



4 DAYS

OCT 5TH - 8TH

SRO22

XXTH NATIONAL CONGRESS
WITH INTERNATIONAL ATTENDANCE



ROMANIAN SOCIETY OF OPHTHALMOLOGY

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Monopost®

Latanoprost 0.005 %

Primul latanoprost fără conservanți
în unidoză*



COMPENSAT 100%

1 cutie asigură tratamentul
pentru 30 de zile



1 picătură pe zi



Se păstrează
la temperatura
camerei



PĂSTRAȚI EFICIENȚA ÎN LIPSA CONSERVANȚILOR!

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latanoprost 50 micrograme/ml + timolol 5 mg/ml

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- ÎN EUROPA* -

COMPENSAT 100%

1 cutie asigură tratamentul
pentru 30 de zile



O picătură pe zi



Se păstrează la temperatura
camerei

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fără conservanți**



Efficient în reducerea PIO



Foarte bine tolerat**



Menține calitatea vieții pacientului



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**iritație, senzație de arsură, prurit⁸



The **XXth NATIONAL CONGRESS**
of **OPHTHALMOLOGY**
with international participation

SINAIA

5th – 8th OCTOBER, 2022

International Conference Center “Casino” and
“Palace Hotel” Congress Center, Sinaia

ROMANIAN SOCIETY *of* OPHTHALMOLOGY

www.oftalmologiaromana.ro

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Dear colleagues, partners and friends,

It is my great pleasure that I send you this message of "Welcome", on the occasion of the XXth Edition of the National Congress of the Romanian Society of Ophthalmology, with international participation, Sinaia 2022, a reference scientific event within our ophthalmology community, jubilee in This year.

I'm glad to meet you again, physically, taking into account the COVID-19 pandemic situation, which forced us to cancel the 2020 edition, and the 2021 edition to be held 100% online. Even though the online experience helped us make things happen, we all wanted this reunion in an already familiar setting, in Sinaia.

We have strived to keep the tradition alive by bringing to your attention topics from all areas of ophthalmology, from refraction, cornea, cataract, glaucoma, to the posterior pole, pediatric ophthalmology and strabology. 15 foreign guests honored our invitation to hold courses and presentations with attractive topics.

We hope that the program put together by the Scientific Committee of the Congress will live up to your expectations and stimulate interactive discussions.

At the jubilee edition of the National Congress of the Romanian Society of Ophthalmology, with international participation (the XXth), we want to inaugurate a new stage in the interaction with the ophthalmology community, which opens the door to other virtual solutions, namely, the SCAN & SEE universe. This innovative technology took second place at the show of invention from Geneva, The International Exhibition of Inventions 2022.

Because we care about the environment in which our children will live and because we fight to offer them a better, cleaner "tomorrow", we were impressed to discover this modern technology, which will help us reduce the use of paper by 100%, by renouncing to all printed materials, both of the congress and of our partners.

Through Scan&See, it will be possible to access all the informational or promotional materials of the event, by simply scanning, with your mobile phone, the membership card, with a unique identification code, which we will provide to the participants of the Congress, at the registration office, organized in the lobby of the Palace Sinaia Hotel, starting on 05.10.2022, together with the event map. The information loaded on this smart support can be accessed at any time.

The future is a SCAN away, thanks to this innovation with applied functionality, which gives us the possibility to upload different types of documents, acting as a tool through which we aim to reach the end beneficiary immediately, directly on the mobile phone.

The membership card is unique. It must also be kept for future editions of the SRO Congress, its loss and reissue having the cost of 50 Euros. Inside, it will be loaded the full program of the Congress, as well as the advertisements/promotional materials of our partners and sponsors.

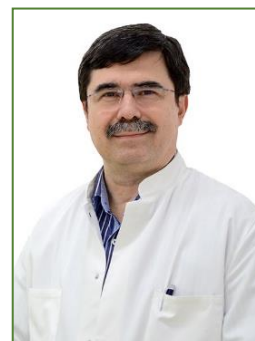
There is no longer any need for any document in physical format, and the information inside this membership card can be exchanged at any time, very simply, with any other type of content (text message, picture, video, audio, link or other document).

"We create the future today", urges you to opt for this innovation in marketing campaigns and convince of its usefulness.

SRO will always be a reliable partner and we want, through all our actions, to contribute successfully to what you undertake in your day-to-day activity.

Welcome to Sinaia!

Florian Baltă, MD, PhD, FEBO
President of the Romanian Society of Ophthalmology



RSO COUNCIL

President	Florian BALTĂ
Vice-president	Călin TĂTARU
Vice-president	Marian BURCEA
General Secretary	Daniela Felicia ȘELARU
Treasurer	Ovidiu MUȘAT
Chief Editor of RJO	Mihail ZEMBA
Council Members	Camelia Margareta BOGDĂNICI Daniel BRĂNIȘTEANU Alina Popa CHERECHEANU Andrei FILIP Mircea Vasile FILIP Monica GAVRIȘ Alina GHEORGHE Karin HORVATH Mihnea MUNTEANU Simona NICOARĂ Cristina NICULA Ruxandra PÎRVULESCU Vasile POTOP Speranța SCHMITZER Horia T. STANCA Adriana STĂNILĂ Cornel ȘTEFAN
Associated Council members	Carmen MOCANU Sanda JURJA

CONGRESS COMMITTEE

President of the Congress

Florian BALTĂ

Scientific Committee

President

Daniela Felicia ŞELARU

Members

Calin TĂTARU
Marian BURCEA
Cornel ŞTEFAN

Exhibition Committee

President

Liliana PULBERE

Members

Mansour AGHAJANI
Horaţiu MANOLE
Cătălin CORNĂCEL
Alina GANEA
Andrada ROŞU
Mădălina IORDAN

Administrative Committee

President

Mihail ZEMBA

Member

Ioan ŞTEFANIU

Treasurer Department

President

Ovidiu MUŞAT

Members

Gheorghe ANGHEL
Cornel ŞTEFAN

GENERAL INFORMATION'S

CONGRESS VENUE

**International Conference Center “Casino” and
“Palace Hotel” Congress Center, Sinaia**

INFORMATION DESK PROGRAM

Information desk program for the participants will be opened in the lobby of the “Palace Hotel” Congress Center, Sinaia as follows:

Wednesday, October 5 th , 2022	10:00 – 20:00
Thursday, October 6 th , 2022	07:30 – 19:00
Friday, October 7 th , 2022	07:30 – 19:00
Saturday, October 8 th , 2022	07:30 – 14:00

The organisers will provide the Congress bag only for participants registered until October 1st, 2022. Congress bag will only be distributed to on-site registrations, according to availabilities.

GUIDELINES

*The participants with presentations included in the program, are kindly requested to submit the electronic version of the presentation, to the Scientific Committee, **48 hours before the scheduled time for each paper**, in order to respect the Congress timetable, at the email address tehnica@oftalmologiaromana.ro (for Cristian Mitran).

- *Speaking time:
 - 7-10 minutes for free papers
 - 3 minutes for posters
 - 10 minutes for video tapes
 - 15 - 45 minutes for lectures
 - 60 - 90 minutes for courses or satellite symposia

*The lectures will be presented on memory stick (**Windows/Office**).

*For file larger than **25 MB**, we recommend transfer by www.Wetransfer.

* Video material resolution min. 720 dpi.

***The iconography will be presented in English.**

*The Office of **Scientific Committee** of the Congress, placed in the „Palace Hotel” Sinaia and International Conference Center “Casino” will be opened as follows:

Wednesday, October 5 th , 2022	10:00 – 20:00
Thursday, October 6 th , 2022	07:30 – 19:00
Friday, October 7 th , 2022	07:30 – 19:00
Saturday, October 8 th , 2022	07:30 – 14:00

GENERAL INFORMATION'S

OPENING CEREMONY

Taking place on Wednesday, **OCTOBER 5th, 2022**, at **14:00** hours, in the **International Conference Center "Casino", Theatre Hall.**

WELCOME COCKTAIL

Offered by the **organisers**, on Wednesday, **OCTOBER 5th, 2022**, in the evening, beginning at **20:00** hours, until **22:30** hours, in the **"Palace Hotel" Congress Center, Sinaia.**

GALA DINNER

Offered by **organisers**, in the evening, Friday, **OCTOBER 7th, 2022**, beginning at **21:00** hours, in the **"Palace Hotel" Congress Center, Sinaia.**

COFFEE BREAK

Offered by the **organisers** in the lobby of International Conference Center "Casino".

on October 6 th , between	11:30 – 12:00
on October 7 th , between	11:30 – 12:00
on October 8 th , between	11:30 – 12:00

CLOSING CEREMONY AND AWARDS

Taking place on Saturday, **OCTOBER 8th, 2022**, at **14:00** hours, in the **"Palace Casino" Congress Center, Theatre Hall.**

GENERAL INFORMATION'S

AWARDS

- On **Saturday, OCTOBER 8th, 2022, 14.15** hours, **OFTAFARMA ROMANIA**, a SIFI Italy Company will award „SIFI scholarships – XVIIth edition” for residents.

<i>First Prize</i>	- participation at the ESCRS 2023 Congress, Vienna, Austria
<i>Second Prize</i>	
<i>Third Prize</i>	- participation at the XXVII th ESCRS Winter Meeting 2023, Vilamoura, Portugal
<i>Fifth Prize</i>	
<i>Sixth Prize</i>	- participation at the XXI st National Congress of RSO 2023, October 4-7, 2023 - Sinaia

- On **Saturday, OCTOBER 8th, 2022, 14:20** hours, **RSO** will offer **three scholarships** for residents.
- On **Saturday, OCTOBER 8th, 2022, 14:25** hours, **RSO** will award the winners of resident's session.
- On **Saturday, OCTOBER 8th, 2022, 14:30** hours, will be offered “**Andreea Craiu Stefanescu award**” – in memoriam – to the best free paper presented by a resident.

CONGRESS LANGUAGES

English
Romanian

BADGES

- * organisers
- * speakers
- * participants
- * exhibitors
- * accompanying persons

Your personal badge is your entrance ticket to all sessions and exhibitions.
Please wear it all the time during the Congress.

THE XXTH NATIONAL CONGRESS OF RSO

SYNTHETIC PROGRAMME

Date	Day 1 - Wednesday 05.10.2022	Day 2 - Thursday 06.10.2022		
Presentations	Big Hall of the "Casino" - International Conference Center Sinaia	Big Hall of the "Casino" - International Conference Center Sinaia	Ferdinand Hall of the "Casino" - International Conference Center Sinaia	George Enescu Hall of the "Palace Hotel", Sinaia
Hours				
08:00				
08:30		08:30 - 09:30 Morning Symposium Novartis 1		
09:00			09:00 - 11:00	09:00 - 11:30
09:30		9:30 - 11:00 GLAUCOMA session Free papers	Oftafarma SIFI Academy 1 Cataract Surgical Perls	Courses Christina Grupcheva Florian Kretz Agnes Elekes Olga Goulia
10:00				
10:30				
11:00		11:00 - 11:30 Coffee break	11:00 - 11:30 Coffee break	
11:30				
12:00		11:30 - 13:00 Interactive Symposium - Retina & Glaucoma by Spectra Vision	11:30 - 14:45 Pediatric ophthalmology and strabismus	11:30 - 12:00 Coffee break
12:30				
13:00				
13:30		13:00 - 14:00 Noon Symposium Laboratoires THEA	Workshop, basic course and free papers	12:00 - 14:00 Alcon Youth Workshop
14:00	14:00 - 14:30 OPENING CEREMONY			
14:30		14:00 - 15:00 LUNCH BREAK		14:00 - 15:00 LUNCH BREAK
15:00			14:45 - 15:30 LUNCH BREAK	
15:30		15:00 - 16:00 ALFA INTES Symposium		
16:00	14:30 - 17:50 Refractive surgery session		15:30 - 16:30 Novartis Symposium 2	
16:30		16:00 - 18:15 Cataract session I Free papers	16:30 - 17:30 Bayer Symposium	15:00 - 19:00 RSO Residents Contest
17:00				
17:30			17:30 - 18:30 MagnaPharm Symposium	
18:00				
18:30	18:00 - 19:00 Evening Symposium Santen	18:15 - 19:15 Evening Symposium INOCARE		
19:00				
19:30				
20:00				
20:30				
21:00	20:00 - 22:30 WELCOME COCKTAIL			
21:30				
22:00	"Palace Hotel" Congress Center Sinaia			
22:30				

Date	Day 3 - Friday 07.10.2022			Day 4 - Saturday 08.10.2022	
Presentations	Big Hall of the "Casino" - International Conference Center Sinaia	Ferdinand Hall of the "Casino" - International Conference Center Sinaia	George Enescu Hall of the "Palace Hotel", Sinaia	Big Hall of the "Casino" - International Conference Center Sinaia	Ferdinand Hall of the "Casino" - International Conference Center Sinaia
Hours					
08:00					
08:30	08:30 - 09:30 Morning Symposium Farmatin	08:30 - 11:00 Oftafarma SIFI Academy 2 Course Massimo Busin	08:30 - 11:00 Interactive course for Nurses Part I organised by RSO & Oftafarma SIFI	09:00 - 11:00 "SIFI scholarship" for residents	09:00 - 11:00 Digitization and fundamental research in ophthalmology
09:00					
09:30					
10:00	09:30 - 11:00 Ocular surface session Free papers				
10:30					
11:00					
11:30	11:00 - 11:30 Coffee break	11:00 - 11:30 Coffee break	11:00 - 11:30 Break	11:00 - 11:30 Coffee break	
12:00	11:30 - 12:00 Ashraf Armia Lecture	11:30 - 14:00 Courses Francis Munier A. Nikolakopoulos Slobodanka Latinovic Lala Ceklic	11:30 - 13:00 Interactive course for Nurses Part II organised by RSO & Oftafarma SIFI	11:00 - 13:00 "SIFI scholarship" for residents	
12:30	12:00 - 13:00 ALCON Symposium				
13:00			13:00 - 14:00 Noon Symposium AMD Nobel	13:00 - 14:00 Nurses Contest organised by RSO & Oftafarma SIFI	
13:30					
14:00					
14:30	14:00 - 15:00 LUNCH BREAK			14:00 - 15:00 CLOSING CEREMONY	
15:00					
15:30	15:00 - 18:00 Retina session Free papers	15:00 - 16:00 FIDIA ROMANIA Symposium	15:00 - 16:00 Interactive course- 2nd part “Chorioretinitis – inflammatory ethiology: from guidelines to the medical practice Prof. Victoria Arama		
16:00		16:00 - 18:15 Cataract session II Free papers			
16:30					
17:00					
17:30					
18:00					
18:30	18:15 - 19:15 Evening Symposium Oftafarma - SIFI				
19:00					
19:30					
20:00					
20:30					
21:00	21:00 - 24:00				
21:30	GALA DINNER				
22:00					
22:30	"Palace Hotel" Congress Center Sinaia				

SHORT PRESENTATIONS

INVITED SPEAKERS



ASHRAF ARMIA, MD, MSc

FRCS (Glasgow), FACS

Consultant Cataract, Cornea, Refractive and Anterior Segment Reconstruction Surgeon

Founder and Medical Director of AshrafArmiaEyeClinic.

Founder of AOTOA (Armia's Ophthalmology Training Observer-Ship Academy).

Founder of GERSO (Global Education and Research Society of Ophthalmology).

Co-Founder of World College of Refractive Surgery & Visual Science WCRS-VS.

ISRS Editorial Board Member of Multimedia Library.

Shareholder Of Watany Eye Hospital WEH and Watany Research and Development Centre (WRDC), Cairo, Egypt.

Lecturer World-Wide Major Ophthalmic & Industry Meetings.

Industry Advisory Boards and Consultant to Many Companies.

Reviewer of the Journal Of Cataract and Refractive Surgery JCRS, BMC Ophthalmology Journal and Journal of Biophotonics.

Publications

1. Transepithelial Enhanced Fluence Pulsed Light M Accelerated crosslinking For Early Progressive Keratoconus With Chemically Enhanced Riboflavin Solution and Air Room Oxygen, *J. Clin. Med.* 2022, 11(14), 5039; published: 27 August 2022.
2. Use of black-and-white filters to optimize visualization in cataract surgery, *J. Clin. Med.* 2022, 11(14), 4056; Published: 13 July 2022
3. Capsulorhexis, estado del arteCapsulorhexis, estado del arte, Review of Ophthalmology En Español · Feb 17, 2022.
4. Facilitating Role of the 3D Viewing System in Tilted Microscope Positions for Cataract Surgery in Patients Unable to Lie Flat, Published: 28 March 2022 , *J. Clin. Med.* 2022, 11, 1865. <https://doi.org/10.3390/jcm-11071865>.
5. Keratoconus Book (Editor), Current and Future State-of-the-Art publication date Aug 7, 2021 publication description Springer International Publishing.
6. Indications for IOL Exchange, Know the risks and the rewards of this surgical strategy. publication date May 28, 2021 publication description Cataract and Refractive Surgery Today / Europe Journal, CRSTEurope.
7. Long term results of accelerated 9 mW corneal crosslinking for early progressive keratoconus: the Siena Eye-Cross Study 2, *J. Eye and Vision* 2021 May 1;8(1):16. doi: 10.1186/s40662-021-00240-8.
8. Patients Want a Lens That Will Decrease Their Spectacle Dependence publication date Jan 15, 2021 publication description Cataract and Refractive Surgery Today / Europe Journal, CRSTEurope.
9. FLACS in Congenital Iris Coloboma: A Useful Technique publication date Aug 25, 2020 publication description International Medical Case Reports Journal are provided here courtesy of Dove Press.

Awards

- Honored by receiving the Golden Medal from the Indian Chief Minister and the Indian Minister of Health during the Indian Intraocular Implant and Refractive Surgery IIRSI , July 2019.
- Awarded by selection my video of combined Phaco-Trab to be selected by the editors of the Eyetube for one the best combined videos on December 2021.
- Approved New Terminology In ophthalmology as “Potbelly Dancing Cataract” describing a situation during surgery for a challenging difficult case. Approved By American Society Of Cataract And Refractive Surgery ASCRS and they put in the ASCRS Learning library for teaching. Also was in the library of European Society Of Cataract And Refractive Surgery ESCRS Library (2017).
- Awarded by Best Video award at the 5th Maghrabi International Congress in Abu Dhabi, UAE on January 2017.

LALA CEKLIC, MD

Medical Doctor at Centar za zaštitu vida Vidar Lala MD
University of Vitez
University of Bern, University Eye Clinic Inselspital, Bern, Switzerland



Lala Ceklic works at private practice in Sarajevo BiH as board certified ophthalmologist and co-worker at University Eye Clinic Bern-Bern Photographic Reading Center, Bern Switzerland and MC Latinovic Eye Clinic in Novi Sad, Serbia.

Since October 2021 she is associate professor at University of Vitez, Faculty of health sciences.

Education:

- board certified ophthalmologist since 2004
- International Council of Ophthalmology exams:

Basic and Refraction and Optic 2003

Clinical part 2004

- Master degree/thesis in Ophthalmology University of Novi Sad, Serbia 2004
- PhD / Doctoral thesis in Ophthalmology University of Novi Sad, Serbia 2007.
- Fellowship in Retina ICO at Ludwig Maximilian University Eye Clinic Munich, Germany
- Fellowship and clinical research in Retina and Vitreoretinal Surgery University Eye Clinic Inselspital, Bern Switzerland

Short term fellowships in ophthalmology up to 6 months - education and seminars at Mayo Clinic Rochester, USA, Winston Salem University Eye Clinic, North Carolina-USA, Moorefields Eye Clinic London, UK, AKH University Eye Clinic Vienna, Austria and etc.

Her focus is on vascular retinal diseases, age related macular degeneration, diabetic retinopathy, pathologic myopia, novel therapeutic options for retinal diseases and retinal imaging.



OYA DÖNMEZ, MD

Dr. Oya Dönmez graduated from Hacettepe University Faculty of Medicine in 2010. She completed ophthalmology residency at Dokuz Eylul University between 2010-2015.

She worked as an observer in the Uvea Department of the Massachusetts Institute of Eye Research and Surgery and in the Department of Retinal Diseases and Vitreoretinal Surgery at St Louis University.

Besides, she worked in Retina and Uvea Department of St Thomas Hospital, UK, with EURETİNA scholarship.

Dr Oya Dönmez has been working at Tınaztepe University Eye Ophthalmology Department since February of 2020.

ÁGNES ELEKES, MD

Ophthalmology



Work History

Trainee - European Parliament - In Vicepresident Office

Dr. Surján László, Bruxelles, 2010

Ophthalmology resident - Szent György Hospital, Székesfehérvár - 2014-09 - 2017-03

Ophthalmology resident - Péterfy Hospital, Budapest - 2017-04 - 2019-11

Ophthalmologist - Péterfy Hospital, Budapest - 2019- current

Education

University of Medicine and Pharmacy- Faculty of Medicine, Cluj-Napoca, Romania 2008-2011

University of Medicine and Pharmacy- Faculty of Medicine, Szeged, Hungary, 2011 - 2014

Medical Degree - Szeged, Hungary - 2014

Board Exam, Ophthalmology, Semmelweis University, 2019-11

Scientific activity

“Macular edema with acute postoperative serous retinal detachment - Case series” - Elekes Ágnes, Radnóti Judit, Vámosi Péter - Annual Congress of the Hungarian Ophthalmological Society, 2021

“Paraneoplastic bullous pemphigoid associated with endometrial carcinoma. Case report” - Elekes Ágnes, Nagy Zoltán Zsolt, Füst Ágnes - Annual Congress of the Hungarian Ophthalmological Society, 2019

“Large-diameter penetrating keratoplasty: one-year results” - Imre László, Füst Ágnes, Elekes Ágnes, Annual Congress of the Hungarian Ophthalmological Society, 2019

“Our experience with pars plana vitrectomy in different types of uveitis” - Vámosi Péter, Vagyóczky Ágnes, Rupnik Zsófia, Elekes Ágnes, Radnóti Judit - Annual Congress of the Hungarian Ophthalmological Society

“Surgical management of macular holes” - Cserhádi Zoltán, Vagyóczky Ágnes, Elekes Ágnes, Vámosi Péter - Congress of the Retina Section of Hungarian Ophthalmological Society, 2019

“Our experiences with surgical management of full-thickness macular holes” - Volek Éva, Elekes Ágnes, Vagyóczky Ágnes, Vámosi Péter - Congress of the Retina Section of Hungarian Ophthalmological Society, 2017

“Acute retinal necrosis. Case report” - Rupnik Zsófia Magdolna, Elekes Ágnes, Radnóti Judit - Congress of the Retina Section of Hungarian Ophthalmological Society, 2017



OLGA GOULIA, MD

Dr. Olga Goulia studied medicine at Aristotle University in Thessaloniki Greece and undertook her ophthalmic training at Hippokarteio Tertiary Hospital in Thessaloniki.

She developed further sub-specialist expertise in Low Vision after undertaking observership and fellowship program at McGill University.

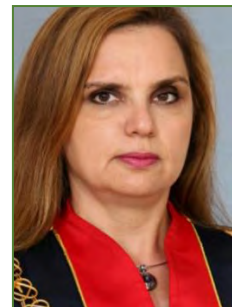
Dr. Goulia is a Consultant and Head of the Department of Ophthalmology at Grebena General Hospital Greece. She specializes in Low Vision and Medical Retina. Her clinical and research interests include adult low vision holistic rehabilitation, quality of life of the visually impaired and Charles Bonnet Syndrome.

She has translated and validated the NEI_VFQ-25 in Greek language. In addition, she has been invited in numerous international congresses and has delivered lectures and courses on Low Vision and Rehabilitation.

CHRISTINA NIKOLOVA GRUPCHEVA, MD,

PhD, DSc, FEBO, FICO (Hon), FBCLA

Medical University of Varna · Department of Ophthalmology and
Visual Sciences



Prof. Dr. Christina N. Grupcheva graduated at Medical University of Varna, and became a specialist in ophthalmology in 1996. She continued her studies with short fellowships at Moorfields Eye Hospital, London and Dundee University, UK.

In 2000 she relocated to New Zealand as a Senior Research Fellow at Auckland University for three years. During that period she completed a PhD with high commendations and Best Doctorial Thesis Prize of Auckland University for 2002. Currently, she is the Head of Department of Ophthalmology and Visual Science and serves as a Vice Rector Scientific Affairs at Medical University, Varna.

She has published more than 150 scientific papers and 14 ophthalmology books. She has Hi index of 30 and more than 2000 citations over the last 15 years. Professor Grupcheva teaches at all graduate and postgraduate levels and actively supervises 8 PhD students and 12 residents in ophthalmology. She is the past president of the European Board of Ophthalmology and current President of Bulgarian Ophthalmological Society.



FLORIAN KRETZ, MD, FEBO

Florian Kretz (FEBO), MD is an international established ophthalmologist, surgeon, speaker and researcher. Always on duty for his patients, his focus and interest are the best clinical outcomes – even in difficult cases. To achieve the best for his patients, he is focusing on these four key aspects:

1. Working as ophthalmologist providing individual care for his patients.
2. Working continuously in the areas of cataract and refractive surgery, glaucoma and treatment of macular degeneration.
3. Working with the latest technologies including their further development. Dr. Kretz established new treatment methods for cataract surgery at the facilities of Precise Vision Augenärzte in Rheine, Greven, Erlangen and Steinfurt.
4. Active research and development, professional education and publications are key aspects. Dr. Kretz does research around cataract, refractive surgery, glaucoma and macular degeneration.

As founder and CEO of PVK Precise Vision GmbH, he works at the locations: Rheine, Greven and Erlangen.

Florian Kretz (FEBO), MD, published more than 100 scientific articles in specialized ophthalmological press. He is a frequent consultant for news magazines regarding questions about ophthalmology (FOCUS, Stern, Spiegel)

Him and his wife Nicole Kretz run the non-profit organization Augenärzte für die Welt GmbH which currently is supporting the Khmer Sight Foundation an NGO in Cambodia.

Honorable distinctions

- „Top 40 under 40” – already since 2015 he belongs to the best ophthalmologists under 40 years of age in the world
- Since 2017 he belongs to the 50 most influential researchers in ophthalmology
- In 2018 and the next vote in 2020 he is among the top 100 most influential ophthalmologist's world wide
- In 2019 he was awarded as a champion of change together with 50 other international Ophthalmologists
- Well established international speaker and part of the scientific faculty at international congresses



SLOBODANKA LATINOVIĆ, MD

Prof. Dr. Slobodanka LATINOVIĆ, born in Novi Sad, Vojvodina - Serbia, is an ophthalmologist and ophthalmic surgeon, professor at the Faculty of Medicine and Science of the University of Novi Sad, and a member of Vojvodina Academy of Sciences and Arts. She was a head of the Eye Clinic at the Clinical Center of Vojvodina for 17 years (since 1985). In her clinical ophthalmic practice, she is known as a fruitful surgeon who has performed more than 35 000 anterior segment (cataract, glaucoma, corneal graft, laser refractive surgery) trauma anterior-posterior segment, conventional and vitreoretinal surgeries of RD with PVR, PDR, IOFB etc. Among the first Yugoslavia to introduce and apply the modern anterior and posterior segment microsurgery (1979-1980) with combined procedures in difficult eye trauma cases and severe vitreoretinal diseases.

From the beginning of the medical professional and scientific career at 1970. she was dedicated to ophthalmologic, clinical work, education and continuous development of University Eye Clinic in Novi Sad, based on the traditional high level of European ophthalmology. For years she is well known for her contributions in ophthalmic education in the country and abroad, and from 2001 as the coordinator of ICO Assessment for Serbia and former Yugoslav countries.

She managed and coordinated research programs in European cataract outcome study group, glaucoma morphodynamic, and diabetic and vitreoretinal vascular diseases treatment, introducing quality of life assessment in country as an objective method of eye treatment. All this, resulted in the reviving of the Novi Sad school of ophthalmology, which had risen up to European and world standards. Today she participates in research and everyday ophthalmic work as the owner of MC Vidar Latinovic Eye Clinic.



ANTONIO MÉNDEZ NOBLE, MD

Dr. Antonio Méndez Noble, current director of Vision Méndez in Tijuana, Baja California, conducted his studies in ophthalmology at the Institute of Ophthalmology Conde de Valenciana Foundation in Mexico City. His subspecialty is in cornea, external disease and refractive surgery from the aforementioned institute.

Dr. Antonio Méndez Noble is an expert in the most advanced techniques in refractive surgery including LASIK, Photorefractive Keratotomy (PRK), Conductive Keratoplasty (CK), Intraocular Lens Implantation (IOL) and implementation of Intracranial Rings (Intacs).

The training of Dr. Antonio Méndez Noble also enables him to successfully correct other sight conditions such as cataracts, corneal transplantation and pterygium (fleshiness).

Dr. Antonio has held several positions in various local and national ophthalmology organizations, including: President of the College of Ophthalmologists of Baja California, President of the Mexican Centre of Cornea and Refractive Surgery, President of the Mexican Society of Cataract and Refractive Surgery. He is also member of various associations in Mexico, the United States, Latin America and Europe. He has spoken at local, national and international conferences, and has performed surgery in other countries such as Australia and Brazil.

Dr. Méndez Noble is co-editor Ocular Surgery News journal and Fronteras magazine.

He has released several publications in ophthalmology and participated in writings about refractive surgery.

He has participated in equipment and instrumental design currently being utilized in various refractive surgeries, such as:

- Suction ring for excimer laser LASIK, Aesculap-Meditec MEL 60 1995.
- Marker for LASIK manufactured by Katena Products, Inc. New Jersey, USA, No. K5-560.
- Corneal marker, manufactured by Katena Products, Inc. New Jersey. USA, No. K3 K3-8570-8571.
- ML7 microkeratome.



BLANCA MONSALVE CÓRDOVA, MD

I began my training in Ophthalmology at the Hospital General Universitario Gregorio Marañón in Madrid before continuing with two glaucoma fellowships at the Bristol Eye Hospital and at the Hitchingbroke and Moorfields Eye Hospitals in the UK.

I got a PhD degree at Universidad de Zaragoza, with a study looking into the relationship between functional and structural defects in glaucoma patients and, on 2019, I was awarded with the Peter Watson Medal, delivered to the candidate with the best overall score in the FEBOS – glaucoma exam.

I have collaborated with NGOs performing cataract surgery in Burkina Faso and Bolivia.

On 2020 I had the opportunity to work In Romania, at Ama Optimex clinic in Bucharest where I attended expat patients for a short period before the pandemia outbreak.

Now I am back in Spain working at IMO Madrid, an international reference center where I look after complicated glaucoma patients.



FRANCIS L. MUNIER, MD

SPECIALTY

- Ophthalmic Oncologist

Current Positions

- Professor, Head of Ocular Oncology, Pathology and Genetics
Jules Gonin Eye Hospital

Biography

- Full professor in ophthalmology and head of Ocular Oncology and Rare Diseases at
Jules-Gonin Eye Hospital

NIKOLAKOPOULOS ATHANASIOS, MD

Retina Surgeon

Chairman Ophthalmology Dept. Papanikolaou Hospital, Thessaloniki, Greece

Director Thessaloniki Microsurgical Retina Unit



Graduated Aristotelian University Thessaloniki Greece

Cambridge Addenbrooks Hospital Retina Fellowship Under J.D. Scott

Post Fellowship Training with R. Zivoinovic Rotterdam

Main Interest Surgical Retina and MIVS 25-27g Vitrectomy

Participated in many Life Retina Surgeries Internationally

First Life Surgery Using 25g in 2004 | First World Introduction of Silicone Oil 5000 CTS From 25g

Trocars in EVRS 2005 Meeting in Orenbro, Sweden | First 3d Life Vitrectomy Bucharest 2012

First Presentation of Cortical Hydrolifting in ASRS 2003

First Presentation of In Vitreous Lensectomy Technique 2008 ASRS Hawai USA

4 Presentations of Surgical Techniques in 12 years, in Veil Vitrectomy Meeting Colorado USA

Participate in more than a Hundred Round Tables and International Lectures on Surgical Retina Innovations

First in The World Course Ever on Heads Up 3d Retina Surgery in London Euretina 2014, Organizer

Repeated in 3d in Euretina 2015, in Nice

Moderator in Multiple Trauma Courses in Cesare Forlinis Trauma School

Course Moderator on Vitrectomy Physics | Course participant in Macula Surgery, in the last 3 Euretina

Awards 2002 - Brett Buttler Award on Shethotomy and Branch Vein Occlusion with ILM Removal, in San Francisco

2003 Honor Award in New York ASRS Meeting

2008 Senior Honor Award in Hawai ASRS

POSITIONS

- Former President
- Greek Vitreoretinal Society
- Greek Federation of Ophthalmology
- Board Member in SEEOS Trauma School
- Current President
- Mediterranean Society Thessaloniki Vitreoretinal Summer School
- ESASO Faculty since 2010
- TVRS Co-organizer



PROF. SCHARIOTH GABOR, MD

Medical exam:

September 27, 1993, Humboldt University Berlin

Approval:

July 1, 1995, Senate Department for Health Berlin

Specialist recognition:

August 19, 1998, Berlin Medical Association

Promotion:

September 11, 1998, "A prospective study of eyes with combined glaucoma and cataract surgery.", Prof. Dr. dr Chr. Hartman

PhD:

May 13, 2011, "From deep sclerectomy to canaloplasty – Is it possible to re-establish the natural outflow in patients with chronic open-angle glaucoma", Szeged, Prof. L. Kolozsvári, University of Szeged, Hungary

Professorship:

11/18/2013, appointment as professor at the University of Szeged, Hungary.

Awards:

2014 "Expert for refractive surgery and cataract", Focus doctors list of Germany's top doctors; **2014** Video Film Award of Video Film Festival of Glaucoma Today "Intraoperative flow test in trabecular bypass surgery"; **2013** "Expert for refractive surgery and cataract", Focus doctors' list of Germany's top doctors; **2013** XXV. Societas Hungarica ad Implantandum Oculi Lenticulam "Stepped surgery for complicated cases"; **2013** XXV. Societas Hungarica ad Implantandum Oculi Lenticulam "A case of late onset endophthalmitis after trabeculectomy with MMC"; **2012** "Expert for refractive surgery and cataract", Focus doctors list of Germany's top doctors; **2011** Video Film Award, 24th Congress of German Ophthalmic Surgeons, Nuernberg, Germany "Suprachoroidal drug delivery – A novel treatment for wet AMD; **2011** Video Film Award, Societas Hungarica ad Implantandum Oculi Lenticulam, Keszthely, Hungary "OCT assisted anterior segment surgery"; **2011** Video Film Award, Societas Hungarica ad Implantandum Oculi Lenticulam, Keszthely, Hungary "Canaloplasty"; **2010** "Expert for refractive surgery and cataract", Focus doctors list of Germany's top doctors.; **2010** XXVIII European Society of Cataract and Refractive Surgeons, Paris, France Video Film Award "OCT assisted anterior segment surgery"; **2010** Annual Meeting of American Society of Cataract and Refractive Surgeons; Boston, USA, Best Paper of Session, "Intrascleral PC IOL haptic fixation: Interim Results"; **2009** Honorary Member of Romanian Society of Ophthalmology and Retina Romanian Society; **2009** Gold Medal Award of the Indian Society of Intraocular Implant and Refractive Surgery; **2008** Best Presentation Award, 8th European Vitreoretinal Surgeons Congress; **2008** Video Film Award Annual Meeting of American Society of Cataract and Refractive Surgeons, Chicago, USA "Sutureless intrascleral PCIOL Fixation"; **2008** Video Film Award 17th AMO Meeting, Zermatt, Switzerland "Phaco Nightmares"; **2007** Video Film Award 16th AMO Meeting, Zermatt, Switzerland "Sutureless sclerafixated PCIOL"; **2005** Video Film Award 14th AMO Meeting, Zermatt, Switzerland "Surgical Therapy of Subretinal Mass Hemorrhage"; **2002** Video film award 15th Congress of German Ophthalmic Surgeons Category: Glaucoma Surgery Film: Non-penetrating glaucoma surgery in goniosynching; **2002** Video film award 15th Congress of German Ophthalmic Surgeons Category: Glaucoma Surgery Film: Non-penetrating glaucoma surgery in goniosynching; **2001** Video Film Award 14th Congress of German Ophthalmic Surgeons Category: Cataract Surgery Film: A Challenging Case

TINA XIROU, MD, PHD, FEBO

Consultant Vitreoretinal Specialist
Ophthalmic Department Korgialeneio-Benakeio Hospital,
Athens, Greece.



- Graduated from Medical School of University of Patras, Greece (1983)
- Specialist Ophthalmology training in Athens (1991)
- 1991 - 1997: Registered specialist in UK. Appointed as Ophthalmic surgeon at Leighton Hospital, Crewe, Cheshire, UK
- 1995 - 1997: Research post at the University of Manchester, UK
- 1997 until today: Consultant Ophthalmic Surgeon at Korgealeneio-Benakeio Hospital, Head of the Vitreo-Retinal unit, performing many posterior segment operations every year including the modern small gauge Vitreo-Retinal procedures
- 2009 - 2011: EuLDP and diploma
- 2012: EBO diploma
- 2012: PhD in the University of Athens based on innovations in Macular surgery
- 2014 - 2015: Fellowship in Ocular Oncology at Moorfields Eye Hospital, London, UK

IMPORTANT POSITIONS

- President of the Hellenic Ophthalmological Society (2007 - 2009)
- President of the Greek Ophthalmological Federation (2011 - 2013)
- National representative for the screening for Diabetic Retinopathy
- National Delegate of Greece in UEMS (2008 - 2016)
- National Delegate of Greece in EBO (2008 - 2020)
- Member of the Executive Committee of the European Board of Ophthalmology (2017 - 2020)
- Chair of the Residency Review Committee of the European Board of Ophthalmology (2017 - 2020)

PROGRAM

PROGRAM

WEDNESDAY, OCTOBER 5th, 2022

International Conference Center "Casino"
Theatre Hall

14:00 – 14:30 **OPENING CEREMONY**

14:30 – 17:45 **REFRACTIVE SURGERY session**

CHAIRMAN: Assoc. Prof. Mircea Vasile Filip, MD. (*Bucharest*)
Dorin Nicula, MD (*Cluj-Napoca, România*)
Miruna Nicolae, MD. (*Bucharest, Romania*)

- | | |
|----------------------|--|
| 14:30 – 15:00 | 1. The hunt for emmetropia through multiple refractive procedures
<i>Costas Karabatsas (Athens, Greece)</i> |
| 15:00 – 15:20 | 2. The complete range of refractive solutions
<i>Á. Filip, Miruna Nicolae, M. V. Filip, Raluca Moisescu, E. Rotaru (Bucharest, Romania)</i> |
| 15:20 – 15:45 | 3. When is SMILE the best refractive option
<i>A. Mendez (Mexico)</i> |
| 15:45 – 16:00 | 4. Four years of experience in the Smile technique. Advantages and disadvantages.
<i>D. Nicula, Cristina Nicula, Ariadna Patricia Nicula (Cluj-Napoca, Romania)</i> |
| 16:00 – 16:15 | 5. Smile technique, in over 4000 cases
<i>M. V. Filip, A. Filip, Miruna Nicolae, Raluca Moisescu, Ileana Ungureanu, Carmen Dragne, G. Triantafyllidis, Adina Spătaru, Irina Lutic, Claudia Cîrstea, E. Rotaru (Bucharest, Romania)</i> |
| 16:15 – 16:30 | BREAK |
| 16:30 – 16:45 | 6. Femtosecond laser vs microkeratome in LASIK
<i>Á.Mendez (Mexico)</i> |
| 16:45 – 17:00 | 7. Customizes therapeutic transPRK
<i>Costas Karabatsas (Athens, Greece)</i> |
| 17:00 – 17:15 | 8. Best surgical approach for high myopia – our experience
<i>Raluca Moisescu, A. Filip, M.V. Filip, Miruna Nicolae, E. Rotaru, G. Triantafyllidis, Ileana Ungureanu, R. Malciolu, Adina Spătaru (Bucharest, Romania)</i> |
| 17:15 – 17:30 | 9. Presbyond – our experience
<i>Miruna Nicolae, A. Filip, M.V. Filip, E. Rotaru (Bucharest, Romania)</i> |
| 17:30 – 17:45 | Discussions on papers 1 - 9 |

18:00 – 19:00

**Evening interactive symposium,
organised by SANTEN Company**

- **theme: „Current practices in the management of infectious complications and inflammation post cataract surgery”**

CHAIRMAN: Prof. Robert Rejdak, MD. (*Lublin, Poland*)

PANELIST: Bogdan Galan, MD. (*Iassy, Romania*)

Antibiotic efficacy and resistance in actual ophthalmological surgical environment

Robert Rejdak (Lublin, Poland)

The role of the Ducressa (levofloxacin with dexamethasone) in cataract surgery

Bogdan Galan (Iassy, Romania)

Q & A session and conclusions

20:00 – 22:30

WELCOME COCKTAIL

“Palace Hotel” Congress Center, Sinaia

PROGRAM

THURSDAY, OCTOBER 6th, 2022

International Conference Center "Casino"
Theatre Hall

- 08:30 – 09:30** **Interactive morning Symposium,**
organised by NOVARTIS Company,
- **theme: “Toward precision medicine in Neovascular Age-related macular degeneration management”**
- CHAIRMAN:** Prof. Florian Baltă, MD (*Bucharest, Romania*)
PANELISTS: Assoc. Prof. Daniel Brănișteanu, MD (*Iassy, Romania*)
 Lăcrămioara Samoilă, MD (*Cluj-Napoca, Romania*)
 Andrei Merticariu, MD (*Bucharest, Romania*)
- 09:30 – 11:00** **GLAUCOMA session – free papers**
- CHAIRMEN:** Blanca Monsalve, MD (*Madrid, Spain*)
 Assoc. Prof. Vasile Potop, MD (*Bucharest, Romania*)
 Assoc. Prof. Mihaela Cristina Coroi, MD (*Oradea, Romania*)
 Cornel Ștefan, MD (*Bucharest, Romania*)
- 09:30 – 09:40** **1. DETECTION OF INTRAOCULAR HYPERTENSION DURING OPPORTUNITY SCREENING (CHECK-UP MEDICAL INSPECTIONS)**
G. Z. Munteanu, Z.V.I. Munteanu, Mihaela Cristina Coroi, G. Roiu, Lucia Georgeta Daina, C.M. Daina, Carmen Domnariu (Oradea, Romania)
- 09:40 – 09:50** **2. THE RELATIONSHIP BETWEEN CORNEAL BIOMECHANICS AND THE GANGLION CELL COMPLEX IN GLAUCOMA PATIENTS**
Dana Dăscălescu, Cătălina Corbu, Valeria Coviltir, Mihaela Constantin, Miruna Burcel, Maria Corbu, Vasile Potop (Bucharest, Romania)
- 09:50 – 09:58** **3. NEW MINIMALLY INVASIVE GLAUCOMA SURGERY FOR OPEN- AND CLOSED-ANGLE GLAUCOMA**
A. Găvănescu (Bucharest, Romania)
- 09:58 – 10:06** **4. A MIRROR THEORY IN PRIMARY HYPERTENSIVE GLAUCOMA**
V. Potop (Bucharest, Romania)
- 10:06 – 10:31** **5. NEW HORIZONS IN GLAUCOMA SURGERY: MIGS. XEN 45 AND PRESERFLO MICROSHUNT UPDATE**
Blanca Monsalve (Madrid, Spain)
- 10:31 – 10:41** **6. PREDICTABLE OR UNPREDICTABLE EVOLUTION OF SOME ARTIFICIAL DRAINAGE SYSTEMS**
V. Potop, Cristiana Dragosloveanu, Maria Corbu, Alina Ciocâlțeu, Dana Dăscălescu (Bucharest, Romania)
- 10:41 – 10:49** **7. Micropulse transscleral cyclophotocoagulation for glaucoma after penetrating keratoplasty**
M. Zemba, Otilia Maria Dumitrescu, Alexandra Cătălina Zaharia, Roxana Elena Rogoz, Mădălina Radu, Andreea Elena Dimirache (Bucharest, Romania)
- 10:49 – 11:00** **Discussions on papers 1 - 7**
- 11:00 – 11:30** **COFFEE BREAK**

11:30 – 13:00

**Interactive symposium,
organised by SPECTRA VISION Company**

- **theme: „Exudative retinal pathologies - should they be approached uni or multi-disciplinary? When should we treat causes and when effects? Managing expectations in IRIDEX MicroPulse® laser applications”**

SPEAKERS: Flaviu Bodea, MD (Oradea, Romania)
Assoc. Prof. Ramona Barac, MD (Bucharest, Romania)
Prof. Florian Baltă, MD (Bucharest, Romania)
Stela Vujosevici, MD (Novara, Italy)
Oleg Shatalov (Wayne, Pennsylvania, USA)

1. **“How to maximize the effect of the Iridex MicroPulse® laser in diabetic eye treatment? 3 steps to improve.**
F. Bodea (Oradea, Romania)
 2. **“Extensive MLT (MicroPulse Laser Trabeculoplasty) experience. First line of treatment or not?”**
Ramona Barac (Bucharest, Romania)
 3. **“How to approach CSR with leakage points in the macular/foveal area?”**
Fl. Baltă, A. Iacob, Ioana Tofoleanu (Bucharest, Romania)
 4. **“New data for standardized MicroPulse laser treatment in retinal diseases”**
Stela Vujosevici (Milano, ITALY)
 5. **„Clinical importance of diagnostic ultrasound in vitreo-retinal and glaucoma studies”.**
O. Shatalov (Wayne, Pennsylvania, USA)
- Q & A**

13:00 – 14:00 Interactive noon symposium

organised by LABORATOIRES THEA Company

- **theme: „Why would I change even if it works well?”**

SPEAKERS: Prof. Alina Popa Cherecheanu, MD (Bucharest, Romania)
Prof. Dorin Chiseliță, MD (Iassy, Romania)
Alina Cantemir, MD (Iassy, Romania)

14:00 – 15:00

LUNCH BREAK

15:00 – 16:00 Interactive Symposium,

organised by ALFA INTES ROMANIA Company

1. **Efficacy and safety of a New Tear Substitute Containing Hyaluronic Acid and a Low Dose of Hydrocortisone in Dry Eye Disease in tear dysfunction”,**
Prof. Stefano Barabino, MD (Milano, Italy)
2. **Our experience with Astar-3D supplement**
Prof. Florian Baltă, MD (Bucharest, Romania)
3. **Synergic action of Sodium Hyaluronat, B12 vitamin and taurin in good reepitelization of ocular surface**
Prof. Cătălina Corbu, MD (Bucharest, Romania)

CHAIRMEN: Assoc. Prof. Cristina Nicula, MD (*Cluj-Napoca, Romania*)
 Prof. Florian Baltă, MD. (*Bucharest, Romania*)
 Monica Gavriș, MD. (*Cluj-Napoca, Romania*)
 Ovidiu Mușat, MD. (*Bucharest, Romania*)

- 16:00 – 16:08 1. DYSFUNCTIONAL LENS INDEX – A VALUABLE TOOL IN THE QUALITY OF VISION ASSESSMENT**
Gabriela Denisa Căileanu (Piatra Neamț, Romania)
- 16:08 – 16:16 2. SELECTION PATIENTS WHO SHOULD NO RECEIVE A MULTIFOCAL IOL (MIOL)**
Carmen Dragne, M.V. Filip, A. Filip, G. Triantafyllidis, Miruna Nicolae, Irina Lutic (Bucharest, Romania)
- 16:16 – 16:41 3. SUTURLESS INTRASCLERAL HAPTIC FIXATION AND ITS VARIATIONS – AN UPDATE**
G. Scharioth (Recklinghausen, Germany)
- 16:41 – 16:51 4. CATARACTS, PSEUDOEXFOLIATION SYNDROME AND ENDOTHELIAL CORNEAL DYSTROPHY IN A NUCLEAR PHYSICIST**
M. Milicescu, Adina Botezan, Cristina Beșleagă (Bucharest, Romania)
- 16:41 – 16:51 5. SENILE CATARACT ASSOCIATED WITH PSEUDOEXFOLIATION SYNDROME - SURGICAL APPROACH**
R. N. Pop, D. Nicula, Raluca Popescu (Cluj-Napoca, Romania)
- 17:01 – 17:11 6. “YAMANE” TECHNIQUE: AN INNOVATIVE TECHNIQUE FOR FIXING IOL TO THE SCLERA**
A. Găvănescu (Bucharest, Romania)
- 17:11 – 17:21 7. PER SECUNDAM IOL IMPLANTATION, SCLERAL FIXATION MODIFIE “YAMANE” TECHNIQUE**
D. Nicula, Cristina Nicula, Raluca Popescu, Ariadna Patricia Nicula (Cluj-Napoca, Romania)
- 17:21 – 17:31 8. DIFFICULTIES IN INTRAOPERATIVE MANAGEMENT OF SCLERAL FIXATION INTRAOCULAR LENSES**
O. Mușat, Oana-Elena Teodorescu, C. Bîrjovanu, R. Babalâc, Alice Ghiță, Bianca Costache, Corina Cernat, Stella-Ioana Popescu (Bucharest, Romania)
- 17:31 – 17:41 9. SUBLUXATED IOL – SURGICAL SOLUTION**
A Ștefănescu-Dima, Andreea Tănasie, Maria Mercuț, Cătălina Berneanu, Adelina Milotin, Carmen Mocanu (Craiova, Romania)
- 17:41 – 17:51 10. SKLERAL FIXATION IN COMPLICATED CASES**
Florian Kretz (Rheine, Germany)
- 17:51 – 18:01 11. PATIENT WITH PSEUDOFK SUTURED TO THE SCLERA, SUBLUXED AFTER 15 YEARS, BY LYSIS OF THE SUTURES, CONSECUTIVELY, A FEW MONTHS AWAY: SURGICAL RESOLUTION**
Fl. Baltă, Andrada Mirescu, G. Baltă, Sânziana Goga, Naomi Faldvari, D. Deleanu, M. Caltaru, R. Cojanu (Bucharest, Romania)

18:01 – 18:15 Discussions on papers 1 - 11

18:15 – 19:15

Evening interactive symposium,
organised by INOCARE Company

- theme: ***„The efficiency of using Inocare products in Ophthalmological Pathology: from clinical studies to practical experience.”***

CHAIRMAN: Cornel Ștefan, MD (*Bucharest, Romania*)

SPEAKERS: Flavia Chiosi, MD (*Napoli, Italy*)

Assoc. Prof. Daniel Constantin Brănișteanu MD (*Iassy, Romania*)

Assoc. Prof. Cristina Nicula MD (*Cluj-Napoca, Romania*)

1. ***Effect of a fixed combination of Curcumin, Artemisia, Bromelain and Black pepper oral administration on Optical Coherence Tomography Angiography Indices in Patients with Diabetic Macular Edema.***
Flavia Chiosi (Napoli, Italy)
2. ***The role of Intravit and Oftasecur before and after treatment with intravitreal injections.***
D. C. Brănișteanu (Iassy, Romania)
3. ***Trimix - Restoring the comfort of dry eyes!***
Cristina Nicula (Cluj-Napoca, Romania)

PROGRAM

THURSDAY, OCTOBER 6th, 2022

International Conference Center "Casino"
Ferdinand Hall

09:00 – 11:00 **OFTAFARMA ROMANIA, a SIFI Italy Company –
SIFI ACADEMY I**
- **theme - „Cataract surgical pearls” – Video Symposium**

CHAIRMAN: Laura Macovei, MD (*Bucharest, Romania*)

11:00 – 11:30 **COFFEE BREAK**

11:30 – 14:45 **PEDIATRIC OPHTHALMOLOGY AND STRABISMUS**
workshop, basic course and free papers

11:30 – 12:30 **Workshop/Interactive session - „How to approach
the preschool/school children eye disorders?”**

CHAIRMEN: Prof. Cristina Vlăduțiu, MD (*Cluj-Napoca, Romania*)
Elena Cristina Nițulescu, MD (*Bucharest, Romania*)

1. Refractive errors (hyperopia, astigmatism, anizometropia)

Raluca L. Nițescu, MD (Romania)

2. Amblyopia

Prof. Camelia Margareta Bogdănici, MD (Iassy, Romania)

3. Progressing myopia

Daniela Goicea, MD (Bucharest, Romania)

4. Retinal disorders

Elena Cristina Nițulescu, MD (Bucharest, Romania)

5. Pediatric uveitis

Prof. Cristina Vlăduțiu, MD (Cluj-Napoca, Romania)

6. Optic Nerve disorders

Mihaela Dragomir, MD (Bucharest, Romania)

12:30 – 13:30 **Basic Course - „Strabismus/diplopia with acute onset in daily
ophthalmological practice-essentials”**

CHAIRMEN: Luminița Teodorescu, MD (*Bucharest, Romania*)
Andreea Ciubotaru, MD (*Bucharest, Romania*)
Daniela Cioplean, MD (*Bucharest, Romania*)

1. Acute onset diplopia- workup, diagnosis, causes, investigations protocol

Oana Andrei, MD (Bucharest, Romania)

2. Acute Esotropia

Gabriela Bîrlea, MD (Bucharest, Romania)

3. **Acute onset paralytic strabismus: III-rd, IV-th and VI-th Nerve Palsies**
Luminița Teodorescu, MD (Bucharest, Romania)
4. **Diplopia in decompensated strabismus**
Andreea Ciubotaru, MD (Bucharest, Romania)
5. **Acute onset diplopia in autoimmune disorders.**
Irina Velcea, MD (Bucharest, Romania)
6. **Diplopia after different ocular surgeries, except strabismus surgery**
Daniela Cioplean (Bucharest, Romania)

13:30 – 14:45 Free papers

CHAIRMEN: Prof. Camelia Margareta Bogdănici, MD (*Iassy, Romania*)
Daniela Cioplean, MD (*Bucharest, Romania*)
Elena Cristina Nițulescu, MD (*Bucharest, Romania*)

- | | |
|----------------------|---|
| 13:30 – 13:37 | 1. OPHTHALMOLOGICAL AND NUTRITIONAL SCREENING OF CHILDREN AGED 3 TO 15 YEARS
<i>Camelia Margareta Bogdănici, Cristina Roca, Elena-Cătălina Neniu, Denisia Beiu, Cornelia Ghilașcu, Rita Atike, Ionela Nechita-Dumitriu, Iulia Margasoiu, Andreea Mironeasa, Corina Georgiana Bogdănici (Iassy, Romania)</i> |
| 13:37 – 13:44 | 2. LONG TERM FOLLOW-UP IN PRIMARY CONGENITAL OPEN ANGLE GLAUCOMA - A CASE REVIEW OF 12 PATIENTS
<i>Patricia Niculescu, Georgiana Milea, Daniela Cioplean (Bucharest, Romania)</i> |
| 13:44 – 13:51 | 3. STURGE-WEBER SYNDROME
<i>Adina Grigorescu, Oana Andrei (Bucharest, Romania)</i> |
| 13:51 – 13:58 | 4. INFANTILE PERIOcular HAEMANGIOMA, DIAGNOSTIC CHALLENGES
<i>Oana Andrei (Bucharest, Romania)</i> |
| 13:58 – 14:05 | 5. CLINICAL CHARACTERISTICS OF PATIENTS WITH NON-SURGICAL CONSECUTIVE EXOTROPIA
<i>Irina Velcea, Oana Andrei, Adina Grigorescu (Bucharest, Romania)</i> |
| 14:05 – 14:12 | 6. PSEUDOEXOTROPIA, CASE PRESENTATION
<i>Oana Andrei (Bucharest, Romania)</i> |
| 14:12 – 14:19 | 7. MONOCULAR VERTICAL GAZE PALSY AND MONOCULAR INTERNUCLEAR OPHTHALMOPLEGIA IN AN ADULT PATIENT- CASE REPORT
<i>Raluca Nițescu, Daniela Cioplean (Bucharest, Romania)</i> |
| 14:19 – 14:26 | 8. ORBITAL LANGERHANS CELL HISTIOCYTOSIS- PEDIATRIC CASE REPORT
<i>Mihaela Dragomir, Anca Avram, Corina Merticariu, Oana Topîrceanu (Bucharest, Romania)</i> |
| 14:26 – 14:36 | 9. RETINOPATHY OF PREMATURITY SCREENING AND TREATMENT RESULTS IN BUCHAREST CENTER IN 2020 AND 2021
<i>Elena Cristina Nițulescu, Irina Stamatian, Roxana Viuleț, Ileana Vatavu (Bucharest, Romania)</i> |
| 14:36 – 14:45 | Discussions on paper 1 - 9 |

14:45 – 15:30 LUNCH BREAK

- 15:30 – 16:30** **Interactive symposium,
organised by NOVARTIS Company**
- **theme:** *„Toward precision medicine in Diabetic Macular Edema management”*
- CHAIRMAN:** Assoc. Prof. Daniel Brănișteanu, MD (*Iassy, Romania*)
- SPEAKERS:** Assoc. Prof. Daniel Brănișteanu, MD (*Iassy, Romania*)
 Prof. Simona Nicoară, MD (*Cluj-Napoca, Romania*)
 Ruxandra Coroleuca, MD (*Bucharest, Romania*)
-
- 16:30 – 17:30** **Interactive symposium,
organised by BAYER Company**
- **theme:** *” Aflibercept: sustainability in multiple indications”*
- CHAIRMAN:** Assoc. Prof. Daniel Brănișteanu, MD (*Iassy, Romania*)
- SPEAKERS:** Ovidiu Mușat, MD (*Bucharest, Romania*)
 Flaviu Bodea, MD (*Oradea, România*)
 Mihail Zemba, MD (*Bucharest, Romania*)
-
- 17:30 – 18:30** **Interactive symposium,
organised by MAGNA PHARM Company**
- **theme:** *„Ededay and Edenight in the management of postoperative cornean edema”*
- SPEAKERS:** Ashraf Armia, MD (*Cairo, Egypt*)
 Alina Gheorghe, MD (*Bucharest, Romania*)

PROGRAM

THURSDAY, OCTOBER 6th, 2022

“Palace Hotel” Congress Center, Sinaia
“George Enescu” Hall

09:00 – 11:30 Interactive COURSES

CHAIRMAN: Olga Goulia, MD (*Athens, Greece*)

09:00 – 09:30 “HEADS UP” (3D) MICROSCOPY

Prof. Christina Grupcheva, MD (Varna, Bulgaria)

09:30 – 10:00 INTRAOCULAR LENS POWER CALCULATION IN HIGH MYOPIC EYES

Agnes Elekes, MD (Budapest, Hungaria)

10:00 – 10:30 COMPARING DIFFERENT TRIFOCAL TECHNOLOGIES

Florian Kretz, MD (Rheine, Germany)

10:30 – 10:50 LIVING WITH LOW VISION DURING AND AFTER THE COVID-19 PANDEMIC. WHAT WILL “NORMAL” LIFE BE LIKE FOR THE VISUALLY IMPAIRED?

Olga Goulia, MD (Athens, Greece)

10:50 – 11:10 MACULOPATHIES AND READING, THE IMPACT OF CLINICAL ADVANCES AND OF NEW TECHNOLOGIES ON READING VISION

Olga Goulia, MD (Athens, Greece)

11:10 – 11:30 Discussions

11:30 – 12:00 COFFEE BREAK

12:00 – 14:00 YOUNG OPHTHALMOLOGISTS WORKSHOP, organised by ALCON Romania

SPEAKERS: Anca Opreșcu Gîrneală, MD
Valentin Dinu, MD
Cristian Bolboceanu

14:00 – 15:00 LUNCH BREAK

15:00 – 19:00 RESIDENTS - free papers CONTEST, organised by RSO,

15:00 – 16:50 Part I

1. DIAGNOSTIC AND THERAPEUTIC CHALLENGES IN NONINFECTIOUS ORBITAL INFLAMMATION- A CASE REPORT

Adelina Maria Neacșu (Bucharest, Romania)

2. EXOGENOUS OR INDUCED BY CORTICOSTEROIDS GLAUCOMA?

Gabriel Iorgu (Bucharest, Romania)

3. **THE PROMISING DIRECTIONS OF CORNEAL CROSS-LINKING – AN EYE-THREATENING CASE OF INFECTIOUS KERATITIS IN A PREGNANT PATIENT**
Andrada-Raluca Artamonov (Bucharest, Romania)
4. **AN ATYPICAL CASE OF OCULAR SURFACE SQUAMOUS NEOPLASIA**
Alexandra-Cătălina Zaharia (Bucharest, Romania)
5. **DALK, TYPE 1 BIG BUBBLE TECHNIQUE: INDICATIONS, EVOLUTION, OUTCOME**
Diana Ioniță (Bucharest, Romania)
6. **NOVEL APPROACH FOR BULLOUS KERATOPATHY AND OPERATIVE APHAKIA: “YAMANE” TECHNIQUE ALONG WITH CORNEAL TRANSPLANT**
Ioana Manea (Bucharest, Romania)
7. **PSEUDOEXFOLIATION SYNDROME – A PANDORA’S BOX OPENED DURING CATARACT SURGERY**
Laura Denisa Preoteasa (Bucharest, Romania)
8. **CHALLENGES IN THE MANAGEMENT OF PIGMENTARY GLAUCOMA**
Laurențiu Leuștean (Bucharest, Romania)
9. **CHOROIDAL HEMANGIOMA- CASE REPORT**
Réka Andrea Gogolák-Hrubecz (Târgu-Mureș, Romania)
10. **„MASQUERADE” SYNDROME: CILIARY BODY UVEAL MELANOMA OBSCURED BY HYPHEMA IN A PATIENT WITH CHRONIC LYMPHOCYTIC LEUKEMIA**
Paul Filip Curcă (Bucharest, Romania)
11. **THE DIAGNOSIS OF CHRONIC MYELOID LEUKEMIA THROUGH THE EYE OF OPHTHALMOLOGICAL EVENTS**
Diana Runcan (Târgu-Mures, Romania)

16:50 – 17:10 BREAK

17:10 – 19:00 Part II

12. **MYSTERY IN DIAGNOSIS. ATIPICAL CASE OF INFECTIOUS RETINAL INFLAMMATION**
Ana-Maria-Cătălina Hadad (Târgu-Mureș, Romania)
13. **OPHTHALMOLOGIC CHALLENGE IN TAKAYASU ARTERITIS- CASE REPORT**
Roxana-Elena Rogoz (Bucharest, Romania)
14. **POSTERIOR UVEITIS - CLINICAL CASE**
Daniel Țiți (Bucharest, Romania)
15. **NECROTISING HERPETIC RETINOPATHY: A CASE REPORT**
Livia Teona Nemțanu (Bucharest, Romania)
16. **ATYPICAL CASE OF A MACULAR DYSTROPHY – DIAGNOSTIC SURPRISE**
Elena Mihaela Fieraru (Bucharest, Romania)
17. **TOTAL CENTRAL RETINAL VEIN OCCLUSION WITH A PARTICULAR EVOLUTION, COEXISTING WITH AN OCULAR ISCHAEMIC SYNDROME ASSOCIATED WITH PARTIAL OPTIC ATROPHY IN THE FELLOW EYE**
Dalia-Lavinia Dreptate (Târgu-Mureș, Romania)
18. **MICROVASCULAR RETINAL CHANGES IN DIABETIC RETINOPATHY QUANTIFIED BY ADAPTIVE OPTICS OPHTHALMOSCOPY**
Andrada-Elena Mirescu (Bucharest, Romania)
19. **AN ATYPICAL DIABETIC PATIENT**
Raluca Iftimie (Bucharest, Romania)
20. **SURGICAL MANAGEMENT OF ADVANCED DIABETIC EYE DISEASE**
Cristina-Ana Budea (Bucharest, Romania)

21. SURGICAL INTERVENTIONS FOR THE COMPLICATIONS OF PROLIFERATIVE DIABETIC RETINOPATHY IN A PATIENT WITH TYPE 1 DIABETES

Maria Chiotan-Călin (Bucharest, Romania)

22. SURGICAL APPROACH IN A CASE WITH RHEGMATOGENOUS RETINAL DETACHMENT WITH GIANT RETINAL TEAR

Cristina Vlad (Bucharest, Romania)

BREAKING DOWN BARRIERS IN RESIDENCY AND AFTER

A. Găvănescu (Bucharest, Romania)

PROGRAM

FRIDAY, OCTOBER 7th, 2022

International Conference Center "Casino"
Theatre Hall

08:30 – 09:30 **Interactive morning Symposium,**
organised by FARMATIN MEDICAL, with the support of *Lions Eye Institute for Transplant and Research & Konan Medical*

- **theme: “Present and future in the use of donor corneal tissue in the ophthalmology”**

PANELISTS: Prof. Dorin Chiseliță, MD (*Iassy, Romania*)
Alina Gheorghe, MD (*Bucharest, Romania*)
Andrei Nica, MD, *Executive Director of National Transplant Agency (Bucharest, Romania)*
Jeremy Shuman, *Representative of Lions Eye Institute for Transplant and Research*

09:30 – 11:00 **OCULAR SURFACE session – free papers**

CHAIRMEN: Daniela Felicia Șelaru, MD (*Bucharest, Romania*)
Prof. Christina Grupcheva, MD (*Varna, Bulgaria*)
Prof. Adriana Stănilă, MD (*Sibiu, Romania*)
Ashraf Armia, MD (*Cairo, Egypt*)

09:30 – 09:40 1. EVALUATION OF CORNEAL TOPOGRAPHIC, TOMOGRAPHIC AND BIOMECHANICAL INDICES FOR DETECTING SUBCLINICAL AND CLINICAL KERATOCONUS

Cristina Nicula (Cluj-Napoca), Karin Ursula Horvath (Târgu-Mureș), Anca Rednik (Cluj-Napoca), Ariadna Patricia Nicula, Adriana Bulboacă, D. Nicula (Cluj-Napoca, Romania)

09:40 – 09:50 2. EFFECTIVENESS AND SAFETY OF CROSSLINKING INTERVENTION IN PATIENTS WITH KERATOCONUS AND THIN CORNEA

Mihaela Monica Constantin, Maria Corbu, Cătălina Corbu (Bucharest, Romania)

09:50 – 10:05 3. AMNIOTIC MEMBRANE IN OPHTHALMOLOGY

Ashraf Armia (Cairo, Egypt)

10:05 – 10:15 4. REGENERATIVE MEDICINE AND OPHTHALMOLOGY

Christina Grupcheva (Varna, Bulgaria)

10:15 – 10:25 5. REGENERATIVE THERAPIES FOR OCULAR SURFACE DISORDERS

D.M. Stănilă, A.-A. Panga, Adriana Stănilă (Sibiu, Romania)

10:25 – 10:35 6. DEEP ANTERIOR LAMELLAR KERATOPLASTY FOLLOWING GUNDERSEN FLAP SURGERY: A TWO- STEP APPROACH FOR ACANTHAMOEBA KERATITIS

Georgiana Camburu, Angeli C Yu, M. Busin (Forli, Italy)

10:35 – 10:42 7. MEIBOMIAN GLAND DYSFUNCTION AND TEAR FILM ALTERATIONS IN PATIENTS WITH ABNORMAL EYELID LAXITY

Florina Vultur, Karin Ursula Horvath, R.G. Tripon (Târgu-Mureș, Romania)

10:42 – 10:52 8. DIAGNOSIS AND MANAGEMENT OF CORNEAL ULCER – A PRACTICAL GUIDE

Ioana Teodora Tofolean, Fl. Baltă, Ramona Ileana Barac (Bucharest, Romania)

10:52 – 11:00 Discussions on papers 1 – 8

11:00 – 11:30 COFFEE BREAK

11:30 – 12:00 “DRY EYE” and REFRACTIVE SURGERY - LECTURE

Ashraf Armia (Cairo, Egypt)

**12:00 – 13:00 Interactive symposium,
organised by ALCON Company**

- **theme: „Dry-eye syndrome – modern clinical and therapeutic approaches”**

SPEAKERS: Anisia Alexa, MD (*Iassy, Romania*)

**13:00 – 14:00 Interactive noon symposium
organised by AMD NOBEL PHARMACEUTICAL**

- **theme: „Paradigm and paradox about the tear film”**

14:00 – 15:00 LUNCH BREAK

15:00 – 18:00 RETINA Session – free papers

CHAIRMEN: Prof. Florian Baltă, MD (*Bucharest, Romania*)
Prof. Slobodanka Latinovic, MD (*Novisad, Serbia*)
Prof. Francis Munier, MD (*Lausanne, Swiss*)
Tina Xirou, MD (*Athens, Greece*)
Prof. Simona Nicoară, MD (*Cluj-Napoca, Romania*)

15:00 – 15:10 1. LASER TREATMENT OF VITREOUS FLOATERS

Gabriela Denisa Căileanu (Piatra Neamț, Romania)

15:10 – 15:25 2. UPDATE ON COATS DISEASE

F. Munier (Lausanne, Swiss)

15:25 – 15:35 3. RECURRENT CENTRAL SEROUS CHORIORETINOPATHY – TREATMENT PARTICULARITIES

Alina Lazăr, Bogdana Tăbăcaru, Monica Mălăescu, Cristina Manole, Silvia Costin, Antonia Mihalache, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

15:35 – 15:55 4. VISUAL ACUITY OUTCOMES OF ANTI-VEGF TREATMENT IN PATHOLOGIC MYOPIC EYES WITH CHOROIDAL NEOVASCULARIZATION

Slobodanka Latinović (Novisad, Serbia), Lala Ćeklić (Bern, Swiss)

15:55 – 16:05 5. SINGLE BROLUZUMAB INJECTION RESULTS IN REFRACTORY NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

D. C. Brănișteanu (Iassy, Romania)

16:05 – 16:13 6. OCULAR MANIFESTATIONS OF VASCULITIS

Raluca Vârță (Ploiești, Romania)

16:13 – 16:20 7. FUNCTIONAL AND ANATOMICAL OUTCOMES OF PARS PLANA VITRECTOMY WITH EPIRETINAL MEMBRANE PEEL IN PATIENTS WITH UVEITIS

Irina E. Cristescu, T. Ivanova, N. Patton, F. Dhawahir-Scala, G. Moussa, K. Son Lett. A. Mitra, S. Wai Ch'ng, A. K. Tuagi, A. Jalil (Bucharest, Romania)

16:20 – 16:40 8. EARLY VITRECTOMY FOR VITREOUS HEMORRHAGE

Tina Xirou (Athens, Greece)

16:40 – 16:50 9. DIABETIC MACULAR EDEMA APPROACH WITH YELLOW MICROPULSE LASER

Alina Lazăr, Bogdana Tăbăcaru, C. Maftai, Monica Mălăescu, Cristina Manole, Silvia Costin, Antonia Mihalache, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

16:50 – 16:58 10. SURGICAL MANAGEMENT OF DIABETIC RETINOPATHY – CASE PRESENTATION

Silvia Chiotoroiu, Simona Buliga (Bucharest, Romania)

16:58 – 17:06 11. CASE OF DIABETIC RETINOPATHY WITH PRERETINAL MEMBRANE AND VITREAL HEMORRHAGE

S. Șter, Crenguța Mihăilescu, Olimpia Șter, P. Bagosi (Satu-Mare), F. Bodea (Oradea), V. Fodor (Satu-Mare, Romania)

17:06 – 17:16 12. CORRELATIONS BETWEEN OCT, CLINICAL AND LABORATORY BIOMARKERS IN PATIENTS WITH DIABETIC MACULAR EDEMA

Simona Delia Nicoară, V.I. Suciu, Ancuța Cuțaș, Corina-Iuliana Suciu (Cluj-Napoca, Romania)

17:16 – 17:26 13. RHEGMATOGENOUS RETINAL DETACHMENT ASSOCIATED WITH CHOROID DETACHMENT

R. Ochinciuc, M. Munteanu (Timișoara), Fl. Baltă (Bucharest, Romania)

17:26 – 17:41 14. MANAGEMENT OF RECURRENT RHEGMATOGENOUS RETINAL DETACHMENT

Oya Donmez (Izmir, Turkey)

17:41 – 17:51 15. PATIENT WITH MACULAR HOLE, RETINAL DETACHMENT IN THE POSTERIOR POLE AND PRERETINAL HEMORRHAGE: SURGICAL RESOLUTION (VIDEO)

Fl. Baltă (Bucharest, Romania)

17:51 – 18:00 Discussions on papers 1 – 15

18:15 – 19:15

Evening interactive symposium,

organised by OFTAPHARMA ROMANIA, a SIFI Italy Company

- **theme: „ SIFI Innovations – Advanced medical and surgical solutions for your patients.”**

Ocular surface disease in glaucoma. Tips for a successful management

Paolo Fogagnolo, MD (Milano, Italy)

21:00 – 24:00

GALA DINNER

“Palace Hotel” Congress Center, Sinaia

PROGRAM

FRIDAY, OCTOBER 7th, 2022

International Conference Center "Casino"
Ferdinand Hall

- 08:30 – 11:00** **OFTAFARMA ROMANIA, a SIFI Italy Company**
SIFI ACADEMY II - Interactive course
- **theme: „Corneal transplant ”**
CHAIRMAN: Prof. Massimo Busin, MD (*Forly, Italy*)
- 11:00 – 11:30** **COFFEE BREAK**
- 11:30 – 14:00** **Interactive COURSES**
CHAIRMAN: Prof. Slobodanka Latinovic, MD (*Novisad, Serbia*)
- 11:30 – 12:30** **1. DIABETIC MACULAR EDEMA - CURRENT DIAGNOSIS, BIOMARKERS AND THERAPY**
Prof. Slobodanka Latinovic, MD, Lala Ćeklić, MD (Novisad, Serbia), Marijana Nestorović, MD (Bern, Swiss)
- 12:30 – 13:00** **2. RETICULAR PSEUDODRUSEN ON ULTRAWIDEFIELD AUTOFLUORESCENCE AND COLOR SCANNING LASER IMAGING**
Lala Ćeklić, MD (Novisad, Serbia)
- 13:00 – 13:30** **3. DIABETIC MACULAR EDEMA - CURRENT DIAGNOSIS, BIOMARKERS AND THERAPY**
Prof. Francis Munier, MD (Lausanne, Swiss)
- 13:30 – 14:30** **LUNCH BREAK**
- 14:30 – 15:00** **4. TRUE GIANT TEARS TREATMENT TIPS**
Athanasios Nikolakopoulos, MD (Athens, Greece)
- 15:00 – 16:00** **Interactive symposium,**
organised by FIDIA Pharma Romania Company
- **theme: „Ocular manifestations encountered in rheumatological diseases”**
SPEAKERS: Irina Florea, MD (*Bucharest, Romania*)
 Raluca Iancu, MD (*Bucharest, Romania*)

CHAIRMEN: Dorin Nicula, MD (*Cluj-Napoca, Romania*)
 Dana Preoteasa, MD (*Craiova, Romania*)
 Cristina Beşleagă, MD (*Bucharest, Romania*)
 Ashraf Armia, MD (*Cairo, Egypt*)

16:00 – 16:10 1. PHAKIC IOL IN LOW TO MODERATE MYOPIA

Ashraf Armia (Cairo, Egypt)

16:10 – 16:25 2. TO COMPARE THE OUTCOMES OF A PHAKIC, SULCUL BASED, HYDROPHOBIC IOL IN AMMETROPIC PATIENTS

F. Kretz (Rheine, Germany)

16:25 – 16:35 3. WHAT IS THE BEST IMPLANT FOR PATIENTS WITH CATARACT AND HISTORY OF CORNEAL REFRACTIVE SURGERY?

Maria-Monica Gavriş, Roxana Ana Maria Moşniagu, Roxana Suciu, V. Srîmbu, Adela Faraian, P. Borodi, Iulia-Maria Gavriş (Cluj-Napoca, Romania)

16:35 – 16:43 4. LATERAL CHOP IN CATARACT SURGERY: AN INNOVATIVE TECHNIQUE FOR NUCLEUS CRACKING

A. Găvănescu (Bucharest, Romania)

16:43 – 16:51 5. UVEITIS-GLAUCOMA-HYPHEMA (UGH) SYNDROME

A Ştefănescu-Dima, Andreea Tănăsie, Maria Mercuţ, Cătălina Berneanu, Adelina Milotin, Carmen Mocanu (Craiova, Romania)

16:51 – 17:01 6. COMPLICATED CATARACT ASSOCIATED WITH RECURRENT ANTERIOR UVEITIS AND SECONDARY GLAUCOMA- CASE PRESENTATION. VIDEO

Cristina Nicula, Anca Rednik, Raluca Popescu (Cluj-Napoca, Romania)

17:01 – 17:09 7. DIFFICULT CATARACT CASE – ACUTE ANGLE CLOSURE WITH ZONULOLYSIS

S. Şter, Crenguţa Mihăilescu, Olimpia Şter, P. Bagosi, Diana Pop (Satu-Mare, Romania)

17:09 – 17:19 8. LUXATION- SUBLUXATION OF THE BAG, CAPSULAR TENSION RING AND PSEUDOPAK. VIDEO

S. Tomi, T. Tomi, Ioana R. Rusu (Cluj-Napoca, Romania)

17:19 – 17:29 9. CONGENITAL LENS SUBLUXATION IN THE ANTERIOR CHAMBER SURGICAL APPROACH – VIDEO

D. Nicula, R. Pop, Ariadna Patricia Nicula, Cristina Nicula, Andrea Decsey-Nagy (Cluj-Napoca, Romania)

17:29 – 17:39 10. THE USE OF THE „CARLEVALE” IOL IN THE ABSENCE OF CAPSULAR SUPPORT

Dana Preoteasa (Craiova, Romania)

17:39 – 17:49 11. A STRANGE CATARACT – VIDEO

Bogdana Tăbăcaru, Alina Lazăr, Monica Mălăescu, Antonia Mihalache, Cristina Manole, Silvia Costin, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

17:49 – 17:59 12. SILVER-BROWN CATARACTS – SURGICAL APPROACH THROUGH PHACOEMULSIFICATION – WHEN TO STOP

Cristina Beşleagă, Adina Botezan, M.Milicescu (Bucharest, Romania)

17:59 – 18:09 13. MULTIPLE OCULAR TRAUMATISMS IN THE SAME PATIENT – FIGHTING FOR EACH LETTER

S. Şter, Crenguţa Mihăilescu (Satu-Mare), Veronica Făt (Baia-Mare), F. Bodea (Oradea), Camelia Cioancă (Sebeş, Romania)

18:09 – 18:19 14. PENETRATING KERATOPLASTY, OPEN SKY CATARACT EXTRACTION AND PUPILLOPLASTY IN A DIABETIC PATIENT WITH CORNEAL DYSTROPHY, RUBEOSIS IRIDIS AND COMPLICATED CATARACT. SURGICAL APPROACH.

Alina Gheorghe, Jihane Ellorhaoui, Ioana Damaschin, Ancuța Onofrei, Ana Arghirescu, Andrei Coleașă (Bucharest, Romania)

18:19 – 18:30 Discussions on paper 1 – 14

PROGRAM

FRIDAY, OCTOBER 7th, 2022

“Palace Hotel” Congress Center, Sinaia
“George Enescu” Hall

- 08:30 - 11:00** **Interactive course for Nurses – Part I**
organised by **RSO**, with assistance provided by **Oftafarma ROMANIA**, a **SIFI Italy Company – part I**
- **theme “Sterilization - from microbiology concepts to the most current decontamination practices of reusable medical devices”**
CHAIRMAN: Ramona Marincaș, Nurse (*Zalău, Romania*)
- 11:00 – 11:30** **BREAK**
- 11:30 - 13:00** **Interactive course for Nurses – Part II**
organised by **RSO**, with assistance provided by **Oftafarma ROMANIA**, a **SIFI Italy Company – part II**
- **theme “Sterilization - from microbiology concepts to the most current decontamination practices of reusable medical devices”**
CHAIRMAN: Ramona Marincaș, Nurse (*Zalău, Romania*)
- 13:00 – 14:00** **NURSES Contest**
Organised by RSO, with assistance provided by Oftafarma ROMANIA, a SIFI Italy Company
- 1. ENSURING THE TRACEABILITY OF REUSABLE INSTRUMENTS**
Rodica Sevastre, Anca Tomescu (Amaoptimex Clinic, Bucharest, Romania)
- 2. SOFT CONTACT LENSES FITTING**
Andreea Sarbu, Valeria Ștefana (Amaoptimex Clinic, Bucharest, Romania)
- 3. OCCUPATIONAL HAZARDS IN NURSING**
Daniela Alina Spița, Rodica Bălan (Amaoptimex Clinic, Bucharest, Romania)
- 14:00 – 15:00** **LUNCH BREAK**
- 15:00 – 16:00** **Interactive course**
“Chorioretinitis – inflammatory etiology: from guidelines to the medical practice” – Part II (following 2021 presentation)

Prof. Victoria Aramă, MD, University of Medicine “Carol Davila” Bucharest, Romania

PROGRAM

SATURDAY, OCTOBER 8th, 2022

International Conference Center "Casino"
Theatre Hall

09:00 – 11:00 "SIFI scholarship "for residents – Part I
organised by OFTAFARMA ROMANIA a SIFI Italy Company
XVIIth edition

The awards are:

- **First and second places:** Participation at the **ESCRS 2023 Congress, Vienna, Austria.**
- **Third and fourth places:** Participation at the **27 th ESCRS Winter Meeting 2023, Vilamoura, Portugal**
- **Fifth and sixth places:** Participation at the **21st National Congress of RSO 2023, October 4-7, 2023 - Sinaia**

Participants: residents training in ophthalmology in Romanian clinics.

Type of paper:

- case presentation, PowerPoint format; length of presentation – 8 minutes
- the usual structure of case presentation
- subject – no restrictions

Structure of case presentation:

1) Patient data:

- name (initials)
- age, gender, occupation, work and life conditions
- Reasons for going to hospital
- Case history
- Personal antecedents:
 - physiological
 - pathological
- Hereditary antecedents

2) General clinical exam

- BP, pulse etc.
- Ocular exam
- VA, IOP
- anterior pole
- posterior pole

3) Paraclinical investigations:

- general lab exams
- ocular: VF etc.

4) Positive diagnosis:

- main (reason for seeing the doctor)
- secondary – ocular
- possibly general (if linked to the main condition)

Positive diagnosis should be supported by arguments:

- subjective

- objective

- paraclinical investigations

5) Differential diagnosis

- disease specific
- possibly according to symptoms and signs
- etiologic

It should be justified with pros and cons.

6) Evolution:

- without treatment
- with treatment

- Complications

7) Treatment

- Etiologic | general | medical
- pathogenic | local | surgical
- symptomatic |

8) Prognostic

- vital (if applicable) | immediate
- ocular function | late

Prognostic is set according to evolution and complications

- Recommendations for returning to work and / or improvement of life conditions

9) Case peculiarities (if applicable)

The presentation will be assessed according to: general structure, case originality, diagnosis difficulties, chosen therapeutic solution, case relevance.

The participants are asked to send their papers in PowerPoint format, both in romanian and english, to the email addresses concurs@sifi.ro and daniel.dumanescu@sifigroup.com, with the subject „Prezentare caz Bursa SIFI” until September 15th, 2022. Please follow these instructions exactly – **send messages only with the specified subject, to both email addresses!**

A scientific board from Italy will select the best papers which will be presented in the special ”Bursa SIFI” residents session during the XXth National Ophthalmology Congress, OCTOBER 5 - 8, 2022.

Special session: Saturday, OCTOBER 8th, 2022, 09:00, Theatre Hall, International Conference Center „Casino”.

During the special session the Contest Jury will designate the winners.

All residents training in ophthalmology who sent their papers and who would be present on-line at the special ”Bursa SIFI” session would receive from SIFI an [ophthalmology book in English](#).

The 17th edition of Bursa SIFI is open to all residents training in ophthalmology in Romanian clinics, except for the winners of previous editions.

We`re looking forward to receiving your papers.

SUCCESS!

11:00 – 11:30	COFFEE BREAK
11:00 – 13:00	"SIFI scholarship “for residents – Part II organised by OFTAFARMA ROMANIA a SIFI Italy Company XXVIIth edition
14:00 – 15:00	CLOSING CEREMONY

PROGRAM

SATURDAY, OCTOBER 8th, 2022

International Conference Center "Casino"
Ferdinand Hall

09:00 – 11:00

Digitization and fundamental research in ophthalmology session

CHAIRMEN: Prof. Karin Ursula Horvath, MD (*Târgu-Mureș, Romania*)
Assoc. Prof. Daniel Brănișteanu (*Iassy, Romania*)
Robert Gabriel Tripon, MD (*Târgu-Mureș, Romania*)
Cornel Ștefan, MD (*Bucharest, Romania*)

09:00 – 09:30

1. UVEAL MELANOMA – AN OVERVIEW ON CURRENT DIAGNOSIS AND TREATMENT OPTIONS

Assoc. Prof. Daniel Brănișteanu, MD (Iassy, Romania)

09:30 – 09:50

2. MEDICONTACT: DIGITAL PLATFORM FOR MEDICAL SECOND OPINION

R.G. Tripon, Ioana Sus, Florina Vultur, Karin Ursula Horvath (Târgu-Mureș, Romania)

09:50 – 10:10

3. PHOTOCHEMICAL CROSSLINKING OF COLLAGEN IN THE TARSAL PLATE OF PORCINE EYELIDS AS A TREATMENT FOR FLOPPY EYELID SYNDROME: BIAxIAL MECHANICAL EVALUATION OF STIFFENING IN EX-VIVO TISSUE

Karin Ursula Horvath, Florina Vultur, R. G. Tripon, B. Cordoș (Târgu-Mureș, Romania), M. Radford, Shuko Suzuki, T. V. Chirilă (Queensland, Australia)

10:10 – 10:30

4. TUBULIN POLYMERIZATION PROMOTING PROTEIN IS PRESENT IN HUMAN GANGLION CELLS AND OPTIC NERVE

R. G. Tripon, L. Jakab-Farkas, D. Biró, Florina Vultur, Karin Ursula Horváth (Târgu-Mureș, Romania)

10:30 – 11:00

Discussions on papers 1 – 4

ABSTRACTS

REFRACTIVE SURGERY SESSION

1. THE HUNT FOR EMMETROPIA THROUGH MULTIPLE REFRACTIVE PROCEDURES

Costas Karabatsas (Athens, Greece)

2. THE COMPLETE RANGE OF REFRACTIVE SOLUTIONS

Á. Filip, Miruna Nicolae, M. V. Filip, Raluca Moisescu, E. Rotaru (Bucharest, Romania)

Purpose: This paper presents information on the full range of refractive techniques available in our clinic.

Material and method: We want to share our experience and approach, using a full range of refractive solutions.

Results: It is beneficial for patients to offer the full range of refractive solutions. The available technology, as well as the rich experience of the medical team, allows us to offer our patients access to personalized treatments. Thus, the results meet the level of expectations.

Conclusions: Over the years we have chosen to focus on refractive surgery. We have developed a modern, safe and efficient system that allows us to treat a vast range of refractive errors. This way, patients who want to get rid of glasses or contact lenses, have access to a personalized, safe and friendly journey, while achieving their goal.

3. WHEN IS SMILE THE BEST REFRACTIVE OPTION

A. Mendez (Mexico)

4. FOUR YEARS OF EXPERIENCE IN THE SMILE TECHNIQUE. ADVANTAGES AND DISADVANTAGES

D. Nicula, Cristina Nicula, Ariadna Patricia Nicula (Cluj-Napoca, Romania)

Keywords: Myopia; Myopic astigmatism; Small Incision Lenticule Extraction (SMILE); femtosecond laser.

Background: Small Incision Lenticule Extraction (SMILE) proved its safety and effectiveness for managing myopia and myopic astigmatism in a median of 9 months follow-up. We aimed to report the SMILE technique's visual and refractive outcomes using Visumax femtosecond laser in patients with myopia or myopic astigmatism at 12 months follow-up.

Methods: Patients older than 18 years, with ocular astigmatism up to -5 diopters (D), spherical equivalent up to -9.00D, best-corrected distance visual acuity (BCVA) of 0.3 or better before the surgery, stable refraction for one year, and with a minimum calculated post operator residual stromal bed of 250-280µ were included in the study.

Results: One hundred myopic eyes (median=-4D) and 167 myopic astigmatic eyes (-1D) were evaluated. The mean refractive spherical equivalent (MRSE) significantly reduced both on patients with myopic eyes (from -4.25D to -0.25 D at 12-months) and myopic astigmatic eyes (from -6.25D to -0.62D at 12-months). The sphere's value decreased with a median of -0.25D, and the cylinder value decreased on myopic astigmatic eyes at -0.50D. On both evaluated groups, significant differences were observed when the keratometric baseline values were compared to individual follow-up ($P < 0.0001$), without any significant differences between follow-ups ($P > 0.15$). Uncorrected visual acuity (UCVA) was at least 0.5 in 88.0% of myopic eyes and 82.1% of myopic astigmatic eyes at one month. The UCVA remained stable (myopic eyes) or slightly increased (myopic astigmatism eyes) at 6ms, and increased at 92.0% for myopic eyes, respectively remaining the same for the myopic astigmatism eyes at 12ms.

Conclusion: The SMILE technique demonstrated excellent outcomes in terms of keratometric, cylinder, spherical equivalent, and visual acuity at 12 months follow-up.

5. SMILE TECHNIQUE, IN OVER 4000 CASES

M. V. Filip, A. Filip, Miruna Nicolae, Raluca Moisescu, Ileana Ungureanu, Carmen Dragne, G. Triantafyllidis, Adina Spătaru, Irina Lutic, Claudia Cîrstea, E. Rotaru (Bucharest, Romania)

The paper aims to make an assessment of the quality, results, evolution of patients operated with this technique.

We have been using the technique since 2014, during which time we benefited from various stages of preparation, no doubt necessary.

Talking to the patient will help him understand what will happen to you after the operation, immediately and in time.

The importance of complete eye examination is emphasized, with great care to avoid the risk of ectasia.

6. FEMTOSECOND LASER VS MICROKERATOME IN LASIK

Á.Mendez (Mexico)

7. CUSTOMIZES THERAPEUTIC TRANSPRK

Costas Karabatsas (Athens, Greece)

8. BEST SURGICAL APPROACH FOR HIGH MYOPIA – OUR EXPERIENCE

Raluca Moisesescu, A. Filip, M.V. Filip, Miruna Nicolae, E. Rotaru, G. Triantafyllidis, Ileana Ungureanu, R. Malciolu, Adina Spătaru (Bucharest, Romania)

Purpose: Describing the surgical protocol for high myopia correction, in our clinic.

Materials and methods: This presentation describes the criteria we have used for choosing the appropriate surgical technique, as well as the refractive results we have obtained in case of high myopia patients treated in Amaoptimex clinic, during the past year.

Results: All patients treated using laser refractive surgery techniques, as well as using Visian ICL, obtained spectacle independence with no intra- or postoperative complications. The expansion of the surgical portfolio of our clinic by introducing the ICL technique allows a broader approach to myopia, even in cases where laser correction is contraindicated.

Conclusions: In recent years we have been concerned with providing our patients with customized refractive surgical solutions using minimally invasive techniques, which allow for easy and rapid recovery with minimal risk. Visian ICL technique is an excellent alternative in cases of high refractive errors, which exceed the laser correction margin or in situations where the structural parameters of the cornea contraindicate this option.

9. PRESBYOND – OUR EXPERIENCE

Miruna Nicolae, A. Filip, M.V. Filip, E. Rotaru (Bucharest, Romania)

Introduction: This paper presents our experience with the only laser refractive surgery technique, that corrects presbyopia, Presbyond since we started in march 2019.

Material and Methods: We included over 210 presbyopic patients in this study most of them being hyperops with or without astigmatism, but also myops. One of the most important aspects is patient selection and how we manage their expectations, all the explanations we provide in order to obtain a satisfactory result in the end. Thus, a thorough examination and multiple eye investigations are performed, also dominance testing and tolerance are one of the most important aspects of patient's selection.

It is a FemtoLasik technique with a special software that corrects the dominant eye to see far and intermediate and the non-dominant to see intermediate and near, also providing an increased depth of focus. Complications are common with those of Lasik, and some accommodative situations may occur in the first weeks.

Discussions and conclusions: Presbyond is an advanced technique, minimally invasive and reversible, easy to tolerate, obtaining the "wow" effect from day one. The most important aspects are patient's selection and setting their expectation. Sometimes glasses must be needed for a short while until the refraction is stable, or for reading small letters in dimmed light. After one year 97% are perfectly adapted.

In conclusion, we recommend Presbyond as the best minimally invasive technique for presbyopia correction.

GLAUCOMA SESSION

1. DETECTION OF INTRAOCULAR HYPERTENSION DURING OPPORTUNITY SCREENING (CHECK-UP MEDICAL INSPECTIONS)

G. Z. Munteanu, Z.V.I. Munteanu, Mihaela Cristina Coroi, G. Roiu, Lucia Georgeta Daina, C.M. Daina, Carmen Domnariu (Oradea, Romania)

Introduction: The screening action for Ocular hypertension (OHT) is of interest because high Intraocular pressure (IOP) is a predictor of conversion for Primary Open Angle Glaucoma (POAG). The aim of the study is the early detection of OHT in patients, in the activity of secondary prophylaxis (opportunity screening-medical check-up), to prevent blindness caused by POAG.

Material and Methods: The design of the study is epidemiological, observational, descriptive and retrospective one. The standardized medical protocol included: personal medical history, physical ophthalmological examination, IOP measurement with the "NC Reichert R7 noncontact tonometer" and Visual Field performance, with Automated Perimeter "Optopol PTS 910" through "Fast Threshold" strategy. Medical research was completed with a dichotomous questionnaire entitled "Symptom Inventory", made according to the recommendations of patients resulting from "Focus group" research.

The study was carried out within the "Check-up" type medical controls upon request, only for personnel with positions in Transport Safety, during January–December 2021 at S.C. ARTIMED S.R.L. Oradea, Bihor County, Medical Unit Approved by the Ministry of Transport and Infrastructure, Certificate approval no. 919/22.04.2019). In Romania, medical examination of personnel with responsibilities in Transport Safety is legally regulated, being mandatory as a result of the internal transposition of European legislation in the field (the legal obligation to perform it and the fact it is financed by the beneficiary - the employer).

Results: Health analysis was performed for 820 people, of whom 71 people (8.65%) tested positive for IOP > 21 mmHg, (suspected ocular hypertension) compared to 749 (91.35%) with normal values (Normal intraocular pressure-NIOP); the two lots being statistically significantly different ($\chi^2 = 560.590$, $df = 1$, $p = 0.000$). The study involved 754 men (92.0%) and 66 women (8.0%), the sex ratio is 11.42 ($\text{Exp}(B)=0.782$, $\text{Sig}=0.558$, 95% CI=0.343–1783; sex is not a significant predictor at the 5% level). The prevalence of Ocular Hypertension was 8.66% for the whole group, 8.48% for men and 10.60% for women.

In the screening action, the following was determined: IOP reference=20.85 mmHg, Sensitivity (Se)=91.5% and 1-Specificity (Sp)=0.073, (Sp=92.7%); Positive Predictive Value (PPV)=90.1% and Negative Predictive Value (NPV)=91.7%; Area under the ROC Curve (Receiver Operating Characteristic)=0.986, Sig.=0.000, CI 95%=0.979–0.993.

A binary logistical model of a questionnaire (resulting from "Focus group" research) determined the screening parameters which significantly predicted OHT: IOP (OR=4.154, 95% CI: 3.155–5.469), Age < 40 years (OR=0.408, 95% CI: 0.239–0.698) and Pattern Defect (PD) (OR=1.475, 95% CI: 1.130–1.925). In OHT patients, after antiglaucoma treatment, IOP statistically significantly decreased (from 25.44 ± 3.04 mmHg to 20.88 mmHg, $p=0.000$).

Conclusion: Assessment of the health status of patients with HTIO, performed by regular medical examinations such as opportunity screening (check-up control), highlights their importance and usefulness in the activity of secondary prevention.

2. THE RELATIONSHIP BETWEEN CORNEAL BIOMECHANICS AND THE GANGLION CELL COMPLEX IN GLAUCOMA PATIENTS

Dana Dăscălescu, Cătălina Corbu, Valeria Coviltir, Mihaela Constantin, Miruna Burcel, Maria Corbu, Vasile Potop (Bucharest, Romania)

Introduction: Glaucoma is an optic neuropathy causing a large proportion of irreversible blindness worldwide. In this disease, the ganglion cell complex is particularly susceptible to damage secondary to intraocular pressure raises, leading to vision loss, specific visual field defects and an overall decrease in

quality of life. Corneal biomechanics have been increasingly studied in relation with the diagnosis and progression of glaucoma, with a focus on primary open angle glaucoma (POAG).

Material and methods: We investigated several ocular parameters in patients with glaucoma, including central corneal thickness (CCT), corneal hysteresis (CH), corneal resistance factor (CRF), intraocular pressure (IOP), retinal nerve fiber layer thickness (RNFL), ganglion cell complex thickness (GCC). All patients were submitted to a complete examination that included best corrected visual acuity, visual field examination, Ocular Response Analyser, gonioscopy, ultrasound corneal pachymetry, fundus examination and Optical Coherence Tomography.

Results: The analysis of our cohort has led to several important findings: there are significant correlations between CH and RNFL, both global and inferior and superior to the optic nerve head. Similarly, there are strong, statistically significant correlations between CH and GCC. On average, patients with POAG have lower RNFL and GCC values compared to normal eyes and eyes with ocular hypertension. Also, the IOP is higher and the CCT, CH and CRF are lower in POAG patients, confirming previous data.

Conclusion: While IOP is the main modifiable risk factor in glaucoma, several ocular parameters have emerged that may prove paradigm-shifting in the way we diagnose, treat and follow glaucoma. Our research reveals the complex interaction between the corneal biomechanical properties of hysteresis and resistance factor, and parameters related to the glaucomatous neuropathy, namely the retinal nerve fiber layer and the ganglion cell complex.

3. NEW MINIMALLY INVASIVE GLAUCOMA SURGERY FOR OPEN- AND CLOSED-ANGLE GLAUCOMA

A. Găvănescu (Bucharest, Romania)

Introduction: Glaucoma is a worldwide leading cause of irreversible vision loss and intraocular pressure (IOP) reduction is the only proven means to halt or slow the progression of the disease. Minimally invasive glaucoma surgery (MIGS) is a remedy for the resistance to outflow of the trabecular meshwork (TM), considered less invasive, less risky and more physiologic than traditional glaucoma surgeries. The aim of this paper is to describe a new MIGS for both open-angle and closed-angle glaucoma, as there is a great need for improved therapeutic strategies.

Material and methods: After a thorough ophthalmic examination, patients with high IOP and diagnosis of glaucoma (based on high cup-disc ratio) were selected for MIGS. Patients with poor visibility of iridocorneal angle due to extensive anterior synechiae, corneal opacity and ocular surface disorders cannot be considered for this type of surgery. The procedure begins with a 2.2 corneal incision, inserting the 25-gauge Vitreotom with its respective irrigation. Small dilations in TM are then performed in the nasal quadrants, under the surgical Goniolens. Pigment from the TM is getting removed by vacuuming it and aspirating at the same time. It is important to mention that peripheral iridectomies are not done at any time during the operation. As a proof of concept, there should be blood reflux coming from Schlemm's canal. In case of closed-angle glaucoma, cataract surgery alone should help in IOP control. However, in some cases, lens extraction is performed before MIGS in order to open the iridocorneal angle by replacing the thick natural lens with a thin artificial one and thus moving the irido-crystalline diaphragm posteriorly.

Results: Postoperative, patients show IOP reduction by 8 to 14 mmHg and significant improvement in the experienced level of pain. The risk of hyphema and secondary synechiae is significantly lower compared to ablative procedures. Moreover, this MIGS technique does not require any microstents to be left in the angle, therefore being less invasive and less prone to scarring. In case of closed-angle glaucoma, Gonioscopy highlights grade 3 or 4 Schaffer angle in all quadrants and stationary field of vision. Patients have to return to periodic controls to measure IOP in both eyes and monitor the progression of glaucoma through computerized visual field.

Conclusion: MIGS presents a favourable safety profile with few intraoperative or postoperative risks. As it shows promising preliminary results, it is a suitable therapeutic strategy for selected patients. This procedure's IOP-lowering effect is essential to stopping retinal ganglion cells' death and progression of

glaucoma to the stage of blindness. With the introduction of new surgical procedures, each patient should benefit from a better and safer course of treatment and each doctor is responsible to dedicate its resources to learning the latest surgical methods.

4. A MIRROR THEORY IN PRIMARY HYPERTENSIVE GLAUCOMA

V. Potop (Bucharest, Romania)

The theory I propose to your attention unifies primary glaucoma's, suggesting the existence of a certain symmetry between Primary Open Angle Glaucoma (POAG) and Primary Angle Closure Glaucoma (PACG). At first glance, there is no relationship between the two entities and such connections have not been revealed in the literature.

Primary angle closure glaucoma (PACG) often associates hyperopia and low axial length, while open angle primary glaucoma is more frequent in myopic eyes. Intraocular pressure (IOP) in hyperopic eyes is at the lower end of the normal spectrum, while in myopic eyes it may often be found at the higher end of the spectrum.

This polarized pressure distribution suggests a relationship with trabecular function, with a maximal function in low IOP eyes, and a lower function in higher IOP eyes.

The mirror theory of primary glaucoma may have wide implications.

1. It may encourage a heightened attention to IOP values at the extremes of the normal range, including the lower end;
2. The trabecular meshwork of a narrow-angle eye may represent the prototype of maximal trabecular function.

The preservation of the possibly excessive trabecular function in narrow angle eyes becomes a therapeutic priority, suggesting that, the usage of laser iridoplasty, iridotomy, or clear lens extraction, they matter but it is very important when to use them.

3. POAG and PACG represent mirrored situations of normal trabecular function, in terms of structure, biochemistry and dynamics of aqueous humour outflow - thus, the Mirror Theory of primary glaucoma.

5. NEW HORIZONS IN GLAUCOMA SURGERY: MIGS. XEN 45 AND PRESERFLO MICROSHUNT UPDATE

Blanca Monsalve (Madrid, Spain)

The last decade has witnessed an explosion of novel therapies that have heralded the era of interventional glaucoma.

Minimally invasive glaucoma surgery (MIGS) procedures are playing an increasing role in the management of glaucoma patients. All share a common approach to minimize normal anatomical and physiological disruption in an effort to reduce risks and hasten recovery and improve quality of life.

Understanding the design, surgical technique variations, complications and management, and patient selection is essential for the successful incorporation of MIGS into clinical practice.

This talk will summarize the MIGS techniques with special emphasis on the XEN 45 implant, and the Preserflo Microshunt in which we have broad experience.

6. PREDICTABLE OR UNPREDICTABLE EVOLUTION OF SOME ARTIFICIAL DRAINAGE SYSTEMS

V. Potop, Cristiana Dragosloveanu, Maria Corbu, Alina Ciocâlțeu, Dana Dăscălescu (Bucharest, Romania)

Artificial drainage systems may be a last saving surgical solution in the case of glaucoma with uncontrolled progression and high ocular pressure after one or more trabeculectomies, or may be the first surgical solution in some types of glaucoma (congenital glaucoma, neovascular, ICE syndrome).

These systems can in most cases effectively control the intraocular pressure even at values that ensure comfort for both the doctor and the patient's eye, depending on the evolution of the tissues around the valve.

However, they are not a definitive solution; local tissue reaction depending on the patient's terrain or the degree of inflammation prior to valve placement, may induce limitations of valve function, its mobilization, externalization of the tube or conjunctival necrosis. The cornea in turn may suffer a variable decline in endothelial cells from decreased density to corneal edema with loss of transparency or even bullous keratopathy

7. MICROPULSE TRANSSCLERAL CYCLOPHOTOCOAGULATION FOR GLAUCOMA AFTER PENETRATING KERATOPLASTY

M. Zemba, Otilia Maria Dumitrescu, Alexandra Cătălina Zaharia, Roxana Elena Rogoz, Mădălina Radu, Andreea Elena Dimirache (Bucharest, Romania)

Purpose: the main objective is to assess the surgical outcome of micropulse transscleral cyclophotocoagulation in patients with glaucoma after penetrating keratoplasty.

Methods: the retrospective study included 26 eyes of 26 patients with glaucoma after penetrating keratoplasty, treated between January 2017 and December 2020. The surgeries were performed with Iridex cyclo G6, MP3 Probe. Intraocular pressure, median number of antiglaucoma medication, visual acuity, status of the cornea and postoperative complications were analyzed. Minimum follow-up was 12 months.

Results: the success rate at 12 months was 76,9%. The baseline median intraocular pressure was 29 mm Hg and decreased to 18 mm Hg after 12 months. The median number of antiglaucoma medications was also reduced from three preoperatively to one after one year. In seven cases (26,92%) the visual acuity decreased and in 4 cases (15,38%) there was a corneal opacification

Conclusion: micropulse transscleral cyclophotocoagulation is an effective and safe method for the treatment of glaucoma after penetrating keratoplasty

CATARACT SESSION I

1. DYSFUNCTIONAL LENS INDEX – A VALUABLE TOOL IN THE QUALITY OF VISION ASSESSMENT

Gabriela Denisa Căileanu (Piatra Neamț, Romania)

The paper presents the usage of dysfunctional lens index in quality of vision assessment in patients with or without lens opacities visible on slit lamp, having symptoms of dysfunctional lens syndrome. Based on a few clinical cases, the correlation between dysfunctional lens index and quality of vision is displayed. This shows that Snellen visual acuity no longer represents an adequate criteria of visual correction. Using the algorithm and data derived from the quick scan of iTrace aberrometer, the doctor understands the patient's vision in a whole new way, thus helping in cases of 20/20 vision but unsatisfied with vision quality.

2. SELECTION PATIENTS WHO SHOULD NO RECEIVE A MULTIFOCAL IOL (MIOL)

Carmen Dragne, M.V. Filip, A. Filip, G. Triantafyllidis, Miruna Nicolae, Irina Lutic (Bucharest, Romania)

Purpose: to identify the pathologies that can cause low visual postoperative acuity and factors that may influence biometry accuracy and also the final outcome.

Material and methods: the authors present the possible exclusion criteria for premium IOL (patients which are very anxious or hypercritical personality with unrealistic expectations, retinal pathology, ocular surface disease).

Conclusions: Is very important to select the best MIOL candidates and to avoid unhappy patients after receiving premium IOL. We have advanced technology (OCT, IOL Master, Pentacam) that can help us to obtain accurate measurements, but we must admit the limitations of each technology.

3. SUTURLESS INTRASCLERAL HAPTIC FIXATION AND ITS VARIATIONS – AN UPDATE

G. Scharioth (Recklinghausen, Germany)

4. CATARACTS, PSEUDOEXFOLIATION SYNDROME AND ENDOTHELIAL CORNEAL DYSTROPHY IN A NUCLEAR PHYSICIST

M.Milicescu, Adina Botezan, Cristina Beșleagă (Bucharest, Romania)

Keywords: mature cataracts, pseudo exfoliation syndrome, corneal dystrophy, ionizing radiation exposure, Ukraine.

Introduction: We will present the case of an 80year old Ukrainian patient diagnosed with mature cataracts in BE, approximately one year ago. The patient is a physicist and has been working in the Chernobyl Power Plant during the 1986 incident. He is still currently working in this field. Due to the Russo-Ukrainian war, the patient had to leave his natal country and to postpone the surgery. He presented in our clinic complaining of decreased visual acuity (BE – 0.3-0.4 with correction).

Case presentation: At the ophthalmological examination, we observed a marked decrease in visual acuity in BE, advanced intumescent nuclear cataracts, narrow angle, advanced pseudo exfoliation syndrome (with normal IOP), with large pseudo exfoliations adhering to the corneal endothelium. The Specular Microscopy showed a reduced endothelial cell count (1200-1300 cel/mm² – BE) and corneal endothelium with a lacunar pattern. We decided to perform cataract surgery.

Therapeutical approach: In this case presentation we will follow the evolution and surgical treatment of this patient, as well as the preop and intraoperative issues that arose due to the multiple ocular comorbidities.

Conclusions: The case particularity resides in the numerous ocular comorbidities that were associated with the cataracts, suggesting a link between them and the patient's work field.

5. SENILE CATARACT ASSOCIATED WITH PSEUDOEXFOLIATION SYNDROME - SURGICAL APPROACH

R. N. Pop, D. Nicula, Raluca Popescu (Cluj-Napoca, Romania)

Introduction: We present the case of 2 patients, with senile cataract, associated with pseudo exfoliative syndrome.

Material and methods: We show the surgical procedure and the possible intraoperative difficulties and complications, in 2 cases of senile cataract, one case with mature, intumescent cataract and one case with advanced nuclear cataract and poor dilation of the pupil, both associated with pseudo exfoliation syndrome.

Conclusions: The surgical procedure of cataract associated with pseudo exfoliation syndrome can cause intraoperative difficulties and complications from anterior capsule tearing during capsulorhexis, poor pupil dilation and fluctuations, iris prolapse and, due to weak zonule, possible rupture and subluxation of the lens bag.

Results: Good visual acuity, well centered IOL, in the capsular bag.

6. "YAMANE" TECHNIQUE: AN INNOVATIVE TECHNIQUE FOR FIXING IOL TO THE SCLERA

A. Găvănescu (Bucharest, Romania)

Introduction: The aim of our research is to find innovative ways to make the life of novice surgeons easier, many of them feeling overwhelmed when faced with attaching an IOL to the sclera. Moreover, clinical practice indicates that some patients would benefit from using this method with a short postoperative healing. This is why we asked ourselves: Is there any other way to attach an IOL to the sclera? A popular technique is fixation to the sclera by scleral flaps. Learning this method is easy and similar to the scleral flaps in glaucoma surgery, but they have a high rate of fibrosis of the sclera and conjunctiva, and the postoperative recovery of patients is very long.

Materials and methods: The first step of the Yamane technique requires the entry through the sclera with two insulin needles diametrically opposed to each other, in any axis outside the axis 3-9. A 3-piece IOL is injected into the anterior chamber, above the iris, and the haptics are guided inside the 2 guide needles with an intraocular forceps. The exit of the 2 haptics is followed by a thickening at their end using a heat source.

Result: The Yamane technique is correlated with the lower time and rate of fibrosis, given that is a minimally invasive technique. This technique of attaching the IOL to the sclera is considered a suitable technique for keeping the sclera and conjunctiva intact. This is why it is recommended for all patients which requires a firm attachment of the IOL to the sclera.

Conclusions: The Yamane IOL fixation manoeuvre on the sclera creates fewer difficulties for surgeons as well as for patients, taking into account the accessibility of the method and the reduction of intraoperative time, respectively. We hope that novice surgeons will feel more confident when attaching an IOL to the sclera with the Yamane technique. A wider variety of methods allows each surgeon to find the one that suits his or her style and surgical skills.

7. PER SECUNDAM IOL IMPLANTATION, SCLERAL FIXATION MODIFIED "YAMANE" TECHNIQUE

D. Nicula, Cristina Nicula, Raluca Popescu, Ariadna Patricia Nicula (Cluj-Napoca, Romania)

Keywords: Marfan syndrome, lens subluxation, lensectomy

We present the case of a 6 years old girl with Marfan Syndrome and large subluxated lens, who had lensectomy performed at 2 years old in both eyes. After one year, in the absence of the capsular support, in one eye we implanted per-secundam a scleral fixated IOL (Yamane Technique). Because of the pandemic situation, the implantation in the second eye was postponed, but later on a modified Yamane technique was performed for per secundam scleral fixation of the IOL.

8. DIFFICULTIES IN INTRAOPERATIVE MANAGEMENT OF SCLERAL FIXATION INTRAOCULAR LENSES

O. Mușat, Oana-Elena Teodorescu, C. Bîrjovanu, R. Babalâc, Alice Ghiță, Bianca Costache, Corina Cernat, Stella-Ioana Popescu (Bucharest, Romania)

Introduction of the techniques of aphakia correction by implanting different types of lenses with scleral fixation, although apparently safe, in reality are hampered by some intraoperative complications that can negatively influence the functional result.

Although they are well standardized, these techniques do not completely eliminate the occurrence of certain complications. This paper presents some of the situations we have faced in the operation room and their solutions.

9. SUBLUXATED IOL – SURGICAL SOLUTION

A Ștefănescu-Dima, Andreea Tănasie, Maria Mercuț, Cătălina Berneanu, Adelina Milotin, Carmen Mocanu (Craiova, Romania)

Video presentation: 2 cases of subluxated intraocular lens – hydrophilic, monobloc, 4 haptics type. In the first case, the IOL is sulcus fixated, decentred, the bag is present but with some zonular dehiscence and posterior laser capsulotomy. In the second case, the IOL is in the bag, the bag is subluxated due to pseudo exfoliation syndrome. In both cases, the IOL is secured to the sclera using 9-0 polypropylene sutures.

10. SKLERAL FIXATION IN COMPLICATED CASES

Florian Kretz (Rheine, Germany)

11. PATIENT WITH PSEUDOPAK SUTURED TO THE SCLERA, SUBLUXED AFTER 15 YEARS, BY LYSIS OF THE SUTURES, CONSECUTIVELY, A FEW MONTHS AWAY: SURGICAL RESOLUTION

Fl. Baltă, Andrada Mirescu, G. Baltă, Sânziana Goga, Naomi Faldvari, D. Deleanu, M. Caltaru, R. Cojanu (Bucharest, Romania)

Surgical solution is shown in a patient with a macular hole, retinal detachment in the posterior pole and preretinal haemorrhage as well as the anatomical and functional result.

PEDIATRIC OPHTHALMOLOGY AND STRABISMUS – FREE PAPERS

1. OPHTHALMOLOGICAL AND NUTRITIONAL SCREENING OF CHILDREN AGED 3 TO 15 YEARS

Camelia Margareta Bogdănici, Cristina Roca, Elena-Cătălina Neniu, Denisia Beiu, Cornelia Ghilaşcu, Rita Atike, Ionela Nechita-Dumitriu, Iulia Margasoiu, Andreea Mironeasa, Corina Georgiana Bogdănici (Iassy, Romani)

Material and methods: A cross-sectional study was performed on a sample of 636 subjects of paediatric age between 3 and 15 years. Previously, the parents' consent was obtained for the inclusion of the children in the study. The evaluation was performed by measuring the refraction with auto-refractometer under scotopic conditions without the use of cycloplegic agents. The obtained data was included in a database and subsequently the statistical analysis of the refractive values was performed. The nutritional parameters have also been analysed as a part of the “Nutritie de la mic la mare project”, for screening of pediatric obesity.

Results: Following the study, the following data was obtained: out of 636 subjects, 83.4% are emmetropic, the most prevalent refractive error detected was Astigmatism: 8.49% Hyperopia had a prevalence of 1.57%, Myopia 5.34% and Anisometropia 2.35%. The identified strabismus cases were classified into Esotropia: 1.25%, Exotropia: 0.15%. Out of the total number of subjects in the study, 105 were advised to perform a full ophthalmological examination.

Conclusions: Ophthalmological screening in the paediatric population is justified for the detection of refractive errors and strabismus, for early diagnosis and treatment of amblyopia in a susceptible population.

2. LONG TERM FOLLOW-UP IN PRIMARY CONGENITAL OPEN ANGLE GLAUCOMA - A CASE REVIEW OF 12 PATIENTS

Patricia Niculescu, Georgiana Milea, Daniela Cioplean (Bucharest, Romania)

Primary congenital open angle glaucoma (PCOAG) is a relatively rare disease, occurring in 1 in 10000 births in the Western countries, with no predilection for race or gender. More than 80% of all cases have an onset of disease within the first year of life, with about 25% diagnosed as new-borns, and more than 60% presenting by 6 months of age. The triad of epiphora, photophobia and buphthalmos is pathognomonic for this disease, but because of these symptoms, it can also be misdiagnosed as congenital naso-lacrimal duct obstruction which may lead to delayed treatment.

Surgery is the definitive treatment for PCOAG, with angle surgery successful in the majority of cases in performed in the first year of life. However, the visual prognosis is dependent not only upon the timely diagnosis and IOP reduction, but upon the secondary corneal, refractive, and optic nerve changes produced by the initially elevated IOP.

Long-term follow-up is essential in these patients. Young children with glaucoma often face vision-threatening difficulties even after IOP control has been achieved. The authors wanted to emphasise the importance of follow-up and subsequent amblyopia therapy in a series of twelve PCOAG patients, using data gathered in the last 5 years of clinical practice in Oftapro Ophthalmology Clinic.

3. STURGE-WEBER SYNDROME

Adina Grigorescu, Oana Andrei (Bucharest, Romania)

Keywords: nevus flammeus, glaucoma, haemangioma.

Introduction: Sturge-Weber syndrome, or encephalotrigeminal angiomatosis, belongs to a group of conditions called phacomatosis. Represents a neurocutaneous condition, which includes angiomas in the leptomeninges (arachnoid and pia mater) and in the face, in the distribution territory of the ophthalmic and maxillary branch of the 5th nerve.

Purpose: We report a short series of patients with Sturge-Weber syndrome.

Methods: All cases showed ophthalmological, neurological and cutaneous manifestations (nevus flammeus). Among the ophthalmic manifestations, secondary glaucoma (ipsilateral with cutaneous haemangioma) and choroidal haemangioma were present in all cases. Two children have myopic shift and wear optical correction, one child has anisometropia and one has strabismus.

Results: To lower intraocular pressure, topical (simple or combined) hypotensive treatment was initiated. Visual acuity improved with optical correction in all cases. One patient also underwent occlusion for amblyopia treatment. Strabismus required surgery, and the choroidal haemangioma is followed by fundus eye examinations and serial photos.

Conclusion: Sturge-Weber syndrome can induce eye complications, the most feared being secondary glaucoma which, if not discovered and treated as early as possible, can cause glaucomatous optic atrophy with permanent vision loss.

4. INFANTILE PERIOCCULAR HAEMANGIOMA, DIAGNOSTIC CHALLENGES

Oana Andrei (Bucharest, Romania)

Introduction: Infantile haemangioma can have various location and clinical aspects and they can rapidly evolve.

Aim: To present two cases of periocular infantile haemangioma, present at a very early age, mimicking dacryocoele.

Conclusion: Careful clinical diagnostic prevented unnecessary surgery.

5. CLINICAL CHARACTERISTICS OF PATIENTS WITH NON-SURGICAL CONSECUTIVE EXOTROPIA

Irina Velcea, Oana Andrei, Adina Grigorescu (Bucharest, Romania)

Introduction: Spontaneous non-surgical consecutive exotropia (XT), following childhood esotropia (ET) is uncommon and raise a clinical challenge. Studies show its appearance in accommodative esotropia associated with high hyperopia.

Material: Retrospective study of 22 patients with esotropia that spontaneously developed exotropia without surgery.

Methods: Presentation of clinical findings, including cycloplegic refraction, glasses prescription, visual acuity, deviation and binocularity and assessment of the outcomes.

Results: All patients had accommodative esotropia; mean age of onset was 2,3 years. Mean age of exotropia onset was 7,2 years. 14/22 patients presented amblyopia at onset of ET, 13/22 patients with residual amblyopia at onset of XT. 16 patients had fusion at the first manifestation of exotropia. Mean cycloplegic refraction was +4.6 D. New glasses with decreased hyperopia were given to all patients; 3 patients required also prisms and 1 patient had surgery for XT.

Conclusion: Most of the patients responded well to refractive management of the exotropia, only one needed surgery. This case series have a small number of patients, making difficult to identify all risk factors for divergence and the best course of action.

6. PSEUDOEXOTROPIA, CASE PRESENTATION

Oana Andrei (Bucharest, Romania)

Introduction: Pseudo strabismus is the clinical situation where orthotropic eyes appear to be misaligned. This optical illusion is due to particular facial morphological features, or may be associated with ocular or orbital diseases. In pseudo exotropia the eyes appear to go outward. The presence of ocular deviations induces a low self-confidence and significant emotional distress for the patient. Even when one uses solid arguments, the patient, once told to have strabismus, is very difficult to convince that there is no ocular deviation.

Aim: to present two cases of pseudo exotropia, where the patients were very eager to have surgery as soon as possible.

7. MONOCULAR VERTICAL GAZE PALS AND MONOCULAR INTERNUCLEAR OPHTHALMOPLA IN AN ADULT PATIENT- CASE REPORT

Raluca Nițescu, Daniela Cioplean (Bucharest, Romania)

Purpose: To present the surgical approach for an adult patient with Monocular Vertical Gaze Palsy and Monocular Internuclear Ophthalmoplegia.

Methods: Case report and literature review. Eye movements can be anatomically classified into supranuclear, nuclear, and infranuclear. Vertical Gaze Palsy is a supranuclear palsy and represents limitation of the eye movements in upgaze and/or downgaze. The three key structures in the control of the vertical gaze center include the rostral interstitial nucleus of the medial longitudinal fasciculus (riMLF), the interstitial nucleus of Cajal (INC), and the posterior commissure (PC). Monocular Internuclear Ophthalmoplegia is a rare variant of Internuclear Ophthalmoplegia (INO) and is known to be associated with damage to the medial longitudinal fasciculus.

Our patient had a very large long standing Hypertropia with Exotropia, with -4 limitation of adduction and infraduction. She had two consecutive surgeries to avoid the risk of anterior segment ischemia. For her first surgery she had LR Recesson 8.00 mm with 2 mm hang-back and down shift half tendon width and SR Recesson 8.00 mm with 2 mm hang-back and nasal transposition half tendon width. For her second surgery she had 14.00 mm MR Plication.

Results: Two months after the second surgery, she has a good aesthetic appearance with no diplopia.

Conclusions: The surgical management for a patient with Monocular Vertical Gaze Palsy and Monocular Internuclear Ophthalmoplegia is a challenge. It is very important to have a systematic approach due to the complexity of the system involved including the ocular motor, vestibular, and cerebellar pathways.

8. ORBITAL LANGERHANS CELL HISTIOCYTOSIS- PEDIATRIC CASE REPORT

Mihaela Dragomir, Anca Avram, Corina Merticariu, Oana Topîrceanu (Bucharest, Romania)

Introduction: Langerhans Cell Histiocytosis (LCH) is an uncommon multisystem disorder characterized by the accumulation of histiocytes in various tissues. There are three clinical forms of LCH: eosinophilic granuloma, Hand-Schuller-Christian disease and Letterer-Siwe disease. The incidence of orbital involvement in LCH has been reported to vary from 4-6 cases/1 mil and the first manifestation is usually proptosis.

Methods: We present the case of an 18 - month- old male patient with left periorbital edema with onset of 2 weeks ago, slowly progressive under topical treatment.

Examination showed periorbital edema, left eyelid ptosis and an oval, smooth, mobile mass in contact with upper orbital rim.

Ultrasound of the left anterior orbit showed a 2 cm hypoechogenic area, well delimited, with 2 hyperechogenic areas inside, without posterior shadow cone and without Doppler vascularization. Under systemic broad-spectrum antibiotics, the evolution was unfavourable and surgery was performed to explore and excise the orbital mass. A yellow, soft, multilobed nonvascularized mass was excised from left anterior orbit in proportion of 95%.

Histopathological and immunohistochemical examination established the diagnosis of Langerhans cell histiocytosis (LCH). Postoperatively was started corticosteroid therapy iv followed by oral steroids gradually tapered with complete resolution of local symptoms.

Following systemic investigations (orbital and cerebral MRI, abdominal ultrasound, Whole body bone radiography, paediatric examination) there was no other systemic involvement by LCH at this time.

Conclusion: Involvement of the orbit by Langerhans Cell Histiocytosis accounts for less than 1% of all orbital tumours, however it should include in the differential diagnosis in tumors of the ocular adnexae, especially in young children. There is no consensus regarding the optimal treatment but it is recommended the excision biopsy as complete as possible, followed by the systemic treatment according to the needs.

Subsequent case monitoring is interdisciplinary and coordinated by the paediatric oncohematologist.

9. RETINOPATHY OF PREMATURITY SCREENING AND TREATMENT RESULTS IN BUCHAREST CENTER IN 2020 AND 2021

Elena Cristina Nițulescu, Irina Stamatian, Roxana Viuleț, Ileana Vatavu (Bucharest, Romania)

Purpose: results presentation of screening and treatment retinopathy of prematurity (ROP) in Bucharest center for premature children born between January 1, 2020 and December 31, 2021.

Material and method: currently in Romania are included in ROP screening program all children born with gestation age (GA) less or equal with 32 weeks or/and birth weight (BW) less or equal with 1500 grams, as well as the children born with older GA and BW with risk factors or unstable evolution for which the current neonatologist refers them for ROP screening, according to the National ROP screening and treatment guidelines, which is still being worked on. We reviewed the medical records for the children included in screening as well as the treatment modalities for the children who met the treatment criteria. There are presented a few ROP cases with different treatment approaches as well as the evolution after treatment.

Results: in Romania the treatment of ROP is based on the international classifying criteria for ROP (International Classification of Retinopathy of Prematurity – ICROP 3 – revisited in 2021) and on the results of the Early Treatment for Retinopathy of Prematurity Study – ETROP. On the mentioned sample 128 form children have benefited from treatment (7.3% from the total), less than in previous years (16,7% between 2010-2012, respectively 9,7% between 2013-2016). There were treated with laser therapy 53 children (41,4%), 59 children with intraocular Avastin (46%), 15 children (11,7% benefited from combined therapy and 1 child needed vitrectomy in a center outside the country). The medical records of all operated children were reviewed (in Bucharest are treated children examined in screening centers from Craiova, Constanta, Targoviste and occasionally from other centres) and 17% of them had a GA greater than 33 weeks, which prove once again the need to include in screening this age group, with a thorough review of the associated risk factors.

Conclusions: the most important step in ROP treatment is a good screening program, respectively the inclusion of all children at risk, which means a good collaboration between neonatologists and ophthalmologists. Intraocular injection of Avastin was performed in more than half of the treated children, meaning the frequency of aggressive ROP. Frequency of aggressive ROP in children with older GA needs to re-evaluate the medical practices in neonatal intensive care, so that in the future we can reduce the GA of children included in ROP screening at 31 weeks, according to the screening guidelines in western countries. During this period in Bucharest center no one child developed retinal detachment, which is explained both by improving of screening program and the use of anti-VEGF treatment in aggressive forms.

INTERACTIVE COURSES

“HEADS UP” (3D) MICROSCOPY

Prof. Christina Grupcheva, MD (Varna, Bulgaria)

Eye surgery has always been an enigma, close to a mystery with the sole purpose of restoring the most Valuable human sense – eye sight(vision). The first evidence of eye surgery is found in Sanskrit manuscripts from the 5th century BC. Gradually, different tools began to be used to improve visualization, which are generally three groups: simple magnifying glasses, telescopes, special telescopic glasses.

The microscope was introduced into science as early as 1590, but it took almost a century to be used in practice. A step forward was the digital aperture introduced by Ernst Abbe, and it was applied for ear surgery. Each ophthalmic surgical microscope consists of a illuminating system, an observation system, a control panel for manual and / or foot control and a shoulder mounted on a stand/ceiling allowing the device to be adjusted to the patient. Each of these 4 elements has undergone significant evolution over time in order to achieve better visualization, greater safety and integration of various additional devices (for recording, measurement, additional qualitative and quantitative real-time analysis and surgical assistance).

The Artevo 800 (Zeiss) is the first complete digital microscope which allows classic application and three-dimensional surgery at “touch of a button”. Additionally, the microscope allows the application of intraoperative optical coherence tomography (iOST) and connection to the digital platform "Zeiss Callisto Eye®" for precise ophthalmic surgery. A key feature of 3D surveillance is the OLED 4K display, which broadcasts real-time operation, allowing real time observation by the entire team including iOST.

It is difficult to predict in which direction the future will take us, although many science fiction writers have done this so frighteningly accurately in the past. It is very likely that most conventional optical systems we use today will fall away and be replaced by their digital alternative. Digitization will allow a reduction in the light used. The information generated will be more voluminous and at a higher structural level....

INTRAOCULAR LENS POWER CALCULATION IN HIGH MYOPIC EYES

Agnes Elekes, MD (Budapest, Hungaria)

Purpose: To comparatively evaluate the accuracy of intraocular lens (IOL) calculation formulas in the prediction of postoperative refraction in highly myopic eyes.

Methods: Chronological review of the literature and illustration of personal experience.

Results: Using third-generation IOL formulas, hyperopic shifts in postoperative refractive outcomes are common. If using third-generation IOL calculation formulas and aiming for close to plano postoperative refractive result, it is reasonable to choose a target refraction around -0,75 diopters (D). For eyes with an axial length between 25,0 – 28,0 mm, there is no significant difference in the prediction accuracy of SRK/T, Barrett Universal II, Kane, Hill-RBF 2.0, EVO 2.0 formulas; for eyes with an axial length more than 28.0mm, new formulas showed better accuracy of predicted error within 0.25 and 0.5 D, respectively. One report highlighted: Barrett Universal II and Hill-RBF showed myopic, SRK/T a hyperopic shift in their minus IOLs.

Conclusions: In case of highly myopic eyes careful preoperative planning is important. If possible, it is advisable to compare the prediction outcome of more new-generations formulas. If only third-generation formulas are available, one must calculate with the possible postoperative hyperopic shift.

COMPARING DIFFERENT TRIFOCAL TECHNOLOGIES

Florian Kretz, MD (Rheine, Germany)

LIVING WITH LOW VISION DURING AND AFTER THE COVID-19 PANDEMIC. WHAT WILL “NORMAL” LIFE BE LIKE FOR THE VISUALLY IMPAIRED?

Olga Goulia, MD (Athens, Greece)

Though COVID-19 restrictions have eased, widespread isolation of vulnerable individuals will likely persist throughout the rollout of vaccination programmes and until the end of the pandemic.

The lecture will focus on how the pandemic has affected the visually impaired population and on the short-term and the long-term impact of the pandemic on those with vision loss. In addition, it will highlight the role of virtual reality, telemedicine, telecommuting and tele-education as a game changer for both seniors and younger patients and showcase strategies to address the diverse needs of people living with low vision in the very different world that we now live in.

MACULOPATHIES AND READING, THE IMPACT OF CLINICAL ADVANCES AND OF NEW TECHNOLOGIES ON READING VISION

Olga Goulia, MD (Athens, Greece)

Reading is vital to full participation in modern society. To millions of people suffering from macular diseases that result in a central scotoma, reading is difficult and inefficient, rendering reading as the primary goal for most patients seeking low vision rehabilitation

This lecture discusses the decision-making process in prescribing aids for reading, the range of low vision devices now available and how they can be adapted to be most useful for patients with macular and degenerative retinal diseases.

RESIDENTS FREE PAPERS CONTEST

1. DIAGNOSTIC AND THERAPEUTIC CHALLENGES IN NONINFECTIOUS ORBITAL INFLAMMATION - A CASE REPORT

Adelina Maria Neacșu (Bucharest, Romania)

Introduction: non-infectious orbital inflammation represents a frequent entity in ophthalmological practice, comprising a wide variety of diseases. Among them, Graves' orbitopathy is by far the most common. However, in about 8 to 10 percent of cases, an underlying cause of orbitopathy cannot be proven, in which case, the diagnosis established is idiopathic orbital inflammation (IOI).

Material and methods: we present the case of an 81-year-old female patient with unilateral right painful proptosis, which had occurred about 3 months previous to the presentation and secondary exposure keratopathy, complicated in evolution with corneal ulcer and sterile hypopyon. The patient underwent clinical and paraclinical evaluation (ocular and orbital echography, cerebral and orbital magnetic resonance imaging, laboratory tests) in attempt to establish the etiology. At the same time, the management of the ocular surface was performed.

Results: as a result of the multidisciplinary evaluation, according to the imagistic presentation of the orbital structures and after the exclusion of all the specific causes of orbital inflammation, the diagnosis of idiopathic orbital inflammation was established and the corticoid treatment was initiated. The regression of the proptosis and an improvement of the ocular surface status were noted under treatment, however, without complete resolution.

Conclusion: the importance of this case report consists in the discussions born from the difficulty in determining this diagnosis (which remains one of exclusion) and also from the therapeutic challenges that a case with long and unpredictable evolution implies.

2. EXOGENOUS OR INDUCED BY CORTICOSTEROIDS GLAUCOMA?

Gabriel Iorgu (Bucharest, Romania)

Introduction: idiopathic orbital inflammation syndrome is a pathology that frequently interests only the orbit, rarely with extra orbital enlargement. It is a diagnosis of exclusion; therefore, we must initially remove the more specific forms of inflammation of the orbit. Treatment usually consists of steroidal anti-inflammatory medication.

Materials and methods: we present the case of a patient who has been diagnosed and treated for idiopathic orbital inflammation syndrome in our clinic. At the initial presentation he accused exophthalmos, conjunctival hyperaemia, normal eye motility, unchanged visual acuity and intraocular pressure within normal limits.

Results: Orbital MRI helps us in establishing the diagnosis of idiopathic orbital inflammation and thus oral and topical steroidal anti-inflammatory treatment is initiated, but a week after starting the treatment it presents with intraocular pressure = 50 mmHg.

Conclusions: the diagnosis, evolution and prognosis, however, remain a challenge. Given the clinical appearance and the results of the investigations carried out however, the positive diagnosis of idiopathic orbital inflammation syndrome and corticosteroid-induced glaucoma is established.

3. THE PROMISING DIRECTIONS OF CORNEAL CROSS-LINKING – AN EYE-THREATENING CASE OF INFECTIOUS KERATITIS IN A PREGNANT PATIENT

Andrada-Raluca Artamonov (Bucharest, Romania)

Introduction: Contact lens-related keratitis is a serious infection, which has to be firmly treated in order to prevent eye-threatening complications. Usually of microbial cause, it is cured with topical antibiotics, but more medically-aggressive alternatives include systemic administration and keratoplasty. The latest

option is represented by Photoactivated Chromophore Corneal Collagen Cross-Linking (PACK-CXL).

Case: We report the case of a 10-week-pregnant, contact lens-wearer patient with severe infectious keratitis and a history of self-medication. After carefully weighting potential treatment plans and their associated risks, we chose use PACK-CXL per primam, with fast clinical improvement, good prognosis and no further complications of either the eye or the pregnancy.

Discussions: We emphasize the fact that choosing the established gold standard treatment for the mother might have endangered the fetus, as the recommended antimicrobials, as well as the association of two or more pharmacologic classes have been linked to a high risk of malformations or spontaneous abortion. It is essential to also highlight the well-documented systemic absorption and general toxicity of ophthalmic drops. After carefully consulting medical literature, we decided that PACK-CXL would be a better solution. While an already recognized tool in the treatment of corneal dystrophies, it is yet to be adopted in the widespread medical practice, and it is still under evaluation by the scientific community, especially in the context of particular patients, such as pregnant women.

Conclusions: Given the positive clinical and imaging results, we consider this a promising treatment modality, which should be further evaluated in a systematic, evidence-based manner, in order to develop a clear treatment protocol for successful future outcomes, particularly in vulnerable populations.

4. AN ATYPICAL CASE OF OCULAR SURFACE SQUAMOUS NEOPLASIA

Alexandra-Cătălina Zaharia (Bucharest, Romania)

Introduction: To present the clinical and surgical approach of a case of ocular surface squamous neoplasia.

Methods: We present the case of a 77-year-old patient referred to our clinic for ocular discomfort and stinging in the right eye. The ophthalmological examination reveals an elevated, gelatinous, reddish lesion, located at the limbus temporally, fed and drained by prominent dilated epibulbar blood vessels, with minimal invasion on the corneal surface. Surgical excision with conjunctival autograft was performed. The specimen was sent for histopathological examination, which confirmed the diagnosis of squamous cell carcinoma in situ.

Results: The evolution of the patient was favourable, without conjunctival or scleral defects at the limbus or signs of recurrence.

Conclusion: Ocular surface squamous neoplasia are rare diseases. The histopathological examination revealed a non-invasive conjunctival intraepithelial neoplasia, despite the large size and atypical aspect of the lesion. Excision with secondary conjunctival autograft provides excellent anatomic and functional results.

5. DALK, TYPE 1 BIG BUBBLE TECHNIQUE: INDICATIONS, EVOLUTION, OUTCOME

Diana Ioniță (Bucharest, Romania)

Introduction: Deep anterior lamellar keratoplasty (DALK) has replaced penetrating keratoplasty in treating corneal stromal pathologies with healthy endothelium such as keratoconus, stromal dystrophies, stromal scars and degenerations. The big bubble (BB) technique is considered the most popular technique used in DALK, in which the air is injected in the corneal stroma to achieve separation at the posterior lamellae.

Material and methods: We present a case of a 43year old man with keratoconus in the left eye. There was a surgical indication of Deep Anterior Lamellar Keratoplasty. During the intervention, after the intrastromal tunnel was performed, the air injection in the central cornea determined the formation of a 1 type Bubble that facilitated the dissection of the predescemetic Dua layer and the posterior stromal lamellae. After the complete dissection of the host stroma, the graft cornea is trephined and the Descemet membrane is removed so that the donor stroma is applied to the rest of the host's cornea and there are being placed 10 10-0 Nylon sutures.

Results: Postoperatively, the patient had a small amount of edema and good visual acuity, the evolution therefore being rapidly favourable.

Conclusion: Big Bubble type 1 technique from DALK keratoplasty offers a pneumodissection with a good resistance of the posterior remaining lamellae and surgical comfort, also, the Descemet membrane can be used in another transplant surgery like DMEK (Descemet Membrane Endothelial Keratoplasty).

6. NOVEL APPROACH FOR BULLOUS KERATOPATHY AND OPERATIVE APHAKIA: “YAMANE” TECHNIQUE ALONG WITH CORNEAL TRANSPLANT

Ioana Manea (Bucharest, Romania)

Introduction: Penetrating keratoplasty combined with Yamane intrascleral intraocular lens (IOL) fixation is a novel technique for dealing with aphakia and insufficient capsular support in the context of a corneal graft.

Material and methods: Hereby we present a case report of a 54year old male who presented to our clinic with aphakia following a pupillary IOL Fyodorov explant, advanced bullous keratopathy and secondary exotropia. The pupillary IOL was implanted for a traumatic cataract in the late '80s and explanted in another ophthalmology clinic, few years before this presentation.

Results: The patient underwent one-step surgery for visual rehabilitation: penetrating keratoplasty and a double needle intrascleral fixation of a three-piece IOL (Yamane technique) with a favourable outcome.

Conclusion: The Yamane technique is a valuable adjunct in the context of penetrating keratoplasty for fixing aphakia and inadequate capsular bag support.

7. PSEUDOEXFOLIATION SYNDROME – A PANDORA’S BOX OPENED DURING CATARACT SURGERY

Laura Denisa Preoteasa (Bucharest, Romania)

Introduction: Our aim is to highlight the surgical approach during cataract surgery in patients diagnosed with pseudo exfoliation syndrome (PEX) and to assess the postoperative evolution among with possible complications. We also want to emphasize the importance of preoperative investigations in planning cataract surgery.

Methods: The study group consists of 50 patients diagnosed with cataract and PEX in the Clinical Emergency Eye Hospital, Bucharest, during 2021. The inclusion criteria consisted of patients clinically diagnosed with PEX with similar demographic characteristics, from which we excluded patients with high myopia, amblyopia, advanced glaucoma (except for pseudo exfoliative glaucoma), and retinal diseases. The study group was evaluated preoperative and postoperative at 7 days, 1 month and 6 months using BCVA (best corrected visual acuity), intraocular pressure, refraction reported in spheric equivalent, gonioscopy for Shaffer grade and trabecular angle morphology. UBM was performed before cataract surgery and at 1-month and 6-months follow-up to report intraocular lens (IOL) stability in time.

Results: Out of 50 patients with cataract and PEX, 3 presented with subluxated lenses (6%), 7 had zonular instability (14%) and 6 were diagnosed with secondary pseudo exfoliative open angle glaucoma (12%). On gonioscopy, 48% had Shaffer grade 4, 40% had Shaffer grade 3 and 12% had Shaffer grade 2. We were able to diagnose Sampaolesi line in 5 patients (10%) and hyperpigmentation of trabecular meshwork in other 15 (20%). Healthy zonules appear on UBM as straight, medium reflective lines. Zonules of PEX patients can be divided into 3 categories: the granular type (52%), the sclerotic type (28%) and the fan-shaped type, with a deposit on each fiber (20%). The cataract surgery was performed by the same surgeon (C.P.T) using the same phacoemulsification device. During surgery, 2 posterior capsule was ruptured (4%), 9 patients experienced floppy iris syndrome (18%), 3 needed iris hooks for persistent miosis (6%) and zonular instability in 5 other patients required the insertion of capsular tension rings (10%). At 1 month follow-up, the implanted IOLs were in optimal position. At 6-month follow-up, 1 patient presented with spontaneous pseudo phakic dislocation due to zonular dehiscence. BCVA was improved in all patients, gaining at least 4 lines at the Snellen chart and 67% achieving a 20/20 visual acuity at 1 month.

Conclusions: Patients with PEX are known to associate complications during cataract surgery and, later on, IOL dislocation. UBM proved to be a useful tool in planning cataract extraction, as it can precisely localize zonular abnormalities and identify subjects at risk for complications. Widely-accepted criteria for zonular dysfunction regarding their aspect on UBM will be even more beneficial in preoperative assessment. For us, as young surgeons, PEX is an enemy in disguise, and we must know how to take appropriate precautions.

8. CHALLENGES IN THE MANAGEMENT OF PIGMENTARY GLAUCOMA

Laurențiu Leuștean (Bucharest, Romania)

Introduction: Pigment dispersion syndrome (PDS) is condition that can lead to secondary open angle glaucoma. Pigmentary glaucoma is a disease usually related to young people, myopes and men. PDS is characterized by the presence of Krukenberg spindles, iris trans-illumination defects, trabecular meshwork pigmentation and backward bowing of the iris. Posterior bowing of the iris causes rubbing of the pigmented iris epithelium against lens structures, liberation of pigment and trabecular meshwork changes that result in reduced aqueous outflow with the risk of glaucoma. In some cases, peripheral laser iridotomy can reverse backward bowing of the iris and may prevent progression of pigmentary glaucoma, although in the end the main solution can be trabeculectomy with peripheral iridectomy. The objective of this review was to assess the effects of trabeculectomy compared with other interventions, including medication, trabeculoplasty, and peripheral laser iridotomy, or no treatment, for pigment dispersion syndrome and pigmentary glaucoma.

Case: We present the case of a 40 years old woman known to have been diagnosed with decompensated glaucoma, which presents urgently accusing acute eye pain and decreased visual acuity in both eyes. During the clinical and paraclinical examination we chose to use the maximal medication.

Discussions: After the evaluation of the paraclinical examination confirming the fact that the pigmentary glaucoma is present in different stages for both eyes we take into consideration which of the following suites best for the patient iridotomy or trabeculectomy with peripheral iridectomy. Given the particularities of the case (high IOP in both eyes, no fixation point for Goldman perimetry in right eye, no light perception for left eye), and after taking into careful consideration the risk-benefit balance for each treatment option, we decided, with the informed consent of the patient, that the better solution would be trabeculectomy with peripheral iridectomy.

Conclusions: Taking in consideration the positive clinical and imaging outcomes, as well as the similar findings in medical literature, adverse events associated with trabeculectomy with peripheral iridectomy may be minimal, the long-term effects on visual function and other patient-important outcomes have not been established. Future research on this topic should focus on outcomes that are relevant to patients and the optimal timing of treatment in the disease process.

9. CHOROIDAL HEMANGIOMA- CASE REPORT

Réka Andrea Gogolák-Hrubecz (Târgu-Mureș, Romania)

Choroidal haemangioma is a benign vascular tumour, described as a congenital disease that can evolve in older ages, causing complications such as intraretinal fluid, or retinal detachment.

Clinically, two forms are detected: circumscribed and diffuse choroidal haemangioma. The circumscribed form is localized and occurs sporadically, and the diffuse form occurs in Sturge-Weber syndrome, which involves neurological, ocular and skin damage.

The authors report the case of a patient aged 59 years, who presents to an ophthalmological consultation, accusing decrease of visual acuity.

The initial ophthalmological examination reveals visual acuity of left eye: 0.3 fc, and at the examination of ocular fundus left eye was described a prominent, well-defined formation, with dimensions of 3-4 mm papillary, located on the trajectory of the infero-temporal vessels, extending towards the macula, of white-yellow, unpigmented colour.

After performing a mode B ocular ultrasound, the suspicion of secondary determination or chorioretinitis is raised.

OCT is performed, where there the following is described: detachment of retinal pigment epithelium and intraretinal fluid, and computerized perimetry highlights small absolute defects.

Following interclinical consultations (gastroenterological, urological, neurological, dermatological, endocrinological, pulmonological) and paraclinical examinations (serology, lung radiography, brain computer tomography, brain MRI, abdomino-pelvis) the following diagnoses are made: Suspicion of left eyeball tumour; Millimetric liver haemangiomas; Bilateral renal cysts; Cavernous angioma in the right side of posterior thorax; Left retro auricular dermal nevus.

Following Angio fluorography (and indocyanine green), the presumptive diagnosis of choroidal haemangioma is made and the patient is referred to a specialized clinic in order to initiate the photodynamic therapy with Visudyne.

10. "MASQUERADE" SYNDROME: CILIARY BODY UVEAL MELANOMA OBSCURED BY HYPHEMA IN A PATIENT WITH CHRONIC LYMPHOCYTIC LEUKEMIA

Paul Filip Curcă (Bucharest, Romania)

Introduction: Ciliary body uveal melanoma, a rare subtype of uveal melanoma, is an immunogenic cancer that can take on a multifaceted clinical presentation similar to other ocular pathologies (Masquerade Syndrome). Chronic Lymphocytic Leukemia presents significant immunosuppressive potential and is defined by the lymphoproliferation of monoclonal, mature, CD5+ cells in the peripheral blood, bone marrow and secondary lymphoid organs. Treatment includes the use of Bruton's tyrosine kinase inhibitors which present secondary anti-platelet aggregation and mutagenic side-effects.

Material and methods: Retrospective case review. A 65-year-old patient undergoing treatment for Chronic Lymphocytic Leukemia with the tyrosine kinase inhibitor ibrutinib, presents for hyphaema which obscured an inferiorly situated ciliary body uveal melanoma.

Results: Ophthalmological clinical examination together with imaging via mode A and B ultrasound and contrast-enhanced magnetic resonance imaging resulted in the clinical and imagistic diagnosis of ciliary body uveal melanoma. Considering the additional risk factors of the patient identified by the oncological surgeon, enucleation was recommended. A pathological examination of the enucleated eye confirmed the diagnosis. The patient remained in observation without tumoral reoccurrence for one and a half years, however the immunosuppression associated with Chronic Lymphocytic Leukemia worsened and the patient was admitted for severe acute respiratory syndrome 2 (SARS-CoV2) infection, tragically followed by the patient's death.

Conclusion: Melanoma, including uveal melanoma, represents an immunogenic cancer which can appear as a second malignancy in immunosuppressed patients or in the presence of a mutagenic treatment. The patient presented a "Masquerade Syndrome" with hyphaema, contextually associated with Chronic Lymphocytic Leukemia and treatment with anti-platelet aggregation effect, actually caused by the development of a secondary malignancy, an inferiorly situated ciliary body uveal melanoma. Patients with Chronic Lymphocytic Leukemia present significant mutagenic risk and thus recommends the inclusion of uveal melanoma into the specific screening for a secondary malignancy.

11. THE DIAGNOSIS OF CHRONIC MYELOID LEUKEMIA THROUGH THE EYE OF OPHTHALMOLOGICAL EVENTS

Diana Runcan (Târgu-Mures, Romania)

Chronic myelogenous leukaemia (chronic myeloid leukaemia) is a type of cancer, a myeloproliferative disorder of granulocytic cell line, classically described as triphasic disease (chronic, accelerated, and blast). Consequently, the peripheral blood cell profile shows an increased number of granulocytes and their immature precursors.

Roth Spots are defined as a white centered retinal haemorrhage that are associated with multiple systemic

illnesses and they are caused by conditions that make blood vessels fragile and inflamed. Although they are pathognomonic for bacterial endocarditis, they can also occur in a range of other diseases: leukaemia, diabetes, preeclampsia, Behcet's disease, anaemia, HIV.

The authors present a case of a 39-year-old patient who comes for an ophthalmological consultation accusing: hyperaemia and swelling of the upper eyelid of the right eye. Ophthalmological examination reveal: VA (visual acuity) of right eye-without the perception of light, VA of the left eye-1.0 without correction, IOP (intraocular pressure) of right eye-24 mmHg, IOP of left eye-20 mmHg, anterior pole of the right eye- hyperaemia of the upper eyelid, pseudotumor formation, painful to the touch, mild conjunctival hyperaemia, hyphema, neovascularization of the iris, aphakia; anterior pole of the left eye-normal aspect. Fundus examination on the both eyes show-small retinal haemorrhages, well defined with pale center, disseminated throughout the posterior pole (Roth Spots), right eye-fibrous yellow proliferation which include the entire retina protrude to vitros, left eye-tendency of nasal neovascularization of the papilla. From family history we mention: mother-polycythaemia vera, hepatic steatosis; father-lung cancer (died at the age of 48). Personal pathological antecedents: congenital cataract of the right eye, aphakia after surgery (at the age of 18). Following ophthalmological examination, the diagnoses are: for the right eye-hordeolum, rubeosis iridis, hyphema, aphakia after surgery, vitreo-retinal proliferation; for the both eyes-retinal haemorrhages (Roth Spots). Serological examinations are performed: complete blood count, biochemical examination, coagulogram, immunology and clinical urine tests. After performing these examinations, it appears: a high white blood cell number ($3,34 \times 10^5$), red blood cell, haemoglobin, haematocrit has low values; C-Reactive Protein and Erythrocyte sedimentation rate have high values. The patient is directed to a haematology check-up and he was subsequently diagnosed with: chronic myeloid leukaemia, chronic secondary anaemia. The cytoreductive therapy was initiated with Hydrea and Cytosar, and erythrocyte mass transfusion was performed.

12. MYSTERY IN DIAGNOSIS. ATIPICAL CASE OF INFECTIOUS RETINAL INFLAMMATION

Ana-Maria-Cătălina Hadad (Târgu-Mureș, Romania)

Introduction: Viral etiology of acute retinal inflammation is a disease with potential negative prognosis, as in initial phases it may present atypically, without objective or subjective changes of the posterior pole.

Case presentation: We present the case of a 40-year-old patient, who presented in emergency department with right superior and inferior swollen lid and we decided follow-up for orbital cellulitis. The case had an unspecific evolution and at the time of follow-up visit the sight of the patient was affected as well as there were changes at the posterior pole examination, both being absent at the moment he first came in the emergency department.

Discussions: Prompt approach of the case and targeted therapy is still a challenge in suitable management of infectious retinal inflammations, as there are many manifestations of the disease though rare, still possible. They are raising concerns regarding the necessity of precaution, of follow-up and right therapeutic indication.

13. OPHTHALMOLOGIC CHALLENGE IN TAKAYASU ARTERITIS- CASE REPORT

Roxana-Elena Rogoz (Bucharest, Romania)

Introduction: Takayasu arteritis is a rare type of autoimmune vasculitis of unknown aetiology that affects the walls of aorta and its main branches, producing more frequently thickening of the wall, with stenosis and even vessel occlusion, but rarely can generate aneurysms that can tear. Despite the fact that it is a large vessels disease, there have been reported cases involving the retinal vessels.

We present the case of a young 30-year-old male patient with no significant ophthalmological history, but with an important systemic case history, the main pathology being Takayasu arteritis which has progressively generated potentially fatal systemic affections (right renal artery occlusion with right hypo

trophic kidney, left renal artery stenosis, chronic kidney disease, secondary renovascular hypertension, ischemic coronary heart disease) who addressed to the ophthalmology department for decreased visual acuity in the right eye (RE).

Materials and methods: The ophthalmological examination revealed a low visual acuity in right eye with his own correction, the patient being known with a small myopia, his correction being in accordance with the refraction at the time of examination. At the fundus examination, there were changes such as peripapillary splint haemorrhages and sheathing of vessels in both eyes but more numerous for the right eye, which were also associated with multiple haemorrhages and exudates, along with a discrete appearance of macular star in the more affected eye. Paraclinical investigations that included Heidelberg Optical Coherence Tomography (OCT), ocular ultrasound, and computerized perimetry (Humphrey perimeter) showed the presence of cystoid macular edema with unsystematized visual field changes in RE and discrete thickening of the retinal layers and enlargement of the blind spot in left eye (LE). Based on the clinical aspect and additional investigations, we considered that the patient has retinal vasculitis in both eyes secondary to systemic vasculitis and that associated retinal central vein occlusion and cystoid macular edema in RE.

Due to severe renal deterioration and patient's refusal of invasive treatment, he received systemic treatment with Methylprednisolone 16 mg / day and carbonic anhydrase inhibitor (Acetazolamide) 250 mg / day, doses recommended by his attending nephrologist, and topical nonsteroidal anti-inflammatory (Indomethacin) 4 times a day.

Results: The response was favourable for the RE, with the reduction of macular edema and the progressive improvement of vision up to 6/6 after two weeks of treatment, but with a progression in RE that did not involve the macula and did not affect visual acuity.

Conclusions: The ophthalmological evolution was favourable even in the absence of intravitreal injectable treatment, with the resolution of edema and visual acuity improvement to 6/6. The risk for new venous and even arterial occlusions maintains, and the general prognosis is unfavourable due to the underlying disease and multisystemic damage.

14. POSTERIOR UVEITIS - CLINICAL CASE

Daniel Țiți (Bucharest, Romania)

Introduction: Uveitis is inflammation of the uvea, the vascularized intermediate membrane formed by the iris, ciliary body and choroid. This is the most vascularized area of the human body. Uveitis can be bacterial, viral, parasitic, fungal or autoimmune in origin. In addition, uveitis may accompany rheumatological diseases. Posterior uveitis is characterised by inflammation of the back portion of the eye, the choroid. In most cases of posterior uveitis, the retina is also affected. This form of uveitis (found in 15% to 22% of all cases) usually starts slowly and can last for a longer period of time, making it more difficult to treat. Posterior uveitis is often associated with progressive vision loss.

Materials and methods: we present the case of a patient presenting to our clinic reporting a sudden decrease in visual acuity at the left eye, which started 3 days ago. The clinical appearance of the eye fundus and the paraclinical investigations performed (OCT nerve and macula, CV Goldmann, B-mode ultrasound) helped us to identify the inflammatory cause of the pathology. The patient starts steroidal anti-inflammatory treatment and a set of tests is recommended to establish the etiology of the inflammation. The list of differential diagnoses at the time of discharge is very complex.

Results: the patient returns with the recommended set of tests and is found to be QuatiFERON TBC gold test positive, while X-ray and lung CT revealed images within normal limits. From here we will start to face TB disease with the first manifestation - posterior uveitis. The patient's vision gradually decreases following intraocular inflammatory processes (vitritis), the evolution and prognosis being reserved.

Conclusion: Can a patient start tuberculostatic treatment with the only manifestation of posterior uveitis due to TB? How do we approach TB pathology if symptoms occur in the other eye? What is the appropriate time to perform vitrectomy for diagnostic purposes?

15. NECROTISING HERPETIC RETINOPATHY: A CASE REPORT

Livia Teona Nemțanu (Bucharest, Romania)

Introduction: Necrotizing retinopathies are rare pathologies of the posterior pole, being most often associated with viruses from the Herpesviridae family (Varicello-Zoosterian virus, Herpes simplex virus 1 and 2, Cytomegalovirus). They can be found in both immunocompromised and immunocompetent patients. Necrotizing retinopathies can take several forms: acute retinal necrosis, progressive outer retinal necrosis, and necrotizing retinitis induced by cytomegalovirus infection in immunocompromised patients.

Material and methods: A 20-year-old patient presented in our service for a decrease of visual acuity in her left eye (LE) which started 3 months ago. The patient was previously evaluated in another center where she was diagnosed with LE: panuveitis for which she received local treatment with antibiotics, corticosteroids, mydriatics, and systemically she was prescribed antiviral and corticosteroid therapy.

The patient's visual acuity was for the right eye (RE): 0.63 without correction and 0.8 with pinhole, and for LE: 0.063 without correction and 0.13 with pinhole. Intraocular pressures for RE were 19 mmHg and 15 mmHg for LE, respectively. At the level of the anterior pole, fine cortico-nuclear opacities can be distinguished in her LE. The fundoscopic examination of the patient reveals important changes in the left eye: vitreous haze 3+ and multiple confluent areas of retinal pallor in the middle and extreme periphery. In her left eye, mode B ocular ultrasound shows punctate and membranous vitreous opacities, low and medium reflectivity, reduced mobility, suggestive of vitreous inflammation, retinal edema, and the Goldmann perimetry reveals the constriction of the peripheral visual field in all four quadrants.

The patient's laboratory results show an increased ESR value (25, normal value <20) and elevated values of Varicello Zosterian IgG antibodies (1204, normal value <150). Tests for HIV, Toxoplasma Gondii, Treponema pallidum, Herpes simplex virus 1 and 2, Cytomegalovirus, rheumatoid factor, antinuclear antibodies (ANA), neutrophil anticytoplasmic antibodies (ANCA) are negative.

On native brain Computer Tomography examination, a hypoxic-ischemic lesion located in the right temporo-parietal-occipital region is observed. The lesion is considered to be a sequel to an episode of tuberculous meningoencephalitis that occurred 19 years ago and for which the patient received treatment at the appropriate time.

Results: Based on the clinical exam and paraclinical analyzes, the suspicion of necrotizing herpes retinopathy after infection with Varicello-Zooster virus is raised. It is decided to start systemic antiviral therapy under nephrological and gastroenterological supervision, to continue local treatment and to adjust systemic corticosteroid doses.

Depending on the result of the systemic treatment, the following operative plan is decided, which involves vitrectomy and lavage of the vitreous cavity with antiviral agent as well as the possibility of performing intravitreal injections with antiviral agent.

Conclusions: Necrotizing retinopathies are rare forms, complications of infection with viruses from Herpesviridae family, which can have a devastating visual result. Diagnosed and treated early, visual complications can be prevented. Being rare pathologies, there is no consensus regarding antiviral treatment and choice of antiviral agent for each of the forms of necrotizing retinopathy, studies are still ongoing on this matter.

16. ATYPICAL CASE OF A MACULAR DYSTROPHY – DIAGNOSTIC SURPRISE

Elena Mihaela Fieraru (Bucharest, Romania)

Introduction: The current presentation introduces the case of a 43-year-old female patient known without a personal pathological history, who complained of photophobia since the age of 25 and for approximately 3 years she remarked a progressive and bilateral decrease in visual acuity, more important in the left eye, accompanied by difficulties in adapting to darkness.

Material and methods: At the time of the clinic consultation, the patient presented a visual acuity of 20/25 without correction to the right eye and 20/400 without correction to the left eye (compared to

the values tested in 2018 at a routine eye examination, respectively 20/20 without correction - right eye and 20/30 without correction - left eye). Fundus eye examination revealed mottling of the retinal pigment epithelium in both eyes, with the left eye also showing a scarring lesion in the macular area, while the optic nerve papilla and retinal vessels presents with normal appearance.

In addition to the clinical examination of the retina, a series of tests of visual function were performed, with suspicion of retinal dystrophy. Chromatic test revealed a minor disorder in the red-green axis, whereas the optical coherence tomography showed a severe decrease in retinal thickness of the macular area, with atrophy of the retinal pigment epithelium, macular changes being attested to autofluorescence also. Electrophysiological investigations, respectively the fullfield electroretinogram showed a slightly decreased functionality of the rod cells throughout the retina, predominantly in the left eye, as well as a normal functionality of the cone cells in the right eye, but slightly decreased in the left eye. Multifocal electroretinogram objectified the density of responses at the severely low foveal and parafoveal level, bilaterally.

Results: ERG changes correlated to OCT appearance and the rest of examinations were suggestive for the diagnosis of hereditary retinal dystrophy, but we were facing a case of macular dystrophy that did not meet sufficient criteria for a certain diagnostic, which is why we asked for a genetic test. The surprise came after the ophthalmogenetic consultation where the result of the panel for macular dystrophy highlighted the presence of the ABCA4 gene that confirmed the diagnostic of Stargardt macular dystrophy, in our case with late onset, in adulthood.

Conclusions: The differential diagnostic of hereditary macular dystrophies is vast, multiple diseases presenting clinical and paraclinical similarities and certain diagnostic can be difficult due to phenotypic variability. Genetic testing has become essential both in obtaining a definite diagnostic and in allowing access to treatment based on gene therapy or ongoing studies.

17. TOTAL CENTRAL RETINAL VEIN OCCLUSION WITH A PARTICULAR EVOLUTION, COEXISTING WITH AN OCULAR ISCHAEMIC SYNDROME ASSOCIATED WITH PARTIAL OPTIC ATROPHY IN THE FELLOW EYE

Dalia-Lavinia Dreptate (Târgu-Mureș, Romania)

Keywords: CRVO, acute neovascular glaucoma, anti-VEGF

Introduction: Central retinal vein occlusion represents the second most common retinal vascular disease, with devastating potential consequences, including substantial visual loss. It is a multifactorial pathology and, regardless its cause, the occlusion leads to blood-retinal barrier disruption, causing haemorrhages, retinal oedema, exudates and, finally, retinal hypoxia. Ocular neovascularization represents the most feared complication. It most commonly occurs in the anterior segment of the eye, causing neovascular glaucoma, with elevated intraocular pressure and glaucomatous damage to the optic nerve ("the 100-day glaucoma"). Pharmacologic agents such as intravitreal anti-vascular endothelial growth factor (anti-VEGF) injections have become first-line therapy for the majority of patients diagnosed with central retinal vein occlusion.

Material and method: We present the case of a 76-year-old male, without any records of glaucoma, with a history of central retinal vein occlusion in the left eye with cystic macular oedema for which he received anti-VEGF treatment (2 intravitreal injections 35 days apart), after which his clinical status has considerably improved. Approximately 6 months after the obstruction and 3 months after the second injection, the patient presents to our clinic's emergency room with a painful, red eye with sudden vision loss in the left eye and left hemicrania. Examination revealed perikeratic conjunctival congestion, epithelial and stromal corneal oedema and neovessels of the iris; gonioscopy reveals an open anterior chamber angle, invaded by neovessels; the visual acuity is "counting fingers" and the measured intraocular pressure is >50 mmHg. The fundoscopy reveals, in the left eye, the optic disc with sharp margins and flame-shaped haemorrhages occupying the posterior pole and, in the right eye, the fundoscopy reveals the optic disc with sharp margins, pale in its inferior part, narrow inferior vascular branches and haemorrhages in the temporal peripheral retina.

Results: We diagnosed the case as an acute neovascular glaucoma secondary to the central retinal vein occlusion in the left eye and ocular ischaemic syndrome in the right eye – post-inferior branch retinal vein occlusion associated with partial optic atrophy. The therapeutic strategy consists of attempting to lower the intraocular pressure with local treatment (association between carbonic anhydrase inhibitor and beta blocker), general treatment (intravenous osmotic hypotonic solution and carbonic anhydrase inhibitor orally) and anti-VEGF (intravitreal injection administered 4 weeks apart, for 24 weeks, followed by “as-needed” administration).

Discutions: Anti-VEGF may have a temporary protection effect against the onset of neovascular glaucoma, administered as a treatment for cystic macular oedema developed after a central retinal vein occlusion. Establishing an early accurate diagnosis, evaluating the systemic status and promptly initiation of the treatment are of major importance in preventing devastating complications. The particularity of the case is represented by the concomitant existence of right ocular ischaemic syndrome associated with partial optic atrophy and the total central retinal vein occlusion in the fellow eye, with a particular evolution due to the anti-VEGF therapy.

18. MICROVASCULAR RETINAL CHANGES IN DIABETIC RETINOPATHY QUANTIFIED BY ADAPTIVE OPTICS OPHTHALMOSCOPY

Andrada-Elena Mirescu (Bucharest, Romania)

Objective: Diabetic retinopathy is the leading cause of visual loss and blindness in working-age adults, worldwide and represents the most common microvascular complication of diabetes mellitus. Early retinal changes may be detected by using adaptive optics ophthalmoscopy (AOO), a cutting edge, non-invasive imaging technique. The current research assesses the retinal arterioles status in healthy volunteers and diabetic patients.

Materials and methods: Two study groups including thirty patients each (healthy controls and diabetic patients with no proliferative or proliferative diabetic retinopathy), were evaluated between 2021-2022, in the Retina Clinic Bucharest, Romania. All participants underwent a complete ophthalmologic examination, including medical history, best corrected visual acuity (BCVA), intraocular pressure (IOP) and slit lamp examination of the anterior and posterior segments. By using rtx1™ adaptive optics retinal camera (Imagine Eyes, Orsay, France), among with the manufacturer's software (AO detect artery, Imagine Eyes, France), we managed to calculate several vascular parameters of the retinal arterioles, including wall to lumen ratio (WLR), which is considered to be significantly correlate with the severity of the diabetic retinopathy. The following vascular parameters were also measured: vessel diameter (VD), lumen diameter (LD), mean wall thickness (WT) and cross-sectional area of the vascular wall (WCSA). Microsoft Excel software was used for data analysis. The results were expressed as mean ± standard deviation. Given the normal distribution of the data, the Independent Samples t-Test was adopted in order to evaluate the statistical significance (considered for p values under 0.05).

Results: A total number of 30 diabetic patients (8 patients type I and 22 patients type II; 22 males and 8 females, mean age 49.90 ± 9.33 years), having the mean duration of diabetes mellitus $13,75 \pm 9.48$ years, and 30 healthy volunteers (12 males and 18 females, mean age 42.23 ± 13.25 years) were included in our study. All five studied vascular parameters were found to have higher values in diabetic patients, when compared to healthy volunteers. The differences were statistically significant for WT ($p=0,0004$), WLR ($p=0,0002$) and WCSA ($p=0,0091$).

Conclusion: Adaptive optics ophthalmoscopy represents a cutting-edge technique, opening a new era in the medical retina field. It provides useful data regarding the retinal vascular status, in a non-invasive manner, being a promising tool in the diagnosis, staging and follow-up of diabetic retinal disease.

19. AN ATYPICAL DIABETIC PATIENT

Raluca Iftimie (Bucharest, Romania)

Introduction: Leber hereditary optic neuropathy is an inherited form of vision loss. It begins with a painless clouding in one or both eyes and then worsens over time. Men are affected more often than women and, usually, the onset of symptoms occurs between the ages of 15 and 35 years. Is a genetic

condition caused by mutations in the mitochondrial DNA. It is believed that toxic substances may trigger the onset of blindness, including smoking and alcohol consumption. Due to its low prevalence, this diagnosis is often misdiagnosed and mismanaged.

Materials and methods: We present the diagnostic challenges of a patient with insulin-dependent Diabetes Mellitus for almost 15 years, heavy smoker and occasional alcohol consumer who came in our clinic accusing a bilateral, painless and progressive loss of vision in the last 6-7 years, with tremendous difficulties in performing usual activities, such as driving or reading. He was hemodynamically stable, with decreased visual acuity on both eyes (0.16 with best correction on the right eye, 0.3 on the left one), normal intraocular pressure and red-green dyschromatopsia. The aspect on fundus examination was almost normal, excepting some peripapillary telangiectasia, a mild-to-moderate optic disc pallor and a few microaneurysms. However, these changes cannot explain the degree of visual impairment, so there was need for additional investigations: autorefractometry, macular and optic nerve OCT, a visual field testing. Further, retinal electrophysiology studies were recommended (electroretinography and evoked potentials), along with a neurological and neuro-ophthalmological examination with cerebral imaging investigations, including orbital and optic nerve sequences.

Results: The patient subsequently presents with the results. The magnetic resonance imaging of the brain and orbits was negative for demyelinating lesions and there was no evidence of optic neuritis. Based on these findings, on negative neuroimaging and normal neurological examination, the suspicion of Hereditary Leber optic neuropathy is emitted and our patient was recommended to undergo genetic testing, which revealed a specific mutation. Differential diagnoses, such as other types of neuropathies or optic neuritis were excluded. Smoking and alcohol consumption were prohibited, the treatment with Raxone, an antioxidant agent approved in the treatment of patients with Leber optic neuropathy, is initiated, and rigorous control of diabetes and regular ophthalmologic and diabetology check-ups are recommended, measure that can help slowing the progression of the disease.

Conclusions: Leber hereditary optic neuropathy is determined by some mutations in mitochondrial DNA, but smoking or alcohol consumption can trigger the vision loss, so the disease is converted to a clinically manifest status. In the case of our patient, the affliction mimicked the natural picture of the changes induced by diabetes, making it difficult to diagnose with certainty. It is known that this disease can lead to permanent vision loss, so rigorous check-ups and a healthy lifestyle are mandatory in the therapeutic plan of these patients.

20. SURGICAL MANAGEMENT OF ADVANCED DIABETIC EYE DISEASE

Cristina-Ana Budea (Bucharest, Romania)

Introduction: This paper aims to present the management of a case of proliferative retinopathy, advanced diabetic eye disease and tractional retinal detachment diagnosed in a 55 year old female patient that was previously known with type 2 diabetes mellitus and high blood pressure, which has been proposed for vitrectomy and laser photocoagulation.

Materials and methods: Case study based on the ophthalmological assessments during the patient's hospital stays and the film of the surgery.

Results: The removal of the tractional membranes from the retina helped obtain a stationary postoperative visual acuity.

Conclusion: The results of the surgical approach of the cases of advanced diabetic eye disease and tractional retinal detachment depend on the severity of the pre-existing disease as well as on the moment when the patient decides to present to the ophthalmologist and the way he understands his condition.

21. SURGICAL INTERVENTIONS FOR THE COMPLICATIONS OF PROLIFERATIVE DIABETIC RETINOPATHY IN A PATIENT WITH TYPE 1 DIABETES

Maria Chiotan-Călin (Bucharest, Romania)

Key-words: preretinal membrane, proliferative diabetic retinopathy, tractional retinal detachment, vitreous haemorrhage

Introduction: Proliferative retinopathy represents a progressive dysfunction of the retinal vascularization, caused by chronic hyperglycaemia that determines structural deterioration of the neuronal retina over time. A complicated disease can develop with severe vitreal haemorrhage or retinal detachment that could reduce the visual capacities of the patient to being able to detect only the perception of the hand movement or worse.

Method: A case report – Video presentation

Materials and discussion: We present the case of a 32 years old patient, diagnosed with type I diabetes with proliferative diabetic retinopathy, initially complicated by a massive vitreal haemorrhage, tractional preretinal membranes, and tractional retinal detachment, who develops more ocular complications in the following years. Surgery has been performed: vitrectomy, excision of preretinal membranes, Endo diathermy, Endo laser photocoagulation, silicone oil tamponade. Following the next year, more surgical interventions are required due to the instalment of more complications of proliferative diabetic retinopathy.

Results: The postoperative outcome has been favourable while maintaining a stable situation over time.

Conclusions: There is angiographic evidence to suggest that complete vitrectomization may increase retinal circulation with better oxygenation of the internal retina, leading to reduced ischemia and thus delaying the development of neovascularization. However, the effects of surgical therapy on vision quality may not correlate with anatomical success and depend on macular and optic nerve status.

22. SURGICAL APPROACH IN A CASE WITH RHEGMATOGENOUS RETINAL DETACHMENT WITH GIANT RETINAL TEAR

Cristina Vlad (Bucharest, Romania)

Keywords: Rhegmatogenous retinal detachment, Giant retinal tear, Vitrectomy.

Introduction: Rhegmatogenous retinal detachment is a sever pathology which untreated progresses to total blindness. Detachment of the neurosensory retina from the retinal pigment epithelium occurs by fluid accumulation in the subretinal space due to a giant retinal tear.

Purpose: The presentation of the surgical approach of a case of rhegmatogenous retinal detachment due to a giant retinal tear.

Material and Methods: The paper presents the case of a 39-year-old patient known to have bilateral degenerative myopia who presented to the clinic's emergency room accusing a decrease in visual acuity in the right eye ("hand motion"). At the ophthalmological clinical examination in the right eye a rhegmatogenous retinal detachment with macula-off and giant retinal tear are found. The clinical diagnosis was confirmed by B-scan ultrasonography. The following steps are performed: posterior vitrectomy, stabilization of the detached retina with injection of liquid perfluorocarbon PFCL, Endo diathermy, fluid-PFCL-air exchange, 360-degree retinotomy, 360-degree Endo laser, air-silicone oil exchange. Silicone oil was used to produce prolonged postoperative intraocular tamponade.

Results: The postoperative evolution is favourable; the retina has been reattached and the visual acuity has been improved.

Conclusion: Rhematogenous retinal detachment treatment by pars plana vitrectomy continues to gain popularity and is successful in most cases. In the presence of a giant retinal tear, posterior vitrectomy is chosen. The visual prognosis also depends on the presence of other ophthalmic comorbidities.

23. BREAKING DOWN BARRIERS IN RESIDENCY AND AFTER

A. Găvănescu (Bucharest, Romania)

Introduction: Through this presentation, we do not propose to highlight the main mental and professional barriers that a beginner must break in his professional training, in order to develop as much as possible.

Material and method: We have explored various approaches in the practice of many Surgeons After Viewing Surgical Procedures On YouTube And Talking To Surgeons from around the world on specialized forums.

Success: Ignoring the main taboos and applying these methods, we claim that beginners will significantly reduce their learning curve, increase their confidence in their own surgical skills and reach a higher level of practice of the chosen specialty.

Conclusions: Stay open to learning a new surgical technique every month, without frequent variations or new suggestions. The desire to have a surgical level similar to the international and global authorities in the field will make all the difference.

Keywords: Personal development, residency

OCULAR SURFACE SESSION

FREE PAPERS

1. EVALUATION OF CORNEAL TOPOGRAPHIC, TOMOGRAPHIC AND BIOMECHANICAL INDICES FOR DETECTING SUBCLINICAL AND CLINICAL KERATOCONUS

Cristina Nicula (Cluj-Napoca), Karin Ursula Horvath (Târgu-Mureș), Anca Rednik (Cluj-Napoca), Ariadna Patricia Nicula, Adriana Bulboacă, D. Nicula (Cluj-Napoca, Romania)

Keywords: topography, tomography, biomechanical indices, subclinical keratoconus

Purpose: to evaluate diagnostic ability of topographic and tomographic indices with Pentacam as well as biomechanical parameters with Corvis ST for the detection of subclinical and clinical forms of keratoconus.

Material and method: In this observational analytic retrospective study, patients with abnormal findings in topography and tomography maps but with no signs on clinical examination (subclinical KCN group, sKCN), patients with clinical keratoconus (KCN group), and healthy subjects (control group) were evaluated. The accuracy of topographic, tomographic and biomechanical parameters was evaluated using the area under the receiver operating characteristic curve (AUC) and cross-validation analysis.

Results: The KCN group proved significantly different values ($p < 0.001$) of the investigated parameters than the control group. Eleven out of 28 investigated parameters proved significantly different in the sKCN group compared to controls ($p < 0.001$). Two topographic measurements, namely I-S (cut-off = 1.435, the large value indicates the presence of KCN) and CCT (cut-off = 537, the small value indicates the presence of KCN), showed AUCs equal to 1 [0.999 to 1]. Six other Pentacam measurements, including Back maximum keratometry (Back Kmax) proved to be excellent parameters for case-finding and screening. In distinguishing subclinical KCN from normal eyes, Pentacam index of vertical asymmetry (IVA), inferior-superior difference (I-S) value, thinnest point (TP), Belin Ambrosio Enhanced Ectasia Display (BAD_D) and root mean square total (RMS total) performed best. Indices with the perfect diagnostic ability were Pentacam index of height decentration (IHD) and Corvis integrated tomographic/biomechanical index (TBI). In distinguishing subclinical KCN from normal cornea Corvis TBI (AUC=0.810) performed the best.

Conclusion: In clinical KCN, all topographic, tomographic and biomechanical indices have acceptable outcomes in terms of sensitivity and specificity. In differentiating subclinical forms of KCN from normal corneas, curvature parameters and Corvis TBI are the most powerful tools for early detection of KCN.

2. EFFECTIVENESS AND SAFETY OF CROSSLINKING INTERVENTION IN PATIENTS WITH KERATOCONUS AND THIN CORNEA

Mihaela Monica Constantin, Maria Corbu, Cătălina Corbu (Bucharest, Romania)

Introduction: Collagen crosslinking is an established method used to stop the progression of keratoconus. The classic protocol limits its performance to cases with a minimum corneal thickness of 400 microns. Given that approximately a quarter of the cases presents at the initial consultation with advanced stages and corneal thickness less than this value, the protocol was modified by using hypo and iso-osmolar riboflavin, so that these cases also benefit from treatment without harming endothelium or other ocular structures. In this paper we want to present the results obtained two years after the intervention in such cases.

Material and Method: The study includes 40 eyes with a corneal thickness between 350 and 400 microns. The ophthalmological evaluation was performed before the intervention, one month, 6, 12 and 24 months after the intervention. This comprised in refraction, topographic, pachymetry and biomechanical analysis of the cornea. To assess the safety of the intervention, the corneal endothelium was analysed by specular microscopy. In most cases, the procedure was performed by the "epi off" method using hypo-osmolar and iso-osmolar riboflavin and exposure to UVA for 30 minutes. For cases with a cornea less than 400 microns, the "epi on" method was applied, and in six cases a contact lens soaked in riboflavin was applied before starting irradiation.

Results: The analysed cases have a mean age of 26.9 ± 6.66 (15-39 years) and an average corneal thickness of 390.27 ± 14.33 (350-400 microns). At the level of the whole group, there was a decrease by 1.2 dioptres (D) of the spherical equivalent (SE) and on average by 1 D of the corneal dioptric value with a slight tendency to improve visual acuity and corneal biomechanical parameters. No endothelial lesions were found. In cases with a corneal thickness of less than 400 microns, the decrease in SE was smaller (below 1 D), but that of corneal dioptric values was higher (1.5 D) compared to the results obtained in those with a corneal thickness of 400 microns (1.2 D, respectively 0.7 D). Statistically significant positive correlations were obtained between visual acuity and corneal biomechanical parameters, and negative with corneal dioptric values. One year after the intervention, the follow-up of the patients based on the progression criteria of the keratoconus showed that the stabilization of the disease was obtained in 97.5% of cases and after two years in 92.5% of cases.

Conclusion: In conclusion, we can say that by adapting the crosslinking protocol for each case we can achieve a safe progression end, thus delaying the performance of keratoplasty, an intervention whose difficulties and risks are well known.

3. AMNIOTIC MEMBRANE IN OPHTHALMOLOGY

Ashraf Armia (Cairo, Egypt)

4. REGENERATIVE MEDICINE AND OPHTHALMOLOGY

Christina Grupcheva (Varna, Bulgaria)

Purpose: To evaluate perceptual, visual and cosmetic outcomes of amniotic membrane transplantation (AMT), combined with other biological therapies and follow the effect in time.

Methods: Six hundred and fifty-seven subjects (723 eyes) were followed over period of five years. Most of the eyes had 1 AMT (528 eyes), 68 eyes had two AMT, and the rest had 3 and more procedures. The mean age was 55.2 years, with the youngest patient being 1 years old and the oldest 95 years. Etiological diversity included bullose keratopathy (33%), burns and trauma (22%), corneal dystrophies (31%), limbal stem cell insufficiency (12%) and other (2%). All eyes received standard AMT as a cover, performed by the protocol of a single surgeon. Subjects were randomized in additional biological therapy (treatment group - 372 eyes) and control group (351 eyes). The quality of eye comfort (perceptual, visual and cosmetic) was evaluated on the basis of specially developed scales.

Results: The subjects were with slightly female predominance (61%). The most significant perceptual improvement was related to pain which improved mean of 3-fold in 1 week, and kept improving till 4-th week. In treatment group the improvement was clinically and statistically significant ($p=0.009$). The other perceptual signs (tearing and discomfort) improved with lower speed, but again with favour to the additional treatment. Visual acuity improved in direct correlation with the aetiology and the best results were achieved in patients with epithelial erosions and defects. Cosmetic comfort improved in 65% of cases but usually not earlier then 4 weeks. No worsening of the symptoms was reported by any subject.

Conclusion: This study highlights the importance of AMT alone, and better combined with other biological therapy not only for structural restauration but also for improving the life quality via achieving better perceptual, visual and cosmetic comfort of patients with anterior surface disease. The procedure is with easy learning curve and would be even simplified in the future and should be considered in wider indications for complete fast restauration of the ocular surface.

5. REGENERATIVE THERAPIES FOR OCULAR SURFACE DISORDERS

D.M. Stănilă, A.-A. Panga, Adiana Stănilă (Sibiu, Romania)

Introduction: Ocular surface disorders are conditions that can lead to major complications. Corneal perforations are a major ophthalmic emergency and are identified by the presence of a filtrating spot observed with the slit lamp following fluorescein staining of the ocular surface.

Autologous blood derived products are applied like regenerative therapies which include wound healing, skin regeneration, muscle healing, joint regeneration, dentistry, ophthalmic surface treatment.

Material and method: The technology of plasma rich in growth factors (PRGF) consists in a limited volume of plasma enriched in platelets, which is obtained from the patient. The use of PRGF in ophthalmology is mainly based on improving and overcoming some of the main limitations that autologous serum shows. PRGF does not contain leucocytes but doubles the concentration of platelets, it is expected to have more growth factors and neurotrophic factors but without pro-inflammatory cytokines.

Results: The activation process can be used to prepare different therapeutic products from autologous eye drops to three-dimensional fibrin matrix. Applications of PRGF and eye drops can be in: dry eye, graft-versus-host diseases, persistent epithelial defects, corneal ulcers- fibrin matrix can be used as membrane, other applications- example flap necrosis after LASIK surgery.

The fibrin membrane is used in ocular surface diseases as an autologous sealant or biomaterial to regenerate deep wounds.

We present some cases with history of corneal transplant case, 15 years before for an edematous - bullous keratopathy after cataract surgery, neurotrophic keratitis and corneal ulcer and conjunctival and scleral perforation in Steven Johnson Syndrome, corneal ulcer and fungal infection.

We used all local treatment in all cases and fibrin membrane prepared from the autologous serum of the patient, and sutured interrupted in 8 places of the membrane and applied a soft contact lens for stabilization of the fibrin membrane in cases with corneal perforation or ulcer. The case with Steven Johnson Syndrome the membrane was applied and sutured to conjunctiva. The evolution was good, the perforation was closed and we saved anatomically the eyeball in the case of corneal transplant, fungal infection and Steven Johnson Syndrome. The case with neurotrophic keratitis the ulcer had very good resolution.

Conclusion: PRF can be a solution in cover the small perforations of the cornea or sclera.

6. DEEP ANTERIOR LAMELLAR KERATOPLASTY FOLLOWING GUNDERSEN FLAP SURGERY: A TWO- STEP APPROACH FOR ACANTHAMOEBA KERATITIS

Georgiana Camburu, Angeli C Yu, M. Busin (Forli, Italy)

Introduction: The indication for conjunctival flap include: infectious keratitis progressive and corneal melting.

Material and methods: We report the successful management of Acanthamoeba keratitis through Gundersen flap surgery followed by deep anterior lamellar keratoplasty. This study reviews the surgical management and outcomes of a patient with severe Acanthamoeba keratitis recalcitrant to empiric antibiotic therapy.

Results: A 35-year-old Romanian female presented with severe corneal ulceration associated with intense conjunctival hyperemia, neovascularization and thick purulent discharge. She had a history of contact lens wear. No clinical response was observed with standard empiric antibiotic therapy, Desomidine 0.1% coll q.i.d and PHMB 0.02% coll q.i.d. Gundersen flap surgery was performed and topical antimicrobial therapy was continued resulting in clinical resolution of the infection and inflammatory response. Upon clinical resolution, 9mm DALK was successfully performed. Surgery was uneventful and vision improved.

Conclusions: For Acanthamoeba keratitis, a two-step approach involving conjunctival flap surgery followed by deep anterior lamellar keratoplasty can achieve infection control and improve surgical outcomes, thereby, potentially lowering the risk for corneal graft rejection and subsequent graft failure.

7. MEIBOMIAN GLAND DYSFUNCTION AND TEAR FILM ALTERATIONS IN PATIENTS WITH ABNORMAL EYELID LAXITY

Florina Vultur, Karin Ursula Horvath, R.G. Tripon (Târgu-Mureș, Romania)

Purpose: To study the relationship between abnormal eyelid laxity and Meibomian gland dysfunction, qualitative and quantitative tear film changes, ocular symptoms and signs of dry eye.

Methods: We conducted a histopathologic study of the meibomian glands of patients who had meibomian dysfunction and who were undergoing eyelid position repair. OSDI score and tear film qualitative and quantitative test were performed.

Results: Signs of obstruction and dilatation of ducts, enlargement of acini with cystic degeneration and squamous metaplasia, a mild increase in inflammatory cells, and abnormal keratinization were observed. Patients had increased symptoms and signs of dry eye such as ocular pain described as grittiness, decreased tear break-up time, increased corneal staining, decreased Schirmer's score, and abnormal meibum quality. Abnormal eyelid position is significantly associated with OSDI scores, suggesting a direct effect of laxity on symptoms of dry eye.

Conclusion: Based on this data, it is important for clinicians to evaluate, respectively to diagnose and treat eyelid disease in patients with symptoms and/or signs of dry eye.

8. DIAGNOSIS AND MANAGEMENT OF CORNEAL ULCER – A PRACTICAL GUIDE

Ioana Teodora Tofolean, Fl. Baltă, Ramona Ileana Barac (Bucharest, Romania)

Introduction: A corneal ulcer is an epithelial defect with stromal extension, whose producing mechanism implies underlying inflammatory response due to infection (bacterial, viral, fungal, parasitic) or autoimmune disease, with consecutive corneal necrosis.

Material and methods: Despite being a quite facile clinical diagnosis, given the symptomatology and the slit-lamp appearance, the pathology remains challenging given its aetiology and therapeutic approach. Corroborating literature data with personal experience, the current paper aims to summarize an updated, practical strategy for the diagnosis and treatment of corneal ulcer, suited for every eye-health related practitioner.

Results and conclusions: Early diagnosis and treatment, along with close monitoring of the ophthalmological condition, are key elements for proper corneal ulcer management, aiming to limit tissular destruction, avoid complications and preserve the visual function.

RETINA SESSION

FREE PAPERS

1. LASER TREATMENT OF VITREOUS FLOATERS

Gabriela Denisa Căileanu (Piatra Neamț, Romania)

The paper presents the experience with this technique in vitreous floaters treatment accumulated so far and a few treated cases. Parameters of laser treatment and practical aspects of the procedure are displayed. There were no major complications in treated cases. The results show extremely satisfied patients, confirming that YAG laser vitreolysis is the only curative treatment of vitreous floaters.

2. UPDATE ON COATS DISEASE

F. Munier (Lausanne, Swiss)

3. RECURRENT CENTRAL SEROUS CHORIORETINOPATHY – TREATMENT PARTICULARITIES

Alina Lazăr, Bogdana Tăbăcaru, Monica Mălăescu, Cristina Manole, Silvia Costin, Antonia Mihalache, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

Keywords: Anti-VEGF, Central Serous Chorioretinopathy, Yellow Micropulse Laser

Purpose: To present the clinical aspects, therapeutic approach and clinical evolution in the case of a patient with multiple recurrences of central serous chorioretinopathy.

Material and methods: We report the case of a 34-year-old male, diagnosed with central serous chorioretinopathy in the right eye, followed-up in our Clinic for approximately 4 years. At the initial presentation, the patient's visual acuity was 20/20 for both eyes, but the patient reported the presence of metamorphopsia in the right eye. The therapeutic approach for this patient was varied, and it consisted in medical therapy, as well as intravitreal injections with anti-VEGF agent and yellow micro pulse laser interventions in the macular area.

Results: The evolution of the patient over time was fluctuant, with multiple recurrences and remissions of the disease. After 4 years from the initial presentation, with prompt medical and surgical interventions at the moment of each recurrence, the patient's visual acuity recovered to 20/20 for the right eye, and the macular region achieved stable anatomical parameters.

Conclusion: Central serous chorioretinopathy is a pathology that affects mostly male patients, of a relatively young age, with type A personality, subjects of a high level of daily stress. The patients with this pathology need periodical follow-up and prompt intervention in case of recurrences. Ophthalmologists need to use all the therapeutic options available for this condition in a flexible manner, and to adapt them adequately for each situation.

4. VISUAL ACUITY OUTCOMES OF ANTI-VEGF TREATMENT IN PATHOLOGIC MYOPIC EYES WITH CHOROIDAL NEOVASCULARIZATION

Slobodanka Latinović (Novisad, Serbia), Lala Čeklić (Bern, Swiss)

Purpose: Pathologic myopia (PM), is estimated to affect up to 3% of the global population. The most serious complications of PM are sub foveal CNV with poor prognosis unless treated, with 35% of bilaterally in the fellow eye within 8 years.

The traditional therapeutic modalities for mCNV secondary to pathologic myopia include thermal laser photocoagulation, surgical management, trans pupillary thermotherapy, and photodynamic therapy (verteporfin) are disappointing. Superiority of anti-vascular endothelial growth factor (VEGF) treatment in comparison to traditional therapy have been shown in RADIANCE trial and since 2014 anti-VEGF is approved from Health Authorities for the treatment of sub foveal choroidal neovascularization in eyes with pathologic myopia (mCNV). The aim of this study was to analysed long-term effects of individual approach of bevacizumab application in eyes with mCNV.

Material and Methods: Fluorescein angiography (FA) and OCT are mandatory for the identification of the fovea, assessment of retinal thickness and presence of extracellular fluid, for establishing a baseline and evaluating the results of anti-VEGF intravitreal therapy with bevacizumab Pro Re Nata (PRN) approach. The PRN regimen or “as needed” is appropriate and provides a more individualized treatment. In the period of 10 years of follow-up (2008-2018), 9 eyes of 8 patients with pathologic myopia and mCNV lasting more than 1 year were treated with 1.25mg bevacizumab intravitreally starting with 2-3 monthly applications followed by individual applications only in cases of decreased VA.

Results: During 10 years of follow-up (2008-2018), out of 40 patients treated with bevacizumab, 8 patients (9 eyes) had pathologic myopia and mCNV in clinical and OCT findings. The patients were 42-51 years of age with myopia over -12.0 Dsph. Typical case was a man with bilateral pathologic myopia in aphakic eyes with mCNV, characterized by central fibro vascular pigmentation - Fuchs, and VA OD/OS = 0.2/0.02. The individual regimen of bevacizumab for both eyes was in the first year (OD/OS) two successive monthly injections 2/2 followed by discontinued applications 4/1. Improvement in VA was 10/2 characters. In the next 9 years, individual treatment was based on the decrease of VA and patient received 6 more injections in the better, right eye. His VA in 2018 was stabile 0.63/0.05. The next 7 female patients had similar clinical characteristics and treatment, first with 2 or 3 monthly injections of bevacizumab in the first year and after individually in case of VA worsening, one injection per year. Patients with mCNV had a stable VA improvement by 2-6 lines on EDTRS (24 characters) and OCT-CRT unchanged.

Conclusions: Without therapy, the spontaneous development of mCNV in myopic eyes leads to blindness. Anti VEGF with a small number of applications is effective in maintaining stabile VA in mCNV vulnerable myopic eyes. Timely applied individual concept is efficient and rational. This positive experience on a small number of eyes encourages its further application.

5. SINGLE BROLUCIZUMAB INJECTION RESULTS IN REFRACTORY NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

D. C. Brănișteanu (Iassy, Romania)

Keywords: brolucizumab, refractory neovascular age-related macular degeneration, optical coherence tomography, retinal fluid, visual gain;

Age-related macular degeneration (AMD) is the leading cause of irreversible legal blindness in people older than 65 years in developed economies. Although neovascular AMD (nAMD) represents only 10-15% of all cases, it causes rapid and consistent central vision loss due to the leakage from abnormal choroidal neovascularization. Chronic exudation and inflammation lead to irreversible damage to photoreceptors and scarring. In the last 15 years, the intravitreal administration of different anti-VEGF agents has revolutionized the outcomes in nAMD and became the gold standard in treatment. Still, some cases are refractory or become resistant during treatment. Recently, brolucizumab (Beovu®) was approved in the treatment of nAMD as a new generation anti-VEGF agent, providing in clinical trials better fluid control and requiring a limited number of injections after the loading phase.

This report aims to evaluate, in a personal series, the results in terms of efficacy and safety of a single brolucizumab injection in cases of nAMD unresponsive to previous anti-VEGF therapy. Patients already treated with bevacizumab and/or aflibercept were included. The morphological changes (central macular thickness - CRT and retinal fluid dynamics) were evaluated before and after brolucizumab injection using optical coherence tomography (OCT) and OCT-Angiography. Best-corrected visual acuity (BCVA) changes were also recorded.

Results so far indicate that a single brolucizumab injection can significantly and safely improve macular morphology and CRT due to prompt fluid reduction. In terms of limited visual gain, there might be a direct correlation with lesion oldness.

6. OCULAR MANIFESTATIONS OF VASCULITIS

Raluca Várnă (Ploiești, Romania)

The term 'vasculitis' includes a wide range of disorders characterised by inflammation of the wall of blood vessels, sometimes with necrosis, leading to ischaemia of the affected organ. The exact pathogenesis of most of this vasculitis is not fully understood and although the presence of circulating auto-antibodies seems to be a common feature among them, each vasculitis has its unique pathogenesis and a predilection for vessels of a defined size.

Systemic vasculitis may be associated with ocular complications which include scleritis, keratitis, uveitis and optic neuropathy. The eye may also be affected by the treatment required to control the systemic disease.

Purpose: To report the case of a 43-year-old male who presented for exophthalmia, redness of the eye progressing to mild optical neuropathy.

Conclusion: The diagnosis of vasculitis may be challenging, but a good interdisciplinary communication, follow up, and communication with the patient are the key for a fast and efficient solution.

7. FUNCTIONAL AND ANATOMICAL OUTCOMES OF PARS PLANA VITRECTOMY WITH EPIRETINAL MEMBRANE PEEL IN PATIENTS WITH UVEITIS

Irina E. Cristescu, T. Ivanova, N. Patton, F. Dhawahir-Scala, G. Moussa, K. Son Lett. A. Mitra, S. Wai Ch'ng, A. K. Tuagi, A. Jalil (Bucharest, Romania)

Purpose: To evaluate the morphological and functional outcomes of pars plana vitrectomy (PPV) and epiretinal membrane (ERM) peel in patients with uveitis.

Method: Bicentre, retrospective study of 29 patients, with a mean postoperative follow-up of 32(+/- 22) months.

Results: Six months postoperatively, 15 patients had a significant improvement in mean central retinal thickness ($p < 0.0001$) and in mean best corrected visual acuity (BCVA), ($p = 0.006$); 13 patients had no change in and in one case the BCVA dropped. At the final follow up, 2 eyes (7%) had worse visual acuity. There was significant reduction in cystoid macular edema with 66% of eyes having at presentation, and 28% at last follow-up after surgery ($p = 0.003$). No difference was detected in BCVA between combined ILM peeling and isolated ERM peeling.

Conclusions: PPV with ERM peel achieves good anatomical and functional results in patients with uveitis. ERM recurrences are rare, and most patients do not require stronger immunosuppressive therapy after surgery.

8. EARLY VITRECTOMY FOR VITREOUS HEMORRHAGE

Tina Xirou (Athens, Greece)

Vitreous haemorrhage is one of the most common causes of sudden deterioration in vision with an incidence of seven cases per 100000 and it is affecting most often only one eye.

The most common causes for nontraumatic, spontaneous vitreous haemorrhage include diabetic retinopathy, retinal tear/detachment, vitreoretinal traction resulting from posterior vitreous detachment, retinal venous occlusive disease, ruptured retinal macroaneurysm, and exudative age-related macular degeneration in the setting of severe vitreous haemorrhage and no visualization of the fundus and without a history of underlying cause the diagnosis may be challenging. B-scan is the most useful diagnostic tool but ultrasound has limitations both in sensitivity and specificity for excluding retinal tear and detachment, as well as operator dependent variability. General ophthalmologists tend to follow up patients, waiting the haemorrhage to clear or to have some indication for the underlying pathology. This waiting time could compromise the final visual outcome of a vitreous haemorrhage related to retinal breaks or affect the quality of life of patients. With the safety profile of modern small gauge vitreoretinal surgery, we would suggest an early referral of all cases to vitreoretinal surgeons as delayed diagnosis and management could implicate consequences affecting the final visual result.

9. DIABETIC MACULAR EDEMA APPROACH WITH YELLOW MICROPULSE LASER

Alina Lazăr, Bogdana Tăbăcaru, C. Maftעי, Monica Mălăescu, Cristina Manole, Silvia Costin, Antonia Mihalache, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

Keywords: Diabetic Macular Edema, Yellow Micropulse Laser, Optical Coherence Tomography

Purpose: To present the results of yellow micro pulse laser treatment in patients with diabetic macular edema.

Material and methods: The paper reports the results from a cohort of patients diagnosed with diabetic macular edema and treated with yellow micro pulse laser. The patients were evaluated by testing the visual acuity and performing optical coherence tomography, before and after the laser treatment. Both the quantitative and qualitative changes after the intervention were recorded.

Results: Following the treatment with yellow micro pulse laser, there was a favourable evolution in all cases, in terms of either functional results or anatomical aspects as evaluated by optical coherence tomography.

Conclusion: Yellow micro pulse laser intervention represents a relatively new therapeutic approach, which, compared to conventional laser treatment, aims to treat diabetic macular edema in a non-destructive manner. There are studies that show the potential beneficial effect of this type of laser, using the yellow spectrum of wavelength (577 nm) in patients with diabetic macular edema. The results show that the intervention can be safe and efficient, being possible to lead to the improvement of visual acuity or of the macular parameters evaluated by optical coherence tomography.

10. SURGICAL MANAGEMENT OF DIABETIC RETINOPATHY – CASE PRESENTATION

Silvia Chiotoroiu, Simona Buliga (Bucharest, Romania)

11. CASE OF DIABETIC RETINOPATHY WITH PRERETINAL MEMBRANE AND VITREAL HEMORRHAGE

S. Șter, Crenguța Mihăilescu, Olimpia Șter, P. Bagosi (Satu-Mare), F. Bodea (Oradea), V. Fodor (Satu-Mare, Romania)

Keywords: preretinal membrane, diabetic retinopathy.

Purpose: The presentation of surgical solutions for solving complications caused by diabetic disease.

Material and Method: The cases of a patient with ocular diabetic disease with advanced form is presented. He needs surgical treatment for removing the tractional preretinal membranes. The retinal adhesions can induce complications but removing them combined with LASER treatment is very important.

Results: Post operatory evolution is satisfactory, achieving the removal of tractions and reattachment of the retina.

Conclusion: The Diabetic disease may induce severe ocular complications. The aim of the surgical intervention is to reestablish anatomical integrity of the eye in order to offer good conditions for visual recovery.

12. CORRELATIONS BETWEEN OCT, CLINICAL AND LABORATORY BIOMARKERS IN PATIENTS WITH DIABETIC MACULAR EDEMA

Simona Delia Nicoară, V.I. Suciu, Ancuța Cuțaș, Corina-Iuliana Suciu (Cluj-Napoca, Romania)

Keywords: OCT, diabetic macular edema, biomarker

Introduction: It is estimated that 600 million people will be diagnosed with diabetes mellitus (DM) by 2040 worldwide. Of these, 200 million will develop diabetic retinopathy. The most common cause of visual loss among patients with DM is diabetic macular edema (DME) and its timely recognition and treatment are the key elements for preserving the visual function. Our aim was to identify novel correlations between clinical, laboratory and OCT biomarkers in patients with DME that would open the path for the early diagnosis and development of new therapeutic strategies.

Material and methods: We carried out a prospective study on 3 groups of individuals: healthy controls, type 1 DM and type 2 DM. The following parameters were analysed: clinical (demographic, duration and evolution of DM, systemic vascular complications), laboratory (glycated haemoglobin, metabolic, capillary oxygen saturation, renal function) and SD-OCT (macular volume, central macular thickness, maximal and minimal central thickness, foveal thickness, disruption of the ellipsoid zone and of the inner retinal layers). Laboratory tests included complete blood count, biochemistry and urine tests. For the statistical analysis, SPSS Statistics v. 28.0.1 (SPSS Inc., Chicago, IL, USA) and Microsoft Office (Microsoft, Redmond, WA, USA) 2016 were used. ANOVA, t-tests, Mann–Whitney U tests and Kruskal–Wallis tests for independent samples were applied. A p value < 0.05 was set for statistical significance.

Results: The duration of DM, prevalence of smoking and systemic vascular complications were significantly higher in patients with type 1 DM. Capillary oxygen saturation and estimated glomerular filtration rates were significantly lower and serum creatinine levels, significantly higher in patients with type 1 DM. Regarding the OCT biomarkers, in both groups of patients the macular edema had a predominantly eccentric topography and involved more severely the right eye. Macular volume, central macular thickness, maximal and minimal central thickness and foveal thickness were significantly higher in patients with type 2 DM. The disruption of the ellipsoid zone was significantly more prevalent within the group of patients with type 1 DM, whereas the disruption of the inner retina, in patients with type 2 DM,

Conclusion: Systemic and laboratory biomarkers were affected more severely in patients with DME and type 1 DM and the OCT quantitative ones revealed significantly higher values in patients with type 2 DM.

13. RHEGMATOGENOUS RETINAL DETACHMENT ASSOCIATED WITH CHOROID DETACHMENT

R. Ochinciuc, M. Munteanu (Timișoara), Fl. Baltă (Bucharest, Romania)

Choroidal detachment is a complication that can be associated with retinal detachment. We present the case of a patient with retinal detachment who, at the presentation, also associated serous choroidal detachment. Theoretically, there are surgical methods that allow the drainage of fluid from the suprachoroidal space. In this case, we preferred not to drain the fluid and to attach the retina by two surgeries

14. MANAGEMENT OF RECURRENT RHEGMATOGENOUS RETINAL DETACHMENT

Oya Donmez (Izmir, Turkey)

Despite excellent skill, advanced techniques and high technology, up to 10% of cases need additional intervention to repair recurrent detachments. These surgeries are significant challenge for vitreoretinal surgeons as well as patients undergoing multiple interventions. It is thus important to know the outcomes of multiple interventions to understand whether performing repeat vitrectomy on patients with a history of failed surgeries is worthwhile. Most important causes of recurrent retinal detachment are proliferative vitreoretinopathy, retinal breaks, longer duration of symptoms, involvement of inferior and all four quadrants, progressive vitreoretinal traction with or without PVR, vitreous base traction, persistent detachment, choroidal detachment, significant hypotony, and pseudophakic status in detachment.

The average time to first re-detachment in literature was approximately 45 and 35 days for scleral buckle surgery and pars plana vitrectomy, respectively. There are many studies comparing anatomic and functional success rates between scleral buckle surgery or pars plana vitrectomy. Brazitikos et al showed a higher single operation success rate 94% for pars plana vitrectomy versus 83% for scleral buckle surgery. The Scleral Buckling versus Primary Vitrectomy in Rhegmatogenous Retinal Detachment Study showed a better visual outcome among phakic patients for scleral buckle surgery but a higher single operation success rate among pseudophakic patients for PPV. The treatment of choice for recurrent retinal detachment is pars plana vitrectomy with silicone oil/gas tamponade whether the primary surgery is scleral buckle or pars plana vitrectomy. The frequency of visual acuity better than or equal to 20/40 was reported in the scleral buckle surgery and pars plana vitrectomy groups to be 65.3% and 72.0%, respectively.

Hereby, we present a nontraumatic recurrent retinal detachment patients' video and describe the clues for surgical steps to achieve good anatomical and functional results in recurrent retinal detachment cases. Our patient with recurrent retinal detachment underwent pars plana vitrectomy with silicone tamponade. Vision has improved from 0.05 to 0.2 postoperatively and retina was attached at postoperative 6th month.

15. PATIENT WITH MACULAR HOLE, RETINAL DETACHMENT IN THE POSTERIOR POLE AND PRERETINAL HEMORRHAGE: SURGICAL RESOLUTION (VIDEO)

Fl. Baltă (Bucharest, Romania)

Surgical solution is shown in a patient with a macular hole, retinal detachment in the posterior pole and preretinal haemorrhage as well as the anatomical and functional result.

INTERACTIVE COURSES

1. DIABETIC MACULAR EDEMA - CURRENT DIAGNOSIS, BIOMARKERS AND THERAPY

*Prof. Slobodanka Latinovic, MD, Lala Ćeklić, MD (Novisad, Serbia),
Marijana Nestorović, MD (Bern, Swiss)*

Purpose of this course is to evaluate current retinal imaging techniques in diagnosis, diagnostic biomarkers and proper evidence based therapeutic approach for diabetic macular edema (DME).

Modern multimodal retinal imaging, optical coherence tomography (OCT) and fluorescein angiography are gold standards in early diagnosis of DME.

Aqueous, serum and morphological biomarkers can be used to direct proper therapeutic approach and predictive and prognostic OCT biomarkers will be evaluated.

Angio OCT has its advantages and disadvantages in routine clinical settings.

Current therapy for DME is focal laser, antiVEGF and corticosteroids.

Aim of this course is to summarize current and most recent guidelines and recommendations for DME.

2. RETICULAR PSEUDODRUSEN ON ULTRAWIDEFIELD AUTOFLUORESCENCE AND COLOR SCANNING LASER IMAGING

Lala Ćeklić, MD (Novisad, Serbia)

Purpose: Reticular pseudodrusen (RPD) are considered to be linked to an increased risk of choroidal neovascularisation (CNV) and progression of geographic atrophy (GA) in patients with age related macular degeneration (AMD). Little is known on the distribution over the RPD based on different imaging technologies, which therefore was the reason we investigated RPD using a ultra-wide field scanning laser ophthalmoscope.

Material and method: We included 167 eyes from 167 patients >50 years diagnosed with wet AMD in this prospective case series. All patients underwent ultra-wide field imaging with an ultra-wide field scanning laser system (Optos P200Tx) at the University Eye Clinic Inselspital, Bern, Switzerland. Ultra-wide field Autofluorescence (FAF) and pseudocolor (CF) images based on red and green channel were evaluated individually and RPD detection and distribution were compared.

Results. RPD was detected in 68 (41%) of the patients. Detection rate was low for FAF (26 eyes) and red channel (12 eyes). Green channel showed highest detection rate (56 eyes).

Conclusion: RPD are better detected with green channel images versus red channel and FAF. RPD show a characteristic tendency to disperse to the fundus periphery.

Green light technology could obtain promising results in early recognition and subsequent follow up of this disease.

3. DIABETIC MACULAR EDEMA - CURRENT DIAGNOSIS, BIOMARKERS AND THERAPY

Prof. Francis Munier, MD (Lausanne, Swiss)

4. TRUE GIANT TEARS TREATMENT TIPS

Athanasios Nikolakopoulos, MD (Athens, Greece)

CATARACT SESSION II

FREE PAPERS

1. PHAKIC IOL IN LOW TO MODERATE MYOPIA

Ashraf Armia (Cairo, Egypt)

2. TO COMPARE THE OUTCOMES OF A PHAKIC, SULCUL BASED, HYDROPHOBIC IOL IN AMMETROPIC PATIENTS

F. Kretz (Rheine, Germany)

3. WHAT IS THE BEST IMPLANT FOR PATIENTS WITH CATARACT AND HISTORY OF CORNEAL REFRACTIVE SURGERY?

Maria-Monica Gavriș, Roxana Ana Maria Moșniagu, Roxana Suciu, V. Srîmbu, Adela Faraian, P. Borodi, Iulia-Maria Gavriș (Cluj-Napoca, Romania)

Purpose: It is to present the biometry challenges, the choice of implant type and the functional results of 4 patients (5 eyes) with cataract and history of corneal refractive surgery, who were operated at "Laser Optisan" clinic Cluj-Napoca.

Material and methods: During the period of Jan. 2021 - Mar. 2022, 4 patients (5 eyes) with cataract and history of corneal refractive surgery had phacoemulsification surgery with topical anesthesia. The first patient (67 years old) with bilateral cataract and radial keratotomies, had OU phacoemulsification of the lens through scleral incision and monofocal toric implants. The 2nd patient (49 years old), with Lasik and the 3rd patient (54 years old) with PRK and both with unilateral cataract, had phacoemulsification of the lens and EDOF implants. For the 4th patient (67 years old) with Lasik and a previous multifocal implant in the OD, we performed FLACS and implanted a multifocal toric lens in the OS. Complete ophthalmological examination and optical biometry with Argos, were performed previous to surgery, using the SRK-T formula for the first eye of the first case and the Barret True-K formula for the other eyes.

Results: Visual acuity was assessed at 1 day, 1 month, and 3 months post-surgery. In the first case, the one with a monofocal toric implants, the distance uncorrected visual acuity was 0.8 and 1 cc in OD, and in OS BCVA was 0,5. In the 2nd and 3rd cases, with EDOF implants, the distance visual acuity (5 m), intermediate (66 cm) and near (40 cm) was 0.7 / 0.8 / 0.63 uncorrected and 1.0 / 1.0 / 1.0 cc. In the 4th case, with the multifocal toric implant, the distance visual acuity was 1, intermediate was 0.8 and near 0.8.

Conclusions:

1. Optical biometry and the Barret True-K formula are safe and predictable for patients with corneal refractive surgery.
2. Complete pre-surgical eye assessment and the discussion with the patient about his expectations are essential for choosing the implant type and for the patient's post-surgical satisfaction.

4. LATERAL CHOP IN CATARACT SURGERY: AN INNOVATIVE TECHNIQUE FOR NUCLEUS CRACKING

A. Găvănescu (Bucharest, Romania)

Introduction: The purpose of our research is to find new and innovative ways to make life easier for beginner surgeons as many of them feel overwhelmed when confronted with nucleus division. Moreover, clinical practice indicates that some patients would benefit from using less ultrasound energy inside the eye during cataract removal. This is why we asked ourselves: Is there any other way to break the crystalline lens other than the ones already described? Phacoemulsification is a modern cataract surgical procedure in which the crystalline lens is divided into smaller pieces and suctioned from the eye.

Two popular techniques are divide-and-conquer and chopping, the latter decreasing the stress during nuclear extraction, as it mainly uses mechanical forces for division of nucleus. Learning chop manoeuvres is important for conducting safe and efficient cataract surgery, especially in cases with possible decompensation of the endothelium.

Materials and methods: The first step of the lateral chop technique requires a firm hold of the lens nucleus via high vacuum and ultrasound. The chopper is placed in the bag at the lens equator, 90° away from the phaco probe. The latter, holding the nucleus, facilitates the cracking with a movement directed towards its center. When the two instruments reach, they are moved apart from each other and initially, the nucleus is divided into two fragments. Chopping of the nucleus continues only mechanically, in order to decrease total ultrasound energy. This manoeuvre is repeated several times, until the nucleus is split into as many pieces as possible before emulsification.

Results: The lateral chop technique is correlated with lower phacoemulsification time and power, given a mechanical technique is utilized to split the nucleus into controllable parts. Notable phaco energy is applied only while the fragments are emulsified. The benefit of this technique is that it uses a mechanical chop, without relying on vacuuming or ultrasounds. Considering that the nucleus is mainly broken by mechanical forces, lateral chop technique is considered an endothelial-friendly technique. This is why it is recommended for patients with fewer endothelial cells, since they are at greater risk for corneal decompensation after surgical trauma.

Conclusions: The lateral chop manoeuvre creates fewer difficulties for the surgeons, as well as for the patients, taking into consideration the accessibility of the method and the reduction in intraoperative time, respectively. Furthermore, this technique ensures the protection of the corneal endothelium, as it primarily uses mechanical forces to divide the crystalline lens. We hope that beginner surgeons will feel more confident when dividing the nucleus of the crystalline lens, with this new technique for the phacoemulsification step of cataract surgery. Having a wider variety of methods allows every surgeon to find the one that suits their surgical style and abilities.

5. UVEITIS-GLAUCOMA-HYPHEMA (UGH) SYNDROME

A Ștefănescu-Dima, Andreea Tănăsie, Maria Mercuț, Cătălina Berneanu, Adelina Milotin, Carmen Mocanu (Craiova, Romania)

Case presentation: patient with OU compound myopic astigmatism, OS forte, with a history (16 years ago) of refractive surgery, OU corneal laser surgery, OS Fukala intervention (clear lens exchange) complicated with posterior capsular rent and hydrophobic, monobloc lens implanted in sulcus, retinal detachment operated with good anatomic and functional recovery. Later, he is diagnosed with secondary glaucoma, in treatment with fixed combination dorzolamide / timolol. During the last 3 years, he develops recurrent and with increasing frequency crisis of microhyphema, anterior segment inflammation and severe hypertonia. Surgical intervention is decided – IOL exchange (monobloc IOL / three-piece IOL). Postoperatively, no more UGH crisis are encountered and antiglaucomatous treatment is stopped.

6. COMPLICATED CATARACT ASSOCIATED WITH RECCURENT ANTERIOR UVEITIS AND SECONDARY GLAUCOMA- CASE PRESENTATION. VIDEO

Cristina Nicula, Anca Rednik, Raluca Popescu (Cluj-Napoca, Romania)

Keywords: chronical uveitis, complicated cataract

We present the case of a female with a lot of episodes of anterior uveitis, developing in time cataract. The phacoemulsification is difficile because the pupil cannot bi dilated. There are presented the mechanical dilation of the pupil with iris rings and the surgery technique.

7. DIFFICULT CATARACT CASE – ACCUTE ANGLE CLOSURE WITH ZONULOLYSIS

S. Șter, Crenguța Mihăilescu, Olimpia Șter, P. Bagosi, Diana Pop (Satu-Mare, Romania)

Keywords: complicated cataract, zonulolysis, fixation of the bag.

Purpose: Surgical solution for a complicated cataract after acute angle closure cataract and high hyperopia.

Material and Method: The case of a 68-year-old female patient is presented who addresses the medical service for acute eyesight loss in the right eye. Treatment for lowering the intraocular pressure is administered. The extracapsular extraction of the lens is performed, fixation of the bag with the help of a Cionni tension ring sutured at the sclera, anterior vitrectomy, and placement of an intraocular lens in the bag are performed.

Results: Post operative evolution is satisfactory, with a best corrected visual acuity of 20/40 no correction.

Conclusion: The instability of the bag – lens complex can affect cataract surgery and its outcomes. Acute angle closure glaucoma increases the chances of zonulolysis. The preservation of the integrity of the lens bag offers the necessary stability for the implantation of the intraocular lens in order to achieve a good surgical outcome.

8. LUXATION- SUBLUXATION OF THE BAG, CAPSULAR TENSION RING AND PSEUDOPAK. VIDEO

S. Tomi, T. Tomi, Ioana R. Rusu (Cluj-Napoca, Romania)

9. CONGENITAL LENS SUBLUXATION IN THE ANTERIOR CHAMBER SURGICAL APPROACH – VIDEO

D. Nicula, R. Pop, Ariadna Patricia Nicula, Cristina Nicula, Andrea Decsey-Nagy (Cluj-Napoca, Romania)

Keywords: congenital glaucoma, microspherophachia, anterior lens luxation in the anterior chamber

We present two paediatric cases with congenital lens subluxation in the anterior chamber by different mechanisms and surgical technique adapted to each of them. The first case is a child of 1 yo, with congenital glaucoma, buphthalmia, no subjective symptoms, except photophobia. In this situation, the dilation of the eye because of the constant high pressure, determined the rupture of the zonula and the subluxation of the normal sized lens into the anterior chamber.

The second case presented microspherophakia in both eyes, with subluxation in the anterior chamber of the lens, pupillary block with tomato iris and secondary glaucoma. The child had repeated painful glaucoma crisis which led to multiple admissions in the hospital.

In both cases, lensectomy was performed, in the second case after a basal superior iridectomy in both eyes for opening the angle and the anterior chamber.

10. THE USE OF THE „CARLEVALE” IOL IN THE ABSENCE OF CAPSULAR SUPPORT

Dana Preoteasa (Craiova, Romania)

Purpose: Evaluation of clinical outcomes and safety profile of a new type of lens with suture less scleral fixation.

Method: In this paper we analysed the results of the implantation of 7 Carlevale IOL in 7 eyes that had either aphakia or inadequate capsular support. The surgical technique combines the creation of scleral pockets for burying the lens implant haptic with the technique of grasping the lens loops with 25-gauge retinal forceps. Concurrently, anterior vitrectomy was also performed. Postoperative ocular refraction and AV, as well as intraoperative and postoperative complications, were then analysed.

Results: The mean age was 75 years, and the follow-up period ranged from 3 to 6 months. Scleral-fixed IOL indications included operative aphakia - 2 cases, dislocated and extracted lens - 2 cases, traumatic subluxated cataract - 3 cases;

The mean value of visual acuity increased from 0.15 ± 0.59 at baseline to 0.57 ± 0.30 one month after surgery and 0.67 ± 0.34 at six months. Postoperative refraction was 0.5 ± 0.99 D. Intraoperative complications consisted of haptic rupture - 1 case (14.28%), and postoperative - transient increase in IOP 1 case (14.28%) and cystoid macular edema -1 case (14.28%). The IOL was very well centered and stable in each case during the follow-up period.

Conclusion: The use of the folding Carlevalle IOL implantation technique in cases of capsular or inadequate capsular support appears to be a safe and effective alternative support that provides good preliminary results. Long-term stability results are needed to evaluate the benefit of these new surgical approaches to compare it with other existing methods.

11. A STRANGE CATARACT – VIDEO

Bogdana Tăbăcaru, Alina Lazăr, Monica Mălăescu, Antonia Mihalache, Cristina Manole, Silvia Costin, Mădălina Ciornei, Diana Dinu, H.T.Stanca (Bucharest, Romania)

Keywords: Anterior polar plaque, Congenital cataract, Double-component cataract

Purpose: To report the particular aspects of a congenital and age-related cataract in an elderly patient.

Materials and methods: We present the case of an 82-year-old woman with monocular vision, with two-component lens opacities: hard brown nuclear and anterior polar. Preoperative evaluation was difficult as the anterior polar opacity interfered with the ultrasound biometry. Surgery plan was to stain the anterior lens capsule with trypan blue dye, to perform the capsulorhexis avoiding the anterior polar capsular fibrosis, then the phacoemulsification of the lens opacities and in-the-bag implantation of a monofocal hydrophobic IOL.

Results: We encountered no intraoperative complications. The final postoperative functional outcome was good, with a corrected visual acuity recovery in the operated eye up to 20/40, but with a residual myopic refraction error.

Conclusion: Cataract surgery in eyes with congenital lens opacities with anterior or posterior polar localization may be a challenge but a methodical and rigorous approach can provide both anatomically and functionally good results.

12. SILVER-BROWN CATARACTS – SURGICAL APPROACH THROUGH PHACOEMULSIFICATION – WHEN TO STOP

Cristina Beșleagă, Adina Botezan, M.Milicescu (Bucharest, Romania)

Keywords: extracapsular extraction, hyper mature cataracts, traumatic cataracts.

Introduction: We will present the case of a 67-year-old patient that was diagnosed with mature cataracts in BE 3 years ago, Due to the SARS CoV-2 pandemic, the patient postponed the surgery and presented in our clinic with a marked decrease in visual acuity, in as much as LE – light perception and 0.1-0.2 CC-NC in the RE, owing to the cataracts' evolution into a silver-brown tinted one,

Case presentation: Upon the ophthalmological examination, a hyper mature cataract was seen in BE, with a silver-brown tint, narrow angle and the complete absence of the normal red reflex (Differential diagnosis included hemophthalmus, because of the particular aspect of the cataracts), marked decrease in visual acuity in BE. The patient mentioned previous multiple ocular and periocular trauma lesions of moderate intensity. We decided on performing cataract surgery, firstly in the LE and later in the RE.

Therapeutical approach: In this case presentation, we will follow the evolution and surgical management of this patient, as well as the surgical techniques that were used in each intervention.

Conclusions: The case was difficult, owing to the cataract type, the long time span between the initial diagnosis and the treatment and the difficulty in choosing the type of IOL (the cataract's density posed some issues while performing the biometry). Also, we will present the different surgical approaches used for the two interventions.

13. MULTIPLE OCULAR TRAUMATISMS IN THE SAME PATIENT – FIGHTING FOR EACH LETTER

S. Șter, Crenguța Mihăilescu (Satu-Mare), Veronica Făt (Baia-Mare), F. Bodea (Oradea), Camelia Cioancă (Sebeș, Romania)

Keywords: old traumatic cataract, intraocular foreign body, endophthalmitis, amblyopia.

Purpose: The presentation of the case of an amblyopic patient with an old, childhood trauma, suffers an accident in the functional eye.

Material and Method: The case of a 48-year-old male patient is presented who addresses the medical service for eyesight loss in the right eye after a trauma with a metal object that gets complicated with endophthalmitis. The intraocular foreign body is removed, scleral suture is performed and antibiotics are administered. In a second surgery the cataract surgery was performed on the amblyopic eye.

Results: Post operatory evolution is satisfactory, with a best corrected visual acuity of 20/60 no correction.

Conclusion: Traumatism can affect both eyes. The fight for saving eyesight can be tough but through medical and surgical treatment we can achieve satisfactory results.

14. PENETRATING KERATOPLASTY, OPEN SKY CATARACT EXTRACTION AND PUPILLOPLASTY IN A DIABETIC PATIENT WITH CORNEAL DYSTROPHY, RUBEOSIS IRIDIS AND COMPLICATED CATARACT. SURGICAL APPROACH.

Alina Gheorghe, Jihane Ellorhaoui, Ioana Damaschin, Ancuța Onofrei, Ana Arghirescu, Andrei Coleașă (Bucharest, Romania)

Keywords: corneal dystrophy, penetrating keratoplasty, complicated cataract, low visual acuity

Introduction: Low vision treatment in eyes with multiple pathologies is a life time challenge for patients and for doctors. Regular eye visits, management of complications and good doctor- patient relationship are the key for patients' visual independence and doctors' satisfaction.

Method: We present the case of a patient with corneal dystrophy and complicated cataract. Several years ago he had penetrating keratoplasty with failed graft. He came to our clinic for low visual acuity in the other eye due to corneal dystrophy and cataract. We decided for penetrating keratoplasty and extracapsular cataract removal. This triple procedure of course represents a challenge for every eye surgeon especially in this patient with low visual acuity in both eyes, rubeosis iridis and diabetes.

Results: Penetrating keratoplasty was performed with transparent graft and smooth graft- host interface and after the cataract removal the IOL was implanted in the bag. Visual acuity was improved and the patient regained his independence.

Conclusions: The therapeutic management is challenging in this complex cases. Good understanding of the diseases and its complications are mandatory for regaining and maintaining visual acuity.

NURSES CONTEST

1. ENSURING THE TRACEABILITY OF REUSABLE INSTRUMENTS

Rodica Sevastre, Anca Tomescu, (Amaotimex Clinic, Bucharest, Romania)

Application of Order 1761/2021 and 854/2022 in our clinic: Implementation of an individual coding system of the instruments, highlighting the circuit of the instrument from cleaning / disinfection to use, with its registration throughout the reprocessing process.

2. SOFT CONTACT LENSES FITTING

Sarbu Andreea, Stefana Valeria, Cosma Veronica (Amaotimex Clinic, Bucharest, Romania)

The purpose of this presentation is to explain the role of the nurse in fitting soft contact lenses.

The material chosen is the Hydrogel silicone, due to low water content, good hydration and cleaning procedures and the oxygen transmissibility is much better.

As a result, this type of lens is the most enjoyable for patients and the application is much simpler for the nurse.

In conclusion, the nurses from our clinic benefit from a rich experience in fitting soft contact lenses and in advising patients regarding their daily wearing.

3. OCCUPATIONAL HAZARDS IN NURSING

Daniela Alina Spita, Rodica Balan (Amaotimex Clinic, Bucharest, Romania)

The paper brings into focus the occupational hazards of being a nurse (physical, biological and psychological risks).

DIGITIZATION AND FUNDAMENTAL RESEARCH IN OPHTHALMOLOGY SESSION

2. MEDICONTACT: DIGITAL PLATFORM FOR MEDICAL SECOND OPINION

Robert Gabriel Tripon, Ioana Şuş, Florina Vultur, Karin Ursula Horváth (Targu-Mures, Romania)

Introduction: A correct diagnosis is crucial for initiating the right treatment, in order to provide the best medical outcome for our patients. However, studies have found regarding vascular-, infectious diseases and cancer, that a high rate of misdiagnosis-related harms. Also, there could be up to 79% discordance between the first diagnosis and a second revision of the case during speciality referrals. A study involving 806 patients with ophthalmopathies identified that 32% of patients request a second opinion, mostly because of a confirmation of the diagnosis.

Objective: To set up an internet-based platform for doctors and patients for medical second opinion (tele-expertise). Through this platform, patients should be able to contact doctors in several medical fields, including ophthalmology, and share the results of previously obtained medical examinations for a second opinion.

Methodology: MEDICONTACT is built using reliable and modern tools including Javascript, Mysql and Linux. The core technology is Javascript and we are using it to build our frontend using React.JS and our backend using Nest.js. We rely on Amazon Web Services to power our infrastructure; this allows us to run the platform in a highly scalable and secure way. We strive to provide a high level of security and data privacy to our users, so we use tools like AWS GuardDuty, AWS Config, AWS WAF and AWS Secrets Manager to help achieve that. Our infrastructure is managed and provisioned using Terraform instead of manual processes. The concept of MEDICONTACT was designed by doctors.

Results: MEDICONTACT allows creating user profiles for patients, and customizable and detailed profiles for doctors. The platform includes an enhanced search tool in order to best connect a patient with specific pathology and a doctor with expertise in that field (preferably a key opinion leader). It allows secured data sharing and a communication channel between users.

Conclusion: MEDICONTACT fashions a 21st century digital tool for home-based tele-expertise. It is exponentially adding to the office-dependent second opinion practice and transforms it by eliminating physical re-examination or data collection but instead, expends time for field specific data analysis of previously collected data, and shared by the patient. It cultivates the presence of second opinion in healthcare for reducing misdiagnosis-related harms. It gives key opinion leaders the opportunity to be available to a wider segment of patients. This leads to setting up right diagnosis, giving healthy days for our patients.

3. PHOTOCHEMICAL CROSSLINKING OF COLLAGEN IN THE TARSAL PLATE OF PORCINE EYELIDS AS A TREATMENT FOR FLOPPY EYELID SYNDROME: BIAxIAL MECHANICAL EVALUATION OF STIFFENING IN EX-VIVO TISSUE

Karin Ursula Horvath, Florina Vultur, Robert G. Tripon, Bogdan Cordos, Mark Radford, Shuko Suzuki, Traian V. Chirila (Targu-Mures, Romania)

Objectives: We propose an experimental study to demonstrate in porcine eyelids that the controlled exposure of the excised tarsal plate to ultraviolet-A (UVA) radiation can induce a stiffening effect due to the photochemical crosslinking of the constitutive collagen.

Material and method: Twenty tarsus samples were obtained after dissecting porcine eyelids. The tarsal tissue was rinsed in 1% Riboflavin photosensitizer solution for 30 minutes, and ultraviolet-A irradiation was performed for 3 minutes. Biaxial mechanical testing follows these steps.

Results: To this stage of our study, we managed to set up the protocol including optimal dissection of the tarsal plate and execute the crosslinking using the photosensitizer and ultraviolet-A radiation. Irradiation of tarsal collagen with UVA rays induces stiffening of the eyelid tissue due to a photochemical crosslinking process.

Conclusion: A innovative research protocol was successfully implemented by our team in Targu Mures, and we aim to extend this study on human eyelids. This project hopes to establish a procedure to treat pathological conditions caused by floppy eyelids in human patients, by crosslinking collagen constituents in the tarsal plate.

4. TUBULIN POLYMERIZATION PROMOTING PROTEIN IS PRESENT IN HUMAN GANGLION CELLS AND OPTIC NERVE

Robert Gabriel Tripon, László Jakab-Farkas, Domokos Biró, Florina Vultur, Karin Ursula Horváth (Targu-Mures, Romania)

Background: Tubulin Polymerization Promoting Protein (TPPP) is an oligodendrocyte specific protein in the brain. It plays an important role in the differentiation of primary oligodendrocytes, promotes the polymerization of tubulin into microtubules and stabilizes microtubule bundles within the arborisation of oligodendrocyte cells. In our previous study (Tripon et al. 2018) we have shown TPPP expression in amacrine cells in the human and mice retina, but our data regarding ganglion cells were inconclusive. The presence of TPPP in the retinal nerve fibre layer was also observed using confocal microscopy.

Objective: This investigation aims to collect further data regarding the localization of TPPP in the human ganglion cells, both in the retinal and optic nerve.

Material and methods: Transmission electron microscopy (TEM) probes containing immunogold labelled human tissue for TPPP were re-imaged at SAPIENTIA Hungarian University of Transylvania in Targu Mures in 2022. Photomicrographs were obtained by operating a JEOL JEM-100U TEM at 80kV accelerating voltage at various magnifications and capturing image with a 1Mpx GATAN model 694 SlowScan CCD camera. The TEM probes originated from our previous research (Tripon et al., 2018) where retina and optic nerve from 1 human eye were labelled with the polyclonal anti-TPPP primary antibody from Novusbio (dilution 1:100) and the 6 nm gold-conjugated goat anti-rabbit secondary FAB2 IgG from Aurion (dilution 1:50).

Results: TPPP was localized in several cells in the ganglion cell layer, in the nucleus and cytoplasm as well as neuronal arborisations including synaptic boutons in the inner plexiform layer and in axons through the nerve fibre layer and in the optic nerve.

Conclusions: Our new data suggest that TPPP is present in the ganglion cells of the human retina. Further research could target the interaction between TPPP and other proteins in the retina such as alpha-synuclein.

Acknowledgments: Professor Haiyan Gong Boston University, Associate Professor Maria L.A. Medalla – Boston University, Professor Imre Lengyel Queen's University Belfast.

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ISSN 2457 – 4325
ISSN-L 2457 – 4325

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