OB 2014

Academia Ophthalmologica Belgica

Programme book

SQUARE, Brussels Meeting Center

Nov 26-28, 2014

www.ophthalmologia.be


SQUARE
BRUSSELS MEETING CENTRE

Annual Congress of the Belgian Ophthalmological Societies

Ophthalmologica Belgica

SQUARE, Brussels Meeting Center

November 26 - 28, 2014

www.ophthalmologia.be

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Advertisements

Message from the president

"Naast het uitgebalanceerde en interessante wetenschappelijke programma zullen ook de ICC's en wetlabs leerrijk zijn"

Beste collegae,

De eindspurt naar OB2014 is ingezet en alles loopt gesmeerd. We verhuizen naar Square Meeting Center in hartje Brussel waar wetenschap, cultuur en sfeer elkaar ontmoeten. Naast het uitgebalanceerde en interessante wetenschappelijke programma zullen ook de interactive clinical courses (ICC's) en wetlabs leerrijk zijn.

Op donderdagnamiddag mogen we Prof. Dr. Em. Luc Missotten verwelkomen als laureaat van de AOB Lecture. Prof. Missotten zal deze lecture houden tijdens de plenaire sessie ethiek en economie. Ik wens hem alvast van harte proficiat hiervoor. Nadien kunnen we uitkijken naar de 'Eye, History and Art' sessie van Dr. F. J. Goes, de moeite waard.

Natuurlijk moet de boog niet altijd gespannen staan en zullen we kunnen bijpraten tijdens het 'faculty meets industry' evenement in de exporuimte op woensdagavond en tijdens de congress dinner op donderdag-avond. Dit diner gaat door in de panoramic hall van Square met een schitterend zicht over Brussel, en mag je niet missen.

De organisatie van OB2014 is telkens weer het werk van een hecht team, waar ik zeer dankbaar voor ben. Het is een plezier om met iedereen te mogen samenwerken in een optimale sfeer!

Joachim Van Calster

Voorzitter OB 2014

Message from the president

"Il n'y a pas que le programme équilibré et intéressant qui vous plaira mais également les (ICCs) et les wetlabs ne manqueront de vous séduire. "

Chers collègues,

Nous avons entamé la dernière ligne droite vers OB2014 et tout se passe particulièrement bien. Nous déménageons vers Square Meeting Centre au cœur de Bruxelles où science, culture et ambiance font très bon ménage. Il n'y a pas que le programme équilibré et intéressant qui vous plaira mais également les interactive clinical courses (ICCs) et les wetlabs ne manqueront de vous séduire.

Le jeudi après-midi nous accueillerons le Professeur Dr. Em. Luc Missotten en tant que lauréat d'AOB Lecture. Le professeur Missotten tiendra cette lecture au cours de la session plénière éthique et économie. J'en profite de le féliciter par ce biais. Après ce sera avec beaucoup de plaisir que nous écouterons la session 'Eye, History and Art', une présentation du Dr. F. J. Goes qui promet d'être passionnante.

Il va de soi qu'il faut également pouvoir se vider l'esprit. C'est pourquoi le mercredi soir nous avons prévu l'évènement 'Faculté meets Industry' dans la salle d'exposition et le jeudi soir le 'congress dinner'. Le 'dinner' se déroulera dans le 'panoramic hall' de Square où vous serez impressionnés par la vue époustouflante sur Bruxelles.

Cette fois encore l'organisation de OB2014 est le fruit du travail d'une équipe fortement soudée que je remercie de tout mon cœur. C'est un plaisir de pouvoir collaborer avec eux dans une très bonne ambiance.

Joachim Van Classer

Président OB2014

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Programme Secretary

Sabine Bonnet
ICC

Paul Jonckheere
Wetlab

Hua Minh-Tri
Free papers / Posters

Philippe Betz
AOB President, permanent invited

Marlene Verlaeckt
Organization

Dew Driessen
Organization

Organizing Societies

AOB	Academia Ophthalmologica Belgica
BBO-UPBMO	Belgische Beroepsvereniging van Oogheelkundigen Union Professionnelle Belge des Médecins Spécialistes en Ophtalmologie et Chirurgie Oculaire
BGS	Belgian Glaucoma Society
BIO	Belgian Immuno Ophthalmology Club
BOG	Belgisch Oftalmologisch Gezelschap
BOV-ABO	Belgische Orthoptische Vereniging Association Belge d'Orthoptie
BSA	Belgian Strabismological Association
BSCRS	Belgian Societies of Cataract and Refractive Surgery
BSONT	Belgian Society of Ophthalmic Nurses & Technicians
BSOPRS	Belgian Society of Oculoplastic and Reconstructive Surgery
BVVB-OBPC	Belgische Vereniging ter Voorkoming van Blindheid Organisation Belge pour la Prévention de la Cécité
FAB	Fluorescein Angiography Club Belgium
NOC	Neuro Ophthalmology Club
OBAO	Organisatie van Belgische Assistenten in Oftalmologie Organisation Belge des Assistants en Ophtalmologie
PED & LOW	Pediatric Ophthalmology & Low Vision Rehabilitation
REBEL	Retinal surgeons of Belgium
SBO	Société Belge d'Ophtalmologie

Scientific Committee

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AOB	Betz Philippe - De Potter Patrick
BBO-UPBMO	Johan Blanckaert - Philippe Huyghe
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BIO	Philippe Kestelyn - Joachim Van Calster
BOG	Bart Leroy - Peter Raus
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BSA	Sandrine de Temmerman
BSCRS	Jérôme Vryghem - Ed Tackoen
BSONT	Anne De Pryck - Peter Van Elderen
BSOPRS	Veva De Groot - Paul Jonckheere
BVVB-OBPC	Philippe Kestelyn - Marie-José Tassignon
FAB	Gwendoline Lepièce
NOC	Antonella Boschi
OBAO	Valérie Bertrand - Vincent Qin
PED & LOW	Ann Debackere
SBO	François Willermain - Antonella Boschi
Past-President & AOB Lecture	Bernard Heintz
Interactive Clinical Courses	Sabine Bonnet
Posters/Free Papers	Minh-Tri Hua
Wetlabs	Paul Jonckheere

General Information

OB Office
AOB vzw - asbl
OB 2014: Werkgroep - Groupe de travail
Kapucijnenvoer 33, 3000 Leuven
OB2014@ophthalmologia.be
BE 0862.155.596

Venue and dates
The congress will take place in SQUARE, Brussels Meeting Center from Wednesday 26 to Friday 28 November, 2014

How to get to the venue?
By train: SQUARE is just across the way from Brussels Central railway station
By car: rue Mont des Arts, 1000 Brussels
There are 660 parking spaces right underneath SQUARE. You can get in via Place de la Justice-Gerechtsplein, and Stuiversstraat-rue des Sols, and then walk straight into the building.

Exhibition
The exhibition will be open during the congress from 09:00 to 18:00.

Registration
All participants will receive their congress material at the registration desk.
The registration desk will be open from 08:00 to 18:00.

Entitlements
Payment of the registration fee entitles delegates to participate at the entire congress programme. The final programme will be sent to the preregistered participants in order of payments before November 10, 2014.
The others will receive their documents at the registration desk.

Catering
Coffee during the whole congress and sandwiches during lunchtime are included in the registration fee and will be served at the coffee bar in the foyer and during the poster session in the poster area.

Badges
Please remember to wear your badge throughout the congress.

Audiovisual support room
Will be open on Tuesday from 17:00 to 20:00 and from Wednesday to Friday from 07:30 to 17:30.
Bring your presentation at least two hours prior to your session to the audiovisual support room.

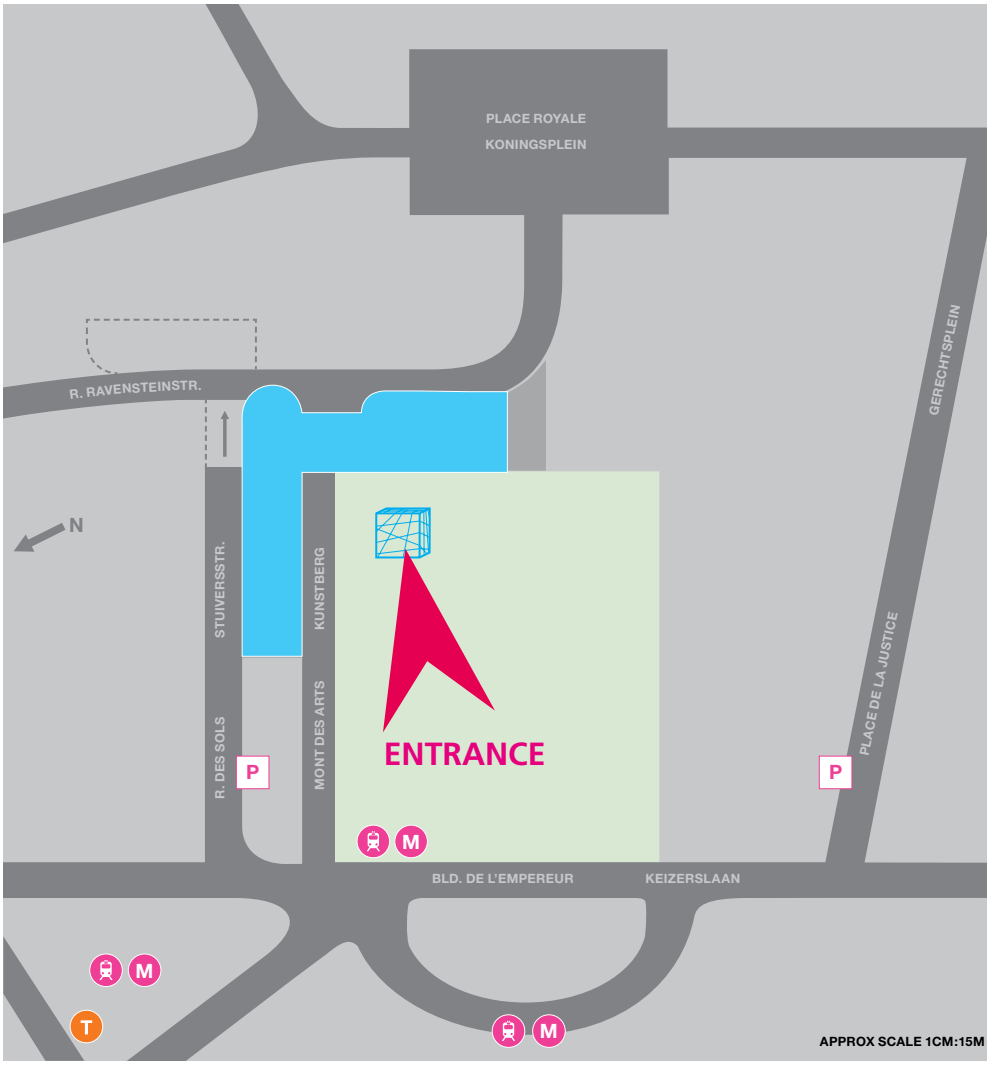
Internet
Internet access is available

Accreditation
See page 91.

Cancellation and refunds
Refunds up to 75% of the advance registration fee will be granted for cancellation received in writing prior to November 15, 2014. Refunds will not be granted for later cancellations or no-shows.

Liability
The organizers do not accept liability for personal accidents, loss of or damage to private property of participants and accompanying persons either during, or directly arising from the meeting. Participants must make their own arrangements with respect to health and travel insurance.

SQUARE, Brussels Meeting Center
Glass Entrance: Rue Mont des Arts, B-1000 Brussels



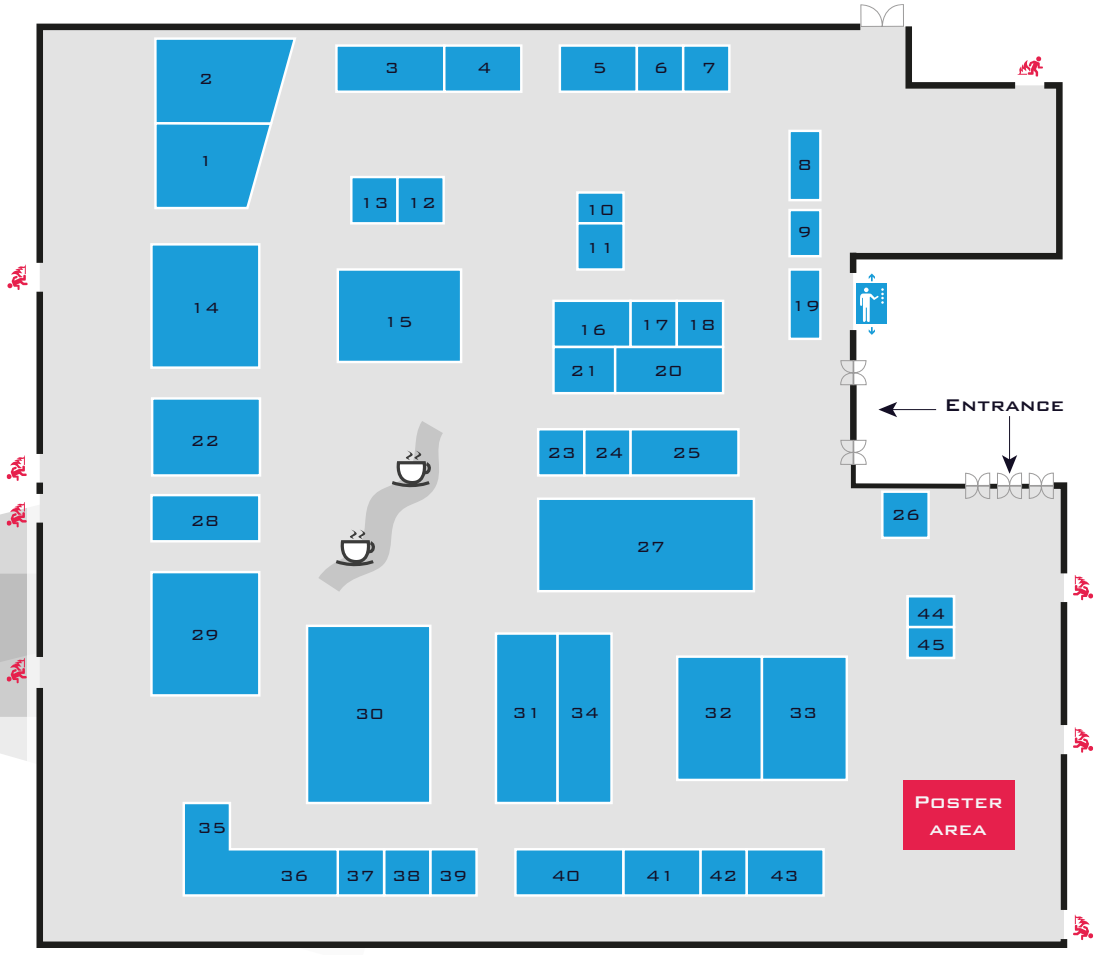
Entrance Central Station

Entrance Metro Central Station

Taxi

Public Parking 'Albertine'

Exhibition floor plan



Exhibitors by company

Exhibitors by booth number

Guidelines for speakers

Language

All oral presentations should be given in English, Dutch, French or German language. The language of the presentation should in all cases be the same as the language of the title and the abstract as shown in the programme.

The Organizing Committee of OB 2014 strongly recommends English for oral presentations, in order to maximize the international appeal of the meeting.

In all cases, the audiovisual material should be presented in English (slides, movies, ...). No other languages are acceptable.

Technical instructions

Speakers are kindly requested to strictly respect the allocated time to guarantee smooth running of the sessions.

- A single computerized network running the Windows operating system will be used to manage all slide projections. All presentations will be sent to the assigned meeting room from the central server at the Slide room, by the technical staff. This procedure ensures efficient management and higher quality of projection. The use of personal laptops for presentations is actively discouraged.
- Speakers are invited to prepare their presentations in Microsoft PowerPoint either for Windows or Macintosh/Apple.
- PowerPoint or keynote presentations on USB memory stick must be delivered at the Slide room at least one hour before the start of the session. Preview facilities will be available at the Slide room.
- Presentations loaded on a personal laptop must be downloaded and copied at the Slide room at least two hours before the beginning of the session.
- Should this be the case, please inform the meeting Administrator's Desk about any particular requests well in advance.

Some suggestions to make a PowerPoint presentation:

- Write the title of the presentation and the speaker's name on the first slide indicating any possible conflict of interest (please specify any consultancy relation to pharmaceutical companies, industries, etc..).
- Save the presentation with the speaker's name embedded in the file name + the date in order to avoid that all presentations are called OB 2014 or Brussels 2014.
- Any video/film/image file must be in the same folder of the PowerPoint presentation and must be copied in the folder before being included in the presentation. Alternatively, use the option "Pack and go" or "Package to CD/DVD/USB" in the PowerPoint software.
- It is recommended that embedded movies start automatically after slide transmission rather than by mouse click.
- We suggest putting a maximum of one movie per slide.
- Reduce the size of your presentation by choosing the option "reduce File Size..." and then "Best for viewing on screen" under the "File" dropdown menu in PowerPoint. Images with either ".png" or ".jpg" extensions are recommended in order to obtain a smaller size presentation (other kinds of cross-platform extensions - recognizable by PowerPoint, such as tiff – are also acceptable).

Procedure: All presenters must read the following instructions

Slide Room opening hours

- The Slide room is open on November 25 between 17:00 - 20:00 and during the congress between 7:30 - 17:30.
- The OB 2014 Organising Committee ensures that all presentations are erased from computers used by the audiovisual team. In addition, no one other than the presenter will be allowed to copy PowerPoint files from the AV system.

Session Moderators

Session moderators should ensure that speakers remain within the allocated time for their presentation, and that the session finishes within the allocated timeframe. It is actively discouraged to switch the order of talks, as meeting participants may have planned their itinerary in advance, and may move between meeting rooms during the Sessions to attend specific talks.

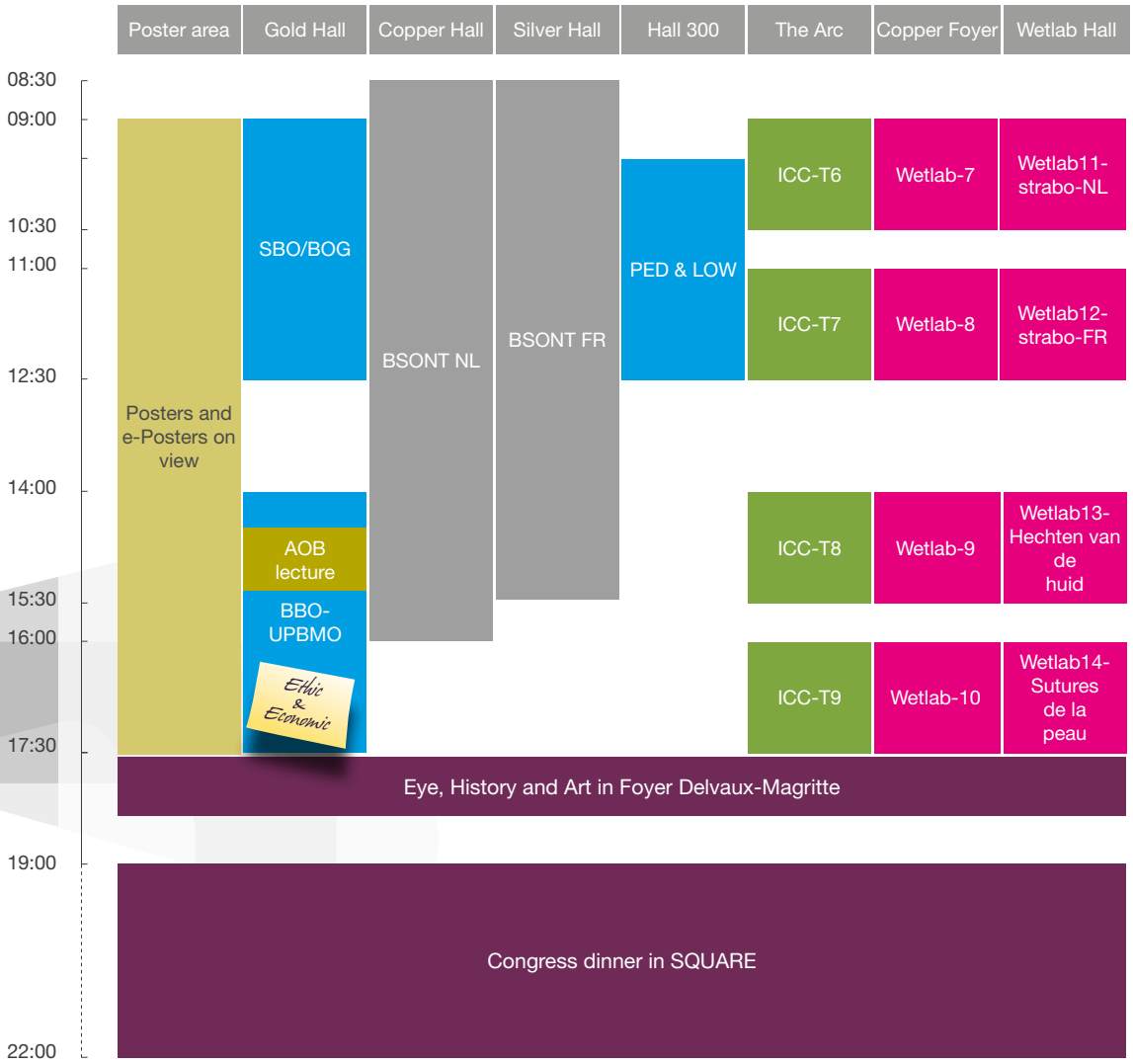
Guidelines for poster presentations

- The image area of poster boards is 190 cm wide and 100 cm high (landscape format)
- Posters must be mounted on the assigned poster board on Tuesday 25 November 2014, between 16:00 and 19:00, or at the latest on Wednesday morning 26 November 2014 from 7:30 and before 8:30.
- Poster boards are located in the Exhibition area and all carry a unique number.
- Posters must remain on display until Friday, November 28, 15:30. Posters not removed by Friday, November 28, 19:00 will be removed and discarded.
- Material for mounting will be available at the registration desk. Poster presenters are required to stand beside their poster during the poster sessions on Wednesday 17:30 - 19:00 in poster area. During this time the jury will be circulating for the poster award.
- All posters are eligible for a Poster Award.
- Best case: 300 EUR
- AOB best resident's poster prize: 500 EUR Travel grant EVER 2015 congress.
- An independent panel appointed by the Board of OB 2014 decides on the Poster Awards through voting. Their decision is final.

The poster awards ceremony will be held on Friday 28 November 2014 at 12:30 to 13:30 in Gold Hall. In order to receive the prize, the presence of poster presenters who are awarded a poster prize is mandatory.

Wednesday, November 26, 2014

Thursday, November 27, 2014



Friday, November 28, 2014

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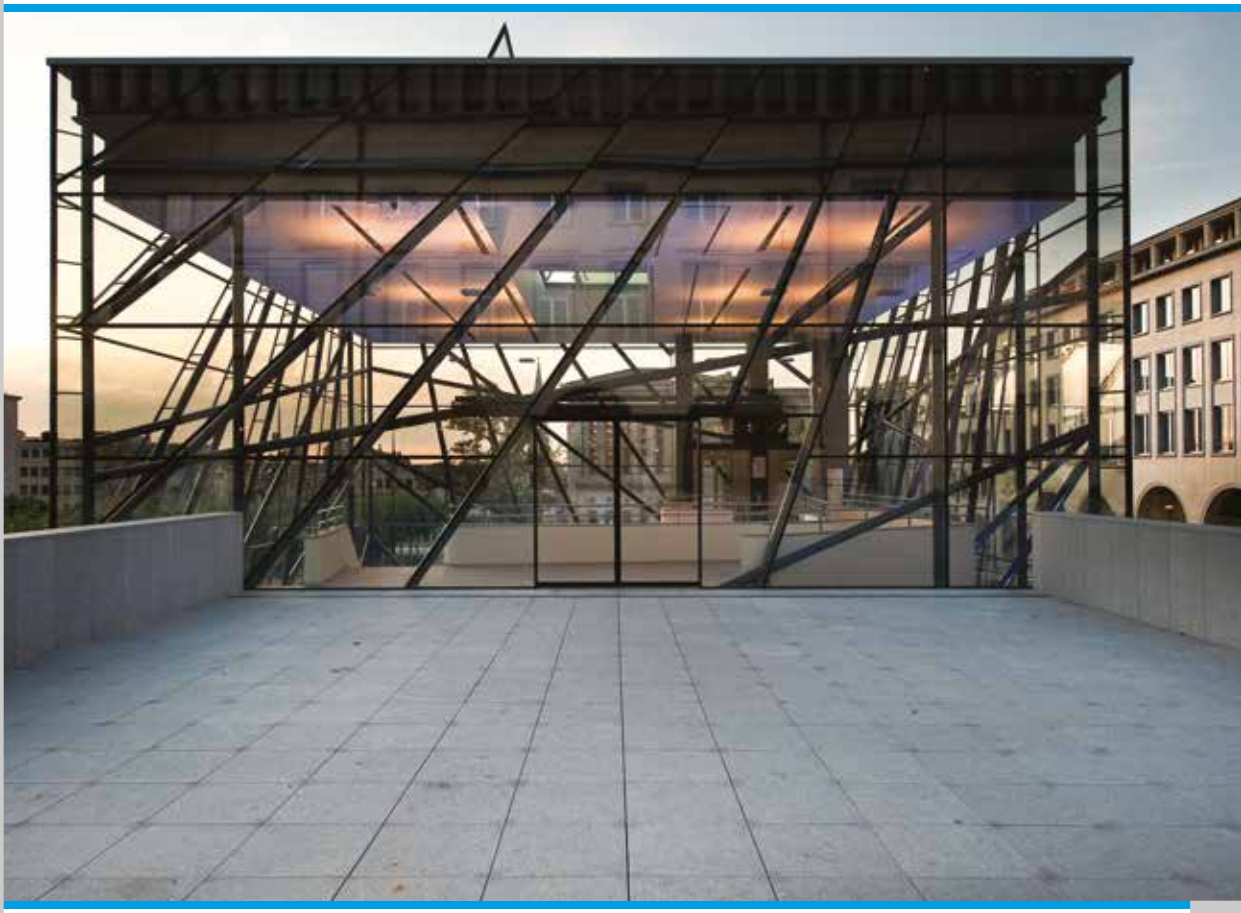
(1) Nakamura et al. Characterization of water retentive properties of hyaluronan. Cornea 1993; 12(5): 433-6
(2) Luyckx J. Baudouin C. Trehalose: an intriguing disaccharide with potential for medical application in ophthalmology. Clin Ophthalmol 2011; 5:577-81
(3) Baudouin C. et al. Role of hyperosmolarity in the pathogenesis and management of dry eye disease: proceedings of the OCEAN group meeting. Ocul Surf 2013; 11(4):246-58

Wednesday
November 26



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Referenties:
1. Paulsen A.J.Dry Eye in the Beaver Dam Offspring Study: Prevalence, Risk Factors, and Health-Related Quality of Life, Am J Ophthalmol 2014 Jan 2. pii:S0002-9394(13)00813-1. **2.** Survey Alcon Nordics.

* 3275 participants - epidemiologische cohort studie. ** Market analyse in Sweden, Norway, Denmark, Finland.

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2014-759

Belgian Glaucoma Society

Individualising Glaucoma care

Moderators: Adèle EHONGO, Anna - Maria STEVENS, Veva DE GROOT

09:00 Welcome

09:10 Monitoring myopic patients
1001 *HONDEGHEM K - Antwerpen*

09:30 Lasik and glaucoma
1002 *KESTELYN P - Gent*

09:50 Detecting structural progression with imaging
1003 *ZEYEN T, Leuven*

10:10 Break

10:30 Patient on prostaglandin: which drug next?
1004 *STALMANS I - Leuven*

10:50 Laser trabeculoplasty: is it first line? Is it additive to prostaglandin?
1005 *COLLIGNON N - Liège*

11:10 Does glaucoma diagnosis change the indication for cataract surgery?
1006 *POURJAVAN S - Brussel*

11:30 Case reports

12:30 End of session

FAB

Wednesday, 09:00 - 12:30 Silver Hall

Fluoresceïn Angiography Club Belgium

It looks like AMD but it's NOT!

Moderators: Gwendoline LEPIECE, Sabine BONNET, Jean - Jacques DE LAEY, Anita LEYS

09:00 Serous central choroidopathy, Stargardt, pattern dystrophy, white dots syndrome, vascular pathology

Invited speaker: Dr S.Y. COHEN (Paris)

Presentation of Clinical Cases

Nystagmus for dummies

Moderators: Marcel TEN TUSSCHER, Alain BAUWENS

09:00 Welcome

09:05 How to detect and evaluate nystagmus
1007 *BAELEMANS B - Brussels*

09:20 Nystagmus in children
1008 *EHRT O - Munchen*

09:50 Nystagmus in adults
1009 *ANDRIS C - Liège*

10:20 Clinical Case
1010 *SOYER T - Brussels*

10:30 Break

11:00 Non surgical treatment of nystagmus
1011 *GODTS D - Antwerp*

11:30 Surgical treatment of nystagmus
1012 *DE NIJS E - Gent*

12:00 Clinical case
1013 *STREEL C - Liège*

12:15 Discussion

12:30 End of session

Belgian Society of Ophthalmic Plastic and Reconstructive Surgery

Floppy eyelid syndrome

Moderators: Veva DE GROOT, Paul JONCKHEERE

The floppy eyelid syndrome (FES) is a relatively rare ophthalmic disease, which consists of hyperlaxity of the eyelids. Usually in obese, middle-aged men. Sometimes though it can occur in women and persons of normal weight, even in children. A large number of these patients suffer likewise of obstructive sleep apnea (OSA) (partial collapse of the pharynx during breathing, resulting in loud snoring and gasping).

Patients complains are mostly due to chronic red, irritated watery eyes, itching and sticky secretions in the corner of the eye, especially on waking. The symptoms can occur bilaterally or just in one eye. General complaints: chronic fatigue and headaches upon waking.

The ophthalmic examination shows: a papillary conjunctivitis with mild bulbar hyperemia, often on the side where the patient sleeps. Punctiform keratitis, mucosal filaments in the tear film, a pseudo-ptosis and a "rubbery" consistency of the eyelids. The upper eyelids can be flipped over by minimal manipulation. The disease is often associated with blepharitis on rosacea and Meibomius gland dysfunction (MGD)

The treatment of the floppy eyelid syndrome:

- *moistening the eyes with artificial tears and a "moister chamber".*
- *In severe cases, surgery is performed: a horizontal shortening of the four eyelids by full-thickness resection of one third of the lids.*

As important as treating the eyes is addressing the obesity and obstructive sleep apnea.

Clinical Pearl: interrogation of the partner of the patient gives a much more realistic picture about the degree of heavy snoring and sleep apnea.

14:00 Clinical picture of floppy eyelid syndrome
1014 JONCKHEERE P - Deurne

14:10 General implications of sleep apnea and CPAP
1015 VERBRAEKEN J - Antwerpen

14:30 Increased risk for glaucoma
1016 KIEKENS S - Antwepen

14:40 Update on current techniques to avoid airways collaps and snorring
1017 VAN DE PERRE J - Deurne

15:00 Surgical treatment options of floppy eyelid
1018 EZRA D - London

15:30 Break

16:00 Simple cases turned out to be complicated: discussion by a pannel

17:30 End of session

Invited speaker

Surgical treatment options of floppy eyelid

Daniel Ezra, Moorfields Eye Hospital, London

Daniel Ezra trained in medicine at Cambridge and London Universities. He is a Consultant Ophthalmologist at Moorfields Eye Hospital and lecturer at the UCL Institute of Ophthalmology, specialising in oculoplastics and orbital disease. He is also the Clincial Trials Lead and Training Director for adnexal surgery. He has a special clinical and research interest in thyroid eye disease and eyelid scarring and he leads leads the Basic science and clinical research programme for oculoplastics at Moorfields Eye Hospital.

Academia Ophthalmologica Belgica

AOB Free papers

Moderators: Minh-Tri HUA, Werner SPILEERS

14:00 Novel and known FRMD7 mutations and genomic rearrangement in Belgian patients with X-linked idiopathic infantile nystagmus
1019 *ALMOALLEM B, WALRAEDT S, DELBEKE P, LEROY BP, DE BAERE E - Ghent*

14:09 A new generation of haptics
1020 *GALAND A - Neupré*

14:18 Outcomes after 6 year follow up, retrospective study of corneal collagen cross linking in corneal ectasia.
1021 *AYVAZ A, SAELENS IEY, BERENDSCHOT TTJM, DICKMAN MM, VISSER N, NUIJTS RMMA - Maastricht*

14:27 Incidence of rhegmatogenous retinal detachment after bag-in-the-lens intraocular lens implantation.
1022 *VAN DEN HEURCK J, BOVEN KBM*

14:36 Occurrence of diseases of the vitreomacular interface in a population aged over 50
1023 *JACOB JJ, STALMANS PS - Leuven*

14:45 A Retrospective Cohort Study in Patients with Tractional Diseases of the Vitreomacular Interface (ReCoVit)
1024 *STALMANS P - Leuven*

14:54 Posterior Chamber Phakic Implantable Collamer Lens Outcomes with at Least 1 Year of Follow-up
1025 *MERTENS ELJG - Antwerpen*

15:03 The use of Iridium Brachytherapy in multifocal and non-limbal conjunctival melanoma
1026 *MISSOTTEN G, VAN LIMBERGEN E, SPILEERS W - Leuven*

15:12 Capsule contraction syndrome after implantation of a 4-looped single-piece hydrophilic intraocular lens: a case
1027 *HUA MT - Leuven*

15:21 The incidence of retinal detachment after pars plana vitrectomy for idiopathic macular hole: a retrospective study
1028 *BOECKX S.C, VAN CALSTER J, STALMANS P - Leuven*

15:30 End of session

FRO Free papers

Moderators: Laure CASPERS, Marie-José TASSIGNON

16:00 FRO: The effect of AMA0428, a novel rock inhibitor, in a model of wet age-related macular degeneration
1029 *HOLLANDERS K, VAN BERGEN T, VANDEWALLE E, CASTERMANS K, KINDT N, MOONS L, STALMANS I - Leuven, Diepenbeek*

16:09 FRO: Subconjunctival bevacizumab enhances the antifibrotic effect of MMC and allows to reduce its exposure time to improve safety
1030 *VAN BERGEN T, VANDEWALLE E, MOONS L, STALMANS I - Leuven*

16:18 FRO: Rho-associated kinase inhibition prevents pathological neovascularization after corneal trauma
1031 *SIJNAVE D, VAN BERGEN T, VANDEWALLE E, MOONS L, CASTERMANS K, KINDT N, STALMANS I - Leuven, Diepenbeek*

16:27 FRO: Rho Kinase Inhibitor AMA0526 Improves Surgical Outcome in a Rabbit Model of Glaucoma Filtration Surgery
1032 *VAN DE VELDE S, VAN BERGEN T, VANDEWALLE E, CASTERMANS K, KINDT N, MOONS L, STALMANS I - Leuven, Diepenbeek*

16:36 FRO: Surprising immunohistochemistry of the vitreolenticular interface in developmental cataracts
1033 *VAN LOOVEREN J, VAN GERWEN V, TASSIGNON MJ - Antwerp*

16:45 FRO: Identification of the gene signature of retinal endothelial cells during classical experimental autoimmune uveitis, Th1- and Th17-dependent uveitis
1034 *LIPSKI D, DEWISPELAERE R, FOUCART V, CASPERS L, BRUYNS C, WILLERMAIN F - Brussels*

16:54 End of session

Belgian Immuno Ophthalmology Club

An update on diagnostics and therapeutics in uveitis

Moderators: Philippe KESTELYN, Joachim VAN CALSTER

14:00 An update on invasive diagnostics in uveitis
1035 *VAN CALSTER J - Leuven*

14:15 New viruses in uveitis
1036 *KESTELYN P - Gent*

14:30 OCT in uveitis
1037 *NERI P - Ancona*

15:00 An update on treatment: biologicals in uveitis
1038 *WILLERMAIN F - Bruxelles*

15:15 Case reports

15:30 End of session

Retinal surgeons of Belgium

Controversies in treatment of retinal detachment

Moderators: Ernesto BALI, Joachim VAN CALSTER

Keynote lecture: Controversies in treatment of retinal detachment

Bill Aylward, Moorfield, Londen

Presentation of case reports

Keynote lecture:
Controversies in treatment of retinal detachment

Bill Aylward, Moorfields Eye Hospital, London

Bill Aylward is a senior Vitreoretinal Surgeon at Moorfields Eye Hospital. He has published over 100 peer-reviewed papers, and 9 book chapters. He is the lead author of the highly regarded Video Atlas of Vitreoretinal Surgery.

He studied at Cambridge University, and trained in ophthalmology at the Western Eye Hospital in London, before studying for his MD thesis under Professor Frank Billson at the University of Sydney. His thesis won the prize for best MD thesis of the year at Cambridge University. He obtained further residency training at Moorfields Eye Hospital, trained as a fellow with Peter Leaver in vitreoretinal surgery, and then with Don Gass in Medical Retina at the Bascom Palmer Eye Institute in Miami.

He has been a consultant at Moorfields Eye Hospital since 1994, was Director of the Vitreoretinal service from 1997, and was Medical Director from 2002 to 2010. He won Hospital Doctor of the Year award in 2003. He was Chairman of the Informatics and Audit Committee of the Royal College of Ophthalmologists for 8 years, and a member of their Professional Standards Committee. He is a founder member of Euretina (the European Society of retinal specialists), and served as President from 2009 to 2011. He is President of the British and Eire Association of Vitreoretianl Surgeons, and is Vice president of the Club Jules Gonin, the leading international retinal society. He has also served on the board of the American Society of Retinal Specialists. He introduced the first EPR at Moorfields in 1997, and has been promoting their use ever since. He is founder and director of the OpenEyes collaborative development of a state of the art electronic patient record for ophthalmology. He has recently been included in the list of the 100 most influential people in ophthalmology today complied by the Ophthalmologist journal.

Belgian Strabismological Association

Squint and genetics

Moderators: Demet YUKSEL, Carl GOBIN

14:00 Introduction by Demet YUKSEL

14:10 Genetics nowadays and in the future
1039 *CASSIMAN JJ - Leuven*

14:40 KEYNOTE Lecture : The Genetics of Simple and Complex Strabismus
1040 *TRABOULSI E - Cleveland, U.S.A.*

15:20 Discussion

15:30 Break

16:00 Infantile strabismus
1041 *TEN TUSSCHER M - Brussel*

16:30 Frozen orbit
1042 *LEROY BP - Ghent & Philadelphia*

16:50 Refraction and genetics
1043 *DE TEMMERMAN S - La Louvière*

17:00 Clinical cases
1044 *POSTOLACHE L - Bruxelles*

17:20 Discussion

17:30 End of session

Keynote lecture:
The Genetics of Simple and Complex Strabismus

A genetic component to strabismus had been suspected since ancient Greek times because of its familial aggregation. In 1923 Claude Worth postulated that "a defect in the fusion faculty is the essential cause of squint and is the inherited factor…". The 1990's and 2000's have witnessed the mapping and isolation of several genes for the fibrosis syndromes and other Congenital Cranial Dysinnervation Disorders. There is an increasing interest in the genetics of common forms of strabismus, and linkage studies as well as other molecular genetic approaches are currently being utilized to identify the underlying genetic mechanisms. The speaker will review the current status of knowledge about simple and complex forms of strabismus.

Elias I. Traboulsi, M.D., Cleveland USA

CURRENT POSITIONS AND CONTACT INFORMATION

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Director, The Center for Genetic Eye Diseases
Cole Eye Institute, Cleveland Clinic

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Cleveland Clinic Foundation

Director, Center for Graduate Medical Education
Designated Institutional Official
Education Institute, Cleveland Clinic
Cleveland Clinic Foundation
(216) 445-7820 - Voice
gmec@ccf.org

Poster session

Wednesday, 17:30 - 19:00 Poster area

Moderator: Minh-Tri HUA

Each poster is exhibited in the poster area during the whole congress. All posters should be erected before Wednesday 9:00. Poster presenters are required to stand beside their poster during the poster session on Wednesday from 17:30 to 19:00. During this time, the jury will be voting for the poster prizes. Poster abstracts on pages 80-87.

1045 Visual outcome and rejection rate in eyes with corneal grafts : a retrospective study
QIN V, PINHEIRO CHAVES A - Brussels

1046 Eviscerated eyes unexpectedly containing uveal melanoma
VAN GINDERDEUREN R, MOMBAERTS I - Leuven

1047 Correlation between peripapillary choroidal thickness and retinal vessel oxygen saturation in young healthy individuals
VAN KEER K, ABEGãO PINTO L, WILLEKENS K, STALMANS I, VANDEWALLE E - Leuven, Lisbon

1048 Pharmacological matrix metalloproteinase (MMP) inhibition blocks axonal regeneration in the damaged retinotectal system of the adult zebrafish
LEMMENS K, BOLLAERTS I, BHUMIKA S, VAN HOUCKE J, VAN HOVE I, MOONS L - Leuven

1049 Ruptures in Descemet's membrane due to forceps injuries: clinical and Optical Coherence Tomography features.
VAN HOLLEBEKE I, LEVECQ L - Yvoir

1050 Validation of an antiretinal antibody detection strategy for the diagnosis of autoimmune retinopathies.
DRAGANOVA D, DEBAUGNIES F, POSTELMANS L, CASPERS L, WILLERMAIN F, CORAZZA F - Brussels

1051 Case report: cacicol eye drops for the treatment of non-healing corneal epithelial defects post refractive laser ablation as an adjunctive/alternative to autologous eye drops
AL-SABAI N, KOPPEN C - Bruxelles, Antwerpen

1052 Frequency of prepapillary vascular loops in Congolese patients
KAIMBO WA KAIMBO D - Kinshasa

1053 Bilateral Serous Retinal Detachment in (Pre-)eclampsia and HELLP Syndrome
CLAUS M, HOORNAERT K, PLATTEAU E, LEROY BP, DE ZAEYTIJD J - Ghent, Philadelphia

1054 Ciliochoroidal Effusion Syndrome caused by sulpha derivatives: hypothesis for pathophysiologic mechanism
LAMBRECHT PL, AUGUSTINUS BA - Gent, Antwerpen

1055 Diplopia as presenting sign of Turcot syndrome
NINCLAUS V, WALRAEDT S, BAERT E, LAUREYS G, DE ZAEYTIJD J - Ghent

1056 Mowat-Wilson syndrome: an expanding ocular spectrum.
HOUTMAN AC, DE RADEMAKER M - Brussel

1057 Evaluation of Femtosecond Laser-Assisted Cataract Surgery compared with Conventional Cataract Surgery
DELBEKE HD, BERTRAND VB, HUYGENS MH - Brugge, Leuven

1058 Best-Corrected Visual Acuity and Foveal Location in Patients with Congenital Stationary Night Blindness
KARABULUT E, WALRAEDT S, DE ZAEYTIJD J, DELBEKE P, LEROY B.P - Ghent, Ankara

1059 Validation of in vitro, ex vivo and in vivo glaucoma models for the study of neuroprotection and axonal regeneration by using ROCK inhibitors
VAN HOVE I, LEFEVERE E, VAN DE VELDE S, STALMANS I, MOONS L - Leuven

1060 Pterygium removal associated with conjunctival allograft: post operative results.
COUTEL-DARRIEU MCD, CHAVES-PINHEIRO ACP - Bruxelles

1061 Acquired bilateral Brown's syndrome with benign joint hypermobility
BURUKLAR HB, CORDONNIER CM - Bruxelles

1062 Persistent epithelial defects (PED) and neurotrophic ulcer treated with a new topical regenerating agent (RGTA, Cacicol®) associated with topical dexamethasone: a case report
CABAY LC, ELMALEH V VE, WILLERMAIN F FW, CASPERS L LC - Bruxelles

1063 Treatment of taxane (docetaxel)-induced maculopathy with oral acetazolamide
DERVEAUX T, DE KESEL R, SAMYN I, DE ZAEYTIJD J - Ghent

1064 Subfoveal choroidal thickness measured by OCT EDI (Enhanced Depth Imaging) was not found to be altered by the administration of tropicamide and phenylephrine eyedrops
AOUCHAR Z, BAZEWICZ M, MAKHOUL D, JUDICE L, LEFEVRE P, CASPERS L, POSTELMANS L, WILLERMAIN F, EL OUARDIGHI H - Bruxelles

1065 Ocriplasmin is particularly efficacious in specific types of vitreomacular traction and can induce transient ultrastructural changes at the optic disc
WILLEKENS KW, ABEGãO PINTO LAP, VANDEWALLE EV, STALMANS IS, STALMANS PS - Leuven, Lisbon

1066 Corneal Changes in ReLEx smile
VAN CLEYNENBREUGEL H - Oud Heverlee

1067 Clinical trial of Ultrasonic Circular Cyclo Coagulation in patients with open angle glaucoma.
COLLIGNON NJ, CHAPELLE AC, REMONT L, DUPONT G - Liège

1068 An aggressive small choroidal melanoma or How optic disc swelling helped to suspect extraocular invasion.
LAUWERS N, DE GROOT V, SIOZOPULOU V, DE KEIZER RJW - Edegem

1069 Large spot size-transpupillary laser diode and adjuvant ICG for retinal hemangiomas
FORTUNATI M, DE POTTER P - Brussels

1070 Peripheral ischemic retinopathy and neovascularization in a patient with bacterial endocarditis
KREPS EO, DE SCHRYVER I, HOORNAERT KP, SMITH V, DE ZAEYTIJD J - Ghent

1071 A new method for measuring rotational stability of toric intraocular lenses
HUA MT, GILLARD P - Leuven, Liège

1072 Horizontal diplopia and exophtalmos as first signs of trigeminal schwannoma: case report and review of the literature.
LHOIR S, BORRUAT F-X - Bruxelles, Lausanne

1073 There's music in Belgian ophthalmology
VAN OS L, DE KEIZER RJW - Edegem

Faculty meets Industry

Wednesday, 17:30 - 21:00 Exhibition Area

Thursday
November 27

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Société Belge D'ophtalmologie / Belgisch Oftalmologisch Gezelschap

Update in management of ocular herpes infection

Moderators: François WILLERMAIN, Joachim VAN CALSTER

09:00 When should a corneal lesion make me consider a herpes infection ?
2001 ELMALEH V - Bruxelles

09:20 When should an intraocular inflammation make me consider herpes infection?
2002 CASPERS L - Bruxelles

09:40 How should I confirm herpes infection ?
2003 VAN CALSTER J - Leuven

10:00 How should I treat ocular surface herpes infection ?
2004 DUCHESNE B - Liège

10:20 Break

11:00 How should I treat intraocular herpes infection ?
2005 KOZYREFF A - Bruxelles

11:20 When should I think of treatment resistance?
2006 KESTELYN P - Gent

11:40 Will vaccination be available soon?
2007 VAN LAETHEM Y - Bruxelles

12:00 Immune privileged sites and HSV resistance: experience of the Regavir platform
2008 SNOECK R - Leuven

12:20 Discussion

12:30 End of session

Pediatric Ophthalmology and Low-Vision

Chromosomal anomalies and the eye

Moderators: Ingele CASTEELS, Ann DEBACKERE

09:30 An introduction to the ocular genetics consultation
2029 *LEROY BP - Ghent & Philadelphia*

10:00 Discussie

10:10 KEYNOTE Lecture: Genetics of anterior segment malformations and associated syndromes
2030 *TRABOULSI E - Cleveland, USA*

10:45 Discussie

10:55 Break

11:25 Velocardiofacial syndrome
2031 *CASTEELS I - Leuven*

11:40 Down syndrome and ophthalmological problems
2032 *DE VEUSTER I - Antwerpen*

11:55 Case report

12:30 End of session

Keynote lecture:
Genetics of anterior segment malformations and associated syndromes

Elias I. Traboulsi, M.D.
Cleveland USA

A genetic component to strabismus had been suspected since ancient Greek times because of its familial aggregation. In 1923 Claude Worth postulated that "a defect in the fusion faculty is the essential cause of squint and is *the inherited factor…*". The 1990's and 2000's have witnessed the mapping and isolation of several genes for the fibrosis syndromes and other Congenital Cranial Dysinnervation Disorders. There is an increasing interest in the genetics of common forms of strabismus, and linkage studies as well as other molecular genetic approaches are currently being utilized to identify the underlying genetic mechanisms. The speaker will review the current status of knowledge about simple and complex forms of strabismus.

BBO-UPBMO

THURSDAY, 14:00 - 17:30 GOLD HALL

Belgische Beroepsvereniging van Oogheelkundigen/Union Professionnelle Belge des Médecins Spécialistes en Ophtalmologie et Chirurgie Oculaire

In collaboration with SOOS, Syndicat Ophtalmologique Oftalmologisch Syndicaat

Ethic & Economic

Moderators: Johan BLANCKAERT, Philippe HUYGHE, Jacqueline KOLLER

14:00 Introduction by Johan BLANCKAERT, president BBO-UPBMO

14:10 Legale aspecten informed consent
2033 *CALLENS S*

14:40 L'impact du Fonds des accidents médicaux pour les oftalmologue
2034 *COËFFE M*

15:10 Discussion

15:20 AOB Lecture - Introduction Bernard HEINTZ

15:25 Laudatio by Werner SPILEERS

15:30 AOB Lecture : De pupillendans by Prof. Dr. Em. Luc MISSOTTEN

15:50 AOB Award presentation

16:00 Break

16:30 Therapeutic freedom of physicians and the legislation on public procurement: reconcilable or not
2035 *SWARTENBROECKX J*

17:00 Ophthalmology in Belgium, evaluation of 2014 and projects for 2015
2036 *VAN BLADEL P*

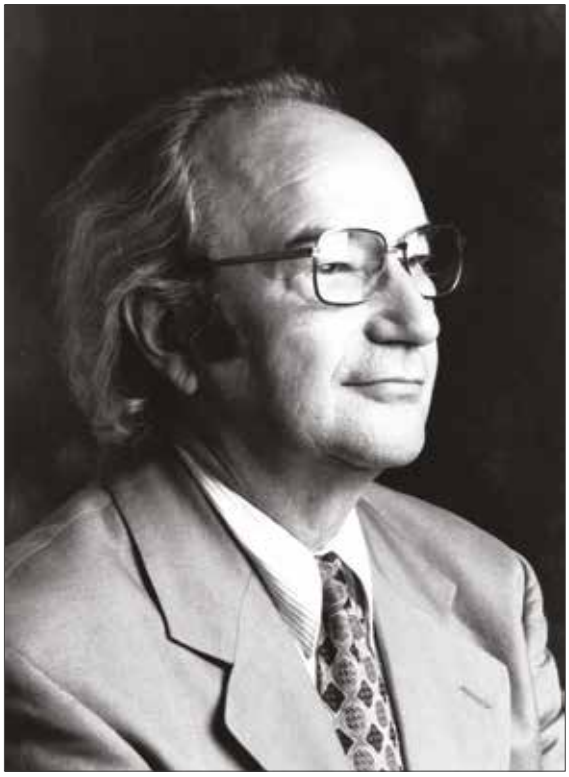
17:25 Discussion

17:30 End of session

The 2014 AOB Lecture and Prize

Laureate AOB Lecture 2014

De pupillendans



Prof. Em. Dr. Luc Missotten

Eye, History and Art

Thursday, 17:30 - 18:30 Foyer Delvaux-Magritte

Moderator: Frank Jozef GOES

17:30 Intro Silver Blaze
2037 *GOES FJ - Brasschaat*

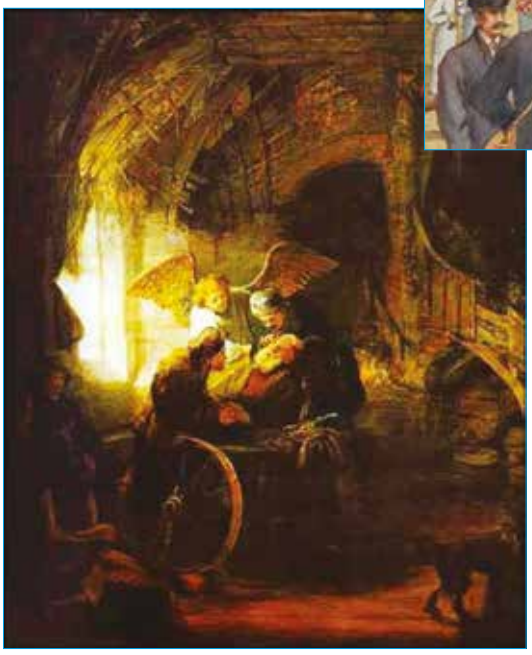
17:40 L'amour des instruments anciens
2038 *DEHON P - Huy*

17:50 De geranium van Dalton
2039 *MISSOTTEN L - Leuven*

18:00 Gallo-roman oculists stamps
2040 *DE LAEY JJ - Gent*

18:10 Cataract surgery through the eye of Rembrandt van Rijn
2041 *GOES FJ - Brasschaat*

18:20 Cocktail will be served



Congress Dinner

SQUARE

THURSDAY, 19:00 - 22:00

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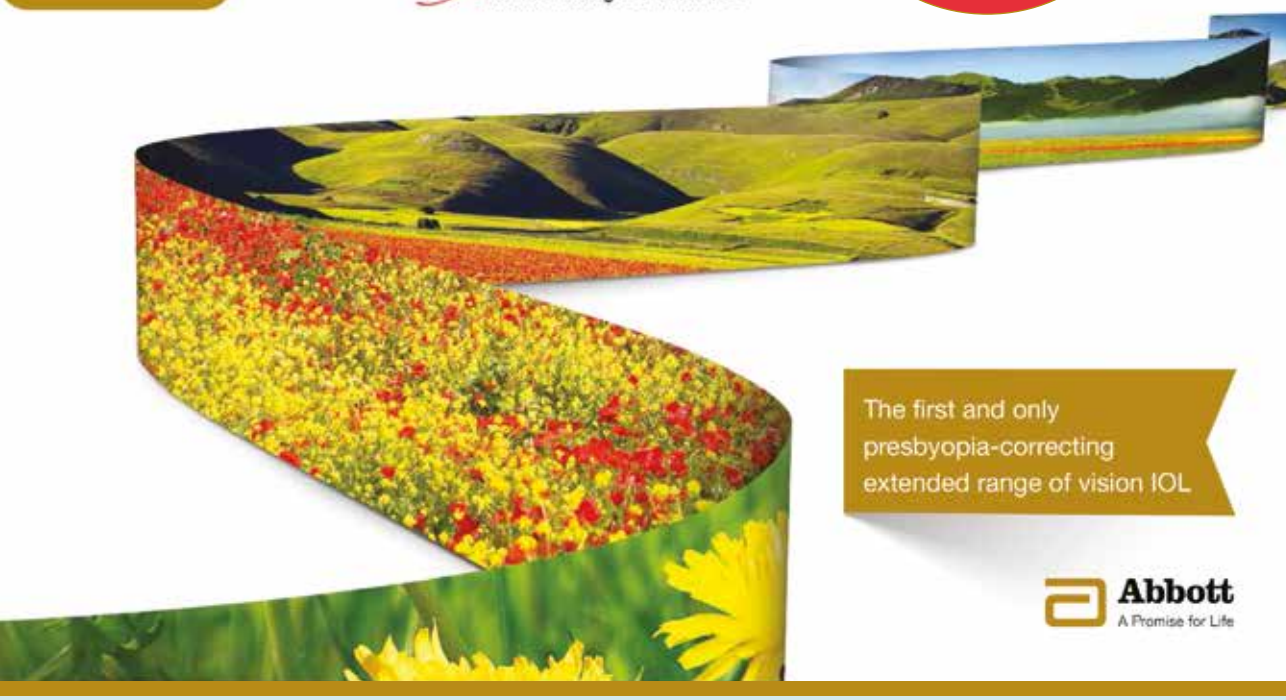

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Friday
November 28

Belgian Societies of Cataract and Refractive Surgeons

Good Clinical Practice in: Cataract, Refractive and Corneal Surgery

Moderator: Edmond TACKOEN, Robert VAN HORENBEECK

09:00 Introduction by Robert Van Horenbeeck

09:05 Good clinical practice in pre-operative IOL calculation
3001 SALLET G - Aalst

09:20 Good clinical practice in local anesthesia, anxiolysis and sedation in cataract surgery
3002 GOLENVAUX B - Bruxelles

09:35 Good clinical practice in prevention of endophthalmitis after cataract surgery
3003 TASSIGNON MJ - Antwerpen

09:50 Good clinical practice in post-operative treatment in cataract surgery
3004 SALLET G - Aalst

10:05 Discussion

10:15 Break

10:50 Good clinical practice in astigmatism correction during cataract surgery
3005 BLANCKAERT J - Ieper

11:05 Good clinical practice: when or when not multifocal IOL's
3006 VRYGHEM J - Brussel

11:20 Good clinical practice in pediatric cataract surgery
3007 VAN CAUWENBERGE F - Liège

11:35 Discussion

12:00 Break

Belgian Societies of Cataract and Refractive Surgeons

Moderators: Marie-José TASSIGNON, Bernard MATHYS, Guy SALLET, Jérôme C. VRYGHEM

14:00 Good clinical practice in treating corneal infections using crosslinking (PACK-CXL)
3019 HAFEZI F - Geneva

14:15 Good clinical practice in corneal crosslinking in keratoconus patients
3020 HAFEZI F - Geneva

14:30 Good clinical practice in the management of keratoconus patients younger than 20 years
3021 HAFEZI F - Geneva

14:45 Good clinical practice in keratoconus management
3022 VRYGHEM J - Brussel

15:00 Good clinical practice in corneal transplant surgery
3023 KOPPEN C - Antwerpen

15:15 Discussion

15:25 Break

15:55 Good clinical practice in minimally invasive corneal refractive surgery
3024 VAN HORENBEECK R - Antwerpen

16:10 Good clinical practice in corneal presbyopia treatments
3025 ASSOULINE M - Paris

16:25 Good practice in the management of an extra-mural surgical center
3026 EVENS P - Wemmel

16:40 Discussion

16:55 Conclusion

17:10 End of session

Organisatie van Belgische Assistenten in Oogheelkunde /
Organisation Belge des Assistants en Ophtalmologie

Emergencies in ophthalmology

Moderator: Vincent QIN

09:00 Acute visual loss: what to do ?
3008 *KAWASAKI A - Lausanne*

09:30 Help, papilledema! What do I do now?
3009 *KAWASAKI A - Lausanne*

10:00 Acute Strabismus
3010 *YUKSEL D - Bruxelles*

10:15 Patient Complaints and legal issues in Ophthalmology : How to handle them
3011 *BOXHO P - Liège*

10:30 Break

11:00 Corneal Infiltrates and ulcus
3012 *KOPPEN C - Antwerpen*

11:30 Burns (chemical, Thermal, electric…)
3013 *DUCHESNE B - Liège*

12:00 Blunt vs Perforating Trauma (workup)
3014 *RAKIC JM - Liège*

12:25 Break

Organisatie van Belgische Assistenten in Oogheelkunde /
Organisation Belge des Assistants en Ophtalmologie

Moderator: Vincent QIN

14:00 Acute Proptosis/Exophtalmos
3027 *DE POTTER P - Bruxelles*

14:30 The diagnosis of a hot orbit is elementary, my dear Watson
3028 *MOMBAERTS I - Leuven*

15:00 Anterior Uveitis (workup)
3029 *VAN OS L - Antwerpen*

15:30 Break

16:00 Posterior uveitis, workup of yellow choroidal spots and vitritis
3030 *KOZYREFF A - Bruxelles*

16:30 Eye Pressure at 50:: What do we do?
3031 *ZEYEN T - Leuven*

17:00 Conclusions

17:30 End of session

Neuro Ophthalmology Club

Update in management of Graves' Orbitopathy

Moderator: Antonella BOSCHI

09:00 Epidemiology and management of thyroïd dysfonction in GO
3015 *DAUMERIE CH - Bruxelles*

09:45 Medical management of GO
3016 *BOSCHI A - Bruxelles*

10:15 Break

11:00 Management of Diplopia in GO
3017 *ANDRIS C - Liège*

11:30 Repairing surgery in GO
3018 *BALDESCHI L - Brussels*

12:00 Interactive patient presentation

12:30 End of session

Belgische Vereniging ter Voorkoming van Blindheid /
Organisation Belge pour la Prévention de la Cécité

Visually impaired and employment: possibilities and challenges

Moderator: Marie-José TASSIGNON

14:00 Les représentations mentales des acteurs du processus d'insertion professionnelle
3032 *VAN HUMBEECK K - Bruxelles*

14:20 From dedicated assistive devices to universal design
3033 *BALDEWIJNS B - Brussel*

14:40 Routes to employment : assessment, orientation, vocational-training, counselling and jobcoaching. Finding and maintaining employment
3034 *VERDICKT B - Brussel*

15:00 Vrijwilligerswerk – Begeleid werk
3035 *FIERENS S - Antwerpen*

15:20 Discussion

15:30 Break

16:00 Algemene vergadering BVVB - Assemblée Générale OBPC

17:30 End

EVER Poster Award

All posters are eligible for a Poster Award.

Best case report: 300 EUR

AOB best resident's poster prize: 500 EUR – Travel grant EVER 2015

An independent panel appointed by the Board of OB 2014 decides on the Poster Awards through voting. Their decision is final.

FRO awards

Prizes of the Société Royale de Philanthropie

Prizes of the Stichting voor de blinden Fondation pour les aveugles

EBO Diploma 2014

Award Ceremony

Gold Hall — Friday, 12:30 - 13:30

Moderators: Philippe Betz, Joachim Van Calster

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Dit kan de systemische absorptie van oculair toegediende geneesmiddelen verminderen en leiden tot een vermindering van de systemische bijwerkingen. Indien meer dan één topisch oftalmisch geneesmiddel wordt gebruikt, moeten deze geneesmiddelen met een tussenperiode van minimaal 5 minuten worden toegediend. Als een dosis wordt vergeten, wordt de behandeling volgens schema voortgezet met de volgende dosis. De dagelijkse dosis mag niet hoger zijn dan één druppel in het (de) aangedane oog (ogen). Wanneer een ander oftalmisch antiglaucoomgeneesmiddel wordt vervangen door TRAVATAN, moet het gebruik van het andere geneesmiddel worden stopgezet en de volgende dag met TRAVATAN worden gestart. Lever- en nierfunctiestoornissen. TRAVATAN werd bestudeerd bij patiënten met matige tot ernstige leverfunctiestoornissen en bij patiënten met matige tot ernstige nierfunctiestoornissen (creatinineklaring zo laag als 14 ml/min). Een aanpassing van de dosis is niet nodig bij deze patiënten. Pediatrische patiënten. De veiligheid en werkzaamheid van TRAVATAN bij kinderen jonger dan 18 jaar zijn niet vastgesteld en het gebruik wordt niet aanbevolen bij deze patiënten tot er meer gegevens beschikbaar zijn. Wijze van toediening. Voor oculair gebruik. Het beschermende foliezakje moet vlak vóór het eerste gebruik worden verwijderd door de patiënt. Verwijder, nadat de dop van het flesje is afgehaald, de beveiligingsring indien deze los zit, voordat het geneesmiddel wordt gebruikt. Om besmetting van de druppelaar en de oplossing te voorkomen, mag de druppelaar van het flesje niet in contact komen met de oogleden, het omringende gedeelte of andere oppervlakken. **Contra-indicaties :** Overgevoeligheid voor de werkzame stof of voor (één van) de hulpstof(fen). **Bijwerkingen :** In klinische studies met TRAVATAN waren de meest gemelde bijwerkingen oculaire hyperemie en irishyperpigmentatie, die voorkwamen bij respectievelijk ongeveer 20% en 6% van de patiënten. De volgende bijwerkingen zijn ingedeeld volgens de volgende conventie: zeer vaak (≥ 1/10), vaak (>1/100, <1/10), soms (>1/1.000, ≤ 1/100), zelden (>1/10.000, ≤ 1/1.000), zeer zelden (≤ 1/10.000) of niet bekend (frequentie kan met de beschikbare gegevens niet worden bepaald). Binnen iedere frequentiegroep worden bijwerkingen gerangschikt naar afnemende ernst. De bijwerkingen werden verkregen uit klinische onderzoeken en post-marketinggegevens met TRAVATAN. Infecties en parasitaire aandoeningen : Zelden: herpes simplex, keratitis herpetisch. Immuunsysteemaandoeningen : Soms: overgevoeligheid, seizoensgebonden allergie. Psychische stoornissen : Niet bekend: depressie, angst. Zenuwstelselaandoeningen : Soms: hoofdpijn, duizeligheid, gezichtsvelduitval. Zelden: dysgeusie. Oogaandoeningen : Zeer vaak: oculaire hyperemie. Vaak: irishyperpigmentatie, oogpijn, ongemak in het oog, droog oog, oogpruritus, oogirritatie. Soms: cornea-erosie, uveïtis, iritis, voorste-oogkamerontsteking, keratitis, keratitis punctata, fotofobie, oogafscheiding, blefaritis, erytheem van het ooglid, periorbitaal oedeem, oogledenjeuk, scherpzien gereduceerd, gezichtsvermogen wazig, traanproductie verhoogd, conjunctivitis, ectropion, cataract, schilferige ooglidrand, groei van de wimpers, wimperverkleuring, asthenopie. Zelden: iridocyclitis, oogontsteking, fotopsie, eczeem van oogleden, conjunctivaal oedeem, halogezicht, conjunctivale follikels, ooghypo-esthesie, meibomklierontsteking, voorste-oogkamerpigmentatie, mydriase, wimperverdikking. Niet bekend: macula-oedeem, verzonken ogen. Evenwichtsorgaan- en ooraandoeningen : Niet bekend: vertigo, tinnitus. Hartaandoeningen : Soms: hartkloppingen. Zelden: hartfrequentie onregelmatig, hartfrequentie verlaagd. Niet bekend: borstkaspijn, bradycardie, tachycardie. Bloedvataandoeningen : Zelden: bloeddruk diastolisch verlaagd, bloeddruk systolisch verhoogd, hypotensie, hypertensie. Ademhalingsstelsel-, borstkas- en mediastinumaandoeningen : Soms: dyspnoea, astma, neusverstopping, keelirritatie. Zelden: luchtwegaandoening, orofaryngeale pijn, hoesten, dysfonie. Niet bekend: astma verergerd. Maagdarmstelselaandoeningen : Zelden: peptisch ulcus gereactiveerd, maagdarmstelselaandoening, constipatie, droge mond. Niet bekend: diarree, abdominale pijn, nausea. Huid- en onderhuidaandoeningen : Soms: huidhyperpigmentatie (periocular), huidverkleuring, haartextuur abnormaal, hypertrichose. Zelden: dermatitis allergisch, contactdermatitis, erytheem, rash, haarkleurveranderingen, madarose. Niet bekend: pruritus, haargroei abnormaal. Skeletspierstelsel- en bindweefselaandoeningen : Zelden: skeletspierstelselpijn. Niet bekend: artralgie. Nier- en urinewegaandoeningen : Niet bekend: dysurie, urine-incontinentie. Algemene aandoeningen en toedieningsplaatsstoornissen : Zelden: asthenie. Onderzoeken : Niet bekend: prostaatspecifiek antigeen verhoogd. **Melding van vermoedelijke bijwerkingen :** Het is belangrijk om na toelating van het geneesmiddel vermoedelijke bijwerkingen te melden. Op deze wijze kan de verhouding tussen voordelen en risico's van het geneesmiddel voortdurend worden gevolgd. Beroepsbeoefenaren in de gezondheidszorg wordt verzocht alle vermoedelijke bijwerkingen te melden via: Federaal agentschap voor geneesmiddelen en gezondheidsproducten, Afdeling Vigilantie, EUROSTATION II, Victor Hortaplein 40/ 40, B-1060 Brussel Website: www.fagg.be, e-mail: adversedrugreactions@fagg-afmps.be. **Publiekprijs inclusief BTW:** 3 x 2,5 ml : 51,40 €. **Registratiehouder :** Alcon Laboratories (UK), Ltd, Verenigd Koninkrijk. **Fabrikant :** SA ALCON-COUVREUR NV, Rijksweg 14, 2870 Puurs, België. **Registratienummer :** EU/1/01/199/002. **Aflevering :** Geneesmiddel op medisch voorschrift. **Datum van herziening van de tekst :** April 2014.

Referentie:
1. Dubiner et al. Sustained intraocular pressure reduction throughout the day with travoprost ophthalmic solution 0,004%. Clinical Ophthalmology, 2012:6 525-531.

* Benzalkoniumchloride.

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Interactive Clinical Courses

11:00 - 12:30 ICC - W1 | INTERMEDIATE Copper Hall

A Primer in Ophthalmic Genetics

Bart Peter LEROY, Elias TRABOULSI

This Interactive Clinical Course will give an update on the topic of ophthalmic genetics, with a focus on developmental ocular disease, systemic syndromes with eye involvement, as well as on retinal dystrophies and dysfunctions.Whereas it will be expected that participants have a good basic understanding of genetics, an introductory lecture on the ophthalmic genetics consultation will be followed by more specialised talks, putting this ICC at an intermediate level.

09:00 - 10:30 ICC - W2 | INTERMEDIATE The Arc

Astigmatism correction during cataract surgery

Benoît GOLENVAUX, Guy SALLET, Emmanuel VAN ACKER

This course will provide pragmatic information on surgical correction of astigmatism for the cataract surgeon. The course will cover selection of candidates, determination of axis and surgical correction of astigmatism, by incisional/femtosecond laser surgery, or with toric IOL's. Toric IOL's on the market will be presented and experience with new high-tech alignement devices will be discussed. Finally, several clinical cases and videos on astigmatism management will be shared with the audience.

11:00 - 12:30 ICC - W3 | INTERMEDIATE The Arc

ReLEx Smile - Lenticule Extraction in Corneal Refractive Surgery

Hugo VAN CLEYNENBREUGEL, Frank jr. GOES

ReLEx smile is a new, non-invasive technique for the corneal correction of refractive errors. Because a lenticule is created in the stroma, the anterior portion of the stroma (the cap) is left in situ. The only alteration at the level of the corneal surface is a 2 mm incision needed to remove the lenticule. The topics that will be covered are:

1. Biomechanic properties of the cornea
2. Indications and patient selection
3. Surgical technique and possible complications
4. Refractive outcomes

14:00 - 15:30 ICC - W4 | INTERMEDIATE The Arc

Femtosecond laser cataract surgery : myths and facts

Johan BLANCKAERT, Erik MERTENS, Bernard HEINTZ, Guy SALLET

This course will give an overview of the current possibilities of femtosecond laser cataract surgery. Different aspects will be highlighted such as corneal primary and secondary incisions, arcuate astigmatic incisions, capsulotomy and lens softening methods. Prevention and management of possible complications will be shown. This new technology will be compared to standard manual techniques and possible advantages highlighted. The attendees will be involved in an interactive discussion.

16:00 - 17:30 ICC - W5 | BASIC The Arc

Interprétation de l'OCT rétinien

Ann - Pascale GUAGNINI, Alexandra KOZYREFF, Muriel FORTUNATI

L'OCT est devenu un examen incontournable en ophtalmologie. Quels en sont les principaux concepts d'interprétation ? Ce cours tentera de concilier théorie et cas cliniques afin d'assoir les bases nécessaires pour l'interprétation des maladies rétiniennes.

09:00 - 10:30 ICC - T6 | BASIC The Arc

Corneal topography made easy

Nashwan AL-SABAI, Carina KOPPEN, Jos ROZEMA

Corneal topography is a non-invasive medical imaging technique for mapping the surface curvature of the cornea. It is the most important test for refractive surgery to detect abnormalities, diagnose early cases of ectatic corneal diseases and classify these diseases. It also helps in the follow-up of these disease and eventually plan for the best choice treatment.
Therefore it is crucial for all ophthalmologist to have a good idea and be able to use / read this test.

11:00 - 12:30 ICC - T7 | INTERMEDIATE The Arc

Updates to surgical options in glaucoma and news implants

Nathalie COLLIGNON, Adèle EHONGO, Sayeh POURJAVAN

Trabeculectomy remains the most widely used surgical procedure in glaucoma. Its basis is a guarded fistula between the anterior chamber and the subconjunctival space. We will review the reasons why to perform limbal based versus fornix based conjunctival flaps, when to release sutures, when to perform the needling, the use of antimetabolites to prevent or reduce wound healing process during and after the surgery. The main principles of bleb management during the first three post operative months.

11:00 - 12:30 ICC -T8 | BASIC The Arc

Glaucoma: a practical guidance to management

Sara VAN DE VEIRE, Nathalie COLLIGNON, Ingeborg STALMANS

The visual experience of patients with glaucomatous visual field defects will be illustrated by video simulations . A step to step approach will be presented for the diagnosis and management of patients with glaucoma. Practical recommendations for the treatement of glaucoma patients will be given, and illustrated by patient cases.
Overall, this course aims at providing very practical tips that will be of useful guidance to the participants in the daily clinical practice.

16:00 - 17:30 ICC - T9 | BASIC The Arc

New EGS Guidelines: Highlights and Novelties

Ingeborg STALMANS, Thierry ZEYEN, Philippe GROSJEAN

The fourth edition of the European Glaucoma Society Guidelines have very recently come out. During this course, the sections that have been updated and added will be highlighted and explained to the audience. The participants will receive an update on the state-of-the art of diagnosis and treatment of glaucoma.

09:00 - 10:30 ICC - F10 | BASIC The Arc

Praktische benadering van uveïtis

Pieter-Paul SCHAUWVLIEGHE, Luc VAN OS

Uveïtis is bij oogartsen vaak niet echt geliefd. Het is complex, tijdrovend en frustrerend omdat in een groot deel van de gevallen geen oorzaak wordt gevonden.
Maar onbekend is onbemind.
Aan de hand van een aantal praktische richtlijnen en tips, willen we graag een overzichtelijk beeld geven van de diagnostische oppuntstelling bij de verschillende vormen van uveïtis en aantonen dat uveïtis niet complex en frustrerend hoeft te zijn.

11:00 - 12:30 ICC - F11 | BASIC The Arc

IOL calculation after previous refractive surgery for dummies, for experts, and for inbetweenies

Frank jr. GOES, Christophe DELAEY

In this clinical instruction course, you will receive a thorough update of all possible methods to calculate intraocular lenses after previous refractive surgery in a didactic and clinical way.
At the completion of this course, you should be able to calculate your lens power with or without knowledge of preoperative data.
The difference in calculation methods after previous RK, lasik and Prk, myopic as well as hyperopic previous treatments will be explained.

14:00 - 15:30 ICC -F12 | BASIC The Arc

Invaliditeitsbepaling en rijongeschiktheid bij gezichtsveld defecten

Thierry ZEYEN, Ingeborg STALMANS, Mieke WIRIX

Na een korte uiteenzetting over de basisprincipes van invaliditeitsbepaling zullen enkele casussen, eerst in kleine groepen en daarna gezamenlijk, worden opgelost. Iedere deelnemer aan dit ICC mag zich daarna bekwaam achten om de oogheelkundige invaliditeit in te schatten op basis van Formulier 5 en rijongeschiktheid op basis van gezichtsveld defecten.

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Wetlabs

Wetlabs

Wednesday, 09:00 - 17:30

09:00 - 10:30	Wetlab 1 (NL) **Cataract surgery: phaco for beginners** *Frank jr. GOES*	Copper foyer
11:00 - 12:30	Wetlab 2 (ENG) **Cataract surgery & correction of astigmatisme** *Benoît GOLENVAUX*	Copper foyer
14:00 - 15:30	Wetlab 3 (ENG) **Cataract surgery: phaco-chop** *Ann HAUSTERMANS*	Copper foyer
16:00 - 17:30	Wetlab 4 (ENG) **Glaucoma: trabeculectomy & implants** *Ingeborg STALMANS*	Copper foyer
09:00 - 10:30	Wetlab 5 -oculo-FR **Oculoplastic surgery** *Philippe BETZ*	Wetlab Hall
11:00 - 12:30	Wetlab 6 - oculo-NL **Oculoplastic surgery** *Sylvie VANDELANOTTE*	Wetlab Hall

09:00 - 10:30 Wetlab 7 (FR) — Copper foyer
Cataract surgery: phaco for beginners
Emmanuel VAN ACKER

11:00 - 12:30 Wetlab 8 (ENG) — Copper foyer
Corneal sutures
Minh-Tri HUA

14:00 - 15:30 Wetlab 9 (FR) — Copper foyer
Microscopes & instruments
Sabine BONNET, Minh-Tri HUA

16:00 - 17:30 Wetlab10 (NL) — Copper foyer
Microscopes & instruments
Werner SPILEERS

09:00 - 10:30 Wetlab 11 - strabo-NL — Wetlab Hall
Strabology: buttonhole surgery
Carl GOBIN, Sabine PRINSEN

11:00 - 12:30 Wetlab 12 - strabo-FR — Wetlab Hall
Strabology: buttonhole surgery
Sabine PRINSEN, Carl GOBIN

14:00 - 15:30 Wetlab 13 - Hechten van de huid (NL) — Wetlab Hall
Hechten van de huid: knopen & huidflappen
Inge LEYSEN

16:00 - 17:30 Wetlab 14 - Sutures de la peau (FR) — Wetlab Hall
Sutures de la peau: noeuds et lambeaux cutanés
Philippe BETZ

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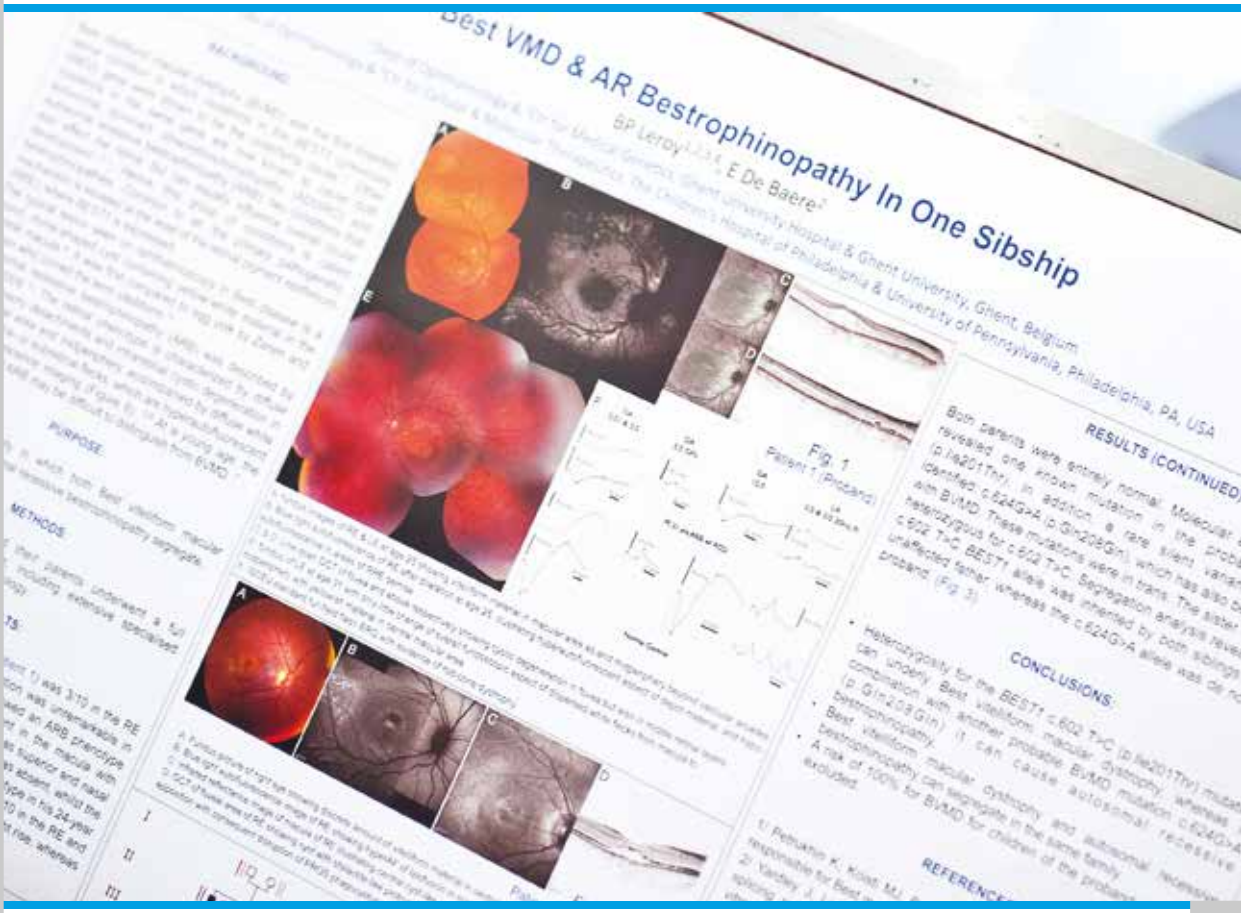
Abstracts


Best VMD & AR Bestrophinopathy In One Sibship
BP Leroy, E De Baere
Fig. 1

1019

Novel and known FRMD7 mutations and genomic rearrangement in Belgian patients with X-linked idiopathic infantile nystagmus

ALMOALLEM B (1), WALRAEDT S (2), DELBEKE P (2), LEROY BP (2), DE BAERE E (3)
(1) Ctr.for Med.Genetics,Ghent University Hospital, Ghent
(2) Dept. of Ophtha., Ghent
(3) Ctr.for Med.Genetics, Ghent

purpose FRMD7-related infantile nystagmus (FIN) represent 50% of cases with X-linked IN. Thus far 45 unique FRMD7 mutations have been reported in FIN, all of which are coding mutations apart from one partial gene deletion. Here, we investigated the role of FRMD7 mutations and copy number variations (CNV) in the molecular pathogenesis of IIN in forty-nine unrelated Belgian probands.

methods We set up a comprehensive molecular genetic workflow based on Sanger sequencing, targeted next generation sequencing (NGS) and CNV analysis of FRMD7 (NM_194277.2).

results In elven unrelated probands, nine unique FRMD7 changes were found, five of which are novel: frameshift mutation c.2036del p.(Leu679Argfs*8), missense mutations c.801C>A p.(Phe267Leu) and c.875T>C p.(Leu292Pro), splice site mutation c.497+5G>A, and one genomic rearrangement, being a 1.29 Mb deletion found in a syndromic case. Additionally, four known mutations were found: c.70G>A p.(Gly24Arg), c.886G>C p.(Gly296Arg), c.910C>T p.(Arg303*), and c.660del p.(Asn221Ilefs*11). The latter was found in three independent families. Haplotype reconstruction suggests a potential founder effect. In silico predictions and segregation testing of these mutations support their pathogenic effect.

conclusion Overall, we found both coding FRMD7 mutations and a CNV in 11/49 Belgian families with IIN (22.5%) and expand the mutational spectrum of FRMD7 in IIN. Finally, our study generates a discovery cohort of IIN patients harboring either undetected mutations in non-coding region of FRMD7 or in genes at known or novel loci sustaining the genetic heterogeneity of the disease.

1020

A new generation of haptics

GALAND A
Neupré

purpose To avoid tilt of the intraocular lens in the capsular bag.

methods One year postoperative slit lamp examination of one hundred eyes with a 2 C-loop implantand one hundred eyes with a 4 cardinal C-loop implant.

results 37 % of the 2 C-loop presented a partial optic capture in the capsulorhexis,which creates some tilt and, consequently,astigmatism. None of the 4 cardinal C-loop presented this imperfection.

conclusion The 4 cardinal C-loop haptics prevent optic tilting in the capsular bag. They can be described as "premium haptics" comparatively to the conventional 2 C-loop configuration.

1021

Outcomes after 6 year follow up, retrospective study of corneal collagen cross linking in corneal ectasia.

AYVAZ A (1), SAELENS IEY (2), BERENDSCHOT TTJM (2), DICKMAN MM (2), VISSER N (2), NUIJTS RMMA (2)
(1) University Eye Clinic Maastricht (UECM), Maastricht
(2) UECM, Maastricht

purpose To assess the long term effects of corneal cross linking (CXL) and possible prediction factors.

methods Prospective, nonrandomized study. 273 eyes of 213 patients with progressive keratoconus (n=210) and post Lasik ectasia (n=3) were included and treated with CXL at the University Hospital Maastricht from 2007 until 2014. Refraction, best corrected visual acuity (BCVA), corneal topography, pachymetry and endothelial cell density were performed at baseline and at 1, 3, 6 and 12 months, and yearly thereafter for 6 years.

results The mean preoperative age was 29±10 years. The mean follow up period was 21±18 months. The steep keratometric value (preoperative: 50.2±5.1D) decreased significant after CXL to 49.6±4.7D and 48.1±5.4D after 1 (n=165) and 5 years (n=15), respectively. The mean keratometric value (kmean) (preoperative: 48.3±4.9D) decreased significantly after CXL to 47.7±4.85D and 45.9±4.7D after 1 (n=161) and 5 years (n=14), respectively. The BCVA improved significantly (>1line) in 83.3% (120 eyes of 144 eyes) in the first year and stabilized thereafter. Linear mixed model analysis (LMMA) demonstrated that higher preoperative Kmean was correlated with a the stronger flattening of the cornea. Secondly, a LMMA showed that the more severe preoperative LogBCVA, the more visual improvement after CXL was seen. After one year 18 eyes showed progression (11.5%). None of these patients were treated for a second time.

conclusion Retrospective long term follow up data showed the efficacy of the procedure in reducing the keratometric values and visual improvement. The preoperative value of Kmean and Logmar BCVA are predictive factors for the change of Kmean and Logmar BCVA in time.

1022

Incidence of rhegmatogenous retinal detachment after bag-in-the-lens intraocular lens implantation.

VAN DEN HEURCK J, BOVEN KBM
University of Antwerp

purpose To determine the incidence of retinal detachment (RD) after phacoemulsification followed by bag-in-the-lens (BIL) intraocular lens (IOL) implantation. Moreover, this study is aimed at identifying risk factors associated with an increased risk of RD.

methods Using the database of the Antwerp University Hospital, we included BIL IOL implantations performed from January 1, 2001, through December 31, 2007. Combined procedures and IOL exchanges were excluded from this study. The incidence of RD as well as its associated risk factors was assessed. First, life tables were used to calculate the cumulative incidence of RD within 2 years after surgery. Then, Cox proportional hazards analysis was used to estimate the hazard ratio for each variable, taking into account each patient's follow-up.

results BIL IOL implantation was performed in 1387 eyes. One year after surgery, 5 cases of RD were determined, accounting for an incidence of 0,49%. Within a 2-year follow-up period, 9 cases of RD were identified. Hence, the incidence of RD after BIL IOL implantation was 0,96% within a 2-year follow-up period. Cox proportional hazards analysis yielded 5 significant risk factors associated with RD: male sex, a history of eye trauma, axial length ≥ 25 mm, age < 60 years and finally a history of RD.

conclusion In our retrospective cohort study, the incidence of RD following BIL IOL implantation was 0,96% within a 2-year follow-up period. This result corresponds to the incidence of RD seen after conventional lens-in-the-bag (LIB) IOL implantation. Our study also identified 5 risk factors associated with the development of RD following BIL IOL implantation, namely male sex, a history of eye trauma, axial length ≥ 25 mm, age < 60 years and a history of RD.

1023

Occurrence of diseases of the vitreomacular interface in a population aged over 50

JACOB JJ, STALMANS PS
Dept. Ophthalmology UZ Leuven, Leuven

purpose To determine the prevalence of vitreomacular interface diseases affecting a population aged over 50

methods Cross-sectional study to assess the vitreomacular interface on retinal OCT scans recorded in 956 eyes from 481 visitors of the 'Day of Science' on November 24th 2013. Inclusion criteria were: age over 18 years, clear optical media and a signed informed consent. Following data were collected: age, gender, refraction, ocular history and current ophthalmic treatment. Five high definition OCT scans were obtained in the foveal area using OCT type Cirrus 5000 (Carl Zeiss Meditec, Dublin, CA), which were protocolled according to the international vitreomacular traction study (IVTS) group classification system. Prevalence rates were determined in 246 visitors aged over 50.

results In all eyes examined, prevalence of focal vitreomacular traction grade 1 was 0,8% and prevalence of focal vitreomacular traction grade 2 was 0,2%. Focal vitreomacular adhesion occurred in 6,3% of eyes and in 8,5% of patients; broad vitreomacular adhesion was observed in 13,2% of eyes and in 18,7% of patients. Cellophane maculopathy occurred in 2,9% of eyes and macular pucker was observed in 1% of eyes. No macular holes were observed.

conclusion This study uniquely determined the prevalence of vitreomacular interface diseases in a predominantly Caucasian population aged over 50.

1024

A Retrospective Cohort Study in Patients with Tractional Diseases of the Vitreomacular Interface (ReCoVit)

STALMANS P
Dept Ophthalmology UZLeuven, Leuven

purpose To extract real-world data on tractional diseases on the spontaneous evolution of the vitreomacular interface (VMI): vitreomacular adhesion (VMA), vitreomacular traction (VMT) and macular hole (MH).

methods 556 patients who presented with optical coherence tomography (OCT) findings related to tractional diseases of the VMI (187 with bilateral disease) between 2009 and 2013 were included. Median follow-up was 25.4 months. Kaplan-Meier analysis, non-parametric tests, Wilcoxon matched-pairs signed-ranks tests, and logistic regression models were all used.

results Vision loss and metamorphopsia were the leading causes for referral. Spontaneous resolution occurred in 46/203 eyes with VMT (22.7%) and in 9/124 eyes with VMA (7.3%; (P<.001). In the former group, 14 eyes had improved VA (34.1%; P=.001). During follow-up, 14/124 VMA eyes had disease progression (11.3%); 6 progressed to MH (4.8%). Eleven of the 203 VMT eyes progressed to MH (5.4%); 52 of the 203 VMT eyes that had disease progression warranted vitrectomy (25.6%). Of the VMA eyes, 6/124 had disease progression warranting vitrectomy (4.8%). There were 47/53 MH with VMT eyes that underwent vitrectomy (88.7%), and 152/176 MH without VMT eyes that underwent PPV (86.4%). Visual acuity outcome was determined in the VMT group by comparing baseline to last measurement in the follow-up in three subgroups: spontaneous release, no release and vitrectomy. The spontaneous release subgroup showed the best outcome.

conclusion Limited clinical benefit is achieved by watchful waiting. Spontaneous resolution of VMT and VMA is rare, while disease progression requiring vitrectomy was more common. Better VA outcomes were found in eyes with spontaneous resolution compared to the other groups.

1025

Posterior Chamber Phakic Implantable Collamer Lens Outcomes with at Least 1 Year of Follow-up

MERTENS ELJG
Medipolis, Antwerpen

purpose The **purpose** of this study was to assess the visual and refractive outcomes of the ICL V4C model for myopia and myopic astigmatism correction after 1 year follow up.

methods 245 eyes of 152 patients underwent implantation of myopic or toric implantable collamer lens (V4C model, STAAR Surgical Inc) for myopia or myopic astigmatism correction. All surgeries in this study were performed by one experienced surgeons (E.M.) using topical and intracameral anesthesia. ICL power calculation was performed using the software provided by the manufacturer. Mean spherical refraction was -5.06±3.64 diopters (D) (range: -18.25 to -0.75 D), and mean cylinder was –1.10±1.19 D (range: -8.00 to -0.75 D). Main outcomes measures evaluated during a year follow-up included: uncorrected visual acuity (UCVA), refraction, best corrected visual acuity (BCVA), vault, intraocular pressure (IOP).

results During the surgical procedures, there were no complications. After 1 year the mean Snellen decimal UCVA was 1.13±0.10 and mean BCVA was 1.11±0.09. The mean spherical equivalent dropped from -5.65±3.59 D to -0.01±0.09 D (ranging from -0.25 to 1.00 D). No adverse events were found during the follow-up period (vault and IOP values were maintained stable during the postoperative period). No eye needed explantation and decentration of the ICL optic was not observed, and no case of pupillary block was detected.

conclusion The **results** of the present study reveal the good outcomes of the new implantable collamer lens V4C model for hyperopic, myopic and myopic astigmatism correction.

1026

The use of Iridium Brachytherapy in multifocal and non-limbal conjunctival melanoma

MISSOTTEN G, VAN LIMBERGEN E, SPILEERS W
Katholieke Universiteit Leuven, Leuven

purpose To describe technique, possibilities and outcome for Iridium brachytherapy in conjunctival melanoma. As data show that irradiation decreases the number of recurrences and has a trend to give better survival in conjunctival melanomas, iridium brachytherapy was used as adjuvant therapy in difficult cases.

methods Description of seven patients with conjunctival melanoma.

results In seven patients with non-limbal conjunctival melanoma, iridium needles were used to apply irradiation of the tumor beds. A mean follow-up of 3 years was found. No recurrences were detected. One patient died due to his melanoma within 2 years after treatment of the primary tumor. In one patient a scleral thinning was found. All patients have transient dry eye syndrome, and (temporal) loss of eye lashes. None of the patients show irradiation retinopathy or cataract within the follow-up period. In one patient the treatment could be safely combined with strontium plaque therapy for a large perilimbal component.

conclusion Iridium brachytherapy is a safe adjuvant procedure for the treatment of extended and multifocal non-limbal conjunctival melanomas, which gives good local control.

1027

Capsule contraction syndrome after implantation of a 4-looped single-piece hydrophilic intraocular lens: a case

HUA MT
UZ Leuven, Leuven

purpose To report a case series of capsular contraction syndrome after implantation of a 4-looped single-piece hydrophilic intraocular lens (IOL) (Micro AY 123, Physiol).

methods 1116 Micro AY 123 IOLs were implanted between 2010 and 2011 by 4 surgeons in the same hospital (CHR Citadelle Liège). Slitlamp digital photographs of the IOL were taken between 2 and 39 months post-operatively to document macroscopic IOL decentration and/or capsulophimosis.

results 31 eyes (2.78%) were found with macroscopic IOL decentration and/or capsulophimosis. None of them had predisposing factors of capsular contraction syndrome (pseudoexfoliation, myotonic muscular dystrophy,retinitis pigmentosa and trauma) except 3 eyes who had chronic uveitis. 2 eyes had combined phacoemulsification and vitrectomy. 4 eyes had prior retinal surgery.

conclusion The micro AY 123 IOL present a poor capsular biocompatibility. The biomaterial (hydrophilic acrylic) and the design of the IOL may both play a role in the high incidence of capsular contraction syndrome.

1028

The incidence of retinal detachment after pars plana vitrectomy for idiopathic macular hole: a retrospective study

BOECKX SC, VAN CALSTER J, STALMANS P
Dept. Ophthalmology UZLeuven, Leuven

purpose To evaluate the incidence of retinal detachment after pars plana vitrectomy (PPV) with dye-assisted peeling of the inner limiting membrane, combined with intraoperative 360° endolaser treatment and silicone oil tamponade for treatment of idiopathic macular holes.

methods Retrospective review of the occurrence of retinal detachment in 459 patients (480 eyes) who underwent vitrectomy for macular hole between January 2004 and June 2013 in the UZLeuven. More specific, occurrence of retinal detachment within one year after the silicone oil removal was reviewed. A comparison was made with similar data obtained by different surgical techniques, found in the peer-reviewed published literature.

results Only one case of retinal detachment was seen in the 480 eyes in the study group. Compared to the published results, this is a statistically significant better outcome.

conclusion Combining 360° endolaser treatment and silicone oil tamponade during vitrectomy with dye-assisted ILM peeling offers optimal prevention against the occurrence of retinal detachment after surgery for idiopathic macular holes.

1029

FRO: The effect of AMA0428, a novel rock inhibitor, in a model of wet age-related macular degeneration

HOLLANDERS K (1), VAN BERGEN T (1), VANDEWALLE E (1), CASTERMANS K (2), KINDT N (2), MOONS L (1), STALMANS I (1)
(1) KUL, Leuven
(2) Amakem, Diepenbeek

purpose Rho kinase (ROCK) is associated with VEGF-driven angiogenesis and is involved in inflammation and fibrosis. Therefore, the effect of a novel ROCK inhibitor, AMA0428, was studied in wet age-related macular degeneration (AMD).

methods The effect of AMA0428 on human brain microvascular endothelial cells (HBMEC), human brain vascular pericytes (HBVP) and human tenon fibroblasts (HTF) was determined by measuring cell viability (WST-1), apoptosis (caspase 3/7) and 2 migration assays (scratch and under-agarose) The in vivo response was investigated using a laser-induced choroidal neovascularization (CNV) mouse model. Intravitreal injections were given on day 0, 4, 10 and 20 with AMA0428, murine anti-VEGFR Ab (DC101) or placebo. Outcome was assessed by analysis of inflammation (CD45), angiogenesis (FITC-dextran), vessel leakage (Texas Red-conjugated Dextran and FITC-labeled lectin) and fibrosis (Collagen I).

results AMA0428 dose-dependently reduced proliferation and VEGF-induced migration of HBMEC and HTF. No significant effect was seen on HBVP proliferation; however, migration and pericyte recruitment were increased. There was no apoptosis induction. AMA0428 significantly reduced CNV and vessel leakage 2 weeks after laser treatment, comparable to DC101. In addition, AMA0428 inhibited inflammation on day 5 by 20% and collagen deposition on day 30 by 39% while DC101 had no effect on inflammation nor fibrosis.

conclusion Our data suggest that targeting ROCK with AMA0428 not only reduces neoangiogenesis, but also blocks inflammation and fibrosis (contrary to anti-VEGF). These **results** point to a potential therapeutic benefit of ROCK inhibition in wet AMD.

1030

FRO: Subconjunctival bevacizumab enhances the antifibrotic effect of MMC and allows to reduce its exposure time to improve safety

VAN BERGEN T, VANDEWALLE E, MOONS L, STALMANS I
KUL, Leuven

purpose To determine the most optimal administration route of bevacizumab after GFS and to investigate whether reducing the exposure time and/or dose of MMC in combination with bevacizumab could improve surgical outcome with a lower incidence of side effects.

methods In the first experiment, mice were operated and received a subconjunctival (SC), intracameral (IC) or intravitreal (IV) injection of bevacizumab (25µg). Bevacizumab plasma levels were measured using ELISA. In the second experiment, the combination of MMC and bevacizumab was compared to MMC in operated mice. Surgical sponges soaked in MMC 0.02% and 0.01% were investigated and exposed to the sclera for 1 or 2 min. Treatment outcome was studied by clinical investigation of the bleb.

results Treatment using a SC, IC or IV bevacizumab equally improved surgical outcome. Importantly, bevacizumab was detected at relatively high levels in plasma shortly after IV injection, whereas minimal bevacizumab absorption was detected only from day 4 after SC or IC administration. Administration of SC bevacizumab combined with 1 or 2 min of MMC 0.02% equally improved bleb area, as compared to MMC 0.02% alone. The combination of bevacizumab and 1 min exposure of MMC 0.01% also significantly improved surgical outcome (versus 1 min MMC 0.01%), although to a lesser extent than the combination with MMC 0.02% for 1 min. Importantly, 25% of the eyes treated for 2 min with MMC showed corneal toxicity, whereas this was not the case after 1 min of administration.

conclusion Adjunctive subconjunctival bevacizumab allows to reduce the administration time of MMC 0.02%, thereby eliminating its toxic effects on the cornea while maintaining the beneficial effects on surgical outcome.

1031

FRO: Rho-associated kinase inhibition prevents pathological neovascularization after corneal trauma

SIJNAVE D (1), VAN BERGEN T (1), VANDEWALLE E (2), MOONS L (1), CASTERMANS K (3), KINDT N (3), STALMANS I (2)
(1) KUL, Leuven
(2) UZ Leuven
(3) Amakem, Diepenbeek

purpose The aim of this study was to investigate the effect of AMA0526, a selective and locally acting ROCK inhibitor on vascular endothelial cells in vitro and corneal neovascularization (NV) in a mouse corneal NV model.

methods In vitro, the effect of AMA0526 on endothelial cell (HUVEC and HBMEC) viability, FBS-stimulated migration and apoptosis was investigated. A mouse corneal micropocket model was used to study the effect of the ROCK inhibitor on corneal neovascularization. Both eyes received a bFGF pellet and a topical treatment (QD) during 1 week, using AMA0526 (0.1%) in one eye and vehicle (PEG/H2O) in the contralateral eye. Outcome was investigated by analysing vessel length, clock hours and NV area at day 7 after pellet implantation. Histological outcome was evaluated by immunohistochemical staining for inflammation and angiogenesis.

results HBMEC and HUVEC proliferation was significantly inhibited in a dose-dependent manner by ROCK inhibition. Moreover, AMA0526 also induced a dose-dependent reduction of FBS-stimulated endothelial cell migration. In the mouse model, AMA0526 treatment significantly reduced NV area and vessel length by 28% on day 7, as compared to vehicle. These effects were associated with a decreased infiltration of inflammatory cells (32%) and a reduced blood vessel density (40%) in corneal sections taken at day 7.

conclusion The ROCK inhibitor, AMA0526 inhibits vascular endothelial cell proliferation and migration in vitro and is efficacious in preventing corneal neovascularization after bFGF micropocket implantation. These **results** indicate that ROCK is an appealing target to treat and prevent corneal neovascularization and illustrate the potential therapeutic benefits of AMA0526.

1032

FRO: Rho Kinase Inhibitor AMA0526 Improves Surgical Outcome in a Rabbit Model of Glaucoma Filtration Surgery

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purpose To elucidate the effect of a locally acting, selective ROCK inhibitor on the wound healing process and surgical outcome of glaucoma filtration surgery.

methods The in vivo effect of topical AMA0526 0.3% TID was investigated in a rabbit model of glaucoma filtration surgery. Treatment outcome was studied by clinical investigation of the bleb area as well as immunohistological analyses for inflammation, angiogenesis and collagen deposition at day 8, 14 and 30 after surgery. Vehicle was used as control in seperate groups.

results AMA0526 significantly improved bleb area and survival compared to vehicle treated eyes. Immunohistological analyses showed significant reduction of inflammation, angiogenesis and collagen deposition after treatment with the ROCK inhibitor. Compared to vehicle, inflammation was decreased by 33% at 8 days, angiogenesis was reduced by 52% on day 8 and by 29% at 14 days, and collagen deposition by 30% on surgical day 30.

conclusion This study shows that AMA0526 is able to improve glaucoma surgery outcome in rabbits. In addition to improved bleb area, AMA0526 led to decreased inflammation, angiogenesis and fibrosis. This study can open new perspectives for a safer and more efficient glaucoma surgery.

1033

FRO: Surprising immunohistochemistry of the vitreolenticular interface in developmental cataracts

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purpose Developmental cataracts often present with a posterior subcapsular plaque and strong vitreolenticular adherence, making posterior capsulorhexis much more challenging. We believe that more insights on the histology of these anomalies of the vitreolenticular interface in developmental cataracts will be beneficial to improve surgical outcomes.

methods Samples of the posterior lens capsule were collected from 3 children being operated for developmental cataract. These samples included the opaque subcapsular plaque and the adhesions towards the vitreous. Staining for collagen type II and IV was performed using indirect immunohistochemistry. The same procedure was used in 6 controls, posterior lens capsules of 3 children with lamellar cataract and of 3 adults with senile cataract, presenting a normal vitreolenticular interface during surgery.

results All capsules were build up out of collagen type IV and no disruptions in the integrity of the capsules were noted. In all samples of developmental cataract cases collagen type II was found on the outer surface of the posterior lens capsule and inside the posterior subcapsular plaque. No collagen type II could be found in the control samples.

conclusion Collagen type II was found adhering to the posterior surface of the posterior lens capsule in all cases of developmental cataract, indicating a dysgenesis of Berger's space. Surprisingly collagen type II was also found inside of the posterior subcapsular plaques of these cataracts.

1034

FRO: Identification of the gene signature of retinal endothelial cells during classical experimental autoimmune uveitis, Th1- and Th17-dependent uveitis

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purpose Retinal endothelial cell activation by autoreactive T cells plays a critical role in non infectious uveitis development. The aim of this work is to identify key genes regulated in endothelial cells during experimental autoimmune uveitis (EAU).

methods Transgenic FVB/N-Tie2-GFP mice, in which vascular endothelial cells express GFP, are backcrossed with EAU-susceptible C57Bl/6 mice. The expression of GFP is characterized by immunofluorescence and FACS in order to validate the animal model. Retinal endothelial cells are isolated from dissociated retinas by FACSAria and their RNA purified for microarray analysis.

results Four generations of transgenic C57BL/6-Tie2-GFP mice have already been successfully generated. Immunofluorescence stainings confirm the expression of GFP on retinal endothelial cells, co-expressed with endoglin and CD31. FACS data indicate that up to 5% of dissociated retinal cells express CD31 but no GFP. Less than 1% of retinal cells are GFP+/CD31+. These cells can be efficiently sorted by FACS-Aria with an output of approximately 5.000 cells per animal. Quality RNA could be obtained from 10.000 cells in quantities compatible with microarray analysis.

conclusion We have validated our transgenic model, which seems to be more specific than retinal endothelial cell isolation based on CD31 expression. The next part of the project, which is the analysis of retinal endothelial cell mRNA modulation during EAU, is in progress.

1040

KEYNOTE Lecture : The Genetics of Simple and Complex Strabismus

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A genetic component to strabismus had been suspected since ancient Greek times because of its familial aggregation. In 1923 Claude Worth postulated that "a defect in the fusion faculty is the essential cause of squint and is the inherited factor…". The 1990's and 2000's have witnessed the mapping and isolation of several genes for the fibrosis syndromes and other Congenital Cranial Dysinnervation Disorders. There is an increasing interest in the genetics of common forms of strabismus, and linkage studies as well as other molecular genetic approaches are currently being utilized to identify the underlying genetic mechanisms. The speaker will review the current status of knowledge about simple and complex forms of strabismus.

1042

Frozen orbit

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purpose To describe the genetic conditions leading to limitation of the movements of the external ocular muscles, also known as external ophthalmoplegia.

methods A systematic review of the literature, and of cases from the ophthalmic genetics clinics at the Ghent University Hospital.

results Genetic conditions leading to external ophthalmoplegia include Möbius syndrome, mitochondrial conditions such as progressive external ophthalmoplegia, Leigh disease and Kearns-Sayre syndrome, autosomal dominant optic atrophy with deafness, ptosis and progressive external ophthalmoplegia, Steinert myotonic dystrophy, spinocerebellar ataxia type 7, congenital fibrosis of the extraocular muscles (AD CFEOM1 & CFEOM3 and & AR CFEOM2).

conclusion The genetic conditions leading to external ophthalmoplegia are diverse and reflect very different mechanisms of disease.

1043

Refraction and genetics

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purpose Refraction errors are a public health stake. Environment and genetics are surely implicated. In our daily practice, we all have "family of" ametropic patients. We could therefore wonder which part genetics can explain.

methods Reviewing studies about refractive errors.

results Myopics, hyperopic and astigmatics patients have been studied. Much more has been said about myopia. Genetics seems to be determinant in each refractive error, but locating the genes is a challenging program.

conclusion Genetics is a relevant underlying cause of ametropia. The future (molecular genetics) should reveal us the responsible genes or the interaction between environment and predisposing genes.

1045

Visual outcome and rejection rate in eyes with corneal grafts : a retrospective study

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purpose The aim of this retrospective study is to establish the visual outcomes and the rejection rate in a serie of selected patients that underwent a corneal graft.

methods Retrospective study on eyes that underwent a corneal graft between 2010 and 2014. Indication for the procedure, pre and sequential post operative data and rejection rate are analyzed. (exact number of patients to be dertermined, around 50-100)

results Postoperative visual acuities show a significant upwards trend and usually exceeds preoperative visual acuity significantly. Rejections also appeared in a certain proportion of eyes.

conclusion This study shows that postoperative uncorrected and best-corrected visual acuity improves significantly over time. It also shows occurrences of corneal graft rejections in a small proportion of eyes.

1046

Eviscerated eyes unexpectedly containing uveal melanoma

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purpose To present two cases with eviscerated eyes containing uveal melanoma and review the literature

methods All the evisceration specimens from a 15 year period were analyzed for malignancies. A literature search on the accidental finding of intraocular malignancy after evisceration was performed

results We found an incidence of intraocular malignant melanoma of 0.7% (2/315). In these 2 cases, a standard evisceration procedure with implantation of an acrylic ball had been performed for pain in a longstanding blind eye with opaque media. Both patients had a history of glaucoma and massive intraocular hemorrhage, confirmed by repetitive ocular ultrasound, and in one patient by an additional orbital CT scan. Histopathology showed a large intraocular uveal melanoma with substantial necrosis and haemorrhage
After negative screening for metastases, an enucleation of the scleral shell and implant was performed. External beam radiation was given to the orbital socket. The first patient died from liver metastases 3 years after the diagnosis, without evidence of local recurrence. The second patient has a too short a follow-up
The literature is scarce on this subject, with only 9 published cases. Ultrasound is the mainstay in the screening for intraocular tumors in opaque eyes. However, there are no guidelines on the management after accidental evisceration of an intraocular malignancy

conclusion Ocular ultrasound can not always distinguish primary choroidal hemorrhage from secondary hemorrhage due to uveal melanoma with necrosis. An atypical clinical history of a blind painful opaque eye with prolonged massive intraocular hemorrhage and ocular hypertension may be suspect for malignant melanoma, in which case evisceration should be avoided

1047

Correlation between peripapillary choroidal thickness and retinal vessel oxygen saturation in young healthy individuals

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purpose To investigate the correlation between the peripapillary choroidal thickness (CT) and the retinal vessel oxygen saturation (SO2) in young healthy individuals.

methods Young healthy volunteers were recruited in this observational, cross-sectional study. Peripapillary CT was obtained using enhanced depth imaging optical coherence tomography (EDI-OCT). Arterial (SaO2) and venous retinal oxygen saturation (SvO2) were measured by a noninvasive spectrophotometric retinal oximeter in all four quadrants. Spearman's rank correlation and multiple regression analysis were used to determine relationships between choroidal thickness and oxymetric parameters.

results 54 eyes of 54 individuals aged 21.6±1.1 years were analyzed. Average SaO2 (92.3±3.0%) and SvO2 (55.4±4.6%) were positively correlated with the average peripapillary CT at 500µm from the optic disc margin (Spearmans's $R = 0.477$, $p < 0.001$ and 0.414 , $p < 0.002$ respectively). These **results** were confirmed to be independent of intraocular pressure and hemodynamic parameters on multivariate linear regression analysis ($p < 0.01$).

conclusion In young healthy individuals, retinal vessel oxygen saturation appears to be positively correlated with the peripapillary choroidal thickness.

1048

Pharmacological matrix metalloproteinase (MMP) inhibition blocks axonal regeneration in the damaged retinotectal system of the adult zebrafish

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purpose Complete restoration of the injured mammalian central nervous system (CNS) remains a challenge, making the search for regenerative molecules essential. Matrix metalloproteinases (MMPs), (non)-matrix protein cleaving endopeptidases, are upregulated during CNS repair, reduce glial scar formation and potentially promote axonal regrowth. As such MMPs or their underlying molecules likely form potent regenerative molecules. One study already reported upregulated mRNA levels of specific MMPs in spontaneously regenerating eyes of adult zebrafish subjected to an optic nerve crush (ONC). Here, we intend to elucidate the role of these MMPs in zebrafish retinotectal regeneration.

methods Immunohistochemistry and Western blotting were used to determine the protein expression pattern of MMP-2,-9,-13a and -14 after ONC in the regenerating zebrafish retina. To investigate the role of MMPs in retinal ganglion cell (RGC) axonal regeneration, a broad-spectrum (GM6001) inhibitor was intravitreally injected at specific time points after ONC. Biocytin labeling was used to study tectal reinnervation.

results Our expression data show a spatiotemporal expression of these MMPs in the regenerating zebrafish retina and suggest an individual role in RGC survival, axonal regrowth and dendritic/synaptic remodeling. Moreover, broad-spectrum MMP inhibition during the first week after ONC significantly reduces retinotectal regeneration without influencing RGC survival.

conclusion Our study reveals that MMPs are associated with zebrafish retinotectal regeneration and that these enzymes or their downstream targets might be of therapeutic value for the injured mammalian CNS.

1049

Ruptures in Descemet's membrane due to forceps injuries: clinical and Optical Coherence Tomography features.

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purpose To report the clinical aspects and to study the Optical Coherence Tomography features of Descemet's membrane ruptures after forceps assisted delivery.

methods Three ruptures of the Descemet's membrane were examined in two patients with a history of forceps delivery. Birth pictures from the family album were examined and the OCT images were evaluated according to the histopathologic types of Descemet's membrane ruptures previously defined in the Literature based on anatomic samples.

results The first case concerned a 10-year old boy with two traumatical tears (one vertical and one oblique) in the left eye cornea. OCT analysis of the anterior segment revealed that for each tear the fragment of the Descemet's membrane was floating in the anterior chamber. The second case concerned a 70-year old man with a vertical tear in the Descemet's membrane of the right eye cornea. The Optical Coherence Tomography visualised two scrolls of Descemet's membrane at each margin of the tear.

conclusion A perfect similarity was found between the OCT images and the two most common histopathologic types of Descemet's membrane ruptures secondary to the use of forceps at delivery.

1050

Validation of an antiretinal antibody detection strategy for the diagnosis of autoimmune retinopathies.

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purpose To assess the reliability of detection of antiretinal antibodies (ABs) in serum to diagnose autoimmune retinopathies (AIR) of neoplastic and non-neoplastic origin.

methods Study samples: sera from suspected AIR patients (n=17), healthy controls (n=10) and patients with antinuclear ABs (ANA) (n=5). Indirect Immunofluorescence (IIF) on primate retina (Euroimmun®) and Western Blotting (WB) against human retinal proteins (homemade) were performed prospectively and compared to patterns obtained with commercial ABs against recoverin, α-enolase, IRBP and TRMP-1. Anti-recoverin ABs were also identified by immunodot (Euroimmun®).

results At 1/10 dilution, several fluorescent structures were seen with normal sera, but at 1/100 all IIF were negative in healthy controls. Patients with ANA showed a positive signal in the nuclear layers. Among screened AIR samples (1/100), 7 were negative, 4 displayed a positive signal at the level of photoreceptors and 2 showed a positive signal at the level of bipolar cells. 1 of these samples, from a patient with a confirmed melanoma-associated retinopathy, showed a band at 24 kDa by WB. 4 samples showed a speckled pattern in the inner and outer nuclear layers. 2 of these were probably due to a non-specific cross-reaction with ANA.

conclusion Screening for antiretinal ABs revealed different patterns on primate retina. At this stage of the study, their clinical significance remains uncertain. WB can help identify the target antigens.

1051

Case report: cacicol eye drops for the treatment of non-healing corneal epithelial defects post refractive laser ablation as an adjunctive/alternative to autologous eye drops

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purpose to report 2 cases of non-healing corneal epithelial defects post refractive laser ablation treated successfully with cacicol eye drops

methods a 25- and a 54 years old male, who underwent a refractive laser ablation complicated with a non-healing corneal epithelial defect. The former had an epithelial defect for about 2 weeks, not responding to treatment with preservative free ofloxacine 3/day, artificial tears 5-6/day and soft bandage contact lens. In waiting to have autologous serum eye drops we started cacicol 1/2days. The 2nd patient had an epithelial defect since one month that was treated with autologous serum eye drops 1/hour, and conservative free ofloxacine. the evolution was very slow that we decided to add cacicol eye drops 1/2days.

results In the first case the epithelial defect healed within a week and there was no need to start the autologous serum eye drops. in the 2nd case we had a response to the treatment from the first weak and the defect healed totally within 3 weeks

conclusion cacicol eye drops, alone or adjunctive to autologous serum eye drops, is efficient and safe in the treatment of non-healing corneal epithelial defects post refractive laser ablation.

1052

Frequency of prepapillary vascular loops in Congolese patients

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purpose To determine the frequency of prepapillary vascular loops in the population of Congolese patients.

methods We performed a retrospective cross-sectional and descriptive analysis of the data collected between January 2005 and August 2014 from patients diagnosed with prepapillary vascular loops, in an outpatient eye clinic, a general ophthalmology practice.

results Out of 16016 patients seen during the study period, 24 patients (27 eyes) were diagnosed with prepapillary vascular loops, giving a frequency of 0.15%. The mean age of the patients with prepapillary vascular loops was 37.8 years±14 (SD)(range, 0.02 to 101 years).Fifteen (62.5%) of the patients with prepapillary vascular loops were male and 9 (37.5%)were female. Male were more frequently diagnosed with prepapillary vascular loops than female. Unilateral prepapillary vascular loops were found in 77.8% and bilateral in 22.2% of eyes. Emmetropia was found in 11 eyes (40.7%) and ametropia in 16 eyes (59.3%). Ametropia included simple myopia (4 eyes, 14.8%), myopic astigmatism (8 eyes, 29.6%), hyperopic astigmatism (one eye, 3.7%), hyperopia (3 eyes, 11.1%); one eye (3.7%) with high hyperopia showed anisometropia. Open angle glaucoma was found in 5 (18.5%) eyes; vascular tortuosity was seen in two eyes (7.4%). No complication such as retinal occlusion, vitreous hemorrhage, or any other complication was found.

conclusion The frequency of 0.15% found in this study confirms that prepapillary vascular loops are rare, uncommon congenital vascular malformations. Ametropia seems to be associated with this condition.

1053

Bilateral Serous Retinal Detachment in (Pre-)eclampsia and HELLP Syndrome

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purpose To report two cases of bilateral serous retinal detachment as a complication of (pre-)eclampsia and HELLP (Hemolysis, Elevated Liver enzymes, Low Platelet count) syndrome.

methods Two patients developed (pre-)eclampsia, which in one of them was associated with HELLP syndrome. A complete clinical work-up was performed.

results Two patients presented with acute unilateral vision loss. A 27-year old lady developed eclampsia at 29 weeks of gestation. One day after an urgent caesarian section, she was diagnosed with a shallow serous retinal detachment around the optic disc in BE and a macular extension in the LE, few haemorrhages and cotton wool spots. This rapidly resolved in three weeks with complete recovery of vision. A 29-year old lady developed pre-eclampsia associated with HELLP syndrome at 33 weeks of gestation. Examination revealed a serous retinal detachment in the peripapillary region and the macula in BE, that worsened after an urgent caesarian section. Fluorescein angiography demonstrated a delay in choroidal filling. Twenty days later, the detachment had resolved spontaneously in BE, though with residual retinal pigment epithelium (RPE) alterations and incomplete visual recovery in the RE.

conclusion Sudden visual loss during pregnancy should prompt the clinician to consider (pre-)eclampsia as a possible diagnosis. The recognition of this rare finding is vital to appropriate management.

1054

Ciliochoroidal Effusion Syndrome caused by sulpha derivatives: hypothesis for pathophysiologic mechanism

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purpose Proposal for a pathophysiologic mechanism for a Ciliochoroidal Effusion Syndrome caused by sulpha derivatives

methods Review of literature

results We propose that an inflow of fluid into the ciliary body exceeds the transport capacity of fluid over the non-pigmented ciliary body epithelium, due to blockage of aquaporin assisted outflow of fluid out of the ciliary body into the posterior chamber. This disequilibrium leads to ciliary body edema leaking into the supra-ciliochoroidal space, pushing the vitreous forward. This pressure leads to anterior displacement of the lens-iris diaphragm with resulting anterior chamber shallowing, myopisation and appositional angle closure.

conclusion Our proposal for a pathophysiologic mechanism for a Ciliochoroidal Effusion Syndrome caused by sulpha derivatives gives an explanation for observations found in this syndrome: fluid in the supra-ciliochoroidal space, anterior chamber shallowing, myopisation and appositional angle closure.

1055

Diplopia as presenting sign of Turcot syndrome

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purpose To describe a patient with diplopia who was diagnosed with Turcot syndrome
methods A 10-year old boy presented with a history of left-sided sixth and seventh nerve palsy. He underwent imaging of the brain and colon, full ophthalmologic and genetic work-up.

results A 10-year old boy was referred with combined left-sided sixth and seventh nerve palsy since one month without symptoms of raised intracranial pressure. BCVA was 6/6 in both eyes. Fundoscopy revealed bilateral, multiple, oval pigmented ocular fundus lesions (POFLs) in the 4 quadrants. These POFLs, together with the cranial nerve palsies raised the suspicion of Turcot syndrome, a familial neoplasia syndrome characterised by familial adenomatous polyposis and tumours of the central nervous system. Urgent MRI scan of the brain and stereotactic biopsy showed a primitive neuroectodermal tumour (PNET) at the pons. Coloscopy revealed multiple polyps. DNA analysis of the APC gene confirmed the clinical diagnosis of Turcot syndrome. The PNET was treated with combined radio- and chemotherapy. The patient underwent a prophylactic total colectomy as virtually all patients develop a carcinoma of the colorecal region if left untreated.

conclusion Diplopia in childhood is rare and seldom innocuous. It requires a prompt and thorough diagnostic evaluation. The presence of POFLs should alert the clinician to the possiblility of Turcot syndrome. Recognition of this rare syndrome can lead to earlier diagnosis, which is vital to appropriate surveillance and early surgical intervention of the highly frequent neoplasias in Turcot Sydrome.

1056

Mowat-Wilson syndrome: an expanding ocular spectrum.

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purpose To report on the ocular features of Mowat-Wilson syndrome.Mowat-Wilson syndrome is a relatively new syndrome (1998) with a widely variable spectrum. There may be a typical facial appearance, neurocranial disorders (esp. callosal agenesis) and intellectual disability , Hirschprung's disease, dental, oropharyngeal, gastrointestinal, musculoskeletal, cardiovascular, genitourinary, skin, auricular and ocular abnormalities. The syndrome is caused by mutations of the ZEB2 gene on chromosome 2q22.3 which encodes a transcription factor critical for organogenesis, esp. of neural crest derived cells. Ocular features reported are: ptosis, strabismus, nystagmus, microphthalmus, Axenfeldt anomaly, high myopia, cataract, uveal and optic nerve coloboma, chorioretinal and optic nerve dysplasia.We report two cases with severe spectrum Mowat-Wilson and three hitherto unreported ocular features: aniridia, achiasmia and hypoplasia/aplasia of the ocular muscles .

methods case reports

results 2 cases are described with severe ocular features including microphthalmia, cataract, chorioretinal dysplasia, optic nerve aplasia, aniridia and ocular muscle hypo/aplasia.

conclusion The ocular spectrum of Mowat-Wilson syndrome is expanding. To our knowledge these are the first reports of associated ocular muscle hypoplasia, achiasmia and aniridia.

1057

Evaluation of Femtosecond Laser-Assisted Cataract Surgery compared with Conventional Cataract Surgery

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purpose To investigate the efficacy of the LenSx® femtosecond (FS) laser-assisted cataract surgery compared with conventional cataract surgery.

methods This retrospective study included patients with nuclear lens opacities who underwent a cataract surgery between April 2014 and June 2014 by one single experienced surgeon (MH). We measured pre - and postoperatively at 1 month the best-corrected visual acuity (BCVA), automated keratorefractometry, intraocular pressure (IOP) and corneal endothelial cell count (ECC) . We compared the BCVA, IOP, ECC , effective phaco time (EPT) and cumulative dissipated energy (CDE) between both groups with a t-test.

results We included 57 eyes of 41 patients in the conventional group and 41 eyes of 28 patients in the FS laser group. The mean EPT en CDE in the conventional group was 0.95 ± 0.95 and 9.91 ± 3.22; and in de FS group 0.74 ± 1.62 and 6.7 ± 3.9 respectively (p: 0.33; p: 0.00004). The mean IOP lowering 1 month after surgery was in the conventional group 2.3 ± 2.9 mmHg and in the FS group 3.01 ± 2.3 mmHg (p: 0.2). The pre-and postoperative BCVA was comparable in both groups. There was a decline of more than 5% ECC in 33% of the patients in the conventional group and 38 % in the FS group (p:0.35). Seven of the 41 eyes had a tag after capsulorhexis made with the LenSx®. In the FS group, 2 eyes had postoperative wound leakage 1 day after surgery compared to none in the conventional group.

conclusion The femtosecond laser is an effective and safe technique in cataract surgery. There was no difference in final BCVA in both groups. There was a significant reduction in the CDE in the laser group. No significant difference in reduction of ECC was seen between the two groups.

1058

Best-Corrected Visual Acuity and Foveal Location in Patients with Congenital Stationary Night Blindness

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purpose To evaluate best-corrected visual acuity and foveal location in patients with congenital stationary night blindness (CSNB) with Schubert-Bornschein type electroretinographies (ERG), of the Miyake Complete (cCSNB) and Incomplete (iCSNB) types.

methods In this mixed retro- and prospective study, data on 22 cCSNB and 14 Miyake iCSNB patients were obtained. All available ophthalmological clinical findings, in addition to Goldmann visual field tests, full-field and ON-OFF ERGs, white, infrared and blue light fundus pictures, OCT images and genetic testing **results** were studied.

results Data on 72 eyes of 35 X-linked patients (21 cCSNB & 14 iCSNB) and 1 AR cCSNB patient were included in the study. Mean decimal best-corrected visual acuities were 0,43 ± 0,23 for RE and 0,37 ± 0,24 for LE, mean refractive values were -7,28 ± 4,42D for RE and -7,31 ± 5,06D for the LE. Nineteen patients had nystagmus, 14 patients had either strabismus or had undergone strabismus surgery. Foveal ectopia was observed in 30 eyes (14 cCNSB and 8 iCSNB). Macular staphylomata were seen in 14 eyes, foveal hypoplasia was noted in 4 eyes.

conclusion Best-corrected visual acuity is significantly lower in CSNB patients. Nearly half of the patients had either foveal ectopia or maldevelopment.

1059

Validation of in vitro, ex vivo and in vivo glaucoma models for the study of neuroprotection and axonal regeneration by using ROCK inhibitors

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purpose When considering the inadequacies in current glaucoma therapy, there is a need to develop alternative treatment strategies able to protect/repair (injured) retinal ganglion cells (RGCs). In addition to neuroprotective agents, the restricted regenerative capacity of the adult CNS has also prompted researchers to look for factors that enable axonal regeneration, in order to preserve/improve structural & functional connectivity. By establishing complementary in vitro, ex vivo & in vivo models, we aim to mimick the diverse pathological aspects of glaucoma. Next, we tried to validate our models by confirming/further investigating the neuroprotective and regenerative potential of ROCK inhibitors.

methods To investigate neurite outgrowth and RGC survival, mouse retinal explants are cultured with respectively the RGC or photoreceptor layer facing down. An optic nerve crush is applied in mice to study neuroprotection as well as regeneration, after immunostaining for markers of RGCs and outgrowing axons on, respectively, retinal whole mounts and optic nerves.

results Administration of ROCK inhibitors Y-27632 & Y-39983 to retinal explants showed a significant induction of neurite outgrowth, especially with Y-39983. After crush, preliminary data on the neuroprotective potential of ROCK inhibitors did not reveal increased RGC survival. Therefore, in vivo dose-response experiments are currently being applied, in which axon regeneration will also be investigated.

conclusion Complementary glaucoma models are being set up in order to test potential neuroprotective/regenerative molecules, e.g. ROCK inhibitors.

1060

Pterygium removal associated with conjunctival allograft: post operative results.

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(2) Saint-luc hospital, Bruxelles

purpose To determine the recurrence rate of pterygium after surgical removal associated with conjunctival allograft at the same time

methods Retrospective study on fourty one eyes in 37 patients from different ethnics underwent the procedure of pterygium removal between 2011 and 2014. Minimum follow-up : 6 months, maximum follow-up: 3 years. One eye had recurrent pterygia but never underwent conjunctival allograft and 40 eyes had primary pterygium. After resection, they all underwent conjunctival allograft during the same operative time. Measurements of the pterygium were taken before the surgery with the same slit lamp. Pre and post operative data, recurrence rate and loss of conjunctival graft are analysed

results During mean follow-up period, 3 recurrences and 3 lost grafts were observed. All recurrences occured concomitantly with the allograft loss and within 3 months. Recurrence rate of pterygium resection associated with conjunctival allograft in this series was 7,3 %.

conclusion Surgical removal of pterygium associated with conjunctival allograft is effective to reduce its recurrence. Other procedures have shown higher recurrence rates.

1061

Acquired bilateral Brown's syndrome with benign joint hypermobility

BURUKLAR HB, CORDONNIER CM
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purpose To report the history, investigations and **results** of a patient with an intermittent unilateral or bilateral Brown's syndrome associated with joint hyperlaxity.

methods A 30-year-old woman developed a right Brown's syndrome followed by a left one few weeks later. Forced duction test was positive on both sides.Previous history relates similar recurrent and self remitting episodes. She presents a hyperlaxity demonstrated by her capacity to widely deflect her finger and to dislocate her thenar eminence. MR orbital imaging shows increased thickness of the tendon/ trochlea complex bilaterally. A recovery was noted after coincidental intake of non-steroidal anti-inflammatory drugs.

results Different etiologies of acquired bilateral Brown's syndrome are discussed. In this case, as already described in the literature, there is a relation with a hereditary disease of the connective tissue characterized by joint hyperlaxity.

conclusion Bilateral Brown's Syndrome might be caused by an inflammatory process in the trochlea that started because of the benign joint hypermobility.

1062

Persistent epithelial defects (PED) and neurotrophic ulcer treated with a new topical regenerating agent (RGTA, Cacicol®) associated with topical dexamethasone: a case report

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CHU St-Pierre, Bruxelles

purpose Successful use of RGTA+dexamethasone in a patient with PED and neurotrophic ulcer

methods A case report

results A healthy 61 years old man presented in 10/2012 with a corneal lesion RE since 01/2011 without improvement with topical ganciclovir+prednisolone and transepithelial photherapeutic keratectomy in 10/2011. He presented to our clinic in 03/2012 with a VA of 0,2 RE, a large epithelial punctate keratitis (EPK) with underlying anterior stromal opacification and a decreased corneal sensitivity of unknown etiology. The lesions did not respond to autologous serum 20% or 50%. A treatment with a new topical RGTA 1/w was applied in 05/2012 followed by a worsening of stromal opacities at 3 weeks. Treatment was consequently stopped. Topical preservative-free dexamethasone and preservative-free artificial tear were then administered 2/week. A symptomatic stabilization of the lesions was obtained with a stabilization of VA to 0.2 in 01/ 2013 and topical dexamethasone was then stopped. In 05/2013, RGTA therapy was reintroduced 2/w and an improvement of the EPK but stable stromal opacity was observed in 08/2013. In 03/2014 he presented a neurotrophic ulcer (4x1mm) and a new adjacent lesion. Topical RGTA+dexamethasone was then administered 2 /w and 2 weeks later, the corneal ulcer and most of the stromal opacification healed with a VA improved to 1.0. This impressive corneal improvement persisted for the following 3 months.

conclusion RGTA+dexamethasone (2/w) might be useful for the healing of PED and neurotrophic ulcers and need further investigation

1063

Treatment of taxane (docetaxel)-induced maculopathy with oral acetazolamide

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purpose Cystic macular edema without leakage on fluorescein angiography (FFA) is a very rare complication of systemic chemotherapy with taxanes. We describe a patient who developed this phenomenon and demonstrate complete resolution with cessation of the drug in combination with oral acetazolamide.

methods A 74-year-old man with a history of non-small-cell lung carcinoma treated with Docetaxel (Taxotere) presented to our department with a 1-month history of bilateral progressive visual loss. He underwent a complete ophthalmologic work-up.

results At presentation, BCVA was limited to 2/10 in both eyes. Fundoscopy and OCT revealed bilateral extensive intra- and subretinal fluid spread over the posterior pole towards the midperiphery in the absence of other pathological findings. Despite the significant amount of cystic spaces on OCT, FFA remarkably showed no leakage of dye. The chemotherapeutic Docetaxel(Taxotere), was identified as a potential inciting agent, and suspended in collaboration with the oncologist. Acetazolamide 250 mg t.i.d. was added to hasten recovery. The next 10 weeks, BCVA gradually improved to 6/10 in the RE and 8/10 in the LE with complete resolution of intra- and subretinal fluid and remained stable 1 month after cessation of treatment.

conclusion Cystic macular edema without leakage is a rarely documented but significant side effect of docetaxel and other taxane chemotherapeutics. Acetazolamide may be useful to hasten resorption of fluid and improve quality of life.

1064

Subfoveal choroidal thickness measured by OCT EDI (Enhanced Depth Imaging) was not found to be altered by the administration of tropicamide and phenylephrine eyedrops

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(1) CHU St-Pierre, Bruxelles
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purpose To investigate if administration of commonly used mydriatic eyedrops alters subfoveal choroidal thickness.

methods Three drops of tropicamide 0,1% and phenylephrine 2,5% were administrated to the right eye of 28 healthy volunteers. The high resolution OCT EDI scans (Spectralis, Heidelberg Engineering) of the right and the left eye were performed before and 15, 30 and 60 minutes after eyedrops administration (8 measurements). Subfoveal choroidal thickness was measured manually by two independent observers.

results The average age of volunteers was 35.8 years +/-12.1. The interobserver repeatability was calculated and showed significant differences in each eye for 1 of the 4 time points. Therefore, the mean of the two observers were used for further analysis. The average subfoveal choroidal thickness (SFCT) before eyedrops administration of the right (369.74µm +/- 81.91) and of the left eye (347.98µm +/-65.00) were significantly different ($p<0,03$). No difference in mean SFCT was observed in each eye after drops administration at any time points (p between 0.087 and 0.99).

conclusion Our **results** do not show subfoveal choroidal thickness changes 15, 30 and 60 minutes after tropicamide and phenylephrine administration.

1065

Ocriplasmin is particularly efficacious in specific types of vitreomacular traction and can induce transient ultrastructural changes at the optic disc

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(2) Institute of Pharmacology and Neurosciences, Faculty of Medicine of Lisbon University, Lisbon, Portu, Lisbon
(3) UZ Leuven, Leuven

purpose To determine the efficacy and safety of ocriplasmin for vitreomacular traction (VMT) release in specific indications, and to study changes in optic disc and peripapillary region.

methods Retrospective, single-center, observational case series. In 38 eyes with VMT (of which 10 had concomitant MH), determined by optical coherence tomography (OCT), a single intravitreal injection of ocriplasmin was administered. Baseline characteristics included age, gender, presence of epiretinal membrane (ERM) and/or macular hole (MH), and visual acuity. Spectral domain OCT and Heidelberg retinal tomography (HRT) were performed at baseline and during follow-up visits.

results A total of 71.1% (27/38) eyes [37 patients] treated with ocriplasmin had VMT resolution with 40% (4/10) of eyes with MH at baseline (10/38) achieving MH closure. 90% (9/10) of eyes with MH at baseline showed VMT release. 36.8% (14/38) had increased subretinal fluid (SRF) that resolved concurrently with posterior vitreous detachment (PVD) in 12 patients, with partial PVD in 1 patient, and no PVD in the latter. There was also SRF accumulation in the peripapillary region in 21.4% (3/14) of patients with SRF in the macular region that largely resolved spontaneously by 1 month

conclusion Ocriplasmin is a novel treatment for patients with VMT. Careful patient selection can improve ocriplasmin efficacy and will aid clinical decision making. Transient optic disc changes after its use are possible.

1066

Corneal Changes in ReLEx smile

VAN CLEYNENBREUGEL H
Mediclinic, Oud Heverlee

purpose In this study, we used a Schwind Sirius® Scheimpflug device to evaluate the corneal changes that occur after ReLEx smile laser eye surgery, a new technique in refractive corneal surgery.

methods Our study included 46 consecutive treatments of 23 patients. All patients were treated for myopia and myopic astigmatism using Small Incision Lenticule Extraction (ReLEx smile). The eyes were examined preoperatively and 3 months postoperatively using a Sirius® Scheimpflug tomographer to assess corneal changes with regard to curvature, elevation, and centration of the treated zone.

results Preop spherical equivalent was -3.98 (range -1.5 to -7.25) diopters. At 3 months, postop spherical equivalent was -0.12 (range -0,62 to + 0.5). No patients lost 1 line of BCVA. 91 % had an UCVA of 0.8 or more, 83 % had an UCVA of 1.0 or more. A statistically significant decrease in mean keratometric power of the anterior corneal surface compared with its pre-ReLEx smile value was detected after 3 months, but there was no significant change in keratometric power of the posterior surface. Center of the treated zone of all treated eyes (100%) was within 1.00 mm of decentration from the optical axis; 43 eyes (93%) were within 0.50 mm; and 39 eyes (85%) were within 0.30 mm.

conclusion As expected ReLEx smile causes a significant decrease of the anterior corneal keratometry. However,the effect is insignificant at the posterior surface. This study suggests that mild decentration can occur but it is limited. Therefore, excellent visual outcomes can be achieved after ReLEx smile surgery.

1067

Clinical trial of Ultrasonic Circular Cyclo Coagulation in patients with open angle glaucoma.

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purpose To evaluate the relative safety and the potential efficacy of the ultrasound circular cyclo coagulation (UC3) treatment in patients with open angle glaucoma.

methods A miniaturized high-intensity focused ultrasound (HIFU), operating at 21 MHz, was used to insonified five eyes in 5 patients during the same session. The HIFU device comprises a ring with six piezoelectric transducers inserted in a coupling cone, made of polymer and placed in direct of the eye. The six transducers are placed at regular intervals and oriented to create six epileptic cylinders surimposed on the ciliary body. The patient inclusion criteria are male or female at least 18 years old, with moderate open-angle glaucoma refractory to medical treatment and selective laser therapy. The study comprises a complete ophthalmic examination with intra-ocular pressure (IOP) measurements before the procedure and at 4 days, 1 month and 3 months after the procedure.

results The first preliminary **results** show a decrease in IOP in all five patients (-3.6 to -53.0%), from a mean preoperative value of 25.8±5.4mmHg to a mean value of 20.7±7.1mmHg at 4 days. No major complications intra- or postoperative occured. The midterm follow-up **results** will be discussed and illustrated by UBM iconographies during the presentation.

conclusion UC3 is a simple method for partial coagulation of the ciliary body to reduce IOP by destroying the ciliary processes and to diminish the aqueous production. This study could help defining the optimal indications of this new method of treatment.

1068

An aggressive small choroidal melanoma or How optic disc swelling helped to suspect extraocular invasion.

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(2) UZA- Pathologische anatomie, Edegem

purpose To describe a small non diffuse choroidal melanoma with extraocular extension.

methods A Case-report

results We describe the case of a 50year-old patient presenting with visual loss and metamorphopsia. Fundus examination revealed a suprapapillary trilobular choroidal mass with inhomogenous pigmentation and lipofuscin. The optic nerve was slightly oedematous. On fluorescein angiography, the lesion revealed pin-points and exsudation. Ultrasound sonography (20Mhz) showed a peripapillary lesion of 3mm thickness. MRI was performed and confirmed the diagnosis of choroidal melanoma. No extraocular extension was seen on MRI or ultrasound imaging. Because of optic nerve oedema we decided to perform an enucleation. On pathology, the lesion measured 9mm diameter and 3mm thickness. It was mostly composed of epithelioïd cells and it showed scleral, perineural , optic nerve and periocular soft tissue invasion. Complementary orbital radiotherapy was performed. Until now, after one year follow-up, the patient has shown no metastasis or local recurrence.

conclusion Extraocular invasion in a small thickness non diffuse choroidal melanoma is rare. In times of eye-sparing choroidal melanoma treatment, the ophthalmologist should not forget the possibility of extra-ocular involvement, even in small tumors.

1069

Large spot size-transpupillary laser diode and adjuvant ICG for retinal hemangiomas

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purpose To evaluate the efficacy, ocular and visual outcomes, and treatment complications of large spot-size transpupillary diode laser (TDL) with or without ICG

methods Prospective study including 17 retinal hemangiomas in 12 eyes (11 patients). TDL (810 nm) with large spot size-indirect ophthalmoscopy (1.2 mm) was directly applied to the lesion. Six tumors (35%) were treated by TDL alone and 11 (65%) by ICG-enhanced TDL. The ICG solution (25 mg/10 CC) was IV injected 1 minute before TDL. Von Hippel Lindau disease was diagnosed in 8 patients (73%)

results After a mean follow-up of 60 months (range, 6 to 191), 14 hemangiomas (82%) presented with a flat scar and 3 (18%) showed regressed fibrotic appearance. The mean tumor diameter was 2.3 mm (range, 0.5 to 8). Visual acuity improved in 5 eyes (42%), decreased in 4 eyes (33%) and was stable in 3 eyes (25%). Decreased visual acuity was related to the juxtapapillary location of the hemangioma (2 eyes) or partially regressed macular exudation (2 eyes). Epiretinal macular membrane was observed in 4 eyes (24%). No other complication was recorded. Macular and peripheral retinal exudation completely disappeared in 15 eyes (88%) and partially regressed in 2 (12%).

conclusion Large spot size-TLD appeared to be a safe therapeutic option for visual threatening exudative retinal hemangiomas. The only complication was epiretinal macular membrane. The potential benefit of ICG injection on tumor and /or exudation regression could not be statistically evaluated due to the small number of treated hemangiomas

1070

Peripheral ischemic retinopathy and neovascularization in a patient with bacterial endocarditis

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(2) Department of Rheumatology, University Hospital Ghent

purpose To describe a patient with peripheral retinal ischemia and neovascularization who was diagnosed with streptococcus mitis - induced bacterial endocarditis.

methods A 57-year old man presented with a history of a rapidly progressive, bilateral, painless visual loss. He also suffered from pain in the neck and lower back and a weight loss of 10 kg. He underwent full ophthalmologic work-up, laboratory investigations and imaging of the spine.

results BCVA was reduced to 5/10 in the right eye and 6/10 in the left eye. Fundoscopy showed rare intraretinal hemorrhages including few Roth spots and cotton-wool lesions. However large areas of peripheral retinal ischemia and neovascularization were detected on fluorescein angiography. General history was significant for diabetes mellitus and low-grade mitral valve insufficiency. Urgent systemic work-up revealed inflammation (CRP of 38.8mg/L), normal blood counts and protein electrophoresis, and cervical and lumbal spondylodiscitis on MRI. A transesophageal echocardiography with mitral valve vegetations confirmed the diagnosis of bacterial endocarditis. Streptococcus mitis could be identified as causative organism.

conclusion Peripheral retinal ischemia and neovascularization were previously unrecognized as a feature of infectious endocarditis. Therefore, their presence, apart from the classic Roth spots should prompt the consideration of infectious endocarditis in the etiologic work-up.

1071

A new method for measuring rotational stability of toric intraocular lenses

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purpose To improve the evaluation of rotational stability of toric intraocular lenses (IOL) by using opposite landmarks created on the anterior capsulorhexis' edge and to assess the rotational stability of the AT TORBI 709M (Carl Zeiss Meditec) IOL using this new method.

methods 23 eyes of 16 consecutive patients with senile cataract and greater than 1.75 diopter of preoperative regular corneal astigmatism were included prospectively. An anterior capsulorhexis was fashioned in order to get two sharped landmarks in opposite sites of the capsulorhexis' edge. A toric IOL (AT TORBI 709 M) implantation was performed after phacoemulsification. Retroillumination photographs to identify IOL axis and anterior capsular landmarks were obtained at the end of the surgery (supine position), 1 day, 1 week, 1 month and 6 months after surgery. The relative position of the IOL to the anterior capsule was determined by calculating the angle alpha between the IOL orientation marks and a line passing through the two anterior capsulorhexis' edge landmarks. To determine IOL rotation, we compared immediate post-operative angle alpha with angle alpha at 1day, 1 week, 1month and 6 months.

results The average IOL rotation was 2.08±1.25 degrees at 1 day, 1.75±1.26 degrees at 1 week, 2.60±1.39 degrees at 1 month and 2.52±1.61 at 6 months.

conclusion This new method for measuring postoperative toric IOL axis rotation is probably the most straightforward. The anterior capsulorhexis' edge landmarks are in the same plane of the IOL orientation marks. The procedure is independent of head tilt or eye rotation. The AT TORBI 709M IOL shows an excellent post-operative rotational stability.

1072

Horizontal diplopia and exophtalmos as first signs of trigeminal schwannoma : case report and review of the literature

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(2) Hôpital Ophtalmique Jules-Gonin, Lausanne

purpose To present an atypical presentation of trigeminal neurinoma : diplopia and exophtalmos, and review of the literature on the subject.

methods Case report and review of the literature

results A 21 year-old patient complained of binocular horizontal diplopia for the past 4 years. Examination revealed a left abduction paresis with a 3mm exophthalmos. MRI revealed a voluminous heterogenous tumor in the left middle cranial fossa. Surgical excision was performed and pathology disclosed a trigeminal schwannoma originating in the left gasserian ganglion. Post-operatively, both exophthalmos and left abducens paresis gradually resolved thanks to decreased left cavernous sinus compression and increased orbital outflow.Literature review revealed that trigeminal schwannoma represents 0.2% of all intracranial tumors. Diplopia is the fourth more common initial symptom behind facial hypesthesia, facial pain and facial paresthesia, none of which were present in our patient. Isolated abducens paresis and exophthalmos is a very rare presentation of trigeminal schwannoma.

conclusion Diplopia and exophtalmos usually result from an orbital lesion, more rarely from a cavernous sinus process.Trigeminal schwannoma can exceptionally present without any dysfunction of the Vth nerve. An isolated abducens nerve palsy can be caused by a trigeminal schwannoma by compression of the VIth nerve through the cavernous sinus.It is a benign tumor which can be easily diagnosed by doing an MRI. There is a treatment and recovery of the VI cranial nerve function is possible. This entity, even if rare, should be inserted in the differential diagnosis of isolated abducens nerve palsy.

1073

There's music in Belgian ophthalmology

VAN OS L, DE KEIZER RJW
UZA, Edegem

purpose To report of an unexpected visitor to an important ophthalmology meeting in Belgium

methods review of historical information

results Belgian ophthalmology has a very rich history. For example, the first international congress of ophthalmology was held in Brussels in 1857. It was important mainly because of the recent invention of von Helmholtz' ophthalmoscope and because of the recent problems in Europe with military ophthalmia, now better known as Trachoma. After several military campaigns in northern Africa in the beginning of the 19th century, it had become a serious problem in Europe as well. This led to a large audience for the congress, with 150 delegates from 24 countries. One delegate in particular attracted our attention, due to his fame in a quite a different field of interest: Music. Russian musician and composer Alexander Borodin graduated in 1856 from the Medical Surgical Academy in St Petersburg and was commisioned to join the Russian emperor's oculist, Ivan Ivanovitsj Kabat to attend the Brussels conference as part of the official Russian delegation. In later years, Borodin left clinical medical work behind and focused on chemistry, in which he attained important status, as he did in music. He returned again to Belgium several years later to direct performances of his music.

conclusion The great international appeal of the 1857 international ophthalmology meeting in Brussels attracted not only ophthalmologists (among who, as in the present day, are without a doubt several enthousiastic amateur musicians), but also a man who would become celebrated in both chemistry and music. Even though in the present day such a double career would be nearly impossible to realise, there certainly still is a lot of music in Belgian ophthalmology!

2029

An introduction to the ocular genetics consultation

LEROY BP
Dept of Ophthalmology & Ctr Med Genetics, Ghent Univ Hosp & Div of Ophthalmology, CHOP, Ghent & Philadelphia

purpose To describe the typical steps required in an ophthalmic genetics consultation.

methods Systematic review illustrated by case presentations.

results The steps taken in an ophthalmic genetics outpatient visit include taking a very careful history with attention to detail about the exact complaints of the patient, evolution of disease, family history and pedigree analysis, thorough clinical examination including photography, phlebotomy for molecular genetic analysis and careful counselling, both about potential evolution of disease as well as recurrence risks and potential prenatal or pre-implantation genetic diagnosis. Such consultations are classically of long duration, and may require splitting into two or more separate patient visits.

conclusion A typical ophthalmic genetics consultation is complex, labour intensive and often emotionally charged. Considerable skill and patience is required to translate often complex molecular causes into lay people's terminology and to answer all the patient's questions.

2030

KEYNOTE Lecture : Genetics of anterior segment malformations and associated syndromes

TRABOULSI E
The Center for Genetic Eye Diseases, Cole Eye Institute, Cleveland Clinic Foundation, Cleveland, USA

Anterior segment malformations result from abnormalities in development of the cornea, iris and lens. Mutations in transcription factors that regulate neural crest-derived structures are often responsible, and result in not only ocular, but also systemic malformations of organs derived from neural crest. This presentation will review the genetics and clinical manifestations of isolated anterior segment malformations and some of the syndromes associated with anterior segment dysgenesis.

2031

Velocardiofacial syndrome

CASTEELS I
UZ Leuven, Leuven

purpose To identify early and treat the ophthalmological features in children with the 22q11.2 deletion syndrome.

methods We describe the ophthalmological features in children with the 22q11.2 deletion syndrome that have been identified in literature, and we describe our own experience with the detection and treatment of ophthalmological problems in this patient population.

results Ophthalmological findings are seen in the majority of patients, serious involvement however is uncommon.

conclusion A comprehensive eye examination is recommended in a child when the diagnosis of 22q11.2 deletion syndrome is made. A follow-up should be planned on an individual basis.

2032

Down syndrome and ophthalmological problems

DE VEUSTER I
University Hospital of Antwerp, Antwerpen

purpose Presentation of common ophthalmological problems that occur in persons with Down syndrome.

methods By search of the literature and our own patient data various problems and their treatment will be discussed. Some attention will be given to the way of examination.

conclusion Taking care of people with Down syndrome is no different in comparison to other persons. They deserve the treatment they need in order to make a difference in their lives, development and education.

3015

Epidemiology and management of thyroïd dysfonction in GO

DAUMERIE CH
Cliniques Universitaires Saint Luc, Bruxelles, Bruxelles

purpose Recognize the clinical signs and symptoms of Graves' disease, the risk factors and the biological criteria for diagnosing Graves' disease. Discuss the orbit-thyroid relationship

methods Through several clinical cases the diagnostic criteria as management recommendations for thyroid dysfunction are consideredThe importance of the multidisciplinary clinic pointed out

conclusion At the end of the course the audience should be able to identify the clinical and biological criteria for diagnosing Graves' disease.

3016

Medical management of GO

BOSCHI A
Cliniques Universitaires Saint Luc, Bruxelles, Bruxelles

purpose Criteria of diagnosis, **methods** of assessment and medical management of Graves' Orbitopathy are discussed.

methods Presentation and illustration of different signs and symptoms at different stage of the GO. A simplified overall management scheme will be discussed

results Through numerous clinical cases we present how and when the diagnosis of GO should be confirmed. The clinical method of assessment of the "clinical activity" and "severity" (mild, moderate-to-severe score, and optic neuropathy) When and at which dosage should the anti-inflammatory medical treatment be started?

conclusion At the end of the session the audience should be able to recognise, assess and give the adequate recommendations for medical management for GO patient

3018

Repairing surgery in GO

BALDESCHI L
Cliniques Universitaires Saint Luc, Bruxelles, Brussels

In Graves' Orbitopathy orbital surgery might be required in active and inactive phase. Possibilites of interventions will be discussed through several clinical cases

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14010268	27/11/14	3	OB 2014	3 h/u	3	2080 AOB
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1. Alberdi, T. et al. Rotational Stability and Visual Quality in Eyes With Rayner Toric IOL Implantation. J Cataract Refract Surg Oct 2012;28:696-700

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Future OB Congresses

OB 2015	SQUARE	Nov 25 - 27, 2015
OB 2016	SQUARE	Nov 23 - 25, 2016

Notes

First authors

All first authors are listed alphabetically.
If the author has submitted an abstract, the abstract number is marked *pink*.
If there is no abstract submitted, the abstract number is marked *grey italic*.

Notes

Notes

OB 2014

	Poster area	Gold Hall	Copper Hall	Silver Hall	Hall 300	The Arc	Copper Foyer	Wetlab Hall
WEDNESDAY Nov. 26, 2014								
09:00 – 10:30	Posters & e-posters	BGS		FAB	BOV-ABO	ICC-W2	Wetlab 1	Wetlab 5 oculo FR
11:00 – 12:30	Posters & e-posters	BGS	ICC-W1	FAB	BOV-ABO	ICC-W3	ICC-Wetlab 2	Wetlab 6 oculo NL
14:00 – 15:30	Posters & e-posters	BSOPRS	AOB Free papers	BIO	BSA	ICC-W4	Wetlab 3	
16:00 – 17:30	Posters & e-posters	BSOPRS	FRO Free papers	REBEL	BSA	ICC-W5	Wetlab 4	
17:30 – 20:00	Poster session	Faculty meets Industry in exhibition area						
THURSDAY Nov. 27, 2014								
09:00 – 10:30	Posters & e-posters	SBO/BOG	BSONT NL	BSONT FR	PED & LOW	ICC-T6	Wetlab 7	Wetlab 11 strabo NL
11:00 – 12:30	Posters & e-posters	SBO/BOG	BSONT NL	BSONT FR	PED & LOW	ICC-T7	Wetlab 8	Wetlab 12 strabo FR
14:00 – 15:30	Posters & e-posters	BBO-UPBMO AOB lecture	BSONT NL	BSONT FR		ICC-T8	Wetlab 9	Wetlab 13 Hechten huid
16:00 – 17:30	Posters & e-posters	BBO-UPBMO				ICC-T9	Wetlab 10	Wetlab 14 Sutures peau
17:30 – 19:00	Eye, History and Art in Foyer Delvaux-Magritte							
19:00 – 22:00	Congress dinner in SQUARE							
FRIDAY Nov. 28, 2014								
09:00 – 10:30	Posters & e-posters	BSCRS	OBAO		NOC	ICC-F10		
11:00 – 12:30	Posters & e-posters	BSCRS	OBAO		NOC	ICC-F11		
12:30 – 14:00	Award Ceremony in Gold Hall							
14:00 – 15:30		BSCRS	OBAO		BVVB-OBPC	ICC-F12		
16:00 – 17:30		BSCRS	OBAO		BVVB-OBPC			