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Ophthalmology Congress

October 27-28, 2021 | Webinar

List of Open Access Journals

Agri, Food & Aqua

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Fisheries & Livestock Production	2332-2608
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Forest Research	2168-9776
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International Journal of Economics and Management Science	2162-6359
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Review of Public Administration and Management	2315-7844
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Advanced Chemical Engineering	2090-4568
Bioprocessing & Biotechniques	2155-9821
Chemical Engineering & Process Technology	2157-7048
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Bioenergetics: Open Access	2167-7662
Chemical Informatics	-
Chemical Sciences Journal	2150-3494
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Environmental & Analytical Toxicology	2161-0525
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Glycobiology	2168-958X
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Immuno Chemistry: Open Access	-
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International Journal of Drug Development & Research	0975-9344
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Medicinal Chemistry	2161-0444
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Clinical & Experimental Oncology	2324-9110
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Clinical & Experimental Pathology	2161-0681
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Clinical Nutrition & Dietetics	-
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Clinical Pediatrics	-
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Immunooncology	-
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Agri, Food, Aqua & Veterinary

23rd Euro-Global Summit on Food and Beverages
February 26-27, 2020 | Berlin, Germany
E: eurofood@brainstormingmeetings.com
eurofood@europeannualconference.org
W: https://europe.foodtechconferences.org

15th International Conference on Agriculture & Horticulture
August 15-16, 2020 | Barcelona, Spain
E: agri@brainstormingmeetings.com
agriculture@europeannualconference.org
W: https://agriculture-horticulture.conferenceseries.com

8th Global Summit on Plant Science
September 25-26, 2020 | Berlin, Germany
E: plantbiology@brainstormingmeetings.com
plantscience@europeannualconference.com
W: https://europe.plantscienceconferences.com

24th International Conference on Food Technology & Processing
October 07-08, 2020 | Vienna, Austria
E: foodtechnology@europeannualconference.com
foodtechnology@brainstormingmeetings.com
W: https://foodtechnology.insightconferences.com

Alternative Healthcare

6th International Conference & Exhibition on
Herbal & Traditional Medicine
November 23-24, 2020 | Barcelona, Spain
E: herbalconference@brainstormingmeetings.com
herbalconference@europeannualconference.com
W: https://herbal.europeannualconferences.com

Biochemistry

16th International Conference on
Metabolomics and Systems Biology
August 19-20, 2020 | Paris, France
E: eurometabolomics@brainstormingmeetings.com
eurometabolomics@europeannualconference.org
W: https://europe.metabolomicsconference.com

10th Glycobiology World Congress
July 17-18, 2020 | Vienna, Austria
E: glycobiology@brainstormingmeetings.com
glycobiology@europeannualconference.com
W: https://glycobiology.expertconferences.org

Cardiology

32nd Annual Cardiologists Conference
April 15-16, 2020 | London, UK
E: cardilogists@brainstormingmeetings.com
cardiologists@europeannualconference.org
W: https://cardiologists.insightconferences.com

8th World Heart Congress
July 29-30, 2020 | Zürich Switzerland
E: heartcongress@europeannualconference.com
W: https://heart.insightconferences.com

Chemical Engineering

14th World Bioenergy Congress and Expo
April 20-21, 2020 | Berlin, Germany
E: bioenergy@brainstormingmeetings.com
bioenergy@europeannualconference.org
W: https://bioenergy.insightconferences.com

9th World Congress on Biopolymers & Bioplastics
August 03-04, 2020 | Zurich, Switzerland
E: biopolymers@brainstormingmeetings.com
biopolymer@europeannualconference.org
W: https://biopolymers.insightconferences.com

13th World Congress on Biofuels and Bioenergy
September 21-22, 2020 | Rome, Italy
E: biofuels@brainstromingmeetings.com
biofuels@europeannualconference.org
W: https://biofuels-bioenergy.expertconferences.org

14th Global Summit and Expo on Biomass and Bioenergy
September 21-22, 2020 | Rome, Italy
E: biomass@brainstromingmeetings.com
biomass@europeannualconference.org
W: https://biomass.expertconferences.org

Chemistry

16th European Organic Chemistry Congress
August 26-27, 2020 | Barcelona, Spain
E: euroorganicchemistry@brainstormingmeetings.com
organicchemistry@europeannualconference.org
W: https://organicchemistry.chemistryconferences.org

17th International Conference & Expo on
Chromatography Techniques
April 20-21, 2020 | Berlin, Germany
E: chromatography@brainstormingmeetings.com
chromatography@europeannualconference.org
W: https://chromatography.pharmaceuticalconferences.com

18th International Conference and Exhibition on
Materials Science and Chemistry
May 18-19, 2020 | Berlin, Germany
E: materialschemistry@brainstormingmeetings.com
materialschemistry@europeannualconference.org
W: https://materialschemistry.chemistryconferences.org

9th World Congress on Mass Spectrometry
June 22-23, 2020 | Rome, Italy
E: euromassspectrometry@brainstormingmeetings.com
massspectra@europeannualconference.org
W: https://massspectra.com/europe




20th World Congress on Medicinal Chemistry and Drug Design
June 22-23, 2020 | Rome, Italy
E: medicinalchemistry@brainstormingmeetings.com
medicinalchemistry@europeannualconference.org
W: https://medicinalchemistry.pharmaceuticalconferences.com/europe

10th European Chemistry Congress
July 15-16, 2020 | Vienna, Austria
E: eurochemistry@brainstormingmeetings.com
eurochemistry@europeannualconference.org
W: https://europe.chemistryconferences.org

8th International Conference and Exhibition on
Natural Products and Medicinal Plants Research
July 22-23, 2020 | Barcelona, Spain
E: naturalproducts@brainstormingmeetings.com
naturalproducts@europeannualconference.org
W: https://naturalproducts.pharmaceuticalconferences.com

21st International Conference on
Environmental Chemistry and Engineering
August 19-20, 2020 | Paris, France
E: environmentalchemistry@brainstormingmeetings.com
environmentalchemistry@europeannualconference.org
W: https://environmentalchemistry.chemistryconferences.org

Dentistry

26th World Congress on Dentistry and Oral Health
May 20-21, 2020 | Berlin Germany
E: dentistrycongress@brainstormingmeetings.com
dentistrycongress@europeannualconference.org
W: https://dentistrycongress.dentistryconferences.com

27th Euro Congress and Expo on Dental & Oral Health
August 21-22, 2020 | Paris France
E: eurodentalcongress@brainstormingmeetings.com
eurodentalcongress@europeannualconference.org
W: https://dentalcongress.com/europe

26th Global Dentists and Pediatric Dentistry Annual Meeting
March 30-31, 2020 | London, UK
E: dentists@brainstormingmeetings.com
dentists@europeannualconference.org
W: https://dentists.dentistryconferences.com

5th International Conference on Dental and Clinical Dentistry
June 24-25, 2020 | Rome, Italy
E: clinicaldentistry@brainstormingmeetings.com
clinicaldentistry@europeannualconference.org
W: https://clinicaldentistry.europeannualconferences.com

25th International Conference on Dentistry and Dental Materials
October 05-06, 2020 | Vienna, Austria
E: dentalmaterials@brainstormingmeetings.com
dentalmaterials@europeannualconference.org
W: https://dentalmaterials.dentistryconferences.com/

Dermatology

15th International Conference on
Dermatology and Cosmetic Medicine
April 13-14, 2020 | London, UK
E: dermatologists@brainstormingmeetings.com
deramatologists@europeannualconference.org
W: https://dermatologymeeting.com

Diabetes & Endocrinology

14th European Diabetes and Endocrinology Congress
April 15-16 2020 | London, UK
E: endocrinecongress@brainstormingmeetings.com
euroendocrinology@europeannualconference.org
W: https://europe.endocrineconferences.com

29th European Diabetes Congress
June 15-16, 2020 | Barcelona, Spain
E: eurodiabetes@brainstormingmeetings.com
eurodiabetes@europeannualconference.org
W: https://diabetesexpo.com/europe

31st International Congress on
Prevention of Diabetes and Complications
September 23-24, 2020 | Rome, Italy
E: diabetesmeeting@brainstormingmeetings.com
diabetesmeeting@europeannualconference.org
W: https://diabetesmeeting.conferenceseries.com

EEE & Engineering

5th International Conference on
3D Printing Technology and Innovations
April 22-23, 2020 | Berlin, Germany
E: 3dprinting@brainstormingmeetings.com
3dprinting@europeannualconference.org
W: https://3dprinting.insightconferences.com

8th International Conference and Exhibition on
Automobile & Mechanical Engineering
April 22-23, 2020 | Berlin, Germany
E: automobileeurope@brainstormingmeetings.com
automobileeurope@europeannualconference.org
W: https://automobile.expertconferences.org

7th International Conference on
Big Data Analysis and Data Mining
July 17-18, 2020 | Vienna, Austria
E: datamining@brainstormingmeetings.com
datamining@europeannualconference.org
W: https://datamining.expertconferences.org




5th International Conference and Exhibition on
Satellite & Space Missions
July 15-16, 2020 | London, UK
E: satellite@brainstormingmeetings.com
satellite@europeannualconference.com
W: https://satellite.insightconferences.com

12th Euro Biosensors & Bioelectronics Congress
August 03-04, 2020 | Zurich, Switzerland
E: eurobiosensors@brainstormingmeetings.com
eurobiosensors@europeannualconference.com
W: https://biosensors.conferenceseries.com/europe

3rd International Conference on Membrane Science and Technology
September 21-22, 2020 | Berlin, Germany
E: membranescience@brainstormingmeetings.com
membranescience@europeannualconference.com
W: https://membranescience.europeannualconferences.com

6th International Conference on Wireless,Telecommunication & IoT
September 28-29, 2020 | Barcelona, Spain
E: wireless@brainstormingmeetings.com
wireless@europeannualconference.com
W: https://wirelesscommunication.expertconferences.org

Environmental Sciences

7th International Conference on
Pollution Control & Sustainable Environment
March 02-03, 2020 | Rome, Italy
E: pollutioncontrol@brainstormingmeetings.com
pollutioncontrol@europeannualconference.org
W: https://pollution.environmentalconferences.org

12th World Congress and Expo on Recycling
April 22-23, 2020 | Berlin, Germany
E: recycling@brainstormingmeetings.com
recycling@europeannualconference.org
W: https://recycling.environmentalconferences.org

8th World Congress and Expo on Green Energy
June 15-16, 2020 | London, UK
E: greenenergy@brainstormingmeetings.com
greenenergy@europeannualconference.org
W: https://greenenergy.environmentalconferences.org

Gastroenterology

16th Euro Obesity and Endocrinology Congress
July 20-21, 2020 | Barcelona, Spain
E: euroobesity@brainstormingmeetings.com
euroobesity@europeannualconference.org
W: https://obesity.nutritionalconference.com

15th Euro-Global Gastroenterology Conference
June 24-25, 2020 | Rome, Italy
E: gastrocongress@brainstormingmeetings.com
gastroenterology@europeannualconference.org
W: https://europegastroenterology.gastroconferences.com

5th International Conference on Digestive and Metabolic Diseases
November 23-24, 2020 | London, UK
E: digestivediseases@brainstormingmeetings.com
digestivediseases@europeannualconference.org
W: https://digestivediseases.conferenceseries.com

Genetics And Molecular Biology

23rd Global Congress on Biotechnology
February 24-25, 2020 | London, UK
E: biotechnology@brainstormingmeetings.com
biotechnology@europeannualconference.org
W: https://biotechnology.insightconferences.com

10th International Conference and Exhibition on
Advanced Cell and Gene Therapy
March 16-17, 2020 | Berlin, Germany
E: celltherapy@brainstormingmeetings.com
celltherapy@europeannualconference.org
W: https://cellgenetherapy.annualcongress.com

13th International Conference on
Genomics and Molecular Biology
May 25-26, 2020 | Rome, Italy
E: genomics@brainstormingmeetings.com
genomics@europeannualconference.com
W: https://genomics.insightconferences.com

24th European Biotechnology Congress
September 23-24, 2020 | Berlin, Germany
E: biotechnology@brainstormingmeetings.com
biotechnology@europeannualconference.org
W: https://www.biotechnologycongress.com/europe

13th International Conference on
Tissue Engineering & Regenerative Medicine
October 07-08, 2020 | Vienna, Austria
E: regenerativemedicine@brainstormingmeetings.com
regenerativemedicine@europeannualconference.com
W: https://tissuescience-regenerativemedicine.expertconferences.org

Healthcare & Management

11th International Conference on
Preventive Medicine & Public Health
March 18-19, 2020 | London, UK
E: preventivemedicine@europeannualconference.com
preventivemedicine@brainstormingmeetings.com
W: https://preventivemedicine.healthconferences.org

9th International Conference on
Tropical Medicine and Infectious Diseases
February 24-25, 2020 | Berlin, Germany
E: tropicaldiseases@brainstormingmeetings.com
tropicaldiseases@europeannualconference.com
W: https://tropicalmedicine.annualcongress.com




5th World Congress on Public Health and Nutrition
February 24-25, 2020 | London, UK
E: publichealth@brainstormingmeetings.com
publichealth@europeannualconference.com
W: https://publichealth.healthconferences.org

24th Global Nephrologists Annual Meeting
June 10-11, 2020 | Frankfurt, Germany
E: nephrologists@brainstormingmeetings.com
Nephrologists@europeannualconference.com
W: https://nephrologists.insightconferences.com

16th World Congress on Healthcare & Technologies
June 15-16, 2020 | Barcelona, Spain
E: healthcare@brainstormingmeetings.com
healthcare@europeannualconference.com
W: https://europe.healthconferences.org

10th International Conference on Geriatrics and Elderly Care
September 23-24, 2020 | Rome, Italy
E: geriatrics@brainstormingmeetings.com
geriatrics@europeannualconference.com
W: https://geriatrics-gerontology.insightconferences.com

12th International Conference on Epidemiology & Public Health
September 23-24, 2020 | Berlin, Germany
E: epidemiology@brainstormingmeetings.com
epidemiology@europeannualconference.com
W: https://epidemiology.expertconferences.org

6th World Congress on Health Economics, Health Policy and Healthcare Management
October 07-08, 2020 | Vienna, Austria
E: healtheconomics@brainstormingmeetings.com
healthstatistics@europeannualconference.com
W: https://healtheconomics.healthconferences.org

Infectious Diseases

12th International Virology Summit
June 24-25, 2020 | Rome, Italy
E: eurovirology@brainstormingmeetings.com
eurovirology@europeannualconference.com
W: https://virology.conferenceseries.com/europe

7th International Congress on Infectious Diseases
February 24-25, 2020 | Berlin, Germany
E: infectioncongress@brainstormingmeetings.com
infectioncongress@europeannualconference.com
W: https://infectioncongress.infectiousconferences.com

10th World Congress on Rare Diseases and Orphan Drugs
July 22-23, 2020 | Barcelona, Spain
E: rarediseases@brainstormingmeetings.com
rarediseases@europeannualconference.com
W: https://rarediseases.insightconferences.com

8th World Congress on Control and Prevention of HIV/AIDS, STDs & STIs
June 24-25, 2020 | Rome, Italy
E: stdhivaids@brainstormingmeetings.com
stdhivaids@europeannualconference.com
W: https://globalhiv-aids-std.infectiousconferences.com

16th World Congress on Infection Prevention and Control
September 16-17, 2020 | Dubai, UAE
E: infectionprevention@brainstormingmeetings.com
infectionprevention@europeannualconference.com
W: https://infectionprevention.insightconferences.com

12th Euro-Global Conference on Infectious Diseases
October 05-06, 2020 | Vienna, Austria
E: euroinfectiousdiseases@brainstormingmeetings.com
euroinfectiousdiseases@europeannualconference.com
W: https://europe.infectiousconferences.com/

11th International Conference on Emerging Infectious Diseases
November 23-24, 2020 | Rome, Italy
E: emergingdiseases@brainstormingmeetings.com
emergingdiseases@europeannualconference.org
W: https://emerging-diseases.infectiousconferences.com

Materials Science

5th Annual Conference and Expo on Biomaterials
May 25-26, 2020 | Rome, Italy
E: biomaterials@brainstormingmeetings.com
biomaterials@europeannualconference.org
W: https://biomaterials.insightconferences.com

18th International Conference on Emerging Materials and Nanotechnology
February 26-27, 2020 | London, UK
E: emergingmaterials@brainstormingmeetings.com
emergingmaterials@europeannualconference.org
W: https://emergingmaterials.materialsconferences.com

6th International Conference and Expo on Ceramics and Composite Materials
June 08-09, 2020 | Frankfurt, Germany
E: ceramics@brainstormingmeetings.com
ceramics@europeannualconference.org
W: https://ceramics.insightconferences.com

21st World Congress on Materials Science and Engineering
June 22-23, 2020 | Rome, Italy
E: materialscongress@brainstormingmeetings.com
materialscongress@europeannualconference.com
W: https://materialsscience.insightconferences.com

22nd International Conference on Advanced Energy Materials and Research
July 15-16, 2020 | Vienna, Austria
E: advancedenergymaterials@brainstormingmeetings.com
advancedenergymaterials@europeannualconference.org
W: https://energymaterials.materialsconferences.com

Microbiology

18th International Conference on Pharmaceutical Microbiology and Biotechnology
February 24-25, 2020 | Berlin, Germany
E: pharmaceuticalmicrobiology@brainstormingmeetings.com
pharmaceuticalmicrobiology@europeannualconference.com
W: https://pharmaceuticalmicrobiology.microbiologyconferences.com




49th World Congress on Microbiology
June 15-16, 2020 | London, UK
E: microbiology@brainstormingmeetings.com
microbiology@europeannualconference.com
W: https://europe.microbiologyconferences.com

15th International Conference on
Microbial Interactions & Microbial Ecology
August 17-18 2020 | Paris, France
E: microbialinteractions@brainstormingmeetings.com
microbialinteractions@europeannualconference.com
W: https://microbialinteractions.expertconferences.org

8th World Congress and Expo on
Applied Microbiology
September 28-29, 2020 | Barcelona, Spain
E: appliedmicrobiology@brainstormingmeetings.com
appliedmicrobiology@europeannualconference.org
W: https://microbiology.conferenceseries.com

Nanotechnology

33rd International Conference on
Nanomaterials and Nanotechnology
June 15-16, 2020 | London, UK
E: nanomaterials@brainstormingmeetings.com
nanomaterials@europeannualconference.com
W: https://nanomaterials.insightconferences.com

32nd Nano Congress for Future Advancements
June 12-13, 2020 | Frankfurt, Germany
E: nanocongress@brainstormingmeetings.com
nanocongress@europeannualconference.com
W: https://nanocongress.nanotechconferences.org

36th International Conference on Advanced Nanotechnology
September 14-15, 2020 | Dubai, UAE
E: advancednano@brainstormingmeetings.com
Advancednano@europeannualconference.org
W: https://advancednano.nanotechconferences.org

31st World Nano Conference
November 22-23, 2020 | Barcelona, Spain
E: nano@brainstormingmeetings.com
nano@europeannualconference.com
W: https://nano.expertconferences.org

Nephrology

24th European Nephrology Conference
October 12-13, 2020 | Zurich, Switzerland
E: euronephrology@brainstormingmeetings.com
euronephrology@europeannualconference.org
W: https://europe.nephroconferences.com

Neuroscience

29th World Congress on Neurology and Therapeutics
February 24-25, 2020 | London, UK
E: neurology@brainstormingmeetings.com
neurology@europeannualconference.com
W: https://neurologyconference.com

30th International Conference on
Neurology and Cognitive Neuroscience
February 24-25, 2020 | London, UK
E: cognitiveneuroscience@brainstormingmeetings.com
cognitiveneuroscience@conferencesint.com
W: https://neurocognitivedisorders.neurologyconference.com

24th International Conference on Neurology & Neurophysiology
March 16-17, 2020 | Berlin, Germany
E: neurophysiology@brainstormingmeetings.com
neurophysiology@europeannualconference.com
W: https://neurophysiology.neuroconferences.com

9th World Congress on
Addictive Disorders & Addiction Therapy
March 09-10, 2020 | Rome, Italy
E: addictioncongress@brainstormingmeetings.com
addictioncongress@europeannualconference.com
W: https://addictioncongress.psychiatryconferences.com

6th International Conference on
Spine and Spinal Disorders
April 13-14, 2020 | London, UK
E: spine@brainstormingmeetings.com
spine@europeannualconference.com
W: https://spine.neurologyconference.com

34th European Neurology Congress
June 24-25, 2020 | Zurich, Switzerland
E: neurologycongress@brainstormingmeetings.com
neurologycongress@europeannualconference.com
W: https://neurologyconference.com/europe

8th International Conference on
Brain Disorders and Therapeutics
August 21-22, 2020 | Paris, France
E: braindisorders@brainstormingmeetings.com
braindisorder@europeannualconference.org
W: https://braindisorders.neuroconferences.com

10th International Conference on
Neurological Disorders & Stroke
August 21-22, 2020 | Paris, France
E: strokecongress@brainstormingmeetings.com
strokecongress@europeannualconference.com
W: https://stroke.neurologyconference.com

6th International Conference on Epilepsy & Treatment
September 21-22, 2020 | Rome, Italy
E: epilepsy@brainstormingmeetings.com
epilepsy@europeannualconference.org
W: https://epilepsytreatment.neurologyconference.com




7th World Congress on Parkinsons & Huntington Disease
September 21-22, 2020 | Rome, Italy
E: parkinsonscongress@brainstormingmeetings.com
Parkinsonscongress@europeannualconference.com
W: https://parkinsons.neurologyconference.com

Nursing

49th Global Nursing & Healthcare Conference
March 09-10, 2020 | Rome, Italy
E: nursingglobal@brainstormingmeetings.com
globalnursing@europeannualconference.com
W: https://nursing-global.nursingconference.com

5th International Conference on Reproductive Health and Medicine
June 22-23, 2020 | Zurich, Switzerland
E: reproductivemedicine@europeannualconference.com
reproductivemedicine@brainstormingmeetings.com
W: https://reproductivehealth.insightconferences.com

10th World Congress on Breast Cancer
April 20-21, 2020 | Berlin, Germany
E: breastcancer@brainstormingmeetings.com
breastcancer@europeannualconference.org
W: https://breastcancer.conferenceseries.com

7th International Congress on Emergency and Trauma Nursing
May 18-19, 2020 | Berlin, Germany
E: trauma@brainstormingmeetings.com
trauma@conferencesint.com
W: https://trauma-nursing.insightconferences.com

50th World Congress on Advanced Nursing Research
May 11-12, 2020 | Vienna, Austria
E: advancednursingresearch@brainstormingmeetings.com
advancednursingresearch@europeannualconference.org
W: https://nursingresearch.nursingmeetings.com

5th World Congress on Patient Safety & Quality Healthcare
June 22-23, 2020 | Zurich, Switzerland
E: patientsafety@europeannualconference.com
patientsafety@brainstormingmeetings.com
W: https://patientsafety.insightconferences.com

51st International Congress on Nursing Care
August 24-15, 2020 | Beijing Chhina
E: nursingcareplan@brainstormingmeetings.com
nursingcare@europeannualconference.com
W: https://nursingcareplan.nursingmeetings.com

26th World Nursing and Healthcare Conference
May 18-19, 2020 | Berlin, Germany
E: worldnursing@brainstormingmeetings.com
worldnursing@europeannualconference.com
W: https://world.nursingconference.com

33rd World Congress on Advanced Nursing Practice
August 17-18, 2020 | Paris, France
E: nursingpractice@brainstormingmeetings.com
nursingpractice@europeannualconference.com
W: https://nursingpractice.nursingconference.com

30th International Conference on Pediatric Nursing & Healthcare
August 17-18, 2020 | Paris, France
E:pediatricnursing@brainstormingmeetings.com
pediatricnursing@internationalconventions.org
W: https://pediatric.nursingconference.com

Nutrition

25th International Conference on
Clinical Nutrition
March 02-03, 2020 | Rome, Italy
E: clinicalnutrition@brainstormingmeetings.com
clinicalnutrition@europeannualconference.org
W: https://clinicalnutrition.europeannualconferences.com

26th European Nutrition and Dietetics Conference
April 20-21, 2020 | Berlin, Germany
E: nutritioncongress@brainstormingmeetings.com
nutritioncongress@europeannualconference.com
W: https://nutritionalconference.com/europe

16th International Congress on
Advances in Natural Medicines, Nutraceuticals & Neurocognition
June 22-23, 2020 | Zurich, Switzerland
E: nutraceuticals@brainstormingmeetings.com
nutraceuticals@europeannualconference.com
W: https://nutraceuticals.pharmaceuticalconferences.com

19th World Congress on
Nutrition and Food Chemistry
September 23-24, 2020 | Rome, Italy
E: nutri-foodchemistry@europeannualconference.com
nutri-foodchemistry@brainstormingmeetings.com
W: https://nutrition-foodchemistry.insightconferences.com

Obesity

13th International Conference on
Childhood Obesity and Nutrition
March 16-17, 2020 | London, UK
E: childhoodobesity@brainstormingmeetings.com
childhoodobesity@europeannualconference.org
W: https://childhood-obesity.insightconferences.com

Oncology & Cancer

40th Euro Congress on Cancer Science & Therapy
May 25-26, 2020 | Rome, Italy
E: cancerscience@brainstormingmeetings.com
cancerscience@europeannualconference.org
W: https://cancerscience.insightconferences.com




18th World Hematology Congress
March 16-17, 2020 | London, UK
E: hematologycongress@scientistviewpoint.com
hematologycongress@europeannualconferences.net
W: https://hematology.insightconferences.com

42nd Euro-Global Summit on Cancer Therapy & Radiation Oncology
August 26-27 | Barcelona, Spain
E: eurocancer@brainstromingmeetings.com
eurocancer@europeannualconference.org
W: https://eurocancer.expertconferences.org

39th World Cancer Conference
November 25-26, 2020 | Rome, Italy
E: worldcancer@brainstormingmeetings.com
worldcancer@europeannualconference.com
W: https://cancer.global-summit.com

Ophthalmology

29th International Conference on Insights in Opthalmology
June 17-18, 2020 | London, UK
E: ophthalmologysummit@brainstormingmeetings.com
ophthalmologysummit@europeannualconference.com
W: https://ophthalmology.insightconferences.com

5th Global Pediatric Ophthalmology Congress
March 02-03, 2020 | Rome, Italy
E: pediatricophthalmology@brainstormingmeetings.com
pediatricophthalmology@europeannualconference.com
W: https://pediatricophthalmology.ophthalmologyconferences.com

30th International Congress on Vision Science and Eye
August 24-25, 2020 | Barcelona, Spain
E: visionscience@brainstormingmeetings.com
visionscience@europeannualconference.com
W: https://visionscience.ophthalmologyconferences.com

5th International Conference & Expo on
Euro Optometry and Vision Science
May 27-28,2020 | Rome, Italy
E: eurooptometry@brainstormingmeetings.com
eurooptometry@europeannualconference.org
W: https://eurooptometry.ophthalmologyconferences.com

Pathology

16th International Conference on
Surgical Pathology and Cancer Diagnosis
March 23-24, 2020 | London, UK
E: surgicalpathology@brainstormingmeetings.com
surgicalpathology@europeannualconferences.com
W: https://surgicalpathology.pathologyconferences.com

Pediatrics

5th International Conference on Pediatrics and Pediatric Surgery
March 11-12, 2020 | Rome, Italy
E: pediatricssurgery@brainstormingmeetings.com
pediatricssurgery@europeannualconference.com
W: https://pediatrics.insightconferences.com

28th International Conference on Clinical Pediatrics
April 15-16, 2020 | London, UK
E: clinicalpediatrics@brainstormingmeetings.com
clinicalpediatrics@europeannualconference.com
W: https://clinicalpediatrics.conferenceseries.com

3rd International Conference on
Advances in Neonatal and Pediatric Nutrition
June 22-23, 2020 | Zurich, Switzerland
E: pediatricnutrition@brainstormingmeetings.com
pediatricnutrition@europeannualconference.org
W: https://pediatricnutrition.pediatricsconferences.com

15th Euro-Global Gastroenterology Conference
June 24-25, 2020 | Rome, Italy
E: gastrocongress@brainstormingmeetings.com
gastroenterology@europeannualconference.org
W: https://europegastroenterology.gastroconferences.com

29th International Conference on Pediatrics Health
July 27-28, 2020 | Zurich, Switzerland
E: pediatricshealth@brainstormingmeetings.com
pediatricshealth@europeannualconference.com
W: https://health.pediatricsconferences.com

34th International Conference on
Neonatology and Perinatology
August 20-21, 2020 | Paris, France
E: neonatology@brainstormingmeetings.com
neonatology@europeannualconference.com
W: https://neonatology.insightconferences.com

33rd World Pediatrics Conference
August 20-21, 2020 | Paris, France
E: worldpediatrics@brainstormingmeetings.com
worldpediatrics@europeannualconference.org
W: https://worldpediatrics.pediatricsconferences.org

30th International Conference on
Pediatrics & Primary Care
September 23-24, 2020 | Rome, Italy
E: primarycare@brainstormingmeetings.com
primarycare@europeannualconference.com
W: https://primarycare.pediatricsconferences.com

31st European Pediatrics Conference
September 30-October 01, 2020 | Barcelona, Spain
E: europediatrics@brainstormingmeetings.com
europediatrics@europeannualconference.org
W: https://europe.pediatricsconferences.org




35th International Conference on
Advanced Pediatrics and Neonatology
November 23-24, 2020 | London, UK
E: adv.pediatrics@brainstormingmeetings.com
adv.pediatrics@europeannualconference.org
W: https://advancedpediatrics.pediatricsconferences.org

Pharmaceutical Sciences

29th International Conference and Exhibition on
Pharmaceutics & Novel Drug Delivery Systems
March 11-12, 2020 | Rome, Italy
E: pharmaceutica@brainstormingmeetings.com
pharmaceutica@europeannualconference.org
W: https://novel-drugdelivery-systems.pharmaceuticalconferences.com

7th World Congress and Exhibition on
Antibiotics and Antibiotic Resistance
March 16-17, 2020 | London, UK
E: antibiotics@brainstormingmeetings.com
antibiotics@europeannualconference.org
W: https://antibiotics.pharmaceuticalconferences.com

13th European Biosimilars Congress
April 01-02, 2020 | London, UK
E: eurobiosimilars@brainstormingmeetings.com
eurobiosimilars@europeannualconference.org
W: https://biosimilars-biologics.pharmaceuticalconferences.com/europe

30th Annual European Pharma Congress
May 18-19, 2020 | Berlin, Germany
E: pharmaeurope@brainstormingmeetings.com
pharmaeurope@europeannualconference.org
W: https://europe.pharmaceuticalconferences.com

31st International Conference and Exhibition on
Pharmacovigilance & Drug Safety
July 27-28, 2020 | Zurich, Switzerland
E: pharmacovigilance@brainstormingmeetings.com
pharmacovigilance@europeannualconference.org
W: https://pharmacovigilance.pharmaceuticalconferences.com

32nd International Conference and Exhibition on
Pharmaceutical Formulations
July 27-28, 2020 | Zurich, Switzerland
E: formulations@brainstormingmeetings.com
formulations@europeannualconference.org
W: https://formulation.pharmaceuticalconferences.com

33rd World Congress on Pharmacology
August 26-27, 2020 | Barcelona, Spain
E: pharmacology@brainstormingmeetings.com
pharmacology@europeannualconference.com
W: https://pharmacology.pharmaceuticalconferences.com

Physical Therapy Rehabilitation

8th International Conference & Exhibition on
Physiotherapy, Neurorehabilitation & Sports Medicine
March 18-19, 2020 | London, UK
E: physiotherapyconference@brainstormingmeetings.com
physiotherapyconference@europeannualconference.com
W: https://physiotherapy.annualcongress.com

7th International Conference and Expo on Novel Physiotherapies,
Physical Rehabilitation and Sports Medicine
September 21-22, 2020 | Berlin, Germany
E: novelphysiotherapy@brainstormingmeetings.com
novelphysiotherapies@europeannualconferences.com
W: https://novelphysiotherapies.insightconferences.com

Physics

4th International Conference on Astronomy and Space Science
May 20-21, 2020 | Berlin, Germany
E: astronomy@brainstormingmeetings.com
astronomy@europeannualconference.org
W: https://astronomy-space.physicsmeeting.com

7th International Conference on Theoretical and Applied Physics
March 27-28, 2020 | London, UK
E: appliedphysics@brainstormingmeetings.com
appliedphysics@europeannualconference.org
W: https://appliedphysics.physicsmeeting.com

13th International Conference on Optics, Photonics & Lasers
April 22-23, 2020 | Berlin, Germany
E: eurooptics@brainstormingmeetings.com
eurooptics@europeannualconference.org
W: https://optics.physicsmeeting.com

6th International Conference on Physics
June 15-16, 2020 | Barcelona, Spain
E: physics@brainstormingmeetings.com
physics@europeannualconference.org
W: https://europe.physicsmeeting.com

3rd International Conference on Membrane Science and Technology
September 21-22, 2020 | Berlin Germany
E: membranescience@brainstormingmeetings.com
membranescience@europeannualconference.com
W: https://membranescience.europeannualconferences.com

5th International Conference on Magnetism and Magnetic Materials
August 17-18, 2020 | Paris, France
E: magneticmaterials@brainstormingmeetings.com
magneticmaterials@europeannualconference.com
W: https://magneticmaterials.physicsmeeting.com




Psychiatry

37th Edition of International Conference on
Addiction Psychiatry and Psychosomatic Medicine 2020
January 24-25, 2020 | Barcelona, Spain
E: psychiatrycongress@scientificpanorama.com
psychiatrycongress@europeannualconferences.net
W: https://psychosomatic.conferenceseries.com

7th International Conference on
Depression, Anxiety and Stress Management
January 21-22, 2020 | Barcelona, Spain
E: stress@brainstormingmeetings.com
stress@europeannualconference.com
W: https://stressmanagement.psychiatrycongress.com

31st International Conference on
Child Psychology & Mental Health
January 21-22, 2020 | Barcelona, Spain
E: childpsychology@brainstormingmeetings.com
childpsychology@europeannualconference.org
W: https://childpsychology.insightconferences.com

8th International Conference on
Mental Health and Human Resilience
March 09-10, 2020 | Rome, Italy
E: mentalhealth@scientificpanorama.com
Mentalhealth@europeannualconferences.net
W: https://mentalhealth.insightconferences.com

32nd International Conference on
Adolescent Medicine and Child Psychology
August 31st - Sep 01st, 2020 | Zurich, Switzerland
E: childpsychology@scientificpanorama.com
childpsychology@europeannualconferences.info
W: https://childpsychology.insightconferences.com

Radiology

6th World Congress on Medical Imaging & Clinical Research
May 11-12, 2020 | Vienna, Austria
E: medicalimaging@scientistviewpoint.com
medicalimaging@europeannualconferences.net
W: https://medicalimaging.expertconferences.org

Surgery

5th International Conference on Anaesthesia
April 13-14, 2020 | London, UK
E: anesthesia@europeannualconference.com
anesthesia@brainstormingmeetings.com
W: https://surgery-anaesthesia.annualcongress.com

14th International Conference on
Orthopedics, Arthroplasty and Rheumatology
September 21-22, 2020 | Rome, Italy
E: orthopedics@europeannualconference.com
orthopedics@brainstormingmeetings.com
W: https://orthopedics.surgeryconferences.com

6th European Otolaryngology-ENT Surgery Conference
October 05-06, 2020 | Vienna, Austria
E: ent@europeannualconference.com
ent@brainstormingmeetings.com
W: https://ent.insightconferences.com

Toxicology

22nd Euro-Global Summit on
Toxicology and Applied Pharmacology
July 15-16, 2020 Vienna, Austria
E: eurotoxicology@brainstormingmeetings.com
eurotoxicology@europeannualconference.com
W: https://europe.toxicologyconferences.com

Vaccines

33rd International Conference on Vaccines and Immunization
March 16-17, 2020 | London, UK
E: vaccines@brainstormingmeetings.com
vaccinessummit@europeannualconference.com
W: https://vaccines-immunization.insightconferences.com

38th Euro Global Summit and Expo on Vaccines & Vaccination
June 08-09, 2020 | Frankfurt, Germany
E: eurovaccines@brainstormingmeetings.com
eurovaccines@europeannualconference.com
W: https://europe.vaccineconferences.com




35th European

Ophthalmology Congress

October 27-28, 2021

WEBINAR



KEYNOTE FORUM

Day 1

35th European
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October 27-28, 2021
WEBINAR

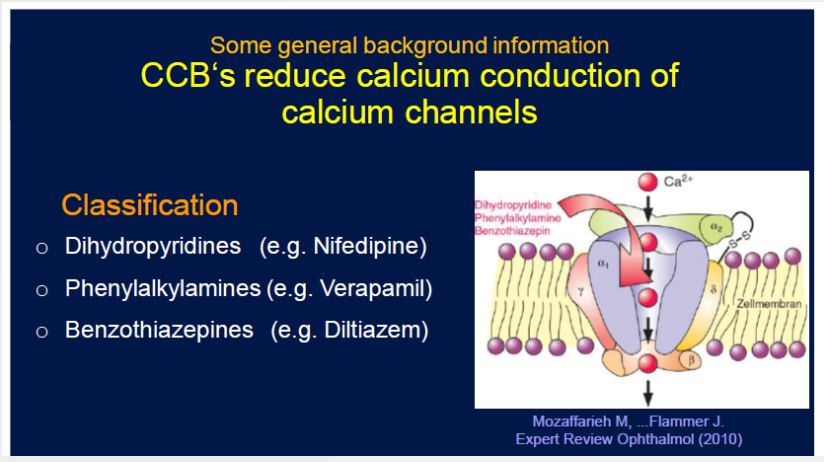
Maneli Mozaffarieh, J Clin Exp Ophthalmol 2021, Volume 12

Maneli Mozaffarieh

Unverisity of Basel, Limmat Eye Center in Zurich, Switzerland

The use of calcium channel blockers for normal tension glaucoma

The goal of glaucoma treatment is the preservation of visual function. In high-tension glaucoma, this is mainly achieved by reducing Intra Ocular Pressure (IOP). The effect of IOP- lowering treatment is less effective and less well documented in patients with Normal Tension Glaucoma (NTG). Although even in this group of patients, IOP may play a role, other risk factors are obviously also involved. Knowledge about the effects of modulating other risk factors is still limited. We know, however, that oxidative stress due to an unstable blood flow plays a role in the pathogenesis of damage. Ocular blood flow (OBF) is particularly unstable in patients with Primary Vascular Dysregulation syndrome (PVD). Among the drugs currently available, Calcium Channel Blockers (CCBs) are considered the most promising treatment for regulating OBF. Indeed, treatment with CCBs, especially when used at low doses, has repeatedly been reported to be beneficial for NTG patients, particularly when they suffer from PVD. These patients normally present both an irreversible as well as a reversible component of visual field defects. If the visual fields improve after short- term treatment with certain drugs (the reversible component decreases), then there is a high probability that this treatment will also be beneficial when used over the long term. Magnesium is a “physiological CCB”. While its effect is weaker, side effects are also less pronounced than those of CCBs. It is therefore advisable to begin treatment with magnesium and then to switch over to CCBs only if the effect of magnesium is insufficient. Nevertheless, It can be difficult to find an appropriate CCB at the right concentration. As the main indication for CCB administration is the treatment of systemic hypertension, low-dose CCBs are usually not available. As an exception, nifedipine is available in a liquid form, which can be applied as low-dose drops.



References

1. Mozaffarieh M & Flammer J. (2009) Ocular blood flow and glaucomatous optic neuropathy. Springer. ISBN 978-3-540-69442-7.
2. Flammer J, Mozaffarieh M, Bebie H. (2013) Basic sciences in ophthalmology. Physics and chemistry. Springer. ISBN 978-3-642-32260-0.
3. Fang L, Neutzner A, Turtschi S, Flammer J, Mozaffarieh M. (2015) The effect of Gingko biloba and Nifedipine on DNA breaks in circulating leukocytes of glaucoma patients. Expert Rev. Ophthalmol. 10(3), 313-318.
4. Fang L, Turtschi S, Mozaffarieh M. (2015) The effect of nifedipine on retinal venous pressure of glaucoma patients with the Flammer-Syndrome. Graefes Arch Clin Exp Ophthalmol. 253(6):935-9.
5. Mozaffarieh M, Konieczka K, Flammer J. (2010) Calcium channel blockers: their use in normal tension glaucoma. Expert Rev Ophthalmol 5(5):617-25.

Biography

Maneli Mozaffarieh is currently working at the Limmat Eye Center in Zürich, Switzerland. She is also working at the University of Basel. Her expertise is mainly in the fields of glaucoma and microcirculation. She has published many articles in reputed journals.

Sameena Anjum Sheriff, J Clin Exp Ophthalmol 2021, Volume 12

Sameena Anjum Sheriff

Advanced Centre for Daycare Surgery (ACDS), UAE

Silicone punctal plugs for treatment of dry eye and other ocular surface disorders.

Purpose: To examine the efficacy, safety and retention rates of silicone punctal plugs for the treatment of dry eye disease and various ocular surface disorders.

Patients and Methods: Medical records of patients who underwent universal size silicone punctal plug insertion from November 2019 to January 2021 were retrospectively reviewed. After plug insertion, all patients had 6 months or more of follow-up. The clinical data collected were the sex and age of the patients, indications for plug insertion, Symptomatic Improvement (SI), initial versus replacement plug, spontaneous extrusion or removal of the plug, and percentage of complications. Furthermore, changes in objective ocular surface parameters were analyzed using the Corneal Fluorescein Staining (CFS) score, Schirmer's test and Tear break up time in plug-retaining patients at baseline and at six month follow-up. Plug retention rates were analyzed using Kaplan-Meier analyses.

Results: Silicone punctal plug was inserted in 164 eyes of 86 patients (62 women and 24 men). All insertions were in the lower punctum. Primary keratoconjunctivitis sicca syndrome was the most common indication for punctal plug treatment (102 eyes, 62.2%), followed by post Lasik group, recurrent corneal erosion, exposure keratoconjunctivitis and Sjogren's syndrome. The symptoms improved in 136 (83%) of 164 eyes at six month follow-up. The mean score of the fluorescein staining of the cornea was reduced from 2.9 ± 0.1 to 1.1 ± 0.1 with silicone punctal plug treatment at 6 ± 2 weeks follow-up and 0.6 ± 0.1 at 6 month follow up. The spontaneous total extrusion of silicone punctal plug occurred in 6 eyes (3.6%). The plug was removed in 9 eyes (5.5%) because of discomfort(8 eyes) and canaliculitis in one eye.

Conclusions: Punctal plug insertion is a simple, effective, safe and reversible method to treat aqueous tear deficiency and other ocular surface diseases. Complications were rare. Discomfort was the commonest reason for removal apart from a single case of infective canaliculitis. Universal size fits majority of patients with good tolerance. However, spontaneous plug loss occurs in a significant minority of patients.

Keywords: Silicone punctal plugs, Dry eye disease, Sjogren's syndrome, Post Lasik, Corneal fluorescein staining, Ocular surface disorder, Canaliculitis. Schirmers test, Tear break up time.

References

- Presented a study "Recurrent corneal erosion: - Conservative management on 22 patients, an observational study." As a speaker at the 6th International conference and Expo on Euro Optometry and Vision Science held on March 24-25, 2021.
- Presented a Case report "Posterior capsule rupture following blunt trauma with paintball. How safe is paintball?" as a poster at European Society of Cataract and refractive surgeons, Athens, Greece 2016.
- Presented a Case report "A case of bilateral cornneal graft rejection. Is it the influence of one eye rejection on the other?" as a poster at European Society of Cataract and refractive surgeons, Istanbul, 2015.
- Presented paper titled "Evaluation of dry eyes in Diabetes Mellitus and its correlation with Diabetic Retinopathy"at 33rd Annual conference of 'Research Society for the study of Diabetes in India', held in Bangalore in Sep 2005, Awarded best paper presentation.
- Presented paper titled "Dry eyes in Diabetes Mellitus" at Karnataka State Ophthalmic 24th Annual Conference held in Bangalore in the year 2005.
- Presented paper titled "Ocular manifestations of leprosy" at CME organized by Damien Foundation India Trust. Awarded best paper presentation.
- Presented many papers locally on Dry eyes, Diabetic eye changes and refractive surgeries.

Biography

Sameena Anjum Sheriff is a Cornea, Cataract & Refractive surgeon. She is a fellow of the Royal College of Surgeons, Glasgow, UK. She has done her masters in ophthalmology from M.S. Ramaih Medical College, Bangalore and was awarded gold medal as the best outgoing postgraduate student. Sheriff has been practicing ophthalmology for more than 12+yrs. She has extensive experience in the field of Cornea, advanced Cataract Surgery and Refractive procedures. She also has vast experience managing ocular Ocular Trauma and has performed many Anterior segment repair surgeries. She is an avid academician and has presented scientific papers and posters at national and international Ophthalmic meetings. Her areas of interest are Corneal Surface Disorders, Multifocal and Toric IOLS, Keratoconus, Wavefront optics, Pterygium, and Excimer laser ablation.

Jerry Katzman, J Clin Exp Ophthalmol 2021, Volume 12

Jerry Katzman

RetinalGeniX Technologies, Inc., USA

An affordable high resolution WA (200 degree) retinal micro-camera for mass screening and early diabetes detection and home monitoring through an undilated pupil.

RetinalGenix System: A 200 degree FOV Ophthalmic imaging camera screening device. The device would be affordable and easy to use by not only by Ophthalmologists, Optometrists, Opticians, and Eye care professionals but by other medical specialties as well to prevent blindness. General practitioners, pediatricians and hospitals are screening sites. The imaging system would allow for retinal imaging fast, efficient, it is easy to operate and through an undilated pupil for mass screening. As the earliest sign of Diabetes is detected by vascular changes in the peripheral retina and Diabetes is the most common cause of blindness, early detection would reduce the dire onset of Diabetes Retinopathy DR, Diabetic Macular Edema DME

Retinalcam: A patient home undilated monitoring imaging system with physician alert for the monitoring by patients themselves. These patients are considered high risk for loss of sight and eventual blindness. Immediate intervention is needed in patients with Diabetic Retinopathy, AMD (wet and dry), Optics Neuritis, Hemorrhage, Stroke, Vasculitis, Optic neuritis and other Pathologies. Once identified by their physician, continuous home monitoring becomes not only possible but sight saving.

Biography

Jerry Katzman, MD, is the Chief Executive Officer, President, and Chairman of the Board of Directors of RetinalGeniX Technologies, Inc, USA. Jerry Katzman has always been an entrepreneur, scientist, and pioneer in medical science. Upon completion of his medical training, he joined a multi-specialty group practice in Brandon, FL where he founded and established the group's department of ophthalmology. He then entered into a private practice where he designed and built one of the first state-licensed in office freestanding ambulatory surgical centers. The center also provided a multitude of services, including pharmacy, audiology, retinal dx, and treatment, as well as, general eye care, eye surgery, and optical. In 1993, He founded EyeCare International, the nation's first and largest non-insurance based discount vision network consisting of over 13,000 provider locations. After 17 years with Amacore

Group, Inc. (successor to Eye Care International) he retired as its Chief Medical Officer and continued his work on healthcare initiatives to promote affordable healthcare and an emergency electronic medical records program. Thereafter, in 2008, co-founded Core Corporate Consulting Group, Inc. a private company designed to purchase and rejuvenates ailing public companies which were headed into bankruptcy. In 2013, founded Disruptor Technologies Inc., a marketing and consulting company, and served as the CEO. Disruptor was developed to research, identify, evaluate, obtain, develop, promote, manufacture, and/or market groundbreaking technologies in health and science. He is also the host of the podcast Healthy, Strong, and Active: Your Strategy for Life. He graduated from Boston University with a B.S. in Biomedical Engineering in 1974 and thereafter earned his M.D. from the Universidad de Guadalajara in Jalisco, Mexico.

35th European

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Scientific Tracks & Abstracts

Day 1

Khaled G Abu Eleinen et al., J Clin Exp Ophthalmol 2021, Volume 12

Cyclodialysis revival of an abandoned technique in glaucoma surgery

Khaled G Abu Eleinen[1], **Salah A Makhlouf**[2], **Mohammad G Barhooma**[1], **Hoda T EL Shiwy**[1], **Mohamed W M Nagaty**[1] and **Ibrahim Mosaad AbdelAti**[1]
[1]Cairo University, Egypt
[2]Fayoum Eye hospital, Egypt

Purpose: This pilot study evaluated the short-term efficacy and safety of Cyclodialysis operation in cases of advanced and uncontrolled Glaucoma.

Methods: Patients with advanced Glaucoma and uncontrolled Intra Ocular Pressure (IOP) despite maximally tolerable antiglaucoma medications were selected to undergo cyclodialysis. Through fornix based conjunctival incision, Episcleral vessels were cauterized for Hemostasis. Cyclodialysis was done through 2 mm radial scleral incision, 3-4 mm from the limbus to expose the outer surface of the ciliary body (CB). A 27, 25-gauge canula, spatula or trabeculotome was passed between CB and the sclera into the anterior chamber, then rotated to complete separation between the Sclera & CB on both sides. Follow-up examinations took place until 6 months postoperatively.

Results: Thirty-five eyes of 31 patients were included. Mean age was 47.17 ±17.99 years. Open-angle Glaucoma was the most common diagnosis 18 eyes (51.43%), 14 of them (40%) were Primary open-angle Glaucoma and 4 (11.4%) were Pseudoexfoliation Glaucoma. Best Corrected Distant Visual Acuity (BCDVA) at baseline ranged between 0.7 and 1.6 log MAR. Mean untreated IOP before surgery was 47.1±9.5 mm Hg. This was reduced significantly to 16.4 ±8 mm Hg (mean reduction 30.7 mmHg:65.2% reduction, $P < 0.0001$) at 6 months. The mean number of antiglaucoma drops decreased significantly from 3.6 ±0.8 drops before surgery to 0.52 ±1.12 at 6 months of follow-up ($P < 0.0001$). Visually significant hyphema on the 1st postoperative day was encountered in 16 eyes (45.7%). We noted non-significant reduction of mean BCDVA from 1.14 ±0.28 to 1.24 ± 0.22 log MAR ($P = 0.1198$). Cyclodialysis failed to control IOP in 3 of 5 eyes with Neovascular Glaucoma (60%) at 6 months due to continuous proliferation in these eyes.

Conclusions: Cyclodialysis is an efficient glaucoma surgery that achieves significant reduction of IOP and the number of antiglaucoma drops. Further studies are needed to assess the success of this technique in different types of glaucoma.

Biography

Khaled G Abu Eleinen is a renowned Ophthalmology Professor. Khaled G Abu Eleinen is working in Department of Ophthalmology, Faculty of Medicine, Cairo University, Egypt and Department of Ophthalmology, Fayoum Eye Hospital, Fayoum, Egypt. He has published many articles in reputed journals.

Umme Salma Akbar et al., J Clin Exp Ophthalmol 2021, Volume 12

Pattern of presentation, management and outcome of lens induced glaucoma at a tertiary eye care centre

Umme Salma Akbar, Shams Mohammed Noman, Rajib Husain, Mohammed Quamrul Islam and **Shally Biswas**
Chittagong Eye Infirmary and Training Complex, Bangladesh

Objective: To outline the clinical presentation, management and outcome of lens induced Glaucoma in Chittagong Eye Infirmary and Training Complex.

Methods: A case series review was done among the patients who visited Chittagong Eye Infirmary and Training Complex from January 2015 to December 2018. Demographic data, clinical presentations, management and outcome were recorded and analysed.

Results: 30 phacomorphic cases and 20 phacolytic glaucoma patients were included in our study. The mean age at presentation was 60 years. Female to male ratio was 2:1. The reason for late presentation was distance which was 60% in phacomorphic glaucoma and 50% in phacolytic glaucoma. The main symptoms were reduced vision followed by ocular pain and redness of eye. Visual acuity was either HM or just PL in all eyes before surgery. All patients underwent SICS with posterior chamber lens implantation. IOP reduced tremendously upon discharge and vision kept improving upto a month after surgery.

Conclusion: Reduced vision, ocular pain and redness are the main clinical presentations of lens induced glaucoma. Cataract surgery proves to be effective in lowering IOP and visual recovery in patients with lens induced glaucoma.

Key words: Lens induced glaucoma, Phacomorphic Glaucoma, Phacolytic Glaucoma.

Recent Publications:

1. Munirujzaman Osmani, Umme Salma Akbar, Hutchinson-Gilford Progeria Syndrome: Case Report. CEITC Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2011; Vol-6, ISSIN: 2075-8138.
2. Murtuza Nuruddin, Delowar Hossain, Hardeep S. Mudhar, Soma Rani Roy, Umme Salma Akbar, Retinoblastoma in an adult – a rare entity. CEITC Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2013; Vol-8, ISSN: 2075-8138.
3. Shah Alam, Sumedh Dewan, Umme Salma Akbar, Md. Aminur Rahman, Intraocular Gnathostomiasis CaseReport. CEITC Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2014; Vol-9, ISSN: 2075-8138.

4. Marazul Islam Bhuiyan, Umme Salma Akbar, V-pattern of esotropia in a child: Case Report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2015; Vol-10, ISSN: 2075-8138.
5. Umme Salma Akbar, Soma Rani Roy, Melanocytoma of the optic nerve head: A case report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2017; Vol-12, ISSN: 2075-8138.
6. Jasmin Ahmad, Umme Salma Akbar, Progressive cone dystrophy: A case report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2017; Vol-12, ISSN: 2075-8138.
7. Dr. Soma Rani Roy, Dr. Umme Salma Akbar, Bilateral Iris Epithelial Cyst- A Case-Report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2018; Vol-13, ISSN: 2075-8138.
8. Dr. Umme Salma Akbar, Dr. Shams Mohammed Noman, Dr. Rajib Husain, Dr. Mohammed Quamrul Islam, Pattern of presentation, management & outcome of lens induced glaucoma at a tertiary eye care center. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2019; Vol-14, ISSN: 2075-8138.
9. Dr. Umme Salma Akbar, Dr. Shams Mohammed Noman, Hurler syndrome - A Case Report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2019; Vol-14, ISSN: 2075-8138.
10. Dr. Umme Salma Akbar, Dr. Shams Mohammed Noman, Ahmed Valve Implantaion in Pseudophakic Refractory Paediatric Glaucoma- A Case Report. CEITC Ophthalmic Horizon (A journal of Institute of Community Ophthalmology & Chittagong Eye Infirmary and Training Complex). September 2020; Vol-15, ISSN: 2075-8138.
11. Umme Salma Akbar, et al. Pattern of Presentation, Management and Outcome of Lens Induced Glaucoma at a Tertiary Eye Care Centre. J Ophthalmol 2021,6(1):000221.
12. Umme Salma Akbar, et al. Ahmed Valve Implantation in Pseudophakic Refractory Paediatric Glaucoma-A Case Report. J Ophthalmol 2021, 6(1):000225.

Biography

Umme Salma Akbar is working as an Associate Consultant at Chittagong Eye Infirmary & Training Complex, Bangladesh. She worked in residency training at CEITC during 2009-2010 sessions. She was an Assistant Surgeon from September 2011 till September 2017 and Senior Assistant Surgeon from October 2017 till June 2021. She worked as part-time faculty member in residency training program and publishes many abstracts in reputed Journals..

Omer Abdullah, J Clin Exp Ophthalmol 2021, Volume 12

Unilateral eales disease with presumed tubercular etiology, three case reports

Omer Abdullah
Ibinsina Modern Eye and Retina Center, Iraq

To report three cases of unilateral Eales disease with presumed tubercular etiology and management, including a combination of oral steroids plus antituberculosis (anti-TB) therapy.

Methods: The clinical, serological, tuberculin skin test, and angiographic evaluations for each patient were carried out.

Result: The first case received only oral steroids for the first four months, but the disease progressed, therefore, shifted to the full anti-TB combined with oral steroids. The latter two cases received the same combination with no progression. The third case had stopped oral steroids abruptly caused reactivation of the disease.

Conclusion: The diagnosis of Eales disease is an exclusion diagnosis. The natural course, clinical picture, and the FFA findings of the illness make the diagnosis possible. Patients at risk to predispose to tuberculosis needs particular concern when presented with vitreous hemorrhage. Steroid monotherapy causes progression of the disease, and sudden steroid withdrawal results in reactivation.

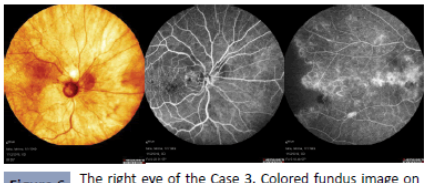

Figure 6 The right eye of the Case 3. Colored fundus image on the left side showing very slight vitreous hemorrhage. The FFA in the middle and left side; showing, leakage from NVE and other blood vessels in the temporal part of the macula with the ischemic area outlined well.

Figure 5 The right eye of the Case 2. Colored fundus image on the left side showing very slight vitreous hemorrhage with subhyaloid hemorrhage in the inferior part. The FFA in the middle and left side; showing, leakage from NVE and collateral vessels in the temporal part of the macula with the ischemic area outlined well.

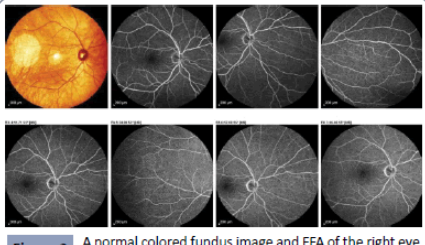

Figure 3 A normal colored fundus image and FFA of the right eye of the Case 1.

Recent Publications:

1. Abdullah OO (2020) Unilateral Eales Disease with Presumed Tubercular Etiology, Three Case Reports. Health Sci J. 14 No. 4: 731.
2. Abdullah OO (2020) Bilateral Wyburn-Mason Syndrome Presenting with Macular Edema. Health Sci J. 14 No. 4: 733.
3. Abdullah OO (2020) Presumed Idiopathic Central Serous Chorioretinopathy in 9 years old boy. Health Sci J. 14 No. 4: 732.
4. Abdullah OO (2020) A Novel Approach to Prevent Endothelial Tear/Detachment in Combined Advanced Pseudoexfoliation Syndrome and Diabetes Mellitus. Health Sci J. 14 No. 5: 747.
5. Abdullah OO (2020) A Novel Approach to Prevent Intraocular Pressure Spikes and Reflux during Intravitreal Injections. Health Sci J. 14 No. 5: 748.

Biography

Omer O. Abdullah completed his M.B.Ch.B at Hawler Medical University, School of Medicine. He completed MD and studied Clinical Master Degree in Ophthalmology at University of Sulaimani, School of Medicine. He joined ICO Vitreoretinal Fellowship Subspeciality at Ankara Hospital University, Faculty of Medicine, Ankara-Turkey and completed with distinction. Dr. Abdullah granted IOFF vitreoretinal Fellowship subspeciality and he is working as both phaco and vitreoretinal trainer at both Rizgary Teaching Hospital and Ibinsina modern eye and retina center. Also he is an associate editor at Health Journal Science. Currently, he is working on two patents, a mater IOL and a retinal forceps.

Sonali Prasad, J Clin Exp Ophthalmol 2021, Volume 12

A rare case of sight threatening progressive corneo-scleral involvement in porphyria cutanea tarda

Sonali Prasad

Vardhman Mahavir Medical College and Safdarjung Hospital, India

Porphyria Cutanea Tarda (PCT) is the most common type of porphyria. It is associated with deficiency of uroporphyrinogen decarboxylase enzyme responsible for heme synthesis. Clinical manifestations are predominantly dermatological and very rarely present with ocular involvement. Although scleral thinning in the interpalpebral area is a well documented entity, sight threatening corneal involvement is rarely described. We, herein report a case of 58 year old male who presented with ocular surface dryness, photophobia and mild redness. Slit lamp bio-microscopy revealed corneo-scleral thinning in both the eyes. The diagnosis was confirmed with urine porphyrin test, S. iron and S. ferritin levels. We started him on conservative management after which he was lost to follow up. He presented again after six years with total corneal opacification and progressive loss of vision in right eye.

Biography

Sonali Prasad is a final year Postgraduate Student from Vardhaman Mahavir Medical College and Safdarjung Hospital, India. She has completed her MBBS from KMCH, India. She qualified MBBS with first class HONS in Ophthalmology. She has published more than 10 papers in reputed journals and has reviewed more than 8 papers for reputed journal as well. She currently has 3 ongoing research in the field of Ophthalmology.

Omer Abdullah, J Clin Exp Ophthalmol 2021, Volume 12

Bilateral wyburn–mason syndrome presenting with macular edema

Omer Abdullah
Ibinsina Modern Eye and Retina Center, Iraq

The Wyburn-Mason or Bonnet-Dechaume-Blanc syndrome is a sporadic illness which is a type of phakomatosis, usually present as unilateral Arteriovenous Malformations(AVM), for the first defined by Magnus in 1874 as retinal AVM later in 1932 another description gave by Yates and Payne; as an AVMs of the retina and cerebral vasculature, while in 1937 Bonnet, Dechaume and Blanc defined as AVM involving facial, retinal and brain blood vessels, then in 1943 all literature revised by Wyburn-Mason to put together to his case reports, therefore, the name of Bonnet-Dechaume-Blanc syndrome given in France, but in English articles entitled as Wyburn-Mason syndrome. At that time, due to a deficiency in diagnostic imaging techniques, all the diagnosis were performed by clinical findings, operation, or autopsy. Usually, it is a unilateral disorder comprising of three distinct components: orbit, brain (ipsilateral to the retina) and face, in the face; the sensory region of the trigeminal nerve distribution involved, that takes the shape of naevi which might be wholly formed and illness, is complete, or the naevi might be faint or absent, the latter regarded as an incomplete disease but rarely a bilateral involvement encountered with an asymmetrical grade of malformation. The pathology starts in the early embryonic period, and if vascular dysgenesis encountered can lead to a wide range of neurocutaneous vascular defects in the cerebrum or ocular or both. When the disorder reaches the last stage, the AVM can compress the optic nerve causing impaired perfusion, ischemia eventually optic atrophy. Another explanation for visual loss is glaucoma as a result of elevated vascular pressure, neovascularization resulting from ischemia, which might lead to vitreous hemorrhage(5). Archer et al. staged the disease into three groups: Group 1 (AVM cannot be detected clinically). Group 2 (Clinically seen as edema and hemorrhage due to direct AVM, i.e., no capillary network between them). Group 3 (Clinically, it is impossible to distinguish arteries from veins due to severely dilated blood vessels all over retina). We present a 41-year-old male presented with a gradual decrease in his visual acuity in both eyes.

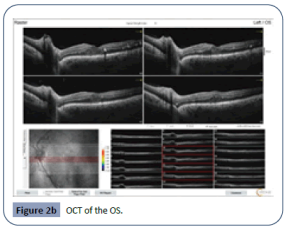
Figure 2b OCT of the OS.

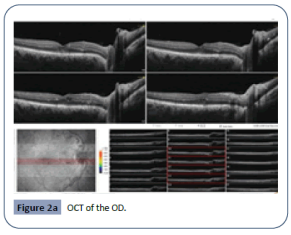
Figure 2a OCT of the OD.

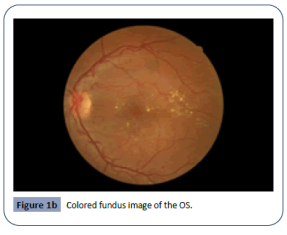
Figure 1b Colored fundus image of the OS.

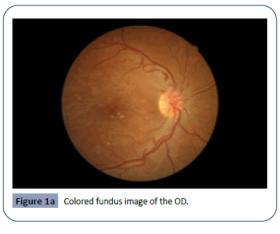
Figure 1a Colored fundus image of the OD.

Recent Publications:

1. Abdullah OO (2020) Unilateral Eales Disease with Presumed Tubercular Etiology, Three Case Reports. Health Sci J. 14 No. 4: 731.
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Biography

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Erdinç Bozkurt et al., J Clin Exp Ophthalmol 2021, Volume 12

Evaluation of the efficacy of micronutrition therapy in patients with neovascular AMD who could not perform intravitreal therapy during the COVID pandemic period.

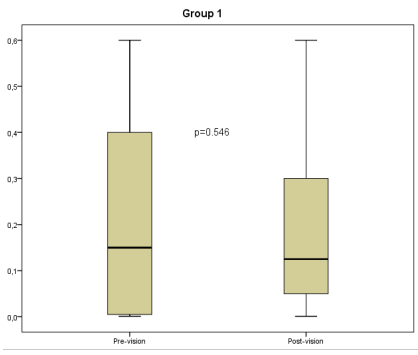
Erdinç Bozkurt,Utku Limon, Gamze Tanındı Duman and **Betül Ikay Sezgin Akçay**
University of Health Sciences, Ümraniye Training and Research Hospital, Turkey

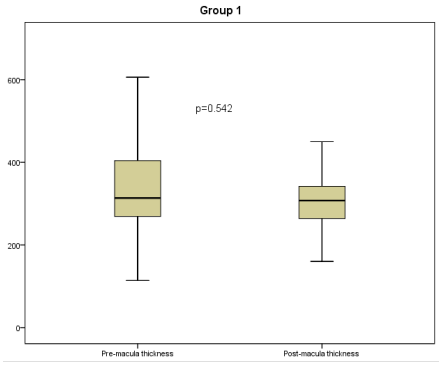
Purpose In this study our aim is to investigate the effectiveness of micronutrition therapy in patients with neovascular type AMD who cannot undergo intravitreal therapy during the pandemic period.

Material-Method: The files of patients with neovascular Age-related macular degeneration (nAMD) who could not receive intravitreal treatment between March 2020 and July 2021 were reviewed retrospectively. Two groups were formed from patients who met the inclusion criteria. Patients who received regular micronutrition therapy for at least 6 months were included in Group-1, and patients who did not receive regular micronutrition therapy in Group-2. Age, gender, duration of nAMD, treatments applied, duration of follow-up, intraocular pressure (IOP), best corrected visual acuity (BCVA), central macular thickness (CMT), type of micronutrition used and duration of use were recorded and data were created. The obtained data were compared between the two groups. Primarily, the change between BCVA and CMT between the two groups was evaluated.

Result: Of the 183 nAMD patients whose data were scanned, 125 were excluded because of missing data or using irregular micronutrition. Of the 58 patients who met the inclusion criteria, 27 were included in Group-1 and 31 in Group-2. BCVA and CMT values of the groups at the beginning of the pandemic are 0.69±0.72, 0.88±0.82, respectively (p=0.074); 333.6±102, 385.3±92.6 (p=0.074). BCVA and CMT values of the groups in the first examination after the pandemic were 0.74±0.76, 1.39±1.30 (p<0.001); 327.9±140.5, 399.9±152.7 (p=0.062) respectively.

Coclusion: As a result, it was observed that micronutrition treatment did not make a significant difference between the groups in terms of CMT, but we determined that it slowed the poor prognosis in terms of BCVA. We believe that micronutrition therapy may be a supportive treatment for intravitreal therapy in patients with nAMD. These findings highlight the importance of micronutrition intake for nAMD patients applying for treatment.





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Biography

Erdinç Bozkurt tries to focus on retinal diseases such as macular posterior pole degenerations. He works hard to improve the diagnosis and treatment of these diseases. It has goals such as improving the well-being and prognosis of their diseases, especially in patients followed in the retina unit.

Rahaf Abdullah Mandura et al., J Clin Exp Ophthalmol 2021, Volume 12

Clinical profile, evaluation, management and visual outcome of idiopathic intracranial hypertension in a neuro-ophthalmology clinic in Jeddah, Saudi Arabia

Rahaf Abdullah Mandura[1], **Dareen Adnan Khawjah**[1], **Abeer Surihan Alharbi**[2] and **Nawal Ali Arishi**[3]

[1]King Abdulaziz University, Saudi Arabia,

[2]Ohoud Hospital, Saudi Arabia

[3]Jeddah Eye Hospital, Saudi Arabia3

Idiopathic Intracranial Hypertension (IIH) is a disorder with Elevated Intracranial Pressure (ICP) more than 250 mm H2O, without evidence of meningeal inflammation, space-occupying lesion, or venous thrombosis. In this study, we aim to study the clinical profile, evaluation, management, and visual outcome in a hospital-based population of IIH cases in Jeddah. It is a retrospective observational study that included the medical records of all patients referred to Neuro-Ophthalmology service for evaluation of papilledema. The medical records have been reviewed from October 2018 to February 2020 at Jeddah Eye Hospital (JEH), Saudi Arabia. A total of fifty-one patients presented with papilledema in the studied period. Forty-seven patients met our inclusion criteria and were included in the study. Most of the patients were females (43, 91.5%) with a mean age of presentation of 30.83±11.40 years. The most common presenting symptom was headache (40 patients, 85.1%), followed by transient visual obscuration (20 patients, 42.6%), and reduced visual acuity (15 patients, 31.9%). All 47 patients were started on medical treatment with oral acetazolamide with four patients (8.5%) shifted to topiramate because of the lack of response or intolerance to acetazolamide while four patients (8.5%) underwent lumbar-peritoneal shunt because of inadequate control of the disease despite the treatment with medical therapy. For both eyes, the change in visual acuity across all assessment points was statistically significant. Nevertheless, there were no significant changes in the visual field findings among all of the compared assessment points. Our study has shown that this disease is common in young female patients with headaches, transient visual obscurations and reduced visual acuity. Medical treatment of IIH is significantly efficacious and should be considered in order to enhance the prognosis of IIH-related complications.

Conclusion: Therefore, the visual status should be frequently monitored for these patients.

Response		Acetazolamide dose (mg)						P-value
		500		750		1000		
		Count	%	Count	%	Count	%	
Subjective response	Not reported	0	0.0	2	18.2	0	0.0	0.162
	Yes	8	72.7	7	63.6	17	89.5	
	No	3	27.3	2	18.2	2	10.5	
Objective response	Not reported	0	0.0	2	18.2	0	0.0	0.023*
	Normal	8	72.7	9	81.8	12	63.2	
	Pale	3	27.3	0	0.0	2	10.5	
	Blurry	0	0.0	0	0.0	5	26.3	

Recent Publications:

1. Wall M. Idiopathic intracranial hypertension. Neurol Clin. 2010;28(3):593-617.
2. Dandy WE. INTRACRANIAL PRESSURE WITHOUT BRAIN TUMOR: DIAGNOSIS AND TREATMENT. Annals of surgery. 1937;106(4):492-513.
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4. Galvin JA, Van Stavern GP. Clinical characterization of idiopathic intracranial hypertension at the Detroit Medical Center. Journal of the neurological sciences. 2004;223(2):157-160.
5. Baheti NN, Nair M, Thomas SV. Long-term visual outcome in idiopathic intracranial hypertension. Ann Indian Acad Neurol. 2011;14(1):1

Biography

Rahaf Mandura is a Board certified ophthalmologist and a teaching assistant at King Abdulaziz University in Jeddah, Saudi Arabia. She has published many articles in reputed journals.

35th European

Ophthalmology Congress

October 27-28, 2021

WEBINAR

KEYNOTE FORUM

Day 2

Hardik Parikh, J Clin Exp Ophthalmol 2021, Volume 12

Hardik Parikh

Global Eye Clinic, India

Bilateral cataract surgery in tropical country: Visual outcomes and complications

Purpose: To evaluate the visual outcome, post-operative complications and safety of simultaneous bilateral cataract extraction.

Setting: Single surgeon series in a private practice setting.

Methods: This retrospective case review comprised 74 random patients (148 eyes) who had simultaneous bilateral Cataract Surgery. Surgeries included bilateral simultaneous Microincision phacoemulsification with foldable monofocal / multifocal intraocular lens implantation. Outcome measures were postoperative Best Spectacle-Corrected Visual Acuity (BSCVA), intraoperative and postoperative complication rates.

Results: 91.89 percent of patients (136 eyes) achieved an UCVA acuity of 6/9 or better on post-operative day one. Rest 8.1 percent of patients had BCVA 6/12 post-operative day one. All eyes had BCVA of 6/9 or better by end of 1 month. One eye of one patient had mild iritis when post-operative steroids were tapered and stopped, same eye responded well on second three week cycle of low dose steroid. Intraoperative complication rates were similar to those in previous reports of unilateral Cataract Surgery and simultaneous bilateral Cataract Surgery. No cases of Endophthalmitis or toxic anterior segment syndrome occurred in all 148 eyes. There were no bilateral complications that resulted in visual loss.

Conclusions: Simultaneous bilateral Cataract Surgery did not lead to an increased incidence of serious intraoperative or postoperative complications, and visual acuity results were good.

Biography

Hardik Parikh is an experienced and well trained Cataract and Refractive surgeon who specialises in Multifocal IOLs, premium lenses and Toric IOLs. He has vast experience in LASIK surgery and Phakic IOLs to correct Refractive Error. He has presented at various national and international conferences.

Omer Abdullah, J Clin Exp Ophthalmol 2021, Volume 12

Omer Abdullah

Ibinsina Modern Eye And Retina Center, Iraq

Presumed idiopathic central serous chorioretinopathy in 9 years old boy

A 9-year-old male attended our clinic with the blurred vision in his right eye, for one day duration. No past history of systemic or Ocular illnesses except for recurrent tonsillitis. On ocular examination; his left eye (OS) visual acuity (VA) was 6/6, and the right eye (OD) VA was 6/9.5 which corrected to 6/9 with +0.75 diopter sphere. Fundus examination revealed normal optic nerve and a serous detachment in the posterior pole, nearly about the disc size. The Optical Coherence Tomography Angiography (OCTA) showed neurosensory retinal detachment with subretinal fluid. The family was not able to perform the Fundus Fluorescein Angiography (FFA) due to the financial crisis in the region. Given this background, the diagnosis of idiopathic central chorioretinopathy had given. The clinical course was monitored without any treatments and spontaneous remission achieved within two months and the last OCTA taken after six months.

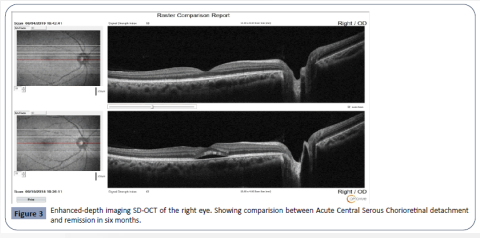

Figure 3 Enhanced-depth imaging SD-OCT of the right eye. Showing comparision between Acute Central Serous Chorioretinal detachment and remission in six months.

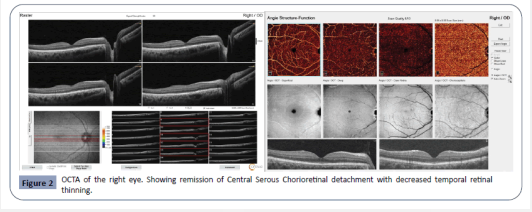

Figure 2 OCTA of the right eye. Showing remission of Central Serous Chorioretinal detachment with decreased temporal retinal thinning.

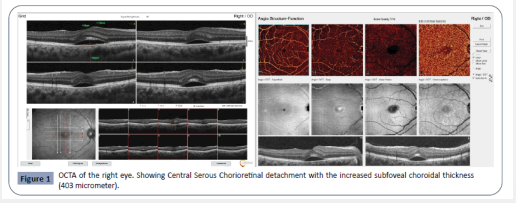

Figure 1 OCTA of the right eye. Showing Central Serous Chorioretinal detachment with the increased subfoveal choroidal thickness (403 micrometer).

References

1. Abdullah OO (2020) Unilateral Eales Disease with Presumed Tubercular Etiology, Three Case Reports. Health Sci J. 14 No. 4: 731.
2. Abdullah OO (2020) Bilateral Wyburn-Mason Syndrome Presenting with Macular Edema. Health Sci J. 14 No. 4: 733.
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Biography

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Herbert L Gould, J Clin Exp Ophthalmol 2021, Volume 12

Herbert L Gould

RetinalGeniX Technologies, Inc, USA

Photo Bio Modulation (PBM) for Dry Age-Related Macular Degeneration (AMD) and Electro Retino Graphy (ERG)

Photo Bio Modulation (PBM) also known as low level light therapy is used to stimulate retinal cell function to reverse the progress of dry Age Related Macular Degeneration (AMD). Clinical trials in Europe have succeeded in EU approval and current retinal trials in the US are concluding with promising results. AMD is caused by mitochondrial dysfunction and oxidative stress. PBM works by the absorption of photons by photoreceptors in the targeted tissue. Once absorbed, the secondary cellular effects include increases in energy production and changes in signaling modalities such as Reactive Oxygen Species (ROS), Nitric Oxide (NO) and cellular Calcium. Heretofore there has been no treatment for dry AMD except the AREDS nutritional NIH approved. Wet AMD has been successfully managed with anti-vegf therapy with moderate success but only represents 10% of AMD. Currently studies are underway with PBM to treat wet AMD and diabetic retinopathy (DR). With our rapidly ageing population AMD is the major cause of worldwide blindness. PMB provides hope. Lumithera has designed a modest treatment device (Valeda) that delivers the precise low light in the range of low red to almost infra-red. Repeated office visits are required as the effect slowly fades and must be restored periodically. Current studies in the USA have been using the Diopsys Electroretinogram system as the sole objective evidence of the results in addition to the subjective ones, i.e contrast sensitivity and BCVA. The value of ERG allows us to objectively appreciate the restoration of the health of the neural cells in response to PBM.

Biography

Herbert Gould graduated from Bowdoin College and received an MD from Columbia's College of Physicians and Surgeons. He continued his medical studies at the Institute of Ophthalmology (London), Harvard Medical School, and the Downstate Medical Center, NY, where he received a corneal fellowship which included Moorfields Eye Hospital, London. He was a co-founder of the Contact Lens Society of Ophthalmologists and the New York Intraocular Lens Implant Society. He was a founding member of the American Intraocular Lens Implant Society,

now ASCRS, was elected to the International Intraocular Lens Implant Club (IIIC), and later was a founding member of the International Society of Refractive Surgery. Dr. Gould was the founder and first president of the New York Keratorefractive Society. He has been a Teaching Fellow at the State University of New York, was Assistant Clinical Professor in Ophthalmology at State University of New York (Downstate), Associate Clinical Professor at New York Medical College, and served as an Instructor at the American Academy of Ophthalmology. He implanted the first intraocular lens in China with the IIIC. He trained in Russia and introduced radial keratotomy to the US and later helped develop the Lasik technique. He had one of the first lasers in NYC after FDA approval, and later helped set up the laser center at the New York Eye and Ear Infirmary. He served as a Major in the U.S. Air Force, where he served as a Flight Surgeon, for five years. Now he is the Chief Science Officer at RetinalGeniX Technologies, Inc, USA.

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Scientific Tracks & Abstracts

Day 2

Shally Biswas et al., J Clin Exp Ophthalmol 2021, Volume 12

Intravitreal bevacizumab versus combination of intravitreal bevacizumab and laser photocoagulation for the treatment of diabetic macular edema

Shally Biswas, Dipak Kumar Nag and **Mujtahid Mohammed Hossain**
Chittagong Eye Infirmary and Training Complex, Bangladesh

Purpose: To assess the efficacy of intra-vitreal injection of bevacizumab versus combination therapy of intra-vitreal injection bevacizumab and laser photocoagulation in the treatment of diabetic macular oedema.

Methods: This longitudinal type of observational study was conducted over 60 (sixty) eyes of sixty diagnosed patient of diabetic macular oedema. Selected patients underwent detailed ophthalmic and systemic examination as well as relevant investigation. They were grouped into group A (who were treated by intra-vitreal injection of bevacizumab) and group B (who were treated by combination therapy of intra-vitreal injection bevacizumab and laser photocoagulation). They were followed up after 1 month, 3 months and 6 months after beginning of the study. Best corrected visual acuity (BCVA) by Log MAR unit and Central Macular Thickness (CMT) in microns by OCT were assessed in every visits. All the baseline data and outcome data were recorded in a pre-designed data collection sheet. Mean change in BCVA and CMT were compared with baseline within the group and also between the groups in each follow-up and was analyzed statistically by unpaired't' test. 'p' value <.05 was taken as significant.

Results: Mean age of the study subjects of group A were 52.53±12.11 (SD) years and group B were 52.10±11.45 (SD) years (p=0.43). Among the study subjects 16 were male and 14 were female in group A, in group B 17 were male and 13 female in number (p=.07). Mean baseline BCVA were 0.77±0.16 (SD) Log MAR unit in group A and 0.74±0.11 (SD) Log MAR unit in group B, it was 0.57±0.22 (SD), 0.56±0.20(SD) and 0.57±0.28 (SD) in group A and 0.56±0.15(SD), 0.48±0.13(SD) and 0.39±0.13(SD) in group B during 1st, 2nd and 3rd follow-up respectively. Statistical analysis comparison of mean BCVA between two groups at final follow-up was significant (p=0.002). Mean baseline CMT were 434.83±78.38 (SD) micron (μ) in group A and 430.47±65.22 (SD) micron (μ) in group B, it was 397.57±73.22 (SD), 353.56±89.20(SD) and 347.83±114.40 (SD) in group A and 363.56±69.15(SD), 289.48±54.13(SD) and 274.70±47.50(SD) in group B during 1st, 2nd and 3rd follow-up respectively. Statistical analysis comparison of mean CMT between two groups at final follow-up was significant (p=0.002).

Conclusion: Assessment of the the study finding shows that there was significant improvement in mean BCVA and mean CMT changes within the groups in almost every follow-up. Difference in mean BCVA and mean CMT was significant statistically between two groups during final follow-up at the end of 6 months.

Key words: Diabetic macular oedema, Bevacizumab, Laser photocoagulation.

Publication:

1. Dr. Shally Biswas, Prof. Dipak Kumar Nag, Dr. Mujtahid Mohammed Hossain, Intravitreal Bevacizumab Versus Combination of Intravitreal Bevacizumab and Laser Photocoagulation for The Treatment of Diabetic Macular Edema (A journal of Ophthalmological Society of Bangladesh). June 2019; Vol-47, ISSN: 1609-3259.

Biography

Shally Biswas is working as a Senior Assistant Surgeon at Chittagong Eye Infirmary & Training Complex Pahartali in Bangladesh. She worked as Medical Officer at CMCH from July 2009 to 31st December, 2009 and at USTC from January, 2010 to June 2010 and at CMCH from May, 2019 to September, 2019. She was an Assistant Surgeon in Ministry of Health from July 2010 to April, 2019. She worked as faculty member in residency training program. She had Working Experience in Ophthalmology for 11 years 8 months and Publishes many articles in reputed Journals.

Khaled Gamal Abu Eleinen et al., J Clin Exp Ophthalmol 2021, Volume 12

Peribulbar adjuvant to general anesthesia versus general anesthesia alone in strabismus surgery: Randomized clinical trial

Khaled Gamal Abu Eleinen[1], Maged Labib Boulos[2], Mohammed Yehia Abd El-Latif[1], Mahmoud Ramadan Ahmed[2] and **Abeer Shaban Goda[2]**

[1]Cairo University, Egypt

[2]Fayoum Eye hospital, Egypt

Background: To evaluate the effect of adding Peri Bulbar Block (PBB) to General Anesthesia (GA) on Oculocardiac Reflex (OCR), Blood Pressure (BP), volume concentration of isoflurane consumed during surgery, postoperative pain, nausea and vomiting in strabismus surgery

Methods: 210patients undergoing unilateral squint operations were divided into 2 groups of 105 patients each. Group1 (Control group) received GA alone. Group 2 received GA with peribulbar block (PBB group). The primary outcomes were the incidence OCR, blood pressure; systolic (SBP) & diastolic (DBP). The secondary outcomes were intraoperative volume concentration of isoflurane, number of cases that needed atropine, opioids, ondansetron and ephedrine, postoperative pain scores, Post-Operative Nausea and Vomiting (PONV).

Results: The incidence of OCR and PONV was significantly higher in group1 than in group2 (36.2% vs.7.6% and 41.9% vs.16.2%, respectively, $p<0.0001$, both), HR, systolic BP and diastolic BP were significantly lower in group1 than group2 at minute 15 and 20 ($P\leq0.001$). Postoperative pain scores were significantly lower in group2 than group1 ($P\leq 0.04$). Volume concentration of isoflurane was significantly higher in group 1 than group2, $p<0.0001$. There was significant difference between study groups regarding intake of atropine($P<0.001$), morphine($p=0.0002$), ondansetron($P<0.001$).

Conclusions: In strabismus surgery, PBB with GA reduced the incidence of OCR intraoperative volume concentration of isoflurane and atropine, postoperative pain, PONV analgesics and antiemetics.

Biography

Khaled G Abu Eleinen is a renowned Ophthalmology Professor. Khaled G Abu Eleinen is working in Department of Ophthalmology, Faculty of Medicine, Cairo University, Egypt and Department of Ophthalmology, Fayoum eye hospital, Egypt . He has published many articles in reputed journals.

Veera Ramani et al., J Clin Exp Ophthalmol 2021, Volume 12

Outcome of intracorneal rings segment insertion in keratoconus patients

Veera Ramani and **Yeap Khy Ching**
Tun Hussein Onn National Eye Hospital, Malaysia

Statement of Problem: Keratoconus (KC) is a progressive distortion of the cornea and patients used to ultimately end with corneal transplant. With the advent of corneal collagen cross-linking (CXL), the progress of KC was delayed in most patients. In addition, insertion of Intracorneal Ring (ICR) segments has assisted in improving best corrected visual acuity (BCVA). Sometimes, if the BCVA is not improved, treatment of the cornea by refractive surgery could be considered. Our purpose of this study is to report the outcomes of insertion ICR in KC patients.

Methods: This is a retrospective study of 143 eyes who had undergone ICR insertion between January 2013 to May 2021. We implanted intracorneal rings by one manufacturer (Keraring by Mediphacos). The patients underwent ICR insertion by a single surgeon under local anaesthesia. Though manual insertions was available, it was convenient to use Visumax femtosecond laser (Carl Zeiss, Germany) to create the tunnels of 75-80% corneal depth. Periods of examination of these patients were pre-operatively, 1-, 3- and 6-months post operatively. We examined the patients under slit-lamp and used their BCVA, corneal astigmatism from Galilei topography (Ziemer) and anterior segment optical coherence tomography (VISANTE, Carl Zeiss, Germany) to monitor their progress and the depth of the ICR in the stroma.

Results: Out of the 143 eyes, 73% of them had improvement in the BCVA and 89% of patients showed improvement of astigmatism on corneal topography at 6 months after insertion of ICR. 18.9% of the 143 eyes had prior CXL.

Conclusion: Instead of patients ending up with corneal transplant in advanced cases, patients have the option of improving their visual acuity with ICR.

Biography

Veera Ramani is a renowned doctor at Tun Hussein Onn National Eye Hospital, Malaysia. She published many articles in reputed Journals.

Ayesha Ahmed, J Clin Exp Ophthalmol 2021, Volume 12

Spectrum of bacterial conjunctivitis in southern pakistan: 10 year retrospective review of laboratory data

Ayesha Ahmed
West Suffolk Hospital, UK

Background: Bacterial conjunctivitis contributes largely to ocular morbidity in both developed and developing countries. The spectrum of conjunctivitis is influenced by geographic and climatic factors. One previous report from Pakistan had shown adenoviruses to be predominantly responsible for keratoconjunctivitis, however little is known about the bacterial agents responsible for conjunctivitis. In this study, we report the microbial etiology of bacterial conjunctivitis by performing a 10 year retrospective review of laboratory data.

Methods: All conjunctival cultures received at the Aga Khan University Clinical Microbiology Laboratory from 2004 to 2013 with bacterial growth were identified through a laboratory database. Information on patients' demographic characteristics, identification of organisms, and antibiotic susceptibility was obtained from an archived database of laboratory records. Data were entered and analyzed in MS Excel. Results: A total of 1534 conjunctival culture samples were received at the clinical microbiology laboratory during the 10 year study period (2004–2013), of which 375 showed bacterial growth. Staphylococcus aureus was found to be the most common bacterial cause of conjunctivitis. Streptococcus pneumoniae was seen predominantly in children aged 0–14 years. Higher trends of resistance were noticed for trimethoprim sulfamethoxazole and erythromycin.

Conclusions: The bacterial profile of ocular surface cultures from patients with conjunctivitis showed prevalence of S. aureus in all ages and S. pneumoniae in children, with pseudomonal infections common in older age groups, likely associated with the use of contact lenses. Antibiotic susceptibility testing showed high level of resistance to topical antibiotics. Studies designed to address the challenges of antibiotic susceptibility testing against topical antibiotics are needed to inform empiric treatment guidelines in various age groups.

Keywords: Antimicrobial resistance, bacterial conjunctivitis, infants, Pakistan, Staphylococcus aureus, Streptococcus pneumonia.

Biography

Ayesha Ahmed is currently a trust grade junior doctor at the West Suffolk Hospital, England. She completed her MBBS from the Army Medical College, Pakistan after which she completed her foundation year 1 training from the Aga Khan University Hospital. She went on to work in the Ophthalmology department of Aga Khan Hospital as a Resident Medical Officer before moving to the UK.

Sonali Prasad, J Clin Exp Ophthalmol 2021, Volume 12

Rhino-orbital mucormycosis in an immunocompetent patient with no susceptibility following *P.VIVAX* malaria infection

Sonali Prasad

Vardhman Mahavir Medical College and Safdarjung Hospital, India

A young immunocompetent female presented with a 3- week history of painful swelling and outward protrusion of the right eye with complete loss of vision. She had a history of P.vivax malaria two weeks prior to her ocular symptoms. On ocular examination, there was proptosis, total ophthalmoplegia with loss of corneal sensations in the right eye. Hematological examination revealed normocytic normochromic anemia and thrombocytopenia. MRI was suggestive of right-sided pansinusitis and orbital cellulitis with right superior ophthalmic vein thrombosis and bulky cavernous sinus.

Nasal biopsy was negative for fungal culture. An emergency surgical debridement of all the sinuses was done with right orbital exenteration. Histopathology confirmed the diagnosis of mucormycosis and the patient improved post-operatively on systemic antifungals.

Such an association of mucormycosis with malaria infection is rarely reported in the literature and is hypothesized to be a result of immunosuppression caused by malaria. Also, emphasis is laid upon having a high index of suspicion for fungal infection in the setting of pansinusitis even if the risk factors are absent.

Biography

Sonali Prasad is a final year Postgraduate Student from Vardhaman Mahavir Medical College and Safdarjung Hospital, India. She has completed her MBBS from KMCH, India. She qualified MBBS with first class HONS in Ophthalmology. She has published more than 10 papers in reputed journals and has reviwed more than 8 papers for reputed journal as well. She currently has 3 ongoing research in the field of Ophthalmology.

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Poster

Mohit Mirchandani et al., J Clin Exp Ophthalmol 2021, Volume 12

Reactivation of herpes simplex virus in a COVID patient: Rare complication of keratoconjunctivitis - A case report

Mohit Mirchandani and **Kamil Rudolf**
Charles University, Czech Republic

Herpetic Simplex Virus (HSV) is a human neurotropic virus that remains in a latent state within ganglionic neurons throughout the entire neuroaxis after the primary infection. It is a common cause of blindness around the world and the reactivation of HSV commonly occurs in immunocompromised it could also occur in COVID-19 patients which caused a worldwide pandemic and is known to cause severe acute respiratory distress. Co-infection with COVID-19 and other viruses have been reported, however rarely, about the involvement of any latent viruses. This case sheds a unique presentation of coactivation of latent virus causing Herpetic keratoconjunctivitis. It also gives importance on the treatment and monitoring of acyclovir and its potential adverse effects towards organ dysfunction.

Keywords: Herpes Simplex Keratitis; COVID-19; Immunosuppression; Antiviral therapy

Conclusion: COVID-19 could reactivate HSV due to immune dysregulation, the treatment of keratoconjunctivitis resistant to topical acyclovir is systemic acyclovir, however regular monitoring liver and kidney functions are necessary in order to prevent serious adverse effects.

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Biography

Mohit Mirchandani is from Department Gastroenterology, University Hospital Hradec Králové, Czech Republic and now he is pursuing as Faculty of Medicine at Charles University, in Hradec Králové, Czech Republic. He has research interest in Ophthalmology, Herpes Simplex Keratitis; COVID-19; Immunosuppression; Antiviral therapy. He has published many articled in reputed Journals.

Marketa Suranova et al., J Clin Exp Ophthalmol 2021, Volume 12

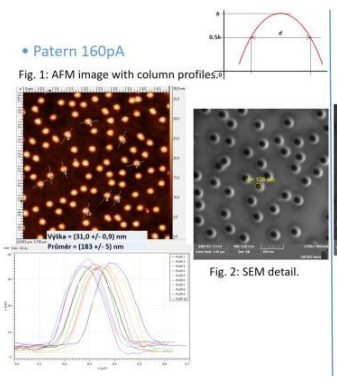
Exploration of the potential for nanostructured hydrogel surface in prevention of cell upregulating cytoskeletal structures and loosing transparency

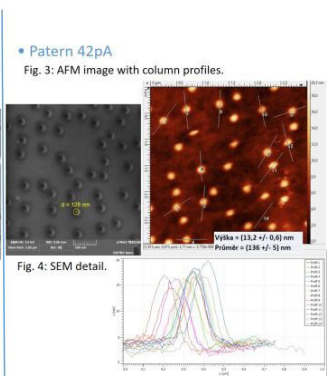
Marketa Suranova, Eva Cerna, Tomas Krajnak, Tomas Samaril, Lucy Vojtova, Pavel Vesely, Radim Chmelik, and **Daniel Zicha**
Brno University of Technology Technická, Czech Republic

The secondary cataract occurs when cells begin to accumulate on the back surface of the Artificial Intraocular Lens (IOL). Ideally, the IOL should be designed to maintain high transparency of the cells on its surface as it is the case of the natural lens. The standard IOL features unnaturally smooth surface from the manufacture process. Cells are known to respond to smooth surfaces in tissue culture by upregulation of cytoskeleton proteins,

e.g. doubling of actin and actinin and forming conspicuous stress fibres.

For the proposed IOL, we use lithography to create a nanostructured form with pyramid depressions. The form is then used to mold PHEMA and then we visualize the PHEMA surface with AFM to confirm that the material is suitable for the nanostructure. The validated material will be used in nanostructured form with pyramids approximately 50 nm in size distributed in an arrangement that does not allow adherent cells to form straight actin cables in any direction. We have already proposed an initial pattern with the arrangement of a 5-pyramid star cluster repeating irregularly. The cluster of 5 pyramids has one central pyramid and the remaining 4 are located in the direction NNW, WNW, SSE and ENE. Human fibroblasts will be used to analyze cellular responses to topology followed by epithelial cells. Cell transparency will be measured in bright field microscopy each day after seeding the cells on the nanostructured surface of the PHEMA for a certain period of time. The surrounding smooth surface will serve as a control. The cells will finally be fixed and stained for F-actin using Alexa Flour 488 Phalloidin and visualized with a laser scanning confocal microscope. The presence of F-actin fibres will be quantified and correlated with the transparency of the living cells.





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Biography

Marketa Suranova has her expertise in Optometry. Her project is based on design and produce nanostructured hydrogel and visualize the life cell response to this topography evaluating actin cytoskeleton and transparency. This the nanostructured surface on the intraocular lens material is expected to prevent cytoskeleton enrichment and maintain high cell transparency and thus creating a potential to produce intraocular lens resistance to secondary cataracts. The foundation is based on (Meek and Knupp, 2015) a paper about corneal structure and transparency where they proposed models based essentially on the fact that the collagen fibers in the corneal stroma were associated with six adjacent proteoglycan fibers at regular axial intervals. Defined lengths of proteoglycans would force the fibrils to a perfect hexagonal lattice to ensure corneal transparency. We are creating a similar model for the design of the surface the intraocular lens.

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e-Poster

Evgeniya Poruchikova et al., J Clin Exp Ophthalmol 2021, Volume 12

Objective measurement of visual acuity using the method of infrared videonystagmography.

Evgeniya Poruchikova and **Olga Poruchikova**
Ophthalmologist, Istok Audio Labs, Russia

Relevance: In modern ophthalmological practice the objective and subjective methods are used for determining visual acuity. It differ in the degree of involvement and influence on the patient's and the doctor's response. The main medical problem in this case is the identification of cases of simulation and aggravation of patients during the passage of medical commissions for various purposes. One of the ways to objectively assess visual acuity is infrared (IR) videonystagoraphy. IR videonystagmography is a method based on video recording of reflex eye movements in response to the demonstration of certain optotypes with further analysis of the data obtained using special software. The hardware-software complex VISION allows to solve the problem of identifying cases of simulation and aggravation at the expert level.

The purpose of the study is to analyze the correlation between subjective and objective visual acuity, identified using VISION.

Materials and methods: subjective visual acuity was determined for 51 people with different refraction according to standard tables. Objective visual acuity was determined by induction of optokinetic nystagmus with various optotypes. Statistical analysis: Spearman correlation.

Results: A correlation analysis of the relationship between the results of the UCVA* value determined using standard tables and optotypes for IR-videonistagmography in the general population allowed us to establish a statistically significant direct correlation between the compared signs of very high density (Snellen: vertical stripes $p = 0.925$; $p < 0.001$; chessboard $p = 0.922$; $p < 0.001$; sparse into 3 vertical stripes $p = 0.925$; $p < 0.001$; Landolta: vertical stripes $p = 0.959$; $p < 0.001$; chessboard $p = 0.953$; $p < 0.001$; sparse into 3 vertical stripes $p = 0.947$; $p < 0.001$).

Conclusions: the use of complex VISION as a method of objective assessment of visual acuity has shown its effectiveness for patients with various types of refraction.

*UCVA – Uncorrected Visual Acuity

Table

Group	Landolt		Snellen	
All (n=102)	UCVA	CVA	UCVA	CVA
VS	0,925*	0.211**	0,959*	0.634
CB	0,922*	0.142	0,953*	0.194
VS3	0.925*	0.118	0.947*	0.123
Em (n=56)				
VS	0,876*	0,192	0,912*	0,622*
CB	0,873*	0,177	0,910*	0,639*
VS3	0,887*	0,203**	0,908*	0,674*
M (n=39)				
VS	0,951*	0,186	0,967*	0,608*
CB	0,949*	0,173	0,964*	0,623*
VS3	0,955*	0,186	0,965*	0,659*
Hm (n=7)				
VS	0,967*	0,218**	0,979*	0,587*
CB	0,964*	0,205**	0,976*	0,619*
VS3	0,969*	0,205**	0,977*	0,632*

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Biography

Poruchikova Evgenia and Poruchikova Olga are members of the team for the development of a new diagnostic device VISION. In 2018, the project was supported by a grant from the Skolkovo Innovation Center in the Biomed Cluster. The accumulated knowledge gained during training at the Faculty of Fundamental Medicine and on the basis of Fyodorov Eye Microsurgery State Institution, daily work with patients with visual pathology allows them to participate in the project not only as practicing ophthalmologists, but also as researchers who have a basic understanding of the structure and physiology of the eye and the entire optical human system.

Vignesh Paulpandian, J Clin Exp Ophthalmol 2021, Volume 12

Role of routine laser peripheral iridotomy without pliocarpine in primary angle closure suspects during covid pandemic

Vignesh Paulpandian
Norfolk & Norwich University Hospita ,UK

Statement of the problem: Laser Peripheral Iridotomy(LPI) is routinely used for the management of Primary Angle Closure Suspects (PACS). Since the Covid Pandemic the number of visits by patients to the clinics became limited. Pre pandemic there were a total of 3 clinic visits: the first clinical assessment, second for the LPI & the final post laser assessment. We decided to merge these appointments into one. The routine use of pilocarpine during LPIs prevents us to accurately assess the angle structures so the patients need to be brought back to for final assessment post LPI. This can avoided if the LPI can be done without Pilocarpine.

Material & Methods: We studied a cohort of 30 patients who were referred as cases of PACS with normal Intraocular Pressure (IOP) and healthy optic discs to the eye clinic and these patients had their drainage angles assessed in a single visit and had their LPIs done during the same visit and post LPI their angles were reassessed again by gonioscopy and Intraocular pressure checked.

Results: 25 (83%) of the 30 patients were discharged post laser in a single visit as their angles were open on gonioscopy. 5 patients need to be booked for further assessment due to multiple reasons like IOP spikes, angles still narrow on gonioscopy or for a re-do LPI.

Conclusion: This method of doing LPIs without Pilocarpine minimizes patient visit to the eye clinic especially in the COVID era and provide a quick and effective way of patient management.

Recent Publications

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Biography

Vignesh Paulpandian has completed his M.B.B.S & MD ophthalmology from JIPMER India. He did his FRCS from Royal college of Glasgow .He is currently working as a Speciality Doctor in Norfolk & Norwich University Hospital. He has published around 7 papers in reputed journals and has been serving as a Reviewer in International Journal of Ophthalmology.

Marsida Krasniqi, J Clin Exp Ophthalmol 2021, Volume 12

Outcomes of post-traumatic endophthalmitis after treatment in a mother teresa hospital in albania, a retrospective study.

Marsida Krasniqi
University Aleksander Moisiu Durres, Albania.

Purpose: The aim of this study is to evaluate the clinical characteristics, visual outcome and prognostic factors of post-traumatic endophthalmitis cases.

Materials and methods: This is a retrospective study, where patients with post-traumatic endophthalmitis followed up for a minimum of 6 months and referred to Mother Teresa Hospital of Tirana from January 20018 to December 2020 were included. Data of the patients were collected from patient records and included demographic data, clinical presentation, type of injury (site on eye, lens involvement, retained intraocular foreign body); mechanism of injury (penetration/perforation/ rupture/ruptured surgical wound); primary repair; lensectomy at the time of primary repair; and prognostic factor for the final visual outcome. Data were collected and analyzed with SPSS.

Results: From 53 cases with post-traumatic endophthalmitis presented to the department of ophthalmology of Mother Teresa hospital of Tirana, 57% were male. From 53 cases, 11 (21%) were children with mean age 6.02 ± 10.14 years old. Regarding visual acuity, 36 (67.9%) of patients presented only light perception or worse; 15 (28.3%) hand movement and 2 (3.7%) better than hand movement. The duration between the precipitating trauma and presentation at the hospital was less than 24 hours in 5 (9.4%), between 1 and 7 days in 26 (49%) and greater than 7 days in 22 (41.5%) of cases. 26 cases received Intravitreal antibiotics only while 27 cases received both Intravitreal antibiotics and vitrectomy. At follow-up, 18 (34.9%) of 53 patients had improvement in vision while in 35 (65.1%) cases the vision remained same or deteriorated. The anatomical outcome was poor (phthisis bulbi, evisceration or enucleation) in 14 (26.4%) of cases.

Conclusions: In our study an unfavorable outcome in post traumatic endophthalmitis cases was seen to be correlated with delay in primary repair and poor presentation of visual acuity.

Keywords: Post traumatic endophthalmitis, Outcomes, Retrospective Study, Albania

Biography

Marsida Krasniqi is an ophthalmologist in the department of opthalmology at Our Lady of Good Counsel and at German Hospital, Tirana and she also is a lecturer in the Department of Medical Science at Aleksandër Moisiu University of Durrës. She holds degrees from the University of "Our Lady of Good Counsel" and "TorVergata" (MSc in Medicine and Surgery), the "TorVergata University" Roma, Italy (Certificate Del Diploma Originale del Abilitacione – Medico Chirurgo), the University "Our Lady of Good Counsel (Phd in Public Health, Molecular diagnosis of infection diseases and Pharmacovigilance), and University of Medicine of Tirana (Ophthalmology). Previously she was Physician, Medical Consultant, Project Coordinator, Coordinator of National and International Conferences and Lecturer at University of Sports, Tirana. Dr. Krasniqi has authored or co-authored the book of "Manual of Management of Refractive Errors" and over 35 publications in peer reviewed journals at regional, national and international conferences.

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What is the infection risk post-intravitreal injections in immune suppressed patients?

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Background: Infectious endophthalmitis is a sight-threatening complication occurring in 0.025% of patients following Intravitreal Injection (IVI) secondary to microbial infection. 0.015% of cases are culture-positive cases, suggesting sterile endophthalmitis is less common in IVI procedures (2). Although some evidence broadly suggests an increased rate of infection in immune suppression, particularly patients with malignancy, older age, rheumatological conditions and immunosuppressive therapy, some studies have reported otherwise. Current guidance states no difference in the approach to IVI for immune suppressed groups. Due to low overall risk of endophthalmitis from anti-VEGF IVI and lack of large-scale studies investigating association between infection rate and immune suppression, analysis of local data and comparison with published research is therefore warranted to answer this question.

Purpose: To understand how immune suppression can predispose to development of infection after IVI compared with non-immune suppressed patients.

Methods: All patients who were undergoing IVIs between September 2012 to April 2021 and were immune suppressed (due to clinical condition and/or treatment) were included. Patient notes from the Medisoft electronic database were identified and reviewed for information pertaining to underlying condition; treatment status during study period; indication for IVI; duration and frequency of injections and incidence of intra-vitreal infection during the study period. All IVIs were performed in a designated injection room following minimum infection control measures as per the Royal College of Ophthalmologists guidance. Clinical assessment and imaging between IVI treatment cycles informed follow-up.

Results: A total of 23 IVIs were performed on 19 patients (42% male; 58% female). Mean age 79 years (range, 59-92 years). Underlying malignancy (n=18) or renal transplant (n=1) caused immune suppression with 79% (n=15) of patients on active treatment for these conditions at the time of IVI. Myeloma (16%), leukaemia (21%) and metastatic breast cancer (16%) were the most frequently occurring conditions. There were no reported instances of post-injection sterile inflammation or infection despite use of standard antisepsis protocol. Average treatment duration was 43 months (range, 7-102 months) and 25 injections (range, 8-26 injections) were given on average in that period.

Discussion: Previous studies have been unable to demonstrate a clear association between infection risk in immune suppression. Based on this retrospective, observational study conducted in a single centre, there appears to be no increased incidence of infection compared with non-immune suppressed patients. Longevity

and rising cancer incidence in the general population has prompted the importance of addressing immune suppression and establishing the infection risk for future cohorts undergoing IVI therapy. Current guidelines adequately manage infection risk, regardless of patient immune status, but would require a larger, prospective, comparative study.

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Biography

Yazan Fakhoury is from Leeds University Teaching Hospitals NHS Trust, Leeds, UK . He published many articles in reputed journals.

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