Abstract 16

HAPPY HALLOWEEN: THE GHOST WITHIN

Mittal S.*

Thind Eye Hospital ~ Jalandhar ~ India

Introduction:

Choroidal Melanoma, the silent intruder, emerges from the depths of the uveal tract. Its melanocytes, like spectral brushstrokes, paint ominous patterns upon the choroid. Unseen, it grows—a tumor veiled in darkness. Its whispers echo through the vitreous, a phantom presence that eludes detection until it casts its malignant shadow upon vision. Surgeons wield their spectral tools—brachytherapy, proton beams, or the final incantation of enucleation—to banish this ocular ghost. Yet, uncertainty lingers, for the specter may return, haunting the retina once more.

Abstract 17

SUNSET & THE STARRY SKY

Mittal S.*

Thind Eye Hospital ~ Jalandhar ~ India

Introduction:

In the intricate tapestry of Vogt-Koyanagi-Harada (VKH) disease, the fundus reveals more than mere pathology—it whispers of spectral sunsets.

As the chronic phase unfolds, the once-vibrant choroid becomes a canvas for twilight hues. Behold the sunset glow fundus: a gradient of ochre, amber, and dusky rose. The retinal pigment epithelium (RPE) bears witness to this spectral transformation, its melanocytes like fading embers.

Within this crepuscular realm, the Dalen-Fuchs-like nodules emerge—tiny constellations etched upon the RPE. These granulomas, like echoes from forgotten dreams, remind us that science and mystery entwine, casting shadows upon the retina’s canvas.

And so, dear observer, as you peer through the ophthalmoscope, know that VKH disease is not merely clinical—it is poetry etched in pigment, a sunset within the eye.

Abstract 119

VITREOUS HEMORRHAGE & IRIDODIALYSIS

Singh A.*

RIO Sitapur ~ Sitapur ~ India

Introduction:

VITREOUS HEMORRHAGE & IRIDODIALYSIS

Abstract 196

MACULAR VORTEX

Mittal S.*

Thind Eye Hospital ~ Jalandhar ~ India

Introduction:

Vortex vein lying in the macular area is a rare finding. In albinotic fundus, the choroidal circulation can be visualised clearly. In this 40 year male, the ampulla of vortex vein was seen lying within the temporal arcade. The whirled tributaries, choroidal part of the vortex vein was seen in the foveal area. The scleral canal was seen just superior to the arcade.

Abstract 200

BLOODFALL IN THE EYE

Gupta P., Gupta N.*

RBIPMT ~ DELHI ~ India

Introduction:

DESCRIPTION:A 46-year-old female presented with sudden onset diminution of vision in her right eye (VA- FCCF) 3 days following an episode of severe vomiting. On examination she had a large pocket of boat shaped subhyaloid bleed (>4DD) at the posterior pole (Fig.A) confirmed on OCT. Nd:YAG laser hyaloidotomy was done for the subhyaloid blood pocket following which there was a downstream of blood through the opening created (Fig.B). The patient returned one week later with complete dispersion of the subhyaloid blood into the vitreous cavity and vision improvement to 6/24. To conclude, subhyaloid bleed following Valsalva retinopathy can be managed with timely laser hyaloidotomy alone and surgical intervention can be avoided.

Abstract 222

LARGE RETINAL HOLE FOLLOWING INJURY BY Q-SWITCHED ND:YAG LASER IN A DERMATOLOGIST

Raizada K.*

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Introduction:

The literature has very few case reports of a treating doctor being injured by a laser while administering treatment. This unusual and rare video highlights the potential hazards, lasers pose for Medical Practitioners. The video throws light on the possible ocular injuries that can be caused by Cosmetic Lasers and ways that can prevent such debilitating injuries.

A Dermatology Post Graduate reported to us with complaints of sudden onset diminution of vision in her right eye. She had unprotected exposure to Q-Switched Nd:YAG Laser while performing a cosmetic procedure. Her BCVA in the right eye was 1/60. On Fundus examination, there was a large retinal hole, supero-temporal to the superior vascular arcade, oozing blood in the vitreous cavity.
A barrage Laser (Double Frequency Nd:YAG Laser - 532 nm) was done around the retinal hole to prevent the development of Retinal Detachment. The large Retinal Hole was successfully barraged.

The patient did not develop retinal detachment and the vitreous haemorrhage gradually absorbed leading to complete recovery of the vision of the patient. Her final BCVA was 6/6.
Long term complications include Choroidal Neovascularisation at the site of injury and long term follow up of the patient is required to keep a check for the same.

Lasers are widely used in cosmetic medicine, scientific research, and industry. The eye can be injured during cosmetic laser procedures involving the face. Accidental laser discharge during the preparation of a laser device and not using protective goggles are the main causes of laser injuries.
Lasers are being used on a widespread basis for cosmetic purposes. Users need to be aware of the potential hazards of such lasers and must use eye protection at all times while using the laser. Laser injuries to the eye can be devastating.

Abstract 242

SCLERAL FIXATION OF CARLEVALE INTRAOCULAR LENS

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Introduction:

Purpose: To assess visual outcome and complications of the technique of sutureless scleral fixation (SSF) using a single-piece foldable acrylic intraocular lens (IOL-Carlevale).
There are two types of techniques of scleral fixation, Sutured scleral fixed IOL and Suturless scleral fixation IOL. The Sutured scleral fixed IOLs present long-term complications like suture brekeage, IOL tilting, IOL damaging and displacement.
The Carlevale IOL, that is a Suturless scleral fixation IOL, has got unique stability features.
Methods: This is a retrospective observational, consecutive study conducted revising patients charts from 2020 to 2023. There were included 54 eyes of 54 patients who underwent 25- or 23-gauge pars plana vitrectomy with Carlevale IOL implantation for an IOL subluxation/luxation, lens dislocation, aphakia, or UGH Syndrome. Pre-operative and post-operative visual status and complications during and after surgery were recorded.
Results: The mean follow up was 7,4 ± 7,0 months(range 1-30 months). Mean pre-operative corrected distance visual acuity was 0,77 ± 0,61 logMAR (range 0-2 logMAR) and mean post-operative corrected distance visual acuity was 0,42 ± 0,54 logMAR (range 0-2 logMAR). Nine (22,2%) experienced cystoid macular edema, 5 (9,25%)vitreous hemorrhage, 4 (7,4%) intraocular hypertension, 4 (7,4%) reactivation of maculopathy, 2 (3,7%) retinal detachment, 1 (1,8%) dialysis of the iris , 1 (1,8%) iridocorneal angle closure, 1 (1,8%) lamellar macular hole. IOL dislocation, conjunctival erosion, and plug externalization were not observed in any eye during the follow-up.
Conclusions: This report enriches our knowledge about outcomes and complications of this surgical technique. Scleral fixation Carlevale IOL has become our first choice for aphakia correction when there is no capsular support available.

Abstract 260

BUGS BUNNY FUNDUS

Barcin E.*, Ozdek S.

Gazi University ~ Ankara ~ Turkey

Introduction:

This 16 YO female was referred for vision loss in her right eye from a macular detachment associated with morning glory disc. Vision was 20/50 OD and 20/20 OS
Fundus photography of her right eye shows excavation of the optic disc with a ring of chorioretinal atrophy surrounding excavation. There was peripapillary serous retinal detachment involving the macula extending towards superior part of the disc like ears of bunny.

Abstract 264

RETINAL ARTERIOVENOUS MALFORMATION

Gandhi R.*

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Introduction:

A 34 year male presented with complaints of sudden Diminition of vision in his left eye after an episode of coughing .On Examination he was diagnosed with left eye Valsalva Retinopathy. He had Premacular Subhyaloid Heorrhage . He was also diagnosed with Large Arterio Venous Malformation with Retinal Vessels which was previously never diagnosed in Him . He underwent MRI brain Angiography and was found to have Vascular Malformation in brain too . considering all this it was diagnosed to be a part of Von Hippol Lindaeus (VHL) disease. He was prescribe medication and Observation for the pre macular hemorrhage which resolved after 1 months with full visual recovery.

Abstract 271

ENFACE OCT IN WYBURN-MASON SYNDROME (WMS)

Arena F.*, Rocco E.

Ospedale Sacro Cuore Don Calabria ~ Negrar- Verona ~ Italy

Introduction:

The exam has been performed in the left eye of a 81yo female patient with diagnosis of Wyburn Mason Syndrome.
We obtained this image by selecting the enface report (custom slab) of a 15mmx9mm 100 kHz OCTA section (Zeiss Plex Elite 900 OCT Angiography) .

Abstract 274

ADAPTIVE OPTICS WITH SPECTRALIS HMO IN MACULAR HOLE

Rocco E.*, Arena F.

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Introduction:

The exam has been performed in the left eye of a 62yo female patient affected by a 270 microns macular hole.
This image has been obtained investigating 8 retinal central degrees with the Spectralis High Magnification Objective (HMO).

Abstract 275

OCTA IN EXTRAMACULAR EPIRETINAL MEMBRANE WITH CENTER OF TRACTION ON THE UPPER TEMPORAL BRANCH

Rocco E.*, Arena F.

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Introduction:

The exam has been performed in the left eye of a 25yo male patient affected by epiretinal membrane. This image has been obtained with the Heidelberg OCTA combining two 30 degrees 30x15 sections (the first one focused on the fovea, the second one centered on the upper fulcrum of traction) and selecting the "ILM" slab.

Abstract 278

ULTRA WIDEFIELD COLOR FUNDUS IMAGING IN AMNIOTIC MEMBRANE IMPLANT POST TRAUMA

Arena F.*, Rocco E.

IRCCS Ospedale Sacro Cuore Don Calabria ~ Negrar-Verona ~ Italy

Introduction:

The exam has been performed in a 21 yo male patient who underwent vitreoretinic surgery after trauma in the left eye (vitrectomy + peeling + endolaser + amniotic membrane implant).
We achieved it by combining two widefield color fundus images obtained with Zeiss Clarus 500.

Abstract 284

IN THE COLOBOMA INTRAOCULAR LENS IMPLANTATION

Özdemir H.B.*, Barçin E.

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Introduction:

A 73-year-old patient with Alzheimer's Disease, who had cataract surgery 25 years ago and was brought to the examination by his relatives with the complaint of burrs in his right eye, was found to have aphakia in his left eye. Due to severe dementia, visual acuity evaluation could not be performed. Fundus examination revealed an intraocular lens in a type 3 choroidal coloboma according to Ida Mann classification.

Abstract 345

ARTERIOVENOUS MALFORMATION

Özdek S.*[1], Ozdemir Zeydanli E.[2]

[1]gazi University ~ Ankara ~ Turkey, [2]Ankara Retina ~ Ankara ~ Turkey

Introduction:

A 16y old girl, presenting with low vision in the LE, Retinal arteriovenous malformation in the fundus with 20/100 vision. Brain MRI revealed cerebral hemangioma next to optic chiasma.

Abstract 365

DIAGNOSTIC ODYSSEY-SOLITARY RETINAL ASTROCYTOMA MASQUERADING VIRAL RETINITIS

Agarwal M.*

Dr Shroff's Charity Eye Hospital ~ New Delhi ~ India

Introduction:

50 year female with a history of fever for last 2 days presented with blurring of vision in the left eye. She was diagnosed with viral retinitis however did not respond to anti viral therapy. On multi modal imaging including OCTB showing thickening of the inner retinal layers, OCTA showing a network of vessels and FFA helped in confirming the diagnosis of solitary retinal astrocytoma

Abstract 366

PIGMENTED PARAVENOUS CHORIORETINAL ATROPHY

Agarwal M.*

Dr Shroffs Charity Eye Hospital ~ New Delhi ~ India

Introduction:

Bilateral Pigmented paravenous chorioretinal atrophy

Abstract 384

BUTTERFLY IN THE EYE

Mittal S.*

Thind Eye Care ~ Jalandhar ~ India

Introduction:

Butterfly-shaped pigment dystrophy is a patterned dystrophy of the retinal pigment epithelium (RPE) characterized by abnormal accumulation of lipofuscin in a butterfly-shaped distribution at the RPE level. Patients with this condition manifest with a slowly progressive loss of vision, which often becomes apparent in old age. The primary layer of the retina affected is the RPE, responsible for removing and recycling waste within the retina. In butterfly-shaped pigment dystrophy, waste accumulates in the form of lipofuscin, leading to the characteristic pattern of yellow pigment deposition, resembling the wings of a butterfly. The submitted picture is a collage of the fundus pictures and autofluorescence images of a 62 years male who presented with progressive decrease of vision.

Abstract 428

STAR PUPILLA

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Introduction:

Star Pupilla
Paul A1, Akduman L.1,2,3

1Department of Ophthalmology, Saint Louis University
2EyeCare Partners
3The Retina Center

Objective: To present a case of purse string iris suturing to reduce the permanent mydriasis symptoms, resulting in a distorted pupil shape but with symptom reduction.

Material and Methods: A 64-year-old male patient with permanent mydriasis following retinal detachment repair with 360° peripheral retinal laser and an anterior chamber lens implant presented with extreme photophobia. A purse string suture (10-0 prolene) was placed on the edge of the iris to reduce the mydriasis.

Results: The postoperative appearance of the pupil is shown in the figure. Despite the pupil shape resembling a star in an unusual fashion, the patient's symptoms were significantly reduced, and he was satisfied with the results, including the shape of the pupil. The patient expressed his feelings as, "Now, I have a star pupil, and the light does not bother me. Cool!"

Conclusion: Purse string suturing of the iris seems to be an effective way of reducing photophobia in cases of permanent mydriasis. Despite the resulting pupillary distortion, the reduction in the total pupil area is likely to significantly alleviate the patient's symptoms. However, the patient should be notified that the resulting pupil shape might be unusual and not round.