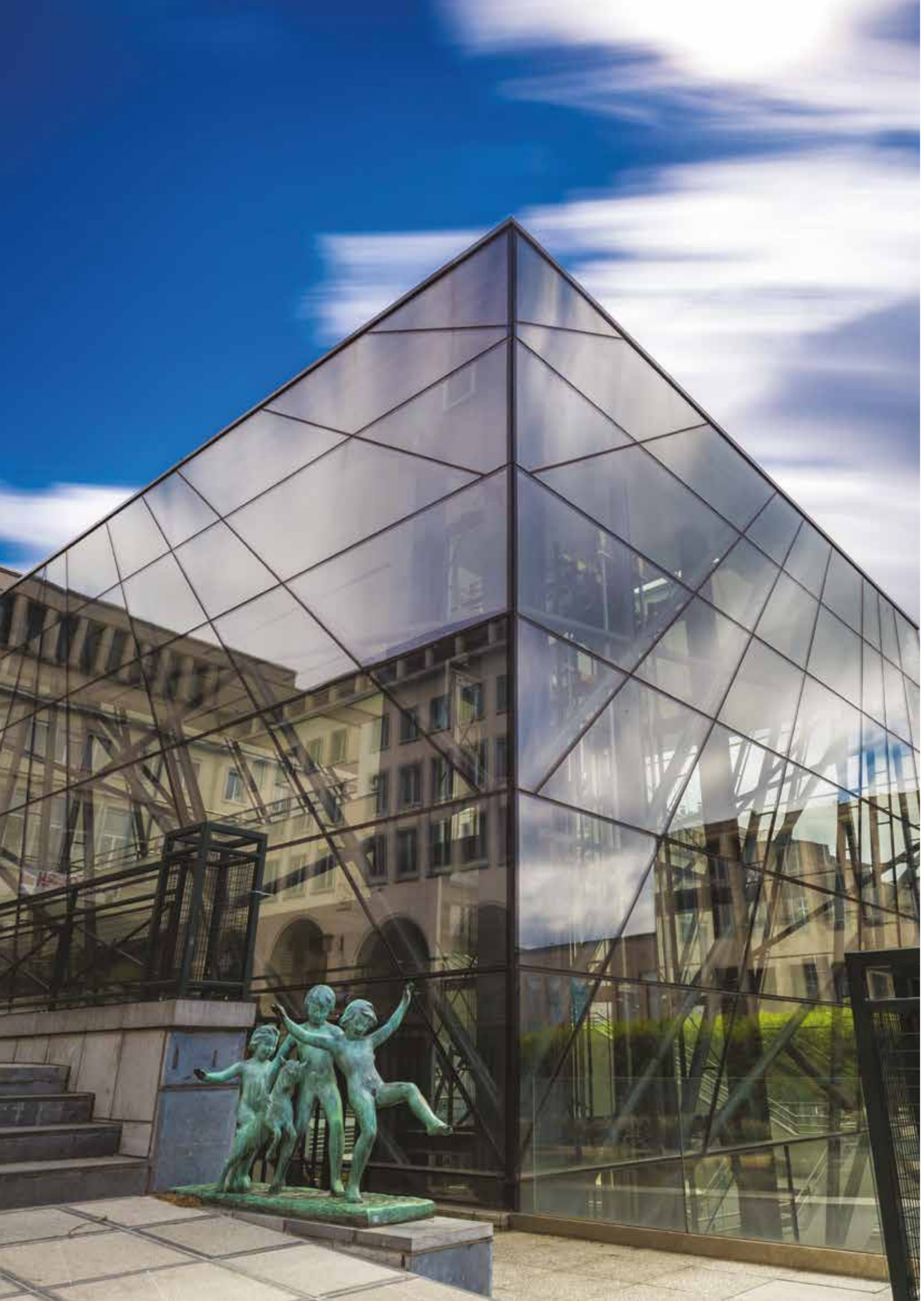
PROGRAMME BOOK

OB 2019

NOVEMBER
27-29, 2019

SQUARE BRUSSELS MEETING CENTER



OB 2019

Annual Congress of
the Belgian Ophthalmological Societies

Ophthalmologica Belgica

SQUARE, Brussels Meeting Center
November 27-29, 2019

www.ophthalmologia.be

Table of Content

TABLE OF CONTENT

MESSAGE FROM THE PRESIDENT

Dear colleagues,

On behalf of the Organization committee, it is my great pleasure to welcome you to the 27th Ophthalmologica Belgica Congress. The format of the congress is well known, and we tried in collaboration with the different societies to offer an interesting and exciting program.

Besides the scientific program of the different Ophthalmologic societies, 9 instructional courses with free access are offered on different topics as well as 7 wetlabs on ocular surgery which are interesting as well for the beginning as experienced surgeon.

The AOB app can be downloaded and will help you to navigate through the congress using the program tracks. With so much to offer, it will be impossible to attend every session. The OB app makes it possible to schedule your own program in advance.

For the second year, a plenary session on Wednesday morning is planned with the laudatio of the 2019 AOB winner Anita Leys. Professor Leys will give the AOB lecture “Nutrition and AMD: facts, figures and myths” followed by international speakers with keynote lectures.

E-posters will replace free papers this year and can be viewed in the exhibition hall during the entire congress. Selected e-posters will be presented in a rapid fire session on Wednesday and Thursday noon. A wide variety of interesting subjects has been uploaded.

On Thursday evening, a networking dinner and party is organized in BOZAR. This is an ideal way of meeting your colleagues, friends and the Industry in a relaxed and cheerful atmosphere.

A scientific program of this size requires a lot of planning and hard work. I would like to thank every member of the Organizing Committee as well as the continuous effort of every participating society.

Without the help and flexibility of the Industry, organizing OB as it is would be impossible. The exhibition hall offers us the opportunity to gain access to the latest advancement in technology and pharmaceutics.

Yours sincerely,

Guy Sallet
President OB 2019

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	Guy Sallet
Programme Secretary	Emmanuel Van Acker
Treasurer	Joachim Van Calster
Free Papers & Posters	Pauline Bartoszek
ICC	Werner Dirven
AOB Lecture	Sayeh Pourjavan
Wetlab Organisers	Philippe Grosjean & Johan Blanckaert
AOB President	Monique Cordonnier

OB OFFICE BY MECODI

Marlene VERLAECKT, Executive Officer

Mieke AKKERS and Christy LACROIX, Executive Assistants

www.mecodi.eu

General Information

SQUARE Brussels Meeting Center

VENUE AND DATES

SQUARE, Brussels Meeting Center, Kunstberg - Rue Mont des Arts, 1000 Brussels
Wednesday 27 to Friday 29 November, 2019

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 2019 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

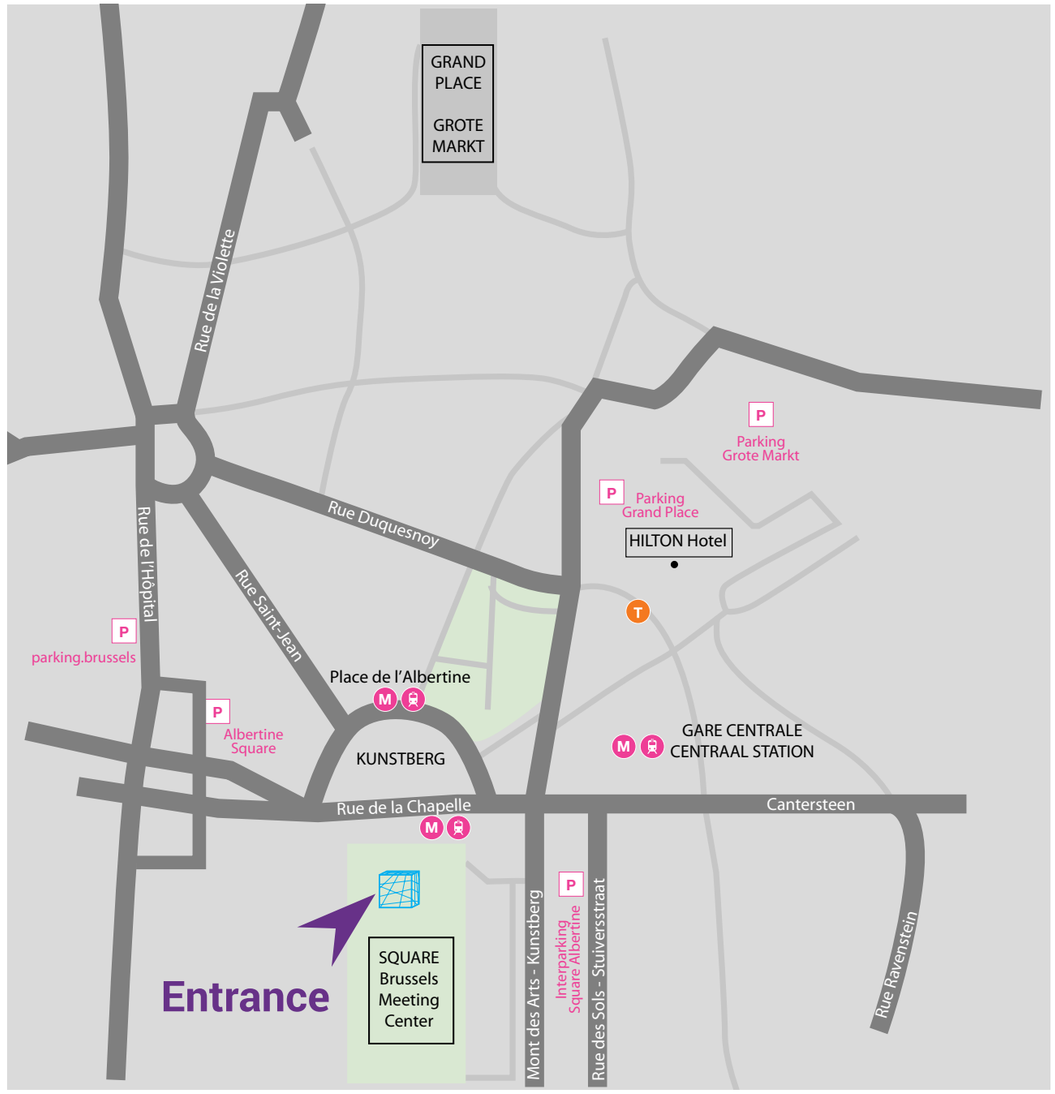
INTERNET

Network: OB2019 **Wifi code:** OB2019!

LIABILITY

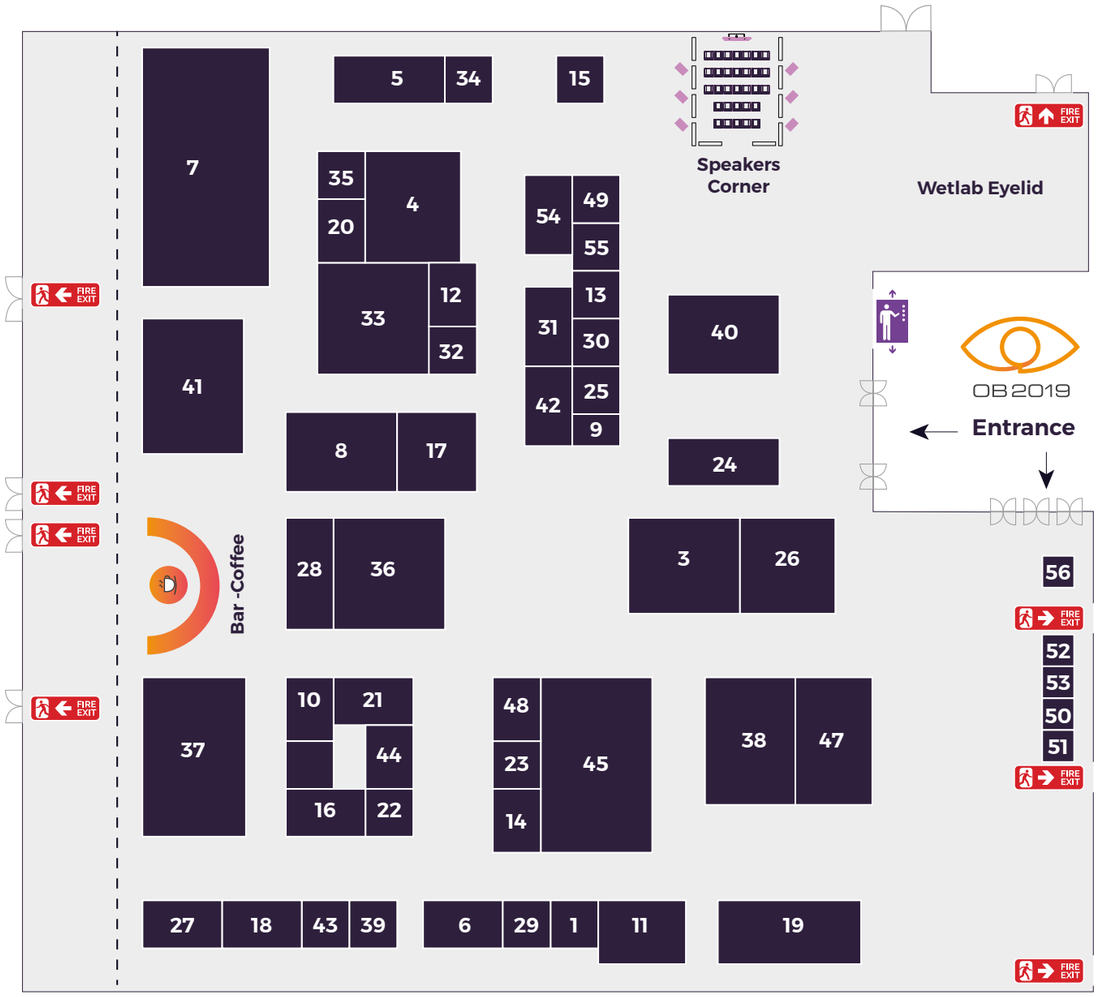
The organizers do not accept liability for personal accidents, loss of or damage to private property of participants either during, or directly arising from the meeting. Participants must make their own arrangements with respect to health and travel insurance.

Entrance: Rue Mont des Arts, 1000 Brussels



Entrance Central Station
Entrance Metro Central Station
Taxi
Public Parking 'Albertine'

Exhibition Floorplan



Exhibitors

# Booth	Exhibitor
1	3M
3	ALCON
4	BAUSCH + LOMB
5	BAYER
48	CANON MEDICAL SYSTEMS
35	CHIESI
6	CORILUS
7	DE CEUNYNCK OPHTHALMOLOGY
8	DORC
9	ERGRA ENGELEN
10	ESSILOR
11	EYED Pharma
12	EYETECH
13	FAGRON
14	FCI
15	GFC – Lafont Benelux
18	GLAUKOS
17	HORUS PHARMA BELUX
16	HOYA
19	KOURION CONSULT
49	LABORATOIRE DENSMORE
20	LINE-GOLD
21	LUNEAU
22	MEDEQUIP
54	MEDSAB
23	METROVISION
55	MORIA
24	MYLAN
25	NOOTENS
26	NOVARTIS PHARMA
27	OFTAHILS
28	OPHTALMO SERVICE
29	OPS EYEWEAR
30	OPTOS
47	PHYSIOL
31	PRO-VISION Instruments
32	REVOGAN
33	ROCKMED
34	SANTEN
36	SIMOVISION
37	TECHNOP
38	THEA Pharma
39	TRUSETAL
40	URSAPHARM Benelux
41	VAN HOPPLYNUS Ophtalm
42	VH Ophthalmics
43	Vision Company
44	XPERTHIS
45	ZEISS

BOOKSELLER IN REGISTRATION AREA

46	Wisepress

NON PROFIT ASSOCIATIONS

50	Association DMLA.be
51	Brailleliga
52	Les Amis des Aveugles
56	Licht in het Duister - Rwanda
53	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

Master slide ppt

- 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
A upload service prior the congress is proposed. Link to the upload server will be available closer to the congress. 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.
- Proposed OB 2019 Master slide
- **The PowerPoint presentation may contain a maximum of 5 slides!**
- All multi-media E-Posters will be presented at monitors in the Exhibition Hall.
- All electronic poster presenters should upload their presentation via an online system. You received already by email a token to enter into the online system.

UPLOAD deadline e-posters is Monday, November 25 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.
- An independent panel appointed by the Board of OB 2019 decides on the Poster Awards through voting. Their decision is final.

PRIZES ARE:

- Best rapid fire presentation 300 EUR
- Best e-poster 300 EUR
- Best presentation by an assistant (under 35 years old) 500 EUR travel grant international congress

The poster awards ceremony will be held on Friday, November 29, 2019 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.

Programme

Wednesday, 27 November 2019

OB2019	Copper Hall	Silver Hall	The Arc	Hall 300	Copper Foyer	Wetlab Hall	Speakers Corner
09:00 - 10:00	**OBAO:** Emergencies in Ophthalmology		**ICC 2:** Introduction to the joy of phaco-chop in cataract surgery	**ICC 3:** Thousand faces of dry eye disease	**Wetlab 1:** Phaco for beginners - NL -	**Wetlab:** Eyelid	
10:00 - 11:00							
11:00 - 12:00	**AOB:** Academic Session						**AOB:** E-posters
12:00 - 13:00							
13:00 - 14:00							**AOB:** Rapid Fire
14:00 - 15:00	**OBAO:** Emergencies in Ophthalmology	**BOG/SBO:** Dry eyes: How to unmask the great imitator in your dialy practice?	**ICC 4:** Corneal Grafs	**ICC 5:** Controversies in refractive surgery	**Wetlab 2:** Phaco for beginners - FR -		**AOB:** E-posters
15:00 - 16:00							
16:00 - 17:00			**ICC 6:** Prebyopia correcting intra-ocular lenses	**ICC 7:** Corneal Topography made easy	**Wetlab 3:** Complicated phaco - NL -		
17:00 - 17:30							

Programme Thursday, 28 November 2019

OB2019	Copper Hall	Silver Hall	The Arc	Hall 300	Copper Foyer	Speakers Corner
09:00 - 10:00	**BRS – FAB 1**	**BGS:** Update in the diagnosis and management of glaucoma	**BSA:** My best and my worst cases	**ICC 8:** Visian ICL: choosing the best option for your refractive patients: pro's and cons		**AOB:** E-posters
10:00 - 11:00						**Commercial** - Ursapharma
11:00 - 12:00	**BRS – FAB 2**			**ICC 9:** Fuchs' dystrophy		**AOB:** E-posters
12:00 - 13:00						**AOB:** Rapid Fire
13:00 - 14:00						**Commercial** - Van Hopplynus **Commercial** - Horus Pharma
14:00 - 15:00	**BRS – BIO**	**BSOPRS:** If it was your child	**BOV-ABO:** Diplopia after surgery: What to do?	**Eye, History and Art 2019**	**Wetlab 6:** Corneal sutures	**AOB:** E-posters
15:00 - 16:00						
16:00 - 17:00	**BRS – REBEL**				**Wetlab 5:** Istent	
17:00 - 17:30						
19:30 - 22:00	**OB Congress networking dinner in BOZAR**					

Programme Friday, 29 November 2019

OB2019	Gold Hall	Copper Hall	Silver Hall	The Arc	Hall 300	Speakers Corner
08:00 - 09:00	**BSCRS**	**BSONT NL:** Inzichten in Glaucoom				
09:00 - 10:00			**BSONT FR:** La Myopie	**PEDLOW/NOC:** Update on Lebers Hereditary Optic Neuropathy and congenital glaucoma	**ICC 10:** Imaging in Uveitis	**AOB:** E-poster
10:00 - 11:00						**Commercial** - Ophtalmo Serv
11:00 - 12:00	**BSCRS**				**ICC 11:** Managing your retina clinic in 2020: practical tips and tricks	**AOB:** E-poster
12:00 - 13:00				**AWARD CEREMONY**		**Commercial** - Ursapharm
13:00 - 14:00						**Commercial** - Van Hopplynus
14:00 - 15:00	**BBO-UPBMO**	**BSONT NL:** Inzichten in Glaucoom	**BSONT FR:** La Myopie	**BVVB-OBPC:** Kunst voor en door mensen met een visuele beperking - Art pour en par les malvoyants	**ICC 13:** Traitements des amétropies et de l'amblyopie chez l'enfant	**AOB:** E-poster
15:00 - 16:00						
16:00 - 17:00				**ICC 12:** Keratoconus management in the present day	**ICC 1:** Refractive Surgery anno 2019 : when Smile, when Femtolasik, when lasek?	
17:00 - 17::30						

WEDNESDAY
27 November

WEDNESDAY | 09:00 - 10:30 | **COPPER**

Emergencies in Ophthalmology

Moderators: Stefaan VAN NUFFEL, Sebastien RUITERS

09:00 **Visual loss and life threatening conditions**
BOSCHI A

09:25 **Uveitis: What to do when you can't see the problem**
KISMA N

09:50 **Vitreoretinal surgery: Endophthalmitis**
STALMANS P

10:10 **Medical retina: Medical retina 911**
DE ZAEYTIJD J

10:30 *BREAK*

WEDNESDAY | 14:00 - 17:30 | **COPPER**

Emergencies in Ophthalmology

Moderators: Stefaan VAN NUFFEL, Sebastien RUITERS

14:00 **Emergent signs of pediatric intracranial tumors**
PARSA C

14:30 **Vitreoretinal surgery: Priorities in Surgical Retina Emergencies**
VECKENEER M

15:00 **Oculoplastics: Eyelid trauma: Fixing function and form**
LASUDRY J

15:30 *BREAK*

16:00 **Cornea: Contactlens-related pathology**
TERMOTE K

16:30 **Cristallin: Dislocated lenses after trauma**
NI DHUBHGHAILL S

17:00 **Glaucoma: When the pressure is high**
COLLIGNON N

17:30 *END OF SESSION*

WEDNESDAY | 11:00 - 13:00 | **COPPER**

AOB Academic Session

Moderators: Guy SALLET, Emmanuel VAN ACKER

11:00 *In Memoriam Luc MISSOTTEN by Jean-Jacques De Laey*

11:10 *AOB Lecture Anita Leys: Laudatio by Werner Dirven*

11:20 **Nutrition and AMD: facts, figures and myths**
LEYS A

11:40 *AOB Award presentation by Bernard Heintz*

Introduction by Sayeh Pourjavan

11:50 **Keynote Lecture : Clinical Aqueous Dynamics**
LIM S

Introduction by Guy Sallet

12:10 **Keynote Lecture : Postsurgical CME: strategies for prophylaxis and treatment**
NUIJTS R

12:30 *Recognition of the Keynote speakers*

12:35 *Recognition of the outgoing AOB President Monique Cordonnier*

12:40 *End of sessions*

WEDNESDAY | 11:10 | **COPPER**

AOB Lecture

11:10 **Laudatio by Werner Dirven**

Laureate AOB Lecture 2019

Prof. Dr. Anita Leys, Leuven, Belgium

Anita Leys was Ophthalmologist in UZ Leuven and is Professor Emeritus of the University of Leuven, Belgium. She obtained the PhD title with a doctoral thesis on Ocular Fundus Changes in Renal Diseases. She is author or co-author of more than 100 peer reviewed publications, and of book chapters on AMD, radiation retinopathy, the eye and renal diseases, and the eye and systemic diseases. She is retired member of EURETINA, the Jules Gonin Club, and the Macula Society, and is active member of the European fluorescein club (FAN club), the Committee of European Experts in Micronutrition of the Eye (CEEME), and Groupe d'Experts en Micronutrition Oculaire (GEMO). She belongs to the editorial board of Retinal Cases and Brief Reports. She has experience in clinical studies and randomized trials of AMD and diabetic retinopathy.

WEDNESDAY | 14:00 - 17:00 | **SILVER**

Dry eyes:
How to unmask the great imitator in your daily practice?

Moderators: Peter P.M. RAUS, Nacima KISMA

14:00 *Introduction by Marc Huygens*

14:10 **Dry eyes, we all have to deal with it. An overview of the epidemiology, pathophysiology and diagnosis of dry eye disease**
SULLIVAN D

14:30 **When your body is overacting: Immunology and dry eye**
MURPHY C

14:45 **Artificial tears: Be gentle to your eyes. The role of preservatives in drops**
DUCHESNE B

15:00 **Beauty should not hurt: Cosmetics and eye health**
SULLIVAN A

15:15 *Break*

15:45 **Beyond the drops: Non-surgical treatment**
ES-SAFI M

16:00 **Surgery of dry eyes: a paradox? Surgical treatment**
GEERLING G

16:15 **Refractive surgery and dry eyes: Think twice before you start**
CRAHAY FX

16:30 **Conclusions and perspectives for the future**
SULLIVAN D

16:45 *Questions and answers*

17:00 *END OF SESSIONS*

WEDNESDAY | 13:30 - 14:00 | **SPEAKERS CORNER**

AOB Rapid Fire session 1

Moderators: Paulina BARTOSZEK, Joachim VAN CALSTER

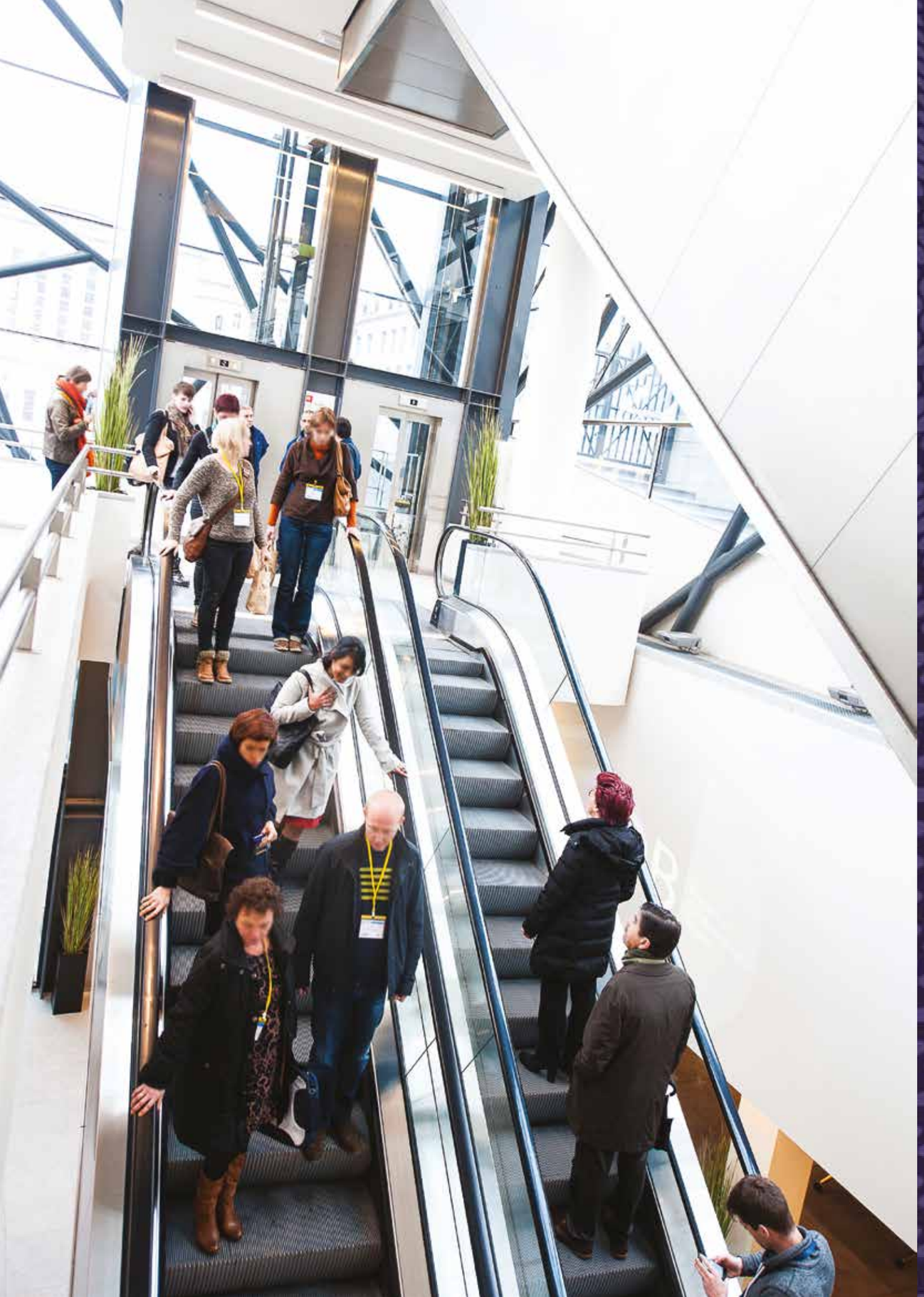
102 13:30 **Automated Capsulotomies without Femtosecond Laser**
MATHYS B

104 13:35 **Early clinical experience with a new Selective Laser Capsulotomy (SLC) device**
MERTENS ELJG

109 13:40 **Comparison of visual results after SMILE corneal laser vision correction and V4c implantable collamer lens surgery in the treatment of low to moderate myopia with or without astigmatism: medium to longterm results**
GOES S, GOES F jr

101 13:45 **Ozurdex implant migration into the Anterior chamber**
NARDEOSINGH S, ELHASSAN S, WILLIAMS G, HILL R

105 13:50 **Hyperspectral imaging and the retina: worth the wave?**
VAN EIJGEN J, LEMMENS S, VAN KEER K, DE BOEVER P, STALMANS I



THURSDAY
28 November

THURSDAY | 09:00 - 10:30 | **COPPER**

BRS - FAB Session 1

Moderators: Julie DE ZAEYTIJD, Benedicte LOCHT

09:00 **BRS case presentations PART 1**

10:30 *Break*

BRS - FAB
Belgian Retina Society
Fluorescein Angiography Club Belgium

THURSDAY | 11:00 - 12:30 | **COPPER**

BRS - FAB Session 2

Moderators: Werner DIRVEN, Laurence POSTELMANS

11:00 **Keynote Lecture : Artificial intelligence and retinal disease**
TADAYONI R

11:30 **BRS RETINA debate (with audience voting before and after debate)**

DEBATE 1
Proliferative DR treatment : laser (PRP) versus anti-VEGF therapy
GUISEPPE FASOLINO >< SEBASTIEN GOETHALS

DEBATE 2
CSCR treatment : first approach
PDT versus Mineralocorticoid Receptor Antagonists
ALEXANDRA KOZYREFF >< ANITA LEYS

BGS Belgian Glaucoma Society

THURSDAY | 09:25 - 12:30 | **SILVER**

Update in the diagnosis and management of glaucoma

Moderators: Thierry ZEYEN, Adèle EHONGO

09:25 *Welcome*

09:35 **What is the place for selective laser trabeculoplsty (SLT)?**
COLLIGNON N

09:50 **Determining OCT progression**
VAN DE VEIRE S

10:05 **Is there a role for Marijuana in glaucoma therapy?**
KESTELYN P

10:35 *Break*

11:05 **How much medication is too much?**
POURJAVAN S

11:20 **Work-up for normal pressure glaucoma**
STEVENS AM

11:35 *Case-reports chaired by V. De Groot*
with the participation of E. Vandewalle, S. Kiekens, V. De Groot and A. Ehongo

12:30 *End of sessions*

BSA Belgian Strabismological Association

THURSDAY | 09:00 - 12:30 | **THE ARC**

My best and my worst cases

Moderators: Sabine PRINSEN, Sandrine DE TEMMERMAN

09:00 *Introduction by the BSA president Sabine Prinsen*

09:05 **Fourth nerve: friend or not?**
DE TEMMERMAN S

09:20 **What to expect**
YUKSEL D

09:35 **Invited lecture : My best and worse cases**
JAIN S

10:15 *Discussion*

10:30 *Break*

11:00 **Bilateral sixth nerve palsy**
PRINSEN S

11:15 **My best and my worst cases by C. Cassiman**
CASSIMAN C

11:30 **Intermittent exotropia**
POSTOLACHE L

11:45 *My best and my worst case presentations*

12:00 *Discussion*

12:20 *END OF SESSION*

THURSDAY | 12:30 - 13:00 | **SPEAKERS CORNER**

AOB Rapid Fire session 2

Moderators: Guy SALLET, Sayeh POURJAVAN

103 12:30 **Choroidal neurofibromas: for once not hidden!**
DEQUEKER L, HEMELSOET D, LAUREYS G, DE ZAEYTIJD J

126 12:35 **Is keratoconus a real ectasia: analysis of corneal surface area in normal eyes and keratoconus ?**
CRAHAY F-X, DEBELLEMANIERE G, GHAZAL W, TOBALEM S, MORANT S, RAMPAT R, GATINEL D

107 12:40 **Clinical outcomes of Ahmed Glaucoma Valve in posterior segment**
STASSENS E, RAKIC J-M, COLLIGNON N

108 12:45 **The IOP lowering effect of combined iStent +phacoemulcification in patients with glaucoma: prospective study**
HAAGDORENS M, BOUSTANI G, POURJAVAN S

110 12:50 **Large spot size-transpupillary laser diode (LSTLD) with or without adjuvant ICG for retinal hemangiomas**
BARTOSZEK P, DE POTTER P

THURSDAY | 14:00 - 15:30 | **COPPER**

BRS Session

Moderators: Joachim VAN CALSTER, François WILLERMAIN

14:00 **Analysis of vitreoretinal samples by the Cellient automated cell block system: a six-year review of uveitis specimens**
VAN GINDERDEUREN R, JACOBS T, VAN CALSTER J

14:15 **BRS case presentations PART 2**

15:00 *Break*

BRS - REBEL

Belgian Retina Society

THURSDAY | 16:00 - 17:30 | **COPPER**

BRS - REBEL Session

Moderators: Leigh SPIELBERG, Gregory HAVERBEKE

16:00 **Keynote Lecture : Surgical management in pathological myopia**
PERTILE G

16:30 **REBEL Retina Debate (with audience voting before and after)**

17:30 *END OF SESSION*

DEBATE 1

Approach of lamellar holes: observation versus surgery

BY FABRICE KORCZEWSKI >< GRAZIA PERILE

DEBATE 2

Macular haemorrhage in AMD: anti VEGF alone versus TPA/gas/anti VEGF or Vitrectomy

BY JOZEF DEPLA >< PETER STALMANS

BSOPRS

Belgian Society of Oculoplastic and Reconstructive Surgery

THURSDAY | 14:00 - 17:30 | **SILVER**

If it was your child

Moderators: Veva DE GROOT, Paul JONCKHEERE, Gaël XHAUFLAIRE, Jacques LASUDRY

14:00 **If my baby is tearing, when will I probe, and what if it fails ?**
VANDELANOTTE S, HELSEN S

14:20 **When and how should we intervene in congenital/pediatric ptosis**
VAN DEN BOSCH W

14:40 **Congenital en/ectropion and epicanthus, will it disappear spontaneously? Trauma in children**
DE GROOT V

15:00 **Needles, sutures, knots and wounds**
VAN DEN BOSCH W

15:20 *Break*

15:55 **How to manage recurrent chalazia or blepharitis in children ?**
BABUSIAUX B

16:10 **Eczema, Moluscum, papillomata … what can we do ?**
LEYSEN JF, DE LEPELEIRE K

16:25 **Capillary Hemangioma, should we hurry and are beta blockers save ?**
DELBEKE P

16:40 **Eyelid edema, when should I worry ?**
CAEN S

17:00 **Medical and legal safety issues in pediatric oculoplastics**
LASUDRY J

17:25 *END OF SESSION*

THURSDAY | 14:00 - 18:00 | **THE ARC**

Diplopia after surgery: What to do?

Moderators: Daisy GODTS, Nathalie FOSTY

14:00 *Opening by Hilde Janssens, president BOV-ABO*

14:05 **Diplopia after Strabismus surgery**
VAN LAMMEREN M

14:25 **Diplopia after Cataract surgery**
DECKX A

14:45 **Diplopia after Refractive surgery**
MAASSEN M

15:05 **Diplopia after Glaucoma surgery**
JONES E

15:25 **Diplopia after Retina surgery**
VAN DAELE O

15:45 *Break*

16:15 **Diplopia after Orbital surgery**
GODTS D

16:35 **Diplopia after Sinus surgery**
NINCLAUS V, LA GRANGE N

16:55 **Diplopia after aesthetic surgery**
JANSSENS H

17:15 **Thesis: Orthoptic and surgical treatment of non-accommodative esotropia with convergence excess**
RAGAIGNE A

17:30 *Closing by Hilde Janssens, president BOV-ABO*

18:00 *END OF SESSION*

Eye, History and Art 2019

THURSDAY | 14:00 - 17:30 | **HALL 300**

Eye, History and Art 2019

Moderator: Frank Jozef GOES

14:00 **How artists depict the eye**
GOES F

14:10 **How to look at Art? A closer look at masterpieces**
STRUYVEN C

14:40 **Who killed Vincent ?**
GOES F

14:55 **The history of Myopia**
FLEDELIUS H

15:15 **The blindness of Plateau**
DE LAEY JJ

15:30 **Abracadabra**
DEHON P

15:45 *Discussion and Break*

16:20 **The history of gene therapy in ophthalmology**
LEROY B

16:40 **Was it Velasquez? De Vos? Jordaens? Rubens? Van Noort? A sleeper beauty**
DE HAUWERE B

16:55 **Blood flow in the eye and Art**
KLUXEN G

17:10 **A historical analysis of the Neuroophthalmic work of prof. J. van der Hoeve**
DE KEIZER RJW

17:25 **Zitting D.O.G. 19 juli 1936 - Waardenburg & von Verschuer. Toekomst en tijdsgeest**
DE SUTTER E

17:40 *END OF SESSION*

OB 2019 CONGRESS

NETWORKING DINNER

BOZAR

THURSDAY
November 28
19:30 - 23:00

BOZAR
Rue Baron Horta
1000 Bruxelles

OB 2019 CONGRESS
NETWORKING DINNER

BOZAR

REGISTRATION REQUIRED

FRIDAY
29 November

FRIDAY | 08:50 - 10:30 | **GOLD**

The cornea for cataract surgeons

Moderators: Benjamin D'HEER, Johan BLANCKAERT

08:50 *Address by President Blanckaert*

09:00 **Keratometry - things you didn't know, and how to make the best measurements**
BLANCKAERT J

09:10 **Specular microscopy, confocal microscopy and pachymetry**
BOURGONJE V

09:20 **Astigmatism – should we correct on the cornea or in the lens**
GOLENVAUX B

09:30 *Break*

09:40 **Improving corneal optics with laser BEFORE cataract surgery**
SALLET G

09:50 **Multifocal IOLs or Bifocal lenses after refractive surgery**
MATHYS B, CHAPELLE J

10:00 **Corneal scarring and cataract surgery – how to succeed when visibility is low**
VAN CAUWENBERGE F

10:10 *Round Table session moderated by Marie-José Tassignon*

10:30 *Break*

BSCRS Belgian Societies of Cataract and Refractive Surgery

FRIDAY | 11:00 - 12:30 | **GOLD**

The cornea for cataract surgeons

Moderators: Sorcha NI DHUBHGHAILL, Karolien TERMOTE

11:00 **Endothelial diseases**
BLEYEN I

11:10 **Endothelial keratoplasty – DMEK/DSEK combined or staged**
TERMOTE K

11:20 **Epithelial and basement membrane dystrophies**
HICK S

11:30 *Break*

11:40 **Keratitis in Belgium – what are we seeing and what should we be doing?**
KOPPEN C

11:50 **Neuropathic ulcers**
SAELENS I

12:00 **Corneal surgery – what's new and what's next?**
NI DHUBHGHAILL S

12:10 *Questions & round table session*

12:30 *END OF SESSION*

PEDLOW/NOC

Pediatric Ophthalmology & Low Vision Rehabilitation
Neuro Ophthalmology Club

AWARD CEREMONY

FRIDAY | 09:00 - 12:30 | **THE ARC**

Update on Lebers Hereditary Optic Neuropathy and congenital glaucoma

Moderators: Patricia DELBEKE, Ingele CASTEELS

09:00 *Welcome by Ped/Low/NOC president Patricia DELBEKE*

09:10 *Update in Leber Hereditary Optic Neuropathy*

09:10 **LHON: Diagnosis and medical treatment**
ANDRIS C

09:30 **Invited lecture : Childhood-onset LHON**
SMIRNOV V

10:00 **Gene therapy for LHON**
LEROY B

10:30 *Break*

11:00 *Update in Congenital Glaucoma*

11:00 **Congenital glaucoma and follow-up**
CASTEELS I

11:15 **Ocular anomalies associated with glaucoma**
BALIKOVA I

11:30 **Differential diagnosis of an excavated optic disc**
BOSCHI A

11:45 **Invited lecture : Surgical treatment modalities**
GREHN FX

12:30 *END OF SESSION*

FRIDAY | 12:30 - 13:00 | **THE ARC**

Award ceremony

PRIZES

Best rapid fire presentation	300 EUR
Best e-poster	300 EUR
Best presentation by an assistant (under 35 years old)	500 EUR travel grant international congress

BBO-UPBMO

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

FRIDAY | 14:00 - 17:30 | **GOLD**

Juridisering in de oftalmologie - Juridisation en ophtalmologie

Hebben we een advocaat/jurist nodig in onze praktijk? Avons-nous besoin d'un avocat/juriste dans notre cabinet ?

ETHIEK EN ECONOMIE

Moderators: Marnix CLAEYS, François HAUSTRATE

14:00 **Recente juridische ontwikkelingen omtrent de uitoefening van de oogzorgberoepen**
BEELEN P

14:30 **Analyse/étude/état des lieux des sinistres récents en ophtalmologie**
APALIGAN O

15:00 **Verbeteren van de zorgprocessen en het meten van de zorgkwaliteit-indicatoren**
VANHAECHT K

15:30 *Break*

16:00 **Do's en don'ts als de DGEC op de koffie komt/ Que faire ou ne pas faire quand le SECM vient prendre le café**
VIJVERMAN A

16:30 **Als de FOD Economie op bezoek komt : nog meer informatieplichten ? Quand le SPF Economie vous rend visite: encore plus d'obligations?**
BUELENS J

17:00 **De oftalmologie een sluitsteen in ons gezondheidsbeleid. L'ophtalmologie: une pierre angulaire de notre politique de santé**
CLAEYS D

17:30 *END OF SESSION*

BVVB-OBPC

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

FRIDAY | 14:00 - 15:30 | **THE ARC**

Kunst voor en door mensen met een visuele beperking - Art pour en par les malvoyants

Moderators: Tanja COECKELBERGH, Marie-José TASSIGNON

14:00 *Inleiding door Tanja Coeckelbergh*

14:10 **Muziekaanpassingen voor blinde en slechtziende mensen**
VANROY G, LAMONT L

14:30 **Muziek als therapie**
DEWITTE G

14:50 **Déchirer le brouillard avec des crayons**
SCHELFHOUT E

15:10 **Gesprek**
JANSSENS U

15:30 *END OF SESSION*


Fast Assessment
of severe Surface Trouble
(FAST study)
BELGIUM RESULTS
(September 2018)

E-POSTERS

AOB E-POSTERS

ABSTRACTS ON PG 75 -87

All e-Posters on show during the entire congress

| 09:00 - 17:30 |

SPEAKERS CORNER

101 **Ozurdex implant migration into the Anterior chamber**
NARDEOSINGH S, ELHASSAN S, WILLIAMS G, HILL R

102 **Automated Capsulotomies without Femtosecond Laser**
MATHYS B

103 **Choroidal neurofibromas: for once not hidden!**
DEQUEKER L, HEMELSOET D, LAUREYS G, DE ZAEYTIJD J

104 **Early clinical experience with a new Selective Laser Capsulotomy (SLC) device**
MERTENS ELJG

105 **Hyperspectral imaging and the retina: worth the wave?**
VAN EIJGEN J, LEMMENS S, VAN KEER K, DE BOEVER P, STALMANS I

106 **A new nomogram for laser corneal refractive surgery based on Artificial intelligence**
CRAHAY F-X, DEBELLEMANIERE G, RAMPAT R, MORAN S, GATINEL D

107 **Clinical outcomes of Ahmed Glaucoma Valve in posterior segment**
STASSENS E, RAKIC J-M, COLLIGNON N

108 **The IOP lowering effect of combined iStent +phacoemulcification in patients with glaucoma: prospective study**
HAAGDORENS M, BOUSTANI G, POURJAVAN S

109 **Comparison of visual results after SMILE corneal laser vision correction and V4c implantable collamer lens surgery in the treatment of low to moderate myopia with or without astigmatism: medium to longterm results**
GOES S, GOES F jr

110 **Large spot size-transpupillary laser diode (LSTLD) with or without adjuvant ICG for retinal hemangiomas.**
BARTOSZEK P, DE POTTER P

111 **Effectiveness of Humira in the treatment of non-infectious pediatric uveitis: a retrospective cohort study comparing JIA with other causes of uveitis**
BERTELOOT S, CASTEELS I, WOUTERS C

AOB E-POSTERS

ABSTRACTS ON PG 75 -87

112 **Juvenile idiopathic arthritis and uveitis in children: new perspectives in treatment.**
BERTELOOT S, CASTEELS I, WOUTERS C

113 **Patient satisfaction and spectacle dependance following implantation of the Acriva Trinova® trifocal IOL**
FAIZI N, BLANCKAERT J, MULLIEZ E, GHEKIERE S

114 **Mendeliome in patients with Microphthalmia, Anophthalmia and Coloboma – results and challenge**
BALIKOVA I, SOBLET J, BRACHET C, HEINRICHS C, SMITS G, VILAIN C

115 **Angio-Optical coherence tomography in patients after MEK-inhibitor therapy for cutaneous melanoma**
FASOLINO G, AWADA G, KOULALIS J, VERHELST B, TEN TUSSCHER M

116 **Primary vitreous cysts: two case reports**
ROBBEN P, VAN GINDERDEUREN R, THOMA D, DEHISLAGE C, VAN CALSTER J, BLANCKAERT J, CASTEELS I

117 **Dealing with difficult cases of cataract with the help of a lasso**
KESTELOOT F

118 **FEVR gene mutation in a patient with stage 5 retinopathy of prematurity**
VANHONSEBROUCK E, NERINCKX F

119 **An atypical case of acute unilateral complete external ophthalmoplegia**
DELVAULX Ph, YOUSSFI A

120 **Unseen? Mothers and Fathers with Visual Impairment**
VAN HAVERMAET J, LEROY BP, VAN HOVE G

121 **Ruthenium brachytherapy in ocular melanoma**
MISSOTTEN G, CHRISTIAENS M, CLEMENT P, VAN GINDERDEUREN R, VAN CALSTER J

122 **Patient creates filtering bleb: hypotony following traumatic rupture of an old scleral tunnel for cataract surgery**
LEMMENS SL, HUA MTH, STALMANS IS

123 **Diving and parafoveal scotoma**
VAN HOORDE T, VANMARCKE A, DE ZAEYTIJD J

124 **Corneal ectasia caused by Vitamin C deficiency**
CLIJSTERS LC, DELBEKE HD

125 **A case report of Merkel cell carcinoma of the eyelid after previously diagnosed and treated conjunctival intraepithelial neoplasia**
VAN OEVELEN K, DE GROOT V, DE KEIZER RJW, LAUWERS N

126 **Is keratoconus a real ectasia: analysis of corneal surface area in normal eyes and keratoconus ?**
CRAHAY F-X, DEBELLEMANIERE G, GHAZAL W, TOBALEM S, MORANT S, RAMPAT R, GATINEL D

127 **Think metabolic! Biotidinase deficiency mimicking neuromyelitis optica**
IMSCHOOT J, VAN ISEGHEM V, SPRENGERS M, SINDIC CJM, WILLEKENS B, HEMELSOET D, LAUREYS G, DE ZAEYTIJD J

128 **Chiasmal optic neuritis: an unusual presentation of neuromyelitis optica**
COCHE A, VAN PESCH V, DUPREZ T, BOSCHI A

129 **Globe subluxation following steroid treatment for Myasthenia Gravis (MG)**
DAM JF, CASSIMAN C

130 **Assessment of structural neurovascular coupling of radial peripapillary capillary in neovascular age dependent macular degeneration**
NELIS P, TEN TUSSCHER M, ETER N, ALNAWAISEH M

131 **Assessment in mydriasis of OCTA parameter of macular region and optic nerve head after dark and light adaptation**
NELIS P, ALNAWAISEH M, ETER N, TEN TUSSCHER M

132 **Mild Leber Hereditary Optic Neuropathy (LHON) in a Western European family due to the rare Chinese m.14502T>C mutation**
VANDEPUTTE J, SENECA S, DE ZAEYTIJD J

133 **Late onset of choroidal melanoma as vitreoretinal dissemination**
OLDERS G, BARTOSZEK P, DE POTTER P

AOB E-POSTERS ABSTRACTS ON PG 75 -87

134 **Ocular disorders among paediatric patients in Kinshasa**
KAIMBO WA KAIMBO D, KAIMBO MT

135 **An optic nerve head granuloma: the first sign of a systemic disease**
CHAPELLE AC

136 **The healthscape evaluated by visually impaired outpatients in two belgian hospitals**
CHAPELLE JF, CHAPELLE AC, RAKIC JM, DELCOURT C

137 **Case Report of epithelial ingrowth after anterior chamber paracentesis**
MOUTHUY M, OZTURK N

138 **A case of maculopathy in Rogers syndrome**
SCIFO L

139 **Micropulse G6 transscleral cyclophotocoagulation in refractory glaucoma patients**
BOUSTANI G, JANSSENS X, MARINESCU C, POURJAVAN S

140 **Cancer-associated rethinopathy secondary to gallbladder carcinoma**
GOYVAERTS K, VAN LINT M

Interactive Clinical Courses

WEDNESDAY | 09:00 - 10:30 | **THE ARC**

ICC 2 :
Introduction to the joy of phaco-chop in cataract surgery

Evelien DEWILDE, Steven RENIER

LEVEL: INTERMEDIATE

Interactive video-based presentation. The focus of the course is to provide a guidance to implement phaco chop in your routine cataract surgery. We would like to share our experiences with two different techniques: vertical and horizontal chopping. Overall, we aim at providing a very practical and interactive course: 10 things you need to know before starting phaco-chop!

WEDNESDAY | 09:00 - 10:30 | **HALL 300**

ICC 3 :
Thousand faces of dry eye disease

Zsuzsanna VALYI, Karolien TERMOTE

LEVEL: BASIC

Dry eye has many subtypes which requires identification and a personalised treatment. Trough interactive clinical cases these different types and treatments will be analysed according to the updated International, European and Asian guidelines. Old treatments and those freshly out on the market will be discussed.

WEDNESDAY | 14:00 - 15:30 | **THE ARC**

ICC 4 :
Corneal Grafs

Alessandra CHAVES, Morgan LENTINI, Neslihan OZTURK

LEVEL: BASIC

Corneal grafts have been evoluating recently. The goal if this ICC is to offer different techniques and indications regarding the surgical procedure.

WEDNESDAY | 14:00 - 15:30 | **HALL 300**

ICC 5 :
Controversies in refractive surgery

Benoit GOLENVAUX, Joaquin RIESTRA, Guy SALLET, Frank GOES jr

LEVEL: INTERMEDIATE

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

WEDNESDAY | 16:00 - 17:30 | **THE ARC**

ICC 6 :
Prebyopia correcting intra-ocular lenses

Guy SALLET, Erik MERTENS, Emmanuel VAN ACKER

LEVEL: BASIC

This course will give an update on the different possible intra-ocular lenses to improve distance as well as intermediate and near vision. Extended depth of focus intra-ocular lenses (EDOF), multifocal intra-ocular lenses or monovision will be discussed. Indications, patient selection and treatment will be highlighted. With this course, the attendant should have a good understanding of the different options for improving intermediate and near vision as well as proper handling of these patients.

WEDNESDAY | 16:00 - 17:30 | **HALL 300**

ICC 7 :
Corneal Topography made easy

Nashwan ALSABAI, Carina KOPPEN

LEVEL: BASIC

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

THURSDAY | 09:00 - 10:30 | **HALL300**

ICC 8 :
Visian ICL: choosing the best option for your refractive patients: pro's and cons

Barbara LEYSSENS, Frank KERKHOFF, Thibault VERHAMME

LEVEL: ADVANCED

Choosing the best for your refractive patient
1. Icl or refractive laser for low myopia in non presbyopic pt. We discuss the pro's and cons, using our data of >1200 icl's and >5000 laser procedures
2. Icl or RLE in myopic Presbyopia. Refractive lens exchange is a currently rising refractive surgical procedure. Which factors influence the RDD risk in both procedures?
3. Visian ICL implantation: Safety and results. Surgical tips and tricks.

THURSDAY | 11:00 - 12:30 | **HALL 300**

ICC 9 :
Fuchs' Dystrophy

Minh-Tri HUA, Ru-Yin YEH, Sorcha NI DHUBHGHAILL

LEVEL: BASIC

Fuch's endothelial dystrophy is a classical disease that every ophthalmologists has to deal with. We will tackle several clinical situations and have an open discussion. All the authors are familiar with DMEK surgery and an update of the last evolutions will be presented.

Interactive Clinical Courses

FRIDAY | 09:00 - 10:30 | **HALL 300**

ICC 10 :
Imaging in uveitis

Luc VAN OS, Pieter-Paul SCHAUWVLIEGHE, Céline SYS

LEVEL: BASIC

Zowel beeldvormende onderzoeken die zuiver binnen de oftalmologie vallen als radiologische onderzoeken kunnen essentieel zijn in de oppuntstelling en behandeling van patiënten met uveïtis. In deze ICC zullen we ingaan op de toegevoegde waarde van deze onderzoeken bij uveïtis en eveneens op enkele nieuwigheden van de afgelopen jaren.

FRIDAY | 11:00 - 12:30 | **HALL 300**

ICC 11 :
Managing your retina clinic in 2020: practical tips and tricks

Werner DIRVEN, Joke RUYS, Sebastien GOETHALS

LEVEL: BASIC

We will cover all the aspects of running of a medical retina clinic, and try to offer tips and tricks to those starting a clinic, as well as to more experienced colleagues.
1.Practical organisation and management of the clinic ; Sebastien Goethals
2.Treatment protocol and guidelines ; Joke Ruys
3.Which drug to choose ; Werner Dirven

FRIDAY | 16:00 - 17:30 | **THE ARC**

ICC 12 :
Keratoconus management in the present day

Elke KREPS, Carina KOPPEN

LEVEL: INTERMEDIATE

Keratoconus care have evolved immensely over the past decades. In this ICC, we aim to offer practical guidelines for the practicing ophthalmologist to help navigate them when faced with a keratoconus patient:
- who do we crosslink, when and how?
- what type of optical correction is the most appropriate for an individual patient?
- when is transplant surgery advised?
- how should we manage corneal hydrops?

FRIDAY | 14:00 - 15:30 | **HALL 300**

ICC 13 :
Traitements des amétropies et de l’amblyopie chez l’enfant

Perrine GILLARD, Vincent PARIS

LEVEL: BASIC

Une prise en charge rapide et efficace des troubles de la réfraction et de l’amblyopie est primordiale pour le bon développement visuel de l’enfant. Ce cours interactif donnera les guidelines pour votre pratique de tous les jours.

Interactive Clinical Courses

Wetlabs

FRIDAY | 16:00 - 17:30 | **HALL 300**

ICC 1 :
Refractive Surgery anno 2019 : when Smile, when Femtolasik, when lasek?

Bernard HEINTZ, Fernand DE WILDE, Steven RENIER, Ben D'HEER

LEVEL: BASIC

Modern refractive surgery has many treatment possibilities. Often, the choice between them is easy. Sometimes, deciding between different options is more challenging. The course will try to give an objective overview of all the treatments possible with their pro's and con's.

Alcon A Novartis Division

EyeD Pharma

De Ceunynck OPHTHALMOLOGY

DORC

H. NOOTENS

PhysIOL

PRECISION GOLD LINE

ROCKMED your partner in ophthalmology

Van Hopplynus Ophtalm an ARSEUS MEDICAL company

ZEISS

WEDNESDAY | 09:00 - 10:30 | **COPPER FOYER**

WETLAB 1 :
Phaco for beginners - NL

Frank Goes jr

WEDNESDAY | 14:00 - 15:30 | **COPPER FOYER**

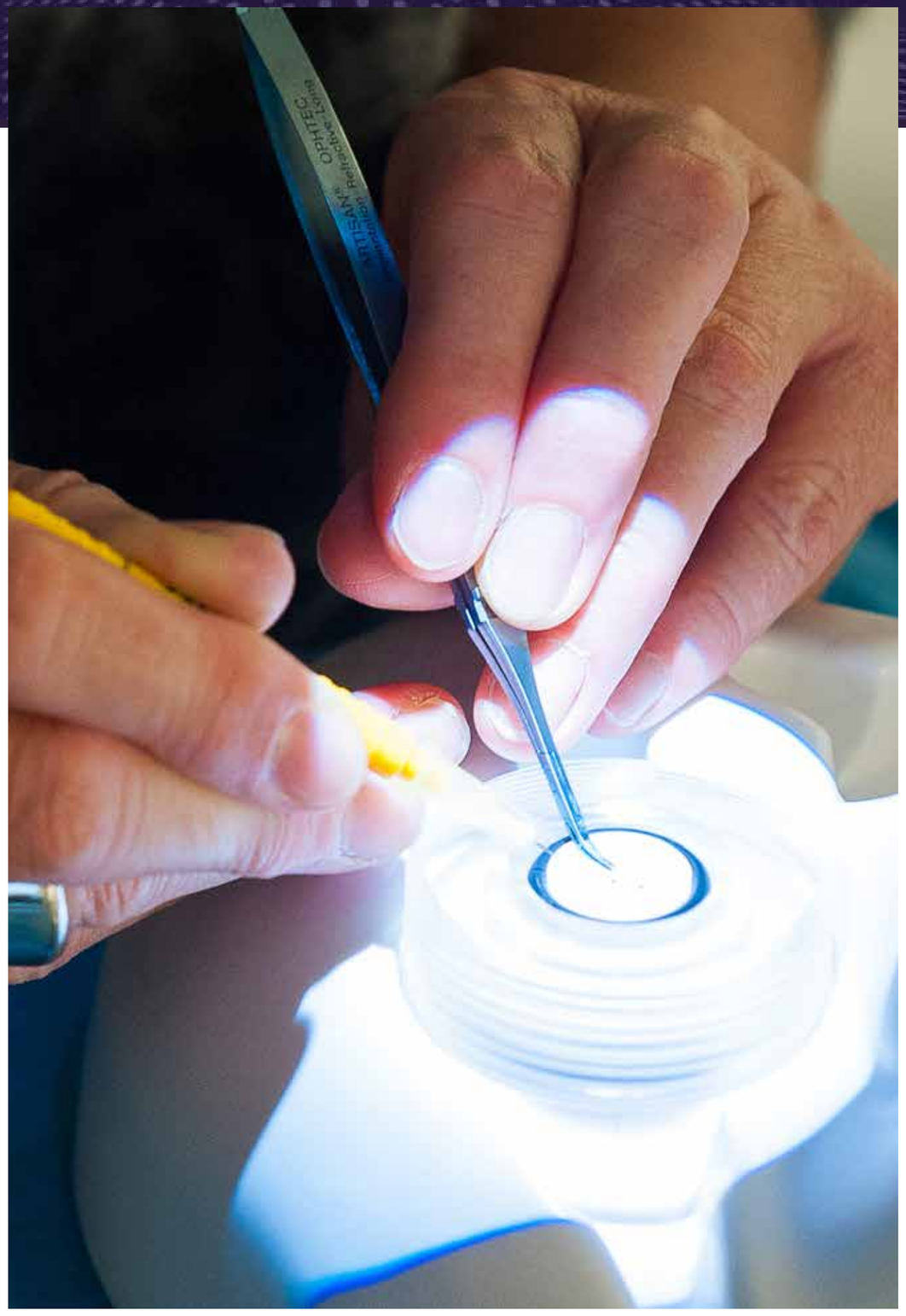
WETLAB 2 :
Phaco for beginners - FR

Emmanuel Van Acker

WEDNESDAY | 16:00 - 17:30 | **COPPER FOYER**

WETLAB 3 :
Complicated phaco - NL+FR

Johan Blanckaert, Fabrice Korczewski



THURSDAY | 14:00 - 15:30 | **COPPER FOYER**

WETLAB 6 :
Corneal sutures

François Xavier Crahay

THURSDAY | 16:00 - 17:30 | **COPPER FOYER**

WETLAB 5 :
Istent

Sayeh POURJAVAN

WEDNESDAY | 09:00 - 12:30 | WETLAB ROOM

WETLAB EYELID :

By BSOPRS

This wetlab by courtesy of BSOPRS

Commercial Sessions

THURSDAY | 10:30 - 11:00 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY URSAPHARM

SOS EVAPORATION

Speaker: Prof. Dr. Carina Koppen

THURSDAY | 13:00 - 13:30 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY VAN HOPPLYNUS

Multimodal imaging of the Anterior Segment at the support of your clinical expertise

Speakers: Dr. Andriantafika en Mr. Andreas Kasper (Clinical Trainer Heidelberg Engineering)

THURSDAY | 13:30 - 14:00 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY HORUS PHARMA

Living with glaucoma

Speaker : Prof. Dr. Vandewalle Evelien

FRIDAY | 10:30 - 11:00 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY OPHTALMO SERVICE

EDOF LUCIDIS présentation des résultats CHIREC / St Pierre BXL / presentatie resultaten

Speakers: Drs. Salik (CHIREC) et Motulsky (St Pierre BXL)

FRIDAY | 12:30 - 13:00 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY URSAPHARM

SOS EVAPORATION

Speaker: Prof. Dr. Carina Koppen

FRIDAY | 13:30 - 14:00 | **SPEAKERS CORNER**

COMMERCIAL SESSION BY VAN HOPPLYNUS

Automated Gonioscopy |Clinical Cases with the Nidek GS-1

Speakers TBC

ABSTRACTS

101

Ozurdex implant migration into the Anterior chamber

NARDEOSINGH S (1), ELHASSAN S (2), WILLIAMS G (3), HILL R (3)
(1) Ophthalmology , Glasgow
(2) Ophthalmology , Cardiff
(3) Ophthalmology , Swansea

purpose Ozurdex (Allergan Inc, Irvine, CA, USA) is a biodegradable sustained release device containing 0.7 mg of dexamethasone in a solid polymer drug delivery system. It is approved for the management of macular oedema associated with central and branch retinal vein occlusion, diabetic macular oedema and non-infectious uveitis. With increasing use of this non-tethered steroid implant we continue to learn about potential risks associated with the treatment and thus learn about considerations prior to starting such a treatment and also how to manage such complications should they arise.

methods Here we present a case of a 61 year old male who unfortunately developed one of the rarer complications of an Ozurdex implant. 11 days following the implant, the patient noticed the implant in the anterior chamber of his eye leading to corneal endothelium decompensation, and thus the deterioration in his vision

results the patient continued to have corneal oedema due to endothelial cell loss

conclusion We review the risk factors of Ozurdex implant migration, and how to manage the patients that develop such a complication

102

Automated Capsulotomies without Femtosecond Laser

MATHYS B
Brussels

purpose To determine the efficacy, safety and predictability of a new device, the Zepto (Mynosys,Inc), for capsulotomies during cataract surgery. The Zepto is supposed to deliver automated, consistant, round capsulotomies.

methods We reviewed 70 eyes of 37 patients who had cataract surgery in our Center. All cases had an anterior chamber deeper than 2.5mm (as requested by the procedure) and were implanted with a multifocal IOL.33 patients had the Zepto procedure in both eyes, 4 patients had the Zepto procedure in their dominant eye only, as the first eye was already done with a manual capsulotomy.All eyes were free of any ocular disorders, such as macular degeneration, glaucoma, diabetes, etc.Emmetropia was targeted in all cases. Barrett Formula from the IOLMaster (Carl Zeiss, Germany) was used in all cases.Surgery was performed by the same surgeon (BM). Distance visual acuity, nearby visual acuity, centration of the IOL, overlapping of the IOL by the anterior capsule, patient satisfaction, were recorded at 1D, 1M and 3M.

results At 1D, all eyes had a UCVA of 20/25 or better, at 1M, UCVA of 20/20 or better, idem at 3M. Overlapping of the lens was complete in 68 eyes; two eyes had an incomplete overlapping of the lens, one due to a wider capsulotomy (error in the procedure), the other due to a tear in the anterior capsule during phacoemulsification. No other complications occurred. Centration of the lens was estimated correct in all cases.

conclusion The Zepto device realised a consistant, round capsulotomy, centrated on the visual axis.The procedure cost is reduced compared to the FemtoLaser and it does not impair the operative flow.

103

Choroidal neurofibromas: for once not hidden!

DEQUEKER L (1), HEMELSOET D (2), LAUREYS G (2), DE ZAEYTIJD J (1)
(1) Ghent University Hospital Ophthalmology
(2) Ghent University Hospital Neurology

purpose Neurofibromatosis 1 (NF1) presents with hamartomatous proliferations of neural crest derived tissue including the eye. Lish noduli are easily observed. Choroidal lesions however are usually invisible on fundoscopy but are detected in up to 100% with near-infrared reflectance (NIR). Extremely rare, NF1 choroidal lesions manifest as fundoscopic visible brown-yellowish blunt lesions.

methods A 51-year old man presented with balance disorder, cognitive dysfunction and transient visual loss. He underwent an extensive ophthalmic, neurological and dermatological work-up.

results A 51-year old man with a general history of liposarcoma was admitted for neurologic deterioration. Brain MRI showed numerous confluent flair hyperintense periventricular lesions. A biopsy confirmed diffuse gliomatosis cerebri. Fundoscopy for transient visual loss revealed bilateral, multiple mixed yellow and pigmented flecks of various size spread over the posterior pole. These appeared bright on NIR, stained hyperfluorescent on FFA and were hypocyanescent on ICG. The brain and multispectral ocular imaging together with skin-colored nodules on arms and trunk directed towards a new and very late diagnosis of NF1. Skin biopsy confirmed the clinical diagnosis.

conclusion Choroidal neurofibromas of NF1 are often difficult to detect via fundoscopy. When present, the mixture of yellow and pigmented blunt lesions of variable size may pose a diagnostic challenge. This is especially true in the absence of a general diagnosis of NF1. However, multispectral imaging, history taking and skin inspection will guide towards NF1 and necessary ongoing surveillance.

104

Early clinical experience with a new Selective Laser Capsulotomy (SLC) device

MERTENS ELJG
Medipolis, Antwerpen

purpose To present on the 1st 100 consecutive eyes where the capsulotomy in routine cataract surgery was performed using a new Selective Laser Capsulotomy (SLC) technique.

methods SLC is performed with a 590nm orange wavelength laser which is absorbed into a trypan blue stained capsule to create a perfectly sized, centered and circular capsulotomy. The diameter settings are set from 4.5mm to 5.5mm in 0.1mm increments. From initial use the 1st consecutive 100 eyes were treated by the same surgeon and reviewed for size, centration and circularity. The number of free-floating capsular discs and 360° coverage of the IOL optic surface was also observed.

results After an initial learning curve observed with the 1st 20 eyes, SLC produced repeatable and accurate capsulotomies in terms of size, centration and circularity. Free floating capsular discs were consistently observed and 360° IOL coverage was achieved in 100% of cases.

conclusion The CAPSULaser SLC technique resulted in accurate and consistent capsulotomies easily integrated into the patient workflow. These results shown in our first 100 cases demonstrate the value of this automated capsulotomy device.

105

Hyperspectral imaging and the retina: worth the wave?

VAN EIJGEN J (1), LEMMENS S (2), VAN KEER K (1), DE BOEVER P (3), STALMANS I (1)
(1) UZ Leuven/KU Leuven, Leuven
(2) UZ Leuven/KU Leuven/VITO, Leuven
(3) VITO, Mol

purpose Hyperspectral imaging is gaining attention in biomedical research because it generates additional spectral information that can be used to study physiological and clinical processes. Several methods have been described, but an independent, systematic literature overview is lacking, especially in the field of ophthalmology.

methods A literature search has been conducted, following the PRISMA Statement 2009 criteria, in four large bibliographic databases. Articles have been included based upon their relevance. Wherever possible, risk of bias and quality have been assessed.

results Fifty-two articles have been withheld. Seven studies have been assessed by means of Newcastle-Ottawa Quality Assessment Scale (NOS), while Techniques based on Fourier analysis, liquid crystal tunable filters, tunable laser sources, dual-slit monochromators, dispersive prisms and gratings, computed tomography, fiber optics and Fabry-Perrot cavity filter covered complementary metal oxide semiconductor (CMOS) are being reported, all with variable acquisition time, spectral width, spectral and spatial resolution and experimental set-up. We performed a narrative synthesis and produced summary tables of findings of included papers because methodological heterogeneity and research topic precluded a meta-analysis.

conclusion The application in ophthalmology is still in its infancy. Most of the experiments have been performed in the field of retinal oximetry. Relatively small studies show promising results for hyperspectral imaging, e.g. in Alzheimer research. The true potential of this innovative technique remains to be unlocked.

106

A new nomogram for laser corneal refractive surgery based on Artificial intelligence

CRAHAY F-X (1), DEBELLEMANIERE G (2), RAMPAT R (2), MORAN S (2), GATINEL D (2)
(1) CHR Citadelle, Liège
(2) Fondation Ophtalmologique Adolphe de Rothschild, Paris

purpose To predict delta between programmed laser treatment and really delivered treatment. To compare the predicted delta with the wavelight nomogram To study relative importance of each preoperative parameter.

methods We reviewed 2728 myopic eyes operated with Wavelight Refractive Suite. Preoperative and one-month postoperative refractions and programmed treatment defined the observed delta. Delta is then predicted from clinical, laser and topographical preoperative parameters using machine learning regression algorithm.

results Machine learning nomogram reduced the error and improve outcomes. Outcomes are also improved after using machine learning and Wavelight nomogram. Programmed spherical equivalent is the more influential parameter to predict sphere and programmed astigmatism is the more influential parameter to predict cylinder.

conclusion Machine learning could allow to increase laser treatment accuracy and our understanding of causes of residual errors.

107

Clinical outcomes of Ahmed Glaucoma Valve in posterior segment

STASSENS E (1), RAKIC J-M (2), COLLIGNON N (2)
(1) Ophtalmology Department, CHU, Liège
(2) Ophtalmology Department, CHU, Liège

purpose To study intermediate-term intraocular pressure (IOP) control and complication profile of the Ahmed Glaucoma Valve (AGV) implanted posteriorly through the pars plana in eyes undergoing concurrent pars plana vitrectomy (PPV)

methods We retrospectively reviewed the medical records of 19 cases eyes (19 patients) with refractory glaucoma that underwent posterior implantation of AGV after complete PPV and compared the clinical post-operative outcome to the pre-operative status. This posterior route was preferentially indicated because of higher risk of decompensated cornea and tube extrusion in the patient population. All surgeries were performed by the same surgeons using a silicone-plate device (FP7). Success was defined as intraocular pressure (IOP) ≥ 5 mmHg and ≤ 21 mmHg with or without glaucoma medications at final follow-up, no additional glaucoma surgery, no removal of the implant, and no loss of light perception.

results The average follow-up was 12 months (range: 8 to 24 mo). The reduction in IOP was statistically significant at all postoperative time points (Pre-IOP: 30,31 mmHg - 12 months IOP: 15,2 mmHg). The number of postoperative glaucoma medications was statistically reduced at final follow-up (Pre-op: 2,85 to post-op: 1,7). Success rate at final follow-up were 84%. Postoperative complications were observed in 9 patients and spontaneously resolved without any further surgery except for one.

conclusion Combined 25-Gauge vitrectomy and posterior tube shunt placement is a safe and useful option in eyes with secondary refractory glaucoma.

108

The IOP lowering effect of combined iStent +phacoemulcification in patients with glaucoma: prospective study

HAAGDORENS M, BOUSTANI G, POURJAVAN S
Chirec Hospital Group, Delta site, Brussels

purpose To assess the IOP lowering effect of iStent insertion at the time of phacoemulsificationcombined in patients with glaucoma and to evaluate the number of topical medication needed to treat adequately the IOP, pre- and postoperatively.

methods Prospective study. The first 100 patients who underwent a combined operation were included in this study. The IOP was measured on preop, D1, W1, M1, M3, M6, M12 and further. The number of topical medication was calculated, based on number of different therapeutical molecules.

results The follow-up period was between 3 to 18 months. The IOP preop was 25.06 mmHg and postoperatively was 16.8 mmHg after 6 months. A mean reduction in the number of glaucoma medications per patient was 1.3, following iStent implant with phacoemulsification.

conclusion Combined iStent + Phacoemulcification is an micro invasive surgery of the high IOP in patients with glaucoma and can be used as a definite or temporary treatment for these patients.

109

Comparison of visual results after SMILE corneal laser vision correction and V4c implantable collamer lens surgery in the treatment of low to moderate myopia with or without astigmatism: medium to longterm results

GOES S (1), GOES F JR (2)
(1) UZLeuven, Leuven
(2) Goes OogCentrum, Antwerpen

purpose To compare safety, efficacy and refractive stability of Small Incision Lenticule Extraction (SMILE) with V4c Implantable Collamer Lens (ICL) surgery for the correction of low to moderate myopia with or without astigmatism.

methods We conducted a retrospective observational case study evaluating charts of 266 eyes undergoing ICL implantation and 414 eyes undergoing SMILE in eyes with low to moderate myopia (manifest spherical equivalent of ≤ -8 diopters) and with or without astigmatism (manifest cylindrical equivalent of ≤ -3 diopters). We extracted and compared pre- and postoperative uncorrected visual acuity (UCVA), refractive outcome and potential loss of best spectacle corrected visual acuity (BSCVA) at 1 week, 1 month and 1 year postoperative.

results In the ICL group, the mean spherical equivalent was -6,20 D ± 2,74D preoperatively and -0,09 ± 0,39 at 1m postoperative. In the SMILE group, the mean spherical equivalent was -5,43 D ± 1,65 D preoperatively and -0,05 D ± 0,59 D at 1m postoperative. The percentage of eyes within 1D attempted was 100% for ICL treated eyes and 99% for SMILE treated eyes. The percentage of eyes within 0,5 D attempted was 85% for ICL and 86% for SMILE. Both procedures have 0% loss of two lines BSCVA at 3 months postoperative.

conclusion Efficacy, safety and stability seem to be equal for both procedures. More data and longer follow up will show if the preliminary hypothesis will stand.

110

Large spot size-transpupillary laser diode (LSTLD) with or without adjuvant ICG for retinal hemangiomas.

BARTOSZEK P, DE POTTER P
Ocular Oncology Unit, Institut Roi Albert II - Cliniques Universitaires Saint-Luc, Brussels

purpose To evaluate the efficacy, ocular and visual outcomes, and treatment complications following a LSTLD (with indirect ophthalmoscopy) with or without ICG as therapeutic approach of vision-threatening retinal hemangiomas (RCH = retinal capillary hemangiomas associated with Von Hippel-Lindau disease or VPT = vasoproliferative tumors).

methods This non comparative observational cases series included 32 retinal hemangiomas (23 RCH and 9 VPT) in 19 eyes (17 patients), all treated by TDL (810 nm) with large spot size-indirect ophthalmoscopy (1.2 mm). 5 tumors (16%) were treated by TDL alone and 27 (84%) by ICG-enhanced TDL.

results After a mean follow-up of 55 months (range: 2 - 234), 15 hemangiomas (47%) presented with a flat scar and 15 (47%) showed regressed fibrotic appearance. Visual acuity improved in 5 eyes (26%), decreased in 3 eyes (16%) and was stable in 11 eyes (58%). Two eyes (11%) developed ablatio fugax and four eyes (21%) epiretinal macular membrane. No other complication was recorded. 7 hemangiomas required a second treatment.

conclusion Large spot size-TLD (1.2mm) with indirect ophthalmoscopy appeared to be a safe therapeutic option for vision-threatening exudative retinal hemangiomas. The only complications were epiretinal macular membrane and ablatio fugax. The potential benefit of ICG injection on tumor and/or exudation regression could not be statistically evaluated due to the small number of treated hemangiomas.

111

Effectiveness of Humira in the treatment of non-infectious pediatric uveitis: a retrospective cohort study comparing JIA with other causes of uveitis

BERTELOOT S (1), CASTEELS I (2), WOUTERS C (2)
(1) KUL, Leuven
(2) UZL, Leuven

purpose Chronic childhood uveitis is most often associated with juvenile idiopathic arthritis (JIA). We wanted to assess the efficacy of Humira (adalimumab) in JIA-associated uveitis compared to its effectiveness in other non-infectious uveitides.

methods Our retrospective cohort study compares group A (n=14): patients with JIA-associated uveitis, and group B (n=13): patients with other non-infectious uveitides, both treated with Humira. Patients were followed from initiation of therapy until discontinuation or until the last ophthalmologic visit up to April 2018, with a mean follow-up time of 41.2 months. The primary outcome was therapy effectiveness according to an intraocular inflammation score corresponding to the SUN-criteria.

results Three months after the initiation of Humira 13/28 eyes (46.4%) in group A, and 4/23 eyes (17.4%) in group B, with an active uveitis at the start of therapy, achieved uveitis inactivity. However, by the end of the study uveitis had reoccurred in 3/13 and 0/4 eyes in group A and B, respectively. Moreover, 3/11 eyes in group A and 5/16 eyes of group B, which showed no signs of active inflammation at Humira initiation, developed uveitis in the course of the study. Only in group A, a statistically significant reduction in the ocular inflammation was seen during the study follow-up (mean difference 0.666; 95% CI 0.271 to 1.062; P- value= 0.001).

conclusion We conclude that Humira is an effective therapy for children with JIA-associated uveitis, showing more successful results compared to other causes of uveitis. During follow-up, Humira did not show a protective effect against uveitis reoccurrence, but did show a significant reduce in the severity of inflammation during these episodes of relapse.

112

Juvenile idiopathic arthritis and uveitis in children: new perspectives in treatment.

BERTELOOT S (1), CASTEELS I (2), WOUTERS C (2)
(1) KUL, Leuven
(2) UZL, Leuven

purpose Chronic anterior uveitis is the most common extra-articular manifestation associated with juvenile idiopathic arthritis (JIA). Early diagnosis and adequate treatment are primordial in the prevention of complications and in the reduction of the disease burden of JIA-associated uveitis. However to date no consensus about a standardized treatment approach exists. We conducted a literature study in search of the most recent advances in the treatment of JIA associated uveitis.

methods This literature study was performed at the University Hospitals of Leuven, Gasthuisberg. The search was conducted using the Medline database (PubMed). Including only English articles with a pediatric study population, published between 2015 and the 4th of February 2018, 109 articles were found. After reviewing these publications, 38 articles were withheld.

results Current treatment is based on a step-up approach. Consensus is reached regarding the use of corticosteroids as initial treatment for acute inflammation control. However new evidence suggests an advantage of a faster transition to steroid sparing agents.In the next step, Methotrexate remains the disease modifying anti-rheumatic drug of first choice. The introduction of biological agents has opened new perspectives in the treatment of patients resistant to conventional therapy. Different studies have already proven the efficiency of Adalimumab and infliximab in the treatment of JIA-associated uveitis. Moreover, concomitant use of Methotrexate reduced the risk of relapse.

conclusion The arrival of the biologicals (adalimumab, infliximab) has opened new perspectives in the treatment of JIA-associated uveitis resistant to conventional therapy, consisting of steroids supplemented by Methotrexate.

113

Patient satisfaction and spectacle dependance following implantation of the Acriva Trinova® trifocal IOL

FAIZI N (1), BLANCKAERT J (2), MULLIEZ E (3), GHEKIERE S (3)
(1) UZ Leuven , Leuven
(2) UZ Leuven, Leuven
(3) Jan Yperman, Ieper

purpose The Acriva Trinova® (VSY Biotechnology B.V., Amsterdam, The Netherlands) is a single piece, foldable trifocal IOL. The design is aspheric, achromatic, and hydrophobic. In general, novel multifocal IOL's provide good distance visual acuity and patients tend to have a better near vision and lower spectacle dependency, when compared to monofocal IOL's. However, common problems with multifocal lenses are blurred vision and photopic phenomena (haloes and glare). Our purpose was to evaluate patient satisfaction and spectacle independence after implantation of the Acriva Trinova® trifocal IOL, by using a questionnaire.

methods To assess spectacle independence and patient satisfaction after implantation of the Acriva Trinova® trifocal IOL, we prepared a questionnaire consisting of 7 questions. The questionnaires were sent to patients from 2 weeks after cataract surgery on both eyes. A total of 26 eyes was included in this survey.

results Regarding overall visual satisfaction, the Acriva Trinova® provided a good vision for far and a good near vision. However, only 2 patients reported to have no complaints of haloes, nor glare. Yet, despite the presence of these photopic phenomena, we found high patient satisfaction. All patients reported to have a better vision after cataract surgery and only one patient reported to regret having the cataract surgery. When evaluating spectacle dependence, 2 patients still felt dependent of their glasses for near vision.

conclusion In global we can conclude that, despite still experiencing some amount of photopic phenomena, high patient satisfaction and low spectacle dependence can be achieved by implantation of the Acriva Trinova® trifocalIOL.

114

Mendeliome in patients with Microphthalmia, Anophthalmia and Coloboma – results and challenge

BALIKOVA I (1), SOBLET J (2), BRACHET C (3), HEINRICHS C (3), SMITS G (2), VILAIN C (2)
(1) University Children Hospital Queen Fabiola, Department of Ophthalmology, Brussels
(2) University Children Hospital Queen Fabiola, Department of Genetics, Brussels
(3) University Children Hospital Queen Fabiola, Department of Endocrinology, Brussels

purpose Microphthalmia, anophthalmia and coloboma are ocular malformations leading to severe health and social consequences for the life of the affected children. In industrialized countries, ocular malformations are most often of genetic origin. The underlying genetic causes in patients often remain undetermined due to the complexity of these disorders, including high genetic heterogeneity and incomplete penetrance.

methods We performed next generation sequencing of gene panel, Mendeliome, in patients with microphthalmia, anophthalmia and coloboma. Twelve patients with syndromic and nonsyndromic forms of microphthalmia, anophthalmia and coloboma were tested in a trio with their parents.

results Mutations were identified in 5 patients (45%) affecting RAX, PTPN11, MED12, TFAP2A and RBP4 genes. The mutations in – MED12, TFAP2A and RBP4 were novel and were inherited from a normal parent. MED12 mutations underlay the X linked Ohdo syndrome which was inherited from the mother. TFAP2A variant was found in the mildly affected parent. The segregation of the mutation in RBP4 showed uncertain results.

conclusion Our results show that the etiology of microphthalmia, anophthalmia and coloboma is complex and involves different genetic mechanisms.

115

Angio-Optical coherence tomography in patients after MEK-inhibitor therapy for cutaneous melanoma.

FASOLINO G, AWADA G, KOULALIS J, VERHELST B, TEN TUSSCHER M
Universitair Ziekenhuis Brussel, Brussel

purpose Evaluation by angio-OCT of blood flow parameters in different retinal layers in patients who received MEK-inhibitor therapy.

methods Single center, prospective cohort study of 22 eyes of 11 patients. All patients had been treated with 2mg Trametinib q.d. (a MEK-inhibitor) for stage IV cutaneous melanoma, progressive under nivolumab/ ipilimumab. The mean age of the patients at the start of the treatment was 61,5 years [30,4-77,4]. Before the start of treatment and every 6 weeks during a follow up of 6 months, patients underwent a complete ophthalmologic exam, containing fundus pictures, OCT, angio-OCT and fluorescein angiography (FA).

results Within 1 month after start of the treatment OCT in 4 eyes of 2 patients showed serous retinal detachments in the foveal region similar to what is observed in central serous chorioretinopathy (CSC). During the follow up of these 2 patients FA didn't show any leakage in the area of detachment and angio-OCT didn't reveal any alteration in flow signal parameters in the different retinal layers and choriocapillaris either.

conclusion 4 eyes (18% of all examined eyes) showed ocular complications during MEK-inhibitor therapy. In these patients angio-OCT didn't reveal any difference of the retinal and coriocoapillaris blood flow parameters like these observed in CSC. Therefore, the present results may suggest a possible toxicity of trametinib towards RPE cells and the outer blood-retinal barrier.

116

Primary vitreous cysts: two case reports

ROBBEN P (1), VAN GINDERDEUREN R (1), THOMA D (1), DEHISLAGE C (2), VAN CALSTER J (1), BLANCKAERT J (3), CASTEELS I (1)
(1) UZ Leuven, Leuven
(2) Ziekenhuis Oost Limburg, Genk
(3) Jan Yerman ziekenhuis, Ieper

purpose To report two cases of primary vitreous cysts with discussion of their pathophysiology and management.

methods Clinical examination with fundus photography, ultrasound and optical coherence tomography. Histopathology was performed in the first case.

results The first case illustrates a pigmented, free-floating cyst, which was removed during a 27g vitrectomy. Histopathology shows a single layer of pigmented epithelium and confirms the previously reported presence of a PAS-positive basement membrane. The second case shows a sessile, non-pigmented cyst associated with significant anisometropia.

conclusion Primary vitreous cysts are rare and can have a wide range in their clinical aspect. This likely reflects whether they originate either from the pigment epithelium or the primary hyaloidal system. Management of vitreous cysts is mostly conservative, but pars plana vitrectomy can be used safely, if the symptoms are debilitating.

117

Dealing with difficult cases of cataract with the help of a lasso

KESTELOOT F
HARELBEKE

-**methods** I present my first experiences with a novel and innovative technic for dealing with hard cataracts. The cataract is cut and thus divided by a wire made of metal (ELF /Diamantrix or Myloop/Zeiss) . This minimalises the energy for removing the cataract which is very helpfull in cases of hard (brunescent) cataract but also when the cornea is fragile (low cell count,guttata,Fuch's) . The simplicity of this device is a big advantage compared to sophisticated alternatives as femtosecond lasers.

results I didn't encounter serious complications using these devices and found it a safe and efficient way for handling difficult cases of cataract surgery.

conclusion By using this device there is nearly no need anymore for conversion to ECCE a technic which becomes increasingly unfamiliar to the new generation of eye surgeons. I believe that this valuable tool has the potential for becoming a standard instrument which will rapidly find a place in the surgical tray of the cataractsurgeon.

118

FEVR gene mutation in a patient with stage 5 retinopathy of prematurity

VANHONSEBROUCK E, NERINCKX F
UZ Gent, Gent

purpose To investigate the link between familial exudative vitreoretinopathy (FEVR) and retinopathy of prematurity (ROP) by means of a case report

methods Case report and literature review

results We describe a female neonate with a gestational age of 24 weeks who was referred to our clinic because of progression to a stage 5 ROP in only two weeks' time. Clinical examination showed a buphthalmic eye, high IOP and a funnel shaped retinal detachment with remarkable exudation in both eyes. Given this clinical image and fast progression to a total retinal detachment, a blood sample for genetic testing was performed. This revealed a heterozygous deletion of the FZD4 gene and confirmed the genetic diagnosis of FEVR.The pathogenesis and clinical image of ROP and FEVR is very similar. FEVR is known to be a hereditary condition in full-term born children, while ROP is a multifactorial disease caused by prematurity and environmental factors. Recent research with twin studies, however, also shows a large contribution of genetics in the development of ROP. In a small number of severe ROP, mutations in FEVR genes are found, which shows evidence for a common signaling pathway (Wnt/beta-catenin) that can lead to both FEVR and ROP.

conclusion It is difficult to distinguish ROP from FEVR in premature infants, but since there is a common signaling pathway, it is plausible that in this case there is an overlap between these two diseases. It may be indicated to screen for mutations in FEVR genes in neonates with severe and rapid progression of ROP, because it can have important implications for the patient itself and other family members. Further genetic research is definitely recommended to fully understand the pathophysiology of ROP.

119

An atypical case of acute unilateral complete external ophthalmoplegia.

DELVAULX PH., YOUSSFI A.
ERASME, BRUXELLES

purpose To describe a patient who presented with atypical acute unilateral complete external ophthalmoplegia.

methods A case report and a complete review of the literature.

results A 70-year-old women presented with acute unliteral complete external ophthalmoparesis, followed in the next few days by unilateral complete external ophthalmoplegia. The patient had already presented with two crises similar before with full recovery after few days of corticotherapy. After a normal complete systemic workup including biology, MRI, angio-CT and lumbar puncture, a diagnosis of Tolosa-Hunt syndrome was retained. The patient had a full recovery but this time she did not respond as quickly to the corticotherapy.

conclusion This atypical case of acute unilateral complete external ophthalmoplegia required a complete review of the literature. We think that, as some authors have already mentioned, the criteria of Tolosa-Hunt syndrome should be reviewed. In addition, the delayed response to corticosteroids during this episode also raises the question of a cortico-resistance.

120

Unseen? Mothers and Fathers with Visual Impairment

VAN HAVERMAET J, LEROY BP, VAN HOVE G
Ghent University, Gent

purpose To research the perspectives of mothers and fathers on parenting with a visual impairment. It is barely taken into account that visually impaired children might one day become a parent, and research on the perspectives of mothers and fathers on parenting with a visual impairment is scarce.

methods For this study we report on how 6 mothers and 7 fathers with a visual impairment experience parenthood.The 13 participants are visually impaired parents recruited through the social network of the first author, as well as by social media and by snowball sampling. An individual or paired open interview with these mothers and fathers captured their individual experiences of parenting.

results Qualitative content analysis identified themes in 3 clusters.Some aspects make parenting of the parents extraordinary, confronting or possibly problematic (cluster 1). Other aspects show how parents with visual impairment experience parenting on a daily basis (cluster 2). In a third cluster, parenthood is shown to become "normal", with the parents not needing any professional support in relation to parenting (cluster 3). In some instances, visual impairment may even imply added value for the families.

conclusion Stratification of the findings into three clusters offers insights into the layered parent perspective. The understanding of parenting through a qualitative open dialogue as a visually impaired mother or father is deepened and broadened. It results in a unique story based on empiric expertise of the parents. Consequently, improved insight allows the social position of these parents to be adjusted and provides the baseline for constructivist and action-oriented practical guidelines to parenting for the visually impaired.

121

Ruthenium brachytherapy in ocular melanoma

MISSOTTEN G (1), CHRISTIAENS M (2), CLEMENT P (3), VAN GINDERDEUREN R (4), VAN CALSTER J (5)
(1) Dept Ophthalmology, Catholic University Hospitals Leuven, Leuven
(2) Dept Radiotherapy, Catholic University Hospitals Leuven, Leuven
(3) Dept Oncology, Catholic University Hospitals Leuven, Leuven
(4) Dept Ophthalmology and Pathology, Catholic University Hospitals Leuven, Leuven
(5) Dept Ophthalmology, Catholic University Hospitals Leuven, Leuven

purpose To evaluate the procedure and technique for ruthenium brachytherapy in ocular melanoma after the introduction of ruthenium in a tertiary center in 2018. First outcome and results after 2 year experience.

methods Retrospective analysis of our database and review of the literature on ruthenium brachytherapy in ocular melanoma and other malignancies. Three types of ruthenium plaques (CCA, CCB and COB) are available in UZLeuven for different tumour sizes.

results Between February 2018 and September 2019, 54 patients were treated with ruthenium plaque brachytherapy: 40 uveal melanomas, 2 iris melanomas, 1 choroidal hemangioma, 8 conjunctival melanomas and 3 squamous cell carcinomas of the conjunctiva. Application time differs from 6.8 to 226 hours, for a top dose of 100 Gy. In one patient a temporary vitreous haemorrhage occurred after the application (juxtapapillary tumour), 2 large serous detachments (one with development of a painful eye and enucleation), and one recurrence. Three patients with uveal melanoma developed metastases. Two patients had transient diplopia.

conclusion Ruthenium brachytherapy is a good and safe procedure for the treatment of ocular melanomas and other malignancies.

122

Patient creates filtering bleb: hypotony following traumatic rupture of an old scleral tunnel for cataract surgery

LEMMENS SL (1), HUA MTH (2), STALMANS IS (1)
(1) University Hospitals UZ Leuven/KU Leuven, Leuven
(2) University Hospitals UZ Leuven, Leuven

purpose To describe a case where a patient involuntarily creates a filtering bleb, many years after cataract surgery.

methods An 86-year old woman was referred because of symptomatic hypotony on the left eye since a few weeks, with blurry vision and a very sensitive eye. She had a history of bilateral intracapsular cataract extraction (ICCE) in 1980 and secondary intraocular lens (IOL) implantation in 1982. The patient mentioned a fall on the head with concussion six months earlier. At presentation, best corrected visual acuity (BCVA) was 20/40 OS. Intraocular pressure was 4 mmHg. Anterior segment exam showed a superonasal filtering bleb and the fundus exhibited macular folds. The diagnosis of a superior scleral fistula was made, and confirmed by gonioscopy. A causal relationship between the head injury and the presence of a scleral fistula seemed very likely, with the location of the fistula probably corresponding to a previously made surgical incision created while performing ICCE. It was decided to opt for surgical repair of the fistula.

results Two months after presentation, closure of the scleral fistula in the left eye was performed. Two weeks postoperatively, the patient achieved 20/33 BCVA and a 14 mmHg IOP with resolution of the filtering bleb and macular folds. On gonioscopy, the former scleral fistula appeared as a very discrete, narrow closing line.

conclusion This case report demonstrates the possibility of symptomatic hypotony due to the traumatic creation of a scleral fistula, many years after prior ICCE, and the resolution of clinical signs and symptoms after surgical repair of this fistula.

123

Diving and parafoveal scotoma.

VAN HOORDE T (1), VANMARCKE A (2), DE ZAEYTIJD J (1)
(1) UZ, Gent
(2) Wevelgem

purpose To describe parafoveal scotoma and color vision changes as long-term detrimental effects of diving.

methods A semi-professional diver with bilateral parafoveal scotoma underwent a full ophthalmic and general workup.

results A 55-year old male patient was referred because of a 4-year history of bilateral small parafoveal scotoma. BCVA was 10/10 in both eyes. Only detailed 10-2 automated perimetry showed small central defects where standard 30-2 perimetry failed. The lesions remained stable over a follow-up period of 15 months. Optic nerve function was normal. Consecutive fundoscopic evaluation transiently showed 1 cotton wool spot, discrete dot haemorrhages and a few small retinal nerve fibre bundle defects. The Farnsworth-Munsell 100 hue color vision test revealed a blue-yellow defect. High resolution macular OCT imaging, fluorescein angiography, blue-light autofluorescence imaging and a full-field ERG were otherwise unremarkable. Blood analysis, cardiovascular workup and brain imaging (MRI) were normal. Thorough questioning led to a history of over 2400 dives over the past 25 years explaining the presence of scotoma, transient retinal microvascular changes and color vision deficits.

conclusion Immediate risks of diving such as decompression sickness are well-known. But, because of extended exposure to increased pressure underwater, more subtle, long-term effects emerge including retinal damage parallel to the number and depth of dives.When confronted with parafoveal scotoma in the absence of other etiologic factors, patients should be questioned about diving. A reduction in the number and depth of dives should be discussed to prevent more serious damage. These observations should not be extrapolated to sportive divers.

124

Corneal ectasia caused by Vitamin C deficiency

CLIJSTERS LC, DELBEKE HD
UZ Leuven, Leuven

purpose In this case series we discuss three patients with a progressive corneal ectasia and a proven vitamin C deficiency.

methods Case series

results Three patient presented with atypical features of corneal ectasia. Two out of three were above 40 years old and they all had a peculiar general history. The first patient, who is a twenty eight year old female does not eat any raw vegetables and nuts due to allergy. The second patient is a forty year old man with a history of a laparoscopic sleeve gastrectomy and cholecystectomy. The third patients is a forty-eight year old female with Morbus Crohn who had a hemicolectomy when she was 25 years old. They all came to our department because of decreased visual acuity. Corneal tomography by Scheimpflugh imaging (Pentacam) showed in all three cases an irregular astigmatism, congruent with some type of ectasia. A blood sample was taken and a vitamin C deficiency was diagnosed.

conclusion To the best of our knowledge, we are the first to present a possible correlation between corneal ectasia and vitamin C deficiency. Although more research is needed, it can be interesting to determine the vitamin C plasma levels in a patient presenting with an atypical ectasia. When a vitamin C deficiency is confirmed, it should be substituted orally.

125

A case report of Merkel cell carcinoma of the eyelid after previously diagnosed and treated conjunctival intraepithelial neoplasia.

VAN OEVELEN K, DE GROOT V, DE KEIZER RJW, LAUWERS N
University hospital of Antwerp, department of Ophthalmology, Antwerp

purpose We present the case of a Merkel cell carcinoma (MCC) of the eyelid in a patient that previously was diagnosed and treated for a conjunctival intraepithelial neoplasia (CIN) in the same area.

methods A case report

results A 76-year old woman was diagnosed with CIN and was referred to our clinic for suspicion of recurrence in 2010. Biopsy confirmed a CIN type III and topical treatment with 5-fluorouracil enabled complete remission. She developed secondary conjunctival scarring of her right upper eyelid with entropion and trichiasis, that caused corneal ulcera and irreversible corneal scarring. In 2012 a new recurrence of CIN of the right lower eyelid was treated with topical inferferon-α2b. Treatment was interrupted after 6 months because of central corneal ulceration but a biopsy in 2013 revealed no recurrence of CIN, only inflammation. In May 2019 she presented to the emergency department complaining of progressive swelling and itching of the right lower eyelid. Biomicroscopy revealed a red bulging mass and subsequent biopsy was compatible with a Merkel cell carcinoma. The patient underwent an exenteration of the right orbit. Additional investigations including MRI of the orbit, PET-CT of the body and sentinel lymph node biopsy revealed no metastasis.

conclusion Merkel cell carcinoma is a rare, highly aggressive neuro-endocrine skin tumor which affects the eyelids in 5-10% of the cases. 40% of MCCs are associated with adjacent or overlying Bowen's disease or squamous cell carcinoma (SCC) of the skin. This is the first case presenting MCC associated with ocular surface squamous neoplasia.

126

Is keratoconus a real ectasia: analysis of corneal surface area in normal eyes and keratoconus ?

CRAHAY F-X (1), DEBELLEMANIERE G (2), GHAZAL W (2), TOBALEM S (2), MORANT S (2), RAMPAT R (2), GATINEL D (2)
(1) CHR Citadelle , Liège
(2) Fondation Ophtalmologique Adolphe de Rothschild, Paris

purpose To compare anterior and posterior corneal surface areas in normal cornea and keratoconus. To correlate corneal surface area to corneal biometric values (white to white, maximal keratometry)

methods We retrospectively analyzed 12 587 elevation maps from 8162 eyes and 7003 maps from 2041 keratoconus. Elevation maps were acquired by Orbscan II. Corneal surface areas were calculated using digital elevation model and extrapolation to real corneal diameter.

results Anterior and posterior surface areas and corneal diameter are larger in keratoconus. Surface areas are directly correlated to corneal diameter. Maximal keratometry is inversely proportional to corneal diameter. In normal eyes, anterior and posterior surface areas are inversely correlated to maximal keratometry. In keratoconus, corneal surface areas don't increase with maximal keratometry.

conclusion Keratoconus should not be considered as a real ectasia but greater as an isometric deformation with a central steepening and a peripheral flattening.

127

Think metabolic! Biotidinase deficiency mimicking neuromyelitis optica

IMSCHOOT J (1), VAN ISEGHEM V (2), SPRENGERS M (2), SINDIC CJM (3), WILLEKENS B, HEMELSOET D (2), LAUREYS G (2), DE ZAEYTIJD J (1)
(1) UZ Gent, Dpt of Ophthalmology, Gent
(2) UZ Gent, Dpt of Neurology
(3) UCL, Louvain

purpose Neuromyelitis optica spectrum disorders (NMOSDs) and biotidinase deficiency (BD) both involve optic atrophy and spinal cord lesions. However, BD starts in early childhood and only very rarely presents in adulthood.

methods A full ophthalmic and neurological workup

results A 19-year-old male patient was referred for further investigation of profound, painless, binocular visual loss evolving over 2 months, exacerbated by physical activity. Best-corrected visual acuity was 0.16 in the right eye and 0.1 in the left eye. Fundoscopy revealed a pale and atrophic temporal side of the optic disc confirmed by nerve fibre layer loss on OCT. Otherwise, he was in general good health. Brain MRI directed towards a NMOSD diagnosis. However spinal cord MRI, chest CT, cerebrospinal fluid examination and biochemical tests for other auto-immune, infectious, toxic and genetic causes (LHON) were all found to be negative. During the workup he developed spastic paraparesis. Urgent treatment with methylprednisolone followed by plasmapheresis did not relieve symptoms. Further exhaustive biochemical screening showed a reduced biotidinase serum activity (<5%). Biotin substitution was started with slow visual improvement up to 0.8 but normal gait and reflexes.

conclusion Adult-onset BD may mimic inflammatory disorders such as the NMOSD or other genetic disorders such as spastic paraplegia type 7 or LHON. When confronted with patients with a similar clinical course, the absence of laboratory confirmation of the former disorders should guide towards low-cost enzymatic screening.

128

Chiasmal optic neuritis: an unusual presentation of neuromyelitis optica

COCHE A, VAN PESCH V, DUPREZ T, BOSCHI A
UCL, Woluwe-Saint-Lambert

purpose Neuromyelitis optica (NMO) is a rare auto-immune disease affecting the visual pathways and the spinal cord. Its diagnosis can be very challenging, particularly if seronegative. The visual loss features usually mimic the typical optic neuritis but may be unusual depending on the localization of the inflammation.

methods Case Report

results We report a case of a 31-year-old African girl who was followed in neurology for a history of recurrent myelitis. Despite negative AQP4 and MOG antibodies, the diagnosis of NMO was retained based on a typical dorsal brainstem lesion at MRI. A few years later and despite immunosuppressive treatment, the patient presented with sudden bilateral visual loss associated with intensive glare and constant photopsia. She didn't experience any retrobulbar pain nor dyschromatopsia. Visual field showed a large central and paracentral bitemporal scotoma. Fundus was normal. The MRI revealed a FLAIR hyperintensity and T1 contrast enhancement of the optic chiasma. Methylprednisolone intravenously (1g/day for 5 days) showed a poor response. Plasmapheresis allowed a drastic improvement.

conclusion Isolated chiasma involvement in NMO is exceptional. Early recognition of clinical features allows a prompt treatment with a good visual improvement.

129

Globe subluxation following steroid treatment for Myasthenia Gravis (MG)

DAM JF, CASSIMAN C
KULeuven, Leuven

purpose To describe a case of globe subluxation secondary to steroid treatment for MG.

methods A 57 year old male presented with vertical diplopia to our department. Ocular motility exam showed slight underaction of the left inferior rectus muscle. Exam was otherwise normal. Abs AchR were weakly positive, sfEMG was normal. The diagnosis of MG was made and treatment with pyridostigmine initiated. Because of progressive worsening of clinical symptoms (complete ptosis and diplopia) the neurologist increased the dose of pyridostigmine progressively and started plasmapheresis. However the restriction in eye motility and ptosis worsened. Oral methylprednisolone at increasing dose (up to 56 mg/day) was added to the treatment. Clinical exam at 8 months showed bilateral exophthalmos, restriction of abduction of the right eye, a significant cushoid facies weight gain.5 months later he experienced a spontaneous globe subluxation on the left. He immediately repositioned the globe, resulting in a big corneal abrasion. He suffered from severe muscle weakness in his arms and legs secondary to steroid myopathy. He was referred to a neurologist, specialized in MG, who immediately tapered steroids and pyridostigmine and started tacrolimus.

results After the treatment adaptation the myopathy slowly diminished, together with a loss of weight. However he did experience another globe subluxation. We believe the spontaneous globe luxations were caused by weakness of the extra ocular muscles together with a gain of intraorbital fat both induced by excessive steroid dose. Tarsoraphy is considered to prevent recurrence.

conclusion Steroids are indicated for treatment of MG, however careful follow up is necessary to check for side effects. Treatment should be altered in case of serious side effects.

130

Assessment of structural neurovascular coupling of radial peripapillary capillary in neovascular age dependent macular degeneration

NELIS P (1), TEN TUSSCHER M (1), ETER N (2), ALNAWAISEH M (2)
(1) UZBrussel (VUB), Brussels
(2) Universitätsaugenklinik Münster, Muenster

purpose To study structural neurovascular coupling of radial peripapillary capillary (RPC) in neovascular age dependent macular degeneration (nAMD), using optical coherence tomography angiography.

methods A cross-sectional evaluation of RPCs was performed using optical coherence tomography angiography (Avanti RTVue-XR 100, Optovue Inc, Fremont, CA). Annular RPC density and retinal nerve fiber layer thickness were obtained to analyse their correlation. Linear and multiple linear regression models were used.

results We included 36 eyes (n = 18 control; n = 18 nAMD from 36 subjects (mean [SD] age 74.05 [7.4] years). When compared with controls, no significant difference was found in annular RPC density and retinal nerve fiber layer thickness. (RPC density: P = 0.299; RNFL: P = 0.365). In eyes with neovascular age-dependent macular degeneration, RPC density and retinal nerve fiber layer thickness correlated significantly (linear regression: R2 = 0.226, P = 0.016). After correction for sex, best-corrected visual acuity, eye pressure, age, spherical equivalent and number of injection, this correlation was still significant. In the control eyes, no such correlation was found.

conclusion Although, no significant differences in RPC density and RNFL thickness were found, these parameters did correlate significantly in nAMD. This correlation was not found in control eyes. Their significance in the pathophysiology warrants further research.

131

Assessment in mydriasis of OCTA parameter of macular region and optic nerve head after dark and light adaptation

NELIS P (1), ALNAWAISEH M (2), ETER N (2), TEN TUSSCHER M (1)
(1) UZBrussel (VUB), Brussels
(2) Universitätsaugenklinik Münster, Muenster

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

methods 19 eyes of 19 healthy volunteers were examined using a high-speed and high-resolution spectral-domain OCT XR Avanti with a split-spectrum amplitude de-correlation angiography algorithm. OCTA imaging of macular region and optic nerve head was performed in two separate cycles of dark and light adaptation. Measurements were obtained at 0 min and 2 min after dark and light adaptation. 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. Thickness of retinal nerve fiber layer (RNFL), ganglion cell complex layer (GCC) and parafoveal thickness (ThiPa) were also extracted.

results The mean patient age was 24.29 ± 2.21 years. No significant differences were found in the OCTA parameter at 0 min and 2 min. GCC and ThiPa did show an increase in dark adapted states compared with light adapted state.

conclusion Although an increase in macular thickness is observed in dark adapted state compared with light adapted state, an increase in vessel density is not observed using OCTA in mydriasis. Our findings might suggest, OCTA is not influenced by lighting prior to examination.

132

Mild Leber Hereditary Optic Neuropathy (LHON) in a Western European family due to the rare Chinese m.14502T>C mutation

VANDEPUTTE J (1), SENECA S (2), DE ZAEYTIJD J (1)
(1) UZ Gent, Gent
(2) Ctr Medical Genetics,VUB, Brussel

purpose LHON is a maternally inherited bilateral blinding disorder. Over 90% of cases is due to one of 3 primary mitochondrial DNA (mtDNA) point mutations: m.11778G>A, m.3460G>A and m.14484T>C. The remaining 10% of cases are associated with>40 point mutations with variable penetrance and incidence between different ethnic backgrounds.

methods Three sisters with a proven homoplasmic m.14502T>C mutation in the MT-ND6 gene underwent a detailed ophthalmic workup.

results The 24 year-old index patient was referred for acute visual loss to counting fingers in the right eye. Optic atrophy developed, confirmed on OCT. Functional testing showed severe color deficiency, an absolute central scotoma, and loss of P100 on PVEP. All testing of the left eye was unremarkable. The patient was in general good health but displayed marked use of alcohol and tobacco. An etiologic workup including brain imaging and biochemical tests for auto-immune, cardiovascular,inflammatory, infectious and toxic causes were all negative. Mt-DNA analysis did not reveal a common LHON point mutation but a rare Chinese m.14502T>C mutation.A family workup showed bilateral temporal pallor of the optic disc without functional impact in a 30 year-old sister who smoked 20 cigarettes a day. A 27 year-old sister without tobacco use had a normal exam.

conclusion The rare Chinese m.14502T>C mutation in the MT-ND6 gene was linked to mild LHON in a Western European family. Penetrance in this family was likely to be triggered by alcohol and tobacco abuse. A full mtDNA sequence is warranted in case of high clinical suspicion of LHON lacking the 3 common mutations. Smoking cessation and reduction of alcohol use should be discussed to avoid further visual loss.

133

Late onset of choroidal melanoma as vitreoretinal dissemination

OLDERS G (1), BARTOSZEK P (2), DE POTTER P (3)
(1) Ocular Oncology Unit, Institut Roi Albert II - Cliniques Universitaires St Luc (CUSL), Brussels
(2) Ocular Oncology Unit, CUSL, Brussels
(3) Ocular Oncology Unit, CUSL, Brussels

purpose Although local retinal invasion by choroidal melanoma is well known in tumors presenting initially with Bruch's membrane rupture, malignant melanocytic proliferation within the vitreous and noncontiguous retina is rarely documented. We report active melanoma cells with extensive retinal and vitreous invasion in an eye containing a choroidal melanoma managed two years prior by Iodine 125 plaque.

methods Retrospective description of the case with review of the literature.

results A 77-year old female with clinical diagnosis of choroidal melanoma staged T2a and presenting with a break through Bruch's membrane was treated with 125 Iodine plaque in January 2016. Follow-up examinations showed a nice tumor response with decrease in tumor diameter and thickness. In August 2018, the patient developed neovascular glaucoma and vitreous hemorrhage. She underwent a phaco-vitrectomy during which multiple white-yellow round lesions disseminated over the retinal surface were documented. Marginal tumor recurrence was excluded by indirect ophthalmoscopy and ultrasonography. In front of a blind, painful eye, suspicious pseudohypopyon and vitritis, secondary enucleation was performed. The anatomopathological examination confirmed the non recurrent irradiated choroidal melanoma and the nonadjacent retinal and vitreous malignant melanocytic proliferation.

conclusion To our knowledge, this is the first case of late vitreoretinal spread of choroidal melanoma, initially treated with brachytherapy, with no evidence of contiguous recurrence. The atypical infiltration pattern suggests a role of the vitreous and/or internal limiting membrane as spreading vector, secondary to release of malignant cells into the vitreous through the break in Bruch's membrane.

134

Ocular disorders among paediatric patients in Kinshasa

KAIMBO WA KAIMBO D, KAIMBO MT
University of Kinshasa, Kinshasa

purpose To determine the common eye disorders in patients less than 17 years of age (paediatric patients), attending outpatient in an eye clinic in Kinshasa.

methods We performed a retrospective cross-sectional and descriptive analysis of the data collected between January 2005 and August 2016 from patients less than 17 years of age, examined in an outpatient eye clinic, a general ophthalmology practice. Patients were grouped according to their age group preschool (0–5 years), school age (6–10 years) or older children (11–16 years). All children had a full ophthalmic evaluation, including refraction/cyclorefraction, slit lamp examination, an assessment of intraocular pressure (IOP), ocular motility and ophthalmoscopy.

results Out of 17469 patients seen during the study period, 2360 (13.5%) were less than 17 years of age. The mean age (SD) of the patients was 9.65 (4.41) years (range, 0.02 to 16 years). There were 1260 (53.4%) female and 1100 (46.6%) male, with a male to female ratio of 1:1.15. Of 2360, 517 (21.9%) children had no eye disorders. Of 1843 patients with eye disorders, refractive errors were the most common encountered disorders seen in 722 (39.2%) patients, which were followed by conjunctivitis (362 patients, 19.6%).

conclusion From the results of the study, refractive errors and conjunctivitis were the two most common disorders of childhood ocular diseases; therefore, the results justify a school eye screening programme.

135

An optic nerve head granuloma: the first sign of a systemic disease

CHAPELLE AC
Centre Hospitalier Universitaire du Sart-Tilman, Liège

purpose To report the case of a patient who had an optic nerve head mass revealing a systemic disease and to describe the OCTA findings.

methods A 66- years-old patient was referred to our neuro-ophthalmology department for a loss of vision on the right eye. He was followed for a year in a private clinic and multiple diagnosis were gradually made. Despite miscellaneous treatment, the vision kept decreasing. His previous medical history was unremarkable.

results At presentation, visual acuity was 4.5/10 on the right and 10/10 on the left eye. Fundus examination showed a mass on the right optic nerve surrounded by exudates and serous retinal detachment. Visual field was severely restricted. OCT revealed a swollen disc and a diffuse loss of ganglion cells. OCTA showed an abnormal vascularisation located in the choroidal level. The biology was negative (ACE, tuberculosis, ANA) whereas the pet-CT showed multiple thoracic and abdominal adenopathies. The lymph node biopsy revealed a non-necrotic granulomatous inflammation. The diagnosis of sarcoidosis was made and the patient was treated first with steroids and afterwards with lederthrexate.

conclusion Granuloma is the first symptom of sarcoidosis in less than 1%. It is often misdiagnosed. A careful work-up should be done in front of patients with an optic nerve head mass. The type of vascularization could help to make the diagnosis.

136

The healthscape evaluated by visually impaired outpatients in two belgian hospitals

CHAPELLE JF (1), CHAPELLE AC (1), RAKIC JM (1), DELCOURT C (2)
(1) CHU Liège, Liège
(2) HEC Liège, Liège

purpose To define the ways of improving the healthscape at the hospital in order to improve the service convenience, the patient intimacy and the multi-sensory experience for all.

methods Two cohorts of six visually impaired outpatients consulting at two hospitals in the Liège area (CHR and CHU) were observed, interviewed and invited to share their feelings and thoughts about the convenience of the journey from the hospital access facilities to the Ophthalmology department. The difficulties they encountered with the healthscape, the senses which can be used to cope with their visual deficiencies and the factors that influence their perception of intimacy in hospital were discussed.

results Unsurprisingly, the registration process and the route signage (wayfinding), two steps to be performed in "self service", were evaluated as the most disabling and the less convenient (mean score of 5.1/10 and 1.7/10 respectively). In contrast, the Ophthalmology department is considered as the most convenient location (8.3/10). It is also the location where intimacy expectations are the highest.

conclusion We have been able to propose healthscape improvements in order to promote the use of other senses than sight, and consequently to strengthen the autonomy of the visually impaired patient inside the hospital. The improvement and enrichment of the hospital physical environment will reinforce the service convenience, their perception of intimacy and create a new multi-sensory experience. This study highlights the fact that nowadays the accessibility, the patient satisfaction and the patient experience in healthcare settings are not sufficiently taken into account.

137

Case Report of epithelial ingrowth after anterior chamber paracentesis

MOUTHUY M, OZTURK N
Cliniques universitaires Saint-Luc, Bruxelles

purpose Epithelial Ingrowth is a rare complication of penetrating corneal injury (trauma or surgery), characterized by a translucent sheet of epithelial cells that spreads across tissues of the anterior chamber. Most of the cases are due to LASIK.

methods We report a case of a diabetic 67 years old woman who get this pathology after an anterior chamber paracentesis (ACP). The ACP was performed for the research of cytomegalovirus for an acute episode of hypertensive anterior uveitis in the left eye suggesting Posner Schlossman. The 30-gauge needle was then passed through the temporal side of the limbus of the cornea. 5 months after, the patient came to the hospital complaining of blurred vision without any pain on the left eye. Her left best corrected visual acuity (BCVA) was 0,9 and the intraocular pressure was normal. The anterior segment examination revealed a large stromal opacification of the cornea with endothelial and epithelial neovascularization. Gonioscopy revealed a neovascular membrane in the temporal quadrant aligned with the ACP site.

results With preserved visual acuity, we preferred a medical conservative treatment by local corticosteroids and subconjunctival anti-VEGF (Avastin) at frequency once per week. The aspect of the cornea was more clear with large reduce of neovascularisation and corneal opacification. The BCVA was improved to 1,0. However, it seems difficult to reduce the local corticosteroids and the frequency of those subconjunctival injection without getting an upsurge of neovascularisation.

conclusion Epithelial ingrowth is a well-described complication following LASIK but has not been described to occur after anterior chamber paracentesis.

138

A case of maculopathy in Rogers syndrome

SCIFO L
CHU Saint-Pierre, Bruxelles

purpose To highlight the presence of retinal dystrophy in a case of thiamine-responsible megaloblastic anemia.

methods case report

results A seven-year-old female patient with insulin-dependent diabetes, implanted cochlear deafness and suspicion of Rogers syndrome, presented in the ophthalmology department for low visual acuity. The ophthalmological examination revealed a decreased visual acuity (best corrected visual acuity was 5/10 RLE) and the anterior segment showed no particularities. The posterior pole examination showed an abnormal macular reflection. Mutations in the gene SLC19A2, located on the chromosome 1q23.3 ; confirmed the presence of Rogers syndrome.Spectral domain optical coherence tomography of the left and the right eye revealed an irregularity of the photoreceptor layer compatible with a macular dystrophy.The full-field electroretinogram showed a decrease of the photopic amplitudes and flickers with generally preserved scotopic amplitudes.

conclusion The most common ocular involvement in Rogers syndrome are optic atrophy and retinitis pigmentosa. In the case of decreased vision, we should also considered maculopathy. Macular involvement in Rogers syndrome was rarely reported in the literature. We present a case of a young child of seven years-old.

139

Micropulse G6 transscleral cyclophotocoagulation in refractory glaucoma patients

BOUSTANI G, JANSSENS X, MARINESCU C, POURJAVAN S
Chirec Hospital group, Delta site, Brussels

purpose To evaluate the IOP lowering results of micropulse cyclophotocoagulation in refrectory glaucoma.

methods 40 eyes with refractory glaucoma were treated. The 2 specialists used the predefined protocol and treated the superior and inferior 180°, using viscoelastic on the surface. The IOP was measured preoperatively, D1, W1, M1 and M.

results The follow-up was 3 months. 75% of our patients showed 25% IOP reduction with or without medication. 5% of the patients had a second treatment. 20% of the patients showed no significant difference in IOP.

conclusion Micropulse transscleral cyclophotocoagulation is a fast and easy treatment method to treat temporary the refractory glaucoma.

140

Cancer-associated rethinopathy secondary to gallbladder carcinoma

GOYVAERTS K (1), VAN LINT M (2)
(1) Universiteit Antwerpen, Wilrijk
(2) Universitair Ziekenhuis Antwerpen, Edegem

purpose Presenting a case report of a patient with cancer-associated retinopathy (CAR) secondary to a gallbladder carcinoma.

methods The diagnosis of CAR was suspected on grounds of anamnesis, clinical features and technical investigations (VF, OCT, FF-ERG, PET-CT, immunofluorescence antibody screening). Initial treatment consisted of high dose corticosteroids (1mg/kg/day)

results A positive clinical evolution was found after treatment with high-dose corticoids with disappearance of uveitis symptoms and gradual improvement of visual acuity and VF.

conclusion CAR is a rare disease entity caused by auto-antibodies against retinal antigens. The disease is associated with a wide spectrum of malignancies. Clinical features are progressive VF narrowing, diminished visual acuity, macular edema, vitritis, fundus changes, photophobia, diminished color perception. Cortisone therapy with or without plasmapheresis can be considered as a first choice treatment. Corticoid saving immunosuppressive therapy and/or biologicals can be used as maintenance therapy. The long term prognosis is uncertain because further evolution is possible.

Is there any eyebus needed in Belgium?

JAVDANI ZJ
AZJPortaels Vilvoorde , Oud-Heverlee

purpose Eye Bus can be a mobile ophthalmic screening service, that aims to detect chronic ophthalmic disease like glaucoma, macular degeneration, in the Belgium population. screening and if indicated,referral for further treatment to the ophthalmologists.

methods In a try-out, 251 individuals around 35 years of age and more were chosen systematically and were invited to participate in the study. After enrollment, 6 of them were excluded, 246 participants had ophthalmologic exams including slit lamp biomicroscopy and fundus photography, optic coherence tomography, and tonometry examination.

results Of the 246 selected persons, the incidence of maculopathy and optic nerve abnormality in at least one eye was respectively 19.05 and 29.06 percent. around 20 percent were referred due to other reasons such as cataract, dry eye syndrome, needed wearing glasses, retinal nevus, retinal edema and varia.

conclusion It may be difficult to make a statement about the exact impact, but it may be rather surprising and sobering observation that such a large group in the population has ophthalmic disease that tends to go unrecognized. also by younger than 40 years old age.By using low-key, low-cost screening outside the medical system, such disease may be detected in a much earlier phase, and it stands to reason that even though the initiative has only recently been started, a huge number of patients may already have benefited (because they could be treated in an early phase, not in a far more advanced, possibly intreatable phase).

A rare case of Pasteurella Endophthalmitis following a cat bite

NARDEOSINGH S, HARLEY U, DATTA A
Ophthalmology , Glasgow

purpose To describe the complexities of management of a rare pathogen leading to endophthalmitis.

methods A review of literature describing the course of Pasteurella endophthalmitis We study the development of the endophthalmitis and discuss the potential considerations for such unique cases of endophthalmitis.

results Endophthalmitis in this case did not respond to repeated intravitreal antibiotics and the patient required vitrectomy. Despite optimal treatment the retino-toxic effect of the Pasteurella organism led to poor visual outcome.

conclusion Gram-negative, facultatively anaerobic bacteria, Pasteurella must be considered as the causative organism especially with a history of contact with cats. We propose that the patient is monitored more closely and the management adjusted accordingly which may include vitrectomy. Despite efforts however this is a severe infection that can lead to sight loss irrespective of optimal treatment and thus the patient should be made aware of this on presentation to mangage patient expectations.

Early surgical revision for avascular cystic bleb formation

SAFI AS, EL WARDANI ME
Jules Gonin Eye Hospital, Lausanne

purpose Avascular cystic glaucoma filtration blebs have been associated with blebitis and endophthalmitis. Report the outcomes of early surgical revision of cystic bleb formation following trabeculectomy

methods 26 eyes of 24 patients underwent early surgical bleb revision(2-5 weeks)following trabeculectomy and wide surface application of MMC,if an anterior avascular cystic zone was seen to develop within the filtration bleb. Pre and post-operative measures recorded included patient demographics,visual acuity,IOP,number of glaucoma medications (GMs) and all complications.Success was defined as a diffuse elevated bleb morphology with an IOP≤21mmHg and 20% reduction in IOP from baseline with or without GMs

results The mean follow-up was 6.7months; (± 4.1; [1.44, 21.1]). Mean IOP prior to trabeculectomy was (22.8 mmHg ± 6.8; [11, 36]), mean IOP prior to revision IOP was (11.4 ± 3.8; [3,19]), and at last visit (12.1 ± 4.6; [6,28]). The mean visual acuity before trabeculectomy was (0.7 ± 0.3;[0.0, 1.0]), before revision was (0.5 ± 0.3 [0.0, 1.0]), and at last visit was (0.6 ± 0.2; [0.0, 1.0]). The mean number of medications per patient was at baseline (2.8± 0.9;[1, 4]),prior to revision(0.1 ± 0.3;[0-1]) and at last visit (0.1± 0.4;[0, 2]).At the last visit,all patients had diffuse,elevated, filtration blebs with normal vascularity and the IOP did not significantly change from the pre-revision IOP.Only 2patients required resumption of medical treatment during the follow-up period

conclusion This report to show that bleb revision in the early postoperative phase can successfully eliminate avascular cystic bleb formation without compromising IOP.This approach may reduce the risk of late onset blebitis and endophthalmitis associated with avascular blebs

Use of diathermy for the treatment of chronic resistant corneal neovascularization

SAFI AS, KYMIONIS GK
Jules Gonin Eye Hospital, Lausanne

purpose To present the use of diathermy for resistant corneal neovascularization.

methods Patients with chonic corneal neovascularization refractory to medical and laser treatment were. Radiofrequency diathermy was conducted on outapatient basis under topical anesthesia on slit lamp examination from senior cornea specialist (GK) and patients were followed every two weeks for the first month and evey month for the first four months and every two months thereafter. Slit lamp examination, visual acuity, corneal photography and anterior segment optical coherence tomography were performed. Qualitative and quantitative neovascular analysis were conducted on slit lamp photographies and OCT corneal images.

results Three patients were included so far in the study. In the first case, at 3 months follow-up and after three diathermy treatment sessions, we observed an imporant reduction of corneal opacification and neovascularization. Lipid deposits were also significantly reduced and thus visual acuity presented a significant improvement. Importantly enough, no side effects of the treatment were noticed and the procedure was very well tolerated on outpatient basis, under topical anesthesia. In the second case at 2 weeks after diathermy a neovascular reduction is also noticed.

conclusion This is the first report on radiofrequency diathermy for the succesful treatment of refractory corneal neovascularization. Radiofrequency diathermy seems to represent a minimally invasive treatment for chronic resistant corneal neovascularization.

Analysis of vitreoretinal samples by the Cellient automated cell block system: a six-year review of uveitis specimens

VAN GINDERDEUREN R, JACOBS T, VAN CALSTER J
oogziekten UZLeuven, Leuven

purpose A new and standardized method to sample and analyse vitreous samples by use of the Cellient automated cell block system was described in 2014. A follow-up study was conducted to further assess the contribution of this vitreous cytologic evaluation to the diagnosis of difficult uveitis cases. Handling of retina and choroidal biopsies and subretinal fluid specimens was also evaluated

methods All ocular specimens obtained between 2012 and 2018 were fixed in PreservCyt and processed by use of the Cellient tissue. In this prospective study, we included a total of 725 vitreous, chorioretinal and subretinal fluid samples from undiagnosed uveitis patients

results In 86,5% of the cases, sufficient material was found for diagnosis. The diagnosis of an acute inflammation was made in 18,9%;chronic active inflammation (presence of T lymphocytes) In 32,3%,; low-grade inflammation (presence of CD68 cells, without T lymphocytes)in 26,5%, and in 8,8%, a malignant process. Of the 13,5% of cases where a diagnosis could not be made, only 4,7% was attributed to failure of the technique

conclusion We report on the largest database of vitreoretinal samples processed by the Cellient automated cell block system. Our standardized protocol for sampling and handling vitreoretinal biopsies, fixing in PreservCyt and processing by the Cellient continues to give a satisfactory result in morphology, number of cells and possibility of immuno-histochemical stainings. Cytologic analysis of vitreoretinal specimens could establish or confirm a diagnosis in 86,5% of difficult uveitis cases

A historical analysis of the Neuroophthalmic work of prof. J. van der Hoeve

DE KEIZER RJW
Antwerpen

purpose In the international clinical world vd Hoeve is well know as founder of the term Phacomatosis. But did he, as general ophthalmologist 100 years ago, also other Neuroophthalmologic research?

methods An analysis was performed from his 78 publications, and from books where his special topics were referred.

results Other important NO items besides the phacomatosis were published, as well in the Dutch as in international literature. Important examples were the blindspot and hemifield visual defects, related to ethmoiditis posterior and or sphenoiditis. Findings in which the diagnosis was confirmed by Orbital-ENT surgery. Own case material with this topic(with three cases) will be compared.

conclusion vd Hoeve, already before the WO II, was a precursor of the Neuroophthalmology before this subspecialties was established. Especially he promote the relationship between progressive optic neuropathy and ethmoid sinus inflammation, which in the recent literature is disguised. Still today it should be in the differential diagnoses of imminent optic neuropathies, as is seen in our own cases.

De oftalmologie een sluitsteen in ons gezondheidsbeleid. L'ophtalmologie: une pierre angulaire de notre politique de santé.

CLAEYS D
Secretaris-generaal VBS-GB, Brussel

De oftalmologie een sluitsteen in ons gezondheidsbeleid. Artsen en overheid bouwen samen aan kwaliteit en innovatie.L'ophtalmologie: une pierre angulaire de notre politique de santé . Les médecins et les autorités batissent ensemble à la qualité et à l'innovation.

FUTURE OB CONGRESSES

OB CONGRESS
NOVEMBER 25 - 27
2020

OB CONGRESS
NOVEMBER 24 - 26
2021

OB CONGRESS
NOVEMBER 23 - 25
2022

OB CONGRESS
NOVEMBER 22 - 24
2023

OB CONGRESS
NOVEMBER 27 - 29
2024

OB CONGRESS
NOVEMBER 26 - 28
2025

WEDNESDAY, 27 NOVEMBER 2019

	Copper Hall	Silver Hall	The Arc	Hall 300	Copper Foyer	Wetlab Hall	Speakers Corner
09:00 - 10:00	**OBAO:** Emergencies in Ophthalmology		**ICC 2:** Introduction to the joy of phaco-chop in cataract surgery	**ICC 3:** Thousand faces of dry eye disease	**Wetlab 1:** Phaco for beginners - NL -	**Wetlab:** Eyelid	
10:00 - 11:00							
11:00 - 12:00	**AOB:** Academic Session						**AOB:** E-posters
12:00 - 13:00							
13:00 - 14:00							**AOB:** Rapid Fire
14:00 - 15:00	**OBAO:** Emergencies in Ophthalmology	**BOG/SBO:** Dry eyes: How to unmask the great imitator in your dialy practice?	**ICC 4:** Corneal Grafs	**ICC 5:** Controversies in refractive surgery	**Wetlab 2:** Phaco for beginners - FR -		
15:00 - 16:00							**AOB:** E-posters
16:00 - 17:00			**ICC 6:** Prebyopia correcting intra-ocular lenses	**ICC 7:** Corneal Topography made easy	**Wetlab 3:** Complicated phaco - NL -		
17:00 - 17.30							

THURSDAY, 28 NOVEMBER 2019

	Copper Hall	Silver Hall	The Arc	Hall 300	Copper Foyer	Speakers Corner
09:00 - 10:00	**BRS – FAB 1**	**BGS:** Update in the diagnosis and management of glaucoma	**BSA:** My best and my worst cases	**ICC 8:** Visian ICL: choosing the best option for your refractive patients: pro's and cons		**AOB:** E-posters
10:00 - 11:00						**Commercial** - Ursapharma
11:00 - 12:00	**BRS – FAB 2**			**ICC 9:** Fuchs' dystrophy		**AOB:** E-posters
12:00 - 13:00						**AOB:** Rapid Fire
13:00 - 14:00						**Commercial** - Van Hopplynus **Commercial** - Horus Pharma
14:00 - 15:00	**BRS – BIO**	**BSOPRS:** If it was your child	**BOV-ABO:** Diplopia after surgery: What to do?	**Eye, History and Art 2019**	**Wetlab 6:** Corneal sutures	
15:00 - 16:00						**AOB:** E-posters
16:00 - 17:00	**BRS – REBEL**				**Wetlab 5:** Istent	
17:00 - 17:30						
19:30 - 22:00	**OB Congress networking dinner in BOZAR**					

FRIDAY, 29 NOVEMBER 2019

	Gold Hall	Copper Hall	Silver Hall	The Arc	Hall 300	Speakers Corner
08:00 - 09:00	**BSCRS**	**BSONT NL:** Inzichten in Glaucoom	**BSONT FR:** La Myopie	**PEDLOW/NOC:** Update on Lebers Hereditary Optic Neuropathy and congenital glaucoma	**ICC 10:** Imaging in Uveitis	**AOB:** E-poster
09:00 - 10:00						
10:00 - 11:00						**Commercial** - Ophtalmo Serv
11:00 - 12:00	**BSCRS**				**ICC 11:** Managing your retina clinic in 2020: practical tips and tricks	**AOB:** E-poster
12:00 - 13:00				**AWARD CEREMONY**		**Commercial** - Ursapharm
13:00 - 14:00						**Commercial** - Van Hopplynus
14:00 - 15:00	**BBO-UPBMO**	**BSONT NL:** Inzichten in Glaucoom	**BSONT FR:** La Myopie	**BVVB-OBPC:** Kunst voor en door mensen met een visuele beperking - Art pour en par les malvoyants	**ICC 13:** Traitements des amétropies et de l'amblyopie chez l'enfant	**AOB:** E-poster
15:00 - 16:00						
16:00 - 17:00				**ICC 12:** Keratoconus management in the present day	**ICC 1:** Refractive Surgery anno 2019 : when Smile, when Femtolasik, when lasek?	
17:00 - 17:30						