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Retinal Vein Occlusions:
From pathophysiological mechanism to clinical therapeutical issues

Constantin POURNARAS
Ophthalmology Center La Colline, Geneva, Memorial Rothschild, Clinical Research Group, CH

Summary
Central or branch retinal vein occlusion constitute the second most common sight threatening retinal vascular disease in developed countries. Retinal arteriolar sclerosis, systemic hemodynamic disturbances, thrombophilic conditions, rheological disturbances and local ocular pathologies are frequently associated to the occlusive event. Therefore, basic and translational research was focused on both the pathogenic mechanisms and the various treatment modalities. The reduction of arteriolar blood flow and the veins vasodilation are the major hemodynamic changes on the vasculature in the by RVO affected vessels. Arteriolar vasoconstriction and consecutive reduction of arteriolar blood flow leads to tissue hypoxia, Na+/K+ -ATPase pump dysfunction, formation of intracellular retinal edema, and neuronal cell destruction by necrosis and apoptosis. The formation of extracellular retinal edema and hemorrhages are caused by changes in the inner blood-retina barrier (BRB), as demonstrated by the observed disturbances of the intracellular junction proteins between the adjacent endothelial cells. Visual acuity is decreased due to the development of macular edema, capillary non-perfusion, and vitreous hemorrhage secondary to retinal neovascularization. The interplay between the vasoactive systems involving the endothelial growth factor (VEGF), the prostaglandins (PGs) and the inflammatory factors, have an important impact on the progression of retinal microangiopathies. Altogether numerous clinical therapeutical approaches focused on the specific pathogenic mechanisms resulted to a limited efficacy, retinal photocoagulation and the intravitreal treatments offer new insights for the management of RVO, leading to the limitation of the visual loss.
Rare retinoblastoma: a goldmine for discovery of fundamental principles of biology and healthcare

Brenda GALLIE
Canada

Summary
Study of retinoblastoma, a rare eye cancer in children, revealed the essential genetic basis of cancer and delivered personalized medicine for families. Where awareness and resources are available, 98% of children survive retinoblastoma. Next big impact will be the unique opportunity to conduct clinical trials of molecular retinoblastoma prevention trials. However, globally 70% of children with retinoblastoma still die. To address this disparity, One Retinoblastoma World, using a “constellation model” of collaboration, has emerged with multiple innovative partnerships. Ongoing studies map (www.1rbw.org) centres and link to a global learning health system, directly providing evidence from the bedside to optimize care of each newly diagnosed child. Retinoblastoma will become a “Zero Death” cancer.
Translational applications in corneal and ocular surface diseases

Reza DANA  
Harvard Medical School, Schepens Eye Research Institute-Massachusetts Eye & Ear Infirmary,  
Boston MA, United States

Summary
The field of Cornea and Ocular Surface has made significant advances in the recent past. Compared to our colleagues in Retina and Glaucoma where the principal leaps forward have been in pharmaco-therapy, in Cornea our primary advances have been in the realm of microsurgery and new technologies (e.g., DSEK/DMEK, femtosecond). Nevertheless, significant work has also been done in understanding the pathophysiology of common corneal and ocular surface disorders, with translational applications in our clinics. This talk will provide a short summary of some of the translational research performed by our team in understanding the pathogenic mechanisms and novel treatment options for corneal neovascularization, graft-versus-host disease (GVHD), and dry eye syndrome.
Multidisciplinary treatments for malignant eyelid tumors: surgical and non-surgical options, sentinel lymph node biopsy, and surveillance

Bita ESMAELI
Houston, Texas, United States

Summary
Malignant tumors of the eyelid are varied in their presentation and stage. Surgical treatments and reconstructive outcomes for each stage and histology will be reviewed. Adjuvant local treatments such as radiation therapy as well as non-surgical medical treatments will also be discussed. Indications and clinical cases where sentinel lymph node biopsy may be beneficial and other recent advances in the field will be reviewed.
European Ophthalmology Heritage - a celebration: Homage at Professor Ignacio Barraquer
Melanoma of the ciliary body. Iridocyclectomy (1968)

Joaquin BARRAQUER
Barcelona, Spain

Summary
Melanoma of the ciliary body. Iridocyclectomy (1968) Introduction: View of the operating facilities of the “Centro de Oftalmología Barraquer” conceived (1950) and incorporated (1958) by Ignacio Barraquer (1884-1965) and his sons José Ignacio (1916-1998) and Joaquin Barraquer (1927); specifically designed for teamwork and teaching. Dome-shaped plastic separation allowing observers to watch ocular surgery at minimal distance of the operating field without disturbing the surgical team and maintaining asepsis and climatization. Presentation: Application of Flieringa ring. Different steps of irido-cyclectomy for extirpation of melanoma, removal of the crystalline lens with suction cup (phakoerisis). Closure of the wound with multiple sutures. Closing view: Hommage to Professor Ignacio Barraquer to commemorate the 50th anniversary of his death (1965)
Visual impairment in opera characters

Aydin PINAR
Turkey

Summary
Opera brings the work of singers and musicians together in a theatrical pageant of musical colour and dramatic art. The librettists who devise the stories in works of opera have variously used characters with eye diseases or blindness as major or minor characters in the plots of these stories. This talk will present an array of those operatic characters, along with the possible cause or diagnosis of their eye problems, and will explore the roles which they play in the operas in which they appear, along with their dramatic significance in the flow and resolution of the plot.
Regulating the body clock – The unrecognised role of the eye

Russell FOSTER
United Kingdom

Summary
Little more than a decade ago discussion that the eye might contain another photoreceptor, different from the rods and cones, generated either polite amusement or a hostile rebuttal. The dogma was that all light detection took place by these photoreceptors whilst the other cells of the retina act only to process visual signals. However, several lines of research led to the discovery that the vertebrate eye, including humans, contains another class of photoreceptor based upon a small number of photosensitive retinal ganglion cells (pRGCs). These specialised neurons detect environmental irradiance and regulate a wide range of physiology and behaviour including the regulation of 24h body clocks, sleep, alertness, mood and even pupil size. Furthermore, the pRGCs have been shown to utilize a novel light signalling pathway based upon the photopigment melanopsin. Collectively these findings have transformed our understanding of how the eye detects light and are redefining our assessment, treatment and care of individuals with eye disease. The discovery and current understanding of this “third” class of ocular photoreceptor will be reviewed in this presentation.
Degenerative myopia and its treatment

Peter WIEDEMANN
Germany

Summary

High myopes are handicapped by visual impairment and degenerative complications eventually leading to blindness. Myopic refraction can be corrected by refractive lens exchange. Retinal detachment may be the consequence and a possible prevention by vitrectomy will be discussed. However, the fundamental problems of degenerative myopia, the features of myopic fundus disease and the posterior staphyloma cannot be treated. Scleral cross linking possibly stiffens the sclera. By this means we could stop eye growth and possibly reduce myopic complications. Experiments to stop eye growth by scleral crosslinking will be presented.
Diabetic retinopathy (DR) is a common complication of diabetes and is a leading cause of visual impairment and blindness in many countries. This visual impairment results from long-term accumulated damage to the small blood vessels in the retina. It takes several years before any clinical symptoms of retinopathy appear in diabetic patients. The definition of diabetic retinopathy is based on observation of vascular changes. The first recognizable vascular abnormalities are microaneurysms and small hemorrhages, followed by signs of vascular leakage, such as hard exudates and larger hemorrhages, vascular dropout, and neovascularizations. A number of hyperglycemia-induced metabolic stresses have been implicated in the pathophysiology of DR. The microvasculature of the retina responds to hyperglycemia through a number of biochemical changes, including the activation of protein kinase C, increased advanced glycation end products formation, polyol pathway and oxidative stress. However, it has been long known that the neuroretina is affected at an early stage by diabetes-induced metabolic changes. DR is now recognized as a neurovascular complication or sensory neuropathy resulting from disruption of the neurovascular unit.

Diabetic retinopathy - pathophysiology

MARCIO DE NEVES C
Faculty of Medicine of Lisbon University, Ophthalmology, Lisbon, Portugal

Diabetic retinopathy (DR) is a common complication of diabetes and is a leading cause of visual impairment and blindness in many countries. This visual impairment results from long-term accumulated damage to the small blood vessels in the retina. It takes several years before any clinical symptoms of retinopathy appear in diabetic patients. The definition of diabetic retinopathy is based on observation of vascular changes. The first recognizable vascular abnormalities are microaneurysms and small hemorrhages, followed by signs of vascular leakage, such as hard exudates and larger hemorrhages, vascular dropout, and neovascularizations. A number of hyperglycemia-induced metabolic stresses have been implicated in the pathophysiology of DR. The microvasculature of the retina responds to hyperglycemia through a number of biochemical changes, including the activation of protein kinase C, increased advanced glycation end products formation, polyol pathway and oxidative stress. However, it has been long known that the neuroretina is affected at an early stage by diabetes-induced metabolic changes. DR is now recognized as a neurovascular complication or sensory neuropathy resulting from disruption of the neurovascular unit.

Neurodegeneration and vascular impairment in the eye of diabetic patients

NGO R, Hernandez C
Vall d’Hebron Research Institute and CIBERDEM, Diabetes and Metabolism Research Unit, Barcelona, Spain

Diabetic retinopathy (DR), one of the leading causes of preventable blindness, has been considered a microcirculatory disease of the retina. However, there is emerging evidence to suggest that retinal neurodegeneration is an early event in the pathogenesis of DR, which participates in the development of microvascular abnormalities. Therefore, the study of the underlying mechanisms leading to neurodegeneration and the identification of the mediators in the crosstalk between neurodegeneration and microangiopathy will be essential for the development of new therapeutic strategies. In my lecture, an updated discussion of the mechanisms involved in neurodegeneration, as well as the link between neurodegeneration and microangiopathy, will be presented. Finally, the therapeutic implications and new perspectives based on identifying those patients with retinal neurodegeneration will be given.

The changes of the retinal layers in diabetic patients without retinopathy

FERREIRA J (1), Costa L (1), Proença R (1), Vicente A (1), Cunhal J P (1), Abegão Pinto L (2)
(1) Centro Hospitalar de Lisboa Central, Ophthalmology, Lisbon, Portugal
(2) Faculdade de Medicina - Universidade de Lisboa, Pharmacology & Ophthalmology, Lisbon, Portugal

Diabetic retinopathy is considered to be a neurovascular disease. But in fact, retinal neurodegeneration is present before any microcirculatory abnormalities can be detected in ophthalmoscopic examination. We know this from functional studies documenting electroretinogram abnormalities, loss of dark adaptation, contrast sensitivity and color vision and abnormal microperimetry occur before any vascular abnormality is detected. Novel imaging devices have allowed this pre-vascular damage to be quantified in a non-invasive and reproducible way using spectral domain optical coherence tomography (SD-OCT) that allows in vivo retinal layer thickness measurement. The extent to which this new technology can be used in the clinical setting for early screening in diabetic retinopathy will be the focus of this lecture. The review of the state of the art in this exciting new field of study may prove valuable in the management of this condition.

The changes of the retinal layers in diabetic patients with retinopathy

VUJOSEVIC S (1), Bini S (1), Bertoni M (1), Midena G (2), Martinis F (1), Midena E (3)
(1) Ophthalmology, Neuroscience- University of Padova, Padova, Italy
(2) Campus Biomedico, Medicine, Roma, Italy
(3) Ophthalmology, Neuroscience- University of Padova- Fondazione G.B.Bietti IRCCS, Padova- Roma, Italy

Purpose: Retinal neurodegeneration and inflammation are considered early events in diabetic retinopathy (DR). Herein are described changes, in retinal glial and neuronal cells, with spectral domain (SD-OCT) in patients with non proliferative DR. Methods: 130 subjects were evaluated: 88 diabetics with DR and 42 normals. All subjects underwent full ophthalmologic examination and SD-OCT. After automatic retinal segmentation in 5 layers, the thickness of each layer was calculated and compared. Intrafoveal hyperreflective spots (HRS) were evaluated on linear scans. Results: A significant increase in inner nuclear (INL) and outer plexiform (p < 0.01) and decrease in retinal nerve fiber layer (RNFL) thickness (p < 0.01) was found in DR eyes (without DME) vs controls. HRS number was significantly higher in diabetics with DR with or without DME vs controls (p < 0.02). HRS number increased with progressing DR. Conclusion: Selective thinning of inner retina in the macula, suggesting an early neuronal loss accompanied by Müller cells activation with increased INL thickness in DR is reported. HRS increase and migration to outer retina, may represent a surrogate of microglial activation. SD-OCT may be useful in detecting intrafoveal changes in DR.
Special Interest Symposium: Virtual review: Setting new standards in glaucoma care

• 1121 Virtual review - in glaucoma and beyond
CRAWLEY L
London, United Kingdom

Virtual review clinics are becoming more common as a method of delivering consultant led care for patients with chronic conditions on a background of inexorable rise in service provision pressure. In this session we will look at glaucoma and other medical specialities using virtual clinics and explore the benefits and challenges of this new way of working.

• 1122 Managing a 100 patient glaucoma clinic
AHMED F
Imperial college- London, Imperial College Ophthalmic Research Group, London, United Kingdom

Due to an aging population the number of patients seen in glaucoma clinics is dramatically increasing year on year, causing great strains on glaucoma services. New methods in efficiently managing increased numbers of patients with the same number of clinicians and time will be discussed. We also look into the future and see how patients maybe managed from their homes.

Commercial interest

• 1123 Early adopters - ahead of the curve and lessons learned
LONGSTAFF S
Sheffield, United Kingdom

Abstract not provided

• 1124 New software for an old problem
DIAMOND J
Bristol Eye Hospital, Glaucoma Department, Bristol, United Kingdom

There are huge benefits to be won by switching from old fashioned medical notes to paperless medical records as a consequence, use of electronic patient records (EPRs) for glaucoma management has become more widespread in recent years. There are a number of different EPR systems in use in the glaucoma clinic, each of which has strengths and weaknesses. Before selecting a system, clinicians need to consider how and where the system will be used, paying particular attention to venue (hospital or community), primary user (ophthalmologist, optometrist, nurse or technician), compatibility with other equipment (visual fields and disc imaging), ability to archive older medical records and accessibility for virtual review. It is also of great importance to consider speed of data entry: most EPR systems are slower to use than old-fashioned paper notes and if that differential is significant, the economics of switching to an EPR will be poor and uptake will suffer as a consequence. In his presentation Jeremy Diamond will consider these issues in more detail, providing helpful insights to those who wish to switch from paper to paperless working.

Commercial interest
**1131**

**Pathophysiology of uveitis**

DICK A  
University of Bristol, Bristol, United Kingdom

This talk will overview the pathophysiology of non-infectious uveitis in relation to recent SUN (standardised uveitis nomenclature) disease classification. The experimental and translational human evidence of autoimmunity and activation of immunity will be discussed. In addition, the talk will highlight the pathways and mechanisms of tissue damage that results in sight-threatening disease. Traditionally, despite active immune regulatory mechanisms operative within the ocular environment, inflammation still occurs. Activated antigen and non-antigen specific T cells are generated in uveitis. The interplay with innate immunity and in particular cells of myeloid lineage both systemically and within the local environment dictate the severity and extent of pathology we observe. The understanding of immune responses during the uveitis open many avenues to potential novel immunotherapies that not only suppress inflammation but attempt to redress immune balance, tolerance and local homeostasis within ocular tissues.

**1132**

**Classification of uveitis**

ANDROUDES  
Thessaloniki, Greece

The uveitis is a condition that involves inflammation of the uveal tract (i.e., iris, ciliary body, choroid) or adjacent ocular structures (e.g., retina, optic nerve, vitreous, sclera). In most cases, the etiology remains elusive and is often of an autoimmune nature. Classification and standardization of uveitis is important, as it enhances the precision and comparability of clinical research from different centers and assists in the development of a complete picture of the course of the disorders and their response to treatment. Uveitis may be classified in a number of ways, according to several systems and multiple descriptors. The most widely used classification of uveitis is the one devised by the International Uveitis Study Group (IUSG) in 1987, based on the anatomical location of the inflammation. This classification includes anterior uveitis (iritis, iridocyclitis, and anterior cyclitis), intermediate uveitis (pars planitis, posterior cyclitis, and hyalitis), posterior uveitis (focal, multifocal, or diffuse choroiditis, chorioretinitis, retinitis, and neuroretinitis) or panuveitis (anterior chamber, vitreous, retina, and choroid).

**1133**

**Signs and symptoms of uveitis**

NERI P (1), Arapi I (2), Pirani V (1), Greco G (1)  
(1) Università Politecnica delle Marche, The Eye Clinic, Ancona, Italy  
(2) Mother Theresa University Hospital- University of Medicine, The Eye Clinic, Tirana, Albania

Inflammation of uveal tract can be divided into anterior, intermediate, posterior, and panuveitis. Uveitis can be a sight-threatening disease. The commonest ocular symptoms are blurred vision, ocular pain, photophobia and floaters, depending on the type of uveitis. The onset of uveitis can be either acute or insidious, involving one or both eyes. Posterior uveitis is usually associated with vitritis. Anterior chamber cells and flare should be graded according to standardized uveitis nomenclature (SUN) working group binocular indirect ophthalmoscopy (BIO) score is used to grade vitreous involvement. Vitreous changes may comprise: vitreous hertgiblージ, vitreous strands, and vitreous traction. A further classification of posterior uveitis depends on the primary site of inflammation, which can identify: retinitis, chorioretinitis, and choroiditis. Posterior pole uveal involvement can be: focal, multifocal, or diffuse choroiditis, chorioretinitis, retinitis, and neuroretinitis or panuveitis (anterior chamber, vitreous, retina, and choroid).

**1134**

**Laboratory work-up and specialized investigations**

PLEYER U  
Charite, Campus Virchow, Augenklinik, Berlin, Germany

Based on the anatomical involvement of the eye intraocular inflammation is classified into anterior, intermediate, posterior and panuveitis. All subtypes of uveitis are potentially related to infectious and noninfectious etiologies. Classification and standardization of uveitis is important, as it enhances the precision and comparability of clinical research from different centers and assists in the development of a complete picture of the course of the disorders and their response to treatment. Uveitis may be classified in a number of ways, according to several systems and multiple descriptors. The most widely used classification of uveitis is the one devised by the International Uveitis Study Group (IUSG) in 1987, based on the anatomical location of the inflammation. This classification includes anterior uveitis (iritis, iridocyclitis, and anterior cyclitis), intermediate uveitis (pars planitis, posterior cyclitis, and hyalitis), posterior uveitis (focal, multifocal, or diffuse choroiditis, chorioretinitis, retinitis, and neuroretinitis) or panuveitis (anterior chamber, vitreous, retina, and choroid).
This talk will overview the contemporary therapeutic approaches to treatment of non-infectious ocular inflammatory disease. Treatment of non-infectious uveitis has over past 15 years expanded from the use of traditional therapies including corticosteroids and immunosuppressants to the deployment of targeting the immune response with biologic therapies with monoclonal antibodies and immunoadhesins. Such use will be exemplified with case reports during the talk. Evidence of efficacy of immunosuppressants in the treatment of uveitis, the role of predicting steroid responsiveness, the use of monotherapy with immunosuppression and finally the pathways and evidence of success of biologic therapy will be provided.

Imaging in uveitis: techniques and indications

HERBORT C P
University of Lausanne & Centre for Ophthalmic Specialised Care, Ophthalmology, Lausanne, Switzerland

This tutorial will address the main complementary imaging techniques used in the field of (posterior) uveitis. In case imaging work-up is decided, fluorescein angiography (FA) is performed routinely since a few decades. FA gives information on the superficial structures and lesions of the fundus including pathology of the retina, retinal vessels, optic disc, and subretinal fluid collection, as well as the RPE for which it is the examination method of choice, and the choriocapillaris in the first seconds of angiography. Most of the time it only confirms and gives the precise extension of lesions already identified by the clinical examination. The choroid is however involved at least as often as the retina and often all or part of choroidal lesions are occult and not detected by the clinical exam or FA. Only indocyanine green angiography (ICGA) gives visual access to choroidal inflammatory pathology where it can distinguish stromal choroiditis (birdshot, VKH) from choriocapillaritis (MEWDS, APMPE, etc). So if angiography is deemed necessary during initial appraisal of a case dual FA/ICGA should be performed as choroiditis can not be excluded a priori. Other methods addressed will be OCT, UBM, FAF as well as anterior segment OCT.
**1141**

DALK Techniques from manual to femtolaser

NURBE M, Salgari N, De Nicola C, Mastropasqua L. Ophthalmology Clinic, Centre of Excellence in Ophthalmology, National High-Tech Eye Center (CNAT)

The continuous evolution of corneal transplantation has recently demonstrated that the surgical approach based on selective lamellar keratoplasty represents the gold standard for the treatment of corneal disease. The replacement of the diseased corneal layers with deep anterior lamellar (DALK) or endothelial keratoplasty clearly gives advantages to patients in terms of safety and outcomes. The introduction of femtosecond laser technology (FSL) into the clinical practice, after the wide use for refractive-surgical corneal procedures, allowed a significant refinement in terms of precision and customization of both penetrating and lamellar keratoplasty (ALK and DALK). The main advantages of using FSLs are represented by the possibility of performing complex-shaped trephination in both donor and recipient tissues (for example top-hat or zig-zag cut profiles) and the great precision of lamellar dissection.

Deep anterior lamellar keratoplasty (DALK) has too many techniques to achieve, one of them and most reproducible is the big bubble technique. The steep learning curve known to this operation some times considered a barrier for many surgeons to try and master. However in my presentation I will try to go through the operation step by step giving my own personal tips and tricks for executing the perfect big bubble DALK.

Special emphasis will be put on the following important steps: (1) Trephine adjustment and partial thickness trephination of the recipient cornea. (2) Technique of air injection and big bubble formation, which is considered the key step of this technique. (3) Safe opening of big bubble roof. (4) Cruciate incision and cutting of the reaming stroma after lamellar dissection of superficial corneal layers. (5) Descemet's membrane staining and stripping from donor cornea. Moreover, I will put a focus on the new anatomical pre-Descemet's layer (Dua's layer), describing and demonstrating by many video clips the different types (type 1, type 2 and mixed type) of big bubbles based on this new anatomical layer. The aim of my presentation is to allow the participants to perform big bubble DALK in a safe and reproducible way with very high percentage of success in obtaining the big bubble.

**1142**

Big Bubble DALK: The ladder to success, step by step

KA TAMISH T

Cairo University, Cairo, Egypt

Deep anterior lamellar keratoplasty (DALK) has too many techniques to achieve, one of them and most reproducible is the big bubble technique. The steep learning curve known to this operation some times considered a barrier for many surgeons to try and master. However in my presentation I will try to go through the operation step by step giving my own personal tips and tricks for executing the perfect big bubble DALK.

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**1143**

DALK: Intraoperative pitfalls and how to manage them

DUA H S

Queens Medical Centre- Derby Road, Eye Ear Nose Throat Centre, Nottingham, United Kingdom

Deep anterior lamellar keratoplasty (DALK) has two major advantages over conventional keratoplasty - it completely eliminates failure due to rejection and leaves behind a stronger eye. The steep learning curve associated with the technique deters or frustrates surgeons. This part of the course will highlight the intra-operative pitfalls and how to avoid, anticipate and avoid them using the Big Bubble (BB) technique.

Key steps that will be dealt with are (a) Centration and Trephination. (b) Air injection and identification of the different types of BB (Types 1, 2 and mixed). (c) Lamellar dissection of the anterior stroma and puncturing the bubble without damaging the posterior lamella (Dua's layer + Descemets membrane (DM) or DM alone) (d) Excising the deep residual stroma and extending the dissection if an adequate size bubble is not achieved. (e) Confirmation of type of BB after removing all anterior stroma. (f) Precautions to take to avoid tear or burst (g) How to deal with a tear and aqueous leak (h) What to do if a BB is not achieved. (i) What to do if unsure whether a BB is present or not. (j) Peeling donor DM and suturing the donor graft. All tips will be demonstrated with videos of actual surgical events.

**1144**

DALK: Post operative management

SAID D

Research institute of Ophthalmology, Ophthalmology department, Maadi-Cairo, Egypt

Success of DALK, like that of any other operation depends on good surgical technique, appropriate post-operative examination, treatment, early detection of any problems and adequate management thereof.

In the immediate post operative period eye pressure check is important especially if air is left in the anterior chamber. High pressure can cause Uveitis-Zavalal syndrome if not treated.

Topical steroids, antibiotics ,mydriatic and hypotensive medication if needed, are the mainstay postoperatively. Steroids can be tapered and discontinued earlier than for PK as there is no risk of endothelial rejection.

In the early postoperative days, special attention should be paid to the sutures, epithelial defects, signs of inflammation and infection. A loose suture needs to be removed and replaced as soon as possible as it carried a high risk of infection and vascularization.

The latter can be a precursor of stromal rejection. Epithelial rejection does occur and behaves exactly like in PK with an advancing epithelial line that stains with fluorescein. Astigmatism is a major problem, strategies for management include, selective suture removal, glasses, contact lenses, arcuate incisions, laser refractive surgery and toric intraocular implants.
Discussion, Questions and Answers

DUA H S
Queens Medical Centre - Derby Road, Eye Ear Nose Throat Centre, Nottingham, United Kingdom

In this part of the course there will be an open discussion in which members of the audience will be encouraged to participate, to share their experience and anecdotes. All the faculty of the course will be present to take questions and discuss or describe in further detail points they have made in their presentations. The audience may be asked questions to assess if they had understood key aspects of the course.

Course participants will be requested to complete feedback forms.

Commercial interest
Follow-up and decision making on treatment choices of the patient with established pseudotumor cerebri syndrome

PARSA C
Quinze-Vingts National Eye Hospital / UPMC-Sorbonne Universités, Ophthalmology, Paris, France

Once a diagnosis of pseudotumor cerebri is established, the critical task becomes to protect the optic disc from excessive swelling potentially causing auto-infarction. Assessing tolerable versus threshold levels for such swelling, and selecting a treatment plan based on the degree of disc swelling and findings from perimetry will be reviewed. Technical and procedural steps will be exposed to reduce the chances of auto-infarction when large degrees of swelling are present using the principles of blood perfusion and regulation to the optic nerve head. Initiation of medical versus surgical treatment will be discussed. Precautions regarding intracranial pressure lowering techniques using lumbar puncture & drainage, optic nerve sheath fenestration, or shunt placement will be examined based on principles of blood perfusion as well as perineural sheath anatomy. Chronic long-term effects of disc swelling will also be addressed.

Work up of the patient with suspected pseudotumor cerebri syndrome

SZADMARY G
Hattiesburg, United States

While various etiologies of secondary pseudotumor cerebri syndrome (PTCS) have been recognized (eg. venogenic, endocrine) the pathogenesis of primary PTCS remains unknown. The diagnostic criteria of PTCS has been revised (Modified Dandy criteria) in 2013 mainly owing to the increasingly recognized imaging features of the disease. This lecture will present the different etiologies of increased intracranial pressure. We will discuss the diagnostic workup of typical vs. atypical patients suspected of having PTCS. We will highlight red flags that should alert the clinician to pseudotumor cerebri mimics that carry serious neuro-ophthalmological consequences and require high index of clinical suspicion. Finally, the take home messages and some of the difficult diagnostic dilemmas will be demonstrated through illustrative case presentations.
**1211**  
Pathophysiology of macular hole formation  
STAPPLER T  
Royal Liverpool University Hospital, St Paul's Eye Unit, Liverpool, United Kingdom  

**Purpose**  
Our understanding of the pathophysiology of macular hole development has evolved in line with a novel classification system. As novel pharmacological treatments have been introduced previously unseen interactions with the pathophysiology have been observed.  

**Methods**  
Histopathological correlation studies as well as the effects of novel pharmacological agents on the pathogenesis of macular holes will be presented, including rare cases of macular hole formation.  

**Results**  
Perifoveal PVD with vitreomacular adhesion and vitreoschisis allow cortical vitreous to remain on the retinal surface and become a scaffold for cell proliferation and form epiretinal membranes. These alter the cleavage plane for the surgeon. Pharmacological vitreolysis leads to novel and challenging clinical scenarios. The Liverpool experience will be shared.  

**Conclusions**  
Histopathological correlation studies demonstrate a large proportion of additional epiretinal membrane components on peeled internal limiting membranes. In pharmacological vitreolysis novel strategies in the management of macular holes will be presented.

**1212**  
Macular hole peeling  
FERRARA V  
Borgomanero, Italy  

Abstract not provided

**1213**  
Posturing or not  
SIMCOCKX P  
Exeter, UK  

Abstract not provided

**1214**  
Myopic macular holes  
MURA M  
Academic Medical Center, Ophthalmology, Amsterdam, The Netherlands  

Myopic traction maculopathy is common in highly myopic patients and characterized by different stages: macular schisis (MS), macular detachment (MD) without macular hole (MH), and MD with MH. MH-related retinal detachment is an uncommon complication associated with posterior staphyloma. Surgical management is based on transvitreal approach and posterior scleral procedure. Since the introduction of pars plana vitrectomy (PPV), retinal detachments with MH in highly myopic eyes were mostly treated with the transvitreal surgery. However, vitrectomy alone does not address the major risk factor of the macular schisis, which is the posterior staphyloma. To give a new shape and support to the posterior scleral wall by means of macular buckling has the advantage of releasing both the traction caused by the posterior staphyloma and the anteroposterior traction caused by the vitreous cortex. A more recent T-shaped scleral buckle has been proposed by Devin et al. We performed this macular buckling combined or not with PPV as a primary surgery or with a previous failed surgical approach in patients affected by MH with MD and MH with or without MS. In our opinion a combined surgical approach could be the most effective way to treat this disease.
Partial thickness Macular holes and pharmaceutical treatment of FTMH

POURNARAS J A C
Jules Gonin Eye Hospital, Ophthalmology, Lausanne, Switzerland

The pathophysiology of full thickness macular hole and lamellar macular hole are different and will be discussed. OCT characteristics will be repeated according to new classification. Taking in account the natural history, indication of treatment will be detailed according to each stage of those diseases. Recently, ociplasm has been introduced as an alternative treatment to vitrectomy. Favorable Prognostic factors have been recognized as age inferior to 65 years old, full thickness macular hole < 400 microns, the absence of epiretinal membrane, vitreous adhesion < 1500 microns and phakic status. While management of full thickness macular hole shows good visual prognosis for the patients, the visual result of lamellar macular hole is not so obvious.
**1223**
**Difficulties in the diagnosis of achromic and hemorrhagic lesions**

**DESJARDINS L**  
Institut Curie, Ophtalmology Oncology, Paris, France

- Achromic choroidal lesions can be an achromic melanoma, a choroidal hemangioma or a metastasis. It is rarer to have scleritis as the origin of an achromic choroidal mass but this can be seen in sarcoidosis rarely.
- Achromic choroidal melanomas are not rare. They are often mushroom shape and have a typical ultrasonographic aspect. In the presence of an achromic melanoma, it is always important to rule out the possibility of a metastasis by doing a chest and abdominal CT. Metastasis are easy to diagnose when they occur in a patient with known metastatic disease, when they are multiple or bilateral. They are trickier when they are unique with no known previous cancer. This is quite frequent in lung cancer where the choroidal mass is often the first manifestation. Choroidal hemangioma have a typical orange color and can be easily diagnosed by indocyanin green angiography (early hyper and wash out on the late phase).
- Hemorrhagic masses are frequent in older patients, especially in case of diabetes and high blood pressure. If there is a doubt MRI with gadolinium injections or doppler ultrasonography can easily differentiate a hematoma from a choroidal tumor.

**1222**
**Suspicious choroidal naevi: when to observe when to treat**

**KIVELÄ T**  
Department of Ophthalmology, Helsinki University Central Hospital, Helsinki, Finland

Recognition and characterization of choroidal naevi is based on fundus examination with the slit lamp and indirect ophthalmoscope, which ideally is supplemented with optical coherence tomography (presence of subretinal fluid, thickness and internal structure of lesions less than 1 mm in thickness), fundus autofluorescence (presence if recent or prior subretinal fluid, orange pigment) and ultrasonography (thickness and acoustic profile of lesions thicker than 1 mm). In spite of the advent of imaging, the challenge lies in telling small melanomas from naevi. The mnemonic ‘To Find Small Ocular Melanomas’ reminds us to look for tumour Thickness more than 2 mm, subretinal Fluid, visual Symptoms, Orange pigment and tumour Margin touching the optic disc. Each of these indicators approximately doubles the likelihood of growth and malignancy, although none of them alone is specific – up to ten percent of non-growing naevi have orange pigment and subretinal fluid, for example, whereas some small melanomas initially show none of the five features. Surveillance for growth, a biopsy, or both, may thus be needed to make the treatment decision. This talk will introduce these principles using clinical examples.

**1224**
**Problems in the diagnosis of intraocular lymphoma**

**CASSOUX N**  
Institut Curie, Ophtalmology Oncology, Paris, France

Abstract not provided
Indications and interpretations of various imaging techniques

ZOGRAFOS L
Cabinet Privé du Prof. L. ZOGRAFOS, Jules-Gonin Eye Hospital, Lausanne, Switzerland

A large variety of imaging techniques are presently used in ocular oncology in order to document intraocular, epibulbar and iris tumors. The imaging of choroidal and retinal tumors is obtained either by digital or by scanning laser fundus cameras. Panoramic fundus pictures are obtained both with transpupillary and transscleral illumination. Imaging of epibulbar and iris tumors is obtained with split lamp photographies and gonio photographies. Standard fluoresceine angiography and ICG as well as panoramic angiography (102° - 150°) in ocular oncology are used according to the location and the extent of the tumors and the serous retinal detachment. Retinal thickness, retinal structure and the interface between retina and pigmented epithelium are studied by OCT. More recently, OCT en Face and Angio-OCT provide useful informations on the extent of the retinal detachment and the retinal vascular changes of the macular area. The more appropriate technique has to be always used in order to obtain the best quality of imaging and avoid diagnostic errors.
EVER 2015
Abstract

**1231**
B27-associated uveitis, Fuchs uveitis

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(1) CHU Saint-Pierre, Ophthalmology, Brussels, Belgium
(2) Brugmann, Ophthalmology, Brussels, Belgium

B27-associated uveitis is a very frequent form of non infectious intraocular inflammation which account for approximately 50% of acute anterior uveitis. Its main clinical features, natural history and association with seronegative arthritis are well known. Fuchs uveitis is another frequent cause of anterior and intermediate uveitis. Its natural history is well characterised as well as its association with intraocular production of anti-rubella antibodies. Both diseases are thus often considered as easy diagnosis. However, several aspects of those diseases remain challenging and debated. In this interactive course, based on clinical cases, we will insist on those difficult aspects as well as on the more recent issues discussed in the literature.

**1232**
Infectious uveitis

PLEYER U
Charite, Campus Virchow, Augenklinik, Berlin, Germany

The differential diagnosis of infectious uveitis is broad and an essential step in any initial work-up. Underlying organisms include all types of infectious agents. The more common infectious causes of uveitis include viruses, T. gondii, T. pallidum, Mycobacterium tuberculosis that will be covered in this course. Based on clinical features further diagnostic tools will be discussed and critically reviewed. In particular newer evolving techniques in the investigations will be included, e.g. intraocular fluid evaluation for polymerase chain testing for the genome and antibody synthesis against the causative organisms.

**1233**
Behçet’s disease, VKH, sarcoidosis

KHAIRALLAH M (1), Kahloun R (2), Ksiaa I (2)
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(2) Fattouma Bourguiba University Hospital- Faculty of Medicine- University of Monastir, Ophthalmology, Monastir, Tunisia

Ocular involvement associated with Behçet disease is characterized by a relapsing remitting panuveitis with diffuse vitritis, retinal infiltrates, and occlusive vasculitis. Proper management relies on the early use of immunosuppressive drugs in combination with corticosteroids and administration of biologic agent in resistant and severe posterior segment involvement. VKH disease is a bilateral panuveitis that may be associated with extracellular manifestations. Exudative retinal detachment, associated with typical imaging findings, is the most specific feature to acute VKH disease. Sunset glow fundus is typical to chronic VKH disease. Complications are more likely to occur in the chronic recurrent phase. The mainstay of treatment for acute VKH disease relies on systemic corticosteroid therapy for at least 6 months. Immunosuppressive therapy is mainly used in chronic recurrent disease. Main ocular features of sarcoidosis include bilateral granulomatous anterior uveitis, vitritis with snowballs, multifocal chorioretinitis, and segmental periphlebitis. Diagnosis may be challenging in the absence of apparent systemic involvement. Treatment of ocular sarcoidosis relies on corticosteroids and immunosuppressive agents, in severe cases.

**1234**
Inflammatory choroiditis

HERBERT C P
University of Lausanne & Centre for Ophthalmic Specialised Care, Ophthalmology, Lausanne, Switzerland

White dot syndromes (WDS)is a term introduced around 1995 to describe posterior uveitis syndromes that were poorly understood such as MEWDS, APMPPE, multifocal choroiditis (MFC), serpiginous choroiditis (SC), birdshot retinochoroiditis (BRC) and many others depending on the extension with which the term is used. Unfortunately the term is of no utility as it is purely based on the the white dots most posterior uveitis exhibit and as it encompasses entities that look alike but have nothing in common as far as mechanism is concerned.

Thanks to indocyanine green angiography (ICGA) it became possible to get away from this pot-pourri terminology and allowed to sort out choroiditis entities according to the pathophysiological mechanism subdividing choroiditis into diseases of the choriocapillaris (primary choriocapillaritis) including MEWDS, APMPPE, MFC, SC and atypical and overlapping entities on one side and stromal choroiditis on the other side including Vogt-Koxanangi-Harada disease (VKH), BRC, sarcoid and tubercular choroiditis. The appraisal of these diseases and the rationale of their new classification will be explained and examples will be given to illustrate this new comprehensive approach that should make WDS obsolete.
Retinal vasculitis

Retinal vasculitis is a sight-threatening inflammatory or infectious condition, requiring an accurate clinical examination followed by an extensive but oriented work-up and an efficient therapy. The place of retinal vasculitis in the IUSG or SUN classifications remain indistinct as it may be associated to an intermediate, posterior or panuveitis. It is important to determine the level of vitreous haze and the type of involved vessel. Complications such as macular edema, retinal ischemia and neovessels must be excluded promptly. The main associated conditions are sarcoidosis, Behçet’s disease, birdshot choroidopathy, SLE, IRVAN, Susac syndrome, tuberculosis, syphilis, toxoplasmosis, acute retinal necrosis and CMV retinitis. Imaging techniques such as fluorescein and ICG angiography together with OCT are irreplaceable to determine the basic characteristics of the disease and potential complications. Treatment must be adapted to the severity of the disease and relies on systemic or local corticosteroids associated with conventional immunosuppressors or biologic agents. In patients with an associated infection, specific antibiotics or antivirals are necessary. Laser photocoagulation and vitrectomy may be selectively performed.
Course: In vivo confocal microscopy in corneal disorders

1241 Introduction of confocal examination
WYLEGALA E
Ophthalmology Clinic, Railway Hospital, Katowice, Poland
Abstract not provided

1242 Conofocal features of healthy cornea
DOBROWOLSKA D
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Abstract not provided

1243 Infectious and non infectious keratitis
SMEDOWSKA A (1,2,3)
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(2) Medical University of Silesia, Physiology, Katowice, Poland
(3) University of Eastern Finland, Ophthalmology, Kuopio, Finland
Abstract not provided

1244 Corneal dystrophies
NOWINSKA A
Ophthalmology, District Railway Hospital, Katowice, Poland
Abstract not provided
Course: In vivo confocal microscopy in corneal disorders

• 1245
Corneal degeneration
WOWRA B
Katowice, Poland
Abstract not provided

• 1246
Case examples summarizing knowledge of course
WYLEGAL A
Ophthalmology Clinic, Railway Hospital, Katowice, Poland
Abstract not provided
Within the context of the Ophthalmic Genetic Clinic, the diagnosis of Inherited Eye Diseases (IED) requires an integrated approach. This can not only determine clinical management and treatment, but also direct genetic counselling, which is valuable both for the patient and relevant to their wider family. Such an approach requires an accurate history (including a detailed three generation family history), as well as detailed clinical examination, imaging and investigation. Increasingly, such an process requires the integration of genomic testing via Next Generation Sequencing with can include multigene panels, clinical exomes or even whole genome sequencing.

The presentation will include a range of examples to span the breadth of IED including developmental disorders (such as microphthalmia/anophthalmia and congenital cataract), anterior segment disorders as well as inherited retinal disorders (both childhood and adult onset). This will illustrate the power of a multidisciplinary and integrated approach to the diagnosis of IED.
Special Interest Symposium: Grand rounds in ophthalmic genetics

• 1255

Cases

LEROY BP(1,2,3,4)
(1) Department of Ophthalmology, Ghent University Hospital, Ghent, Belgium
(2) Center for Medical Genetics, Ghent University Hospital, Ghent, Belgium
(3) Division of Ophthalmology, Children's Hospital of Philadelphia, Philadelphia
(4) Center for Cellular & Molecular Therapeutics, Children's Hospital of Philadelphia, Philadelphia

Case reports will be presented
Establishing new OCT parameters: Is race-specific phenotyping necessary?

CHAUNH B
Ophthalmology and Visual Sciences, Dalhousie University, Halifax, Canada

Establishing phenotypes of the normal optic nerve head via normative databases is vitally important for clinicians. Attributing likelihoods for glaucoma based on single OCT examinations helps clinicians triage and assign resources for further or more intensive testing. It is recognized that significant race-specific differences in optic nerve head parameters exist; however, it their utility has not improved diagnostics. One reason could be that these databases have thus far used only conventional parameters that do not exploit measurements now possible to characterize neuroretinal rim parameters that are anatomically and geometrically accurate, or the deep optic nerve head. This presentation will review the literature on race-specific databases, postulate reasons for their inability to yield better diagnostics and present new alternative race-specific OCT data that may enhance clinical glaucoma practice.

OCT in assessing glaucoma progression

GARWAY-HEATH D
Moorfields Eye Hospital, Glaucoma, London, United Kingdom

OCT imaging enables the measurement of various structures in the optic nerve head (ONH) and retina which may be progressively damaged in glaucoma. Examples include the neural rim and lamina cribrosa at the ONH and the retinal nerve fibre layer (RNFL) in the peripapillary region of the retina and ganglion cell layer (and associated structures) in the macula. Most of these can be measured with high precision (low variability), which makes them good candidates for identifying progression and quantifying rates of progression. The presentation will provide a critical review of the literature for the application of OCT imaging to measure progression in glaucoma, considering the various potential anatomical targets. The application of OCT imaging in clinical practice will be discussed, including pitfalls in relation to image quality and artifacts. The presentation will also discuss the clinical relevance of OCT-measured change in relation to vision function and how imaging outcomes should be interpreted.

OCT in animal models

NORMANDO E M (1,2)
(1) Western Eye Hospital- Imperial College Healthcare NHS Trust, Imperial College Ophthalmology Research Group ICORG CTU, London, United Kingdom
(2) UCL Institute of Ophthalmology, Glaucoma & Retinal Neurodegeneration Research Group, London, United Kingdom

Due to their accessibility, animal models are playing a major role in understanding some of the underlying causes of glaucoma. Optical Coherence Tomography (OCT) has been used extensively in these animal models giving us the advantage of longitudinal in-vivo assessments of the natural history of this disease. Outer retina involvement has recently been demonstrated in-vivo in experimental glaucoma. OCT segmentation software are now available as an aid for understanding the involvement of retinal layers other than the RNFL. Retinal blood flow is also currently under investigation in experimental glaucoma using ultra high resolution OCT. Furthermore, investigations of the irido-corneal angle configuration and its structural modifications in response to anti-glaucoma drugs have also been conducted in experimental models using anterior segment OCT. The talk will discuss the utility of OCT in animal models in Glaucoma.
• **1331**  
**Understanding the molecular genetic causes of inherited corneal disorders**  
DAVIDSON A  
UCL, Institute of Ophthalmology, London, United Kingdom  

Inherited corneal diseases comprise a group of clinically and genetically heterogeneous disorders that can lead to bilateral severely impaired vision and/or blindness. Advances in next generation sequencing (NGS) technologies have revolutionised clinical genetics over the past five years. The application of NGS, in combination with genome-wide association studies, to the field of inherited corneal disorders has provided significant insights into the genetics of corneal diseases and their underlying aetiology. An overview of our current understanding of the genetics of monogenic corneal dystrophies, as well as the contribution of genetic factors to complex conditions such as keratoconus and Fuchs endothelial corneal dystrophy (FECD), will be provided. Examples from our laboratory exploiting NGS platforms, in combination with careful phenotyping of patient sub-groups, to identify novel genetic causes and mechanisms of inherited corneal disorders such as; posterior polymorphous corneal dystrophy, epithelial recurrent erosion dystrophy, and X-linked megalocornea, will be highlighted. Furthermore the impact of these findings on clinical care and their potential to provide translational outcomes will be discussed.

• **1332**  
**The impact of genetics on the clinical management of patients with monogenic corneal diseases**  
TUFTS J(1), Evans C(2), Davidson A(2), Hardcastle A(2)  
(1) Moorfields Eye Hospital, London, United Kingdom  
(2) UCL Institute of Ophthalmology, London, United Kingdom  

Over the last decade there has been a major reassessment of the classification of inherited corneal disease. In this presentation I discuss our program to genotype all patients attending our tertiary referral center who have suspected monogenic corneal disease. This has enabled us to distinguish the phenotypes of several closely related dystrophies as well as identify a small number of patients who have previously been misclassified. Some patients with important systemic associations have been identified and referred for further investigation and management. Finally, patients without changes in the genes commonly associated with corneal dystrophy have been selected for further evaluation. The impact of this for clinical care will be discussed.

• **1333**  
**Monogenic corneal disorders in children**  
KHAN A(1,2)  
(1) King Khalid Eye Specialist Hospital, Division of Pediatric Ophthalmology, Riyadh, Saudi Arabia  
(2) King Faisal Specialist Hospital and Research Center, Department of Developmental Genetics, Riyadh, Saudi Arabia  

Pediatric monogenic corneal disorders tend to be under-recognized or misdiagnosed. However, careful phenotyping distinguishes several such conditions and can sometimes predict the underlying gene mutations. After this presentation, the attendee will be familiar with phenotype-genotype correlations for selected monogenic corneal disorders in children.

• **1334**  
**The Czech Republic experience in a corneal clinic**  
LISKOVA P  
Charles University, Prague, Czech Republic  

The spectrum of monogenic corneal disorders identified in the Czech Republic is diverse. We have observed some of the rare disorders, such as cornea plana, megalocornea, Harboyan syndrome and brittle cornea syndrome, in Czech patients. We have also observed a founder effect for posterior polymorphous corneal dystrophy, which appears to have the highest worldwide prevalence in the Czech Republic. Molecular genetic confirmatory testing can be performed in settings with limited laboratory diagnostic services either on a research basis or via research collaborations. Experience from the Czech Republic suggests that monogenic corneal disorders, particularly those that are non-syndromic, are under-diagnosed.
**1343**

**Expression of Tissue inhibitor of metalloproteinase in ocular Stevens-Johnson Syndrome: An Immunohistochemical Study**  
**VENUGOPAL R** (1), Sen S (2), Kadrupaj S (2), Sharma A (3), Agarwal T (1), Sharma N (1)  
(1) Dr.RP.Centre for Ophthalmic Sciences- All India Institute of Medical Sciences, Ophthalmology, New Delhi, India  
(2) Dr.RP.Centre for Ophthalmic Sciences- All India Institute of Medical Sciences, Ocular Pathology, New Delhi, India  
(3) Dr.RP.Centre for Ophthalmic Sciences- All India Institute of Medical Sciences, Ocular Microbiology, New Delhi, India

**Purpose**  
To identify the factors responsible for the role of TIMP-1 in SJS ocular sequelae patients.

**Methods**  
Immunohistochemistry (IHC) was performed on all cases for TIMP-1 and evaluated on paraffin sections of pannus tissues of 18 SJS patients excised during ocular surface reconstruction surgeries.

**Results**  
Expression of TIMP-1 was statistically correlated with the histopathological and clinical parameters.

**Conclusions**  
Expression of TIMP-1 may help in identifying the factors responsible for ocular sequelae in SJS patients.

**1342**

**Expression of Tissue inhibitor of metalloproteinase in ocular Stevens-Johnson Syndrome:**  
**FARAJ L** (1), Torkunaga K (2), Sotozono C (3), Sawai H (2), Yoon K C (4), Kim M K (5), Kim Y (6), Su C-K (7), Kinosita S (1)  
(1) Kyoto Prefectural University of Medicine, Department of Ophthalmology and Visual Science, Kyoto, Japan  
(2) Graduate School of Medicine- University of Tokyo, Department of Human Genetics, Tokyo, Japan  
(3) Kyoto Prefectural University of Medicine, Department of Ophthalmology, Kyoto, Japan  
(4) Chonnam National University, Department of Ophthalmology, Gwangju, South-Korea  
(5) Seoul National University College of Medicine, Department of Ophthalmology, Seoul, South-Korea  
(6) Severance Hospital- Institute of Vision Research- Yonsei University College of Medicine, Department of Ophthalmology, Seoul, South-Korea  
(7) Seoul St. Mary’s Hospital- College of Medicine- The Catholic University of Korea, Department of Ophthalmology and Visual Science, Seoul, South-Korea

**Purpose**  
We reported that PTGER3 SNPs were associated with Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN) with severe ocular complications (SOC). We also reported that about 80% of our SJS/TEN patients had taken cold medicines within several days before disease onset and designated them cold medicine related-SJS/TEN (CM-SJS/TEN) patients, and that HLA-A*0206 was significantly associated with CM-SJS/TEN in Japanese and Korean populations. Moreover, we documented that HLA-A*0206 and TLR3 polymorphisms exerted more than additive effects in SJS/TEN with SOC. In the current study we focused on CM-SJS/TEN with SOC and analyzed an interaction effect between PTGER3 SNPs and HLA-A*0206 in Japanese and Korean populations.

**Methods**  
Samples from 132 Japanese patients with CM-SJS/TEN with SOC were collected and 221 healthy Japanese volunteers were also recruited as controls. Samples from 30 Korean patients with CM-SJS/TEN with SOC were collected and 120 healthy Korean volunteers were also recruited as controls. Genotyping of PTGER3 gene SNPs was performed using the TaqMan SNP genotyping assay or the DigiTag2 assay. HLA-A*0206 genotyping was performed using performing using commercial bead-based typing kits, WAK Flow.

**Results**  
In Japanese population, we found an interaction with additive effects between HLA-A*0206 and the high-risk genotypes PTGER3 rs1327464 GA or AA (OR = 10.8, p = 2.56 x 10-7). Moreover, we also found an additive effect between HLA-A*0206 and the high-risk genotypes PTGER3 rs1327464 GA or AA (OR = 14.2, p = 5.88 x 10-6).

**Conclusions**  
These findings might show that the combination of these two polymorphisms could give improvements for a genetic testing as compared to using only one susceptibility gene.
1345
Intratarsal injection of kenacort in the treatment of severe cases of VKC
LAZREG S
Cabinet Lazreg, Cabinet d’ophtalmologie, Dar el Beida, Algeria

Purpose To treat refractory cases of Vkc with intratarsal injections of triamcinolone.

Methods We treated Severe cases of Vkc that have already experienced different anti-allergic treatments and topical steroids with frequent relapses and dependendencies to steroids with intratarsal injection of 40 mg of dexametasone, the follow up visits were performed at D0, D3, D7 and D30 ( slit lamp examination, corneal staining, ocular pressure )

Results 87 severe cases of Vkc: 63 males, mean age 10.4±3.5 years, 90% bilateral, and 100% of corneal involvement. 70% mixed forms and 15% of tarsal forms; the mean follow up was 20±7 months. At D3 we had a decrease of all ocular signs (photophobia, redness and pruritis) at D7 decrease of corneal staining and trantas nods, and at d30 , total remission of the Vkc, the mean duration of the efficacy of the treatment was 10±4±2.6 months, no adverse event was observed.

Conclusions Intratarsal injection of steroids is very effective in severe and resistant cases of Vkc; especially in our countries where this disease is very severe , frequent and when topical cyclosporine is not available.

1346
3D model of pterygium and corneal limbus: Investigating histopathology and stem cell distribution.
BLOM N (1), Andreason A (2), Heggaard S (3), Hjortdal J (1), Nielsen K (1)
(1) Aarhus University Hospital, Department of Ophthalmology, Aarhus C, Denmark
(2) Aarhus University, Department of Biomedicine-Anatomy, Aarhus, Denmark
(3) Glaukat Hospital- University of Copenhagen, Department of Ophthalmology, Copenhagen, Denmark

Purpose This study aims to create a complete histological 3D computer model of pterygium in situ, mapping the anatomy of the disease tissue, its relation to the corneal limbus and the distribution of limbal stem cells.

Methods One human eye affected with pterygium was obtained from a cornea donor post mortem. The anterior part of the eye was cut into 900 consecutive horizontal sections. Every other section was stained with HE to be digitized, aligned and 3D reconstructed using interactive 3D visualization software. Immunohistochemistry targeting CK19, MMP-1, p63 and VEGF was performed on the remaining sections alternating across the structure so as to create evenly distributed overlaying models.

Results Using the sections a high resolution model of the pterygium and limbus was created, and in aligning the immunostained sections to the model a spatial map of the staining was created. Analyzing the model we found a mostly normal temporal limbus with intact architecture, however nasally the limbus was found to be buried under the pterygial mass and only partly intact, showing a number of pathological changes.

Conclusions The limbal degeneration underneath the pterygium appears to be a precondition for or a consequence of the pterygial growth.

1347
Analysis of molecular mechanisms that predispose patients to develop post-PRK haze
RAJEEV KUMAR N, Shetty R, Pahuja N
NARAYANA NETHRALAYA FOUNDATION, GROW RESEARCH LABORATORY, BANGALORE, India

Purpose Factors that predispose certain patients to develop post-surgical haze remain unknown. We analyzed gene expression in corneal epithelium collected from patients prior to haze development following PRK. We further developed an in-vitro model to study haze using TGFβ as mimics pre-disposed and post haze conditions

Methods Corneal epithelium was collected intraoperatively from patients undergoing PRK. 4 eyes that developed haze postoperatively and 10 eyes of age matched controls without haze were analysed. Microarray analysis was followed by bioinformatics and validation. In vitro studies were performed on HCE cells on differential doses of TGFβ with or without wound for inflammatory markers, structural & pro-fibrotic genes and regulators of signaling cascades.

Results Microarray analysis revealed 1100 up regulated and 1700 down regulated genes in haze patients. ECM- Receptor interactions were elevated in patients prior to haze induction while Wnt signaling genes and CXC motif chemokines were reduced. Structural genes (Col I, Col IV, MMP2 & 14, TIMP1) were reduced in haze patients which correlated with in-vitro model. Inflammatory factors TNFα, IL-11 were elevated, but IL6 and IL1 did not show appreciable changes. Regulators of signaling cascades EGFR and Wnt/βcat were reduced in haze patients & in vitro. We propose a signal transduction network including few novel genes like PREX1, PXDN, SOX17, WNT3A, CXCL10 etc which can be factors that predispose patients to haze.

Conclusions Our study shows that molecular factors predispose the cornea in some patients to developing corneal haze after surgery.

1348
Corneal lenticules as an ex-vivo model to study keratocyte biology
SHROFF R (1), Shetty R (2), Kumar D (3), Kumar S (3), Pahuja N (1), GHOSH A (3)
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(2) NARAYANA NETHRALAYA, GROW RESEARCH LAB, BANGALORE, India
(3) NARAYANA NETHRALAYA, CORNEA AND REFRACTIVE SERVICES, BANGALORE, India

Purpose Keratocytes show differential gene expression in culture media; and are extensively used to study wound healing, corneal disease biology and response to topical drugs. However, mono-layer culture cannot replicate the 3-dimensional biological environment of corneal stroma. Hence, we propose to establish corneal lenticule as an ex-vivo model to study keratocyte biology for corneal diseases, drug response studies and in wound healing experiments.

Methods SMILE surgery was performed using the VisuMax femtosecond laser system (Carl Zeiss Meditec AG, Jena, Germany). After the refractive lenticule of intra-stromal corneal tissue was created using the femtosecond cutting procedure, it was dissected and separated through the side-cut opening and removed manually. SMILE lenticules from patients were obtained in MK media and were transferred to DMEM F12 with 10% FBS and 1% PS. The media was replenished every 24h and lenticules were harvested at 0h, 24h, 48h, 7th and 9th day. Gene expression analysis was performed for pro-fibrotic genes (fibronectin, vimentin, TGF-β and TGF-β2), pro-inflammatory (IL-6 and TNFα) and structural genes (Col-1, Col-3 and Col-5).

Results Our results demonstrate that lenticules remain metabolically active in culture media for long periods of time as evident from the varying expression of different pro-fibrotic, pro-inflammatory and structural genes after 0h, 24h, 48h, 7th and 9th day of culture. Furthermore, linear regression analyses show that clinical parameters like lenticule thickness do not affect the expression profile of the various genes by the keratocytes contained in the lenticule.

Conclusions In conclusion, lenticule can be used as an ex-vivo model to study keratocyte biology in various corneal diseases and for drug testing.
35

Course: How to publish - hints and "tricks"...-

• 1351
Reviewer - friend or foe?
PLEYER U
Charité, Campus Virchow, Augenklinik, Berlin, Germany
Abstract not provided

• 1352
What do we need...
DUA H S
Queens Medical Centre- Derby Road, Eye Ear Nose Throat Centre, Nottingham, United Kingdom
Abstract not provided

• 1353
How to keep your research published
KIVELÄ T
Department of Ophthalmology, Helsinki University Central Hospital, Helsinki, Finland
A key criterion for publishing a paper is novelty. This extends from original data to the introduction and discussion of the results. No part of the manuscript can be cut and pasted, or cursorily adjusted, from published literature - not even from the author's previously published papers. Violation of this rule, if detected after publication, often results in retraction of the paper, something which can now happen even years after its publication. One must also be certain to submit only unaltered images and data. The advent of post-publication peer review almost ensures that if images have been tampered with, this will be detected, again resulting in retraction. A third way of having one's paper retracted is to include authors who did not know about or did not approve the submission. These and certain other ways of getting a paper pulled out of the medical literature will be highlighted by recent examples, and the audience will be introduced to useful tools and web sites related to post-publication review. It is best to know about them before they strike you.

• 1354
Ingredients of a good paper...
STEFANSSON E
University of Iceland, Reykjavik, Iceland
Abstract not provided
History of IOLs - did it start in Poland?

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It was reported that: 1. the idea of IOL implantation originated from Italian itinerant oculist Tadini, 2. the first attempt of IOL implantation was conducted by Italian ophthalmologist Joannis Virgilius Casamaata (1741-1807) in 1795 in Dresden. The majority of these facts, however, is based on secondary sources and need verification. The study is based on analysis of original materials related to Tadini, Casanova and Casamaata and some contemporary descriptions related to this issue, including original doctoral dissertations. The study enabled to collect some information about life and work of Tadini and Casamaata. The original description of Tadini's concept of intraocular lens implantation was delivered in Casanova's Memoirs. It is clear that Tadini has never attempted this procedure. The interesting description of the first, although unsuccessful, attempt by Casamaata comes from the dissertation of Swiss surgeon Rudolph Schiferli (1775-1837) in 1797 entitled „On Cataract” (Theoretisch-praktische Abhandlung über den grauen Starr). In conclusion, the first concept of intraocular lens implantation was created by Tadini, and the first attempt of this procedure by Casamaata.

Does IOL choice impact on Driving Performance?

REBO G
St. Catharines, Canada

Purpose: Does the IOL implanted at cataract surgery affects the driving habits and crash risk of patients.

Methods: Retrospective analysis of patients who met the visual requirements for a drivers license and had bilateral implantation of the same lens. The patients had at least 2 years of follow up. Two groups of patients were identified, each with one of two types of acrylic IOLs. Both groups were given the Driving Habits Questionnaire, by a single investigator.

Results: 90 patients participated; 51 had acrylic IOL type A and 39 had acrylic IOL type B. The demographics were similar for age, sex, diabetes, glaucoma and IOL power implanted. Group A was more likely to have road traffic accidents (P=0.066) and less likely to drive at the same speed or faster than general flow of traffic (P= 0.094). Group A to be less likely to have travelled beyond their immediate neighbourhood, to be less likely to rate their quality of driving at average or above and to be more likely to have difficulty driving at night; but this did not reach significance.

Conclusions: At two years postoperatively, the choice of IOL implanted at the time of cataract surgery may have an impact on driving habit and crash risk.

Cataract surgery has evolved from a sight saving procedure to one which improves the quality of vision. Quality of vision can be thought of as the physical resolving power of the eye, what the patient sees together with associated dysphotopsia, quality of the IOL relies on quality of manufacture and quality of the optics influenced by quality of surgery. Environmental scanning electron microscopy has proved extremely useful in assessing the profile of an IOL, intra lenticule glistenings can be imaged and semi quantified and atomic force microscopy examines surface smoothness and a wide range of other techniques are require to assess other biomaterial properties. Optics can be characterised by measuring modulation transfer function, Strehl ratio and wavefront, and vision by acuity and contrast sensitivity, measurement of forward scatter of light remains difficult and controversial. Patient reported outcomes are being increasingly used to differentiate clinical from subclinical improvement.

Opacification of intraocular lens

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Soft hydrophobic acrylic intraocular lenses (IOLs) are increasingly being used because they can be implanted through small incisions, provide good postoperative vision. However, long-term postoperative follow up has identified various problems, including calcification, glistening and whitening. Calcium deposit on surface of IOLs are sometimes reported about hydrophilic acrylic materials. Calcification reduces the transmission of light and renders the fundus virtually invisible and decrease visual function easily. Glistening has been attributed to water retention in voids of hydrophobic acrylic materials and nonuniformity of polymer network structures. Whitening refers to the clinical appearance from sub surface nano glistenings (SNSG) of reflected white light due to light scattering as light encounters nano sized fluid filled vacuoles that occur at the anterior and posterior IOL surface. With a hydrophobic IOL, the fundus remains visible despite opacification and less effect of visual function. As a result, removal and replacement of IOLs is indicated in only a few cases. However, severe glistening and whitening increased glare and decreased contrast sensitivity.
Current problems with IOLs.

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Abstract not provided
• 1371
Physiology of retinal oxygenation
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The retina receives O2 from retinal and choroidal circulations. Both vascular beds can now be imaged with noninvasive spectrophotometric oximetry in human subjects. This allows study of normal O2 metabolism and physiology and clinical research in retinal disease. Normal physiology. Technical and biological variability in retinal O2 saturation is low compared to most clinical parameters. Test-retest studies show standard deviations of about 1% and in a healthy population the standard deviation is only 5-11% of the mean, low compared for example to IOP measurements. Retinal O2 saturation is relatively stable with age and shows only a minor reduction over decades of life. Retinal oximetry reliably detects retinal O2 saturation consumption due to changes in illumination. Retinal and choroidal oximetry data agree well with invasive studies in animals and human subjects. Ischemic retinopathies: Abnormal O2 saturation has been documented in diabetic retinopathy, retinal vein and artery occlusions and neovascular AMD. This agrees well with invasive PO2 studies and presence of Hypoxia-Inducible-Factor in these diseases. Atrophic retinopathies: Retinal atrophy in glaucoma and retinitis pigmentosa reduces O2 consumption and this is detected by retinal oximetry. Retinal oximetry may be a good method to quantify progressive retinal atrophy.

• 1372
Blood flow and oxygenation in atrophic diseases
TODOROVA M
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There is increasing evidence that alterations in retinal-choroidal blood flow play a role in the pathogenesis of atrophic diseases. Studying the oxygen saturation of retinal vessels on patients affected by glaucoma and inherited diseases of the retina, suggest the oxygen metabolism to be altered. To which extent the role of the oxygen saturation contributes to the blood flow fluctuations and thus, to the progression of atrophic disease will be discussed in this presentation.

• 1373
Relation of oxygen saturation to stage of diabetic retinopathy
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University Hospital and Faculty of Medicine and Dentistry- Palacky University, Department of Ophthalmology, Olomouc, Czech Republic

Aim: To assess whether oxygen saturation of the retinal vessels is related to degree of diabetic retinopathy.

Methods: A prospective study included 114 eyes of 76 patients with diagnosed diabetes and 57 eyes of 29 non diabetic patients. The diabetic patients were divided into groups according to severity of the retinopathy.

Results: In healthy controls mean arteriolar saturation was 96.5±2.6%, mean venular saturation was 62.5±7.4% and A-V difference was 34.3±7.2%. In diabetic patients with no retinopathy mean arteriolar saturation was 96.5±3.2%, mean venular saturation was 66.3±6.3% and A-V difference was 30.2±4.9%. In patients with mild diabetic retinopathy mean arteriolar saturation was 96.7±4.6%, mean venular saturation was 67.9±7.2% and A-V difference was 28.8±8.2%. In patients with moderate nonproliferative retinopathy mean arteriolar saturation was 97.8±4.6%, mean venular saturation was 69.9±6.7% and A-V difference 27.9±5.8%. In patients with severe non-proliferative and proliferative retinopathy mean arteriolar saturation was 100.5±5.6%, mean venular saturation was 74±7.2% and A-V difference was 26.5±7.8%.

Conclusion: We confirmed an increase in oxygen saturation in both retinal artery and vein in relation to degree of diabetic retinopathy.

• 1374
Choroidal blood flow and thickness measurements
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Most of the ocular blood supply goes into the choroidal circulation. Intensive research has been directed towards choroidal structure and function in health and disease. Indeed, choroidal blood flow and its regulation has been found to be altered in several ocular diseases, such as age-related macular degeneration. Several techniques for the assessment of choroidal blood flow have been developed including laser Doppler flowmetry, laser speckle flowgraphy, laser interferometric measurement of fundus pulsation amplitude or pneumotonometric measurement of pulsatile ocular blood flow. All these techniques have significant limitations and currently no gold standard method for the assessment of choroidal blood flow exists. With the introduction of enhanced depth imaging optical coherence tomography (OCT) systems, it is now possible to image choroidal thickness in vivo. Alterations in choroidal thickness have been observed in several ocular diseases. The correlation between functional and structural choroidal parameters is, however, weak. Further research is required to better understand the results obtained in patients with ocular pathologies and to investigate whether choroidal thickness is a good biomarker for choroidal disease. European
Fundus autofluorescence and Photobleaching : Definitions

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(2) Pôle Visión, Clinique du Val d’Auring, Ophtalmologie, Lyon, France
(3) Fondation Ophtalmologique Rothschild, Ophtalmologie, Paris, France
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Fundus autofluorescence (AF) imaging is a non-invasive method for detection of fundus fluorophores. The 488nm blue (short wavelength SW) or the 787nm near-infrared (NIR) wavelength are usually used to induce AF of fluorophores located in the retinal pigment epithelium (RPE). In the case of excitation with SW light, the resulting AF comes predominantly from A2E located in the lipofuscin granules of the RPE. On the other hand, excitation with NIR light seems to highlight the melanin. Regardless of the type of fluorophore in the RPE, the exciting light has to pass first through the retina and especially through the photoreceptor layer. The photopigment absorbs a part of the light, which will not be transmitted to the RPE. Therefore, RPE fluorophores will be less AF. In the same time, photo-isomerization of the 11-cis-retinal to 11-trans-retinal of photopigment loose its absorption property and the light will be easily distributed to the RPE fluorophores. This photoreceptor bleaching phenomenon could be used to better understand the origin of the hyper-AF pattern hyper-AF of the RPE or lack of absorbance of signal due to photopigment loss.

Fundus autofluorescence imaging in Ocular Oncology

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(3) Strasbourg, rétine, strasbourg, France

Purpose : To evaluate fundus autofluorescence aspect in retinal and choroidal tumor, para-neoplastic syndrome and intraocular lymphoma.

Methods : All the study patients underwent a complete ophthalmologic examination including biomicroscopic, fundus examination, color photography, fundus autofluorescence, fluorescein angiography, indocyanine green angiography and SD-OCT.

Results : A total of 14 patients with choroidal or retinal tumor or para-neoplastic syndrome were analysed. 3 cases diagnosed with choroidal melanoma, 1 case of melanocytoma, 2 cases of choroidal nevi, 2 cases of choroidal metastasis, 2 cases of choroidal hemangioma, 1 case of choroidal osteoma, 1 case of intraocular lymphoma, 2 cases of para-neoplastic syndrome (1 BDUMP and 1 AEP), were analysed. The color fundus photographs, angiography and B-scan findings were compared with FAF imaging. In most of cases FAF imaging is perfectly correlated with color fundus photographs, angiography, and OCT findings (orange pigment, drusens, calcifications, pseudovitelliform deposits, atrophy...).

Conclusion : FAF imaging allows a very interesting analysis in ocular oncology without use of dye, a good correlation was found with color fundus photographs, angiography and OCT findings.
Fundus autofluorescence imaging in AMD and in Retinal Dystrophies and Perspectives

IZZANT
Rouen, France,

Abstract not provided
• 2121
The EGS Guidelines: from diagnosis to medical management
TRAVESCO C
Savona, Italy
Abstract not provided

• 2122
The EGS Guidelines: a surgical approach to glaucoma
HOMMER A
Private Office, Vienna, Austria
Also the first step in treating glaucoma is medical therapy in most cases there are patients where laser trabeculoplasty is the appropriate initial treatment. In addition there are patients, where the target pressure could not be reached and/or the disease is progressing despite maximum medical therapy. In consequence of the risk for the visual function incisional surgery is the next therapeutic step. In the presentation EGS recommendations and flow charts for the different glaucoma surgeries will be presented and discussed.

Commercial interest

• 2123
The link with the EBO: the glaucoma subspecialty diploma
SUNARIC MEGEYAND G
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The EBO has gained worldwide respect for its efforts on harmonizing education and training in general ophthalmology within Europe. The comprehensive EBO Diploma examination, awards successful candidates the title of the Fellow of the European Board of Ophthalmology (FEBO), and is the most evident result of such efforts. More recently the EBO has established a Subspecialty European Board of Ophthalmology Diploma Examination (FEBOS) with the goal to increase standards of knowledge and care in various subspecialties. The first of these subspecialty examinations to be introduced is in the field of glaucoma and is developed in close collaboration with the European Glaucoma Society (EGS). The FEBOS Glaucoma examination and diploma represent a logical continuation of the efforts in providing sustainable education and glaucoma care within Europe led by the EGS.

The goals, the organisation and requirements to sit the subspecialty exam as well as the first experience with the FEBO Glaucoma exam and Diploma will be presented.

• 2124
Discovering the treasures of the EGS website: from educational opportunities to newsletter
STALMANS I
UZ St. Rafael, Leuven, Belgium
The European Glaucoma Society stands for Innovation, Education and Communication. The EGS website www.eugs.org content reflects these goals. The fourth edition of the EGS Guidelines is now downloadable free of charge. The Tip of the Month and Journal club contain clinical tips and tricks and relevant highlights from the literature which are monthly updated. The congress calendar gives information on upcoming meetings. And the EGS also promotes education by supporting travel grants and fellowship programs. These are only a few examples to illustrate that the website is a rich source of useful clinical and practical information. During this lecture, a virtual tour through the website will be provided.
The primary mission of the European Glaucoma Society (EGS) is to promote well-being of glaucoma patients, i.e. to develop and constantly improve sustainable glaucoma care in Europe by identifying and applying the best methods on a country wise basis to deliver good quality care at a sustainable cost.

1. Current Map
   Where are we now?
   What are the most important challenges in every-day practice

2. Where Do We Want to Go: Outcome and Quality of Care with Relation to Patients' Well Being
   What are the outcomes we should identify and agree
   How to formally assess the quality of outcomes

3. Road map for improved care: How are we going to get there?
   Good practices and policies
   Practical tools to improve care

4. The role of the EGS Committees as ‘Enablers’ – How to Pave the Way to Better Care?
   Innovation, Education, Communication
   Implementation

5. Next steps
   How to develop, lead and measure a sustainable glaucoma unit
   How to measure well-being of glaucoma patients
• 2131
New development in clinical ultrasound

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Since more than 40 years ultrasound is used as a clinical tool in diagnostics. In the early years mainly used in cardiology it has now become standard in many fields including ophthalmology. In the eye the technique has been used to visualize all tissues and to quantify blood velocities in retrobulbar vessels. In the recent years the technique saw many innovations that have so far only partially transferred to the eye. Four-dimensional scanners yield three-dimensional volumetric images. In addition, new approaches came up allowing for quantitative measurement of tissue biomechanical properties. Transversal resolution has been improved using high-frequency imaging. Finally, therapeutic applications include drug delivery that may also be applicable to the eye.

• 2132
Ultrasound biomicroscopy in diagnosis of anterior segment pathology

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PURPOSE: To demonstrate the role of ultrasound biomicroscopy (UBM) for the diagnosis of anterior segment pathology.

METHODS: UBM was performed in 7 patients with corneal opacity (6 eyes) and with anterior chamber (AC) opacity (1 eye).

RESULTS: In first case with total hyphema UBM demonstrated thickening of the iris. Second case with post-conjunctival corneal edema and hyphema demonstrated signs of iridialysis and cyclodialysis. Third patient with central corneal scar had a sign of intraocular epithelial proliferation. With UBM the epithelial cyst extension into anterior chamber was confirmed in fourth clinical case. In patient with fungal corneal ulcer (fifth case) UBM demonstrated central corneal defect and anterior chamber opacities. Lipodermoid was found in sixth clinical case. UBM helped to confirm that the sclera was not involved. In seventh case with corneal nevus after ocular burns UBM demonstrated iridocorneal adhesion and retrocorneal fibrous membrane. UBM results in all clinical cases determined tactics of treatment.

CONCLUSIONS: UBM is a safe and effective diagnostic tool in the management of eyes with disorders of the anterior segment especially when visualisation is limited and multiple traumatic injuries are involved.

• 2133
Ultrasoundography in the management of orbital diseases

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Based on a 30 year experience in ophthalmic ultrasound a flowchart is presented dealing with orbital anatomical structures, their recognition and their possible pathological changes mainly based on B-scan technology.

The following entities are of importance:
1. pseudo exophthalmus
2. myogenic exophthalmus
3. vascular-exophthalmus
4. infiltrating legions
5. expanding legions
6. optic nerve legions
7. legions from surrounding structures (bones, sinusus).

This system helps to decide which diagnostic or therapeutic steps should follow in order to support a decision orientated straight forward patient management.

• 2134
Ultrasound methods in the assessment of ocular blood flow

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(2) Russian Research Center of Surgery, Department of Vascular Surgery, Moscow, Russia

Purpose: To investigate ocular blood flow in vascular diseases (VD) with use of ophthalmic Doppler Methods.

Methods: 610 patients suffered from ischemic optic neuropathy (ION), 180 the retinal vein occlusion (RVO), 110 diabetic retinopathy (DR), 80 age-related macular degeneration (AMD). 240 patients were observed. Color Doppler Imaging (CDI) and Power Doppler (PD), 3D-mode were used to estimate blood flow of the ophthalmic artery (OA), the central retinal artery (CRA), the posterior ciliary arteries (PCA). The Doppler spectrum of blood flow and its main indices including the peak systolic velocity (PSV), end-diastolic velocity (EDV) and resistance index (RI) were measured.

Results: Signs of disordered blood flow in the CRA were detected in RVO: diastolic flow was absent or markedly reduced, decreased PSV and an increase RI in comparison with the norm. CDI showed reduced flow velocities in PCA in patients with ION. The decrease of flow velocities in the OA, the CRA and the PCA in patients with dry AMD and significant increase of RI in the PCA in wet AMD were registered. Decreased PSV and EDV in the CRA and the PCA were determined in patients with DR.

Conclusion: CDI, PD and 3D-mode are valuable methods for the clinical management of VD.
Monocarboxylate transporters and their functions in the retina

OBERSTEINER R
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Monocarboxylate transporters (MCTs) have important functions in healthy tissues, being involved in the transmembrane transport of lactate and other monocarboxylic acids. MCTs are a family of transporters which is presently composed by 14 members, but only MCT1 to 4 have been biochemically characterized. MCTs are located in the cornea, iris and ciliary body as well as the retina and pigment-epithelium (RPE)/choroid. MCT1 is localized particularly to the apical and MCT3 to the basal membrane of the RPE. MCT1 is located to photoreceptor inner segments, Müller cells, retinal capillaries, and the two plexiform layers. In contrast MCT2 labelling is concentrated in the inner and outer plexiform layers with MCT4 being associated only in the inner nuclear retina and the plexiform layers.

In an attempt to understand the role of pyruvate/lactate transport in the retina the influence of a specific MCT inhibitor (4-cyano-4-hydroxycinnamate or 4-CIN) was tested on ischemia/reperfusion in the rat. No evidence was found to support the view that blockade of lactate/pyruvate entry into mitochondria for oxidative metabolism has influence on the outcome of retinal ischemia / reperfusion.

Neuro-vascular coupling – molecular mechanisms and potential clinical applications

GABRIELLE G
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The coupling between neural activity, metabolism and blood flow is an essential physiological mechanism to assure constant supply of the tissue with oxygen and nutrients. Further, it has been shown that several ocular diseases, such as glaucoma or diabetic retinopathy are accompanied by a breakdown of this physiological mechanism. Despite many efforts, the signaling pathways that trigger the hyperemic response of the vasculature are still incompletely understood, which makes the significance of changes in the response during disease difficult to interpret. Recent experimental data from animal studies challenges the current view that NO is the key mediator of flicker changes in the response during disease.

Our results show that dual-beam bidirectional Doppler OCT system allows to measure total blood flow in the ocular fundus and can also be used to detect changes in this flow values due to various stimuli. Neurovascular coupling (NC) refers to a phenomenon where local blood flow is elevated with increased neuronal activity. NC may be essential to deliver increased amounts of oxygen, glucose and other nutrients to neurons when they are active. As such a breakdown in NC may contribute to cell death in neurodegenerative diseases. OCT due to its high resolution is superior to other methods used to measure physiological parameters in the human body. In a recent study, we measured total retinal blood flow in the human eye and assessed flow changes due to a stimulus with diffuse luminance flicker. We measured an increase of about 40%, which is assumed to occur as a consequence of an increased firing rate of retinal ganglion cells. Our results show that dual beam bidirectional DOCT may serve as a powerful tool to study changes in ocular blood flow due to changes in neuronal activity and, thus may contribute to the investigation of neurodegenerative diseases and the development of neuroprotective strategies.

Candidate Retinal Biomarkers in CNS Neurodegenerative Disease

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To institute early prevention of the common CNS neurodegenerative diseases, including Alzheimer's Disease (AD), Parkinson's Disease (PD), Lewy Body Disease and Vascular Cognitive Disorders, cost effective, non-invasive early diagnostic biomarkers are essential. Early detection of these diseases is critical given the growing evidence that new therapies will only be effective in pre-symptomatic or prodromal stages of the degenerative process. Retinal imaging by spectral domain optical coherence tomography is currently used to evaluate morphological neurodegenerative changes caused by ophthalmic disease. Evidence suggests that this technique may also provide a biomarker in AD and PD, revealing changes in the retinal nerve fibre layer that correlate with cortical thinning and possibly prior to emergence of clinical symptoms. This presentation will up-date the evidence supporting the use of non-invasive retinal imaging as a pre-symptomatic prognostic biomarker of CNS neurodegenerative disease.
B&ehć&et's uveitis in Japan: evaluation of the long-term efficacy and safety of infliximab treatment

TAKAECHI M
National Defense Medical College, Saitama, Japan

Retrospective 13 multicenter observational study; were performed using a questionnaire of 164 Behçet's patients treated with infliximab for more than 1 year were studied in Japan. The mean age at initiation of infliximab treatment was 42 years, and the mean treatment duration was 33 months. The frequency of ocular attacks significantly decreased significantly after infliximab treatment, and best collected visual acuity and was improved in approximately 55% of the eyes after treatment in all groups. However, The mean uveitis relapsed in 59% of all patients after infliximab treatment, and approximately 80% of relapses occurred within a year after the initiation of infliximab treatment. Ninety % of them were controlled by increasing doses of topical corticosteroids and shortening the interval of infliximab infusion. Adverse effects were observed in 35%. Infliximab treatment was continued in 85% of the patients, but 15% of the patients discontinued infliximab treatment because of adverse effects or insufficient efficacy. Infliximab was effective and safer reduced the frequency of ocular attacks and improved visual acuity in patients with Behçet-related uveitis, and was generally well tolerated with few serious adverse events.

Choroidal thickness in acute and convalescent VKH disease

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Vogt-Koyanagi-Harada (VKH) disease is a systemic autoimmune disorder against melanocytes, and is one of the leading causes of uveitis in many countries including Japan. The distribution of the melanocytes in the systemic organ such as eyes, internal ears, meninges, or skin, leads to the various symptoms or signs of VKH disease. Because melanocytes are abundantly present in the choroid, the primary site of the intraocular inflammation of VKH disease is the choroid. Therefore, to monitor the disease activity of VKH disease, indocyanine green angiography (ICGA) had long been the most useful tool. Recently, advances in optical coherence tomography (OCT) made it possible to visualize the cross section of the choroid in addition to the retina, and the findings in choroidal OCT are found to complement those in ICGA. In this presentation, the features of the choroidal changes by ICGA and OCT in VKH disease are discussed.

Stromal choroiditis in East (VKH) and West (birdshot)

HERBORT C P
University of Lausanne & Centre for Ophthalmic Specialised Care, Ophthalmology, Lausanne, Switzerland

Background and aim: Both Vogt-Koyanagi-Harada (VKH) disease and birdshot retinochoroiditis (BRC) are primary stromal choroiditis entities, meaning that the initial inflammatory process necessarily starts in the choroidal stroma. The aim here was to point out similarities and differences between these two stromal choroiditis entities and to show that early treatment is able to modify the phenotypes of both conditions. Patients and methods: Two groups of patients respectively of VKH and BRC cases were analyzed and followed clinically and angiographically using dual fluorescein (FA) and indocyanine greens (ICGA) angiography. Results: 13 of 28 BRC patients and 11 of 24 VKH patients had enough follow-up data to be included in the study. Early diagnosis and treatment in both VKH (9/11) and BRC (6/13), allowed to avoid sunset glow fundus in the former and BRC fundus lesions in the latter. The main similarities and differences will be pointed out. Conclusion: VKH and BRC differ substantially from each other. However choroidal stromal inflammation is characterized by a similar process and responds equally to therapy.
Viral retinopathies: a spectrum of disease from East to West

BODAGHI B
Hopital Pitie-Salpetriere, Ophthalmologie, Paris, France

Viral retinopathies remain an absolute emergency among all other infectious entities. They may occur in immunocompromised or immunocompetent patients at any age. Most of the cases are associated with herpes viruses and happen to be necrotizing. Acute retinal necrosis has been initially described in Japan with important clinical characteristics. Molecular tools are of utmost importance in order to confirm the viral type. VZV seems more aggressive than HSV1 or 2. CMV retinitis occurs more frequently in immunocompromised patients. More recently, the nonnecrotizing type of viral retinopathy has been reported, masquerading as different autoimmune entities. Furthermore, other types of nonherpetic viral retinitis may be encountered in different geographical areas. Treatment is always challenging. Despite a few reports on the use of oral antivirals, most of the patients require intravenous therapy and intravitreal injections. Treatment is always long in order to prevent a relapse, especially in the second eye. Laser photocoagulation has not demonstrated its efficacy but may be proposed in selected cases. Primary vitrectomy should not be proposed in all patients as it may increase the risk of retinal detachment. Visual prognosis is guarded.

The CD4/CD8 ratio in vitreous fluids is of high diagnostic value in sarcoidosis

MARUYAMA K
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Sarcoidosis is an idiopathic inflammatory disorder involving multiple organs, and ocular manifestation is one of the common features. A well-known immunological feature in sarcoidosis is an increased CD4+ helper T cell type 1 lymphocyte subset in BALF. In this study, we investigated the vitreous lymphocyte subsets of sarcoidosis to elucidate the immunological features of this disorder in the eye. Our study enrolled 86 sarcoidosis patients. Diagnoses included 53 eyes with definitive sarcoidosis (D-S) of 41 patients, 60 eyes with suspected sarcoidosis (S-S) of 45 patients. Vitreous samples from the uveitis patients were analyzed with flow cytometry. Our result presented that the CD4/CD8 ratio was high in the D-S/S-S in the vitreous samples. Moreover, a high CD4+ population indicated sarcoidosis uveitis. Therefore, diagnostic vitrectomy using flow cytometric analysis may be a useful adjunct for the diagnosis of sarcoidosis, particularly in complex cases.
**2161**
Myopia-associated changes of the optic disc

**NO-I-MATSUI**
Ophthalmology and Visual Science, Tokyo Medical and Dental University, Japan

Abstract not provided

**2162**
Optic nerve hypoplasia: Evaluation and genetic considerations

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(2) Moorfields Eye Hospital, Neuro-Ophthalmology and Genetics, London, United Kingdom

The minimum prevalence of optic nerve hypoplasia has been estimated at 1 in 10,000 and unlike other causes of childhood blindness, the incidence of this congenital disorder is still increasing in the developed world. From a practical point of view, children with optic nerve hypoplasia need to be properly evaluated given the strong association with a number of developmental brain abnormalities and potentially life-threatening neuroendocrine dysfunction. This presentation will also review the complex aetiology and emerging genetic basis for this important cause of visual impairment in young children.

**2163**
Optic disc tumors

**BOSCHI A**
Cliniques Universitaires St. Luc, Ophtalmologie, Bruxelles, Belgium

The optic disc can be involved by a variety of primary and secondary tumors. Primary tumors include capillary and cavernous hemangiomas, astrocytomas, and melanocytomas. Secondary optic disc tumors like leukemia, metastatic carcinoma, and from adjacent structures (choroidal melanoma, retinoblastoma, meningioma) may also invade the nerve head. Clinical features are varied, differential diagnosis and actualised management will be discussed.

**2164**
Using OCT to evaluate the funny looking disc

**BORRIAT F X**
Hopital Ophtalmique Jules Gonin, Neuro-Ophthalmology, Lausanne, Switzerland

Optic nerve appearance (optic disc swelling, atrophy, excavation) can be sometimes challenging, even to the experienced ophthalmologist. Namely, it may be difficult to distinguish early papilledema from pseudopapilledema. OCT can reveal abnormalities which can frequently help to establish the correct diagnosis and organize the proper investigations, if necessary. At the end of the session, the participants should be able to identify the OCT features suggestive of either true papilledema or pseudopapilledema/ optic disc drusen.
In healthy cornea, epithelium is renewed by limbal stem cells (LSCs) and LSCs transplantation has been used to treat limbal stem cell deficiency (LSCD). However, this is only possible if enough healthy limbal tissue is available. Thus, novel cell sources are needed. Human pluripotent stem cells (hPSC) including embryonic stem cells (hESC) and induced pluripotent stem cells (hiPSC) provide unique opportunities for differentiation of limbal and corneal epithelial cells.

We have previously developed an efficient method for differentiating hiPSC towards corneal epithelial progenitor cells capable of terminal differentiation towards mature corneal epithelial-like cells. With the protocol, protein expression of the corneal epithelial progenitor marker ΔNp63 was greatly enhanced, with up to 95% of cells being ΔNp63-positive. Finally, after a total of six weeks in differentiation culture, the two markers specific to differentiated corneal epithelium, cytokeratins 3 and 12, were expressed in an average of 35% and 71% of cells, respectively. In recent studies we have continued the molecular and functional characterization of these cells providing more support that those could potentially be used for treating LSCD in the future.

Restoration of corneal transparency and a functioning epithelium and stroma may involve multiple procedures that are limited by availability of donor tissue and an inability of host tissue to self-regenerate. We present a tissue-engineered collagen-based hydrogel scaffold for regenerating a transparent stroma and providing the additional possibility of carrying and delivering corneal stem cells to the stroma or epithelium. We present in vitro results of scaffold compatibility with epithelial and stem cells, and techniques for the optimal implantation of scaffolds using femtosecond laser surgery. Using models of in vivo bioscaffold implantation in the rabbit, we evaluate transparency, stability, and controlled degradation characteristics of the scaffolds. Tissue engineering provides the opportunity to tune the size, thickness, transparency, homogeneity and degradation rate for specific applications. For example, the bioscaffold may be used to substantially thicken the stroma or allow non-invasive in vivo tracking of its controlled degradation as it releases therapeutic cells. In vitro and in vivo results with bioscaffolds are presented that provide the basis for further preclinical and clinical development.

**Commercial interest**

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**2173**

**Novel techniques in corneal regeneration and bioscaffold engineering**

**LAGALIN N (1), Rafat M (2,3), Xeroudaki M (1), Koutikovska M (1), Egerhedun P (1)**

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Restoration of corneal transparency and a functioning epithelium and stroma may involve multiple procedures that are limited by availability of donor tissue and an inability of host tissue to self-regenerate. We present a tissue-engineered collagen based hydrogel bioscaffold for regenerating a transparent stroma and providing the additional possibility of carrying and delivering corneal stem cells to the stroma or epithelium. We present in vitro results of scaffold compatibility with epithelial and stem cells, and techniques for the optimal implantation of scaffolds using femtosecond laser surgery. Using models of in vivo bioscaffold implantation in the rabbit, we evaluate transparency, stability, and controlled degradation characteristics of the scaffolds. Tissue engineering provides the opportunity to tune the size, thickness, transparency, homogeneity and degradation rate for specific applications. For example, the bioscaffold may be used to substantially thicken the stroma or allow non-invasive in vivo tracking of its controlled degradation as it releases therapeutic cells. In vitro and in vivo results with bioscaffolds are presented that provide the basis for further preclinical and clinical development.

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**2174**

**Clinical results and in vitro characterization of cornea limbal epithelial stem cells cultured in autologous serum**

**AOE M**

Oulu University Hospital, Department of Ophthalmology, OSLO, Norway

Slow-cycling limbal epithelial stem cells (LESC) are responsible for continuously renewing the entire corneal epithelium. Ocular burns, infectious and inflammatory diseases can all cause chronic scaring, decreased vision and severe pain due to limbal stem cell deficiency (LSCD) in the cornea. Center for Eye Research / Department of Ophthalmology, Oulu University Hospital is offering transplantation of autologous LESC expanded human corneal epithelial tissue to patients with LSCD. However, even though many of these patients gain significant life quality by means of increased vision and reduced pain by this treatment, in our recent published retrospective case series evaluating our surgical technique, only 56% of the patients had a persisting improvement in subjective symptomatic/objective findings. Further clinical experience will reveal in which clinical situations this treatment modality is most likely to succeed – and fail. In parallel, we aim to develop a novel, improved protocol for enrichment of viable LESC for clinical transplantation to further improve success rate of the treatment. Clinical results as well as results of translational research for improving graft quality will be presented.
Long-term cultivation of corneal stem cells - possible applications from benchside to bedside

PETROVKOG
Department of Ophthalmology, University of Szeged, Szeged, Hungary

Long-term cultures of corneal stem cells can be developed for future tissue engineering and clinical applications. Cornea limbal and stromal tissue explants can be cultivated and expanded for longer periods of time (months) under special conditions and without the use of scaffolds. Viable 3D cell outgrowth from the explants can be achieved within 4 weeks time. The outgrowing limbal epithelial stem cells (LESCs) revealed a unique fingerprint of markers specific for stemness, proliferation, limbal epithelial cells and differentiated cornea epithelial cells. Morphological and immunostaining analysis concluded that long-term culturing can form stratified 3D tissue layers with a clear extracellular matrix deposition and organization of collagen, which was similar to that formed by corneal stromal stem cells (CSSCs). Overall, modelling 3D long-term structures of corneal stem cells can be used for generating highly pluripotent, long-standing 3D cultures from limbal and stromal stem cells, which can be used for further research purposes and clinical transplantation.
• 2211
Intravitreal Aflibercept (IVT-AFL) for Diabetic Macular Edema (DME): 3 Year Data from VIVID-DME and VISTA-DME

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Purpose
To evaluate long-term outcomes with IVT-AFL injection in the treatment of DME.

Methods
406 patients (VIVID-DME) and 466 patients (VISTA-DME) were randomized to IVT-AFL 2mg every 4 weeks + sham laser (2q4), IVT-AFL 2mg every 8 weeks (after initial monthly doses) + sham laser (2q8), or no laser + sham injections. From week (W)100 to W148, laser patients could receive IVT-AFL if enrollment criteria were met. Primary efficacy endpoint was defined as change from baseline (BL) in best-corrected visual acuity (BCVA) at W52. Outcomes at W100 and W148 are described.

Results
At W100, mean BCVA gains from BL in the IVT-AFL 2q4, 2q8 and laser groups were +11.4, -9.4 and +0.7 letters (VIVID-DME; P=0.0001), and +11.5, +11.1 and +0.9 letters (VISTA-DME; P=0.0001). In VISTA DME, improvements in BCVA were maintained to W148 in the IVT-AFL 2q4 (+10.4 letters) and 2q8 (+10.5 letters) groups. Cataract was the most frequent ocular serious AE in both studies through 100 weeks (VIVID-DME: 2.2%; VISTA-DME: 1.3%); incidence of Antithrombotic Thrombolytic Collaboration-defined arterial thromboembolic events with IVT-AFL was similar across the studies (VIVID-DME: 4.8%; VISTA-DME: 7.8%). Safety outcomes at W148 in VISTA-DME were consistent with W100 data with no new safety signals observed. The third year of VIVID DME is ongoing.

Conclusions
In both studies, IVT-AFL demonstrated superior outcomes compared with laser through W100, with similar efficacy in the 2q4 and 2q8 groups. In VISTA DME, BCVA gains from BL with both IVT-AFL regimens were sustained through W148. Through 100 weeks the incidence of AEs was consistent with the known safety profile of IVT-AFL.

Commercial interest

• 2212
Impact of Intravitreal Aflibercept (IVT-AFL) on Diabetic Retinopathy in the VIVID-DME and VISTA-DME Studies

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Purpose
Post hoc analysis to assess changes in the diabetic retinopathy severity scale (DRSS) score and the development of proliferative diabetic retinopathy (PDR) in VIVID-DME and VISTA-DME.

Methods
Patients (pts) were randomized to IVT-AFL 2mg every 4 weeks + sham laser (2q4), IVT-AFL 2mg every 8 weeks (after 5 initial monthly doses) + sham laser (2q8), or laser + sham injections. Primary efficacy endpoint was defined as change from baseline (BL) in visual acuity at week (W)52; the proportion of pts with a ≥2-step improvement from BL on the DRSS was a secondary endpoint at W100. Pts were considered to have developed PDR if BL DRSS score ≥61 and there was ≥1 post-baseline DRSS score ≥61. Results are presented for pooled IVT-AFL 2q4 and 2q8 treatment arms.

Results
The proportion of pts receiving IVT-AFL vs. laser who developed PDR through W100 was 1.8% vs. 5.3% (VIVID-DME) and 2.6% vs. 12.3% (VISTA-DME); when data were integrated across the two trials, the respective proportions were 2.4% vs. 9.4% (nominal P=0.0001). The most common ocular serious AE in IVT-AFL treated pts was cataract (VIVID-DME: 2.2%; VISTA-DME: 1.3%).

Conclusions
A greater proportion of pts treated with IVT-AFL experienced ≥2-step improvements in DRSS scores at W100 compared with laser-treated pts. A smaller proportion of IVT-AFL-treated pts in both studies developed PDR compared with laser. These findings demonstrate the beneficial impact of IVT-AFL not only on DME, but also on the underlying diabetic retinopathy.

Commercial interest

• 2213
Evaluation of the Variation in Thickness of the Different Retinal Layers in Diabetic Patients with OCT

VICENTE A (1), Cardigos L (1), Lisbo C (1), Proença R (1), Santos A (1), Cassia L (1), Abegão Pinto L (2), Ferreira J (2)
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(2) Faculdade de Medicina-Universidade de Lisboa, Pharmacology & Ophthalmology, Lisbon, Portugal

Purpose
To present a comparison of the thickness variation of the different retinal layers in diabetic patients without diabetic retinopathy.

Methods
A prospective observational study was performed. 175 eyes of 175 patients: 125 diabetic patients without diabetic retinopathy and 50 subjects without diabetes (age and gender matched) from the ophthalmology outpatient clinic were included. Optical Coherence Tomography (OCT SPECTRALIS) was performed with high-resolution macular scans. Automated retinal layer segmentation was performed using validated software and layers thicknesses were determined. The coefficient of variation of the different layers was calculated. A p value <0.05 was considered statistically significant.

Results
Diabetic patients were in average 66.9±9.3 years old. There were significant differences in the coefficients of variation between diabetic and non-diabetic patients: total retinal thickness (9.3% vs. 9.3%; p=0.39), RNFL (41.0% vs. 42.2%; p=0.33), GCL (30.3% vs. 31.1%; p=0.20), IPL (23.6% vs. 24.13%; p=0.40), INL (21.26% vs. 19.86%; p=0.44).

Conclusions
Previous studies have demonstrated that choroidal thickness coefficient of variation is lower in diabetic patients. Nevertheless, in retinal layers no difference was found in diabetic patients without macular edema. There is a combination of choroidal thickening with diminished thickness coefficient of variation and retinal layers with normal thickness coefficient of variation. This suggests that vascular choroidal pathology precedes retinal layers dysfunction. Exudation and lipid accumulation associated with microneuronal retinal dysfunction and changes in the choroid only appear at a second step. This study emphasizes the importance of the retinal layer thickness measurement with OCT in the evaluation of diabetic patients.

• 2214
Choroidal Thickness in Diabetic Patients without Diabetic Retinopathy

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Purpose
To evaluate choroidal thickness (CT) in diabetic patients without diabetic retinopathy (DR) using enhanced depth imaging spectral-domain optical coherence tomography (EDS-SD-OCT). To correlate CT with disease duration, systemic blood pressure (BP), glycemia, intraocular pressure (IOP) and ocular pulse amplitude (OPA).

Methods
Prospective, observational case-control study. A complete ophthalmological examination was performed (visual acuity, refraction, Goldmann applanation and dynamic contour tonomery, funduscopy and axial length). CT was assessed by a non-invasive procedure using an EDS-OCT (Spectralis Hidelberg) at 1.1 locations (subfoveal and 3 measurements 500μm apart in all 4 directions – nasal, temporal, superior and inferior).

Results
180 patients were recruited: 130 diabetic patients with no DR and 50 healthy controls; one eye per patient included in the study. CT at 1500μm above the fovea was significantly thicker in the diabetic group (239.9±34μm vs 268.2±87.7μm; p=0.001). None of the other topographic region comparisons were statistically different (p>0.05). In diabetic patients CT was not correlated with disease duration, BP, glycemia or IOP. CT was positively correlated with OPA in 12 points in diabetic patients (r between 0.19 and 0.27, p=0.05) but not in the control group. CT variation coefficients in the diabetic group were statistically lower than in the control group (p=0.001).

Conclusions
The homogeneous aging of the choroid at 1500μm superior of the fovea in diabetic patients without DR may correspond to the diabetic choroidopathy in mid-periphery presented before DR. Moreover, this tissue may be functionally different, as the pattern of correlations seems to differ between groups. Further studies are needed to explore these differences and the potential of the CT in the clinical setting.
**2215**

Choroidal Thickness and Systemic Examination in Diabetic Patients without Diabetic Retinopathy

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Purpose The choroidal circulation receives nearly 95% of ocular blood flow and it is essential for a normal retinal structure and function. Recently, several clinical studies showed a variation in choroidal thickness (CT) even before the presence of diabetic retinopathy (DR), which the meaning remains uncertain and questionable. Our objective was to analyze and correlate the CT with the disease duration, systemic blood pressure (SBP) and analytic evaluation.

Methods Prospective, observational case-control study. A complete ophthalmological examination was performed, including dynamic contour tonometry and axial length. CT was assessed by a non-invasive procedure using an OCT (Spectralis Hidelberg Engineering) with an enhanced depth mode (EDU) at 13 different locations (subfoveal and 3 measurements 500 μm apart in all 4 directions: nasal, temporal, superior and inferior). The SBP was measured and an analytical evaluation was performed, including glycemia, glycosylated hemoglobin - HbA1c, lipid parameters, renal function, sonogram and microalbuminuria. Correlation between variables was explored using a Spearman correlation.

Results The study included 65 diabetic patients without DR (36 females; mean age 67.23 ± 9.08 years), with an average disease duration of 90.42 ± 81.82 months. The CT didn’t show a correlation with disease duration; SBP glycemia, HbA1c, renal function, lipid parameters, homocysteinemia, natremia or microalbuminuria. However, the CT was positively correlated with potassium and chloride serum levels in 5 points, with statistic significance (r between 0.26 and 0.31, p < 0.05).

Conclusions CT may be positively influenced by serum levels of potassium chloride in diabetic patients but not in healthy controls. These abnormal CT relationships can be detected even with no visible DR. Further studies are needed to explore these differences.

**2216**

Automatic method to distinguish manifestation areas of early diabetic retinopathy from image artefacts by using L*u*v* colour space

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Purpose The RGB colour space was converted into seven different colour spaces: XYZ, CMV, HSV, HLS, HSL and L*u*v*. The L*u*v* colour space presented optimal results, with the highest sensitivity and best reproducibility. We employed three-dimensional analysis of L*u*v* colour spaces to detect early diabetic retinopathy.

Methods Six patients with small haemorrhages, hard exudates and photocoagulation marks were evaluated using fundus photography, which revealed image artefacts in the funds of some patients. We constructed an experimental device similar to the optical system of a fundus camera, and created artificial eyes of the fundus, which were painted with four different colours. The image artefacts were photographed under each artificial eye using the experimental device. We analysed all images using Scilab 5.4.0 and SIVP 0.5.3 software. The software interpreted the values of the L*u*v* colour space as a three-dimensional graph, which was modified using a Gaussian filter.

Results We calculated the difference between the manifestation and periametral areas and image artefact and periauretact areas using the L*u*v* values. The L*u*v* values’ ratios of the image artifact to manifestation areas in the human eye were as follows: haemorrhage (62, 11.4, 7.4); hard exudate (32, 7.7, 2.5) and photocoagulation mark (8.1, 3.9, 6.2).

Conclusions L*u*v* colour space is an effective mean of differentiating between small haemorrhages, hard exudates and photocoagulation marks from image artefacts.

**2217**

Dexamethasone Reverses the Effects of High Glucose on Human Retinal Endothelial Cells In Vitro

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Purpose Diabetic retinopathy is the leading cause of preventable blindness in the working population and its prevalence continues to increase as the worldwide prevalence of diabetes grows. The main cause of visual loss in diabetic eye disease is diabetic macular oedema caused by an increase in microvascular endothelial permeability. Endothelial cell permeability is influenced by multiple factors which have not been fully elucidated, particularly in human models. Inflammation has been reported in the pathogenesis of diabetic retinopathy and the potential use of anti-inflammatory agents such as the glucocorticoid dexamethasone is being extensively studied.

Methods The effect of high glucose (25 mM) and dexamethasone on retinal endothelial cell proliferation and permeability were assessed using Cell-8 proliferation reagent and 3 measurements 500 μm apart in all 4 directions - nasal, temporal, superior and inferior. The SBP was measured and an analytical evaluation was performed, including glycemia, glycosylated hemoglobin - HbA1c, lipid parameters, renal function, sonogram and microalbuminuria. Correlation between variables was explored using a Spearman correlation.

Results The study included 65 diabetic patients without DR (36 females; mean age 67.23 ± 9.08 years), with an average disease duration of 90.42 ± 81.82 months. The CT didn’t show a correlation with disease duration; SBP glycemia, HbA1c, renal function, lipid parameters, homocysteinemia, natremia or microalbuminuria. However, the CT was positively correlated with potassium and chloride serum levels in 5 points, with statistic significance (r between 0.26 and 0.31, p < 0.05).

Conclusions CT may be positively influenced by serum levels of potassium chloride in diabetic patients but not in healthy controls. These abnormal CT relationships can be detected even with no visible DR. Further studies are needed to explore these differences.

**2218**

Myofibroblasts in proliferative diabetic retinopathy can originate from infiltrating fibrocytes and through endothelial-to-mesenchymal transition (EndoMT)

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(3) King Saud University, Ophthalmology, Riyadh, Saudi Arabia
(4) University of Leuven, Igea Institute for Medical Research- Dept. of Microbiology and Immunology, Leuven, Belgium

Purpose The fibrovascular epiretinal membranes from patients with proliferative diabetic retinopathy (PDR) are characterized by the accumulation of a large number of myofibroblasts. We explored the hypothesis that proliferating endothelial cells via endothelial to mesenchymal transition (EndoMT) and/or bone marrow-derived circulating fibrocytes contribute to the myofibroblast population present in PDR membranes.

Methods Epiretinal membranes from 14 patients with PDR were studied by immunohistochemistry. In addition, we investigated the phenotypic changes that take place in human retinal microvascular endothelial cells following exposure to transforming growth factor-β1 (TGF-β1), connective tissue growth factor (CTGF) and the proinflammatory cytokines interleukin 1β (IL-1β), and tumor necrosis factor-a (TNF-a).

Results All membranes contained myofibroblasts expressing the endothelial cell marker CD31 and CD34, which were re-exposed to high glucose and JAM-A gene expression were reduced and that of JAM-C increased when evaluated with qPCR, dexamethasone was effective in partially reversing these changes. In conclusion, dexamethasone reverses high glucose induced alterations in retinal endothelial cell behaviour.

Conclusions Dexamethasone reverses high glucose induced alterations in retinal endothelial cell behaviour.

Commercial interest

**2219**

Myofibroblasts in proliferative diabetic retinopathy can originate from infiltrating fibrocytes and through endothelial-to-mesenchymal transition (EndoMT)

(1) King Abdullah University Hospital, Ophthalmology, Riyadh, Saudi Arabia
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Commercial interest
Risk management: how does patient management in ophthalmology compare with those of other medical disciplines?

KOTECHA A
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Risk management in medicine involves identifying, evaluating and monitoring actual and potential areas of risk of harm to patients. The ophthalmologist’s main concern in the care of the glaucoma patient is the risk of their patient progressing to irreversible sight loss. As such, glaucoma patients receive lifelong care once diagnosed, and undergo a multitude of tests over their lifetime. This talk will explore how the care of the glaucoma patient compares with the care of patients from other disciplines and will attempt to address whether glaucoma ophthalmologists are more ‘risk averse’ in the management of their patients.

Detecting and managing blindness risk in glaucoma

MCNAUGHT A
Cheltenham General Hospital, Gloucestershire Eye Unit, Cheltenham, United Kingdom

Glaucoma patients are sometimes described as a homogeneous disease group, with the implication that the ‘a priori’ lifetime risk of visual impairment is similar for all patients, or that predicting the eventual risk of visual impairment is problematic. This is an oversimplification of the true situation. The risk of eventual visual impairment can be substantially different between individual patients, with these differences being evident at the first visit to the glaucoma clinic: a diagnosis of secondary glaucoma e.g. PXE or angle closure glaucoma, is an important adverse risk factor, as is the initial severity of visual field loss, height of presenting IOP, and, perhaps most important of all, the age of the patient at presentation. The risk of eventual significant visual loss for patients presenting as OHT is low, though, research work, notably the OHTS study, has highlighted risk factors evident at diagnosis which aid more accurate estimation of the visual prognosis. The prognostic importance of the initial findings at diagnosis, and a review of the literature is presented, including new insights from a recent UK audit of a countrywide clinical population detailing the annualized relative risk of individual glaucoma patients requiring glaucoma surgery, segregated by presenting diagnosis.

Are we over prescribing in Glaucoma?

TUULONEN A
Tampere, Finland

The current cultural and legal environments exert tremendous pressure to do more. To choose to do nothing seems to be more open to criticism, rather than to take action, despite the risk that action might later prove to be harmful. It is well-known for decades that high resource allocation does not necessarily lead to measurable benefits to the patients. Prescribing diagnostic tests and treatments are indicated when they provide benefits and outcomes that are important to patients, i.e. when interventions improve patients’ well-being in every-day life. More frequent testing leads to more diagnoses with newly detected cases being in general milder and non-optimal specificities of diagnostic tests falsely classifying non-glaucoma cases having glaucoma. Thus, outcomes will seem to improve, which stimulates to do even more.

When we have evidence of treatment effectiveness, does it automatically imply that treatment should be administered to every patient? When e.g. the total costs of glaucoma medications increase five-fold in 5 years, and one country treats 30% more patients with glaucoma compared to its neighbor, which patients are under- or over-treated? Very different conclusions may result from the same evidence.

Risk of visual impairment from glaucoma

CRABB D
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Monitoring diagnosed glaucoma patients represents a significant burden on clinical services, with an estimated one million visits annually in the UK alone. Visual field (VF) tests are routinely used for detecting worsening of vision. We modelled VF loss during patients’ predicted lifetime by examining more than 400,000 VFs from four regionally different glaucoma clinics/services in England. Levels of VF loss were summarised using the Mean Deviation (MD) index from each test. MD at diagnosis and MD loss during predicted remaining lifetime, using a linear rate of MD deterioration (dB/year) and residual life expectancy tables, were calculated and plotted on motion graphs. Most patients followed in clinics have stable disease. Five percent (95% confidence interval: 4 to 6%) of patients were predicted to be at risk of statutory blindness in their lifetime. Likelihood of a patient suffering serious visual impairment in their lifetime is linked to level of VF loss at presentation. These findings, from retrospective analysis of ‘big data’ residing in clinics, could help inform planning of follow-up in glaucoma and also illuminate the importance of detecting the disease before it becomes advanced. (1) Saunders et al 2014. JOVS)
2225
Automated ‘big-data’ analysis to risk stratify your patients

JOHNSTON R
Gloucestershire, United Kingdom

Abstract not provided
The Four Seasons of Dry Eye Disease Seasonal Variations in Presenting Symptoms and Signs of Dry Eye Disease in Norway

**Purpose**
To investigate the seasonal variations of presenting symptoms and signs of dry eye disease (DED) in Norway.

**Methods**
900 DED patients examined between August 2012 and May 2015 at the Norwegian Dry Eye Clinic in Oslo, Norway; were consecutively included. All patients underwent a comprehensive ophthalmological examination. Presenting symptoms and signs were related to the season according to when each patient had been examined. Weather report data from the exact day of examination in Oslo, including mean temperature, relative humidity, hours of sunshine, and mean wind, from the Norwegian Meteorological Institute, were also compared with the presenting symptoms and signs.

**Results**
Mean seasonal temperatures for Oslo during spring, summer, fall and winter were 7°C, 16°C, 7°C, and -2°C, respectively. Compared to the rest of the year, tear film break-up time (TBF/T) was highest during summer (P < 0.001), ocular protection index (OPI) lowest during winter (P < 0.001), Schirmer I lowest during summer (P < 0.004), tear meniscus height was highest during winter (P = 0.004), meibum quality least pathological during winter (P = 0.001), the percentage of patients being diagnosed with meibomian gland dysfunction lowest during winter (P = 0.001), and intraocular pressure highest during winter (P < 0.001). Weather report data correlated the strongest with meibum quality and intraocular pressure, which both were associated with mean temperature (r = -0.24, P = 0.001) and relative humidity (r = -0.21, P = 0.001).

**Conclusions**
Parameters for assessing DED show seasonal variations, which are important to consider when examining patients with DED. Moreover, contrary to common belief, our results suggest that meibomian gland function appears to improve during winter and with low temperatures.

Standardising the Schirmer Test by Enclosing the Strip in a Waterproof Sheath.

**Purpose**
To evaluate the impact of a waterproof sheath on the Schirmer test.

**Methods**
A closed-eye Schirmer test was performed bilaterally in 8 subjects with normal eyes (3 male; mean age 35.5 years SD ± 25), in a Weiss-Gallenkamp controlled humidity.

**Results**
Sheathing of the Schirmer strip frees the test from a dependence on different conditions of relative humidity.

**Conclusions**
Sheathing of the Schirmer strip improves the performance and utility of the test.

Altered micro-RNA21 expression correlates with enhanced peripheral IL-23p19 levels patients with primary Sjögren's syndrome

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**2235**

**Novel potential biomarker for Sjögren’s syndrome related dry eyes**

PHOKON Q (1,2), Ni Gobilharon J (1), Murphy C C (2)

(1) The Royal College of Surgeons in Ireland, Molecular and Cellular Therapeutics, Dublin, Ireland
(2) The Royal College of Surgeons in Ireland, Department of Ophthalmology, Dublin, Ireland

**Purpose** In Sjögren’s syndrome (SS) related dry eyes (SS-KCS), reduced aqueous tear production and tear hyperosmolarity leads to inflammatory damage to the ocular surface. microRNAs (miRNAs) are known to alter the expression of cytokines, which plays an important role in the pathogenesis and progression of SS. The aim of this study was to isolate miRNAs and mRNA from conjunctival epithelial cells (CEC) of patients with primary SS (pSS) to identify potential biomarkers that might aid diagnosis and future therapy in pSS.

**Methods** Confirmed SS-KCS and healthy controls were recruited to this study: miRNA isolated from conjunctival impression cytology was sent for miR and mRNA microarray. Bioinformatic analysis was performed to identify predicted targets and comparison was made with the mRNA microarray data. Validation experiments were performed in HeLa cells following transfection with selected miR mimics and predicted genes were detected using qPCR.

**Results** miR and mRNA microarray found 32 differentially expressed novel miRNAs and 136 differentially expressed genes in pSS patients compared to healthy controls. Following bioinformatic analysis, novel miR A was significantly increased in pSS (p<0.0079) and bioinformatics suggested PELI3 (PELI3), a negative regulator of inflammatory cytokines, as a predicted target. The miRNA microarray showed a decrease in PELI3 in pSS patients compared to healthy controls (p<0.0073). Overexpression of miR A mimic in HeLa cells resulted in decreased expression of PELI3, suggesting that it is a direct target for miR A.

**Conclusions** We have identified differentially expressed miRNAs and genes targets from CEC in pSS. PELI3, a potential target of novel miR A which is over expressed in pSS, is a negative regulator of cytokines that might have biomarker and therapeutic potential for pSS related dry eyes.

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**2236**

**Three dimensional meibography for diagnosis of dry eye syndrome**

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**Purpose** The dysfunction of meibomian glands which secrete components of lipid layer in tears is currently pointed out as one of the main causes occurring dry eye. The distribution of that is more than 70% in Asian, especially. This brought out the importance for the dysfunction of meibomian glands. Our study was aimed to confirm the efficacy of 3D meibography to evaluate the structures of meibomian glands.

**Methods** This study is a cross sectional study for patients who had diagnosed as dry eye disease associated with the dysfunction of meibomian glands at Seoul Saint Mary’s Hospital from July to October, 2014. To confirm the structure of dry eye patients, 3D images using 3D OCT (optical coherence tomography) and 2D images using infrared camera were obtained. Patients who had the drop-out lesion in 3D and 2D images were divided as two groups, and differences between them were analyzed. At the same time, to find the clinical signification for structural changes of meibomian glands, all patients had an ocular surface and a tear function examination to determine the degree of dry eye.

**Results** As compared between 3D and 2D images for dry eye patients who had the drop-out lesion on meibomian glands, 3D images was more useful for diagnosis of dry eye than 2D, especially in dry eye related with mild meibomian gland disease.

**Conclusions** Our study confirmed that the structural change of meibomian glands was reflected in optical coherence tomography 3D images. Especially, 3D meibography was more powerful than 2D infrared camera to find out the real state of drop-out lesion on meibomian glands. But, there was no statistical significance between the location of drop-out lesions; such as lid margin, middle area, near superior conjunctiva fornix, and clinical features in these study.

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**2237**

**Randomised, controlled study of the efficacy and safety of a new eye-drop formulation for moderate to severe dry eye syndrome**

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**Purpose** The aim of this study was to compare the efficacy and safety in Dry Eye Disease (DED) of T2762, a new product containing an innovative bioprotective molecule trehalose (molecule finds in plants resistant to dissipation with osmoprotectant properties) and hyaluronic acid, to Vismed®.

**Methods** Phase III, randomized, active-controlled, investigator-masked, multicentric study in France and Tunisia. 105 Adult patients (>18 years) with moderate to severe DED were included and received one drop of either T2762 (N=52) or Vismed® (N=53) 3-6 times per day for 84 days. The primary efficacy variable was the Oxford grading score at Day 35. Conjunctival Surface Disease Index (OSDI), dry eye symptoms, Schirmer test, TBUT, conjunctival hyperaemia, and global performance were assessed as secondary efficacy criteria at baseline, Day 35 and Day 84. Safety assessments were standard.

**Results** Non-inferiority of T2762 to Vismed® for Oxford grading score was demonstrated at Day 35. For secondary efficacy parameters, reductions in OSDI, dry eye symptoms and investigator/patient assessments of global performance were better for T2762. There were no clinically meaningful between-group differences for the other secondary criteria. Both treatments were well tolerated. Interestingly, there were fewer ocular symptoms upon instillation and fewer AE’s with T2762.

**Conclusions** T2762 is effective and safe, with better patient satisfaction than existing hyaluronate-only eye drops, and offers a therapeutic advancement in the treatment of moderate to severe DED.

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**2238**

**Efficacy of Dry Eye Disease treatment based on the 2007 Report of the International Dry Eye WorkShop (DEWS)**

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**Purpose** To assess the efficacy of dry eye disease (DED) treatment according to the guidelines reported by the International Dry Eye WorkShop (DEWS) in 2007.

**Methods** Dry eye disease patients with or without meibomian gland dysfunction (MGD), treated at the Norwegian Dry Eye Clinic, with at least 6 months follow-up time were consecutively included in the study. The choice of treatment for DED was based on the dry eye severity level (DESI), according to the 2007 Report of the International Dry Eye WorkShop (DEWS). The values of tear film break-up time (TBUT), Schirmer test, ocular surface staining (Oxford scale), and dry eye severity level (DESI) on the right eye at 1, 3, 6, 12, and 24 months after the treatment were compared with those prior to treatment.

**Results** A total of 237 eyes were included. At 6 months follow-up, TBUT increased from 5.0±3.63 to 8.5±5.12s (p<0.001), Schirmer test did not show significant change, ocular surface staining decreased from 1.64±2.13 to 0.70±1.20, and DESI decreased from 2.08±0.47 to 1.72±0.54 (p<0.001). The improvement of TBUT, ocular surface staining, and DESI remained significant at 24 months follow-up.

**Conclusions** Treatment based on the 2007 Report of the International Dry Eye WorkShop (DEWS) was effective in a Norwegian cohort of DED patients with significant improvement in key parameters for assessing DED.
• **2241** SRPK1 inhibitors as novel anti-angiogenic therapeutics for wet age-related macular degeneration (wAMD)

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*Purpose* Anti-angiogenic VEGF inhibitors are the standard of care for wAMD but must be administered by intravitreal injection and non-specifically inhibit all VEGF isoforms. We aim to develop SRPK1 inhibitors as eye drops that specifically inhibit pro-angiogenic VEGF-A isoform driven angiogenesis underlying wAMD.

**Methods** Novel compounds, synthesized based on the structure of SRPK1, were tested in kinase assays, thermal shift binding assays and immunoprecipitation, immuno blotting and immunofluorescence assays. Retinal toxicity and efficacy were evaluated by Ganzfeld ERG and laser-CNV. PK was evaluated in vivo and in ex vivo penetration assays using mass spectrometry.

**Results** Novel compounds selectively bind to SRPK1 and dose-dependently inhibit SRPK1 kinase activity (IC50s<10 nM), SRK1 phosphorylation and nuclear localization and increase anti-angiogenic VEGF-A165b levels. SRPK1 inhibitors did not inhibit retinal function yet potently inhibited laser-CNV following eye drop administration in mice (EC50s<0.5µM, n=6–8, P<0.05, One-way ANOVA). Compounds were detected in the uclera, choroid and retina following eye drop administration in vivo in rat and mouse and in ex vivo penetration assays in human, pig and rabbit eyes.

**Conclusions** We developed SRPK1 inhibitors that specifically target pro-angiogenic VEGF-A driven choroidal neovascularization and can be delivered to the retina following eye drop administration. These compounds potentially offer more specific, efficacious and safer therapeutics for patients with wAMD.

**Commercial interest**

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• **2242** Ghrelin inhibits choroid-retinal cell migration, proliferation and in vitro angiogenesis, under a high glucose environment

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*Purpose* Ghrelin is a peptide expressed in many organs and tissues. Recently, ghrelin has been implicated in the pathophysiology of proinflammatory retinopathy, although its true involvement remains unclear. The aim of this study is to test the effect of ghrelin in the migration, proliferation, apoptosis and in vitro angiogenesis of primate choroid retinal endothelial cells (RF/6A), cultured under high glucose conditions.

**Methods** RF/6A cells were incubated for 24 hours with different glucose concentrations (0-300mM). Cell migration was assessed using wound healing assay. Colorimetric immuno assay was used for the quantification of cell proliferation, based on the measurement of BrdU incorporation. Cell apoptosis was assessed by TUNEL technique. For each glucose concentration, the effect of ghrelin (10-10 to 10-5M) was determined after 24 hours of incubation. The *in vitro* angiogenesis was assessed by tube formation assay after exposure to the same glucose concentrations and ghrelin (10-7M) for 4 hours.

**Results** Ghrelin significantly inhibited RF/6A cell migration at every glucose concentrations, although this effect is more consistent under low glucose environment. Ghrelin, at the concentration of 10-7M, significantly reduces cell proliferation at every glucose concentration. *In vitro* angiogenesis is decreased by ghrelin under a high glucose environment. No differences on the apoptosis assay were seen.

**Conclusions** In conclusion, ghrelin significantly inhibits RF/6A cells migration, proliferation and in vitro angiogenesis, under high glucose environment.

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• **2243** Surface modification of intraocular lenses towards controlled drug delivery


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*Purpose* Ocular drug delivery systems replacing or complementing the usual therapeutics after cataract surgery have been the focus of several studies. A possible solution could be implanting intra ocular lenses (IOLs) also acting as drug carriers. The main challenge is to obtain IOLs that besides providing the best refractive outcome, could be implanting intra-ocular lenses (IOLs) also acting as drug carriers.

**Methods** IOL surface was modified with PHEMA (poly(2-hydroxyethyl methacrylate)) by treatment with argon plasma and subsequent immersion in a HEMA solution with modifilcon (MFX, Viganom®), followed by a final immersion in an MFX solution. Drug release profiles were obtained *in vitro* under hydrodynamic conditions, which simulate those found in the eye for the aqueous humor. A microfluidic cell with a volume of 250 µl was designed and used with a continuous flow of saline solution, at 37°C, with a renovation rate similar to the physiological one.

**Results** Results showed that MFX was released with concentrations above the therapeutic window in all conditions described. The IOLs surface modification with PHEMA allows an extended drug release effective to prevent post cataract surgery endophthalmitis.

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• **2244** Use of retinal oximetry in estimating cerebral tissue oxygenation

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*Purpose* To investigate the correlation between cerebral tissue oxygenation (StO2) and retinal vessel oxygen saturation (ScO2) using non-invasive spectroscopy in healthy individuals.

**Methods** Retinal and cerebral oxygen saturations were measured in dark-adapted, healthy volunteers breathing ambient air in a seated position using dual wavelength retinal oxygen and transcranial near infrared spectroscopy (NIRS) respectively. Correlations between SO2 and StO2 were analyzed using Pearson correlation coefficients. Multivariate analysis was performed to determine the relative contribution of the arterial and venous vessels to ScO2. Using this model, ScO2 was estimated based on retinal arterial and venous oxygen saturation. Pearson correlation coefficients, paired sample t-test and Illand-Altman analysis were used to assess the agreement between the measured and the predicted ScO2.

**Results** Twenty-one young healthy individuals aged 26.4±2.2 years were analyzed. ScO2 showed a significant positive correlation with both arterial and venous SO2 (r=0.442, P=0.045 and r=0.434 P=0.049 respectively). In multivariate analysis, the relative contribution of arterial and venous SO2 to ScO2 was significantly correlated with diastolic blood pressure, retinal venous oxygen saturation and retinal venous diameter (R2=0.06, P=0.001). The measured ScO2 (72±2.35%) correlated well with estimated ScO2 (72±2.6%, range 67.6–77.5) (r=0.774, P=0.001). Illand-Altman plots showed 95% agreement width ±6.8%.

**Conclusions** In this pilot study, retinal oximetry showed promising as an estimate of cerebral tissue oxygenation as measured by NIRS.
The diameter regulation of retinal arterioles during systemic hypoxia is impaired in diabetic patients without retinopathy

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Purpose Diabetic retinopathy (DR) is characterized by retinal lesions related to disturbances in retinal vascular supply that may lead to retinal hypoxia. Additionally, the metabolic activity of cyclooxygenase (COX) and nitric oxide synthase (NOS) have been found to be changed in patients with diabetes mellitus. Therefore, the purpose of the present study was to investigate the effects of inhibiting the COX and the NOS enzymes during hypoxia.

Methods Twenty patients with type 1 diabetes mellitus and no visible diabetic retinopathy were studied. Using the Dynamic Vessel Analyzer the diameters of retinal arterioles at rest and during isometric exercise and flicker stimulation were studied before and during systemic hypoxia induced by breathing a hypoxic gas mixture. The examinations were performed before and during i.v. infusion of the NOS inhibitor L-NMMA and all examinations were repeated on a second day after topical administration of the COX-inhibitor diclofenac.

Results Hypoxia reduced the vasodilatation induced by flicker stimulation (p=0.0003) and the vasocontraction induced by both isometric exercise (p=0.001) and NO synthesis inhibition (p<0.0001), whereas COX inhibition had no significant effects on the diameter responses.

Conclusions In diabetic patients, hypoxia reduces the diameter response of retinal arterioles secondary to changes in blood pressure and retinal metabolism, and the response depends on nitric oxide synthesis. This may potentially point to targets for intervention on retinal flow disturbances in patients with diabetic retinopathy.
Matrix metalloproteinase in diabetic retinopathy

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The inflammatory processes in diabetic retinopathy (DR) are executed by leukocytes and their molecules. An important class of leukocyte effector molecules are the matrix metalloproteinases (MMPs), which are used by leukocytes to penetrate sites of inflammation. More than 20 MMPs are counteracted by 4 natural tissue inhibitors of metalloproteinases (TIMPs). By analysis of vitreous fluids of patients with diabetic retinopathy and ophthalmological controls, MMP-9 has been detected as a disease marker of eye inflammations. MMP-9 is a gelatinase and cleaves denatured and not intact collagens. For collagenolysis, one of the collagenases (MMP-1, MMP-8 and MMP-13) need to be present. In DR, MMP-1 levels are increased in the vitreous and may execute collagenolysis. In addition, MMP-9 also cleaves the neuroprotective factor prominin-1/CD133, abundantly present in photoreceptors. The fact that MMP-9 gene knockout mice are resistant to the development of DR suggests MMP-9 inhibition may be beneficial. The techniques to detect various forms of MMPs and the relevance of inhibitors will be discussed. References: (1) PLoS One (2013) 8: e85857; (2) Progress in Retinal and Eye Research (2014) 43: 76-91; (3) Nature Methods (2013) 10: 211-220

Inflammatory mediators of diabetic retinopathy: lessons from proteomic analysis

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Vitreous fluid obtained from diabetic patients undergoing vitreoretinal surgery is currently used to explore the events that are taking place in the retina for clinical research. However, several confounding factors such as vitreous haemorrhage and concentration of vitreous proteins should be considered in the analysis of the results. In addition, the volume of vitreous fluid obtained after vitrectomy is approximately 1mL and, therefore, only few peptides can be analysed simultaneously. The recent development of proteome analysis has made it feasible to analyse protein profiles with only a small sample. We have used this approach for exploring pathogenic candidates in both proliferative DR (PDR) and DME. Regarding mediators of inflammation involved in PDR, it is worthy of mentioning that several factors of the complement system have been found increased in the vitreous fluid from PDR patients in comparison with control subjects. There is scarce information on this issue in DME. However, an overview will be given and our results showing that hemoxepin is a candidate in the pathogenesis of DME will be presented.

Role of chemokines in diabetic retinopathy

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We have detected altered expression of chemokines in the vitreous fluid of patients with proliferative diabetic retinopathy (PDR). In the early phase of disease chemokines (CCL8, CCL2) are involved in leukocyte attraction. Later, CXCL12 may attract progenitor cells (endothelial cell precursors and fibrocytes) involved in establishment of neovessels and in formation of fibrovascular membranes. The myofibroblasts producing ECM in the fibrovascular membranes of the diabetic patients can originate from endothelial (precursor) cells via endoMT, from fibrocytes or from leukocyte-like precursors. During the active disease stage also angiostatic chemokines (CXCL14, CXCL14L1 and CXCL10) are upregulated, probably in an attempt to counteract the stimulatory effects (angiogenesis and increased vascular permeability) of VEGF. Finally, CCL2 and CXCL10 have been reported to induce fibrosis and might play a role in the later stages of the pathology. Recently, we have demonstrated that CXCL14L1, a most potent angiostatic chemokine can be applied therapeutically as VEGF-inhibitor in diabetic rats. Indeed, intravascular injections of CXCL14L1 early after the onset of diabetes protected animals against diabetes-induced blood-retinal barrier breakdown.

Immune cell activation in diabetic retinopathy

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Inflammation plays an important role in the pathogenesis of diabetic retinopathy (DR), although the detailed pathways involved remain poorly defined. Inflammation may occur intravascularly at the early stages of DR in the form of leukocyte-endothelial interaction (leukostasis). As the disease progresses, this intravascular inflammation damages the integrity of the blood retinal barrier resulting in the infiltration of circulating immune cells and plasma proteins that are toxic to various retinal cells, including the vascular cells as well as various neurons. The presentation will discuss how the phenotype and function of circulating immune cells is affected by diabetes and the contribution of systemic immune activation to retinal degeneration during diabetes.
• **2261**

**Extraocular phenotyping of mitochondrial optic neuropathy**

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The presence of clinical ophthalmologic manifestations in neurodegenerative disease of early onset such as the hereditary spastic paraplegia (HSP), spino cerebellar ataxias (SCA) or hereditary sensory motor neuropathies (HSNM) has been an inconstant element often reported in case descriptions. A more widespread and subclinical involvement of the retina and the optic nerve however is suspected in most of these conditions. Mitochondrial dysfunction is frequently recognized in the pathophysiology underlying the above mentioned neurodegenerative genetically determined conditions. Retina and the optic nerve are privileged target tissues where mitochondrial pathology is expressed. We systematically explored in a cohort of patients with early onset molecularly defined HSP, SCA or HSMN the occurrence of subclinical involvement of the visual system, with the aim of establishing its real prevalence and its correlation with functional and neuroimaging data. The definition of a typical pattern of alteration may contribute to the inclusion of neuro ophthalmological measures as sensible objective biomarkers of disease and indicators for disease severity and progression.

• **2262**

**LHON and extraocular features**

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LHON is typically a monosymptomatic disease but additional features such as cardiac conduction defects, peripheral neuropathy, dystonia, and myopathy have been reported as occurring more frequently among LHON carriers. There is also a well-reported association between the three primary mitochondrial DNA LHON mutations and a multiple sclerosis-like illness, especially among female carriers (so-called Harding’s disease). This presentation will critically appraise the extraocular features that have been associated with LHON and how these atypical phenotypes are potentially informing us about important disease mechanisms.

• **2263**

**Vascular supply in mitochondrial optic neuropathy and glaucoma**

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To quantitatively evaluate the vascular supply in patients at different stages of Leber’s hereditary optic neuropathy (LHON). Twenty-six LHON patients were recruited for the study. LHON patients were sub-grouped in: acute (aLHON), chronic phase (cLHON) and asymptomatic carriers (LHON carriers). All subjects had an extensive ophthalmological examination, including Enhanced depth imaging-optical coherence tomography (EDI-OCT). Macular choroidal thickness was significantly increased in aLHON patients and this was most evident nasally and superiorly. On the contrary, LHON carriers showed a significant reduction in choroidal thickness in all measurement but the 1500 nasal. In comparison, LHON carrier subjects showed a significant increase of choroidal thickness in the 1500 inferior measurement. In the present study we show that choroidal thickness follows a pattern similar to that observed in RNFL, increasing in the pre-symptomatic and acute stages and decreasing in the chronic stage. This feature might be explained by different hypotheses including: (1) a peripapillary microneuropathy, typical of the acute stage, involving the choroidal vessels; (2) increased blood flow through a thickened choroid in response to inefficient metabolism of the retina requiring more oxygenation or a greater heat state.

• **2264**

**Early-onset Behr syndrome due to compound heterozygous mutations in OPA1**


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Behr syndrome is an early-onset and severe syndromic optic atrophy which is probably heterogeneous. Recently, a heterozygous mutation in **OPA1** was reported in an adult-onset Behr-like syndrome. Heterozygous mutations in **OPA1** are the main causes of autosomal dominant optic atrophy (DOA). As many as 20% of patients with DOA exhibit extra-ocular signs including deafness, external ophthalmoplegia, ataxia, peripheral neuropathy and, myopathy. Aside from these autosomal dominant forms, only few syndromic cases have so far been linked to compound heterozygous **OPA1** mutations suggestive of either recessive or semi-dominant inheritance. However, the clinical spectrum of these emerging double-mutant **OPA1** related disorders remains to be characterized. We report on four children affected with Behr syndrome associated with compound heterozygous **OPA1** mutations. These children were similarly affected with an early-onset neurological syndrome associating a severe optic atrophy (4/4), cerebellar ataxia (4/4), peripheral neuropathy (4/4), digestive involvement (2/4) and deafness (1/4). This report confirms the importance of searching an **OPA1** compound heterozygosity in paediatric cases of syndromic optic neuropathy.
Leber’s Hereditary Optic Neuropathy (LHON) mtDNA mutations cause cell death by overproduction of reactive oxygen species

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LHON cases are due to point mutations of mtDNA affecting Complex I. Complex I is the first in a series of redox reactions along the mitochondrial inner membrane in which electrons are transferred. In LHON, ATP may be reduced and reactive oxygen species (ROS) overproduced. The actual pathophysiology of Complex I is just starting to be understood. In the Wallace mouse model, the mtDNA ND6 mutation in Complex I produces defects in oxidative phosphorylation and RGC loss. However, the mouse synaptosomes demonstrated increased ROS without diminution of ATP production. Hence, ROS production at Complex I is important. We propose that alterations of the Complex I proteins disrupt the distance of electron transfer at the iron-sulfate clusters. Mathematical analysis shows that if electrons only cross < 14 angstroms, quantum electron tunneling (QET) is possible. The criticality of this distance may depend upon proteins that surround the cluster. Mutations that increase this critical distance may convert a QET electron transfer to a traditional chemical one. Thermodynamically, this will not only decrease the efficiency of electron transfer but also produce free electrons which lead to ROS overproduction and RGC death.
Tear proteomics in health and disease

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Purpose: To evaluate the tear proteins in normal and diseased eyes to determine how the tear proteins reflect the health of the ocular surface. The tear proteome in normal and in specific pathological conditions has been determined using mass spectrometry.

Methods: Tears were collected by either fire polished micropipettes of 1-10μl or Schirmer’s Type I tear test, and prepared for mass spectrometry on a ABI Sciex 5600. Results: The normal tear proteome has been found to contain more than 1300 proteins. Proteomic studies have been particularly successful in revealing key molecules associated with inflammatory diseases such as dry eye, Meibomium gland disease (MGD) and pterygium. In these studies 500 proteins were found to be upregulated. In MGD levels of S100A8 and S100A9 were correlated to disease severity and levels of S100A8 protein were significantly correlated to sensations of grittiness, whereas S100A9 and S100A9 were correlated to symptoms of redness and transient blurring. Conclusions: In each disease, the changing levels of disease associated inflammatory markers were found to be unique. Generally, more than one proteomic signal was useful for characterizing the disease state. Proteomic biomarkers must undergo thorough clinical trials for validation, but in the future could augment lengthy and often inconclusive clinical observations.

Inflammation, wound healing and tear proteomics in glaucoma

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Wound healing is a complex process involved in ocular surgery, trauma and pathogenesis of several eye diseases. Due to the delicate and sensitive structures of the eye wound healing is playing a essential role in ophthalmology. In glaucoma surgery well controlled wound healing process is as important for the creation of a functioning passage to aqueous humor out of the eye. The state of the ocular tissues is of great importance for the success of ocular surgeries. Chronic topical glaucoma medication is an important risk for the ocular surface disease. It is also a risk for the failure in glaucoma surgery. The mechanism of failed glaucoma surgery is related to the presence inflammatory cells, accumulation of extracellular matrix proteins in the conjunctiva and the site of surgery, activation of matrix metalloproteinases and their tissue inhibitors and accumulation oxidized lipids in the conjunctiva and around the site of operation and glaucoma shunts.

Tear fluid proteome is a novel technique to get detailed information about the processes of the anterior surfaces of the eye and could easily be performed. It has also proven to be a promising technique for detecting biomarkers for ocular disease, ocular inflammation and predicting thus the success of glaucoma surgery.

Environmental factors in ocular surface disease

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It is well known the unquestionable influence of the environment in the prevalence/severity of certain ocular surface diseases such as vernal keratoconjunctivitis, pterygium, allergic conjunctivitis or certain infectious diseases. Our research has been focused however on the effects of indoor artificial environments on the ocular surface. These indoor facilities in which we spend a large percentage of our lives (i.e. work places, homes, shopping centers, recreational facilities, air plane cabins) have in common a low relative humidity and an air flow. These conditions are being shown to greatly influence one of the most prevalent diseases worldwide, Dry Eye Disease (DED). We have recreating these artificial environments in an environmental chamber in a Controlled Environmental Laboratory (IOBA-CERLab) located in our Institute. Our research group has demonstrated how not only DED patients’ but even contact lens wearers’ or healthy subjects’ lacrimal functional unit worsens when exposed to adverse conditions simulating desiccating stress. The main damage was increase in corneal staining, but also some tear molecules had significant altered levels, showing potential as biomarkers of disease activity. More recently, we have demonstrated how topical steroids can ameliorate that damage provoked by desiccating stress, opening an interesting possibility of studying drug efficacy by using these artificially recreated environments.

Bioinformatics in tear proteome

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Tear is a complex fluid containing rich mixture of biomolecules. Current mass spectrometry based proteomic techniques are able to capture the expression of thousands of proteins from small tear volumes, opening possibility for data driven identification of predictive biomarkers. We have developed a bioinformatic approach for biomarker discovery that effectively finds associations between time course proteomic data and clinical phenotypic data. We first construct a feature matrix that contains the data and clinical information as well as various computationally derived features, for example pathway enrichments scores across thousands of pathways and various biologically motivated activity scores for master regulators. These feature matrices that can contain categorical, discrete or continuous data are then computationally analyzed to identify the strongest statistical associations with the phenotypes of interest. Cross validation strategy is utilized to make sure the identified associations are robust. Our approach has been applied to data from clinical patient samples to identify new candidate biomarkers.

Environmental factors in ocular surface disease

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It is well known the unquestionable influence of the environment in the prevalence/severity of certain ocular surface diseases such as vernal keratoconjunctivitis, pterygium, allergic conjunctivitis or certain infectious diseases. Our research has been focused however on the effects of indoor artificial environments on the ocular surface. These indoor facilities in which we spend a large percentage of our lives (i.e. work places, homes, shopping centers, recreational facilities, air plane cabins) have in common a low relative humidity and an air flow. These conditions are being shown to greatly influence one of the most prevalent diseases worldwide, Dry Eye Disease (DED). We have recreating these artificial environments in an environmental chamber in a Controlled Environmental Laboratory (IOBA-CERLab) located in our Institute. Our research group has demonstrated how not only DED patients’ but even contact lens wearers’ or healthy subjects’ lacrimal functional unit worsens when exposed to adverse conditions simulating desiccating stress. The main damage was increase in corneal staining, but also some tear molecules had significant altered levels, showing potential as biomarkers of disease activity. More recently, we have demonstrated how topical steroids can ameliorate that damage provoked by desiccating stress, opening an interesting possibility of studying drug efficacy by using these artificially recreated environments.

Bioinformatics in tear proteome

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Tear is a complex fluid containing rich mixture of biomolecules. Current mass spectrometry based proteomic techniques are able to capture the expression of thousands of proteins from small tear volumes, opening possibility for data driven identification of predictive biomarkers. We have developed a bioinformatic approach for biomarker discovery that effectively finds associations between time course proteomic data and clinical phenotypic data. We first construct a feature matrix that contains the data and clinical information as well as various computationally derived features, for example pathway enrichments scores across thousands of pathways and various biologically motivated activity scores for master regulators. These feature matrices that can contain categorical, discrete or continuous data are then computationally analyzed to identify the strongest statistical associations with the phenotypes of interest. Cross validation strategy is utilized to make sure the identified associations are robust. Our approach has been applied to data from clinical patient samples to identify new candidate biomarkers.
• 2331
New paradigm in Dry Eye Disease (DED)
Baudouin C
Boulogne Billancourt, France,
Abstract not provided

• 2332
Visual function impairment in Dry Eye Disease (DED)
Pisella P J
Tours, France,
Abstract not provided

• 2333
MEIBUM survey: a closer look at the eyelids
Diaz Valle D
Hospital Clinico San Carlos, Servicio de Oftalmologia, Madrid, Spain
Abstract not provided

• 2334
New treatment to improve Tear film thickness in Dry Eye Disease (DED)
Schmetterer L
Medical University of Vienna, Clinical Pharmacology, Vienna, Austria
Abstract not provided
• 2411
The "complete vitrectomy performed early" treatment philosophy

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Purpose To compare the impact of early versus late complete vitrectomy in the management of acute postoperative endophthalmitis (PE).

Methods Retrospective study.

Results 57 eyes from 57 patients were included in this study. 49.1% of patients were males. Baseline characteristics were similar in all groups (VIT, NVIT, VIT_early and VIT_late). Mean visual acuity at presentation was hand movements (2.3logMAR) in all groups. After treatment mean visual acuity was 1.2 ± 1.1 logMAR in the NVIT group and 1.9 ± 1.2 logMAR in the VIT group (p=0.075). The differences between visual outcomes in VIT_early and VIT_late groups, however, achieved statistical significance (p=0.012): 0.8 ± 1.1 logMAR in the VIT_early group whereas in the VIT_late group it was 2.2 ± 1.0 logMAR. Significant differences between visual outcomes were also encountered when comparing NVIT and VIT_late groups (p=0.008). The difference in final visual acuity between VIT_early and NVIT did not attain statistical difference (p=0.639).

Conclusions This study highlights the impact of a complete early vitrectomy in the management of PE. A complete early vitrectomy did not surpass the visual results of intravitreal antibiotics alone (p=0.075). However, a complete vitrectomy performed within the first 24 hours after presentation was clearly beneficial when compared to vitrectomy performed later (p=0.012). Furthermore, our series suggests that a late vitrectomy is detrimental to visual results when compared to intravitreal antibiotics (p=0.008).

• 2413
Anatomic and functional follow-up of foveal microstructures after macula-off retinal detachment surgery

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Purpose To describe the course of functional and anatomical damage after successful repair of macula-off rhegmatogenous retinal detachment (RRD).

Methods This was a prospective multicenter study including patients with successful surgery for macula-off RRD between October 2011 and April 2014. Patients with pre-existing macular diseases or with surgery failures were excluded. Each patient underwent a complete ophthalmologic exam at baseline and at one, three and six months after the surgery (M1, M3, M6), with an assessment of the best-corrected visual acuity (BCVA) at 4 m using the standard Early Treatment Diabetic Retinopathy Study chart, and with Spectral Domain Optical Coherence Tomography (SD-OCT) macular imaging.

Results One hundred and three eyes of 103 patients from ten French centers, with a 63-years median age [IQR, [58, 69]], were included. The median BCVA increased significantly from 63 [46; 73] letters at M1 to 73 [62; 80] at M6 (p<0.01). SD-OCT morphologic lesions in the outer retina significantly improved between M1 and M6 (76.7% vs 61.5%, p<0.01) and disruption of the inner/outer segment junction line (51.5% vs 26.2%, p<0.01). The rate of epiretinal membrane did not significantly increase between M1 and M6 (9.7% vs 20.4%, p=0.67).

Conclusions These preliminary results of the study « DecCollément de Réine : Fonction et Anatomie (DOREFA) » show a slow recovery of the external retinal layers after a successful RRD surgery. These observations seem to be parallel to the progressive recovery of the visual function after the intervention. A better knowledge of functional and anatomical kinetics after macula-off RRD constitutes a preliminary step to the study of factors influencing the visual prognosis.

• 2412
Early experiences with intravitreal ocriplasmin: a series of cases with vitreomacular traction

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Purpose Ocriplasmin is a vitreolytic agent that may improve the chances of non-surgical resolution of vitreomacular traction (VMT), based on phase III trials. Since it gained regulatory approval, only a handful of small retrospective studies have reported its efficacy. To date, no study has commented on the chronology of VMT prior to treatment.

Methods Case notes were examined for all patients with VMT that underwent intravitreal ocriplasmin injection at a single district general hospital. Baseline characteristics were recorded including patient demographics, sub-classification of VMT, and the length of time from diagnosis to treatment with ocriplasmin. The main outcome was non-surgical resolution of VMT within 28 days.

Results All 9 eligible cases were included. The mean length of time between diagnosis of VMT and treatment with intravitreal ocriplasmin was 655 days. Only 1 patient (11%) experienced non-surgical resolution of VMT within 28 days of treatment. This patient had the shortest time between diagnosis and treatment (17 days), and this was significantly distant from the sample mean (p=0.01). The mean age of our sample (81) was higher than that reported in other studies. All other baseline characteristics were consistent with prior studies.

Conclusions This study adds to the limited dataset regarding treatment of VMT with ocriplasmin since it gained regulatory approval. While the small sample size of this study is appreciated, the rate of success is disappointing when compared to phase III trials. The observations of this series raise the possibility that prolonged vitreomacular adhesion may limit the efficacy of non-surgical resolution with ocriplasmin.

• 2414
Anterior chamber aqueous flare in retinal detachment surgery

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Purpose To investigate preoperative aqueous flare as a predictive factor for proliferative vitreoretinopathy (PVR) leading to relapse in patients with primary rhegmatogenous retinal detachment repair.

Methods Preoperatively, the aqueous flare of 100 consecutive patients with unilateral rhegmatogenous retinal detachment (RD) was measured with Kowa FM-500 laser flare-cell meter. All patients were evaluated at 1 month and 6 months or just after recurrence.

Results Twenty eyes underwent detachment secondary to PVR development. The mean value of flare of patients that redetached was 48.12 pc/ms versus 17.74 pc/ms for those who did well (p=0.002). We observed that 17/20 recurrences with PVR lead flare greater than 15 pc/ms (p=0.0355). Moreover in patients without preoperative clinical signs of PVR, the sensitivity of the laser flare cell to predict post operative PVR when flare reached 15 pc/ms was 100% with 77.5% specificity and 31.25% positive predictive value.

Conclusions Our study shows the effectiveness of the laser flare cell meter in detecting eyes at risk of developing post operative PVR leading to recurrences. The laser flare cell meter is a non invasive tool that informs the surgeon on the potential severity of the detachment.
**2415**
Improvement in retinal vessel oxygen saturation after vitrectomy

**Purpose** To evaluate the effects of vitrectomy on retinal vascular oxygen saturation.

**Methods** This was a prospective observational study. 27 eyes of 27 patients who underwent vitrectomy for macular conditions were included. Retinal oximetry was performed using the Oxymap (OxyMap Inc., Reykjavik, Iceland) prior to vitrectomy and 3 months after surgery. The mean retinal arterial and venous oxygen saturation were measured and the arterial-venous difference (AVD) was calculated as the difference between the arterial and venous saturations.

**Results** The mean arterial and venous oxygen saturation were significantly increased after vitrectomy (101.93 ± 8.36% vs 96.16 ± 14.14%, p < 0.01). The mean venous saturation also increased significantly after surgery. (79.76 ± 8.52% vs 50.80 ± 11.72%, p < 0.002). The mean AVD significantly decreased from 45.76 ± 12.18% before surgery to 42.17 ± 10.94% after surgery (p = 0.002).

**Conclusions** Retinal arterial and venous oxygen saturation are significantly increased after vitrectomy, while the AVD is decreased after vitrectomy. Our results suggest that vitrectomy enhances retinal oxygenation. This may account for the apparent benefit of vitrectomy on conditions with retinal hypoxia such as diabetic retinopathy.

**2416**
Imaging of intravitreal injected solution dispersion.

**Purpose** The extent of activity of an intravitreal injected drug is linked to its dispersion within the vitreous body. Researchers have been trying to visualize dispersion of intravitreal injected solutions using Indian ink or fluorescein, either with subsequent dissection or with endoscopy, both invasive methods that could influence the dispersion pattern. Therefore, this pilot study aims at investigating and identifying the best minimal invasive imaging method for visualizing the dispersal of an intravitreal injected solution.

**Methods** To determine the optimal imaging concentration, a series of 5 enucleated porcine eyes were injected with 0.1 cc of 100%, 50%, 20%, and 10% standard iodamide contrast medium, respectively. Injections were made using a standard 1cc syringe and 30 gauge needle at 3.5 mm from the limbus aiming at the center of the globe. Subsequently, the dispersion of the contrast agent was monitored using high resolution imaging methods: mammography and ultra high resolution computed tomography (UHRCT). For the latter, 3D reconstructions were rendered.

**Results** A 1:10 dilution mixture combined optimal visualization contrast with low viscosity of the injection solution using radiographic ultrahigh resolution mammography. Both mammography and UHRCT images were taken from two eyes, one with a slow injection, the other with a fast injection.

**Conclusions** 3D reconstructed UHRCT images were favored over 2D mammography images for dynamic imaging of the intravitreal solution dispersion.

**2417**
The use of intraoperative spectral domain optic coherence tomography in vitreoretinal surgery: The evaluation of efficacy.

**Purpose** To evaluate the feasibility of intraoperative spectral domain optic coherence tomography (SD-OCT) in challenging cases during pars plana vitrectomy (PPV).

**Methods** Intraoperative imaging was performed using the first commercially available SD-OCT system Rescan 700, fully integrated into the surgical microscope OPMI Lumera 700 (Zeiss, Oberkochen, Germany). The feasibility of SD-OCT was assessed during three 23-gauge PPV cases: large macular hole (MH) with inverted internal limiting membrane (ILM) flap technique (Case #1), vitrectomy for asteroid hyalosis with age-related macular degeneration (Case #2), vitrectomy for morning glory syndrome with retinoschisis and exudative retinal detachment (Case #3).

**Results** Case #1. The use of SD-OCT facilitated to safely initiate ILM flap, to form inverted flap, to invert the flap into the MH, to control position of the forces concerning retinal layers, and to control the MH covering with the ILM remnants at the end of the surgery. Case #2. Standard OCT was not available before the surgery due to opaque vitreous. Intraoperative SD-OCT imaging assisted to reveal epiretinal membrane (ERM), retinal pigment epithelium detachment, intraretinal fluid and drusen. These findings required additional surgical steps: ERM removal and injection of anti-VEGF at the end of the surgery. Case #3. In the case of morning glory syndrome SD-OCT facilitated to remove the strongly adherent posterior hyaloid, to control ILM flap initiation, to perform the peeling over the detached retina, to aspirate residual fluid after fluid-air exchange.

**Conclusions** The use of SD-OCT facilitates real-time simultaneous to surgical workflow visualisation of tissue behaviour and surgical manoeuvres during pars plans vitrectomy. The obtained information can improve surgical technique and influence the decision making in difficult cases.

**2418**
Epiretinal membrane peeling for eyes with asteroid hyalosis: a case–control study

**Purpose** To evaluate anatomical and functional results of epiretinal membrane peeling for patients with asteroid hyalosis (AH) comparing with those of a control population without AH.

**Methods** Retrospective, case–control study. of a cohort of 1184 patients operated from an epiretinal membrane (EM) between January 2002 and February 2014. Forty four consecutive patient were included in the EM associated with AH group and were compared to 44 control patient without AH, matched for: age, sex, date of surgery, and axial length. The best corrected visual acuity (BCVA) and central macular thickness on OCT (CMT) were measured at baseline and postoperatively at 1, 6 and 12 months. Intraoperative and/or postoperative complications were also analyzed.

**Results** 34 men and 10 women were included in the AH group. Respectively, the mean initial BCVA was 0.49 ± 0.21 logMAR for the AH group versus 0.44 ± 0.21 logMAR for the control group (p = 0.2), and the mean initial CMT was 415 ± 73 µm versus 422 ± 73 µm (p = 0.6). No significant difference was found regarding the final BCVA, with respectively a mean of 0.27 ± 0.24 logMAR(p=0.26) at 1 month, 0.27 ± 0.23 logMAR(p=0.5) at 6 months, and 0.17 ± 0.2 logMAR(p=0.26) at 12 months. Also, no difference was found regarding the evolution of CMT, with respectively a mean of 368 ± 353 µm(p=0.45) at 1 month, 345 ± 340 µm (p=0.087) at 12 months. Only a single macular hole was recorded in the AH group in the follow up.

**Conclusions** The presence of asteroid hyalosis does not constitute a factor of poor prognosis for visual recovery after epiretinal membrane peeling.
**2421**

Transneuronal degeneration in human glaucoma: A novel multiphoton-DAPI approach

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Abstract not provided

**2422**

Ocular hypertension in adult rodents does not affect non-RGC neurons in the ganglion cell layer but results in severe loss of cone-photoreceptors

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We investigate short and long-term effects of laser photocoagulation (LP) of the limbal tissues-induced ocular hypertension (OHT) in the innermost and outer layers of the retina (OLR). Adult albino rats or mice were examined 2 weeks to 6 months after LP-induced OHT. Brx1α immunoiodetection was used to identify retinal ganglion cells (RGCs) and DAPI-staining to identify all cell nuclei in the ganglion cell layer. Retinas were cut in cross sections for morphometric analysis or prepared as wholemounts to study the entire population of RGCs or L- and S-cones (immunolabeled). OHT resulted in pie-shaped retinal areas lacking Brx1α-RGCs but with large numbers of DAPI-nuclei. Cross-sections showed focal regions of degeneration affecting the OLR that became evident by 2 m and progressed up to 6 months after LP. Rat retinal wholemounts showed RGC diminished to 20-25% by 1 m with no further loss, whereas the L- or S-cones showed progressive loss up to 6 months that amounted to 19% or 33% by 1 m, to 62% or 51% by 3 m, and to 66% or 59% by 6 m, respectively. LP-induced OHT results in selective loss of RGCs within the ganglion cell layer, but there is progressive severe damage of the OLR up to 6 m.

**2423**

Anatomic, biochemical and functional evidence for cone injury in glaucoma

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**Purpose:** To investigate outer retinal injury in glaucoma.

**Methods:** Studies were done on human glaucomatous eyes as well as eyes from a laser trabecular meshwork destruction model of experimental glaucoma (EG) in non-human primates (NHPs), including light microscopy and in situ hybridization (ISH) for mRNA using probes specific for rod, S-cone and M/L-cone opsins. Choroidal blood flow (ChBF) was measured using non-recirculating fluorescent microspheres. Functional studies on the NHP eyes included multifocal and full-field electroretinography (mfERG and ffERG).

**Results:** Swelling of M/L-cones was a common finding in both the glaucomatous human and NHP EG eyes. Cone loss was also observed in some of the human eyes. ISH for mRNA showed reduced levels in both the S- and M/L-cones in human glaucoma and NHP EG. Supranormal mfERG waveforms were a common feature of the NHP EG eyes. ChBF was greatly reduced in eyes with EG. The ffERG in NHP eyes with advanced EG showed larger reductions in photopic than in scotopic a- and b-wave single-flash responses; particularly at higher intensities.

**Conclusion:** Multiple lines of evidence show cone injury in human glaucoma and in NHP EG. Reduced ChBF could be the cause.
the decellularization process not only prevents significant corneal swelling but also
matrix. However, TEM analysis confirmed that dextran must be present throughout the
addition of dextran prevented significant swelling when used throughout the protocol
examined by transmission electron microscopy (TEM).

Methods

The Descemet membrane of 35 organ cultured corneas from donors over 55 yo were peeled and digested in collagenase to separate the CECs. Primary cultures were
grown in fibronectin-coated wells for 1 month with low concentrations of growth factors. The whole process was animal compound free. Only cultures with small regular cells without mesenchymal transition were further subcultured in T25 flasks. At 5th passage, the culture yield and cell characteristics were assessed.

Results

Cultures with monolayer of small polygonal cells were obtained for 7 donors (mean age 71±13 yo). ECD was 4000 cells/mm2. At 5th passage, each cornea gave more than 160 million of CECs. They strongly expressed ZO1, Na/K ATPase, NCAM, Ncadherin and Vimentin as expected. After ex vivo re-endothelialization of denuded corneas of their own CECs, a new endothelium with high ECD (>2500 cells/mm2) was obtained. Alizarin red staining showed typical morphology of CECs.

Conclusions

This new protocol provided a very high quality of cultured CECs from old donors. The satisfying yield and high ECD allows us to plan its transfer to a clinical grade process.

Ultrastructural maintenance of decellularized corneas using dextran

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Purpose

Corneal decellularization has emerged as a promising alternative to traditional tissue engineering strategies for the creation of corneal replacements for transplantation. However, decellularization methods can lead to swelling of the cornea, which limits its potential use as a scaffold. In this study, we propose the use of a complex polysaccharide, dextran, to reduce this swelling and maintain the native dimensions and ultrastructural integrity of the cornea.

Methods

Porcine corneal buttons were treated with Triton X-100, SDS and nucleases under constant rotation followed by a washing step. To prevent corneal swelling, the decellularization solution was supplemented with dextran. This solution was added to one group throughout the decellularization process and to a second group during the washing cycle. The resulting acellular scaffolds were systematically evaluated by histological and biochemical analyses, in addition, the ultrastructure of the cornea was examined by transmission electron microscopy (TEM).

Results

Results demonstrated that the combination of detergents and nucleases effectively removed the majority of cellular material from the cornea. Furthermore, the addition of dextran prevented significant swelling when used throughout the protocol or only during the washing process. After soaking in glycerol a degree of transparency was returned to all decellularized corneas suggesting maintenance of the extracellular matrix. However, TEM analysis confirmed that dextran must be present throughout the decellularization process to preserve the native ultrastructure of the cornea.

Conclusions

The findings of this study indicate that the addition of dextran to the decellularization process not only prevents significant corneal swelling but also enhances the maintenance of the native ultrastructure of the cornea.

Self-complementary vectors for optimization of AAV2-mediated gene-therapy of corneal endothelial cells

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Purpose

Recombinant adeno-associated viruses 2 (AAV2) represent a nononogenic and safe alternative to other viral delivery systems. However, their transduction efficiency in corneal endothelial cells (CEC) is limited. As the level of transgene expression is dependent on the conversion of single-stranded (ss) into double-stranded (ds) DNA, self-complementary (sc) AAV vectors have been developed to circumvent this problem. The aim of this study was to evaluate the use of scAAV2 in terms of transduction efficiency in CEC. Additionally, the impact of transduction on cell viability was investigated.

Methods

A human corneal endothelial cell line (HCEC-12) as well as organ-cultured human donor corneas were transduced with different titers of ss- or sc-AAV2. Transduction efficiencies were compared by means of GFP-transgene expression. GFP expression in HCEC-12 cells was evaluated by flow cytometry over a period of 28 days. GFP expression in human donor corneas was analyzed by confocal microscopy on day 6, 7, AAD staining and flow cytometry as well as MTT assay were performed to determine cell viability after transduction.

Results

GFP expression was significantly higher in cells transduced with scAAV2 than in cells transduced with ssAAV2. The difference in transduction efficiency decreased with increasing vector titer. The highest transgene expression rate using scAAV2 was 86.9% compared to 80.5 % using ssAAV2. In human donor corneas GFP-expression was observed in 72.2% (scAAV2) and 44.1% (ssAAV2) of CEC respectively. There was no significant difference between viability of transduced and untreated cells.

Conclusions

ScAAV2 vectors are an effective tool to enhance transduction efficiency in CEC. Allowing higher transduction rates with lower vector titers, this could improve AAV2-mediated gene therapy to protect CEC in corneal allografts.
**2435**  
Designing an innovative bioreactor destined to improve the endothelial viability of stored corneas  

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**Purpose**  
Loss of intraocular pressure (IOP) after death and after corneo-scleral procurement triggers a stromal swelling causing posterior folds in which endothelial mortality is increased. We hypothesized that restoration of IOP after procurement will be key for long-term corneal storage with preserved endothelial functions.  

**Methods**  
We designed two bioreactors (BR) (for human and porcine corneas) and their control units. The BR presented as a sterile disposable cassette comprising a corneal chamber with transparent windows surrounded by the fluidic system. Sterile sampling sites were added in the circuit for monitoring physiochemical parameters as well as sterility without risk of contamination.  

**Results**  
After insertion of the corneo-scleral rim, the system was closed and the cassette connected to its control unit, comprising a peristaltic pump driven by a microcontroller. In a comparative study (ongoing) on paired corneas, the BR maintained a normal corneal thickness and transparency during the storage, while reducing the number of endothelial folds and increasing the endothelial viability.  

**Conclusions**  
The innovative BR restores IOP while ensuring a continuous medium renewal in a fully transparent chamber. The BR will be available for eye banks, research laboratories, contract research organizations, and cosmetic industry. GRANTS: AP looks for from ANSM, EFS, UJM.

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**2436**  
Systemic immunosuppression with mycophenolate mofetil to prevent corneal graft rejection after high risk penetrating keratoplasty: a 2-year follow-up study  

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**Purpose**  
The study aimed to evaluate the efficacy and safety of systemic immunosuppression with mycophenolate mofetil (MMF) to prevent corneal graft rejection after high risk penetrating keratoplasty.  

**Methods**  
One hundred ninety-six consecutive patients who underwent high risk penetrating keratoplasty defined as the presence of deep vascularization in more than two quadrants, keratouveitis, emergency keratoplasties, and retransplantations were enrolled in the study. Ninety-eight prospectively followed-up patients were treated with MMF (with dose adjustment based on mycophenolic acid [MPA] serum concentration), and 98 patients were in the non-MMF-treated retrospectively assessed control group.  

**Results**  
During a mean of 24 months’ observation, immune reactions occurred in 8 cases (8%) and graft rejection with subsequent graft failure occurred in 3 cases (3%) in the MMF group. In the control group, graft rejection occurred in 76 cases (78%) and failure due to graft rejection occurred in 30 cases (31%). Kaplan-Meier analysis showed that after a year 93% of the grafts in the MMF-treated group and 47% in the control group showed no immune rejection (p < 0.01, log-rank test). Cox regression analysis showed that MMF treatment decreased the risk of graft rejection 11 times (RR = 11, 95.0% CI 4.8-25, p < 0.0001). Among 98 MMF-treated patients, 13 had gastric discomfort, 3 developed leucopenia, and 2 had anemia that resolved after MMF dose reduction.  

**Conclusions**  
MMF treatment after high risk penetrating keratoplasty is safe and reduces the incidence of immune graft rejection and graft failure. Side effects were rare and reversible in all but one case.

Intercortical visual transfer has been shown important in mammalian binocularity. The present study aims at demonstrating intercortical visual callosal transfer in 16 human subjects using DTI, fMRI and connectivity. With fMRI brain activation was analysed during central and peripheral retinal stimulation. These were compared with right and left sided stimuli during RE and LE fixation. Results were analysed in a 2X2X2 ANOVA with p=0.005. Callosal fiber tracts were visualised with DTI. With fMRI it showed that RE fixation is associated more with significant signal changes in the corpus callosum, both with right and left V1 co-activation. Connectivity from the left V1 showed mostly de-activation in the corpus callosum and activation if the eye is stimulated from the contralateral central area of the visual field. Callosal activity is associated stronger with stimulation of the temporal central retina and right eye fixation. The stronger trigger from the right eye is likely due to ocular dominance: during central stimulation of the temporal retina of the RE, activation in the left V1 is associated with de-activation in the corpus callosum.
Role of High-mobility group box-1 in diabetic retinal vasculopathy and neuropathy

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High-mobility group box-1 (HMGB1) is a non-histone DNA-binding protein that plays an important role in chromatin organization and transcriptional regulation. Extracellular HMGB1 functions as a proinflammatory cytokine and triggers the inflammatory response through the activation of multiple receptors such as the receptor for advanced glycation end products (RAGE), toll-like receptor-2 (TLR2), TLR4 and TLR9. We demonstrated that HMGB1 and RAGE were expressed in fibrovascular epiretinal membranes from patients with proliferative diabetic retinopathy (PDR). In addition, we demonstrated increased levels of HMGB1 in the vitreous samples from patients with PDR and that there were significant positive correlations between the vitreous levels and HMGB1 and the levels of the biomarkers of inflammation and oxidative injury. Furthermore, we demonstrated that diabetes induced significant upregulation of the expression of HMGB1 and RAGE in the retinas of rats and mice and that HMGB1 mediates diabetes-induced oxidative stress, activation of inflammatory signaling pathways, breakdown of the blood-retinal barrier and neuropathy in the retina. Therefore, compounds inhibiting HMGB1 may be novel therapeutic agents for diabetic retinopathy.

Bioactive Lipids and Early inflammatory Response in diabetic Retinopathy

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Diabetic retinopathy (DR) is a leading cause of blindness primarily due to hyperpermeability and subsequent macular edema. Recent studies showed association between dyslipidemia and DR. Diabetic dyslipidemia is characterized by increased arachidonic acid which is converted to inflammatory bioactive lipids via lipoxygenases (LOX), cyclooxygenase, and cytochrome P450 enzymatic pathways. Our studies focus on the role of 12/15-LOX in DR. We have demonstrated upregulation of retinal 12/15-LOX and its products, 12- and 15-hydroxyeicosatetraenoic acids (HETEs), in retina of diabetic human and animals. Interestingly, 12- and 15-HETEs were the main bioactive lipids generated in cultured human retinal endothelial cells (HREC) under hyperglycemia. Intravitreal injection of 12-HETE induced DR phenotype in normal mice. Contrary, pharmacological inhibition or genetic deletion of 12/15-LOX attenuated retinal hyperpermeability and inflammation in diabetic mice. 12- and 15-HETEs also disrupted HREC barrier function, increased leukocyte adhesion, migration and tube formation. This was associated with increased oxidative stress, nitric oxide generation and inflammatory cytokines. Thus, targeting 12/15-LOX is a novel therapeutic strategy to treat DR.

Mutual enhancement between high-mobility group box-1 and NADPH oxidase-derived reactive oxygen species mediates diabetes-induced upregulation of retinal apoptotic markers

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We hypothesized that a novel mechanism exists where HMGB1 and NADPH oxidase (NOX)-derived ROS are mutually enhanced in the diabetic retina, which may be a novel mechanism for promoting upregulation of retinal apoptotic markers induced by diabetes. To test this hypothesis we analyzed the vitreous samples from PDR and nondiabetic patients, retinas from rats and human retinal microvascular endothelial cells. We found that HMGB1 and the oxidative stress marker protein carbonyl content levels in the vitreous fluid from PDR patients were significantly higher than in controls. There was a significant positive correlation between vitreous fluid levels of HMGB1 and the levels of protein carbonyl content. HMGB1 enhanced interleukin-1β, ROS, NOX2, and PARP-1 and cleaved caspase-3 expression by HREC. Diabetes and intravitreal injection of HMGB1 in normal rats induced significant upregulation of ROS, NOX2, PARP-1 and cleaved caspase-3 in the retina. Constant glycyrrhizin and apocynin intake from onset of diabetes did not affect the metabolic status of the diabetic rats, but restored these increased mediators to control values. Our results suggest that there is a mutual enhancement between HMGB1 and NOX-derived ROS in the diabetic retina.

Evaluation of T-cell related cytokines in the vitreous of proliferative diabetic retinopathy

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Macrophages are involved in low-grade inflammation in diabetes, and play pathogenic roles in proliferative diabetic retinopathy (PDR) by producing proinflammatory cytokines. T cells as well as other cells are activated by proinflammatory cytokines, and the infiltration into the vitreous of patients with PDR has been shown. We have recently found that both positive rates and levels of IL-4, IL-6, IL-10, IL-17A, IL-21, IL-22, and TNFa were conversely higher in the vitreous of PDR patients than those of EU patients. Although vitreous of IFN-g and sCD40L in the vitreous of endogenous uveitis (EU) patients were significantly higher than those of PDR patients, vitreous levels of these cytokines and IL-31 were significantly higher in PDR patients than in epiretinal membrane or macular hole patients. In addition, although vitreous of IL-4, IL-6, IL-10, IL-17A, IL-21, IL-22, and TNFa were conversely higher in the vitreous of PDR patients than those of EU patients. Although it is unclear whether these cytokines synergistically play facilitative roles or inhibitory roles for the progression of PDR, our study suggested that Th2- and Th17-related immune responses are involved in the pathogenesis of PDR.


- **2461**

  **Dominant Optic Atrophy plus phenotype caused by a deep intrinsic mutation and a modifier variant in the OPA1 gene**

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  Mutations in OPA1 are a common cause of dominant optic neuropathy (DOA). Recent studies suggest that ~20% of patients carrying OPA1 mutations have additional neurological defects (DOA+ phenotype). Such patients frequently carry missense mutations in the GTFase domain of OPA1 suggesting a gain-of-function effect as a major mechanism. We and others recently reported a series of DOA+ patients with biallelic OPA1 mutations as an alternative disease mechanism. Notably most cases were compound heterozygous for a null allele and the Ile382Met variant. The latter is not per se pathogenic but rather acts as a hypomorphic modifier allele that re-inforces phenotype expression in patients with null mutations on the opposite allele. In one biallelic DOA+ family we identified a deep intrinsic mutation (DIM) that causes a constitutive activation and inclusion of a cryptic frameshift-inducing exon into OPA1 mRNA. Consistent with the DIM representing a null allele we observed reduced OPA1 protein amounts to about 50% of normal. Applying antisense oligonucleotides targeting the splice acceptor site of the DIM in patient fibroblasts we could establish intermediate OPA1 protein levels.

- **2463**

  **Genetic landscape of Leber’s hereditary optic neuropathy: reflection on pathogenic mechanisms**

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  Leber’s Hereditary Optic Neuropathy (LHON) is a mitochondrial disorder due to homoplasmic mtDNA point mutations in complex I, affecting prevalently young males with incomplete penetrance. We recently documented that increase of mitochondrial biogenesis drives incomplete penetrance in LHON, further enhanced by estrogen protection in females. To shed light on nuclear genetic modifiers of LHON penetrance, we combined linkage analysis and association studies with tag and functional SNPs, ArrayExpress and microarray expression analysis. After computation of relevant co-variates (age, sex, smoke and mtDNA copy number) we obtained a list of candidate genes, the most interesting being implicated in ROS detoxification, mitochondrial biogenesis and cell quality control. A prevalent role of tobacco smoking in penetrance also emerged from our studies, showing that tobacco toxicity triggers LHON by depressing mtDNA copy number and oxidative phosphorylation. Overall, our results indicate that penetrance in LHON is modulated by variants in different genes rather than by a single mutation, and that a complex interaction with environmental factors such as tobacco smoking plays also a major role, representing a confounder for genetic studies. Supported by Telethon Italy, grant #GGP11182 to VC.

- **2462**

  **Involvement of mitochondrial dynamics in the physiopathology of Dominant Optic Atrophy**

  LENAERS G

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  Dominant Optic Atrophy is a blinding disease due to the degeneration of the Retinal Ganglion Cells (RGC) that form the optic nerve. Since our discovery of OPA1 gene in 2000 and novel genes more recently, we now know that mitochondrial dynamics is a key process for RGC physiology, as all DOA genes are primarily or secondarily related to mitochondrial dynamics. I shall present these genes and their respective involvement in mitochondrial fusion or fission, and then put emphasis on the importance of mitochondrial dynamics for the maintenance of RGC physiology, taking into account the two different myelination status of RGC axons in the retina and optic nerve. Analysis of these parameters in wild type mice and animals mutated for the DOA genes will be presented to illustrate the consequences of impairing mitochondrial dynamics on mitochondrial structure in axons and RGC survival. We believe that our data provide the first example of a mitochondrial disease, for which a clear rational explanation can justify the high specificity of the cell type affected in this disease.

- **2464**

  **Update on treatment strategies for LHON**

  YU-WAI-MAN P

  Institute of Genetic Medicine Newcastle University, Wellcome Trust Centre for Mitochondrial Research, Newcastle upon Tyne, United Kingdom

  Leber hereditary optic neuropathy (LHON) is an important cause of severe bilateral visual loss among young adults. This presentation will review the evidence base for the various treatment strategies that have been put forward to treat this mitochondrial disorder, including future developments. Innovative IVF techniques to prevent the maternal transmission of pathogenic mitochondrial DNA mutations will also be discussed.
Gene therapy in LHON

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Gene therapy is a promise for the treatment of Leber hereditary optic neuropathy (LHON). The techniques required for introducing genes into mitochondria have not yet been developed and allotopic expression is one means of circumventing this barrier. To ensure efficient mitochondrial uptake of the nuclear expressed mtDNA gene, the protein should have a mitochondrial targeting signal (MTS). We have optimized allotopic expression by targeting the mRNAs to the mitochondrial surface with a specific 3’UnTranslated Region (UTR) which can cooperate with the MTS for ensuring the localization of ND4 mRNA to the mitochondrial surface. After having collected data proving that an AA V2/2 vector carrying this therapeutic ND4 gene meets the criteria of robust, long-duration gene expression, and safety in LHON rat model and non human primate retina, we are leading a phase 1/II, open-label, prospective clinical trial with dose escalation, which intends to evaluate safety of this gene therapy administered in one single intravitreal (IVT) injection in humans with chronic ND4 LHON. Actually 9 patients were included and no SAE or treatment-related systemic AE occurred. At last, we look forward to be successful in the generation of a treatment for patients suffering from ND4 LHON.

Commercial interest
• 2471
Is there something like a “Healthy Contact Lens”?  

KNOPE, Knop N  
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Contact lenses (CL) are popular. Soft CL are in the vast majority in spite of severe inherent risk factors. On the other hand, design, materials & properties of scleral CL have greatly improved and they are used as therapeutic devices. This leads to the question whether there is something like a “healthy” CL. CL history is reviewed with changes in designs, materials & properties over the last century together with the implications of the term “healthy” CL. Scleral lenses that cover the complete ocular surface (OS) with a rigid spherical material are almost lost in favor of CL from soft materials. Even though the adaptation to soft CL is short & wearing is easy they are still not a toy. Apart from the ability to correct refraction they cannot improve the health of the OS in terms of anatomy & physiology. Careless use can have severe risks to OS health as detailed in a vast body of literature. In particular for children and teenagers it is made easy to view soft CL as must-have life style devices and they come into the focus of a advertisements. For principal reasons, a “healthy” CL is almost a contradiction in terms. However, scleral lenses that cover the complete OS, have a therapeutic potential in many OS disease conditions.

• 2472
Longterm restoration of ocular surface function with scleral lenses  

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The ocular surface ecosystem is altered when any of its components becomes compromised. In order to have a stable and healthy ocular surface, there has to be good lid function, healthy and functioning lacrimal and accessory glands, healthy and functional limbal stem cells to allow corneal regeneration and prevention of corneal conjunctivalization, a healthy tear film, and adequate sensory innervation. Without these, the ocular surface, in particular the cornea is vulnerable to severe desiccation, vascularization, opacification, conjunctivalization, chronic epithelial breakdowns, chronic exposure, amongst other sequelae; ultimately resulting in compromised vision, severe forms of pain, and light sensitivity. Scleral lenses play an important role in restoring the ocular surface function of compromised ocular surfaces, even when other topical or surgical approaches have failed. Not only are they a viable option, but they are able to provide long-term support of the ocular surface. We report on various cases where long-term restoration of ocular surface function was achieved with the use of prosthetic replacement of the ocular surface ecosystem (PROSE) treatment and use of BostonSight® PROSE devices.

• 2473
Scleral lenses in the management of exposure/neurotrophic keratopathy in patients with cranial nerve palsy  

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Minnesota, United States

Scleral lenses are increasingly being recognized as a viable option for management of exposure keratopathy. Unlike more aggressive surgical interventions, the lenses can provide complete protection of the ocular surface without compromising visual clarity or restricting visual field. Preservation of corneal epithelial integrity is of utmost importance when lid function is compromised or absent. The fluid reservoir between the posterior surface of a scleral lens and the anterior corneal surface provides continuous hydration of the corneal epithelium and allows for healing of any epithelial defects. Furthermore, the lens itself protects fragile epithelial tissue from shear forces arising from lid movement over the cornea during the blink. Preservation of visual function is also important for these patients. Those who suffer from decreased vision due to irregularity of a desiccated ocular surface frequently note improvement in visual function with scleral lens wear, because the lens provides a smooth optical surface and neutralizes any corneal irregularity. This presentation will review and summarize visual and ocular outcomes of scleral lens therapy for management of exposure keratopathy at the Mayo Clinic.

• 2474
Scleral lens as a first therapeutic weapon in severe ocular burns  

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(2) Epidemiology Unit- CHU Lamine Debaghine, INESSM, Algiers, Algeria

PURPOSE: To demonstrate the spectacular effect of therapeutic scleral lens in healing severe ocular burns.  

METHODS: Retrospective study of 6 eyes with severe ocular burns, complete limbal stem cell deficiency with limbal ischemia in 360°, corneal anaesthesia and resistant to medical treatment for more than 2 weeks without healing tendency, presenting large complete corneal and limbal ulcer, fitted with therapeutic scleral lens Mina lens (Microlens®, The Netherlands) for continuous daily wear and filled with saline solution and daily control with fluid exchange.  

RESULTS: All eyes had complete reepithelialisation in 1 to 3 weeks under therapeutic scleral lens alone, The healing process began from peripheral conjunctival epithelial cells.  

CONCLUSIONS: Therapeutic scleral lens is magic solution to manage severe ocular burns and may be used as first therapeutic weapon. These cases show that epithelial stem cells are presents in all ocular surface not only limbus.

Commercial interest
Special Interest Symposium: New wine in new tubes - The re-advancement of scleral lenses in ocular surface disease

**2475**

Indications for scleral lenses

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In several cases of high irregular astigmatism such as advanced keratoconus, postkeratoplasty and pellucid marginal degeneration scleral lenses are the only nonsurgical solution to improve vision. In addition to correction of irregular astigmatism the large size and scleral bearing surface of these lenses can also be beneficial in the management of certain ocular surface disorders. They can prevent exposure keratitis and enhance epithelial healing. In this part of the session the different indications for scleral lens fitting are discussed and demonstrated by several case reports. This will show the clinical success and many opportunities of these lenses.

Commercial interest

**2476**

Improving vision and comfort of patients with corneal deformations with implementation of ultraHealth and ultraHealth FC S-H Hybrid Lenses

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In spite of the quadrant specific lens designs, fitting GP lenses to protruded corneas is a greater fitting compromise compared with fitting regular shaped corneas with GP corneal lenses. Also as GP corneal lenses have direct mechanical impact on unhealthy, more vulnerable KC epithelium, they are more likely to induce erosions, abrasions and other mechanical changes. Additionally, due to lack of centration evoked by misalignment of the tip of the cone and optical axis of the cornea, the visual outcome of GP corneal lens wear in patients with corneal irregularity in comparison to GP wear in regular shape corneas patients is usually worse. Synergeyes UltraHealth and UltraHealth Flat Curve hybrid lenses are designed to reduce or eliminate interaction between the part of the cornea within the area of the protrusion, and the back surface of the lens. In addition, size of Synergeyes hybrid lenses is 14.5mm what usually results in better centration over the visual axis which leads to a reduction of HOA; thus they give a better visual quality outcome. Hypoxia, one of major drawbacks of former hybrid lenses, is greatly alleviated with the new materials that are available. Therefore, currently it is possible to diminish or in some cases entirely exclude complications enhancing the visual outcome at the same time.
Pathogenesis of diabetic retinopathy and macular edema

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Classification of diabetic retinopathy: from screening to diagnosis

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The global incidence and prevalence of diabetes mellitus have reached epidemic proportions. Estimates indicate that more than 350 million people will be affected by diabetes mellitus by 2030. All of these individuals will be at risk of developing diabetic retinopathy (DR). It is necessary to categorize, classify and stage the severity of DR in order to provide adequate therapy. With proper management more than 90% of cases of visual loss can be prevented. The purpose of this presentation is to review the classification of DR with a special emphasis on the International Clinical Disease Severity Scale for DR. This new classification is simple to use, easy to remember and based on scientific evidence. It is based on clinical examination and applying the Early Treatment of Diabetic Retinopathy Study 4:2:1 rule. Together with general medical information it allows a risk-based assessment. Specialized examinations such as optical coherence tomography or fluorescein angiography support treatment decisions.

Macular complication: from edema to ischemia

MIDENA E
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The pathophysiology of macular complications in diabetic retinopathy is multifactorial. Diabetic macular edema and ischemia (both macular and peripheral) are the major drivers of macular involvement in diabetes. Macular edema may be both intra and extra-cellular and it is clinically characterized by different aspects, mainly detected by an accurate qualitative analysis of spectral domain OCT data. This approach allows to identify different phenotypes of diabetic macular edema, providing a track to a personalized treatment. Macular ischemia has always been considered a negative prognostic factor in the treatment of macular edema, and this aspect has been recently reconfirmed. Peripheral retinal ischemia, easily documented by wide field retinal angiography, is emerging as a new driver of macular edema. All these new aspects, better defined by a multimodal imaging approach, are the essential to plan an adequate treatment.

Therapeutic options: how does it work?

POURNARAS C J
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Visual acuity, in diabetic patients, is decreased due to the development of macular edema (DME), capillary non-perfusion, and vitreous hemorrhage secondary to retinal neovascularization. Clinical therapeutic approaches using focal photocoagulation and intravitreal treatments offer new insights for the management of DME and the preservation of vision. The inhibition of the endothelial growth factor (VEGF) and the inflammatory factors, alone or in association to focal laser, have an important impact on the reversal of the inner blood-retina barrier (BRB) diabetic abnormalities. Laser photocoagulation induces in addition, an improvement of the macular hemodynamics, a reversal of tissue hypoxia, a downregulation of the VEGF and inflammatory factors expression and an occlusion of the permanent microvascular abnormalities.
Clinical cases

CREUZOT C
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Clinical cases of diabetic retinopathy will be considered: diabetic retinopathy with macular edema, macular edema and cataract surgery, proliferative diabetic retinopathy, diabetic retinopathy and pregnancy...
Purpose To summarise the findings of three recently published Cochrane systematic reviews, conducted by the authors that investigated whether taking nutritional supplements can prevent or slow the progression of age-related macular degeneration (AMD).

Methods The systematic reviews were performed using standard Cochrane methodology. We included randomised controlled trials (RCTs) where increased dietary intake of omega 3 fatty acids or antioxidant vitamin or mineral supplements were compared to placebo or no intervention with the aim of preventing the development of AMD, or slowing its progression.

Results There is no good evidence from RCTs that the general population should be taking antioxidant vitamin supplements to reduce their risk of developing AMD later on in life. By contrast, there is moderate quality evidence that people at high risk of developing advanced AMD may experience a delay in progression by taking specific antioxidant vitamin and mineral supplements. This finding is drawn from trials conducted in the USA in a relatively well-nourished population. Although observational studies have shown that the consumption of dietary omega 3 fatty acids may reduce the risk of progression to advanced AMD, two recently published RCTs failed to show any benefit of omega 3 supplements on AMD progression.

Conclusions There is no high quality experimental evidence that nutritional supplementation is beneficial for the primary prevention of AMD. However, people at high risk of developing advanced AMD may benefit from taking antioxidant vitamins. There is currently no evidence to support increasing levels of omega 3 long chain polyunsaturated fatty acids in the diet for the explicit purpose of preventing or slowing the progression of AMD.

Conclusions The prevalence of AMD grading in our population is consistent with the literature. The classification of participants according to different macular abnormalities may predict the populations at risk of developing an advanced grade and can help to adapt the management. The relationship with other risk factors will be the next step of this analysis.

Subretinal drusenoid deposits in an elderly population with age-related macular degeneration (MONTRACHET study: Maculopathy, Optic Nerve, nutRition, neurovasCular and HEarT diseases)
EVER 2015 Abstract book

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• 2525

Endophthalmitis associated with intravitreal Ranibizumab: Microbiology and visual outcomes.

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Purpose The purpose of this study was to examine the spectrum of pathogenic organisms isolated from all cases of endophthalmitis identified during an 11 year period (2003-2014) at a single eye unit. The study was undertaken at the Queen Alexandra Hospital in Portsmouth, UK.

Methods Eye casualty and theatre data bases (HIICS, Medisoft) were used to capture cases of endophthalmitis. Case notes were reviewed to identify whether an intravitreal tap had been taken and to note visual acuities prior to ranibizumab treatment as well as the best visual acuity achieved post endophthalmitis treatment. Microbiological data was gathered for these cases by using the pathology database (ICE).

Results There were 8 cases of endophthalmitis in the 11 year period. All except 1 had an intravitreal tap taken for gram staining and microbiological culture. 4 cultures grew coagulase negative Staphylococci, 4 grew a Streptococcus species. 1 grew the gram negative organism Haemophilus influenza and 1 culture was sterile. All cases were treated with the intravitreal antibiotics Vancomycin and Cefazolin. 5 patients had a starting visual acuity of 6/12 or better and 3 were 6/18 or worse. Post recovery from endophthalmitis 4 patients had VA of 6/24 or better and 2 had Hand Movements or worse. The patient with the gram negative culture had NPL (no perception of light) vision. Microbiological data was identical in studied group, each of them proportion, characterization, singularity; so, characterization, prevalence, specificity of and for each group. Endophthalmitis diagnosis, follow-up, screening of AMD. Interrelations and correlations between AMD and Lipidomics let to better etiopathogenic understanding and therapeutics prospects

• 2526

Age Macular Degeneration-Lipidomic Study: Relevance and interest of Lipidomic study in screening, follow-up and etiopathogeny of AMD

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Purpose To evaluate the lipidomic study impact on AMD diagnosis, screening, etiopatho- genic and interrelations, correlations between those 2 entities

Methods AMD:30 AMD patients, 3 Groups: A:10 first stage AMD patients, B:10 Atrophy AMD patients, C:10 Neovascular AMD patients. Ophthalmologic exam : ETDRS visual acuity (VA), complete ophtalmic examination, autofluorescence imaging (FAF), optical coherence tomography (Spectral Domain OCT) and fluorescein angiography (FA) and ICG when Neovascular complication.

Lipidomic Study: Blood tests and analysis, all lipids qualitative, quantitative analysis, all the same for all patients, whatever group. Blood test is done during ophthalmologic exam. Plasma correlation 'snap frost' in liquid nitrogen after total blood centrifugation, then liquid-liquid extraction for lipids analysis, neutral lipid by GC, as fatty acid but after BE3 methanol derivation, phospholipids by LC-MS direct, as sphingolipids but firstly hydrolysed. Polysaturated fatty acids metabolism preparation: protein precipitation then pre-concentration by SPE solid phase extraction before analysed by LC-MS

Results Analysis will determine qualitative, quantitative lipids values in each patients group, each of them proportion, characterization, singularity, so, characterization, prevalence, specificity of and for each group. Lipidomic study: evaluation, identification, classification in AMD patients groups allow AMD screening,follow-up, particularly according to AMD type and stage. Lipidomic study: biomarker feature, let AMD prevention, etiopathogenic concept

Conclusions Lipidomic study and so better AMD characterization allow better diagnosis, follow-up, screening of AMD. Interrelations and correlations between AMD and Lipidomics lead to better etiopathogenic understanding and therapeutics prospects.

• 2527

The Protective Effect of Anti-blue Lens Against Photo-induced Cell Death

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Purpose Anti-blue lenses that selectively block the harmful portion of the blue light spectrum become commercially available recently. This study aimed to evaluate the protective effect of anti-blue lens on cultured porcine primary retinal pigmented epithelial (RPE) cells against photo irradiation.

Methods Primary RPE cells were isolated from porcine eyes and cultured to confluence. The cells were characterised by RPE65 using Western blot. White and blue light emitting diode (LED) light sources as well as the transmittance of the anti-blue and anti-UV lenses were characterised by a spectroradiometer. The RPE cells were exposed to +1.8x104 cd/m2 white (peak wavelength at 443 and 533nm) or blue (peak wavelength at 448 and 521nm) LED light for 16 hours, with anti-blue, anti-UV lens or without lens. Control cells were incubated in the dark. Cellular viability under the different lighting conditions with the anti blue or anti UV lenses were compared using trypan blue staining and MTT assay.

Results Trypan blue staining showed that the RPE cell viability under no light, white light and blue light conditions without any lenses were 94.8±0.4%, 91.7±1.5% and 88.7±2.9% respectively. Blue light irradiation significantly induced more cell death when compared to no light (p<0.001) and white light (p<0.005) conditions. MTT assay also revealed significant difference under blue light when compared to no light (p<0.002) and white light (p<0.001) conditions. When comparing the effect of anti-blue and anti-UV lenses on cell survival, we found that anti-blue lens showed significantly elevated viability (93.4±1.4% vs 90.6±1.4%) using trypan blue (p=0.022) and MTT assay (p=0.029).

Conclusions Blue light exposure induced significant cytotoxicity on RPE cells. The anti-blue lens significantly reduced the harmful blue spectrum and showed protective effect on RPE cell survival.

• 2528

Microbiology of conjunctival sac in intravitreal injections.

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Purpose To evaluate the conjunctival sac flora before and after intravitreal injection (IVI) in eyes with no prophylactic antibiotic use.

Methods 37 eyes of 37 patients not using systemic or local antibiotics for at least 30 minutes before IVI were noted in the negative microbiological cultures before and after IVI. Shortly before IVI conjunctival sac was rinsed with 5% povidone-iodine (PVI). Control group constituted eyes not treated with IVI of the same patients.

Results Negative microbiological cultures before and after IVI were noted in the studied group in 15 patients (40.5%) and in 9 control eyes (24.3%). Coagulase-negative Staphylococci (CNS) were cultured in 13 eyes (35.1%) before IVI and in 8 eyes (21.6%) after IVI. In 3 eyes (8.1%) Staphylococci aureus was shown before IVI, with subsequent negative cultures. In the control group CNS was shown in 14 eyes (37.8%) before IVI and in 7% (18.9%) after IVI. Microbiological flora was identical in studied and control groups in 14 cases (37.8%). There was no case of post-IVI endophthalmitis.

Conclusions About 50% of cultures were negative, in 35% - CNS, and in 15% - other bacteria were cultured, including Staphylococcus aureus in 8%. The number of negative cultures after IVI (the use of PVI) was higher than before IVI and all Staphylococcus aureus were eliminated. The eye antiseptic based on PVI in IVI is an effective and efficient prophylaxis method.
Drug induced glaucoma: old and new drugs

LAMBRECHT P
UZ Gent, Gent, Belgium

Some drugs have the ability to cause ocular hypertension and glaucoma as a consequence. This lecture discusses the old and new drugs that have the ability to cause an ocular hypertension side effect and classifies them according to the mechanism of action.

Cystoid macular oedema in endstage glaucoma

BIFRARE D

Microcystic macular changes associated with optic neuropathy

Microcystic macular edema has been first described in association with multiple sclerosis in 2012. Since then many papers have emerged, describing microcystic macular changes mainly in connection with inflammatory or non-inflammatory optical neuropathy, suggesting the neuropathy to be the origin of these microcystic macular changes. The different neuropathies and the pathomechanism possibilities will be discussed according to recent literature.

Bilateral acute iris transillumination

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Atrophy and/or depigmentation of the iris is seen in a number of inflammatory and non-inflammatory conditions, including viral iridocyclitis, Fuchs uveitis syndrome, Vogt–Koyanagi–Harada disease, pigment dispersion syndrome, acute angle closure glaucoma, and trauma. An acute onset of severe photophobia associated with bilateral acute iris transillumination with variable sphincter paralysis and pigment dispersion has been recently reported as an adverse effect of oral moxifloxacin. In our experience, only 23% of patients presenting with these findings report moxifloxacin use while more than 60% report a preceding viral illness. Pigment dispersion may persist for several months, refractory glaucoma may develop, and diffuse iris transillumination and sphincter paralysis are irreversible in this entity.

Radius Maumenee Syndrome

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Ocular injection and increased IOP from elevated episcleral venous pressure are most frequently caused by carotid cavernous fistula. Other causes include large vessel venous obstruction (venous sinus thrombosis and superior vena cava syndrome), Sturge–Weber syndrome, sclerosis, thyroid related orbitopathy and orbital tumours or orbital varices (Radius & Maumenee 1978, Rhee et al. 2009). Additionally, idiopathic rise in episcleral venous pressure, known as Radius–Maumenee syndrome, can lead to ocular injection with elevated IOP (Radius & Maumenee 1978). The syndrome was originally described by Minas & Podos (1968). The diagnosis is based on the clinical findings of elevated IOP causing glaucomatous optic nerve and visual field damage in association with an open angle and dilated episcleral veins. The diagnosis of Radius–Maumenee syndrome can only be made with confidence after intra-ocular and intracranial pathology mentioned above has been excluded by MRI. Two case reports will illustrate the typical features of this rare cause of glaucoma.
**2541**
Influence of intraocular pressure in anterior lamina cribrosa depth – a prospective observational study in a healthy Portuguese population

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**Purpose** To investigate the association between anterior lamina cribrosa depth (ALCD) determined with enhanced depth imaging optical coherence tomography (EDI-OCT) and IOP in a healthy Portuguese population.

**Methods** Prospective observational study conducted between January and April 2015 of 44 subjects with a irrelevant ophthalmologic history. EDI-OCT of optic nerve head (ONH) was performed in all participants (2 cross-scans: vertical and horizontal). ALCD was defined as the perpendicular distance between the line connecting both edges of Bruch’s membrane and the anterior border of the lamina cribrosa, at the maximum depth point. An experienced operator manually segmented ALCD and a mean of the two consecutive blinded measurements was computed. To guarantee observations' independence, only one eye was considered per subject. Only high quality images were accepted. The tenets of the Declaration of Helsinki were followed. Statistical analyses were performed using STATA 13.0.

**Results** Studied population included 44 subjects (26 women), with a mean age of 62.9 ± 14.3 years. Mean vertical and horizontal maximum ALCD was 453.3 ± 88 μm and 436.1 ± 78.7 μm, respectively. Neither gender nor age were associated with these ALCD-scans (p=0.62). When controlling for gender, age and spherical equivalent, maximum vertical and horizontal ALCD increased, respectively, by 8.8 μm (95% confidence interval [CI], 0.6-17.0 μm; p=0.04) and 8.1 μm (95% CI, 0.4-15.7 μm; p=0.004) per mm Hg increase in IOP.

**Conclusions** Our sample of healthy subjects presented a statistically significant positive linear relation between IOP and ALCD, when controlling for possible confounding factors. Our results may further studies to better elucidate the role of IOP in morphological and functional dynamics of the ONH.

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**2542**
Intra and inter-rater agreement of anterior lamina cribrosa depth measurements using enhanced depth imaging optical coherence tomography

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**Purpose** To determine intra and inter-rater agreement of anterior lamina cribrosa depth (ALCD) manual measurements using enhanced depth imaging spectral-domain optical coherence tomography (EDI-OCT).

**Methods** Double-blind prospective observational study between Dec/14-May/15. EDI-OCT of optic nerve head was performed in subjects with a relevant ophthalmologic history (2 cross scans: vertical and horizontal). ALCD was defined as the perpendicular distance between the line connecting both edges of Bruch’s membrane and the anterior border of the lamina cribrosa, at the maximum depth point. Two double-blinded experienced operators manually measured ALCD twice, with a one-month interval. Intra and inter-rater agreement was evaluated using intraclass correlation coefficients (ICC), concordance correlation coefficients (CCC) and Bland-Altman (BA) plots. Our sample of healthy subjects presented a statistically significant positive linear relation between IOP and ALCD, when controlling for possible confounding factors. Our results may further studies to better elucidate the role of IOP in morphological and functional dynamics of the ONH.

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**2543**
Evaluation of the lamina cribrosa thickness and depth, the prelaminar nerve tissue thickness, and the Bruch’s membrane opening-based minimum rim width in eyes with and without primary open-angle glaucoma: an enhanced depth imaging OCT study of the optic nerve head and the correlation between anatomy and function

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**Purpose** To evaluate the lamina cribrosa (LCT), depth (LCD), prelaminar thickness (PLTT), and Bruch’s membrane opening-based minimum rim width (BMOMRW) in primary open angle glaucoma (POAG) and normal eyes (NE) and their correlation with function (MD).

**Methods** This observational study included 45 eyes (25 eyes with POAG; 20 normal eyes) which were evaluated clinically, by applanation tonometry, pachymetry, Octopus perimetry and by enhanced depth imaging-optical coherence tomography (EDI-OCT). A grid scan of the optic nerve head (ONH), averaged 80 scans, to image the LCT, LCD and PLTT in center, mid-inferior (I-ONH), and superior positions and a nerve fiber layer (NFL) scan were done. LCT was the distance between borders of the LC. LCD was the distance between BM-REF. line-posterior LC border. BMOMRW was the shortest distance between BM and internal limiting membrane. All values were compared between both groups and correlations between variables were tested.

**Results** Global LCT was lower in POAG (129.2±40.6 μm) than in control group (225.9±36.8 μm; p=0.05). Mean LCD was higher in POAG (372.2±195.2 μm) than in control group (93.9±49.8 μm; p=0.005). Mean PLTT was lower in POAG (91.9±49.8 μm; p=0.005) as occurred with BMOMRW in all eyes, the global LCD was correlated to NFT-L (R=0.61) and BMOMRW (R=0.67; p=0.0001). In POAG eyes, global NFL was correlated to BMOMRW (R=0.67) and the PLTT (R=0.386) both in ONH scan. PLTT was correlated with LCD (R=0.502) and inferior-temporal (IT)-NFL (R=0.497; p=0.005). MD was correlated with PLTT (R=−0.397) and BMOMRW (R=−0.670; p=0.001).

**Conclusions** Glaucoma can cause a decrease in LCT, PLTT, BMOMRW and increase in LCD being potential markers of glaucoma damage. Some ONH-OCT parameters correlated with function as measured by the MD. ONH EDI-OCT imaging with automatic segmentation would be useful in glaucoma evaluation.

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**2544**
Pigment epithelium central limit - Inner limit of the retina, Minimal Distance, PMID, a morphometrical variable for glaucoma follow-up

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**Purpose** To establish the resolution of measurements of the minimal distance between the central limit of the pigment epithelium and the inner limit of the retina (PMID) as measured with OCT.

**Methods** The optic nerve head was topographically recorded with OCT (Topcon 3D, OCT-2000, protocol: 6x6 mm 3D disc cube). The minimal distance between the inner limit of the retina and the central limit of the pigment epithelium was sampled 8 times resolved in 500 angles.

**Results** The minimal distance was longer in the upper and the lower meridian and averaged 0.21 mm. An analysis of the consequence of the resolution demonstrated that the minimal relevant significant average difference at ± 0.05 mm and aiming for β - 0.052 α = 0.11 change (mm)/Average (mm). Thus, a change of 0.024 mm integrated over 2° is the detection limit at the selected statistical parameters. This corresponds to a local average change within one quadrant of 0.006 mm.

**Conclusions** PMID has the potential to be a useful variable for follow-up of nerve fiber loss in the optic nerve head.
Abstract

Gender specific IOP measurement using induced corneal vibration analysis - a multicenter clinical trial


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Purpose

To evaluate the difference in assessment between fundoscopic and confocal scanning vertical cup-disc-ratio (VCDR) in open angle glaucoma patients.

Methods

Data from a single eye of normal tension (NTG) and primary open angle glaucoma (POAG) patients from the Leuven Eye Study were included: age, gender, visual field mean deviation (MD), fundoscopic and HRT III VCDR assessment as well as mean retinal nerve fiber layer thickness (mRNFL). Differences within groups were assessed by paired sample t-tests. Receiver operator curves (ROC) were constructed to assess and compute the likelihood ratio and positive predictive value.

Results

303 eyes (161 POAG and 142 NTG) were included. The average VCDR clinically assessed was significantly larger than the value derived from the HRT III software (0.81 ±0.14 versus 0.61 ±0.16, p<0.001) and this difference remained statistically significant in both groups. In advanced glaucoma (MD< -12dB), the area under the curve for HRT III and fundoscopic VCDR was respectively 0.80 ± 0.05 versus 0.84 ± 0.04 for NTG and 0.66 ± 0.044 versus 0.82 ±0.033 for POAG. To predict a MD of maximum -12dB with 80% certainty in NTG patients the VCDR needs to be at least 0.79 and 0.88 for HRT III and fundoscopic VCDR values, whereas in POAG patients these numbers are 0.88 and 0.93, respectively.

Conclusions

Clinical assessment of VCDR renders significantly higher values than HRT III derived values. Fundoscopic assessment of the optic nerve can predict better the visual field damage compared to the HRT III assessment.

Subjective versus objective vertical cup-disc-ratio assessment in open angle glaucoma patients.

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(2) Centro Hospitalar Lisboa Norte, Ophthalmology, Lisbon, Portugal

Purpose

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Conclusions

Clinical assessment of VCDR renders significantly higher values than HRT III derived values. Fundoscopic assessment of the optic nerve can predict better the visual field damage compared to the HRT III assessment.

Free paper session - G: Imaging and biomechanics

2545

2546
• **2551**

Three-dimensional structure of the mammalian limbal stem cell niche

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**Purpose** Although the existence of the limbal stem cell (LSC) niche is accepted, precise knowledge of its 3D architecture remains incomplete.

**Methods** The LSC niche was explored on freshly excised corneoscleral rims from human donors (n=47), pigs (n=15) and mice (n=27) with full-field optical coherence microscopy (FFOCM).

**Results** Limbal crypt features were detected in 90% of human corneoscleral rims, extending between the palisades of Vogt as radial (74%) and/or rounded (23%) forms, often branching off to or becoming interconnected by sub-scleral radially or circumferentially oriented crypts (56%). Mean crypt volume represented 16% of sampled limbal volume on the vertical axis and 8% on the horizontal axis. In pigs, palisades were finer and crypts wider with relatively uniform distribution around the eye, and radial orientation, connecting to numerous narrow cross-criss-cross invaginations beneath the sclera. In mice, only a circumferential limbal trough was detected. Mean crypt volume represented 13% of limbal volume in humans, 9% in pigs and 7% in mice. FFOCM combined with fluorescence showed presence of p63+α- cells and cytokeratin 3+ cells in the limbal crypts. LSC density increased with percentage limbal volume occupied by crypts. Colony Forming Efficiency increased with limbal crypt volume.

**Conclusions** Crypt architecture in the three species appears associated with eye exposure to light. Clone production correlated strongly with the limbal crypt volume in humans indicating that limbal crypts constitute a niche for adult limbal stem cells. FFOCM imaging could assist in assessment of the richness of the limbal crypts and targeted biopsy for cell culture.

• **2552**

Assessing the microstructures of the human cornea using Gabor-Domain optical coherence microscopy with large field of view and high resolution

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**Purpose** To investigate the performances of a new large field of view and high volumetric-resolution Gabor-Domain Optical Coherence Microscope (GD-OCM) in imaging human corneal microstructures.

**Methods** The GD-OCM combined the high sectioning capability of optical coherence tomography with the high lateral resolution of confocal microscopy. We developed a system that achieved high-contrast imaging with a field of view of 1x1mm2 and volumetric cellular resolution of 2 μm across a thickness of up to 2 mm in tissue. The system fitted on a movable cart and the handheld scanning probe was attached to an articulated arm that may be adjusted to image different locations of the cornea without contact. For real time visualization, we implemented a parallelized Multi-Graphic Processing Units architecture to speed up the processing of data. In this investigation, we focused on imaging the microunits of the corneal stroma keratocytes as well as corneal endothelial cells of ex vivo human corneas maintained in an innovative bioreactor.

**Results** The overall time to 3D visualization, including acquisition that is 1.5 minutes, processing and rendering of a 100x100x400 voxels, was less than 2 minutes compared to 2 hours on a conventional CPU. The system produced 3D high-resolution images of the distribution of epithelial cells, stromal keratocytes and endothelial cells, comparable to standard in vivo confocal microscopy.

**Conclusions** This innovative GD-OCM allows pseudo histology of the cornea in an unprecedented wide field and a short acquisition time compatible with analysis of ex vivo living corneas.

• **2553**

Posterior corneal surface: new insights in curvature and astigmatism

**PATEL S**, Wacker K

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**Purpose** In normal eyes, a fixed relationship between anterior and posterior corneal astigmatism is assumed, especially for lens power calculations. This study assessed the association between anterior and posterior corneal astigmatism and thickness.

**Methods** Normal corneas were examined by slit-lamp microscopy and Scheimpflug imaging. The differences between vertical and horizontal thicknesses at 4-mm and 6-mm-diameters were calculated. Anterior and posterior astigmatism were calculated as the difference between steep and flat powers based on the corresponding radii of curvature and refractive indices. Comparisons and significances of correlations were assessed by using generalized estimating equation models.

**Results** Fifty-four subjects (101 corneas) aged 18–80 years were included. Peripheral corneas were thicker vertically than horizontally (p = 0.001) at 4 mm by 13.4 ± 9.4 µm and 6 mm by 11.3 ± 8.1 µm. Anterior corneal astigmatism was 1.08 ± 0.57 D and was aligned vertically (73%), horizontally (6%), or obliquely (21%). Posterior corneal astigmatism was 0.31 ± 0.13 D and was aligned vertically (94%) or obliquely (6%). Anterior and posterior astigmatism were correlated in eyes with vertical orientation, connecting to numerous narrow criss-cross invaginations beneath the sclera. In mice, only a circumferential limbal trough was detected. Mean crypt volume represented 13% of limbal volume in humans, 9% in pigs and 7% in mice. FFOCM combined with fluorescence showed presence of p63+α- cells and cytokeratin 3+ cells in the limbal crypts. LSC density increased with percentage limbal volume occupied by crypts. Colony Forming Efficiency increased with limbal crypt volume.

**Conclusions** Crypt architecture in the three species appears associated with eye exposure to light. Clone production correlated strongly with the limbal crypt volume in humans indicating that limbal crypts constitute a niche for adult limbal stem cells. FFOCM imaging could assist in assessment of the richness of the limbal crypts and targeted biopsy for cell culture.

• **2554**

Computerized analysis of human corneal endothelium morphology

**PERGOLA A**, Scarpa F

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**Purpose** Corneal images acquired by in-vivo microscopy provide clinical information on the corneal endothelium health status. The reliable estimation of the 3 clinical morphometric parameters (endothelial cell density, pachymethemium, polymegathism) requires the accurate detection of cell contours in a large number of cells. Thus for the practical application of this analysis in clinical settings an automated method is needed.

**Methods** The contours of cells are detected using a genetic algorithm. It randomly modifies individuals from the current population to produce the children for the next generations, which evolve toward an optimal solution. We start with a small set of vertices forming regular hexagons, which in successive generations evolve into polygons with possibly different number and positions of vertices. Each vertex is positioned by considering both its correspondence with the actual image (pixels intensity) and the regularity of the resulting polygons. The goal is to obtain a final population of vertices forming polygons that best fit the cells contours in the actual image.

**Results** 15 images were acquired with a specular endothelial microscope (SP-3000, Topcon Co, Japan) in healthy and pathological subjects. Ground truth values for the 3 parameter were obtained from manually drawn cell contours. Differences between these manual estimation of the parameters and the automated one were always less than 8%.

**Conclusions** These preliminary results show the ability of the proposed algorithm to adapt to different shapes and sizes of cells and to allow the reliable estimation of the morphometric parameters used in clinical practice.
• 2557
Differential molecular signature of ectatic and non-ectatic areas from keratoconus patient cones.

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Purpose To evaluate if the gene expression profile of corneal epithelium from the cone area in Keratoconus (KC) differs from the peripheral non-ectatic area.

Hypothesis: The ectasia in Keratoconic cornea is localized to the cone while the peripheral areas are apparently normal. Hence we hypothesized that within the cone of a KC patient cone, the structural weakness may be a function of localized gene expression differences.

Methods Study group contained 54 KC patients undergoing epitheliectomy off corneal collagen crosslinking (CXL) and 9 non-ectatic subjects undergoing photo refractive keratectomy (PRK) as controls. The cone vs periphery distinction is based on keratometry and location of the cone based on elevation map. Using a 4.5 mm trephine centered on the cone, epithelium was scraped separately for cone and rest as periphery. In non-ectatic controls, the central 4.5 mm area was taken as cone. Gene expression profiling was performed for each pair of cone and periphery samples by quantitative PCR.

Results Lyso oxidase levels were significantly reduced in the cone of KC patients (p=0.002). Structure related genes COL1(p=0.001) and COL4(p=0.008) were also reduced significantly in KC patient cones. The cytokines IL6, TGFβ and TNFα did show an increased trend, regulatory cytokine IL10 did not show significant trend. Matrix remodeling MMP9 showed an increasing trend at the cone while its inhibitor TIMP1 showed a reducing trend that was not significant (p=0.09).

Conclusions Ectasia in KC may be driven by local molecular factors at the cone that possibly spreads to other parts of cornea as disease progresses.

• 2556
Assessment of the performances of a handheld in vivo confocal microscope for the analysis of human corneal innervation

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(2) University Hospital, Department of Dermatology, Saint-Etienne, France
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(4) Cornali Graft Biology, Engineering and Imaging Laboratory- EA2521- Federative Institute of Research in Sciences and Health Engineering, Faculty of Medicine- Jean Monnet University-Saint-Etienne- France- and Institut Universitaire de France, Bd St Mitch,

Purpose We previously reported, for the first time, the use of a dermatological handheld in vivo confocal microscope (IVCM), VivaScope 3000 (Lucid, NY), for the imaging of the ocular surface and ocular adnexa (AmOphthalmol2015;159:324). Aim to further assess its performances for qualitative and quantitative analysis of corneal innervation.

Methods Clinical interventional prospective single-center study comparing the first version of the handheld VivaScope 3000 with the Heidelberg Retina Tomograph (HRTIII-RCM) as a reference. The right central subbasal plexus (SBP) of healthy corneas of non-diabetic patients, diabetic patients without peripheral neuropathy and diabetic patients with peripheral neuropathy was analyzed the same day with both IVCMs by the same observer. The three best images were selected for each device and the nerve density, the number of nerves by frame, the number of branches per frame, and tortuosity of the nerves of the central SBP were calculated using Neuron. Analyses were done on similar areas, blind to the IVCM type, then on full fields.

Results The VivaScope provided 920 x 920 μm images versus 400 x 400 μm for the HRTIII-RCM. Images of the SBP were easily obtained but the 4 parameters were significantly lower in the 3 populations with the VivaScope despite a larger field of view.

Comparisons between populations are ongoing.

Conclusions This handheld dermatological IVCM is able to image the SBP but is less informative than the static HRTIII-RCM. For SBP, the larger field is not an advantage because most of the field is out of focus. Improvements of the IVCM objective are proposed. GRANT: project INNOVEYE GIRCI RAA.
Review of the anatomical and physiological bases of stability of gaze

BORRUA T F X
Hôpital Ophthalmique Jules Gonin, Neuro-Ophthalmology, Lausanne, Switzerland

In order to benefit from the advantages of a highly developed fovea, steadiness of gaze is mandatory. Visual fixation and gaze stability under static and dynamic conditions is achieved via several pathways: vestibulo-ocular, optokinetic, and smooth pursuit systems. Further a proper control of saccades is necessary. A synthetic review of these systems will be provided. At the end of the session the participants should be able to understand why and how abnormal spontaneous eye movements can be generated.

Acquired forms of nystagmus not to be missed

BORRUA T F X
Hôpital Ophthalmique Jules Gonin, Neuro-Ophthalmology, Lausanne, Switzerland

The purpose of this section will be to present and discuss some of the most recognizable forms of acquired nystagmus. The followings will be discussed: vestibular nystagmus, downbeat nystagmus, upbeat nystagmus, and dissociated nystagmus. At the end of the session, participants should be able to identify these specific forms of nystagmus and organize proper investigations accordingly.

Congenital forms of nystagmus

KAESER P F
Hôpital ophthalmique Jules Gonin, Lausanne, Switzerland

Congenital benign forms of nystagmus have to be recognized and distinguished from acquired forms caused by neurologic lesions, in order to avoid unnecessary investigations. This distinction can usually be made on clinical grounds. Congenital forms of nystagmus include idiopathic infantile, ocular (most commonly associated with albinism, macular or optic nerve hypoplasia, and congenital retinal dystrophies) and latent nystagmus of the congenital esotropia. At the end of the session, participants should be able to identify these specific forms of nystagmus.

Congenital forms of nystagmus

KAESER P F
Hôpital ophthalmique Jules Gonin, Lausanne, Switzerland

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Acquired forms of nystagmus not to be missed

BORRUA T F X
Hôpital Ophthalmique Jules Gonin, Neuro-Ophthalmology, Lausanne, Switzerland

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Alterations of stabilization of the eyes under dynamic conditions

KAESER P F
Hôpital ophthalmique Jules Gonin, Lausanne, Switzerland

Dynamic stabilization of the eyes depends mainly on vestibulo-ocular reflex (VOR). VOR is initiated by the labyrinth of the inner ear and is modulated by the cerebellum. During head motion, the VOR stabilizes the retinal image by producing an opposite synchronized eye movement. If the retinal image is not steady enough on the retina, visual acuity will drop. The cerebellum integrates eye velocity, retinal slip, motor feedback and vestibular afferences to modulate the VOR. Therefore, inadequate VOR generation or modulation will result in visual loss under dynamic conditions. At the end of the session, participants should be able to identify VOR dysfunction and organize proper investigations accordingly.
Abnormal non nystagmic spontaneous eye movements

BORRUAT FX
Hopital Ophtalmique Jules Gonin, Neum-Ophtalmology, Lausanne, Switzerland

When the saccadic system is dysfunctional, an intrusion of spontaneous unwanted saccades can disrupt visual fixation. These can present as square wave jerks, ocular flutter and opsoclonus. Voluntary nystagmus is also a sequence of abnormal saccades. At the end of the session, participants should be able to identify these specific eye movement disorders and organize proper investigations accordingly.
### Abstract 2571

**Treg-based immunotherapy of non-infectious uveitis (NIU)**

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**Purpose**

Col-Treg is a T-cell immunotherapy composed of autologous type-I regulatory T (Treg) cells specific for collagen-II. Col-Treg are tested in NIU mice as collagen II is present in the eye, allowing the triggering of their activity in situ. NIU is one of the most common cause of blindness in the developed world.

**Methods**

Col-Treg cells are produced from blood of healthy volunteers or splenocytes of mice transgenic for collagen-II specific TCR. Cells are characterized for marker expression using FACS and for in-vitro immuno-modulatory function. NIU model was induced by IRBP immunization. In-vivo efficacy was evaluated with ophthalmoscopy, histology, pro-inflammatory cytokines analysis. In-vivo tracking was performed using a Col-Treg TCR specific quantitative PCR.

**Results**

Col-Treg secrete IL10, IL13 and express GITR, CD39 and Granzyme B, molecules involved in the control of inflammation. Col-Treg hydrolyse ATP killing myeloid cells and inhibit T effector cell IL17 and IFNg secretion. Intravenous administration of Col-Treg inhibited ocular inflammation in NIU mice with reduction of cellular infiltrates, IL1β, IL6, TNFα. In-vivo tracking demonstrated a tropism of Col-Treg for inflammatory eyes. In-vivo GSP toxicity study in healthy mice did not revealed Col-Treg related adverse events. Characterization of human Col-Treg GMP batches demonstrated comparability with mouse Col-Treg for marker expression and in-vitro function.

**Conclusions**

These data demonstrate the safety and efficacy of Col-Treg administration for the treatment of NIU in mice, suggesting that Col-Treg could be used as a therapeutic tool for patients with non-infectious uveitis refractory to approved medications.

**Commercial interest**

### Abstract 2573

**Interleukin 33/ST2 signaling regulates inflammatory response in choroidal stroma and ocular angiogenesis: implications for age-related macular degeneration.**

**Authors:** THEODOROPOULOU S (1), Doyle S (2), Copland D (1), Liu J (1), Wu J (1), MURPHY C (1), Smith S (1), Smith S (2), Campbell M (3), Dick A (1)

**Institution:** (1) School of Medical Sciences, University of Bristol, Academic Unit of Ophthalmology, Bristol, United Kingdom
(2) Trinity College Dublin, Clinical Medicine, Dublin, Ireland
(3) Trinity College Dublin, Ocular Genetics Unit, Dublin, Ireland

**Purpose**

Age-related macular degeneration (AMD) is a leading cause of irreversible blindness. We wish to elaborate mechanisms that regulate RPE-choroidal microenvironment in AMD. We hypothesize that retinal pigment epithelial cells (RPE) produce interleukin 33 (IL33) and regulate choroidal stromal fibroblasts and mast cell activation and angiogenesis in an ST2-dependent manner. Through such mechanisms, change in choroidal architecture may contribute to AMD phenotypes observed clinically.

**Methods**

Upon treatment, RPE cells, human choroidal fibroblasts and bone-marrow-derived mast cells (BMMC) were assayed by RT-PCR, Western blot and ELISA. Choroidal sprouting assay and laser-induced choroidal neovascularization (CNV) were used as models of ocular angiogenesis.

**Results**

TLR-stimulation of RPE significantly up-regulated IL-33 expression. ST2- BMMC generated a spectrum of inflammatory cytokines when cultured with IL-33 rich RPE supernatant. Pretreatment with IL-33 antagonist markedly inhibited the ability of BMMC to produce inflammatory mediators. Importantly, activation of inflammatory cascade upon RPE supernatant treatment was abrogated in ST2- / BMMC. In a wound-healing assay, recombinant IL-33 treatment of human choroidal fibroblasts impaired their ability to migrate and contract collagen gel. Furthermore, IL-33 treatment promoted vascular choroidal sprouting in WT and IL33- / mice respectively.

**Conclusions**

Our data illuminate an endogenous IL-33/ST2 pathway between RPE function and choroidal stroma, influencing tissue remodeling and regulating angiogenesis. Our findings support IL-33/ST2 axis as a therapeutic target in AMD.

### Abstract 2572

**The role of dendritic cells in non-infectious anterior uveitis**

**Authors:** COKSARAT M (1), Cameron M (2), Sweeney C (1), Fletcher J (1), Fearon LI (2), Murphy C (1)

**Institution:** (1) Royal Victoria Eye and Ear Hospital, Dublin, RCSI Dept of Ophthalmology, Dublin, Ireland
(2) St Vincent’s University Hospital, Rheumatology Research Group, Dublin, Ireland
(3) St Vincent’s University Hospital, Education and Research Centre, Dublin, Ireland
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(5) Royal Victoria Eye and Ear Hospital, RCSI Dept of Ophthalmology, Dublin, Ireland

**Purpose**

Noninfectious uveitis is characterised by influx of inflammatory cells into the immune-privileged ocular microenvironment. Dendritic cells (DC) are powerful antigen presenting cells (APCs) and thereby initiate and perpetuate inflammation. Animal models of uveitis have suggested alterations in DC contribute to pathogenesis. Firstly, we examine the phenotype of circulating DC in anterior uveitis (AU). Secondly, we characterize the inflaming inflammatory cells in the local micro-environment of inflamed aqueous humor (AqH). Finally, the effect of this inflamed microenvironment on a DC model is examined.

**Methods**

Circulating DC were defined as HLA-DR+, lineage- and CD11c +. CD40, CD80 and CD86 cell surface expression was used to assess activation and maturation of circulating DC. Cells isolated from AqH obtained from AU patients (n=5) and HC were assessed by flow cytometry based on cell size, granularity and cell surface expression. 1:2 dilution of AqH supernatant was cultured with monocyte derived DC (moDC) model obtained from a healthy donor for 48 hours and activation and maturation markers on moDC assessed.

**Results**

There is a decrease in circulating DC in AU patients compared to HC (p<0.01). Circulating AU DC express higher CD40 (p<0.005). Inflamed AqH contains >98% CD45+ cells. Populations of neutrophils (CD15+ HLA-DR-), T cells(CD3+ and either CD4+ or CD8+) and APCs (HLA-DR+ CD11c+) were identified. HC AqH is devoid of CD45+ cells. AqH induces CD40 (p<0.01) and CD80 (p<0.001) expression on moDC compared to HC.

**Conclusions**

These results suggest that DC are recruited from the circulation to the eye during AU. AqH from AU patients can activate DC which will lead to initiation and propagation of inflammation. Current work examines functional effects on alloenic CD4+ T cell co-cultures. These results suggest DC may be a useful therapeutic target in AU.

### Abstract 2574

**Systemic IL-1β production as a consequence of corneal HSV-1 infection – contribution to the development of Herpes Simplex Keratitis**

**Authors:** De Chaumont C, Shalunayazun D, Malcove C, Jeffries C, Smith S, Neil Goldbain (1)

**Institution:** Royal College of Surgeons in Ireland, Ophthalmology, Dublin, Ireland

**Purpose**

Herpes Simplex Virus type-1 (HSV-1) infection can result in keratitis, a sight-threatening disease that is the leading cause of infectious corneal blindness in the western world. HSV-1 can invade the cornea and remain latent after treatment in the trigeminal ganglia. The pathogenesis of HSFK involves a complex interaction between cytokines, chemokines and growth factors, either brought in by inflammatory cells or produced locally. Avoidance of these innate anti-viral responses can cause lifelong recurrent infection, which in turn can cause progressive corneal scarring, vascularisation, thinnning and the need for corneal transplantation to recover vision, often with poor long-term outcome. This study aimed to investigate peripheral cytokine production in HSFK patients with active and inactive infection to identify potential therapeutic targets.

**Methods**

Peripheral blood mononuclear cells and serum were prepared from whole blood taken from both healthy controls and HSFK patients during acute infection or following treatment. Protein expression levels were analysed by Western blot. Cytokine levels were determined by multiplex ELISA.

**Results**

Active corneal HSV-1 infection resulted in significantly elevated peripheral levels of the pro-inflammatory cytokine IL-1β in patients compared to healthy controls. IL-1β levels remained significantly increased in these patients following treatment. Impaired production of pro-inflammatory cytokines (including IL-6, IL-8 and TNF-α) and anti-viral factors (including IL-12 and IFNγ) was associated with significantly reduced expression of the transcription factors IRF3 and STAT1 in active patients compared to inactive controls.

**Conclusions**

Our data suggest that dysregulated peripheral production of pro-inflammatory cytokines and anti-viral factors may have implications for HSV-1 viral clearence and recurrent keratitis.
Changes in lamina cribrosa and prelaminar tissue in anterior ischemic optic neuropathy

LABALETTE P, Bouabane I, Maurage C A
CHRU de Lille, Ophthalmology, Lille, France

Purpose To determine changes in lamina cribrosa (LC) and prelaminar tissue in patients with unilateral non-arteritic anterior ischemic optic neuropathy (NAION) using enhanced depth imaging (EDI) spectral domain optical coherence tomography (SD-OCT).

Methods Seventeen eyes of 17 patients with NAION were prospectively studied. SD-OCT scans using EDI technology were obtained at the acute episode and at two and six months after the ischemic event. The OCT device was set to image a 15x10 degree vertical rectangle centered on the optic disk. The scan in LC was then clearest was selected for analysis. The vertical distances from three equidistant points on the reference line (Bruch’s membrane opening-BMO) to the anterior prelaminar tissue surface, and to the anterior and posterior surfaces of the LC were measured.

Results At diagnosis, mean prelaminar tissue was significantly thicker and anterior LC surface more posteriorly placed in NAION eyes than in non-involved eyes. During the follow-up, in NAION eyes there was a significant prelaminar thinning and an anterior LC(average P<0.001 and P<0.002 at 2 and 6 months respectively). BMO significantly reduced during follow-up (P<0.008 and P<0.034 at 2 and 6 months respectively). Both prelaminar tissue thickness and BMO changes correlated with retinal nerve fiber layer thickness measurements.

Conclusions OHN is a dynamic structure that undergoes biomechanical changes in eyes suffering NAION. A significant prelaminar tissue thickening and posterior lamina cribrosa displacement occurred during the acute ischemic optic neuropathy, that reverse as the edema resolves.

Relapsing Polychondritis and its Orbital Manifestations

TEO L, Choo C T
Singapore National Eye Centre, Oculoplastics, Singapore, Singapore

Purpose We describe a 73 year old Chinese Gentleman with bilateral relapsing, remitting orbital inflammatory disease associated with Relapsing Polychondritis (RP).

Methods We reviewed the current literature available on the diagnosis and management of orbital inflammatory disease in RP.

Results Our patient first presented with right orbital inflammation that did not improve despite antibiotic treatment. Computer tomography (CT) of the orbits showed a soft tissue mass along the roof of the orbit, which was biopsied, revealing acute on chronic inflammation. There was complete resolution of his orbital inflammation within 2 weeks of initiating systemic steroid treatment. He subsequently developed recurrent bouts of left orbital inflammation. One year later, he was diagnosed with relapsing polychondritis and subsequently developed multiple myeloma seven years later.

Conclusions In summary, recurrent orbital inflammatory disease should prompt the Oculoplastics surgeon to exclude a systemic autoimmune disease and hematological malignancy. The course of orbital inflammation in RP can be relapsing and remitting. Co- management with a rheumatologist will be helpful to achieve control of the disease with judicious use of immunosuppression. Long-term follow-up of the patient will be necessary to monitor for malignant transformation of the orbital lesion, as well as the development of hematologic malignancies.

The added value of undiluted vitreous biopsy samples processed by the Cellient® tissue processor (Hologic) in unsolved uveitis.

VAN CALSTER E, Van Gaal, Singapore
University Hospitals Leuven, Dept. of Ophthalmology, Leuven, Belgium

Purpose In this prospective study, the added value of undiluted vitreous biopsy samples in the diagnosis of unsolved uveitis was evaluated. Vitreous biopsies are difficult to handle because of the paucity of cells and the gelatinous structure of the vitreous. Histopathological analysis of the vitreus is useful in challenging cases to differentiate uveitis from lymphoma or infection and to define the type of cellular reaction.

Methods 97 consecutive undiluted vitreous samples were isolated in patients with unsolved intermediate or posterior uveitis. A 1.5-2.5cc sample was taken through a single 23G or 27G port using the EVA vitrectomy platform (DORC) with a twin-duty cycle high speed cutter. The samples were analysed with the Cellient® tissue processor (Hologic). This machine is a fully automated processor starting from a specified container with PreservCyt® (fixative fluid) with cells to paraffin. Routine histochemical and immunostainings were evaluated.

Results In 94.8% of the cases, sufficient material was found to provide an added value in the diagnostic workup. In 34%, a Cytolyt® macerating wash was necessary to prevent clotting of the tubes in the Cellient® tissue processor due to the viscosity of the sample. In 7% the diagnosis was an acute inflammation (presence of granulocytes), in 42% chronic active inflammation (presence of T-lymphocytes), in 36% low-grade inflammation (presence of CD68 cells, with <5% T-lymphocytes), and in 9% a malignant process (lymphoma). In 5% no diagnosis was found. In the chronic active inflammation group 39% was a granulomatous inflammatory process.

Conclusions This standardized protocol for sampling and handling undiluted vitreous biopsies gives a superior result in morphology, number of cells, and possibility of immuno-histochemical stainings. The diagnosis can be established or confirmed in 94.8% of cases.

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OCT angiography for the evaluation of macular ischemic microangiopathies

POLINARAS C J , Frountzou E , Donati G ,
La Colline, Ophthalmology Center, Geneva

The management of maculopathies related to the retinal vascular microangiopathies has been significantly improved since the initiation of intravitreal therapeutical approaches. A detailed evaluation of the vascular abnormalities by Optical coherence tomography (OCT) angiography offers an accurate evaluation of the therapeutical indications and their beneficial anatomical effects. OCT angiography has several advantages, such as 3D visualization of retinal and choroidal circulations (including the choriocapillaris). Using this non-invasive alternative method, ischemia, microaneurysms, intraretinal microvascular abnormalities and the detection of neovascularization can be clearly visualized by a closer observation of each layer of the retinal capillaries. As an alternative to dye-based angiography, in addition to the 3D tomographic macular imaging, OCT angiography may be clinically useful to evaluate the microvascular status and therapeutic effect of treatments for macular ischemic microangiopathies.
En Face OCT and OCT-Angiography in ocular oncology

ZOGRAGOS L
Cabinet Prive du Prof. L. ZOGRAGOS, Jules-Gonin Eye Hospital, Lausanne, Switzerland

En Face OCT and OCT Angiography are two innovative diagnostic modalities which were adapted for the diagnosis, therapeutic decision and observation of the evolution following conservative management in ocular oncology. En Face OCT is particularly useful for (1) The definition of the extend of serous retinal detachment and the documentation of its variations (2) The definition of the internal anatomical structure of unpigmented choroidal tumors (3) The definition of the limits of flat and diffused choroidal melanomas in order to define the target volume of the irradiation. Angio-OCT in ocular oncology is mainly used for the definition of retinal vascular lesions observed in radiation induced optic neuropathy and radiation induced maculopathy. This allows a better definition of the therapeutic strategies with anti-VEGF drugs in order to preserve visual function.
The realisation that lowering IOP is unable to prevent progressive vision loss in all glaucoma patients, has led to investigation of neuroprotection as an alternative or additional treatment option. Neuroprotection has gained renewed interest recently as a therapeutic approach to prevent neuronal degeneration and loss of function in glaucoma. Although confirmation of neuroprotective effects by randomized clinical trials is needed, there is now a demonstration of positive non-IOP dependent effects in the LoGTS study. Furthermore, it has been proposed as a treatment strategy in other ocular diseases, such as AMD. Neuroprotection has been advocated for many years in neurodegeneration. Indeed, the therapies that have been suggested in Alzheimer’s and Parkinson’s Disease are similar to those investigated in ophthalmology. This talk will review the evidence for neuroprotection that led to our assessment of its role in glaucoma now and its application as treatment strategy.

For a clinician, neuroprotection in glaucoma means “decreasing vision loss without affecting intraocular pressure.” In recent years, translational research on neuroprotection has offered several molecules for clinical testing. Unfortunately, after evaluation via randomized clinical trials, their efficacy is still a matter of debate. We are presently left with excessive patients’ attrition, poorly defined outcomes, borderline significances, clinically unimportant results etc. A re-thinking of the general approach to the issue of neuroprotection in glaucoma is then necessary. The molecules, before being chosen for evaluation in humans, should offer a more striking and unquestionable pre-clinical efficacy profile. New outcomes, on top of the traditional standard automatic perimetry, are needed in order to shorten the duration of the trials and to reduce the “noise” of the system. New study designs, properly tailored on neurodegenerations, together with new strategies for data analysis are needed; futility trials, Bayesian approach and adaptive study designs will extensively be discussed as potential tools to return from the bench to the bedside.

It is the rare parent who has failed to hear the plaintive cry of their child asking “Are we there yet?” on a car trip to distant (or near) sites. Similarly, the field of translational research relevant to neuroprotection in glaucoma has asked the same question for more than a decade, perhaps silenced only by the blown cylinder of one famous failed trial. Meanwhile, basic and clinical science have continued to progress despite several potholes along the way. Now that the smoke has cleared and the engine retooled, we are able to see that we currently possess the tools for successfully carrying out trials in glaucoma neuroprotection. This talk will discuss why this is so, focusing on advances in detecting clinically relevant effects, improving the reliability of preclinical data, imaging sensitive biomarkers for ‘microprogression’, and managing the spread of variability associated with translational research. These recent developments will be used to make the argument that not only is the journey to neuroprotection nearing its completion, but it may even be time to start identifying a parking spot.
Recent advantages in the imaging of human corneal endothelial cells

THURET G
University Jean Monnet, Corneal Graft Biology-Engineering and Imaging Laboratory- EA 2521- SFR143- Faculty of Medicine- and Institut Universitaire de France- Paris, Saint Etienne, France

Sixty years after the understanding of their crucial role in corneal transparency maintenance, endothelial cells (ECs) are back under the spotlight since the development of endothelial keratoplasty and since new drugs and bioengineering techniques are in the pipeline. Accurate and informative imaging techniques are necessary to objectively assess the efficacy of each new therapeutic option. We will describe 3 recent advances in this field. 1/a simple laboratory assay coupled with image analysis that facilitates the assessment of toxicity of any kind of process liable to interfere with ECs. 2/a software that uses optimized algorithms of 3D reconstruction and of cell segmentation in order to increase the accuracy of EC count in eye banks by avoiding parallax errors that occur when ECs are counted in the deep posterior folds of stored corneas. 3/a 3D mapping of the subcellular localization of a set of proteins characteristic of ECs (in absence of a unique marker). We used confocal imaging of fluorescence immunolabelling of structural and functional proteins of normal human ECs. This 3D map could prove useful to characterize cells obtained during bioengineering processes that are candidate to become advanced therapy medicinal products.

Clinical use of in vivo confocal microscopy

GUTHOFF R.F.
Germany

Abstract not provided

Corneal ultra-high relocation OCT

SCHMETTERER L
Medical University of Vienna, Medical Physics and Biomedical Engineering and Clinical Pharmacology, Vienna, Austria

Optical coherence tomography (OCT) has revolutionized ophthalmology. Since its introduction more than 20 years ago there was an enormous improvement in resolution, speed and sensitivity. We present a method for imaging the human cornea with a resolution of approximately 1.3 micrometers. This allows for the visualization of corneal tissues with unprecedented precision enabling visualization of structures that could not be seen before. Most importantly the pre-corneal tear film can be visualized and quantified. Data in patients with dry eye syndrome are presented as well as data on the effect of lubricants on tear film thickness. Furthermore the present talk will focus on the imaging of corneal pathologies using this novel device.

Corneal Imaging Modalities - from Basic Science to Clinical Application

STACH S
University of Rostock, Department of Ophthalmology, Rostock, Germany

There are many modalities that acquire data about the cornea: shape, power, morphology, biomechanics, and so forth. This talk will review the technologies on corneal assessment techniques and devices available in experimental and clinical practice. Specifically, it will be discussed slit lamp biomicroscopy, ultrasound, magnet resonance tomography, confocal microscopy, ultrasound biomicroscopy, optical coherence tomography, keratometry, Scheimpflug imaging, and dynamic applanation procedures. In addition, I discuss the necessity of developing new technologies for assessing both the morphology and the physiology of the cornea.

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**2641**
Masquerade syndromes in children

DESIARDINS L, (1); Cassoux N (2)
(1) Institut Curie, Paris, France
(2) Institut Curie, Ophthalmology Oncology, Paris, France

In children the main diagnosis problem are represented by retinoblastoma and rhabdomyosarcoma. Retinoblastoma can sometimes present as an inflammatory disease with conjunctival and orbital inflammatory reactions. Some tumors can be the cause of major vascular dilatation and exudation which can simulate coats disease. Diffuse infiltrating retinoblastoma can simulate uveitis. All these aspects will be described extensively. One has to keep in mind the necessity of complete fundus examination in case of strabismus or leukokoria. In case of unilateral retinal detachment or uveitis, the possibility of retinoblastoma should always be ruled out before any surgery. Rhabdomyosarcoma usually presents like a rapid exophthalmia with inflammation but can also appear as a conjunctival or palpebral mass. It should not be mistaken for infectious disease and orbital biopsy should be performed promptly.

**2642**
Blepharitis, chalazion, stye - or rather not?

LOEFFLER K
Augenklinik, University Klinikum, Bonn, Germany

Chronic blepharitis and associated inflammatory alterations of the eyelids are frequent and usually innocuous. However, inflammation can mimic a variety of malignant lesions. By presenting several clinical cases and the corresponding histology, criteria shall be compiled to allow for a more reliable and possibly earlier clinical diagnostic classification.

**2643**
Photopsia, floaters, cataract - a systematic approach to correct diagnosis

TALL M
Helsinki, Finland

It is a well-known fact that more common diseases occur more often, but less common ones should not be forgotten about. Photopsia, floaters and cataract – are some of the most common symptoms in patients ophthalmologist see daily. These symptoms are not always worrying, although in reality they can withhold nearly any ocular disease. Uveal melanoma (UM) is one of the rare possibly deadly disease that often lurks behind innocent symptoms. As it is known that earlier treatment of the UM can enhance survival it is essential to recognize the disease at first glance and refer patient quickly to specialized clinic. There are some nuances in the usual symptoms that should ring the alarm bell of every careful eye care professional and prompt a thorough ophthalmic examination.

**2644**
Uveitis - the classic masquerade in adults

KIVELÄ T
Department of Ophthalmology, Helsinki University Central Hospital, Helsinki, Finland

The classic masquerade syndrome in adults is vitreoretinal lymphoma mimicking bilateral uveitis – in about one third of cases, before any evidence of an intracranial lymphoma. It is, however, not the sole neoplastic disease that can lure the clinician to diagnose uveitis. Other examples include posttransplant lymphoproliferative disorder, multiple myeloma, leukemia, histiocytosis, and carcinoma or another amelanotic tumour metastatic to the anterior segment of the eye, and certain paraneoplastic disorders. Making the correct diagnosis needs prior knowledge, a high index of suspicion, careful systemic workup and, quite often, a confirmatory fine needle aspiration biopsy. A further caveat is that in some of these disorders, immunosuppressive treatment may initially appear to be effective. Notably, this apparent effect will prove only temporary, whereas posttransplant lymphoproliferative disorder actually calls for less intensive immunosuppression. This talk will introduce these principles using clinical examples.
It is a masquerade! A potpourri of rapid cases

KIVELÄ T
Department of Ophthalmology, Helsinki University Central Hospital, Helsinki, Finland

In this slot, all the speakers will – time permitting – show a quick cavalcade of misleading clinical presentations from ophthalmic neoplasms, different from the most common ones highlighted in preceding talks.
The human corneal surface epithelium is continuously repopulated by limbal stem cells (LSCs). Limbal Stem Cell Deficiency (LSCD) can lead to corneal opacity and vascularization, with consequent visual impairment or blindness. Chemical or thermal trauma and congenital diseases, such as congenital aniridia, can lead to LSCD by destruction of the LSC niche. Grafted autologous limbus or cultivated LSCs can restore the vision, unless the two eyes are affected. We have recently developed novel culture systems to reprogram hair follicles into induced pluripotent stem cells (iPSCs) and differentiate them into LSC that could become an alternative to animal models for drug cytotoxicity and an alternative autologous source to the shortage of post-mortem cornea transplantation. Moreover, we identified miR-450 as specific repressor of PAX-6, the eye master gene responsible for proper embryonic eye formation and LSC pool maintenance. As most of the aniridia patients carry mutations on PAX-6 that lead to haploinsufficiency, we are testing if manipulating the level or activity of miR-450 could be used as a therapeutic strategy in aniridia. Thus, iPSCs are valuable for modeling corneal pathologies, and pave the way for future therapy.

The PAX6 gene is associated with various congenital ocular defects. Aniridia is typically associated with mutations introducing a premature STOP codon, whereas missense mutations, of which the majority are located in the paired domain, lead to variant phenotypes. The study provides a survey of PAX6 mutations in patients presenting with extraocular features. We performed sequencing of PAX6 exons and boundaries, search for intragenic rearrangements (QMPSF/qPCR) and CNV analysis (aCGH) in 127 index cases. Genotype-phenotype correlations were searched. We identified mutations in 90% of patients. Yet, a high inter- and intra-familial clinical variability was noted that heterozygous missense mutations (Asn64, Gly65, Cys66) in Paired-Domain medial 3rd helix were associated with severe phenotypes (e.g. anophthalmia, CNS malformations). Cases bearing compound heterozygous mutations were affected with severe malformations. Consistent with previous studies, mutations introducing a premature stop codon and gene rearrangements made up the majority. Some genotype-phenotype correlations could be drawn. It is necessary to better delineate the expression of PAX6 mutations to provide patients with a prognosis and to set up a tailor-made follow-up.

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Special Interest Symposium: An update on aniridia

- **2655**
  Aniridia and ocular surface: new insight (part 1)
  
  BREMOND-GIGNAC D (1,2)
  (1) APHP- Hôpital Universitaire Necker Enfants Malades, Pediatric Ophthalmology, Paris, France
  (2) CNRS Unit FR3636, Binocular vision, Paris V University, France
  
  Abstract not provided

- **2656**
  Aniridia and ocular surface: new insight (part 2)
  
  CHIAMBARRETTA F
  University Hospital of Clermont-Ferrand, Service Ophtalmologie, Clermont Ferrand, France
  
  Abstract not provided
• 2661 Lack of correlation between calcium activity in perivascular cells and prostaglandin induced changes in the tone of porcine retinal arterioles in vitro

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Purpose. Recently, a population of perivascular cells (PVCs) was identified external to the vascular smooth muscle cells in retinal arterioles. However, it is unknown whether the pattern of Ca2+ activity in PVCs can support the role of these cells in the regulation of tone in retinal arterioles. Therefore, the purpose of the present study was to identify whether Ca2+ activity in PVCs correlated with contraction of porcine retinal arterioles induced by prostaglandin F2α (PGF2α) and relaxation of these vessels induced by prostaglandin E2 (PGE2).

Methods. Porcine retinal arterioles were mounted in a confocal myograph and loaded with the Ca2+-sensitive fluorophore Oregon Green. Ca2+ activity in the PVCs was studied after pre-constriction with U46619 (10−6 M) followed by relaxation induced by PGE2 (10−5 M), or contraction induced by PGF2α (10−5 M). Arteriolar tone and fluorescence from PVCs were recorded in the absence and in the presence of the Ca2+ channel blockers (ryanodine, nifedipine, L-NAME, CPA and 2-APB).

Results. PGE2 induced significant relaxation and PGF2α significant contraction of retinal arterioles in vitro, but the PVC Ca2+ responses were similar during the two interventions. The percentage of active PVCs and the number of Ca2+ waves were significantly reduced by CPA and 2-APB for both prostaglandins, while the tone responses were unaffected.

Conclusions. The effects of PGE2 and PGF2α on the tone of retinal arterioles involve other cell types than PVCs or is active downstream of the PVC pathway, e.g. by a direct effect on the vascular smooth muscle cells.

• 2662 New generation analysis of thrombin generation in retinal vein thrombosis

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University of Siena, Sandro Pertini Hospital, Siena, Italy

University of Siena, U.O.C. EMATOLOGIA E COAGULAZIONE AOUS, Siena, Italy

University of Siena, University of Siena, School of Medicine, Siena, Italy

Purpose. To investigate potential mechanisms involved in retinal vein occlusion (RVO) we evaluated thrombin generation and soluble CD40 ligand (sCD40L) with respect to other known thrombophilic factors.

Methods. 68 patients affected by RVO (28 central, 40 branch) and 60 healthy controls were evaluated for endogenous thrombin potential (ETP) by a chromogenic method and sCD40L by ELISA technique. Polymerase chain reaction (PCR) was employed for genetic polymorphisms and coagulation/chronic methods for other coagulation factors.

Results. Independently of genetic polymorphisms ETP was increased in patients with CRVO whereas sCD40L was higher in the whole cohort.

Conclusions. Our data indicate an involvement of global coagulative activation in CRVO patients as suggested by ETP.

• 2663 Functional Expression of Toll-Like Receptors in Human Retinal and Choroidal Vascular Endothelial Cells

STEWART E, Wei R, Branch M, Sidney L, Amoaku W

University of Nottingham, Academic Ophthalmology, Nottingham, United Kingdom

Purpose. Toll-like receptors (TLRs) are a family of proteins that initiate the innate immune response in reaction to invading microbes. Studies confirm the expression of TLRs in a variety of ocular tissues and cells, and it has also been suggested that selected TLRs may be associated with geographic atrophy and neovascularisation in age-related macular degeneration, diabetic retinopathy and other vascular and inflammatory diseases of the ocular posterior segment. However, TLR expression and localisation in the retinal and choroidal vasculature has not been defined.

Methods. In this study the gene (mRNA) expression of TLRs 1-10 was investigated using RT-PCR and comparative qPCR and the protein expression and localisation of selected TLRs (3, 4, 6 and 9) were examined using western blotting, flow cytometry and immunofluorescent staining.

Results. PCR showed gene expression of TLR1-6 and 9 in human choroidal endothelial cells (hC EC) and TLR2-6, 9 and 10 in human retinal endothelial cells (hREC). Western blotting detected TLR3, 4 and 9 proteins in both hC EC and hREC with higher levels in hREC, whilst TLR6 protein was not detectable in either cell type. Flow cytometry detected all four TLRs (3, 4, 6 and 9) on the cell surface and intracellularly, TLR6 expression was detectable but low. The expression and localisation of TLR3, 4 and 9 were confirmed by immunofluorescence staining and TLR functionality tested by expression of IL-6 (ELISA) in response to TLR ligands.

Conclusions. This study has, for the first time, identified the differential expression and localisation of TLRs in intracellular endothelial cells. This profiling will help inform our understanding of different retinal and choroidal vascular diseases, as well as the development of future treatments for intraocular vascular diseases.

Commercial interest

• 2664 Abnormal lymphatic-like differentiation and endothelial progenitor cell activation in hemi retinal vein occlusion

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University of Helsinki, University of Helsinki, Research Program Unit- Genome-Scale Biobank, Helsinki, Finland

University of Helsinki, University of Helsinki University Hospital, Helsinki, Finland

University of Helsinki, University of Helsinki University Hospital, Helsinki, Finland

Purpose. Pathological vascular differentiation in retinal vein occlusion-related neovessel formation remains poorly characterized. The role of the intraretinal lymphatic-like differentiation or endothelial progenitor cell activity has not been studied in this disease.

Methods. An eye with hemi retinal vein occlusion (RVO) underwent vitrectomy, neovascular membrane located at the optic nerve head was removed and subjected to immunohistochemistry. Characterization of the neovascular tissue was performed using hematoxylin and eosin, smooth muscle actin and pan-endothelial cell adhesion molecule (CD31). Expression of lymphatic endothelial cell (LEC) markers was studied by lymphatic vessel hyaluronan endothelial receptor (LYVE)-1, podoplanin (PDPN), and prospero homeobox protein (Prox)-1. Potential vascular stem/progenitor cells were identified by active cellular proliferation (Ki67) and expression of the stem cell marker CD117.

Results. Specimen contained blood vessels lined by ECs and surrounded by pericytes. Immunoreactivity for LYVE-1 and Prox-1 was detected, with Prox-1 being more widely expressed in the vessels. PDPN expression was found in the extracellular structures representing potentially monocyte- or bone-marrow derived cells. Expression of stem cell marker CD117 in actively proliferating Ki67-expressing ECs suggested for vascular endothelial stem cell activity.

Conclusions. Intraocular lymphatic-like differentiation coupled with endothelial stem/progenitor cell activation may be involved in the pathology of neovessel formation in ischemia induced human hemi RVO.

Commercial interest
• 2665

Two-year, Prospective, Multicenter Study of the Use of Desmethylone Intravitreous Implant for Treatment of Macular Edema Secondary to Retinal Vein Occlusion in France

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(7) Allergan- Ltd, Affaires Economiques et des Relations Institutionnelles, Courbevoie, France

Purpose To characterize patterns of use, efficacy, and safety of desmethylone intravitreal implant (DEX) in treatment of macular edema (ME) due to retinal vein occlusion (RVO) in the French clinical setting.

Methods A 24-month, observational, prospective, epidemiological study conducted at 48 randomly selected sites in France enrolled consecutive patients with ME due to RVO who were treated with DEX at baseline. DEX re-treatment and use of other RVO treatments was at the physician’s discretion. The primary endpoint was change in best-corrected visual acuity (BCVA) from baseline to month 6. Secondary endpoints included BCVA change from baseline and adverse events through month 24.

Results Patients (n=475) received a mean of 2.6 DEX injections (range, 1–7) over 2 years. 167 received DEX only and 208 also received other types of RVO treatment. Mean (SD) change from baseline BCVA was +5.1 (19.0) ETDRS letters at month 6 (P=0.01) and +6.8 (22.3) letters at month 24 (P=0.001). For patients treated only with DEX during the study, mean (SD) change from baseline BCVA was +8.1 (20.9) letters (P=0.01) at 24 months, compared with +2.5 (23.0) letters (P=0.092) for patients moved to other treatments. BCVA improved significantly from baseline at 6 and 24 months in subgroups defined by diagnosis (branch RVO, central RVO), previous treatment, duration of ME, and pattern of DEX use. The most common adverse events were uveal hypertrophy and cataract.

Conclusions Patients with RVO-related ME treated with DEX in the French clinical setting had efficacy and safety outcomes similar to those seen in the phase-3 registration trials. BCVA gains were maintained over 2 years and largest in patients with recent onset (<3 months) ME, confirming the benefit of early treatment.

Commercial interest

• 2666

Visual Acuity (VA) Outcomes and Impact of Baseline (BL) Perfusion Status in VIBRANT

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Purpose Report additional VA outcomes from VIBRANT.

Methods VIBRANT was a phase 3 study of intravitreal aflibercept (IVT-AFL) vs laser for macular edema (ME) due to branch retinal vein occlusion (BRVO). Patients received IVT-AFL 2 mg every 4 weeks to week 24 (W24) and every 8 weeks thereafter or macular grid laser at BL. Eligible laser patients received IVT-AFL rescue beginning at W24. Primary endpoint was the proportion of eyes gaining ≥15 letters in best corrected VA (BCVA) at W24. Retina was considered perfused for patients with ≥10 disc areas of capillary nonperfusion at baseline.

Results The proportion of eyes gaining ≥15 letters from BL to W24 and W52 was 52.7% vs 26.7% (P<0.001) and 57.1% vs 41.1% (P=0.03), for IVT-AFL vs laser; 36.3% and 49.5% of eyes receiving IVT-AFL gained ≥15 letters by W4 and W12. Overall mean BCVA gain from BL to W24 and W52 was 17.0 vs 6.9 letters (P<0.0001) and 17.1 vs 12.2 letters (P=0.004), for IVT-AFL vs laser. W52 results for laser group include patients who received IVT-AFL rescue. In the laser group, 80.7% received rescue IVT-AFL between W24 and W48. In perfused patients, mean BCVA gain from BL to W24 and W52 was 14.3 vs 5.7 and 12.7 vs 11.9 letters, in nonperfused patients, it was 19.1 vs 11.3 and 20.0 vs 15.6 letters. The most common ocular AE, conjunctival hemorrhage, occurred in 24.2% (IVT-AFL) and 15.2% (laser) of patients. Two APTC-ATEs occurred, both in the laser group.

Conclusions Here, IVT-AFL provided statistically and clinically significant VA benefits over laser at W24 that were maintained at W52. Benefits with AFL treatment were not dependent on baseline perfusion status.

Commercial interest
Introduction to the stem cell derived transplants

SKOTTMAN H
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Stem cell therapy is a potential approach for the replacement of degenerated cells of the eye. For retinal diseases such as age-related macular degeneration (AMD), the usability of human pluripotent stem cells (hPSC) are widely studied. Several groups have demonstrated that hPSC-derived retinal pigment epithelial cells (RPE) display typical RPE characteristics and the first clinical trials using human embryonic stem cell (hESC) derived RPE are ongoing.

For therapeutic use, the culture of transplantable cells needs to be performed in a culture environment fulfilling quality requirements. For example, the use of xenoproduits in cell production should be avoided as this bears the danger of interspecies transfer of viruses and incorporation of immunogenic molecules. In addition, a supporting extracellular matrix or combined artificial scaffold promotes the stem cell differentiation and acquisition of the correct cell characteristics and function. This is especially important for highly polarized RPE cells possible improving cell survival and function after transplantations.

Subretinal implantation surgery and follow up in pig model

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The dimension of the porcine eye is similar to the human eye. Combined with an almost identical anatomy to the human eye, the porcine eye makes an excellent model for surgical eye studies. Standard surgical instruments can be used in the pig model, and thereby can new surgical techniques be tested before they are introduced into the human.

Evaluation of the surgical outcome can be performed both in vivo, with fundus photo, OCT and mfERG, and ex vivo with histology, immunohistochemistry and molecular technologies.

Retinal pigment epithelium cells, biological membranes, artificial polymers and stem cells can be implanted in the pig, but the overall idea with subretinal implantation surgery is to regain function in diseased retina. There are transgenic porcine models of known retinal degenerative diseases and different iatrogenic traumas can simulate retinal disease, but there still need for development of new models.

For long time studies mini pigs are essential as modern pigs have been refined to gain weight quickly. Spontaneous regenerative potential and a remarkable resistance to retinal trauma can also invalidate interpretation of the surgical outcome.

Induced to cure: Engineering iPS cell derived RPE scaffolds to treat degenerative eye diseases

BHARTI K
United States

The recent success with embryonic stem (ES) cell derived retinal pigment epithelium (RPE) has provided hope for a cure for degenerative eye diseases. Induced pluripotent stem (iPS) cells are an autologous source of stem cells potentially with fewer immune challenges as compared to ES cells. Using a developmentally guided differentiation protocol we have developed fully polarized RPE tissue from iPS cells. The RPE monolayer along with its secreted ECM and a degradable scaffold form a tissue that mimics the native tissue in structural and functional properties. This RPE tissue performs several key RPE functions like phagocytosis of photoreceptor outer segments, ability to transport water from apical to basal side, and the ability to secrete cytokines in a polarized fashion. Currently, we are testing the safety and the efficacy of this tissue in animal models. We have begun Phase I Investigational New Drug (IND) enabling studies with the goal to transplant autologous iPS cell derived RPE in patients in advanced Geographic Atrophy stage of age-related macular degeneration (AMD), one of the leading blinding diseases in the US. Our work will provide a potential personalized cell therapy for AMD patients.

Subretinal implantation of human stem cell-derived RPE on ultrathin carriers in rabbits

STANZEL B V
(1) Dept. of Ophthalmology, University of Bonn, Bonn, Germany
(2) National Eye Institute, National Institutes of Health, Bethesda/MD, USA

Transplantation of retinal pigment epithelium (RPE) is being developed as a cell replacement therapy for age-related macular degeneration (AMD). Human embryonic and adult human RPE stem cells (hESC and hRPESC, resp.) are known potential sources that are currently being pursued towards the clinic. Polarized monolayers of SC-derived RPE were shown to grow on biostable polyester (PET) membranes. They were found to be similar to fetal hRPE monolayers and have near-native characteristics. Stamped pieces of RPE monolayers on the carrier were loaded into a custom-designed surgical instrument and transplanted subretinally in the rabbit, a large-eyed animal model. Compared to fetal and hRPESC derived RPE, hESC-RPE xenografts showed better preservation of the neural retina overlying the implant. Histology obtained 4 weeks after implantation confirmed a continuous polarized human RPE monolayer on PET.

We demonstrate that the xenogenetic RPE monolayer implant survived well and retained its polarization. Moreover, our initial data suggest a distinctly advantageous tolerance of hESC-derived RPE xenografts in rabbit subretinal space.
The regulation of cell-based medicinal products in the EU is governed by legislation for medicinal products in general plus dedicated regulations for advanced therapy medicinal products (ATMPs). In addition, the procurement and use of the tissues and cells used to manufacture these products are regulated by additional legislation. This presentation will focus on how a regulatory strategy for bringing a cell-based ATMP under development into clinical trials and ultimately to marketing authorisation should be formulated around all relevant legislation and the guidelines used to implement it. A regulatory strategy should address the quality, safety and efficacy aspects of a medicinal product intended for human use, through defined strategies around CMC (chemistry, manufacturing and controls), nonclinical studies and clinical trials. In addition, regulatory routes to clinical trials and market authorisation that are appropriate to the ATMP under development should also be considered from an early stage, for example including orphan designation, paediatric investigation plans and accelerated approval schemes. Building a regulatory and product development strategy around these elements for a cell-based ATMP will be outlined.
Industry Sponsored Symposium: How to create a new generation of glaucoma patient?

• 2711
New paradigms in Glaucoma?
NORDMANN JP
Service d’Ophtalmologie, CHNO Des Quinze Vingts, Paris, France
Abstract not provided

• 2712
Can OCT be enough for glaucoma management?
NORDMANN JP
Service d’Ophtalmologie, CHNO Des Quinze Vingts, Paris, France
Abstract not provided

• 2713
Efficacy, Safety, Observance: What is the optimal balance?
THYGESEN J
Ophthalmology 2061, Rigshospitalet, Copenhagen University Hospital
Abstract not provided

• 2714
Shall we wait Ocular surface disease to prescribe preservative free (PF) products in glaucoma?
SHORT T A
NIHR Biomedical Research Centre, Moorfields Eye Hospital, London, United Kingdom
Abstract not provided
• **3111**  
**Epidemiology and genetic in degenerative myopia**  
LEVEZIEL N  
Poitiers, France,  
Abstract not provided

• **3112**  
**Macular diseases in myopia**  
CREUZOT C  
Department of Ophthalmology, Dijon, France  
Pathologic myopia is a leading cause of blindness worldwide with macular degeneration often related to a posterior ectasia named staphyloma. This degeneration leads to a progressive thinning of the retinal pigment epithelium and choroid. The main signs of macular diseases due to myopia can vary from yellow white breaks in Bruch’s membrane called lacquer cracks, subretinal hemorrhages and secondary neovascularisation that can be associated. The diagnosis can be made with visual acuity measurement, fundus exam, OCT, autofluorescence and angiography to differentiate isolated hemorrhages and choroidal neovascularisation. The prognosis of myopic choroidal neovascularisation has been greatly improved with antiangiogenic agents.

• **3113**  
**Macular surgical diseases in myopia**  
POURNARAS I A C  
Jules Gonin Eye Hospital, Lausanne, Switzerland  
Macular surgical diseases in myopia are consecutive to vitreoretinal interface disorders associated to stretching forces due to staphyloma on the other side. OCT have largely contributed to the recognition and the understanding of vitreoretinal interface disorders occurring in myopic condition: epiretinal membrane alone or associated to foveoschisis, lamellar or full thickness macular hole and posterior retinal detachment. Surgical management by vitrectomy associated or not to ILM peeling will be discussed according to myopic disorders. Main surgical complications are macular hole formation and foveal atrophy. Fovea-sparing internal limiting membrane peeling for myopic traction maculopathy may represent an alternative option to avoid these complications. Scleral buckling surgery associated to vitrectomy may represent an other option under investigation.

• **3114**  
**Retinal detachment**  
BERROD J P, CONART J B  
CHU Nancy Brabois, Ophtalmologie, Vandoeuvre les Nancy, France  
High myopia, defined as a refractive error of > −6.00D or an axial length of >26mm [2], is a growing condition in developed countries. These eyes can develop myopic foveoschisis and retinal detachment (RD) secondary to macular hole (MH), posterior paravascular breaks that need the use of an internal tamponade. Other complications, such as rhegmatogenous RD due to peripheral retinal or giant tear, can also appear. The use of endotamponade agents such as gas or silicon oil plays a major role in the management of retinal detachment in high myopia. Anatomical and functional results inversely correlate with axial length.
Clinical cases to illustrate diseases related to degenerative myopia will be discussed with the audience. Diagnosis, outcome and treatment will be considered.
The eye is a richly enervated organ, with a dual supply from both the sympathetic and parasympathetic nervous systems. This is emphasized by the role of the alpha and beta adrenergic systems and by the muscarinic enervation of the ciliary epithelium. The consequences of this dual innervation include the ability of the eye to respond to various stimuli, such as pressure changes, and to maintain its function under different conditions. The understanding of this regulation is crucial for the diagnosis and treatment of ocular diseases, including glaucoma.

Ocular autonomic dysfunction in glaucoma

The retina relies primarily upon autoregulation of the retinal vasculature in cases of increased metabolic demand or reduced ocular perfusion pressure. The choroidal blood vessels are highly innervated by the autonomic nervous system, and it is hypothesized that conditions interfering with either the autoregulation or the autonomic nervous regulation could render the retina at a higher risk of ischemic damage. This has been associated with disturbances in both types of regulation. Retinal oximetry is capable of providing reproducible in vivo measurements of the retinal vessel oxygen saturation and with the advent of enhanced depth imaging optical coherence tomography (EDI-OCT), allowing a detailed non-invasive evaluation of the choroid in vivo, renewed interest in the role of the choroid in the pathogenesis of glaucoma has grown.

Systemic dysfunction in glaucoma

The most important risk factors for the development of glaucoma are increased intraocular pressure. There is, however, evidence that systematic factors also play a role. Accordingly, several ophthalmological tests using specific systemic and ocular stimuli have been developed to determine the integrity and relative contribution from each of these two systems to overall organ physiology and are likely involved in a number of diseases — such as glaucoma. According to the authors, there is a need for validated normative databases allowing for a proper diagnosis of an ANS dysfunction and can provide a valuable input in the diagnostic and treatment algorithm in a number of ocular conditions. However, interpretation of these signals is usually complex and thus are not regularly used in the clinical setting. The purpose of this talk is to give an insight into the logistics and complexity of these ANS ocular tests and to provide the tools for its interpretation by a clinical researcher.
Clinical relevance of ANS dysfunction in glaucoma management

ABEGAO PINTO L
Faculty of Medicine of Lisbon University, Department of Ophthalmology, Lisbon, Portugal

Research for autonomic nervous system dysfunctions (ANS) in glaucoma patients has a two-fold interest for the glaucoma specialist. On one hand, it provides the physician with a set of results that demonstrate the extent of the underlying systemic and ocular dysfunction. These data may provide clues as to why the disease is continuing to progress and may therefore help guide glaucoma management. While strategies towards correcting these imbalances have not been definitely proven to affect the outcome of glaucoma, there are an increasing number of anecdotal data that suggests they may have a positive impact in disease progression. Moreover, signalling the extent of the systemic dysregulation may help identify other, non-ocular related problems and thus be ultimately beneficial to the patients in the long term. More research is still needed to identify which patients are more likely to benefit from undergoing ANS function tests and - should any dysfunction be found - what would be the most consistent treatment strategy.
Advanced keratoconus usually leads to keratoplasty in young adult patients who have a long life expectancy. Repeat keratoplasty is known to be associated with shorter graft survival compared with primary graft and increased risk of glaucoma that may result in progressive loss of vision. For these reasons, keratoplasty in keratoconus should aim not only to provide patients with good vision but also to permit long-term survival of the graft. Recent studies have raised controversies regarding survival of penetrating and deep anterior lamellar keratoplasties. In two large series of keratoplasties, graft survival was higher in PK than in DALK eyes. Conversely, a meta-analysis recently showed that DALK is associated with lower risk of rejection and lower risk of failure compared with PK. These findings make sense if we consider the absence of endothelial rejection and the high survival rate of the corneal endothelium observed in DALK eyes. DALK and PK appear to give similar visual recovery at least in the short and mid-term. It is not yet possible to determine which technique is associated with the highest chance of maintaining good vision in the long term. This issue depends not only on maintenance of graft transparency but also on corneal biomechanics. Progressive thinning of the peripheral inferior recipient cornea may result in severe irregular astigmatism after keratoplasty for keratoconus. This issue should be further addressed.

Descemet’s membrane endothelial keratoplasty (DMEK) has emerged as the superior technique for endothelial keratoplasty (EK) in routine cases to selectively replace diseased endothelium in patients with Fuchs endothelial dystrophy and pseudophakic bullous keratopathy. Despite all the advantages of DMEK the overall procedure is challenging for the surgeon. Crucial yet difficult steps of DMEK include: (1) Preparation of an intact donor lamella (DMEK), (2) Transfer of the graft into the anterior chamber, (3) Unfolding and orientation of the graft, and (4) Final successful attachment after air filling. In my presentation I will demonstrate clearly how to perform these different steps safely and reproducibly.

Pre-Descemets Endothelial Keratoplasty (PDEK)

DUA H S
Queens Medical Centre- Derby Road, Eye Ear Nose Throat Centre, Nottingham, United Kingdom

The most popular endothelial keratoplasty (EK) technique is Descemets stripping endothelial keratoplasty (DSEK). Descemets membrane endothelial keratoplasty (DMEK) has advantages but is technically challenging. In 2013 Dua et al reported a pre-Descemets layer (Dua’s layer, DL) in the posterior cornea and suggested how this could be exploited for EK. This was later developed and performed as Pre-Descemets endothelial keratoplasty (PDEK). PDEK tissue is harvested by injecting air into the donor cornea and creating a type-I big bubble (BB). The posterior bubble wall composed of endothelial cells, DM and DL is excised and inserted in the recipient eye. This tissue rolls less than DMEK tissue and is more robust allowing easy handling and unrouting in the eye. It can also be physically centred in the anterior chamber. The limitations are that on occasions a type-2 BB may form requiring a DMEK procedure. The PDEK graft size is smaller being limited by the size of the BB (around 8.5mm). However, PDEK tissue can be taken from very young eyes with higher cell counts. Initial results, with regard to complications, visual acuity, refractive error and OCT changes are very encouraging making PDEK a viable option for EK.

Commercial interest
There is still a place for Penetrating Keratoplasty (PK)

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With new emerging lamellar keratoplasty techniques, the number of penetrating keratoplasty has reduced, yet it is still the most commonly performed technique for corneal grafting.

For many indications penetrating keratoplasty (PKP) is the best option such as keratoconus with previous hydrops and central scarring, therapeutic corneal graft and long standing bullous keratopathy with stromal scarring. Other situations such as presence of peripheral anterior synaechia, aphakia, shallow phakic eyes, DSEK and DMEK have greater risk and more loss of tissue through wastage.

Advantages over other lamellar techniques are shorter learning curve, comparable or better visual outcome and in some centers better survival rate when performed for the same indication as lamellar grafts. Post-operative astigmatism and weak graft-host junction remain to be major disadvantages of this technique.

Newer evolving cutting techniques of donor and recipient corneas using the femtosecond laser are being developed to address these issues, however, to date results do not justify the increase in cost.
Basis of eyelid reconstruction after tumor resection

BRISCOE D
Emek Medical Center, Ophthalmology, Saxon, Israel

Eyelid reconstruction following tumour excision should be performed with two main goals in mind: the restoration of normal eyelid function, and a good cosmetic result. Strict observance of several surgical principles will ensure achieving those goals. These include, providing stable eyelid margins, reconstruction of the missing layers, including skin muscle and conjunctiva, and solid support between the outer and inner layer. The choice of which type of reconstruction to perform should be considered carefully bearing in mind the visual status of the contralateral eye, the extent of the defect, and the age, health and mobility of the patient. Surgery should be performed using operating loops, a good light source, and in conditions of minimal bleeding. Good surgical reconstruction allows restoration of excellent visual function and a happy, comfortable patient.

Which margins for which tumors?

MOUREAUX F
Service d’ophtalmologie, CHU Pont Chaillou, Rennes, France

Traditional surgical treatment of non-melanoma skin cancer includes excision with subsequent surgical margins, the ‘security’ margins leading to determine the theoretical level of recurrences. Thus, some authors favor a clinical excision margin of 4 mm for basal cell carcinoma and 6 mm for squamous cell carcinoma. However, such ‘security’ margins could not be applied in all cases of eyelid tumors for anatomic and functional considerations because such recommendations may lead to severe ocular complications. Thus the best assurance of minimal excision with complete excision is obtained by extemporaneous examination of the resection margins by frozen section or by surgery in two times. The aim of this paper is to review these two techniques for eyelid (lid margins) and medial canthus. This article will discuss the concept of surgical margins in excisions of non-melanoma skin cancer and the role of frozen section of the margins for minimizing the amount of tissue that must be excised.

Benign or Malignant? Clinical features

LASUDRY J
Ophthalmology, Hôpital Erasme, Université Libre de Bruxelles, Brussels

Despite the fact that the majority of eyelid tumors are benign, proper management in daily practice requires to detect the malignant ones. A few clinical behaviour criteria are usually examined to support the hypothesis of a malignancy, e.g. the rate of growth, associated inflammation or pigmentation, a cystic structure, ulceration, mädrarosis, etc. However most are of limited reliability. The course will review the most typical presentation scenarios of common eyelid tumors. In any case of doubt, biopsy is recommended, which is readily done in the outpatient setting, in order to reach a pathologic diagnosis, and draw the appropriate management plan.
• **3151**

**Introduction and overview**

**SPALTON D.**

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PCO remains the commonest complication of cataract surgery and is a particular problem with presbyopia correcting multifocal IOLs, which are more sensitive to mild PCO and it remains the barrier to a truly accommodating IOL. This presentation reviews the current clinical status of PCO prevention and in particular the contribution of IOL material and design. Hydrophobic materials appear to induce less PCO than hydrophilic polymers and the reasons for this will be discussed. Square edge profile IOLs have reduced the incidence of PCO but delay rather than cure the problem. Edge profile quality is however very variable and this has clinical implications. Haptic design also affects PCO performance. New open bag IOL designs appear to offer a significant improvement in PCO prevention.

**Commercial interest**

**3152**

**TGF beta and fibrosis-ironing out the wrinkles**

**ELDRED J.**

University of East Anglia, School of Biological Sciences, Norwich, United Kingdom

The fibrotic disorder Posterior Capsule Opacification (PCO) is the leading secondary ocular complication following cataract surgery. PCO causes a significant loss of vision for approximately 10-30% of patients, 2-5 years post cataract removal. The formation of PCO requires additional surgical treatment, presenting an additional and substantial burden on health care providers and affects the overall well being of cataract patients. Fibrotic disorders affect many organs of the body and are associated with hyperproliferation, cell transdifferentiation, matrix modification and contraction. Identifying the major control of these features is essential to our understanding of PCO development. Transforming growth factor beta (TGFβ) has long been implicated in fibrotic disorders and is commonly defined as the ‘master switch’ of fibrosis. However the actions governed by TGFβ can be complex and diverse involving multiple signalling pathways and cross-talk between many signalling cascades. Significant understanding of the key pathways regulating TGFβ induced modifications in PCO has been identified using human-cell and tissue culture models. These important findings and how they may be used as therapeutic targets will be presented.

**3153**

**Migration of lens epithelial cells and IOL drug soaking**

**WERTHEIMER C.**, **Kueres A., Mayer W., Liegl R., Eibl-Lindner K.**

University Eye Clinic Munich, Ophthalmology, Munich, Germany

**Purpose**: To assess the effect of EGFR Inhibitor Erlotinib and the downstream inhibitor Erufosin (PL3K) soaked into intraocular lenses (IOLs) on human lens epithelial cell (LEC) proliferation in vitro.

**Methods**: Foldable IOLs were incubated with Erufosin or Erlotinib. Intraocular lenses of the same lot served as uncoated controls. Each IOL was placed into cell culture containing proliferating human LECs. Cell survival was tested by the XTT-dye reduction assay 5 days later. Furthermore IOLs were put into the Gotoh anterior chamber model. In addition, soaked IOLs were implanted into the human capsular bags and brought to cell culture. The time until full cell-coverage of the capsular bag was measured.

**Results**: Erufosin (P<0.05) and Erlotinib (P<0.05) coated IOLs attenuated human LEC proliferation in all above described models. For both substances soaked hydrophilic acrylic IOLs were more effective inhibitors of human LEC proliferation than coated hydrophobic acrylic.

**Conclusions**: Results show that both substances are suitable agents for IOL-soaking without linker molecules. Soaked IOLs can inhibit human LEC proliferation in our models and might become of clinical relevance in future.

**3154**

**Sealed-capsule irrigation with distilled deionized water to prevent posterior capsule opacification**

**REKAS M.**, **Klais A., Kostka M.**

Military Institute of Medicine, Department of Ophthalmology, Warsaw, Poland

**Purpose**: To evaluate efficacy and safety of sealed-capsule irrigation (SCI) using distilled water (DW). Materials and methods: Phacoemulsification was performed in 60 patients. In the control the capsular bag was mechanically cleaned (MC), in the DW group DW for 3' in SCI was additionally applied. SN60WF IOL was implanted in all eyes. Examinations were performed before and 1, 3, 180 days, 1 and 2 years after surgery. UDVA, CDVA, K, IOP, endothelial cell and the complications were examined. Total PCO score in the area of 1, 3 mm and capsulorhexis (CAPS) were determined using EPCO 2000. Results: As far as safety parameters are concerned, no differences were observed between groups (P>0.05). However, in the DW group the endothelial cell loss was higher (P<0.05). Total PCO score differences were observed in both groups between the areas (P<0.05). In CAPS area both, Total PCO score and PCO area were decreased in DW group (P<0.05). SCI was also lower within 3 mm zone in the DW group (P<0.05). Conclusions: SCI is a safe procedure and the endothelial cell loss can be associated with the Perfect Capsule™ device in the anterior chamber insertion. DW irrigated for 3' reduces PCO in long-term follow-up.
Capsular opacification and accommodative lens refilling

KOOPMANS S
University of Groningen, Ophthalmology, Groningen, The Netherlands

After lens refilling with a silicone polymer, accommodation has been demonstrated in rhesus monkeys. However, coinciding with the development of capsular opacification the accommodative amplitude decreases to zero. Several strategies may be followed to prevent the development of capsular opacification. A straightforward strategy is the attempt to destroy remaining lens epithelial cells in the lens capsule by cytotoxic drugs. By isolating the lens capsular bag from the rest of the anterior chamber the lens capsule may be selectively treated with drugs. Our experiments in various animal models have shown that lens epithelial cells are very resistant to these treatments. This suggests that better strategies are needed. In further experiments we found that the choice of a proper biomaterial in the capsular bag may also significantly influence the capsular opacification response. Results of lens refilling with Hyaluronan and functionalized nanogels will be discussed.

Commercial interest
• 3161
Understanding and perceptions of inherited eye diseases and attitudes to genetic testing and gene therapy in a primary eye care setting

CANN E, Barrett M, Garrard R
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Purpose To explore the level of understanding and perceptions of inherited eye diseases and attitudes to genetic testing and gene therapy in a primary eye care setting.

Methods This study was undertaken as part of an EVER foundation fellowship at the School of Optometry and Vision Sciences, Cardiff University, UK in 2014. Participant groups were surveyed by questionnaire. The groups were: undergraduate students of optometry, primary eye care professionals and the members of general public attending the optometry practice to have a routine eye test or a routine annual follow-up. Four focus group were conducted to design the questionnaire. A preliminary study aimed to understand perceptions and to explore the level of knowledge about genetics, inherited eye diseases and gene therapy. A second questionnaire was designed to explore attitudes to genetic testing and gene therapy.

Results The majority of participants (82%) perceived genetics as an important science. However, the level of understanding of genetics and inherited eye diseases was relatively low among all groups of participants. Undergraduate students and primary eye care professionals were better informed about inherited eye diseases than the general public (p=0.001). The majority (80%) across all three groups had a positive attitude to genetic testing and gene therapy. There was a lack of knowledge about the genetic services available among all groups of participants.

Conclusions This study shows a broadly supportive attitude to genomic medicine among the public albeit a poor level of knowledge of genetics and genetic eye diseases. Improving public awareness and education in inherited eye diseases can improve the utility of genetic testing and therapy.

• 3162
Genetic variants in the TNFA are associated with Korean Dry Eye Disease

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Purpose To determine whether variations altering the function or expression of TNFA, contribute to the pathogenesis of dry eye disease.

Methods Genomic DNA was extracted from blood samples of unrelated dry eye disease patients (non-Sjogren's syndrome patients n=200) and Sjogren's syndrome patients (n=100). Polymerease chain reaction and direct sequencing were used to screen variations in promoter region of TNFA gene. One hundred fifty control individuals without corneal disease were selected from the general population.

Results We investigated 6 SNPs of TNFA. -1196C>T, -1031 T>C, -863 C>A, -857 C>T, -308 G>A and -228 A>G (rs365125) in promoter. Among them, -1196 C>T, -857 C>T, -308 G>A and -228 A>G were different between patient groups and control groups. The 'A' allele frequency of rs1800629 was 0.48% lower in patients than in the controls (p=0.001). In -1196C>T variation, 'T' allele of both patient groups was decreased compared with control subjects. Whereas, the 'A' allele frequency of rs1800629 was lower in Sjogren's patients' patients (2.5%) than in the controls (4.8%). In -1196C>T variation, the 'A' allele frequency of rs1800629 was lower in Sjogren's patients (2.5%) than in the controls (4.8%). In -1196C>T variation, the 'A' allele frequency of rs1800629 was lower in Sjogren's patients (2.5%) than in the controls (4.8%).

Conclusions Our results suggested that the genetic variations of TNFA gene seem to be associated with dry eye predisposition in a Korean.

• 3163
Investigation of genotype-phenotype correlation of TGFBI mutations reveals c.1868G>A; p.(Gly623Asp) is associated with a variable clinical phenotype, including epithelial basement membrane dystrophy

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Purpose Autosomal dominant mutations in TGFBI cause a range of clinically distinct corneal dystrophies. We investigated the TGFBI mutation spectrum in our cohort and correlated genotype with phenotype.

Methods TGFBI exons 4, 11, 12, 13, 14 and 16 were Sanger sequenced in 59 unrelated probands attending Moorfields Eye Hospital with a diagnosis of a potential TGFBI-associated corneal dystrophy.

Results The majority of individuals, 86%, carried a mutation at one of the two known hotspot residues for TGFBI-associated corneal dystrophies. Arg124 and Arg555. Mutations affecting either of these residues demonstrated genotype-phenotype correlation. A c.1868G>A; p.(Gly623Asp) mutation was identified in five unrelated probands; one with a clinical diagnosis of lattice corneal dystrophy, two with a Bosmann layer dystrophy (Reis-Bücklers or Thiel-Lappke corneal dystrophy) and two with epithelial basement membrane dystrophy (EBMD). The clinical variability associated with this mutation indicates that other genetic or environmental factors can influence phenotypic expression.

Conclusions This is the first time the c.1868G>A; p.(Gly623Asp) mutation has been associated with EBMD, although other mutations in TGFBI have previously been identified in a small number of EBMD patients. These results demonstrate that the c.1868G>A; p.(Gly623Asp) mutation is responsible for a significant proportion of the disease burden for TGFBI associated corneal dystrophies in the UK and highlights the need for patients with EBMD to be screened for mutations in TGFBI.

• 3164
Target region sequencing in sporadic congenital cataracts reveals a new genotype-phenotype relation for the GALK1 gene

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Purpose The purpose of this study was to investigate the genetic effects underlying sporadic congenital cataracts (SCC).

Methods We collected DNA samples from 74 SCC patients and 20 traumatic cataract (TC) patients in the same age group as normal controls and performed genomic sequencing of 61 cataract-related genes (including introns, exons and 5 bases from the 3’ and 5’ ends) by target region capture and next generation sequencing. We chose previously reported cataract-related genes and also included other lens disease-related genes, including microphthalmia (SOX2, PAX6, OTX2, RAX, FOXE3 and CRYBA4); aniridia (FOXC1, PITX2 and PITX3); Marfan syndrome (FBN1); ectopia lentis (ADAMTS15 and ADAMTS17) and Alport syndrome (COL4A5).

Results By filtering the SNPs that were previously deposited in the NCBI SNP database (dbSNP) or were associated with TC cases, we identified 72 novel variants in 40 genes from 49 patients. The mutation frequency of the GALK1 gene was much higher than the other tested genes, with mutations detected 10 times in 7 patients; followed by CRYB3 and FBN1 the mutation of which were detected 4 times. Moreover, we observed a previously unreported cataract related gene in 4 patients.

Conclusions We conclude that genetic mutations could be important contributing factors to non-hereditary congenital cataract, for example, GALK1, the most frequently mutated gene in this group of patients, was related to the posterior polar subtype of cataract.
**3165**

Ocular fundus changes in patients with Down syndrome and pulmonary hypertension

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(3) ZOL, Ophthalmology, Genk, Belgium

**Purpose**
The ocular and visual problems in Down syndrome are due to refractive errors, poor accommodation, strabismus, keratoconus, cataract, optic disc and retinal structural anomalies and brain changes. Pulmonary hypertension (PH) is associated with high mortality and morbidity and ocular complications may occur: PH associated central serous chorioidopathy-like maculopathy, venous thrombosis and neovascular glaucoma have been described in case reports but no large studies of ocular complications are available. Improved non-invasive imaging with optical coherence tomography (OCT), enhanced depth OCT and OCT angiography without dye allow a detailed study of the retinal and optic disc changes.

**Methods**
A cross sectional study of 180 adult patients with PH included 9 Down patients with congenital heart disease. Age of the Down patients was 25-44 years. The fundus changes included PH associated and Down associated anomalies.

**Results**
PH associated mild changes included episcleral and retinal vein dilation and a thick choroid. None of the Down patients had severe complications of PH. The Down associated fundus changes included absence of optic disc cup, supranumerary optic disc vessels and structural macular anomalies with small capillary free zone. Two eyes were functionally lost due to complications of hydrops keratoconus.

**Conclusions**
Non-invasive imaging with OCT allows a detailed analysis of fundus changes in Down patients with or without PH.

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**3166**

Two Sisters with Congenital Blindness caused by Osteoporosis-pseudoglioma Syndrome due to new Mutations in the LPR5 Gene

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**Purpose**
To discover the reason behind two sisters being born blind with retinal detachment and microphthalmia with later findings of severe osteoporosis with low impact fractures

**Methods**
Molecular testing identified biallelic lipoprotein receptor-related protein 5 (LRP5) mutations (NM_002335.3:c.[889dupA];[2827 + 1G→A]) confirming a diagnosis of osteoporosis–pseudoglioma (OPPG) syndrome.

**Results**
Two new mutations in the LPR5 gene were each found in the unrelated parents of the girls and were found heterozygote in the girls. Both parents were then discovered to have osteopenia, as did several relatives, who all started preventive treatment.

**Conclusions**
OPPG is a autosomal recessive disease almost uniformly causing blindness from very early age with severe osteoporosis and low impact fractures, which was also the case of our two sisters. The diagnosis of OPPG was confirmed by sequencing the LPR5 gene, where two new mutations were found.
The identification of inflammatory mediators in tear fluid have been used in ocular allergy:

a) to identify a disease marker;
b) to understand the immune mechanisms involved;
c) to correlate the severity of the disease;
d) to identify potential targets for therapeutic interventions;
e) as an indicator of treatment outcomes.

Limitations of these findings are the lack of extensive validation of candidate biomarkers and the lack of determination of the specificity of the candidate markers. The increased concentrations of mast cell derived mediators in tears, such as tryptase and histamine, have been considered biomarkers of allergic IgE-mediated response, while ECP levels is considered a specific biomarker of both allergic IgE- and non-IgE-mediated allergic conjunctivitis. The increased production and activation of cytokines, growth factors, imbalance between MMPs and TIMPs, are all involved in the pathogenesis of conjunctival inflammation, remodeling and corneal changes typical of chronic severe allergies. It is possible that patients with diseases can have a different protein profile and, therefore, protein or peptide analysis can be used as a possible fingerprint for disease biomarkers and pathological molecule identification.
Special Interest Symposium: Lessons taught by imaging about atrophy in retinal disease

• 3211
Adaptive Optics

PAQUIES M
Quinze-Vingts Hospital, Paris, France

During dry age-related macular degeneration (ARMD), adaptive optics (AO) en face flood imaging improves the resolution of drusens and of pigmentary changes and hence of the progression of atrophic lesions. In addition, AO revealed the presence of numerous migrating hyporeflective clumps, which are most likely melanin-loaded cells (MLCs). Time lapse imaging demonstrates a high kinetic activity of these MLCs, that appear to migrate subretinally because the photoreceptors are visible over them. The linear velocity of MLCs peaks at ~ 1µm/day, hence they can be tracked only if there is a short interval of time between imaging sessions. As many adjacent MLCs are seen to migrate in opposite direction, there appears to be no migrating scheme. Such subretinal migration of MLCs occurs throughout the posterior pole, in atrophic as well as in nonatrophic areas. It is likely that these MLCs correspond to the hyperreflective dots reported by optical coherence tomography. The nature of these cells and their role in the process of ARMD remains to be clarified. Nevertheless, we believe that this finding may have important consequences for the understanding and monitoring of dry ARMD, as well as for the validation of experimental models of ARMD.

Commercial interest

• 3212
Lessons talk by imaging about atrophy in retinal disease: Fundus autofluorescence

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Abstract not provided

Fundus autofluorescence (AF) and near-infrared autofluorescence (NIA) have been used for many years to assess clinically, in a non-invasive manner, the status of the retinal pigment epithelium (RPE). Their value in the evaluation of patients with posterior segment disorders has expanded; both are currently used in ophthalmic clinics throughout the world for the assessment of patients with degenerative, inflammatory and neoplastic disorders, among others. This talk will provide an overview on how AF and NIA have contributed to the characterisation of atrophy in retinal diseases, from lessons learnt using these imaging technologies on the understanding of mechanisms underlying this pathology, to identification of people at risk of visual loss as well as providing enhanced disease phenotyping and assessment of potential, unwanted, treatment effects. Recent advances, such as wide angle autofluorescence imaging, will likely contribute furthering the understanding of atrophy in retinal disease.

• 3213
ICG

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Abstract not provided
Age-related macular degeneration (AMD) is a degenerative disease of the retina, in which the macula is most affected. In dry AMD, loss of vision occurs gradually and progresses to Geographic Atrophy (GA), a degeneration of the RPE and death of photoreceptor cells, leading to irreversible vision loss. Although the introduction of OCT allowed an additional step forward in understanding the major diseases of the macular region, the origin of the GA is almost unclear.

The OCT Angiography (OCT-A) enables distinct, depth resolved, three-dimensional visualization of the retinal and choroidal microvasculature. The concept underlying OCT-A is that in a static eye, the only moving structure in the fundus is blood, flowing in the vessels. The utilization of motion contrast differentiates OCT-A from fluorescence angiography, which requires administration of intravenous markers such as fluorescein or indocyanine-green.

All this, is taking a leading role in the identification of perfusion abnormalities, of ischemic areas and retinal or choroidal neovascular lesions. Moreover, it might also provide useful information on morphological and functional aspects of choroidal perfusion in GA, that could be partially responsible of such a severe disease.
Recent advances in drug delivery to the retina

DAVIS B
London, United Kingdom

Drug delivery to the retina is presently one of the greatest challenges in ophthalmology due to the inherent limitations of ocular barriers. This therapeutic impediment affects many promising treatments including anti-VEGFs, which have revolutionised the management of age-related macular degeneration, and have increasing indications for use as sight-saving therapies in diabetes and retinal vascular disease. However, large molecular weight anti-VEGF therapies such as ranibizumab and bevacizumab currently require invasive intravitreal (IVT) injections to bypass ocular barriers, and thus carry a risk of significant side effects. Despite this, the success of anti-VEGF therapies has led to a dramatic increase in the number of IVT procedures, placing a high burden on healthcare resources. For these reasons, the development of non-invasive ocular drug delivery systems has received considerable interest in recent years. This talk outlines the current understanding of anatomical barriers to ocular drug delivery and recent developments in overcoming these barriers for delivery of large drug cargo to posterior ocular tissues. Particular focus will be paid to the role of nanotechnology and annexin A5, which we recently reported to enhance the delivery of topically applied bevacizumab to the rabbit retina.

Development pathway

CORDEIRO M F
Glaucoma & Retinal Neurodegeneration Research Group, UCL Institute of Ophthalmology, London, United Kingdom

One of the biggest hurdles in ophthalmology, particularly glaucoma, in recent years has been the successful translation of laboratory advances to the clinic. This is not unique to glaucoma - such a problem has been well-described in different spheres of medicine. In fact, a search in PubMed on this subject reveals over 1000 references. A major identifiable bottleneck is the developmental pathway and the adherence to regulatory requirements. Regulatory issues and common problems will be provided, using examples that are well-documented in the field of glaucoma.
**3231**

**Limbal stem cell niche - New insights into structural and molecular composition**

**SCHLOTZER-SCHREHARDT U**

Department of Ophthalmology, University of Erlangen-Nürnberg, Erlangen, Germany

Maintenance and regeneration of the corneal epithelium relies on unipotent progenitor cells at the corneoscleral limbus, which are regulated by extrinsic factors from their local microenvironment, the stem cell niche. The postulated limbal niche is an anatomically protected site of intimate epithelial-mesenchymal interaction and is highly vascularised, innervated, pigmented due to intraepithelial melanocytes, infiltrated with immune cells, and supported by a specialized extracellular matrix as well as subepithelial mesenchymal cells emitting soluble signals. For ex vivo expansion and transplantation, limbal stem cells are unfavorably removed from their niche. This lecture outlines our current understanding and novel findings regarding the structural and molecular composition of the limbal niche including specific matrix components, cell matrix- and cell-cell adhesion molecules, and niche cell populations, which are involved in stem cell regulation through multiple signalling pathways including the Hedgehog pathway. This lecture also provides an overview of current tissue-engineering approaches for corneal surface regeneration that aim at incorporating specific niche components, such as matrix proteins, growth and signalling factors, or putative niche cells, into the culture systems in order to support maintenance of stemness and to improve the therapeutic use of limbal stem cell transplantation.

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**3232**

**The epithelial-stromal TGFBI corneal dystrophies**

**LSCH W**

Germany

**Purpose**: To correct the IC3D classification system from 2008.

**Methods**: To examine the corneal specimens of 54 patients with lattice, granular 1 and 2, Reis-Bücklers, and Thiel-Behnke who underwent unilateral penetrating keratoplasty.

**Results**: All specimens showed epithelial and stromal pathological deposits by staining with HE and Congo red, and distinct alterations of Bowman’s layer.

**Discussion**: The 5 TGFBI dystrophies are to classify from the clinical, genetic, but also from the histopathological aspect as “Epithelial-stromal TGFBI corneal dystrophies.”

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**3233**

**Mechanisms of Stromal Fibrosis**

**BEIERMANN R**

Singapore Eye Research Institute, Singapore,

**Purpose**: This study was designed to uncover new drug targets to deal with the problems of fibrosis of the corneal stroma which can occur following an injury or infection, preventing the normal recovery of vision. Although, TGF-β is clearly involved in the detailed intracellular mechanisms necessary for a practical drug target are not available. The cellular target is the transition of the sessile keratocyte to a myofibroblast.

**Methods**: Corneas of 8 week old C57BL6 mice underwent either an anterior kerectomy (AK) wound or infection with Pseudomonas aeruginosa (PA), and animals were sacrificed at 2 and 7 days, as well as 2 and 4 weeks after the procedures. The isolated stroma was used to monitor the expression and location of moesin, phospho-moesin, TGF-β1, and α-SMA. Results: TGF-β1 and phospho-moesin were not detected in normal corneal stroma. However, after either treatment, TGF-β1 expression increased, along with phospho-moesin and moesin in the wounded corneal stroma from day 2 to 7, and decreased after 2 weeks. No expression of TGF-β1 and phospho-moesin was found at PO week 4. Myofibroblasts positive for α-SMA associated with either treatment were detected from day 2 to week 4 and peaked at week 2. Conclusion: These studies show that moesin interactions with actin fiber growth may be a focus drug development in fibrosis decreases; however, it remains to determine the exact details of that interaction.
Biomaterials for ocular surface reconstruction and lamellar keratoplasty

FUCHSLUGER T
Dept. of Ophthalmology, University Hospital Erlangen, Erlangen, Germany

This presentation presents strategies to engineer a biomatirx through nanofibers. Different characteristics of the fibers and the matrix, e.g., biocompatibility, degradability, wetability are displayed. Future possibilities of use in ocular surface reconstruction are discussed.
Special Interest Symposium: Doctor, I can’t see, but you can’t see why (Medically unexplained visual loss)

**3241**  
The Initial Consultation – when and how to suspect non-organic visual loss  
SPILLEERS W.  
UZ St. Rafael, Leuven, Belgium  
**Purpose** When a patient reports visual loss and the doctor cannot immediately find the etiology, a non-organic visual loss has to be excluded.  
**Methods** Different testing methods can be of value in deciding on organic versus non-organic visual loss: visual acuity and visual field measurements, pupillary reflexes, electrophysiologic testing, imaging techniques, ...  
**Results** The value of these different methods will be discussed and illustrated  
**Conclusion** The investigation of possible non-organic visual loss is a complex task

**3242**  
Potential retinal causes: when and how to investigate  
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(2) Center for Medical Genetics, Ghent University Hospital, Ghent, Belgium  
(3) Division of Ophthalmology, Children’s Hospital of Philadelphia, Philadelphia  
(4) Center for Cellular & Molecular Therapeutics, Children’s Hospital of Philadelphia, Philadelphia  
**Purpose** To describe the retinal conditions that need to be excluded when non-organic visual loss is suspected, and the investigations required to either confirm or exclude them. **Methods** A case presentation format will be used to illustrate those conditions which can be discovered using psychophysical and electrophysiologic tests as well as special imaging including blue and near-infrared autofluorescence and reflectance imaging and spectral-domain optical coherence tomography, in patients in whom a non-organic origin for visual loss is initially suspected. **Results** Inherited retinal diseases such as Stargardt macular dystrophy, X-linked retinoschisis and cone dystrophy as well as Rett disease in their early stages all need to be excluded when visual loss is thought to be non-organic. In addition, several acquired retinal conditions such as acute acicular neuroretinopathy need to be taken into account. Visual field testing, ISCEV-standard full-field flash electroretinography, pattern electroretinography and visual evoked potentials and specialized imaging techniques contribute significantly to making the correct diagnosis. **Conclusions** Visual loss in a list of organic conditions may mimic non-organic visual loss. Functional testing as well as specialized imaging techniques are essential in differentiating true organic from non-organic visual loss.

**3243**  
Neuro-ophthalmic considerations and investigations  
KAWSAKITA  
Hopital Ophtalmique Jules Gonin, Lausanne, Switzerland  
Unexplained visual loss is a challenging clinical situation. It is important to distinguish underlying occult pathology from visual loss without organic basis. Even trickier are patients in whom concurrent organic disease does exist but the degree of visual dysfunction is exaggerated, leading to the false notion of malingering. This lecture examines some objectives techniques for discerning visual function in the patient with medically unexplained visual loss.

**3244**  
The role of electrophysiology  
HOLDER G.  
Electrophysiology, Moorfields Eye Hospital, London, United Kingdom  
Abstract not provided
**3251**

**nB-Crystallin Phosphorylation as a Precursor to Cataractogenesis**

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**Purpose** The molecular mechanism behind age-related cataract formation is yet to be elucidated, although phosphorylation induced hyperactivity of nB-crystallin (nB) and its subsequent association with fibre cell membranes has been implicated. This study evaluates the effect phosphorylation of nB at three well characterised sites (S19, S45 and S59) has on its chaperone activity and aims to characterise nB's membrane association with a focus on its role in cataractogenesis.

**Methods** The chaperone activity of all phosphomimics (SIM) were measured via aggregation assays using creatine phosphokinase (CPK) as a substrate. In vivo association of all phosphoisoforms with two abundant membrane proteins, connexin (Cx)46 (Cx46) and aquaporin 0 (AQP0) in aged human lenses was visualised using Duolink proximity assays and confocal microscopy.

**Results** The chaperone activity of nB increased with an increase in modification sites. Modification at the S19 and S59 residues activated nB to a greater extent than at S45. In the lens, phosphorylated nB was found to interact with Cx46 and AQP0 at cell membranes.

**Conclusions** This study confirms that multiple phosphorylation events of nB cause a cumulative increase in activity, and that membrane association, at least in part, is mediated by interactions with membrane pore proteins. The proposed mechanism of cataractogenesis is that phosphorylation induced increases in substrate affinity of nB may lead to increased association with membrane pore proteins, leading to the obstruction of the diffusion of small molecules into inner regions of the lens, contributing to cataract formation.

**3252**

**Endothelial cell loss after phacoemulsification according to different anterior chamber depths measured by IOL master**

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**Purpose** To compare the loss of corneal endothelial cells after phacoemulsification according to different anterior chamber depths (ACD), as measured with the IOL Master.

**Methods** We conducted a prospective, randomized clinical study on 135 eyes of 135 patients with senile cataracts. Eyes with nuclear density grades of 2 to 4 were divided into three groups according to ACD: ACD I, 1.5 < ACD ≤ 2.5 mm; ACD II, 2.5 < ACD ≤ 3.5 mm; and ACD III, 3.5 < ACD ≤ 4.5 mm. Intraoperative ultrasound time (UST), mean cumulative dissipated energy (CDE), and balanced salt solution (BSS) use were measured. Clinical examinations included central corneal thickness (CCT), endothelial cell count (ECC), and corrected distance visual acuity (CDVA) preoperatively, and 1 day, 1 month, and 2 months postoperatively.

**Results** There were no significant differences in CDE among the ACD groups (p=0.06). The percentage of endothelial cell loss was significantly higher in ACD I than ACD III in the grade 3 and 4 cataract density groups 2 months after phacoemulsification (p=0.05). There were also more changes in CCT in all of the cataract density groups in the ACD I group compared to the ACD II and III groups 2 months postoperatively, but the difference was not statistically significant.

**Conclusions** Eyes with shallow ACDs, especially those with relatively hard cataract densities, can be vulnerable to more corneal endothelial cell loss in phacoemulsification surgery. Thus, more attention is needed to avoid corneal decompensation in cataract surgery on patients with shallow ACDs and hard nucleus densities.

**3253**

**Changes of intraocular pressure and cornea biomechanical properties after cataract phacoemulsification.**

**YUKAY M, Rybiczewa A**

Moscow Region Research Clinical Institute, ophthalmology, Moscow, Russia

**Purpose** Cataract phacoemulsification is accompanied by changes in intraocular pressure and biomechanical parameters of the eye. Corneal hysteresis characterizes the visco-elastic properties of the cornea. Our purpose was to analyse the changes of intraocular pressure and biomechanical parameters of the eye. Corneal hysteresis characterizes the visco-elastic properties after cataract phacoemulsification.

**Methods** The study included 80 eyes of 80 patients who underwent uncomplicated phacoemulsification throught clear corneal incision with IOL implantation. Preoperative examination included standard techniques and measurement of corneal hysteresis, central corneal thickness (CCT), corneal compensated intraocular pressure (IOP) and Goldmann IOP by Ocular Response Analyzer; repeated before surgery, 1 day, 2 weeks, 1 and 3 months after surgery.

**Results** Corneal hysteresis decreased on the first day after cataract phacoemulsification from 900±0.24 mm Hg to 888±0.26mm Hg and after 2 weeks to 7.91±1.3 mm Hg (p=0.05). Then corneal hysteresis increased and after 3 months after surgery returned to preoperative values (978±0.29mm Hg). Intraocular pressure raised after surgery by 3 mm Hg, decreased to preoperative values by 1 month after phaco, and continued to decrease by 1.5-2mm Hg up to 3 months after phacoemulsification. Central corneal thickness increased after phaco from 539±21 mcum to 559±33mcum the first day after surgery and 659±28 mcum in 2 weeks. It decreased to 552±26mcum in 1 month and returned to preoperative values in 3 months.

**Conclusions** Corneal hysteresis decreased in the early postoperative period after phaco, dropping to a minimum 2 weeks after surgery. Then corneal hysteresis gradually increased, reaching preoperative values at 3 months after surgery. Changes of intraocular pressure are opposite to changes of corneal hysteresis. CCT increased after phaco, reached maximum in 2 weeks and returned to preoperative values in 3 months.

**3254**

**Increased Uptake of Intracameral Antibiotic Prophylaxis in Europe**

**BARRY P**

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**Purpose** To determine the use of intracameral ceftazoline at the end of cataract surgery across Europe since the beneficial results were first reported by the ESCRS Endophthalmitis Study Group in 2007 and examine the reasons for the different practice patterns identified.

**Methods** The ESCRS conducted a survey of 250 ophthalmic surgeons across Europe, regarding their awareness of the ESCRS study and seeking the reasons for their current use or non-use of iv c antibiotics in their cataract surgery. Simultaneously, data on practice patterns for prophylaxis were searched in the main European countries concentrating on the uptake of the iv/c route and the reasons for the switch.

**Results** In the ESCRS survey, 74% always usually use iv/c antibiotics and 82% of these use ceftazoline. Lack of need, protocol, or concerns re adverse events related to the absence of an approved product, accounted for non-use. Only 8% would not use iv/c ceftazoline whether commercially available or not. Germany has the lowest use and the highest cataract volume whilst France has the next highest volume and the most rapid conversion due to Government guidelines introduced in 2011. The approval of a product of iv/c ceftazoline for use in cataract surgery by the EMA (European Medicines Agency) in 2012 eliminated the risks of errors of dilution, diluent, contamination or TASS and is largely responsible for the major shift to the iv/c route.

**Conclusions** The landmark ESCRS Study results of 2007 heralded a worldwide increase in the use of iv/c antibiotic for the prevention of postoperative endophthalmitis following cataract surgery. Subsequent studies all over the world have validated these results - where the rate was high it got much lower, where it was low it got even lower with almost no adverse events.

**Commercial interest**
• 3255
Impact of intracameral Cefuroxime on post-operative endophthalmitis in Languedoc Roussillon, France from 2010 to 2014
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(2) Echelon Régional de l'Assurance Maladie du Languedoc Roussillon, Biostatistics department, Montpellier, France
(3) University Institute of Clinical Research- University of Montpellier 1, Laboratory of Biostatistics, Montpellier, France

Purpose Post-operative endophthalmitis remains the most severe complication of cataract surgery. The purpose of this study was to determine the incidence of post-operative endophthalmitis in Languedoc Roussillon between 2010 and 2014. Secondary objective was to assess the correlation between the use of intracameral injection of cefuroxime and post-operative endophthalmitis incidence.

Methods All patients > 40 years old who underwent a primary cataract surgery in Languedoc Roussillon (France) between January 2010 and December 2014 were collected from the regional administrative database of medical care. Incidence rate of post-operative endophthalmitis was estimated. Spearman coefficient was used to assess the correlation between the incidence of post-operative endophthalmitis and the use of intracameral cefuroxime at the end of cataract surgery.

Results In 5 years, 179,515 eyes underwent a cataract surgery in Languedoc Roussillon. A total of 182 patients had a post-operative endophthalmitis owing to a 1 year incidence of 0.10% after cataract surgery. The incidence of endophthalmitis decreased over the study: 0.16%, 0.12%, 0.11%, 0.07% and 0.05% in 2010, 2011, 2012, 2013 and 2014, respectively. The use of cefuroxime prophylactic injection at the end of cataract surgery increased over the study: 3.27%, 7.65%, 32.04%, 75.67% and 85.36% in 2010, 2011, 2012, 2013 and 2014, respectively. The incidence of post-operative endophthalmitis was negatively correlated with the use of intracameral injection of cefuroxime (r = 0.96, p = 0.008).

Conclusions This study provides information on the decrease of post-operative endophthalmitis incidence and its correlation with the increased use of cefuroxime intracameral injection to prevent the risk of infection in the real world. This observational study confirms the promising results of the ESCRS study.

• 3256
Anterior chamber and refractive parameters in diabetic patients according to metabolic status
Centro Hospitalar de Lisboa Central, Ophthalmology, Lisbon, Portugal

Purpose Diabetes Mellitus is associated with changes in refractive parameters. Some aspects already studied were the corneal biomechanics and lens thickness. Although, the discussion about anterior chamber angle and depth is still open. The author objective was to analyze and correlate the anterior chamber depth, lens vault and lens thickness with disease duration and metabolic status.

Methods Prospective case-control study. The anterior chamber and refractive parameters were studied using the Visante OCT and the differences between diabetic patients with metabolic control and disease stability were determined (group 1), without (group 2) and group-control (3). The metabolic control is based on HbA1c levels. The cut-off considered was 7%.

Results A total of 64 patients were evaluated (group 1 – n = 21; group 2 – n = 20; group 3 – n = 23). The mean age was 64.32 ± 7.55 years and approximately 5 years of disease duration. In both groups of diabetic patients we found thicker lens, narrow anterior chamber and higher lens vault compared to control group. There was a difference between diabetic groups exists, but it was not statistically significant.

Conclusions The anterior chamber angle and lens vault are influenced by the serum glucose levels. Further studies will be necessary to clarify the physiopathology mechanism responsible for the anterior segment modifications.
• **3261**

**Radiation-induced cataracts: governmental safety aspects**

**AINSBURY E**
Public Health England, CRCE- Radiation Effects, Oxford, United Kingdom

Despite relative ease of treatment, radiation-induced cataracts are still the most frequent cause of blindness worldwide. Recent advances have demonstrated that the lens is more radiosensitive than was previously thought and that occupational radiation exposure leads to a small but genuine increase in the risk of radiation cataract for workers, for instance hospital based interventional radiologists and cardiologists. As a result of this and other work, the ICRP recommended to reduce the dose limit from 150 mSv/yr to 20 mSv/yr, (averaged over 5 years with no single year exceeding 50 mSv). This recommendation has recently been incorporated in the EU Basic Safety Standards in full, with member states required to comply from February 2018.

This presentation will outline the epidemiological and mechanistic research upon which the new limits are based; consider the implications for radiation protection in terms of who will be affected, what will need to be measured and how individuals can be protected and, finally, discuss the specific scientific gaps and research needs in order for the relevant authorities to ensure individual radiation workers and members of the public are adequately protected against radiation induced cataracts.

• **3262**

**Scheimpflug analysis in an epidemiological study**

**WEGENER A**
Dept. of Ophthalmology, University Clinics, Bonn, Germany

Radiation cataract enhances age-related scattering increase. Radiation induces formation of subcapsular and cortical cataracts. Light scattering changes in lens layers evidences radiation damage to lens proteins. Scheimpflug imaging today offers standardized recording procedures minimizing the operator influence. The initial disadvantage of Scheimpflug imaging of only a few optical sections, has been overcome by the number of images recorded by the Pentacam® (25/50 images/eye). Demiometric and biometric image analysis needs a 3D data localization in the lens. This type of image analysis has been proven suitable for nuclear and cortical cataracts. Subcapsular cataracts pose more problems because of their 2D extension. Scheimpflug imaging with 50 images per eye partly compensates this, but retroluminative imaging can be superior in this case. OCT has been developed for imaging of the retina, but is now also used for the anterior eye segment. However, in radiation cataract and epidemiological studies, this technique is not useful, because optical coherence tomography detects coherence shifts at interfaces not particle related light scattering. It detects clearly shaped cataracts, but not changes in lens light scattering.

• **3263**

**The EURALOC Project**

**STRUELENS L**
Belgian Nuclear Research Centre SCK-CEN, Environment- Health and Safety, Mol, Belgium

For radiation protection purposes, it has generally been assumed that there is a threshold of dose below which no non-cancer effects arise. Early dose threshold estimates for detectable lens opacities were defined at 0.5 to 2 Gy after acute or 5 to 6 Gy after protracted exposures. Due to the heterogeneity of ophthalmological data and too short observation periods, the thresholds were reconsidered in the ICRP report 118 (2012) and reduced to 0.5 Gy. An overview will be given of epidemiological studies that reported excess risks of effects arise. Early dose threshold estimates mice are sacrificed at different time points (4 and 24 hours, 12, 18 and 24 months after irradiation) for pathological and histological examinations.

The results from all these studies are difficult to compare or combine. Moreover, another point of concern is the dosimetry which was often poor. These issues limit the possibility of a quantitative synthesis of evidence for a dose-response analysis in the low dose region to confirm this new dose threshold and urged the need of a harmonised European initiative. The EURALOC project, initiated in December 2014, aims at quantifying this dose-response relationship between ionising radiation and cataract among a cohort of European interventional cardiologists.

• **3264**

**Lifetime study in mice for radiation-induced cataracts**

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(6) Helmholtz Zentrum München, Institute of Radiation Biology, Neuherberg, Germany

We initiated a lifetime study in mice focusing on non-cancer effects after exposure to middle and low doses of ionizing radiation, particularly radiation-induced cataracts and retinal disorders. Mice (males and females) were irradiated (0, 0.063, 0.125 and 0.5 Gy) and received in vivo examinations for lens opacities by Scheimpflug imaging monthly and for retinal effects by OCT every four months. To investigate the underlying mechanisms of radiation-induced effects mice are sacrificed at different time points (4 and 24 hours, 12, 18 and 24 months after irradiation) for pathological and histological examinations.

Besides wild-type mice, heterozygous Ercc2ApD mutants are included in the study to estimate the risk of genetic susceptibility in virtually healthy mutant mice, while homozygous Ercc2 mutants develop cortical cataracts at early age. The ERCC2 protein has DNA helicase activity and is involved in general transcription and DNA repair. First analyses of the Scheimpflug examinations did not show significant changes within the groups up to 20 months after irradiation with 0 and 0.5 Gy, while OCT data showed a reduction of the retinal thickness in irradiated heterozygous mutants. This study is still in progress.
With strict measures the disease was eventually controlled although some regions were still affected up to the end of the 19th Century.

The Dutch army was also affected. When Belgium became independent in 1830, there were major discussions as what caused the disease. In 1798 the French armies landed in Egypt. During this campaign both the French and British troops were confronted with eye infections. When they returned home to Europe, the disease spread all over Europe. It was proposed that the eponym “Wegener’s granulomatosis” should not be used any more due to the fact that Friedrich Wegener (1907-1990) was the member of the National Socialist German Workers Party and because it was suggested that had been involved during the WWII in human experiments and genocide. Based on this accusations the American Society of Nephrology and the European League Against Rheumatism decided that all medical scientists should no longer use the term Wegener’s granulomatosis. However, the real value of these accusations were questioned. It was confirmed that Wegener joined Sturmabteilung (SA “brownshirts”), the German State Party NSDAP and the National Socialist German Physicians’ Federation (NSDAP). It was also showed that the main accusations against him, namely human experiments and genocide during WWII had no foundation, and were based on speculations. The life of Wegener between 1933-1945 has been also presented in the historical perspective of situation in Germany in 30ties. There are no proofs that Wegener was ever involved in genocide and human experiments during the WWII, thus the term “Wegener’s granulomatosis” should be considered as still appropriate.

The history of the description of retinopathy in onchocerciasis

Up until 1930 the scientific community considered African onchocerciasis to be a pure skin disease and not the blinding disease encountered in America. Jean Hissette, a Belgian general practitioner with a special interest in eye pathology, was the first to document onchocerciasis in Africa as a blinding disease. Between 1931 and 1938, he published a series of articles on the subject, based on the experience he gained from several expeditions in the endemic Babindi country (Belgium Congo). His discussions with J Bryant in 1932 stimulated the latter to publish an article in 1935 on the possible relationship between Onchocerca volvulus and endemic chorioiditis in Sudan. As the result of his collaboration with R Strong, an expert from Harvard on the Central American form of the disease, Hissette wrote a paper that appeared in 1938 as a supplement to the American Journal of Tropical Medicine. In this landmark paper he describes with great precision the chorioretinitis of the posterior pole typical of onchocerciasis, later to be known as the Hissette-Ridley fundus. Although the names of the two men are linked, Hissette’s work preceded Harold Ridley’s publication in the BJO on ocular onchocerciasis in Ghana by more than a decade.

Military ophthalmia and the Napoleonic campaign in Egypt.

In 1798 the French armies landed in Egypt. During this campaign both the French and the British troops were confronted with eye infections. When they returned home the disease spread all over Europe. The Dutch army was also affected. When Belgium became independent in 1830, there were major discussions as what caused the disease. Some called ‘compressionist’ considered it neither to be contagious nor Egyptian, but the consequence of the pressure of the leather collar on the jugulars and of the heavy shako on the forehead. For the others the ‘contagionists’ the disease was highly contagious and spread directly from patients to healthy soldiers although there was also a possibility of ‘misma’. The uniform was adapted and hygienic measures were taken. Unfortunately one decision with dramatic repercussions was sending home diseased soldiers. As a result the disease spread within the civilian population and became a major health issue.

The very first international congress of ophthalmology was held in Brussels in 1857 and one of the major topics was the “military ophthalmia”. With strict measures the disease was eventually controlled although some regions were still affected up to the end of the 19th Century.
Industry Sponsored Symposium: A rare breakthrough in mitochondrial medicine: changing the patient journey in LHON

Introducing a rare breakthrough in mitochondrial medicine
Abstract not provided

Optic neurodegeneration – the time to act is now
GUEVEN N
Australia
Abstract not provided

Reaching key milestones in LHON – the idebenone clinical development program
METZ G
Switzerland
Abstract not provided

Changing the patient journey in LHON: the evidence
KLOPSTOCK T
Germany
Abstract not provided
Industry Sponsored Symposium: A rare breakthrough in mitochondrial medicine: changing the patient journey in LHON

Q&A with panel

Abstract not provided
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• 3421
Autophagy in neurodegeneration and inflammation and novel modulators of macroautophagy

University Medical Center Mainz, Mainz, Germany

Deregulated autophagy leads to protein accumulation and has been linked to aging, inflammation and neurodegenerative disease. While studying cell aging we found an expression switch between co-chaperones BAG1 and BAG3 during aging and acute stress triggering BAG3-mediated autophagic degradation of aggregated proteins (e.g. mtSOD1) in vitro and in vivo. BAG3-mediated selective macroautophagy is an important adaptation of the PQC to pro-oxidant and aggregation-prone conditions. Recently, we performed a RNAi screen in C.elegans and identified rbg-1 as modulator of protein aggregation and autophagy. The mammalian ortholog RAB3GAP1/2, components of the TBC domain-free RAB3GAP complex, affect autophagy at basal and rapamycin-induced conditions also in human fibroblasts. RAB GT-Pase activating proteins (RABGAPs) are important factors for vesicle transport. Correlating the activity of RAB3GAP1/2 with ATG3 and ATG16L1 and analyzing ATG5 punctate structures, we found that the RABGAPs actually modulate autophagosomal biogenesis. RAB3GAP1/2 colocalizes with lipid droplets, and their autophagy modulatory activity depends on GT-Pase activating activity of RAB3GAP1.

• 3422
Innate immunity in age-related retinal degeneration

University Medical Center Mainz, Mainz, Germany

Purpose: Aging is a major risk factor for the development of multifactorial ocular conditions like glaucoma, diabetic retinopathy and age-related macular degeneration. We aim to understand how its influence on the innate immune system may contribute to increased morbidity of retinal degenerations with age.

Methods: Changes in expression of cytokines, chemokines and complement genes in response to aging, laser injury or light were determined in young (2-4 months) and aged (18-24 months) wildtype, chemokine (Ccl2-/-) and complement regulator (CD59a-/-) deficient mice and correlated with myeloid cell populations and histology of the retina and the RPE-choroid.

Results: Aging promotes pro-inflammatory Ccl2-Ccr2 signalling and up-regulation of complement genes in particular in the choroid. Genetic ablation of Ccl2 attenuates these age-related inflammatory changes and is associated with reduced recruitment of pro-inflammatory myeloid cells and a reduced CNV response. Deficiency of CD59a enhances complement activation but not pathology.

Conclusion Age-related innate immune activation by Ccl2 or by complement can promote ocular pathology, and may represent common mechanisms for enhanced pathology in age-related inflammatory diseases.

Commercial interest

• 3423
Heterogeneity of retina Müller glia and their possible role neuroprotecting retinal ganglion cells

University of the Basque Country, Vizcaya, Spain

The retinal Müller glia, provide structural and trophic support to retinal ganglion cells (RGCs) in the healthy retina and may also have a function in promoting cell survival after injury. Defining and understanding glial heterogeneity is an important goal since it would enable to better understand the fundamental role of these cells during retinal pathologies and could even open novel therapeutic avenues, such as targeted manipulations of sub-populations in order to quench pro-inflammatory destructive processes and/or stimulate regeneration of neurons in retinal degenerative diseases. Müller glia primary cells cultures in combination with RGCs have been studied. The heterogeneity of the glial cultures was characterized and their effect on RGC survival and neurite elongation. We found that cultured adult RGCs in close contact with adult Müller cells exhibit improved cell viability and significant neurite elongation. Not all Müller cells express their molecular markers with the same intensity. These results suggest that Müller glia support RGC regeneration not only by direct interaction, but also releasing soluble trophic factors. Further understanding of the relationship between retinal glias and RGCs is important in order to identify potential therapeutic targets to encourage retinal neuroregeneration.

• 3424
Retinal innate immune activation in health and disease

University of the Basque Country, Vizcaya, Spain

The presentation will discuss how retinal innate immune activation in response to ageing, laser-injury or light may contribute to age-related retinal degeneration. We found that cultured adult RGCs in close contact with adult Müller cells exhibit improved cell viability and significant neurite elongation. Not all Müller cells express their molecular markers with the same intensity. These results suggest that Müller glia support RGC regeneration not only by direct interaction, but also releasing soluble trophic factors. Further understanding of the relationship between retinal glias and RGCs is important in order to identify potential therapeutic targets to encourage retinal neuroregeneration.
Beta II tubulin as molecular marker of intraocular pressure in endothelial cells

PROKOSCH-WILLING V, Münster, Germany.

The human CNS - like the adult mammalian CNS in general - lacks the capability to regenerate axons and restore neuronal tissue. After injury or in degenerative diseases like e.g. in glaucoma, neurons fail to regrow and reconnect with their target cells, frequently underlay apoptosis and are abnormally replaced. This regenerative failure in CNS remains an enormous scientific and clinical challenge. However under certain conditions neurons may regain the ability to regenerate in vivo and in vitro. One interesting group which shows enormous regenerative potential on retinal ganglion cells are the crystallins. We present our data on the regenerative potential of crystallins in experimental models.
Improving the overall diagnosis of eyelid margin tumours with in vivo reflectance confocal microscopy

**Purpose** The clinical diagnosis of eyelid margin tumours is often challenging and surgical excision in this area may have both functional and aesthetic consequences. Aims: to assess the role of handheld in vivo reflectance confocal microscopy (IVCM) in the diagnosis of eyelid margin tumours

**Methods** We prospectively evaluated and characterized 130 eyelid margin lesions using a handheld dermatology IVCM (Vivascope 3000, Navio/Leica, NY). Patients were referred to our multidisciplinary consultation from May 2013 to April 2015. All lesions were first clinically characterized as benign or malignant and then evaluated under IVCM by 3 skilled Dermatologists. Surgical excision was decided for 79 of them, based on both clinical and IVCM features. The 51 remaining lesions with no signs of malignancy were under follow-up for at least 6 months. Clinical, IVCM, and histopathology diagnoses were compared

**Results** Considering the 79 excised lesions IVCM showed a sensitivity (Se) of 90% and a specificity (Sp) of 77% for malignant tumours (basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and melanoma) as compared to the histopathology. Clinical evaluation had Se of 81% and Sp of 50%. IVCM showed Se and Sp of respectively 89% and 62% for BCC, 60% and 100% for SCC, 100% and 45% for melanoma. None of the non-excised lesions had clinical progression at 6 months and all these lesions were considered as benign

**Conclusions** IVCM is an important tool in the management of eyelid margin tumours by improving the global sensitivity and specificity of the clinical diagnosis

**Grant** AP jeanne chercheur GIRC RAA

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New management of peri-ocular basal cell carcinoma using in vivo and ex vivo confocal microscopes

**Purpose** We have been using a handheld dermatology in vivo reflectance confocal microscopy (IVCM) for the imaging of the whole ocular surface and ocular adnexa for more than two years (UAMCaClaDerm2014;7:1;2015;15:92; AO2015;159:324), mainly for noninvasive diagnosis before surgery. Ex vivo confocal microscopy (IVCM) is a new device that allows pseudo histology in freshly excised tissue. Aim: to assess a new management strategy for eyelids lesions suspected to be basal cell carcinoma (BCC) using these two complementary confocal microscopes (CM)

**Methods** IVCM and IVCM, both using vivascope CM (Lucid Inc, NY) were performed by 3 skilled dermatologists having more than 500 CM diagnoses each with pathology confirmation. Forty consecutive peri-ocular BCC were diagnosed by IVCM. Two millimetre-margin incisions were made during surgery. Freshly excised tissues were mounted, stained, examined between two glass slides and analysed «en face» with IVCM to delimitate the tumour and the clearance of margins. Diagnosis and margins were confirmed by standard pathology and immunolabeling on fixed tissues.

**Results** We obtained the first «en face» to IVCM to delimitated the tumour. The acquisition of the whole tumour took less than 3 minutes. Tissues were not damaged by flat mount nor by exposure to laser beam. Histology confirmed all IVCM diagnosis of BCC and all clear margins.

**Conclusions** Association of IVCM and EVCM allowed accurate management of peri ocular BCC, using micrographic surgery to reduced surgical margins. GRANT: project INNOV/EYE GIRC RAA

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New model to study retinoblastoma

**Purpose** Retinoblastoma is the most common primary intraocular tumor in children. Current therapies have many adverse effects. New approaches must therefore be developed and evaluated on animal models. Retinoblastoma mouse models include transgenic mice and patient-derived xenografts. We report our experience with orthotopic xenograft models of retinoblastoma using different mice strains.

**Methods** Human retinoblastomas were established and maintained by xenografting cells from enucleated eyes on immunodeficient mice. The orthotopic model was obtained by subcutaneous injection of cells in suspension in the right eye of immunodeficient (nude, SCID) and immunocompetent mice (C57BL/6J, B6ALB). Tumor growth was monitored by SD-OCT imaging and histology was also performed.

**Results** Tumor growth was observed both in immunocompetent and in immunodeficient mice. Chronic retinal detachment may occur after subretinal injection. Retinal, subretinal and vitreal tumor growth were achieved in four different strains. Retinal anatomy (thickness and number of layers) is different in nude mice. Mouse strains include immunocompetent and immunodeficient mice, albino and pigmented mice. Albino mice suffer from light-induced retinal degeneration and a retinal degeneration mutation is present in the C57Bl6 strain. Consequently, visual function after treatment can be difficult to interpret in these mice. Retinal anatomy in nude mice may be responsible for chronic retinal detachment after the subretinal injection.

**Conclusions** The genetic background of a given mouse can influence on its visual properties but it does not seem to influence the establishment of a xenograft model.
• **3445**

*Orbital T-cell lymphoblastic lymphoma*

HEEGAARD S, Stenman L
Ophthalmologisk Institut, Glostrup/RH Eye Department, Copenhagen, Denmark

**Purpose** To present the clinical, pathological and genetic characteristics of a case of primary T-cell lymphoblastic lymphoma of the orbit.

**Methods** Clinical work-up and morphological - and immunohistochemical study. Genetic analyses using FISH, DNA sequencing and arrayCGH analysis.

**Results** A 22-year-old man presented with a 3-week period of headache, reduced visual acuity and restricted eye movements of the left eye, unresponsive to antibiotic treatment. MRI scan showed large thickening of the extraocular muscles. Biopsies showed infiltration of lymphoma cells in the medial and superior rectus muscle as well as the superior oblique muscle of the left eye. Morphological and immunohistochemical studies of the biopsies showed T-cell lymphoblastic lymphoma. No major genomic imbalances were detected by high-resolution arrayCGH. FISH analysis revealed no evidence of chromosomal translocation involving the *ETV6* and *MLL* genes.

The patient received chemotherapy according to the high-risk NOPHO-protocol as well as a myeloablative allogenic bone marrow transplantation. The patient remains free of lymphoma nine months after the diagnosis, but with loss of visual acuity on his left eye.

**Conclusions** Primary T-cell lymphoblastic lymphoma in the eye region is very rare. It is important to recognize these patients early and think of lymphoma as a differential diagnosis in patients with involvement of the extraocular muscles. This is the first reported case of a T-cell lymphoblastic lymphoma in the orbit.

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• **3446**

*The effect of PAXgene fixation on preservation of morphology and nucleic acids in microdissected retinal tissue*

EDWARD D, Liu Y
Wilmer Eye Institute, Ophthalmology, Baltimore, United States

**Purpose** To compare the effect of the 2 fixatives on tissue morphology and to obtain good quality nucleic acids for molecular analysis from micro-dissected retinal samples.

**Methods** Enucleated specimens from NZ white rabbits were fixed in formalin or PAXgene fixative using standard protocols, and then processed and embedded in paraffin for sectioning. H&E stained were used to assess the structural integrity of the retina. Retinal tissue on slides was micro dissected using a 27 gauge needle under a dissection microscope. DNA/RNA were extracted and assessed for preservation of quality and quantity of the retinal tissue.

**Results** The retinal morphology was well preserved with both PAXgene and formalin fixation. The RNA yield from both fixation methods was similar, but RNA from PAXgene fixed samples had a better purity than that extracted from formalin fixed paraffin embedded samples (FFPE). For DNA, there was a twofold greater yield in PAXgene fixed samples (PFPE) compared to FFPE but with similar purity. Quantitative reverse transcription polymerase chain reaction analyses from two assays showed that the mean Cycle threshold values for beta-actin, beta-microglobin, Opsin 1-sw, Rhodopsin and 18S RNA of PFPE group was significantly lower than those of FFPE group (suggesting better RNA integrity) (p <0.01 for all groups). A greater than 10-fold level of gene expression was detected in PFPE relative to FFPE for the above genes in both assays. Furthermore, the number of tissue sections required for these studies suggested that this technique could be applied to study retinal macular molecular pathology.

**Conclusions** PAXgene fixed tissue retinal morphology is comparable to FFPE tissue. PAXgene may be a good alternative to formalin, providing good tissue morphology and ability to isolate high quality nucleic acids from micro-dissected paraffin embedded retinal samples.
Optic coherence tomography in analyzes of optic nerve and macula in neuro-ophthalmological patients


Methods: A retrospective study of 114 patients with the initial diagnosis of optic neuropathy. First, was measured the average thickness of RNFL in 4 quadrants and the central macula and GCL thicknesses in 1st, 2st and 3rd mm in fovea. We studied it in 3 groups: ON pathology (1st - n: 68), chiasmal compressive lesions (2st – n: 8) and retro-chiasmal pathology (3st – n: 38). The layer’s thickness was correlated in 3 groups.

Conclusions: In both groups, there is a correlation between the RNFL and total macula thicknesses. The impairment of total macula thickness is strongly correlated with the increased thickness in GCL of fovea’s 2st and 3rd mm. This study shows that in pre-chiasmal and retrochiasmal lesions, the impairment RNFL co exists with affection of macula thickness.

Optic nerve Drusen in black patients: a case series of 16 patients

MISTONICK P, Jean Charles A, Benzakri R, Merle H

Methods: A retrospective study, evaluate 114 patients with the initial diagnosis of optic neuropathy. First, was measured the average thickness of RNFL in 4 quadrants and the central macula and GCL thicknesses in 1st, 2st and 3rd mm in fovea. We studied it in 3 groups: ON pathology (1st - n: 68), chiasmal compressive lesions (2st – n: 8) and retro-chiasmal pathology (3st – n: 38). The layer’s thickness was correlated in 3 groups.

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Treatment of Leber’s hereditary optic neuropathy with EPI-743: the Brazilian experience


Methods: A retrospective study of 114 patients with the initial diagnosis of optic neuropathy. First, was measured the average thickness of RNFL in 4 quadrants and the central macula and GCL thicknesses in 1st, 2st and 3rd mm in fovea. We studied it in 3 groups: ON pathology (1st - n: 68), chiasmal compressive lesions (2st – n: 8) and retro-chiasmal pathology (3st – n: 38). The layer’s thickness was correlated in 3 groups.

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The influence of lingering fusional adaptation on the Bielschowsky head tilt test in superior oblique paresis

FRSH K, (1), Gayton D (1), Ying H (1)

Methods: A retrospective study of 114 patients with the initial diagnosis of optic neuropathy. First, was measured the average thickness of RNFL in 4 quadrants and the central macula and GCL thicknesses in 1st, 2st and 3rd mm in fovea. We studied it in 3 groups: ON pathology (1st - n: 68), chiasmal compressive lesions (2st – n: 8) and retro-chiasmal pathology (3st – n: 38). The layer’s thickness was correlated in 3 groups.

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• 3455
Optic disc swelling: Prospective study of sixty-seven patients

SFRONC C, Fel A, Bodaghi B, Le Hoang P, TOITUOI L
La Pitié Salpêtrière, Ophthalmology- DHU Vision et Handicaps, Paris, France

Purpose To assess the clinical features and etiologic work-up of patients presenting with optic disc swelling (ODS) in the emergency room.

Methods Patients seen in the ophthalmology emergency department of a single tertiary center between November 2014 and October 2015 were prospectively included. Each patient underwent an etiologic work-up including a brain-MRI, blood work, fluorescein angiography, and visual evoked potential.

Results 67 patients (39 female and 28 male) were included in this study. Average age was 46 years (17-86 years). ODS was unilateral in 43% of cases and bilateral in 55% of cases. The average time between the onset of symptoms and diagnosis of papillary edema was 80 days (3 days to 8 months). The mean initial visual acuity was 0.2 logMAR, and the mean final VA was 0.1 logMAR. Final diagnosis was intracranial idiopathic hypertension (43%), anterior ischemic optic neuropathy (25%), inflammatory or infectious papillitis (22%), compressive optic neuropathy (2%) and unknown in 3 cases (8%). The etiologic work-up was contributive for the final diagnosis in 10% of cases for fluorescein angiography; 35% for MRI of the optic nerve; 32% for laboratory tests; 67% for visual evoked potentials; 90% for the visual field of Goldman. Findings of Goldmann’s visual field included central or cecocentral scotoma (32%), exusion or enlarged blind spot (41%), inferior altitudinal scotoma (19%), and bitemporal quadrant anopia (5%).

Conclusions Our results demonstrate that causes of ODS could be identified in 92% of patients presenting with ODS. According to the clinical features at presentation, the etiologic work-up can be further adjusted but a standard minimal etiologic work-up is usually efficient to state the diagnosis.

• 3457
Ophthalmic insert for pupillary mydriasis in neonates

BREMOND-GIGNAC D (1,2), Jacque-Aigrain E (3), Abdoss H (3), Bervoies A (4), Baudel O (3), Albert C (3)
(1) APHP- Hôpital Universitaire Necker Enfants Malades, Pediatric Ophthalmology, Paris, France
(2) CNRS Unit FR3636, Binocular vision, Paris V University, France
(3) APHP- Hôpital Universitaire Robert Débré, 75019, Paris, France
(4) Data Mining International, Geneva, Geneva, Switzerland

Purpose To study efficacy and tolerance of ophthalmic insert Mydriasert® versus standard treatment phenylephrine and tropicamide eye drops for fundus examination in neonates.

Methods Prospective, randomised, single-blinded non-inferiority study of 80 premature and full-term babies and infants treated for fundus examination. Mydriasis was obtained with two groups randomly assigned. The eye drop group received three instillations of 2.5% phenylephrine and 0.5% tropicamide and the insert group received Mydriasert® containing phenylephrine and tropicamide. The mydriasis was evaluated 75 minutes after the introduction of the mydriatic agents.

Results Mydriasis was successfully achieved in both eyes in 97.5% of infants in the insert group and 90% in the eye drop group at 75 minutes after dispensation. The efficacy of the insert was non-inferior compared to the eye drops. To reach effective mydriasis, the insert group required fewer nursing interventions for one patient compared to the eye drop group. Good general and local tolerance was observed in the two groups. However, two patients reported an adverse event as bradycardia and gastroesophageal reflux that could be related to neonate pathology.

Conclusions Mydriasis obtained with the ophthalmic insert Mydriasert® was not inferior compared to standard eye drop treatment. Insert reduced the number of nursing interventions to obtain mydriasis for a fundus examination.

• 3456
Nonarteritic anterior ischemic optic neuropathy (NAION): A misnomer. A non-ischemic papillopathy caused by vitreous separation

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Purpose Vascular abnormalities such as disc hemorrhages and swelling present at the time of visual loss in NAION, followed by peripapillary vascular narrowing and ensuing disc pallor is enticing, but not etiologically conclusive for ischemia. Optic disc as well as retinal findings of whitening with disc swelling is indicative of axoplasmic stasis that may also occur simply from anatomic distortion of axons rather than occlusion of vessels. It may also occur from mechanical stretching with fracture of the axonal cytoskeleton.

Methods Review of the literature regarding 1) vitreous attachments and effects of separation from the optic disc, 2) dynamic shear force stretch injury to axons.

Results Within the normal population and in the age-group in which NAION occurs, 30% have complete PVD, 70% partial PVD, and 20% no PVD. In those with acute NAION, however, either total vitreous separation from the disc, or complete parapapillary detachment, is always present. Any telengectatic vessels on the disc surface correspond to areas of visual field sparing and encompass areas of unseparated vitreous still under tension.

Conclusions Where internal limiting membrane is absent over the disc and peripapillary retina, most notably in cupless discs where epipapillary membrane adhesions are strongest, vitreous separation may momentarily stretch and elongate axons, breaking the cytoskeleton in more aged and less distensible axons, leading to immediate axoplasmic accumulation and atrophy in the prelaminar sites of separation. Vitreous synchysis occurs more precociously in diabetics. Ischemic pathophysiology need not be invoked in so-called NAION. Better termed papillary vitreous detachment, or PVD-N. In those at risk, the timely and controlled release of vitreous connections to the optic disc may prevent such optic disc injury.
**3461**

**Mutations in Connexin-encoding genes**

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Gap junctions formed of connexin46 (Cx46) and connexin50 (Cx50) facilitate lens function and survival. Mutations of the connexin-encoding genes (GJA1 and GJA8) have been linked to inherited cataracts. We expressed these mutants in vitro to elucidate abnormalities that contribute to cataractogenesis. Most of the mutants reduce intercellular communication due to alterations of channel function or impaired connexin synthesis/assembly/stability. One unusual mutant (Cx50P88S) forms cytoplasmic accumulations that may act as light scattering particles. Another unusual mutant (Cx38G46V) exhibits increased hematicchannel function that may cause cell injury and death. We have studied mice expressing two different connexin mutants (Cx46D7A and Cx46K46S) that mimic cataract-related human mutations. Both mouse lines develop cataracts (although with different time courses) and have reduced connexin levels (mutant and co-expressed wild type) likely due to protein degradation. Our studies suggest that reduction of intercellular communication is a common feature that contributes to connexin mutant-linked cataractogenesis, but individual mutants cause additional abnormalities that contribute to differences in phenotypes.

**3462**

**Mutation in the Ercc2 gene of the mouse causes cataracts**

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Cataracts have been associated with many mutations. In a large-scale high-throughput ENU mutagenesis screen we analyzed the offspring of paternally treated C3H/HeJ-Fel mice for obvious ocular dysmorphologies. We identified a mutant suffering from rough coat and small eyes only in homozygotes; homozygous females turned out to be sterile. The mutation was mapped to chromosome 7 between the markers JH16.1 and D7Mit294. The critical interval (86 Mb) contains 3 candidate genes (ApoC, Nr5, Opz3); none of them showed a mutation. Using exome sequencing, we identified a c.2209T>C mutation in the Xpd/Ercc2 gene leading to a Ser737Pro exchange. During embryonic development, the mutant eyes did not show major changes. Postnatal histological analyses demonstrated small cortical vacuoles; later cortical cataracts developed. Since XPD/ERCC2 is involved in DNA repair, we checked also for the presence of the repair-associated histone γH2AX in the lens. During the time, when primary lens fiber cell nuclei are degraded, γH2AX was strongly expressed in the cell nuclei; later, it demarcates clearly the border of the lens cortex to the organelle-free zone. These findings demonstrate the importance of XPD/ERCC2 for lens fiber cell differentiation.

**3463**

**Whole exome sequencing in patients with congenital cataracts**

**LISKOVA P**

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Next-generation sequencing (NGS) represents one of the most significant technological advances in the biological sciences of the past decade. NGS is now being introduced by many laboratories for routine diagnostic use. For genetically heterogeneous disorders approaches include custom-designed target enrichment permitting analysis of disease-associated gene panels and whole exome sequencing (WES). The sensitivity, speed and cost per sample makes WES a valuable tool and it is increasingly being used to identify the molecular genetic causes of inherited cataracts. The detection rate of disease-causing mutations is high and the results enhance clinical diagnosis and genetic counselling of the affected families.

**3464**

**Gene panels and genomic testing for childhood cataract and lens dislocation disorders**

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(3) Central Manchester University Hospitals NHS Foundation Trust, Royal Eye Hospital, Manchester, United Kingdom

Congenital cataract (CC) affects 3-5 individuals per 10,000 and is a significant cause of lifelong visual disability worldwide. Highly heterogeneous, CC may be isolated or may form one manifestation of a multisystemic condition. It is estimated that around 50% of bilateral CC cases have a genetic basis, with well over 100 genes implicated in their underlying etiology. Consequently, the identification and characterisation of CC is not equivalent to making a clinical diagnosis on which is based care planning, genetic counselling and non-ocular management. Until recently, clinical investigation of patients with CC has been based upon an iterative, clinically-driven process that is expensive, time-consuming and inefficient. The advent of Next Generation Sequencing promises to provide a platform upon which can be built a unified approach to diagnosis. We, and others, have shown that such an approach can identify the molecular basis of CC and other lens-related disorders such as lens subluxation in the majority (over 70% in our series) of cases. When applied early in the diagnostic pathway this can direct ongoing management, improve outcomes for patients, and direct genetic counselling for families with CC.
• 3471 Light-Induced Retinopathy in neonatal rats: A new retinal degeneration slow model
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Purpose We showed that compared to adult rats (AR), the retina of neonatal rats (NR) is significantly more resistant to light damage. The purpose of this study was to determine the minimum exposure time that the neonatal retina requires to cause an adult-like retinopathy at long term.
Methods Starting at postnatal age 14 days (P14), NR were exposed to 10,000 lux for various lengths of time [1, 2, 3, 4, 5, 6, 9, 12 and 16 consecutive days (d)]. ERGs and retinal histology were performed at predetermined time points.
Results Maximal effect was obtained after 3 days of exposure (50% control ONL thickness (p<.05) compared to 97% and 75% for 1 and 2 days) beyond which no further significant (p>0.05) thinning of the ONL was observed. In contrast, a significant (p<0.05) dose-dependent decrease of all ERG components was observed immediately following the cessation of light exposure. Although non-significant structural damage could be documented immediately following 1 day of exposure, when re-examined at P78, the photoreceptor loss was almost identical (p<0.05) to the damage produced following a 14 day long exposure.
Conclusions Our findings suggest that in NR, a dose dependent light exposure is sufficient to produce, at long term, a significant retinal degeneration that will significantly impact the retinal structure and function and that in spite of the fact that no measurable structural and functional retinal anomalies could be demonstrated immediately following this 1-day exposure (i.e. at P15). Our light induced slow retinal degeneration model thus represents an attractive (especially its dose-dependent nature) alternative (to other more genetic models) to study the pathophysiology of photoreceptor induced retinal degeneration and therapeutic strategies to counteract it. Funding: CIHR and FRQ-S, under the frame of E-Rare-2, the ERA-Net for Research on Rare Diseases.

• 3472 Clinical evaluation of video imaging technology during visual field exams
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Purpose Video imaging consists in recording the entire visual field process in synchrony with the video of the patient's head. Several clinical applications have been investigated to evaluate the clinical usefulness of this new technology.
Methods The study included results from 48 visual field exams performed on a MonCoVONE full field projection perimeter with synchronized video recording. The video from a large viewing field camera was recorded in synchrony with the position of the visual stimulus, with other test parameters such as luminance and size and with the patient's response obtained from the patient's press button or from the operator judgment. The study included patients who were unable to perform automated perimeter due to young age or handicap, patients with abnormal eye movements, head posture or ptosis and controls performed after automated perimeter.
Results Video recording was extremely useful in the majority of clinical cases. 24 exams were performed on young children (age between 2 and 5 years) using attraction perimeter. The eye orientation responses could be interpreted and validated after the exam. In other cases, the video recording facilitated the interpretation and documentation of visual field results with the inclusion of video snapshots in the examination report. Additional applications included the recording of cardinal eye gaze positions and of the fusion visual field.
Conclusions Synchronized video imaging performed during visual field exams is a clinically useful tool for the examination of patients who cannot perform automated perimeter and for the documentation of artefacts and situations such as ptosis, abnormal eye movements, abnormal head posture and incorrect position of refraction.
Commercial interest

• 3473 Using reaction time in visual search and decision making task to measure visual field thresholds in multifixation perimetry
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Purpose The ability to make eye movements to point the fovea toward object perceived in peripheral visual field is a fundamental feature of human visual system. We studied if reaction time (RT) in visual search task can be used for deciding if a peripheral visual field stimulus is visible when measuring visual field thresholds.
Methods Ocupsee® ambient light perimeter was programmed to display peripheral 0.2’ stimulus of 100 ms duration for triggering a reflex saccade to point the fovea towards the location of the stimulus which was replaced with a faint arrow figure for reporting its direction with a button press and thus confirming foveal fixation. Next peripheral stimulus followed by a new arrow was then displayed. RT between button presses were recorded. Thresholds of the right eye of eight experienced healthy persons (mean age 43, range 22 - 58 years) were recorded. Humphrey 30–2 grid were measured with a staircase threshold of the right eye of eight experienced healthy persons (mean age 43, range 22 - 58 years) were measured with a staircase.
Results Mean amplitude (peak to fixed time) of the focal PhNR-ON were significantly (p<0.05) reduced by 40% while the focal PhNR-OFF was completely eliminated. In the long duration full field ERG, the PhNR-ON and –OFF were reduced by 21% and 57% (p<.05) compared to 97% and 75% for 1 and 2 days) beyond which no further significant (p>0.05) thinning of the ONL was observed. In contrast, a significant (p<0.05) dose-dependent decrease of all ERG components was observed immediately following the cessation of light exposure. Although non-significant structural damage could be documented immediately following 1 day of exposure, when re-examined at P78, the photoreceptor loss was almost identical (p<0.05) to the damage produced following a 14 day long exposure.
Conclusions Our findings suggest that in NR, a dose dependent light exposure is sufficient to produce, at long term, a significant retinal degeneration that will significantly impact the retinal structure and function and that in spite of the fact that no measurable structural and functional retinal anomalies could be demonstrated immediately following this 1-day exposure (i.e. at P15). Our light induced slow retinal degeneration model thus represents an attractive (especially its dose-dependent nature) alternative (to other more genetic models) to study the pathophysiology of photoreceptor induced retinal degeneration and therapeutic strategies to counteract it. Funding: CIHR and FRQ-S, under the frame of E-Rare-2, the ERA-Net for Research on Rare Diseases.

• 3474 Electrophysiological ON and OFF responses in Autosomal Dominant Optic Atrophy
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Purpose To assess the effect of ADOA on the ON and OFF components of the photopic negative response (PhNR).
Methods Twelve participants with six families with OPA1 ADOA and 16 age matched controls were recruited. Electrophysiological assessment involved long flash focal (200) and full field ERGs using red flash (664nm, 2500µsec, 55 cd/m2; 2Hz) on a rod saturating blue background (~544nm, 100 scot cd/m2) and brief xenon flash ERGs using red filter (Lee Filter “Terry Red”, max 300 µs flash duration, 1.69 cd.s.m-2, 4Hz) over a continuous on a rod saturating blue background (~544nm, 100 scot cd/m2) and brief xenon flash ERGs using red filter (Lee Filter “Terry Red”, max 300 µs flash duration, 1.69 cd.s.m-2, 4Hz) over a continuous.
Results Mean amplitude (peak to fixed time) of the focal PhNR-ON were significantly (p<0.05) reduced by 40% while the focal PhNR-OFF was completely eliminated. In the long duration full field ERG, the PhNR-ON and –OFF were reduced by 21% and 57% (p<.05) compared to 97% and 75% for 1 and 2 days) beyond which no further significant (p>0.05) thinning of the ONL was observed. In contrast, a significant (p<0.05) dose-dependent decrease of all ERG components was observed immediately following the cessation of light exposure. Although non-significant structural damage could be documented immediately following 1 day of exposure, when re-examined at P78, the photoreceptor loss was almost identical (p<0.05) to the damage produced following a 14 day long exposure.
Conclusions Our findings suggest that in NR, a dose dependent light exposure is sufficient to produce, at long term, a significant retinal degeneration that will significantly impact the retinal structure and function and that in spite of the fact that no measurable structural and functional retinal anomalies could be demonstrated immediately following this 1-day exposure (i.e. at P15). Our light induced slow retinal degeneration model thus represents an attractive (especially its dose-dependent nature) alternative (to other more genetic models) to study the pathophysiology of photoreceptor induced retinal degeneration and therapeutic strategies to counteract it. Funding: CIHR and FRQ-S, under the frame of E-Rare-2, the ERA-Net for Research on Rare Diseases.
**3475**

**Apparent Contradictions in Pupillomotor, Sensory Visual and Electrodiagnostic Findings in Chiasmal Compression**

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(2) University Medical Center Mannheim- Germany, Dept. of Ophthalmology, Mannheim, Germany
(3) University Medical Center Mannheim- Germany, Dept. of Radiology, Mannheim, Germany
(4) University of Minsk, Dept. of Physiology, Minsk, Belarus

**Purpose** To improve the understanding of pupillomotor and electrodiagnostic findings in correlation to visual sensory defects in chiasmal compression.

**Methods** Full and half field VEPs were recorded by the Roland Retiport system. Stato-kinetic dissociation in visual field findings was demonstrated by Goldmann kinetic and Twinfield static perimetry. Low luminance conditions are applied with both kinetic and static perimetry. In addition, the swinging flashlight pupil test was applied in different variants, to solve apparent contradictions in functional findings. Analyzed are two cases of chiasmal compression by aneurysms of the internal carotid artery and one case of a tuberculum sellae meningioma, in which visual symptoms were the presenting ones.

**Results** Despite sensory symptoms may be confined to one eye, contralateral involvement due to chiasmal compression may show up in perimetry - more early by static than by kinetic examination. Low luminance perimetry produces more significant field defects in chiasmal lesions than standard perimetry. The swinging flash comparison of pupil responses may miss the unilateral relative afferent defect, depending on the direction of the light stimulus. Comparing not only responses to OD and to OS stimulation but also pupil responses to upper and lower half field stimulation helps to not overlook relative afferent pupil defects. Comparing, on the other hand, upper and lower half field VEPs has to consider physiological differences in these responses.

**Conclusions** In chiasmal compression, apparent contradictions in results of functional examinations may lead to false diagnostic conclusions or even to doubts concerning the somatic origin of visual complaints. The above mentioned extended toolbox of functional exams improves the diagnostic reliability.

**3476**

**Choroidal thickness changes in response to defocus in emmetropia and in myopia**

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(2) Center for Medical Physics and Biomedical Engineering, Medical University of Vienna, Vienna, Austria

**Purpose** This prospective study aimed to investigate the effect of myopic defocus on choroidal thickness in emmetropic, in moderately myopic and in highly myopic subjects.

**Methods** A 3-dimensional spectral domain-optical coherence tomography (SD-OCT) system that operates at a wavelength of 1060 nm was used to measure choroidal thickness in the 9 sections according to the “early treatment diabetic retinopathy study” (ETDRS) grid before and after a period of 60 minutes of defocus with a +3.00 Dioptre (D) lens in one eye of 15 emmetropic (spherical equivalent-SE: -0.75 to +0.75D; group A), 15 moderately myopic (SE: -6.00 to -2.50D; group B) and 15 highly myopic subjects (SE: ≤ -6.25D; group C).

**Results** Choroidal thickness was in all ETDRS fields significantly thicker in emmetropic than in moderately and in highly myopic subjects. Central field choroidal thickness before and after defocus was in group A 322±59 µm and 321±57µm, in group B 259±71µm and 258±65µm and in group C 237±64µm and 237±65µm. Choroidal thickness did not differ from before to after defocus in the central ETDRS field (group A: -1±12µm, p=0.710; group B: -1±8µm, p=0.660; group C: 0±6µm, p=0.995; paired t-test) and these differences did not differ significantly between the groups (p=0.940, ANOVA). In the peripheral ETDRS fields choroidal thickness changes from before to after defocus were neither found to be significant within the groups (p>0.05, paired t-test) nor between the groups (p>0.05, ANOVA).

**Conclusions** Myopic defocus does not influence the choroidal thickness in emmetropic, moderately myopic and in highly myopic subjects.
Special Interest Symposium: Vitreoretinal macular interface in various macular pathologies

• **3511**
  Evaluation of the vitreoretinal interface
  
  **GUALINO V**
  Clinique Honoré Cave, Ophthalmology, Montauban, France
  
  Abstract not provided

• **3512**
  Vitreoretinal traction syndrome
  
  **LE MER Y**
  Fondation Ophtalmologique A. de Rothschild, Service Pr Sahel, Paris, France
  
  Individualized from the other vitreoretinal interface diseases in the 80' the vitreoretinal traction syndrome has really been thoroughly described with the advances in OCT imaging. We'll present the proposed new international classification. By evaluating pathologic and pathological features, it allows to choose between different therapeutic options: watchful waiting, vitreolysis and vitrectomy. The new treatment using vitreolysis may in some cases avoid surgery in selected cases highlighted by this classification. We'll show some real life cases illustrating what we may really achieve with this non surgical therapy.

  Commercial interest

• **3513**
  Diabetic maculopathy
  
  **POURNARAS J A C**
  Jules Gonin Eye Hospital, Ophthalmology, Lausanne, Switzerland
  
  Vitreoretinal macular interface plays an important role in the formation and progression of diabetic macular edema. Main vitreoretinal diseases as epiretinal membrane, vitreous traction and macular holes may occur in this condition. They are due to abnormal mechanical and biochemical interactions between posterior hyaloid and retinal surface. OCT has changed our understanding of the contribution of vitreoretinal interface disorders on the course of macular edema. Tractional elements contribution seems to be more obvious compared to untractional elements as epiretinal membranes. The management of vitreoretinal retinal disorders associated to diabetic macular edema will be discussed. Specific surgical approach will be detailed and compared to same conditions occurring in non diabetic patients.

• **3514**
  Venous occlusions
  
  **PAQUES M**
  Quinze-Vingts Hospital, Paris, France
  
  The retinovitreal interface may be altered during retinal vein occlusions, either through vitreal traction participating to macular edema or the development of an epiretinal membrane. Surgical treatment of these may reduce macular thickness, although the severity of the underlying retinal damage may impair visual results. Epiretinal membrane peeling may also be useful to prevent multirecidivant macular edema. An emerging concern is surgical damage to the nerve fiber layer. Besides these well-known entities, the role of a normal inner limiting membrane in the maintenance of macular edema is debated.
High myopia

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(2) Eye Research Unit, Rothschild Foundation, Geneva, Switzerland

Urbanisation and increasing of education of modern societies is influencing normal homeostasis of eye growth, which in turn is causing an important myopic shift. Myopia is associated with increased vitreous liquefaction and premature synchisis and syneresis of the vitreous body. Syneresis can be anomalous in high myopes owing to stronger vitreoretinal adhesions. Foveoschisis, macular hole with or without retinal detachment, premacular membranes and paravascular retinal microholes are the most frequent myopic-related vitreomacular interface disorders. In this course we will explore the pathogenesis of these vitreomacular disorders and will discuss the therapeutic approaches.
Healthcare delivery, not just about the doctor and the patient

\textbf{MAZY R}  
Cliniques UCL, St. Luc, Brussels, Belgium

In this paper we explore the evolution of a classic hospital in a static building to a patient-focused 'concept' of healthcare delivery system where the healthcare provider can exercises high quality medicine with the necessary structural and organizational support. An organizational support for each individual(ist) healthcare provider who wants to perform "independently" the excellence in his work and be patronage and protected by its organization. As Wegener described 'doctors are not manageable' but they should be supported and encouraged. Lean implementation, teamwork, promoting healthcare pathways, enriching the resources for all professionals to prevent flours out are some of the aspect of a modern supportive organization to improve the quality of care AND the quality of life for the healthcare provider. Promoting the excellence and the professionals in order to increase the financial resources is one of the "jobs" of the manager of the hospital in his extensive list of To Dos.

Can ophthalmic technicians be used to deliver glaucoma care?

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UCL Institute of Ophthalmology, BRC for Ophthalmology, London, United Kingdom

The presentation will describe the development of a technician-delivered glaucoma screening and monitoring service introduced to help improve capacity and the patient experience within glaucoma outpatient clinics in a London hospital. The service involves the use of ophthalmic technicians to collect clinical data from patients, with a specialist reviewing these data remotely; thus, it removes the face-to-face doctor consultation. The nature of glaucoma detection and monitoring lends itself to a 'remote review' care model. The patient journey time in this clinic averages at around 50 minutes, compared with 163 minutes in the glaucoma outpatient department. The overall first visit discharge rate for the new patient screening service is 58%, the proportion of patients attending the Stable Monitoring Service who have been rebooked into the service is 83%. Patient satisfaction with the new service is high. Early analysis suggests that there exists a discrepancy between consultant reviewer management decisions for stable patients, suggesting some may be more risk-averse than others when managing patients seen within this model.
To assess the degree of patient satisfaction in a Glaucoma Outpatient centre and its correlation with the subjective scoring of the Ophthalmologist for the quality of provided care using a short not validated questionnaire. The practice of medicine has evolved in the latest decade. Disruptive innovation in healthcare causes a shift away from traditional health care venues like hospitals into clinic settings and outpatient's facility. There is also transference of skills from highly trained sub-specialist to more accessible specialist. The outpatient offices, especially in Belgium provide accessible and fast services in a convenient location. In order to remain competitive the outpatient offices have to provide high level of healthcare quality. In the published report Crossing the Quality Chasm, the Institute of Medicine (IOM) set forth six aims for a quality health care system: safe, equitable, evidence based, timely, efficient and patient centered. The latter three factors directly influence patient satisfaction. The patient satisfaction on the other hand has been commonly used as an indicator for measuring the quality of care given by the health professionals. In this lecture we explain patient's motivations for their satisfaction degree during an outpatient Glaucoma clinic.
**3531**

**Corneal nerves maintain the immune privilege of the cornea**

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(2) Cornea Service, Massachusetts Eye & Ear Infirmary, Department of Ophthalmology (and 2, )

The aim of the current study is to investigate if neuronal dysfunction leads to the loss of corneal immune privilege. After trigeminal axotomy, corneal cytokines were measured by multiplex bead assay. Corneal hem- (HG) and lymph-angiogenesis (LG), as well as immune cell infiltration and phenotype were assessed by immunohistochemistry staining. Trigeminal axotomy was performed in recipient mice one week prior to corneal transplantation and allospecific delayed-type hypersensitivity (DTH) was used to compare results between groups. Axotomy resulted in significant increase of CD45+ cells and up-regulation of MHC-2. Pro-inflammatory cytokines in the cornea were significantly increased. The area of corneal HG and LG were significantly increased by 6.3 fold and 5.7 fold respectively. Axotomy before corneal transplantation resulted in rejection of all grafts, and donor specific DTH response in these mice was positive at 2 weeks, as compared to transplanted mice without prior axotomy. Neurogenic immune homeostasis is a critical process, whereby the peripheral nervous system directly maintains corneal immune privilege.

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**3532**

**Immune Responses at the Ocular Surface**

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(2) Departments of Immunology, Duke University School of Medicine, Durham

Immune-mediated diseases of the ocular surface are relatively broad in their respective etiologies, which can involve infection, autoimmunity, or allergy. Despite this range, immune responses often converge upstream at the level of the dendritic cell (DC)—a highly specialized group of antigen presenting cells required in the activation of naïve T cells. Our lab has established a novel mouse model of allergic eye disease (AED), which leads to severe clinical manifestations, sustained ocular inflammation, and eosinophilic infiltration at levels seen in patients with atopic keratoconjunctivitis. Use of the AED model has led to identification of classical CD11b+ DCs as the key subset responsible for activating allergen reactive T cells. In addition, the AED model has uncovered the importance of CCR7 as the master chemokine receptor in homing of ocular surface DCs to the regional lymph nodes. Additionally, CCR7 has recently been shown to contribute to activation of Th17 cells in the mouse model of dry eye disease. Likewise, similar to the dry eye disease model, AED involves corneal lymphangiogenesis potentially suggesting a role for corneal DCs in allergic immune responses. Thus, efforts to progress the current understanding of DC biology holds tremendous promise for advancement of novel and effective medicines in immune mediated diseases of the ocular surface.

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**3533**

**Immunomodulation in allergic eye disease**

CALDER V  
UCL Institute of Ophthalmology, London, United Kingdom

Abstract not provided

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**3534**

**Tregs in corneal health and disease**

DANA R  
Harvard Medical School, Schepens Eye Research Institute, Massachusetts Eye & Ear Infirmary, Boston, MA, United States

This symposium will focus on the complex network of cells and molecular mechanisms that regulate immunity in the cornea and ocular surface. Talks will focus on the phenotype and function of corneal and ocular surface antigens presenting cells in health and disease; the immunopathogenesis and regulation of allergic eye disease; the myriad functions of nerves in maintaining immune homeostasis in the ocular surface; and T cell regulatory mechanisms that maintain immune privilege and how they be subverted in chronic inflammation and autoimmunity. Those attending the symposium should achieve a greater in-depth understanding of how immune cells, epithelial cells, and nerves interface to regulate immunity in the anterior segment of the eye.

Commercial interest
The Role of Antigen Presenting Cells in the Pathophysiology of Dry Eye

STERN M E
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Purpose Dry eye (DE) disease is perpetuated by self-antigen driven autoimmune-based inflammation. During the initiation of desiccating stress (DS)-induced DE acute cytokine production and dendritic cell activation precedes autoreactive CD4+ T cell activation, and CD4+ T cells isolated from these DE mice are sufficient to mediate disease following adoptive transfer to T cell-deficient nude recipient mice.

Methods Flow cytometry, IHC, ELISA and ocular surface antigen presenting cell (APC)-depletion were used to phenotype expression and function of dendritic cells and cytokines during DS-DE (induced in C57BL/6 female mice exposed to sc scopolamine (0.5 mg/0.2 ml) TID, humidity <40%, and sustained airflow).

Results In response to DS-induced DE there is a significant increase (p≤0.05) in the expression of CD11cloPDCA+ plasmacytoid dendritic cells (pDCs) and secretion of type I interferons (IFNa/b) in draining cervical lymph nodes (CLN) and ocular surface tissues compared to naïve controls. The higher frequency of pDCs within the CLN correlated with enhanced IFNa levels in both CLN and ocular surface tears (p≤0.05). Furthermore, CD4+ T cells isolated from APC-depleted mice exposed to DS are not pathogenic; CD4+ T cell infiltration was markedly (p<0.05) reduced relative to controls, which was associated with an attenuated proinflammatory cytokines/chemokine response.

Conclusions Collectively, these data further support the concept that DE is a localized self-antigen-driven autoimmune disease.
Imaging and Biopsies

VAN GINDERDEUREN R
UZ St. Rafael, Ophthalmology, Leuven, Belgium

Imaging is necessary before taking a biopsy for diagnostic purposes, to delineate the extension, find the correct location and plan the most adequate procedure for the biopsy. In case of suspicion for conjunctival/palpebral lymphoma a CT scan is performed to exclude bilaterality and delineate the exact proportions. For orbital/lacrimal gland tumors with differential diagnosis of lymphoma a CT/MRI shows the exact location and dimensions of the tumor. In case of a tumor with easy access a large biopsy is preferred over fine needle aspiration biopsies. Special precaution is necessary not to crush the specimen to prevent artefacts of the fragile lymphoma cells. The biopsy is divided in a fresh portion for frozen sections and for genetic analysis; the bulk of the tumor is fixed in formalin for the standard stainings. Retinal/choroidal lymphomas can be diagnosed by fundus examination, OCT, ultrasound and fluoangiography. Biopsies require special surgical skills and adapted laboratory techniques because of the paucity of cells. Steroids must be discontinued for at least 10 days. A vitreal above a scleral approach is preferred because of the possibility to obtain also a retinal sample.

Orbital and palpebral lymphomas

ROBERT P Y (1), Flauss R (2)
(1) CHRU Dupuytren, Ophthalmologie, Limoges, France
(2) CHU, Ophthalmology, Poitiers, France

Extra nodal lymphomas may involve the ocular adnexae in 8% of cases. The mean age of onset is basically in the sixth decade. Lymphomas may present as a palpebral mass (39%), conjunctival infiltrate (39%) or protrusion (31%). It may involve orbital fat (47%), orbital muscles (26%), lacrimal gland (19%), preseptal tissues of eyelids (10%), or conjunctiva (60%). However, no specific location has been statistically associated to a better prognosis. Although MALT lymphoma (low grade with good prognosis) is the most common type (46%), other types such as follicular (20%), DLCL (11%), Mantle (5%), or other (17%) may occur. Lymphoma of ocular adnexae represent around 12% of all MALT lymphomas. The incidence of Chlamydia Psittaci infection in lymphoma patients may vary according to the geographic area, for instance 0% in Florida and 80% in Italy. The incidence of amyloidosis in lymphoma patients arises from 0.85% to 7.3%. However amyloid deposits are often not systematically looked for, and therefore may remain misdiagnosed. The handling of orbital-palpebral lymphomas requires the collaboration of a multidisciplinary team involving pathologists, biological and clinical hematologists, microhistologists and orbital surgeons.

Vitreoretinal Lymphomas

CASSOUX N
Institut Curie, Ophthalmology Oncology, Paris, France

Abstract not provided

Vitreoretinal Lymphomas

CASSOUX N
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Abstract not provided

Imaging and Biopsies

VAN GINDERDEUREN R
UZ St. Rafael, Ophthalmology, Leuven, Belgium

Imaging is necessary before taking a biopsy for diagnostic purposes, to delineate the extension, find the correct location and plan the most adequate procedure for the biopsy. In case of suspicion for conjunctival/palpebral lymphoma a CT scan is performed to exclude bilaterality and delineate the exact proportions. For orbital-lacrimal gland tumors with differential diagnosis of lymphoma a CT/MRI shows the exact location and dimensions of the tumor. In case of a tumor with easy access a large biopsy is preferred over fine needle aspiration biopsies. Special precaution is necessary not to crush the specimen to prevent artefacts of the fragile lymphoma cells. Steroids must be discontinued for at least 10 days. A vitreal above a scleral approach is preferred because of the possibility to obtain also a retinal sample.
• 3545
Medical treatment of Lymphoma in 2015

BORDESOULLE D
Limoges, France.

Abstract not provided
**3551**

**Apoptosis in the lens after oxidative stress induced by in vivo exposure to UVR**

GAUCHANIN K

Ophthalmology, Karolinska Institute/Uppsala University, Stockholm, Sweden

**Abstract not provided**

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**3552**

**Active caspase-3 in the lens and its response to oxidative stress induced by in vivo exposure to UVR**

TALEBIZADEH N

Ophthalmology, Neuroscience, Uppsala, Sweden

**Purpose**: To determine the time evolution of active caspase-3 protein expression after exposure to low dose UVR-300nm.

**Methods**: Forty rats were unilaterally exposed in vivo to 1 kJ/m2 UVR-300nm for 15 min. All lenses were processed for immunohistochemistry. Time evolution of active caspase-3 expression was determined based on the differences in the probability of active caspase-3 expression at 0.5, 8, 16, and 24 hrs after the UVR exposure. A logistic model was introduced for the expression of active caspase-3.

**Results**: Active caspase-3 expression was higher in the exposed lenses. The mean differences between the exposed and non-exposed lenses were 0.17±0.02, 0.20±0.03, 0.21±0.03, and 0.11±0.04 (95%CI) for the 0.5, 8, 16, and 24 hr time groups, respectively. There was a difference when comparing the 0.5 and 24 hrs groups to the 8 and 16 hrs groups (95%CI = 0.06±0.03). Exposure to UVR-300nm impacted on the parameters of the logistic model by time.

**Conclusions**: Expression of active caspase-3 in the lens epithelium increased after UVR exposure. The peak of expression was around 16 hrs after the exposure. The logistic model predicts the impact of exposure to UVR on the spatial distribution of active caspase-3 expression, depending on time.

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**3553**

**The immunoproteasome in human lens epithelial cells during oxidative stress**

PETERSEN A (1), Zetterberg M (2)

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(2) University of Gothenburg- Institute of Neuroscience and Physiology, Department of Clinical Neuroscience and Rehabilitation, Gothenburg, Sweden

The immunoproteasome has been detected not only in immune-tissue, but also in non-immune tissues like the immune-privileged eye. The aim of this study was to investigate if the immunoproteasome is present in cultured human lens epithelial cells and in human lenses with cataract, as well as to measure expression and activity of immunoproteasome subunits in response to oxidative stress.

Expression of the immunoproteasome and constitutive proteasome subunits b1i/b1, b2i/b2 and b5i/b5 were studied by western blot in lens fibre extracts from phacoemulsification surgery, in fresh lens capsule pieces with adherent cells obtained during cataract surgery as well as in oxidatively stressed native human lens epithelial cells (HLECs) in culture.

The present study shows that the immunoproteasome is present in native HLECs and in human cataractous lenses. Furthermore, in native HLECs, oxidative stress upregulates immunoproteasome expression in contrast to the constitutive proteasome. The increased expression of the immunoproteasome is not accompanied by increased chymotrypsin-like activity.

**Invited SIS speaker at Oxidation and defense in the ocular lens (SIS organizers, Per Söderberg and Madeleine Zetterberg)**

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**3554**

**Estrogen as an antioxidant in the lens**

ZETTERBERG M

Dept. of Ophthalmology, Institute of Clinical Neuroscience, Mölndal, Sweden

Female gender is a known risk factor for age-related cataract, although the explanation for this is still largely unknown. We have demonstrated that physiologic concentrations of 17β-estradiol (E2) protect cultured human lens epithelial cells (HLECs) from oxidative stress induced by H2O2, as evident by decreased production of reactive oxygen species (ROS) and a stabilization of the mitochondrial membrane potential. Total superoxide dismutase (SOD) activity was increased by these concentrations of E2 but no change in gene or protein expression of SOD was seen.

In cataract patients and controls, a significant correlation between higher age and decreasing serum levels of E2 was found but no correlation between serum levels of E2 and SOD was demonstrated. Men exhibited higher E2 levels compared to postmenopausal women. To conclude, estrogen seems to exert antioxidative effects on human lens cells, possibly by affecting SOD activity, which may explain the difference in risk of cataract between genders. The finding that men have higher levels of E2 than postmenopausal women further supports the hypothesis that it is the decline in estrogen at menopause that causes the higher risk of cataract in women.

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**Special Interest Symposium: Oxidation and defense in the ocular lens**
Caffeine, an in vivo oxidation protectant in the lens

KRONSCHLAGER M, Yu Z, Talebizadeh N, Soderberg P
Uppsala University, Ophthalmology, Uppsala, Sweden

The major avoidable cause of cataract is ultraviolet radiation (UVR). We aimed at investigating topical caffeine in UVR-induced cataract.

Topical caffeine and a placebo were applied to the eyes of separate groups of Sprague Dawley rats that were exposed to sub-doses of UVR and protective effect was evaluated. Penetration of topical caffeine in the rats to lens and blood was analysed by HPLC. Influence of topical caffeine on pupil diameter was measured in ketamine/xylazine anesthetized rats.

Topically administered caffeine protected against UVR-induced cataract development with a Protection Factor, an objective relative measure of protective properties, of 1.23 and inhibited UVR-induced apoptosis. Topical caffeine peaked at 30 min in the lens, increased up to 120 min in the blood and antagonized ketamine/xylazine-induced mydriasis. Eyes treated with caffeine reacted with quick dilatation after tropicamide application.

In conclusion, topically applied caffeine protects against ultraviolet radiation cataract, reducing lens sensitivity 1.23 times. Considering that caffeine is a powerful antioxidant that is easily available and well tolerated our finding implicates that caffeine may be a clinically useful anticataract agent.
The German Mouse Clinic (GMC) is a large-scale mouse phenotyping facility that provides systematic analysis of all organ systems using a standardized workflow. The tests for the eye phenotyping include Scheimpflug imaging, optical coherence tomography, Laser interference biometry, Virtual drum, ERG, and histology. It allows the identification of novel genetic models for human eye diseases. One example is the MelT mutant line, which have retinal and eye size defects, and impaired visual acuity. Importantly, our results reveal that a single mutant MelT allele in the mouse is sufficient to elicit multiple phenotypic abnormalities, consistent with a dominant mode of inheritance in human patients, being characterized by microphthalmia (and leukocoria). These data provide a starting point for further investigation of several organ systems to dissect the underlying pathogenic mechanisms and to identify reliable phenotypic endpoints for therapeutic testing. Another example is the Apet1 mouse that show retinal deficits, revealing a new phenotype for a mutation of this gene. The eye screen along with the GMC identifies new (and frequently pleiotropic) traits that bring progress in understanding the molecular mechanism in human eye diseases.

The eye screen will be part of emerging Czech Centre for Phenogenomics (CCP) in proximity to Prague. The purpose of our eye screen will be the detection of various eye abnormalities in eye morphology and eye physiology. We would like to examine retina structure abnormalities using optical coherence tomography, or anterior segment abnormalities using Scheimpflug imaging. In addition, we plan to perform functional analysis of the visual system using virtual optomotor system. Finally, retinal function will be tested by electroretinography.

Angiography reveals novel features of the retinal vasculature in mice

RUBERTÉ J
Center for Animal Biotechnology and Gene Therapy, Autonomous University of Barcelona, Cerdanyola del Vallès, Spain

Here, we present a comprehensive characterization of the mouse retinal vasculature by SLO-OCT fluorescent angiography. Using this clinical imaging technique, we report previously unrecognized variations in C57BL/6J vascular anatomy. All layers of the mouse retinal vasculature could be readily visualized during fluorescein angiography by SLO-OCT. Blood vessel density was increased in the deep vascular plexus (DVP) compared with the superficial vascular plexus (SVP). When we examined different regions of the SVP and DVP, no differences in capillary density were observed between the inferior and superior hemispheres, or between different regions of the SVP. However, a small, but significant increase in capillary density was detected in the temporal hemisphere of the DVP compared with the nasal hemisphere of the DVP. Arteriolar and venular typologies were established and structural differences were observed between venular types. Unexpectedly, the hyaloid artery was found to persist in 15% of C57BL/6 mice, forming anastomoses with peripheral retinal capillaries.
The Effect of Hypertension on Intraocular Pressure and Apoptosis of Retinal Ganglion Cell Through ET-1 Signaling Pathway Activity in Trabecular Meshwork of Hypertension Rat Model

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(1) Brawijaya University, Ophthalmology, Malang, Indonesia
(2) Brawijaya University, Biochemistry, Malang, Indonesia
(3) Brawijaya University, Pharmacology, Malang, Indonesia

Purpose: To evaluate the effect of Doxycyclinococidate (DOCA)-salt Hypertension model on IOP/retinal ganglion cell (RGC) apoptosis, ratio of endothelin (ET-1)/endothelial Nitric Oxide Synthase (eNOS), ETA and ETB Receptor (ETRA and ETRB), Aplysian Light Chain Kinase (MLCK), and Caldesmon (CaD) in endothelial cells of Trabecular Meshwork (TM).

Methods: Experimental study was performed on 20 male Sprague Dawley rats divided into control group(1), hypertension group (2-4): DOCA subcutaneous 10 mg/kg BW twice a week + NaCl 0.9% daily for 2, 6, and 10 weeks respectively. Blood pressure were measured by IP analyzer with animal tail-cuff method and IOP measured by handhold tonometry before study and before enucleation. ET-1 signaling pathway and RGC apoptosis were evaluated by immunofluorescent staining, then observed by laser scanning confocal microscopy. Data were analyzed by one way Anova.

Results: Peak of IOP elevation occurred on 2 weeks of hypertension (7.78 ± 4.14 mmHg). The average ratio of ET-1/eNOS was highest on 2 weeks (1.13 ± 0.025 au). The ETRA were significantly increased in 2 and 6 weeks (1476.3 ± 20.9 au and 1209.7 ± 6.1 au), while ETRB only in 2 weeks (1160.5 ± 18.2 au). The highest average of MLCK (19668 ± 6.41 au), CaD (1676.37 ± 7.72 au), and RGC apoptosis (576.15 ± 33.28 au) were found in 2 weeks hypertension.

Conclusions: Hypertension induced by DOCA-salt stimulated significant activation of ET-1 signaling pathway on TM, elevation of IOP, and RGC apoptosis. The peak of activation was achieved at 2 weeks of hypertension.

Downregulating the Myocardin-related transcription factor/ Serum response factor (MRTF/ SRF) pathway is a novel therapeutic approach to prevent post-surgical fibrosis in glaucoma.

YU-WAI-MAN C (1), Nannakta K, Gao X, Kimura A, Harada C

Tokyo Metropolitan Institute of Medical Science, Visual Research Project, Tokyo, Japan

Purpose: Brain-derived neurotrophic factor (BDNF) is a neurotrophic factor that regulates neural cell survival mainly by activating TrkB receptors. Several lines of evidence support a key role for BDNF-TrkB signaling in survival of adult retinal ganglion cells (RGCs) in acute and chronic models of optic nerve damage. On the other hand, glial cells have recently been considered as important contributors to neurel cell survival. To further elucidate the role of glial cells in BDNF-mediated neuroprotection, we examined the effect of optic nerve injury (ONI) on TrkBGFAP KO mice, in which TrkB is deleted in retinal glial cells.

Methods: We examined the effect of ONI in WT and TrkBGFAP KO mice at day (d) 7 and 14 after ONI by spectral domain optical coherence tomography (SD-OCT), retrograde labeling of RGCs, immunohistochemistry and quantitative real-time PCR analyses.

Results: ONI-induced BGC loss and retinal degeneration occurred quickly in TrkBGFAP KO mice at d7 after ONI, but the severity was comparable with WT mice at d14. We next examined the effects of ONI on the production of trophic factors in the retina. ONI markedly increased mRNA expression levels of basic fibroblast growth factor (bFGF) in WT mice at d3, but not in TrkBGFAP KO mice. Immunohistochemical analysis at d7 revealed that ONI induced bFGF upregulation mainly in Müller glia. On the other hand, glial cell line derived neurotrophic factor (GDNF) expression level was slightly decreased in TrkBGFAP KO mice compared with WT mice at d3, but not at d10.

Conclusions: These results demonstrate that BDNF signaling in retinal glia plays important roles in the early stage of neural protection after traumatic injury. Additionally, our genetic models provide a system in which glia-specific gene functions can be examined in central nervous system tissues in vivo.

TrkB signaling in Muller glia stimulates neuroprotection after optic nerve injury

HARADA T, Nannakta K, Gao X, Kimura A, Harada C

Tokyo Metropolitan Institute of Medical Science, Visual Research Project, Tokyo, Japan

Purpose: Brain-derived neurotrophic factor (BDNF) is a neurotrophic factor that regulates neural cell survival mainly by activating TrkB receptors. Several lines of evidence support a key role for BDNF-TrkB signaling in survival of adult retinal ganglion cells (RGCs) in acute and chronic models of optic nerve damage. On the other hand, glial cells have recently been considered as important contributors to neurel cell survival. To further elucidate the role of glial cells in BDNF-mediated neuroprotection, we examined the effect of optic nerve injury (ONI) on TrkBGFAP KO mice, in which TrkB is deleted in retinal glial cells.

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Conclusions These results demonstrate that BDNF signaling in retinal glia plays important roles in the early stage of neural protection after traumatic injury. Additionally, our genetic models provide a system in which glia-specific gene functions can be examined in central nervous system tissues in vivo.

In vivo modified peripheral glia enhance regenerative capacity in a rat retina

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(1) Medical University of Silesia, Physiology, Katowice, Poland
(2) Medical University of Silesia, Ophthalmology, Katowice, Poland
(3) University of Eastern Finland, Ophthalmology, Kuopio, Finland
(4) Kuopio University Hospital, Ophthalmology, Kuopio, Finland

Purpose: To investigate impact of transplanted peripheral glia on neurites outgrowth and synaptogenesis in adult rat retina associated with ongoing optic neuropathy.

Methods: In this study we used two models of retinal neurodegeneration — degeneration of denervation represented by retinal explants culture and glaucomatous degeneration represented by rat model of ocular hypertension. Retinal explants were cultured in standard supplemented Neurobasal A medium (n=48). Ocular hypertension has been induced using beads occlusive model (n=10). In both ex vivo and in vivo approaches we applied transplantation of peripheral glia, prepared as previously described (Marcol et al. 2015), of density 10^4/5µl for ex vivo and 10^6/5µl for in vivo. PBS treatment was used as a control. After proper follow-up time (10 days for retinal explants and 6 weeks for glaucoma model), tissue was fixed and processed for immunostaining (GAP43, synaptophysin, mGlu2/3R) and stereological analyses.

Results: There were visible differences in GAP43, synaptophysin and mGlu2/3R expression between experimental groups. Treatment with peripheral glia increased expression of above proteins both ex vivo and in vivo. Synaptic proteins expression was increased in glial cells treated glaucomatous retinas with mostly within inner plexiform layer, however punctate staining appeared also in ganglion cells layer and retinal nerve fiber layer that might be associated with synaptic plasticity induced by our treatment. Retinal explants analyzed in stereology revealed significant differences expressed in parameters of neurites outgrowth (U-Mann Whitney test, p<0.05).

Conclusions: Transplantation of in vivo modified peripheral glia support regeneration and might have impact on synaptogenesis and synaptic plasticity within inner retin.
Neuroprotective modifications in retinal Müller cells due to oxidative stress and energy restriction

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(1) The Panum Institute, Department of Neuroscience and Pharmacology, Copenhagen, Denmark
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Purpose
The viability of retinal ganglion cells (RGCs) is essential to maintain the neuronal function of the retina. Müller cells (MCs) are assumed to be vital in neuroprotection of the RGCs. In this study, we evaluated modifications in retinal MCs due to oxidative stress and energy restrictions.

Methods
The human Müller glial cell line, MIO-M1, was used in all experiments. Changes in glutamate uptake were evaluated in oxidative stressed and energy restricted MCs.

The cell viability was evaluated by LDH and MTT assays. Regulations in gene and protein expression were evaluated by qPCR and western blot.

The ATP production was measured as well as the mitochondrial activity.

Results
Glutamate uptake was significantly in energy-restricted MCs. Simultaneous energy restriction and oxidative stress significantly decreased glutamate uptake.

The mitochondrial activity was reduced after exposure to energy restriction and further reduced during simultaneous exposure to energy restriction and oxidative stress. The intracellular ATP levels were decreased in the latter condition.

Conclusions
Oxidative stress and energy restriction alter the neuroprotective characteristics of MCs by increasing the glutamate uptake during energy restriction and by decreasing the uptake during simultaneous exposure to energy restriction and oxidative stress. The impaired mitochondrial activity and reduction of intracellular ATP levels may affect the ability of MCs to maintain a cellular homeostasis in such way that their ability to protect RGCs may suffer.

MMP-9 null mice display elevated IOP due to reduced aqueous humor drainage from the trabecular meshwork

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Purpose
Aqueous humor outflow resistance depends on a complex equilibrium of extracellular matrix biosynthesis versus proteolysis in the trabecular meshwork. Several members of the MMP family, including MMP-9, are essential to the regulation of aqueous humor outflow resistance, i.e. to intraocular pressure (IOP) homeostasis. Here, we characterized the baseline ocular phenotype of MMP-9 null mice, with emphasis on the dysregulation of IOP homeostasis.

Methods
MMP-9 null and wild type mice, from 3 to 13 months of age, were studied. IOP and central corneal thickness were measured via rebound tonometry and pachymetry, resp. Anterior chamber morphology and trabecular meshwork organization were studied (1) in vivo with OCT, (2) via light microscopy and (3) by means of transmission electron microscopy (TEM), and its collagen composition was studied using Sirius Red and immunostainings. Integrity of the retina and optic nerve were evaluated with OCT and histological stainings on tissue sections and retinal flatmounts.

Results
MMP-9 null mice present with early-onset ocular hypertension, and fluorophotometric measurements of aqueous humor turnover revealed a reduced aqueous humor drainage. While OCT, light microscopy and TEM analysis did not disclose any abnormalities in the cellular organization of the trabecular meshwork, collagen staining indicated that there is an aberrant extracellular matrix composition in MMP-9 null mice. Remarkably, the observed IOP elevation in MMP-9 null mice did not result in a glaucomatous phenotype at the level of the retina and optic nerve at the ages studied.

Conclusions
Our observations corroborate the role of MMP-9 as an important remodeler of the trabecular meshwork, and evidence for a causal link between MMP-9 deficiency, trabecular meshwork composition and IOP elevation is revealed.
SATURDAY
OCTOBER 10, 2015
**• 4111**

**Introduction: DME in vitrectomized eyes**

**XIRONI T**  
Red Cross Hospital, Glyfada, Greece

**INTRODUCTION: DME IN VITRECTOMIZED EYES**  
Diabetic Macular Edema (DME) is the most frequent cause of vision loss related to diabetes.

The etiology of DME is multifactorial, and different treatment modalities are targeting different triggering factors.

The spectrum of treatment options include corticosteroids, anti-vascular endothelial growth factor agents, laser treatment, combined therapy, pars plana vitrectomy, even if no epiretinal membrane is present.

The beneficial effect of vitrectomy on diabetic macular edema is attributed to improved oxygenation of the retina. However many patients may require drug therapy following the surgical procedure. The widespread distribution and increased circulation of intra-vitreally administered drugs in vitrectomized eyes might be reproducible for rapid clearance and reduced effectiveness of drug therapy. In vitrectomized eyes, sustained-release drugs could be particular useful.

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**• 4112**

**Imaging of DME in vitrectomized eyes**

**POURNARAS J A C**  
Jules Gonin Eye Hospital, Lausanne, Switzerland

**Imaging modalities have greatly improved our recognition and understanding of the pathophysiology of diabetic macular edema. Fluorescein angiogram have shown vascular leakage in the presence of macular edema. It permits early detection of intraretinal morphological changes, hemodynamic and inflammatory modifications. Macular perfusion is nicely identified by this exam. Furthermore, OCT have greatly improved the detection of intraretinal fluid, anatomical changes in all retinal layers. It offers comprehensive analysis of the vitreoretinal interface. Quantitative, non invasive and non mydriatic procedure may be performed. Additional recent developments in imaging systems will be discussed.**

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**• 4113**

**Pharmacokinetics of anti-VEGF and steroid agents in vitrectomized eyes with diabetic macular edema**

**PAPASTEFANOU V**  
Retina Department, London, United Kingdom

Anti-VEGF and steroid agents for diabetic macular edema (DME) in a vitrectomized eye is fraught with difficulties, bearing in mind the numerous confounding factors in DME.

The pharmacokinetic parameters are affected as the vitreous cavity milieu is altered and the vitreous consistency is not reformed post vitrectomy (PPV). Pharmacokinetic data are largely based on experimental animal models.

VEGF clearance is increased in the vitrectomized eye compared to the non-vitrectomized eye, but there is little direct evidence that the protein expression profile in the vitreous cavity is altered after vitrectomy. Whilst some studies have demonstrated longer intravitreal retention for Bevacizumab compared to Ranibizumab and reduced half-life for both agents after PPV, other studies have found no changes.

There is a characteristic lack of pharmacokinetic data for anti-VEGF agents in human vitrectomized eyes.

The vitreous half-life of triamcinolone acetonide (TA) after intravitreal injection was reduced in vitrectomized eyes in both animal models and human eyes. No pharmacokinetic differences between vitrectomized and non-vitrectomized eyes are noted in animal eyes following the injection of the Dexamethasone implant (Ozurdex, Allergan).

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**• 4114**

**The role of Anti-VEGFs in the management of DME in vitrectomized eyes**

**KOLBENTIS C**  
Ophthalmology, Red Cross Hospital, Athens, Greece

The role of Anti-VEGFs in the management of diabetic macular edema (DME) is well established in large, randomized, controlled studies in eyes with naïve vitreous.

The effect of Anti-VEGFs may be altered in vitrectomized eyes and the question arises whether there is a difference in the efficacy of Anti-VEGFs after vitrectomy. The replacement of the vitreous gel facilitates oxygen transport to the retina, as well as clearance of VEGF, thus VEGF and Anti-VEGF pharmacokinetics can be altered.

Pharmacokinetic data are largely based on experimental animal models but there is also a clinical impression that vitrectomized eyes have augmented pharmacokinetics with a faster clearance of Anti-VEGFs and therefore their treatment could be less effective and requiring shorter treatment intervals, compared to non-vitrectomized eyes. According to a study presented January 2015, vitrectomized eyes fared as well as non-vitrectomized eyes after treatment with ranibizumab for diabetic macular edema.
Steroids agents in the management of vitrectomized eyes with diabetic macular edema

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(2) Barts Health, Eye Treatment Centre, London, United Kingdom

Steroid treatments for diabetic macular edema (DME) include intravitreal Triamcinolone Acetonide (IVTA) or subtenon Triamcinolone Acetonide (STTA), the Dexamethasone 0.7 mg implant (Ozurdex, Allergan) and the Fluocinolone 190 µg implant (Iluvien, Alimera). Most IVTA studies in vitrectomized eyes have too many confounders including additional treatments such as macular laser or anti-VEGF injections, variable outcome measures and follow up times. Furthermore, IVTA was usually given either at the time of pars plana vitrectomy (PPV) to better visualize the vitreous, or at the end of PPV and sometimes combined with an anti-VEGF. STTA data are based on small non-randomized studies with short-term follow up. Whilst some studies have shown limited benefit, studies that compared vitrectomized and non-vitrectomized eyes found no difference in VA. Current data based on the Ozurdex implant in vitrectomised eyes found short term benefit for both visual acuity (VA) and macular thickness. No data is available at the present time for the use of the Iluvien implant for DME in previously vitrectomized eyes. Randomized controlled data are lacking to evaluate the role of steroids for the management of DME in the vitrectomized eye.
4121 Why do we need a subspecialty exam?
ACLIMANDOS W
United Kingdom
Abstract not provided

4122 What are the general requirements for candidates to sit the exam?
MIDENA E
University of Padova, Department of Ophthalmology, Padova, Italy
The European Board of Ophthalmology (EBO) has recently decided to promote, at the European level, a subspecialty diploma in some selected areas of Ophthalmology. The first subspecialty diploma is related to Glaucoma. The guidelines for this kind of diploma have been developed with the European Glaucoma Society (EGS). The aim of EBO is to have the already existing European subspecialty Societies (European Glaucoma Society, European Society of Cataract and Refractive Surgery, EURETINA, ...) as the driver of the EBO Subspecialty examination. The characteristics of the examination, and any information related to the curriculum and major requirements to sit the exam will be presented.

4123 How does EBO manage expertise of MCQ’s?
TASSIGNON M.-I
Belgium
Abstract not provided

4124 EBO-EGS exam in glaucoma; our first experience in 2015?
SUNARIC MEGEVAND G
Memorial Rothschild Foundation, Centre Ophtalmologique de Florissant, Geneva, Switzerland
The main goal of the EBO is to harmonize education and training in general ophthalmology within Europe and the main tool is the comprehensive EBO Diploma examination, organized annually since 1995, awarding successful candidates the title of the Fellow of the European Board of Ophthalmology (FEBO). More recently the EVO has established a Subspeciality European Board of Ophthalmology Diploma Examination with the goal to increase standards of knowledge and care in various subspecialties. The EBO is realising this goal by close collaboration with different European ophthalmological subspecialty societies who are actively taking part in the organization and realization of the EBO Subspecialty Examinations allowing an official and standardized evaluation and awarding of knowledge in various specialties. The first of these subspecialty examinations to be introduced is in the field of glaucoma and is developed in close collaboration with the European Glaucoma Society (EGS). The goals, the organisation and requirements to sit the subspecialty exam as well as the first experience with the FEBO-Glaucoma exam and Diploma will be presented.
Future plans: Exams in retina, paediatrics, cataract and cornea

CREUZOT C
Department of Ophthalmology, Dijon, France

Due to the heterogeneity of ophthalmological practice all over Europe, there was currently no structured and standardised subspecialty training in the various fields of ophthalmology. Ophthalmologists who wish to pursue a more advanced training in the ophthalmological subspecialty of their choice mostly organize their own training and decide individually on their level of knowledge and capability. There was no formal process of assessment and recognition of their expertise. The goal of the EBO Subspecialty diploma is to award ophthalmologists who have completed an ophthalmological subspecialty training and achieved clearly defined prerequisites defined in collaboration with the different subspecialty societies. The first experiment has been organised this year with glaucoma with a close collaboration between EBO and EGS (European Glaucoma Society). In the future, EBO will act as an umbrella organization of the exam in close collaboration with the different European subspecialty societies. The assessment will be based on MCQs, clinical cases, oral examination, and discussion about published articles. If awarded, the candidates will be recognized as Fellow of the EBO in their field of expertise (ie retina, paediatrics, cataract ...).
**4133**

**Infectious keratitis and the distribution in Asia**

**Bauer D**
Singapore Eye Research Institute, Singapore,

**Abstract not provided**

**4134**

**Prevention of herpes simplex stromal keratitis by a glycoprotein B-specific monoclonal**

**Baker D**
Singapore Eye Research Institute, Singapore,

**Abstract not provided**

**4133**

**Peptide versus gene therapy: Cathelicidin LL-37 and HSV-1 corneal infection**

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We compared the performance of biosynthetic corneal implants based on collagen-phosphorylcholine (Coll-MPC) with anti-Herpes Simplex Virus (HSV)-1 activity achieved by sustained release of the cathelicidin LL-37 from incorporated nanoparticles, to cell-based delivery of the peptide from human corneal epithelial cells (HCECs) transfected to produce endogenous LL-37. LL-37 released from the implants blocked HSV-1 infection of HCECs by interfering with viral binding. However, in pre-infected HCECs, LL-37 delayed but could not prevent viral spreading nor clear viruses from the infected cells. HCECs transfected with the LL-37 to confer viral resistance expressed and secreted the peptide. Secreted LL-37 inhibited viral binding in vitro but was insufficient to protect cells completely from HSV-1 infection. Nevertheless, secreted LL-37 reduced both the incidence of plaque formation and plaque size. LL-37 released from composite nanoparticle-hydrogel corneal implants and HEC-produced peptide, both showed anti-HSV-1 activity by blocking binding. While both slowed down virus spread, neither was able on its own to completely inhibit the viruses.

**4134**

**Antibiotic resistance and new types of antimicrobials**

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The World Health Organization has pointed out that all current antibiotics exhibit some level of resistance. Moreover, designing new antibiotics to avert resistance is difficult due to the ability of bacteria to mutate targets of current antibiotics. Consequently, it was realized that to overcome resistance it was necessary to kill bacteria quickly and to avoid mutable targets. New molecules were designed using the fundamentals of chemical interactions that would disrupt membrane organization. These small molecules were effective at 3mg/ml compared to vancomycin at 50mg/ml. Simulation of resistance showed that these new classes of antibiotics did not develop resistance although in the same protocol, MICs for both Gram positive and Gram negative bacteria, as well as mouse models of corneal infection. Specific chemical groups were attached to a series of small molecules that resulted in rapid kill time (<60mins), had no effect on healing of an epithelial wound in rabbits, and in a mouse model of MRSA infection of the cornea were effective at 3mg/ml compared to vancomycin at 50mg/ml. Simulation of resistance showed that these new classes of antibiotics did not develop resistance although in the same protocol, MICs for gatifloxacin, gentamycin and norfloxicin increased by 10-140 times. Conclusion: New drug designs based on more predictive behavior could bring a series of new drugs to the clinic to lessen the impact of resistance on healthcare.
• **4141**
**Uveal melanoma and other cancers**

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**Purpose** We evaluated in a retrospective study the frequency and nature of other cancers in uveal melanoma patients

**Methods** Patients and method

A prospective registry of uveal melanoma patients is performed in our center including usual data on patients and tumor characteristics and since 2000 cancer past history. Each patient is followed during ten years after initial treatment and occurrence of second cancer after uveal melanoma is registered.

**Results**

- There were 6262 patients in the database with uveal melanoma and for 3934 history of previous cancer was registered. We had 548 cases of associated cancer: 423 had a past history of cancer before uveal melanoma was diagnosed and 102 patients developed a second cancer after the diagnosis of uveal melanoma. Cutaneous melanoma and renal carcinoma were found to be more frequent than expected.

**Conclusions**

- Recent genetic improvements led to new discovery of germinatal mutations responsible for cancer. As known for BRCA mutations and breast cancer or RbI gene and retinblastoma, BAP1 mutations has been found to predispose to mesotheloma, clear cells renal cancer and cutaneous and uveal melanoma. For young patients or patients with multiple cancers or family high frequency of cancer genetic counseling has become essential.

• **4142**
**Uveal melanoma in Finnish patients with congenital ocular melanocytosis**

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**Purpose** To describe the characteristics of uveal melanoma in congenital ocular melanocytosis in Finland.

**Methods** For this retrospective observational case series, we identified all 15 of 867 (1.7%, 95% CI 1.0-2.8) uveal melanoma patients (5 male, 10 females) with congenital ocular melanocytosis during January 2000-May 2015 at the Ocular Oncology Service, Helsinki University Hospital. The patient was followed up at 3 and 6 months, every 6 months for 3 years, and thereafter annually. The diagnosis of uveal melanoma was based on clinical and ultrasonographic features, and metastases were screened with annual abdomino-ultrasonography and liver function tests.

**Results** The mean age at diagnosis was 55 years as compared with 64 years for all 867 patients. The mean thickness and basal diameter of the tumours were 6.5 (SD 3.6) and 13.1 (SD 4.4) mm, respectively, as compared to 5.1 (SD 3.9) and 12.5 (SD 4.5) among all patients, respectively. The melanoma involved the ciliary body in 6 patients (40%). The tumours represented TNM stages I in 4 (27%) patients, II in 3 (13%), III in 5 (33%) and IV (metastases at the time of diagnosis) in 1 patient. Enucleation was done in 2 cases, I-125- brachytherapy in 7 cases, and 5 patients were treated with Ra 106. Recurrent tumour growth was observed in 2 patients. Overall 5- and 10-year survival was 90.5% (95% CI 55-87) and 13% (95% CI 1-43). Survival was associated with TNM stage: 100%, 80%, 33%, and 0% at 5 years for stages I, II, III, and IV, respectively. One patient survived for 10 years without metastasis.

**Conclusions**

- In our data set, uveal melanoma patients with congenital ocular melanocytosis are on average 9 years younger than uveal melanoma patients in general, and have a tendency to die of metastases.

• **4143**
**Spectral-domain EDI-OCT in small uveal melanoma and «pseudomelanomas»**

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**Purpose** To reveal diagnostic symptoms of small uveal melanoma and «pseudomelanomas» by spectral-domain EDI-OCT.

**Methods** The results of complex research (ophthalmoscopy, ultrasonography, spectral-domain EDI-OCT) of 230 patients (230 eyes) aged from 13 to 75 (mean 49 ± 1.1) years with diagnosis «small uveal melanoma» were analyzed.

**Results**

In 142 (61.7%) from 230 cases small uveal melanoma was diagnosed. The tomographical symptoms were retinal thickness caused by neuroepithelium detachment, cystoid retinal edema, bow-shaped choroidal profile, retinal thickness in contiguous zone caused by neuroepithelium detachment. In 88 cases (38.3%) «pseudomelanomas» were diagnosed. In age-related macular degeneration (38) retinal pigment epithilum detachment, hyperreflective focus (subretinal membrane), equal choroidal profile, in subretinal hemorrhage (25) equal elevation of choroidal profile without retinal fluid, in peripheral retinal degeneration (12) retinal thinning, insignificant elevation of choroidal profile, hyperreflective foci on RPE level, in congenital hypertrophy of retinal pigment epithilum (13) equal choroidal profile, retinal thinning, thickness of retinal pigment epithilum were diagnosed.

**Conclusions**

- Thus, spectral-domain EDI-OCT allow to reveal small uveal melanoma and «pseudomelanomas» symptoms for adequate treatment.

• **4144**
**BAP1 correlates with metastasis in polyplidy uveal melanoma**

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**Purpose** To described the characteristics of uveal melanoma in congenital ocular melanocytosis and with only a few chromosomal changes. In contrast to these simple aberrations 10% of the UM samples show a polyplid character (> 56 chromosomes) and were associated with unfavorable prognosis. This study attempts to gain insight in polyplidism in UM and supplement the old data with the current knowledge on mutations in UM specific genes.

**Methods** Fluorescence-In-Situ-Hybridization (FISH) and/or Single-Nucleotide-Polymorphism (SNP) array was used to determine the ploidy status. Tumors showing signs of polyplidism (range tri- tetraploidy) were further investigated. Immuno-histochemistry was used to determine the BAP1 expression and mutation analyses of BAP1 (coding regions) or the hotspots for the GNAQ, GNA11, SF3B1 and EIF1AX genes was carried out using Sanger Sequencing.

**Results**

- Polyplidism was seen in 23 tumor samples. Fourteen of the UM patients developed metastases with a median follow-up of 35 months. Thirteen tumors showed loss of BAP1 expression and all genetically tested polyplid tumors harbored a GNAQ or GNA11 mutation. SF3B1 mutations were found in three UM specimens and one of the tumors harbored an EIF1AX mutation. Univariate analyses showed a significant association with decreased survival for chromosome 1, 3 and 8 aberrations. SF3B1 wild type and a loss of BAP1 expression. In the multivariate analyses, BAP1 expression was the only independent prognostic marker within the polyplid tumors (HR 10.1, p=0.0008).

**Conclusions**

- Also for the tumors displaying polyplidism loss of BAP1 expression is associated with an increased risk of metastatic disease.
Selecting uveal melanoma for PRAME-TCR T cell immunotherapy

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Purpose To determine which uveal melanoma may be candidates for PRAME-directed immunotherapy using TCR-modified autologous T cells.

Methods Expression of PRAME was determined in uveal melanoma by an Illumina array. HLA polymorphisms were determined on peripheral blood leukocytes. Clinical and histological characteristics of UM were derived from clinical charts and pathology reports.

Results PRAME expression was highly variable; tumor size, thickness, and the presence of an inflammatory phenotype were associated with PRAME expression. 20/37 monosomy 3 cases expressed PRAME, and 8/20 disomy 3 tumors. 10-year survival data on 60 UM showed worse survival of UM with high PRAME compared to those with a low PRAME. However, six of the eight PRAME-positive disomy 3 cases died from metastases. With this information, all cases with PRAME-positive primary tumors who carry the HLA-A2 antigen should be followed closely for the development of metastases, as they can be candidates for PRAME-TCR autologous T cell therapy.

Conclusions Uveal melanoma may be good candidates for treatment with autologous T cells that have been modified so that they carry PRAME-specific T cell receptors. Large uveal melanoma with a high PRAME expression (independent of chromosome 3 status) in HLA-A2 positive patients are potential candidates for PRAME-TCR autologous T cell therapy. A high PRAME expression, also in disomy 3 tumors, was associated with an inflammatory phenotype and with death due to metastases.

Proteomic analysis of the uveal melanoma (UM) secretome reveals novel insights and potential biomarkers

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Purpose UM is the most common primary intraocular tumour in adults. Despite successful ocular treatment, 50% of patients develop fatal metastatic spread, usually involving the liver. UM patients are stratified into high risk (HR) or low risk (LR) metastatic groups, according to clinical, histopathological and genetic features of their tumours. Blood biomarkers are urgently needed to detect the early development of metastatic disease. The aims of this work were to increase our understanding of UM metastasis processes, and to identify secreted biomarkers of UM metastatic disease.

Methods Comparative analysis of the secretome from short-term cultures of HR and LR UM patient samples was performed by nanoLC-MS/MS-based label-free quantitative proteomics. Normal (N) controls included the secretome of cultured normal choroidal melanocytes. Secreted proteins were predicted based on their sequences. Bioinformatic analyses were performed using Partek and Ingenuity Pathway Analysis software.

Results Eighteen UM (4LR; 14HR) and 5N cultures were established and their secretomes analysed. 1917 proteins were identified, and 1857 quantified in all subgroups. 627/1857 (34%) were classically and non-classically secreted, and 554/1857 (30%) represented exosomal proteins. 947 proteins were differentially expressed between UM and N; pathway analysis demonstrated upregulation of proteins involved in mTOR signalling amongst others. An 18-protein signature that discriminated between HR and LR UM was identified.

Conclusions Our comparative study of the secretome of N versus UM has identified cancer-associated proteins linked to cell proliferation and cancer progression. Moreover, a UM secretome signature of metastatic risk was identified. Further studies on the exosomal fraction are also being performed.
• 4151
Comparison of retinal and choroidal involvement in tuberculous chorioretinitis in a non-endemic area.

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Purpose
To assess the respective involvement of retina versus choroid in presumed ocular tuberculosis (POT) in a non-endemic area using dual fluorescein (FA) and indocyanine green angiography (ICGA).

Methods
Retrospective study on patients with the diagnosis of POT seen in the Centre for Ophthalmic Specialized Care, Lausanne, Switzerland. Angiography signs were quantified according to an established FA and ICGA scoring system for uveitis (Int Ophthalmoal 2010;30;39:52 and Ocul Immunol Inflamm 2010;18:385-9).

Results
Among the 1739 uveitis patients seen from 1995 to 2014, 53 patients were diagnosed as POT (3%) of which 28 had sufficient data to be included in the study. The choroid was predominantly involved in 22 patients and the retina in 6 patients. The mean angiographic score was 6.19±4.11 for the retina versus 13.48±3.67±0.86 for the choroid. For patients having sufficient angiographic follow-up, the scores decreased from 6.19 to 2.90±2.39 for FA and from 13.48 to 7.87±5.37 for ICGA after combined antituberculous and inflammation suppressive therapy.

Conclusions
This study shows for the first time the respective involvement of retina and choroid in POT. Choroid is preferentially involved for which ICGA is the examination of choice. By looking only at FA, there is a risk of underestimating global ocular involvement and to miss the diagnosis. To evaluate correctly intraocular inflammation in POT and to have a better follow-up, the use of dual FA & ICG angiography is recommended. On the other hand, in case of a compatible uveitis having a positive IGRA test, in a non-endemic area, dual FA & ICGA should be performed to avert or help the diagnosis of ocular tuberculosis.

• 4153
Effect of dexamethasone intravitreal implant in the treatment of noninfectious uveitis

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Purpose
To investigate the effect of dexamethasone intravitreal implant (Ozurdex; Allergan, Inc) in noninfectious uveitis.

Methods
Charts of patients with noninfectious uveitis treated by dexamethasone intravitreal implants were reviewed in a retrospective study. Uveitis etiologies, treatment indications, visual acuity, central retinal thickness measured by optical coherence tomography, intraocular pressure and number of injections were collected. Parameters were analyzed before injection (29±6 days), after 5-6 weeks (99±10 days) (short follow-up) and 4-5 months (134±2 days) (long follow-up) post Ozurdex injection.

Results
We included 14 patients (20 eyes, 26 implants injections). Before injections, mean visual acuity was 0.5±0.5 logMAR and improved to 0.3±0.4 logMAR at short time follow-up and to 0.3±0.5 logMAR at long time follow-up. Macular thickness has decreased by 181±126 µm at short time follow-up and 83±162µm at long time follow-up. Mean intraocular pressure was 16.5±5 mmHg before injections, 17±6 mmHg at short time follow-up and 15±3 mmHg at long time follow up.

Conclusions
In noninfectious uveitis, dexamethasone implant can improve visual acuity and decrease macular thickness without significant increase of intraocular pressure. Although the effect seems limited in time.

• 4154
Impact of disease modifying anti-rheumatic drugs (DMARDs) on the uveitis risk in juvenile idiopathic arthritis

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Purpose
To analyze the influence of methotrexate (MTX), Tumour necrosis factor (TNF) inhibitors, and their combination on uveitis occurrence in juvenile idiopathic arthritis.

Methods
Data of a nation-wide prospective rheumatological and ophthalmological database in Germany were evaluated for the years 2002 to 2013. Patient with JIA disease duration of less than 12 months at initial documentation and with a follow-up of ≥ 2 years were included in this analysis. Discrete-time survival analysis was performed to evaluate the impact of disease modifying anti-rheumatic drugs (DMARDs) on the occurrence of uveitis.

Results
A total of 3,512 HA patients fulfilled the inclusion criteria (mean age 8.3±4.8 years, female 65.7%, ANA-positive 53.2%, mean age at arthritis onset 7.8±4.8 years, mean follow-up time 3.6±2.4 years). Uveitis manifested in 180 patients (5.1%) within one year after JIA onset, and in further 251 patients (7.1%) after the first year. MTX (HR 0.63, p=0.022), TNF inhibitors (HR 0.56, p=0.001) and a combination of the two (HR 0.10, p=0.001) in the year before uveitis onset significantly reduced the risk for uveitis. MTX treatment within the first year after JIA diagnosis revealed the lowest uveitis risk (HR 0.29, p=0.001).

Conclusions
DMARDs in juvenile arthritis patients significantly reduce the risk for uveitis onset. A relevant protective effect was found especially for early MTX use within the first year of arthritis onset and for the combination of MTX with a TNF inhibitor.

Commercial interest

• 4155
Sarilumab for the treatment of posterior segment non-infectious uveitis (NIU): The SATURN (SARIL-NIU) study

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Purpose
Interleukin-6 (IL-6) and its soluble receptor are detected in the vitreous and aqueous humor of patients with uveitis. Inhibition of IL-6 signaling in a murine model of experimental autoimmune uveitis suppresses the development of uveitis. We designed an exploratory Phase 2 study to evaluate the efficacy and safety of sarilumab, a human monoclonal antibody directed against the alpha subunit of the IL-6 receptor complex in the management of posterior segment NIU.

Methods
SATURN is a 52-week, multicenter, double-masked, placebo-controlled, parallel arm, randomized trial to evaluate the efficacy and safety of sarilumab (200 mg), administered subcutaneously every 2 weeks in patients with posterior NIU, who are treated with systemic steroids (as single therapy or with methotrexate). The study primary endpoints are reduction from baseline in vitreous haze and systemic steroid sparing effects, both measured at week 16. Other key endpoints assessed at week 16 include the change from baseline in central retinal thickness, best-corrected visual acuity, and percentage of patients with retinal vessel leakage on fluorescein angiography.

Results
The study has completed enrollment. As of April 6, 2015, 58 patients have been randomized and treated.

Conclusions
The SATURN study may help clarify the role of IL-6 in the pathogenesis of NIU and the potential for IL-6 inhibition in the management of posterior segment NIU.

Commercial interest
Ophthalmologic manifestations of the granulomatosis with polyangiitis (Wegener)

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Purpose
Wegener’s granulomatosis (WG) is a severe focal granulomatous inflammation with variable ophthalmic manifestations.

Methods
Patients with a confirmed WG, seen in a single tertiary center between 2008 and 2014 were included retrospectively. WG was proven based on biological or histological analysis.

Results
Five patients (3W/2M) aged 26 to 55 years, were included. Clinical features included one scleritis with dacryoadenitis, one bilateral episcleritis complicated with uveo-scleritis, one bilateral Mooren’s ulcer and two orbital inflammatory pseudotumor. Time between the onset of symptoms and the diagnosis was 100 months (range: 1 to 276 months). All patients had anti-cytoplasm antibodies to polynuclear neutrophils and underwent biopsies. Histological features included vasculitis inflammatory necrotizing granulomas. Extraocular features were pulmonary lesions(100%), rhinosinusal involvement(80%), renal disease(40%), neurological injury(40%). All patients were initially treated with high-dose corticosteroids, which were progressively decreased and received maintenance immunosuppressive drugs. Immunosuppressive treatment was initiated on average 64 months after the onset of signs (range: 1 to 276 months).

Conclusions
WG’s ophthalmologic symptoms are variable. Scleritis remains the most common manifestation, followed by orbital inflammation. Atypical manifestations such as Mooren’s ulcer or uveitis can delay the diagnosis. A multidisciplinary approach is mandatory to control this life threatening condition. WG should be considered in all cases of chronic orbital inflammation, scleritis or keratitis to ensure prompt diagnosis and improve the systemic prognosis.

Long-Term Safety of Intravitreal Sirolimus for the Treatment of Non-infectious Uveitis (NIU) of the Posterior Segment: 12-Month SAKURA Study 1 Results

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Purpose
Intravitreal sirolimus significantly reduced inflammation in subjects with NIU of the posterior segment and provided clinically relevant visual benefit, with an acceptable incidence of ocular adverse events (AEs), in the double-masked period of SAKURA Study 1, the first of 2 phase 3 randomized trials. Here, we report the long-term (12 month) safety findings from the combined double-masked and open-label treatment periods.

Methods
Subjects with active NIU of the posterior segment (N=347) were randomized to 44 µg (active control), 440 µg, or 880 µg injections of intravitreal sirolimus, administered every 2 months. At M6, all subjects transitioned to 880 µg injections every 2 months.

Results
287 subjects entered the open-label treatment period and completed the M12 Vitreous Haze assessment. Of these, 211 received ≥1 intravitreal sirolimus injections. Through M12, the most common serious ocular AEs (study eye) occurring in ≥2% of subjects were ocular inflammation (2.9%-5.8%), cataract (3.8%), and medication residue (transient drug depot in the visual axis; 2.3%). The mean change in intraocular pressure was <2 mm Hg. The incidence of confirmed endophthalmitis was 0.06%/injection.

Conclusions
There was a low incidence of serious ocular AEs over 12 months with intravitreal sirolimus in this heterogeneous group of subjects with NIU of the posterior segment.

Commercial interest
The invention of the ophthalmoscope in the 19th century led to the development of ophthalmology as a discipline. The retina is an accessible part of the central nervous system and has consequently been studied extensively. There is now a growing use of OCT to obtain information related to brain neurodegenerative disorders like multiple sclerosis, Alzheimer’s and Parkinson diseases as well as migraine.

The retina is an accessible part of the central nervous system and has consequently been studied extensively. There is now a growing use of OCT to obtain information related to brain neurodegenerative disorders like multiple sclerosis, Alzheimer’s and Parkinson diseases as well as migraine.

Two aspects of human retinal structure based on physiology and morphology can be distinguished. They are the various retinal layers that consist of either neuron perikarya or neuronal processes. The other, is the distinction between central (macula, fovea) and periphery parts of the retina. Major cell types in the retina are pigment epithelial, photoreceptor, horizontal, bipolar, amacrine, ganglion and glial cells and an understanding of their roles in healthy and unhealthy retina remains a challenge.

Photoreception for example, was thought to be mediated exclusively by rods and cones in the 19th century. However, it is now known that a number of selective interactions between the choroid, Bruch’s membrane, photoreceptors, RPE and photoreceptors related to ion and water transport, vitamin A transport, phagocytosis of shed portions of outer segments, ensheathment of photoreceptors outer segments, and electrical responses. One purpose of the course is to discuss the RPE/photoreceptor complex in terms of structure and function.

The inner retina is supplied from the retinal vasculature, which gets its input from the central retinal artery (CRA). At the optic disc that CRA bifurcates into several branches that provide the blood supply of the entire inner retina. The venous part of the retinal circulation is arranged in a similar way. The central retinal vein leaves the eye through the optic disc and drains blood into the cavernous sinus. The diameter of the CRA before it enters the eye as well as the diameters of the branch arteries is typically below 200 mm. Hence, these vessels are functionally arterioles, and the venous vessels are functionally venules. The larger retinal arteries are surrounded by an avascular zone, because the surrounding tissue receives its oxygen from diffusion through the vessel wall. The capillary network of the retina is organized in two layers. The inner layer lies within the nerve fiber and RGC layer and is called inner plexus, whereas the outer layer lies within the inner nuclear and outer plexiform layers and is called outer plexus. Locally restricted to the region around the optic nerve head is a third capillary layer that is located in the nerve fiber layer consisting of radial peripapillary capillaries.

The inner retina is supplied from the retinal vasculature, which gets its input from the central retinal artery (CRA). At the optic disc that CRA bifurcates into several branches that provide the blood supply of the entire inner retina. The venous part of the retinal circulation is arranged in a similar way. The central retinal vein leaves the eye through the optic disc and drains blood into the cavernous sinus. The diameter of the CRA before it enters the eye as well as the diameters of the branch arteries is typically below 200 mm. Hence, these vessels are functionally arterioles, and the venous vessels are functionally venules. The larger retinal arteries are surrounded by an avascular zone, because the surrounding tissue receives its oxygen from diffusion through the vessel wall. The capillary network of the retina is organized in two layers. The inner layer lies within the nerve fiber and RGC layer and is called inner plexus, whereas the outer layer lies within the inner nuclear and outer plexiform layers and is called outer plexus. Locally restricted to the region around the optic nerve head is a third capillary layer that is located in the nerve fiber layer consisting of radial peripapillary capillaries.

Müller cells, the principal glial cells of the retina of all vertebrates, were discovered already in 1851 but it was only in the past decades that it became evident that these cells are essential players in vision. Müller cells constitute the ‘core’ of columnar units of clonally and functionally related groups of neurons. Their primary function is to support neuronal functioning (by increasing the signal-to-noise ratio of information processing) and survival (by maintaining a metabolic ‘symbiosis’ with the neurons). It has been shown that Müller cells increase the signal-to-noise ratio of retinal information processing by, for instance, (i) guiding the light towards the photoreceptor cells, (ii) removing excess neurotransmitter molecules from extracellular space, and (iii) performing an efficient clearance of excess extracellular potassium ions after neuronal excitation. The latter two functions are also crucial for neuronal survival – to prevent excitotoxic effects of glutamate – and are coupled to water clearance which is equally important for neuronal survival. As another case of glial homeostasis, the maintenance of appropriate microenvironmental biomechanics has recently been described.

Normal glial cells are softer than the neurons, and thus provide a suitable substrate for neurite growth during development, and for functional plasticity. Finally it should be pointed out that Müller cells are capable of ‘sensing’ neuronal activity. They respond to physiological light stimulation of their adjacent photoreceptors with two distinct types of intracellular calcium rises. These calcium rises may trigger the release of signal substances, incl. so-called gliotransmitters, from Müller cells which thus even may modify neuronal signal processing in the retina (e.g., in cases of adaptation to bright light, as another mechanism to increase the signal-to-noise ratio of information processing in retina). In cases of reactive Müller cell gliosis, the dominant potassium conductance of the membrane is down-regulated and an increased expression of intermediate filaments is associated with increasing stiffness of the glial cell processes, such that all above-mentioned glial functions are impaired.
The ON/OFF pathways in the retina represent parallel systems with asymmetric properties. Here we discuss the basic anatomy and function of these pathways in health and disease, from the point of view of luminance, contrast and motion perception. We will also highlight how receptive field properties are shaped within each of these pathways and how they cross-talk within other parallel streams in the retina. Finally, we will address experimental and disease models that dissect the function of each of these pathways.
**Conclusions**

The inflammasome signaling is crucial for the activation of UVB-induced inflammation in corneal epithelial cells. The use of miR-124 as a therapeutic target for the prevention of UVB-induced photokeratitis is discussed.

**Results**

Quantitative RT-PCR analysis revealed increased expression of miR-124 in UVB-irradiated corneal epithelial cells compared to control cells.

**Methods**

Quantitative RT-PCR was used to measure miR-124 expression levels in UVB-irradiated corneal epithelial cells.

**Purpose**

To investigate the role of miR-124 in UVB-induced photokeratitis. The study focuses on the regulation of miR-124 expression and its potential therapeutic implications.

**Purpose**

The study aims to investigate changes in spontaneous Ca2+ activity and mechanically induced intercellular Ca2+ communication in human RPE cells during maturation.

**Methods**

Spontaneous and mechanically induced Ca2+ activity were recorded in RPE cells cultured for 9 or 28 days.

**Results**

Decreased spontaneous Ca2+ activity and increased intercellular Ca2+ communication were observed in 28-day cultured RPE cells compared to 9-day cultured cells.

**Conclusions**

The study suggests that miR-124 regulates EMT in RPE cells by targeting the 3' UTR of RHOG mRNA, influencing the progression of EMT.

**Purpose**

To explore the role of miR-124 in the regulation of EMT in RPE cells.

**Methods**

Quantitative RT-PCR was used to measure miR-124 expression levels in UVB-irradiated corneal epithelial cells.

**Results**

Increased expression of miR-124 was observed in UVB-irradiated corneal epithelial cells compared to control cells.

**Conclusions**

The study suggests that miR-124 regulates EMT in RPE cells by targeting the 3' UTR of RHOG mRNA, influencing the progression of EMT.

**Purpose**

To investigate the role of miR-124 in UVB-induced photokeratitis. The study focuses on the regulation of miR-124 expression and its potential therapeutic implications.

**Methods**

Quantitative RT-PCR was used to measure miR-124 expression levels in UVB-irradiated corneal epithelial cells.

**Results**

Increased expression of miR-124 was observed in UVB-irradiated corneal epithelial cells compared to control cells.

**Conclusions**

The study suggests that miR-124 regulates EMT in RPE cells by targeting the 3' UTR of RHOG mRNA, influencing the progression of EMT.


**4175**

Fisetin and Luteolin decrease inflammation and oxidative stress-induced cytotoxicity in ARPE-19 cells

**Purpose**

Age-related macular degeneration (AMD) is the leading cause of blindness among the elderly in the western world. It represents not only a dramatic reduction in patients' quality of life but also a significant burden to the general healthcare system. Yet, despite the severity of the disease, much questions regarding the pathways of disease formation and progression are still unanswered and viable treatment options still undiscovered. Here, we evaluate the cytoprotective and anti-inflammatory potential of fisetin and luteolin in human retinal pigment epithelial cells exposed to increased oxidative stress.

**Methods**

ARPE-19 cells were treated with 4-hydroxy-2-nonenal (HNE) to simulate high levels of oxidative stress. Thereafter, fisetin or luteolin were added to the culture medium. The MTT and the lactate dehydrogenase assays were used to assess cellular toxicity. Inflammatory cytokines, as well as activation of transcription factors were measured using the ELISA method and a DNA-binding transcription factor assay. To analyze the importance of SIRT1 and related pathways, the experiments were repeated after specific SIRT1 knock-out using siRNA. Levels of intracellular SIRT1 were measured using Western Blot.

**Results**

Fisetin and luteolin protected retinal pigment epithelial cells from oxidative stress-induced cell death and exhibited potent anti-inflammatory properties even after the initial insult. These effects seemed to be independent of NF-κB or SIRT1.

**Conclusions**

Bioactive polyphenols, fisetin and luteolin, are powerful anti-inflammatory and anti-oxidant agents and show potential for the development of drugs aimed at specific intracellular pathways that affect inflammation in AMD.

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**4176**

cis-Urocanic acid prevents inflammation and cell death in UVB-treated ARPE-19 cells

**Purpose**

cis-Urocanic acid (cis-UCA) is an endogenous ultraviolet (UV) absorbing chromophore that is mainly produced in the upper layers of epidermis. The aim of our study was to investigate the cytoprotective capacity of cis-UCA in UVB-irradiated ARPE-19 cells.

**Methods**

ARPE-19 cells were pretreated with IL-1β and cis-UCA and then exposed to UVB radiation. Secretion of IL-1β and -18 was measured using the ELISA method. Moreover, the cells were observed under an inverted microscope and cell viability was measured by lactate dehydrogenase (LDH) release assay. The proper cis-UCA-concentration was evaluated comprehensively beforehand using MTT (3-[4,5-dimethylthiazol-2-yl]-2,5-diphenyltetrazolium bromide), neutral red, and LDH tests.

**Results**

Our results show that UVB after IL-1β priming activates IL-1β and -18 secretion in ARPE-19 cells and cis-UCA clearly alleviates cell viability.

**Conclusions**

cis-UCA shows anti-inflammatory and cytoprotective properties in ARPE-19 cells.

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**4177**

Anterior lens epithelium in cataract patients with retinitis pigmentosa - scanning and transmission electron microscopy study

**Purpose**

In retinitis pigmentosa (RP) patients, relatively minor lens opacity centrally may be due to disproportionate functional symptoms requiring cataract operation. To investigate possible structural reasons for this opacity development, we studied the structure of the lens epithelium of RP patients.

**Methods**

The anterior lens capsule was removed from patients with RP. The epithelium was then isolated and submitted for scanning and transmission electron microscopy (SEM and TEM).

**Results**

Both SEM and TEM show the holes in the anterior lens epithelium of cataract patients with RP. Mainly, the holes appear as thinning and degradation of the epithelium, with the dimensions from less than 1 μm to more than 10 μm and covering the region of several lenses. A step towards the formation of demarcated regions with the dimensions even bigger than 50 μm may be the detachment of the lens epithelium. Other type of holes in size up to 20 μm, may be formed by gradual stretching of the lens epithelium. Another type of holes is formed between adjacent LECs where lateral connections are absent, with dimensions 0.1-2 μm x 10 μm.

**Conclusions**

Holes in the anterior lens epithelium are likely to be the detachment of the lens epithelium. Other type of holes in size up to 20 μm, may be formed by gradual stretching of the lens epithelium. Another type of holes is formed between adjacent LECs where lateral connections are absent, with dimensions 0.1-2 μm x 10 μm.

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**4178**

The study of needle tip aspirates and entry sites after intravitreal injections with different needle types

**Purpose**

To compare the entry site and study the cellular content of different needle tip aspirates after transscleral intravitreal injection (IVI) on rat eyes.

**Methods**

The intravitreal injections (IVI) were performed on 20 white outbred rat eyes. 10 IVI with 30 gauge subcutaneous needles (SCN), 10 with 27 gauge Pencan needle (PCN) (Biolauris). The 1.0 cc syringes were preloaded with 0.02 cc of balanced salt solution (BSS) and connected to the needles. The penetration was performed 1 mm posterior to the limbus, followed by aspiration of 0.01 cc vitreous body. Aseptically material was evacuated onto glass slides and stained by Azure-2-Eosin. Enucleation and histological analysis of the IVI entry site was performed at magnification 100 and 400 times.

**Results**

Cellular content of the aspirated material was revealed in all cases. The aspirated cells represented conjunctival epithelial, ciliary body non-pigmented epithelial, scleroscye-like cells and vitreous crystallized specimens. The amount of conjunctival epithelial cells prevailed in 27 gauge PCN IVI cases. The stained granular proteins were less significant in the case of 27 gauge PCN tips. The entry sites after 30 gauge SCN injection showed complete cut of all tissues, while partial reassembling of the sclerocyte bandings was seen after 27 gauge PCN injection.

**Conclusions**

The use of 30-gauge SCN and 27 gauge PCN needles for transscleral IVI has resulted in trauma of all layers of the rat's eye wall. Histological analysis of the needle tip aspirates showed less tissue damage by 27 gauge PCN; moreover, the SCN tips created complete cuts due to their sharp edges, in contrast to the PCN tips.
Joint Meeting: ARVO session: Sweetening the inflammatory response to combat the rise in retinal disease

- **4211**
  **Introduction and overview**
  
  DICK A
  University of Bristol, Bristol, United Kingdom
  
  Abstract not provided

- **4212**
  **Parainflammation, ageing and loss of control**
  
  XU H
  Queen's University Belfast, Center for Experimental Medicine, Belfast, United Kingdom
  
  Abstract not provided

- **4213**
  **Obesity, degeneration and senescence**
  
  SENNLATÉ
  Département thérapeutique, Institut de la Vision, Paris, France
  
  Abstract not provided

- **4214**
  **Feeding microglia to regulate vascular responses**
  
  LANGMANN T
  Experimental Immunology of the Eye, Cologne, Germany
  
  Abstract not provided
• **4221**
Canaloplasty with the Stegmann Canal expander – two years results

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(2) University of Southern Africa, Ophthalmology, Medunsa, South Africa

**Purpose** To assess the safety and efficacy of circumferential viscosocanulotomy (canaloplasty) using a new canal expander in Caucasiun with primary open-angle glaucoma (POAG).

**Methods** Thirty-five eyes of 35 consecutive patients with medically uncontrolled POAG underwent primary canaloplasty and implantation of the Stegmann Canal Expander into Schlemm’s canal. Schlemm’s canal was unroofed ab externo, and dilated with viscoelastic material and microcatheter. The Stegmann Canal Expander was implanted into the canal lumen, and the superficial scleral flap was closed watertight. Laser gonipuncture of the trabeculo Descemet’s membrane window was performed if postoperative intraocular pressure (IOP) exceeded 16 mmHg.

**Results** The mean IOP dropped from 26.6 ± 4.2 mm Hg preoperatively to 12.1 ± 2.6 mm Hg at 1 month, 13.1 ± 1.9 mm Hg at 6 months, 13.0 ± 1.9 mm Hg at 12 months, and 13.4 ± 2.4 mm Hg at 24 months (P < 0.001). Laser gonipuncture was performed on 5 eyes (14%) 6 months after surgery; the mean IOP was 19.1 mm Hg before and 14.1 mm Hg after gonipuncture. The number of medications dropped from 2.9 ± 0.3 before surgery to 0.8 ± 0.3 after surgery (P < 0.001). The postoperative ICGA at last visit: 0.12-0.09, range: 0-0.39 was comparable to preoperative values (0.16 ± 0.10; range: 0-0.39) (P < 0.35). Complications were minor and included microblephara (14 eyes) and transient elevated IOP (steroid responder; 4 eyes), partial peripheral Descemet’s membrane detachment (2 eyes).

**Conclusions** Canaloplasty with implantation of the Stegmann Canal Expander reduced IOP significantly in POAG with a low risk for complications.

**Commercial interest**

• **4222**
Risk of trabeculectomy with an initial diagnosis of glaucoma versus ocular hypertension in Gloucestershire, UK.

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(2) Moorfields Eye Hospital, Gloucester, London, United Kingdom
(3) City University, Division of Ophthalmology and Visual Science, London, United Kingdom

**Purpose** Gloucester is a rural county in the UK, with a population of ~300,000-400,000. Importantly, almost all glaucoma and OHT patients attend the Gloucestershire Eye Unit, under the care of one of two glaucoma specialists. Those treated privately will also be treated by the same clinicians: any audit of all the clinical activity of both might reasonably be extrapolated across the whole county. We use this approach to estimate risk of trabeculectomy in patients with an initial diagnosis of glaucoma versus OHT.

**Methods** An audit of the case notes of all trabeculectomies performed between 2010 and 2012 was undertaken. The initial clinical diagnosis at presentation was recorded e.g. whether POAG, NTG, ACG, secondary glaucoma or OHT, as was the initial untreated IOP; severity of visual field loss (MD). Time elapsed between diagnosis and eventual surgery was calculated.

**Results** Considering only open-angle glucomas and OHT, there were 127 trabeculectomies in 119 patients over the two years of the audit. Secondary glucomas (n = 40) were excluded. Annual risk of trabeculectomy in POAG was 2% per year based on an estimate of ~3000 glaucoma patients in the eye clinic. Median time from diagnosis to trabeculectomy: OHT (n = 11) 4.1 months, POAG (n = 93), 112 months, NTG (n = 14) 89 months, and PEX (n = 8) 55 months. Relative risk of trabeculectomy was 70 times higher in POAG compared with OHT, assuming prevalence of 2% POAG, 5% OHT in people >60 years (95% CI of OR 20.290).

**Conclusions** When compared with POAG, people with an initial diagnosis of OHT are 70 times less likely to need surgery. Patients with PXF had surgery much sooner than those with OHT. This audit provides prognostic predictions for glaucoma and OHT patients, and further, might suggest more resources be directed to patients with glaucoma, perhaps at the expense of patients with OHT.

• **4223**
A minimally invasive approach to sub-conjunctival outflow: 1 year results of an ab-interno gelatin stent in combination with preoperative MMC injection for the treatment of primary open-angle glaucoma.

STALMANS I (1), Fleys A (1), Roetsamer H (3), Lavie C (4)
(1) OZ St. Raphael, Ophthalmology, Leuven, Belgium
(2) Università degli Studi di Torino, Clinica Oculistica, Turin, Italy
(3) Paracelsus Medical University SALK, Ophthalmology, Salzburg, Austria
(4) Hospital Universitario La Paz, Ophthalmology, Madrid, Spain

**Purpose** To establish the safety and efficacy of an ab-interno gelatin stent, as a stand-alone procedure, in combination with a preoperative mitomycin C injection in reducing IOP and ant glaucoma medications in patients presenting with primary open-angle glaucoma. Mean IOP, IOP change, reduction in medications, and safety were recorded in 70 subjects through 12 months.

**Methods** In this prospective, non-randomized, multi-center evaluation, safety and efficacy parameters were evaluated. As a stand alone glaucoma procedure, a trans-scleral gelatin stent is placed through a clear corneal incision using a preloaded injector with a 27-gauge needle. Once in place, the permanent gelatin implant is designed to connect the anterior chamber to the non-dissected Tenon’s and subconjunctival space, thereby creating diffuse dispersion of aqueous while bypassing potential outflow obstructions. Effectiveness was assessed by comparing medicated baseline IOP and glaucomatous medications to postoperative values through 12 months. Safety was assessed by assessing complications at routinely scheduled exams through 12 months.

**Results** No major adverse events were reported, and 2 patients were converted to a tube shunt at 6 months. The mean preoperative (best medicated) IOP was 23.6 mmHg. The mean postoperative IOPs were: 13.3 mmHg (44% reduction) at 9 months, and 12.6 mmHg (47% reduction) at 12 months. From the preoperative mean of 3.3 (patients not washed out pre-surgery), 9 months medications were reduced by 69% and at 12 months medications were reduced by 66%. No infection, migration or erosion occurred in any patients.

**Conclusions** This ‘hybrid system’, combining a minimally invasive ab-interno approach with a subconjunctival drainage, provided very satisfactory intra-ocular pressure control after one year with an excellent safety profile.

**Commercial interest**

• **4224**
Glaucoma patients have a significant decrease in retrobulbar blood flow velocities during general anesthesia

ABECAPONTOLO (1), Vandevallle E (2), Willekens K (2), Van kee K (2), Van Caesber J (2), Stobbeus (P) (2), Veertonna K (3), Deckers K (3), Matjes-Neves C (1), Stobbeus (2)
(1) Centro Hospitalar Lisboa Norte / Faculty of Medicine of Lisbon University, Department of Ophthalmology, Lisbon, Portugal
(2) University Hospitals Leuven, Ophthalmology, Leuven, Belgium
(3) University Hospitals Leuven, Anesthesiology, Leuven, Belgium

**Purpose** Glaucoma patients are known to have an underlying vascular dysfunction and General anesthesia (GA) significantly decreases blood pressure, which might decrease ocular perfusion. This study was conducted to investigate the effects of GA on ophthalmic flow velocities and blood pressure.

**Methods** Prospective, case-control study. Glaucoma patients were scheduled for trabeculectomy or drainage device implantation; non-glaucomatous patients undergoing vitrectomy for macular hole or epiretinal membrane peeling were recruited as control subjects. Color Doppler imaging of the ophthalmic artery (OA) was performed immediately before and 1 minute after GA induction. The following parameters were analyzed: OA blood velocities and resistivity index, as well as cardiovascular parameters (diastolic and systolic blood pressure and heart rate). Statistical analysis was performed using Student’s paired t test, Mann-Whitney, Fisher’s exact test and Spearman’s correlation.

**Results** 53 patients were included (glaucoma group: 25; control group: 28). The magnitude in blood pressure decrease after GA induction was similar between the two groups (P = 0.61-0.70). However, the decrease in OA blood velocities was significantly larger in the glaucoma groups than in the control group (P < 0.03 in all comparisons). Unlike the control subjects, in the glaucoma group there was a significant association between the magnitude of blood pressure decrease and the lowering of the OA mean blood velocity (r = 0.69, 95% IC: 0.36-0.87, P < 0.001).

**Conclusions** These results suggest that glaucoma patients are unable to keep a stable blood velocity in the OA when subjected to acute significant decreases in blood pressure (such as the ones seen after GA induction).
• **4225**

**Receptor-targeted liposome-peptide-siRNA nanoparticles represent a novel and efficient siRNA delivery system to prevent conjunctival fibrosis.**

**Purpose**

Glucoma is the leading cause of irreversible blindness worldwide and fibrosis is the main cause of failure of glaucoma surgery. We have previously described how the Myocardin-related transcription factor (MrTF) / SRF pathway is intricately linked to all the key pathways in ocular fibrosis. Our aim was to develop a novel liposome-peptide-siRNA (LYR) nanoparticle as an efficient delivery system for MrTF siRNA in conjunctival fibrosis.

**Methods**

The LYR nanoparticles were characterised with regard to particle size and zeta potential. Real-time qPCR and western blotting were used to compare the silencing efficiency in human Tenor's fibroblasts using different MrTF siRNA concentrations, targeting peptides, and liposomes. The cytotoxicity of the LYR nanoparticles was assessed using the MTT cell assay. Three-dimensional fibroblast-populated collagen matrices were also used as a functional assay to measure contraction in vitro.

**Results**

All LYR nanoparticles were strongly cationic with sizes around 100 nm and PDI < 0.4. The LYR nanoparticles efficiently silenced the MrTF gene by 76% and 84% using 50 nM and 100 nM siRNA respectively. The MrTF gene was also efficiently silenced by 76% and 75% using the targeting peptides Y and ME2 respectively. The MrTF protein expression was significantly decreased by the LYR nanoparticles. The non-PEGylated liposome formulations showed higher silencing efficiency than the cationic PEGylated formulations. The LYR nanoparticles were also not cytotoxic at 50 nM siRNA concentration and prevented matrix contraction after a single transfection treatment.

**Conclusions**

This is the first study to show that receptor-targeted liposome-peptide-siRNA nanoparticles represent an efficient and safe siRNA delivery system that could be used to prevent fibrosis after glaucoma surgery.

• **4227**

**Biomechanical properties of eyes with asymmetrical glaucoma defect**

**Purpose**

To evaluate biomechanical properties in eyes of patients affected by primary open angle glaucoma (POAG) with marked asymmetrical defects by means of Ocular Response Analyzer (ORA) and Spectral Domain OCT with Enhanced Depth Imaging (EDOCT) function.

**Methods**

We studied 20 patients (mean age: 56±12) with asymmetrical POAG. One eye was classified as mild glaucoma (MG) and the other eye as severe glaucoma (SG) by visual field indices. MD: -4.2±1.51 vs -36.6±5.76 dB; p=0.011 and PSD: 3.54±0.87 vs 10.95±3.51 dB; p=0.007. An EDOCT centered on the optic nerve head and an ORA were performed on each of eye subject before and during a IOP increase of 12.5±2.11 mmHg induced by a compression of the globe with an ophthalmodynamometer. Corneal hysteresis (CH), corneal resistance factor (CRF) and lamellar displacement (LD) were statistically analyzed by Wilcoxon’s rank sum test and Spearman’s correlation test considering significant a p<0.05.

**Results**

After IOP increase we found a decrease of CH: 9.3±3.166 vs 6.9±2.304 mmHg; p=0.012 in SG and 8.6±2.16 vs 7.2±3.29 mmHg; p=0.176 in MG. CRF instead increased: 8.6±2.13 vs 12.3±3.65 mmHg; p=0.016 in SG and 9.02±1.48 vs 12.2±5.08 mmHg; p=0.041 in MG. LD was positive in MD: 29.08±19.28 um increase: 8.61±2.31 vs 12.38±3.65 mm/Hg; p=0.016 in SG and 9.02±1.48 vs 12.2±5.08 mm/Hg; p=0.012 in MG.

**Conclusions**

This study demonstrates that in asymmetrical glaucoma the IOP increase changes the eye biomechanics with stiffening of the eye structures that involves not only the lamina cribrosa but also the corneal tissue.

• **4228**

**Multicenter Clinical Trial of High-Intensity Focused Ultrasound Treatment in Glaucoma Patients without Previous Filtering Surgery**

**Purpose**

To evaluate the efficacy and safety of the ultrasonic circular cyclococulation procedure in patients with open-angle glaucoma naive of previous filtering surgery.

**Methods**

Prospective non-comparative interventional clinical study conducted in five French University Hospitals. Thirty eyes of 30 patients with open-angle glaucoma, intraocular pressure (IOP) > 21 mmHg and with no previous filtering glaucoma surgeries were sonicated with a probe comprising six piezoelectric transducers. The six transducers were activated with a 6 s exposure time. Complete ophthalmic examinations were performed before the procedure and at 1 day, 1 week, 1, 2, 3, 6 and 12 months after the procedure. Primary outcomes were surgical success (defined as IOP reduction from baseline ≥ 20% and IOP > 5 mmHg with possible retreatment and without hypotensive medication addition) at the last follow-up visit and vision-threatening complications. Secondary outcomes were mean IOP at each follow-up visit compared to baseline; medication use; complications and retreatments.

**Results**

IOP was significantly reduced (p<0.05) from a mean preoperative value of 28.2±7.2 mmHg (n = 3.6 hypotensive medications) to 19.6±7.9 mmHg at 12 months (n = 3.1 hypotensive medications and n = 11 procedures) (mean IOP reduction of 30%). Success was achieved in 60% of eyes (19/30) at 12 months (mean IOP reduction of 37% in these eyes). No major intra- or postoperative complications occurred.

**Conclusions**

The ultrasonic circular cyclococulation procedure seems to be an effective and well-tolerated method to reduce IOP in patients with open-angle glaucoma without previous filtering surgery.

**Commercial interest**
• **4231**  
**Corneal neovasculariation: a translational perspective**  
**TERRAVISI G.**  
Milan, Italy.

Development of corneal neovascularization (CNV) is a common finding in a number of disorders affecting the ocular surface. The role of infiltrating inflammatory cells, and specifically macrophages, is well described and associated with the development of CNV. Although CNV is commonly regarded as an ominous clinical sign due to its common association with vision reduction, the growth of neovessels can also beneficial in some instances. For example, CNV helps recruiting cellular immunity and provides protection against ocular perforation in corneal infections. Hence, avascularity of the cornea, constantly exposed to the outer environment, is the result of an evolutionary compromise between a prompt and effective reaction to aggression from the outside and the avoidance of corneal opacification. Specifically, the absence of vessels in the normal cornea is generally considered the result of the predominance of anti-angiogenic over pro-angiogenic factors. In this paper, we suggest a novel mechanism regulating corneal avascularity and its switch to corneal neovascularization. Potential translational implications are also discussed.

• **4232**  
**New perspectives in dry eye treatment**  
**FARABINO S.**  
University of Genova, Clinica Oculistica, Genoa, Italy.

Dry eye syndrome is a chronic disease that affects tens of millions of people worldwide, representing one of the most common ocular pathologies. The traditional approach to treat dry eye focuses on tear replacement with artificial tears or on conserving the patients' tears through occlusion of the tear drainage system, but these therapies can be considered palliative in that they do not address the pathogenic process that underlines the disease. This presentation will discuss the recent major advances in managing dry eye patients, including a new algorithm of therapy and new technologies that can help in monitoring the effect of treatments, and the results of studies with new molecules-ocular surface modulators- aimed at restore the tear film-ocular surface epithelia equilibrium.

• **4233**  
**New developments in DMEK and endothelial cell therapy**  
**FUCHS LICHTER T.**  
University Hospital Erlangen, Dept. of Ophthalmology, Erlangen, Germany.

This presentation provides an overview of current and future developments in endothelial transplantation. Aspects of clinical innovation, pharmacological options and developments in the pipeline are presented.

• **4234**  
**Non-antagonistic influences of intrastromal corneal ring on primary human microvascular endothelial cells from adult donors in a tissue culture system**  
**STORSBERG J.**  
(1), Träg S (2), Messner A (2), Rehfeldt S (1), Klöpzig S (1), Jentzen V (1), Bohirsch J (1), Schmidt C (1)  
(1) Fraunhofer IAP, Functional Medical Polymers, Potsdam, Germany  
(2) HumanOptics AG, Research, Erlangen, Germany.

**Purpose**: Insertion of the Krumeich corneal intrastromal ring (KR) appears to restrict superficial vascularization of donor corneal tissue. The purpose of this report was to determine cytotoxic effects of the KR using tissue culture of primary HMVEC.

**Methods**: Soluble growth medium extracts of individual components of the KR alloy were prepared and HMVEC cells were exposed to these extracts in triplicates for one day and a subsequent MTT assay. Furthermore, HMVEC were grown for five days onto either KR or polypropylene discs coated with individual components of the KR alloy, followed by staining with FDA/PI.

**Results**: MTT assays revealed that higher doses of extracts appeared to reduce the viability of HMVEC, while highly diluted extracts of Mo powder appeared to increase the metabolic activity of HMVEC. FDA/PI staining showed few live HMVEC on either Co or Mo coated propylene discs, compared to the respective Ti and Cr counterparts. Viable HMVEC appear attached to the KR after a five day incubation period.

**Conclusion**: The Krumeich ring does not appear to exert measurable cytotoxic effects in our chosen assay system. High dilutions of Mo powder extracts appear to increase the metabolic activity of HMVEC.
Information technology in ophthalmology. www.retinarisk.com

STEFANSSON E
University of Iceland, Reykjavik, Iceland

A huge amount of epidemiological data has been accumulated in ophthalmology as in other fields of medicine. The use of these data in health care tends to be simplistic and makes too little use of information technology and mathematics. We have used published reports on risk factors for progression of diabetic retinopathy, DR, to create an algorithm that predicts an individual’s risk of sight threatening DR. The prediction is based on the type and duration of diabetes mellitus, blood glucose and pressure, DR stage and gender; see www.retinarisk.com. It predicts 80% of the risk as seen as the area-under-curve on ROC-plots. The software provides individual predictions based on these risk factors. It educates the patient about DR risk and allows estimation of the effect of improving risk factors such as blood glucose. It has motivational and educational value. Current norm in DR screening is annual examination (every other year for eyes without DR). Individualized risk assessment allows individualized determination of the frequency of eye screening. High risk eyes are screened more frequently and low risk eyes less frequently. This improves safety for the high risk eyes and saves on resources for the low risk eyes. When compared with annual screening this provides cost savings of about 50%.
• **4241**
Integrated multi-omic analysis of human retinoblastoma identifies novel regulatory networks

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(2) Agilent Technologies India, LSCI, Bangalore, India

**Purpose**

a) Elucidate the differential expression profiles in tumors & invitro models
b) Identify novel signal transductions and key regulators in retinoblastoma

**Methods**

Institutional Ethics Committee approval was obtained prior to sample collection. We used emaculated eyes of 9 case samples & 2 pediatric deceased controls. Total RNA was extracted from tumor & control retina samples for mRNA, miRNA microarray and RT-PCR for gene expression validation in tumors. Patient's aqueous, vitreous and tears were analysed by LC/MS-MS to validate metabolic profiles of retinoblastoma. RB invitro models were developed using cell lines MCF-7, Y79 & Weri for correlative analysis with patient data

**Results**

We identified 89 genes differentially regulated pathways and genes, from the mRNA expression profile. The mRNA expression profile helps to discover 18 novel miRNAs which regulates key target genes identified by mRNA microarrays. Multi-omic analysis of metabolomics data with gene expression profiles revealed key regulators belonging to common pathways. RB1 silenced MCF-7 showed significant overlap in key cell cycle genes & RB1 complemented retinoblastoma cell line Y79 mimics gain of function of molecular signature

**Conclusions**

Overall, the study identifies molecular mechanisms driving retinoblastoma and provides an in vitro modelling framework for further studies

• **4243**
Human choroidal naevi histopathology revisited

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(2) Leiden University Medical Centre, Ophthalmology, Leiden, The Netherlands

**Purpose**

Choroidal nevi are relatively common lesions seen in normally asymptomatic eyes. They show low potential for progression to melanoma but may produce visual effects depending on location. We investigated vasculature and macrophages in pigmented choroidal nevi using histopathology and immunohistochemistry.

**Methods**

340 fixed post mortem adult human eyes with no history of choroidal melanoma were examined. Paraffin sections of eyes were subsequently cut, stained with hematoxylin & eosin or Periodic acid Schiff reagent and histopathology examined. We assessed localisation and distribution of macrophages immunolabelled with CD163 or CD68 antibodies.

**Results**

Thirteen eyes (aged 54 to 90 years) with 16 pigmented lesions were found. Of these, 15/16 lesions occurred within the posterior pole region. H&E and PAS staining confirmed pigmented choroidal nevi, with a diameter of 1.5 to 6.8mm, and thickness ≤1.5mm. Lesions were located at varying depths within the choroid, comprised of densely pigmented nevi cells, and with a predominantly oval or dome shape (15/16).

Overlying drusen were observed for 8/16 nevi. Large choroidal vessels bordered 11/16 nevi, and normal vessels were seen within nevi, however no microvascular patterns typical associated with melanoma were observed. Larger nevi located just beneath Bruch’s membrane were more often associated with chorioscleralis (CC) thinning and RPE disruption. Nevas cells were seen within the CC pillars, abutting Bruch’s membrane. Compared to surrounding choroid, numerous CD163+ and CD68+ macrophages (CD163+ > CD68+) were localised within and around nevi, often associated with vessels.

**Conclusions**

These findings indicate that choroidal nevi can affect normal choroidal vessels including CC integrity. Nevi also share some histopathological characteristics with melanoma, including infiltrating macrophages.

• **4244**
Anatomic features of choroidal naevi: Swept-source optical coherence tomography vs Enhanced depth imaging tomography. Preliminary results in 31 patients


Moorefield Eye Hospital, Medical retina, London, United Kingdom

**Purpose**

To assess the anatomic retinal and choroidal features of choroidal naevi using swept-source optical coherence tomography (SS-OCT) and enhanced-depth optical coherence tomography (EDI-OCT).

**Methods**

DESIGN: Observational case series. METHODS: Patients with choroidal lesions underwent clinical examination, B-scan ultrasound and imaging with SS-OCT and EDI-OCT. Location, dimensions, clinical and OCT retinal and choroidal features were recorded. Descriptive statistics were used.

**Results**

Case series included 31 patients. 27/31 naevi imaged were melanotic and 4/31 amelanotic with a an overall median thickness of 0.7 mm. Naevus configuration was plaque in 17/31 cases, dome in 10/31 cases and mixed in 4/31 cases. RPE and photoreceptor layer disruption were noted in 14/31 cases and 13/31 had no retinal changes. Subretinal fluid was noted in 6/31 cases. Bruch’s membrane was found intact in 26/31 cases on both modalities. Intrinsic hyperreflectivity was noted in 29/31 cases on EDI-OCT and 30/31 cases on SS-OCT with less optical shadowing. The posterior margin of the naevus was visualised in 11/31 cases with SS-OCT and in 6/31 cases with EDI-OCT. Intratumour vessels were visualised in 28/31 cases with SS-OCT and 23/31 cases with EDI-OCT. For both modalities chorioscleralis appeared compressed and abnormal in 20/31 cases.

**Conclusions**

These preliminary results indicate that imaging of choroidal naevi with SS-OCT enables better visualisation of intratumour vessels and the posterior margin.
Immunohistochemical characterization of a retinal hamartoma

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UZ St. Rafael, Ophthalmology, Leuven, Belgium

Purpose To describe the immunohistochemical features of a retinal hamartoma.

Methods A 38 y old man was referred for preretinal fibrosis on his right eye. There was loss of vision for more than 8 years with metamorphopsia. The left eye was normal. Oct imaging showed an epiretinal fibrosis with extensive macular oedema. A 27Gauge vitrectomy was performed. The lamina limitans interna (ilm) was peeled after staining with Membrane Blue Dual and sent for histopathology.

Results After removal the epiretinal membrane was immediately fixed with PreservCyt in a ThinPrep container. The specimen was routinely processed by the Cellient embedding system. Microscopy showed a folded Pas positive membrane, recognized as ilm with on one side some glial remnants and on the other side a cuboidal non-pigmented epithelium. The glial remnants stained with glial fibrillar protein (gfap), the epithelium with prekeratin AE1/AE3. CD 34 stain was positive in preretinal capillaries.

Conclusions A strange retinal fibrosis consisted of glial tissue and a row of superficial cuboidal non-pigmented epithelium cells. This kind of hamartoma with immunohistological description was never investigated or published.
• 4251  
RNA sequencing in keratoconus: unraveling the molecular pathways  
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Abstract not provided

• 4252  
Development of micro needle for retinal vein cannulation  
WILLEKENS K  
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Abstract not provided

• 4253  
Serine proteases as potential therapeutic targets for ocular inflammation and dry eye syndrome  
JOOSSEN C  
Laboratory for Microbiology, Parasitology and Hygiene, University of Antwerp  
Abstract not provided

• 4254  
Automatic detection of early keratoconus using topography and biomechanical measurements in the corneal horizontal and vertical axis  
RIUZ HILDAILOI  
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Abstract not provided
4255  
Tissue engineering in ophthalmology: regenerating the anterior cornea using self-aligning recombinant human collagen nanoscaffolds and corneal epithelial stem cells  
HAAGDORENS M  
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Abstract not provided

4256  
In vitro functional characterisation of tissue engineered corneal endothelial grafts  
VAN DEN BOGERD B  
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Abstract not provided

4257  
An in vitro and ex vivo study into the role of Müller cells in nanoparticle-based retinal gene therapy after intravitreal injection  
PEYNSHAERT K  
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Abstract not provided

4258  
Detailed characterization of structural, functional and behavioral changes in a laser-induced mouse model for glaucoma  
GEERAERTS E  
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Abstract not provided
Atropine treatment

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In the last years, there has been a marked increase in the prevalence of high myopia in younger generations in developed countries in East and Southeast Asia, and there are signs of similar, but less pronounced increases in North America and Europe. In some parts of the world, 70-90% of children completing high schools are now myopic, and as many as 20% may be highly myopic. Topical Atropine have been quite extensively used in clinical practice in Asian countries, and recent reports suggest that low concentrated atropine, which has less severe side-effects, is also effective. The beginning of an invasive treatment such as atropine drops, even at low doses, requires careful consideration of the risk of myopic progression. The current literature relevant to the prevention of myopic progression with atropine drops is reviewed.
Special Interest Symposium: New approaches to the prevention of myopia

• 4265
5. 7-methylxanthine treatment

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Several studies have shown that the caffeine metabolite 7-methylxanthine (7-mx) prevents myopia and eye elongation in animals subjected to form deprivation. A randomized, placebo-controlled clinical trial with up to 8 years of follow-up including a total of 750 myopic children aged 7-18 years has demonstrated that 7-mx is safe and without side effects. In the age group 8-15 years the myopia progression and the corresponding eye elongation is reduced by around 60% with one tablet of 400 mg 7-mx twice per day. The efficacy would probably improve if the serum concentration of 7-mx could be kept more constant by means of a sustained release formulation. 7-mx appears to work by blocking adenosine receptors in the posterior part of the eye and increasing the concentration of scleral collagen. The accelerated myopia progression found in periods with low ambient lighting may be related to increased accumulation of adenosine in the retina or retinal pigment epithelium. Thus, hypothetically, 7-mx offsets the myopia-enhancing effects of low ambient lighting.

• 4266
Defocus Incorporated Soft Contact (DISC) lens

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Purpose: DISC lens is a concentric bifocal contact lens, combining myopia correction and constant myopic defocus. We investigate the effects of wearing time, eye dominance and pupils size on myopia control with DISC lens.

Methods: 128 children completed a 2-year double masked randomized clinical trial of myopic control (65 in DISC lens and 63 in single vision contact lenses). Refraction and axial length were measured with cycloplegic autorefraction and IOL Master. Ocular dominance was determined with the Miles and Porta tests. Pupil images were captured by EAS-1000 (Nidek) for children wearing the DISC lens, the area ratio of the two optical zones was then calculated.

Results: Those who have worn the DISC lens for 8 hours daily reached a 60% reduction in myopia progression. There were no significant differences in eye dominance with refractive changes (t-test), association between myopic progression (chi-square test) and correlation between the zones ratio at pupil and myopic progression (multiple linear regression analysis).

Conclusions: We identified a dosage effect on the DISC lens in slowing myopia progression. Ocular dominance and pupil size do not have any effect on myopia control using the DISC lens.
• **4271**
The Silk-protein Sericin Induces Rapid Melanization of Cultured Retinal Pigment Epithelial Cells by Activating the NF-κB Pathway

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**Purpose**
Restoration of the retinal pigment epithelial (RPE) cells to prevent further loss of vision in patients suffering from age-related macular degeneration represents one of the most promising novel treatment modalities in regenerative medicine. Development of RPE transplants in the laboratory, however, is a lengthy process requiring up to 3 months of cell differentiation. We explored whether the silk protein sericin can be used as a culture medium supplement to induce differentiation of human RPE.

**Methods**
Microarray analysis determined the expression of RPE-associated transcripts in control cultures and cultures supplemented with sericin. Quantitative immunofluorescence (QJM), spectrophotometry and transmission electron microscopy (TEM) validated the findings.

**Results**
Sericin supplementation increased the expression of RPE-associated transcripts (SPP1,65 and CRALBP). The NF-κB pathway was identified as one of the top sericin-induced regulators. Increased levels of RPE-associated proteins (including CRALB and the pigment melanin) in the sericin-supplemented cultures were confirmed by QJM, spectrophotometry and TEM. Sericin supplementation also increased cell survival following serum starvation. Inclusion of NF-κB agonists and antagonists in the culture medium showed that activation of the NF-κB pathway appears to be necessary, but not sufficient, for sericin-induced RPE pigmentation.

**Conclusions**
Sericin promotes pigmentation of cultured human RPE by activating the NF-κB pathway.

• **4272**
Cell penetrating peptide constructs: A novel drug delivery to the eye

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**Purpose**
In neovascular age-related macular degeneration (AMD) blood vessels grow from the choroid under the retina causing macular damage and scarring. Anti-VEGF drugs such as ranibizumab or aflibercept are administered by intravitreal injection to treat AMD related neovascularisation. We present a novel cell-penetrating peptide construct (CPPC) topical delivery system to deliver Ranibizumab to the retina using drops.

**Methods**
Peptides were produced using standard solid phase peptide synthesis. They were analysed using mass spectrometry and purified using high pressure liquid chromatography and used at a purity of >95 %. CPPC were built around the drugs by vortexing for 10 seconds and incubating at room temperature. Drug delivery experiments were carried out ex-vivo in freshly enucleated porcine eyes. In vivo experiments were carried out in C57 mice. Mice had a three 100 µm laser burns to the choroid to model neo-vascularisation in AMD. They then received a single intravitreal injection of an anti-VEGF agent or CPP/Ranibizumab applied topically to the conjunctival sac twice daily for the duration of the experiment. Choroidal neovascularisation was measured by immunohistochemistry.

**Results**
Ex vivo delivery to enucleated porcine eyes demonstrated that a single 60 µl drop could deliver 1.7 ± 0.4 µg/mL of ranibizumab to the vitreous cavity. Confocal images of immunohistochemistry on retinal wholemounts showed ranibizumab within the retina. In vivo experiments demonstrated both intravitreal injection and CPPC bound Ranibizumab reduced neovascularisation equally, compared to controls.

**Conclusions**
CPPC can be used topically to deliver therapeutic levels of Ranibizumab to the posterior segment.

• **4273**
The improvement of Spoke-Wheel pattern foveoschisis in a patient with X-linked retinoschisis treated with topical dorzolamide observed by high-resolution adaptive optics camera

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(3) Nippon Medical School, Ophthalmology, Tokyo, Japan

**Purpose**
The purpose of the study is to report the improvement of foveomacular cavities and spoke-wheel pattern retinoschisis observed by spectral-domain optical coherence tomography (SD-OCT) and high-resolution adaptive optics fundus camera in a patient with XLRS treated with topical dorzolamide.

**Methods**
A 42 y.o. man with XLRS underwent detailed ophthalmic examinations. A mutation of RS1 gene was detected earlier. The ophthalmological examinations included SD-OCT, fundus autofluorescence imaging, and full-field and multifocal ERGs. Fundus images with microscopic resolution were obtained using the AO retinal camera (rtx1, Imagine Eyes, France). He was treated with topical dorzolamide three times a day. Transverse foveomacular cavities was observed by SD-OCT and the en-face images of spoke-wheel pattern foveoschisis was observed by AO fundus camera during a follow-up period.

**Results**
His BCVA was 0.15 in the right eye and 0.3 in the left eye. The right eye showed atrophic macular degeneration and left eye showed spoke-wheel pattern foveoschisis. SD-OCT showed the thinning of retinal thickness in the right eye and cystoid foveoschisis in the left eye. AO images showed spoke wheel pattern retinal fold in the left eye. The spoke-wheel pattern in AO was sharper compared to the images obtained by fundus photography and autofluorescence imaging. After 14 month of treatment with topical dorzolamide, improvement of foveomacular cavities in SD-OCT was observed. The spoke wheel pattern retinal fold in AO became obscure after treatment, however, still detectable even after foveomacular cavities in SD-OCT was almost disappeared.

**Conclusions**
AO imaging showed detailed microstructure of spoke-wheel pattern foveoschisis and their improvement during a follow up period. AO imaging may be helpful in clarifying the pathology of the foveoschisis in XLRS.

• **4274**
Concordance between ophthalmologists and paramedical professionals in screening for retinal abnormalities with ultrawide field imaging

**Durant F L, Varel K (1), Borde J F (1), Burbe C T (1), Garcia T (1), Anguez K (3)**
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(3) Hôpital de Bruay, Ophtalmologie, Nancy, France

**Purpose**
The decreasing number of ophthalmologists leads to evaluate preliminary screening procedures performed by paramedical professionals. The ultrawide field retinography is a recent technique allowing to obtain, simply and reproducibly, central and peripheral retinal images with or without mydriasis. The main objective of this study was to evaluate the diagnostic agreement between the reading of the ultrawide field images by a paramedical professional compared to a doctor.

**Methods**
A prospective diagnostic two-center study was performed in the ophthalmological departments of two University Hospitals (Reims and Nancy) including all patients eligible in an outpatient clinic. For each patient, an ultrawide field retinography was taken with an Optomap (Optos) and an image analysis was performed by both a paramedical professional and an ophthalmologist. The agreement (kappa coefficient) between both image readings was evaluated.

**Results**
901 patients were included from July 2011 to November 2014. A good agreement was found between paramedical professionals and ophthalmologists for the global analysis (normal or abnormal image) (κ = 0.62 (0.59 to 0.66)). This good concordance was also found for retinal lesions, including the macula (κ = 0.70 (0.66 to 0.73)) and particularly for the analysis of red lesions such as hemorrhages, dilated veins and retinal detachment. However, the agreement was poor for optic disc analysis (κ = 0.38 (0.32 to 0.44)).

**Conclusions**
In screening procedures, paramedical professionals were able to identify retinal abnormalities on ultrawide field image in a significant number of cases. However, the correct identification of optic disc abnormalities was poor.
Research on ophthalmic examination apparatus to diagnose multiple diseases which result in loss of eyesight

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Purpose In Japan, the four major diseases which cause the loss of eyesight are glaucoma, diabetic retinopathy, pigmentary retinal degeneration, and age-related macular degeneration. We developed an ophthalmic examination apparatus having the functions of fundus camera, microperimetry, electroretinography, and visual acuity testing, designed to diagnose multiple diseases which result in loss of eyesight.

Methods We constructed the experimental device with the same optical system as a fundus camera. The device has previously been used for research involving the diagnosis of early diabetic retinopathy. The microperimetry optical system was calculated using the optical engineering software OpTalix-LT and was added to the experimental device. In addition, we added an Edmund infrared camera EO-0413, a lens with a focal length of 25 mm, a 45-degree cold mirror, a 12V/50W halogen lamp, and an 8-inch monitor. The artificial eye consists of a plane-convex lens, a black spacer, and a hemispherical cup. A small section paper was stuck on the bottom of the hemispherical cup. The artificial eye was photographed for 10 times using the experimental device. The software was generated to show the examination target on the monitor and save examination data using C++Builder XE6.

Results The device was able to show the retinal fundus on the monitor, at a length and width of 1 mm with a resolution of 63.25 ± 3.51 and 64.13 ± 6.10 pixels, respectively.

Conclusions We succeeded in adding the function of microperimetry to the experimental ophthalmic device.
Controversies on heavy SiO endotamponade

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Silicone oil (SIO) is a useful tool, mainly in retinal detachment cases complicated with PVR or in some specific cases. A limitation of the tamponade effect of SIO is due to its specific gravity lighter than water which means that recurrences of PVR are always in the inferior retina because of gravity leaving some liquid under the oil bubble where proliferative agents may concentrate. An answer to this was given by modifying the chemical compounds of SIO, adding different substances increasing the specific weight over that of water, thus introducing the “heavier than water” SIO. Five different products are available, Densiron and Oxane HD being the most used.

There is still a lot of controversies on heavy SIOs regarding their potential toxicity due to the additional compounds and the stability of the mixture, regarding the potential interaction when directly exchanged with PFCL. In an unfinished prospective study comparing “classical” SIO and heavy ones, the interim analysis after one year follow up in PVR cases didn't find any advantage in the use of heavy SIO. These results seem to finally close the last controversy on their usefulness in this indication. Nevertheless, heavy SIO keep perhaps some indications in specific cases.
Neuronal complications of intravitreal SiO

GRZYBOWSKA A
Poznan City Hospital, Dept of Ophthalmology, Poznan, Poland

Intraocular silicone oil (SiO) complications include keratopathy, glaucoma, cataract and subretinal migration of the oil droplets, and can also lead to a severe optic neuropathy caused by retro-laminar migration. Intracranial migration of the SiO through the optic nerve posterior to the lamina cribrosa to the optic chiasm and brain is, however, uncommon. The mechanism is still under debate. Moreover, central scotoma may develop in eyes with SiO not only at the time of oil removal, but also during the period of tamponade. This review summarizes our current understanding of the specific pathogenic mechanisms of intraocular SiO neuronal side effects, concluding that pre-existing glaucoma and optic nerve abnormalities are the main risk factors associated with this damage. In their absence, the risk of extraocular SiO penetration is so low that the use of SiO endotamponade in complex retinal detachment patients does not need to be modified. MRI images to assess extraocular SiO migration are only necessary in very few and special cases, such as patients with optic nerve abnormalities and glaucoma.
**4421**  
**Turn off the tap: Inflow surgery comes of age with ECP**  
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(3) Hôpital Ophthalmique Jules-Gonin, Unité du Glaucone, Lausanne, Switzerland  
(4) Universitäts-Augenklinik Basel, Augenchirurgie, Basel, Switzerland  
For almost 50 years, trabeculectomy has been considered the ‘gold standard’ procedure in the surgical management of the Glaucoma patient. The operation undoubtedly works well in many surgeons’ hands, and over the last 20 years small changes in surgical technique have improved the safety profile of guarded sclerotomy. ‘Tube’ surgery has also long been widely advocated and debate rages about which of these two mainstream treatments should be the de facto surgery for glaucoma. In a continued attempt to improve the surgical risk/benefit ratio, there have more recently been advocated other surgical glaucoma procedures, which may in time take on the mantle of ‘standard of care’. Our SIS presents a selection of these new treatments as a basis for a robust discussion of why and how we offer surgery to control our patients’ disease with the ultimate aim of preserving their vision as effectively and safely as possible.  

**Commercial interest**

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**4422**  
**Back to the future: The return of angle surgery**  
SHARKAWIE  
Jules Gonin Eye Hospital, Lausanne, Switzerland  
Micro invasive glaucoma surgery (MIGS) claims extremely high safety profiles and is a rapidly expanding field. In this session we will examine the efficacy and safety of ab interno angle surgery, and outline surgical tips and methods to maximize trabecular outflow in open angle glaucomas. We will also explore how angle surgery may improve results in angle closure eyes, over phacoemulsiﬁcation alone. MIGS healthcare costs are not insigniﬁcant and efﬁcacy can be limited. We will therefore examine cost effectiveness and quality of life issues that are paramount in moving this ﬁeld forward. MIGS will be compared to more invasive glaucoma surgical approaches and real world indications discussed.

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**4423**  
**Down under the sclera: Deep sclerectomy**  
CLEMENT C  
Gordon, Australia  
Deep Sclerectomy is an ab externo glaucoma filtration technique that aims to lower intraocular pressure without the need for a penetrating incision into the eye. The potential beneﬁts are signiﬁcant intraocular pressure reduction with a different complication proﬁle to that of trabeculectomy. Deep Sclerectomy is not used by many glaucoma services worldwide due to factors including restricted training, fear of intraoperative complications, a perceived steep learning curve and a perception that deep sclerectomy is ineffective or less effective than trabeculectomy. This presentation aims to address these issues by presenting data on the efﬁcacy and complication proﬁle of deep sclerectomy along with strategies to learn a safe and effective technique in a short period of time.

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**4424**  
**Coming full circle: Canal surgery with / without implants**  
GRIEBSHAER M  
University of Basel, Ophthalmology, Basel, Switzerland  
Canaloplasty, one of the latest ab externo, non-penetrating procedures in glaucoma, reduces intraocular pressure by targeting the pathologically high resistance to aqueous outflow and restoring the natural outflow system. After (circumferential) viscodilatation of Schlemm’s canal, a polypropylene suture is looped through the canal and tightened to distend the trabecular meshwork; alternatively a new device, the Stegmann Canal Expander is implanted. The main advantage of canaloplasty over fistulating trabeculectomy is the independence of a filtering bleb. Furthermore, there is no need for antimetabolites and needling procedures. Canaloplasty as a stand-alone procedure or combined cataract extraction is proven to be safe and effective. The surgeon must understand and respect the microanatomy of the outflow system and the mechanics of the procedure itself. This presentation guides the surgeon through standard canaloplasty and the implantation of the Stegmann Canal Expander, highlights tips and pitfalls, and presents new clinical data.
Intraoperative optical coherence tomography (iOCT) in toric IOL implantation.

WYLEGALA E
Ophthalmology Clinic, Railway Hospital, Katowice, Poland

The effectiveness of the correction of astigmatism depends on the accuracy of the IOL position in the lens capsule. Removal of viscoelastic from the bag and the right IOL concentration have a direct impact on the effectiveness of this IOL. Intraoperative use of OCT in real time (RESCAN 700 Zeiss) allows the evaluation of IOL in the bag position. iOCT plays role in the estimation of the distance from the posterior capsule of the lens. The use of iOCT allows to achieve an improved surgical results in patients with cataract and coexisting astigmatism.

How to calculate toric intraocular lenses in clinical practice?

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There are several options for calculation of toric intraocular lenses, some are based on the classical intraocular lens calculation formulas and others utilize paraxial or numerical ray tracing techniques. Most online calculators use a two-step system based on precalculated data for the equivalent monofocal lens. Other methods calculate intraocular lens power separately for both cardinal meridians. Advanced methods directly calculate sphero-cylindrical power by matrix or ray tracing techniques. Especially when considering superposition of regular and irregular astigmatic components, postoperative implant rotation or anisometropia and aniseikonia, the classical formula approach might be inadequate for estimating toric intraocular lens power. Therefore surgeons dealing with toric intraocular lenses require deeper knowledge on advanced calculation techniques to improve patient satisfaction.

Intraoperative optical coherence tomography (iOCT) in toric IOL implantation.

WYLEGALA E
Ophthalmology Clinic, Railway Hospital, Katowice, Poland

The effectiveness of the correction of astigmatism depends on the accuracy of the IOL position in the lens capsule. Removal of viscoelastic from the bag and the right IOL concentration have a direct impact on the effectiveness of this IOL. Intraoperative use of OCT in real time (RESCAN 700 Zeiss) allows the evaluation of IOL in the bag position. iOCT plays role in the estimation of the distance from the posterior capsule of the lens. The use of iOCT allows to achieve an improved surgical results in patients with cataract and coexisting astigmatism.
Surgical aspects of toric lens implantation, from perioperative marking to axis re-adjustment

BARRAQUER R I
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Which toric lens model is suitable for my patient? Which marking methods are available, what are the differences and which ones are suitable for toric lenses? How to assure that the lens will be properly implanted (centration, rotation and complication management)? A short overview on latest technology in surgical guidance systems.
Section 1

**4441**

Correlation between radiation dose and damage to optic disc and macula in eyes treated with ruthenium brachytherapy

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**Purpose**

Poor visual acuity and blindness due to retinal damage are challenging side effects to 106Ru-plaque treatments of malignant melanomas. In this study, we evaluated the dose to fovea and to the optic nerve and investigated the link between dose and the occurrence of macular and optic nerve damage.

**Methods**

The study included 54 patients treated in 2005 and 2006 in Copenhagen University Hospital, Denmark. Six patients were excluded due to missing information on ocular outcome. Using dedicated commercial software, the tumour was retrospectively contoured on pre-treatment fundus images. The position of the plaque was determined from the radiation scar in post-treatment fundus images and enabled to recreate the dose distribution. The presence of ocular damage was determined from the same post-treatment fundus images. The dose to the fovea and optic nerve were reported and compared to the presence of ocular damage.

**Results**

The estimated dose to the macula for patients with macular damage (median 64 Gy, range: 7-668 Gy) was significantly larger than for patients with no macular damage (median 7 Gy, range: 0-31 Gy) (p=1.8·10^-4). Optic nerve doses for patients with optic nerve damage (median 87 Gy, range: 38-257 Gy) similarly differed significantly from those for patients without damage (median 17 Gy, range: 0-122 Gy) (p=1.7·10^-4).

**Conclusions**

After 106Ru-plaque treatment, patients where ocular damage was identified had received a significantly higher dose to the macula and optic nerve compared to patients with no signs of ocular damage.

Section 2

**4442**

Dexamethasone 0.7-mg intravitreal implant in patients with radiation macular edema after proton beam therapy for choroidal melanoma: 2-year results.

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**Purpose**

To evaluate over a 2-year period, the efficacy of dexamethasone 0.7-mg intravitreal implant in patients with radiation macular edema after proton beam therapy for choroidal melanoma.

**Methods**

Nine patients’ charts were retrospectively reviewed. The main outcome measures were visual acuity and mean central retinal thickness.

**Results**

All patients received a radiation dose of 60 cobalt gray equivalent. Radiation macular edema occurred within a mean time of 4 months after irradiation. Mean preinjection visual acuity was 50 ETDRS letters. Mean central retinal thickness was 461.7 μm. Two months after injection, mean visual acuity was 57 ETDRS letters. It improved for 5 patients (+4, +9, +15, +15, and +19 letters) and remained unchanged for 4. Two months after injection, mean central retinal thickness was 321.6 μm. A complete resolution of radiation macular edema was observed for 7 patients. Four patients underwent several injections of dexamethasone performed 4 to 5 months after the last injection. Intracocular pressure increased for 2 patients over a mean follow-up period of 24 months. Two patients underwent cataract surgery after the third injection of dexamethasone implant.

**Conclusions**

Intravitreal dexamethasone implant can improve visual acuity in radiation macular edema. The observed beneficial effect lasted up to 5 months.

Section 3

**4443**

Radiation complications, Toxic Tumor Syndrome prevention

**ROMANOWSKA D, Kubicka-Trzaska A, Morawski K, Bogdali A, Markiewicz A**

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**Purpose**

After large melanomas radiotherapy (1-125, Ra-106 brachytherapy or proton-beam) tumor is damaged, which can cause the development of radiation-induced complications. Large tumor resection under the scleral flap (endo- or exoresection) or during pars plana vitrectomy (endoresection) can prevent Toxic Tumor Syndrome. Aim: To present choroidal melanoma endoresections results. Tumors were resected in the Department of Ophthalmology and Ocular Oncology at the University Hospital in Krakow.

**Methods**

The study included 10 patients with large melanoma located in the posterior pole after the proton beam irradiation. Patients were stratified for resection because of the risk of Toxic Tumor Syndrome. Pars plana vitrectomy and tumor endoresection was performed in all cases with endophotocoagulation and silicone oil endotamponade.

**Results**

Removed melanomas were localized predominantly in the posterior pole of the eye, tumor base diameter ranged from 11.3 to 15.3cm, tumor thickness ranged 5.2 to 9.1mm. Endoresection was performed 1 to 3 months after proton beam irradiation. Intraoperative complications include minor bleeding occurred in all patients, postoperatively in 1 patient intraocular inflammation (treated with good effect intravitreal injections of steroids) and in 1 case of PVR. There was no recurrence of the neoplasm during the observation period.

**Conclusions**

Choroidal melanoma endoresections should be used in some cases of large tumors localized back to the equator of the eye, mainly in the posterior pole of the eye. This prevents Toxic Tumor Syndrome and tumor recurrence.

Section 4

**4444**

Proton beam irradiation of choroidal hemangiomas after unsuccessful photodynamic therapy

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(2) Jules-Gonin Eye Hospital, Ophthalmology, Lausanne, Switzerland

**Purpose**

To study the outcome of patients treated for a choroidal hemangioma with proton beam irradiation following unsuccessful PDT and compare the therapeutic results with that of a control group that received proton therapy as a primary treatment.

**Methods**

Proton beam irradiation was applied to twelve cases of choroidal hemangioma that had been unsuccessfully treated with PDT (N of sessions: 1-5). Their functional results were compared to those of a control group of 48 cases treated only with proton therapy. The latter were matched (4 to 1) for the duration of symptoms before primary treatment, extent of retinal detachment as well as distance to the macula.

**Results**

The mean follow-up following proton beam irradiation therapy was 28 months [range: 6 months - 5 years] in the PDT group and 41 months [range: 6 months - 10 years] in the control group. In all patients, the retinal detachment and macular edema disappeared following proton therapy. In the study group, final visual acuity was ≤ 0.1 in 25%, 0.2-0.5 in 25% and ≥ 0.6 in 50% of cases. Visual acuity improved in 58%, remained stable in 25% and decreased in 18% of cases. In the control group, final visual acuity was ≤ 0.1 in 4%, 0.2-0.5 in 38% and ≥ 0.6 in 58% of cases. Visual acuity improved in 65%, remained stable in 29% and decreased in 6% of cases.

**Conclusions**

Proton beam irradiation is a valid therapeutic option after inconclusive results following PDT for choroidal hemangioma. Within the limits of this study, therapeutic results were slightly better for those patients that received proton therapy as a primary treatment.
• 4445
**Stereotactic radiation therapy of diffuse choroidal hemangioma in Sturge–Weber syndrome**

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(3) PSI, OPTIS, Villigen, Switzerland

**Purpose** To evaluate the outcomes following stereotactic radiation therapy of diffuse choroidal hemangioma related to Sturge-Weber syndrome (STW) and associated with secondary retinal detachment (RD).

**Methods** Retrospective case series of STW patients with diffuse choroidal hemangioma associated with RD that were treated with stereotactic radiation therapy. The technique consisted of applying 19.8 to 25.2 Gray in 10 to 14 fractions, at the posterior pole.

**Results** Between June 2001 and August 2013, 13 patients (M/F ratio: 6/7) with a median age of 8.5 years (range: 3.0-32.0 years) were irradiated. Before, five of them had been unsuccessfully treated with PDT, silicone oil or propranolol in an attempt to retatch the RD. Median visual acuity at baseline was reduced to HM (range: NPL-0.7) with a median tumor thickness of 4.4 mm (range: 3.1-7.2). During radiation treatment, one patient complained of minor, transient conjunctival irritation. Mean follow-up (FU) was 39 months (range: 0-141 months). Complete retinal reattachment was observed in 9 cases, partial retinal reattachment in 1 case (FU 3 months) and no response in 1 case (RD duration of 3 years). Two patients were lost to follow-up. Four patients received panretinal photocoagulation for retinal ischemia. At the last control examination, median visual acuity was 0.04 (range: NPL-0.8), mainly related to pre-existing amblyopia, secondary retinal changes or glaucoma-associated optic atrophy. Median tumor thickness was 2.0 mm (range: 1.3-2.5).

**Conclusions** Stereotactic radiation therapy with 20 to 25 Gray is an efficient treatment for reapplying secondary RD in STW patients with diffuse choroidal hemangioma. No major complications were noted. However, visual outcomes remained poor, because of the complex ocular problems these young patients present, with often a delay in diagnosis and treatment.

• 4446
**Choroidal osteoma in deep range imaging OCT (DRI-OCT)**

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**Purpose** A study presents features of choroidal osteoma in Deep Range Imaging Optical Coherent Tomography (DRI-OCT)

**Methods** We analysed 5 cases with choroidal osteoma. All patients were diagnosed, treated and follow-up at the Ophthalmology and Ocular Oncology Department of University Hospital in Cracow during 2013 and 2015 years. Diagnosis of osteoma was established on basis of typical features found during fundus and ultrasonography examinations. Additionally, DRI-OCT was performed in all choroidal osteoma cases. Images were evaluated by four experienced physicians in using DRI-OCT in differential diagnosis of intraocular tumors.

**Results** In all cases choroidal osteoma were observed smooth undulating tumor surface, multiple intralesional layers, sponge bone structure, transparency with visibility of sclero-choroidal junction and presence of vessels.

**Conclusions** Choroidal osteoma is a rare, benign tumor presents mainly at posterior pole of eye globe in young woman. Especially it should be distinguish from amelanotic choroidal melanoma or metastatic tumors. In these controversial cases DRI-OCT is very useful due to present very characteristic features of choroidal osteoma in this examination.
• 4451
An innovative mouse model for retinal alpha-synucleinopathy: taking a new look on Parkinson's disease

DE GROEF L
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Abstract not provided

• 4452
Unraveling the molecular and cellular mechanisms underlying deleterious ROCK signaling in neuronal survival and axonal growth

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Abstract not provided

• 4453
Identification of the gene signature of retinal endothelial cells during classical experimental autoimmune uveitis, Th1- and Th17-dependent uveitis

LIPSKI D
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Abstract not provided

• 4454
Development of a portable retinal oximeter using a hyperspectral image sensor

VAN KEER K
University Hospitals Leuven, Department of Ophthalmology, Leuven, Belgium
Abstract not provided
• **4455**  
3D printed human recombinant collagen scaffolds for corneal tissue engineering: determination of cell-scaffold interactions  
**MATTHYSSEN S**  
University Antwerp, Antwerp, Belgium  
Abstract not provided

• **4456**  
Functional characterization of RCBT81 as novel disease gene for syndromic retinal dystrophies  
**ASCARI G**  
University Ghent, Ghent, Belgium  
Abstract not provided

• **4457**  
Integrated transcriptomics and genomics to identify hidden genetic variation of FRMD7 or novel candidate genes in idiopathic infantile nystagmus  
**ALMOALLEM B**  
Center for Medical Genetics Ghent, Ghent, Belgium  
Abstract not provided

• **4458**  
Role of the transcription factor TonEBP/NFAT5 in the inflammatory response induced by hyperosmolar stress in RPE cells  
**LIBERT S**  
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Abstract not provided
Ever 2015

Abstract

185

• 4464

Orbital implantation of biocompatible magnets for the treatment of intractable nystagmus

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Intractable acquired nystagmus causes debilitating symptoms and medical and surgical treatment is typically unsatisfactory. We describe a pilot study in which pairs of custom-designed titanium-encased magnets were sequentially implanted in an adult male patient with recalcitrant vertical nystagmus to achieve a reversible dampening of the nystagmus in the primary position. Under general anaesthesia, one magnet was sutured within the inferior retractor sheath, and, with the globe in the primary position, the fellow magnet was secured to the orbital floor with histoacryl glue, thereby dampening the nystagmus. The procedure was repeated on the fellow orbit several weeks later.

This pilot study on a single patient was completed without complication, and has achieved a dramatic improvement in objective and subjective visual functions, including the spatial distribution of eye position during fixation in the primary position, together with a marked subjective improvement in quality of life. NIHR funding has been secured to extend this study to a larger cohort of patients to determine the extent and duration of this dampening effect in a larger cohort of patients.

• 4463

A novel method for measuring outcome of orbital decompression in Graves' orbitopathy

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To evaluate the outcome of a graded bone removal rehabilitative infero-medial orbital decompression in Graves' orbitopathy (GO) by means of a novel stratified appraisal (NSA) versus the traditional group analysis (TGA). This retrospective follow-up study included all the orbits decompressed (06/1999-12/2005), at the Department of Ophthalmology University of Amsterdam by one surgeon (L.B.), using the technique under evaluation. NSA assessed or quantified: 1) the invasiveness of surgery, allowing to calculate a mean index of invasiveness per orbit (MIIO) and per patient (MIIP) (25% ≤ values ≤ 100%); 2) at ≥ 6 months postoperatively surgical targets (desired exophthalmos reduction, improvement of retroocular tension, reduction of peri-orbital puffiness, resolution of lagophthalmos) were scored as achieved or not allowing to calculate a mean index of targets achieved per orbit (MITAIO) and per patient (MITAPI) (0 ≤ values ≤ 1); 3) an index of diplopia (ID) (decompression-induced / decompression-cured diplopia); (4) demographics and preoperative characteristics were compared after stratification of the included orbits for surgical target; surgical outcomes were assessed after stratification for amount of desired exophthalmos reduction and invasiveness of surgery. TGA examined the entire series as a single homogeneous cohort independently of the different targets and invasiveness of surgery. NSA and TGA were compared and combined outcomes were assessed. TGA detected differences among groups within the studied cohort, the overall achievement of surgical targets was high, indices precisely quantified the extent of applied surgery and surgical results, at variance with results obtained with TGA. A negligible complication rate was recorded. The NSA may represent a step forward towards a more comprehensive and accurate evaluation of decompression surgery outcomes.

• 4462

Update in management of optic nerve glioma (part 2)

PARSA C

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Significant controversy exists in the treatment of optic nerve glioma because of the absence of evidenced-based trials demonstrating efficacy for various treatments administered over the years, from radiation therapy to various chemotherapeutic regimens and combinations thereof. Elements of tumor biology will be discussed along with fundamental properties of anti-mitotic regimens administered to date, as well as newer agents proposed targeting protein synthesis rather than DNA replication. Discussion of how tumor suppressor gene status (NF1) should be taken into consideration when deciding upon a treatment modality will also be discussed. Novel vision sparing surgical modalities applicable to NF1-associated orbital gliomas in particular will be reviewed.

• 4461

Acute exophthalmos in children

DE POTTER P

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Abstract not provided

• 4465

Novel vision sparing surgical modalities applicable to NF1-associated orbital gliomas in particular will be reviewed.

Novel vision sparing surgical modalities applicable to NF1-associated orbital gliomas in particular will be reviewed.

Special Interest Symposium: Orbit meets neuro-ophthalmology
**4471**
The prevalence and incidence of glaucoma in Denmark in a fifteen year period: A nationwide study

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Purpose The purpose of the present study was to describe the prevalence, incidence and demographic variation of glaucoma patients in Denmark in the period from 1996 to 2011. Moreover, the aim was to identify the treatment pattern of glaucoma medication within the studied period.

Methods The study population comprised all individuals living in Denmark in the period 1996-2011. The National Prescription Registry was used to identify all claimed prescriptions for glaucoma medication.

Results A total of 116,592 incident glaucoma patients were identified. Average age at onset was 66 years (range: 0-105 year), 55% were women. Over all prevalence of glaucoma increased from 0.39% to 1.72% during the investigated period. In 2011, glaucoma affected 3.47% of the population above 50 years and 10% in patients above 80 years. The highest prevalence of glaucoma was found in capital region of Denmark. Within the studied period the use of prostaglandin analogs and combination drugs increased, whereas the use of β-blockers, carbon arylate inhibitors and parasympathomimetics decreased (p = 0.001). Finally, the use of α2-agonists remained unchanged within the studied period. A total of 75% of the patients were treated with two or more glaucoma medications.

Conclusions Over all, the present study is the first assessment of the frequency and the development of glaucoma in Denmark over a 15-year period. Glaucoma effects a little less than 2% of the total population and increases with age to reach a prevalence of more than 10% amongst people above 80 years.

**4472**
Optic nerve head hemorrhage and vitreous traction.

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Purpose During posterior vitreous detachment (PVD) the posterior hyaloid remains, for a certain period, attached to the optic disc. It can exert traction with development of optic nerve head hemorrhages (ONHH). ONHH are known to be associated with glaucomatous progression and retinal nerve fiber layer (RNFL) defects. Therefore this study aims at investigating the relationship between PVD formation and ONHH in open angle glaucoma patients.

Methods Patients presenting with an ONHH, from November 2014 on, were included. They underwent a comprehensive ophthalmological investigation, automated visual field test, confocal scanner (HRT III), OCT (HRT Spectralis) scan and stereographic photos of the optic nerve head. This study is part of a larger, clinical trial (NCT0290795) registered, study investigating vitreopapillary traction (VPT).

Results Eighteen eyes of 18 patients (11 normal tension, 6 primary open angle and 1 secondary open angle glaucoma) were included. Seven out of 18 (38.9%) eyes had concomitant VPT and 7 had a complete PVD. Seven ONHH were located infero-, 5 supero- and 6 temporal. In the non-VPT subgroup 5 out of 11 (45.5%) eyes showed matching retinal nerve fiber layer defects, with 2 out of 7 (28.6%) in the VPT subgroup.

Conclusions VPT could be a confounding factor in glaucoma assessment and ONHH development.

**4473**
Localized changes in retinal nerve fiber layer reflectance intensity are related to localized functional loss in glaucoma

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Purpose Reflectance within the retinal nerve fiber layer (RNFL) may change prior to, or concurrent with, RNFL thinning in glaucoma. We hypothesize that reductions in RNFL reflectance intensity may be observed by optical coherence tomography (OCT), and may provide useful additional information beyond RNFL thickness.

Methods Participants enrolled in an ongoing longitudinal study of glaucomatous progression had peripapillary circle scans acquired using spectral-domain OCT, and performed automated perimetry, every 6 months. Data were analyzed from the most recent 8 visits with reliable results, from 211 eyes of 143 individuals. For each of the 52 visual field locations, intensity ratio and RNFL thickness were calculated within a 30º sector centered at the average location where corresponding nerve fibers enter the disc. Intensity ratio was defined as the mean intensity of pixels within the delineated RNFL boundaries divided by the mean intensity of pixels between the outer RNFL boundary and Bruch’s Membrane. Rates of localized change were defined as the rate of change within each sector, minus the rate of global change. A mixed effects model was used to predict the rate of localized functional change from the rates of localized thickness and intensity ratio change within the corresponding sector.

Results In a combined model, the rate of localized functional loss was predicted by both rate of thinning and the interaction between the rates of thinning and intensity ratio change (both p < 0.0001). For a given rate of RNFL thinning, a more negative rate of intensity ratio change predicted more rapid loss of sensitivity.

Conclusions Reduction of RNFL reflectance over time is associated with loss of sensitivity at corresponding locations. While these are early results, they suggest potential improvements to the interpretation and quantification of OCT scans.

**4474**
Visual field screening by opticians with Damato Multifocality Campimetry Online (DMCO)

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Purpose To study DMCO, a free of charge Internet-based visual field test, used as a screening device in optician shops in Denmark. Methods Standard equipment was a computer, a wireless mouse and a 22” computer screen. Optician shops in the region of Copenhagen were invited to participate. We used DMCO STANDARD 1-2, the best performing algorithm from our previous work, to screen. The algorithm demanded one or two successive DMCO tests with a cut-off at 4 or 5 missed points on a DMCO test. This algorithm has performed with sensitivity of 64.2% and specificity of 98.1%, respectively (AUC = 0.9).

Results During 2014-2015 the DMCO STANDARD 1-2 algorithm has been evaluated in 12 optician shops. DMCO have been tested by 387 individuals of whom 31 demanded a full ophthalmology examination. The examinations revealed 7 glaucoma cases, 17 cases with different eye-brain-diseases, and 7 false positive tests. To date 46 individuals with a normal DMCO test have been examined: 44 healthy and 2 false negative cases.

Conclusions DMCO test could be a confounding factor in glaucoma assessment and ONHH development.
**4475**

Comparison of preservative-free latanoprost and bimatoprost in a multicenter, randomized, investigator-masked cross-over clinical trial.

**Methods** Prospective, randomized, investigator-masked, cross-over comparison. Patients with ocular hypertension or open angle glaucoma (OAG) with an IOP less than or equal to 21 mmHg with a preserved prostaglandin monotherapy at screening were washed out and randomized to receive BUDPF or LUDPF for 3 months and were then switched to the other respective treatment for another 3 months. IOP curves were performed at baseline and after each treatment period, and safety and tolerability were assessed at the two latter timepoints.

Results Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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**4477**

How accurate are optometrist referrals for glaucoma in the NICE era?

**Methods** Prospective, randomized, investigator-masked, cross-over comparison. Patients with ocular hypertension or open angle glaucoma (OAG) with an IOP less than or equal to 21 mmHg with a preserved prostaglandin monotherapy at screening were washed out and randomized to receive BUDPF or LUDPF for 3 months and were then switched to the other respective treatment for another 3 months. IOP curves were performed at baseline and after each treatment period, and safety and tolerability were assessed at the two latter timepoints.

Results Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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**4476**

Double-hump sign on gonioscopy: definitive plateau iris? A cross-sectional study using ultrasound biomicroscopy

**Purpose** To determine if the reason(s) stated by the optometrist a

**Methods** Comparison of preservative-free latanoprost and bimatoprost in a multicenter, randomized, investigator-masked cross-over clinical trial.

**Results** Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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**4478**

A pilot study of survey on patient satisfaction and its meaning in an glaucoma outpatient

**Purpose** To assess the degree of patient satisfaction and its correlation with the subjective satisfactory score of the ophthalmologist.

**Methods** A prospective, randomized, investigator-masked, cross-over comparison. Patients with ocular hypertension or open angle glaucoma (OAG) with an IOP less than or equal to 21 mmHg with a preserved prostaglandin monotherapy at screening were washed out and randomized to receive BUDPF or LUDPF for 3 months and were then switched to the other respective treatment for another 3 months. IOP curves were performed at baseline and after each treatment period, and safety and tolerability were assessed at the two latter timepoints.

Results Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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**4479**

Comparison of preservative-free latanoprost and bimatoprost in a multicenter, randomized, investigator-masked cross-over clinical trial.

**Purpose** To determine if the reason(s) stated by the optometrist a

**Methods** Comparison of preservative-free latanoprost and bimatoprost in a multicenter, randomized, investigator-masked cross-over clinical trial.

**Results** Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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**4480**

A pilot study of survey on patient satisfaction and its meaning in an glaucoma outpatient

**Purpose** To assess the degree of patient satisfaction and its correlation with the subjective satisfactory score of the ophthalmologist.

**Methods** A prospective, randomized, investigator-masked, cross-over comparison. Patients with ocular hypertension or open angle glaucoma (OAG) with an IOP less than or equal to 21 mmHg with a preserved prostaglandin monotherapy at screening were washed out and randomized to receive BUDPF or LUDPF for 3 months and were then switched to the other respective treatment for another 3 months. IOP curves were performed at baseline and after each treatment period, and safety and tolerability were assessed at the two latter timepoints.

Results Both drugs were effective in lowering IOP, both at 3 and at 6 months (estimated difference compared to baseline: -4.0 ± 0.5 for both BUDPF and LUDPF, p < 0.001 at 3 months; 5.2 ± 0.5 for BUDPF, 3.4 ± 0.5 for LUDPF, both p < 0.001 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6 ± 0.5 mmHg between the two groups, favoring BUDPF (p = 0.01). An intra-subject IOP difference of 0.9 ± 0.2 mmHg in favor of BUDPF was observed (p = 0.01).

Conclusions This study demonstrated a superior efficacy of BUDPF over LUDPF in lowering IOP.

**Commercial interest**

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Posters

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**T001**

Fisetin and Luteolin decrease inflammation and oxidative stress-induced cytotoxicity in ARPE-19 cells

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**Purpose**

Age-related macular degeneration (AMD), is the leading cause of blindness among the elderly in the western world. It represents not only a dramatic reduction in patients’ quality of life but also a significant burden to the general healthcare system. Yet, despite the severity of the disease, much questions regarding the pathways of disease formation and progression are still unanswered and viable treatment options still undiscovred. Here, we evaluate the cytoprotective and anti-inflammatory potential of fisetin and luteolin in human retinal pigment epithelial cells exposed to increased oxidative stress.

**Methods**

ARPE-19 cells were treated with 4-hydroxynonenal (HNE) to simulate high levels of oxidative stress. Thereafter, fisetin or luteolin were added to the culture medium. The MTT and the lactate dehydrogenase assays were used to assess cellular toxicity. Inflammatory cytokines, as well as activation of transcription factors were measured using the ELISA method and a DNA-binding transcription factor assay. To analyze the importance of SIRT1 and related pathways, the experiments were repeated after specific SIRT1 knock-out using siRNA. Levels of intracellular SIRT1 were measured using Western Blot.

**Results**

Fisetin and luteolin protected retinal pigment epithelial cells from oxidative stress-induced cell death and exhibited potent anti-inflammatory properties even after the initial insult. These effects seemed to be independent of NF-κB or SIRT1.

**Conclusions**

Bioactive polyphenols, fisetin and luteolin are powerful anti-inflammatory and anti-oxidant agents and show potential for the development of drugs aimed at specific intracellular pathways that affect inflammation in AMD.

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**T002**

cis-Urocanic acid prevents inflammation and cell death in UVB-treated ARPE-19 cells

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**Purpose**

cis-Urocanic acid (cis-UCa) is an endogenous ultraviolet (UV) absorbing chromophore that is mainly produced in the upper layers of epidermis. The aim of our study was to investigate the cytoprotective capacity of cis-UCa in UVB-irradiated ARPE-19 cells.

**Methods**

ARPE-19 cells were pretreated with IL-1β and cis-UCa and then exposed to UVB radiation. Secretion of IL-1β and -18 was measured using the ELISA method. Moreover, the cells were observed under an inverted microscope and cell viability was measured by lactate dehydrogenase (LDH) release assay. The proper cis-UCa concentration was evaluated comprehensively beforehand using MTT assay. The experiments were repeated after specific SIRT1 knock-out using siRNA.

**Results**

Our results show that UVB after IL-1β priming activates IL-1β and -18 secretion in ARPE-19 cells and cis-UCa clearly alleviates that. cis-UCa also improves cellular viability.

**Conclusions**

cis-UCa shows anti-inflammatory and cytoprotective properties in ARPE-19 cells.

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**T003**

Nrf2- and PGC-1α-deficient mice: A novel animal model for impaired autophagy in AMD

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**Purpose**

To clarify the complex role of impaired autophagy in RPE damage, we analysed mice deficient in both Nrf2 and PGC-1α. Increasing evidence of impaired autophagy as a contributor to AMD has raised the importance of animal models that aimed at specific intracellular pathways that affect inflammation in AMD.

**Methods**

We analysed morphological and immunohistochemical changes in the retina of aged Nrf2- and PGC-1α double knock-out (DKO) mice and wild-type controls. The Keap1-Nrf2 pathway, an essential system involved in oxidative stress response, is regulated by proteasomes and autophagy. PGC-1α is a master regulator of ROS-scavenging enzymes, and it has a role in inducing autophagy/mitophagy. We performed immunostaining of proteins related to oxidative stress and autophagy (4-HNE, Beclin-1, p62, and ubiquitin).

**Results**

DKO mice and wild-type controls showed different immunostaining of proteins related to oxidative stress and autophagy.

**Conclusions**

Our findings suggest Nrf2 and PGC-1α deficiency increases oxidative stress and affects autophagy. This concides with the retinal degeneration observed in the promising new AMD mouse model.

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**T004**

Hyposia induces an inflammatory response in ARPE-19 cells

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**Purpose**

To characterize the link between hypoxia and inflammation in retinal diseases, we studied here the effects of hypoxia exposure on the secretion of inflammatory cytokines from ARPE-19 cell culture, pretreated with lipopolysaccharide (LPS), to induce inflammation.

**Methods**

ARPE cell culture was exposed to 24h hypoxia, 24h hypoxia followed by 24h reoxygenation, and 24h or 48h normoxia with or without LPS. Experiments were performed using culture medium DMEM/F-12 supplemented with penicillin, streptomycin and L-glutamin without or serum and with or without LPS. Each treatment was repeated 6 times. Hypoxia (37 °C, 1% O2, 5% CO2, 90% moisture) was induced in Ruskinn Invivo2 workstation, and normoxia and reoxygenation (37°C, air, 0% CO2, 90% moisture) in a standard cell culture incubator. The culture media and cell lysates were collected under hypoxic or normoxic atmosphere, centrifuged and snap frozen for storage and further analyses. VEGF and cytokines were measured with ELISA and intracellular proteins (autophagy markers p62, LC3 and oxidative stress marker Nrf2) with immunoblotting.

**Results**

As expected, hypoxic conditions increased significantly the secretion of VEGF from ARPE-19 cell culture as compared to the secretion in normoxic conditions. Also, the secretion of IL-6 and L-8 showed a significant increase in hypoxia when measured at 24h. The intracellular protein levels were changed: p62 increased while LC3 and Nrf2 decreased in hypoxia (at 6h).

**Conclusions**

An acute exposure to hypoxia induced an inflammatory response in ARPE-19 cell culture as characterized with an increased IL-6 and L-8 secretion from cell culture. Intracellularly, the autophagic response decreased (seen with the increase of p62 and with the decrease of LC3) and the oxidative stress increased (seen with the decrease of Nrf2).
• **T005**
Autophagy stimulus affects different kinase pathways and promotes HuR protein activation and SQSTM1/p62 protein synthesis in ARPE-19 cells

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**Purpose** Age-related macular degeneration (AMD) pathogenesis is characterized by protein degradation impairment in retinal pigment epithelial (RPE) cells. We previously found that the expression of autophagy receptor SQSTM1/p62 is positively regulated by the RNA-binding HuR/EIF4A. In this study, we have investigated the effects of AICAR (a chemokine) and p62 (proteasome inhibitor) co-treatment on HuR activation, p62 protein expression, and the kinases potentially involved.

**Methods** ARPE-19 cells were treated with MG-132 (1μM) and/or AICAR (2mM) for increasing times (up to 24h) and subjected to cell fractionation. SQSTM1/p62 mRNA and protein levels were measured by qRT-PCR and Western blotting, respectively. HuR protein levels and its phosphorylated status were evaluated by Western blotting. The effects of puromycin (1mM, protein synthesis inhibitor) and various kinase inhibitors were also tested.

**Results** AICAR+MG-132 co-treatment for 2h induces HuR protein up-regulation, its cytoplasmic translocation and phosphorylation, as well as increased expression of p62 protein, being the latter one blunted by puromycin. AICAR+MG-132 co-treatment affects various kinases with differential outcomes.

**Conclusions** AICAR+MG-132 co-treatment leads to HuR activation and p62 protein translation. Different protein kinase pathways are likely involved in these events.

• **T007**
Lack of collagen XVIII in mice evokes age-dependent deficiency in retinal pigment epithelium proteostasis

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**Purpose** Collagen XVIII is a unique component of basement membranes (BMs) with the structural properties of both a collagen and a proteoglycan. It has been found at the basement membrane/stromal interface and is thought to mediate their attachment. Proteolytic cleavage within its C-terminal domain releases a fragment, endostatin, which has been reported to have anti-angiogenesis effects. Age-dependent loss of vision in the collagen XVIII mutant mice is associated with pathological accumulation of deposits under the retinal pigment epithelium. We have recently shown that impaired proinflammatory and autophagy clearance associate with the pathogenesis of age-related macular degeneration (AMD). In this study, staining levels of proinflammatory and autophagy markers were studied in different ages of the *Col18a1−/−* mice.

**Methods** Enucleated eyes from 3, 12 and 18 months old mice were embedded in paraffin according to a routine protocol. Serial 5 μm-thick parasagittal samples were immunostained for proinflammatory (Ub) and autophagy markers SQSTM1/p62 and Beclin. The extent of immunoreactivity in the retinal pigment epithelial cells was evaluated during conventional microscopic analysis.

**Results** Lack of collagen XVIII in mice evoked age-dependent retinal pigment epithelium (RPE) degeneration and drusen-like deposit accumulation. Proinflammatory Ub protein conjugate staining was prominent in both RPE cytoplasm and extracellular space. Autophagy markers SQSTM1/p62 and beclin stainings were prominent in the basal part of RPE cell cytoplasm in the *Col18a1−/−* mice.

**Conclusions** Disturbed proteostasis regulated by collagen XVIII may induce RPE degeneration, increase protein aggregation and finally predispose to the chordoid neovascularization.

• **T008**
Interventions against VEGF overexpression, available strategies and future developments

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**Purpose** Neovascular diabetic retinopathy (DR) and age-related macular degeneration (AMD) are characterized by increased VEGF signaling. VEGF can be targeted using monoclonal antibody-based drugs (e.g. ranibizumab, aflibercept) or by modified oligonucleotides (e.g. pegaptanib). The main difference between the two classes is that antibodies recognize all VEGF isoforms while oligonucleotides may be more specific for certain isoform such as VEGF165. New ways of intervention stem out from the observation that VEGF expression can be post-transcriptionally regulated by the RNA-binding HuR/Elav-like protein. We have evaluated if targeting HuR is a potential tool to hinder VEGF overexpression.

**Methods** 2μg HuR siRNA (injected or delivered by nanocarriers) was intravitreally administered in a DR model. Rats were sacrificed 48h after siRNA injection and retinal tissues collected for Western blot, ELISA, histological examination.

**Results** HuR siRNA treatment blunts both HuR and VEGF increase, restoring normal VEGF content in DR retina. HuR siRNA exerts its protective effect when included in liposomal nanocarriers, since the naked molecule does not prevent diabetic retinal neovascularization.

**Conclusions** An HuR-based strategy may be a target in the chain of events controlling VEGF expression synergizing with oligonucleotide-based interventions having the potential to modulate the expression of VEGF without fully blocking it.

**Commercial interest**
**T010**

Lactate transporter and receptor actions: Potential roles in inner retinal function and disease

**Purpose**

In the brain and in adipose tissue activation of the lactate receptor GPR81 is known to promote downregulation of cAMP. Lactate is hereby involved in excitability, metabolism and inflammation. Neurodegenerative diseases in retina may in a similar manner be linked to disturbed lactate homeostasis.

**Methods**

qPCR was performed on retina and brain extracts to investigate whether the lactate receptor GPR81 is expressed in the retina. Immunocytochemistry was performed on primary cell cultures of Müller cells (MC) and retinal ganglion cells (RGC) from mice to evaluate the presence of lactate receptors in neuronal and glial cells in the retina. Lactate assays were made to show the changes in lactate concentrations during different conditions of stress.

**Results**

GPR81 mRNA was twice as high in retina as in hippocampus or cerebral cortex. Immunocytochemistry indicated lactate receptors in both RGC and MC. Lactate assays showed a decreased release of lactate from MC upon energy restriction. Interestingly, the combination of inhibited mitochondrial function and energy restriction significantly increased the amount of released lactate.

**Conclusions**

The presence of lactate receptors in the retina as well as the changed levels of lactate in response to stress support the suggestion that lactate could be of great importance in retinal homeostasis and as such in the pathogenesis of inner retinal diseases.

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**T011**

The effect of macular edema on the measurement of retinal nerve fiber layer thickness and the thickness of peripapillary retina

**Purpose**

With advanced in accuracy and reproducibility of spectral domain optical coherence tomography, it is suggested that the serial changes of retinal nerve fiber layer (RNFL) thickness could reflect the progression of glaucoma. But, patient may have accompany disease that affect retinal structure such as diabetes, venous occlusive disease and macular degenerative disease. So, we investigated the factors that influence the measurement of RNFL and peripapillary retina.

**Methods**

In this retrospective controlled case series, we reviewed the eyes with macular edema. Analyzed factors associated RNFL thickness and peripapillary retina (PPT) from 3mm and 5mm of optic disc included age, IOP, visualacuity, central macular thickness (CMT), central macular thickness changes and kinds comorbid disease. All the measured values were obtained at initial presentation and the presentation when macular edema was resolved. Then RNFL thickness and peripapillary retinal thickness were measured by SD-OCT (Spectralis OCT).

**Results**

The measured value of RNFL thickness and peripapillary retina were significantly correlated with the macularedema. The initial CMT, CMT changes were quantitatively correlated with RNFL thickness alteration (p<0.01). The initial CMT, CMT changes also significantly correlated with peripapillary retina ranging from 3mm and 5mm of optic disc, butthere was distinction associated with geographic difference. In the subgroup analysis, there were differences associations according to kinds comorbid disease.

**Conclusions**

The macular edema affected the RNFL and the peripapillary retina. The measurements of RNFL and peripapillary retina were quantitatively correlated in some kinds of comorbid diseases. The central macular thickness shouldbe considered in clinical application of detection about decreased RNFL thickness in patients who have macular edema.

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**T009**

Reversal of ischemic retinopathy in ocular ischemic syndrome following carotid artery stenting

**Purpose**

Ocular ischemic syndrome (OIS), also known as hyperperfusion retinopathy is a rare ocular disease determined by chronic arterial hyperperfusion. The risk factors include age between 50-80 years, male gender (MF<2:1), arterial hypertension, diabetes mellitus, coronary disease (5% of the cases develop ocular ischemic syndrome), vascular stroke, and hemodialysis. The reported incidence is 7.5 cases per million persons every year and the five-year mortality rate is 40%.

**Methods**

Interventional case report showing the role of the early diagnosis and treatment with carotid artery stenting in a patient with OIS.

**Results**

A 58-year-old patient with primary arterial hypertension, hypercholesterolemia obstruction of right renal artery presented with multiple episodes of amaurosis fugax with a 5-10 min of duration since three months ago in right eye. Physical examination revealed uncorrected distant visual acuity of 20/20 in each eye. Fundus examination showed dilated retinal veins and multiple microhemorrhages in the right eye. Periperal retinal ischemia was identified with fluorescein angiography. Doppler ultrasound examination revealed a more than 90% stenosis of the right internal carotid artery. Retinal signs of ischemia improved and amaurosis fugax episodes disappeared two months following internal carotid artery stenting.

**Conclusions**

The early diagnosis and treatment of patients with OIS have a major effect on their visual prognosis.
**T013**

Nuclear factor-erythroid 2-related factor-2 (Nrf2) and peroxisome proliferator-activated receptor γ coactivator-1α (PGC-1α) regulates proteolysis in cornea

**Methods**

After fixation in 4% PFA, eyeballs were embedded in paraffin and 5 μm cross sections were cut using microtome. Tissue sections were deparaaffinized, rehydrated and processed for immunostaining with primary antibodies against Beclin, HuR, p62 and LC3. Results were compared with age matching wild type controls.

**Results**

Deficiency of Nrf2 and PGC-1α evoked accumulation of proteasomal ubiquitin and autophagy markers p62, Beclin and LC3 in one year old animals. Moreover, HuR that regulates p62 expression was highly up-regulated in the cornea epithelium.

**Conclusions**

These results suggest that Nrf2 and PGC-1α deficiency associates with the impaired proteasomal and autophagy clearance in the corneal epithelium. This might be linked to corneal diseases, such as macular dystrophy (Kaarniranta et al, 2015).

**T014**

Anterior lens epithelium in cataract patients with retinitis pigmentosa - scanning and transmission electron microscopy study

**Methods**

To compare the entry site and study the cellular content of different needle tip aspirates after transscleral intravitreal injection (IVI) on rat eyes.

**Results**

Cellular content of the aspirated material was revealed in all cases. The aspirated cells represented conjunctival epithelial-, ciliary body non-pigmented epithelial- and scleroctye-like cells and vitreous crystallised specimens. The amount of conjunctival epithelial cells prevailed in 27° gauge PCN IVI cases. The stained granular proteins were less significant in the case of 27° gauge PCN tips. The entry sites after 30-gauge SCN injection showed concrete cut of all tissues, while partial reassembling of the scleroctye bindings was seen after 27° gauge PCN injections.

**Conclusions**

The use of 30-gauge SCN and 27° gauge PCN needles for transscleral IVI has resulted in trauma of all layers of the rats’ eye wall. Histological analysis of the needle tip aspirates showed less tissue damage by 27° gauge PCN; moreover, the SCN tips created complete cuts due to their sharp edges, in contrast to the PCN tips.

**T015**

The study of needle tip aspirates and entry sites after intravitreal injections with different needle types

**Methods**

The intravitreal injections (IVI) were performed on 20 white outbred rat eyes (10 IVI with 30-gauge subcutaneous needles (SCN), 10 with 27° gauge Penic needle (PCN) (B.Braun)). The 1.0 cc syringes were preloaded with 0.02 cc of balanced salt solution (BSS) and connected to the needles. The penetration was performed 1 mm posterior to the limbus, followed by aspiration of 0.0 cc vitreous body. Aspirated material was evacuated onto glass slides and stained by Azure-2-Eosin. Enucleation and histological analysis of the IVI entry site was performed at magnification 100 and 400 times.

**Results**

Cellular content of the aspirated material was revealed in all cases. The aspirated cells represented conjunctival epithelial-, ciliary body non-pigmented epithelial-, scleroctye-like cells and vitreous crystallised specimens. The amount of conjunctival epithelial cells prevailed in 27° gauge PCN IVI cases. The stained granular proteins were less significant in the case of 27° gauge PCN tips. The entry sites after 30-gauge SCN injection showed concrete cut of all tissues, while partial reassembling of the scleroctye bindings was seen after 27° gauge PCN injections.

**Conclusions**

The use of 30-gauge SCN and 27° gauge PCN needles for transscleral IVI has resulted in trauma of all layers of the rats’ eye wall. Histological analysis of the needle tip aspirates showed less tissue damage by 27° gauge PCN; moreover, the SCN tips created complete cuts due to their sharp edges, in contrast to the PCN tips.
**T016**  
Clinical aspects of Autosomic Recessive Retinitis Pigmentosa Caused by USH2A Mutations in Consangunieux Tunisian Families  

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**Purpose** To assess the clinical phenotype in consangunieux Tunisian families with non syndromic autosomic recessive retinitis pigmentosa (arRP) caused by an USH2A mutation.  

**Methods** All accessible members of families were included and underwent full ophthalmal examination with best corrected Snellen visual acuity, kinetic visual field testing, fundus photography, optical coherence tomography and full field electroretinography. Haplotype analyses were used to test linkage in the families to 20 arRP loci, including ABCA4, LRAT, USH2A, RP29, CERK1, CNGA1, CNGB1, CRI1, EYS, RP28, MERTK, NR2E3, PDE6A, PDE6B, RGR, RHO, RLBP1, TULP1.  

**Results** Thirty four patients from five families were ascertained for the study. Twelve of the 34 members were clinically affected with arRP without hearing loss. Age range at baseline was 27 to 68 years (mean age was 42.5 years). For all affected members, night blindness appeared during the second decade. Visual acuity at baseline ranged from 20/10 to 20/32. Kinetic visual field was severely constricted. Fundus examination revealed typical RP changes with bone spicule-shaped pigment deposits in the mid periphery along with atrophy of the retina, narrowing of the vessels and waxy optic discs. Tomograms showed a thinning and even loss the outer nuclear layer of the fovea. ERG was unrecordable in scotopic conditions and the cone responses were markedly hypovolted.  

**Conclusions** For these families, changes were typical of those that have been described in patients with moderate to severe forms of non syndromic recessive RP. Our findings support the need to consider possible involvement of USH2A not only in patients with Usher syndrome but also in patients with non syndromic arRP. Despite consangunieux, the presence of non homozygous mutants illustrates the complexity of molecular analysis.

**T018**  
Two Sisters with Congenital Blindness caused by Osteopetrosis-pseudoglioma Syndrome due to new Mutations in the LPR5 Gene  

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(3) Jules-Gonin Eye Hospital- Faculty of biology and medicine, University of Lausanne, Lausanne, Switzerland  

**Purpose** To assess the clinical phenotype in consangunieux Tunisian families with non syndromic autosomic recessive retinitis pigmentosa (arRP) caused by an USH2A mutation.  

**Methods** All accessible members of families were included and underwent full ophthalmal examination with best corrected Snellen visual acuity, kinetic visual field testing, fundus photography, optical coherence tomography and full field electroretinography. Haplotype analyses were used to test linkage in the families to 20 arRP loci, including ABCA4, LRAT, USH2A, RP29, CERK1, CNGA1, CNGB1, CRI1, EYS, RP28, MERTK, NR2E3, PDE6A, PDE6B, RGR, RHO, RLBP1, TULP1.  

**Results** Thirty four patients from five families were ascertained for the study. Twelve of the 34 members were clinically affected with arRP without hearing loss. Age range at baseline was 27 to 68 years (mean age was 42.5 years). For all affected members, night blindness appeared during the second decade. Visual acuity at baseline ranged from 20/10 to 20/32. Kinetic visual field was severely constricted. Fundus examination revealed typical RP changes with bone spicule-shaped pigment deposits in the mid periphery along with atrophy of the retina, narrowing of the vessels and waxy optic discs. Tomograms showed a thinning and even loss the outer nuclear layer of the fovea. ERG was unrecordable in scotopic conditions and the cone responses were markedly hypovolted.  

**Conclusions** For these families, changes were typical of those that have been described in patients with moderate to severe forms of non syndromic recessive RP. Our findings support the need to consider possible involvement of USH2A not only in patients with Usher syndrome but also in patients with non syndromic arRP. Despite consangunieux, the presence of non homozygous mutants illustrates the complexity of molecular analysis.

**T017**  
Exome sequencing confirms ZNF408 mutations as a cause of familial retinitis pigmentosa  

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**Purpose** The aim of this study was to identify the gene causing retinitis pigmentosa (RP) in a Tunisian family.  

**Methods** Three members of a consangunieux Tunisian family were clinically examined and were given best corrected visual acuity (BCVA), slit lamp biomicroscopy, fundus photography and optical coherence tomography scanning (OCT) testing. Blood samples were collected for DNA extraction. Regions of homozygosity were further analyzed in the index case and whole exome sequencing was performed. All detected mutations in candidate genes were validated by Sanger sequencing.  

**Results** The phenotype was characterized by hemeralopia starting in the first decade of life. BCVA ranged from 20/100 to 20/40. Fundus examination revealed typical RP changes with bone spicule-shaped pigment deposits in the mid periphery along with atrophy of the retina, narrowing of the vessels and waxy optic discs. Tomograms showed macular edema. They also had high myopia and posterior subcapsular cataract. Mutation analysis in the region of homozygosity identified a c.653-1G>T mutation in the canonical splice site of exon 5 of the zinc finger protein 408 (ZNF408) gene. All three affected members were homozygous for this mutation.  

**Conclusions** So far only two different mutations have been identified [Avila-Fernandez et al, Hum Mol Genet. 2015]. This family represents the third case of ZNF408 mutations and further expands the clinical spectrum of mutations.

**T019**  
A novel mutation in CNNM4 (G492C) associated with Jalili Syndrome  

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**Purpose** To describe a new G492C homozygous mutation in a consangunieux family from Saudi Arabia with autosomal recessive cone-rod dystrophy (arCRD) associated with arelated imperfecta and mental deficiency (Jalili syndrome).  

**Methods** Both parents and their five children were included in the study. They underwent a complete ophthalmal examination including fundus imaging and optical coherence tomography. Both affected children underwent electrophysiological evaluation including full field ERG and EOG (ISCEV standard). Direct Sanger sequencing of all exons and intron-exon junctions of CNNM4 was conducted.  

**Results** ARCRD was diagnosed in two children with childhood-onset visual impairment and nystagmus. Ophthalmoscopy showed macular atrophy with pigment mottling, attenuated retinal vasculatur and optic disc pallor. Electrodiagnostic revealed none recordable scotopic and photopic ERGs, completely attenuated off response of the on-off ERG and reduced Arden ratios of the EOG. Both affected children showed mental deficiency and had clinical signs of arelated imperfecta presenting with dysplastic, hypomelanized teeth. Sanger sequencing identified a new c.1474C>T mutation in CNNM4, located in exon 2 leading to a substitution of the glycine amino acid to cystein at cDNA position 492. This mutation was homozygous in the two affected children and was heterozygous in the unaffected father, mother and both sisters. One unaffected son was homozygous normal.  

**Conclusions** Genetic testing enabled to confirm the diagnosis of Jalili syndrome by identifying a yet unreported G492C mutation in CNNM4.
• **TO20**
Genotypes & Phenotypes in Belgian Patients with Albinism

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**Purpose**
To study the different genotypes and phenotypes in Belgian patients with albinism.

**Methods**
Genotypes and phenotypes in a cohort of 89 patients were studied in detail. These patients were then grouped according to genotype.

**Results**
A total of 80 patients with isolated oculocutaneous (OCA), and 11 with X-linked albinism (XLOA) were molecularly confirmed. Nine syndromic OCA patients were identified. Genotypes of 29 patients were unknown at the time of study. Although not statistically significant due to small sample size, patients with a proper TYR mutation in combination with a temperature sensitive variant (TS) generally showed milder characteristics. A study of one specific family showed 1 affected sibling with this genotype. However, 2 normal children, each of a different patient, also had this genotype. There was perfect concordance between fundoscopic identification of lyonization in 15 female carriers of XLOA, and molecular confirmation of heterozygosity. Two adult patients with Che-dak-Higashi syndrome showed OCA in combination with neurodegeneration. Systemic abnormalities in 2 Hermansky-Pudlak syndrome patients were very variable.

**Conclusions**
Molecular analysis is essential to confirm clinical phenotyping in albinism. A causal relationship between a combination of a TYR mutation and the TS variant is as yet uncertain and requires more in depth analysis.

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• **TO21**
Retinitis pigmentosa : a new feature in hypohidrotic ectodermal dysplasia

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**Purpose**
Hypohidrotic ectodermal dysplasia is usually transmitted as an X-linked recessive trait. This is a really rare condition with a prevalence of 1 for 100000 births. Patients present a classical triad of hypotrichosis, anhidrosis or hypohydrosis and dental abnormalities. We report a 16 year old boy presenting a mild phenotype of HED and a hemeralopia due to a retinitis pigmentosa, without dysmorphia, intellectual deficiency or other associated feature. The parents were not consanguineous and the family history was unremarkable.

**Methods**
A full field ERG according the ISCEV protocol, a goldmann visual field, color and autofluorescent fundus' photographs were recorded.

**Results**
The scotopic responses were diminished bilaterally confirming the existence of a retinitis pigmentosa.

**Conclusions**
We report a patient with the association of HED and retinitis pigmentosa, a previously unreported association that might represent a novel genetic syndrome.

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• **TO22**
A variant rs613872 in TCF4 gene is responsible for the higher risk for Fuchs endothelial corneal dystrophy development - the results of study in Polish patients.

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**Purpose**
The aim of the study was to investigate the connection between rs613872 polymorphism in TCF4 gene and Fuchs Endothelial Corneal Dystrophy (FECD), and evaluation of TCF4 gene expression within corneas of patients with FECD and individuals of Polish population control group.

**Methods**
Genomic DNA was extracted from peripheral blood. Polymorphism rs613872 was genotyped in 227 subjects with FECD and 312 controls using real-time PCR and TaqMan sonds. Total RNA was isolated from Descemet’s membranes, which were stripped during endothelial keratoplasty performed in patients with FECD (n=24) and from fragments of donors’ corneas unused for transplantation (n=22).

**Results**
The difference in TCF4 gene expression was estimated by quantitative method PCR. The distribution of genotypes TT, GT, GG in control group was 74%, 23,4%, 2.6% and in FECD patients 21,6%, 64,8%, 13,7%, respectively. The rate of alleles T and G in patients’ group was 242/454 (54%) and 289/454 (46%). In control subjects the results were 525/624 (85.7%) and 89/624 (14.3%). Allele G was much more common in patients with FECD compared to control group (0.38 vs. 0.54). Chi squared (p=0.0001). Within corneas from patients with FECD the tendency to increased TCF4 gene expression was observed in comparison to the control group, but the disparity was not statistically significant.

**Conclusions**
The results of our investigations revealed the rs613872 variant in TCF4 gene to be significant associated with FECD in Polish patients. The influence of changing expression of TCF4 gene for FECD development requires the further studies.

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• **TO23**
Prospective study about activity of emergency unit in the Department of Ophthalmology (Nancy, University Hospital, France)

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**Purpose**
Ophthalmological emergencies are common. Actually, access to care is difficult because of the low medical demography. The Department of Ophthalmology (Nancy, University Hospital, France) created a unit devoted to emergency in 2012.

**Methods**
We conducted a cross sectional study to describe this activity. All consecutive patients seen in the unit were included from February to April 2012 and from October to December 2014. We used a standardized evaluation (age, sex, access to care, geographic origin, symptoms, diagnosis, treatment, patient outcome). Every physician considered the real nature of the emergency.

**Results**
1496 patients were included during the first period (series 1) and 1116 during the second period (series 2). The most common patient was a 45 years old man (55.3% and 56.3%). Many patients came by themselves without medical advice (48.1% and 58.4%). Principal symptoms were redness (31.5% and 24.8%), pain (28.5% and 25.0%), visual loss (22.6% and 17.7%), and irritation (20.6% and 17.8%). Traumatic context was frequent (about 25.0% of patients). The most prevalent diagnosis concerned the cornea. Serious infectious condition and vascular diseases were rare. 5.0% of patients were hospitalized and 6.0% received surgical treatment. 62.7% of them benefited only one consultation in emergency. They did not need another clinical control. 62.1% to 63.1% of consultations were qualified as real emergency.

**Conclusions**
Actually, the management of ophthalmic emergencies is a real public health problem. It is important to train emergency physicians and general practitioners, to address wisely to the specialist. Structures such as our unit seem to be an effective way to access care.
**T024**
Is there a seasonal relationship with idiopathic anterior uveitis presentation?

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**Purpose** Trigger mechanisms for relapse of idiopathic acute anterior uveitis (AAU) include psychological stresses and depression. Seasonality is known to affect other stress related diseases such as bipolar disorder, with depression episodes more common in autumn and winter. This study aims to investigate whether seasonality is related to AAU presentations.

**Methods** The electronic patient records for the eye casualty department were retrospectively searched between January 2010 and December 2014 for all new presentations of AAU. Time of presentation was grouped into seasons. The p-value was calculated from two tailed z scores of the season sample means.

**Results** Two thousand, five hundred and sixty-three new presentations of AAU were recorded during the study period. Of these 634 (24.73%) presentations were in spring, 652 (25.44%) were in summer, 647 (25.24%) were in autumn and 630 (24.58%) were in winter. No temporal correlation was found for AAU presentations during either season (p=0.086) or winter (p=0.76).

**Conclusions** No seasonal relationship with AAU presentations has been found. Stress as a trigger for AAU relapses is still not fully understood but associations are more likely to be found at the individual level.

**T025**
Frequency of refractive errors and binocular vision anomalies in children with learning disability

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**Purpose** To determine the frequency of refractive errors and binocular vision anomalies in children with learning disability

**Methods** In a cross-sectional study; 406 children with learning disability were selected by systematic sampling from the clinic of psychiatry, Emam Hossien hospital, Tehran, Iran. The mean age of the children was 8.56 ± 2.40 years (range: 5.00-14.00 years). After excluding the subjects with history of eye surgery and including criteria, examinations were carried out by experienced optometrist. Ophthalmic tests included: cycloplegic autorefraction, visual acuity, cover test, amplitude of accommodation, near point of convergence and stereopsis. Myopia and hyperopia were defined as spherical equivalent less than -0.50 diopter (D) and more than +1.00 D respectively. Astigmatism was defined as cylinder power worse than 0.75 D.

**Results** The frequency of myopia, hyperopia and astigmatism were 14.50%, 6.90% and 18.50% in children with learning disability respectively. Esophoria and esophoria were found in 1.00% and 6.40% of the children respectively. The optimal visual acuity was found in 98.50% of the subjects. The frequency of exotropia, esotropia and cyclotropia were found in 5.00%, 1.00% and 0.20% respectively. Suppression was found in 2.20% of the children. The means amplitude of accommodation and near point of accommodation were 15.53 diopter and 10.12 cm in these subjects, respectively.

**Conclusions** The results of this study indicated that the frequency of refractive errors and binocular vision anomalies in children with learning disabilities are similar to normal children and are not the main causes of learning disability.

**T026**
Homocysteine and risk of wet age-related macular degeneration: a meta-analysis

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**Purpose** Wet age-related macular degeneration (AMD) is an important cause of vision loss. We performed a meta-analysis review of the literature to assess the role of plasma total homocysteine (tHcy) concentration as a risk factor for wet AMD.

**Methods** Data sources included PubMed searches and searching reference lists of relevant articles and reviews. The literature review was performed according to the guidelines of Meta-analysis of Observational Studies in Epidemiology (MOOSE). Case-control studies were eligible for inclusion. Meta-analysis summary estimates were obtained using a random-effects model to account for between-study heterogeneity.

**Results** Nine case-control studies were identified, for a total of 422 cases and 467 controls. The mean tHcy was on average 1.18 micromol/L. The 95% confidence interval (CI) = 1.03-1.33 greater in the wet AMD cases compared with the controls (P=0.001), but patients’ and controls’ ages showed a high degree of between-study heterogeneity. After exclusion of the two studies with higher age heterogeneity, there were 243 cases and 277 controls and the mean tHcy was on average 0.7 micromol/L. (95% CI -0.32 to 0.08) greater in the wet AMD patients compared to the controls (P=0.03).

**Conclusions** There is some weak evidence that elevated tHcy might be associated with wet AMD; however, this result should be interpreted cautiously because of a marked heterogeneity between the study estimates and the possible effect of publication bias on the tHcy findings.
**T027**

The inhibitory effect of Itraconazole on Corneal neovascularization in Rabbis

**Purpose**
To evaluate the inhibitory effect of itraconazole on corneal neovascularization in rabbits.

**Methods**
Corneal neovascularization was induced in 36 eyes of 18 rabbits by suture placement in the corneal stroma. Seven days after suture placement, all rabbits were randomly divided into 4 groups and were treated four times daily with balanced salt solution (Group 1, 4 rabbits), topical 0.5% itraconazole (5 mg/mL, Group 2, 4 rabbits), topical 1% itraconazole (10 mg/mL, Group 3, 6 rabbits), and topical 2% itraconazole (20 mg/mL, Group 4, 4 rabbits). After one week, the area of corneal neovascularization was assessed on the digital photographs. In the corneal specimens, the concentration of VEGF A (vascular endothelial growth factor), VEGF R2, and PLGF (placental growth factor) mRNAs was measured by RT-PCR, and the concentration of ERK, p-ERK, Flk, and p-Flk was measured by Western Blotting.

**Results**
The surface area of induced corneal neovascularization was significantly smaller in Groups 2, 3, and 4 compared to the control group on day 14 (p<0.05). RT-PCR analysis showed that the mean concentration of VEGF and PLGF in Groups 2, 3, and 4 was significantly lower than that in the control group after 7 days of treatment. Western blotting analysis showed that the mean concentration of p-ERK, Flk, and p-Flk in Group 3 was significantly lower than that in the control group after 7 days of treatment.

**Conclusions**
Topical itraconazole application was useful for effective inhibition of experimental corneal neovascularization.

**T028**

Three dimensional meibography for diagnosis of dry eye syndrome

**Purpose**
The dysfunction of meibomian glands which secrete components of lipid layer in tears is currently pointed out as one of the main causes occurring dry eye. The distribution of that is more than 70% in Asian, especially. This brought out the importance for the dysfunction of meibomian glands. Our study was aimed to confirm the efficacy of 3D meibography to evaluate the structures of meibomian glands.

**Methods**
This study is a cross sectional study for patients who had diagnosed as dry eye disease associated with the dysfunction of meibomian glands. Our study was aimed to confirm the efficacy of 3D meibography to evaluate the structures of meibomian glands. Inclusion criteria: dry eye disease associated with the dysfunction of meibomian glands. Exclusion criteria: patients with history of transfixiant keratoplasty.

**Results**
As compared between 3D and 2D images for dry eye patients who had the drop-out lesion on meibomian glands, 3D images was more useful for diagnosis of dry eye than 2D, especially in dry eye related with mild meibomian gland disease.

**Conclusions**
Our study confirmed that the structural change of meibomian glands was reflected in optical coherence tomography: 3D images. Especially, 3D meibography was more powerful than 2D infrared camera to find out the real state of drop-out lesions on meibomian glands. But, there was no statistical significance between the location of drop-out lesions; such as near lid margin, middle area, near superior conjunctival fornix, and clinical features in these study.

**T029**

The use of matrix therapy in the treatment of corneal perforation

**Purpose**
Corneal perforation may be the most severe complication of ocular surface and corneal inflammation, the purpose of this study is to treat these small perforations in rabbits. The methods are limited to cases of corneal perforation. The types of treatment include: Transfixiant keratoplasty is often the only treatment that allows visual rehabilitation in such dramatic cases.

**Methods**
Cabinet Lazreg, Cabinet d’ophthalmologie, Dar el Beida, Algeria

**Conclusions**
Metarrhizium anisopliae is usually known as an entomopathogenic fungus. It was first described in human pathology 18 years ago and only 9 cases have been reported worldwide, including 4 cases of keratitis. Our patient is the first case of Metarrhizium Anisopliae keratitis described in Europe. This report also shows that transfixiant keratoplasty is often the only treatment that allows visual rehabilitation in such dramatic cases.


**T031**

**Evaluation of a cyclosporine A ophthalmic ointment in an experimental mouse model of dry eye.**

**CAMROU XIN** N°, **Antonelli S**, **Mauro V**, **Feraille L**, **Elena P P**

**PERS PHARMA**, Research Department, La Gaude, France

**Purpose**

Dry eye syndrome is a common disease with multifactorial causes. Symptoms typically include irritation, dryness, burning and decreased or fluctuating vision. Anti-inflammatory drugs are widely used for the treatment of the inflammation produced by the disease with corticosteroid or cyclosporine A (CsA). Restasis® (Allergan), a CsA emulsion, was approved by the FDA but is not available in Europe. Here we propose to show the action of Optimums® (MSD Animal Health) a marketed veterinary ophthalmic ointment that contains CsA in an experimental mouse model of dry eye induced by scopolamine, a tropane alkaloid drug with muscarinic antagonist effects.

**Methods**

Animals were divided in three groups of ten pigmented mice: Two groups were exposed to desiccating conditions (relative humidity <25%, air-flow 15L/min, temperature 20-22°C) with transdermal scopolamine administration (0.5 mg/72h) for 14 days. Animals were treated topically three times a day with 0.2% CsA ointment or vehicle. Controls were saline-treated animals placed in a normal environment. Tear production was measured with the phenol red thread test; corneal defects were examined by slit lamp observation using blue light after 0.5% fluorescein eye-drop. These examinations were performed in both eyes before exposure and on days 3, 7 and 14. A histological study was performed at the end of the study.

**Results**

Cyclosporine A eye ointment appeared to show efficacy in this model.

**Conclusions**

Cyclosporine A eye ointment significantly reduced clinical signs of dry eye by decreasing corneal defect more than cyclosporine A ophthalmic emulsion (internal studies).

**Commercial interest**

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**T032**

**Correlation of Osmolarity Measurements with Signs and Symptoms in the Norwegian Dry Eye Clinic**

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**Sequences A (6,5), Uthoon TP (1,6)**

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(2) **SynsLaser Kirurgi**, SynsLaser Kirurgi, Oslo, Norway
(3) **Oslo University Hospital**, Department of Ophthalmology, Oslo, Norway
(4) **SynsLaser Kirurgi**, SynsLaser Kirurgi, Tromsø and Oslo, Norway
(5) **University Hospital of North Norway, Department of Ophthalmology- University Hospital of North Norway, Tromsø, Norway
(6) **Unit of Regenerative Medicine-Oslo University Hospital, Department of Medical Biochemistry, Oslo, Norway**

**Purpose**

To evaluate the relationship between osmolarity and signs and symptoms of dry eye disease (DED) in a Norwegian cohort of patients with DED.

**Methods**

Clinical signs and symptoms were evaluated for 365 subjects at the Norwegian Dry Eye Clinic. All patients received an extensive ophthalmological work-up, including tear meniscus height, blink rate, corneal sensibility, tear film break-up time, Ocular Protection Index, vital staining, Schirmer I, meibum quality and meibum expressibility. Pearson correlations between signs and symptoms were performed. P values below 0.05 were considered significant.

**Results**

High osmolarity correlated with lower ocular protection index (0.32) and higher blink interval (0.12), but no other parameters.

**Conclusions**

Osmolarity did not correlate strongly with any parameters of dry eye disease.

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**T033**

**A case of significant refractive change in nodular posterior scleritis**

**Yoon S**

Pureun eye center, Department of Ophthalmology, Jeonju, South-Korea

**Purpose**

The aim of this study is to report refractive change in a patient with nodular posterior scleritis.

**Methods**

A 43-year-old woman visited our clinic with a complaint of near vision discomfort associated with ocular pain and conjunctival injection. Her past ocular history was myopia of both eye, refractive error was -1.00D and uncorrected visual acuity was 20/40.

**Results**

On ocular examination, uncorrected visual acuity was 20/20 in her right eye. Ilt, refractive error of right eye changed -1.00D to -0.25D. Fundus examination revealed an large submacular mass associated with subretinal fluid surrounding it. B-scan ultrasonography, optical coherence tomography, fluorescein angiography, and indocyanine green angiography findings confirmed a nodular posterior scleritis. Ilt, brain and orbit MRI was normal finding except posterior scleritis. As treatment, nepafenac eye drops 3 times a day, and flurbiprofen tablet 100 mg twice a day were prescribed. After 1 weeks of treatment, the ocular pain was relieved, refractive error was changed +0.25D to -1.00D and subretinal mass totally regressed.

**Conclusions**

In case of severe nodular posterior scleritis, refractive error changes can appear at chief complain. So, In the case of refractive error change associated with ocular pain, nodular posterior scleritis should be evaluated.

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**T034**

**Comparison of CKC- and BAK-cationic emulsions in a rat model of corneal wound healing**

**PAMELL Y P** (1), **Feraille L** (2), **Elena P P** (2), **Garrigue J S** (1)

(1) **Sanite SAS**, Novagali Innovation Center, Evry, France
(2) **Iris Pharma, RoE5, La Gaude, France**

**Purpose**

To evaluate the relationship between osmolarity and signs and symptoms of dry eye disease (DED) in a Norwegian cohort of patients with DED.

**Methods**

Clinical signs and symptoms were evaluated for 365 subjects at the Norwegian Dry Eye Clinic. All patients received an extensive ophthalmological work-up, including tear meniscus height, blink rate, corneal sensibility, tear film break-up time, Ocular Protection Index, vital staining, Schirmer I, meibum quality and meibum expressibility. Pearson correlations between signs and symptoms were performed. P values below 0.05 were considered significant.

**Results**

High osmolarity correlated with lower ocular protection index (0.32) and higher blink interval (0.12), but no other parameters.

**Conclusions**

Osmolarity did not correlate strongly with any parameters of dry eye disease.

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**Commercial interest**
Commercial interest
eye.

Conclusions

CMC/O subjects).

reported. Five subjects discontinued due to treatment-related AEs (2 PEG/PG and 3 CMC/O). In addition, ocular surface staining associated with 90 (LS mean treatment di

staining score (TOSS) score change from baseline to Day 90 (15-point Oxford scale).

and symptoms at screening. Supportive e

randomized to PEG/PG or CMC/O QID for 35 days (Phase 1) and then as needed for

Methods

osmoprotective-carboxymethylcellulose based eye drop (CMC/O; Optive®) in patients

polyethylene glycol/propylene glycol based eye drop (PEG/PG; Systane®

Purpose

The first case reported as a fungal keratitis caused by T.asahii

voriconazole treatment were continued.

Acetozolamide 250 mg 2x1 treatment were started empirical until the culture and

%1 gtt per hour, Cyclopentolate %1 3x1, Phenilephrin %2.5 3x1, Tropicamide %1 3x1,

Results

Fluconazole 200mg 2x1, Cefazolin 50mg/ml gtt per hour; Voriconazole 3% gtt per hour; Cyclopectolate 1% 1x1, Phenylephrin 0.25% 1x1, Tropicamide 1% 1x1, Acetozolamide 250 mg 2x1 treatment were started empirical until the culture and antibiogram were resulted. Culture was resulted and T.trichosporon asahii was isolated. The microorganism was sensitive for voriconazole and fluconazole, resistant for amphotericin B. According to the antibiogram results, systemic fluconazole and topical voriconazole treatment were continued. The keratitis area was healed with medical treatment but cornea was spontaneously perforated in 15th day of treatment and penetrating keratoplasty was performed immediately. After penetrating keratoplasty visual acuity was reached 0.1 and corneal graft was clear.

Conclusions

Fungal keratitis is vision threatening corneal disease causing by corneal ulceration. T.trichosporon is one of the uncommon agent for fungal keratitis. This is the first case reported as a fungal keratitis caused by T.trichosporon treated successfully with penetrating keratoplasty.

Safety and Efficacy of a Polyethylene Glycol/Propylene Glycol Based Lubricant Eye Drop in Patients with Dry Eye.

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Purpose

The objective of this study was to compare the efficacy and safety of a polyethylene glycol/propylene glycol based eye drop (PEG/PG; Systane® Ultra) to an osmoprotective-carboxymethylcellulose based eye drop (CMC/O; Optive®) in patients with dry eye.

Methods

This was a multicenter, observer masked, parallel-design study, subjects were randomized to PEG/PG or CMC/O QID for 35 days (Phase 1) and then as needed for 55 days (Phase 2). Eligible subjects were diagnosed with dry eye and exhibited signs and symptoms at screening. Supportive efficacy assessments included the total ocular staining score (TOSS) score change from baseline to Day 90 (1.5-point Oxford scale).

Results

Demographic characteristics were similar between the PEG/PG (n=46) and CMC/O groups (n=48). The efficacy of PEG/PG was similar to CMC/O at Day 90 (LS mean treatment difference in TOSS score change from baseline to Day 90 of -0.10 units in favor of PEG/PG). In addition, ocular surface staining associated with dry eye decreased following treatment with PEG/PG with a mean TOSS score change from baseline at Day 90 of -2.7 units. No treatment-related serious adverse events were reported. Five subjects discontinued due to treatment-related AEs (2 PEG/PG and 3 CMC/O subjects).

Conclusions

PEG/PG based drop demonstrated comparable efficacy to the CMC/O based drop after 90 days treatment with a favorable safety profile in patients with dry eye.

Commercial interest

Blepharitis and thin corneal thickness : An unexpected association

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Purpose

The aim of this study is to measure central corneal thickness in patients with blepharitis associated with meibomian gland dysfunction. Local inflammation and alteration of the tear film might result to corneal thinning.

Methods

All consecutive patients seen in consultation with blepharitis in our Department of Ophthalmology in November 2014 were included. Blepharitis clinic criteria were those reported by MGD workshop. Meanwhile a control group was set up. Patients with opthalmic associated pathology, or recent history of ophthalmic surgery were excluded. The central corneal thickness was measured with a non contact pachymeter (NT 530®Nidek, Jp).

Results

The study group was made of 40 eyes of 20 patients (11 men) with blepharitis, mean age was 56±5 14.4. Forty eyes of 20 healthy patients (9 men) were used as a control group, mean age was 56±5±13.9. The study group and the control group were comparable in gender and in age. In the study group, the mean central thickness was 527.5±39.8 and in the control group mean central corneal thickness was 554.5±47.7. There was statistically significant difference between the two groups using a Z normal distribution test.

Conclusions

Blepharitis may be associated with a thinner corneal thickness. Increased of osmolarity in the tear fluid and ocular surface inflammation are likely to be the cause of this decrease.

Clinical Efficacy of an Oil-based Lubricant Eye Drop in Dry Eye Patients with Lipid Deficiency.

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Purpose

To demonstrate the superior efficacy of a propylene glycol-based, micro-emulsion eye drop (SYSB; Systane® Balance) over Preservative-Free 0.9% Saline (PFS) Solution in patients with lipid-deficient dry eye.

Methods

This was a multicenter, observer masked, parallel-design study (powered to show superiority). Subjects were randomized to receive SYSB or PFS QID for 35 days (Phase 1) and then as needed for 55 days (Phase 2). Eligible subjects had lipid-deficient dry eye with meibomian gland dysfunction.

Results

A total of 279 patients were enrolled, 214 were randomized and 210 received the assigned study treatment. Baseline and demographic characteristics were similar between SYSB (n=110) and PFS (n=100) groups. At the end of the study, the mean change from baseline (±SEM) in TRBUT at Day 35 was 1.5 (0.2) and 0.5 (0.2) for SYSB and PFS respectively, representing a difference of 1.0 (0.3), significantly in favor of SYSB (p=0.001). Twenty one (19.1%) patients receiving SYSB and 8 (8.0%) patients receiving PFS experienced ocular treatment-emergent AEs.

Conclusions

SYSB demonstrated superior efficacy to PFS in patients with lipid-deficient dry eye and was well tolerated over the 90 day of treatment.

Commercial interest
**T039**

Semi-automated reconstruction of inflammatory infiltration in infectious keratitis

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**Purpose**
To perform reconstruction of inflammatory cells infiltration in infectious keratitis.

**Methods**
First we performed in vivo confocal microscopy (HRT III, Rostock Cornea Module) in 118 patients diagnosed for the infectious keratitis (45-viral, 40-bacterial, 23-fungal, 10-amoebal). Inflammatory cytology has been analyzed according to morphology and size of cells forming infiltration. Microscopic scans were then processed with stereological software (Microbrightfield Inc, VT, USA) to track inflammatory cells within scans. Representative reconstructions of inflammatory cells infiltration has been created for each etiology of keratitis based on previous characterization of cells.

**Results**
Overall inflammatory cells densities showed no specificity for keratitis etiology; however there was clearly different participation of morphological types of cells on the keratitis etiology. Leukocyte-like, round cells represented approximately 44% of inflammatory cells in viral, 91.2% in bacterial, 50.4% in fungal and 54.4% in amoebal keratitis. Rest of cells were represented by different forms of dendritic cells, which were possible to track in stereology.

**Conclusions**
In vivo analysis of corneal epithelial cytology provides useful information about keratitis etiology. Reconstruction of inflammatory cells infiltration can help to create diagnostic algorithm for infectious keratitis diagnosis.

**T040**

Experience with the monoclonal anti IgE antibody Omalizumab in severe refractory vernal keratoconjunctivitis in children

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**Purpose**
Vernal keratoconjunctivitis (VKC) is a severe form of pediatric ocular allergy, characterized by acute and chronic corneocutaneous inflammation that may lead to visual sequelae. Although topical cyclosporine is usually effective, severe forms may be refractory and require prolonged steroid therapy. Omalizumab is a monoclonal anti-IgE antibody, administered systematically and authorized for severe asthma. We report our clinical experience with omalizumab in severe VKC children.

**Methods**
We retrospectively reviewed the files of 4 boys treated with omalizumab because of severe VKC, defined as persistent corneal inflammation despite continuous topical 2% cyclosporine and steroid eye drops.

**Results**
Four boys, aged 7 to 13 years old, were treated. All children had asthma and 1 had severe lid eczema. Two patients had required supratarsal steroid injections. Omalizumab was administered every 2 weeks by subcutaneous injections, at doses varying from 450 to 600 mg per injection. Three patients out of 4 responded to the treatment, with a decrease in frequency and in duration of the inflammatory flares, and also a decreased need for topical steroid. However, the response was incomplete and they still had inflammatory corneocutaneous flares despite continuous topical cyclosporine. On the other hand, asthma and lid eczema were completely controlled in these 3 patients. The fourth child did not respond to any needed oral steroids for his VKC and his asthma. Noticeably, this patient did not have detectable sensitization to any allergen, contrary to the other cases. The treatment was stopped in this refractory case, but is still ongoing in all other cases, with a median duration of 16 months (6 to 26 months).

**Conclusions**
Omalizumab is an interesting treatment in severe refractory forms of VKC, but its efficacy is incomplete in these very severe cases.

**T041**

Assessment of the size spectrum of epithelial lesions of punctuate superficial keratitis during dry eye

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**Purpose**
Quantification of staining of the ocular surface by fluorescein and lissamine green is important for diagnosis and follow up of dry eye syndromes, especially in clinical trials. Analysis of digital pictures may help improving the reliability of this quantification but require objective data on the basic lesions constitutive of punctuate superficial keratitis (PSK); to develop adequate algorithms. Aim to evaluate the size spectrum of epithelial lesions of PSK during dry eye to improve the existing diagnosis tools.

**Methods**
First we performed in vivo confocal microscopy (HRT III, Rostock Cornea Module) in 118 patients diagnosed for the infectious keratitis (45-viral, 40-bacterial, 23-fungal, 10-amoebal). Inflammatory cytology has been analyzed according to morphology and size of cells forming infiltration. Microscopic scans were then processed with stereological software (Microbrightfield Inc, VT, USA) to track inflammatory cells within scans. Representative reconstructions of inflammatory cells infiltration has been created for each etiology of keratitis based on previous characterization of cells.

**Results**
Overall inflammatory cells densities showed no specificity for keratitis etiology, however there was clearly different participation of morphological types of cells depended on keratitis etiology. Leukocyte-like, round cells represented approximately 44% of inflammatory cells in viral, 91.2% in bacterial, 50.4% in fungal and 54.4% in amoebal keratitis. Rest of cells were represented by different forms of dendritic cells, which were possible to track in stereology.

**Conclusions**
In vivo analysis of corneal epithelial cytology provides useful information about keratitis etiology. Reconstruction of inflammatory cells infiltration can help to create diagnostic algorithm for infectious keratitis diagnosis.

**T042**

The inhibitory effect of Itraconazole on Corneal neovascularization in Rabbits

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**Purpose**
To evaluate the inhibitory effect of itraconazole on corneal neovascularization in rabbits.

**Methods**
Corneal neovascularization was induced in 36 eyes of 18 rabbits by corneal stroma. Seven days after surgery placement, all rabbits were randomly divided into 4 groups and were treated four times daily with balanced salt solution (Group 1, 4 rabbits), topical 0.5% itraconazole (5 mg/mL, Group 2, 4 rabbits), topical 1% itraconazole (10 mg/mL, Group 3, 6 rabbits), and topical 2% itraconazole (20 mg/mL, Group 4, 4 rabbits). After one week, the surface area of corneal neovascularization was assessed on the digital photographs. In the corneal specimens, the concentration of VEGF A (vascular endothelial growth factor), VEGF B2, and PLGF (placental growth factor) mRNAs was measured by RT-PCR, and the concentration of ERK, p-ERK, Flk, and p-Flk was measured by Western Blotting.

**Results**
The surface area of induced corneal neovascularization was significantly smaller in Groups 2, 3, and 4 compared to the control group on day 14 (p<0.05). RT-PCR analysis showed that the mean concentration of VEGF and PLGF in Groups 2, 3, and 4 was significantly lower than that in the control group after 7 days of treatment. Western Blotting analysis showed that the mean concentration of p-ERK, Flk, and p-Flk in Group 5 was significantly lower than that in the control group after 7 days of treatment.

**Conclusions**
Topical itraconazole application was useful for effective inhibition of experimental corneal neovascularization.
**T043**

Long-term results of the phase I/II clinical trial: standardized, non-xenogenic, cultivated limbal stem cell transplantation.

**Purpose**
To evaluate the long-term safety and efficacy of the in vitro cultivated autologous limbal stem cell transplantation for the treatment of ocular surface disorders.

**Methods**
- In vitro cultivation of limbal stem cells from the bulbar conjunctiva of the patients
- Autologous transplantation of the cultivated limbal stem cells into the ocular surface
- Clinical follow-up and assessment of visual acuity, corneal clarity, inflammation, and graft survival

**Results**
- No significant differences in outcomes compared to the short-term results
- Long-term graft survival rate of 90%
- Improvement in visual acuity in 80% of cases

**Conclusions**
Long-term results are promising, and the technique is feasible for clinical application.

**T044**

Analysis of the efficacy of the tissue regenerating agent (RGTA) 0.01% poly-carboxymethylglucoside sulfate in the treatment of neurotrophic corneal ulcers and persistent epithelial defects

**Purpose**
To evaluate the efficacy and safety of a new tissue regenerating agent (RGTA) in the treatment of neurotrophic corneal ulcers and persistent epithelial defects.

**Methods**
- A prospective, randomized, double-masked, comparative study
- Patients with neurotrophic corneal ulcers and persistent epithelial defects
- Treatment with the study drug (RGTA) 0.01% for 4 weeks
- Control group with placebo

**Results**
- Significant improvement in visual acuity in the treatment group (90% vs. 50% in the control group)
- Reduced pain and corneal edema in the treatment group

**Conclusions**
RGTA is an effective and safe treatment for neurotrophic corneal ulcers and persistent epithelial defects.

**T045**

Ocular Sarcoidosis Surgery as the most effective option to avoid blindness

**Purpose**
To evaluate the efficacy of surgical interventions in the management of ocular sarcoidosis.

**Methods**
- Retrospective analysis of 100 patients with ocular sarcoidosis
- Surgical interventions included limbal stem cell transplantation, conjunctival autografting, and corneal trephination

**Results**
- 70% of patients showed improvement in visual acuity
- 50% of patients required no further treatment

**Conclusions**
Surgical interventions are the most effective option to avoid blindness in ocular sarcoidosis.

**T046**

Study of Xailin Night physical Properties versus marketed ocular lubricants

**Purpose**
To compare the physical properties of a new ocular lubricant (Xailin Night) with marketed products.

**Methods**
- Comparative study of Xailin Night with five marketed lubricants
- Assessment of spreading capacity, viscosity, and evaporation rate

**Results**
- Xailin Night showed higher spreading capacity compared to marketed products
- Lower evaporation rate compared to aqueous-based lubricants

**Conclusions**
Xailin Night offers superior physical properties compared to marketed lubricants.

**Commercial interest**
Xailin Night is available for purchase.
• **TO49**

**Neurotrophic keratitis (NK) in carotid cavernous fistulae (CCF)**

*Fondation A. de Rothschild, ophtalmologie, Paris, France*

**Purpose** Carotid cavernous fistulae (CCF) are rare, with a poor visual outcome. In addition, lesions of trigeminal nerve induced by an elevated venous pressure in the cavernous sinus may induce a neurotrophic keratitis (NK). Embolization is the standard care.

The objective of this study was to assess NK in a group of patients treated by embolization of their CCF using in vivo confocal microscopy.

**Methods** Patients treated for an indirect CCF from January 2004 to May 2013 were prospectively included. The diagnostic of NK was assessed by Oxford's test, Cochet-Bonnet's electrophysiology and a study of corneal nerves by in vivo confocal microscopy. Results were compared using Student t-test.

**Results** 13 patients, 5 men and 8 women, with a median age of 67 years old were included with a median follow-up of 51 months: 38% (5/13) had a NK, of which 40% (2/5) bilateral. 60% (3/5) were clinically cured, with a minimal to moderate NK, and 40% (2/5) had persisting CCF symptoms with a moderate to severe NK.

**Conclusions** To our knowledge, NK resulting from compression of the trigeminal nerve by CCF has never been studied. On the other hand, NK is a challenging disorder of moderate to severe dry eye sensations. It contains sodium hyaluronate (HA) 0.2% w/w and sodium perborate in aqueous buffered vehicle. Perborate is a disappearing preservative that turns into water and oxygen upon contact with the ocular surface.

Comparative studies were performed with Xailin HA against other EU marketed HA products in order to assess its key physical properties.

**Methods** The parameters studied were the following: Macroscopic appearance, pH, osmolality, viscosity at 25°C, drop size and surface tension. The marketed products assessed in this study were: Xailin HA, Vismed multi, Hyabak, Hyalitil, Optive Fusion, Hylo-Comod, Hylo-vision HD, Artelac Splash MDO, Hylo-Gel.

**Results** All products are clear and colourless and their pH range is between 6.8 and 7.4. The tested products remain in the common range of osmolality for topical ophthalmic forms except Vismed multi (hypotonic 150 mOsm/kg). Xailin HA presents the next lower osmolality (260 mOsm/kg). Four categories from less to more viscous products are observed: Hyabak and Hylo-Vision < Artelac Splash MDO, Hyalitil, Optive Fusion, Hylo-Comod and Vismed Multi < Xailin HA < Hylo-Gel. Xailin HA is significantly different from all others products with the lowest surface tension recorded.

**Conclusions** Xailin HA is a new hyaluronan-based ocular lubricant. Its low surface tension property should reflect a better distribution and spreading capacity on corneal surface than the other marketed products tested.

**Commercial interest**

• **TO50**

**Meibomian Gland Dysfunction (MGD) and Tear Cytokines after Cataract Surgery according to Preoperative Meibomian Gland Status**

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**Purpose** To determine the incidence and characteristics of eyelid inflammatory disorders during general ophthalmological consultations and to demonstrate the association between cataract surgery and ocular surface pathologies in the MEIBUM survey.

**Methods** Multi-center, international, transversal and epidemiological survey. The primary objective was to assess the percentage of eyelid disorders in patients attending a current ophthalmologic consultation. The secondary objectives were to assess the association between palpebral pathologies and ocular surface pathologies, the impact of eyelid disorders on patients’ daily life (on vision, on daily life activities/work, on leisure, on contact lens wearing, on emotions and on sleep).

**Results** A total of 1398 were included by ophthalmologists from Belgium, Denmark, France, Netherlands, in Portugal and Turkey. The mean age was 56.2 (± 17.5). At least an ophthalmic history was found in 74.4% of the patients. The main antecedents were "Dry eye" (25%), "Glaucoma" (15.7%) and "Cataract" (19.8%). The percentage of eyelid disorders was 73.4%. The diagnostic of Meibomian Gland Dysfunction (MGD) was established in 45.4% of the total patients and dry eye in 63.4%. The impact of MGD on daily life was mainly on vision for 60.2% of the patients, on daily activities/work (49.7%), on leisure (40.8%), but also on emotions (22.1%) and sleep (15.8%). MGD were treated by eyelid hygiene recommendations: warming (66.5%), massaging (67.7%), cleansing (78.9%) and eye drops for dry eye (79.5%).

**Conclusions** MGD was diagnosed in nearly half of the patients with a strong link to dry eye. The impact on daily life is notable. Only dry eye symptoms seem to be taken in charge more often than MGD.
**T051**  
Dry Eye Disease Therapy: who are the non-responders?  
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**Purpose** To investigate the parameters that characterize the patients that respond or do not respond to dry eye disease (DED) therapy as recommended by the International Dry Eye Workshop 2007.

**Methods** 217 DED patients were consecutively included at the Norwegian Dry Eye Clinic in Oslo, Norway. All patients underwent a comprehensive ophthalmological examination. The patients’ symptoms were reported by means of three self-questionnaires (Ocular Surface Disease Index (OSDI), Meibomian Gland Dysfunction (MGD) and the Sjögren syndrome (SS) questionnaire (SSQ)). Patients were defined as treatment responders if their dry eye severity level (DESL) score had improved following 6 months of treatment, and non-responders if their DESL score was unchanged or worse.

**Results** Non-responders were older (P = 0.019), had baseline DESL score (P = 0.001), had less pathological tear meniscus height (P = 0.007) and used fewer systemic prescription drugs (P = 0.046). Linear regression analysis showed that age, DESL and number of systemic prescription drugs were independently associated with treatment response (P = 0.05). Furthermore, patients were more likely to respond to therapy if it was initiated during winter, which suggests a seasonal effect. Females and males, as well as meibomian gland dysfunction (MGD) patients and non-MGD patients, were equally likely to respond to treatment.

**Conclusions** As the recommended therapy for DED is based on the DESL score of the patient our results may either indicate that the therapy recommended for the higher levels of DESL are more effective than that recommended for the lower levels of DESL or that effect is easier to detect in patients with more pronounced DED. Further studies should investigate whether patients with mild DED should be treated more aggressively.

**T052**  
Utility of peripheral lamellar corneal graft in PUK with corneal perforation treatment  
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**Purpose** Peripheral ulcerative keratitis (PUK) is a destructive inflammation of the limbal corneal stroma with oval morphology. It is characterized by a sectorial affection with corneal thinning, usually associated with an epithelial defect, cell infiltration and progressive lysis of the stroma, which can progress to corneal perforation. We present a case of a 88 years old woman who came to our hospital with epiphora and foreign body sensation in the left eye. It was observed perforated marginal corneal ulceration in inferonasal quadrant with iris incarceration. She was treated with therapeutic contact lens and topical antibiotics and was programmed for surgery. In order to maintain the corneal integrity and due to the dimensions of the perforation, we decided to employ a lamellar corneal grafting because the use of tissue adhesives or amniotic membrane coating would be insufficient. This prevents the elimination of healthy cornea and keep better the anatomy. In the same surgery the graft was covered with amniotic membrane patch securing it with biological glue and coated with therapeutic contact lens.

**Methods** The lamellar corneal grafting was obtained by manually cutting one of the corneoscleral edges of a donor cornea, in which the central corneal button was drilled and used for another patient in a penetrating keratoplasty the same day of surgery. Results The postoperative time coursed with no complications and showed good integration of corneal graft, through images of the anterior segment and AS-OCT.

**Conclusions** Lamellar corneal graft seems to be a good treatment option for maintaining the tectonic integrity in perforated patients due to peripheral ulcerative keratitis.
**T055**

**Corneal nerve activity during ocular inflammatory processes**

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**Purpose**

To study the changes in sensory nerve activity of the eye associated with ocular inflammation in two different experimental models developed in the guinea-pig.

**Methods**

- Allergic keratoconjunctivitis (AK). Ovalbumin sensitization was induced and blinking and tearing rate was measured before and after the allergic challenge. UV photokeratitis: One eye of the anesthetized guinea-pig was exposed to 254 nm radiation during different times. Blinking rate and tear secretion were measured before and after.

**Results**

- There was a reduction in the ocular surface inflammation (CST) immediately after the eye opening had a value around 36.5°C in control eyes and 37.5°C in AK eyes compared with controls.
- Tear-deficient eyes showed higher CST values immediately after blink suggesting the presence of inflammation. Temperature reduction during the interblink period was not modified in DE, despite the reduced stability of tear film.

**Conclusions**

The treatment of severe keratitis in Dry eye disease (DED) represents a real challenge.

**Ciclosporin A cationic emulsion**

- In AK model, tearsing and blinking rate increased significantly. In nociceptors, mechanical threshold decreased, the percentage of units with SA increased and the impulse response to chemical stimulation increased significantly in inflamed eyes compared with controls.
- In contrast, SA and response to cold of cold thermoreceptors decreased during inflammation.

**Sensory nerve activity of the eye associated with ocular inflammation**

- In DE, despite the reduced stability of tear film, the peak period was not modified in DE, despite the reduced stability of tear film.

**Posterior corneal anatomy in a newborn baby**

**T056**

**Corneal surface temperature and tear secretion in young and adult aqueous tear deficient guinea pigs**

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_Instituto de Neurociencias, UMH-CSIC, Neurobiologia Ocular, San Juan de Alicante, Spain_

**Purpose**

To evaluate changes in ocular surface temperature and tear secretion in young and adult control and tear-deficient (DE) guinea pigs.

**Methods**

- Tearing rate (TR) was measured using phenol red threads (30s). Tear break-up time (TBUT) was measured after fluorescein instillation. Corneal surface temperature (CST) was recorded continuously in the full open eye during 30s after the eye opening using an infrared thermal camera (InfRec R300SR, Nilppon Avionics).

**Results**

- Tearing rate was significantly higher and TBUT was significantly lower (p<0.05) in adult (12-18 months) compared with young (2-4 months) animals (p<0.001).

**Conclusions**

- Tear-deficient eyes show higher CST values immediately after blink suggesting the presence of inflammation. Temperature reduction during the interblink period was not modified in DE, despite the reduced stability of tear film.

**T057**

**The Effect of Ikervis’ (1mg/mL Ciclosporin cationic emulsion) on severe keratitis in patients with dry eye disease participating in a phase III study**

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**Purpose**

To evaluate changes in ocular surface temperature and tear secretion in young and adult aqueous tear deficient guinea pigs.

**Methods**

- Intra stromal injection of air resulted in the formation of characteristic type II big bubble in one cornea and another characteristic type II big bubble in another.

**Conclusions**

- Tear-deficient eyes show higher CST values immediately after blink suggesting the presence of inflammation. Temperature reduction during the interblink period was not modified in DE, despite the reduced stability of tear film.

**Posterior corneal anatomy in a newborn baby**

**T058**

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**Purpose**

To study the changes in sensory nerve activity of the eye associated with local inflammation, nociceptors became sensitized while cold thermoreceptors became desensitized, due to changes in the expression and/or activity of ion channels present in sensory nerve terminals. Disbalance in the sensory input from the different functional types of sensory nerve fibers innervating the ocular surface in inflammatory conditions may be in the bases of the unpleasant sensations evoked by inflammatory pathological processes affecting the ocular surface in humans.

**Results**

- In AK model, tearing and blinking rate increased significantly. In nociceptors, mechanical threshold decreased, the percentage of units with SA increased and the impulse response to chemical stimulation increased significantly in inflamed eyes compared with controls.
- In contrast, SA and response to cold of cold thermoreceptors decreased during inflammation.

**Posterior corneal anatomy in a newborn baby**

**Purpose**

To evaluate changes in ocular surface temperature and tear secretion in young and adult aqueous tear deficient guinea pigs.

**Methods**

- Tearing rate (TR) was measured using phenol red threads (30s). Tear break-up time (TBUT) was measured after fluorescein instillation. Corneal surface temperature (CST) was recorded continuously in the full open eye during 30s after the eye opening using an infrared thermal camera (InfRec R300SR, Nilppon Avionics).

**Results**

- Tearing rate was significantly higher and TBUT was significantly lower (p<0.05) in adult (12-18 months) compared with young (2-4 months) animals (p<0.001).

**Conclusions**

- Tear-deficient eyes show higher CST values immediately after blink suggesting the presence of inflammation. Temperature reduction during the interblink period was not modified in DE, despite the reduced stability of tear film.
• **T059**

**Microfluidic in vitro Drug Release from Contact Lens Materials**

**Purpose**
Over 90% of ophthalmic drugs are commonly applied as eye drops. However, drug tear film residence time is less than 5 min, and only 5% of the administered drug is absorbed, leading to a final poor drug bioavailability and eventual side effects. Efforts have been made to develop more effective drug delivery systems. Therapeutic contact lenses (CLs) have demonstrated to be a good vehicle for a controlled release of a variety of drugs owing to their biocompatibility, high degree of comfort, and prolonged contact with the eye.

**Methods**
CLs materials were prepared as a) a conventional hydroxyethylmethacrylate (HEMA) based hydrogel and as b) a silicone based hydrogel. The different materials were loaded with an antibiotic - levofloxacin (LVF), and one of two non-steroidal anti-inflammatory drugs (NSAID) - diclofenac (DCF) and ketorolac (KET). To simulate physiological human eye conditions such as temperature, tear volume and flow rate, drug release tests were carried out in a novel microfluidic cell.

**Results**
Results showed that a) HEMA based hydrogel allows a drug release up to 10 hours with predicted concentrations in the eye as 0.129 µg/mL for LVF, 0.918 µg/mL for DCF and 0.251 µg/mL for KET whereas b) Silicone based hydrogel releases both NSAID for at least 4 days, with concentrations 0.165 µg/mL for DCF and 0.310 µg/mL for KET.

**Conclusions**
Drug eluted CLs biomaterials can be used as a platform for ocular drug delivery applications.

• **T060**

**Comparison between i-gel and endotracheal tube in corneal grafts: a randomized clinical trial**

**Purpose**
To assess the safety of the laryngeal mask I-Gel® in keratoplasty (KP) performed under general anaesthesia.

**Methods**
Patients with indications for KP (n=110) were enrolled in a prospective study and randomly assigned to I-Gel® (n=55), 30 lamellar KP and 25 penetrating KP or tracheal tube (n=55, 29 lamellar KP and 26 penetrating KP). Peri-operative complications and recovery time were compared between two groups using t-test or y2 test. Contraindications to elective use of the laryngeal mask airway were exclusion criteria (oesophageal reflux, extreme obesity, ophthalmological pathology, expected difficult intubation).

**Results**
No surgical peri-operative complications were reported in either group. There was a significantly greater incidence of coughing at extubation and after extubation in the tracheal group (25/55, 45%) than in the laryngeal mask group (3/55, 5%) (p=0.001). Recovery time was shorter in the I-Gel® group (80 min; 95%CI [75-86]) compared with the tracheal tube group (88 min; 95%CI [73-86]) (p=0.003). There were no significant differences in the incidence of sore throat and hoarseness between the two devices.

**Conclusions**
The use of I-Gel® for keratoplasty under general anaesthesia is safe, reduces the risk of potential ocular hypertension during recovery and saves recovery time.
**T063**

Genotype and phenotype correlation of monogenic corneal dystrophies in population of central Poland

**Purpose**
To assess the genotype-phenotype correspondence in monogenic corneal dystrophies caused by KRT12, TGFBI and UBADI1 genes mutation.

**Methods**
61 patients from 30 Polish families with clinically diagnosed epithelial and stromal corneal dystrophies participated in the study. Corneal phenotypes were assessed by slit lamp, AS-OCT and confocal microscopy. In vitro Genomic DNA was obtained from blood samples and respective exons (hot spots) were PCR amplified and sequenced on both strands.

**Results**
Molecular genetic testing revealed heterozygous missense p.E98V mutation (exon 7) of KRT12 in one family with Meissem corneal dystrophy phenotype. p.R124H mutation (exon 3) in nineteen patients diagnosed with granular type I dystrophy (GCD1). In two patients p.R124H mutation (GCD2, Avellino) was found. In three patients (2 families), heterozygous p.R124L (exon 4) mutation was identified and diagnosed as Reis-Bücklers dystrophy. In two unrelated patients p.R555Q (exon 12) mutation typical for Thiel-Behnke dystrophy was found. Heterozygous p.R124C (exon 4), p.T538R (exon 12) and p.H628R (exon 14) mutations were identified, respectively, in ten patients diagnosed with lattice corneal dystrophy (LCD3). A novel p.L655P mutation was found in one family with late-onset LCD.


**Conclusions**
The genotype typical for monogenic corneal dystrophies caused by KRT and UBADI1 genes mutation corresponds with its clinical phenotype. TGFBI is associated with phenotype heterogeneity and in some cases only genetic tests may confirm the proper diagnosis. This indicates that a relatively straightforward molecular analysis can be a practical use in diagnosis of these conditions and associated genetic counseling.

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**T065**

Assessment of corneal layers thickness with spectral-domain optical coherence tomography

**Purpose**
To assess the corneal layers thickness in healthy young adults using spectral-domain anterior segment optical coherence tomography (AS-OCT).

**Methods**
There were 86 eyes of 86 healthy volunteers, 52 females and 34 males, who were included in the study. The mean age ± standard deviation (SD) was 22.87 ± 3.90 years (range, 20-43). Spectral-domain AS-OCT was performed using Spectralis OCT (Heidelberg Engineering, Heidelberg, Germany). Measurements of central corneal thickness, and central thickness of epithelium, Bowman’s layer, stroma and the complex Descemet-endothelium were performed. Results
Mean central corneal thickness, epithelium, Bowman, stroma and Descemet-endothelium were 555.50 ± 29.64 µm (range 510.62-604.17), 54.60 ± 4.25 µm (range 45.63-63.17), 16.70 ± 1.73 µm (range 14.20-20), 46.51 ± 289.1 µm (range 420.533) and 16.74 ± 1.66 µm (range 14-20), respectively.

**Conclusions**
Spectralis OCT can be easily used to non-invasive measurements of the anterior segment parameters and this study establishes a normal database for corneal thickness and all its layers in healthy young adults.

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**T064**

Visual acuity increases up to 7 years after Descemet Stripping Automated Endothelial Keratoplasty

**Purpose**
Descemet Stripping Automated Endothelial Keratoplasty (DSAEK) for corneal endothelial dysfunction restores vision up to 5 years post-surgery, yet outcome exceeding this time span remains unknown. This study reports outcomes up to 7.8 years post-DSAEK in a prospective observational study.

**Methods**
The cohort consists of the first 30 consecutive DSAEK-surgeries in 25 subjects at Rigshospitalet Copenhagen, in 2006-2007. Data are reported for 14 eyes of 10 subjects (median age 65.8 years, range 55-79 years) who completed more than 5 years of follow-up (mean 6.8 years, range 5.6-7.8). Best spectacle-corrected visual acuity (BSCVA) was obtained using Snellen charts and transformed to logMAR. Endothelial cell density (ECD) was calculated by a digital Topcon SP-3000P specular microscope camera. Central corneal thickness (CCT) was measured by OCTULUS Pentacam.

Results
BSCVA improved from -0.54 ± 0.17 logMAR (mean ±SD; Snellen equivalent 6/18) pre-DSAEK to -0.29 ± 0.32 logMAR (6/12) at 1 year (mean 1 year, range 0.6-1.4 years) and further improved to -0.17 ± 0.09 logMAR (6/9) at 7 years (mean 6.8 years, range 5.6-7.8 years). The proportion of eyes with BSCVA better than Snellen 6/12 was 64% at 1 year and 93% at 7 years. All grafts had ECD above 2000 cells/mm2 pre-DSAEK. ECD decreased in most grafts from 1 to 7 years (mean loss 31%, range 10-43%), yet 5 grafts showed increased ECD (mean gain 39%, range 6-81%). CCT remained unchanged from 1 to 7 years post-DSAEK (p=0.39). 16 of the initial 30 eyes were lost to follow-up due to death (8 eyes), graft failure (3 eyes), or other circumstances (5 eyes).

**Conclusions**
DSAEK provides continuous improvement of visual acuity up to 7.8 years post-surgery with stable corneal thickness, and decreasing endothelial cell density in most grafts, yet some grafts showed surprising increase.

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**T066**

Immediate Effect of Ultraviolet-A Collagen CXL Therapy on Biomechanics and Histology of Human Cornea

**Purpose**
To evaluate the immediate effect of the CXL treatment on the biomechanical properties and histological microstructure of healthy human cornea. With this purpose, in vitro mechanical tests and histological observation of cross-linked and untreated human corneal tissue were performed.

**Methods**
Mechanical tensile test and histological analysis were performed in de-epithelialized healthy human corneal tissue treated with riboflavin solution (0.03% riboflavin 5-phosphate and 20% dextranT-500) – 30 min UVA irradiation (treated sample TS). A similar study was performed to untreated de-epithelialized healthy human corneal tissue (control sample, CS). Both histological and mechanical analyses were performed immediately after treatment.

**Results**
The analysis of the stress-strain curves showed a decreased corneal response between treated (TS) and untreated (CS) samples. TS showed a stiffer behaviour than CS. The treated corneal tissue (TS) resulted in -0.29 ± 0.32 logMAR (6/12) at 1 year (mean 1 year, range 0.6-1.4 years) and further improved to -0.17 ± 0.09 logMAR (6/9) at 7 years (mean 6.8 years, range 5.6-7.8 years). The proportion of eyes with BSCVA better than Snellen 6/12 was 64% at 1 year and 93% at 7 years. All grafts had ECD above 2000 cells/mm2 pre-DSAEK. ECD decreased in most grafts from 1 to 7 years (mean loss 31%, range 10-43%), yet 5 grafts showed increased ECD (mean gain 39%, range 6-81%). CCT remained unchanged from 1 to 7 years post-DSAEK (p=0.39). 16 of the initial 30 eyes were lost to follow-up due to death (8 eyes), graft failure (3 eyes), or other circumstances (5 eyes).

**Conclusions**
CXL-induced cross-linking leads to a decreased corneal biomechanical response compared to healthy corneal tissue. The treatment modulates the corneal response to a lower elasticity, suggesting a reduction in corneal stiffness. This effect is maintained over time, with a gradual decrease in the biomechanical response as the tissue matures.
Ocular Chronic Graft Versus Host Disease after Bone Marrow Transplantation

Purpose Allogeneic bone marrow transplantation (BMT) is a curative therapy for a number of hematological diseases. Ocular chronic graft versus host disease (ocular cGVHD) is a major contributor to long-term morbidity after BMT. The purpose of this study was to report the frequency of ocular cGVHD after BMT and onset in relation to systemic cGVHD.

Methods Retrospective examination of medical records of patients who underwent consecutive allogeneic BMT from 1980-2011 at Copenhagen University Hospital (Rigshospitalet). This study included adults (>16 years) with no dry eye disease prior to BMT. The patients were seen by an ophthalmologist before BMT and annually after BMT. The ophthalmological examination included tear break-up time, Schirmer test, corneal fluorescein stain, slit lamp examination and ophthalmoscopy. The criteria proposed for the International Chronic Ocular GVHD Consensus Group was used to diagnose ocular cGVHD.

Results Out of the 939 patients included, 222 patients (23.6%) developed ocular cGVHD. We found no significant difference between gender and the development of ocular cGVHD (p=0.67). Median age at time of BMT was 41 years (range 16-73) and 46 years (17-65) for the group who developed ocular cGVHD. Median time of onset of ocular cGVHD was 20 months (0.4-196) after BMT. Diagnosis of ocular cGVHD preceded systemic cGVHD in 33 cases (15%). Twenty-seven patients (12%) had ocular cGVHD without systemic cGVHD. Ocular cGVHD was significantly higher in patients with systemic cGVHD involving the skin (p=0.001).

Conclusions Ocular cGVHD is common after BMT. It can occur at any age, but is more common in elder patients. Ocular cGVHD can occur in patients without systemic cGVHD. We recommend ophthalmological examinations in all patients before and after allogeneic BMT due to the high frequency of ocular cGVHD.

Topical treatment with a new matrix therapy agent (RGTa, CACICOL) improves epithelial wound healing after penetrating keratoplasty in a rabbit model

Purpose Epithelial wound healing is a milestone in the early post-operative care after penetrating keratoplasty (PKP). It reduces the infectious risk, allows safe instillation of steroids, and conditions discharge from hospitalization. The present study assessed a new matrix therapy agent, for the management of post PKP epithelial defects in a preclinical rabbit model of PKP.

Methods New Zealand white rabbits received a 7.1/7mm PKP with a desepithelialized rabbit cornea from the same sibling. Immunoposssesion was obtained thanks to subconjunctival corticosteroids. Rabbits were randomized to receive either CACICOL (n=3) or a placebo (n=3). Investigators were masked. Eyedrops were instilled immediately after graft and repeated on alternate day until complete reepithelilalization. The epithelial wound healing was monitored fluorescein staining. Corneal thickness was monitored using AS-OCT. Rabbits were euthanatized 5 or 40 days after CF to label proliferating and slow cycling cells (presumed stem cells) using a Click-it EdU kit combined with Ki67 labeling. Both analyses were performed on flat mounted whole corneas to observe all CECs.

Results Corneal opacity and thickness increased within 24h after the CF. Both epithelial and endothelial parameters returned to normal after 5 days. At 5 and 40 days the central endothelial cell density was normal. 2066±1.7% EdU-positive and 1532±34 (5%) Ki67 positive CECs were observed, often grouped by pairs, in the endothelial periphery of the right eye as well as in the control eye. 14±4 Ki67 positive cells (0.3%) were observed grouped by pairs in the central endothelium of the right eye.

Conclusions In rabbit cornea, a few CECs are continuously spontaneously cycling at the periphery of the endothelium and all CECs may have the capacity to proliferate in response to injury, even in the centre.

New insights into the proliferative capacities of rabbit corneal endothelial cells

Purpose Rabbis are known to have highly proliferative corneal endothelial cells (CECs) with excellent wound healing properties. Yet, little evidence of these capacities is available, except for 2 papers dating back to 1977 (PMD: 875721) and 1984 (PMD: 6511225). Aim: to better characterize the proliferative capacity of rabbit CECs using labelling of mitosis and DNA synthesis and to search for potential stem cells.

Methods Central corneal freezing (CF) was used on the right eye of young rabbits (4 weeks) with a brass bar soaked in liquid nitrogen. The thymidine analogue, 5-ethyl-2'-deoxyuridine (EdU) was injected intraperitoneally at 0, 24 and 48 hours after CF. The corneal opacity was monitored using a 4x lamp and corneal thickness using an AS-OCT. Rabbits were euthanatized 5 or 40 days after CF to label proliferating and slow cycling cells (presumed stem cells) using a Click-it EdU kit combined with Ki67 labeling. Both analyses were performed on flat mounted whole corneas to observe all CECs.

Results Corneal opacity and thickness increased within 24h after the CF. Both epithelial and endothelial parameters returned to normal after 5 days. At 5 and 40 days the central endothelial cell density was normal. 2066±1.7% EdU-positive CECs and 1532±34 (5%) Ki67 positive CECs were observed, often grouped by pairs, in the endothelial periphery of the right eye as well as in the control eye. 14±4 Ki67 positive cells (0.3%) were observed grouped by pairs in the central endothelium of the right eye.

Conclusions In rabbit cornea, a few CECs are continuously spontaneously cycling at the periphery of the endothelium and all CECs may have the capacity to proliferate in response to injury, even in the centre.

Ex vivo porcine corneal storage using an innovative bioreactor

Purpose There is no animal model of medium-long term corneal storage for easily available animals because, contrary to human, ex vivo animal corneas rapidly and dramatically swell and lose their transparency. As intraocular pressure and optimal function of endothelial cells are critically important for corneal homoeostasis, we suppose that the passive eye banking technique is not adapted for corneas of young animals with high stromal swelling pressure. We therefore reproduce physiological parameters to improve storage of animal corneas.

Methods We designed a bioreactor (BR) that restores a pressure equivalent to the intraocular pressure in the endothelial chamber while allowing continuous review of media in both endothelial and epithelial chambers. Epithelial side underwent alternating air lifting and medium immersion to reproduce blinking. Porcine eyeballs were obtained from a local slaughterhouse within 4 hours after death. Corneas were stored either in a BR or in conventional vials, both in standard organ culture medium. Transparency, thickness, histological structure and immunohistochemical staining (ABC3, PAXA, 5-ethyl-2'-deoxyuridine, K3-K12, Laminin-5) were compared to conventionally stored corneas after 2 weeks.

Results Porcine corneas stored in bioreactor were more transparent and thinner. Increased endothelial cell viability was observed in the BR and epithelial layer was preserved and mature. Epithelial stem cells also survived.

Conclusions The porcine version of our BR mimics physiological condition and improves corneal storage. It could be a new model of eye banking and a powerful experimental platform to study corneal physiopathology. Grant: UJM, ANSM
**• T071**

Comparison of corneal topographic indices of keratoconus versus normal eyes by using pentacam imaging

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**Purpose**
To compare the corneal topographic indices of keratoconus versus normal eyes by using pentacam imaging.

**Methods**
One hundred and fifty patients (300 eyes) from keratoconus clinic based on inclusion criteria and 149 nominees (298 eyes) for refractive surgery with normal corneas were selected from the Noor Eye Hospital, Tehran, Iran. Pentacam Scheimpflug measurements were performed for both groups based on standard measurement factors. Pentacam topography indices were recorded for each case.

**Results**
Average of topographic indices were evaluated and compared between two groups with T-test. The difference between two groups was significant. Effective indices in discrimination suspect from normal were evaluated by logistic regression. Sensitivity and specificity of indices were plotted by ROC curve. In order to diagnose suspect keratoconus, indexes of height deviation (BDH) and index of height asymmetry (IHA) had the most sensitivity and specificity values.

**Conclusions**
The results of this study showed that the index of IHD and IFA were the most sensitive and specific criteria in the diagnosis and discrimination between keratoconus and normal eyes. Based on sensitivity and specificity criteria, the given cut-point for each indices play an important role in detecting subclinical keratoconus from normal eyes.

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**• T072**

Ocular surface improvement after conjunctivochalasis (CCH) surgery.

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**Purpose**
To evaluate symptomatology and ocular surface changes in patients with CCH grade III after excision surgery.

**Methods**
Prospective, intervention study in which 15 patients with CCH grade III were enrolled.

Patients underwent CCH excision surgery: 8 patients underwent semiperitomy perilimbic with cautetrization technique and 7 pain pinch-cut conjunctivoplasty.

The following ocular surface properties were studied preoperatory and 6 weeks after surgical intervention:
- Symptoms by using Ocular Surface Disease Index questionnaires (OSDI)
- Tear Osmolarity by using Tearlab Osmolarity System.
- Tear Break Up Time (Tear break up time: BUT).
- Tear clearance and Tear Function Index by using fluorescein test measure by schirmer strip test.
- Corneal and conjunctival stain: Lissamin green (0-3 grades) and fluorescein: (0-3 grades).

**Results**
OSDI questionnaire confirm symptomatology improvement after surgery. Fluorescein Test measure by Schirmer strip reveal a better tear clearance. Fluorescein corneal stain and lissamin green corneal stain decrease. Osmolarity ocular surface values and tear BUT normalise after surgery. There was no significant difference between semiperitomy perilimnic with cauterization technique and pain pinch-cut conjunctivoplasty.

**Conclusions**
CCH patients have an increase proteolyctic activity in ocular surface. Conjuncitinal excess interface with appropriate meniscus tear formation and translate to a deificent corneal tear film. Inflammation control and conjunctival mechanical restore by surgery decrease ocular surface symptoms, improve tear clearance and tear stability and normalize osmolarity values.

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**• T073**

Transfer of molecules into the endothelial cells of whole human corneas using carbon nanoparticles activated by femtosecond laser

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**Purpose**
The targeted delivery of drugs and genes represents a promising solution to modify human corneal endothelial cells (HCECs), however, it remains limited by the difficulty to efficiently cross cell membranes without altering their integrity. Aim: to adapt an innovative technique of macromolecules delivery in corneal endothelium using carbon nanoparticles (CNP) activated by femtosecond laser (FSL).

**Methods**
HCECs of 35 human corneas stored in organ culture were targeted to deliver drugs and genes represents a promising solution to maintain human corneal endothelial cells (HCECs) viability, but transport across cell membrane must be facilitated. A new delivery method consists in ephemerally permeabilizing cell membrane to efficiently cross cell membranes using photoacoustic reaction produced by carbon nanoparticles (CNP) and femtosecond laser (FSL). The aim of this work is to investigate the size of pores formed at cell membrane by this technique.

**Results**
To induce cell permeabilization, HCECs (B4G12 cell line) were put in contact with CNPs and irradiated with a 500 nm diameter 10ns FSL. focalized spot. Four sizes of fluorescent reporter molecules were delivered into HCECs to investigate pore sizes: cakanin (1.2 nm), FITC-Dextran 4kDa (2.8 nm) and FITC-Dextran 70kDa (12 nm) and FITC-Dextran 2MDa (50 nm). Uptake of each molecule was assessed by flow cytometry immediately after irradiation.

**Results**
The delivery rate was dependent of their size. Calcium was delivered in 56±8% of HCECs, FITC-Dextran 4kDa in 42±4%, FITC-Dextran 70kDa in 22±3% and finally FITC-Dextran 2MDa in 32±6%, suggesting that a large number of pores in the size ranging from 1.2 to 2.8 nm were formed. However, 12 nm and larger pores were almost half more infrequent.

**Conclusions**
Posse pores formed at cell membrane by the technique of cell permeabilization by FSL activated CNPs were investigated for the first time. This innovative non-viral method is characterized by pore sizes large enough for the efficient delivery of small, medium and big therapeutic molecules on HCECs. GRANT: Fondation des Aveyrages de France, Fondation d’Avener, Fondation Visuaid (ET-1-638).

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**• T074**

Pore size assessment during corneal endothelial cell permeabilization by femtosecond laser-activated carbon nanoparticles

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**Purpose**
Therapeutic molecules delivery represents a promising solution to maintain human corneal endothelial cells (HCECs) viability, but transport across cell membrane must be facilitated. A new delivery method consists in ephemerally permeabilizing cell membranes using a photoacoustic reaction produced by carbon nanoparticles (CNP) and femtosecond laser (FSL). The aim of this work is to investigate the size of pores formed at cell membrane by this technique.

**Methods**
To induce cell permeabilization, HCECs (B4G12 cell line) were put in contact with CNPs and irradiated with a 500 nm diameter 10ns FSL. focalized spot. Four sizes of fluorescent reporter molecules were delivered into HCECs to investigate pore sizes: cakanin (1.2 nm), FITC-Dextran 4kDa (2.8 nm) and FITC-Dextran 70kDa (12 nm) and FITC-Dextran 2MDa (50 nm). Uptake of each molecule was assessed by flow cytometry immediately after irradiation.

**Results**
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**Conclusions**
Posse pores formed at cell membrane by the technique of cell permeabilization by FSL activated CNPs were investigated for the first time. This innovative non-viral method is characterized by pore sizes large enough for the efficient delivery of small, medium and big therapeutic molecules on HCECs. GRANT: Fondation des Aveyrages de France, Fondation d’Avener, Fondation Visuaid (ET-1-638).
• T075

**Corneal Analysis before Cataract Surgery: Significance as the Clue for Unexplained Visual Complaint After Surgery**

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**Purpose** We analyzed the optical before cataract surgery to evaluate whether the corneal abnormalities are correlated with the unexplained visual complaints after successful surgery.

**Methods** Seventy-eight eyes of forty-seven patients who had undergone uncomplicated cataract surgery were enrolled in this retrospective study. The eyes were divided into group I, which had visual complaint despite good visual acuity and group II without complaints after surgery. All included eyes had preoperative corneal data such as slit lamp bio-microscopy, automatic keratometer, corneal topography (Orbscan II, Bausch & Lomb, Germany), and aberrometer (KR-1W, Topcon, Japan). We investigated whether there are any correlations between the corneal abnormalities and unexplained visual complaint by comparing the corneal parameters of two groups.

**Results** The mean patient age was 67.9 years old. The mean preoperative topographic astigmatism in 78 eyes was 0.98 diopter (D); 19.23% of eyes had irregular astigmatism. Mean corneal spherical aberration measured by KR-1W was 0.31 ± 1.101 µm and corneal total higher order aberration (HOA) was 0.24 ± 0.171 µm. Total corneal HOA was correlated with irregularity index from topography. (P<0.01; r=0.548) No differences were shown between two groups in preoperative astigmatism. However, comparing the corneal parameters, irregularity index of 3mm, 5mm zone and corneal total HOA of group I were statistically significantly higher than those of group II respectively. (p<0.05, respectively)

**Conclusions** Unsatisfactory results associated with visual quality after cataract surgery might be originated from cornea irregularity and HOA. Evaluation of preoperative corneal optics is necessary to predict visual quality after surgery.

• T077

**The effect of trehalose 3% as an adjuvant therapy on Lasik procedure.**

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**Purpose** The majority of all Lasik patients experience dry eye. Usually temporary it also could last for months or years. Patients with no or mild dry eye symptoms but high risk factors have better post-LASIK outcomes when being preoperatively treated with lubricants. Surgical outcome of patients, with neither symptoms nor risk factors of having dry eye, could be maximized by optimizing the ocular surface before surgery. This study evaluated the effect of trehalose 3% eye drops (Thealog), pre and post-surgery use, on the postoperative ocular surface status of the patient.

**Methods** Clinical study including 26 eyes from 13 patients, mean age of 35, having no dry eye signs or symptoms, who were scheduled for a LASIK procedure. Patients were randomly assigned to use trehalose 3% 4th before surgery (G1; 1 drop tid) or no treatment (G2). After LASIK surgery, G1 used trehalose 3% 1 drop q4h in association with artificial tears (hyaluronic acid - HA- 1 drop q4h) and G2 used only artificial tears (1 drop q4h) for 90 days, as corneal hydrating treatment.

**Results** OSDI score obtained during follow-up period showed a positive evolution in G1 compared to G2 (no statistical significance). Frequency and severity of the symptoms from first day after surgery were significantly lower in G1 (p<0.05). Other clinical test (osmolarity, TBUT, lissamine staining) also showed positive evolution in G1 but it was not observed statistical differences between treatments. Corneal staining (NIE and Oxford scale) showed lower scores in G1. Results were statistically significant at D30 and at D90 (NIE scale) and at D90 for Oxford scale.

**Conclusions** Addition of trehalose to the standard treatment using HA eye drops after LASIK surgery at pre and post-surgery period, has been revealed as a positive therapeutic strategy to control and reduce dry eye symptoms and corneal staining score.

**Commercial interest**

• T076

**Long-term results orthokeratological therapy in patients with myopia**

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**Purpose** The potential impact of the peripheral refraction on the refractogenesis and development of myopia is validating for using orthokeratological therapy to form a peripheral myopic defocus in patients with myopia. The purpose of the research was to study the long-term results of orthokeratological therapy in patients with myopia.

**Methods** 21 patients (42 eyes) with myopia from -0.75 D to -4.5 diopters and 64,29% used the night contact lenses Paragon CRT 100 were followed up for 3 years. Methods of examination included visometry, keratometry and refractionmetry after cycloplegy with Cyclomed 1% with using KR-8900, Topcon and HRK-7000, Huvitz; ultrasonic eye’s biometry with Orbscan M (thikness of cornea and lens, depth of anterior chamber, length of vitreous) before and after 3 years using OK- therapy. We have used (patent Ukraine №91171, 24.06.2014) coefficient K - (1/(AC+L/2) / (V-L/2)) x 100, AC - anterior chamber length, L - thickness of lens, length of vitreous.

**Results** The long-term results of orthokeratological therapy showed the positive effect to slow of the myopic process. After 3 years OK- therapy myopia was stabilized in 27 eyes (64,29%). The date 11 and more of coefficient K showed the refractive type of myopia and less then 31 - showed axial type of myopia. The refractive type of myopia was in 22 eyes (52,38%) and axial type of myopia was in 20 eyes (47,62%).

**Conclusions** The most positive effect of orthokeratological therapy observed in patients with refractive component due to the curvature of the cornea. Coefficient have showed the type of axial or refractive myopia (Patent Ukraine № 83299U, 23.08.2013). The coefficient can be used for prognosis of progression myopia.

• T078

**Sterile corneal keratolysis in the rat at 300 nm**

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**Purpose** Ultraviolet radiation (UVR) today is widely used in anterior segment interventions. The purpose of the study was to evaluate toxicity of UVR at 300 nm in the rat cornea.

**Methods** 16 Sprague-Dawley rats were unilaterally exposed to 5 kJ/m2 UVR (λmax = 300 nm; 30.5; 10 nm) for 15 min. Contralateral eyes were kept as control. The animals were divided into 4 latency groups and eyes were taken at 1, 5, 24 and 120 h post exposure. Apoptosis was detected with the TUNEL method and histopathological changes were visualized with H&E staining.

**Results** At 5 h post exposure all 3 exposed corneal cell layers displayed apoptotic cells with a peak at 24 h. Corneal stromal thinning and stromal neutrophil infiltration were found at 120 h in exposed cornea.

**Conclusions** In conclusion, sterile corneal keratolysis occurs in the post exposure time window 24 to 120 h and is probably induced by neutrophils. The potential danger of sterile corneal keratolysis is to be considered in the clinical applications of UVR.
• **T079** Evaluation of the influence of corneal biomechanical properties on the central corneal curvature after a SUPRACOR procedure

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**Purpose** SUPRACOR®, performed with the Technolas Eximer Workstation 217P (Bausch & Lomb Technolas), creates a small zone of high refractive power in the central cornea, the « bump », to facilitate near focus. The aim of this study is to evaluate the influence of corneal biomechanics on this « bump ».

**Methods** This retrospective study included 46 eyes of 23 patients. The Supraco ablation pattern was applied, to create hyperprolate shape resulting about 2 D near addition. The periphery was treated with hyperopic ablation in a 6 mm zone, using 9.5 mm suction ring, under 120 µm flap created by the IntraLase FS60 femtosecond laser (AMO, USA). Every patient underwent a corneal topography (Pentacam, Oculus, Germany) before and 1 month after surgery to evaluate the importance of the “bump” and a biomechanical evaluation with the Ocular Response Analyser (ORA, Reichert, NY). CH (Corneal Hysteresis) and CRF (Corneal Resistance Factor) were evaluated. Spearman’s rank correlation coefficient was used to analyze the relationship between the parameters of the ORA and the « bump ».

**Results** The mean patient age was 55.5 ± 3.94, ranging from 50 to 62 years. Preoperative spherical equivalent was 1.57±0.77 D. Mean corneal thickness was 548 ± 44 µm. CH and CRF were respectively 10.53 ± 1.63 mmHg and 10.90 ± 2.12 mmHg. Mean “bump” was 2.25 ± 0.98 D, ranging from 0.50 to 4.64 D. A correlation was found between the CH and the bump (r= 0.34; p= 0.022) and also between the pachymetry and the CH (r= 0.62; p= 0.001).

**Conclusions** In this study, the “bump” is correlated with the corneal thickness and the CH. The corneal thickness appears to be sufficient to predict the “bump” in hyperopic patients undergoing Supraco. These results should be confirmed in a larger sample of patients.

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• **T081** 3D model of pterygium and corneal limbus: Investigating histopathology and stem cell distribution.

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**Purpose** This study aims to create a complete histological 3D computer model of pterygium in situ, mapping the anatomy of the disease tissue, its relation to the corneal limbus and the distribution of limbal stem cells.

**Methods** One human eye affected with pterygium was obtained from a cornea donor post mortem. The anterior part of the eye was cut into 90 consecutive horizontal sections. Every other section was stained with HE to be digitized, aligned and 3D reconstructed using interactive 3D visualization software. Immunohistochemistry targeting CK19, MMP-1, p63 and VEGF was performed on the remaining sections alternating across the structure so as to create evenly distributed overlaying models.

**Results** Using the sections a high-resolution model of the pterygium and limbus was created, and in aligning the immunostained sections to the model, a spatial map of the staining was created. Analysing the model we found a mostly normal temporal limbus with intact architecture, however nasally the limbus was found to be buried under the pterygial mass and only partly intact, showing a number of pathological changes.

**Conclusions** The limbal degeneration underneath the pterygium appears to be a precondition for or a consequence of the pterygial growth.

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• **T080** Intratrafal injection of kenacort in the treatment of severe cases of VKC

LAFREG'S
Cabaret Laugn, Cabinet d'ophthalmologie, Dar et Beida, Algeria

**Purpose** To treat refractory cases of VKC with intratrafal injections of triamcinolone.

**Methods** We treated Severe cases of VKC that have already experienced different anti allergic treatments and topical steroids with frequent relapses and dependancies to steroids with intratrafal injection of 40 mg of dexametason , the follow up visits were performed at D0, D3, D7 and D30 ( slit lamp examination, corneal staining, ocular pressure )

**Results** 87 severe cases of VKC 63 males , mean age 10.4± 3.5years , 90% bilateral , and 100% of corneal involvement , 70% mixed forms and 15% of corneal forms, the mean follow up was 20±7 months. at D3 we had a decrease of all ocular signs( photophobia, redness and pruritis) at D7 decrease of corneal staining and trantas nods, and at d30 , total remission of the VKC, the mean duration of the efficacy of the treatment was 10±4± 2.6 months , no adverse event was observed.

**Conclusions** Intratrafal injection of steroids is very effective in severe and resistant cases of VKC, especially in our countries where this disease is very severe, frequent and when topical cyclosporine is not available.
• **T083**

**Corneal lenticules as an ex-vivo model to study keratocyte biology**

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**Purpose** Keratocytes show differential gene expression in culture media, and are extensively used to study wound healing, corneal disease biology and response to topical drugs. However, mono-layer culture cannot replicate the 3-dimensional biological environment of corneal stroma. Hence, we propose to establish corneal lenticule as an ex-vivo model to study keratocyte biology for corneal diseases, drug response studies and in wound healing experiments.

**Methods** SMILE surgery was performed using the VioMax femtosecond laser system (Carl Zeiss Meditec AG, Jena, Germany). After the refractive lenticule of intra-stromal corneal tissue was created using the femtosecond cutting procedure, it was dissected and separated through the side-cut opening and removed manually. SMILE lenticules from patients were obtained in DMEM media and were transferred to DMEM F12 with 10% FBS and 1% PSA. The media was replenished every 24h and lenticules were harvested at 0h, 24h, 48h, 78h and 96h. Gene expression analysis was performed for pro-fibrotic genes (fibronecetin, α-sm, vimentin, TGF-β1 and TGF-β2), pro-inflammatory (IL-6 and TNF-α) and structural genes (Col1-A1, Col4-A1 and Col5-A1).

**Results** Our results demonstrate that lenticules remain metabolically active in culture media for long periods of time as evident from the varying expression of different pro-fibrotic, pro-inflammatory and structural genes after 0h, 24h, 48h, 78h and 96h of culture. Furthermore, lineage regression analyses show that clinical parameters like lenticule thickness do not affect the expression profile of the various genes by the keratocytes contained in the lenticule.

**Conclusions** In conclusion, lenticule can be used as an ex-vivo model to study keratocyte biology in various corneal diseases and for drug testing.

• **T084**

**Novel role of PELI3 as a potential biomarker for Sjogren's syndrome related dry eyes**

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**Purpose** In Sjogren's syndrome (SS) related dry eyes (SSKCS), reduced aqueous tear production and tear hyperosmolarity leads to inflammatory damage to the ocular surface. microRNAs (miR) are known to alter the expression of cytokines, which plays an important role in the pathogenesis and progression of SS. The aim of this study was to isolate miRs and mRNA from conjunctival epithelial cells (CEC) of patients with primary SS (pSS) to identify potential biomarkers that might aid diagnosis and future therapy in pSS.

**Methods** Confirmative SS-KCS and healthy controls were recruited to this study. mRNA isolated from conjunctival impression cytology was sent for miR and mRNA microarray. Bioinformatic analysis was performed to identify predicted targets and comparison was made with the mRNA microarray data. Validation experiments were performed in HeLa cells following transfection with selected miR mimics and predicted genes were detected using qPCR.

**Results** miR and mRNA microarray found 32 differentially expressed novel miRs and 136 differentially expressed genes in pSS patients compared to healthy controls. Following bioinformatic analysis, novel miR-A was chosen for further analysis. miR-A was significantly increased in pSS (p<0.0079) and bioinformatics suggested Pellino3 (PELI3), a negative regulator of inflammatory cytokines, as a predicted target. The miRNA microarray showed a decrease in PELI3 in pSS patients compared to healthy controls (p=0.00731). Overexpression of miR-A mimics in HeLa cells resulted in decreased expression of PELI3, suggesting that it is a direct target for miR-A.

**Conclusions** We have identified differentially expressed miRs and gene targets from CEC in pSS. PELI3, a potential target of novel miR-A which is over expressed in pSS, is a negative regulator of cytokines that might have biomarker and therapeutic potential for pSS related dry eyes.

• **T085**

**Randomised, controlled study of the efficacy and safety of a new dry eye drop formulation for moderate to severe dry eye syndrome**

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**Purpose** The aim of this study was to compare the efficacy and safety in Dry Eye Disease (DED) of T2762, a new product containing an innovative bioprotective molecule trehalose (molecule finds in plants resistant to dissication with osmoprotectant), to Vismed® (molecule finds in plants resistant to dissication with osmoprotectant) (DED) of T2762, a new product containing an innovative bioprotective molecule trehalose (molecule finds in plants resistant to dissication with osmoprotectant).

**Methods** Phase III, randomized, active-controlled, Investigator-masked, multicentric study in France and Tunisia. 105 Adult patients (>18 years) with moderate to severe DED were included and received one drop of either T2762 (N=52) or Vismed® (N=53) 3-6 times per day for 84 days. The primary efficacy variable was the Oxford grading score at Day 35. Ocular Surface Disease Index (OSDI), dry eye symptoms, Schirmer test, TBUIT, conjunctival hyperaemia, and global performance were assessed as secondary efficacy criteria at baseline, Day 35 and Day 84. Safety assessments were standard.

**Results** Non-inferiority of T2762 to Vismed® for Oxford grading score was demonstrated at Day 35. For secondary efficacy parameters, reductions in OSDI, dry eye symptoms and investigator/patient assessments of global performance were better for T2762. There were no clinically meaningful between-group differences for the other secondary criteria. Both treatments were well tolerated. Interestingly, there were fewer ocular symptoms upon instillation and fewer AEs with T2762.

**Conclusions** T2762 is effective and safe, with better patient satisfaction than existing hyaluronate-only eye drops, and offers a therapeutic advancement in the treatment of moderate to severe DED.

• **T086**

**Efficacy of Dry Eye Disease Treatment based on the 2007 Report of the International Dry Eye WorkShop (DEWS)**

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**Purpose** To assess the efficacy of dry eye disease (DED) treatment according to the guidelines reported by the International Dry Eye WorkShop (DEWS) in 2007.

**Methods** Methods: Dry eye disease patients with or without meibomian gland dysfunction (MGD), treated at the Norwegian Dry Eye Clinic, with at least 6 months follow-up time were consecutively included in the study. The choice of treatment for DED was based on the dry eye severity level (DEIL), according to the 2007 Report of the International Dry Eye WorkShop (DEWS). The values of tear film break-up time (TBFU), Schirmer I test, ocular surface staining (Oxford scale), and dry eye severity level (DEIL) on the right eye at 1, 3, 6, 12, and 24 months after the treatment were compared with those prior to treatment.

**Results** Results: A total of 237 eyes were included. At 6 months follow-up, TBFU increased from 5.0 s+3.6 s to 8.5 s+5.1 s (p<0.001). Schirmer I test did not show significant change; ocular surface staining decreased from 1.6±2.1 to 0.7±1.2, and DEIL decreased from 2.08±0.47 to 1.72±0.54 (p<0.001). The improvement of TBFU, ocular surface staining, and DEIL remained significant at 24 months follow-up.

**Conclusions** Conclusions: Treatment based on the 2007 Report of the International Dry Eye WorkShop (DEWS) was effective in a Norwegian cohort of DED patients with significant improvement in key parameters for assessing DED.
**T087**

Systemic immunosuppression with mycophenolate mofetil to prevent corneal graft rejection after high risk penetrating keratoplasty: a 2-year follow-up study

**Purpose**

The study aimed to evaluate the efficacy and safety of systemic immunosuppression with mycophenolate mofetil (MMF) to prevent corneal graft rejection after high risk penetrating keratoplasty.

**Methods**

One hundred ninety-six consecutive patients who underwent high risk penetrating keratoplasty defined as the presence of deep vascularization in more than two quadrants, keratoconulitis, emergency keratoplasties, and retransplantations were enrolled in the study. Ninety-eight prospectively followed-up patients were treated with MMF (with dose adjustment based on mycophenolic acid [MPA] serum concentration), and 98 patients were in the non-MMF treated retrospectively assessed control group.

**Results**

During a mean of 24 months’ observation, immune reactions occurred in 8 cases (8%) and graft rejection with subsequent graft failure occurred in 3 cases (3%) in the MMF group. In the control group, graft rejection occurred in 76 cases (78%) and failure due to graft rejection occurred in 30 cases (31%). Kaplan-Meier analysis showed that after a year 93% of the grafts in the MMF-treated group and 47% in the control group showed no immune reaction (p > 0.01, log-rank test). Cox regression analysis showed that MMF treatment decreased the risk of graft rejection 11 times (RR = 11, 95.0% CI 4.8-25, p < 0.0001). Among 98 MMF-treated patients, 13 had gastric discomfort, 3 developed leukopenia, and 2 had anaemia that resolved after MMF dose reduction.

**Conclusions**

MMF treatment after high risk penetrating keratoplasty is safe and reduces the incidence of immune graft rejection and graft failure. Side effects were rare and reversible in all but one case.

**T088**

Differential molecular signature of ectatic and non-ectatic areas from Keratoconus patient corneas.

**Purpose**

To evaluate if the gene expression profile of corneal epithelium from the cone area in Keratoconus (KC) differs from the peripheral non-ectatic areas.

**Hypothesis**

The ectasia in Keratoconic cornea is localized to the cone while the peripheral areas are apparently normal. Hence we hypothesized that within the cone of a KC patient cornea, the structural weakness may be a function of localized gene expression differences.

**Methods**

Study group contained 54 KC patients undergoing epithelium off corneal collagen crosslinking (CXL) and 9 non-ectatic subjects undergoing photo refractive keratectomy (PRK) as controls. The cone vs periphery distinction is based on keratometry and location of the cone based on elevation map. Using a 4.5 mm trephine centered on the cone, epithelium was scraped separately for cone and rest as periphery. In non-ectatic controls, the central 4.5 mm area was taken as cone. Gene expression profiling was performed for each pair of cone and periphery samples by quantitative PCR.

**Results**

1) Lysyl oxidase levels were significantly reduced in the cone of KC patients (p=0.002). 2) Structure- related genes COL5A1 (p=0.001) and COL5A2 (p=0.0088) were also reduced significantly in KC patient cones. The cytokines LIF, TGFβ and TNIα did show an increased trend; regulatory cytokine IL10 did not show significant trend. Matrix remodeler MMP9 showed an increasing trend at the cone while its inhibitor TIMP1 showed a reducing trend that was not significant (p=0.09).

**Conclusions**

Ectasia in KC may be driven by local molecular factors at the cone that possibly spills to other parts of cornea as disease progresses.

**T089**

Assessment of the performances of a handheld in vivo confocal microscope for the analysis of human corneal innervation

**Purpose**

We previously reported, for the first time, the use of a dermatological handheld in vivo confocal microscope (IVCM), VivaScope 3000 (Lucid, NY), for the imaging of the ocular surface and ocular adnexa (AmOphthalmol2015;159:324). Aim: to further assess its performances for qualitative and quantitative analysis of corneal innervation.

**Methods**

Clinical interventional prospective single-center study comparing the first version of the handy handheld VivaScope 3000 with the Heidelberg Retina Tomograph (HRTIII-RCM) as a reference. The right central subbasal plexus (SBP) of healthy corneas of non-diabetic patients, diabetic patients without peripheral neuropathy and diabetic patients with peripheral neuropathy was analyzed the same day with both IVCMs by the same observer.

**Results**

IVCM images were acquired on the same day and both IVCMs by the same observer. The three best images were selected for each device and the nerve density, the number of nerves by frame, the number of branch per frame, and tortuosity of the nerves of the central SBP were calculated using NeuronJ. Analyzes were done on similar areas, blind to the IVCM type, then on full fields.

**Conclusions**

This handheld dermatological IVCM is able to image the SBP but is less informative than the static HRTIII-RCM. For SBP, the larger field is not an advantage because most of the field is out of focus. Improvements of the IVCM objective are proposed. GRANT: project INNOVEYE GIRC RAA.

**T090**

Contribution of Optical Coherence Tomography (OCT) with real-time OCT of the Femtosecond laser, and per operative OCT of the microscope in deep anterior lamellar keratoplasty (DALK) for keratoconus: a new technique

**Purpose**

To evaluate if the gene expression profile of corneal epithelium from the cone area in Keratoconus (KC) differs from the peripheral non-ectatic areas.

**Hypothesis**

The ectasia in Keratoconic cornea is localized to the cone while the peripheral areas are apparently normal. Hence we hypothesized that within the cone of a KC patient cornea, the structural weakness may be a function of localized gene expression differences.

**Methods**

Study group contained 54 KC patients undergoing epithelium off corneal collagen crosslinking (CXL) and 9 non-ectatic subjects undergoing photo refractive keratectomy (PRK) as controls. The cone vs periphery distinction is based on keratometry and location of the cone based on elevation map. Using a 4.5 mm trephine centered on the cone, epithelium was scraped separately for cone and rest as periphery. In non-ectatic controls, the central 4.5 mm area was taken as cone. Gene expression profiling was performed for each pair of cone and periphery samples by quantitative PCR.

**Results**

1) Lysyl oxidase levels were significantly reduced in the cone of KC patients (p=0.002). 2) Structure- related genes COL5A1 (p=0.001) and COL5A2 (p=0.0088) were also reduced significantly in KC patient cones. The cytokines LIF, TGFβ and TNIα did show an increased trend; regulatory cytokine IL10 did not show significant trend. Matrix remodeler MMP9 showed an increasing trend at the cone while its inhibitor TIMP1 showed a reducing trend that was not significant (p=0.09).

**Conclusions**

Ectasia in KC may be driven by local molecular factors at the cone that possibly spills to other parts of cornea as disease progresses.
Purpose Adenosine-5-triphosphate (ATP) functions as an important extracellular messenger and plays a dual role as a danger signalling molecule during inflammation. In pathological conditions damaged cells leak high concentrations of ATP into the extracellular milieu, activating P2X7 receptors which are highly expressed on immune cells. Pathological stimulation of the P2X7 receptor may be involved in the development of autoimmune disease, so we explored the impact of P2X7R antagonist treatment on the development of Experimental Autoimmune Uveitis (EAU) in mice.

Methods EAU was induced in P2X7−/− and wild-type mice using IRBP peptide (1-20)(GPTHLFQPSLVLDMAKVLLD) with adjuvant Bordetella pertussis toxin. All procedures were performed under a Home Office License in accordance with the regulations of UK ASPA (1986). EAU was then induced in B10.111 mice with RIBP-3 (161-180) (SGFP1HY1HPQNTLHYV) and adjuvant Bordetella pertussis toxin. P2X7R antagonist A439079 or vehicle were injected i.p. twice daily from day 12. p.i when clinical features of EAU manifested. Disease activity was observed through TEFI imaging and animals were treated until peak disease and termination at day 16 p.i.

Results P2X7R deficiency protected against the development of EAU with disease scores significantly lower in P2X7−/− animals compared to control animals. P2X7R antagonist treatment with A439079 prevented development of severe EAU with disease scores in A439079 treated animals significantly lower than vehicle treated animals.

Conclusions P2X7R deficiency protects against the development of EAU in mice and P2X7R antagonist can ameliorate established disease. The P2X7R may represent a viable therapeutic target for ocular inflammatory disease.

Commercial interest

**T092**

Role of macrophages in the course of an in vivo murine model of Anterior Ischemic Optic Neuropathy

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Purpose Anterior Ischemic Optic Neuropathy (AION) is a common cause of vision loss and is characterized by degeneration of the optic nerve and retinal ganglion cells. Recently, inflammation has been proposed to play a role in the course of AION, and we wanted to investigate the contribution of circulating and/or resident microglia.

Methods We examined the role of macrophages in the course of AION, employing an in vivo murine model of laser-induced AION. AION was induced in BALB/c mice and three and six days after, OCT was performed and the number of infiltrating cells in the vitreous body was quantified. Bone marrow chimeras were generated using bone marrow derived cells that express GFP under the promoter of CX3CR1, specifically labelling macrophages. Cells were injected intravenously in lethally irradiated BALB/c mice which were subjected to AION two weeks later. Three and seven days after the AION induction, the eyes were subjected to OCT. The mice were euthanized at day 7 and their eyes were prepared for immunohistochemical studies against GFP and Iba-1. FACS analysis of the retina was also performed in AION subjected BALB/c mice 3, 7 and 14 days after AION induction.

Results Three and six days after AION induction, quantification of the OCT data showed a statistically significant elevation of infiltrating cells in the vitreous of AION subjected eyes compared to control eyes. This finding was substantiated by FACS analysis. The chimeras experiments revealed infiltration of circulating macrophages into the retina.

Conclusions Our data support a role of circulating and/or resident macrophages in the course of AION.
**T095**

**Therapeutics course of childhood noninfectious uveitis**

**TARFAOUI N**, (1), Marrac S (2), Arnaud G (1), Disney-Derouet I (3), Seche E (2).

**Purpose** Childhood noninfectious uveitis is a relatively uncommon but severe disease. All cases seen at the Toulouse hospital were included in this study and were equally followed by the multidisciplinary consultation to evaluate our practice over time.

**Methods** 44 children followed from 2003 to 2013 were included. Demographic criteria (gender, age, type of uveitis, initial and final clinical description) and therapeutic outcomes were recorded. A vision quality questionnaire Eye-Q associated with a tolerance questionnaire were sent to all patients.

**Results** 66% were girls, the average age of diagnosis is 6.5 years and 48% of cases were I/A. Average final visual acuity was approximately 20/20. The initial treatment was topical corticosteroid alone in 47% of cases, and 42% associated with oral corticosteroids. Since the introduction of our multidisciplinary consultation, the delay in determining the change in treatment has been decreased (p < 0.001) without modifying neither the duration nor the dose of corticosteroid therapy. 16% developed new ocular complication during average follow-up of 39 months. 60% of the ocular complications were intraocular foreign bodies with a spiral shape at the base of the lower chamber. In miosis the pupil did not react to Tyndall 2+ and a layer of lower hypopyon associated with a filamentous foreign body were seen in 4 cases. In 4 cases, the pupils did not react to the light stimulus and removal of non-infectious uveitis was performed.

**Conclusions** Our population showed similarity to that of the literature, except for the early support. Our Visual and inflammatory results were satisfactory, which could be explained by the introduction of our multidisciplinary consultation allowing a faster adaptability of therapeutics.

**T096**

**Efficacy and safety of TOXO KO vaccine to prevent ocular toxoplasmosis in congenital murine model**

**TARFAOUI N**, (1), Morisse S (2), Lemee G (1), Dumas-Pouzin I (3), Seche E (2).

**Purpose** Toxoplasma gondii is a worldwide zoonotic disease caused by the protozoa Toxoplasma gondii and is a major cause of abortions but also of ocular lesions. Thus, ocular toxoplasmosis is a major health issue in certain parts of the world, especially in South America and Africa.

**Methods** We have studied the efficacy of a live attenuated strain of T. gondii (i.e. T. gondii mic-1-3 KO mutant) as a vaccine against ocular toxoplasmosis in a congenital toxoplasmosis model in mice. Mice were vaccinated with T. gondii mic-1-3 KO strain, mated and infected during pregnancy. Nonvaccinated mice infected at mid gestation with T. gondii were used as control. One month after delivery, pups were sacrificed and ocular fundus, cytokine production in intra-camerular tissue and cysts formation in eye and in brain were analysed.

**Results** We have demonstrated that: Retinal T. gondii cysts were detected in 71% of pups born to nonvaccinated dams (2.54 ± 1.10). A significantly smaller number of cysts in retinal tissue was seen in pups born to vaccinated dams 0.56 ± 1.18 (-86% reduction in cysts in ocular tissue). Clinical signs of ocular infection were detected in 73.2% of pups born to non vaccinated dams against 18% of pups born to vaccinated dams.

**Conclusions** In conclusion, T. gondii mic-1-3 KO is an effective vaccine against ocular toxoplasmosis in a congenital mouse model. This strain could be a promising vaccine.

**T097**

**Occult non-metallic intraocular foreign body causing recurrent anterior uveitis**

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**Purpose** To describe the case of textile worker with recurrent uveitis following the traumatic penetration of nylon thread into the anterior segment of the eye.

**Methods** Examination by slit lamp of the affected eye and six months after the ischemic event.

**Results** At diagnosis, mean prelaminar tissue was significantly thicker and anterior LC surface more posteriorly placed in NAION eyes than in non-involved eyes. During the follow-up, in NAION eyes there was a significant prelamellar thinning and an anterior LC reversal (P<0.001 and P<0.002 at 2 and 6 months respectively). BIOM significantly reduced during follow-up (P=0.008 and P=0.034 at 2 and 6 months respectively).

**Conclusions** OHH is a dynamic structure that undergoes biomechanical changes in eyes suffering NAION. A significant anterior tissue thickening and posterior lamina cribrosa displacement occurred during the acute ischemic optic neuropathy, that reverse as the edema resolves.

**T098**

**Changes in lamina cribrosa and prelaminar tissue in anterior ischemic optic neuropathy**


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**Purpose** To determine changes in lamina cribrosa (LC) and prelaminar tissue in patients with unilateral non-arteritic anterior ischemic optic neuropathy (NAION) using enhanced depth imaging (EDI) spectral domain optical coherence tomography (SD-OCT).

**Methods** Seventeen eyes of 17 patients with NAION were prospectively studied. SD-OCT scans using EDI technology were obtained at the acute episode and at two and six months after the ischemic event. The OCT device was set to image a 15x10 degree vertical rectangle centered on the optic disc. The scan in LC was seen clearest was selected for analysis. The vertical distances from three equidistant points on the reference line (Bruch’s membrane opening-BMO) to the anterior prelaminar tissue were measured.

**Results** At diagnosis, mean prelaminar tissue was significantly thicker and anterior LC surface more posteriorly placed in NAION eyes than in non-involved eyes. During the follow-up, in NAION eyes there was a significant prelamellar thinning and an anterior LC reversal (P<0.001 and P<0.002 at 2 and 6 months respectively). BIOM significantly reduced during follow-up (P=0.008 and P=0.034 at 2 and 6 months respectively). Both prelamellar tissue thickness and BIOM changes correlated with retinal nerve fiber layer thickness measurements.

**Conclusions** OHH is a dynamic structure that undergoes biomechanical changes in eyes suffering NAION. A significant prelamellar thickening and posterior lamina cribrosa displacement occurred during the acute ischemic optic neuropathy, that reverse as the edema resolves.
• T099
The added value of undiluted vitreous biopsy samples processed by the Cellent® tissue processor (Hologic) in unsolved uveitis.

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Purpose In this prospective study, the added value of undiluted vitreous biopsy samples in the diagnosis of unsolved uveitis was evaluated. Vitreous biopsies are difficult to handle because of the paucity of cells and the gelatinous structure of the vitreous. Histopathological analysis of the vitreous is useful in challenging cases to differentiate uveitis from lymphoma or infection and to define the type of cellular reaction.

Methods 97 consecutive undiluted vitreous samples were isolated in patients with unsolved intermediate or posterior uveitis. A 1.5-2.5cc sample was taken through a single 23G or 27G port using the EVA vitrectomy platform (DOBC) with a twin duty cycle high speed cutter. The samples were analysed with the Cellent® tissue processor (Hologic). This machine is a fully automated processor starting from a specified container with PreservCyt® (fixative fluid) with cells to paraffin. Routine histochemical and immunostainings were evaluated.

Results In 94.8% of the cases, sufficient material was found to provide an added value in the diagnostic workup. In 34%, a Cytolyt® mucolytic wash was necessary to prevent clotting of the tubes in the Cellent® tissue processor due to the viscosity of the sample. In 7% the diagnosis was an acute inflammation (presence of granulocytes), in 42% chronic active inflammation (presence of T-lymphocytes), in 36% low-grade inflammation (presence of CD68 cells, with <5% T-lymphocytes); and in 9% a malignant process (lymphoma). In 5% no diagnosis was found. In the chronic active inflammation group 39% was a granulomatous inflammatory process.

Conclusions This standardized protocol for sampling and handling undiluted vitreous biopsies gives a superior result in morphology, number of cells, and possibility of immuno-histochemical stainings. The diagnosis can be established or confirmed in 94.8% of cases.

• T100
APMPPE as a window on systemic granulomatous inflammation

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Purpose Acute posterior multifocal placoid pigment epitheliopathy (APMPPE) an unfrequent posterior uveitis presumed to be caused by a general hypersensitivity vasculitis.

Methods Eight patients aged from 12 to 33 years presented with APMPPE. For each patient a systemic work-up for systemic granulomatous disease was performed, including pathologic analysis of accessory salivary glands biopsies.

Results A granulomatous infiltration of the accessory salivary glands biopsies was found in six cases, a feature consistent with a systemic involvement rather than an isolated eye disease. In addition two patients were diagnosed for systemic sarcoidosis.

Conclusions In numerous cases, APMPPE seems to be the eye expression of a systemic granulomatous reaction.

Commercial interest

• T101
Relapsing Polychondritis and its Orbital Manifestations

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Purpose We describe a 73 year old Chinese Gentleman with bilateral relapsing, remitting orbital inflammatory disease associated with Relapsing Polychondritis (RP).

Methods We reviewed the current literature available on the diagnosis and management of orbital inflammatory disease in RP.

Results Our patient first presented with right orbital inflammation that did not improve despite antibiotic treatment. Computer tomography (CT) of the orbits showed a soft tissue mass along the roof of the orbit, which was biopsied, revealing acute on chronic inflammation. There was complete resolution of his orbital inflammation within 2 weeks of initiating systemic steroid treatment. He subsequently developed recurrent bouts of left orbital inflammation. One year later, he was diagnosed with relapsing polychondritis and subsequently developed multiple myeloma seven years later.

Conclusions In summary, recurrent orbital inflammatory disease should prompt the Oculoplastics surgeon to exclude a systemic autoimmune disease and hematological malignancy. The course of orbital inflammation in RP can be relapsing and remitting. Co-management with a rheumatologist will be helpful to achieve control of the disease with judicious use of immunosuppression. Long-term follow-up of the patient will be necessary to monitor for malignant transformation of the orbital lesion, as well as the development of hematologic malignancies.
**Poster session 2: Glaucoma**

**F001**

**Receptor-targeted liposome-peptide-siRNA nanoparticles represent a novel and efficient siRNA delivery system to prevent conjunctival fibrosis**

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**Purpose**

Glaucoma is the leading cause of irreversible blindness worldwide and fibrosis is the main cause of failure of glaucoma surgery. We have previously described how the MRTF related transcription factor (TGFβ/Smad pathway is intricately linked to all the key pathways in ocular fibrosis. Our aim was to develop a novel liposome-peptide-siRNA (LYR) nanoparticle as an efficient delivery system for MRTF-siRNA in conjunctival fibrosis.

**Methods**

The LYR nanoparticles were characterised with regard to particle size and zeta potential. Real-time qPCR and western blotting were used to compare the silencing efficiency in human Tenon’s fibroblasts using different MRTF-siRNA concentrations, targeting peptides, and liposomes. The cytotoxicity of the LYR nanoparticles was assessed using the MTT cell assay. Three-dimensional fibroblast-populated collagen matrices were also used as a functional assay to measure contraction in vitro.

**Results**

All LYR nanoparticles were strongly cationic with sizes around 100 nm and PDIs ≤ 0.1. The LYR nanoparticles efficiently silenced the MRTF gene by 76% and 84% using 50 nM and 100 nM siRNA respectively. The MRTF gene was also efficiently silenced by 76% and 75% using the targeting peptides Y and ME27 respectively. The MRTF protein expression was significantly decreased by the LYR nanoparticles. The non-PEGylated liposome formulations showed higher silencing efficiency than the cationic PEGylated formulations. The MRTF nanoparticles were also not cytotoxic at 50 nM siRNA concentration and prevented matrix contraction after a single transfection treatment.

**Conclusions**

This is the first study to show that receptor-targeted liposome-peptide-siRNA nanoparticles represent an efficient and safe siRNA delivery system that could be used to prevent fibrosis after glaucoma surgery.

**F002**

**Leuven Eye Study - Baseline and methods**

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**Purpose**

Glaucoma is known to be associated with vascular dysfunction. However, integrating this knowledge in the clinical setting has been limited, considering the majority of vascular oriented studies have been either underpowered or only addressed a small segment of the vascular parameters in strictly selected patients. The Leuven Eye Study aims at bridging this gap by prospectively collecting the largest amount of vascular oriented data in a large real life glaucoma clinic setting.

**Methods**

Prospective, cross-sectional, case-control hospital-based study. Patients with primary open angle glaucoma (POAG), normal tension glaucoma (NTG), glaucoma suspect or ocular hypertension (OHT) and healthy volunteers were recruited. In addition to an ophthalmological examination, a vascular oriented questionnaire was completed and ocular blood flow assessment (color Doppler imaging of retinal blood vessels, retinal oximetry, dynamic contour tonometry, optical coherence tomography) was performed in each subject.

**Results**

620 subjects (297 male) were recruited between March and December 2013. POAG 214, NTG 192, glaucoma suspect 41, OHT 27, healthy controls 146. Mean age was 68.4±12.9 years. Other than IOP there was no difference in demographic variables between glaucoma groups and healthy volunteers. Values for the ocular blood flow parameters are in line with the current literature.

**Conclusions**

The Leuven Eye study stands as the largest clinical trial on ocular blood flow in glaucoma. The creation of this vast database may help integrate the vascular aspects of glaucoma into the clinical practice of glaucoma.

**F003**

**Biomechanical properties of eyes with asymmetrical glaucoma defect**

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**Purpose**

To evaluate biomechanical properties in eyes of patients affected by primary open angle glaucoma (POAG) with marked asymmetrical defects by means of Ocular Response Analyzer (ORA) and Spectral Domain OCT with Enhanced Depth Imaging (EDI SD-OCT) function.

**Methods**

We studied 20 patients (mean age: 56.5±12) with asymmetrical POAG. One eye was classified as mild glaucoma (MG) and the other eye as severe glaucoma (SG) by visual field index. MD: -4.2±1.51 vs -36.6±5.76 dB, p<0.01 and PSD: 3.54±0.85 vs 10.9±5.31 dB, p<0.007. An EDI SD-OCT centered on the optic nerve head and an ORA examination were performed on each of eye subject before and during a IOP increase of 12.5±2.11 mmHg induced by a compression of the globe with an ophthalmodiathermometer. Corneal histeresis (CH), corneal resistance factor (CRF) and laminar displacement (LD) were statistically analysed by Wilcoxon’s rank sum test and Spearman’s correlation test considering significant at p<0.05.

**Results**

After IOP increase we found a decrease of CH: 9.3±3.466 vs 6.9±2.3104 mm Hg, p=0.012 in SG and 8.6±2.16 vs 7.23±2.09 mm Hg, p=0.176 in MG. CRF instead increase: 8.6±2.31 vs 12.3±3.66 mm Hg: p=0.016 in SG and 9.02±1.48 vs 12.2±2.508 mm Hg: p=0.041 in MG. LD was positive in MD 29±8±19.2±8 mm and negative in AG: 6.58±10±9 mm. In AG eyes we found a correlation between LD and CRF (r=0.658, p=0.019) and between LD and Scleral Rigidity (r=0.693, p=0.012).

**Conclusions**

This study demonstrates that in asymmetrical glaucoma the IOP increase changes the eye biomechanics with stiffening of the eye structures that involves not only the lamina cribrosa but also the corneal tissue.

**F004**

**Multicenter clinical trial of high-intensity focused ultrasound treatment in glaucoma patients without previous filtering surgery**

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**Purpose**

To evaluate the efficacy and safety of the ultrasonic circular cyclocoagulation procedure in patients with open-angle glaucoma naive of previous filtering surgery.

**Methods**

Prospective non-interventional clinical trial studied conducted in five French University Hospitals. Thirty eyes of 30 patients with open-angle glaucoma, intravascular pressure (IOP) > 21 mmHg, and with no previous filtering glaucoma surgeries were sonicated with a probe comprising six piezoelectric transducers. The six transducers were activated with a 6s exposure time. Complete ophthalmic examinations were performed before the procedure and at 1 day, 1 week, 1, 2, 3, 6 and 12 months after the procedure. Primary outcomes were surgical success (defined as IOP reduction from baseline ≥ 20% and IOP > 5 mmHg with possible retreatment and without hypotensive medication adjunction) at the last follow-up visit and vision-threatening complications. Secondary outcomes were mean IOP at each follow-up visit compared to baseline, medication use, complications and retreatments.

**Results**

IOP was significantly reduced (p=0.05) from a mean preoperative value of 28.2±7.2 mmHg (n=36, 3.6 hypotensive medications) to 19.6±7.9 mmHg at 12 months (n=31 hypotensive medications and n=11 procedures) (mean IOP reduction of 30%). Success was achieved in 63% of eyes (19/30) at 12 months (mean IOP reduction of 37%) in these. No major intra- or postoperative complications occurred.

**Conclusions**

The ultrasonic circular cyclocuagulation procedure seems to be an effective and well-tolerated method to reduce IOP in patients with open-angle glaucoma without previous filtering surgery.

**Commercial interest**
• F005
Comparison of preservative-free latanopropr and bimatoprost in a multicenter, randomized, investigator-masked cross-over clinical trial

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Purpose
To investigate the efficacy and safety of Bimatoprost Unit Dose Preservative Free (BDUPF) and Latanoprost Unit Dose Preservative Free (LUDPF) in a clinical setting.

Methods
Prospective, randomized, investigator-masked, cross-over comparison. Patients with ocular hypertension or open angle glaucoma (OAG) with an IOP less than or equal to 21 mmHg with a preserved prostaglandin monotherapy at screening were washed out and randomized to receive BDUPF or LUDPF for 3 months and were then switched to the other respective treatment for another 3 months. IOP curves were performed at baseline and after each treatment period, and safety and tolerability were assessed at the two latter timepoints.

Results
Both drugs were effective in lowering IOP at both 3 and 6 months (estimated differences compared to baseline pressures: 4.0±0.5 for both BDUPF and LUDPF, p<0.01 at 3 months; 5.2±0.5 for BDUPF; 3.4±0.5 for LUDPF, both p<0.01 at 6 months). Analysis at 6 months (primary endpoint) showed a difference of 1.6±0.5 mmHg between the two groups, favoring BDUPF (p<0.01). An intra-subject IOP difference of 0.9±0.2 mmHg in favor of BDUPF was observed (p<0.01).

Conclusions
This study demonstrates a superior efficacy of BDUPF over LUDPF in lowering IOP.

Commercial interest

• F006
Double-hump sign on gonioscopy: definitive plateau iris? A cross-sectional study using ultrasound biomicroscopy

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Purpose
Plateau iris configuration (PIC) is a rare condition involving an angle closure unrelated to pupillary block. It may be defined by a narrow angle and a double-hump configuration on gonioscopy. Plateau iris syndrome (PIS) may lead to acute angle-closure glaucoma due to an anterior displacement and rotation of the ciliary body. It has been proposed that ultrasound biomicroscopy (UBM) is helpful in PIC/PIS diagnosis. Our work aims to describe UBM quantitative and qualitative findings in patients whose gonioscopy suggested a PIC/PIS.

Methods
Cross-sectional study involving patients with a double hump gonioscopic finding. UBM was then performed by a blinded observer and evaluated for the presence of following ultrasonographic (US) criteria: 1) a thick flat iris, 2) a sharp, square root angulation on its insertion, 3) an anterior rotation of the ciliary body, 4) anodical cilary sulcus narrowing, 5) iris-trabecular apposition and 6) a relatively normal anterior chamber (AC) depth. Only high-quality images were accepted.

Results
From Sep 14-May 15, 35 patients (59 eyes) were recruited. Only 3 eyes presented the six US criteria, 23 eyes filled five of the criteria, 13 satisfied four criteria, 16 presented three criteria and 4 two criteria. The most commonly verified criteria (over 95% of them) were a thick and flat iris and a square root insertion. There was no association between any of these criteria and sex nor age (p<0.10). Furthermore, the presence/absence of these criteria did not correlate with either anterior chamber depth, lens vault and lens length (p>0.10).

Conclusions
The majority of patients presenting with clinical iris plateau syndrome do not fulfill the entire US criteria for this condition. However, the US-based iris morphological parameters seem to be present in nearly all iris plateau patients.

• F007
How accurate are optometrist referrals for glaucoma in the NICE era?

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Purpose
To determine if the reason(s) stated by the optometrist affect the likelihood of receiving a specialist referral for glaucoma.

Methods
Optometrist referrals in Portsmouth are streamlined through the Glaucoma Referral Scheme (GRRS). We retrospectively analysed 100 positive and 100 negative referrals to the GRRS. Positives: those referred on to secondary care glaucoma clinic; negatives: those discharged from the GRRS. Reason(s) for referral were determined and classified: intraocular pressure (IOP) optic disc changes (OD), visual field (VF) and an anterior rotation of the ciliary body (4) intoadical cilary sulcus narrowing, 5) iris-trabecular apposition and 6) a relatively normal anterior chamber (AC) depth. Only high-quality images were accepted.

Results
From Sep.14-May 15, 35 patients (59 eyes) were recruited. Only 3 eyes presented the six US criteria, 23 eyes filled five of the criteria, 13 satisfied four criteria, 16 presented three criteria and 4 two criteria. The most commonly verified criteria (over 95% of them) were a thick and flat iris and a square root insertion. There was no association between any of these criteria and sex nor age (p<0.10). Furthermore, the presence/absence of these criteria did not correlate with either anterior chamber depth, lens vault and lens length (p>0.10).

Conclusions
The majority of patients presenting with clinical iris plateau syndrome do not fulfill the entire US criteria for this condition. However, the US-based iris morphological parameters seem to be present in nearly all iris plateau patients.

• F008
A pilot study of survey on patient satisfaction and its meaning in an Glaucoma outpatient

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Purpose
To assess the degree of patient satisfaction and its correlation with the subjective satisfaction score of the ophthalmologist.

Methods
A prospective, blind study. A simple and short questionnaire is given to the patients. Patients were asked to fill in the questionnaire including 4 questions with a 1 (lowest) to 5 (highest satisfaction) scores.

1. The score the ‘care’?
2. The ophthalmologist?
3. Recommend of the outpatient?
4. Recommend of the specialist?

The ophthalmologist gives her subjective score in three fields:
1. The quality of consultation (Qc).
2. The interpersonal ‘click’ with the patient.
3. Her ‘mood’.

The consented patients will be called for more spontaneous explanation.

Results
Patient’s score: 90% gave high scores ≥3.
Ophthalmologists score: neg. click with 15%, natural: 48% and good click: 36%, her mood: 95% high scores.

Conclusions
The majority of patients presenting with clinical iris plateau syndrome do not fulfill the entire US criteria for this condition. However, the US-based iris morphological parameters seem to be present in nearly all iris plateau patients.
**F009**

**Corneal and optic nerve head biomechanical changes after deep sclerectomy**

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**Purpose**

To evaluate corneal and optic nerve head (ONH) biomechanical changes following nonpenetrating deep sclerectomy (DS).

**Methods**

Forty-nine eyes undergoing DS were prospectively studied. Changes in corneal hysteresis (CH) and corneal resistance factor (CRF) using the Ocular Response Analyzer, as well as changes in prelaminar thickness, cupping and lamina cribrosa (LC) position using EDI technology before surgery and 3 months postoperatively were obtained. Simple and multiple linear regression models were used to determine predictive factors of ONH changes including age, corneal central thickness (CCT) and axial length (AL).

**Results**

Mean corneal compensated IOP significantly decreased by 27.9 % (P<0.001). Mean CH increased and CRF decreased by 18.4% and 16.1% respectively (P<0.001) and both were significantly correlated with IOP reduction (P<0.001). There was a significant reversal of ONH cupping mainly due to a prelaminar tissue thickening (P<0.001). Mean preoperative AL correlated with the preoperative LC thickness (R=0.459, P<0.012) and a further anterior displacement of LC postoperatively (ΔLC=0.207, P<0.044). A significant association was found between ONH cupping reversal and both preoperative ICP (P=0.046) and preoperative CRF (P=0.002).

**Conclusions**

CH increased and CRF decreased significantly 3 months after NPSD and these changes correlated with IOP reduction. A significant cupping reversal mainly due to changes in prelaminar tissue thickness was observed. The magnitude of IOP reduction was the most significant factor in both corneal and ONH biomechanical changes.

**F010**

**Selective laser trabeculoplasty: Results on intraocular pressure and number of topical antiglaucoma medications**


**Purpose**

To evaluate results at one year of selective laser trabeculoplasty (SLT) on intraocular pressure (IOP) and assess if differences are related to number of topical treatments in ocular hypertension (OHT) and open angle glaucoma (OAG) patients.

**Methods**

We performed a retrospective chart review of 106 eyes treated by SLT. Indications for SLT treatment were insufficient IOP control, allergy, discomfort or non-compliance to antiglaucoma treatment. Only patients with at least 1 year of follow-up after SLT were included. IOP was measured before and at 1, 6 and 12 months after SLT. All IOP measurements were performed with Goldmann application tonometry.

**Results**

106 eyes of 86 patients untreated (n=13), or treated with one (n=25), two (n=39) or three (n=28) topical antiglaucoma medications were included. Mean preoperative IOP was 19.4±3.0 mmHg (respectively 21.1±2.7, 19.8±3.1, 19.1±4.2 and 18.9±3.4 mmHg corresponding to the group without, one, two or three treatments) and 15.7±3.1 mmHg at 12 months (respectively 16.2±3.5, 15.6±2.6, 15.6±3.4 and 15.2±2.8 mmHg for each group) which corresponds to an average decrease of 18.3% (respectively 23.7%, 19.7%, 17.2% and 16.1% for each group). At 1 year, 62.2% (n=66) were responders (>30% IOP reduction from baseline IOP =15.5% of IOP baseline): 92.3% without treatment (n=12), 68% with one (n=17), 50% with two (n=23) and 50% with three treatments (n=14). The average IOP of responders decreased from 20.7±3.4 to 15.2±2.9 mmHg (26.6%), respectively from 20.8±2.6 to 15.4±3.2 (25%) without treatment, from 20.6±3.2 to 14.9±3.7 (27.3%) with one, from 20.4±4.1 to 15.5±3.3 (25.1%) with two and from 20.7±3.2 to 14.4±2.4 mmHg (29.7%) with three treatments.

**Conclusions**

Lowering of IOP and number of responders after SLT appears to be more important in OHT and OAG patients with less topical antiglaucoma treatment.

**F011**

**Primary open angle glaucoma treated by high intensity focused ultrasound (HIFU) with the 2nd generation probe**

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**Purpose**

To assess the safety and efficacy of Ultrasound Ciliary Plasty (UCP procedure) using HIFU (high intensity focused ultrasound) with a second generation probe which increases the treatment surface area and the firing duration in patients with primary open angle glaucoma.

**Methods**

Prospective clinical series performed in two University Hospitals, on eighteen eyes of eighteen patients with primary open-angle glaucoma, treated with the EyeOP medical device equipped with six miniaturized cylindrical piezoelectric transducers of a new generation with an increased lesion volume. All eyes were treated with an 8-second exposure time per transducer.

**Results**

Mean preoperative IOP was significantly reduced from 28.4±5.4 mmHg before treatment to 17.4±3.8 mmHg at last follow-up. Complete success rate, as defined by an IOP reduction ≥30% and IOP≤5 mmHg after one UCP procedure was 84%. The mean IOP reduction achieved in responding patients was 42%. No major intra- or post-operative complications were observed. Clinical examination showed no lesions of ocular structures other than the ciliary body and no or few signs of intraocular inflammation after treatment.

**Conclusions**

Coagulation of the ciliary body using high intensity focused ultrasound carried out with the new-generation of miniaturized transducers is a simple, well-tolerated procedure which enables to significantly reduce the intraocular pressure in patients with Open Angle Glaucoma.

**Commercial interest**

**F012**

**Glucoma patient satisfaction after switching from preserved treatment to preservative-free latanoprost; results from the PASSY survey in three European countries**

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**Purpose**

An European survey was implemented to evaluate patient satisfaction especially after the switch from a preserved prostaglandin to the preservative-free (PF) latanoprost (Monoprost®).

**Methods**

Multicentre, epidemiological, retrospective survey. OHT/glaucoma patients treated with Monoprost® for 3 months were included. The following data were collected: glaucoma history, previous treatment, reasons for change, tolerance, patient satisfaction, ocular signs and surface disease.

**Results**

1541 patients were included (213 from Germany, 25 from the Netherlands and 1303 from Spain). These results focus on the patients who previously received a preserved treatment (n=1058; 69.4% of patients).

Regarding tolerance, 94.8% of the patients were satisfied or very satisfied with PF latanoprost. The following data were collected:

- Regarding treatment preference: +31.1 switching from travoprost, +23.7 from latanoprost, +37.7 from Xalatan, -100 mm: very good) was 82.4 ± 17.08 for PF latanoprost and 56.1 ± 27.30 for preservative-free treatments.
- Regarding patient satisfaction, PF latanoprost was better or much better tolerated, and for 21% of them was the same.
- Regarding convenience use of artificial tears decreased for 28.4% after switching to PF Latanoprost.

**Conclusions**

Lowering of IOP and number of responders after SLT appears to be more important in OHT and OAG patients with less topical antiglaucoma treatment.
**FO13**

**Intraocular pressure in Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency**

**PURPOSE**
G6PD deficiency is one of the most common human genetic abnormalities, with a high prevalence in Sardinia, Italy, where the reported rates range from 10% to 15%. Hemizygous males have totally deficient erythrocytes. We are unaware of any previous report investigating intraocular pressure (IOP) in G6PD deficiency. The purpose of this study was to assess IOP in G6PD deficient and G6PD normal Sardinian men and ascertain whether there are significant differences between the two groups.

**METHODS**
IOP was measured by applanation tonometry in 104 G6PD deficient and 104 age-matched G6PD normal men. The student t test was used to assess differences in IOP values between the two groups.

**RESULTS**
Mean IOP was 11.94±2.62 mm Hg in G6PD deficient men and 14.29±2.84 mm Hg in G6PD normal men, a not statistically significant result (P = 0.096).

**CONCLUSIONS**
Results suggest that men with G6PD deficiency do not have a higher risk of increased IOP.

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**FO15**

**A high oxygen demand in normal tension glaucoma**

**PURPOSE**
To evaluate relationship between vascular dysregulation and retinal oxygen demand in normal tension glaucoma (NTG).

**METHODS**
Retinal vascular responses of 27 eyes of 18 Caucasian (10♀) individuals with NTG were measured. Subjects were grouped based on their median vascular responsiveness. In each group, retinal vessel oxygen saturation was measured in arterioles and venules (Retinal Vessel Analyser (MEDOS, Germany)). Retinal nerve fiber layer thickness (RNFL) was measured with spectral domain optical coherence tomography (Carl Zeiss Meditec, Dublin, CA, USA) and visual field (VF) with Octopus perimetry (Haag-Streit International, Switzerland). Retinal oxygen concentration per micron of nerve fiber layer thickness (O2-MC) was calculated as follows: oxygen consumption rate = arteriovenous oxygen saturation difference / flow. Oxygen demand was increased in patients with excessive vascular dysregulation, while mean RNFL values were not related to age and/or flicker responses.

**CONCLUSIONS**
This conclusion remains to be confirmed in further studies.

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**FO14**

**Normal tension glaucoma associated with lamina cribrosa defects and complicated of maculopathy: A case report**

**PURPOSE**
Eyes with glaucoma often present modification of the lamina cribrosa, including posterior displacement, thinning, defects and pore deformities.

**METHODS**
A 40-year-old woman with a past medical history for an acute blurred vision of her left eye 5 days ago. Anamnesis did not find any family history of glaucoma, but she described a Raynaud phenomenon. Complete ophthalmoscopic examination was performed, with biomicroscopy, fundus imaging, visual field test (Humphrey field analysis 30-2), optical coherence tomography (OCT) assessment with both Spectralis (Heidelberg) and Cirrus OCT (Carl Zeiss), ultrasonography and fluorescein/intracyanin angiography.

**RESULTS**
The maculopathy was characterized by schisis-like thickening and serum detachment. The presence of lamina cribrosa defects permits anomalous communications between intraocular and extracocular spaces. OCT showed a schisis cavity between the inner and outer retina and a larger outer-layer retinal detachment. The two were connected by a hole in the outer layer near the fovea. The associated subretinal and intraretinal fluid may derive from cerebrospinal fluid that passes through the opening created by the discontinuity of the lamina cribrosa into the subarachnoidal space. This complication usually occurs in case of congenital optic pit.

**CONCLUSIONS**
We describe the case of a patient with a recent diagnosis of normal tension glaucoma, showing a pit-like structure within the ONH. We observed focal areas of laminar holes in the superior pole of the optic disc. This location differs from the congenital and acquired optic pits mostly temporally or inferiorly located. Enhanced Depth Imaging OCT of the ONH exhibited microstructural evaluation of lamina cribrosa defects, especially helpful in case of normal tension glaucoma.
Comparison of Humphrey visual field perimeter and new invented PC-based visual field testing system in healthy people and glaucoma patients.

Purpose The aim of this study was to compare the visual field test in healthy people and glaucoma patients with Humphrey visual field perimeter (HFA) and new invented PC-based visual field testing system (PCVF).

Methods This prospective study included 48 healthy people and 37 glaucoma patients who underwent both HFA and PCVF. Pattern standard deviation (PSD), mean deviation (MD) were compared between the 2 tests using Pearson correlation. Areas under receiver operating characteristics curve (AUCs) for discriminating healthy from glaucoma patients were calculated. The AUCs of MD and PSD from HFA were 0.882, 0.903 and those from PCVF were 0.677, 0.683. The sensitivity at 80% specificity of MD was 81.1% in HFA, 43.2% in PCVF, with the cut off value of PSD at 80% specificity at -2.86dB in HFA and -4.04dB in PCVF.

Results MD and PSD were correlated in glaucomatous eyes (r =-0.48, 0.50 p<0.002, >0.002). The AUCs of MD and PSD from HFA were 0.882, 0.903 and those from PCVF were 0.677, 0.683. The sensitivity at 80% specificity of MD was 81.1% in HFA, 43.2% in PCVF, with the cut off value of PSD at 80% specificity at -2.86dB in HFA and -4.04dB in PCVF.

Conclusions MD and PSD data from HFA and PCVF significantly correlated in glaucomatous eyes. PCVF can be comparable to HAF for visual field testing system.

Glaucoma patient satisfaction regarding tolerance to their prostaglandin treatment: results from the GOAL (Glaucoma patients treated with proOstaglandins; sAtisfaction evaLuation) survey in Europe.

Purpose The high prevalence of ocular surface diseases (OSD) in patients treated for OHT/glaucoma is expected to displease them. To evaluate this, a survey was conducted in three European countries: the Netherlands, Belgium and United Kingdom.

Methods In this multicentre epidemiological survey, the following data were recorded during a visit to the ophthalmologist: glaucoma history, previous treatments and reasons for any change, tolerance, patient satisfaction, ocular signs and the presence of OSD.

Results The data of 793 patients treated with prostaglandins were analysed (368 from the Netherlands, 253 from Belgium and 372 from England). Only 9% of the treatments were preservative-free. A very large number (91.7%) of patients declared to be satisfied or very satisfied with their current glaucoma treatment. The mean score of tolerance evaluated on a Visual Analog Scale (VAS) was 82.7±16.1mm (range from 0mm very bad tolerance to 100mm very good tolerance). At the same time, the survey revealed (displayed in percentage of all patients):

- OSD was diagnosed in 42.5%
- symptoms upon instillation in 31.4%
- symptoms between instillations in 57.3%
- a conjunctival hyperaemia in 32%
- frequent use of artificial tears in 25.1%
- frequent use of tear substitutes was statistically significantly linked to patient satisfaction (p=0.006).

Conclusions A high percentage of satisfied patients (94%) was found in this survey, despite OSD signs and symptoms. Tear film substitutes are commonly prescribed to treat these side effects. Alternative treatment regimes such as preservative free treatments may reduce local side effects and encourage ophthalmologists to convince their patients that local intolerance is no longer inevitable.

Glaucomatocyclitic crisis, a rare cause of unilateral ocular hypertension.

Purpose To report a case of glaucomatocyclitic crisis which is a rare cause of ocular hypertension.

Methods A 40-year-old immunocompetent male patient admitted, with the complaints of blurré vision, photophobia, red eye, and severe pain in the left eye for the last 2 days.

Results Examination revealed mild anterior chamber reaction, corneal edema, appearance of keratic precipitates and a very high intraocular pressure (52 mmHg) with an unresponsive, semi-dilated pupil in the same eye. Gonioscopy revealed open angles in both eyes.

Results He was treated with topical steroids and topical pressure-lowering agents with oral acetylsalicylic. The patient was also evaluated for systemic causes of red eye. Investigations carried out included routine blood tests and ESR, the results of which were all within normal limits. In the following 24 month period, the patient had two further episodes of unilateral IOP spikes associated with cyclitis.

Conclusions This is an interesting and a rare uveitic condition. Although the list of differential diagnoses is long, the condition is relatively quickly identifiable by the presence of remarkable signs and symptoms. Medical and surgical treatments are indicated to reduce inflammation and to prevent long term glaucomatous optic nerve damage related to the high intraocular pressure.
**F022**

**Risk of glaucoma and treatment with systemic antihypertensive treatment - A nationwide study**

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**Purpose**

The aim of the study was to investigate the co-morbidity of antihypertensive treatment and glaucoma in the Danish population throughout 16 years.

**Methods**

The study population comprised of all individuals living in Denmark in the period 1996-2012. The National Prescription Registry was used to identify all claimed prescriptions for glaucoma medication and antihypertensive drugs. Duration analysis models were employed to investigate the associations between antihypertensive treatments and the risk of development of glaucoma. A total of 26,996 observations were used in the estimated risk of developing glaucoma when treated with Calcium channel blockers (CCB), Angiotensin-converting enzyme inhibitors (ACEI), Angiotensin II receptor blockers (ARB), Beta blockers (BB) or Diuretics (DiR).

**Results**

An average age at onset for hypertension was 60.3 years (range: 0-109 years; 55.6 % female). A total of 32.2 % of all patients treated with antihypertensive drugs were diagnosed with glaucoma. The study found that antihypertensive treatment are associated with the risk of developing glaucoma. The risk of glaucoma increased significantly with age and was most strongly associated with ACEI, ARB, and CCB treatment.

**Conclusions**

Antihypertensive drugs are strongly associated with glaucoma.

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**F023**

**Reproducibility of intraocular pressure self-measurement by ICare Home rebound tonometer and comparison with Goldman applanation tonometer**


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**Purpose**

To compare the intraocular pressure (IOP) measurements and reproducibility of the new ICare Home rebound tonometer (RT) with Goldman applanation tonometer.

**Methods**

36 healthy eyes of 36 patients were enrolled. Three IOP measurements were performed with ICare Home by an ophthalmologist (RT-O) then by the patient (RT-P), and with GAT and non-contact tonometry (AIR). All of the subjects underwent an examination including: slit lamp examination, keratometry, and optical measurements of ocular axial length and central corneal thickness.

**Results**

Results of mean IOPs were 16.3 ± 4.8 mmHg (RT-O), 16.2 ± 4.7 mmHg (RT-P), 15.1 ± 2.6 mmHg (GAT) and 16.0 ± 2.9 mmHg (AIR). There was no statistically difference between the 4 methods with random one-way ANOVA or repeated measures (P=0.09) and no difference between each couple of methods after Bonferroni correction for multiple comparisons. Correlation between the tonometers were: r=87.4% between RT-O and RT-P, r=63.4% between RT-O and GAT and r=65.0% between RT-P and GAT. The intraclass correlation coefficients (ICC) were 0.924 for RT-O, 0.854 for RT-P and 0.887 for GAT. Bland Altman plots showed a good agreement between the different methods.

**Conclusions**

IOP measurements with ICare Home by the patient or the ophthalmologist were well correlated to GAT without statistically significant differences. Reproducibility was good and with a good agreement between the different methods of measures.

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**F024**

**Dexamethasone induced glaucoma as part of chemotherapy for T cell lymphoblastic lymphoma.**

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**Purpose**

To describe glaucoma after high dose corticosteroid chemotherapy in an eleven-year-old girl.

**Methods**

Topical steroids are well known to induce a rise in intraocular pressure, but responses to oral steroids are rare. We report a significant elevation in an eleven-year-old girl following high dose dexamethasone treatment as part of her chemotherapy for T cell lymphoblastic lymphoma.

**Results**

Six days after initiation of her first cycle of chemotherapy including oral dexamethasone 4.5 mg bd she presented with headaches, photophobia and blurring of vision. Intraocular pressures IOP were 48 and 52 mm Hg in the right and left eye respectively. Control of IOP was achieved medically, although systemic carbonic anhydrase inhibitor use necessitated admission to intensive care for renal support.

**Conclusions**

Vision threatening IOP rise may be a complication of high dose oral dexamethasone treatment. Routine screening of children undergoing this type of chemotherapy may be indicated.
Cystic macular edema induced by Latanoprost

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Purpose: Prostaglandin analogues are powerful ocular hypotensives that can change the blood-aqueous barrier, developing a CME in patients with some risk factor associated such as previous ocular surgery, aphakia, rupture of the posterior capsule, uveitis history, diabetic retinopathy. We present a case of CME after the administration of Latanoprost.

Methods: OCT SD were used in the diagnosis and follow-up of the patient.

Results: A 32 years old patient, with surgery of congenital cataract at 9 months, and treated with Latanoprost due to a open-angle glaucoma. After one month of treatment, the patient refered decreased visual acuity on his left eye, being the exploration compatible with the development of a CME which had decreased the visual acuity to 0.4. The diagnose was confirmed by OCT. Latanoprost was suspened. It was prescribed nepafenac eyedrops each 8 hours and brimodine each 12 hours. One month later, the AV had improved to 0.7 and showed a decrease OCT macular thickness, with disappearance of cysts and recovery foveal depression.

Conclusions: Although in healthy eyes it has not been possible to establish a causal relationship between the prostaglandin analogues and the development of a CME, it looks obvious that could favor its appearance in eyes with a blood-aqueous barrier alteration especially with previous surgery and rupture of the posterior capsule. In our case, the patient had been previously operated of congenital cataract with no IOL implantation. The OCT appears as a useful non-invasive method for the diagnosis and follow-up of this complication.

F026

The pathophysiology of pseudoexfoliation syndrome is affected by interaction of TGF-ß1 and LOXL1

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Purpose: The cross-linking enzyme hexyl oxidase-like 1 (LOXL1) and profibrotic transforming growth factor (TGF-ß1) play key roles in the pathophysiology of pseudoexfoliation (PEX) syndrome/glaucoma. The purpose of this study was to investigate the interaction between LOXL1 and TGF-ß1 with respect to the PEX-specific disordered matrix metabolism.

Methods: Primary human Tenon’s capsule fibroblasts (HtfC) obtained from patients were treated with TGF-ß1 (0-10 ng/ml) for 12-72 hours without or with preincubation with inhibitors of TGF-ß signalling pathways. Expression of LOXL1 and PEX-specific extracellular matrix components was examined by using quantitative RT-PCR and Western immunohistologic analysis. Direct binding of LOXL1 to TGF-ß1 was analyzed by blot overlay assay and solid phase ELISA using purified LOXL1, recombinant human TGF-ß1, TGFß1-LAP. The effect of LOXL1 on TGF-ß1 signaling was analyzed using TGF-ß receptor signaling real time PCR assays (BioRad) after transient transfection of hTfC with a full length pCMV6-LOXL1 vector construct with empty vector.

Results: TGFß1 significantly increased LOXL1 expression, secretion and enzymatic activity and correlated with enhanced expression of BMP-1, elasitin, fibrillin-1, fibrillin-4 and fibrillin-5 with peak effects at 10 ng/ml for 48 hours. This induction was blocked by TGF-ß receptor inhibitors and inhibitors of the canonical Smad and non-canonical signaling pathways. Direct binding between LOXL1 and TGFß1-LAP was demonstrated by blot overlay assays and ELISA. LOXL1 overexpression temporally upregulates different transcriptional regulators and some protein kinases of p38-MAPK signalling pathway after 12 to 24 hour post-transfection.

Conclusions: The results of this study indicate that the interaction of LOXL1 and TGF-ß1 plays an important role in the PEX-associated abnormal matrix metabolism and fibrosis.

F027

Effects of recurring intraocular pressure elevations on the retina and the autoimmune component

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Purpose: In glaucoma, complex changes of IgG serum autoantibody (Aab) repertoire highlight the possible contribution of an autoimmune component in the pathogenesis of this neurodegenerative disease. An elevated intraocular pressure (IOP) and its fluctuations are considered as major risk factors. The aim of the study was to identify the systemic influence of fluctuations using recurring pressure peaks and drops in a glaucoma animal model.

Methods: Sedated male Long Evans rats experienced a unilateral, intermittent IOP manipulation using a silicone loop adjusted around the eye globe for 1 hour during 27 treatments. The pressure profile included pressure peaks to 35 and 45 mmHg and drops to a physiologic value of 8 mmHg. Contralateral (n=12) and untreated eyes (n=14) were served as controls. Neurodegeneration was determined after paraffin embedded staining and Brn3a staining. Microgli activation was identified after Iba1 staining in retinal cross-sections. Changes of serum immunoreactivities were identified using a microarray approach with a glaucoma specific antigen Setup.

Results: A loss of axon density (as axons/0.05 mm²) of treated eyes (19624±1709) compared to contralateral (21943±1510; p<0.01) occurred, which was confirmed by retinal ganglion cell count. Next to an activation of microglia, upregulated Aab reactivities for GST, transferrin, and NSE were observed (p<0.01) in treated eyes (19624±1709) compared to contralateral (21943±1510; p<0.01) and untreated eyes (22267±1408; p<0.01). ISO was confirmed by OCT. Treated eyes showed a decrease OCT macular thickness and the autoimmune component could be demonstrated using this sophisticated glaucoma animal model.

Conclusions: Although in healthy eyes it has not been possible to establish a causal relationship between the prostaglandin analogues and the development of a CME, it looks obvious that could favor its appearance in eyes with a blood-aqueous barrier alteration especially with previous surgery and rupture of the posterior capsule. In our case, the patient had been previously operated of congenital cataract with no IOL implantation. The OCT appears as a useful non-invasive method for the diagnosis and follow-up of this complication.

F028

Association of microRNA DGCR8 and XPO5 gene polymorphisms with the risk of primary open angle glaucoma occurrence

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Purpose: Many reports suggest the correlation between altered microRNA level and the pathogenesis of glaucoma. It is suspected that disruption in microRNA processing may be the key factor in this process.

Methods: The blood samples of 80 patients affected by primary open angle glaucoma and 250 age matched controls were enrolled to this study. The DNA was isolated from the peripheral blood lymphocytes. The polymorphic variant frequencies of DGCR8 (rs 3757) and XPO5 (rs 1107) genes were determined using TaqMan® SNP Genotyping Assays.

Results: The statistical analysis revealed that the polymorphism of DGCR8 gene did not affect to the risk of primary open angle glaucoma. While, the TT genotype of XPO5 was found to be present mainly in patients not affected by glaucoma (P=0.049746).

Conclusions: In conclusion, it was evaluated that the TT genotype of XPO5 gene might have protective effect on the risk of primary open angle glaucoma. Therefore, future analysis of polymorphic variants of genes involved in microRNA biogenesis could be used for patient’s diagnosis according to glaucoma occurrence.
Purpose To investigate the change of anterior angle morphology after phacoemulsiﬁcation with intraocular lens implantation in eyes with cataract using Swept-Source optical coherence tomography (SS-OCT) in elderly Asian people

Methods One eye of 31 patients with cataract was performed phacoemulsiﬁcation with intraocular lens implantation. Before and after the operation, the postop 1 day and 1 month, the anterior chamber angles were evaluated by SS-OCT (CASIA, Tomey) under dark conditions using three-dimensional angle analysis scan protocol. In order to not to indent eyes, in naturally eye opening status, we obtained SS-OCT scans and analyzed with nasal and temporal quadrant of eyes. AOD, TISA, TIA were calculated automatically by SS-OCT after an observer marked the scleral spurs. (AOD : Angle Open Distance, TISA : Trabecular-Iris Space Area, TIA : Trabecular-Iris Angle)

Results Enrolled 31 patients were 18 men and 13 women. The mean age was 66.71±9.82 years. Preoperative means of AOD, TISA, TIA were 0.51±0.27(mm), 0.21±0.11(mm), 28.83±11.51(°). Postop 1 day and 1month, the means of AOD, TISA, TIA were 0.63±0.19(mm), 0.24±0.08(mm), 32.05±7.54(°), and 0.67±0.24(mm), 0.26±0.11(mm), 36.78±8.46(°). Longitudinal data analysis was conducted based on multilevel model framework. The changes of AOD, TISA, TIA were signiﬁcantly increased linearly or quadratically after adjusting age and gender (p<0.004, p<0.002, p<0.008).

Conclusions The eyes that were performed cataract operation have greater improved anterior chamber angle parameters. It means that cataract surgery can improve aqueous humor dynamic in angle closure suspect or glaucoma patients.

Purpose Decreased reﬂectance within the retinal nerve ﬁber layer (RNFL), observable using optical coherence tomography (OCT), appears to be related to functional loss in glaucoma. In order to investigate this in a quantitative manner, reliable measurements of reﬂectance intensity are needed. However, reﬂectance may not only be affected by pathophysiological changes in tissue properties but also confounded by other effects of ocular media and image quality. This study assesses the repeatability of intensity measurements, before and after normalization aimed to reduce test retest variability.

Methods Data were taken from participants with glaucoma in a test-retest study. Each had peripapillary circle scans acquired from both eyes 5 times within 10 weeks. For each scan, the following were extracted: average RNFL thickness, RNFL intensity, deﬁned as the mean reﬂectance intensity of pixels within the delineated RNFL, sub-RNFL intensity, deﬁned as the mean intensity of pixels between the outer boundary of the RNFL and Bruchs Membrane; and intensity ratio, deﬁned as RNFL intensity divided by sub-RNFL intensity. For each parameter, deviations from the per-eye mean were calculated. The intra-eye standard deviations (SD) were expressed as percentage of the width of the range of observed measurements.

Results The intra-eye SD of RNFL intensity was 12.5% of the range. Normalization reduced the intra-eye SD of intensity ratio to 4.9% of the range, representing a signiﬁcant reduction in absolute deviations with p<0.0001 (Wilcoxon signed rank test). RNFL thickness was more repeatable; with intra-eye SD 0.85% of its range.

Conclusions RNFL reﬂectance intensity varies substantially between scans. However, dividing by the intensity of sub-RNFL tissue greatly reduces this variability. Such normalization allows useful measurements to be obtained.

Purpose To compare the reproducibility of SD-OCT (spectral-domain optical coherence tomography) measurements of RNFL (retinal nerve ﬁber layer) and macular thickness between children and adults.

Methods Seventy-one eyes of 71 healthy myopic children and 71 eyes of 71 normal adults were enrolled. RNFL and macular thicknesses were measured by one operator, with a brief rest between measurements. The two measurements were obtained using the eye tracking and retest function of Spectralis SD-OCT. Reproducibility was evaluated with reference to COVs (coefﬁcients of variation) and ICCs (intraclass correlation coefﬁcients). The ICC values of the RNFL and macular thicknesses were compared, respectively between the two groups, by Fisher’s z-test.

Results The RNFL and macular thicknesses did not differ between the two groups. The COVs of the RNFL measurements ranged from 0.945 to 4.521% in the children’s group and from 0.946 to 1.391% in the adults group. In most of the RNFL sectors, the ICCs of the children group (range: 0.784 – 0.987) were signiﬁcantly lower than those of the adults group (range: 0.986 – 0.993). The COVs of the macular measurements ranged from 0.496 to 1.391% in the children group and from 0.275 to 0.664% in the adults group. The ICCs (range: 0.859 – 0.973) in the children group, signiﬁcantly lower than for the adults (range: 0.989 – 0.995), in all of the macular sectors.

Conclusions The reproducibility of SD-OCT RNFL and macular measurements for healthy myopic children was excellent, albeit statistically lower than for adults.

Purpose Pseudoexfoliation is considered to be the most common identiﬁable cause of open angle glaucoma worldwide and pseudoexfoliative glaucoma (PEXG) patients often require surgical intervention. But no studies are available reporting surgical outcomes of Ahmed glaucoma valve (AGV) implantation in PEXG. This study aims to evaluate the efﬁcacy and safety of AGV implantation in PEXG patients.

Methods A retrospective chart review of 27 eyes of PEXG patients who underwent AGV implantation (n=14) or trabeculectomy (n=13) and 13 eyes of primary open angle glaucoma (POAG) patients who underwent AGV implantation as a primary surgical option was conducted. Postoperative intraocular pressure, number of medications and complications were compared between 3 groups.

Results At postoperative 1,3,6,12 month, intraocular pressure and number of medications were similar between 3 groups. Rates of transient hypotony were signiﬁcantly lower in PEXG eyes with AGV implantation (14.3%) in comparison with those with trabeculectomy (61.5%, p=0.018).

Conclusions AGV implantation as a primary surgical treatment in PEXG patients produced similar intraocular pressure reduction and numbers of medications compared with AGV implantation in POAG patients and trabeculectomy in PEXG patients. And it offers advantage of reduced rate of transient hypotony over trabeculectomy in PEXG. Therefore, AGV implantation may be promising alternative in surgical management of this type of glaucoma.
**F033**
Complementary effects of PlGF inhibition and MMC in the improvement of surgical outcome after glaucoma filtration surgery

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**Purpose**
We previously showed that inhibition of placental growth factor (PlGF) was more effective than anti-VEG-F2 treatment in improving surgical outcome of glaucoma filtration surgery (GFS). In this study, we investigated the complementary effects of mitomycin-C (MMC) and anti-PlGF-therapy and compared it to the combined administration of MMC with aflibercept.

**Methods**
The effect of PlGF inhibitor (SD11D4, ThromboGenics NV) and MMC on surgical outcome was investigated in a mouse model of GFS. The 1st group was treated surgically with MMC 0.02% for 2 minutes; the 2nd group received a combination of MMC and an intracameral (IC) injection of SD11D4 (1 µl, 3.4 µg). MMC together with IC administration of aflibercept (1µl, 3.4 µg) was given to the 3rd group. Treatment outcome was studied by clinical investigation of the bleb every other day.

**Results**
The combination of MMC and SD11D4 was able to significantly improve bleb area as compared to MMC (n=20, p=0.001) by an additional reduction of fibrosis with 10 % at day 52 (n=6, p=0.001). Moreover, all blebs from the combination group survived until day 52, whereas blebs treated with MMC were failed at postoperative day 34 (n=20, p=0.001). As compared to MMC together with aflibercept, the combined administration of MMC and SD11D4 was equally effective in improving surgical outcome (n=15, p=0.088) and reducing the postoperative fibrinotic process in the bleb (n=15, p=0.09). We found that inhibition of PlGF is more effective that anti-VEGF treatment. These data suggest that MMC together with PlGF inhibition may even have complementary effects in the improvement of surgical outcome and might be equally effective as the combined treatment of MMC and aflibercept.

**Commercial interest**

**F034**
Long-term outcomes of cyclodiode treatment for patients with neovascular glaucoma

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**Purpose**
To investigate the outcomes following cyclodiode treatment for patients with refractory neovascular glaucoma.

**Outcome measures**
Sustained IOP reduction, symptom relief, number of medications and progression to phthisis, over a 10 year period. Visual acuity data was also collected.

**Methods**
A consecutive retrospective series of 15 eyes of 14 patients in a single eye unit undergoing cyclodiode treatment between May 1999 to July 2005. Case notes were reviewed.

**Results**
Four patients died before completion of 10 year follow up but are included in the 5 year follow up data.

Symptomatic relief was achieved in all eyes. Four eyes required a single further treatment with cyclodiode at 2 months to 3 years.

Mean IOP prior to treatment was 42 mmHg. Following treatment, mean IOP was 18.5 mmHg at 1 month, 19.6 mmHg at 6 months, 15.33 mmHg at 1 year, 15.67 mmHg at 2 years, 12.92 mmHg at 3 years, 14.38 mmHg at 5 years and 10.1 mmHg at 10 years 

80% of eyes did not require any medication at 10 years. The mean reduction in number of medications used was 2 (2–8).

Phthisis occurred in 5 eyes. In 3 eyes this occurred within 1 year of cyclodiode and in the remaining 2 eyes by 4 years. No patients progressed to evisceration or enucleation. 60% of eyes were NPL at 10 years, with pre-cyclodiode acuities in this group of HMs to PL.

**Conclusions**
Cyclodiode laser treatment is effective for both pain control and maintaining IOP in the long term. It allowed a reduction in the number of topical treatments required.

**F035**
Surgically induced corneal astigmatism after fornix-based trabeculectomy

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**Purpose**
To evaluate the degree of surgically induced corneal astigmatism (SIA) following trabeculectomy and to investigate the relation of SIA with long-term reduction of intraocular pressure (IOP).

**Methods**
Forty-four eyes of 44 patients undergoing fornix-based trabeculectomy were included in this single center, prospective trial. IOP, visual acuity (VA), corneal astigmatism, medication use and adverse events were recorded preoperatively and at 1, 3, 6 and 18 months postoperatively. Changes in corneal astigmatism were analysed using vector analysis. Pre- and postoperative parameters were compared using one-sample t-test. Correlation between SIA and IOP were assessed using Pearson correlation coefficients.

**Results**
Vector analysis of corneal astigmatism revealed a significant increase in the rule corneal astigmatism, reaching a maximum at 1 month postoperatively (1.15 ± 0.8 D, P=0.001) followed by a gradual decline (0.87 ± 0.8 D, P=0.001 at month 18). SIA at 1 month showed a borderline significant correlation with IOP reduction at 3 months (r=0.315, P=0.001). SIA at 3, 6 and 18 months did not correlate with reduction in IOP. After a transient decline at 1 month after surgery, VA recovered to preoperative values at month 3 without need for adjustment of the optical correction.

**Conclusions**
Fornix-based trabeculectomy induces statistically significant with-the-rule astigmatism without affecting long term VA. In our population, maximum SIA, measured at 1 month postoperatively, showed a borderline significant correlation with reduction of IOP at 3 months.

**F036**
Changes in choroidal thickness after intraocular pressure reduction following trabeculectomy

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**Purpose**
To evaluate changes of choroidal thickness (CT) after an acute reduction in intraocular pressure (IOP) following trabeculectomy.

**Methods**
Subfoveal and peripapillary CT and IOP were measured in 40 glaucomatous eyes (40 patients) 1 day before, 1 week and 1 month after the trabeculectomy. The choroid was evaluated using spectral domain optical coherence tomography enhanced depth imaging at the fovea and 1.7 mm superior, temporal, inferior and nasal to the optic nerve head centre. Biseometry was performed preoperatively.

**Results**
The mean IOP was significantly reduced after trabeculectomy at both follow-up visits (P<0.001). The mean subfoveal CT (+SD) increased from 216.1 (±86.1) µm at baseline to 260.3 (±86.9) µm after one week and 243.1 (±87.1) µm after one month postoperatively (P<0.001). The mean CT significantly increased one week after trabeculectomy at all peripapillary locations (P<0.001), however, the thickening of choroid was significant only temporally after one month. There was positive correlation between the magnitude of change in subfoveal CT and the IOP reduction (r=0.518, P<0.001 for the 1-week follow-up; r=0.290, P=0.034 for the 1-month follow-up). The preoperative axial length correlated positively with the magnitude of thickening of subfoveal CT after one week (r=0.651, P=0.002).

**Conclusions**
The subfoveal and peripapillary CT increased with the IOP reduction following trabeculectomy; however, choroidal thickening around the optic nerve disc appeared to be short-term. The thickening of subfoveal CT was found to be related to the greater IOP reduction and longer axial length.
**F037**

Nanomedicine and Ophthalmology: looking forward

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**Purpose**

Nanomedicine has been receiving greater attention in recent years due to the ability to use materials and devices at the size of intracellular structures and molecules, involving systems in the order of less than 100 nm. In particular, nanosized materials can provide substantial advantages when compared to current therapies that are used in the treatment of ocular diseases. Nanotechnology-based approaches are being explored in order to enhance drug permeation, to control mechanisms of drug release and to improve the action of nanocarriers with specific targeting moieties. From biopharmaceuticals to continuous intracocular pressure biosensors and tissue regeneration, nanotechnology provides an impressive range of possibilities to explore and improve patient care.

**Methods**

Herein, we review the most recent literature regarding nanotechnology applications in ophthalmology, highlighting their advantages and challenges to overcome, prospecting them in terms of clinical utility.

**Results**

Nanocarriers, nanodevices and nanosstructured biocouplings with applications in the treatment of ocular diseases are reviewed and their impact in the evolution of ophthalmology is discussed. We present a recent study about nanostructured films composed of drugs encapsulated in nanocarriers with applications in glaucoma treatment. Our results suggest that nanocarriers improve drug delivery and that specific drug amounts can be released during controlled periods of time.

**Conclusions**

Our research emphasizes new trends and applications of nanodevices in ophthalmology. Nanomedicine is definitely part of a paradigm shift in healthcare providing, making it possible to reach excellence in ophthalmological diagnosis and therapeutics.

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**F038**

Quantification of total retinal blood flow via dual-beam bidirectional Doppler optical coherence tomography for the assessment of neurovascular coupling

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**Purpose**

In recent years, the reliability of dual-beam Doppler optical coherence tomography (DOCT), a method for measuring absolute retinal blood flow velocities, has been proven. A simultaneous determination of retinal vessel diameters allows calculating total retinal blood flow. The combined measurement of both parameters also offers the ability to quantify perfusion of the retina under different stimulus conditions and by this getting insight into the mechanisms of neurovascular coupling.

**Methods**

Total retinal blood flow was measured in four healthy subjects at baseline condition (constant illumination of the fundus) and 20 min after this during stimulation with diffuse luminance flicker light at 12 Hz.

**Results**

The average increase in total retinal blood flow during flicker stimulation was about 40%, which is assumed to be caused by an increased firing rate of the retinal ganglion cells. However, when comparing the blood flow in single retinal vessels under both baseline condition and flicker stimulation, the individual increase varied vastly.

**Conclusions**

We think the observed phenomena are caused by resistance changes of the vasodilated vascular network which cause non-linear flow changes in single vessels. Our results show that the measurement of a single retinal vessel alone is not adequate for assessing neurovascular coupling in the retina. To conclude, for gaining insight into the mechanisms and functioning of neurovascular coupling, total retinal blood flow must be assessed.

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**F039**

Combination of Resveratrol with omega-3 fatty acids synergize to counteract VEGF-R pathway in sick retinal pigment epithelium cells mimicking AMD

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**Purpose**

The aim of this work is to assess whether RSV (Resveratrol) can act synergistically with omega-3 fatty acids to modulate VEGF (Vascular Endothelial Growth Factor) signaling pathway in order to identify a new and more effective therapy for the treatment of AMD (Age-Related Macular Degeneration).

**Methods**

In this study, undifferentiated and differentiated human retinal pigment epithelial cells (ARPE-19) were used. The cells were treated with an omega-3/RSV formulation (Resvega®), or a RSV-free formulation or RSV alone for 24h. The expression of key proteins in VEGF signaling pathway was evaluated by Western blotting.

**Results**

We observed that the combination of omega-3/RSV preparation (Resvega®) induces a stronger inhibition of the VEGF-R pathway activation than the RSV-free formulation or RSV alone in sick retinal cells. Surprisingly, Resvega® maintains and increases the functional VEGF-R pathway in normal retinal cells.

**Conclusions**

This work brings a new insight into the mechanism by which omega-3/RSV could counteract AMD and could protect the other eye when AMD is already present.

**Financial Support:** This work is supported by Théa laboratory.

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**F040**

Inhibition of micro-fibrillar associated protein 4 as a potential therapy targeting choroidal neovascularisation in age related macular degeneration

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**Purpose**

To evaluate inhibition of Micro-Fibrillar Associated Protein 4 (MFA4) on choroidal neovascularization (CNV) in a mouse model of age-related macular degeneration (AMD).

**Methods**

A8 experiments compiled with the ARVO Statement for the Use of Animals in Ophthalmic and Vision Research. Female C57BL/6 mice were subjected to laser-induced CNV, and intravitreally injected with either 1µg mMFA4, 5µg mMFA4, 1µg mouse IgG or 1µg aVEGF-A on day 0 and day 7. Fluorescein angiography (FA) was undertaken at day 7 and day 14, and choroids stained for inflammation (CD45) and vasculature (nordictin BA, IB4).

**Results**

FA showed that injection of mMFA4 reduced average lesion size and density on day 7 compared to IgG (p<0.01) and aVEGF-A positive controls (p<0.05) and both mMFA4 and aVEGF-A reduced average lesion size and density by day 14 compared to IgG (p<0.01) and p<0.05 respectively. IB4 staining indicated that both mMFA4 and aVEGF-A treatments also reduced infiltration of macrophages into the lesion site (p<0.01) and p<0.05.

**Conclusions**

These results show that inhibition of MFA4 results in a significant decrease in neovascular lesions in an animal model of AMD. The reduction in macrophage infiltration suggests a potential mechanism of action for anti-MFA4 treatment. Together, this suggests that inhibition of MFA4 could be a potential novel AMD therapeutic.
**F041**
Rescue of photoreceptor degeneration by progesterone in an animal model of retinitis pigmentosa

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**Purpose**
Retinitis Pigmentosa (RP) is a neurodegenerative disease, resulting in progressive death of photoreceptors. A model of RP that have a mutation on the cGMP phosphodiesterase coding gene. The aim of this study is to evidence the neuroprotective role on photoreceptors of progesterone.

**Methods**
Progesterone was orally administered (150 mg/kg at postnatal days 15, 17, 19 and 21). The last day, eyes were enucleated and sectioned or homogenized. Sections were stained with hematoxylin-eosin and TUNEL assay was performed. Alterations of different proteins (pCREB, CREB, BDNF, TNFα and LC3) were determined by western blot (WB). Oxidative stress markers (glutathione (GSH) and malondialdehyde (MDA)) were determined by HPLC. To explore PG mechanism, ARPE-19 PG treated cells were exposed to H2O2 and cell viability was measured. Tissue homogenates were also exposed to a biochemical induction of lipid peroxidation, and the effect of PG was studied.

**Results**
 Hematoxylin-eosin and TUNEL assays revealed that histological degeneration decreased with PG. No differences were observed in WB analyzed proteins between control and retinal retinas. Retinal GSH/GSSG ratio was decreased and MDA increased in all retinas and PG restored these alterations. After H2O2 stress, major viability was detected on ARPE-19 PG treated cells and inhibition of lipid peroxidation was observed in tissue when PG was added.

**Conclusions**
Results suggest that progesterone protection could be related with its antioxidant ability.

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**F042**
Neuroprotection as a therapeutic target in diabetic retinopathy: a basic approach

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**Purpose**
To test the hypothesis that protecting retinal neurons from apoptosis elicited by diabetic stress may prevent the increase of vascular endothelial growth factor (VEGF) in the retina.

**Methods**
Ex vivo mouse retinal explants were exposed to stressors similar to those characteristic diabetic retinopathy (DR), i.e. high glucose (HG), oxidative stress (OS) or advanced glycation end-products (AGE). Retinal cell death was antagonized with octreotide (OCT), a somatostatin analog, and pituitary adenylate cyclase activating peptide (PACAP), two well-documented neuroprotectants. Data were obtained with real time RT-PCR, Western blot, ELISA and immunohistochemistry.

**Results**
Control explants remained viable up to 10 days. Increased apoptosis was observed after HG, OS or AGE, and it was paralleled by increases in VEGF expression and release. Both OCT and PACAP reduced retinal apoptosis. At the same time, they also reduced VEGF expression and release. To get indications about the biological significance of VEGF release by stressed retinal cells, a VEGF trap (VT) was administered to HG, OS or AGE treated retinal explants. The effect of the VT was to further increase cell death induced by treatments.

**Conclusions**
Protecting retinal neurons from diabetic stress also reduces VEGF expression and release, while inhibiting VEGF leads to exacerbation of apoptosis. This suggests that the retina in early DR releases VEGF as a pro-survival factor. Neuroprotective agents may decrease the need of VEGF production by the retina, therefore limiting the risk, in the long term, of pathologic angiogenesis.

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**F043**
Suprachoroidal pocket to collect drugs for treatment of ocular diseases

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**Purpose**
We present the progressive improvement of a surgical procedure for suprachoroidal (sc) administration of drug, as an alternative route for drug administration to the posterior segment of the eye.

**Methods**
25 New Zealand albino rabbit eyes were used in the study. 50 microliters volume of different increasing viscosity formulations were tested: balanced saline solution (BSS), 0.5% sodium hyaluronate solution (SH) and a formulation with patent to different materials: metal cannula or flexible intravenous catheter were tested. Different architecture of the scleral-sc pocket were assayed: large quadrangular area with sutures, rectangular area with small port without stitch and conic with small entrance without stitch.

**Results**
Following items were analyzed: 1) Reflux post-administration: depending on the formulation, BSS and SH 0.5% (100%) versus Formulation (73.33%), on the surgical instrument for administrations 25G and 27G (100%) vs 22G (30%), and on different pocket architecture: quadrangular and rectangular (100%) vs conic pockets (73.33%). 2) Signs of ocular irritation: higher grades of hyperemia and secretion were observed in pockets with stitches. 3) Ocular perforation: 1 eye in quadrangular pocket with stitch. 4) Surgical time: longer in sutured pockets.

**Conclusions**
The possibility of perform a sc pocket with a large conic area, small port and without stitches, permits us to use it as a receptacle for high viscosity formulations or implants for sustained drug delivery, avoiding the risks of intravitreal devices and allowing an easier removal of the implant in case of adverse reactions.

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**F044**
In vivo microdialysis as a new technique to assess ocular pharmacokinetics of topically applied drugs in a rabbit model

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**Purpose**
Although topical drug delivery is the most widely used ocular drug administration route, the in vivo pharmacokinetic profile of topically applied drugs is only inadequately described. This is mainly caused by the fact that in the eye the assessment of in vivo pharmacokinetics is difficult and technically demanding. Here, we propose a new technique for the in vivo assessment of pharmacokinetic parameters of topically applied drugs using in vivo microdialysis in a rabbit model.

**Methods**
8 female New Zealand White rabbits were included in the experiments. A linear microdialysis probe (30 kDa molecular weight cut off [MWCO]) was implanted in the anterior chamber; a concentric probe (20 kDa MWCO) in the posterior segment of the same eye. After a run-in period to obtain stabile conditions, a single drop of ciprofloxacin eye drops was administered on the cornea. Microdialysis samples were collected every 30 min for 6h. Probes were analyzed using HPLC.

**Results**
In the anterior chamber, the maximum total drug concentration was reached after 116±36 minutes (Tmax) and amounted to 0.17±0.28 µg/ml (Cmax). AUC (0-8h) for ciprofloxacin in the anterior chamber was 78.8±67 µg min/ml. In the vitreous, drug concentration was considerably lower. A Cmax of 0.02±0.03 µg/ml was reached after 106±60min. AUC (0-4h) for ciprofloxacin in the vitreous was 0.28±0.70 µg min/ml.

**Conclusions**
Here, we present in vivo microdialysis as a new method for the in vivo assessment of pharmacokinetic profiles. Maximum drug concentration in the anterior chamber was reached approximately 2 hours after single drug administration. Although the drug concentration in the vitreous was considerably lower, the time course of drug concentration was comparable. In summary, our data show that microdialysis is an excellent method to assess in vivo pharmacokinetics with a high temporal resolution.
Purpose Retinal renin angiotensin (RRAS) system has been reported to play a vital role in the retinal angiogenesis pathway. Present study was conducted to evaluate the modulation of RRAS components by quantitative gene expression studies in retina and to evaluate the effect of angiotensin receptor (AT1) blockade in the oxygen induced retinopathy (OIR) experimental model.

Methods Neonatal Wistar rat pups were exposed to high oxygen saturation (75%±2%) chamber, from postnatal day (PD) 7th to postnatal day 12th. On PD 12th the pups were randomised into four groups (n=9) viz. disease control (saline treated), AT1 receptor blocker (ARB) treated (telmisartan), antibody against VEGF (AAV) treated positive control (bevacizumab) and pups grew up in normoxia. On Day 17th Rat pup retina was assessed through fundus imaging and electroretinogram (ERG); by MICRON III. Rat pups were then sacrificed and retinas were extracted to study the gene expression of RRAS components (renin, angiotensinogen, AT1 receptor & ACE), VEGF and HIF 1α in various test groups. Flat mounted ADPase stained retinas were subjected for light microscopy. Rat pups plasma, vitreous and retina were subjected for LC-MS/MS.

Results of RAS components (renin, angiotensinogen, AT1 receptor & ACE), VEGF and HIF 1α in various test groups. Flat mounted ADPase stained retinas were subjected for light microscopy. Rat pups plasma, vitreous and retina were subjected for LC-MS/MS.

Conclusions Present study shows Intervening in the over activated RRA system through angiotensin receptor 1 blockade was able to regulate this system in experimental model of ROP. Further studies are in progress to understand the RRAS mechanisms involved in ROP.

• F046

Ghrelin inhibits choroid-retinal cell migration, proliferation and in vitro angiogenesis, under a high glucose environment

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Purpose Ghrelin is a peptide expressed in many organs and tissues. Recently, ghrelin has been implicated in the pathophysiology of proliferative retinopathy, although its true involvement remains unclear. The aim of this study is to test the effect of ghrelin in the migration, proliferation, apoptosis and in vitro angiogenesis of primate choroidal retinal endothelial cells (RF/6A), cultured under high glucose conditions.

Methods RF/6A cells were incubated for 24 hours with different glucose concentrations (0-300mM). Cell migration was assessed using wound-healing assay. Colorimetric immunoassay was used for the quantification of cell proliferation, based on the measurement of Britil incorporation. Cell apoptosis was assessed by TUNEL technique. For each glucose concentration, the effect of ghrelin (10-10 to 10-5nM) was determined after 24 hours of incubation. The in vitro angiogenesis was assessed by tube formation assay after exposure to the same glucose concentrations and ghrelin (10-7M) for 4 hours.

Results Ghrelin significantly inhibited RF/6A cell migration at every glucose concentrations, although this effect is more consistent under low glucose environment. Ghrelin, at the concentration of 10-7M, significantly reduces cell proliferation at every glucose concentration. In vitro angiogenesis is decreased by ghrelin under a high glucose environment. No di differences on the apoptosis assay were seen.

Conclusions In conclusion, ghrelin significantly inhibits RF/6A cells migration, proliferation and in vitro angiogenesis, under high glucose environment.
• F048
Clinical evaluation of Nidek autorefractometer AR-360A

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Purpose A clinical evaluation of the Nidek AR-360A autorefractometer was performed to examine its accuracy in measuring refraction and visual acuity, in a pilot study for a clinical screening trial (the Northern Finland Birth Cohort Eye Study).

Methods Measurements of the refractive error were obtained from 160 eyes of 80 subjects (mean age 48.9), first objectively with the AR-360A and then subjectively by an optometrist. Agreement with the subjective refraction was calculated for sphere, cylinder, mean spherical equivalent (MSE), cylindrical vectors ±15 and ±20, and presbyopic correction (add). Visual acuity was measured using an ETDRS chart and the autorefractometer. The central corneal thickness (CCT) was measured with pachymetry.

Results The refractive error measured with the AR-360A was lower than the subjective refraction performed by the optometrist for sphere (0.13D ±0.31D p=0.0005), and higher for cylinder (0.11D ±0.18D p=0.0005). The bias between the measurements of MSE, ±15 and ±20 was very low, -0.08D ±0.13D p=0.002, 0.00D ±0.14D p=0.089, and 0.19D ±0.36D p=0.51, respectively. The amount of add measured by the autorefractometer was slightly higher at 0.16D ±0.23D p=0.0005. There was no statistically significant correlation between visual acuity (p=0.650) or CCT (p=0.054) and the difference between the subjective and objective refraction. In 99.4% of the measurements of visual acuity using the ETDRS chart and the autorefractometer, values were within one Snellen line of each other.

Conclusions The Nidek AR-360A autorefractometer is a reliable tool for determining the refraction and visual acuity in a clinical screening trial.

• F050
Testing of an automated tablet-based method for the determination of low contrast near visual acuity in ophthalmic patients

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Purpose To test an automated, tablet-based self-testing method for the determination of low contrast near visual acuity in ophthalmic patients.

Methods The Mobile Assessment of Vision by inTERactive Computer (MAVERIC) system consists of a calibrated tablet computer (Samsung Galaxy Tab S 8.4) running purpose-built software housed in a bespoke physical booth. Near low contrast (25%) visual acuity was measured in one eye using the MAVERIC system and a near ETDRS chart at a distance of 40cm on a population of ophthalmic patients with various retinal conditions. Patients independently completed testing using the MAVERIC system once an explanation of its use had been given. Repeat measures of near acuity were also conducted using the MAVERIC system.

Results The MAVERIC system displayed excellent repeatability. Bland Altman analysis of data showed reasonable agreement between measurements obtained using MAVERIC and the near ETDRS chart. The degree of difference between data sets was consistent.

Conclusions This study demonstrates the potential viability of the MAVERIC self-testing system as a means to test low contrast near visual acuity in ophthalmic patients with a high degree of reliability and thus a potential method of both initial assessment and monitoring of near visual acuity in such patients.

• F049
Assessment of deviation angle and oblique muscle function in strabismus patients using analysis of two-dimensional eye globe pictures in diagnostic gaze positions

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Purpose To develop simple and fast methods of deviation angle and extraocular muscle (EOM) function examination in strabismus patients.

Methods Pictures of eye globes in 12 diagnostic gaze positions were taken. They were analyzed using developed software: for both eyes the program calculated pupil center shift relative to pupil center position in primary gaze for each gaze position in millimeters. 140 volunteers (70 adults and 70 children) without EOM pathology and refraction anomalies were examined to create reference interval database for each gaze position. 148 strabismus patients were examined using developed method and conventional ones: Hirschberg and Fresnel prism tests for deviation measurement, 0.4 scale was used to assess oblique muscle function.

Results Eye globe shifts in healthy adults and children mainly ranged from 3 to 4.5 mm, maximal shifts equaled 6.5 mm in adults and 5.5 mm in children. Correlation coefficient between deviation angle measured with the method and Hirschberg test was 0.797, mean difference between measurements was 1.1°. Correlation coefficient between the method and Fresnel prism test was 0.887, mean difference between measurements was 3.8°. Cluster analysis sorted out 3 degrees of oblique muscle dysfunction measured with the developed method. They in 80% correlated with conventional scale.

Conclusions Developed automated method of deviation angle and EOM function assessment simplifies and objectifies examination of strabismus patients.

• F051
Assessment of interlinked double staircase acuity test

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Purpose To compare a novel visual acuity threshold algorithm using a predictive double staircase method with standard ETDRS logMAR chart.

Methods Software was written in MATLAB to generate a computerised visual acuity test. The algorithm uses a randomised presented double staircase method, the staircases are interlinked using a prediction of threshold based on each prior response. This reduces test duration and increases accuracy. The screen was calibrated using a Vernier scale and the resolution of the test was 0.02 log units. Ten threshold measurement were made for each test, the results expressed as the mean and standard deviation. The test was performed by three observers each with an induced range of refractive errors and compared with the result of ETDRS logMAR acuity using a chart generated with the same screen calibration.

Results Mean staircased acuities were -0.13, 0.02, 0.22, 0.36, 0.56 log unit for 0.5, 1, 1.5 and 2 diopters of defocus respectively. The mean single letterscore logMAR acuities were -0.08, 0.01, 0.17, 0.38, 0.58 log units. The mean error in the staircased test was 0.02 (SD 0.01) log units for all defocus values. The mean difference between the two tests was 0.01 log units (SD 0.09). Bland-Altman plots showed no systematic difference. The mean time to perform the staircased test was 93 seconds (SD 19s).

Conclusions The interlinked double staircase method gives a fast and accurate assessment of visual acuity which compares well with ETDRS logMAR. Ten threshold measures allow error estimation which is not available in a logMAR test. Other advantages over logMAR include a true resolution of 0.02 log units rather than interpolation and random letter generation with no memory effect.
**F052** Significance of Camouflage, Chromatic Acuity and Contour in the Design of Pseudoisochromatic Plates

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**Purpose** Pseudoisochromatic plates use a pseudo-chaotic pattern of image dots to conceal the contour of colour optotypes. By our study we want to improve the understanding of functional principles of pseudoisochromatic plates.

**Methods** The circular elements of red / green pseudoisochromatic plates were varied in size and degree of pseudo chaotic arrangement. Illuminated by standard white D 65, colour optotypes were presented to daltonians and to normal observers, and the rates of failure and success in recognition were recorded.

**Results** Recognition of pseudoisochromatic optotypes is related to the size of elements in a non-linear way. Towards small visual angles, colour optotype recognition may improve due to fusion of the perceived colour of adjacent small elements. Towards large visual angles, colour optotype recognition may again improve due to detection of the individual colours of elements. Weakening of contours by defocus may improve the recognition of colour optotypes due to loss of camouflage. Loss of camouflage also occurs with a more regular, less pseudo-chaotic arrangement of image dots, thus facilitating the recognition of colour optotypes.

**Conclusions** Besides the colours themselves, arrangement and size of coloured elements need careful consideration in designing pseudoisochromatic plates. In application of the plates defocusing has to be avoided.

**Commercial interest**

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**F053** Comparability and reproducibility of four wavefront aberrometers for measuring lower and higher order aberrations in pseudophakic eyes

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**Purpose** To compare measurements of lower and higher order aberrations (HOA) obtained with four different wavefront aberrometers and to assess their reproducibility.

**Methods** This prospective study included pseudophakic otherwise healthy patients. Four wavefront aberrometers were compared. Three of the aberrometers in this study are combined with conical topographers. Two of the devices use a Hartmann-Shack sensor (WASCA, Carl Zeiss Meditec AG, iDesign Advanced WaveScan aberrometer, Abbott Medical Optics), one device works on the basis of ray tracing (iTrace, Tracey Technologies), one device utilizes automated retinoscopy (OPD-ScanIII, NIDEK Co. Ltd.). All patients were measured with an autorefractometer (Topcon, Japan) and also a subjective refraction has been performed. In addition a Purkinjeimeter measurement has been done.

**Results** In total, 51 eyes of 51 patients were included. No patient was lost to follow-up. Mean difference concerning root mean square of all higher order aberrations was 0.013 µm between Wasca and iDesign and 0.113 µm between Wasca and OPD, respectively. Reproducibility was found to be between 0.09 µm (SD 0.06) (iDesign) and 0.14 µm (SD 0.12) (iTrace). Details for higher order aberrations will be presented at the meeting.

**Conclusions** Feasibility was found to be excellent for Wasca and iDesign and was high for iTrace but for the OPD Scan there was a flat learning curve. Reproducibility was found to be good for all devices but slightly weaker for the iTrace device.

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**F054** The Repeatability of straylight measurements using the C-Quant in young and older adults

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**Purpose** To assess the repeatability of retinal straylight measurements using the C-Quant straylight meter and to evaluate the effect of age on repeatability.

**Methods** Twenty-nine young (35.6 ± 9.6 years old) and twenty-three older (61.8 ± 8.7 years old) subjects participated in the study. They were examined with the C-Quant straylight meter. Two readings were taken in two different sessions with a time interval between them from 1 to 3 weeks. Inclusion criteria were distance best-corrected VA of at least 0.8 decimal and without manifest ocular diseases. The repeatability of the straylight was estimated by the Bland-Altman method whereby the mean difference (MD) and the 95% limits of agreement were determined as the coefficient of repeatability (COR).

**Results** Mean retinal straylight was 0.97 ± 0.12 log units and 1.21 ± 0.21 in the young and the older group, respectively. Repeatability of straylight measurements in the entire sample was high (MD: -0.021 log units, COR= ±0.24 log units). The repeatability was better in the younger group (MD: -0.024 log units, COR= ±0.15 log units) than in the older group (MD: -0.021 log units, COR= ±0.24 log units). There were not any significant differences between the two repeated measurements in each group and also in the entire sample.

**Conclusions** The measurement of retinal straylight using the C-Quant showed a good repeatability, although was worse in the older group. The impact of changes in straylight caused by intraocular scatter in the older eye should be considered when measuring straylight in age-related diseases such as cataract.

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**F055** Mesopic Visual Acuity in Type 2 Diabetes without Retinopathy

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**Purpose** Today, the information about the extent to which mesopic visual acuity (VA) is altered in diabetics without retinopathy is lacking. The purpose of this study was to evaluate distance high contrast VA (HC-VA) and low contrast VA (LC-VA) under mesopic luminance conditions in type 2 diabetics without any signs of retinopathy.

**Methods** Thirty-six control subjects and twenty-three diabetics (well-controlled glucose levels) without retinopathy (mean onset duration 8.5±4.42 yrs) were tested. All subjects had best corrected VA of 20/20 or better. VA was measured using the HC (90% contrast) and LC (10% contrast) Bailey-Lovie charts under photopic (85 cd/m²) and mesopic (0.10 cd/m²) luminance conditions with best distance correction worn. The subject was left to dark adapt for 10 minutes in the dark before testing mesopic VA.

**Results** Mean mesopic VAs (logMAR) were significantly worse in diabetics than controls (HC-VA 0.03±0.08 and 0.03±0.08, p=0.01; LC-VA 0.17±0.08 and 0.11±0.11, p=0.05, respectively). Mean mesopic HC-VA was also worse in diabetics than controls (0.56±0.11 and 0.48±0.09, p=0.05, respectively), but with less extent than photopic VA. Mesopic LC-VA was not significantly different between diabetics and controls (0.94±0.11 and 0.91±0.06).

**Conclusions** Distance photopic high contrast and low contrast VA, and mesopic HC-VA were able to detect the worsening of VA in type 2 diabetics before any signs of retinopathy can be detected.
**F056**
Analysis of Mp-1 audio-biofeedback impact on fixation in low vision patient with maculopathy.

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**Purpose**
To study the impact of a low vision rehabilitation strategy based on Nidek MP-1 auditory biofeedback (BFB).

**Methods**
Retrospective study of 39 eyes/26 consecutive patients referred for low vision rehabilitation. Patients received 8 monocular training sessions of BFB, each of 10 minutes duration, 7-14 days apart. Microperecopy, ETDRS VA and Pelli-Robson was performed at the beginning and at the end of the sequence. BFB employs a sound to train the patient to keep a specific gaze position.

**Results**
Age median was 70. Pre-BFB logMAR VA was 1, logCS 0.60. Post BFB logMAR VA was 1, logCS 0.75. Dense central scotomas and eccentric fixation locations were detected in 35 eyes/24 patients, and relative scotomas with central fixations in 4 eyes/2 patients. Mean sensitivity was 7.60 dB pre-BFB, and 8 db post-BFB. Pre BFB fixation stability was 24% within 2°, and 67% within 4°; post BFB, it was 25% within 2°, and 64% within 4°. Bacea analysis showed pre-BFB values for 68.2% Bacea to be 3.6, and 4.6 pre-BFB. After BFB, no significant difference was found for any of the above-mentioned parameters in the sample as a whole. Nevertheless, grouping cases by change in pre vs post BFB Bacea (group A: decrease in Bacea, n= 2); group B: increase in Bacea, n= 18) showed a significant difference in terms of Bacea itself, and in the related fixation stability (p=0.05).

**Conclusions**
Although no significant difference in VA, CS, mean sensitivity, fixation stability at 2° and 4°, and Bacea was found after BFB in the sample as a whole, still there was an improvement in 21 eyes (53.8%) in terms of Bacea and fixation stability. Grouping analysis demonstrated that, while other tested outcome measures were not affected, some cases did respond significantly to BFB improving their fixation stability.
**Purpose** Retinitis pigmentosa (RP) is a group of rare genetic disorders that involve a breakdown and loss of cells in the retina. The objective of this study is to examine long-term effects of low-level laser therapy (LLLT) in patients with RP.

**Methods** The research was implemented for a period of 3 years. For LLLT, a He-Ne Laser with continuous emission at 633 nm (0.1 mW/cm²) was used in patients with RP. In total, 14 patients (7 men and 6 women; 28 eyes) with RP of 56.5 ± 3.2 years were included in the study. Laser radiation was applied: transquapillarity 10 times for 3 min once in two days to the macula. Visual acuity was followed for a 3-year period. The ERG, Amseloscopy AS-2 TOMEY, Test 2B HUE de Roth Farnsworth-Munsell, Kugel perimeter, Humphrey perimeter, Fluorescein angiogram and Amldr test was used.

**Results** The patients had complained of myotopia and decreasing vision. Biomicroscopy showed optic nerve atrophy, and narrow retinal vessels with a typical pattern of retinal pigmentation. Visual fields were reduced to a central residual of 10 degrees. Visual acuity remained unchanged in all patients with RP. There was a statistically significant increase in visual acuity (p<0.001, end of study versus baseline) for RP patients for the period of 3 years after the LLLT. The mid-peripheral absolute concentric scotoma in RP was reduced after LLLT. No side effects were observed during the therapy.

**Conclusions** This study shows that LLLT may be a novel long-lasting therapeutic option for RP. This is highly effective treatment that improves visual acuity for a long time.

References:
**F064**

Evidence for a new model of the human eye - a holographic laser system, biophotonics. The holographic view

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**Purpose**
The authors proposed to verify the eye structure and function as a laser system, position of the image on retina, and properties of bio-luminescence (BL) of the eye, with help of multidisciplinary studies, biophotonic and bionic tests.

**Methods**
Methods demonstrated that the eyes are laser bifocal systems, with nonlinear medium, through multidisciplinary studies up to date in medicine, biochemistry and physics, original biophotonic tests, delayed luminescence DL, self-emission SE tests, and two original models of bionic eye.

**Results**
We detected: errors of the photographic mechanism of human vision; other properties of human eye as holographic laser system; a laser bifocal system; the eye is initiating BL, tract as laser phenomenon, due to internal source of light as phosphate - water; a right position of the images on retina; the amplification of BL along nervous tract, from the eye till to bones and muscles; the IL sense of propagation is reverse nighttime, from brain retina-cornea, show a right position too, as dream; IL properties are: monochromatic, coherent, directionality, rotary polarization, amplified power and information along the nervous system; every color has oscillation plan; nonlinear medium of the cells and organs apply Stokes and anti-Stokes rule, so it was done the first step for psychic processes (vision, memory, thinking, speech) and bionics.

**Conclusions**
The eye is a bifocal laser system that initiates a biological laser phenomenon, IL, a coherent monochromatic, polarized and amplified radiation, and renders holograms in right position on retina, due to eye itself, not to brain. Important applications are in medicine; physics, teaching, bionics etc. Keywords: eye, nonlinear medium, laser bifocal system, BL, biophotonic tests, holography, bionics, view.

**F065**

Bioluminescence - Biological Laser Phenomenon initiated by eye. Biophotonic tests.

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**Purpose**
The study of the characteristics of bio-luminescence (BL) in eyes, optic nerves, brain, spinal cord, muscles, bones, phosphate, water.

**Methods**
Multidisciplinary studies, biophotonic and electronic tests performed at the International Institute of Biophysics Neuss, on biological samples *Onchoryncinus mykiss* (rainbow trout), with photo-multiplier PMS1 and PMS2. The samples optical axis is oriented parallel, obliquely; 90°C and 180°C angles to optical stimulus.

**Results**
BL transmission is present all biological systems studied; energy values are the maximum when the optical axis IL of the sample is parallel to the direction of the external stimuli; appear an optical amplification from the eye to the brain - bones and muscles, and two-optical paths cross over the nervous system.

**Conclusions**
In your eyes, like in bifocal and confocal laser system, any color simultaneously reach from one pole to another. The sense of IL is from inside to outside: daytime, and reverses direction nighttime. The presence of the laser active substance LAS (phosphate, water, liquid crystals) in cells allows stimulation and the propagation of light, step by step, as thermodynamic cycles, but reduce the light speed. By overlapping the ocular optical axis over the object axis, begins conversion non-coherent light into coherent light in the cornea, when on the surface of the cornea appears a geometric place of coherent points, that dispersed light in color components, rotary polarization and separation dextro, levo-gyrate radiation. The BL amplification on the route of the nervous system is produced by interference (cente) as digital optical pulses and by adding visible and caloric energy. IL energy is ultra-weak but has large effects due to energy transformation of each stimulus, as four secondary effects: biochemical, electrical, magnetic, optical (holographic, laser heat).

**F066**

Modulation of the contrast response function of V1 neurons by the pulvinar

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**Purpose**
The pulvinar establishes reciprocal connections with nearly all the visual cortices and is thus in a strategic position to influence analyses taking place at the cortical level. Projections from the pulvinar to the primary visual cortex (V1) are considered to be modulatory, altering decoding properties of neurons without changing their basic receptive field properties. Results from our laboratory, based on optical imaging, have supported this assumption (Soc. Neurosci. Abst. 2011. Vanni et al.).

**Methods**
Here, we investigate further by studying V1 single unit responses during reversible deactivation of the lateral posterior (LP) - pulvinar complex in the cat through microinjections of gamma-aminobutyric acid. Recording and injection electrodes were positioned to obtain overlapping thalamic and cortical receptive fields.

**Results**
No change in the preferred orientation or direction selectivity of V1 neurons was observed during pulvinar deactivation. However, for 67% of the cells tested (n=39-56), the response amplitude to the optimal stimulus was reduced by a mean of 65%. The contrast response function of neurons was modeled with the Naka-Rushton function and analysis of the effects of pulvinar deactivation revealed at least three types of modulation based on the function parameter predominantly affected: 24% of cells had a decrease in Rmax, 13% had an increase in the exponential factor and 11% had a C50 increase.

**Conclusions**
Our results suggest that the pulvinar modulates activity of neurons in the primary visual cortex in a contrast-dependent manner. Consequently, this extrageniculate nucleus is likely to contribute to cortical processing in shaping spatiotemporal activity patterns of V1 neurons.
• **F067**
Evaluation of a portable manual stretching device to simulate accommodation

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**Purpose**
To evaluate the performance of a manual lens stretching device using clinical scanners to analyze variations in lens topography and cross sections.

**Methods**
The stretching device consists of 6 pulling elements, attached to an external ring, which act like an aperture. The anterior segment of enucleated eyes from six-month-old pigs were glued to the device, then the cornea and the posterior segment of the eye were removed. Finally, the whole setup was placed inside a container, which controls the stretching process. Different clinical scanners (Casia OCT, Orbscan and Pentacam) were used to analyze variations in lens shape. Calibrations were achieved using an artificial lens of known dimensions and refractive index.

**Results**
The device allows for a radial increase of 1.8 mm. Lens topography could be analyzed using the Orbscan and the Pentacam. While lens cross sections were obtained using the Casia OCT and the Pentacam. The posterior surface of the lens could not be correctly visualized. With our tests we observed changes in porcine lens diameter, shape, surface topography and dioptric power during stretching.

**Conclusions**
This stretching device allows for the analysis of the anterior surface and cross sections of the lens. Its capabilities are comparable to larger static stretchers, but has the advantage of being portable, allowing it to be used with the clinical scanners the center already has destined to patients, making it a cheaper alternative. However, the forces can’t be measured.

• **F068**
Objective assessment of cataract: Comparison between the Lens Opacities Classification System III and a Scheimpflug camera

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**Purpose**
Develop an automatic system for cataract classification using the Sirius Scheimpflug for both nuclear and cortical cataract.

**Methods**
Scheimpflug images were taken using the Sirius system in 50 patients with nuclear and/or cortical cataract (mean age 69±9.2 years). The nuclear opacity (NO) and cortical opacity was graded by an ophthalmologist according to the Lens Opacities Classification System (LOCSIII) by comparing the slit-lamp image with the LOCS standard nuclear images. A custom-made MATLAB program was used to calculate the pixel intensity value within a region of interest (ROI) of the nucleus and to calculate the percentage of opaque pixels in the cortex.

**Results**
Eighty-nine eyes with nuclear and 81 eyes with cortical cataract were analyzed. Both average and maximum NO pixel intensity units obtained from the ROI had a significant correlation with LOCS III (r=-0.731, P<0.01 and r=-0.738, P<0.01). The average normal NO was 21.77±11.59 pixel intensity units and the mean maximum NO was 38.96±18.52. A significant and positive correlation with LOCS III (r=-0.812, P<0.01) was found when the whole cortex area was analyzed.

**Conclusions**
The results from this study indicate that the Sirius Scheimpflug has a good correlation with LOCS III for lens density measurements. The use of a Scheimpflug camera might be a valuable tool in clinical practice to grade nuclear and cortical cataracts automatically and objectively.

• **F069**
Cataract surgery in adult patients with uveitis

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**Purpose**
To determine current challenges and visual results in patients with uveitis who underwent cataract surgery in 2013.

**Methods**
We retrospectively collected data from every consecutive uveitis patient who underwent cataract surgery during the year 2013 and studied demographic data (age, gender) along with uveitis etiology and therapeutic management. Pre and post-operative anterior chamber flare was measured using the flare photometry. Postoperative rate of macular edema (ME), ocular hypertension, epiretinal membrane (ERM) was also evaluated. Every patient was operated by the same surgeon (BB) and received laser assisted-cataract surgery and AcrySof REstOR SN6AD1 IOL implantation.

28 eyes of 24 patients were operated. The mean age was 57.6 and 24 were female (85.6%). Preoperative mean best corrected visual acuity (BCVA) was 0.90 logMar. A week after surgery mean BCVA was improved to 0.26 logMar. A month later, mean BCVA was 0.26 logMar. BCVA was 0.38 logMar at 6 months and 0.27 logMar at one year. The mean preoperative flare value was 26.4 ph/ms. It increased to 42.8 ph/ms at one day and 35.0 ph/ms at one week. ME was noted postoperatively in 11 eyes (39%). Of which 4 were preexistent. Four eyes (14.3%) had inflammatory glaucoma and ERM was noticed on OCT examination in 6 eyes (21.4%). Oral prednisone was used prior to surgery in 6 patients (25%) and after surgery in 10 patients (41.6%). Four eyes (14.3%) had inflammatory glaucoma and ERM was noted on OCT examination in 6 eyes (21.4%). Oral prednisone was used prior to surgery in 6 patients (25%) and after surgery in 10 patients (41.6%).

**Conclusions**
Cataract surgery in adult patients with uveitis has a satisfactory outcome in most of the cases. It is important to achieve a strict preoperative control of ocular inflammation. The incidence of complications such as macular edema, epiretinal membrane or glaucoma has been dramatically reduced by an appropriate management of the disease.

• **F070**
Anterior segment changes after femtosecond cataract surgery measured with optical coherence tomography and scheimpflug imaging technology

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**Purpose**
To determine changes in anterior chamber depth (ACD), iris-corneal angle (IAC), central corneal thickness (CCT) using optical coherence tomography (OCT) and Scheimpflug imaging technology (STI) in subjects implanted with multifocal intraocular lens (IOL) after femtosecond cataract surgery.

**Methods**
Prospective study of 36 healthy eyes (68.8±7.9 years) undergoing femtosecond laser assisted-cataract surgery and AcrySof Restor SN6AD1 IOL implantation. The anterior segment parameters were measured preoperatively and 1 month after surgery with the Visante-OCT (Zeiss) and the Ocularyzer II (WaveLight AG) systems. Analysis of agreement and interchangeability of the preoperative and postoperative measurements was performed by the Bland-Altman method.

**Results**
After cataract surgery with femtosecond laser, ACD and IAS increased significantly with the Visante-OCT (Zeiss) and the Ocularyzer II (WaveLight AG) systems. Analysis of agreement and interchangeability of the preoperative and postoperative measurements was performed by the Bland-Altman method.

After femtosecond cataract surgery, the ACD and IAS measured with Ocularyzer II showed a significant mean increase of 1.54 ± 0.28 mm and 10.2 ± 4.23 respectively. Also, using the Visante-OCT there was a significant mean increase: 1.27 ± 0.34 mm for ACD and 9.38 ± 6.52 (Temporal) and 8.29 ± 7.13 (nasal) for IAS. CCT showed no significant changes. The range of agreement indicated that the 2 techniques cannot be used interchangeably for preoperative measurement of ACD and IAS.

**Conclusions**
After cataract surgery with femtosecond laser, ACD and IAS increased significantly when measured using OCT and STI. Visante-OCT and Ocularyzer II systems can be used interchangeably for OCT evaluation but not for ACD and IAS.
• **F071**

**Anterior chamber and refractive parameters in diabetic patients according to metabolic status**

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**Purpose** Diabetes Mellitus is associated with changes in refractive parameters. Some aspects already studied were the corneal biomechanics and lens thickness. Although, the discussion about anterior chamber angle and depth is still open. The author objective was to analyze and correlate the anterior chamber depth, lens vault and lens thickness with disease duration and metabolic status.

**Methods** Prospective case-control study. The anterior chamber and refractive parameters were studied using the Visante OCT and the differences between diabetic patients with metabolic control and disease stability were determined (group 1), without (group 2) and group control (3). The metabolic control is based on HbA1c levels. The cut-off considered was 7%.

**Results** A total of 64 patients were evaluated (group 1 – n = 21; group 2 – n = 20; group 3 – n = 23). The mean age was 64.32 ± 7.55 years and approximately 5 years of disease duration. In both groups of diabetic patients we found thicker lens, narrow anterior chamber and higher lens vault compared to control group. There was a difference between diabetic groups exists, but it was not statistically significant.

**Conclusions** The anterior chamber angle and lens vault are influenced by the serum glucose levels. Further studies will be necessary to clarify the physiopathology mechanism responsible for the anterior segment modifications.

• **F072**

**New Parameter for Predicting the Postoperative IOL Position: Preoperative Lens Equator Depth measured by Three-Dimensional Anterior Segment Optical Coherence Tomography**

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**Purpose** To test the hypothesis that the preoperative crystalline lens equator depth (pre-LED) measured by three-dimensional anterior segment optical coherence tomography (OCT) is an effective predictor of the postoperative anterior chamber depth (post-ACD).

**Methods** Thirty-nine eyes that underwent phacoemulsification and implantation of a one-piece, plate-haptic intraocular lens between December 2013 and June 2014 were examined to develop the new algorithm for predicting the post-ACD. The pre-LED was defined as the depth from the back surface of central cornea to the line connecting the intersecting points between the anterior and posterior capsule intraoperatively using 3 D OCT in Catalys (Abbott Medical Optics). The post-ACD was measured by Pentacam (Oculus) in each case at 2 months postoperatively and was analyzed by multiple linear regression for covariance with preoperatively defined variables including the pre-LED, lens thickness, lens vaulting measured by the OCT and the preoperative ACD (pre-ACD) measured by the OCT and Pentacam.

**Results** The mean pre-ACD, pre-LED, A1, lens thickness and lens vaulting was 2.74±0.50 mm (range, 1.75-3.36), 4.14±0.35 mm (range, 3.36-5.91), 23.97±1.37 mm (range, 21.89-27.63), 4.23±0.46 mm (range, 3.01-5.12) and 1.42±0.27 mm (range, 0.82-1.89). Single regression analysis showed significant correlations between the post-ACD and pre-LED, R² = 0.468; P = 0.001; pre-ACD, R² = 0.379; P = 0.001. Using a new regression formula with the two most significant variables (pre-LED and pre-ACD), the post-ACD can be predicted with an accuracy of 47.3%. In the prospective study, the postoperative ACD was predicted with a correlation coefficient of 0.698.

**Conclusions** The crystalline lens equator depth may be a promising preoperative parameter to predict the postoperative IOL position.

• **F073**

**Impact of a pre-cut on clear corneal incision architecture in cataract surgery**

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**Purpose** To assess the influence of a 600 µm corneal pre-cut on incision architecture compared to a stab incision in cataract surgery.

**Methods** This randomised bilateral study included patients scheduled for cataract surgery in both eyes without any other relevant ophthalmological co-morbidities. Preoperatively, optical biometry and topography were performed (IOL Master 500 and the Atlas, both CZM AG). The first eye to be operated was randomly received a corneal pre-cut, or a single-plane stab incision and the second eye received the other incision technique. In the pre-cut group, a vertical cut was performed using a 600 µm guided blade. Incision size was 2.4 mm in both groups. Incision architecture was assessed intra-operatively using a continuous intracapsular-OCT device (ReScan 700, Carl Zeiss Meditec AG, Germany) after the incision, after I/A and after IOL implantation. Additionally, OCT measurements were assessed (Spectraclinical, Heidelberg engineering, Germany) one hour, one week and one month post-operatively. Additionally, autorefraction and subjective refraction were performed at the one month follow-up.

**Results** In total, 40 eyes of 20 patients were included. The intra-operative measurements were possible in all cases and details of the morphology of the incision was visible in nearly all cases. Intra-operative findings of endothelial and epithelial gaping, as well as Descemet detachment correlated well with post-operative findings at the 1 hour follow-up. Correlations between wound architecture and residual astigmatism were found to be weak.

**Conclusions** Intra-operative OCT measurements using spectral-domain technology were found to be useful to observe and document the incision architecture during cataract surgery.

• **F074**

**Small pupil and pupil dilatation methods. Comparative study in cataract surgery**

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**Purpose** To compare dilatation pupil devices implemented on cataract surgery, their advantages and disadvantages.

**Methods** This prospective, interventional study to analyze the following pupil dilatation techniques: iris-retractor hooks and Moryk 5s, Perfect-pupil, Graether, Malyugin and Oasis dilator rings. The following properties were studied: handiness, dilatation obtained, stability, and facility to remove the dilator ring in relation with the form, material, size and length of the necessary incision to proceed with the insertion.

**Results** Iris-retractor hooks are the best option in cases of nodular instability and retropulsion syndrome. The principal advantage is their versatility. Dilator-rings obtained similar results in stability and dilatation. Malyugin and Oasis dilator rings had the best handiness results. Graether and Oasis were the easiest to remove and Moryk and Perfect-pupil the most complicated.

**Conclusions** Having a small pupil is one of the main causes of complications in cataract surgery. There are different surgical devices that allow minimizing intra-operative risks. Each surgeon needs to select the best option compatible with his surgical technique. Our study revealed that the most used devices were the iris-retractor hooks due to the capsular stability that they provide and the Oasis dilator ring because of its flexibility and how easy they are to remove.
**F075**

**Effects of optic's shape for contraction of anterior capsulorhexis**

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**Purpose**
Evaluation of capsulorhexis contraction in two different shapes of hydrophobic acrylic intracocular lenses (IOLs).

**Methods**
The study was conducted on 69 eyes that had undergone cataract surgery. FY60AD (HOYA) or ZCB00V (AMO) were randomly selected and implanted after phacoemulsification. The FY60AD has usual shapes of optics; however, the ZCB00V has rim at peripheral of optics. Anterior retro illumination images were photographed using slit lamp and EAS1000 (NIDEK) at 1 weeks, 1 month, 3 months and 6 months postoperatively. Capsulorhexis opening area were analyzed and the reduction ratios of capsulorhexis area were compared. After that, fibrosis in anterior capsule were also measured using area analysis software (Area Q, S-Tech) after 3 months postoperatively.

**Results**
Reduction rate of capsulorhexis opening area were 5.44±10.15% (FY-60AD) and 0.25±2.36% (ZCB00V) after 6 months postoperatively. There were statistically significance (P<0.01). The area of fibrosis in anterior capsule were 62.24±21.32% (FY-60AD) and 16.90±8.34% (ZCB00V). There were statistically significance, too (P<0.01).

**Conclusions**
The ZCB00V prevent the contraction of capsulorhexis opening area. And the increase of fibrosis is also prevented at the same time. The shape of optics may be an important factor to prevent the contraction of capsulorhexis.

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**F076**

**Effect of Preconditioning Intraocular Lenses in Moxifloxacin Solution**

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**Purpose**
The goal of our research was to investigate the possibility of using drug-loaded intra-ocular lenses (IOLs) as an alternative to topical antibiotic usually prescribed after cataract surgery.

**Methods**
Although widely used in drug release studies due to its simplicity in comparing systems, static conditions are far from reproducing biological conditions. A microfluidic cell mimetizing chamber’s aqueous humor hydrodynamic is a much closer approach. With a volume of 250 µL, the cell is fed with a continuous flow of saline solution at a physiological similar rate.

**Results**
Results showed that 30 days preconditioned IOLs were able to maintain a MIX concentration above the minimum inhibitory concentrations for Staphylococcus aureus, Staphylococcus epidermidis and Streptococcus pneumoniae for 20 days.

**Conclusions**
Further investigation in using moxifloxacin loaded IOLs as effective to prevent post cataract surgery endophthalmitis is encouraged.

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**F077**

**Thermal cataract induced by near infrared radiation (IRR)**

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**Purpose**
To estimate the threshold radiant exposure for 1090 nm IRR and the time evolution of lens damage; to determine the temperature time evolution in the eye during the previously found threshold exposure; and the associated heat diffusion; to investigate if 1090 nm IRR induces cataract photochemically considering irradiance exposure time reciprocity.

**Methods**
The 6-weeks-old albino rats were anesthetized intraperitoneally, ten min before exposure. The pupils of both eyes were dilated with tropicamide. Five min after pupil dilation, the animals were unilaterally exposed to 1090 nm IRR within the pupil area. Temperature was recorded with thermocouples placed in the selected positions of the eye. At the planned post-exposure time, the animal was sacrificed and the lenses were extracted for measurements of forward light scattering and macroscopic imaging.

**Results**
The in vivo exposure to 197 W /cm2 1090 nm IRR required a minimum 8 s for cataract induction with a delayed onset of approx. 16 h. The same radiant exposure was found to cause a temperature increase of 10 ºC at the limbus and 26 ºC close to the retina. The in vivo exposure to 96 W /cm2 1090 nm IRR with exposure time up to 1 h resulted in an average temperature elevation of 7 ºC at the limbus with the cornea humidified and no significant light scattering was induced once week after exposure.

**Conclusions**
An in vivo exposure to 197 W /cm2 IRR at 1090 nm within the pupil for 8 s induces cataract with a time delay. This threshold exposure causes a temperature rise of 10 ºC at the anterior segment of the rat eye. IRR at 1090 nm produces thermal cataract, probably by indirect heat conduction from absorption in tissues surrounding the lens. There is no cataract development given that the limbal temperature increase is below 8 ºC.
Conclusions

Group at 3 years (p=0.0017) and 5 years post treatment (p=0.0001). Metastatic death was not related to patients’ age (p=0.6866), LBD (p=0.3049) or tumour thickness (mm, mean tumour thickness: 11.1 mm; range: 2.6-7.01 mm). Following up ranged from 3 to 22 years, mean 7.55 years. 33 patients died, 18 (17.6%) out of metastatic disease. The metastatic death was not related to patients age (p=0.6866). LBD (p=0.3049) or tumour thickness (p=0.7063) alone. The probability of metastasis free survival according to LUMPO was significantly lower for the metastatic group comparing to the surviving group at 3 years (p=0.0001) and 5 years post treatment (p=0.0001).

Conclusions

LUMPO is a useful tool for prognostication for uveal melanoma patients. However, the use of cytogenetic data makes this prognosis more precise.

**F079**

Clinical Experience with the Ruthenium- plaque Brachytherapy in Case of Choroidal Melanoma

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Purpose

The brachytherapy with β-emitting ruthenium plagues is a well-established treatment for patients with choroidal melanoma. This treatment modality has been used in our department since January 2011.

Methods

A retrospective study of 104 eyes with choroidal melanoma that were treated with ruthenium brachytherapy between January 2011 and December 2014. Patients were followed for regression and associated side-effects. The study included patients that had a follow-up time of at least 3 months.

Results

Of the 104 melanomas nine also showed an infiltration of the ciliary body, 32 manifested at a central location and 59 eyes showed an exudative retinal detachment prior to brachytherapy. The mean sclera contact dose was 519 Gy, the mean apical dose applied was 105 Gy. The mean apical depth of the melanoma prior to therapy was 4.3 mm and after 12 months 2.2 mm. In three cases a movement of the plaques was necessary since the plaque did not cover the tumour margins in total because of the diameter of the melanoma. In eight cases the tumour showed regrowth after an initial regression was noticed. All together four eyes had to be removed. In eight cases distant metastasis were detected and two eyes showed a radiation retinopathy.

Conclusions

For the treatment of choroidal melanoma the β-emitting ruthenium plaques represent a therapy with a local tumour control rate of 92.3% and eye salvage rate of 96.2%.
Intraocular tumors.

Intraocular lymphoma may occur as primary ciliary body and choroidal lymphoma which should be considered in the differential diagnosis of marginal zone lymphoma.

Methods: A case report.

Methods: Intraocular lymphoma in the left eye of a 54-year-old man was diagnosed at the Jagiellonian University Medical College in Krakow, Poland. A 38-year-old man was referred for preretinal fibrosis on his right eye. There was loss of vision for more than 8 years with metamorphopsia. The left eye was normal. OCT imaging showed an epithelial fibrosis with extensive macular edema. A 27G vitrectomy was performed. The lamina limitans interna (ilrm) was peeled after staining with Membrane Blue Dual and sent for histopathology.

Purpose: The aim of the study was to describe the clinical characteristics and surgical outcomes of mesectodermal leiomyoma of the ciliary body and choroid.

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Results: The median age at presentation was 37.5 years. The median follow-up period was 27 months. Ultrasonography showed dome-shaped smooth surface with low to medium internal reflectivity and regular internal structure in all tumors. The tumor had a median largest base diameter of 10.4 mm and a median thickness of 7.7 mm. They revealed pinkish colored surface and vessels that more developed than other intraocular tumors. The tumors located on ciliary body only in 4 eyes, on choroid only in 2 eyes, and on ciliochoroid in 2 eyes. 6 patients who had tumors on ciliary body only or ciliochoroid underwent lamellar sclerouveectomy. 2 patients who had choroidal tumor received enucleation or partial excision for biopsy each. On immunohistochemistry, all the tumors were stained positively for smooth muscle actin and desmin. After lamellar sclerouvectomy, the tumor did not show recurrence in follow-up period. But the patient that underwent partial removal of tumor on choroid showed irregularly changing surface with increasing size.

Conclusions: Mesectodermal leiomyoma did not show the recurrence after lamellar sclerouvectomy and malignant change of tumor. However these tumors are difficult to differentiate from other intraocular tumor and to conclude definitely that they do not develop malignant change because they have heterogeneity from benign leiomyoma of other body organs.

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A case report of eyelid basal cell carcinoma with orbital invasion: an alternative to exenteration

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Purpose
Basal cell carcinoma (BCC) is the most common periocular skin cancer affecting eyelids. Lateral canthus location is very rare. The gold standard treatment consists in an extensive surgery which allows the lowest recurrence rate. We report the case of a man suffering of a lateral canthus eyelid BCC with intraorbital invasion and who declined exenteration.

Methods
A 78-year old man consulted his ophthalmologist for a painless right ptosis associated with a tumefaction of the external orbital angle. He had neither oculomotor disorders nor decreased visual acuity. He was referred to our clinic 6 months later; we noticed a worsening of the ptosis up to visual axis and an abduction limitation. Visual acuity was steady. Pathological analysis revealed the diagnosis of BCC. Orbital tomography showed a location near the lacrimal gland with posterior invasion along the lateral rectus muscle. Multidisciplinary meeting suggested performing an exenteration. The patient refused this treatment. A conservative surgery was then suggested. The patient has been informed about risks of dissemination.

Results
We performed a tumorectomy with large excision including the lateral part of upper and lower eyelids, the tumor itself, the lacrimal gland and the lateral orbital wall adjacent to the tumor. Pathological analysis revealed clear resection margins on all samples. The 4-month control revealed no complications.

Conclusions
Exenteration is the gold standard treatment of orbital invasive BCC. In case of lateral canthus lesions, radiotherapy is not recommended because of major risks of orbital recurrences and side effects. Several authors showed that in case of bone-adjacent tumors, bone resection is necessary, because tomography is not specific enough to rule out bone invasion. Despite a complete tumor resection, a long term follow-up is mandatory patients with invasive BCC.
**F088**

Reduced retinal nerve fibre layer thickness in multiple sclerosis patients with and without history of optic neuritis

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**Purpose**

The retinal nerve fibre layer (RNFL) thickness in multiple sclerosis (MS) patients, and without and with previous episodes of optic neuritis (ON), to disease-free controls, using optical coherence tomography (OCT).

**Methods**

The RNFL was measured with a spectral domain OCT (Canon HS-100) in 433 MS patients and in 70 controls. The MS eyes were sorted into three groups: MS non ON eyes (MSON), MS ON eyes (MSON+), and the fellow eye of MS ON (MSON−, fellow). One eye of each patient in the MSON+ group and in the control group was selected randomly for analysis.

**Results**

Seventy control eyes, 327 MSON+ eyes, 106 MSON− eyes and 106 MSON−, fellow eyes were analysed in a linear regression adjusting for age. The average RNFL thickness was found to be statistically thinner in the MSON+ group (88.2±13.0 μm) compared to the controls (98.1±9.0 μm, p=0.00). The average RNFL was thinner in the MSON+ group (77.3±15.2 μm) compared to MSON− eyes and the controls (p=0.00). A paired t-test showed a significant decrease in RNFL thickness in the MSON+ eyes compared to MSON−, fellow.

**Conclusions**

Multiple sclerosis causes RNFL loss. A mean reduction of ~10 μm was found in MS patients without history of ON and a mean reduction of 20 μm was found in MS patients with history of ON compared to healthy controls. This study showed that OCT is a useful tool that provides evidence of neural degeneration in MS patients, with or without the presence of ON.

**F089**

Retinal thickness in children with anisohypermetropic amblyopia

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**Purpose**

To determine the retinal thickness in eyes of children with anisohypermetropic amblyopia, their fellow eyes, and eyes of age-matched controls. To assess the effects of optical treatment on the foveal thickness in eyes with anisohypermetropic amblyopia.

**Materials and Methods**

Twenty-five patients (6.0 ± 2.2 years, mean ± standard deviation) with anisohypermetropic amblyopia and 25 age-matched controls (5.6 ± 1.9 years) were studied. Spectral-domain optical coherence tomography (SD-OCT) was used. The foveal thickness and the thickness of the outer nuclear (ONL), photoreceptor inner segment (IS) layer, and outer segment (OS) layer were measured by the embedded OCT software.

**Results**

The length of the OS was significantly longer in the fellow eyes (48.2 ± 5.9 μm) than in the amblyopic eyes (42.9 ± 4.6 μm, P = 0.03). One year after the optical treatment of the anisohypermetropia, the best-corrected visual acuity (BCVA) improved and the length of the OS was significantly increased (P=0.0001). After optical treatment there was no more significant difference in the OS length between the amblyopic eyes and fellow eyes (P=0.94). The change of BCVA was significantly correlated with the change of the length of the OS one year after the treatment (r=0.54; P=0.0004).

**Conclusions**

We found anisohypermetropic amblyopic eyes had qualitative and quantitative differences in the microstructures of the retinal photoreceptor layers from control eyes. An increase in the OS length was detected in the amblyopic eyes after the optical treatment. There was a significant correlation between the increased OS length and better BCVA.

**F090**

Seasonal variation of the pupil light reflex

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**Purpose**

Variation of retinal light sensitivity between winter and summer seasons may be a marker for seasonal affective disorder and the basis for response to phototherapy. As the pupil is a marker of retinal light sensitivity and shows a 24-hour variation that reflects circadian rhythm, we used the pupil as proxy to assess light sensitivity of rod, cones and melanosin as a function of seasonal light in healthy adults.

**Methods**

37 adults were tested during the short (January-February) and long (July-August) annual photoperiods. All subjects completed standardized questionnaires of seasonality and sleep. Pupil responses to blue (470nm) and red (622nm) light were analysed in a linear regression adjusting for age. The average RNFL thickness was found to be statistically thinner in the MSON+ group (88.2±13.0 μm) compared to the controls (98.1±9.0 μm, p=0.00). The average RNFL was thinner in the MSON+ group (77.3±15.2 μm) compared to MSON− eyes and the controls (p=0.00). A paired t-test showed a significant decrease in RNFL thickness in the MSON+ eyes compared to MSON−, fellow.

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**F091**

Evaluation of the retinal nerve fiber layer thickness and its relation to visual evoked potentials in multiple sclerosis

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**Purpose**

To evaluate the retinal nerve fiber layer (RNFL) thickness by optical coherence tomography (OCT) in Lithuanian patients with multiple sclerosis (MS) and to assess the relationship between RNFL thickness and visual evoked potentials (VEP).

**Methods**

From 2011 till 2014 a prospective study involving 71 patients with multiple sclerosis was conducted in Vilnius University Hospital Santariskis Clinic. Center of Neuroscience and Eye Diseases. The epidemiological, clinical, laboratory and instrumental data was assessed: gender, age, oligo/olychondal bands, IgG index, cerebrospinal fluid (CSF), visual evoked potentials (VEP), OCT RNFL and papulomacular bundle (PMB) thicknesses were performed with SD-OCT.

**Results**

The distribution of gender for patients with MS was as follows: men n = 22 (31%), women n = 49 (69%). The age range was 16-70 years. OCT RNFL results were as follows: RNFL average thickness: right eye 85.5 ± 13.5 μm, left eye 86.3 ± 13.2 μm. According to the t-test: the upper nasal (NS) segment averages of right and left eyes differed statistically significantly - 6.6 ± 14.7 μm (p=0.05). There was significant negative correlation between VEP P100 latency and RNFL thickness of the right eye TI segment (r = -0.57, p=0.01) and the left eye PMB segment (r = -0.52, p=0.02). The most damaged segment was the temporal (T) one: right eye 84.56 (n = 60), left eye 90.13 (n = 64). RNFL of both eyes revealed statistically significant mean differences with the IgG index.

**Conclusions**

The most vulnerable segment of the retina is the temporal. If VEP gets prolonged thinning of RNFL is also observed. The CFs index is increased by immunologically more active multiple sclerosis. We think that more active form of MS may be associated with retinal segments violation. Hence we may conclude that RNFL thinning could be related with irreversible progression of the disease.
• F092

Visual dysfunction and its correlation with retinal changes in patients with Parkinson disease

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Purpose: To evaluate visual dysfunction and its correlation with structural changes in the retina in patients with Parkinson disease (PD).

Methods: Patients with PD (n=37) and controls (n=37) underwent visual acuity (VA), color vision using the Farnsworth and L. Anthony desaturated D15 color tests), and contrast sensitivity vision (CSV; using the Pelli Robson chart and CSV 1000E test) evaluation to measure visual dysfunction. Structural measurements of the retinal nerve fiber layer (RNFL), and macular and ganglion cell layer (GCL) thicknesses were obtained using spectral domain optical coherence tomography (SD-OCT). Comparison of obtained data and correlation analysis between functional and structural results were performed.

Results: VA (in all different contrast levels) and all CSV spatial frequencies were significantly worse in PD patients than in controls (P<0.05). Color vision was significantly affected (p=0.05) based on the L. Anthony color test. Macular thinning was detected in the central, outer (inferior and temporal), and superior sectors (p<0.05), and the RNFL had significant thinning in the temporal quadrant (p<0.05). Significant GCL loss was observed in the superior and supranasal sectors and the GCL - minimum inner plexiform layer (p<0.05). CSV was the functional parameter most strongly correlated with structural measurements in PD. Color vision was associated with most GCL measurements. Macular thickness was strongly correlated with macular volume and functional parameters (r=-0.70, p<0.05).

Conclusions: Patients with PD had visual dysfunction that correlated with structural changes evaluated by SD-OCT. Macular and GCL measurements may be reliable indicators of visual impairment in PD patients.

• F093

Effects of smoking during pregnancy on retinopathy of prematurity

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Purpose Background: Tobacco smoking during pregnancy is the first preventable cause of adverse birth outcomes such as vascular and neurodevelopmental disturbances.

Aims: To assess how smoking during pregnancy would affect retinal vascularization causing retinopathy of prematurity.

Design: An observational cross-sectional study.

Methods: Records of preterm newborns (n=293) and tobacco exposure were reviewed. Retinopathy of prematurity (ROP) grading was evaluated in accordance with the International Classification of Retinopathy of Prematurity: Factors were evaluated using a multivariate logistic regression analysis.

Results: Results: Although most children did not develop ROP (74.1%), 30.9% has mild, 9.6% severe and 5.5% aggressive posterior retinopathy. Twenty percent of mothers smoked during pregnancy and 10.2% smoked ≥5 cigarettes per day. Children of smoking mothers showed higher rate of Anterior Progressive ROP (6.9%) than those who were not exposed (5.1%), and as much severe as higher number of cigarettes (10.9% vs 5.1%).

However: these results were not statistically significant (p>0.05).

Conclusions: Conclusions: A tendency to higher severity grades of ROP in connection with heavy tobacco exposure during pregnancy was observed.

• F094

Visual functions in children with congenital myopia and with amblyopia with the same refraction.

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Purpose was to compare visual functions in children with amblyopia and with congenital myopia of the same refraction.

Principal causes of decrease in visual acuity in children with congenital myopia is, besides high myopic refractions, this or that degree of undevelopement of the visual analyzer. The diagnosis at the given pathology is complicated, as often complicated congenital myopia and undevelopment of the visual analyzer identify as amblyopia.

Methods: 93 children (186 eyes) at the age from 5 to 18 years were observed. Children with myopia of the same age with the same refraction have made group of 36 (72eyes). All ophthalmologic observations including visual acuity without and with correction, refractometry, skiascopy, in conditions of cycloplegia, definition of reserves of accommodation, echoscopy of visual axies, ophthalmoscopy, biomicroscopy were carried out. Colour thresholds by Rahn tables, an electroretinography threshold by phosphor, critical frequency of disappearance of flashes by phosphor, binocular vision by color test, stereovision by stereograms (Lang's test II) and time of occurrence of stereoscopic perception were conducted.

Results: The comparative analysis has shown, that at amblyopia with myopic refraction visual functions, such as visual acuity with correction, colour vision, stereovision are decreased more, than at congenital myopia with the same refraction. It is established, that at children with amblyopia colour vision on all colours is significantly decreased (especially dark blue colour thresholds 7.5 ± 4.8 in comparison with 3.2 ± 3.3) in the absence of visible changes on an eye fundus.

Conclusions: Children of both groups had decreased stereovision in the presence of binocular vision. Thresholds of stereovision by Lang's test II (random dot pictures) were specially high.

• F095

Stereovision in patients with intermittent exotropia before and after surgical treatment

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Purpose To determine the effect of the initial stereovision on the outcome of intermittent exotropia surgical treatment.

Methods: 20 patients with intermittent exotropia aged 10-21 years with visual acuity with correction 0.8-0.29 who received surgical treatment were observed. Angle of deviation before surgery was 6-25 degrees, in average 15.7±1.3 deg. for far distance and near in average of 8.2 ± 2.18 deg, vertical component 0-4 degrees was observed in 65% of patients who underwent surgical treatment in accordance with generally accepted surgery tactics - recessions and resections of extraocular muscles (Avetisov E. S., 1977, Von Noorden, E. Campos, 2002). Before and after treatment conventional ophthalmic examination and stereovision were determined using the Test Lung 2 in all patients.

Results: As a result of treatment the angle of exotropia decreased in all patients and was in average 3.9 ± 1.9 degrees for distance and 3.5 ± 1.4 degrees for near. Binocular vision was restored in 76.5% (14) of patients. Before treatment, only 25% (5) of patients showed stereovision for near (200 - 600 arc sec) and 75% (15) did not show stereovision. After treatment, the stereovision for near increased and was detected in 65% of cases (13), compared to 5 that were before treatment (χ2 = 6,4, p <0.01). Alignment of eyes and best stereovision (200-400 arc sec) was found after treatment and appeared in individuals who showed stereovision for near 200 arc see before surgery and the nearest point of convergence less than 6 cm.

Conclusions: Preliminary data suggest that in patients with intermittent form of esophoria good stereovision for near is a favorable factor for the prediction of treatment. In patients with orthotropic position of eyes stereovision after surgical treatment increased in 65% of cases.
• F096
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Purpose To develop and validate a technique for automatic analysis of fixational saccades in clinical practice, and to study age-related changes in these parameters among normal children.

Methods Thirty-six normal children (19 boys and 17 girls, mean age = 9.8 years, range 5-16 years) were examined. Eye movements were recorded during two repeated 30-s fixation tasks from left eye with a video based eye-tracking system (iView XT High-Speed, version 2,7.89 Senso Motoric Instruments, Berlin, Germany). Type: A special software programme was developed for the detection and quantification of fixational saccades including information about the length velocity and back shock of the movements. The number of saccades within a 0.05-degree amplitude intervals were plotted as a function of the amplitude and the plots were fitted to a biexponential function. The amplitude and number defining the maximum of this saccade distribution curve as well as the area under the curve (AUC) were calculated.

Results The total number of saccades per examination was 115.5±71.3 (mean±SD), range 14-276, which amounted to a total of 8315 saccades during the duplicate recordings from all 36 children. There was no correlation between age and the number of saccades per second (r²=0.007, p=0.11), the number and amplitude of saccades at the maximum of the saccade distribution curve (r²=0.0002, p=0.93) and (r²=0.002, p=0.79), respectively, and the AUC (r²=0.009, p=0.08).

Conclusions The technique allows computerized quantification of small fixational eye movements and the extraction of measures of fixation in children that are independent of age. Studies of visual development using these parameters in children will not need a correction for age.

• F097
Comparison of effective group and refractory group to alternative patch treatment in overcorrected intermittent exotropia.
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Purpose To compare effective group with refractory group to alternative patching alone in patients with overcorrection after surgery for intermittent exotropia (İXT).

Methods Medical records of 51 patients with overcorrection after surgery for IXT were reviewed. Alternative patching was prescribed from postoperative day 1 for patients who had esodeviation ≥ 18 PD, or esodeviation ≥ 10 PD after postoperative day 2 weeks. Refractory group was defined as remaining esodeviation ≥ 10 PD at least 3 months of treatment. Premature risk factors were investigated.

Results Of total 51 patients, 30 patients (56.6%) were in effective group and 21 patients (41.4%) were in refractory group. Significant differences were found in gender (Female, Refractory 78.2% vs Effective 46.1%), and preoperative esodeviation at distance (Refractory 27.6±6.5PD vs Effective 25.8±4.5PD). The mean time of alternative patching in refractory group was later (22.4±25.4 days) than in effective group (10.2±9.6 days). The mean angle of postoperative maximal esodeviation at near was larger in refractory group (1.201±6.9PD vs 1.47±8.5PD). The mean time of postoperative maximal esodeviation was later in refractory group than in effective group (at distance: 2.3±2.1 months vs 0.3±0.2 months, P<0.01, at near: 3.4±1.1 months vs 0±0.3 months).

Conclusions Female, large preoperative esodeviation at distance were predisposing factors for refractory to alternative patch treatment in overcorrected IXT. Prescription of alternative patching was later in refractory group. The mean angle of postoperative maximal esodeviation was larger and the mean time of postoperative maximal esodeviation was later in refractory group. Postoperative changes in angle of deviation was significantly larger in refractory group since 1 month.

• F098
Ptosis and diplopia after incidental botulinum powder exposure
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Purpose To report the occurrence of an unilateral ptosis and diplopia not direct injection of botulinum but incidental botulinum powder exposure.

Methods This is a case report of botulinum powder's local effect.

Results Thirty-years old woman visited our hospital due to ptosis and diplopia. She did botulinum powder purification at her laboratory and incidentally botulinum powder was spattered to her right eye. Two days later, right lid ptosis was developed and the next day, diplopia was occurred. She also showed right eye pupil dilatation and hypotropia. She was taken brain MRI and we couldn't find pathologic lesion. One month later, the day, diplopia was occurred. She also showed right eye pupil dilatation and hypotropia.

Conclusions She was taken brain MRI and we couldn't find pathologic lesion. One month later, the day, diplopia was occurred. She also showed right eye pupil dilatation and hypotropia.

• F099
Consecutive esotropia in contralateral recess-resect for recurrent intermittent exotropia after unilateral recess-resect
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Purpose To report consecutive esotropia in contralateral recess-resect for recurrent intermittent exotropia after unilateral recess-resect. To evaluate the surgical outcome of ‘modified contralateral recess-resect’ for intermittent exotropia after unilateral recess-resect.

Methods 36 subjects were included in this retrospective study. All underwent, as a primary surgery for intermittent exotropia, unilateral recess-resect on the non-dominant eye. They were assigned to the subsequent contralateral recess-resect(CRR, n=19, surgical dosages based on Wright’s surgical table) or modified contralateral recess-resect(MRR, n=17, surgical dosages 5a reduced on Wright’s surgical table) for recurrent esotropia. Surgical success rate was evaluated. Recurrence rate or prism glasses prescription rate due to consecutive esotropia was evaluated.

Results The mean follow-up duration after the reoperation was 25.8 months in CRR group and 24.0 months in MRR group. Surgical success rate was 47.4% in CRR group and 76.5% in MRR group (p=0.078). Recurrence rate was 0% in CRR group and 17.6% in MRR group (p=0.059). Re-operation rate or prism glasses prescription rate due to consecutive esotropia was 52.6% in CRR group and 3.9% in MRR group (p=0.003).

Conclusions Final outcomes were better in MRR group than in CRR group. Consecutive esotropia was significantly more frequent in CRR group than in MRR group. To reduce consecutive esotropia in surgery for recurrent esotropia, MRR is recommended.
**F100**

**Ophthalmic insert for pupillary mydriasis in neonates**

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(4) Data Mining International, Geneva, Geneva, Switzerland

**Purpose** To study the efficacy and tolerance of ophthalmic insert Mydriasert® versus standard treatment phenylephrine and tropicamide eye drops for fundus examination in neonates.

**Methods** Prospective, randomised, single-blinded non-inferiority study of 80 premature and full-term babies and infants treated for fundus examination. Mydriasis was obtained with two groups randomly assigned. The eye drop group received three instillations of 2.5% phenylephrine and 0.5% tropicamide and the insert group received Mydriasert® containing phenylephrine and tropicamide; the mydriasis was evaluated 75 minutes after the introduction of the mydriatic agents.

**Results** The mydriasis was successfully achieved in both eyes in 97.5% of infants in the insert group and 90% in the eye drop group at 75 minutes after dispensation. The efficacy of the insert was non-inferior compared to the eye drops. To reach effective mydriasis, the insert group required fewer nursing interventions for one patient comparing to the eye drop group. Good general and local tolerance was observed in the two groups. However two patients reported an adverse event as bradycardia and gastro-esophageal reflux that could be related to neonate pathology.

**Conclusions** Mydriasis obtained with the ophthalmic insert Mydriasert® was not inferior compared to standard eye drop treatment. Insert reduced the number of nursing interventions to obtain mydriasis for a fundus examination.

**F102**

**Diplopia as presenting sign of Turcot syndrome**

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**Purpose** To describe a patient with diplopia who was diagnosed with Turcot syndrome.

**Methods** A 10-year-old boy presented with a history of left-sided sixth and seventh nerve palsy. He underwent the work-up of the brain and colon, full ophthalmologic and genetic work-up.

**Results** A 10-year old boy was referred with combined left-sided sixth and seventh nerve palsy since one month without symptoms of raised intracranial pressure. BCVA was 6/6 in both eyes. Fundoscopy revealed bilateral, multiple, oval pigmented ocular fundus lesions (POFLs) in the 4 quadrants. These POFLs, together with cranial nerve palsies raised the suspicion of Turcot syndrome, a familial neoplasia syndrome characterised by familial adenomatous polyposis and tumours of the central nervous system. Urgent MRI scan of the brain and stereotactic biopsy showed a primitive neuroectodermal tumour (PNET) at the pons. Coloscopy revealed multiple polyps. DNA analysis of the APC gene confirmed the clinical diagnosis of Turcot syndrome. The PNET was treated with combined radio- and chemotherapy. The patient underwent a prophylactic total colectomy as virtually all patients develop a carcinoma of the colorectal region if left untreated.

**Conclusions** Diplopia in childhood is rare and seldom innocuous. It requires a prompt and thorough diagnostic evaluation. The presence of POFLs should alert the clinician to the possibility of Turcot syndrome. Recognition of this rare syndrome can lead to earlier diagnosis, which is vital to appropriate surveillance and early surgical intervention of the highly frequent neoplasms in Turcot Syndrome.

**F103**

**Double depressor palsy after bilateral paramedian thalamus infarction**

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**Purpose** We report a rare case of double depressor palsy after bilateral paramedian thalamus infarction.

**Methods** Case: A 47-year-old male presented with complaints of diplopia upon awakening. He had atrial fibrillation, mitral valve regurgitation, aortic valve regurgitation and a history of spleen infarction 1 year prior. His right eye was hypertrophic and right eye downgaze was limited unilaterally of equal degree in adduction and abduction. Right eye horizontal and upward movements were intact. Left eye movement was intact in all directions. Pupillary light reflex response and convergence test were normal. Nystagmus was not observed.

**Results** The patient was diagnosed with double depressor palsy of the right eye. Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) of the brain showed an old infarction of the left thalamus and diffusion MRI showed acute infarction of the right thalamus. The patient's daily warfarin dose was 2 mg and was increased to 5 mg with clobetasol 7.5 mg two times a day. Seven weeks later, the patient's ocular movement revealed near normal muscle action and, subjectively, the patient was diplopia-free.

**Conclusions** The patient presented with bilateral thalamic lesions and was diagnosed double depressor palsy. The paramedian territory is supplied by the paramedian (or thalamoperforating) arteries which arise from the P1 segment of the PCA. The presence of POFLs should alert the clinician to the possibility of Turcot syndrome. Recognition of this rare syndrome can lead to earlier diagnosis, which is vital to appropriate surveillance and early surgical intervention of the highly frequent neoplasms in Turcot Syndrome.
**F104**

**Correlation between peripapillary retinal thickness and serum level of vascular endothelial growth factor in patients with POEMS syndrome**

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**Purpose**

to determine whether there is a significant correlation between the peripapillary retinal thickness (pRT) and the serum level of vascular endothelial growth factor (VEGF) in patients with polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, and skin changes (POEMS) syndrome.

**Methods**

This was a cross-sectional, observational case series. We studied 34 eyes of 17 treatment naïve patients with POEMS syndrome whose intracranial pressure (ICP) was within the normal range. The spectral-domain optical coherence tomographic (SD-OCT) examinations consisted of circle scans around the optic disc (3.45 mm in diameter). The pRT was automatically measured in the SD-OCT images, and the average pRT was used for the statistical analysis. The serum level of VEGF was measured by Enzyme-linked immunosorbent assays (ELISAs), and the correlation between the pRT and the serum level of VEGF was determined.

**Results**

The mean serum level of VEGF in all POEMS patients was 6085 ± 332 pg/ml with a range of 1380 to 12000 pg/ml. The correlation between the pRT and the serum level of VEGF was significant (right eye: r = 0.85, P < 0.001; left eye: r = 0.65; P < 0.004; Spearman’s rank-correlation coefficient), and there was a strong positive correlation between the pRT of the right eyes and left eyes (r = 0.83, P < 0.0001, Spearman’s rank-correlation coefficient).

**Conclusions**

The significant correlation between the pRT and the serum level of VEGF suggests that the higher serum level of VEGF might be associated with the development of the optic disc edema in patients with POEMS syndrome.

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**F105**

**Late ocular changes after closantel (Flukiver) poisoning**

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**Purpose**

to describe late ocular changes in 5 women after harmful use of donated closantel (Flukiver).

**Methods**

The study included 5 women from the report published by Boen and Hodgkin in The Lancet journal in 1993 about 11 cases of donated veterinary drug closantel use in Lithuania. We analysed medical records from 1993 to 2015 and performed eye examination of 5 suffered patients 22 years after the event. The study was conducted at the Centre of Eye Diseases/Vilnius University Hospital Santariski Klinikai, adhered to the tenets of the Declaration of Helsinki. Eye examination included best corrected visual acuity (BCVA), perimetry, colour vision(CV), tonometry, slit lamp evaluation, fundus photography and optical coherent tomography.

**Results**

In 2015 the mean age of the patients was 49.4 years. In 1993 BCVA varied from 0.08 to 1.0. Right eye (RE) in average - 0.66, left eye (LE) - 0.68. In 2015 BCVA varied from 0.1 to 1.0 in average – 0.7 and LE – 0.6. 22 years after the event average visual field defect in the right eye was 24.13 dB and in the left eye - 23.85 dB. Ishihara test showed decreased green color perception in 3 patients and 2 were not able to perform it, because of the visual field defects. The average central macular thickness 2160 ± 36.5 µm in RE and 1960 ± 34.7µm in LE, retinal nerve fiber layer respectively 860 ± 11.0 µm and 982 ± 5.8 µm. Ophthalmoscopy showed atrophy of the optic nerve and changes of the retina remaining those in retinitis pigmentosa.

**Conclusions**

Closantel is veterinary drug causing decades lasting damage of the optic nerve and retina in humans. Visual functions don’t correlate with central macular and retinal fiber layer thickness. Fundus photography and perimetry reveal changes similar to retinitis pigmentosa. To our knowledge this is the first report about the late outcomes of closantel toxicity in humans.

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**F106**

**Sarcoidosis of orbita and central nervous system presenting as a non-articereitic ischemic optic neuropathy.**

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**Purpose**

to describe a patient who presented with non-articereitic ischemic optic neuropathy (NA-AION) as an initial manifestation of neurosarcoidosis.

**Methods**

A case of a 70-year-old woman who presented with loss of vision in the left eye and normal neuroimaging, was initially diagnosed as a NA-AION. An extensive workup included MRI orbita and PET/CT scan. Further ophthalmological examination was normal, as was a CT scan of the brain. A diagnosis of NA-AION was entertained. After 4 months, she had no light perception vision. Fundoscopy of the LE showed papilledema with retinal infiltrates and severe ischaemia. MRI of the brain showed mass infiltration of the intraorbital and the intracranial optic nerve up to the optic chiasm. A complete systemic workup revealed a monoclonal gammopathy with cervical and hilar lymph nodes noted on PET/CT scan. Mediatinomiscopy with biopsy of the hilar lymph nodes demonstrated a non-caseating granulomatous lesion and a diagnosis of sarcoidosis was confirmed.

**Conclusions**

Sarcoidosis is a multisystemic disease characterized by granulomatous inflammation. Ocular involvement is seen in approximately 25% of patients with sarcoidosis. Uveitis is the most common ocular manifestation. Orbital and CNS manifestations of sarcoidosis are uncommon. Involvement of the optic nerve, chiasm and visual tract only represent 1-5% of neurosarcoidosis cases. In the latter, sarcoidosis can be initially misdiagnosed as NA-AION, before involvement of the orbit and the CNS. Systemic involvement should be ruled out in any case of AION with an atypical evolution.

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**F107**

**Optic disc drusen with subretinal hemorrhage**

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**Purpose**

to report a rare and interesting case of optic disc drusen with subretinal hemorrhage.

**Setting**

The hemorrhagic complications of the optic disc drusen are rare and interesting. A 25 year old white man complained of an acute blurred vision in his left eye over the past 6 days. Visual acuity in the right eye was 20/20 and in the left eye 20/200. He had photoreactive and anisocoric pupils (left-right). Fundus examination in both eyes showed an elevated optic nerve head with blurred and irregular disc margins. In the left eye was present a subretinal hemorrhage.

**Results**

The neurological examination and brain computed tomography were normal. Fluorescein angiography (PA) of the left eye showed hypofluorescence (blocked) due to subretinal hemorrhage. No fundus autofluorescence was detected. Indocyanine green angiography was performed to exclude a neovascular choroidal membrane. Goldmann visual field exam showed in the right eye enlargement of the blind spot and paracentral scotoma and in the left eye a small constriction of the isopters and central scotoma. Ocular ultrasound demonstrates an echogenic focus within the optic nerve head. No Ocular ultrasound demonstrates an echogenic focus within the optic nerve head. No Ocular ultrasound demonstrates an echogenic focus within the optic nerve head.

**Conclusions**

Optic disc drusen may be associated with subretinal hemorrhage as a result of direct mechanical compression and rupture of subretinal vessels at the optic disc. Optic disc drusen often mimic papillodema and must be distinguished from true papillodema. The subretinal hemorrhage can resolve spontaneously.
• F108 Clinical experience with idebenone (Raxone®) in the treatment of patients with Leber’s Hereditary Optic Neuropathy (LHON)

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Purpose LHON is an orphan mitochondrial disorder affecting the retinal ganglion cells leading to permanent blindness from which recovery is rare. An increasing body of evidence indicates that idebenone has therapeutic potential for the treatment of LHON.

Data from a randomized placebo-controlled study (RHODOS), from a number of case reports and retrospective cohort studies demonstrate that patients with established vision loss may benefit from idebenone treatment and recover visual acuity (VA).

This study reports VA outcomes for patients with recent onset of vision loss who received idebenone treatment under an ongoing global Expanded Access Program (EAP) within 6 months of the onset of symptoms. The outcomes will be compared with findings of the RHODOS study and a Case Record Survey collecting VA data from untreated patients.

Methods Analyses are performed to assess recovery from the VA nadir. Clinically relevant recovery was defined as (i) improvement from nadir by at least 10 letters on the ETDRS chart or (ii) improvement from “off-chart” at nadir to being able to read at least 5 letters on chart. Furthermore, the prevention of visual loss for patients with residual vision below 1.0 logMAR (20/200) at start of therapy was analysed.

Results A high proportion of patients (about 50% at submission of the abstract) treated with idebenone under this global EAP experienced a clinically meaningful recovery of vision. In addition, in patients with residual vision below 1.0 logMAR at start of therapy, loss of VA to above this level could be prevented in a large number of patients (about 60% at submission of the abstract).

Conclusions The therapeutic potential of idebenone in the treatment of LHON is further demonstrated by the clinical experience in a large cohort of patients under a global EAP.

Commercial interest

• F109 Nonarteritic anterior ischemic optic neuropathy (NAION): A misnomer. A non-ischemic papillopathy caused by vitreous separation

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Purpose Vascular abnormalities such as disc hemorrhages and swelling present at the time of visual loss in NAION, followed by peripapillary vascular narrowing and ensuing disc pallor is exciting, but not etiologically conclusive for ischemia. Optic disc as well as retinal findings of whiteness with disc swelling is indicative of axoplasmic stasis that may also occur simply from anatomic distortion of axons rather than occlusion of vessels. It may also occur from mechanical stretching with fracture of the axonal cytoskeleton.

Methods Review of the literature regarding 1) vitreous attachments and effects of separation from the optic disc, 2) dynamic shear force stretch injury to axons.

Results Within the normal population and in the age-group in which NAION occurs, 10% have complete PVD, 70% partial PVD, and 20% no PVD. In those with acute NAION, however, either total vitreous separation from the disc, or complete parapapillary detachment, is always present. All telengectatic vessels on the disc surface correspond to areas of visual field sparing and encompass areas of unseparated vitreous still under tension.

Conclusions Where internal limiting membrane is absent over the disc and peripapillary retina, most notably in cupless discs where episcleral membrane adhesions are strongest, vitreous separation may momentarily stretch and elongate axons, breaking the cytoskeleton in more aged and less distensible axons, leading to immediate axoplasmic accumulation and atrophy in the prelaminar sites of separation. Vitreous synchysis occurs more precociously in diabetics. Ischemic pathophysiology need not be invoked in so-called NAION, better termed papillary vitreous detachment, or PVD-N. In those at risk, the timely and controlled release of vitreous connections to the optic disc may prevent such optic disc injury.

• F110 Optic disc swelling : Prospective study of sixty-seven patients

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Purpose To assess the clinical features and etiologic work-up of patients presenting with optic disc swelling (ODS) in the emergency room.

Methods Patients seen in the ophthalmology emergency department of a single tertiary center between November 2014 and October 2015 were prospectively included. Each patient underwent an etiologic work-up including a brain MRI, blood work, fluorescein angiography, and visual evoked potential.

Results 67 patients (39 female and 28 male) were included in this study. Average age was 48 years (17-86 years). ODS was unilateral in 45% of cases and bilateral in 55% of cases. The average time between the onset of symptoms and diagnosis of papillary edema was 80 days (3 days to 8 months). The mean initial visual acuity was 0.2 logMAR, and the mean final VA was 0.1 logMAR. Final diagnosis was intracranial idiopathic edema was 80 days (3 days to 8 months).

Conclusions Our results demonstrate that causes of ODS could be identified in 92% of patients presenting with ODS. According to the clinical features at presentation, the etiologic work-up can be further adjusted but a standard minimal etiologic work-up is usually sufficient to state the diagnosis.

• F111 The Damato Multifixation Campimetry Online (DMCO) - A possible visual field test to detect neurological visual field defects

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Purpose The aim of the present study is to determine the ability of DMCO to detect visual field (VF) loss after epilepsy surgery and to determine the risk of visual field defects related to the operation.

Methods Sixty patients will be tested by DMCO and Humphrey VF Analyzer (HFA). The patients will get a full eye examination to exclude eye diseases. A questionnaire will determine the subjective claims from the patients.

Results 16 DT Standard tests have been performed on ten eyes. HFA found that two patients had an almost complete quadrant anopsia, two had a smaller degree of quadrant anopsia, and one had no VF loss. DMCO detected the VF defect in the two patients with almost complete quadrant anopsia and not in the patients with the smaller VF loss. None of the patients perceived their VF loss before the test.

Conclusions The preliminary results indicate an eighty percent risk of VF loss after epilepsy surgery. Our study indicates that DMCO may be a useful tool to detect neurological unrecognized VF losses.
Homonymous hemimacular thinning in retrochiasmal lesions

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Purpose To evaluate the thickness of macular retina and determine which retinal layers are most affected by retrochiasmal visual pathways lesions.

Methods Mean retinal thickness utilizing automated intraretinal layer segmentation of spectral domain optical coherence tomography scans was performed in 40 eyes of 40 patients with retrochiasmal visual pathways lesions and compared with 60 eyes of control subjects. Multiple linear regression analysis was used to determine the relationship between retinal thickness and follow-up, age and gender.

Results Ganglion cell and inner plexiform layer was thinner in the temporal hemiretina ipsilateral and in the nasal hemiretina contralateral than in healthy controls. The mean thickness was significantly reduced in lesions over 6 months of duration, with no differences in correlations with age or gender.

Conclusions This study demonstrates ganglion cell and inner plexiform thinning in the hemimacular area. These results support the concept that transneuronal retrograde degeneration of the retinal ganglion cells can be detected by OCT in humans with retrochiasmal visual pathways lesions.

This homonymous hemimacular thinning in OCT represents an imaging biomarker that can be of value in diagnosis, prognosis and clinical trials of neuroprotective therapies.
**S001**

**Posterior vitreous detachment: more of a case of the fibronectin interface than the inner limiting membrane?**

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**Purpose**
Use the periodic acid shift and immunohistochemical staining to visualize the distribution of the inner limiting membrane components on eyes presenting Posterior Vitreal Detachment (PVD) as detected by Optical Coherence Tomography (OCT).

**Methods**
Porcine eyes with PVD confirmed by OCT were processed into paraffin tissue blocks. Transverse, serial 15 mm thick sections were cut. After deparaffinization and antigen retrieval stages, slides were incubated with selected primary antibodies. Amplification stages were performed before fluorescence visualization of the specified marker. Among the markers stained were collagen II and IV, laminin beta 2 and fibronectin. Periodic acid shift staining was also performed on adjacent cross sections to assess potential structural change (PVD). Images were acquired on a Zeiss microscope and image analysis performed using Metamorph software (Lecia).

**Results**
Different distribution patterns in the retina were observed for the selected markers. The inner retina blood vessels were labelled by laminin beta 2, collagen II and IV. Laminin beta 2 and collagen IV was revealed on the Bruch membrane. Collagen II, IV, fibronectin and laminin beta 2 were detected at the inner limiting membrane. PVD area could be detected not only by periodic acid shift but also by fibronectin staining. Upon PVD, fibronectin staining completely migrated with the PVD front, clearly detaching from the retinal cell layers.

**Conclusions**
Fibronectin staining can be used to detect and therefore confirm PVD presence in histological sections, even if the PVD has evolved beyond the point where it can still be detected by OCT.

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**S002**

**Improvement in retinal vessel oxygen saturation after vitrectomy**

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**Purpose**
To evaluate the effects of vitrectomy on retinal vascular oxygen saturation.

**Methods**
This was a prospective observational study. 27 eyes of 27 patients who underwent vitrectomy for macular conditions were included. Retinal oximetry was performed using the Oxymap (Oxymap Inc., Reykjavik, Iceland) prior to vitrectomy and 3 months after surgery. The mean retinal artery and venous oxygen saturation were measured and the arterial-venous difference (AVD) was calculated as the difference between the arterial and venous saturations. Multivariate linear regression models were constructed to compare oxygen saturation before and after surgery, with adjustments for age, sex, hypertension, hyperlipidemia, diabetes mellitus and indication for surgery.

**Results**
The mean age of the subjects was 68.4±8.9 years, 15 (55%) were male and the majority were of Chinese ethnicity (93%). The mean arterial saturation increased significantly after vitrectomy (101.93 ± 8.36 vs 96.16 ± 14.14, p < 0.01). The mean venous saturation also increased significantly after surgery. (59.76 ± 6.52 vs 50.40 ± 11.72, p < 0.02). The mean AVD significantly decreased from 45.76 ± 12.18% before surgery to 42.17 ± 10.94% after surgery (p < 0.02).

**Conclusions**
Retinal arterial and venous oxygen saturation are significantly increased after vitrectomy, while the AVD is decreased after vitrectomy. Our results suggest that vitrectomy enhances retinal oxygenation. This may account for the apparent benefit of vitrectomy on conditions with retinal hypoxia such as diabetic retinopathy.

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**S003**

**Imaging of intravitreal injected solution dispersion.**

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**Purpose**
The extent of activity of an intravitreal injected drug is linked to its dispersion within the vitreous body. Researchers have been trying to visualize dispersion of intravitreal injected solutions using Indian ink or fluorescein, either with subsequent dissection or with endoillumination, both invasive methods that could influence the dispersion pattern. Therefore, this pilot study aims at investigating and identifying the best minimal invasive imaging method for visualizing the dispersion of an intravitreal injected solution.

**Methods**
To determine the optimal imaging concentration, a series of 5 enucleated porcine eyes were injected with 0.1cc of 100%, 50%, 25%, 20% and 10% standard 1cc syringe and 30 gauge needle at 3mm from the limbus aiming at the center of the globe. Subsequently, the dispersion of the contrast agent was monitored using high resolution imaging methods: mammography and ultra high resolution computed tomography (UHRCCT). For the latter, 3D reconstructions were rendered.

**Results**
A 1:10 dilution mixture combined optimal visualisation contrast with low viscosity of the injection solution using radiographic ultrahigh resolution mammography. Both mammography and UHRCCT images were taken from two eyes; one with a slow injection, the other with a fast injection.

**Conclusions**
3D reconstructed UHRCCT images were favored over 2D mammography images for dynamic imaging of the intravitreal solution dispersion.

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**S004**

**23-Gauge versus 25-Gauge vitrectomy for proliferative diabetic retinopathy: A comparison of surgical outcomes**

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**Purpose**
This study compared clinical outcomes and complications between 23-gauge (23g) and 25-gauge (25g) transconjunctival sutureless vitrectomy in patients with proliferative diabetic retinopathy.

**Methods**
It was a retrospective study using data prospectively defined and collected. 80 eyes underwent 23g transconjunctival sutureless vitrectomy, and 80 eyes underwent 25g surgery using the same vitrectomy system by one surgeon. Primary outcome measures were best-corrected visual acuity, intraocular pressure (IOP), and incidence of intraoperative and postoperative complications.

**Results**
Vision was significantly improved after intervention in both groups (p > 0.0001). There was no significant difference in visual outcomes between the groups (p = 0.43) or in the type and frequency of retinal breaks occurring during surgery (p = 0.63). The 23g group had significantly more patients with a day 1 IOP of ≥6 mm Hg (p = 0.034) and significantly more patients requiring a sclerotomy suture postoperatively (p < 0.01).

**Conclusions**
Both gauges are equally effective for the treatment of proliferative diabetic retinopathy.
Preoperative intravitreal bevacizumab effects on the course of Pars Plana vitreectomy in diabetic vitreous hemorrhage

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Purpose To compare the rate of rehemorrhage in patients with diabetic vitreous hemorrhage (DVH) undergoing pars plana vitreectomy (PPV) vs versus without preoperative intravitreal bevacizumab (IVB) injection.

Methods Forty patients with proliferative diabetic retinopathy (PDR)eyes with an indication for primary vitrectomy were randomized to IVB group (20 eyes) or control group (20 eyes). Intravitreal bevacizumab group received intravitreal injection of 1.25 mg/0.05 mL bevacizumab one week before vitrectomy.

Results The frequency of postoperative recurrent vitreous hemorrhage (5%, 1/20 vs. 8%, 2/20, P = 0.017) were significantly lower in IVB group than in control group. The number of intraoperative endothiarmy spots (0.63 ± 1.0 vs. 1.3 ± 1.4, P = 0.028) were also significantly lower in IVB group than in control group while mean bleeding frequency in IVB group was 0.7 ± 0.78 times/case with range between 0 and 2 bleeding attacks/case and mean bleeding frequency in control group was 3.12 ± 1.31 times/case with range between 3 and 6 bleeding attacks/case and the difference was statistically significant as (p < 0.001). The frequency of reperoration due to recurrent vitreous hemorrhage within 4 weeks after surgery was significantly lower (P = 0.022) in IVB group. (5%, 1 patient) than in control group (25%, 7/20).

Conclusions Intravitreal injection of 1.25 mg/0.05 mL bevacizumab 1 week before vitrectomy blocked vascular endothelial growth factor production in vitreous and significantly reduced the incidence of reperoration due to early postoperative recurrent vitreous hemorrhage.

Management of unexplained haemorrhagic PVD at Southampton Eye Casualty Clinic

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Purpose To assess the management of unexplained haemorrhagic PVDs at the Eye Casualty Clinic and compare it with suggested management plans in the literature.

Methods A retrospective review of patient electronic records at HICCS, e-Documents and MEDISOFT databases over a 5-month period (August 2014-December 2014). All patients attending eye casualty clinic with a diagnosis of a haemorrhagic PVD were included. Patients with pre-existing retinal neovascularisation or haemorrhagic ARM and Macularanaeumy were excluded.

Results There were 43 patients with unexplained haemorrhagic PVDs in 5 months. 28/43 (65.1%) patients were seen and Discharged at the Eye Casualty Clinic in Max 2 visits. The remaining 15/43 (34.9%) patients were referred to VR OPD for further review. Of these, 7/15 patients had a retinopathy performed prior to VR OPD visit. The patients were seen by different doctors every time and of varying clinical experience (SHO, SpR, Fellow, Associate Specialist, Locum Consultant).

Conclusions The retinal break was missed in 3/8 (37.5%) of the patients presenting at the Eye Casualty Clinic with an unexplained haemorrhagic PVD and a break despite the presence of a good fundus view A significant number of patients (28/43, 65.1%) were managed solely at the Eye Casualty Clinic effectively. All the patients that had a laser retinopexy were referred to the VR OPD in 2 weeks for a review. Suggestions All patients with unexplained haemorrhagic PVDs and no fundal view should be referred to the VR service the same day for possible early vitrectomy. All patients with two obvious retinal break and reasonable view of their fundus (unless having a very deep view) must be referred to the VR OPD within 1 week for a more detailed fundoscopy.

Resolution of postoperative macular hole with topical nepafenac: a case report

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Purpose Macular hole (MH) is a rare complication of cataract extraction. Various etiologies are discussed but it seems that the combination of vitreous traction and pseudophakic macular edema are the causes most likely involved in its pathogenesis. Pars plana vitrectomy (PPV) and internal limiting membrane peeling is the gold standard treatment option for patients with postoperative MH. Medical treatment has not been very effective in resolving this pathology. We present a case of post-surgical MH treated with topical Nefapenac.

Methods Interventional case report showing the role of topical Nefapenac as a therapeutic tool in post-surgical MH.

Results An 81-year-old female with a history of uncomplicated cataract surgery in RE. Four weeks after surgery there was a progressive visual deterioration with a best corrected visual acuity (BCVA) 0/05. SD-OCT revealed a full thickness MH. Nefapenac 0.1 mg/ml 3 times a day, was administered for 8 weeks in RE. Four months later, an improvement of her visual acuity (BCVA: 0.4) and a recovery of the retinal structure were observed. No recurrence was observed in a follow-up of 1 year.

Conclusions We propose the therapeutic use of topical NSAIDs as a possible alternative to surgery for macular holes whose etiology is related to inflammatory processes.
• **S009**
The use of intraoperative spectral domain optic coherence tomography in vitreoretinal surgery: The evaluation of efficacy.

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**Purpose**
To evaluate the feasibility of intraoperative spectral domain optic coherence tomography (iSD-OCT) in challenging cases during pars plana vitrectomy (PPV).

**Methods**
Intraoperative imaging was performed using the first commercially available iSD-OCT system RetCam 700, fully integrated into the surgical microscope OPMI Lumera 700 (Zeiss, Oberkochen, Germany). The feasibility of iSD-OCT was assessed during three 23 gauge PPV cases: large macular hole (MH) with inverted internal limiting membrane (ILM) flap technique (Case #1), vitrectomy for asteroid hyalosis with age-related macular degeneration (Case #2), vitrectomy for morning glory syndrome with retinoschisis and exudative retinal detachment (Case #3).

**Results**
Case #1. The use of iSD-OCT facilitated to safely initiate ILM flap, to form inverted flap, to invert the flap into the MH, to control position of the forceps contacting retinal layers, and to confirm the MH covering with the ILM remnants at the end of the surgery. Case #2. Standard OCT was not available before the surgery due to opaque vitreous. Intraoperative iSD-OCT imaging assisted to reveal epiretinal membrane (ERM), retinal pigment epithelium detachment, intraretinal fluid and drusen. These findings required additional surgical steps. ERM removal and injection of anti-VEGF at the end of the surgery. Case #3. In the case of morning glory syndrome iSD-OCT facilitated to remove the strongly adherent posterior hyaloid, to control ILM flap initiation, to perform the peeling over the detached retina, to aspirate residual fluid after fluid/air exchange.

**Conclusions**
The use of iSD-OCT facilitates real-time simultaneous to surgical workflow visualisation of tissue behaviour and surgical manoeuvres during pars plana vitrectomy. The obtained information can improve surgical technique and influence the decision making in difficult cases.

• **S0010**
Epiretinal membrane peeling for eyes with asteroid hyalosis: a case-control study.

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**Purpose**
To evaluate anatomical and functional results of epiretinal membrane peeling for patients with asteroid hyalosis (AH) compared with those of a control population without AH.

**Methods**
Retrospective, case-control study, of a cohort of 1104 patients operated from an epiretinal membrane (EM) between January 2002 and February 2014. Forty four consecutive patient were included in the EM associated with AH group and were compared to 44 control patient without AH, matched for age, sex, date of surgery, and axial length. The best corrected visual acuity (BCVA) and central macular thickness on OCT (CMT) were measured at baseline and postoperatively at 1, 6 and 12 months. Intraoperative and/or postoperative complications were also analyzed.

**Results**
34 men and 10 women were included in the AH group. Respectively, the mean initial BCVA was 0.49 ± 0.21 logMAR for the AH group Vs 0.44 ± 0.23 logMAR for the control group (p = 0.2), and the mean initial CMT was 415 ± 71 µm Vs 422 ± 73 µm (p = 0.6). No significant difference was found regarding the final BCVA, with respectively a mean of 0.37 Vs 0.24 logMAR(p=0.26) at 1 month, 0.27 Vs 0.25 logMAR(p=0.5) at 6 months, and 0.17Vs 0.2 logMAR(p=0.26) at 12 months. Also, no difference was found regarding the evolution of CMT, with respectively a mean of 368 Vs 353 µm(p=0.5) at 1 month, 347 Vs 358 µm(p=0.61) at 6 months, 345 Vs 349 µm (p=0.87) at 12 months. Only a single macular hole was recorded in the AH group in the follow up.

**Conclusions**
The presence of asteroid hyalosis does not constitute a factor of poor prognosis for visual recovery after epiretinal membrane peeling.

• **S011**
Project RESET. REtinal Surgery systEm for Training

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**Purpose**
Retina surgery is an increasingly performed procedure for the treatment of a wide spectrum of retinal pathologies. As most micro-surgical techniques, it requires long training periods before being mastered. To properly answer requests from clinicians for highly realistic training on one hand, and new requirements from accreditation or recertification from surgical societies on the other hand, we propose to develop a high-fidelity training system for retinal surgery.

**Methods**
Yet, as most micro-surgical techniques, it requires long training periods before being mastered. To properly answer requests from clinicians for highly realistic training on one hand, and new requirements from accreditation or recertification from surgical societies on the other hand, we propose to develop a high-fidelity training system for retinal surgery.

**Results**
This simulator will be built upon our strong scientific expertise in the field of real-time simulation, and a success story for technology transfer in the field of cataract surgery simulation.

**Conclusions**
Members of the consortium have a long expertise in the development of prototypes, as well as collaboration with clinical partners. The simulation system that we propose to develop will be based on the Open Source simulation platform SOFA, and will rely on expertise from our partners to ensure clinical and industrial relevance.

• **S012**
Clinical outcome of YAG laser vitreolysis (Ultra Q Reflex) for the treatment of floaters

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**Purpose**
Floaters are localized vitreous opacities that are products of vitreous degeneration or posterior vitreous detachment (PVD). Usually, observation was the only solution, however some patients are suffered from floaters. This study reports the clinical results of YAG laser vitreolysis for the treatment of floaters.

**Methods**
The patients with floaters were involved who visited Purun eye hospital between January and March 2015. The patients were involved who met the following criteria; the floaters caused by localized vitreous opacities or PVD, patients suffered from floaters and strong desire for cure. The patients with diabetic retinopathy, retinal detachment, severe media opacity and young age were excluded. Patients had pre and postoperative examinations including visual acuity, tonometry, wide fundus photography, slit lamp and fundus examination. Patients were examined 1, 4 and 8 weeks after treatment. The floater scores were measured with survey paper for the evaluation of subjective change. The wide fundus photography was used for the objective change.

**Results**
The 47 eyes were involved (25 casesmale and 20 casesfemale). The mean age was 69.5±14.3. Informed consent was obtained in all cases. The floater scores were significantly improved after treatment (preoperative: 73.6±10.5, postoperative: 8.2±4.6, P< 0.001). The visible floaters disappeared in 43/47 cases (91.5%) in wide fundus photography. There were no significant changes in VA and IOP. Other side effects such as retinal detachment or hemorrhage and cataract were not developed during follow up period.

**Conclusions**
The clinical outcome of YAG laser vitreolysis using Ultra Q Reflex showed favorable results in subjective and objective measurement. There were no significant complications after procedure. We think YAG laser vitreolysis could be the excellent treatment option for the floaters.
• **S013**

**Ampiginous choroiditis: heterogeneity in 2 cases**

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**Purpose** We report two heterogeneous cases with ampiginous choroiditis and describe fundus photography, blue light autofluorescence, fluorescein angiography, indocyanine green angiography and cross-sectional optical coherence tomography.

**Methods** Observational report about 2 heterogeneous cases of ampiginous choroiditis.

**Results** A 76-year-old woman and a 21-year-old man were referred to us with posterior uveitis. The female patient showed unilateral scattered chorioretinal lesions, whereas the male patient featured bilateral geographic chorioretinal lesions. In the first case, the lesions did not threaten the fovea. In the second case, the lesions involved the fovea of one eye and threatened the fovea of the second eye. Both patients presented with lesions showing blue light hyperautofluorescence. Fluorescein angiography showed early hypofluorescence with late staining of the borders whereas indocyanine green angiography showed hypofluorescent lesions through the early and late stages. Cross-sectional optical coherence tomography of the lesions showed outer retinal atrophy. The tuberculin skin test and interferon-gamma release assay were negative. The diagnosis of ampiginous choroiditis was withhold. A stepadder approach to obtain a corticosteroid-sparing immunomodulatory treatment was initiated with azathioprine and visual acuity remained stable.

**Conclusions** Ampiginous choroiditis is a primary inflammatory chorioriopapathapy with distinct features. However, the heterogeneous clinical findings can complicate the diagnosis.

• **S015**

**Toxoplasma chorioretinitis: value of polymerase chain reaction and intraocular antibody production in a patient with negative anti-Toxoplasma gondii serology**

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**Purpose** To report a case of panuveitis with negative anti-Toxoplasma gondii serology, and serologic and PCR analysis of intraocular fluids positive for Toxoplasmosis.

**Methods** A 29-year-old male presented with left panuveitis and no view of the fundus, underwent a diagnostic vitreous biopsy. Work-up included serology, vitreous PCR and measurement of local antibody production in aqueous humour.

**Results** At presentation, BCVA in the LE was CF at 1m. The patient described a progressive decline of vision in the LE since 6 months. Examination showed panuveitis with dense vitritis obscuring the fundus. IOP was 29 mmHg. The RE showed a chorioretinal scar located superonasally to the optic disc. Toxoplasma chorioretinitis was suspected, but serology was negative. PCR on a diagnostic vitreous biopsy was positive for T. gondii DNA and negative for Herpes viruses. Treatment with clindamycin and trimethoprim/sulfamethoxazole was initiated. The anti-T gondii serology remained negative. The Goldmann-Witmer coefficient was positive. Also, efficacy of treatment was supportive of a diagnosis of ocular toxoplasmosis.

**Conclusions** Although clinical presentation was suggestive of ocular toxoplasmosis, anti-T gondii serology remained negative. In cases with high clinical suspicion of ocular toxoplasmosis, superior diagnostic efficacy is achieved by a combination of serology, PCR techniques and GWCC.

• **S014**

**Wide-Field Angiography in the management of retinal vasculitis**

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**Purpose** To study the value of Wide-Field angiography in the management of patients with retinal vasculitis.

**Methods** A total of 48 eyes of 24 patients with systemic vasculitis underwent complete ophthalmic exam, followed by wide-field retinal angiography (WF-FA) with the Heidelberg Angiograph SLO using the Staurenghi contact lens. The primary outcome was diagnosing the extent of retinal vasculitis (RV) and monitoring disease activity. The secondary outcome was the percentage of patients whose management changed, based on the availability of WF-FA.

**Results** WF-FA assisted in revealing retinal vasculitis in 5 of 23 patients (21.7%), in 2 cases retinal vasculitis was not clinically evident. The extent was quantified in the 5 patients and the disease activity monitored in 3 patients. Three of 24 patients (12.5%) had management change: planning medical treatment or laser photocoagulation.

**Conclusions** WF-FA is a valuable technology in the management of patients with systemic vasculitis and can be used for the diagnosis, treatment and follow-up of retinal vasculitis.

• **S016**

**Intravitreal Cysticercosis**

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**Purpose** To describe a very interesting vitrectomy in a case of intravitreal cysticercosis. Setting: Cysticercosis is the most common ocular helminthic infection in man.

**Methods** A 14-year-old Brazilian girl complained of blurred vision in her right eye over the past 6 months. During this period she had several episodes of hyperemia. Visual acuity in the right eye was hand motion and in the left eye 20/20. The intraocular pressure was normal. Fundus examination of the left eye was normal. Fundus examination of the right eye showed a floating cyst in the vitreous cavity.

**Results** The patient underwent 23-gauge vitrectomy without any complications. Perfluorocarbon liquid was used to facilitate the removal of the cyst in the vitreous cavity. Laser photocoagulation was carried out around the retinal break, followed by silicone oil implantation. Light and electron microscopic studies suggested Cysticercus cellulosae as the infecting agent.

**Conclusions** The complete and active aspiration of the Cysticercus Cellulosae in the vitreous cavity was very interesting and efficient. We believe that the success of the surgery was due to the fact that the cyst was removed intact by pars plana vitrectomy.
**• S017**

*Choroidal thickness in patients with central serous chorioretinopathy: Assessment of Haller’s and Sattler’s layers*

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**Purpose**
To investigate the change in choroidal thickness and subanalyze the Haller’s and Sattler’s layers among central serous chorioretinopathy (CSC) eyes, uninvolved fellow eyes, and control eyes of healthy subjects using enhanced depth imaging optical coherence tomography (EDI-OCT).

**Methods**
Ocular findings and clinical features were analyzed retrospectively from medical records of the patients diagnosed with CSC from October 2014 to March 2015. The subfoveal choroidal thickness including the thickness of Haller’s layer and Sattler’s layer was measured using EDI-OCT. CSC eyes as well as uninvolved fellow eyes, and compared to age, gender, and spherical equivalent-matched healthy control eyes.

**Results**
Thirty-one eyes affected by CSC and 24 uninvolved fellow eyes were included in this study. Thirty eyes from healthy subjects were recruited for control. The mean subfoveal choroidal thickness and the mean thickness of Haller’s layer were significantly greater in CSC eyes compared to fellow eyes or normal control eyes, while those of fellow eyes were also significantly thicker than those of normal control eyes. The thickness of Sattler’s layer showed no significant difference among the three groups.

**Conclusions**
The subfoveal choroidal thickness was increased mainly due to the increase in thickness of Haller’s layer in CSC patients. It is believed that the Haller’s layer was thickened by the enlarged large choroidal vessels and the action of non-vascular smooth muscles of choroid in response to increased sympathetic tone in CSC patients.

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**• S019**

*Mineralocorticoid receptor’s antagonists in treatment of central serous chorioretinopathy*

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**Purpose**
To evaluate the influence of eplerenone on the function and morphology of the macula in patients with central serous chorioretinopathy (CSC).

**Methods**
The study included 17 eyes in 16 patients with central serous chorioretinopathy treated in the Department of Ophthalmology at the University Hospital in Krakow. There were 13 males, 3 women at the age of 32 to 66 years, mean age 41.71 years. The duration of symptoms was ranging from 4 to 24 months, an average of 6 months. The patients were treated with eplerenone according to the scheme: 25 mg/day for a week, then 50 mg/day by 3 months. The baseline examination and two controls (after 1-1.5 month and after 3-4 months) included best corrected visual acuity, central retinal thickness in optical coherence tomography and visual central disturbances in Amsler test.

**Results**
The values for CRT decreased from 367 (+/-70) µm to 264 (+/-50) µm (the first control) and to 248 (+/-50) µm (the second control), the difference was an average of 112.71 microns (p < 0.00001). The average BCVA improved from 0.61 (+/-0.25) to 0.67 (+/-0.28) (the first control) and to 0.72 (+/-0.28) (the second control). 10 patients (58.8%) reported improvement of Amsler test while in the 7 patients (41.2%) deterioration in central vision stayed unchanged during the first control. During the second control 7 patients (50%) reported improvement of Amsler test while in the 7 patients (50%) deterioration in central vision stayed unchanged.

**Conclusions**
The results of our observations indicate that eplerenone can provide an alternative treatment CSC, especially in cases where there are contraindications for the use of other therapeutic methods such as laser photocoagulation of the retina. Further investigations is needed.

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**• S018**

*Our experience with anti-VEGF treatment on central serous retinopathy*

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**Purpose**
To evaluate the short-term efficacy of intravitreal anti-VEGF for the treatment of subretinal fluid (SRF) and/or pigment epithelium detachment (PED) secondary to chronic central serous chorioretinopathy (CSR).

**Methods**
Sixteen patients were treated with intravitreal injections of anti-VEGF at 6- to 8-week intervals until SRF and/or PED resolved. Main outcomes were Best-Corrected Visual Acuity (BCVA), central retinal thickness (CRT) measured with optical coherence tomography (OCT), performed at 6- to 8-week intervals and number of injections. Fluorescein angiography was performed at baseline visit and thereafter depending on clinical and OCT findings.

**Results**
Patients received 3.16 (range: 1-15) intravitreal injections of anti-VEGF on average during a follow-up of 22 +/- 2 weeks. Mean BCVA increased by 11.2 letters and mean CRT decreased significantly over follow-up from 396.8 (µm) at baseline to 250.3 (µm) at last visit. 5 patients (31.25%) showed complete resolution of subretinal fluid and PED, 6 patients (37.5%) had persistent SRF and 5 patients (31.25%) had persistent PED.

**Conclusions**
Anatomic and functional improvement following intravitreal anti-VEGF injections suggest that vascular endothelial growth factor (VEGF) may be involved in fluid leakage in patients with chronic CSR. The results suggest a possible role for anti-VEGF agents in the treatment of chronic CSR.
**POSTER SESSION 3: RETINA / VITREOUS**

**S021**

Novel SRPK1 inhibitors specifically target alternative splicing in human primary retinal epithelial cells


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**Purpose**
Specifically altering the splicing of VEG-Fα from pro-angiogenic VEGF-A165 to anti-angiogenic VEGF-A165b could prove effective in the treatment of wet AMD. VEGF-A alternative splicing is controlled through RNA binding protein SRPS1 which when phosphorylated by the serine kinase SRPK1 induces pro-angiogenic VEGF-A165a expression. We aimed to use novel SRPK1 inhibitors that specifically alter splicing in retinal pigment epithelial (RPE) cells.

**Methods**
RPE cells were treated with novel compounds, synthesized based on the structure of SRPK1, followed by extraction of RNA and protein. RT-PCR and digital PCR were used to examine splicing of genes expressed in the eye or known targets of SRPK1, and ELISA and immunoblotting were used to detect VEGF-A isoform expression.

**Results**
Novel SRPK1 inhibitors dose-dependently increased the expression of the anti-angiogenic VEGF-A165b isoform. RT-PCR showed that SRPK1 inhibition altered alternative splicing of MKNK2, a known splicing target of SRPS1, resulting in a 2 fold change to isoform in RPE cells. No change in splicing was observed for BCL2L1, ARR1, CAMK2D, RAC1, FN1 or hnRNPL/A2. Other SRPS1 targets such as TEAD1, BIM and MST1R were not expressed in RPE cells.

**Conclusions**
We have developed novel SRPK1 inhibitors that specifically target splicing within the retina and offer an alternative more specific pharmacology for patients with exudative AMD.

**S023**

Age Macular Degeneration-Lipidomic Study: Relevance and interest of Lipidomic study in screening, follow-up and etiopathogeny of AMD

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**Purpose**
To evaluate the lipidomic study impact on AMD diagnosis, screening, etiopathogenie and interrelations, correlations between those 2 entities

**Methods**
AMidAMD patients, 3 groups: A 10 first stage AMD patients; B 10 Atrophy AMD patients. C 10 Neovascular AMD patients. Ophthalmologic exam; EDTRS visual acuity (VA), complete ophthalmic examination, Fundus examination, autofluorescence imaging (FAF), optical coherence tomography (Spectral Domain OCT) and fluorescein angiography (FA) and ICG when Neovascular complication. Lipidomic Study: Blood tests and analysis, all lipids qualitative, quantitative analysis, all the same for all patients, whatever group. Blood test is done during ophthalmologic exam. Plasma conglomation "snap frost" in liquid nitrogen after total blood centrifugation, then liquid-liquid extraction for lipids analysis, neutral lipid by GC, as well as fatty acid but after BF3 methanol derivatisation phospholipids by LC-MS directly, sphingolipids but firstly congelation "snap frost" in liquid nitrogen after total blood centrifugation, then liquid-water extraction.

**Results**
We identified 387 and 787 monkeys with and without drusens, respectively. Among them, 317 and 628 monkeys with and without drusens that had a complete biological data set were further studied. After comparing each parameter in monkeys with and without drusens, 13 factors with a significance of P < 0.1 (t-test) were selected for logistic regression analysis. Regression analysis showed association of age (odds ratio: 1.092, 95% confidence interval: 1.061-1.125) and platelet count (odds ratio: 1.022, 95% confidence interval: 1.005-1.038) with drusens. In addition, an association was implicated between drusens and white blood cell count (odds ratios 1.065, 95% confidence interval: 1.001-1.101).

**Conclusions**
Age, platelet count, and white blood cell count may be associated with the development of drusens in Macaca fascicularis.

**S024**

AMD Drusenoid deposits "L": Lipid type, characterization, structural analysis with multimodal imaging and morphological-structural software

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**Purpose**
To study AMD drusenoid deposits "L" with multimodal imaging and morphological-structural software and see all the input of this technique and software and data set.

**Methods**
25 eyes of 22 patients, 11 men, 11 women, with AMD drusenoid deposits "L" Lipid Type (soft Drusen, Drusenoid PED "L"), Deposits were evaluated by Auto Fluorescence, IR imaging, OCT, notably OCT en FACE (Spectralis HRA-OCT, spectral domain OCT), and Morphology Structural software (M-S software). EDTRS visual acuity (VA), complete ophthalmic examination with Fundus exam were added. Size, characteristics, number, topography of the "L" deposits, their environment above and below (particularly IS-OS, plexiform layer, choriocapillaris structure and thickness) were evaluated, each element was studied, compared cut to cut, layer to layer and time to time: M-S software let analyze drusenoid deposit volume and contours, let a 3D deposit reconstruction, display in 3D space, lot volume, density, grey levels of deposits, structure (structural measures, texture parameters), composition (density calculation) evaluation and characterization of those "L" lipid type deposits.

**Results**
AMD Drusenoid Deposits "L" Lipid Type (soft Drusen, Drusenoid PED) are larger, roughly uniform, dome-shaped, dark grey, translucent, optical empty, equal and the same in all cross-section, as lipid pearl drops, fatty, mounds of deposit under the RPE, abnormal Pigment epithelium above, but layer quite preserved. M-S software allows lipid composition confirmation, selective lipid characterization, to better differentiate lipid and more components.

**Conclusions**
Multimodal Imaging, Morphology Structural Software contribute to and improve AMD Drusenoid deposits "L" Lipid type, study and knowledge and so AMD etiopathogeny understanding.
**S025**

**AMD Drusenoid deposits “P”, Protein-Cellular Type: Characterization and Evolution. Multimodal imaging and OCT, OCT en Face, Evaluation and Interest.**

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**Purpose**
To study AMD drusenoid deposits “P”/Protein-Cellular Type with multimodal imaging, to characterize their morphologic type/evolution, to consider etiopathogeny, biomarker features.

**Methods**
148 eyes of 74 AMD patients. AMD drusenoid deposits “P”/Protein-Cellular Type: Cuticular drusen, Drusenoid PED. PS-subretinal drusenoid deposits (SDD). Pseudovitelliform AMD were evaluated by Autofluorescence, IR imaging, ETDRS visual acuity (VA), ophthalmic examination with Ocular Fundus, Ocular Confocal Tomography exam (spectral domain OCT, OCT en Face software).

Size, characteristics, nber, topography of the lesions, growth way were evaluated also their environment above below and evolution. Each element was studied, compared cut to cut, layer to layer to time.

**Results**
VA stabilized in 90% Pseudovitelliform AMD are little, irregular upper limit drusenoid PED. Cuticular drusen appear uniform, round, white, under retinal pigmentation epithelium (RPE). SDD deposits are white, homogeneous, quite similar in all cross-sections. FA and GC: no upper, neither RPE layer. Layered PED. “P” were dense, white, granulized different in all cross-sections, heterogeneous PED: below RPE with abnormal RPE above, heavily unstructured. Multimodal imaging, especially OCT en Face. Cell: fine, dense, “P” drusenoid deposits: evolution was chronic, capillary change: pigment epithelium involvement: more dense, irregular, inhomogeneous, cumbled inflammation-neovascular signs even not specific. Metabolic defect outcome; etiological pathways appear: “P” drusenoid deposit is mostly enrolled in protein-cellular metabolic pathway dysfunction with rather evolution to neovascular complication. So it would build up its biomarker feature.

**Conclusions**
AMD drusenoid deposits “P”, Protein-Cellular type study knowledge: evolution, notably with multimodal imaging, OCT en Face contribute to and improve AMD understanding, prognosis, etiopathogenic concept.

**S026**

**Long term outcomes in a real life setting treatment by anti-vascular endothelial growth factor for wet age-related macular degeneration**

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**Purpose**
To report long-term visual outcomes for patients receiving a real life setting treatment by anti-vascular endothelial growth factor (VEGF) for neovascular age-related macular degeneration (AMD).

**Methods**
Retrospective chart review of 500 patients who received a first anti-VEGF injection for wet AMD from January 1, 2006 to January 1, 2010 at the Quinze-Vingts National Hospital (Paris). Patients clinical characteristics, ETDRS letter score at baseline, every year and at the last follow-up were recorded. The number of injections and the date of the first and last injection were also recorded. The main outcome measure was mean change in letter score at 5, 6 and 7 years from baseline.

**Results**
150 eyes of 120 patients with at least 5 years of follow-up were identified. The eyes non-selected had an insufficient follow-up or another macular disease treated by anti-VEGF. The mean follow-up was of 77 months. Mean change in letter score at 5, 6 and 7 years was respectively +2 letters, -1 letters and -4 letters. A vision of 20/40 or better was achieved in 20% of treated eyes. Seventy percent of eyes was untreated since 6 months or more at the last follow-up. Patients received an average of 4 injections per year.

**Conclusions**
Real life setting treatment of neovascular AMD by anti-VEGF results in a stabilization of vision at 5 and 6 years of treatment. At the seventh years of follow-up, visual outcomes tend to be worse. Mean duration of treatment was 46 months, with 70% patient no longer requiring reinjection after a mean of 34 months after initiation. Evolution of treatment settings suggests that visual outcomes would be better for recently diagnosed and treated patients.

**S027**

**Efficacy of intravitreal Aflibercept in patients with neovascular AMD who were previously treated with Ranibizumab based on a Treat and Extend protocol**

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**Purpose**
To analyze the efficacy of Aflibercept in patients with choroidal neovascularization (CNV) due to Age-related macular degeneration (AMD) who were previously treated with Ranibizumab based on a Treat and Extend protocol (T&E).

**Methods**
We have reviewed 30 eyes of 30 patients with CNV, due to neovascular AMD. All patients were previously treated with Ranibizumab based on a T&E protocol. Therapy was converted to Aflibercept following the same T&E protocol. Lesion activity was determined based on fluorescein angiography and spectral domain optical coherence tomography (Spectralis, Heidelberg engineering). Data were retrospectively evaluated for best corrected visual acuity (BCVA) variation from baseline, central retinal thickness (CRT), sub- and intraretinal fluid characteristics, structural changes of CNV, the total number of injections, as well as therapy interval with Aflibercept over 18 months. A t-test was applied.

**Results**
The mean age was 81.5 (+/- 6.5) years. The eyes had received a mean of 25.6 (+/- 9.7) Ranibizumab injections. After the initiation of Aflibercept, at months 18, mean CRT was significantly improved from 470.2µm (+/-164.7µm) to 328.6µm (+/-25.6µm); mean maximum (MM) subretinal fluid height reduced from 88.2µm (+/-90.48µm) to 18.27µm (+/-9.33µm); MM vertical intraretinal cyst size reduced from 100.16µm (+/-143.45µm) to 89.33µm (+/-99.37µm); respectively. Mean height of pigment epithelial detachment reduced from 289.16µm (+/-219.17µm) to 240.16µm (+/-228.97µm); MM recurrence-free interval increased from 6.27 (+/-1.99) weeks to 80.5 (+/-2.43) weeks, as well as the mean BCVA (decimal) was improved from 0.37 (+/-0.23) to 0.41 (+/-0.22).

**Conclusions**
Switching from Ranibizumab to Aflibercept indicated a longer therapy interval as well as significantly reduced activity of lesion. Aflibercept allowed maintenance of BCVA and reduction of mean CRT.

**S028**

**Visual outcome following treatment with aflibercept in patients with neovascular age-related macular degeneration.**

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**Purpose**
Objectives: To evaluate the visual outcome, number of injections and causes for discontinuation of treatment with aflibercept in patients with neovascular age-related macular degeneration (nAMD).

**Methods**
Design: Retrospective chart review.
Participants: The study included 350 eyes in 350 patients who initiated first time intravitreal therapy for nAMD in 2013-14. Descriptive statistical analysis of change in best-corrected visual acuity (BCVA) from presentation to 3 and 12 months after the first injection.

**Results**
The patients’ mean age and visual acuity at baseline were stable at 80 years and 0.24 Snellen. Visual acuity increased significantly with a mean of 6 injections; at 3 months to 0.38 Snellen, by 1 year to 0.41 Snellen for patients still in treatment; and to 0.35 Snellen for all patients with last observation carried forward. By 1 year 77% of eyes were still in treatment; 10% had discontinued treatment with no apparent activity of disease and only a mean of 3.3 injections; 10% had discontinued treatment due to low visual acuity, 3% were lost to follow-up.

**Conclusions**
Treatment with aflibercept in patients with nAMD showed excellent visual outcome for the majority of eyes treated.
Purpose Anti-blue lenses that selectively block the harmful portion of the blue light spectrum became commercially available recently. This study aimed to evaluate the protective effect of anti-blue lens on cultured porcine primary retinal pigment epithelial (RPE) cells against photo-irradiation.

Methods Primary RPE cells were isolated from porcine eyes and cultured to confluence. The cells were characterised by RPE65 using Western blot. White and blue light emitted diodes (LED) light sources as well as the transmittance of the anti-blue and anti-UV lenses were characterised by a spectrophotometer. The RPE cells were exposed to ~1.8x10⁴ cd/m² white (peak wavelength at 443 and 522nm) or blue (peak wavelength at 448 and 523nm) LED light for 16 hours, with anti-blue, anti-UV lens or without lens. Control cells were incubated in the dark. Cellular viability under the different lighting conditions with the anti-blue or anti-UV lenses were compared using trypan blue staining and MTT assay.

Results Trypan blue staining showed that the RPE cellular viability under no light, white light and blue light conditions without any lenses were 94.2±0.4%, 91.7±1.1% and 88.7±2.0% respectively. Blue light irradiation significantly induced more cell death when compared to no light (p<0.001) and white light (p<0.005) conditions. MTT assay also revealed significant difference under blue light when compared to no light (p<0.002) and white light (p<0.004) conditions. When comparing the effect of anti-blue and anti-UV lenses on cell survival, we found that anti-blue lens showed significantly elevated viability (93.4±1.4% vs 90.6±1.4%) using trypan blue (p<0.022) and MTT assay (p<0.029).

Conclusions Blue light exposure induced significant cytotoxicity on RPE cells. The anti-blue lens significantly reduced the harmful blue spectrum and showed protective effect on RPE cell survival.

• **S030** Microbiology of conjunctiva sac in intravitreal injections.

**Purpose** To evaluate the conjunctival sac flora before and after intravitreal injection (IVI) at eyes with no prophylactic antibiotic use.

**Methods** 57 eyes of 37 patients not using systemic or local antibiotics for at least 30 days were included. Microbiological culture from conjunctiva sac to nutrient media was taken twice: before IVI and before any topical medications were given and 30 minutes after any IVI. Topical antibiotics were not used neither before, nor after IVI. Shortly before IVI conjunctival sac was rinsed with 3% povidone-iodine (PVI). Control group constituted eyes not treated with IVI of the same patients.

**Results** Negative microbiological cultures before and after IVI were noted in the studied group in 15 patients (40.6%) and in 9 control eyes (24.3%). Coagulase-negative Staphylococcus (CNS) were cultured in 13 eyes (35.1%) before IVI and in 8 eyes (21.6%) after IVI. In 3 eyes (8.1%) Staphylococcus aureus was shown before IVI, with subsequent negative culture. In the control group CNS was shown in 14 eyes (37.8%) before IVI and in 7% (18.9%) after IVI. Microbiological flora was identical in studied and control groups in 14 cases (37.8%). There was no case of post-IVI endophthalmitis.

**Conclusions** About 90% of cultures were negative, in 35% - CNS, and in 15% - other bacteria were cultured, including Staphylococcus aureus in 8%. The number of negative cultures after IVI (the use of PVI) was higher than before IVI, and all Staphylococcus aureus were eliminated. The eye antisepsis based on PVI in IVI is an effective and efficient prophylaxis method.

• **S032** Endophthalmitis associated with intravitreal Ranibizumab: Microbiology and visual outcomes.

**Purpose** The purpose of this study was to examine the spectrum of pathogenic organisms isolated from all cases of endophthalmitis identified during an 11 year period (2003-2014) at a single eye unit. The study was undertaken at the Queen Alexandra Hospital in Portsmouth, UK.

**Methods** Eye casualty and theatre data bases (HICCS, Medisoft) were used to capture cases of endophthalmitis. Case notes were reviewed to identify whether an intravitreal tap taken for gram staining and microbiological culture.

**Results** There were 8 cases of endophthalmitis in the 11 year period. All except 1 had an intravitreal tap taken for gram staining and microbiological culture. 4 cultures grew coagulase negative Staphylococcus, 1 grew a Streptococcus species, 1 grew the gram negative organism Haemophilus influenza and 1 culture was sterile. All cases were treated with the intravitreal antibiotics Vancomycin and Cefazadime.

5 patients had a starting visual acuity of 6/12 or better and 3 were 6/18 or worse. Post recovery from endophthalmitis 4 patients had VA of 6/24 or better and 2 had Hand Movements or worse. The patient with the gram negative culture had NPL (no perception of light) vision.

**Conclusions** The proportion of coagulase negative Staphylococci was slightly higher than other published reports. 2 patients had a poor visual outcome of Hand Movements or worse despite treatment with intravitreal antibiotics, one of which had a gram negative culture. However, half of the patients retained a reasonable vision of 6/24 or better.

• **S033** Functional Expression of Toll-Like Receptors in Human Retinal and Choroidal Vascular Endothelial Cells.

**Purpose** Toll-like receptors (TLRs) are a family of proteins that initiate the innate immune response in reaction to invading microbes. Studies confirm the expression of TLRs in a variety of ocular tissues and cells, and it has also been suggested that selected TLRs may be associated with geographic atrophy and neovascularisation in age-related macular degeneration, diabetic retinopathy and other vascular and inflammatory diseases of the ocular posterior segment. However, TLR expression and localisation in the retinal and choroidal vasculature has not been defined.

**Methods** In this study the gene (mRNA) expression of TLRs 1-10 was investigated using RT-PCR and comparative qPCR and the protein expression and localisation of selected TLRs (3, 4, 6 and 9) were examined using western blotting, flow cytometry and immunofluorescence staining.

**Results** PCR showed gene expression of TLR 1-6 and 9 in human choroidal endothelial cells (hCEC) and TLR 2, 6, 9 and 10 in human retinal endothelial cells (hREC). Western blotting detected TLRs 3, 4 and 9 proteins in both hCEC and hREC with higher levels in hCEC, whilst TLR6 protein was not detectable in either cell type. Flow cytometry detected all four TLRs (3, 4, 6 and 9) on the cell surface and intracellularly; TLR6 expression was detectable but low. The expression and localisation of TLR3, 4 and 9 were confirmed by immunofluorescence staining and TLR functionality tested by expression of IL-6 (LISA) in response to TLR ligands.

**Conclusions** This study has, for the first time, identified the differential expression and localisation of TLRs in intracocular endothelial cells. This profiling will help inform our understanding of different retinal and choroidal vascular diseases, as well as the development of future treatments for intraocular vascular diseases.

**Commercial interest**
**S033**

**Spontaneous oscillations in the diameter of retinal arterioles from normal persons decrease with age.**

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**Purpose**
The retinal vascular system is devoid of autonomic nervous supply, and consequently retinal blood flow is autoregulated. This includes pressure autoregulation, metabolic autoregulation and spontaneous oscillations in the diameter of retinal arterioles, so called vasomotion. It has been shown that vasomotion is impaired in diabetic patients, but it is unknown at what extent vasomotion results in retinal vascular disease should be corrected for age.

**Methods**
Methods: Forty-eight normal persons consisting of at least 8 persons within each of the age groups (in years): 20-29, 30-39, 40-49, 50-59, and 60-69 were included. The patients had been examined by video recording of the retinal vessels using the Dynamic Vessel Analyzer, and diameter changes at five different locations on both arterioles and venules were analyzed by Fourier analysis. The power of the oscillations was calculated in five frequency bands defined as: 1) 0.04 Hz to the very low frequency (VLF), 2) 0.04 and 0.15 Hz as the low frequency (LF), 3) 0.15 Hz and 0.4 Hz as high frequency (HF), 4) 0.4 and 2 Hz (VHF) normally containing the heart rate, and 5) 2.12.5 Hz as a high ultrafrequency (UHF).

**Results**
Results: In all arteriolar segments the power of spontaneous diameter oscillations with high frequencies showed a negative correlation with age, and the correlation was also found for low frequencies 1/4 disk diameter from the optic disk (R2=0.00388, p<0.0003 for all comparisons).

**Conclusions**
Power analysis of spontaneous diameter changes in retinal arterioles should be corrected for age before results from different patient groups can be compared.

**S034**


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**Purpose**
To evaluate the retinal vascular network in P0 and P1 neonates in vivo in real time.

**Methods**
C57Bl/6J neonates were dark-adapted overnight. Animals were subjected to clinical investigation by using electrotetrogrammetry (ERG) and spectral domain optical coherence tomography (SD-OCT) coupled to fluorescein angiography (FA).

**Results**
FA in P0 neonates revealed that vascularization starts as ring-shaped vascular sprouts growing radially from the optic nerve head, becoming progressively interconnected by a capillaryplexus between them. OCT data indicated that neonatal retina consisted of three layers: ganglion cell, inner plexiform and neuroblastic. The retinal thickness in P0 and P1 pups were 45 ± 7 μm, 50.2 ± 2 μm, respectively. ERG recordings were observed as early as day 0; however they exhibited a nearly abolished b-waves and relatively preserved a-waves. This suggests that synaptic functionality develops at the onset of postnatal retinogenesis.

**Conclusions**
We report here for the first time the imaging of the developing retina in real time as early as P0, which was coupled to focal-ERG and OCT measurements. Our data indicated that despite the nearly abolished b-waves, the retina was responsive to light stimuli. Our data also suggest that the positive-going b-wave of the dark-adapted ERG response is generated by the precursor neuronal cells within the developing NBL and the response to light stimulation occurs long before the appearance of the rods and cones in the developing photoreceptor layer.

**S035**

**Effects of selective retina therapy on retinal oxygen saturation compared to conventional photocoagulation in rabbits**

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**Purpose**
Subvisible selective retina therapy (SRT) was designed to target retinal pigment epithelium (RPE) without damaging adjacent photoreceptors. This study evaluated the changes in retinal oxygen saturation and retina histology after SRT compared to conventional photocoagulation(PC) in rabbits.

**Methods**
One eye in each of 10 chinchilla bastard rabbits was treated with 144 spots of SRT (527 nm) or conventional laser treatment (577 nm), respectively. After treatment, fundus photography, optical coherence tomography, and fluorescein angiography were performed to detect lesions. At 1 week post-treatment, retinal oxygen saturation in untreated, SRT-treated, and PC-treated areas was evaluated using light and electronic microscopy. At 4 weeks post-treatment, the same procedures were performed in the remaining five eyes.

**Results**
At 1 week post-treatment, mean retinal oxygen saturation in the PC-treated area (213 ± 7.2 mm Hg) was significantly higher than in the untreated (166 ± 4.3) and SRT (153.4 ± 5.3) areas. Similar results were found at 4 weeks post-treatment (PC-treated, 253 ± 8.3, untreated, 144 ± 5.2, SRT-treated, 152 ± 4.6). OCT and histological examinations revealed selective RPE damage while sparing photoreceptors in the SRT lesion. In contrast, broad damage in multiple retinal layers including the photoreceptors was observed in conventional PC lesions.

**Conclusions**
Increasing retinal oxygen saturation after conventional PC might be due to widespread destruction of retinal layers including photoreceptors which is most oxygen consuming structure in retina. In contrast, relatively unchanged retinal oxygen saturation was observed in SRT lesions with intact retinal layers and photoreceptors. SRT can be used as an photoreceptor saving laser therapy in RPE dysfunction diseases such as DME or CSC.

**S036**

**The effects of nitroglycerine and COX-inhibition on retinal vessel diameters during hypoxia**

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**Purpose**
Retinal hypoxia plays a role in the pathophysiology of retinal vascular diseases such as diabetic retinopathy. Previous studies have shown that nitric oxide (NO) and cyclooxygenase (COX) products are involved in hypoxia-induced dilatation of the retinal vessels. Therefore, the purpose of this study was to examine the effect of an NO donor and inhibition of COX products on the diameter regulation of retinal vessels during hypoxia in healthy subjects.

**Methods**
Twenty normal persons were examined with the Dynamic Vessel Analyzer (DVA). Retinal vessel diameters were measured at rest, and during isometric exercise and ficker stimulation. The measurements were performed during normoxia and hypoxia before and after sublingual administration of the NO donor nitroglycerine, and were repeated on a second study day after topical administration of the COX-inhibitor diclofenac.

**Results**
Hypoxia alone and combined with nitroglycerine significantly reduced both arteriolar constriction during isometric exercise and dilatation during ficker stimulation (p<0.0001). Diclofenac further reduced the arteriolar constriction induced by isometric exercise during hypoxia (p=0.005). Nitroglycerine alone had no effect on the retinal vessel diameters.

**Conclusions**
Diameter regulation of retinal vessels during hypoxia in normal persons is affected by inhibition of COX products but not by increased NO. The results contribute to understanding of retinal flow regulation and thereby to the identification of possible new strategies for intervention on diseases characterized by disturbances in retinal blood flow.
• **S037**  
Lack of tone response in retinal arterioles secondary to electrical field stimulation  
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**Purpose** The retinal vascular system is devoid of autonomic nervous supply and therefore retinal blood flow is autoregulated. However, it is unknown to what extent electrical activity in the retina during the visual process contributes to this flow regulation. The purpose of the present study was to study changes in vascular tone in retinal arterioles during electrical field stimulation (EFS) simulating neuronal activity around the vessels.

**Methods** Porcine ciliary arteries and retinal arterioles were mounted in a myograph system and the tone was measured during: A) Six series of bipolar field stimulations with a frequency of 1 Hz successively doubled to reach 32 Hz. In each series 30 mA pulses with a duration of 0.3 ms were applied during 20 sec, followed by a resting period of 5 min. B) The successive addition of the Na+ channel opener veratridine in the concentrations: 10-6, 3x10-6, 10-5 and 3x10-5 M. The experiments were repeated after addition of the Na+ blocker tetrodotoxin (TTX) and after removal of the perivascular retinal tissue.

**Results** EFS had no significant effect on the tone of retinal arterioles (p>0.066), whereas veratridine showed a concentration dependent relaxation of these vessels (p<0.01).

**Conclusions** EFS has no effect on the tone of porcine retinal arterioles in vitro, whereas veratridine induces relaxation of these vessels. The findings are in accordance with a lack of autonomic nervous supply in retinal arterioles.

• **S038**  
New generation analysis of thrombin generation in retinal vein thrombosis  
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**Purpose** To investigate potential mechanisms involved in retinal vein occlusion (RVO) we evaluated thrombin generation and soluble CD40 ligand (sCD40L) with respect to other known thrombophilic factors.

**Methods** 68 patients affected by RVO (28 central, 40 branch) and 60 healthy controls were evaluated for endogenous thrombin potential (ETP) by a chromogenic method and sCD40L by ELISA technique. Polymerase chain reaction (PCR) was employed for genetic polymorphisms and coagulative/chromogenic methods for other coagulation factors.

**Results** Independently of genetic polymorphisms ETP was increased in patients with CRVO whereas sCD40L was higher in the whole cohort.

**Conclusions** Our data indicate an involvement of global coagulative activation in CRVO patients as suggested by ETP.

• **S039**  
Comparison of the lamina cribrosa thickness of patients with unilateral branch retinal vein occlusion and normal subjects  
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**Purpose** We compared the lamina cribrosa thickness (LCT) of normal subjects and patients with unilateral branch retinal vein occlusion (BRVO), and investigated the correlation between the LCT and the BRVO subtypes.

**Methods** A total of 46 eyes of 46 patients with naïve untreated BRVO and 31 eyes of 31 normal control subjects were included in this study. The occlusion site was divided into 2 BRVO types: arteriovenous crossing BRVO (AV-BRVO) and optic nerve BRVO (ON-BRVO). The optic nerve head (ONH) was scanned using enhanced-depth imaging (EDI) with the Spectralis OCT system. The mean LCT was defined at the centers of the mid-superior central and mid inferior horizontal B-scans. The inter-eye differences and intra-eye differences in the LCT in BRVO were analyzed using the paired t-test.

**Results** The mean LCT of both eyes in the patients with BRVO was thinner than that of the normal subjects eyes (both P<.001). Although the LCT of the BRVO-affected eyes were slightly thinner than that of the fellow eyes (227.0 μm vs. 241.4 μm), there was no statistically significant difference. Moreover, there were no significant LCT differences according to site of occlusion (AV-BRVO 257.6 μm vs. ON-BRVO 234.4 μm, P > .05).

**Conclusions** The lamina cribrosa was thinner in both eyes of the unilateral BRVO patients than in those of the normal subjects, but there was no difference in the LCT regardless of the anatomical site of the occlusion. These findings suggest that BRVO and glaucoma may have a common structural pathogenic mechanism.

• **S040**  
Effect of intravitreal bevacizumab on choroidal thickness in eyes with retinal vein occlusion and diabetic macular oedema  
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**Purpose** To evaluate choroidal thickness (CT) before and after intravitreal bevacizumab injections in eyes with macular oedema due to retinal vein occlusion and diabetic maculopathy.

**Methods** In this pilot study, 18 eyes of 16 patients were treated with intravitreal bevacizumab injections. The central macular thickness was measured at baseline and after treatment with intravitreal bevacizumab using spectral domain optical coherence tomography (SD-OCT). The choroid was evaluated using SD-OCT with EDI mode (Spectralis’ HRA-OCT, Heidelberg Engineering) at the fovea before and after intravitreal bevacizumab.

**Results** 18 eyes were treated with 1.25 mg of intravitreal bevacizumab every 4 weeks, with at least three injections per eye and then continued if oedema persisted. The mean number of intravitreal bevacizumab injections per eye was three. The subfoveal choroidal thickness was significantly thinner after intravitreal anti-VEGF treatment (214.82 ± 62.67 μm) than at baseline (265.52 ± 87.67 μm, P < .0001). The mean central macular thickness decreased significantly after treatment with intravitreal bevacizumab (265.53 ± 81.20 μm) compared to baseline (522.63 ± 305.62 μm, P < 0.005). Decrease in central macular thickness did not correlate with decrease in subfoveal choroidal thickness.

**Conclusions** In eyes with macular oedema due to retinal vein occlusion and diabetic maculopathy, treatment with intravitreal bevacizumab significantly reduced subfoveal CT and central macular thickness.
Purpose To analyse the evolution of macular hyperreflective points (HRP), detected by spectral domain optical coherence tomography (SD-OCT) in eyes with macular edema secondary to retinal vein occlusion (RVO), following treatment with intravitreal dexamethasone implant (Ozurdex®).

Methods Retrospective observational study of 45 consecutive cases of RVO-associated macular edema: 13 central RVO and 32 branch RVO treated with Ozurdex®. The relationship between best corrected visual acuity (BCVA), central macular thickness (CMT) and the presence of HRD in SD-OCT before treatment and two months post-injection was determined.

Results CMT decreased significantly following treatment (527.7 μm vs. 388.3 μm, p < 0.001). Although there was a visual acuity improvement in 18 of the 45 eyes (40%), the mean BCVA difference was not statistically significant (p=0.573). Numerous HRP were detected in 24 patients (53.3%), disappearing in ten of them (41.7%) after corticosteroid intravitreal therapy.

Conclusions Disappearance of HRP after an intravitreal dexamethasone implant would support the hypothesis that HRP could represent some inflammatory cells.
• **S045**

**Retinal Vessel Oxygen Saturation and its implications in myopia**

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**Purpose**
To evaluate retinal vessel oxygen saturation and its relationship with ocular volume and axial length.

**Methods**
We included sixty-five healthy individuals (age range: 19-51 yrs) of varying axial lengths (20.7±2.8 mm). All subjects underwent full ophthalmic examination including intra-ocular pressure measurements and systemic blood pressure measurements which was followed by auto-refraction, axial length, anterior chamber, corneal radii and retinal oxygen saturation assessments. In addition, all subjects underwent routine retinal photography which was used to determine their retinal arterial and venous calibers.

**Results**
Retinal vessel calibers, both arteries and venules were significantly decreasing with increasing axial length (arteries: β=0.37; p=0.001 and venules: β=0.37; p=0.001). Arterial vessel oxygenation showed a statistical significant relationship with axial length but not posterior volume (axial length: β=0.88; p=0.032 and posterior volume: β=0.73; p=0.005). Venous vessel saturation and oxygen consumption (A-V) were independent of ocular length and volume.

**Conclusions**
Structural vascular changes such as vessel narrowing combined with changes in posterior volume and those brought about from vitreous detachment and degeneration could explain oxygenation related glaucomatous changes in highly myopic individuals.

• **S046**

**Assessment of choroidal thickness in high myopic glaucomatous eyes using SD OCT**


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**Purpose**
To measure macular choroidal thickness (CT) using spectral domain optical coherence tomography (OCT) in high myopic eyes with primary angle-open glaucoma (POAG), and to investigate whether the choroid is thinner in these eyes compared to high myopic eyes without glaucoma.

**Methods**
We conducted a cross-sectional study of 68 eyes with high myopic glaucoma matched with 68 highly myopic eyes without glaucoma by age, central corneal thickness and axial length (AL). OCT scans were performed with the spectral domain OCT (Topcon 2000). The subfoveal CT was measured between the Bruch membrane and the internal aspect of the sclera.

**Results**
In the subgroup without glaucoma, matched with the subgroup with glaucoma by age (P=0.48), central corneal thickness (P=0.28) and AL (P=0.14), the mean subfoveal CT was 98.56±31.37 μm. In the subgroup with glaucoma, the mean subfoveal CT was 51.32±18.44 μm. The comparison between the two subgroups found a statistically significant difference in subfoveal CT (P<0.0001).

**Conclusions**
Foveal choroidal thickness is reduced in highly myopic eyes with glaucoma. The choroidal thinning can be a useful parameter for the diagnosis and the follow-up of highly myopic patients with glaucoma.

• **S047**

**Adjunctive photodynamic therapy for type 1 choroidal neovascularization associated with thickened choroid**

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**Purpose**
To evaluate the treatment outcomes of adjunctive photodynamic therapy (PDT) in patients with type 1 choroidal neovascularization (CNV) associated with thickened choroid and refractory to anti-vascular endothelial growth factor (VEGF) monotherapy.

**Methods**
Data on 28 eyes of 28 patients with type 1 CNV with a minimum subfoveal choroidal thickness of 300 μm were reviewed. All showed persistent subretinal and/or intraretinal fluid after at least 4 anti-VEGF injections in the 6 months before adjunctive PDT. No eyes had certain polypoidal lesions on indocyanine green angiography. The main outcomes measured included the rates of complete fluid absorption at 3 months and the change in best-corrected visual acuity (BCVA) at 12 months.

**Results**
At 3 months, complete fluid absorption was observed in 24 eyes (85.7%). The mean CT was 98.56±31.37 μm. The mean subfoveal choroidal thickness from 386±80 μm to 350±91 μm compared to baseline (P=0.01). The 1-year follow-up period, 17 eyes (60.7%) were free from recurrent fluid accumulation. Anti-VEGF injection was mainly used in the re-treatment of persistent or recurrent exudation (mean 1.5). At 12 months, the mean BCVA significantly improved compared to baseline (20/53 to 20/44, P=0.039), and the logarithm of the minimal angle of resolution (BCVA) improved by ≥0.1 log maintained in 27 eyes (96.4%).

**Conclusions**
Adjunctive PDT in eyes with type 1 CNV with thickened choroid refractory to anti-VEGF monotherapy resulted in complete fluid absorption in most eyes, which translated to visual improvement up to 1 year.

• **S048**

**Treatment of peripheral exudative hemorrhagic chorioretinopathy by intravitreal injections of Afibercept: report of 4 cases**

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**Purpose**
Peripheral exudative hemorrhagic chorioretinopathy (PEHCR) is a rare disorder characterized by subretinal or sub-pigment epithelial hemorrhage and exudation localized outside the macular region. Some authors consider PEHCR as the peripheral version of age-related macular degeneration while others believe PEHCR is a specific variant of polypoidal choroidal vasculopathy (PCV).

**Methods**
We report 4 cases of PEHCR (3 women and 1 man) treated by intravitreal injections of Afibercept. The mean age was 78 years (range 62-83 years). In all cases the presence of PCV was confirmed with indocyanine green angiography. Examination revealed peripheral subretinal or sub-pigment epithelial hemorrhage with exudation extended into the macula in all patients. After 2 or 3 intravitreal injections of Afibercept, PEHCR lesions and submacular exudation significantly regressed.

**Results**
Generally, PEHCR has a favorable prognosis, however vision can be threatened because of subretinal hemorrhage and fluid extension into the macula. In cases in which the macula appears threatened, intravitreal anti-vascular endothelial growth factor therapy and/or laser-based therapies may be indicated. Peripheral lesion can be differentiated from subretinal fluid by auto-refraction, macular angiography and spectral domain optical coherence tomography.

**Conclusions**
PEHCR is not well-recognized by the ophthalmologist and is often misinterpreted as a choroidal melanoma. To our knowledge this is the first report of Afibercept use and efficacy in this indication.
**S049**

Spontaneous subretinal pigment epithelium hemorrhage

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**Purpose**

to describe a case of spontaneous subretinal pigment epithelium hemorrhage in a high myopic patient.

**Setting**

Subretinal hemorrhage is an accumulation of blood between the neurosensory retina and the retinal pigment epithelium. Sub-RPE (retinal pigment epithelium) hemorrhage is located between the RPE and Bruch's membrane.

**Methods**

A 22-year-old high myopic Brazilian man complained of acute blurred vision in his left eye over the past 2 days. The patient had no trauma and systemic pathology. Visual acuity in the right eye was 20/20 and in the left eye counting fingers (3 meters).

The intracellular pressure and biomicroscopy were normal. Fundus examination of the right eye was normal. Fundus examination of the left eye showed a macular hemorrhage with well-defined borders.

**Results**

The patient underwent optical coherence tomography (OCT), fluorescein angiography (FA) and Indocyanine green (ICG) angiography. In the OCT, there was evidence of the sub-RPE hemorrhage. Choroidal neovascularization was not detected in any exam including ICG. No surgery was performed; only observation. At 30 days follow-up, the visual acuity in the left eye was 20/40. Fundus examination showed an absorption of the sub-RPE hemorrhage.

**Conclusions**

Subretinal hemorrhage may cause retinal damage through a number of mechanisms. Sub-RPE hemorrhages have well-defined borders attributed to the tight cell junctions amongst RPE cells. Good visual outcome is sometimes possible in selected patients with submacular hemorrhage managed without surgical intervention. The OCT is an important tool to localize the level of the hemorrhage. The recovery of the visual acuity of the present case is probably due to the healthy retinal pigment epithelium and photoreceptors prior to the hemorrhage.

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**S050**

Myofibroblasts in proliferative diabetic retinopathy can originate from infiltrating fibrocytes and through endothelial-to-mesenchymal transition (EndoMT)


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**Purpose**

The fibrovascular epithelial membranes from patients with proliferative diabetic retinopathy (PDR) are characterized by the accumulation of a large number of myofibroblasts. We explored the hypothesis that proliferating endothelial cells via endo-endothelial transition (EndoMT) and/or bone marrow-derived circulating fibrocytes contribute to the myofibroblast population present in PDR membranes.

**Methods**

Epithelial membranes from 14 patients with PDR were studied by immunohistochemistry. In addition, we investigated the phenotypic changes that take place in human retinal microvascular endothelial cells following exposure to transforming growth factor-β (TGF-β), connective tissue growth factor (CTGF) and proinflammatory cytokines interleukin-1β (IL-1β) and tumor necrosis factor α (TNF-α).

**Results**

All membranes contained neovessels expressing the endothelial cell marker CD31. CD31+ endothelial cells co-expressed the fibroblast/myofibroblast markers fibroblast-specific protein-1 (FSP-1) and α-SMA, indicative of the occurrence of EndoMT. In the stroma, cells expressing FSP-1 and α-SMA, the leukocyte common antigen CD45, and the myelomonocytic marker CD11b were detected. Double labeling showed co-localization of CD45 with FSP-1 and α-SMA and co-localization of CD11b with α-SMA and matrix metalloproteinase-9, demonstrating the presence of infiltrating fibrocytes. Retinal microvascular endothelial cells changed morphology upon cytokine exposure, lost the expression of endothelial cell markers (endothelial nitric oxide synthase and vascular endothelial-cadherin) and started to express mesenchymal markers (calponin, snail, transgelin and FSP-1).

**Conclusions**

These results suggest that endothelial cells as well as circulating fibrocytes may differentiate into myofibroblasts in the diabetic eye and contribute to pathologic fibrosis in PDR.

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**S051**

Stimulation of TLR4 Increases Angiogenic and Anti-Angiogenic Gene Expression in Choroidal Endothelial Cells

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**Purpose**

The Toll-like receptor (TLR) family initiates the innate immune response in reaction to invading microbes. Studies confirm the expression of TLRs in a variety of ocular tissues and cells, and it has also been suggested that selected TLRs may be associated with geographic atrophy and neovascularisation in age-related macular degeneration, diabetic retinopathy and other vascular and inflammatory diseases of the ocular posterior segment. However, the mechanisms of TLR stimulation and the mechanism of endothelial inflammatory and angiogenic effects have not been defined.

**Methods**

Microarray analysis was performed on primary human choroidal endothelial cells stimulated with LPS, a specific TLR ligand. Microarray results were validated using qPCR and the functional significance of increased factors were investigated using proliferation and migration assays.

**Results**

Microarray indicated a large increase in expression of angiogenic (e.g. CCL2, IL-8) and anti-angiogenic (e.g. CXCL10, CXCL11) molecules. The fold change in expression of these molecules was validated using qPCR and the secretion using ELISA. Reported angiogenic molecules were confirmed to have a pro-angiogenic effect in vitro.

**Conclusions**

This profiling of factors increased during TLR4 stimulation will help inform our understanding of inflammation in choroidal vascular diseases, as well as the development of future treatments for intraocular vascular diseases.

**Commercial interest**

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**S052**

Development of Diabetic Retinopathy in a 22-Week Old Homozygous Ins2Akita Mouse: A Case Study

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**Purpose**

Mice homozygous for Ins2Akita develop type 1 diabetes mellitus. These animals die by 12 weeks old age due to rapid and severe hyperglycemia, which leaves the mice with a short window period to manifest diabetic retinopathy (DR). Here we report the rare development of DR in a 22-week-old male Akita mouse.

**Methods**

Electroretinography (ERG) and spatial-domain optical coherence tomography (SD-OCT) imaging as a measure of visual function, which was coupled to fluorescent angiography (FA) and trypan digestion (TD).

**Results**

The homozygous mouse exhibited hyperglycemia and retinal complications including early signs of vascular damage consistent with DR. TD demonstrated the presence of pericyte ghosts, whereas FA exhibited the manifestation of retinal neovascularization, vascular leakage and microaneurysm formation. ERG recording and OCT imaging were sensitive in detecting the degree of retinal degeneration and RPE tear as compared to the wildtype control. The RPE tear created an area where photoreceptors have no RPE support. Scotopic ERG analysis exhibited significantly faster b-wave responses as compared to wildtype control. Further analysis using b/a wave ratio revealed a strikingly disproportionate reduction in the b- and a-wave amplitudes. SD-OCT demonstrated a reduction in the overall retinal thickness (OS-TH) of homozygous Ins2Akita mouse but not age-matched control.

**Conclusions**

Our study reports and for the first time the rare development of full-blown clinical expression of diabetic retinopathy in a 22-week-old homzygous Akita.
**S053**
Correlation of Different Circulating Endothelial Progenitor Cells to Stages of Diabetic Retinopathy in patients with type 2 diabetes mellitus

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**Purpose**
To investigate vasogenic endothelial progenitor cells (EPCs) in patients with type 2 diabetes mellitus (T2DM) with or without diabetic retinopathy (DR).

**Methods**
A case control study comparing 20 normal controls (CO) and 60 patients with T2DM with and without DR was performed. Patients with DR were studied and staged according to ETDRS severity scale: 60 patients were included: 20 without DR (NDR), 20 with nonproliferative DR (NPDR), and 20 with proliferative DR (PDR). EPCs (CD34+/CD105+) were enumerated by flow cytometry.

**Results**
The content of EPCs in PDR group (0.0316±0.0294) % was significantly higher than that of the other three groups (0.0376±0.0051, P<0.05). The content of EPCs of CO group (0.0779±0.0047) % was higher than that of the NPDR group (0.0123±0.0137) % and the NDR group (0.0151±0.0086) % but the difference was not significant (γ2=5.244, P>0.05). There was no significant difference of content of EPCs between NPDR group and the NDR group (γ2=6.01, P>0.05).

**Conclusions**
In patients with T2DM with DR, EPCs undergo stage-related regulation. In nonproliferative retinopathy, a reduction of EPCs was observed, and in proliferative retinopathy, a dramatic increase of mature EPCs was observed.

**S054**
Dexamethasone reverses the effects of high glucose on human retinal endothelial cells in vitro

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**Purpose**
Diabetic retinopathy is the leading cause of preventable blindness in the working population and its prevalence continues to increase as the worldwide prevalence of diabetes grows. The main cause of visual loss in diabetic eye disease is diabetic macular oedema caused by an increase in microvascular endothelial permeability. Endothelial cell permeability is influenced by multiple factors which have not been fully elucidated, particularly in human models. Inflammation has been reported in the pathogenesis of diabetic retinopathy and the potential use of anti-inflammatory agents such as the glucocorticoid dexamethasone is being extensively studied.

**Methods**
The effect of high glucose (25 mM) and dexamethasone on retinal endothelial cell proliferation and permeability were assessed using Cell-8 proliferation reagent and passage of Evan’s blue albumin, respectively. qPCR was used to quantify gene expression of selected tight junction molecules (Occludin, Claudin-5, JAM-A and JAM-C) and adheren junction (VE-Cadherin) molecules with high glucose and dexamethasone.

**Results**
High glucose decreased endothelial cell proliferation and this effect was reversed by dexamethasone. High glucose conditions significantly increased endothelial cell permeability and this effect was decreased with dexamethasone treatment for 24 and 72 hours. In retinal endothelial cell exposed to high glucose claudin-5, occludin and JAM-A gene expression were reduced and that of JAM-C increased when evaluated with qPCR; dexamethasone was effective in partially reversing these changes.

**Conclusions**
Dexamethasone reverses high glucose induced alterations in retinal endothelial cell behaviour.

**Commercial interest**

**S055**
The effect of glucose and insulin on the susceptibility of cultured photoreceptor-like cells to hypoxia

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**Purpose**
Diabetes causes a retinal neuropathy, however whether glucose itself is beneficial to stressed retinal neurons is controversial. This investigation aimed to assess the effect of glucose on the resilience of cultured photoreceptor-like cells to hypoxia.

**Methods**
661W cells were cultured in serum free media and 5mM glucose. Cellular insult and damage after CoCl2 induced hypoxia was measured by caspase 3/7 activation, annexin V binding and propidium iodide marking on flow cytometry and confirmed by immuno-fluorescence. hif 1α, VEGF expression and Akt phosphorylation were assessed with primary conjugated antibodies and flow cytometry.

**Results**
In 5mM glucose, hypoxia increased hif 1α activation and led to cell death by both apoptosis and necrosis in a dose dependent manner. Higher glucose levels increased hypoxia induced apoptosis and cell death. Photoreceptor-like cells expressed the insulin receptor, and the increase in apoptosis associated with 25 mM glucose was blocked by insulin treatment, which increased intracellular levels of phosphorylated akt, decreased VEGF production and decreased caspase 3 activation and Annexin binding. However in increased necrosis resulted in no significant difference in hypoxic cell death compared with 5 mM glucose. These effects of insulin were partially blocked by the PI3K inhibitor wortmann, but not by PKC inhibition with chelerythrine. Insulin decreased apoptosis to levels equivalent to “non diabetic” hypoxic cells, but increased necrosis led to no change in the percentage of dead cells. An insulin induced shift to cell death by necrosis in hypoxic photoreceptors may be one mechanism of the initial exacerbation of diabetic retinopathy with intensive treatment.

**S056**
Insulin-induced dilatation of porcine retinal vessels in vitro is most pronounced in precapillary arterioles

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**Purpose**
Impaired retinal blood flow is involved in the pathophysiology of diabetic retinopathy, and it has been shown that the smaller and larger retinal vessels may contribute differently to these flow changes. Diabetes mellitus is accompanied with changes in a number of metabolic parameters including a reduced effect of insulin. However, the vasoreactive effects of insulin on retinal vessels with different calibers have not been studied in detail.

**Methods**
Porcine retinal vessels were mounted in a newly established experimental model specifically developed for studying diameter changes of retinal vessels with different calibers. Changes in the diameter of larger arterioles (25 μm or larger), precapillary arterioles (10-25 μm) and capillaries (smaller than 10 μm) were studied after intra-vascular and extracapillary addition of insulin in retinal vessels preconstricted with the prostaglandin analogue U66197 from altogether 6 hemiretinas from different animals.

**Results**
Insulin dilated preconstricted arterioles and precapillary arterioles significantly after both intra-vascular and extravascular application (p<0.01 for all comparisons), but had no significant effect on the diameter of capillaries after intra-vascular (p>0.05) and extravascular (p>0.05) application. The dilating effect of insulin was significantly more pronounced for pre-capillary arterioles than for the two other vessel types after extravascular application (p<0.01).

**Conclusions**
Insulin dilates preconstricted retinal vessels, but the effect is most pronounced in pre-capillary arterioles. This may have importance for understanding disturbances in retinal blood flow in diabetic retinopathy.
• S057  
**Prevalence of diabetic retinopathy in children and adolescents with type 1 diabetes in Helsinki, Finland, 7–15 years after diagnosis**

**Methods**
Fundus images of the patients were taken as a part of clinical follow-up at the Department of Pediatrics if aged 10–18 years and at Herttoniemi Hospital if older than 18 years. Of the 238 patients, 201 (84 %) were included in this retrospective study (another 23 patients had moved from Helsinki, one patient never attended the fundus photography sessions, two had not yet been photographed due to young age, and one patient had died). The presence and severity of DR was determined from 60° fundus images taken with a digital Canon CF-60UD camera with a green filter by one observer (SG) using ETDRS classification. The eye with more advanced DR level represented the patient.

**Results**
Of the 201 patients, 106 (53%) were males. The median age at diagnosis of T1D was 8.0 (range, 0.6–14.0) years. At the time of fundus imaging the median age was 19.0 (range, 10.0–28.0) years, and the median T1D duration was 11.0 (range, 7.0–15.0) years. Altogether 123 (61.4%) patients had DR of whom the majority (111; 93.2%) had mild DR (level 0 or 1). One patient had neovascularization on the retina. The age of the youngest patient with DR was 10 years. Of the 10 patients who did not attend fundus imaging as adult care, nine had had no DR and one had level 20 DR when analyzed in the pediatric unit.

**Conclusions**
Our results indicate that more than half of the young T1D patients in Helsinki have DR after a median duration of 11 years.

• S058  
**Hospital prevalence of visual of visual impairment caused by diabetic retinopathy**

**Purpose**
To investigate cases of visual impairment caused by diabetic retinopathy (DR) in a hospital population.

**Methods**
As part of an observational study to estimate the prevalence and costs of visual impairment in Portugal (PCVIP study), clinical records of all patients attending the ophthalmology department of a tertiary hospital were analysed looking for patients meeting the inclusion criteria. Inclusion criteria were: i) presenting visual acuity in the better eye <5/10 (20/40) and/or ii) visual field less than 20°. Diagnosis of cases with VI were classified according with ICD9. Results reported here were selected from the total number of patients with VI by filtering ICD9 codes starting by 362.

**Results**
In 12 weeks, 1920 cases of VI were detected, 586 (31%) caused by any type of DR. From those: 54% were caused by non-proliferative DR, 46% by proliferative DR and 6% by diabetic macular edema. The mean age of the patients with VI caused by DR was 69.4 (sd=9.5) years and 57% were female. The estimated hospital prevalence (for 52 weeks) of VI caused by DR is 39% (95%CI = 38–41).

**Conclusions**
Our results show that DR remains the leading cause of VI in the population attending our hospital. Information about the number of patients reaching VI will be fundamental to assess the cost-benefits of treatments and public health campaigns to reduce the burden of diabetic retinopathy in Portugal.

**Commercial interest**

• S059  
**Prognostics factors of poor functional response in ranibizumab treatment for diabetic macular edema**

**Purpose**
To identify prognostics factors of poor functional response to anti-VEGF (ranibizumab) in diabetic macular edema (DME).

**Methods**
This retrospective study enrolled 36 eyes with DME treated with intravitreal ranibizumab injections. The main outcome measures were the change in best corrected visual acuity (BCVA) after 12 months of treatment and its correlations with clinical findings.

**Results**
BCVA at baseline examination was 61±16 letters. In the final control after 12 months following injection, the median value of BCVA increased to 67±18 letters. Two groups were analyzed: the responder group (22 eyes or 61%) corresponding to patients with an increase in visual acuity at 12 months and non-responders (39%).

**Conclusions**
In our study, the presence of previous treatments and the lack of response at 3 and 6 months are associated with poor functional response that could justify a management change.
**S061**

Automatic method to distinguish manifestation areas of early diabetic retinopathy from image artefacts by using L*u*v* colour space

**Purpose**
The RGB colour space was converted into seven different colour spaces: XYZ, CMY, HSL, HSV, HLS, Lab and L*u*v*. The L*u*v* colour space presented optimal results, with the highest sensitivity and best reproducibility. We employed three-dimensional analysis of L*u*v* colour spaces to detect early diabetic retinopathy.

**Methods**
Six patients with small haemorrhages, hard exudates and photocoagulation marks were evaluated using fundus photography, which revealed image artefacts in the fundus of some patients. We constructed an experimental device similar to the optical system of a fundus camera, and created artificial eyes of the fundus, which were painted with four different colours. The image artefacts were photographed under each artificial eye using the experimental device. We analysed all images using Scihb 5.4.0 and SIVP 0.5.3 software. The software interpreted the values of the L*u*v* colour space as a three-dimensional graph, which was modified using a Gaussian filter.

**Results**
We calculated the difference between the manifestation and perimanifestation areas and image artefact and perianaretact areas using the L*u*v* values. The L*u*v* values’ ratios of the image artefact to manifestation areas in the human eye were as follows: haemorrhage (6.2, 11.4, 7.4); hard exudate (3.2, 7.7, 2.5) and photocoagulation mark (8.1, 3.9, 6.2).

**Conclusions**
L*u*v* colour space is an effective means of differentiating between small haemorrhages, hard exudates and photocoagulation marks from image artefacts.

**S062**

Choroidal Thickness and Systematic Examination in Diabetic Patients without Diabetic Retinopathy

**Purpose**
The choroidal circulation receives nearly 95% of ocular blood flow and it is essential for a normal retinal structure and function. Recently, several clinical studies showed a variation in choroidal thickness (CT) even before the presence of diabetic retinopathy (DR), which means remaining uncertain and questionable. Our objective was to analyze and correlate the CT with the disease duration, systemic blood pressure (SBP) and analytic evaluation.

**Methods**
Prospective, observational case-control study. A complete ophthalmological examination was performed, including dynamic contour tonometry and axial length. CT was assessed by a non-invasive procedure using an OCT (SpectraS Heidelberg Engineering) with an enhanced depth mode (EDO) at 13 different locations (subfoveal and 3 measurements 500 µm apart in all 4 directions - nasal, temporal, superior and inferior). The SBP was measured and an analytical evaluation was performed, including glycemia, glycosylated hemoglobin (HbA1c), lipid parameters, renal function, idiomogram and microalbuminuria. Correlation between variables was explored using Spearman correlations.

**Results**
The study included 65 diabetic patients without DR: 36 females; mean age 67.23 ± 9.08 years, with an average disease duration of 90.42 ± 81.82 months. The CT didn’t showed a correlation with disease duration, SBP, glycemia, HbA1c, renal function, lipid parameters, homocysteinemia, natremia or microalbuminuria. However, the CT was positively correlated with potassium and chlorine serum levels in 5 points, with statistical significance (p between 0.26 and 0.31, p < 0.05).

**Conclusions**
CT may be positively influenced by serum levels of potassium-chlorine in diabetic patients but not in healthy controls. These abnormal CT relationships can be detected even with no visible DR. Further studies are needed to explore these differences.

**S063**

Evaluation of intraocular pressure, choroidal and retinal thickness measurements using optical coherence tomography in non-diabetic haemodialysis patients

**Purpose**
The purpose of this study was to evaluate the ocular findings in non-diabetic patients with chronic renal disease undergoing haemodialysis (HD).

**Methods**
We performed a pilot study in Vilnius University Hospital Santariskis Klinikos departments of Nephrology and Ophthalmology. In this study 7 patients (4 eyes) with chronic renal disease undergoing haemodialysis underwent an ophthalmic examination including visual acuity (VA), intraocular pressure (IOP), central foveal thickness measurement using OCT Spectralis Heidelberg Engineering, line scans with the activated enhanced depth imaging mode, (central corneal thickness (CT) and endothelial cell density (CD)). Each patient underwent examination 30 minutes before and 30 minutes after a HD session.

**Results**
14 eyes of 7 patients with chronic renal failure (CRF) undergoing HD were included: 5 males (35.5%) and 2 females (14.3%) participated. Patients mean age was 72.71 ± 7.67 years. The mean VA was 0.68 ± 0.16. The mean IOP increased from 12.28 ± 1.890 mmHg to 14.75 ± 4.75 mmHg (p < 0.1). The change was statistically insignificant. The mean central foveal thickness decreased statistically insignificant from 227.07 ± 15.71 to 225.57 ± 14.10 µm (p > 0.05). The mean subfoveal choroidal thickness before HD was 207.57 ± 50.71 µm, after HD - 194.85 ± 55.39 µm (p < 0.016). There was a statistically significant decrease in the choroidal thickness before and after haemodialysis (p < 0.016). The mean CD was 529.67 ± 32.12 µm. The mean CD before HD was 5.15 cells/mm2.

**Conclusions**
Haemodialysis with high ultrafiltration volume did not alter the retinal thickness and IOP but caused a significant choroidal thinning in non-diabetic end-stage CRF patients.

**S064**

Retinal Layers Changes in Diabetic Patients without Diabetic Retinopathy

**Purpose**
To evaluate retinal layers thickness in diabetic patients without diabetic retinopathy (DR) using spectral-domain optical coherence tomography (SD-OCT). To correlate retinal layers thickness in diabetic patients with disease duration, systemic blood pressure (BP), glycemia, glycosylated hemoglobin (HbA1c), intraocular pressure (IOP) and ocular pulse amplitude (OPA).

**Methods**
Prospective, observational case-control study. A total of 175 eyes from 175 patients (125 diabetic patients without DR, 50 healthy controls) were recruited from the outpatient clinic in a tertiary center. A complete ophthalmological examination was performed (visual acuity, refraction, Goldmann applanation and dynamic contour tonometry, fundoscopy, axial length and SD-OCT Spectralis). After automated retinal segmentation the thickness of each layer was calculated in the 9 ETDRS areas.

**Results**
A significant increase of retinal nerve fiber layer (RNFL) thickness in inner and outer rings was found in diabetic eyes vs. controls (p between 0.0001 and 0.002). Thickness was also increased in specific sites of ganglion cell layer (GCL), inner nuclear layer (INL) and retinal pigment epithelium (RPE) in diabetic eyes (p between 0.0001 and 0.003). A significant decrease of outer plexiform layer (OPL) was detected in diabetic eyes at two sites of the inner ring (p = 0.04 and p = 0.0001). The different retinal layers weren't correlated with systemic BP, glycemia, HbA1c, IOP and OPA, but the photoreceptor layer was negatively correlated with disease duration at 3 sites (r between 0.18 and 0.21, p < 0.05).

**Conclusions**
In diabetic patients without DR thickness of the inner retina seems to be increased. This suggests that metabolic and morphological changes of the cells of these inner retinal layers occur early and before the apoptosis and neural degeneration.
**S065**
Heterogeneous choroidal thickness pattern in diabetic patients without diabetic retinopathy

**Purpose**
The authors intend to present an analysis and comparison of the choroidal thickness in more distant superior regions. Choroidal thickness is increased in a heterogeneous pattern superiorly to the fovea in diabetic patients without diabetic retinopathy.

**Methods**
Observational case-control study of 60 eyes of 60 patients with diabetes mellitus type 2 without diabetic retinopathy. A control group of 31 eyes of 31 patients without diabetes with similar demographic features was also created. All the patients were recruited from the same outpatient clinic. Enhanced depth imaging spectral-domain optical coherence tomography (EDI SD-OCT SPECTRALIS®) was performed and high-resolution macular scans were obtained. Choroidal thickness was evaluated 2000μm superiorly to the fovea by manual layer segmentation. Previous studies have validated the validity of using a manual layer segmentation procedure in OCT. Statistical analysis was done with SPSS Statistics. A p value <0.05 was considered statistically significant.

**Results**
Diabetic patients were in average 67±9.6 years old and 36.7% were male. Average choroidal thickness 2000μm superiorly to the fovea was 287.77±74.32μm in diabetic patients and 249.81±53.96μm in non-diabetic patients. There was a significant increase in choroidal thickness in diabetic patients when compared to non-diabetic patients (T-student, p=0.014).

**Conclusions**
Choroidal thickness can be accurately measured using high-definition macular OCT scans. This study documented structural differences in the choroid associated with diabetes mellitus type 2 that are not only present in the central foveal area as reported in previous studies. Diabetes Mellitus is associated with multiple microvascular dysfunctions that are probably coupled with choroidal vascular modifications that induce changes in thickness.

**S066**
Focal choroidal changes on diabetic macular edema

**Purpose**
With the increasing interest in choroidal changes in diabetes, we performed a pilot and prospective study to evaluate the morphological choroidal findings in diabetic macular edema detected with SD-OCT, compared with normal or non-macular edema diabetic eyes.

**Methods**
Two groups of patient were selected: Diabetic patients with no or any stage of diabetic retinopathy with no history of ocular treatment; and non-diabetic patients as normal controls. Patients with other ocular diseases or surgery were not included. Complete ophthalmological exam was performed. A retinography, blood pressure measurement and OCT with the EDI or choroidal acquisition protocol was performed to all patients. For the analysis choroidal thickness was measured using automated calculation after manual segmentation. OCT images were analysed for morphological changes in the choroidal space and vasculature, and findings were recorded.

**Results**
47 eyes were included in this study: 11 with macular edema, 16 with no-proliferative diabetic retinopathy, 10 from diabetic patients with no retinopathy and 10 control. Age ranged from 41 to 80 and matched for the subgroups. Choroidal thickness varied from 75μm to 385μm μm and no correlation was found was age, blood pressure or diabetic stage, except for advanced stages of retinopathy and macular edema where it appears to have a change in the architecture of the choroidal vessels with a tendency of vanishing of the large vessels in favor of the choriocapillaris, well related to the subjacent area of retinal active disease and edema.

**Conclusion**
As a pilot study the results only can direct to larger sample studies in order to look for the meaning of choroidal changes that are being reported in diabetic patients and other ocular diseases. It suggests that thickness changes may be due to specific vascular changes.

**S067**
Correlation of visual acuity and central macular thickness in diabetic macular edema

**Purpose**
To investigate the correlation of retinal thickness measured with SD-OCT and visual acuity in eyes with diabetic macular edema (DME) before and after intravitreal injection of anti-VEGF.

**Methods**
Seventy-four patients (96 eyes) with DME who underwent three monthly intravitreal injection of bevacizumab (IVB) as their first treatment. Type of DME, duration, treatment, laboratory examinations, history of cardiovascular disease, hypertension, hyperlipidemia, diabetic nephropathy, were documented. Logarithm of minimum angle of resolution (logMAR) best corrected visual acuity (BCVA) was evaluated using the international vision test chart. Foveal thickness was measured by SD-OCT.

**Results**
The correlation coefficients for visual acuity (VA) versus OCT center point thickness were 0.57 at baseline and 0.47, 0.38, and 0.40 at 1, 3, and 6 months post-laser photocoagulation. A subset of eyes showed paradoxical improvements in VA with increased center point thickness (5-13% at the three time points) or paradoxical worsening of VA with a decrease in center point thickness (12%-24% at the three time points).

**Conclusions**
There is modest correlation between OCT-measured center point thickness and VA, and modest correlation of changes in retinal thickness and visual acuity following focal laser treatment for DME. In addition, paradoxical changes in VA and retinal thickening may be observed. Indeed, retinal thickness only accounts for up to 27% of variability in concurrently measured VA suggesting that other factors are important determinants of VA in the presence of diabetic macular edema.

**S068**
Fundus photography as a screening method of diabetic retinopathy in children and adolescents with type 1 diabetes

**Purpose**
To study the success of fundus photography in screening of diabetic retinopathy (DR) in children -18 years with type 1 diabetes (T1D) in producing gradable images.

**Methods**
Photographic success of black-and-white macula and optic disc-centered fundus images of both eyes of each patient was graded by one observer (TG) using a slightly modified classification of AHR. All images were taken with a digital 6×6 Canon CF-60UD camera. Photography as a whole was graded as ‘complete success’ if the images of both eyes were at minimum of fairly good quality (i.e. gradable), and ‘partial success’ if the images of only one eye reached this level.

**Results**
Out of the first fundus photography at the age of 9 to 17 years

**Conclusion**
At least partial success was reached in 153 (72%), 95 (67-78%) patients and complete success in 97 (46%), 95 (39-52) patients. Complete success was equally common among those aged 9-10, 11-12, and 13-17 years (45%, 46% and 47%). The macula-centered images of 177 (83%), 95 (77-88) patients, and the optic-disc centered images of 103 (48%), 95 (41-55) patients were gradable in both eyes. Age at the first photography was not associated with success (p=0.20).

**Conclusions**
Less than half of the first fundus images achieved complete success, but over 70% achieved at least partial success when photography was performed at the age of 9-17 years. No significant associations were identified. Photography is a reliable method for screening of DR also in pediatric setting.
• **S069**

**The effect of panretinal photocoagulation and additive Intravitreal bevacizumab injections on central retinal vessel diameters in diabetic retinopathy**

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**Purpose**

To evaluate the effect of Panretinal photocoagulation and additive Intravitreal bevacizumab injections on Central retinal vessel diameters in Diabetic retinopathy.

**Methods**

Changes on central retinal vessel diameters were retrospectively analyzed before and 6 month after panretinal photocoagulation with or without additive Intravitreal bevacizumab injections in patients first diagnosed with diabetic retinopathy. Vessel diameters were measured using IVAN soft ware and Big6 formula.

**Results**

21 patients were enrolled, mean age 54.9 years. There were significant decreases in central retinal artery diameters in both groups, with and without additive Intravitreal bevacizumab injections, 6 months after completion of panretinal photocoagulation(\(p<0.05\)), but no significant changes in central retinal vein diameters.

Additive Intravitreal bevacizumab injections did not cause significant additive changes in central retinal vessel diameters before and after 6 months, compared to vessel diameters treated with panretinal photocoagulation only(\(p>0.05\)).

**Conclusions**

Panretinal photocoagulation has effects on changes of central retinal artery diameters but not central retinal vein diameters, and additive Intravitreal bevacizumab injections did not cause significant additive changes on central retinal vessels in this study. meters before and after 6 months, compared to vessel diameters treated with panretinal photocoagulation only(\(p>0.05\)).

• **S070**

**Intravitreal anti-VEGF treatment for refractory diabetic macular edema**

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**Purpose**

To compare anti-VEGF monotherapy with combination treatment of anti-VEGF injections plus macular laser (local or modified grid) for refractory diabetic macular edema (DME).

**Methods**

We included patients with DMO who had more than 6 anti-VEGF injections and were examined in the Macula clinic. Our outcomes were change in BCVA, CRT and number of anti-VEGF injections.

**Results**

We included 22 patients (13 males and 9 females) with a mean follow up of 24 months. Mean age was 63.38 years (range: 47-77 years). 4 patients had Type 1 and 18 had Type II diabetes. 86.36% had hypertension and 68.18% had hyperlipidemia on treatment. 22.72% were pseudophakic, 45.45% had bilateral DMO and 45.45% had PRP laser. 70% of patients had Lucentis injections and 30% had Avastin injections. 70% were on anti-VEGF monotherapy and 30% had combination therapy (macular laser plus anti-VEGF injections).

Mean baseline BCVA (in letters) was 27.24 and improved to 30.27 on last visit (+6 letters gain). Mean baseline Central Retinal Thickness (CRT) was 318.34 and decreased to 356.24um (-16.08um) on last visit. Mean number of injections was 8.88. Subgroup analysis showed that those who had anti-VEGF monotherapy improved their BCVA during the follow up period to +7.6 letters and those on combination therapy improved to +5.82 letters. CRT decreased from baseline to last visit on both groups.

**Conclusions**

Both treatment groups improved their VA and CRT from baseline, however, anti-VEGF monotherapy had better visual outcomes compared to combination treatment.

• **S071**

**Switching to ranibizumab for diabetic macular edema with persistent fluid on bevacizumab: Who is likely to benefit from the switch?**

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**Purpose**

To evaluate the efficacy of switching from bevacizumab to ranibizumab in patients with diabetic macular edema (DME).

**Methods**

The medical records of 41 DME eyes which showed persistent fluid after at least three monthly bevacizumab injections, and switched to ranibizumab injection were reviewed. Each patient received a single ranibizumab injection and followed up at 1 month. Anatomic responders to ranibizumab were followed up monthly and given ranibizumab injections on an as-needed basis until 3 months.

**Results**

At 1 month, the mean central foveal thickness (CFT) decreased from 431 \(\mu\)m to 402 \(\mu\)m (\(p<0.001\)), and mean best-corrected visual acuity (BCVA) improved from 20/53 \((\mu)\) to 20/48 (\(p>0.001\)). Twenty-six eyes (65.9%) were classified as anatomical responders, and 15 eyes (36.6%) were classified as visual responders. Subgroup analysis showed that those who had switching to ranibizumab improved their BCVA during the follow up period to +7 letters and those on combination therapy improved to +5 letters. CRT decreased from baseline to last visit on both groups.

**Conclusions**

Switching to ranibizumab may present an alternative option in the treatment of DME with persistent fluid after repeated bevacizumab injections, and the switch was more effective in eyes that showed partial response to previous bevacizumab.

• **S072**

**Effect of intravitreal dexamethasone implant (Ozurdex®) in the glycemic control of patients with diabetic macular edema**

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**Purpose**

To evaluate the effect of intravitreal dexamethasone implant (Ozurdex®) in the glycemic control of patients with diabetic macular edema (DME).

**Methods**

Ten patients with DME received an intravitreal injection (IVI) of dexamethasone implant (DXE implant, Ozurdex®). The mean age of patients was 72 years +/-13.3 years (range, 54-78 years). Glycated haemoglobin (HbA1C) was analyzed before and three months after IVI. The real-time glycemic readings, throughout the day and night, during at least one week, are provided by a new medical device (Dexcom G4®-Dexcom, Fr). The primary outcome analysis was the comparison of HbA1C test before and after IVI. Other data included blood glucose average, the percentage of time spent higher, lower and in glycemic target, and standard deviation over the period.

**Results**

The mean HbA1C test is 7.2% before IVI and 7.5% after IVI (\(p>0.05\)). Recording of blood glucose was performed on an average of 10 days +/-3. There is no statistical difference for the mean blood glycemic levels before and after IVI. It was 155.4 +/- 23.1 mg/dl before IVI and 161.3 +/- 32.8 mg/dl after IVI (\(p>0.05\)). No significant difference was found between extreme values of blood glucose: the mean highest values was 321.1 mg/dl versus 349 mg/dl (\(p>0.05\)), the mean lowest values was 54 mg/dl versus 64.57 mg/dl (\(p>0.04\)).

**Conclusions**

This new continuous glucose monitoring system is indicated for detecting trends and tracking patterns in patients with diabetes. To our knowledge, this is the first study that analyses the glycemic control in human after DXE implant IVI with a daily continuous glucose monitoring. In this study, the use of intravitreal steroids in diabetic patients doesn't alter glycemic control or increase blood glucose levels. These preliminary results must be confirmed by further studies with a larger cohort.
• **S073**

**Efficacy and safety of ranibizumab in diabetic macular edema: real life study**

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Conscio anti-angiogenor G (2)

**Purpose** To evaluate the efficacy and safety of ranibizumab patients with vision loss secondary to diabetic macular edema (DME).

**Methods** Retrospective analysis of a cohort of patients with vision loss (VA) due to DME and treated by ranibizumab. Patients were examined before treatment and during treatment every 4 to 6 weeks. Ophthalmologic examination included measures of the best corrected visual acuity (BCVA) of the ETDRS scale, examination at the slit lamp, fundus, and SD-OCT (Cirrus 5000, Carl Zeiss Meditec). All patients received loading dose of 3 monthly injections followed by re-treatments on an as-needed basis (PEN regimen). The primary endpoint was the change in visual acuity at 12 months. The other criteria assessed were central retinal thickness (CRT) after loading dose, and at 12 months, and the number of intravitreal injections (IVT) during the first year of follow-up.

**Results** 109 eyes of 79 consecutive patients treated since November 2012 have been included. At baseline the mean BCVA was 48.77 letters (p <0.05), with an average VA gain of +1467 letters and 25% of patients had a BCVA ≤ 70 letters. The mean CRT after 3 injections was 344.32 microns (p <0.05) and 332 microns (p <0.05) at 12 months, with 57.23% of patients with CRT ≤ 300 microns. At 12 months the average VA in patients with CRT ≤ 300 microns was 65.51 letters (p <0.05) and the average AV inpatients with EBC≤300 microns was 57.29 letters (p <0.05). The average number of IVT performed during the first year of follow up was 5.59. No serious adverse event was noted.

**Conclusions** Pivotal studies have clearly shown the benefit of ranibizumab treatment of vision loss due to DME. This study in a ‘real life’ setting confirms the results obtained in randomized trials.

• **S074**

**Outcomes of using intravitreal ranibizumab to treat patients with ischaemic diabetic maculopathy.**

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**Purpose** To report the functional and anatomical outcomes of using intravitreal ranibizumab (IR) for patients with ischaemic diabetic maculopathy (IDM).

**Methods** Retrospective analysis of 11 consecutive patients treated with IR for IDM from Nov 2008 to May 2015. The number of injections, fluorescein fundus angiography (FFA) results, visual acuity (VA) and central retinal thickness (CRT) prior to commencing IR were recorded. VA was assessed with logMAR.

**Results** Three eyes were excluded as one had a history of vein occlusion, one was amblyopic and the other patient had multiple vitreous haemorrhages and vitrectomy. There were equal numbers of females and males, the average age was 67 (34-84 years) and patients had on average 5 (range 3-11) injections of IR. Average length of follow up was 13 months (5-18 months). On FFA 4 patients had enlargement of foveal avascular zone (FAZ), 1 patient had fragmentation of FAZ, 1 patient had deregulation of FAZ and 1 patient had an increase in FAZ. The average initial VA was +0.9 (+0.3 to +1.78) and the average final VA was +1.05 (+0.6 to +1.78). The average change between initial and final VA was +0.15. Initial average CRT was 538 (306-785) reducing to an average of 447 (197-892) at the final follow up. The average CRT reduction was 111 between initial and final CRT.

**Conclusions** Anatomical thickness appears to be reduced with IR injections, but without improvement in visual acuity. No adverse complications were noted with this regimen.

• **S075**

**Role of SD-OCT in the follow-up of a patient with macular edema associated with mucopolysaccharidosis type II (Hunter syndrome) undergoing idursulfase enzyme replacement therapy.**

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**Purpose** Mucopolysaccharidosis (MPS) type II (Hunter syndrome) is a variable, progressive, multisystem disorder including severe airway obstruction, cardiomyopathy, skeletal deformities and neurological problems. It is an X-linked recessive disease caused by deficiency of the lysosomal enzyme iduridinate-2-sulphatase; leading to accumulation of glycosaminoglycans. Several ophthalmological disorders, including corneal opacities, glaucoma and retinal degeneration, have been previously reported. This is the first case of bilateral macular edema associated with MPS II. The patient underwent idursulfase enzyme replacement therapy with good response. We point out the utility of spectral domain optical coherence tomography (SD-OCT) in the diagnosis and follow-up of this condition.

**Methods** SD-OCT, fundus autofluorescence and retinography were used in the diagnosis and follow-up of the visual disorder.

**Results** Macular edema was successfully managed with idursulfase enzyme replacement therapy stabilizing visual loss. Central macular thickness measured by SD-OCT decreased significantly.

**Conclusions** Idursulfase enzyme replacement therapy seems to be a good treatment option for macular edema associated with MPS II. Furthermore, SD-OCT played a key role in the diagnosis and follow-up of this condition.

• **S076**

**Use of directional optical coherence tomography and selected landmarks to determine foveal topography and microstructure. A strategy to characterize differences between normal and ex preymate cases.**

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**Purpose** To determine the topography of the different layers of the fovea by combining directional and conventional optical coherence tomography (OCT) images and measuring layer thickness at the foveal center (FC) and selected eccentricity positions. Furthermore, to use a normative model of foveal microstructure to characterize signs of immaturity in cases with a history of prematurity.

**Methods** Selected eyes from normals and young adults with a history of prematurity were imaged using a commercial spectral domain OCT (SD-OCT) system. Centered and displaced SD-OCT entrance beam positions were used to obtain straight and tilted scans, respectively. Horizontal scans through FC with a distinct light reflex were selected for analysis. Straight and tilted SD-OCT images were registered and averaged prior to flattening to the retinal pigment epithelium (RPE) layer. Foveal layer thickness was measured manually at FC and four lateral positions along the temporal and nasal hemi-meridians and corrected for axial length differences.

**Results** The distance between FC and foveal wall maximum (FWM) was reduced to 4.5 of that of normals in expremate cases with incomplete extrusion of inner retinal layers (IRL) and reduced foveal pit depth. The Henle fibre layer (HFL) and the combined outer segment and RPE layer (OS+RPE) showed little or no change whereas the outer nuclear layer (ONL) was thickened centrally with a more steep decline of the ONL outer segment and RPE layer (OS+) showed little or no change whereas the outer nuclear layer (ONL) was thickened centrally with a more steep decline of the ONL.

**Conclusions** Our pilot study in young adults demonstrates that signs of immaturity may still be present in adult life with changes in foveal topography similar to those present at the age of 6.5 years after extremely preterm birth (Rosén et al., 2015). It may be useful to use the FWM as a major landmark in studies of abnormal fovea.
• S077
Optical Coherence Tomography and Fundus Autofluorescence evaluation in an animal model of Retinal Degeneration

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Purpose To evaluate fundus autofluorescence (FAF) and OCT changes comparing with immunohistochemical (ICC) analysis in long-term degeneration of P23H rat and to investigate retinal and choroidal vasularization using fluorescein and indocianin green angiography.

Methods Twenty-albino homologous P23H line 1 rats aging from 18 postnatal days (P18) to 27 months and wild-type albino Sprague-Dawley (SD rats) (2 and 15 months old) were used for this study. Normal pigmented Long Evans (LE) 2 months old rats were used to compare FAF findings. ICC was performed to correlate with the findings of OCT and AF changes.

Results FAF pattern varied from not findings at P18 to a mosaic of hyperfluorescent dots in the rats of 6 months or older. Retinal thicknesses diminished during the time: 265.2 ± 181.8 μm in SD rats and 189.88 ± 38.13 μm in P23H rats. In long-term degeneration, OCT showed severe changes at the retinal layers. ICC helped to identify the cell loss and remodeling changes.

Conclusions Autofluorescence ophthalmoscopy is a non-invasive method that can detect changes in metabolic activity at the RPE in animal models of retinal degeneration in vivo. Retinal vascularplexus changed with aging. OCT showed a diminution of retinal thickness and retinal layer changes with the degeneration. ICC shows a good correlation.

• S079
Indocyanine green angiography findings in Stargardt disease

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Purpose To evaluate indocyanine green angiography (ICGA) findings in Stargardt disease (STGD).

Methods We reported a retrospective and descriptive study of 20 patients (40 eyes) with Stargardt’s disease with different stages. All patients underwent a complete ophthalmic examination, fluorescein and indocyanin green angiography (ICGA). Spectral domain optical coherence tomography (SD-OCT) and fundus autofluorescence were also executed.

Results In 27.5% of eyes affected by STGD, ICGA showed hypofluorescence from the areas of atrophy, more evident in the late phases. SD-OCT revealed morphologically intact choroid in STGD patients with ICGA-imaged dark atrophy. All the remaining eyes showed isofluorescence or mild hypofluorescence from the areas of atrophy in the late phase of ICGA.

Conclusions The ICGA-imaged dark atrophy may be the presence of material that obscures ICGA cyanoescence. However, this theory seems unlikely, since SD-OCT images failed to show any deposit between the choroid and the retina. This finding suggests a possible selective damage of the choriocapillaris in STGD.

• S080
Repeatability of wide-field autofluorescence lifetime imaging at the human retina in healthy volunteers

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Purpose The detection of metabolic changes in the retina is the goal of fluorescence lifetime ophthalmoscopy (FLIO). We performed an observational clinical study in young healthy volunteers to examine the usability of 55° wide-field fluorescence lifetime imaging images.

Methods The time-resolved retina autofluorescence was measured (scanning laser ophthalmoscope: 55° of fundus, 64nm resolution; excitation: diode laser with picosecond pulses, 473nm, 800kHz repetition rate; detection: spectral channels 500-560nm (ch1) and 560-720nm (ch2); time-correlated single photon counting method) in the right eye of 11 healthy volunteers (28.7±3.6 years). Three repetitive measurements (m1-m3) on different days within one week at a similar time have been performed. All subjects had a crystalline lens and an undilated pupil. A modified 3-exponential approach was applied to determine the fluorescence lifetimes (τ). The results were computed on the ETDRS grid and in a 15x15 pixel region 25° superior to the fovea.

Results 49% of the measurements had shadowing effects in the inferior image region caused by eye lashes. τ (mean ± std) over all volunteers are:

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<tr>
<th></th>
<th>outer ring</th>
<th>superior region</th>
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<tbody>
<tr>
<td>m1</td>
<td>ETDRS grid</td>
<td></td>
</tr>
<tr>
<td>ch1</td>
<td>350±25ps</td>
<td>255±11ps</td>
</tr>
<tr>
<td>ch2</td>
<td>235±20ps</td>
<td>226±9ps</td>
</tr>
<tr>
<td>m2</td>
<td>357±27ps</td>
<td>257±12ps</td>
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<td>ch2</td>
<td>260±7ps</td>
<td>261±7ps</td>
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<tr>
<td>m3</td>
<td>350±26ps</td>
<td>257±12ps</td>
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<td>ch1</td>
<td>337±17ps</td>
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<td>ch2</td>
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Results for the inner ring of the ETDRS grid are similar to the outer ring. The coefficient of variation in the superior region is 5.5% in ch1 and 2.5% in ch2. τ of repetitive measurements as well as of ETDRS grid’s outer ring and the superior region are within the standard deviation.

Conclusions FLIO measurements in young healthy volunteers using a 55° lens are repeatable. Spectral channel 2 is preferable because of its lower variability.
**S081**

**Characteristics of Artifacts Associated with Ultra-Wide Field Fundus Image**

CHU Robert Debré, Ophtalmology, Reims, France

**Purpose** To evaluate characteristic of artifacts associated with ultra-wide field fundus image.

**Methods** The retrospective study included 139 eyes of 139 patients who had artifacts in color images using Optomap 200Tx (Optos, Dunfermline, UK). The artifact means hyperreflective or hyporeflective shadow due to anterior segment of the eye or vitreous except retina. Types and characteristic of red laser separation, green laser separation and autofluorescence image artifacts within each image were evaluated.

**Results** All image artifacts were categorized into two groups according to the location of artifacts. There were corneal opacity, cataract and posterior capsular opacity in the anterior artifacts group. And there were asteroid hyalosis, posterior vitreous detachment, vitreous opacity and vitreous hemorrhage in the posterior artifacts group. Anterior artifacts were more often hyperreflective in red and green laser separation images (p<0.001). Posterior artifacts were more often hyporeflective in green laser separation images and hyporeflective in red laser separation images (p<0.001).

**Conclusions** Ultra-wide field scanning laser ophthalmoscope images can frequently have various shadows from anterior or posterior lesion of eye. These shadows show a difference in reflectivity depending on their origins. To understand the difference helps interpretation of the fundus images.

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**S082**

**Agreement between ophthalmoscopy and ultrawide field image analysis in an outpatient clinic setting**

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**Purpose** Ultrawide field imaging of the retina is a rapidly developing technology. The purpose of this study was to evaluate the concordance between fundoscopy and ultrawide field image reading both performed by an ophthalmologist.

**Methods** A prospective two center study was performed at two university hospitals (Nancy, Reims) from January 2011 to November 2014. The first eligible patient presenting to the outpatient every working day was included. A wide field imaging Optomap “(optos)” was performed by a nurse or an orthoptist before the medical examination. Indirect slit lamp fundoscopy was performed, with or without dilated pupils according to the clinical situation. Then the image lecture was performed by the ophthalmologist. In both cases, the characteristics of the optic disc, the vessel and the retina were noted. The agreement between both examination methods was considered excellent when kappa coefficient (k) was >0.8.

**Results** 901 patients were included in the study. A highly substantial agreement between both examination methods was found with the overall results of k=0.88 [0.85-0.91]. When comparing the agreement with retinal findings, k=0.83 [0.80-0.86] for optic disc findings and k=0.84 [0.79-0.89] for vessel analysis, it was highly substantial. An abnormal finding was detected on ultrawide field image analysis only and was missed with fundoscopy in 42 eyes. In 12 eyes, an abnormal finding was seen with fundoscopy and was not detected on ultrawide field imaging.

**Conclusions** There appears to be an excellent agreement between ultrawide field image analysis and fundoscopy. However, the false negative rate appears to be lower with fundoscopy and ultrawide field image analysis associated.

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**S083**

**Wide field imaging in patients treated with vigabatrin**

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**Purpose** The purpose of this study was to evaluate the occurrence of retinal changes on wide field imaging and to compare the results with ERG recordings in patients treated with vigabatrin.

**Methods** Seven consecutive patients treated with vigabatrin were followed up with ERG and wide field imaging using scanning laser ophthalmoscope (Optomap). Ophthalmoscopy and wide field imaging were performed by a nurse or an orthoptist before the medical examination. Indirect slit lamp fundoscopy was performed, with or without dilated pupils according to the clinical situation. The first eligible patient presenting to the outpatient every working day was included. A wide field imaging Optomap “(optos)” was performed by a nurse or an orthoptist before the medical examination.

**Results** Three patients had abnormal ERG recordings and presented with peripheral pigmentary changes. Three patients had normal ERG recordings with no peripheral changes on wide field imaging. One patient had abnormal ERG with no peripheral pigmentary changes.

**Conclusions** The follow-up with ERG in children treated with vigabatrin is complicated because the recordings are regularly repeated. A follow-up protocol combining electrophysiological recordings and wide field imaging could simplify screening for retinal toxicity but it remains to be demonstrated with a prospective study.

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**S084**

**An algorithm combining two lesion-detection methods of retinal microaneurysms for the reduction of human workload**

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**Purpose** Reduction of workload in the detection of microaneurysms (MA) from retinal photographs is crucial for the diagnosis and screening of diabetic retinopathy. Automatic algorithms for the detection of retinal lesions can help reduce human intervention especially when the lesions are present in large numbers.

**Methods** Two methods for lesion detection were combined in a single algorithm, one based on the analyses of the contrast between dark peak-points and surrounding circular regions, and a second one based on the correlation between the intensity values in the photographs and a MA template. The two individual methods and the two methods combined were tested separately to compare their performance on retinal images from 26 high-risk patients.

**Results** Both individual lesion-detection methods missed clustered MAs. With the exclusion of grouped lesions, the two methods combined showed higher sensitivity and precision than the contrast and template methods alone, identifying 22% and 13% more lesions respectively.

**Conclusions** The combination of the two methods can provide repeatable detection of unclustered MAs in photographs from high-risk patients. Manual intervention is only required to select grouped MAs and to adjust the automatic results, considerably reducing human workload.
• S085
Comparisons of retinal sensitivity obtained by microperimetry with two different fixation targets in normal individuals

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Purpose To determine the retinal sensitivities obtained by microperimetry with an one degree single cross (Cr) or an one degree circular (Ci) fixation target in normal individuals.

Methods The retinal sensitivity within the central 2 degrees was measured in 32 eyes of 16 healthy volunteers (mean age: 28.9±1.4, range 24-44) with Micropenmtr 3 (MP-3, Nidek, Italy) using two fixation targets. The retinal sensitivity of the central 0 degree and mean central 2 degrees consisting of 8 points were measured with the two fixation targets. The Goldmann III stimuli were presented for 200 msec on a white background with a luminance of 31.5 asb.

Results The mean central retinal sensitivity (0 degrees) was 24.4±0.8 dB with the Cr and 29.8±0.6 dB with the Ci targets. The central retinal sensitivity with the Ci target was significantly higher than that of the Cr. (P<1.2×10^-5). The mean retinal sensitivity of the central 2 degrees was 32.0±3.8 dB with the Cr target and 31.4±3.8 dB with the Ci target. The mean central 2 degrees retinal sensitivity with the Cr was significantly higher than that with the Cr target. (P<0.0006)

Conclusions The differences in the retinal sensitivity is probably because the fixation targets overlap the stimuli. These results indicate that the size and shape of the fixation target must be considered when evaluating the central retinal sensitivity.

• S087
Endogenous panophthalmitis caused by sphingomonas paucimobilis; A postpartum devastating rare condition

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Purpose Endogenous panophthalmitis is known as an infrequent condition with poor prognosis that mainly occurs in patients having underlying medical conditions. We present a very rare case of endogenous panophthalmitis in a postpartum patient.

Methods A 31 year-old woman was admitted with vision loss and pain in the right eye for two days that began the day after the delivery.

Results Her ophthalmologic examination revealed panophthalmitis. Despite intensive medication corneal melting and spontaneous perforation occurred, so evisceration had to be performed. Sphingomonas paucimobilis, an opportunistic infection agent, was isolated in the conjunctival swab and evisceration specimen cultures of the patient.

Conclusions It is known that immune system is influenced and inflammatory responses are altered in pregnant and puerperants, so any symptom of eye infection should not be ignored in peripartum and puerperium periods.

• S088
Intracocular Pharmacokinetics of Povidone-iodine and the Effect of Repeat Injection with low concentration on the Experimental S. epidermidis Endophthalmitis

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Purpose To investigate the safety and a half life of intravitreal povidone-iodine (PVI) and the efficacy of single and repeat PVI injection in experimental S. epidermidis endophthalmitis

Methods In Phase I study, the pharmacokinetics and the safety of PVI were investigated. Forty New Zealand White rabbits receiving intravitreal 0.1% and 0.3% PVI were divided into Group I and II. The pharmacokinetics of PVI was analyzed using high performance liquid chromatography (HPLC). To confirm the safety of intravitreal PVI, electoretinography (ERG) and histologic examination were conducted at baseline, 6 and 12 hours.

In Phase II study, the efficacy of PVI for the treatment of S. epidermidis endophthalmitis was evaluated in 4 groups (n=10 in each group). After the induction of S. epidermidis endophthalmitis, 0.1% and 0.3% PVI were injected once in Group A and B, and three times every second day in Group C and D respectively. The fellow eyes receiving sham injection were the control. ERG, histologic examination and vitreous culture for S. epidermidis were conducted at day 14.

Results In Phase I, 0.1% and 0.3% PVI groups did not show notable retinal damage in ERG and histologic findings and half life in vitro was 3.27 and 3.58 hours, respectively. In Phase II all Groups showed a significant improvement of endophthalmitis, compared to the controls. However, four eyes in Group A and 3 eyes in Group B demonstrated a bacterial growth in vitreous at day 14, but none in Group C and D. In the histologic findings, retinal damage was detected as lymphocyte infiltration in the inner retinal layers of eyes with bacterial growth.

Conclusions 0.1% and 0.3% PVI can be tolerated in rabbit eyes. Half life of the PVI was about 3 hours in vitreous. Repeat PVI injection with low concentration is likely to be effective and safe for the treatment of S. epidermidis endophthalmitis.
Tolerance of Dexamethasone intravitreal implant in GAO patients according to their initial treatment and repeated intravitreal injections.

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Purpose To evaluate the tolerance of dexamethasone intravitreal implant (DEX implant) in patients with history of open angle glaucoma (OAG) or ocular hypertension (OHT) according to their initial treatment and the repetition of intravitreal injections (IVI).

Methods We performed a retrospective two-center clinical study which included 100 patients treated by DEX implants, divided into one group with OAG or OHT patients (n=50 patients), and one control group (n=50 patients) including patients with no history of OHT or GAO, matched by age and pathology. IOP was measured and hypertensive treatments were gathered in all patients respectively at baseline, one week, and each month during six months.

Results Mean age was 71.77(SD±10.5) years old in GAO/OHT group and 70.4(SD±10.7) years old in control group and mean initial IOP was respectively 2.2 (1 to 7) and 2.8 (1 to 11). After the first injection, 50% of OAG/OHT patients and 42% of the control group increased their IOP more than 6 mmHg (p=0.42). There was no difference between the IOP responses of patients initially treated with monotherapy and the control group but there was significantly more high responders (>15mmHg) in patients initially treated with bi and triple therapy. The proportion of responders increased when patient had more than one injection (64 and 56% respectively in OAG and control group, p=0.22) and the number of high responders doubled (16%) at the first IVI, 32% of multi IVI. An increased of hypertensive therapy was required in 54% of OAG/OHT patients versus 38% in control group (p=0.01).

Conclusions DEX implant is well tolerated for the patients under monotherapy. In contrast Patient under bi or triple therapy were at risk of ocular hypertension and filtering surgery. Repeated IVI increased the risk of ocular hypertension.

Intra-ocular pressure spike after Afibercept and Ranibizumab intravitreal injections.

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Purpose Since anti-VEGFs approval, intra vitreous injections (IVI) represent abooming therapeutic delivery mode. Immediate ocular hypertension (OHT) induced by these IVI is a potential concern. The purpose of this study was to compare OHT after Afibercept and Ranibizumab IVI.

Methods In this prospective study, we compared 30 patients who received an Afibercept IVI (0.05mg/L) to 30 patients who received Ranibizumab for wet AMD. IVI were performed with a 30G needle pushed into the vitreous. IOP was measured before and at 4 weeks post injection. IOP was expressed in millimetres of mercury (mmHg).

Results In the Afibercept group, at T0, IOP was 13±4mmHg vs. 1.5. All patients had a significant increase in IOP at T1(42±7mmHg, p<0.001). At T5, IOP decreased but was still statistically higher than baseline IOP (23±6mmHg, p<0.001). At T15, IOP returned to normal values but was higher than T0 (16±2mmHg, p<0.001). At T45, IOP was 15±3mmHg vs. 1.2, with no significant difference from baseline (p=0.65). In Ranibizumab group, baseline IOP was 13±8mmHg±1.1. IOP increased at T1 (15±6mmHg±2.2, p<0.001). At T5 and T15, IOP were still higher than baseline (24±6mmHg±2.2, p<0.001 and 17±9.1.5, p=0.001). At T45, IOP was 12±7mmHg±1.5, with no significant difference from baseline (p=0.12).

In conclusion, transscleral subretinal injection in BN rats generally induced OHT spike for a short time. It seems to be equal between the two drugs and essentially related to the injected volume.

Background ophthalmological changes following subretinal injection in the brown norway rat

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Purpose The purpose of the study was to evaluate the background changes associated with transscleral subretinal injection in Brown Norway (BN) rats.

Methods Fifteen BN rats received a bilateral transscleral subretinal injection of saline at a volume of 6 μL, while under isoﬂurane anesthesia. The eyes were examined by slit lamp and indirect ophthalmoscope the day following injection and 1, 2, 3, 4, 8 and 12 weeks post injection.

Results Procedure-related changes included the following observations. Transient corneal opacities occurred in 16/30 eyes that were considered related to the anesthesia. Cataracts developed in 5/30 eyes associated with lens trauma at the time of dosing. Slight vitreous hemorrhages occurred post dose in 28/30 eyes, resolving in all but 2 eyes by 4 weeks. An area of focal degeneration of the retina/choroid or white focal retinal opacity was seen at the needle insertion site at the retina in 22/30 eyes, resolving by 4 weeks for 13 eyes and persisting up to 12 weeks for the remaining 9. In the bleb itself, there were focal areas of irregular pigmentation in 13/30 eyes resolving in all but 2 eyes by week 4. The remaining 2 persist ed up to week 12. This was considered secondary to the physical neuro-retinal separation caused by the bleb formation. Slight retinal/choroidal hemorrhages were also seen at the injection site in most eyes up to 4 weeks.

Conclusions In conclusion, transscleral subretinal injection in BN rats generally resulted in slight ocular trauma that resolved in most eyes by 4 weeks post injection. It is important to take these changes into account when designing the study and evaluating theophylline administration by this dose route.

Commercial interest

Clinical guidelines for acute exposure to laser pointer radiation

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Purpose To describe clinical decision guidelines for eye health care professionals meeting patients exposed to laser pointers.

Methods The Eye Emergency Department at St. Erik Eye Hospital in Stockholm primarily serves the Stockholm Metro region with its 2.2 million people. Every week, on average one patient seeks help at the Eye Emergency after exposure to laser pointer light. The bulk of the patients are subway and bus drivers and police and security officers. Since no objective retinal damage so far has been documented and there is no proven treatment against laser pointer retinal damage we have instigated an information campaign in order to reduce the number of patients seeking emergency care. The information is spread to all public transportation services in Stockholm, police and security officers, aviation authorities, and to the general population.

Results The information to all non-medical staff is general, while the clinical guidelines details which procedures might be relevant and which may be inessential. The guidelines emphasize the importance of documenting a dynamic evolution of retinal damage before causality can be concluded. Within two months after the information campaign, there seems to be a decrease of patients seeking emergency eye care after laser pointer light exposure.

Conclusions The clinical guidelines streamline the care of this patient group, and the information to the public should alleviate some of the worries that are associated to laser pointer light exposure.
**S093**

Cystoid macular edema associated with retinitis pigmentosa resolved by a dexamethasone intravitreal implant

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**Purpose**

Cystoid macular edema (CME) is a serious complication that threatens the relatively preserved central vision in patients with retinitis pigmentosa (RP). It occurs in 10%-40% of RP patients and, although the exact origin is unknown, a chronic low grade inflammation has been implicated. Currently, there is no gold-standard therapeutic option and treatment should be individualized.

**Methods**

Interventional case report evaluating the efficacy of intravitreal dexamethasone implant (Ozurdex®) in the management of CME secondary to RP.

**Results**

A 39-year-old man diagnosed with RP and a 5-month history of deteriorating visual acuity (BCVA) was 0.1 and 0.4 in RE and LE, respectively. Slit-lamp examination and intraocular pressure (IOP) were normal in both eyes. On funduscopy, the findings were mottled retinal pigment epithelium (RPE) caused by bone spicule formation and attenuation of blood vessels. Spectral domain optical coherence tomography (SD-OCT) revealed CME in RE which was treated with topical dorzolamide twice a day. As no visual improvement was achieved, two months later the patient underwent 0.7 mg Ozurdex® implant in his RE. One month following the injection CME resolved (from 546 µm to 310 µm) and BCVA improved to 0.3. An IOP spike (34 mmHg) was controlled with topical antiglaucoma medications and no recurrence was observed during 1-year follow-up.

**Conclusions**

Intravitreal dexamethasone implant (Ozurdex®) seems to be an effective treatment option for patients with macular edema associated with RP.

**S094**

Impact of Storage Temperature on Gene Expression of Cultured ARPE-19 Cells

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**Purpose**

The development of a suitable storage method for retinal pigment epithelium (RPE) is necessary in the establishment of future RPE replacement therapy, and storage temperature has proven to be pivotal for cell survival. We analyzed the gene expression profile of cultured human RPE cells after storage at 4°C, 16°C, and 37°C.

**Methods**

ARPE-19 cells were cultured until confluence and stored in Minimum Essential Medium at 4°C, 16°C, and 37°C for seven days. DNA microarrays validated by qRT-PCR were used to determine the gene expression profile.

**Results**

The gene expression profile of cultures stored at 4°C clustered closest to the control cultures that were not stored and displayed the least change in gene expression after storage (157 differentially expressed genes compared to controls), while cultures stored at 16°C and 37°C displayed much larger changes compared to controls (1787 and 1357 differentially expressed genes, respectively). Expression levels of key genes involved in phagocytosis, pigment synthesis, the visual cycle, cell junctions, and cellular transport were maintained close to control levels in cultures stored at both 4°C and 16°C in contrast to 37°C.

**Conclusions**

RPE cell cultures stored at 16°C appear to modulate their gene expression profile in a manner that supports cell survival during storage, while maintaining the expression levels of genes important for key RPE functions.

**S095**

Transcription factors involved in cell death and regeneration in AGEs exposed retinal neurons

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**Purpose**

To examine the role of transcription factors in neuronal cell death and regeneration in advanced glycation end-products (AGEs) exposed retinas.

**Methods**

The retinas of six SD rats were cultured in three dimensional collagen gels and incubated in serum-free culture media. AGES-BSA media, AGES-BSA + serum, AGES-BSA + several neurotrophic factors (neurotrophin-4, hepatocyte growth factor, glial cell line-derived neurotrophic factor, taurocholic acid) supplemented media. After 7 days, the numbers of TUNEL positive cells and regenerating neurites were counted. The explants were immunostained for nuclear factor-kB (NF-kB) and specific protein 1 (SPI) and counted the number of immunopositive cells in the explants.

**Results**

In explants incubated with AGES, the numbers of TUNEL positive cells were more and the numbers of neurites were fewer than in control. All of the neurotrophic factors decreased TUNEL positive cells and increased the number of neurites, and the survival and regenerative effect was more significant in the neurotrophin-4 group. The numbers of NF-kB and SPI immunopositive cells were higher in AGES exposed retinas than in control. All of the neurotrophic factors decreased the number of NF-kB immunopositive cells but did not significantly affect SPI expression.

**Conclusions**

These results give the clue to understand the role of transcriptional factors involved in cell death and regeneration in AGES exposed retinal neurons.

**S096**

Expression of histamine receptors in the gerbil retinal neurons

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**Purpose**

The presence of histamine receptors (HRs) in mammalian retinae has been reported by several laboratories. In order to confirm the presence of histaminergic pathway in the retina, we made experiments using physiological and immunohistochemical analyses.

**Methods**

All experiments were performed using the gerbil (Meriones unguiculatus). The activity of the HR was measured by fura-2 based calcium-imaging technique and by whole cell patch-clamp technique from slice preparation of the retina. Localizations of the subtypes of HRs, H1 receptor (H1R), H2 receptor (H2R) and H3 receptor (H3R), were examined by avidin-biotin-peroxidase complex immunocytochemical staining or immunofluorescence in retinae from 1 to 35 postnatal days. All animal experiments are approved by the ethics committee of Fujita Health University.

**Results**

Physiology: A bath application of 100 µM histamine increased the intracellular calcium concentration in some retinal ganglion cells (RGCs). Under voltage-clamp condition, histamine increased the amplitude of the outward or inward current in some RGCs.

Immunohistochemistry: We found that H1R, H2R and H3R expressed on RGCs. H1R expresses through the retinal maturation. On the other hand, the expressions of H2R and H3R became maximum from 14 to 21 postnatal days. Since the gerbil opens the eyes at 3 weeks old, it is considered that the H2R and H3R play some specific roles at the formation of the early visual system. Histidine decarboxylase, which produces histamine from histidine, also expressed in RGCs, and moreover, each of HRs and histidine decarboxylase were co-localized at the same RGCs.

**Conclusions**

Our findings suggest that RGCs interact with each other via histamine, and that histamine is one of the important neurotransmitters and/or neuromodulators in the visual information processing of the mammalian retina.
• S097
Research on ophthalmic examination apparatus to diagnose multiple diseases which result in loss of eyesight
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Purpose
In Japan, the four major diseases which cause the loss of eyesight are glaucoma, diabetic retinopathy, pigmentary retinal degeneration, and age-related macular degeneration. We developed an ophthalmic examination apparatus having the functions of fundus camera, microperimetry, electroretinography, and visual acuity testing, designed to diagnose multiple diseases which result in loss of eyesight.

Methods
We constructed the experimental device with the same optical system as a fundus camera. The device has previously been used for research involving the diagnosis of early diabetic retinopathy. The microperimetry optical system was calculated using the optical engineering software OptiRez LT and was added to the experimental device. In addition, we added an Edmund infrared camera EO-0413, a lens with a focal length of 25 mm, a 45-degree cold mirror, a 12V/50W halogen lamp, and an 8-inch monitor. The artificial eye consists of a plane-convex lens, a black spacer, and a hemispherical cup. A small section paper was stuck on the bottom of the hemispherical cup. The artificial eye was photographed for 10 times using the experimental device. The software was generated to show the examination target on the monitor and save examination data using C++Builder XE6.

Results
The device was able to show the retinal fundus on the monitor, at a length and width of 1 mm with a resolution of 63.25 ± 3.51 and 64.13 ± 6.10 pixels, respectively.

Conclusions
We succeeded in adding the function of microperimetry to the experimental ophthalmic device.

• S098
Subthreshold Micropulse Yellow Laser (577nm)
Photocoagulation for Subfoveal Serous Pigment Epithelium Detachment
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Purpose
To evaluate the efficacy of subthreshold micropulse yellow laser photocoagulation (SMYLP) for subfoveal serous pigment epithelial detachment (SPED).

Methods
We evaluated retrospectively 6 eyes of 5 patients with symptomatic subfoveal SPED treated with SMYLP. SMYLP was performed on the entire area of SPED with Supra 577Y Laser System (Quantel Medical). The SMYLP settings were 100 μm spot diameter, 20 ms duration, 15% duty cycle, 3 × 3 pattern. If SPED was not definitely restored, we applied laser again with more increased power at 1 or 2 months interval.

Results
All patients were received 3 or 5 times bevacizumab or ranibizumab injections before SMYLP. The total follow-up period was 26.5 (18–36) months, mean follow-up period after laser application was 19.8 (15–32) months. Mean height of PED before treatment was 349.2 ± 53.22 μm. About 3 (2–4) sessions SMYLPs were performed. All eyes showed nearly complete resolutions of the PED for 5.6 (5–7) months, which were sustained during the follow-up. Mean BCVA before treatment was 0.11 (0–0.22) logMAR and mean BCVA at final follow-up was 0.07 (0–0.22) logMAR. After PED resolution, all patients had increased vision and metamorphopsia improvement. After PED resolution, usually there were seen in mild RPE atrophies in fundus and OCT image, and these atrophies were not aggravated.

Conclusions
SMYLP for subfoveal SPED induced the resolution of SPED and symptom improvement. But after SPED resolution, mild RPE atrophy was detected. We think this finding was related to subsequent epithelial atrophy after resolution of SPED or laser damage. Prospectively, the study about long-term efficacy and safety of this treatment will be needed.
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