



SAARC Academy of Ophthalmology

# South-Asian Academy of Ophthalmology Conference

*Breaking Barriers in Ophthalmology*

## PROGRAM BOOK

17th - 19th December  
Virtual Conference



Afghanistan



Bangladesh



Bhutan



India



Maldives



Nepal



Pakistan



Sri Lanka

# Message from the Chairman

## Prof. O.K Malla



Dear friends and colleagues,

At the outset I would like welcome you all and also take this opportunity to thank you all for your participation in this Virtual SAO conference,2021 of South Asian Academy of Ophthalmology.This virtual meet promises to be a great scientific event with participation of many eminent and learned speakers from the SAARC countries and beyond.

Talking about SAO, the first congress of SAARC (charter of FONAS) was a landmark event in the history of SAO which took place in Kathmandu, the capital of Nepal in 1991.

It was a great success and was named as FONAS (Federation of Ophthalmological Society of Non-Aligned and SAARC countries) with the election of Dr. L.P. Agarwal and Dr. S.R.K. Malik as its President and Secretary General respectively.

Almost from then on the Honorary General Secretary Dr. Rajvardhan Azad has been instrumental in keeping the academy functional and academic. In this context I would like to thank all the past presidents and office bearers for their contribution in bringing the Academy to the present state.

The timely theme of the conference ' Breaking Barriers in Ophthalmology ' could not be more appropriate in the context of present times. The cutting edge technologies and their expansion to reach to those who need them and making the services qualitative and affordable could be considered to be some of the important barriers of progress to address. The conference will I hope, deliberate on some of these issues and many more and arrive at meaningful conclusions.

COVID-19 pandemic has been a great menace globally in our region and also for our institution.Its activities have been adversely in several ways and periodic conferences have been narrowed down to virtual events and meetings.

I would like to sincerely appreciate the hard work and dedication put up by Dr.Rajvardhan Azad, Dr.Lalit Varma, Dr. Namrata Sharma and Dr. Eli Pradhan in organising the conference.

My special thanks to the major sponsors like Cipla,Novartis, INTAS, Bayer and Allergan whose contributions have encouraged us significantly in our undertaking.

Wishing you all a wonderful time,

Prof. O.K.Malla, DO.(Lond), FRCS.(Ed), FNAMS  
President,SAO  
Chairman,SAO Conference 2021

# Message from the Chairman

## Prof. Rajvardhan Azad



I, on behalf of the organizing committee have pleasure in welcoming all the Distinguish Guest, Colleagues and Young Ophthalmologists to the virtual conference of SAARC Academy of Ophthalmology. The Programme for this conference has been very meticulously drafted, finalized and compiled by the pain staking joint efforts by the Chair of Scientific Committee of SAO. My all appreciation and kudos to them for the wonderful job they have done.

I want to acknowledge the participation of the Key Leaders and Pioneers in all fields of Sub-speciality of Ophthalmology. I also take this opportunity to welcome our Young Colleagues and Researchers who will be attending this conference either as a Speaker or an Audience. It is said “Those who speak they sow, those who listen they reap”. Needless to say and hence evident the listeners or the audience will be greatest beneficiaries of this conference.

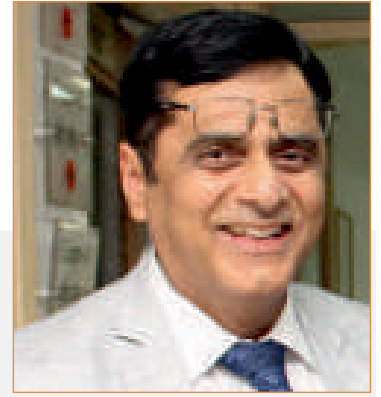
This programme book contains all the useful information provided in an easy to use format to make happen this conference a friendly, hassle free and memorable experience. The maximum in Ophthalmology has been covered in Basic, Intermediate, Advanced levels and most recently updated topics. The presentations include Instruction Course, International society Symposia, Free Papers and E-Poster Presentations as well as esoteric topics, which will be most informative and enlightening for all the participants.

I once again thank to all the SAO council members and organizing committee members specially Dr. Lalit Verma, Dr. Namrata Sharma and Dr. Eli Pradhan for their maximum endeavors and utmost cooperation in making this conference a great success.

### **Prof. Rajvardhan Azad**

Secretary General,  
SAARC Academy of Ophthalmology

# Message from the Chief Organizing Secretary Dr Lalit Verma



It is a real pleasure to help organize this conference on behalf of SAARC countries. The cooperation rendered by the member countries specially by Dr. Namrata Sharma (India), Dr. Eli Pradhan (Nepal) & Dr Shams Noman (Bangladesh), is worth the praise.

We managed to have more than 630 pre-registered delegates which in these COVID times is unprecedented. The scientific deliberations over three days, being run in 4 parallel halls, will definitely benefit the delegates and ophthalmologists of this region. Live Surgery on day three will be like King on the Cake.

Sincerely thanks to the entire SAO council led by Prof. Malla, Prof. Azad for giving us free land to organize this wonderful virtual event, “Breaking Barriers in Ophthalmology”. I can’t thank enough the sponsors who came forward in these challenging times. Conference would not have seen the light of the day but for the hard work put in by Mr. Kripal Rana, Alpcord team led by Mr. Chetan, Nayank & others and support provided by Grover Audio Visual Services team led by Mr. Ravi Grover & Abhishek.

Wishing you all a Happy New Year & hope you enjoy the Rich Academic Extravaganza!!

## **Dr. Lalit Verma**

Chief Organizing Secretary, SAO

Vice President, AIOS

Director, Retina Services, Centre for Sight

# Message from the Chairperson Scientific committee

**Dr Eli Pradhan**



On behalf of the scientific committee of SAO conference 2021, we would like to welcome and invite you for this virtual conference from 17<sup>th</sup> to 19<sup>th</sup> Dec 2021.

These 2 pandemic years have been frightening, disheartening and felt as though we were being marooned in an island however, this has taught us to survive and modify our way of learning. Hence, with the theme being “Breaking Barriers in Ophthalmology”, this virtual way of presenting and communicating with different speakers from different SAO countries, all of us are going to enhance our learning more.

With overwhelming responses from enthusiastic participants from different countries, this conference is going to be of very high standard than before. We believe, this virtual platform will lead South Asian Ophthalmology congress into the different heights.

While we can't meet in person, we look forward to welcome you all online and hope this will give us plenty of opportunity to exchange our views, knowledges and develop strong relationships among all SAO countries.

Thanking you

Dr Eli Pradhan, MD, MRSCEd ( Ophthal)

# Message from the Co-Chairperson Scientific committee

## Prof. Namrata Sharma



This is indeed a proud moment for me to invite and welcome all of you in this virtual conference of South Asian Academy of Ophthalmology, being organized from 17<sup>th</sup> to 19<sup>th</sup> December 2021.

The conference has been planned and organized with the theme of “**Breaking barriers in Ophthalmology**”. The scientific sessions will run in 6 parallel halls over a period of 3 consecutive days with live surgery streaming by experts in various ophthalmic sub-specialties, on Day 3. As of now, more than 700 delegates have been registered for the conference, the numbers speak for themselves, especially in these COVID times. I thank the entire SAO council from the depth of my heart for providing support at every step, during the course of planning of this mega event. Prof. Ava Hossain, Prof. Malla, Prof. Azad, Prof Nadeem Bhatt, Dr. Lalit Verma and Dr. Eli Pradhan have always been at the forefront in terms of providing extraordinary support for organizing such scientific events.

The countries of the Southern region of Asia are similar in terms of geographical factors and share some common ethnic as well as cultural practices. This similarity is also reflected upon the pattern of distribution of various diseases, their predispositions and the response to various treatment options. This upcoming event is an opportunity for the ophthalmology experts from these countries to exchange their views and learn from each other's experiences. We hope this conference will also be fruitful in strengthening their interpersonal relationships helping to create better opportunities for future research and patient care.

I wish all of you a great year ahead.

Prof. Namrata Sharma, MD, FRCSEd, FRCOphth  
Co-chair Scientific Committee, South Asia Academy of Ophthalmology  
Cataract, Cornea and Refractive surgery services  
Dr. R.P Centre for Ophthalmic Sciences  
All India Institute of Medical Sciences  
New Delhi-110029

# SAO OFFICE BEARERS

## PATRONS

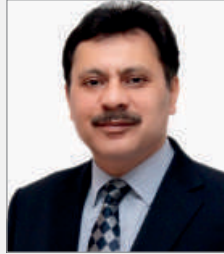


Prof. MD Daud Khan  
*Pakistan*



Prof. Syed Modasser Ali  
*Bangladesh*

## IMMEDIATE PAST PRESIDENT



Prof. Nadeem Butt  
*Pakistan*



Dr Saliya Pathirana  
*Sri Lanka*

## PAST PRESIDENTS



Dr Ava Hossain  
*Bangladesh*

## PRESIDENT



Prof. O. K. Malla  
*Nepal*

## VICE PRESIDENTS



Prof. P. S. Mahar  
*Pakistan*



Prof. MD Sharfuddin Ahmed  
*Bangladesh*



Prof. Suman Thapa  
*Nepal*

## SECRETARY GENERAL



Prof. Rajvardhan Azad  
*India*

## DEPUTY SECRETARY GENERAL



Dr Imteyaz Mohsin  
*Maldives*

## TREASURER



Prof. Rajesh Sinha  
*India*

## CHAIRMAN SCIENTIFIC COMMITTEE



Dr Eli Pradhan  
*Nepal*

# ORGANISING COMMITTEE



**Prof. O.K Malla**  
Chairman



**Prof. Rajvardhan Azad**  
Chairman



**Dr. Subhash Prasad**  
Vice Chairman



**Dr Lalit Verma**  
Chief Organising Secretary



**Dr Nagendra Prasad**  
Joint Organising Secretary



**Prof. Rajesh Sinha**  
Honey. Treasurer



**Dr Satyajit Sinha**  
Joint Treasurer



**Dr Eli Pradhan**  
Chairman Scientific Committee



**Prof. Namrata Sharma**  
Co-Chairman  
Scientific Committee



**Prof. Bbhati P Sinha**  
Co-Chairman  
Scientific Committee

# Scientific Program

# South-Asia Academy Ophthalmology Conference

## Scientific Program

**17 December 2021 ( Friday) Day 1**

Time (IST)	Hall- A	Hall- B	Hall -C	Hall- D
08:30 AM -10:00 AM	Eyelid & Orbit Free Paper	Miscellaneous-1 Free Paper		Miscellaneous-2 Free Paper
10:00 AM -11:30 AM	<b>Instruction Course</b> Decoding Giant Retinal Tears <b>Vinod Kumar</b>	<b>Instruction Course</b> Awareness of Indian Penal Codes to all ophthalmology journals.. Katta SV		<b>Instruction Course</b> Management of Refractive Errors in Children <b>Yogesh Shukla</b>
11:30 AM -01:00 PM	<b>Instruction Course</b> Surgical skill transfer in covid times <b>Deepak Misra &amp; Karan Bhatia</b>	<b>Instruction Course</b> Career as an Ophthalmic Researcher No more a professional suicide in India <b>Arvind Kumar Morya</b>	<b>Comprehensive Ophthalmology</b>	<b>Management of Retinal Diseases</b>
01:00 PM -02:30 PM	<b>Instruction Course</b> PHACOEMULSIFICATION in Challenging Situations <b>Siddharam S Janti</b>	<b>Instruction Course</b> Refraction: Fear of Reflections <b>Sarika Sethia</b>	<b>Oculoplasty Unfolded</b>	<b>How to Manage Ocular Trauma</b>
02:30 PM -04:00 PM	<b>Instruction Course</b> Facial nerve Palsy-An Ophthalmologist's Perspective <b>Joyeeta Das</b>	<b>Instruction Course</b> Clinching a Diagnosis in Retina : Clinical assessment and Multimodal Imaging : Complement Each Other <b>Rohan Chawla</b>	<b>Aspects of Glaucoma Management</b>	<b>Cornea Free Paper</b>
04:00 PM -05:30 PM	<b>The New Paradigm in Cataract Surgery</b>	<b>Vascular Disorders of Retina Unfolded</b>	<b>Management of Corneal Disorders</b>	<b>Myopia Management</b>
05:30 PM -07:00 PM	<b>CATARACT &amp; INFECTION CONTROL: A PRACTICAL APPROACH</b> Cipla (Foresight Session )	<b>SAO-POSA Session</b>	<b>Optimizing Cataract Surgery Outcomes</b>	<b>Ophthalmological Society of Bangladesh</b>
07:00 PM -08:30 PM	<b>Instruction Course</b> A Practical Approach to IOL Fixation With And Without Fibrin Glue In Absence Of Posterior Capsular Support: An Overview <b>Avnindra Gupta</b>	<b>Industry Session (Accentrix)</b>	<b>ISMSICS</b>	<b>SAO Grand Quiz (Microlab)</b>

# South-Asia Academy Ophthalmology Conference

## Scientific Program

**18 December 2021 ( Saturday) Day 2**

Time	Hall- A	Hall- B	Hall- C	Hall- D	Hall- E
08:30 AM -10:00 AM	Managing post-trabeculectomy complications - What do you do? <b>RANZCO Symposium</b>	<b>Glaucoma Free Paper</b>	<b>Video Session Free Paper</b>	<b>Instruction Course</b> Clinical Low Vision <b>Sanjiv Desai</b>	
10:00 AM -11:30 AM	<b>Instruction Course</b> Cool Ways of Dealing with the Hot Orbit <b>Raka Chatterjee</b>		<b>Ocular Surface Diseases Free Paper</b>	<b>Retina 1 Free Paper</b>	
11:30 AM -01:00 PM	<b>Instruction Course</b> Complex Strabismus Situations <b>Satish Thomas</b>	<b>Industry Session (DME unmet needs ) Novartis 11:00 AM-12:00 PM</b>	<b>Unique Problems in Ophthalmology</b>	<b>Retina-2 Free Paper</b>	<b>Eye Banking in SAARC Countries</b>
01:00 PM -02:30 PM		<b>Cataract &amp; Refractive Surgery Free Paper</b>		<b>Instruction Course</b> Shining ray of hope-early visual rehabilitation as a magic wand <b>Karobi Lahiri</b>	
02:30 PM -04:00 PM	<b>Instruction Course</b> Medico-Legal aspects of ophthalmology- An overview <b>Aarti Heda</b>		<b>Instruction Course</b> March to Zero Endophthalmitis <b>Santanshu Mathur</b>	<b>Instruction Course</b> Ocular issues in Infancy <b>Elizabeth Joseph</b>	
04:00 PM -05:30 PM	<b>Neovascular AMD (Pagenax -1)</b>	<b>Comorbidities and Glaucoma are we missing the link causing glaucoma progression. Cipla (Foresight Session 2)</b>	<b>Cornea &amp; ocular Surface Diseases</b>	<b>Uvea</b>	
05:30 PM -07:00 PM	<b>Experience to Evidence for Anti VEGF biosimilars (Intas)</b>	<b>Nepal Ophthalmological society Session</b>	<b>Indian Neuro-Ophthalmology Society Session</b>	<b>Refractive Surgery</b>	<b>Cornea Plenary Session</b>
07:00 PM -08:30 PM	<b>All India Ophthalmological Society Session</b>	<b>DME 360 degree (Allergan)</b>		<b>Instruction Course</b> Going to school in Vitreo-Retinal Surgery <b>Deepak Agarwal</b>	

# South-Asia Academy Ophthalmology Conference Scientific Program

## 19 December 2021 ( Sunday) Day 3

Time (IST)	Hall- A	Hall- B	Hall -C	Hall- D	Hall -E	Hall -F	
08:30 AM -10:00 AM	Hall- A Live Surgery Session						
10:00 AM -11:30 AM							
11:30 AM -01:00 PM							Facing Challenges in Glaucoma (11:30-01:30 PM )
01:00 PM -02:30 PM		Tips & Tricks to Manage DME & ARMD- Bayer Session	Spectrum of Ocular Surface Diseases	Poster Podium Oral Presentation Free Paper			
2:00PM - 4:00PM							
02:30 PM -04:00 PM	<b>Live Surgery Session</b> 02:00 PM-03:30 PM	<b>What's the Buzz on Anti-VEGF Biosimilars?</b> Cipla (Foresight Session 3)	Cornea Potpourri	<b>Instruction Course</b> Pole to Pole Surgery <b>Paritosh A. Kamdar</b>	Youthful IIRSI	SAARC Chapter of Community Ophthalmology Session	
04:00 PM -05:30 PM			<b>Choroidal Vascular Diseases: Where are we now? What has changed ?</b> (Pagenax -2)	<b>Instruction Course</b> Eyelid Lesions Simplified <b>Chandana Chakraborti</b>	WOS Session		
05:30 PM Onwards	SAO Council Meeting						

**Day 1**  
**Friday**  
**17 December 2021**

# Free Paper

## Eyelid & Orbit

Date	17 Dec 2021 (Friday)
Time	08:30 AM-10:00 AM
Hall	A

**Judges :** Dr Rachna Meel, Dr Maya Hada, Dr Sahil Agarwal

**Duration of each talk: 6 Minutes**

S.No	Topic	Speaker
1	Orbital Cavernous Venous Malformation – A Large Case Series	Dr Rolika Bansal
2	Optimal Management of Orbital Blowout Fracture with Limited Available Resources: A 5 Years' Experience from Nepal	Dr Suresh Rasaily
3	Management of mucormycosis among covid-19 patients- a novel approach	Dr Aditi Pai
4	Rhino orbital cerebral mucormycosis an epidemic within pandemic	Dr Parvez A Siddiqui
5	Multimodal Management in Orbital Rhabdomyosarcoma can Optimise Eye and Life Salvage	Dr Harika Regani
6	Superselective triple-drug Intraarterial Chemotherapy in Retinoblastoma	Dr Ankita Aishwarya
7	Correlation of Histopathological Risk Factors and the Role of Adjuvant Therapy in the Era of Secondary Enucleation for Retinoblastoma	Dr Rolika Bansal
8	Outcome of silicone vs PMMA orbital implants following myoconjunctival enucleation in retinoblastoma	Dr Harika Regani
9	Sebaceous gland carcinoma of lid: a great masquerade	Dr Manpreet Kaur

## Free Paper

### Miscellaneous-1

Date	17 Dec 2021 (Friday)
Time	08:30 AM-10:00 AM
Hall	B

**Judges:** Dr Swati Phuljhele ,Dr Shweta Chaurasia, Dr Neha Midha

**Duration of each talk: 6 Minutes**

S.No	Topic	Speaker
1	Knowledge, Attitude, and Practice Patterns Related to Digital Eye Strain Among Parents of Children Attending Online Classes in the COVID-19 Era: A Cross-sectional Study	Dr Kirandeep Kaur
2	Ocular morbidity among school children of western Nepal	Dr Jamuna Gurung
3	Android mobile is being used as a diagnostic tool of Telemedicine services in Ophthalmology during Covid 19 pandemic.	Dr Jayanata Kumar Das
4	Changes Of Retinal Nerve Fiber Layer in Parkinson's Diseases	Dr Dipanjana Das
5	Our tertiary eye hospital- a novel green campus combatting carbon footprinting	Dr Atul Kamath M
6	Ophthalmic manifestations and severity of head injury as predictors of visual outcome in patients with isolated closed head Trauma : A cross sectional analytical study	Dr Lathika Vasu Kamaladevi
7	Arnold-Chiari Malformation & it's curse to the innocent eye-A Case Report	Dr Divya Khandelwal
8	Work – related eye injuries: an avoidable occupational health problem	Dr Shubhratha S Hegde
9	"A study on preoperative xylocaine sensitivity test in patients undergoing ocular surgeries."	Dr Yogya Reddy
10	Prevalence of refractive errors in school children in rural Tamilnadu, India.	Dr C. Alekhya
11	Role of teachers in screening of ocular disorders in school children: A multistage school screening program	Dr Aparna K S
12	Ocular Myasthenia gravis (OMG) mimicking as strabismus	Dr Shrutakirty Parida
13	3 cases of papillophlebitis post covishield vaccine– cause or coincidence?	Dr Nidhi Sinha

## Free Paper

Date	17 Dec 2021 (Friday)
Time	08:30 AM-10:00 AM
Hall	D

## Miscellaneous-2

**Judges:** Dr Amar Pujari, Dr Paromita Dutta, Dr Bhupesh Singh

**Duration of each talk: 6 Minutes**

S.No	Topic	Speaker
1	Ocular trauma in present scenario	Dr Pervez Siddiqui
2	Profile of Fire cracker related injuries during festive season: A tertiary eye hospital study	Dr Ashma Manandhar
3	Office-based rapid diagnosis and management of external ophthalmomyiasis via smartphone aided innovative tools in an under resourced setting	Dr Hirika Gosalia
4	Smartphone aided cobalt blue photography (DIY)	Dr Aiman Ahmed Khan
5	Endogenous Endophthalmitis post Pancreato-gastrostomy in patient with liver abscess and chronic pancreatitis.	Dr Swati Hire
6	Low serum vitamin D correlation with high glycated hemoglobin in diabetic retinopathy	Dr Anupriya
7	Low serum Vitamin D serves as a biomarker for proliferative diabetic retinopathy	Dr Sanchita Saini
8	Vision Centre: A Boon To The Unreached To Eliminate Needless Blindness - A Retrospective Analysis	Dr W Leenu Jeris
9	The need for earliest art of counseling centers to diabetics for prevention of many complications and progression of number of cases	Dr Katta S V
10	Blindness - Post Covid Disease	Dr Swati S. Hire
11	Association of Serum Vitamin-D level with axial length of the eye in adolescents	Dr Sonali Prasad
12	Scleritis in Congenital Erythropoietic Porphyria	Dr Pranita Sahay
13	Surgical outcome of two-stage surgery for large-angle exotropia in pediatric strabismus - an experience	Dr Kabindra Bajracharya

DATE: 17 Dec 2021 (Friday)
TIME:10:00 AM -11:30 AM
HALL: A

## Instruction Course

# Decoding Giant Retinal Tears

**Chief Instructor :** Dr Vinod Kumar

Retinal detachments (RD) associated with giant retinal tears (GRT) remain one of the most challenging situation for the vitreoretinal surgeons in spite of all the improvements and innovations in techniques and equipment. This video based instruction course is aimed at sharing tips and tricks of surgery for GRT related RD so that attendees can incorporate these finer nuances in their day to day practice in order to provide maximum benefit to their patients.

S.No	Topic	Co- Instructors	Time
1	Introduction- Identifying the key problems	Dr Shorya V Azad	8 Mins
2	Prevention of rolling of edges	Dr Deepender V Singh	8 Mins
3	Choice of Tamponade	Dr Rohan Chawla	8 Mins
4	Complications and visual outcomes	Dr Pradeep Venkatesh	8 Mins

DATE:17 Dec 2021 (Friday)
TIME:10:00AM-11:30AM
HALL:B

## Instruction Course

# Awareness Of Indian Penal Codes To All Ophthalmology Journals Scope Of All Societies Grievance Prone

**Chief Instructor :** Dr Katta SV

Many incorrect evidence based scientific medical terms are being published in all journals and freeze to follow, which is considered legally unethical. I brought to the notice issue of grievance prone to many global societies, COPE, WAME, editors of many journals by letters, emails, fax, zoom meeting, text book in different languages and presented in Spain, Dubai, AIOC. I received many inspiratory acknowledgements. All global ophthalmology societies having been registered in their respective constitutions are prone for grievance in teaching and publishing incorrect medical terms as per their respective constitutional penal codes. Total conversation with Judges is take home message, as laws have hastened our decision of revising critically. Conclusion is Judges opinion on request of AIOS through me. Dr.Kuhn, Dr.Akira momose of Japan, Dr.Norio Oba of Japan, Dr.B.Shukla of AIOS also studied incorrect terms in literature and published in local journals

S.No	Topic	Co-Instructors	Time
1	Nomenclature of title	Dr Janardhana Kumar	2 Mins
2	Inspiration to revolutionize-first doctor to note incorrect words 1956	Dr Akira Momose, Japan	2 Mins
3	Some more incorrect medical terms in literature	Dr B.Shukla	10 Mins
4	Awareness of Indian Penal Codes to all Ophthalmology Journals with evidences	Dr Katta	10 Mins
5	Conversation with Judges on request of AIOS	Judges	20 Mins
6	Discussion and question answers	Dr Katta SV	

DATE:17 Dec 2021 (Friday)
---------------------------

TIME:10:00 AM -11:30 AM
-------------------------

HALL:D
--------

## Instruction Course

### Management of Refractive Errors in Children

**Chief Instructor :** Dr Yogesh Shukla

Management of refractive errors in children is a different cup-of-tea as compared to adults. How the infant eye evolves towards emmetropisation is a complex process. Different refractive errors have different timeline for assuming the normal state of emmetrope and thus requires skill, patience and practice to treat them. The most important part is the timely and proper correction of these errors ,so that damage to vision in form of Amblyopia and strabismus does not occur. The IC aims to elaborate about the process of emmetropisation , to know how various refractive errors develop, the correct way of evaluation and treatment of such errors.

S.No	Topic	Co-Instructors	Time
1	Management of refractive errors in children	Dr Yogesh Shukla	30 Mins
2	Management of Aphakia in children	Dr Kalpit Shah	15 Mins
3	Prospects of Lasik in children	Dr Virendra Agarwal	15 Mins

DATE:17 Dec 2021 (Friday)
TIME:11:30 AM -01:00 PM
HALL:A

## Instruction Course

### Surgical Skill Transfer in Covid Times

#### Chief Instructors: Dr Deepak Mishra & Dr Karan Bhatia

Wet labs are an extremely important training tool for trainees, especially in times of a global COVID 19 pandemic, where surgical training can be minimal. They help the trainee learn and practice in a risk free environment, without the risk of a complication or failure, also allowing them the chance to execute the steps of a surgery repeatedly. It also allows experienced surgeons to update their surgical skills. This instruction course outlines the key ingredients required from setting up a wet lab to improving the surgical skill of the trainees in various ophthalmic surgeries. As a cherry topping, it shall also discuss various eye ball fixating devices, preparation of the eye for various types of ocular surgeries and the role of simulation based training in today's scenario.

S.No	Topic	Co-Instructors
1	Importance of Wet Lab	Dr Lalit Verma
2	Setting up a Wet Lab	Dr Deepak Mishra
3	Diagnostics in Wet Lab	Dr Malika Goyal
4	Getting ready– Artificial/Animal/Human Eye ball fixation methods	Dr Karan Bhatia
5	Manual Small Incision Cataract Surgery & Phacoemulsification	Dr Satanshu Mathur
6	DSEK/ Keratoplasty	Dr Ikeda lal
7	Role of Virtual Simulators	Dr Akshay Nair

DATE:17 Dec 2021 (Friday)
TIME:11:30 AM-01:00 PM
HALL: B

## Instruction Course

### Career as an Ophthalmic Researcher :

### No more a professional suicide in India

**Chief Instructor:** Dr Arvind Kumar Morya

Without honest research & robust validations in our medical field, science simply gonna die. In this era of evidence based medicine we have simple retrospective study to complex randomized, multicentric, clinical trials. Earlier obstacles like priority of healthcare, lack of funding & infrastructural support from the Institutes and non conducive environment. That lead to exodus of high quality Ophthalmic scientists from India but tides are streaming in positive directions now. Upto 65% of US FDA trials are being outsourced to other countries so in post covid era India is a great choice. More and more accredited and dedicated Ophthalmic research labs are coming up with advanced communique and technique levels. Pubmed publication from Indian authors are on a many fold rise. The agencies like IEC, ICMR, DBT & DST promoting ocular research in terms of funding and appointments. So definitely there is a Silver lining for full time Ophthalmic researchers in vastly growing Indian scientific scenario.

S.No	Topic	Co- Instructors	Time
1	Role of Ophthalmic researcher in current scenario	Dr.Arvind Kumar Morya	20 mins
2	What when and how of clinical trials	Dr. Rajendra Prasad	10 mins
3	Role of Pharmaceutical companies in research	Dr. J S Bhalla	10 mins
4	What starts well that only ends well	Dr.Siddharam S Janti	10 mins
5	Only research is not enough : Publication is a must	Dr.Bhawana Sharma	10 mins
6	Hurdles in doing research in Ophthalmology	Dr.A.K.Bairwa	10 mins
7	Beware of predatory journals	Dr.Charuta J Puranik	10 mins
	Discussion		10 mins

# Comprehensive Ophthalmology

Date	17 Dec 2021 (Friday)
Time	11:30 AM-01:00 PM
Hall	C

**Chairperson:** Dr R B Goyal,

**Co-Chairperson:** Dr Usha A Johari

**Moderator:** Dr Suraj Senjam

**Duration of each talk:** 6 Minutes

S.No	Topic	Speaker
1	Establishment of Vision centre... my eperience	Dr Sharfuddin Ahmed
2	Grassroot Eye Care	Dr Bharat Mehta
3	Eye problems in Cerebral Palsy	Dr Usha A Johari
4	Management of allergic conjunctivitis	Dr Vidhya Verma
5	Community Screening of posterior segment disease utilizing clous based telemedicine in Nepal	Dr Sanyam Bajimaya

Date	17 Dec 2021 (Friday)
Time	11:30 AM-01:00 PM
Hall	D

# Management of Retinal Diseases

**Chairperson:** Dr O K Malla

**Co-Chairperson:** Dr Eli Pradhan

**Keynote Address:** Treatment outcomes of retinal vein occlusion in clinical practice in Nepal  
:Dr Eli Pradhan (10 mins)

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	PVD induction	Dr Shalin Singh
2	MIVS in Complicated Cases	Dr Nilesh Kanjani
3	Macular Hole Surgery: Symmetric and Assymmetric Cabbage Closure	Dr Ajay Aurora
4	3D Vision System in Retinal Surgery-My Experience	Dr Shah-Noor Hassan
5	Pearls in ROP management	Dr Vijayender Kumar Dhull
6	Retinopathy of prematurity understanding and its treatment	Dr Lalit Agarwal

DATE: 17 Dec 2021 (Friday)
TIME:01:00 PM-02:30 PM
HALL: A

## Instruction Course:

# PHACOEMULSIFICATION in Challenging Situations

**Chief Instructor:** Dr Siddharam S Janti

This instruction course shall focus on the challenging situations that a surgeon may be faced with while performing phacoemulsification, with discussion of methods to optimize surgical outcomes in the same. Management of capsulorhexis related complications will be discussed as well as the management of small, non-dilating pupil. Ways and means to tackle hard cataract, intumescent white cataract and soft cataract shall be described. Appropriate surgical videos along with case-based discussions will be used to highlight surgical principles and tips in situations such as pediatric cataract, pseudo exfoliation syndrome and complicated cataract.

S.No	Topic	Co- Instructors	Time
1	Pearls of doing successful phacoemulsification in Pseudoexfoliation Syndrome	Dr Arvind Kumar Morya	12 min
2	Phacoemulsification in Complicated cataract	Dr Siddharam S Janti	12 min
3	Terminal Chop- A novel technique in the management of hardest of cataracts	Dr Rajendra Prasad	12 min
4	Phacoemulsification in Small Pupil	Dr LVK Sai	12 min
5	Phacoemulsification in Soft cataract	Dr Antarvedi Tejaswini	10 min
5	Phacoemulsification in Pediatric patients	Dr Gayatri Ravulaparathi	12 min
7	Biometry in Challenging situations	Dr Priya Sisodia	10 min
	Discussion		10 min

**DATE:**17 Dec 2021 (Friday)

**TIME:**01:00 PM-02:30 PM

**HALL:** B

## Instruction Course

### Refraction: Fear of Reflections

**Chief Instructor :**Dr Sarika Sethia

Refractive errors contribute a major part in our ophthalmic practice. Correct refraction and prescription plays important role in patient satisfaction. Poorly-fitting frames and improper disposal of glasses leads to chronic asthenopia. Refraction and glass prescription in children is quite difficult and challenging. This instruction course gives us practical tips on mastering refraction, glass prescription, fitting and dispensing of spectacles. The course also discusses guidelines on paediatric refraction and prescription in special scenarios like strabismus with refractive error, Unilateral cataracts, anisometropias, corneal ectasia, ROP, Albinism. Important concerns such as types of lenses and frames will also be discussed.

S.No	Topics	Co- Instructors	Time
1	Refraction: Back to basics	Dr Sarika Sethia	10 Mins
2	Spectacle prescription in children: A tough responsibility !	Dr Snehal Gade	10 Mins
3	Glasses for deviated eyes	Dr Anukul Dixit	10 Mins
4	Progressive or Bifocals: What's good for children?	Dr Banaja Singh	10 Mins
5	Refraction in special situations.	Dr Pallavi Patil	10 Mins
	Discussion		

# Oculoplasty Unfolded

Date	17 Dec 2021 (Friday)
Time	01:00 PM-02:30 PM
Hall	C

**Chairperson:** Dr S M Betharia, Dr Sharfuddin Ahmed

**Co Chairperson :** Dr Ruchi Goel

**Convenor :** Dr Usha Singh

**Moderator:** Dr Gunjan Saluja

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	Ptosis correction in a patient with ocular motility restriction	Dr Murtuza Nuruddin
2	Management of complications after Ptosis surgery	Dr Rohit Saiju
3	Recent concept in management of Orbital Retinoblastoma	Purnima Rajkarnikar
4	Eyelid reconstructions its types and challenges in malignant eyelid tumours	Dr Prerna Kafle
5	Surgical approaches in Orbital Disorders	Dr Ben Limbu
6	Canalicular laceration repair techniques	Dr Diwa Hamal
7	Orbital trauma: the hits and the misses!	Dr Prerana Kansakar

# How to Manage Ocular Trauma

**Chairperson:** Dr Mehul Shah  
**Moderator:** Dr Purendra Bhasin

Date	17 Dec 2021 (Friday)
Time	01:00 PM -02:30 PM
Hall	D

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	Ocular trauma correlation matrix: An adjunct to BETT and OTS	Dr Anadi Khatri KC
2	Ocular trauma in present scenario	Dr Parvez Siddiqui
3	Trauma management (especially anterior segment)	Dr Kandagdla Jyoti
4	Pole To Pole Surgery In Ocular Trauma	Dr Dinesh Garg
5	Intra Ocular Foreign Body Removal: Easy way with the soft Tip	Dr Sanjita Sharma
6	Canalicular tear : Ideal Approach	Dr. J.K. Das
7	Management of Traumatic Cataract	Dr. Purendra Bhasin

Date	17 Dec 2021 (Friday)
Time	02:30 PM -04:00 PM
Hall	A

## Instruction Course

### Facial Nerve Palsy - An Ophthalmologists Perspective

**Chief Instructor:** Dr Joyeeta Das

Facial nerve palsy and its sequelae dramatically deteriorate the ocular, psychosocial and emotional wellbeing of the patient which demands a dedicated multidisciplinary support system. An Ophthalmologist plays a eminent role in the management of Facial palsy starting from acute stage management of ocular surface protection to facial reanimation surgery to correct the after-effects

This IC is designed to cater comprehensive knowledge in Facial nerve palsy starting from clinical anatomy , pathology , examination including grading systems, and management in oculoplastic perspectives using video clips wherever applicable. The course will help the budding ophthalmic plastic surgeon and general ophthalmologist to develop appropriate management strategies for facial palsy patients according to the clinical stage

S.No	Topics	Co- Instructors:	Time
1	Facial nerve -the journey from anatomy to pathology	Dr Nidhi Pandey	8 Mins
2	Examination of facial palsy patient with grading system	Dr Joyeeta Das	8 Mins
3	Bell's palsy -controversies and current treatment protocol	Dr Shruthi Tara	8 Mins
4	Management of Facial nerve palsy - ophthalmic perspective	Dr Saptagirish Rambhatla	12 Mins

DATE:17 Dec 2021 (Friday)

TIME:02:30 PM -04:00 PM

HALL:B

## Instruction Course

# Clinching a Diagnosis in Retina : Clinical assessment and Multimodal Imaging : Complement Each Other

**Chief Instructor :** Dr Rohan Chawla

Diagnosis in retina is largely based on clinical examination findings. An astute clinician would observe, identify and describe every small abnormal retinal finding and then correlate it with the history and other details to reach a differential and final diagnosis. In today's era multimodal imaging has definitely enhanced our diagnostic capabilities. A good knowledge of correlation of clinical findings with how lesion appear on imaging modalities like OCT and OCTA enhances the clinicians ability to clinch the diagnosis. Through this IC we aim to give a good idea to the attendees of how the final diagnosis can change based on imaging and its clinical correlation.

S.No	Topic	Co- Instructors:	Time
1	OCT and OCT-Angiography - Showing things we never saw before	Dr Abhidnya Surve	15 Mins
2	Central serous chorio-retinopathy Imaging may suggest otherwise?	Dr Neha Goel	15 Mins
3	Choroidal neovascularisation, Imaging detects hidden ones but does it also confuse?	Dr Vinod Kumar	15 Mins
4	Imaging in uveitis, What all may help in management	Dr Shorya Azad	15 Mins
5	Large lesions in the chorio-retina: Imaging to the rescue	Dr Rohan Chawla	15 Mins
	Discussion		15 Mins

Date	17 Dec 2021 (Friday)
Time	02:30 PM -04:00 PM
Hall	C

## Aspects of Glaucoma Management

**Chairperson:** Dr Nadeem Butt

**Co-Chairperson & Moderator:** Dr Shams Mohd. Noman

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	Clinical Update in Glaucoma Management -Fixing the adherence problem (10 Mins)	Dr Sachin Dharwadkar
2	Glaucoma scenario at community level in Nepal	Dr Dakki Sherpa
3	Jiri Eye Study and Bhaktapur Glaucoma Study - a clinical comparison for interpretation of Glaucoma in Nepal	Dr Suman Thapa
4	Congenital glaucoma care & cure	Dr Shams Noman
5	Screening of accompanying first degree relatives of patients with Primary Open Angle glaucoma	Dr Indira Paudyal
6	OCT in Glaucoma - - Step by step interpretation	Dr. Nadeem Butt
7	Pearls and Pitfall in Interpretation of OCT in Diagnosis of Glaucoma	Dr Sanjay Kumar Daulat Thakur
8	Trabeculectomy in secondary glaucoma	Dr Shahanaz Begum
9	Ahmed Valve implantation in pseudophakic refractory paediatric glaucoma-case report	Dr Umme Salma Akbar
10	Tube surgery in different scenarios	Dr Rakshya Pant

## Free Paper

Date	17 Dec 2021 (Friday)
Time	02:30 PM- 04:00 PM
Hall	D

## Cornea

**Judges :** Dr Mohammed Ibrahim Asif, Dr Pranita Sahay, Dr Rajat Jain

**Duration of each talk :6 Minutes**

S.No	Topic	Speaker
1	Covid 19 impact on eye donations and corneal transplantations – our experience.	Dr Aditee Arun Madkaikar
2	Novel management of Bilateral Mooren's ulcer with medroxy progesterone eye drops	Dr Shruti Anand
3	Multidrug-resistant (MDR) Pseudomonas aeruginosa keratitis with endophthalmitis following Descemet stripping automated endothelial keratoplasty (DSAEK)	Dr Prafulla Kumar Maharana
4	Role of smart phone in Corneal endothelial assessment	Dr Swetha Mallagundla
5	Fungal hyphae with Iolscope Recognition Study (FIRST)	Dr Prithvi Chandrakanth
6	Surgical management of recurrent corneal erosions - a comparative study of various techniques	Dr Samruddhi Dani
7	A comparative study of the effect of topical 0.03% tacrolimus plus 1% topical prednisolone with 1% topical prednisolone alone in preventing rejection after penetrating keratoplasty	Dr Priti Yadav

Date	17 Dec 2021 (Friday)
Time	04:00 PM -05:30 PM
Hall	A

## The New Paradigm in Cataract Surgery

**Chairperson:** Dr Mohan Rajan, Dr J S Bhalla, Dr Rajendra Prasad

**Convenor:** Dr Sandhya Makhija

**Moderator:** Dr Namrata Sharma

**Keynote Address:** Breaking barriers and Boundaries- **Dr S Ruit ( 15 Minutes)**

**Duration of each talk:8 Minutes**

S.No	Topic	Speaker
1	Optimising your phaco machine	Dr Atheek Shaik
2	Terminal Chop - A new and novel technique of Nuclear fragmentation	Dr Arvind Kumar Morya
3	"Pre-Chop Potpourri"- The Success Story of A Novel Prechopper.	Dr Sohel Irfan Mohd Khan
4	Phaco in Soft Cataract	Dr Manas Nath
5	Dealing with a Potential IFIS Case	Dr Arup Chakrabarti
6	Pearls for Phacoemulsification in Small Pupil	Dr Suresh K. Pandey
7	Phaco In Difficult Dituations	Dr Mohan Rajan
8	Zepto Nano Pulse Technology for Managing Challenging Cataract Cases and Premium IOL Implantation	Dr Suresh K. Pandey
9	Keeping an Eye on CME	Dr Vinay Garodia

Date	17 Dec 2021 (Friday)
Time	04:00 PM -5:30 PM
Hall	B

## Vascular Disorders of Retina Unfolded

**Chairperson:** Dr S Natarajan

**Co-Chairperson :** Dr Karobi Lahiri

**Convenor:** Dr B N R Subudhi

**Moderator:** Dr Viral N Shah

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	Prevalence and associated factors of diabetic retinopathy in community diabetic retinopathy screening in Nepal	Dr Raba Thapa
2	Breaking Barriers in Diabetic Retinopathy Screening	Dr Pratap Karki
3	Vitreous Hemorrhage in Diabetic Retinopathy	Dr Viral N Shah
4	CSCR	Dr Saurabh Arora
5	Varied presentations of CRAO in ROCM in second wave of Covid 19	Dr Rajwinder Kaur
6	Prevention of Diabetic Blindness -SAARC perspective	Dr BNR Subudhi
7	Reactivation of ROP (ROPER)	Dr Karobi Lahiri
8	ROP Scenario In Bangladesh	Dr Nuzhat Chowdhury

Date	17 Dec 2021 (Friday)
Time	04:00 PM -05:30 PM
Hall	C

## Management of Corneal Disorders

**Chairperson** : Dr Reeta Gurung

**Co-Chairperson**: Dr Rajesh Sinha

**Moderator**: Dr Prafulla Maharana

**Duration of each talk: 8 Minutes**

S.No	Topic	Speaker
1	Red flags/ clinical signs in the prognosis of a corneal ulcer	Dr Swetha M
2	Pterygium surgical management	Dr Sanjay Kumar Singh
3	Outcomes of optical keratoplasty for corneal opacity due to microbial and viral scar: a comparison	Dr Leena Bajracharya
4	Multifacets of Corneal Patch Graft in different corneal conditions	Dr Rachana Singh Rana
5	Post Operative management of Penetrating Keratoplasty	Dr Bandana Khanal

# Myopia management

Date	17 Dec 2021 (Friday)
Time	04:00 PM - 05:30 PM
Hall	D

**Chairpersons:** Dr Sameera Irfan

**Co- Chairperson:** Dr Rohit Saxena

**Convenor :** Dr Jaspreet Sukhila

**Moderator:** Dr Rebika Dhiman

**Duration of each talk : 8 Minutes**

**Panel :** Dr. Ankur Sinha, Dr. Nishant Kumar, Dr. Siddharth Keserwani, Nilutparna Deori

S.No	Topic	Speaker
1	<b>Keynote Address</b> -Myopia Progression: Impact of Bad Posture during Near-work (15 minutes)	Dr Sameera Irfan
2	Preventing incidence : Identifying and managing risk factors	Dr. Anuradha Chandra
3	Essential workup for a child with Myopia	Dr Siddharth Keserwani
4	Setting up a Myopia Clinic	Dr Bhawna P Khurana
5	Non-Pharmacological Management of Myopia	Dr Monika Chaudhary
6	Low dose Atropine plus in the control of Myopia Progression	Dr Vidhya C
7	Managing non-responders to low dose atropine	Dr Jitender Jithani

# CATARACT & INFECTION CONTROL: A PRACTICAL APPROACH

Date	17 Dec 2021 (Friday)
Time	05:30 PM -07:00 PM
Hall	A

(Cipla)

**Chairperson:** Dr Nirmal Fredrick

**Co-Chairperson:** Dr Mohan Rajan

**Moderator :** Dr Namrata Sharma

**Panelists :**Dr J S Bhalla, Dr Arvind Morya, Dr Ritu Nagpal

S.No	Topic	Speaker	Time
1	Managing cataract surgery complications	Dr Mohan Rajan	15 Mins
2	Intracameral moxifloxacin for post-operative endophthalmitis prophylaxis – Is it beneficial? Cipla data	Dr Namrata Sharma	15 Mins
3	Hospital infection control standards- NABH guidelines	Dr Nirmal Fredrick	15 Mins

Date	17 Dec 2021 (Friday)
Time	05:30 PM -07:00 PM
Hall	B

## SAO - POSA

**Chairpersons:** Dr Subhash Dadeya , Dr Seema Qayyum

**Co-Chairperson:** Dr Kazi Shabbir Anwar

**Convenor:** Dr Mehfooz

**Moderator:** Dr Fathimath Niuma

**Duration of each talk :12 Minutes**

S.No	Topic	Speaker
1	Our Children's Eyes during Pandemic	Dr Amila De Alwis
2	Pediatric Aphakic Glaucoma	Dr Zia Muhmmad Mardan
3	Minimizing planning errors and optimizing intraoperative techniques in pediatric cataract surgery	Dr Zia Ul Mazhry
4	Intraocular Lens implantation in children: Controversies and practices	Dr Srijna Adhikari
5	Management of Subluxated pediatric cataracts	Dr S. K. Khokhar
6	What have we learnt from PEDIG Studies in treatment of Amblyopia	Dr Subhash Dadeya

Date	17 Dec 2021 (Friday)
Time	5:30 PM -07:00 PM
Hall	C

# Optimizing Cataract Surgery Outcomes

**Chairperson :** Dr Arup Chakrabarti

**Moderator:** Dr Atheek Shaikh

**Duration of each talk :8 Minutes**

S.No	Topic	Speaker
1	Role of miLOOP in MSICS	Dr Manas Nath
2	Phaco in Soft Cataract	Dr Ashraful Huq Ridoy
3	Phaco in Hard Cataract	Dr Mahziba Rahman Chowdhury
4	My Phaco Chop Technique	Dr Shawkat Kabir
5	My experience with OCT based optical biometer	Dr. Ashraful Haq
6	Trouble shooting toric IOLs	Dr Atheek Shaikh
7	My experience with markerless toric IOL implantation technique	Dr. Ishtiaque Anwar
8	Advances in IOLs for Presbyopia - Finding Better Fit in 2021	Dr Harun UR Rashid
9	Presbyopia Correcting IOLs in Glaucoma	Dr Arup Chakrabarti

# Ophthalmological Society of Bangladesh

Date	17 Dec 2021 (Friday)
Time	05:30 PM -07:00 PM
Hall	D

**Chairperson:** Prof AKMA Muqtadir , Prof Ava Hossain, Prof Dr Md. Sharfuddin Ahmed

**Co – Chairperson:** Dr Tariq Reza Ali

**Convener:** Prof Ashraf Sayeed

**Moderator:** Dr Md Mostak Ahmed

S.No	Topic	Speaker
1	Demographic and Clinical pattern of Paediatric Ocular Trauma Cases Admitted in National Institute of Ophthalmology and Hospital Dhaka During COVID-19 National Lock Down	Dr Zakia Sultana Neela
2	Neuro ophthalmic manifestations of intracranial aneurysm	Dr Syeda Fatima Jinat
3	Retinopathy of prematurely -Practical approach to prevent blindness	Dr Utpal Sen
4	Management of raised IOP in post vitrectomized eye- my experiences	Dr Shahnaz Begum
5	SLET in the management of LSCD due to chemical burn	Dr Rajashree Das
6	Dilemmas in glaucoma management	Dr Shams Mohammed Noman
7	Small lesions of eyelid- with or without sutures	Dr. Mukti Rani Mitra
8	Management of Impacted retinal foreign body	Dr Pankaj Kumar Roy

Date	17 Dec 2021 (Friday)
Time	07:00 PM -08:30 PM
Hall	A

## Instruction Course

# A Practical Approach To IOL Fixation With And Without Fibrin Glue In Absence Of Posterior Capsular Support: An Overview

**Chief Instructor:** Dr Avnindra Gupta

In patients with subluxated or dislocated lenses or IOLs, ruptured capsules or zonular dialysis and aphakia with absent capsular support, it is a challenge to put a posterior chamber IOL. Novel techniques of IOL fixation into sclera with and without fibrin glue has gained popularity in the last few years in which the IOL haptics are tucked into scleral pockets created under scleral flaps 180 degrees away from each other. This ensures IOL stability, prevents sideways and up & down movement and avoids phacodonesis. Reduced surgical time and use of foldable IOL are the other advantages. Modifications by various surgeons have helped to perfect this technique which is fast gaining popularity. This instruction course using live videos is aimed at introducing various scleral and iris fixation techniques. Long term results of this procedure and complications will also be discussed in this course.

**Duration of each talk :10 Minutes**

S.No	Topic	Co- Instructors
1	Glued IOL in difficult situations and its complications	Dr Avnindra Gupta
2	How to start Glued SFIOL, Our experience & Results	Dr Ritesh Narula
3	No Flap, No suture, No Glue SFIOL	Dr Saurav Arora
4	Glued IOL with corneal procedures	Dr Rajesh Sinha
5	Posterior Iris Claw lenses-A viable option	Dr Gitansha Sachdeva
6	XNIT technique and Yamanes technique of SFIOL	Dr Venkatesh

Date	17 Dec 2021 (Friday)
Time	07:00 PM -08:30 PM
Hall	B

## Industry Session - (Accentrix )

**Moderator :** Dr Abhishek Kothari

S.No	Topic	Speaker	Time
1	Common Dilemmas in DME management	Dr Nishant Kumar	15 Mins
2	Decision making in proliferative diabetic retinopathy	Dr Dinesh Talwar	15 Mins
3	Saving sight in retinal vein occlusion	Dr Rupak Kranti Biswas	15 Mins
	Q & A	All	15 Mins

# International Society of Manual Small Incision Cataract Surgeons

Date	17 Dec 2021 (Friday)
Time	07:00 PM -08:30 PM
Hall	C

**Chair persons :** Dr Amulya Sahu, Dr Namrata Sharma

**Co Chairperson :** Dr Jagannath Boramani, Dr Lalit Verma

**Convener :** Dr Satanshu Mathur

**Moderators :** Dr Anurag Mishra, Dr Aarti Heda

S.No	Topic	Speaker	Time
1	Advances in Phacosection	Dr M S Ravindra	8 Mins
2	When MSICS saved me twice	Dr. Hossam Ziada	8 Mins
3	Mechanical Cortical Cleaving in Posterior Polar Cataract	Dr Neto Rosatelli	8 Mins
4	Managing Astigmatism in SICS	Dr Jagannath Boramani	8 Mins
5	MSICS in low endothelial cell counts	Dr Karla Pamela González Daher	8 Mins
6	Nucleus bisection technique in MSICS	Dr Deepak Megur	8 Mins
7	Comparing SICS and Phacoemulsification - A Meta Analysis	Dr Parikshit Gogate	8 Mins
8	My experience with 2 mm SICS	Dr Nilutparna Deori	8 Mins
9	Errant Wound Management in SICS	Dr Sunil Kumar Thangaraj	8 Mins
<b>Discussion</b>			

DATE : 17 Dec 2021 (Friday)
TIME : 07:00 PM - 08:30 PM ( IST )
HALL : D

## SAO Grand Quiz

**Chairpersons** : Dr Lalit Verma and Dr Namrata Sharma

**Chief Coordinator** : Dr Rajesh Sinha

**Coordinators** : Dr Eli Pradhan & Dr Shams Noman

**Quiz Master** : Dr Akanksha Koul

### Judges :

**Prof. O.K. Malla, Prof. Ava Hossain, Prof. Rajvardhan Azad, Prof Sharfuiddin Ahmed,  
Prof. Nadeem Butt**

### Participating Teams :

#### Nepal Team 1:

Dr Sudeep Rajbhandari ( C ), Dr Ashma KC, Dr Jharana Gurung, Dr Nishchal Ghimire

#### Nepal Team 2:

Dr Gunjan Prassal ( C ) , Dr Sunita Timilina Dr Ganga Sagar Shah, Dr Seema Bhandari

#### Bangladesh Team 1 :

Dr Suprokash Sarkar ( C ), Dr. Md. Mahboobur Rahman, Dr Lucky Akhter, Dr Naznin Sultana,

#### Bangladesh Team 2 :

Dr Mumu Das ( C ), Dr Aneeka Rahnuma, Dr Nafiz Ahmed, Dr Iqramuzzaman

#### India Team 1 :

Dr Sreeni Edakhlon ( C ), Dr Marian Poly, Dr Gopal Pillai , Dr Prashob Mohan

#### India Team 2:

Dr Mohamad Asif ( C ), Dr Ayushi Sinha, Dr Prabhav Puri, Dr Anirudh Kapoor

### Format of the Quiz :

- Video Presentation for 3 mins.
- Challenging clinical case for 3 mins
- Rapid quiz fire for 2 mins..... Max of 10 Questions

### Attractive Prizes :

Winners : INR 60,000/- □ Runners up – 1 : INR 40,000/-

Runners up – 2 : INR 20,000/-

### Logistics : Microlab

**Day 2**

**Saturday**

**18 December 2021**

DATE : 18 Dec 2021 (Saturday)
TIME : 08:30 AM – 10:00 AM ( IST )
HALL : A

# **Managing Post-Trabeculectomy Complications – What do you do? A RANZCO Symposium**

**Program Outline:** This will be live, interactive session with clinical photos and videos of the various complications following Trabeculectomy.

Topics to be included will be:

Early postoperative problems of hyphaema, Aqueous misdirection, Wound leak and Late Postoperative problems of overdrainage, Tenons cyst, bleb leaks and blebitis.

The panel will share their opinions with the opportunity for audience participation.

**Host:**

**Professor Graham Lee (Brisbane, Australia)**

**Panel:**

**Professor Bob Casson (Adelaide, Australia), Dr Colin Clement (Sydney, Australia),**

**Professor Helen Danesh-Meyer (Auckland, New Zealand),**

**Dr George Kong (Melbourne, Australia), A/Professor Mitchell Lawlor (Sydney, Australia),**

**Dr Lance Liu (Melbourne Australia).**

## Free Paper Glaucoma

Date	18 Dec 2021 (Saturday)
Time	08:30 AM-10:00 AM
Hall	B

**Judges :**Dr Sushma Tejwani, Dr Dewang Angmo, Dr Shikha Gupta

**Duration of each talk : 6 Minutes**

S.No	Topic	Speaker
1	Eye to eye: differences in applanation tonometry reading depending upon eyepiece and binocularity.	Dr Ayushi Ojha
2	Agreement between IOP measured by scleral Schiottz and Goldmann applanation tonometer	Dr Shaikh Zeba Muzammil
3	Visual field correlation with retinal nerve fibre layer loss on OCT in primary congenital glaucoma	Dr Anand Naik
4	Smokers vs non - smokers: optic nerve head changes comparative cross-sectional study from a tertiary care centre in kerala, south India	Dr Kutumbaka Akhila
5	Comparative evaluation of retinal nerve fiber layer and macular ganglion cell analysis and OCT-A changes at disc and macula in glaucoma suspect and early glaucoma	Dr Anirudh Kapoor
6	A study on effect of inhalational steroids on eye	Dr Akarshitha B
7	Topiramate induced acute angle closure glaucoma	Dr Priyanka Gandhi
8	To study the Effects of preservatives used in Anti Glaucoma drugs on Ocular surface.	Dr Shubhra Alankrita Lakra
9	Co-relating Selective Laser Trabeculoplasty Outcomes with Angle dysgenesis on ASOCT in JOAG	Dr Bikram Bahadur Thapa

Date	18 Dec 2021 (Saturday)
Time	08:30-AM 10:00 AM
Hall	C

## Free Paper Video Session

Judges :Dr Avnindra Gupta, Dr Tushar Agarwal, Dr Jitender Bali

**Video Duration : 8 Minutes**

S.No	Topic	Presenter
1	Eye Grader Smartphone App - Clinical grading in Ophthalmology	Dr John Davis Akkara
2	An Eye of a Cataract Surgeon with An Intraoperative OCT	Dr Prasanth Glreesh
3	Simple limbal epithelial transplant(SLET)- A novel treatment in a case of Limbal stem cell deficiency(LSCD) due to chemical - injury	Dr. Arvind Kumar Morya
4	Bent Ab-interno Needle Goniotomy in open angle glaucoma	Dr Anand Naik Bukke
5	Tune your index finger for manual navigation during orbitotomy for intraconal vascular tumor	Dr Jayanata Kumar Das
6	Kitchen Ophthalmic Surgeon	Dr John Davis Akkara
7	Innovative Intra-operative Rapid Detection Test for Visualisation of Mucor	Dr Prithvi Chandrakanth
8	Anterior segment photography - a frugal innovative learning tool for residents	Dr Hirika Gosalia
9	Under The Cloud Of Red Vitreous Haze	Dr Bhumika Rath
10	Modified Scleral Buckling for Rhegmatogenous Retinal Detachment	Dr Nidhi Sinha
11	Bringing light back on fovea – removal of subretinal plaque.	Dr Deepak Agarwal

## Instruction Course:

# Clinical Low Vision

DATE:18 Dec 2021 (Saturday)
TIME: 08:30 AM -10:00 AM
HALL:D

**Chief Instructor:** Dr Sanjiv Desai

This is a basic level instruction course, which focuses on imparting appropriate skills in clinical low vision, including assessing low vision cases in the clinic dispensing low vision devices. It begins by defining low vision and describing the common ophthalmic conditions leading to low vision. Then the cardinal principles of treating low vision are described, followed by exploring various types of optical & non-optical low vision aids available in the market to enhance visual performance, their optics, their advantages and disadvantages and how to use them. Finally the course is wound up by discussing how to assess a low vision patient in the clinic and how to dispense low vision aids. At the end of the course, participants will become proficient in identifying and treating low vision cases in their day-to-day practice, thus, integrating low vision care into their clinical practice.

S.No	Topic	Co- Instructors	Time
1	Introduction	Dr Sanjiv Desai	5 mins
2	Epidemiology of Low Vision	Dr Gulam Ali	10 mins
3	Principles of Treatment	Dr Devanshi Desai	10 mins
4	Types of LVA	Dr Devanshi Desai	15 mins
5	Clinical Dispensing	Dr Sanjiv Desai	15 mins
6	Illumination Glare & Contrast	Dr Sanjiv Desai	10 Mins
7	Pediatric Considerations	Dr Sanjiv Desai	10 mins
8	Whats New	Dr Sanjiv Desai	15 Mins

Date	18 Dec 2021 (Saturday)
Time	10:00 AM-11:30 AM
Hall	A

## Instruction Course:

### Cool Ways of Dealing with the Hot Orbit

**Chief Instructor:** Dr Raka Chatterjee

An inflamed orbit is not an uncommon clinical scenario. Presenting with pain, proptosis and even visual loss of varying severity a hot orbit is a matter of concern to both the patient and the ophthalmologist. A thorough history and clinical evaluation followed by orbital imaging and appropriate tests can clinch the diagnosis. Orbital infection from adjacent or remote structures, idiopathic orbital inflammation, endocrine disorders and sometimes orbital malignancies and metastasis are the common causes. Rhino orbital mucormycosis is also a hot topic in the current pandemic scenario.

S.No	Topic	Co- Instructors:	Time
1	Orbital Infection	Dr Raka Chatterjee	20 Mins
2	Orbital Inflammation	Dr Joyeeta Das	20 Mins
3	Orbital Malignancy	Dr Anirban Bhaduri	20 Mins
4	Hot orbit in a child	Dr Chandana Chakraborty	20 Mins
Discussion (10 Mins)			

## Free Paper

### Ocular Surface Diseases

Date	18 Dec 2021 (Saturday)
Time	10:00 AM-11:30 AM
Hall	C

**Judges: Dr Prateek Gujar, Dr Jaya Gupta , Dr Sridevi Nair**

**Duration of each talk:6 Minutes**

S.No	Topic	Speaker
1	Risk of Pterygium in Eyes with Short Axial Length	Dr Pratiroop Gangopadhyay
2	Magnitude of Dry eye and its Impact on Mental health of Medical students - A questionnaire based survey	Dr Ritu Gupta
3	Ocular Surface Characteristics in Thyroid Eye Disease : ARE WE MISSING SOMETHING ?	Dr Ashutosh Maharana
4	To determine the effect of pterygium excision on calculation of Intraocular Lens Power and correlation of changes in Intraocular Lens Power with the size of pterygium	Dr Neha Adlakha
5	Role Of Mucous Tear Ferning Test In Meibomian Gland Dysfunction	Dr Neha Adlakha

Date	18 Dec 2021 (Saturday)
Time	10:00 AM-11:30 AM
Hall	D

## Free Paper

### Retina-1

Judges- Dr Divya Agarwal, Dr Vinod Agarwal, Dr Neha Goel

Duration of each talk :6 Minutes

S.No	Session	Speaker
1	Knowledge, attitude and practice of Diabetic Retinopathy screening amongst diabetics	Dr Arul Ezhil
2	Role of Blood cells associated inflammatory indices in early screening of Diabetic Retinopathy	Dr Trisha Ghosh
3	Toxic Tobacco: Fundus changes and associated OCT based ganglion cell analysis in Tobacco abuse	Dr Ayushi Ojha
4	Analysis of CRP as risk factor for age related macular degeneration	Dr Avantika Srivastava
5	VKH Syndrome: A Pandora's box!	Dr Yogya Reddy
6	Multivariate analysis of systemic risk factors for central serous chorioretinopathy	Dr Devesh Kumawat
7	Correlation of early postnatal weight change with development of retinopathy of prematurity	Dr Anju Nagar
8	Delineating Rare Diagnostic Enigma of Heterogenous Etiologies of Frosted Branch Angiitis	Dr Bharat Gurnani
9	Choroidal Thickness Measurement By Swept Source Optical Coherence Tomography in Active & Healed Posterior Uveitis in Indian Eyes	Dr Abhishek Agarwal
10	Antibiotic susceptibility pattern in Endophthalmitis cases from Eastern India.	Dr Deepak Agarwal
11	Clinico-microbiological profile and predictors of visual outcome following pars plana vitrectomy in endophthalmitis at an eye hospital of rural Western Nepal	Dr Bikram Bahadur Thapa

DATE:18 Dec 2021 (Saturday)
TIME:11:30 AM-01:00 PM
HALL: A

## Instruction Course

### Complex Strabismus Situations

**Chief Instructor:** Dr Satish Thomas

Quite often strabismologists encounter situations that are more complex and challenging from the ordinary. In this instruction course we present 5 different situations handled by experienced strabismologists which we hope will be of benefit to the audience.

While many ophthalmologists might be well versed with surgical management of horizontal strabismus, the coexistence of patterns may alter the outcome. In the first presentation, we show how these can be identified, and what are the management strategies.

Duane's Retraction Syndrome (DRS) is a congenital condition which is cosmetically disfiguring and often functionally hampering. Newer surgical modifications have helped address many of the problems of these patients and in our second talk, we discuss multiple procedures and surgical plans to tackle abduction deficiency in DRS.

Muscle dehiscence is an important factor resulting in an unfavourable outcome following strabismus surgery, but was not known until the past few decades. It is very important to consider both slipped muscles and stretched scars when one is faced with a poor outcome following surgery. This talk uses a case study to teach how to identify the problem and take measures to prevent it and treat it.

We then have two talks that deal with the management of paralytic strabismus. Third nerve palsy is often a nightmare for a surgeon because he often has only one or two muscles to work with. In this talk we discuss multiple surgical options and when to employ each. We also discuss latest modifications that have recently been made available. Abducens's nerve palsy is addressed in the last talk, delineating various surgical plans and techniques

S.No	Topics	Co- Instructors:	Time
1	Tackling Pattern Deviations in Horizontal Strabismus	Dr Anju Ninan	15 Mins
2	Abduction deficiency in DRS - What can be done	Dr Elizabeth Joseph	15 Mins
3	Slipped Muscles and Stretched Scars	Dr Satish Thomas	15 Mins
4	Management of Oculomotor Nerve Palsy	Dr Rohit Saxena	15 Mins
5	Management of Abducens Nerve Palsy	Dr Kavitha Kalaivani Natarajan	15 Mins
Discussion and Q&A (10 Mins)			

DATE:18 Dec 2021 (Saturday)
-----------------------------

TIME:11:00 AM-12:00 PM
------------------------

HALL: B
---------

## DME Unmet Needs

Moderator - Dr. Girish Rao

S.No	Topic	Speaker
1	Panel Discussion - Optimizing DME management in India <b>Panelists -Dr.Aniruddha Maiti ,Dr.Saravanan, Dr.Manavi</b>	

**Q & A :10 Mins**

## Unique Problems In Ophthalmology

**Chairperson:** Md. Sharfuddin Ahmed

**Moderator :** Dr Namrata Sharma

Date	18 Dec 2021 (Saturday)
Time	11:30 AM-01:00 PM
Hall	C

**Duration of each talk : 8 Minutes**

S.No	Topic	Speaker
1	Visual function at high altitude in Nepal	Dr Sabina Shrestha
2	Pediatric cataract surgery techniques and challenges	Dr Srijana Adhikari
3	Cortical Visual Impairment	Dr Rojeeta Parajuli
4	Use of PEG interferon alpha 2a-newer and cost affective techniques in developing countries	Dr Fahmida Hoque
5	Importance of vision centre establishment and my experience	Dr Md. Sharfuddin Ahmed
6	Ophthalmic Manifestation of Covid	Dr Afzal Mahfuzullah
7	Tuberculosis in neurological aspect	Dr Tanima Roy

Date	18 Dec 2021 (Saturday)
Time	11:30 AM-01:00 PM
Hall	D

## Free Paper

### Retina-2

Judges : Dr Avnindra Gupta, Dr Neha Mohan Jain , Dr Ritesh Narula

Duration of each talk :6 Mins

S.No	Topic	Speaker
1	Use of an online screening algorithm 'winrop' for predicting retinopathy of prematurity in indian preterm babies	Dr Smith Snehal Sute
2	Smartphone based Annotation Tool for Faster and Accurate Image Labelling for Artificial Intelligence in Diabetic Retinopathy	Dr Arvind Kumar Morya
3	Ganglion cell complex and Retinal Nerve Fibre Layer in Diabetics	Dr Neha H Shah
4	Comparison of visual impairment in chronic kidney disease among diabetic and non-diabetic patients	Dr H. Aishwarya
5	Correlation of Serum Urea and Creatinine levels with retinal outer zone disruption in Non-Proliferative Diabetic Retinopathy	Dr Sanchari Sarkar
6	Eplerenone in Acute Central Serous Chorioretinopathy: Put an End to Wait	Dr Avik Dey Sarkar
7	Red Flags In Red Eyes	Dr Bhumika Rath
8	Leukemic Retinopathy: A Rare Entity	Dr Aman Kumar Gupta
9	Haemorrhagic retinopathy with pancytopenia – key surveil	Dr Priyanka Gandhi
10	Correlation of clinical and imaging findings in myopic eyes with retinal myelinated nerve fibres and Straatsma syndrome - a retrospective study from tertiary eye care centre	Dr Shrutakirty Parida
11	Nocardia endophthalmitis- prophylactic prevention with an innovative approach	Dr Atul Kamath M
12	The west bengal diabetic retinopathy project "fixing the missing link"	Dr Sneha Batra
13	A Boon towards Pediatric Retinal Imaging: Cost Effective Smart phone based Fundus Camera (MII Ret Cam)	Dr Rajwinder Kaur

## Free Paper

### Cataract & Refractive Surgery

Date	18 Dec 2021 (Saturday)
Time	01:00 PM -02:30 PM
Hall	B

Judges: Dr Manpreet Kaur, Dr Prafulla Maharana, Dr Deepthi Meda

Duration of each talk :6 Minutes

S.No	Topic	Speaker
1	Factor affecting the time lag to the second eye cataract surgery in rural population of West Bengal	Dr Surya Sekhar Das
2	Back to sutures in modern cataract surgery	Dr Atul Sonawane
3	Randomised clinical trial between 3 chopping techniques - stop & chop vs direct chop vs terminal chop	Dr Arvind Kumar Morya
4	Clinical outcomes after implantation of a toric IOL in Pakistani population using digital marker	Dr Irfan Kabiruddin Jeeva
5	Post Covid Surge in Cataract Surgical Volume	Dr Sanjay Kumar Daulat Thakur
6	To observe the clinical and refractive outcomes of Topolyzer guided Subjective Refraction (TSR) LASIK procedure in Myopes	Dr Irfan Kabiruddin Jeeva
7	Management of SMILE ectasia using tissue addition and pocket cross linking- Initial experience in 4 eyes	Dr Smith Snehal Sute

DATE:18 Dec 2021 (Saturday)
TIME: 01:00 PM -02:30 PM
HALL: D

## Instruction Course

### Shining Ray Of Hope-Early Visual Rehabilitation As A Magic Wand

**Chief Instructor:** Dr Karobi Lahiri

Although all Ophthalmologists are aware about clinical aspects in ROP, its association with CVI and its relationship to special children, which includes cerebral palsy, autism, learning disorders, ADHD and ADD are new entities which needs to be tackled as the Ophthalmologists play a key pivotal role in improving their quality of life. Careful examination, assessment and application of targeted rehabilitative measures are required towards improved global development. The knowledge of association of maternal infections , hypoxic ischemic encephalopathy ,complicated pregnancies leading to co-morbidities which affect vision, cognition, behavior and seizures. A brief look into efficacy of stem cells in this condition will also be discussed with examples.

Our IC aims to discuss precisely about methods employed for visual rehabilitation in overall better development of these children.

S.No	Topic	Co- Instructors	Time
1	Functional vision evaluation in special children and deaf blind children and unexplored role of stem cells and mid-brain stimulation	Dr Karobi lahiri	15 Mins
2	ROP associated with autism and cerebral palsy and learning disorders ,Ophthalmic abnormalities in children with dyslexia,ADHD,ADD	Dr Anisha Rathod	15 mins
3	No vision vs low vision Eye checkup vs visual rehab What's the difference ? Red flags for referral	Dr Himika krishnatri	15 Mins
4	Retinal imaging in CVI Neuroanatomy related characteristics and methods of rehabilitation	Dr Anand Vinekar	15 Mins

Date	18 Dec 2021 (Saturday)
Time	02:30 PM -04:00 PM
Hall	A

## Instruction Course

### Medico-Legal Aspects Of Ophthalmology- An Overview

**Chief Instructor:** Dr Aarti Heda

Various medico-legal problems are faced by ophthalmologist now a days. Aim of this course is to sensitise ophthalmologists about new laws and landmark Judgements in field of ophthalmology. We also intend to inform about professional indemnity services and cover various types of consents and its legal aspects.

S.No	Topic	Co- Instructors	Time
1	Consumer protection Act for Ophthalmologist	Dr Surendra Wadgaonkar	10 Mins
2	Informed Consents and counseling – Basic foundation for building patients trust	Dr Viral Shah	10 Mins
3	Meticulous record keeping - Your friend in need	Dr Prakash Marathe	10 Mins
4	Landmark medico legal Judgments by court – What we learnt from them as ophthalmologist	Dr Aarti Heda	10 Mins
5	Legal notice received – Don't panic, be prepared	Dr A A Deshpande	10 Mins
6	Medico Legal implications of Cataract Surgeries- Avoiding Pitfalls	Dr Rajesh Joshi	10 Mins
7	Professional indemnity - Need of an hour	Dr Ketaki Shah Bhat	10 Mins
Discussion (20 Mins)			

## Instruction Course

### March to Zero Endophthalmitis

**Chief Instructor:** Dr Satanshu Mathur

March To Zero Endophthalmitis We All Should Know and Follow Recent Guidelines For prevention & Management of Endophthalmitis

Endophthalmitis is vision-threatening complication of intraocular surgery. Emphasis will be given on recent protocols/ guidelines on prevention, diagnosis & medical/ surgical management of Endophthalmitis By practically following these guidelines we can prevent the dreaded complication & if it occurs , minimize the damage. Guidelines on Preop Preparation of Patient, Instructions to patient & staff Scrubbing & draping techniques sterilization techniques Operation room layout & the current NABH regulations are important tools for successful outcome of any intraocular surgery. Non inflammatory conditions [TASS]may present similar to endophthalmitis making diagnosis & management challenging .Videos will be presented to differentiate & manage both types. Late onset endophthalmitis and challenging situations for ophthalmologists will be discussed in detail.

Once confirmed start medical treatment at earliest . Intravitreal Injection is important tool in management & all should know how to prepare & give it. It will be demonstrated by Video. If condition worsens we should referred patient to Vitreo retinal surgeon without delay

Referring guidelines ,Indications techniques and timings of surgery with recent advances will be demonstrated by video

Precautions, Early Diagnosis, Timely Intervention & refer are key to success.

S.No	Topic	Co- Instructors
1	Clinical Diagnosis of Endophthalmitis , Late Onset Endophthalmitis, & D/D with TASS	Dr R P Singh
2	Medical Management and Intravitreal Injections Technique, drugs & doses	Dr Srinivas Joshi
3	Indications & Recent Advances In Surgical Management	Dr Lalit Verma
4	Recent Guidelines /protocols - Pre/Per/Post Operative For Prevention Of Endophthalmitis	Dr Satanshu Mathur

DATE:18 Dec 2021 (Saturday)

TIME:02:30 PM -04:00PM

HALL: D

## Instruction Course

### Ocular issues in Infancy

**Chief Instructor** : Dr Elizabeth Joseph

This instruction course is designed to give the current concepts about diagnosis and management of common ocular problems in infancy .All speakers are specialists in the particular fields with vast experience .The course will include surgical videos and is meant for post graduates and practicing ophthalmologists.

Cerebral visual impairment , congenital glaucoma , Infantile strabismus , NLD obstruction and ROP are dealt with emphasising practical approach

S.No	Topic	Co Instructors	Time
1	Early surgical intervention in Strabismus of Infancy	Dr Leila Mohan	13 Mins
2	Diagnosis and management of Congenital Glaucoma	Dr Meena CK	13 Mins
3	Retinopathy of Prematurity	Dr V S Prakash	13 Mins
4	Cerebral visual impairment	Dr Elizabeth Joseph	13 Mins
5	Management of NLD obstruction	Dr Ann J K	13 Mins
6	Surgical Strategies in congenital cataract	Dr Leila Mohan	13 Mins

Date	18 Dec 2021 (Saturday)
Time	04:00 PM -05:30 PM
Hall	A

## Newer Paradigms in nAMD management - What Options available before Pagenax , how many non respondents , what has changed to post Pagenax

### (Pagenax -1)

Chairperson & Moderator: Dr Lalit Verma

S.No	Topic	Speaker	Time
1	Welcome, Introduction and context setting	Dr Lalit Verma	5 Mins
2	Unmet need in nAMD Management	Dr Chaitra Jaidev	10 Mins
3	Real World Evidence of Brolucizumab	Dr Debdulal Chakraborty	10 Mins
4	My Initial cases with Brolucizumab	Dr Lalit Verma	10 Mins
5	Brolucizumab - RWE Data Early Experience	Dr.Charu Gupta	10 Mins
6	Neovascular AMD - Complex cases	Dr.Ruchir Tewari	10 Mins
7	Brolucizumab – “Our experience so far”	Dr Deepandra Singh	10 Mins
8	Panel Discussion – Dr Sangeeta Jain, Dr Ashish Vaidya ,Dr Sribhargava Natesh, Dr Dhanshree Ratra , Dr Manoj Khatri , Dr Sarita Beri,Dr Vinod Agrawal, Dr Ritesh Narula , Dr Ajay Aurora		25 Mins

**(Cipla Session :2 )**

Date	18 Dec 2021 (Saturday)
Time	04:00 PM -05:30 PM
Hall	B

**Comorbidities And Glaucoma Are We Missing The Link Causing Glaucoma Progression**

**Chairperson** : Dr Maneesh Singh, Dr Meenakshi Dhar

**Moderator** : Dr Dewang Angmo

S.No	Topic	Speaker	Time
1	Impact of systemic comorbidities on OBF & glaucoma progression	Dr Maneesh Singh	15 Mins
2	Dorzolamide the Ideal Adjunct - Dorzolamide in improving OBF in glaucoma patients Case based approach.	Dr Meenakshi Dhar	20 Mins

## Cornea & Ocular Surface Diseases

Date	18 Dec 2021 (Saturday)
Time	04:00 PM -05:30 PM
Hall	C

**Chairperson :** Dr Anita Panda

**Duration of each talk:8 Minutes**

**Co-Chairperson:** Dr Rishi Mohan

**Moderator:** Dr Purvasha Narang

S.No	Topic	Speaker
1	Blink Rate: an easy test and early predictor of Dry Eyes	Dr Sameera Irfan
2	Chronic cicatrising conjunctivitis: Management strategies	Dr Purvasha Narang
3	Pterygium : Surgical Management	Dr Sanjay Kumar Singh
4	Tenon patch grafting	Dr Gunjan Verma Shah
5	Bowman's Layer Transplantation in Advanced Keratoconus	Dr Madhu Uddaraju
6	Acute graft rejection in a high risk corneal transplant post covid 19 vaccine	Dr Dipali Parmar

# Uvea

Date	18 Dec 2021 (Saturday)
Time	04:00 PM -05:30 PM
Hall	D

**Chairperson:** Dr Jyotirmay Biswas

**Moderator:** Dr Manisha Agarwal

**Duration of each talk:8 Minutes**

S.No	Topic	Speaker
1	Biopsy pathology in uveitis	Dr Jyotirmay Biswas
2	Biologicals in Uveitis	Dr Amit Khosla
3	Intraocular Tuberculosis-Practical tips	Dr Gyanendra Lamichhane
4	Granulomatosis polyangiitis presenting as anterior nodular scleritis – role of ANCA in diagnosis and differentiation from tuberculosis – A series of three cases.	Dr G Nageswar Rao
5	Sarcoidosis	Dr Santosh K Philip
6	Recurrent Ocular Toxoplasmosis - Challenges in Management	Dr Mayur R. Moreker
7	Choroidal thickness in HLA B 27 Acute Anterior Uveitis- Is there any correlation	Dr Ranju Sitaula
8	Seasonal Hyperacute Uveitis ( SHAPU)	Dr Purushottam Joshi
9	Pitfalls in the management of uveitis	Dr Anu Manandhar

## Experience to Evidence for Anti VEGF Biosimilars

Date	18 Dec 2021 (Saturday)
Time	05:30 PM -07:00 PM
Hall	A

**Chairpersons:** Dr Lalit Verma

**Co Chair:** Dr Eli Pradhan & Dr Tariq Reza

**Moderator:** Dr Nishikant Borse

**Duration of each talk:15 Minutes**

S.No	Topic	Speaker
1	Anti VEGF's in Diabetic Retinopathy –including recent advances	Dr Dinesh Talwar
2	Journey and Shift in Anti VEGF usage after introduction of Biosimilar Ranibizumab in India	Dr Debdulal Chakraborty
3	Horizons for Biosimilars in Ophthalmology	Dr Ashish Sharma
4	Panel Discussion : Role and Importance of Biosimilars in SAARC countries (Disease burden, Cost Implications, Role of Biosimilars, Advantages to Patients/HCPs)	All

# Nepal Ophthalmic Society Session

Date	18 Dec 2021 (Saturday)
Time	05:30 PM-7:00 PM
Hall	B

**Chairperson:** Dr O K Malla

**Co-Chairperson:** Dr Srijana Adhikari

**Moderator:** Dr Roshija Khanal

S.No	Topic	Speaker
1	Metastatic and secondary tumors of eye and orbit are not rare	Dr Purnima Rajkarnikar Sthapit
2	Surgical outcome of strabismus surgery	Dr Sabina Shrestha
3	Endoscopic DCR under local anesthesia	Dr Diwa Hamal
4	Congenital Glaucoma: Experience at Biratnagar Eye Hospital	Dr Rakshya Pant
5	Neuro-Ophthalmic manifestations of COVID 19 in a tertiary hospital in Nepal	Dr Sanjeeta Sitaula
6	Diabetic Vitrectomy: When is the best time to Operate?	Dr Roshija Khanal
7	Idiopathic CNVM in a young female	Dr Priya Bajgain

# Indian Neuro- Ophthalmology Society Session

Date	18 Dec 2021 (Saturday)
Time	05:30 PM-7:00 PM
Hall	C

**Chairperson:** Dr Vimla Menon

**Co-chairperson:** Dr Rashmin Gandhi

**Convenor:** Dr Rohit Saxena

**Convenor:** Dr Satya Karna

**Moderator:** Dr Swati Phuljhele

**Panel:** Dr Jitendra Jithani, Dr Ambika S, Dr Ankur Sinha, Dr Nishant Kumar

**Duration of each talk :10 Minutes**

S.no	Topic	Speaker
1	OCT: Essential tool in Neuro-ophthalmology	Dr Shikha Bassi
2	OCTA: How useful?	Dr Virender Sachdeva
3	Optic Neuritis: Update	Dr Swati Phuljhele
4	Management of IIH	Dr Jyoti Matalia
5	Ischemic Optic Neuropathy	Dr Digvijay Singh
6	Approach to diplopia	Dr Mahesh Kumar
7	Methanol toxicity	Dr Sarwat Rahman

# Refractive Surgery

Date	18 Dec 2021 (Saturday)
Time	05:30 PM -07:00 PM
Hall	D

**Chairperson:** Dr Vinod Kumar Arora

**Co-chairperson:** Dr Rajesh Sinha

**Moderator:** Dr Manpreet Kaur

**Duration of each talk :8 Minutes**

S.No	Topic	Speaker
1	Surface Ablation- How to achieve optimal results?	Dr Sarika Sethia
2	Resurgence: Advance Surface Ablation	Dr Vinod Kumar Arora
3	How to manage haze after surface ablation?	Dr Sharon D' Souza
4	Complications of LASIK	Dr Mohak Shah
5	Post LASIK ectasia	Dr Monica Jethani
6	SMILE in my practice	Dr. Harun Ur Rashid
7	Complications of SMILE	Dr Manpreet Kaur
8	ICL Complications	Dr Rajesh Sinha

Date	18 Dec 2021 (Saturday)
Time	05:30 PM - 07:00 PM (IST)
Hall	E

## Cornea Plenary Session

**Chairperson:** Dr. Jeewan S. Titital

**Co-Chairperson:** Dr. Namrata Sharma

**Moderator:** Dr Vikas Mittal

S.No	Topic	Speaker	Time
1	<b>Key Note Address</b> : Endothelial cell cultures	Dr Shigeru Kinoshita	15 Mins
2	Limbal stem cell transplantation	Dr Sayan Basu	12 Mins
3	Bowman layer transplantation	Dr Vikas Mittal	12 Mins
4	Anterior Lamellar Keratoplasty	Dr. Rajesh Fogla	12Mins
5	The Biosynthetic Cornea	Dr Namrata Sharma	12 Mins
6	Neurotrophic Keratopathy	Dr Bennie Jeng	12 Mins
7	Endothelial Keratoplasty	Dr Jeewan S. Titiyal	12 Mins

# All India Ophthalmological Society Session

Date	18 Dec 2021 (Saturday)
Time	07:00 PM -08:30 PM
Hall	A

**Chairpersons:** Dr Barun K Nayak, Dr. Rajvardhan Azad, Dr Mahipal S. Sachdev, Dr Lalit Verma

**Panelists :** Dr Chaitra Jayadev, Dr Ajay Aurora

S.No	Topic	Speaker	Time
1	Welcome Address	Dr Barun K Nayak	10 Mins
2	Anterior Segment OCT for the anterior segment surgeon: A navigator through stormy waters	Dr Mahipal Sachdev	10 Mins
3	Biosynthetic Corneas : the new frontier	Dr Namrata Sharma	10 Mins
4	Glued IOLs in Sticky Situations	Dr Rajesh Sinha	10 Mins
5	Traumatic Cataracts	Dr Partha Biswas	10 Mins
6	Retinoblastoma : They live to see	Dr Santosh Honavar	10 Mins
7	Management of Posterior Capsular Rents	Dr Arup Chakrabarti	10 Mins
8	What's new in laser vision corrections	Dr Chitra Ramamurthy	10 Mins
9	Optic nerve regeneration	Dr. Lalit Verma	10 Mins

Date	18 Dec 2021 (Saturday)
Time	07:00 PM -08:30 PM
Hall	B

## DME 360 Degree

(Allergan)

**Moderator:** Dr Lalit Verma

S.No	Topic	Speaker
1	Diabetic Nephropathy patient in your Ophthal clinic	Dr Manisha Sahay
2	Comorbid patient in Ophthlamic Clinic	Dr Mallika Goyal
3	Choosing the right IVTs in Comorbid patient	Dr Dhanshree Ratra
4	Steroids in DME	Dr George Manayath

Date	18 Dec 2021 (Saturday)
Time	07:00 PM -08:30 PM
Hall	D

## Instruction Course

### Going to school in Vitreo-retinal Surgery

**Chief Instructor:** Dr Deepak Agarwal

**Course Outline:** Vitreo-retina surgery has a long and steep learning curve. The basics of VR surgery has to be elaborately explained to the budding VR surgeons and fellows. In the present instruction course three VR surgeons explain and demonstrate the common steps required in VR surgery.

To begin with, instruments and machine parameters are explained followed by steps and technique of making sclerotomy ports. Other basic steps like checking infusion cannula, complete vitrectomy procedure, port suturing has been elaborated. Posterior vitreous detachment demonstration in multiple scenarios and using different techniques. Lensectomy for dropped nucleus and for cases of ectopia lentis has been demonstrated with elaborate discussion. Management of vitreo-macular interface disorder like ERM removal and ILM peeling for full thickness macular hole will be explained. Scleral fixation of IOL without sutures and glue will be demonstrated. Silicone oil removal technique will be elaborated.

S.No	Topic	Co- Instructors	Time
1	Basics of Vitreo-retinal Surgery and Vitreo-macular interface disorders	Dr Deepak Agarwal	20 mins
2	PVD Induction and Lensectomy	Dr Somnath Chakraborty	20 mins
3	Scleral Fixation of IOL, Silicone Oil Removal	Dr Krishna Kanta Roy	20 mins

**Discussion :** 30 minutes

**Day 3**

**Sunday**

**19 December 2021**

## SAO 2021-Live Surgery Session

Time	Surgery	Surgeon
<b>Transmission from Dr RP Centre for Ophthalmic Sciences, AIIMS, New Delhi</b>		
09:30-10:00 AM	Pterygium Surgery	Dr Tushar Agarwal
10:00 –10:30 AM	DSAEK	Dr Namarata Sharma
10:30-11:00 AM	Pediatric Cataract Surgery	Dr Sudarshan Khokhar
11:00:-11:30 AM	Phakic IOL-ICL	Dr Sudarshan Khokhar
11:30 AM-01:00 PM	<b>Alcon Sponsored Session</b> <b>Moderator : Dr Abhay Vasavada</b>	
<b>Transmission from Raghudeep Eye Hospital , Ahmedabad</b>		
	Phacoemulsification with Vivivity IOL	Dr Shail Vasavada (From REH Ahmedabad )
<b>Transmission from Dr RP Centre for Ophthalmic Sciences AIIMS New Delhi</b>		
	Phacoemulsification with Panoptix IOL	Dr JS Titiyal
<b>Transmission from Soham Eye Hospital , Mumbai</b>		
	Phacoemulsification with Clareon IOL	Dr Abhijeet Desai(From Mumbai )
<b>Transmission from Dr RP Centre for Ophthalmic Sciences, AIIMS, New Delhi</b>		
1:00-2:00 PM	<b>Zeiss Sponsored Session</b>	
	Phacoemulsification with AT LISA Trifocal IOL	Dr JS Titiyal
	Bent Ab-interno Needle Gonnectomy ( BANG )	Dr Tanuj Dada
	SMILE Surgery	Dr JS Titiyal
<b>Transmission from CFS Eye Institute, Dwarka , New Delhi</b>		
02:00-03:30 PM	<b>Live Surgery Phacoemulsification with IOL implantation</b>	
	Moderator : TBD	
	TBD	
	TBD	
03:30 -03:45 PM	<b>Bausch and Lomb Sponsored Session</b>	
	TBD	

Date	19 Dec 2021 (Sunday)
Time	11:30 PM -01:30 PM
Hall	E

## Facing Challenges in Glaucoma

**Chairpersons:** Dr Madhu Bhaduria, Dr Nadeem Butt, Nazrul Islam

**Co-Chairperson:** Dr Tanuj Dada

**Moderators:** Dr Sushma Tejwani, Dr Shoruba Dinakaran

S.No	Topic	Speaker	Time
1	Strengthening opportunistic screening for glaucoma	Dr R Venkatesh	8 Mins
2	Gonioscopy-the forgotten art	Dr Syed Imtiaz Ali	8 Mins
3	Visual fields in Glaucoma - - - Step by Step interpretation	Dr Nadeem Butt	8 Mins
4	OCT - Case Scenarios	Dr P S Maher	8 Mins
5	MGCC for the diagnosis of pre-perimetric glaucoma	Dr M Afzal Bodla	8 Mins
6	Holistic approach in glaucoma management	Dr Sushma Tejwani	8 Mins
7	Dilemmas in glaucoma management	Dr Shams Noman	8 Mins
8	Challenges of current glaucoma management in SAARC region	Dr M Nazrul Islam	8 Mins
9	Challenges in glaucoma management during COVID Times	Dr Parul Ichhpujani	8 Mins
10	Oops in glaucoma surgery	Dr Tanuj Dada	8 Mins
11	My Experience on AADI Implant	Dr Nazrul Islam	8 Mins
	Discussion		

Date	19 Dec 2021 (Sunday)
Time	01:00 PM -02:30 PM
Hall	B

## Tips & Tricks to Manage DME & ARMD

### Bayer Session

<b>DME</b>			
<b>S.No</b>	<b>Topic</b>	<b>Speaker</b>	<b>Time</b>
1	Welcome & Objective of meeting	Chairperson & Moderator – Dr Lalit Verma	5 Mins
2	Early Management in DME: Insights from DRCR Retina Network studies	Dr Nishant Kumar	15 Mins
3	Aflibercept – DME Experience	Dr Mallika Goyal	10 Mins
4	Panel Discussion: Dr Hemant Murthy, Dr Ajay Aurora, Dr Daraius Shroff, Dr Mohit Dogra, Dr Ritesh Narula, Dr Debdulal Chakraborty		10 Mins
5	Closing Summary	Dr Lalit Verma	5 Mins
<b>ARMD Session</b>			
1	Welcome & Objective of meeting	Chairperson :Dr Lalit Verma Moderator: Dr Ajay Aurora,	5 Mins
2	“Achieving Q16 Intervals Using T&E regimens for better patient outcomes in nAMD”	Dr Ritesh Narula	15 Mins
3	Aflibercept – AMD Experience	Dr Debdulal Chakraborty	10 Mins
4	Panel Discussion : Dr Hemant Murthy , Dr Daraius Shroff ,Dr Mohit Dogra, Dr Nishant Kumar, Dr Mallika Goyal,		10 Mins
5	Closing Summary		5 Mins

# Spectrum of Ocular Surface Diseases

Date	19 Dec 2021 (Sunday)
Time	01:00 PM -02:30 PM
Hall	C

**Chairperson:** Dr Namrata Sharma

**Moderator:** Dr Rajat Jain

S.no	Topic	Speakers
1	Ocular allergy- what's new in our armamentarium	Dr Sumana Chatterjee
2	Acute chemical injury - not a second to lose	Dr Rajat Jain
3	Differentiating various causes of cicatrizing conjunctivitis and management	Dr Swapna Shanbag
4	Peripheral Ulcerative Keratitis management – opening pandora's box	Dr Purvasha Narang
5	Pterygium management- challenging cases and differential diagnosis	Dr Chintan Malhotra
6	Limbal stem cell deficiency- algorithmic approach to management & decision making	Dr Pallavi Joshi
7	Dry eye – challenging case scenario management	Dr Shilpa Das
	Panel Discussion	

## Poster Podium Oral Presentation

Date	19 Dec 2021 (Sunday)
Time	01:00 PM -02:30 PM
Hall	D

## Free Paper

**Judges:** Dr Sharon D' Souza, Dr Manoranjan Das, Dr Prateek Gujar

S.No	Topic	Speaker
1	Retinopathy of Prematurity: an emerging challenge	Dr Somnath Chakraborty
2	Management of traumatic eyelid laceration : case report	Dr Rohini Kawadkar
3	Retrospective study of sebaceous gland carcinoma of eyelid	Dr Raka Chatterjee
4	The Study of clinical presentation and management of ocular surface squamous neoplasia	Dr Jaya kashid
5	Anterior Scleritis in Pemphigus Vulgaris- a rare ocular manifestation	Dr Pradnya K Bhole
6	Rhino-Orbital Mucormycosis with Endophthalmitis" - A Case Report.	Dr Zeenal George Dabre
7	Duane's Retraction Syndrome : A case report	Dr Shraddha Gaul
8	Effectiveness of Various surgical procedures in the management of monocular elevation deficit	Dr Gunjan Saluja
9	Bilateral Buried Optic Nerve Head Drusen Mimicking Idiopathic Intracranial Hypertension	Dr C. Alekhya

# Ongoing Community Eye Health Care Services in SAARC Countries during Post Covid Unlocking Period

Date	19 Dec 2021 (Sunday)
Time	02:00 PM -04:00 PM
Hall	F

**Convenor** : Dr. Satanshu Mathur

**Introduction** : Dr. Swapan K Samanta

**Talk of the Day** : Prof. Ram Prasad Pokhrel ( Nepal)n

**Chairpersons** :Col. Prof Madan Deshpande ( India), Prof Ava Hossain ( Bangladesh),  
Prof Badri Badu ( Nepal)

**Moderators** : Prof Lalit Nepalia ( India), Prof Sharfuddin Ahmed ( Bangladesh), Prof Sunu Dulal ( Nepal)

**Key Note Address** : Prof Madhu Badauria ( India)

## **Speakers:**

1. Prof Tariq Qureshi( India)
2. Prof Rajkumari Vidyarani ( India)
3. Prof Debasish Bhattacharya ( India)
4. Prof Praveen Vashisht ( India)
5. Dr. Manoj Mathur( India)
6. Prof R D Ravindran ( India)
7. Prof. Daki Sherpa ( Nepal)
8. Prof Eli Pradhan ( Nepal)
9. Prof Sanjay Singh ( Nepal)
10. Dr. Rabindra Shah ( Nepal)
11. Dr. Purushottam Joshi ( Nepal)
12. Dr. N. Tenzing ( Bhutan)
13. Dr. Nalin Gunesinge ( Sri Lanka)
14. Dr. Ahmad ( Sri Lanka)
14. Prof Shawkat Ara Shakoor ( Bangladesh)
15. Prof A K Khan ( Bangladesh)
16. Dr. Pankaj Roy ( Bangladesh)

Date	19 Dec 2021 (Sunday)
Time	02:30 PM -04:00 PM
Hall	B

## What's the Buzz on Anti-VEGF Biosimilars?

### (Cipla)

S.No	Topic	Speaker	Time
1	Will Biosimilars find their place in retina?	Dr Saumil Sheth	10 Mins
2	Biosimilars for the treatment of wet AMD	Dr Swapnesh Sawant	10 Mins
3	Cipla Ranibizumab biosimilar – An Indian clinical experience	Dr Chaitra Jayadev	15 Mins
4	Cipla video on Biosimilar	TBD	5 Mins

# Cornea Potpourri

Date	19 Dec 2021 (Sunday)
Time	02:30 PM -04:00 PM
Hall	C

**Chairperson:** Dr Radhika Natarajan

**Moderator:** Dr Sharon D'Souza

**Duration of each talk: 10 Minutes**

S.no	Topic	Speaker
1	Descemets membrane detachment- identification and management	Dr Aditya Pradhan
2	Deep Anterior lamellar keratoplasty- Nuances of surgery and managing surprises	Dr Sharon D'Souza
3	New kids on the block- newer drug molecules in cornea therapy	Dr Charuta Puranik
4	Non resolving keratitis - what next?	Dr Anitha Venugopal
5	Penetrating Keratoplasty with minimal endothelial replacement (PKMER)	Dr Suchismitha T
6	Graft rejection post COVID infection	Dr Nandini C
	Panel Discussion	

DATE:19 Dec 2021 (Sunday)
TIME:2:30 PM-04:00 PM
HALL: D

## Instruction Course

### Pole to Pole Surgery

**Chief Instructor :** Dr Paritosh A. Kamdar

Severe globe injuries are a quagmire and have a poor visual prognosis. Timely, meticulous intervention and re-intervention when indicated, helps salvage many hitherto unsalvageable eyes which used to be given up as inoperable. This video based course would enunciate the principles of managing these difficult eyes, to achieve the best possible outcomes.

S.No	Topics	Co- Instructors	Time
1	Vitreous haemorrhage in a severely injured eye- - evaluation & management	Dr Sawant	10 Mins
2	IOFB Management	Dr Deepti Ameya Kulkarni	10 Mins
3	Evaluation & Management of Severe eye injury in a child	Dr Lahiri Karobi	10 Mins
4	Vitreoretinal surgery in badly injured eyes	Dr Bhomaj Sharad S	10 Mins
5	Potpourri	TBD	10 mins

## Youthful session –IIRSI

**Chairperson:** Dr. Digvijay Singh

**Moderators:** Dr Pooja Metha, Dr Rohan Mehra

**Duration of each talk: 10 Minutes**

Date	19 Dec 2021 (Sunday)
Time	02:30 PM -04:00 PM
Hall	E

S.No	Topic	Speaker
1	Pushing residents to clear more than 1 examinations during residency- My experience	Dr. Sumeet Lahane
2	Post covid scenario after fellowships- - My Experience	Dr. Sonia Maheshwari
3	Setting up a practice! How to invest smartly	Dr. Rohan Mehra
4	Current Trends in Biometry	Dr. Zain Khatib
5	Communication skills - The need of the hour	Dr. Pooja Mehta
6	Challenges of joining an established practice	Dr. Samresh Shrivastava

DATE:19 Dec 2021 (Sunday)

TIME: 04:00 PM-05:30 PM

HALL: C

## Choroidal Vascular Diseases: Where are we now? What has changed? (Pagenax)

**Chairperson & Moderator:** Dr Prashant Bawankule

S.No	Topic	Speaker	Time
1	Welcome, Introduction and context setting	Dr Prashant Bawankule	5 Mins
2	Unmet need in nAMD Management	Dr Karobi Lahari	10 Mins
3	Multimodal imaging in PCV focus on ICGA	Dr George Manayath	12 Mins
4	Multimodal imaging in PCV focus on Non ICGA based imaging	Dr Dinesh Talwar	12 Mins
5	Management of Choroidal Vascular Diseases (PCV/CNVM)-Overall approach	Dr Nishikant Borse	12 Mins
6	Case Presentation	Dr Srinivas Joshi	10 Mins
7	Case Presentation	Dr Ramesh Venkatesh	10 Mins
	Panel Discussion: Dr. Lalit Verma, Dr Somnath Chakraborty, Dr Shobit Chawla, Dr Vasumathy, Dr. R.P. Singh, Dr Daraius Shroff, Dr Deepa Sharma, Col. Sanjay Mishra, Dr Apoorv Grover		15 Mins
	Closing remarks		4 Mins

DATE:19 Dec 2021 (Sunday)
TIME: 04:00 PM-05:30 PM
HALL: D

## Instruction Course

### Eyelid Lesions Simplified

**Chief Instructor:** Dr Chandana Chakraborti

The onus of correctly diagnosing and managing an eyelid lesion often lies on general ophthalmologists, who if properly trained can manage such lesions quite efficiently. Accurate diagnosis by an ophthalmologist is based on history and clinical examination. Any suspicious lesion should undergo biopsy.

A team of experienced oculoplasty surgeons will discuss various common and not so common eyelid lesions with the help of clinical photos, videos, and case scenarios. Attendees will not only be able to correctly diagnose but also can manage such eyelid lesions .

S.No	Topic	Co- Instructors	Time
1	Pearls for clinical diagnosis	Dr Anirban Bhaduri	8 mins
2	Infective and inflammatory lesions	Dr Raka Chatterjee	8 mins
3	Vascular eyelid lesions	Dr Jayeeta Das	8 mins
4	Eyelid tumours	Dr Md Shahid Alam	8 mins
5	Something interesting , something unusual	TBD	8 mins

DATE:19 Dec 2021 (Sunday)
TIME: 04:00 PM-05:30 PM
HALL: E

# Women in Leadership Roles in SAAR Countries

**Chairperson:** Dr Ava Hossain

**Co-Chairpersons:** Dr Madhu Bhaduria, Dr. Mohita Sharma

## Panel Discussion

Dr Samina Zamindar India, Dr Pradeepa Siriwardane Sri Lanka, Dr Huma Saigol Pakistan,  
Dr Eli Pradhan Ranjitkar Nepal, Dr Nuzhat Choudhry Bangladesh, Dr Mili Shakoore Bangladesh,  
Dr Namrata Sharma India.

# **Abstract**

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Ocular trauma correlation matrix: an adjunct to BETT and OTS</b>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To introduce a novel tool to investigate the correlation between concomitant injuries and primary open globe injury (OGI) in the setting of ophthalmic trauma, the “Ophthalmic Trauma Correlation Matrix” (OTCM).
Methodology	Retrospective cohort review, performed at a tertiary referral eye care center in Eastern Nepal. A correlation matrix chart was devised using matrix correlation and Pearson’s correlation coefficient.
Results & Discussion	A total of 109 eyes with OGI were included. Majority of the eyes (78, 71.6%) had zone I injuries, while most of the eyes (66, 60.6%) had penetrating injury. The most frequent concomitant injuries in all zones were traumatic lens injury (77, 70.64%), followed by hyphema (48, 44.03%), and vitreous hemorrhage (35, 32.11%). The most common concomitant injury associated with zone I was hyphema (0.873). Traumatic subluxation/cataract (0.894) and vitreous hemorrhage (0.972) were commonly associated with zone II and III, respectively.
Conclusions	OTCM could be a useful tool to manage injuries related to the primary ocular injury. This additional information will aid in the prognostication, planning, and management of OGI and potentially prevent repeat surgeries and inadequate treatments.
Presenter	Dr Anadi Khatri KC
Affiliation	Medical Director, Birat Eye Hospital, Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	Treatment outcomes of retinal vein occlusion in clinical practice in Nepal
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	This study evaluated the treatment outcomes of Retinal Vein Occlusion (RVO) in clinical practices in Nepal
Methodology	This was the retrospective analysis of observational data of RVO attending Tilganga Institute of Ophthalmology with main outcome being changes in Visual acuity at the end of treatment in 12 months. Changes in central sub field and number of treatments were other outcomes.
Results & Discussion	A total of 99 eyes (of 99 patients) with RVO (60 - branch RVO [BRVO] and 39 - central RVO [CRVO] were available for the analysis. Eyes with CRVO had worse VA and CST at baseline. Eyes in both groups were similar for age, associated factors for RVO, duration of vision loss and the presence of ischemia at baseline. The mean (95% Confidence Interval [CI]) VA change at 12 months for BRVO was - 0.35 (- 0.46, - 0.23) logMAR (p < 0.001) from a mean (SD) of 0.75 (0.42) logMAR at baseline with 63% achieving VA < 0.3 logMAR while for CRVO it was - 0.35 (- 0.46, - 0.23) logMAR (p = 0.19) from 1.13 (0.61) logMAR at baseline and VA < 0.3 logMAR in 36%. The mean (95% CI) change in CST over 12 months was - 114 (- 189, - 40) $\mu$ m (p = 0.003) from a mean (SD) of 423 (151) $\mu$ m at baseline for BRVO and - 184(- 276, - 91) $\mu$ m (p < 0.001) from 519 (213) $\mu$ m for CRVO
Conclusions	The outcomes of RVO over the 12 months were inferior and the number of treatments fewer than those of the clinical trials and other reports from routine clinical practice
Presenter	Dr Eli Pradhan, MD, MRCSEd Oph,UK
Affiliation	Consultant Medical Retina, Tilganga Institute of Ophthalmology, Nepal
	Chief Editor, Nepalese Journal of Ophthalmology

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Pitfalls in uveitis management</b>
<b>Abstract Details</b>	
<p>Uveitis management is a very time consuming and challenging work. Diagnosis is mainly clinical except in handful of cases. So, for the correct diagnosis, review of system and clinical examination of patients have to be very thorough. Even after proper diagnosis, during the course of treatment care has to be taken not to miss emerging ocular or systemic complications of the disease itself or its medication. Beside this, one should be mindful of certain non-uveitic conditions which mimic uveitis, so that unnecessary side-effects of medications can be avoided. This presentation focuses on these issues. In my opinion, young uveitis specialists and general ophthalmologists will benefit from this presentation</p>	
Presenter	Dr Anu Manandhar
Affiliation	Associate Professor, NAMS Tilganga Institute of Ophthalmology ,Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Breaking Barriers in Diabetic Retinopathy Screening</b>
<b>Abstract Details</b>	
<p>Diabetic retinopathy (DR) is on the rise now in developing countries like Nepal. While Nepal has done well in dealing with cataract, trachoma and Vitamin A Deficiency related blindness, blindness due to DR stands as a formidable challenge. Prevention is better than cure, but in DR it the only way we can save vision of patients. In the last decade my experience with conduction DR awareness activities, various projects like RECON and XOVA have taught me many things in how we can move forward to face this big challenge. Creating awareness, conducting diabetic camps, creating referral systems and training manpower for the treatment of DR is the way forward</p>	
Presenter	Dr Pratap Karki
Affiliation	Lecturer B.P. Koirala Lions Center for Ophthalmic Studies Maharajgunj Medical Campus Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Intraocular Tuberculosis-Practical tips</b>
<b>Abstract Details</b>	
<p>Tuberculosis (TB) represents a global health challenge. According to WHO, TB is one of the top ten causes of death worldwide and the leading cause of death from a single infectious agent. TB can affect multiple organs throughout the body. IOTB (Intra Ocular TB) is still a major diagnostic and therapeutic challenge due to its heterogenous clinical manifestations, lack of definitive diagnostic criteria, gold standard test and common consensus for treatment. Most of the time physician refuses to start ATT due to lack of direct evidence in sputum due to which it's a great difficult for treating ophthalmologist to start ATT as a result disease progresses to its chronicity. On the basis of clinical phenotypes, immunological and radiological evidence, we can convince the physicians to start ATT and save patient vision</p>	
Presenter	<b>Dr Gyanendra Lamichhane</b>
Affiliation	<b>Professor of Ophthalmology and Medical Retina Specialist Lumbini Eye Institute &amp; Research Centre Bhairahawa, Nepal</b>

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Visual function at high altitude in Nepal</b>
Aims & Objectives	The study was conducted to assess different components of visual function at high altitude in Nepal
Methodology	A cross-sectional quantitative study was conducted in Bargaun village at an altitude of 3330 m of Humla, Nepal. Visual acuity, color vision, contrast sensitivity, stereoacuity and oxygen saturation were measured
Results & Discussion	Among total 164 participants, 60.37% were $\leq 50$ years of age. Oxygen saturation was 91-100% in 64.63%, 81-90% in 33.53% and 70-80% in 1.83% participants. Maximum number of participants had visual acuity of 0.48-1 (6/18-6/6). Contrast sensitivity was 10% in 4.88%, 5% in 23.17%, 2.5% in 40.24% and 1.25% in 31.71%. Stereoacuity was < 30" in 78.5%, 30-60" in 12.80% and 9% of had decreased stereoacuity. Color vision was decreased in 4.88%.
Conclusions	There was greater reduction in oxygen saturation and contrast sensitivity, than the visual acuity, stereoacuity and color vision, among the participants residing at high altitude of Nepal.
Presenter	Dr Sabina Shrestha
Affiliation	Kathmandu Medical College, Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Strabismus is one of the most common ocular problems that is encountered by ophthalmologists. Strabismus may lead to strabismic amblyopia, vision loss, loss of self-confidence and self doubt.</b>
Aims & Objectives	To evaluate outcome of strabismus surgery in terms of alignment and binocular single vision.
Methodology	Detailed history was taken, ophthalmic examinations were done, preoperative and postoperative orthoptic evaluation at 6 weeks was done and the surgical outcome was evaluated in 32 patients
Results & Discussion	Females and males comprised 53.1% and 46.9% respectively. Mean age of patients was 25±10.49 years. Orthophoria was seen in 78.1% postoperatively. Mean amount of deviation for near and distance decreased from 45.09 to 6.31Δ and 47.19 to 7.47Δ respectively. BSV was increased to 21.9% postoperatively
Conclusions	Postoperatively, cosmesis was improved significantly. BSV improved in less number of patients as the surgery was done after the age of visual maturity. This emphasizes on the need for early surgery.
Presenter	Dr Sabina Shrestha
Affiliation	Kathmandu Medical College, Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Is choroidal thickness affected in HLA B 27+ Acute Anterior Uveitis ?</b>
Aims & Objectives	To assess the Choroidal Thickness (CT) in unilateral HLA B-27 positive Acute Anterior Uveitis (AAU) cases using Enhanced Depth Imaging- Optical Coherence Tomography (EDI-OCT).
Methodology	Fifteen diagnosed patients of unilateral HLA B-27 positive AAU were included. All patients underwent complete ophthalmological examination and EDI-OCT at the time of diagnosis and two weeks after treatment. Normal eye of the same patients served as the control group.
Results & Discussion	The mean CT before and after treatment in the diseased eye was $297.27 \pm 72.98 \mu\text{m}$ and $258.83 \pm 68.51 \mu\text{m}$ respectively with a mean difference of $39.93 \mu\text{m}$ ( $p=0.002$ ). The unaffected eye which served as a control group, mean CT was $235.20 \pm 66.18 \mu\text{m}$ , this was significantly low as compared to the diseased eye ( $p=0.001$ ).
Conclusions	This prospective study concluded that there may be a significant decrease in choroidal thickness before and after treatment in acute anterior uveitis using EDI-OCT, suggesting that choroid is inflamed as well in cases of anterior segment inflammation. Hence, this tool can be used to an advantage on monitoring the progression and disease activity.
Presenter	Dr Ranju Kharel
Affiliation	Associate Professor & Uveitis Specialist Department of Ophthalmology, Maharajgunj Medical Campus Tribhuvan University, Institute of Medicine

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Endoscopic Endonasal Dcr With Tube Under Local Anesthesia Experience With First Hundred Cases</b>
Aims & Objectives	EEDCR (Endoscopic Endonasal DCR) is traditionally performed under general anesthesia but it is also safe and well tolerated under local anesthesia or ALA (assisted local anesthesia).
Methodology	This was a prospective, nonrandomized, interventional study done at tertiary eye care center. The study was aimed to study the tolerability of patients under going EENDCR under LA and ALA. The case collection and surgery was done from 2018 Jan- 2019 April and followed for 6 to 24 months. VRS was used to report response to pain during different steps of surgery
Results & Discussion	There were 100 patients within the age range of 13-41 years of age. Thirty-seven were RE, 57 were LE and 6 were BE. Ninety eyes were operated under LA and sixteen eyes of 16 patient asked for sedation in addition to local anesthesia (ALA). Patient reported pain during making the bony ostium (24 eyes, VRS 3-4) and using drill (10 eyes VRS 3-4, 9 eyes VRS 5-6). On pain scoring, there was no pain (0-2) in ALA group 16 eyes where as LA group had no pain (0-2) 52.2%, mild pain (3-4) 26.7%, moderate pain (5-6) 21.1%. Duration of surgery ranged from 15 to 45 min. Duration of follow up was 6- 24 months. There was 96% success rate in this study
Conclusions	EEDCR can be done under LA or ALA depending on the indication, demand and surgeon's comfort level.
Presenter	Dr Diwa Hamal
Affiliation	Consultant Plastic and reconstructive surgery CHEERS BP Eye foundation. Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Ocular involvement in metastatic and systemic malignancies is not rare</b>
<b>Abstract Details</b>	
<p>It is a retrospective study of newly diagnosed cases of ocular metastasis and secondary eye cancers seen in last two years conducted at a tertiary eye care hospital in Nepal. Detail study on the metastatic disease to eye was made in regards to the presenting symptoms, signs, primary site of cancer, investigations like biopsy and imaging and the treatment done were recorded. In results, there were a total of 28 patients with median age of 43years (range- 9 to 69 years). Most commonly eye was secondarily involved by paranasal sinus tumors and Non Hodgkin lymphoma. Ocular metastasis was commonest from broncogenic carcinoma. Diminution of vision in 49% was the most common presenting feature.. Orbit in 43% cases is the commonest ocular structure involved. Histopathologic diagnosis was done in one third cases only while rest was based on imaging alone.</p>	
Presenter	Dr Purnima Rajkarnikar Sthapit
Affiliation	Ocular Oncologist and Oculoplastic Surgeon Tilganga Institute of Ophthalmology Gaushala, Kathmandu Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	Retinopathy of Prematurity Understanding and its treatment
<b>Abstract Details</b>	
<p>Retinopathy of prematurity (ROP), earlier known as retrolental fibroplasia, was classified as International Classification of Retinopathy of Prematurity (ICROP) in 1984. This study facilitated the cryotherapy for ROP study, demonstrating that ROP is treatable and highlighted the need for screening of at-risk babies. Rapidly changing understanding of the disease along with innovations in ophthalmic imaging has urged need of revision in its classification. Anti-vascular endothelial growth factor (VEGF) therapy has raised new challenges in the treatment of ROP like those associated with the procedure and those associated with recognizing clinical features of regression and reactivation. Better understanding of the disease and treatment outcomes has led to overall improvement in ROP care.</p>	
Presenter	Dr Lalit Agarwal
Affiliation	Head, Department of Vitreoretina Biratnagar Eye Hospital, Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>ORBITAL TRAUMA: the hits and the misses!</b>
<b>Abstract Details</b>	
<p>The management of orbital fractures as a result of facial trauma is often challenging. Assessment involves a detailed oculo-facial examination along with radiological imaging and treatment starts with management of concomitant ocular and systemic injuries. Diplopia and vision impairment can occur and while surgery is intended to prevent them, it can also induce them. Hence, surgical approaches and implant selection should be carefully considered. Accurate anatomic reconstruction requires complete assessment of fracture margins and proper implant contouring as well as positioning. Multidisciplinary approach with the maxillofacial and neurosurgical team is usually required and a good teamwork can result in excellent outcome</p>	
Presenter	Dr Prerana Kansakar
Affiliation	Grande International Hospital, Kathmandu, Nepal

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	Glaucoma scenario at community level in Nepal
Aims & Objectives	<p>Glaucoma is the second most common cause of vision loss worldwide behind cataracts, but, unlike cataracts, the vision loss associated with glaucoma is largely irreversible. According to Tham YC et al the number of people with glaucoma worldwide will increase to 111.8 million in 2040, disproportionately affecting people residing in Asia and Africa. Nepal fall in this category. Considering the difficulty in detecting the disease in its early stage and the likelihood of irreversible loss, glaucoma is an important public health problem.</p>
Methodology	<p><b>Epidemiology and Glaucoma data in Nepal:</b> In Nepal it is the third cause of blindness after cataract and corneal conditions, according to the national survey of 1981. An estimated 3.2 % of the total blindness in this country was reportedly due to glaucoma (1981).</p> <p>According to a hospital-based study from a central hospital in Kathmandu, the glaucoma patients comprised of 0.74 % of 110,794 outpatients . In a population-based study, the prevalence of glaucoma was found to be 0.938 % and that of primary open-angle glaucoma (POAG), primary angleclosure glaucoma (PACG), secondary glaucoma and ocular hypertension was 0.562 %, 0.125 %, 0.250 % and 0.5 % respectively.</p> <p><b>Current Limitations:</b></p> <p>Lack of awareness about the disease in the general population and unavailability of effective tools and resourses to detect the disease in remote areas.Noncompliance is also a big problem among diagnosed patients which is associated with older age, financial hardships, advanced disease and less frequent follow up.</p>
Conclusions	<p><b>Conclusion:</b> The problem of glaucoma blindness in Nepal is challenging. We need to find an effective method and incorporate it in practice to address this issue.</p> <p>Key words: POAG (Primary open angle glaucoma), PACG (Primary angle closure glaucoma)</p>
Presenter	Dr Dakki Sherpa
Affiliation	National Acaedemy for Medical Science Nepal Eye Hospital, Kathmandu, Nepal.

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Idiopathic CNVM in a Young female</b>
<b>Abstract Details</b>	
<p>Subfoveal-choroidal neovascularization is a significant cause of acute central visual loss in young patients. Several etiological factors such as trauma, choroidal rupture, chorioretinal inflammation, angioid streaks, high myopia, and viral infections has been documented as causative factors. Existing anecdotal reports do suggest a favorable outcome in them with immediate and fewer intravitreal anti-VEGFs. The prognosis and treatment outcomes are more favorable among the young subjects as was seen in our patient. With the newer and non-invasive, imaging modalities such as OCT angiography, it is easier to diagnose, and manage these patients for treatment response and recurrences. Herein, we present a case of CNVM of unknown etiology in a young female, who was treated with intravitreal anti –VEGFs. She responded to treatment with total resolution of edema and improvement in vision.</p>	
Presenter	Dr Priya Bajgai
Affiliation	Nepal Eye Hospital, Tripureswor, Kathmandu

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Outcome of optical keratoplasty for corneal scars due to microbial and viral keratitis: a comparison.</b>
Aims & Objectives	Corneal opacity from infective keratitis is common cause of corneal blindness in developing countries.
Methodology & Result	<p>Four years' record of optical keratoplasty performed for healed infective keratitis were retrospectively reviewed.</p> <p>93 eyes of 93 patients were enrolled. 54(58%) corneal scars were due to microbial keratitis and 42% were herpetic. 5 cases from Microbial scar Group was lost to follow up post-operatively. Overall, average follow-up duration was 31 months; 52(59%) had clear graft and 28.4% had vision of <math>\geq 6/18</math> at the last visit. On comparing Microbial and Viral Scar Group, there was no significant difference about graft clarity (<math>p=0.677</math>), rejection (<math>p= 0.105</math>), vision (<math>p=0.164</math>) and secondary glaucoma (<math>p=0.055</math>). Post-operatively viral keratitis was seen in 15(38.6%) cases in Viral group, significantly more than in Microbial group (6%) (<math>p&lt;0.001</math>).</p>
Conclusions	Although occurrence of viral keratitis was higher post operatively for viral scars, the final outcome result was similar in both the Groups.
Presenter	Dr Leena
Affiliation	

ABSTRACT	<b>International (Nepal)</b>
Abstract Title	<b>Neuro-ophthalmic manifestations of COVID-19 in a tertiary hospital in Nepal</b>
<b>Abstract Details</b>	
<p>Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) has created a pandemic worldwide. The first case of Coronavirus Disease 19 (COVID-19) in Nepal was confirmed on 23 January 2020. A variety of neuro-ophthalmic complications associated with COVID-19 have been reported in literature ranging from optic neuritis, nonarteritic ischemic optic neuropathy, papillophlebitis, papilledema, to vision loss caused by stroke. Other neuro-ophthalmic complications like cranial nerve palsies, Miller Fisher syndrome, Adie's pupils, ocular myasthenia gravis, nystagmus and eye movement disorders have also been found to be associated with COVID 19. Here, we report 4 cases with neuro-ophthalmic manifestations associated with COVID-19 encountered in a tertiary hospital in Nepal and their management.</p>	
Presenter	Sanjeeta Sitaula
Affiliation	B P Koirala Lions Centre for Ophthalmic Studies, Maharajgunj Medical Campus, Institute of Medicine

ABSTRACT_ID	<b>1</b>
Abstract Title	<b>Simple limbal epithelial transplant(SLET)- A novel treatment in a case of Limbal stem cell deficiency(LSCD) due to chemical - injury</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://drive.google.com/file/d/1YM3xJVv9e5d-UZ2bMzZTYAPPX56K3Edl/view">https://drive.google.com/file/d/1YM3xJVv9e5d-UZ2bMzZTYAPPX56K3Edl/view</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the most simple and economical surgical technique of SLET in the management of chemical injury(lime-instillation) leading to LSCD.Improvement in visual recovery and decrease in signs and symptoms like pain, photophobia , corneal haze and lacrimation were clinically noted.
Methodology	Under general - anaesthesia(GA) autologous conjunctival limbal graft was retrieved from right eye(RE) and transplanted in lime - injured LSCD left - eye (LE)with the help of fresh Amniotic membrane graft(AMG) after removal of pannus in a tertiary eye care centre of Western Rajasthan, India.
Results & Discussion	A 11 year old Male came with complaint of sudden onset and gradually progressive painful decrease of vision in LE along with watering, redness and photophobia due to chemical - injury(lime-burn) while playing 2 weeks ago.On examination Visual acuity was finger counting 3 metres,360 degree limbal-ischemia, total macular corneal - haze and anterior-chamber details not visible.Under GA conjunctival limbal autograft was harvested from RE of 1mm by 3.5mm from superior-limbus.360 degree conj. peritomy was done upto 2-3 mm from limbus and pannus gently removed protecting the stromal-bed.Freshly harvested AMG from uncomplicated LSCS was placed over corneal and scleral bed with basement - membrane side up with the help of fibrin-glue.Then limbal-autograft was divided into 8-10 pieces and placed over AMG in mid-peripheral area in a circular pattern with the help of glue and bandage contact lens was placed.At 3 months vision was 0.40 logMAR.
Conclusions	So SLET is a reproducible, single stage technique for effective management of LSCD. Also as it is an autologous transplant so no immunosuppression treatment is required. SLET is very cost effective for not only higher tertiary centres but equally beneficial for small & developing Ophthalmic Centres with minimum requirement of higher - end equipments and infrastructure.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prof. Dr. Arvind Kumar Morya
Institution	ALL INDIA INSTITUTE OF MEDICAL SCIENCES BIBINAGAR HYDERABAD TELANGANA
Presenter Email Id	<a href="mailto:bulbul.morya@gmail.com">bulbul.morya@gmail.com</a>
Presenter Phone	8003996598
Co-Authors Name	Dr. Siddharam S Janti , Dr. Antarvedi Tejasvini

ABSTRACT_ID	<b>2</b>
Abstract Title	<b>V-pattern sensory exotropia- A rare case report</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the importance of inferior oblique overaction association in a case of sensory exotropia
Methodology	23 year old female with left eye reduced vision and squinting since childhood. Modified krimskys showed 40 prisms of exotropia with looa3+ noted. Macula scar was seen
Results & Discussion	Left eye squint correction was done.Lateral rectus and Inferior oblique recession, medial rectus resection was done. Post op HCRT was orthophoric
Conclusions	It's important to look for oblique muscle overactions even in sensory exotropia
<b>AUTHOR DETAILS</b>	
Presenting Author	Vankireddi Mahathi
Institution	Sankara eye hospital, Guntur
Presenter Email Id	mahathi.v.r@gmail.com
Presenter Phone	9441575390
Co-Authors Name	Stimitha Alla

ABSTRACT_ID	<b>3</b>
Abstract Title	<b>Smartphone based Annotation Tool for Faster and Accurate Image Labelling for Artificial Intelligence in Diabetic Retinopathy</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Deep Learning (DL) and Artificial Intelligence (AI) have become widespread due to the advanced technologies and availability of digital data. Supervised learning algorithms have shown human-level performance or even better and are better feature extractor-quantifier than unsupervised learning algorithms. To get huge dataset with good quality control, there is a need of an annotation tool with a customizable feature set. This paper evaluates the viability of having an in house annotation tool which works on smartphone.
Methodology	The process consisted of designing the flow of user interface (UI) keeping in view feedback from experts. Quantitative and qualitative analysis of change in speed of a grader over time and feature usage statistics was done. The dataset size was approximately 16,000 images with adjudicated labels by a minimum of 2 doctors. Results for an AI model trained on the images graded using this tool and its validation over some public datasets were prepared.
Results & Discussion	We created a DL model and analysed its performance for a binary referable DR Classification task - Referable DR or not. A total of 32 doctors used the tool for minimum of 20 images each. Data analytics suggested significant portability and flexibility of the tool. Grader variability for images was in favour of agreement on images annotated. Number of images used to assess agreement is 55000. Mean of 75.9% was seen in agreement.
Conclusions	The user feedback and feature usage statistics confirm our hypotheses of incorporation of brightness and contrast variations, green channels and zooming add-ons in correlation to certain disease types. Simulation of multiple review cycles and establishing quality control can boost the accuracy of AI models even further. Although our study aims at developing an annotation tool for diagnosing and classifying diabetic retinopathy fundus images but same concept can be used for fundus images of other ocular diseases.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prof. Dr. Arvind Kumar Morya
Institution	ALL INDIA INSTITUTE OF MEDICAL SCIENCES BIBINAGAR HYDERABAD TELANGANA
Presenter Email Id	<a href="mailto:bulbul.morya@gmail.com">bulbul.morya@gmail.com</a>
Presenter Phone	8003996598
Co-Authors Name	Dr. Siddharam S Janti, Dr. Antarvedi Tejasvini

ABSTRACT_ID	<b>4</b>
Abstract Title	<b>RANDOMISED CLINICAL TRIAL BETWEEN 3 CHOPPING TECHNIQUES - STOP&amp;CHOP VS DIRECT CHOP VS TERMINAL CHOP</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	This is the first clinical trial of the World to compare ergonomics & various parameters in 3 chopping techniques - stop&chop vs direct chop vs a new terminal chop technique. This includes demography, pre&post-op visual-acuity(VA), endothelial cell loss(ECL), Central Corneal Thickness(CCT). Also intra-op complications & phaco parameters like cumulative dissipation of energy(CDE), Ultrasonic time(UST), Effective phaco time(EPT) & Torsional Phaco time(TPT).
Methodology	A single skilled surgeon performed over 100 cases of phaco in each randomised group of chopping-technique in the grade 2 to 5 nucleus of cataract. Phaco was performed using three different techniques and pre and post-op parameters were noted along with the intra-op phaco parameters and complications. All cases were done by a single surgeon and using the same Alcon-Infiniti Phaco-System. This was the first such study to compare a newer technique of phaco-chop i.e Terminal-Chop. At a tertiary Eyecare post-graduate Institute of Western Rajasthan, India. A single skilled phaco surgeon performed over 100 cases of phacoemulsification in each randomised group of chopping-technique in the grade 2 to 5 nucleus of cataract.
Results & Discussion	There was no significant difference noted in demography, improvement of VA, ECL, changes in CCT, intra-op complications, phaco-parameters like UST, TPT & EPT. But there was a significant p value difference of <0.03 was noted in Terminal-chop technique over the other stop&chop and direct chop on comparing the CDE in all grades of nucleus(2-5). Statistically there was no difference between stop&chop and direct chop technique while dealing with all grades of nucleus.
Conclusions	Terminal-chop is a newer technique of nucleus chopping and on comparing it with the other two well-established techniques of stop&chop and direct-chop there was no statistically significant difference noted except in comparing CDE with a significant "p" value of <0.03. So Terminal chop is an easy and efficient technique to decrease CDE levels to a minimum with a special blunt tip Terminator Chopper.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prof. Dr. Arvind Kumar Morya
Institution	ALL INDIA INSTITUTE OF MEDICAL SCIENCES BIBINAGAR HYDERABAD TELANGANA
Presenter Email Id	<a href="mailto:klmorya75@gmail.com">klmorya75@gmail.com</a>
Presenter Phone	8003996598
Co-Authors Name	Dr. Siddharam S Janti, Dr. Antarvedi Tejasvini

ABSTRACT_ID	5
Abstract Title	<b>Magnitude of Dry eye and its Impact on Mental health of Medical students - A questionnaire based survey</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the magnitude of dry eye among medical students. To determine its impact on mental health of such medical students.
Methodology	A cross sectional, questionnaire based survey was conducted among 350 medical students of our college. Proforma included demographic details, contact lens use, hours of electronic devices usage, extraocular and ocular symptoms. Dry eye was subjectively analysed by a validated questionnaire of ocular surface disease index (OSDI) and hospital anxiety and depression scale was analysed.
Results & Discussion	The mean age of student was 22.71±2.31 years. Sixty percent had symptoms of watering. Headache being the most common extraocular symptom. Out of 350, 147 had normal OSDI, 98 had mild, 50 had moderate and 55 had severe. Hours of electronic device usage were directly proportional to OSDI. Results were statistically significant.
Conclusions	Our study highlighted the problem faced by young population these days and making them aware of computer vision syndrome and also its impact on their mental health.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Ritu Gupta
Institution	Peoples college of medical science and research centre, Bhopal
Presenter Email Id	guptaritudr7@gmail.com
Presenter Phone	9752217765
Co-Authors Name	

ABSTRACT_ID	<b>6</b>
Abstract Title	<b>Effectiveness of Various surgical procedures in the management of monocular elevation deficit</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report the effectiveness of various surgical procedures in the management of monocular elevation deficit (MED)
Methodology	Retrospective observational study
Results & Discussion	Forty-one patients diagnosed with MED were included in the study of which 25 were males and 16 were females. The mean surgical correction was 6.25 PD, with a success rate of 82.6%. The average correction brought by inferior rectus recession was 16 pd (n=10), Knapp's procedure was 25 pd (n=13), Augmented Knapp's procedure was 39 pd (n=10), modified Knapp's (n=6) was 32.3 pd horizontal and 25.2 pd vertical deviation and Knapp's with posterior tenectomy of superior oblique was 25 pd (n=2)
Conclusions	The management of Monocular elevation deficit should be tailored according to each patient
<b>AUTHOR DETAILS</b>	
Presenting Author	Gunjan Saluja
Institution	Bhatia Advanced Eye care centre, Bhilai, Chhattisgarh
Presenter Email Id	gunjansaluja2015@gmail.com
Presenter Phone	9399508155
Co-Authors Name	Swati Phuljhele, Pradeep Sharma

ABSTRACT_ID	<b>7</b>
Abstract Title	<b>OUR TERTIARY EYE HOSPITAL- A NOVEL GREEN CAMPUS COMBATTING CARBON FOOTPRINTING</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Global warming is one of the largest threats of 21st century. Health care facilities are also one of the main contributors to carbon emission leading to global warming. To assess the carbon foot printing of our tertiary eye institute and tackling the same with the vast green cover present in our campus
Methodology	Retrospective study from March 2018- April 2019 to assess the carbon foot printing per patient undergoing cataract extraction in our tertiary eye institute 1. Carbon emissions produced during the surgical procedure 2. Measures to counteract the carbon emission produced using our hospital's green cover.
Results & Discussion	Each case of SICS from surgical procedure till discharge generated a waste of 310 grams on an average resulting in total of 3.20 kg CO2 equivalent. The cumulative effect of operating 32073 SICS cases of community patients accounted to be a total of 113.13 tonnes of CO2 which was overcome by absorption of 133.22 tonnes of CO2 by the green cover present in our campus which covers approximately 4 acres in area.
Conclusions	With community based SICS being performed on a mass scale ranging from 32000-33000 per annual year on an average in our hospital the CO2 equivalent and carbon foot printing is highly significant. This will have a tremendous impact on the environment and global warming. But with maximum recycling and reusing of the waste generated with minimal usage of disposables along with the humongous green cover of our campus we are able to arrest this burden with ease thus being a model hospital in the future to arrest the carbon foot printing and mitigating global warming
<b>AUTHOR DETAILS</b>	
Presenting Author	DR ATUL KAMATH M
Institution	YENEPOYA MEDICAL COLLEGE AND HOSPITAL, MANGALORE
Presenter Email Id	<a href="mailto:atulkamath29@gmail.com">atulkamath29@gmail.com</a>
Presenter Phone	9741474919
Co-Authors Name	Dr. Aditi Pai, Dr Dhananjay Bhosale, Dr Jagadeesh Kumar Reddy

ABSTRACT_ID	<b>8</b>
Abstract Title	<b>NOCARDIA ENDOPHTHALMITIS- PROPHYLACTIC PREVENTION WITH AN INNOVATIVE APPRAOCH</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	- Nocardia is a common cause of endophthalmitis in the southern India. It is an aggressive disease with poor prognosis. This study was done where amikacin antibiotic was used in the irrigation drip of balanced saline solution (BSS) during the surgery to prophylactically study the occurrence of nocardia endophthalmitis & any subsequent toxic effects of the antibiotics used.
Methodology	Prospective study period of 6 months from July to December-2018. Pre-operative and post-operative specular counts & macular Ocular Coherence Tomography(OCT) was compared with any incidence of nocardia endophthalmitis. 500 patients operated for manual SICS were randomly assigned to 2 groups. First group of 250 patients had antibiotic amikacin in the BSS drip through the course of the surgery. The second control group had no antibiotic. Manual SICS was performed on all 500 patients by a single surgeon & was uneventful. Pre & post-operative specular counts & macular OCT were taken & recorded of all the patients respectively & data obtained were statistically compared.
Results & Discussion	There was nil incidence of nocardia endophthalmitis among the cataract surgeries operated. There was no drug related toxicity to the cornea or macula. Also, there was nil incidence of nocardia endophthalmitis since 2018 when we started using antibiotic.
Conclusions	A simple routine of adding amikacin in the drip prophylactically during the course of surgery helped us in preventing nocardia endophthalmitis with no side effects of the antibiotic. Also, it will an innovative technique which is economically feasible & effective in regions where nocardia endophthalmitis is prevalent
<b>AUTHOR DETAILS</b>	
Presenting Author	DR ATUL KAMATH M
Institution	YENEPOYA MEDICAL COLLEEGE AND HOSPITAL, MANGALORE
Presenter Email Id	<a href="mailto:atulkamath29@gmail.com">atulkamath29@gmail.com</a>
Presenter Phone	9741474919
Co-Authors Name	Dr Aditi Pai, Dr Dhananjay Bhosale, Dr Jagaddesh Kumar Reddy

ABSTRACT_ID	9
Abstract Title	<b>Sebaceous gland carcinoma of lid: a great masquerader</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present a unique case of lid growth which was excised and was confirmed histologically as squamous cell carcinoma. But it recurred after 7 months as a large fungating mass.
Methodology	The tumor was excised with lid reconstruction. The histology proved to sebaceous gland carcinoma with SCC component.
Results & Discussion	Sebaceous gland carcinoma may mimic as SCC in presentation and should always be looked for in histology .
Conclusions	Sebaceous gland carcinoma is an aggressive tumor and should always be suspected in all lid margin tumors .
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Manpreet Kaur
Institution	SHKM GMC NUH
Presenter Email Id	<a href="mailto:dr_manpreetkaur@yahoo.co.in">dr_manpreetkaur@yahoo.co.in</a>
Presenter Phone	9992223729
Co-Authors Name	

ABSTRACT_ID	<b>10</b>
Abstract Title	<b>Lightening induced cataract and ectropion: rare presentation</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present a rare case of lightning induced traumatic cataract and cicatricial ectropion of lower lid.
Methodology	The lower lid ectropion was corrected surgically with skin grafting.
Results & Discussion	Lightening induced cataracts are reported. But cataract with ectropion is not reported as is a very rare occurrence.
Conclusions	Lightening can cause different manifestations in eye.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Manpreet Kaur
Institution	SHKM GMC NUH
Presenter Email Id	<a href="mailto:dr_manpreetkaur@yahoo.co.in">dr_manpreetkaur@yahoo.co.in</a>
Presenter Phone	9992223729
Co-Authors Name	Dr. Anurag Ambroz Singh

ABSTRACT_ID	<b>11</b>
Abstract Title	<b>Management of SMILE ectasia using tissue addition and pocket cross linking- Initial experience in 4 eyes</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To describe the outcomes of 4 eyes of post SMILE ectasia, managed using tissue addition and accelerated collagen cross linking in pocket.
Methodology	4 eyes of 3 patients( 25.7 years) developed features of keraectasia at a mean period of 3 years, post SMILE procedure for myopia.All cases were managed with insertion of a doughnut shaped heterologous corneal tissue prepared from donor SMILE lenticules matched for spherical equivalent(SE), followed by simultaneous accelerated cross linking in the pocket.
Results & Discussion	At a mean follow-up of 7.67 months, there was an improvement in CDVA with reduction in the steep keratometry and higher order aberrations in all the eyes. The visual, refractive and topographic parameters remained stable at 1 year compared to 2 weeks follow-up. No eye developed haze, infection, stromal rejection or required explantation of the tissue.
Conclusions	Tissue addition with simultaneous pocket cross linking may be a safe and feasible approach to manage post SMILE ectasia. However, long term follow-ups are required to establish its effects on corneal stabilization.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.Smith Snehal Sute
Institution	Nethradhama Super Speciality Eye Hospital, Bangalore, India
Presenter Email Id	smithsnehalsute@yahoo.com
Presenter Phone	9888191210
Co-Authors Name	Dr.Sheetal Brar, Dr.Sri Ganesh

ABSTRACT_ID	<b>12</b>
Abstract Title	<b>USE OF AN ONLINE SCREENING ALGORITHM 'WINROP' FOR PREDICTING RETINOPATHY OF PREMATURITY IN INDIAN PRETERM BABIES</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate association between postnatal weight gain and development of severe retinopathy of prematurity (ROP) in Indian preterm infants and the predictive ability of WINROP model in predicting ROP.
Methodology	The study enrolled 153 live born preterm infants born in GMCH, Chandigarh between 1st April 2017 and 30th April 2018. WINROP analysis was performed on 102 of total 137 included babies, using weekly weight gain to assess the preterm infant's risk of developing ROP type 1 requiring treatment. Gestational age (GA), birth weight (BW), and weekly postnatal weight measurements were entered into WINROP. WINROP signals with an alarm to indicate if the preterm infant is at risk for ROP type 1.
Results & Discussion	In this preterm population WINROP correctly identified 80% (24/30) infants who required treatment for ROP type 1. The median time from alarm to treatment was 4 weeks.
Conclusions	WINROP, an online surveillance system using weekly weight gain, identified preterm infants at risk for ROP type 1 requiring treatment at an early stage and with good sensitivity
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.Smith Snehal Sute
Institution	Government Medical College Hospital, Chandigarh, India
Presenter Email Id	<a href="mailto:smithsnehalsute@yahoo.com">smithsnehalsute@yahoo.com</a>
Presenter Phone	9888191210
Co-Authors Name	Dr.Subina Narang, Dr.Suksham Jain, Dr.Deepak Chawla

ABSTRACT_ID	<b>13</b>
Abstract Title	<b>Correlation of clinical and imaging findings in myopic eyes with retinal myelinated nerve fibres and Straatsma syndrome - a retrospective study from tertiary eye care centre</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To correlate the type, surface area, and total extent of retinal myelinated nerve fibres with spherical equivalence (SPE), axial length, best-corrected visual acuity (BCVA), and amblyopia in myopic eyes with MNF and to find out the predictors of final visual outcomes.
Methodology	This is a retrospective chart review of the electronic medical records of 37 myopic eyes of 37 patients with MNF from tertiary eye care centers in southeast India from June 2014 to June 2020. The data collected included demographic parameters, laterality, BCVA, SPE, axial lengths, and imaging findings at initial and final visits. The extent of MNF was measured in terms of a fixed unit circle and MNF surface area was measured using planimetry. Central subfield macular thickness was documented from the macular OCT. The presence of functional amblyopia and its improvement were also noted.
Results & Discussion	13(35.2%) were females and 24(64.8%) were males. The mean age was 32.75± 21.45 years. There was a higher prevalence of type 2 (64.7%). The RE was involved more commonly (56.76%). The mean SPE of the affected myopic eyes was -7.55 ± 5.81D. We found a strong positive correlation between the total extent and surface area of MNF with the SPE which were statistically significant (p-values of 0.001 and 0.0173 ). 18(48.64%) patients presented with Straatsma syndrome and had a poor visual prognosis because of unilateral high myopia, dense amblyopia, associated strabismus, and extensive areas of myelination. Multivariate regression analysis showed that the total extent of MNF (p-value 0.0246), the surface area of MNF (p-value 0.03), and SPE of the affected eyes (p-value 0.0369) were the key predictors of final visual outcomes.
Conclusions	Our study emphasizes the importance of the correlation between clinical findings and imaging modalities in predicting the final visual outcomes in myopic eyes with MNF and Straatsma syndrome.
<b>AUTHOR DETAILS</b>	
Presenting Author	Shrutakirty Parida
Institution	LV Prasad Eye Institute
Presenter Email Id	<a href="mailto:Shruti.bunty@gmail.com">Shruti.bunty@gmail.com</a>
Presenter Phone	9439505742
Co-Authors Name	Debasmita Majhi, Anup Kelgaonkar, Vivek Warkard, Mohan Kannam, David Aggarwal, Virender Sachdeva, Ramesh Kekunnaya

ABSTRACT_ID	<b>14</b>
Abstract Title	<b>Ocular Myasthenia gravis (OMG) mimicking as strabismus</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report an interesting case series of the mimickers of Ocular myasthenia gravis.
Methodology	We report here an interesting case series of three different cases with varied clinical presentations which initially were misdiagnosed as other clinical entities and later confirmed as ocular myasthenia.
Results & Discussion	Case 1: A 39-year-old male presenting with drooping of the left upper lid along with binocular double vision turned out to be acquired monocular elevation deficit (MED) in OMG. Case 2: 49-year-old male presented with vertical diplopia with variable drooping of the right upper lid and diagnosed as OMG mimicking LE acquired fourth nerve palsy. Case 3: A 37-year-old male presented with double vision and outward motility limitation of the left eye, clinically diagnosed as OMG mimicking acquired sixth nerve palsy.
Conclusions	Ocular myasthenia gravis is a great masquerading disease with varied clinical presentations. It can mimic acquired MED, fourth nerve palsy, and sixth nerve palsy. A high index of clinical suspicion is of utmost importance to diagnose and treat OMG masquerading as any cranial nerve palsy.
<b>AUTHOR DETAILS</b>	
Presenting Author	Shrutakirty Parida
Institution	LV Prasad Eye Institute
Presenter Email Id	<a href="mailto:Shruti.bunty@gmail.com">Shruti.bunty@gmail.com</a>
Presenter Phone	9439505742
Co-Authors Name	Vivek Warkard

ABSTRACT_ID	<b>15</b>
Abstract Title	<b>Anterior Scleritis in Pemphigus Vulgaris- a rare ocular manifestation</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of anterior scleritis in a patient with Pemphigus vulgaris (PV) on immuno-suppression.
Methodology	A 30 year old female patient, a known case of PV since 8 months, presented with a painful red right eye since 7 days. She was being treated with oral prednisolone and azathioprine with topical Triamcinolone ointment for application over oral mucosal surface for PV.
Results & Discussion	<p>Dermatological examination revealed multiple sublingual erosions as well as erosions on the buccal mucosa and soft palate . Visual acuity was 6/6 bilaterally. On slit lamp examination, the right eye showed mucoid discharge with upper palpebral conjunctival papillae, severe diffuse conjunctival congestion and dilation of deep episcleral vessels associated with tenderness to palpation. Posterior segment was normal. The patient was diagnosed as diffuse anterior non-necrotizing scleritis secondary to PV. Topical Prednisolone acetate 1% drops along-with stepping up of oral steroids and oral Indomethacin were given. Two weeks later, her scleritis resolved with considerable improvement in her oral lesions.</p> <p>PV is a rare severe immune mediated muco-cutaneous disease, leading to painful erosions of skin and mucous membranes. Ocular involvement has been reported as a signal of severe disease and tends to occur several months after the onset of skin and mucous membrane lesions. Scleritis is a rarely reported occurrence in PV. Similar case reported earlier in patient with PV on immunosuppression had resolved with intravenous Rituximab, in contrast to present case which responded well to escalation of oral steroids with topical steroids.</p>
Conclusions	<p>The occurrence of scleritis should be considered as differential diagnosis in patients with PV who develop painful red eye.</p> <p>Association of diffuse anterior scleritis with PV can also help in guiding the ongoing immunosuppressive therapy, thereby relieving the patients ocular as well as systemic condition.</p>
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Pradnya K Bhole
Institution	M and J Western Regional Institute of ophthalmology, Ahmedabad, India
Presenter Email Id	<a href="mailto:dr.pradnya.bhole@gmail.com">dr.pradnya.bhole@gmail.com</a>
Presenter Phone	9979886725
Co-Authors Name	Dr. Bushra Jahan, Dr. Sheetal Malviya, Dr Dipali Parmar

ABSTRACT_ID	<b>16</b>
Abstract Title	<b>Diabetic dilemma- Non healing Viral keratitis in a young diabetic</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of non- healing recalcitrant viral keratitis in a young uncontrolled diabetic patient
Methodology	A 25 year old female, a newly diagnosed case of Type 1 Diabetes on Insulin, presented with gradual diminished vision with photophobia in Left eye (LE) since 1 month. She was treated with Natamycin eye drops with no relief since 15 days. On examination, LE showed corneal epithelial defect with surrounding stromal edema with endothelial exudates and hypopyon and decreased corneal sensations.
Results & Discussion	Corneal scrapings on Giemsa stain revealed multi-nucleated giant cells. Blood investigations revealed high HbA1c as 10.6. Patient was diagnosed as RE Viral keratitis with endothelitis. Topical and oral Acyclovir with topical steroid, lubricants and cycloplegics with adjustment of Insulin dose helped in decreasing the lesions within one week only to aggravate with fluctuation of blood glucose levels and high HbA1c after 2 weeks and waning patient compliance. Multiple episodes of aggravation and relief with variation in the size of epithelial defect were noted, co-relating with the patient's diabetic condition over the next one month. Physician opinion for Diabetes and patient counselling for compliance was done, with discontinuation of topical acyclovir, giving bandage contact lens and intense lubrication suspecting meta-herpetic keratitis. Patient improvement was noted as keratitis resolved within next 3 weeks. A correlation with high HbA1c levels and impaired corneal epithelial barrier function has been reported earlier, similar to the present case.
Conclusions	Diabetic corneal ulcer is a challenging clinical condition with increased epithelial fragility and decreased corneal sensitivity. A regular monitoring of blood sugar levels with proper counselling and monitoring of the patient helps in resolution of keratitis.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Pradnya K Bhole
Institution	M and J Western Regional Institute of ophthalmology, Ahmedabad, India
Presenter Email Id	<a href="mailto:dr.pradnya.bhole@gmail.com">dr.pradnya.bhole@gmail.com</a>
Presenter Phone	9979886725
Co-Authors Name	Dr. Farhad Mansuri, Dr. Dipali Parmar

ABSTRACT_ID	<b>17</b>
Abstract Title	<b>Repeat DCR :Change to win</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Prospective, uncontrolled and interventional study to assess the success of repeat DCR surgery without flap anastomosis.
Methodology	- Included 134 patients from March 2011 to Dec 2020. Incision through the original scar and intervening scar tissues were excised. Roughly one fourth of the lacrimal sac mucosa around common canaliculi opening is saved so that the sac remains as a disc with punctum in its middle. 8mm Arruga's bone trephine was used to make osteum in the nasal bone and nasal mucosa. Upper part of the remaining lacrimal sac was sutured with subcutaneous tissue / periosteum of medial side. On 5th postop day sac syringing with 1 ml of 0.4mg/ml Mitomycin c (MMC) was done. followed up for one year.
Results & Discussion	132 pts(98.5%) out of 134 patients were symptom free/patent nasolacrimal duct on syringing during follow up. Results were strongly significant (p<.001). Because the most common cause of DCR failure is fibrosis at osteotomy site, MMC was used.
Conclusions	Result suggests that our technique had high success rate with ease and reliability in repeat surgery of failed DCR.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR RAVI RANJAN
Institution	AWADH MEDICARE
Presenter Email Id	<a href="mailto:docdocravi4@gmail.com">docdocravi4@gmail.com</a>
Presenter Phone	9431433137
Co-Authors Name	DR SUDHIR KUMAR. DR SUNIL KUMAR SINGH. DR AMITABH SINGH.

ABSTRACT_ID	<b>18</b>
Abstract Title	<b>MANAGEMENT OF MUCORMYCOSIS AMONG COVID-19 PATIENTS- A NOVEL APPROACH</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate the role of retrobulbar amphotericin as an adjunct to established Rhino-orbito-cerebral mucormycosis (ROCM)
Methodology	Patients having clinical symptoms and signs of (ROCM) supported by diagnostic nasal endoscopy findings, or contrast-enhanced MRI or CT Scan were considered as probable ROCM were included in the study. Consent and ethics committee approval was obtained. Renal parameters were monitored & amphotericin B of dosage 3.5mg/ml was given via retrobulbar approach in the infero-medial and super-medial aspect of the globe after giving 2ml of lignocaine. Amphotericin was injected every 5th day for 4 doses & observed for 60 day period.
Results & Discussion	74 patients having probable ROCM in which 28 were treated with intravenous liposomal amphotericin B 5-10 mg/Kg body weight with strict metabolic control. 46 were given retrobulbar amphotericin B. 28 had improvement while 8 underwent exenteration & remaining 10 succumbed to the disease. Although there are very few studies on retrobulbar amphotericin B given for ROCM we have compiled and got positive results from the same.
Conclusions	The second wave of covid-19 pandemic caused a havoc in India with many people being debilitated with mucormycosis. Due attention to warning symptoms and a high index of clinical suspicion with early diagnosis supported radiologically with simultaneous infusion of liposomal amphotericin B intravenous and retrobulbar with initiation of aggressive medical and surgical intervention by a multidisciplinary team would be the key to success.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR ADITI PAI
Institution	NETRADHAMA SUPER SPECIALITY EYE CENTER, BANGALORE
Presenter Email Id	<a href="mailto:draditipai823@gmail.com">draditipai823@gmail.com</a>
Presenter Phone	9724874938
Co-Authors Name	Dr Atul Kamath, Dr sankar S Ganvit, Dr. Indravadan Vasava

ABSTRACT_ID	<b>19</b>
Abstract Title	<b>Topiramate induced acute angle closure glaucoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of topiramte induced acute angle closure in a case of migraine and focal seizures.
Methodology	A 22y/F, case of migraine and focal seizures was started on tablet Topiramate 25 mg/day for 14 days. She presented with sudden decrease in vision and pain in both eyes since one day, 10 days after starting oral topiramate. On examination, her vision was counting finger at 2 meters in both eyes. On anterior segment examination, both eyes showed ciliary congestion, cornea showed mild oedema, shallow anterior chambers but without iridocorneal touch, round sluggishly reactive pupils. Intraocular Pressure (IOP) was 44 mmHg in both eyes using Goldmann's applanation tonometry. Gonioscopy and closed angles and an undilated fundus examination showed 0.4 cupping with healthy rim in both eyes.
Results & Discussion	She was started on intra-venous Mannitol, oral Acetazolamide, Brimonidine(0.2%) and Timolol(0.5%) eye drops, Prednisolone eye drops (1%). Topiramate was stopped. Atropine eye drop (1%) was also prescribed once at night. Patient started improving from second day with reduced intraocular pressure, decreased congestion and deep anterior chamber.
Conclusions	With the increasing use of topiramte especially in younger adults, adverse reactions like secondary acute angle closure glaucoma should be kept in the mind. Hence, before prescribing topiramte, all the physicians should warn the patients and advise them to report immediately with any cases of visual disturbances.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Priyanka Gandhi
Institution	Mahatma Gandhi Missions Institute of Health Sciences, Navi Mumbai
Presenter Email Id	<a href="mailto:phgandhi28@gmail.com">phgandhi28@gmail.com</a>
Presenter Phone	9920172444
Co-Authors Name	Dr.Kashyap Thakker, Dr. Reshma Ramakrishnan

ABSTRACT_ID	<b>20</b>
Abstract Title	<b>HAEMORRHAGIC RETINOPATHY WITH PANCYTOPENIA – KEY SURVEIL</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of 43y/M who was diagnosed with pancytopenia and underlying hemorrhagic retinopathy.
Methodology	A 43y/M, case of pancytopenia secondary to lower gastrointestinal bleed with polycystic kidney disease came with chief complaint of sudden and painless diminution of vision in left eye since 1 week. BCVA was 6/9 in right eye and 6/36 in left eye and N12 in both eyes. BCVA was 6/9 in right eye and 6/36 in left eye and N12 in both eyes. Posterior segment examination revealed dot blot haemorrhages superotemporally and inferior to the disc in right eye and that of left eye revealed tortuous vessels, dot blot haemorrhages, cotton wool spots superior and inferior to the disc and preretinal bleed at the macula in the left eye. Laboratory tests were suggestive of pancytopenia. Packed cell volume of blood was transfused thrice. Patient was observed with nil intervention from ophthalmic side.
Results & Discussion	After 4 months, recovery was noted seen as resolution of retinal haemorrhages and visual recovery upto 6/9 in left eye.
Conclusions	All anaemic patients must undergo ophthalmic evaluation and should be monitored closely till they recover. Close observation without any intervention can lead to good visual outcome.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Priyanka Gandhi
Institution	Mahatma Gandhi Missions Institute of Health Sciences, Navi Mumbai
Presenter Email Id	phgandhi28@gmail.com
Presenter Phone	9920172444
Co-Authors Name	Dr. Kashyap Thakker

ABSTRACT_ID	<b>21</b>
Abstract Title	<b>Factor affecting the time lag to the second eye cataract surgery in rural population of West Bengal</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Aims : To identify the reasons for delay cataract surgery of a person who is pseudophakic in one eye and other eye has significant cataract.
Methodology	Material and Methods: In this prospective questionnaire based – single centre study, 200 patients with advanced cataract in one eye and pseudophakia in other eye for last 2 years were selected.
Results & Discussion	Results : The patients were in the age above 55 years with Male: Female ratio of 70:30. The major reasons for delay in cataract surgery were lack of accompanying person (55%), loss of work / income (27%), did not feel necessity of surgery (11%), unsatisfactory vision in operated eye (6%), and coexisting systemic disease (5.5%). 12% patients believed that winter was appropriate time for cataract surgery. It is important to note that cost is not a factor in government hospitals since all cataract surgeries are free.
Conclusions	Conclusions: Increasing public awareness of complications due to delay in cataract surgery, regular eye examination and increasing accessibility will provide a solution to the delayed cataract surgery uptake.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR SURYA SEKHAR DAS
Institution	MIDNAPORE MEDICAL COLLEGE & HOSPITAL
Presenter Email Id	drsuryasekhar@gmail.com
Presenter Phone	9475523939
Co-Authors Name	Prof. (Dr.) Sanjay Kumar Daulat Thakur & Dr. Debabrata Das

ABSTRACT_ID	<b>22</b>
Abstract Title	<b>An Eye of a Cataract Surgeon with An Intraoperative OCT</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://we.tl/t-9tW5FmBxyt">https://we.tl/t-9tW5FmBxyt</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Use of technology in ophthalmology has grown leaps and bounce. The introduction of the intraoperative OCT provided new insights in the surgical management of ophthalmic surgeries. This video shares how the intraoperative OCT aided in cataract surgery in various scenarios like wound construction, posterior polar cataract, zonular dialysis , femtosecond laser assisted cataract surgery , loop technique , small pupil management , and also explain its limitations .
Methodology	.
Results & Discussion	.
Conclusions	.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prasanth Glreesh
Institution	Leela Eye Clinic
Presenter Email Id	mavric77@gmail.com
Presenter Phone	9841401190
Co-Authors Name	Dr Manas Dr Sivagami

ABSTRACT_ID	<b>23</b>
Abstract Title	<b>Innovative Use of Leap Motion Technology for Cataract Surgery Simulation- A Wet Lab Training Model</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Cataract surgery simulation provide a medically accurate simulation that benefits the young resident trainees to learn and understand cataract surgeries. Simulations can be performed multiple number of time until they have built their knowledge base and confidence in the given surgical case. We hereby propose an innovative cataract surgery simulation model using leap motion technology. By this technology users can interact and use the on screen elements using hand gestures.
Methodology	Virtual reality device for surgical training with leap motion controller, computer desktop, 3IR LEDs and 2 monochromatic cameras
Results & Discussion	This technique also employs a game development engine called Unity which fully integrated with a complete set of intuitive tools and rapid workflows to create interactive 3D and 2D contents
Conclusions	Novice surgeons can repetitively practice surgical procedures using this interactive surgical simulator by using Leap Motion technology. Accurate and low cost surgical simulator for clinical training
<b>AUTHOR DETAILS</b>	
Presenting Author	Prasanth Gireesh
Institution	Leela Eye Clinic
Presenter Email Id	<a href="mailto:mavric77@gmail.com">mavric77@gmail.com</a>
Presenter Phone	9841401190
Co-Authors Name	Dr Bharat Gurnani

ABSTRACT_ID	<b>24</b>
Abstract Title	<b>Superselective triple-drug Intraarterial Chemotherapy in Retinoblastoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the outcomes in retinoblastoma (RB) treated with triple-drug intraarterial chemotherapy (IAC)
Methodology	Retrospective interventional study of 145 eyes of 112 RB patients from 2013 to 2019 treated with super-selective triple-drug (topotecan, carboplatin and melphalan) IAC.
Results & Discussion	The mean age was 22.8m with a mean follow up of 42.1m. Of 126 treatment-naïve eyes, ICRB Groups were A (n=0), B (n= 10), C (n=16), D (n=59), and E (n=41). Primary IAC was provided in 92 eyes and secondary IAC in 53 eyes, with local consolidation in 128 (88%). Group B and C showed 100% regression, with maximum reduction in tumor volume after IAC cycle 1 and maximum calcification seen after IAC cycle 3. Complications following IAC included vitritis in 4 (2.7%), sterile inflammation in 2 (1.4%) and ptosis in 1 (0.7%). Eye salvage was achieved in all in Group B and C, 54 (92%) in Group D and 22 (54%) in Group E. Three of 19 (16%) enucleated eyes in Group E had histopathological high-risk factors, prompting adjuvant IVC. None developed systemic metastasis.
Conclusions	Triple drug superselective IAC is remarkably effective in Group B-D RB, while modest success is possible in Group E.
<b>AUTHOR DETAILS</b>	
Presenting Author	Ankita Aishwarya
Institution	Centre For Sight Hyderabad
Presenter Email Id	<a href="mailto:anki.twinki@gmail.com">anki.twinki@gmail.com</a>
Presenter Phone	8827169681
Co-Authors Name	Ankita Aishwarya, Harika Regani, B Shridhar Reddy, Vijay Anand Reddy Palkonda, Santosh G Honavar

ABSTRACT_ID	<b>25</b>
Abstract Title	<b>Medical Management of congenital ichthyosis with cicatricial ectropion</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate the outcomes of medical management in congenital ichthyosis with cicatricial ectropion, lagophthalmos and corneal exposure
Methodology	Retrospective interventional case series of 6 patients of ichthyosis who underwent medical management with protocol-based systemic retinoids (acetretin) and topical retinoids (Tretinoin 0.5%) along with periocular application of intensive-action moisturizing agents. Main outcome measures were improvement in skin quality, and reversal of ectropion, lagophthalmos and exposure keratopathy.
Results & Discussion	Age ranged from 18 months to 12 years. On presentation, all the children had severe ectropion of all the 4 eyelids, lagophthalmos and exposure keratopathy. One child had bilateral bacterial keratitis and another had fungal keratitis. Three children had bilateral central and inferior corneal scars. Two children needed temporary bilateral paramedian tarsorrhaphy and one child needed permanent tarsorrhaphy. At a mean follow-up of 36 months, all of them showed marked improvement in skin quality, resolution of ectropion, lagophthalmos and exposure keratopathy.
Conclusions	Monitored medical management and supportive treatment can result in improvement in general and ophthalmic morbidity associated with congenital Ichthyosis and help avoid surgery
<b>AUTHOR DETAILS</b>	
Presenting Author	Ankita Aishwarya
Institution	Centre for Sight, Hyderabad
Presenter Email Id	anki.twinki@gmail.com
Presenter Phone	8827169681
Co-Authors Name	Sumeet Lahane, Santosh Honavar

ABSTRACT_ID	<b>26</b>
Abstract Title	<b>Leukemic Retinopathy: A Rare Entity</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	CML is a myeloproliferative neoplasm with ophthalmic manifestations as uncommon presentation which can vary from incidental finding during eye examination to blurred vision and partial/total loss of vision.
Methodology	Case Report
Results & Discussion	A 18 years old male student, presented on 20th Aug, 2020, with sudden painless loss of vision in temporal half of RE since 5 days. He had abdominal swelling, loss of appetite and fatigue. He lost 4kgs in 4 months. Cardiovascular examination showed increased JVP with pulsations over right upper chest and arm. He had abdominal fullness with splenomegaly of 6cms. His visual acuity in RE was 6/6p and in LE it was 6/6. Fundus of the RE showed media haze of grade 2+ superior-temporal vessels were of large caliber, dilated, very tortuous following curvy pattern. An elevated, globular bulging type of lesion was noted in the inferior quadrant. B-scan of this patient's RE showed hyperechoic lesion which was homogeneously spread, suggesting choroidal pathology. Patient came back on 27th Dec 2020, and this time his VA was still NPL in RE. His Hb during oncology consultation had dropped to 6.9mg/dl with TLC being 666000 cells/mm <sup>3</sup> . Bone Marrow Aspiration showed Myeloproliferative Neoplasm with 3% Blast cells. A BCR-ABL quantification was advised to rule out CML. Quantitative RT-PCR showed an International Standardization (IS) ratio of 53%. A diagnosis of Chronic Myeloid Leukemia with associated Retinopathy BE was therefore made. Patient was treated with Imatinib that progressively led to resolution.
Conclusions	As an ophthalmologist we may be the first one to come across a case of CML as patient may simply present with diminution of vision. Patients presenting with complain, cachexic look, blood evaluation with high TLC and baseline funduscopy examination could be helpful to clinch the diagnosis; because as an ophthalmologist we can salvage the patient's vision and a prompt referral to an oncologist could help save the life of a patient.
<b>AUTHOR DETAILS</b>	
Presenting Author	Aman Kumar Gupta
Institution	Lumbini Eye Institute and Research Center
Presenter Email Id	<a href="mailto:amankrg007@gmail.com">amankrg007@gmail.com</a>
Presenter Phone	9848054091
Co-Authors Name	Rakshya Basnet, Roshan Dev Yadav, Sweta Singh

ABSTRACT_ID	<b>27</b>
Abstract Title	<b>"Rhino-Orbital Mucormycosis with Endophthalmitis" - A Case Report.</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case.
Methodology	<p>Mucormycosis is rapidly progressing fungal infection which is caused by non-septate filamentous fungi in the Mucoraceae family and it is frequently seen in diabetic and immunocompromised patients.</p> <p>Mucor is a rarely implicated pathogen in cases of endophthalmitis. Sudden rise in cases of invasive fungal sinusitis, specifically mucormycosis in post covid &amp; covid patients was seen in our institute.</p>
Results & Discussion	Here we present a case, of a 65 year old, post- COVID, male patient who presented with right sided facial pain and headache along with right eye pain, swelling and drooping of eyelid. He was diagnosed with Rhino- Orbital mucormycosis with endophthalmitis and the diagnosis was confirmed by culture. Patient was immediately started on I.V inj amphotericin B. Due to extensive spread, patient underwent bilateral FESS with right sided Orbital Exenteration.
Conclusions	Post operatively the patient was stable and subsequently discharged.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Zeenal George Dabre
Institution	Dr Shankarrao Chavan Government Medical College
Presenter Email Id	<a href="mailto:zeenaldabre@gmail.com">zeenaldabre@gmail.com</a>
Presenter Phone	7276737293
Co-Authors Name	Dr V. M. Sahasrabudhe

ABSTRACT_ID	<b>28</b>
Abstract Title	<b>RED FLAGS IN RED EYES</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To emphasize on prompt diagnosis of red eye and prevent irreversible visual loss.
Methodology	Observational study - 4 cases of red eye who presented late to us due to lockdown and had profound visual loss owing to delayed presentation were included in the case series.
Results & Discussion	<p>Of the 4 patients, 1st patient had CMV retinitis that caused Retinal Detachment (RD) due to delay and had to undergo RD surgery. 2nd patient had Diffuse Scleritis that resolved with restoration of vision after proper treatment. 3rd and 4th patient presented with Vitreous Hemorrhage and RD and were found to have Acute Retinal Necrosis intraoperatively. They were VZV positive and post surgery oral Acyclovir was given. 3rd patient has good vision and stable retina after surgery. The 4th patient had Re- RD with guarded visual prognosis.</p> <p>Red eye is the most common presentation in ophthalmic practice and can often be underdiagnosed or misdiagnosed. We herein present 4 cases with delayed presentation due to covid related lockdowns. They had profound visual loss that could have been prevented.</p>
Conclusions	We need to explore the probable diagnoses in red eyes particularly when associated with loss of vision, pain and persistent redness. Early diagnosis and prompt treatment can save the vital vision.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR BHUMIKA RATH
Institution	VISION CARE
Presenter Email Id	rath.bhumika@gmail.com
Presenter Phone	7008618789
Co-Authors Name	DR NIDHI SINHA, DR G N RAO

ABSTRACT_ID	<b>29</b>
Abstract Title	<b>A STUDY ON EFFECT OF INHALATIONAL STEROIDS ON EYE</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the effect of inhaled corticosteroids on intraocular pressure (IOP) and its ophthalmic complications.
Methodology	In this prospective study 49 patients on inhalational steroids were considered as group 1, 49 age matched controls as group 2. Complete routine ophthalmic examination, gonioscopy, CCT and dilated fundus examination was performed. Data were analysed. IOP of right eye was used for comparison.
Results & Discussion	Mean age of the patients was $51 \pm 9$ yrs for group 1 and $53.43 \pm 8.0$ yrs for group 2. 59.2% of patients in group 1 had IOP in range of 14-16mmhg and 44.9% in group 2 of patients had IOP in range of 11-13mmhg ( $P < 0.01$ ).Statistically no significant increase of IOP has been observed in patients using fluticasone steroid( $p > 0.05$ )
Conclusions	inhalation of steroids was found to increase intraocular pressure,fluticasone inhalation among the steroids used was found to be safe
<b>AUTHOR DETAILS</b>	
Presenting Author	Akarshitha B
Institution	AJ INSTITUTE OF MEDICAL SCIENCES
Presenter Email Id	<a href="mailto:akarshitha1210@gmail.com">akarshitha1210@gmail.com</a>
Presenter Phone	9480230821
Co-Authors Name	Dr Jayaram Shetty,Dr.Rajani Kadri,Dr.Ajay Kudva,Dr.Devika,Dr Akansha Shetty

ABSTRACT_ID	<b>30</b>
Abstract Title	<b>Comparison of visual impairment in chronic kidney disease among diabetic and non-diabetic patients</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare visual impairment in chronic kidney disease(CKD) among diabetic and non-diabetic patients
Methodology	Cross-sectional, descriptive, and hospital-based study was conducted on 72 patients who were diagnosed with stage 3 to 5 CKD. This comprised of 36 diabetic patients and 36 non-diabetic patients. Best corrected visual acuity and detailed ophthalmic examinations were performed.
Results & Discussion	Statistically significant ( $p < 0.05$ ) association was found between visual impairment and chronic kidney disease (CKD). Out of 36 diabetic patients with CKD, 83.33%(n=30) had visual impairment which was significantly higher compared to 44.44%(n=16) in non-diabetic group of CKD ( $p < 0.05$ ). Both the groups showed significant positive correlation of visual impairment with stages of CKD. In lower stage of CKD, visual impairing changes were present in 75% of diabetic group patients, in comparison to 12.5% in non-diabetic group. In diabetic group with CKD, 33.33%(n=14) of the cases were suffering from severe impairment of vision ( $< 660$ ) in contrast to 13.88%(n=5) in non-diabetic group( $p < 0.05$ ). Maculopathy was the most common cause of visual impairment in diabetic group with CKD along with complications of diabetic retinopathy such as vitreous hemorrhages and retinal detachment. In non-diabetic group, optic disc edema due to grade 4 hypertensive retinopathy was the common cause of visual impairment, other causes included Macular star, Age-related Macular Disease and Epiretinal membrane.
Conclusions	Chronic kidney disease (CKD) patients suffering from diabetes mellitus were found to have higher prevalence of visual impairment which was observed even at early stages of CKD when compared to that of CKD patients without diabetes. Hence, this study highlights the importance of regular screening of patients with diabetes from the earliest stages of diagnosis of CKD.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. H. Aishwarya
Institution	AJ institute of medical sciences and research centre
Presenter Email Id	<a href="mailto:draishwarya.h@gmail.com">draishwarya.h@gmail.com</a>
Presenter Phone	919448461001
Co-Authors Name	Dr. Ajay Kudva, Dr. Jayaram Shetty, Dr. Rajani .K, Dr. Devika .P, Dr. Akansha Shetty

ABSTRACT_ID	<b>31</b>
Abstract Title	<b>A rare case of secondary sebaceous gland carcinoma of the conjunctiva</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present a rare case of secondary sebaceous gland carcinoma of the conjunctiva
Methodology	A 56 years old female with past history of sebaceous gland carcinoma treated with surgery and chemotherapy presented to the Outpatient Department of Ophthalmology with complaints of a painless mass in her left eye for 3 months which was gradually progressive in size. The mass was excised with wide local excision by the “no – touch” technique and sent for histopathological examination.
Results & Discussion	On examination, a mass measuring 3x 1cm was seen on the superior conjunctiva. Biopsy showed tumour tissue arranged in small nests, lobules and infiltrating pageliotis, centre of lobules show comedo necrosis. tumour cells were mildly pleomorphic polygonal having vesicular nuclei with.
Conclusions	Conjunctival sebaceous gland carcinoma is a rare ocular malignancy which can be treated with excision, radiotherapy. Frequent follow up to monitor recurrence is crucial.
<b>AUTHOR DETAILS</b>	
Presenting Author	Akarshitha B
Institution	AJ INSTITUTE OF MEDICAL SCIENCES
Presenter Email Id	<a href="mailto:akarshitha1210@gmail.com">akarshitha1210@gmail.com</a>
Presenter Phone	9480230821
Co-Authors Name	Dr Jayaram Shrtty, Dr Rajani Kadri,Dr.Ajay Kudva,Dr Devika,Dr Akansha Shetty

ABSTRACT_ID	<b>32</b>
Abstract Title	<b>Management of traumatic eyelid laceration : case report</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<ol style="list-style-type: none"> <li>1. To improve cosmetic function in patients of eye lid laceration by reconstruction surgery</li> <li>2. To maintain anatomy of eyelid</li> </ol>
Methodology	30 year old female brought to casualty department of hospital with history of motor vehicle accident. Patient was having upper lid laceration wound without punctal involvement and no anterior segment involvement. Visual assessment was normal. Patient was manage by lid reconstruction surgery with medical management by local and systemic antibiotic.
Results & Discussion	<p>Ocular involvement in road accidents is very common but severe eye injury can lead to vision loss and affect quality of life.</p> <p>Post operative outcome of this patient was satisfying. Cosmetic function was preserved with no associated ectropion , entropion , lid margin notching.</p>
Conclusions	Eyelid reconstruction surgery have certain protocol to follow but every case is unique and has it's own results which depend on surgeon's decision and skill.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Rohini Kawadkar
Institution	Dr shankarrao chavan government medical College, Vishnupuri, Nanded
Presenter Email Id	<a href="mailto:rohk165@gmail.com">rohk165@gmail.com</a>
Presenter Phone	7722013469
Co-Authors Name	Dr Sohel Irfan Khan

ABSTRACT_ID	<b>33</b>
Abstract Title	<b>RETROSPECTIVE STUDY OF SEBACEOUS GLAND CARCINOMA OF EYELID</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	TO STUDY THE CLINICAL FEATURES OF EYELID SEBACEOUS GLAND CARCINOMA AND THE TREATMENT OUTCOME.
Methodology	RETROSPECTIVE ANALYTIC CASE SERIES WITH A FIVE YEAR FOLLOW UP. HISTOLOGICALLY PROVEN CASES OF EYELID SEBACEOUS GLAND CARCINOMA WHO HAD NO DISTANT METASTASIS AND NO OTHER PRIMARY INTERVENTION WERE INCLUDED. METASTATIC WORK-UP WAS DONE. PATIENTS WERE TREATED WITH PRIMARY SURGICAL EXCISION WITH FROZEN SECTION/PERMANENT SECTION WITH MARGIN CLEARANCE, EXENTERATION IN CASES OF UNRESECTABLE ORBITAL DISEASES, PREOPERATIVE CHEMOTHERAPY AND RADICAL NECK LYMPH NODE DISSECTION
Results & Discussion	TOTAL 20 EYES OF 20 PATIENTS WERE INCLUDED.17 EYES HAD ONLY EYELID INVOLVEMENT AND 3 EYES HAD ORBITAL SPREAD. SYSTEMIC CHEMOTHERAPY WAS GIVEN TO FOUR PATIENTS, OF WHICH TWO UNDERWENT EXENTERATION. PRIMARY LID TUMOR RESECTION UNDER FROZEN SECTION AND MARGIN CLEARANCE WAS DONE IN REST 16 CASES. THERE WAS NO RECURRENCES FOLLOWING SURGERY.
Conclusions	SURGICAL MANAGEMENT IS AN EFFECTIVE METHOD OF TREATMENT FOR EYELID SEBACEOUS GLAND CARCINOMA.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR. RAKA CHATTERJEE
Institution	SUSRUT EYE FOUNDATION AND RESEARCH CENTRE . KOLKATA. WEST BENGAL. INDIA.
Presenter Email Id	<a href="mailto:drrakac@yahoo.co.in">drrakac@yahoo.co.in</a>
Presenter Phone	9903895941
Co-Authors Name	DR. ASIM KUMAR DEY, DR. APURBA ADHIKARY, DR. DEBASIS CHAKRABARTI

ABSTRACT_ID	<b>34</b>
Abstract Title	<b>Correlation of Serum Urea and Creatinine levels with retinal outer zone disruption in Non-Proliferative Diabetic Retinopathy.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To correlate Serum Urea (Ur) and Creatinine (Cr) levels with retinal outer segment disruption in Non-Proliferative Diabetic Retinopathy (NPDR) patients.
Methodology	It was a prospective cross-sectional single centre hospital-based study conducted among 78 newly diagnosed NPDR patients. Out of 78 enrolled patients, 42 patients had Mild NPDR, 17 patients had moderate NPDR and 19 patients had severe or very severe NPDR. All of them underwent SD-OCT examination for evaluation of External Limiting Membrane (ELM)-Ellipsoid Zone (EZ) disruption and calculation of Central Macular Thickness (CMT) . Serum Ur and Cr levels were also measured at the same visit. Collected data were thereafter analysed statistically.
Results & Discussion	The mean age was 57.56+-12.34years. The mean Serum Ur/Cr values (in mg/dl) in mild, moderate and severe NPDR patients were 26.30/0.9, 29.52/1.07 and 37.36/1.57 respectively. ELM-EZ disruption was present in all cases of Severe NPDR, 53% cases of Moderate NPDR and only 5% cases of Mild NPDR. Serum Ur and Cr levels showed significant positive correlation with the grade of ELM-EZ disruption (p=0.001 and p=0.0004 respectively) in NPDR patients. CMT did not show any significant correlation with Serum Ur and Cr levels. in a similar study by Saxena S et al., increase in serum levels of Ur (F = 10.45) and Cr (F = 6.89) was observed with increased grades of disruption of ELM and EZ (P = 0.001). Also, increase in serum levels of Ur (F = 22.93) and Cr (F = 15.82) and increased grades of disruption of ELM and EZ ( $\gamma = 116.3$ ) were observed with increased severity of DR (P < 0.001).
Conclusions	Increased Serum Ur and Cr levels may be used as additional markers for detection of severity of retinal outer segment disruption in NPDR that might lead to long term guarded prognosis even after adequate treatment.
<b>AUTHOR DETAILS</b>	
Presenting Author	Sanchari Sarkar
Institution	Midnapore Medical College and Hospital
Presenter Email Id	<a href="mailto:sancharisarkar1994@gmail.com">sancharisarkar1994@gmail.com</a>
Presenter Phone	7872527844
Co-Authors Name	Dr. Sanjay Kumar Daulat Thakur, Dr. Avik Dey Sarkar, Dr. Avantika Srivastava.

ABSTRACT_ID	<b>35</b>
Abstract Title	<b>An unusual presentation of traumatic cataract</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Patient presented with chief complaint of diminution of vision in his left eye since two years after he was allegedly slapped by his father. There is no other history of trauma or any history of any ocular surgery.
Methodology	BCVA in RE was 6/6 and LE was counting fingers at 1 m. Slit lamp examination of LE showed anterior capsule opacification with multiple speckled opacities alongwith posterior capsule opacification and posterior capsule rupture at 5 o clock position. RG was faint and fundus details could not be visualised due to dense posterior capsule opacification B Scan Ultrasound showed a hyperechoic lesion with a cavity with multiple cystic spaces suggestive of nucleus drop. The patient underwent posterior capsulorhexis with pars plana vitrectomy with IOL implantation in sulcus. A prophylactic endolaser was also done.
Results & Discussion	Immediate post operative Day 1 showed corneal edema and AC cells +3 and VA was 6/60 and RG was good but media was hazy. Patient was started on moxifloxacin with dexamethasone eye drop 2 hourly. After 1 week the corneal edema resolved and AC cells were +1. V/A improved to 6/24. The fundus examination was within normal limits The V/A after 1 month was 6/12.
Conclusions	Complicated cases of cataract require detailed evaluation. The posterior capsule should always be examined for tears and rupture. B Scan Ultrasonography should always be done if the fundus details are not visible.
<b>AUTHOR DETAILS</b>	
Presenting Author	Sadaf Siddiqui
Institution	AMUIO
Presenter Email Id	<a href="mailto:sadafsiddiqui146@gmail.com">sadafsiddiqui146@gmail.com</a>
Presenter Phone	8439373708
Co-Authors Name	Syed Areeb Ahmed

ABSTRACT_ID	<b>36</b>
Abstract Title	<b>RHINO ORBITAL CEREBRAL MUCORMYCOSIS An epidemic within pandemic</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To find best possible therapeutic modalities for this dreaded condition as it is besieged with an alarming mortality to date as far as ground reality is concerned in far flung places
Methodology	All the patients of ROCM were meticulously examined , and latest possible investigation modalities were employed like gadolinium MRI nasal endoscopy and treated with best possible measures like nasal debridement liposomal amphotericin 8 to 15 mg per kg body weight oral posaconazole in state of the art medical college
Results & Discussion	all the patients were suffering from severe peri orbital pain, eschar around nasal labial fold , unilateral nasal blood tinged discharge unilateral proptosis and among them 40% had sudden loss of vision and unilateral diplopia Patients were noted with with following signs like central retinal artery occlusion in forty% of patients orbital fissure syndrome in 33% requiring exenteration -with cavernous sinus involvement in 30% and overall mortality occurring in 27%
Conclusions	Rocm is a dreaded disease should be meticulously managed diligently
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr prof parvez A Siddiqui
Institution	Govt medical college JAALPUR
Presenter Email Id	<a href="mailto:pervez.s@rediffmail.com">pervez.s@rediffmail.com</a>
Presenter Phone	9827319696
Co-Authors Name	

ABSTRACT_ID	<b>37</b>
Abstract Title	<b>Visual field correlation with retinal nerve fibre layer loss on OCT in primary congenital glaucoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To analyze the visual field patterns and peripapillary RNFL thickness loss on OCT in PCG eyes.
Methodology	: In this cross-sectional observational study 48 eyes of PCG with reliable visual fields were included. RNFL thickness was measured by using SPECTRALIS® SD-OCT were included. Similar age group of controls were recruited.
Results & Discussion	Mean baseline CDR in PCG eyes 0.56±0.2. On OCT examination for RNFL there was significant focal RNFL loss in Temporal superior (p=0.003), Nasal inferior (p=0.037) and Temporal inferior (p<0.001) quadrants compared to controls. Average RNFL thickness was significantly lower (p=0.04) in PCG group (87.2 ±28µm) compared to control group (100.6 ±7µm). On intragroup RNFL OCT examination there was significant RNFL loss in all quadrants except nasal quadrant in PCG eyes with VF defect compared to PCG eyes with normal VF. The earliest superior nasal step was found at a mean RNFL thickness of 96 µm in NI quadrant and 112 µm in TI quadrant, which was 23.26 µm in NI and 30 µm in TI quadrant less on comparison with control eyes. Superior arcuate scotomas were associated with an RNFL loss of 30.26 µm in NI quadrant and 52 µm IN TI quadrant on comparison with control eyes. Likewise inferior arcuate scotoma developed at RNFL loss of 20 µm in NS quadrant and 35 µm in TS quadrant. (Table 2). Eyes with a double arcuate Scotoma had a mean RNFL thickness of 90 µm and an apparent RNFL loss of 40 µm in NI, TI, NS and TS quadrants on comparison of control eyes mean RNFL thickness in respective quadrants. Eyes with advanced VF defect had an average RNFL thickness of 57.2 µm
Conclusions	Here we conclude that in PCG children visual field testing significantly correlated with RNFL thickness loss on OCT.
<b>AUTHOR DETAILS</b>	
Presenting Author	Anand Naik
Institution	All India institute of medical sciences, New Delhi
Presenter Email Id	<a href="mailto:naikanand6461@gmail.com">naikanand6461@gmail.com</a>
Presenter Phone	8985149508
Co-Authors Name	Prof. Ramanjit Sihota

ABSTRACT_ID	<b>38</b>
Abstract Title	<b>Risk of Pterygium in Eyes with Short Axial Length</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the relationship of the prevalence of Pterygium with Axial Length.
Methodology	A prospective cross-sectional study was performed to compare 63 eyes of 52 patients with primary pterygium in at least 1 eye with 60 age matched normal eyes. Each patient was subjected to measurement of axial length using USG A scan.
Results & Discussion	Eleven patients had bilateral pterygium. Twenty-six eyes had stage I, 20 had stage II and 17 had stage III pterygium. The average axial length in the pterygium group was 22.77±0.92 mm which was significantly shorter than the control group which was 23.81±1.02 mm (p=0.0002). The average axial length among the patients with stage I was 23.06±0.95 mm, stage II was 22.72±0.9 mm and stage III were 22.09±0.55 mm. The average axial length was significantly shorter in stage III pterygium (p=0.008) in comparison to stage I and II. The prevalence of hyperopia in the pterygium group was higher than that in the normal population. In a retrospective study by Zhang LM et al. Stratified $\chi^2$ analysis showed that axial length, rather than hyperopia, was a related factor to pterygium (odds ratio = 5.23, 95% confidence interval: 2.50–10.93). Several studies have shown that children who spend more time outdoors have a lower incidence of myopia and less axial length elongation. It also should be noted that outdoor time and sunlight exposure are related to pterygium.
Conclusions	Thus, we can conclude that shorter axial length is related to the prevalence and progressive nature of pterygium.
<b>AUTHOR DETAILS</b>	
Presenting Author	Pratiroop Gangopadhyay
Institution	Midnapore Medical College
Presenter Email Id	<a href="mailto:pratiroopbsmc@gmail.com">pratiroopbsmc@gmail.com</a>
Presenter Phone	8902686584
Co-Authors Name	Sanjay Kumar Daulat Thakur, Sanchari Sarkar, Payel Khatua

ABSTRACT_ID	<b>39</b>
Abstract Title	<b>Eplerenone in Acute Central Serous Chorioretinopathy: Put an End to Wait</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the efficiency and safety of Oral Eplerenone in the treatment of Acute Central Serous Chorioretinopathy (CSCR).
Methodology	Among 162 patients with Acute CSCR, 81 received oral Eplerenone with once daily dosage (Group A) and the rest of the patients received Placebo Multivitamin medication (Group B). The BCVA and CMT were measured along with other basic ophthalmological parameters at initiation of treatment and at an interval of every 4 weeks till 3 months from the presentation. A serum K+ was done at the beginning and end of treatment.
Results & Discussion	In Group A, the decrease in CMT was $168.85 \pm 84.46 \mu\text{m}$ and increase in serum potassium was $0.62 \pm 0.27 \text{mg\%}$ . Improvement in BCVA was $4.72 \pm 3.48$ lines. In Group B, the decrease in CMT was $134.48 \pm 76.34 \mu\text{m}$ and negligible change in Serum Potassium. Improvement in BCVA was $3.42 \pm 1.69$ lines. After 3 months three patients from Group A shown chronic changes while fourteen from Group B experienced similar changes. So, in our study, Oral Eplerenone significantly decreased CMT in comparison to Placebo ( $p=0.002$ ) and improved BCVA ( $p=0.021$ ) in patients with Acute CSCR. Patients with Eplerenone have shown lesser propensity of progressing towards chronicity. However, it caused a significant increase in Serum K+ ( $p=0.035$ ) and close monitoring may be required while prescribing Eplerenone in patients with high levels of serum Potassium.
Conclusions	Thus, we can conclude that oral eplerenone is a safe and effective first-line treatment option for acute CSCR conferring higher and faster resolution with protection from progression to chronicity.
<b>AUTHOR DETAILS</b>	
Presenting Author	AVIK DEY SARKAR
Institution	Aravind Eye Hospital, Madurai
Presenter Email Id	<a href="mailto:avikds24@gmail.com">avikds24@gmail.com</a>
Presenter Phone	919874421520
Co-Authors Name	Dr.(Prof.) Sanjay Kumar Daulat Thakur, Dr. Smaranjit Biswas, Dr.(Prof.) Ajoy Dey Sarkar, Dr. Pratiroop Gandopadhyay

ABSTRACT_ID	<b>40</b>
Abstract Title	<b>"A STUDY ON PREOPERATIVE XYLOCAINE SENSITIVITY TEST IN PATIENTS UNDERGOING OCULAR SURGERIES."</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>Aims :</p> <p>The aim of our study is to assess the benefit of XST pre operatively and it's effect on the management of intra ocular surgeries performed under local anaesthesia.</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1.To monitor reaction to pre-operative XST</li> <li>2.To monitor intra-operative reactions to local anaesthesia.</li> <li>3.To assess any possible correlation between the above.</li> </ol>
Methodology	<p>Methods:</p> <p>The study comprised of 400 patients (204 females and 196 males) aged 18 and above over a period of 2 years. Patients who were previously documented allergic reaction to Xylocaine were excluded from the stud. Preoperatively Inj. XST 0.5 ml intradermal injection was given to all patientsand the site of injection was marked with a 1 CM circle. The injection site was examined for erythema/wheal and itching after 10 min , 30 min and 24 hours. Intraoperatively reaction to LA was observed for local and systemic reactions following peribulbar/retrobulbar block given with 8-10 ml injection of 6:4 combination of lignocaine and bupivacaine with hyaluronidase.</p>
Results & Discussion	<p>Results:</p> <p>XST was performed for all 400 patients included in the group and reaction was recorded on the basis of local reaction at injection site. However, none of the patients actually showed any reaction to XST and no correlation was noted intra operatively.</p>
Conclusions	<p>Conclusions: It has been recommended since decades that sensitivity testing before cataract surgery under LA should be undertaken as a routine precautionary measure. With changing paradigms in the type of anaesthesia (topical becoming prevalent in advanced nations as well as urban centres in developing world) there is a need to review the established protocols.</p> <p>Hence this study highlights the possibility of avoiding such tests in all patients before routine cataract surgery under LA.</p> <p>With due precautions and resuscitation measures available in standby, it is theorized that routine testing for LA sensitivity may be skipped.</p>
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Yogya Reddy
Institution	MGM Institute of Health Sciences
Presenter Email Id	<a href="mailto:yogychappidi@gmail.com">yogychappidi@gmail.com</a>
Presenter Phone	918861365744

Co-Authors Name	Dr.Syed Faraaz Hussain, Assistant Professor, MGM Institute of Health Sciences
-----------------	---

ABSTRACT_ID	<b>41</b>
Abstract Title	<b>VKH Syndrome: A Pandora's box!</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>Aims: To highlight the variable etiology of VKH syndrome</p> <p>Objectives: To describe 4 cases who presented with different clinical backgrounds and were diagnosed as VKH syndrome on examination.</p>
Methodology	All the 4 patients presented to the OPD with variable complaints. First case was a 34y,M presented with a 3 months history of DOV with headache and tinnitus. Second case was a 21y,F presented with a 1 day history of sudden DOV associated with headache on day 2 post LSCS. Third case was a 45y,F who presented to us with a history of left sided temporal headache and giddiness for 3 days followed by sudden and painful diminution of vision in left eye. Fourth case was a 30 yr/F, who presented to us 7 days post vaccination with a 5 day history of sudden diminution of vision in both eyes. All of the patients had signs suggestive of complete or partial VKH syndrome regardless of the variable presenting complaints and history.
Results & Discussion	None of the patients had any underlying systemic disease. On examination, all the patients had signs of choroidal detachment and exudative retinal detachment in addition to anterior segment signs which was also confirmed on OCT.
Conclusions	<p>This case series throws light on variable etiology and multisystem involvement of VKH syndrome .</p> <p>VKH syndrome should be considered as an important differential diagnosis in all patients's presenting with sudden blurring of vision with headache.</p>
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Yogya Reddy
Institution	MGM Institute of Health Sciences
Presenter Email Id	<a href="mailto:yogyachappidi@gmail.com">yogyachappidi@gmail.com</a>
Presenter Phone	918861365744
Co-Authors Name	Dr. Syed Faraaz Hussain, Assistant Professor, MGM Institute of Health Sciences

ABSTRACT_ID	<b>42</b>
Abstract Title	<b>Decoding mysterious sparkly eyes: A case of adult cystinosis</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To recognise and study the presentation of adult form of cystinosis
Methodology	A 40-year-old man with no known co-morbidities came to ophthalmology department for routine check-up. He had no ophthalmic complaints. He gives no relevant drug history.
Results & Discussion	<p>On examination the best corrected visual acuity in both eyes was 6/6. On slit lamp examination small, white, sequin-like crystals in all the quadrants of corneal stroma. Posterior segment was unremarkable in both eyes.</p> <p>Renal function test and routine blood investigation were within normal limits. There was no evidence of any other systemic abnormalities. Taking into consideration of its clinical presentation, normal blood work up and absence of relevant drug history, patient was diagnosed to have adult form of Cystinosis.</p>
Conclusions	Cystinosis is an uncommon lysosomal storage disease that has an affect both the kidney and the eye. The infantile onset is known to be symptomatic and morbid relative to the adult form. Though patient gave history of regular ophthalmic check-up, it was probably not diagnosed earlier because of it rare occurrence and limited knowledge. Hence, ophthalmologist should be aware of the presentations in cystinosis and an appropriate disease monitoring and management to reduce the impact of the disease.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. H. Aishwarya
Institution	AJ institute of medical sciences and research centre
Presenter Email Id	<a href="mailto:draishwarya.h@gmail.com">draishwarya.h@gmail.com</a>
Presenter Phone	919448461001
Co-Authors Name	Dr. Rajani .K, Dr. Jayaram Shetty, Dr. Ajay Kudva, Dr. Devika .P, Dr. Akansha Shetty

ABSTRACT_ID	<b>43</b>
Abstract Title	<b>Surgical outcomes after combined surgery versus cataract extraction alone in pseudoexfoliation glaucoma.</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare the long-term surgical outcomes of cataract surgery alone versus combined surgery in pseudoexfoliative glaucoma(XFG) in terms of intraocular pressure, IOP, reduction.
Methodology	All patients with XFG who underwent either cataract surgery alone (group1-either phacoemulsification-PHACO/manual small incision cataract surgery-SICS, n=35) or combined surgery (Group 2- (phacotrabelectomy, PHACOT or small incision cataract surgery +trabelectomy, SICST, n=47) from 2013 2019 by a single trained surgeon, were screened and recalled for a detailed clinical examination, including Humphrey visual field analyzer (24 2 SITA standard strategy and 10 2 when indicated) at 3 monthly intervals for a minimum of 2 years.
Results & Discussion	A total of 81 eyes of 67 patients with XFG were included in this study, that included 35 eyes in group1 and 46 eyes in group 2 eyes. Both groups achieving 26-40% IOP reduction from pre-operative IOP levels, $p < 0.001$ , with cataract surgery alone achieving a $>23\%$ IOP reduction at final follow up. Surgical success rates were similar in both groups (complete success 66% in group1 and 55% in group2, $p=0.4$ ), and qualified success 17% in group1 versus 24% in group2, $p=0.8$ ). Group 2 eyes had more post-operative transient ( $n=32$ vs $21$ ) and late complications ( $21$ vs $5$ ) than group 1, with transient post-operative IOP spikes being the most common post-operative early complication. Kaplan-Meier analysis showed a marginally better survival rate for group1 (75% (55-87%) than group 2, 66% (50-78%), at 2years which was not significantly different
Conclusions	Cataract surgery can be as effective as combined surgery in XFG eyes. The final visual acuity, IOP profile, and complication rates are comparable between the two procedures.
<b>AUTHOR DETAILS</b>	
Presenting Author	rakhi dcruz
Institution	L V PRASAD EYE INSTITUTE INDIA
Presenter Email Id	<a href="mailto:rakhipdcruz@gmail.com">rakhipdcruz@gmail.com</a>
Presenter Phone	918281806110
Co-Authors Name	DR APARNA RAO

ABSTRACT_ID	<b>44</b>
Abstract Title	<b>'Progressive peripheral anterior synechiae in iridocorneoendothelial syndrome- a crawling disaster'</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Iridocorneal endothelial (ICE) syndrome is well known to cause refractory glaucoma in young adults. Commonly acclaimed mechanism for trabeculectomy failure in these cases include accelerated subconjunctival fibrosis, abnormal endothelial proliferation, and closure of ostium. In the following article, we present a case of Iridocorneal endothelial syndrome that presented with refractory glaucoma after trabeculectomy due to rapidly progressive peripheral anterior synechiae causing angle closure and corneal decompensation that mandated a tailored surgical approach of management.
Methodology	This is a descriptive case report based on electronic medical records, patient observation, surgical intervention, and follow-ups
Results & Discussion	A thirty-eight-year-old-male presented to us with signs suggestive of iridocorneal endothelial syndrome with gonioscopy revealing peripheral anterior synechiae (PAS) over four clock-hours temporally. Uncontrolled intraocular pressure (IOP) despite maximal medical therapy mandated augmented trabeculectomy with anti-fibrotics. The bleb failed within 3 weeks of trabeculectomy, with evidence of progressive crawling PAS causing endothelial decompensation and raised IOP. He underwent Ahmed glaucoma valve (AGV) implant surgery with viscosynechiolysis and sectoral iridectomy under antiviral cover. This helped control IOP and retain corneal clarity, with no recurrence of PAS in the affected area.
Conclusions	Progressive peripheral synechiae in ICE syndrome can cause early bleb failure and refractory glaucoma. Careful viscosynechiolysis and sectoral iridectomy alongside a second implant surgery can help salvage visual functions and preserve corneal clarity while preventing further progression of PAS in these eyes.
<b>AUTHOR DETAILS</b>	
Presenting Author	RAKHI P DCRUZ
Institution	L V PRASAD EYE INSTITUTE INDIA
Presenter Email Id	<a href="mailto:rakhipdcruz@gmail.com">rakhipdcruz@gmail.com</a>
Presenter Phone	8281806110
Co-Authors Name	APARNA RAO

ABSTRACT_ID	<b>45</b>
Abstract Title	<b>Role of Blood cells associated inflammatory indices in early screening of Diabetic Retinopathy.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the role of inflammation in the pathogenesis of diabetic retinopathy using the neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), and mean platelet volume (MPV) and to compare these parameter levels between diabetic retinopathy(DR) and non-diabetic retinopathy (NDR) subjects.
Methodology	cross sectional study was conducted among 60 patients with definite diagnosis of type 2 diabetes mellitus attending Ophthalmology OPD of a tertiary care hospital. We obtained blood samples from all individuals who participated in the study to investigate these parameters.
Results & Discussion	Sixty subjects were included in this study: 30 in the DR group and 30 in the NDR group. The mean NLR, PLR, and MPV levels were higher in DR subjects than in NDR subjects (NLR: 2.49+0.82 in DR group vs 1.94+0.75 in NDR group, p=0.003; PLR : 114.88+5.48 in DR group vs 104.5+6.73 in NDR group, p=0.01; MPV: 11.08+1.21 in DR group vs 9.92+1.62 in NDR group, p=0.003).
Conclusions	The higher NLR, PLR, and MPV levels found in patients with diabetic retinopathy may indicate that subclinical systemic inflammation may be associated with diabetic retinopathy.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.Trisha Ghosh
Institution	Midnapore medical college and hospital
Presenter Email Id	ghoshjhilik94@gmail.com
Presenter Phone	9800171385
Co-Authors Name	Dr. Sanjay Kumar Daulat Thakur Dr. Pratiroop Gangopadhyay

ABSTRACT_ID	<b>46</b>
Abstract Title	<b>MICROBIOLOGICAL PROFILE AND ANTIBIOTIC SUSCEPTIBILITY PATTERN OF OPHTHALMIC BACTERIAL INFECTIONS AT A TERTIARY CARE HOSPITAL, KANPUR (UTTAR PRADESH,INDIA</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the microbiological profile of ophthalmic bacterial infections and the antibiotic susceptibility pattern of the bacterial isolates.
Methodology	A Prospective observational study was conducted on all patients of age >10 years presented to ophthalmology OPD with clinical finding of any ocular bacterial infections over a period of 2 years. Patients who have taken medication (Antibiotics eye drop) in past one week were excluded. Samples were taken on swab stick and inoculated onto Blood agar, chocolate and MacConkey agar. Antibiotic susceptibility testing was performed according to CLSI guidelines.
Results & Discussion	Out of 320 patients(54.06% females, rest males), 218(68.12%) shows positive bacterial growth, rest shows either some fungal growth or no growth. Out of 218 cases, S. aureus 140(64.22%), S.lugdunensis 43(19.72%), Methicillin-resistant Staphylococcus aureus(MRSA) 18(8.25%), Coagulase-Negative Staphylococcus(CoNS) 7(3.21%),and Methicillin-resistant Coagulase-Negative Staphylococcus aureus(MR CoNS) 6(2.75%) were isolated from Gram Positive isolate. Gram negative bacteria was not noticed. In case of Staphylococcus aureus, Linezolid , Tetracycline, Vancomycin, Levofloxacin had 100% sensitivity, the findings accordance with S. Rajesh et. al, M.Jeya et. al. Followed by Erythromycin, Clindamycin, Chloramphenical (68.34% )Ofloxacin (50%), Ciprofloxacin (44.95%)sensitivity. Several studies like S. Rajesh et. al, Reena Anie Jose et al have shown similar results inferring Gram positive cocci as a primary cause of Ophthalmic infections.
Conclusions	Improper selection of antibiotics, inadequate dosing and poor compliance to therapy may play an important a role in increasing resistance. To prevent this, the practice of starting empirical therapy to be avoided and the routine identification of bacteria through culture and

	drug susceptibility testing should be practiced especially in the centres where there is a access to microbiology lab facilities. Appropriate treatment can prevent the ocular morbidity and mortality.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Ruchika Agarwal
Institution	Rams medical college and research centre,Mandhna ,Kanpur ,U.P India
Presenter Email Id	ruchidrjain@yahoo.co.in
Presenter Phone	9760945854
Co-Authors Name	Dr Ifsa sami.,Dr Sujata

ABSTRACT_ID	<b>47</b>
Abstract Title	<b>WORK – RELATED EYE INJURIES: AN AVOIDABLE OCCUPATIONAL HEALTH PROBLEM</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the demographic profile, clinical characteristics and causes of work related eye injuries
Methodology	All patients who presented with the history of eye injury at work place during the study period of 1 year from February 2019 to January 2020 were included in the study. Patient’s demographic characteristics, nature of injury, clinical findings, treatment received, safety provisions were noted.
Results & Discussion	A total of 416 patients with work related eye injuries were included. Males comprised majority of the sample (94.4%) and most of the patients were in the age group of 21-30years(59%). Most of the injured workers were involved in arc-welding and grinding(64.8%) followed by agricultural activity(17.6%). Metallic corneal foreign body injury was the most common type of eye injury noted(72.8%) followed by chemical injury(10.2%). The most common work related eye injury requiring surgical intervention was penetrating corneal injury (6.7%) and it was mostly seen in carpenters. 91% did not use protective eye wear.
Conclusions	This study provides insight into epidemiological characteristics of work related eye injuries. Work related eye injuries affects mostly the young and may lead to visual impairment, social and economic burden not only on the family but also on the society. Most of these injuries can be avoided by work safety efforts, use of appropriate eye gear and timely treatment.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Shubhratha S Hegde
Institution	Mysore Medical College and Research Institute
Presenter Email Id	drshubhratha@gmail.com
Presenter Phone	9900566118
Co-Authors Name	Dr Pooja Sukumar, Dr Sandhya Dharwadkar

ABSTRACT_ID	<b>48</b>
Abstract Title	<b>Multivariate analysis of systemic risk factors for central serous chorioretinopathy</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To investigate the systemic associations of central serous chorioretinopathy (CSCR) with help of clinical and biochemical investigations.
Methodology	In a case-control study, 87 CSCR patients (case) and 82 Asian-Indian patients with primary non-traumatic rhegmatogenous retinal detachment (control) were recruited between July 2017 and December 2018 at a tertiary eye-care center in North India. The patients underwent ophthalmological examination and systemic evaluation based on history and biochemical investigations. Logistic regression was performed to identify the associations of CSCR.
Results & Discussion	The age was similar between cases and controls ( $36.9 \pm 7.8$ years vs $35.7 \pm 10.8$ years, $p = 0.38$ ). On univariate analysis, the significant factors with higher odds of CSCR were alcohol use (odds ratio, OR: 3.4; 95% confidence interval: 1.36–8.53), sleep disturbance (OR: 5.44; 1.76–16.8), gastroesophageal reflux (OR: 9.34; 1.15–75.50), psychological disorder (OR: 5.78; 1.24–26.97), tuberculosis history (OR: 8.2; 1.0–67.10), serum albumin: globulin ratio (AGR) > 2 (OR: 10.43; 2.33–46.57), and serum hemoglobin (per unit increase; OR: 1.35; 1.14–1.61). Although the mean blood pressure was significantly higher in cases, the distribution among various hypertension categories was not significantly different. Exogenous steroid use and morning 8 am serum cortisol levels were not significantly different between the groups. On multivariable analysis, alcohol use (OR: 4.72; 1.33–16.76), sleep disturbances (OR: 5.04; 1.36–18.70), dysthyroid state (OR: 3.02; 1.04–8.74), serum AGR > 2 (OR: 14.28; 2.33–87.28), and serum hemoglobin (per unit increase; OR: 1.43; 1.13–1.81) were significant independent associations.
Conclusions	Other than the previously described associations of CSCR like alcohol use and sleep disturbances, this study reports possible association with deranged serum protein and thyroid hormone profile. Further large-scale prospective studies need to validate these results.
<b>AUTHOR DETAILS</b>	
Presenting Author	Devesh Kumawat
Institution	Lady Hardinge Medical College, New Delhi
Presenter Email Id	<a href="mailto:deveshkumawat21@gmail.com">deveshkumawat21@gmail.com</a>
Presenter Phone	9711797688
Co-Authors Name	Alok Kumar Ravi, Pranita Sahay,



ABSTRACT_ID	<b>49</b>
Abstract Title	<b>Analysis of macular vessel density in diabetics with or without retinopathy</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the macular vessel density (VD) on optical coherence tomography angiography (OCT-A) using proprietary software (automated) and image processing software (manual) in diabetic patients.
Methodology	In a retrospective study, OCT-A images (Triton, TOPCON Inc) of type 2 diabetics presenting to a tertiary eye-care centre in North India between January 2018 to December 2019 with or without non-proliferative diabetic retinopathy (NPDR) and no macular edema were analysed. 3*3mm macular images were binarized with global thresholding algorithms (ImageJ software). Outcome measures were superficial capillary plexus VD (SCP-VD, automated and manual), deep capillary plexus VD (DCP-VD, manual) and correlation between automated and manual SCP-VD.
Results & Discussion	OCT-A images of 89eyes (55 patients) were analysed: No DR (NDR): 29eyes, mild NPDR: 29eyes, and moderate NPDR: 31eyes. Automated SCP-VD did not differ between NDR and mild NPDR (p=0.69) but differed between NDR and moderate NPDR (p=0.014) and mild and moderate NPDR (p=0.033). Manual SCP-VD (Huang and Otsu methods) did not differ between the groups. Manual DCP-VD differed between NDR and mild NPDR, NDR and moderate NPDR, but not between mild and moderate NPDR with both Huang (p=0.024, 0.003, and 0.51 respectively) and Otsu methods (p=0.021, 0.006, and 0.43 respectively). Automated SCP-VD correlated moderately with manual SCP-VD using Huang method (r=0.51, p<0.001) with mean difference of -0.01% (agreement limits -6.60 to +6.57%).
Conclusions	DCP-VD differs consistently between NDR and NPDR with image processing, while SCP-VD show variable results. Different thresholding algorithms provide different results and there is need to establish consensus on most suited algorithm.
<b>AUTHOR DETAILS</b>	
Presenting Author	Devesh Kumawat
Institution	Lady Hardinge Medical College, New Delhi
Presenter Email Id	<a href="mailto:deveshkumawat21@gmail.com">deveshkumawat21@gmail.com</a>
Presenter Phone	9711797688
Co-Authors Name	Pooja Shah, Anusha Sachan, Rohan Chawla

ABSTRACT_ID	<b>50</b>
Abstract Title	<b>Analysis of CRP as risk factor for age related macular degeneration</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine association between Age Related Macular degeneration (AMD) and serum C Reactive Protein (CRP) level.
Methodology	A prospective study was done on 100 patients who were diagnosed with AMD in the Ophthalmology Out Patient Department. 100 age matched healthy persons formed the control group. A 3 ml sample of venous blood was collected to determine CRP levels in both groups
Results & Discussion	The mean CRP level in the AMD and control group was 2.93±0.98 mg/L and 2.42±0.89 mg/L respectively (p=.002). Among 100 patients, 41 had early, 36 had intermediate and 23 had advanced stage of AMD. The mean serum CRP level was 2.06±0.47 mg/L, 3.10±0.38 mg/L and 3.90±0.43 mg/L for early, intermediate, and advance AMD respectively. The difference of mean CRP level among the three groups was found to be statistically significant (p=.0001).
Conclusions	Our results suggest, elevated CRP levels may be a risk factor for AMD. Level of serum CRP is also positively correlated with the stage of AMD.
<b>AUTHOR DETAILS</b>	
Presenting Author	Avantika Srivastava
Institution	Midnapore medical college and hospital
Presenter Email Id	<a href="mailto:avantika.srivastava12190@gmail.com">avantika.srivastava12190@gmail.com</a>
Presenter Phone	9163067175
Co-Authors Name	Dr. Debabrata Das, Dr. Sanjib Kumar Purkait, Dr. Sanjay Kumar Daulat Thakur

ABSTRACT_ID	<b>51</b>
Abstract Title	<b>Bent Ab-interno Needle Goniectomy in open angle glaucoma</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://www.mediafire.com/file/xtjzx0krid3cxs2/BANG+my+video.mp4/file">https://www.mediafire.com/file/xtjzx0krid3cxs2/BANG+my+video.mp4/file</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate efficacy of minimally invasive glaucoma surgery (BANG) in open angle glaucoma
Methodology	26G needle assisted Bent Ab-interno needle goniectomy was performed after taking written informed consent in a 53-year-old male presented to our glaucoma clinic with diagnosis of pseudophakia with glaucoma with IOP of left eye 26 mm Hg (on 4 topical medications) and vertical cup disc diameter ratio of 0.9:1.
Results & Discussion	<p>Results: Post operative day 1 Left eye IOP was 10 mm Hg and 12 mmHg at 1 week (on 3 topical medications). Intraoperative Hyphema at angles and no other intra and post operative complications noted.</p> <p>Discussion: Bent An-interno Needle Goniectomy is the one of successful novel techniques of MIGS. Patients with mild and moderate glaucoma with despite maximal topical antiglaucoma medications still not in the reach of target IOP are perfect candidates for BANG. The procedure can be done combined with phacoemulsification in glaucoma patients</p>
Conclusions	BANG is one of the most effective MIGS which aids in the control of IOP in mild to moderate glaucoma patients
<b>AUTHOR DETAILS</b>	
Presenting Author	Anand Naik Bukke
Institution	All India institute of medical sciences, New Delhi
Presenter Email Id	<a href="mailto:naikanand6461@gmail.com">naikanand6461@gmail.com</a>
Presenter Phone	8985149508
Co-Authors Name	Prof. Tanuj Dada

ABSTRACT_ID	<b>52</b>
Abstract Title	<b>CORRELATION OF EARLY POSTNATAL WEIGHT CHANGE WITH DEVELOPMENT OF RETINOPATHY OF PREMATURITY</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study association of early postnatal weight change in preterm infants with development of Retinopathy of prematurity(ROP)
Methodology	Weekly anthropometric examination starting from birth(Weight, length, & head circumference) and IDO of 100 consecutive Preterm infants with GA 34 weeks or less and BW 1750 gm or less(surviving till study period) who fulfilled the requisite criteria, over the period: November 2012 to December 2013. Preterm infants were divided into two groups for the purpose of analysis- group 1( Non- ROP) and group 2(ROP). Group 2 was subdivided into group 2a( Regressed ROP) and 2b( Treated ROP).
Results & Discussion	Group1 had higher birth weight, higher absolute weight gain per week, higher percentage of weight gain per week compared to group 2 and group 2a had better parameters when compared to 2b. Weight gain of more than 50% of Birth Weight(BW) at 6 weeks of life was associated with better outcome
Conclusions	Low weight at the time of birth, low absolute weight gain per week, low percentage of weight gain per week correlate with development of ROP. Less than 50% of Weight Gain at 6 weeks of life correlates with severity of ROP.
<b>AUTHOR DETAILS</b>	
Presenting Author	Anju Nagar
Institution	ESIC
Presenter Email Id	<a href="mailto:anju2k5jip@gmail.com">anju2k5jip@gmail.com</a>
Presenter Phone	919971256583
Co-Authors Name	

ABSTRACT_ID	<b>53</b>
Abstract Title	<b>Agreement between IOP measured by scleral Schiottz and Goldmann applanation tonometer</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the agreement between intraocular pressure (IOP) as estimated by scleral Schiottz (SS) tonometer and Goldmann applanation tonometer (GAT)
Methodology	In this cross-sectional observational study, IOP was measured by GAT and Schiottz tonometer on temporal sclera. Axial length and central corneal thickness (CCT) were noted. GAT IOP was also estimated (eGAT) from SS IOP using a predictive formula. Agreement of GAT corrected for CCT (cGAT) with SS IOP and eGAT were assessed.
Results & Discussion	The Study included 155 patients with mean age of 54.27 years (+/-10.02 SD). Mean IOP measured by GAT, scleral Schiottz were 16.58(+/-2.76 SD) and 16.10(+/-2.98 SD) mmhg respectively. Mean IOP measured by cGAT and eGAT were 16.70(+/-2.80 SD) and 17.07(+/- 3.10 SD) mmhg respectively. Both SS IOP (p= 0.509) & eGAT (p= 0.960) had good agreement with cGAT.
Conclusions	IOP measurement by Scleral Schiottz tonometry has good agreement with GAT IOP. This could be of value in Glaucoma screening in resource scarce areas.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Shaikh Zeba Muzammil
Institution	Mahatma Gandhi Medical College and Research Institute, Puducherry, India
Presenter Email Id	<a href="mailto:zesha126@gmail.com">zesha126@gmail.com</a>
Presenter Phone	9925513322
Co-Authors Name	Dr. A.R. Rajalakshmi, Dr. N. Swathi, Dr. K.N. Jha

ABSTRACT_ID	<b>54</b>
Abstract Title	<b>Knowledge and Awareness of COVID19 associated Mucormycosis amongst doctors in a tertiary care centre</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine awareness regarding the covid-19 associated mucormycosis (CAM) among medical professionals
Methodology	In this Cross sectional, questionnaire-based study, Google forms were sent to the phones of doctors involved in COVID-19 patient care. Awareness regarding the disease entity, risk factors, clinical features, first line management and prevention were assessed. Awareness was graded based on accuracy of responses as low (<50%accurate), moderate (75%accurate) high (>75%accurate).
Results & Discussion	Of the 152 participants, more than 90% were trainees. Almost 70% of the respondents had high level of awareness regarding measures to reduce CAM. Only 15% showed a high level of awareness regarding treatment. About 40% of the respondents showed awareness regarding disease entity and pathogenesis.
Conclusions	Even though CAM is a new entity, above 80% of health professionals involved in COVID care had a moderate to high level of understanding of disease process and prevention methods.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Shaikh Zeba Muzammil
Institution	Mahatma Gandhi Medical College and Research Institute, Puducherry, India
Presenter Email Id	<a href="mailto:zesha126@gmail.com">zesha126@gmail.com</a>
Presenter Phone	9925513322
Co-Authors Name	Dr. A. R. Rajalkshmi, Dr. N. Swathi

ABSTRACT_ID	<b>55</b>
Abstract Title	<b>3 CASES OF PAPILLOPHLEBITIS POST COVISHIELD VACCINE– CAUSE OR COINCIDENCE?</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report 3 cases of Papillophlebitis presenting within 10 days of Covishield vaccination.
Methodology	Single centre, observational study- 3 cases of Papillophlebitis with history of Covishield vaccination within 10 days of onset of symptoms were included in the case series.
Results & Discussion	<p>Papillophlebitis is an uncommon disease presenting as inflammation of the disc and the blood vessels. It needs to be differentiated from Central Retinal Venous Occlusion (CRVO). The exact cause of inflammation is not known. Usually, it has a benign course but if left untreated, macular edema and ischemia may alter the course of the disease and can cause CRVO. The patients usually respond well to oral or intravitreal steroids. There have been reports of papillophlebitis post oral contraceptive pills, periodontal inflammation, root canal treatment and recently post COVID 19 infection.</p> <p>3 cases of Papillophlebitis in young adults (mean age 32 years) with no co-morbidities presented to us in 6 months. The work up was unrevealing. The first patient had ischemia and the 2nd patient had macular edema. Both of them responded well to oral steroids. The follow up of 3rd patient is awaited. A common history of COVISHIELD (Astrazenca ChAdOx1) vaccination within 10 days before the onset of symptoms was found. However, any correlation with the disease is yet to be established.</p>
Conclusions	Timely intervention helps to restore vision in patients with papillophlebitis who have diminution of vision either due to ischemia or macular edema. Whether there is an association between Covishield and Papillophlebitis needs further evaluation.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Nidhi sinha
Institution	Vision Care, Centre for Retina, Bhubaneswar
Presenter Email Id	<a href="mailto:nidhishines.sinha@gmail.com">nidhishines.sinha@gmail.com</a>
Presenter Phone	9051425445
Co-Authors Name	Dr. Bhumika Rath, Dr. G.N. Rao

ABSTRACT_ID	<b>56</b>
Abstract Title	<b>Duane's Retraction Syndrome : A case report</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of Type I DRS
Methodology	<p>Duane retraction syndrome (DRS) is a unique restrictive variety of strabismus that is present from birth. It is characterized by co-contraction of the medial and lateral rectus muscles due to anomalous innervation of the lateral rectus muscle by Oculomotor nerve and Hypoplastic Abducent nerve development. Out of 3 Huber types, type I is most common.</p> <p>Here, we present a case of 7 year old boy, who was brought with complaints of Persistent head tilt and inward deviation of right eye since birth.</p> <p>On thorough examination he was diagnosed to have Huber Type I Duane's Retraction Syndrome without systemic association. Because of anomalous cosmetically unacceptable head posture surgical management was planned. Patient underwent Medial rectus recession with superio rectus transposition.</p>
Results & Discussion	Post operatively patient had no head tilt with bilateral central hisrchberg's reflex.
Conclusions	Patient was followed up for 1 month postoperatively and there were complications.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Shraddha Gaul
Institution	Dr SCGMC, Nanded.
Presenter Email Id	<a href="mailto:shraddhagaul45@gmail.com">shraddhagaul45@gmail.com</a>
Presenter Phone	9511787338
Co-Authors Name	Dr Vivek Sahasrabuddhe.

ABSTRACT_ID	<b>57</b>
Abstract Title	<b>Kitchen Ophthalmic Surgeon</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://www.youtube.com/watch?v=WPdlj9EBevo">https://www.youtube.com/watch?v=WPdlj9EBevo</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To demonstrate simple techniques to practice ophthalmic surgery in the kitchen using fruits, vegetables and tools available at home
Methodology	Surgery needs practice. But practice needs time and surgical chances. To learn and improve surgical skills, amateur surgeons are advised to practice in wet lab. Though it makes sense, many young surgeons especially women ophthalmologists, find it very difficult to do so. They often juggle roles as a mother, wife, daughter. Keeping this in mind, we explore how the kitchen can be converted into a surgical wetlab to practice ophthalmic surgeries.
Results & Discussion	There is a method to simulate looking through a microscope. Practice superior rectus suture, incision, tunelling, capsulorrhexis, nucleus delivery, trenching, chopping, cortex aspiration & IOL placement using kitchen items. Glaucoma, squint, oculoplasty and cornea surgeries can be practiced using things found in the house. Single Pass Four Throw pupilloplasty and iridodialysis repair and other complex techniques can be easily learnt. These tips and tricks will help to make skillful, confident surgeons who take every opportunity to learn.
Conclusions	Simple and low cost techniques of practicing various ophthalmic surgeries are demonstrated
<b>AUTHOR DETAILS</b>	
Presenting Author	John Davis Akkara
Institution	Sri Ramachandra Institute of Higher Education and Research - Chennai
Presenter Email Id	johndavisakkara@gmail.com
Presenter Phone	9488547072
Co-Authors Name	Dr Anju Kuriakose, Dr Davis J Akkara, Dr Eathamma Jacob

ABSTRACT_ID	<b>58</b>
Abstract Title	<b>Knowledge, attitude and practice of diabetic retinopathy screening amongst diabetics</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	The study aims to evaluate level of knowledge, attitude and practice among diabetics regarding diabetic retinopathy (DR) screening in a rural population
Methodology	This was a cross-sectional, questionnaire-based study where patients with Type-II diabetes mellitus (DM) were assessed. Responses were graded as “Poor/good/excellent” for knowledge, “Positive/Negative” for Attitude and “Good/poor” for Practice.
Results & Discussion	Out of 155 participants, 56.8% had poor knowledge about DM and DR, 61.3% had a negative attitude and 62.6 % with poor practice patterns. Only 20% of the participants went for regular ophthalmic screening. Lack of awareness about DM and DR was the most common cause for inadequate screening
Conclusions	Poor knowledge, attitude and practice patterns were found regarding DM and DR. There is a need for creating awareness regarding DM and its ocular complications.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.Arul Ezhil
Institution	Mahatma Gandhi Medical college and Research Insitute Pondicherry
Presenter Email Id	<a href="mailto:ezhilarul23@gmail.com">ezhilarul23@gmail.com</a>
Presenter Phone	9962610511
Co-Authors Name	Dr.A.R Rajalakshmi, Dr.N.Swathi

ABSTRACT_ID	59
Abstract Title	<b>A comparative study of the effect of topical 0.03% tacrolimus plus 1% topical prednisolone with 1% topical prednisolone alone in preventing rejection after penetrating keratoplasty</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>Aim- To compare the effect of topical 0.03% tacrolimus plus 1% topical prednisolone with 1% topical prednisolone alone in preventing rejection after PK</p> <p>Objectives:  Preventing graft rejection,  Maintaining corneal transparency,  and visual acuity outcome.</p>
Methodology	<p>During the study period (December 2019- January 2021) 40 penetrating keratoplasty procedures were performed at our institute by our consultant, having experience of doing surgery for more than 12 years.</p> <p>A total of 40 eyes of 40 patients were divided into two groups: group A included 20 eyes and group B included 20 eyes. The mean ages of groups A and B were <math>44.40 \pm 14.96</math>(range,18 - 72) and <math>57.05 \pm 10.91</math> (range,31 - 80) years. The mean ETT(hours) were <math>51.20 \pm 13.59</math>(range,30 - 72) in group A and <math>57.30 \pm 14.06</math>(range,36 - 72) in group B.</p>
Results & Discussion	<p>Results : Out of 40 patients, 29 (72.5%) were male and 11(27.5% ) were female. Type of surgery and continuous suture closure was found to be statistically significant (p-value &lt; 0.05) with post-op visual acuity in both groups. Types of graft rejection were found to be statistically significant (p-value &lt; 0.05) with ETT(hours) in both groups and with secondary glaucoma (p = &lt;0.001) in group A.</p>
Conclusions	<p>Conclusion: We conclude that 0.03% topical tacrolimus ointment along with 1% topical prednisolone shows promising results and can be considered as an effective modality for preventing complications like secondary glaucoma, graft rejection, and getting the better visual outcome, where p-value (&lt;0.05) was statistically significant.</p>
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Priti Yadav
Institution	MGM Medical College Indore
Presenter Email Id	<a href="mailto:preeti.yadav0703@gmail.com">preeti.yadav0703@gmail.com</a>
Presenter Phone	8319084805
Co-Authors Name	Dr.(Prof) V. Bhisare

ABSTRACT_ID	<b>60</b>
Abstract Title	<b>Arnold-Chiari Malformation &amp; it's curse to the innocent eye-A Case Report</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of unilateral proptosis, diagnosed as Chiari Malformation with Syrxinx, ending up into Enucleation.
Methodology	<p>2 year female presented with complaint of gradually progressive protrusion of Left eye ball after birth along with hydrocephalus.</p> <p>O/E –The vision was PL positive, conjunctiva congested with signs of exposure keratopathy papilledema. There was severe proptosis, vertically growing cranial vault, antimongoloid slant, hypertelorism, &amp; severe midface deficiencies.</p> <p>MRI advised which diagnosed it as Chiari Malformation with syrxinx &amp; Craniosynostosis. Patient reffered to paediatric-surgery, and underwent ventriculo-peritoneal shunt.</p> <p>After 15 days her vision was PL negative, with red tender swollen lids, mucopurulent discharge &amp; severe exposure keratopathy with worsening proptosis. USG B scan diagnosed it endophthalmitis with preseptal cellulitis. Broad spectrum systemic antibiotics started, but didn't respond. Enucleation of the left eye was performed as the last resort.</p>
Results & Discussion	This case report of a rare constellation of CM-1 with hydrocephalus & craniosynostosis highlights ophthalmic features such as subluxation of globe,papilledema, along with its neuro-radiological & facial findings.Ideally , in these cases affected cranial sutures should be released by neurosurgeons to allow proper growth of brain & prevent its further progression into CM-1
Conclusions	This is an unusual presentation of chiari malformation with severe proptosis, which ended in an unpredictable outcome. Timely diagnosis & intervention can prevent visual handicap
<b>AUTHOR DETAILS</b>	
Presenting Author	Divya Khandelwal
Institution	Mgm medical college,Indore(M.P.)
Presenter Email Id	divyambbs1994@gmail.com
Presenter Phone	9429143898
Co-Authors Name	Dr.(Prof) Preeti Rawat, Dr. Priti Yadav

ABSTRACT_ID	<b>61</b>
Abstract Title	<b>Pediatric Ocular Morbidity Among Admitted Patients In A Tertiary Care HOSPITAL</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	This study aimed at determining the causes of pediatric ocular morbidity in the in-patient department of a tertiary care hospital in eastern India.
Methodology	A retrospective study done on admitted patients with age group of 0 to 12 years between 1st July 2019 to 31st December 2019 at a tertiary care hospital in eastern India . Parameters evaluated : .Age distribution .Gender wise distribution .Rural or Urban area .Duration of stay in hospital .Disease Etiology.
Results & Discussion	The age ranges between 20 days to 12 years mean being 5.5 years. Highest frequency of admission was found in the age group of 0 to 4 years (61.74%). Average duration of stay in hospital was 4.9 days ranging from 2 to 56 days. Infectious diseases of eye and ocular malignancy found to be responsible for longer duration of stay.
Conclusions	The impact of eye problems is greater in rural and poorer regions due to low educational status and lack of resources.As the causes of blindness are changing over time and region, a study on etiology and prevalence of pediatric ocular morbidity is essential for planning, evaluation and implementation of preventive and curative services.
<b>AUTHOR DETAILS</b>	
Presenting Author	Bharti Jinger
Institution	RIO,Kolkata
Presenter Email Id	<a href="mailto:bharatijinger@hotmail.com">bharatijinger@hotmail.com</a>
Presenter Phone	8237564649
Co-Authors Name	Chandana Chakraborti

ABSTRACT_ID	<b>62</b>
Abstract Title	<b>Eye Grader Smartphone App - Clinical grading in Ophthalmology</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://youtu.be/Sb-VceNA9WQ">https://youtu.be/Sb-VceNA9WQ</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To develop a comprehensive and easy to use smartphone app that provides a searchable interface for clinical grading systems in ophthalmology
Methodology	Data on various clinical grading systems was collected and compiled into a usable format. Using Phoneygap smartphone programming framework, a smartphone app was developed by the authors compiling the data into a searchable format.
Results & Discussion	The smartphone app was compiled and uploaded into the Android Google Play store and shared worldwide. More than a thousand users downloaded and used the app and provided feedback based on which further improvements were done and additions were made to the grading systems.
Conclusions	A comprehensive and easy to use smartphone app was developed at minimal cost that helped to easily search for and use clinical grading systems.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr John Davis Akkara
Institution	Sri Ramachandra Institute of Higher Education and Research – Chennai
Presenter Email Id	<a href="mailto:johndavisakkara@gmail.com">johndavisakkara@gmail.com</a>
Presenter Phone	9488547072
Co-Authors Name	Dr Anju Kuriakose

ABSTRACT_ID	<b>63</b>
Abstract Title	<b>SMOKERS vs NON - SMOKERS: OPTIC NERVE HEAD CHANGES COMPARATIVE CROSS-SECTIONAL STUDY FROM A TERTIARY CARE CENTRE IN KERALA, SOUTH INDIA</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare the optic nerve retinal nerve fibre layer (RNFL) thickness , macular ganglion cell complex(GCC) thickness, visual acuity, colour vision, contrast sensitivity, and visual fields in chronic smokers and to compare it with age and sex-matched controls.
Methodology	The variables such as optic nerve RNFL , macular GCC, visual acuity, colour vision, contrast sensitivity and visual fields were evaluated in 110 eyes of 55 smokers and the values obtained were compared with that of 110 eyes of 55 nonsmokers, selected as per the inclusion and exclusion criteria. the difference between all the values was studied in detail with the help of statistical analysis
Results & Discussion	The mean average RNFL thickness in smokers was significantly lower in smokers as compared to nonsmokers,( 86.31 ± 11.78 microns in smokers and 90.35 ± 8.4 microns in nonsmokers, p=0.004). The mean average macular GCC thickness in smokers was also significantly low in smokers as compared to nonsmokers (75.31 ± 10.76 microns in smokers and 81.33 ± 5.81 microns in nonsmokers with p<0.001). 13 patients(11.8 %) of smoking group had less than normal visual acuity, while all patients in the nonsmoking group had normal visual acuity ( p = 0.001). Only 2 patients (1.8%) in the smoking group had defective color vision, all patients in the nonsmoking group had a normal color vision. The mean contrast sensitivity in smokers was found to be significantly lower than in nonsmokers (1.56 ± 0.32 in smokers and 1.75 ± 0.17 in nonsmokers). Visual field analysis showed a mean deviation of visual field loss was significantly higher in smokers as compared to nonsmokers.
Conclusions	The mean average RNFL, GCC thickness, contrast sensitivity, was found to be significantly lower in smokers as compared to non-smokers. This emphasizes the negative effects of smoking and tobacco on ONH.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Kutumbaka Akhila
Institution	Amrita institute of medical sciences, Kochi
Presenter Email Id	akhila.kutumbaka@gmail.com
Presenter Phone	9491703749
Co-Authors Name	Dr. Sujithra H, Dr.Savithri

ABSTRACT_ID	<b>64</b>
Abstract Title	<b>The Study of clinical presentation and management of ocular surface squamous neoplasia</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	1. To study risk factors associated with OSSN 2. To study recurrence of OSSN after surgical excision of OSSN
Methodology	It is prospective observational study involving 7 patient over a period of one year.
Results & Discussion	Surgical excision of OSSN with no touch technique were performed in 7 patients including 6 males and 1 female. Out of 7 patients 6 were HIV positive. Among 7 cases of OSSN , squamous cell carcinoma was the most common type of OSSN seen in 71.3% followed by carcinoma in situ in 28.52% . No recurrence rate was reported during a 12 months follow up.
Conclusions	OSSN is most commonly seen in male patients. Histopathology remains the gold standard technique for grading and diagnosis of OSSN.It is important to know the exact pathogenesis of OSSN and thus additional investigations are needed. A follow up for recurrence is must.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Jaya kashid
Institution	Dr Shankarrao chavan government medical college , vishnupuri , Nanded
Presenter Email Id	<a href="mailto:jkashid92@gmail.com">jkashid92@gmail.com</a>
Presenter Phone	9021284139
Co-Authors Name	Dr V.M Sahasrabudhe

ABSTRACT_ID	<b>65</b>
Abstract Title	<b>Android mobile is being used as a diagnostic tool of Telemedicine services in Ophthalmology during Covid 19 pandemic.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	: Ophthalmology is an ideal subspeciality for Telemedicine Services. The current study was undertaken to identify an alternative tool to evaluate the patient suffering from Oculoplastic diseases in current pandemic
Methodology	A prospective comparative study between Android mobile based evaluation Vs a standard clinic-based examination in 110 patients of Oculoplasty related disease. The subjects underwent screening in both the systems within one month were included. Patients suffering from known retinal disease, glaucoma and other vision threatening disease were not included from the study. The outcome was measured on the basis of diagnosis and prognostic accuracy, the specificity and sensitivity were calculated
Results & Discussion	The overall sensitivity and specificity were noted more than 85% and 75% respectively in terms of diagnostic as well as in prognostic accuracy
Conclusions	The result indicated that the android mobile based diagnosis is significantly comparable with standard clinic-based examination, a useful tool for the diagnosis and initial management in covid-19 pandemic situation
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Jayanata Kumar Das
Institution	The Retina Centre Hospital
Presenter Email Id	<a href="mailto:jk2269929@yahoo.co.in">jk2269929@yahoo.co.in</a>
Presenter Phone	9864085664
Co-Authors Name	Dr. Prafulla Sharmah, Dr. Safiq Uddin Ahmed, Dr Sanjoy K Buragohain, Dr Mritynjay Sharmah

ABSTRACT_ID	<b>66</b>
Abstract Title	<b>Ophthalmic manifestations and severity of head injury as predictors of visual outcome in patients with isolated closed head trauma :A cross sectional analytical study</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine whether Ophthalmic manifestations and severity of head injury (GCS score) can be predictors of visual outcome in patients with isolated closed head trauma
Methodology	Cross sectional analytical study done at a tertiary care teaching hospital (January 2018-October 2019).112 consecutive patients with closed head injury and ophthalmic manifestations on admission, who completed follow up 4 weeks later were included. Severity of head injury was graded using Glasgow coma scale.Detailed ophthalmic evaluation was conducted during admission and repeated one month later. BCVA at 1month was categorised into severe ( $\leq 6/36$ ),moderate (6/24-6/12), mild/nil (6/9-6/6).Data was analysed for association between variables using Fisher's exact test and Odds ratio found using regression analysis.
Results & Discussion	Mean age of the study population was 37.9 years.Males outnumbered females (males 78.6%). Road traffic accident was the commonest cause of head injury (87.5%) followed by fall from height (11.6%) and assault (0.8%). Majority (72.3%) had suffered mild head injury (GCS 13-15). Periorbital oedema was the commonest ophthalmic finding (86.6%).Terson syndrome the rarest (0.8%). Ophthalmic signs having statistically significant association with severity of head injury were pupil size $>5\text{mm}$ ( $p=0.000004$ , odds 16.6), ptosis ( $p=0.0002$ ,odds 15.93), macular oedema( $p=0.0002$ odds 9.881), Iridodialysis ( $p=0.0007$ ), hyphaema ( $p=0.003$ , odds 28.92) and RAPD ( $p=0.01$ odds 5.932).These were found to be predictors of severe head injury (GCS 3-8).Ophthalmic predictors of poor visual outcome were EOM paralysis ( $p=0.000004613$ , odds 45.27) ptosis ( $p=0.00001215$ , odds 33.6),RAPD ( $p=0.0001106$ ,odds 18.6),pupil size $>5\text{mm}$ ( $p=0.0008450$ ,odds 10.5) and persistent ecchymosis( $p= 0.02124$ ).Severe head injury (GCS score 3-8) was a strong predictor of severe visual deficit at one month ( $p=0.0005468$ , odds 12.6).
Conclusions	Identification of red flag ophthalmic signs can help triaging of head injury and prognostication of visual outcome in closed head trauma. GCS score is a useful predictor of visual outcome in head injury.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Lathika Vasu Kamaladevi
Institution	Amala Institute Of Medical Sciences
Presenter Email Id	<a href="mailto:lathika.vk@gmail.com">lathika.vk@gmail.com</a>
Presenter Phone	9400987731
Co-Authors Name	Dr Celin Mary Skariah,



ABSTRACT_ID	<b>67</b>
Abstract Title	<b>Post Covid Surge in Cataract Surgical Volume</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>Introduction: The Government of India imposed a total lockdown from 23rd March 2020 to prevent the spread of Covid 19 pandemic. It also recommended that all non-essential elective surgeries be postponed.</p> <p>Aim: To study the impact of pandemic on cataract surgical volumes in Post lockdown period.</p>
Methodology	A retrospective study was conducted on patients attending OPD and undergoing cataract surgery in a tertiary Eye Care Centre and comparison was done between pre lockdown period of August 2019 to March 2020 (Group A) and post lockdown period of August 2020 to March 2021 (Group B).
Results & Discussion	Average daily OPD attendance in Group A and B were 146.7 and 111.2 (p=0.004) respectively. But average monthly cataract surgery done in these 2 groups were 88.4 and 121.6 (<0.001) respectively. The number of mature and hypermature cataracts was 18.7% and 24.5% in Group A and B respectively. (p=0.02) The number of Lens Induced Glaucoma patients was 4.4% and 5.24% in Group A and B respectively. (p=0.01) Other eye cataract surgery increased from 21% in Group A to 39% in Group B.
Conclusions	The national lockdown resulted in huge backlog of cataract surgeries. The long waiting time led to development of mature, hypermature cataracts and even rise in lens induced glaucoma cases. Consequently, there was an increase in the cataract surgical volumes once the restrictions were relaxed.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Sanjay Kumar Daulat Thakur
Institution	Midnapore Medical College & Hospital
Presenter Email Id	<a href="mailto:skdthakur@yahoo.com">skdthakur@yahoo.com</a>
Presenter Phone	9830265740
Co-Authors Name	Dr Avik Dey Sarkar, Dr Pratiroop Gangopadhyay, Dr Sanchari Sarkar

ABSTRACT_ID	<b>68</b>
Abstract Title	<b>To study the Effects of preservatives used in Anti Glaucoma drugs on Ocular surface.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the Effects of preservatives used in Anti Glaucoma drugs on Ocular surface.
Methodology	Prospective observational study of 200 patients (92 male,108 female) out of which all the patients who have been diagnosed of glaucoma are followed upto 1year in regular interval of 3 months.
Results & Discussion	<p>Patients treated with antiglaucoma medications under study were examined on each subsequent visits with the following findings:</p> <p>The mean (SD) of Tear film breakup time(TBUT) of right eye were 12.2 , 11.1 and 9.6 seconds on each subsequent visit. Similarly TBUT of left eye were 12.3, 10.7 and 9.3 seconds. The tear meniscus height of right eye were 1.5 ,1.4 and 1.3 mm and that of left eye were 1.5 ,1.4 and 1.2 mm. In the left eye , the Lissamine green staining pattern showed 45(22.5%) , 136(68%) and 19(9.5%) patients belonging to stage 0, stage 1, and stage 2 respectively on their last visit. Similarly in the right eye, Stage 0 had 69(34.5%) patients, stage 1 had 127 and stage 2 had 4 patients . The mean (SD) of Schirmer's test of right eye was 11.0 (4.7) and that of left eye was 11.3(4.8) mm.</p>
Conclusions	The preservatives added in topical antiglaucoma medications alter the ocular surface parameters causing ocular surface disease (dry eye disease) when used in long term basis . Frequent instillation of topical antiglaucoma drugs is responsible for deranged ocular surface morbidity.
<b>AUTHOR DETAILS</b>	
Presenting Author	SHUBHRA ALANKRITA LAKRA
Institution	NRSMCH
Presenter Email Id	<a href="mailto:alankri92@gmail.com">alankri92@gmail.com</a>
Presenter Phone	8447380824
Co-Authors Name	Dr. Somnath Mukhopadhyay Professor , BMC

ABSTRACT_ID	<b>69</b>
Abstract Title	<b>EARLY THERAPEUTIC KERATOPLASTY IN RECALCITRANT FUNGAL KERATITIS</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the role of early therapeutic keratoplasty in recalcitrant fungal keratitis.
Methodology	Progressive interventional study of 28 patients of deep seated keratomycosis referred to our centre who were not responding to maximal medical therapy.
Results & Discussion	<p>Out of the 28 patients, 19 were male and 9 females. All of them were in the age group of 51 to 62 years.</p> <p>Twenty two of the corneal ulcers (78.57%) were found to be positive for fungal hyphae on KOH staining of the corneal scrapings. Twenty five of the specimens (89.28%) were culture positive for fungi.</p> <p>After therapeutic keratoplasty, in subsequent follow up visits by the patients, it was observed as follows:</p> <ul style="list-style-type: none"> <li>&gt; complete eradication of the fungal infection in 27 eyes (96.42%)</li> <li>&gt; anterior chamber reaction was reduced in 26 eyes (92.85%)</li> <li>&gt; restoration of globe tectonicity was done in all (n=28,100%)</li> <li>&gt; ulcer recurrence in graft seen in 1 case(3.57%)</li> <li>&gt; There was shift from multiple pre-op application of topical medications (mean=18.8) to lesser number of post-op medications(mean=28).</li> </ul>
Conclusions	<p>. Early therapeutic keratoplasty in recalcitrant deep seated keratomycosis helps in rapid eradication of infection, reduction in anterior chamber reaction and maintainence of globe tectonicity.</p> <p>.It reduces the number of multiple topical medications which leads to lesser toxicities .</p> <p>.Hence there is lesser cost of therapy and improved compliance on the part of the patients.</p>
<b>AUTHOR DETAILS</b>	
Presenting Author	SHUBHRA ALANKRITA LAKRA
Institution	NRSMCH
Presenter Email Id	<a href="mailto:alankri92@gmail.com">alankri92@gmail.com</a>
Presenter Phone	8447380824
Co-Authors Name	Dr. Somnath Mukhopadhyay Professor, BMC

ABSTRACT_ID	<b>70</b>
Abstract Title	<b>Non-invasive Glaucoma Screening and Progression Monitoring during pandemic times</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To describe the efficiency of non-invasive methods in glaucoma screening and progression monitoring
Methodology	A PubMed literature search was done regarding comparative efficacy of Optical Coherence Tomography (OCT) based Pachymetry versus conventional ultrasound based pachymetry, OCT based RNFL and Optic Nerve head analysis versus conventional method, Anterior Segment OCT (AS-OCT) based gonioscopy versus standard gonioscopy, Non Contact Tonometry (NCT) versus Applanation Tonometry (AT) and Artificial Intelligence (AI) and Virtual reality (VR) based perimetry versus conventional perimetry.
Results & Discussion	The reviewed data showed no significant difference between the compared variables except for tonometry where NCT displayed significant variability compared to the gold-standard AT.
Conclusions	Alternate effective means for glaucoma screening and monitoring need to be explored in view of the prolonged ongoing pandemic. OCT, VR, AI and App-based non-invasive tools hold promise and need to be put into practice for safety of health professionals and patients during pandemic times.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Abhishek Onkar
Institution	AIIMS Deoghar
Presenter Email Id	<a href="mailto:abhishekdoconkar@gmail.com">abhishekdoconkar@gmail.com</a>
Presenter Phone	9871984534
Co-Authors Name	

ABSTRACT_ID	<b>71</b>
Abstract Title	<b>FEW AND FAR BETWEEN ( A rare case report of orbital metastasis secondary to Pancreatic adenocarcinoma)</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present a Case report on an orbital metastasis secondary to a rare primary tumor (Pancreatic adenocarcinoma)
Methodology	A 64 yr old male, who is a smoker and k/c/o HTN, DLP, CAD, presented with c/o painful swelling around the Left eye with watering for 15 days
Results & Discussion	On examination, LE BCVA was 6/6. The anterior segment showed an indurated mass inferomedially in the left eye with painful extraocular movements. Biopsy with HP examination was done and showed features suggestive of mucinous adenocarcinoma. PET CT showed a Primary Pancreatic tumor with Skeletal, Hepatic, and soft tissue metastasis extending into Maxillary sinus and Orbit confirming Metastatic Adenocarcinoma to Orbit.
Conclusions	Orbital metastasis from a pancreatic primary carcinoma is rare, with very few previously reported cases in the literature. The most common primary cancers with orbital metastases are breast, lung, and prostate. In this case, the patient presented with minimal symptoms and was diagnosed to have the least common primary malignancy. Any adult presenting with sudden onset orbital mass should be suspected to have metastasis and a respective workup should be done
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Kutumbaka Akhila
Institution	Amrita institute of medical sciences, Kochi
Presenter Email Id	akhila.kutumbaka@gmail.com
Presenter Phone	9491703749
Co-Authors Name	Dr.Sujithra.H

ABSTRACT_ID	<b>72</b>
Abstract Title	<b>Scleritis in Congenital Erythropoietic Porphyria</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the ocular manifestations of congenital erythropoietic porphyria
Methodology	Prospective case series of patients with CEP presenting to eye OPD
Results & Discussion	2 cases of CEP presented with ocular involvement. Both the cases had bilateral ocular involvement with scleral melting and inflammation. Topical steroids were used for medical management.
Conclusions	CEP may be associated with serious ocular complications such as sclera melting. Scleral melt in CEP should not be confused with an infective etiology. Definitive treatment is with topical steroids and photo-protection in these cases.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR PRANITA SAHAY
Institution	University college of Medical Sciences & GTBH
Presenter Email Id	drpranitasahay@gmail.com
Presenter Phone	9871429421
Co-Authors Name	DR DEVESH KUMAWAT

ABSTRACT_ID	<b>73</b>
Abstract Title	<b>Surgical outcome of two-stage surgery for large-angle exotropia in pediatric strabismus - an experience</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate surgical outcomes of two-stage surgery in large-angle exotropia.
Methodology	A retrospective review of strabismus surgery for a large angle pediatric exotropia who was surgically treated at Lumbini Eye Institute & Research Center (LEIRC). Data were reviewed including, pre- and post-operative primary alignment. Patient was subjected to a bilateral rectus recession in first stage. Second stage surgery of bimedial resection was done after 3 months.
Results & Discussion	A total of 10 patients were pediatric large-angle exotropia among 58 pediatric strabismus and 320 total (pediatric and adult) strabismus surgeries performed in 3 years at LEIRC from November 2018 to October 2021. After first stage surgery of bilateral rectus recession, the post-operative residual exodeviation at day 1, was 25PD at near, 35PD at day 14, and 35PD at 3 months. The second stage surgery of bimedial resection was done after 3 months of first surgery. On the first post-operative day, orthotropia and again on day 14, 3 months, 1 year and 2 year orthotropia was maintained.
Conclusions	The exposure to general anesthesia twice is the only drawback. The pre-operative evaluation and calculation of number of surgery is easier, the limitation of muscle movement minimal and the ocular discomfort including diplopia can be minimal. This patient's surgical outcome showed that two-stage surgery for large-angle exotropia are effective in achieving a favorable outcome.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Kabindra Bajracharya
Institution	Lumbini Eye Institute & Research Center
Presenter Email Id	<a href="mailto:kabindra_baj@yahoo.com">kabindra_baj@yahoo.com</a>
Presenter Phone	9841302529
Co-Authors Name	Anjita Hirachan, Kriti Joshi

ABSTRACT_ID	<b>74</b>
Abstract Title	<b>Tune your index finger for manual navigation during orbitotomy for intraconal vascular tumor</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://www.mediafire.com/file/3851aso7c38d56g/Manual+navigation.mp4/file">https://www.mediafire.com/file/3851aso7c38d56g/Manual+navigation.mp4/file</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	This video demonstrate to avoid inflicting trauma especially to the adjacent vascular structures during dissection in comparison to costly device navigation probe
Methodology	Intra operative navigational guidance has enhanced accurate identification of anatomical landmarks located in the intraconal orbital space and also in precise localisation of tumours. But the exorbitant cost entailed is still an impediment to its widespread use. Moreover, the navigation probe being an instrument lacks the power of sensing the surface of the tumor as can be done by human hand
Results & Discussion	Authors here demonstrate that preoperative 3D imaging for proper localisation of the tumour along with in depth knowledge of the anatomical relation of structures can allow the surgeon for palpation by index finger and thereby creation of a dissection plane around the tumor
Conclusions	Thus, proper tuning of the finger to have an idea about the surface and position of the tumour in the intraconal space may be an added advantage.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Jayanata Kumar Das
Institution	The Retina Centre Hospital
Presenter Email Id	<a href="mailto:jk2269929@yahoo.co.in">jk2269929@yahoo.co.in</a>
Presenter Phone	9864085664
Co-Authors Name	

ABSTRACT_ID	<b>75</b>
Abstract Title	<b>Periocular Contact Dermatitis with Use of Topical Voriconazole 1% in Mycotic Keratitis</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the ocular adverse effect of topical voriconazole
Methodology	Type of study: Case report Site of study: Dr. R.P. Centre, AIIMS, New Delhi, India
Results & Discussion	Two cases of fungal keratitis developed periocular toxicity following use of topical voriconazole
Conclusions	The skin changes were attributed to toxicity caused by VCZ as the preparation is preservative free
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Pranita Sahay
Institution	University college of Medical Sciences & GTBH, New Delhi
Presenter Email Id	<a href="mailto:drpranitasahay@gmail.com">drpranitasahay@gmail.com</a>
Presenter Phone	9871429421
Co-Authors Name	Dr Prafulla K Maharana

ABSTRACT_ID	<b>76</b>
Abstract Title	<b>Our Experience of Pythium Keratitis-Clinical Diagnostic Dilemma and Challenges in Management</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	The aim of this work was to study the demographic profile, clinical diagnostic features, challenges in management, treatment outcomes, and ocular morbidity of microbiological culture-proven Pythium keratitis in a tertiary eye care hospital in South India
Methodology	Retrospective analysis of microbiologically proven Pythium keratitis patients was performed at a tertiary eye center from October 2017 to March 2020. Demographic details, risk factors, microbiological investigations, clinical course, and visual outcomes were analyzed
Results & Discussion	Thirty patients were analyzed. The mean age was 43.1±17.2 years. The most common risk factors were history of injury in 80% and exposure to dirty water in 23.3%. Visual acuity at baseline was 20/30 to perception of light (PL). The most common clinical presentation was stromal infiltrate and hypopyon in 14 (46.6%) patients each. The microbiological confirmation was based on culture on blood agar and vesicles with zoospores formation with incubated leaf carnation method. Seven (23.3%) patients improved with topical 0.2% Linezolid and topical 1% Azithromycin, 19 (63.3%) patients underwent Therapeutic keratoplasty (TPK) and 4 were lost to follow-up. Seven (23.3%) patients had graft reinfection, and 3 (10%) developed endophthalmitis. The final visual acuity was 20/20- 20/200 in 6 (20%) patients, 20/240- 20/1200 in 5 (16.6%) patients, hand movement to the positive perception of light in 16 patients, and no perception of light (Phthisis Bulbi) in 3 (10%) patients.
Conclusions	P. insidiosum keratitis is a rapidly progressive infectious keratitis with prolonged and relapsing clinical course. It usually results in irreparable vision loss in majority of the patients. Prompt diagnosis, clinical awareness, and specific treatment options are needed for successfully managing this devastating corneal disease.
<b>AUTHOR DETAILS</b>	
Presenting Author	Bharat Gurnani
Institution	Aravind Eye Hospital and Post Graduate Institute of Ophthalmology, Pondicherry, India
Presenter Email Id	<a href="mailto:drgurnanibharat25@gmail.com">drgurnanibharat25@gmail.com</a>

Presenter Phone	919080523059
Co-Authors Name	Shivananda Narayana, Josephine Christy, Kirandeep Kaur, Joseph Gubert

ABSTRACT_ID	<b>77</b>
Abstract Title	<b>Delineating Rare Diagnostic Enigma of Heterogenous Etiologies of Frosted Branch Angiitis</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To analyze seven patients of Frosted Branch Angiitis (FBA) with diverse etiologies from two tertiary eye care hospitals.
Methodology	The case records of patients diagnosed with FBA were retrospectively analyzed over the past three years with a minimum one year of follow-up. BCVA, intraocular pressure, anterior and posterior segment findings of both eyes were recorded. In addition, the B scan, Optical Coherence Tomography, and Fundus Fluorescein Angiography details were analyzed. The specific etiologies in the immunocompromised group (2) included Human Immunodeficiency Virus (1) and Cytomegalovirus (1). In the immunocompetent group (5), etiologies ranged from Trauma, Viral, Tuberculosis, Behcet's, and Idiopathic. The specific etiology, varied presentation, treatment response, final visual outcome with the literature review were documented.
Results & Discussion	Eleven eyes of 7 patients were analyzed. The male to female ratio was 4:3. The mean age was 46.14±11.33 years. Clinically all the patients had posterior uveitis, 3 had intermediate uveitis, three had spill-over anterior uveitis, and one had a relative afferent pupillary defect. The mean (S.D.) and median(IQR) of presenting BCVA were 1.20(0.37) and 1.08(1-1.3), respectively, with a range from counting fingers (C.F.) to 5/60. The final BCVA ranged from 6/36-6/6 with a mean (S.D.) and median(IQR) of 0.51(0.33) and 0.48(0.3-0.78), respectively. Zones 1,2,3 were involved in 3 patients, zones 2,3 in 2, and zone 2 and 3 separately in one each. The correlation of age (Rho=0.0832) and visual acuity (Rho=0.1661) with CMT was not significant. Males had a higher mean(S.D.) CMT of 429.16(84.53) compared to females 319(76.82), which was statistically significant(p<0.0451). Two patients developed secondary glaucoma and macular scar, and 1 had RD.
Conclusions	FBA is a very rare entity with diverse etiologies. The zones of retinal involvement can help in predicting the final visual outcome. The proposed diagnostic algorithm facilitates meticulous evaluation and targeted treatment to improve the final visual outcome.
<b>AUTHOR DETAILS</b>	
Presenting Author	Bharat Gurnani
Institution	Aravind Eye Hospital and Post Graduate Institute of Ophthalmology, Pondicherry, India
Presenter Email Id	<a href="mailto:drgurnanibharat25@gmail.com">drgurnanibharat25@gmail.com</a>
Presenter Phone	919080523059
Co-Authors Name	S Balamurugan, Anuradha Kanakath, Kirandeep Kaur, Abhay Gupta

ABSTRACT_ID	<b>78</b>
Abstract Title	<b>Eye to Eye: DIFFERENCES IN APPLANATION TONOMETRY READING DEPENDING UPON EYEPIECE AND BINOCULARITY.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>AIM: To study the difference in IOP measurement by applanation tonometry on observation by uniocular/ binocular viewing.</p> <p>OBJECTIVES:</p> <ol style="list-style-type: none"> <li>1.To determine if there is a difference between applanation tonometry readings when observed using uniocular/ binocular viewing with slit lamp mounted GAT.</li> <li>2. To determine if there is a difference between applanation tonometry readings when observed using uniocular/ binocular viewing with Perkins tonometry.</li> </ol>
Methodology	<p>The following materials will be used for the study</p> <ol style="list-style-type: none"> <li>1.Slit lamp mounted Appasamy Goldmann’s applanation Tonometer</li> <li>2.Perkins tonometer</li> <li>3.Eye drop proparacaine 0.5%</li> <li>4.Sodium Fluorescein dye 0.5%</li> </ol> <p>All patients coming to the ophthalmic OPD who need and are cooperative for IOP measurement will be evaluated and their IOP measured. 30 patients’s IOP will be measured by slit lamp mounted Goldmann’s applanation Tonometer. Each patient’s IOP values will be recorded using uniocular/binocular viewing. 30 patients’s IOP will be measured using Perkins tonometer using uniocular/ binocular viewing. Data recoded hence, would be tabulated and analysed by Friedmann’s analysis.</p>
Results & Discussion	60 patients were evaluated by applanation tonometry. 30 by Slit lamp mounted Appasamy applanation tonometry and 30 by Perkins tonometry. It was observed that there was either no difference or a difference of 1mm Hg in the reading by uniocular vs binocular viewing.
Conclusions	Few studies have been done in relation to changes in IOP measurement based on the observation from different eyepieces, and on uniocular/binocular viewing. In our review of literature in the English language, we didn’t find studies evaluating this observer based difference. Our study showed that there is minimal to none observer based variability on uniocular vs binocular viewing in applanation tonometry in both Goldmann's and Perkins tonometer. Hence, it can be safely concluded that the observer based variability on uniocular vs binocular viewing doesn't form a significant factor in the IOP recordings done by slit lamp mounted Goldmann's applanation tonometer or by Perkin's tonometer.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Ayushi Ojha
Institution	MGM institute of medical sciences
Presenter Email Id	<a href="mailto:drayushiojha@gmail.com">drayushiojha@gmail.com</a>

Presenter Phone	919654223559
Co-Authors Name	Dr Syed Faraaz Hussain, Dr Sayali Amberkar

ABSTRACT_ID	<b>79</b>
Abstract Title	<b>Hitch suture assisted tuck in Tenon's Patch Graft for management of Corneal Perforations</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To describe a novel modification of tuck-in Tenon's patch graft (TPG) using temporary horizontal mattress sutures and fibrin glue to hitch the graft in the management of corneal perforations.
Methodology	Ambispective interventional case series .Modified technique of autologous TPG was used to seal corneal perforations measuring 3-5 mm, using horizontal mattress sutures to hitch the graft in a lamellar pocket, followed by application of fibrin glue. The horizontal mattress sutures were removed after the reformation of the anterior chamber. The primary outcome measure was a well formed anterior chamber in the post-operative period and the secondary outcome was epithelization time.
Results & Discussion	The surgery was performed in 22 eyes. The mean age was 43.86±16.02 (26-66) years, with 14 males and eight females. The etiologies of corneal perforation included dry eye (n=10), neurotrophic keratitis (n = 6), trauma (n=2), chemical injury (n=2) and exposure (n = 2). The mean size of the perforation with the thinned-out area was 4.3 mm (range 3–5 mm). The mean duration of epithelialization was 14.31±2.63 days (7-21 days). No intraoperative complications were observed. All eyes had a well-formed anterior chamber in the immediate postoperative period. Postoperatively, two eyes had graft pseudoectasia due to a thick graft and supra tenon haemorrhage each; one eye each had graft thinning with the formation of pseudopterygium and graft melting
Conclusions	Tenon's patch graft, along with the use of temporary horizontal mattress sutures and fibrin glue, is an effective modification of the technique for managing corneal perforations measuring 3-5 mm.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rahul Kumar Bafna
Institution	Visakha Eye Institute
Presenter Email Id	<a href="mailto:rahulbafnae@gmail.com">rahulbafnae@gmail.com</a>
Presenter Phone	9491689970
Co-Authors Name	Prof Namrata Sharma, Dr Nidhi Kalra, Dr Aishwarya Rathod, Dr Mohamed Ibrahim Asif, Dr Suman Lata

ABSTRACT_ID	<b>80</b>
Abstract Title	<b>Multimodal Management in Orbital Rhabdomyosarcoma can Optimise Eye and Life Salvage</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate outcomes of orbital rhabdomyosarcoma (OR) by multimodal management
Methodology	Retrospective case series of 40 OR managed with surgery + chemotherapy X 3 + stereotactic radiotherapy 4500-5500cGy + continued chemotherapy X 6. Eye salvage, local tumor control, metastasis were outcome measures.
Results & Discussion	Mean age-8.6 (range 0-40) y. Common clinical presentations were proptosis in 22 (55%), diminution of vision-9 (22%), pain-6 (15%), ptosis-3 (7%). Presentation was acute-17 (42%), subacute-14 (35%) or chronic-8 (20%). Surgery was incisional biopsy in 27 (67%), debulking in 3 (8%) and excision biopsy in 10 (25%). Histopathology was embryonal in 25 (63%), alveolar in 12 (30%), botryoid in 1 (3%) and anaplastic in 2 (5%). 3 (7.5%) needed orbital exenteration, local tumor control was achieved in 40(100%) and 3 (7%) patients succumbed to metastasis at a mean follow-up of 42months
Conclusions	Multimodal treatment provides excellent chance of local tumor control and life salvage in Orbital Rhabdomyosarcoma
<b>AUTHOR DETAILS</b>	
Presenting Author	Harika Regani
Institution	Centre for sight
Presenter Email Id	<a href="mailto:harikaregani@gmail.com">harikaregani@gmail.com</a>
Presenter Phone	919971577965
Co-Authors Name	Sonal Chaugule, Kaustubh Mulay, Vijay Anand P Reddy, Santosh G Honavar

ABSTRACT_ID	<b>81</b>
Abstract Title	<b>Toxic Tobacco:Fundus changes and associated OCT based ganglion cell analysis in Tobacco abuse</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>AIM: To study the Fundus changes documented using standard fundus photography in patients who came to us with a history of Tobacco addiction and were diagnosed with Tobacco amblyopia and to study the effect of tobacco abuse on OCT based Ganglion cell layer analysis</p> <p>OBJECTIVES:</p> <p>To study the fundus changes in patients who came to ophthalmic OPD with a history of tobacco addiction.</p> <p>To study changes in OCT based ganglion cell analysis in relation to tobacco abuse.</p>
Methodology	<p>All patients coming to ophthalmic OPD aged more than 25 years were asked about the history of tobacco use in the form of smoking or tobacco chewing which included duration and frequency. For smokers, pack years were calculated. Their complete ophthalmic examination was done. Distance and near vision were done using Snellen's visual acuity charts. Slit lamp examination was done for anterior segment and posterior segment examination was done using 90D lens after dilating the patient. IOP was measured using slit lamp mounted Goldmann's applanation tonometry. In addition to the above routine ophthalmological examination, colour vision and amsler's testing was done for these patients. A fundus picture was taken and an OCT was done.</p> <p>Materials used:</p> <p>Snellen's visual acuity charts for distance and near</p> <p>Ishihara chart</p> <p>Amsler's grid</p> <p>Appasamy Slit lamp</p> <p>Appasamy Slit lamp mounted Goldmann's applanation tonometer</p> <p>Volk 90D lens</p> <p>Zeiss Fundus Camera</p> <p>Zeiss OCT</p>
Results & Discussion	Data from 40 patients with a history of tobacco addiction were analysed. More than 50% of the patients showed no significant fundus changes at presentation. OCT analysis showed a thinning of ganglion cell inner plexiform layer(GC-IPL) complex.
Conclusions	Our study evaluated the effects of tobacco abuse in patients minus any other addictions. It was concluded that long term tobacco abuse leads to abnormalities of vision and colour vision which precede any fundus changes in most people and there is significant thinning of the GC-IPL layer complex.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Ayushi Ojha
Institution	MGM institute of medical sciences
Presenter Email Id	<a href="mailto:drayushiojha@gmail.com">drayushiojha@gmail.com</a>

Presenter Phone	919654223559
Co-Authors Name	Dr Syed Faraaz Hussain, Dr Yogya Reddy

ABSTRACT_ID	<b>82</b>
Abstract Title	<b>Knowledge, Attitude, and Practice Patterns Related to Digital Eye Strain Among Parents of Children Attending Online Classes in the COVID-19 Era: A Cross-sectional Study</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the prevalence of digital eye strain among children and extrapolate the association between knowledge, attitude, and practice patterns related to device use during the coronavirus disease 2019 (COVID-19) lockdowns.
Methodology	A cross-sectional, descriptive, questionnairebased analysis was done to assess the knowledge, attitude, and practice patterns related to digital device use among parents of children attending online classes.
Results & Discussion	A total of 305 responses were obtained. The most common reason for device use was online classes (288 children; 94.4%) and the most common mode was smartphone (263 children; 86.3%). The prevalence of digital eye strain was 64.6%. The mean knowledge score was $48.5 \pm 5.1$ , the mean attitude score was $26.7 \pm 4.9$ , and the mean practice score was $17.8 \pm 3.5$ . The difference between knowledge, attitude, and practice scores among parents of children with and without glasses was not statistically significant ( $P = .580, .521, \text{ and } .503$ respectively). A direct correlation was found between the knowledge and practice scores ( $P = .002$ ), but attitude scores did not show a significant correlation ( $P = .712$ ).
Conclusions	Digital devices have been a boon to continue education during the ongoing COVID-19 pandemic. This study reveals a large knowledge gap among parents related to safe digital device use. Further, there is a need to adopt methods that would help spread awareness to the masses about the effects of excessive screen time in children in the form of digital eye strain and myopia and the corrective measures to avoid the same.
<b>AUTHOR DETAILS</b>	
Presenting Author	Kirandeep Kaur
Institution	Aravind Eye Hospital, Pondicherry
Presenter Email Id	beingkirandeep@gmail.com
Presenter Phone	8825970757
Co-Authors Name	Bharat Gurnani Veena K.

ABSTRACT_ID	<b>83</b>
Abstract Title	<b>Analysis of hesitancy and motivational factors for COVID-19 vaccination among patients presenting to Eye Care Hospitals - A Multicentre Questionnaire-based survey</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To analyze the hesitancy and motivational factors related to COVID-19 vaccination among patients who visited six tertiary eye care hospitals at Madurai, Pondicherry, Coimbatore, Tirunelveli, Tirupati, Chennai, and one secondary eye hospital at Kovilpatti.
Methodology	This was a telephone-based survey conducted using questionnaires consisting of 36 questions in 5 sections from July 1 to July 31, 2021. Patients visiting the eye hospitals for an examination were contacted over their phones and responses were directly entered onto the Google forms platform.
Results & Discussion	A total of 5033 individuals were included. The mean age was 49.0±14.2 years. Around 563 (11.2%) patients reported that they either had symptoms or tested positive for COVID-19. In total, 2225 (44.2%) individuals reported getting vaccinated against COVID-19. Around 2883 (56%) patients knew that there is a chance of getting infected despite vaccination and 4092 (81.3%) perceived that vaccination should be made compulsory. The main reason for hesitancy towards vaccination was the fear of side effects (n=487, 17.3%). The fear of getting infected or infecting family members was the most common reason for vaccination (n=911, 40.9%). Factors associated with a lower proportion of vaccinated individuals included younger age (p<0.001), female gender (p<0.001), lower education (p<0.001), lower-income (p<0.001), and rural residence (p= 0.33).
Conclusions	Creating awareness about the usual minor side-effects and reassuring can allay an individual's fears. The fear associated with an inevitable third wave needs to be utilized to increase the rate of vaccination. A targeted approach towards groups with poor uptake of vaccination is necessary.
<b>AUTHOR DETAILS</b>	
Presenting Author	Kirandeep Kaur
Institution	Aravind Eye Hospital, Pondicherry
Presenter Email Id	<a href="mailto:beingkirandeep@gmail.com">beingkirandeep@gmail.com</a>
Presenter Phone	8825970757
Co-Authors Name	Venkatesh R Annamalai O Bharat Gurnani

ABSTRACT_ID	<b>84</b>
Abstract Title	<b>Use of U-tool as a novel method for measuring the corneal diameter in infants screened for congenital glaucoma</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Validating the use of U-tool as a novel method for measuring the corneal diameter in infants screened for congenital glaucoma
Methodology	<p>Infants presenting to the congenital glaucoma clinic posted for EUA were recruited. The demographic details of the patients such as age, sex, and diagnosis were noted. A simple U-shaped tool was devised using three Schirmer strips or a printable ruler. Before the patient underwent a EUA, the corneal diameters were measured using the U-tool. During EUA, corneal diameters were measured using the Castroviejo caliper</p>
Results & Discussion	<p>The mean age of infants was <math>6.7 \pm 3.39</math> months (R = 1–12). The mean corneal diameter measured using the U-tool was <math>13.29 \pm 1.33</math> mm and with Castroviejo caliper was <math>13.18 \pm 1.39</math> mm.</p> <p>The difference between the corneal diameters measured using the two techniques was <math>-0.114</math> mm with the Bland–Altman plot 95% Limits of agreement (LoA) from <math>-0.965</math> to <math>0.737</math> mm. Corneal diameters measured with both instruments had a good correlation (Pearson’s correlation coefficient = 0.95, <math>P &lt; 0.001</math>)</p>
Conclusions	U-tool can be used for screening congenital glaucoma by first-contact physicians or optometrists. It can also be used by ophthalmologists when EUA is delayed.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rahul Kumar Bafna
Institution	Visakha Eye Institute
Presenter Email Id	<a href="mailto:rahulbafnae@gmail.com">rahulbafnae@gmail.com</a>
Presenter Phone	9491689970
Co-Authors Name	Prof Namrata Sharma, Karthikeyan Mahalingam

ABSTRACT_ID	<b>85</b>
Abstract Title	<b>Outcome of silicone vs PMMA orbital implants following myoconjunctival enucleation in retinoblastoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Outcomes of silicone vs PMMA implants following minimal manipulation myoconjunctival enucleation (MMME) for retinoblastoma.
Methodology	Retrospective comparative case series. Implant motility, cosmesis, complications were outcome measures.
Results & Discussion	There were 332 unilateral, 1 bilateral MMME patients. Silicone implant was used in 110 (Group 1), PMMA in 224 (Group 2). Primary MMME was in 98, 52 (53%) in group 1, 46 (46%) in group 2 and secondary MMME in 236, 58 (24%) in group 1, 178 (75%) in group 2. Mean age-36m. Mean implant size was 18.3mm. Implant motility was comparable ( 7.5mm horizontally, 6mm vertically). At a follow-up of 50m, all had stable prosthesis. Implant extrusion was seen in 3 (1%) in group 2. Contracted socket in 3 (1%), grade 1 in 2 (1 in each group) and grade 4 in 1 (Group 1) were managed with socket reconstruction. Complications were comparable.
Conclusions	Silicone and PMMA implants are comparable in safety and cosmesis following MMME in retinoblastoma.
<b>AUTHOR DETAILS</b>	
Presenting Author	Harika Regani
Institution	Centre for sight
Presenter Email Id	<a href="mailto:harikaregani@gmail.com">harikaregani@gmail.com</a>
Presenter Phone	919971577965
Co-Authors Name	Raju Kumar, Kaustubh Mulay, Vijay anand P Reddy, Santosh G Honavar

ABSTRACT_ID	<b>86</b>
Abstract Title	<b>Role of smart phone in Corneal endothelial assessment</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the feasibility of smartphone corneal endothelial cell layer photography as a low cost endothelial assessment tool.
Methodology	Corneal endothelium was photographed by an ophthalmologist with a smartphone (Samsung Galaxy M31), handheld and in few cases using an adapter on a Zeiss SL 220,5 step slitlamp at 40 X magnification, and a maximum of 6x digital magnification on 20 eyes of 20 individuals. Among them 10 were healthy volunteers and 10 had a corneal pathology. All the participants also underwent corneal endothelium assessment by conventional Specular microscopy with Tomey EM3000 by the same ophthalmologist. Comparison of the cell borders, centre of the cells, sides, size was done, of the images from both smartphone and specular microscopy by three independent observers.
Results & Discussion	The images obtained by smartphone imaging were comparable to conventional clinical specular microscopy both in normal and pathologic eyes.
Conclusions	Smartphone endothelial cell layer photography is an evolving and feasible option for assessment of endothelium in low resource setting.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Swetha Mallagundla
Institution	Minto Ophthalmic Hospital, RIO, Bangalore Medical college and Research Institute
Presenter Email Id	<a href="mailto:drmswetha@gmail.com">drmswetha@gmail.com</a>
Presenter Phone	7348959926
Co-Authors Name	

ABSTRACT_ID	<b>87</b>
Abstract Title	<b>Perplexity of genesis of recurrent Posterior Scleritis in a young female: A rare diagnosis but not to be missed – A case report</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Posterior Scleritis is a rare condition and is even rarer to find in paediatric population. In paediatric population, it is mostly attributed to being idiopathic with no systemic association. We hereby report an interesting case report of a 12 year old Asian female who presented to the outpatient department with complaints of recurrent episodes of sudden decrease of vision associated with mild to moderate retro-orbital pain and headache in right eye.
Methodology	Patient had consulted various ophthalmologists and was diagnosed with? Vogt Koyanagi Harada disease and Central serous chorioretinopathy elsewhere. Evaluation revealed a vision of Count Finger at 1 metre accurate in right eye, no improvement with pin-hole or glasses and BCVA of 6/6 in left eye. Investigation revealed and inflamed intra-canalicular segment of right optic nerve and the presence of bilateral sinusitis with an increased involvement of sinuses in the right side.
Results & Discussion	Patient was treated with intravenous methyl-prednisolone pulse therapy and was put on immunosuppressant's with a tapering dose of oral corticosteroids as per the body weight. Patient regained a best corrected visual acuity of 6/6 with normal colour vision and contrast sensitivity which is maintained at 3 months follow-up.
Conclusions	To the best of our knowledge no case of unilateral recurrent posterior Scleritis masquerading as recurrent optic neuritis, atypical sarcoidosis or VKH has been reported in a child.  In our case, a diagnostic dilemma posed due to a previously documented normal MRI, normal FFA and OCT findings suggestive of VKH and clinical findings in favor of optic neuritis viz presence of RAPD, disc oedema, loss of colour vision and decreased contrast sensitivity and enhanced blind spot on automated perimetry.  However blood and CSF analysis revealed no abnormality suggestive of recurrent optic neuritis. Diagnosis of recurrent posterior Scleritis attributed by involvement of sphenoid sinus on the right side.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Antarvedi Tejaswini
Institution	AIL INDIA INSTITUTE OF MEDICAL SCIENCES BIBINAGAR HYDERABAD TELANGANA
Presenter Email Id	dr.tejaantarvedi@gmail.com
Presenter Phone	9000572773
Co-Authors Name	Prof. Dr. Arvind Kumar Morya, Dr. Siddharam S Janti

ABSTRACT_ID	<b>88</b>
Abstract Title	<b>Perplexity of genesis of recurrent Posterior Scleritis in a young female: A rare diagnosis but not to be missed – A case report</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Posterior Scleritis is a rare condition and is even rarer to find in paediatric population. In paediatric population, it is mostly attributed to being idiopathic with no systemic association. We hereby report an interesting case report of a 12 year old Asian female who presented to the outpatient department with complaints of recurrent episodes of sudden decrease of vision associated with mild to moderate retro-orbital pain and headache in right eye.
Methodology	Patient had consulted various ophthalmologists and was diagnosed with? Vogt Koyanagi Harada disease and Central serous chorioretinopathy elsewhere. Evaluation revealed a vision of Count Finger at 1 metre accurate in right eye, no improvement with pin-hole or glasses and BCVA of 6/6 in left eye. Investigation revealed and inflamed intra-canalicular segment of right optic nerve and the presence of bilateral sinusitis with an increased involvement of sinuses in the right side.
Results & Discussion	Patient was treated with intravenous methyl-prednisolone pulse therapy and was put on immunosuppressant's with a tapering dose of oral corticosteroids as per the body weight. Patient regained a best corrected visual acuity of 6/6 with normal colour vision and contrast sensitivity which is maintained at 3 months follow-up.
Conclusions	To the best of our knowledge no case of unilateral recurrent posterior Scleritis masquerading as recurrent optic neuritis, atypical sarcoidosis or VKH has been reported in a child.  In our case, a diagnostic dilemma posed due to a previously documented normal MRI, normal FFA and OCT findings suggestive of VKH and clinical findings in favor of optic neuritis viz presence of RAPD, disc oedema, loss of colour vision and decreased contrast sensitivity and enhanced blind spot on automated perimetry.  However blood and CSF analysis revealed no abnormality suggestive of recurrent optic neuritis. Diagnosis of recurrent posterior Scleritis attributed by involvement of sphenoid sinus on the right side.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Antarvedi Tejaswini
Institution	AIL INDIA INSTITUTE OF MEDICAL SCIENCES BIBINAGAR HYDERABAD TELANGANA
Presenter Email Id	dr.tejaantarvedi@gmail.com
Presenter Phone	9000572773
Co-Authors Name	Prof. Dr. Arvind Kumar Morya, Dr. Siddharam S Janti

ABSTRACT_ID	<b>89</b>
Abstract Title	<b>Choroidal Thickness Measurement By Swept Source Optical Coherence Tomography in Active &amp; Healed Posterior Uveitis in Indian Eyes</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To serially measure and analyse the thickness of choroid using Swept Source OCT in various stages of active and healed posterior uveitis in Indian eyes and to compare the disease activity and treatment response by correlating the sub-foveal choroidal thickness measured on SS-OCT with the changes in fundus autofluorescence pattern.
Methodology	Imaging the Choroid with SS-OCT (Zeiss Plex Elite 9000), imaging the fundus with Fundus Autofluorescence (Heidelberg Spectralis HRA) and Colour Fundus Camera (Topcon TRC-NW400) and repeating the examination and imaging at 2±1 weeks and 6±2 weeks after which data was compiled and analysis was done.
Results & Discussion	<p>Overall during the follow up, we found a significant reduction in the choroidal thickness at all levels (Sub-foveal:- 1st follow up 352.94 ± 87.25, 2nd follow up 315.28 ± 79.47 vs baseline 411.09 ± 104.23, 1500 µm nasal to fovea:- 1st follow up 283.78 ± 77.04, 2nd follow up 258.06 ± 70.66, vs baseline 333.44 ± 94.01, 1500 µm temporal to fovea:- 1st follow up 308.81 ± 82.09, 2nd follow up 285.34 ± 86.2 vs baseline 349.72 ± 89.69, 3000 µm nasal to fovea:- 1st follow up 217.94 ± 72.98, 2nd follow up 190.88 ± 55.06, vs baseline 250.06 ± 87.22 and 3000 µm temporal to fovea:- 1st follow up 294.84 ± 81.17, 2nd follow up 272.66 ± 78.93 vs baseline 334.94 ± 99.92 respectively)</p> <p>As measured by SS-OCT, results showed that compared to baseline values of active disease, there was a significant reduction in the choroidal thickness at all levels during the first and second follow up visits. There was no significant association of sub-foveal choroidal thickness measured by SS-OCT with the changes in fundus auto-fluorescence pattern.</p>
Conclusions	Choroidal thickness measurement by SS-OCT may be a useful, noninvasive method to evaluate choroidal involvement, disease activity and treatment monitoring in patients of posterior uveitis.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Abhishek Agarwal
Institution	Shroff Eye Centre
Presenter Email Id	abhishek100393@gmail.com
Presenter Phone	919654165579
Co-Authors Name	Dr. Shishir Narain Dr. Charu Gupta Dr. Priyanka Gupta

ABSTRACT_ID	<b>90</b>
Abstract Title	<b>Retinopathy of Prematurity: an emerging challenge</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	We organized a fortnightly, ROP screening program in two state government managed SNCUs of North Bengal, to find the incidence of ROP and feasibility of running such a program.
Methodology	A retrospective analysis of babies weighing $\leq 2000$ g or $\leq 34$ weeks of gestation screened from March 2019 till March 2020.
Results & Discussion	Of the 508 babies screened 69 (13.6%) had ROP. 16 (3.2%) babies developed vision threatening ROP requiring Laser. The risk of any ROP increased with decreasing birth weight (Extended Mantel Haenszel Chi Square for linear trend: 15.4; p value: 0.00009). 187 (36.8%) of the babies underwent "Delayed screening" (first screening beyond 30 days of life). For these babies the odds of developing any ROP was 2.08 times (OR: 2.08; 95% CI: 1.25-3.48; p value: 0.002) higher and vision threatening ROP requiring Laser, 3.9 times (OR: 3.9; 95% CI: 1.1-13.7; p value: 0.015) higher, compared to those screened on time.
Conclusions	This is a first of its kind report from any SNCU located in North Bengal. It highlights the importance of initiating regular ROP screening across all SNCUs in the state.
<b>AUTHOR DETAILS</b>	
Presenting Author	Somnath Chakraborty
Institution	Retina Institute of Bengal, Siliguri, India
Presenter Email Id	somnathboom@gmail.com
Presenter Phone	919002508344
Co-Authors Name	

ABSTRACT_ID	<b>91</b>
Abstract Title	<b>Antibiotic susceptibility pattern in Endophthalmitis cases from Eastern India.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report antibiotic susceptibility data in Endophthalmitis cases from Eastern India
Methodology	Retrospective case series. Vitreous biopsy from 293 cases was taken. Antibiotic Susceptibility done by Kirby Bauer method on Culture Positive (CP) bacteria
Results & Discussion	84 of CP isolates were bacterial . Commonest bacteria were S.epidermidis and Pseudomonas. For Gram Positive Bacteria (GPB), susceptibility was 100% for Vancomycin, 58%-93% for Fluoroquinolones (FQ). In Gram Negative Bacteria (GNB) susceptibility was 81.25% for Ceftazidime,75%-81.25% for FQ. Both GPB and GNB showed marked resistance to Cephazolin. High resistance for Colistin in GNB (Susceptible in 62.5%)
Conclusions	GPB remains highly susceptible to Vancomycin. GNB shows significant susceptibility to Ceftazidime and FQ. Previously used Cephazoline shows marked resistance. Of paramount concern is significant number of GNB showing resistance for Colistin. Judicious, adequate and responsible prescription of antibiotics is needed.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Deepak Agarwal
Institution	Siliguri Greater Lions Eye Hospital
Presenter Email Id	<a href="mailto:deepak_141087@yahoo.com">deepak_141087@yahoo.com</a>
Presenter Phone	8101204933
Co-Authors Name	Dr Subhendu K. Boral

ABSTRACT_ID	<b>92</b>
Abstract Title	<b>Bringing light back on fovea – removal of subretinal plaque.</b>
Presenting Preference	Video Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To describe surgical management of a case of subfoveal plaque in Diabetic Retinopathy.
Methodology	In present video, authors describe a case where subfoveal plaque removal was done. A 65 year old diabetic lady presented with history of dimness of vision in both eyes for last 2 years, more so in Right Eye (RE). On examination her best corrected visual acuity was finger counting close to face in RE and 6/36 in left eye. Fundus examination showed severe NPDR and exudative maculopathy in both eyes. OCT RE showed sub-foveal dome shaped deposition of hard exudates. Patient had history of multiple intravitreal injections in both eyes done elsewhere. After detailed counselling of patient, right eye was planned for surgery. Pars plana vitrectomy was completed with PVD induction. Endocautery was applied 2 disc diameter away from centre of fovea. Localised retinal detachment was induced by injection of BSS. Retinal detachment was further enlarged using proportional reflux property of cutter. Max grip forcep was used to remove sub-foveal plaque. On second attempt, entire plaque came out en-mass. Fluid air exchange was performed followed by endolaser at retinotomy margin. Endo tamponade done by 5000cst Silicone oil.
Results & Discussion	On post-operative check-up, BCVA improved to 6/60 in right eye. Fundus RE showed absence of subfoveal hard exudates. OCT RE showed flattening of fovea and few intra-retinal hard exudates. Similar outcomes were seen by previous authors who reported good functional and anatomical outcome after sub-foveal plaque removal. Here, just a single case has been presented.
Conclusions	Present video shows favourable visual outcome after subfoveal surgery in a single case of plaque like deposits in diabetic retinopathy. Similar management can be contemplated in future for these cases.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Deepak Agarwal
Institution	Siliguri Greater Lions Eye Hospital
Presenter Email Id	<a href="mailto:deepak_141087@yahoo.com">deepak_141087@yahoo.com</a>
Presenter Phone	8101204933
Co-Authors Name	Dr Subhendu K. Boral

ABSTRACT_ID	<b>93</b>
Abstract Title	<b>Orbital Cavernous Venous Malformation – A Large Case Series</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Orbital Cavernous Venous Malformation (OCVM) is a common benign primary orbital tumor in adults. We here are assessing the myriad of clinical presentations, management and outcome in these patients.
Methodology	Retrospective, interventional, consecutive case series of 80 patients.
Results & Discussion	OCVM was 5.4% of operated orbital tumors. Median age 44y (range 3-65y). Symptomatic were 70 (87.5%), mean duration of 2y (range, 5d to 10y), with proptosis 59 (73.8%), diminished vision 39 (48.8%), palpable mass 36 (45%), disc edema 20 (25%), choroidal folds 13 (16.3%), strabismus 11 (13.8%), & ptosis 6 (7.5%). Mass was intraconal 53 (66.2%), with extraconal extension 15 (18,7%) or extraconal 10 (12.5%), mostly supero-temporal 15 (18.7%). Excisional biopsy with lateral orbitotomy in 41 (51.3%), anterior orbitotomy 21 (26.3%), or transconjunctival 18 (22.5%). At the final follow up of 12.2+1.8y (range, 1.5 to 25y), all had local tumor control with no functional deficit.
Conclusions	Accurate preoperative clinico-radiological diagnosis and tailored surgical technique helps in minimal disturbance of vital orbital structures.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rolika Bansal
Institution	Centre for Sight, Hyderabad, India
Presenter Email Id	rolikabansal@gmail.com
Presenter Phone	918826612008
Co-Authors Name	Kaustubh Mulay, Santosh G Honavar

ABSTRACT_ID	<b>94</b>
Abstract Title	<b>Multidrug-resistant (MDR) Pseudomonas aeruginosa keratitis with endophthalmitis following Descemet stripping automated endothelial keratoplasty (DSAEK)</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a case of multidrug-resistant (MDR) Pseudomonas aeruginosa keratitis with endophthalmitis following Descemet stripping automated endothelial keratoplasty (DSAEK) that was successfully managed with core vitrectomy and intravitreal colistin.
Methodology	Case presentation
Results & Discussion	<p>A 74-year-old woman underwent right eye DSAEK for pseudophakic bullous keratopathy following complicated phacoemulsification with anterior chamber intraocular lens implantation (ACIOL). The surgery was uneventful with a well-attached graft and visual acuity of 1/60 on day one post-op. On day two, she developed severe pain, redness, photophobia with a visual acuity of perception of light. On examination, infiltrates were seen involving the graft as well as peripheral host cornea. Ultrasonography of the posterior segment showed vitreous exudates.</p> <p>A diagnosis of graft infection with endophthalmitis was made, and the patient underwent therapeutic penetrating keratoplasty (TPK) with core vitrectomy with intravitreal antibiotics. The culture of donor corneal rim, anterior chamber exudates, and donor lenticule were positive for MDR Pseudomonas aeruginosa sensitive only to polymyxin-B. Complete resolution of endophthalmitis was seen at three weeks with two doses of intravitreal colistin (1000 IU/0.1 ml) repeated 48 hours apart.</p> <p>A retrospective data analysis revealed this was the only case of endophthalmitis out of 207 cases undergoing DSAEK over the last two years at our Centre.</p>
Conclusions	Endophthalmitis following DSAEK can also occur due to bacterial organisms; even though the literature mainly focuses on the fungal cause. Positive donor rim may give a clue regarding the causative organism and the antibiotic to be used. Intravitreal colistin is useful in MDR pseudomonas endophthalmitis following DSAEK.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prafulla Kumar Maharana
Institution	Dr Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi
Presenter Email Id	<a href="mailto:drpraful13@gmail.com">drpraful13@gmail.com</a>
Presenter Phone	918800776957
Co-Authors Name	Deepali Singhal

ABSTRACT_ID	<b>95</b>
Abstract Title	<b>Deep Blue Dot Corneal Degeneration: A Rare Corneal Degeneration</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report the clinical features and the anterior segment optical coherence tomography findings noted in a rare case of 'deep blue dot corneal degeneration'.
Methodology	Case Presentation
Results & Discussion	<p>A 56-year-old female presented to our outpatient services with corrected distance visual acuity of 6/9 OU and near vision of N8 for routine check-up. Slit-lamp biomicroscopic examination revealed bilateral dense arcus senilis with abundant, circular to oval fleck like discrete blue opacities at the level of deep stroma of the cornea. These lesions were predominantly seen in the central two third of the cornea. The peripheral cornea appeared uninvolved.</p> <p>The patient was advised refraction. Her visual acuity improved to 6/6 and N6 OU. The patient was advised regular follow-up.</p>
Conclusions	Deep blue dot corneal degeneration is a new entity where blue deposits of amyloid are seen in the deep corneal stroma.
<b>AUTHOR DETAILS</b>	
Presenting Author	Prafulla Kumar Maharana
Institution	Dr Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi
Presenter Email Id	drprafu13@gmail.com
Presenter Phone	918800776957
Co-Authors Name	Pranita Sahay

ABSTRACT_ID	96
Abstract Title	<b>Correlation of Histopathological Risk Factors and the Role of Adjuvant Therapy in the Era of Secondary Enucleation for Retinoblastoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Despite of increasing awareness of retinoblastoma, chronicity increases the chances of occurrence of risk factors, clinically and pathologically. A correlation between CRF and HRF, helps us in predicting metastasis and facilitates life salvage.
Methodology	Retrospective interventional consecutive case series.
Results & Discussion	Of 406 eyes that underwent secondary enucleation, 122 (30%) had HRF. Clinical risk factors (CRF) were present at baseline in 91 (75%) and included iris neovascularization 40 (33%), secondary glaucoma 39 (32%), sterile orbital inflammation 32 (26%), and anterior chamber seeds 22 (18%). Patients received a median of 6 cycles of chemotherapy with Vincristine + Carboplatin + Etoposide before enucleation. HRF were infiltration of iris 19 (16%), ciliary body 26 (21%), choroid (>3 mm) 56 (46%); optic nerve retrolaminar 18 (15%), and resection 8 (7%); scleral lamellar 42 (34%) and extrascleral 13 (11%). Adjuvant treatment was chemotherapy in all and radiotherapy in 10 (8%). Presence of CRF correlated with HRF, $p < 0.001$ . Life salvage was in 116 (95%) at 120+79 m follow-up.
Conclusions	Prompt diagnosis, discernment of presence of clinical HRF and timely treatment initiation provides better prognosis. Pathologist's play a tectonic role in determining the HRF, and aid in ameliorating life salvage. Despite chemotherapy, a significant number of patients may have HRF on secondary enucleation, and appropriate adjuvant therapy results in excellent life salvage.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rolika Bansal
Institution	Centre for Sight, Hyderabad, India
Presenter Email Id	<a href="mailto:rolikabansal@gmail.com">rolikabansal@gmail.com</a>
Presenter Phone	918826612008
Co-Authors Name	Fairooz P Manjandavida, Kaustubh Mulay, Vijay P Anand Reddy, Santosh G Honavar

ABSTRACT_ID	<b>97</b>
Abstract Title	<b>Optimal Management of Orbital Blowout Fracture with Limited Available Resources: A 5 Years' Experience from Nepal</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Reconstruction of orbital wall fracture is not only difficult but challenging for restoring orbital cavity volume and shape. This study aimed to evaluate the outcome of orbital wall fracture reconstructed with limited available resources
Methodology	A single-center, retrospective analysis of orbital wall fracture reconstructed with silastic sheets from January 2015 to December 2019 was conducted after ethical approval from the institutional review committee. Electronic medical records (EMR) of post-operative cases were thoroughly reviewed and data based on demographic profile, nature of trauma, site of the fracture, surgical complication, and outcome were entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences version 20(SPSS)
Results & Discussion	A total of 33 blowout fractures, 15(45.5%) right eye and 18(54.5%) left eye, reconstructed with silastic sheets were included. Of the total, 23(69.7%) were male. The mean age of patients was 27.79 ± 11.56years (range, 6- 50). The common mode of injury was physical assault 11(33.3%) followed by fall injury 10(30.3%) and road traffic accidents (RTAs) 5(15.2%). An isolated floor fracture was found in 21 (63.6%) cases. The mean duration from injury to surgery was 113.97± 385 days. The mean reduction of enophthalmos and hypoglobus was 1.7±0.6 mm and 1.4±1.2mm respectively. The diplopia, enophthalmos, hypoglobus, and hypoesthesia completely resolved in 88.9%, 92.3%, 100%, and 88.9% cases respectively. Two patients reported implant extrusion
Conclusions	Physical assault, falling injury, and road traffic accidents were common causes of fracture. Overall surgical outcome was good with the silastic implants. However, public awareness against violence, RTAs and a safe working environment are indispensable for preventing fracture.
<b>AUTHOR DETAILS</b>	
Presenting Author	Suresh Rasaily,MD
Institution	Rapti Eye Hospital, Dang
Presenter Email Id	<a href="mailto:srasaly@gmail.com">srasaly@gmail.com</a>

Presenter Phone	9857824998
Co-Authors Name	Ben Limbu, MD, Rohit Saiju, MD

ABSTRACT_ID	<b>98</b>
Abstract Title	<b>Comparison of Ocular Biometry between Primary Open Angle Glaucoma Patients (POAG) and Normal subjects.</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare ocular biometric parameters in patients diagnosed with POAG and age matched controls.
Methodology	This is a hospital based cross sectional study done at Mechi Eye Hospital. The study included 137 cases of POAG and 75 normal individuals as control. Axial length (AL), anterior chamber depth (ACD, Keratometry 'K' value and Central Corneal Thickness(CCT) were measured. Statistical analysis was done using Mann – Whitney U test.
Results & Discussion	Results: The mean age in POAG group was (55.25 ± 10.16 years) and in control group was (60.96 ± 10.91 years). Axial length was statistically longer in the POAG group (23.16 ±1.19 mm) as compared to control group (22.69 ±0.89 mm), (p<0.001). Anterior chamber depth (ACD) was statistically deeper in POAG group (3.05 ±0.51 mm) as compared to control group (2.86 ±0.46 mm), (p<0.01). Central corneal thickness(CCT) was thinner in POAG group (519.5 ±36.25 um) as compared to control group (525.40 ±37.77 um) but the difference was not statistically significant (p<0.19). K value in POAG (7.54 ±0.41mm) was higher than age-matched controls (7.58 ± 0.33mm) but the difference was not statistically significant (p<0.79).
Conclusions	: Patients with POAG had longer Axial length (AL) and deeper Anterior chamber depth (ACD), when compared to normal individuals.
<b>AUTHOR DETAILS</b>	
Presenting Author	Nisha Manandhar
Institution	Kirtipur Eye Hospital
Presenter Email Id	nizamanandhar@gmail.com
Presenter Phone	9779851021999
Co-Authors Name	Dr.Chadni Pradhan, Dr. Purushottam Joshi, Dr. Prabha Subedi, Dr. Pranav Shrestha

ABSTRACT_ID	99
Abstract Title	<b>Changes Of Retinal Nerve Fiber Layer in Parkinson's Diseases</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the Retinal Nerve Fiber Layer(RNFL) thickness changes with Parkinson's Disease(PD)
Methodology	Thickness was assessed in 42 PD patients and 50 healthy age matched controls using a Spectral Domain Ocular Coherence Tomography machine from January 2019- December 2019. severity of PD was determined using unified Parkinson Disease Rating Scale(UPDRS). Duration of bradykinesia and presence of tremor in patients with PD were also noted.
Results & Discussion	The average RNFL thickness in PD patients was $82.06 \pm 19.36 \mu\text{m}$ which was significantly thinner than healthy controls with $95.75 \pm 23.27 \mu\text{m}$ ( $p=0.026$ ). RNFL thinning was found to be directly related to Modified Hoehn and Yahr Staging (UPDRSV) and Schwab and England Scale(UPDRS VI) . It was also directly related to duration of Bradykinesia and Tremor.
Conclusions	There is RNFL thinning in patients with Parkinsonism which is directly related to severity and duration of disease.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dipanjana Das
Institution	Midnapore Medical College
Presenter Email Id	ddipanjana13@gmail.com
Presenter Phone	8967085528
Co-Authors Name	Dr. Pratiroop Gangopadhyay, Prof.(Dr.) Debabrata Das, prof. ( Dr.) Sanjay Kumar Daulat Thakur, Dr. Avik Dey Sarkar

ABSTRACT_ID	<b>100</b>
Abstract Title	<b>OCULOCUTANEOUS ALBINISM IN NEWBORN- A CASE REPORT</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Oculocutaneous albinism (OCA) is a group of hereditary disorders in which there is low or no detectable level of melanin. It occurs due to a mutation in the pathway of the production of melanin pigment. This leads to different clinical manifestations which include hypopigmentation of skin, hair and the eye. The ocular changes associated with OCA include severe nystagmus, prominent photophobia, reduced pigmentation of the retinal epithelium and reduced visual acuity. A pathognomonic finding of albinism is misrouting of the optic nerve at the optic chiasm, resulting in strabismus and reduced stereoscopic vision. Among hereditary conditions, OCA is commonly part of are Hermansky-Pudlak syndrome (HPS), Chediak- Higashi syndrome (CHS), and Waardenburg Syndrome type II (WS2). Four different types of OCA have been identified, with OCA1A which is the most severe type, while the milder forms OCA1B, OCA2, OCA3 and OCA4.
Methodology	This is a case report of a premature neonate born at 32 weeks of gestational age with white hairs, eyelashes and pale skin. On ocular examination, iris hypopigmentation was seen. On fundus examination, foveal hypoplasia with lack of RPE pigmentation was noted. Some thinning of retina was also noted. The baby was examined thoroughly to rule out any other congenital anomaly.
Results & Discussion	The newborn was referred for VEP which would aid in diagnosis of OCA. Genetic counselling was also advised along with regular follow up for visual acuity assessment
Conclusions	Approximately one out of every 17,000 people have one of the four variants. This affects the visual acuity of the babies and requires early intervention to prevent visual co-morbidities and to aid in visual rehabilitation.
<b>AUTHOR DETAILS</b>	
Presenting Author	Sakshi Lochab
Institution	PGIMS, Rohtak
Presenter Email Id	<a href="mailto:sakshi94lochab@gmail.com">sakshi94lochab@gmail.com</a>
Presenter Phone	918295444178
Co-Authors Name	Dr. Manisha Nada, Dr. Sandeep Kumar, Dr. Jitender Phogat Dr. Devender

ABSTRACT_ID	<b>101</b>
Abstract Title	<b>To observe the clinical and refractive outcomes of Topolyzer guided Subjective Refraction (TSR) LASIK procedure in Myopes</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To observe the clinical and refractive outcomes of Topolyzer guided Subjective Refraction (TSR) LASIK procedure in Myopes.
Methodology	<p>Study Design: Retrospective review of data</p> <p>Study setting and population: All patients who underwent TSR Lasik at the Aga Khan University Hospital from xxx by one experienced surgeon.</p> <p>Inclusion and Exclusion criteria: All patients who underwent the procedure over the defined study period were included. Patients with missing data were excluded. Patients were followed up for 3 months post operatively to determine results.</p> <p>Data analysis: Patients details, including age and gender, pre op refractive error including subjective, auto ref, TSR, topography data, topolyzer data, visual acuity with spectacles and TSR, operative details, post operative data including visual acuity, auto and subjective refraction.</p>
Results & Discussion	The results of 538 eyes of patients with the age range from 18 to 45 years were reported. The preoperative spherical range was -0.5 to -9.5 DS and cylindrical was 0 to - 4.5. 98% of the population had post operative visual acuity of 20/20 or better, a result which was statistically significant (p<0.5) from the preoperative visual acuity. TSR is a modified topographic guided technique for myopic LASIK which has been designed in order to improve visual outcome. The results were maintained at 3 months post operatively.
Conclusions	Topolyzer guided Subjective Refractive (TSR) LASIK is an effective technique in south asian population.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Irfan Kabiruddin Jeeva
Institution	Aga Khan University Hospital
Presenter Email Id	<a href="mailto:ijeeva@icloud.com">ijeeva@icloud.com</a>
Presenter Phone	923401216481
Co-Authors Name	Sidra Masud, Rehman Siddiqui, Tazeen Ali

ABSTRACT_ID	<b>102</b>
Abstract Title	<b>UNILATERAL POSTERIOR UVEITIS IN A YOUNG JIA MALE</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To create awareness about early diagnosis of JIA associated uveitis and referral to rheumatologist for early management and prevention of potential complications.
Methodology	Here we present a case of a 15 year old male child who was diagnosed with JIA and an insidious onset of uveitis.
Results & Discussion	<p>JIA the most common chronic rheumatic disease in children associated with variable clinical presentation, disease course, and outcomes. The most frequent extra-articular manifestation of JIA is the inflammation of the uvea, the pigmented middle layer of the eye comprised of the iris, ciliary body and choroid. In JIA, uveitis often has a chronic, asymptomatic, and insidious onset. The distinctiveness of our case is the presence of unilateral involvement and posterior uveitis with anterior uveitis developing at a later stage.</p> <p>JIA-associated uveitis rarely presents with ocular complaints, a high index of suspicion with comprehensive eye examination is indicated in these cases due to poor prognosis and high rate of complications. Lack of predictive markers hinders early diagnosis and treatment of uveitis in JIA patients</p>
Conclusions	Occurrence of Posterior uveitis though rare, high index of suspicion is indicated as it has potential to cause grave complications in JIA cases. Rheumatologist consultation is a requisite for complete management and prevention of potential complications.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Abha Shah
Institution	MGM Institute of Health Sciences, Navi Mumbai
Presenter Email Id	<a href="mailto:shahabhad@gmail.com">shahabhad@gmail.com</a>
Presenter Phone	9167585445
Co-Authors Name	Dr. Faraaz Hussain, Dr. Priyanka Gandhi

ABSTRACT_ID	<b>103</b>
Abstract Title	<b>Asymmetric and Incomplete Vogt Koyanagi-Harada Syndrome: Patient's Perceptive Dilemma</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Asymmetric involvement of both eyes is an infrequent presentation highlighting the necessity of comprehensive approach along with diligent patient counseling for allaying fears
Methodology	A 45 y/F went to tertiary care with left sided headache and sudden diminution of vision in left eye (LE) since 1 day. She was advised lumbar puncture but became apprehensive and came to us with visual acuity (VA) 6/6 in right eye(RE) and HMCF PL +, PR accurate in LE. Fundus examination of LE showed lid edema, mild conjunctival congestion, vitritis, disc edema, choroidal detachment and exudative retinal detachment (ERD) involving macula. Patient was suspected to have incomplete VKH. Neurologic, ENT and dermatology consults were taken. The patient was counseled about systemic issue, possibility of other eye involvement later and need of team based approach. Patient was started on steroids. At 6 months, VA in RE - 6/36 and in LE - 6/60, RE showed pocket of ERD.
Results & Discussion	Patients with VKH present with varied ocular manifestations like iridocyclitis, diffuse choroidal thickening and hyperemia of the optic disc. In our case, patient presented with unilateral VKH with normal vision in the other and with prompt comprehensive treatment showed improvement.
Conclusions	There is a potential for significant visual loss in patients with unilateral VKH, but timely identification and a comprehensive management along with diligent patient counseling can minimize ocular morbidity and reduce the risk of involving the other eye.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Abha Shah
Institution	MGM Institute of Health Sciences, Navi Mumbai
Presenter Email Id	shahabhad@gmail.com
Presenter Phone	9167585445
Co-Authors Name	Dr. Faraaz Hussain

ABSTRACT_ID	<b>104</b>
Abstract Title	<b>THE WEST BENGAL DIABETIC RETINOPATHY PROJECT “FIXING THE MISSING LINK”</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the prevalence of diabetic retinopathy (DR) among diabetic patients in West Bengal (WB).
Methodology	Patients were screened in the physician’s clinic by a team of ophthalmologist, optometrist and counsellor. Demographic data and risk factors were recorded by the counsellor using a pre-tested questionnaire. Visual acuity was recorded using Snellen’s chart. DR was graded both by on-field indirect ophthalmoscopy and fundus photographs taken by an optometrist with a portable fundus camera.
Results & Discussion	1553 subjects were screened over 39 camps across 14 districts of WB over 17 months. The prevalence of DR was 21.51%, with significant difference between rural (26.55%) and urban (13.89%) areas ( $p < 0.01$ ). No significant difference with gender was seen. Prevalence and severity of DR were related to age, diabetic age, diabetic control, awareness of diabetic blindness and compliance to yearly eye checkup.
Conclusions	This study provides the first major prevalence data from WB, and gives valuable insight regarding modifiable risk factors for DR. It is also the first DR study in India to be conducted in association with the physician, paving a way to “fix the missing link” between treating physicians and ophthalmologists.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Sneha Batra
Institution	Siliguri Greater Lions Shri Vidyasagar Oswal Eye Hospital
Presenter Email Id	snehabatra89@gmail.com
Presenter Phone	7859027292
Co-Authors Name	Dr Partha Biswas Mr Prajjwal Ghosh

ABSTRACT_ID	<b>105</b>
Abstract Title	<b>Retinal adverse events following Covid-19 vaccination: Case series from Siliguri, India</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report three cases of retinal adverse events following COVID-19 vaccination by COVISHIELD from India.
Methodology	Inclusion criteria: Any patient reporting with dimness of vision due to retinal pathology following Covishield vaccination in the past 3 weeks. Relevant systemic history was noted. Detailed ocular examination was performed, visual acuity and intra-ocular pressure was noted, and relevant investigations including fundus photo and OCT was done.
Results & Discussion	First case was a diabetic and hypertensive male presenting with combined CRVO and BRAO. Second case was a diabetic and hypertensive male presenting with CRAO with iris neovascularization. Third case was a middle aged male with no systemic history presenting with CSCR. SARS-CoV-2 Spike(S) glycoprotein in Covishield may induce systemic coagulation response. We postulate similar mechanism in pathogenesis of retinal vasculopathy in our patients.
Conclusions	Causal relationship between vaccination and ocular events is difficult to establish. Surveillance for adverse events following vaccinations is of paramount importance and each such case must be reported. Individuals who are at high risk for coagulopathies due to systemic diseases should have a pre-vaccination and post-vaccination detailed retina evaluation.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Sneha Batra
Institution	Siliguri Greater Lions Shri Vidyasagar Oswal Eye Hospital
Presenter Email Id	<a href="mailto:snehabatra89@gmail.com">snehabatra89@gmail.com</a>
Presenter Phone	7859027292
Co-Authors Name	Dr Deepak Agarwal

ABSTRACT_ID	<b>106</b>
Abstract Title	<b>Dome- shaped macula with serous macular detachment:</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Purpose: To report a case of an elderly Omani lady, a high myope, incidentally detected to have bilateral Dome- shaped macula with serous macular detachment and a to throw a light on this fairly recently described entity on OCT and review the literature regarding its diagnosis, pathogenesis and treatment options.
Methodology	Methods: A 56 yrs old Omani lady, a high myope without significant ocular complaints presented to Ophthalmology Centre, Armed forces hospital. Dilated funduscopy revealed bilateral posterior staphyloma and dull foveal reflex. OCT showed convex protrusion of macula with serous macular detachment in both eyes. FFA done subsequently did not reveal any choroidal neovascularization. As patient was asymptomatic, she was followed with serial OCTs and appears to be stable in terms of visual acuity.
Results & Discussion	Results: Dome- shaped macula initially described by Gaucher et al is quite recently described entity often diagnosed on OCT as convex protrusion of macula within posterior staphyloma and is seen in 5-10 percent of highly myopic eyes. It is often associated with serous macular detachment and can lead to development of SRNVM. Although few authors have reported successful resolution of SRF with intravitreal anti- VEGF agents, photodynamic therapy, oral spirinolactone without significant improvement in visual acuity, spontaneous resolution of the condition is also reported in ma
Conclusions	Conclusion: Domes shaped n y cases. macula and can be easily diagnosed is quite recently diagnosed entity in highly m by OCT . yopic patients SRF does not seem to be significant cause of visual loss and most often remains stable without any intervention. So it is always prudent to observe this condition with periodic review with OCT. Not all SRF s need to be treated !
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Santosh K Philip
Institution	Ophthalmology center Armed Forces Hospital
Presenter Email Id	philip.santosh1@gmail.com
Presenter Phone	919633246334
Co-Authors Name	Deshmukh D, Al Saidi R, Issac R,

ABSTRACT_ID	<b>107</b>
Abstract Title	<b>Clinical outcomes after implantation of a toric IOL in Pakistani population using digital marker</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the refractive outcome of toric IOL implantation during digital marker assisted cataract surgery. To evaluate the post operational rotation from the intended axis of implantation and its influence on refractive outcome.
Methodology	Study design: Retrospective review Study setting and population: All patients who underwent toric IOL implantation during cataract surgery from June 2018 to May 2019 at the Aga Khan University Hospital by one experienced surgeon. Centurion cataract machine, Verion digital marker and AcrySof Toric IOL were used. Inclusion & exclusion criteria: All patients who underwent Toric IOL implantation using digital marker were included. Patients with missing data were excluded. Data analysis: Pre and post op information were documented on the Excel worksheet and analysed using SPSS (SPSS Inc, Chicago, IL). Means and standard deviations were calculated. Comparisons of the pre and post operative data were performed with the t-tests. A p-value less than 0.05 was considered statistically significant.
Results & Discussion	220 eyes of 177 patients were included in the study. The average age was $62.49 \pm 10.6$ . The mean preoperative subjective cylinder was $-0.6691 \pm 1.4783$ . The post operative cylindrical value was $-0.2079 \pm 0.4947$ ( $p < 0.01$ ). Post operatively the mean logMAR visual acuity was $0.11 \pm 0.2403$ which was a statistically significant reduction from the pre operative visual acuity ( $p < 0.01$ ). Digital marker is one of the most accurate and reliable predictor for correction of astigmatism during cataract surgery according to literature. Our results are in keeping with the international data.
Conclusions	Digital marker for correction of astigmatism is an accurate and reliable method in our population.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Irfan Kabiruddin Jeeva
Institution	Aga Khan University Hospital
Presenter Email Id	<a href="mailto:ijeeva@icloud.com">ijeeva@icloud.com</a>
Presenter Phone	3401216481
Co-Authors Name	Sidra Masud, Ayesha Akbar Waheed, Sobia Tariq Siddiqui, Tazeen Saeed Ali, Rehman Siddiqui

ABSTRACT_ID	<b>108</b>
Abstract Title	<b>Reactivation of ROP (ROPER)</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	: To report a cases of recurrence of ROP reactivation several years after ROP regression in childhood(suspected ROPER).
Methodology	Prospective study on presentation and outcomes of long term ROP follow-up. 8 year old male with known history of bilateral regressed ROP without treatment on 6 monthly follow-up since inception presented with complaints of black spots.On examination ,he had developed new vascular buds (vessels ) along avascular arcade at the junction of vascular with avascular zone .FFA was done and leaks from vascular parts with non perfusion areas were noted.
Results & Discussion	Establishing the clinical details where there was history of prematurity,regression along with features of FEVR at a late phase of life led to insights that these could be probable cases of ROPER(ROP+FEVR combined).Laser therapy was given to halt the advancement .Visual acuity and retina remained unaltered during the follow-up visits
Conclusions	Patients with previous records of ROP treatment propounding with or without vital signs should be assessed long term to identify early signs and avoid vision threatening complications. ROPER presents with indeterminate activation episodes and requires close monitoring throughout life with FFA and treatment.These children would require further genetic studies to establish FEVR specific genes to clinch the diagnosis.
<b>AUTHOR DETAILS</b>	
Presenting Author	dr karobi lahiri coutinho
Institution	bombay hospital institute of medical sciences
Presenter Email Id	doctorkarobi@gmail.com
Presenter Phone	9820155967
Co-Authors Name	dr anisha rathod

ABSTRACT_ID	<b>109</b>
Abstract Title	<b>Ocular morbidity among school children of western Nepal</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>Ocular morbidity is common among school going children. The uncorrected refractive error is an important cause of childhood blindness and visual impairment. School based eye screening program helps to identify the ocular abnormalities so that we can initiate early intervention and prevent them from permanent visual disability.</p> <p>So, this research was done to find the prevalence of ocular morbidity and their pattern among primary school children of western Nepal.</p>
Methodology	<p>A descriptive cross-sectional study was conducted among children of three primary schools of western Nepal from January to March 2021. Children who needed further evaluation were referred to ophthalmology department, Gandaki Medical College. After the ethical clearance from the institutional review committee, 1034 children were taken by convenient sampling method. Visual acuity, objective and subjective refraction, extraocular motility, cover test, anterior and posterior segment findings were documented in predesigned proforma. Point estimate at 95% confidence interval along with frequency and proportion were calculated.</p>
Results & Discussion	<p>A total 1034 children between 5 to 16 years were examined. Ocular morbidity was observed in 181 (17.5%) at 95% confidence interval (15.4-18.6). The mean age of children with ocular morbidity was <math>12.33 \pm 2.39</math> years with male to female ratio of 1.18:1. The common type of ocular morbidity was refractive error 107 (10.35%), conjunctivital diseases 35 (3.38%) and eyelid diseases 26 (2.5%). Myopia 83 (8.02%) was the most common type of refractive error.</p>
Conclusions	Refractive error was the commonest form of ocular morbidity among school children.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Jamuna Gurung
Institution	Gandaki Medical College Teaching Hospital and Research Centre
Presenter Email Id	<a href="mailto:jamunaorama@gmail.com">jamunaorama@gmail.com</a>
Presenter Phone	9779860314317
Co-Authors Name	Sarita Tuladhar, Renu Poudel, Kripa Joshi

ABSTRACT_ID	<b>110</b>
Abstract Title	<b>Modified Scleral Buckling for Rhegmatogenous Retinal Detachment</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://drive.google.com/file/d/1M_jrcNuTW0ZeShbC_uN6lYRomLdkFqI5/view?usp=sharing">https://drive.google.com/file/d/1M_jrcNuTW0ZeShbC_uN6lYRomLdkFqI5/view?usp=sharing</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present segmental scleral buckling technique using silicon tire without scleral band in rhegmatogenous retinal detachment.
Methodology	After conjunctival peritomy of one quadrant, two recti muscles are hooked and isolated. The break is identified and cryopexy done. 276 tire is sized and placed below the recti to cover the break completely. Using 4-0 ethibond, mattress sutures 6 mm long and of half sclera depth are placed. Subretinal fluid drainage is done and air injection given. After indirect ophthalmoscopy, the final tie is done, conjunctiva closed.
Results & Discussion	Attached retina with reduced surgical time, shorter learning curve, quiet eye on post-op day 1, minimal refractive error, early restoration of vision, non-cataractogenous procedure.
Conclusions	Modified Scleral Buckling can be done using Silicon tire without band in short time with good results.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Nidhi Sinha
Institution	VISION CARE, Centre for Retina
Presenter Email Id	nidhishines.sinha@gmail.com
Presenter Phone	9051425445
Co-Authors Name	Dr. Bhumika Rath, Dr. G.N. Rao

ABSTRACT_ID	<b>111</b>
Abstract Title	<b>Novel management of Bilateral Mooren's ulcer with medroxy progesterone eye drops</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Bilateral Mooren's ulcer has a very malignant course with treatment being trials and errors. Lot of side effects have been reported. This method had practically no side effect with very good healing.
Methodology	250 mg medroxy progesterone injection was diluted in 15 ml of saline and used as eye drops instilled hourly and then tapered as per response.
Results & Discussion	Very good healing with vascularisation and on 2 year follow up no relapse
Conclusions	Can be used as treatment modality with action at cellular level
<b>AUTHOR DETAILS</b>	
Presenting Author	Shruti Anand
Institution	Dr Radha Krishnan government medical College, Hamirpur
Presenter Email Id	anuragshruti@gmail.com
Presenter Phone	9418506666
Co-Authors Name	Dr Anurag Sharma

ABSTRACT_ID	<b>112</b>
Abstract Title	<b>Under The Cloud Of Red Vitreous Haze</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://drive.google.com/file/d/15VfFwheU9LmyhNYZyKNRVkFPaY3hnT1N/view?usp=sharing">https://drive.google.com/file/d/15VfFwheU9LmyhNYZyKNRVkFPaY3hnT1N/view?usp=sharing</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To present surgical management of 2 HIV seronegative cases of ARN who presented to us only after profound loss of vision.
Methodology	Two male patients, 56 year and 37 years presented with vitreous haemorrhage and total retinal detachment. Intraoperatively, circumferential areas of focal necrosis and peripheral necrosed retina upto the equator with occluded vessels were seen respectively. Polymerase chain reaction of vitreous was positive for varicella zoster virus. They responded to oral antivirals and steroids with vision improving from Hand Movement to 6/24 and 6/60 in silicon oil filled eye.
Results & Discussion	Visual acuity improved from Hand Movement to 6/24 and 6/60 in silicon oil filled eye of the patients respectively.
Conclusions	Delayed presentations of treatable conditions due to restricted mobility in this pandemic has rendered huge complications and persistent sequelae.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR BHUMIKA RATH
Institution	VISION CARE, Centre for Retina
Presenter Email Id	<a href="mailto:rath.bhumika@gmail.com">rath.bhumika@gmail.com</a>
Presenter Phone	7008618789
Co-Authors Name	Dr Nidhi Sinha Dr G N Rao

ABSTRACT_ID	<b>113</b>
Abstract Title	<b>BACK TO SUTURES IN MODERN CATARACT SURGERY</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	document effect of sutures on surgically induced astigmatism and application of results in cataract surgery
Methodology	54 patients coming to private ophthalmic centre for cataract surgery were enrolled in this study over 3 months. patients having equal keratometry reading in horizontal and vertical meridians were selected for this study. Patients underwent temporal PHAKO and temporal SICS according to grade of nucleus. Tunnel was constructed at limbus in a TRIPLANAR fashion in PHACO and 2 mm behind limbus in SICS. ONE 10-0 suture placed in PHACO and THREE 10-0 nylon sutures placed in SICS cases.
Results & Discussion	<p>we achieved emmetropia with zero SIA in 42 PHACO cases and 6 SICS cases while due to extra tight suturing WTR SIA was induced in 4 PHACO cases and 2 SICS cases</p> <p>Conclusion: our results prove our assumption that wound gaping caused by any incision on eye results in SIA. we are told in literature that wounds less than 2.2 mm induce no significant SIA but as the incision size increases amount of SIA increases. Our main focus for reducing SIA has been to decrease wound size in PHACO incision and also in SICS by bisecting the nucleus by various methods so that nucleus is delivered through smaller incision</p> <p>But we had forgotten the healing of wound by primary intention and secondary intention we had been taught in our 1st MBBS. so when we apply suture to the main wound of cataract extraction there is healing by primary intention, no wound gaping and no SIA. ALSO IF DON'T SUTURE THE main wound, there is wound gape, healing by secondary intention and SIA.</p>
Conclusions	we should go back to suturing our tunnels approximating upper and lower flaps ACHIEVING excellent refractive outcomes post cataract surgery by not inducing any SIA
<b>AUTHOR DETAILS</b>	
Presenting Author	DR ATUL SONAWANE
Institution	SONAWANE EYE HOSPITAL
Presenter Email Id	hidocatul@rediffmail.com
Presenter Phone	9422762233
Co-Authors Name	

ABSTRACT_ID	<b>114</b>
Abstract Title	<b>Rare OCT finding in a case of CRAO associated with ROCM in second wave of covid -19</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report the rare OCT finding of rhinoorbital mucormycosis following SARS-CoV-2 infection .
Methodology	It is an institutional ,retrospective and interventional study of all patients coming to the department of ophthalmology and referred from ENT department .They underwent all the examination which includes visual acuity,color vision,pupillary reaction ,ocular movements,corneal sensation and fundus examination.
Results & Discussion	Laboratory examination revealed mucor,ophthalmic findings include-total ophthalmoplegia ,Relative afferent pupillary defect. Central artery occlusion in all cases presented with no perception of light.Optical coherence tomography revealed some rare presentation of CRAO.
Conclusions	Rhinoorbital mucor mycosis has come in this region as severe vision threatening ophthalmic complication in postcovid patients.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rajwinder kaur KAUR
Institution	ADESH INSTITUTE OF MEDICAL SCIENCES AND RESEACH,BATHINDA
Presenter Email Id	rajujerry26@gmail.com
Presenter Phone	9888478287
Co-Authors Name	DR BALBIR KHAN DR ASHISH SHARMA

ABSTRACT_ID	<b>115</b>
Abstract Title	<b>A Boon towards Pediatric Retinal Imaging: Cost Effective Smart phone based Fundus Camera (MII Ret Cam)</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report the utility of MIIRETCAM in documentation in pediatric age group
Methodology	This study includes all the children with positive fundus finding especially in admitted children in the department of pediatrics in which fundus examination was asked .This study also includes bigger age pediatric age group where the child is unconscious and is on ventilator. Total 50 patients underwent ophthalmology screening examination.
Results & Discussion	The documentation of the eye fundus included patients with Menigitis, purtschers retinopathy, malnutrition, tuberculosis, Usher syndrome ,anemia, leukemia,shaken baby syndrome syndrome,Retinopathy of prematurity,cerebral palsy and dengue. This technique as an alternative way of screening will become a standard within examination of patients with eye disorders in developing countries where costly retcam not available.
Conclusions	This innovation which is cost effective is a boon in documentation in pediatric Imaging and plays a great role in counselling of the parents and making them aware what is happening with the child.
<b>AUTHOR DETAILS</b>	
Presenting Author	Rajwinder kaur KAUR
Institution	ADESH INSTITUTE OF MEDICAL SCIENCES AND RESEACH,BATHINDA
Presenter Email Id	<a href="mailto:rajujerry26@gmail.com">rajujerry26@gmail.com</a>
Presenter Phone	9888478287
Co-Authors Name	BALBIR KHAN ASHISH SHARMA

ABSTRACT_ID	<b>116</b>
Abstract Title	<b>Comparative evaluation of retinal nerve fiber layer and macular ganglion cell analysis and OCT-A changes at disc and macula in glaucoma suspect and early glaucoma</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate and compare the diagnostic ability of macular and optic nerve head (ONH) Optical coherence tomography (OCT) and Optical coherence tomography angiography (OCTA) parameters in glaucoma suspect and early glaucoma.
Methodology	39 normal eyes, 46 glaucoma suspect eyes, and 39 early glaucoma eyes were analyzed in this cross-sectional prospective study. The average thickness of macular ganglion cell inner plexiform layer (mGCIPL), peripapillary retinal nerve fiber layer (pRNFL), and ONH rim area on OCT and macular vessel density and ONH perfusion and flux index on OCTA using CIRRUSTM HD-OCT (Zeiss) were evaluated for early diagnosis of glaucoma.
Results & Discussion	mGCIPL, pRNFL, ONH flux index, and macular vessel density were significantly reduced in glaucoma suspects and early glaucoma eyes compared to normals ( $p < 0.05$ ). However, the reduction in OCT-A parameters was not statistically significant when comparing early glaucoma and glaucoma suspects. There was a good correlation between pRNFL and ONH flux index ( $r = 0.529$ ) and macular vessel density and mGCIPL ( $r = 0.551$ ). The area under the receiver operating characteristic curves was highest for ONH rim area (0.929) for discriminating early POAG from normal and for mGCIPL (0.825) when discriminating suspects from normal.
Conclusions	Using new algorithms which can combine both ONH and macular parameters in our routine practice will have a higher sensitivity for the early diagnosis of glaucoma suspects. OCT-A parameters are deranged very early in the disease. Also, vascular parameters had a good correlation with the structural damage both at the disc and the macula. These findings also support that vascular changes have a role in the pathogenesis in causing glaucomatous damage. OCT-A parameters have a fairly good diagnostic ability to detect early glaucoma eyes from normals. However, in our study, OCT parameters were superior to OCT-A parameters for early diagnosis.
<b>AUTHOR DETAILS</b>	
Presenting Author	Anirudh Kapoor
Institution	Dr. RP Centre for Ophthalmic Sciences, New Delhi
Presenter Email Id	kapooranirudh96@gmail.com
Presenter Phone	9871534494
Co-Authors Name	Dewang Angmo, Ramanjit Sihota, Tanuj Dada, Viney Gupta, Rohan Chawla, Shorya Vardhan Azad

ABSTRACT_ID	<b>117</b>
Abstract Title	<b>COVID 19 IMPACT ON EYE DONATIONS AND CORNEAL TRANSPLANTATIONS – OUR EXPERIENCE.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine safety and efficacy of donor tissue procurement in the Covid-19 pandemic. To detect incidence of graft rejection as well as development of Covid-19 in recipients.
Methodology	We conducted a retrospective analysis of the total number of donor tissue retrievals done in our hospital during the lockdown phase. We adhered to strict COVID 19 protocol during donor retrieval as proposed by the All India Ophthalmic Society (AIOS) and Eye Bank Association of India (EBAI) in July 2020. Home-based and whole globe donor tissue procurement was done. Conjunctival swab and COVID 19 rt-PCR for all the recipients was mandatory. This was in addition to the routine culture sensitivity and investigations done for the donor tissue. The recipients were followed up to detect the incidence of rejection as well as postoperative development of corona virus disease.
Results & Discussion	The total number of eye donations spanning 17 months from January 2020 to May 2021 (including the months from April to June 2020 and August 2020 when there was complete lockdown) was 450. Total number of corneal transplantations done during the same period was 175. This included penetrating (57), therapeutic (90) as well as lamellar keratoplasties (18) and patch grafts (4). The incidence of graft rejection was 2.8% (5 cases) in this period. Rejection episodes were medically managed. None of our transplant patients developed COVID 19 postoperatively.
Conclusions	We concluded that donor tissue procurement can be safely and effectively carried out even in the peak of the pandemic if we adhere to the COVID 19 safety protocol.
<b>AUTHOR DETAILS</b>	
Presenting Author	Aditee Arun Madkaikar
Institution	Aravind eye hospital and postgraduate institute of ophthalmology, Tirunelveli
Presenter Email Id	<a href="mailto:aditee1792@gmail.com">aditee1792@gmail.com</a>
Presenter Phone	9869274548
Co-Authors Name	Anitha Venugopal, Aditya Ghorpade

ABSTRACT_ID	<b>118</b>
Abstract Title	<b>Posterior Uveitis an unsolved mystery</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Case presentation of a case of tuberculous chorioretinitis which worsened despite anti-TB treatment and steroids. What caused the worsening and what to do next
Methodology	Studying her past history, going through various research methodology and continuing with the antiTB and stepping up steroids improved her condition
Results & Discussion	TB chorioretinintis cases may worsen with anti-Tb medications.
Conclusions	Despite the worsening continuing the anti-Tb medications is advised and stepping up of steroids is advised
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Neha H Shah
Institution	TNMC and BYL Nair CharitableHospital
Presenter Email Id	<a href="mailto:nehashah25@gmail.com">nehashah25@gmail.com</a>
Presenter Phone	9920289312
Co-Authors Name	Dr. Purva Date, Dr. Saroj Sahdev, Dr. Swati Hire, Dr. Sanchit Bhalgat

ABSTRACT_ID	<b>119</b>
Abstract Title	<b>Ganglion cell complex and Retinal Nerve Fibre Layer in Diabetics</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Compare the macular Ganglion cell complex(GCC) and parapapillary retinal nerve fibre layer(RNFL) thickness in diabetics with age matched normals.
Methodology	Age and gender matched diabetics and normals underwent fundus evaluation and Zeiss Cirrus 500 HD OCT analysis. Diabetics with no diabetic retinopathy or only mild NPDR were included. The GCC and RNFL were compared
Results & Discussion	There was a significant thinning of GCC and RNFL thickness in diabetics as compared to non diabetics
Conclusions	There seems to be another neurological alterations taking place in diabetics causing the thinning of the GCC and RNFL before the vasculopathy can take place
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Neha H Shah
Institution	TNMC and BLY Nair Charitable Hospital
Presenter Email Id	<a href="mailto:nehashah25@gmail.com">nehashah25@gmail.com</a>
Presenter Phone	9920289312
Co-Authors Name	Dr. Purva Date, Dr. Saroj Sahdev, Dr. Sanchit Bhargat, Dr. Swati Hire

ABSTRACT_ID	<b>120</b>
Abstract Title	<b>The need for earliest art of counseling centers to diabetics for prevention of many complications and progression of number of cases.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	<p>World is facing two global challenges. November 14 is world diabetes prevention day. India is showing number one progression of diabetic cases. Doctors educate other doctors and manage complications - concept alone is not sufficient to prevent progression of diabetic cases. Let us educate patients with the help of government by giving statistics to government and necessary guidelines.</p> <p>Need of importance depends on incidence. Study of International diabetic federation 2019 Atlas shows half billion diabetics worldwide. If this continues by 2045, incidence may rise to 700 millions. Type2 diabetes is 90% of all diabetics. As per WHO study, in 2016, 1.6million deaths happened because of diabetes. So, it is our responsibility to counsel to prevent complications.</p>
Methodology	<p>Art of counseling in patient language: 1. Control of taste buds 2. Automatic production of insulin its loss of automaticity 3. Explanation of dietary DM 4.Foods carbohydrate calories as per the weight 5. Glucose metabolism importance 6.Weight importance and need of calories and loss of automaticity supplement either or orally. 7.Krebs cycle and ATP knowledge 8.Normal structure of blood vessel wall and pathogenesis of blood vessel abnormality 9.How hypertension adds to damage. 10. Medical and surgical procedures 11. Laser knowledge 12. Intra vitreal injections of VEGF knowledge. Educate with a little financial expenditure, most of the complications can be prevented.</p> <p>Show the statistics to government and make certain laws to stabilize progression of cases.</p>
Results & Discussion	Need of counseling centers for diabetic patients and time related follow up needed to prevent complications and arrest the progression of new cases
Conclusions	In the beginning ,diabetic patients resist, but after seeing photos definitely follow.
<b>AUTHOR DETAILS</b>	
Presenting Author	Katta S V
Institution	Retina eye clinic
Presenter Email Id	<a href="mailto:drkattasv@gmail.com">drkattasv@gmail.com</a>
Presenter Phone	9949540043
Co-Authors Name	Dr.G.Ramachandra rao

ABSTRACT_ID	<b>121</b>
Abstract Title	<b>ROLE OF MUCOUS TEAR FERNING TEST IN MEIBOMIAN GLAND DYSFUNCTION</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate the role of tear mucus ferning test for Meibomian gland dysfunction.
Methodology	A prospective observational study was carried out on 50 eyes of 50 patients with Meibomian gland dysfunction. Informed consent was obtained from all the subjects. All subjects had a comprehensive ophthalmological examination including evaluation of tear film using Schirmer test I, Tear film breakup time (TBUT) and tear ferning test. 1 µl of unstimulated tears were collected using a capillary tube and allowed to air dry at room temperature for 10 min. Tear ferning pattern (TFP) was observed using light microscope and photographs of each sample were taken immediately to avoid any changes in the ferning pattern. Rolando's tear ferning classification was used to categorise ferning pattern.
Results & Discussion	The maximum numbers of patients (40%) were in the age group 30-40 years. The mean TBUT was 6.9±0.5 seconds. The mean Schirmer tear test score was 14.8 ± 4.6 mm. Abnormal fern pattern type III was observed in 14 (28%) eyes and type IV in 9 (18%) with Meibomian gland dysfunction..
Conclusions	As pattern of ferning depends on tear composition, so ferning test is easy and cost effective for assessing tear film quality at a gross biochemical level and can be used in Meibomian gland dysfunction. A combination of tear ferning test with other tear film tests in the clinic may then provide a real evaluation of the tear film and dry eye and may help in the management of dry eye.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR. NEHA ADLAKHA
Institution	SHKM GMC MEWAT, NALHAR (INDIA)
Presenter Email Id	<a href="mailto:neha.adlakha777@gmail.com">neha.adlakha777@gmail.com</a>
Presenter Phone	8448121714
Co-Authors Name	DR. MANPREET KAUR

ABSTRACT_ID	<b>122</b>
Abstract Title	<b>To determine the effect of pterygium excision on calculation of Intraocular Lens Power and correlation of changes in Intraocular Lens Power with the size of pterygium</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate the effect of pterygium excision on intraocular lens power calculation and determine relationship between these effects and pterygium size.
Methodology	A prospective observational study was carried out in hundred eyes of hundred patients with pterygium requiring surgical excision. After obtaining ocular and systemic history,ocular examination was done including Snellen visual acuity,manifest refraction and anterior segment examination.Dimensions of pterygium were measured using Image J program.An automated keratometry,axial length and intraocular lens power calculation were performed for eyes with pterygium and healthy fellow eyes(control).Simple excision under local anaesthesia was performed followed by closure of bare sclera by suturing conjunctivo-limbal autograft and patient followed after 7 days,1 month,45 days and 60 days. During each follow up,visual acuity,refraction,keratometry,axial length and intraocular lens(IOL)power calculation were performed.Statistics was performed using SPSS for windows. Paired t-test were used to compare preoperative and postoperative intraocular lens power
Results & Discussion	Average pterygium length was $2.96 \pm 0.5$ mm and average area was $5.85 \pm 0.4$ mm <sup>2</sup> .Preoperative intraocular lens power calculation with all formulas were higher than postoperative and control values( $P < .005$ ).The mean changes were 0.52 dioptre for SRK II,0.57D for SRK/T,0.57D for Hoffer Q,0.43D for Haigis and 0.47D for Holladay 2 formulas. Significant correlations were found between pterygium size and changes in IOL power. Pterygia of 2.5 mm,3 mm and 3.5 mm created at least equal to 0.5 D,1D and 1.5 D deviation in IOL power respectively.
Conclusions	If pterygium size is larger than 2.5mm and simultaneous surgery is planned,implanted IOL power should be smaller than calculated power
<b>AUTHOR DETAILS</b>	
Presenting Author	DR. NEHA ADLAKHA
Institution	SHKM GMC MEWAT,NALHAR(INDIA)
Presenter Email Id	<a href="mailto:neha.adlakh777@gmail.com">neha.adlakh777@gmail.com</a>
Presenter Phone	8448121714
Co-Authors Name	DR MANPREET KAUR

ABSTRACT_ID	<b>123</b>
Abstract Title	<b>VISION CENTRE: A BOON TO THE UNREACHED TO ELIMINATE NEEDLESS BLINDNESS - A RETROSPECTIVE ANALYSIS</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To analyze and emphasize the effectiveness of vision centre in providing timely and quality eye care to unreached and prompt referral to base hospital for expertized management when needed .
Methodology	All patients who presented to vision centre from August 2018 to July 2019 were included and analyzed retrospectively. Patients who were referred from vision centre to base hospital were followed up.
Results & Discussion	<p>: Out of 8217 patients , 1832(22.29%) had refractive error,268(3.26%) had cataract, 230(2.79%) had corneal pathology,154(1.87%) had retinal pathology,100(1.21%) had glaucoma, 85(1.034%) had orbital problem,42(0.51%) had uveitis,38(0.46%) were referred to pediatric ophthalmology . 24 (0.29 %) had neurological problem.Overall,325 were referred to base hospital of which , 212 were treated .</p> <p>Discussion:</p> <p>Global blindness is a major health problem . Recent estimates from the World Health Organization showed that 285 million people are estimated to be visually impaired worldwide of which, 80% can be prevented and treated if detected earlier. The most common causes of preventable blindness are uncorrected refractive errors, cataract, glaucoma, diabetic retinopathy. Screening , diagnosing and prompt treatment helps in avoiding preventable blindness.The most common reasons for delayed presentation are accessibility, cost factor involved. A vision centre is a small, permanent facility set up to provide primary eye care services to semi-rural and rural communities. Ophthalmic assistants operate the centre, but with the help of telemedicine, patients can consult ophthalmologists in the base hospital and avail treatment. Those with complicated problems are referred to the hospital.</p> <p>Thus Vision centre act as a link between unreached people and tertiary care centre providing quality eye care to the patients.</p>
Conclusions	It signifies the importance of vision centre in giving quality eye care to unreached. If there is no vision centre, many ocular diseases in people would have remained undiagnosed leading to blindness.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.W.Leenu Jeris
Institution	Aravind Eye hospital , Madurai , Tamilnadu , India
Presenter Email Id	<a href="mailto:w_leenu@yahoo.co.in">w_leenu@yahoo.co.in</a>
Presenter Phone	9790315144
Co-Authors Name	Dr.Kowsalya Akkayasamy , Dr.Usha Kim

ABSTRACT_ID	<b>124</b>
Abstract Title	<b>Surgical management of recurrent corneal erosions - a comparative study of various techniques</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess and compare efficacy in resolution of symptoms, recurrence rates and post-operative stromal haze of various techniques in the surgical management of recurrent corneal erosions(RCE).
Methodology	30 eyes of 30 patients with RCE were included. 4 patients had undergone treatment with alcohol delamination, 12 had undergone phototherapeutic keratectomy (PTK) and 14 had undergone diamond burr polishing. Patients were followed up for 3 years post-operatively.
Results & Discussion	RCE causes severe ocular pain, resulting in significant disability. Medical management can only allow temporary resolution but does not control recurrence of episodes. Diamond burr polishing and PTK are excellent methods for managing RCE with minimal recurrence rates, as seen in our cohorts. Diamond burr polishing causes no stromal haze and can be safely used in lesions involving the visual axis.
Conclusions	RCE can cause remarkable pain and disability and mandates good surgical technique to ensure long term control of recurrent episodes. Diamond burr polishing is an effective technique with minimal scarring and recurrence rate. The procedure is easy to perform with minimal surgical skills, does not require expensive equipment and is not time consuming. Alcohol delamination was seen to have high recurrence rates. PTK is a good alternative to diamond burr polishing for the management of these cases.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Samruddhi Dani
Institution	Sankara Eye Hospital, Coimbatore
Presenter Email Id	samruddhi.dani@yahoo.com
Presenter Phone	919820072717
Co-Authors Name	Dr. J. K. Reddy

ABSTRACT_ID	<b>125</b>
Abstract Title	<b>Clinico-microbiological profile and predictors of visual outcome following pars plana vitrectomy in endophthalmitis at an eye hospital of rural western Nepal</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the clinical and microbiological characteristics along with predictors of visual outcome of vitrectomy in endophthalmitis at rural Nepal.
Methodology	A retrospective observational study was conducted at a tertiary eye institute and research centre, Bhairahawa, Nepal from January 2016 to December, 2018 by reviewing the case sheets of patients who underwent vitrectomy for endophthalmitis. Cases with diagnosis of endophthalmitis who underwent vitrectomy and completed 3 months follow up were enrolled in the study and statistical analysis was carried out.
Results & Discussion	Thirty one eyes of 31 patients were included in the study. Mean age was 43.16±21.77 years. The male to female ratio was 2.87:1. The mean duration of presentation was 14.71 ±19.66 days. Postoperative endophthalmitis (48.4%) was the most common type. Almost 84% of cases underwent vitreous tap and intravitreal antibiotics as primary treatment. Only 42 % of cases were culture positive. Aspergillus, Corynebacterium, Escherichia, and Staphylococcus were isolated organisms. Almost 60% cases had improved visual acuity at last follow up whereas 12.9% of eyes became totally blind with visual acuity of no perception of light (NPL). Anatomical survival with controlled infection was achieved in 87% eyes. Delayed presentation, poor presenting visual acuity, and preoperative retinal detachment were found as poor prognostic factors.
Conclusions	Vitrectomy in endophthalmitis is an essential procedure in cases which are not responding to intravitreal antibiotics. Delayed presentation, poor presenting visual acuity, and retinal detachment are poor prognostic factors for visual outcome
<b>AUTHOR DETAILS</b>	
Presenting Author	Bikram Bahadur Thapa
Institution	Nepalgunj medical College
Presenter Email Id	<a href="mailto:drbbthapa@gmail.com">drbbthapa@gmail.com</a>
Presenter Phone	9868479320
Co-Authors Name	Sweta singh

ABSTRACT_ID	<b>126</b>
Abstract Title	<b>Ocular Surface Characteristics in Thyroid Eye Disease ARE WE MISSING SOMETHING.....</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Thyroid eye disease (TED) is an autoimmune orbital inflammatory disorder which also have significant impact on ocular surface. This study is devised to analyse the effect of severity of TED on corneal hysteresis, conjunctival goblet cell density and grades of squamous cell metaplasia
Methodology	The present study is a tertiary care centre based prospective observation study. 31 patients of TED were included. Grading of TED was done according to the European Group of Graves' Orbitopathy classification. Corneal hysteresis readings were taken from Ocular Response Analyser (ORA), and impression cytology samples were taken and evaluated for goblet cell density and grades of squamous metaplasia.
Results & Discussion	Out of 31 patients of TED, 70% patients had moderate grade and 30% had mild grade. We reported bimodal presentation of TED. Average CH in mild and moderate grade TED was 10.7 and 9.3, respectively. The variance of CH with severity of TED was statistically significant. We also found that mild TED patients had more goblet cell density and lesser grades of squamous metaplasia as compared with moderate TED. In this study we highlight the fact that severe grades of TED are associated with lower values of CH, thus adversely affecting the biomechanical property of cornea. Analysis of conjunctival characteristics showed that severe grades of TED are associated with higher grades of squamous metaplasia.
Conclusions	Changes in the biomechanical properties of cornea in TED are often overlooked which adversely affects the intraocular pressure assessment. Proper assessment of biomechanical property of cornea reflected by measurement of CH values highlights the importance of ORA in the understanding and management of ocular surface disorder in patients of TED. We also highlights the importance of initiation of dry eye specific treatment which can not only alleviate the symptoms but also will prevent further damage of conjunctiva, in higher grades of TED.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Ashutosh Maharana
Institution	King George's Medical University
Presenter Email Id	<a href="mailto:ashuatkgmu@gmail.com">ashuatkgmu@gmail.com</a>
Presenter Phone	8920518403
Co-Authors Name	Prof. Apjit Kaur, Dr. Shalini Bhalla

ABSTRACT_ID	<b>127</b>
Abstract Title	<b>Association of Serum Vitamin-D level with axial length of the eye in adolescents</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To investigate the association between Vitamin-D level and axial length of the eye in adolescents
Methodology	A cross-sectional non-interventional observational study was done on a total of 124 patients, 67 male and 57 female in the age group between 10-19 years to analyze the association of Serum Vitamin-D levels with Axial length of the eye for a period of 18 months. Patients having prior Vitamin-D supplementation, or any congenital or acquired ocular disease were excluded. Patients were examined for visual acuity, keratometry, Axial length, fundus examination, and cycloplegic refraction followed by blood sampling for Vitamin-D level. Based on the Serum Vitamin-D levels, the patients were divided into three groups-Deficient (<20ng/ml), insufficient (20-30ng/ml) and sufficient (>30ng/ml).
Results & Discussion	Mean axial length was $21.66 \pm 1.56$ mm (range - 17.95 to 24.63) in right eye and $21.77 \pm 1.56$ mm ( range - $21.77 \pm 1.56$ ) in left eye. It was significantly higher in the deficient group (p-value = 0.0001). A negative linear association was seen between mean axial length and Serum Vitamin-D levels with Pearson coefficient -0.282 ( P=0.001) and -0.275 (p=0.002) in the right eye and left eye respectively. The mean spherical equivalent in both eyes was (-0.197±1.09D in the right eye, -0.085±0.85D in the left eye) with 40.32 % (n=50) individuals having a myopic spherical equivalent.
Conclusions	In this cross-sectional study of 124 patients in the adolescent age group between 10-19 years of age, we examined both eye visual acuity, axial length, corneal curvature, fundus, refraction, and Serum Vitamin-D levels, to compare the level of Vitamin-D with the axial length of the eye. Results showed an association of low levels of serum Vitamin-D levels with the elongation of the axial length of the eyes. Low levels of Serum Vitamin D also showed association with myopic refractive error.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Sonali Prasad
Institution	Vardhaman Mahavir Medical College and Safdarjung Hospital
Presenter Email Id	<a href="mailto:sonalipd92@gmail.com">sonalipd92@gmail.com</a>
Presenter Phone	8789436327
Co-Authors Name	Dr. Harinder Singh Sethi, Dr. Rita Aggrawal

ABSTRACT_ID	<b>128</b>
Abstract Title	<b>Axenfeld-Rieger Syndrome (ARS) is a rare presentstion. We aim to present a case series of these patients</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Axenfeld-Rieger Syndrome (ARS) is a rare presentstion. We aim to present a case series of these patients
Methodology	Three affected members of the family (2 male siblings and mother) underwent a complete ophthalmologic examination. 2 siblings underwent trabeculectomy for secondary glaucoma.
Results & Discussion	Two male siblings are 8 and 13 years old. Elder sibling showed iris hypoplasia, correctopia, polycoria, iridocorneal adhesions, posterior embryotoxon, and advanced glaucoma in both eyes along with dental anomalies and umbilical hernia. Younger sibling showed iris hypoplasia, correctopia, polycoria, iridocorneal adhesions, posterior embryotoxon, and advanced glaucoma in one eye and only iris hypoplasia in other eye along with dental anomalies. Mother had only iris hypoplasia without signs of glaucoma. No other systemic associations noted. Elder sibling underwent trabeculectomy in one eye 1 year back and bleb functioning well now. Other eye of elder sibling and one eye with advanced glaucoma of younger sibling operated for trabeculectomy recently.
Conclusions	This case series highlights the varied clinical presentations and their outcomes.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Dewang Angmo
Institution	Dr RP Centre for Ophthalmic Sciences, AIIMS
Presenter Email Id	<a href="mailto:dewang45@gmail.com">dewang45@gmail.com</a>
Presenter Phone	9810896270
Co-Authors Name	Akhilesh Yadav, Kanchan Satpute

ABSTRACT_ID	<b>129</b>
Abstract Title	<b>Blindness - Post Covid Disease</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To report a Case series of Central Retinal Artery Occlusion in consecutive 15 patients with past history of Covid-19 infection associated Mucormycosis.
Methodology	This is a retrospective observational study of 15 consecutive cases of rhino-cerebro-orbital mucormycosis presented to our tertiary referral centre between March 2021 and June 2021. All patients had unilateral or bilateral Central Retinal Artery Occlusion.
Results & Discussion	Total 15 patients were studied.13 male, 2 females, mean age of 55.06 years. Majority had uncontrolled Type 2 Diabetes Mellitus. Tissue and radiological diagnosis of Mucormycosis was made in all patients. Mean time interval between COVID 19 and Rhino-orbital Mucormycosis was 21 days.12 patients had Unilateral Central Retinal Artery Occlusion and 3 patients had Bilateral Central Retinal Artery Occlusion.
Conclusions	The COVID-19 disease has been described to induce inflammatory homeostasis changes that predispose to thrombotic disease in both venous and arterial circulation.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Swati S. Hire
Institution	T.N.M.C and B.Y.L Ch. Hospital
Presenter Email Id	<a href="mailto:hireswati@gmail.com">hireswati@gmail.com</a>
Presenter Phone	9821592582
Co-Authors Name	1) Dr. Purva Date, 2) Dr. Saroj Sahdev 3) Dr. Sanchit Bhalgat, 4) Dr. Neha Shah

ABSTRACT_ID	<b>130</b>
Abstract Title	<b>Endogenous Endophthalmitis post Pancreato-gastrostomy in patient with liver abscess and chronic pancreatitis.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	This is to report a rare ocular complication post pancreato-gastrostomy in patient with history of liver abscess and chronic pancreatitis.
Methodology	<p>30 year old Asian male patient presented to ophthalmology department with history of sudden loss of vision in right eye since a day associated with pain, redness and floaters. Examination of his right eye revealed vision of hand movement close to face with panuveitis, dense vitritis, vascular sheathing and snowball opacities. Left eye examination was within normal limits.</p> <p>Almost 2 months ago patient had liver abscess secondary to chronic pancreatitis and was operated for pancreato-gastrostomy. A presumptive diagnosis of endogenous endophthalmitis was made and patient started on intravenous antibiotics and antifungals along with single dose of Intravitreal doses of the same.</p>
Results & Discussion	After a week of follow up his condition neither improved nor deteriorated. Suspecting viral endogenous endophthalmitis, systemic antiviral treatment was started to which patient responded. There was significant decrease in his ocular inflammation His visual acuity improved to finger counting 1.5 meters.
Conclusions	Patients with history of pancreato-gastrostomy post liver abscess are at increased risk of endogenous endophthalmitis. Though bacterial and fungal organisms are most commonly involved, a suspicion of viral agent should also be considered.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr.Swati Hire
Institution	T.N.M.C and B.Y.L Ch. Hospital
Presenter Email Id	<a href="mailto:hireswati@gmail.com">hireswati@gmail.com</a>
Presenter Phone	9821592582
Co-Authors Name	<ol style="list-style-type: none"> <li>1) Dr. Purva Date,</li> <li>2) Dr. Saroj Sahdev,</li> <li>3) Dr. Neha Shah,</li> <li>4) Dr. Sanchit Bhalgat</li> </ol>

ABSTRACT_ID	<b>131</b>
Abstract Title	<b>Co-relating Selective Laser Trabeculoplasty Outcomes with Angle dysgenesis on ASOCT in JOAG.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate presence of angle dysgenesis on ASOCT (ADoA) as a predictive factor in determining outcomes of selective laser trabeculoplasty (SLT) in JOAG eyes without any apparent Angle Dysgenesis on Gonioscopy (ADoG).
Methodology	Prospective clinical cohort study with 6-month follow-up. 45 eyes of 34 JOAG patients, with uncontrolled IOP to undergo SLT, were evaluated for presence of ADOA, which was defined as the absence of Schlemm's Canal (SC) and/or presence of hyper-reflective membrane (HM) over TM as identified on ASOCT. Successful reduction in IOP at 6 months follow-up post SLT was correlated with ADOA.
Results & Discussion	57.8% (26/45) eyes showed > 20% reduction in IOP at 6 months. SC was identified as present in 100% of eyes with success vs 47.4% eyes with failure ( $p < 0.001$ ). HM was identified as present in none of the eyes with success vs 58% eyes with failure ( $p < 0.001$ ). On regression analysis, the presence of SC increased the chances of SLT success by 12 times and absence of HM was associated with a 21.4 times greater chance of success. Hence, in vivo imaging of SC can help predict outcomes of SLT in JOAG eyes and can be included in the treatment protocol for JOAG eyes.
Conclusions	The presence of SC and absence of HM on ASOCT is a predictor for successful IOP reduction after SLT.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Toshit Varshney
Institution	All India Institute of Medical Sciences, New Delhi, India
Presenter Email Id	<a href="mailto:t1varshney@gmail.com">t1varshney@gmail.com</a>
Presenter Phone	919354217990
Co-Authors Name	Prof. Viney Gupta, Dr Shikha Gupta

ABSTRACT_ID	<b>132</b>
Abstract Title	<b>Role of teachers in screening of ocular disorders in school children: A multistage school screening program</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To find out whether teachers can be introduced as an effective tool in ocular screening of school children, To list out various causes of visual impairment and ocular abnormalities in school children and provide appropriate measures.
Methodology	A multistage school screening program from August to December 2019 in Trivandrum, included 33990 students from 52 schools. Five Stages of the study are Training of selected teachers, Screening by teachers in the school, Comprehensive examination by hospital team in school, detailed evaluation of referred children in hospital and corrective measures by pediatric ophthalmologist in our hospital. 1480 children were selected randomly from the children identified as normal by teachers to detect false negatives. Pattern of ocular disorders children was analyzed.
Results & Discussion	Out of 33990 students, 6343 students who were detected to have ocular disorders by teachers (18.6%) were examined by our team.74.2% (4707 students) of them were confirmed to have ocular problems. Thus teachers were able to identify the eye problems correctly (true positives) in 74.2% children, 25.8% being false positives. True positives includes, refractive errors(73.4%), allergic conjunctivitis(7.9%),strabismus(1.9%), amblyopia(0.098%) , pediatric cataract(0.08%) etc. Out of 1480 randomly selected children, 8(0.54%) children were false negatives (none had refractive errors). Spectacles were given to 2484 children free of cost.
Conclusions	Simplicity of multistage screening, ease of its application, time and cost effectiveness, wider coverage, utility as a continuous process in coming years signifies that introducing teachers as primary vision screeners at their schools is an innovative community based strategy to address the challenges of childhood blindness in resource constraint setting.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr APARNA K S
Institution	Chaithanya Eye Hospital and Research Institute, Kesavadasapuram Pin Code 695004, Trivandrum,Kerala
Presenter Email Id	<a href="mailto:ks.aparna1991@gmail.com">ks.aparna1991@gmail.com</a>
Presenter Phone	8547562549
Co-Authors Name	Dr Resmi Bhaskar, Dr Unnikrishnan Nair

ABSTRACT_ID	<b>133</b>
Abstract Title	<b>Prevalence of refractive errors in school children in rural Tamilnadu, India.</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess prevalence and types of refractive errors in school children in rural Tamilnadu state in India.
Methodology	This study was a retrospective cohort study based on data of which 4,053 students in 8 rural schools (primary and secondary included) were screened. The study parameters were age and gender of the child, visual acuity, type of refractive error mainly.
Results & Discussion	418 students found to have refractive error among 4,053 students of mean age 11.89 ± 1.788 . Myopia was the most common refractive error ( 51.7%) , followed by astigmatism (45.9%) and hypermetropia (2.4%). Glasses were prescribed and given to students with refractive error and among them, 79.42 % were found using spectacles regularly
Conclusions	Refractive error among children affects major proportion irrespective of age, sex and ethnic group. It is equally important to screen rural school children and urban school children for refractive errors. Early screening helps in preventing the onset of amblyopia and also is required for good scholastic performance. Encouraging children to involve in physical activity and avoiding excess screen time is recommended.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. C. ALEKHYA
Institution	MAHATMA GANDHI MEDICAL COLLEGE & RESEARCH INSTITUTE, PONDICHERRY, INDIA
Presenter Email Id	alekhyareddy968@gmail.com
Presenter Phone	8095309484
Co-Authors Name	Dr. K .SRIKANTH

ABSTRACT_ID	<b>134</b>
Abstract Title	<b>Low serum Vitamin D serves as a biomarker for proliferative diabetic retinopathy</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the association of low levels vitamin D in the serum with progression of diabetic retinopathy
Methodology	A tertiary care center based cross-sectional study was undertaken. Seventy-two consecutive cases of type 2 diabetes mellitus were included. Diagnosis of diabetes mellitus was made using American Diabetes Association guidelines, were classified according to ETDRS into: diabetes mellitus with no retinopathy (No DR) (n=24); non-proliferative diabetic retinopathy (n=24); and proliferative diabetic retinopathy (n=24) and healthy controls (n=24). All of the study subjects underwent complete ophthalmological evaluation. Best Corrected Visual Acuity (BCVA) was measured on the logarithm of the minimum angle of resolution (logMAR) scale. Serum 25-OH Vitamin D was measured. Diagnostic accuracy of vitamin D was assessed using receiver operating characteristics curve analysis and area under curve (AUC) was determined.
Results & Discussion	ANOVA revealed a significant decrease in serum vitamin D levels with severity of diabetic retinopathy (F=8.95, p<0.001). LogMAR BCVA was found to increase significantly with the severity of DR (F=112.64, p<0.001). On AUC analysis, a cut of value of 18.6 ng/mL for Vitamin D was found to be significantly associated with proliferative diabetic retinopathy [sensitivity=86.36% (95% CI 65.1–96.9); specificity=81.82% (95% CI 59.7–94.7); AUC=0.91 (excellent); and Z value=8.17].
Conclusions	Serum vitamin D levels of ≤18.6 ng/mL serve as sensitive and specific biomarker for proliferative disease, among patients of DR
<b>AUTHOR DETAILS</b>	
Presenting Author	Sanchita Saini
Institution	King George's Medical University
Presenter Email Id	drsanchita04@gmail.com
Presenter Phone	7533985048
Co-Authors Name	Sanchita Saini, Gauhar Nadri, Prof. Sandeep Saxena

ABSTRACT_ID	<b>135</b>
Abstract Title	<b>Digital Eye Strain among Kids (DESK)</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the prevalence, frequency and severity of symptoms ,associated risk factors of DES among school children who attend online classes during the COVID-19 pandemic. ➤ Impart awareness regarding the preventive measures.
Methodology	This is a questionnaire based cross sectional study in which survey was circulated as a google form among social media groups of parents and was open for 3 weeks. The DES symptoms and its severity were measured using the Computer Vision Syndrome Questionnaire developed by Segui et al. Quantitative variables were presented as mean ± standard deviation, while qualitative variables were presented as numbers and percentages. The associated risk factors of DES were analyzed by univariate and multivariate logistic regression. 1480 parents responded to the questionnaire. The mean age of the children was 11.63 years, of whom 705 (47.6 %) were males.
Results & Discussion	The study highlighted the drastic increase in use of digital devices after COVID lockdown with a slow deterioration of ocular health. Prevalence of DES in our cohort was 34.2%. (69.8 %-mild, 20.7 % -moderate, 10.5 % -severe). The most common symptoms of DES were itching (43.9%) and headache (45.7%).Double vision (7.4 %) and halos around objects (7.1%) were least common. Multivariate analysis revealed age >14 years, male sex, smart phone preference, use of digital devices >5 h, and use of mobile games >1 h were independent risk factors for DES in children.
Conclusions	Prevalence of DESK in our cohort was 34.2% ✓ Independent risk factors for DESK (After multivariate analysis) are age >11years , male sex , smart phone preference over other digital devices , use of digital devices >5 h and use of mobile games >2 h/day. ✓ Children with significant ocular symptoms were advised ocular examination. Brochures describing awareness about DESK were distributed through online platform.
<b>AUTHOR DETAILS</b>	
Presenting Author	Aparna K S
Institution	Chaithanya Eye Hospital and Research Institute, Kesavadasapuram Pin Code 695004, Trivandrum,Kerala
Presenter Email Id	<a href="mailto:ks.aparna1991@gmail.com">ks.aparna1991@gmail.com</a>
Presenter Phone	8547562549

Co-Authors Name	Dr Resmi Bhaskar, Dr Unnikrishnan Nair, Dr Sahasranamam
-----------------	---

ABSTRACT_ID	<b>136</b>
Abstract Title	<b>Bilateral Buried Optic Nerve Head Drusen Mimicking Idiopathic Intracranial Hypertension</b>
Presenting Preference	Poster Podium Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Optic nerve head (ONH) drusen are buried deposits in the optic nerve head simulating papilloedema. Idiopathic Intracranial Hypertension (IIH) signifies raised intracranial pressure in the absence of intracranial space occupying lesion. Pseudopapilledema is an apparent optic disc swelling secondary to a benign process such as buried ONH drusen which accounts for 75% of clinically diagnosed cases of pseudopapilledema.
Methodology	A 35-year old woman diagnosed with IIH elsewhere and commenced on oral acetazolamide therapy for six months, presented with intermittent episodes of “vague” headache without ocular complaints. The visual acuity and pupillary examination were normal bilaterally. The fundus examination revealed bilateral blurring of disc margins, elevated disc and obscuration of physiological cup. Ultrasound B-scan showed highly reflective deposits which persisted on reducing gain, suggesting ONH drusen. The optic nerve sheath diameter and visual field charting was within normal limits. MRI of brain was normal.
Results & Discussion	Acetazolamide therapy was discontinued and patient was reassured.
Conclusions	The diagnosis of IIH is to be reconsidered in a patient with an atypical clinical picture. The non-resolution of disc elevation following compliant medical therapy for IIH is unusual and hints towards an alternative diagnosis. ONH drusen as a differential for pseudopapilloedema should be excluded before initiating therapy for IIH.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. C. ALEKHYA
Institution	MAHATMA GANDHI MEDICAL COLLEGE & RESEARCH INSTITUTE, PONDICHERRY, INDIA
Presenter Email Id	alekhyareddy968@gmail.com
Presenter Phone	8095309484
Co-Authors Name	Dr. V. MUTHUKRISHNAN

ABSTRACT_ID	<b>137</b>
Abstract Title	<b>Low serum vitamin D correlation with high glycated hemoglobin in diabetic retinopathy</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To study the correlation between Vitamin D and glycated haemoglobin (HbA1c) levels in patients with diabetic retinopathy (DR), for the first time.
Methodology	Seventy-two consecutive patients aged 40-70 years having type 2 diabetes mellitus (DM) (NO DR, n=24; non-proliferative DR (NPDR), n=24 and proliferative DR (PDR), n=24) and twenty-four healthy controls were prospectively recruited. They underwent serum Vitamin D and HbA1c estimation as per standard protocol. Data was statistically analysed.
Results & Discussion	Serum Vitamin D levels (ng/ml) in controls , NO DR, NPDR and PDR (Mean $\pm$ SE) were 25.1 $\pm$ 1.6, 23.4 $\pm$ 2.0, 17.9 $\pm$ 1.9 and 14.1 $\pm$ 1.2 respectively. HbA1c levels (%) in controls, NO DR, NPDR and PDR were 25.1 $\pm$ 1.6, 23.4 $\pm$ 2.0, 17.9 $\pm$ 1.9 and 14.1 $\pm$ 1.2 respectively. Pearson correlation analysis showed significant negative correlation of serum vitamin D with HbA1c ( $y=-1.008x+9.6274$ , $r=-0.38$ , $p<0.001$ ). Vitamin D showed a linear decrease, whereas, mean HbA1c showed linear increase with severity of DR ( $p<0.001$ ).
Conclusions	Vitamin D has a negative correlation with HbA1c in patients with DR. Both the biochemical parameters influence the severity of DR.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Anupriya
Institution	King Georges Medical University, Lucknow
Presenter Email Id	<a href="mailto:anupriyachaubey@gmail.com">anupriyachaubey@gmail.com</a>
Presenter Phone	8601375057
Co-Authors Name	Dr Gauhar Nadri, Dr Sandeep Saxena

ABSTRACT_ID	<b>138</b>
Abstract Title	<b>Diagnose, Categorize Dry eye disease (DED) (Dews II) &amp; determine associated risk factors of DED: Tertiary care study</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To diagnose Dry Eye Disease (DED), further categorize using Dews II protocol, and determine associated risk factors
Methodology	This hospital-based study, screened 897 patients ≥30 years. Patients with both symptoms and signs as defined by DEWS II protocol were considered as DED and further categorized into Aqueous Deficient Dry Eye (ADDE), Evaporative Dry Eye (EDE) and Mixed type
Results & Discussion	265 patients were defined as DED based on presence of both symptom (DEQ-5 ≥6) and at least one positive sign (FBUT<10 sec or OSS ≥4). DED prevalence was found to be 29.5% with higher preponderance in > 60 years & females. Aqueous Deficient Dry Eye (ADDE), Evaporative Dry Eye (EDE) and Mixed type were seen in 34.71%, 39.62% & 25.7% patients respectively. Old age, females, diabetes, smoking, cataract surgery, visual display terminal devices (VDT) were found significant associated risk factors of DED
Conclusions	Hospital-based prevalence of DED in Prayagraj is 29.5% with preponderance of EDE. Age, sex, residency occupation and VDT usage have significant impact in the development of DED.
<b>AUTHOR DETAILS</b>	
Presenting Author	Kriti Bhatt
Institution	Regional institute of ophthalmology Prayagraj
Presenter Email Id	<a href="mailto:drkritibhatt@gmail.com">drkritibhatt@gmail.com</a>
Presenter Phone	7897633001
Co-Authors Name	Dr. S.P.Singh, Dr. K. J. Singh, Dr. Kshama Dwivedi

ABSTRACT_ID	<b>139</b>
Abstract Title	<b>Clinical outcomes in cases of culture negative microbial keratitis in a tertiary eye care center - a retrospective study</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To determine the prevalence, course of management and outcomes in patients with culture negative keratitis
Methodology	Medical records of patients who presented at Aravind eye hospital, Tirunelveli with clinical diagnosis of microbial keratitis from January 2018 to December 2020 were analyzed. Detailed examination with corneal scraping performed in suspected cases. Microbiology records of 33 patients were found to have no growth on culture reports after 7 days of corneal scraping. Demographic data including mode of injury, visual acuity, clinical features, microbiological evaluation, management and outcomes of these cases are assessed.
Results & Discussion	Among the clinically diagnosed cases of microbial keratitis during the study period, 33 patients showed no growth on microbiological workup. Most of these patients (66.6%) were in the age group of below 15 years. Trauma as a precipitating factor was noted in 10 (30.3%) of the cases. Empirical treatment with topical antimicrobials was given in all cases based on the clinical findings. Repeat scraping was performed in 12 (36.36%) cases which showed no response to treatment. Of them 6 cases showed growth of organisms (2- acanthamoeba, 1-pythium,1-fungus,2- gram negative bacilli) and treatment was changed accordingly. The duration of treatment ranged from one week to one month. Surgical intervention of therapeutic keratoplasty was performed in 5 (15.15%) cases of progressive keratitis and fungal growth in corneal button was detected in three of them. Patients were followed up till corneal lesions healed with formation of scar.
Conclusions	Management of culture negative microbial keratitis remains a challenge as the organism is unidentified and thereby duration of treatment prolonged. Early treatment with empirical antimicrobials may be started to prevent progression and surgical intervention needed in nonresponding cases.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Vemula Anusha Rao
Institution	Aravind eye hospital, Tirunelveli
Presenter Email Id	anushavemula90@gmail.com
Presenter Phone	8977859493
Co-Authors Name	Dr. Anitha Venugopal, Dr.Aditya Ghorpade

ABSTRACT_ID	<b>140</b>
Abstract Title	<b>Smartphone aided cobalt blue photography (DIY)</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess whether this DIY device can be used in settings where a slit lamp is not available for basic diagnosis and documentation of ocular surface diseases
Methodology	Both slit lamp photographs and smart phone aided cobalt blue photographs were taken of corneal surface diseases and image quality, grading and diagnosis was done by a single examiner after randomizing all the images
Results & Discussion	The images between the two systems were comparable and no statistical significance difference was noted between the two
Conclusions	This device can be a useful tool in clinical settings without slit lamps like peripheral health centers, ICU and for point of care diagnostics as well as being cost effective, user and pocket friendly
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Aiman Ahmed Khan
Institution	Aravind eye hospital, Coimbatore
Presenter Email Id	<a href="mailto:aimnkan@gmail.com">aimnkan@gmail.com</a>
Presenter Phone	7259583812
Co-Authors Name	Dr Prithvi Chandrakanth, Dr Kalpana Narendran

ABSTRACT_ID	<b>141</b>
Abstract Title	<b>ANTERIOR SEGMENT PHOTOGRAPHY - A FRUGAL INNOVATIVE LEARNING TOOL FOR RESIDENTS</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://drive.google.com/file/d/1rw51SLmEqS7jAimQMMIHBn9HSLzrcn7s/view?usp=sharing">https://drive.google.com/file/d/1rw51SLmEqS7jAimQMMIHBn9HSLzrcn7s/view?usp=sharing</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	TO PREPARE A FRUGAL INNOVATIVE COST EFFECTIVE TECHNIQUE OF TAKING ANTERIOR SEGMENT IMAGES USING A SMARTPHONE
Methodology	AN EXPIRED BROKEN IOL IS TAKEN AND IS STUCK BETWEEN A CHART PAPER WITH HOLES CREATED USING A PAPER PUNCHER THIS ARRANGEMENT IS THEN STUCK ONTO A SMARTPHONE. THIS ARRANGEMENT IS CALLED ASPI. THE IOL USE CAN VARY FROM 15DIOPTER TO 25DIOPTERS. ANTERIOR SEGMENT PHOTOGRAPHS ARE THEN TAKEN USING THE SMARTPHONE WITHOUT THE USE OF AN EXPENSIVE SLIT LAMP OR CAMERAS BUT DIRECTLY FROM THE SMARTPHONE.
Results & Discussion	THE IMAGES TAKEN BY RESIDENTS ARE DISPLAYED WHICH HAS QUALITY COMPARABLE TO THAT OF A SLIT LAMP. THESE IMAGES CAN BE TAKEN BY ANY RESIDENT IN NO TIME HENCE HELP THE DOCUMENT, USE IT FOR PUBLICATIONS, USE IT FOR CASE DISCUSSIONS AND DURING EMERGNcies, TO ASK EXPERT OPINIONS. IT IS A SIMPLE INNOVATIVE DEVICE THAT EVERY RESIDENT SHOULD CARRY FOR THEIR LEARNING PURPOSE AND WHICH COSTS THEM ALMOST NIL
Conclusions	ASPI IS A SIMPLE INEXPENSIVE INNOVATIVE FRUGAL DEVICE THAT EVERY RESIDENT SHOULD CARRY FOR IMAGING AND LEARNING PURPOSE
<b>AUTHOR DETAILS</b>	
Presenting Author	DR HIRIKA GOSALIA
Institution	ARAVIND EYE HOSPITAL COIMBATORE
Presenter Email Id	<a href="mailto:hirikagosalia95@gmail.com">hirikagosalia95@gmail.com</a>
Presenter Phone	919664955166
Co-Authors Name	DR PRITHVI CHANDRAKANTH DR SHISHIR VERGHESE DR KALPANA NARENDRAN DR V NARENDRAN

ABSTRACT_ID	<b>142</b>
Abstract Title	<b>Innovative Intra-operative Rapid Detection Test for Visualisation of Mucor</b>
Presenting Preference	Video Presentation
Video URL	<a href="https://drive.google.com/file/d/1n1gnKGix57FwVRTf0G9Yg-UJLMX_AX-T/view?usp=sharing">https://drive.google.com/file/d/1n1gnKGix57FwVRTf0G9Yg-UJLMX_AX-T/view?usp=sharing</a>
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To create an Innovative Intra-operative Rapid Detection Test for Visualisation of Mucor
Methodology	A smartphone-based intraocular lens microscope (IOLSCOPE) is an innovative point of care (POC) diagnostic device that helps in detecting fungal hyphae. It is a do-it-yourself device that uses four 30D adhered intraocular lenses attached to the smartphone camera which can be used as a microscope. During a live surgery conducted on a patient with suspected ROCM, the debrided specimen was placed on a KOH-mounted slide. Examination of the slide with the IOLSCOPE was done in the operating theatre.
Results & Discussion	Examination of the slide with the IOLSCOPE showed the presence of mucor hyphae at the edge of the tissue which was conducted simultaneously with the surgery in the operating room. It also helped in detecting leftover fungal tissue during the surgery. The specimen was also sent to the microbiology lab for reconfirmation after the surgery.
Conclusions	The main purpose of this setup was to highlight the use of IOLSCOPE in tackling the COVID-19 & mucor duplet by orbit surgeons as a reliable screening tool for rapid detection of hyphae for prompt treatment bypassing laboratory-based examination. It is also beneficial in clinics/hospitals devoid of laboratory setups and gives access to an expert opinion by microbiologists via telemedicine
<b>AUTHOR DETAILS</b>	
Presenting Author	DR PRITHVI CHANDRAKANTH
Institution	ARAVIND EYE HOSPITAL COIMBATORE
Presenter Email Id	<a href="mailto:dr.prithvi.chandrakanth@gmail.com">dr.prithvi.chandrakanth@gmail.com</a>
Presenter Phone	8951723802
Co-Authors Name	DR PRASANNA VENKATESH RAMESH

ABSTRACT_ID	<b>143</b>
Abstract Title	<b>Frugal innovative method for objective evaluation of tear film break up time using smart phone aided cobalt blue videography</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Assess viability of smart phone aided device for objective evaluation of tear film break up time (TBUT)
Methodology	Tear film break up time was measured by smart phone aided cobalt blue device in video mode and number of seconds it took from blink to break in tear film was recorded and compared to subjective assessment of TBUT by an examiner using slit lamp
Results & Discussion	TBUT was comparable between the two and no statistically significant difference was noted
Conclusions	Smart phone aided cobalt blue videography can be used for objective assessment of TBUT
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Aiman Ahmed Khan
Institution	Aravind eye hospital, Coimbatore
Presenter Email Id	<a href="mailto:aimnkan@gmail.com">aimnkan@gmail.com</a>
Presenter Phone	7259583812
Co-Authors Name	Dr Prithvi Chandrakanth, Dr Kalpana Narendran

ABSTRACT_ID	<b>144</b>
Abstract Title	<b>Fungal hyphae with Iolscope Recognition Study (FIRST)</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare hyphal morphology seen through simple microscope and an innovative device, IOLSCOPE
Methodology	Iolscope is an innovative frugal instrument made using 4 30d IOL attached to a smartphone to detect fungal specimens. To compare hyphal morphology seen through simple microscope and an innovative device, IOLSCOPE. Study included samples of corneal scraping sent to the microbiology department for the identification of fungal hyphae. Sample was then divided into two parts one was subjected to KOH mount for identification of fungal hyphae and the other for culture and identification using two devices Iolscope and a gold standard microscope. The images obtained from both were compared
Results & Discussion	We included a total of 194 samples – out of which 83 were diagnosed as fungal keratitis. Males had a higher incidence than females. Farmers being the highest affected by the disease. And the affected ones are those in the age group of 41-60 years in both males and females. The Iolscope has been able to pick up hyphae materials mounted in KOH solution and is as sensitive as a simple microscope in diagnosing a fungal keratitis. It also gives 100% sensitivity and specificity in diagnosing hyphae material in LPCB mount
Conclusions	IOLSCOPE is an innovative cost-effective instrument which can be used as a screening device for diagnosing fungal keratitis. IOLSCOPE is a good alternative to conventional microscope, as it provides good quality images for diagnostic purposes. It has wide applications for use in peripheral centers, fields and camps and for teleconsultation during COVID times.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR PRITHVI CHANDRAKANTH
Institution	ARAVIND EYE HOSPITAL COIMBATORE
Presenter Email Id	dr.prithvi.chandrakanth@gmail.com
Presenter Phone	8951723802
Co-Authors Name	DR HIRIKA GOSALIA DR SHISHIR VERGHESE DR KALPANA NARENDRAN DR V NARENDRAN

ABSTRACT_ID	<b>145</b>
Abstract Title	<b>Office-based rapid diagnosis and management of external ophthalmomyiasis via smartphone aided innovative tools in an under resourced setting</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To evaluate the use of smartphone-based innovative tools named ASPI (Anterior segment photography with intraocular lens) and IOLSCOPE (Intraocular lens-based microscope) to demonstrate, treat and diagnose the patients of Ophthalmomyiasis caused by sheep botfly larvae Oestrus ovis (O. ovis) formed as a result of infestation of the ocular surface with myiasis.
Methodology	A retrospective interventional case series of six patients infested with sheep botfly O. ovis. In our case series we evaluated 6 patients who presented in a rural health centre with symptoms of burning, stinging, itching, watering with foreign body sensation and mimicking acute catarrhal conjunctivitis. We used an innovative imaging technique for demonstrating O. ovis with the help of an intraocular lens (IOL) and smartphone by forming an optical system attached to the back of the smartphone camera with a tape.
Results & Discussion	The smartphone based ASPI clearly detected the 1-2 mm sized transparent black headed moving larvae on the ocular surface, and were removed with the help of plain forceps followed by microbiological diagnosis of oestrus ovis larvae with the help of an IOL and smartphone-based microscope (IOLSCOPE). Appropriate management was given to the patient without the aid of a slit lamp bio microscopy.
Conclusions	We hereby emphasize the importance of office-based rapid cost-effective diagnosis and management of ophthalmomyiasis via smartphone-based innovative tools called ASPI and IOLSCOPE especially in peripheral health centres and clinics devoid of slit lamp bio microscopy and laboratory-based microscopes.
<b>AUTHOR DETAILS</b>	
Presenting Author	DR HIRIKA GOSALIA
Institution	ARAVIND EYE HOSPITAL COIMBATORE
Presenter Email Id	hirikagosalia95@gmail.com
Presenter Phone	9664955166
Co-Authors Name	DR PRITHVI CHANDRAKANTH DR SHISHIR VERGHESE DR KALPANA NARENDRAN DR V NARENDRAN

ABSTRACT_ID	<b>146</b>
Abstract Title	<b>Profile of Fire cracker related injuries during festive season: A tertiary eye hospital study</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To find out the demographic distribution,pattern of presentation,management and outcomes of firework-related eye injury during the Tihar and Chaat festival.
Methodology	This was a hospital based retrospective study done at Biratnagar eye hospital,biratnagar,Nepal during the Tihar and Chaat festival 2021.All cases of firework related ocular injuries presenting to the emergency and out patient department were recorded in the study.
Results & Discussion	There were 47 cases of firework related injuries,out of which most common presentation was corneal abrasion 13(28%). Most common surgical management was corneal perforation repair 6(13%) followed by 5(10.6%) lid laceration repair and 5(10.6%) pars plana vitrectomy . All the patients undergoing surgical management had visual acuity of less than 6/60.More than 90 %of the patients were bystanders and were not actively involved in firing the firecracker.Most of the patients were between the age of 5 to 25yrs. One of the patient was pregnant lady during her last trimester who was blind at the presentation.Five patients had intraocular foreign body removal done,two from cornea and three from vitreous.
Conclusions	Firework related ocular injuries lead to severe damage of the eye and its surrounding structures.As it can lead to blindness, proper public awareness needs to be provided especially during the festive seasons.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. Ashma Manandhar
Institution	Biratnagar eye hospital
Presenter Email Id	<a href="mailto:ashmamanandhar1984@gmail.com">ashmamanandhar1984@gmail.com</a>
Presenter Phone	9860038301
Co-Authors Name	

ABSTRACT_ID	<b>147</b>
Abstract Title	<b>CENTRAL CORNEAL THICKNESS CHANGES FOLLOWING SMALL INCISION CATARACT SURGERY IN DIABETIC AND NON-DIABETIC PATIENTS: A COMPARATIVE PROSPECTIVE STUDY</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To compare mean central corneal thickness changes between diabetic and non-diabetic pre and post SICS and to find the correlation of CCT changes in diabetic patients with glycemic control(HbA1c) and duration of disease.
Methodology	A hospital-based comparative prospective study was conducted in the department of Ophthalmology, BPKIHS(Dharan, Nepal), 56 diabetics and 56 non-diabetics meeting inclusion criteria and undergoing manual SICS were enrolled. Central corneal thickness was measured using the ultrasound pachymeter probe preoperatively and followed up on postoperative days 1, 7 and 30. For diabetic patients, preoperative glycemic control(HbA1c) were found estimated and duration of disease were also recorded. Data were analyzed using descriptive and inferential statistics, all tests were performed at 95% Confidence Interval (CI) and p-value<0.05 was considered statistically significant.
Results & Discussion	<p>Diabetic corneas were found to be thicker(<math>549.5\pm 35.2\mu\text{m}</math>) when compared with non-diabetic (<math>528.18\pm 29.42\mu\text{m}</math>) at p-value(<math>p=0.001</math>). CCT changes between pre-operative and post-operative day 7(D7-D0) in diabetic were <math>44.75\pm 17.65\mu\text{m}</math> and non-diabetic <math>41.8929\pm 13.03\mu\text{m}</math> p-value(<math>p=0.562</math>), whereas between preoperative and post-operative day 30(D30-D0) in diabetic were <math>21.55\pm 12.8\mu\text{m}</math> and non-diabetic <math>13.03\pm 8.82\mu\text{m}</math> at p-value (<math>p&lt;0.001</math>). Surprisingly, more proportion of diabetic patients were having normal vision(VA: 6/6-6/18) on a postoperative day thirty as compared to non-diabetic patients(<math>p=0.05</math>).</p> <p>No significant correlation of CCT changes with glycemic control (HbA1c) and duration of diabetes mellitus was found in our study.</p> <p>Multivariate regression analysis among both diabetic and non-diabetic patients demonstrated diabetes mellitus status (<math>p&lt;0.001</math>) and pre-operative baseline CCT (<math>p=0.028</math>), likewise among only diabetic cataract morphology (<math>p=0.021</math>) and baseline preoperative CCT (<math>p=0.048</math>) as significant factors affecting CCT changes after manual SICS.</p>
Conclusions	Central corneal thickness of diabetic patients was more than non-diabetic, even though with good glycemic control. Identifying high-risk thicker corneas using ultrasound pachymeter, an indirect method of assessing corneal endothelial reserve in developing countries like ours. Hence, those high-risk eyes need to be handled more cautiously, both intraoperatively and postoperatively.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr. ZAHIR ANSARI
Institution	B.P. KOIRALA INSTITUTE OF HEALTH SCIENCES
Presenter Email Id	<a href="mailto:zahirzannat@gmail.com">zahirzannat@gmail.com</a>

Presenter Phone	9824318786
Co-Authors Name	Dr. SANGEETA SHAH, Dr. POONAM LAVAJU

ABSTRACT_ID	<b>148</b>
Abstract Title	<b>Ocular trauma in present scenario</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To clinically evaluate various types of ocular trauma presented in our tertiary care centre To prognostically evaluate the clinical outcome of these patients
Methodology	Patients were meticulously examined and classified according to BETT Classifications To prognostically evaluate and manage these patients according to OTS methods
Results & Discussion	In all 200 patients were evaluated
Conclusions	Present paper will discuss in detail
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Pervez Siddiqui
Institution	Govt medical college Jabslpur
Presenter Email Id	pervez.s@rediffmail.com
Presenter Phone	9837319696
Co-Authors Name	

ABSTRACT_ID	<b>149</b>
Abstract Title	<b>Exudative retinal detachment in Sturge-Weber syndrome</b>
Presenting Preference	e-Poster Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	Sturge-weber syndrome is included in a group of phakomatoses that is characterized by hamartomas involving the skin, brain and the eyes. The aim of this case report is to highlight the ocular manifestations in Sturge-Weber syndrome.
Methodology	This is a case report of an 11 year old boy who was referred from a community centre for gradual loss of vision in his right eye. He had a characteristic port wine stain along with a history of seizures during his childhood. examination revealed increased IOP, exudative retinal detachment. An MRI of brain and orbit was done which revealed a choroidal hemangioma.
Results & Discussion	The patient was started on anti-glaucoma topical medications ( timolol and dorzolamide) as well as oral corticosteroids for the exudative retinal detachment. But since the patient presented with total optic disc cupping, measuring the benefit of surgical intervention with the outcome, we preferred a medical treatment and observation.
Conclusions	Co-management of Sturge-Weber syndrome by a pediatrician and ophthalmologist is very crucial.
<b>AUTHOR DETAILS</b>	
Presenting Author	Elena Gurung
Institution	Tilganga Institute of Ophthalmology
Presenter Email Id	<a href="mailto:elenagurung@icloud.com">elenagurung@icloud.com</a>
Presenter Phone	9779851131365
Co-Authors Name	Sushma Duwal, Sanyam Bajimaya

ABSTRACT_ID	<b>150</b>
Abstract Title	<b>Diagnostic accuracy of Artificial Intelligence in detection of diabetic retinopathy in real world setting in Nepal: A pilot project</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To find out the diagnostic accuracy of artificial intelligence in detection of diabetic retinopathy
Methodology	Patients with diabetic mellitus coming for diabetic retinopathy screening were advised for fundus imaging with nonmydriatic portable fundus camera. Basic demographic details and one field macula centred fundus photo per eye was entered into hospital's Artificial intelligence software (CheersAI) to find out the automated grading of diabetic retinopathy at BP Eye Foundation in Nepal. Retina specialist checked the fundus image fed into artificial intelligence individually and graded the fundus picture. Sensitivity, specificity , positive prediction value, negative prediction value and accuracy of artificial intelligence in detecting diabetic retinopathy compared with human grader as standard was calculated using statistic test .
Results & Discussion	We studied 281 eyes. We found the sensitivity, specificity, positive prediction value, negative prediction value and accuracy of artificial intelligence as 73.44 % (60.91 to 83.70%), 96.77% (93.47 to 98.69 %), 85.06% (73.02 % to 92.29%),93.58%(90.65 % to 95.64%) and 91.75 % (87.87 TO 94.71 %) respectively at 95 % confidence interval in Nepal.
Conclusions	Cheers AI identified the diabetic retinopathy with the sensitivity threshold and accuracy recommended for screening test. We expect to improve the sensitivity further with further training the algorithm in CHEER's AI.
<b>AUTHOR DETAILS</b>	
Presenting Author	Arjun Shrestha
Institution	BP Eye Foundation
Presenter Email Id	<a href="mailto:arjundr@gmail.com">arjundr@gmail.com</a>
Presenter Phone	9779841277055
Co-Authors Name	

ABSTRACT_ID	<b>151</b>
Abstract Title	<b>Preferred practice pattern of physicians regarding diabetic retinopathy in diabetes mellitus patients</b>
Presenting Preference	Free Paper Oral Presentation
Video URL	
<b>ABSTRACT DETAILS</b>	
Aims & Objectives	To assess the perceptions of physicians about diabetic retinopathy (DR) screening, barriers to DR screening, and change in management protocol of Diabetes Mellitus (DM) patients with DR.
Methodology	A cross-sectional descriptive study was conducted using a standard predesigned and pretested www.ijo.in structured questionnaire through online mode in the month of April 2021 to assess the criteria used for DOI: referral of diabetic patients for DR screening, barriers to DR screening, and the management plan among physicians after the patient has been diagnosed with DR.
Results & Discussion	In total, 100 physicians participated in the study. Physicians responded that criteria used for referral for DR screening according to duration was <5 years (n = 0), 5–10 years (n = 60), >10 years (n = 10), and irrespective of the duration (n = 30). According to severity, well-controlled DM without (n = 30) and with other system involvement (n = 50) and uncontrolled DM without (20) and with other system involvement (n = 50) and irrespective of the severity of disease (n = 30) was reported. Physicians (n = 40) responded that patients who were diagnosed with DR belonged to the Type 1 DM category rather than Type 2 DM (P < 0.05). With regard to the barriers and challenges faced in ensuring DR screening, the following themes emerged: no ocular symptoms, lack of compliance, time constraint for the patient, and lack of motivation.
Conclusions	We found that the preferred practice pattern of physicians regarding referral for DR screening was dependent on the duration of the disease (mostly 5–10 years of the disease) and severity (when other systems were involved). Noncompliance with advice was the major barrier to DR screening.
<b>AUTHOR DETAILS</b>	
Presenting Author	Dr Tania Moudgil
Institution	Punjab institute of medical sciences Jalandhar
Presenter Email Id	taniamoudgil1981@gmail.com
Presenter Phone	918054421100
Co-Authors Name	Dr. Barinder Kaur, Dr Seema Bandhu, Dr Nancy Kanda

## MAJOR SPONSORS



NOVARTIS

**Cipla**



**Live Surgeries** : Alcon, J & J, Ziess & Bausch + Lomb