Diagnostics, Devices and Drugs: 3D Ophthalmic Management Integrating Technology for Better Eye Care

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MOSC II

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About MOSC 2026

The **Malaysian Ophthalmology Scientific Congress (MOSC II) 2026** marks an exciting new chapter in Malaysia's eye care community. Taking place from **10–12 July 2026** in Kuala Lumpur, this second edition of the congress brings together the nation's leading ophthalmology stakeholders under one roof, guided by the theme, "Diagnostics, Devices and Drugs: 3D Ophthalmic Management Integrating Technology for Better Eye Care."

A collaborative effort by the **Malaysian Universities Conjoint Committee in Ophthalmology (MUCCO), the Malaysian Society of Ophthalmology (MSO), the College of Ophthalmologists, Academy of Medicine of Malaysia (COAMM), the Ministry of Health Malaysia Ophthalmology Services, and the Malaysian Armed Forces**, MOSC II serves as a platform to foster collaboration across the profession. By bringing together the public and private sectors, consultants and trainees, as well as academia and clinical service, the congress promotes the exchange of knowledge, innovation, and best practices in ophthalmic care.

Attendees can look forward to:

- Over 47 hours of scientific sessions spanning 14 ophthalmic subspecialties.
- More than 30 symposia, alongside plenary lectures, free paper presentations, and interactive case discussions delivered by distinguished local and regional experts.
- Engaging programme highlights including e-poster presentations, video and photography competitions, the Penthalon Quiz, Kahoot Quiz Challenge, Glaucoma Debate, and industry-supported educational symposia.
- Valuable networking opportunities to exchange ideas, foster collaborations, and advance clinical practice, research, education, innovation, and advocacy.

Academia, research & publication

ABSTRACT ID: 51
BEHIND THE INJURIES: 14- MONTHS OCULAR TRAUMA REVIEW FROM PAHANG TENGAH, MALAYSIA

Hanis Zahirah Zulkefeli[1], Pyon Sung Cheal[1], Nurul Ibtisam Mohammad[1], Haizul Ikhwan Murat[1]

[1]Hospital Sultan Haji Ahmad Shah

Purpose

To investigate the association between demographic and injury characteristic and the severity of ocular trauma among patients from the Pahang Tengah region, Malaysia.
Methods: A cross-sectional study was conducted at Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang from 1 December 2024 until 31 January 2026, involving 247 patients presenting with ocular injuries. Demographic data and injury characteristics were analysed using SPSS version 29.0. Associations between variables and injury severity were assessed using appropriate statistical tests.

Results

Of 247 patients, 140 (56.7%) were male, with a mean age of 37.3 years. Most were Malaysian (n = 180, 72.6%), predominantly Malay, while 58 (23.5%) were non-Malaysians. Non-workplace injuries predominated (n = 145, 58.7%), with 36.8% occurring at the workplace. Trivial ocular injuries, including subconjunctival haemorrhage, corneal abrasions, and foreign bodies, were common among Malaysians. Severe ocular injuries such as penetrating eye injury, perforating eye injury and globe rupture were significantly higher among non-Malaysians ($p < 0.05$). Severe ocular injuries was also significantly associated with race ($p < 0.05$) and occupation ($p< 0.05$), particularly among skilled agricultural workers, technicians, and craft/trade workers at higher risk. Protective eyewear use was low overall, and no severe ocular injuries were reported among compliant users. Non-workplace injuries predominated (n = 145, 58.7%), but injury location was not significantly associated with severity ($p = 0.245$).

Conclusion

Ocular trauma severity was associated with nationality and high-risk occupations rather than injury setting. These findings highlight socioeconomic and occupational vulnerabilities and emphasise the need for targeted preventive strategies and improved protective eyewear compliance among high-risk groups.

ABSTRACT ID: 54
CLINICAL PREDICTORS OF POOR VISUAL OUTCOME FOLLOWING OCULAR TRAUMA: A PROSPECTIVE STUDY BASED ON THE INTERNATIONAL OCULAR TRAUMA SCORE

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[1]Hospital Sultan Haji Ahmad Shah, Temerloh

Purpose

To evaluate presenting clinical characteristics and the prognostic value of the Ocular Trauma Score (OTS) in predicting visual outcomes following ocular trauma at Hospital Sultan Haji Ahmad Shah.

Methods

A prospective study was conducted on patients presenting with ocular trauma from 1 December 2024 to 31 January 2026. Demographic data, mechanism and setting of injury, presenting visual acuity (VA), and clinical findings were obtained from the Malaysia Ocular Trauma Registry and medical records. Presenting VA was converted to logarithm of the minimum angle of resolution (logMAR). OTS was calculated according to the Ocular Trauma Score classification, incorporating presenting VA and the presence of globe rupture, endophthalmitis, perforating injury, retinal detachment, and relative afferent pupillary defect (RAPD). Final visual outcome was defined as best-corrected visual acuity (BCVA) at last follow-up and categorized as good ($\geqslant$6/60) or poor (<6/60).

Results

Ninety-one eyes were included (mean age 41.7 years; 83.4% male). Eleven eyes (12.1%) had poor final visual outcomes. Closed-globe injuries accounted for 95.6% of cases. Worse presenting VA was significantly associated with poor visual outcome (OR 4.71, 95% CI 2.16–10.28; $p<0.001$). Lower OTS score were significantly associated with poor outcomes ($p<0.05$). Other factors, including age, time to presentation, workplace-related injury, protective eyewear use, and RAPD, were not independently associated with poor visual outcome.

Conclusion

Presenting VA and OTS are significant predictors of visual outcome following ocular trauma. Application of the Ocular Trauma Score provides valuable prognostic information for early counselling and clinical management.

Cataract & refractive surgery

ABSTRACT ID: 185
DETERMINANTS OF REFRACTIVE ACCURACY AND SURGEON VARIABILITY IN 1000 CONSECUTIVE CATARACT SURGERIES: A MULTIVARIATE REAL-WORLD ANALYSIS IN HOSPITAL AL-SULTAN ABDULLAH UITM

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[1]Hospital Al-Sultan Abdullah, Univeristi Teknologi Mara (UiTM)

Purpose

A retrospective analysis was conducted on 1000 consecutive cataract surgeries performed at Hospital Al-Sultan Abdullah UiTM. Preoperative biometry, surgical parameters, intraocular lens (IOL) power calculations, and postoperative refractive outcomes were reviewed. The primary outcome was refractive prediction error, defined as the difference between predicted and achieved postoperative spherical equivalent. Multivariate regression analysis was performed to identify factors associated with refractive accuracy, including biometric variables, ocular characteristics, and operating surgeon.

Methods

A retrospective analysis was conducted on 1000 consecutive cataract surgeries performed at Hospital Al-Sultan Abdullah UiTM. Preoperative biometry, surgical parameters, intraocular lens (IOL) power calculations, and postoperative refractive outcomes were reviewed. The primary outcome was refractive prediction error, defined as the difference between predicted and achieved postoperative spherical equivalent. Multivariate regression analysis was performed to identify factors associated with refractive accuracy, including biometric variables, ocular characteristics, and operating surgeon.

Results

Overall, the majority of eyes achieved postoperative refractive outcomes close to target refraction. Multivariate analysis demonstrated that biometric factors, including axial length and keratometry values, were significantly associated with refractive prediction error. Additional determinants included preoperative corneal characteristics and intraocular lens power selection. Inter-surgeon variability was observed, although refractive outcomes were generally consistent across surgeons within acceptable clinical limits.

Conclusion

Refractive outcomes following cataract surgery are influenced by multiple biometric and surgical factors. While surgeon-related variability exists, adherence to standardized biometry and surgical techniques can achieve consistently good refractive accuracy. Understanding these determinants may help optimize surgical planning and improve refractive outcomes in routine cataract practice.

ABSTRACT ID: 251
EARLY VISUAL AND REFRACTIVE OUTCOMES AFTER INTRODUCTION OF SMALL INCISION CATARACT SURGERY (SICS) IN A TERTIARY EYE CENTRE

Lee Sze Hoy[1], Leroy Tan Young King[1], Andrew Low Zhijian[1], Azlyn Azwa Jasman[1], Norlelawati Abu[2]

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Purpose

Phacoemulsification is the primary cataract surgical technique in our centre, while extracapsular cataract extraction (ECCE) is occasionally performed for advanced cataracts. SICS is a modification of extracapsular cataract extraction that utilizes a smaller self-sealing scleral incision, potentially reducing surgical trauma and facilitating faster postoperative recovery. Following a focused training session conducted by a visiting senior surgeon, this technique was introduced in our centre. This study evaluates the early visual, refractive, and keratometric outcomes after the introduction of small-incision cataract surgery.

Methods

A retrospective review was conducted on patients undergoing SICS after the training session in January 2026. Preoperative visual acuity, keratometry readings, intraocular lens type, and postoperative visual and refractive outcomes were analyzed.

Results

Seven eyes underwent small incision cataract surgery under local anaesthesia. Six eyes had complete postoperative data available for analysis. Most patients presented with advanced cataracts and poor preoperative visual acuity, ranging from counting fingers to hand movements. All eyes achieved visual acuity of 6/12 or better, with 83% achieving 6/9 or better. The mean postoperative surgically induced astigmatism was 0.71 diopters. No intraoperative complications were observed.

Conclusion

The introduction of SICS demonstrated favorable outcomes in advanced cataracts. It is a vital adjunct for tertiary centers, providing a good alternative to ECCE yet reduces the need for post operative suture management. Its cost-effectiveness and accessibility make it ideal for resource-limited settings or as a foundational technique for surgical trainees prior to transitioning to phacoemulsification.

ABSTRACT ID: 265
OUTCOMES OF THE MALAYSIAN FLIP AND SPEAR TECHNIQUE: A ZERO-ULTRASOUND FLACS CASE SERIES

Ainur Rahman bin Anuar[1], Fatimah Az-Zahra Shukran Jamil[1], Goh Chee Yin[1], Siti Aishah binti Ismail[1]

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Purpose

To evaluate the visual rehabilitation and safety profile of the Malaysian Flip and Spear technique, a zero-ultrasound femtosecond laser-assisted cataract surgery (FLACS) method, performed by a single surgeon.

Methods

A retrospective analysis of 293 eyes (2018-2024) utilizing laser fragmentation to eliminate phacoemulsification energy. Uncorrected Distance Visual Acuity (UDVA) was assessed at Day 1 (POD1), Week 1 (POD7), and Month 1 (POD30). Eyes with UDVA >6/12 at POD30 were analyzed for limiting factors.

Results

Visual recovery was rapid; 45.7% (n=134) achieved 6/6 at POD1. By POD7, this improved to 65.5% (n=184) reaching 6/6 or better, with the proportion of eyes >6/12 dropping significantly from 22.5% to 7.5%. By POD30, 74.9% (n=200) of available follow-ups reached 6/6, with 3.4% (n=9) achieving 6/4.8. Only 4.5% (n=12) remained >6/12 at one month. Complications were infrequent, including two cases of PCR (0.68%); one resulting in a sulcus IOL and subsequent retinal detachment, and one IOL dislocation requiring repositioning. Other sub-optimal outcomes (>6/12) were primarily attributed to pre-existing ocular comorbidities or surface issues, including advanced glaucoma, diabetic macular edema with herpetic endothelitis, severe dry eye (post-LASIK), and Descemet's membrane tears. Transient limitations included PCO and IOP-induced corneal edema.

Conclusion

The Malaysian Flip and Spear technique facilitates accelerated visual stabilization by bypassing ultrasonic energy. With approximately 75% of patients achieving 6/6 UDVA by one month, this ultrasound-free approach offers high refractive precision. Sub-optimal outcomes were largely driven by complex baseline pathology rather than the surgical technique itself, supporting its efficacy for both routine and complex refractive cataract surgery.

Cornea & external eye diseases

ABSTRACT ID: 232
AGREEMENT BETWEEN SPEED QUESTIONNAIRE SCORES AND OBJECTIVE OCULAR SURFACE PARAMETERS IN PATIENTS UNDERGOING DRY EYE EVALUATION AT A REFRACTIVE SURGERY CENTRE: A RETROSPECTIVE STUDY

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[1]Hospital Tengku Ampuan Afzan; [2]International Islamic University Malaysia, Kuantan

Purpose

To evaluate the relationship between subjective dry eye symptoms, as measured by the Standard Patient Evaluation of Eye Dryness (SPEED) questionnaire, and objective ocular surface parameters among patients assessed at the IIUM Laser Refractive Service.

Methods

This retrospective study reviewed patients who underwent dry eye assessment at the IIUM Laser Refractive Service between February and May 2024. Data collected included age, sex, SPEED score, non-invasive tear break-up time (NIBUT), tear meniscus height (TMH), lipid layer thickness (LLT), and meibomian gland loss (MGL).

Descriptive statistics were used to summarise baseline characteristics. Normality of data distribution was assessed, and Pearson or Spearman correlation tests were applied accordingly to evaluate the relationship between SPEED scores and objective ocular surface parameters. Statistical analysis was performed using IBM SPSS version 27.

Results

A total of 125 patients (125 eyes) with a mean age of 32 years (67.2% female, 32.8% male). The mean subjective SPEED score was 4.29, while objective evaluations revealed a mean non-invasive breakup time (NIBUT) of 9.41 seconds, tear meniscus height (TMH) of 0.26 mm, lipid layer thickness (LLT) of 66 nm, and meibomian gland loss (MGL) of approximately 29–35%. Correlation analysis demonstrated no significant relationship between SPEED scores and NIBUT ($r = 0.002$, $p = 0.985$), TMH ($r = –0.116$, $p = 0.198$), LLT ($r = –0.119$, $p = 0.186$), or upper eyelid MGL ($r = 0.151$, $p = 0.094$). However, a weak but statistically significant positive correlation was observed between SPEED scores and lower eyelid MGL ($r = 0.179$, $p = 0.046$). Overall, all observed correlations between subjective symptoms and objective parameters were weak ($|r| < 0.3$).

Conclusion

This study demonstrates a generally poor correlation between subjective dry eye symptoms and objective ocular surface parameters, with only a weak association observed for lower eyelid meibomian gland loss.

These findings highlight the limited ability of symptom-based questionnaires alone to reflect objective ocular surface status, underscoring the importance of incorporating both subjective and objective assessments in preoperative refractive surgery evaluation. The observed discordance between symptoms and signs is consistent with the multifactorial nature of dry eye disease, where neurosensory factors may contribute to variability in patient-reported symptoms.

ABSTRACT ID: 237
RESISTANT CYTOMEGALOVIRUS INFECTION IN POST–CORNEAL-TRANSPLANT EYES: A CASE SERIES

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Purpose

Cytomegalovirus (CMV) infection is an important cause of corneal graft failure following penetrating keratoplasty (PKP). Its ability to persist within corneal endothelial cells predisposes to recurrent infection and repeated graft failure. This case series highlights successful treatment strategies for resistant CMV infection after PKP.

Methods

We retrospectively reviewed patients with CMV-associated corneal graft failure following PKP and identified three cases with recurrent or persistent infection. Clinical course, antiviral regimens, and outcomes were analysed, with particular focus on strategies that achieved confirmed viral clearance.

Results

All three patients developed CMV-related graft failure after PKP with inadequate response to standard oral valganciclovir therapy: Case A demonstrated recurrent CMV endotheliitis despite completing 12 weeks of oral valganciclovir, complicated by graft failure and secondary glaucoma. Viral clearance was achieved after escalation to intravenous (IV) ganciclovir 5 mg/kg twice daily for 21 days, followed by 9 weeks of oral valganciclovir and maintenance topical ganciclovir. Case B experienced multiple graft failures with repeated CMV reactivation despite several courses of oral valganciclovir. Viral clearance was achieved with 2 weeks of IV ganciclovir followed by 12 weeks of oral valganciclovir, alongside topical therapy. Case C developed CMV-related graft failure after PKP with poor response to oral and topical treatment. Escalation to IV ganciclovir for 21 days followed by 9 weeks of oral valganciclovir resulted in negative aqueous PCR.

Conclusions

Persistent CMV infection after PKP may require escalation to IV ganciclovir. Combined systemic and topical antiviral therapy can achieve viral clearance and may improve graft survival in resistant cases.

ABSTRACT ID: 280

THE EFFICACY AND SAFETY PROFILE OF 25U/ML TOPICAL INSULIN IN 0.18% SODIUM HYALURONATE ARTIFICIAL TEARS VISMED TM (TI + AT) VERSUS 25U/ML TOPICAL INSULIN IN NORMAL SALINE (TI + NS) AND 0.18% SODIUM HYALURONATE ARTIFICIAL TEARS VISMED ™ (AT) IN THE TREATMENT OF DIABETIC DRY EYE DISEASE

Jee Yan Ong[1], Muhammad Zubair Mohammad Suhaimi[1], Birinder Kaur Sadu Singh[1], Niki Ho Wai Wye[1], Wan Haslina Wan Abdul Halim[1], Mae-Lynn Catherine Bastion[1]

[1]Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur.

Background

Diabetic dry eye disease (DED) is a ocular surface disorder associated with impaired tear secretion, corneal neuropathy, and ocular surface inflammation. Current management relies on artificial tears, however topical insulin (TI) has emerged as a potential therapeutic option due to its regenerative effects on corneal epithelial cells. This study evaluated the efficacy of 25 IU/mL topical insulin with 0.18% sodium hyaluronate artificial tears (TI+AT) compared with topical insulin in normal saline (TI+NS) and artificial tears alone (AT) in patients with diabetic DED.

Methodology

This randomized, double-masked clinical trial included diabetic patients aged 18–65 years with symptomatic DED. Participants were randomized into three treatment groups: TI+AT, TI+NS, and AT. Outcomes assessed at baseline and day 28 included Ocular Surface Disease Index (OSDI), non-invasive keratograph break-up time (NIKBUT), tear meniscus height (TMH), bulbar redness score (BRS), manual tear break-up time (TBUT), Oxford Grading Scale (OGS), and Schirmer test. Statistical analysis was performed using SPSS with significance set at $p < 0.05$.

Results

Significant improvement in OSDI scores was observed in all three groups. Significant improvements in NIKBUT ($p=0.038$) and Schirmer ($p=0.045$) was observed among TI+AT group post-treatment compared to pre-treatment. The post treatment BRS was observed to be significantly improved among TI+NS group compared to pre-treatment ($p=0.013$). No significant intergroup differences were detected ($p > 0.05$).

Conclusion

TI+AT showed potential benefits in improving ocular surface stability and tear production in diabetic DED. All treatments significantly improved subjective symptoms. Further long-term studies are needed to determine the optimal formulation for managing diabetic DED.

ABSTRACT ID: 294
BEYOND THE CORNEA: TEMPORARY KERATOPROSTHESIS AS A GATEWAY TO COMPLEX INTRAOCULAR SURGERY – A RETROSPECTIVE STUDY

SREE SHANTHA KUMARAN S.MAGENDRAN
Lam ChenShen[1], Wan Haslina Wan Abdul Halim[1], Mazaya Mahmud[2], Mae-Lynn Catherine Bastion[1]

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Purpose

Dense corneal opacity often renders eyes surgically inaccessible, obscuring critical intraocular structures and limiting treatment options. Temporary keratoprosthesis (TKPro) provides a reliable, transient optical window, converting otherwise “blind” eyes into operable candidates.This study highlights TKPro as a gateway for complex anterior and posterior segment interventions.

Methods

We retrospectively reviewed 16 eyes that underwent TKPro-assisted surgery at a tertiary ophthalmic center between 2020 and 2026. Data collected included surgical indication, KPro sizing, corneal trephination, associated procedures, and device-related complications. Surgical success was defined as restoration of clear intraoperative visualization enabling completion of the intended procedure.

Results

Indications comprised infective keratitis with endophthalmitis (31%), retinal detachment (25%), corneal decompensation (19%), failed corneal grafts (13%), and dense scarring or band keratopathy (12%). TKPro consistently provided a stable, high-quality optical interface, allowing surgeons to perform intricate procedures across both anterior and posterior segments. Pars plana vitrectomy was performed in 87.5% of eyes, often combined with penetrating keratoplasty (68.8%). Additional interventions included lens extraction or secondary intraocular lens implantation (56.3%), glaucoma drainage device procedures (25%), scleral buckle surgery (12.5%), and complex anterior segment reconstruction such as synechiolysis, pupilloplasty, and anterior chamber washout. All corneas were manually trephined. No significant device-related complications occurred, and all procedures were successfully completed.

Conclusion

TKPro transforms an opaque cornea from a surgical barrier into a gateway, expanding possibilities for eyes previously deemed inoperable. Its application extends beyond vitreoretinal surgery, enabling advanced interventions across anterior and posterior segments including glaucoma drainage device implantation and offering a vision-salvaging approach in complex cases.

Medical retina, uveitis & ocular inflammation

ABSTRACT ID: 6
VISUAL AND ANATOMICAL OUTCOMES OF PHOTODYNAMIC THERAPY IN CHOROIDAL HEMANGIOMA - A RETROSPECTIVE REVIEW

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Purpose

To assess the visual and anatomical response of choroidal hemangioma to photodynamic therapy (PDT) in a tertiary referral centre

Methods

This is a retrospective case series which includes 8 patients (8 eyes) whom were treated with PDT for circumscribed choroidal hemangioma from 2021 to 2025. Parameters reviewed included patient demographics, lesion features,PDT setting(dose, spot size and duration) and optical coherence tomography(OCT) findings. Outcomes that were assessed comprised of the best-corrected visual acuity (BCVA), resolution of sub-retinal fluid (SRF) or intra-retinal fluid (IRF) on OCT and the lesion height reduction on B-scan.

Results

Out of the 8 patients, 3 patients demonstrated a reduction in IRF, 4 demonstrated a decrease of SRF and 1 eye showed no changes. Almost all cases revealed a reduction of tumor height with an average reduction of 0.98mm. In most patients, the BCVA showed improvement or remained the same. Eyes that received multiple PDT sessions demonstrated a progressive fluid reduction and flattening of the lesion.

Conclusion

PDT is an effective tool in treating choroidal hemangioma with tumor flattening and fluid resolution. PDT is a safe and essential option in the management of symptomatic choroidal hemangioma.

ABSTRACT ID: 23
CAPILLARY-BASED TRIGLYCERIDE–GLUCOSE INDEX AND SELF-REPORTED DIABETIC RETINOPATHY REFERRAL IN MALAYSIA: A NATIONAL SURVEY ANALYSIS

Jun Fai Yap[1], Melody Yin Yin Soong[2], Hazwa Harith[2], Su Fen Chia[2], Mohamad Zulfikrie Abas[3], Kim Sui Wan[1], Halizah Mat Rifin[1], Tania Gayle Robert Lourdes[1], Thamil Arasu Saminathan[1], Muhammad Fadhli Mohd Yusoff[1]

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Purpose

Triglyceride–glucose (TyG) index, a surrogate marker of insulin resistance, is linked to diabetes mellitus (DM) and microvascular complications, including diabetic retinopathy (DR).Conventional TyG measurement relies on labor-intensive venous samples, whereas capillary blood validated for community DM screening may offer a cost-effective point-of-care alternative. We aimed to examine the association between capillary-derived TyG index and DR using nationally representative data.

Methods

We analyzed data from the National Health and Morbidity Survey 2023, a cross-sectional, two-stage stratified survey conducted across all states in Malaysia. Participants were community-dwelling adults ≥18 years with known, non-gestational DM. Capillary-based TyG index was calculated as ln [fasting capillary triglycerides (mg/dL) × fasting capillary glucose (mg/dL)/2]. Primary outcome was self-reported referral to an ophthalmology clinic for DM-related eye complications, serving as a proxy for DR. Complex sample analysis with sampling weights was performed.

Results

Among 1,554 adults with known DM, 21.9% [95% confidence interval (CI): 19.3, 24.9] reported referral for DR. Mean capillary-based TyG index was 9.2 (Standard error = 0.03). Capillary-based TyG index [Adjusted odds ratio (aOR) = 0.72, 95% CI: 0.55, 0.95)] and recent insulin use (aOR = 0.46, 95% CI: 0.31, 0.69) were associated with lower odds of DR referral. In contrast, longer DM duration (≥10 years) was associated with higher odds (aOR = 1.83, 95% CI: 1.18, 2.86).

Conclusion

DR referral was significantly associated with capillary-based TyG index, insulin use, and DM duration. Further longitudinal studies using severity scale–based DR staging are recommended to clarify the capillary-based TyG index as a potential biomarker in diabetic eye care.

ABSTRACT ID: 117
OCULAR LEPTOSPIROSIS: A GREAT MASQUERADER IN THE TROPICS – CLINICAL SPECTRUM AND VISUAL OUTCOMES

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[1]Hospital Sultanah Aminah, Johor Bahru

Purpose

To describe the epidemiological profile, clinical manifestations, challenges in management and visual outcomes of ocular leptospirosis in a tertiary referral centre.

Methods

A case series of 10 patients diagnosed with ocular leptospirosis.

Results

Ten patients (5 males, 5 females) with mean age of 45 years presented predominantly with blurred vision (90%), 50% demonstrating bilateral involvement. Posterior segment manifestations were most common and included optic disc swelling(n=4), neuroretinitis(n=1), granulomatous uveitis including endogenous endophthalmitis (n=4) and retinal vein occlusion with vitreous haemorrhage(n=1). Anterior segment involvement included nodular scleritis(n=1). One case mimicked Vogt-Koyanagi-Harada disease and two were initially managed as endogenous endophthalmitis, highlighting diagnostic challenges. All patients had positive Leptospira Immunoglobulin M (IgM) antibody; microagglutination test (MAT) titres ranged from equivocal to 1:800. Management consisted of oral doxycycline, intravenous ceftriaxone in severe cases and adjunctive systemic and/or topical corticosteroids for inflammatory involvement. Intravitreal antibiotics and pars plana vitrectomy were required in diagnostically challenging cases. Visual acuity improved in the majority with some achieving 6/9 to 6/6 at final follow up, although severe optic nerve involvement was associated with poorer recovery.

Conclusion

Ocular leptospirosis demonstrates diverse and sight-threatening manifestations, frequently mimicking other inflammatory, infective or vascular conditions. In endemic regions, early recognition, early serological testing and timely initiation of antimicrobial therapy with judicious corticosteroids significantly improves visual outcomes.

ABSTRACT ID: 159
TREATMENT OUTCOMES OF CENTRAL SEROUS CHORIORETINOPATHY IN AN ASIAN POPULATION.

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[1]Sungai Buloh; [2]Universiti Malaya; [3]Hospital Shah Alam

Purpose

To evaluate the incidence, associated risk factors, and treatment outcomes of central serous chorioretinopathy (CSCR) among patients at two medical retina centres in Malaysia.

Methods

This prospective, two-centre study included 30 patients with CSCR. Demographics, systemic comorbidities, steroid use, and psychological stress profiles were collected. Patients underwent observation, laser photocoagulation or photodynamic therapy (LPT/PDT), anti-VEGF monotherapy, or combination PDT/anti-VEGF therapy. Central retinal thickness (CRT) and best-corrected visual acuity (BCVA) were assessed at presentation and at one year. Statistical comparisons between treatment groups were performed using one-way ANOVA and Fisher's exact test.

Results

Mean patient age was 46.9 ± 10.9 years; 83.3% were male, and 53.3% were Malay. Hypertension (36.7%), hyperlipidemia (26.7%) and diabetes mellitus (16.7) were common. At one year, patients treated with LPT/PDT or anti-VEGF monotherapy demonstrated significantly greater reductions in CRT ($P = 0.037$) compared to those managed with observation or combination PDT/anti-VEGF therapy. The greatest decrease in CRT was observed in the LPT/PDT and anti-VEGF groups. In contrast, combination therapy with PDT/anti-VEGF resulted in suboptimal CRT reduction. Visual acuity remained stable across all groups, with no statistically significant changes in BCVA ($P > 0.05$).

Conclusion

CSCR predominantly affects middle-aged, Asian men with systemic co-morbidities. Monotherapy with LPT or PDT or anti-VEGF leads to better anatomical outcomes compared to combination therapy of PDT with anti-VEGF, which may reflect a potential antagonistic interaction impeding choroidal remodeling. Individually tailored, holistic and evidence-based management which considers both ocular imaging and systemic health is essential for a better outcome for patients.

ABSTRACT ID: 186
CLINICAL AND IMAGING CHARACTERISTICS IN VOGT–KOYANAGI–HARADA DISEASE IN NORTHERN BORNEO, EAST MALAYSIA

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Purpose

To characterize the clinical manifestations, multimodal imaging findings, and prognostic indicators of visual outcomes in patients with Vogt–Koyanagi–Harada (VKH) disease in northern Borneo, East Malaysia.

Methods

This retrospective cohort study included 42 patients (84 eyes) diagnosed with VKH at Hospital Queen Elizabeth, Kota Kinabalu. Patients were categorized as early (<4 weeks) or delayed (≥4 weeks) presenters and classified as complete, incomplete, or probable VKH according to revised diagnostic criteria. Clinical and extraocular features, anterior and posterior segment findings, optical coherence tomography (OCT) findings were analyzed. Secondary exploratory analyses using simple and multiple linear regression were conducted to identify predictors of final visual acuity (VA).

Results

The mean age was 42.36 ± 15.46 years with equal gender distribution. Incomplete VKH was the most common subtype (61.9%). Early presentation was significantly associated with anterior chamber cells, vitritis, optic disc swelling, exudative retinal detachment, and bacillary layer detachment (all $p < 0.05$). Multiple linear regression revealed that no single clinical variable was an independent predictor of final VA after adjusting for confounders.

Conclusion

Early VKH is characterized by reversible exudative changes and active inflammation, whereas delayed presentation shifts toward chronic depigmentation. The lack of independent baseline predictors suggests that final visual outcomes depend more on prompt diagnosis and the initiation of robust immunosuppressive therapy than on the severity of clinical findings at presentation.

ABSTRACT ID: 223

INTRAOCULAR PRESSURE OUTCOMES WITH INTRAVITREAL INJECTION OF AFLIBERCEPT 8 MG AND 2 MG IN PATIENTS WITH DIABETIC MACULAR EDEMA THROUGH WEEK 48 OF THE PHASE 2/3 PHOTON TRIAL

Mae-Lynn Catherine Bastion[1,2], on behalf of PHOTON study investigators

[1]Bayer Co (Malaysia) Sdn Bhd; [2]Universiti Kebangsaan Malaysia

Purpose

To evaluate pre-dose intraocular pressure (IOP) outcomes in eyes receiving intravitreal aflibercept 8 mg or 2 mg in patients with diabetic macular edema (DME) in the PHOTON trial.

Methods

In the randomized, double-masked, 96-week, PHOTON trial (NCT04429503), patients with DME received aflibercept 8 mg every 12 or 16 weeks after 3 monthly doses or aflibercept 2 mg every 8 weeks after 5 monthly doses. IOP was assessed at all visits during the trial. Mean pre-dose IOP and change in pre-dose IOP from baseline were evaluated through Week 48, with the values at Week 48 presented herein. the cumulative incidence of the following outcomes was evaluated through Week 48: pre-dose IOP ≥25 mmHg at 2 consecutive visits and pre-dose IOP ≥30 mmHg at any visit.

Results

At baseline, mean pre-dose IOP in the 2q8, 8q12, and 8q16 groups, respectively, was 15.9, 15.3, and 14.9 mmHg. At Week 48, mean pre-dose IOP with 2q8, 8q12, and 8q16, respectively, was 15.7, 15.1, and 14.8 mmHg. The corresponding mean change in pre-dose IOP from baseline at Week 48 was -0.1, -0.2, and -0.1 mmHg. Across all 3 treatment groups, mean changes in pre-dose IOP from baseline through Week 48 did not exceed ±1 mmHg. Through Week 48, the cumulative incidence of pre-dose IOP ≥25 mmHg at 2 consecutive visits was 0% across all 3 treatment groups.

Conclusion

In patients with DME, pre-dose IOP outcomes in study eyes receiving intravitreal aflibercept 8 mg or 2 mg were comparable, with minimal changes from baseline through Week 48 in all treatment groups.

ABSTRACT ID: 224
SIMILAR VISUAL AND ANATOMIC OUTCOMES WERE OBSERVED WITH AFLIBERCEPT 8MG TREATMENT IN DIABETIC MACULAR OEDEMA (DMO) IRRESPECTIVE OF BASELINE VISON AND CRT: A POST-HOC PHOTON ANALYSIS

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Tun Hussein Onn National Eye Hospital (THONEH)

Purpose

To determine the effect of baseline characteristics on the efficacy of aflibercept 8 mg in patients with treatment-naïve DMO in PHOTON (NCT04429503), a double-masked, 96-week, Phase 3 trial.

Methods

Patients were randomly assigned 1:1:1 to receive intravitreal aflibercept 8q12 or 8q16 after three initial monthly injections of aflibercept 2q8 after 5 monthly injections. Key baseline disease characteristics (including BCVA and central retinal thickness [CRT]) were evaluated post hoc for patients completing 48 weeks of treatment.

Results

At week 48 in patients with baseline BCVA ⩽20/50, the mean BCVA change from baseline in 2q8, 8q12, and 8q16 was 10.7, 10.5, and 9.2 letters, respectively, and the mean CRT change from baseline was -195.0, -194.7, and -172.6 μm. In patients with baseline BCVA ⩾20/40, mean BCVA change from baseline was 6.0, 6.0, and 5.6 letters, respectively, and mean CRT change from baseline was 99.4, -134.1, and -107.9 μm. Across baseline CRT quartiles (Q1: ⩽360 μm; Q2: >360-⩽430 μm; 03: >430-⩽528 μm; Q4: >528 μm) aflibercept 8 mg resulted in meaningful BCVA and CRT improvements at week 48. In eyes with the highest CRT at baseline, fluid reaccumulation was numerically less 8 weeks after the last Initial monthly dose with aflibercept 8 mg versus 2mg, suggesting a more durable treatment effect.

Conclusion

Comparable clinically meaningful and sustained visual and anatomic outcomes were achieved with aflibercept 8mg for DMO irrespective of baseline BCVA and CRT.

ABSTRACT ID: 225
PIGMENT EPITHELIAL DETACHMENT OUTCOMES WITH AFLIBERCEPT 8 MG VERSUS AFLIBERCEPT 2 MG IN THE PULSAR TRIAL: A 96-WEEK POST HOC ANALYSIS

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Gleneagles Hospital Penang

Purpose

The aim of this post-hoc analysis was to describe PED outcomes across treatment groups through W96 of the PULSAR trial.

Methods

PULSAR (NCT04423718) was a double-masked, 96-week, non-inferiority Phase 3 trial investigating the safety and efficacy of aflibercept 8 mg compared to aflibercept 2 mg in patients aged ⩾50 years with treatment-naïve nAMD. Patients were randomly assigned 1:1:1 to receive aflibercept 2 mg every 8 weeks or 8 mg every 12 or 16 weeks each after 3 initial matched monthly injections in the PULSAR trial. Presence and location of sub-RPE fluid (representative of serous PED) and neovascular LC were assessed through W96, including at W12 (4 weeks after the initial matched dosing phase). Patients with serous PED and neovascular LC with involvement of the foveal center were further assessed. For these patients, thickness of serous PED and neovascular LC (from top of lesion/RPE to Bruch’ s membrane) at the foveal center was measured.

Results

At W12, serous PED presence decreased to 19.8%, 15.3%, and 16.3%, respectively, and were maintained at W96 (19.6%, 13.5%, and 13.9%). At BL, presence of neovascular LC involving the foveal center was reported in 89.8% (2q8), 90.1% (8q12), and 88.6% (8q16) of patients, which decreased at W96 (2q8, 72.6%; 8q12, 73.3%; 8q16, 71.1%). Mean thickness of neovascular LC at the foveal center decreased from baseline by 29.6% (2q8), 39.6% (8q12), and 31.2% (8q16) at W12, and were maintained at W96.

Conclusion

Treatment with aflibercept 8 mg resulted in numerically higher reductions in serous PED presence after the initial matched dosing period, compared to aflibercept 2 mg.

ABSTRACT ID: 179
PERFORMANCE INFLATION IN AI-BASED GLAUCOMA SCREENING: A CROSS-DOMAIN VALIDATION STUDY

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Purpose

Glaucoma is a leading cause of irreversible blindness, and AI-based fundus image analysis is increasingly proposed for screening. Most models are validated on single, domain-specific datasets, and the extent to which this inflates reported performance remains poorly characterised. This study quantifies the impact of cross-dataset domain shift on CNN (convolutional-neural-network) diagnostic accuracy for glaucoma detection and whether multi-dataset training mitigates this.

Methods

Three publicly available fundus photography datasets (ACRIMA, RIM-ONE, ORIGA) were used. A CNN classifier was implemented using Google Teachable Machine with fixed architecture and training parameters to isolate dataset effects. Models were evaluated under three conditions: single-dataset internal validation, cross-dataset external testing, and multi-dataset training on pooled data. BA (balanced accuracy) and F1-score were primary outcomes due to class imbalance. Performance inflation was defined as the difference between intra-dataset and cross-dataset BA.

Results

Single-dataset models showed strong internal performance for ACRIMA (BA 94.16%, F1 0.94) and RIM-ONE (BA 86.85%, F1 0.83); ORIGA performed lower (BA 66.85%, F1 0.51). Under cross-dataset evaluation, performance declined substantially; the ACRIMA-trained model tested on ORIGA achieved BA 49.29% (F1 0.27), a performance inflation of 44.87%. Across all pairings, BA decreased with reduced sensitivity, indicating increased false negatives under domain shift. Multi-dataset training improved robustness (ACRIMA: BA 90.55%; RIM-ONE: 83.24%; ORIGA: 66.25%) but did not eliminate domain effects.

Conclusion

Internal validation alone substantially overestimates real-world reliability of AI glaucoma screening models. Domain shift produces sensitivity reductions with direct patient safety implications. Rigorous external validation across diverse imaging domains is essential before clinical deployment.

Neuro-ophthalmology

ABSTRACT ID: 121
THE GREAT MASQUERADER: DELAYED DIAGNOSIS AND VISUAL MORBIDITY IN CAROTID CAVERNOUS FISTULA MIMICKING BENIGN RED EYE

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Purpose

To highlight the diagnostic challenges of carotid cavernous fistula (CCF) masquerading as benign ocular conditions and the visual consequences of delayed recognition

Methods

We report a retrospective case series of 5 patients with CCF whose initial presentation mimicked benign ocular conditions, resulting in delayed referral and management at our center

Results

4 women and 1 man with a mean age of 58.6 years were initially managed as chronic conjunctivitis, episcleritis, ocular hypertension, or dry eyes. All patients presented with persistent conjunctiva redness and were treated conservatively. The median delay to definitive diagnosis prior to neuroimaging was 12 weeks (range 2–24 weeks) before referral. Clinical signs upon ophthalmology review showed all patients had visual acuity (VA) deterioration, conjunctival redness, corkscrew episcleral vessels, proptosis, ptosis (n=2), and extraocular muscle limitation (n=3), and elevated intraocular pressure (IOP) with mean of 23mmhg. Neuroimaging was done, and 4 patients were diagnosed as indirect CCF and one with direct CCF post-trauma.

Despite eventual confirmation with neuroimaging and angiography, three patients developed severe visual impairment (<3/60). The patient with a shorter diagnostic delay of 2 weeks achieved 6/18 following embolization and patient with direct CCF is still receiving neurosurgical treatment.

Conclusion

Clinical symptoms of persistent eye redness, diplopia, and visual deterioration should prompt earlier referral to Ophthalmology. Neuroimaging for patients with a constellation of signs including corkscrew episcleral vessels, raised intraocular pressure, and orbital signs is required to exclude CCF. Early recognition and timely treatment are crucial to prevent irreversible visual loss.

ABSTRACT ID: 145
MODIFIED 3D-PRINTED FLEXIBLE, BIOCOMPATIBLE, CLIP-ON PTOSIS CRUTCH: A CASE SERIES OF NON-INVASIVE OPTION FOR PTOSIS WITH THE RESULTANT OUTCOME AT SECOND WEEK OF APPLICATION

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Purpose

To report three ptosis cases that were managed using 3D-printed flexible, biocompatible, clip-on ptosis crutches. The production was modified based on the availability and technology advancements in the local context.

Methods

Similar to the case reported by Michael G. Sun et al (2017), these ptosis crutches were printed using FDA-approved biocompatible methacrylic resin. A different digital printing workflow was utilized. The 3Shape Dental Designer software was used to alter clamp size into 2.5, 3.0, 3.5, 4.0 and 4.5mm before printing with the locally available dental grade ProS printer. Three consecutive cases indicated for ptosis crutches encountered in an oculoplasty clinic were selected. Patients were advised to apply it for at least 8 hours a day with intermittent removal according to level of comfort. Demographic data, clinical diagnosis, marginal reflex distance 1 (MRD1), vertical palpebral aperture (VPA), baseline ocular surface disease index (OSDI) and dry eye severity scales (DESS) of each patient were charted before application of ptosis crutch. Comparisons were made at second week of follow up.

Results

This case series involved a case of seropositive myasthenia gravis with bilateral ptosis, a case of left partial ptosis secondary to IgG4-related orbital inflammation and a case of right complete ptosis secondary to orbital pseudotumor. All three cases attained remarkable improvements of MRD1 and VPA at second week of application.There was no worsening of the OSDI and DESS graded at second week of ptosis crutch utilization.

Conclusion

This version of ptosis crutch may be an immediate, cost-effective, removable, and adjustable non-invasive option for ptosis patients.

Paediatric ophthalmology & strabismus

ABSTRACT ID: 196
IN-VITRO FERTILISATION AND RETINOBLASTOMA: A CASE SERIES FROM A NATIONAL REFERRAL CENTRE.

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Purpose

The controversy around in vitro fertilisation (IVF) and retinoblastoma is mainly around the epidemiology, genetics, and methods of reproductive medicine. This review looks at the clinical characteristics of children with retinoblastoma conceived through IVF at a national tertiary referral centre.

Methods

A retrospective review of electronic medical records was conducted for all patients diagnosed with retinoblastoma at Hospital Tunku Azizah, Kuala Lumpur, between 2020 and 2025. Demographic data, methods of conception, clinical presentation, laterality, tumour classification, treatment, and genetic testing results were analysed.

Results

83 patients were diagnosed with retinoblastoma during the study period. 5 patients (6.0%) were conceived via IVF, and they were all Chinese. National statistics have shown a decrease in the total fertility rate, predominantly amongst Malaysian Chinese. The mean paternal and maternal ages were 39.8 and 36.75 years, respectively. The mean age of presentation was 8.1 months, and 60% had bilateral disease. 1 child with bilateral retinoblastoma had an unaffected twin. Leucocoria was the most common presenting sign (80%), followed by red eye (40%), strabismus (20%), and preseptal cellulitis (20%). All patients had Group E disease in at least one eye and underwent primary enucleation. Adjuvant chemotherapy was administered in cases with high-risk histopathological features. Genetic testing was performed in patients with bilateral disease, and a heterozygous mutation in the RB1 gene was identified.

Conclusion

The proportion of IVF-conceived children in this retinoblastoma cohort was 6%, which is comparable to previously reported series. Larger multicentre studies with comprehensive genetic evaluation are required to study any potential association between assisted reproductive technologies and retinoblastoma.

Vitreo-retinal surgery

ABSTRACT ID: 122
COMPARATIVE ASSESSMENT OF POST-OPERATIVE PAIN AND OCULAR SURFACE INFLAMMATION OF 9-0 NYLON AND VICRYL 8-0 SUTURES FOLLOWING SCLEROTOMY WOUND CLOSURE AFTER PARS PLANA VITRECTOMY

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Purpose

Pars plana vitrectomy (PPV) frequently requires sclerotomy wound suturing when leakage occurs. Although absorbable 8-0 Vicryl is commonly preferred, suture-related inflammation and discomfort may affect early postoperative recovery. Optimizing suture selection may enhance patient comfort and surgical outcomes. This study compared postoperative pain, ocular surface inflammation and suture integrity between 9-0 Nylon and 8-0 Vicryl following PPV.

Methods

In this prospective observational clinical study, 72 patients undergoing routine PPV were randomly allocated to sclerotomy closure with either 9-0 Nylon or 8-0 Vicryl (n=36 each). Standard postoperative care was provided. Outcomes were assessed on postoperative days 1, 7, and 30 included eye pain (Visual Analog Scale), ocular surface inflammation (graded by slit-lamp biomicroscopy), suture integrity and suture-related complications. Statistical analysis was performed using the Mann–Whitney U test ($p<0.05$).

Results

Patients receiving 8-0 Vicryl experienced higher pain and inflammation scores across all postoperative follow-ups. Ocular surface inflammation was significantly lower in the 9-0 Nylon group on day 1 ($p=0.007$) and day 7 ($p<0.001$). Vicryl sutures began degrading by day 7. By day 30, 97.2% of Nylon sutures remained intact whereas 33.6% Vicryl sutures required removal due to loosening or breakage. No cases of wound leakage, hypotony, or suture abscess were observed.

Conclusion

9-0 Nylon significantly reduces early postoperative pain and inflammation while maintaining superior suture integrity compared to 8-0 Vicryl. These findings support reconsideration of routine absorbable suture use in PPV and suggest that Nylon may enhance early postoperative recovery and patient satisfaction.

Academia, research & publication

ABSTRACT ID: 3
A THREE-YEARS RETROSPECTIVE STUDY OF ENDOGENOUS ENDOPHTHALMITIS IN A TERTIARY HOSPITAL

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Purpose

To determine the risk factors, source of infection, visual and treatment outcomes of endogenous endophthalmitis(EE) in a tertiary hospital

Methods

Retrospective study of 13 patients, of which 16 eyes were diagnosed with EE from March 2023 till February 2026

Results

The mean age was 58.19±16.21. There were 3 patients(23%) with bilateral involvement. Right eye(RE) involvement and male were more common in EE. The mean duration of clinical presentation and intraocular pressure were 4.86±5.02 and 26.79±12.07 respectively. Diabetes mellitus was the commonest risk factor (81.25%). 75% of eyes experienced systemic infection, of which bacteraemia(43.8%) was the most common source of infection, followed by liver abscess (25%) and limbs infection(25%). 81.25% of eyes experienced intravitreal tapping, only 30.76% of eyes had positive cultures, of which Klebsiella pneumoniae (50%) was the most common organism. All patients(100%) received intravenous antibiotics, only 62.5% of eyes received intravitreal therapy and only one eye(6.3%) received vitrectomy. The mean presenting and final visual acuity(VA) were similar, between counting finger(CF) and hand movement(HM). 37.5% of eyes underwent evisceration.

Conclusion

EE is associated with poor visual prognosis. Diabetes mellitus remains the main risk factor. Bacteraemia and Klebsiella pneumoniae were commonest causes of EE. Poor presenting visual acuity and abnormal intraocular pressure were significantly associated with poor final visual outcomes.

ABSTRACT ID: 102
CORNEAL ULCERS: CLINICAL AND VISUAL OUTCOMES AT HOSPITAL SIBU (2024–2025)

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Purpose

To identify clinical and demographic predictors of visual outcomes among patients with corneal ulcers treated at Hospital Sibu from 2024 to 2025.

Methods

Retrospective review of patients with corneal ulcers managed at Hospital Sibu between 2024 and 2025. Demographics, risk factors, clinical presentation, microbiology, treatment, and visual outcomes were analyzed.

Results

Fifty-eight eyes from 57 patients were included. Most were male (72.4%) and Iban (43.1%), aged 19–80 years. Agricultural workers accounted for 27.6% of cases. Trauma was the leading cause (63.8%), followed by contact lens use (6.9%) and chronic conjunctivitis (5.2%); 24.1% had unknown risk factors. Common symptoms were eye redness (81.0%), pain (77.6%), and reduced vision (51.7%).

At presentation, visual acuity ranged from 6/6–6/12 in 10.3% to no perception of light (NPL) in 10.3%. Corneal cultures were bacterial in 37.9%, fungal in 12.1%, and negative in 50.0%. All patients received empirical topical gentamicin and ceftazidime therapy, which was subsequently tailored according to culture and sensitivity results.. Four eyes (6.9%) were referred, 3 (5.2%) underwent therapeutic keratoplasty, and 3 (5.2%) required evisceration. At discharge, 20.7% achieved 6/6–6/12 vision, 48.3% 6/15–1/60, 19.0% hand movement, 1.7% perception of light, and 10.3% NPL. Most admitted patients (61.8%) stayed more than 1 week. Visual improvement was observed in over two-thirds of patients completing treatment.

Conclusion

Agricultural workers are at increased risk of corneal ulcers, with trauma as the main cause. Early recognition, thorough examination, and corneal scraping are essential for targeted therapy. Prompt treatment prevents severe visual impairment or surgery. Strengthening eye care services and preventive measures can reduce corneal ulcer incidence and blindness.

Cataract & refractive surgery

ABSTRACT ID: 19
CLINICAL OUTCOMES OF LUCIDIS EDOF INTRAOCULAR LENS IMPLANTATION

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Purpose

To evaluate visual outcomes following implantation of the Lucidis extended depth-of-focus (EDOF) intraocular lens (IOL) in patients undergoing cataract surgery.

Methods

This retrospective single-centre study included consecutive patients who underwent standard phacoemulsification with Lucidis EDOF IOL implantation between 5/10/22 and 25/8/25. Data collected included baseline demographics and best-corrected visual acuity (BCVA). Postoperative outcomes included uncorrected and corrected distance visual acuity (UDVA, CDVA), uncorrected intermediate visual acuity (UIVA), and uncorrected near visual acuity (UNVA) at day 1 and month 1. Patient-reported outcome measures were assessed at month 1.

Results

A total of 190 eyes were included, with a mean age of 67.5 ± 7.2 years. Mean baseline BCVA was 0.31 ± 0.29 logMAR. Mean UDVA improved to 0.26 ± 0.18 logMAR at day 1 and 0.20 ± 0.16 logMAR at month 1. 66.3% and 82.4% of patients had mean UDVA of at least 0.2 and 0.3 logMAR respectively at month 1. All patients had CDVA of at least 0.3 logMAR. At month 1, 75.7% and 90.8% of eyes achieved unaided intermediate visual acuity of at least N6 and N8 respectively. For near vision, 75.1% and 88.7% of eyes achieved at least N5 and N6 respectively. Photic phenomena were reportedly mild and decreased over time. Overall, 84% of patients reported spectacle independence following lens implantation.

Conclusion

Lucidis EDOF IOL implantation provides good distance, intermediate, and near visual outcomes with acceptable photic phenomena, supporting its role as a viable option for extended range of vision.

Cornea & external eye diseases

ABSTRACT ID: 47
THE FIERY RIM AWAKENED: INFLAMMATORY TERRIEN'S DEGENERATION IN EGPA FOLLOWING OCULAR COUCHING

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Purpose

Inflammatory Terrien's marginal degeneration (TMD) is an uncommon peripheral corneal thinning disorder increasingly linked to immune-mediated mechanisms. Its occurrence in association with eosinophilic granulomatosis with polyangiitis (EGPA), previously termed Churg–Strauss syndrome, is rarely documented. External ocular trauma may further intensify immune activation. Traditional couching, although obsolete in modern ophthalmology, continues to be practiced in certain communities and can result in severe complications, particularly in patients with underlying systemic inflammatory disease.

Methods

Case report

Results

A 24-year-old woman with established EGPA presented with bilateral peripheral corneal thinning consistent with inflammatory TMD. Before trauma, visual function was relatively preserved despite peripheral stromal attenuation and superficial vascularization. Following traditional couching, she developed acute bilateral ocular inflammation, with one eye complicated by a traumatic self-sealed globe rupture and rapid disease progression. This episode coincided with a systemic inflammatory flare characterized by severe polyarthralgia. Due to hypersensitivity to non-selective non-steroidal anti-inflammatory drugs (NSAIDs), including ibuprofen, celecoxib, a selective COX-2 inhibitor, was initiated under rheumatologic supervision. She subsequently developed a widespread maculopapular eruption, and histopathology confirmed Sweet syndrome. Coordinated multidisciplinary treatment with systemic corticosteroids and methotrexate led to stabilization of both ocular and systemic disease.

Conclusion

This case illustrates inflammatory TMD as a potential ocular expression of systemic immune dysregulation and demonstrates how ocular trauma may precipitate widespread inflammatory activation in EGPA. It also reinforces the need for continued awareness of the risks associated with traditional couching.

ABSTRACT ID: 100
THE HIDDEN RESERVOIR: RECALCITRANT FUNGAL KERATITIS FOLLOWING SCLERAL-FIXATED IOL IN A POST–PENETRATING KERATOPLASTY EYE

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[1]Hospital Canselor Tuanku Muhriz, Chras; [2]Universiti Kebangsaan Malaysia

Purpose

To report a challenging case of recurrent fungal keratitis in which a scleral-fixated intraocular lens (SFIOL) served as a hidden infective reservoir despite aggressive antifungal therapy following multiple penetrating keratoplasties.

Methods

Case report

Results

A 72-year-old woman with dyslipidaemia, pre-diabetes and bilateral pseudophakia presented with a complex ocular history of the left eye including herpetic keratitis, multiple penetrating keratoplasties with graft failure and recurrent Candida sp. keratitis previously managed with topical, systemic and subconjunctival antifungal treatment. Persistent corneal epithelial defects and secondary glaucoma requiring transscleral cyclophotocoagulation ensued, compounding the refractory fungal keratitis.
She presented with a two-week history of left eye pain. Examination showed erythematous lids, diffuse conjunctival injection, 360 degrees of superficial corneal vascularization with deep vessels, a large central epithelial defect overlying a superior deep stromal infiltrate and a dense endothelial plaque. B-scan ultrasonography revealed a clear vitreous.
Emergency therapeutic PK with anterior chamber washout, iris debridement, SFIOL explantation and anterior vitrectomy was performed. Intraoperatively, 360 degrees of anterior chamber exudates extending to the SFIOL and sulcus were noted, with a suspicious fibrotic membrane covering the IOL. Intrastromal, intracameral, and subconjunctival antifungal injections were administered intraoperatively.

Conclusion

Scleral-fixated IOL can harbour occult nidus of fungal biofilms, serving as a persistent infective reservoir in recurrent fungal keratitis despite aggressive treatment. IOL explantation should be strongly considered in refractory cases to prevent blinding complications.

ABSTRACT ID: 281
WHEN CONTACT LENSES TURN CATASTROPHIC: THE CHALLENGES OF MANAGING ACANTHAMOEBA KERATITIS

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Purpose

Acanthamoeba keratitis is a rare but potentially sight-threatening corneal infection caused by Acanthamoeba, commonly affecting contact lens wearers and presenting with severe eye pain, redness and blurred vision. This report highlights the clinical challenges encountered in three cases of Acanthamoeba keratitis.

Methods

Case series

Results

Case1
A 22-year-old lady presented with bilateral eye redness after swimming with contact lenses. Visual acuity was 6/60(right) and 6/60(left). Examination showed large inferior epithelial defects with fluffy edges and 360-degree corneal vascularization without infiltrates or hypopyon. Acanthamoeba PCR was positive. Despite treatment, she developed stromal infiltrates, corneal thinning, hypopyon and elevated intraocular pressure, requiring bilateral debridement, left corneal gluing and transscleral cyclophotocoagulation. Vision remained hand movements.

Case2
A 41-year-old gentleman presented with left eye foreign body sensation and blurred vision, with contact lens use during swimming and sports. Left eye vision was 6/18. Examination showed subepithelial infiltrates with radial perineuritis. His condition worsened with elevated intraocular pressure, requiring transscleral cyclophotocoagulation, Ahmed valve implantation and corneal gluing, and was complicated by corneal decompensation, secondary glaucoma and recurrence. Latest vision was hand movement.

Case3
A 14-year-old contact lens wearer presented with one month of left eye pain, redness and blurred vision of 4/60. Examination revealed an incomplete ring infiltrate, paracentral stromal infiltrate and multiple perineural infiltrates with corneal haze and vascularization. The disease progressed to persistent epithelial defect and stromal thinning, healing with dense corneal scarring; and vision of 6/36.

Conclusion

These cases highlight the aggressive nature of Acanthamoeba keratitis and the importance of early diagnosis, prompt treatment and careful monitoring to prevent vision-threatening complications.

Medical retina, uveitis & ocular inflammation

ABSTRACT ID: 60
CLINICAL PROFILE AND VISUAL OUTCOMES OF ENDOGENOUS ENDOPHTHALMITIS IN A MALAYSIAN TERTIARY HOSPITAL

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Purpose

To describe the clinical profile, microbiological spectrum, and visual outcomes of endogenous endophthalmitis (EE) in Hospital Sultan Haji Ahmad Shah (HOSHAS) over a 10-year period.

Methods

Retrospective observational case series of 10 years involving patients diagnosed with EE with analysis of demographic characteristics, systemic risk factors, clinical presentation, microbiological findings, management, and visual outcomes was done.

Results

14 patients were identified and 11 (78.6%) were male. The median age was 65 years and 11(78.6%) had Diabetes Mellitus. 13 patients (92.8%) had presenting visual acuity (VA) less than counting fingers with positive relative afferent pupillary defect in 8 patients (57.1%). Hypopyon was seen in 8 patients (78.6%) and 2 patients (14.3%) had retinal detachment on presentation. Laterality involvement was seen more in left eye (64.3%), 9 patients.
Positive blood culture was seen in 2 patients (16.7% of those sampled) yielding Klebsiella ozaenae and Staphylococcus aureus and 1 urine culture grew Klebsiella pneumonia. Vitreous culture was positive in 4 patients which grew Klebsiella pneumoniae (n=2), Klebsiella ozaenae (n=1) and fungal Ochroconis gallopava (n=1). 3 eyes (21.4%) required vitreoretinal surgery and 5 eyes (35.7%) underwent evisceration. At final follow up, 9 patients (64.3%) had severe visual impairment (<3/60).

Conclusion

Endogenous endophthalmitis in our centre predominantly affects elderly diabetic patients. Despite treatment, visual prognosis remains guarded, with a considerable rate of globe loss in view of advanced stage of presentation. Early recognition and prompt intervention are essential to improve outcome.

ABSTRACT ID: 87
CHARACTERISTICS AND OUTCOMES OF ENDOGENOUS ENDOPHTHALMITIS: A 13-YEAR CLINICAL EXPERIENCE AT A TERTIARY HOSPITAL IN MALAYSIA

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Purpose

To determine the clinical characteristics,functional and anatomical outcomes of endogenous endophthalmitis in a tertiary referral center in Malaysia.

Methods

This retrospective,single centred study reviewed medical records of patients diagnosed and treated for endogenous endophthalmitis at Hospital Sultanah Nur Zahirah from January 2012 to December 2024. Data collected included demographic characteristics, laterality, source of infection, presenting and final visual acuity (VA), microbiological findings, treatment modalities, and factors associated with visual outcomes. Visual acuity was converted to LogMAR for analysis.

Results

A total of 54 patients met the inclusion criteria. The mean age was 51 years. Males were slightly more affected than females (57.4% vs 42.6%). All patients were Malay. Ocular involvement was almost equally distributed between the right (40.7%) and left (38.9%) eyes, with 20.4% having bilateral disease. Systemic cultures were positive in 81.5% of cases, with Klebsiella pneumoniae being the most commonly isolated organism (24.1%). Most patients received intravitreal therapy (85.2%) and systemic antimicrobial treatment (79.6%), while 46.3% underwent pars plana vitrectomy. Presenting visual acuity was poor (mean 1.97 LogMAR) and remained poor at final follow-up (mean 2.17 LogMAR). Overall, 75.9% of patients had poor visual outcomes (final LogMAR $\geqslant$1.3). Presenting visual acuity was significantly associated with final outcome.

Conclusion

Endogenous endophthalmitis remains a devastating infection with poor visual prognosis despite aggressive management. Early recognition and prompt treatment are crucial to salvage useful vision

ABSTRACT ID: 128
WHEN BEAUTY TURNS INTO BURDEN: LONG-STANDING SILICONE IMPLANTATION-INDUCED BILATERAL ANTERIOR UVEITIS

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Hospital Selayang[1], Hospital Umum Sarawak[2]

Purpose

To report a case of bilateral granulomatous anterior uveitis associated with long-standing foreign bodies, in this case silicone implantations, consistent with Autoimmune/Inflammatory Syndrome Induced by Adjuvants (ASIA), also known as Shoenfeld's syndrome.

Methods

Case report.

Results

A 66-year-old female housewife presented with a chief complaint of acute, progressive bilateral blurry vision. 36 years prior to her current presentation, at the age of 30, the patient underwent cosmetic bilateral silicone breast augmentation.

10 years later, she suffered a bilateral implant rupture, presenting with severe pain, erythema, and localised warmth. While emergency explantation was performed, HPE confirming silicone-induced granulomatous inflammation. A complete surgical clearance was unachievable due to extensive silicone tissue infiltration.

This persistent, unresectable residual silicone triggered two decades of recurrent local inflammatory flare-ups , requiring frequent, long-term systemic dexamethasone therapy.

Over time, this chronic systemic granulomatous state led to the development of refractory hypercalcemia and chronic kidney disease under active nephrology surveillance, culminating in her current acute ophthalmic presentation of bilateral blurred vision and granulomatous anterior
uveitis.

Ophthalmic assessment showed visual acuity of 6/30 with pinhole of 6/15 bilaterally. Intraocular pressure was 14 mmHg in both eyes. Slit-lamp examination revealed bilateral iris nodules, scattered iris hypopigmentation, and small keratic precipitates inferiorly with quiet conjunctiva and dry eye changes (TBUT <5seconds, punctate epithelial erosions). Fundus examination showed pink optic discs (CDR 0.3) with flat macula and retina bilaterally. OCT was normal. Laboratory findings demonstrated elevated ESR (76 mm/hr), creatinine 217 µmol/L, and raised urine protein–creatinine ratio, while infectious and autoimmune screenings were negative. She was treated with topical prednisolone acetate with control of ocular inflammation.

Conclusion

Long-standing silicone implantation may precipitate delayed granulomatous autoimmunity with ocular involvement. Hence, early recognition and coordinated multidisciplinary management are essential to prevent visual and systemic complications.

ABSTRACT ID: 215
ACHROMOBACTER XYLOSOXIDANS-ASSOCIATED ENDOPHTHALMITIS FOLLOWING CATARACT SURGERY: A CASE SERIES

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Purpose

To report three cases of culture-proven Achromobacter xylosoxidans endophthalmitis following phacoemulsification and to highlight the influence of glycemic control and surgical strategy on clinical outcomes.

Methods

Retrospective case series

Results

Three patients (two males, one female; age range 72–78 years) presented 10–20 days after cataract surgery with clinical features of postoperative endophthalmitis. Two cases had complicated surgeries with posterior capsule rupture and vitreous loss. Glycemic status varied among the patients. Case 1, a poorly controlled diabetic, developed recurrent infection despite pars plana vitrectomy (PPV) with silicone oil tamponade and ultimately required intraocular lens (IOL) explantation for infection control. Case 2, a non-diabetic patient, achieved resolution of infection following PPV with IOL retention. Case 3, a well-controlled diabetic, underwent vitrectomy with removal of the IOL and was left aphakic, remaining clinically stable thereafter. All isolates were sensitive to ceftazidime. Final best-corrected visual acuities were 6/36, 3/60, and counting fingers at 1 foot, respectively; the latter was limited by underlying age-related macular degeneration.

Conclusion

The optimal management of A. xylosoxidans endophthalmitis after cataract surgery remains challenging. This case series suggests that glycemic control may influence the clinical course and risk of recurrence. Poorly controlled diabetes may predispose to persistent infection requiring IOL explantation. Conversely, non-diabetic and well-controlled diabetic patients may achieve infection control with IOL retention or in an aphakic state. Aggressive surgical management tailored to host factors is essential.

ABSTRACT ID: 238
ONE-YEAR OUTCOMES OF THE SALWEEN TRIAL IN TWO MALAYSIAN CENTRES: HOSPITAL SHAH ALAM AND HOSPITAL SELAYANG

Nurnadia Kamaruddin[1], Hanizasurana Hashim[1], Roslin Azni Abdul Aziz[2], Nazima Shadaht Ali[1]

[1]Hospital Selayang, [2]Hospital Shah Alam

Purpose

To report 1-year experience from Malaysian centres participating in the SALWEEN trial, evaluating faricimab in Asian patients with treatment-naïve polypoidal choroidal vasculopathy (PCV), addressing limited long-term anti-VEGF efficacy data.

Methods

This case series includes seven patients from two centres enrolled in SALWEEN, a phase IIIb/IV multicentre, single-arm study assessing intravitreal faricimab in Asian PCV. The primary endpoint was change in best-corrected visual acuity (BCVA) at weeks 40–48. Secondary outcomes included polyp regression, treatment durability, absence of retinal fluid, and safety.

Results

Hospital Selayang (n=3): All patients demonstrated BCVA improvement (mean +9.3 letters). No polyps were observed at baseline. Initial treatment interval extension after loading ranged from 12–16 weeks, with maximum intervals of 12–16 weeks. Patients received 6–7 injections over 1 year.
Hospital Shah Alam (n=4): All patients demonstrated BCVA improvement (mean +15.0 letters). Complete polyp regression was observed in 2 patients, while 1 showed persistent polyp at 48 weeks with subsequent closure, and 1 demonstrated partial regression. Initial extension was 12 weeks in all patients, with maximum intervals up to 16 weeks. Patients received 6–7 injections.
Across both centres, faricimab achieved complete absence of retinal fluid (subretinal and intraretinal) as early as after the first to fourth loading injections. No injection-related adverse events were reported.

Conclusion

Faricimab demonstrated favourable visual and anatomical outcomes with durable disease control, enabling extended dosing intervals up to 16 weeks in treatment-naive PCV in Malaysian practice.

Miscellaneous/public health/IRD/Imaging

ABSTRACT ID: 125
EYECARE4U : TRANSFORMING COMMUNITY EYE HEALTH THROUGH INTEGRATED OUTREACH

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Purpose

To reduce preventable blindness through early detection and strengthen the overall community healthcare system.

Methods

This outreach model was developed using a Design Thinking framework (Empathize, Define, Ideate, Prototype, Test). Field assessments identified barriers including limited access, high costs, and low awareness. Root causes were analyzed using Ishikawa and 5W1H tools. A comprehensive outreach model was piloted and evaluated using SWOT and pre-post implementation data.

Results

The implementation of this initiative resulted in significant improvements in service efficiency, reduce time and operational costs alongside enhanced patient satisfaction. As a result, hospital referrals increased by 58%, contributing to a 91% rise in cataract surgeries, where cases increasing from 67 to 128 within the first six months of implementation. Approval time for intraocular lens was markedly reduced from 12 weeks to 1 week, representing a 92% reduction which enabling faster access to treatment. An 89% cost reduction was achieved, decreasing the per-patient cataract surgery cost from RM903 to RM103 through strategic cross-sector collaboration and NGO support. At the national level, based on data from National Eye Survey IV in 2025, findings aligned with the national health targets which demonstrated a reduction in the prevalence of blindness in Sabah from 1.9% to 0.9%.

Conclusion

This integrated outreach model demonstrates that collaborative, community-based strategies can significantly enhance access, reduce costs, improve numbers of cataract surgery, and contribute to measurable reductions in blindness prevalence, offering a scalable framework for public health ophthalmology nationwide.

ABSTRACT ID: 168
PATTERNS OF OCULAR MORBIDITY IN RURAL COMMUNITY EYE SCREENING: TEN YEARS OF THE KLIP MOBILE PROGRAMME

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Purpose

To describe the spectrum of ocular diseases detected through a decade of rural community eye screening conducted by the Klinik Pakar Mata Bergerak (KLiP Mobile) programme in Negeri Sembilan. This initiative was delivered through collaboration between Universiti Sains Islam Malaysia, the Negeri Sembilan Health Department, and the Negeri Sembilan State Secretariat.

Methods

This retrospective study analysed data from 6,196 participants screened between 2016 and 2025 across seven districts in Negeri Sembilan. Examinations included visual acuity testing, refraction, slit-lamp evaluation, and fundus photography. Demographic characteristics, ocular diagnoses, and diabetic retinopathy (DR) grading were analysed.

Results

The majority of participants were aged 40–64 years, followed by those aged 65 years or older. Diabetic retinopathy (DR) was the most frequently detected ocular condition (1,791; 32.6%), followed by cataract (1,202; 21.9%), refractive error (1,103; 20.1%), glaucoma (159; 2.9%), and pterygium (136; 2.5%). Among participants screened for DR, the majority demonstrated no diabetic retinopathy. Overall, 1,276 participants (20.6%) required referral to ophthalmologists and 948 (15.3%) to optometrists, with cataract being the leading indication for referral.

Conclusion

Community-based mobile screening programmes provide valuable insights into the burden of ocular diseases in rural populations. The KLiP Mobile programme highlights the importance of outreach initiatives in identifying vision-threatening conditions and facilitating timely referral and treatment in underserved communities.

Myopia

ABSTRACT ID: 227
EARLY CLINICAL OUTCOMES OF REPEATED LOW-LEVEL RED LIGHT THERAPY FOR PROGRESSIVE MYOPIA IN MALAYSIAN CHILDREN: A STRUCTURED THREE-CASE SERIES

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Purpose

To assess early clinical outcomes of repeated low-level red light (RLRL) therapy in children with progressive myopia and to describe a structured clinical protocol for patient selection, baseline evaluation, and longitudinal monitoring.

Methods

This case series included three paediatric patients aged 7–11 years with documented progressive myopia. All patients underwent standardized baseline examination including visual acuity, intraocular pressure, cycloplegic refraction, axial length measurement using optical biometry, corneal assessment with Scheimpflug imaging, and optical coherence tomography for monitoring of the optic disc, macula and choroid. Candidates for RLRL therapy were identified based on progressive refractive change, rapid myopia progression, inadequate response to prior myopia control interventions, or significant family history of myopia. RLRL therapy was administered using a home-based device for 3 minutes twice daily, five days per week. Follow-up visits included repeat measurements of refractive status, axial length, and ocular health parameters to evaluate treatment response and compliance.

Results

Across the three cases, axial length progression stabilized or decreased following initiation of RLRL therapy. One patient demonstrated axial length reduction of 0.12mm (OD) and 0.10mm (OS) over six months, accompanied by refractive improvement of up to 0.75D. In another patient, axial length remained stable despite suboptimal treatment adherence. The third patient demonstrated reduced refractive progression during follow-up compared with baseline trend.

Conclusion

In this small clinical series, RLRL therapy was associated with stabilization or reduction of axial elongation and refractive progression in children with progressive myopia. These preliminary findings support further investigation of RLRL therapy in larger prospective studies to better define its role in Malaysia clinical myopia management.

Neuro-ophthalmology

ABSTRACT ID: 44
THE DANCING EYES: OPSOCLONUS-MYOCLONUS-ATAXIA SYNDROME AS THE PRIMARY PRESENTATION OF ACUTE HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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[1]Hospital Selayang

Purpose

To report a rare neuro-ophthalmological presentation of acute Human Immunodeficiency Virus (HIV) infection manifesting as Opsoclonus-Myoclonus-Ataxia Syndrome (OMAS) and to emphasize the critical role of the ophthalmologist in localizing brainstem-cerebellar circuit dysfunction.

Methods

Case report

Results

A 28-year-old male presented with a two-day history of headache, vomiting, and gait instability. His ocular complaint was "jumping vision." While the initial presentation was described as nystagmus, neuro-ophthalmological evaluation identified true opsoclonus: involuntary, bilateral, high-amplitude, multi-vectorial conjugate saccadic oscillations. These movements were continuous, lacked an intersaccadic interval, and resulted in profound oscillopsia. Visual acuity was 6/6 bilaterally with normal anterior and posterior segments; specifically, no evidence of HIV-related microangiopathy or retinitis was seen. Physical examination confirmed generalized myoclonus and truncal ataxia. Given a recent history of jungle trekking, tropical infections were considered, but investigations for Rickettsia, Leptospirosis, and autoimmune encephalitides (including N-methyl-D-aspartate receptor antibodies) were negative. Magnetic resonance imaging (MRI) of the brain and cerebrospinal fluid (CSF) biochemistry were unremarkable. Systemic screening revealed a reactive HIV status with a viral load of 8.17×104 copies/mL and a CD4 count of 143 cells/uL. The patient was diagnosed with HIV-induced OMAS, likely an immune-mediated disruption of the brainstem omnipause neurons. Following the initiation of Highly Active Antiretroviral Therapy (HAART) and Clonazepam, the ocular oscillations stabilized and his ataxia significantly improved.

Conclusion

Opsoclonus is a pathognomonic sign of brainstem disinhibition that must be distinguished from nystagmus. In young adults presenting with sudden-onset oscillopsia, acute HIV infection is a crucial differential diagnosis, allowing for prompt life-saving intervention.

ABSTRACT ID: 135
THE GREAT MASQUERADER: PEDIATRIC SLE PRESENTING AS BILATERAL OPTIC NEURITIS AND HORIZONTAL GAZE PALSY

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[1]Hospital Sultan Ismail Petra

Purpose

To report a case of pediatric systemic lupus erythematosus (SLE) manifesting initially as bilateral optic neuritis with horizontal gaze palsy, emphasizing the diagnostic challenges in differentiating autoimmune neuro-inflammation from infectious meningitis and intracranial hypertension.

Methods

Case report

Results

A 12-year-old Malay girl presented with a one-week history of throbbing headache, vomiting, blurred vision, and diplopia. On examination, her visual acuity (VA) were 6/45 (OD) and 6/30 (OS) with sluggish pupillary reflexes, and limited horizontal gaze. Anterior segment and intraocular pressure for both eyes were normal while optic nerve function was diminished. Fundus revealed papilledema with dilated and tortuous vessels. Bjerrum testing confirmed peripheral right and inferior left visual field defects. Extensive workup for infection and inflammatory etiology were performed. Lumbar puncture done and noted elevated cerebrospinal fluid opening pressure, more than 50cmH20. Contrast-enhanced computed tomography (CECT) brain and orbit with cerebral venography was unremarkable. She was treated empirically for viral meningitis and IV Acyclovir was given. Due to progressive neurological deficit despite on antiviral therapy, patient was shifted to intravenous methylprednisolone 1g/day for 20 doses. Subsequent serological evaluation confirmed SLE with ocular manifestation with positive ANA, anti-dsDNA, and low complement levels. Following systemic immunosuppression and hydroxychloroquine, visual acuity, ocular motility and optic nerve function significantly improved. Her latest visual acuity were 6/9 (OD) and 6/7.5 (OS).

Conclusion

The presence of papilledema and limited horizontal gaze is rare for pediatric SLE. This case highlights the necessity of a high index of clinical suspicion and early empirical corticosteroid therapy to prevent irreversible visual loss and systemic complications.

Paediatric ophthalmology & strabismus

ABSTRACT ID: 277
THE COST OF DELAY: OUTCOMES AND CHALLENGES IN DEFAULTED RETINOBLASTOMA CASES

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Purpose

Retinoblastoma is a rare but potentially fatal intraocular malignancy in children. Early diagnosis is critical for improving survival and globe salvage rates. However, delayed diagnosis and treatment remain common in developing regions due to multiple socioeconomic and healthcare barriers. This case series highlights factors contributing to delays in retinoblastoma diagnosis and treatment in Sabah, Malaysia.

Methods

This case series included retinoblastoma cases that were referred to the Paediatric Ophthalmology Center at Sabah Women and Children Hospital (SWACH), Malaysia, between 2020 and 2025. Cases with delayed diagnosis or delayed treatment were included. The clinical presentation, causes of delay, treatment course, and outcomes were recorded.

Results

Four cases of retinoblastoma with delayed diagnosis and treatment were identified. Two cases experienced diagnostic delays due to the COVID-19 Movement Control Order (MCO) and geographical barriers. Parental fear of enucleation and the preference for non-medical alternative treatments contributed to treatment delays in three cases, resulting in 6–12 months delay before definitive management. All cases presented with advanced disease (Group E retinoblastoma). Three children eventually underwent enucleation followed by systemic chemotherapy and radiotherapy, with no recurrence at the last follow-up. One child presented with intracranial metastasis and passed away after defaulting treatment.

Conclusion

Delayed diagnosis and treatment of retinoblastoma in Sabah are strongly associated with geographic barriers, pandemic-related disruptions, fear of enucleation, and reliance on alternative medicine. The efforts to increase public awareness, improve early referral systems, and strengthen caregiver education are essential to prevent treatment delays and to improve survival outcomes in children with retinoblastoma.

Vitreo-retinal surgery

ABSTRACT ID: 167
ANATOMICAL AND VISUAL OUTCOMES OF VITRECTOMY IN PATHOLOGICAL MYOPIA: EVALUATION USING SPECTRAL-DOMAIN OCT

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Purpose

Pathological myopia is associated with vitreoretinal complications including myopic macular hole, foveoschisis, and vitreomacular traction that may cause progressive visual loss. Pars plana vitrectomy relieves traction and restores macular anatomy. Spectral-domain optical coherence tomography (SD-OCT) enables detailed evaluation of retinal microstructure and postoperative changes. This study evaluated visual and anatomical outcomes of vitrectomy in pathological myopia using SD-OCT.

Methods

This retrospective case series included patients with pathological myopia who underwent vitrectomy for vitreoretinal disorders at a tertiary center with at least 6 months of follow-up. Demographic, clinical, and surgical data were recorded, and postoperative outcomes were assessed using SD-OCT.

Results

7 eyes from 7 patients were included. Axial length ranged from 25.43–31.21 mm and spherical equivalent from −1.56 to −18.5 D. Indications included myopic macular hole (43%), myopic foveoschisis with foveal detachment (29%), and vitreomacular traction or epiretinal membrane (29%). Most procedures used 23G PPV with internal limiting membrane (ILM) peeling and gas tamponade. At final follow-up, visual acuity improved in 4 eyes, remained stable in 2, and worsened in 1 due to persistent macular hole. Mean CMT decreased from 574 µm preoperatively to 345 µm postoperatively. SD-OCT showed macular hole closure, resolution of foveoschisis, and absorption of subretinal fluid in most cases.

Conclusion

Vitrectomy with ILM peeling in pathological myopia showed favorable anatomical outcomes on SD-OCT, with reduction in macular thickness and resolution of tractional changes. Visual acuity improved or remained stable in most patients. SD-OCT is useful for monitoring postoperative structural changes.

Cataract & refractive surgery

ABSTRACT ID: 10
HOLD AND PULL TECHNIQUE TO REMOVE FOLDABLE INTRAOCULAR LENS

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Purpose

There is a growing need for intraocular lens (IOL) explantation and exchange due to the increase in incidences of IOL-related complications. This article describes a technique that does not require special instrument, easy to learn, reproducible and does not cause excessive endothelial damage nor astigmatism.

Methods

Essential instruments include one reversed Sinsky hook and two pairs of 0.2 mm tooth corneal/Colibri forceps to remove the problem IOL re-positioned in the anterior chamber.

Viscoelastic is injected into anterior chamber to protect the endothelium, iris and to deepen the capsular bag in cases with intact capsular bag. One of the haptic is pulled out from the corneal incision with a reversed Sinsky hook (Image 1). The exposed haptic is then grasped and held with a tooth forceps (Image 2). A second tooth forceps is then glide along the haptic into the anterior chamber to grasp the optic at the optic-haptic junction firmly (Image 3). The first tooth forceps is then released, and the second tooth forceps is then used to pull the entire lens out slowly to allow the optic to fold itself at the corneal incision (Image 4) and then pulled out from the eye (Image 5).

Results

Overall, patients demonstrated improved vision post surgery.

Conclusion

Hold and pull technique is a safe technique and does not cause excessive endothelial damage nor astigmatism. Further studies are needed to quantify the safety profile on corneal endothelial cells loss and surgically induced astigmatism with this technique.

ABSTRACT ID: 58
TRAPPED IN THE LENS: A CASE REPORT OF AN INTRALENTICULAR FOREIGN BODY

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[1]Hospital Sultanah Nora Ismail

Purpose

To report a case of intra lenticular foreign body.

Method

A case report.

Results

A 29-year-old male presented with left eye pain, redness, and blurring of vision for one week with a history of doing road tar work prior to onset. Right eye visual acuity was 6/6 and left eye was 6/12. Relative afferent pupillary defect was negative. Left eye slit-lamp examination revealed a self-sealed corneal laceration wound with a focal posterior synechiae and localized anterior lens capsular cataract nasally. A retained LFB was found embedded within the cystalline lens. Fundus examination was unremarkable and a Computed Tomography (CT) scan showed no posterior segment intraocular foreign body. Right eye examination was unremarkable. The patient underwent left eye lens aspiration with removal of the LFB. At one-month follow-up, best-corrected visual acuity was 6/6.

Most LFBs are metallic and frequently necessitate lens extraction due to complications such as intraocular inflammation, secondary glaucoma, or metallosis. The foreign body in our case appears to resemble metal-like material. Retained IOFBs are linked to up to a threefold increased risk of endophthalmitis compared with penetrating injury alone, mainly due to posterior capsular rupture and delayed primary repair, both of which were fortunately not seen in our patient.

Conclusion

The presence of a segmental cataractous lens in a patient with a history of ocular trauma should raise suspicion of a possible intraocular foreign body. A thorough clinical examination supported by appropriate imaging is essential.

ABSTRACT ID: 267
INTO THE LENS: A CASE OF AN INTRALENTICULAR FOREIGN BODY

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[1]USM

Purpose

Case report of an intralenticular foreign body of 2 weeks duration

Methods

Case report

Results

Intralenticular foreign body with accompanying images.

Conclusion

Succesful surgery with secondary IOL implantation.

ABSTRACT ID: 278
HERPETIC REACTIVATION FOLLOWING TRANSEPITHELIAL PHOTOREFRACTIVE KERATECTOMY

Nur Nazifah Binti Mohd Farid[1], Julieana Muhammed[2], Kasman Jaafar[2]

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Purpose

To report a rare case of bilateral herpetic keratouveitis following bilateral transepithelial photorefractive keratectomy (TransPRK) in a patient with no prior clinical history of herpetic eye disease.

Methods

This case report describes the clinical course, diagnostic challenges, and management of a 30-year-old male who underwent bilateral TransPRK for high myopic astigmatism.

Results

The initial surgery was uneventful. However, the patient developed bilateral eye persistent epithelial defects and steroid-induced ocular hypertension one month postoperatively. Three months after the procedure, he presented with bilateral eye injected conjunctiva, anterior chamber cells, and endotheliitis with keratic precipitates. A diagnosis of bilateral herpetic keratouveitis was made, and the patient was treated with systemic oral acyclovir and topical corticosteroids. The inflammation resolved completely, leading to clear cornea and quiet anterior chambers. The final unaided visual acuity was 6/6 in the right eye and 6/9 in the left eye.

Conclusion

Reactivation of latent herpes simplex virus (HSV) is a potential, though uncommon, complication of corneal refractive surgery. Triggers such as ultraviolet laser energy, corneal nerve disruption, and postoperative corticosteroid use may predispose patients to viral activation, even in those without a prior history of infection. This case underscores the necessity of maintaining high clinical suspicion for viral keratouveitis in patients with delayed bilateral inflammation following surgery. Prompt initiation of systemic antiviral therapy and topical steroids is essential for achieving a favorable visual recovery.

ABSTRACT ID: 287

PERSISTENT EPITHELIAL DEFECT AND CORNEAL EDEMA FOLLOWING TRANSEPITHELIAL PHOTOREFRACTIVE KERATECTOMY IN A PATIENT WITH DIABETES MELLITUS

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[1]Hospital Pakar USM; [2]Universiti Sains Malaysia

Purpose

To report a case of persistent epithelial defect (PED) and corneal edema following transepithelial photorefractive keratectomy (TransPRK) in a patient with type 2 diabetes mellitus and to describe the role of topical insulin in its management.

Methods

This case report documents the clinical course and management of a 47-year-old female with underlying type 2 diabetes mellitus and mild dry eye disease who underwent right eye TransPRK for monovision correction.

Results

In the immediate postoperative period, the patient developed corneal edema in the operated eye. By the fourth postoperative day, following removal of the bandage contact lens, a central corneal epithelial defect measuring 1×1 mm was identified. Despite initiation of conventional therapy, the defect persisted, and a diagnosis of (PED) was established. Therapeutic management included intensive use of preservative-free lubricants, topical corticosteroids, antibiotics, and oral doxycycline. Adjunctive treatment with topical insulin 0.15 IU four times daily was instituted in conjunction with corneal debridement.

Complete re-epithelialization was achieved after one month. At final follow-up, the patient attained an unaided visual acuity of 6/6, with minimal residual corneal haze.

Conclusion

Patients with diabetes mellitus face an increased risk of (PED) and postoperative corneal edema following TransPRK due to compromised corneal integrity and surgery-induced stromal inflammation. This case demonstrates that topical insulin is an effective adjunctive therapy for promoting epithelial healing and achieving favorable visual outcomes in refractory cases.

ABSTRACT ID: 291
UNUSUAL PRESUMED CLINICALLY TOXIC ANTERIOR SEGMENT SYNDROME (TASS) FOLLOWING AN UNEVENTFUL PHACOEMULSIFICATION CATARACT SURGERY

Dila Johanna Mohasdjone[1], Mohasdjone @ Mohd Johari Mohamad[2], Nurhafis Zainol[2], Khairidzan Mohd Kamal[3]

[1]KKM; [2]Pusat Pakar Mata Bangi; [3]International Islamic University Malaysia

Purpose

This report describes an unusual presumed clinically Toxic Anterior Segment Syndrome (TASS) following an uneventful phacoemulsification cataract surgery.

Case Summary
66 year old lady with underlying Diabetes Mellitus underwent an uneventful phacoemulsification with the implantation of intraocular lens under Topical Anaesthesia (Alcaine) for her left eye senile cataract.
On Day 2 post-operative review, her left eye remains painless with a relatively white conjunctiva. The visual acuity of the left eye was however HM. There was significant corneal oedema involving the visual axis and superior corneal limbal strip of superficial fluffy keratitis with no hypopyon in the anterior chamber. Pupil was reactive with stable IOL.

Methods

An intensive topical steroid with hypertonic saline 3% was administered for almost 2 months post operative. Observed follow up findings showed improvement of the oedematous corneal with strip of the fluffy superior and paracentral keratis, as well as positive results on her left eye visual acuity, which was fairly CF - 6/60.

An additional treatment of topical Ripasudil 0.4% was then added to the treatment regime for another 2 weeks. Since then, the corneal stromal oedema and keratitis continued to reduce significantly, alongside a clearer vision of fairly 6/18.

Conclusion

Immediate treatment with Topical Glanatec (Ripasudil 0.4%, Rho-associates kinase (ROCK)) inhibitor may be considered as the treatment for presumed TASS, provided there are no significant infective keratitis or endophthalmitis following a phacoemulsification cataract surgery.

Cornea & external eye diseases

ABSTRACT ID: 11
DELAYED DIAGNOSIS OF ACANTHAMOEBA KERATITIS IN A YOUNG CONTACT LENS USER FOLLOWING SEAWATER EXPOSURE

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[1]Hospital Raja Perempuan Zainab II, [2]Universiti Sains Malaysia Kelantan

Purpose

To highlight the importance of early recognition of Acanthamoeba keratitis in contact lens users with water exposure.

Methods

Case report.

Results

A 14-year-old girl with bronchial asthma and occasional contact lens use presented with a one-month history of right eye redness and blurred vision after swimming in seawater while wearing contact lenses. She was initially treated as viral keratitis with oral acyclovir and topical corticosteroids at a private clinic but showed clinical deterioration. On presentation, visual acuity in the right eye was 6/12. Slit-lamp examination revealed conjunctival injection with punctate epithelial erosions, and she was managed as partially treated viral keratitis. One week later, she returned with severe ocular pain and a marked reduction in vision to 1/60. Examination demonstrated conjunctival injection, corneal haze, and a central ring-shaped stromal infiltrate with a small epithelial defect measuring 1 mm × 2 mm. The anterior chamber was deep with no visible cells. B-scan ultrasonography showed a flat retina with clear vitreous. Corneal cultures were negative for Acanthamoeba. However, based on characteristic clinical features and a history of contact lens use with seawater exposure, a clinical diagnosis of Acanthamoeba keratitis was made. Treatment was initiated with topical chlorhexidine 0.02% and Brolene 0.1%. After six months of treatment, the keratitis resolved with residual dense central corneal scarring. One year later, lens aspiration with intraocular lens implantation was performed for a swollen lens, with residual visual impairment from central corneal scarring.

Conclusion

Early suspicion of Acanthamoeba keratitis in contact lens users with water exposure is crucial to prevent visual loss.

ABSTRACT ID: 49
HORN ON THE LID: EARLY SURGICAL EXCISION WITH BENIGN OUTCOME

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[1]Hospital Sibu, Sarawak

Purpose

To report a case of a recurrent cutaneous horn on the lower eyelid that was excised shortly after presentation, with good recovery and no recurrence.

Methods

Case report.

Results

A 40-year-old female street vendor presented with a two-month history of a recurrent, exophytic growth on the left lower lid. The lesion had spontaneous detachment twice, followed by rapid regrowth. There were no other associated symptoms. Ocular examination revealed a solitary exophytic lesion near the left lower lid margin, measuring 1.6 cm at the base, 2 cm in height, and 0.3 cm in diameter at the tip. The lesion was firm with a soft base, without surrounding erythema, ulceration, or skin changes. Visual acuity was preserved. The patient underwent an excisional biopsy one day after presentation. The specimen was sent for histopathological examination. Histopathology examination confirmed a diagnosis of a cutaneous horn with underlying *Verruca vulgaris*, characterized by a polypoidal lesion covered by stratified squamous epithelium, displaying papillomatous epidermal projections tipped by columns of parakeratosis, hyperkeratosis, and koilocytosis. The postoperative course was uneventful, and the surgical wound healed well. No recurrence was observed during three months of follow-up.

Conclusion

Eyelid cutaneous horns, though uncommon, warrant early surgical excision due to the risk of underlying premalignant or malignant pathology. Histopathological evaluation remains essential for definitive diagnosis and guides further management.

ABSTRACT ID: 80

A CASE REPORT OF DELAYED EXTRUSION OF AN INFECTED MEDPOR ORBITAL IMPLANT: A RARE COMPLICATION AFTER PRIMARY ENUCLEATION FOR RETINOBLASTOMA

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[1]Hospital Sultan Haji Ahmad Shah, Pahang; [2]Hospital Kuala Lumpur, Kuala Lumpur

Purpose

To report a rare case of an infected Medpor orbital implant.

Methods

A case report.

Results

A 21-year-old gentleman with a history of left eye enucleation 15 years earlier for unilateral retinoblastoma presented with a one-month history of foul-smelling purulent discharge and left orbital implant extrusion. He had been asymptomatic until one year prior, when he developed left orbital discharge while incarcerated. He was successfully treated with intravenous antibiotics. However, he subsequently defaulted on follow-up and later re-presented with progressive implant exposure and complete extrusion. Examination revealed a fully exposed implant surrounded by granulation tissue and profuse purulent discharge, firmly adherent to surrounding tissues. The case was co-managed with the oculoplastic team. The patient was admitted and started on intravenous broad-spectrum antibiotics. During surgical exploration, the infected porous polyethylene (Medpor) implant was removed and replaced with a glass ball implant. Culture of the explanted material grew *Corynebacterium diphtheriae*. Postoperatively, he recovered well and was discharged in stable condition with regular follow-up.

Conclusion

Orbital implants are generally safe and biocompatible with favourable long-term outcomes; however, late complications such as exposure and secondary infection may occur years after surgery. In this case, prolonged poor socket hygiene likely predisposed the patient to infection, progressing to implant exposure and extrusion. Long-term surveillance and continuous patient education remain essential to prevent delayed complications and ensure optimal implant retention.

ABSTRACT ID: 84
NAIROBI EYE: TOXIC PRESEPTAL CELLULITIS SECONDARY TO PAEDERUS CONTACT — A CASE REPORT

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Purpose

Paederus fuscipes (commonly known as the Charlie ant) is a rove beetle prevalent in tropical regions and is known to cause irritant contact dermatitis due to the vesicant toxin pederin. Ocular involvement, often termed “Nairobi eye,” may mimic infectious pathology. This report describes a case of toxic preseptal cellulitis secondary to *Paederus* exposure.

Methods

Case report.

Results

A 20-year-old male with no known comorbidities presented with a two-day history of acute right upper eyelid erythema, swelling, and a burning sensation. He reported brushing off a Charlie ant from the nasal bridge towards the right periocular region immediately prior to symptom onset. Clinical examination revealed diffuse right eyelid oedema, marked cutaneous erythema, multiple pustular lesions, eczematous changes, and serous ocular discharge. Visual acuity was preserved despite minimal corneal abrasions. A diagnosis of toxic preseptal cellulitis secondary to *Paederus* contact was made. The patient was treated with a one-week course of oral and topical antibiotics, oral antihistamines, as well as analgesics. The pustular lesions subsequently ruptured, resulting in superficial skin erosion. Progressive clinical improvement was observed with complete resolution within 14 days, leaving minimal post-inflammatory hyperpigmentation and scarring.

Conclusion

Charlie ant–associated dermatitis with periocular involvement remains an under-recognized public health issue in tropical regions such as Malaysia. Its variable presentation frequently leads to misdiagnosis as bacterial cellulitis or herpetic infection. Heightened clinical awareness facilitates prompt diagnosis, appropriate management, and prevention of unnecessary escalation of therapy or potential complications.

ABSTRACT ID: 92
FROM SKIN TO EYE: ORBITAL MYIASIS IN SKIN TUMOUR

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[1]Hospital Putrajaya, Putrajaya

Purpose

To report a case of complex right temple basal cell carcinoma leading to orbital myiasis.

Methods

Case report.

Results

A 78-year-old man with underlying basal cell carcinoma over the right temple region without prior intervention presented with right periorbital swelling associated with worsening right eye vision for 2 weeks. His right vision was no light perception, and he exhibited right eye proptosis, diffuse periorbital swelling with ophthalmoplegia, and the presence of an open infected deep wound over the right temple area extending to the right eye and cheek with massive fly larvae infestation. Fibrosed thickened lids with larvae underneath were noted, alongside injected hypertrophied inferior conjunctival tissues and an oedematous cornea. Contrast-enhanced computed tomography showed a right temporal ulcerative lesion extending to the right zygomatic region abutting the lateral aspect of the right globe with no clear fat plane in between. The patient was co-managed with multidisciplinary teams. After 3 weeks on intensive wound debridement and broad-spectrum antibiotics, the patient underwent right eye exenteration with wide local excision of the tumour, burring of the zygomatic bone, and a split-skin graft over the right orbital and periorbital region. Subsequently, he received adjuvant radiotherapy.

Conclusion

This case highlights the importance of early intervention in basal cell carcinoma as then it carries a favourable prognosis, better functional and cosmetic outcomes, and improved quality of life.

ABSTRACT ID: 94
LOOKING BEYOND THE ORBIT: CENTRAL VENOUS OCCLUSION PRESENTING WITH EYELID OEDEMA AND OCULAR HYPERTENSION

Maisarah Muhamad Shakir[1], Manissha Rajan[1], Beh Renping[1], Al Nikc Ally Abdul Rahim[1], Krishnadevi Thiyagarajam[1], Sok Lin Ng[1]

[1]Hospital Taiping, Perak

Purpose

To highlight central venous occlusion as a reversible cause of eyelid oedema and secondary ocular hypertension in a haemodialysis patient.

Methods

Case report.

Results

A 63-year-old woman with underlying hypertension, dyslipidaemia, and end-stage renal disease on regular haemodialysis presented with progressive, painless left lower eyelid swelling for one month. The swelling intermittently reduced during dialysis sessions. Further history revealed progressive left arm and neck swelling for two months preceding the ocular symptoms. Visual acuity was 6/15 in the right eye and 6/24 in the left eye. There was no relative afferent pupillary defect, and extraocular movements were full bilaterally. Intraocular pressure was 18 mmHg in the right eye and 28 mmHg in the left eye. Examination revealed non-tender, non-erythematous left eyelid oedema. Both lenses were cataractous. Fundus examination showed healthy optic discs with a cup-to-disc ratio of 0.3. The patient was treated with maximal topical anti-glaucoma therapy; however, intraocular pressure remained uncontrolled and prominent episcleral vessels were noted on follow-up. Computed tomography venography demonstrated total occlusion of the mid-left brachiocephalic vein, measuring approximately 3 cm in length with multiple collateral vessels. She subsequently underwent successful balloon venoplasty. An immediate reduction in eyelid oedema was observed post-procedure, followed by normalization of intraocular pressure.

Conclusion

Central venous occlusion should be considered in haemodialysis patients presenting with unexplained eyelid oedema and raised intraocular pressure. Early diagnosis and treatment can lead to rapid ocular improvement.

ABSTRACT ID: 98
BEYOND ORBITAL INFECTION: RIGHT ORBITAL LYMPHOMA MASQUERADING AS ORBITAL CELLULITIS

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[1]Hospital Putrajaya, Putrajaya

Purpose

To elucidate the diagnostic complexities inherent in distinguishing orbital lymphoma from orbital cellulitis, particularly in patients with underlying diffuse large B-cell lymphoma (DLBCL).

Methods

A case report.

Results

A 54-year-old Malay male with DLBCL presented with progressive right upper eyelid swelling, redness, epiphora, and a low-grade fever. A comprehensive ocular examination, systemic evaluation, and imaging studies (CT brain, orbit, neck, paranasal sinuses, thorax, abdomen, and pelvis) were conducted. A multidisciplinary discussion led to bilateral functional endoscopic sinus surgery and a right transconjunctival orbital biopsy for histopathological confirmation. Visual acuity was 6/6 bilaterally with normal intraocular pressure. The right eye exhibited upper eyelid fullness, conjunctival chemosis with a salmon-patch appearance, hypoglobus, and limited elevation. Imaging revealed bilateral homogeneous intraorbital soft tissue lesions without bony erosion or extra orbital involvement. Despite initial treatment for suspected orbital cellulitis, imaging and bilaterality suggested lymphoma progression.

Conclusion

Orbital lymphoma can masquerade as orbital cellulitis, creating diagnostic uncertainty. Characteristic clinical and imaging features, such as bilaterality and a salmon-patch appearance, are crucial for distinguishing lymphoproliferative disease from true orbital infection and ensuring timely treatment.

ABSTRACT ID: 108
A RARE OCULAR CLUE: CONJUNCTIVAL KAPOSI SARCOMA AS FIRST SIGN OF AIDS

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[1]Hospital Sungai Buloh, Selangor

Purpose

To describe a rare case of conjunctival Kaposi sarcoma manifesting as the first clinical sign of AIDS.

Methods

A case report.

Results

A 31-year-old gentleman with retroviral disease, HAART-naive, presented with one month of progressive left lower conjunctival swelling which was associated with mild itchiness. Visual acuity was 6/9 bilaterally with no RAPD. Examination showed a diffuse reddish nodular lesion of the left palpebral conjunctiva with 360° subconjunctival haemorrhage; the posterior segment was normal with no CMV retinitis. Initially treated as pyogenic granuloma with topical steroids, the lesion failed to regress. The appearance of a similar gingival lesion raised suspicion for Kaposi sarcoma. Biopsies of both lesions confirmed Kaposi sarcoma, and he was started on systemic paclitaxel, with marked regression after three cycles.
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Conclusion

Ocular Kaposi sarcoma should be considered in RVD patients with atypical red or violaceous nodular lesions of the eyelid or conjunctiva, as it can mimic pyogenic granuloma, haemangioma, or chronic conjunctivitis. Diagnosis is confirmed by histopathology, showing spindle cell proliferation with slit-like vascular spaces, with HHV-8 (LANA-1) immunostaining supporting the diagnosis. Localized disease may be treated with excision, cryotherapy, radiotherapy, or topical chemotherapy, while systemic involvement requires systemic chemotherapy. Concurrent HAART improves overall prognosis.

ABSTRACT ID: 126
A THORN FROM THE GRAVE: A CASE REPORT ON CONJUNCTIVAL SPOROTRICHOSIS

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[1]Hospital Taiping, Perak

Purpose

To describe a case of ocular infection caused by *Sporothrix schenckii*, likely transmitted from a plant.

Methods

Case report.

Results

A 57-year-old female presented with painful right conjunctival swelling and a right upper cheek skin lesion for 2 weeks with a history of a thorn prick over her finger during a grave visit 1 month earlier. She denied significant contact with pets and had no constitutional symptoms. Visual acuity was 6/9 in each eye. Ocular examination revealed a right eye lower lid conjunctival nodular granulomatous lesion at the bulbar conjunctiva and lower fornix with a right maxillary prominence ulcerated skin lesion. Both eye anterior segment and fundus examinations were normal. The right preauricular lymph node was palpable. Blood parameters were normal. A right lower lid conjunctival biopsy was performed for histopathology, culture sensitivity, and Polymerase Chain Reaction (PCR). Fungal culture confirmed *Sporothrix schenckii* infection. Oral Itraconazole and a topical antifungal were initiated. The patient was co-managed with the dermatology team for the right upper cheek skin lesion. She responded well to the treatment. The conjunctival lesion resolved after 3 months.

Conclusion

Ocular sporotrichosis is rare and may mimic other common ocular conditions, leading to a diagnostic dilemma. Tissue biopsy is crucial for definitive diagnosis and appropriate treatment.

ABSTRACT ID: 127
MORE THAN MEETS THE EYE: OCULAR SURFACE DISEASE IN AN ADOLESCENT

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[1]Hospital Putrajaya, Putrajaya

Purpose

Reporting a case of severe ocular surface disease with profound visual impairment in an adolescent

Methods

Case report.

Results

A 12-year-old Malay girl with no known medical illness presented with a two-week history of right eye redness and one week of progressive visual blurring. On examination, best-corrected visual acuity in the right eye was hand movement, and the left eye was 6/9 with no relative afferent pupillary defect. The right eye anterior segment examination revealed meibomitis with conjunctival injection. The cornea demonstrated an opacity at 10 o'clock extending centrally, associated with 360-degree corneal vascularization and a central 2.6 mm linear epithelial defect. The anterior chamber was deep and quiet. The left eye anterior segment was unremarkable. Bilateral fundus examination was normal. The patient was treated with topical moxifloxacin, followed by a corticosteroid and cyclosporine A 0.1%. At follow-up, there was a significant reduction in corneal opacity and epithelial healing was noted. Visual acuity improved to 6/18, with marked symptomatic relief.

Conclusion

This case illustrates that ocular surface disease in adolescents, although often misdiagnosed, may lead to profound visual impairment. Early recognition and timely initiation of appropriate therapy are essential to prevent long-term corneal damage and preserve visual function and quality of life.

ABSTRACT ID: 146
ACUTE CORNEAL HYDROPS IN ADVANCED KERATOCONUS WITH UNDERLYING ATOPY: A CASE REPORT

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[1]Hospital Pasir Gudang, Johor; [2]Hospital Sultanah Nur Zahirah, Terengganu

Purpose

To report a case of bilateral keratoconus complicated by acute corneal hydrops in a patient with underlying atopy and bronchial asthma, resulting in profound visual impairment and the need for corneal transplantation.

Methods

Case report.

Results

A 34-year-old woman with a background of atopy and bronchial asthma, previously under ophthalmology follow-up for bilateral keratoconus, presented with a sudden onset of pain, photophobia, and reduced vision in the left eye. The patient had longstanding poor vision in the right eye secondary to corneal scarring from a previous episode of corneal hydrops and had been relying primarily on the left eye for daily activities. She was not under regular follow-up for her atopic condition and reported frequent eye rubbing due to persistent itchiness, particularly after exposure to dust and certain food triggers. On examination, presenting visual acuity was hand movement in the right eye and counting fingers in the left eye. The right eye demonstrated dense corneal scarring consistent with previous hydrops. The left eye showed marked stromal oedema with a Descemet membrane break, consistent with acute corneal hydrops. The patient was managed conservatively with medical therapy while awaiting corneal transplantation for visual rehabilitation.

Conclusion

This case highlights the occurrence of acute corneal hydrops in advanced keratoconus in a patient with underlying atopy. While atopy and associated behaviours such as eye rubbing have been implicated in keratoconus progression, a direct causal relationship cannot be established from this case alone. Early identification of at-risk individuals, optimization of atopic disease control, and early ophthalmic referral remain crucial to reduce the risk of vision-threatening complications.

ABSTRACT ID: 147
TOO FRAGILE TOO SOON: BILATERAL KERATOGLOBUS WITH SEQUENTIAL HYDROPS IN PAEDIATRIC EHLERS–DANLOS SYNDROME

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[1]Hospital Pasir Gudang, [2]Hospital Sultanah Nur Zahirah

Purpose

To report a rare and high-risk presentation of asymmetric bilateral keratoglobus complicated by active corneal hydrops and profound stromal thinning in the context of underlying Ehlers-Danlos syndrome.

Methods

A case report

Result

An 11-year-old boy with Ehlers–Danlos syndrome presented with progressive bilateral visual deterioration. Slit-lamp examination demonstrated diffuse limbus-to-limbus corneal thinning and cornea topography consistent with bilateral keratoglobus.

The disease course was complicated by sequential episodes of acute corneal hydrops, initially affecting the left eye and subsequently the right eye, resulting in significant bilateral visual impairment.

The left eye, which had previously developed hydrops, demonstrated severe post-hydrops stromal thinning with a minimal corneal thickness of <250 µm, conferring a high risk of spontaneous perforation. The right eye presented with acute corneal hydrops, with stromal oedema and Descemet membrane disruption confirmed on anterior segment optical coherence tomography. Minimal corneal thickness in the right eye measured 420 µm.

The patient was managed medically while awaiting tectonic corneal transplantation, with close monitoring of the right eye with acute hydrops.

Conclusion

Keratoglobus associated with Ehlers–Danlos syndrome represents an extreme form of corneal fragility that may present with severe complications even in childhood. Sequential corneal hydrops and profound stromal thinning significantly increase the risk of perforation and irreversible visual loss. Early recognition, close monitoring, and prompt surgical planning are essential to preserve globe integrity and optimize visual outcomes in these high-risk paediatric patients.

ABSTRACT ID: 148
REFRACTORY FUNGAL KERATITIS BY PAECILOMYCES LILACINUS

Al Nikc Ally Abdul Rahim[1], Al Nikc A Rahim[1], Beh R[1], Mohamad Fitri M Mohaideen[1], Chin JJ[1], Ng SL[1]

[1]Hospital Taiping

Purpose

To report a case of Paecilomyces lilacinus, a fungal pathogen known for resistance to conventional antifungal therapy

Methods

Case Report

Results

A 53-year-old Indian male presented with left eye pain, redness, and blurred vision following a corneal foreign body injury sustained in an oil palm plantation. He was initially treated with antimicrobial eyedrop but symptoms worsened.

Corneal scraping was performed, and intensive topical ceftazidime, fortified gentamicin, fluconazole, and amphotericin B eyedrops were commenced. The patient was tested to have undiagnosed diabetes, hence oral hyperglycemic agents was initiated.

Oral fluconazole was switched to oral itraconazole on day 6 after corneal scrapping culture grew Paecilomyces lilacinus. Due to worsening of the ulcer in the second week, topical fluconazole was changed to voriconazole. By the third week, treatment was further escalated to topical cefuroxime and natamycin in view of continued progression.

Intraocular pressure remained persistently elevated despite four topical antiglaucoma agents, oral acetazolamide (QID), requiring daily intravenous mannitol. An intracameral voriconazole injection was administered in the third week. Because of refractory infection, the patient subsequently underwent left eye therapeutic penetrating keratoplasty in the fourth week. Postoperatively, the left eye is stable with improved visual outcome.

Conclusion

Paecilomyces lilacinus can demonstrate resistance to conventional antifungal agents, consistent with previous reported cases necessitating targeted therapy and early surgical intervention to preserve globe integrity and vision.

ABSTRACT ID: 152
WHEN THE LID SWELLS AND THE EYE DRIFTS: DIFFUSE ORBITAL EXTRANODAL MARGINAL ZONE LYMPHOMA

Nur Haziqah Suraya binti Abdul Haris[1], Nur Faizah Harun[1], Aiman Suhaimi[1], Lee Yee Lin[1]

[1]Hospital Pakar Sultanah Fatimah, Muar

Purpose

To describe key clinical red flags that should prompt early orbital imaging and biopsy in patients with persistent unilateral eyelid swelling

Methods

Case report

Results

Ocular adnexal lymphomas constitute approximately 8% of extranodal lymphomas and are most commonly low grade B-cell non-Hodgkin lymphomas arising from mucosa-associated lymphoid tissue. We report a 50-year-old man with underlying dyslipidemia who presented with insidious onset of painless right upper eyelid swelling and ptosis for six months. Best-corrected visual acuity was 6/9 in the affected eye. Ocular examination revealed right-sided ptosis with hypotropia. Anterior segment examination revealed a smooth, vascularized, conjunctival lesion demonstrating a characteristic salmon-patch appearance. Contrast enhanced computed tomography brain and orbit showed diffuse superior orbital mass measuring 1.5x 2.2x 0.6 centimeter. Incisional biopsy confirmed low grade B-cell lymphoma consistent with extranodal marginal zone lymphoma. Systemic examination was unremarkable and the patient was referred for further hematologic management.

Conclusion:

Orbital mucosa-associated lymphoid tissue lymphoma should be considered in patients with persistent unilateral painless eyelid swelling and associated ocular deviation. Early orbital imaging and timely biopsy are essential to avoid diagnostic delay and enable appropriate multidisciplinary management of this indolent yet potentially progressive malignancy.

ABSTRACT ID: 199
THE EYES THAT FEEL NO PAIN: NEUROTROPHIC KERATOPATHY IN CONGENITAL INSENSITIVITY TO PAIN

Cheah Nan Song[1], Low Kah Ling[1]

[1]Hospital Kulim

Purpose:

To report a rare case of neurotrophic keratopathy presenting as a persistent non-healing corneal ulcer in a child with congenital insensitivity to pain syndrome and to highlight the diagnostic challenges and management considerations.

Methods:

Case report

Results:

A 12-year-old Malay boy with a known history of congenital insensitivity to pain syndrome presented with redness and reduced vision in the right eye for several weeks. The patient had a history of frequent self-inflicted trauma and delayed wound recognition due to the inability to perceive pain. Comprehensive ophthalmic examination was performed, including visual acuity assessment, slit-lamp biomicroscopy, fluorescein staining, and corneal sensitivity testing. The clinical findings were documented and managed with intensive ocular surface therapy and protective measures.

On examination, the right eye demonstrated a large central corneal epithelial defect with underlying stromal haze, consistent with a non-healing corneal ulcer. Fluorescein staining confirmed a persistent epithelial defect, and corneal sensitivity testing revealed markedly reduced sensation, supporting the diagnosis of neurotrophic keratopathy. The left eye was unremarkable. The patient was managed with preservative-free lubricants, prophylactic topical antibiotics, therapeutic bandage contact lens, and protective strategies to prevent further trauma. Gradual improvement in epithelial healing was observed during follow-up, although the healing process remained prolonged due to the underlying neurotrophic condition.

Conclusion:

Congenital insensitivity to pain syndrome can predispose patients to neurotrophic keratopathy and persistent corneal epithelial defects due to reduced corneal sensation and repeated unnoticed trauma. Early recognition and aggressive ocular surface management are essential to prevent sight-threatening complications. Multidisciplinary care and long-term monitoring are important to preserve visual function in these patients.

ABSTRACT ID: 213
FROM KERATITIS TO PHTHISIS: A CASE OF REFRACTORY POLYMICROBIAL ENDOPHTHALMITIS

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[1]Hospital Sultanah Aminah Johor Bahru

Purpose

To describe a case of refractory mixed bacterial-fungal exogenous endophthalmitis following severe microbial keratitis that progressed to a phthisical eye despite aggressive multimodal therapy, as well as to highlight the diagnostic and therapeutic challenges posed by environmental moulds.

Methods

Case Report

Results

A 44-year-old Malay male with dyslipidemia and ischemic heart disease presented with right eye microbial keratitis complicated by exogenous endophthalmitis. Corneal scraping isolated Pseudomonas aeruginosa sensitive to ceftazidime. Serial B-scan ultrasonography demonstrated persistent vitreous opacities. The patient received intensive topical, systemic, intravitreal, intracameral antimicrobials (vancomycin, ceftazidime, amphotericin B, voriconazole). Therapeutic penetrating keratoplasty was performed, followed by anterior chamber washout and repeated intravitreal and intracameral injections. Subsequent aqueous cultures identified non-sporulating mould (Earliella spp., uncertain pathogenicity) and later Candida parapsilosis sensitive to azoles and echinocandins. Histopathology revealed chronic inflammation.

Despite prolonged culture-directed therapy and multiple surgical interventions, intraocular inflammation persisted with recurrent fibrin and hypopyon. Visual acuity deteriorated from hand movements to perception of light. B-scan showed persistent vitreous opacities. Progressive graft failure ensued, culminating in a phthisical eye.

Conclusion

Polymicrobial exogenous endophthalmitis can exhibit aggressive clinical behaviour and poor visual prognosis despite maximal medical and surgical management. Environmental moulds such as Earliella spp., rarely implicated in human ocular infections may further complicate management. Early suspicion for mixed infections, repeated microbiologic sampling, and appropriate management are essential, though structural and visual outcomes may remain unfavourable.

ABSTRACT ID: 216
THE SPARK THAT STAYED: AN INTRALENTICULAR METALLIC FOREIGN BODY

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[1]Hospital Sultan Abdul Halim

Purpose

The objective of this report is to illustrate the clinical presentation, diagnostic approach, and surgical management of a patient with an intralenticular foreign body.

Methods

A case report

Results

A 25-year-old Malay male welder presented with sudden onset of left eye blurring of vision which started after welding. It lasted for 2 days. It was not associated with eye pain, redness, flashes, or floaters. He had a past history of right eye non penetrating metallic foreign body following welding.

On examination, the visual acuity of the right and left eyes was 6/9 and 6/60, respectively. Slit-lamp examination revealed a linear self-sealed full-thickness paracentral corneal laceration measuring approximately 1.5 mm at 10 o'clock position with traumatic cataract . Following a thorough examination, an embedded intralenticular metallic foreign body was identified. The orbit computed tomography (CT) scan demonstrated a round hyperdense lesion measuring 0.2 × 0.2 × 0.2 cm at the posterior aspect of the left lens, consistent with an intralenticular foreign body. There was no evidence of other intraocular foreign bodies found in the imaging.

He underwent a successful uncomplicated lens aspiration, intraocular foreign body removal and intraocular lens implantation. Intraoperatively, an anterior capsular breach at 9 o'clock was identified and the foreign body was successfully removed using microforceps.

Conclusion

Intralenticular foreign bodies should be suspected in patients with occupational metal exposure. CT of the orbits plays an important role in aiding the diagnosis, localizing foreign bodies, and facilitating successful surgical planning.

ABSTRACT ID: 220
BEYOND THE PRIMARY COMPLAINT: INCIDENTAL DETECTION OF LOWER EYELID BASAL CELL CARCINOMA DURING PTERYGIUM WORKUP

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[1]Hospital Tawau

Purpose

To report a case of incidental finding of lower lid basal cell carcinoma leading to early surgical management

Methods

Case report.

Results

A 72-year-old woman with underlying hypertension and dyslipidemia was referred for right eye pterygium excision. On presentation, visual acuity was 2/60 in the right eye and 6/18 in the left eye. During clinical evaluation, a right lower eyelid lesion of 4–5 months duration was identified. The lesion had gradually increased in size and was painless without bleeding. Examination revealed a pearly nodular lesion with raised borders measuring approximately 1.5 cm × 3 cm. It was indurated, non-friable, and did not involve the lid margin, with visible telangiectatic vessels. Anterior segment examination of the right eye demonstrated mild inferior symblepharon and minimal peripheral corneal scarring consistent with prior pterygium excision. The lens was cataractous and fundus examination was unremarkable. An incisional biopsy of the lesion confirmed nodular basal cell carcinoma. The patient subsequently underwent wide local excision of the lesion with eyelid reconstruction.

Conclusion

Basal cell carcinoma (BCC) is the most common malignant tumor of the eyelid and typically presents as a slow-growing lesion with characteristic pearly borders and telangiectasia. Early detection is essential to prevent local invasion and allow optimal surgical management.
This case highlights the importance of comprehensive periocular examination even when patients are referred for unrelated ocular conditions. Incidental detection of eyelid malignancy enables early diagnosis and timely surgical intervention, underscoring the value of a holistic approach in ophthalmic assessment.

ABSTRACT ID: 226
CHRONIC ISOLATED ANTERIOR CHAMBER FUNGAL BALL IN A BLIND PSEUDOPHAKIC EYE: PROLONGED INTRACAMERAL THERAPY AND SUSPECTED AUTOINOCULATION

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[1]Hospital Al-Sultan Abdullah UITM

Purpose

To report a rare case of chronic isolated anterior chamber fungal ball in a blind pseudophakic eye and to discuss diagnostic and therapeutic challenges in the frail patient.

Methods

Case report

Result

An 85-year-old lady with dementia and a long-standing blind pseudophakic eye with history of chronic total retinal detachment presented with a dense, yellow-white, fluffy lesion in the anterior chamber superotemporally clinically consistent with a fungal ball. Severe onychomycosis and habitual eye rubbing were noted. Visual acuity was perception of light and B-scan ultrasonography showed no posterior segment involvement. Microbiological cultures obtained from the eye were negative, however nail clippings grew Trichosporon sp. Due to patient's comorbidities, she was treated with intensive topical fluconazole and amphotericin B and serial intracameral amphotericin B 0.1ml injections, initially administered every other day. She was co-managed with the dermatology team and started on Itraconazole 200mg BD for 1 week every month for her onychomycosis.

Over several months of treatment, progressive reduction in the size and density of the anterior chamber lesion was observed, supporting the presumed fungal etiology. Injection frequency was gradually reduced to three-weekly intervals. A small residual organized mass persists despite significant clinical improvement.

Conclusion

Isolated anterior chamber fungal balls are rare. This case describes how prolonged intracameral antifungal therapy may achieve gradual regression when surgical intervention is unsuitable and that autoinoculation should be considered in cognitively impaired patients with concurrent fungal colonization.

ABSTRACT ID: 228
CHLORAMPHENICOL-INDUCED PERIORBITAL DEPIGMENTATION MIMICKING VITILIGO

Noorhayati Mohamad Nadzir[1], Siti Aishah binti Sahar[2], Suriana binti Suaibun[2]

[1]Institut Kanser Negara, [2]Hospital Putrajaya

Purpose

To report a rare case of localized periorbital vitiligo-like depigmentation with poliosis following repeated use of topical chloramphenicol for recurrent chalazion, highlighting a potential adverse effect of a commonly used ophthalmic antibiotic.

Methods

Case Report.

Results

A 30 year old healthy female developed localized depigmentation over the right upper eyelid after self-application of chloramphenicol 1% ointment for recurrent chalazion. The depigmentation appeared after intensive use (two 5g tubes within two weeks). Upon recurrence of chalazion months later, re-exposure to chloramphenicol resulted in new depigmented patches with adjacent poliosis over the medial upper eyelid. Ocular examination was otherwise normal, with preserved visual acuity (6/6 bilaterally) and normal intraocular pressures. Dermatological assessment confirmed segmental vitiligo. Thyroid function tests were normal. The patient was treated with topical tacrolimus, resulting in gradual repigmentation on follow-up.

Conclusion

Topical chloramphenicol may rarely induce chemical leukoderma presenting as periorbital vitiligo-like depigmentation and poliosis, particularly with repeated application on thin eyelid skin. Early recognition and discontinuation of the offending agent are crucial to prevent progression. Increased awareness of this uncommon adverse effect can support safer prescribing practices and prompt multidisciplinary management.

ABSTRACT ID: 229
BEYOND INFECTION : ORBITAL CELLULITIS UNVEILING UNDERLYING BONE METASTASIS (A DIAGNOSTIC CHALLENGE)

Yee Lin Lee[1], Mohd Hasif Bin Mustafa[1], Muhammad Aiman Bin Mohd Suhaimi[1], Haziqah Suraya Binti Abdul Haris[1], Neoh Zhong Ning[1], Hairiah Binti Abas[1], Shahrul Bariah Binti Mohd Ghazali[1]

[1]Hospital Pakar Sultanah Fatimah

Purpose

To highlight that orbital cellulitis may mask underlying metastatic disease and the red flags of imaging

Methods

Case Study

Results

A 62-year-old female lady with underlying diabetes, hypertension and dyslipidemia presented for acute painful right eye redness with discharge and swelling for past two weeks, worsening despite oral antibiotics. Examination revealed proptosis with complete ophthalmoplegia and chemosis. She was treated as orbital cellulitis with intravenous antibiotics however showing minimal improvment. Brain and orbit Contrast-enhanced-computed tomography revealed lytic destructive bone lesions involving the right frontal and right zygomatic bones (roof and lateral wall of right orbit) with enhancing extraosseus soft tissue component. Systemic examination was performed and left breast lump was found. Case was referred to surgical team. Trucut biopsy HPE of breast tissue showed Invasive carcinoma ER positive (70% tumour cells) PR negative HER 2 equivocal E-cadherin positive. CT TAP showed distant metastasis. Systemic chemotherapy and palliative radiotherapy were commenced by multidisciplinary team showed clinical improvement of swelling, ophthalmoplegia and other ocular signs.

Conclusion

Orbital metastasis can masquerade as orbital cellulitis. Early recognition and prompt referral is crucial in diagnosing underlying malignancy.

ABSTRACT ID: 239
CASE REPORT: ISOLATED NEISSERIA MENINGITIDIS CONJUNCTIVITIS, A RARE CAUSE OF HYPERACUTE RED EYE

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Purpose

To report a rare case of isolated Neisseria meningitidis conjunctivitis presenting as hyperacute purulent conjunctivitis in an elderly patient.

Method

Case report.

Results

A 60-year-old Malay male presented with a 10-day history of redness and copious yellowish discharge from the left eye. The symptoms were preceded by an upper respiratory tract infection. He had recently returned from Saudi Arabia following pilgrimage 10 days prior to presentation. He denied contact with individuals with conjunctivitis, history of contact lens use, or ocular trauma.

The visual acuity was 6/12 with near vision of N6. Ocular examination revealed marked conjunctival injection with generalized chemosis and subconjunctival haemorrhage in the left eye. The cornea was clear with deep and quiet anterior chamber. The posterior segment examination was unremarkable. Due to the severity of purulent discharge, a conjunctival swab was obtained for culture and sensitivity. The patient was initially treated as severe bacterial conjunctivitis with topical moxifloxacin every 2 hours, preservative-free artificial tears, and chloramphenicol ointment at night. Given the suspicion of Neisseria infection, oral doxycycline was also initiated.

Gram staining later demonstrated gram-negative diplococci, and cultures grew Neisseria meningitidis, sensitive to ceftriaxone and chloramphenicol. The patient was treated with intravenous ceftriaxone for five days. Blood cultures showed no growth.

Conclusion

Primary meningococcal conjunctivitis is a rare cause of acute bacterial conjunctivitis. Recent travel to endemic areas may provide an important clue. Severe purulent conjunctivitis warrants an eye swab to identify uncommon organisms and ensure prompt treatment to prevent systemic spread and potentially life-threatening complications.

ABSTRACT ID: 246
WHERE PIGMENT TURNS PERILOUS: CONJUNCTIVAL MALIGNANT MELANOMA IN AN IMMUNOCOMPROMISED MALE PATIENT - A CASE REPORT

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Purpose

We report a case of conjunctival malignant melanoma in an immunocompromised patient, highlighting the importance of early recognition and definitive management.

Methods

Case report

Results

A 65-year-old immunocompromised gentleman presented with a painless, progressively enlarging mass over his right eye for a year. His vision remained stable, slit lamp examination revealed an extensive heterogenous pigmented lesion over his right bulbar conjunctiva with prominent feeder vessels. The patient underwent wide local excision using a no-touch surgical technique, followed by double freeze–thaw cryotherapy to the conjunctival margins and amniotic membrane transplantation for ocular surface reconstruction. Histopathological analysis confirmed malignant conjunctival melanoma with atypical melanocytic proliferation and stromal invasion. Post-operatively, his ocular surface achieved complete re-epithelization. No clinical evidence of local recurrence nor metastasis were noted throughout the follow-ups.

Conclusion

Conjunctival melanoma is a rare, pigmented malignant neoplastic lesion of the ocular surface. With a high rate of local recurrence and metastasis, conjunctival melanoma has a significant mortality that makes it a life-threatening disease. Expedient recognition, adjunctive imaging and initiation of appropriate intervention are critical to achieve favorable oncologic and functional outcomes in patients with conjunctival melanoma.

ABSTRACT ID: 282
EARLY-ONSET GRANULAR CORNEAL DYSTROPHY IN CHILDHOOD

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Purpose

To report a rare case of bilateral granular corneal dystrophy presenting in the pediatric age group.

Methods

A case report

Results

A 12-year-old female with no systemic illnesses had been under routine optometric follow-up for moderate astigmatism since age 4. At age 6, keratometry revealed distorted mires bilaterally, prompting referral to ophthalmology.

Ophthalmic examination demonstrated multiple granular opacities across both corneas. Visual acuity was 6/12 bilaterally. No other ocular abnormalities were noted. Posterior segments examination were normal. The patient is currently under yearly surveillance with a pediatric ophthalmology team to monitor visual acuity and disease progression.

Conclusion

Granular corneal dystrophy can present unusually early in childhood. Early detection through routine optometric assessments, including keratometry, is essential for timely referral and ongoing monitoring to preserve visual function.

ABSTRACT ID: 288
FROM INFECTION TO INFLAMMATION: A MISLEADING KERATITIS COMPLICATED BY TOPICAL ANESTHETIC ABUSE

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Purpose

Peripheral Ulcerative Keratitis(PUK) and Acanthamoeba Keratitis may present with overlapping features, posing a diagnostic challenge. PUK is an immune-mediated condition causing peripheral corneal thinning, while Acanthamoeba keratitis is an infectious disease. Accurate differentiation is essential as management differs significantly. This report highlights the challenges encountered in management.

Methods

Case Report

Results

A 29-year-old gentleman with a history of bilateral congenital cataract surgery and longstanding glaucoma presented with a two-day history of left eye pain and redness. He was initially treated elsewhere for presumed HSV keratitis. On presentation, visual acuity was 6/9(right) and 6/36(left). The left eye showed a large epithelial defect with infiltrates, while the right eye was initially normal. Within days, the right eye developed epithelial defect with corneal edema and anterior chamber reaction, while the left eye worsened. Further history revealed misuse of topical anaesthetic(Alcaine), contributing to worsening corneal toxicity.

He was managed as bilateral Acanthamoeba Keratitis based on clinical diagnosis with corneal toxicity. Topical Brolene and Clorhexidine was started. Corneal gluing and bandage contact lenses were performed bilaterally. Despite the treatment noted bilateral corneal thinning and uncontrolled Intraocular pressure.

He underwent Right Amniotic Membrane Transplantation and Left Tectonic Penetrating keratoplasty. Intraoperatively, the diagnosis was revised to bilateral Mooren's Ulcer thus was started oral prednisolone. Upon follow-up, his right eye vision was 6/24 and hand movements in the left eye and bilateral persistent epithelial defect resolved.

Conclusion

This case highlights the diagnostic challenges of severe keratitis and atypical presentation of peripheral ulcerative keratitis and the detrimental impact of topical anesthetic misuse on disease progression and visual outcome.

ABSTRACT ID: 296
WHEN FISTULECTOMY ISN'T ENOUGH: PEDIATRIC LACRIMAL SAC FISTULA WITH RECURRENCE

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[1]Hospital Sultanah Nur Zahirah, [2]Hospital Raja Perempuan Zainab II

Purpose

To report a case of recurrent congenital lacrimal sac fistula in a child and discuss the management challenges.

Methods

A case report

Results

A 6-year-old boy with bronchial asthma and allergic rhinitis presented with intermittent pus discharge from the right lower eyelid, occasionally blood-stained. Examination revealed a punctum overlying the right lacrimal sac with no active discharge. CT imaging demonstrated a small sinus tract communicating with a dilated right lacrimal sac and nasolacrimal duct obstruction.

Initial fistulectomy was performed, but recurrence occurred one year later. Revision surgery using bilobed flap reconstruction was undertaken. One month postoperatively, infection developed at the surgical site, likely due to recurrent fistula formation, and was associated with preseptal cellulitis. The patient received a one-week course of intravenous antibiotics, after which the infection resolved. Early dacryocystorhinostomy is now planned for definitive management.

Conclusion

Paediatric congenital lacrimal sac fistulas may be challenging to manage, with potential for recurrence, infection, and multiple surgical interventions. Early consideration of dacryocystorhinostomy and long-term follow-up are critical to prevent repeated procedures and achieve favourable anatomical and functional outcomes.

ABSTRACT ID: 299
PREGNANCY AND THE CORNEA: MANAGING A VISION-THREATENING ULCER

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[1]Hospital Bukit Mertajam, [2]Columbia Asia Hospital Batu Kawan, Penang

Purpose

To report a case of corneal ulcer in the 3rd trimester of pregnancy.

Methods

Case report

Results

A 25-year-old woman at 38 weeks of pregnancy presented with a 2-day history of left eye pain, redness, and discharge after one week of prolonged contact lens use. Despite obtaining her lenses from an optometrist, she practiced poor lens hygiene. There was no history of trauma, water exposure, or sick contact, and she had no known medical illness.

On examination, visual acuity without correction was 6/60 with pinhole 6/12 in the right eye and 4/60 with no pinhole improvement in the left eye. There was no relative afferent pupillary defect, and extraocular movements were full. The left eye showed crusted eyelids, conjunctival injection, and two corneal infiltrates measuring about 2.8 mm in height and width with corresponding epithelial defects. The cornea was hazy with endothelial striae, and a 1.8 mm hypopyon level was present. Anterior chamber cell activity and fundus was not visualised due to hazy cornea on presentation.

Corneal scraping grew Pseudomonas aeruginosa, consistent with contact lens–related bacterial keratitis. She was treated with intensive hourly topical antibiotics and was on oral antibiotics. After 3 weeks, the corneal ulcer resolving, and topical antibiotics were gradually tapered.

Conclusion

Corneal ulcer in pregnancy must be treated with close monitoring and treatment options suitable in pregnancy.

Glaucoma & glaucoma surgery

ABSTRACT ID: 14
BLEEDING BEYOND THE ANTERIOR CHAMBER: A RARE PRESENTATION OF NEOVASCULAR GLAUCOMA

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[1]Hospital Kulim

Purpose

To report a rare presentation of advanced neovascular glaucoma (NVG) manifesting as recurrent spontaneous external ocular bleeding from a blind eye, and to discuss the underlying pathophysiology

Methods

Case report.

Results

An 87-year-old Malay woman with no known medical illness presented with recurrent spontaneous bleeding from her blind left eye. The eye had been chronically red and painless for two years, with previously documented intraocular pressures of 54–60 mmHg treated medically. There was no history of trauma. Examination revealed no perception of light, conjunctival injection with blood-stained tears, and 360-degree corneal neovascularization with a thick central corneal vascular lesion. Intraocular pressure was 24 mmHg. Fundus view was obscured; B-scan ultrasonography showed vitreous opacities without retinal detachment. The fellow eye was normal. Systemic investigations like FBC, HbA1c, renal and liver function tests, CRP, ESR, Mantoux test, ECG, echocardiography, and chest radiography were unremarkable except for elevated total cholesterol (7.10 mmol/L) and LDL (4.87 mmol/L). The patient declined surgical intervention and was managed conservatively with maximal topical antiglaucoma therapy and lubricants. The bleeding resolved on follow-up. Findings were consistent with corneal decompensation secondary to advanced NVG, with friable corneal neovascular vessels identified as the likely bleeding source.

Conclusion

Chronic anterior segment ischemia and sustained intraocular pressure elevation in advanced neovascular glaucoma may promote extensive corneal neovascularization, resulting in friable vascular lesions that can present as spontaneous external ocular bleeding. Recognition of this rare manifestation is important for appropriate management and patient counseling in end-stage disease.

ABSTRACT ID: 22
BILATERAL NEOVASCULAR GLAUCOMA IN PROLIFERATIVE DIABETIC RETINOPATHY AGGRAVATED BY UNDERLYING CHRONIC MYELOID LEUKEMIA

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[1]Hospital Sultan Aminah

Purpose

Neovascular glaucoma (NVG) is a vision-threatening secondary glaucoma commonly associated with proliferative diabetic retinopathy (PDR). Systemic hematologic disorders may amplify retinal ischemia and angiogenic drive. The contribution of chronic myeloid leukemia (CML) to aggressive ocular neovascularization is rarely reported. We describe a case of bilateral NVG in a patient with PDR and underlying CML, highlighting a possible synergistic mechanism accelerating disease progression.

Methods

Case report

Results

A 38-year-old Indian male with newly diagnosed diabetes mellitus presented with bilateral eye pain, redness, and blurred vision. He was diagnosed with bilateral NVG secondary to PDR, with intraocular pressure (IOP) reaching 40 mmHg in the right eye despite maximal medical therapy and multiple sessions of panretinal photocoagulation (PRP).Blood investigations revealed marked leukocytosis and extreme thrombocytosis, and CML was confirmed. The patient was initially treated with Hydroxyurea and Allopurinol, and subsequently commenced on nilotinib under hematology follow-up. Ophthalmic management included bilateral PRP, right-eye intravitreal anti-VEGF injection, anterior chamber paracentesis, and bilateral trabeculectomy with Mitomycin-C. Postoperatively, IOP was controlled below 20 mmHg in both eyes, maintained on topical Pred Forte with adjusted anti-glaucoma therapy.

Conclusion

This case illustrates an aggressive course of NVG secondary to PDR, likely exacerbated by underlying CML. Hematologic dysregulation and hyperviscosity may intensify retinal ischemia and neovascularization. Early multidisciplinary management is essential to optimize systemic and visual outcomes.

ABSTRACT ID: 40
A CASE OF AQUEOUS MISDIRECTION SYNDROME FOLLOWING CATARACT SURGERY FOR PHACOMORPHIC GLAUCOMA

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Purpose

Aqueous misdirection syndrome (AMS) is a rare but challenging complication following cataract surgery. This study aimed to highlight the importance of early recognition and prompt management following the diagnosis of AMS.

Methods

Case report.

Results

A 61-year-old Malay lady with hypertension, ESRF, IHD and right eye pseudophakia presented with a three week history of worsening left eye blurring of vision, pain, redness, headache and vomiting. Examination revealed positive left eye RAPD, vision of hand movement, an IOP of 60 mmHg, shallow anterior chamber (AC), and a mature cataract, leading to a diagnosis of phacomorphic glaucoma. Examination over the right eye was unremarkable. Initial management with renal-adjusted Diamox, glycerol, and topical antiglaucoma agents reduced IOP to 28 mmHg. On day 7, she underwent ICCE, anterior vitrectomy, ACIOL and surgical PI. Despite a patent PI and deep anterior chamber postoperatively, her IOP spiked to 52 mmHg and remained refractory to maximal medical therapy. By post op day 5, the development of iris bombe and peripheral AC shallowing suggested aqueous misdirection syndrome. Resolution was then achieved through TPPV, AC washout, and a second PI, which successfully normalized her IOP to 12 mmHg. Her vision improved significantly to 6/60 (PH 6/36) at discharge.

Conclusion

Cataract extraction is the definitive treatment for phacomorphic glaucoma. It can be complicated by postoperative aqueous misdirection syndrome. Timely surgical intervention through TPPV is crucial to normalize intraocular pressure and preserve visual function. Medical treatment is only helpful in providing short-term control, and most patients require surgical intervention.

ABSTRACT ID: 57
ACUTE ANGLE CLOSURE ATTACK SECONDARY TO BLUNT OCULAR TRAUMA IN PRE-EXISTING PSEUDOEXFOLIATIVE SYNDROME

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Purpose

To report a case of acute angle closure attack precipitated by blunt ocular trauma over the right eye with undiagnosed pseudoexfoliative syndrome, highlighting the importance of early recognition and prompt management.

Methods

Case report.

Results

A 60-year-old female with underlying diabetes mellitus, hypertension, and hyperlipidaemia presented with sudden onset blurring of vision and eye pain after blunt trauma to the right eye caused by lansium domesticum (langsat) fruit. There was no previous ocular history. Post-injury, the visual acuity in the right eye was 3/60. Examination of the anterior segment showed a mid-dilated pupil and corneal hazziness with an intraocular pressure of 38mmHg.Gonio noted closed angle and unable to appreciate the cells in anterior chamber due to hazy cornea. Otherwise, no hyphema or iridiodialysis noted. Pseudoexfoliative material was present in the right eye indicating pseudoexfoliation syndrome. She was treated with topical antiglaucoma medications and oral acetazolamide . Laser peripheral iridotomy of the right eye was performed the day after intraocular pressure normalized. The fundus examination showed no glaucomatous cupping. The right eye's vision improved to 6/12, and intraocular pressure reduced to 14mmHg following the treatment.

Conclusion

Pseudoexfoliative syndrome may predispose patients to secondary angle closure due to zonular instability. Blunt ocular trauma can precipitate acute angle closure attack in susceptible eyes. Early recognition, rapid intraocular pressure control, and timely laser peripheral iridotomy are essential to prevent permanent visual loss.

ABSTRACT ID: 59
EYES THAT TOLD THE STORY AT BIRTH: A RARE NEONATAL PRESENTATION OF STURGE-WEBER SYNDROME

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[1]Hospital Kulim

Purpose

To report a rare and severe case of congenital glaucoma presenting at birth with bilateral buphthalmos in association with underlying Sturge–Weber syndrome.

Methods

Case report.

Results

A full-term female neonate presented on the first day of life with bilateral enlargement of the eyes since birth. The ocular findings were associated with port-wine stain involving the face and upper body, raising suspicion of an underlying neurocutaneous syndrome. Comprehensive ocular examination revealed bilateral (OU) megalocornea with diffuse corneal opacity. Intraocular pressure (IOP) was elevated in both eyes which subsequently lead to formation of Haab striae over the right eye as the disease progress. Due to significant corneal haze, fundus visualization was not possible. Ultrasound B-scan imaging demonstrated no obvious posterior segment abnormalities. Based on the clinical findings, a diagnosis of bilateral buphthalmos secondary to congenital glaucoma, likely associated with Sturge–Weber syndrome, was established. The patient was promptly initiated on topical anti-glaucoma medications for IOP control and co-managed with the pediatric team for systemic evaluation. She was subsequently referred to pediatric ophthalmology for further management where she later underwent a right eye trabeculectomy.

Conclusion

This case highlights an uncommon but severe neonatal presentation of glaucoma associated with Sturge–Weber syndrome. Early identification of ocular signs, particularly in the presence of a facial port-wine stain, is crucial. Prompt multidisciplinary intervention is essential to preserve visual potential and prevent irreversible visual impairment.

ABSTRACT ID: 101
FROM SILENT THIEF TO OCULAR CATASTROPHE: A CASE OF SPONTANEOUS GLOBE RUPTURE SECONDARY TO NEGLECTED GLAUCOMA

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[1]Hospital Keningau

Methods

Case report.

Results

An 84-year-old Dusun gentleman presented with sudden onset of expulsive hemorrhage from the left eye, preceded by severe ocular pain for three days. The symptoms were attributed to poorly controlled glaucoma, as he had been non-compliant with his topical anti-glaucoma medications for the preceding three months. His past ocular history was significant for left eye absolute glaucoma. Clinical evaluation was consistent with spontaneous globe rupture. Given the severity of the condition and the poor visual potential, he underwent urgent evisceration of the left eye. The procedure was uncomplicated, and his postoperative recovery was uneventful. He was discharged in stable condition with appropriate follow-up.

Conclusion

Spontaneous globe rupture in the absence of trauma or identifiable precipitating factors is exceedingly rare. Its occurrence in an eye with advanced glaucoma is particularly uncommon and carries an extremely poor visual prognosis. Proper management and appropriate follow-up of glaucoma patients are very important to avert this dreaded complication of uncontrolled intraocular pressure (IOP).

ABSTRACT ID: 191
PHACOANAPHYLACTIC GLAUCOMA: A RARE INFLAMMATORY COMPLICATION OF HYPERMATURE CATARACT

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[1]Hospital Kuala Lumpur

Purpose

To report a case of hypermature cataract presenting with features suggestive of lens-induced glaucoma and to highlight the diagnostic challenge between phacoanaphylactic and phacolytic mechanisms.

Methods

Case report.

Results

A 64-year-old Indian male with no known medical comorbidities presented with left eye blurring of vision associated with redness and increasing pain for two days. There was no history of ocular trauma or prior ocular procedures. Visual acuity was 6/18 in the right eye and vague light perception in the left eye. A relative afferent pupillary defect was present in the left eye. The right eye anterior segment was unremarkable. Examination of the left eye revealed conjunctival injection, hazy cornea, multiple mutton-fat keratic precipitates, and inferior iris pigments. A hypermature cataract was present with peripheral synechiae and rubeosis iridis. Intraocular pressure was elevated at 47 mmHg in the left eye and 10 mmHg in the right eye. B-scan ultrasonography demonstrated vitreous opacities with complete posterior vitreous detachment. Intraocular pressure was controlled with antiglaucoma agents and topical corticosteroids were initiated. Surgical intervention was declined by the patient, and the patient was managed conservatively. At one-month follow-up, intraocular pressure improved to 22 mmHg with mild reduction in inflammation; however, visual acuity remained poor.

Conclusion

Lens-induced glaucoma should be considered in hypermature cataract presenting with elevated intraocular pressure and granulomatous inflammation. Differentiating between phacoanaphylactic and phacolytic mechanisms may be challenging clinically without surgical confirmation. Despite improvement in intraocular pressure and inflammation with medical therapy, visual prognosis may remain poor, highlighting the importance of early recognition and definitive management.

ABSTRACT ID: 193
WHEN KERATITIS CLOSES THE ANGLE: SECONDARY GLAUCOMA IN BILATERAL ACANTHAMOEBA KERATITIS

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Purpose

To report a case of secondary angle-closure glaucoma complicating bilateral acanthamoeba keratitis in a contact lens wearer.

Methods

Case report.

Results

A 23-year-old woman with bilateral acanthamoeba keratitis was referred to the Glaucoma Unit, Hospital Selayang, for management of uncontrolled intraocular pressure (IOP). She was a contact lens wearer with a history of recent swimming in a public pool and recent contact lens change before symptom onset. She initially presented with sudden onset of severe bilateral ocular pain and redness. Best-corrected visual acuity was hand movements in both eyes. IOP was 32 mmHg in the right eye(RE) and 34 mmHg in the left eye(LE). Slit-lamp examination showed bilateral hazy corneas with central epithelial defects, paracentral stromal ring infiltrates, and inferior keratic precipitates. Both anterior chambers were shallow with extensive peripheral anterior synechiae. Posterior segment assessment was limited by dense corneal haze and bilateral cataractous lenses. The patient underwent bilateral transscleral cyclophotocoagulation(TSCPC), resulting in marked IOP reduction to RE 15 mmHg and LE 18 mmHg. She was subsequently counselled for bilateral cataract surgery with continued glaucoma follow-up and IOP surveillance.

Conclusion

Secondary glaucoma is a severe and potentially sight-threatening complication of acanthamoeba keratitis. Histopathologic evidence supports an inflammatory angle-closure mechanism characterised by chronic angle inflammation and peripheral anterior synechiae formation, which resulting in refractory glaucoma. Early recognition, vigilant IOP monitoring, and timely intervention are essential to prevent irreversible glaucomatous optic neuropathy and optimize visual outcomes in these complex eyes, particularly in young patients with bilateral disease.

Medical retina, uveitis & ocular inflammation

ABSTRACT ID: 1
HIDDEN IN THE HEADLIGHTS: X-LINKED RETINOSCHISIS AS AN INCIDENTAL FINDING POST-MOTOR VEHICLE ACCIDENT

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Purpose

X-linked retinoschisis (XLRS) is a cause of degenerative retinochoroidal degeneration that affects males at an early age. X-linked disorders classically affect only males with an estimated prevalence of 1:5000 to 1:25,000. Caused by mutations in the RS1 gene, XLRS displays complete penetrance but variable expressivity. While carrier females are usually asymptomatic, affected males suffer from retinal splitting due to impaired retinoschisin protein function.

Methods

A case report

Results

This is a case of 19-year-old male, complained of right eye (RE) blurring of vision after a motor vehicle accident. Visual acuity was 2/60 in the RE and 6/18 in the left eye (LE), improving to 6/12 with pinhole. Upon examination, the anterior segment examination and intraocular pressure are normal. The fundus of the RE showed spoke wheel appearance centered at the macula with inferotemporal retinoschisis and peripheral retina pigment epithelium mottling. The LE showed similar spoke wheel pattern with peripheral mottling of retina. Notably, there was no evidence of traumatic retinal detachment or vitreous haemorrhage. OCT macula confirmed bilateral retinoschisis with characteristic cystic spaces and splitting primarily at inner nuclear and outer plexiform layer, with RE more severely affected than LE. Despite no known family history of ocular disease, the clinical findings were diagnostic of XLRS. The patient was referred to a medical retina specialist for long-term monitoring.

Conclusion

XLRS typically involves symmetrical macular schisis presenting in the first decade of life. In this case, the patient remained unaware of his condition due to the better-functioning LE. The trauma served as a "diagnostic trigger," unmasking a pre-existing genetic condition.

ABSTRACT ID: 4
BILATERAL PANUVEITIS SECONDARY TO INTRAOCULAR TUBERCULOSIS WITH POSTERIOR SCLERITIS-LIKE FEATURES

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Purpose

To describe an atypical presentation of bilateral panuveitis secondary to intraocular tuberculosis with posterior scleritis-like features.

Methods

A single-patient case study.

Results

A 65-year-old Siamese woman with no known medical illnesses presented with a one-week history of bilateral blurred vision associated with ocular pain, redness, and photopsia. Visual acuity was 6/20 (pinhole 6/12) in the right eye and 6/15 in the left eye.

Anterior segment examination revealed keratic precipitates, Koeppe nodules, anterior chamber cells, and anterior vitreous cells, consistent with panuveitis. Fundus examination showed vitritis with multiple bilateral yellowish choroidal lesions, choroidal elevations in the left eye, and hyperemic optic discs.

Further imaging demonstrated choroidal corrugations on optical coherence tomography and increased scleral thickness on B-scan ultrasonography, suggestive of posterior scleritis-like features.

Systemic investigations revealed a strongly positive tuberculin skin test (25 mm) and positive interferon-gamma release assay, supporting a diagnosis of intraocular tuberculosis.

The patient was treated with oral corticosteroids in combination with anti-tuberculosis therapy, resulting in symptomatic improvement, visual recovery, and resolution of inflammation and choroidal lesions.

Conclusion

Intraocular tuberculosis can present as bilateral panuveitis with posterior scleritis-like features, posing a diagnostic challenge. Recognition of multimodal imaging findings and appropriate systemic evaluation are essential for accurate diagnosis and timely management.

ABSTRACT ID: 5
UNMASKING MELIOIDOSIS: AN ATYPICAL CASE OF ISOLATED POSTERIOR SCLERITIS

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Purpose

To report a rare case of a patient who presented with clinical features of posterior scleritis secondary to ocular melioidosis.

Methods

A case report.

Results

A 20-year-old previously healthy woman presented with a 4-day history of reduced vision in the right eye (RE), associated with ocular pain exacerbated by eye movement, right-sided headache, nausea, and vomiting. Visual acuity was counting fingers at 2 feet (RE) and 6/9 (LE). A relative afferent pupillary defect was present in the right eye with markedly reduced optic nerve function. Anterior segment examination was unremarkable. Fundus examination revealed circumferential optic disc swelling with dilated, tortuous retinal vessels and macular striae. B-scan ultrasonography demonstrated a T-sign with increased scleral thickness of 2.12 mm, consistent with posterior scleritis. She was initially treated for RE posterior scleritis with oral ibuprofen. Serology for Burkholderia pseudomallei IgM returned positive. The patient was commenced on a 14-day course of intravenous ceftazidime, followed by a 4-week course of oral trimethoprim/sulfamethoxazole, showing significant clinical improvement and recovery of visual acuity to 6/9 (RE) at completion of therapy.

Conclusion

Ocular melioidosis should be considered in patients presenting in endemic regions, as early recognition and prompt initiation of appropriate antimicrobial therapy are critical for optimal visual outcomes.

ABSTRACT ID: 7
SOLITARY RPE HAMARTOMA MIMICKING CHOROIDAL MELANOMA IN A MARFANOID YOUNG ADULT: A DIAGNOSTIC CHALLENGE

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Purpose

Solitary retinal pigment epithelium (RPE) hamartoma is a rare, benign lesion that may resemble choroidal melanoma. While usually congenital and asymptomatic, late-onset symptomatic cases are uncommon and diagnostically challenging. We report a case with key differentiating features and a possible novel association with Marfan syndrome.

Methods

A case report.

Results

A 19-year-old male with speech impairment presented with a 3-month history of sudden-onset central scotoma in the right eye. Best-corrected visual acuity was counting fingers in the right eye and 6/12 in the left. Intraocular pressures were normal. Anterior segment exam showed bilateral inferior anterior subcapsular cataracts; no Lisch nodules were seen. Fundus examination revealed a jet-black foveal lesion, one-third disc diameter, without feeder vessels or drusen. The fellow eye was unremarkable. Systemic features included high-arched palate, positive Walker sign, and increased arm span-to-height ratio, suggestive of Marfan syndrome. Laboratory tests for syphilis and tuberculosis were negative, and tumour markers were normal. Optical coherence tomography showed a hyperreflective lesion protruding into the vitreous cavity with posterior shadowing, without subretinal or intraretinal fluid. Fluorescein angiography demonstrated central hypofluorescence with peripheral hyperfluorescence, without leakage. The diagnosis of RPE hamartoma was established. Echocardiography and systemic evaluation for Marfan syndrome were arranged. At 3-month follow-up, vision and fundus findings remained stable.

Conclusion

This case emphasizes the value of multimodal imaging and systemic assessment in distinguishing RPE hamartoma from choroidal melanoma. It also raises the possibility of an unreported association with Marfan syndrome, highlighting the need for long-term monitoring.

ABSTRACT ID: 8
COMPLETE RESOLUTION OF BRANCH RETINAL ARTERY OCCLUSION IN A YOUNG, SYSTEMICALLY HEALTHY PATIENT: A CASE REPORT

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[1]Hospital Putrajaya

Purpose

To report a rare case of branch retinal artery occlusion (BRAO) and to highlight the treatment, importance of early ocular intervention, multimodal imaging, and systemic evaluation in guiding management and prognosis.

Method

A case report.

Results

31-year-old male with systemically healthy non-smoker presented with a 3-day history of sudden onset painless central scotoma in the right eye (RE). His best-corrected visual acuity was RE 6/9, and 6/6 with pinhole, and left eye (LE) 6/6. Intraocular pressure were 9 mmHg (RE) and 12 mmHg (LE). Anterior segment were unremarkable bilaterally. Fundus RE showed pink optic disc with cup-to-disc ratio (CDR) of 0.3, ill-defined superotemporal margin, and sectoral pallor of papulomacular bundle with retinal thickening extending from the optic disc to the superior macula. No emboli, haemorrhages, or vascular abnormalities were noted. Immediate treatment included ocular massage, Oral Acetazolamide 500mg STAT and Topical Timolol twice daily in the RE. Systemic treatment included aspirin 100 mg once daily and atorvastatin 40 mg nightly as patient is newly diagnose for dyslipidemia. Optical coherence tomography (OCT) revealed initial thickening of the inner retinal layer with Central foveal thickness (CFT) of 300 µm with subsequent thinning (CFT 282 µm) during follow-up visit. At 7 weeks, clinical examination and OCT changes showed improvement however, the central scotoma of the right eye persist. Carotid Doppler ultrasound revealed mild (<50%) carotid artery stenosis.

Conclusion

This case highlights an uncommon case of branch retinal artery occlusion (BRAO) with a successful treatment outcome in a young, healthy adult. Importance of detailed systemic evaluation and prompt ocular and medical co-management.

ABSTRACT ID: 21
UNILATERAL ATYPICAL VALSALVA RETINOPATHY: A CASE REPORT

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Purpose

To report an atypical case of unilateral Valsalva retinopathy occurring without identifiable precipitating factors and to explore the role of systemic hypertension as a predisposing factor.

Methods

A case report.

Results

A 51-year-old man with uncontrolled hypertension (systolic 170–180 mmHg) and dyslipidemia presented with sudden, painless vision loss in his left eye persisting for one week. He denied any history of trauma, severe coughing, vomiting, straining, or heavy lifting. Fundus examination revealed a prominent pre-retinal hemorrhage at the fovea and multiple sub-internal limiting membrane (ILM) and intraretinal hemorrhages. Optical coherence tomography (OCT) confirmed multi-layered hemorrhages predominantly at the sub-ILM level. The right eye appeared normal, except for mild retinal vascular changes consistent with grade II hypertensive retinopathy. Conservative management with topical nepafenac 0.1% led to significant improvement in visual acuity from 1/60 to 6/24 within two weeks, accompanied by marked resolution of hemorrhages on OCT and fundus examination.

Conclusion

This case highlights an atypical presentation of Valsalva retinopathy without identifiable precipitating factors, suggesting that uncontrolled hypertension may act as an independent risk factor. The use of OCT was pivotal in confirming the diagnosis and guiding management. Conservative treatment resulted in favourable visual and anatomical outcomes, emphasizing the need for individualized treatment strategies. Recognition of systemic hypertension as a potential trigger in such cases warrants further investigation.

ABSTRACT ID: 31
CHOROIDAL NEOVASCULARISATION : OPHTHALMIC MANIFESTATION IN OCULAR BARTONELLOSIS

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Purpose

To describe the clinical presentation, diagnostic challenges, management principle, and visual outcome of a patient with Ocular bartonellosis complicated by secondary choroidal neovascularization (CNV) In Hospital Lahad Datu.

Methods

Retrospective review of a young patient treated for Ocular Bartonellosis

Results

A 30 year old female with no known medical illness presented with a one month history of sudden onset left eye visual blurring. Visual acuity at presentation was counting fingers. No associated eye pain , redness or any ocular trauma. Anterior segment examination was unremarkable. Fundus examination revealed a yellowish white chorioretinal lesion near the fovea with subretinal fluid (SRF) and macular star. Optical coherence tomography (OCT) confirmed elevated chorioretinal lesion with surrounding subretinal fluid at the macula. Laboratory investigation demonstrated positive Bartonella serology. Ocular Bartonellosis was diagnosed and 8 weeks of oral doxycycline prescribed with tapering dose of oral corticosteroids. Despite completion of doxycycline, subretinal fluid not fully resolved. Further OCT angiography and fundus fluorescence angiography showed presence of choroidal neovascularization(CNV) thus injection of intravitreal initiated. Resolving of SRF was achieved, however subfoveal fibrosis limit the final visual recovery.

Conclusion

Ocular Bartonellosis can manifest with complicated secondary CNV. Persistent or worsening submacular fluid despite appropriate antimicrobial therapy should prompt further imaging to exclude CNV. Early treatment and timely anti-vascular endothelial growth factor (VEGF) injection are essential to optimize visual outcomes.

ABSTRACT ID: 34
THE HIDDEN CULPRIT: CENTRAL RETINAL VEIN OCCLUSION IN A YOUNG PATIENT WITH A HISTORY OF CUSHING DISEASE AND DYSLIPIDEMIA

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Purpose

To report a rare case of non-ischemic central retinal vein occlusion (CRVO) in a young adult with a history of treated Cushing disease and underlying dyslipidemia, highlighting the importance of metabolic workup and multimodal imaging.

Methods

A case report.

Results

A 35-year-old lady with a history of uncontrolled Cushing disease (post-transsphenoidal surgery and bilateral adrenalectomy) and untreated hypercholesterolemia presented with a sudden two-week history of left eye (LE) blurring of vision. Initial visual acuity (VA) was 6/30. Clinical evaluation, including optical coherence tomography (OCT) and fundus fluorescein angiography (FFA), confirmed non-ischemic CRVO with cystoid macular edema (CMO) and prominent middle limiting membrane (p-MLM) sign. Systemic investigation revealed elevated low-density lipoprotein (LDL) and total cholesterol levels. Extensive workup, including thrombophilia screening and digital subtraction angiography, ruled out inherited coagulopathies and carotid-cavernous fistulas. Notably, her current exogenous corticosteroid replacement was within physiological limits. The patient received three loading doses of 2mg/0.05ml intravitreal aflibercept followed by a treat-and-extend regimen. Post-treatment, LE VA improved to 6/9 with complete resolution of CMO. Statin therapy was also initiated for dyslipidemia management.

Conclusion

In young patients with CRVO, a comprehensive workup for secondary causes is essential. The pathogenesis in this case likely involves elevated LDL levels coupled with the hypercoagulable state associated with previous uncontrolled Cushing disease, rather than current physiological steroid replacement. This case underscores the utility of OCT biomarkers in monitoring treatment response and the necessity of multidisciplinary management to address underlying metabolic risk factors.

ABSTRACT ID: 43
CRYPTOCOCCAL MENINGITIS–ASSOCIATED GEOGRAPHIC RPE ATROPHY CAUSING PERMANENT VISUAL LOSS

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Purpose

To report a case of severe macular RPE atrophy following treated cryptococcal meningitis and to highlight the importance of ophthalmic surveillance in immunocompromised patients.

Methods

A case report.

Results

A 45-year-old woman with known HIV infection presented with progressive, painless visual deterioration in her left eye for two months following hospitalization for cryptococcal meningitis. Visual acuity in the affected eye was counting fingers while the right eye was 6/6 with no remarkable abnormalities. There was no relative afferent pupillary defect and the left eye anterior segment was normal. Fundus examination of the left eye revealed extensive geographic RPE atrophy with pigment clumping involving the macula. Optical coherence tomography (OCT) demonstrated macular RPE atrophy with disrupted outer retinal layers. During her prior admission, blood and cerebrospinal fluid cultures were positive for Cryptococcus neoformans. She received antifungal therapy consisting of intravenous amphotericin B, fluconazole, and oral flucytosine, followed by maintenance oral fluconazole. Given the temporal relationship between cryptococcal meningitis and progressive visual decline, cryptococcal-related chorioretinal damage was considered the most likely etiology of her permanent visual loss.

Conclusion

Geographic RPE atrophy is rare but visually significant sequela of cryptococcal meningitis. Early ophthalmic assessment and follow up are essential to detect retinal complications and potentially mitigate irreversible vision loss.

ABSTRACT ID: 52

ACUTE ANGLE CLOSURE GLAUCOMA SECONDARY TO MASSIVE VITREOUS HAEMORRHAGE IN NEOVASCULAR AGE-RELATED MACULAR DEGENERATION: A RARE COMPLICATION

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[1]Hospital Cyberjaya

Purpose

To highlight a case of acute angle closure glaucoma (AACG) as a rare devastating complication of chronic neovascular age-related macular degeneration (ARMD).

Methods

A case report.

Results

An octogenarian male with multiple comorbidities including ischaemic heart disease complicated by atrial fibrillation, hypertension and hyperlipidemia initially presented with left eye progressive central vision loss and was diagnosed with bilateral ARMD with left eye subretinal fibrosis. Initial optical coherence tomography (OCT) of right eye showed multiple small pigment epithelial defect (PED) at macula with no subretinal fluid while the left eye there was subretinal fluid with large subretinal hyperreflective material with disruption of inner segment and outer segment (IS/OS) junction. He came back 4 months later with right eye metamorphopsia and worsening left eye vision loss. Ocular examination revealed right eye new submacular bleed and left eye vitreous haemorrhage (VH) with otherwise normal intraocular pressure (IOP) of 16mmHg and was planned for right eye intravitreal anti-vascular endothelial growth factor (VEGF) injection and left eye pars plana vitrectomy (PPV). However, before treatment is given, he presented again with sudden painful left eye vision loss (no perception of light), eye redness, elevated IOP of 48mmHg, mid-dilated pupil with positive reverse afferent pupillary defect suggestive of secondary AACG. B-scan confirmed massive and worsening left eye VH with no kissing sign or evidence of intraocular malignancy. Patient was started on 4 topical anti-glaucoma eye drops, oral acetazolamide. Laser peripheral iridotomy was done. IOP was controlled and eye pain resolved with treatment. However, his IOP rose again to 50mmHg 2 weeks later and transscleral cyclophotocoagulation (TSCPC) was performed. His left eye IOP normalized and was well controlled post TSCPC during serial follow ups.

Conclusion

Acute angle closure glaucoma secondary to vitreous haemorrhage is a rare but vision threatening complication of neovascular AMD. This case highlights the importance of early recognition and intervention for pain management and IOP control even though the visual outcome is poor.

ABSTRACT ID: 53
WHEN TREATMENT CLOUDS VISION: CHLORPROMAZINE-INDUCED OCULAR TOXICITY IN LONG-TERM ANTIPSYCHOTIC THERAPY

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[1]Hospital Kulim, Kedah

Purpose

To report a case of bilateral chlorpromazine-induced ocular deposit keratopathy in a 60-year-old Chinese female with longstanding schizophrenia on prolonged antipsychotic therapy, and to highlight the clinical features, diagnostic findings, and management considerations of drug-induced corneal toxicity.

Methods

A case report.

Results

A 60-year-old Chinese female with a history of schizophrenia treated with long-term chlorpromazine presented with progressive bilateral blurred vision and glare. Comprehensive ophthalmic evaluation including anterior & posterior segment examination was performed. Detailed medication history and duration of antipsychotic use were obtained. Relevant systemic and ocular causes of corneal deposits were excluded. The patient had been on high cumulative doses of chlorpromazine for over 20 years. Visual acuity was reduced bilaterally with associated complaints of photophobia and decreased contrast sensitivity. Slit-lamp examination revealed bilateral, diffuse, fine granular and stellate brownish deposits in the corneal endothelium and anterior stroma. Additional anterior lens capsular pigment deposition was noted. Posterior segment examination was unremarkable. Findings were consistent with chlorpromazine-induced ocular toxicity. After multidisciplinary discussion with psychiatry, a gradual dose reduction and switch to an alternative antipsychotic was initiated. Supportive ocular management, including lubricants and UV protection, was provided. Visual function remained stable at follow-up with no further progression of corneal deposits.

Conclusion

Chlorpromazine-induced keratopathy is a rare but well-recognized complication of long-term phenothiazine therapy, associated with cumulative dosing and duration of use. Early recognition through detailed drug history, slit-lamp examination and collaborative care between ophthalmology and psychiatry is crucial for timely medication adjustment and preservation of visual function. Regular ophthalmic screening should be considered in patients receiving long-term chlorpromazine therapy.

ABSTRACT ID: 61
WHEN THE EYE UNMASKS THE HEART: PANUVEITIS AS PRESENTATION OF INFECTIVE ENDOCARDITIS.

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Purpose

We report a case of Infective endocarditis (IE) presenting with panuveitis and retinal haemorrhages as a complication from septic emboli.

Methods

A case report.

Results:

A 45 years old Chinese gentleman with history of intravenous drug use, hepatitis B and liver cirrhosis presented with Right eye (RE) redness and blurring of vision associated with fever and reduced oral intake. Visual acuity (VA) RE was 4/60 with negative Relative Afferent Pupillary Defect (RAPD). Anterior segment of Left eye (LE) was normal while RE showed conjunctival injection, anterior chamber (AC) cells inflammation 4+ with hypopyon level. Fundus examination revealed vitritis grade 2, multiple patches of retinal haemorrhages, roth spots and retinitis patch. B-scan showed vitritis with no loculation. Systemic investigation was done and blood culture was positive of Streptococcus dysagalactiae (Group G) bacteremia. Echocardiography revealed new-onset severe aortic regurgitation with vegetation and mild mitral regurgitation. A diagnosis of infective endocarditis was made and patient received intravenous Ceftriaxone 2g once per day (OD) for six weeks. Ocular treatment included topical dexamethasone 0.1%, moxifloxacin and atropine 1%. Post treatment there was resolution of anterior and posterior segment inflammation with improving retinal haemorrhages and visual improvement RE to 6/18.

Conclusion:

Panuveitis with roth spots and retinal haemorrhages can be an early ocular manifestation of IE. Streptococcus dysagalactiae is a rare but increasingly recognized cause of acute IE with high embolic risk. Thorough systemic investigation and multidisciplinary management are essential in patients with risk factors for bacteremia or valvular disease.

ABSTRACT ID: 62
WHEN INFECTION STEALS VISION: ORBITAL APEX SYNDROME WITH CENTRAL RETINAL ARTERY OCCLUSION FROM ANGIO-INVASIVE FUNGAL DISEASE

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[1]Hospital Putrajaya

Purpose

To highlight a rare and severe presentation of orbital apex syndrome complicated by central retinal artery occlusion caused by disseminated angio-invasive fungal infection in an immunocompromised patient.

Methods

A case report.

Results

A 43-year-old woman with end-stage kidney disease and heart failure presented with sudden painless left eye visual loss for two days. Left eye examination showed no perception of light, complete ptosis, proptosis and total ophthalmoplegia. Fundus showed central retinal artery occlusion. Systemic evaluation revealed fever, black palatal eschar, persistent leukocytosis, and elevated inflammatory markers. CT Scan showed pansinusitis with extension to the orbital apex and intracranial compartment, pulmonary infarction with vascular thrombosis, splenic infarcts, and cerebral involvement, indicating disseminated angio-invasive disease. Histopathological analysis of palatal tissue demonstrated broad, non-septate fungal hyphae with angio-invasion and tissue necrosis, confirming mucormycosis. The patient received intravenous amphotericin B, multiple endoscopic sinus debridements, and retro- orbital amphotericin B injections as a globe-preserving strategy.

Conclusion

Orbital apex syndrome with central retinal artery occlusion signifies advanced angio-invasive fungal infection. Early diagnosis and aggressive multidisciplinary treatment are essential, although prognosis remains poor.

ABSTRACT ID: 65
YOUNG, HEALTHY, AND ISCHEMIC: AN IDIOPATHIC CILIORETINAL ARTERY OCCLUSION AS A POTENTIAL OCULAR STROKE EQUIVALENT

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Purpose

Retinal artery occlusion is an ophthalmic emergency predominantly affecting older individuals with vascular risk factors. Cilioretinal arteries are present in up to 50% of individuals; however, isolated cilioretinal artery occlusion (CLRAO) is uncommon and particularly rare in young, otherwise healthy patients, warranting extensive systemic evaluation to exclude embolic, inflammatory, autoimmune, or hypercoagulable causes.

Methods

A case report

Results

A 25-year-old Malay male with no known medical illness, who presented with sudden onset inferior visual field defect in the right eye for one day. Visual acuity was 6/24, improving to 6/12 with pinhole. A right relative afferent pupillary defect was present. Anterior segment examination was unremarkable. Fundus examination revealed a pink and well-demarcated optic disc, and an area of retinal pallor at the superior posterior pole extending to the superior arcade, without visible emboli. Optical coherence tomography demonstrated inner retinal thickening corresponding to the area of retinal pallor without intraretinal or subretinal fluid. Extensive hematological, inflammatory, autoimmune, thrombophilia, infectious, metabolic, neurovascular, and cardiac investigations were normal. A diagnosis of idiopathic right superior CLRAO was eventually made, and the patient was prophylactically managed with dual antiplatelet therapy and statin.

Conclusion

This case underscores the diagnostic challenge of retinal arterial occlusion in young adults and highlights the importance of comprehensive evaluation and multidisciplinary management to mitigate potential future cerebrovascular risk.

ABSTRACT ID: 70
POSTERIOR UVEITIS IN IMMUNOSUPPRESSED PATIENT : A DIAGNOSTIC AND TREATMENT CHALLENGE

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Purpose

To report a case of bilateral Progressive Outer Retinal Necrosis (PORN).

Methods

A case report.

Results

Uveitis in immunocompromised patients is diagnostically challenging as features overlap and are multifactorial. PORN is a rare but devastating herpetic retinopathy occurring predominantly in severely immunocompromised patients, particularly those with advanced HIV infection. Visual prognosis remains poor despite aggressive antiviral therapy. A 30-year-old male presented with right eye blurring of vision, with vision 6/6, Right eye examination showed multiple retinitis and choroiditis spots superiorly and superonasally and some flame shaped hemorrhages superiorly. Investigation revealed HIV test positive with CD4 count 9 cells/μL and positive syphilis (RPR titre 1:256, TPPA positive).Patient was treated for ocular syphilis with intravenous benzylpenicillin. Vitreous PCR results were later confirmed positive for varicella zoster virus (VZV). IV acyclovir and intravitreal ganciclovir were initiated immediately. However, vision eventually deteriorated to no perception of light with exudative retinal detachment. 1 month later, his left eye developed peripheral visual field loss with tunnel vision. Examination showed similar signs which are consistent with early PORN. Prompt intravitreal ganciclovir was commenced and despite that, his left eye eventually progressed to blindness.

Conclusion

This case highlights the aggressive course of PORN in advanced HIV disease, the high risk of bilateral involvement, and the poor visual outcome despite timely intervention. Early HIV diagnosis, prompt initiation of antiretroviral therapy, and vigilant ophthalmic surveillance are crucial to mitigate irreversible visual loss.

ABSTRACT ID: 71
A RARE CASE OF UNILATERAL VISUAL IMPAIRMENT SECONDARY TO OCULAR TOXOCARIASIS

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Purpose

To report a case of unilateral ocular toxocariasis with macular involvement, emphasizing the clinical presentation, exposure history, therapeutic management, and treatment response. Early diagnosis and timely intervention are critical to preventing irreversible visual impairment.

Methods

A case report

Results

The patient presented with a three-month history of floaters in the left eye, followed by progressive visual deterioration, with a best-corrected visual acuity of 6/36. She reported close contact with an unvaccinated pet dog. Ocular examination revealed posterior uveitis characterized by vitritis and a peripheral subretinal lesion.The anterior segment examination was unremarkable. Optical coherence tomography (OCT) at initial presentation demonstrated cystoid macular edema (CMO) with increased central macular thickness (CMT), along with an associated epiretinal membrane (ERM). Serological testing was positive for Toxocara , while other infectious and autoimmune investigations were unremarkable. The patient was treated with a one-month course of oral albendazole and oral prednisolone, supplemented with adjunctive topical corticosteroids and nonsteroidal anti-inflammatory drugs. A subsequent clinical evaluation demonstrated a reduction in the peripheral subretinal lesion. Serial optical coherence tomography (OCT) imaging revealed a marked decrease in central macular thickness, with significant resolution of macular edema. Intraocular inflammation subsided, and visual acuity improved, although mild metamorphopsia persisted.

Conclusion

Ocular toxocariasis should be considered in cases of unilateral granulomatous uveitis, particularly in the presence of a relevant exposure history. Prompt initiation of combined anti-helminthic and corticosteroid therapy can result in favorable anatomical and visual outcomes. The formation of an epiretinal membrane likely represents sequelae of chronic inflammatory traction associated with granulomatous posterior uveitis.

Medical retina, uveitis & ocular inflammation

ABSTRACT ID: 72
BILATERAL CENTRAL RETINAL VEIN OCCLUSION ASSOCIATED WITH INTRACRANIAL SPACE-OCCUPYING LESION: A RARE CASE REPORT IN A YOUNG ADULT

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[1]Hospital Bintulu, Sarawak

Purpose

To report a case of bilateral Central Retinal Vein Occlusion (CRVO) secondary to an intracranial space occupying lesion.

Methods

Case Report

Results

A 29-year-old obese Chinese male and active smoker presented with a one-month history of progressive right eye blurring of vision and mild blurring in the left eye. Examination revealed a visual acuity of counting fingers in the right eye and 6/18 in the left eye. The right eye had a positive relative afferent pupillary defect (RAPD), while intraocular pressures were normal bilaterally. Fundus examination showed bilateral optic disc swelling, tortuous vessels, generalized flame-shaped haemorrhages, and dot-blot haemorrhages. A diagnosis of bilateral CRVO was made, and further systemic evaluation was initiated. Blood investigations revealed hyperviscosity, and intravenous normal saline (2L/24h) was commenced. An urgent contrasted CT scan of the brain and orbit revealed multiple thin rim-enhancing lesions in the right frontal lobe with significant vasogenic oedema and a midline shift. The case was referred to the neurosurgical team, and an urgent right craniotomy with frontal tumour excision was carried out while initiating intravenous dexamethasone and antiepileptic drugs. Intraoperatively, a highly vascularised greyish tumour with poor demarcation and dural adherence was noted and grossly excised, which was then sent for histopathological examination.

Conclusion

This case highlights the importance of systemic and neuroimaging evaluation in young patients presenting with bilateral CRVO. It is highly possible that both the hyperviscosity and the intracranial space-occupying lesion contributed to the occurrence. Although rare, intracranial lesions should be considered when atypical features such as bilateral involvement and optic disc swelling are present.

ABSTRACT ID: 74
WHEN HERPES STRIKES THE RETINA: VARIABLE OUTCOMES OF NECROTIZING HERPETIC RETINITIS IN RETROVIRAL DISEASE

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Purpose

To report cases of necrotizing herpetic retinitis in retroviral disease (RVD) patients with variable outcomes.

Methods

Case series.

Results

Case 1: A 57-year-old man with newly diagnosed RVD (CD4 count: 43 cells/µL) presented with three months of progressive, painless, bilateral blurred vision. Visual acuity (VA) was 6/21 in the right eye (OD) and 6/12 in the left eye (OS). Fundoscopy demonstrated multifocal confluent peripheral retinitis with macular sparing, consistent with progressive outer retinal necrosis (PORN). Vitreous polymerase chain reaction (PCR) and cerebrospinal fluid analysis confirmed the presence of the varicella-zoster virus (VZV). Despite intravitreal ganciclovir and systemic acyclovir, his vision deteriorated to light perception due to bilateral retinal detachment. Surgical intervention was deferred in view of his advanced disease and poor visual prognosis.

Case 2: A 30-year-old man with RVD (CD4 count: 55 cells/µL) and hepatitis B presented with acute bilateral blurring and redness. VA was 6/24. Fundoscopy showed multifocal peripheral retinitis, vasculitis, and retinal breaks, giving an impression of PORN. Despite antiviral therapy, bilateral retinal detachment occurred, necessitating vitreoretinal surgery. Early surgical intervention successfully preserved his vision at 6/15 without reactivation.

Case 3: A 30-year-old man with RVD (CD4 count: 52 cells/µL) presented with one week of OS blurred vision. VA was counting fingers. Fundoscopy revealed peripheral retinitis with inferior retinal breaks, suggestive of acute retinal necrosis (ARN). VZV was confirmed on vitreous PCR. Following intravitreal ganciclovir, systemic acyclovir, and barricade laser therapy, his vision improved to 6/24 at six weeks without recurrence.

Conclusion

Necrotizing herpetic retinitis in RVD patients may manifest as aggressive ARN or PORN. Prompt diagnosis, intensive antiviral therapy, and timely surgical intervention are critical, with outcomes strongly influenced by the patient's immune status and timing of presentation.

ABSTRACT ID: 75
WHEN TUBERCULOSIS HIDES IN THE EYE: A CLINICAL SPECTRUM FROM INCIDENTAL DETECTION TO VISION-THREATENING DISEASE

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Purpose

This case series illustrates the clinical spectrum of intraocular tuberculosis, ranging from asymptomatic inflammation to vision-threatening disease, and highlights the importance of early recognition and diagnostic challenges.

Methods

A retrospective case series describing three patients with different clinical presentations of intraocular tuberculosis.

Results

The first patient, a 46-year-old Malaysian woman, presented with left eye redness, floaters, and progressive visual blurring for three months. Examination revealed unilateral panuveitis with keratic precipitates, iris nodules, posterior synechiae, and vitritis. Fundus fluorescein angiography (FFA) demonstrated small vessel vasculitis bilaterally. A positive Mantoux test, interferon-gamma release assay, and abnormal chest X-ray confirmed ocular tuberculosis. She responded well to anti-tuberculosis therapy and systemic corticosteroids, resulting in the resolution of inflammation.

The second patient, a 31-year-old Cambodian man, presented with bilateral progressive visual blurring and floaters for one month. Examination showed severe occlusive retinal vasculitis with venous sheathing and vitreous haemorrhage. FFA showed extensive peripheral vasculitis with areas of capillary non-perfusion. A positive QuantiFERON-TB Gold test confirmed the diagnosis. He was treated with anti-tuberculosis therapy, pan-retinal photocoagulation, and a left eye pars plana vitrectomy. Disease stabilization was successfully achieved.

The third patient, a 36-year-old Indonesian woman with confirmed pulmonary tuberculosis, was asymptomatic but demonstrated peripheral subretinal deposits bilaterally on examination. FFA revealed extensive peripheral choroiditis and periphlebitis. She received extended anti-tuberculosis therapy, and her vision remained stable.

Conclusion

Intraocular tuberculosis presents with diverse manifestations. Early suspicion and prompt treatment are essential to prevent irreversible visual loss, particularly in endemic regions.

ABSTRACT ID: 85
FROM INFECTION TO INFARCTION: CYTOMEGALOVIRUS ASSOCIATED ACUTE RETINAL NECROSIS

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[1]Hospital Enche' Besar Hajjah Khalsom, Johor

Purpose

To report a rare case of acute retinal necrosis (ARN) secondary to cytomegalovirus (CMV) infection.

Methods

Case report.

Results

A 44-year-old woman with no known comorbidities presented with a one-month history of painless, progressive blurring of vision in the right eye (RE). Vision in the left eye (LE) was preserved. Best-corrected visual acuity was 6/12 in the RE and 6/7.5 in the LE. A relative afferent pupillary defect was present in the RE. The anterior segment of the RE showed mild inflammatory activity. Fundus examination revealed a normal optic disc with peripheral retinitis at the 2 o'clock and 5 o'clock positions, associated with vitritis.

The LE had no RAPD and an unremarkable anterior segment. Fundus examination showed multiple hypopigmented peripheral lesions. Blood investigations were negative for infectious and autoimmune causes, although the erythrocyte sedimentation rate was elevated at 81 mm/hr.

The initial diagnosis was RE panuveitis. However, no improvements were seen in vision or retinal findings following topical steroid use. Fundus fluorescein angiography demonstrated a hyperfluorescent optic disc, 360° peripheral vasculitis, and peripheral retinitis in the RE, while the LE showed peripheral vasculitis without retinitis. An intravitreal tap tested positive for CMV. The diagnosis was revised to bilateral CMV-associated ARN. The patient was treated with intravenous ganciclovir and bilateral intravitreal ganciclovir injections, resulting in clinical improvement, better visual acuity, and a reduction in retinitis.

Conclusion

CMV-associated ARN is rare and aggressive. Early diagnosis, virological confirmation, and prompt treatment are essential to preserve vision.

ABSTRACT ID: 86
BEYOND INFECTION: UNCONTROLLED DIABETES MELLITUS AS THE CULPRIT OF SEVERE ANTERIOR UVEITIS

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Purpose

To report a case of severe fibrinous anterior uveitis occurring in the setting of uncontrolled diabetes mellitus and to highlight metabolic dysregulation as a potential trigger for intraocular inflammation via disruption of the blood–aqueous barrier.

Methods

Case report.

Results

A 53-year-old Malay woman with uncontrolled diabetes mellitus (HbA1c of 8%) presented with a five-day history of painless redness in her left eye. Visual acuity was 6/6 in the right eye and 6/18 in the left, improving to 6/12 with a pinhole. Slit-lamp examination of the left eye revealed conjunctival injection, 4+ anterior chamber cells, and dense fibrin over the pupillary margin. Intraocular pressure was normal, and B-scan ultrasonography excluded posterior segment involvement. Both eyes were noted to have moderate non-proliferative diabetic retinopathy (NPDR) upon fundus examination.

Comprehensive investigations, including inflammatory markers, autoimmune screening, infectious panels, and HLA-B27, returned negative. In the absence of alternative etiologies, the uveitis was attributed to a diabetes-related breakdown of the blood–aqueous barrier. Intensive topical corticosteroids and cycloplegia were initiated. The initial response was suboptimal due to poor adherence; however, following the reinforcement of compliance, the inflammation resolved completely, and her visual acuity improved to 6/6.

Conclusion

This case highlights uncontrolled diabetes as a potential cause of severe anterior uveitis after the exclusion of other etiologies, emphasizing the importance of systemic evaluation in uveitis management. Chronic hyperglycaemia precipitates intraocular inflammation through microvascular compromise, oxidative stress, and cytokine-mediated inflammation, which disrupt the blood–aqueous barrier. Systemic metabolic optimization and strict treatment adherence are essential for resolution and the prevention of prolonged inflammatory sequelae.

ABSTRACT ID: 89
A SILENT INVADER: A CASE OF SUPERIOR ORBITAL FISSURE SYNDROME FROM INVASIVE SINUSITIS

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[1]Hospital Kulim, Kedah

Purpose

To highlight the importance of early recognition of superior orbital fissure syndrome in patients with invasive sinusitis to prevent sight- and life-threatening complications.

Methods

Case Report

Results

A 51-year-old female presented with a two-month history of a right-sided headache associated with right eye (RE) pain and mild RE redness. She was initially treated for conjunctivitis at the primary care level, but the RE pain worsened. On examination, there was RE ophthalmoplegia in all gazes with an outward deviation of the RE during primary gaze. RE ptosis and proptosis were also noted, alongside elevated intraocular pressure (IOP). Visual acuity was preserved, and posterior segment findings were normal.

A computed tomography (CT) scan of the orbit showed RE proptosis with an enhancing right orbital lesion suggestive of a subperiosteal abscess, associated with maxillary and ethmoid sinusitis. The clinical and radiological findings were consistent with superior orbital fissure involvement secondary to a sinus-related orbital infection. The patient was commenced on intravenous antibiotics for 10 days and underwent right functional endoscopic sinus surgery (FESS) with orbital decompression managed by the ENT team.

Conclusion

Superior orbital fissure syndrome secondary to sinus-related orbital infections may present with subtle signs. It can be easily misdiagnosed as a benign condition such as conjunctivitis because the infection involves the posterior orbit. A simple inspection of the eye for deviation and an assessment of eye movements may be all that is needed to reveal a more sinister underlying disease.

ABSTRACT ID: 93
RACE AGAINST ORBITAL NECROSIS: A CASE REPORT ON EARLY SURGICAL DRAINAGE AND DEBRIDEMENT IN ORBITAL NECROTIZING FASCIITIS

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Purpose

To highlight the importance of early surgical intervention in orbital necrotizing fasciitis (NF).

Methods

Case report

Results

A 65-year-old Malay lady with diabetes mellitus, hypertension, liver cirrhosis, and left breast carcinoma presented with recurrent right eye (RE) dacryocystitis. While on oral antibiotics, she progressed to RE orbital cellulitis, with visual acuity declining from 6/12 to counting fingers (CF). Brain imaging revealed right maxillary chronic sinusitis with extension into the RE orbit, including collections in the superior and medial extraconal spaces, medial canthus, and lacrimal duct. She received intravenous and topical antibiotics and underwent a right middle meatal antrostomy with incision and drainage, during which necrotic patches and pus were noted. Cultures grew *Klebsiella pneumoniae* and *Enterobacter bugandensis*. Her blood glucose remained erratic during admission.

On postoperative day three, the wound appeared sloughy with necrotic tissue and a hypopyon, prompting further wound debridement. Repeat imaging showed worsening RE proptosis with communication between the medial canthus collection and the anterior ethmoidal sinus. The oculoplastic team diagnosed her with invasive *Klebsiella pneumoniae* syndrome with RE orbital NF. She underwent a RE anterior orbitotomy with incision and drainage, followed six days later by a RE modified exenteration with debridement. The orbital wound healed with twice-daily dressings and good systemic glucose control.

Conclusion

Early diagnosis, followed by immediate and aggressive surgical debridement, is imperative to avoid rapid disease progression in NF and the subsequent loss of the eye.

ABSTRACT ID: 95
VISION JOURNEY: A CASE OF BILATERAL OPTIC NERVE AND FOVEAL HYPOPLASIA IN ALBINISM.

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Purpose

To report an uncommon outpatient case of visual impairment with bilateral optic nerve and foveal hypoplasia in ocular albinism.

Methods

Case report

Results

A 56-year-old Malay male presented with bilateral visual impairment and nystagmus present since childhood. Examination revealed pendular nystagmus. Visual acuity in both eyes was 1/60. Anterior segment examination showed near-complete iris trans-illumination. Fundus examination revealed prominent choroidal vessels, optic nerve pallor, a double ring sign, and a peripapillary halo with a small neuroretinal rim and cup. Intraocular pressure was 19 mmHg bilaterally. Optical coherence tomography (OCT) of the retinal nerve fibre layer showed inferior thinning in the right eye and four-quadrant thinning in the left eye. OCT of the macula showed an absence of the foveal pit and thinning of the central retinal thickness.

Conclusion

Foveal hypoplasia is the single most important contributor to poor vision in albino patients. The etiology of vision loss in albinism still remains elusive and is likely multifactorial. Visual impairment can be due to abnormalities in the visual pathway alongside optic nerve maldevelopment. Spectral-domain OCT (SD-OCT) serves as a helpful diagnostic tool in the outpatient clinic for the prompt management of these patients.

ABSTRACT ID: 105
DOUBLE VISION THREAT: BILATERAL CENTRAL SEROUS CHORIORETINOPATHY ASSOCIATED WITH UNCONTROLLED HYPERTENSION AND HERBAL SUPPLEMENT USE

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Purpose

To report bilateral central serous chorioretinopathy (CSCR) linked to hypertension and recent herbal supplement use.

Methods

Case report

Results

A 54-year-old Malay man presented with a 10-day history of painless, bilateral blurring of vision associated with a central scotoma. He reported the recent consumption of a herbal drink for general well-being. There was no history of ocular trauma, surgery, pain, redness, diplopia, flashes, or floaters. Best-corrected visual acuity was 6/24 in both eyes, with no relative afferent pupillary defect. Anterior segment examinations were unremarkable.

Fundus examination revealed a bilateral oval-shaped elevation of the macula with a loss of the foveal reflex, while the remainder of the posterior segment was normal. Optical coherence tomography (OCT) demonstrated bilateral serous neurosensory retinal detachment with optically clear subretinal fluid between the neurosensory retina and the retinal pigment epithelium. This was associated with an increased central macular thickness measuring 582 µm in the right eye and 606 µm in the left eye. Systemic evaluation revealed newly diagnosed severe hypertension (188/113 mmHg). A diagnosis of bilateral CSCR was made. The patient was managed via optimization of his blood pressure, lifestyle modifications, and cessation of the herbal supplement. At his one-month follow-up, best-corrected visual acuity had improved to 6/18 bilaterally, with marked anatomical improvement on OCT and a reduction of central macular thickness to 261 µm in the right eye and 234 µm in the left eye.

Conclusion

This case highlights the importance of recognizing systemic and lifestyle-related risk factors in bilateral CSCR, as timely modifications can lead to favourable anatomical and visual recovery without invasive intervention.

ABSTRACT ID: 111
DIAGNOSTIC CHALLENGE IN BILATERAL POSTERIOR UVEITIS: A CASE REPORT OF OCULAR TOXOPLASMOSIS

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Purpose

To report a case of ocular toxoplasmosis presenting with diagnostic challenges.

Methods

Case report.

Results

A 59-year-old male oil palm plantation worker with exposure to unvaccinated cats presented with a two-week history of right eye central blurred vision. Visual acuity (VA) in the right eye (RE) was 6/36 and 6/9 in the left eye (LE), with a Grade I relative afferent pupillary defect in the RE. Intraocular pressure was 6 mmHg in the RE and 8 mmHg in the LE. Ophthalmologic examination of the RE revealed anterior chamber (AC) cells 3+, vitritis 1+, and retinochoroiditis patches along the superotemporal arcade with retinal vasculitis. The LE showed multiple scattered retinitis lesions with dot-blot haemorrhages. Systemic examination was unremarkable.

Investigations revealed a mildly positive *Mycoplasma* antibody (titer 1:320) and positive *Toxoplasma* IgG serology, while tuberculosis and other infective screenings were negative. The patient received oral ciprofloxacin for 14 days to cover the *Mycoplasma* infection, alongside topical steroids and nepafenac eye drops in both eyes. The response was unsatisfactory, with elevation of the retinochoroiditis lesion and Kyrieleis arteritis along the superotemporal arcade, as well as surrounding subretinal fluid extending to the superior macula.

The patient was then treated clinically for ocular toxoplasmosis with oral trimethoprim–sulfamethoxazole for eight weeks, topical steroids, and oral prednisolone (0.5 mg/kg) tapered over six weeks with close monitoring. The RE lesion evolved into a fibrotic scar with associated macular atrophy, whereas the left eye lesion demonstrated satisfactory scarring without significant sequelae.

Conclusion

Ocular toxoplasmosis remains a diagnostic challenge; early recognition and targeted therapy are crucial for optimal outcomes.

ABSTRACT ID: 119
CHALLENGES IN DIAGNOSIS AND MANAGEMENT OF ATYPICAL INFANTILE CYTOMEGALOVIRUS RETINITIS: SUCCESSFUL USE OF INTRAVITREAL GANCICLOVIR

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Purpose

To describe diagnostic and therapeutic challenges in a case of worsening atypical infantile cytomegalovirus (CMV) retinitis despite a reducing systemic viral load while on treatment with intravenous ganciclovir.

Methods

Case report.

Results

A 4-month-old male infant with severe combined immunodeficiency presented with bilateral zone 2 CMV retinitis, characterized by multifocal retinal and subretinal lesions involving the peripheral retina across all quadrants. Despite escalating systemic ganciclovir from 5 to 10 mg/kg/day, the ocular disease progressed to zone 1 with worsening posterior uveitis.

Following a multidisciplinary consultation between paediatric ophthalmology and medical retina teams, bilateral intravitreal ganciclovir (600 µg/0.03 mL) was administered in seven injections (twice weekly for two weeks, then weekly for five weeks). Serial ophthalmic examinations and serum CMV polymerase chain reaction (PCR) levels were closely monitored. Intravitreal therapy resulted in a marked regression of retinal lesions, serum CMV PCR levels gradually declined, and no ocular or systemic complications were observed.

Conclusion

Diagnosis of CMV retinitis in an infant is challenging and can progress rapidly, particularly in zone 1 disease. It may be unresponsive to systemic ganciclovir due to limited intraocular penetration and concerns regarding systemic toxicity. A multidisciplinary approach utilizing adjunctive intravitreal ganciclovir—carefully dosed and tailored to infant ocular anatomy—can be both safe and effective in atypical infantile CMV retinitis when combined with systemic therapy.

ABSTRACT ID: 124
ATYPICAL SOURCES OF ENDOGENOUS ENDOPHTHALMITIS: A CASE SERIES

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[1]Hospital Sultanah Nora Ismail, Johor

Purpose

To report three endogenous endophthalmitis cases highlighting atypical primary foci and their clinical presentations.

Methods

Case series.

Results

Case 1: A 71-year-old man with underlying dyslipidaemia presented with left eye (OS) redness and vision reduced to the perception of light. Anterior segment examination revealed a corneal haze with central fibrin and a poor fundus view. B-scan ultrasonography demonstrated dense vitritis with loculations and a subretinal abscess. Vitreous culture grew *Proteus mirabilis*, with right foot cellulitis identified as the primary source.

Case 2: A 61-year-old woman with poorly controlled diabetes mellitus developed left eye panophthalmitis while admitted for bilateral thigh necrotizing fasciitis. OS visual acuity was no light perception, and examinations showed chemosis, fibrin in the anterior chamber, and restricted ocular movements. Tissue cultures from both thighs yielded *Klebsiella pneumoniae*.

Case 3: A 73-year-old man with no known medical illness presented with left eye redness and reduced vision. OS visual acuity was a vague perception of light in all quadrants. Examination demonstrated a hypopyon and dense vitritis. Vitreous culture grew *Streptococcus dysgalactiae*, and contrast-enhanced computed tomography (CECT) imaging revealed a penile base abscess as the septic focus.

All patients received systemic broad-spectrum antibiotics alongside intravitreal antibiotics; however, visual outcomes were poor in all cases.

Conclusion

Endogenous endophthalmitis may originate from atypical soft tissue infections. A high index of suspicion, early ocular imaging, prompt intravitreal antibiotics, and timely systemic source control are essential in management, although the visual prognosis frequently remains guarded.

ABSTRACT ID: 138
FROM SINUS TO ORBIT: A FULMINATING INVASIVE FUNGAL INFECTION

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[1]Hospital Bukit Mertajam, Pulau Pinang

Purpose

To report a case of panophthalmitis with orbital cellulitis secondary to acute fulminating fungal sinusitis.

Methods

Case report.

Results

A 79-year-old woman with diabetes mellitus, hypertension, and recurrent obstructive uropathy presented with a one-week history of painless left eye (LE) swelling, redness, and complete ptosis. She was delirious at the time of presentation and had been admitted for recurrent urosepsis prior to the onset of her eye symptoms. Bedside examination revealed complete LE ptosis, proptosis, lid oedema, and restricted extraocular movements in all gazes. Visual acuity was light perception with a positive relative afferent pupillary defect. Despite conjunctival injection and chemosis, the cornea was clear. Fundus examination demonstrated a pale optic disc with sclerosed vessels without overt posterior segment infection.

An initial contrast-enhanced CT of the brain and orbit was suggestive of orbital cellulitis, and intravenous piperacillin–tazobactam was initiated. Subsequent endoscopic evaluation revealed acute invasive fungal rhinosinusitis, with cultures positive for *Candida albicans*; thus, she was commenced on systemic antifungal therapy. Despite treatment, her ocular condition deteriorated, and she progressed to panophthalmitis. Repeat imaging showed worsening orbital cellulitis complicated by cavernous sinus thrombosis. In spite of endoscopic sinus debridement and aggressive treatment with systemic, topical, and intravitreal injections of antibiotics and antifungals, her condition continued to worsen, and the family elected for end-of-life care.

Conclusion

Invasive fungal infections are associated with high morbidity and mortality. Early diagnosis and aggressive multidisciplinary management are crucial to prevent rapid clinical deterioration.

ABSTRACT ID: 141
LEUKEMIC RETINOPATHY AS THE INITIAL PRESENTATION OF CHRONIC MYELOID LEUKEMIA (CML)

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Purpose

To present a case of leukemic retinopathy as the initial manifestation of chronic myeloid leukemia (CML).

Methods

Case report

Results

A 29-year-old lady with no previous medical history presented with sudden-onset bilateral vision loss for one week. She reported weight loss over two months but denied other B symptoms. On examination, visual acuity was 6/24 in the right eye and 6/36 in the left eye, with unremarkable anterior segment findings bilaterally. Bilateral fundus examination showed 2+ anterior vitreous cells, dilated and tortuous vessels, retinal haemorrhages, leukemic retinal infiltrates, and Roth spots in all quadrants.

A full blood count showed anaemia with marked leukocytosis (614.69 x 10^9/L). A peripheral blood film reported a leukoerythroblastic picture with 10% blast cells, suggestive of CML in the chronic phase. *BCR-ABL1* was detected, and bone marrow cytogenetics demonstrated a variant Philadelphia translocation characteristic of CML. Lactate dehydrogenase (LDH) was raised (1887 U/L). Other investigations were unremarkable.

She was co-managed with the medical team and commenced on oral hydroxyurea 500mg BD and oral allopurinol 300mg OD for hyperleukocytosis and tumour lysis syndrome prevention. Following systemic treatment, her ocular condition improved significantly, with visual recovery to 6/12 and 6/9, respectively. Her fundus showed marked improvement with reduced vessel dilatation and tortuosity, and resolution of the Roth spots, retinal haemorrhages, and retinal infiltrates.

Conclusion

Haematological malignancies (including CML) can manifest as leukemic retinopathy at their initial presentation. Therefore, ophthalmologists play a crucial role in early detection through the recognition of characteristic fundus findings. This enables prompt systemic evaluation and treatment, leading to significant visual recovery via a multidisciplinary approach.

ABSTRACT ID: 149
SYSTEMIC STORM BEHIND THE SEVERE VISION LOSS: BILATERAL OCCLUSIVE RETINAL VASCULOPATHY HEREDITARY SPHEROCYTOSIS COMPLICATED WITH NEPHRITIS

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[1]Hospital Taiping

Purpose

To illustrate a rare case of bilateral occlusive retinal vasculopathy secondary to Hereditary Spherocytosis.

Methods

Case report

Results

A 39-year-old lady with no comorbid presented with left eye(LE) sudden severe painless vision loss for one week. Visual acuity was 6/9 in the right eye (RE) and 3/60 in the LE with relative afferent pupillary defect positive. Anterior segment and intraocular pressure were normal bilaterally.

Right fundus revealed a pale optic disc with cup-to-disc-ratio of 0.4, generalized dot-blot and preretinal hemorrhages, extensive neovascularization, and sclerotic vessels in all quadrants. Left fundus showed a pale optic disc, slight hazy view due to fresh vitreous hemorrhage, with some hardly visible sclerotic vessels. Diagnosis of occlusive retinal vasculopathy made and bilateral intensive laser panretinal photocoagulation therapy initiated.

Her blood pressure was 200/80 mmHg. Blood investigations showed severe anemia (hemoglobin 5.8 g/dL), normal blood glucose level. Peripheral blood film confirmed few spherocytes and microspherocytes without blast cells. Urinalysis demonstrated proteinuria (4+) and hematuria (3+). Screening for other infections and autoimmune condtions found negative. Carotid Doppler ultrasound and computed tomography angiography were normal. Ultrasound abdomen revealed splenomegaly and cholelithiasis. With hemolytic anemia, jaundice, splenomegaly, diagnosis of Hereditary Spherocytosis(HS) was made.

To date, after 8 months, she still requires regular 2 weekly blood transfusion while awaiting for renal biopsy. Her LE vision remained poor, but RE condition is stable with vison 6/9.

Conclusion

Bilateral occlusive retinal vasculopathy is rare in HS. Early recognition and management of systemic causes with retinal neovascularization are the keys. Nevertheless, co-manage with medical team remained the sole winner to safe treatment.

ABSTRACT ID: 155
THE GREAT MASQUERAER STRIKES AGAIN: OCULAR SYPHILIS MIMICKING RETINITS PIGMENTOSA

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Purpose

Ocular syphilis is a protean manifestation of Treponema pallidum infection and may masquerade as inherited retinal dystrophies. We report a 37-year-old man with underlying HIV infection diagnosed in 2016 with currently undetectable viral load and a CD4 of 540. He presented with four months of progressive blurred vision, nyctalopia, floaters, and tunnel vision. There was no family history of retinal dystrophy.

Methods

Case report

Results

On examination, visual acuity was 6/15 (right) and 6/18 (left). There was mild anterior chamber and anterior vitreous cells noted. Fundoscopy revealed bilateral diffuse retinal hypopigmentation with bony spicule-like pigmentation and vitreous opacities, in the absence of active retinitis or choroiditis. Optical coherence tomography demonstrated loss of ellipsoid layer and external limiting membrane involving the macula, outer retinal loss and protrusions from RPE layer. Humphrey visual fields confirmed concentric constriction with central involvement. Fundus fluorescein angiography showed delayed arteriovenous filling and retinal pigment epithelium window defects, with mild disc hyperfluorescence. Fundus autofluorescence revealed generalized hypoautofluorescence.These findings closely resembled atypical RP. Serology showed positive treponemal antibodies with low-titre RPR (1:4). A diagnosis of chronic syphilitic posterior uveitis in the context of HIV was made. The patient was treated with 14 days of intravenous benzylpenicillin. Following treatment, he reported subjective improvement in vision and night blindness, with objective gains in visual acuity and colour vision.

Conclusion

This case highlights ocular syphilis as a reversible cause of RP-like changes. Possible differentiating features from true RP were seen on OCT and FFA. A high index of suspicion and timely antimicrobial therapy are essential to prevent irreversible visual impairment.

ABSTRACT ID: 156
A SILENT THREAT TO SIGHT: BILATERAL ENDOGENOUS ENDOPHTHALMITIS SECONDARY TO DISSEMINATED MSSA BACTERAEMIA

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Purpose

To report a case of bilateral endogenous endophthalmitis secondary to disseminated methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia and to emphasise the importance of timely ophthalmologic referral in high-risk individuals.

Methods

Case report.

Results

A 57-year-old man with underlying poorly controlled diabetes mellitus presented with one week of fever, lethargy and dysuria. Inflammatory markers were markedly elevated (WBC 33 $\times 10^9$/L; CRP 379 mg/L). Blood cultures grew MSSA, while urine culture was negative. During admission, he developed unilateral knee pain, raising suspicion of metastatic infection. Despite early intravenous antibiotics, he developed bilateral eye redness initially presumed to be conjunctivitis. On day seven, he complained of left eye blurring of vision. Visual acuity was 6/15 in the right eye and 6/60 in the left eye. Ocular examination revealed bilateral anterior chamber inflammation with moderate vitritis and a large subretinal abscess nasal to the optic disc in the left eye measuring approximately eight disc diameters. Bilateral intravitreal vancomycin and ceftazidime were administered. Vitreous cultures were negative. Contrast-enhanced CT demonstrated multiple prostatic abscesses with pulmonary involvement. Echocardiography showed no vegetations. He completed four weeks of targeted intravenous therapy with clinical and biochemical resolution of infection.

Conclusion

Bilateral endogenous endophthalmitis reflects severe haematogenous dissemination and may initially present with subtle ocular symptoms. In patients with Staphylococcus aureus bacteraemia, ocular complaints should not be dismissed as benign. Although routine ophthalmic screening is not universally recommended, prompt referral of symptomatic or high-risk patients is essential to prevent irreversible visual loss.

ABSTRACT ID: 166
PRESUMED OCULAR MELIODOSIS MASQUERADING AS CHOROIDAL ABSCESS; A DIAGNOSTIC ENIGMA

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Purpose

To report a rare case of presumed ocular melioidosis manifesting as choroidal abscess.

Method

Case report

Results

Ocular melioidosis, a rare infection caused by Burkholderia pseudomallei, is a potentially sight-threatening condition and one of the “great mimickers” in ophthalmology due to its highly variable clinical presentation. We report a case of a 29-year-old previously healthy Malay woman who presented with a four-day history of blurred vision and floaters in the right eye, preceded by fever. Her presenting visual acuity was 6/24 in the right eye, with significant vitritis, retinal periphlebitis, and an inferior chorioretinal lesion. Septic workout ruled out systemic infection.

An initial diagnosis of right ocular toxoplasmosis was made and commenced on oral trimethoprim-sulfamethoxazole. Owing to poor clinical response, empirical treatment for endogenous endophthalmitis was initiated. Despite negative vitreous tap, culture results, and uveitis screening, the patient demonstrated marked improvement following intravenous ceftazidime therapy. Subsequent serological testing for Burkholderia pseudomallei returned positive (titre 1:360). Coupled with patient’s clinical presentation and response, this positive serology supports a presumptive diagnosis of ocular melioidosis.

Her visual acuity improved to 6/9 with significant reduction in the size of the choroidal lesion, and she was transitioned to oral amoxicillin-clavulanate for maintenance therapy.

Conclusion

This case underscores the diagnostic challenge of ocular melioidosis, particularly in the absence of specific systemic features and its endemic nature. Its ability to masquerade as other infective uveitic entities may delay appropriate therapy. Early clinical suspicion and prompt initiation of targeted antimicrobial treatment are crucial in achieving favorable visual outcomes.

ABSTRACT ID: 172
BARTONELLA UNMASKED: HEMORHAGIC RETINITIS AND PARINAUD OCULOGLANDULAR SYNDROME IN AN IMMUNOCOMPETENT EYE

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Purpose

To report recurrent ocular bartonellosis presenting as hemorrhagic retinitis mimicking viral retinitis, followed by Parinaud oculoglandular syndrome (POGS) in an immunocompetent patient.

Methods

Case report

Results

A 34-year-old immunocompetent woman with prior right nodular posterior scleritis and positive Bartonella henselae serology re-presented with reduced vision in the same eye after a previous 6-week doxycycline course with good response. Best-corrected visual acuity was 6/18. Fundus examination showed optic disc hyperemia, peripapillary vascular sheathing, vitritis, and an inferotemporal retinal hemorrhage with exudation consistent with retinitis; the left eye was normal.

Extensive investigations including tuberculosis workup, syphilis serology, viral screening, autoimmune/tumor markers, blood and vitreous cultures, and vitreous viral PCR; were negative. Repeat serology demonstrated B. henselae IgG 1:512 with positive IgM and B. quintana IgG 1:256 with positive IgM, supporting recurrence. She was initially treated empirically with intravenous acyclovir and ceftazidime for presumed viral retinitis/posterior uveitis, then switched to oral doxycycline plus rifampicin with marked clinical improvement. She subsequently developed ipsilateral granulomatous conjunctivitis with regional lymphadenopathy consistent with POGS.

Conclusion

Recurrent ocular bartonellosis can masquerade as viral retinitis and may evolve into POGS even in immunocompetent patients. Repeat serology and early targeted antimicrobial therapy are key to reducing visual morbidity.

ABSTRACT ID: 173
RAPIDLY PROGRESSIVE OCCLUSIVE VASCULITIS IN A YOUNG MALE: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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Purpose

To report a case of rapidly progressive occlusive retinal vasculitis in a young male and highlight the diagnostic challenges in differentiating infective and inflammatory etiologies.

Method

Case Report

A 36-year-old healthy male presented with an acute onset of right eye scotoma. He reported recurrent oral ulcers without genital, dermatologic, or joint manifestations. Initial best-corrected visual acuity (BCVA) was 6/9. Fundus examination revealed a suspicious inferotemporal branch retinal vein occlusion (RVO) with a whitish retinal lesion seen proximally, associated flame-shaped haemorrhages and segmental periphlebitis. Fundus fluorescein angiography demonstrated delayed arterio-venous filling with minimal capillary fall-out at the periphery and phlebitis seen bilaterally. Within five days, BCVA deteriorated to 6/36 with rapid enlargement of the retinal lesion, worsening intraretinal haemorrhages, and increasing macula oedema.

Results

Comprehensive infective screening, including aqueous viral PCR, was negative. Serum ANA, dsDNA, antiphospholipid screening and serum angiotensin-converting enzyme were within normal limits. TB quantiferon was negative. Intravenous methylprednisolone was initiated after infection was excluded, followed by oral corticosteroids and immunosuppressants due to disease severity. Intravitreal anti-VEGF injections were administered. CT thorax later demonstrated subcentimeter mediastinal lymph nodes without pulmonary parenchymal involvement. Respiratory evaluation is ongoing to further assess for possible sarcoidosis.

Conclusion

Young patients with vasculitic RVO warrant an extensive workup for infectious entities and systemic autoimmune diseases. Extensive candle wax dripping in this patient mimicked a possible infectious retinitis, warranting exclusion of a viral aetiology. Prompt initiation of steroids and early immunosuppressant therapy eventually allowed for rapid and complete visual recovery. Differentiating infective from inflammatory causes remains essential to guide appropriate therapy and long-term management.

ABSTRACT ID: 175
RIGHT EYE OCULAR SYPHILIS : A CASE REPORT

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Purpose

Syphilis is a systemic infection spread by spirochete Treponema pallidum. Ocular involvement is an uncommon complication of syphilis.

Methods

A 31 years old male with no prior conditions presented with floaters over the right eye (RE). He denies vision loss, body rashes and genital ulcers. Patient had history of multiple sexual partners of same gender. RE visual acuity (VA) was 6/7.5. Anterior chamber had cells. Fundus showed snow ball appearance and vitritis. No vasculitis or retinitis. Left eye was normal. Hepatitis B & C, Toxoplasma, Cryptococcal antigen and Mycobacterium Tuberculosis (MTB) Gene Expert was negative. Rapid Plasma Reagin (RPR) / Treponema Pallidum Agglutination Assay (TPPA) : Positive. Retroviral disease (RVD) : Positive. Patient received Intravenous Crystalline Penicillin and Oral Doxycycline. Upon discharge, VA remained static and ocular alterations were resolved completely with no recurrence of symptoms.

Results

Ocular syphilis is male predominant. Cerebrospinal fluid (CSF) evaluation is required for neurologic or cranial nerve involvement but not for isolated ocular symptoms. Syphilis has varying presentations including panuveitis, optic neuritis and retinal detachment. Centre for Disease Control (CDC) recommends 18–24 million units of Intravenous Penicillin for 10–14 days as ocular syphilis treatment. (6)

Conclusion

Syphilis is sight threatening. Therefore in a case of uveitis, syphilis must be pondered as it may be the first presentation of the disease. Early diagnosis and management improves ocular syphilis prognosis.

ABSTRACT ID: 177
BILATERAL ORBITAL CELLULITIS COMPLICATED BY EXTENSIVE CEREBRAL VENOUS SINUS THROMBOSIS FOLLOWING SECONDARY INFECTION OF VARICELLA LESIONS

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[1]Hospital Queen Elizabeth

Purpose

To report a rare case of bilateral orbital cellulitis complicated by extensive cerebral venous sinus thrombosis following secondary infection of varicella skin lesions, and to highlight the importance of early recognition and imaging in severe orbital infections.

Methods

We report the clinical presentation, radiological findings, and management of a 35-year-old immunocompetent male prisoner who presented with progressive left cheek swelling for three days following a recent varicella infection. Comprehensive ophthalmic examination and contrast-enhanced computed tomography (CT) of the orbit and brain were performed to assess the extent of orbital and intracranial involvement.

Results

The patient developed progressive facial swelling after repeatedly scratching multiple varicella vesicles over the face. Eye examination revealed marked bilateral periorbital edema, chemosis, mechanical ptosis, and severe restriction of extraocular movements, resulting in a “frozen eye” appearance bilaterally. Contrast-enhanced CT demonstrated extensive venous thrombosis involving the bilateral internal jugular veins, left sigmoid sinus, left transverse sinus, cavernous sinus, and the left superior ophthalmic vein. A diagnosis of bilateral orbital cellulitis complicated by extensive cerebral venous sinus thrombosis was established. The patient was treated with intravenous broad-spectrum antibiotics with multidisciplinary care.

Conclusion

Bilateral orbital cellulitis is uncommon and should raise suspicion for intracranial complications. Secondary bacterial infection of varicella lesions may act as a portal of entry for severe orbital infection. Early imaging is crucial to detect life-threatening complications such as cavernous sinus and cerebral venous thrombosis, which require prompt multidisciplinary treatment.

ABSTRACT ID: 184
A RARE CASE OF IDIOPATHIC ORBITAL INFLAMMATION MASQUERADING AS OPTIC NEURITIS

Tuan Muhamad Iqbal Tuan Bazly[1], Karimmah Md Wahit Hasim[1], Fatin Hanisah Firman[1]

[1]Hospital Al-Sultan Abdullah Universiti Teknologi Mara

Purpose

To report a rare case of idiopathic orbital inflammation masquerading as optic neuritis.

Methods

Case report.

Results

A 45-year-old woman presented with a three-week history of gradual-onset right eye visual blurring associated with retro-orbital pain and pain on eye movement. There was no diplopia or neurological deficit. Visual acuity was 6/60 in the right eye and 6/6 in the left. A right relative afferent pupillary defect was present with complete red desaturation and reduced brightness perception. Anterior segment and fundus examinations were unremarkable. A provisional diagnosis of retrobulbar optic neuritis was made.

Intravenous methylprednisolone was initiated, resulting in marked visual recovery to 6/6 within 2 days. Subsequent magnetic resonance imaging of the brain and orbits demonstrated enlargement and enhancement of the right medial, lateral, and inferior rectus muscles, with posterior tendon involvement but sparing the anterior tendon, resulting in orbital apex crowding. The optic nerve showed no abnormal enhancement. These findings were consistent with idiopathic orbital inflammation (IOI) causing compressive optic neuropathy.

Following Intravenous methylprednisolone, the patient was discharged on a tapering course of oral prednisolone. Recurrence of symptoms occurred shortly after steroid cessation, suggestive of steroid-dependent disease. Reintroduction of corticosteroids led to rapid clinical improvement.

Conclusion

This case emphasizes that IOI can present as painful visual loss mimicking optic neuritis. Early orbital imaging is crucial in atypical presentations to avoid misdiagnosis and guide appropriate treatment. Careful steroid tapering is important to reduce the risk of recurrence.

ABSTRACT ID: 188
A MASQQUERADING CASE IN THE POSTERIOR POLE

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Purpose

To highlight an interesting case of acute posterior multifocal placoid pigment epitheliopathy (APMPPE) in a retroviral positive patient.

Methods

Case Report

Results

27 years old male with underlying RVD, stable on Highly Active Anti-Retroviral Therapy (HAART) presented with left eye (LE) blurring of vision and metamorphopsia for 1 week. On examination, vision was right eye (RE) 6/9, LE 6/30. Relative afferent pupillary defect was positive in LE. Bilateral eyes (BE) anterior segment and intraocular pressure were normal. LE fundus noted multiple round yellowish subretinal lesion at posterior pole extending to inferotemporal arcade. Otherwise, there was no optic disc hyperemia, vitritis or retinal hemorrhage. LE optical coherence tomography (OCT) showed outer retinal hyperreflective lesions with multifocal subretinal, intraretinal fluid, bacillary detachment and multiple vitreous hyperreflective dots. RE fundus and OCT was normal. In view of RVD status and OCT findings, initial diagnosis of LE progressive outer retinal necrosis (PORN) was made. Patient was treated with IV acyclovir and improved. Tuberculosis workup, vitreous fluid for culture, viral, syphilis and toxoplasma serology were negative. Fundus fluorescence angiography demonstrated multiple round hypofluorescent lesions at early stage followed by late stage hyperfluorescent areas at BE posterior pole with corresponding hypocyanescent lesions on indocyanine green angiography (ICGA). Diagnosis was revised to APMPPE. RE vision improved to 6/10 after a course of tapering oral and topical steroid.

Conclusion

This case emphasizes the importance of maintaining a broad differential diagnosis when evaluating posterior pole lesions, especially in retroviral-positive patients where opportunistic infections are commonly suspected. The use of multimodal imaging is beneficial in case that could be masquerading as another condition.

ABSTRACT ID: 205
WHEN THE EYE TELLS A FUNGAL TALE: SPOROTRICHOSIS AS PARINAUD OCULOGLANDULAR SYNDROME

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Purpose

To report a case of ocular sporotrichosis manifesting as Parinaud Oculoglandular Syndrome (POGS) in pediatrics patient

Methods

Case report

Results

A 7-year-old healthy boy presented with a one-week history of worsening left eye redness and discharge followed by preauricular and posterior auricular lymphadenopathy. Prior to presentation, the patient was under dermatological care for localized alopecia with associated scalp rashes and had received antifungal treatment, although the exact nature of the underlying skin condition remained uncertain. The patient also reported a history of close contact with unvaccinated cats over the preceding year.

Ocular examination revealed no relative afferent pupillary defect. Visual acuity was 6/9 in the affected eye. The conjunctiva was injected with a nodular abscess at the inferior conjunctiva, with an early corneal infiltrate noted at the limbal region at the 5-o'clock position. Systemic examination demonstrated preauricular and cervical lymphadenopathy with associated alopecia.

The patient was initially managed as Parinaud Oculoglandular Syndrome, presumed secondary to cat scratch disease, and was started on oral azithromycin; however, the response was suboptimal. He was subsequently co-managed with the pediatrics infectious diseases team and initiated on oral Itraconazole syrup, following which he demonstrated marked clinical improvement with resolution of ocular inflammation and regression of the nodular lesion.

Conclusion

Infectious etiologies are the most common causes of Parinaud Oculoglandular Syndrome in children, with cat-scratch disease being the most frequently reported. However, this case highlights the importance of considering sporotrichosis as differential diagnosis and timely management ensure favorable clinical outcomes.

ABSTRACT ID: 212
WHEN INFECTION MASQUERADES: A DIAGNOSTIC CHALLENGE OF PRESUMED FUNGAL ENDOGENOUS ENDOPHHTALMITIS IN UNCONTROLLED DIABETES MELLITUS

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Purpose

Endogenous endophthalmitis arises from hematogenous dissemination of microorganisms from a distant systemic source. Fungal causes, although less common, are potentially sight-threatening and may involve the vitreous, aqueous humour, and retina. Candida species account for a significant proportion of cases, particularly in immunocompromised patients and those with poorly controlled diabetes mellitus. Diagnosis is often challenging due to variable clinical presentations and frequently negative microbiological results, which may delay appropriate treatment.

Method

Case report

Results

A 63-year-old Malay man with poorly controlled diabetes mellitus and a history of urethral stricture surgery presented to another centre with a 5-day history of right eye floaters and progressive visual blurring, preceded by fever and upper respiratory tract infection three weeks earlier. He denied ocular pain. Visual acuity was 6/120. Fundus examination revealed dense vitritis with a few whitish retinal lesions.

Presumed endogenous endophthalmitis was diagnosed. Vitreous and anterior chamber taps were performed, followed by intravitreal vancomycin, amikacin, and amphotericin B. Intravenous moxifloxacin, topical moxifloxacin, and hourly topical corticosteroids were initiated. All investigations and cultures were negative except for positive Toxoplasma IgG with negative IgM, prompting treatment with azithromycin and oral corticosteroids.

Visual acuity deteriorated to hand movements, with worsening vitritis and development of a large macular retinitis with possible infarction causing central scotoma. He was referred to HASA UiTM, where a fungal ball on funduscopy raised suspicion of fungal endophthalmitis. Ocular sampling for viral and fungal PCR was performed, and intravitreal voriconazole and ganciclovir were administered with systemic antiviral therapy. Viral PCR was negative; the patient subsequently underwent urgent pars plana vitrectomy with additional intravitreal and intravenous voriconazole, resulting in improved inflammation but limited visual recovery.

Conclusion

This case highlights the diagnostic complexity of fungal endogenous endophthalmitis. In patients with uncontrolled diabetes and worsening intraocular inflammation despite antibiotic therapy, fungal infection should be strongly considered, and corticosteroids used cautiously when diagnosis remains uncertain.

ABSTRACT ID: 214
A DIAGNOSTIC MASQUERADE, VOGT-KOYANAGI-HARADA DISEASE MASQUERADING AS HYPERTENSIVE CHOROIDOPATHY

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Purpose

To report an atypical presentation of Vogt–Koyanagi–Harada disease initially misdiagnosed as Hypertensive choroidopathy, particularly in patients presenting with uncontrolled hypertension. Recognition of bilateral inflammatory signs, exudative retinal detachments, and associated neurological symptoms is crucial for accurate diagnosis and management.

Methods

Case Report

Results

A 36-year-old gentleman with underlying Type 2 diabetes mellitus, hypertension, dyslipidemia, and a history of treated pulmonary tuberculosis presented with acute onset bilateral blurring of vision. Symptoms were associated with periorbital throbbing headache, dizziness, and a recent episode of left-sided tinnitus. Patient also had multiple visit to emergency department for hypertensive urgency requiring monitoring of blood pressure. Initial examination showed visual acuity of 6/36 (pinhole 6/18) in the right eye and counting fingers in the left eye. Fundus examination revealed bilateral exudative retinal detachment, cotton wool spots, retinal hemorrhages, and hypopigmented lesions suggestive of Elschnig spots, leading to an initial impression of hypertensive choroidopathy.

On subsequent review, anterior segment examination demonstrated fine keratic precipitates with 2+ anterior chamber cells bilaterally. Fundus evaluation showed optic disc swelling with multifocal serous retinal detachments involving the posterior pole and mid-periphery. Optical coherence tomography confirmed multilobular serous retinal detachments, while B-scan ultrasonography demonstrated diffuse choroidal thickening. Recognition of bilateral inflammatory signs, exudative retinal detachments, and systemic prodromal symptoms is essential to avoid misdiagnosis particularly in patient with persistenly uncontrolled hypertension.

Conclusion

This case illustrates the diagnostic challenge of differentiating Vogt–Koyanagi–Harada disease from Hypertensive choroidopathy in patients with uncontrolled hypertension. Prompt identification is important to initiate appropriate immunosuppressive therapy and to preserve vision, which improves quality of life.

ABSTRACT ID: 222
OCCLUSIVE VASCULITIS REVEALING BEHCET DISEASE IN PAEDIATRIC: A DIAGNOSTIC CHALLENGE

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Purpose

Behcet disease is a chronic multisystem inflammatory disorder characterized by recurrent mucocutaneous and ocular manifestations. Paediatric onset is rare and may pose significant diagnostic challenges, particularly when ocular inflammation precedes systemic features. We report a case of paediatric Behcet disease presenting with bilateral panuveitis and occlusive retinal vasculitis.

Methods

Case report.

Results

A 14-year-old Malay boy with underlying Citrin deficiency presented with bilateral eye redness, pain, and blurring of vision for two weeks. Ophthalmic examination revealed bilateral panuveitis. Fundus fluorescein angiography demonstrated peripheral occlusive vasculitis with areas of capillary non-perfusion. Systemic evaluation revealed a history of recurrent oral ulcers since childhood and cervical lymphadenopathy. Laboratory investigations showed elevated inflammatory markers (ESR and CRP), while infectious screening including tuberculosis, human immunodeficiency virus, and syphilis was negative. Based on the International Criteria for Behcet Disease, a diagnosis of Behcet disease was established. The patient was treated with systemic corticosteroids, intensive topical corticosteroids, cycloplegics, and fluorescein angiography-guided panretinal photocoagulation. During follow-up, the patient developed genital ulcers, further supporting the diagnosis. Ocular inflammation improved with treatment and the disease activity stabilized.

Conclusions

Behcet disease in paediatric may initially present with severe ocular inflammation including occlusive retinal vasculitis. Early recognition of this sight-threatening manifestation and prompt multidisciplinary management are essential to prevent irreversible visual loss.

ABSTRACT ID: 241
CLINICAL AND MULTIMODAL IMAGING CHARACTERISTICS DIFFERENTIATING TRUE RETINITIS PIGMENTOSA FROM PSEUORETNITIS PIGMENTOSA

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Purpose

Retinitis Pigmentosa (RP) comprises a group of inherited retinal dystrophies characterized by progressive photoreceptor degeneration, resulting in nyctalopia and peripheral visual field loss. Several acquired retinal conditions may mimic RP, producing a phenotype termed pseudoretinitis pigmentosa. Differentiating true RP from pseudoretinitis pigmentosa is essential for appropriate management, prognostication, and genetic counselling. This study aims to describe clinical and multimodal imaging features that distinguish true RP from pseudoretinitis pigmentosa.

Method

Case Report

Results

We report two male patients presenting with retinal pigmentary changes suggestive of RP at Hospital Al-Sultan Abdullah UiTM. One patient had underlying Human Immunodeficiency Virus Infection with adult onset and rapid progression, while the other had a positive family history of RP with childhood onset and slow progression. Both underwent comprehensive ophthalmic examination and multimodal imaging, including fundus photography, Fundus Autofluorescence (FAF), Optical Coherence Tomography (OCT), and fundus fluorescein angiography.

The confirmed RP case demonstrated bilateral symmetrical bone-spicule pigmentation, retinal vascular attenuation, and waxy optic disc pallor. FAF showed a parafoveal hyperautofluorescent ring, while OCT revealed outer retinal thinning with perifoveal ellipsoid zone disruption. In contrast, the pseudoretinitis pigmentosa case showed asymmetrical, atypical pigmentary changes, patchy autofluorescence, subfoveal ellipsoid zone loss, and inflammatory features on angiography consistent with secondary retinal pathology.

Conclusion

Careful clinical assessment combined with multimodal imaging is crucial in differentiating true RP from pseudoretinitis pigmentosa. Recognition of characteristic patterns on FAF, OCT, and angiography facilitates accurate diagnosis and appropriate management

ABSTRACT ID: 244
THE GREAT MIMICKER: VOGT-KOYANAGI-HARADA (VKH)

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Purpose

To report a case of VKH in a newly diagnosed hypertensive patient with initial diagnostic dilemma.

Methods

Case report.

Results

A 67-year-old lady with no known comorbids presented with bilateral eye (BE) painless blurring of vision for 5 days, associated with 1 episode of vomiting, dizziness and vertigo. On examination, blood pressure was 184/103mmHg. Visual acuity (VA) of right eye (RE) was 6/36 pinhole 6/36 while left eye (LE) was hand movement (HM) pinhole 6/60. Anterior segment revealed BE cells 1+. Fundus examination revealed RE optic disc swelling, macular edema and a single retinal hyperpigmented scar at periphery with retinitis. Left eye fundus revealed optic disc swelling, macular edema and a few discrete peripheral choroiditis. Contrast-enhanced computed tomography scan of the brain and orbit was normal. Patient was initially treated as bilateral optic disc swelling with provisional diagnosis of hypertensive urgency with grade 4 hypertensive retinopathy. Although blood pressure normalized within 12 hours, vision worsened the next day to RE 3/60 pinhole 6/36, LE HM. Optical coherence tomography of the macula showed RE multifocal bacillary exudative retinal detachment (RD). The diagnosis was revised to bilateral Vogt-Koyanagi-Harada (VKH) and patient was then started on tapering dose of oral Prednisolone and Gutt prednisolone acetate. At 3 weeks follow-up, patient demonstrated marked improvement with bilateral visual acuity returning to baseline.

Conclusion

VKH is a granulomatous autoimmune disorder commonly presenting as bilateral panuveitis and serous RD. In the acute phase, it manifests as exudative RD, optic disc hyperemia and choroidal thickening which mimics hypertensive retinopathy due to shared clinical findings. Early recognition and prompt initiation of systemic corticosteroids therapy and close monitoring are essential to control inflammation.

ABSTRACT ID: 245
GRANULOMATOSIS WITH POLYANGIITIS OR TUBERCULOSIS? BILATERAL NECROTIZING SCLERITIS WITH PERIPHERAL ULCERATIVE KERATITIS: NAVIGATING DIAGNOSTIC UNCERTAINTY AND TREATMENT CHALLENGES

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Purpose

To report a case of necrotizing scleritis with peripheral ulcerative keratitis (PUK) presenting a diagnostic and therapeutic dilemma in a patient with history of treated systemic tuberculosis.

Methods

Case report.

Results

A 77-year-old man with a history of treated disseminated tuberculosis presented with bilateral eye redness, pain, and epistaxis. Ophthalmic examination revealed bilateral necrotizing scleral thinning and PUK with a bluish hue, consistent with severe scleral inflammation. Conjunctival biopsy demonstrated granulomatous inflammation and eosinophilia, while biopsy of the nasal septal mass showed acute-on-chronic inflammation. Both specimens were negative for acid-fast bacilli. Serological testing revealed positive c-ANCA, raising suspicion for granulomatosis with polyangiitis. The patient required multiple courses of intravenous pulsed methylprednisolone for recurrent and progressive disease, partly related to poor treatment compliance and follow-up. The left eye symptoms improved, however, the right eye remained inflamed with impending scleral melting. Rituximab was considered but deferred due to concerns regarding tuberculosis reactivation. Management was further complicated by upper gastrointestinal bleeding secondary to corticosteroid therapy, necessitating modification of treatment. Escalation of systemic azathioprine ultimately achieved disease control.

Conclusion

Necrotizing scleritis with PUK may pose significant diagnostic and therapeutic challenges, particularly in patients with prior tuberculosis and frequent defaulters. Management requires careful consideration of immunosuppression in the context of re-infection risk and mitigating adverse effects.

ABSTRACT ID: 250
SUBCONJUNCTIVAL CEFTAZIDIME IN THE MANAGEMENT OF KLEBSIELLA PANOPHTHALMITIS COMPLICATED BY SUBCONJUNCTIVAL ABSCESS

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Purpose

To report the successful use of subconjunctival ceftazidime in the treatment of a subconjunctival abscess.

Method

A case report.

Results

A 63-year-old Malay female with poorly controlled diabetes mellitus was admitted due to fever and gastrointestinal losses. She was treated for hospital-acquired infection and started on intravenous ceftriaxone. During admission, she developed reduced vision and redness in the left eye (OS). Ocular examination revealed visual acuity of perception to light, conjunctival injection, posterior synechiae, and dense fibrin in the anterior chamber, with no fundus view. B-scan ultrasonography demonstrated dense vitritis with loculations. She was diagnosed with endogenous endophthalmitis, and intravitreal vancomycin and ceftazidime was administered, in addition to topical and intravenous administration. On day five of admission, extraocular movements became restricted in the left eye. A superotemporal subconjunctival abscess was identified. The diagnosis was revised to panophthalmitis with subconjunctival abscess. Despite daily drainage of the abscess over three days, it kept recurring. Vitreous and sputum culture grew Klebsiella pneumoniae, sensitive to cephalosporins. A single dose of subconjunctival ceftazidime (100 mg/0.5 mL) was subsequently administered, following which, the subconjunctival abscess completely resolved. The choice of subconjunctival ceftazidime was guided by culture sensitivities, strong gram-negative coverage, good ocular penetration, and the ability to achieve higher local antibiotic concentrations.

Conclusion

To the best of our knowledge, this is the first reported use of subconjunctival ceftazidime for the treatment of a subconjunctival abscess. This approach demonstrated rapid resolution and may represent a useful adjunct in the management of similar infections.

ABSTRACT ID: 259
An Atypical Case of White Dot Syndrome

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Purpose

To report a case of an atypical Multiple Evanescent White Dot Syndrome(MEWDS).

Methods

Case report.

Results

A 62-year-old myopic female with underlying dyslipidemia and euthyroidism presented with sudden onset of painless blurring of vision and generalized black spots in her left eye. She had no viral prodrome or recent history of vaccination. Best corrected visual acuity in the left eye was 6/18, with no relative afferent pupillary defect. Anterior segment findings were unremarkable. Fundus examination revealed multiple white to yellow subretinal spots throughout the posterior pole, extending to the mid-peripheral retina, ranging from 50 to 300 µm, as well as multiple coalescing lesions with mild vitritis. Features of myopic degeneration were also noted, including a tilted disc, large peripapillary atrophy, and chorioretinal atrophy at the posterior pole. The uninvolved right eye had no abnormalities, with a best corrected visual acuity of 6/9. Fundus autofluorescence showed hyperfluorescence corresponding to the lesions. Fundus fluorescein angiography showed early hyperfluorescent dots with late staining. Systemic investigations to rule out infection, inflammation, and malignancy were unremarkable. A diagnosis of MEWDS was made. The patient was started on topical steroids, and resolution of the retinal lesions was achieved within 5 weeks, with a best corrected visual acuity of 6/9.

Conclusion

This case highlights an atypical presentation of MEWDS in an older, myopic patient who exhibited large, confluent retinal lesions rather than the classic smaller, discrete spots. This underscores the importance of careful clinical evaluation and multimodal imaging in establishing the diagnosis for such variant presentations.

ABSTRACT ID: 261
JUXTAPAPILLARY RETINITIS – ATYPICAL OCULAR TOXOPLASMOSIS

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[1]Hospital Umum Sarawak

Purpose

To describe an atypical ocular toxoplasmosis manifesting as juxtapapillary retinitis without associating significant ocular inflammation

Methods

Case report

Results

A previously healthy 48-year-old woman presented with acute left paracentral blurring of vision associated with ocular pain, headache, and vomiting. Visual acuity was hand movement with positive relative afferent pupillary defect (RAPD). There was no anterior segment inflammation. Fundus examination demonstrated blurred optic disc margins with peripapillary retinitis, and flame-shaped haemorrhages without clinically overt vitritis. Optical coherence tomography (OCT) revealed subclinical vitritis with peripapillary intraretinal and subretinal fluid extending to the macula. Contrast-enhanced computed tomography scan reported subtle thickening at optic nerve insertion. Tuberculosis was screened with positive Mantoux test of 18mm; however interferon-gamma release assay (IGRA) was negative. Serum bartonella IgM and IgG were both negative. Other infective workup was negative except for a reactive anti-Toxoplasma IgG serology. Further history revealed that the patient had four cats at home. A diagnosis of atypical ocular toxoplasmosis was made. Oral doxycycline was initiated. At two weeks, all her symptoms subsided with visual improvement to 6/12 and a complete resolution of intra- and subretinal retinal fluid on OCT.

Conclusion

Optic nerve involvement of ocular toxoplasmosis is uncommon, and atypical presentations lacking overt inflammation may closely mimic other optic disc pathologies posing diagnostic challenges. IGRA is a useful adjunct to exclude tuberculosis in such cases.

ABSTRACT ID: 268
TO COMPREHENSIVELY DESCRIBE THE MULTIMODAL IMAGING FEATURES OF FIBRINOUS CENTRAL SEROUS CHORIORETINOPATHY (CSCR)

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Purpose

To comprehensively describe the multimodal imaging features of fibrinous central serous chorioretinopathy (CSCR).

Method

Case report.

Results

A 15-year-old boy presented with bilateral painless, progressive visual decline that began six years ago, at age nine. Visual acuity was 6/24 in the right and 6/36 in the left. Anterior segment examination was unremarkable. Fundus examination showed bilateral ring-like yellowish subretinal fibrin surrounding the fovea, with extensive fibrinous exudative changes. There were no signs of intraocular inflammation or retinal telangiectasia. OCT demonstrated bilateral shallow subretinal fluid with intraretinal cystoid cavities, worse on left eye, suggesting chronicity. Hyperreflective elongated outer retinal layers were observed, likely representing accumulation of proteins or macrophages within the phagocytosed photoreceptor outer segments. The choroid were thickened with dilated Haller's layer vessels and attenuated choriocapillaries. Fundus autofluorescence demonstrated areas of hyperautofluorescence corresponding to fibrinous exudates and granular hypoautofluorescence in gravitational tracks further supporting the chronically untreated disease. Fundus fluorescein angiography (FFA) showed multiple patchy leakages with mottled hypofluorescence in the macula without telangiectasia. Indocyanine green angiography confirmed dilated choroidal vasculatures. A translucent oval spot in the center of the fibrinous exudate along the inferior arcade on left eye corresponded to a leakage site on FFA. A diagnosis of chronic fibrinous CSCR was made, and intravitreal ranibizumab therapy was commenced.

Conclusion

Although rare in adolescents, chronic fibrinous CSCR should be considered after excluding inflammatory and vascular mimickers such as Vogt-Koyanagi-Harada disease and Coats disease. Multimodal imaging is essential for accurate diagnosis in such atypical presentation.

ABSTRACT ID: 283
FROM SUBTLE REDNESS TO SIGHT-THREATENING: PEDIATRIC BILATERAL OCULAR BEHÇET'S DISEASE

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Purpose

To report a rare case of ocular Behçet's disease presenting in the pediatric age group.

Methods

A case report

Results

A 10-year-old boy with no prior systemic illness presented with a one-week history of bilateral blurred vision. Over the preceding six months, he experienced intermittent episodes of bilateral eye redness resolving spontaneously. During follow-up, he also reported recurrent oral ulcers.
Ophthalmic examination revealed bilateral anterior chamber and anterior vitreous inflammation with hyperemic optic discs. Fundus examination showed right-eye retinal vasculitis, confluent exudates along the arcades, vitreous clumps, and tortuous vessels. The left eye demonstrated early macular star with macular edema, peripheral exudates and vitritis. Fluorescein angiography supported Behçet's disease, and HLA-B51 testing was positive. The patient was treated with systemic corticosteroids.

Conclusion

Pediatric ocular Behçet's disease can present with recurrent, self-limiting anterior uveitis before classic systemic features emerge. Severe bilateral panuveitis with posterior segment involvement—including retinal vasculitis and macular edema—poses a significant risk for visual loss. High clinical suspicion, early diagnosis, and prompt initiation of systemic immunosuppressive therapy are essential to control inflammation and preserve vision.

ABSTRACT ID: 285
A STAR THAT MISLEADS: MACULAR STAR IN AN ATYPICAL PRESENTATION OF VOGT–KOYANAGI–HARADA DISEASE

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[1]Hospital Sultanah Nur Zahirah

Purpose

To report an atypical presentation of Vogt–Koyanagi–Harada (VKH) disease with macular star formation, highlighting a potential diagnostic pitfall.

Methods

Single case report.

Results

A 37-year-old Malay woman with no prior medical illness presented with a one-week history of sudden, painless bilateral blurred vision, worse in the right eye, preceded by dizziness. There were no ocular pain, trauma, or systemic neurological or rheumatological symptoms. Visual acuity was 6/12 bilaterally. Examination revealed normal optic nerve function, no relative afferent pupillary defect, unremarkable anterior segments, and normal intraocular pressures. Fundus examination demonstrated bilateral optic disc swelling, right-eye macular edema with a macular star, and multiple serous retinal detachments in both eyes, confirmed on optical coherence tomography. Fundus fluorescein angiography showed a “starry-sky” pattern with disc hyperfluorescence. A diagnosis of VKH was made. Oral prednisolone was initiated with tapering, resulting in significant visual improvement.

Conclusion

VKH disease may rarely present with a macular star, mimicking other neuroretinal disorders. In patients with bilateral optic disc swelling and serous retinal detachments, clinicians should maintain a high index of suspicion. Early recognition and prompt corticosteroid therapy are critical to achieve favorable visual outcomes and prevent progression

ABSTRACT ID: 290
SAILING THROUGH RECURRENT INTRAOCULAR LYMPHOMA.

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[1]Hospital Taiping

Purpose

To report a case of recurrent intraocular lymphoma.

Methods

Case report.

Results

A 58-year-old Malay lady with diabetes mellitus and hypertension had a history of extranodal small bowel Diffused Large B Cell Lymphoma (DLBCL) and completed six cycles of systemic chemotherapy with contrast-enhanced computed tomography scan showed no active disease. She later developed visual symptoms with persistent fine whitish keratic precipitates (KP) and “string of pearls” vitritis. Vitreous biopsy revealed atypical lymphoid cells suspicious for high-grade B-cell lymphoma. However, her MRI brain and orbit showed no intracranial or intraocular involvement. She completed De Angelis protocol chemotherapy but vision remained poor with ocular findings of mutton fat KP, exudative-like subretinal infiltration first involving the macula then spreading to the peripheral retina. Repeated MRI brain and orbit demonstrated a right orbital lesion suspicious for recurrence. Vitreous and ocular tissue biopsy were not feasible. Empirical intravitreal methotrexate was initiated with close monitoring after vitreous tap to exclude viral infection. After few injections, vision had improved from 1/60 to 6/60, but fluctuated as she was unwell systemically. But clinically, the subretinal infiltration had reduced significantly with intravitreal methotrexate. She developed elevated intraocular pressure during the course of injections, and had been tolerating well with no local side effect following the methotrexate protocol. Lesion subsequently resolved completely with slightly vision improvement of 6/60 and with yearly MRI brain surveillance on board. However, she succumbed eventually with maintained vision.

Conclusion

Recurrent intraocular lymphoma can occur despite systemic remission of DLBCL. When tissue diagnosis is not feasible, empirical intravitreal methotrexate may be considered with clinical and radiological suspicion to maintain vision.

ABSTRACT ID: 302
CASE OF RIGHT RETROBULBAR OPTIC NEURITIS IN IMMUNOCOMPROMISED PATIENT

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Purpose

To describe a case of a man who has a sudden onset of blindness and redness and treated medically.

Methods

Case report.

Results

A 29-year-old male with underlying retro-viral disease on HAART and tuberculous meningitis not compliant to treatment came to seek treatment following a sudden onset of blindness and redness over the right eye of one week duration. Upon review, right eye vision was no light perception with positive relative afferent pupillary defect. Slit lamp examination revealed bilateral conjunctival injection with right optic disc generalised pallor and left optic disc temporal pallor. CT scan showed basal exudates with developing suprasellar rim-enhancing lesion likely representing tuberculoma, features suggestive of vasculitis involving circle of Willis with associated secondary cerebral infarcts, likely right sided optic neuritis involving optic nerve and chiasm and early communicating hydrocephalus. The patient is started on a steroid regime with tapering dosage accordingly and also restarted intensive anti TB medications. Despite treatment, the patient is unable to regain his vision over his affected eye.

Conclusion

A comprehensive eye review is mandatory in an immunocompromised patient with central nervous system tuberculosis to look for ocular involvement and complications of treatment.

Miscellaneous/public health/IRD/Imaging

ABSTRACT ID: 9
THE CLINICAL SPECTRUM OF OCULAR NON-HODGKIN LYMPHOMA: INTRAOCULAR AND OCULAR ADNEXAL PRESENTATIONS

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Purpose

To report two cases of ocular non-Hodgkin lymphoma from our centre representing the clinical spectrum of the disease, involving intraocular lymphoma and ocular adnexal lymphoma (OAL).

Methods

Case series of two patients with biopsy-proven ocular lymphoma managed at a tertiary referral centre .

Results

Two women presented with distinct manifestations of ocular lymphoma. A 47-year-old lady presented with bilateral blurred vision and intermediate uveitis unresponsive to antimicrobial therapy, initially confounded by positive leptospiral serology. Examination revealed vitritis with chorioretinal infiltrates and ellipsoid zone disruption on optical coherence tomography. Vitreous biopsy demonstrated a CD20 negative clonal B-cell population but with MYD88 L265P mutation, supporting the diagnosis of primary vitreoretinal lymphoma (PVRL). MRI Brain showed non-specific T2/FLAIR hyperintense subcortical and periventricular white matter foci, suspicious of early central nervous system involvement. She was treated with intravitreal methotrexate and systemic chemotherapy. Ongoing surveillance includes repeat vitreous sampling after completion of chemotherapy and 6-monthly MRI brain.

In contrast, a 43-year-old lady presented with a chronic painless conjunctival “salmon patch” lesion with preserved vision. Biopsy showed malignant lymphoid infiltrates consistent with extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue. Systemic staging demonstrated localized disease, and she was co-managed with hematology-oncology for definitive radiotherapy.

Conclusion

Ocular non-Hodgkin lymphoma encompasses a broad clinical spectrum, ranging from aggressive intraocular disease such as primary vitreoretinal lymphoma to indolent ocular adnexal lymphoma. Early recognition, appropriate tissue and molecular diagnosis, accurate staging, and multidisciplinary management are essential to prevent delayed diagnosis and optimize outcomes.

ABSTRACT ID: 24
CORYNEBACTERIUM DIPHTHERIAE INFECTION IN AN EXTRUDED ORBITAL IMPLANT: A RARE CASE REPORT

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Purpose

To present a rare case of Corynebacterium diphtheriae infection in an extruded orbital implant

Methods

Case Report

Results

A 21-year-old male with a history of left eye enucleation and Medpor orbital implant placement during infancy for Retinoblastoma presented with a six-month history of left orbital pain and foul-smelling discharge. He reported implant exposure one year prior, for which he had received prophylactic antibiotics. However, he was subsequently lost to follow-up after a period of incarceration. On examination, there was near-complete extrusion of the Medpor implant accompanied by purulent, malodorous discharge. A diagnosis of infected extruded orbital implant was made. The patient underwent implant explantation with reimplantation of a glass ball orbital implant. Intraoperative microbiological sampling was performed. Culture yielded Corynebacterium diphtheriae. Polymerase chain reaction (PCR) testing for the diphtheria toxin gene was negative, indicating a non-toxigenic strain. Postoperatively, the patient was treated with a course of oral antibiotics and topical moxifloxacin. At follow-up, there were no signs of recurrent infection or implant exposure.

Conclusion

This case highlights the rare isolation of Corynebacterium diphtheriae from an infected extruded orbital implant. Although traditionally associated with respiratory diphtheria, C. diphtheriae may present as an opportunistic pathogen in ocular and periocular infections, particularly in the setting of implant exposure and chronic inflammation. The absence of the diphtheria toxin gene in this case suggests that non-toxigenic strains can still contribute to localized infection. This report underscores the importance of obtaining microbiological cultures in cases of orbital implant exposure and infection, as identification of atypical organisms may influence antimicrobial management and prompt appropriate public health considerations.

ABSTRACT ID: 35
BEAK VS GLOBE: A RARE CASE OF SELF-SEALED PENETRATING OCULAR INJURY WITH TRAUMATIC CATARACT

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Purpose

To report a rare case of bird-beak penetrating ocular trauma presenting as a delayed, self-sealed open globe injury with traumatic cataract, highlighting key diagnostic pitfalls and preventive public health implications.

Methods

Case report

Results

A 26-year-old previously healthy man presented with persistent left eye pain, redness, and progressive visual deterioration three weeks after being struck by a bird while riding a motorcycle without a visor protection. Despite multiple primary-care visits, he was initially treated for conjunctivitis, resulting in delayed referral. Visual acuity was hand movements in the affected eye. Slit-lamp examination revealed a self-sealed corneal laceration at 5 o'clock with pigment deposition. The anterior capsule was breached with lens matter in the anterior chamber and lens matter deposited on the endothelium. The patient received intravenous and topical antibiotics, topical steroid and atropine followed by anterior chamber washout, synechiolysis, and plain lens aspiration. Postoperatively, vision improved drastically from hand movements to 6/36 and 6/24 with pinhole (+10.00 DS).

Conclusion

This case illustrates three key messages. First, bird-beak injury represents an uncommon but potentially vision-threatening mechanism of penetrating ocular trauma. Secondly, early recognition and prompt referral from primary care to ophthalmology are crucial to prevent structural and long term vision impairment, and thirdly, protective visor use during motorcycling may reduce preventable ocular morbidity. Heightened clinical suspicion, meticulous anterior segment examination, and timely surgical intervention are essential to optimise visual outcomes.

ABSTRACT ID: 55
CLINICAL SPECTRUM AND MANAGEMENT CHALLENGES OF ORBITAL XANTHOGRANULOMATOUS INFLAMMATION: A CASE SERIES

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Purpose

To describe the clinical spectrum, histopathological features, and management outcomes of orbital and adnexal xanthogranulomatous inflammation in a tertiary referral centre.

Methods

Retrospective case series of two patients with biopsy-proven xanthogranulomatous inflammation managed at Hospital Sultan Idris Shah Serdang.

Results

Case 1: A 61-year-old man presented with a three-year history of progressive left periorbital swelling, complicated by worsening visual blurring over one month. Examination demonstrated non-axial proptosis with a palpable upper eyelid mass. Orbital imaging revealed an extraconal lesion. Incisional biopsy under general anaesthesia identified xanthogranulomatous inflammation with diffuse xanthomatous infiltration involving the upper and lower eyelids and orbit. The patient was commenced on systemic corticosteroids, achieving partial reduction in proptosis and soft tissue swelling.

Case 2: A 22-year-old woman with underlying bronchial asthma presented with acute bilateral upper eyelid swelling of one-week duration. Clinical examination revealed bilateral superotemporal fullness without proptosis. Histopathological evaluation following incisional biopsy confirmed xanthogranulomatous inflammation. She was treated with intralesional corticosteroid injection, demonstrating favourable early response.

Conclusion

Orbital and adnexal xanthogranulomatous inflammation represents a rare, heterogeneous inflammatory disorder with variable chronicity and extent of involvement. Clinical presentation may mimic other orbital pathologies, underscoring the importance of histopathological confirmation. Corticosteroid therapy remains the cornerstone of management. However, treatment response may be unpredictable, necessitating individualized therapeutic strategies and vigilant follow-up.

ABSTRACT ID: 97
WHEN OCT SPEAKS: GUIDING THERAPY IN IDIOPATHIC INTRACRANIAL HYPERTENSION

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Purpose

To demonstrate the role of optic nerve optical coherence tomography (OCT) in guiding acetazolamide (Diamox) dose titration in idiopathic intracranial hypertension (IIH).

Methods

Case Report

Results

A 29-year-old female with no known medical illness presented with intermittent blurring of vision since June 2020. CT brain and MRI showed no intracranial pathology. Visual evoked potential and other neurological workup were unremarkable. Lumbar puncture revealed elevated opening pressure, confirming IIH. At presentation, visual acuity (VA) was normal bilaterally with optic disc swelling, more pronounced in the left eye. Initial low-dose acetazolamide showed minimal response, necessitating escalation to higher divided doses. Serial optic nerve OCT demonstrated reduction in retinal nerve fibre layer thickness corresponding with improvement of disc oedema. After stabilization, gradual dose tapering was attempted. During tapering phases, OCT detected early recurrence of disc swelling despite preserved VA and largely stable Humphrey visual field findings. These objective OCT changes prompted timely re-escalation of acetazolamide, resulting in subsequent OCT improvement and stabilization. Throughout follow-up from December 2020 to February 2026, VA remained preserved. OCT findings consistently guided therapeutic adjustments, particularly during dose reduction.

Conclusion

There is currently no clear objective parameter to guide acetazolamide dose titration in IIH beyond clinical examination and visual field assessment. The role of OCT in directing therapy remains underreported. This case highlights how serial optic nerve OCT provides objective, reproducible evidence of treatment response and early recurrence. By demonstrating OCT-guided titration over long-term follow-up, this report addresses an important clinical gap and supports incorporating OCT into routine IIH management.

ABSTRACT ID: 132
ISOLATED ORBITAL MYELOID SARCOMA WITHOUT CONCURRENT LEUKEMIA: A RARE CAUSE OF UNILATERAL PROPTOSIS

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[1] Hospital Bukit Mertajam

Purpose

To report a case of right eye proptosis secondary to orbital myeloid sarcoma in a young adult

Methods

Case report

Results

A 23-year-old premorbidly healthy lady presented with 2-month history of painless right eye (RE) swelling which progressively extended to the ipsilateral eyelid and face. She denied any visual deterioration over RE. She had longstanding poor vision in the left eye (LE) since childhood, which had not been previously investigated. Examination revealed RE proptosis with hypertropia and mild restriction of extraocular movements in all gazes except elevation. Visual acuity was 6/9 in the RE and 1/60 in the LE, with a positive relative afferent pupillary defect (RAPD) in the LE. Anterior segment findings were unremarkable bilaterally. Fundus examination of the RE was normal, while the LE showed optic disc atrophy with attenuated vessels. Magnetic resonance imaging demonstrated a homogeneously enhancing lobulated mass in the right extraconal space extending into the buccal region. She underwent endoscopic modified medial maxillectomy with lateral canthotomy and cantholysis. Histopathological examination revealed dense infiltration of atypical mononuclear cells mixed with mature lymphocytes, consistent with myeloid sarcoma. Systemic evaluation, including bone marrow biopsy, lumbar puncture, and cytogenetic analysis showed no evidence of acute leukaemia. She was diagnosed with isolated right orbital myeloid sarcoma. She was referred to the hemato-oncology team and commenced on systemic chemotherapy, resulting in resolution of proptosis.

Conclusion

Isolated right orbital myeloid sarcoma is rare. Early recognition and multidisciplinary management are key to achieving favourable outcomes.

ABSTRACT ID: 181
INTRAORBITAL METALLIC FOREIGN BODY WITH SEVERE POSTERIOR SEGMENT INJURY IN A CHILD FOLLOWING BLUNT TRAUMA

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[1] Hospital Kuala Lumpur

Purpose

To report a paediatric case of an intraorbital metallic foreign body with severe posterior segment injury following blunt trauma.

Methods

Case report

Results

A 7-year-old girl sustained injury to the tip of her nose while playing and running with her brother in a small kitchen area under construction. The exact mechanism of injury was unknown. She subsequently developed left eye pain with profuse bleeding from the nasal tip, prompting medical evaluation. Examination revealed a small open wound at the nasal tip with left eye proptosis and swelling at the inferonasal orbit near the medial canthus. No periocular abrasion or laceration was identified. The conjunctiva was white with minimal chemosis and no conjunctival laceration. A relative afferent pupillary defect was present in the left eye with a 5-mm dilated pupil. Visual acuity was no perception of light with marked limitation of adduction. Fundus examination showed total retinal detachment with patchy retinal whitening suggestive of traumatic retinal necrosis, with the optic disc obscured by vitreous haemorrhage. The opposite eye was unremarkable. B-scan ultrasonography demonstrated left eye choroidal congestion with partial optic nerve avulsion. Computed tomography revealed a well-defined spherical hyperdense foreign body (HU 3000) within the left inferonasal orbit with intact orbital walls. Intraoperative nasal endoscopy by the otorhinolaryngology team revealed no intranasal foreign body or tract. Urgent anterior orbitotomy by ophthalmology team successfully removed a 0.6-cm spherical metallic foreign body.

Conclusion

Paediatric intraorbital foreign bodies may be associated with devastating ocular injury despite minimal external findings. Early imaging and multidisciplinary team management are essential for accurate diagnosis and timely intervention

ABSTRACT ID: 258
REACHING THE UNREACHED: A SEVEN-YEAR EXPERIENCE ON THE NEED FOR GLASSES IN RURAL NEGERI SEMBILAN MOBILE EYE SCREENING

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Purpose

Uncorrected refractive error is a leading cause of visual impairment, particularly among populations with limited access to eye care. This study aimed to assess the need for spectacle correction, identify common refractive errors, and factors associated with spectacle prescription among individuals attending a community-based mobile eye screening programme in Negeri Sembilan.

Methods

A retrospective descriptive study was conducted using community eye screenings data across seven districts in Negeri Sembilan between 2018 and 2025. Participants underwent visual acuity assessment followed by refraction. Demographic and socioeconomic data including age, gender, occupation, education level, socioeconomic status, and comorbidities, were recorded. Spectacle need was determined based on documented lens prescriptions.

Results

A total of 1360 individuals participated, aged 17 to 87 years (64% female). The programme largely reached lower-income populations, with 75% from the B40 group. Most participants had secondary-level education. Diabetes mellitus and hypertension were reported in 32% and 12%, respectively. Refraction was performed in 1311 participants. A total of 546 individuals required spectacle correction, indicating that approximately two out of five participants needed visual correction. Individuals from the lower-income group accounted for 63% who required spectacles. Myopia (57%) was the most common refractive error, followed by astigmatism (13%) and hyperopia (9%). Presbyopia was identified in 21% of participants. Among those requiring spectacles, myopia was most frequent (58%).

Conclusion

Mobile eye screening programmes effectively reach populations with limited access to eye care and identify many individuals who need spectacle correction. These programmes play an important role in improving access to basic vision care in rural communities.

ABSTRACT ID: 270
THE GREAT ORBITAL IMPOSTER: A CASE OF BILATERAL CCF WITH CONCURRENT TED

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Background

Bilateral indirect carotid cavernous fistula (CCF) is a rare but potentially vision-threatening vascular anomaly that can clinically masquerade as other orbital disorders. The diagnostic challenge is further compounded when it occurs concurrently with thyroid eye disease (TED), as both conditions share overlapping signs such as proptosis and ophthalmoplegia.

Case Report

We report a 57 year old Malay woman with poorly controlled diabetes mellitus and hypertension presenting with a two months history of binocular diplopia, right eye redness, and ptosis. Right eye demonstrated proptosis and restricted extraocular movements, while anterior segment evaluation showed conjunctival injection, chemosis, and engorged scleral vessels. Intraocular pressure was 31 mmHg in the right eye and 13 mmHg in the left. Hertel exophthalmometry measured 22 mm and 19 mm for the right and left eyes, respectively. Blood investigation revealed hyperthyroidism (raised T4, suppressed TSH), and the patient was initiated on oral carbimazole 20 mg once daily. Simultaneously, neuroimaging was performed to rule out a vascular etiology. Computed tomography of the brain and Computed Tomography Angiography and Venography revealed bilateral CCF, more prominent on the right. Cerebral digital subtraction angiography (DSA) confirmed bilateral indirect CCF (Barrow type D). The patient underwent successful coil embolisation with significant clinical improvement.

Conclusion

This case highlights the need for a high index of suspicion for CCF, even with a concurrent diagnosis of hyperthyroidism. Their rare coexistence can mimic one another, making a multi-modal diagnostic approach essential to ensure timely, sight-saving intervention.

ABSTRACT ID: 274

FROM CONTIGUOUS SINUSITIS TO ORBITAL APEX SYNDROME AND BILATERAL PERIPHERAL ULCERATIVE KERATITIS: A COMPLEX CASE OF OCULAR GRANULOMATOSIS WITH POLYANGIITIS

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[1] Hospital Sungai Buloh

Purpose

To report a rare case of Granulomatosis with Polyangiitis (GPA) presenting as right Orbital Apex Syndrome (OAS) and bilateral peripheral ulcerative keratitis (PUK), highlighting the complexity of its multisystem involvement and the necessity for urgent intervention.

Methods

Case report

Results

A 65-year-old female presented with a one-week history of double vision, headache and complete restriction of right eye movement ("frozen eye") with a one-month history of bilateral hearing loss, tinnitus, and ear discharge. Clinical evaluation revealed her visual acuity (VA) on initial presentation was 6/18 over both eyes, right eye frozen ocular motility, left chronic suppurative otitis media (CSOM), bilateral peripheral corneal thinning and hypertensive anterior uveitis. Diagnostic evaluation included Computed Tomography (CT) of the orbits and paranasal sinuses and serological workup for systemic vasculitis. CT imaging revealed right sphenoid sinusitis with bone erosion extending to the right orbital apex, causing optic nerve thickening, as well as bilateral chronic otomastoiditis. Serology showing strongly positive c-ANCA and PR3 levels, solidifying a diagnosis of GPA. Patient underwent urgent right Functional Endoscopic Sinus Surgery (FESS) and orbital decompression. Treatment was initiated with high-dose systemic corticosteroids, which had successfully reduced conjunctival injection and stabilized the corneal thinning. During the latest review, her final VA is 6/12 over the right eye and 6/60 in the left eye.

Conclusion

This case illustrates the varied spectrum of GPA ranging from contiguous sinus inflammation causing orbital apex compression, to bilateral immune-mediated keratouveitis. It emphasizes on the therapeutic challenges when managing the case of GPA with multidisciplinary approach and urgent intervention.

ABSTRACT ID: 297
BILATERAL ORBITAL CELLULITIS WITH MULTIPLE ABSCESSES SECONDARY TO PANSINUSITIS IN AN IMMUNOCOMPETENT ADOLESCENT

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Purpose

To report a rare case of bilateral orbital cellulitis complicated by multiple abscess formation secondary to pansinusitis in a previously healthy adolescent, emphasizing the importance of early recognition and prompt multidisciplinary management.

Methods

A 17-year-old previously healthy male presented with a one-week history of progressive bilateral eyelid swelling and forehead edema, preceded by a two-month history of intermittent rhinorrhea, nasal congestion, and low-grade fever unresponsive to over-the-counter medications. Several days prior to admission, spontaneous rupture of the right upper eyelid swelling with purulent discharge occurred. The patient was referred from a district hospital. Non-contrast computed tomography (CT) of the brain and paranasal sinuses revealed extensive pansinusitis involving the frontal, ethmoidal, maxillary, and sphenoidal sinuses bilaterally, with subcutaneous emphysema, soft tissue swelling, and multiple abscesses extending into the right orbit, consistent with bilateral orbital cellulitis. Management included intravenous third-generation cephalosporin (ceftazidime), systemic corticosteroids (methylprednisolone), topical antibiotics, surgical abscess drainage, functional endoscopic sinus surgery (FESS), and eyelid repair.

Results

The patient showed marked clinical improvement following combined medical and surgical management, with resolution of eyelid edema, restoration of eye opening, and improved visual acuity. He was discharged after one to two weeks with no intracranial complications.

Conclusion

Bilateral orbital cellulitis secondary to pansinusitis is a rare yet sight and life-threatening emergency. Prompt computed tomography imaging, timely surgical abscess drainage, functional endoscopic sinus surgery, and early multidisciplinary collaboration between ophthalmology and otorhinolaryngology are critical in preventing devastating complications including permanent visual loss and intracranial extension.

Neuro-ophthalmology

ABSTRACT ID: 2
CAVERNOUS INTERNAL CAROTID ARTERY OCCLUSION MIMICKING TOLOSA–HUNT SYNDROME: A DIAGNOSTIC PITFALL IN PAINFUL OPHTHALMOPLEGIA

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Purpose

To report a case of occlusion of the cavernous segment of the internal carotid artery (ICA) mimicking Tolosa–Hunt syndrome (THS).

Methods

Case report.

Results

A 43-year-old man presented with sudden-onset right eye (RE) pain, diplopia, and profound visual loss. Examination revealed hand movement vision, a relative afferent pupillary defect, and restricted adduction of the RE. Anterior segment and fundus examinations of both eyes were unremarkable. Neurological examination was also normal. Initial computed tomography imaging demonstrated an enhancing cavernous sinus lesion compressing the optic nerve, raising suspicion of THS. Infective screening and investigations for inflammatory and tumour markers were negative. Empirical high-dose intravenous corticosteroid therapy was initiated, resulting in rapid clinical improvement. However, subsequent magnetic resonance imaging (MRI) and angiography revealed complete occlusion of the right ICA extending into the cavernous segment, causing cavernous sinus bulging and confirming a vascular rather than inflammatory aetiology. At the two-month follow-up, the patient was asymptomatic with complete recovery of visual function and extraocular movements. He was subsequently referred to the neuromedical team for stroke prevention measures and initiation of antiplatelet therapy.

Conclusion

ICA occlusion is an uncommon yet clinically significant vascular mimic of THS. Clinical and radiological findings, as well as apparent responsiveness to corticosteroids, are not pathognomonic for THS and may be misleading. This case highlights an important diagnostic pitfall in ophthalmic practice and emphasises the importance of early vascular imaging in patients presenting with painful ophthalmoplegia.

ABSTRACT ID: 32
BLINDED BY THE BOOSTER: A CASE OF POST-VACCINATION MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY-ASSOCIATED DISEASE (MOGAD) OPTIC NEURITIS

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Purpose

To report a rare case of myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) optic neuritis and its temporal association with tetanus toxoid immunisation.

Methods

Case report.

Results

A 15-year-old boy presented with a 1-week history of right retro-orbital pain and blurred vision, occurring 2 weeks after receiving a tetanus toxoid booster vaccination. Visual acuity was 6/6 in the left eye, with a normal ocular examination. The right eye had a visual acuity of 3/60, impaired colour vision, and a relative afferent pupillary defect. Fundus examination revealed right optic disc swelling with blurred margins and tortuous vessels. Magnetic resonance imaging (MRI) demonstrated enhancement of the right retrobulbar intraorbital optic nerve, with no intracranial abnormalities. Serological testing was positive for MOG-IgG and negative for aquaporin-4 IgG (AQP4-IgG). Cerebrospinal fluid analysis was unremarkable. The patient received intravenous methylprednisolone 250 mg four times daily for 3 days, followed by oral prednisolone 50 mg once daily (1 mg/kg/day) for 11 days. Two weeks after treatment, visual acuity improved to 6/9, colour vision was fully restored, and optic disc swelling had resolved. The patient remained under regular follow-up for surveillance of recurrence.

Conclusion

Although often considered alongside multiple sclerosis (MS) and neuromyelitis optica spectrum disorder (NMOSD), MOGAD is a distinct demyelinating disorder. It may occur following immunological triggers, including vaccination. This case adds to the growing body of literature describing the rare temporal association between vaccination and MOGAD. Recognition of this association is important, as early serological diagnosis and prompt initiation of corticosteroid therapy are essential for preventing permanent visual impairment and optimising visual outcomes.

ABSTRACT ID: 37
LEFT HOMONYMOUS HEMIANOPIA MASQUERADING AS MOTOR DYSFUNCTION IN A PATIENT WITH GLOBAL APHASIA FOLLOWING RIGHT MIDDLE CEREBRAL ARTERY INFARCTION

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Purpose

To report a case of right middle cerebral artery (MCA) infarction causing dense left homonymous hemianopia and to highlight the diagnostic challenge of identifying profound visual field deficits in patients with global aphasia.

Methods

Case report.

Results

A 32-year-old woman with type 2 diabetes mellitus and a history of right basal ganglia haemorrhage and right MCA infarction presented with a two-month history of difficulty grasping objects, without headache or blurred vision. Visual acuity was 6/9 in the right eye and hand movement in the left eye. Confrontation visual field testing appeared normal; however, subjective responses were considered unreliable due to global aphasia and associated cognitive-linguistic impairment. Formal visual field testing subsequently confirmed a left homonymous hemianopia. Neurological examination revealed left-sided weakness (Medical Research Council grade 3/5) with intact cranial nerve function. Neuroimaging demonstrated a right MCA territory infarction extending into the occipital lobe, resulting in damage to the retrochiasmal visual pathway and accounting for the visual field defect. Despite limited subjective reporting, prompt initiation of low vision rehabilitation was crucial in optimising functional outcomes.

Conclusion

Homonymous hemianopia may present functionally as impaired spatial awareness and object localisation and can be mistakenly attributed solely to hemiparesis. Furthermore, a structurally normal optic disc and normal optical coherence tomography findings do not exclude significant retrochiasmal pathology. Routine assessment of the visual pathway should be considered in stroke survivors, particularly those with communication difficulties, to facilitate timely visual rehabilitation, occupational therapy, and low vision interventions, thereby optimising post-stroke functional independence and quality of life.

ABSTRACT ID: 46
ALIKE IN APPEARANCE, DIFFERENT IN ORIGIN: A CASE SERIES OF OPTIC DISC SWELLING

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[1]Hospital Taiping

Purpose

Bilateral optic disc swelling may occur in a wide range of conditions, including inflammatory disorders, haematological diseases, and raised intracranial pressure. Timely diagnosis is essential to prevent irreversible visual loss. This case series presents three young women with bilateral optic disc swelling, each with a different underlying aetiology.

Methods

Case series.

Results

Case 1: A 29-year-old woman presented with a 3-month history of bilateral blurred vision. Visual acuity was 6/9 in both eyes. Fundus examination revealed bilateral optic disc swelling. Contrast-enhanced computed tomography (CECT) of the brain and orbits demonstrated bilateral tortuous optic nerves. Haematological investigations revealed thrombocythaemia with positive Janus kinase 2 (JAK2) mutation. The optic disc swelling was attributed to a hypercoagulable state secondary to essential thrombocythaemia. Case 2: A 33-year-old woman presented with a 2-week history of bilateral blurred vision. Visual acuity was light perception in the right eye and 6/9 in the left eye. Fundus examination demonstrated bilateral optic disc swelling. CECT of the brain and orbits was unremarkable. The patient was initially treated for bilateral optic neuritis. Further investigations revealed positive anti-myelin oligodendrocyte glycoprotein (MOG) antibodies, confirming MOG-associated optic neuritis. Case 3: A 30-year-old woman presented with a 2-week history of bilateral blurred vision. Visual acuity was 6/45 in the right eye and 2/60 in the left eye. Fundus examination revealed bilateral optic disc swelling. CECT of the brain and orbits demonstrated bilateral optic nerve swelling with posterior globe flattening, suggestive of raised intracranial pressure. Lumbar puncture revealed elevated opening pressure, confirming idiopathic intracranial hypertension.

Conclusion

This case series demonstrates the diverse aetiologies of bilateral optic disc swelling. Comprehensive evaluation and early diagnosis are essential to ensure appropriate management and optimise both visual and systemic outcomes.

ABSTRACT ID: 48
LOOK BEYOND THE EYE: ORBITAL MASS EFFECT AS THE FIRST SIGN OF DISSEMINATED BREAST CARCINOMA

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[1]Hospital Taiping

Purpose

Unilateral proptosis and chemosis are often attributed to orbital cellulitis. However, orbital findings may represent the first visible manifestation of advanced systemic disease. When the clinical course is atypical, clinicians should consider underlying systemic causes beyond primary orbital pathology.

Methods

Case report.

Results

A 69-year-old woman admitted under the medical team for breakthrough seizures developed progressive right eye redness and swelling during hospitalisation. Ocular examination revealed a visual acuity of counting fingers in the right eye (RE) and 6/9 in the left eye (LE). The RE demonstrated proptosis, conjunctival chemosis, exposure keratopathy, and global restriction of extraocular movements, initially suggesting orbital cellulitis. Intravenous ceftriaxone and metronidazole were commenced. The patient was subsequently referred to the otorhinolaryngology team for further evaluation. Nasal endoscopy identified a right ethmoidal mass, while contrast-enhanced computed tomography (CECT) of the brain, orbits, and paranasal sinuses demonstrated an enhancing soft tissue lesion within the right paranasal sinus extending into the medial and superior extraconal orbital spaces, causing significant orbital mass effect. Concurrent systemic examination revealed a left breast mass. Histopathological examination of both lesions confirmed metastatic invasive breast carcinoma. Staging investigations demonstrated widespread metastases involving the lungs, liver, and bone. Given the advanced stage of disease, the patient opted for conservative management with oral tamoxifen.

Conclusion

This case illustrates an unusual presentation of metastatic breast carcinoma manifesting as a sinonasal mass with secondary orbital involvement. A holistic approach to recognising pathology beyond the eye is essential, as it has significant implications for diagnosis, prognosis, and management. Early multidisciplinary assessment and timely tissue diagnosis are crucial to avoid delays in identifying underlying systemic malignancy.

ABSTRACT ID: 67
THE UNLIKELY IMPOSTER: NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD) IN DISGUISE

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Purpose

To report a case NMOSD presenting as pseudo-Foster Kennedy syndrome.

Methods

Case report.

Results

A previously healthy 16-year-old girl presented with a 1-week history of bilateral blurred vision associated with right eye (RE) pain. Visual acuity was 1/60 in both eyes, with a relative afferent pupillary defect in the left eye (LE), reduced colour vision, and constricted visual fields bilaterally. Anterior segment examinations were unremarkable. Fundus examination revealed optic disc swelling in the RE and optic disc atrophy in the LE. There were no associated neurological deficits. Urgent contrast-enhanced computed tomography (CECT) of the brain and orbits showed no intracranial mass lesion. However, magnetic resonance imaging (MRI) demonstrated features of left retrobulbar optic neuritis, supported by prolonged P100 latencies on visual evoked potential testing. The patient was co-managed with the neuromedical team and received intravenous methylprednisolone followed by oral prednisolone, after which visual acuity improved to 6/36 in both eyes. Cerebrospinal fluid analysis was unremarkable; however, serological testing was positive for aquaporin-4 antibodies and antinuclear antibodies. Two months later, she developed recurrent bilateral optic neuritis and received a further course of intravenous and oral corticosteroids. Her parents declined plasma exchange therapy, and she was subsequently planned for long-term immunomodulatory treatment.

Conclusion

This case highlights NMOSD-related optic neuritis presenting as pseudo-Foster Kennedy syndrome, initially mimicking an intracranial compressive lesion. The absence of mass pathology on neuroimaging and the presence of positive autoimmune serology supported the diagnosis of NMOSD. Atypical optic neuropathies should prompt consideration of NMOSD, as early diagnosis and initiation of immunotherapy are essential to prevent relapses and preserve vision.

ABSTRACT ID: 79
A VENGEFUL INFLAMMATION: SYMPATHETIC OPHTHALMIA AFTER OCULAR TRAUMA

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[1]Hospital Sibu

Purpose

To report a case of sympathetic ophthalmia following penetrating ocular trauma.

Methods

Case report.

Results

A 41-year-old woman with no known medical illness presented with left eye (LE) trauma caused by a fallen fan blade. Visual acuity was hand movements in the LE and 20/20 in the right eye (RE). Examination revealed exposed uveal tissue at the 7 o'clock position, a positive Seidel test, and total hyphema. She underwent corneoscleral tear repair 18 hours after injury and received intravenous ciprofloxacin. Despite satisfactory anatomical healing, vision in the LE deteriorated to no perception of light. Six weeks later, she developed progressive blurring of vision in the RE over one week. Visual acuity was counting fingers in the RE and no perception of light in the LE. Examination of the RE revealed conjunctival injection, keratic precipitates, 2+ anterior chamber cells with fibrin, and Busacca nodules. Fundus examination demonstrated a hyperaemic optic disc and an inferior exudative retinal detachment extending from 4 to 8 o'clock. B-scan ultrasonography of the LE showed a disorganised globe with choroidal thickening. A diagnosis of sympathetic ophthalmia was established. The patient was treated with intravenous methylprednisolone for three days followed by tapering oral prednisolone, together with intensive topical corticosteroid therapy. Visual acuity improved to 6/7.5 after three weeks, with minimal residual inflammation.

Conclusion

Sympathetic ophthalmia is a rare but sight-threatening complication of penetrating ocular trauma. Prompt recognition and aggressive systemic corticosteroid therapy are essential for preserving vision in the sympathising eye. Early diagnosis and treatment remain critical in achieving favourable visual outcomes.

ABSTRACT ID: 83
NOT ALL CUPPING IS GLAUCOMA: AN INCIDENTAL CLUE TO A SUPRASELLAR MASS

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Purpose

To report a young patient with chronic headaches in whom an incidental finding of an enlarged cup-to-disc ratio led to the diagnosis of a suprasellar mass.

Methods

Case report.

Results

A 15-year-old boy was referred for evaluation of a right conjunctival naevus. Ocular examination revealed an enlarged cup-to-disc ratio of 0.7 bilaterally, with normal intraocular pressure. Visual acuity and other optic nerve function tests were normal. Further history revealed intermittent headaches since the age of four years, including a previous hospital admission, although no neuroimaging had been performed at that time. Neurological examination was unremarkable. Humphrey visual field testing was normal bilaterally. Optical coherence tomography (OCT) of the optic nerve head demonstrated bilateral inferior retinal nerve fibre layer thinning, while the ganglion cell complex remained preserved. Magnetic resonance imaging (MRI) of the brain revealed a suprasellar mass abutting the optic chiasm and displacing the proximal optic tracts laterally. There was associated compression of the foramen of Monro, resulting in mild hydrocephalus. The patient was subsequently referred to the neurosurgical team for further management.

Conclusion

An enlarged cup-to-disc ratio with normal intraocular pressure in a young patient, particularly in the presence of chronic headache, should raise suspicion for intracranial pathology and prompt early neuroimaging. Timely diagnosis facilitates appropriate intervention and may prevent irreversible visual loss and significant neurological morbidity.

ABSTRACT ID: 88
WHEN SINUS DISEASE STEALS SIGHT: A CASE OF COMPRESSIVE OPTIC NEUROPATHY

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Purpose

To highlight a rare presentation of a sinonasal tumour manifesting as compressive optic neuropathy.

Methods

Case report.

Results

A 52-year-old man presented with a 3-week history of painless progressive blurring of vision in the right eye (OD). Ocular assessment revealed a best-corrected visual acuity of 6/120 in the OD, with a relative afferent pupillary defect. Anterior segment examination was unremarkable, while fundus examination demonstrated optic disc swelling. Examination of the left eye (OS) was normal. Contrast-enhanced computed tomography (CECT) of the brain and orbits demonstrated a right sinonasal mass with local extension. The patient was referred to the otorhinolaryngology team for further evaluation. Rigid nasal endoscopy confirmed the presence of a sinonasal mass. Histopathological examination revealed a SMARCB1 (INI1)-deficient carcinoma. Magnetic resonance imaging (MRI) of the brain and orbits further demonstrated a large lobulated mass within the right nasal cavity, causing narrowing of the optic canal and mild compression of the right optic nerve. The patient is currently planned for tumour resection under the otorhinolaryngology team.

Conclusion

Unilateral optic disc swelling with progressive visual loss warrants urgent neuroimaging to exclude compressive lesions. Early diagnosis and timely multidisciplinary intervention are crucial for preserving visual function and optimising visual outcomes.

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ABSTRACT ID: 90
CENTRAL OR PERIPHERAL? A DIAGNOSTIC CHALLENGE IN FLUCTUATING DIPLOPIA REVEALING OCULAR MYASTHENIA GRAVIS

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Purpose

To report a case of ocular myasthenia gravis presenting with fluctuating binocular diplopia and bilateral abducens nerve palsy, highlighting the diagnostic challenge of differentiating central from neuromuscular causes of ocular motility disturbance.

Methods

Case report.

Results

A 23-year-old woman with underlying scoliosis presented with a 2-day history of binocular diplopia on a background of 8 months of intermittent, self-resolving episodes. Diplopia was associated with intermittent inward deviation of the eyes. She also reported occasional transient limb numbness. Examination demonstrated alternating esotropia with bilateral sixth cranial nerve palsy. Urgent contrast-enhanced computed tomography (CECT) revealed no structural abnormality or space-occupying lesion. Orthoptic assessment demonstrated variable ocular deviation inconsistent with a fixed neurological deficit. Given the patient's age and transient neurological symptoms, demyelinating disease was initially suspected; however, magnetic resonance imaging (MRI) demonstrated no evidence of demyelination. Subsequent evaluation for neuromuscular junction disease revealed positive acetylcholine receptor antibodies, confirming ocular myasthenia gravis.

Conclusion

Ocular myasthenia gravis may mimic central neurological disease and present without classical features such as ptosis or fatigability. Recognition of fluctuating ocular findings and integration of structural imaging, functional assessment, and immunological testing are essential to avoid diagnostic anchoring when evaluating patients with diplopia.

ABSTRACT ID: 96
VISUAL RECOVERY IN OPTIC NEURITIS: A CASE SERIES COMPARING INTRAVENOUS METHYLPREDNISOLONE AND CONSERVATIVE MANAGEMENT

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Purpose

To compare early visual outcomes in patients with optic neuritis managed with intravenous methylprednisolone (IVMP) versus conservative management, in relation to evidence from the Optic Neuritis Treatment Trial (ONTT).

Methods

Case series.

Results

Three patients aged 55–62 years presented with acute optic neuritis and severe visual impairment. One patient with unilateral disease and a visual acuity of perception of light did not receive intravenous methylprednisolone because of an acute cardiac event, which represented a contraindication to high-dose systemic corticosteroid therapy. His vision subsequently deteriorated to no perception of light. In contrast, two patients who completed 12 doses of intravenous methylprednisolone demonstrated marked early visual improvement. One patient with bilateral disease improved from hand movements and perception of light to 6/18 and 2/60, respectively, while another improved from counting fingers to 6/12. Neuroimaging and inflammatory investigations were unremarkable in all cases.

Conclusion

Intravenous methylprednisolone appears to accelerate early visual recovery, consistent with findings from the ONTT. However, patients with acute cardiac events present a significant therapeutic challenge, as withholding corticosteroid therapy may be associated with poorer visual outcomes. Individualised risk–benefit assessment remains crucial in guiding management decisions in such cases.

ABSTRACT ID: 107
WHEN ORBITAL CELLULITIS DECEIVES: REVEALING TOLOSA-HUNT SYNDROME

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[1]Hospital Kuala Lumpur

Purpose

To highlight diagnostic challenge of Tolosa-Hunt Syndrome

Methods

Case report.

Results

67 years old, Indian Male with hypertension, diabetes mellitus, ischemic heart disease, presented with a 3-day history of right eye (RE) sudden onset of blurring of vision, swelling and diplopia, associated with right sided headache for one week. Examination revealed visual acuity of hand movement on the RE and 6/12 on the left eye with presence of RE relative afferent pupillary defect. There was right partial ptosis, conjunctiva chemosis, right total ophthalmoplegia and reduced sensation over right ophthalmic and maxillary distribution of the trigeminal nerve. Fundus examination showed RE pink optic disc with well defined margin and cup disc ratio of 0.6. Contrast-enhanced computed tomography did not reveal any involvement over orbital apex or cavernous sinus pathology. He was treated as orbital cellulitis with adequate antibiotics, but showed minimal clinical improvement. Magnetic resonance imaging(MRI) brain showed swelling and enhancement of the right optic nerve and perioptic nerve sheath with inflammatory changes and mildly thickened with enhancement of right cavernous sinus. A comprehensive infectious, inflammatory, autoimmune and metabolic workup were conducted and it were negative. Endoscopic by rhinologist to exclude fungal sinusitis was unremarkable. Pulse therapy with intravenous methylprednisolone was given for 3 days, followed by oral corticosteroid therapy with slow tapering over 4 months. He achieved complete resolution of ocular motility and vision of 6/9.

Conclusion

Tolosa-Hunt Syndrome is a diagnosis of exclusion as it mimics serious vascular, infectious, and neoplastic conditions. Early recognition and prompt yet judicious decision on initiation of corticosteroid therapy can prevent complications and ensure complete recovery.

ABSTRACT ID: 114
BLINKING RED FLAGS : A RARE OPHTHALMIC PRESENTATION OF DURAL VENOUS SINUS THROMBOSIS

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[1]Hospital Kuala Lumpur

Purpose

To present a case with eyelid twitching and unilateral optic disc swelling as a rare sign of dural venous thrombosis

Methods

Case report

Result

A 33-year-old female with a history of hypertension and bronchial asthma presented with a one-month history of right eyelid myokymia (twitching)and occipital headaches. Ophthalmic evaluation revealed visual acuity of 6/6 bilaterally but with significant right optic disc swelling, confirmed by an enlarged blind spot on Bjerrum perimetry. Optic nerve function remained intact in both eyes. There was presence of right blepharospasm with intact other cranial nerves and neurological examination. CECT brain showed findings suspicious of dural venous thrombosis. Blood investigation showed normal coagulation with normal level of inflammatory markers. Subcutaneous low molecular weight heparin (Clexane) was initiated, which lead to improvement of her headache. At follow up in 3 weeks, headaches continue to improve alongside with the improvement of right blepharospasm and optic disc swelling.

Conclusion

Clinicians should maintain a low threshold for neuroimaging in patients with underlying comorbidities like hypertension who present with persistent headache and focal ocular signs to avoid life-threatening complications. With timely diagnosis and appropriate management dural venous sinus thrombosis often carries a good prognosi.

ABSTRACT ID: 137
OPTIC NERVE INFILTRATION SECONDARY TO T-CELL LYMPHOMA: A DIAGNOSTIC CHALLENGE

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[1] Hospital Queen Elizabeth; [2]Hospital Sultan Idris Shah

Purpose

Masquerade syndromes can mimic inflammatory optic neuropathies and pose significant diagnostic challenges. Optic nerve infiltration secondary to systemic lymphoma is rare and may initially present as presumed retrobulbar optic neuritis.

Methods

Case report

Results

A 72-year-old man with glaucoma suspect and atrial fibrillation presented with one week of left eye blurring, preceded by two weeks of orbital pain and transient redness. Visual acuity was 6/20 in the right eye and hand movement in the left, with marked light and red desaturation and a positive relative afferent pupillary defect on the left. Anterior segment and initial fundus examinations were unremarkable, without optic disc edema. MRI showed left optic nerve tortuosity without compressive lesion. Laboratory investigations were largely normal except for mildly elevated C-reactive protein and lactate dehydrogenase. He also reported significant weight loss and dyspepsia, and oesophagogastroduodenoscopy had been arranged prior to presentation. He was treated as retrobulbar optic neuritis with intravenous methylprednisolone, but vision deteriorated to perception of light. Subsequent examination revealed segmental optic disc elevation with splinter hemorrhages. Gastric biopsy later demonstrated high-grade T-cell lymphoma favoring extranodal NK/T-cell lymphoma. Radiologic reassessment suggested possible optic nerve infiltration. Despite unremarkable cerebrospinal fluid cytology, optic neuropathy secondary to systemic lymphoma was diagnosed, and systemic plus intrathecal chemotherapy was initiated.

Conclusion

Malignant infiltration should be considered in elderly patients with atypical optic neuropathy and constitutional symptoms to avoid delayed oncologic treatment.

ABSTRACT ID: 139
TRANSIENT BILATERAL VISUAL DISTURBANCE DUE TO SYSTEMIC ANTICHOLINERGIC EFFECTS

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Purpose

To report a case of transient bilateral visual impairment likely secondary to systemic anticholinergic effect following intramuscular hyoscine butylbromide administration in an adolescent.

Methods

Case report

Result

A 13-year-old Chinese girl with no known drug allergies presented with sudden-onset bilateral blurring of vision upon waking. She had received a single 20 mg intramuscular dose of hyoscine butylbromide the previous day. She denied floaters, flashes, headache, eye pain, vomiting, trauma, or foreign body sensation, but reported tongue numbness. The patient presented with bilateral visual acuity of 6/60. There was no relative afferent pupillary defect. Pupils were 5mm round at room light, and sluggishly reactive to light. Intraocular pressures were 12 mmHg bilaterally. Brightness and red desaturation were equal in both eyes. Extraocular movements were full without diplopia. Anterior and posterior segment examinations were unremarkable. At review the next day, her pupils are 2mm, round and reactive to light. Visual acuity improved to 6/6 bilaterally, other findings remained normal. Anticholinergic agents inhibit acetylcholine at muscarinic receptors, impairing parasympathetic innervation to the eye. This results in cycloplegia due to ciliary muscle relaxation, leading to loss of accommodation, and mydriasis from sphincter pupillae inhibition, both contributing to transient visual blurring.

Conclusion

Intramuscular hyoscine butylbromide may cause transient bilateral visual disturbance due to systemic anticholinergic effects. Recognition of this reversible presentation is important to avoid unnecessary investigations and to provide appropriate reassurance.

ABSTRACT ID: 142
THE VIRAL SIEGE: HERPES ZOSTER AT THE ORBITAL APEX

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[1]Hospital Sungai Buloh

Purpose

Herpes zoster ophthalmicus (HZO) results from reactivation of latent varicella-zoster virus within the ophthalmic division of the trigeminal nerve. Orbital apex syndrome (OAS) is a rare neuro-ophthalmic complication of HZO. We report a rare case of OAS secondary to HZO.

Methods

Case Report

Results

An 82-year-old female with diabetes presented with right sided facial rash followed by right eye pain and redness for two weeks. Examination revealed dried vesicular rash over the right side of face, scalp and eyelid corresponding to the affected dermatome with reduced right forehead sensation compared to the contralateral side. The right eye (RE) vision was counting fingers with positive relative afferent pupillary defect, RE pupil was 6mm and left eye (LE) was 3mm. RE extraocular movement was restricted in all gazes with complete ptosis and reduced optic nerve function. RE cornea was edematous with reduced corneal sensation and anterior chamber cells 4+, no dendritic lesion seen. Examination of LE and fundus of bilateral eyes were unremarkable. Magnetic resonance imaging of orbit showed increased right intraconal fat stranding over the orbital apex with enhancement of the right optic nerve. She was treated with two weeks of intravenous acyclovir, followed by six weeks of oral therapy, along with intravenous methylprednisolone transitioned to a tapering course of oral corticosteroids. After six weeks, the vesicular rash has resolved, RE extraocular movement markedly improved and the anterior chamber was quiet but vision was static.

Conclusion

Early recognition and prompt treatment with antivirals and corticosteroids are essential in reducing inflammation, improving neurological recovery and preventing irreversible visual loss in HZO.

ABSTRACT ID: 144
RECURRENT AMAUROSIS FUGAX REVEALING INTERNAL CAROTID ARTERY DISSECTION AND ANTIPHOSPHOLIPID SYNDROME

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Purpose

To report a case of recurrent transient monocular vision loss that led to the diagnosis of internal carotid artery (ICA) dissection with cerebral infarction and cerebral venous sinus thrombosis associated with antiphospholipid syndrome (APLS).

Methods

Case Report

Results

A 45-year-old woman with hypertension presented with a two-month history of right-sided headache and transient right nasal visual field loss associated with photopsia that later resolved. She subsequently developed bilateral eye redness and recurrent episodes of transient painless right monocular vision loss lasting from 3 minutes to over 2 hours. Visual acuity was 6/24 improving to 6/12 in the right eye and 6/18 improving to 6/9 in the left eye. Examination revealed bilateral episcleritis, optic disc swelling, and a right macular retinal hemorrhage. Initial contrast-enhanced CT demonstrated right ICA thrombosis with cerebral ischemic changes and venous sinus thrombosis. CTA/CTV confirmed right cervical ICA dissection with distal thrombus and partial reconstitution, acute frontal and occipital infarcts, and cerebral venous sinus thrombosis involving the right sigmoid sinus, jugular bulb, and cavernous sinus. Lupus anticoagulant was positive, consistent with antiphospholipid syndrome. The patient was treated with therapeutic anticoagulation followed by right ICA angioplasty and stenting, after which the visual symptoms resolved.

Conclusion

Recurrent transient monocular visual loss can be an early sign of severe carotid disease. Prompt vascular imaging and multidisciplinary management are essential to prevent permanent visual and neurological deficits.

ABSTRACT ID: 154
A CHILD'S FROZEN GAZE : A DIAGNOSTIC JOURNEY

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Purpose

Acute onset of painless binocular diplopia in the pediatric population presents a significant diagnostic challenge, requiring the exclusion of intracranial lesions, neuromuscular junction disorders, and post-infectious polyneuropathies. We report a rare case of atypical Miller Fisher syndrome (MFS) presenting with rapidly progressive external ophthalmoplegia.

Methods

Case report

Results

A 9-year-old boy with underlying bronchial asthma and obesity presented with a three-day history of sudden, painless binocular diplopia. Clinical examination initially revealed isolated extraocular muscle restriction, which progressed over 48 hours to complete bilateral external ophthalmoplegia and ptosis. Notably, generalized areflexia developed on day five of admission.

Extensive neuroimaging (MRI/MRA/MRV Brain and Orbit) was unremarkable for focal parenchymal or nerve lesions, though it incidentally noted acute rhinosinusitis. Nerve conduction studies (NCS) were normal. The diagnosis was clinico-serologically confirmed by positive Anti-GQ1b (IgG/IgM) and Anti-GT1a (IgG) antibodies. The patient was treated with a five-day course of Intravenous Immunoglobulin (IVIG) and concurrent antibiotics for sinusitis.

Conclusion

Post-treatment, the patient showed significant improvement with complete resolution of ptosis and partial recovery of ocular motility. Areflexia persisted at discharge, consistent with the typical recovery profile of MFS. This case highlights the importance of recognizing the clinical triad of MFS, even when symptoms appear asynchronously. In the absence of pathognomonic imaging findings, antiganglioside antibody testing remains the gold standard for diagnosis. Early initiation of IVIG is crucial in accelerating recovery and preventing further neurological deterioration in the pediatric population.

ABSTRACT ID: 169
OPHTHALMIC INVOLVEMENT IN SUSPECTED MITOCHONDRIAL DYSFUNCTION: A CASE REPORT

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Purpose

Ocular structures with high metabolic demand, including the cornea, retina, and optic nerve, are particularly vulnerable to impaired oxidative phosphorylation in mitochondrial disorders. These may manifest predominantly as neuro-ophthalmic features, with ocular surface abnormalities reported less frequently. We describe the complex ophthalmic phenotype of a patient with longstanding suspected mitochondrial disease.

Methods

Case report.

Results

A 41-year-old Indian woman presented with childhood-onset myoclonic jerks, progressive ataxia, cognitive decline, reduced hearing, and visual impairment, including poor night vision. Electroretinography demonstrated cone–rod dystrophy and visual evoked potentials showed bilaterally prolonged P100 latencies. Brain imaging revealed cerebral and cerebellar atrophy. Muscle biopsy demonstrated subsarcolemmal mitochondrial aggregates supporting mitochondrial dysfunction, although subsequent molecular confirmation was not performed. At the latest ophthalmic review, best-corrected visual acuity was 6/36 in both eyes following phacoemulsification for early cataracts. Intraocular pressures were within normal limits. Right exotropia was present, suggestive of possible external ophthalmoplegia. Anterior segment examination revealed iris depigmentation, miosis, and punctate epithelial defects consistent with ocular surface disease. A stable posterior chamber intraocular lens was noted, with prior Nd:YAG capsulotomy performed for posterior capsular opacification. Fundoscopy showed bilateral near-total optic disc cupping without pigmentary retinopathy, suggestive of advanced optic neuropathy. Macular optical coherence tomography demonstrated foveal atrophy. The patient was counselled regarding a guarded visual prognosis and managed with intensive lubrication alongside topical brimonidine as a trial neuroprotective therapy.

Conclusion

The coexistence of extraocular muscle restriction, optic nerve atrophy, and ocular surface abnormalities represents a broader ocular phenotype of mitochondrial dysfunction. Recognition of these features may facilitate multidisciplinary management when genetic confirmation is unavailable.

ABSTRACT ID: 178
WHEN CT IS NORMAL BUT VISION IS GONE: CORTICAL BLINDNESS AFTER HYPOXIC CARDIAC ARREST

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Purpose

To report a case of profound bilateral visual loss following successful resuscitation from hypoxic cardiac arrest and to highlight the diagnostic role of magnetic resonance imaging when computed tomography findings are initially normal.

Methods

Case report

Results

A young patient who developed cardiac arrest secondary to hypoxia due to near fatal acute exacerbation of bronchial ssthma and underwent six cycles of cardiopulmonary resuscitation before achieving return of spontaneous circulation. After regaining full consciousness with a Glasgow Coma Scale score of 15/15, the patient complained of severe bilateral visual loss. Visual acuity was reduced to hand movement in both eyes. Pupillary reactions were normal with no relative afferent pupillary defect. Anterior segment and fundus examinations were unremarkable bilaterally. Computed tomography of the brain performed on three separate occasions demonstrated no acute intracranial abnormalities. However, subsequent magnetic resonance imaging revealed symmetrical signal abnormalities involving the bilateral basal ganglia, with additional cortical involvement at the right perirolandic region and left occipital cortex. These findings were consistent with hypoxic-ischemic brain Injury resulting in cortical blindness.

Conclusion

Severe visual loss following cardiac arrest may occur despite normal ocular examination and unremarkable CT findings. Cortical blindness secondary to hypoxic-ischemic injury should be considered in such cases, and MRI is essential for detecting early cortical injury and establishing the diagnosis.

ABSTRACT ID: 182
BILATERAL MORNING GLORY DISC ANOMALIES: THE VALUE OF OPHTHALMOLOGICAL EXAMINATION IN DIAGNOSING A RARE CONDITION

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Purpose

To highlight the crucial role of ophthalmological examination in identifying and diagnosing rare developmental anomalies that may otherwise remain undetected.

Methods

Case report

Results

A 5-month-old girl with a cleft palate, under follow-up at the plastic surgery clinic, was referred to the ophthalmology clinic for evaluation of squint. She was born in a private hospital, and antenatal investigations for syndromic associations revealed no abnormalities. The patient was also under paediatric follow-up for an atrial septal defect (ASD) detected on echocardiography. Clinical examination revealed dysmorphic features suggestive of a syndromic condition, although no definitive diagnosis had been established prior to the ophthalmic assessment.

Ophthalmological examination demonstrated bilateral morning glory disc anomalies, which led to a differential diagnosis of transsphenoidal basal encephalocele or cerebrovascular abnormalities such as PHACE syndrome. Subsequent Magnetic Resonance Imaging (MRI) of the brain and orbits was done, which confirmed the diagnosis of transsphenoidal encephalocele.

Conclusion

This case highlights the pivotal role of ophthalmological examination in the early detection of rare congenital anomalies. Recognition of characteristic optic disc findings can prompt timely neuroimaging, leading to accurate diagnosis and appropriate multidisciplinary management, ultimately improving patient outcomes.

ABSTRACT ID: 187
BEYOND THYROID EYE DISEASE: UNILATERAL PROPTOSIS REVEALING SPHENOID WING MENINGIOMA — A CASE REPORT

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[1]Hospital Raja Permaisuri Bainun

Purpose

To illustrate that progressive unilateral painless proptosis may be the initial manifestation of a sphenoid wing meningioma, emphasizing the ophthalmologist's role in early detection and multidisciplinary referral.

Methods

Case report

Results

A 44-year-old Malay gentleman with underlying hypertension and dyslipidemia presented with a one-year history of progressive, painless left eye swelling. He reported no vision loss, diplopia, or thyroid-related symptoms. Examination revealed a best-corrected visual acuity of 6/6 bilaterally. Notably, a grade 1 relative afferent pupillary defect (RAPD) was present in the left eye; however, color vision, brightness perception, and confrontation fields were preserved. Hertel exophthalmometry confirmed asymmetric proptosis (21 mm right, 26 mm left). Extraocular movements were full. Anterior and posterior segments were unremarkable. Thyroid function test and tumor markers were normal. Contrast-enhanced computed tomography brain and orbit showed a 3 cm enhancing lesion at the left greater sphenoidal wing with associated bony changes and medial displacement of the lateral rectus and optic nerve. Subsequently, magnetic resonance imaging confirmed a homogeneously enhancing extra-axial mass with a "dural tail sign", causing orbital apex crowding and mild temporal lobe compression, consistent with sphenoid wing meningioma. The patient was subsequently referred to neurosurgery for definitive management.

Conclusion

Progressive unilateral proptosis, even with preserved visual acuity, necessitates urgent orbital and intracranial imaging. Recognising pathognomonic features like bony hyperostosis and the dural tail sign is essential to differentiate sphenoid wing meningioma from primary orbital disease. Early detection and multidisciplinary referral are vital to preserve visual function and prevent irreversible compressive optic neuropathy.

ABSTRACT ID: 190
BILATERAL OPTIC NEURITIS AS A MANIFESTATION OF OCULAR SYPHILIS: A CASE REPORT

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Purpose

To report a case of bilateral optic neuropathy secondary to ocular syphilis presenting with
progressive visual loss.

Methods

Case report.

Results

A 67-year-old Malay gentleman with diabetes mellitus, hypertension, and dyslipidaemia presented with progressively worsening bilateral blurring of vision over two months. He had no other significant ocular complaints, constitutional symptoms, or neurological deficits. He reported multiple sexual partners but no other high-risk behaviours. On examination, visual acuity was hand movements in both eyes, with a relative afferent pupillary defect in the left eye. Anterior segment examination was unremarkable. Fundus examination revealed bilateral optic disc swelling. The right eye showed no obvious retinal vasculitis, retinitis, or haemorrhages. The left eye fundus view was significantly limited due to dense cataractous media haze, restricting posterior pole assessment. Bjerrum visual field testing showed an enlarged blind spot in the right eye and a large central and nasal scotoma in the left eye. Optical coherence tomography of the right eye revealed hyperreflective nodular thickening of the retinal pigment epithelium, suggestive of syphilitic posterior placoid chorioretinal involvement. Serology confirmed Treponema pallidum infection, with mildly elevated white blood cells and C-reactive protein. CECT brain was normal. Lumbar puncture showed mildly raised CSF glucose with negative CSF VDRL. The patient received intravenous benzylpenicillin for ocular syphilis, along with pulse intravenous methylprednisolone, followed by oral doxycycline and tapering corticosteroids for a total duration of six weeks. Post-treatment, visual acuity improved to 6/12 in the right eye and counting fingers in the left eye. MRI brain showed no evidence of neurosyphilis.

Conclusion

Early recognition of ocular syphilis presenting with bilateral optic neuropathy and possible posterior placoid chorioretinal involvement is crucial. Prompt initiation of intravenous penicillin and corticosteroids may result in substantial visual recovery.

ABSTRACT ID: 202
PAEDIATRIC MILLER FISHER SYNDROME PRESENTING AS ISOLATED THIRD NERVE PALSY WITH POSITIVE ANTINUCLEAR ANTIBODY

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Purpose

To report an unusual initial presentation of paediatric Miller-Fisher syndrome (MFS) with third nerve palsy and a positive antinuclear antibody (ANA).

Methods

Case report.

Results

A previously healthy 5-year-old boy presented with sudden onset diplopia and bilateral upper and lower limb weakness following recovery from an upper respiratory tract infection. Ocular examination revealed right eye ptosis with limitation of adduction, elevation, and depression. Visual acuity was 6/9 in both eyes with no anisocoria. Anterior and posterior segment examinations were unremarkable. Neurological examination demonstrated ataxia and areflexia, while other cranial nerve functions were intact. Neuroimaging was unremarkable. Based on the classical triad of ophthalmoplegia, ataxia, and areflexia, a presumptive diagnosis of MFS was made and the patient was treated promptly with intravenous immunoglobulin for five days. The diagnosis was subsequently confirmed by a positive serum anti-ganglioside GQ1b antibody. ANA was also positive with a titre of 1:160. Complete resolution of neurological deficits was observed two days after treatment.

Conclusion

Paediatric isolated third nerve palsy is most commonly associated with traumatic, demyelinating, neoplastic, or vascular causes. This case highlights the varied initial clinical presentation of MFS. A high index of suspicion is essential, particularly in patients with a recent history of infection as early recognition of atypical presentations allows prompt treatment and rapid neurological recovery.

ABSTRACT ID: 203
THROUGH THE EYELID VEIL – A RARE PRESENTATION OF OCULAR MYASTHENIA GRAVIS

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[1]Hospital Umum Sarawak

Purpose

Ocular myasthenia gravis (MG) can mimic the presentation of isolated cranial nerve palsy. We herein report a rare presentation of atypical ocular myasthenia gravis manifesting as isolated oculomotor nerve palsy.

Method

Case report.

Result

A 55-year-old lady presented with right eye drooping associated diplopia for a duration of two weeks without diurnal variation or other fluctuations severity. Her past medical history was significant for metabolic diseases and thyroid carcinoma. On examination the best corrected visual acuity was 6/18 bilaterally with no relative afferent pupillary defect. Examination of extraocular movements showed limitation of adduction with right-sided ptosis. Fatiguability test and cogan lid twitch were negative. There was no improvement in ptosis during the ice pack test. Anterior and posterior segments examination were unremarkable. Intraocular pressures OU were within normal limit. Systemic examinations revealed right oculomotor nerve palsy. Neuroimaging revealed no abnormalities. Serological testing demonstrated the presence of anti-acetylcholine receptor antibodies. Other laboratory markers showed elevated lipid profile. She was diagnosed as atypical ocular MG and was commenced on oral steroids. During follow up, there was an improvement in her extraocular movement and ptosis.

Conclusion

Atypical ocular myasthenia gravis may present with isolated unilateral ptosis and subtle extraocular movement deficits without systemic features. High level of suspicion is warranted to recognize and prevent the progression to generalize myasthenia gravis.

ABSTRACT ID: 204
BEYOND THE IMPACT: TRAUMA UNMASKING CHRONIC RELAPSING INFLAMMATORY OPTIC NEURITIS

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[1]Hospital Umum Sarawak

Purpose

To report a case of chronic relapsing inflammatory optic neuritis that initially presented after head trauma.

Methods

Case report.

Results

A 35-year-old male presented 1 week after a motor vehicle accident. Initially, he had no ocular complaints. On day-3 post-trauma, ophthalmological assessment demonstrated normal visual acuity (VA) and intact optic nerve function. However by day-5, he developed visual deterioration. Examination revealed right eye (RE) VA perception of light and left eye (LE) counting fingers, with RE relative afferent pupillary defect. Bilateral eyes (BE) anterior and posterior segment examinations were unremarkable. Computed tomography (CT) brain revealed hyperdensity at right internal capsule with posterior fossa collection. Computed Tomography Angiography and Venography (CTA/CTV) suspicious right carotid-cavernous fistula. However, digital subtraction angiography (DSA) revealed no vascular abnormalities. A multidisciplinary team involved. Initial diagnosis of BE traumatic optic neuropathy (TON) was made. Intravenous methylprednisolone 1g OD was given for 3 days, following 14 days oral corticosteroids, resulting in VA improvement to 6/12 RE and 6/6 LE. However, he relapsed with significant bilateral optic nerve dysfunction 8 weeks later. Magnetic Resonance Imaging (MRI) brain, orbit and spine demonstrated no imaging evidence of demyelinating disease. Visual evoked potential (VEP) supported chronic relapsing inflammatory optic neuritis (CRION), with negative lumbar puncture studies. He was treated with intravenous methylprednisolone 1g OD for 5 days, following 10 weeks tapering course oral corticosteroids, resulting in VA 6/6 BE.

Conclusion

Optic neuritis may present atypically, particularly post-trauma. Recurrent, steroid-responsive episodes with the absence of demyelinating disease should raise suspicion for CRION. Thorough history and appropriate investigations enable early recognition and timely treatment to prevent permanent visual dysfunction.

ABSTRACT ID: 207
SILENT BUT SIGNIFICANT: PAPILLEDEMA AND DIPLOPIA UNMASKING LONG-SEGMENT TRANSVERSE-SIGMOID SINUS THROMBOSIS

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Purpose

To describe an association of long-segment transverse–sigmoid sinus thrombosis and bilateral optic disc swelling with diplopia without other significant neurological deficits.

Methods

Case report.

Results

A previously healthy 47-year-old Malay male presented with intermittent transient visual obscuration and diplopia for 6 months with severe, frequent headaches. He denied any other neurological symptoms. On initial examination, his visual acuity was 6/9 in both eyes. Anterior segment examination was normal bilaterally. Extraocular movements were full. Optic nerve functions were intact. Fundus examination revealed bilateral 360° optic disc swelling without associated haemorrhages or exudates (Frisen grade 4). Systemic examination was unremarkable. Severe atypical headache with papilledema and diplopia prompted an urgent CECT/CT venography of the brain. Result demonstrated long-segment thrombosis extending from the distal right transverse sinus to the right sigmoid sinus. Extensive workups for autoimmune, infectious, inflammatory, and thrombotic conditions were negative. The patient was started on subcutaneous Clexane, followed by T. Rivaroxaban 20 mg OD, alongside T. Diamox 250 mg BD, which resulted in improvement of his headache and visual symptoms and resolution of bilateral optic disc swelling. Repeat CT venography after 1 year showed complete resolution of the thrombosis. His visual acuity remains 6/6, and both optic discs remain healthy, with intact optic nerve function, after a 1-year follow-up.

Conclusion

This case signifies the importance of an early diagnosis and prompt treatment with anticoagulants can prevent further deterioration of visual symptoms and other systemic complications.

ABSTRACT ID: 209
WHEN SEROLOGY TELLS THE STORY: A CASE OF PAEDIATRIC OCULAR MELIOIDOSIS WITH NORMAL NEUROIMAGING

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Purpose

To report a rare and atypical presentation of bilateral ocular melioidosis in a paediatric patient and to describe the clinical course, diagnostic challenges, and long-term functional visual outcomes.

Methods

A case review was conducted for an 8-year-old child who presented with a one-month history of bilateral poor vision and visual field constriction beginning in September 2025. Ocular examination revealed a negative RAPD and tortuous vessels near the optic disc.

Results

Diagnostic workup included longitudinal serology for Burkholderia pseudomallei, multimodal imaging with contrast-enhanced computed tomography (CECT) and magnetic resonance imaging (MRI), optical coherence tomography (OCT), and repeated Bjerrum visual field examinations. Laboratory investigations revealed significantly elevated Burkholderia pseudomallei serology titers of 1:1280 in September 2025 and 1:640 in January 2026. Other infectious and inflammatory markers, including toxoplasmosis, Bartonella, and aquaporin-4 antibodies, were negative. Notably, CECT and MRI showed no evidence of intracranial abscess, optic neuritis, or demyelinating disease, though mucosal thickening was noted in the bilateral ethmoid, sphenoid, and maxillary sinuses. The patient was started on intravenous ceftazidime (Fortum) for a total of 14 days. Following treatment, best-corrected visual acuity improved from 2/60 in both eyes to 6/6 in the right eye and 6/9 in the left eye. However, despite subjective improvement in vision and colour contrast, bilateral constricted visual fields persisted on repeated examinations. Additionally, OCT RNFL showed thinning in the inferotemporal and superonasal sectors of the left eye.

Conclusion

This case highlights that paediatric ocular melioidosis may cause significant functional visual deficit even without classic radiological findings. Delayed diagnosis may lead to permanent structural and functional visual impairment despite treatment response.

ABSTRACT ID: 219
DRAMATIC VISUAL RECOVERY IN TRAUMATIC OPTIC NEUROPATHY FOLLOWING HIGH-DOSE INTRAVENOUS METHYLPREDNISOLONE

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Purpose

To report a case of successful traumatic optic neuropathy treated with high-dose IV methylprednisolone.

Methods

Case report.

Results

Traumatic optic neuropathy (TON) is a rare but potentially devastating consequence of craniofacial trauma that may lead to significant visual impairment. The optimal management of TON remains controversial, with treatment options including observation, corticosteroid therapy, and surgical decompression. We report a case of significant visual recovery following high-dose intravenous methylprednisolone in a patient with TON.

A 16-year-old gentleman with no known medical illness presented following a motorcycle accident with complaints of blurred vision in the right eye. Initial visual acuity was counting fingers in the right eye and 6/9 in the left eye. Examination revealed a 4 mm sluggishly reactive right pupil with a positive relative afferent pupillary defect, suggestive of optic nerve dysfunction. Extraocular movements of the right eye were restricted in all directions. Intraocular pressure and fundus examination were unremarkable, while the left eye examination was normal. Computed tomography of the brain and facial bones demonstrated multiple fractures involving the walls of the right maxillary sinus, sphenoid bone, pterygoid plates, greater wing of the sphenoid, zygoma, and zygomatic arch. A hematoma over the right lateral rectus muscle was noted, causing mild displacement of the optic nerve. The patient was treated with high-dose intravenous methylprednisolone for three days, resulting in marked visual improvement to 6/7.5 with recovery of optic nerve function.

Conclusion

This case highlights the potential role of early high-dose corticosteroid therapy in facilitating visual recovery in selected patients with traumatic optic neuropathy.

ABSTRACT ID: 233
PUPIL-SPARING OCULOMOTOR NERVE PALSY WITH CONCOMITANT IPSILATERAL HORNER SYNDROME IN A PATIENT WITH SYNCHRONOUS RECTAL ADENOCARCINOMA AND HEPATOCELLULAR CARCINOMA

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Purpose

To report a case of pupil-sparing oculomotor nerve palsy (ONP) with concomitant ipsilateral preganglionic Horner syndrome in a patient with rectal adenocarcinoma and hepatocellular carcinoma (HCC). To the best of our knowledge, this is the first reported case in literature.

Methods

Case report.

Results

A 58-year-old man with underlying diabetes mellitus, hypertension, end-stage renal failure, and Hepatitis C with liver cirrhosis presented with a one-week history of left-sided ptosis. He had been recently diagnosed with rectal adenocarcinoma and HCC. His visual acuity was OD 6/20, pinhole 6/15 and OS 3/60. Examination revealed left facial anhidrosis, left partial ptosis with limitation in elevation, adduction and depression. The left pupil measured 2mm compared to 4mm in the right, with a positive left relative afferent pupillary defect. Fundoscopy revealed bilateral quiescent proliferative diabetic retinopathy (PDR) with optic atrophy. Pharmacological testing with 10% cocaine and 1% phenylephrine showed no change in the left pupil size. He was diagnosed with pupil-sparing ONP with concomitant ipsilateral Horner syndrome and chronic left nonarteritic anterior ischemic optic neuropathy. Contrast-enhanced computed tomography (CECT) and CT angiography of the brain and orbits, and neck ultrasound were unremarkable. However, CECT thorax demonstrated enlarged mediastinal lymph nodes, which likely caused compression to the sympathetic chain pathway.

Conclusion

Concomitant ONP and Horner syndrome is rare and typically localises to the ipsilateral cavernous sinus, which appeared radiologically normal in this case. Awareness of this possibility is important to avoid premature localization and to prompt evaluation of the entire oculo-sympathetic pathway in atypical presentations.

ABSTRACT ID: 242
FROM DARKNESS TO SIGHT: VISUAL RECOVERY FROM SEVERE BILATERAL MYELIN OLIGODENDROCYTE GLYCOPROTEIN ANTIBODY–ASSOCIATED OPTIC NEURITIS

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Purpose

To present a case of myelin oligodendrocyte glycoprotein (MOG) antibody–associated optic neuritis with dramatic visual recovery after steroid and plasma exchange (PLEX).

Methods

Case report.

Results

A 70-year-old lady with uncontrolled hypertension presented with a two-day history of bilateral generalized and progressive loss of vision. On presentation, visual acuity (VA) in both eyes was no light perception in all four quadrants, with no relative afferent pupillary defect. Anterior segment examination was unremarkable. Fundus examination revealed 360-degree optic disc swelling in both eyes with complete obscuration of all vessels, and spontaneous venous pulsation was absent. The macula and peripheral retina were flat with no hemorrhages. MRI of the brain and orbit demonstrated bilateral long-segment T2 hyperintensities of the optic nerves with optic nerve sheath contrast enhancement extending from the intraocular to the intracranial segments, suggestive of bilateral optic neuritis. A lumbar puncture revealed normal opening pressure with normal cerebrospinal fluid analysis. During admission, the patient demonstrated significant improvement after intravenous methylprednisolone 250 mg four times daily for five days, with VA improving to 6/24 in both eyes. Blood investigations showed positive MOG antibodies and negative aquaporin-4 receptor antibodies. She subsequently received four cycles of PLEX, which further improved vision to 6/9 in both eyes. The patient was discharged with a tapering course of oral steroids and planned for oral azathioprine for long-term immunosuppression.

Conclusion

MOGAD can present with severe bilateral optic neuritis and profound visual loss. However, early treatment with high-dose corticosteroids and PLEX can result in significant visual recovery.

ABSTRACT ID: 243
THE SILENT COST OF CURE: DELAYED SEVERE BILATERAL TOXIC OPTIC NEUROPATHY FOLLOWING PROLONGED ANTI-TUBERCULOSIS THERAPY

Nik Nur Hakimah Binti Nik Mohd Ali[1], Noor Huda Binti Abd Wahab[1], Nur Amalina Akmal Binti Shafie[1], Noor Amalina Saidi[1], Tuan Mohd Amirul Hasbi Bin Tuan Pail[1]

[1]Hospital Sultanah Nur Zahirah

Purpose

Toxic optic neuropathy represents a potentially reversible cause of visual impairment resulting from toxic injury to the optic nerve. Anti-tuberculosis therapy, particularly with Ethambutol, is a well-recognised cause, with risk increasing following prolonged exposure and cumulative dosing. Patients with systemic comorbidities and low body mass index may be more susceptible to drug-induced neurotoxicity. Baseline ophthalmic assessment and regular surveillance are therefore essential for early detection.

Methods

Case report.

Results

A 47-year-old thin-built male with smear-positive pulmonary tuberculosis, acquired immunodeficiency syndrome, and Hepatitis C presented with progressive, painless bilateral visual deterioration after nine months of anti-tuberculosis treatment. Visual acuity was reduced to counting fingers bilaterally, with marked dyschromatopsia and central visual field defects. Fundoscopic examination revealed bilateral optic disc pallor suggestive of optic nerve involvement. Neuroimaging demonstrated no evidence of compressive lesions, optic nerve thickening, or intracranial pathology. Despite a previously normal initial ophthalmic evaluation at commencement of therapy, the delayed onset of visual symptoms in the context of prolonged treatment supported the diagnosis of severe bilateral toxic optic neuropathy secondary to cumulative anti-tuberculosis drug toxicity. The suspected offending agent was discontinued promptly in collaboration with the treating physician, and the patient was commenced on neurotrophic supplementation, including pyridoxine and mecobalamin with close ophthalmic follow-up.

Conclusion

This case highlights the critical importance of baseline and periodic ophthalmic monitoring in patients receiving long-term anti-tuberculosis therapy. A normal initial examination does not preclude subsequent toxicity. Early recognition enables timely modification of treatment, thereby reducing the risk of irreversible visual loss.

ABSTRACT ID: 249
HERPES ZOSTER OPHTHALMICUS(HZO)-INDUCED CRANIAL NERVE PALSIES

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[1]Hospital Selayang

Purpose

To report a case of oculomotor and trochlear cranial nerve palsies due to herpes zoster infection.

Methods

Case report.

Results

A 76-year-old gentleman with underlying diabetes mellitus and hypertension presented to Hospital Selayang with left preseptal cellulitis secondary to herpes zoster ophthalmicus (HZO) infection. He was initially treated with oral acyclovir and oral antibiotics, but his symptoms worsened in which he required hospital admission for intravenous acyclovir and intravenous antibiotic treatment. The case was also co-managed with dermatology team as the herpes zoster infection involved other dermatomal areas as well. However, patient presented 2 weeks after his initial presentation with binocular diplopia. He developed 3rd and 4th cranial nerve palsies, and a contrast-enhanced CT brain was done which excluded intracranial mass and brain aneurysm. Patient's subsequent follow-up showed improvement in his condition.

Conclusion

When a patient presents with cranial nerve palsy, prompt referral, imaging, and blood tests are crucial to rule out any potentially life-threatening causes. In our case, once these conditions were ruled out, we could confirm that the cranial nerve palsies were secondary to HZO. In most cases, HZO-induced ophthalmoplegia is self-limiting and resolves entirely or almost entirely on its own in 4.4 months on average in 65-76.5% of those who are affected. However, the duration varies and can range from 2 weeks to 1.5 years.

ABSTRACT ID: 253
A PAEDIATRIC PATIENT WITH BELL'S PALSY: CASE REPORT

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[1]Hospital Segamat

Purpose

Bell's palsy is caused by facial nerve palsy, commonly associated with viral reactivation in adult presented as acute onset of unilateral facial paralysis with lagophthalmos. This condition is a clinical diagnosis.

Methods

To report a novel case of unilateral peripheral facial nerve palsy in paediatrics

Results

A 4-year-old Malay boy, born at term with G6PD deficiency, was noted by mother to have right facial asymmetry for 3 days associated with fever. Patient also had recent history of outdoor water activities. Upon examination, both eyes' visual acuity was 6/7.5 with normal neurological assessment. Cranial nerve examinations reveal signs consistent with right cranial nerve seven palsy, including lagophthalmos with preserved Bell's reflex. Otherwise, cranial I, II, III, IV, V, VI, VIII, IX, X, XI and XII intact. Both eyes had normal anterior segment and fundus examination. Screening by ENT department revealed no middle ear infections. Plain CT brain showed no significant findings. He was started on Syrup Prednisolone for one week, given lubricating eye drops to prevent exposure keratopathy and eye taping during sleep. Gradual improvement of facial weakness was observed during follow-up.

Conclusion

Bell's palsy in children carry good prognosis; most children achieve complete recovery. Early treatment with steroids will hasten the recovery and reduce complications.

ABSTRACT ID: 254
BEYOND DIPLOPIA: BILATERAL COMPLEX OPHTHALMOPLEGIA AS AN EARLY MANIFESTATION OF ANTIBODY-NEGATIVE MILLER FISHER SYNDROME

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[1]Hospital Al Sultan Abdullah, Univerisiti Teknologi MARA, [2]Faculty of Medicine, University Teknologi MARA

Purpose

To describe a clinically diagnosed case of Miller Fisher syndrome presenting initially with diplopia and progressing to multisensory neurological deficits, emphasizing diagnostic challenges in the absence of supportive investigations.

Methods

Case report.

Results

A 38-year-old Malay woman with no known medical illness presented with a one-week history of binocular diplopia preceded by headache and eye redness. She also reported neck discomfort and progressive peripheral numbness. She had upper respiratory tract symptoms two weeks prior. Ocular examination showed bilateral mild limitation of lateral gaze with saccadic nystagmus on left lateral gaze. Relative afferent pupillary defect was absent. Hess chart showed bilateral underaction of lateral rectus with overaction of medial rectus. She subsequently developed worsening diplopia with ptosis, bilateral limb numbness, and gait imbalance. Neurological examination revealed areflexia, glove and stocking sensory loss with impaired tandem gait. Computed tomography of the brain showed no intracranial abnormality. Based on the clinical triad of ophthalmoplegia, ataxia, and areflexia, a diagnosis of Miller Fisher syndrome was made. Nerve conduction studies and antiganglioside antibody panel were negative. The patient received three cycles of plasma exchange, following which her neurological deficits improved significantly with resolution of ataxia. On follow-up, Hess chart showed improved restriction with mild residual diplopia.

Conclusion

This case highlights the importance of considering Miller Fisher syndrome in patients presenting with acute binocular diplopia and complex ophthalmoplegia, even with negative ancillary tests. Multidisciplinary management is essential in attaining best visual and neurological outcomes.

ABSTRACT ID: 255
A SILENT STROKE: UNVEILING THE HIDDEN IMPACT OF ISCHEMIA ON BILATERAL INFERIOR VISUAL FIELD DEFECTS

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Purpose

This case report aims to emphasize the diagnostic significance of ischemic stroke in patients presenting with bilateral superior visual field defects, particularly in those with vascular risk factors.

Methods

Case report.

Results

A 73-year-old male with a history of diabetes, dyslipidemia, and benign prostatic hyperplasia presented with a two-day history of bilateral inferior visual field defects. Clinical evaluation included visual acuity testing, confrontation tests, and fundoscopy. Humphrey visual field testing was used to assess the extent of the defects. Neuroimaging with CT brain was performed to rule out vascular causes. The patient exhibited bilateral superior visual field defects. On confrontation testing, the right eye had superior and nasal field defects, while the left eye showed superior and temporal field defects. Fundoscopy was unremarkable with no retinal or optic nerve abnormalities. CT brain revealed encephalomalacia in the left occipital region and a recent infarct in the right occipital region, consistent with ischemic stroke affecting the visual pathway.

Conclusion

This case highlights the importance of recognizing cerebrovascular pathology in patients with unexplained visual disturbances, particularly those with risk factors for vascular disease. Prompt imaging and assessment are crucial for early diagnosis and management of ischemic stroke affecting the visual system.

ABSTRACT ID: 257
FROM BREATHLESS TO SIGHTLESS: A CASE REVIEW OF MULTIORGAN INFECTIOUS DISEASE

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Purpose

Leptospirosis is a re-emerging zoonotic infection and a significant public health problem in tropical regions like Malaysia. While systemic manifestations are well-recognized, neurological and ophthalmic complications are uncommon and pose diagnostic challenges.

Methods

Case report.

Results

A 41-year-old woman presenting with a five-day history of fever, headache, vomiting, myalgia, and lethargy. Investigations revealed thrombocytopenia, acute kidney injury, deranged liver function, and elevated inflammatory markers. Serological testing confirmed leptospirosis. Her condition deteriorated into severe leptospirosis complicated by acute respiratory distress syndrome, requiring intubation and intensive care. Following stabilization, the patient reported bilateral blurred vision. Ophthalmic evaluation revealed visual acuity of 6/60, reduced optic nerve function, multiple Roth spots, retinal hemorrhages, and cotton wool spots. Diagnosed with bilateral retrobulbar optic neuritis secondary to leptospirosis, she began systemic corticosteroid therapy. Although vision improved to 6/36, she reported persistent visual field disturbance. Automated perimetry demonstrated left homonymous hemianopia. Neuroimaging revealed ill-defined hypodensities involving the right optic radiation, superomedial temporal lobe, occipital lobe, and hippocampus, consistent with neuroleptospirosis. She was co-managed by neurology and infectious disease teams and treated with intravenous ceftriaxone for six weeks.

Conclusion

This case highlights leptospirosis's potential to progress from nonspecific febrile illness to severe multi-organ involvement with rare neuro-ophthalmic complications. Early recognition, prompt antimicrobial therapy, and multidisciplinary management are crucial. Clinicians should maintain a high index of suspicion for neurological and visual involvement in leptospirosis patients, as timely treatment may improve outcomes.

ABSTRACT ID: 262
CAT-SCRATCH DISEASE WITH CONCURRENT PARINAUD OCULOGLANDULAR SYNDROME AND OPTIC NEURITIS CAUSING ALTITUDINAL VISUAL FIELD LOSS: A CASE REPORT

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Purpose

To describe an unusual presentation of Bartonella infection manifesting as Parinaud oculoglandular syndrome with Bartonella-associated optic neuritis and inferior altitudinal visual field loss in a young adult.

Methods

Case report.

Results

A 22-year-old healthy gentleman presented with a three-day history of bilateral ocular redness, itchiness and reduced vision. He reported loss of the inferior visual field in the right eye only. He had contact with two vaccinated domestic cats, but denied fever, malaise or neck swelling. BCVA was 6/60 in the right eye and 6/18 in the left eye. Right optic nerve function test was impaired with a positive RAPD. Anterior segment examination revealed bilateral conjunctival injection with follicles and corneal epithelial defects without infiltrates. The anterior chamber were quiet. Fundus examination showed right optic disc edema and a hyperemic left optic disc with normal cup-disc-ratio. There was no evidence of vitritis, retinitis, vasculitis or choroiditis. Systemic examination revealed tender cervical lymphadenopathy. Serology for Bartonella was positive for IgM, while other blood investigations and CECT brain/orbit were unremarkable.OCT demonstrated thickened RNFL. Bjerrum visual field testing revealed an inferior altitudinal defect in the RE and was unremarkable in the LE. A diagnosis of Parinaud oculoglandular syndrome with Bartonella infection–associated optic neuritis was established. Patient received topical antibiotics and lubricants, along with oral doxycycline and oral corticosteroid therapy for six weeks. On follow-up at 2 months, VA improved to 6/24 in the right eye and 6/15 in the left eye. Fundus examination revealed a pale optic disc in the right eye and pink disc on left eye. The right inferior altitudinal visual field defect persisted, corresponding with OCT findings demonstrating reduced mGCL thickness in the RE.

Conclusion

Early recognition and prompt treatment are essential to improve visual outcomes, although structural and functional deficits may persist.

ABSTRACT ID: 266
A DIMMING LIGHT: ORBITAL APEX SYNDROME AS THE PRIMARY MANIFESTATION OF METASTATIC BREAST CARCINOMA

Nurul Syafiela Zainuddin[1,2], Koh Kong Yew[2], Dian Nadia Binti Abu Talib[2], Nurul Ain Binti Masnon[2]

[1]Universiti Kebangsaan Malaysia, [2]Hospital Kuala Lumpur,

Purpose

The purpose of this case report is to highlight a rare instance of Orbital Apex Syndrome as the primary presenting feature of advanced Invasive Breast Carcinoma. It emphasizes the importance of considering systemic malignancy in the differential diagnosis of subacute ophthalmoplegia and vision loss, even without prior cancer diagnosis.

Methods

Case report.

Results

A 40-year-old woman with no significant medical history presented with a three-day history of left eye ptosis and diplopia, along with a three-week history of weight loss and a progressively enlarging right breast mass. Initial visual acuity was 6/9 in the right eye and 6/60 in the left. Examination of the left eye revealed severe extraocular movement restriction (-4 in all gazes), partial ptosis, and anisocoria. Breast examination confirmed a palpable mass, while other systemic and neurological findings were unremarkable. Within one week, her condition deteriorated rapidly, progressing to complete ptosis and loss of light perception in the left eye. Blood investigations were largely normal except for mildly elevated inflammatory markers. MRI brain/orbit demonstrated a soft tissue lesion at the left orbital apex with bony erosion and a solitary frontal lobe lesion with surrounding edema. Biopsy of the breast mass confirmed grade 2 invasive carcinoma with HER2 positivity (3+). Staging CT revealed extensive metastases involving lymph nodes, lungs, liver, kidneys, and bone. She was diagnosed with advanced metastatic breast carcinoma and referred for palliative chemotherapy.

Conclusion

A high index of suspicion is crucial when orbital apex syndrome is accompanied by systemic “red flag” features. Early multidisciplinary collaboration is essential to guide diagnosis, management, and palliative care.

ABSTRACT ID: 272
WERNICKE'S ENCEPHALOPATHY PRESENTING WITH THE CLINICAL TRIAD OF MILLER FISHER SYNDROME: A DIAGNOSTIC CHALLENGE

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Purpose

Wernicke's Encephalopathy is an acute neurological disorder caused by thiamine deficiency and classically presents with the triad of ophthalmoplegia, ataxia, and confusion. However, atypical presentations may mimic other neurological conditions. Miller Fisher Syndrome, a rare variant of Guillain-Barré Syndrome, is characterized by the triad of ophthalmoplegia, ataxia, and areflexia. Overlapping clinical features between these conditions may lead to diagnostic uncertainty and delay in treatment. We report a case of Wernicke's encephalopathy presenting with the clinical triad suggestive of Miller Fisher syndrome.

Methods

Case report.

Results

A 52-year-old male patient presented with acute onset of diplopia, gait instability, and reduced reflexes. Ophthalmic examination demonstrated external ophthalmoplegia with limitation of ocular movements. Neurological examination revealed ataxia and generalized areflexia, raising suspicion for Miller Fisher syndrome. However, further evaluation revealed clinical features and risk factors consistent with thiamine deficiency. Neuroimaging findings and laboratory investigations supported the diagnosis of Wernicke's encephalopathy. The patient was promptly treated with high-dose intravenous thiamine, resulting in significant clinical improvement.

Conclusion

Wernicke's encephalopathy may present with features that mimic Miller Fisher syndrome, particularly when ophthalmoplegia and ataxia predominate. Early recognition of this atypical presentation is crucial as Wernicke's encephalopathy is a medical emergency that requires prompt thiamine replacement to prevent permanent neurological damage. Clinicians should maintain a high index of suspicion in patients presenting with overlapping neurological features to ensure timely diagnosis and management.

ABSTRACT ID: 286
ORBITAL MASSES IN DISGUISE: A CASE OF BILATERAL LYMPHOID HYPERPLASIA SIMULATING MALIGNANT DISEASE

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[1]Hospital Sultanah Nur Zahirah

Purpose

To report a rare case of orbital lymphoid hyperplasia presenting with bilateral proptosis and compressive optic neuropathy.

Methods

A case report.

Results

A 59-year-old man with poorly controlled diabetes mellitus, hypertension, and hyperlipidemia presented with progressive bilateral eye swelling, blurred vision, and ocular discomfort without diplopia or ocular pain. Ocular examination revealed bilateral proptosis with limitation of right eye medial gaze and left eye upgaze. Conjunctival chemosis with dilated episcleral vessels was noted in both eyes. Intraocular pressure was normal. Laboratory investigations showed leukocytosis, while inflammatory markers, tumor markers, and thyroid function tests were unremarkable. Computed tomography (CT) of the orbits demonstrated bilateral intraconal lesions with encasement of both optic nerves. Magnetic resonance imaging (MRI) revealed bilateral retro-orbital masses involving both intraconal and extraconal compartments with significant compression of the optic nerves and extraocular muscles. The patient initially declined biopsy but later re-presented with worsening vision and ophthalmoplegia. Repeat CT orbit showed enlargement of the masses with worsening proptosis and possible meningeal involvement at the left superior orbital fissure. Orbital biopsy subsequently confirmed reactive lymphoid hyperplasia. Treatment with oral corticosteroids resulted in improvement in visual acuity and ophthalmoplegia.

Conclusion

Orbital lymphoid hyperplasia may present with relatively benign clinical symptoms despite imaging features suggestive of malignancy. In patients with bilateral orbital masses and optic nerve encasement on CT imaging, further evaluation with MRI and histopathological examination is essential to exclude malignant orbital disease and ensure appropriate management.

ABSTRACT ID: 292
A STORM THAT PASSED: SEVERE PARAINFECTIOUS BILATERAL OPTIC NEURITIS IN CHILDHOOD

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[1]Hospital Sultanah Nur Zahirah

Purpose

To describe profound bilateral visual impairment in pediatric parainfectious optic neuritis and its excellent recovery with prompt steroid therapy.

Methods

A case report

Results

A 10-year-old Malay girl with underlying myopia presented with a one-week history of progressive, painless bilateral visual deterioration, initially central and subsequently generalized. There were no associated ocular pain, diplopia, or neurological symptoms. Best-corrected visual acuity at presentation was counting fingers in the right eye and 1/60 in the left eye, with symmetrical pupillary responses and no relative afferent pupillary defect. Anterior segment examination was unremarkable. Fundus evaluation demonstrated bilateral optic disc swelling. Neuroimaging, including computed tomography (CT) and magnetic resonance imaging (MRI) of the brain and orbits, excluded intracranial and compressive orbital pathology but revealed radiological features consistent with rhinosinusitis. Systemic investigations, including hematological tests, chest radiography, and Mantoux testing, were unremarkable. Otorhinolaryngology assessment favored underlying allergic rhinitis with superimposed sinonasal inflammation. A diagnosis of presumed parainfectious bilateral optic neuritis was established. Prompt treatment with high-dose intravenous methylprednisolone followed by a tapering course of oral prednisolone over two weeks resulted in rapid visual improvement to 6/12 and 6/9, respectively, and complete recovery to 6/6 bilaterally with resolution of optic disc swelling.

Conclusion

Severe bilateral optic neuritis in children may carry an excellent visual prognosis when recognized early and treated promptly. Identification of potential parainfectious inflammatory triggers is essential to optimize multidisciplinary care and visual outcomes.

ABSTRACT ID: 295
HIDDEN THREAT: EXTENSIVE CEREBRAL VENOUS THROMBOSIS PRESENTING WITH NORMAL VISION IN A YOUNG MAN

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Purpose

To report an atypical presentation of extensive cerebral venous sinus thrombosis in a young adult with preserved visual acuity, highlighting the importance of recognizing neuro-ophthalmic signs and considering Neuro-Behçet's disease in the presence of recurrent mucocutaneous ulcers.

Methods

A case report

Results

A 28-year-old Malay gentleman presented with a one-week history of binocular diplopia and intermittent headache. He had a background of recurrent genital and oral ulcers, previously treated as herpetic lesions, with no regular follow-up. He denied other systemic symptoms, including skin lesions, joint pain, or constitutional features. Visual acuity was 6/6 bilaterally. Anterior segment examination was unremarkable. Fundus evaluation showed bilateral optic disc swelling, right peripapillary and perivascular exudates, vascular tortuosity, and mild vitreous condensation. Computed tomography of the brain was performed to exclude a space-occupying lesion but revealed extensive cerebral venous sinus thrombosis involving the superior sagittal, transverse, and sigmoid sinuses, extending into the bilateral proximal internal jugular veins. Inflammatory markers were elevated. Work-up for underlying inflammatory and prothrombotic conditions was initiated. Given the history of recurrent oral and genital ulceration, Neuro-Behçet's disease was suspected despite a negative HLA-B51 result. Therapeutic anticoagulation with low-molecular-weight heparin followed by oral rivaroxaban was commenced, leading to symptomatic improvement. Follow-up imaging demonstrated resolving thrombosis, and visual function remained stable.

Conclusion

In young adults presenting with bilateral optic disc swelling, it is crucial to perform early neuroimaging to avoid missing life-threatening causes such as cerebral venous thrombosis. Prompt multidisciplinary management is essential to prevent complications and optimize patient outcomes.

ABSTRACT ID: 300
BILATERAL DIABETIC PAPILLITIS MASQUERADING AS PAPILLEDEMA: A DIAGNOSTIC CHALLENGE

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Purpose

To present a case of bilateral optic disc swelling in a patient with multiple systemic comorbidities, emphasizing the diagnostic challenges in differentiating bilateral diabetic papillitis from papilledema.

Methods

Case report

Results

A 59-year-old Malay woman with diabetes mellitus, hypertension and end-stage renal failure presented with a one-month history of bilateral blurred vision, accompanied by mild intermittent non-specific headaches without nausea or vomiting. Examination revealed best-corrected visual acuity of 6/9 in both eyes, with no relative afferent pupillary defect and preserved optic nerve functions. Anterior segment was unremarkable. Fundus examination demonstrated bilateral optic disc swelling with associated splinter hemorrhages and dot-blot hemorrhages. Blood pressure measurements ranged from 130–150/80–90 mmHg and random blood glucose levels were 8–10 mmol/L, and HbA1c was 7.2%. Systemic examination was unremarkable, with a functioning left-sided arteriovenous fistula.Contrast-enhanced computed tomography of the brain was unremarkable, with no evidence of cerebral venous or jugular vein thrombosis. A lumbar puncture was deferred as per patient's preference. The patient was diagnosed with bilateral diabetic papillitis and managed conservatively, with close monitoring. At three-month follow-up, visual acuity had improved to 6/7.5 in both eyes,with intact optic nerve function. Bjerrum visual fields were normal bilaterally, and fundus examination demonstrated complete resolution of bilateral optic disc swelling.

Conclusion

This case illustrates that bilateral diabetic papillitis may clinically resemble papilledema, which remains a diagnosis of exclusion. Comprehensive systemic evaluation and appropriate neuroimaging are essential in patients with end-stage renal disease presenting with bilateral disc swelling to ensure patient safety and prevent morbidity. Diabetic papillitis typically carries a favorable visual prognosis, with most patients experiencing good visual recovery.

Optometrists & paramedics

ABSTRACT ID: 200
EMPOWERING CATARACT PATIENTS: THE IMPACT OF NURSE-LED EDUCATION ON POSTOPERATIVE CARE KNOWLEDGE

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Purpose

Cataract surgery is one of the most performed ophthalmic procedures which requires appropriate postoperative care to optimize recovery and reduce the risk of complications. This study aimed to evaluates the effectiveness of nurse-led counselling in improving patient's understanding of postoperative care following cataract surgery.

Methods

This was a prospective study conducted among patients scheduled for cataract surgery. Participants completed a structured questionnaire before and after receiving nurse-led counselling. The questionnaire consisted of twelve items assessing knowledge across three domains: ocular hygiene, medication use and postoperative precautions. Responses were measured using a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Mean scores before and after the counselling were compared to assess changes in patient understanding.

Results

Twenty patients participated in the study. The overall knowledge score increased significantly following counselling, improving from 2.15 before counselling to 4.73 after counselling. Improvements were observed across all domains with the greatest gains seen in knowledge related to medication administration and postoperative precautions. Participants also reported greater confidence in managing postoperative eye care at home following the nurse-led educational session.

Conclusion

Nurse-led counselling plays an important role in enhancing patient understanding of postoperative cataract care. Structured education focusing on ocular hygiene, appropriate medication use, and recognition of early warning signs can improve patient confidence and encourage better adherence to postoperative instructions, potentially contributing to improved surgical outcome.

ABSTRACT ID: 17
OH NO! VARICELLA ZOSTER WITH HERPES ZOSTER AT SAME TIME!

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Purpose

Varicella zoster virus (VZV) typically manifests as primary varicella infection in children, while herpes zoster represents reactivation of latent VZV. Concurrent presentation of both conditions in an immunocompetent paediatric patient is rare and warrants clinical attention.

Methods

Prospective case report.

Results

An 11-year-old girl, previously healthy and non-immunized, presented with vesicular rashes involving the left face and trunk for five days. She was afebrile, with no history of travel, seizures, or sick contact. The lesions evolved into vesicles with serous discharge following rupture, without neuralgia. Clinical examination revealed vesicular eruptions localized to the left frontal division of trigeminal nerve dermatome, accompanied by bilateral periorbital edema and mechanical ptosis, more pronounced in the left eye. Visual acuity was 6/9 in the right eye and 6/30 in the left eye. The right eye was unremarkable, while the left eye demonstrated conjunctival injection without chemosis or signs of herpetic keratouveitis. Intraocular pressure was 16 mmHg, with reactive pupils and no relative afferent pupillary defect. Systemic examination revealed generalized vesicular eruptions over the trunk and extremities. Given socioeconomic constraints, the patient was managed with oral acyclovir, oral cephalexin, and topical ciprofloxacin.

Conclusion

This case highlights the unusual concurrent manifestation of varicella and herpes zoster in a non-immunized paediatric patient. In Sabah, Malaysia, socioeconomic challenges, limited access to healthcare, low immunization coverage, and reliance on traditional medicine contribute to increased susceptibility and severity of VZV-related infections. Strengthening immunization programs and improving healthcare accessibility are essential to reduce the burden of such infections in vulnerable populations.

ABSTRACT ID: 38
A RARE PRESENTATION OF LEFT UPPER EYELID B-LYMPHOBLASTIC LYMPHOMA IN A CHILD WITH NEUROFIBROMATOSIS: DIAGNOSTIC CHALLENGES IN PEDIATRIC ORBITAL MASSES

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Purpose

To highlight the diagnostic challenges and management considerations of orbital B-LBL in a young child with NF1, emphasizing the roles of early imaging, timely biopsy, and coordinated care in pediatric orbital masses.

Methods

A case report.

Results

A 17-month-old Malay girl with multiple café au lait spots presented with acute left upper eyelid swelling initially treated as preseptal cellulitis. After two weeks of antibiotics without improvement, magnetic resonance imaging revealed a well-defined extraconal orbital mass with homogeneous enhancement and mass effect on the globe, initially suggestive of lacrimal gland pleomorphic adenoma. Incisional biopsy was performed. Histopathological and immunohistochemical analyses confirmed high-grade B-lymphoblastic lymphoma. The patient was referred for systemic chemotherapy (planned six cycles- ongoing). After three cycles, significant resolution of eyelid swelling and proptosis was observed, with no treatment-related complications to date.

Conclusion

B-LBL should be considered in rapidly progressive pediatric orbital masses, particularly in patients with genetic predispositions such as NF1. Imaging alone may be insufficient to distinguish benign from malignant lesions; histopathology remains essential for definitive diagnosis. Early MRI, prompt biopsy, and multidisciplinary management are critical to achieving favorable visual and systemic outcomes.

ABSTRACT ID: 39
A RARE CASE OF SUBPERIOSTEAL ABSCESS AND ACUTE DACRYOADENITIS SECONDARY TO ETHMOIDAL SINUSITIS IN AN INFANT

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Purpose

To report a rare case of subperiosteal abscess with acute dacryoadenitis secondary to ethmoidal sinusitis in a 3-month-old infant.

Methods

A case report.

Results

A 3-month-old ex-preterm male infant with a recent history of Escherichia coli bacteremia presented with a one-day history of left upper-eyelid swelling, proptosis, erythema, and fever. Examination revealed tense eyelid edema, conjunctival chemosis, proptosis, and restricted extraocular movements. Laboratory investigations showed leukocytosis with neutrophilia and elevated C-reactive protein. Contrast-enhanced CT and MRI demonstrated left orbital cellulitis with subperiosteal and extraconal collections and an enlarged lacrimal gland consistent with acute dacryoadenitis. The patient was managed by a multidisciplinary team with intravenous broad-spectrum antibiotics followed by endoscopic sinus surgery and incision and drainage of the subperiosteal abscess. Marked clinical improvement was observed within two weeks, with complete resolution of orbital signs. Follow-up confirmed full recovery without visual impairment or long-term sequelae.

Conclusion

Subperiosteal abscess with concurrent acute dacryoadenitis in early infancy is exceptionally rare and requires a high index of suspicion. Prompt imaging, aggressive antimicrobial therapy, and timely surgical intervention are crucial for favorable prognosis.

ABSTRACT ID: 41
ORBITAL B-LYMPHOBLASTIC LYMPHOMA MIMICKING CHALAZION AND PRESEPTAL CELLULITIS IN A TODDLER: A DIAGNOSTIC PITFALL

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Purpose

Orbital swelling in infants and young children is often attributed to benign or infectious causes such as chalazion or preseptal cellulitis. However, progressive symptoms despite standard therapy should prompt reconsideration of the diagnosis. This case highlights an uncommon presentation of orbital B-lymphoblastic lymphoma initially mimicking a benign eyelid condition.

Methods

Case Report.

Results

A 1-year-5-month-old Malay female with no prior medical illness presented with a three-week history of progressive left upper eyelid swelling. Initial treatment at community clinic presumed the lesion to be chalazion, but the swelling failed to improve. Upon evaluation at the ophthalmology clinic, she was diagnosed with preseptal cellulitis and commenced on oral antibiotics. Despite good compliance, the eyelid swelling worsened and became more tense, prompting hospital admission. MRI of the brain and orbits revealed a left extraconal orbital mass involving the lacrimal gland, radiologically favouring pleomorphic adenoma with no clear malignant features. However, rapid clinical progression and discordance with imaging raised suspicion. An incisional biopsy of the left upper eyelid was performed by the oculoplastic team. Histopathological examination confirmed B-lymphoblastic lymphoma/leukemia. The patient was subsequently referred urgently to pediatric oncology for further management.

Conclusion

This case illustrates the importance of maintaining a broad differential diagnosis when pediatric orbital swelling does not respond to initial therapy. Early imaging and timely biopsy are crucial to prevent delays in diagnosing rare but aggressive malignancies such as B-lymphoblastic lymphoma.

ABSTRACT ID: 56
TRAUMATIC LACRIMAL GLAND PROLAPSE FOLLOWING PENETRATING EYELID INJURY IN A CHILD: A RARE CASE WITH SUCCESSFUL SURGICAL REPOSITIONING

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Purpose

To describe the clinical presentation, evaluation, surgical management, and functional outcome of traumatic lacrimal gland prolapse in a child following penetrating eyelid injury.

Methods

A case report of a 4-year-old boy who sustained a left upper eyelid injury after being hit in the eye by the hook of the cradle. Comprehensive ocular examination, orbital imaging, surgical intervention, and postoperative follow-up were performed.

Results

A 4-year-old boy with underlying developmental delay presented with pain and bleeding from the left upper eyelid immediately after trauma. Examination revealed marked eyelid edema. Lid eversion demonstrated a full-thickness upper eyelid laceration with a prolapsed, lobulated mass at the supero-temporal region suggestive of lacrimal gland prolapse. The globe was intact, with normal anterior and posterior segments except for mild conjunctival injection. The right eye was unremarkable. Orbital radiograph excluded intraocular foreign body and orbital wall fracture. The patient underwent urgent examination under anaesthesia, meticulous wound toileting, primary lid repair, and anatomical repositioning of the prolapsed lacrimal gland. Postoperatively, recovery was uneventful with preserved eyelid function, mild non–visually significant ptosis not obscuring the visual axis, no lagophthalmos, and no symptoms of dry eye.

Conclusion

Traumatic lacrimal gland prolapse in children is rare and may be overlooked in eyelid trauma. Careful eyelid eversion is essential for diagnosis. Early surgical recognition and prompt anatomical repositioning are crucial to preserve lacrimal gland function and achieve favorable functional and cosmetic outcomes.

ABSTRACT ID: 66
WIRES CROSSED : A DEEP DIVE INTO MARCUS GUNN JAW WINKING SYNDROME

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Purpose

Marcus Gunn Jaw Winking Syndrome is a rare congenital synkinetic disorder characterized by involuntary upper eyelid elevation on masticating movements of the jaw. It is believed to result from aberrant neural connections between trigeminal motor branch and the oculomotor nerve supplying the levator palpebrae superioris. This condition is commonly associated with congenital ptosis and carries risk of amblyopia due to visual axis obstruction or induced astigmatism.

Methods

Case report.

Results

This is a case report of a 10-month-old girl, who presented with right upper eyelid twitching occurred consistently during feeding and yawning since 1 week of life. She was born term with no intrauterine or neonatal complications. There were no abnormal movement, seizure like activities or development delays. Examination revealed mild right congenital ptosis covering superior one-quarter of cornea, not involving visual axis. Extraocular movements were full with symmetrical Hirschberg reflex. Synkinetic movement of right upper lid during sucking was observed clinically and supported by parents video documentation. Visual assessment revealed steady fixation and retinoscopy of the right eye demonstrated with the rule astigmatism of -2.00D. Rest of anterior and posterior segment examinations was normal.

Conclusion

This case highlights the importance of distinguishing synkinetic ptosis from neurological pathologies and seizures in infancy. Presence of astigmatism emphasizes the need for close amblyopia monitoring. We present this case due to its classic clinical presentation and relevance of conservative management in preventing visual impairment.

ABSTRACT ID: 99

FUNDUS BEYOND RETINOPATHY OF PREMATURITY: BILATERAL MULTILAYER RETINAL HEMORRHAGES IN A CRITICAL ILL PRETERM INFANT WITH CONGENITAL INFECTIONS

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Purpose

To report a rare fundus presentation of multilayer retinal hemorrhages in a preterm infant.

Methods

Case report.

Results

A preterm female infant was born from unbooked teenager at home, birth weight of 1.275kg, with a history of delayed cord clamping for 5 hours. Upon arrival at hospital, she required intubation for respiratory distress and subsequently developed septic shock with disseminated intravascular coagulation, requiring two inotropes and platelet transfusion. Her Ballard score suggested 34 weeks of gestation. Infective screening confirmed congenital syphilis, with rapid plasma reagin titre of 1:32 and positive treponema pallidum particle agglutination assay. Cerebrospinal fluid showed negative. Rubella and cytomegalovirus immunoglobulin(Ig)M/IgG were positive. Retinopathy of prematurity screening at 38-week-gestation while she was on continuous positive airway pressure ventilation, showed normal anterior segment bilaterally. Fundus examination revealed haziness likely due to vitreous hemorrhages, some visibly preretinal hemorrhage over the right macula, multiple retinal hemorrhages surrounding disc and peripheral retina, more pronounced in the right eye. Smartphone fundus photography was performed for paediatric ophthalmology referral due to concern for non-accidental injury. The infant was managed conservatively with topical prednisolone and two-weekly close monitoring. Subsequent reviews demonstrated gradual clearing of hemorrhages bilaterally. Complete resolution was observed after four months, with good foveal reflex.

Conclusion

Multilayer retinal hemorrhages may occur in preterm infants with congenital infection and coagulopathy. Smartphone fundus photography can facilitate case discussion and remote consultation in resource-limited settings, although it requires technical skill and has variable image quality.

ABSTRACT ID: 110
AN UNUSUAL CULPRIT: NEONATAL ENDOPHTHALMITIS DUE TO ELIZABETHKINGIA ANOPHELIS BACTEREMIA

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Purpose

To present a case of endogenous endophthalmitis due to Elizabethkingia anophelis, an emerging multidrug-resistant pathogen with limited reports of ocular involvement.

Methods

Case report.

Results

A 32-week-old female infant, born at 25 weeks of gestation with a birth weight of 840g, was referred for retinopathy of prematurity (ROP) screening. The infant had a stormy neonatal course, including respiratory distress syndrome, and obstructive hydrocephalus requiring a Rickham shunt, which was complicated by sepsis, ventriculitis, and meningitis. Bilateral anterior segment examination was unremarkable. Fundus examination of the right eye revealed a pink optic disc, localized retinitis half disc diameter in size with adjacent vitritis at inferotemporal macula, without foveal involvement. Fundus examination of the left eye was unremarkable. Bilateral retinal vascularization was until posterior zone II with no ROP. Blood and cerebrospinal fluid cultures grew Elizabethkingia anophelis, which was sensitive to trimethoprim–sulfamethoxazole. A diagnosis of right eye endogenous endophthalmitis secondary to Elizabethkingia anophelis bacteremia was made. The patient was co-managed by the neonatology, pediatric ophthalmology, and neurosurgical teams and treated with intravenous piperacillin–tazobactam and trimethoprim–sulfamethoxazole for six weeks. The right eye fundus examination at 40-weeks showed resolved retinitis, leaving a small vitreous clump at inferotemporal arcade and retinal vascularization was until midzone II with no ROP. She responded well to treatment and is being closely monitored till date.

Conclusion

This case highlights the importance of fundus examination in premature infants with sepsis. Early recognition and adequate targeted antimicrobial therapy are critical in managing endogenous endophthalmitis in this vulnerable population.

ABSTRACT ID: 197
INCONTINENTIA PIGMENTI PRESENTING AS FAMILIAL EXUDATIVE VITREORETINOPATHY: A DIAGNOSTIC PITFALL

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[1]Hospital Tunku Azizah

Purpose

To report a case of peripheral retinal avascularity initially diagnosed as familial exudative vitreoretinopathy that was later suspected to be secondary to incontinentia pigmenti.

Methods

Case report.

Results

An 8-year-old Malay girl was referred with suspected FEVR in the right eye. She had a history of infantile seizures and hyperpigmented skin lesions since birth. Visual acuity was 6/19 in the right eye and no perception of light in the left eye with a relative afferent pupillary defect. The left eye had a white cataract. B scan showed retinal detachment and vitreous haemorrhage. The right eye demonstrated temporally sclerosed peripheral vessels, extensive peripheral avascular retina, retinal haemorrhages, fibrosis, and localized traction without retinal detachment. FFA showed abrupt peripheral vessel termination with 360° non-perfusion from mid-zone 2 and neovascular leakage. Cutaneous findings raised suspicion of incontinentia pigmenti. Laser photocoagulation was applied to the avascular retina.

Conclusion

Incontinentia pigmenti may mimic paediatric retinal vascular disorders such as FEVR. Recognition of systemic features and early treatment of peripheral retinal avascularity are important to preserve vision.

ABSTRACT ID: 217
ACTIVE RETINITIS IN AN INFANT WITH ACQUIRED CMV INFECTION

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Purpose

To report a case of active retinitis in an infant with acquired CMV infection.

Methods

Case report.

Results

A 3-month old male infant with CMV hepatitis was referred for eye assessment to look for CMV retinitis. Child was born premature at 31 weeks 6 days with history of persistent thrombocytopenia, metabolic bone disease of prematurity, anaemia of prematurity and congenital hypothyroidism. The patient was initially diagnosed with neonatal hepatitis based on elevated transaminases and conjugated hyperbilirubinemia with negative TORCHES serology including CMV IgM, but due to persistent cholestasis with pale stools and rising bilirubin, a liver biopsy performed which revealed CMV inclusion bodies in the bile ducts with cholestasis and occasional giant cells. Ultrasonography brain revealed no evidence of intracranial calcification. Fundus examination of the right eye showed whitish retinitis patches seen at anterior zone II and left eye revealed a faint retinitis patch seen at 2 o'clock far periphery at zone III. There was no vitritis, vasculitis and haemorrhage in the periphery retina and posterior pole in both eyes. Patient was diagnosed with CMV retinitis and co-managed with the infectious disease team and was started on intravenous ganciclovir and then continued with oral valganciclovir. The most recent examination showed improvement of CMV retinitis.

Conclusion

The infant was diagnosed with CMV hepatitis based on histopathological findings from liver biopsy findings despite negative serum CMV IgG and IgM serology. Serology for CMV is not an accurate marker of CMV in liver tissue. Early referral to ophthalmology should be made as prompt diagnosis and treatment are crucial to prevent visual impairment.

ABSTRACT ID: 221
WHEN THE HEEL HURTS: CALCANEAL METASTASIS AS A LATE RELAPSE OF BILATERAL RETINOBLASTOMA

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Purpose

To report a rare presentation of metastatic relapse of retinoblastoma manifesting as calcaneal involvement in a child with previously treated bilateral retinoblastoma.

Methods

Case report.

Results

A 5-year-old boy with bilateral retinoblastoma associated with a heterozygous deletion of the RB1 gene was initially diagnosed at 3 months of age. The left eye (LE) presented with advanced disease and underwent enucleation, with histopathology demonstrating pre-laminar optic nerve and Bruch's membrane invasion. The right eye (RE) was classified as Group D and treated with multimodal therapy including systemic chemotherapy with vincristine, carboplatin and etoposide, followed by focal therapies including subtenon carboplatin, intra-arterial chemotherapy and intravitreal chemotherapy of Melphalan and Topotecan for recurrent lesions, achieving satisfactory ocular disease control. The disease was remain stable for 11 months. At 5 years of age, the patient developed progressive pain and swelling over the left ankle. Clinical examination revealed tenderness and swelling over the heel region. Biopsy of the lesion in the left calcaneum confirmed metastatic retinoblastoma. Magnetic resonance imaging of the brain demonstrated no intracranial recurrence. The patient was subsequently referred for systemic therapy. This case highlights an unusual pattern of skeletal metastasis occurring despite prior ocular disease control.

Conclusion

Metastatic relapse of retinoblastoma remains uncommon but carries significant morbidity and mortality. Skeletal metastasis such as calcaneal involvement is exceedingly rare and may present with nonspecific musculoskeletal symptoms. Early recognition of new systemic complaints in retinoblastoma survivors is crucial, as timely investigation may allow earlier detection and prompt management.

ABSTRACT ID: 230
RARE CASE OF ORBITAL APEX SYNDROME SECONDARY TO BENIGN EXTRAOCULAR MUSCLE OVERGROWTH

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Purpose

Orbital Apex Syndrome (OAS), also known as Jacod syndrome, is a complex pathology characterized by the simultaneous dysfunction of the optic nerve (CN II) and the cranial nerves supplying the extraocular muscles (CN III, IV, VI). While the aetiology is typically neoplastic, infectious, inflammatory or traumatic, we report a rare case of OAS caused by benign muscle hypertrophy.

Methods

Case report.

Results

A 41-year-old male with well controlled diabetes mellitus and hypertension presenting with sudden lost of vision of the right eye to counting fingers (CF) vision, proptosis and ophthalmoplegia involving cranial oculomotor and trochlear nerves. Ocular motility assessment confirmed restriction patterns consistent with multiple cranial nerve involvement on the Hess chart. Magnetic resonance imaging (MRI) revealed a lesion at the right orbital apex that was inseparable from medial rectus muscle and superior oblique muscle, suspicion for lymphoma or inflammatory pseudotumour. Given the threat to vision, the patient underwent multidisciplinary management involving Right Functional Endoscopic Sinus Surgery (FESS). The optic nerve decompression and releasing the annulus of Zinn to relieve compressive optic neuropathy. Intraoperative findings noted significant bulkiness of the medial rectus and superior oblique muscles and removed some part of the bulky muscles. Histopathological examination (HPE) of the excised tissue revealed fragments of benign skeletal muscle with no evidence of malignancy. Following surgical decompression, the patient demonstrated significant functional recovery, visual acuity significantly improved and full restoration of extraocular motility.

Conclusion

This case underscores the importance of considering benign muscle hypertrophy in the differential diagnosis of OAS, even when imaging mimics aggressive neoplastic processes.

ABSTRACT ID: 275
ORBITAL SWELLING IN AN INFANT: SUSPECTED LANGERHANS CELL HISTIOCYTOSIS

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[1]Hospital Tunku Azizah

Purpose

To describe a case of progressive unilateral eyelid swelling in an infant initially treated as infection but later found to have an orbital lesion suspicious for Langerhans cell histiocytosis (LCH).

Methods

Case report.

Results

A 10-month-25-day-old boy, born at 35 weeks via LSCS with normal developmental milestones, presented with a three-week history of progressive left upper eyelid swelling. There was no visual blurring, itchiness, or initial redness. Initial treatment with topical eye drops resulted in transient improvement. Subsequently, he developed bilateral eye redness and discharge with worsening left eyelid swelling and was admitted for presumed left preseptal cellulitis with bilateral pseudomembranous conjunctivitis. He was treated with intravenous amoxicillin-clavulanate and topical antibiotics. Despite therapy, the swelling persisted. Examination revealed a 3×4 cm soft, mildly tender left upper eyelid mass causing mechanical ptosis obscuring the visual axis, without erythema or overlying skin changes. Fundus examination was normal bilaterally. CT brain and orbit demonstrated a heterogeneous left orbital soft tissue lesion with adjacent bone erosion and multiple lytic skull lesions with soft tissue components, raising suspicion for orbital malignancy or metastatic disease. The clinical and radiological findings were highly suggestive of orbital LCH.

Conclusion

Orbital LCH should be considered in infants presenting with persistent eyelid swelling that is atypical or unresponsive to antibiotics. Early imaging is crucial in identifying bone-destructive lesions and preventing delay in diagnosis. This case highlights the importance of maintaining a high index of suspicion for neoplastic etiologies in presumed refractory preseptal cellulitis and conjunctivitis.

ABSTRACT ID: 279
A CHARGE OF COMPLEXITY: NEONATAL CHARGE SYNDROME PRESENTING WITH MULTISYSTEM ANOMALIES AND OCULAR DYSGENESIS

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Purpose

To describe a rare case of neonatal CHARGE syndrome presenting with complex multisystem involvement, including ocular dysgenesis, craniofacial anomalies, and congenital heart disease, and to emphasise the importance of early recognition and coordinated multidisciplinary care.

Methods

We report a case of a 20-day-old neonate delivered at 36+2 weeks via emergency lower segment caesarean section for fetal growth restriction. Antenatal findings included bilateral cleft lip and palate and atrioventricular septal defect. Postnatally, the infant required neonatal intensive care for prematurity, low birth weight, and cardiac failure. Detailed systemic and ophthalmologic assessments were performed, including examination under anaesthesia and laboratory investigations such as TORCH screening, endocrine evaluation and genetic testing.

Results

The infant demonstrated multiple congenital anomalies consistent with CHARGE syndrome, including coloboma spectrum (microphthalmia with anterior segment dysgenesis), congenital heart defect (atrioventricular septal defect), growth restriction, genital abnormality (micropenis), and nasal anomalies. Additional findings included bilateral cleft lip and palate and urinary tract dilatation. Ocular examination revealed bilateral dazzle reflex with no nystagmus and grossly full extraocular movements. Laboratory investigations were largely unremarkable, with no evidence of active infection. Genetic testing came back as mutations in the CHD7 gene. The constellation of findings fulfilled the criteria for CHARGE syndrome.

Conclusion

CHARGE syndrome is a rare but severe congenital condition with significant ocular and systemic implications. Early diagnosis in the neonatal period is critical for timely intervention, particularly for vision preservation and management of life-threatening comorbidities. This case highlights the need for high clinical suspicion and a multidisciplinary approach to optimise outcomes in affected infants.

ABSTRACT ID: 293
WHITE OUTSIDE, RED INSIDE: A RARE CASE OF PERSISTENT HYPERPLASTIC PRIMARY VITREOUS (PHPV) WITH HYPHEMA

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Purpose

To report a rare case of hyphema in paediatric age group with underlying PHPV.

Methods

Patient's history and assessment was done at Ophthalmology Clinic at Hospital Bukit Mertajam.

Results

A 2-year-9-month-old boy presented to the Ophthalmology Clinic with underlying right eye PHPV was brought in by his mother as she noticed blood in his eyes for 1 week. Otherwise, there was no eye pain and denies history of trauma. From the ocular history, the patient had underlying right eye PHPV. He had previously undergone right eye lens aspiration with insertion of a single-piece intraocular lens, with poor postoperative vision of perception light nasally. The child was born at term. On examination, the right eye had no perception of light, while the left eye had visual acuity of at least 6/7.5 (Cardiff card). Extraocular movements were full, with right esotropia. The right eye showed white conjunctiva, clear cornea, deep anterior chamber with 4+ blood cells, and a 1.5 mm hyphema level. Intraocular pressure was 7 mmHg. The pupil was dilated measuring 7mm with 360° ectropion uveae and PHPV remnants; the lens and fundus were not visualized. The left eye assessment was normal. B-scan ultrasound confirmed a PFV remnant stalk. The patient was admitted for 4 days for monitoring. No anti-glaucoma treatment was required. At 3-month follow-up, intraocular pressure remained stable and the hyphema had resolved.

Conclusion

Fragile persistent fetal vasculature in PHPV can be the cause of hyphema.

Vitreo-retinal surgery

ABSTRACT ID: 25
HIGH-RISK FEATURES PREDICTING RETINAL DETACHMENT IN SEVERE ACUTE RETINAL NECROSIS: RATIONALE FOR EARLY VITRECTOMY

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Purpose

To examine whether the presence of established high-risk features for retinal detachment (RD) in acute retinal necrosis (ARN) supports a strategy of early pars plana vitrectomy (PPV) in addition to systemic antiviral therapy.

Methods

Single-case analytical report of a 62-year-old immunocompetent male presenting with unilateral ARN. Clinical characteristics were evaluated against published predictors of RD, including the extent of necrosis, posterior pole involvement, severity of vitritis, and presence of retinal breaks. Management decisions were assessed in the context of contemporary evidence.

Results

The patient presented with counting-fingers vision and demonstrated confluent necrotizing retinitis involving all four quadrants of retina, occlusive vasculitis, dense vitritis, cystoid macular edema, and an early necrotic retinal break. Literature reports RD rates of 40–75% in ARN, with a significantly higher incidence in eyes with >2 quadrant involvement and pre-existing breaks. Intravenous acyclovir (10 mg/kg TDS) was initiated promptly. Given the cumulative high-risk profile, early PPV with 360° endolaser and 5700-centistoke silicone oil tamponade was performed to reduce vitreoretinal traction. During therapy, acute kidney injury occurred, consistent with reported antiviral nephrotoxicity, and improved following dose adjustment.

Conclusion

This case supports the hypothesis that risk-stratified early vitrectomy may be justified in severe ARN with multiple RD predictors. However, aggressive antiviral therapy requires careful systemic monitoring. Risk-stratified, multidisciplinary management is crucial in optimizing both ocular and systemic outcomes.

ABSTRACT ID: 115
CATASTROPHIC VISUAL LOSS FROM SPONTANEOUS SUPRACHOROIDAL HEMORRHAGE IN AN ELDERLY PATIENT ON DIRECT ORAL ANTICOAGULANT THERAPY

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Purpose

To report a case of spontaneous suprachoroidal hemorrhage (SCH) in an elderly patient on direct oral anticoagulant (DOAC) therapy complicated by secondary angle closure glaucoma, resulting in irreversible visual loss.

Methods

Spontaneous SCH is a rare but vision-threatening condition associated with advanced age and systemic vascular risk factors. An 88-year-old man with diabetes mellitus, hypertension, and atrial fibrillation on DOAC therapy presented with sudden right eye vision loss preceded by headache. There was no history of trauma or recent ocular surgery. Visual acuity was perception of light with a grade 4 relative afferent pupillary defect. Intraocular pressure was 44 mmHg. Anterior segment examination revealed a shallow anterior chamber with 3+ cells, with the retina visible posterior to the intraocular lens. Fundus examination showed total retinal elevation with subretinal hemorrhage. B-scan ultrasonography demonstrated dome-shaped choroidal elevations consistent with SCH, resulting in secondary angle closure from anterior displacement of the lens–iris diaphragm. The fellow eye had advanced age-related macular degeneration with visual acuity of 1/60.

Thirteen days after symptom onset, the patient underwent choroidal drainage and anterior chamber washout following development of total hyphema.

Results

At 4 months postoperatively, right eye vision deteriorated to no perception of light. Examination revealed total corneal blood staining. B-scan showed dense vitreous hemorrhage without residual choroidal detachment.

Conclusion

Spontaneous SCH is a rare but catastrophic complication in elderly patients receiving DOAC therapy. Advanced age, anticoagulation, severe initial presentation (RAPD 4+), and delayed surgical intervention are associated to poor visual prognosis. Early recognition and multidisciplinary management are crucial, particularly in functionally monocular patients.

ABSTRACT ID: 198
RETINAL RACEMOSE HEMANGIOMA

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Hospital Queen Elizabeth, Kota Kinabalu, Sabah

Purpose

To report a rare case of retinal arteriovenous malformation (AVM) presenting with ocular complication.

Methods

Case report

Results

A 20-year-old male with no significant medical history presented with a sudden temporal visual field defect in the left eye (LE) for three days duration. Best corrected visual acuity was 20/20 in the right eye (RE) and 20/25 in the LE. Intraocular pressure was normal and anterior segment examination was unremarkable. Examination of the left fundus revealed tortuous vessels forming an AVM along the superonasal quadrant associated with surrounding subretinal hemorrhage and exudation. Inferior vitreous hemorrhage was also present. Fundus of RE demonstrated abnormal dilated vasculature near the optic disc in the superonasal and inferotemporal regions.

Optical coherence tomography angiography (OCTA) of RE revealed anomalous vessels penetrating both superficial and deep retinal vascular plexus. Imaging of left eye was limited due to vitreous hemorrhage. Fundus fluorescein angiography (FFA) of LE showed blocked fluorescence corresponding to the area of subretinal hemorrhage in the superonasal quadrant. FFA RE demonstrated rapid filling of vascular anomalies without leakage and with normal arteriovenous transit time.

Neuroimaging revealed no intracranial vascular malformations. Total pars plana vitectomy was performed one month later following deterioration of vision to hand movement secondary to extensive vitreous haemorrhage. Postoperatively, visual acuity improved to 20/25 and patient remained asymptomatic.

Conclusion

Retinal arteriovenous malformation is a rare vascular anomaly which usually do not cause symptoms, but may cause severe vision loss secondary to a number of ocular complications, including intraretinal or vitreous hemorrhage, exudation and retinal vein occlusions.

ABSTRACT ID: 256
CONGENITAL RETINOSCHISIS: A CASE REPORT

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Hospital Segamat

Purpose

To report a novel case of congenital retinoschisis in a teenage boy.

Background

Congenital retinoschisis is a rare bilateral ocular condition, commonly affecting childhood vision loss in males.

Case presentation

A 10 years old Malay boy presented to our center with bilateral eye poor vision for the past 3 years. He had multiple visits to the optometrist but was unable to achieve good vision. This was his first ophthalmology visit. He presented with refracted visual acuity of right eye (RE) 6/60, left eye (LE) 6/48. Relative Afferent Pupillary Defect (RAPD) was negative. Bilateral eyes showed normal anterior segment with normal intraocular pressure. Bilateral eye fundus showed pink optic disc with a cup-disc ratio of 0.3, spoke-wheel appearance over macula with 360° pigmentation peripherally. Right eye fundus additionally had sublinear fibrosis temporally.

OCT macula done showed a loss of foveal contour, splitting of neurosensory retina. RE Central Macular Thickness (CMT) was 696 and LE CMT was 278.

Subsequently, he was referred to pediatrics ophthalmology, planned for examination under anesthesia KIV pan-retinal photocoagulation. This patient was also referred to genetic clinic for further assessment.

Furthermore, there is a strong family history of retinoschisis, with this patient's younger sibling having suboptimal vision of RE 6/30, LE CF with similar findings.

Conclusion

Congenital retinoschisis is an inherited X-linked retinal dystrophy with poor visual prognosis. Treatment focuses on preventing retinal detachment via barricade laser and pars plana vitrectomy to prevent progression of vision loss and promote resolution of schisis. Frequent visits are crucial for monitoring.

Clinical Assessment/Technique

ABSTRACT ID: 18
GREEN EYE DISCHARGE IN A TODDLER

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[1]Sibu Hospital

Purpose

To report a paediatric case of conjunctival fornix foreign body with complete resolution following removal.

Summary

A 1-year-old boy presented with sudden painless left eye greenish discharge for one day. The discharge was noticed by his parents while he was crying. Otherwise, there was no associated eye redness, swelling nor history of ocular trauma. The parents denied serving the child any supplements or medications.

On examination, the child was active and comfortable. Visual acuity was appropriate for his age. Left ocular examination revealed a greenish foreign body lodged in the left superior conjunctival fornix. The foreign body was removed without complications. There were no signs of ocular infection nor inflammation noted.

The child was discharged with topical antibiotic and lubricating eye drops. At one-week follow-up, he was asymptomatic, with complete resolution of the greenish discharge. No residual foreign body or signs of ocular inflammation observed.

ABSTRACT ID: 320
ACCURACY, EFFICIENCY, AND RESOURCE SAVING IN CATARACT SURGERY

Jan Bond Chan[1]

[1] International Specialist Eye Centre - ISEC

Summary

This surgical video demonstrates a streamlined cataract surgery technique focused on improving accuracy, efficiency, and resource utilisation. Key steps include careful wound construction, controlled capsulorhexis, effective hydrodissection, efficient nucleus management, cortical cleanup, and precise intraocular lens implantation. Emphasis is placed on maintaining chamber stability, reducing unnecessary instrument use, and optimising surgical flow without compromising safety. The video highlights practical pearls that may help surgeons improve reproducibility, minimise surgical time, and conserve operating theatre resources while maintaining excellent visual outcomes. This approach is especially relevant in high-volume cataract settings where efficiency and safety are equally important

Surgical Procedures

ABSTRACT ID: 13
MANAGING LATE TUBE EXPOSURE AFTER GLAUCOMA DRAINAGE DEVICE IMPLANT

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[1]Hospital Raja Perempuan Zainab II (HRPZ II)

Purpose

To present a case of late tube exposure following glaucoma drainage device implantation and its surgical management.

Brief Summary

A 67-year-old man with advanced bilateral primary open-angle glaucoma and failed trabeculectomies underwent Baerveldt 350 implantation in the left eye in 2018 after prior cataract surgery. At routine follow-up in 2025, asymptomatic tube exposure was noted in the left eye. Visual acuity was 6/9 bilaterally, with intraocular pressure of 15 mmHg in the left eye and 28 mmHg in the right. Examination revealed a 3.5 mm exposed tube superotemporally with thin overlying conjunctiva but no infection or corneal touch. The right eye had a flat, non-functioning bleb.

The patient underwent tube repositioning with a scleral patch graft. Intraoperatively, the tube was pressing on the iris and was trimmed, and multiple conjunctival leaks were meticulously resutured due to thin, friable tissue. Postoperatively, topical antibiotics and corticosteroids were prescribed.

ABSTRACT ID: 112
CRESCENT SHAPE DEFECT (SEVERE ZONULOLYSIS)

Dennis Ket Ming Kong[1]

[1]Eye Specialist Centre Kuching

Purpose

Educational surgical cataract video

Brief Summary

75 year old with history of shuttlecock injury in right eye.

Clinically, complete zonulolysis almost 180 degrees temporally. Phaco was done under low flow settings. Capsulorhexis was centred on the lens rather than the pupil. A capsular

tension segment (CTS) was placed at the zonulolysis zone and an iris hook used to retract and centred the cataract. No vitreous was present in the anterior chamber.

Phaco was done and a capsular tension ring (CTR) inserted after cortex removal.

One piece lens was inserted into the capsular bag.

Polyproplene 6/0 was looped around the fixation arm of CTS and both ends flanged at the sclera with well centred lens.

No financial disclosure

ABSTRACT ID: 133
A ROLE FOR AUTOLOGOUS RETINAL TRANSPLANT IN A CASE OF PERSISTENT MYOPIC MACULAR HOLE WITH RETINAL DETACHMENT

Triwijayanti[1], Fairuz W[1], Lam CS[1], Mae-Lynn Catherine Bastion[1]

[1]Hospital Canselor Tuanku Muhriz

Purpose

To demonstrate the role of autologous retinal transplant (ART) in managing persistent myopic macular hole (MMH) with retinal detachment (RD)

Brief summary

Myopic macular hole may progress to persistent macular hole and RD. While vitrectomy with membrane peeling and gas tamponade is the standard treatment, ART is a valuable option in persistent cases. A 58-year-old woman with foveoschisis and MMH developed a persistent macular hole with inferior RD after primary surgery. ART was performed using the detached retina as donor tissue, secured with PFCL and heavy silicone oil. Recurrent RD occurred due to proliferative vitreoretinopathy at the donor retinotomy located at the staphyloma edge. Following repeat vitrectomy, anatomical closure was achieved, and visual acuity improved to 6/24 at 6 months. ART is effective for persistent MMH with RD, and selecting a donor site away from the staphyloma edge may reduce the risk of PVR and redetachment.

ABSTRACT ID: 134
EARLY PARS PLANA VITRECTOMY FOR ACUTE POST PHACOEMULSIFICATION ENDOPHTHALMITIS

Triwijayanti[1], Fairuz W[1], Lam CS[1], Mae-Lynn Catherine Bastion[1]

[1]Hospital Canselor Tuanku Muhriz

Purpose

To highlight the role of early pars plana vitrectomy in acute postoperative endophthalmitis with rapid clinical deterioration despite intravitreal antibiotic therapy.

Brief summary

Acute postoperative endophthalmitis is a severe sight-threatening complication. The Endophthalmitis Vitrectomy Study, which recommended surgery when vision declined to light perception, is being replaced by earlier intervention based on clinical progression. This video describes a 62-year-old woman presented with pain, floaters, and blurred vision after uneventful cataract surgery. Visual acuity dropped from 6/24 to 6/60 within nine hours despite intravitreal antibiotics and anterior chamber washout, and grade 1 RAPD was present. Emergency vitrectomy within 24 hours allowed removal of dense vitreous exudates, trimming of purulent material with scleral indentation, intravitreal antibiotic administration, and intraocular lens retention through anterior chamber membrane removal and capsular bag irrigation. Cultures were negative. At three months, visual acuity improved to 6/12, with marked fundus recovery, supporting early vitrectomy in worsening cases

ABSTRACT ID: 189
AB INTERNO ISTENT IMPLANTATION DURING PHACOEMULSIFICATION FOR PRIMARY OPEN-ANGLE GLAUCOMA: A SURGICAL TECHNIQUE VIDEO

Salman Morhalim[1] , Zulhilmi Bin Abdul Razak[1]

[1]International Islamic University Malaysia

Purpose

To demonstrates the surgical technique of ab interno iStent implantation performed in conjunction with phacoemulsification.

Brief Summary

Following standard phacoemulsification and intraocular lens implantation, the patient's head is rotated away from the surgeon and the operating microscope is tilted to optimize visualization of the nasal angle. A surgical goniolens is applied to identify the trabecular meshwork. The iStent injector is introduced through the temporal corneal incision and directed toward the nasal trabecular meshwork. The device tip penetrates the trabecular meshwork and is advanced into Schlemm canal before deployment. Correct positioning is confirmed by visualization of the stent within the trabecular meshwork and occasional reflux of blood from Schlemm canal.

ABSTRACT ID: 192
SURGICAL MANAGEMENT OF DENSE CENTRAL EPITHELIAL INGROWTH WITH UNEXPECTED STROMAL MELTING ONE YEAR AFTER PRIMARY FEMTOLASIK, A VIDEO CASE REPORT

Bilal Khairidzan[1], Khairidzan Mohd Kamal[1]

[1]Hospital Tengku Ampuan Afzan

Purpose

To demonstrate the surgical management of visually significant late epithelial ingrowth following primary FemtoLASIK in a young patient, with emphasis on intraoperative decision-making when unexpected stromal melting is encountered.

Brief Summary

A 29-year-old woman presented with blurred vision in the right eye one year after primary FemtoLASIK. Uncorrected visual acuity was counting fingers. Slit-lamp examination showed dense central interface opacity consistent with epithelial ingrowth, confirmed by anterior segment OCT demonstrating hyperreflective interface material. Surgical management involved identifying and lifting the LASIK flap, followed by meticulous scraping of the flap undersurface and stromal bed to remove epithelial tissue. Focal stromal melting was noted intraoperatively on the flap side. Three inferior flap sutures and a bandage contact lens were applied. At one month, no recurrence was observed. Uncorrected visual acuity improved to 6/18, with best corrected visual acuity of 6/9.

ABSTRACT ID: 236
VITRECTOMY FOR FLOATERS: CHALLENGES, TIPS AND INTERESTING OUTCOMES- A CASE SERIES

Chu Hui Xin[1,2], Lam ChenShen[1,2], Mae-Lynn Catherine Bastion[1,2]

[1]Hospital Canselor Tuanku Muhriz (HUKM), [2]Universiti Kebangsaan Malaysia

Purpose

To evaluate surgical nuances and outcomes for pars plana vitrectomy (PPV) for patients with floaters who had good visual outcomes.

Brief Summary

Case 1: A 37-year-old high myope with persistent floaters, underwent bilateral 25G-PPV. Post-operatively, complete floater clearance and VA 6/6 till 7-years follow-up.

Case 2: A 41-year-old gentleman with history of anxiety complained of left eye floaters and underwent 25G-PPV requiring various techniques to achieve vitreous detachment. Post-operatively, vision was 6/6, N5 till 2-years follow-up.

Case 3: A 72-year-old high myope had vitrectomy for left floaters. Subsequently, he developed progression of myopic traction maculopathy. He underwent 23G-PPV with peeling of adherent and multi-layered internal limiting membrane. His vision returned to 6/9 with improvement of symptoms, till 1-year post-op.

Conclusion

PPV is effective for symptomatic floaters. Careful surgical techniques aiding in the achievement of desired outcomes will be shared through this video.

ABSTRACT ID: 260
RESTORING THE SURGICAL VIEW: TEMPORARY KERATOPROSTHESIS ENABLING COMBINED CORNEAL AND VITREORETINAL RESCUE IN POLYMICROBIAL KERATITIS WITH ENDOPHTHALMITIS AND RETINAL DETACHMENT

Sree Shantha Kumaran S.Magendran[1], Lam ChenShen[1], Wan Haslina Wan Abdul Halim[1], Mazaya Mahmud[2], Mae-Lynn Catherine Bastion[1]

[1]Universiti Kebangsaan Malaysia; [2]Universiti Putra Malaysia

Purpose

To demonstrate Temporary Keratoprosthesis (TKPro)as a crucial optical bridge for simultaneous corneal and vitreoretinal surgery in severe polymicrobial keratitis with retinal detachment.

Brief Summary

A 77-year-old-gentlemen presented with severe right eye infection, light perception vision, and dense central corneal opacity. B-scan showed inferior retinal detachment with loculation and vitritis, consistent with endophthalmitis. Cultures revealed polymicrobial infection with Streptococcus pneumoniae and Aureobasidium pullulans.

Dense corneal opacity made conventional posterior segment surgery impossible. Deployment of a TKPro created a clear optical window, allowing a single session open-sky lens extraction, pars plana vitrectomy, Densiron tamponade, and VisionGraft® placement. TKPro was redeployed during a subsequent penetrating keratoplasty and repeat vitrectomy, enabling uninterrupted intraoperative visualization and definitive corneal reconstruction.

At three months, the graft remained stable, and vision improved to 1/60. TKPro transforms inaccessible eyes into operable fields, enabling combined corneal and vitreoretinal surgery and offering a vision salvaging approach in complex, severely infected eyes.

ABSTRACT ID: 264
MODIFIED SINGLE-ARMED 'HANG-BACK' TECHNIQUE FOR TRAUMATIC IRIDODIALYSIS REPAIR USING A MANUALLY STRAIGHTENED 10/0 NYLON NEEDLE

Leroy Young King Tan[1]

[1]Hospital Sultan Ismail

We demonstrate a cost-effective modification for repairing a 3-clock-hour traumatic iridodialysis. A standard curved 10/0 nylon needle, typically used for corneal incision closure, was manually straightened to mimic a long straight needle. Operating from a superior position following phacoemulsification and IOL implantation, a localized peritomy was performed. The straightened needle was passed trans-sclerally 1.5mm posterior to the limbus, engaging the iris periphery ab-interno. The needle was externalized through a 2 o'clock paracentesis and re-oriented on the forceps. It was then re-inserted through the same paracentesis, engaging the iris adjacent to the initial penetration site to create a "hang-back" mattress suture. This approach achieved precise anatomical repositioning and a well-centered pupil, resolving the patient's photophobia and monocular diplopia. This modified technique offers a reproducible and economical alternative to specialised straight needle sutures, using commonly available curved needle sutures.

ABSTRACT ID: 318
SINGLE HANDED PHACO-AUTOCRACK - A NOVEL TECHNIQUE

Jan Bond Chan[1]

[1] International Specialist Eye Centre - ISEC

Summary

Introducing a new single-handed phacoemulsification technique termed "Phaco-Autocrack,"used for cataract extraction in soft to moderate nuclear sclerosis. The technique emphasizes a gentler approach on zonular structures and reduces instrument use while maintaining surgical efficiency. In this case, a patient underwent cataract extraction using this method, achieving outcomes comparable to the standard "stop-and-chop" technique. The method requires precise surgical skills and good foot pedal control but does not require alterations to conventional phaco machine settings.

ABSTRACT ID: 319
COMPLICATED CATARACT SURGERY WITH IRIDODIALYSIS FIXATION

Jan Bond Chan[1]

[1] International Specialist Eye Centre – ISEC

Summary

A 26-year-old gentleman presented history of traumatic eye injury from a large rope while fixing a ship while he was working in Indonesia 1 week ago. He has vitreous in the anterior chamber, hyphema, iridodialysis from 2 o'clock to 10 o'clock area, cataractus lens, phacodonesis, vitreous hemorrhage, macula hole and high intraocular pressure at 35mmHg. He was started on antiglaucoma and his IOP reduced to 15mmHg and proceed with surgery. The video discusses tips and points regarding this complicated surgery.