



COS news letter online

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Dear Colleagues,

I am happy to bring out the first issue of `Chandigarh Ophthalmological Society newsletter. This format of COS journal has been changed to newsletter after extensive deliberation with the executive over the past few years. The new format aims to update members on happenings in the society, highlight achievement of our members and also update members on the latest in ophthalmology. I sincerely hope you like the new format and request you to send your contributions regularly. Best Wishes

**Dr SS Pandav
(President)**

Dear Members,

It gives me great pleasure in bringing out the first issue of Chandigarh Ophthalmological Society newsletter. The format has been changed to make it more compact and informative. I request you to send regular updates and contributions. Your suggestions are welcome.

**Jaspreet Sukhija
Hony Secy.**

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Dear members,

It gives me immense pleasure to bring out this first issue of online Chandigarh Ophthalmic Society newsletter. COS needs to be congratulated on the success of the annual conference. We have tried to cover the annual conference in a very concise manner. The abstracts are just an insight into the type of research carried out in the region. Apart from academic achievements of the society we need to shift our attention to some social problems where we could help as Ophthalmologists. During the Diwali season data was collected from all major hospitals in the city (PGIMER, GMCH-32, GMSH-16, Command hospital, Sohana) revealed that about 121 Diwali related eye injuries were treated by us. Twenty four eyes needed surgical intervention and 20 were poor prognosis cases. Majority of the trauma was in the pediatric age group. A serious ocular injury in a child can shatter the light not only in that eye but in the lives of all the people closely associated with the child. Home made bow and arrow injuries, a frequent cause of pediatric endophthalmitis is the sport unique to India during this season. COS has to raise this issue with the administration. and ask for measures to solve the above said problem. We look forward to united effort from our side and hope to have a safer Diwali in 2010. We hope to make this online issue a regular feature. We look forward to contributions by all of you.

SUBINA NARANG
Editor
COS newsletter

Know your member

Sushmita Kaushik

Dr Sushmita, a bright and cheerful person that we know of, also has an illustrious academic career. She did her post



graduation from Guru Nanak Eye Centre, Delhi. After her residency she worked as Junior Consultant in Ophthalmology Gurudev hospital, Ludhiana. She was a casualty medical officer at AIIMS for a short time before her senior residency at GMCH and then at PGIMER. She worked as Senior Research Associate at PGIMER and was appointed as Assistant Professor in February 2004. She specializes in the field of glaucoma. She has 60 papers in peer reviewed journals out of which 33 are in international journals and 9 book chapters to her credit. One of her papers is cited as the top 25 most significant papers in Glaucoma of 2006, and Cited in the International Glaucoma Review by the Association of International Glaucoma Societies. She has made 75 oral presentations out of which 56 are invited lectures. Her papers have won numerous awards at various zonal and national levels.

Apart from brilliant academic career she takes interest in music and theatre and has added flavor to functions of PGIMER many times. She is married to Dr Robin Kaushik, an eminent surgeon of GMCH. She has a son and a daughter. Her friendly and helping personality makes her very popular amongst her colleagues and students.

Annual Conference COS

The XXII Annual Conference of Chandigarh Ophthalmological Society (COS) was held at Advanced Eye center PGIMER on 5th and 6th September 2009 under the patronage of Professor Amod Gupta. Dr SS Pandav (President) and Dr Jaspreet Sukhija (Secretary) of Chandigarh Ophthalmological Society organized the annual conference. There was a participation of around 200 delegates from Punjab, Haryana, Himachal and Chandigarh. It was first time a two day event and was appreciated by all. The annual dinner of COS was also clubbed with conference. This year the prestigious Dr AD Grover memorial oration was delivered by Dr Rajvardhan Azad (Professor, RP Centre AIIMS) on the topic 'Pars Plana Vitrectomy: from Evolution to Revolution'. The highlight of this meeting was the Live Surgery session which was organized for the very first time. This session was inaugurated by Professor Amod Gupta and conducted by Professor Jagat Ram. Our guest faculty who performed live surgery included Professor JS Titiyal (RP Centre AIIMS, Delhi), Dr JS Thind (Jalandhar) and Dr Ravijit Singh (Amritsar). The theme of this session was Phacoemulsification in difficult situations with implantation of new technology intraocular lenses. Six cases were operated and included posterior polar cataract, white cataract, implantation of Toric IOL for correction astigmatism with cataract surgery and implantation of Multifocal IOL for spectacle free vision. The scientific programme included Competitive Free paper session, Video Assisted Skill Transfer session and Symposium on

'Challenges in Phacoemulsification'. The symposium was a rich treat of complex surgical cases and their effective management. Eminent speakers demonstrated their experience in tackling difficult scenarios with modern surgical techniques. The active participation by prominent ophthalmologists of the country added to the success of COS. There were 8 free paper presentations all of which were speaking of high academic standard achieved by COS. The abstracts of all the free papers are included in this newsletter. Dr Gagandeep Singh Brar's paper entitled 'Predictability of IOL power calculation using keratometry values from Holladay report on Pentacam in post radial keratotomy(RK) eyes' was adjudged as the best paper in COS annual conference 2009 and he was awarded a cash prize of Rs 5000.



Other achievements of COS members

Best Paper in NZOS Gurgaon - Dr. Anupam Banger, PGIMER

Best Poster in NZOS Gurgaon – Dr. Anamika Tiwari, PGIMER

Abstracts of papers presented at annual meeting COS 2009

Role of Ultrasound Biomicroscopy (UBM) in predicting the outcome of needle revision of failed trabe culectomy blebs.

Anamika Tiwari, Sushmita Kaushik, S S pandav, Parul

Advanced eye center, PGIMER, Chandigarh

Purpose: To evaluate the role of Ultrasound Biomicroscopy (UBM) in predicting the outcome of needle revision of failed trabeculectomy blebs.

Design: Prospective Interventional study.

Participants: Patients with a failed filtering bleb were enrolled. Informed consent was obtained from all patients.

Methods: All patients underwent comprehensive ophthalmic examination. The bleb was assessed clinically and by UBM. The route of aqueous flow under the scleral flap was looked for and blebs classified as scleral route patent (SRP) or scleral route occluded (SRO). The bleb was needled using standard technique. At the end of the procedure, sub-conjunctival 5-FU was injected.

Main outcome measures: Post-needling bleb appearance, IOP control, and requirement for antiglaucoma drugs.

Results: 16 eyes were included in the study. 11 eyes had SRP and 5 eyes had SRO on UBM. Of the 11 eyes with

SRP on UBM, 8 eyes had successful outcome.

Of the 5 eyes with SRO on UBM, only 2 eyes were successful. Success of needling procedure was more common in the group with SRP on UBM, though this was not found to be statistically significant (Fisher's exact test = 0.299).

Post-needling reduction in IOP and reduction in requirement of antiglaucoma drugs was significant in the SRP (p=0.002) group but not in SRO (p=1.00) group. On comparing survival plots for eyes with SRP and SRO, in the SRP group more number of patients survived for longer duration.

Conclusions: Subtenon needling appears sufficient and effective in re-establishing filtration in failed blebs with scleral route patent on UBM.

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Correlation of Visual Acuity with Foveal Thickness, Foveal Threshold and Contrast Sensitivity in patients with Diabetic Retinopathy

Parul Chawla, Sunandan Sood, Subina Narang
Department of Ophthalmology, GMCH, Chandigarh

Purpose - To find the correlation of visual acuity with foveal thickness, foveal threshold on Humphrey visual field and contrast sensitivity in diabetics with Clinically Significant Macular Edema (CSME).

Materials and methods – Prospective study of 40 eyes of 32 metabolically stable diabetic patients with CSME and visual acuity >6/60 presenting between 2007-2008. The mean age was 58.5 years +/-8.7 (range 43-87) and mean duration of diabetes was 10 years +/-4 (range 3-20 years) The eyes were examined thoroughly using stratus OCT to measure central

Materials and methods – Prospective study of 40 eyes of 32 metabolically stable diabetic patients with CSME and visual acuity >6/60 presenting between 2007-2008. The mean age was 58.5 years +/-8.7 (range 43-87) and mean duration of diabetes was 10 years +/-4 (range 3-20 years) The eyes were examined thoroughly using stratus OCT to measure central

Materials and methods – Prospective study of 40 eyes of 32 metabolically stable diabetic patients with CSME and visual acuity >6/60 presenting between 2007-2008. The mean age was 58.5 years +/-8.7 (range 43-87) and mean duration of diabetes was 10 years +/-4 (range 3-20 years) The eyes were examined thoroughly using stratus OCT to measure central

foveal thickness, Humphery Visual Field analysis central10-2 to determine the foveal threshold, CSV-1000 chart for contrast sensitivity.

Results –Visual acuity ranged from 0.18-1(mean0.5800+0.2474), foveal thickness ranged from142-485 μm (mean253.6+81), foveal threshold varied between15-35dB (mean 27.6+4.4). Mean contrast sensitivity for 3cpd, 6cpd and 12cpd was 1.070+0.404, 1.237+0.4053, 0.8703+0.4008 respectively. Univariate analysis showed a significant correlation of LogMAR Visual Acuity with Foveal thickness ($p=.018$), Foveal Threshold ($p=.0001$) and Contrast Sensitivity at 3 cpd ($p=.022$), 6 cpd ($p=.006$) and 12 cpd ($p=.004$). Multivariate regression analysis showed a significant correlation of LogMAR Visual Acuity with visual fields Foveal Threshold ($p=.0001$, 95% confidence interval). Conclusions – Foveal threshold measurement on visual fields appears to provide a reliable estimate of best-corrected visual acuity.

Predictability of IOL power calculation using keratometry values from Holladay report on Pentacam in post radial keratotomy(RK) eyes

Gagandeep Singh Brar, Dilraj S Grewal, Rajeev Jain, SPS Grewal

Grewal Eye Institute, Chandigarh

Purpose : To analyze accuracy of IOL power calculation using Holladay report in post RK eyes. Material and methods : In 9 eyes, keratometry values at 1 mm on Holladay report were used to calculate IOL power and compared with postoperative refractive outcome. Results : Keratometry using Holladay report (groupI) varied

from 26.9D to 38.7D (34.3+2.7 D) compared to 33.2D to 40.6 D (37.6+1.7 D) using a standard keratometer (groupII). $P < 0.05$. Postoperative outcome was within + 1.5D in all eyes using Pentacam values. Conclusion : Keratometry values from Holladay report increase accuracy of IOL power calculation in post RK eyes.

Management of Mycotic Keratitis : Our Experience

Sudesh Kumar Arya, Anamika Garg, Niti Gupta, Amrita Singh, Sunandan Sood, Archana Malik
Department of Ophthalmology, GMCH, Chandigarh

Purpose: To find out demographic profile, type of intervention and final outcome of mycotic keratitis in a tertiary care centre. Material and methods: Retrospective analysis of case records of mycotic keratitis on clinical appearance from 2004 – 2009. Results: There were 82 eyes of 82 patients who had clinical appearance of mycotic keratitis. Mean age was 46.37 years with age range being 17-90 years.74.4% patients were males with majority of them from rural background (75.6%). Commonest predisposing factor was trauma with vegetative matter (26%) followed by cow tail injury (3.7%) and others. 11% eyes had perforation at the time of presentation. 45.1% eyes required therapeutic keratoplasty. Other interventions required were intracameral Amphotericin-B(4.8%), amniotic membrane transplantation (3.7%), intrastromal Amphotericin–B(1.2%) eyes. 46% patients could be managed only by antifungal treatment alone. Conclusion: Mycotic keratitis can be managed by multipronged attack only in the form

of medical treatment and various other surgical interventions depending upon clinical condition.

Surgical management of concomitant exotropia: our experience.

Sudesh Kumar Arya, Amrita Singh , Niti Gupta, Anamika Garg, Sunandan Sood, Archana Malik
Department of Ophthalmology, GMCH, Chandigarh

Purpose: To find out final outcome of surgical intervention in patients with concomitant exotropia. Material and Methods: Retrospective analysis of case records of patients having concomitant exotropia in the last 3 years. Results: Total 46 patients were included in the study with mean age of 25.5 years. Age ranged from one year to 50 years. 45.6% patients had alternate divergent type, 21.7% had intermittent type while rest 34.7% had unilateral constant type of exotropia. A or V pattern was seen in 32.6% patients. Amblyopia was present in 23.9% of patients. 69.5% patients could achieve parallel visual axis after horizontal muscle surgery and 75% patients with A or V pattern had parallel visual axis after vertical transposition of horizontal recti. Conclusion: Majority of patients with concomitant exotropia requiring surgical intervention could achieve parallel visual axis along with binocular single vision.

Other free papers presented were

1. Acanthamoeba keratitis: 20 years experience. Ashok Sharma
2. Ocular higher order aberrations following thin flap lasik with Moria M2 microkeratome with 90-µm single use

head. Nandini Kapali, AK Jain, Jagat Ram

3. Effect of phacoemulsification on the morphology of the angle in primary angle closure glaucoma: An ultrasound biomicroscopic pilot study. SS Pandav, Sushmita Kaushik, Anupam Banger, Parul Ichpujani



