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 **Program & Abstracts**



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TYE was achieved in all 6 patients and the embolus was transplanted into the vitreous (embolectomy). Reperfusion of the retina was observed in all patients as determined by fluorescein angiography. BCVA was improved by an average of 5.4 lines in all patients. All had improvement in VFD despite three patients had a transient vitreous hemorrhage after TYE. **Conclusions:** Photodisruption of an embolus within an occluded BRA can be achieved via TYE. Rapid reperfusion of the retina is associated with anatomic and visual function improvement.

Poster No.: P-219

Central Retinal Artery Occlusion During Cisplatin and Etoposide Chemotherapy for Small Cell Lung Cancer

First Author: Fusae KAJITA (Japan)
Co-Author(s): Madoka SAKURAI, Toshiyuki OSHITARI, Shuichi YAMAMOTO

Purpose: Retinal vascular occlusion is a rare complication associated with chemotherapy. We present a case of central retinal artery occlusion (CRAO) in a patient being treated with intravenous cisplatin (CDDP) and etoposide (VP16) for small cell lung cancer. **Methods:** A 67-year-old woman underwent lung lobectomy for small cell lung cancer. She had well-controlled hypertension and diabetes mellitus. She began adjuvant chemotherapy with CDDP and VP16 after the surgery. After 13 days of chemotherapy, she was referred to Department of Ophthalmology because of a sudden painless decrease of vision in her left eye. **Results:** Her visual acuities were 1.0 OD and light perception OS. Fluorescein angiography showed a CRAO in her left eye. Two months later, she had a sharp pain in the left eye because of neovascular glaucoma, and cyclophotocoagulation was immediately performed. Although her visual function did not recover completely, the pain was alleviated after the cyclophotocoagulation. Even though combined chemotherapy increases the risk of cardiovascular events, physical examinations showed no additional abnormalities of the cardiovascular system in this case. **Conclusions:** Although it is extremely rare, ophthalmologists and internal physicians should remember that a CRAO can develop in patients undergoing combined chemotherapy even though other cardiovascular events may not be present.

Poster No.: P-220

Intraoperative Endoscopic Observation of Sclerotomy Site After Cannula Removal for 23-Gauge Vitrectomy

First Author: Taichi HIKICHI (Japan)
Co-Author(s): Hirokuni KITAMEI, Shoko KOSAKA, Shoko SHIOYA

Purpose: To determine the incidence of vitreous incarceration at the sclerotomy site after removing cannulas using for 23-gauge vitrectomy. **Methods:** Twenty-three gauge sutureless vitrectomies were performed in 32 eyes: 19 eyes with a preretinal membrane, 10 eyes with a rhegmatogenous retinal detachment, and three eyes with a macular hole. Triamcinolone acetonide was injected intravitreally to improve visibility of the vitreous gel; the vitreous gel was removed until the intraocular edge of the infusion cannula was free from the vitreous gel. At the end of surgery, the cannulas extracted with insertion of a light probe and then the sclerotomy site were observed to evaluate the presence of vitreous incarceration using the endoscope inserted from the other cannula. **Results:** Vitreous gel incarceration at the sclerotomy site was observed in two (6%) eyes; no incarceration was seen in the other 30 (94%) eyes. During the 2-year postoperative follow-up, no retinal breaks or rhegmatogenous retinal detachments developed in association with the sclerotomy sites. **Conclusions:** The incidence of vitreous incarceration at the sclerotomy site in which a vitreous cutter or light probe is inserted may be low. Interposing the light probe through the cannula during removal may reduce vitreous incarceration.

Poster No.: P-221

Post Op Day 1 & Subsequent Management of Vitrectomy Patients

First Author: Aruna FERNANDO (Sri Lanka)
Co-Author(s): Christopher GORMAN

Purpose: To determine whether Post op Day 1 review actively changed the management of patients in terms of, 1) Deviation from the standard protocol 2) Adjustment in medication 3) Surgical intervention. **Methods:** The study was conducted at the Cardiff Eye Unit, University Hospital of Wales, Cardiff, Wales, UK. Prospective, consecutive, observational study. 121 Consecutive vitrectomies (23G- 87%, 20G- 13%) performed/ personally supervised by a single

surgeon was assessed over a period of 2 weeks. All patients were reviewed on the day after surgery (D1) and examination findings noted. If intra-ocular pressure (IOP), anterior segment and posterior segment findings were as expected, they were seen 2 weeks after surgery. Any patients with adverse/ altered findings were reviewed at a shorter interval and any intervention was documented. Analysis was made of the adverse findings and how they progressed over the first two weeks. **Results:** 1.) Incidence of IOP>30mmHg was 1.7%, less than the published data and was exclusively found with expansile gases. 2.) D1 low pressure (IOP<10mmHg) was 14% and exclusively found in 23G surgery. All recovered without any intervention. 3.) D1 review helped in prompt identification and treatment of certain adverse findings, possibly preventing long term complications. **Conclusions:** 1.) D1 review was helpful in identifying adverse effects and carrying out appropriate treatment. 2.) It may be possible, in a carefully selected, small number of patients without gas tamponade to fore-go the D1 review, but a laid out care plan and protocol has to be formulated.

Poster No.: P-222

Outcome of 20-Gauge Vitrectomy Combined With Paracentesis of Anterior Chamber for Endogenous Endophthalmitis Secondary to Pneumonia Abscess

First Author: Haisheng ZHAO (China)

Purpose: To evaluate the clinical features and treatment outcomes of 20-gauge vitrectomy combined with paracentesis of anterior chamber in patients with endogenous endophthalmitis secondary to pneumonia abscess. **Methods:** Retrospective review of cases with endogenous endophthalmitis secondary to pneumonia abscess presenting from 2012-11 to 2013-5. **Results:** 1) Basic information: 6 eyes of 3 patients were included, and diagnosis as 'Binocular endogenous endophthalmitis'. 2) Preoperation information: The blood WBC counting were between 14*10⁹/L and 16*10⁹/L, the neutrophilic ratios were between 83% and 92%, with latent pneumonia abscess. The ocular symptoms came quickly and monocular manifested but binocular involved. 3) Surgery therapy: Intravitreal injections of vancomycin were performed in both eyes immediately once the patients were transferred, and 20-gauge vitrectomy and lensectomy and intravitreal injections of vancomycin were performed just second day, paracentesis of anterior chamber were performed according to the hypopyon occurred. 4) Postoperation information: Vitreous cultures showed no growth of organisms, but hypopyon appeared repeatedly, with the times of paracentesis of anterior chamber combined with injections of vancomycin increased, hypopyon disappeared ultimately. The repeated appearance of hypopyon lasted for 3-4 weeks, and average of paracentesis and injections of vancomycin into anterior chamber were 5-6 times. The total 6 eyeballs were rescued, and one of the best final VA improved 30/50. **Conclusions:** 20-gauge vitrectomy combined with paracentesis of anterior chamber for endogenous endophthalmitis secondary to pneumonia abscess was effective. The visual prognosis of endogenous endophthalmitis was much better and blind maybe prevented.

Poster No.: P-223

Non-Vitrectomized Vitrectomy to Manage Coats' Disease

First Author: Peiquan ZHAO (China)

Purpose: To evaluate the therapeutic safety, efficacy and feasibility of treating Coats' disease with non-vitrectomized vitrectomy. **Methods:** Ten patients (10 eyes) diagnosed with Coats' Disease from December 2012 to May 2013 were included in this study. There were 9 males and one female patient, aged from 16 months to 12 years. All of the ten eyes were complicated with shallow retinal detachment. Minimal invasive procedures were introduced into those eyes by 23G incisions 3mm posterior to the limbus of cornea, direct laser photocoagulation on the abnormal blood vessels and viscoelastics injection to restore the IOP and to prevent vitreous prolapse afterwards. Two eyes were treated with combination of intravitreal triamcinolone injection and one with lucentis injection. **Results:** The follow-up periods ranged from one to 7 months. Visual acuity, intraocular pressure, eye position, slit lamp microscope, indirect ophthalmoscope and color fundus imaging were recorded. At the end of follow-up, 8 eyes had reattached retina, subsided abnormal blood vessels with laser spots, while the other 2 eyes received repeat treatment. No complications such as increased intraocular pressure or cataract occurred in all the treated eyes. **Conclusions:** Minimally invasive operations of intraocular photocoagulation are safe, effective and feasible procedure to treat Coats' disease with shallow retinal detachment.

Poster No.: P-224

Case of Pupillary Block Glaucoma by Migration