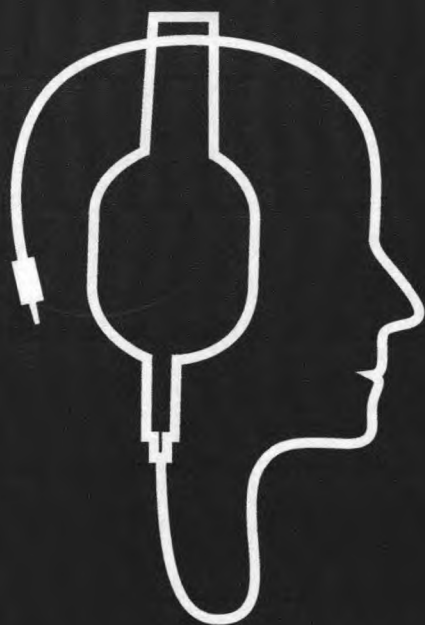




ABSTRACT BOOK



PERDAMI Virtual Scientific Meeting 2020

18-27 September 2020



Epos-KBR-01

TECTONIC PENETRATING KERATOPLASTY IN CORNEAL PERFORATION OF ONLY EYE IN AN ELDERLY PATIENT

Abstract Title

TECTONIC PENETRATING KERATOPLASTY IN CORNEAL PERFORATION OF ONLY EYE IN AN ELDERLY PATIENT

First Author

Marina Y. Albar

Author Institution

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Abstract Type

Case Report

Introduction

Corneal perforation and rarity of corneal donor often pose problem in developing countries. In this case we disclose a decision to save remaining vision on a one-eyed elderly male patient by performing tectonic penetrating keratoplasty.

Case Illustration

A 65 year-old male came to the hospital with protrusion of dark matter on his right eye (RE) since 3 days earlier. No history of trauma, diabetes mellitus, nor hypertension were found. His left eye already lost vision years before but he never consulted an ophthalmologist. He could perceive hand motion on RE. On examination of the RE we found a 5-mm size iris prolapse with loss of corneal tissue with some hint of previous scar. Flat anterior chamber, hazy lens were found. Ultrasound examination revealed a clear vitreous and flat retina. The patient's LE was phthisical with no light perception. We decided to perform tectonic penetrating keratoplasty (TPK) on this one-eyed patient.

Discussion

The patient underwent TPK in General Anesthesia after testing negative for Covid-19. The perforation was located inferior and temporal, thus the difficulty in trephining the precise part of the donor cornea. We had to perform some ad lib refining of the corneal donor to fit the recipient's eye. Tarsorrhaphy was done at end of the surgery. Visual acuity was HM 1 week post-operatively with formed anterior chamber.

Conclusion

Although the prognosis is dubious, we decided to save the patient's remaining vision and prevent future infection with tectonic penetrating keratoplasty on RE considering there is no vision left on his LE.

Keyword

tectonic, penetrating keratoplasty, corneal perforation

Category

Free Paper Presentation

Latest Update

July 19, 2020

Status

Submitted



Epos-KBR-02

Clear Lens Phacoemulsification For High Myopia Correction

Abstract Title

Clear Lens Phacoemulsification For High Myopia Correction

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Abstract Type

Case Report

Introduction

High myopia correction with clear lens extraction, with or without IOL implantation, remains controversial and associated with a high risk of postoperative complications, especially retinal detachment. However, advanced technology development in the cataract surgery field had resulted in excellent surgical outcomes with a very low complication rate. In this article, we will present an outcome of clear lens phacoemulsification for high myopia correction on four eyes of two patients.

Case Illustration

Two women with high myopia undergone clear lens phacoemulsification with supracapsular tilt and tumble technique. IOL calculation using SRK-T formula. Both patients had 20/20 postoperative visual acuity in both eyes, which remains until one year postoperative—no retinal abnormalities found in both patients.

Discussion

Clear lens phacoemulsification is a simple and effective technique for the correction of high myopia because it has a high predictability if the calculation of power IOL is carried out correctly and postoperative vision improvement remains stable over a long period. The choice of the IOL calculation formula is crucial in achieving emetropic vision in eyes with extreme axial length. The SRK/T formula is preferred for eyes with an axial length longer than 26 mm to obtain correct IOL power. Emulsification and aspiration of the lens was done in the anterior to the iris plane so the probe positions was away from the lens posterior capsule so it's decreasing the risk of posterior capsule rupture and vitreous prolapse.

Conclusion

Clear lens phacoemulsification for high myopia correction was an effective procedure and gave an excellent visual outcome for a long-term period.

Keyword

Clear lens extraction, phacoemulsification, high myopia, tilt and tumble, retinal detachment.

Category

Free Paper Presentation

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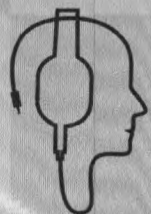


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CERTIFICATE OF PARTICIPATION

this is to certify that

MUHAMMAD SYAUQIE, MD

has participated as

First Author of e-Poster

Clear Lens Phacoemulsification For High Myopia Correction

AT PERDAMI VIRTUAL SCIENTIFIC MEETING

September 18-27. 2020



Epos-KBR-02

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Clear Lens Phacoemulsification For High Myopia Correction

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Introduction:

High myopia correction with clear lens extraction, with or without IOL implantation, remains controversial and associated with a high risk of postoperative complications, especially retinal detachment. However, advanced technology development in the cataract surgery field had resulted in excellent surgical outcomes with a very low complication rate. In this article, we will present an outcome of clear lens phacoemulsification for high myopia correction on four eyes of two patients.

Purpose:

Outcome of clear lens phacoemulsification for high myopia correction

Case presentation:

Two women with high myopia undergone clear lens phacoemulsification with supracapsular tilt and tumble technique. IOL calculation using SRK-T formula. Both patients had 20/20 postoperative visual acuity in both eyes, which remains until one year postoperative—no retinal abnormalities found in both patients.

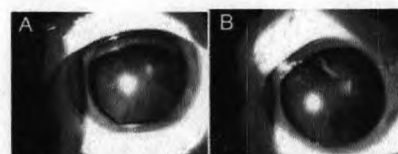
Conclusion:

Clear lens phacoemulsification for high myopia correction was an effective procedure and gave an excellent visual outcome for a long-term period.

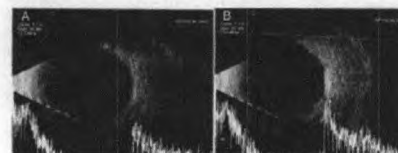
Keyword:

Clear lens phacoemulsification, High myopia correction

Case 1



The right (A) and left (B) eyes with preoperative slit lamp

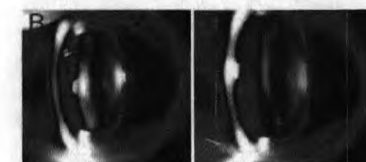


USG; A. Right eye (Axial length 28,59 mm); B. Left eye (Axial length 27,91 mm)

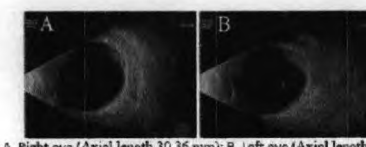


1 year follow up with BCVA 20/20 both eyes

Case 2



The right (A) and left (B) eyes with preoperative slit lamp



USG; A. Right eye (Axial length 30,36 mm); B. Left eye (Axial length 29,21 mm)



1 year follow up with BCVA 20/20 both eyes

Reference:

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