MAGS 2022

3rd MOH Annual Glaucoma Symposium

Vision Beyond The Field

4th - 5th March 2022
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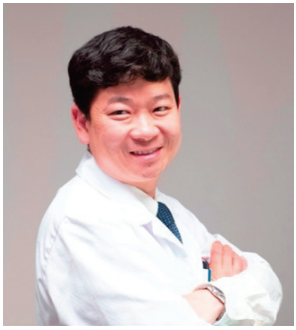

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3rd MOH Annual Glaucoma Symposium (MAGS 2022)

The 3rd MOH Annual Glaucoma Symposium (MAGS 2022) is a yearly event organised by the Ministry of Health with the main aim of imparting ever-evolving glaucoma knowledge to all doctors and optometrists in the ophthalmology fraternity. The symposium is also a platform for the exchange of skills and expertise and a networking medium for both local and international experts. After a two-year hiatus due to the unprecedented Covid 19 pandemic, Hospital Raja Permaisuri Bainun, Ipoh was given the great pleasure of hosting the event this year under the theme 'Vision Beyond the Field'.

What differentiated this symposium from its predecessors was its fully virtual nature to ensure everyone was able to attend the conference while being safe. It was held in conjunction with the World Glaucoma Week, celebrated internationally the second week of March. Not only was this the first time the symposium was open to abstract submissions, but it was also the pioneer for e-poster presentations in the form of recorded narrations in Malaysia.

The symposium originated from a very humble beginning. The first glaucoma conference, First National Glaucoma Update, was organised in Malaysia's historical city, Melaka in 2018, hosted by Hospital Melaka in Hang Tuah Village Melaka with the theme 'Glaucoma Made Easy'. This first conference was organised in collaboration with the glaucoma subspecialty board serving as the scientific committee, seeking to target medical officers, ophthalmology trainees, and junior specialists to offer updates and methods in diagnosing glaucoma. The topics selected were the basics of glaucoma, including eye assessment, medical, and surgical management. In addition, the event offered a presentation on glaucoma audits at MOH hospitals and panel discussion on the management of complex glaucoma cases.

In 2019, the Second National Glaucoma Update was organised by Hospital Raja Perempuan Zainab II, Kota Bharu in Hotel Perdana Kota Bharu, Kelantan with the theme 'Current Issues in Glaucoma'. We extended our invitations to personnel from the Ministry of Education, private ophthalmologists, and optometrists. The objectives of the conference were to provide updates on the latest innovations in glaucoma investigation tools and exposure to current medical and surgical treatments for glaucoma. It also included presentations on selected topics from the recently launched Clinical Practice Guidelines (CPG) Management of Glaucoma (2nd Edition). The event ended with a roundtable discussion on interesting glaucoma cases and the management of challenging cases.

Unfortunately, as the country was hit by the pandemic wave in 2020, the National Glaucoma Update event was postponed. In 2022, we resumed our National Glaucoma Update, now rebranded as the 3rd MOH Annual Glaucoma Symposium (MAGS 2022). The event was a great success, attracting a considerable number of online participants and poster presenters. Moreover, the conference abstracts are published in this current supplement of the Malaysian Journal of Ophthalmology. As a growing project, MAGS hopes to achieve regional and international recognition in the future.

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Oral Abstracts

G001

TREATMENT OUTCOMES IN AUROLAB AQUEOUS DRAINAGE IMPLANT (AADI) VERSUS BAERVELDT GLAUCOMA IMPLANT (BGI) AFTER 1-YEAR FOLLOW UP

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Objective

To compare safety and efficacy between a low-cost glaucoma drainage device (GDD), AADI, and BGI in refractory glaucoma in Hospital Selayang.

Methods

This was a retrospective study of patients who age > 18 years with uncontrolled intraocular pressure (IOP) with or without prior failed trabeculectomy and completed a minimum 1-year follow-up. The outcome measures were IOP reduction from preoperative values and postoperative complications.

Results

Primary outcome measure was IOP and secondary outcome measures were anti-glaucoma medications and postoperative complications. Success rate was defined as complete when IOP ≥ 6 and ≤ 21 mmHg without anti-glaucoma medication (AGM). Success rate was defined as qualified if AGM were required. 6 patients received AADI (group A), while 9 patients received BGI (group B). Mean pre-

operative baseline IOP was 32.11 ± 9.47 mmHg in group A versus 21.57 ± 17.45 mmHg in group B. In group A, the mean IOP decreased to 19.86 ± 13.04 mmHg, 13.29 ± 3.77 mmHg, and 9.86 ± 2.97 mmHg after 1 week, 3 months, and 6 months, respectively. In group B, the mean IOP decreased to 18.44 ± 7.07 mmHg, 22.00 ± 7.83 mmHg, and 14.78 ± 3.53 mmHg after 1 week, 3 months, and 6 months, respectively. At 1 year postoperatively, mean ± SD IOP was 9.43 ± 5.29 mmHg in the group A and 13.89 ± 3.06 mmHg in the group B. AGM were required 1.43 ± 1.90 in the group A and 1.67 ± 1.58 in the group B. Three eyes achieved complete success and three eyes achieved qualified success in Group A. In group B, three eyes achieved complete success and five eyes achieved qualified success.

Conclusion

AADI is effective in lowering IOP at affordable cost, especially in low to middle income patients.

G009

HARUAN EXTRACT *(CHANNA STRIATA)* FOR PERSISTANT BLEB OVERFILTRATION POST TRABECULECTOMY

Tuan Mohd Amirul Hasbi Tuan Pail[1,2], Evelyn Tai Li Min[1,2], Wan Norliza Wan Muda[2], Fatimah Suhaila Sukaimy[2], Mohd Aziz Husni[3]

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Objective

To report a case of persistent bleb over filtration post trabeculectomy treated with adjunctive oral Haruan extract (*Channa striata*) supplementation.

Methods

A case report.

Results

Mitomycin C improves the success rate of trabeculectomy in young patients. However, the use of mitomycin C in these patients increases the risk of ocular hypotony and other complications.
We highlight a case of newly diagnosed advanced juvenile open angle glaucoma in a 15-year-old Malay boy with significant optic disc cupping and visual field loss. He underwent trabeculectomy with mitomycin C 0.04%, complicated with persistent bleb over filtration and hypotony post operatively. Ocular examination revealed a diffusely elevated bleb with negative Seidel test. There was absence of anterior chamber inflammation and the lowest intraocular pressure (IOP) recorded was 4 mmHg, with macular striation.
Despite surgical interventions to tackle the bleb over filtration, the eye remained hypotonic. After thorough discussion with the patient and family members, a

decision was made to commence oral Haruan extract (*Channa striata*) supplementation with the aim of inducing bleb fibrosis. The condition subsequently improved and the hypotony resolved.

Conclusion

Haruan extract (*Channa striata*) supplementation may be beneficial as an adjunctive treatment in the management of bleb over filtration post-trabeculectomy. More studies on the efficacy of this complementary therapy in managing hypotonic complications of glaucoma surgery are warranted.

G010

CLINICAL OUTCOMES OF AHMED GLAUCOMA VALVE IMPLANTATION: 4-YEAR RETROSPECTIVE STUDY

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Objective

To study the demographic characteristics, postoperative outcome and interventions of patients received Ahmed Glaucoma Valve (AGV) implantation.

Methods

A retrospective study.

Results

Total of 21 eyes from 20 patients included between year 2018 and 2021. Neovascularization glaucoma was the most common aetiology in our local setting (38.10%) follow by uveitic glaucoma (19.05%), mixed glaucoma (9.52%), traumatic related glaucoma (9.52%), primary open-angle glaucoma (POAG) failed trabeculectomy (4.76%), POAG for primary tube (4.76%), pseudoexfoliation glaucoma (4.76%), steroid-induced glaucoma (4.76%), and secondary glaucoma post-vitrectomy (4.76%). Mean preoperative IOP was 31.3 ± 10.2 mmHg on 3.9 ± 0.3 glaucoma medications. Mean IOP at 1 year was 17.3 ± 4.7 mmHg on 2.1 ± 1.5 glaucoma medications. Twenty patients (95.2%) able to discharge home after day one post operation except one patient only able to discharge home after day four operation due to high IOP post operation. Complications included hypotony in two eyes (9.5%), hyphaema in two eyes (9.5%), and retinal detachment in one eye (4.8%). Total of 5 cases of encapsulation reported. Throughout the follow-up, 21% were able to achieve complete success, 68% qualified success, and 11% had surgical failure.

Conclusion

AGV implantation was a relatively safe and effective procedure.

G014

WAS IT REALLY AN ACUTE PRIMARY ANGLE-CLOSURE ATTACK?

Siti Maimun Bashir, Ng Hong Kee, Ch'ng Tun Wang

Department of Ophthalmology, Hospital Raja Permaisuri Bainun, Perak

Objective

To study the eventual diagnosis and the clinical outcomes of patients initially diagnosed as acute angle closure.

Methods

This is a retrospective study of all patients diagnosed with acute angle closure (AAC) in Eye Clinic, Hospital Raja Permaisuri Bainun, Ipoh from 2019 to 2021.

Results

A total of 28 eyes presented with AAC symptoms such as painful, blurry red eye, shallow anterior chamber with high intraocular pressure (IOP). Eventual diagnosis was acute primary angle-closure glaucoma (APACG) in eleven eyes and secondary causes (non-APACG) in the remaining 17 eyes. The non-APACG group consisted of subluxated lens (n = 5), phacomorphic glaucoma (n = 10), uveitic (n = 1) and one secondary to arteriovenous malformation (AVM) of brain. In the APACG group, majority were of Chinese ethnicity (72.7%) compared to Malay predominance in non-APACG group (70.6%). Mean age was similar with no gender predominance. There was no significant difference in mean presenting IOP with 45.8 ± 12.1 mmHg and 42.5 ± 13.8 mmHg for APACG and non-APACG groups respectively (P =0.290). The mean anterior chamber depth was 2.2 ± 0.2 mm and 2.2 ± 0.8 mm for APACG and non-APACG groups respectively (P = 0.816). All APACG patients underwent uneventful cataract operation while non-APACG patients that underwent cataract operation had significant weak zonules and lens subluxation component lead to a more complex surgery.

Conclusion

Lens-related angle closure contributed to more than half of our patients that presented with AAC. Thorough clinical examination is crucial for these aetiologies differentiation so that the targeted treatment can be given and surgeon is prepared during the cataract surgery.

G015

SHORT-TERM EFFICACY OF COMBINED TRANS-CANNULA ANGLE WASHOUT WITH PHACOEMULSIFICATION IN PSEUDOEXFOLIATION GLAUCOMA PATIENTS WITH CATARACT

Ashrof Abdullah, Ng Hong Kee, Ch'ng Tun Wang

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Objective

To study the short-term efficacy of a novel surgical technique of trans-cannula angle washout combined with phacoemulsification in pseudoexfoliation glaucoma patients with cataract in Hospital Raja Permaisuri Bainun, Ipoh.

Methods

A retrospective study.

Results

A total of seven patients enrolled in the study with mean age of 75.4 ± 6.4 years old and four female patients. The mean follow-up duration was 4.5 ± 3.8 months. The mean baseline intraocular pressure (IOP) was 19.1 ± 5.0 mmHg reduced to 15.5 ± 2.1 mmHg at last follow-up ($p = 0.191$). All patients showed reduction in IOP with range from 2 to 13 mmHg. The mean baseline number of glaucoma medications was 2.5 ± 0.5 reduced to 2.0 ± 0.8 at last follow-up ($p = 0.403$). There was no reported complication in all patients. There was no reduce in visual acuity reported. The mean baseline best corrected visual acuity in logMAR (BCVA) was 1.38 ± 0.9 declined to 0.89 ± 0.5 at last follow-up ($p = 0.444$).

Conclusion

Combined trans-cannula angle washout with phacoemulsification is a promising and safe adjunct treatment for pseudoexfoliation glaucoma patient with cataract. It did help in overall IOP and number of glaucoma medications reduction (although it did not achieve statistically significant). It needs further study to ascertain its role in pseudoexfoliation glaucoma management.

NG003

RECURRENT BILATERAL INTERSTITIAL KERATITIS IN OCULAR TUBERCULOSIS: SHOULD ANTI-TUBERCULAR THERAPY REGIME BE EXTENDED?

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Department of Ophthalmology, Hospital Sungai Buloh, Selangor

Objective

To contemplate if anti-tubercular regime should be extended in a rare case of recurrent bilateral interstitial keratitis secondary to tuberculosis.

Methods

A case report.

Results

A 13-year-old girl whose grandmother was treated for tuberculosis initially presented with the first episode of bilateral eye redness associated with drop in vision for one week in June 2021. There were bilateral corneal stromal opacities with superficial and deep vascularization and cellular activity in the anterior chamber. Fundus examination was unremarkable. She had a positive Mantoux test of 24 mm, raised ESR and prominent perihilar markings on chest X-ray suggestive of tuberculosis and was negative for other infective and autoimmune screenings leading to the diagnosis of bilateral interstitial keratitis secondary to tuberculosis. She responded to anti-tubercular regime and topical prednisolone acetate but developed recurrence of symptoms five months later while on maintenance phase of anti-tuberculosis therapy. Thus, a presumptive diagnosis of recurrent bilateral interstitial keratitis was made. Intensive topical prednisolone acetate was restarted and maintenance phase of anti-tuberculosis was continued until completion without extension. The stromal lesions responded dramatically and resolved with scarring. Best corrected vision improved from 6/36 to 6/9 for right eye and from 6/18 to 6/6 for left eye.

Conclusion

Corneal involvement of tuberculosis although rare can possibly manifest as phlyctenulosis, interstitial keratitis, disciform keratitis or peripheral ulcerative keratitis. Reactivation of interstitial keratitis is largely related to the hypersensitivity of the tubercular protein rather than active disease, therefore an extension of anti-tubercular therapy may not be required.

NG012

CHALLENGES IN MANAGEMENT OF PERIPHERAL ULCERATIVE KERATITIS (PUK)

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Objective

To describe a case of bilateral PUK with right corneal perforation.

Methods

A case report.

Results

A 65-year-old Indian lady with dyslipidaemia presented with 1-month history of worsening right eye discomfort and blurred vision. She denied ocular trauma nor had systemic manifestations of autoimmune disease.

On examination, her right eye has injected conjunctiva with presence of crescent-shaped peripheral corneal thinning from 10-6 o'clock with corneal perforation from 12-2 o'clock. Anterior chamber was formed with 2+ cells. Her left eye has conjunctival injection with peripheral corneal thinning from 7 to 10 o'clock. Anterior chamber was deep and quiet. Posterior segment examinations were unremarkable. Investigations were done to rule out infective and autoimmune causes which were negative except for raised ESR at 50.

The diagnosis of bilateral active PUK with right corneal perforation was made. She was treated with oral prednisolone 45 mg OD, azathioprine 50 mg OD, topical moxifloxacin and subsequently underwent right eye lamellar keratoplasty. However, over a month her right corneal thinning progressed requiring addition of cyclosporine 100 mg OD.

One-month postoperatively, her left eye developed a new infiltrate and epithelial defect at 10 o'clock with cells 1+. Azathioprine was increased to 100 mg OD with slow tapering of oral steroids and cyclosporine 100 mg OD. Her left eye infiltrate resolved. During her last review at 8-months postoperatively, both of her eyes remained stable.

Conclusion

PUK is a chronic relapsing and remitting disease requiring long-term immunosuppressants. Adequate disease control is vital in preventing serious complications.

NG014

A 5-YEAR RETROSPECTIVE STUDY ON VISUAL OUTCOME FOLLOWING CATARACT SURGERY COMPLICATED BY POSTERIOR CAPSULE RUPTURE IN HSAH

Zhi Yue Tan, Andrew Zhi Jian Low, Rosnita Alias

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Objective

To determine the visual outcome and sequelae of cataract surgery complicated by posterior capsule rupture and factors related to poor visual outcome.

Methods

Retrospective data of patients who underwent cataract surgery complicated by posterior capsule rupture in Hospital Sultan Abdul Halim between January 2015 and December 2019 were collected and recorded from the National Eye Database of Malaysia.

Results

There were 6,098 cases that received cataract surgery from the year 2015 to 2019 and out of those, 167 were complicated by posterior capsule rupture (rate of 2.74%). After excluding 57 cases lost to follow-up, 110 of patients were studied. These comprised of 47 males and 63 females. The mean age was 63.4 years, ranged from 41 to 79 years. The mean logarithm of the minimum angle of resolution (logMAR) best-corrected visual acuity (BCVA) was 0.23 (median 0.18). The proportion of patients who had BCVA of 0.3 logMAR or better was 83.6%. After excluding eyes with pre-existing diseases, 88.9% got this level of BCVA. Primary intraocular lens insertion was performed in 54.5% the remaining were secondary intraocular lens. Subsequent complications occurred in 16.4%, which included raised intraocular pressure (9.1%), vitreous haemorrhage (2.7%), vitreous in anterior chamber (1.8%), retinal detachment (1.8%), uveitis (0.9%), and retained soft lens material (0.9%).

Conclusion

Our study showed that most of the patients had favourable visual outcome despite surgery being complicated by posterior capsule rupture. The rate of posterior capsule rupture in our centre was also comparable to those reported by other institutions.

NG016

RARE PRESENTATION OF CHOROIDAL MELANOMA MIMICKING AS ORBITAL CELLULITIS

Timothy Liew Khai Wing, Ng Chun Wai

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Objective

To report a rare case of choroidal melanoma mimicking as orbital cellulitis.

Methods

A case report.

Results

A 64-year-old Chinese man presented with progressively worsening right eye (RE) pain, swelling and redness for the past 3 days. He defaulted ophthalmology follow-up for RE choroidal mass since 5 years ago. He denies any previous history of trauma, foreign body or insect bite. On ocular examination, visual acuity RE was non-perception to light (NPL) in all 4 quadrants, left eye (LE) was 6/9. Intraocular pressure (IOP) of RE was 35 mmHg. Extraocular muscles movement of RE were limited superior, inferior and temporally. Hertel's exophthalmometer showed presence of RE proptosis, and positive reverse relative afferent pupillary defect (RAPD). Anterior segment of RE showed swollen eyelid, injected conjunctiva with 360-degree chemosis, hazy cornea and anterior chamber were flat with no visualization of iris details. RE no fundus view. B-scan of RE showed a large intraocular mass with retinal detachment and subretinal fluid. Anterior segment and fundus examination of LE were normal.
Computed tomography (CT) and MRI brain and orbit showed well-defined solid hyperdense right intraocular mass occupying > 50% of the vitreous cavity with no extraocular extension, suggesting of choroidal melanoma and orbital cellulitis. All blood parameters and chest X-ray were normal. Patient was started on Intravenous

ceftriaxone and metronidazole for 2 weeks for orbital cellulitis. His cellulitis improved and was later referred to the medical retina and oculoplastic team for further plan for enucleation.

Conclusion

Ophthalmic malignancies may masquerade and present as acute orbital cellulitis. Early suspicion, diagnosis and precise treatment are essential for better survival rate for the patient.

NG017

BLINDING BLOOD LOSS: A CASE OF BILATERAL NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY (NAION) SECONDARY TO SEVERE ANAEMIA

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Objective

To report a case of bilateral NAION secondary to severe anemia in abnormal uterine bleeding (AUB).

Methods

A case report.

Results

A 21-year-old lady with unremarkable medical history presented with sudden bilateral reduced vision for 3 days upon waking up. Her right eye (RE) vision was 6/18 and left eye (LE) 6/60. She was on 5th day of heavy menstruation with history of irregular cycle. Her vital signs were normal with haemoglobin of 6.4g/dL. She was diagnosed as AUB by the gynaecology team and treated with iron supplements. There was a relative afferent pupillary defect on LE with defective colour vision, light brightness and contrast sensitivity bilaterally. Fundus examination revealed bilateral hyperaemic, swollen optic disc with flamed shape haemorrhage and cotton wool spots. Bjerrum perimetry showed right enlarged blind spot and left paracentral scotoma. Urgent CT and MRI brain revealed normal findings. Other blood investigations were normal. She was diagnosed as bilateral NAION. Due to her poor presenting vision, she was treated with 12 doses of intravenous methylpred-

nisolone 250 mg and her vision improved to 6/9 RE and 6/24 LE. Oral prednisolone 60mg daily was administered for 11 days. Examinations showed resolution of optic disc swelling with normal optic nerve functions after completion of treatment.

Conclusion

NAION should be ruled out in a young lady with AUB and anaemia who presented with acute onset of visual disturbances. Systemic steroids may aid in visual recovery in such cases.

NG028

CASE SERIES OF SEBACEOUS GLAND CARCINOMA

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Objective

Review of three cases of patients with sebaceous gland carcinoma to compare the clinical presentation, treatment received, and outcome.

Methods

Three cases ranged from 54–78 years old. Computed tomography (CT) scan and incisional biopsy was done to confirm the diagnosis, which was then excised.

Results

All three cases presented with painless lid swelling. Two cases presented with mechanical ptosis and no diplopia elicited clinically. The mean age at the time of diagnosis of sebaceous gland carcinoma and metastasis was 62 years old and 63 years old with mean duration of one year between diagnosis of primary tumour and orbital or systemic metastasis. The most common orbital metastasis areas were lacrimal gland (n = 2) followed by nodal metastases (n = 1) and systemic metastasis were brain (n = 2), lung (n = 1), and liver (n = 1). The tumours of all three specimens showed malignant cells that are mostly multivesicular to vacuolated clear which that suggestive of sebaceous carcinoma. One patient was first treated with excision biopsy under frozen guidance and lid construction but noted local recurrence after defaulted follow up for one year eventually underwent exenteration. The other two cases underwent exenteration after diagnosis was made. One patient died of disseminated metastasis seven months after diagnosis of orbital metastasis.

Conclusion

Sebaceous gland carcinoma is a rare but aggressive malignant disease. Surgery remains the mainstay of treatment. Early detection and prompt treatment is important to reduce case of recurrence or distant metastasis.

NG033

LATE-ONSET CAPSULAR BAG DISTENSION SYNDROME

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Objective

To present three rare cases of late-onset capsular bag distension syndrome (CBDS) of variying severity.

Methods

A case series.

Results

We present three female patients with history of unilateral painless, progressive blurring of vision for one year duration. They had undergone uncomplicated phacoemulsification with intracapsular implantation of intraocular lens (IOL) more than seven years ago, prior to presentation. All three patients had initial good vision following cataract surgery. Slit-lamp biomicroscopy examination showed turbid fluid between the IOL and posterior capsule. There were no signs of uveitis. Hyper-reflective material was demonstrated in the space between the IOL and posterior capsule on anterior segment optical coherence tomography (AS-OCT). These findings were consistent with late-onset CBDS. Two patients have opted for conservative treatment. They both had a best corrected visual acuity of 6/9 and 6/24 respectively. The third patient underwent an uneventful Nd:YAG laser posterior capsulotomy and the best corrected visual acuity improved to 6/9 from 6/24.

Conclusion

CBDS is a rare complication of cataract surgery which may occur in the early post-operative period, as well as several years after an uncomplicated cataract surgery. AS-OCT is useful in aiding diagnosis. Nd:YAG posterior capsulotomy is accepted as a standard and effective CBDS treatment. Cases of endophthalmitis following Nd:YAG capsulotomy in CBDS patients have been reported, and *Propionibacterium acnes* has been isolated from intracapsular fluid aspirates. Intracapsular plaque is strongly suggestive of infectious disease, hence in these cases surgical treatment should be considered.

E-Poster Abstracts

G002

ACUTE ANGLE-CLOSURE GLAUCOMA SECONDARY TO EXPULSIVE HAEMORRHAGE IDIOPATHIC POLYPOIDAL CHOROIDAL VASCULOPATHY

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Objective

To report a case of acute angle-closure glaucoma (ACG) secondary to expulsive haemorrhage idiopathic polypoidal choroidal vasculopathy (IPCV).

Methods

A case report.

Results

A 53-year-old, lady, presented with sudden visual loss, pain and redness over her right eye. She complained of headache for 2 days associated with nausea and vomiting. She had underlying diabetes mellitus, hypertension and dyslipidaemia. Vision on presentation over her right eye (OD) was light perception and left eye (OS) was 6/9. Her right eye relative afferent pupillary defect was positive. Anterior segment examination of the right eye showed injected conjunctiva, epithelium bedewing, shallow anterior chamber with cells 3+ and a 5 mm mid-dilated pupil. Her left eye anterior segment examination was normal. Her intraocular pressure (IOP) was 60 in her right eye and 11 in her left eye. She was started on oral acetazolamide, 3 anti-glaucoma medications, and topical steroid over her right eye. Gonioscopy showed her right eye angles were closed. Laser peripheral iridotomy (PI) was performed. IOP was well controlled after laser PI and medical management. Right

eye fundus revealed exudative retinal detachment. B-scan of right eye showed total exudative retinal detachment, positive T sign, and choroidal effusion. A provisional diagnosis of right eye acute ACG secondary to ruptured IPCV was made. Patient did not show any visual improvement on follow-up.

Conclusion

Acute ACG secondary to ruptured IPCV is a rare but very devastating complication. The visual prognosis is very poor despite prompt medical management.

G003

SPONTANEOUS INDIRECT CAROTID CAVERNOUS FISTULAS: A RARE BILATERAL PRESENTATION

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Objective

To report a rare case of bilateral spontaneous indirect carotid cavernous fistulas.

Methods

A case report.

Results

A 68-year-old Malay female with underlying hypertension, diabetes mellitus, hyperlipidaemia, and idiopathic Parkinson disease presented with sudden onset of bilateral painless red eyes for 2 weeks. She did not have any history of trauma. There was bilateral axial non-pulsatile proptosis, more prominent on left with corkscrew vessels bilaterally. Her best corrected visual acuity was 6/9 bilaterally. No chemosis was seen. There was no relative afferent pupillary defect. Her intraocular pressure (IOP) was 30 mmHg bilaterally. Right eye had mild restriction on elevation. Other extra-ocular movements of both eyes were full. No diplopia was reported. Fundus examination was unremarkable. Four types of topical antiglaucoma medication were started. Urgent computed tomography of brain and orbit showed proptosis of both globes and dilatation of bilateral superior ophthalmic veins. She was referred to the neurosurgical team and underwent digital subtraction angiography: Barrow type D bilateral indirect carotid cavernous fistulas (CCF) was reported. She underwent embolization successfully but complicated with minimal haemorrhage with contrast extravasation in the cavernous sinus extending into extradural space in the posterior fossa which resolved spontaneously. After CCF embolization, her

red eyes resolved, IOP normalised, and vision remained the same. Unfortunately, she developed right sixth nerve palsy after the procedure and had diplopia on primary gaze.

Conclusion

Bilateral indirect CCF are rare. Prompt diagnosis and treatment of CCF could result in favourable ocular outcomes; but endovascular treatment has inherent risk of complication such as cranial nerve palsy.

G004

OPTIC DISC SWELLING SECONDARY TO AN ACUTE RISE IN INTRAOCULAR PRESSURE

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Objective

To report cases of optic disc swelling in an acute rise in intraocular pressure in acute angle closure attack (AACA).

Methods

A case series.

Results

Three female patients aged 61 to 63 years old presented with acute painful red eyes, decreased vision, headaches, and/or vomiting. The best corrected visual acuity (BCVA) of the affected eyes ranged from 6/36 to hand movements. Slit lamp and gonioscopic examinations suggested AACA with an intraocular pressure (IOP) of 40 to 54 mmHg. The IOP was lowered with topical and systemic IOP lowering agents. Laser peripheral iridotomy (PI) was done for all patients. Two patients were noted to have optic disc swelling after cornea edoema subsided post-PI, while another had optic disc swelling at the time of presentation. The spectral-domain optical coherence tomography (SD-OCT) showed an increase in peripapillary retinal nerve fibre layer (RNFL) thickness in two patients, while one patient had an enlarged blind spot on the Bjerrum test. Cataract surgery was performed and optic disc swelling resolved on average 3 months post-PI.

Conclusion

AACA can be present with optic disc swelling.

G005

CAROTID CAVERNOUS FISTULA WITH HIGH INTRAOCULAR PRESSURE MIMICKING ORBITAL CELLULITIS: A TRICKY CASE!

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Objective

To report a rare case of carotid cavernous fistula that mimicking orbital cellulitis.

Methods

A case report.

Results

A 63-year-old Malay man, with underlying diabetes mellitus, hypertension, and history of motor vehicle accident one year ago presented to eye casualty with 3 days history of worsening left eye redness, pain, and swelling. He complained of sudden onset of left blurring of vision for one day. There was a history of left eye intermittent redness for 3 months. Visual acuity was 6/6 in the right eye and hand movement in the left eye. Left relative afferent pupillary defect was positive with a significant reduction of left optic nerve function to 50%. Left eye examination showed a significant non-pulsating proptosis with periorbital swelling. There was a complete chemosis of the conjunctiva. Extraocular movement was restricted in all gazes. Anterior segment showed a narrow angle and confirmed with gonioscopy. Left fundus revealed choroidal striation on the posterior pole with tortuous and engorged retinal vein. Examination of the right eye was unremarkable. Intraocular pressure was 12 mmHg for the right eye and 23 mmHg for the left eye. A contrast enhanced computed tomography (CT) of the orbit was suggestive of left orbital cellulitis. Intravenous antibiotic and antiglaucoma medication were commenced. Following a course of antibiotic, conjunctival chemosis reduced sig-

nificantly. However, corkscrew appearance on the conjunctiva vessel was noted. CT angiography and digital subtraction angiography showed left indirect caroticocavernous fistula (CCF). Patient underwent embolization of left CCF by the neurosurgical team. Left vision improved to 6/18 and other significant ocular finding on the left eye resolved completely 2 weeks post procedure.

Conclusion

CCF though uncommon can present with subtle sign and symptoms. Knowledge of its possible occurrence ensures timely diagnosis and appropriate management, which is mandatory to prevent morbidity and mortality.

G006

TRANSCONJUNCTIVAL COMPRESSION SUTURE: ANOTHER APPROACH TO HYPOTONY

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Objective

Transconjunctival compression suture is an approach to be taken in dealing with hypotony post trabeculectomy or needling.

Methods

Retrospective case series of three patients identified with hypotony post-trabeculectomy and needling procedure who underwent transconjunctival compression suture.

Results

We report three cases of patients who developed hypotony with deteriorated vision, shallow anterior chamber, low intraocular pressure, and choroidal detachment post-trabeculectomy or needling procedure. These patients underwent transconjunctival compression suture.
The first case is a 61-year-old with left eye primary open-angle glaucoma who developed hypotony post-suture lysis with vision of 6/36, shallow anterior chamber, low intraocular pressure and choroidal detachment. Post-transconjunctival compression suture, vision improved to 6/9, anterior chamber was formed, and choroidal detachment resolved.
The second case is a 42-years-old with underlying systemic lupus erythematous with bilateral steroid-induced glaucoma. Patient developed hypotony post-trabeculectomy and needling. Left eye vision was counting fingers, with choroidal detachment. Anterior chamber reformation was done multiple times. Subsequently, left eye transconjunctival compression suture was done and vision improved to

6/24, anterior chamber was formed, and choroidal detachment resolved.
The third case is a 67-year-old with bilateral pseudoexfoliative glaucoma who developed hypotony post needling. Patient vision dropped to 1/60, shallow anterior chamber, low intraocular pressure, and choroidal detachment. Patient underwent transconjunctival compression suture and vision improved to 6/60, anterior chamber formed, and choroidal detachment resolved.

Conclusion

Transconjunctival compression suture is one of the various non-invasive methods in managing hypotony post-trabeculectomy or needling.

G008

SHORT-TERM EFFICACY AND SAFETY OF PAUL GLAUCOMA IMPLANTATION, A NOVEL NON-VALVED GLAUCOMA DRAINAGE DEVICE: OUR MALAYSIAN EXPERIENCE

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Objective

To determine the early and intermediate outcome of Paul Glaucoma Implant (PGI) in Hospital Raja Permaisuri Bainun, Ipoh.

Methods

A retrospective cohort study.

Results

A total of 15 patients implanted with PGI were enrolled in this study. The mean age was 59 ± 14 years with male predominance (69%). Baseline mean intraocular pressure (IOP) preoperatively was 31.2 ± 5.3 mmHg, reduced to 14.9 ± 5.1 mmHg at 1-week ($P < 0.001$), 20.1 ± 7.1 mmHg at 1-month ($P < 0.001$), 13.7 ± 4.7 mmHg at 3-month ($P < 0.001$), and 13.8±2.6mmHg at 6-month follow up ($P < 0.001$). Percentage of IOP reduction from baseline at 1-week postoperative was 52.1%, followed by 35.4% at 1 month, 55.8% at 3 months, and 55.6% at 6 months after surgery. Number of antiglaucoma medications decreased from a mean of 4.6 ± 0.4 to 0.4 ± 0.9 at last follow-up ($P < 0.001$). Mean duration of hospitalization was 1.5 ± 0.9 days. Overall, 86.6% achieved qualified success with IOP less than 21 mmHg with 73.3% of it without adjuvant medications. Two cases (13.3%) were deemed failure where one patient had aqueous misdirection and another patient developed severe anterior chamber inflammation with hyphaema, both of which required further interven-

tion. No cases of hypotony were observed. No significant change of visual acuity (VA) demonstrated as the mean preoperative VA measured using logMAR was 0.68 ± 0.35 and 0.55± 0.27 at 6 months follow-up (P = 0.245).

Conclusion

PGI showed good immediate and 6-month post-operative outcomes for IOP-control, medication reduction and safety.

G011

INTERMEDIATE-TERM OUTCOMES IN PRIMARY BAERVELDT GLAUCOMA IMPLANT

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Objective

To evaluate the outcomes of Baerveldt Glaucoma Implant (BGI) over 4 years.

Methods

Medical records of 14 patients who underwent BGI, operated by two glaucoma surgeons at Hospital Raja Permaisuri Bainun from 2017 to 2020 were retrospectively reviewed. All patients aged between 18 to 80 with uncontrolled glaucoma were included, while patients who underwent other glaucoma drainage devices (GDD) prior to BGI were excluded. The BGI outcomes were evaluated based on postoperative intraocular pressure (IOP), logMAR visual acuity (VA), number of medications, complications, length of stay in hospital, and need for re-intervention.

Results

The mean follow-up period was 3.4 ± 1.5 years. The mean preoperative IOP (mean ± standard deviation) was 23.6 ± 6.9 mmHg with mean VA 0.7 ± 0.6 requiring 4.4 ± 0.8 glaucoma medications. At last postoperative follow-up, the mean IOP decreased to 16.1 ± 6.1 mmHg ($P < 0.01$) with 1.6 ± 1.6 ($P < 0.001$) glaucoma medications. However, mean postoperative VA worsened to 1.2 ± 1.1 due to three cases of cornea decompensation. At last follow-up, BGI successfully controlled IOP in 86% of cases. Most frequently observed complication was hypotony, in which 43% of eyes had immediate postoperative hypotony and 21% with delayed postoperative hypotony.

The mean postoperative length of stay in hospital was 3 ± 2.4 days. Rate of required re-intervention was 57%, in which one case required a second GDD.

Conclusion

BGI significantly reduces IOP and number of medications but postoperative hypotony remains a significant complication.

G012

SECONDARY GLAUCOMA FOLLOWING VITRECTOMY WITH SILICONE OIL FILLED EYE IN ADVANCED DIABETIC EYE DISEASE FROM JUNE 2020 TO JUNE 2021 IN HOSPITAL TENGKU AMPUAN RAHIMAH KLANG

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Objective

To evaluate the incidence of secondary glaucoma following pars plana vitrectomy (PPV) with silicone oil in advanced diabetic eye disease from June 2020 to June 2021.

Methods

A retrospective study

Results

A total number of 65 eyes of 65 patients with advanced diabetic eye disease underwent pars plana vitrectomy with silicone oil tamponade from June 2020 until June 2021. 15.4% of patients developed raised intraocular pressure postoperatively. A raised intraocular pressure occurred within a week post operation (7.6%), within 3 months (4.6%), and after 3 months (3.1%). Neovascular glaucoma occured in 10.7% (7 eyes) of the study population. It is the main cause of a raised intraocular pressure post vitrectomy. Out of this, 5 eyes received limited panretinal photocoagulation and 2 eyes did not receive laser treatment prior to surgery. Intraocular pressure was controlled with medications in 3 patients and 4 patients received transscleral cyclo-photocoagulation.

Conclusion

Neovascular glaucoma development following pars plana vitrectomy in advanced diabetic eye disease is common. Hence, a close monitoring of intraocular pressure and an adequate retinal laser with endolaser or panretinal photocoagulation helps in lowering the risk of neovascular glaucoma development.

G013

WHY AM I LOSING MY SLEEP?

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Objective

To report a case of a patient with insomnia after the use of topical timolol maleate.

Methods

A case report.

Results

We report a case of a 67-year-old Malay woman with a known case of hyperlipidaemia. She presented to us with right eye blurring of vision for the past six months. Her best-corrected visual acuity was 6/60 in right eye and 6/12 in left eye. Her intraocular pressure at presentation was 42 mmHg in the right eye and 28 mmHg in the left eye with positive relative afferent pupillary defect (RAPD) of her right eye. Fundus examination showed a deep optic cup with a cup to disc ratio of 0.9 and pale neuroretinal rim, whereas the left eye cup to disc ratio was 0.5. A diagnosis of primary open-angle glaucoma was made, and she was started on topical Cosopt (dorzolamide and timolol). Patient had trouble sleeping at night after she used one drop of Cosopt and symptoms persisted daily. She went to see the general practitioner and was prescribed sleeping pills. Upon one month follow up, we decided to change her topical eye drop to Simbrinza (brinzolamide and brimonidine tartate). Upon follow-up, the patient claimed she was free from insomnia.

Conclusion

Timolol maleate, a non-selective beta-adrenergic receptor blocking agent, can have profound systemic side effects, especially in old age group. Practitioners should be aware of the side effects to prevent unnecessary management.

NG001

PUPILLARY OPTIC CAPTURE IN TRANS-SCLERAL INTRAOCULAR LENS (TSIOL)

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Objective

To report a case of pupillary optic capture post-TSIOL implantation.

Methods

A case report.

Results

A 62-year-old gentleman complaining of a painful right eye and blurring of vision for 11 days. Twelve years ago, TSIOL was implanted with good postoperative vision. On presentation, best corrected vision was 6/60 in the right eye. On examination noted optic capture with pupillary block. Intraocular pressure (IOP) was 50 mmHg despite on 4 antiglaucoma eyedrops and acetazolamide. Fundus examination showed a pink disc with CDR of 0.3 and surrounding cotton wool spots. Our diagnosis was right eye pupillary block glaucoma secondary to TSIOL optic capture and impending central retinal vein occlusion. PI was done and IOP returned to normal range, with resolution of iris capture. On the same evening, recurrent optic capture occurred but IOP remained within normal range with 3 topical antiglaucoma medications. We then proceeded with IOL repositioning under local anaesthesia. Postoperatively, optic capture was resolved, IOL was stable with good vision and normal IOP.

Conclusion

In our case report we recommend prophylactic PI in all cases of TSIOL fixation to prevent pupillary capture and its potential sight-blinding sequalae.

NG002

A RARE PRESENTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS IN A PAEDIATRIC PATIENT

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Objective

This case report highlights a rare presenting feature of systemic lupus erythematosus in a child, in the form of severe vasoocclusive lupus retinopathy. Prompt commencement of treatment in a multidisciplinary approach halted the progression of disease in the fellow eye.

Methods

A case report.

Results

We describe a case of an 11-year-old girl, who presented with sudden onset right eye blurring of vision for 2 days. Visual acuity was counting fingers over her right eye with positive RAPD, and 6/9 over left eye. Fundus examination showed signs of combined central retinal artery occlusion (CRAO) and central retinal vein occlusion (CRVO) in the right eye. Left eye fundus was normal. Unfortunately, right eye vision deteriorated to non-perception to light (NPL) the following day. Urgent laboratory evaluation revealed findings suggestive of systemic lupus erythematosus. On day 2 of hospital admission, her left eye developed Roth spots adjacent to the optic disc. Systemic immunosuppressants and anticoagulant therapy were promptly commenced by the paediatrics team. We initiated full panretinal photocoagulation over her right eye to halt the ischaemic drive. Two months later, her right eye vision remained NPL with no evidence of neovascular glaucoma, while her left eye maintained a vision of 6/9 with complete resolution of retinal haemorrhages.

Conclusion

Visual prognosis is generally poor in combined CRAO and CRVO. Aim of treatment in such patients should be targeted to preserve vision in the fellow eye by treating the underlying cause.

NG004

OUCH, MY EYE HURTS! A CASE SERIES OF EXOGENOUS ENDOPHTHALMITIS

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Objective

To report four cases of exogenous endophthalmitis of different presentation and the approach of management at a tertiary centre.

Methods

A case series.

Results

Case 1: A 57-year-old lady with diabetes mellitus (DM) and hypertension presented with left eye (LE) redness and pain 4 months after LE cataract surgery. Her LE visual acuity (VA) was counting finger (CF) at 3 feet. She was diagnosed with LE chronic postoperative endophthalmitis and underwent PPV. Her postoperative vision was CF at 3 feet.
Case 2: A 39-year-old man had history of alleged hit by cement over left eye (LE). He sustained LE corneal laceration, traumatic cataract, intraocular foreign body and exogenous endophthalmitis. His LE VA was 6/60. He underwent PPV and his vision improved to 6/36.
Case 3: A 51-year-old man presented late after hit by a nail. He sustained LE lens subluxation, retina hole and exogenous endophthalmitis. His LE VA was CF at 2 feet. His vision post-PPV was CF at 2 feet.
Case 4: A 67-year-old woman with DM and hypertension was diagnosed with LE acute postoperative endophthalmitis during her 1-week post-cataract surgery

review. Her LE VA was hand movement. She underwent PPV 12 days after her initial cataract surgery. Her vision outcome was good with a VA of 6/24.

Conclusion

Exogenous endophthalmitis is a relatively uncommon but serious intraocular infection following an ocular surgery or as a sequelae of penetrating ocular injury. The vision outcome depends on the time of presentation, duration of symptoms to surgery, and other associated ocular pathologies. Timely surgical intervention has a more favourable outcome.

NG008

LEBER'S HEREDITARY OPTIC NEUROPATHY (LHON): DOCTOR, AM I GOING BLIND?

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Objective

To report a case of a rare genetic disorder, Leber's hereditary optic neuropathy, initially treated as optic neuritis.

Methods

A case report.

Results

A 29-year-old Chinese gentleman presented with acute onset of right eye (RE) central scotoma. Upon presentation, RE visual acuity (VA) was 6/36. The RE optic disc (OD) was mildly swollen but other findings were unremarkable. CT imaging study did not show any evidence of space occupying lesion. ESR and other laboratory blood results were normal. The patient was empirically treated with a course of steroids for optic neuritis, but no marked improvement was noticed. He presented again two months later with worsening of visual problems in both eyes (BE). The right and left VA reduced to 6/36 and 6/18 respectively. BE OD appeared swollen and hyperaemic. The BE central scotoma was confirmed with Humphrey Visual Field (HVF) test. A magnetic resonance imaging (MRI) study was conducted and only revealed a mild heterogenous hyperintensity of right optic nerve. No other evidence of central nervous lesion suggestive of demyelinating disease. A blood investigation for LHON genetic testing was done and a confirmatory result of mtDNA G11778A pathogenic mutation was detected.

Conclusion

LHON is a rare disorder causing devastating visual loss. A genetic testing should be considered when encountering a young adult with unexplained subnormal vision to avoid diagnostic delays and treatment.

NG010

EXTRANODAL ROSAI-DORFMANN DISEASE OF ORBIT: RARE CASE REPORT IN SEGAMAT HOSPITAL

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Objective

To report on the presentation, radiography, histology, and treatment of extranodal Rosai–Dorfmann disease (RDD) involving the extraconal space of orbit.

Methods

A case report.

Results

An 11-year-old Malay girl with no known medical illness presented with a 3-week history of rapidly progressing left lower lid swelling. Contrast enhanced computed topography (CECT) scan revealed a heterogeneously enhancing soft tissue lesion at left inferotemporal orbit with minimal extension into lateral extraconal space, maxillary sinus cavity and infratemporal fossa with adjacent zygomatic bone erosion. Left eye excisional biopsy was done successfully. Histopathology examination confirmed RDD.

Conclusion

Orbital swelling is one of the common presentations in ophthalmology clinic. Diagnosis can be challenging due to broad differential diagnosis. However, early decision of treatment might improve clinical outcome.

NG011

OPTIC NEURITIS FOLLOWING COVID-19 VACCINATION

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Objective

To report a case of optic neuritis following COVID-19 vaccination.

Methods

A case report.

Results

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Several vaccines have been developed and approved under emergency use to prevent further morbidity and mortality. Adverse effects have been reported following use of these new vaccines, including ocular manifestations. Here we report a case of optic neuritis after 1 week receiving the first dose of Coronavac vaccine. A 62-year-old gentleman with underlying ischaemic heart disease presented with history of progressive, generalised reduced vision over left eye. Examination revealed visual acuity of counting fingers over left eye and 6/9 over right eye. A relative afferent pupillary defect present in the left eye, associated with reduced optic nerve function. Anterior segment examination was unremarkable. Fundoscopy examination showed diffuse optic disc swelling bilaterally. Constricted visual field, left more than right was observed from Bjerrum's chart. A computerized tomography (CT) scan of brain and orbit revealed no abnormality. Infective and inflammatory screening showed no significant result. Patient was treated with combination of intravenous and oral steroids for a total of 2 weeks. Optic disc swelling gradually resolved later; however, visual function did not fully recover.

Conclusion

It is uncertain whether optic neuritis was the result after COVID-19 vaccination or coincidental. We report a patient who developed optic neuritis with close temporal relationship with COVID-19 vaccine to emphasize the potential ocular adverse effect.

NG013

EIGHT-AND-A-HALF SYNDROME SECONDARY TO EPENDYMOMA

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Objective

To report a case of eight-and-a-half syndrome secondary to ependymoma at the floor of the fourth ventricle.

Methods

A case report.

Results

A 51-year-old lady with no previous comorbidity presented with an insidious onset of diplopia. Clinical examination revealed a left-sided seventh nerve palsy. She was unable to move her left eye horizontally and only able to abduct her right eye. Bilateral vertical eye movement were unaffected. Magnetic resonance imaging (MRI) of the brain revealed a heterogenous lesion at the floor of the fourth ventricle extending into the foramen of Magendie suggestive of ependymoma. Despite undergoing complete tumour resection via posterior fossa craniotomy with C1 and C2 laminectomy, the limitation of her extraocular movements persisted.

Conclusion

Conjugate horizontal gaze palsy, ipsilateral facial nerve palsy and contralateral internuclear ophthalmoplegia can occur in eight-and-a-half syndrome. Therefore, recognizing this constellation of features allow prompt neuroimaging with precise

localization of the lesion.

NG019

PSEUDO FOSTER KENNEDY SYNDROME DUE TO BILATERAL SEQUENTIAL NON- ARTERITIC ISCHEMIC OPTIC NEUROPATHY (NAION)

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Objective

To report a case of pseudo Foster Kennedy syndrome and to describe its diagnostic challenges.

Methods

A case report.

Results

A 50-year-old uncontrolled diabetic, obese, Indian lady presented to us with a week history of frontal headache and sudden painful bilateral eye blurring of vision, predominantly in the left eye. Her visual acuity (VA) was 5/60 and 2/60 in the left and right eye, respectively, with positive left eye relative afferent pupillary defect. Anterior segment and intraocular pressure were unremarkable. Fundus examination revealed generalized right eye optic disc swelling and left eye optic disc atrophy. Neurological examination and computed tomography (CT) of brain and orbit were normal. Perimetric exam using Bjerrum test revealed enlarged blind spot in the right eye while the left eye showed inferior altitudinal visual field defect. Laboratory tests were normal for autoimmune and infectious causes of optic disc swelling. She was admitted for a trial of IV methylprednisolone in view of precious right eye. Her visual acuity improved after a course of IV methylprednisolone to right eye 6/60 and left eye 6/18, more significantly in the eye with optic atrophy. The diagnosis of NAION was established based on medical history, clinical examination, and tests.

Conclusion

Despite no definitive treatment for NAION, a correct diagnosis with early supportive measures may contribute to the improvement of VA.

NG020

A RARE CASE OF IMMUNOGLOBULIN-G4 RELATED OPHTHALMIC DISEASE (IGG4-ROD) WITH THE PRESENTATION OF RETROBULBAR TUMEFACTIVE LESION

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Objective

We report a case of IgG4-ROD with the presentation of ipsilateral posterior scleritis, retrobulbar mass with optic nerve involvement, and contralateral anterior uveitis.

Methods

A case report.

Results

A 40-year-old Bangladeshi gentleman presented with sudden onset right eye (OD) blurring of vision associated with right orbital pain in the past 4 months. On examination, the OD was no perception of light in all quadrants; whilst left eye (OS) visual acuity was 6/6 (Snellen chart). There was OD proptosis, ptosis with marked restricted ocular motility in all directions. There were right relative afferent pupillary defects and reduced sensation at V1 and V2 distribution over the right side. The anterior segment examination revealed bilateral anterior uveitis. Fundoscopy examination showed OD hyperaemic swelling optic disc with the presence of retinal fold at the posterior pole. The OS optic disc was pink with a high watermark nasally. The OD B-scan demonstrated posterior scleral thickening with the presence of “T-sign” indicating posterior scleritis. Contrasted enhancement computed tomography (CECT) brain and orbit showed a hyperdense soft tissue mass at right retrobulbar region encased the right optic nerve extended inferiorly into right masticator and parapharyngeal space. The incisional biopsy reported fragments of sclerosing fibrous tissue with attenuated blood vessels, focally surrounded by

lymphocytes and plasma cells.

Conclusion

This case report emphasizes the importance of IgG4-ROD in the differential diagnosis of orbital mass and scleritis. Early detection, appropriate treatment, and treatment adherence are essential in preventing irreversible organ damage and devastating visual impairment.

NG021

UNUSUAL CAUSE OF CONJUNCTIVITIS: FUNGAL CONJUNCTIVITIS

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Objective

To report a case of granulomatous conjunctivitis secondary to fungal infection.

Methods

A case report.

Results

A 54-year-old lady was referred from primary health care for prolonged conjunctivitis treated with chloramphenicol eye drops for 1 month. She complained of swollen left eyelid, redness, excessive tearing and itchiness. She had underlying, poorly controlled type 2 diabetes mellitus. On examination, left eye visual acuity was 6/9 with lower eyelid swelling. Her left eye showed conjunctival hyperaemia with generalized granulomatous lesions over inferior palpebral conjunctiva. It was highly vascularized with irregular surface and whitish discharge. Patient was started on topical ciprofloxacin and oral augmentin. However, the conjunctival lesion remained the same, hence incisional biopsy and contrasted enhanced computed tomography (CECT) of the orbit were performed. Histopathological examination showed multiple granulomas with a few yeast-like fungal elements suggestive of necrotizing chronic granulomatous inflammation. CECT of the orbit showed an irregular enhancing soft tissue lesion confined to left lower eyelid, measuring approximately 0.8 x 2.0 cm in size. Patient was treated with topical amphotericin B and topical fluconazole for a total of 4 months. The lesion completely resolved and the patient remained asymptomatic till date.

Conclusion

This case report illustrates a rare cause of granulomatous conjunctivitis. Poorly controlled diabetes is a known risk factor for fungal infection. Fungal organisms may underlie refractory conjunctivitis. Detailed histopathological evaluation is essential for diagnosis in cases in which the diagnostic dilemma of infective cause or neoplasm cannot be resolved.

NG022

A CASE REPORT ON PRESUMED PRIMARY CONJUNCTIVAL TUBERCULOSIS

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Objective

To report a rare case of primary conjunctival tuberculosis in a teenager.

Methods

A case report.

Results

A 17-year-old male presented with left eye redness and swelling for 2 weeks. He had no constitutional symptoms, TB contact, ocular trauma or foreign body entry. Bilateral visual acuity was 6/9. The left eye showed subconjunctival nodular mass at the superonasal bulbar and tarsal conjunctiva as well as inferotemporal tarsal conjunctiva. The cornea, anterior chamber and fundus were normal. Right eye examination was unremarkable. Systemic examination revealed left preauricular, submandibular and multiple cervical lymph nodes swelling. Excisional biopsy of the subconjunctival mass revealed a suppurative granulomatous inflammation with a few Langhan multinucleated giant cells, but acid-fast bacilli (AFB) and fungal elements were negative. Gram stain showed few polymorphs. Fine needle-aspiration biopsy of the preauricular lymph node also revealed chronic granulomatous inflammation, however TB-PCR was negative. The white cell count, erythrocyte sedimentation rate (ESR), VDRL, chest X-ray and Mantoux test were normal. Patient completed 2 weeks of oral doxycycline and 1 week of oral augmentin but showed

no improvement. He also did not respond to topical antibiotics and steroids. Upon review by a chest physician, he was treated as presumed conjunctival tuberculosis and started on anti-tuberculosis treatment, after which the conjunctival nodules and lymph nodes swelling resolved.

Conclusion

Primary conjunctival tuberculosis is a diagnostic challenge. High suspicion and timely laboratory tests aid in early diagnosis and prompt treatment.

NG023

HERPETIC KERATITIS: A DIAGNOSTIC CHALLENGE

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Objective

To report an atypical presentation of herpetic keratitis.

Methods

A case report.

Results

A 67-year-old Chinese lady with no known medical illness presented with left eye pain and progressive blurring of vision over one month. A week before her presentation, she was treated for dry eyes. Upon presentation, right vision was hand movement and left eye could only perceive light. Corneal sensation was markedly reduced over both eyes. Left conjunctiva was injected, chemosed with 360° limbitis and corneal vascularization. The corneal epithelium was unhealthy with dense punctate epithelial erosions. A U-shaped mid peripheral epithelial defect was seen extending from 1 to 12 o'clock. The largest limb was 6 mm x 3 mm and obscuring the limbus. Stroma was diffusely oedematous and hazy. Anterior chamber was deep with hypopyon of 1 mm. Posterior synechiae seen at 9 and 11 o'clock. Intraocular pressure (IOP) was 38 mmHg. B-scan showed no abnormalities. Right eye showed dry cornea. IOP and fundus was normal. Patient was initially covered with topical gentamicin, ceftazidime and IOP lowering agents. Left eye swab culture was *Pseudomonas aeruginosa*. On the next day, hypopyon level increased and a linear keratic precipitate appeared centrally. Diagnosis of left geographical ulcer with

mixed infection was made after consultation with the cornea subspecialty team. Ointment acyclovir started 5 times per day and oral acyclovir 400 mg BD was added. Her condition drastically improved. Temporary tarsorraphy was done and epithelial defect resolved. Topical fluorometholone was started but a central scar remained and her BCVA was 6/60.

Conclusion

Herpetic keratitis should be considered in those with poor response to antibiotics. Early recognition and treatment are important to reduce permanent corneal scarring, which will result in poor visual prognosis.

NG024

DELAYED PRESENTATION OF BASAL CELL CARCINOMA: A CASE REPORT

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Objective

To describe a case of advanced basal cell carcinoma as a result of neglect and delayed health seeking behaviour.

Methods

A case report.

Results

A 72-year-old male presented with painless blackish swelling at the left temporal and cheek region in the last 3 years. The lesion gradually increased in size in the past 1 year. However, the patient did not seek medical attention as he was staying alone until the swelling ruptured and developed persistent bleeding with maggots in between. Examination revealed fungating, necrotic mass with bleeding area approximately 8 x 8 cm. The mass extended to the upper, lower lid and inferior conjunctiva. Part of the upper lid was adhered to the mass. A subsequent biopsy over temporal part revealed basal cell carcinoma. CT orbit and face shown local invasion to left lacrimal gland, lateral rectus muscle, levator labii superioris, zygomaticus muscle, maxillary sinus with bony erosion. The patient decided against surgical intervention in view of his advanced age.

Conclusion

Early detection and intervention of suspicious or unusual lesions is crucial to minimize local complications and disfigurement. Extreme cases of psychosocial or economic factors may delay treatment, leading to aggressive tumour growth.

NG026

DIFFERENT CLINICAL MANIFESTATIONS OF OCULAR SYPHILIS: CASE SERIES

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Objective

To report different clinical manifestations of ocular syphilis

Methods

A case series.

Results

Case 1: A 27-year-old gentleman with multiple sexual partners presented with bilateral blurring of vision associated with floaters. He had bilateral rashes on the palms and soles. On examination, there was no relative afferent pupillary defect (RAPD). Visual acuity (VA) RE was 6/36 (pinhole (PH): 6/18), LE was 6/60 (PH: 6/36). Anterior segment examination showed occasional anterior chamber cells and anterior vitreous cells. Bilateral optic disc was swollen with no retinitis, vasculitis or choroiditis. Rapid plasma regain (RPR) was reactive (titre 1:4), human immunodeficiency virus (HIV) was positive. No intracranial lesion seen on CT brain.
Case 2: A 21-year-old gentleman presented with bilateral eye redness, blurred vision, and floaters. Visual acuity was 6/36 RE, counting fingers LE. Bilaterally, conjunctiva was mildly injected, cornea was clear with fine keratic precipitates, anterior chamber cells 3+, and presence of posterior synechiae. Bilateral fundus examination showed moderate vitritis, disc was hyperaemic but not swollen. Clump of retinitis with streak of retinal haemorrhage seen at peripheral retina RE. LE unable to visualize retinitis or choroiditis due to fundus haziness. RPR was reactive (titre 1: 1024), TPHA and HIV were positive.

Case 3: A 35-year-old gentleman with retroviral disease presented with left eye redness and blurred vision for 2 weeks. On examination, BE visual acuity was 6/9, RE examination was unremarkable. LE conjunctiva was white, anterior chamber cells 2–3+. BE fundus examination was unremarkable. RPR was reactive (titre 1:128).
All three patients were treated with IV C-penicillin 4 mega units 4-hourly for 2 weeks. Their symptoms and vision improved post-treatment.

Conclusion

Syphilis is a great mimicker and has a wide range of ocular presentations. Detailed history and high index of suspicion are required for early diagnosis and prompt treatment.

NG027

ADULT ORBITAL LYMPHOMA: A CASE SERIES

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Objective

To describe the clinical presentation, orbital imaging, histologic classification, and treatment of orbital lymphoma.

Methods

Case series of two patients with extranodal marginal zone lymphoma (EMZL) and one patient with mantle cell lymphoma (MCL) presented to the Ophthalmology Department at Hospital Raja Permaisuri Bainun, Ipoh, from 2020 to 2021, of whom clinical data, orbital imaging, histopathology analysis and treatment were collected.

Results

All three patients were in their sixties. Two patients presented with unilateral painless proptosis and one patient with eyelid swelling, all with no significant visual impairment. One of them had underlying mantle cell lymphoma ongoing chemotherapy. All orbital imaging showed lacrimal gland involvement and poor plane of demarcation with adjacent extraocular muscles. Eye globes were all preserved with no involvement of the fellow eye. All of them underwent surgical biopsy, two showed features suggestive of EMZL, immunoreactive for B-cell markers and one revealed MCL with scattered reactive T cell lymphocytes, cells positive for B-cell markers and Cyclin D1. Multidisciplinary approach with haematology and oncology team were commenced including radiotherapy and chemotherapy. One patient refused further treatment post-incisional biopsy. The other two patients showed

resolved eye swelling and proptosis with no eye recurrence to date with good visual outcome.

Conclusion

A high index of suspicion is necessary when dealing with masses in the orbita and ocular adnexa. Timely diagnosis and appropriate management can prevent vision loss and improve survival rate.

NG031

MEDIAL ORBITAL WALL DECOMPRESSION FOR DYSTHYROID OPTIC NEUROPATHY: A CASE SERIES

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Objective

To report two cases of active thyroid eye disease with dysthyroid optic neuropathy underwent medial orbital wall decompression.

Methods

A case series.

Results

Case 1: A 39-year-old lady with underlying schizophrenia and bronchial asthma presented with bilateral proptosis for 1 month, inactive thyroid eye disease supported with deranged thyroid function and orbital CT scan. Three months later, she developed right eye (RE) vision-threatening optic neuropathy with clinical activity score (CAS) of 3/7. She was started on IV methylprednisolone pulse therapy. During the third cycle of pulse therapy, she developed left eye (LE) compressive optic neuropathy. She was started on IV methylprednisolone 1 g per day for 3 days. She was counselled for surgical intervention but refused surgery. Two months later, there was deterioration of LE condition and she agreed to endoscopic medial orbital wall decompression. Postoperatively, her LE vision improved, regained optic nerve (ON) functions with no signs of active thyroid eye disease (TED).
Case 2: A 49-year-old lady with hyperthyroidism presented with bilateral lid swelling and redness for 3 months associated with restricted RE movement. There was

reduced red saturation and CAS of 4/7 bilaterally. She was started on IV methylprednisolone pulse therapy. Five months after completion of pulse therapy, the patient had acute RE vision-threatening optic neuropathy. Patient underwent right endoscopic orbital decompression. Post procedure, vision and ON functions improved, with no evidence of active TED.

Conclusion

Endoscopic medial orbital wall decompression surgery is a choice for dysthyroid optic neuropathy refractory to IV methylprednisolone.

NG032

A CHILD WITH FAMILIAL ECTOPIA LENTIS: SPONTANEOUS SEQUENTIAL ANTERIOR LENS DISLOCATION

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Objective

To report a rare paediatric case of familial ectopia lentis with sequential bilateral anterior lens dislocation.

Methods

A case report.

Results

A 6-year-old Malay boy was diagnosed with bilateral ectopia lentis at the age of 3 years old. His mother also had the same ocular problem, which was treated surgically for posteriorly dislocated lenses, and wore aphakic contact lenses. He was screened for systemic associations such as Marfan syndrome, but the results were insignificant. Genetic testing was advised by the paediatric team, yet his parents strongly disagreed with further investigation unfortunately. He remained well for 3 years, with acceptable vision of 6/12 (OU) on contact lenses, until he had bilateral anterior lens dislocation consecutively within two months. It started with sudden onset of left painful red eye and blurring of vision, followed by right eye with similar symptoms. He denied any prior trauma. Ocular examination revealed severe visual loss, CF (OD) and HM (OS) with secondary raised intraocular pressure (IOP) of more than 40 mmHg. He underwent pars plana vitrectomy with lensectomy in both eyes accordingly and left aphakic. Postoperative refraction showed +13.00/-3.00 x 10 (6/18) OD, +13.50/-2.00 x 160 (6/21) OS. He was counselled for scleral fixation of intraocular lenses (SFIOL); however, parents were keen for contact lenses.

Conclusion

Paediatric lens dislocation is challenging to manage as it affects children's visual development and may lead to ametropia and amblyopia. A timely surgical intervention is necessary, and management involves a multidisciplinary approach between an ophthalmologist, an optometrist, and parents.

NG034

CAROTID CAVERNOUS FISTULA: A LIFE-THREATENING IMPERSONATOR

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Objective

To report a case of left eye direct carotid cavernous fistula mimicking conjunctivitis.

Methods

A case report.

Results

A 28-year-old male with a history of motor vehicle accident four months prior presented with left eye redness with watery discharge for the past two weeks. Visual acuity for left eye was 6/9 pinhole 6/6 with normal optic nerve function test, intraocular pressure and extraocular movement. Anterior segments showed mildly injected conjunctiva and no proptosis. However, the patient complained of worsening eye redness associated with left eye tenderness and swelling after two weeks. Visual acuity was 6/9 with normal intraocular pressure and optic nerve function test. Left eye abduction, levodepression and levoelevation were restricted. Left eye was proptosed by 5 mm. Anterior segment examination revealed periorbital swelling and hyperaemic conjunctiva with corkscrew vessels. Left eye was proptosed by 5 mm compared to right eye; however, no bruit was auscultated and pulsation was absent. CT brain was suggestive of direct left carotico-caverneous fistula (CCF) and later confirmed by digital subtraction angiography. Patient was subsequently co-managed with the neurosurgery team for embolization.

Conclusion

Carotid cavernous fistula might present in different ways and imitate other ocular diseases. It is utmost importance to rule out potential life-threatening ocular condition especially patient with recent history of trauma.

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