OB 2018

Programme book

November 21-23

SQUARE
Brussels Meeting Center

Annual Congress of the Belgian Ophthalmological Societies

Ophthalmologica Belgica

SQUARE, Brussels Meeting Center

November 21-23, 2018

www.ophthalmologia.be

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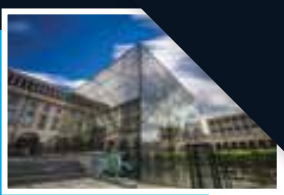


Message from the President

Message from the President

OB ...Clap...26ème édition

Et voilà, notre rendez-vous annuel pointe déjà le bout de son nez.

OB c'est apprendre, parler, écouter, rencontrer, retrouver.

OB c'est le monde de l'Ophtalmologie belge qui se réunit, pendant trois jours, chaque fin Novembre, depuis maintenant 26 ans.

Vous aurez l'occasion de participer, cette année, aux sessions organisées par les différentes sociétés scientifiques mais aussi à 7 wetlabs et gratuitement à pas moins de 12 ICC.

Le mercredi matin, nous aurons le privilège d'accueillir le Pr Thierry Zeyen , lauréat d'AOB lecture ainsi que plusieurs orateurs de renommée internationale pendant une session académique plénière.

La journée du jeudi se clôturera par notre traditionnelle soirée de Gala qui se tiendra, cette année, à la Maison Grand-Place, face à l'Hôtel de Ville de Bruxelles, à deux pas de Square.

Le vendredi sera pour nous l'occasion de montrer à nos techniciens, optométristes ou infirmiers(ères) venus assister aux sessions de BSONT l'importance grandissante que nous accordons à leur collaboration.

Au nom de tout le comité, j'ai le plaisir de vous souhaiter un super OB 2018.

OB .... Klap ... 26ste editie

Onze jaarlijkse OB afspraak komt er aan.

OB is bijleren, spreken, luisteren, ontmoeten, terugvinden.

OB is de samenkomst van de Belgische oogheelkunde, eind november gedurende 3 dagen, nu reeds voor het 26ste jaar op rij.

U krijgt er de gelegenheid om dit jaar deel te nemen aan de sessies georganiseerd door de verschillende wetenschappelijke verenigingen, maar ook deel te nemen aan 7 Wetlabs en ook maar liefst 12 ICC, deze laatste zijn gratis.

Op woensdagochtend zullen we het voorrecht hebben om Prof. Thierry Zeyen te verwelkomen, winnaar van AOB Lecture 2018, en enkele andere sprekers met internationale faam tijdens de daar op volgende een Academische plenaire sessie.

Donderdag zal worden afgesloten met de traditionele Gala-avond, die dit jaar zal worden gehouden in Maison Grand-Place, tegenover het stadhuis van Brussel, op een steenworp van Square.

Vrijdag geven we de gelegenheid aan onze technici, optometristen en verpleegkundigen voor het bijwonen van de BSONT sessies die het groeiende belang dat we geven aan hun samenwerking beklemtonen.

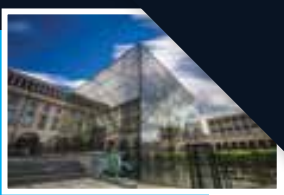
Namens het voltallige bestuur wens ik u een schitterend OB 2018.

Emmanuel Van Acker
President OB 2018

Organizing Societies

AOB	Academia Ophthalmologica Belgica
BBO-UPBMO	Belgische Beroepsvereniging van Oogheelkundigen Union Professionnelle Belge des Médecins Spécialistes en Ophtalmologie et Chirurgie Oculaire
BGS	Belgian Glaucoma Society
BIO	Belgian Immuno Ophthalmology Club
BOG	Belgisch Oftalmologisch Gezelschap
BOV-ABO	Belgische Orthoptische Vereniging Association Belge d'Orthoptie
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
FAB	Fluorescein Angiography Club Belgium
OBAO	Organisatie van Belgische Assistenten in Oftalmologie Organisation Belge des Assistants en Ophtalmologie
PEDLOW/NOC	Pediatric Ophthalmology & Low Vision Rehabilitation Neuro Ophthalmology Club
SBO	Société Belge d'Ophtalmologie

Organizing Committee



President	Emmanuel VAN ACKER
Treasurer	Joachim VAN CALSTER
Programme Secretary	Guy SALLET
ICC, Free papers & Posters	Paulina BARTOSZEK
Wetlabs	Philippe GROSJEAN, Fabrice KORCZEWSKI
AOB Lecture	Sayeh POURJAVAN
AOB President	Monique CODONNIER

OB Office by Mecodi

Marlene VERLAECKT, Executive Officer

Lies VAN EYCKEN and Mieke AKKERS, Executive Assistants

meco di

www.mecodi.eu

General information

Venue and dates

SQUARE, Brussels Meeting Center, Kunstberg
Rue Mont des Arts, 1000 Brussels
Wednesday 21 to Friday 23 November, 2018

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

Wednesday 08:30 - 18:00
Thursday 08:30 - 18:00
Friday 08:30 - 17:00
The exhibition is open for MD only on Wednesday and Thursday. Non-medical delegates (students, orthoptists, eye-care, nurses and technicians) have access only on Friday.

Registration

Opening hours registration:

Wednesday	07:30-17:30
Thursday	07:30-17:30
Friday	07:30-17:00

All delegates have received their registration voucher by email prior to the OB 2018 congress. This voucher will be used to print the entrance badge in the registration area.

Catering

OB offers breakfast, coffee breaks and lunch breaks in the exhibition area, free of charge for industry and delegates.

Speakers' room

Opening hours Speakers' room:

Wednesday	07:30-17:30
Thursday	07:30-17:30
Friday	07:30-17:00

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

Accreditation

Wednesday	6 CP
Thursday	6 CP
Friday	3 CP / 3 CP Ethics & Economics

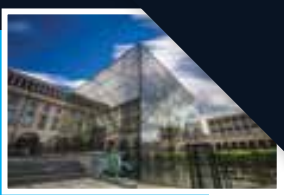
Internet

Network: OB2018
Wifi code: OB2018!

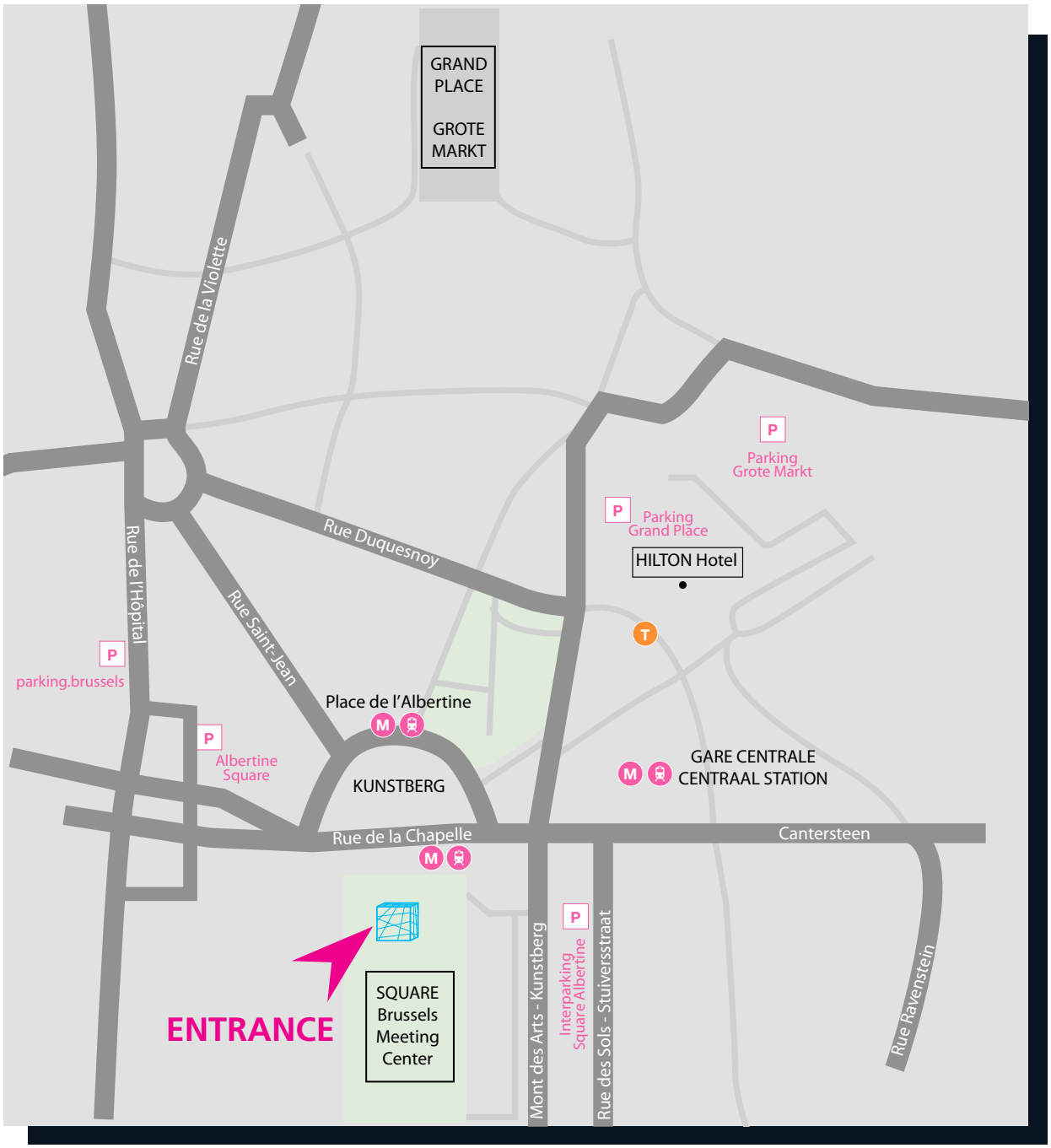
Liability

The organizers do not accept liability for personal accidents, loss of or damage to private property of participants 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



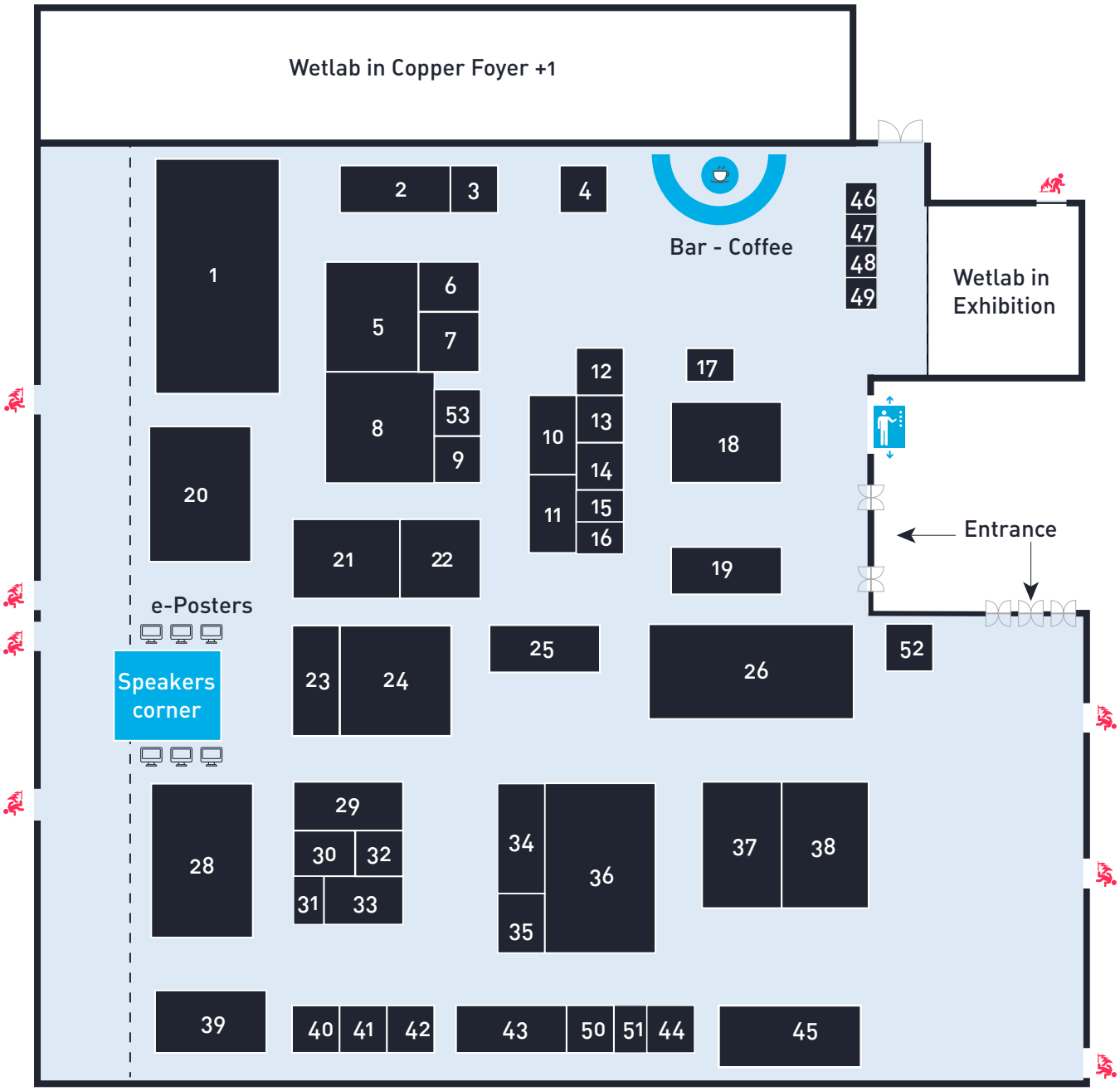
Entrance Central Station

Entrance Metro Central Station

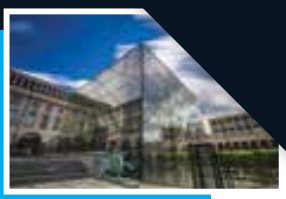
T Taxi

P Public Parking 'Albertine'

Exhibition floor plan



Exhibitors



42	3M
34	ALLERGAN
5	BAUSCH + LOMB
2	BAYER
17	CHIESI
43	CORILUS
1	DE CEUNYNCK OPHTHALMOLOGY
13	DENSMORE
21	DORC
16	ERGRA ENGELEN
6	ESSILOR
7	EYED PHARMA
35	FCI
3	GLAUKOS
22	HORUS PHARMA BELUX
25	JOHNSON & JOHNSON
32	JR CONCEPT
45	KOURION.BE
15	LABO RX
53	LENSFACTORY
39	LUNEAU
30	MEDEQUIP
31	METROVISION
19	MYLAN
14	NOOTENS
26	NOVARTIS
4	OFTAHILS
23	OPHTALMO SERVICE
29	OPHTEC
50	OPS EYEWEAR
44	ORTOPAD
52	PESCHKE TRADE
38	PHYSIOL
10	PRO-VISION INSTRUMENTS
9	REVOGAN
8	ROCKMED
33	RODENSTOCK
24	SIMOVISION
28	TECHNOP
37	THEA PHARMA
12	TRB CHEMEDICA
51	TRUSETAL
18	URSAPHARM BENELUX
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36	ZEISS

Bookseller in registration area

54	WISEPRESS

Non-Profit booths

48	ASSOCIATION DMLA.BE
49	BRAILLELIGA / LIGUE BRAILLE
47	LES AMIS DES AVEUGLES
46	LIGHT FOR THE WORLD

Guidelines for speakers

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.

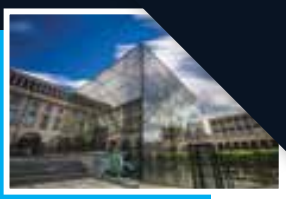
- A single computerized network running the Windows operating system will be used to manage all slide projections. All presentations will be sent to the assigned meeting room from the central server at the Speakers room, by the technical staff. This procedure ensures efficient management and higher quality 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

Upload your presentation prior the congress

- An upload service prior the congress is proposed. Download your presentation to : https://uploadob.covr.be. This is a easy way to avoid waiting time in speakers room.

Speakers Room opening hours

- The Speakers room is open 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

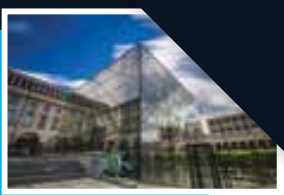
e-Posters on screen only.

- 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.
  Link: https://cslide.ctimeetingtech.com/ob2018
- You will receive your personal username & password by email.

UPLOAD deadline e-Posters is Monday, November 19 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 2019 congress.
- An independent panel appointed by the Board of OB 2018 decides on the Poster Awards through voting. Their decision is final.
- The poster awards ceremony will be held on Friday, November 23, 2018 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.

Wednesday, November 21

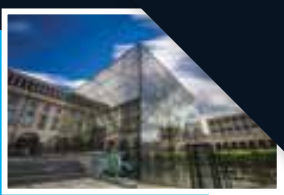


	Copper Hall	Silver Hall	The Arc	Hall 300	Speakers corner	Copper Foyer	Wetlab Hall in exhibition	e-Poster area
09:00	OBAO	ICC 1	ICC 2	ICC 3			Wetlab 8	AOB e-Posters
10:30								
11:00	AOB Academic session							
12:30					Rapid Fire			
14:00	OBAO	SBO-BOG	AOB FP	ICC 4		Wetlab 2	Wetlab 9	
15:30								
16:00			Eye, History and Art	ICC 5		Wetlab 3		
17:30								

Thursday, November 22

	Copper Hall	Silver Hall	The Arc	Hall 300	Speakers corner	Copper Foyer	ICC Room	e-Poster area
09:00	FAB case presentations	BGS	PEDLOW/ NOC	ICC 6		Wetlab 4		AOB e-Posters
10:30								
11:00	BRS session			ICC 7		Wetlab 5		
12:30					Rapid Fire			
14:00	BRS - BIO session	BSOPRS	BOV-ABO	ICC 8		Wetlab 6	BVVB-OBPC	
15:30								
16:00	BRS - REBEL session			ICC 9		Wetlab 7		
17:30								
19:30	Congress Dinner in Maison Grand Place Brussels							
23:00								

Friday, November 23



	Gold Hall	Copper Hall	Silver Hall	The Arc	Hall 300	e-Poster area
09:00	BSCRS	BSONT NL	BSONT FR	BSA	ICC 10	AOB e-Posters
10:30						
11:00	BSCRS				ICC 11	
12:30				Award Ceremony		
14:00	BBO-UPBMO				ICC 12	
15:30						
16:00	BBO-UPBMO					
17:30						

Ethic & Economic sessions

Wednesday
November 21

OBAO

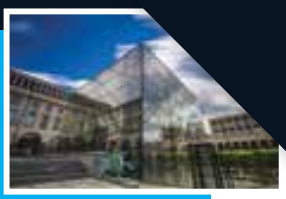
Organisatie van Belgische Assistenten in Oogheelkunde
Organisation Belge des Assistants en Ophtalmologie

Wednesday, 09:00 - 10:30 — Copper Hall

Imaging in ophthalmology - considerations for the selfie generation

Moderators: Joris VANDER MIJNSBRUGGE, Stefaan VAN NUFFEL

09:00	Added value of autofluorescence imaging *DE ZAEYTIJD J*	
09:20	Practical and clinical approach of B-scan ultrasonography *DE POTTER P*	
09:40	Orbitale pathologie: CT en/of MR ? *DEMAEREL P - Leuven*	
10:00	International speaker : Understanding Pentacam scans *KNOX CARTWRIGHT N - Exeter*	
10:30	Break	
11:00	AOB Academic session	see pages 24-25



Wednesday, 14:00 - 17:30 — Copper Hall

Imaging in ophthalmology - considerations for the selfie generation

Moderators: Joris VANDER MIJNSBRUGGE, Stefaan VAN NUFFEL

14:00	What type of imagery for which cases in neuro-ophthalmology ? *CORDONNIER MJ*
14:20	Interpreting MR orbital imaging studies *DE POTTER P*
14:40	International speaker : Next Generation Imaging : Multimodality and Deep Learning *SCHMETTERER L - Singapore*
15:20	Break
15:50	Pentacam and Corvis: how this devices make corneal topography interpretation easier *YEH R-Y*
16:10	Anterior Segment OCT and UBM *ROELS D*
16:40	Imaging in uveïtis case *KUIJPERS R*
17:00	End of session

AOB Academic session

Wednesday, 11:00 - 12:45 **Copper Hall**

AOB Academic session

Moderator: Emmanuel VAN ACKER

11:00 **AOB Lecture**

11:45 Invited lecture : OCT Angiography renews diagnosis and treatment of neovascular AMD
Prof. Gisèle SOUBRANE - Créteil

12:05 Invited lecture : Birdshot retinochoroiditis, a misunderstood disease
Prof. Carl P HERBORT - Lausanne

12:15 Invited lecture : Novel ways to analyse OCT data for glaucoma detection
Prof. Leopold SCHMETTERER - Singapore

12:45 End of session

Prof. Gisèle SOUBRANE

Prof. Carl P. HERBORT

Prof. Leopold SCHMETTERER

AOB Lecture

11:00 Laudatio by Sayeh Pourjavan

11:10 AOB Lecture 2018 : History of Ophthalmology Told by Stamps
Prof. Dr. Thierry ZEYEN, - Antwerp, Belgium

Laureate AOB Lecture 2018

Prof. Dr. Thierry Zeyen dedicated most of his career to glaucoma. He enjoyed sharing his knowledge and training numerous young ophthalmologists. He has authored or co-authored 115 peer reviewed articles and has written several textbook chapters. He is currently Honorary Fellow of the European Glaucoma Society (EGS), Board Member of the EGS Foundation, member of the Glaucoma Research Society and President of the Belgian Glaucoma Society. He is still active as a medical claim expert in ophthalmology.

11:40 AOB Award presentation

AOB Rapid Fire session 1

Wednesday, 12:30 - 13:00 **Speakers' corner in exhibition**

AOB Rapid Fire session 1 - abstracts p88-89

Moderators: Sayeh POURJAVAN, Guy SALLET

12:30 Surgical Management of Post- Descemet Stripping Automated Endothelial Keratoplasty Interface Haze – Deposits
SAFI AS, VOULGARI NV, KONTADAKIS GK, MIKROPOULOS DM, PETROVIC AP, DROUTSAS KD, KYMIONIS GK - Lausanne, Heraklion, Thessaloniki, Athens

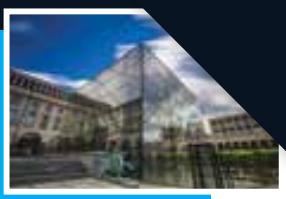
12:35 Evaluation of the added Value and the impact of pAtient information on the patient knowledge in glaucoma
LEFLOT M, COLLIGNON N - Liège

12:40 Torpedo Maculopathy - A Case Series: Insights into Basic Pathology
KERWAT D, JAMALL O, ALMEIDA GCM - Maidstone

12:45 Conjunctival papillomatous laesions : the same clinical aspect for different diagnosis
LAUWERS N, DE GROOT V, PAUWELS P, DE KEIZER RJW - Edegem

12:50 Acanthamoeba keratitis in the Antwerp University Hospital: a review of diagnosis, follow-up and clinical outcomes.
CHIAIRI I, BEHAEGEL J - Antwerp

12:55 Outcomes of allogenic cultivated limbal epithelial stem cells in aniridia patients
BEHAEGEL JB, CARINA KOPPEN CK, NADIA ZAKARIA NZ, TASSIGNON MJT, SORCHA Ní DHUBHGHAILL SND - Edegem



Wednesday, 14:00 - 17:30 — Silver Hall

What's up (Mé)Doc ?

Moderators: Adèle EHONGO, Marc HUYGENS

14:00 New anticoagulants, antiplatelets and ocular surgery: when and why to stop them
LEPIECE G

14:20 Antimalaric agents and retinal disorder
DE ZAEYTIJD J

14:40 Intravitreal Anti-VEGF and atrophy: when to stop them?
GUAGNINI AP

15:00 Use of intraocular steroids
SCHAUWVLIEGHE PP

15:20 Discussion

15:30 Break

16:00 The eye of side effects of new oncologic treatments
BAURAIN JF

16:20 New medications in Uveïtis
SYS C

16:40 Immunomodulatory agents and retinal disorders (fingolimot, Interféron alpha...)
KISMA N

17:00 Ocular side effects of chemotherapy.
VAN KEER K, RUITERS S

17:20 Discussion

17:30 End of sessions

AOB Free Papers

Academia Ophthalmologica Belgica

Wednesday, 14:00 - 15:30 **The Arc**

AOB Free Papers - abstracts p76-78

Moderators: Paulina BARTOSZEK, Guy SALLET

14:00 Amblyopia with eccentric fixation: Is inverse occlusion still an option?
GODTS DJM - Edegem

14:08 Analysis of a particular kind of central serous chorioretinopathy characterised by a leopard-spot pattern aspect in transplanted patients on long-term steroid treatment
NEGAHBAN N, VAN BOL L, AMRO M, RASQUIN F - Bruxelles

14:16 Diabetic retinopathy: New treatment paradigms
FASOLINO G, APPELTANS A, TEN TUSSCHER M, CORNELISSEN P - Brussel

14:24 Follow-up of uveitis patients treated with anti-TNF and causes of treatment withdrawal
LE A, WILLERMAIN F, ET AL - Bruxelles

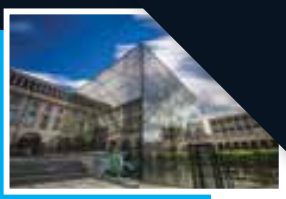
14:32 Peripapillary and Macular Neurovascular Coupling in Dominant Optic Atrophy
MARQUES JP - Coimbra

14:40 Ruthenium brachytherapy in conjunctival melanoma
VAN RENTERGHEM V, MISSOTTEN GUY G - Leuven, Hasselt

14:48 First year Experience with Ruthenium Brachytherapy in ocular melanoma @ UZLeuven.
MISSOTTEN GS, VAN GINDERDEUREN R, VAN LIMBERGEN E, VAN CALSTER J - Leuven

14:56 Fractal dimension of the retinal vasculature: age-related evolution in the general population
LEMMENS S, LANDTMETERS C, PEETERS R, SIMONS AS, VERCAUTEREN J, VAN KEER K, DE BOEVER P, STALMANS I - Leuven, Mol

15:04 Optical coherence tomography angiography suggests size of the foveal avascular zone to be associated with physical fitness
NELIS P, SCHMITZ B, ALNAWAISEH M, MüLLER V, MIHAILOVIC N, TEN TUSSCHER M, ALTEN F - Muenster, Brussels



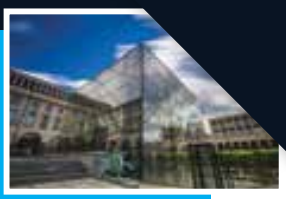
Wednesday, 14:00 - 15:30 — The Arc

AOB Free Papers - abstracts p83

15:12 OCT angiography of the retina detects a difference in peripapillary vessel density between dark and light adaptation
NELIS P, MüLLER V, ALNAWAISEH M, MIHAILOVIC N, ETER N, TEN TUSSCHER M - Muenster, Brussels

15:17 OCT Angiography reveals a non-flow area enlargement in the choriocapillaris with increasing age
NELIS P, MüLLER V, MIHAILOVIC N, ETER N, TEN TUSSCHER M, ALNAWAISEH M - Muenster, Brussels

15:22 End of session



Wednesday, 16:00 - 17:30

The Arc

Eye, History and Art - abstract p79

Moderator: Frank Jozef GOES

Victor Deneffe

Hilaire-Germain-Edgar DEGAS

16:00 Introduction by Frank GOES

16:05 Entre quat z'yeux
DEHON P

16:15 De relaties tussen het Deutsche Ophthalmogische Gesellschaft en La Société Belge d' Ophtalmologie na de twee wereldoorlogen
DE SUTTER E

16:25 Victor Deneffe: ophthalmologist, historian, collector and social activist. A picture of the second professor of Ophthalmology at the Gent University
DE LAEY J J

16:35 Waardenburg-a case study
DE HAUWERE B

16:45 Ernst FUCHS
SCHMIDT-WYKLICKY G - Vienna, Austria

16:55 L'histoire de la cataracte
DESJARDINS E - Paris, France

17:05 The mysterious eye disease of Hilaire-Germain-Edgar DEGAS
GOES F

17:15 Prof dr G.M. Bleeker and the development of the Orbital Center from 1962-1982
DE KEIZER RJW - Antwerpen

17:25 The very long quest for the human ocular accommodation mechanism
DE JONG PTVM - Amsterdam, The Netherlands

17:35 End of session


OB2018
Ophthalmologica Belgica
November 21-23

Thursday
November 22

BRS

Belgian Retina Society

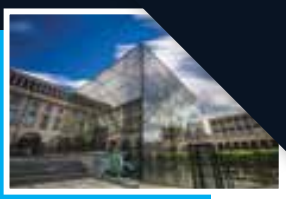
Thursday, 09:00 - 10:30 **Copper Hall**

FAB case presentations

Moderators: Julie DE ZAEYTIJD, Laurence POSTELMANS

09:00 FAB case presentation

10:30 Break



Thursday, 11:00 - 12:30 — Copper Hall

BRS session - abstracts p80

Moderators: Werner DIRVEN, Alexandra KOZYREFF

11:00 Invited lecture : The potential for cellular therapies for macular degeneration
STEEL D - Newcastle

What's up in RETINALAND

11:30 First Belgian Argus II retinal prosthesis implantation and rehabilitation: Six-month outcomes
NERINCKX F, VAN CAUWENBERGH C, SPIELBERG L, JONIAU I, WOUTERS L, LEROY BP - Gent

11:42 Results of RPE translocation for complicated AMD: the good, the bad and the ugly
VECKENEER M

11:54 Gene replacement therapy in Belgium
LEROY BP, DE ZAEYTIJD J

12:06 Navigated retinal laser (Navilas®) has arrived in CHU Brugmann- how can it help patients and ophthalmologists?
DRAGANOVA D, POSTELMANS L - Brussels

12:18 Update on indication and availability of biological agents for ophthalmological disease in Belgium
WILLERMAIN F

12:30 Lunchbreak

BGS

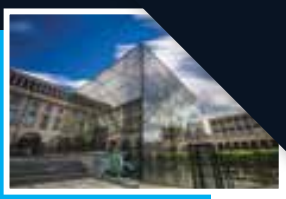
Belgian Glaucoma Society

Thursday, 09:00 - 12:30 **Silver Hall**

New Insights in Glaucoma - abstracts p81-82

Moderator: Thierry ZEYEN

09:00	Welcome	
09:10	New Therapeutics and Delivery Systems on the Horizon	*POURJAVAN S - Brussels*
09:30	Best Approach to Diagnosing Early Glaucoma	*STEVENS AM - Deinze*
09:50	Best Approach to Diagnosing Glaucoma Progression	*HONDEGHEM K - Antwerpen*
10:10	Uveitic and Steroid glaucoma: diagnosis and management	*KESTELYN P - Gent*
10:30	Break	
11:00	Update in Tonometry	*KIEKENS S, COLLIGNON N - Edegem, Liège*
11:30	Can MIGS replace trabeculectomy?	*STALMANS I - Leuven*
11:50	Case-reports organised by Veva De Groot	
12:30	End of session	



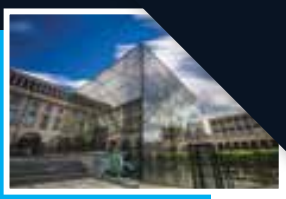
Thursday, 09:00 - 12:30 — The Arc

Common eye problems in children

Moderator: Patricia DELBEKE

09:00	Welcome and Introduction	
09:05	Watering eye	*LASUDRY J, LIBERT S*
09:25	Functional visual loss	*CASTEELS I*
09:50	Acute visual loss	*BOSCHI A*
10:10	Headache and Migraine	*HOOGWIJS I*
10:35	Break	
11:15	Invited lecturer : Lumps and Bumps in infants and small children	*TAYLOR D - London*
12:30	End of session	


Posterior Uveal Melanoma
Does tumor growth imply malignant transformation ?
• Choroidal nevi can grow slowly
• Benign growth = 0.5 mm in 8 years
• ↗ 0.3 mm in thickness
• ↗ 0.5 mm in diameter



Thursday, 12:30 - 13:00

Speakers' corner

AOB Rapid Fire session 2 - abstracts p90-91

Moderators: Guy SALLET, Paulina BARTOSZEK

12:30 The value of non-mydriatic fundus camera screening for diabetic retinopathy among type 1 and type 2 diabetic patients: hospital-based study.
ALSALEM R, ALAGEEL M, AL ADEL F, YASLAM M, YOUSSEF A, AL-RUBEAAN K - Riyadh

12:35 Visual electrophysiological assessment in birdshot chorioretinitis treated with anti-TNF-α
CLAEYS M, SYS C, NEU F, LEROY BP, DE SCHRYVER I - Ghent

12:40 Clinical characteristics and complications in intermediate uveitis: analysis of 15-years experience in a tertiary center for uveitis in Belgium
TACK M, VANCLOOSTER A, SYS C, LEROY BP, DE SCHRYVER I - Gent

12:45 New insight in peripapillary intrachoroidal cavitation
EHONGO A, LE ROUX P, RASQUIN F - Bruxelles

12:50 FAST® questionnaire: a short and effective tool to assess OSD in glaucoma patients
STALMANS I, THE BELGIAN FAST STUDY GROUP, BAUDOUIN C - Leuven, , Parijs

12:55 Management of aphakic glaucoma following congenital cataract surgery
LEMMENS S, BARBOSA-BREDA J, VAN KEER K, STALMANS I - Leuven, Porto

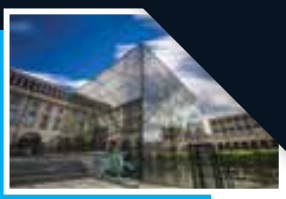
BRS

Belgian Retina Society

Thursday, 14:00 - 15:30 **Copper Hall**

BRS - BIO session

14:00	Invited lecture : Ocular Toxoplasmosis - 10 key questions *BREZIN AM - Paris*
14:30	BIO case presentations *Moderated by Luc VAN OS and François WILLERMAIN*
15:30	Break



Thursday, 16:00 - 17:30 Copper Hall

BRS - REBEL session

Moderators: Marc VECKENEER

Panel: Marc VECKENEER, David STEEL, Leigh SPIELBERG, Fanny NERINCKX, Ernesto BALI, Jozef DEPLA

16:00 Does Size Matter? Current Armamentarium in the Treatment of Submacular Hemorrhage
DEPLA J

16:15 VMT & Acquired Vitelliform Lesions: Operate or Not?
RUYS J

16:30 Anomalous Posterior Vitreous Detachment: Facts & Figures
WILLEKENS K

16:45 Glued IOL with the New Carlevale Lens
PION B

17:00 Trauma: Even the Worst cases have a Chance
BALI E

17:15 Conclusions

17:30 End of session

BSOPRS

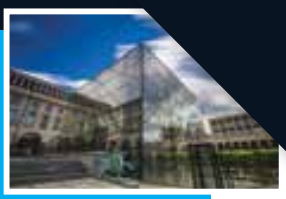
Belgian Society of Ophthalmic Plastic and Reconstructive Surgery

Thursday, 14:00 - 17:05 **Silver Hall**

Rubor, calor, dolor, tumor, what should you do ....

Moderators: Veva DE GROOT, Paul JONCKHEERE, Sylvie VANDELANOTTE

14:00	Welcome
14:05	Dacryocystitis *HELSEN S*
14:25	Dacryoadenitis *DE ZANET M*
14:45	Immortal Idiopathic Orbital Inflammation *MOMBAERTS I*
15:15	Break
15:45	Eyelid edema *CAEN S*
16:05	Graves orbitopathy *DE GROOT V*
16:25	Orbital infections *XHAUFLAIRE G*
16:45	Orbital tumors *LASUDRY J*
17:05	End of session



Thursday, 14:00 - 17:45 — The Arc

Neurovisual disorders in children

Moderators: Patricia DELBEKE, Alain BAUWENS

14:00 What are neurovisual disorders? Ophthalmological examination and therapy
CASSIMAN C - Leuven

14:30 Protocol for the assessment of children with Cerebral Visual Impairment and Low Vision (project supported by the European Commission, Erasmus)
KESTENS C, BRAGARD A- Brussels, Ottignies

15:15 The orthoptic neurovisual assessment in specific learning disorders
MAILLET F - Toulouse

16:00 Break

16:30 Visual field disorders and neglects in children
COECKELBERGH T - Antwerp

17:00 Multidisciplinary assessment of CVI
KESTENS C, BENI K - Ottingies

17:15 CVI cases
DELBEKE P, HOOGMARTENS L - Gent, Brugge

17:30 Simultaneous Anagnosia and Prosopagnosia
STREEL C - Liège

17:45 End of session

Thursday, 14:00 - 15:30 ICC Room

Diagnosis of Albinism revisited

Moderators: Meindert Jan DE VRIES, Marie-José TASSIGNON

14:00 Introduction by MJ Tassignon

14:10 History of albinism from a phenotypic and genotypic perspective
DE VRIES MJ

14:25 The broad phenotypic spectrum of albinism and criteria for the clinical diagnosis
VAN GENDEREN MM

14:40 Measurement of VEP-misrouting
COECKELBERGH T

14:55 Discussion

15:10 Née blanche de parents noirs
MOKTO A

15:25 Conclusions

15:30 End of session

OB 2018 Congress Dinner

NOVEMBER 22

MAISON GRAND PLACE BRUSSELS - 19:30 - 23:00

REGISTRATION REQUIRED

Friday
November 23

BSCRS

Belgian Society of Cataract and Refractive Surgeons

Friday, 09:00 - 10:55 — Gold Hall

Refractive pearls for the cataract surgeon

Moderators: Johan BLANCKAERT, Benjamin D'HEER

09:00 Welcome speech by the president of the society, Johan Blanckaert

09:10 Patient Information
D'HEER B

09:25 Preoperatieve evaluation of astigmatism
VAN CAUWENBERGE F

09:40 Biometric outlyers
TASSIGNON MJ

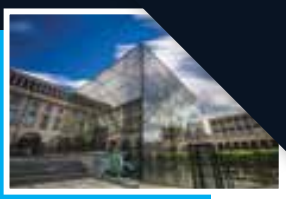
09:55 Cataract surgery after RK
AL SABAI N

10:10 Cataract surgery after Excimer treatment
BLANCKAERT J

10:25 Choosing the right lens
SALLET G

10:40 Topography and Corneal surface
KOPPEN C

10:55 Coffee and meeting with the industry



Friday, 11:00 - 12:40

Gold Hall

Refractive pearls for the cataract surgeon

Moderators: Guy SALLET, Peter EVENS

11:25	Tools to improve the results	*TASSIGNON MJ*
11:40	Laser enhancement after cataract surgery	*EVENS P*
11:55	The good, the bad, and the ugly	*RAKIC JM*
12:10	The unhappy postop patient	*NI DHUBHGHAILL S*
12:25	Round Table session with the speakers	
12:40	End of session	

BSA

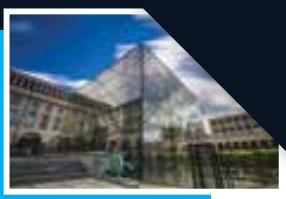
Belgian Strabismological Association

Friday, 09:00 - 12:15 **The Arc**

When strabismus hides something else !

Moderators: Catherine CASSIMAN, Sandrine DE TEMMERMAN

09:00	Introduction by Demet YUKSEL, president BSA	
09:05	Visual deprivation causing strabismus *DE TEMMERMAN S*	
09:20	Strabismus with underlying neurovisual deficit *CASSIMAN C*	
09:40	Discussion	
09:50	Invited lecture : Oculomotor palsies in children: from strabismus to MRI *ROBERT MP*	
10:30	Break	
11:00	Oculomotor disorders masking cerebral tumor in children *GHION G, YUKSEL D*	
11:20	What a fundus examination can reveal *DE POTTER P, BARTOSZEK P*	
11:40	Strabismus as part of hereditary diseases *POSTOLACHE L*	
12:00	Discussion	
12:15	End of session	



Friday, 12:30 - 13:00

The Arc

Award Ceremony

Moderator: Emmanuel VAN ACKER

AOB Poster Prize 2018

presented by Guy SALLET, OB programme secretary

- Overall best poster = 300 EUR
- Best resident poster (minus 35 Y) = 500 EUR = travel support EVER 2019

BGS Poster Prizes 2018

Presented by the Belgian Glaucoma Society

- 1st prize: 250 EUR
- 2nd prize: 150 EUR
- 3rd prize: 100 EUR

Ethics & Economics

Friday, 14:00 - 15:30 — Gold Hall

Actualité brûlante en ophtalmologie – Brandend actuele topics in oftalmologie: How not to burn your fingers

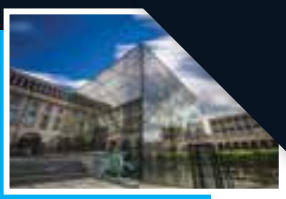
Moderators: François HAUSTRATE, Marnix CLAEYS

14:00 OBPC –BVVB : Entre vous et nous c'est bien plus qu'une histoire de loupe/ Blinden en slechtzienden: revalidatiecentra zijn de goede keuze.
KESTENS K, BUYCK A

14:30 Inleiding tot de vernieuwde medische deontologie
GOFFIN T

15:00 Les bases légales de la GDPR applicables à la pratique médicale
ISGOUR M

15:30 Break



Ethics & Economics

Friday, 16:00 - 17:30 — Gold Hall

Actualité brûlante en ophtalmologie – Brandend actuele topics in oftalmologie: How not to burn your fingers

Moderators: François HAUSTRATE, Oscar Jr. KALLAY

16:00 OCT nomenclatuur en terugbetalingen door het RIZIV : Historiek van een moeilijke bevalling
CLAEYS M

16:20 Voorontwerp van WET inzake kwaliteitsvolle praktijkvoering: Welke verrassingen heeft de minister nog in petto?
BLANCKAERT J

16:40 Optométrie : quelle volonté a la Ministre de la Santé ?
KALLAY O

17:00 Gebruik van syndicale oftalmologische nomenclatuur : Do and don'ts
VAN BLADEL P

17:20 Conclusions

17:30 End of session

e-Posters

AOB e-Posters

Academia Ophthalmologica Belgica

Permanent in exhibition

AOB e-Posters - abstracts p83-91

OCT Angiography reveals a non-flow area enlargement in the choriocapillaris with increasing age
NELIS P, MüLLER V, MIHAILOVIC N, ETER N, TEN TUSSCHER M, ALNAWAISEH M - Muenster, Brussels,

OCT angiography of the retina detects a difference in peripapillary vessel density between dark and light adaptation.
NELIS P, MüLLER V, ALNAWAISEH M, MIHAILOVIC N, ETER N, TEN TUSSCHER M - Muenster, Brussels,

General shape of the optic disc in high myopic glaucomatous patients undergoing trabeculectomy
DUGAUQUIER A, EHONGO A, ALAOUI MHAMMEDI Y - Bruxelles, Bruxelles, Bruxelles

Retinopathy of Prematurity in Rwanda: setting up a screening system.
DE SMEDT S, MUDEREVA G, CASTEELS I - Mechelen, Kigali, Rwanda, Leuven

Exudative type 3 retinal arteriovenous malformation in a pediatric patient
DENS H, CASTEELS I - Leuven

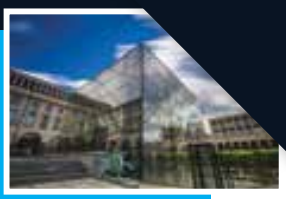
Multimodal imaging of choroidal nodules in neurofibromatosis type 1 (nf 1) : case report
KAZEMI G, POSTELMANS L - Bruxelles

Re-activation of toxoplasmosis post-steroid treatment of ocular tuberculosis – a case report
JAMALL O, ALMEIDA G, KERWAT D - Maidstone

Optic nerve metastases from rectal adenocarcinoma – a case report
JAMALL O, BATES A, VERITY D, AMIN S - Maidstone, London

Microsphérophakie et mutation du gène ADCYAP1: à propos d'un cas
COLARD S, EHONGO A, CORDONNIER M - Anderlecht

Bacterial Profile and Antibiotic Susceptibility Pattern of Bacterial Keratitis at Tertiary Hospital in Riyadh
ALKAFF A, ALMIZEL A, ALSALEH A, ALSUHAIBANI F, ALMANSOURI S - Riyadh



Permanent in exhibition

AOB e-Posters - abstracts p83-91

Truncations of mini-sclera lenses in case of conjunctival lesions
VANSCHOENWINKEL G, KOPPEN C, SAELENS IEY - Diepenbeek, Antwerp, Maastricht

Kyste primaire du stroma irien chez une patiente de 68 ans. A propos d'un cas.
ALAOUI MHAMMEDI AMY - Bruxelles

Branch retinal arterial occlusion with associated paracentral acute middle maculopathy during first trimester pregnancy: a case report
STOCKMAN AC, JACOB J, LEYS A - Leuven

Wells syndrome as a rare cause of unilateral ptosis
JANSSEN C, LAUWERS N, LEYSEN I, DE KEIZER RJW

Bilateral vitreous hemorrhage in a neonate with galactosemia: a rare complication with severe implications
VAN NUFFEL S, DE VILDER EYG, VERLOO P, NERINCKX F, DELBEKE P - Gent, Brugge

Treatment-resistant papilledema associated with high methionine levels and betaine therapy in a boy with homocystinuria
NEVEN L, CASSIMAN C, CASTEELS I - Leuven

Vogt Koyanagi Harada disease complicated by tuberculosis reactivation and occlusive vasculitis in a young man: about a challenging case.
BOUTERFA Z, KOZYREFF A, YILDIZ H, YOMBI J - Bruxelles

Kissing choroids following Xen® gel stent implantation
DAM J, MELARD JC, VANDEWALLE E, STALMANS I, STALMANS P - Ottignies

Visual rehabilitation using a scleral contact lens following cultivated limbal stem cell transplantation.
BALLET B, BEHAEGEL J, NI DHUBHGHAILL S - Antwerpen, Brussel

AOB e-Posters

Academia Ophthalmologica Belgica

Permanent in exhibition

AOB e-Posters - abstracts p83-91

Alport syndrome: The ophtalmologists' role
VAN AERSCHOT J, JACOB J, LEYS A, CASTEELS I - Leuven

Nonglaucomatous optic nerve atrophy
KAIMBO WA KAIMBO D - Kinshasa

Retinal vasculitis: a challenging case
JADNANANSING A, TERRYN W, STOCKMAN A, DE SCHRYVER I - Ghent, Ieper, Roeselare

Surgical Management of Post- Descemet Stripping Automated Endothelial Keratoplasty Interface Haze – Deposits
SAFI AS, VOULGARI NV, KONTADAKIS GK, MIKROPOULOS DM, PETROVIC AP, DROUTSAS KD, KYMIONIS GK - Lausanne, Heraklion, Thessaloniki, Athens

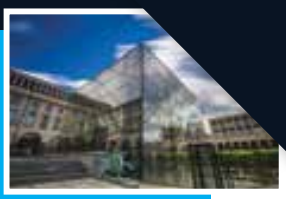
Evaluation of the added Value and the impact of pAtient information on the patient knowledge in glaucoma
LEFLOT M, COLLIGNON N - Liège

Torpedo Maculopathy - A Case Series: Insights into Basic Pathology
KERWAT D, JAMALL O, ALMEIDA GCM - Maidstone

Conjunctival papillomatous laesions : the same clinical aspect for different diagnosis
LAUWERS N, DE GROOT V, PAUWELS P, DE KEIZER RJW - Edegem

Acanthamoeba keratitis in the Antwerp University Hospital: a review of diagnosis, follow-up and clinical outcomes.
CHIAIRI I, BEHAEGEL J - Antwerp

Outcomes of allogenic cultivated limbal epithelial stem cells in aniridia patients
BEHAEGEL JB, CARINA KOPPEN CK, NADIA ZAKARIA NZ, TASSIGNON MJT, SORCHA Ní DHUBHGHAILL SND - Edegem



Permanent in exhibition

AOB e-Posters - abstracts p83-91

FAST® questionnaire: a short and effective tool to assess OSD in glaucoma patients
STALMANS I, THE BELGIAN FAST STUDY GROUP, BAUDOUIN C - Leuven, , Parijs

The value of non-mydriatic fundus camera screening for diabetic retinopathy among type 1 and type 2 diabetic patients: hospital-based study.
ALSALEM R, ALAGEEL M, AL ADEL F, YASLAM M, YOUSSEF A, AL-RUBEAAN K - Riyadh

Visual electrophysiological assessment in birdshot chorioretinitis treated with anti-TNF-α
CLAEYS M, SYS C, NEU F, LEROY BP, DE SCHRYVER I - Ghent

New insight in peripapillary intrachoroidal cavitation
EHONGO A, LE ROUX P, RASQUIN F - Bruxelles

Clinical characteristics and complications in intermediate uveitis: analysis of 15-years experience in a tertiary center for uveitis in Belgium
TACK M, VANCLOOSTER A, SYS C, LEROY BP, DE SCHRYVER I - Gent

Management of aphakic glaucoma following congenital cataract surgery
LEMMENS S, BARBOSA-BREDA J, VAN KEER K, STALMANS I - Leuven, Porto

Converting to topical anesthesia for Descemet's stripping automated endothelial keratoplasty
SAFI A, VOULGARI N, MILLIET N, HASHEMI K, PERRON Y, KYMIONIS G - Lausanne

Interactive Clinical Courses

Wednesday

09:00 - 10:30 **ICC 1 | BASIC** Silver Hall

Phaco for beginners (NL)

Guy SALLET, Frank jr. GOES

This course is a prerequisite to the wetlab. It will cover all steps to perform a normal phaco-emuslification procedure with implantation of an intra-ocular lens. Attention will be paid to anaesthesia, safe preparation of the operative field, different types of incisions, capsulorhexis, phaco-emulsification techniques, cortical removal and IOL-implantation. Tips and tricks will be shared as well as the handling of possible complications.

Is a mandatory ICC in preparation of Wetlab 4

09:00 - 10:30 **ICC 2 | BEGINNERS** The Arc

Phaco for beginners (FR)

Ru-Yin YEH

Basic knowledge about phacodynamics, tips and tricks to avoid the usual mistakes during the learning curve. Focus on divide and conquer for beginners. Management of complications.

Is a mandatory ICC in preparation of Wetlab 5

Wednesday

09:00 - 10:30 **ICC 3** Hall 300

Complicated phaco (NL)

Johan BLANCKAERT, Bernard HEINTZ, Marc HUYGENS

Is a mandatory ICC in preparation of Wetlab 2

14:00 - 15:30 **ICC 4** Hall 300

Complicated phaco (FR)

Emmanuel VAN ACKER, Marie - Béatrice DETRY

Is a mandatory ICC in preparation of Wetlab 3

16:00 - 17:30 **ICC 5 | BASIC-INTERMEDIATE** Hall 300

OCT and A-OCT

Edouard DUCHATEAU, Benedicte LOCHT

The importance of OCT and more particularly angio-OCT in everyday practice based on clinical cases.

Presentation : Dutch and French
Slides: English

Thursday

09:00 - 10:30 **ICC 6** | BASIC - INTERMEDIATE — Hall 300

Tropical eye diseases: Relevance in Belgium

Stefan DE SMEDT, Theophile TUYISABE

Because of increasing migration, tropical eye diseases are coming at your eye practice.
How will your Belgian practice manage tropical eye diseases?
This ICC will:

- help you updating your knowledge on basic eye care in migrant patients
- give tips and tricks from eye doctors with extensive experience in tropical settings

11:00 - 12:30 **ICC 7** — Hall 300

Iris and cornea sutures

Sabine BONNET, François-Xavier CRAHAY

Is a mandatory ICC in preparation of Wetlab 6

Thursday

14:00 - 15:30 **ICC 8** Hall 300

Micro-invasive glaucoma surgery (MIGS)

Ingeborg STALMANS, Sayeh POURJAVAN, Evelien VANDEWALLE

Is a mandatory ICC in preparation of Wetlab 7

16:00 - 17:30 **ICC 9 | INTERMEDIATE** Hall 300

Controversies in Refractive Surgery

Benoît GOLENVAUX, Benjamin D'HEER, Joaquin RIESTRA, Ru-Yin YEH

This course will provide pragmatic information on refractive surgery, with highlights on controversial situations and discussion points. Subjects covered include selection of candidates, surgical options & techniques, outcome of surgery, complications and retreatment. Clinical cases will be shared and discussed interactively with the audience. Essential theoretical background and clinical tips will be also provided to attendants.

Friday

09:00 - 10:30 **ICC 10** Hall 300

Ocular oncology - slideshow of fundus lesions

Patrick DE POTTER, Paulina BARTOSZEK

11:00 - 12:30 **ICC 11 | BASIC** Hall 300

When to operate and when not to operate in vitreoretinal surgery? Guidelines for Efficient Referrals

Eric FERON, Fabrice KORCZEWSKI, Leigh SPIELBERG

14:00 - 15:30 **ICC 12** Hall 300

Infectious uveitis - tips and pitfalls

Alexandra KOZYREFF, Dorine MAKHOUL, Pieter-Paul SCHAUWVLIEGHE

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Wetlabs

Wednesday

14:00 - 15:30 **Wetlab 2** Copper Foyer

Complicated phaco (NL)

Johan BLANCKAERT, Bernard HEINTZ, Marc HUYGENS

16:00 - 17:30 **Wetlab 3** Copper Foyer

Complicated phaco (FR)

Emmanuel VAN ACKER, Marie - Béatrice DETRY

09:00 - 12:30 **Wetlab 8** Wetlab Hall

Sutures and eyelidsurgery on an animal model I - BSOPRS

Sylvie Vandelanotte, Maud De Zanet, Noemie Lauwers, Inge Leysen, Philippe Betz

14:00 - 17:30 **Wetlab 9** Wetlab Hall

Sutures and eyelidsurgery on an animal model II - BSOPRS

Sylvie Vandelanotte, Maud De Zanet, Noemie Lauwers, Inge Leysen, Philippe Betz


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Thursday

09:00 - 12:30 **Wetlab 4** Copper Foyer

Phaco for beginners (NL)

Guy SALLET, Frank jr. GOES

11:00 - 12:30 **Wetlab 5** Copper Foyer

Phaco for beginners (FR)

Ru-Yin YEH, Silvia MENDES, François-Xavier CRAHAY, Matthieu TERLINCHAMP

Divide and conquer step by step, tips and tricks for beginners

14:00 - 15:30 **Wetlab 6** Copper Foyer

Iris and cornea sutures

Sabine BONNET, François-Xavier CRAHAY

16:00 - 17:30 **Wetlab 7** Copper Foyer

Micro-invasive glaucoma surgery (MIGS)

Ingeborg STALMANS, Sayeh POURJAVAN, Evelien VANDEWALLE

Abstracts

Amblyopia with eccentric fixation: Is inverse occlusion still an option?

GODTS DJM

Afdeling Oogheelkunde, Universitair Ziekenhuis Antwerpen, Edegem

purpose To present a treatment protocol for patients with amblyopia and eccentric fixation who do not respond to conventional occlusion therapy.

methods In this consecutive case series 11 patients were included (age 3.5 to 5.0), all with mixed amblyopia and eccentric fixation, who had only minor improvement of their visual acuity (VA) despite good compliance after 6 hours/day to full-time occlusion of the dominant eye for at least 6 months (VA ranged from 6/120 to 6/15). Total inverse occlusion of the amblyopic eye was done for 4 to 8 weeks to convert the steady eccentric fixation into wandering fixation. No binocular viewing was allowed. Once the fixation became wandering, the dominant eye was occluded day and night and in most patients a red filter was placed before the amblyopic eye to stimulate foveal fixation. In 9 patients the fixation became central and occlusion of the dominant eye was continued without red filter. All children continued full-time occlusion until no further improvement of VA was noticed after 2 consecutive visits despite good compliance.

results In 9 children the VA improved to at least 6/9.5 in the amblyopic eye, the VA of the dominant eye did not change.

conclusion Inverse occlusion is still a valuable option if conventional occlusion appears to be insufficient to improve VA in amblyopic eyes with eccentric fixation. Full-time inverse occlusion should be done until the eccentric point loses fixation and should be followed again with full-time occlusion of the dominant eye. Placing a red filter before the amblyopic eye may be helpful to stimulate foveal fixation.

Analysis of a particular kind of central serous chorioretinopathy characterised by a leopard-spot pattern aspect in transplanted patients on long-term steroid treatment

NEGAHBAN N, VAN BOL L, AMRO M, RASQUIN F

Erasme, Bruxelles

purpose The purpose of our study is to analyse the rate of appearance of a leopard-spot pattern in transplanted patients with steroid-induced central serous chorioretinopathy (CSC) and to analyze this pattern with multimodal imaging.

methods We carried out a prospective, monocentric and interventional study on patients with heart, lung or kidney transplant and who have been treated with corticosteroid for at least 3 years. Best corrected visual acuity (BCVA), color fundus photographs, fundus autofluorescence (FAF), spectral domain optical coherence tomography (SD-OCT) and a measure of subfoveal choroidal thickness were performed. If CSC was suspected, an additional fluorescein (FA) and indocyanine green angiography (ICGA) was performed.

results Among the 53 patients included in this study, four patients were diagnosed with CSC. Three had a "classic" form of CSC and only one showed a leopard-spot pattern. We then associated this case with three other patients who have been previously diagnosed with chronic CSC and who showed the same kind of pattern. All cases showed a peculiar leopard-spot appearance on FAF and FA. In contrast to typical CSC, these cases did not demonstrate the typical features of hyperpermeability on ICGA and had normal choroidal thickness.

conclusion Given the fact that the management and prognosis of CSC are totally different from those of an intra-ocular lymphoma, it is fundamental that chronic CSC is recognized as a new differential diagnosis of "leopard-spot pattern" observed on fundoscopy.

Diabetic retinopathy: New treatment paradigms

FASOLINO G, APPELTANS A, TEN TUSSCHER M, CORNELISSEN P

UZBrussel, Brussel

purpose Diabetic retinopathy (DR) is the leading cause of vision loss in the population between 20 and 60 years old. Among these patients, visual impairment is often due to diabetic macular edema (DME). This paper summarizes data from clinical trials that investigated anti-VEGF, for the management of DME and evaluates their impact on clinical practice.

methods Data from diabetic retinopathy clinical research network,search from 2013 onwards, concerning the use of laser, anti-VEGF and steroids in the management of DME were summarized.

results Laser treatment alone has a lower efficacy if compared with anti-VEGF therapy, but may reduce the number of injection. With anti-VEGF treatment visual acuity may improve and retinal thickness diminishes. Steroids are nearly as efficient as anti-VEGF in reducing macular edema but give rise to side effects like cataract and ocular hypertension. The use of steroids in combination with anti-VEGF seems no better than either one alone.

conclusion Anti-VEGF treatment may be indicated if the initial visual acuity is better than 20/200 with an average loading phase of 5 consecutive injections. In a visual acuity less than 20/50 aflibercept was proven most effective. Laser treatment may still be considered in vasogenic subforms of ischemic diabetic macular edema or DME with a central retinal thickness less than 300µm. Corticosteroids are more suitable as a second line therapy, indicated in anti-VEGF non responders,or as first choice in cardiovascular compromised patients. Among eyes with proliferative diabetic retinopathy visual acuity with anti-VEGF was found to be no less than after laser treatment.

Follow-up of uveitis patients treated with anti-TNFα and causes of treatment withdrawal

LE A, WILLERMAIN F, ET AL

Réseau IRIS, Bruxelles

purpose To study the efficiency of anti-TNF among a cohort of non-infectious uveitis patients. Likewise,to analyze the therapeutic options in patients resistant to anti-TNF and their clinical evolution after treatment switch.

methods Multicenter, retrospective study. We included all anti-TNF treated patients seen in the department of ophthalmology of Iris network with non-infectious uveitis. Anti-TNF efficiency was evaluated by clinical inflammatory parameters (visual acuity, anterior chamber cells, vitritis, macular edema, choroiditis, retinitis) and the reduction of the corticosteroid and immunosuppressive drugs doses, over 6 months. In the patients where anti-TNF was stopped, the same parameters were analyzed after drug withdrawal.

results 28 patients were included. In all of them, anti-TNF was introduced in the setting of active disease resistant to conventional therapy. 21 patients responded well to the treatment. Anti-TNF was stopped in 7 patients for: lack of efficacy, loss of efficacy, side effects and healed disease. Tocilizumab was given as an alternative treatment to 5 patients. Before Tocilizumab, the mean central foveal thickness was 384±109µm and decreased to 298±42µm (p=0.02) at month 3; mean logMAR best-corrected visual acuity was 0.17±0.21 then 0.08±0.09 at month 3 (p=0.29). After 3 months, in tocilizumab patients, all inflammatory parameters were improved and immunosuppressive drugs doses were reduced.

conclusion The study confirmed that anti-TNF therapy is efficient in patients with sight-threatening uveitis resistant to conventional immunomodulatory therapy. Lack or loss of efficacy was the main reason for treatment withdrawal. In those patients, shifting to Tocilizumab seems a promising option.

Ruthenium brachytherapy in conjunctival melanoma

VAN RENTERGHEM V (1), MISSOTTEN GUY G (2)

(1) KULeuven, dept ophthalmology, Leuven

(2) KULeuven, dept ophthalmology - Jessa Hospital Hasselt, dept ophthalmology, Hasselt - Leuven

purpose In 2018, ruthenium brachytherapy, a beta-emitter, was introduced at the department of ophthalmology in Leuven. With this presentation we will illustrate and review the results with ruthenium brachytherapy.

methods Case review and literature study. Ruthenium brachytherapy is applied after excision of the conjunctival melanoma, and calculated to deliver a dose of 100 Gy at 1 mm depth.

results In 4 patients (aged 10 to 82 years) with conjunctival melanoma, ruthenium brachytherapy was used as an adjuvant therapy. The application of the ruthenium plaque lasted for 6,8 or 9 hours.Irritation and dry eye feeling was limited to he first month after application. In the limited follow-up no recurrence was seen, nor any irradiation side effect.

conclusion With the introduction of ruthenium brachytherapy we have a safe therapy for the adjuvant treatment of bulbar conjunctival melanomas. A research of the literature shows that adjuvant therapy in conjunctival melanomas is important in reducing the number of recurrences, and tends to result in a better survival.

Peripapillary and Macular Neurovascular Coupling in Dominant Optic Atrophy

MARQUES JP

CHUC, Coimbra

purpose Neurodegeneration is part of Dominant Optic Atrophy (DOA).We aim to evaluate the macular and peripapillary neurovascular coupling in DOA, using coherence tomography (OCT) and OCT angiography (OCTA).

methods Prospectively-defined, cross-sectional case-control study. Consecutive patients with a clinical and/or genetic diagnosis of DOA along with age and sex-matched controls were included. The radial peripapillary capillary (RPC) density and vessel density (VD) in the parafoveal superficial and deep capillary plexuses (SCP and DCP, respectively) were evaluated with OCTA. The ganglion cell complex (GCC) and retinal nerve fiber layer (RNFL) thickness were determined using structural OCT. We applied a previously validated customized macro (Fiji, SciJava Consortium) to compute RPC density. The remaining parameters were calculated by the built-in software. Non-parametric methods were used for data analysis. The target alpha level was 0.05, which was adjusted through Bonferroni's correction when multiple outcomes were tested.

results Fifty-eight eyes (n=29 control; n=29 DOA) from 30 subjects (mean age 42.43±15.30 years; 37.93% male) were included. Parafoveal SCP VD, GCC thickness, temporal quadrant of RPC and nasal and temporal quadrants of RNFL were decreased in DOA eyes (all $p<0.001$). In the DOA group, RPC (annular and temporal quadrant) negatively correlated with RNFL thickness (temporal and nasal quadrants), respectively. The GCC:Parafoveal SCP ratio was increased in DOA, relatively to matched controls. In contrast, the temporal RNFL:RPC ratio was decreased in DOA eyes.

conclusion Both microvascular and structural peripapillary damage were found in DOA but measures of neurovascular coupling suggest that such changes may occur differently for the macula and peripapillary regions.

First year Experience with Ruthenium Brachytherapy in ocular melanoma @ UZLeuven.

MISSOTTEN GS (1), VAN GINDERDEUREN R (2), VAN LIMBERGEN E (3), VAN CALSTER J (1)

(1) Dept Ophthalmology, Catholic University Hospitals Leuven, Leuven

(2) Dept Ophthalmology and Anatomopathology, Catholic University Hospitals Leuven, Leuven

(3) Dept Radiotherapy, Catholic University Hospitals Leuven, Leuven

purpose To evaluate the procedure and technique for ruthenium brachytherapy in ocular melanoma patients after the introduction in a tertiary care centre in February 2018.

methods Retrospective analysis of our database and review of the detailed literature on ruthenium brachytherapy in ocular melanoma. Our department has tree ruthenium plaques (CCA, CCB and COB) that can be applied for different tumour sizes.

results Between February and September 2018, 20 patients were treated with ruthenium brachytherapy: 4 conjunctival melanomas, 1 iris melanoma and 15 uveal melanomas. Application time differs from 6.8 to 226.1 hours, for a top dose of 100 Gy. In one patient a temporary vitreous haemorrhage occurred after the application (juxtapapillary tumour). In 2 patients a diplopia was found up to 1 month after the application. Taking into account the limited follow-up, no recurrences occurred.

conclusion Ruthenium brachytherapy is a good and safe procedure for the treatment of ocular melanoma.

Fractal dimension of the retinal vasculature: age-related evolution in the general population

LEMMENS S (1), LANDTMETERS C (2), PEETERS R (2), SIMONS AS (2), VERCAUTEREN J (2), VAN KEER K (1), DE BOEVER P (3), STALMANS I (1)

(1) KU Leuven, UZ Leuven, Leuven

(2) KU Leuven, Leuven

(3) VITO, Mol

purpose To investigate the age-related evolution of the fractal dimension (FD) of the retinal vascular network in a large cohort of healthy individuals with a wide age range.

methods A total of 838 disc-centered fundus images of 838 individuals (53% female and 47% male) were collected, aiming at approximately 100 subjects in every 10-year age group between 0 and 99 years. IFLEXIS, software for semi-automated retinal vessel analysis, was used for vessel segmentation and retinal vascular fractal analysis, using the box counting method. The region of interest (ROI) was the annulus between 1.5 and 5 times the radius of the optic disc, centered on the optic disc.

results A mean FD of 1.399 (± 0.038) was observed. A decreasing FD of the retinal vasculature was observed with aging , which was statistically significant ($p < 0,0005$). The mean values (± SD) of the FD per age group were 1.452 (± 0.045) in 0-9 years old, 1.421 (± 0.041) in 10-19 years, 1.399 (± 0.031) in 20-29 years, 1.396 (± 0.029) in 30-39 years, 1.395 (± 0.032) in 40-49 years, 1.393 (± 0.031) in 50-59 years, 1.387 (± 0.031) in 60-69 years, 1.389 (± 0.031) in 70-79 years, 1.383 (± 0.031) in 80-89 years and 1.370 (± 0.025) in the 90-99 years age group. FD was not significantly correlated with gender.

conclusion This study demonstrates that the retinal vasculature undergoes age-related rarefaction with age, which is already detectable at a young age.

Optical coherence tomography angiography suggests size of the foveal avascular zone to be associated with physical fitness

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(3) UZB (VUB), Brussels

purpose To evaluate if individual physical fitness affects optical coherence tomography angiography (OCTA) measurements of ocular perfusion.

methods Sixty-five healthy participants (age 21.7 ± 2.2 years) performed a standardized incremental continuous running test to determine their physical fitness defined as (I) individual anaerobic threshold (IAT, running speed at baseline blood lactate + 1.5 mmol/l) and (II) maximal exercise capacity (maximal running speed, Vmax). Foveal avascular zone size (FAZ) and macular full-thickness flow density (FDM) were evaluated using OCTA, as was FD in the radial peripapillary capillary layer of the peripapillary region (FDrPP), and decorrelation signal index in the choriocapillaris (CCDI).

results An inverse correlation between Vmax and FAZ ($r = -0.297$, $p = 0.018$) was detected. FDM, FDrPP and CCDI did not show any correlations with physical fitness parameters.

conclusion OCTA FAZ measurements are associated with individual physical fitness in young healthy adults.

Prof dr G.M. Bleeker and the development of the Orbital Center from 1962-1982

DE KEIZER RJW

Prof dr RJW de Keizer MD Ph Em. prof LUMC/Prof. University Antwerp-UZA , Antwerpen

purpose Purpose : In a short historical overview the evolvement of the Orbital Center Univ. of Amsterdam, under guidance of prof. dr. G.M. Bleeker, will be presented.

methods Historical description: In the ophthalmic clinic of prof.dr.A. Hagendoorn a special X ray department was started by Gé Bleeker. He developed it to an orbital center, with as central theme a multidisciplinary approach, and with broad diagnostic and surgical skills.

results Importance of the lecture: The importance of the orbital team will be revealed, extirpated from own experiences and from National as International papers, congress books and journals and several founded societies.

conclusion voor sessie geschiedenis oogheelkunde van Dr Goes(mag ook voor sessie Orbita BSOPRS)

Abstracts BRS session

First Belgian Argus II retinal prosthesis implantation and rehabilitation: Six-month outcomes

NERINCKX F, VAN CAUWENBERGH C, SPIELBERG L, JONIAU I, WOUTERS L, LEROY BP

(1) UZ Gent, Gent

purpose To evaluate the surgical procedure & rehabilitation outcomes of the first Belgian Argus II Retinal Prosthesis System implantation in a blind patient with end-stage retinitis pigmentosa.

methods The patient (age 72 years) was selected after pre-operative retinal assessment, counselling, and management of expectations. Surgical procedure included suture of extraocular components onto the sclera, and coverage of the coil & antenna by a human scleral graft. A scleral graft was also sutured over the sclerotomy made to introduce the electrode array in the posterior segment . Tacking & positioning of the electrode array on the retina was monitored by intraoperative OCT. Monthly assessments included complete ophthalmic examination, OCT & fundus photography. Two weeks post-surgery, the device was activated. The patient underwent (n=11) rehabilitation and (n=10) orientation and mobility (O&M) sessions.

results No serious adverse events occurred. The distance between the electrode array & the retinal surface remained stable (175 µm). During rehabilitation, the patient mastered the micro-scanning technique (e.g. reading 5cm letters), and the macro-scanning technique (e.g. seeing doorframes). During O&M sessions, the patient could recognise highly-contrasting shapes (e.g. zebra crossing), and could cross the street .

conclusion No serious adverse events were seen during the six months after the implantation of the Argus II device. The implant is well tolerated and the electrode array remains stable on the retina . The patient's visual function has improved, permitting performance of several visual tasks and increasing autonomy both in- and outdoors.

Results of RPE translocation for complicated AMD: the good, the bad and the ugly

VECKENEER M

Since May 2015 the author has performed 44 cases of RPE translocation surgery to treat complicated age related macular degeneration. The indications for surgery have included large submacular hemorrhage, retinal pigment epithelial tear, fibrotic contraction of choroidal neovascularization (CNV) and high risk pigment epithelial detachment. Highly standardized surgical approach has yielded encouraging and reproducible results. Risk of severe visual loss after surgery is low and no case of PVR has been recorded to date. Nevertheless, complications such as hemorrhage and non-perfusion of the graft can limit the visual recovery after surgery. In addition, risk of recurrence of CNV necessitates long term follow-up.

Navigated retinal laser (Navilas®) has arrived in CHU Brugmann- how can it help patients and ophthalmologists?

DRAGANOVA D (1), POSTELMANS L (2)

(1) CHU Brugmann, CHU Saint Pierre, Brussels

(2) CHU Brugmann, Brussels

purpose Navigated retinal 577nm laser Navilas® uses eye-tracking laser delivery system that can overlay infrared (IR), OCT, fluorescein (FA) and indocyanin-green angiography (ICG) images onto a real-time fundus image. Treatment is mapped directly on the fundus image, or on its overlay with an IR/ FA/ ICG/ OCT image. Laser can be used with a standard mode or with a microsecond-pulsed (MSP) setting for sub-threshold treatments. Added values of Navilas® are: image-guided treatment planning, greater accuracy and speed, improved patient comfort, digital spot documentation, minimizing collateral damage. CHU Brugmann recently acquired this laser. Our purpose is to present an overview of Navilas® applications and to share our fresh experience with this laser.

methods Literature review on Navilas® applications was conducted. Case reports from our clinic will be presented.

results Navilas® can be used with standard and MSP parameters. Standard parameters are applied for panretinal and macular treatments. The advantages of Navilas® in this case are: less pain and greater speed for panretinal treatments, and greater precision and safety for macular treatments. MPS parameters are an emerging treatment option for macular edema of different origins: diabetes, branch retinal vein occlusion, central serous chorioretinopathy (CRSC), with the benefit of causing no collateral damage and the potential to reduce treatment burden of repeated intravitreal injections.

conclusion Navilas® is a patient-friendly laser that proposes several innovative features having the potential to affect indications for macular laser treatments. It does not replace a conventional laser and its exact clinical applications and laser settings need to be further evaluated.

Update on indication and availability of biological agents for ophthalmological disease in Belgium

WILLERMAIN F

Biological agents are more and more used to treat inflammatory ocular diseases. However their indication and reimbursement are strictly regulated. In this presentation those aspects of biological therapy will be detailled.

New Therapeutics and Delivery Systems on the Horizon

POURJAVAN S

Chirec Hospitals, site Delta, Brussels

purpose Reduction of the intraocular pressure in glaucoma is usually by using eye drops. This delivery method is pulsatile and have multiple limitations. Next to the drug-dependent bioavailability problems, there are various patient- dependent issues, and a true control of the doses of the delivered medication is very difficult. Therefore the real efficacy of the treatment is in each patient different.

methods There is a need for novel delivery systems to address the issue of ocular surface disease, compliance and adherence to ensure consistent reduction of IOP. These delivery systems include contact lenses-releasing glaucoma medications, injectables such as biodegradable micro- and nanoparticles, and surgically implanted systems. These new technologies are aimed at increasing clinical efficacy by offering multiple delivery options and are capable of managing IOP for several months.

results Most of these new delivery systems are in research or fase III studies. The long-term results are unkwon.

conclusion Interesting session to catch-up with new technoloies in drug delivery.

Best Approach to Diagnosing Early Glaucoma

STEVENS AM

Oogartsenpraktijk Deinze, Deinze

purpose How to detect early glaucoma, from technical possibilities to clinical relevance.

methods Presentation of selected clinical cases and recent literature to illustrate the contribution of functional and structural measurements to detect early glaucoma

results Information obtained by OCT (structure) and automated visual field testing (function) is not redundant but complementary.

conclusion Both OCT imaging and automated visual field testing are needed to detect early glaucoma. However, the clinical implications of the diagnosis of early glaucoma will depend on the patient's profile and to a certain extent on the testing strategy that generated the diagnosis.

Best Approach to Diagnosing Glaucoma Progression

HONDEGHEM K

ZNA Middelheim, Antwerpen

purpose Diagnosing glaucoma can sometimes be a problem, however diagnosing glaucoma progression remains one of the most challenging aspects of glaucoma management. We will discuss structural versus functional tools to diagnose glaucoma progression: which is the best method to use? how often should the tests be repeated? what is true progression and what is fluctuation? which rate of progression is alarming and clinically meaningful? and is there a correlation between structural and functional progression?

methods We will take a look at the current literature and discuss several clinical examples.

results We will try to summarize some take home messages concerning the best approach to diagnosing glaucoma progression in clinical practice.

conclusion Diagnosing glaucoma progression remains a difficult task, however there are several tools available to help us generate a better prognosis for our glaucoma patients.

Uveitic and Steroid glaucoma: diagnosis and management

KESTELYN P

University of Ghent, Gent

purpose To provide the audience with a clear understanding of the etiology, diagnosis and management of secondary glaucomas in patients with uveitis, which include entities caused by the uveitic disease as well as steroid-induced glaucoma

methods An approach to the diagnosis of uveitic glaucoma will be presented based on the literature and on personal experience. The role of recent imaging devices in the diagnosis of uveitic glaucomas will be illustrated (anterior chamber OCT, UBM, OCT of the NFL). The indications for medical and surgical treatment will be discussed as well as the choice of drugs and surgical procedures.

results Secondary glaucoma occurs in 20% of patients with chronic uveitis. The pathogenesis and the prevalence of secondary glaucoma depend on the etiology of the uveitis. Multiple mechanisms may co-exist (open-angle, closed-angle).

conclusion Secondary glaucoma in uveitis patients tends to occur at younger age often with high IOP, increasing the risk of early field and disc damage. Management requires a correct diagnosis of the uveitis entity and careful consideration of the mechanism(s) responsable for the secondary glaucoma. Adequate control of both IOP and inflammation is the key to success. Therefore a multi-disciplinary approach is advisable (glaucoma specialist, uveitis specialist, internist, pediatrician,…).

Update in Tonometry

KIEKENS S (1), COLLIGNON N (2)

(1) Antwerp University Hopsital, Edegem

(2) CHU Liège, Liège

purpose In glaucoma clinics, tonometry is one of the routine tests. Patients treatment has to be adapted and tailored according to a set target pressure.

methods A single office hour IOP measurement is usually not enough to correctly manage our glaucoma patients. Valuable clinical informations can be obtained by circadian IOP monitoring. We will discuss how to obtain and interpret these circadian IOP values. Besides circadian factors, IOP values may also vary according to the instrument used. Although Goldmann applanation tonometry is the most widely used method of measuring IOP and remains the gold standard method, it has been shown that IOP measurements are affected by biomechanical eye factors. Other tonometry devices available in the market might be able to overcome some of the limitations of GAT and become the new gold standard.

Can MIGS replace trabeculectomy?

STALMANS I

UZ Leuven, Leuven

purpose To present an evidence-based view on the position of traditional versus minimally invasive glaucoma surgery techniques

methods A literature review on the safety and efficacy of trabeculectomy versus MIGS will be presented, followed by a proposed position statement on the various techniques.

results Join the session to find out...

conclusion The key message is kept as a surprise and reward for those who attend the session!

OCT Angiography reveals a non-flow area enlargement in the choriocapillaris with increasing age

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(1) UKM, VUB, Muenster, Brussels

(2) UKM, Muenster

(3) VUB, Brussels

purpose To evaluate the relationship between age and both non-flow area and flow signal in the choriocapillaris of the macular region, as measured using optical coherence tomography angiography (OCTA).

methods 87 eyes of 87 healthy volunteers were examined using a high-speed and high-resolution spectral-domain OCT XR Avanti system with a split-spectrum amplitude de-correlation angiography algorithm. Choriocapillaris images were analysed to determine the choriocapillaris decorrelation index (CCDI), flow voids greater than 10,000 µm2 (FV10000) and signal voids greater than 40,000 µm2 (FV40000).

results The mean patient age was 30.55 ± 14.59 years. Mean CCDI was 116.40 ± 5.64, mean FV10000 65.85 ± 7.75 and mean FV40000 36.87 ± 15.04. Correlations between age and respectively CCDI, FV10000 and FV40000 showed a moderate but significant correlation ($r = -0.3545$, $p = 0.0008$; $r = 0.3626$, $p = 0.0006$; $r = 0.3897$, $p = 0.0002$).

conclusion Our results suggest an increase in non-flow areas with increasing age, which could explain the decrease in overall flow signal.

OCT angiography of the retina detects a difference in peripapillary vessel density between dark and light adaptation.

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(1) UKM, UZB (VUB), Muenster, Brussels

(2) UKM, Muenster

(3) UZB (VUB), Brussels

purpose To evaluate the effects of light and dark exposure on vessel density in the retinal and optic nerve head (ONH) regions, as measured using optical coherence tomography angiography (OCTA).

methods 30 eyes of 30 healthy volunteers were examined using a high-speed and high-resolution spectral-domain OCT XR Avanti system with a split-spectrum amplitude de-correlation angiography algorithm. OCTA imaging was performed after dark adaptation and after exposure to light. The vessel density data of the superficial and deep retinal macular and optic nerve head region OCT-angiogram were analyzed for these two light conditions.

results The mean patient age was 28.22 ± 4.95 years. The vessel density in the radial peripapillary layer of ONH in the light-adapted state was significantly higher when compared with the dark-adapted state (dark-adapted state: 59 ± 6.79, light-adapted state: 60.32 ± 5.93, $p = 0.0206$). Comparisons of other OCT-A measurements showed no significant differences.

conclusion Peripapillary vessel density changes in response to light and dark exposure. OCTA allows in-vivo quantitative analysis of ONH perfusion and may provide a promising tool for analyzing neurovascular coupling in healthy subjects and in disease.

General shape of the optic disc in high myopic glaucomatous patients undergoing trabeculectomy.

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ULB - Hôpital Erasme, Bruxelles

purpose To present three cases of myopic patients with sustainable changes in the general shape of the optic nerve head in addition to the glaucomatous cup reversal after trabeculectomy.

methods Retrospective single center observational case series.

results We develop the clinical history and the examination findings of three myopic patients presenting a significant change of their optic nerve head shape after trabeculectomy. The initial horizontal-axed shape of the disc gained a considerable vertical component that persists several years after the surgery. Concomitantly, their visual function improved. The change of the shape is attributed to the important reduction of the pressure on the scleral canal and the lamina cribrosa as well as to biomechanical properties of these myopic eyes. The stability of the change is thought to result from the stable post-operative pressure over years.

conclusion The shape of the optic disc might represent a biomarker of the forces acting on the eye of myopic glaucomatous patients. We suggest setting a new baseline of stereo pictures and optic disc imaging after trabeculectomy.

Retinopathy of Prematurity in Rwanda: setting up a screening system.

DE SMEDT S (1), MUDEREVA G (2), CASTEELS I (3)

(1) AZ St Maarten, Mechelen

(2) University Teaching Hospital of Kigali (CHUK), Kigali, Rwanda

(3) Ophthalmology department, KU Leuven, Leuven

purpose To investigate risk factors for retinopathy of prematurity (ROP) in Rwanda, Africa.

methods All preterm neonates admitted to three tertiary neonatal intensive care units (NICU) who met inclusion criteria (gestational age (GA) <35 weeks or birth weight (BW) <1800 grams) were recruited from September 2015 to July 2017. Data on maternal and perinatal risk factors were collected from the daily neonatal progress notes.

results 795/2222 (36%) babies fulfilled the inclusion criteria on admission, 424 (53%) of whom were screened for ROP. 31 babies (7.3%, CI 5.0-10.2) developed any ROP, 13 (3.1%, CI 1.6-5.2) of whom required treatment. ROP was seen in 6 neonates with GA >30 weeks and BW >1500 grams, 1 of whom required treatment. In univariate analysis the following were associated with any ROP: increasing number of days on supplemental oxygen (OR 2.1, CI 1.5-3.0, P<0.001), low GA (OR 3.4, CI 1.8-6.4, P<0.001), low BW (OR 2.3, CI 1.5-3.4, P<0.001), at least one episode of hyperglycemia ≥150mg/dl (OR 6.6, CI 2.0-21.5, P<0.001), blood transfusion (OR 3.5, CI 1.6-7.4, P<0.001) or sepsis (OR 3.2, CI 1.2-8.6, P=0.01). In multivariate analysis longer exposure to supplemental oxygen (OR 2.1, CI 1.12-3.6, P=0.01) and hyperglycemia (OR 3.5, CI 1.0-12.4, P=0.05) remained significant.

conclusion This study adds to the evidence of the need to programs for ROP in sub-Saharan Africa. ROP screening is indicated beyond the 2013 American Academy screening guidelines. Improved quality of neonatal care, particularly oxygen delivery is needed. Further sensitization of parents and health professionals is important to reduce loss to follow-up.

Abstracts AOB e-Posters

Exudative type 3 retinal arteriovenous malformation in a pediatric patient

DENS H, CASTEELS I

UZ Leuven, Leuven

purpose Beschrijving van diagnose en behandeling van arterioveneuze malformatie waarbij exsudatie optrad nasaal van de oogzenuw.

methods Goede documentatie door middel van fundusfoto's, fluo-angiografie, OCT papil, OCT angiografie.

results Beschrijving van de casus aan de hand van het genomen beeldmateriaal.

conclusion Retinale arterioveneuze malformatie is een primair retinale vasculaire pathologie. Fluoresceïne- angiografie en OCT helpen in de differentieel diagnose. Intraretinaal oedeem kan behandeld worden met photocoagulatie of anti-VEGF injecties, wanneer er visusdaling is ten gevolge van maculaire aantasting. Wanneer er geen visusdaling is, kan conservatief gebleven worden, aangezien spontane resolutie mogelijk is.

Multimodal imaging of choroidal nodules in neurofibromatosis type 1 (nf 1) : case report

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purpose To illustrate the interest of multimodal imaging in the diagnosis of choroidal nodules in NF 1

methods A 33-year-old man with a diagnosis of NF1 was referred for evaluation; He underwent an ophthalmic examination with the Heidelberg Spectralis HRA+OCT.

results His BCVA was 1.0 in RE and 0.4 in LE (because of amblyopia secondary to micro esotropia since childhood). Iris Lisch nodules were noted in both eyes.The relevant multimodal imaging findings were: bilateral bright orange lesions on multicolor imaging and hyperreflective on infrared imaging, corresponding to choroidal nodules on EDI-OCT. NF1 is an AD disorder and involves aberrant proliferation of multiple tissues of neural crest origin.The diagnosis of NF1 is currently based on two or more of the following signs:≥ 2 Lisch nodules, optic glioma, ≥ 6 café au lait spots, ≥ 2 skin neurofibromas, axillary or inguinal freckling, 1 plexiform neurofibroma, distinctive osseous lesions and a first- degree relative with NF1.Choroidal nodules are ovoidal bodies consisting of proliferative Schwann cells arranged in concentric rings around an axon. They increase in number with age and severity of the pathology. They are easily detected by infrared and multicolor imaging and could represent an additional diagnostic criteria of NF1.

conclusion Choroidal neurofibromatosis, that could represent an additional diagnostic criteria of NF1, can be easily detected by near- infrared and multicolor imaging.

Re-activation of toxoplasmosis post-steroid treatment of ocular tuberculosis – a case report

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purpose We present a rare case of toxoplasmosis re-activation post steroid treatment of ocular tuberculosis (TB).

methods A 37-year-old female with ocular TB was commenced on 40mg of oral steroids after failing three months of anti-tuberculosis treatment. After two weeks of steroid treatment, the patient reported a significant decline in her vision.

results A new white retinitis lesion was identified in the macular region of the posterior pole of the left eye. Toxoplasmosis serology was positive and the patient was treated with azithromycin, which resolved the lesion at the macular.

conclusion The patient developed retinal atrophy on the fovea and is unlikely to have any improvement in vision in her left eye.

Optic nerve metastases from rectal adenocarcinoma – a case report

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purpose We present a rare case of a metastatic optic nerve disease due to histologically proven colorectal adenocarcinoma.

methods A 49-year-old man, with a known history of rectal adenocarcinoma, presented with progressive loss of vision in his left eye. On presentation, his vision was 6/36 in the right eye and counting fingers in the left eye.

results Fundus examination showed a left globally swollen optic nerve with a few flame haemorrhages. A gadolinium enhanced MRI scan was performed and demonstrated an abnormal thickening of the anterior and mid-section of the optic nerve with high signal on STIR and post gadolinium enhancement. An optic nerve biopsy was performed and histology confirmed the presence of epithelial adenocarcinoma compatible with metastasis of gut origin.

conclusion The patient died within 4 months of presentation.

Microsphérophakie et mutation du gène ADCYAP1: à propos d'un cas

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ULB Erasme, Anderlecht

purpose Présenter un cas de microsphérophakie chez un patient porteur de la mutation du gène ADCYAP1.

methods Description d'un cas de microsphérophakie de découverte fortuite dans notre service d'ophtalmologie.

results Garçon de 9 ans asymptomatique ayant une myopie forte (-8.75;-3.75 30° et -8.25;-1.75 160°). L'acuité visuelle est de 5/10 à droite (OD) et 6/10 à gauche (OG) avec correction. L'examen du segment antérieur montre une chambre antérieure étroite. Après dilatation pupillaire, on observe les signes de microsphérophakie. L'examen du fond de l'œil est banal. La tension oculaire est normale et le champ visuel ne montre aucun déficit. L'échographie ainsi que l'OCT du segment antérieur mettent en évidence un angle étroit. La gonioscopie confirme une fermeture appositionnelle de l'angle sur 270°. La longueur axiale est de 22.15 mm et 21.66 mm et la profondeur de la chambre antérieure est de 2.13 mm et 2.20 mm (respectivement OD et OG). L'anamnèse révèle par ailleurs la présence d'une dysplasie de l'os maxillaire et une orchidopexie pour cryptorchidie à l'âge de 28 mois. Un examen génétique réalisé démontre la présence d'un gain de matériel génétique de 176.598 paires de bases, incluant les gènes YES1 et ADCYAP1.

conclusion Chez notre patient, la tension oculaire est normale mais les angles étant fermés, une iridotomie préventive au laser YAG a été réalisée. Les examens complémentaires n'ont pas révélé de glaucome mais une surveillance rigoureuse sera nécessaire. Du point de vue génétique, la mutation du gène ADCYAP1 peut être responsable d'anomalies oculaires mais aucun cas de microsphérophakie associée n'a été rapporté à ce jour.

Bacterial Profile and Antibiotic Susceptibility Pattern of Bacterial Keratitis at Tertiary Hospital in Riyadh

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purpose To identify the most common predisposing factors and causative organisms of bacterial keratitis as well as its antibiotic profile in tertiary care hospital in Riyadh, Saudi Arabia.

methods A retrospective study of all cases had a positive culture of bacterial keratitis from corneal scraping. Age, gender, diabetes mellitus, contact lens use, history of eye trauma, ocular diseases, recent ocular surgeries, current and recent medications, initial and final visual acuity (VA) (final VA was based on the last follow up), location and size of the infiltrate, presence of hypopyon and complications were identified.

results The most common cause of bacterial keratitis was Staphylococcus epidermidis (N=61) followed by Streptococcus pneumoniae (N=23). Trauma was the most common predisposing factor (38.4%) while the contact lens was identified only in 14 cases (7.9%). All organisms tested were sensitive to vancomycin and there was high resistance toward penicillin (90%).

conclusion The results of our study will be helpful in clinical practice and accurate select of antimicrobial therapy.

Truncations of mini-sclera lenses in case of conjunctival lesions

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purpose To describe the resolution of conjunctival lesions by making 2 truncations in a mini-scleral lens.

methods Case report

results A 44-years old woman with keratoconus developed two vascularized conjunctival lesions in the interpalpebral zone of the right eye after wearing mini-sclera lenses . A refitting with a mini-scleral lens of a different design was performed. Two truncations in the 3 and 9 o' clock position were made manually. The conjunctival lesion disappeared and a good comfort was obtained.

conclusion A customized design of mini-scleral lenses can be used in special cases and might increase patient comfort.

Kyste primaire du stroma irien chez une patiente de 68 ans. A propos d'un cas.

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Erasme, Bruxelles

purpose Description d'un cas de kyste primaire du stroma irien

methods Une patiente de 68 ans originaire du Maroc se présente pour une consultation de routine. L'examen biomicroscopique de l'œil droit met en évidence un volumineux kyste irien nasal inférieur en chambre antérieure, une cataracte et une opacification cornéenne en regard du kyste. La patiente ne rapporte aucun antécédent de traumatisme ou de prise de médicaments topiques. La pression intraoculaire et le fond d'œil sont d'aspect normal. L'acuité visuelle est de 10/20 à cet œil et perception lumineuse à l'autre œil en raison d'une cicatrice maculaire ancienne et d'origine indéterminée.Cette patiente avait été vue 2 ans auparavant. Elle ne présentait pas de kyste ni de cataracte et son acuité visuelle était alors de 20/20. La patiente a été revue 3 mois plus tard et une augmentation de la taille du kyste (jusqu'au bord pupillaire) a été objectivée de même qu'une aggravation de la cataracte.

results Etant donné la nature évolutive du kyste et la présence d'une cataracte, nous avons décidé de procéder à une exérèse chirurgicale avec phacoémulsification du cristallin (et implantation dans le sac capsulaire). Il n'y a eu ni récidive ni complication post-opératoire à 6 mois.

conclusion Nous rapportons le cas d'un kyste primitif du stroma irien chez une sexagénaire apparu en l'espace de 2 ans et ayant entraîné une cataracte et une opacification cornéenne. Le traitement a consisté en une exérèse chirurgicale du kyste ainsi qu'une phacoémulsification du cristallin. Le suivi post-opératoire à 6 mois n'a pas mis en évidence de récidive.

Branch retinal arterial occlusion with associated paracentral acute middle maculopathy during first trimester pregnancy: a case report

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purpose To highlight the need for systemic evaluation in patients with branch retinal artery occlusion (BRAO).

methods We examined a 31-year-old, 8 weeks pregnant woman who presented at our department of Ophthalmology of the University Hospitals Leuven with complaints of a whitish spot in front of her left eye for 1 day. A thorough routine ophthalmic examination was performed and completed with autofluorescence and infrared imaging, OCT-cirrus, OCT-angiography and fluorescein angiography as well as elaborated neurologic and cardiovascular review.

results A fundoscopic exam revealed a whitish elevated zone involving the superonasal macula with a congruent hyper-reflective zone in the inner retinal layers on optical coherence tomography. Fluorescein angiography showed a branch retinal artery occlusion and OCT-angiography showed disruption of the deep capillary plexus consistent with the diagnosis of BRAO associated with paracentral acute middle maculopathy. The patient was admitted to the stroke unit and a series of tests were performed. Thrombophilia screening showed an initial low protein C, but a second sample could not confirm the deficiency. Carotid duplex showed no stenosis and a duplex sonography of the lower extremities showed no evidence for thrombosis, but a transesophageal echocardiogram showed a small patent foramen ovale with a spontaneous right-left shunt. Both acetylsalicylic acid 80mg/day and dalteparin sodium 5000IU/day were started and a closure of the PFO will be performed after completion of the pregnancy.

conclusion It is important to perform profound neurologic and cardiovascular examination in patients with BRAO. Underlying causes should be identified and accordingly treated to prevent other ischemic events.

Wells syndrome as a rare cause of unilateral ptosis

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UZA

purpose Eosinophilic cellulitis, also described as Wells syndrome, is a rare inflammatory skin disease of unknown aetiology that looks like a bacterial cellulitis. We report the case of a unilateral swollen upper eyelid with subconjunctival mass caused by Wells syndrome.

methods Case report

results A 56-year old woman presented with a 4-weeks history of a swollen upper eyelid with ptosis. It was already treated as an allergy and as a hordeolum without success. Visual acuity was 20/20 in both eyes. Biomicroscopy showed at the left eye a swollen and ptotic upper eyelid with a deeper palpable hard mass, chemosis of the bulbar conjunctiva with small subconjunctival nodules. Blood tests showed no inflammation but a relative eosinophilia (8%, 0.44 .10E9/L). Because of no clinical reaction on oral NSAID, a biopsy of conjunctiva and subcutaneous tissue of the upper eyelid was performed. Anatomopathological examination showed a large infiltration of the tissue by eosinophilic granulocytes, partial necrotic material without signs of vasculitis and a few Gram+ granules. Standard topical tobramycine-dexamethasone 4x/day and oral Amoxicille-clavulanic acid 1g 3x/dag were given for 10 days without any improvement. Then we started with 64mg of oral cortisone (Medrol) in a quick down-tapering scheme. The patient noticed some positive effects the first days, but the upper eyelid stayed in ptosis with a palpable mass. We re-increased the cortisone to 32mg and held it for 1 week before starting to taper it down, in conjunction with starting an oral antihistaminic. Slow disappearance of the swelling and hard mass was noted. Cortisone was stopped after 3 months but a slight ptosis remained.

conclusion Wells syndrome is a rare disease that can affect the eyelids and conjunctiva.

Bilateral vitreous hemorrhage in a neonate with galactosemia: a rare complication with severe implications

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purpose To describe ocular manifestations in a patient with galactosemia. Cataract is the main ocular complication of the disease, occurring in 30% of patients, and may resolve spontaneously upon dietary treatment. Anecdotal reports have mentioned vitreous hemorrhage (VH) as a complication in some patients.

methods case report

results We describe a male neonate who presented with acute liver failure at day 10, characterized by failure to thrive, jaundice, coagulopathy and encephalopathy. Blood spot testing showed absence of GALT activity, confirming the diagnosis of galactosemia. At 20 days of age, a bilateral cataract and floaters in the vitreous were noted. The cataract resolved under a galactose-free diet, but at 2.5 months of age VH were seen in both eyes. Vitrectomy and peripheral laser photocoagulation was performed in the left eye, and a month later in the right eye, with phacophagia of the left eye. Peroperative fundoscopy showed ischemia of the peripheral retina with telangiectatic vessels and crystalline depositions. There was no recurrence of the VH during postoperative follow-up.A review of the literature confirmed – although seemingly rare – VH to be a complication of galactosemia. VH may be due to the coagulopathy and brittle vessels, noted during vitrectomy. In this patient we also noticed retinal ischemia, capillary occlusions and depositions, which may cause new vessel growth and consecutively VH. If left untreated, VH in children may lead to amblyopia and visual impairment.

conclusion This case emphasizes the need to be aware of VH in all galactosemia patients and for ophthalmological follow up.

Treatment-resistant papilledema associated with high methionine levels and betaine therapy in a boy with homocystinuria

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purpose To show a case of papilledema in a child with homocystinuria but more importantly to remind the reader of the importance of a multidisciplinary approach, including endocrinologists, neurosurgeons and ophthalmologists.

methods Case presentation

results Ophthalmological examination of a 8-year old boy with homocystinuria, an autosomal recessive metabolic disorder, showed a bilateral decrease in visual acuity due to the presence of bilateral papilledema. MRI of the brain revealed cerebral edema, most probably caused by the toxic effect of high methionine levels due to the current therapy with Betaine.Betaine therapy for homocystinuria lowers homocysteine levels by homocysteine remethylation to methionine and was recently started in our patient because of failing of the first-line treatment for homocystinuria. Plasma methionine concentrations of more than 1000 µmol/L can rarely result in cerebral edema, however, in most betaine-treated patients methionine levels rise without adverse effects.Betaine was discontinued and acetazolamide was started without significant improvement. Intravenous administration of Mannitol failed as well so a ventriculoperitoneal shunt placement was required to lower intracranial pressure and resolve the bilateral papilledema.

conclusion Hypermethioninemia, as a result of betaine therapy in homocystinuria, may result in cerebral edema so physicians should monitor methionine levels and be aware of signs and symptoms of intracranial hypertension.

Vogt Koyanagi Harada disease complicated by tuberculosis reactivation and occlusive vasculitis in a young man: about a challenging case.

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purpose This case emphazises the need to bear in mind and rule out an alternative infectious diagnosis in the presence of posterior uveitis showing unexpected progression.

methods Single case report

results We report the case of a Moroccan seventeen year old man presenting with bilateral visual loss, panuveitis, exudative retinal detachments and diffuse choroidal infiltration. The patient also complained of headaches and ear pain. Based on the fundus, fluoangiography, ICG and OCT, the diagnosis of Vogt Koyagani Harada disease was made. He received high dose methylprednisolone along with azathioprine. We observed good response to treatment with progressive visual improvement, vanishing of sub retinal fluid and lowering of tyndall and vitritis. One month after initiating treatment, the right eye presented a sectorial retinal vasculitis with infero temporal vein branch occlusion and massive sub retinal hemorrhages. The coagulation screening as well as HIV and syphilis serology were negative but quantiferon was positive. A Pet scan revealed hypermetabolic mediastinal lymph nodes and a biopsy confirmed tuberculosis infection. An anti-TB quadritherapy was initiated, leading to an enzymatic induction, a lower steroid treatment efficacy and finally a choroidal inflammation recurrence.

conclusion In this case, the immunosuppressive treatment led to tuberculosis reactivation and we observed some retinal vasculitis probably related to the infectious disease. It illustrates the challenging treatment management in case of longstanding inflammatory eye disease and tuberculosis reactivation.

Kissing choroids following Xen® gel stent implantation

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purpose To describe a case of massive choroidal detachment (CD) following Xen® implantation.

methods A 86 year old pseudophakic male with pseudoexfoliative glaucoma was referred to our service with massive CD following Xen® implantation.Presurgery, he presented with an anterior uveitis with high intraocular pressure (IOP) of 50 mmHg. Because IOP was uncontrolled despite maximal topical therapy and acetazolamide, a Xen® was implanted. Over the course of the first postoperative days he developed a progressive CD resulting in kissing choroids by day 3. An anterior chamber repair (AC) was performed using Viscoat®. On day 5 IOP was 9mmHg with a Viscoat® maintained central AC, though peripheral iridocorneal touch, and a well-formed filtration bleb. B-scan showed a massive CD and a localised choroidal hemorrhage at the level of the optic disc. Subchoroidal viscoelastic tamponading the hemorrhage was suspected. A non-surgical approach was taken as it would be difficult to remove it through a drainage cannula. Tropicamide was added to the treatment.

results Over the next month he was regularly monitored with B-scan. The CD resolved slowly but completely. And his VA recovered.

conclusion Although micro invasive glaucoma surgery is considered safer similar postoperative complications can occur. The extremely high IOP preoperative and a ciliairy shutdown due to uveitis may have contributed to the aggressive clinical course. We suspect that in this case viscoelastic penetrated the subchoroidal space during the AC repair through a surgically induced cleft around the stent. Hence the choroidal hemorrhage was small, the blood remaind separated from the clear liquid in the bullae and CD resolved very slowly with regaining of VA.

Visual rehabilitation using a scleral contact lens following cultivated limbal stem cell transplantation.

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purpose To describe a case of unilateral total limbal stem cell deficiency (LSCD) resolved by ocular surface reconstruction using cultured autologous limbal stem cells, corneal transplant and a scleral lens. To our knowledge, this is the first documented case of scleral lens usage in this pathology.

methods A 55-year-old, HIV-positive male suffered a unilateral alkali burn 16 years ago, resulting in a total LSCD. The patient had received a previous penetrating keratoplasty (PK) that ultimately failed to impede corneal conjunctivalization. Upon referral, diagnosis of LSCD was made on clinical grounds. We elected to perform an ex-vivo cultivated limbal epithelial stem cell transplantation (CLET) using a small limbal graft from the contralateral, healthy eye. To remove deep stromal scarring, the patient received a second PK one year after transplantation. One year later, the patient was fitted with a scleral lens.

results One year after PK, the patient's vision had improved from hand movements initially to 0.5 with optimal correction, and the ocular surface was stable with a transparent corneal graft. Using a scleral lens, the patient's best-corrected vision improved significantly from 0.5 to 1.0.

conclusion This case illustrates the fact that CLET can be successfully utilized to restore a stable corneal surface with consequent improvement in visual acuity, and this in cases of severe total LSCD such as chemical burns. Furthermore, it also highlights the beneficial role of scleral lenses to achieve excellent functional outcomes in these patients.

Alport syndrome: The ophtalmologists' role

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purpose Alport syndrome (AS) is an oculorenal disease caused by mutations in COL4A3 and COL4A4 (autosomal recessive), or COL4A5 (X-linked). Here we report some of our clinical cases of Alport syndrome, to reflect on the ophthalmologists' role.

methods Three patients who were referred to our department are presented here. They all underwent opthalmological examination. A research of literature was done to be able to give a clear summary of the ophtalmological manifestations and their aid in diagnosis, prognosis and treatment.

results Anterior Lenticonus, peripheral fleck retinopathy, central fleck retinopathy and dull macular reflex are highly specific for AS. In addition to the diagnostic value of these ocular manifestations, they are also usefull in predicting the genetic subtype (XLAS vs. ARAS) and prognosis. Anterior lenticonus, central and peripheral fleck retinopathie, dull macular reflex and eye symptoms in itself are associated with early renal failure. Most ocular manifestations in AS are asymptomatic and do not need treatment. Caution should be taken in treating anterior lenticonus and macular holes since there are difficulties in the capsulorhexis of cataract surgery and macular holes respond badly to surgical closure. Some studies have described ocular manifestations before the onset of renal failure. Screening kids at risk for developing AS might be usefull for early treatment.

conclusion Due to the typical presentation of opthalmological manifestations, every patient suspected of AS should be referred for a thorough ophtalmological examination. The ophtalmologist can play a great role in diagnosis, prognosis and treatment of these patients.

Nonglaucomatous optic nerve atrophy

KAIMBO WA KAIMBO D

Kinshasa

purpose To determine the frequency and clinical characteristics of nonglaucomatous optic nerve atrophy in Congolese patients.

methods A cross-sectional study performed between January 2005 and August 2016 at a general practice of ophthalmology in Kinshasa. All patients with the diagnosis of nonglaucomatous optic nerve atrophy examined during the study period were included in the study. All the patients had an interview and a physical examination, including a detailed neurologic examination, a comprehensive ophthalmologic examination, which included inspection of adnexa, visual acuity measurement, pupillary reaction, biomicroscopy, funduscopy and measurement of the intraocular pressure, visual field evaluation . In some cases, computed tomographic scanning or magnetic resonance scanning were necessary (to rule out a compressive optic neuropathy). The diagnosis of nonglaucomatous optic nerve atrophy was based not only on changes in the appearance of the optic nerve head but also specifically on alterations in its function.

results Out of 17469 patients seen during the study period, 132 patients were diagnosed with nonglaucomatous optic atrophy, for a frequency of 0.76%. There were 76 males and 56 females with a male:female of 1.3:1. Their ages ranged from 1 to 89 years with a mean age of 50 19 years. The etiology was unknown in 55%. Nonglaucomatous optic atrophy was associated with, in most cases, chorioretinal disease, trauma, toxic lesion, vascular disease and tumor lesions.

conclusion A thoroughly investigation is needed to make diagnostic etiology of a nonglaucomatous optic atrophy.

Retinal vasculitis: a challenging case

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purpose To report a diagnostic pitfall in a case of retinal vasculitisMethods: Observational report of a Caucasian male diagnosed as Behçet's disease (BD), presenting with a branch retinal artery occlusion.

methods Observational report of a Caucasian male diagnosed as Behçet's disease (BD), presenting with a branch retinal artery occlusion.

results A 25-year-old man presented with unilateral vision loss. He presented with a trace of cells, a superior branch retinal artery occlusion, vasculitis and macular edema. In his antecedents he reported a deep vein thrombosis (DVT), the presence of pretibial subcutaneous nodules and positive genotyping of B51. BD was diagnosed. Although suggestive, the criteria for BD were not fulfilled. The ocular arterial occlusion with low grade inflammation, the history of orchitis, the normal renal function, the negative ANCA's and the biopsy proven cutaneous vasculitis of medium-sized arteries, fit well with the diagnosis of PAN. The treatment is based on the use of systemic steroids and immunosuppressants, primarily azathioprine. However, some cases are refractory to this treatment and respond well to biologics.

conclusion PAN is a necrotizing vasculitis of medium-sized arteries. BD is a systemic vasculitis that involves arteries and veins of any size. The diagnosis of BD is only supported by clinical criteria. Although HLA-B51 is a strongly associated risk factor for BD, there are no pathognomonic laboratorial findings of BD. Ocular vasculitic syndromes require a multidisciplinary approach and the exclusion of other diagnoses based on clinical presentation.

Surgical Management of Post- Descemet Stripping Automated Endothelial Keratoplasty Interface Haze – Deposits

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purpose To describe an effective technique for the management of graft-host interface haze associated with interface deposits after Descemet-stripping automated endothelial keratoplasty (DSAEK) with bimanual irrigation/aspiration.

methods A Tan marginal dissector was used to separate the graft from the stroma in the nasal two thirds of the graft-host interface. The aspiration handpiece was inserted in the interface through the nasal side-port corneal incision and a separate irrigation tip was placed in the anterior chamber (AC) through the temporal corneal paracentesis. Meticulous rinsing of the two thirds of the interface area and the AC was performed. At the end of the procedure, air was injected into the AC to float the donor graft against the host stromal bed and facilitate graft adherence.

results Postoperative anterior segment optical coherence tomography and slit-lamp examination confirmed elimination of the interface haze-deposits and a well attached graft. An improvement in visual acuity was noted.

conclusion Bimanual irrigation/aspiration is an efficient method of removing deposits from the donor-recipient corneal interface and achieving visual improvement, while maintaining graft adherence and avoiding the risks of a repeat corneal transplantation.

Evaluation of the added Value and the impact of pAtient information on the patient knowledge in glaucoma

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purpose To evaluate the patient's knowledge about glaucoma using a questionnaire. This questionnaire aims to adapt and validate an informative kit for newly diagnosed glaucoma patients in order to increase their awareness of the disease and the compliance with treatment.

methods Newly diagnosed glaucoma patients medicaly treated are divided randomly in 2 groups: Group1 receiving oral information, Group2 receiving oral and written information. Each patient is examined twice at 3 to 6 months apart. At the first visit(V0), the patients included are asked to answer 4 questions about their general therapeutic compliance, they all receive oral information about glaucoma and some randomly receive written information. At the second visit(V1), the patients answer the same 4 questions about compliance and 20 scored questions relating to glaucoma. The median score is calculated on the 20 items while the scores related to knowledge on glaucoma, treatment and instillation are calculated on items 1-9,10-13 and 14-20 respectively.

results Of 48 patients included, 22 receive oral information and 26 receive both oral and written information. Both groups are age-matched and have the same level of education and general compliance. Group1 had a median score of 14.5/20 on the questionnaire, while Group2 had 15.5/20 ($p=0.14$). A trend for a better knowledge on pathology was observed in Group2 (7.0 vs. 5.5, $p=0.05$). There is no significant difference on treatment and instillation score between both groups.

conclusion Patients who received written information during diagnosis of glaucoma have a better knowledge of their pathology. The questionnaire could facilitate the communication between the patient and the doctor and be part of the interventional glaucoma management.

Torpedo Maculopathy - A Case Series: Insights into Basic Pathology

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purpose Torpedo maculopathy is a benign retinal disorder whose pathophysiological origins arecurrently poorly understood. A number of theories have been postulated, with stabledevelopmental anomalies of the RPE taking the forefront. This case series challengessome of these previous theories.

methods Case series report.

results Five clinical cases are outlined of patients with macular torpedo lesions, with differingclinical presentation. Optical coherence tomography imaging further characterises thefundus appearances. In all five cases this reveals very thin RPE and outer retinaassociated with the lesion. In a single case, the oldest patient of the group, there is theadditional finding of subretinal and intraretinal fluid accumulation.

conclusion This case series challenges some of the previously held assertions regarding thepathophysiology of torpedo maculopathy. The contrast between the case of the oldestpatient, where there is retinal fluid accumulation, and the other cases suggests thatwhilst initially this benign pathology might start with structurally normal retina with nofluid accumulation, dysgenetic changes in the RPE might lead to secondaryaccumulation of fluid over time. Whether indeed this disorder might be progressive innature, or whether in fact it is a static, non-progressive developmental abnormality ofthe RPE as formerly thought, requires further elucidation.

Conjunctival papillomatous laesions : the same clinical aspect for different diagnosis

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UZA, Edegem

purpose To show conjunctival lesions that look like papillomas and discuss their diagnose and their evolution

methods Selected Case report

results We describe and discuss the pictures of a rhabdomyosarcoma, a conjunctival in situ carcinoma in a papilloma, a conjunctival naevus and real papillomas . All patients underwent a complete ophthalmological examination. All lesions have been removed and analyzed by a pathologist. HPV status had been tested on papillomas.

conclusion Be aware of the differential diagnosis and HPV status of a conjunctival papillomatous lesion and in doubt don't hesitate to send the patient to a specialized team.

Acanthamoeba keratitis in the Antwerp University Hospital: a review of diagnosis, follow-up and clinical outcomes.

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purpose To assess the diagnosis, follow-up and outcomes of patients with AK at the Antwerp University Hospital.

methods Retrospective analysis of all cases diagnosed with a presumed AK at the Antwerp University Hospital between September 2016 and August 2018. Cases were identified using clinical, laboratory and pharmacy records. Results of in vivo confocal microscopy (IVCM), corneal scrape cultures and clinical outcomes were analyzed

results 13 eyes of 12 patients were diagnosed with AK. The mean duration from start of the symptoms to diagnosis was 33 days. IVCM was performed in 10 of the 13 eyes and corneal scrape cultures in 11 of the 13 eyes. Diagnosis was made using IVCM in 80%, corneal scrape in 23%, and clinically in 15%. In 14% of the patients with confirmed cyst structures using IVCM, the culture was positive. In 62 % of patients, IVCM was applied for monitoring and/or guidance of treatment. Surgical intervention was required in 4 of the 13 eyes. There was an improvement of visual outcome in 85%, with a best corrected visual acuity (BCVA) of >0.8 in 69 % of the eyes. In 23% of the eyes was the BCVA at the end of treatment <0,2.

conclusion IVCM is useful in diagnosis of AK, especially when cultures are not available of negative. It allows for a rapid diagnosis and can be used to monitor treatment response, allowing guidance to clinicians for management. Although AK is vision-threatening condition, we report favorable visual outcomes under combined therapy with chlorhexidine, propamidine isethionate and polyhexamethylene biguanide.

Outcomes of allogenic cultivated limbal epithelial stem cells in aniridia patients

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UZA, Edegem

purpose To assess the results of transplanting allogenic cultivated limbal epithelial stem cell grafts in aniridia patients suffering from severe limbal stem cell deficiency.

methods Between January 2010 and March 2017 six aniridia patients with severe limbal stem cell deficiency received an allogenic cultivated limbal stem cell graft at the Antwerp University Hospital. The limbo-amnion grafts were generated by cultivating limbal epithelial stem cells from HLA-matched living related (n=5) or cadaveric (n=1) donor eyes on a standardized amniotic membrane. Post-operative corneal surface stability, visual outcomes and complications were assessed. Anatomical outcome was graded as 'total success', 'partial success' or 'failure'.

results One patient was excluded because of loss to follow-up. The mean follow-up of the remaining patients was 47,8 months (range 11 – 104 months). In all of the patients there was an improvement in clinical signs early post-operatively, which slowly regressed during the follow-up course. At the final follow-up, two patients were graded as partial success and three patients were graded as failure. None of the patients experienced a total anatomical success. In only one of the patients there was a modest improvement in BCVA from hand movements to counting fingers. One of the eyes was complicated by acorneal ulcer 16 months post-operatively.

conclusion Severe limbal stem cell deficiency in aniridia remains a challenging condition to manage. Transplantation of allogenic ex vivo cultivated limbal stem cells in aniridia patients may provide a temporarily improvement in ocular surface stability, but the anatomical and functional results are poor on the long-term.

FAST® questionnaire: a short and effective tool to assess OSD in glaucoma patients

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purpose Ocular Surface Disease (OSD) remains an underrecognized condition in glaucoma patients. It is well known that OSD may compromise the tolerability for and compliance with topical therapy. Therefore, identification of OSD is important. The FAST (Fast Assessment of ocular Surface Trouble) questionnaire has been developed to facilitate OSD diagnosis.

methods A survey in 6 European countries (BE, FR, IT, PL, SP, UK) has been implemented to evaluate the FAST questionnaire. It includes 14 short questions to collect risk factors, symptoms and ocular signs of OSD. Both data from the patient interview and from the clinical examination are collected.

results 1278 patients were recruited, of which 185 Belgian patients. The Belgian results are presented for the first time. 60.5% were using at least one preserved glaucoma treatment. At least one risk factor for OSD was observed in 57.3% of patients. 54.5% of patients were taking two or more preserved glaucoma drops per day. 99.5% reported ocular symptoms, including dry eye, itching/irritation and burning sensation, in 42.4%, 37.5% and 35.9% of patients, respectively. In 99.5% at least one ocular sign was reported: 56.5% of patients had conjunctival hyperemia; 29.4% and 21.2% presented with corneal and conjunctival fluorescein staining, respectively. Only 31.7% of patients had a tBUT superior to 10 seconds.

conclusion These results offer interesting insight into the prevalence of OSD in Belgium and also highlight the simplicity of this tool to report symptoms and clinical signs of OSD, rendering the FAST questionnaire a useful aid for ophthalmologists in daily practice.

The value of non-mydriatic fundus camera screening for diabetic retinopathy among type 1 and type 2 diabetic patients: hospital-based study.

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purpose This study aims to evaluate the practicality and effectiveness of non-mydriatic funduscopic screening system for different retinal disease among patients with type 1 and type 2 diabetes.

methods This cross-sectional hospital-based study recruited a total of 1009 diabetic patients were randomly selected from University Diabetes Center during the period from July to December 2017. Funduscopic eye examination was performed using non-mydriatic camera TRC-NW8, Topcon Corporation, Tokyo, Japan using telemedicine pictures that were graded by retinal specialized ophthalmologist using the international clinical diabetic retinopathy disease severity scale. Patients were classified according to the type and severity of diabetic retinopathy.

results In this study, 40.5% of screened patients were found to have different types of diabetic retinopathy out of which 83.1% were NPDR and 12.4% were PDR. Macular edema prevalence was found to be 7.2%. The most important risk factor was longer diabetes duration and poor glycemic control. Both older age and insulin use contributed to higher prevalence of diabetic retinopathy and macular edema. Diabetic retinopathy was more common among type 1 patients and more women were found to have macular edema. Hypertension was found to be 45.7% among patients with macular edema while it was only 36.9% among patients with diabetic retinopathy.

conclusion Retinal screening programs have proven to be practical, useful and effective in managing patients with type 1 and type 2 diabetes. This study supports using non-mydriatic funduscopic pictures in screening for diabetic retinopathy.

Visual electrophysiological assessment in birdshot chorioretinitis treated with anti-TNF-α

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purpose To evaluate the efficacy of anti TNF- in birdshot chorioretinitis (BSCR) using full-field electroretinography (ERG) as an assessment tool.

methods A retrospective cohort study of patients with BSCR treated with anti-TNF- attending Ghent University Hospital form 2002 till 2018.

results 49 patients (98 eyes) were diagnosed as BSCR based upon clinical suspicion, the presence of hypofluorescent dark dots on early frames of indocyanine green angiography (ICGA) and HLA-A29 antigen positivity. ERG was performed on 47 patients (95,9%) at presentation. 45 (91,8%) patients were treated with steroids, immunosuppressive agents and biologics. 24 (49,0%) patients were treated with anti-TNF- of whom 4 received infliximab and 20 received adalimumab. 20 (83,3%) patients were regularly monitored by ERG with a mean follow up of 1,6 electrophysiological assessments every year. In the 30Hz photopic 3.0 Flicker the implicit time is the key parameter which is delayed in 91,7% of patients at baseline. 75% patients showed an significantly improvement of the implicit time since the start of the treatment with anti-TNF- .

conclusion This study confirms ERG as an important tool in the diagnosis and the follow-up of BSCR. Anti-TNF- is known to be an effective treatment in patients with BSCR. This report confirms the role of ERG in the management and monitoring of the disease activity in BSCR. The improvement of the implicit time provides essential information of the retinal function. More electrophysiologic analysis is necessary as these results could be important in the therapeutic strategy of BSCR.

New insight in peripapillary intrachoroidal cavitation

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purpose To specify the pathophysiological features of the peripapillary intrachoroidal cavitation (ICC), one of the still poorly understood complications of high myopia.

methods The combined use of fundus images and optical coherence tomography (OCT) sections forms the basis for in-depth analysis of a case of ICC. For longitudinal evolution, the information is obtained by comparing the OCT images of the same location over 6 years. The OCT serial sections acquired during the same session highlight the various aspects of this condition depending on the location of the section.Thanks to the different clinical signs collected by combining and crossing the longitudinal and transversal informations, the characteristics of the ICC are thus identified.

results A cleft in the parapapillary gamma zone serves as a point of passage for the vitreous fluid. This liquid, over time, seeps into the choroid and progresses, causing choroidal changes typical of this condition. The clinical signs of ICC reflect both the passive and reactional changes induced by fluid progression. The iconography illustrating these different aspects is presented.

conclusion The combination of longitudinal evolution parameters and OCT serial sections data has allowed for a better understanding of ICC's previously unrecognized points. We confirm that the different clinical manifestations of this entity constitute a continium.

Clinical characteristics and complications in intermediate uveitis: analysis of 15-years experience in a tertiary center for uveitis in Belgium

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purpose To report the clinical characteristics and complications of intermediate uveitis (IU) in 83 patients in a tertiary referral center for uveitis in Belgium.

methods a retrospective cohort study of patients with IU attending the University Hospital of Ghent from 2002 till 2018.

results 83 patients(152 eyes, 55,2% females) were included. Mean age at presentation was 27y. Mean follow-up was 103 months. The most common form was idiopathic(n=50), followed by pars planitis(n=13), multiple sclerosis(MS)(n=10), sarcoidosis(n=4), Lyme disease(n=3), tuberculosis-associated uveitis(n=2) and syphilis(n=1). Epiretinal membrane(ERM)(61,4%), cystoid macular edema(CME)(49,4%), cataract(30,1%), secondary glaucoma(13,2%) and retinoschisis(12%) were the most prevalent complications. CME and glaucoma were most sight-threatening. Main treatment indications were CME or severe vitreous inflammation. Treatment included local and systemic steroids, immunosuppressive agents and biologics next to antibiotics in infectious uveitis. Systemic treatment was indicated in case of visual acuity drop ≥ 2 lines and/or CME. More than half of the patients(n=55) received systemic treatment according to the Belgian Guidelines.

conclusion In our Belgian tertiary center IU was mostly idiopathic, followed by pars planitis and MS. With regard to our complications, systemic treatment was indicated in more than half of the patients proving that IU needs a strict follow-up and rarely achieves prolonged remission.

Management of aphakic glaucoma following congenital cataract surgery

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purpose To investigate the clinical findings of patients with aphakic glaucoma after congenital cataract surgery and assess the response to glaucoma treatment.

methods After a retrospective chart review, 51 eyes of 18 males and 10 females under 40 who underwent congenital cataract surgery and developed aphakic glaucoma or ocular hypertension were enrolled. Data regarding their glaucoma management was collected and analyzed.

results Mean age at the time of cataract surgery was 4.36 ± 4.37 months, with a mean follow-up period of 16.60 ± 10.49 years. Out of the 25 patients who underwent bilateral cataract surgery, 23 developed bilateral glaucoma and mean age at the time of glaucoma diagnosis was 10.88 ± 8.15 years. Medical therapy was effective in 25 eyes (49%), but 26 eyes required surgery. In these 26 eyes, 12 eyes underwent only 1, 6 eyes underwent 2 and 8 eyes underwent 3 or more procedures. Mean age at the time of the first surgical procedure was 13.60 ± 9.40 years. In those eyes under medical treatment only, the mean number of compounds administered was 2.31 ± 0.97. In the 51 eyes included, glaucoma management led to a mean intraocular pressure (IOP) reduction of 45 ± 21%. IOP reduction was significantly correlated with the number of surgical glaucoma procedures performed ($p < 0.05$).

conclusion Aphakic glaucoma following congenital cataract surgery remains difficult to manage, requiring surgery in about half of the patients. Long-term careful follow-up is necessary because of the possibility of late manifestation of aphakic glaucoma.

Converting to topical anesthesia for Descemet's stripping automated endothelial keratoplasty

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purpose To evaluate the complications and difficulties converting from paraocular to topical anesthesia in Descements stripping automated endothelial keratoplasty.

methods Four eyes in three consecutive patients were retrospectively evaluated (three with DSAEK and one with combined phacoemulsification and DSAEK). Outcome measures were patients`pain score, number of complications and adverse events registered perioperatively and postoperatively.

results All procedures were completed without any complications. All patients tolerated the procedure well. No significant differences in endothelial cell were found at final follow up.

conclusion Topical anesthesia provided acceptable analgesia during surgery and showed that DSAEK procedure can be performed without akinesia and could be represent an alternative anesthetic modality for patients in whom retrobulbar or peribulbar anesthesia is contraindicated.


OB 2018
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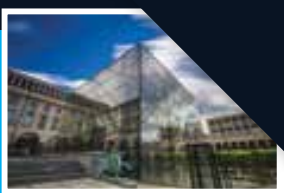

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OB 2024	**Nov 27- 29, 2024**
OB 2025	**Nov 26- 28, 2025**


OB 2017
Gold Hall
Copper Hall
Silver Hall
The Arc
Hall 300
Speakers corner
Copper foyer
Wetlab Hall / ICC Room
e-Poster area
WEDNESDAY Nov. 21, 2018
09:00
10:30
11:00
12:30
14:00
15:30
16:00
17:30
19:00
OBAO
ICC 1
ICC 2
ICC 3
AOB Academic session
Rapid Fire
Wetlab 8
AOB e-Posters
OBAO
SBO-BOG
AOB FP
ICC 4
Wetlab 2
Wetlab 9
Eye, History & Art
ICC 5
Wetlab 3
THURSDAY Nov. 22, 2018
09:00
10:30
11:00
12:30
14:00
15:30
16:00
17:30
19:30
23:00
FAB
BRS
BGS
PED & LOW
NOC
ICC 6
ICC 7
Wetlab 4
Wetlab 5
Rapid Fire
AOB e-Posters
BRS - BIO
BRS - REBEL
BSOPRS
BOV-ABO
ICC 8
ICC 9
Wetlab 6
Wetlab 7
BVVB-OBPC
OB Congress dinner in Maison Grand Place Brussels
FRIDAY Nov. 23, 2018
09:00
10:30
11:00
12:30
14:00
15:30
16:00
17:30
BSCRS
BSCRS
BSONT-NL
BSONT FR
BSA
ICC 10
ICC 11
Award Ceremony
ICC 12
AOB e-Posters
BBO-UPBMO
BBO-UPBMO