remaining 824 (58.03%) gave a history of use of glasses. The education status of 532 patients (37.46%) was found to be below tenth standard. 724 (50.99%) gave family history of use of spectacles. Anisometropia (> or equal to 2D) was noted in 12 patients (0.85%). Presbyopic correction was required in 202 patients (14.23%). In accordance with WHO definition, 526 patients (37.04%) were visually impaired and 32 (2.25%) were blind without refractive correction.

Conclusions:

In our study the commonest type of refractive error between 6 and 40 years of age was found to be simple myopia followed by compound myopic astigmatism.

13. Amniotic membrane transplantation vsconjunctivalautograft in double pterygium

Lumbini V, NV Prajna, Aravind Eye Care system, Madurai

Aim:

To compare the outcome of amniotic membrane transplantation (AMT) and conjunctivalautograft (CAG) in patients with nasal and temporal pterygium (double pterygium) in the same eye after pterygium excision.

Methods: Prospective, randomized, interventional, controlled clinical trial involving 33 eyes of 33 patients with double pterygium. 2 eyes were excluded because of lack of follow up.

1) Group A (which received an AMT on the nasal side and CAG on the temporal side, after pterygium excision)
2) Group B (which received an AMT on the temporal side and CAG on the nasal side after pterygium excision).

The primary end point was the estimation of recurrence of pterygium at the excised site, at the end of one year.

Results:

No eye showed recurrence in either location (nasal or temporal) when CAG was used as a tissue replacement.Eight eyes (25.8%) showed recurrence at the site where AMT was used as a replacement. The recurrence was equally distributed in the nasal and temporal sites.

Conclusions::

Irrespective of the site of replacement, CAG is significantly superior to AMT, following pterygium excision surgery.

N Subramanya Reddy competitive free paper session

Abstracts

1. Role of ophthalmologist in a general hospital

Shreya Thandra, Mohammed Ather, Rahmatunnisa, Malleshwari

Aim:

To study the spectrum of cases referred from other departments to ophthalmology department in a tertiary care hospital.

Meterials and Methods: prospective observational and interventional study was conducted from 1-1-2015 to 31-1-2015 at ophthalmology department.164 cases referred from different departments were examined by an ophthalmologist using snellen's chart, slit lamp, direct and indirect ophthalmoscope. Opinion sought was offered and intervened wherever necessary.

Results:

In 64 cases of RTA,40 had retrobulbarhaemorrhage,lid hematoma and subconjunctival haemorrhage;10 had traumatic optic neuropathy;18 had fracture of orbit. In 14 cases of seizures,10 had normal fundus and 4 had papilledema.In 10 cases of burns,5 had scalding of lids and sienging of lashes. In 15 cases of PIH,10 had normal fundus;4 had various grades of hypertensive retinopathy;1 had grade IV hypertensive retinopathy with exudative retinal detatchment for which termination of pregnancy was advised. In 3 cases of sino orbital mass debulked along with ENT surgeon 2 had fungal granuloma and 1 had neurofibromatosis. In 20 cases of Diabetes mellitus,10 had normal fundus,6 had NPDR changes and 4 had PDR changes for which they were referred to retina care centre. In 5 cases of chronic dermatitis and SLE each on treatment with hydroxychloroquine only 1 had bull's eye maculopathy. 6 cases of secondary hypertension referred from nephrology had various grades of hypertensive retinopathy with 1 having grade IV hypertensive retinopathy.1 case of cirrhosis had KF ring.In 10 cases of HIV,3 had CMV retinitis2 had herpes zoster keratitis,3 had Steven Johnson syndrome due to ART and remaining had none.6 Cases of lagopthalmos were helped with tarsorrhaphy and 2 cases of III nerve were reassured.

Conclusions:

An ophthalmologist works in collaboration with other departments and gives advice thereby helping in evaluation and timely intervention for proper management.

2. Comparative study of Subtenon's anaesthesia with Peribulbar anaesthesia in Manual Small

Incision Cataract Surgery

VijayaKeerthi, MS Christopher, G Satyanarayan Reddy, Sarojini Devi Eye Hospital

Meterials and Methods:

200 patients of senile cataract presenting to Sarojini Devi Eye Hospital,Hyderabad are included in the study. A Prospective, comparative study is done in which 100 patients underwent surgery under Subtenon'sanaesthesia (group 1) and 100 patients under Peribulbaranaesthesia (group 2). The efficacy, akinesia, lid movements and complications like chemosis and subconjuctival hemorrhage are compared between the two groups.

Results:

1. The percentage of patients with grade 0 pain in subtenon'sanaesthesia group was 70% as compared to 30% in peribulbar group. Grade-4 pain in subtenon's group was 0% compared to 4% in peribulbar group.
2. Grade 0 akinesia was 0% in subtenon group compared to 62% in peribulbar group.
3. Grade 0 lid movements are experienced by 70% in subtenon group and 88% in peribulbar group.
4. Grade 0 chemosis was 61% in subtenon group and 64 % in peribulbar group.
5. 44% of subtenon and 64% of peribulbar group had grade 0 subconjuctival hemorrhage.

Conclusions:

Intraoperative pain was dramatically lower in subtenon group of patients with very few patients experiencing unacceptable level of pain. Peribulbaranaesthesia had an upper hand in terms intraoperative akinesia when compared to subtenon'sanaesthesia. Intraoperative lid movements were slightly more in subtenon's group. Incidence of chemosis and subconjuctival hemorrhage was comparable in both the groups. In addition to this subtenon'sanaesthesia has the advantage of using less amount of anaesthetic agent and time of induction is less. It is preferred in hypertensives as the systemic absorption is lower. Incidence of globe perforation is almost nil.

3. Comparision Of Endothelial Cell Loss After Cataract Surgery - Phacoemulsification versus Manual Small Incision Cataract Surgery (SICS).

Sunisha Gajula, Srinivas Prasad K, Satyavani

Purpose:

To compare endothelial cell loss after cataract surgery, phacoemulsification versus manual small-incision cataract surgery (SICS), by specular microscope

Settings:

Sarojini Devi Eye Hospital Hyderabad, Telangana State.

Methods:

A complete ophthalmologic examination and endothelial cell count by specular microscopy were performed preoperatively and 1 and 6weeks postoperatively in patients undergoing cataract surgery. Patients were randomly allocated to undergo SICS or phacoemulsification by same surgeon.

Results:

The study evaluated 100 patients, 50 in each group. The mean preoperative ECC was 2575 cells/mm(2) in the phacoemulsification group and 2535 cells/mm(2) in the SICS group(p – 0.8397) . The difference at 6 weeks was 160 cells/mm(2) and 202 cells/mm(2) in phacoemulsification group and SICS group respectively, (P = .0.56). .

Conclusions:

There were no clinically or statistically significant differences in ECC loss between phacoemulsification and SICS in hands of a experienced surgeon.

4. Comparative study of Fornix based versus Limbal based conjunctival flaps in Trabeculectomy

Shipla Ravi P, Sudhir Babu P, Soujanya PSS

Purpose:

To evaluate the success rate of limbal based and fornix based conjunctival flap in trabeculectomy.

Methods:

This was a prospective randomized study conducted on 50 cases of primary open angle glaucoma in KIMS, Narketpally during the period of January 2014 to December 2014. Selected patients divided in 2 groups- Group A: 25 - Limbal based flap, Group B: 25 - Fornix based flap. IOP and bleb characters were checked post-operatively daily till discharge and at 2 & 6 wks, 3 & 6 months.

Results:

Follow up IOP in Group A at 2 weeks and 6 months was 16.50+/-4.22 and 18.68 +_2.23 respectively and Group B was 16.85 +/_ 3.22 and 17.88 +_ 3.12 respectively. Early post-operative shallow anterior chamber was seen in 7 (28%) in Group A and 5 (20%) in Group B. Non filtering bleb was more common with Group B, 3 (12%) when compared to Group A, 2 (8%). Over draining bleb is seen in 7 (28%) in Group A and 6 (24%) in Group B. Post-operative raise in IOP was more common in

Group A than Group B (3 -12% and 2-8% respectively). Hypertrophy of bleb was more with Group A than Group B (5 – 20% and 3-15% respectively). Encysted bleb was seen in 1 (4%) in Group A and nil in Group B.

Conclusions::

Initial control of IOP better in limbal based flap, but on long term follow up, both are comparable. Complications in limbal based flaps are more.

5. Indications, clinical presentations and surgical outcomes of sutured scleral fixated intraocular lens (SFIOL) implantation

Mahima Jhingan, L V Prasad Eye Institute, Hyderabad

Purpose

To document the clinical presentations, indications and surgical outcomes of sutured SFIOL implantation

Methods

Retrospective consecutive interventional case series from LVPEI Hyderabad of 300 cases requiring SFIOL due to any indication during January 2013 to December 2014 were reviewed. All cases (239) wherein at least one month of follow up existed and refractive correction was prescribed were included in the analysis. Data collected in terms of age and gender distribution, indications, variations of techniques, associated surgeries, complications and final best corrected visual acuity were subject to statistical analysis.

Results

72% of patients undergoing SFIOL implantation at our institute were male. Mean age of the patients was 39.01 ± 19.75 years. Ectopialentis (17.5%) and post cataract surgery aphakia (16.5%) were two of the commonest indications of the procedure. Anterior as well as pars plana vitrectomy (42%) were the most frequently performed concurrent procedures. Average follow up was 5.2 ± 6.38 months (Mean ± standard deviation) . There was a mean improvement of logMAR BCVA from 0.6 (20/80 Snellen equivalent) at presentation to 0.3 (20/40 Snellen equivalent) at final follow up. The final spherical equivalent was -0.69 ± 2.24 Diopters (Mean ± SD) whereas final cylinder was -1.93 ± 1.63 Ds (Mean ± SD). Against the rule (ATR) astigmatism was observed in 47% patients. 63% patients had no complications. Vitreous hemorrhage (11%) followed by cystoid macular edema (3.33%) were the commonest complications. Rhegmatogenous retinal detachment was seen in 3% people.

Conclusions:s

SFIOLs have a satisfactory visual outcome over a short follow up. Nearly half the cases have significant ATR astigmatism. Complications if any are relatively innocuous.

6. Visual outcome and complications after implantation of scleral fixated posterior chamber intraocular lens (SFIOL)

Shruti Gajula, Sikander Lodhi, Sarojini Devi Eye Hospital

OBJECTIVE:

To study the visual outcome and complications in a series of cases of aphakia undergoing SFIOL implantation with four point attachment technique using 10-0 prolene suture.

Setting:

Sarojini Devi Eye Hospital, Hyderabad.

Design:

Case series

Meterials and Methods:

A prospective study (case series) conducted on patients who have undergone SFIOL implantation with four point attachment technique by a single surgeon from october 2013 to march 2015.Surgery was done for various causes of aphakia.Followup was done for 9months.

Results:

Study comprised of 30 eyes of 30 patients. The mean followup was for 9months and the mean age at surgery was 50yrs. The mean improvement in corrected distance visual acuity is 6/18. The most common post operative complication was ocular hypertension during the 1st postoperative week. Other complications are 3 patients had vitreous hemorrhage during the intial postoperative period, 1 patient had retinal detachment, 2 patients had IOL tilt later.

Conclusions:

SFIOL provided favourable visual outcomes.Complications are not common.The most common complication seen is ocular hypertension in early postoperative period and vitreous hemorrhage in few cases.

SFIOL is a good means of rehabilitating an aphakic eye avoiding all the complications associated with anterior chamber lenses and with good long term stability.

7. Evaluation of deep recalcitrant fungal keratitis, managed with intrastromal and intracameral voriconazole injection

Kamaleshwar Rao Katha, Srinivas Prasad K, Sarojini Devi Eye Hospital, Hyderabad

Inclusion Criteria

All confirmed fungal corneal ulcer cases not responding to topical and systemic anti fungal therapy were included in this study.

Meterial and Methods:

in this interventional study, 30 patients with deep stromal fungal keratitis resistant to topical and systemic anti fungal therapy underwent peri- lesional and intra cameral injection of voriconazole.

Methods:

Slit lamp evaluation was done before initiating the treatment; corneal scraping for KOH wet mount, gram staining, and culture and sensitivity

Results:

All the cases were observed for a period of 4-6 weeks, reduction of infiltrate and resolution of infection was observed

Conclusions:

perilesional and intra cameral voriconazole is a better modality in treating deep recalcitrant fungal keratitis

8. Efficacy of Corneal Collagen Crosslinking with Riboflavin and Ultraviolet- A radiation in progressive Keratoconus

Saifuddin Adeel, Ravi Kumar Reddy, Megharaj Chitta, Prem Prakash Reddy

Purpose:

To analyze the efficacy of Corneal Collagen Crosslinking with Riboflavin and Ultraviolet- A radiation in progressive Keratoconus.

Materials and Methods: Nonrandomized, observational, prospective trial of 35 eyes of 20 patients, with progressive Keratoconus. The study was conducted between Oct 2013 and Sept 2014. Inclusion Criteria were documented progression of keratoconus by refraction, keratometry or topography with pachymetry more than 400 microns. Age of the patients included in study were between 15 and

30 years. Crosslinking was performed using Riboflavin 0.1% and ultraviolet-A light of 370nm using a 3mW/cm2 irradiance after removing the central 8.5mm of the corneal epithelium using alcohol and blunt knife. After the procedure bandage contact lens was applied until re-epithelialisation.

Results:
At 8 months an improvement in BCVA was seen in 22.85% of eyes. BCVA remained stable in rest of the eyes. A decrease in the max K reading was seen in 45.7% of operated eyes, while it remained stable in 51.45% of eyes.It worsened in 2.85%of the eyes. Spherical equivalent was also stable . A comparison of results between eyes with and without Vogtsstriae did not show statistically significant difference.

Conclusions:
Crosslinking is a safe and effective procedure in stabilizing cornea with progressive keratoconus.

9. Awareness of diabetic retinopathy among diabetics in nalgonda district-a hospital based study.

Priyanka Sudanaboyina, P SudhirBabu, Souwjanya PSS

Purpose:
To study the awareness of diabetic retinopathy in diabetic patients attending medicine OPD at Kamineni Institute of medical sciences, Nalgonda. Methods:A hospital based cross sectionalstudy including diabetic patients aged 20yrs or older registered at medicine OPD was conducted using a preformed questionnaire after taking informed consent. Study period was from July-2014 to December-2014. All patients underwent comprehensive ocular examination including fundus examination.

Results:
Out of 200 patients (92 males,108 females) who participated in the study, 44% were farmers, 18% were old aged and housewives,18% were daily labourers,10% were professionals, 7% were businessmen. Majority (84%) were diagnosed with diabetes between ages 41 and 60 years. In regards to knowledge and awareness, 72% had heard of diabetic retinopathy while 28% had never heard of it. 20% of study population with tertiary education had higher level of awareness(97%) as compared to 33.5% who were illiterate had lowest awareness(47%).68% did not know how frequently they should go for an eye check-up and 82% didnot know what treatments were available. 59% of the patients know aboutthe disease from physicians or nurses,21% from mass media and 20%from family and friends who were diabetics.

Conclusions:
Public awarenessis important for seeking eye care as early diagnosis and timely intervention reduces visual impairment and blindness

10. Evaluate awareness of Diabetic Retinopathy in self reported diabetic patients attending diabetic clinics in rural Telangana

Saidivya Narayan, Veladanda Raghu, JV Narasimha Reddy

Aim:
Evaluate awareness of Diabetic Retinopathy in self reported diabetic patients attending diabetic clinics in rural Telangana.

Materials and Methods:
The study included 219 known cases of Diabetes Mellitus (DM) of rural Telangana. It included both sexes, all age groups from 10 yrs and above, from different socio-economic groups/ educational backgrounds, and also suffering from DM from variable durations. Patients were interviewed using a structured questionnaire in view of their educational qualification, the duration of DM, the treatment taken for it, control of the disease and their awareness about DM and its effect on the retina i.e. Diabetic retinopathy (DR) .

Results:
Out of the 219 screened 37.38% were aware of DR. The prevalence of DR was found to be 28.77%, majority of the population were found to be in the age group of 41-60 yrs (61.90%). Out of the total screened, in males 55.81% were aware of DR and 26.67% of females were aware of the same. Population suffering from DM for duration of more than 10 yrs– 71.42% were aware of DR and 85.71% had DR. About 95.89 % of the study population were less than graduates in educational qualification of which 41.42% were aware of DR and 30 % showed presence of DR. On the other hand, all graduates (4.11%) were aware of DR irrespective of its presence. Statistical significant difference was found between education status, socio- economic status / occupation and control of the disease.

Conclusions:
The recent study showed the awareness (37.38%) of DR depended on:-

(1) The diagnosis of DM i.e delayed diagnosis lead to decreased awareness.
(2) Decreased duration of DM (implying lesser visual complaints) lead to decreased awareness of the same.
(3) Lesser the literacy level and socio-economic status, lesser was the awareness.
(4) Physicians' role in creating awareness of development of DR in patients suffering from DM played a vital role in educating the general population.

11. Morphological Patterns of Diabetic Macular Edema with Optical Coherence Tomography

HarshithaKadava, SikanderLodhi

Aim:
To evaluate different Morphological patterns of Diabetic Macular Edema with Optical Coherence Tomography and their correlation with various systemic risk factors and Visual Acuity.

Methods:

It is a case series study.100 Diabetic patients presenting at Retina Department of Sarojini Devi Eye Hospital and clinically diagnosed with DME are included in the study and subjected to OCT. Visual Acuity along with Age, Gender, History of duration of Diabetes, Serum Lipids, HBA1C, Serum Creatinine and Hemoglobin levels were documented.

Results:

1. Four morphological patterns were observed in OCT
    a. About 52% of eyes examined had Sponge like Retinal Thickening
    b. About 25% of eyes examined had Cystic spaces
    c. About 16% of eyes examined SubfovealNeuro sensory Detachment
    d. About 6% of eyes examined had Vitreo macular traction.
2. Visual acuity was reduced in most of the cases irrespective of morphology
3. HBA1C was raised in about 34% of cases, majority of them showed Sponge like Thickening in OCT
4. Serum lipids were raised in about 28%, Serum Creatinine raised in 14%, Hemoglobin reduced in 4%

Conclusions:

Diabetic Macular Edema is a major cause of visual morbidity in Diabetic patients. Its association with various systemic risk factors needs to be properly addressed

12. Role of posterior subtenons triamcinolone injection in cataract surgery associated with diabetic retinopathy

Khaiser Jehan N, Sikander Lodhi, Sarojini Devi Eye Hospital

Purpose:

To study the effect of single posterior subtenons triamcinolone injection on progression of macular edema, diabetic retinopathy and visual outcome following surgery

Methods :

This is a prospective interventional study conducted on 36 eyes of 26 patients with diabetic retinopathy and cataract who attended vitreoretinal OPD at Sarojini Devi Eye Hospital. They were randomly assigned to Group I (TA group) received a single posterior subtenonstriamcinolone injection at the end of cataract surgery, Group II (control group) underwent only cataract surgery.

BCVA, IOP was recorded at baseline and each follow up. FFA and OCT were noted at baseline and 3months postoperatively

Results:

Macular thickness : The macular thickness in the control group showed a statistically significant increase(p=0.0006)at 3momths(304.33+/_115.38microns) compared to baseline (232.16+/_42.25 microns), four showed CME on FFA and OCT

There was no statistically significant difference in macular thickness between two groups at baseline (TA- 288.83+/_115.87, Gr II – 232.16+/_42.25 microns,p=0.07) or at 3M (TA – 281.50+/_163.74, Gr II – 304.33+/_115.38microns, p=0.63)

Visual Acuity:

The mean change in lines of BCVA from baseline to 1M postoperative was greater in TA group(logMAR1.45to 0.63) than in control group(logMAR1.476 to 0.696) but there was no statistical difference between two groups at 1M(p=0.83) & 6M(p=0.66)

Diabetic retinopathy progression : 5.55% in TA group and 16.66% in group II

Complications:

There was no statistically significant difference in mean IOP between two groups at baseline (p=0.83) or at 3M (p=0.18)

Conclusions:

The results suggest that a single posterior subtenons triamcinolone injection reduced the incidence of CME after cataract surgery in diabetic patients and improved visual actuity in short term (1M) but didn't affect diabetic retinopathy progression or macular thickness

13. Intravitreal Becacizumab for macular edema due to branch retinal vein occlusion: A 12 month retrospective study

Bavandla Keerthi, Ravi Kumar Reddy, Prem Prakash Reddy, Megharaj Chitta

Medivision Eye Hospitals, Hyderabad

Abstract: Purpose:

To determine the effect of intravitreal Bevacizumab on visual acquity in patients with macular oedema (ME) due to BRVO. Methods:. The study included 31 patients who had macular edema secondary to BRVO treated with Bevacizumab. Patients with a baseline visual acuity less than 6/12 by snellenschart, central macular thickness (CMT) more than 290 μm, and no neovascularization were included. Patients with diabetes mellitus or a history of intravitreal triamcinolone or grid laser photocoagulation therapy or ischemic BRVO were excluded. The initial therapy was three intravitreal injections at monthly intervals with 1.25/0.05 mL Bevacizumab. The retreatment criteria

were increased CMT more than 100 µm combined with a loss of visual acuity of 1 line by snellens chart. Results: Patients received a mean of 5.3 injections during 12 months of follow-up. The best corrected visual acuity increased from 6/24± 2 lines at baseline to 6/9± 1 line at month 12.The CMT decreased from 494.15 ± 104.16 µm at baseline to 261.79 ± 45.36 µm at month 12. No Bevacizumab related systemic or ocular adverse effects following intravitreal drug injections were observed.The majority of patients required reinjection(s) treatment for ME (84.9%). Conclusions: Intravitreal therapy using Bevacizumab appears to be an effective primary treatment option for ME due to BRVO. No serious ophthalmologic or systemic side effects were observed. The main disadvantage of Bevacizumab therapy is the requirement of multiple injections in order to maintain visual and anatomic improvements.

14. Baseline Characteristics and Risk factors of Retinal Vein Occlusions

Archana Karnati, Sikander Lodhi, Sarojini Devi Eye Hospital, Hyderabad

Objective:

To study demographic factors and risk factors of Retinal Vein Occlusions (Central Retinal Vein Occlusions and Branch Retinal Vein Occlusions) of patients attending Department of Retina, Sarojini Devi Eye Hospital, Hyderabad.

Methods:

It is a case series study.

208 Patients with Retinal Vein Occlusions are being studied for various risk factors associated with them. Visual acuity, Age, Gender, Physical Activity, Job Profile, Dietary Factors, Alcohol Consumption and Smoking habits of these patients are documented.

Detailed History is taken for chronic diseases such as Hypertension, Diabetes Mellitus, Raised Serum Lipids, Obesity, Coronary Artery Disease, Transient Ischemic Attacks, Cerebro Vascular Accidents, Renal Diseases and investigated accordingly.

Results:

Central Retinal Vein Occlusions was seen in 32.7 % and Branch Retinal Vein Occlusions was seen in 67.3 %. Hypertension, Diabetes Mellitus and Raised Serum Lipidswere significantly associated with Central Retinal Vein Occlusions and Branch Retinal Vein Occlusions.

Hypertension was a significant risk factor in 74.41 % of Central Retinal Vein Occlusions and 76.23 % of Branch Retinal Vein Occlusions patients. Diabetes was seen in 48.83% of Central Retinal Vein Occlusions and 39.6 % of Branch Retinal Vein Occlusions patients. Hyperlipedemias was seen in 34.88% of Central Retinal Vein Occlusions and 38.48 % of Branch Retinal Vein Occlusions patients. Sedentary life style was a significant factor in all types of retinal vein occlusions.

Conclusions:

With changing life style patterns and sedentary habits, the incidence of retinal vein occlusions is increasing. Hypertension, Diabetes and Raised Serum Lipids are significant risk factors for Retinal Vein Occlusions in Indian population.

15. Significance of axial length in retinal venous occlusions.

Swetha Kondam, Ch Srinivas Reddy, Sarojini Devi Eye Hospital, Hyderabad

Purpose:

To evaluate role of the ocular axial length as a risk factor for the development of central retinal vein occlusion (CRVO) and branch retinal vein occlusion (BRVO).

Methods:

A prospective case control study including 30 patients of CRVO, 30 patients of BRVO and 30 age and sex matched controls. Ocular axial lengths were measured by A-Scan ultrasonography in 30 CRVO cases, 30 BRVO cases and compared with those of contralateral unaffected eyes and 30 controls.

Results:

A statistically significant difference between the mean axial length of CRVO affected eyes (22.16mm) and that of CRVO unaffected eyes (22.44mm) was noted with a p-value of 0.0002. The mean axial of the control group was 23.03 mm and that of CRVO affected eyes was 22.16mm. The difference between the two groups was also statistically significant, p-value was 0.0004.

The mean axial length of BRVO affected eyes was 22.49mm, that of BRVO unaffected eyes was 22.63mm. The difference between the two groups was not statistically significant, p-value=0.0661. The mean axial length of control population was 23.03mm and that of BRVO affected eyes was 22.49mm. The difference between the two groups was statistically significant p-value=0.0063.

Conclusions:

These findings confirm that the axial lengths in the CRVO and BRVO were significantly shorter than in the controls. This significant difference may be a risk factor in the development of CRVO and BRVO.

16. Rop- incidence and risk factors in a tertiary hospital at a peripheral centre

Sreedhar Reddy V, Sreenivas Ambatipudi, JM Rao, G Badrinarayana

Methods:

111 babies admitted to the neonatal intensive care unit during a 1 year period with birth weight less than 2kgs and/or with gestational age of < or = 36 weeks were screened for ROP. Examination

was done in the neonatal unit by an Ophthalmologist by Indirect Ophthalmoscopy at the postnatal age of 4-6 weeks .

Results:

The incidence of any stage of ROP was 40.54%. Of the 111 babies screened, 10 had stage I, 16 had stage II, 14 had stage III and 2 had stages IV and V and 11 had plus disease. The incidence of ROP was 100% among < 1000g babies, 64.20% in 1.0-1.25kg, 47.05% in 1.26-1.5kg,30.45% in 1.5-175kg, 23.07% in 1.76-2.0kg and 16.67% in >2kg babies. The incidence of ROP among 28-32 weeks, 32-36 weeks and >36 weeks babies was 46.6%, 46.6% and 6.6%, respectively. On univariate analysis, gestational age < or = 36 weeks, RDS, Blood transfusions and exposure to oxygen significantly increased the risk of developing ROP. Prenatal betamethasone to mother has significant protective effect. Multiple gestation, Hyperbilirubinemia, Phototherapy, Anemia, Sepsis and Maternal Hypertension are not significantly associated with development of ROP. 15 of the 45 babies underwent laser photocoagulation for avascular retina.

Conclusions:

Low birth weight and low gestational age emerged as independent significant risk factors for ROP along with RDS, Oxygen supplementation and Blood transfusion. Antenatal betamethasone may be preventive for ROP.

This is the one of the very few prospective ROP studies from a district NICU in India and compares with previously published urban data. If Western-screening guidelines are used in the rural scenario, we risk a significant proportion of infants being missed who may require treatment.

Hence, all high risk babies should be screened for ROP.

17. Aesthetic way of treating chalazion

Kavita K, Mohammed Ather, Sarojini Devi Eye Hospital, Hyderabad

Purpose:

To study the role of intralesional injection of 5 fluorouracil in case of chalazion.

Methods:

This is a prospective, interventional study conducted at tertiary care eye hospital. Period of study is July 2013 to July 2014.

Inclusion Criteria

Cases of chalazion presenting at OPD of eye hospital between 20-40 years of age.

Exclusion Criteria:

Young children, pregnant ladies, recurrent chalazion, infected Hordeoluminternum, old persons suspected to have meibomian gland carcinoma.

50 cases of chalazion 18 males, and 32 female patients presenting at OPD were examined. Size of the chalazion documented .0.1ml of 5 fluorouracil injected intra lesionally through conjunctival side under topical anesthesia in MOT. Patient followed up on 1st POD, after 1st week and 4th week. Reduction in size noted and documented.

Results:

40 cases has marked reduction in size only after one injection, 5 cases had reduction in size but still chalazion was seen and felt. 5 cases did not respond.

Conclusions:

Intralesional injection of 5 fluorouracil in chalazion is aesthetically accepted treatment.

Note: Ethics committee approval taken. Nil financial interest.

18. Pattern of posterior uveitis in a tertiary care hospital.

Archana Kuppala, Sikander Lodhi, Sarojini Devi Eye Hospital

Purpose:

To report Pattern of posterior uveitis in a tertiary care hospital.

Meterial and Methods:

Case records of patients examined in retina / uvea clinic ofSarojini Devi Eye Hospital, were studied from November 2013 to March 2015. Thestandard clinicalprotocal of case records included demographic profile, ocular findings analysed by externalexamination, slitlamp bio-microscopy with 90D lens andIndirect ophthalmoscopy.Ancillary tests like B-scan and FFA were done in selected cases and a tailored laboratory investigational approach was followed in management of cases.

Results:

51 cases with posterior uveitis were included in the study. The results of cases which included cases of multifocal choroiditis, serpiginouschoroiditis, periphlebitis, retinal vasculitis and VKH syndrome will be analyzed and presented.

Conclusion:

A specific diagnosis of Koch's, CMV retinitis (HIV), VKH and connective tissue disorders were seen in some of the cases.

19. Sensitivity of Impression cytology in diagnosing Ocular Surface Squamous Neoplasia

Pallavi Gupta, Mohammed Ather, B Malleshwari, Sarojini Devi Eye Hospital

Aim:

To evaluate the accuracy of Impression Cytology employing Millipore filter paper in diagnosis of OSSN with confirmation by Histopathology examination

Material and Methods:

This is the Prospective Observational and Interventional study conducted at tertiary eye care hospital. The study included 50 patients presenting with conjunctival mass at the limbus or on the conjunctiva from July 2013 to Feb 2015. Patients with conjunctivallimbal lesions accompanied by feeding blood vessels are included. Impressions were obtained using Millipore filter paper preoperatively from all the patients undergoing excision biopsy for suspected OSSN .The Millipore filter paper is cut in to 3mm bits by holding the membrane carefully with forceps, to avoid sticking of desquamated cells from the hands. Under topical anaesthesia these strips were placed on the ocular surface lesion and pressed gently and then the membrane is carefully peeled off from the lesion and transferred in to a container of 95% alcohol immediately without air-drying, then the strips are stained with haematoxylin-eosin stain and cytology studied. Cases will then be posted for surgery for wide excision of tumour with 3mm of normal margin of conjunctiva. Results of impression cytology will be correlated with histopathology examination results to know the reliability of impression cytology

Results:

A total of 50 excision biopsy of 50 patients suspected for OSSN were performed, there were 40 male patients and 10 female patients. Excision biopsy confirmed the impression cytology in 44 cases and in 6 cases there was poor correlation, among which 4 cases showed mild dysplasia in impression cytology, while histopathology showed invasive squamous cell carcinoma. In 2 cases few dysplastic cells were noted in impression cytology but histopathology showed carcinoma in situ. On analyzing data impression cytology sensitivity comes to 91.6%, specificity 50% and high correlation rate of 88% with histopathology

Conclusions::

This study shows that impression cytology has a promising role in diagnosing ocular surface neoplasia for its high predictive accuracy compared with tissue histology. However, a fair negative predictive accuracy indicates that impression cytology is a valuable screening technique, but it is not a “gold standard”

20. Role of Botox in Infantile esotropia

Shailaja Cinnam, K Haridas, Sarojini Devi Eye Hospital, Hyderabad

Purpose:

To evaluate the safety and efficacy ofBotulinumtoxin type A injections in patients with infantileesotropia.

Methods:

It is a prospective interventional study(case series). Patients of infantileesotropia presenting within 5years of age are included in the study. Clinical evaluation is done. Patients with accommodativeesotropia, congenital sixth nerve palsy, dissociated vertical deviations and contraindications for general anaesthesia are excluded. Informed consent is taken. Injectionbotulinum toxin type A(2.5Units) is given into the medial recti of both eyes under general anaesthesia. Patients are regularly followed up for 3months. The amount of deviation and complications if any are noted postoperatively.

Results:

16 eyes of 8 patients are included in the study. The mean of the pre injection deviation was 50PD. The mean of the post injection deviation was 8PD. The most common complications were subconjunctivalhaemorrhage and mild ptosis which were temporary and relieved within 2weeks.

Conclusions:: Botox injections are a safe and effective treatment option for infantileesotropia when given at an early age.

21. A case series to show the effectiveness of ONTT trial on patients with optic disc edema.

Shruti Taniparthy, Rohini M, Veladanda Raghu, JV Narsimha Reddy

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

Purpose: :

To report the effectiveness of ONTT trail in patients with optic disc edema presenting with diminision of vision.

Materials and Methods:

A retrospective study of 9 patients of optic disc edema(m-4,f-5) (2-postpartum, 3- post traumatic, 1 toxic neuropathy, 3 NAION) with age between 18-55 years, presented between june 2014 to january 2015, complete clinical and ophthalmological examination was done to all cases: presenting visual acuity ranges from 6/18 to CF CF. As per the necessity relevant systemic examination and investigations were done. ONTT trial was started in all the patients as per the norms under the supervision of qualified physician.

Inclusion Criteria

we included all patients with optic disc edema.

Exclusion Criteria:

Disc edema with no fall of vision and no defective color vision.

Results:

At 14 days follow up the visual acuity was - 6/6 vision- 2 patients >6/18 vision - 3 patients, 6/18 to 6/60 - 2 patients, 6/18 status co-2 patients, there have been improvement in color vision, RAPD in 5 patients. No severe complications of treatment were encountered. MRI done in relevant cases, no demyelinating changes noticed. Systemic associations were not noticed in any of the cases.

Conclusion:

The final visual recovery depends upon the early intervention and etiology of optic disc edema. The long term efficacy of the ONTT trail has to be followed still.

22. Validation of Enyedi's rule for undercorrection of IOL power in children

Sushma Katukuri, Virender Sachdeva, Ramesh Kekunnaya

L V Prasad Eye Institute, Hyderabad

Purpose:

To analyse the long-term refractive status of the children who has been undercorrected during intraocular lens(IOL) implantation according to Enyedi's rule.

Methods:

Retrospective analysis of children (< 7 yrs) who underwent cataract suregry with primary posterior chamber IOL placement between January 2005 and December 2013 at LVPEI. Out of 900 children (<7yrs) who underwent cataract surgery with PCIOL implantation between 2005 and 2013 by single surgeon, 84 eyes of 51 children met the inclusion criteria. The SRK II formula was used to calculate the IOL power. The main outcome measure is the refractive status at the age of 7yrs.

Results:

88% of children had refraction within 2D at the age of 7yrs and 47.6% of children had refraction within 1D. Significant number of children were with in range of 1.12 D - 1.48 D at age of 7yrs. More deviation from emmetropia is seen in children operated with in 2 yrs of age compared to older children.Conclusions: Significant number of children were with in acceptable range of refractive error at 7yrs of age. Hence Enyedi's rule of under correction may be safely used to select pediatric IOL power, however more studies to validate other rules of under correction are required.

Non Competitive free papers

1. Proptosis – a case series.

Alekhya Vanama, Vijay Kumar K, MR Madhavi, Nithin Teja G
Mamatha Medical College, Khammam

Purpose

To study various etiological presentations and clinical presentation of patients presenting with proptosis to ophthalmology out-patient department at Mamata general hospital, Khammam.

Methods

Patients attending the out-patient department or referred from other departments with proptosis from july 2014 to march 2015 were given a complete ophthalmological examination.

Results

A total number of 18 patients presented to ophthalmology department with proptosis.The most common etiological factor was thyroid disease (7 patients), followed by orbital cellulitis(4 patients) & cavernous sinus thrombosis (2patients).Other etiological factors include pleomorphic adenoma of salivary gland, burkit's lymphoma of maxilary sinus extending into the orbit, mucormycosis of maxilary sinus extending into the orbit and causing orbital apex syndrome, alveolar variant of rhabdomyosarcoma& optic nerve sheath meningioma (1patient each)age of the patient ranged from 10-65yrs.Bilateral proptosis seen in 9 patients,unilateral 9patients. 14patients presented with axial proptosis.

Conclusions:

Thyroid eye disease is the most common cause for proptosis in our study.other rare causes of proptosis like pleomorphic adenoma, burkit's lymphoma, rhabdomyosarcoma,mucormycosis have also been identified in this group. so early diagnosis and prompt treatment is needed.

2. Corneal tattooing: Beware of red

Rashmi Mittal, L V Prasad Eye Institute, Hyderabad

Purpose

To report a case of anterior lamellar keratoplasty for corneal tattoo induced persistent ocular surface inflammation.

Case report

A 26-year-old lady presented to us with painful red right eye 2 weeks following corneal tattooing for a cosmetically unacceptable corneal scar. Her presenting best corrected visual acuity (BCVA) was 20/25 N8. Slit lamp examination revealed localized congestion and chemosis adjacent to the tattoo pigments within the corneal stroma near the inferior limbus. She was treated with topical steroids but the ocular surface inflammation was recurrent. She developed secondary glaucoma on follow up which was managed medically. The persistent inferior congestion in the affected eye was attributed to an inflammatory reaction to the pigment particles used for the corneal tattoo. She underwent patch anterior lamellar keratoplasty to remove the tattoo pigments, the inciting factor for the inflammation. Histopathology confirmed numerous greenish pigment granules in the stroma with loss of lamellar pattern suggestive of tattoo pigments. Post-operative period was uneventful. She was symptom free and BCVA was 20/60 at 6 months follow up.

Conclusions:

Tattooing the cornea can be associated with severe surface inflammation which may warrant surgical removal of the pigments.

3. Anemic retinopathy

M Rohini, T Shruthi, Veladanda Raghu, J V Narsimhareddy
Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

Purpose

To present a case series of 6 patient's with anemic retinopathy and improvement in vision and clinical signs following treatment.

Methods

A clinical study of 6 patients diagnosed as anemic retinopathy(male3,female3) between age group(15-40)years presented to ophthalmology opd with complaints of diminished vision, complete ophthalmological evaluation was done Necessary investigations done in all the cases includes CBP, CUE, Stool examination for blood, ova, cysts, [peripheral smear, bone marrow aspiration, serum iron, ferritin, serumB12, Folate levels study was over a period of 10 months from february2014 to november2014 with regular follow up of patients.

Results

Visual acuity of 6 patients ranges from CF 2metres to 6/6. four patients presented with decreased vision.Fundus examination-sub hyaloid hemorrhage at macula and, retinal hemorrhages with venous tortuosity.

2 patients diagnosed to have megaloblastic anemia, 3 patients microcytic hypocromic anemia, 1 patient aplastic anemia after appropriate treatment under the guidance of physician patient's vision improved to 6/6 and retinal signs resolved.

Conclusions:

Early diagnosis and treatment of patients with anemia prevents from developing anemic retionopathy. As in our study retinal findings resolved upon correction of anemia and thrombocytopenia. Anemic retinopathy is almost always reversible with correction of anemia.

4. Clinical study of etilological factors contributing to pediatric strabismus

Mythili Kota, K Dayakar, B Giridhar, K Venkatswamy

Regional Eye Hospital, Kakatiya Medical College, Warangal

Purpose

There are very few exclusive studies conducted on strabismus in children. Therefore the present study is aimed to review etiological aspects of strabismus in children among the local population.

Methods

The present study was undertaken at Regional Eye Hospital, Warangal, for a period of one and half years.

Inclusion Criteria:

The patients selected in this study were below 14 years of age including males and females.

Exclusion Criteria

1. Children with age of more than 14 years.
2. Traumatic causes
3. Children with age less than 6 months are excluded from the study by appropriate history and clinical examination.

Results

Incidence of pediatric strabismus in general OP at our institute is 0.16%. In the present study males were affected more commonly than females with an incidence of 60%. Esotropia is seen in 38 children contributing to 76% of total and exotropia is seen in 12 children contributing 24% of total cases. Most common cause of esotropia is Essential Infantile Esotropia contributing to 31% of total esotropias and of exotropia is Alternate Exotropia contributing to 42% of total exotropias.

Conclusions:

Out of 50 cases studied the incidence of pediatric squint is 0.16% and is more common in males than females. Esotropias are more common than exotropias. Essential infantile esotropia is the most common cause of all esotropias and alternate exotropia is the most common of all exotropias in this study. It is more common in people belonging to lower socio economic strata. Acquired onset is more common. Among esotropias large angle esotropias are more common than small angle esotropias. Following proper diagnosis and early treatment good visual outcomes were observed in 58% of total cases.

5. A rare case of TOLOSA HUNT SYNDROME

Sreedhar Reddy V, JM Rao, G Badrinarayana
Prathima Institite of Medical Sciences, Karimnagar

Material and Results

36yr old female patient presented with H/o headache and periorbital pain in RE since 15days. Pain is of throbbing in nature. Drooping of RE upperlid and restriction of ocular movements in RE since 3 days .On examination BCVA in right eye is PL-ve and in LE is 6/6. In RE moderate ptosis is present about 3mm. Ocular movements-RE abduction and elevation restriction was present. Dextroelevation, Dextrodepression and Levoelevation were also restricted in RE. Pupils showed RAPD in RE. Other anterior segment findings were normal in RE and LE anterior segment was normal. BE fundus examination was normal. Systemic examination- no abnormality was detected. Neurological examination revealed involvement of 2nd,3rd and 6th cranial nerves. 4th and 5th cranial nerves examination was normal. CBP showed WBC counts-16,500 and ESR was 50mm/hr. Other investigations like thyroid profile, chest x-ray, CSF analysis and serology was normal. MRI brain didn't reveal any obvious abnormality. Clinically as it appears to be Tolosa Hunt syndrome a trial of oral prednisolone 60mg was started and followed after 1 week. Improvement of ptosis & ocular movements were noted & the steroids were gradually tapered. There is no improvement in vision in RE and as the fundus is normal VEP was advised. VEP showed absent VEP waveforms in RE suggestive of anterior visual pathway defect.

Conclusions:

TOLOSA HUNT SYNDROME is a rare disease with typical clinical presentation. Systematic approach with thorough history and clinical examination along with neurological, serological & radiological investigations is needed for diagnosing the disease which may not be helpful in finding the diagnosis in all cases, it is mainly a diagnosis of exclusion.

6. A interesting case of pituitary macroadenoma with bitemporal hemianopia

Surender Seepathy, JM Rao, G Badrinarayana

Prathima Institute of Medical Sciences, Karimnagar

Case Report:

A 52 years male patient came to ophthalmology OPD at Prathima institute of medical sciences with chief complaints of defective vision in both eyes since 3 months, defective vision more in right eye, it was gradual in onset and progressive in nature with no other associated complaints. On examination best corrected visual acuity was counting fingers 1mt in right eye, 6/18 in left eye. On ocular examination both eyes anterior segment was normal with both eyes pupil-NSRL and in left eye pterygium on temporal side is present. On fundus examination in both eyes media is clear, optic disc-0.8:1 cup disc ratio with thinning of inferior NRR in both eyes,macula and periphery are within normal limits. IOP was noted to be 12 mm hg -right eye,16mm hg-left eye on 20-6-2014with applanation tonometer and under no medication. Visual field examination was done showing bitemporal hemianopia. As external appearance showing acromegaly patient was referred to general physician for further management and BP-160/120mm hg on 20-6-2014.Patient was investigated, chest x-ray showing mild cardiomegaly, blood investigations,liver and renal function tests are within normal limits.MRI brain was suggestive of pituitary macroadenoma.

Conclusions:

Here presenting a case of pituitary macroadenoma with bitemporal hemianopia.

7. Role of Immune-modulation with Systemic Cyclosporine-A (CsA) after High Risk penetrating keratoplasty (PKP) in children.

Muralidhar Ramappa, Sunita Chaurasia, Rashmi Mittal

Purpose:

To assess the effectiveness of systemic CsA in the prophylaxis of corneal allograft rejection after high-risk PKP in Paediatric age group.

Method:

We reviewed the medical records of 5 children who were started on systemic CsA within one month after a high risk PKP between April 2012 and March 2014.

Results:

5 eyes of 5 children were enrolled in the study. Previous failed keratoplasty; aniridia and glaucoma were the most common high risk factors. The mean follow up period was 16.8 ± 13.8 months. 4 out

of 5 eyes (80%) remained clear and rejection free at the last follow up. Only one girl child reported increased facial growth after one year of oral CsA therapy.

Conclusions:: Systemic CsA is safe and effective in improving rejection free survival of high-risk grafts in children.

8. Efficacy of Sutureless and Glue Free LimbalConjunctivalAutograft for Primary Pterygium Surgery

Nitesh Narayen, Maxivision eye Hospitals, Hyderabad

Keywords:

Pterygium excision and Sutureless fixation

Purpose

To study the efficacy and complications of sutureless and glue free limbalconjunctivalautograft for the management of primary pterygium over a period of one year.

Methods

This was a retrospective case series and patients who were operated between December 2012 and June 2013 were analysed. 49 eyes of 47 patients were analysed. All patients were operated by the same surgeon. Pterygium excision with limbalconjunctivalautografting without using glue or sutures was performed in all the patients followed by bandaging for 12 hours. The patients were followed up post operatively on 1st day, 1 week, 6 weeks, 6 months and 12 months. They were examined for haemorrhage, wound gape, graft shrinkage, chemosis, graft dehiscence, recurrence or any other complication.

Results

The mean age of the patients was 48.93 years (range 19-77), 51% of which were males. 2 eyes had biheadedpterygium, 2 had cystic pterygium and the remaining were primary nasal pterygium. Total graft dehiscence occurred in 1 eyes (2.04%) partial graft retraction in 2 eyes (4.08%) and recurrence was seen in 1 eye(2.04%) on one side in a patient who had biheadedpterygium (%). No other complication was noted.

Conclusions:

Sutureless and glue free limbalconjunctivalautografting following pterygium excision is a safe, effective and economical option for the management of primary pterygium.

9. Bilateral macular hemorrhage due to nutritional anemia

Sreekumar Vaggu, Preethi Bhogadi
Regional Eye Hospital, Kakatiya Medical College, Warangal

Bilateral macular hemorrhage alone due to nutritional anemia is a rare ocular finding reported for the first time .The anemic retinopathy includes the hemorrhages present in all layers of retina, roth spots, exudates,retinal edema and venous dilatation. The probable differentials of such a presentation can be drug induced anemia, trauma, welding arc exposure, post corneal or refractive surgery, blood dyscrasias including autoimmune hemolytic anemia, vasculitidis, hypertension, diabetes mellitus, dengue fever and valsalvaretinopathy, but here is a case presented with bilateral macular hemorrhage without other fundus features diagnosed by blood investigations and confirmed by resolution of macular hemorrhages upon correction of anemia.

We report the case of a 17 year old female patient who presented with sudden, painless, non progressive diminished vision in both eyes (BCVA in right eye- 6/60 and in left eye- 6/36). An ophthalmological evaluation revealed normal anterior segment except for marked conjunctival pallor and the presence of bilateral macular hemorrhages by fundus examination. Hematological evaluation revealed the presence of megalocytic anemia (with Hb 4.9gm%) . General examination revealed severe pallor. On systemic examination no abnormality was detected, confirmed by ultrasonography abdomen. Other causes of severe anemia has been ruled out. Intraocular pressure in both eyes is 12mmHg. This case documents the rare occurrence of bilateral macular hemorrhages in a patient of aged 17years with nutritional anemia.

Results:

Haemogram	:	Hb:4.9gm%
RBC count	:	1.6 million/cmm
WBC	:	4000/cmm
DIFFERENTIAL COUNT:		
Neutrophil	–	49%
Eosinophils- 3%		
Basophils	-	0%
Lymphocytes	-	42%
Monocytes	-	6%
PCV	:	14vol %
MCV	:	87.5 cmm
MCH	:	30.6 pico grams
MCHC	:	35.0%
Reticulocyte count	:	0.1%

PLATELET COUNT : 1.41 LAKHS/cumm
Clotting Time : 5min40 sec
Bleeding Time : 2min10 sec
HIV screening test (Tri-dot method) - Non- reactive
Plasmodium vivax and falciparum : Negative

VDRL test - Non- reactive
Lipid profile - Normal
Chest X ray – Normal
Ultrasound abdomen – Normal
Peripheral smear: Macrocytic Anemia
Oct – both eyes showed bilateral macular hemorrhages

Conclusions:

This is a rare case of severe nutritional anemia presenting with sudden diminished vision in both eyes due to bilateral macular hemorrhage which has been resolving with the correction of the anemia.

10. Orbital metastasis – A case report

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Mediciti Institute of Medical Sciences, Medchal

Purpose

To report a rare case of orbital metastases from a nasopharyngeal carcinoma.

Methods

A 50 year old heavy smoker male presented in the department of Ophthalmology in a rural area during February, 2015 with the complaints of bulging of right eyeball and blurring of vision in right eye, which he had noticed one month prior to the presentation. On examination revealed severe proptosis, dystopia in OD and limitation of right eye movement in all directions. Visual acuity was hand movements close to face with no improvement on pinhole or correction in OD and 20/20 in OS. Hertelexophthalmometer readings were 25 and 18 mm in the OD and OS respectively and with an inferior displacement of OD. Intraocular pressure was normal in OU. The fundus was normal in OU. There was a history of nasopharyngeal carcinoma with metastases to 3rd and 4th cervical spine one year ago. He had received chemotherapy and radiotherapy at the time of diagnosis. The last radiotherapy session was about 5 months before. An orbital CT scan and MRI showed large soft mass 6(CC)*4.5(TR)*5(AP) cm in the right anterior temporal region causing proptosis.

Result

The patient was referred to an oncology center for receiving radiotherapy as it is the main stay treatment for the disease.

Conclusions:

Orbital metastases are a rare manifestation of systemic malignancies; such orbital metastasis account for only 1% - 13% of all orbital tumors. Although nasopharyngeal carcinoma, rarely metastases to the orbit, but should be considered in every rapidly progressing proptosis, especially in elderly.

Notes

Notes

Notes

OPHTHALMOLOGY QUIZ

1st TOS 2015 KARIMNAGAR

Quizmaster:
Dr. Rishi Swarup



Gangadhar Quiz

HUGE Cash PRIZES $$$

*For registrations, Contact **Dr. Rishi Swarup** with names of 3 team members & college. Phone: 9885812617 ; Email: rishiswarup@yahoo.com*

Teams of 3 (Ophthalmology PGs only)

Hall A , Sunday, June 21st, 2015

Prelims: 2 PM

Finals: 2.30 PM