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August 2017 Volume 1, Issue 1

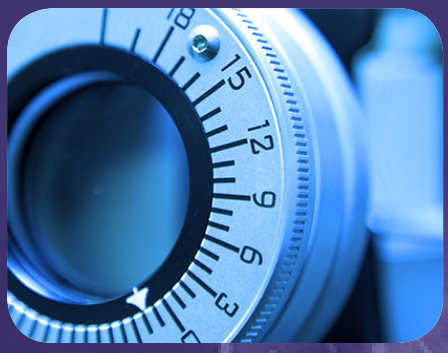
Ophthalmology Case Reports
Open Access

Souvenir

3rd International Conference on

EYE AND VISION

August 21-23,2017 Toronto, Canada









Exhibitor

TITAN MEDICAL

AGENDA

August 21, 2017

09:30-09:45 Registrations & Souvenir Distribution — Opening Ceremony

Hall

Introduction

Keynote Forum

09:50-10:20

Title: Five neuro-ophthalmic disorders you cannot afford you miss

Andrew G Lee, Houston Methodist Hospital, USA

10:20-10:55

Title: Successful transformation strategies for the new health care environment

Thomas C Royer, Royer-Maddox-Herron Advisors, USA

Panel Discussion

Group Photo

Coffee & Networking 10:55-11:10

SPECIAL SESSION

11:10-11:40 **Title: Corneal marking of toric IOL with sunalp yag laser lens**
Murad Sunalp, Sunalp Laser Vision, USA

SPEAKER FORUM

Major Sessions:
Eye Surgery | Contact lens | Neuro-Ophthalmology



Chair: **Hudson de Carvalho Nakamura,** Goias Bank of Eyes Foundation, Brazil

Session Introduction

11:40-12:05 **Title: Modern vitreoretinal surgery and new trends in the treatment of retinal disorders**
Hudson de Carvalho Nakamura, Goias Bank of Eyes Foundation, Brazil

12:05-12:30 **Title: Neuro-ophthalmologic diagnoses you do not want to miss**
Shlomo Dotan, Hadassah-Hebrew University Medical Center, Israel

12:30-12:55 **Title: Importance of contact lense's use on low vision patient**
Mylene Leal Matsuhara, Institute of Eyes of Belo Horizonte - IOBH, Brazil

Panel Discussion

Lunch 12:55-13:25

WORK SHOP

13:25-14:55 **Title: Neuro-ophthalmic disorders masquerading as benign ophthalmic disease: A wolf in sheep's clothing**
Andrew G Lee, Houston Methodist Hospital, USA
Kathy Cao, University of Toronto, Canada

Major Sessions:
Internuclear ophthalmoplegia|Contact lens | Refractive Disorders and Treatment



Chair: **Ricardo Yamasaki,** Otica Yamasaki, Brazil

Session Introduction

14:55-14:20	**Title: The visual therapy photon terapia and bioenergetics** **Ricardo Yamasaki,** Otica Yamasaki, Brazil
14:20-14:45	**Title: A clinical survey of pseudoexfoliation syndrome in Sulaimaniya city- Kurdistan Iraq proliferative retinopathy** **Ali A Taqi,** University of Sulaimani, Iraq
14:45-15:10	**Title: Gas-permeable scleral contact lens OCT designed-20% Autologus serum as theraphy for visual rehabilitation and management of chronic ocular surface disease attributable to TEN and SJS** **Cesar Enoc Sandoval Perez,** Ophthalmological Science Institute, Mexico
15:10-15:35	**Title: Orthokeratology for special cases** **Brunno Dantas,** Brazilian Society of Ophthalmology, Brazil

Panel Discussion

Coffee & Networking 15:35-16:50

SPECIAL SESSION

16:50-17:20	**Title: Scleral prosthetic lenses** **Sergio Ozan,** CEPROC, Argentina

Panel Discussion

AGENDA

August 22, 2017

Hall

Keynote Forum

09:30-10:05

Title: Ocular hypotensive and neuroprotective treatments for glaucoma

Naj Sharif, Santen Inc., USA

SPECIAL SESSION

10:05-10:35	**Title: Neuro-ophthalmic aspects of drug toxicity** **Shlomo Dotan,** Hadassah - Hebrew University of Jerusalem, Israel

Panel Discussion

Coffee & Networking 10:35-10:50

SPECIAL SESSION

10:50-11:20	**Title: JUMAT Orbital Implant** **Sergio Ozan,** CEPROC, Argentina

SPEAKER FORUM

Major Sessions:
Nutritional Ophthalmology | Ophthalmology Management |Contact lens



Chair: Denise M Visco, Eyes of York Cataract and Laser Center, USA

Session Introduction

11:20-11:45	**Title: Scleral contact lens: Assessment of the changes** **Luiz Formentin,** Hospital Santo Amaro, USA
11:45-12:10	**Title: Managing corneal astigmatism using iris registration-guided, femtosecond-laser assisted arcuate incisions performed during cataract surgery** **Denise M Visco,** Eyes of York Cataract and Laser Center, USA
12:10-12:35	**Title: The new treatments for Age Related Macular Degeneration: The role of antiangiogenic agents and evolution and their safety in the modern world** **Hudson de Carvalho Nakamura,** Goias Bank of Eyes Foundation, Brazil
12:35-13:00	**Title: Traumatic hyphema frequency and management evaluation: A retrospective study** **Ali A Taqi,** University of Sulaimani, Iraq

Panel Discussion

Lunch 13:00-13:30

SPEAKER FORUM

Major Sessions: Ocular Pharmacology | Glaucoma



Chair: Clezio Soares Morato, University Goiania Goias, Brazil

Session Introduction

13:30-13:55	**Title: Intraindividual comparison of nepafenac 0.3% for the prevention of macular edema after phacoemulsification: Prospective placebo-controlled randomized study** **Clezio Soares Morato,** University Goiania Goias, Brazil
13:55-14:20	**Title: Refractory use of intrastromal rings in penetrating keratoplasty** **Giuliano Pires,** Hospital Oftalmologico of Sorocaba, Brazil
14:20-14:45	**Title: Prevention of visual risks and primary care at work Visual Occupational Health** **Martha Patricia Canas,** La Salle University, Colombia
14:45-15:10	**Title: Study design: Experimental prospective interventional study** **Hala Gabr,** Egypt

Coffee & Networking 15:10-15:25

WORKSHOP

15:25-15:55	**Title: Ultrasound of the eye has become an integral and very important part of diagnosis in modern ophthalmology** **Javier Yugar,** Laser Center And Eyepiece Diagnosis, Brazil

Panel Discussion

AGENDA

August 23, 2017

Hall

YOUNG RESEARCH FORUM

YRF Judge: Naj Sharif, Santen Inc., USA

10:00-10:25	**Title: Refractive errors, visual impairment and utilization of spectacles among primary school children in Onitsha, Anambra State, Nigeria** **Ezinne Ngozi Ester,** Madonna University Nigeria
10:25-10:50	**Title: Non-aqueous gel based carrier system for the ocular delivery of Aceclofenac with enhanced efficacy, safety and stability** **Supriya Verma,** Punjab University, India
10:50-11:15	**Title: Rare Lid Mass** **Wesam Shams,** Tanta University, Egypt

Coffee & Networking 11:15-11:30

Video Presentations

11:30-11:50	**Title: Phthiriasis palpebrarum: A case report** **Jose G Carneiro,** Unichristus University, Brazil
11:50-12:10	**Title: Proposed practical guidline for the treatment of Keratoconus** **Héctor Hugo Páez Villa,** Santo Tomas University, Colombia

Posters Presentations - 12:10-13:00

Poster Judge: Naj Sharif, Santen Inc., USA

PO 1	**Title: Cornea crosslinking with verteporfin nonthermal laser therapy** **Saleh A Al-Ageel,** Prince sultan medical, Saudi Arabia
PO 2	**Title: Influence of orthokeratology lens on axial length elongation and myopic progression in childhood myopia** **Su-Young Kim,** Spain
PO 3	**Title: The impact of sub specialization in Ophthalmology on service delivery in a developing country** **Oseluese Dawodu,** University of Benin Teaching Hospital, Nigeria
PO 4	**Title: Causes of childhood blindness at National Eye Centre Kaduna Nigeria from January 2011 to December 2015** **Ezinne Ngozi Esther,** Madonna University, Nigeria

Panel Discussion

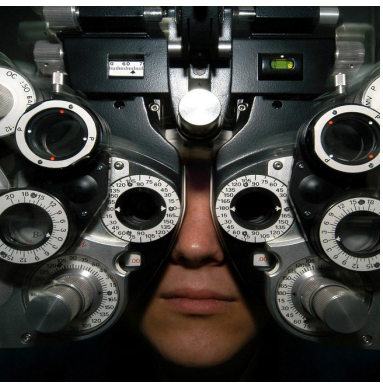
Awards & Closing Ceremony

Lunch 13:00-13:30

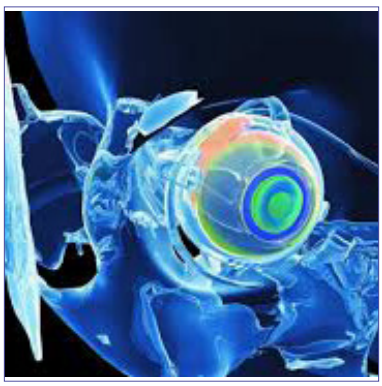
Upcoming Conferences

Eye 2017









3rd International Conference on

EYE AND VISION

August 21-23, 2017 | Holiday Inn Toronto International Airport

970 Dixon Road | Toronto, ON | M9W 1J9

Toronto, Canada

ALLIED ACADEMIES CONFERENCES

ALTERNATIVE HEALTHCARE

8th International Conference on
Herbal & Alternative Medicine
Sep 01-02, 2017 London, UK
W: herbal.alliedacademies.com
E: herbal@alliedconference.com

BIOCHEMISTRY

2nd International Conference & Exhibition on
Biochemistry and Pharmaceutical
Nov 02-03, 2017 Chicago, USA
W: biochemistry.alliedacademies.com
E: biochemistry@alliedconference.com

CARDIOLOGY

Annual Conference on **Heart Diseases**
Sep 18-19, 2017 Toronto, Canada
W: heartdiseases.alliedacademies.com
E: heartdiseases@alliedconference.com

CHEMISTRY

2nd International Conference on
Applied Chemistry
Oct 30-Nov 01, 2017 Chicago, USA
W: appliedchemistry.alliedacademies.com
E: appliedchemistry@alliedconference.com

World Congress on
Plasma Chemistry
Nov 13-14, 2017 Vienna, Austria
W: plasmachemistry.alliedacademies.com
E: plasmachemistry@alliedconference.com

7th World Congress on **Chemistry**
Nov 13-15, 2017 Vienna, Austria
W: chemistry.alliedacademies.com
E: chemistryworld@alliedconference.com

DENTISTRY

33rd International Conference on
Dental Health
Oct 02-04, 2017 Toronto, Canada
W: dentalhealth.alliedacademies.com
E: dentalhealth@alliedconference.com

DERMATOLOGY

World Dermatologist Summit
Oct 23-25, 2017 Toronto, Canada
W: dermatologist.alliedacademies com
E: worlddermatology@alliedconference.com

DIABETES & ENDOCRINOLOGY

6th International Conference on
Endocrinology and Metabolism
Nov 06-08, 2017 New Orleans, USA
W: endocrinology.alliedacademies.com
E: endocrinology@alliedconference.com

26th International Conference on
Clinical Diabetes
Dec 14-16, 2017 Rome, Italy
W: diabetes.alliedacademies.com
E: diabetes@alliedconference.com

ENGINEERING

International Conference on
Modeling and Simulation
Sep 28-29, 2017 London, UK
W: simulation-modeling.alliedacademies.com
E: simulation@alliedconference.com

World Congress on
3D Printing & Medicine
Oct 05-06, 2017 Las Vegas, USA
W: 3dprinting-medical.alliedacademies.com
E: 3dprintmedicine@alliedconference.com

International Business Meeting on
Cloud and Internet of Things
Oct 05-06, 2017 Las Vegas, USA
W: cloud.alliedacademies.com
E: cloud@alliedconference.com

ENVIRONMENTAL SCIENCES

5th International conference on
Plastic Recycling
Sep 07-08, 2017 Paris, France
W: recycling.alliedacademies.com
E: recycling@alliedconference.com

GASTROENTEROLOGY

World Liver Conference
Nov 09-10, 2017 New Orleans, USA
W: liver.alliedacademics.com
E: liver@alliedacademics.com

GENETICS & MOLECULAR BIOLOGY

Annual Molecular biology and R&D Summit
Oct 23-25, 2017 Toronto, Canada
W: molecular.alliedacademies.com
E: molecularbiology@alliedconference.com

International Congress on
Cell Biology and Gene Therapy
Oct 25-26, 2017 Toronto, Canada
W: cellbiology.alliedacademies.com
E: cellbiology@alliedconference.com

Annual Congress on
Tissue preservation and Bio-banking
Nov 01-02, 2017 Toronto, Canada
W: biobanking.alliedacademies.com
E: biobanking@alliedconference.com

8th International Conference on
Genomics and Pharmacogenomics
Nov 02-03, 2017 Toronto, Canada
W: genomics.alliedacademies.com
E: genomics@alliedconference.com

4th World Congress on
Medical Genetics and Genomics
Dec 14-16, 2017 Rome, Italy
W: genetics-genomics.alliedacademies.com
E: medicalgenetics.alliedconference.com

HEMATOLOGY

The Blood Congress and Expo
Oct 23-24, 2017 Toronto, Canada
W: blood.alliedacademies.com
E: bloodcancer@alliedconference.com

IMMUNOLOGY

8th International Conference on
Clinical and Cellular Immunology
Oct 02-03, 2017 Toronto, Canada
W: immunology.alliedacademies.com
E: immunology@alliedconference.com

Annual Immunology Congress
Oct 23-25, 2017 Paris, France
W: immunologycongress.alliedacademies.com
E: immunologycongress@alliedconference.com

INFECTIOUS DISEASES

5th World Congress on **Bacteriology**
Oct 16-17, 2017 Rome, Italy
W: bacteriologycongress.alliedacademies.com
E: bacteriologycongress@alliedconference.com

8th International Conference on
Infectious and Inflammatory Diseases
Sep 07-08, 2017 Edinburgh, Scotland
W: inflammatory.alliedacademies.com
E: inflammatorydiseases@alliedconference.com

International conference on
Bacteriology, Infectious Diseases & Control
Sep 18-19, 2017 Dallas, USA
W: bacteriology.alliedacademies.com
E: bacteriology@alliedconference.com

International Conference on
Infectious Diseases, Therapies and Control
Nov 01-02, 2017 Toronto, Canada
W: infectious.alliedacademies.com
E: Infections@alliedconferences.org

2nd International Conference on
Worldwide Infectious Diseases
Nov 06-07, 2017 New Orleans, USA
W: infectious-diseases.alliedacademies.com
E: infectiousdisease@alliedconferences.org

MATERIALS SCIENCE

13th Annual Conference on
Materials Science, Metal and Manufacturing
Oct 26-27, 2017 Paris, France
W: materials-metals.alliedacademies.com
E: materials-metals@alliedconference.com

MICROBIOLOGY

38th Annual Congress on
Microbes and Infection
Sep 28-30, 2017 London, UK
W: microbe-infection.alliedacademies.com
E: microbe@alliedconference.com

ALLIED ACADEMIES CONFERENCES

NANOTECHNOLOGY

International Conference on
Advanced Nanotechnology
Sep 11-13, 2017 Amsterdam, Netherlands
W: nanotechnology. alliedacademies.com
E: nanotechnology@alliedconference.com

World Conference on
Nano Medicine and Advancements
Nov 06-08, 2017 New Orleans, USA
W: nanomedicine.alliedacademies.com
E: nanomedicine@alliedconference.com

NEUROSCIENCE

International Conference on
Neuro Infectious Disorders
Sep 18-20, 2017 Dallas, USA
W: neuro.alliedacademies.com
E: neuroinfection@alliedconference.com

International Conference on
Neuro Pharmaceutics and Neuro Pharmacology
Oct 10-11, 2017 London, UK
W: neuropharmaceutics.alliedacademies.com
E: neuropharma@alliedconference.com

International Conference on
Neurology & Neurological Sciences
Oct 19-21, 2017 Toronto, Canada
W: neurology.alliedacademies.com
E: neurology@alliedconference.com

International Conference on
Sleep Disorders and Medicine
Nov 02-03, 2017 Chicago, USA
W: sleep.alliedacademies.com
E: sleep@alliedconference.com

International Conference on
Parkinson's Disease
Nov 02-03, 2017 Chicago, USA
W: parkinsons.alliedacademies.com
E: parkinsons@alliedconference.com

World Congress on **Dementia**
Dec 06-07, 2017 Atlanta, USA
W: dementia.alliedacademies.com
E: dementia@alliedconference.com

NURSING & HEALTHCARE

International Conference on
Tropical Medicine and Global Health
Sep 07-09, 2017 Edinburgh, Scotland
W: tropicalmedicine.alliedacademies.com
E: tropicalmedicine@alliedconference.com

8th European Breast Congress
Oct 19-20, 2017 Budapest, Hungery
W: breastimaging.alliedacademies.com
E: breastcongress@alliedconference.com

43rd World Nursing Education Conference
Nov 09-10, 2017 New Orleans, USA
W: worldnursing.alliedacademies.com
E: worldnursingcongress@alliedconference.com

5th International Congress on
Primary Health Care & Family Medicine
Nov 06-07, 2017 Madrid, Spain
W: primaryhealthcare.alliedacademies.com
E: primaryhealthcare@alliedconference.com

NUTRITION

World Congress on
Advances in Nutrition, Food Science & Technology
Sep 11-12, 2017 Edinburgh, Scotland
W: nutrition-foodtechnology.alliedacademies.com
E: nutritionworld@alliedconference.com

International Vitamins Summit
Sep 18-19, 2017 Dallas, USA
W: vitamins.alliedacademies.com
E: vitamins@alliedconference.com

International Malnutrition Summit
Sep 18-19, 2017 Dallas, USA
W: nutrition.alliedacademies.com
E: malnutrition@alliedconference.com

International Obesity Summit
Oct 19-21, 2017 Toronto, Canada
W: obesity.alliedacademies.com
E: obesity@alliedconference.com

ONCOLOGY & CANCER

International Conference on
Cancer Biology and Therapeutics
Sep 21-22, 2017 Dallas, USA
W: cancertherapeutics.alliedacademies.com
E: cancerbiology@alliedconference.com

Gynecologic Oncology Congress
Oct 05-06, 2017 Las Vegas, USA
W: gynecologic.alliedacademies.com
E: gynecologiconcology@alliedconference.com

World Congress on
Preventive Oncology
Oct 05-06, 2017 Las Vegas, USA
W: preventiveoncology.alliedacademies.com
E: preventiveoncology@alliedconference.com

World Cancer & Immuno Therapeutics
Sep 27-28, 2017 Chicago, USA
W: worldcancer.alliedacademies.com
E: worldcancer@alliedconference.com

International Obstetricians and Gynaecologists Summit
Oct 19-21, 2017 Toronto, Canada
W: obstetricians.alliedacademies.com
E: obstetricians@alliedconference.com

International Conference on
Onclogy and Therapeutics
Oct 30-Nov 01, 2017 Chicago, USA
W: onclogytherapeutics.alliedacademies.com
E: onclogy@alliedconference.com

OPHTHALMOLOGY

International Conference on
Ocular Pharmacology
Dec 07-08, 2017 Madrid, Spain
W: ocularpharmacology.alliedacademies.com
E: ocularpharmacology@alliedconference.com

PATHOLOGY

World Conference on
Veterinary Pathology
Oct 16-17, 2017 Toronto, Canada
W: veterinary.alliedacademies.com
E: veterinarypathology@alliedconference.com

PEDIATRICS

10th American Pediatric Healthcare Congress
Sep 20-22, 2017 Toronto, Canada
W: pediatrichealthcare.alliedacademies.com
E: pediatricshealth@alliedconference.com

2nd Pediatric Infectious Diseases Congress
Sep 20-22, 2017 Toronto, Canada
W: pediatricinfections.alliedacademies.com
E: pediatricinfections@alliedconference.com

Global Pediatric Oncology Congress
Nov 06-07, 2017 New Orleans, USA
W: pediatriconcology.alliedacademies.com
E: pediatriconcology@alliedconference.com

PETROLEUM

Annual Congress on
Petroleum Refinery and Safety
Sep 28-29, 2017 London, UK
W: petroleumsafety.alliedacademies.com
E: petroleumsafety@alliedconference.com

6th International Conference on
Petroleum Geology and Petroleum Industry
Nov 13-14, 2017 Vienna, Austria
W: petroleumindustry.alliedacademies.com
E: petroleumindustry@alliedconference.com

PHARMACEUTICAL SCIENCES

Global Neuropharmacology and Neurochemistry Congress
Oct 02-04, 2017 Las Vegas, USA
W: neuropharmacology.alliedacademies.com
E: neuropharmacology@alliedconference.com

International Conference on
Chemistry
Oct 02-04, 2017 Las Vegas, USA
W: chemistryconference.alliedacademies.com
E: chemistryconference@alliedconference.com

International Clinical Trials Congress
Oct 16-18, 2017 Toronto, Canada
W: clinicaltrials.alliedacademies.com
E: clinicaltrials@alliedconference.com

ALLIED ACADEMIES CONFERENCES

International Congress on
Drug Discovery and Development
Oct 19-21, 2017 Phoenix, USA
W: drugdiscovery.alliedacademies.com
E: drugdiscovery@alliedconference.com

6th International Conference and Exhibition on
Pharmacology and Ethnopharmacology
Nov 16-17, 2017 Vienna, Austria
W: ethnopharmacology.alliedacademies.com
E: ethanopharmacology@alliedconference.com

7th World Congress on
Hospital ad Clinical Pharmacy
Dec 14-16, 2017 Rome, Italy
W: hospital-clinicalpharmacy.alliedacademies.com
E: clinicalpharmacy@alliedconference.com

PHYSICAL THERAPY REHABILITATION

4th Euro-Global Physiotherapy Congress
Dec 14-15, 2017 Rome, Italy
W: physiotherapy.alliedacademies.com
E: europhysiotherapy@alliedconference.com

PHYSICS

International Conference on
Magnetism and Magnetic Materials
Oct 10-11, 2017 London, UK
W: magneticmaterials.alliedacademies.com
E: magneticmaterials@alliedconference.com

International Conference on
Lasers, Optics & Photonics
Sep 20-22, 2017 Toronto, Canada
W: optics.alliedacademies.com
E: optics@alliedconference.com

PSYCHIATRY

International Conference on
Psychopharmacology
Sep 04-05, 2017 Paris, France
W: psychopharmacology.alliedacademies.com
E: psychopharmacology@alliedconference.com

International Conference on
Mental Health and Primary Care
Oct 16-17, 2017 Toronto, Canada
W: mentalhealth.alliedacademies.com
E: mentalhealth@alliedconference.com

World Congress on
Psychiatry and Psychiatric Disorders
Nov 02-03, 2017 Chicago, USA
W: psychiatricdisorders.alliedacademies.com
E: psychiatricdisorders@alliedconference.com

SURGERY

7th International Conference and Expo on
Cosmetology, Trichology & Aesthetic Practices
Oct 26-27, 2017 Paris, France
W: cosmetology.alliedacademies.com
E: cosmetology@alliedconference.com

TOXICOLOGY

International Conference on
Toxicology and Clinical Pharmacology
Dec 14-16, 2017 Rome, Italy
W: clinicalpharmacology.alliedacademies.com
E: clinicalpharmacology@alliedconference.com

International Conference on
Toxicology and Pharmacology
Nov 01-02, 2017 Toronto, Canada
W: toxicology-pharmacology.alliedacademies.com
E: toxicology@alliedconference.com

VACCINES

Global Vaccines & Vaccination Summit
Oct 02-04, 2017 Vancouver, Canada
W: vaccines.alliedacademies.com
E: gvv@alliedconference.com

World Congress and Exhibition on
Vaccines, Vaccination & Immunization
Nov 16-17, 2017 Vienna, Austria
W: vaccinesworld.alliedacademies.com
E: vaccinesworld@alliedconference.com

ZOOLOGY

International Conference on
Applied Zoology
Sep 18-19, 2017 Toronto, Canada
W: appliedzoology.alliedacademies.com
E: appliedzoology@alliedconference.com

International Conference on
Embryology
Nov 02-03, 2017 Chicago, USA
W: embryology.alliedacademies.com
E: embryology@alliedconference.com

Exhibitor



TITAN MEDICAL LLC.

420054, 120 Technicheska Str., Kazan, Russia

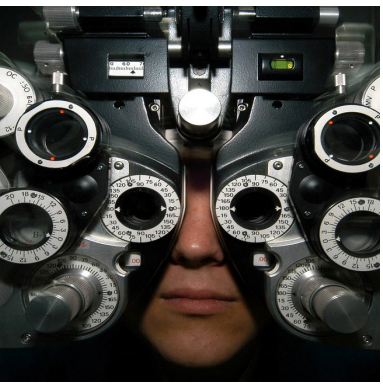
Manufacturer of surgical instruments made of stainless steel and titanium.
Production and supply the full range of instruments for microsurgery

Associated Journals

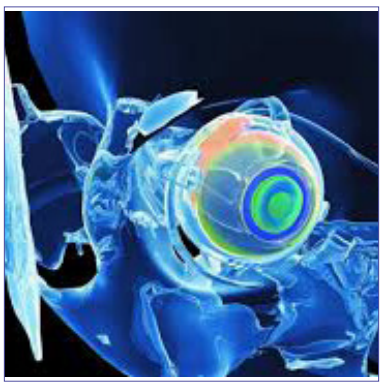
Ophthalmology Case Reports
Journal of Clinical Ophthalmology

Eye 2017









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EYE AND VISION

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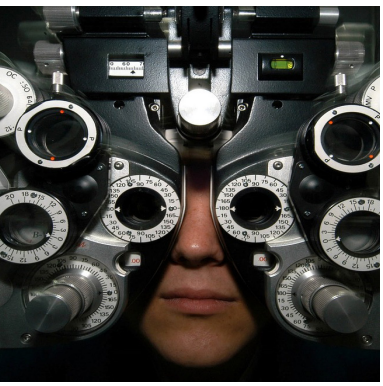
Toronto, Canada

Keynote Forum

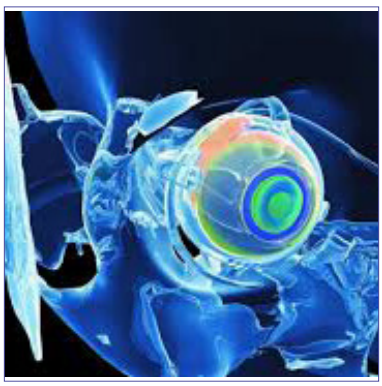
August 21, 2017

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Toronto, Canada

3rd International Conference on
EYE AND VISION
August 21-23, 2017 | Toronto, Canada



Andrew G. Lee

Houston Methodist Hospital, USA

Five neuro-ophthalmic disorders you cannot afford to miss

Neurophthalmic disorders may present to the general Ophthalmologist and mimic benign entities. Although comprehensive eye doctors are not expected to be a Neuro-Ophthalmologist, they are expected to recognize, triage, and refer. Five potentially vision or life threatening Neuro-Ophthalmic conditions will be discussed and should not be missed: They are: giant cell arteritis, typically presenting as visual loss in the elderly; pituitary apoplexy is a condition presenting as acute and severe headache and bilateral visual loss to Ophthalmologist; posterior communicating artery aneurysm presenting as a painful, pupil involved third nerve palsy; fungal abscess in an immunosuppressed patient but especially diabetic ketoacidosis; and arterial dissection of the vertebral or carotid artery producing an acute painful Horner syndrome with or without visual loss. All eye doctors should be aware of these five Neuro-Ophthalmic conditions that none of us can afford to miss.

Speaker Biography

Andrew G. Lee, M.D. was born in New York City but moved to Charleston, West Virginia in 1969. He graduated valedictorian from Charleston Catholic High School and attended UVA (cum laude, BA in biology). He completed medical school at UVA (Alpha Omega Alpha) in 1989 and internship at UVA affiliated hospital in Roanoke, Virginia followed by ophthalmology residency and was chief resident at Baylor College of Medicine. Dr. Lee completed a Fight for Sight research fellowship and clinical neuro-ophthalmology fellowship at the Wilmer Eye Institute, Johns Hopkins Hospital, in Baltimore, Maryland in 1994. Following fellowship training, He joined the ophthalmology faculty at Baylor and UT MD Anderson Cancer Center in Houston. In 2000, Dr. Lee joined the faculty at the University of Iowa and was promoted to Full Professor in 2007.

In 2009, Dr. Lee returned to Houston to chair the Blanton Eye Institute at Houston Methodist Hospital and is currently Professor of Ophthalmology, Neurology, and Neurosurgery at *Weill Cornell Medical College*; Adjunct Professor at University of Iowa and Baylor College of Medicine and Texas A and M University; Clinical Professor at the University of Texas Medical Branch, UT MD Anderson Cancer Center, and University of Buffalo, SUNY.

He has served on the Editorial Board of 25 journals including JAMA Ophthalmology, the American (AJO), *Canadian (CJO), and the Japanese Journal of Ophthalmology (JJO), the Asia Pacific Journal of Ophthalmology, the Journal of Neuro-ophthalmology, Survey of Ophthalmology*, and *Eye* and was the founding editor in chief of the Journal of Clinical and Academic Ophthalmology. He is on the board of and will be the President Elect of the North American Neuro-ophthalmology Society (NANOS).

He has published over 400 peer-reviewed publications, 40 book chapters, and nine full textbooks in ophthalmology. He has been the invited speaker at over 4oo national and international eye meetings and has given 12 named lectureships. He has received the American Academy of Ophthalmology (AAO) honor award, senior honor award, secretariat award, and the life honor achievement award. He has a special interest in graduate medical education and has received the resident teaching award seven times at five different academic institutions.

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Notes:

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Thomas C Royer

Royer-Maddox-Herron Advisors, USA

Successful transformation strategies for the new health care environment

Healthcare, worldwide, is facing many challenges, which, in fact, have been present for many years. However, finding solutions to these challenges is becoming more critical as governmental funding sources are declining, private insurance premiums are becoming unaffordable, poor medical outcomes that vary significantly between high and low-income populations are being reported publically, expanding physician dissatisfaction is being captured in provider surveys, and the costs of labor and supplies are continuing to rise year after year. Hence, it is very clear that there is an urgent need for all healthcare related organizations to transform in order to remain on the cutting edge of clinical advancements, meaning education, and innovative research. To address these challenges, strong transformational leadership at all levels of the organization is a critical success factor. Fortunately, based on the presenter's work and experience, transformational leadership and strategies can be learned. A commitment to excellence is a mandate and this requires enhanced teaming between physicians, administrators, and governing bodies. Because all physicians are leaders, either informally or formally, whether in their individual practices or in their groups, they must understand and adopt the leadership competencies for success, which are somewhat different today than in the past. In addition, because change is never easy and creates much anxiety for many, resistors to change become visible. These must be identified and minimized, or eliminated completely if possible. This is not happening on a routine basis because, unfortunately, many healthcare leaders and physicians are finding the challenges too numerous and complex. Some are finding the Value Equation, which is now mandatory for the achievement of excellence in medical outcomes, too hard to implement. And finally, moving from "sick care" to "well care", from "hospital-centric" to "ambulatory-centric", moving from "provider-centric" to "patient-centric" processes are, for many, mountains that are too hard to climb. All of this turmoil is causing a healthcare abyss which this presentation will not only address, but provide transformational tips for agents of change. This information is critical since we, physicians and other providers, are all responsible for doing what is necessary to participate in not only sustainable, but thriving medical care delivery wherever we live and work!

Speaker Biography

For 12 years Thomas C. Royer, MD served as founding CEO and President of CHRISTUS Health, transitioning to the CEO-Emeritus role in March 2011. He led CHRISTUS, an international health system, through a remarkable period of growth, making it one of the 10 largest Catholic healthcare systems in the country. Prior to CHRISTUS, he served as an integral part of the Henry Ford Health System, the Johns Hopkins Medical Services Corporation, and the Geisinger Medical Center. Dr. Royer is currently the CEO and Partner with Royer-Maddox-Herron Advisors. He has extensive experience in developing physician partnerships, focusing on providing measurable high quality patient care.

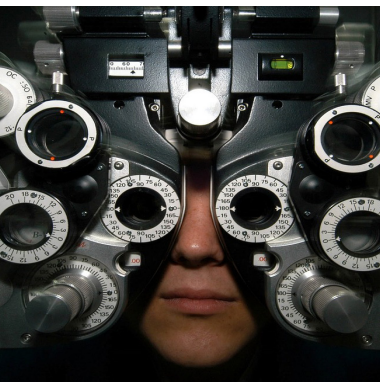
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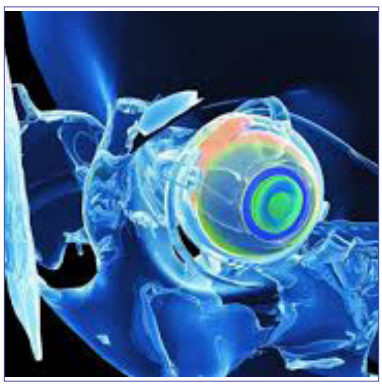
Special Session
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Murad A Sunalp

Sunalp Laser Vision, USA

Corneal marking of toric IOL with sunalp yag laser lens

We have devised a new method to mark the corneal axis of Toric IOL that is inexpensive and precise. Methods: In the office, a drop of ophthaine is placed on the eye, and the patient is asked to place his/her chin on the chin-rest of the Yag laser. The "Sunalp Yag laser lens is placed on the para limbal cornea with 90º lens corresponding to the 90º of the patient cornea. The Yag laser is focused at the mid cornea at 270º and a single laser pulse of 10 mjoules is aimed at 270º with 1-3 pulses in line, 0.5 mm apart. The laser pulse marks the cornea with a small disruption and blanching of the stroma that remains visible for 48 hours or longer. The Sunalp Yag laser lens is a 1 cm, 12 diopter single-use, acrylic lens, which will be available in the near furure.

Results: Presurgical corneal marking using the Sunalp Yag laser lens, a lens specially designed for the Yag laser, allows for accurate alignment of toric IOL during surgical implantation. The markings remain clearly visible throughout the procedure and for an additional 48 hours, giving ample time for pre-op marking.

Conclusion: To avoid the pitfalls of preoperative unreliable marking with an ink pen, we have devised a method to mark the cornea using the Yag Laser. Using the Sunalp Yag laser lens, precise, durable makring can be made without the use of expensive equipment.

Speaker Biography

Dr. Sunalp has provided state of the art ophthalmologic services in the San Joaquin valley for the last 30 years. His specialized training has given the community access to ophthalmic laser surgery using VISX and LASIK Excimer Laser systems, up-to-the minute cataract management using multifocal and toric intraocular lens implants; and glaucoma and diabetic eye care. He has developed innovative techniques to treat common eye diseases such as diabetic retinopathy in a safe and effective manner. Though dedicated to professional services. He has also pledged time and resources to the community, providing eye examinations, and support to local charities such as CASA (Court Appointed Special Advocate) for Children and Visalia Veterans Committee.

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Notes:

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Sergio Ozan

CEPROC, Argentina

Scleral prosthetic lenses

Fifty-one year-old-patient undergone two times corneal transplant in right eye, first corneal transplant in 1999 and second one in 2010, but the patient did not get the vision. After a year there was considerable deformation in the corneal tissue and the cornea became totally leukomatous, deformed and irregular, and the eyeball descending to lower eyelid (keratoglobe). I met the patient with Ophthalmologist diagnosis of eyeball evisceration. Thus the patient was with deep depression. Due to the irregular and deformed cornea neither an ocular prosthesis nor soft prosthetic lens could be adapted. So, I tried with a scleral lens. In the first test the general condition of her irregular cornea improved considerably, permitting a good tear film flow between the cornea and the lens. I checked again her cornea and there was neither vision nor light reflection. I consulted the Director of Scleral lenses for Perfect Vision in Chile and suggested using a double flap over the lens. Thus the landing in the sclera was improved and was not ejected. I adapted a scleral lens X-cell Atlantis, base curve 7.50, diameter 17.5 double flap. I placed a soft lens painted with black pupil and then a second scleral lens with the same parameters, with perfect adhesion. The patient felt very comfortable, with improved quality of life, could insert herself at work again and now her life has completely changed for the better.

Speaker Biography

Sergio Ozan is serving as an Optician at the University of Buenos Aires, Argentina. He is a Specialist in contact lenses, Specialist and Manufacturer of ocular prosthesis and Scientific Adviser for ocular prosthesis in APO (Asociación Profesional de Optómetras in Argentina). He is a Precursor and Creator of multiperforated orbital implant, JUMAT, Precursor and Creator of expander orbit asmotic hydrogel filling for microophthalmia, Director of CEPROC, Director of Ocular Prosthesis Division in Perfect Vision, Santiago, Chile, Developer of one-hour customized ocular prosthesis method, unique in Latinamerica and Precursor and Creator of the first prosthetic scleral lens.

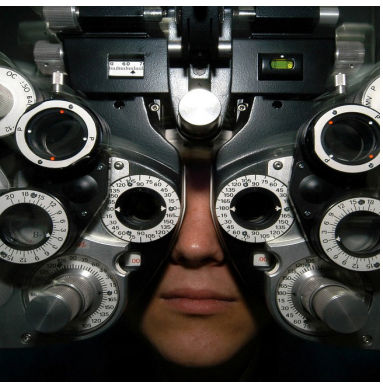
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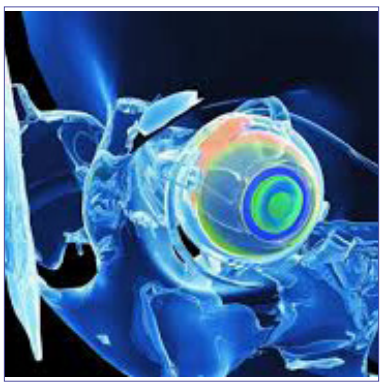
Scientific Tracks & Abstracts
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Eye Surgery | Contact lens | Neuro-Ophthalmology



Chair
Hudson de Carvalho Nakamura
Goias Bank of Eyes Foundation
Brazil

Session Introduction

Title: Modern vitreoretinal surgery and new trends in the treatment of retinal disorders
Hudson de Carvalho Nakamura, Goias Bank of Eyes Foundation, Brazil

Title: Neuro-ophthalmologic diagnoses you do not want to miss
Shlomo Dotan, Hadassah-Hebrew University Medical Center, Israel

Title: Importance of contact lense's use on low vision patient
Mylene Leal Matsuhara, Institute of Eyes of Belo Horizonte - IOBH, Brazil

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Modern vitreoretinal surgery and new trends in the treatment of retinal disorders

Hudson de Carvalho Nakamura
Goias Bank of Eyes Foundation, Brazil

Introduction: Vitreoretinal surgery has far advanced since the last decades, coming to a modern area of both vitrectomy and viewing systems, as well as with better approaches from the retinal surgeon, with the use of smaller gauge instruments, making the procedure easier to perform, thus contributing to a better follow up and recovery from the surgery. Though repairing techniques have changed, scleral buckling techniques are still popular since Charles Schepen's techniques in the early 1950s. Combined approaches are still largely employed, increasing the likelihood of attaching the retina, such as pars plana vitrectomy and scleral buckling procedures, with laser or cryotherapy, the last one mentioned less used due to disadvantages involving retinal pigment epithelium spreading and proliferative vitreoretinopathy, but not counter indicated though. Even though the cost and equipment involving vitrectomies are higher than those of scleral buckling alone, the anatomical results are proved to be faster with both approaches rather than with just one. Scleral buckling techniques, even though used in a lesser extent, still have the indication especially in the phakic patient. For the pseudophakic or aphakic patient, some buckle techniques or modified and combined buckle and vitrectomy techniques are used, such as using a band together with vitrectomy to help increase the likelihood the retina will attach during and after the procedure is made. Vitreoretinal surgery used to take too long before the development of wide angle vitrectomy viewing systems. Before it, prisms lenses had to be rotated for the aim of viewing the far periphery, and the contact lens often had to be held with a ring on the cornea. With the advent of 23-gauge vitrectomy, 25 and 27 came afterwards and are far more used nowadays, and benefits are linked to better success rates. Intraoperative Optical Coherence Tomography assisted vitrectomies, despite expensive, are helping treat macular diseases as well as other vitreoretinopathies, giving a simultaneous visualisation of the procedure of the actual surgical record comparing with the topographical cut making it more accurate to approach the retina and expecting better outcomes. Magnifying lenses and inverting image systems are applied in the management of manage macular diseases such as macular holes, epiretinal membranes and others such as proliferative vitreoretinopathy. The use of gas or silicon oils increased overtime, as well as fluorocarbon liquids, playing a very important role not only in repairing retinal detachments, but also helping the surgeon control better hard and demanding cases.

Conclusions: We conclude that such a combined approach to primary pseudophakic and aphakic retinal detachments offers significant benefits to scleral buckling alone. We believe that the improved success rate is a function of vitrectomy contributing to both an improved peripheral visibility, resulting in fewer missed peripheral breaks, and a lower likelihood of proliferative vitreoretinopathy. We recommend this combined surgical approach for all primary pseudophakic and aphakic retinal detachments. We conclude that such a combined approach to primary pseudophakic and aphakic retinal detachments offers significant benefits to scleral buckling alone. We believe that the improved success rate is a function of vitrectomy contributing to both an improved peripheral visibility, resulting in fewer missed peripheral breaks, and a lower likelihood of proliferative vitreoretinopathy. We recommend this combined surgical approach for all primary pseudophakic and aphakic retinal detachments. Also, smaller gauge vitrectomies and wide-angle vitrectomy viewing systems help manage tough cases with less time and better outcome, making it feasible and more cost effective in today's vitreoretinal surgery techniques.

Speaker Biography

Hudson Nakamura is a Medical Specialist in Ophthalmology and specialized in Retina and Vitreous. He completed his study from School of Medicine at the Federal University of Goiás – UFG and Residency from the Base Hospital of the Federal District - Brasília - DF. Presently, member of American Academy of Ophthalmology, Brazilian Council of Ophthalmology, Canadian Society of Ophthalmology and also the member of most prestigious society ARVO - The Association for Research in Vision and Ophthalmology United States. He works as a Professor in Department of Retina and Vitreous Course of Medical Residency in Ophthalmology at the Bank of Goias Eye Foundation. He also works as Specialist in vitreoretinal disease Fellowship - University of Toronto Canada, Specialist in Ophthalmology - University of Toronto Canada, Specialist in vitreoretinal disease Fellowship - Brazilian Centre for Eye Surgery.

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Neuro-ophthalmologic diagnoses you do not want to miss

Shlomo Dotan
Hadassah-Hebrew University Medical Center, Israel

The presentation will elaborate on five neuro-ophthalmologic disorders, part of a much longer list, which can potentially cause death or blindness if not diagnosed and treated correctly: (i) Aneurysmal third nerve palsy- the aneurysm is not the most common compressive lesion causing third nerve palsy, but it has the highest mortality if untreated; (ii) Giant Cell Arteritis- is an idiopathic inflammatory vasculitis affecting small to medium size arteries, which can cause blindness, but also cerebral infarction and cardiac ischemia; (iii) Myasthenia Gravis- is an autoimmune disease of the neuromuscular junction, which has both an ocular and generalized form. Myasthenic crisis is a neurologic emergency, which could cause paralysis of the muscles of breathing; (iv) Pituitary apoplexy results from hemorrhagic infarction of the pituitary gland, and causes acute endocrine and neurologic symptoms and; (v) Pseudotumor cerebri or idiopathic intracranial hypertension is a condition of unknown cause that produces elevated intracranial pressure and papilledema primarily in young obese females, and in about 25% of cases might cause visual dysfunction.

Speaker Biography

Dr. Shlomo Dotan is working as the director of the Neuro-Ophthalmology Service at the Hebrew University-Hadassah Medical Center in Jerusalem for more than two decades. He is part of the Editorial Board of the esteemed journal - Neuro-Ophthalmology. His major research project in the past was The Optic Neuritis Treatment Trial Study and The International Optic Nerve Trauma Study which were published in The New England Journal of Medicine and several ophthalmological journals. He is currently involved in several scientific projects investigating therapeutic aspects in MS, NMO and NAION. He is member of the Israel Medical Association, Israel Ophthalmological Society, North American Neuro-Ophthalmology Society, American Academy of Ophthalmology, European Neuro-Ophthalmology Society, and the European Ophthalmological Society. He has been giving lectures worldwide on various ophthalmological and neuro-ophthalmological topics and has published articles in several prestigious medical journals. He has been part of many esteemed conferences held in Europe, including Israel.

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Notes:

Importance of contact lense's use on low vision patient

Mylene Leal Matsuhara
Institute of Eyes of Belo Horizonte - IOBH, Brazil

Many are the possible benefits from the utilization of contact lenses in the rehabilitation process of low vision patients. Among such benefits, it can be mentioned: decrease of incapacitant photophobia by using filtering lenses with specific colorization, color perception improvement among color blind patients, improving reading efficiency by decreasing nystagmus velocity, qualitative improvement in vision acuity and last, but not least, self-esteem improvement through treatment towards leukemia and visual corneal scares. Possible hardships that may arise from such exam and adaptation can be relieved through careful clinical evaluation, which includes: accurate visual exam with proper acuity charts, visual functions appraisal (i.e.: contrast sensibility, visual field and glare research). It is of great importance to emphasize the use of proof frames with the intention of favoring the utilization of the reminiscent visual field. With this explanation, alongside with the exemplification of clinical cases, we intend to break the paradigm surrounding rejection towards use of contact lenses by low vision patients. Contact lenses shall be remembered as an important asset for the success of visual rehabilitation among low vision patients.

Speaker Biography

Mylene Matsuhara is an Ophthalmologist and the Cordinator of the Low Vision Department of IOBH. She was a Teacher of Ophthalmology in the Universities, UNI-BH and Unifenas. She was the Member of the Board of Brazilian Low Vision Society from 2003-2005.

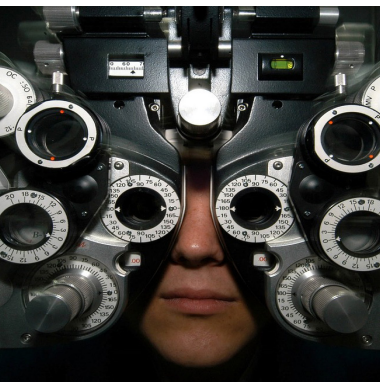
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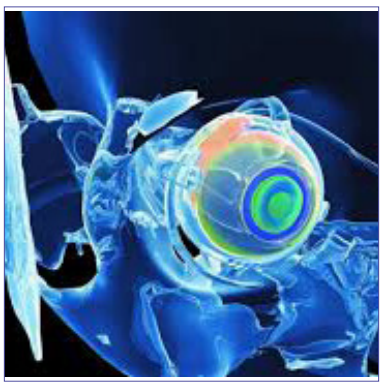
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Andrew G. Lee
Houston Methodist Hospital
USA

Kathy Cao
University of Toronto, Canada



Neuro-ophthalmic disorders masquerading as benign ophthalmic disease: A wolf in sheep's clothing

Potentially visual threatening or life threatening neuro-ophthalmic conditions may present with benign appearing or mild ophthalmic signs. The general ophthalmologist should be aware of these presentations because earlier diagnosis and treatment can be critical. Prompt neuroimaging directed to the topographically localizing sign is important in the initial management of many neuro-ophthalmic emergencies. The specific learning objectives of this workshop include:1) To describe specific and potentially dangerous neuro-ophthalmic diseases that may present as more benign conditions to the general ophthalmologist; 2) To list the key and distinctive features of these conditions that should prompt further evaluation; 3) To describe the differentiating clinical and radiographic features of these conditions so that comprehensive ophthalmologists can avoid missing the diagnosis.

Speakers Biography

Andrew G. Lee, M.D. was born in New York City but moved to Charleston, West Virginia in 1969. He graduated valedictorian from Charleston Catholic High School and attended UVA (cum laude, BA in biology). He completed medical school at UVA (Alpha Omega Alpha) in 1989 and internship at UVA affiliated hospital in Roanoke, Virginia followed by ophthalmology residency and was chief resident at Baylor College of Medicine. Dr. Lee completed a Fight for Sight research fellowship and clinical neuro-ophthalmology fellowship at the Wilmer Eye Institute, Johns Hopkins Hospital, in Baltimore, Maryland in 1994. Following fellowship training, He joined the ophthalmology faculty at Baylor and UT MD Anderson Cancer Center in Houston. In 2000, Dr. Lee joined the faculty at the University of Iowa and was promoted to Full Professor in 2007.

In 2009, He returned to Houston to chair the Blanton Eye Institute at Houston Methodist Hospital and is currently Professor of Ophthalmology, Neurology, and Neurosurgery at *Weill Cornell Medical College*; Adjunct Professor at University of Iowa and Baylor College of Medicine and Texas A and M University; Clinical Professor at the University of Texas Medical Branch, UT MD Anderson Cancer Center, and University of Buffalo, SUNY.

He has served on the Editorial Board of 25 journals including JAMA Ophthalmology, the American (AJO), *Canadian (CJO), and the Japanese Journal of Ophthalmology (JJO), the Asia Pacific Journal of Ophthalmology, the Journal of Neuro-ophthalmology, Survey of Ophthalmology,* and *Eye* and was the founding editor in chief of the Journal of Clinical and Academic Ophthalmology. He is on the board of and will be the President Elect of the North American Neuro-ophthalmology Society (NANOS).

He has published over 400 peer-reviewed publications, 40 book chapters, and nine full textbooks in ophthalmology. He has been the invited speaker at over 4oo national and international eye meetings and has given 12 named lectureships. He has received the American Academy of Ophthalmology (AAO) honor award, senior honor award, secretariat award, and the life honor achievement award. Dr. Lee has a special interest in graduate medical education and has received the resident teaching award seven times at five different academic institutions.

Dr. Kathy Cao first received her Bachelor's degree with distinction in Biochemistry from Queen's University in 2002. She then graduated with her medical degree from the University of Toronto in 2006, and completed her residency training in Ophthalmology within the Department of Ophthalmology and Vision Sciences in 2011. She also completed her Master of Education at the University of Toronto in 2015.

During her residency training, Dr. Cao was the recipient of several honors, including the Kensington Eye Institute resident award for earning the top performance in cataract surgery, and the ASCRS Foundation Resident Excellence award.

She is a comprehensive ophthalmologist with extensive surgical experience providing culturally-sensitive, state-of-the-art, patient and family-centred care in the Greater Toronto Area at North Toronto Eye Care, KEI, Mount Sinai Hospital, North York General Hospital, and Humber River Hospital. She performs many surgeries both cataract, pterygium and minor lid surgeries. She uses the latest technology and techniques to ensure the best results for every patient. She treats glaucoma, retina and cataract patients. She is trained in manual and Femto Laser assisted cataract surgery.

She also has a passion for medical education. She holds a Masters in Education degree and teaches medical students, family physicians, emergency physicians, ophthalmologists and other healthcare professions locally, nationally and internationally. She holds a number of academic roles including associate Director of Undergraduate Medical Education at the University of Toronto and Medical Education Section Editor for the Canadian Journal of Ophthalmology.

In addition to her passion for ophthalmological surgery and medical education, She is devoted to community service with the goal of preventing blindness. She volunteers with several non-profit organizations including Orbis and Yee Hong Centre for Geriatric Care, and provides public education on eye health through radio and TV interviews. She is currently leading a multilingual eye health patient education video project providing public education on multiple eye diseases in the top 10 languages most commonly spoken in Canada.

She speaks Cantonese and Mandarin. Dr. Cao's specialties:

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Internuclear ophthalmoplegia|Contact lens | Refractive Disorders and Treatment



Chair
Ricardo Yamasaki
Otica Yamasaki, Brazil

Session Introduction

Title: The visual therapy photon terapia and bioenergetics

Ricardo Yamasaki, Otica Yamasaki, Brazil

Title: A clinical survey of pseudoexfoliation syndrome in Sulaimaniya city- Kurdistan Iraq proliferative retinopathy

Ali A Taqi, University of Sulaimani, Iraq

Title: Gas-permeable scleral contact lens OCT designed-20% Autologus serum as theraphy for visual rehabilitation and management of chronic ocular surface disease attributable to TEN and SJS. floor decompression

Cesar Enoc Sandoval Perez, Ophthalmological Science Institute, Mexico

Title: Orthokeratology for special cases

Brunno Dantas, Brazilian Society of Ophthalmology, Brazil

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The visual therapy photon terapia and bioenergetics

Ricardo Yamasaki
Otica Yamasaki, Brazil

The visual therapy Photon terapia and Bioenergetics has improved visual acuity, low vision, abliopia, catagara and macular degeneration. Photon platinum is a mass of three metals consisting of aluminum, titanium and platinum, which results a permanent radiation, identical to most beneficial solar radiation. This radiation produces rotating and vibrating movements to our body of water molecules, generating an ongoing process of fragmentation of these molecules, which causes the water (which is 60% of the human body) to circulate best through the cells, promoting thus a constant cellular detoxification process. It follows that the photon radiation-platinum facilitate the adhesion and osmosis of water molecules through the cell membrane. The three-molten metals at 1000°C (reduced to microscopic particles) are incorporated in fabrics or other materials that bring together or glued to the body nodes. By using these products of photon platinum we can permanently get exposed to the sun the time at which solar radiation is most beneficial, so getting our body constantly most beneficial of radiation that a human being can receive: Infrared red. A photon platinum thus contributes to the improvement of blood circulation, an anti-inflammatory action and exerts a thermal regulating effect, causing the inside temperature of the body tends to remain at 37°C. The bioinfravermelho energy that nanoceramic emits activates molecules of water in the body stimulating clusters (cluster), and facilitating cell osmosis (exchange of substances through the membrane) and thus contributing to a multitude of benefits to the cells and tissues of the body, to improve the overall metabolism. According to the most explicit scientific studies, the effects of platinum photon fiber are potentially beneficial for: blood circulation, blood pressure, oxygenation of muscles and brain, and in improving visual acuity.

Speaker Biography

Prof Ricardo Yamasaki, Optometrist and owner at Otica Yamasaki and also worked at OPTICO-OPTOMETRISTA. He Studied at Philadelphia College and at Braz Cubas University - Mogi das Cruzes.

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Notes:

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A clinical survey of pseudoexfoliation syndrome in Sulaimaniya city- Kurdistan Iraq

Ali A Taqi
University of Sulaimani, Iraq

Background: Pseudoexfoliation syndrome (PXF) is a well-known clinical condition associated with cataract and the more serious blinding secondary open angle glaucoma that lead silently if unilateral or asymmetrical to irreversible loss of vision as the condition will not be diagnosed and treated early, so our objective is to estimate the size of the problem so we can plan to overcome the serious blinding outcome in the future.

Study Design & Test Sample: Descriptive cross-sectional study of partially random sample.

Aim & Objectives: To assess the clinical condition frequency and associated complications as cataract and glaucoma (PXG).

Subjects & Methods: 252 patients of partially selected elderly Kurds aged 55 years or above those who visited also eye hospital for any reason, were selected and were enrolled, 128 females and 124 male patients in the survey. Full slit lamp examination, visual acuity, refraction, fundoscopy and intraocular pressure measurement by applanation tonometer were done to the patients.

Results: Of total 252 patients examined, we report 73 patients (146 eyes) have the syndrome; this represents a frequency or relative prevalence of about 29%. 30 (44%) are females and 43 (56%) are males, so female to male ratio was about 2:3, of the affected 73 patients, 56 (76.7%) patients have the disease in both eyes (112 eyes) and 17 (23%) patients (34 eyes) of them was affected in one eye, of those affected 73 patients, 60 (82.2%) patient aged 65 years or above, 67 (91.7%) of them were moderate to heavy smokers. 15 patients (20.5 %) have glaucoma and only 3 know that and already on anti-glaucoma therapy, 12 patients (80%) have glaucoma in one eye with variable loss of visual acuity and visual field and discovered for first time. Of the affected 73 patients, 60 patients (82.2%) have visual acuity equal or less than 3/60 at least in one eye of variable causes which regarded as legally blind. All 73 patients have cataract of variable maturity, 30 patients (60 eyes) bilaterally and 43 patients unilaterally (43 eyes), for 3 patient's surgeries were done and the remaining 70 patients have variable cataract at least in one eye and they are candidates for surgery.

Conclusion: The syndrome is present in high percentage in elderly population, increasing with age and it is a bilateral disease although asymmetrical, it is associated with significant decrease in visual acuity by cataract formation or by glaucoma or both, treatment must be given early before permanent damage to the optic nerve.

Speaker Biography

Ali A Taqi has completed his graduation from Baghdad University Medical College in 1990, he got his Diploma in Ophthalmology in the year 1998 and his Arab Board Fellowship in the year 2002. He works as an Ophthalmologist since 1998 and as Senior Ophthalmologist and a Medical School Teacher since 2005. In the year 2008, he has prepared the SHO education guidelines in Ophthalmology and he did his Post-graduate high Diploma/Master study in the year 2007. He has supervised many of the researches in his field.

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Gas-permeable scleral contact lens OCT designed-20% autologus serum as therapy for visual rehabilitation and management of chronic ocular surface disease attributable to TEN and SJS.

Cesar Enoc Sandoval Perez
Ophthalmological Science Institute, Mexico

Stevens - Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare but severe and potentially fatal mucocutaneous diseases characterized by widespread epidermal necrosis and mucosal involvement. The two diseases are closely related. These diseases are very severe, with an overall mortality of 20% to 25%. Severe ocular complications not only aggravate the severity of dry eye syndrome, but also threaten for vision. These sight-threatening corneal complications are the continuous trauma caused by friction from the scarred mucosal surfaces of the eyelids. Late ocular complications may significantly impair the overall quality of life of these patients; those who survive these acute diseases are often afflicted with lifelong suffering from severe eye irritation and blindness. Supportive treatments may be insufficient to improve the quality of life of afflicted individuals. Scleral contact lenses are now considered as a standard mode of treatment. They have been reported to increase quality of life, visual acuity and ocular comfort. The first mechanism that family of scleral contact lenses can help is providing a fluid cushion over the cornea by vaulting all through it, this provides an opportunity for the cornea to heal and these family of lenses protect against rubbing hazards of the keratinized lids and possible trichiasis in patients suffering from severe ocular surface problems. Autologous serum contains the vitamins, several growth factors and fibronectin which are important for corneal and conjunctival integrity. We investigated the efficacy and safety of autologous serum use in a large cohort of Latin-American patients with SJS and TEN 1-3 Sotozono Scale fitted with ScCL designed with the aim of the OCT Visante.

Speaker Biography

Enoc Sandoval has received his degree in Optometry from the National Autonomous University of Mexico. He has lectures and workshops on the treatment of Ocular Surface Disease with Scleral Devices and Specialized Contact Lenses. He has a degree in Histopathology, and has done research in the field of Histopathology of Keratoconus, Eye Care Provider for the International Stevens-Johnson Syndrome Foundation and International Xcel Specialty Contacts Consultant. He has worked at the Association to Avoid Blindness in Mexico (laboratory of Ocular Pathology), at the National Institute of Psychiatry "Ramón de La Fuente Muñíz" (Psychoneuroimmunology Laboratory), in The Hospital Angeles del Pedregal (Laboratory of Pathology) and currently he is practicing his private practice at the Hospital Angele's Ophthalmological Sciences Institute focusing his efforts in the area of specialty contact lenses for keratoconus as well as other degenerations and corneal ectasias, patients with post-refractive surgery complications as well as Ocular Surface Disease.

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Notes:

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Orthokeratology for special cases

Brunno Dantas
Brazilian Society of Ophthalmology, Brazil

Keratoconus is a non-inflammatory, often progressive, corneal disease that makes the cornea thinner and modifies its normal curvature, leading to poor visual acuity. The cornea often acquires anomalous conical shape, from which comes its name. This corneal clinical condition has always been considered as an impediment to the orthokeratology technique. It affects approximately one person in every two thousand people worldwide, causing visual impairment and usually develops up to the age of 40 years. There are some techniques and conducts in the management of keratoconus, among them corneal crosslink, corneal contact lens adaptation and scleral lenses, intracorneal ring implantation, and corneal transplantation. The need for adaptation of corneal or scleral lenses after surgical procedures is relatively common, even if this procedure is minimally invasive, which is not well received by patients, who hoped to avoid or reduce the need for Use of these lenses. Observing the ability to reshape the cornea with keratoconus, in some initial cases it is possible to make a discreet change in the technique and in the way of adapting the orthokeratology lens, achieving in some cases good visual acuity of these patients without the necessity of using corneal contact lenses or scleral lenses during the day. The application of this variation of the orthokeratology technique allowed, in these selected cases of keratoconus, the improvement of the visual acuity of the patient during the day, making unnecessary the use of rigid contact lenses.

Speaker Biography

Brunno Dantas is an ophthalmologist. Professor of special contact lenses of the specialization course in ophthalmology of the Brazilian Society of Ophthalmology.

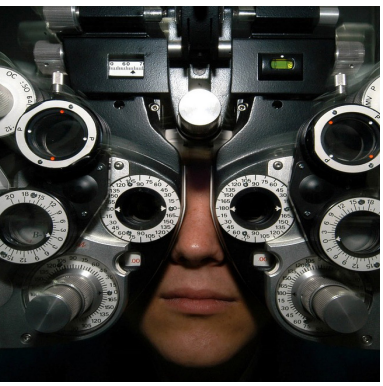
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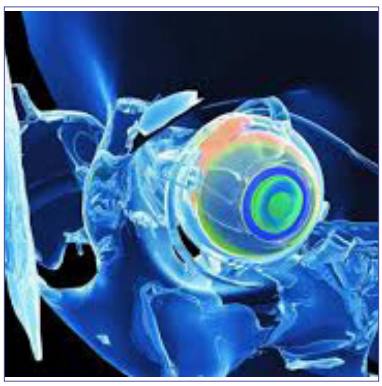
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Naj Sharif

Santen Inc., USA

Ocular hypotensive and neuroprotective treatments for glaucoma

Glaucoma is a blinding disease encompassing a multitude of retinal/optic neuropathies. Primary open angle glaucoma (POAG) is the most prevalent form that afflicts >70 million people world-wide and is projected to increase as better diagnosis is accomplished. Currently, there is no cure for POAG, and only the common symptom of elevated intraocular pressure (IOP) can be treated. However, there are patients whose IOPs are considered normal, whose vision continues to deteriorate, and their glaucoma remains uncontrolled. These patients may need alternative interventions such as neuroprotective agents that can retard their vision loss. While FP-prostaglandin agonists (FPGAs) are first-line therapy for reducing IOP and preventing retinal ganglion cell demise, most FPGAs are losing their patent protection and there are many patients who are refractory to FPGAs-treatment and/or are highly sensitive to the drug or its preservative formulations. Additionally, there is the issue of dosing non-compliance of patients due to infirmity, forgetfulness, and/or simple abstinence of treatment in view of the ocular side-effects like hyperemia, ocular irritation and ocular allergies. Furthermore, many patients with POAG and ocular hypertension (OHT) require more than one type of drug to control their IOPs. Therefore, research and development of new drug candidates and devices to lower and control IOP, including non-peptide bradykinin B2-receptor agonists (e.g. FR-190997), is being pursued world-wide. However, just lowering IOP is insufficient to prevent the visual impairment that ensues due to OHT and glaucoma. Therefore, it is now accepted that direct neuroprotective therapy, in addition to lowering IOP, is necessary to help patients afflicted with glaucomatous optic neuropathies. This presentation will discuss some of the novel IOP-lowering drugs (e.g. Omidenepag Isopropyl [DE-117]; Rhopressa [AR-11324]; Netarsudil]; drug conjugates (Latanoprostene Bunod [Latanoprost-nitric oxide donor), and combination products (e.g. Roclatan [Latanoprost + AR-11324). Furthermore, innovative devices coupled with surgical procedures (e.g. iStent; Innfocus Microshunt) (MIGS) as ocular hypotensives, and potential neuroprotective strategies will be discussed.

Speaker Biography

Naj Sharif completed his graduation from Southampton University, England (UK), where he received his BSc (Joint Honors: Biochemistry and Physiology) and his PhD (Neuroscience). He has been in the pharmaceutical industry for >30-years holding leadership positions spanning discovery research, drug development and regulatory affairs. He has worked at Pfizer, Syntex (Roche), Alcon-Novartis, and is currently at Santen Inc. (Executive Director, R&D). His 23-tenure at Alcon resulted in his contributions to the discovery/development and US FDA approvals of Travatan®, Patanol®, Simbrinza®, and Pazeo® to treat glaucoma/ocular hypertension and ocular allergies. He is a Fellow of ARVO (FARVO), and Fellow of British Pharmacological Society (BPS) (FBPhS). He was honored as the first recipient of the inaugural Dr. Roger Vogel Award for ocular pharmaceutical research (2014), and the "Sir James Black Award" for contributions to drug discovery from BPS (2017). He serves on the editorial boards of numerous scientific journals and is an Adjunct Professor at several universities. He has published 200 scientific articles and edited 2 books, and is the holder of 23 issued US and EU patents.

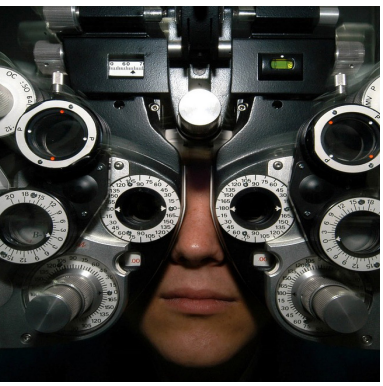
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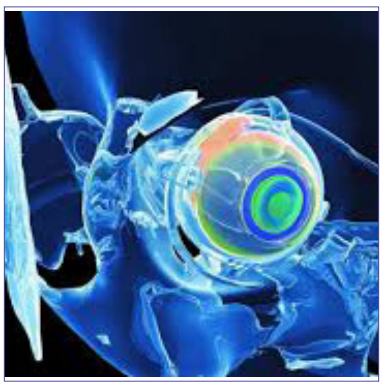
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Shlomo Dotan

Hebrew University of Jerusalem, Israel

Neuro-ophthalmic aspects of drug toxicity

The toxic optic neuropathies are typically characterized by subacute or chronic, bilateral, symmetrical and painless loss of vision. Treatment is initiated by recognition and drug withdrawal. Historically, methanol (though not a medication), ethambutol and isoniazid were the first to be recognized as neurotoxic. Later, cyclosporine, a widely used immunosuppressant and other chemotherapeutic agents, like; cisplatin, carboplatin and vincristine were recognized as having neurotoxic adverse reactions. Amiodarone-associated optic neuropathy has been widely discussed in the ophthalmic literature less than half a century ago. It is still controversial whether sildenafil and other phosphodiesterase-5 inhibitors prescribed for erectile dysfunction, cause visual loss by triggering ischemic optic neuropathy. Vigabatrin, used around the world as an anti-epileptic drug, was reported to cause irreversible visual field defects in children. Infliximab, an anti-tissue necrosis-alpha monoclonal antibody currently in use for granulomatous diseases, is also known to cause toxic optic neuritis. A long list of reported drugs is associated with increased intracranial pressure, though not confirmed by controlled studies. Vitamin A derivatives, corticosteroids, tetracyclines, fluoroquinolones, gonadal hormones, indomethacin, lithium and tamoxifen are just a small part of this list. Abnormalities of eye movements, including nystagmus and inappropriate vestibulo-ocular reflex are reported at toxic levels of neuroactive drugs like: diazepam, methadone, phenytoin, barbiturates and chloral hydrate. Drug-induced disturbances of neuromuscular transmission, occurring at the pre-or-post synaptic levels, include prominent ptosis and ophthalmoparesis along with variable degrees of extremity muscle weakness resembling true myasthenia gravis.

Speaker Biography

Dr. Shlomo Dotan is working as the director of the Neuro-Ophthalmology Service at the Hebrew University-Hadassah Medical Center in Jerusalem for more than two decades. He is part of the Editorial Board of the esteemed journal - Neuro-Ophthalmology. His major research project in the past was The Optic Neuritis Treatment Trial Study and The International Optic Nerve Trauma Study which were published in The New England Journal of Medicine and several ophthalmological journals. He is currently involved in several scientific projects investigating therapeutic aspects in MS, NMO and NAION. He is member of the Israel Medical Association, Israel Ophthalmological Society, North American Neuro-Ophthalmology Society, American Academy of Ophthalmology, European Neuro-Ophthalmology Society, and the European Ophthalmological Society. He has been giving lectures worldwide on various ophthalmological and neuro-ophthalmological topics and has published articles in several prestigious medical journals. He has been part of many esteemed conferences held in Europe, including Israel.

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Sergio Ozan

CEPROC, Argentina

JUMAT Orbital Implant

JUMAT orbital implant was created considering the good qualities of previous implants and improving their flaws. To start the fabrication I looked for material that was easy to get in the market and with low cost. JUMAT is made with hypoallergenic high-density polymethylmethacrylate. It is made in different sizes, from 10 mm to 22 mm. This is really helpful for the surgeon as he counts with different sizes at the operation room and can select on site the most suitable one. This is essential for the successful adaptation of the implant. JUMAT Orbital implant has multiple perforations of different diameters, being the principal one, the one that marks the implant axis and crosses it completely. This perforation has larger diameter in the back area and smaller in the front one. All other perforations connect with the principal one and interconnect among themselves too. This system of perforations is essential to foster an excellent vascularization. Within ten days of surgery the patient is ready to start with the testing for the adaptation of a ocular prosthesis. As from 2010 to present time, 235 JUMAT implants have been implanted with only two expulsions reported. These cases were studied in detail. It was observed that both cases involved children with retinoblastoma. They were enucleated and were implanted with JUMAT. These two children were derived to Garrahan Hospital in Buenos Aires, leading Pediatric school hospital in Argentina. They were under radiotherapy and chemotherapy. These two processes avoided tissue vascularization by necropsy, which determined the expulsion of the implant. JUMAT stands out for the material made of, low cost, various implant dimensions, surgeon possibility to choose exact measure during operation and short time of vascularization and ocular prosthesis adaptation.

Speaker Biography

Optician, University of Buenos Aires, Argentina. Specialist in Contact Lenses. Specialist and manufacturer of ocular prosthesis. Scientific adviser for ocular prosthesis in APO (Asociación Profesional de Optómetras in Argentina). Precursor and creator of multiperforated orbital implant, JUMAT. Precursor and creator of expander orbit asmotic hydrogel filling for microophthalmia. Developer of one-hour customized ocular prosthesis method, unique in Latinamerica. Precursor and creator of the first prosthetic scleral lens. Precursor and developer of ocular prosthesis with magnifying glass for microophthalmia. Director of CEPROC (Centro de Prótesis Oculares y Contactología especializada), Mendoza, Argentina.

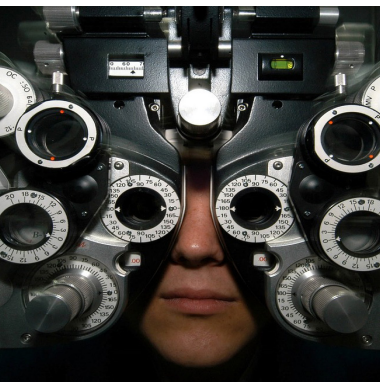
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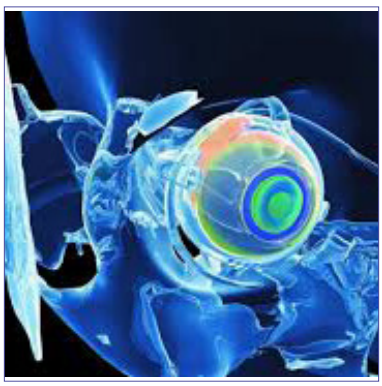
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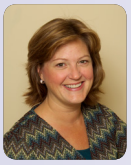
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Nutritional Ophthalmology | Ophthalmology Management |Contact lens



Chair
Denise M Visco
Eyes of York Cataract and Laser Center, USA

Session Introduction

Title: Scleral contact lens: Assessment of the changes

Luiz Formentin, Hospital Santo Amaro, USA

Title: Managing corneal astigmatism using iris registration-guided, femtosecond-laser assisted arcuate incisions performed during cataract surgery

Denise M Visco, Eyes of York Cataract and Laser Center, USA

Title: The new treatments for Age Related Macular Degeneration: The role of antiangiogenic agents and evolution and their safety in the modern world

Hudson de Carvalho Nakamura, Goias Bank of Eyes Foundation, Brazil

Title: Traumatic hyphema frequency and management evaluation: A retrospective study

Ali A Taqi, University of Sulaimani, Iraq

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Scleral contact lens: Assessment of the changes

Luiz Formentin
Hospital Santo Amaro, USA

The scleral lens represents fundamental device to the improvement of visual acuity of patients with irregular corneas and/or to bring mitigation of their suffering in cases of dry eye. Perfect fitting in the ocular ball is an important point so that the patient can use it safe and comfortably. We constructed our study based on zens lens- escleral lens, factored in Brazil by Solótica Industria Óptica under the license of Alden Optical- Lancaster- NY, USA. The target is to analyze adjustments done to adapt lens in patients. We also compared the assessments between slit lamp and optical coherence tomography. The adjusts were more frequently needed until now and are sagittal deep, toric periphery and front toric. Other less needed adjusts were changes in the basic curve to regulate the vault in medium periphery of the cornea and micro vault fitting in steep topography.

Speaker Biography

Has completed his Graduation in Medicine in University of the Lusíada and Specialist degree by the Brazilian Council of Ophthalmology/Brazilian Medical Association. He is an Ophthalmologist at the eye clinic (Santos-SP) and the Director of the Ophthalmology Therapy and Diagnosis Center (Santos-SP), He is the Head of the Ophthalmology Department of the Hospital Santo Amaro (Guarujá-SP) and Contact Lens and Refraction Department of Ophthalmology and Visual Sciences of UNIFESP. He is the Coordinator of the Medical Residency Committee of Santo Amaro-Guarujá Hospital, Member of the Ethics Committee and former President of the Ophthalmology department of the Association of Physicians of Santos, current Paulista Association of Medicine-Santos. His main areas and performance include cataract surgery, refractive surgery, contact lenses and glaucoma. He is researching on adaptation of corneal contact lenses to irregular corneas and advancement and adaptation of scleral lenses.

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Managing corneal astigmatism using iris registration-guided, femtosecond-laser assisted arcuate incisions performed during cataract surgery

Denise M Visco
Eyes of York Cataract and Laser Center, USA

Statement of the Problem: Arcuate incisions (AI) are well established surgical procedure for the correction of residual astigmatism with cataract surgery. The advent of femtosecond laser in the field of corneal microsurgery has improved the safety, predictability and reproducibility of AIs. Purpose of the current study is to evaluate the outcomes of iris registration-guided, femtosecond laser-assisted arcuate incisions performed with cataract surgery in eyes with pre-existing astigmatism.

Methodology & Theoretical Orientation: This retrospective non-comparative study included 279 eyes of 203 patients with cataract and pre-existing astigmatism ranging from 0.50 D to 1.91 D. All eyes underwent LENSAR® femtosecond laser-assisted cataract surgery and AIs using StreamlineTM Iris registration and wireless transfer of the preoperative undilated iris image to the laser system. The incision parameters were automatically generated by LENSAR®'s Arcuate Incision Planning software based on surgeon preference and surgically induced astigmatism. Cyclorotation was automatically compensated by adjusting incision placement. The primary outcome measure was residual astigmatism at two weeks and 3 months after surgery.

Findings: At postoperative 2 weeks, the mean residual sphere, cylinder and MRSE were -0.17 D, -0.09 D and -0.13 D respectively. In particular, 88.2% eyes had ≤ 0.25 D, 94.6% eyes had ≤ 0.5 D and 99.3% eyes had ≤ 0.75 D of residual astigmatism postoperatively. At postoperative 3 months, the mean residual sphere, cylinder and MRSE were -0.20, 0.17 and -0.11D respectively. Residual astigmatism was ≤ 0.25 D in 74.8% eyes, ≤ 0.5 D in 94.1% eyes and ≤ 0.75 D in 99.2% eyes at 3 months. No complications were observed.

Conclusion & Significance: The LENSAR® arcuate incision planning software using iris registration yielded safe and effective outcomes in cataract patients with low to moderate astigmatism.

Speaker Biography

Denise M Visco is an award winning Ocular Surgeon and Founder of Eyes of York. She is the current Secretary/Treasurer for the American College of Eye Surgeons and has served as President of the American Board of Eye Surgery. She is an alumnus of University of Delaware, Thomas Jefferson University and Penn State, where she completed her Ophthalmology training in 1995. She practices a comprehensive array of eye services within the Eyes of York practice which include refractive cataract surgery, presbyopic lens exchange surgery, corneal inlays, LASIK and PRK surgery. She also provides glaucoma management with medical treatment and MIGS when appropriate. She is noted as the first Surgeon in York to provide patients with the quality of a free standing laser center for laser vision correction and surgical center specializing in eyes.

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The new treatments for Age Related Macular Degeneration: The role of antiangiogenic agents and evolution and their safety in the modern world

Hudson de Carvalho Nakamura
Goias Bank of Eyes Foundation, Brazil

Age related macular degeneration is a common cause of blindness, evident with many clinical distinct signs, such as sub retinal neovascular membrane (SRNM), causing metamorphosis and visual acuity loss; there are several treatment options, to reduce its devastating visual effects. The treatment of SRNM in the past, was solely relied upon laser photocoagulation of the membrane, reducing the risks of visual loss when treated without much delay. On the other hand, if the membrane treated was located in the foveal area, the outcome was bad despite treatment, because most of the times the photoreceptors and other retina cells were damaged in the macular area. Laser used to be applied in the macula, and despite the reason was to halt the process of membrane evolution, the patient lost visual acuity immediately after the foveal laser, but MPS (Macular Photocoagulation Study) studies realised that within a couple of years the contrast sensitivity got better rather if the lesion was not treated. Of course nowadays we do not laser the fovea. Other recent studies that come on the way until today show how the involvement of pharmacology and the numerous labs may contribute to the success of the treatment. Treatmens such as PDT (Photodynamic Therapy) with the use of verteporfin (visudyne), which was used together with the PDT treatment protocol for stimulating the action of the drug through this non thermal laser pathway acted shrinking the size and inhibiting the spreading and growth of the membrane; another option applied was TTT (Transpupillary Thermotherapy), with non thermal laser, played a role towards the treatment of the membrane; last but not least on the list was surgical treatment was attempted, with the use of special cannulas underneath the retina to actually remove the subretinal membranes; macular translocation, withdrawing the membrane area from the macular center, rotating good retina do override the retinal pigment epithelium, but bad results and outcomes contributed to the discontinuation of these procedures. Clinical research on pharmacology and the ARMD pathogenesis came up with the targeted cause of these lesions that is VEGF (vascular endothelial growth factor), responsible for the membrane formation and the process of angiogenesis. Development of pharmacological treatment for the membrane came to the most evolving drugs used in ophthalmology today, ranging from pegaptanib sodium (Macugen), FDA approved, to the off label bevacizumab (Avastin), largely employed. Ranibizumab (Lucentis) is largely also used for the treatment of the disease, and Aflibercept (Eyelid) was approved for several diseases, many drugs also included in protocols for diseases different from ARMD. Corticosteroids were far more developed these days for the treatment of ARMD, to mention triamcinolone acetate, Ozurdex (dexametasone implant), and Illuvien (fluocinolone acetone) these last two mentioned drugs being delivered as intravitreal implant different from the others mentioned, delivered as injections. Other drugs are in the way of development. Several studies concerning the use of intraocular anti-VEGF (anti-vascular endothelial growth factor) drugs proved to show great results and membrane shrinking to the point of complete resolution. Usually many of those studies show that after one year duration treatment, and some protocols advise monthly injections, the treatment could be performed as necessary, with larger intervals between sessions. Other drugs are still under investigation and development, but we already have had good results with the approved worldwide medication for the moment.

Speaker Biography

Hudson Nakamura is a Medical Specialist in Ophthalmology and specialized in Retina and Vitreous. Completed School of Medicine at the Federal University of Goiás – UFG and residency from the Base Hospital of the Federal District - Brasília - DF. Presently member of American Academy of Ophthalmology, Brazilian Council of Ophthalmology, Canadian Society of Ophthalmology and also the member of most prestigious society ARVO - The Association for Research in Vision and Ophthalmology United States. Currently working as a professor in department of Retina and Vitreous Course of Medical Residency in Ophthalmology at the Bank of Goias Eye Foundation. Is also working as Specialist in vitreoretinal disease Fellowship - University of Toronto Canada, Specialist in Ophthalmology - University of Toronto Canada, Specialist in vitreoretinal disease Fellowship - Brazilian Center for Eye Surgery.

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Traumatic hyphema frequency and management evaluation: A retrospective study

Ali A Taqi
University of Sulaimani, Iraq

Traumatic hyphema is important as it is common following blunt trauma and is increasing nowadays. Most results from unnecessary eye injuries, especially in children, which are largely preventable. The aim of the study is to evaluate the final unaided visual acuity and the intraocular pressure level on discharge of blunt traumatic hyphema management, and to compare between grade 1 hyphema (low risk, hyphema filling less than half of the anterior chamber) and grade 2 hyphema (high risk, hyphema filling more than half of the anterior chamber) or hyphema associated with a high intraocular pressure regarding the final visual outcome on discharge. Statistical analysis for frequencies was done using the (Epi Info) program which is public domain statistical software for epidemiology developed by Centers of Disease Control and Prevention (CDC) in Atlanta, Georgia (USA). Other results were analyzed using statistical package for social science (SPSS) software (version 13). The design of the study was a retrospective (descriptive) survey of all blunt traumatic hyphema patients admitted in Shaheed Doctor Aso Eye Hospital in Sulaimaniya City, Kurdistan Region of Iraq during the period of January 1, 2008 to December 31, 2008. During the period of the study the medical records of 54 patients, who were admitted due to blunt traumatic hyphema, were retrieved and studied thoroughly regarding their examination notes (unaided visual acuity, level of intraocular pressure and slit-lamp examination) and management was done (medical and surgical) through their admission days in hospital.

Speaker Biography

Ali A Taqi has completed his graduation from Baghdad University Medical College in 1990, completed his Diploma in Ophthalmology in the year 1998 and his Arab Board Fellowship in the year 2002. He works as an Ophthalmologist since 1998, Senior Ophthalmologist and a Medical School Teacher since 2005. In the year 2008, he prepared the SHO education guidelines in Ophthalmology and he did his Post-graduate high diploma/Master study in the year 2007. He has supervised many of the researches in his field and had different subject's lectures and many seminars.

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Notes:

Ocular Pharmacology | Glaucoma



Chair
Clezio Morato
University Goiania Goias, Brazil

Session Introduction

Title: Intraindividual comparison of nepafenac 0.3% for the prevention of macular edema after phacoemulsification: Prospective placebo-controlled randomized study

Clezio Soares Morato, University Goiania Goias, Brazil

Title: Refractory use of intrastromal rings in penetrating keratoplasty

Giuliano Pires, Hospital Oftalmologico of Sorocaba, Brazil

Title: Prevention of visual risks and primary care at work Visual Occupational Health

Martha Patricia Canas, La Salle University, Colombia

Title: Study design: Experimental prospective interventional study

Hala Gabr, Egypt

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Intraindividual comparison of nepafenac 0.3% for the prevention of macular edema after phacoemulsification: Prospective placebo-controlled randomized study

Clézio Soares Morato
University Goiania Goias, Brazil

Purpose: To compare the anti-inflammatory efficacy of nepafenac 0.3% eye drops for prophylaxis of macular edema (ME) after small-incision cataract extraction.

Design: Randomized prospective intraindividual comparative study.

Methods: Both eyes of patients with bilateral age-related cataract were evaluated. Each patient was assigned randomly to receive a nepafenac 0.3% drops (Nevanac Uno, Alcon) in one eye (Nepafenac Group: Case) and a topical artificial tear substitute in the fellow eye (Placebo Group: Control). The primary outcome measure was the change in spectral-domain optical coherence tomography (SD-OCT) mean central subfield thickness (CST, µm) and total macular volume (TMV, mm3) at 1 week, 5 and 12 weeks postoperatively compared between groups. The percentage of patients in both groups who demonstrated macular edema (≥30% increase from preoperative baseline in CST), and the best-corrected distance visual acuity (CDVA) within 5 and 12 weeks after cataract surgery were also compared between groups.

Results: Two hundred and six eyes of 103 patients were included in this study. In all retinal thickness measurements, a significant increase in both groups was detected starting from the postoperative first week until 12 weeks. At 5 weeks, there was a statistically significant difference in CST and TMV between the nepafenac and control group (P=0.024 and P=0.015, respectively). At the 5th post-operative week, none of eyes in the nepafenac group and 4 (3.88%) eyes of the control group showed macula edema, Nonsteroidal antiinflammatory!2 highlighting a trend toward greater incidence in the control group. The between-group differences in visual outcomes were not statistically significant.

Conclusion: Used prophylactically after uneventful cataract surgery, nepafenac 0.3% was efficacious in reducing macular thickness compared to placebo after 5 weeks postoperatively, without difference in final visual acuity.

Keywords: Macular edema; cystoid macular edema; nonsteroidal anti-inflammatory agent; optical coherence tomography; phacoemulsification; nepafenac.

Speaker Biography

Clézio Soares Morato is a Medical Specialist in Ophthalmology. I was graduated from Ciências Médicas de Minas Gerais University – FCMMG (in Belo Horizonte, Minas Gerais, Brazil) and his Residency at the Base Hospital of the Federal District - Brasília – DF (Brazil).

Presently, I am member of the Brazilian Council of Ophthalmology. I am currently doing a Fellowship in Corneal and external disease section of the Ophthalmology Reference Centre (CEROF) in Goiania, Goiás, Brazil

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Refractory use of intrastromal rings in penetrating keratoplasty

Giuliano Pires
Hospital Oftalmologico of Sorocaba, Brazil

Intrascleral ring implants appeared in the 1950s with the aim of altering the curvature of the cornea promoting the correction of refractive errors. More recently, corneal rings have become more important in ophthalmology for the remodeling of irregular corneas, in which the excimer laser would be contraindicated. Corneal transplants have several indications and currently have a wide range of options depending on the underlying pathology. The postoperative management of keratoplasty, especially regarding refractive errors, can be very difficult. Some situations, such as anisometropia and intolerance of contact lenses, require surgical procedures for visual rehabilitation. Among the surgical options have, the procedures with the use of excimer laser is advisable, when the biomechanical conditions of the cornea allow and in specific cases of contraindication the possibility of using the intrastromal ring implants, or even implants of intraocular lenses (phakic or pseudophakic). In 2011, the studies were started using large arc length segments with very positive results. They have numerous advantages among them, the maintenance of every implant in a single plane allowing greater regularity of the surface of the cornea and with the advent of femtosecond laser the implant of these segments became possible. The option of a ring implant is based on the fact that the procedure has the possibility of being reversible without corneal consumption. Keratoplasty is aimed at obtaining the visual rehabilitation of the patients, so the simple fact of obtaining a good transparency of the corneal button can not be considered as success, therefore the final visual acuity should always give the final word on the result.

Speaker Biography

Giuliano Pires is doing his fellowship in cornea, external diseases and refractive surgery at the Hospital Oftalmologico de Sorocaba, Coordinator of the cornea sector of CLDO/CCO, Preceptor of the specialization course in Ophthalmology at the Cearense Institute of Ophthalmology

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Notes:

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Prevention of visual risks and primary care at work Visual Occupational Health

Martha Patricia Canas
La Salle University, Colombia

It is important to understand that in order to be able to develop any trade or work with maximum performance and to have optimal production, not only should there be compliance with labor laws that may exist in any country or region, companies and workers must go further and take into account the health of the workers and be aware of unnecessary risks that may cause temporary or permanent disability, becoming risk factors of public health, through the development of processes and plans that allow workers to be involved in caring for their health, especially visual health, the use of workshops and continuous monitoring of the visual health of their workers, good use of preventive mechanisms for visual care, and follow-up of the guidelines given by visual professionals at the time of the examinations, be it at the time of entry work, or in periodic examinations, how and in what way can workers learn the risks of each job so that they can be protected before irreparable damage occurs and what strategies can be used by vision professionals to help from our private firms so that patients can carry out their work in the most appropriate way, not only in the diagnosis of any visual problem and its solution but also how we can provide a practical and real guide so that patients can perform their work and trade in an appropriate way.

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Study design: Experimental prospective interventional study

Hala Gabr
Egypt

Purpose: to study the ability of mesenchymal cells derived from the bone marrow to help healing of corneal injuries in rabbits

Methodology: Twenty rabbits were used in this study. The corneal surface was destroyed either mechanically or chemically. Mesenchymal cells derived from the bone marrow were carried on an amniotic membrane and transplanted to the corneal surface either after being co cultured with cells derived from the Limbus (group A rabbits) or directly without previous co-culture (group B rabbits). Flow cytometry and clonogenic assay were used to test trans-differentiation of mesenchymal cells into limbal lineage. The effect of the transplanted cells on the corneal surface was assessed clinically, microscopically, and by immunohistochemistry.

Results: Flow cytometry showed that 79±8% of co-cultured cells had acquired limbal lineage criteria, of which 59±5% presented limbal stem cell criteria. A clinical improvement was observed in 64% of the injured eyes with a significantly better improvement in group A compared to group B animals. Involvement of the inoculated cells in the regenerative process was proved by light microscopic demonstration of tagged cells and by dual immunohistochemical staining showing simultaneous mesenchymal and epithelial staining of the implanted cells.

Conclusion: Transplantation of mesenchymal cells derived from rabbits bone marrow could improve their injured ocular surface. Those cells previously co-cultured with limbal cells showed a higher ability of promoting corneal healing.

Key words: stem cells, limbal stem cell transplantation, ocular surface disorders, co-culture, mesenchymal cell trans-differentiation.

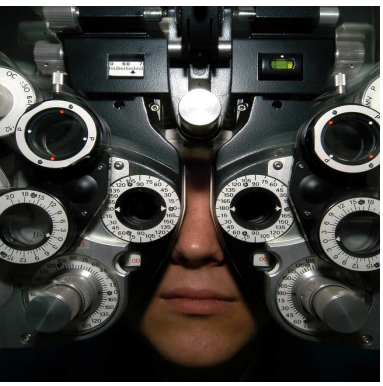
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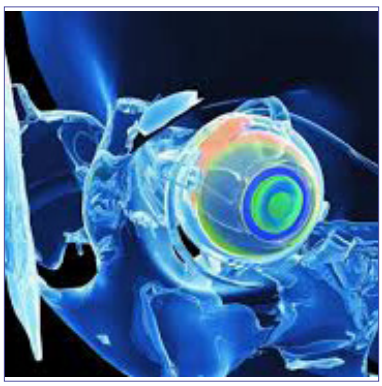
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Javier Yugar

Laser Center And Eyepiece Diagnosis, Brazil

Ultrasound of the eye has become an integral and very important part of diagnosis in modern ophthalmology

Ultrasound of the eye has become an integral and very important part of diagnosis in modern ophthalmology. Standardized echography requires appropriate examination techniques for more reliable results. In this workshop, we emphasize on techniques that have been found to be of great value for a more precise diagnosis. We as well show clinical cases with diagrams that help to understand a tree-dimensional approach.

Speaker Biography

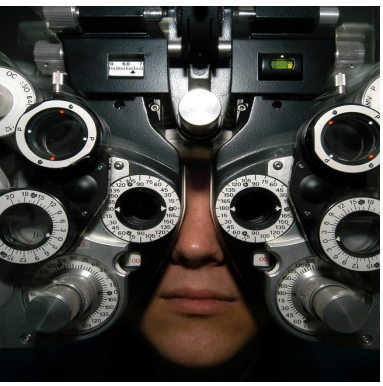
Javier Yugar has completed his Medical degree from Universidad Nacional de San Agustin - Arequipa_Peru, Residence in Ophthalmology at Instituto Hilton Rocha – Brazil. He got training in Ecography under the supervision of Ronald Green at Doheny Eye Institute- Los Angeles California. He is the Author of the book *Ultrasound of the Eye - A Didactic Approach* (third edition with a chapter in Ultrasound of the Orbit). He has worked as a Lecturer in Brazil, Peru, Paraguay, Ecuador, Mexico, USA, France and Portugal. He is the Director of Residence in Ophthalmology at Hospital de Olhos Ruy Cunha - Bahia. He is the Director of the Ultrasound Department of CLDO, Fortaleza-Ceara- Brazil.

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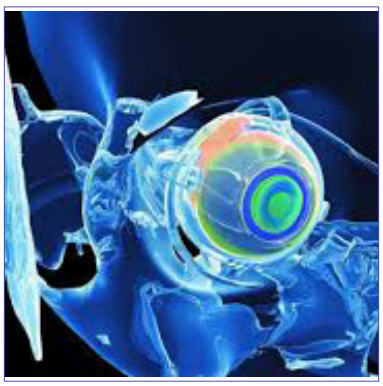
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Refractive errors, visual impairment and utilization of spectacles among primary school children in Onitsha, Anambra State, Nigeria

Ezinne Ngozika Esther
Madonna University Nigeria

This study aims to estimate the prevalence of refractive error and visual impairment, and the use of corrective spectacles among primary school children in Onitsha North and South Local Government areas, Anambra State, Nigeria. The refractive error study in children (RESC) protocol developed by the World Health Organization (WHO) will be used to determine the prevalence of refractive error and visual impairment in primary school children in Onitsha Anambra State, Nigeria. This study will also determine the use of corrective spectacles in this group by using a questionnaire. The findings from this study will serve as a baseline data to plan, implement and monitor refractive error amelioration project and in subsequent evaluation of refractive error programs in Anambra state, Nigeria.

Speaker Biography

Ezinne Ngozika Esther is a Nigerian. Studied optometry at Abia State University Uturu Nigeria and obtained the Doctor of Optometry Degree in 2006. She is very Passionate about Optometry Profession and has worked with Orbis International and Brien Holden vision Institute. She is interested in Pediatric optometry and Low vision. She has worked as a lecturer at the University of Gondar Ethiopia, Mzuzu University Malawi and Madonna University Nigeria. Currently, she is a postgraduate student of University of Kwa Zulu -Natal Durban South Africa. She has eight Research Publications, has 5 siblings and likes reading, watching television and listening to music.

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Non-aqueous gel based carrier system for the ocular delivery of aceclofenac with enhanced efficacy, safety and stability

Supriya Verma, Bhupinder Singh and **O P Katare**
Punjab University, India

Aim: The study was intended to develop a non-aqueous gel based carrier system of drug aceclofenac (ACE) for its effective ocular delivery at the inflammatory sites.

Summary of the Problem: In the treatment of inflammatory conditions prevailing in eye, multiple strategies have been employed like steroids and non-steroidal anti-inflammatory agents. But their use is restricted due to their drawbacks like low drug permeation and retention, low drug availability, local irritation and stinging effect at the affected site in the eye.

Methodology & Theoretical Orientation: The chosen drug (ACE) was entrapped in a proniosomal system, which consists of span 60, cholesterol, maltodextrin and non-aqueous gel as the secondary vehicle.

Observations: The particle size, polydispersity index (PDI) and zeta potential of the prepared system were obtained as 369.6 nm, 0.513 and -25.3 mV, respectively. FTIR studies proved the useful interaction of the drug with the bilayers of the proniosomal system. The prepared gel system was a shear-thinning in nature with the yield value of 12.31 and viscosity of 173.29. Anti-inflammatory and analgesic animal models revealed the supremacy of the prepared formulations over the marketed formulations with increased ocular bioavailability of the drug at the site of eye inflammation. Ocular irritancy studies performed on rabbit eye model proved the safety and non-irritancy of the prepared formulation. Moreover, the formulation was found stable for the period of six months.

Conclusion: The current findings provide the lead for the development of an effective ocular formulation of ACE with substantial stability in the proniosomal system.

Speaker Biography

Supriya Verma has been engaged in experimental laboratory work that includes formulation development, *in vitro* characterization and *in vivo* evaluation of the novel drug delivery based formulations *i.e.,* liposomes, niosomes, solid lipid nanoparticles, nanostructured lipid carriers, etc. Her area of research is based on systematic design and development of nanostructured delivery system of Aceclofenac and Risedronate. In the last four years of research experience, she has got wonderful exposure on topical and oral drug delivery systems in an industry (Panacea Biotech, Lalru) as well as in an academic institute (University Institute of Pharmaceutical Sciences, Panjab University, Chandigarh). She has not only involved in research but also undertaking teaching of Undergraduate and Postgraduate classes. Moreover, she is having collaboration with medical institutes *i.e.,* PGIMER, Chandigarh and AIIMS, New Delhi for the assistance of clinical studies over there. Also she is writing research articles and book chapters related to her professional domain. She has attended various National as well as International level conferences and been awarded with five best paper awards in the last four years.

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Rare Lid Mass

Wesam M Sham and **Osama E Shalaby**
Tanta University, Egypt

A 59 years old Caucasian man was presented at our hospital with painless slowly growing disfiguring mass on his left lower eyelid of 1- year duration. On examination, a Solitary, well defined, firm, mobile nodule measured 12 mm × 10 mm with brownish & skin colored areas and crusted surface was identified on the middle third of the left lower eyelid (Figure 1). The nodule wasn't tender and didn't bleed on touch with normal surrounding skin and no distortion of the lid margin. Local lymph nodes weren't enlarged and there were no other skin lesions elsewhere. The lesion was thought not to be malignant due to the following: Normal smooth eyelid contour, normal surrounding skin, no lash loss, smooth non beaded border, no surface telangiectasia and no bleeding on touch, so mass resection without wide safety margin was planned. Excisional biopsy and histopathological examination were performed. Sections revealed large expansile masses of squamous epithelial cells with well-defined borders, connected to the epidermis with multiple horn cysts and squamous eddies. The resection margins were free of tumor tissue and no malignancy was detected (Figure 2). Based on these findings, a diagnosis of eccrine poroma was made. Follow up was done and no local recurrence was detected through one year (Figure 3). Eccrine poromas are fairly common, benign, slow-growing solitary adnexal tumors originating from the intraepidermal portion of the eccrine sweat duct. The most common sites are palm & sole due to density of eccrine glands. Eyelid poroma, as our case, is extremely rare. To our knowledge, only 4 cases have been reported previously and our case is supposed to be the 5th one. Clinically, poromas can be mistaken for basal or squamous cell carcinoma, hemangioma, cysts or warts. Definitive treatment is complete surgical excision with clear margins to avoid local recurrence.

Speaker Biography

Wesam Shams is an assistant lecturer of ophthalmology, 2nd year fellowship at Tanta medical school, Egypt.

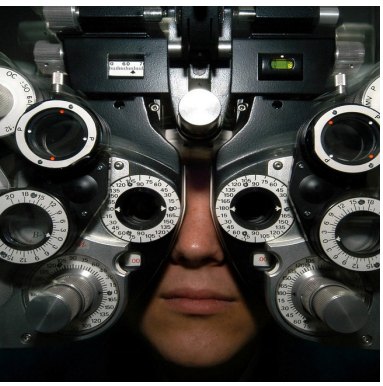
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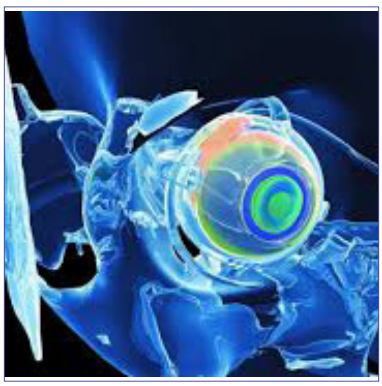
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Phthiriasis palpebrarum: A case report

José G Carneiro
Unichristus University, Brazil

72-year-old patient with intense bilateral ocular pruritus for more than 6 months sought medical assistance, where the examination revealed a bilateral ¾ cataract and a ciliary infestation of *Phithirus pubis*, concluding the Phthiriasis palpebrarum diagnosis. Phthiriasis is a disease caused by an infestation of the ectoparasite *Phithirus pubis* on the genital region, frequently appearing on adults with bad hygienic habits and sexual contacts, caused by a genital-facial transmission of the aforementioned insect. However, the disease is a rare occurrence of blepharitis in adults, diagnosed by the Dermatologist. Furthermore, the disease is most common on eyebrows and eyelashes, and the most frequent way of transmission is mother-child. The diagnosis if this disease is done by the visualization of the louse, distinguished from the *Pediculus humanus corporis* by its larger abdomen, as well as stronger second and third pairs of legs. The patient was treated with REVECTINA® (Ivermectin 6 mg) Oral, 2 pills in a single dose followed by the resolution of the symptoms, and after the return of the patient a week later, it was observed by the exam the absence of ectoparasites and the presence of empty cocoons. The manual extraction of the cocoons was carried out afterwards. On the return of the patient two weeks later, symptoms did not occur and new ectoparasites or cocoons were not observed. After the resolution of the Phthiriasis palpebrarum, the patient was sent to facetectomy.

Speaker Biography

José G Carneiro is an Ophthalmologist Medical Doctor graduated from the Federal University of Ceará, entitled specialist by the Brazilian Council of Ophthalmology and by the Brazilian Medical Association. He currently works on the fields of external diseases, contact lens, ocular prosthesis and glaucoma treatment.

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Proposed practical guide for the treatment of keratoconus

Hector Hugo Paez Villa
Santo Tomas University, Colombia

Introduction: The professional practice of the author for over 10 years in the study, analysis, measurement and calculation of contact lenses for different corneal ecstasies; Has carried out an effective, agile and safe treatment guide or protocol for the optometric and contactlogical management of keratoconus.

Objective: Provide visual health professionals specifically with advanced contact lenses, a practical guide to successfully adapting and formulating contact lenses for different corneal ecstasies.

Results And Conclusions: The increasing demand of patients diagnosed with keratoconus, the diagnostic advances and a number of therapeutic alternatives offered by the current contactology. They cannot be far from an effective, accurate and conclusive clinical treatment. This guide from the complex to the practical will lead the professional in visual health to have sufficient capacity to determine the therapeutic plan in each case and general thus provide the possibility for the ectasic patient to enjoy the true sensation of seeing well, clear and accurate.

Speaker Biography

Hector Hugo Paez Villa. From Colombia. . Professional in Optometry of the University of Salle Bogota. With Diploma in Primary Eye Care of the Andean Area University Foundation Medellin. I have just received my degree of Specialist in Previous Segment and Contact Lenses at Universidad Santo Tomas Bucaramanga. I am a member of the College of Optometry at the Colombian Federation of Optometrists Col FEDOPTO Medellin. Member of The Vision Care Institute Bogota, of the Brazilian Institute for Training and Research in Contact Lenses and the Scleral Lens Education Society.

I practice my professional practice in the area of advanced contactology in the city of Medellín and I am the founder of the Latin American group; Let's talk about Contact Lenses.

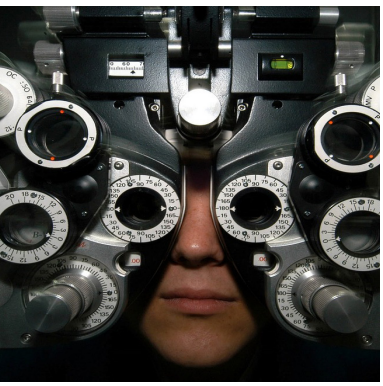
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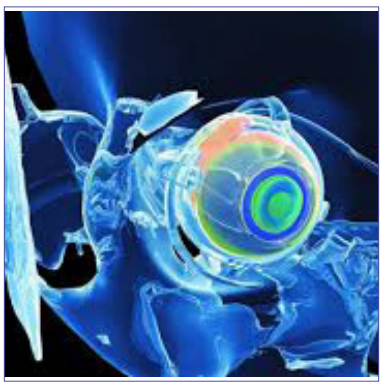
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Cornea crosslinking with verteporfin nonthermal laser therapy

Saleh. A. Al-Ageel
Prince sultan medical city, Saudi Arabia

This study is to test if corneas treated with combined verteporfin non-thermal laser therapy can increase corneal mechanical stiffness and increase resistance to enzymatic degradation. Human research corneas were obtained from Tissue Bank International (Baltimore, Maryland) and from North Carolina Eye Bank (Winston-Salem, North Carolina). Riboflavin 5'-phosphate sodium salt hydrate, 20% (w/w) dextran solution (from Leuconostoc mesenteroides) and collagenase A (from Clostridium histolyticum, E.C. 3.4.24.3) were obtained from Sigma Aldrich (St. Louis, Missouri). Barron R artificial anterior chambers were purchased from Katena Eye Instruments (Denville, New Jersey). The VEGA LED-based UV emitter was purchased from Costruzione Strumenti Oftalmici (Firenze, Italy). Untreated corneas were dissolved in collagenase A in 5.47 h ± 0.21 hours. Cross-linked corneas demonstrated a slower rate of dissolution (20.06 h ± 1.23hours). We report for the first time that verteporfin non-thermal photodynamic laser increases corneal mechanical stiffness and resistance to enzymatic collagenase degradation. Although a clinical study of this methodology in human patients is still needed, our results suggest that verteporfin non-thermal photodynamic laser induces crosslinking cornea tissue that is like collagen crosslinking (CXL) using ultraviolet-A (UVA) irradiation combined with riboflavin. V-NLT could represent an alternative treatment for cornea ectatic diseases.

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Influence of orthokeratology lens on axial length elongation and myopic progression in childhood myopia

Su-Young Kim
South Korea

Objectives: The objective of this study is to investigate the clinical effects of orthokeratology lens wear on inhibition of the myopic progression and axial length elongation in Korean children with myopia.

Methods: The authors reviewed out-patient records of 37 eyes of 19 patients wearing orthokeratology lenses. The 46 eyes of 23 patients wearing spectacles were included into the control group. We evaluated the relationship between orthokeratology lens wearing people and control group according to age, initial myopia, initial astigmatism and axial length elongation.

Results: There were no significant differences between two groups as for age, initial myopia, astigmatism, spherical equivalent and axial length at baseline (t-test, $p>0.05$). Significant reduction of refraction was shown in patients with wearing lenses after 1 year (t-test, $p<0.001$). The mean axial length before and after 1 year was 24.62±1.39 mm and 24.73±1.28 mm respectively after lens wearing, and 24.59±0.74 mm and 24.80±0.71 mm respectively after wearing glasses. The axial length elongation was 0.11±0.12 mm, and 0.21±0.07 mm in patients with wearing lenses and glasses, respectively, which showed statistically significant difference (t-test, $p<0.0001$).

Conclusions: The orthokeratology lens was found to be effective in suppression of myopic progression through less axial length elongation, compared with the glasses.

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The impact of sub specialization in Ophthalmology on service delivery in a developing country

Oseluese Dawodu and **Valentina Okeigbemen**
University of Benin Teaching Hospital, Nigeria

Sub specialization in different aspects of Ophthalmology has been the norm in developed countries for many decades. Many ophthalmologists practicing in developing countries including Nigeria are general ophthalmologists

The impact of additional training (Fellowship in Paediatric Ophthalmology and Adult Strabismus) on service delivery is elucidated in this paper.

The training resulted in acquisition of new skills resulting in expansion of the scope of practice, improvement in the management of medical and surgical ophthalmology patients with better outcome of surgeries.

This improved quality of care resulted in a rapid uptake of services leading to an increase in the number of children attending the outpatient clinics, and those having surgeries and in- patient care.

Challenges in bridging the gap between the practice of ophthalmology in developed and developing countries remain, the most important of which is lack of equipment due to high cost and difficulties with maintenance.

Conclusion: Training is a very strong component of service delivery. Donor agencies who wish to assist developing nations improve their eye care program would best serve by using available resources in human capacity development (Training) and provision/maintenance of valuable equipment.

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Causes of childhood blindness at National Eye Centre Kaduna, Nigeria from January 2011 to December 2015

Ezinne Ngozika Esther, Nnadi and **Onoikhua**
Madonna University Nigeria

Objectives: The objective of this study is to determine the causes of blindness among children (aged 0-18years) seen at National Eye Centre, Kaduna from January 2011-December 2015.

Methods: The study involved review of case files of 2145 records of children aged 0-18 years who visited National Eye Centre, Kaduna from January 2011-December 2015. Those diagnosed based on WHO criteria for blindness as been blind were identified and causes of blindness among them were categorized according to gender, age and laterality, preventable, treatable and avoidable causes of blindness. Frequencies and descriptive tables were generated using the Statistical Package for Social Sciences (SPSS) version 16.0. Chi squared test, student's t-test were used to compare means and values were considered statistically significant at $p<0.05$.

Results: A total of 2145 children case files were reviewed, 789 (36.8%) children had childhood blindness. The major causes of childhood blindness were cataract (52.6%), retinal disorders (14.1%), glaucoma (10.3%), corneal opacity (5.7%), refractive error (5.6%) and others (11.8%). 19.5% were visually impaired, 14.5% were totally blind (NLP) and 5% had low vision/reduced vision in at least one eye. Childhood blindness was more prevalent among children aged 5 to 12 years (38.1%) and birth to 1 year (20.7%). There was statistically significant difference in gender males (57.4%) and females (42.3%). 58.2% of the causes of blindness found in the study are treatable, 16.0% are preventable while 25.8% are avoidable.

Conclusion: Blindness is a serious public health problem in the northern part of Nigeria, and there is urgent need to implement comprehensive childhood blindness prevention programs. Further surveys are essential to confirm these findings and determine the causes of childhood blindness in other parts of Nigeria to achieve VISION 2020 objectives.

Speaker Biography

Ezinne Ngozika Esther is a Nigerian. She studied optometry at Abia State University Uturu Nigeria and obtained the Doctor of Optometry Degree in 2006. She is very Passionate about Optometry Profession and has worked with Orbis International and Brien Holden vision Institute. She is interested in Pediatric optometry and Low vision. She has worked as a lecturer at the University of Gondar Ethiopia, Mzuzu University Malawi and Madonna University Nigeria. Currently, she is a postgraduate student of University of Kwa Zulu -Natal Durban South Africa. She has eight Research Publications, has 5 siblings and likes reading, watching television and listening to music.

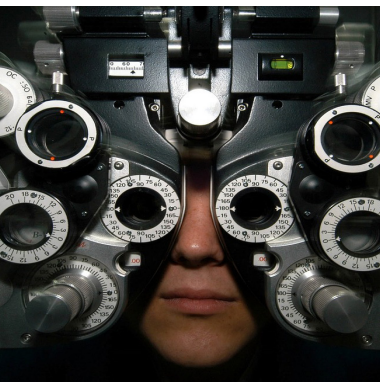
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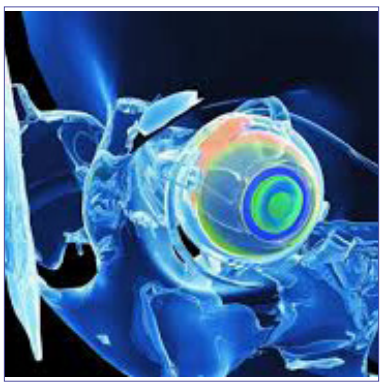
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OCT-Angiography: an essential diagnostic system

Javier Ruiz Lopez, Angel Garcia Garrigos, Andres Navarro Mingorance, Claravision, ESPANA.
Optometry in University of Granada, Spain

Purpose: Showing the clinic relevance for the ocular professionals of this innovative technique, dye-less OCT-Angiography, to diagnose and follow up retinal and choroid all vascular diseases. Methodology & Theoretical Orientation: To get Angio-Oct, we have used the 3D Optical Coherence Tomography DRI OCT Triton of TOPCON. OCT- Angiography is a technique that allows us to follow-up vascular retinal pathologies, without injecting any dye. In this way it is possible to obtain information about the intravascular flow of the different internal and external layers of the retina, as well as the choroid using the same procedure as the capture of an optical coherence tomography. Its ability to display a detailed map, layer selective, of the capillary plexus makes this technique to consolidate as a reference at the diagnosis tests of pathologies. Clinic cases: Three clinical cases will be reported showing different pathologies of different patients with relevant vascular affection, to show the performance of this new test. We report a case of venous thrombosis combined with diabetic retinopathy, another case of age-related macular degeneration, and at last a case of glaucoma. Retinography images, optical coherence tomographies and angiography-OCT (Figure 1) will be shown from the three patients. Conclusion: The use of OCT-Angiography for the diagnosis of retinal pathologies is of high impact, its advantages over known techniques: dye-less, non-invasive, layer selective, repeatability of the test, rapid technique, more comfortable for the patient, costs of follow-up study decrease, among others.

Speaker Biography

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Angel García Garrigós2: Performs his profesional as optometrist in Ópticas Claravisión. Got his degree in Optics and Optometry in UGR in 2002, Master in clinical Optometry.

Andrés Navarro Mingorance3: Performs his profesional as optometrist in Ópticas Claravisión. Got his degree in Optics and Optometry in UGR in 1999, Master in clinical Optometry. Expert in Orthoqueratology and Scleral lenses by UA.

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Effect of Anti-inflammatory treatment on intraocular pressure after selective laser trabeculoplasty

Laura Palmero Fernandez
Hospital Clinico San Carlos, Spain

Statement of the Problem: Topical steroids are known to increase intraocular pressure (IOP). The purpose of this study is to analyze the effect of anti-inflammatory drops (i.e. comparing topical corticosteroids versus non-steroidal anti-inflammatory drugs - NSAIDs) on intraocular pressure following Selective Laser Trabeculoplasty (SLT).

Methodology & Theoretical Orientation: 37 consecutive patients with open-angle glaucoma were randomly allocated into 2 treatment groups after a SLT procedure: ketorolac 0.5% (Acular®, N = 19) and fluorometholone 0.1% drops (FML®, N =18). IOP was measured 1h, 24h, 1 week, and 1, 3 and 6 months after SLT.

Findings: IOP reduction was significant in both groups (mean reduction 5.22 ± 3.55 mmHg in the ketorolac group, and 5.19 ± 3.57 mmHg in the fluorometholone group, $p < 0.001$). There were no statistically significant differences in IOP between both groups through follow-up, except significantly lower IOP in the ketorolac group at 3 months (18.14 ± 2.49 mmHg) than in the fluorometholone group (20.88 ± 3.24 mmHg, p = 0.009), with no differences at 6-month follow-up (mean IOP in both groups 19.09 ± 3.08 mmHg, and 19.69 ± 2.85 mmHg, respectively, $p = 0.575$). There were no statistically significant differences in mean IOP in the first 24 hours following the procedure (22.26 ± 4.73 in the ketorolac group and 24.36 ± 5.76 mmHg in the fluorometholone group, $p = 0.236$).

Conclusion & Significance: The anti-inflammatory treatment after SLT does not seem to have a short-term effect on the ocular hypotensive efficacy of selective laser trabeculoplasty, nor on the incidence of hypertensive peaks in the early post-treatment follow-up.

Speaker Biography

Laura Palmero Fernandez is an Ophthalmologist based in Madrid, Spain. She currently combines her work at King Juan Carlos University Hospital with a private practice. Her subfield of expertise includes cornea and ocular surface diseases, and cataract and refractive surgery. Her research is focused on keratoplasty techniques, keratoconus and challenging cornea cases.

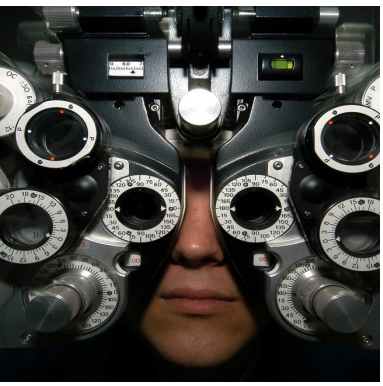
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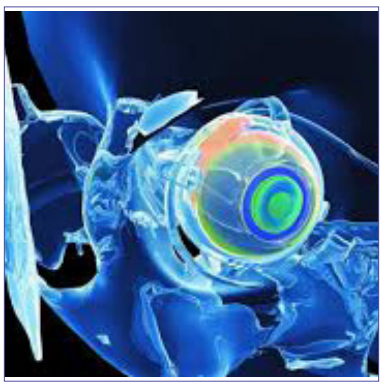
Accepted Abstracts

Eye 2017









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Your Website Probably Sucks

Daniel Feldman
Dba designs/The Visionaries Group, USA

Like most optical businesses, you probably have a website. It was probably built years ago by someone you haven't chatted with in just as long. While your website lounged about online, the world changed around it. Your competitors have moved ahead with new sites. New competitors that didn't even exist when you last updated your website have now taken market share from you and continue to erode your market share, whether you are in a city of one thousand or ten million. There are 3 ½ billion people online around the world. Over 80% of the population of the US and Canada have an internet connection. Your website is your online brochure, your practice concierge, serving your prospective and current patients and customers 24 hours a day, 7 days a week, 365 days a year. Does your website live up to the look, the feel, the experience of your practice or is it some cheap distant facsimile of what you never were, are not today and certainly will not be tomorrow? In this class, we will explore modern optical websites. We will discuss what every ECP website should have and shouldn't. We will discuss SEO (Search Engine Optimization). We will talk about the mobile revolution and why your website must be mobile friendly. We will learn how to get people to visit your website and how your website should convert a browser into a patient and consumer.

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Prevalence and pattern of refractive errors among secondary schools students in sulaimaniya city-kurdistan region-iraq

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Awareness of poor visual acuity that can be treated easily and effectively in the student groups can add positively for their quality of life and quality of their study

Study design and test sample: a descriptive cross-sectional study done among students aged 14–19 years in secondary schools in sulaimani city from six secondary schools both male and female are enrolled

Aim and objectives: to determine the prevalence and pattern of refractive errors in this students group and determine the prevalence of different types of refractive errors which include (myopia, hypermetropia & astigmatism),

Subjects and methods: the total of 848 students aged 14–19 years, were examined. Examination included visual acuity testing by e chart, and refraction was done for those having visual acuity less than 6/6. The refractive errors of the students' eyes were measured using streak self -luminous retinoscopy and non-cycloplegic auto-refraction

Results: out of 848 students, 737 (86.9%) were emmetropic (normal visual acuity) and 111 (13.1%) were ametropic. Of those 111 students, myopia with myopic astigmatism was the commonest types: 41(36.9%), and 52(46.8%) students respectively. Hypermetropia found in 14(12.6%) students. Anisometropia was found in seven (6.3%) students, represents (0.8%) of the sample. Amblyopia was found in 11(10%) students, of overall sample (1.3%) had amblyopia. Only one had bilateral amblyopia. Bilateral vision correction to 6/6 was found in 81(73%) students, (9.6%) of the study sample, six (5.4%) students (0.7%) had unilateral correction to 6/6, nine (8.1%) students (1.1%) had bilateral correction to 6/9, and 15(13.50%) students, overall represents (1.8%) of them, their vision was correctable to less than 6/12. Those having glasses earlier were 35(31.50%) students represent (4.1%) of the sample while 76(68.50%) student need glasses.

Conclusion: prevalence of refractive errors was 13.1% of the sample. Simple myopia was the most prevalent refractive errors that corrected to 6/6, while. Amblyopia was more common in hypermetropic. Anisometropia was the least common of the sample.

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Visual-manual tracking in antiorthostatic hypokinesia ("BedRest")

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During examinations of 23 subjects (12 in the control group) in antiorthostatic hypokinesia (lying position in experimental bed with -7o angle) of 2 months model experiment "BedRest", visual-manual tracking (VMT) parameters were studied. In the study of VMT eye movements were recorded by electrooculography method (EOG), hand movements – by a joystick using biological visual feedback (on the screen represented the current angle/ position of the joystick). Examinations were conducted using computerized stimulation programs, which were presented on the screen of the hardware-software complex "Sensomotor" (smoothly linearly and sinusoidally on the horizontal and vertical planes, with a 0.16 Hz frequency in ±10° range). We analyzed time, amplitude and velocity characteristics of the visual and manual tracking (VT and MT), including efficiency ratio and gain as ratios of respectively amplitudes and velocities of eyes/hand movements to the stimulus movement. Studies were carried out once before the experiment (on 9-10 days before the bedrest - baseline data collection), during the experiment on 3, 5, 10, 25, 40, 58 days of BedRest. After completion of the experiment, examinations of VMT were carried out on 1, 3(4), 7-10 days. According the results, during assessment of the parameters of VMT it follows that antiorthostatic hypokinesia affects not only on the characteristics of eye movements tracking, as evidenced by an increase in the latency of reaction, change in accuracy and velocity of visual stimulus tracking but also changes in accuracy of important indicator of the operating activity - manual tracking. Total reaction time of the VT was significantly lower (!) than the BDC during stay in experimental bed and in the first days after experiment, same reaction we can see and after SF. It was found that the conditions of antiorthostatic hypokinesia have a greater impact on the accuracy of the VT than the accuracy of MT. Full return of characteristics of the VMT to the baseline was observed only on R+10 days after experiment. Comparison of the results obtained at cosmonauts after long-duration space flight, with the results of "BedRest" experiment showed the similarity of character changes of measured parameters of VMT, but changes after SF were more pronounced than after «BedRest».

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Scleral Lenses, Mexican Experience

Jose Luis Monroy
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Statement of the Problem: Keratoconus is a progressive and idiopathic disease in which the cornea develops into an irregular and conic shape. The clinical signs include thinning of the cornea in its central or paracentral region, an apical protrusion that result an irregular astigmatism, and this condition can progress 1 . Keratoconus is the most common form of dystrophy or corneal ectasia, with an incidence of 50–230 per 100,000 persons2.In Mexico, the research on keratoconus is scarce; the articles published show statistics that are similar to those in international literature, which indicates a higher prevalence in male patients with a mean age of 24.5 years3.The incidence is about 1/2000 people in the general population in Mexico4. Medical management with scleral lenses is a viable treatment for vision rehabilitation. Methodology & Theoretical Orientation: Retrospective, cross-sectional, observational, descriptive study of 66 patients with diagnosis of keratoconus and other secondary ectasias post refractive surgery those who were followed from 2014 and we fitting them with scleral contact lenses. Findings: We have found two particular situations in patients fitted with scleral lenses in Mexico: in 80% of cases a significant impingement occurs in the scleral area with lens diameter of 15.8 mm and above and due to this peripheral areas need very flat for better alignment of the edge with the sclera or smaller diameters. The other situation is that in 34% of cases have made the adjustments to the front surface due to the presence of residual astigmatism resolving this situation with Toric designs. Conclusion & Significance: Scleral lenses provide excellent vision correction and superior comfort compared to traditional contact lens options for the management of keratoconus and other ectasias post refractive surgery. In most of cases Scleral lenses provide a really visual rehabilitation. Scleral lens should be considered before surgical intervention. However lens designs should be improved especially in the landing zone.

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Trifocal lenses for patients with glaucoma. A controversial decision

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There is great controversy about the use of advanced technology lenses such as toric lenses and trifocal lenses in patients with glaucoma, since the interface of this type of lens causes a loss of energy in the transition zone that could mean a decrease of Visual gain and decreased sensitivity to contrast in patients where the decrease in contrast may be had been altered by the disease. However, these patients are entitled to consider the implantation of a better technology intraocular lens, such as trifocal lenses, in order to obtain the benefit of the independence of the frame lenses using an intraocular lens that allows them to improve the visual quality at Different distances. The purpose of our study was to evaluate visual outcomes in patients with glaucoma suspected and mild glaucoma candidates for cataract surgery and trifocal intraocular lens implantation. A longitudinal, prospective, experimental and analytical study was performed. In the methodology: Patients with cataract and diagnosis of mild or glaucoma suspected who had visual field, optic nerve tomography and contrast sensitivity study were included and underwent cataract surgery by phacoemulsification with intraocular lens implantation (Trifocal AT LISA tri 839 MP). It was concluded that Visual results obtained at different distances with the trifocal design indicate that this emergent technique is an alternative for candidates with mild glaucoma or glaucoma suspected without the procedure altering its follow-up or modifying the sensitivity to contrast.

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Use of non-pedicled conjunctival flap in corneal perforations

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Objective: Available treatments of corneal perforations can range from temporary or short-term solutions to more complex repair. The cornea surgeon will choose about it depending on the underlying disease and taking in count the size, extent of stromal involvement, location of the perforation and visual potential. When there is a deficit in access to a corneal tissue and you are facing an emergency to solve, but you want to maintain an integrated ocular surface, thinking about the possibility of a new surgical intervention, the use of non-pedicled conjunctival flap could be a good alternative.

Methodology: We described the use of non pedicled conjunctival flap in 8 cases of non-traumatic corneal perforations and impending perforations. This kind of treatment has not previously been described. All patients had been treated first for microbial keratitis, and nonetheless progressed to corneal ulceration with stromal thinning.

Results: Six (6) patients had a cure or complete remission of their disease within 4 to 8 weeks of their surgery, leaving an ocular surface intact, and ready for a corneal transplant in a future. The other two patients did not have a good evolution and their flaps disintegrated by advancement of the ulcer so they needed a new surgery (a new flap or a scleral patch).

Conclusions: Non pedicled conjunctival flaps are a very good option for the treatment or corneal perforations especially when donor tissue is not timely available..

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IND enabling study of transplanting clinical grade neural progenitor cells for the treatment of retinal degeneration

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Statement of the problem: Age related macular degeneration (AMD) is the major cause of blindness with huge financial and social impact. Unfortunately, treatment is still very limited. Advance in stem cell biology offers real promise to save vision. Current stem cell-based therapies in clinical trials to treat AMD aim to replace retinal pigment epithelium (RPE). However, reported efficacies have been inconsistent, often poor, and the mechanisms of retinal protection remain poorly defined. RPE replacement strategy is complexed by several factors. Grafting early on is prohibited by diseased RPE cells still occupying Bruch's membrane (BM), whereas the problem with grafting too late is that insufficient numbers of functional photoreceptors remain. The co-dependency between RPE and photoreceptors leaves a narrow window of time in which interventions have the best chance of success. Another important consideration for RPE cell grafts is that BM undergoes progressive degeneration in AMD. Studies have clearly demonstrated that healthy RPE fails to resurface BM in both animal experiments and clinical trials.

An alternative cell type that does not require attachment to BM, preserves vision, and reduces the burden of aging RPE cells may be a viable option for treating AMD.

Methodology & Theoretical Orientation: Clinical grade NPCs were injected into the sub retinal space of rodent model for retinal degeneration to validate its efficacy and large animal model-Yucatan mini pig to test the feasibility of delivering viable NPCs. At several time points, visual function was examined by electro retinography (ERG and optokinetic response (OKR); retinal lamination and graft distribution was evaluated by spectral domain optimal coherence tomography (SD-OCT). Histological correlation with visual function was performed.

Findings: NPCs survived for long term, migrated extensively in the sub retinal space and offered dramatic preservation of photoreceptors. NPCs preserved RPE cell integrity, self-assembled as a layer in graft-secreted extracellular matrix (ECM) that did not require attachment to BM while offering vision preservation. NPCs reduced the burden of RPE cells by phagocytizing and degrading

Photoreceptor outer segments. NPCs were successfully delivered to the sub retinal space of Yucatan mini pig in the setting similar to human clinic; visual function was not affected by sub retinal injection of NPCs as measured by ERG. Retinal detachment due to the initial sub retinal injection was quickly reattached as revealed by SD-OCT.

Conclusion & Significance: As an alternative cell type to RPE cells, NPCs offer dramatic photoreceptor and vision preservation without needing to the attachment to the BM. NPCs survive for long term and migrate extensively from injection site. NPCs can be successfully delivered to large animal model without affecting retinal function. NPCs hold real potential for preserving existing retinal anatomy and function.

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