

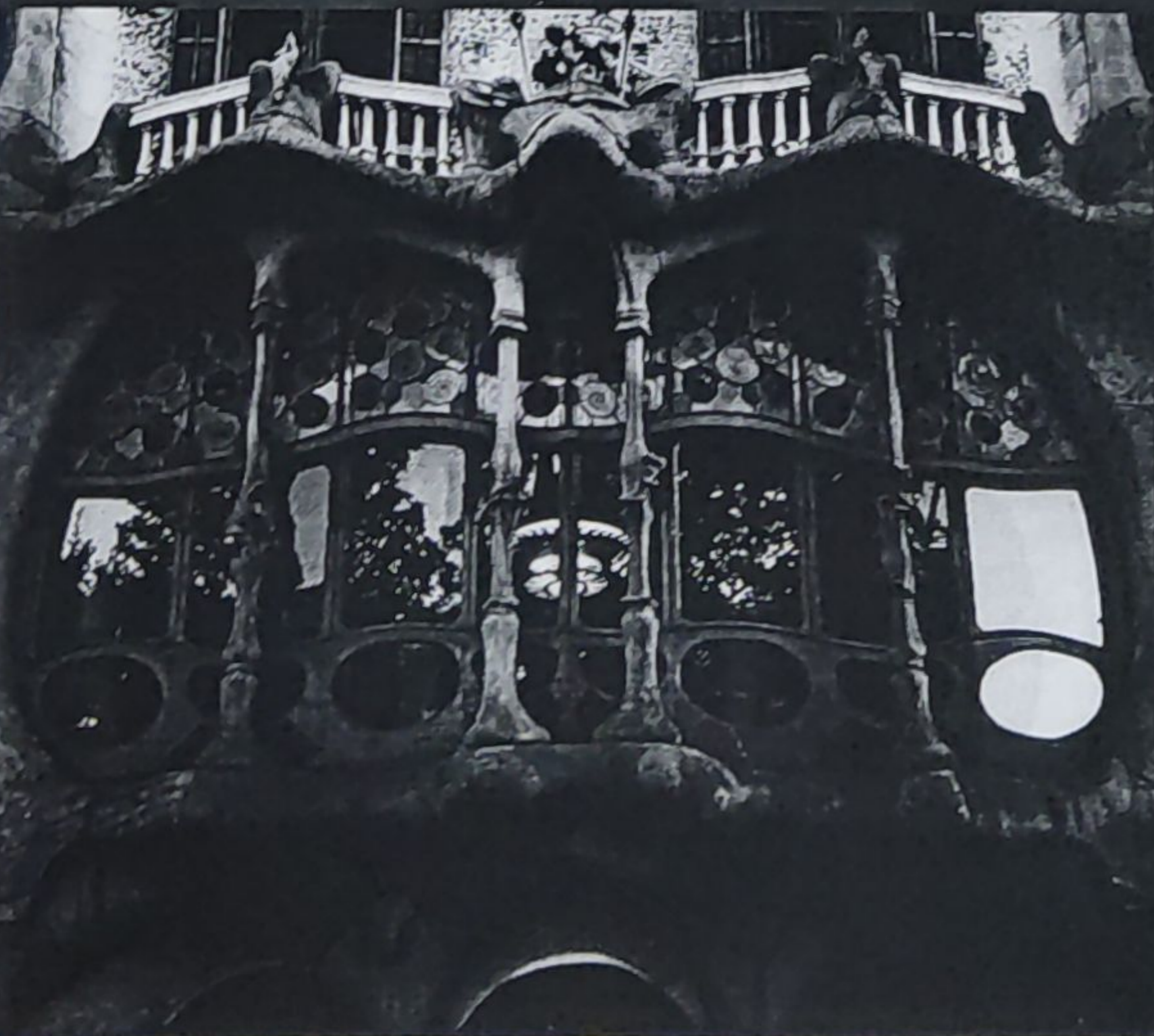
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ABSTRACT E-BOOK



LATE BREAKERS

LB01: Education, Retina

LB-EDU-710

Evaluation of workplace-based clinical leadership training in a tertiary, university-affiliated Ophthalmology department in Madrid, Spain*González-López J.J.**Ramon y Cajal University Hospital, Ophthalmology, Madrid, Spain*

Purpose: Effective clinical leadership is associated with better care quality and patient satisfaction. We implemented and evaluated an introductory workplace-based clinical leadership training session in a teaching Ophthalmology department in Madrid, Spain.

Methods: An introductory, one-morning session on clinical leadership was held in March 2017. This session included large group discussion and small group reflection meetings. Topics included leadership styles, emotional intelligence and leadership dimensions. Course material was adapted from the NHS Leadership Academy. Participants evaluated the course's impact and quality using a post-course survey.

Questions were structured in five point likert scale (1 = strongly disagree; 3 = neither agree nor disagree; 5 = strongly agree), and responses were compared to the value 3 using one-way T-tests.

Results: Eighteen participants (9 men and 9 women) attended the course. Eight were ophthalmology residents, 8 consultants and 2 optometrists. Median age was 28 years (range 25 to 57). Only 3 (16.7%) participants had received previous formal clinical leadership training.

Participants overwhelmingly agreed that the course provided content relevant to their clinical responsibilities (4.67 ± 0.5 ; $p < 0.001$). Most participants also acknowledged that taking the course improved their knowledge on the dimensions of clinical leadership (4.78 ± 0.44 ; $p > 0.001$), and their ability to solve problems in their teams (4.11 ± 0.78 ; $p = 0.003$). All of the participants would recommend workplace-based clinical leadership training to their colleagues (4.78 ± 0.44 ; $p > 0.001$), and think that clinical leadership should be part of the curriculum of ophthalmology trainees in Spain (4.89 ± 0.33 ; $p > 0.001$).

Conclusion: A short, introductory clinical leadership course for ophthalmologists designed by colleagues resulted in significant self-reported improvements in clinical leadership competencies.

LB-RET-711

Coexistence of CSR & DR : a diagnostic dilemma*Verma A.**Dr Agarwal's Eye Hospital, Anterior Segment & Cornea, Indore, India*

Introduction: Diabetic retinopathy and Central serous retinopathy are 2 distinct entities, with difference in age of presentation, etiopathogenesis and clinical features, but when occurring together, can be a diagnostic dilemma and requires careful evaluation.

Material and methods: Case study of 3 patients with long standing diabetes (>15yrs) and features of CSR at Bangalore West Lions Superspeciality Eye Hospital, Bangalore.

Conclusion: Even though diabetic retinopathy and CSR have different pathologies, they can coexist. The reason for coexistence could be the following: A patient with CSR as a young adult could develop DR in later years. Stress could be the contributing factor in older patient with diabetes.

Stress could be common factor for both, as it is one of the important factors in pathogenesis of Maturity Onset Diabetes Miletus (MODY).

In any situation, a careful evaluation is necessary to differentiate the cause of fundus picture, as treatment differs for the two diseases.

LB-RET-712

Longterm real-life clinical practice outcomes of dexamethasone intravitreal implant in previously untreated Irvine-gass syndrome abstract*Guclu H., Pelitli Gürü V., Özal S.A., Kinyas S.**Trakya University Faculty of Medicine, Ophthalmology, Edirne, Turkey*

Purpose: To demonstrate the long term safety and efficacy of intravitreal dexamethasone implant in previously untreated IGS in real life clinical practice.

Materials and methods: This is a retrospective real life study in which 18 eyes of the 18 patients with Irvine-Gass syndrome after phacoemulsification with posterior chamber IOL implantation between January 2014 and November 2016. None of the patients used treatment before intravitreal dexamethasone implant. Best-corrected visual acuity (BCVA) with Early Treatment Diabetic Retinopathy Study (ETDRS) chart, slit-lamp, intraocular pressure (IOP) measurement, fundus examination and spectral-domain optical coherence tomography and fundus fluorescein angiography. Ophthalmological examination was repeated at every visit at week 1, months 1, 3, 6 and 12 for all patients.

Results: The baseline BCVA of the patients was 17.8 ± 16 ETDRS letters, the mean BCVA was 45.9 ± 10 ETDRS letters at month 12 after treatment. The baseline CMT was 522.6 ± 120 μ m and the mean CMT was 248 ± 24 μ m at month 12. there was a statistically significant relation between presence of complications and final BCVA ($p = 0.004$). Patients who had complicated surgery had higher CMT values than the other patients but it was not statistically significant ($p = 0.09$). There was no statistically significant correlation between the duration of IGS and final BCVA ($r = -0.2$ $p = 0.38$) and final CMT ($r = 0.12$, $p = 0.61$).

Conclusion: In real life clinical practice one year outcomes of intravitreal dexamethasone implant showed that the intravitreal dexamethasone implant could be the first step treatment in previously untreated IGS patients to reduce the risk of resistance and to eliminate irreversible injury to macula.

Key words: Intravitreal dexamethasone implant, Irvine-Gass syndrome, cystoid macular edema, phacoemulsification, inflammation

LB-RET-713

Clinical manifestation and progressive sensorineural hearing loss in the patients with retinitis pigmentosa*Cheleva Markovska V.¹, Jakimovska D.²**¹University Ss Cyril and Methodius, University Eye Clinic, Skopje, Macedonia, the Former Yugoslav Republic of, ²University Ss Cyril and Methodius, University ORL Clinic, Skopje, Macedonia, the Former Yugoslav Republic of*

Retinitis pigmentosa is a hereditary disorder characterized by progressive loss of photo receptors and retinal pigment epithelial function.

Aim: Prospective examination of the patients with RP and retrospective examination of medical records of patients with retinitis pigmentosa.

Material and method: Typical familiar presentation of the disease (9 patients) and sporadic cases (15 patients) were examined from January 2006 to December 2016. Most of the cases are still following in the Clinic for eye

disease in Skopje. The visual acuity, slit lamp and fundus examination, visual field, FFA, red cam investigation and OCT of the posterior segment were done in some of the patients. In 24 patients, condition of the hearing was studied with vestibular analyzation.

Results: Clinical symptoms, FFA angiogram, OCT slides and visual fields results are discussed. The arterial attenuation, retinal bone-spicule pigmentation and waxy disc pallor were present in all patients. Other ocular features include the following: drusen of the PNO 33%, posterior sub capsular cataract 81%, keratoconus 54%, myopia 83%, open-angle glaucoma 37,5% and vitreous opacification 66%. Neural sensorial hearing loss was noticed in 60% of the patients. RP patients with hearing loss have alteration of vestibular function of peripheral type in 80% and mixed type in 20%.

Discussion: Visual prognosis depends of involvement of the macula-maculopathy and opacification of the lens. Almost half of the patients with RP have social inadequate hearing (45% in our study)

Conclusion: Dissolving the ocular complication and continuous following of the patients with retinitis pigmentosa is important for saving the vision acuity. Importance of examination of visual functions in cases of neurosensory hearing loss of unknown genesis is underlined.

LB-RET-714

The incidence of ocular tuberculosis in Australia over the past 10 years (2006 -2015)

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Purpose: To determine the incidence and clinical phenotype of ocular tuberculosis in Australia (a non-endemic country for tuberculosis) based on the mandatory jurisdictional health notification records for TB.

Method: A whole population retrospective case series (Australia). Patients diagnosed with ocular tuberculosis were identified over the past 10 years (1st January 2006 to 31st December 2015) as recorded by individual Health Department jurisdictions per mandatory health notifications. The incidence rates were calculated based on the available Australian census data. Incidence rates were age and sex standardised.

Results: 162 cases of ocular tuberculosis were identified across Australia over a 10- year time period. Of these, 156 participants were overseas born. The ten-year Australian incidence of ocular tuberculosis was 0.77 per 100,000 people. Following age and sex standardization the highest 10-year incidence was observed among men aged 30-39. While there has been a downward trend in overall TB annual incidence rates from 2010-2015, over the same period the annual incidence of ocular TB has increased compared to the four previous years. Descriptive clinical data regarding the ocular manifestations of TB was available in 73/157 patients. In these 73 patients the commonest manifestations of ocular TB were unspecified uveitis (50.1%), focal, multifocal or ser-piginous choroiditis or chorioretinitis (12.3%) and retinal vasculitis (11.0%). Of patients with ocular TB, 4/162 (2.47%) had associated pulmonary TB and 8/162 (4.94%) had associated systemic (non-pulmonary) TB. Systemic anti-TB therapy was administered to 161 patients.

Conclusion: This is the first Australian study to report the incidence rate of ocular tuberculosis.

LB-RET-715

Measurement of foveal avascular zone (FAZ) dimensions in healthy subjects using Heidelberg optical coherence tomography angiography

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Purpose: To demonstrate the FAZ in the four retinal vascular layers delineated by the Heidelberg optical coherence tomography angiography (OCTA) machine and measure the interobserver variability in measurement of FAZ dimension.

Methods: Both eyes of healthy volunteers were examined using the Heidelberg OCTA. The generated images were analyzed using ImageJ software. Two graders measured the FAZ area in each layer (superficial vascular plexus (SVP), deep vascular plexus (DVP), nerve fiber layer (NFL), ganglion cell layer (GCL), IPL-INL - from the IPL to the inner nuclear layer (INL), and INL-OPL - from the INL to the outer plexiform layer (OPL). Each measurement was completed three times by each grader.

Results: Forty-seven eyes of 25 subjects were included in the study. The FAZ area was not clearly delineated in the NFL and GCL layers, and therefore was not measured. The mean FAZ area in each layer (mm²) was 0.323 ± 0.1, 0.323 ± 0.1, 0.316 ± 0.1, 0.326 ± 0.1 for the SCP, DCP, IPL-INL, and INL-OPL layers, respectively.

There was a high level of agreement between measurements of FAZ size of the different layers (intraclass correlation coefficient (ICC) 0.996-0.999) There was no statistically significant difference between fellow eyes in the FAZ size of each layer. The interobserver agreement between graders and the intraobserver agreement between measurements for each grader were high (ICC > 0.98, ICC ≥ 0.998, respectively).

Conclusion: The new Heidelberg OCTA machine allows more segmentation options for retinal vascular layers than was previously available with other devices. In healthy patients, there was a very high correlation between FAZ sizes among the different layers. Further studies on pathologic conditions are required to assess the significance of the additional segmentation options.

LB-RET-716

Effects of a Rho kinase inhibitor on the sequential expression of iNOS, ERK 1/2, p-NF-κB, MCP-1 and VEGF in the retina of mice with diabetes.

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Purpose: The present study aims to investigate the effects of blocking the Rho kinase pathway in the retinas of diabetic mice by observing the sequential expression of Inducible nitric oxide synthase (iNOS), Extracellular signal-regulated kinases 1&2 (ERK 1/2), phosphorelated nuclear factor kappa-light-chain-enhancer of activated B cells (p-NF-κB), Monocyte Chemoattractant Protein-1 (MCP-1) and Vascular endothelial growth factor (VEGF) expression following the administration of the Rho kinase inhibitor, fasudil (FSD).

Method: This study was conducted on retinas extracted from 1-month diabetic mice and human retinal Müller glial cells (MIO-M1) which were stimulated with high- glucose. Western blot analysis and enzyme-linked immunosorbent assay were utilized to study the effect of the Rho kinase inhibitor, fasudil (FSD), on high-glucose-induced upregulation of ROCK-1, MCP-1, and VEGF in Müller cells and on ROCK-1, iNOS, ERK 1/2 and p-NF-κB expression in the retinas of diabetic mice (n=7-10 in each group).