



VIII МЕЖДУНАРОДЕН СИМПОЗИУМ
на
Фондация
„Национална Академия Глаукома”



ПРОГРАМА

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ischemia that results in increased production of VEGF (vascular endothelial growth factor) that induces vascular permeability and cause macular edema. The phenomenon of anti VEGF therapy in ophthalmology during the last 10 years made significant change over all retinal diseases characterized by neovascularization in their evolution. EYLEA (afibercept) is a fusion protein that possesses the key domains of human VEGF receptors 1 and 2, which is linked to Fc segment of IgG. It blocks all isoforms of VEGF-A and is the only anti-VEGF which blocks placental growth factor. We will present the case of 64 year-old man with occlusion of the central retinal vein (ischemic form) in the right eye, the left eye has subftisis. The patient is a diabetic since 2006, has HTA and hyperlipidemia. In our clinic was treated 3 times in distance of 4 weeks with intravitreal application of 2 mg (0.05 mL) afibercept and we had significant improvement of visual function as well as the OCT findings of the same eye.

13. Toxic maculopathy

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Purpose: To describe clinical, angiographic and optical tomography features of tamoxifen, niacin and chloroquine maculopathy and to analyze the bibliography review of previous studies.

Methods: A review of history, clinical examination and findings of FFA and OCT was conducted.

Results: 3 patients with niacin induced cystoid maculopathy without leakage on FFA, 3 patients with tamoxifen maculopathy, 1 with cellophane maculopathy with or without of cystoid macular edema, 1 case of tamoxifen maculopathy in the eyes with sarcoidosis, and 2 cases of hydrochloroquine sulfat maculopathy used for the treatment of autoimmune conditions.

Conclusion: Patients receiving tamoxifen should be monitored with OCT for funduscopically invisible changes in the inner retinal layers ones a year. All patients using antimalaric drugs should be followed and documented since the beginning of the therapy until they reach the cumulative dose and after it. The patients using high doses of oral niacin has to be examined and evaluated only if they complain for visual impairment.

14. Keratomalation - a complication of corneal ulcers

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Keratomalation is progressive process of degeneration and liquefaction of stromal corneal tissue. It is considered as an urgent condition in the field of ophthalmology and a leading condition for blindness in many developing countries. Risk factors are: Vitamin A deficiency (malabsorption/malnutrition); Corneal infections and neutrophilic immunologic tissue response of pathogen, so called chain reaction; Corneal superficial abrasions (mechanical/chemical/ termic); Dry eye syndrome. Our clinic represents a leading tertiary center in Macedonia where most of the affiliated cases are dealt with. Unfortunately, an ulcer sometimes at the beginning can be difficult to diagnose properly. Its causes can be elusive and the consequences of an error in diagnostic and treatment can be severe. Early treatment can help avoid further complications.

We did a retrospective study that involved 40 cases of corneal ulcer treated at our Clinic between 2012 and 2014. Trauma was the leading cause for corneal ulcer in 23 patients, iatrogenic treatment was responsible in 12 patients, 3 were a result of mechanical injury due to lenses and 2 were neurotrophic injuries. Out of the 40 patients 6 case of keratomalation were reported 3 eventually resulting in perforation. In our country the most common risk factor leading to corneal ulcer is trauma. People with industrial or outdoor occupations often have minor micro abrasions that they don't pay attention to. Also we have a special group of older patients living alone in low hygienic conditions untreated chronic blepharitis. Other groups include people with systemic diseases such as diabetes mellitus, reumathoid arthritis, sjogren syndrome and so. Standard medical treatment