

weeks), and mean BW was 1263.62 g (SD \pm 275.16 g). Neonatal jaundice [odds ratio (OR), 2.78; 95% CI, 1.26–6.15; P = 0.011], blood transfusion (OR, 3.76; 95% CI, 1.58–8.98; P = 0.003), and Caesarean section birth (OR, 2.14; 95% CI, 1.21–3.78; P = 0.009) were statistically significant individual risk factors after taking into account possible confounders.

Conclusions: High BW, high GA, and high incidence of APROP was noted among ROP babies in this study in Bangladesh. RD found during screening was an indication of delayed enrolment. Blood transfusion was found as a risk factor that needed modification of neonatal care and judicious timing of Caesarean section can overcome prematurity.

Retina (Surgical)

Dec 08, 2016 (Thu) 09:00 – 10:30

Venue: Lotus 11

Circumferential and Arcuate Long Radial Retinotomies with Wedge Retinectomies in Management of Complicated Retinal Detachments

First Author: Durgesh KUMAR

Purpose: To preserve and attach functional macula in chronic and complicated retinal detachments with advanced proliferative vitreoretinopathy (PVR)-D changes where the retina did not reattach even after extensive dissection and membrane peeling because of intrinsic retinal contraction and shortening, various relaxing retinotomy techniques may be used.

Methods: In 36 cases with advanced PVR-D changes even after meticulous membrane peeling when the retina did not settle with fluid-air exchange and perfluorocarbon liquid (PFCL), circumferential 360-degree or partial arc retinotomies along with wedge and/or anterior flap retinectomies of stiff and fibrosed retina were done. Eventually, long arcuate radial retinotomies reaching up to the optic nerve head avoiding macular arcuate nerve fibers on the posterior pole at least within the temporal arcades were performed to open up and relax the closed funnel, achieving perfect retinal reattachment with PFCL followed by endo laser barrage of all the retinotomy margins, fluid-air exchange, and silicone oil injection. Silicone oil removal (SOR) was done after 4–6 months and

cases were followed for 6 months post-SOR.

Results: Visual acuity (VA) achieved was 3/60 to 6/60 in 24 cases (66.67%), >6/60 in 4 cases (11.11%), and <3/60 in 5 cases (13.89%). Two cases (5.56%) became phthisical. Seven cases (19.44%) with redetachments were reoperated and reattached but postoperatively VA remained <3/60 in 5 cases and 2 cases had no light perception. Postoperative complications were hyphema (4 cases), hypotony (5 cases), corneal decompensation (4 cases), and epiretinal membrane formation (9 cases).

Conclusions: There is a need for techniques to preserve and attach functional macula by circumferential/long arcuate radial retinotomies and wedge/anterior flap retinectomies of stiff retina in otherwise unoperable complicated retinal detachments.

Dec 08, 2016 (Thu) 09:00 – 10:30

Venue: Lotus 11

Variable Diameter Internal Limiting Membrane Peeling in Surgery for Idiopathic Macular Hole

First Author: Anantharaman GIRIDHAR

Purpose: To analyze whether the size of internal limiting membrane (ILM) peeling influences the anatomical and functional outcomes of macular hole surgery.

Methods: Prospective comparative interventional study of 50 eyes. Twenty-five eyes had smaller (3 mm) peel (group 1) and 25 eyes had larger (5 mm) peel (group 2). Primary outcome was macular hole closure rate. Secondary outcomes included best corrected visual acuity (BCVA), retinal nerve fibre layer (RNFL), and ganglion cell layer thickness (0.5, 1.5, and 2.5 mm temporal and medial to fovea). Both the groups were matched for demographic parameters, SD-OCT based macular hole staging, and dimensions. Similar surgical techniques using 23G/25G systems with similar gas tamponade and postoperative positioning were performed in both groups.

Results: Hole closure rate was 80% in group 1 (20/25 eyes) and 65% in group 2 (16/25 eyes) (P = 0.20). Mean minimum hole diameter was 387.20 μ m in group 1 and 407.76 μ m in group 2. Visual improvement was better in group 1 (4 lines vs 2 lines ETDRS equivalent) (P = 0.04). Mean preoperative visual acuity improved from preoperative 1.01 to postoperative 0.60 in