Virtual event

OB 2020

OPHTHALMOLOGICA BELGICA

PROGRAMME BOOK

your handy guide

Virtual event

OB 2020
OPHTHALMOLOGICA BELGICA

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OB 2020
OPHTHALMOLOGICA BELGICA

VOORWOORD

Virtual OB: What To Expect !!

Beste collegae,

Als voorzitter OB 2020 wens ik jullie toe te lichten hoe virtual OB 2020 zal plaats vinden. Gezien de Covid-pandemie en de nakende tweede golf, hebben we de goede beslissing genomen OB 2020 virtual te laten plaats vinden.

Ikzelf heb net een virtual weekend door gebracht op ESCRS. Door deze virtuele congressen bij te wonen, proberen we als organiserend comité een vlugge leerling te zijn om het jaarlijks Belgisch congres in virtuele vorm zo aantrekkelijk mogelijk te maken.

Bijwonen van de wetenschappelijke sessies in 3 verschillende zalen is mogelijk. Virtueel platform laat toe vlug te switchen van de ene zaal naar de andere en op deze manier uw eigen “highlights” niet te missen. Verder kan tussendoor een bezoek gebracht worden aan de virtuele expo, met mogelijkheid tot interactie met jullie vertrouwde afgevaardigden van de industrie en hun portfolio van producten te overlopen.

Daarom wens ik langs deze weg ook de 20 industriële partners en 4 non-profit organisaties te bedanken voor hun blijvende steun aan OB, zelfs tijdens deze moeilijke Covid-periode. Hierbij kan ik de industry sessie op vrijdagnamiddag zeker aan bevelen, waarbij de laatste nieuwe producten zullen voorgesteld worden in een boeiende sessie en zo de congres deelnemers reeds een mooi overzicht geven welke nieuwigheden zich op de oogheelkundige markt aanbieden.

Op vrijdag hebben we ook **de academische zitting**, waarbij zowel de AOB-lecture als de Jules Francois lecture zal gegeven worden samen met nog 2 keynote sprekers, allen met internationale faam.

Zaterdag hebben de verschillende wetenschappelijke verenigingen hun sessie. Ook hen wil ik bedanken om hun programma te hebben aangepast in verkorte vorm en zo “best of the best” te hebben uitgefilterd. Verder bieden we 4 interactive clinical courses aan in de verschillende subspecialiteiten, waarbij de organisatoren ook de essentie hebben uitgefilterd.

Op zondag heeft de beroepsorganisatie BBO-UPBMO de sessie ethiek en economy, waarvoor de nodige accreditatiepunten werden aangevraagd, evenals voor de wetenschappelijke sessies.

Als organiserend comité weten we dat ieder verlangt naar een reality OB met alle sociale interacties. Zowel het organiserend comité als bestuur AOB beseft jullie inspanningen en hebben ook alle begrip hiervoor. In dit evenementloos jaar, moeten we roeien met de riemen die we hebben en proberen jullie dan toch zo veel mogelijk te bieden om de kwaliteit van OB 2020 te garanderen.

Guy Sallet
President OB 2020

PRÉFACE

Virtual OB: What To Expect !!

Cher collègue,

En tant que Président de l'OB 2020, je voudrais vous expliquer comment se déroulera l'OB virtuel 2020. Compte tenu de la pandémie de COVID-19 et de la deuxième vague imminente, nous avions pris la bonne décision de laisser OB 2020 avoir lieu virtuellement.

Je viens moi-même de passer un week-end virtuel sur ESCRS. En assistant à ces conférences virtuelles, nous, en tant que comité organisateur, essayons d'apprendre rapidement comment rendre le congrès annuel belge aussi attrayant que possible dans sa nouvelle forme virtuelle.

Ainsi, il sera possible d'assister aux sessions scientifiques dans 3 salles différentes. La plate-forme virtuelle vous permettra de passer rapidement d'une pièce à l'autre et de ne pas manquer vos propres « moments forts » du congrès. Vous pourrez également visiter l'exposition virtuelle, avec la possibilité d'interagir avec vos représentants de confiance de l'industrie et de parcourir leur offre de produits.

C'est pourquoi, je voudrais remercier ici les 20 partenaires industriels et 4 organisations à but non lucratif pour leur soutien continu à l'OB, même en cette période difficile. Je peux certainement recommander la session de l'industrie qui aura lieu le vendredi 27 novembre dans l'après-midi, avec la présentation captivante de toutes les dernières nouveautés : les participants du congrès auront ainsi l'occasion d'obtenir un bel aperçu des innovations arrivées sur le marché de l'ophtalmologie.

Vendredi aura également lieu **la session académique** avec la conférence AOB et la conférence Jules François, ainsi que les deux discours inauguraux, tous avec les conférenciers de renommée internationale.

Samedi, les différentes associations scientifiques belges tiendront leur session. Je les remercie d'avoir adapté leur programme sous forme abrégée et d'en tirer « le meilleur des meilleurs ». En outre, nous vous proposons 4 cours cliniques interactifs dans les différentes sous-spécialités, où les organisateurs ont également privilégié l'essentiel.

Dimanche, l'association professionnelle BBO-UPBMO tiendra la session d'éthique et économie, pour laquelle les points d'accréditation nécessaires ont été demandés, de même que pour les sessions scientifiques.

En tant que comité organisateur, nous savons à quel point tout le monde aspire à une réalité OB avec les interactions sociales habituelles. Le comité organisateur et le conseil d'administration de l'AOB sont conscients de vos difficultés et efforts. En cette année sans événement, nous devons accepter les contraintes qui nous sont imposées, mais nous faisons autant que possible pour vous garantir le congrès OB 2020 de qualité.

Guy Sallet
Président OB 2020

ACADEMIA OPHTHALMOLOGICA BELGICA, AOB VZW-ASBL

Meet the OB 2020 Organizing Committee

Guy Sallet
President - Programme Director

Werner Dirven
ICC

Paulina Bartoszek
Free Papers & Posters

Joachim Van Calster
Treasurer OB

Johan Blanckaert
Wetlab

Sayeh Pourjavan
AOB Lecture

Marlene Verlaeckt
MECODI Organization

PROGRAMME OVERVIEW

FRIDAY, 27 November 2020

	Room 1	Room 2	e-Posters	e-Expo
12:00	Welcome Address		AOB e-Posters	e-Expo Exhibition Industry
13:00	**ICC** Refractive Surgery	**ICC** Tackling real life glaucoma cases		
14:00				
15:00	**Industry Session** What's New			
16:00	Academic Session			
17:00				
18:00	Closing			

SATURDAY, 28 November 2020

	Room 1	Room 2	e-Posters	e-Expo
08:00	Welcome Address		AOB e-Posters	e-Expo Exhibition Industry
09:00	**SBO & BOG - OBAO** The Future of Ophthalmology	**BSOPRS** Oculoplastic cases with interactive MC questions		
10:00				
11:00	**BGS** Pearls from the New EGS Guidelines	**PEDLOW / NOC** Guidelines in pediatric neuro-ophthalmology		
12:00				
13:00				
14:00	**BRS** Challenging cases from the retina clinic FAB/BIO/REBEL	**BSA** Update on amblyopia		
15:00				
16:00	**BRS** Paediatric Uveitis	**BSCRS** What's new in **BeCornea + BSCRS** Know your endothelium		
17:00	Closing			

SUNDAY, 29 November 2020

	Room 1	Room 2	e-Posters	e-Expo
08:00	Welcome Address		AOB e-Posters	e-Expo Exhibition Industry
09:00	**BBO-UPBMO:** De oogarts in nood - L'ophtalmologue en péril - Part 1	**ICC** Neuro meets retina		
10:00				
11:00	**BBO-UPBMO:** De oogarts in nood - L'ophtalmologue en péril - Part 2	**ICC** Phaco/Anterior segment		
12:00	**Award Ceremony & Closing**			

“HOE” DEELNEMEN AAN OB 2020

Beste AOB leden en geregistreerde OB deelnemers,

Met het oog op het OB 2020 Virtual congres dat doorgaat op 27-29 november 2020 hierbij nuttige informatie.

AOB leden zijn automatisch ingeschreven voor het OB 2020 Virtual congres.

Op maandag 23 november zullen AOB leden, OB ingeschrevenen en sprekers een persoonlijke congres login ontvangen via email. Deze congres login is voor iedereen anders.

Deze congres login zal u toegang verlenen tot het OB 2020 Virtual congres op 27, 28 en 29 november. U zult er de sessies kunnen volgen en de e-Expo kunnen bezoeken.

Iedere congresdag opnieuw inloggen aub zodat we uw aanwezigheden kunnen noteren voor accreditering net zoals vroeger het scannen van uw naambadge.

Accreditation
27/11/2020: OB 2020 - 6 CP
28/11/2020: OB 2020 - 7 CP
29/11/2020: OB 2020 - 3,5 CP
29/11/2020: BBO-UPBMO session Ethic - 3 CP

Na het congress kunt u nog uitgesteld kijken tot eind 2020 via uw eigen ophthalmologia.be account. *Opgelet hiervoor krijgt u geen accreditering.*

Wat te doen voor het OB 2020 Virtual congres ?
Vergewis u dat u de nieuwe website loginprocedure reeds hebt doorlopen. Diegene die het reeds eerder hebben gedaan hoeven dit niet opnieuw te doen. De login is uw email adres (gebruik altijd hetzelfde email adres) en paswoord dat u zelf kunt kiezen.

Mocht u de AOB app nog niet geïnstalleerd hebben: Download de AOB ophthalmologica app: Google play of App store. Het programma en berichten zullen ook via de App u bereiken.

Sprekers, moderatoren en auteurs van e-posters kunnen de richtlijnen vinden op de website ophthalmologia.be

Mocht u nog vragen hebben aarzel niet ze tijdig te stellen.

Met beste groet

OB 2020 Virtual organisatie

“COMMENT” PARTICIPER À OB 2020

Chers <u>membres de l’AOB</u> et <u>participants inscrits à l’OB</u>,

En vue du congrès virtuel OB 2020 qui aura lieu le 27, 28 et 29 novembre 2020, voici des informations utiles.

Les membres de l’AOB sont automatiquement inscrits au congrès virtuel OB 2020.

Le lundi 23 novembre, les membres de l’AOB, les inscrits à OB et les conférenciers recevront une connexion personnelle à la conférence par courriel. Cette connexion au congrès est différente pour tout le monde.

Cette connexion au congrès vous donnera accès au congrès virtuel OB 2020 les 27, 28 et 29 novembre. Vous pourrez suivre les sessions et visiter l’e-Expo.

Veuillez vous connecter chaque jour de conférence afin que nous puissions enregistrer vos présences pour l’accréditation tout comme le scanning de votre badge dans les congrès précédents.

Accréditation	27/11/2020: OB 2020 - 6 CP
	28/11/2020: OB 2020 - 7 CP
	29/11/2020: OB 2020 - 3,5 CP
	29/11/2020: BBO-UPBMO session Ethic - 3 CP

Après le congrès, vous pouvez encore regarder le montage jusque fin 2020 à travers votre propre compte ophthalmologia.be. *Veuillez noter que vous ne recevrez pas d’accréditation*.

Que faire avant le congrès virtuel OB 2020 ?
Assurez-vous d’avoir déjà terminé la nouvelle procédure de connexion pour le site web procédure de connexion. Ceux qui l’ont déjà fait n’ont pas besoin de le refaire. La connexion avec votre adresse e-mail (utilisez toujours la même adresse e-mail) et le mot de passe que vous pouvez choisir vous-même.

Si vous n’avez pas encore installé l’application AOB: Téléchargez l’application AOB ophthalmologica: Google play ou App store. Le programme et les messages viendront également via l’application.

Les conférenciers, les modérateurs et les auteurs poster électroniques peuvent trouver les instructions sur notre site web te <u>ophthalmologia.be</u>

Si vous avez des questions, n’hésitez pas à les poser à temps.
Cordialement

Organisation OB 2020 Virtual

ICC – Interactive Clincal Course

FRIDAY 27 NOVEMBER 2020 **13:00 - 14:30 – ROOM 1**

ICC Refractive Surgery

Moderator: Guy SALLET

13:00 *Introduction by Guy SALLET*

13:05 **Corneal topography**
ALSABAI N

13:25 **Laser Refractive Surgery**
GOLENVAUX B

13:45 **Multifocal IOL**
LEYSSENS B

14:05 **Phakic IOL**
MERTENS E

14:25 *Closing remarks*

14:30 *End of session*

ICC – Interactive Clincal Course

FRIDAY 27 NOVEMBER 2020 **13:00 - 14:30, ROOM 2**

ICC Tackling real life glaucoma cases

Moderators: Evelien VANDEWALLE, Sayeh POURJAVAN

13:00 *Introduction by Eveline VANDEWALLE*

13:05 **Casus 1**
DE GROOT V

13:20 **Casus 2**
COLLIGNON N

13:35 **Casus 3**
VAN DE VEIRE S

13:50 **Casus 4**
GHION G

14:05 **Casus 5**
MAGNUS J

14:20 *Conclusions by Eveline VANDEWALLE*

14:30 *End of session*

Industry Session

FRIDAY 27 NOVEMBER 2020 **14:30 - 16:00, ROOM 1**

Industry Session: What's new

Moderators: Guy SALLET, Joachim VAN CALSTER

14:30 *Welcome by Guy Sallet*
14:32 *Intro Christophe Andre -Van Hopplynus by Guy Sallet*
14:34 **Rec-Van Hopplynus: Live Inspiration for your new practice?**
14:39 *Intro Tom Rijssaert-Alcon by Guy Sallet*
14:41 **Rec-Alcon: Next advancement for Centurion Vision system: Active Sentry**
14:46 *Intro Karel Martens - FCI by Guy Sallet*
14:48 **Rec-FCI: Newest innovative solutions 1st preloaded & Self-Retaining Monocanalicular Nasolacrimal Intubation**
14:53 *Intro Jean-Frédéric Chibret -Théa Pharma by Guy Sallet*
14:55 **Rec-Théa Pharma: Education programme**
14:58 *Closure Ingeborg Hoffelinck - Théa Pharma*
15:00 **Rec-Bayer: Highlights in age-related macular degenration by TBC**
15:10 *Intro - Horus Pharma by Guy Sallet*
15:12 *Rec-Horus Pharma: Ophtalmology new innovations*
15:17 *Intro -Novartis by Joachim Van Calster*
15:19 **Rec-Novartis: Effectiveness and Safety of Lucentis in treatment-naïve patients with diabetic macular edema: Results from the real-world global LUMINOUS study**

... continues

Industry Session

FRIDAY 27 NOVEMBER 2020 14:30 - 16:00, ROOM 1
Industry Session: What's new – *Moderators: Guy SALLET, Joachim VAN CALSTER*

15:24 **GSK: Herpes zoster and GSK's recombinant zoster vaccine, SHINGRIX: Introduction on HZ disease / Video / HZO: clinical aspects, incidence, treatment / Shingrix introduction**
15:39 *Intro -Horus Pharma by Guy Sallet*
15:41 **Rec-Horus Pharma: Ophthalmology new innovations**
15:46 *Intro-Novartis by Joachim Van Calster*
15:48 **Rec-Novartis: Beovu: introducing the next generation anti-VEGF - Understanding gene therapy for inherited retinal dystrophies**
15:53 *Closure of the session Guy Sallet – Joachim Van Calster*
15:54 *End of session*

Academic Session

FRIDAY 27 NOVEMBER 2020 **16:00 - 18:00, ROOM 1**

AOB Academic session

Moderators: Guy SALLET, Sayeh POURJAVAN

16:00 *Introduction Jules François Lecture by Bart Leroy*

16:05 **Jules François Lecture:**
Ophthalmic Genetics in the time of Vision 2020
MAUMENEE I

16:25 *Presentation of the Jules François Medal by Bart Leroy*

16:30 *AOB Lecture Thomas Neuhann: Laudatio by Guy Sallet*

16:35 **AOB Lecture:**
Myhts in cataract Surgery
NEUHANN T

16:55 *Recognition of Thomas Neuhann by Guy Sallet*

17:00 *Introduction Keynote speaker Ingele Casteels by Sayeh Pourjavan*

17:05 **Keynote Lecture:**
Delayed visual maturation
CASTEELS I

17:25 *Introduction Keynote speaker Giovanni Staurenghi by Werner Dirven*

17:30 **Keynote Lecture:**
New treatment strategies and paradigms in medical retina in 2021: an update
STAURENGHI G

17:50 *Recognition of the Keynote speakers by Werner Dirven and Sayeh Pourjavan*

18:00 *End of session*

SATURDAY 28 NOVEMBER 2020 **09:00 - 10:30, ROOM 1**

The Future of Ophthalmology

Moderators: Roxane FLAMANT, Marc HUYGENS, Xavier JANSSENS

09:00 **Future perspectives:**
Stem cells, bioengineering, neurotisation and rebuilding the cornea
NI DHUBHGHAILL S

09:30 **What 's in the pipeline:**
Tears as a biomarker / The smart contactlens with biosensor
RAUS P

09:40 **What 's in the pipeline:**
Fundus bloodperfusion as a diagnostic voor systempathology
VAN KEER K

09:50 **What 's in the pipeline:**
Nanoretina, the bionic device that restores sight
STALMANS P

10:00 **Future in Genetics**
LEROY B

10:15 **Long-lasting Anti-VEGF**
RASQUIN F

10:30 *End of session*

SATURDAY 28 NOVEMBER 2020 **09:00 - 10:30, ROOM 2**

Oculoplastic cases with interactive MC questions

Moderators: Veva DE GROOT, Jacques LASUDRY

09:00 *Introduction by Veva DE GROOT*

09:05 **Chronic irritation and redness, and drops don't help**
CAEN S

09:20 **Newborn lacrimal problems, to treat or not to treat**
HELSEN S

09:35 **Eyelid swelling and redness, is this urgent?**
DE LEPELEIRE K

09:45 **Facial Palsy: when and how to treat lagophthalmos**
MOREAU A

09:55 **Surprising lesion**
DE GROOT V

10:05 **Polyphemus and the wisdom of Idaho farmers**
LASUDRY J

10:20 *Discussion*

10:30 *End of session*

BGS – Belgian Glaucoma Society

SATURDAY 28 NOVEMBER 2020 **11:00 - 12:30, ROOM 1**

Pearls from the New EGS Guidelines

Moderators: Ingeborg STALMANS, Philippe sr KESTELYN

11:00 **Welcome and introduction to the new EGS Guidelines**
STALMANS I

11:05 **Lessons learned from recent landmark trials**
KIEKENS S

11:20 **OCT in glaucoma:**
FAQs and evidence-based answers from the EGS Guidelines
HONDEGHEM K

11:35 **What NOT to do in glaucoma care?**
Answers from the EGS Guidelines
COLLIGNON N

11:50 **From first choice medication over laser as initial treatment to choice of surgery**
KESTELYN P

12:05 **Artificial intelligence and Genetic testing:**
fiction or reality for our clinics?
POURJAVAN S

12:20 *Q&A and panel discussion*

12:30 *End of session*

SATURDAY 28 NOVEMBER 2020 **11:00 - 12:30, ROOM 2**

Guidelines in pediatric neuro-ophthalmology

Moderators: Patricia DELBEKE, Antonella BOSCHI

11:00 *Welcome by Patricia Delbeke*

11:05 **Pseudo or true papiledema?**
ANDRIS C

11:25 **Anisocoria**
BALIKOVA I

11:45 **Double vision**
COUTEL M

12:05 **Effects of visual rehabilitation in children with acute visual impairment**
JONIAU I

12:25 *Closing remarks by Patricia Delbeke*

12:30 *End of session*

BRS - Belgian Retina Society

SATURDAY 28 NOVEMBER 2020 **14:00 - 15:30, ROOM 1**

Challenging cases from the retina clinic FAB/BIO/REBEL

Moderator: Werner DIRVEN

14:00 *Introduction by Werner Dirven*

14:05 **Case 1: Mix of peculiar cases**
LOCHT B

14:15 **Case 2: Dry AMD , or not ?**
RUYS J

14:25 **Case 3: Cases on APMPPE and link with meningitis**
WALGRAVE V

14:35 **Case 4: Drusenoid PED with fluid: to treat or not to treat ?**
WIJNANTS D

14:45 **Case 5: Recurrence of MNV after RPE-patching**
DE SUTTER C

14:55 **Case 6: Noonan Syndrome and cavernous retinal hemangioma : a coïncidence ?**
LALLAU V

15:05 **Case 7: The answer is in the genes**
GEERTS L

15:15 **Case 8: What is Purtscher-like retinopathy? 2 illustrating cases**
VANDEURZEN J

15:25 *Conclussion by Werner Dirven*

15:30 *End of session*

BSA - Belgian Strabismological Association

SATURDAY 28 NOVEMBER 2020, 14:00 - 15:30, ROOM 2

Update on amblyopia

Moderators: Lavinia POSTOLACHE, Sabine PRINSEN

14:00 *Introduction by the BSA president Sabine Prinsen*

14:05 **Neurophysiological basis of amblyopia**
HEMPTINNE C, YUKSEL D

14:20 *Discussion*

14:25 **Case reports on amblyopia**
CASSIMAN C

14:40 **Visual screening in children**
CORDONNIER M

15:10 *Discussion*

15:15 **Amblyopia pre-screened children follow-up. An ophthalmologist view**
POSTOLACHE L

15:25 *Discussion*

15:30 *End of session*

BRS - Belgian Retina Society

SATURDAY 28 NOVEMBER 2020 **16:00 - 17:30, ROOM 1**

Paediatric uveitis

Moderator: Joachim VAN CALSTER

16:00 *Introduction*

16:05 **Juvenile Idiopathic arthritis point of view of the paediatric rheumatologist**
JOOS R

16:20 **Juvenile Idiopathic arthritis point of view of the ophthalmoplogist**
VAN OS L

16:35 **Work-up in paediatric uveitis**
WILLERMAIN F

16:50 **Congenital toxoplasmosis point of view of the paediatrician**
CHATZIS O

17:05 **Congenital toxoplasmosis point of view of ophthalmologist**
KOZYREFF A

17:20 *Closing remarks*

17:30 *End of session*

SATURDAY 28 NOVEMBER 2020 **16:00 - 16:40, ROOM 2**

BSCRS - What's new in refractive surgery?

Moderator: Nashwan ALSABAI

16:00 **Transepithelial PRK: hope or hype?**
ALSABAI N

16:10 **Optimizing outcome in presbyopic correction**
SALLET G

16:20 *Interactive video on complications by BSCRS Board members*

16:40 *End of session 1*

SATURDAY 28 NOVEMBER 2020 **16:45 - 17:30, ROOM 2**

BeCornea + BSCRS: Know your endothelium

Moderators: Sorcha NI DHUBHGHAILL, Karolien TERMOTE

16:45 *Introduction by Sorcha Ni Dhubhghaill*

16:50 **Specular microscopy: interpretation and application**
TERMOTE K

16:58 **An update on phacoemulsification technologies on the endothelium**
BURUKLAR H

17:06 **What can we improve: the evidence for OVDs and surgical techniques in endothelial preservation**
DRAGNEA D

17:14 **What's next? New therapies for endothelial regeneration**
NI DHUBHGHAILL S

17:22 *Discussion*

17:30 *End of session*

SUNDAY 29 NOVEMBER 2020 **09:00 - 10:30, ROOM 1**

De oogarts in nood - L'ophtalmologue en péril - Part 1

Moderators: Marnix CLAEYS, François HAUSTRATE

09:00 *Introduction by Marnix Claeys*

09:07 **Zorg voor de zorgverlener / Care for the Care Provider**
VANHAECHT K

09:37 *Introduction by François Haustrate*

09:40 **Comprendre, Démystifier, Gérer l'épuisement du médecin ophtalmologue**
MESTERS P

10:25 *Conclusions by François Haustrate*

10:30 *Break*

ICC – Interactive Clincal Course

SUNDAY 29 NOVEMBER 2020 **09:00 - 10:30, ROOM 2**

ICC Neuro meets retina

Moderator: Alexandra KOZYREFF

09:00 *Introduction by Alexandra KOZYREFF*

09:05 **Part 1**
KOZYREFF A

09:25 **Part 2**
BOSCHI A

09:45 **Part 3**
KISMA N

10:05 **Part 4**
COUTEL M

10:25 *Closing remarks*

10:30 *End of session*

SUNDAY 29 NOVEMBER 2020 **11:00 - 12:30, ROOM 1**

De oogarts in nood - L'ophtalmologue en péril - Part 2

Moderators: Marnix CLAEYS, François HAUSTRATE

11:00 *Introduction by François Haustrate*

11:02 **Nood aan digitale beveiligde communicatie - Recipe**
VAN ROSSEM S

11:17 *Q & A*

11:20 *Introduction by Marnix Claeys*

11:22 **Prioriteitenlijst in de oogheelkunde : nood aan transparantie**
HAUSTRATE F

11:37 *Q & A*

11:40 *Introduction by François Haustrate*

11:42 **Wachtlijsten in de oftalmologie : resultaten van de nationale enquete (Ned). Is er nood aan meer oogartsen?**
CLAEYS M

11:57 *Q & A*

12:00 *Introduction by Marnix Claeys*

12:02 **Herijking van de RIZIV nomenclatuur oftalmologie (Ned) Is er nood aan herverdeling van het budget ?**
VAN BLADEL P

12:17 *Q & A*

12:20 *Conclusion and Closing of the session by Marnix Claeys*

12:30 *End of session*

ICC – Interactive Clincal Course

SUNDAY 29 NOVEMBER 2020 **11:00 - 12:30, ROOM 2**

ICC Phaco/Anterior segment

Moderator: Frank jr. GOES

11:00 *Introduction by Frank GOES jr*

11:05 **Phaco complications**
STALMANS P, SAELENS I

11:25 **Iris reconstruction**
DERVEAUX T

11:45 **Corneal transplant**
DELBEKE H, NI DHUBHGHAILL S

12:05 **Using Spherical Aberration as a tool in refractive cataract surgery**
GOES F jr

12:25 *Discussion*

12:30 *End of session*

AWARD CEREMONY

SUNDAY 29 NOVEMBER 2020 **12:30 - 13:00, ROOM 1**

Award ceremony & Closing remarks

Moderator: Guy SALLET

12:30 *Brailleliga | Ligue Braille: Introduction FRO-BOCCS by M.J. Tassignon*

12:34 *Brailleliga | Ligue Braille: Presentation by M. Magis, Director*

12:38 *Brailleliga | Ligue Braille: Presentation BEGONIA by I. Stalmans*

12:50 *e-Poster prizes moderator by Paulina BARTOSZEK*

12:55 *Closing remarks by Guy SALLET*

13:00 *End of the congress*

AOB e-Posters

1

Exploration of Structural and Functional Parameters in Bilateral Temporal Optic Neuropathy

BUELENS T (1), FILS JF (2), WILLERMAIN F (1)

(1) CHU St Pierre & Brugmann, Ophthalmology, Brussels
(2) Ars Statistica SPRL, Nivelles

PURPOSE To evaluate the correlation between structural and functional parameters and the diagnostic value of OCT in a group of patients with OCT documented bilateral optic neuropathy limited to the papillomacular bundle.

METHODS Retrospective study.

RESULTS We included 61 patients. The strongest positive relationship between best-corrected visual acuity (BCVA) and tested OCT parameters was with macular GCL (ganglion cell layer) and GCIPL (combined ganglion cell & inner plexiform layer) volumes rather than global or temporal peripapillary retinal nerve fiber layer (RNFL) measurements (all statistically significant). There was an inverse relationship between BCVA and inner nuclear layer (INL) volumes, with significant differences for BCVA and all tested OCT parameters between eyes with and without INL microcystoid lesions. However, while thicker INL was correlated with more severe disease, it was not helpful in the differential diagnosis. OCT (both absolute values and intereye differences) was not helpful in distinguishing between presumed acquired mitochondrial disease and eyes with multiple sclerosis without optic neuritis. When compared to patients with a previous history of unilateral optic neuritis, significantly greater intereye differences in global RNFL (but not temporal RNFL) and IPL and GCIPL volumes were found in the latter.

CONCLUSION The strongest positive relationship with BCVA was found for macular GCL and GCIPL volumes. OCT (absolute values and/or intereye differences) was not helpful in the differential diagnosis between presumed acquired mitochondrial disease and patients with multiple sclerosis without optic neuritis.

2

Evaluation of ganglion cells loss in anterior ischaemic optic neuropathies

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PURPOSE To analyse the loss of thickness of ganglion cell complex (GCC, inner plexiform layer and ganglion cell layer) in patients with non-arteritic anterior ischaemic optic neuropathy (NA-AION).

METHODS This retrospective study enrolled 32 eyes (28 patients) with NA-AION and 28 fellow eyes, considered as controls, between 2014 and 2020. A complete examination with visual field (VF), visual acuity (VA) and optical coherence tomography was performed at baseline and after 1, 3 and 6 months. Retinal nerve fibre layer (RNFL) and GCC layer thickness were evaluated at each visit.

RESULTS A total of 28 patients were included in the analysis, with a mean age of 59±11 years (57.1% were male). At presentation, mean (±SD) RNFL thickness in patients with NA-AION was 227.4 (±72.1) and 92,6 µm (±9.0) in the fellow eyes ($p<0.05$). At 6 months, a significant decrease was observed in the pathologic eyes (64.9 (±10.4) µm). GCC layer thickness at presentation and at 6 months in the NA-AION eyes were 60.3 ± 24.4 and 61.9 ±10.4 µm, respectively, a non significant difference. When compared to the fellow eyes (80.4±6.5, $p<0,0001$), we observed a significant reduction of the GCC thickness corresponding to a loss of 24.3% in average (range: 5-42.6%). Moreover, a negative correlation ($r=-0,64$) is observed between the VF defect and the GCC thickness.

CONCLUSION After an episode of NA-AION, we observed a significant decrease of GCC thickness compared to the fellow eye, which is correlated to the visual field defect.

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27 -gauge vitrectomy for pediatric optic disc pit maculopathy - case series

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PURPOSE Optic disc pit maculopathy (ODP-M) includes macular serous detachment, degenerative intraretinal cysts and pigmentary changes with subsequent visual loss related to a congenital optic disc anomaly. Improvement of current standard surgical technique and follow-up protocol is explored.

METHODS Four patients with a clinical diagnosis of ODP-M underwent a full ophthalmic work-up and underwent 27-gauge pars plana vitrectomy (PPV) with extra long fluid aspiration above the optic pit. Serial optical coherence tomography (OCT) and visual acuity testing were provided during follow-up. In the youngest patients postoperative amblyopia treatment was started.

RESULTS OCT imaging showed complete resolution of sub- and intraretinal fluid with visual acuity improved in all four patients. In the first patient from 20/40 preoperative to 20/20 in only 7 months after treatment, the second patient from 20/200 to 20/40 in 17 months, the third patient from 20/100 to 20/50 in 9 months and the last patient from 20/100 to 20/25 in 28 months. No intra- or postoperative complication occurred.

CONCLUSION ODP-M is a possible cause of visual acuity loss in young patients. PPV with emphasize on extra long fluid aspiration above the optic pit in combination with thorough amblyopia treatment is a valuable vision-saving treatment for pediatric ODP-M patients. A long term follow-up is needed in these patients since visual improvement can occur even after more than a year.

4

Clinical impact of 18F-FDG PET CT in the work up of children with uveitis.

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PURPOSE To evaluate the usefulness of 18F-fluorodeoxyglucose positron emission tomography (18F-FDG PET/CT) in the work up of paediatric uveitis.

METHODS We performed a retrospective study of 12 children followed for uveitis who underwent whole body 18F-FDG PET/ultra low dose CT between 2011 and 2019.

RESULTS The average patients' age was 11 years. 100% of patients presented bilateral uveitis, 50% panuveitis and 92% (11/12) had choroidal involvement. 5 of the 12 (42%) patients showed abnormal 18F-FDG uptake on their 18F-FDG PET/CT, including 3 with pathognomonic images of active granulomatous diseases. A biopsy was performed in one of these patients (consistent with sarcoidosis) and in the two others with abnormal 18F-FDG uptake without pathognomonic images of granulomatous disease (one consistent with sarcoidosis, the other negative). Final uveitis diagnosis were idiopathic in 58% of the patients, ocular sarcoidosis in 17% (2/12), TINU in 16,6% (2/12) and tubercular uveitis in 8,3% (1/12).

CONCLUSION In this small series, 18F-FDG PET/CT provided important information for uveitis diagnosis in approximatively 30 % (4/12) of our patients. Further studies are needed to define the exact place of 18F-FDG PET/CT and chest CT in the work-up of paediatric uveitis.

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Bone metastasis in a case of primary acquired melanosis with atypia

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PURPOSE Presentation of a patient with Bone metastasis in a case of primary acquired melanosis with atypia.

METHODS In 2008, a 66-year-old female presented herself to her own ophthalmologist with primary acquired melanosis (PAM) with severe atypia at her right eye. In 2009 and in 2012 biopsies were taken from the lesion after which she received treatments with mitomycine 0.5%. In 2014, she was referred to the University Hospital Antwerp for a limbal transplantation (2015 and 2016). In further follow up she had mild PAM over 360° of alternating intensity.

RESULTS Throughout the follow up she had a cataract and thereafter a retinal detachment for which she underwent a phacovitrectomy on the right eye. During which the PAM was only lightly present on the eye. There was no nodule present nor did the routine check-up of the lymph nodes or nose showed any atypia. On her last follow up in 2019, a metastasis to the spine (Th3) was diagnosed. Both a complete systemic work-up and a pathological examination did not show any melanoma's in the body.

CONCLUSION Metastasis, even as rare as to the bone, from PAM with severe atypia remains a possibility and ophthalmologists need to be alert for this. It is possible these metastases occur due to operations on the affected eye, or by means of a pathological not detected minimal conjunctival melanoma in this atypia.

6

Outcome after Intracameral Dexamethasone Injection Due to Endothelial Immune Reaction after Keratoplasty

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PURPOSE To evaluate the effectiveness of intracameral dexamethasone injection (IDI) after endothelial immune reaction (EIR) and the role of the laser flare meter (LFM) for diagnostic and follow-up.

METHODS This study included 50 eyes presenting with an EIR after penetrating keratoplasty (PKP) (n = 46) or DMEK (n = 4). All patients received an IDI (400µg dexamethasone). We analyses the best corrected visual acuity (BCVA), the central corneal thickness (CCT) and corneal volume (CV) and the anterior chamber flare (ACF) preoperatively, 6 weeks and 6 months following the IDI.

RESULTS The BCVA increased from LogMar 1.03 +/- 0.62 to 0.7 +/- 0.56 ($p < 0.001$) and 0.84 +/- 0.65 ($p = 0.03$) at 6 weeks and 6 months after IDI. For the same periods of measures, the CCT decreased from 833 +/- 384 µm to 661 +/- 169 ($p < 0.001$) and 601 +/- 89 µm ($p < 0.001$). The CV decreased from 79 +/- 12 mm^3 to 71 +/- 12 ($p < 0.001$) and 70 +/- 12 mm^3 ($p = 0.01$). The ACF varied from 23 +/- 22 phot/ms to 25 +/- 24 ($p = 0.96$) at 6 weeks after IDI.

CONCLUSION The ICI seems to be an effective and secure adjuvant approach for treatment of EIR after PKP or DMEK. ACF is probably not an accurate method to evaluate the EIR, presumably due to the poor quality of the measurements through the decompensated cornea and corneal opacities.

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27-year-old man with “corneal opacity” after a branch injury

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PURPOSE Case of a patient with epithelial ingrowth after injury and laser in situ keratomileusis (LASIK).

METHODS A 27-year-old patient was referred for “corneal opacity” after a branch injury in the left eye. The patient reported a decrease in visual acuity in the affected eye. He had undergone a LASIK surgery on both eyes to treat a moderate hyperopia. The best corrected visual acuity (BCVA) was 0.4 in the affected left eye. Slit-lamp biomicroscopy showed an isle-like invasion of epithelial cells under the LASIK flap from the nasal flap edge to the optical axis as well as a paracentral lenticular fold. We made the diagnosis “posttraumatic LASIK flap folding with epithelial ingrowth (grade 4 according to Probst/ Machat)”.

RESULTS Mechanical removal of the epithelium from the bed and flap posterior surface in combination with 0.02% mitomycin C for 60 seconds was performed. Additionally, the flap margins were fixed with 3 temporary 10-0 nylon single sutures. Postoperative therapy consisted of topical and systemic steroids. BCVA increased to 1.0. No recurrence of epithelial invasion occurred after 4 months.

CONCLUSION Epithelial ingrowth is a rare postoperative complication after LASIK. The term “corneal opacity” should be avoided as a finding or diagnosis. In cases of progressive epithelial ingrowth, urgent surgical intervention is indicated, regardless of the degree of visual loss. Diffuse lamellar keratitis (DLK) should always be excluded as a differential diagnosis.

8

Glaucoma detection beyond the disc using explainable artificial intelligence

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PURPOSE To analyze the importance of the regions beyond the optic nerve head (ONH) and provide objective explainability in two deep learning applications for glaucoma care.

METHODS We use two anonymized data sets of 13551 and 23930 disc-centered fundus images from a large glaucoma clinic to model glaucoma classification and vertical cup-to-disc ratio (VCDR) regression. We train several convolutional neural networks with a varying amount of fundus image covered and compare performance between cover size and application.

RESULTS The standard model for VCDR regression explained 77% (95% CI: 0.76-0.78) of the variance in the test set (4765 images), translating to a Pearson r of 0.88. With an extreme circular crop of 60% image diameter covering both ONH and a large peripapillary area, the VCDR model still explains 37% of test variance (95% CI: 0.35-0.39).In glaucoma detection, a benchmark area under the receiver operating characteristic curve (AUC) of 0.940 (95% CI: 0.922 – 0.957) is obtained on the test set (2643 images). The performance of glaucoma classification remains comparable until setups with 20% of the ONH covered, after which a significant decrease is observed (AUC = 0.868, 95% CI: 0.841 – 0.896).Heat maps indicate recurrent patterns in infero- and superotemporal peripapillary sectors.

CONCLUSION We present hard evidence that fundus images contain a significant amount of information outside the ONH that contributes to AI-based glaucoma classification and VCDR regression. This is relevant because it answers the clinical question whether glaucomatous features are present outside the ONH in fundus images, even if there are no visible localized retinal nerve fiber layer (RNFL) defects.

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Using the Miloop for cataract surgery

KESTELOOT F

Oogartsencentrum ZW Vlaanderen / AZ Groeninge / Laser Refractie Centrum, Harelbeke/ Kortrijk / St Martens Latem

PURPOSE Getting personal clinical experience with an innovative tool for dealing with complex cases of cataract surgery

METHODS The lensfragmentation is done by cutting it by wire, thus reducing substantially the phacoenergy needed

RESULTS I have a personal experience of eighty procedures without major complications. This gives the miloop a safety benefit compared with more traditional methods for dealing with complex cases of cataract surgery

CONCLUSION This device has the potential for finding a place in the instrument tray of every cataract surgeon

10

Parry-Romberg syndrome: a case of lagophthalmos and hemifacial atrophy

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PURPOSE To report a case of a 54 year old female patient with nightly pain and dryness of the right eye. She already consulted other ophthalmologists for this problem and asked for a surgical solution.

METHODS Clinical inspection revealed lagophthalmos with exposure keratopathy, enophthalmos, a deep superior palpebral sulcus and a rounded lateral canthus of the right eye. Further facial inspection showed a protruding cheekbone and fat atrophy at the masseter region on the right side of the face. Orbital imaging (MRI) and advise of the internal medicine team were planned.

RESULTS Based on clinical presentation, orbital imaging and assessment of antinuclear antibodies, the diagnosis of Parry-Romberg syndrome was established. Immune suppressive therapy with methylprednisolone and methotrexate was started. Surgical treatment options such as autogenous fat grafting or insertion of an inorganic implant were considered. First a soft therapeutic contact lens was fitted preventing nocturnal corneal exposure. Patient was much more comfortable wearing the contact lens during the night. Surgical treatment was thereby postponed.

CONCLUSION In case of lagophthalmos with exposure keratopathy of unknown cause it is important to look for facial asymmetry and consider the diagnosis of Parry-Romberg syndrome. In these COVID-19 times it is important to ask the patient to remove the mask momentarily for further inspection of the face. Before planning surgery consider fitting a therapeutic soft or scleral contact lens worn nightly.

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An unusual case of anti-myelin oligodendrocyte glycoprotein (MOG) associated optic neuropathy.

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PURPOSE To report a case of recurrent transient visual loss and delayed onset of optic disc edema related to anti-myelin oligodendrocyte glycoprotein associated optic neuropathy.

METHODS Case report of a 44-year-old male patient with anti-MOG associated optic neuropathy.

RESULTS We report a case of a 44-year-old patient referred with a history of recurrent intermittent transient visual loss of his left eye, followed by persistent visual loss of the right eye two weeks later. Unilateral optic disc edema of the right eye only appeared two weeks after visual loss. A complete neurological and cardiovascular work-up elsewhere remained unremarkable. Additional laboratory tests revealed the presence of anti-MOG antibodies and a positive IGRA-test. Treatment with steroids (while covering for the positive IGRA-test) was able to restore useful vision in his right eye and the left eye did not suffer from further episodes of visual loss.

CONCLUSION Anti-MOG associated optic neuropathy should be considered in case of dense visual field loss, along with neuromyelitis optica (NMO). Usually anti-MOG is associated with optic disc edema, whereas NMO is not. This case teaches us that optic disc edema may take some time before manifesting. Transient visual loss might be part of the symptoms, as it did not recur after treatment. It also illustrates the importance of assessing the presence of tuberculosis before starting high doses of steroids.

12

Diplopia : Jump for Joy

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PURPOSE To illustrate the value of testing ocular saccades in diplopia patients with subtle deficits of smooth pursuit.

METHODS Series of 3 case reports.

RESULTS Three patients with diplopia and very subtle - if any- smooth pursuit deficits were found to have prominent saccadic abnormalities. A 41 year old patient with vertical diplopia had extreme difficulty to initiate vertical upward saccades in the presence of Collier lid retraction sign and pupillary light/near dissociation. This was explained by compression of the posterior commissure due to a pineal germinoma causing a dorsal midbrain/ Parinaud syndrome. A 71 year old patient presenting with subtle vertical diplopia was found to have marked slowing of downward saccades due to a bilateral paramedian thalamic infarct. Finally, a 44 year old otherwise healthy patient presenting with horizontal diplopia showed slowing of adduction saccades of the right eye and nystagmus on abduction in the contralateral eye. Cerebral imaging revealed a demyelinating lesion at the level of the right medial longitudinal fasciculus at the dorsal pons causing a right internuclear ophthalmoplegia.

CONCLUSION Testing ocular saccades can provide valuable information and should be an inherent part of a comprehensive ocular motility examination. Slowing of saccades confined to the horizontal plane suggests pontine disease, whereas slowing confined to the vertical plane suggests dysfunction at the level of the thalamo-mesencephalic junction or the midbrain.

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Tintelnotia destructans as an emerging opportunistic pathogen: First case of T. destructans superinfection in herpetic keratitis

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PURPOSE To present the first case of Tintelnotia destructans keratomycosis as a superinfection in herpetic keratitis.

METHODS Case report and literature review.

RESULTS We present a case of a 53-year-old woman who presented with a unilateral keratitis since 3 weeks without history of trauma or contact lens wear, not responding to topical ofloxacin. Polymerase Chain Reaction (PCR) of the corneal ulcer was positive for Herpes Simplex Virus type 1 (HSV-1). Signs and symptoms progressively improved after starting topical and systemic antiviral therapy. Six weeks later however, our patient presented with a new white infiltrate in the previous herpetic epithelial defect. In vivo confocal microscopy showed fungal hyphae and culture from corneal scrapings identified a hyphomycete. Intensive antimycotic therapy could not prevent a corneal perforation 1 week later. Penetrating keratoplasty was performed with intracameral injection of amphotericin B. Culture of the corneal button and PCR and sequence analysis on the fungal isolate confirmed the diagnosis of T. destructans keratomycosis. Six months after penetrating keratoplasty, biomicroscopy showed a clear graft without recurrence of fungal activity.

CONCLUSION T. destructans is an emerging opportunistic pathogen causing severe keratomycosis. Despite intensive antimycotic therapy, rapid progression to corneal perforation can be seen. Early diagnosis using confocal microscopy, fungal culture and PCR can allow prompt initiation of treatment, which should be guided by in vitro susceptibility testing.

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Routine use of air tamponade in pars plana vitrectomy for primary rhegmatogenous retinal detachment repair

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PURPOSE Purpose: to establish if air can be considered as a safe substitute to longer lasting tamponade agents for primary rhegmatogenous retinal detachment (RRD) treatment, regardless of the position or the number of retinal breaks.

METHODS Methods: analysis of 230 consecutive patients (236 eyes) who underwent a pars plana vitrectomy (PPV) for primary RRD with air or SF6 tamponade from January 2014 till March 2020. The main outcome measure was the rate of an anatomically attached retina without the presence of any tamponade agent for at least 3 months post-operatively.

RESULTS Results: Our overall success rate in treating RRD with PPV in cases involving superior, inferior but also multiple breaks with air tamponade is 87.9% (145/165 eyes) and 80.3% (57/71 eyes) with SF6 20% tamponade. Very little pre-operative characteristics were found between the two groups.

CONCLUSION Conclusion: As SF6 tamponade showed no better results, air tamponade seems a safe and effective agent for the treatment of primary rhegmatogenous retinal detachment, under the premise of thorough removal of vitreous traction, aspiration of sub-retinal fluid (SRF), and sealing of all the retinal breaks regardless of their localization.

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A case of unilateral optic disc edema after infection with the coronavirus SARS-CoV-2.

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PURPOSE To investigate the link between optic disc edema and coronavirus disease 2019 (COVID-19) by means of a case report and literature review.

METHODS A 63-year-old male, known with an extensive history of vitreoretinal surgery, presented to the ophthalmology department with complaints of a weird feeling in the left eye. He suffered from COVID-19 during his stay in Haiti and he was admitted in the hospital for 10 days 5 weeks before.Clinical examination showed a stable visual acuity but unilateral optic disc edema in the left eye. Optical coherence tomography of the optic disc showed thickening of the retinal nerve fiber layer (RNFL) in the left eye. Fluorescein angiography showed leakage of dye from the optic disc in the late phases. Further clinical examination was unremarkable.

RESULTS The optic disc edema resolved spontaneously, resulting in mild pallor of the optic disc. Vision remained stable throughout the episode.Review of scientific literature repeatedly reports optic neuritis, uveitis and increased RFNL thickness as possible presentations of COVID-19. Recent articles also suggest a hyperinflammatory state, direct neuro-invasion of the central nervous system and post-infectious immune-mediated complications as mechanisms of neurological manifestations.

CONCLUSION A case of unilateral optic disc edema, possibly caused by COVID-19, is described. One should consider SARS-CoV-2 as a possible cause of neuro-ophthalmic manifestations during this COVID-19 pandemic.

16

NR600 System Retinal Prosthesis

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PURPOSE The NR600 system is a novel retinal prosthetic device which transforms the visual image into an electrical signal and transmits it through an epiretinal array of penetrating electrodes to the functional cells in the inner retina. The purpose of this study is to test the NR600 system for safety and performance in late-stage Retinitis Pigmentosa patients.

METHODS The implantation procedure includes a standard lensectomy and vitrectomy after which the implant is inserted through a limbal incision and positioned on the macula. The implant is anchored by haptics positioned in the ciliary sulcus. Glasses provide the implant with power and communication through an infrared laser beam. Safety of the implantation procedure and long-term presence of the device in the eye was evaluated as well as visual abilities.

RESULTS Three patients underwent successful implantations. The patients tolerated the procedure well, no signs of discomfort were reported and no major signs of ocular damage. All patients could perceive visual stimuli upon activation of the implant. One patient was evaluated following parameter optimization setting. Her orientation and mobility capabilities improved from none at baseline to 67% with the NR600 system, square localization from 21±10° to 4±3° off center and object localization from none to 76% success.

CONCLUSION These early results in human demonstrate a unique potential of regaining functional vision capabilities using a minimally invasive and safe implantation technique. The visual outcome supports the key principle of using penetrating microelectrodes to transmit very low charge to stimulate the inner retinal cells locally.

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Acute bilateral serous retinal detachments with spontaneous resolution in a six-year-old boy

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PURPOSE To report the youngest patient with a tentative diagnosis of AEPVM

METHODS Case report

RESULTS A healthy boy without relevant medical history or recent travel presented with acute blurriness, metamorphopsia and scattered scotomas. He had suffered from a cold a few weeks before.Vision was Snellen 0.6 RE and 0.16 LE. Anterior segment examination and IOP were normal. Multiple large serofibrinous RDs with choroidal thickening and mildly hyperautofluorescent yellow subretinal dots OU were seen on examination. FA revealed small leakage points at the level of the detachments, limited staining of the optic disc in the LE and a masking effect due to the neurosensory detachments (ICG was not performed).A total systemic clinical work-up was negative. Spontaneous improvement and resolution of lesions occurred over the next couple of weeks, without treatment.Our tentative diagnosis is acute exudative polymorphous vitelliform maculopathy.Its etiology remains unclear, though infectious, inflammatory and paraneoplastic causes have been suggested. Treatment is still controversial, with little evidence for the efficacy of corticosteroids. We also considered an atypical presentation of Vogt-Koyanagi-Harada disease, ocular manifestation of tuberculosis and acute posterior multifocal placoid pigment epitheliopathy, but these entities didn't fully fit the clinical picture.

CONCLUSION This case is suggestive of the subtype 'bleb-like lesions along the vascular arcades' of AEPVM. This entails bilateral multifocal serous RDs and accumulation of yellow lipofuscin-rich subretinal lesions, with spontaneous fast recovery of choroidal and RPE function. We hypothesize transient activation of inflammatory cells in the choroid, though the underlying pathophysiological mechanism remains unclear.

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Face masks: a new factor causing visual field artefacts

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PURPOSE During the current pandemic, face masks are routinely used in the outpatient clinics to prevent further spreading of SARS-CoV-2. The need to be aware of improperly fitted face masks as a cause of artefacts on automated perimetry possibly mimicking pathological field defects is described.

METHODS Two patients with chronic open-angle glaucoma underwent automated visual field testing with and without the use of a face mask.

RESULTS A 68-year old lady in follow-up because of familial glaucoma risk developed a new temporal arcuate scotoma in the left eye on an automated central 30° visual field test in the absence of anatomical changes as measured with OCT of the nerve fiber layer or ganglion cell complex or previous IOP fluctuations.A 49-year old man, with a diagnosis of normal tension glaucoma, demonstrated a novel inferior arcuate scotoma in the right eye, again without any impact on the optic nerve or IOP. Although the rapid deterioration of visual fields raised a suspicion of an artefact in both patients, reliability indices were remarkably normal. The face mask was noted to cause fogging of the perimeter lens or refractive error correction. As such, the supposed progression disappeared rapidly with a retest without the face mask.

CONCLUSION Face masks can cause a visual field artifact possibly mimicking pathological field defects. In case of atypical glaucomatous visual field progression or progression not matched by findings on OCT, even with normal reliability indices, the wearing of a face mask must be considered as a factor causing an artefact.

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