following routine phacoemulsification in 2014. A healthy 65-year-old white female underwent routine phacoemulsification in her right eye. Intracameral vancomycin 1 mg/0.1 mL and triamcinolone (4 mg/0.1 mL) were used. One week following phacoemulsification, visual acuity was 6/12. Fundal examination showed extensive periphlebitis and periarteritis and retinal whitening was seen temporal to the macula. Vision decreased to counting fingers 3 days later as a result of macular edema and ischemia. Following successful treatment, visual acuity at last follow-up was 6/9. This presentation will outline the presenting characteristics, management, and visual outcomes of all cases of HORV that have been reported in the literature thus far. The pathogenesis of HORV will also be discussed. Early diagnosis and aggressive management is critical in successfully managing HORV and ensuring best visual outcome from what is a potentially devastating occlusive retinal vasculitis.

Conclusions: Following routine phacoemulsification, HORV is an important disease entity that must be suspected and recognized early by both anterior segment surgeons and posterior segment specialists, as without adequate and early treatment, it will have devastating visual outcomes.

Dec 10, 2016 (Sat) 11:00 – 12:30

Venue: Lotus 11

Role of Systemic Steroids in Treatment of Ischemic Central Retinal Vein Occlusion: A Pilot Study

*First Author: Durgesh **KUMAR***

Purpose: To propose an effective treatment regimen for ischemic central retinal vein occlusion (CRVO), as there is no established treatment protocol for this condition.

Methods: In 94 eyes of clinically diagnosed ischemic CRVO cases with visual acuity (VA) ≤ 6/60 on Snellen chart, optic nerve ischemia was evidenced as disc edema on clinical fundus examination and disc leak as seen on fundus fluorescein angiography (FFA) in 72 (76.6%) cases. Cystoid macular edema (CME) on optical coherence tomography (OCT) was noticed in all cases. This optic nerve ischemia was treated with methyl prednisolone succinate (MPS) 500 mg intravenous injection twice daily for 3 days followed by oral prednisolone tapered over 4–6 weeks. Intravitreal antivascular endothelial growth factor (anti-VEGF; bevacizumab) was also used in cases where CME did not resolve completely with systemic steroids.

Results: Out of 72 cases with evidence of optic nerve ischemia treated with IV MPS and oral prednisolone, 23 (31.94%) cases improved to 6/12–6/9, having resolved disc leak and CME with stabilized VA for 9–24 months; in the remaining 49 (68.06%) cases, VA improved significantly to 6/60–6/36 with resolved disc leak but persisting partial CME, which subsequently resolved with intravitreal anti-VEGF and VA improved additionally by 2–3 lines on Snellen chart. Additional 2–4 anti-VEGF intravitreal injections were required for 2 years of VA stability.

Conclusions: Optic nerve ischemia is an initial component in the pathogenesis of ischemic CRVO and as a consequence CME appears. Systemic steroids treat the optic nerve ischemic component effectively along with CME but later may require additional treatment with anti-VEGF.

Dec 10, 2016 (Sat) 14:30 – 16:00

Venue: Lotus 11

Screening for Retinopathy of Prematurity: Recent Advancement of our Understanding in Bangladesh

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Purpose: To explore the baseline retinopathy of prematurity (ROP) characteristics and identify statistically independent risk factors for ROP with the aim to provide an updated summary for prevention of blindness from such morbidity.

Methods: As part of routine ROP screening, we evaluated data from November 2014 to November 2015. Risk factors were evaluated in univariate analysis first and then adjusted finally for universally known risk factors such as gestational age (GA), low birth weight (BW), and statistically significant risk factors found with univariate analysis in a multiple logistic regression model.

Results: A total of 278 infants were evaluated. Of them, 102 [36.7%; 95% confidence interval (CI), 31.02–42.36] had ROP [type 1, 50 (18%); type 2, 23 (8.3%); APROP, 21 (7.6%); RD, 8 (2.9%)], mean GA was 29.95 weeks (SD ± 2.12