

November 22-24 SQUARE Brussels Meeting Center

Programme book







Annual Congress of the Belgian Ophthalmological Societies

Ophthalmologica Belgica

SQUARE, Brussels Meeting Center

November 22-24, 2017

www.ophthalmologia.be

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Message from the president



Chères consoeurs, chers confrères,

Le temps s'écoule vite et voici déjà qu'OB 2017 frappe à la porte. Un OB particulier, puisque nous fêtons, cette année, notre vingt-cinquième anniversaire.

OB est devenu, au fil des années, le rendez-vous incontournable de l'Ophtalmologie en Belgique. Trois journées, pendant lesquelles, les ophtalmologistes, infirmières et infirmiers, assistantes et assistants, techniciennes et techniciens, orthoptistes, optométristes, membres de l'industrie ont une occasion unique de se rencontrer afin de partager leurs connaissances scientifiques ou expériences et de planifier de futures collaborations.

Comme chaque année, un programme attrayant vous sera proposé par les différentes sociétés scientifiques. Le libre accès aux ICC a été maintenu mais vous aurez aussi l'occasion de découvrir de nombreuses nouveautés.

Le jeudi après-midi, nous aurons le privilège d'accueillir le Dr Paul Léonard, lauréat d'AOB lecture, ainsi que cinq orateurs de renommée internationale pendant une session accadémique plénière. Cet après-midi scientifique sera suivi d'une soirée de Gala au coeur du Mont des Arts dans le prestigieux palais des Beaux-Arts.

Le vendredi, la BRS nous proposera d'assister à un programme de chirurgie vitréo-rétinienne en direct. Cette session sera également retransmise et commentée dans les deux auditoires de BSONT.

Nous espérons que, cette année encore, OB sera le lien légitime entre tous les professionnels de l'Ophtalmologie en Belgique.

Et, c'est au nom de tout le comité, que j'ai le plaisir de vous souhaiter un merveilleux OB.

Emmanuel Van Acker Président OB 2017 Beste collega,

Tempus fugit. Met het vallen van de bladeren staat OB 2017 voor de deur. Het wordt een bijzonder OB. We heten u van harte welkom om samen onze 25ste verjaardag te vieren.

Door de jaren heen is OB een referentie geworden, een jaarlijks ijkpunt voor de Belgische oogheelkunde, een driedaags evenement waar oogartsen, verpleegsters en verplegers, assistenten, technici, orthoptisten, optometristen en industrie partners een unieke gelegenheid krijgen om wetenschappelijke kennis en ervaringen te delen en toekomstige samenwerkingen te bespreken.

Zoals elk jaar wordt u een boeiend programma aangeboden door de verschillende wetenschappelijke verenigingen. De vrije toegang tot de ICC's blijft gehandhaafd. U zult er ook tal van andere nieuwigheden kunnen ontdekken.

Op donderdagmiddag hebben we het voorrecht Dr. Paul Leonard, laureaat van de AOB Lecture 2017 te verwelkomen alsook vijf uitstekende gastsprekers met internationale faam tijdens een plenaire academische zitting. Deze wetenschappelijke namiddag zal worden gevolgd door een gala-avond in het prestigieuze BOZAR, hartje Kunstberg.

Op vrijdag nodigt BRS u uit om het Vitreo-retinale live-chirurgie programma bij te wonen. Deze sessie zal ook worden uitgezonden en toegelicht in de twee BSONT auditoria.

Wij hopen dat OB het uitgelezen momentum is en blijft voor al wie beroepshalve betrokken is bij de Belgische oogheelkunde, een ideale gelegenheid om elkaar ook dit jaar te ontmoeten en de banden aan te halen.

Namens het voltallige OB bestuur wens ik u van harte een prachtig OB toe.

Emmanuel Van Acker, Voorzitter OB 2017

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
BOG	Belgisch Oftalmologisch Gezelschap
BOV-ABO	Belgische Orthoptische Vereniging Association Belge d'Orthoptie
BRS	Belgian Retina Society
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
NOC	Neuro Ophthalmology Club
OBAO	Organisatie van Belgische Assistenten in Oftalmologie Organisation Belge des Assistants en Ophtalmologie
PED & LOW	Pediatric Ophthalmology & Low Vision Rehabilitation
SB0	Société Belge d'Ophtalmologie



Organizing Committee



Emmanuel Van Acker President

Bernard Heintz Treasurer OB AOB Lecture





Joachim Van Calster Programme Secretary

Paulina Bartoszek





Paul Jonckheere AOB President

> Fabrice Korczewski Wetlab





Guy Sallet Free papers / Posters

Philippe Grosjean Wetlab assistant





Johan Blanckaert 25th Anniversary

Sayeh Pourjavan 25th Anniversary



OB Office by Mecodi Marlene VERLAECKT, Executive Officer Lies VAN EYCKEN and Mieke AKKERS, Executive Assistants meco

General Information

OB Office

OB organisation Werkgroep - Groupe de travail : Academia Ophthalmologica Belgica vzw-asbl AOB House, Nijverheidsstraat 24 Rue de l'Industrie, B-1040 Brussels OB@ophthalmologia.be BE 0862.155.596

Venue and dates

SQUARE, Brussels Meeting Center, Kunstberg -Rue Mont des Arts, 1000 Brussels Wednesday 22 to Friday 24 November, 2017

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

Orthoptists and eyecare personel are not allowed to visit the exhibition on Wednesday, November 22 and Thursday, November 23.

Registration

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

Entitlements

Payment of the registration fee entitles delegates to participate at the entire congress programme.

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 exhibition.

Badges

Please remember to wear your badge throughout the congress.

Speakers room

Will be open on Tuesday, Nov 21 from 17:00 - 20:00 and during the congress days between 7:30 - 17:30.

Bring your presentation at least two hours prior to your session to the speakers room.

Internet

Wi-fi code: ob17!

Accreditation

See page 90.

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

Entrance: Rue Mont des Arts, 1000 Brussels



- Entrance Central Station
- Distance Metro Central Station
- Taxi

Ρ

Public Parking 'Albertine'

Exhibition floor plan





Exhibitors

3M	1
Alcon-Novartis	2
Allergan	3
Bausch + Lomb	4
Bayer	5
Chiesi	45
Corilus	6
De Ceunynck Medical	7
DORC	8
Ergra Engelen	9
Essilor	10
EyeD Pharma	11
Glaukos	12
Horus Pharma	13
Hoya Lens Belgium	15
Kourion.be	16
Laboratoire Sonkes	17
Laboratoire Densmore Belgium	
Labo RX	
LENSITA division of LUNEAU Technology	14
MEDA Pharma	20
Medequip	21
MetroVision	
Moria	

Nootens4	6
Oftahils	7
Ophtalmo Service2	4
Ophtec	5
Orphan-Europe 4-	4
Physiol	6
Precision Line-Gold2	7
Pro-Vision Instruments2	8
Revogan2	9
Rockmed	0
Santen 3	1
Simovision	2
Technop	3
Thea Pharma	4
TRB Chemedica	5
Trusetal	6
Ursapharm	7
Van Hopplynus Ophtalm	8
Vision Company	9
VH Ophthalmics 4	0
Wisepress4	1
Xperthis4	2
Zeiss	3

Non-Profit booths

A - Les amis des aveugles

B - Light for the world

C - Brailleliga / Ligue Braille

D - Association DMLA.be

Language

All oral presentations should be given in English, Dutch or French 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 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 Speakers 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 presentations on USB memory stick must be delivered at the Speakers room at least one hour before the start of the session. Preview facilities will be available at the Speakers room.
- Presentations loaded on a personal laptop must be downloaded and copied at the Speakers room at least two hours before the beginning of the session.
- Should this be the case, please inform the meeting coordinator in the Speakers room about any particular requests well in advance.



Recommendations for your PowerPoint presentation - format 16:9:

- 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 or Brussels.
- 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

- he Speakers room is open on Tuesday, Nov 21 from 17:00 20:00 and during the congress days between 7:30 17:30.
- The OB 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.

Guidelines for E-poster presentation

- Important message : from this year on no longer paper posters on posterboards. Only E-posters on screen.
- An electronic poster (E-Poster) is a poster in PowerPoint format, allowing the inclusion of movies, and other multi-media formats.
- The PowerPoint presentation may contain a maximum of 5 slides!
- All multi-media E-Posters will be presented at monitors in the Exhibition Hall.
- All electronic poster presenters should upload their presentation via this link. You will receive your personal username & password by email.
- UPLOAD deadline E-posters is Monday, November 20 at midnight.
- All submissions must be in Microsoft PowerPoint format 16:9. Only one PowerPoint file may be submitted per electronic poster.
- Videos need to be embedded in the PowerPoint
- Check your presentation for hyperlinks (links to the Internet, e-mail addresses, or other documents) and remove them.
- There are no computer speakers, so please do not include audio in your presentation.
- The monitors displaying the presentations will be width screen 16:9 rectangle format.
- All animations and video files must be set to play automatically.
- Save presentation as pptx OR .ppt to ensure all of your embedded images and videos are included.
- All posters are eligible for a Poster Award.
- Best poster: 300 EUR
- AOB best resident's poster prize: 500 EUR Travel grant EVER 2018 congress.
- An independent panel appointed by the Board of OB 2017 decides on the Poster Awards through voting. Their decision is final.

The poster awards ceremony will be held on Friday, November 24, 2017 at 12:30 in The Arc. In order to receive the prize, the presence of poster presenters who are awarded a poster prize is mandatory.

Contact the OB Office for any question you may have.

Wednesday, November 22, 2017



Thursday, November 23, 2017



Friday, November 24, 2017





Wednesday November 22

BOG & SBO

Wednesday, 09:00 - 10:30

Copper Hall

Eye Tech – High Tech?

Moderators: Sabine BONNET, Bernard HEINTZ

PRO & CONTRA

- 09:00 CONTRA: Femtolaser-phaco-emulsification : are machines and robots taking over cataract surgery ?
- 1057 HUYGENS M
- 09:10 PRO: Femtolaser-phaco-emulsification : are machines and robots taking over cataract surgery ?
- 1056 NIJS I
- 09:20 Advantages using 3D heads-up surgery
- 1058 STALMANS P
- 09:30 Difficulties using 3D heads-up surgery
- 1059 BONNET S
- 09:40 PRO: Angio-OCT: Expensive gadget, or added value ?
- 1060 DIRVEN W
- 09:50 CONTRA: Angio-OCT: Expensive gadget, or added value ?
- 1061 RASQUIN F
- 10:00 PRO: SMILE vs LASIK : Fake news or real news ?
- 1062 GOES F JR
- 10:10 CONTRA: SMILE vs LASIK : Fake news or real news ?
- 1063 KALLAY O JR
- 10:20 Discussion
- 10:30 Break

BOG & SBO

Copper Hall

Wednesday, 11:00 - 12:30

Eye Tech – High Tech?

Moderators: Werner SPILEERS, Xavier JANSSENS

PRO & CONTRA

11:00 PRO: MIGS versus conventional glaucoma surgery : are drainage implants replacing standard glaucoma surgery ?

1064 STALMANS

11:10 CONTRA: MIGS versus conventional glaucoma surgery : are drainage implants replacing standard glaucoma surgery ?

1065 COLLIGNON N

- 11:20 Gene analysis and treatment: theoretical improvement for professors and engineers, or real clinical advantage ?
- 1066 LEROY BP
- 11:40 Lens calculation after refractive surgery: using calculation methods, or using high resolution anterior segment OCT imaging ?

1067 HEINTZ B, ASSAF J

- 12:00 PRO: Biologicals in uveitis
- 1068 VAN CALSTER J
- 12:10 CONTRA: Biologicals in uveitis
- 1069 KOZYREFF A
- 12:20 Wrap-up and questions
- 12:30 End of session

Wednesday, 09:00 - 12:45

Silver Hall

Crossroads between glaucoma and retina

Moderator: Thierry ZEYEN

09:00	Welcome by Thierry Zeyen	

- 09:05 Anti-VEGF agents and glaucoma
- 1070 VANDEWALLE E Leuven
- 09:25 Challenges in high myopia
- 1071 POURJAVAN S Brussels
- 09:45 Traitement du glaucome néovasculaire
- 1072 EHONGO A Bruxelles
- 10:05 High IOP after retina surgery
- 1073 STALMANS I Leuven
- 10:25 Break
- 11:00 Blood pressure and glaucoma
- 1074 KESTELYN P, PERSU A Deinze,
- 11:30 The 4 most important 'Tips of the Month' in 2017
- 1075 STEVENS AM Deinze
- 11:50 Case reports
- 1076 DE GROOT V Antwerpen
- 12:45 End of session



Ped & Low

The Arc

Wednesday, 09:00 - 12:30

Paediatric Ophthalmology: Drugs and drops in children: Safety first!

Moderators: Ann DEBACKERE, Patricia DELBEKE

Welcome and introduction
Medical glaucoma treatment in children
ODENT S, CASSIMAN C, VANDEWALLE E, STALMANS I, CASTEELS I - Leuven
Anaesthesia in children
COPPENS M - Gent
Ocular side effects of Vigabatrin in children
YOUSSFI AY - Bruxelles
The Fetal Alcohol Syndrome (FAS)
BUISSERET D - Brussels
Break
The use of Atropine for treatment of childhood myopia
POLLING JR - Rotterdam
Case reports related to the subject : Rapid fire presentation and award for the best presentation

12:30 End of session

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Rapid Fire session 1

Speakers corner

Wednesday, 12:30 - 13:00

Moderators: Paulina BARTOSZEK, Guy SALLET

- 12:30 Features of ophthalmic training in ten European countries
- **3014** QIN V, MAHROO O, BASHEER K, VAN BOL L, STRAUSS R, LA MANTIA A, VEHOF J, CARDOSO J, ALFAGEME-VAZQUEZ C, TASIOPOULOU A Brussels, London
- 12:35 Efficacy of ab interno gel stent in open-angle glaucoma 18 to 24 months after implantation: IOP reduction and position within the irido-corneal angle
- 3011 MALAISE D, DUPONT G, COLLIGNON N Liège
- 12:40 Long-term results of standardized, non-xenogenic, cultivated limbal epithelial stem cell transplantations.
- 3004 BEHAEGEL J, NÍ DHUBHGHAILL S, KOPPEN C, LEYSEN I, TASSIGNON MJ, ZAKARIA N Edegem
- 12:45 Clinical evaluation : Intrastromal Corneal Rings Segments and corneal ectasias
- 3013 LENTINI M, PINHEIRO CHAVES A Bruxelles
- 12:55 IOL-Exchange: indications and outcomes
- 3006 GOEMAERE J, DENISSEN L, NÍ DHUBHGHAILL S, TASSIGNON MJ Antwerp
- 13:00 End of session

Wednesday, 14:00 - 17:30

BSCRS

Copper Hall

Outliers in cataract surgery

Moderators: Johan BLANCKAERT, Jean - Marie RAKIC, Thierry VANDORSELAER

14:00	Phaco with small pupils
<i>1082</i>	VRYGHEM J - Brussels
14:15	Phaco and dens cataract
<i>1083</i>	DE WILDE F - St. Martens Latem
14:30	Phaco with weak zonules
<i>1084</i>	BLANCKAERT J - Ieper
14:45	Phaco in posterior polar cataract
<i>1085</i>	TASSIGNON MJ - Antwerpen
15:00	Phaco with severe uveitis
<i>1086</i>	VANDORSELAER T - Brussels
15:15	Phaco with Fuchs Dystrophy
<i>1087</i>	NI DHUBHGHAILL S - Antwerpen
15:30	Break
16:00 <i>1088</i>	Keynote lecture : Residual astigmatism – not only outliers FINDL 0 - Vienna
16:25	Phaco in extremely long and/or vitrectomized eyes
<i>1089</i>	HUYGENS M - Brugge
16:40	Phaco in albinism
<i>1090</i>	SALLET G - Aalst
16:55	IOL exchange
<i>1091</i>	VAN CAUWENBERGE F - Liège
17:10	FLACS in difficult cataract cases
<i>1092</i>	EVENS P - Wemmel
17:25	General discussion
17:30	End of session



The Arc

Wednesday, 14:00 - 17:15

Strabismus surgery: Primum non nocere

Moderators: Evelien DE NIJS, Sandrine DE TEMMERMAN

14:00	Introduction by Demet Yuksel, president
14:05	The ins and outs of strabismus re-operation - guest lecture
1093	VIVIAN A - Cambridge
14:45	Peculiar intra-orbital cause of iatrogenic strabismus
1094	DE NIJS E - Aalter
15:00	Inferior rectus surgery: aesthetic and functional considerations
1095	POSTOLACHE L - Brussel
15:15	Discussion
15:30	Break
16:00	Postoperative limitation of duction and secondary deviation
1096	GOBIN C - Leuven
16:15	Inferior oblique surgery may turn into a nightmare
1097	YUKSEL D - Brussels
16:30	Torsional diplopia after vitreo-retinal surgery
1098	CASSIMAN C, DE TEMMERMAN S - Leuven, La Louvière
16:55	Discussion
17:15	End of session

Eye, History, Art

Wednesday, 17:30 - 19:00

The Arc

Moderator: Frank Jozef GOES

17:30	INTRO: Blind extraordinary people
1105	GOES FJ - Antwerpen

- 17:40 Les grandes dames en ophtalmologie
- 1106 DEHON P Huy
- 17:50 Evolution of cataract knife, from Daviel to von Graefe
- 1107 DE LAEY JJ Gent
- 18:02 The life of Francisco Barbieri-II Guerchino-The squinter
- 1108 SCHOLTZ S
- 18:12 Great artists and colour vision deficiencies
- 1109 GOES FJ Antwerpen
- 18:22 The first Austrian lady doctor the first Salzburg eye clinic and an extraordinary life
- 1110 GRABNER G Salzburg
- 18:34 Prof dr J van de Hoeven and the Orbitology
- 1111 DE KEIZER RJW Antwerp, Leiden
- 18:44 End of session and cocktail





Thursday November 23

BSOPRS Belgian Society of Ophthalmic Plastic and Reconstructive Surgery

Thursday, 09:15 - 10:30

Gold Hall

New rules in oculoplastics surgery

Moderators: Veva DE GROOT, Gaël XHAUFLAIRE

09:15	Introduction
09:20	Nomenclature modifications
2056	VANDELANOTTE S
09:40	Criteria for upper blepharoplasty reimbursement
2057	HELSEN S
09:55	Criteria for ptosis correction
2058	DE LEPELEIRE K
10:10	Advantages, disadvantages, limitations, examples
2059	XHAUFLAIRE G

10:30 Break



BSOPRS

in collaboration with **BBO-UPBMO**

Gold Hall

Thursday, 11:00 - 12:30

Ethic & Economic

New rules in oculoplastics surgery

Moderators: Veva DE GROOT, Gaël XHAUFLAIRE, François HAUSTRATE

11:00	Preop notification of functional blepharoplasty: is there a best way ?
<i>2060</i>	DE GROOT V
11:15 <i>2061</i>	Impact of changed nomenclature on number of surgeries LANDTMETERS B
11:30	Informed consent in oculoplastic surgery, obligated in esthetic surgery
<i>2062</i>	XHAUFLAIRE G, DE GROOT V
11:50	When should BTW/TVA be charged if not conform RIZIV/INAMI criteria
<i>2063</i>	BABUSIAUX B
12:10	How to answer requests from insurance companies
<i>2064</i>	JONCKHEERE P

- 12:20 Discussion & Conclusion
- 12:30 End of session

Belgian Society of Ophthalmic Plastic and Reconstructive Surgery *in collaboration with* Belgische Beroepsvereniging van Oogheelkundigen Union Professionnelle Belge des Médecins Spécialistes en Ophtalmologie et Chirurgie Oculair

Thursday, 09:00 - 12:30

OBAO

Copper Hall

When Dr. House Becomes an Ophthalmologist – Ocular Manifestations in Systemic Diseases

Moderators: Hedwig SILLEN, Natasha MAMBOUR

- 09:00 Retinal bleedings 2065 VAN LINT M - Brussel
- 09:20 Ocular complications of HIV
- 2066 KOZYREFF A Bruxelles
- 09:50 Sudden bilateral visual loss in patients suffering from leukemia: Report of 2 cases
- 2067 VAN BOL L Brussel
- 10:10 Blurred vision and headaches after sinusitis treatment
- 2068 VAN DEN EECKHAUTE E Brussel
- 10:30 Break
- 11:00 PUK : Peripheral Ulcerative Keratitis
- 2069 HICK S Liège
- 11:20 IgG4-related orbital disease: snow white's new dwarf
- 2070 MOMBAERTS I Leuven
- 11:40 Sudden-onset visual loss mystery, misery, relieve?
- 2071 DE ZAEYTIJD J Gent
- 12:00 Changing trends in surgery for thyroid eye disease
- 2072 ROSE G London
- 12:30 Break

Copper Hall

Thursday, 14:00 - 15:30

When Dr. House Becomes an Ophthalmologist – Ocular Manifestations in Systemic Diseases

Moderators: Hedwig SILLEN, Natasha MAMBOUR

- 14:00 Doctor, my baby has wobbly eyes
- 2098 CASTEELS I Leuven
- 14:30 Genetic conditions
- 2099 LEROY BP Gent
- 15:00 Keep an eye on the brain
- 2100 BOSCHI A Brussels
- 15:30 Conclusion and closing

AOB

Thursday, 09:00 - 10:30

The Arc

AOB Free papers

Moderators: Guy SALLET, Sayeh POURJAVAN

09:00	Quantification of changes in foveal capillary architecture induced by idiopathic epiretinal membrane using OCT-Angiography
2073	NELIS P, ALTEN F, CLEMENS C, HEIDUSCHKA P, VAN LINT M, TEN TUSSCHER M, ETER N - Muenster, Brussels
09:07	The prevalence of age-related sight threatening diseases
2074	LEMMENS S, BARBOSA BREDA J, JACOBS T, VAN KEER K, VAN LANDEGHEM R, STALMANS I - Leuven
09:14	The importance of retrobulbar blood vessels in the peripapillary superficial blood flow. The Leuven Eye Study.
2075	BARBOSA BREDA J, VAN KEER K, ABEGAO PINTO L, VANDEWALLE E, ROCHA SOUSA A, STALMANS I - Leuven, Lisboa, Porto
09:21	Bag-in-the-lens during combined surgery for vitreoretinal disease: a window forever clear for patient and his physician
2076	MICHEZ M, BALI E, BARONISSI I, TASSIGNON MJ, Nì DHUGHBHAILL S, HAIDER H - Brussels, Naples, Anvers
09:28	The eye at high altitude
2077	VAN KEER K, BARBOSA BREDA J, DE JONGH R, NIJS I, WIRIX M, ABEGãO PINTO L, STALMANS I, VANDEWALLE E - Leuven, Genk, Genk, Lisbon
09:35	Comparison of effective lens position between standard phaco and FLACS
2078	BLANCKAERT JA, DAM J, GHEKIERE S - leper, Leuven
09:42	Robot assisted retinal vein cannulation for central retinal vein occlusion.
2079	WILLEKENS K, GIJBELS A, SCHOEVAERDTS L, SMITS J, JONCKX B, FEYEN JHM, REYNAERTS D, VANDER POORTEN E, STALMANS P - Leuven
09:49	Refractive Results of Corneal Grafts
2080	CHAVES A, QIN V - Brussels
09:56	Optimal irradiation dosis in strontium brachytherapy in uveal melanoma
2081	MISSOTTEN G, DE CALUWE A, VAN CALSTER J, SPILEERS W, VAN LIMBERGEN E - Leuven, Diest
AOB

The Arc

Thursday, 09:00 - 10:30

AOB Free papers

Moderators: Guy SALLET, Sayeh POURJAVAN

- 10:03 Multicenter defocus curve evaluation of a novel trifocal presbyopia correcting IOL 6 months post-op results
- 2082 SALLET G, KOHNEN T Aalst, Frankfurt
- 10:10 Comparing anterior segment optical coherence tomography and ultrasound biomicroscopy with histopathology in measurement of corneal and bulbar conjunctival tumors depth
- 2083 LAUWERS N, MERTENS M, JANSSENS K, MATHYSEN D, DE KEIZER RJW, DE GROOT V Edegem
- 10:17 Fine needle diathermy with adjuvant bevacizumab: a synergistic therapy for (established) corneal neovascularization.
- 2084 HOUBEN I, FOETS B, HUA MT Leuven

BVVB-OBPC

Thursday, 11:00 - 12:30

The Arc

I can't see, I can't hear, what can I do?

Moderators: Marie-José TASSIGNON

- 11:00 An introduction to deafblindness, Pierre De Roover, Accompagnateur scolaire, asbl Œuvre Nationale des Aveugles
- 11:15 Surdicécité : approche médicale spécifique de ce double handicap
- 2085 DEPASSE F
- 11:40 Management and communication with deaf-blind people
- 2086 BRUNINX R
- 12:05 Oriëntatie en mobiliteit bij doofbinde personen
- 2087 NACHTERGAELE MJ
- 12:30 End of session



Rapid Fire session 2

Speakers corner

Thursday, 13:00 - 13:30

Moderators: Johan BLANCKAERT, Joachim VAN CALSTER

13:00	A randomised trial of adjustable glasses, ready-made glasses and standard glasses among Chinese school children
3007	TANG B, CONGYAO W, ZHANG G, LING J, CONGDON N - Belfast, UK, Guangdong Province, China
13:05	Risk factors for growth of choroidal nevi with a juxtapapillary location in 90 consecutive patients
3008	RAMARD H, BARTOSZEK P, DE POTTER P - Brussels
13:10	Dysthyroid optic neuropathy: the stretching component.
3009	COUTEL M, BOSCHI A - Bruxelles
13:15 3010	OCT angiography for the everyday glaucoma practice: a new methodology
12.20	Never underectimate the power of the tearfilm
3003	MERTENS ELJ - Antwerpen
13:25	Feasibility of a hand-held non-mydriatic fundus camera in pediatric use: evaluating ease of use and image quality
<i>3012</i>	ODENT S, CASTEELS I, CASSIMAN C - Leuven

13:30 End of session



BBO-UPBMO

Thursday, 14:00 - 15:30

Gold Hall

Preventieve maatregelen in de dagelijkse praktijkvoering – Préventions dans la pratique journalière

Moderators: François HAUSTRATE, Peter VAN BLADEL

14:00 Hoe te voorkomen aansprakelijk gesteld te worden 2088 **ZFYFN T** 14:20 Prévention de problèmes de TVA dans les associations de médecins TATAYAS M 2089 Wettelijke verplichtingen ivm beveiligingsbeleid van uw database vanaf 2018 14:40 SAELENS S 2090 FAGG: comment et pourquoi des contrôles 15:00 JFBARI A Vergelijking gehanteerde tarieven software providers elektronische 15:20 medicatievoorschrift CLAEYS M 15:25 End of session 15:30 **Discussion & Conclusion**



Ethic & Economic

AOB

Thursday, 16:00 - 16:45

AOB Lecture

Moderator: Bernard HEINTZ

16:00	Introduction by Bernard Heintz
16:10	Laudatio by Jacqueline Koller
16:15	To see or not to see
2092	LEONARD P - Antwerpen
16:35	AOB Award presentation
16:40	Closing address by the AOB President

Gold Hall



AOB Lecture and Prize 2017

Laureate AOB Lecture 2017

To see or not to see



Dr. Paul Leonard has provided pioneering work for cataract surgery in Belgium and the Netherlands by his research and very early use of intra-ocular implants in cataract patients. He also was a co-founder of different Belgian Ophthalmology Societies and for many years he was committed in defending the profession of ophthalmologists.

Dr. Paul Leonard

Academic session 25th Anniversary OB

Gold Hall

Thursday, 16:45 - 18:30

OB Academic session

Moderator: Emmanuel VAN ACKER

- 16:45 Welcome
- 16:50 The pre-Descemets layer (Dua's layer): Clinical implications and Surgical applications
- 2093 DUA HS Nottingham
- 17:10 Achieving Emmetropia with Lens Surgery Still some way to go?
- 2094 FINDL 0 Vienna
- 17:30 Of poison fornices, spiky cacti and friendly fat
- 2095 ROSE G London
- 17:50 Cerebrospinal fluid pathway and dynamics from intracranial up to the lamina cribrosa
- 2096 KILLER H Aarau
- 18:10 Autoimmune uveitis: Myth or Reality?
- 2097 BODAGHI B Paris

Invitation to the Anniversary Dinner & Party in BOZAR

Academic session 25th Anniversary OB



DUA S Harminder



ROSE Geoffrey



BODAGHI Bahram



FINDL Oliver



KILLER Hanspeter

CELEBRATION 25TH ANNIVERSARY

25th Anniversary Dinner & Party IN BOZAR

THURSDAY, NOVEMBER 23

16:00	AOB LECTURE
16:45-18:30	ACADEMIC SESSION
	Dua HS, Findl O, Rose G, Killer H, Bodaghi B
19:00	THE PARTY

Friday November 24

BRS

Friday, 09:00 - 12:00

Gold Hall

Vitreoretinal live surgery from 3 centers : Antwerp-Leuven-Brussels

Surgeons

- Antwerp: Jozef Depla Eric Feron
- Leuven : Joachim Van Calster Peter Stalmans
- Brussels: Ernesto Bali

Moderators: Steve CHARLES, Marc VECKENEER

Panel lead by Peter RINGERS

- Ramin TADAYONI
- Jean-Marie RAKIC
- Carl CLAES

Simultaneous the live-surgery session is presented in the two BSONT-auditoria Nederlandstalig : Jan VAN LOOVEREN, Christophe DELAEY - BSONT - N Francophone : Fabrice KORCZEWSKI, Stefano BARILE, Reza LADHA - BSONT - F

In both BSONT auditoria, two VR theatre nurses will explain the nursing aspects of the surgerie



Gold Hall

Friday, 11:00 - 12:50

Diabetic Eye Disease Revisited: an approach for 2018

Modeators: Werner DIRVEN, Sabine BONNET

How to start: Screening & Diagnosis

How and when to treat?

11:00 <i>3056</i>	Screening protocol: Could we learn from "The Dutch Experience" ? RINGERS P
11:10 <i>3057</i>	Angio-OCT and Wide-Field Angiography : added value in our daily practice ? RUYS J
11:20 <i>3058</i>	Biomarkers in DRP and DME : clinical relevance ? GUAGNINI AP - Brussels
11:30	Q&A
11:35 <i>3059</i>	Does visual acuity influence DME treatment decisions? RASQUIN F
11:45 <i>3060</i>	Diabetic Retinopathy and laser treatment : obsolete or indispensable? <i>POSTELMANS L</i>
11:55	Q&A
12:00 <i>3061</i>	DME: to peel or not to peel ? TADAYONI R
12:10 <i>3062</i>	DRP: When to call upon the surgeon ? DEPLA J
12:20 <i>3063</i>	Cataract in diabetics: when and how to operate ? VAN LOOVEREN J
12:30	Q&A
12:35 <i>3064</i>	Panel discussion of clinical cases GOETHALS S - Hasselt
12:50	Break

BRS

Friday, 14:00 - 15:15

Gold Hall

AMD: beyond injections: tackling practical issues

Modeators: Julie DE ZAEYTIJD, Marc VECKENEER

14:00	Different types of neovascular AMD. One treatment protocol fits all?
<i>3077</i>	YZER S
14:20 <i>3078</i>	AMD and vitreoretinal interface : Is there a link?
14:30 <i>3079</i>	Macular haemorrhages: Evacuate or tolerate?
14:40	In the meantime What's up in dry AMD?
<i>3080</i>	JACOB J - Leuven
14:50 <i>3081</i>	AMD and cataract. When to operate and what to promise your patient? <i>DE ZAEYTIJD J</i>
15:00	Discussion of clinical cases presented
<i>3082</i>	DRAGANOVA D



BRS

Gold Hall

Friday, 15:15 - 16:30

Oops, what now? postoperative/post-injection complications Moderators: Alexandra KOZYREFF, Ernesto BALI

- 15:15 Retinal complications of modern cataract surgery
- 3083 CHARLES S
- 15:30 Expert panel discussion: how to tackle postop complications

Panel of experts:

Steve CHARLES, Ramin TADAYONI, Joachim VAN CALSTER, Anne-Catherine GRIBOMONT, Xavier JANSSENS, Paul DEMOLS, Luc VAN OS

- 15:30 Nucleous drop
- 15:40 IOP rise
- 16:00 Inflammation, endophtalmitis,
- 16:20 Irvine Gass/ CME
- 16:30 Closing remarks End of session



BOV-ABO

The Arc

Friday, 09:00 - 12:30

Focus on accommodation

Moderators: Jean - Paul HARDY, Ann DECKX

09:00	Clinical examination of accommodation
3070	GODTS D - Antwerpen
09:30	Accommodation in Down syndrome
3071	POSTOLACHE L - Bruxelles
10:00	Orthoptic problems with presbyopia
3072	VAN LAMMEREN M - Leuven
10:30	Break
11:00	Accommodation disorders/case: Accommodation spasm
3073	CARDOSO ALVES V - Antwerpen
11:20	Accommodation disorders/case: Accommodation weakness
3074	BIESEMANS M - Mechelen
11:40	Accommodation disorders/case: Eye for accommodation
3075	VAN DEN BERG A - Brussel
12:00	Accommodation disorders/case: Accommodation and CVI
3076	SEGERS I - Woluwe
12:20	Conclusion

12:30 End of session

Award Ceremony

Friday, 12:30 - 13:00

Award Ceremony Moderator: Emmanuel VAN ACKER

Prize 2017

- best poster = 300 EUR
- best resident (minus 35Y) = 500 EUR = travel support EVER 2018

FRO awards



Prizes of the Société Royale de Philanthropie

La Société Boyzle de Philanthropie É T th

Prizes of the Stichting voor de blinden Fondation pour les aveugles









Award ceremony







NOC

The Arc

Friday, 14:00 - 17:00

Supra nuclear eye movement disorders

Moderator: Marcel TEN TUSSCHER

- 14:00 Introduction of the vestibular system system
- 3091 WUYTS F Antwerp
- 14:30 Skew / ocular tilt reaction
- 3092 ZWERGAL A Munchen
- 14:50 OKR and vergence pathology
- 3093 TEN TUSSCHER M Brussel
- 15:10 Break
- 15:40 Fixation and congenital nystagmus
- 3094 VAN RIJN LJ Amsterdam
- 16:00 Pursuit and saccadic pathology in adults
- 3095 BOUR L Amsterdam
- 16:30 Saccadic pathology in children
- 3096 ANDRIS C Liège
- 16:50 Conclusions
- 17:00 End of session



Posters

Wednesday - Friday, 09:00 - 17:30

E-Poster area

3001	Foldable capsular vitreous body implantation study BEVERS C, STALMANS P - Leuven
3002	Regrowth of the Endothelium after Descemetorhexis: two case reports DELWICHE N, TASSIGNON MJ, Ní DHUBHGHAILL S - Antwerpen, Edegem
3003	Never underestimate the power of the tearfilm MERTENS ELJ - Antwerpen
3004	Long-term results of standardized, non-xenogenic, cultivated limbal epithelial stem cell transplantations. BEHAEGEL J, Ní DHUBHGHAILL S, KOPPEN C, LEYSEN I, TASSIGNON MJ, ZAKARIA N - Edegem
3005	The role of vitreous body on the effective IOL position VANDER MIJNSBRUGGE J, FILS JF, JANSEN J, HUA MT, STALMANS P - Leuven, Nivelles
3006	IOL-Exchange: indications and outcomes GOEMAERE J, DENISSEN L, Ní DHUBHGHAILL S, TASSIGNON MJ - Antwerp
3007	A randomised trial of adjustable glasses, ready-made glasses and standard glasses among Chinese school children TANG B, CONGYAO W, ZHANG G, LING J, CONGDON N - Belfast, UK, Guangdong Province, China
3008	Risk factors for growth of choroidal nevi with a juxtapapillary location in 90 consecutive patients RAMARD H, BARTOSZEK P, DE POTTER P - Brussels
3009	Dysthyroid optic neuropathy: the stretching component. COUTEL M, BOSCHI A - Bruxelles
3010	OCT angiography for the everyday glaucoma practice: a new methodology JESUS D, BARBOSA BREDA J, VAN KEER K, LEMMENS S, STALMANS I - Leuven
3011	Efficacy of ab interno gel stent in open-angle glaucoma 18 to 24 months after implantation: IOP reduction and position within the irido-corneal angle <i>MALAISE D, DUPONT G, COLLIGNON N - Liège</i>
3012	Feasibility of a hand-held non-mydriatic fundus camera in pediatric use: evaluating ease of use and image quality ODENT S, CASTEELS I, CASSIMAN C - Leuven
3013	Clinical evaluation : Intrastromal Corneal Rings Segments and corneal ectasias LENTINI M, PINHEIRO CHAVES A - Bruxelles
3014	Features of ophthalmic training in ten European countries QIN V, MAHROO O, BASHEER K, VAN BOL L, STRAUSS R, LA MANTIA A, VEHOF J, CARDOSO J, ALFAGEME-VAZQUEZ C. TASIOPOULOU A - Brussels. London



AOB E-Posters

E-Poster area Wednesday - Friday, 09:00 - 17:30

3015	Introducing Ruthenium Brachytherapy in UZ Leuven MISSOTTEN G, VAN GINDERDEUREN R, CLéMENT P, VANDEN BEMPT I, VAN LIMBERGEN E, VAN CALSTER J - Leuven
3016	Multiple eye muscle palsy as a first sign of sarcoidosis? DEBOUTTE I - Antwerpen
3017	Infantile glaucoma: disparity in origin of the illness. Analysis of the patients cohort conducted at Queen Fabiola Children's University Hospital in Brussels <i>EFENDIC A, POSTOLACHE L, BREMER F - Brussels</i>
3018	Wernicke's encephalopathy after sleeve gastrectomy : a matter of life ophthalmological diagnosis <i>PREUD'HOMME B, DEPASSE F, VAUTHIER L, CORDONNIER M - Bruxelles, Charleroi</i>
3019	Case of Goldmann-Favre syndrome in a 6-year-old boy, complicated by macular choroidal neovascularization in both eyes, responding to two intravitreal injections of Lucentis in the right eye LECOMTE L. KOZYBEFF A. BOSCHI A. REVENCU N. LEROY BP - Woluwe-Saint-Lambert, Gent
3020	Atypical mycobacterial interface infection after Descemet Membrane Endothelial Keratoplasty VAN LANDEGHEM R, FOETS B, DESMET S, VANHAECKE M, HUA MT - Leuven
3021	Merkel Cell Carcinoma with locoregional and distant spread VAN AERSCHOT J, VAN GINDERDEUREN R, MISSOTTEN G - Leuven
<i>3022</i>	Colour vision in eyes with IOL implants and normals UVIJLS A, DERVEAUX T, COLMAN R, LEROY BP - Ghent
3023	Mooren's ulcer associated with pterygium surgery. A case report. KAIMBO WA KAIMBO D - Kinshasa
3024	A case of CMV retinitis with different antiviral drug resistance-associated mutations in the genome of CMV strains in blood and aqueous humor <i>JACOBS T, VAN CALSTER J - Leuven</i>
3025	Identification of CNGA3 variants in a child with a maculopathy, normal photopic ERG and near normal color vision <i>DE VRIES MJ, VAN GENDEREN MM, POSTOLACHE L, DE BAERE E - Brussel, Zeist, Utrecht, Gent</i>
<i>3026</i>	Multimodal imaging of acute macular neuroretinopathy and its evolution over 8 months <i>MALAISE D, DUCHATEAU E, RAKIC JM - Liège</i>
3027	Corneal confocal microscopy and familial amyloidotic polyneuropathy BOUAICH K, DUFRANE R, YOUSSFI A, SLIM E, EHONGO A - Bruxelles, Beyrouth

Wednesday - Friday, 09:00 - 17:30



3028	Audit of wet AMD patients treated with IV Ranibizumab over 6-12 months HAMOUD A, YOUNIS S - London
<i>3029</i>	Syndrome de Kjellin, à propos d'un cas particulier BALLEZ C, AMROM D, PANDOLFO M, CORDONNIER M - Bruxelles, Luxembourg
3030	lschemic optic disc swelling? Show me your skin! VERMEIRSCH S, DELBEKE P, LAMBRECHT P, DE ZAEYTIJD J - Ghent, Ostend
3031	Visual outcomes and complications for a novel suture fixation device in the Bag-in-the-lens IOL implantation <i>VAN HATTEM JVH - Antwerpen</i>
3032	Collagen crosslinking as a treatment for corneal hydrops in ectatic disorders ROELS D, GEERARDS AJM - Ghent, Rotterdam
3033	An unusual case of diplopia caused by an intraorbital foreign body WELLENS L, SYS C, DE KETELAERE F, HUYGENS M - Brugge
3034	Case report: a conjunctival hemangioma as a presenting sign of Wyburn-Mason syndrome <i>KNOORS L, CASTEELS I - Leuven</i>
3035	Infantile orbital hemangioma treated with propranolol: 2 cases DEKLERCK EJ, VULSTEKE C, MATTHIJS I, DELBEKE P - Ghent/Bruges , Roeselare
3036	Dual Branch Retinal Vein Occlusion in one eye-case presentation HAMOUD AH, YOUNIS YS - London,
3037	Case of Blindness following bariatric surgery improved by vitamin A supplementation VALEMBOIS A, BOSCHI A, THISSEN J-P, PINHEIRO-CHAVES A - Bruxelles
3038	Top-down proteomics of human tears in a clinical context. RAUS PPM, DE WINDE JH, VERHAERT PDEM - Geel, Leiden, Beerse
3039	Punctate inner choroidopathy in monozygotic twins PEETERS D, SYS C, DE ZAEYTIJD J, LEROY BP, DE SCHRYVER I



FRO E-Posters

E-Poster area Wednesday - Friday, 09:00 - 17:30

3040	FRO - Neuroinflammation as fuel for axonal regeneration: unravelling the underlying molecular players ANDRIES L
3041	FRO - Metabolomic profile of surgical glaucoma patients BARBOSA BREDA J
3042	FRO - The interplay between dendrite and axon regeneration in central nervous system repair: which way to grow ? BECKERS A
3043	FRO - Enhanced donor selection in the treatment of LSCD using advanced imaging techniques <i>BEHAEGEL J</i>
3044	FRO - Intravitreal injection of mRNA containing nanoparticles to introduce sustained expression of neurothrophic factors in Müller celles <i>DEVOLDERE J</i>
3045	FRO - Tissue engineering in Ophthalmology: Regenerating the anterior cornea using synthetic collagen-mimicking nanoscaffolds and Limbal Epithelial Stem Cells <i>HAAGDORENS M</i>
3046	FRO - Role of TonEBP inthe inflammatory response of ARPE-19cells subjected to hyperosmolar stress <i>MASSET M</i>
3047	FRO - 3D printed recombinant human collagen scaffolds for corneal tissue engineering: an in vivo study of biocompatibility <i>MATTHYSSEN S</i>
3048	FRO - AON therapy for restoration of defective splicing in genes mutated in hereditary blindness <i>NAESSENS S</i>

Wednesday - Friday, 09:00 - 17:30



- FRO Exploring strategies to overcome the inner limiting membrane as a barrier for 3049 non-viral retinal gene therapy after intravitreal injection PEYNSHAERT K FRO - Copy number variation analysis and whole exome sequencing of three unique 3050 Belgian keratoconus families VAI GAFREN H 3051 FRO - Regenerating the ocular surface using standardized, xeno-free, tissue-engineered conjunctival grafts for conjunctival reconstruction VAN ACKER S FRO - Targeting specific pathways to enhance human corneal endothelial proliferation 3052 in vitro VAN DEN BOGERD B FRO - Automated retinal vessel analysis toilmprove the detection and management of 3053 ophthalmic and systemic diseases VAN KEER K
- 3054 FRO Hidden genetic variation in retinal dystrophies exploring the contribution of copy number variations VAN SCHIL K



Interactive Clinical Courses

Interactive Clinical Courses

Wednesday

09:00 - 10:30 ICC - 1 | INTERMEDIATE Hall 300 Phakic IOL's : ICL and Artiflex : when, why, and how? *MATHYS Bernard, GOES Frank Jr* This course will be given to surgeons wanting to start with ICL sur-

gery. The next questions will be answered during to start with ICL surtions: when do I choose for laser surgery, or for ICL surgery ?-Surgery: what are the critical steps to be successful in ICL surgery and how do I avoid complications ? At the end of this ICC, attendees with good surgical skills should be able to start this interesting technique.

Bernard Mathys : ICL : practical and surgical aspects, and comparison between ICL and Lasik as a solution for myopia Frank Goes : When ICL and when Artiflex ? : comparison of both surgical solutions.

11:00 - 12:30 ICC -2 | BASIC Corneal topography made easy

Hall 300

ALSABAI Nashwan, KOPPEN Carina

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.



Wednesday



14:00 - 15:30 **ICC - 10 | BASIC**

Silver Hall

Posterieure uveitis: een survival guide VAN OS Luc, SCHAUWVLIEGHE Pieter-Paul, SYS Céline

In de uveïtis-ICC van dit jaar verdiepen we ons in het hele scala van posterieure uveïtis. We proberen om aan de hand van praktische voorbeelden een overzichtelijk ingedeelde benadering van de pathologie mogelijk te maken.

14:00 - 15:30 ICC - 4 | BASIC

Hall 300

Inherited retinal disease: recent advances in care and treatment

DE ZAEYTIJD Julie, BALIKOVA Irina, VAN CAUWENBERGH Caroline, LEROY Bart

Clinical care of patients with inherited retinal disorders has become increasingly sophisticated with improved clinical and molecular diagnostic tools. What are the consequences and challenges? Do emerging therapeutic strategies offer optimism for interventional management? What can we offer to patients today if we don't have a cure yet? What about patient expectations and requirements? And what if in the future we could actually rewrite the genetic defect?

16:00 - 17:30 ICC - 3 BASIC H Refreshing glaucoma basics with the help of real lit

Hall 300

Refreshing glaucoma basics with the help of real life cases

VANDEWALLE Evelien, VERMORGEN Koen, STALMANS Ingeborg

With the use of glaucoma cases, we will refresh pathology like pigment dispersion, pseudoexfoliation and their glaucoma variant. When do you need to start with topical treatment or could laser play a role in their treatment? Ocular hypertension, do we need to treat them? Family screening, how important is it and when would you start to do it. To conclude with some more complex glaucoma cases to refresh our memories and to improve our clinical skills.

Interactive Clinical Courses

09:00 - 10:30 **ICC - 5 | BASIC**

Hall 300

Hall 300

Everything you need to know about IOL calculations ALSABAI Nashwan, KOPPEN Carina, NI DHUBHGHAILL Sorcha

It is a fact that now more and more ophthalmologists are facing difficult IOL calculations due to that the first generation of patients who had refractive surgery are coming to the age of cataract. In addition to that there is an increasing popularity of the premium lenses, which makes it crucial to understand and to know how and when to use the different IOL calculation formulas to get the correct IOL power.

11:00 - 12:30 ICC - 6 | INTERMEDIATE

Multifocal lenses : telling it like it is!

GOES Frank jr, MERTENS Erik, SALLET Guy, BLANCKAERT Johan, DE WILDE Fernand

High and low addition lenses. Diffractive and sectorial addition lenses. Extended range of vision lenses and trifocal lenses. This ICC will solve the puzzle for your daily routine cataract patients. Is your patient suitable for a multifocal lens or not? Which lens is suitable for which patient? What to tell your patient before surgery and what can you expect afterwards ?

- 11:00 Johan Blanckaert: Informed consent in multifocal IOL's
- 11:15 Guy Sallet: Multifocal IOL : patient selection and education
- 11:30 Fernand Dewilde: Comparing multifocal lenses to Presbyond Femtolasik
- 11:45 Erik Mertens: Boobytraps on the road to refractive lens surgery'
- 12:00 Frank Goes jr: Quality of vision : comparison of different multifocal lenses
- 12:15 Discussion



Interactive Clinical Courses

Friday

09:00 - 10:30 ICC - 7 | BASIC Assessment of the glaucomatous optic disc POURJAVAN Sayeh, MARINESCU Cristina Examination of the optic nerve head is essential for the diago

Examination of the optic nerve head is essential for the diagnosis of glaucoma and assessment of its progression. This course help a young clinician to be able to recognize theearly signes only by funduscopy.

11:00 - 12:30 ICC - 8 | BASIC

14:00 - 15:30

Ocular allergy

ICC - 9 | INTERMEDIATE

ASSOULINE Julia, CABAY Laurence, DELBEKE Heleen, HUA Minh-Tri, VALYI Zsuzsanna

From the simple itch to visual loss: how to recognize and treat an ocular allergy. The main clinical entities and also challenging cases complicated by glaucoma, dry eye or other will be presented. An allergologist/pneumologist will provide special insight into the systemic work-up and the mechanisms of allergy.

Hall 300

Astigmatism correction during cataract surgery GOLENVAUX Benoît, SALLET Guy, VAN ACKER Emmanuel

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



Hall 300

Hall 300



Wetlabs

Wetlab Sponsors









DE CEUNYNCK MEDICAL TECHNOLOGY FOR LIFE
















09:00 - 10:30	Wetlab 1 (FR) Phaco for beginners Emmanuel VAN ACKER	Copper foyer
11:00 - 12:30	Wetlab 2 (NL) Phaco for beginners Frank GOES jr	Copper foyer
14:00 - 15:30	Wetlab 3 (ENG) Post Vitrectomy Gwendoline LEPIECE	Copper foyer
16:00 - 17:30	Wetlab 4 (ENG) BIL : How to make a Posterior rhexis Marie-José TASSIGNON	Copper foyer
09:00 - 12:30	Wetlab 8 (FR) Oculo-eyelid surgery Philippe BETZ - Maud DE ZANET	Wetlab Hall in exhibition
14:00 - 17:30	Wetlab 9 (NL) Oculo-eyelid surgery Inge LEYSEN - Sylvie VANDELANOTTE - BSOPRS	Wetlab Hall in exhibition





09:00 - 10:30	Wetlab 5 (ENG) XEN Ingeborg STALMANS	Copper foyer
11:00 - 12:30	Wetlab 6 (ENG) Sutures IRIS Sabine BONNET	Copper foyer
14:00 - 15:30	Wetlab 7 (ENG) ARTISAN Camille BUDO	Copper foyer



Abstracts

Medical glaucoma treatment in children

ODENT S, CASSIMAN C, VANDEWALLE E, STALMANS I, CASTEELS I UZLeuven, Leuven

purpose The indications and side effects of topical and systemic anti-glaucoma treatment in children are described.

methods A review of literature is performed and an algorithm of medical treatment in children with glaucoma is described.

results Children are at a higher risk of systemic, potentially fatal side effects from topical administration. Measurements to reduce systemic absorption need to be taken. It is important to prescribe the minimum frequency and lowest concentration of a given glaucoma drug that is needed to achieve the target intraocular pressure. The medical therapy of pediatric glaucoma can be divided in five groups: beta-blockers, prostaglandin analogs, carbonic anhydrase inhibitors, sympathomimetics and miotics. Indications and potential side effects will be discussed.

conclusion Medical therapy plays an important role in childhood glaucoma; the indication for a specific treatment depends on the type of glaucoma, as well as specific features of the affected child and eyes. Beta-blockers are considered the first-line therapy, whereas carbonic anhydrase inhibitors are the second-line therapy. Recent evidence from a RCT in a pediatric population indicates that prostaglandin analogues are not inferior to beta-blockers and have minimal systemic side effects. This makes them a valid alternative for first line therapy.

1079

Ocular side effects of Vigabatrin in children

YOUSSFI AY Hôpital Erasme, Bruxelles

purpose Vigabatrin is an inhibitor of GABA transaminase used for the treatment of infantile spasms and epilepsy refractory to others treatments. Unfortunately, it can be associated with permanent peripheral visual field defects that are difficult to detect in young patients. The purpose is to update the recommended ophthalmologic follow up of children taking Vigabatrin.

methods A literature review of visual loss related to Vigabatrin is presented. The screening tests, such as ophthalmoscopy, automated visual fields, SD OCT, ERG, VEP, will be reviewed.

results Epileptic patients may have visual defects not attributed to Vigabatrin. In nonverbal, uncooperative young patients, ophthalmoscopy is recommended at baseline and every 3 months

conclusion Periodic dilated ophthalmoscopy is the best method to avoid unnecessary cessation of this valuable medication in epileptic young patient.

1080

The Fetal Alcohol Syndrome (FAS)

BUISSERET D ERASME Hospital, Brussels

purpose To describe the effects of alcohol use during pregnancy

methods From a few clinical cases, we will expose the possible impacts of alcohol consumption during pregnancy and review the literature

results Prenatal exposure to alcohol is associated with a variable spectrum of effects referred to as fetal alcohol spectrum disorders (FASD), with fetal alcohol syndrome (FAS) at the most severe end of that spectrum. Alcohol is a physical and behavioral teratogen. It crosses the placenta and rapidly reaches the fetus to give equivalent fetal and maternal alcohol concentrations. As the liver and kidneys of the fetus are still immature, he is therefore unable to metabolize ethanol. In addition, amniotic fluid acts as a reservoir and prolong exposure to alcohol. The dose and duration of exposure to alcohol associated to the quantity and pattern of maternal drinking are the critical factors in conferring risk. The diagnosis of fetal alcohol syndrome is based on findings in the following 3 areas: characteristic facial anomalies, growth retardation, and central nervous system involvement. The prevalence is about 1-2 cases per 1000 live births. It is an important public health concern because FAS is the leading known cause of mental retardation, but also is associated with persistent physical and neurodevelopmental abnormalities. It crosses all socioeconomic groups and affects all races and ethnicities.

conclusion The diagnosis of FAS is important to provide adequate care for these children. It is not always easy to precise true alcohol abuse during pregnancy. In the absence of adequate data, no level of alcohol consumption in pregnancy is known to be safe. The recommendation is therefore to avoid any alcohol consumption during the whole pregnancy.

Prof dr J van de Hoeven and the Orbitology

DE KEIZER RJW UZA Univ Antwerp, em of LUMC, ANTWERP AND LEIDEN

purpose PRESENTATION for the Historical Ophthalmology

methods historical study

results analyses

conclusion The development of the subspecialism Orbitology got a great flight in the seventies with fellowships, Congresses and the start of an international orbital journal and Society. Prof..dr. G.M. Bleeker of Amsterdam was one of the most important founders of these topics. I found however by reading the papers of prof.J. van der Hoeven of Leiden, that already in the forties he published clinical educative papers, and research done by his team, in this ophthalmic field. But after his retirement this knowledge was vanished in Leiden en Holland. Examples of this research will be presented.

Abstracts AOB Free papers

2073

Quantification of changes in foveal capillary architecture induced by idiopathic epiretinal membrane using OCT-Angiography

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purpose To quantify the extent and depth of distortion of the foveal capillary architecture due to traction of idiopathic epiretinal membrane (ERM) using optical coherence tomography angiography (OCT-A).

methods Multimodal imaging including OCT-A (Angiovue, Optovue) was performed in 42 eyes with idiopathic ERM (72.4 years +/-6.8). Based on 6x6mm2 OCT-A images, a macular vessel density ratio (MVR=VDfo [Vessel density foveal region]/VDp [vessel density parafoveal region]) was calculated for the superficial (s), deep (d) and full-thickness (f) slabs to assess a depth-resolved, non-invasive evaluation of foveal distortion. The acquired data were subdivided in a patient group with mild and severe BCVA reduction due to ERM. Data was compared to age-matched healthy controls.

results In all three slabs, MVR was significantly smaller in the control group in comparison with the ERM group: MVRs: 0.63 +/- 0.1 vs 0.83 +/- 0.1 (p-0.001); MVRf: 0.60 +/- 0.1 vs 0.73 +/- 0.1 (p<0.001); MVRf: 0.68 +/- 0.1 vs 0.82 +/- 0.1 (p<0.001); Group 1 (BCVA <0.4 LogMar) showed a significantly higher MVR in comparison with the control group in the superf. plexus only: MVRs: 0.64 +/- 0.1 vs 0.78 +/- 0.1 vs 0.78 +/- 0.1 (p<0.001); MVRf: 0.60 +/- 0.1 vs 0.77 +/- 0.1 (p=0.01); MVRd: 0.60 +/- 0.1 vs 0.65 +/- 0.1 vs 0.77 +/- 0.1 (p=0.01). However, group 2 (BCVA <=0 4.4 CgMar) showed a significantly higher MVR in all three slabs: MVRs: 0.64 +/- 0.1 vs 0.85 +/- 0.1 (p<0.001); MVRd: 0.77 +/- 0.1 vs 0.77 +/- 0.1 vs 0.77 +/- 0.1 vs 0.77 +/- 0.2 (p<0.001); MVRd: 0.60 +/- 0.1 vs 0.77 +/- 0.1 vs 0.77 +/- 0.2 (p<0.001); MVRd: 0.60 +/- 0.1 vs 0.85 +/- 0.1 (p<0.001).

conclusion Assessing MVR using OCT-A may serve as a tool to quantify the extent and depth of distortion of the foveal capillary architecture due to traction of ERM.

2075

The importance of retrobulbar blood vessels in the peripapillary superficial blood flow. The Leuven Eye Study.

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purpose To understand which retrobulbar blood vessels measured with colour Doppler imaging (CDI) are best associated with the peripapillary superficial perfusion and vessel density measured by optical coherence tomography angiography (angio-OCT).

methods One hundred and five patients from the Leuven Eye Study (36 healthy, 69 glaucoma patients) were evaluated both with CDI (Antares Sonoline®, Siemens®), as well as with angio-OCT of the optic disc (Angioplex®, Cirrus®, Zeiss®). While the angio-OCT is able to detect the erythrocyte flow (perfusion) as well as the amount of microvasculature on the superficial layers of the retina (vessel density), the CDI measures the retrobulbar vascular hemodynamics. Age, disease severity (measured through mean retinal nerve fiber layer thickness, OCT Cirrus®), scan quality and diagnosis of glaucoma were used as covariates in linear regression models for vessel density and perfusion, since they are known to influence the peripapillary vasculature.

results The significant CDI parameters were identical for both models and included the peak systolic velocity (PSV), end diastolic velocity (EDV) and resistive index (RI) of the central retinal vein, and the RI and mean velocity of the systolic wave of the central retinal artery. The adjusted R2 ranged from 0.698 to 0.708.

conclusion The blood flow patterns of the central retinal vessels are important in predicting superficial peripapillary vessel density and perfusion as measured on angio-OCT, when correcting for age, disease severity, scan quality and diagnosis of glaucoma. Which OBF measuring device can more accurately detect disease conditions remains to be determined.

2074

The prevalence of age-related sight threatening diseases

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purpose To investigate the prevalence of sight threatening diseases in a healthy cohort from the University of the 3rd Age of Leuven.

methods All participants were at least 55 years old and without known history of ocular diseases. A general medical questionnaire was performed and the ophthalmologic information collected consisted of intraocular pressure, fundus pictures, Optical Coherence Tomography (OCT) and a clinical examination with biomicroscopy.

results One hundred and two individuals aged 69.8±5.4 years (48 male/54 female) were included in the study. As a result of the screening 25 participants (24.5%) were referred for additional examinations. In 16 cases (15.7%) suspicious optic discs were the reason for referral. Three participants (2.9%) had ocular hypertension, and 2 (1.7%) were referred due to signs of age-related macular degeneration (AMD). Other signs that led to referrals for additional examinations were episcleral/refinal vessel tortuosity, unspecific macular changes, cataract, and posterior capsule opacification. No cases of diabetic retinopathy or wet-AMD were observed.

conclusion This study demonstrates that even in a self-proclaimed healthy group, ocular pathology is prevalent. A routine ophthalmological check-up is advised in order to detect these diseases.

2076

Bag-in-the-lens during combined surgery for vitreoretinal disease: a window forever clear for patient and his physician

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purpose To assess the clinical outcomes and complication of bag-in-the-lens intraocular lens (BIL-IOL) implantation during combined cataract surgery and 23 Gauge transconjunctival sutureless vitrectomy (TSV-23) for vitreoretinal disease.

methods All patients had undergone combined cataract surgery and TSV-23 with BIL-IOL implantation by one single surgeon, they were recruited retrospectively from the electronic database from 2013–2017, and their data analyzed. In this cohort, there were 79 males, 48 females; average was 67 years-old (max 89 yo-min 36 yo); 17% (22/127) cases suffer diabetes mellitus (DM); 10% (13/127) cases hypertension arteriosus systemic. There were 37 cases of retinal detachment (RD), 64 of epiretinal membrane (ERM), 13 idiopathic macular hole (IMH), 13 of vitreous hemorrhage.

results The best corrected visual acuity (BCVA) was $0,6\pm0,6$ logMar preoperatively and $0,3\pm0,6$ logMar postoperatively. There were 6 cases of BLI IOL luxation, the 5%. Posterior capsule opacification (PCO) did not occur in any adult eye during the follow-up. No fibrosis or synechie were present in the post operatory period.

conclusion The use of BIL-IOL during combined cataract surgery and TSV-23 was safe and efficacy, no eye developed PCO over a mean follow-up of 6 ± 5.8 months. In addition, the BIL-IOL remained clear and improved the quality of clinical follow-up of this complex patients.

The eye at high altitude

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purpose To investigate the response and recovery of retro-bulbar, choroidal and retinal circulations to exposure to normobaric hypoxia in healthy individuals.

methods Participants were examined with Optical Coherence Tomography (OCT), angio-OCT, retinography and colour Doppler imaging before, during and after a six-hour exposure to a simulated height of 4000m in a high-altitude chamber. Retinal nerve fiber layer (RNFL) and choroidal thickness (CT) were measure and vessel density was quantified as the mean gray value on angio-OCT images. Central retinal arteriolar (CRAE) and venular (CRVE) equivalent were measured on retinographies. Repeated measures ANOVA was used to assess the changes within patients over time.

results 18 eyes of 18 healthy individuals aged 34.5±16.4 years were analyzed. RNFL, CT, peripapillary vessel density and CRVE showed a significant increase after six hours of hypoxia exposure (p = 0.036, p < 0.001, p = 0.040 and p < 0.001 respectively) that was accompanied by a decrease in resistive and pulsatility indexes (both p < 0.001) and an increase in ophthalmic artery flow velocities (p < 0.001). After one hour of recovery at sea level, all these changes returned to baseline values.

conclusion To the best of our knowledge, this study stands as one of the most exhaustive studies on changes in ocular blood flow in response to prolonged hypoxia. We demonstrate that in healthy individuals the decrease in ambient oxygen saturation at high altitudes is compensated at the retrobulbar, choroidal and retinal micro- and macrocirculatory levels and that these changes quickly recover back to baseline.

2079

Robot assisted retinal vein cannulation for central retinal vein occlusion.

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purpose To evaluate the feasibility and safety of robot assisted retinal vein cannulation for central retinal vein occlusion (CRVO).

methods Phase I study including patients with recent CRVO for vitrectomy with robot assisted retinal vein cannulation and intravessel infusion of ocriplasmin. Primary outcome is the occurrence of any serious adverse event (SAE) related to the cannulation or any possible technical failure. Secondary outcomes are change in visual acuity (VA), central macular thickness (CMT) and retinal circulation time measured with fluo-angiography.

results Retinal vein cannulation was successful in all 4 included eyes with an average duration of infusion of 5min55sec (± 204 sec). There were no SAEs except for one breakage of the needle tip intraoperatively. The broken part could be removed with endoforceps without causing clinical significant damage. On average, CMT decreased 584µm (± 488 µm) comparing pre- with two weeks postoperative. VA remained counting fingers (CF) in two eyes, decreased from LogMAR 0.4 to 1.3 in one eye and increased from C fo LogMAR 0.9 in the remaining eye.

conclusion Robot assisted retinal vein cannulation is technically feasible and safe. Further research is needed to optimize case selection and functional outcome.

2078

Comparison of effective lens position between standard phaco and $\ensuremath{\mathsf{FLACS}}$

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purpose Two groups of patients where compared . the first group represented standard phaccemulsification . The second group is operated on by Femto laser assisted Phaco (FLACS). The same IOL platform was used in the two groups. Pre and post op anatomical measurements were taken in order to compare between groups. This study was initiated to see if there was a difference in anterior segment parameters such as the Effective Lens Position (ELP) between both groups.ELP is related directly to the A constant of the IOL.

methods The two groups were operated by the same Surgeon. Laser measurements of the anterior segment parameters by optical biometer and scheimphlug topography and OCT anterior segment analyser were taken pre and postoperatively.

results Standard phaco : AD mean 2,397 ACD mean 2,937 , ELP internal : mean 4,004 , difference AD post-pre : mean 1,607 , ELP epith-iol : mean 4,544Femto Assisted Cataract Surgery AD mean 2,763 ACD mean 3,313 , ELP internal : mean 4,4775 , difference AD post-pre : mean 1,7145, ELP epith-iol : mean 5,0412Pentacam measurements results,Standard phaco : ACD Post-Pre : mean 1,607Femto Assisted Cataract Surgery : ACD Post-Pre : mean 1,728The two groups showed no statistical difference in anterior segment parameters pre and postoperatively.

conclusion This study showed no statistical difference between the standard phaco and the FLACS group in ELP. As such the ELP can be ruled out as parameter to explain the difference in A-constant to be used in IOL calculation for both groups.

2080

Refractive Results of Corneal Grafts

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purpose To report the refractive results following corneal grafts on 65 eyes.

methods Sixty five eyes that underwent a corneal graft were analysed retrospectively. Mean age was 54.25 + / - 2.33 years while mean graft donor age was 63.86 + / - 1.22 years. Their refractive parameters were measured pre and post operatively over a mean period of two years (minimum 2 months to maximum 4 years). All grafts come from a certified Belgian eye tissue bank. Receptor corneal bed diameter had a mean size of 7.99 + / - 0.04 mm. Graft trephining was realized with the endothelial side up and its diameter was oversized by 0.25 to 0.50 mm relative to the trephined receptor cornea. Sutures were simple or combined (17 and 83% respectively).

results Postoperative visual acuities show a significant upwards trend and mean postop BCVA at all stages significantly exceeds preoperative BCVA. Preoperative spherical equivalent was -4.9 +/- 2.9D while 12 and 24 month spherical equivalent were -1.06 +/- 0.3D and -2.76 +/- 1.13D respectively. Preoperative astigmatism was 5.48 +/- 0.79D while 6 month, 12 month and 24 month postoperative astigmatism were at 3.15 +/- 0.83, 2.91 +/- 1.03D and 2.76 +/- 1.13D respectively, showing therefore a decrease in total absolute astigmatism from before to after keratoplasty. Endothelial failure due to late graft rejection was seen in 13 eyes (21.3%) with loss of BCVA.

conclusion Corneal grafts may offer a significant visual improvement with positive changes when comparing the pre and post operative refractive parameters, but graft rejection rate has still a limitating impact on visual rehabilitation.

Optimal irradiation dosis in strontium brachytherapy in uveal melanoma

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(*J)* AZ, *DIG3*

purpose To determine the best irradiation dosis for strontium brachytherapy in uveal melanoma. To investigate whether the dosis is best calculated as top dosis or base dosis.

methods Review of 135 patients with uveal melanoma, treated with strontium brachytherapy. Different parameters, including age, tumor height, tumor diameter, tumor recurrence, irradiation dosis on the top and base, location of the tumor and ultrasound characteristics were categorised.

results Mean age was 64 years at the time of the treatment, mean diameter 9 mm and mean height 4 mm. COMS classification defined 44 tumors as small and 87 as medium sized tumors. No local recurrence occured at a top dosis of 75 Gy.

conclusion The best irradiation dosis for strontium brachytherapy in uveal melanoma is 75 Gy. The dosis is best calculated as top dosis.

2082

Multicenter defocus curve evaluation of a novel trifocal presbyopia correcting IOL – 6 months post-op results

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purpose To determine the Binocular Defocus Curve of a novel trifocal lens, the AcrySof IQ PanOptix IOL at 6 months post-op.

methods A prospective, single arm, non-randomized, multi-center study was conducted involving the bilateral implantation of AcrySof IQ PanOptix Presbyopia Correcting IOL in 151 subjects. The binocular defocus curves were evaluated under photopic lighting conditions.

results A total of 148 subjects (38% M: 62% F) with a mean age of 68.9 ± 9.3 years were implanted bilaterally with the AcrySof IQ PanOptix IOL and had their binocular Defocus Curve assessed at 6-months post-op. The Mean Defocus curve VA from 0.00D to -3.00D ranged from 0.1 to 0.0 logMAR. Average VA at distance (0.00D), intermediate (-1.50D) and near (-2.50D) was 0.0 \pm 0.1D, 0.0 \pm 0.1D and 0.1 \pm 0.1D, respectively.

conclusion The early results from this study show very good visual performance (VA better or equal to 20/25) of the AcrySof IQ PanOptix IOL across the whole range of defocus.

2083

Comparing anterior segment optical coherence tomography and ultrasound biomicroscopy with histopathology in measurement of corneal and bulbar conjunctival tumors depth

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purpose To compare tumor depth measured by histopathology(HP) with measurements by Ultrasound Biomicroscopy (UBM) and Anterior Segment Optical Coherence Tomography (A-OCT),to investigate whether these techniques are as accurate as HP.

methods 35 patients with 42 corneal or conjunctival bulbar tumors were imaged with A-OCT and UBM in order to measure tumor depth.11 of the tumors were excised and analyzed on histopathology. The correlation of the depth measurement on HP versus A-OCT and UBM was statistically analyzed. When the tumor was not excised, depth measurements on A-OCT versus UBM were compared.

results Statistical analysis showed that UBM and HP measurements of tumor depth are positively correlated, as are UBM and A-OCT measurements. It was not possible to obtain statistically significant data for the correlation between HP and A-OCT measurements because of the small study population. Image quality was overall beter with A-OCT than with UBM, but in 12 tumors, tumor depth measurement on A-OCT was impossible because of posterior tumor back shadowing.

conclusion UBM can measure tumor depth as accurately as HP.Tumor depth measurements on A-OCT and UBM are positively correlated.No relation was found between HP and A-OCT measurements because of the small study population.A larger study is needed to investigate whether measurement of tumor depth with A-OCT is as accurate as HP.Because of the drawbacks of conjunctival tumor depth measurements on histopathology,we think that it is possible that A-OCT and UBM could become the golden standard for measuring corneal and bulbar conjunctival tumor depth.We would use A-OCT if the tumor is not too thick or pigmented and UBM in case of posterior tumor back shadowing.

2084

Fine needle diathermy with adjuvant bevacizumab: a synergistic therapy for (established) corneal neovascularization.

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purpose To report our experience of the use of fine needle diathermy (FND) with subconjunctival bevacizumab for the treatment of established corneal neovascularization (CoNV).

methods Retrospective analysis of cases treated between 2015 and 2017.

results Nine eyes of 9 patients (mean age 44y) with mature CoNV due to herpes simplex keratitis (HSK) (n=7) and blepharokeratoconjunctivitis (n=2), previously treated with antiviral drugs and steroids, underwent FND to prevent HSK relapse, decrease lipid deposition, stabilize corneal thinning and scarring and increase survival of planned corneal grafts. Adjuvant subconjunctival bevacizumab was administrated in 7 patients. Pretreatment of CoNV before keratoplasty was performed with and without bevacizumab, respectively, in 1 and 2 patients.At the end of follow-up (median 23 weeks (W)) vessel occlusion persisted in 7 patients (78%). Two patients, 1 with and 1 without bevacizumab, suffered from CoNV recurrence, respectively, 14.5W and 21.5W after treatment. Both presented with deeper localized untreated small corneal vessels. Reactivation of HSK without new CoNV occurred in 1 patient 28W post-FND and leaded to progression of scarring. Lipid deposition was observed in 7 patients (78%) before treatment and remained stable. FND preparation for keratoplasty resulted in graft survival of 21W (end of follow-up) and 68W, respectively, with and without bevacizumab. Nobody underwent retreatment. All patients showed a corneal whitening around the needle entry and 3 patients (33%) had a small intracorneal hemorrhage, both were transient.

conclusion Combined use of FND with subconjunctival bevacizumab is effective and safe in occluding mature corneal vessels due to different causes and prevents new CoNV complexes.

Achieving Emmetropia with Lens Surgery - Still some way to go?

FINDL O Vienna

Major advances in biometric measurements such as optical biometry and a more thorough understanding of the calculation of IOL power have significantly contributed to achieve better refractive outcomes after cataract surgery. However, high patients' expectations in the context of modern refractive cataract surgery pose a new challenge. Recent innovations such as use of corneal tomography, swept source optical coherence tomographic (OCT) imaging of the entire eye and ray tracing to calculate IOL power will be discussed. Enhancement of IOL power calculation using intra-operative measurements of the aphakic eye using wavefront sensors and OCT will be presented.

2095

Of poison fornices, spiky cacti and friendly fat

ROSE G

"Poison fornices": The Giant Fornix Syndrome, first described in 2004, occurs where an abnormally capacious upper conjunctival fornix harbours a coagulum of bacterial-laden protein, this toxic material resulting in a chronic, very severe keratitis. The cause of this keratitis is frequently missed and the chronicity can lead to corneal stromal vascularisation that reduces the visual acuity to <6/60 in three-guarters of patients, and spontaneous corneal perforation in nearly a half. The speaker will talk for 5 minutes about this blinding condition -- how to recognise, and how to treat it."Spiky cacti": The Cactus syndrome, first described in 2007, describes the mechanisms by which orbital implants in sockets become exposed -- the mechanisms of extrusion. The speaker will illustrate the mechanism and -- more particularly -- the means by which to avoid this complication of enucleation. The best method for dealing with extruding ball implants will also be discussed." Friendly fat": Fat provides one of the few mechanisms for relative movement of tissues, and the orbital fat is no exception. With orbital blowout fractures, one of the first tissues to be lost is the layer of fat lying between the fracture and the rectus muscle(s). In many cases this is not recognised and dealt with, this resulting in a marked adhesion syndrome with motility sometimes being much worse after fracture repair; in the past this worsening has -- almost certainly wrongly -- been attributed to muscular fibrosis due to ischaemia. The speaker will discuss the mechanisms of fat adherence syndromes after fracture repairs, with clinical cases to illustrate how to deal with this severe complication.

Foldable capsular vitreous body implantation study

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purpose Recently, some clinical trials were reported in which an inflatable balloon-like device was introduced into the vitreous cavity and inflated with silicone oil after its insertion. The device is named "Foldable Capsular Vitreous Body" (FCVB) and is used with patients requiring a permanent silicone oil tamponade to avoid phtysis, but who are suffering from silicone oil emulsification. This study evaluates the clinical usefulness of the FCVB, but for a different racial type than the existing (Asians-only) studies. The FCVB was inserted in two Caucasian patients with permanent vision loss after retinal detachment, whereby a permanent use of silicone oil was required to maintain eye pressure.

methods Investigator-initiated, unblended, single-arm, mono-center, prospective, interventional case series phase IV trial (post-marketing, on-label use). Two patients were included and a 3-year follow-up is provided.

results Preliminary results after 4-month follow-up show a stable visual acuity for both patients and good toleration of the FCVB. Both patients also report an increased level of comfort since the implantation of the FCVB. One patient presents an increased IOP from 3mmHg (pre-op) to 9 mmHg (post-op), the other has a variable post-op IOP ranging between 1 and 9 mmHg, with normal digital eye pressure. No severe adverse events were yet reported, except for a mild discomfort for one patient which improved after increasing the frequency of corticoid eye drops.

conclusion These interim results indicate that the silicone oil-filled FCVB can be effective and safe as a vitreous substitute.

3002

Regrowth of the Endothelium after Descemetorhexis: two case reports

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purpose To present two cases of Fuchs endothelial dystrophy with corneal endothelial regrowth after Descemetorhexis.

methods Two patients with Fuchs endothelial dystrophy underwent a different treatment approach. The first patient received Descemet membrane endothelial keratoplasty (DMEK) after Descemetorhexis. A months after the initial procedure, graft detachment was detected requiring graft removal. The second patient received Descemet stripping during cataract surgery. However, subsequent keratoplasty could not take place due to lack of donors.

results Patient 1: 1 week after surgery, Optical Coherence tomography showed central graft dehiscence but decreased corneal oedema and improved vision from 20/50 to 20/25. Newly developing central corneal endothelial cells were verified by confocal and specular microscopy. Further endothelial spreading was seen after graft removal. 18 months after the initial surgery, vision improved to 20/20. Patient 2: 6 weeks after surgery, spontaneous corneal endothelial cell migration was seen. A clear and stable cornea was formed at 4 months and subsequently the vision acuity improved from 20/40 to 20/20.

conclusion These two cases provide evidence of spontaneous endothelial regrowth after Descemetorhexis, making it a potential treatment for endothelial dystrophy. An extra advantage is that no donor material is needed, so it could also be used in countries without eye banking infrastructure.

3003

Never underestimate the power of the tearfilm

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purpose The optical function of the eye directly depends on the quality of the tear film. This study is trying to prove whether patient satisfaction after trifocal IOL implantation is related to abnormalities of the preoperative tear film

methods Before surgery all patients were asked to fill out a OSDI questionnaire. Also the tear film osmolarity together with interleukin and MMP-9 were measured.One group of 15 patients received a preoperative treatment to normalise the tear film parameters (possible treatments were artificial tears, anti-inflammatory drops, punctal plugs, omega-3 supplements, lipiflow and/or IPL treatment) and the control group did not get a preoperative regimen.One month after surgery all tests were repeated and compared with the preoperative data.

results In the 15 patients with preoperative treatment to improve the tear film the quality of vision and patient satisfaction were found to produce statistically significant improvement (p 0.001) while no significant changes were seen in the untreated control group.

conclusion Abnormalities of the tear film such as those occurring in the dry eye syndrome or in otherwise irritated eyes may interfere with vision. Measuring, precisely identifying and treating tear film abnormalities before any kind of surgery will greatly improve accuracy of the treatment and will boost patient satisfaction.

3004

Long-term results of standardized, non-xenogenic, cultivated limbal epithelial stem cell transplantations.

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UZA, Edegem

purpose To evaluate the long-term success rate of transplanted non-xenogenic, bioengineered, composite grafts of cultured limbal epithelial cells on standardized amniotic membranes in patients with limbal stem cell deficiency.

methods We report the extended outcome of standardized cultivated limbal stem cell transplantations of a phase I/II clinical trial. Between July 2008 and May 2012, 21 patients with partial (n=3) or total (n=18) limbal stem cell deficiency received either autologous (n=15) or allogenic (n=6) stem cell grafts, using a protocol free from xenogenic products and a reduced manipulation surgical technique. The outcome measures were compared with short-term results (mean follow-up of 22 months) of the same trial, in which a 67% success rate was seen.

results Five patients were lost to follow-up and 2 patients were excluded because of unrelated side effects. The remaining 14 patients had a mean follow-up of 68 months (range 29-100 months). Of these, 7 (50%) patients were graded as anatomical success. Three of the 7 patients retained a persistent intact epithelium without corneal neovascularization and were subclassified as 'total' anatomical success. Four of the 7 patients were subclassified as 'total' anatomical success. Four of the 7 patients were subclassified as 'partial' anatomical success meaning a complete epithelialization with a mild revascularization, but less than ad admission. There was no significant improvement of visual acuity, pain or photophobia in the total cohort.

conclusion Cultivated limbal epithelial stem cell transplantation offers a safe alternative in the reconstruction of the anterior cornea. However, compared to early post-operative results, there is a decline of anatomical and functional success over time.

The role of vitreous body on the effective IOL position

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purpose To compare the effective lens position (ELP) after phaco surgery only and after combined phacovitrectomy surgery (phacoVTX).

methods Pre- and post- operative biometric measurements were performed using laser interference biometry. The postoperative anterior chamber depth (ACD) was measured to determine ELP. The primary outcome was the difference in postoperative ACD comparing both eyes.

results Twenty patients who were scheduled for elective surgery in both eyes were included. In one eye, phacoVTX surgery was performed (without any tamponade), in the fellow eye only phaco surgery was performed using the same IOL type. Both the ACD post-op and the change in ACD are significantly different (p<0.05) between the two groups, with the phacoVTX group having a deeper ACD and higher change in ACD compared to the phaco group. No statistically significant difference was found regarding the average postoperative axial length (AL) or spherical equivalent (SE) between the two groups.

conclusion Postoperative ACD is increased when phacoVTX is compared to phaco surgery only, indicating a more posterior positioning of the IOL. An adjusted ELP parameter may be useful in eyes ondergoing combined phacoVTX to optimize IOL calculation.

3006

IOL-Exchange: indications and outcomes

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purpose To report the different indications, frequency of indications, and outcomes regarding the IOL-exchange in the University Hospital of Antwerp.

methods In this retrospective study we comprised all patients who underwent an IOL exchange in the University Hospital of Antwerp (UZA) between 2002 and 2017. We excluded patients who underwent IOL repositioning, Rayner IOL implantation or extraction, and patients who were left aphakia.

results 384 eyes were included in the study. Mean age was $66 \pm 13,3$ years (range 19-91). Mean time between primary surgery and exchange was $54,61 \pm 67,07$ months (range 0-343 months). The most common systemic comorbidity was cardiovascular disease while the most common ophthalmic comorbidity was vitreoretinal surgery. The most common indication was IOL opacification. The Mean BCVA postoperative was 0,8 \pm 0,28.

conclusion IOL exchange Is a challenging yet satisfying procedure to treat many different indications of vision loss after primary cataract surgery. The more common indications nowadays are IOL dislocation, patient dissatisfaction due to subjective complaints, and IOL opacification.

3007

A randomised trial of adjustable glasses, ready-made glasses and standard glasses among Chinese school children

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purpose The primary objective of this study was to determine the rates of wear between standard, ready-made and adjustable glasses. Secondary objectives were students' satisfaction with study glasses and power stability of adjustable glasses.

methods This open-label, non-inferiority randomised trial included 120 classes of 14 junior high schools in Guangdong, China. Students with presenting visual acuity <6/12 in either eye, correctable to at least 6/75. with subjective were eligible and individually randomised to either standard glasses, ready-made glasses or adjustable glasses for 2 months. The main outcome was wear rates of glasses assessed by unannounced inspection. Study glasses were measured using manual lensometry at the start and the end of the trial period and a test-retest study to assess repeatability was conducted.

results Among 379 children, 33.5% received standard glasses, 33.0% ready-made glasses and 33.5% adjustable glasses. The proportion of those wearing glasses was not significantly different between the standard glasses (44.1%) and adjustable glasses group (33.9%) (p=0.095), nor were there any significant differences in satisfaction scores. The power of adjustable glasses was unstable although intra/inter-observer repeatability was found to be poor.

conclusion Adjustable glasses are an acceptable method of tackling uncorrected or inadequately corrected refractive errors in this setting.

3008

Risk factors for growth of choroidal nevi with a juxtapapillary location in 90 consecutive patients

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purpose To define the real incidence of tumor growth of juxtapapillary choroidal nevi and the clinical and ultrasonographic risk factors predictive of their growth.

methods This retrospective case series included 90 juxtapapillary nevi (located at < 500 µm to disc) with no other risk factor for growth such as orange pigment, subretinal fluid, thickness greater than 2mm or tumor-related visual symptoms (known as TFSOM) at initial visit. The patients were followed since December 1997 till July 2017 with a mean follow-up of 83 months (range: 6-215).

results The mean age at diagnosis was 62 years. The mean largest tumor diameter was 3.5mm (range: 0.5-10) and tumor thickness 1.6mm (range: 1-2). Lesion growth was observed in 2 of the 90 nevi (2%) after 81 months for the first one, treated subsequently with transpupillary thermotherapy (TTT), and after 82 months for the second one, treated subsequently with TTT and Iodine-125 plaque. No patient developed metastatic disease. Due to the small number of events, statistical analyses did not allow us to find predictive factors for tumor growth in our series.

conclusion Among posterior uveal melanocytic lesions with a juxtapapillary location and no other factor predictive of growth such as orange pigment, subretinal fluid, thickness greater than 2mm or tumor-related visual symptoms, the incidence of tumor growth was reported to be 2% in our series. The juxtapapillary location appeared to carry a lower risk for malignant transformation than the other known risk factors.

Dysthyroid optic neuropathy: the stretching component.

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purpose Dysthyroid optic neuropathy (DON) occurs in about 5% of graves' orbitopathy (GO). This has been primarily attributed to apical crowding and optic nerve compression. We examined a population of DON without extraocular muscle involvement in order to evaluate the association of optic nerve stretching and DON.

methods We retrospectively analyzed 30 patients with DON's collected during a period of 20 years (30 patients: 21 women, 9 men, mean age :49,9 years). Patients with DON were selected using clinical exams and VEP and sorted in 3 subgroups: "compressive and stretching DON", "compressive DON" and "stretching DON" based on the CT and/ or the MRI.

results 45,6% of eyes had compressive and stretching DON (Grp 1), 26,1 % of eyes only compressive DON (Grp 2) and the 28,3 % only stretching DON (Grp 3). In Grp 3, 62,5% of patient had bilateral DON, with a better vision (20/25 compared to 20/32 in Grp 1 and 2) and less abnormalities of fundus (62,5% versus 73,3% and 100% in subgroup 1 and 2 respectively). In the same Grp 3, motility was normal except in one patient and proptosis was significantly less important than in Grp 1 combining stretching and compression.

conclusion 28,3 % of our DON's patients (8 patients and 13 eyes) presented a neuropathy without extraocular muscle involvement but with important stretching of 0N. The different mechanisms will be discussed. Thus, the absence of compression and of significant increased volume of extraocular muscles do not ruled out the possibility of DON.

3010

OCT angiography for the everyday glaucoma practice: a new methodology

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purpose To develop a new methodology to identify glaucoma patients based on microvascular density (mVD) as measured by Optical Coherence Tomography Angiography (angio-OCT).

methods A random eye of 36 healthy subjects (aged 63 \pm 12 years) and 33 glaucoma patients (aged 61 \pm 8 years with an average visual field loss of -9.5 \pm 6.8 dB) were used to build a new angio-OCT evaluation technique (Zeiss Cirrus 5000 HD-OCT). Optic disc centered 3x3mm images were collected. An annular area with an inner radius of 1.16mm and outer radius of 1.44mm was selected as the region of interest (ROI). The lower envelope of each circular line in the ROI was obtained after applying a third-order median filter. Hence, the mVD was calculated averaging each radial line of the ROI. In addition, the average intensity at various spatial locations according to the Garway-Heath sectors was calculated.

results A significant decrease of the mVD was observed in the glaucoma group for all Garway-Heath sectors (p-c).001). Moreover, mVD in the supero-temporal and inferotemporal sectors was the most discriminative when comparing to the normal group. Lastly, it was also observed that glaucoma contributes to an mVD attenuation of variability between sectors when compared to the healthy group.

conclusion The presented technique shows the potential of the mVD measured by angio-OCT to be used in everyday glaucoma practice.

3011

Efficacy of ab interno gel stent in open-angle glaucoma 18 to 24 months after implantation: IOP reduction and position within the irido-corneal angle

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purpose To analyse the intraocular pressure (IOP) reduction and the position of the stent within the irido-corneal (IC) angle 18 to 24 months after Xen45 (Aquesys) subconjunctival implantation.

methods 63 eyes were implanted with Xen 45 (+MMC) (49 primary open-angle glaucoma, 5 pigmentary, 5 juvenile, 2 pseudoexfoliative, 2 post steroïds). Qualified or complete success was defined as postoperative 5≤IOP≤18mmHg with or without glaucoma medication respectively. Failure were postoperative IOP<5 or >18mmHg, additional glaucoma surgery or implant replacement.

results Preoperative IOP was 21.8±6.9mmHg (n=61) on 2.6±1.1 drugs. IOP was reduced to 13.4±2.5mmHg (-38.8%) on 0.6±1.0 (-75.8%) drugs (n=19) after 18 months (p<.0001) and 13.9±1.5mmHg (-36,5%) after 24 months, on 1.3±1.6 (-50.7%) drops (n=7) (p<.0004).Complete success rate at 18 months was 66%, qualified 33% and failure 6%. 47% of blebs were revised. Few early complications occurred.25.6% of Xen were anterior to Schwalbe line, 28.2% in the trabeculum and 46.2% in the scleral spur. No significant IOP variation was found regarding the Xen position in the IC angle. The aspect of the bleh has varied as flat, diffuse, kystic, ischemic, proximal or distal to the limbus.

conclusion Decrease of IOP and the use of glaucoma medications during 24 months of follow-up confirm Xen subconjunctival implantation as a safe, effective and lasting MIGS technique.However, all parameters to predict IOP decrease are not yet established. The Xen position within IC angle could be one, but no significative correlation could be confirmed. The path of the xen through sclera, the bleb distance to limbus and its appearance (kystic, ischemic...) could be other. Future explorations using SA-OCT may help to get more predictable results.

3012

Feasibility of a hand-held non-mydriatic fundus camera in pediatric use: evaluating ease of use and image quality

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purpose The aim of this study is the feasibility of a hand-held and nonmydriatic fundus camera in pediatric use. Feasibility is measured by two outcome measures: ease of use and image quality.

methods Pediatric patients (0-12years) visiting our ophthalmology clinic were considered for selection, regardless of eye disorder. Consent was obtained from patient's legal guardian. Nonmydriatic macula-centered fundus images of both eyes of each subject were taken with Smartscope PRO retinal camera (Optomed Oy, Finland). Ease of use was graded on a Likert scale (1: image made after 1 attempt, 2: image made after 2 attempts, 3: image made after 3-5 attempts, 4: image made after more than 5 attempts, 5: no image was made). The image quality of the best photograph was graded from 1 to 5 (1: all details are will visualized, 2: most details are visualized, 3: macro details are visualized, microdetails aren't visualized, 4: blurry image, details are difficult to visualize, 5: unclear image. no details).

results Fifty patients (range 23 months – 11 years) were included. The median rating for ease of use was 1. In children of 3 years or younger, a median rating of 2 was obtained. Considering image quality: a score \pm 3 (acceptable to good quality) were obtained in 88% (85/97) of all patients and in 90% (72/80) of patients older than 3 years. In children younger than 3 years, 76% (13/17) of the photographs had a score \pm 3. None of the pictures were graded a quality of 5. Photographs of both eyes could be taken in 48 (96%) patients.

conclusion Nonmydriatic fundus images could be taken in almost all the children, with improving easy of use and image quality with age. This makes it an easy tool in pediatric ophthalmology clinic and for bedside examination.

Clinical evaluation : Intrastromal Corneal Rings Segments and corneal ectasias

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purpose To report the visual and refractive results and safety outcomes of intrastromal corneal ring segment (ICRS) using mechanical implantation in patients diagnosed with keratoconus (KC) and pellucid marginal degeneration (PMD).

methods In this retrospective uncontrolled study, 131 eyes of 108 patients diagnosed with corneal ectasias were treated with Keraring-Intrastromal corneal ring (Mediphacos, Brazi). All ICRS were implanted by a mechanical procedure between 2009 and 2017. Uncorrected visual acuity (UCVA), best spectacle-corrected visual acuity (BCVA), refractive data and complications were assessed with a median follow-up time of 12 month (range 1 to 79).

results Overall, UCVA significantly improved from logMAR 0.97 \pm 0.42 to 0.50 \pm 0.36, and BCVA changed from 0.34 \pm 0.18 to 0.16 \pm 0.14. The postoperative follow up showed a statistically significant improvement in the refractive parameters compared with the preoperative data. In this series we had no intraoperative complication, 1 eye developed infection 1 week after implantation and late extrusion of the ring segment was seen in 8 eyes.

conclusion Implantation of ICRS is a safe and minimally invasive procedure leading to significant improvement in visual acuity (both UCVA and BCVA) in patients with ectatic disorders. Our results suggest its benefits are sustainable with time.

3014

Features of ophthalmic training in ten European countries

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purpose To compare features of ophthalmology training programs in ten different Western European countries.

methods Ten ophthalmologists with personal knowledge of all ten systems contributed. Features examined included career pathway, duration of training, surgical training, governing bodies, and examination structure.

results A number of differences emerged, including length of training (ranging from 4 to 7 years) and numbers of required surgical procedures. The majority of programmes do not stipulate a minimum cataract surgical requirement; where stated, the requirement ranged from 40 to 350 procedures.

conclusion Doctors are able to travel internationally to study and work and this is experienced commonly within ophthalmology. We have outlined the similarities and differences found within training programs in ten different Western European countries. Ophthalmologists and trainers may find it useful to be aware of the structure of training programs elsewhere to become familiar with previous experience of non-national trainees or fellows and to share good practice.

3015

Introducing Ruthenium Brachytherapy in UZ Leuven

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purpose To introduce Ruthenium Brachytherapy at the UZ Leuven hospitals to improve the local treatment of uveal and conjunctival ocular tumors.

methods Ruthenium brachytherapy has been used for 3 decades now in European ocular oncology centers, to treat small and middle sized melanomas. Building on these experiences, we introduce this state-of-the-art treatment with local recurrence of 5% and limited radiation retinopathy.

results The implications for treatment of Ruthenium brachytherapy, with a longer hospital stay than Strontium brachytherapy, follow-up, and safety protocols will be discussed in the presentation.

conclusion Introducing Ruthenium brachytherapy in Belgium for the treatment of ocular tumors, expands the range of tumors that can be treated locally, with a minimum of complications.

3016

Multiple eye muscle palsy as a first sign of sarcoidosis?

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purpose I will discuss the case of a 57 years old woman, who presented first in April 2014 with binocular horizontal diplopia due to complete right sixth nerve palsy, which resolved spontaneously after 6 months. January 2017, again she was seen with a sixth nerve palsy, this time on the left eye. May 2017 she presented with ptosis, a mydriatic fixed pupil, exotropia and motility disorders of the left eye, accounting for a complete palsy of the left third cranial nerve.

methods Apart from the eye motility disorder, the neurological and ocular exam was completely normal. Medical history consisted of migraine and hypercholesterolemia for which she was taking a statin. No other cardiovascular risk factors could be withheld.

results Blood tests and lumbar puncture appeared normal. The first MRI showed a small incidental lesion in the right lateral ventricle (DD astrocytoma, hamartoma, subependymoma), for which follow-up was indicated. Over the years, this lesion remained unchanged. MRI, performed in May 2017, did describe a new meningioma at the left cavernous sinus. However, this meningioma could not explain the former cranial nerve palsies. CT thorax showed enlarged mediastinal and hilar lymph nodes and various nodules in the lung parenchyma as in the upper abdomen, this image being suspicious of sarcoidosis. As a treatment of sarcoidosis, corticosteroids were started, with complete response within weeks.

conclusion In patients presenting with recidivating cranial nerve deficits, main differential diagnosis consists of MS, neuroborreliosis, increased intracranial pressure and neurosarcoidosis. Without other organ involvement, diagnosis of neurosarcoidosis is difficult and in ophthalmic disease, neurosarcoidosis most commonly presents with optic neuropathy.

Infantile glaucoma: disparity in origin of the illness. Analysis of the patients cohort conducted at Queen Fabiola Children's University Hospital in Brussels

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purpose To analyze the differences between cases of infantile glaucoma surveyed at a children's hospital and to propose a simplified classification.

methods A retrospective study of proven glaucoma is conducted and glaucoma suspect cases are examined from Queen Fabiola Children's University Hospital in Brussels (HUDERF). The sex ratio, the consanguinity, the refraction, the age at diagnosis, the possibility of other ocular nature and other general problems are taken into account.

results The cohort includes 64 patients, 22 girls and 42 boys. The analysis is made with the following simplified classification: a) Non-syndromic glaucoma: signs of progressive glaucoma alone, no other ophthalmic or general known anomalyb) Syndromic glaucoma: signs of progressive glaucoma associated with another ophthalmic and/or an other diseasec) Glaucoma suspect: presence of at least one isolated sign of glaucoma, without certitude of evolutiond) At risk of glaucoma: no sign of glaucoma but presence of risk factorsOf the 64 patients, 11 cases are found in category A, 21 cases in B, 10 cases in C and 22 cases in category D.

conclusion 50% of the patients clearly present clinical glaucoma symptoms and the other half of the cohort are observed cases. This emphasizes the importance of the time factor in the clinical evolution of the diagnostic establishment in many cases involving children, like in adults. The clinical characteristics of each category are analyzed and discussed with the objective of defining a clear schedule of observation and treatment for all infantile glaucoma cases, which remains an important and challenging entity.

3019

Case of Goldmann-Favre syndrome in a 6-year-old boy, complicated by macular choroidal neovascularization in both eyes, responding to two intravitreal injections of Lucentis in the right eye

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purpose We report the case of a child presenting a Goldmann-Favre syndrome complicated by macular choroidal neovascularization (CNV) in both eyes. This case emphasises the importance of adequate interpretation of optical coherence tomography (OCT) and fluorescein angiography (FA) in case of retinal dystrophy with macular edema.

methods Single case report.

results A 6-year-old boy was referred to our clinic for a third opinion about a macular lesion in the left eye with a severe visual loss. Based on fundus examination, retinal microcystic degenerative lesions on OCT, full-field electroretinogram (ERG) and genetic analysis (NR2E3 gene), the diagnosis of Goldmann-Favre syndrome was made. Subsequently, a macular CNV appeared in the right eye, that responded well to two injections of Lucentis. The diagnosis of CNV in the left eye was made retrospectively, based on the right eye lesion, OCT and FA.

conclusion CNV may be a complication of Goldmann-Favre syndrome, one of the rarest vitreo-retinal dystrophies. An adequate interpretation of OCT and FA is critical to make the proper diagnosis, choroidal neovessels responding well to anti-VEGF agents.

3018

Wernicke's encephalopathy after sleeve gastrectomy : a matter of life ophthalmological diagnosis

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purpose To present a clinical case of Wernicke's encephalopathy (WE) after sleeve gastrectomy with ocular manifestation as initial symptoms.

methods We report a case of a 19-year-old woman who had a sleeve gastrectomy 2 months before and came with complaints of acute bilateral vision loss, diplopia, photophobia, walking difficulty and vomiting. The ophthalmological examination showed vertical nystagmus in all gaze position, impaired abduction on the left eye and best-corrected Snellen distance visual acuity < 1/20 on both eyes. Fundus showed papillary and retinal hemorrhages.

results WE is a severe neurological disorder due to thiamine deficiency mainly secondary to chronic alcohol consumption and is characterized by the triad ophthalmoplegia, motor ataxia and confusion. The cases of WE after bariatric surgery are fortunately infrequent (0.05% in the United States in 2007²). Most were seen within 6 months after surgery. Although ophthalmoplegia in WE is well documented, fundus abnormalities are less so and can present as optic neuritis, retinal flame hemorrhage, telangiectasia or may be normal.Serological examinations and brain magnetic resonance (MRI) may be very useful for the diagnosis.

conclusion Wernicke's encephalopathy is a medical emergency due to thiamine deficiency and any therapeutic delay may result in permanent neurological damage or death.It should be born in mind especially after bariatric surgery. In case of WE suspicion, glucose perfusion should be avoided and treatment with thiamine should begin as soon as possible without waiting for any imaging or laboratory confirmation results.

3020

Atypical mycobacterial interface infection after Descemet Membrane Endothelial Keratoplasty

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purpose Corneal transplantation procedures are increasingly performed, with a current dominance of newer lamellar corneal transplantation techniques over penetrating keratoplasty. These lamellar techniques also changed the spectrum of post-operative infectious keratitis, as there is a risk of corneal infection at the interface of graft and host tissue. Interface infections require early and intensive medical treatment, which can be difficult due to late presentation and diagnostic delay. Surgical intervention is often necessary to reach resolution.

methods Retrospective case report

results We describe the case of a 76-year-old man who developed infectious interface keratitis after descemet membrane endothelial keratoplasty (DMEK) for Fuchs endothelial dystrophy. After uneventful DMEK with normal initial postoperative evolution, cultures of the donor cornea transport medium isolated Mycobacterium chelonae. Subsequent clinical investigation showed early signs of infectious keratitis with multiple small infiltrates at the donor-graft interface. Due to unsuccessful medical therapy, exchange of the DMEK graft was necessary, four and a half months after initial DMEK. Early postoperative results showed corneal oedema without clear signs of persistent infection. Cultures at the cornea bank of origin eventually showed M. chelonae as well, indicating a donor related infection.

conclusion Although atypical mycobacteria are a rare cause of interface infection, multiple cases have been published. In all of these cases older techniques of lamellar keratoplasty were used. To the best of our knowledge, this is the first case of donor-related atypical mycobacterial interface keratitis after DMEK.

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3021

Merkel Cell Carcinoma with locoregional and distant spread

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purpose Merkel cell carcinoma (MCC) of the eyelid is a rare disease. Nonocular MCC is known to recur in 66% and to be lethal in almost 33%. In a previous study (Ophthalmology 2008; 115: 195-201), reviewing 86 patients with eyelid MCC, only 2 patients died of distant metastasis of eyelid MCC. Here, we review 6 cases of the last 5 years with MCC.

methods Case description and literature review.

results Two of the 6 new cases showed locoregional spread, and one patient developed distant metastasis within two years of the primary diagnosis of eyelid MCC. We discuss the need of locoregional biopsies, in view of the larger literature.

conclusion Distant metastases of eyelid MCC are less frequent than metastases of nonocular MCC, probably due to early diagnosis. Eyelid MCC larger than 2 cm, may justify locoregional surgery/biopsy.

3022

Colour vision in eyes with IOL implants and normals

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purpose To determine colour vision (CV) in eyes with intraocular lens implants (IOLs) and compare these with normal age-matched controls.

methods In a set of 25 phakic eyes and 25 eyes with IOLs, CV testing, including the Farnsworth-Munsell 100 Hue test was performed 1 month after surgery.

results The total error score on the 100 Hue test in the study group was nearly identical to the results of the normals. Eyes with IOLs in patients under 70 years showed a lower error score than their phakic controls, whereas the opposite was observed in patients over 70 years.

conclusion CV shows no major differences between eyes with IOLs and normal eyes, although the error score of younger patients with IOLs is better than the normals. Some patients observe a relative change in perception of some colours. The relative shift is small and is not picked up by standard clinical CV tests. The degradation of colour vision by cataracts is predominantly situated in the tritan-tetartan axis and increases with decreasing visual acuity. After IOL implantation this tritan defect is minimal and nearly similar to age-matched controls.

3023

Mooren's ulcer associated with pterygium surgery. A case report.

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purpose Mooren's ulcer is a rare, chronic peripheral ulcerative keratitis. His etiology is unknown. Herein, we report a case of Mooren's ulcer that occurred after pterygium surgery.

methods A case report

results A 39-year-old black man visited us on August 2th , 2014 complaining of a 6-year history of ocular pain, photophobia and decreased vision in both eyes. He underwent excision of pterygium in both eyes 12 years before; with recurrence two years after excision in the left eye. He was diagnosed Mooren's ulcer in the left eye in 2013 which was treated with topical corticosteroids with incomplete resolution. His past medical history was remarkable. Uncorrected visual acuity was 20/50 in the right eye and 20/60 in the left eye. Slit-lamp examination revealed recurrent pterygium at nasal side in both eyes, and typical findings of a circumferential peripheral corneal ulcer with an overhanging and infiltrated edge at it central border. The involvement of collagen disease, including rheumatoid arthritis, was excluded from serological tests and medical history. No microorganism was detected and laboratory investigations performed for tuberculosis, syphilis, HIV, hepatitis virus, Bartonella were all negative.Immediately, the patient was given topical dexamethasone initiated 4 times daily, topical atropine 1% 3 times daily, prophylactic topical antibiotics 4 times daily. Two months later, topical steroid were tapered gradually according to the signs and symptoms. Four months after initial presentation, his BSCVA had improved to 20/25 in the right eye and 20/40 in the left eye. Slit-lamp examination showed no active corneal and conjunctival inflammation.

conclusion The causal relationship between the pterygium surgery and Mooren's ulcer may be possible.

3024

A case of CMV retinitis with different antiviral drug resistanceassociated mutations in the genome of CMV strains in blood and aqueous humor

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purpose To report a well-documented case of cytomegalovirus (CMV) retinitis with different genotypic resistance to antiviral drugs of the CMV strains in blood and aqueous humor.

methods Case report.

results A 60-year-old woman with a history of sequential single lung transplantation and multidrug resistant systemic CMV infection presented with bilateral blurred vision. Fundoscopic examination revealed bilateral retinitis, clinically suspicious of CMV retinitis. The diagnosis was confirmed by PCR testing of an aqueous humor sample. Genotyping revealed different mutations conferring resistance to anti-CMV drugs between the CMV strains in blood and aqueous humor samples. Systemic treatment options were limited, so antiviral therapy was initiated with intravitreal injections of ganciclovir and later foscarnet with good results.

conclusion This case report of multidrug resistant CMV retinitis illustrates that CMV disease may have different strains of virus in different tissues. Antiviral resistance of ocular CMV strains may develop independently from systemic antiviral resistance. Ophthalmologists should make every effort to obtain specimens for determination of CMV by PCR assay of vitreous or aqueous humor samples rather than only blood samples.

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3025

Identification of CNGA3 variants in a child with a maculopathy, normal photopic ERG and near normal color vision

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purpose To unravel the genetic diagnosis in a 9-year old child with a maculopathy.

methods The patient had a standard ophthalmic examination, Octopus perimetry, optical coherence tomography (OCT) scan, fundus autofluorescence (FAF) and ISCEV full-field ERG. Genetic testing consisted of analysis of a panel of retinal dystrophy genes (RetNet panel) using exome sequencing.

results The visual acuity was decreased: OD(S-2)=0.4,OS(S-2)=0.5. FAF showed a clear foveal lesion and perimetry showed several relative scotomas. Color vision was near normal. OCT showed a disruption of the ellipsoid zone and interruption of the outer segments. Photopic and scotopic ERG was normal, mfERG showed abnormalities, more specifically central rings. Photophobia was only seen with flash ERG. RetNet panel analysis revealed a heterozygous likely pathogenic missense variant in CNGA3 c.830 G>A p.(Arg277His). In addition, a second heterozygous missense CNGA3 variant was found of which the significance is unclear: c.811 C>G p.(Pro271Ala). Both parents were heterozygous carrier of a CNGA3 variant, demonstrating both variants occur in trans.

conclusion The CNGA3 genotype is a likely explanation of the phenotype observed. We expand the phenotypic spectrum of CNGA3-associated retinal dystrophies.

3026

Multimodal imaging of acute macular neuroretinopathy and its evolution over 8 months

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purpose To report a case of acute macular neuroretinopathy (AMN) diagnosed by using complete multimodal imaging, and its evolution during 8 months

methods A young female complained of blurred vision and sudden apparition of bilateral scotomas, preceded two weeks before by pseudogrippal syndrom and pityriasis rosea (Gibert). We performed ocular standard examination, infrared (IR) and multicolor (MC) imaging, autofluorescence (AF), SD-OCT and Angio-OCT. There were repeated at 2, 3, 5 and 8 months

results Visual acuity was 1.0 bilaterally. Fundus was unremarkable. IR and MC imaging revealed at both eye 3 dark perifoveolar and petaloid-shape lesions. AF was normal. SD-OCT showed hyperreflectivity and thickening of the outer plexiform layer (OPL), thinning of the outer nuclear layer and disruption of the complex of photoreceptors. Angio-OCT demonstrated a discrete reduced blood flow in the deep capillary plexus area. 8 months after diagnosis, the visual complains strongly decreased. Visual acuity kept stable. At fundus examination, reddish petaloid-shaped lesions appeared around the fovea. Lesions in IR and MC remained quite visible, but smaller and less intense. While the hyperreflectivity of OPL was still observable in SD-OCT, the photoreceptor layers recovered almost completely

conclusion AMN is a rare disease of the external retina, mainly occurring in young female. Multimodal imaging is the best technique to highlight the typical lesions found into the retina, but also to follow the evolution of the lesions. It's easy to perform and non invasive. The microvascular etiology of AMN is not yet completely understood. Recent hypothesis highlighted the involvement of the deep capillary plexus, whereas other suggested the role of choriocapillary non perfusion

3027

Corneal confocal microscopy and familial amyloidotic polyneuropathy

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purpose To describe a case of familial amyloid polyneuropathy (FAP) with deposits found in all corneal layers at corneal confocal microscopy.

methods A complete ophthalmological examination as well as a glaucoma assessment andcorneal confocal microscopy (Heidelbergh Retina Tomograph II with Rostock cornea module) were performed. Color photographs of the anterior segment were taken at the slit lamp.

results A 47-year-old patient with FAP has secondary glaucoma of the left eye, refractory to maximum medical treatment and requiring trabeculectomy. The slit lamp shows a clear cornea with fine precipitates, a whitish nodule of the conjunctiva, scalloped pupillary margin, white deposits on the anterior crystalloid. The corneal confocal microscopy reveals hyper-reflective deposits in all corneal layers.

conclusion FAP is an autosomal dominant neurodegenerative disease linked in most cases to transthyretin (TTR) mutation, the most common of which is the substitution of valine by methionine at position 30 of the TTR gene (Val30Met). The mutated TTR then aggregates in the form of amyloid deposits at the peripheral nerves and various organs, including the eye. Hyper-reflective deposits found in the 3 corneal layers of this patient are probably amyloid. To our knowledge, this had never been described before. Immunohistochemical analysis is the sole method to confirm the amyloid nature of these deposits.

3028

Audit of wet AMD patients treated with IV Ranibizumab over 6-12 months

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purpose The "Treat and Extend" regimen (TER) was introduced to place the issue of monthly follow-ups, as a new and better approach for individualized patient care. Our study attempts to assess the change of the VA when using the TER.

methods Between March 2013 and June 2016, 27 patients with neovascular AMD at Western Eye Hospital in London were included in the retrospective study.The inclusion criterion was: exudative AMD treated with Rhibizumab and with a minimal follow up of six months. We excluded patients who had treatment with other anti-VEGF, patients on PRN protocol were excluded from the study as well.Best-corrected visual acuity was collected at each visit and converted into logMAR unit, and CRT was recorded for each visit in which an OCT was used.

results Twenty seven patients naïve exudatine AMD patients met the inclusion criteria and were recruited in this studyAmong the treated eyes included in this analysis, 41% experienced a significant VA gain of 15 ETDRS letters or more, 7% had a significant VA loss of 15 ETDRS letters or more and 52% obtained VA stabilization.

conclusion Among the treated eyes included in this analysis, 41% experienced a significant VA gain of 15 ETDRS letters or more, 7% had a significant VA loss of 15 ETDRS letters or more and 52% obtained VA stabilization.

Syndrome de Kjellin, à propos d'un cas particulier

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purpose Rapporter les caractéristiques cliniques particulières d'un patient présentant une dégénérescence rétinienne maculaire dans le contexte d'un syndrome de Kjellin et une augmentation de lactate à la spectroscopie par résonance magnétique (SRM). Réflexion à propos du phénotype en corrélation avec le génotype.

methods Etude clinique rétrospective d'un patient présentant un syndrome de Kjellin avec suivi de 10 ans. Analyse génétique par un séquençage haut débit d'un panel de gènes codant pour les ataxies spinocérébelleuses héréditaires (SCA panel) chez le patient et parallèlement par un séquençage massif d'exons chez sa famille.

results L'analyse du panel de gènes SCA a mis en évidence chez le patient un variant hétérozygote dans le gène AFG3L2. Le séquençage massif d'exons a montré deux variants pathogènes dans le gène SPG11, ainsi que le variant dans le gène AFG3L2. L'absence de ségrégation familiale pour le variant AFG3L2 avec le phénotype plaide pour sa non pathogénicité, par contre l'analyse par les logiciels de prédiction montre que ce variant est délétère.

conclusion Le phénotype ophtalmologique et neurologique de notre patient correspond aux manifestations décrites dans la SPG11 (ou syndrome de Kjellin). Par contre, la présence de lactate à la SRM est typique des maladies avec atteinte mitochondriale mais pas de la SPG11. Il reste donc à définir si le variant perte de fonction dans le gène AFG3L2 a joué un rôle modificateur du phénotype de ce patient.

3031

Visual outcomes and complications for a novel suture fixation device in the Bag-in-the-lens IOL implantation

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purpose To describe the visual outcomes and possible complications with patients who underwent a bag-in-the-lens (BL) intra-ocular lens (IOL) implantation using modified sutured bean-shaped ring segments for zonular stabilization. Normally, zonular stabilization in complex BIL implantation is achieved by the conventional bean-shaped ring segments. However, with severe zonular loss such as in Marfan's syndrome and homocysteinuria, this fixation device did not offer enough stability. The modified bean segments are and adaptation of the previous bean segments but with an eyelet that facilitates the scleral suturing.

methods This was a retrospective single-center study that investigated cases which received a BIL IOL implantation between January 2015 and June 2017. The surgical technique, positioning, visual outcomes and per- and post-operative complications were evaluated

results 13 eyes of 10 patients were included in this study. The beans were used as stabilization for the BIL in all cases. In all cases the beans were sutured or placed in a limbus-based Hoffman scleral pocket. The beans were implanted in 8 cases of lens luxation due to homocysteinuria or Marfan syndrome, 1 case of senile cataract and 1 case of aphakia. The mean gain in visual acuity was 0.35 decimal Snellen for all included cases. Following post-operative complications were found: 2 cases of iris incarceration and 1 case of chroridal bleeding.

conclusion The modified bean-shaped ring segment is an upcoming novel suture fixation device. Looking at the results, good visual outcome and few post-operative complications can be witnessed. It is a promising technique, especially in the most complex cases of severe zonular instability.

3030

Ischemic optic disc swelling? Show me your skin!

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purpose Sneddon syndrome (SS) is a rare non-inflammatory thrombotic vasculopathy characterized by the combination of livedo reticularis (LR) with ischemic cerebrovascular disease. We report ischemic optic disc swelling as a novel feature of Sneddon syndrome.

methods School medical screening identified visual loss in one eye of a 9-year-old girl. She underwent a full work-up.

results BCVA was hand movements in the right eye (RE), 20/20 in the left eye (LE). Timing of onset of visual loss was unknown. Fundoscopy revealed a pale slightly swollen disc in the RE. The LE had an unexpected temporal pallor. OCT confirmed nerve fibre layer loss. Goldman visual field of the RE was limited to an inferotemporal island and a central scotoma in the LE. The general workup aimed at detecting an underlying cause to protect the LE. Lab testing was negative for an infectious, inflammatory and auto-immune panel. MRI of the brain was considered to be normal, however 3 white lesions of ischemic nature were seen in the frontoparietal lobe. Only when florid marbled skin changes, livedo reticularis, were noticed on the arms, legs and trunk, a possible link with underlying trombotic vasculopathy was made. This together with the optic atrophy and the ischemic foci on MRI let to a diagnosis of Sneddon syndrome. General treatment was considered to avoid further cerebrovascular insults.

conclusion Although rare, Sneddon syndrome should be included in the differential diagnosis of any pale optic disc swelling, especially in younger patients. A small step beyond the borders of the ophthalmologist's comfort zone with a simple inspection of the skin may prove a huge change in a patient's life.

3032

Collagen crosslinking as a treatment for corneal hydrops in ectatic disorders

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purpose To report a small case series of collagen crosslinking (CXL) as a treatment for corneal hydrops in ectatic disorders.

methods Retrospective chart review of 2 cases of corneal hydrops treated with CXL. Work-up included basic ophthalmological examination, slit lamp photography, pachymetry and corneal tomography. Both patients underwent CXL according to the Dresden protocol.

results A 23-year old man with bilateral keratoconus presented with acute corneal hydrops in the left eye. Topical treatment was started, however 8 weeks after presentation our patient complained of persisting ocular discomfort. CXL was performed and already after 1 week ocular discomfort and redness decreased. After 2 weeks a reduction of stromal edema was noticed. Corneal thickness remained stable up to 2 years after CXL, when our patient underwent penetrating keratoplasty (PK).Secondly, a 43-year old woman with bilateral keratoglobus presented with acute corneal hydrops in the right eye. Despite topical treatment, ocular discomfort and stromal edema persisted up to 8 weeks after presentation. CXL was performed, after which stromal edema decreased and corneal thinning stabilized. 1 year after CXL, she underwent combined PK and cataract surgery.

conclusion Our results suggest that collagen CXL decreases ocular discomfort and stromal edema in conneal hydrops. CXL can be offered to patients when other conservative treatments have failed. After stabilization of corneal thinning keratoplasty can be performed to restore visual function.

Abstracts AOB E-Posters

3033

An unusual case of diplopia caused by an intraorbital foreign body

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purpose Remind the reader that an intraorbital foreign body can be an important cause of diplopia.

methods Case presentation

results A 51-year-old man presented with a history of intermittent diplopia. His problems started a few weeks earlier after a trauma with an exploded beer bottle. At the time of the accident, a big laceration of the nose and the right lower eyelid was sutured at the emergency department. At this time, he was not seen by an ophthalmologist. Computed tomography (CT) of the orbit revealed two radiodense foreign bodies in the right orbit, located between the rectus inferior muscle and the orbital floor. Based on his history and CT images, the possibility of retained glass particles was considered. Exploration of the right orbit approach was planned. The glass particles were removed without causing any further damage to the inferior oblique or inferior rectus muscle fibers. One-week follow-up examination showed a remarkable improvement with no complaints of diplopia in primary gaze anymore.

conclusion This case illustrates that an intraorbital foreign body can be an important cause of diplopia, and should not be forgotten in the differential diagnosis. Thorough history, clinical and radiological examination are recommended when a foreign body is suspected. An early diagnosis is necessary and can prevent long-term complications.

3034

Case report: a conjunctival hemangioma as a presenting sign of Wyburn-Mason syndrome

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purpose Wyburn-Mason syndrome is a very rare condition that is characterized by ipsilateral arteriovenous malformations affecting the eye, brain and facial skin. A conjunctival vascular dilation is a very rare presenting sign. Because of the association between retinal and intracranial arteriovenous malformations, a magnetic resonance imaging (MRI) of the brain is strongly recommended in all patients with ocular arteriovenous malformations.

/results A 6-year-old boy was referred for further ophthalmoscopic evaluation because of a sudden appearance of a conjunctival vascular lesion in his right eye since 3 months (Figure 1). Inspection of the facial skin revealed a subtle discoloration along the right triggeminal nerve (Figure 2) since birth. Fundoscopy showed a dilated retinal vessel in the nasal quadrant of the right eye with tortuosity (Figure 3). To exclude a central nervous system vascular malformation a brain MRI was performed, revealing an old hemorrhage in the right lentiform nucleus and capillary vessels in the thalami (Figure 4), as well as a small arteriovenous malformation involving the fraint orbit (Figure 5). A cerebral angiogram showed multiple small arteries surrounding the brainstem (Figure 6). Ophthalmologic and neuroradiologic findings were consistent with the diagnosis of Wyburn-Mason syndrome. Because of the extensiveness and inaccessibility of the intracranial arteriovenous malformations, the boy was managed conservatively by observation.

conclusion Ocular manifestations of the Wyburn-Mason syndrome can easily be detected and are usually an important clue to the diagnosis. The sudden emergence of a conjunctival vascular structure should alert the treating doctor to perform an ophthalmoscopy and MRI of the brain.

3035

Infantile orbital hemangioma treated with propranolol: 2 cases

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purpose We report two cases of infantile orbital hemangioma with proptosis, successfully treated with propranolol.

methods Observational report of two cases with infantile orbital hemangioma treated with propranolol, including close pediatric and ophthalmological follow-up and imaging.

results A six week-old girl with a history of premature birth, presented at the pediatric clinic with progressive, unilateral exophthalmos. Ophthalmological evaluation showed normal pupillary reflexes and IOP, with proptosis of the right eye, more pronounced during Valsalva-maneuver. MRI was suggestive for capillary hemangioma. Propranolol was promptly started after cardiological check-up, with a spectacular response seen by day one of treatment.A 5 month-old boy, born as triplet at 34 weeks postmenstrual age, showed a unilateral proptosis of the right eye, increasing with crying. Furthermore, there were no ophthalmological abnormalities. MRI imaging showed a massive capillary hemangioma in the right orbit. After two weeks of treatment with oral propranolol, the exophthalmos and hemangioma were completely disappeared.

conclusion Propranolol seems to be a rapidly effective and safe treatment for infantile orbital hemangioma. Nevertheless, administering systemic medication to an infant with a benign condition requires careful multidisciplinary consideration and experienced followup, considering the risk of side effects, relapse and resistance to propranolol.

3036

Dual Branch Retinal Vein Occlusion in one eye-case presentation

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purpose Branch retinal vein occlusion is 3 times more common than CRVO, the usual age of onset is 60-70 years. Retinal vein occlusions (branch and central) are the second most common retinal vascular diseases after diabetic retinopathy. Arterial compression of the vein is believed to be the main cause of BRVOOnce the venous flow is compromised or interrupted retinal ischaemia ensues downstream from the site of occlusion.

methods We present a case of unilateral double BRVO in a 70-year-old smoker woman with a history of hypercholestrolaemia and migraineShe has a strong family history of ischaemic heart diseaseLaboratory tests including complete hypercoagulability and thrombotic workup were completedHer blood pressure upon presentation was 145/87Intraocular pressures were 19 mmHg in the right, and 11 mmHg in the leftSlit lamp exam showed normal anterior segments with open angles bilaterally.Fundus examination of the right eye revealed intraretinal flame shaped hemorrhages, retinal oedema, and cottonwool spots in the distribution of two retinal vessels: the upper nasal and the lower temporal branches. Intraretinal raphe is respected. cup to disc ratio of 0.7

results Differential diagnosis:central retinal vein occlusion,Colonic polyps,Hypertension, Macular oedema in diabetesOCT: the central macular thickness was 422micrometer in the right eye and 233 micrometer in the left

conclusion Our case illustrates an interesting presentation of unilateral double BRVOSmoking habit and hypercholestrolaemia were thought to be the main risk factorsClose follow up, tight serum cholesterol control and advice to stop smoking are crucial to prevent similar scenario in the fellow eye

Case of Blindness following bariatric surgery improved by vitamin A supplementation

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purpose To show a case of vitamin A deficiency with an extremely severe visual impairment due to delayed diagnosis, and to remind that vitamin A supplementation can strongly improved the visual acuity.

methods Single case report

results A 36 year-old man suffering from keratoconus for two years was referred to our clinic for bilateral progressive loss of vision. Two penetrating keratoplasties were performed on the left eye, but visual acuity continued to decline. The medical history revealed a gastric bypass surgery ten years earlier followed two years later by billopancreatic diversion. At the time of diagnosis, the visual acuity was light perception of the right eye and complete bindness of the left eye. Fulfield ERG showed an absence of signal for all stimulations. Serum analysis showed an undetectable vitamin A level with Cu, Zn, Se, vitamin D and E deficiencies. After one year of vitamin A supplementation we noticed a remarkable improvement of the fulfield ERG. The patient recovered a visual acuity of 24/40 for the right eye, but unfortunately did not recover the visual acuity of the left eye. The incomplete visual acuity recovery is probably linked to primitive conneal ectasia and to the Cu, Zn and vitamin E deficiencies.

conclusion Vitamin A is essential conjunctiva, cornea and retina. The increasing rate of bariatric surgery is likely to induce an upsurge of hypovitaminosis A, causing verophtalmia, night blindness and even legal blindness. But even in the most severe case, urgent vitamin A supplementation is needed and may improve in a spectacular way the visual acuity

3038

Top-down proteomics of human tears in a clinical context.

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purpose To analyze the different (iso)forms of the proteins in clinically sampled tears.In several pathologies little effect is seen at the level of the gene, transcript or even protein identities that can be detected. Often, however, disease-specific protein modifications do result in modified 'proteoforms', with altered bioactivity.

methods Tears of multiple donors were analyzed with bottom-up, as well as top-down proteomics. As such >10 different biological samples were analyzed in duplicate by reversed phase capillary LC / quadrupole-orbitrap MS.

results The overall bottom-up analysis yielded > 350 different protein identities, as previously reported. Top-down data enabled 90 proteins to be confidently identified, with a bias towards the higher abundant protein species. Surprisingly these 90 proteins appear in >750 distinct proteoforms. Some proteoforms have nearly full top-down MSMS sequence coverage; others lack coverage in certain protein domains, not seldom rich in cysteines (S-S bridges). Only very few proteins occur in a single proteoform. One of the proteins appearing in multitude of isoforms is lacitin, an important protein in Dry Eye Disease because of its autocrime effect on tear secretion. Indeed, >175 different lacitin proteoforms are unique for a specific donor, probably representing inter-individual genomic/genetic variations.

conclusion A large amount of novel biological information remains hidden when classical (bottom-up) proteomics is done, and part of it may get unvailed by a top-down approach.

3039

Punctate inner choroidopathy in monozygotic twins

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purpose To report punctate inner choroidopathy (PIC) in monozygotic twins

methods Observation of Caucasian monozygotic twin sisters, who presented 2 years apart with PIC

results At presentation, the first sister manifested unilateral multiple small yellow-white chorioretinal lesions in the posterior pole, without cellular activity. One month later, the lesions had become bilateral. After initial diagnosis of serpiginous choroiditis she was treated with intravitreal anti-VEGF and steroids, to no effect. Systemic treatment was initiated with tuberculostatics, steroids and cyclosporin with limited therapeutic effect. Ledertrexate was added but in the meantime she developed a subretinal neovascular membrane, refractory to anti-VEGF. After consulting our department an ophthalmological and general work up confirmed the diagnosis of PIC. Tuberculostatics and cyclosporin were stopped and steroids tapered off. Adalimumab was initiated successfully. The twin presented 2 years later with a unilateral neovascular membrane, initially diagnosed as a Fuchs spot. Autofluorescence imaging revealed bilateral small white dots in the retinal midperiphery, without signs of active inflammation, confirming PIC.

conclusion PIC is a recurrent, bilateral, chorioretinal inflammatory disease, usually in young, myopic women. To our knowledge this is the first report of PIC in monozygotic twins. Although the pathogenesis of PIC is still unclear, these cases suggest a possible genetic association



Abstract NOC

3096

Saccadic pathology in children

ANDRIS C Liège

purpose Infantile-onset saccade initiation delay, also known as congenital ocular motor apraxia,typically appears in early infancy; is characterized by the inability to initiate volitional horizontal saccades;Head thrusts are used to initiate saccades, using the ocular-vestibular reflex.

methods Litterature review and collegial cases review.

results Litterature review and collegial cases review.

conclusion Brain MRI discoveries and associated conditions are discussed.

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The Arc		Ped & Low				Acd	Eye, History & Art	AOB Free Papers		BVVB-OBPC				viran & rearing view			BOV-ABO		Award Ceremony		NOC	
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