



Brunei International Medical Journal



In Conjunction with

The 38th Singapore-Malaysia Joint Meeting in Ophthalmology
The 11th Indo-China Ocular Inflammation Study Group Meeting
The 1st Brunei Darussalam Ophthalmic Allied Health Professionals Symposium
An-Naura Hall, Yayasan Sultan Haji Hassanal Bolkihah Complex

6th - 8th November 2025

The 7th AOS 2025 Proceedings: Accepted Abstracts of E-Posters and Free Papers

The Brunei International Medical Journal (BIMJ) is a peer-reviewed official publication of the Ministry of Health and Universiti Brunei Darussalam, under the auspices of the Clinical Research Unit, Ministry of Health, Brunei Darussalam. The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries, and letters to the Editor. Topics of interest include all subjects related to clinical practice and research in all branches of medicine, both basic and clinical, including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors but usually solicits review articles and special reports. Proposals for review papers can be sent directly to the Editor-in-Chief. Please refer to the contact information of the Editorial Office.

DISCLAIMER: All articles published, including editorials and letters, represent the opinions of the contributors and do not reflect the official views or policies of the Clinical Research Unit, the Ministry of Health, or the institutions with which the contributors are affiliated, unless clearly stated. The appearance of advertisements does not constitute an endorsement by the Clinical Research Unit or the Ministry of Health, Brunei Darussalam. Furthermore, the publisher cannot accept responsibility for the correctness or accuracy of the advertisers' text, claims, or any opinions expressed.

TABLE OF CONTENT: E- POSTERS

NO	TITLE	PAGE
48	BLUNT TRAUMA-INDUCED ANTERIOR LENS CAPSULE RUPTURE: CASE SERIES	5
218	BILATERAL ARGENTINIAN FLAG SIGN FOLLOWING FGFR INHIBITOR THERAPY IN A CHOLANGIOCARCINOMA	5
30	UNILATERAL INTERSTITIAL KERATITIS IN A CASE OF CONGENITAL SYPHILIS	6
33	UNCOVERING THE CAUSE OF A SELF-SEALED CORNEAL PERFORATION	6
37	OCULAR MUCOUS MEMBRANE PEMPHIGOID ON A 59-YEAR-OLD MALE: A CASE REPORT	7
98	MYCOBACTERIUM ABSCESSUS KERATITIS: A RARE CASE OF NONTUBERCULOUS MYCOBACTERIAL EYE INFECTION	7
129	AN AGGRESSIVE IMMUNE-MEDIATED CORNEA ULCER: RODENT ULCER OF THE CORNEA	8
209	SYNERGISTIC MULTIMODAL THERAPY IN SECONDARY SJÖGREN'S SYNDROME: BREAKING THE SINGLE-MODALITY BARRIER	8
150	PERIPHERAL ULCERATIVE KERATITIS MIMICKING INFECTIVE CORNEAL ULCER: A DIAGNOSTIC CHALLENGE	9
154	TOPICAL LOSARTAN AS ADJUNCTIVE THERAPY IN POST-CONJUNCTIVITIS NUMMULAR KERATITIS: A CASE REPORT	9
159	HONEY BEE: NOT AS SWEET AS YOU THINK - A CASE OF TOXIC ANTERIOR SEGMENT SYNDROME	10
161	WHEN THE BLINK GOES ON STRIKE, THE CORNEA PAYS THE PRICE	10
55	BEYOND CULTURES: A DIAGNOSTIC DILEMMA IN CHRONIC POSTOPERATIVE ENDOPTHALMITIS	11
31	THE IMPACT OF PROLONGED DIGITAL DEVICE USE ON DRY EYE AND CONVERGENCE INSUFFICIENCY SYMPTOMS AMONG STUDENTS	11
167	ENDOGENOUS PANOPHTHALMITIS IN A PATIENT OF CHRONIC KIDNEY DISEASE AND DIABETES MELLITUS TYPE 2 : A CASE REPORT	12
78	TUBE OBSTRUCTION WITH EXFOLIATIVE MATERIAL AFTER PRESERFLO MICROSHUNT SURGERY IN PSEUDO-EXFOLIATIVE GLAUCOMA PATIENT AND ND-YAG LASER MANAGEMENT: A CASE REPORT	13
84	ACUTE ANGLE CLOSURE SECONDARY TO VITREOUS HAEMORRHAGE IN WET AGE RELATED MACULAR DEGENERATION: A RARE DEVASTATING COMPLICATION AND THE RISK FACTORS	13
131	PAINFUL BLIND EYE IN EARLY PREGNANCY: A CASE OF STURGE-WEBER SYNDROME WITH SECONDARY GLAUCOMA	14
155	HORROR ON THE 13TH YEAR; LATE ONSET PHACOANTIGENIC GLAUCOMA IN POST-PHACOEMULSIFICATION PATIENT	14
35	CILIORETINAL ARTERY OCCLUSION IN HYPERCHOLESTEROLEMIA	15
45	RETINAL ARTERIOVENOUS MALFORMATION TYPE 2 IN A 15-YEAR-OLD BOY PRESENTED WITH VALSALVA RETINOPATHY: A CASE REPORT	15
57	OOPS, IT'S TOO LATE TO TREAT	16
111	FADING CONES, FAILING RODS: WHEN AMBLYOPIA ISN'T WHAT IT SEEMS	16
65	RETINA ON THE ROCKS: HEMORRHAGES IN A CHRONIC ALCOHOLIC LIVER DISEASE	17
83	FLECKS WITHOUT FEAR: BENIGN FLECK RETINA	17
160	FROM EUPHORIA TO EFFUSION: METHAMPHETAMINE ASSOCIATED CENTRAL SEROUS CHORIORETINOPATHY	18
186	A RARE GLIMPSE INTO DARKNESS: A DEVASTATING OCULAR COMPLICATION OF SYSTEMIC LUPUS ERYTHEMATOSUS ON A 23-YEAR-OLD FILIPINO FEMALE	18
194	OPTIC NEUROPATHY VS RETINOPATHY - DIAGNOSTIC NUANCES	19
123	BRANCH RETINAL VEIN OCCLUSION AND VITREOUS HEMORRHAGE IN A 19-YEAR-OLD FEMALE PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS	19

TABLE OF CONTENTS: E- POSTERS

NO	TITLE	PAGE
42	OPTIC NEURITIS POTENTIALLY ASSOCIATED WITH DOMPERIDONE USE IN A LACTATING MOTHER: A RARE CASE REPORT	20
44	A RARE CASE OF NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY IN LATE PREGNANCY	20
58	BEHIND DOUBLE VISION, A REASON TO LOOK DEEPER	21
75	NEUROSYPHILIS: A CASE REPORT	21
90	WHEN 6/6 VISION ISN'T ENOUGH: CORTICAL VISUAL IMPAIRMENT IN PEDIATRIC HYDROCEPHALUS	22
100	SMALL LESION, BIG IMPACT: A RARE CASE OF CAVERNOUS SINUS MENINGIOMA PRESENTING WITH PAINFUL BINOCULAR DIPLOPIA AND OPHTHALMOPLEGIA	22
107	WHEN EYE WHISPERS: A CASE OF CAVERNOUS SINUS THROMBOSIS (CST) IN A YOUNG ADOLESCENT	23
114	A RARE CASE OF BINASAL HEMIANOPIA – FRONTAL LOBE MENINGIOMA	23
138	A RARE ASSOCIATION OF ANAEMIA AND PAPILLOEDEMA	24
151	LEUKEMIC INFILTRATION PRESENTING AS COMPLETE PTOSIS AND PARTIAL OPHTHALMOPLEGIA: A CASE REPORT	24
163	BILATERAL NON-ARTERITIC ISCHEMIC OPTIC NEUROPATHY FOLLOWING CORONARY ARTERY BYPASS GRAFTING WITH EARLY POSTOPERATIVE RE-EXPLORATION FOR BLEEDING	25
170/183	ATYPICAL OPTIC NEURITIS AND TRANSVERSE MYELITIS IN A 39-YEAR-OLD FEMALE FILIPINO PATIENT: A CASE REPORT ON SEROPOSITIVE NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)	25
184	A WINDOW TO THE MASS: A RARE PRESENTATION OF BILATERAL NEURORETINITIS UNMASKING A SILENT INTRACRANIAL TUMOR IN A 18-YEAR-OLD FILIPINO FEMALE	26
187	A RARE CASE OF NINE SYNDROME: UNCOMMON INTERSECTION OF OCULAR AND NEUROLOGIC SIGNS	26
201	A RARE CASE OF IDIOPATHIC INTRACRANIAL HYPERTENSION IN A CHILD WITH ATYPICAL MAGNETIC RESONANCE IMAGING FINDING	27
211	OPHTHALMIC CLUES TO A LIFE-THREATENING CAVERNOUS SINUS INFECTION	27
177	ORTHOPTIC ROLE IN THE DIAGNOSIS AND MANAGEMENT OF INTERNUCLEAR OPHTHALMOPLEGIA	28
204	CAUGHT IN THE ORBIT: URGENT MANAGEMENT OF ORGANIC FOREIGN BODY WITH SIGHT-THREATENING COMPLICATIONS	29
162	TRAUMATIC GLOBE RUPTURE WITH A BLOW-OUT FRACTURE: A CASE REPORT	29
22	A "SANDWICH" GRAFT APPROACH: AURICULAR CARTILAGE AND ORAL MUCOSA IN EYELID RECONSTRUCTION POST-BCC EXCISION	30
34	A CASE STUDY ON EVISCERATION UNDER MONITORED ANESTHETIC CARE (MAC)	30
38	PHTHISIS BULBI IN OPEN GLOBE INJURY: WHAT FACTORS INFLUENCE IT?	31
36/43	TRAPDOOR ORBITAL FLOOR FRACTURE WITH MUSCLE ENTRAPMENT IN YOUNG MALE: A CASE REPORT ON IMPORTANCE OF TIMELY SURGICAL INTERVENTION	31
60	A NEW LID ON LIFE: Z-PLASTY FOR CICATRICAL LAGOPHTHALMOS	32
66	UNSEEN TRIGGER: A CASE OF BLEPHAROSPASM INDUCED BY A HIDDEN FOREIGN BODY	32
82	A CRYPTIC SWELLING: CASE REPORT ON ORBITAL LYMPHATIC-VENOUS MALFORMATION	33
89	UNITED FOR VISION: INTERDEPARTMENTAL NON-SURGICAL TREATMENT OF CICATRICAL ECTROPION IN ICHTHYOSIS VULGARIS	33

TABLE OF CONTENTS: E- POSTERS

NO	Title	PAGE
92	POSTERIOR APPROACH EYELID WEIGHT IMPLANTATION FOR LAGOPHTHALMOS AND EXPOSURE KERATOPATHY: A CASE SERIES	34
143	TRAUMATIC GLOBE DISLOCATION INTO THE MAXILLARY SINUS SECONDARY TO PENETRATING ORBITAL INJURY: A CASE REPOR	34
175	MANAGEMENT OF CONJUNCTIVAL MELANOMA ARISING FROM PRIMARY ACQUIRED MELANOMA (PAM) : A CASE REPORT	35
185	FORM AND FUNCTION RESTORED: A CASE SERIES ON LOWER EYELID SEBACEOUS GLAND CARCINOMA AND ITS RECONSTRUCTION	35
190	FRONTAL MUOCOCELE AND ENCEPHALOCELE PRESENTING AS PERSISTENT ORBITAL SWELLING: A LATE COMPLICATION OF HEAD TRAUMA	36
139	THE EYE THAT UNMASKED THE TUMOUR : UVEAL METASTASIS AS INITIAL PRESENTATION OF ASYMPTOMATIC PRIMARY LUNG ADENOCARCINOMA	37
178	BILATERAL CHOROIDAL OSTEOMA IN A PATIENT WITH LANGERHANS CELL HISTIOCYTOSIS: A RARE BUT PROBABLE ASSOCIATION	37
26	HORNER'S SYNDROME AFTER CHEMOPORT INSERTION IN A ONE-YEAR-OLD CHILD	38
32	XEROPHTHALMIA IN AN AUTISTIC CHILD IN URBAN MALAYSIA	38
68	ADVANCED EXTRAOCULAR RETINOBLASTOMA: THE UNFORTUNATE TALE OF A CHILD WITH LATE PRESENTATION	39
91/108	OPTIC DISC HYPOPLASIA IN CHILDHOOD: A CASE FOR AWARENESS	39
40	SURGICAL MANAGEMENT OF RETINAL DETACHMENT IN OCULAR COLOBOMA: OVERCOMING ANATOMICAL CHALLENGES	40
130	SUBHYALOID HAEMORRHAGE-INDUCED RETINAL TEARS	40
133	SPONTANEOUS REATTACHMENT OF RHEGMATOGENOUS RETINAL DETACHMENT 3½ YEARS AFTER DEMARCATING BARRIER LASER	41
17	SEEING THE SIGNS: DISSEMINATED TUBERCULOSIS PRESENTING AS SCLERAL AND IRIS GRANULOMATOUS NODULES: A CASE REPORT	42
106	STARRY SKIES AND SILENT EYES: UNVEILING INCOMPLETE VOGT KOYANAGI HARADA (VKH) DISEASE	42
67	NOT ALL KERATIC PRECIPITATES ARE VIRAL: BRIMONIDINE-ASSOCIATED UVEITIS MASQUERADING AS CHRONIC INFLAMMATION	43
99	OCULAR TOXOCARIASIS: AN UNDERRECOGNISED CAUSE OF VISION LOSS	43
172	THE GREAT PRETENDER MEETS THE IMMUNE CHALLENGER	44
70	OCULAR THELAZIASIS: EVIDENCE OF POSSIBLE LOCAL TRANSMISSION IN MALAYSIA	44
28	ATYPICAL LESION PATTERN IN A CASE OF PUNCTATE INNER CHOROIDITIS	45
29	DIAGNOSIS AND MANAGEMENT IN A CASE OF AMPIGINOUS CHORIORETINITIS	45

#48 E-POSTER: CATARACT

Blunt Trauma-Induced Anterior Lens Capsule Rupture: Case Series

Lim YI XUAN^{1,2}, Aiman MARDIYAH², Hayati ABDUL AZIZ¹, Nurulhuda ARIFFIN¹

¹Department of Ophthalmology, Hospital Sultanah Aminah, Johor Bahru

²Department of Ophthalmology & Visual Science, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

* Email: yixuan12342@gmail.com

Case 1: A 16-year-old boy sustained sports injury from a cricket ball, presenting with left eye pain, redness, and severe visual impairment (hand movement). Clinical assessment revealed anterior chamber inflammation, a subluxated white cataract with anterior capsular rupture, and features suggestive of traumatic optic neuropathy. B-scan ultrasonography excluded retinal detachment. Initial medical management was followed by lens aspiration. At one-month follow up visual acuity had slightly improved to counting fingers.

Case 2: A 23-year-old male presented with right eye pain and profound visual loss (hand movement) following blunt trauma from a shuttlecock. Examination revealed iridodialysis, a white cataract with anterior capsular rupture, and elevated intraocular pressure. B-scan ultrasonography ruled out retinal detachment. The patient was managed medically and scheduled for cataract extraction with concurrent iris repair.

Case 3: A 67-year-old male presented with left eye pain, redness and blurred vision following blunt trauma from vegetative material (tapioca branches). Visual acuity was counting fingers at presentation. Examination revealed a white cataract with anterior capsular rupture, traumatic uveitis, and elevated intraocular pressure (28 mmHg). After initial medical management, he underwent extracapsular cataract extraction with intraocular lens implantation. At one-month follow-up, vision improved to 6/45, limited by astigmatism related to corneal suturing.

Conclusion: Early identification and management of anterior segment disruption following blunt ocular trauma are crucial for preventing irreversible vision loss and achieving functional recovery.

Keywords: Anterior lens capsular rupture, blunt trauma, traumatic cataract

#218 E-POSTER CATARACT

Bilateral Argentinian Flag Sign Following FGFR Inhibitor Therapy in a Cholangiocarcinoma Patient: A Case-Based Review

Chia-an HSU^{1*}, Tzu-Yu HUANG¹, Tai-Chi LIN¹

¹Department of Ophthalmology, Taipei Veterans General Hospital, Taiwan

* Email: nfwya0811@gmail.com

Background: Fibroblast growth factor receptor inhibitors (FGFRi), such as pemigatinib, have become pivotal in managing intrahepatic cholangiocarcinoma. However, ocular side effects are underreported. We present a case of rapidly progressive cataracts and bilateral Argentinian Flag Sign (AFS) following FGFRi therapy. **Case Presentation:** A 68-year-old woman with metastatic cholangiocarcinoma underwent multiple lines of chemotherapy, including 10 months of pemigatinib. During this time, she experienced progressive bilateral vision decline. Cataract surgery revealed the AFS in both eyes. Visual acuity significantly improved postoperatively. **Results:** Preoperative and intraoperative findings suggest a relationship between FGFRi therapy and intumescent cataract formation. AFS, caused by increased intralenticular pressure and abrupt capsular rupture during capsulorhexis, poses significant surgical risk. **Discussion:** AFS can be prevented or mitigated through strategies such as two-stage capsulorhexis, needle decompression, use of viscoelastic devices (OVDs), or femtosecond laser-assisted cataract surgery (FLACS). FGFRi-induced cataract formation may be due to oxidative stress, metabolic depletion, or mitochondrial dysfunction. Regular ophthalmic monitoring during and after FGFRi treatment is advisable. **Conclusion:** Clinicians should be aware of AFS as a potential complication in patients treated with FGFR inhibitors. Proactive surgical planning and use of advanced capsulotomy techniques are crucial to prevent intraoperative complications and ensure optimal visual recovery.

Keywords: Cholangiocarcinoma, fibroblast growth factor receptor inhibitors, pemigatinib

#30 E-POSTER: CORNEA

Unilateral Interstitial Keratitis in a Case of Congenital Syphilis

Chynna Pearl Tana BACCAY^{*}, Paulita Pamela ASTUDILLO-PANTIG², Albert John BROMEO³, Jeane Haidee MAH-SADORRA¹

¹ Jose B. Lingad Memorial General Hospital, Philippines

² Phillipine General Hospital, University of the Philippines

³ Asian Eye Institute, Philippines

* Email: chynnabaccay03@gmail.com

Background: Congenital syphilis is caused by transmission of *Treponema pallidum* from mother to fetus, resulting in a myriad of clinical presentations. The most common manifestation is a bilateral interstitial keratitis, although pigmentary retinopathy, uveitis, and secondary glaucoma. **Purpose:** To report a rare case of an infant with congenital syphilis who presented with a unilateral corneal opacity. **Case Presentation:** A two month old male born to a mother who tested positive for syphilis during the prenatal period presented with a whitish opacity on the right eye on first day of life associated with skin rashes. Examination showed multiple corneal stromal opacities on the peripheral superotemporal cornea with neovascularization on the right eye. Anterior segment findings on the left eye were unremarkable. Fundoscopy was unremarkable in both eyes. Diagnostic testing on the infant revealed a positive findings for syphilis. He was diagnosed with congenital syphilis with interstitial keratitis on the right eye. The patient was treated with a course of aqueous crystalline penicillin G and topical corticosteroids which resulted in regression of corneal vessels and scarring of the corneal lesion. **Conclusion:** Congenital syphilis is a preventable but potentially vision-threatening condition. Early diagnosis through neonatal screening and maternal history, followed by prompt treatment is vital to reduce infectious and inflammatory sequelae. The rising number of global cases highlight the need for stronger prenatal care and public health efforts.

Keywords: Congenital syphilis, corneal scar, interstitial keratitis, syphilis

33 E-POSTER: CORNEA

Uncovering the Cause of a Self-Sealed Corneal Perforation

Vinoshini Devi KAILAIVASAN¹, Sujaya SINGH², Lim YI WEN²

¹ Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia

² UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: vinoshinidk@gmail.com

Purpose: To highlight the diagnostic challenge in a case of self-sealed corneal perforation. **Case Presentation:** A 78-year-old man with a background of left eye carotid-cavernous fistula and axial proptosis from thyroid eye disease was referred for further evaluation following the incidental finding of a self-sealed left eye corneal perforation with iris plugging during routine follow-up. The patient was asymptomatic and denied recent ocular trauma. Examination revealed a self-sealed inferonasal corneal perforation in the left eye with overlying epithelialisation. Associated findings included keratic precipitates, anterior chamber cells, and restriction of extraocular movements in all directions. Initial laboratory investigations revealed an elevated ESR, with negative ANA and rheumatoid factor. Positive HSV IgG serology pointed towards a herpetic etiology, guiding the initiation of empirical antiviral therapy. Empirical treatment with oral acyclovir (400 mg five times daily) and topical antibiotics was initiated. At follow-up, clinical improvement was noted with resolution of inflammation and keratic precipitates. Acyclovir was subsequently tapered to prophylactic dosing. Although pANCA testing was performed during the initial workup, the result positive was only available a week later. This raised the possibility of an autoimmune etiology. However, in the absence of systemic features and with no involvement of the fellow eye, herpetic keratitis remained the more likely cause. Repeat autoimmune panel testing was planned to monitor for any emerging systemic manifestations. **Conclusions:** A thorough systemic and ocular assessment, including detailed history and targeted investigations, is essential in determining the underlying cause of corneal perforation. In selected cases with stable structural integrity and controlled inflammation, conservative management without surgical intervention may be appropriate.

Keywords: Antiviral, herpetic keratitis, self-sealed corneal perforation

#37 E-POSTER: CORNEA

Ocular Mucous Membrane Pemphigoid on a 59-Year-old Male: A Case Report

Paul Gilbert APILADO

University of Santo Tomas Hospital, Philippines
Email: apiladopaul.md@gmail.com

Background: Mucous membrane pemphigoid (MMP) is a systemic cicatrising autoimmune disease primarily affecting mucous membranes, such as the conjunctiva, nasal cavity, oropharynx, and genitalia. Ocular MMP (OcMMP) occurs when the conjunctiva is the primary site of inflammation leading to chronic cicatrising conjunctivitis which is present in 70% of all MMP cases. **Purpose:** To present the clinical course, diagnosis and management of a 59-year-old male, Filipino with OcMMP presenting as recurrent cicatricial entropion and ocular surface disease. **Case Presentation:** Detailed history was performed presenting a case of recurrent history of cicatricial entropion for both eyes and previous history of surgical repair. A conjunctival biopsy was obtained, and direct immunofluorescence (DIF) was performed to confirm the diagnosis. **Results:** DIF showed a homogenous linear deposition of immunoglobulin G (IgG), A (IgA), M (IgM), and C3 in the conjunctival basement membrane zone confirming the diagnosis. **Conclusion:** Ocular mucous membrane pemphigoid is an autoimmune disease primarily affecting the conjunctiva that may lead to vision loss. A high index of suspicion in patients with cicatricial conjunctivitis, forniceal shortening, and symblepharon is vital. Supportive management for ocular surface disease and Methotrexate was given as an immunosuppressant. Surgical intervention with blepharoplasty and anterior lamellar recession was done once the ocular inflammation was stable providing better ocular surface and visual acuity. Overall, early detection and prompt treatment are essential to halt disease progression for early surgical intervention.

Keywords: Cicatricial entropion, membrane pemphigoid, ocular mucous

#98 E-POSTER: CORNEA

Mycobacterium Abscessus Keratitis: A Rare Case of Nontuberculous Mycobacterial Eye Infection

Chek Kuan TAN^{*}, Nazima SHADAHT ALI¹, Hanizasurana HASHIM¹, Teik Wei TAN¹

¹Hospital Selayang, Malaysia
* Email: tzekuan05@gmail.com

Purpose: To report a rare case of infective keratitis caused by *Mycobacterium abscessus*. **Case presentation:** A 39-year-old Indonesian female, with no known medical illness, presented with a 3-week history of right eye pain, redness, tearing, and foreign body sensation. She denied ocular trauma, surgery, or contact lens use. During this period, she sought medical care at general practitioner. Topical Vigamox and Neodecadron were given but yielded no improvement. On presentation, right eye visual acuity (VA) was 6/12; left eye VA was 6/6. Ocular examination revealed conjunctival injection and an inferior corneal infiltrate (1.6 × 1.8 mm) with a larger endothelial plaque (2.6 × 2.0 mm), but no satellite lesion. There were 1+ anterior chamber cells without hypopyon. Fundus examination was normal with no signs of infection. She was clinically diagnosed with fungal keratitis and treated with fortified topical antifungals and antibiotics. Initial corneal scraping was negative for Gram stain and KOH testing. Her condition worsened: vision dropped to counting fingers, the infiltrate enlarged to 2.8 × 2.0 mm, endothelial plaque to 3.0 × 2.2 mm, and anterior chamber cells increased to 3+ with hypopyon. On day 7, culture grew *Mycobacterium abscessus*. Treatment was revised to topical amikacin, ciprofloxacin, and oral clarithromycin. After 3 days, vision improved to 6/60 and infiltrate reduced to 2.0 × 1.8 mm. **Conclusion:** Keratitis caused by Nontuberculous Mycobacteria (NTM) is rare but should be considered in recalcitrant cases unresponsive to standard treatment, particularly in patients exposed to soil or water contamination.

Keywords: Corneal ulcer, keratitis, mycobacterium abscessus, nontuberculous mycobacteria

129-E-POSTER: CORNEA

An Aggressive Immune-Mediated Cornea Ulcer:
Rodent Ulcer of the Cornea

Nur Ain Syafira ROSLEE^{1*}, Tajunisah Begam MOHD IQBAL¹,
Muhammad Nazrin MUHAMMAD NORDIN¹

¹ University of Malaya, Malaysia
* Email: rosainsya@gmail.com

Purpose: To report a case of idiopathic unilateral Mooren's ulcer. **Case Presentation:** A 44-year-old Malay gentlemen with no known medical illness presented with painful right eye (RE), blurring of vision for one month associated with eye redness and foreign body sensation. Ophthalmological assessment showed visual acuity of 1/60 over RE and 6/6 over unaffected eye. Slit lamp examination of RE revealed large inferior peripheral cornea ulcer spreading circumferentially to the center covering half of the cornea with area of thinning along the demarcation line, associated with conjunctivalisation and pannus formation. Seidel was negative. Anterior chamber was deep with cells 3+ . Posterior synechiae noted at multiple regions; 4,5, and 10 o'clock. Left Eye examination was normal. Diagnosis of Mooren's ulcer was established. Blood investigations taken included autoimmune workup, and infective screening. Results came back as negative. Case was discussed with cornea team and co-managed with medical colleagues. Patient was started on oral Prednisolone 1mg/kg OD and dose was tapered down weekly and biweekly depending on the eye condition. Other medications include oral Azathioprine 75mg OD, oral Doxycycline 100mg OD, oral Vitamin C 1/1 OD, oral Pantoprazole 40mg OD, Gutt Ciprofloxacin 4 hourly and Gutt Atropine 1% BD RE. On two months of treatment, patient showed a good response. There is significant vision improvement with visual acuity of 6/15 and improving lesion. **Conclusion:** Diagnosis of Mooren's ulcer mandates prompt treatment as visual morbidity remains significant. Our patient responded well with medical treatment which includes immunosuppressive therapy which has been shown increasingly successful in patients unresponsive to conventional treatment. More research and trials need to be conducted to derive a proper therapeutic regime to effectively cure this destructive disease. Delay in treatment may lead to cornea perforation and other devastating complications.

Keywords: Idiopathic ulcer, immune-mediated, Mooren's ulcer

#209 E-POSTER: CORNEA

Synergistic Multimodal Therapy in Secondary Sjögren's Syndrome: Breaking the Single-Modality Barrier

Nurul AKLA^{1*}, Patrotika MUSLIMA^{1,2}, Arief Akhdestira MUSTARAM^{1,2}, Angga FAURIANSYAH^{1,2}, Elfa Ali IDRUS^{1,2}

¹ Department of Ophthalmology, Faculty of Medicine, Padjadjaran University, Indonesia
² National Eye Center, Cicendo Eye Hospital, Bandung, Indonesia
*Email: nurulakla1@gmail.com

Purpose: To report a case of secondary Sjögren's Syndrome (sSS) with severe Aqueous Tear Deficiency (ATD) managed through a tailored multimodal approach, emphasising ocular and systemic outcomes. **Case Presentation:** A 43-year-old female presented with a two-year history of progressive ocular burning, xerostomia, and myalgia, exacerbated by visual tasks. Examination revealed Schirmer's test 0 mm OD and 3 mm OS, corneal punctate epithelial erosions, and lipid layer thickness of 41–42 nm. Serology was positive for rheumatoid factor, antinuclear antibody, anti-SSA, and anti-SSB. She was diagnosed with sSS with suspected rheumatoid arthritis. Management included autologous serum eye drops (ASEDs), diquafosol sodium 3% six times daily, hyaluronic acid 1% four times daily, topical cyclosporine A 0.1% twice daily, and staged hydrogel punctal plug insertion. Follow-up included repeat tear film analysis and ocular surface assessment. **Results:** At six months, Ocular Surface Disease Index score improved from 37% to 18%, lipid layer thickness increased to 51 nm OD and 62 nm OS, and corneal staining was markedly reduced. Two months after punctal plug placement, transient steroid-related blurred vision resolved, Schirmer's improved to 1–2 mm OU, and ocular inflammation was quiescent. Best-corrected visual acuity improved from 0.25 to 0.63 OD and from 0.5 to 0.8+1 OS. Systemic symptoms of fatigue and myalgia improved, with stable renal function and no recurrence of hypokalemia. **Conclusions:** A synergistic multimodal regimen combining tear supplementation, anti-inflammatory therapy, and punctal occlusion yielded rapid and sustained improvement in severe ATD secondary to sSS. This case highlights the importance of individualized, multidisciplinary management for complex autoimmune-related dry eye disease.

Keywords: Aqueous tear deficiency, ocular surface disease index, sjögren's syndrome

#150 E-POSTER: CORNEA

Peripheral Ulcerative Keratitis Mimicking Infective Corneal Ulcer: A Diagnostic Challenge

Narendra SHANMUGAM^{*}, Sue Anne LOH¹, Azhany YAAKUB¹

¹Hospital Tuanku Jaafar, Hospital Pakar Universiti Sains Malaysia, Malaysia
*Email: naren92614@gmail.com

Purpose: To report a challenging case of peripheral ulcerative keratitis (PUK) initially misdiagnosed and treated as an infective corneal ulcer, emphasising diagnostic and treatment complexities. **Case Presentation:** A 52-year-old male with diabetes mellitus, hypertension, and ischemic heart disease presented with left eye redness, discomfort and epiphora for two weeks. He denied blurred vision, eye pain or trauma. Best corrected visual acuity (BCVA) was 6/9 bilaterally with no relative afferent pupillary defect. Clinical examination revealed a crescent-shaped peripheral epithelial defect, stromal thinning with infiltrate and sectoral conjunctival injection. Other ocular findings were unremarkable leading to a provisional diagnosis of infective keratitis. Corneal scrapings for Gram stain, KOH stain and culture sensitivity were negative. Despite aggressive treatment with topical ceftazidime and gentamicin, there is no clinical improvement. Diagnosis was then revised to PUK and extensive systemic investigations were taken including complete blood count, inflammatory markers, autoimmune panel (rheumatoid factor, ANA, complement C3/C4), viral serology and infective factors which were all normal. As corneal thinning progressed, he was then referred to a cornea specialist team. Corneal gluing with bandage contact lens was applied alongside initiation of oral azathioprine with corticosteroids, resulting in lesion stabilisation and prevention of further corneal deterioration. **Conclusion:** Peripheral ulcerative keratitis presents diagnostic challenges, particularly early in the disease course, due to its similarity with infective ulcers. Negative microbiological and autoimmune findings complicate management. Prompt recognition and initiation of immunosuppressive therapy are critical to stabilise the lesion and prevent severe visual impairment.

Keywords: Corneal ulcer, immunosuppressive therapy, peripheral ulcerative keratitis

#154 E-POSTER: CORNEA

Topical Losartan as Adjunctive Therapy in Post-Conjunctivitis Nummular Keratitis: A Case Report

Wan Nur Najwa WAN ZAKARIA^{1*}, Chen Shen LAM¹, Nur Shahirah AMIR HAMZAH², Safinah MOHD KHALDIN¹, Wan Haslina WAN ABDUL HALIM^{1,2}

¹Faculty of Medicine, Universiti Kebangsaan Malaysia, Malaysia
²Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia
* Email: najzakaria@gmail.com

Purpose: To report a case of bilateral nummular keratitis successfully managed with topical Losartan 0.08% as part of adjunctive treatment. **Case Presentation:** A 37-year-old lady with no known medical illness presented with bilateral progressive blurring of vision and photophobia for six months. Her symptoms began one month after an episode of bilateral conjunctivitis. Initial management at a private center included tapering doses of topical corticosteroids (Gutt Maxidex), with no sustained improvement. Upon presentation to our clinic, visual acuity was 6/18 in the right eye (pinhole 6/9) and 6/24 in the left eye (pinhole 6/12). Examination revealed bilateral multiple dense subepithelial opacities involving the visual axis, with elevated edges of the opacities. The anterior chambers were deep and quiet, lenses were clear, and intraocular pressure was normal bilaterally. Fundus examinations were unremarkable. A diagnosis of bilateral nummular keratitis was made. The patient was started on combination therapy, including topical Gutt Losartan 0.08% every four hours, lubricants (Gutt Artelac Splash and Artelac Nighttime Gel), topical corticosteroids (Gutt Dexamim), topical antibiotic (Gutt Cravit 0.5%), and topical Cyclosporin A 0.5%. After one week, significant symptomatic and clinical improvement was observed. On subsequent review, her visual acuity improved to 6/6 bilaterally. Examination showed only a very faint subepithelial haze with a clear visual axis. Management was adjusted by tapering the corticosteroids, continuing cyclosporine and lubricants, and discontinuing the antibiotics and Losartan. **Conclusion:** This case highlights the potential utility of topical Losartan as an adjunct in managing nummular keratitis, particularly in patients with suboptimal response to steroids alone.

Keywords: Losartan, nummular keratitis, subepithelial opacities

#159 E-POSTER: CORNEA

Honey Bee: Not as Sweet as You Think - A Case of Toxic Anterior Segment Syndrome

Wan Nur Najwa WAN ZAKARIA^{1*}, Mazaya MAHMUD¹,
Wan Haslina WAN ABDUL HALIM¹, Nur Shahirah AMIR HAM-
ZAH², Safinaz MOHD KHALDIN¹

¹ Department of Ophthalmology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Malaysia

² Department of Ophthalmology, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia

*Email: najzakaria@gmail.com

Purpose: To report a case of toxic anterior segment syndrome (TASS) following a corneal bee sting injury. **Case Presentation:** A 21-year-old healthy army personnel sustained a bee sting injury to the right eye while riding a motorcycle. He presented to hospital nine hours later with right eye pain, blurring of vision, and tearing. His right eye visual acuity was hand movement. He underwent right eye examination under anesthesia (EUA), removal of the corneal insect foreign body and corneal toilet and suturing (T&S). One month later, he was referred to our center with a visual acuity of counting finger and no relative afferent pupillary defect. Examination revealed generalised limbal-to-limbal corneal edema, central corneal opacity and a black linear foreign body, presumed to be a bee stinger, embedded obliquely in the posterior stroma of the paracentral cornea. Iris pigments were noted on the endothelium, a focal anterior subcapsular cataract, and 360-degree iris atrophy. Fundus view was poor, but B-scan was unremarkable. A diagnosis of toxic anterior segment syndrome (TASS) with a retained bee stinger was made. Treatment included topical antibiotics, antifungals, steroids (topical and systemic), and lubricants. An anterior chamber wash-out with intracameral cefuroxime and subconjunctival dexamethasone was performed to clear residual toxins. Penetrating keratoplasty was planned as the central corneal opacity was significant and unlikely to improve with stinger removal alone. **Conclusion:** In suspected TASS, early anterior chamber washout and prompt removal of any retained foreign body are critical to reduce the risk of permanent damage. However, delayed referral in our case hindered timely intervention.

Keywords: Anterior chamber, iris atrophy, toxic anterior segment syndrome

#161 E-POSTER: CORNEA

When the Blink Goes on Strike, the Cornea Pays the Price

Maya Sakthi N VIJAYAN^{1*}, Nur Hanna ILLYANA¹, Ker Dee LIM¹, Che Sharifah YUSOF², Nor'azim MOHD YUNOS²,
Tengku Ain KAMALDEN¹, Sujaya SINGH¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

²Department of Anaesthesiology, Universiti Malaya Medical Centre

*Email: maya85992@gmail.com

Purpose: To assess the incidence of exposure keratopathy and accuracy of eyelid taping techniques among intubated patients in the intensive care unit (ICU) and Intermediate Dependency Care Unit (IDCU) pre and post implementation of an educational intervention and a standardised eye care protocol. **Method:** An audit was conducted in ICU and IDCU, Universiti Malaya Medical Centre from August 2024 to October 2024. Pre intervention, all intubated patients were assessed daily for a month using fluorescein staining and observation of eyelid taping practices. One month in, an educational intervention for all intensive unit staffs were implemented, including lectures and instructional videos. A local eye care protocol tailored to our hospital setting, adapted from the eye care in ICU guideline from the Royal College of Ophthalmologists was created and distributed. A post intervention audit was done a month later using the same assessment method. **Results:** Pre-intervention, 14 of 56 intubated patients (25%) developed exposure keratopathy. Among 31 patients with incomplete eyelid closure, 10 (32%) had incorrect taping technique. Post-intervention, exposure keratopathy was seen in 6 of 46 patients (13%) in that month, while only 2 of 24 patients (8%) with incomplete lid closure had incorrect taping. **Conclusion:** Exposure keratopathy is a preventable complication in intubated patients. This audit highlights the effectiveness of structured training and protocol-driven care in preventing avoidable ocular complications in critical care settings.

Keywords: Audit, eyelid taping, exposure keratopathy

#55 E-POSTER: GENERAL OPHTHALMOLOGY

Beyond Cultures: A Diagnostic Dilemma in Chronic Postoperative Endophthalmitis

Ezza Amirah RUSLAN^{1*}, Nurliza KHALIDDIN¹, Yi Wen LIM¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia
* Email: ezza.amirah@gmail.com

Purpose: To discuss the diagnostic challenge of chronic postoperative endophthalmitis with clinical features suggestive of propionibacterium infection. **Case Presentation:** A 67-year-old pseudophakic man presented with two-month history of blurred vision and worsening floaters for the past one week in his left eye, nine months after secondary intraocular lens (IOL) implantation. On examination, his visual acuity (VA) was 6/45 bilaterally, with no relative afferent pupillary defect. Slit-lamp examination revealed fluffy, white, rounded deposits with minimal pigments on the IOL surface, and mild anterior chamber inflammation. Fundus examination showed moderate non-proliferative diabetic retinopathy and epiretinal membrane without vitritis, consistent with B-scan finding. Given the indolent course, low-grade inflammation, and characteristic IOL surface deposits, a diagnosis of chronic postoperative endophthalmitis was made, considering *Propionibacterium acnes* as the most likely pathogen. Vitreous tap and intravitreal injection were deferred as they rarely yield positive cultures due to low bacterial load and intracellular sequestration. He was managed conservatively with topical moxifloxacin and oral doxycycline for six weeks. Topical corticosteroids were introduced after clinical response was observed. The patient showed significant improvement with resolution of lesions and inflammation, and a final VA of 6/12 in the affected eye. **Conclusion:** Chronic postoperative endophthalmitis is notoriously difficult to diagnose, particularly when caused by slow-growing organisms such as *Propionibacterium acnes*, making microbiological confirmation challenging. This case illustrates that in select cases, conservative treatment with topical and systemic antibiotics may lead to favorable outcomes. It also highlights the importance of recognising the characteristic clinical clues of *Propionibacterium* endophthalmitis, given the limitations of culture-based diagnostic method.

Keywords: Chronic endophthalmitis, IOL, postoperative ocular infection

31 E-POSTER: GENERAL OPHTHALMOLOGY

The Impact of Prolonged Digital Device Use on Dry Eye and Convergence Insufficiency Symptoms Among Students

Bashirah ISHAK^{1*}, Haliza ABDUL MUTALIB¹, Nur Aina Arishah MD NOH¹; A'innur Nabil Nasyuha NOOR HASHIM¹

¹Optometry and Vision Science Program, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Malaysia
* Email: bashirah@ukm.edu.my

Purpose: This study aims to examine the relationship between self-reported dry eye symptoms and convergence insufficiency (CI) symptoms among Health Sciences students at the Universiti Kebangsaan Malaysia (UKM). **Methods:** A cross-sectional, questionnaire-based study was conducted among Health Sciences students in Kuala Lumpur. Participants were recruited via social media and completed two validated questionnaires: the Ocular Surface Disease Index (OSDI) and the Convergence Insufficiency Symptom Survey (CISS), administered through Google Forms. **Results:** A total of 207 students participated in this study, with a mean age of 22.46 ± 1.36 years. Based on OSDI scores, 60.9% ($n = 126$) reported dry eye symptoms, while 39.1% ($n = 81$) did not. For the CISS scores, 34.3% of the participants ($n = 71$), consisting of 60 females and 11 males, exhibited symptoms indicative of convergence insufficiency. Among those with dry eye symptoms, 86% ($n = 61$) also reported symptoms of CI. Spearman's rho analysis showed a moderate to strong positive correlation between OSDI and CISS scores ($\tau = 0.48$, $p < 0.001$, $N = 207$). A simple linear regression indicated that OSDI scores significantly predicted CISS scores, accounting for 28.9% of the variance ($R^2 = 0.289$, adjusted $R^2 = 0.286$, $F(1, 205) = 83.5$, $p < 0.05$). **Conclusion:** A high prevalence of dry eye and CI symptoms was observed among the subjects. The positive correlation between both conditions suggests that individuals experiencing dry eye symptoms are more likely to report symptoms of convergence insufficiency.

Keywords: CISS, Convergence insufficiency, dry eye OSDI

#167 E-POSTER: GENERAL OPHTHALMOLOGY

Endogenous Panophthalmitis in a Patient of Chronic Kidney Disease and Diabetes Mellitus Type 2 : A Case Report

Aulia WIDYAJASITA

Hermira Ciputat Hospital, Indonesia
* Email: auliawidyajasita@gmail.com

Introduction: Panophthalmitis is a severe ocular emergency involving infection of all intraocular layers with widespread vitreous inflammation. Endogenous panophthalmitis occurs when pathogens spread hematogenously from a distant infection site. It is rare but more likely in immunocompromised patients, particularly those with uncontrolled diabetes or chronic kidney disease (CKD) on hemodialysis. **Case Presentation:** A 40-year-old male with type 2 diabetes and stage 5 CKD on hemodialysis presented with a painful, swollen, and immobile left eye for three days. He had been blind in that eye for three months. Examination revealed no light perception, limited eye movements, chemosis, 3 mm hypopyon, synechiae, and absent pupillary reflex. Fundoscopy was limited due to media opacity. Ocular ultrasound showed retinal and choroidal detachment with vitreous opacities, consistent with panophthalmitis, likely secondary to bacteremia from a dialysis catheter. **Treatment and Outcome:** Antibiotics were initiated with IV moxifloxacin and metronidazole, along with topical levofloxacin, cyclopentolate, and timolol maleate. After two days, the hypopyon and chemosis improved. Topical prednisolone acetate was added. At one-week follow-up, hypopyon had further decreased with minimal residual inflammation. **Conclusion:** This case emphasises the importance of recognising endogenous ocular infections in patients with systemic risk factors like CKD and diabetes. Moxifloxacin, with its broad coverage and strong intraocular penetration, proved effective as part of early empirical therapy. Multidisciplinary care and early ophthalmologic intervention are critical in preventing complications.

Keywords: Antibiotics, chronic kidney disease, pan ophthalmitis

#78 E-POSTER: GLAUCOMA

Tube Obstruction with Exfoliative Material After Preserflo MicroShunt Surgery in Pseudo-Exfoliative Glaucoma Patient and Nd-YAG Laser Management : A Case Report

Patcharawan CHATROMYEN¹, Damrong WIWATWONGWANA¹, Atchareeya WIWATWONGWANA¹

¹ Faculty of medicine, Chiang Mai university, Thailand
* Email: patcharawannp@gmail.com

Purpose: To describe a case of late-onset distal obstruction of a Preserflo MicroShunt by pseudoexfoliative material and its successful management with Nd:YAG laser. **Case Presentation:** A patient with pseudoexfoliative glaucoma underwent Preserflo MicroShunt implantation in her left eye. Her intraocular pressure (IOP) had remained well controlled for more than 12 months, when she presented with an acute rise to > 30 mmHg. Slit-lamp examination demonstrated a milky strand of pseudoexfoliative material occluding the distal tip of the shunt. The Nd:YAG laser technique used to dislodge the obstruction is detailed. Detailed description of the Nd-YAG laser technique used to manage this condition. **Results:** Nd:YAG laser application dislodged the strand out of the distal tube, reducing IOP to 13 mmHg. At 3-month follow-up, the bleb remained functional and IOP was stable at 5 to 6 mmHg without medication. **Conclusion:** Distal Preserflo MicroShunt occlusion by pseudoexfoliative material is an uncommon but treatable late complication. Nd:YAG laser debulking the strand, can restore shunt patency and achieve excellent IOP control.

Keywords: Nd-YAG laser, preserflo microshunt, pseudoexfoliative glaucoma, tube obstruction

#84 E-POSTER: GLAUCOMA

Acute Angle Closure Secondary to Vitreous Haemorrhage in Wet Age Related Macular Degeneration : A Rare Devastating Complication and the Risk Factors

Ahmad Anwaar MUHAMMAD SAIFULLAH¹, Izyani HUSSIN¹, Tengku Norina TUAN JAFFAR², Shatriah ISMAIL¹

¹ Department of Ophthalmology, School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia
² Department of Ophthalmology, Hospital Raja Perempuan Zainab II, 15200, Kota Bharu, Kelantan, Malaysia
* Email: ahmadanwaar.ms@gmail.com

Introduction: Acute angle closure secondary to vitreous hemorrhage is a rare and devastating complication of wet age-related macular degeneration (AMD). **Purpose:** To present a rare case of acute angle closure secondary to vitreous haemorrhage in a patient with wet age-related macular degeneration (AMD), highlighting the unusual nature of this complication and the associated risk factors. **Case Presentation:** A patient with multiple risk factors was initially presented with a left eye scotoma and diagnosed with bilateral wet AMD. The patient subsequently developed submacular hemorrhage in the right eye and was planned for intravitreal anti-VEGF therapy for the condition. Prior to the injection, the patient experienced acute angle-closure glaucoma of the right eye secondary to vitreous hemorrhage, leading to rapid vision loss and progression to no light perception. The condition was managed conservatively with medical treatment and cyclophotocoagulation, which successfully alleviated the pain but did not restore right eye vision. This case highlights the critical need for early identification of bleeding risk factors and timely intervention in patients with wet AMD. **Conclusion:** Regular follow up, identifying systemic and ocular risk factors, and prompt early intervention are critical in anticipating and managing haemorrhagic complications to prevent devastating complications leading to blindness.

Keywords: Acute angle closure, vitreous haemorrhage, wet age-related macular degeneration

#131 E-POSTER: GLAUCOMA

Painful Blind Eye in Early Pregnancy: A Case of Sturge-Weber Syndrome with Secondary Glaucoma

Lia AMANDA^{1*}, Virna OKTARIANA¹

¹Department of Ophthalmology, Faculty of Medicine Universitas Indonesia-Cipto Mangunkusumo General Hospital, Jakarta, Indonesia
* Email: liamandaaa.993@gmail.com

Background: Sturge-Weber Syndrome (SWS) is a rare neurocutaneous disorder characterised by facial port-wine stains, leptomeningeal angiomas, and ocular involvement, commonly glaucoma. We report a case of a pregnant woman presenting with painful blind eye likely related to secondary glaucoma in SWS. **Case Presentation:** A 31-year-old G1P0A0 woman at 5–6 weeks of gestation presented with severe left eye pain and redness for six days. She had complete vision loss in the left eye for over 10 years, with no history of trauma. Examination showed no light perception (NLP), intraocular pressure (IOP) of 49 mmHg, conjunctival and ciliary injection, fixed dilated pupil, and total lens opacity. A port-wine stain on the nasal eyelid and non-axial proptosis were noted. Fundus evaluation was limited; ocular ultrasound revealed vitreous haziness with attached retina. The right eye was unremarkable. She had a prior history of suspected Sturge-Weber Syndrome and untreated secondary glaucoma. Managing painful blind eye in early pregnancy is complex due to limited safe therapeutic options and potential fetal risks. Topical timolol 0.25% was started cautiously, with instructions for punctal occlusion to minimise systemic absorption. Paracetamol was used for analgesia, and cyclocryotherapy was planned under local anesthesia. Multidisciplinary collaboration with obstetrics was essential to guide treatment and ensure maternal-fetal safety. **Conclusion:** This case underscores the importance of tailored glaucoma management during early pregnancy, balancing maternal symptom control and fetal safety. Topical timolol may be used with caution, employing punctal occlusion to reduce systemic absorption, especially when other options are contraindicated.

Keywords: Glaucoma, pregnancy, punctal occlusion, sturge-weber syndrome

#155 E-POSTER: GLAUCOMA

Horror on the 13th Year; Late Onset Phacoantigenic Glaucoma in Post-Phacoemulsification Patient

Widya ANANDITA^{1*}

¹Mayapada Eye Centre, Indonesia
* Email: widya.anandita@gmail.com

Purpose: This case report aims to report the rare occurrence of late-onset phacoantigenic glaucoma 13 years following uneventful phacoemulsification. This is a case report based on a retrospective review of one patient. **Case Presentation:** A 48-year-old male presented with sudden blurry vision and pain in the right eye one day prior to presentation. He had a history of phacoemulsification 13 years ago. Upon examination, his right eye visual acuity (VA) is 20/80 with an intraocular pressure (IOP) of 59 mmHg. The cornea was edematous with a microcyst appearance; we found cells +2, flare, and the appearance of multiple white particles. Upon dilation, we found a broken posterior capsule, primarily in the inferior area, with no thickening or fibrous changes on the edges. The IOL was placed in the bag; there was an appearance of whitish cortical matter at the edge of the broken capsule in the inferotemporal side. Upon further questioning, the patient's wife confirmed that a few days prior to the patient's visit, he had been seen aggressively rubbing his eye. We treated the patient with oral and topical anti-glaucoma, topical steroids, and topical atropine. After a week, the inflammation has significantly decreased, the IOP is 20 mmHg, and the VA has improved to 20/40. We chose not to do surgical intervention due to the stability of the lens and the challenging placement of the cortical materials. After one month, the inflammation subsided, and the anti-glaucoma and anti-inflammatory drugs were tapered down. **Conclusion:** Capsular break can happen due to eye rubbing in a pseudophakic eye, and cortical remains can induce late-onset inflammation even years following phacoemulsification. We must educate patients on the danger of eye-rubbing after cataract surgery.

Keywords: Capsular break, cataract surgery, phacoemulsification, pseudophakic

#35 E-POSTER: MEDICAL RETINA

Cilioretinal Artery Occlusion in Hypercholesterolemia

Siti Hajar KAMALUDIN^{1*}, Nor Fadhillah MOHAMAD², Nurull Bahya SULIMAN¹, Lim THIAM HOU¹

¹Department of Ophthalmology, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

²UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: conswangirl@gmail.com

Background: Cilioretinal artery occlusion (CLRAO) is an uncommon retinal vascular disorder that can lead to sudden, painless vision loss. While it often occurs in association with systemic vascular risk factors, its specific relationship with hypercholesterolemia remains under-recognised. **Objective:** To report a case of acute vision loss secondary to cilioretinal artery occlusion in a patient with poorly controlled hypercholesterolemia and to discuss the possible pathogenic mechanisms and clinical implications. **Case Presentation:** We describe the clinical presentation, fundus findings, and diagnostic workup of a 61-year-old lady presenting with sudden unilateral left eye visual impairment. Optical coherence tomography (OCT) and blood lipid profile were used to confirm the diagnosis and identify systemic associations. **Results:** Fundoscopy revealed a pale ischemic retina in the distribution of the cilioretinal artery with sparing of the central retinal artery territory. OCT demonstrated inner retinal layer edema, consistent with acute ischemia. The patient's lipid profile showed markedly elevated low-density lipoprotein (LDL) and total cholesterol levels. The patient was diagnosed with isolated cilioretinal artery occlusion likely secondary to atherosclerotic microvascular changes related to hypercholesterolemia. **Conclusions:** Hypercholesterolemia may play a significant role in the pathogenesis of isolated cilioretinal artery occlusion, contributing to accelerated atherosclerosis and microvascular compromise. Early recognition and systemic evaluation are critical in such cases to prevent further ocular or systemic vascular events.

Keywords: Cilioretinal artery occlusion, hypercholesterolemia, visual loss

#45 E-POSTER: MEDICAL RETINA

Retinal Arteriovenous Malformation Type 2 in a 15-Year-Old Boy presented with Valsalva Retinopathy: A Case Report

Chunhakarn TEEYAPANT^{1*}, Peranut CHOTCOMWONGSE²

¹Department of Ophthalmology, Nopparat Rajathanee Hospital

²Department of Ophthalmology, Rajawithi hospital, Rungsit University

* Email: chunhakarn.tee@gmail.com

Purpose: To report a rare case of retinal arteriovenous malformation (AVM) type 2 presenting with valsalva retinopathy. **Clinical Presentation:** A 15-year-old Asian boy presented with a one-day history of painless, mild decreased vision and significantly increased floaters in his left eye. He experienced this symptom immediately following a push-up competition with his friends. Best-corrected visual acuity was 20/20 in the right eye and 20/30 in the left. Intraocular pressure and anterior segment exams were normal. Fundus exam of the left eye showed dilated and tortuous vessels in the inferior peripapillary area, with associated retinal hemorrhage, minimal preretinal hemorrhage, and faint vitreous hemorrhage. Fundus fluorescein angiography (FFA) of the left eye revealed early filling of the abnormal vascular structures without leakage. Notably, there was no intervening capillary plexus, consistent with type 2 AVM. The abnormal vessels were more clearly delineated on FFA compared to clinical examination. A diagnosis of retinal AVM type 2 with valsalva retinopathy was made. After discussing the case with the patient and his parents, including the potential need for further investigations such as magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) to rule out intracranial vascular malformations, they opted for conservative management. **Conclusions:** Retinal AVM type 2 can present with valsalva retinopathy in young patients. Conservative management may be appropriate in cases without foveal involvement or systemic associations, but comprehensive evaluation and long-term monitoring are essential.

Keywords: Retinal AVM type 2, valsalva retinopathy

#57 E-POSTER: MEDICAL RETINA

Oops, It's Too Late to Treat

Suganthi KUMAR^{1*}, Rajasudha SAWRI RAJAN¹, Ayesha MOHD ZAIN¹, Roslin Azni ABDUL AZIZ¹

¹Hospital Shah Alam/Universiti Kebangsaan Malaysia Medical Centre
* Email: ksuganthi08@gmail.com

Purpose: To report a rare case of choroidal metastasis from an occult gastrointestinal (GI) tract malignancy in a 63 year old female, characterised by rapid visual decline and poor survival. **Case Presentation:** A 63-year-old woman with type-2-diabetes, hypertension, and hyperlipidemia presented with three weeks history of sudden, painless blurred vision and metamorphopsia in the right eye. She also reported one-month of abdominal bloating, anorexia, and weight loss. Visual acuities were 6/40 (right) and 6/12 (left). The anterior segment examination was unremarkable. Fundoscopy of the right eye revealed a 10-disc diameter, pale yellow subretinal lesion with irregular borders, temporal to the macula, and associated exudative retinal detachment (RD); the left eye was normal. Systemic evaluation identified left cervical lymphadenopathy; histopathology indicated possible primaries from lung, breast, thyroid, salivary gland or female genital tract. Chest X-ray demonstrated cannon ball lesions and elevated serum lactate dehydrogenase. Positron-emission-tomography (PET) scan revealed metastases in cervical, mediastinal, abdominopelvic lymph nodes, lungs, bones, and right orbit. Over three months, the right eye deteriorated to no light perception with total RD. The left eye acuity declined to 6/15, accompanied by a new 4 disc diameter choroidal mass. The patient passed away three months after ocular metastasis detection. Post demise histology of intestinal ulcers confirmed a GI tract primary malignancy. **Conclusions:** Choroidal metastasis is the most common intraocular malignancy in adults. About 10% of cases have unidentified primary tumor despite workup and GI primaries accounting ~ 4%. Prognosis is poor in GI origin cases (~12.4 months). Systemic therapies are mainstays of management and can improve outcomes. This case highlights how choroidal lesions may signal occult malignancy and emphasises importance of rapid, multidisciplinary evaluation.

Keywords: Choroidal metastasis, gastrointestinal tract malignancy, ocular metastasis

#111 E-POSTER: MEDICAL RETINA

Fading Cones, Failing Rods: When Amblyopia Isn't What It Seems

Dhaneswary SHANMUGAM^{1*}, Shahidatul Adha MOHAMAD²

¹Department of Ophthalmology, Hospital Tuanku Ja'afar, Seremban
²Department of Ophthalmology and Visual Science, School of Medical Sciences, Universiti Sains Malaysia
* Email: dhaneswary7231@gmail.com

Purpose: To report a case of cone-rod dystrophy (CRD) in a paediatric patient with unexplained bilateral visual impairment. **Case Presentation:** A 10-year-old Malay girl presented with a 3-year history of bilateral, painless, progressive blurring of vision associated with significant glare. There was no history of trauma, eye pain, redness, or family history of ocular disease. She had a prior febrile seizure during early childhood but otherwise the developmental milestones were normal. She was initially diagnosed with ametropic amblyopia at another tertiary ophthalmology center, and prescribed with full refraction correction and occlusion therapy. Despite good compliance, her vision progressively worsened. Over time, she developed alternating exotropia, further complicating the clinical picture. Anterior segment examination was unremarkable. Fundus examination revealed diffuse retinal depigmentation at the posterior pole and mid-periphery, macular mottling and attenuated arterioles. OCT demonstrated generalised retinal thinning, particularly of the outer layers. Full-field electroretinography (ERG) showed absent photopic responses and 30 Hz flicker, indicating profound cone dysfunction. Rod-mediated (scotopic) responses were present but markedly reduced, supporting the diagnosis of CRD. Genetic testing was recommended but declined by parents. **Conclusions:** CRD should be considered in children with unexplained visual loss, especially when standard amblyopia therapy fails. Early recognition and multimodal assessment, including OCT and ERG, are vital to prevent misdiagnosis and enable appropriate low vision intervention to enhance quality of life.

Keywords: Amblyopia, cone-rod dystrophy, scotopic

#65 E-POSTER: MEDICAL RETINA

Retina on the Rocks: Hemorrhages in a Chronic Alcoholic Liver Disease

Nurul Hidayah EMBONG¹*, Timothy LK WING¹, Tajunisah IQBAL¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia
* Email: hidayamin7614@gmail.com

Purpose: To highlight retinal hemorrhages as a potential ocular complication in liver cirrhosis secondary to alcohol abuse. **Case Presentation:** A 37-year-old Indian male, known case of alcohol dependence was referred for eye assessment in view of decline in vision during hospitalisation for symptomatic anemia. Upon assessment, Snellen acuity was 6/12 for right eye, 6/60 for left eye, no relative afferent pupillary defect and normal extraocular eyes movement. Anterior segment examination for both eyes was normal except for presence of subconjunctival hemorrhage with visible posterior limit. Fundus examination revealed multilayered retinal hemorrhage. Otherwise, no external bruises seen. Full blood count shows normocytic hypochromic anemia with thrombocytopenia. Urgent imaging test, endoscopic procedure and biopsy were done to look for causes of blood dyscrasia. Finding of liver biopsy shows evidence of alcohol related injury. Condition improved after blood transfusion and correction of hematological abnormalities. **Conclusion:** This case underscores the importance of recognising retinal hemorrhages as potential markers of systemic disease. Chronic liver disease can result in coagulation abnormalities that manifest in the eye, sometimes as the first sign prompting further systemic workup. Prompt ophthalmic evaluation may provide a non-invasive window into systemic pathology. Ophthalmologists should maintain a high index of suspicion for systemic causes when encountering unexplained retinal hemorrhages, particularly in patients with history of alcohol abuse. The eye, indeed can reflect the health of the liver.

Keywords: Alcohol abuse, blood dyscrasia, liver cirrhosis, retinal hemorrhages

#83 E-POSTER: MEDICAL RETINA

Flecks Without Fear: Benign Fleck Retina

Ahmad Anwaar MUHAMMAD SAIFULLAH¹*, Qi Zhe NNGOO¹, Shatriah ISMAIL¹

¹Department of Ophthalmology, School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia.
* Email: ahmadanwaar.ms@gmail.com

Purpose: To present a rare case of benign fleck retina (BFR), highlighting its clinical features and benign course and emphasising the importance of differentiating it from pathological retinal conditions. **Case Presentation:** Benign fleck retina (BFR) is a rare autosomal recessive condition within the flecked retina syndromes, characterised by yellowish-white retinal lesions. A healthy 25-year-old female underwent a pre-laser refractive eye exam. Refraction was -2.75 DS/-1.00 DC ×10 (right eye) and -2.75 DS/-0.75 DC ×170 (left eye), with best-corrected visual acuity of 6/6 bilaterally. Anterior segment, color vision, visual fields, and ERG were all normal. Fundus examination revealed bilateral generalised multiple discrete yellow-white flecked lesions sparing the macula. She denied any nyctalopia or late dark adaptation. Her parents are non-consanguineous. Ocular examinations of her parents and sister were normal, with no visual complaints. Optical coherence tomography in both eyes revealed a normal macula and discrete deposit accumulation posterior to the photoreceptors' inner segment/outer segment junction without disrupting it and also sparing the macula. Full-field and pattern electroretinogram (ERG) in both eyes were normal. A diagnosis of benign fleck retina was made. Other flecked retinal disorders include conditions such as fundus albipunctatus, familial drusen and retinitis punctata albescens, which can be associated with night blindness, central visual problems, abnormal ERG, and abnormal perimetry. In contrast, the ERG is normal in BFR, and the patient is asymptomatic. **Conclusion:** It is important to differentiate BFR from other similar disorders to educate the patient about their visual prognosis.

Keywords: Benign fleck retina, night blindness, nyctalopia, retinal disorders

#160 E-POSTER: MEDICAL RETINA

From Euphoria to Effusion: Methamphetamine Associated Central Serous Chorioretinopathy

Maya Sakthi N VIJAYAN^{1*}, Sujaya SINGH¹, Tajunisah IQBAL¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia
* Email: maya85992@gmail.com

Purpose: To report a case of acute central serous chorioretinopathy (CSCR) following methamphetamine use in a positive retroviral disease patient. **Case Presentation:** A 40-year-old man with underlying stable retroviral disease on antiretroviral treatment, presented with acute-onset central vision blur and metamorphopsia in his right eye for three days. Visual acuity was 6/6 OU. Right fundus examination revealed a well-demarcated area of serous macular elevation. There were no haemorrhages or exudates. Left eye fundus was normal. Optical coherence tomography (OCT) confirmed subfoveal neurosensory retinal detachment with a small pigment epithelial detachment (PED) temporally. Fundus fluorescein angiography (FFA) demonstrated classic “smokestack” leakage pattern over macula and a localized area of non-increasing hyperfluorescence temporally, correlating with the PED. Upon detailed history, the patient admitted to recent recreational methamphetamine use (crystal meth) for four consecutive days preceding the symptom onset. He denied corticosteroid use or other risk factors. The patient was counselled to abstain from drug use and was treated conservatively with topical nepafenac 0.1% and brinzolamide 1% eyedrops. Spontaneous resolution was observed over one month, with full visual recovery. **Conclusion:** Methamphetamine is a potent sympathomimetic agent that induces catecholamine surge, vasoconstriction and systemic stress- mechanisms that may contribute to choroidal hyperpermeability and RPE dysfunction, precipitating CSCR. While rare, meth-induced CSCR should be considered in young adults presenting with acute central vision loss, especially in the absence of classical risk factors. Illicit stimulant use is an under-recognised trigger that may exacerbate or precipitate vision-threatening ocular pathology.

Keywords: Hyperfluorescence, methamphetamine, serous chorioretinopathy, smokestack

#186 E-POSTER: MEDICAL RETINA

A Rare Glimpse into Darkness: A Devastating Ocular Complication of Systemic Lupus Erythematosus on a 23-year-old Filipino Female

Richard VILLAMOR^{1*}, Karen RABARA-CABRERA¹

¹Ilocos Training and Regional Medical Center, Philippines
* Email: richardvillamormd@gmail.com

Case Presentation: This is a case of a 23-year-old female presenting with sudden, painless vision loss in the left eye. Examination revealed a cherry-red spot, relative afferent pupillary defect, and OCT showed inner retinal thickening, which is consistent with diagnosis of Central Retinal Artery Occlusion (CRAO). CRAO is a rare ophthalmic emergency in young patients, typically linked to non-atherosclerotic causes. Systemic workup revealed positive ANA and anti-dsDNA, confirming a diagnosis of systemic lupus erythematosus (SLE). CRAO is an uncommon ocular manifestation of SLE, especially without a known hypercoagulable state. Patient underwent hyperbaric oxygen therapy and resulted into improvement of visual acuity. **Conclusion:** This case highlights the importance of considering autoimmune diseases in young patients with CRAO and the need for early multidisciplinary intervention to manage systemic involvement.

Keywords: Central retinal artery occlusion, cherry-red spot, hyperbaric oxygen therapy, non-atherosclerotic, systemic lupus erythematosus

#194 E-POSTER: MEDICAL RETINA

Optic Neuropathy vs Retinopathy - Diagnostic Nuances

Nabila ALJUFRI^{1*}, Alia ARIANTI¹

¹Jakarta Eye Center, Eye Hospitals and Clinics, Indonesia
* Email: aljufri.nabila@gmail.com

Background: Branch retinal artery occlusion (BRAO) and non-arteritic ischemic optic neuropathy (NAION) share similar risk factors, including metabolic diseases, as well as symptoms including sudden vision loss and altitudinal visual field defects. The importance of correct diagnosis is because recent RAO events increase the risk of stroke and myocardial infarction (MI). **Purpose:** To present a case of BRAO that was initially diagnosed as NAION. **Case Presentation:** A 66-year-old male presented with sudden blurry vision in the left eye (LE), positive relative-afferent-pupillary-defect (RAPD) and a superior altitudinal defect. Patient was referred for NAION evaluation. High-Definition (HD) Optical-coherence-tomography (OCT) showed hyperreflectivity in the inner retinal layer at the nasal area, typical for BRAO. This finding changed the diagnosis, prompting further systemic evaluation. Cardiologic workup revealed carotid artery plaques while brain MRI was unremarkable. Two weeks later, cotton wool spots (CWS) appeared around the inferior macula, and visual acuity improved to 1.0. Later during follow-up, the CWS resolved, and the superior visual field defect improved. **Discussion:** BRAO and NAION may present with similar presentations, including the visual field defects type. The clinical similarity between these conditions requires further exploration with macular OCT examination and close monitoring of disease progression, including the appearance of CWS. Differentiating these conditions is pivotal, as RAO carries implications for both short- and long-term mortality risk. **Conclusion:** Careful examination using multimodal imaging, such as OCT, is essential for distinguishing diseases with similar risk factors, such as NAION and BRAO. In particular, patients with BRAO have a higher prevalence of mortality and morbidity.

Keywords: BRAO, NAION, OCT

#123 E-POSTER: MEDICAL RETINA

Branch Retinal Vein Occlusion and Vitreous Hemorrhage in a 19-Year-Old Female Patient with Systemic Lupus Erythematosus

Paolo RASALAN^{1*}

¹ University of Santo Tomas Hospital Philippines
* Email: Paolorasalan@gmail.com

Purpose: To present a rare case of branch retinal vein occlusion (BRVO) and vitreous hemorrhage in a 19-year-old female with Systemic Lupus Erythematosus (SLE), and to provide insights into the underlying pathophysiology and management of SLE-related ocular complications. **Case Presentation:** The patient presented with persistent blurred vision, and ophthalmologic evaluation revealed SLE retinopathy with BRVO and vitreous hemorrhage. Diagnostic workup included slit-lamp biomicroscopy, fundus examination with fluorescein angiography, and optical coherence tomography (OCT), which showed macular atrophy in the left eye. Laboratory tests confirmed active SLE, with low complement levels and positive ANA and anti-dsDNA titers. Despite undergoing pars plana vitrectomy (PPV), the patient experienced minimal visual improvement due to significant retinal damage. Treatment involved systemic corticosteroids and immunosuppressive agents, coordinated with rheumatology input. While these therapies addressed systemic disease activity, they had limited impact on reversing ocular damage, underscoring the aggressive nature of SLE-related retinal complications. **Conclusion** The study emphasises the importance of early recognition of retinal involvement in SLE and the need for regular ophthalmologic screenings, especially in young patients with active disease. An interdisciplinary approach, combining ophthalmologic and rheumatologic care, is vital for timely diagnosis and management. Despite intervention, poor visual outcomes may occur due to irreversible retinal damage, as demonstrated in this case. The findings stress the need for vigilance in monitoring ocular manifestations in SLE to preserve vision and optimise patient outcomes.

Keywords: Branch retinal vein occlusion, systemic lupus erythematosus , vitreous hemorrhage

#42 E-POSTER: NEURO OPHTHALMOLOGY

Optic Neuritis Potentially Associated with Domperidone Use in a Lactating Mother: A Rare Case Report

Fatin Najwa RAZALI^{1*}, Abbas ABD HAMID¹

¹Department of Ophthalmology, Hospital Tuanku Ampuan Rahimah Klang
* Email: atynnajwa94@gmail.com

Purpose: To report a rare case of optic neuritis potentially associated with domperidone use in a lactating woman. **Case Presentation:** A 43-year-old woman presented with sudden-onset bilateral blurred vision lasting one week, which began after three days of domperidone use for lactation induction. She had no significant medical history. Her visual acuity was hand movements in the right eye and counting fingers in the left. Optic nerve function tests were inconclusive due to poor vision. Fundoscopy revealed bilateral grade 2 optic disc swelling. Neurological examination was normal. Investigations, including blood counts, renal and liver function, Mantoux test, autoimmune markers, and hormone levels, were unremarkable except for mildly elevated C-reactive protein (10.9 mg/L) and serum cortisol (826.3 nmol/L). Contrast-enhanced CT showed a widened sella turcica with cerebrospinal fluid, midline infundibulum, and bilateral optic nerve thickening. Lumbar puncture revealed raised opening pressure (26 cm H₂O), elevated CSF protein (4.619 g/L), and glucose (5.4 mmol/L). Visual Evoked Potential (VEP) test were normal. She was treated with intravenous ethylprednisolone for five days, followed by oral prednisolone. Vision improved significantly, with follow-up showing visual acuity of 6/9 bilaterally, normal optic nerve function, and resolution of disc swelling. **Conclusion:** While domperidone is generally well-tolerated, clinicians should be aware of the potential for rare neurological adverse effects such as optic neuritis. Early diagnosis and corticosteroid therapy are key to a favorable visual outcome.

Keywords: Domperidone, neuro-ophthalmology, optic neuritis

#44 E-POSTER: NEURO OPHTHALMOLOGY

A Rare Case of Non-Arteritic Anterior Ischemic Optic Neuropathy in Late Pregnancy

Lim YI XUAN^{1*2}

¹Department of Ophthalmology, Hospital Sultanah Aminah, Johor Bahru
²Department of Ophthalmology & Visual Science, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan
* Email: kimberly.yixuan@hotmail.com

Purpose: We report a rare case of NAION in a 41-year-old woman at 37 weeks of gestation. **Case Presentation:** We report a rare case of NAION in a 41-year-old woman at 37 weeks of gestation with a background of gestational diabetes mellitus and maternal obesity. She presented with three days history of acute, painless vision loss in the right eye. On examination, visual acuity was 6/36 in the right eye and 6/6 in the left eye. A right relative afferent pupillary defect (RAPD) was present, along with abnormal optic nerve function tests. Fundus examination revealed a right swollen optic disc. Visual field testing demonstrated an inferior altitudinal defect. Her blood pressure was 146/81mmHg while her glucose was 8.3mmol/L. Infective screening and inflammatory markers were all normal. Patient underwent an uneventful caesarean section at 37 weeks. Due to time constraints, Magnetic resonance imaging (MRI) was not performed. However, computed tomography (CT) scan of the brain and orbits excluded compressive lesions. A diagnosis of right eye NAION was made. She was managed conservatively with close monitoring of optic nerve function. At postpartum one month visual acuity improved to 6/24 and optic disc appeared less swollen. **Conclusion:** This case demonstrates a rare occurrence of NAION during the third trimester of pregnancy, potentially precipitated by pregnancy-related hypercoagulability and hemodynamic changes, with the risk further amplified by the presence of vascular risk factors. Clinicians should maintain a high index of suspicion for ischemic optic neuropathy in pregnant patients presenting with acute vision loss, especially when vascular risk factors are present.

Keywords: NAION, pregnancy

#58 E-POSTER: NEURO OPHTHALMOLOGY

Behind Double Vision, a Reason to Look Deeper

Suganthi KUMAR^{1,2*}, Tanusha DORAIRAJA¹, Rajasudha SAWRI RAJAN¹, Ayesha MOHD ZAIN², Roslin Azni ABDUL AZIZ¹

¹Hospital Shah Alam, Malaysia

²Universiti Kebangsaan Malaysia Medical Centre, Malaysia

* Email: k.suganthi08@gmail.com

Purpose: To report a case of bilateral optic disc swelling with macular star secondary to a solid–cystic posterior fossa mass in a young adult. Method Case report. Results A 25-year-old woman with a history of childhood asthma and allergic rhinitis presented with two months of bilateral blurred vision and binocular diplopia, accompanied by occipital headache, nausea, vomiting, weight loss, and anorexia. There was no history of seizures, limb weakness, or abnormal eye movements. Ocular examination revealed normal extraocular movements, no relative afferent pupillary defect (RAPD) or anisocoria, 6/6 vision bilaterally, intact colour vision, and unremarkable anterior segments. Fundoscopy demonstrated bilateral optic disc swelling with obscured vessel contours, peripapillary flame hemorrhages, and macular star formation. Neurological examination was otherwise normal. Brain and orbital contrast-enhanced CT revealed a solid–cystic posterior fossa mass causing mass effect, generalized cerebral edema, obstructive hydrocephalus, and bilateral optic nerve thickening; there was no discrete focal enhancement. Serologic testing for Bartonella henselae and syphilis returned normal results, effectively excluding neuroretinitis etiologies. Neurosurgical evaluation recommended ventriculoperitoneal shunt insertion and magnetic resonance imaging (MRI), but the patient was discharged at the family's insistence for traditional treatment. **Conclusion:** Bilateral optic disc edema with a macular star in a young adult warrants urgent neuroimaging to rule out intracranial pathology. While neuroretinitis often associated with Bartonella or syphilis can present similarly, normal serology should prompt exploration of alternative diagnoses, particularly intracranial masses. Early imaging and multidisciplinary intervention are imperative to timely diagnosis and management, potentially averting serious complications.

Keywords: Diplopia, macular star, neuroimaging, optic disc swelling, posterior fossa mass

#75 E-POSTER: NEURO OPHTHALMOLOGY

Neurosyphilis: A Case Report

Leigh Ann ACEDILLO^{1,2*}, Miriam Louella FERMIN²

¹Philippine Academy of Ophthalmology, Philippines

²Healthway - FEU-NRMF Medical Center, Philippines

* Email: leighacedillo@gmail.com

Background: Neurosyphilis, a manifestation of tertiary syphilis caused by *Treponema pallidum*, remains a diagnostic challenge due to its diverse clinical presentations and potential to mimic other neurological conditions. Diagnosing neurosyphilis requires a high index of suspicion since it may be presenting feature of a systemic disease. **Purpose:** This case report aims to present a 37-year-old male who came in due to photopsia of right eye associated with blurring of vision and nyctalopia. **Case Presentation:** Patient presented with a visual acuity of hand movement OD that did not improve with pinhole and 20/20 OS. Disc photo and fluorescein angiography on initial consult on the OD revealed a hyperemic edematous disc and delay in arm-to-retina transit time. Mid to late phase leakage was also noted on disc margins. Laboratory workup revealed unspecific findings and a reactive serologic test for syphilis, VDRL (Venereal Disease Research laboratory) test, confirming the diagnosis of neurosyphilis. The patient was referred to an Infectious disease specialist for co-management and evaluation. Patient was treated with Methylprednisolone tablets and Aqueous penicillin G 4 million units thru intravenous for 14 days, resulting in significant visual improvement after completion of treatment. Neurosyphilis is an emerging disease of concern. Syphilis is a progressive disease. **Conclusion:** This case underscores the crucial importance of early detection, timely treatment, and appropriate referrals in improving disease prognosis and preventing serious complications that may lead to sight or life threatening consequence.

Keywords: Neurosyphilis, orbital cellulitis

#90 E-POSTER: NEURO OPHTHALMOLOGY

When 6/6 Vision Isn't Enough: Cortical Visual Impairment in Pediatric Hydrocephalus

Siti Sarah BINTI SHAHRIR RAZLAN^{1*}, Sze Lian LOH², Vishel A/L SOUNDARAJAN¹, Alvernia M SAMY¹

¹ Department of Ophthalmology, Hospital Seri Manjung, 32040 Seri Manjung, Perak, Malaysia

² UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: sarahshahir96@gmail.com

Purpose: To present a case of hydrocephalus which the patient had bilateral central scotomas but preserved visual acuity. **Case presentation:** A 12-year-old previously healthy girl with bilateral blurring of distance vision for two years, presented with complaint of headache for a week. No other ocular symptoms, systemic complaint, history of trauma or malignant disease were recorded. Visual acuity was 6/6 in both eyes and no relative afferent pupillary defect. Anterior segments unremarkable. Fundus examination showed pink-tilted optic nerves (nopapilledema) and a cup-to-disc ratio of 0.4. Bilateral central scotomas were demonstrated on Humphrey visual field (HVF) test. Neurological examination was normal. CT and MRI (contrast enhanced) showed a communicating hydrocephalus without tumor, orbital mass or optic nerve swelling. A left ventriculoperitoneal shunt was placed. Follow-up imaging demonstrated reduced ventricular size, left parieto-temporo-occipital and cerebellar atrophy. Nonetheless, central scotomas persisted, indicating a Cerebral Visual Impairment (CVI). Good visual acuity does not exclude significant visual pathway abnormality. Children with complaints of visual disturbance should undergo a meticulous neuro-ophthalmic examination. Absence of papilledema and raised intracranial pressure does not rule out hydrocephalus. **Conclusion:** Early HVF test and neuroimaging is key to determine an underlying aetiology and restrict long-term visual or cognitive sequelae. CVI is a lifelong condition, and its early diagnosis leads to an adequate patient management and life quality.

Keywords: Central scotoma, cortical visual impairment, hydrocephalus, paediatric neuro ophthalmology

#100 E-POSTER: NEURO OPHTHALMOLOGY

Small Lesion, Big Impact: A Rare Case of Cavernous Sinus Meningioma Presenting with Painful Binocular Diplopia and Ophthalmoplegia

Siti Sarah BINTI SHAHRIR RAZLAN^{1*}, Sze Lian LOH², Vishel A/L SOUNDARAJAN¹, Alvernia M SAMY¹

¹ Department of Ophthalmology, Hospital Seri Manjung, 32040 Seri Manjung, Perak, Malaysia,

² UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: sarahshahir96@gmail.com

Purpose: To report a rare presentation of cavernous sinus meningioma mimicking acute neuro-ophthalmic pathology due to pain and parasympathetic involvement. **Case Presentation:** A 61-year-old hypertensive and hyperlipidemic Malay woman presented with one month of horizontal binocular diplopia, followed by one week of right eye ptosis, headache, nausea, and vomiting. There was no history of trauma, infection, or systemic neurological deficits. Ophthalmologic examination revealed right eye ptosis, total ophthalmoplegia, anisocoria with a mid-dilated pupil, reduced color vision, and red desaturation. Fundoscopy was normal. Cranial nerves II, III, IV, V1, and VI were involved, while other neurological findings were unremarkable. MRI demonstrated a 2.2×0.7×1.1 cm homogeneously enhancing lesion with a dural tail in the right medial temporal fossa extending into the cavernous sinus, consistent with meningioma. CTA excluded vascular lesions. Laboratory investigations were normal. **Conclusions:** Cavernous sinus—features often suggestive of vascular, inflammatory, or infective etiologies. Early optic nerve dysfunction further emphasised the lesion's anterior extension. High-resolution MRI was critical for localization and diagnosis. Clinicians should consider that even benign, indolent lesions can masquerade as acute conditions, and maintain a broad differential when evaluating painful ophthalmoplegia to avoid misdiagnosis and delays in treatment.

Keywords: Binocular diplopia, cavernous sinus meningioma, cranial nerve palsy, ophthalmoplegia

#107 E-POSTER: NEURO OPHTHALMOLOGY

When Eye Whispers: A Case of Cavernous Sinus Thrombosis (CST) in a Young Adolescent

Nanthini SUBRAMANIAM^{1*}, Wan Mohd Hafidz WAN ABDUL RAHMAN¹, Penny LOTT POOI WAH²

¹Department of Ophthalmology, Hospital Tuanku Ja'afar, Malaysia

²Department of Ophthalmology, Faculty of Medicine, University Malaya, Malaysia

* Email: nan.thini@yahoo.com

Purpose: To share our experience in diagnosing and managing cavernous sinus thrombosis (CST) in an adolescent. **Case Presentation:** A 13-year-old girl with an underlying impaired fasting blood glucose presented with seizure for one day, accompanied by tooth pain and vomiting for the past two days. However, she denied any blurring of vision, diplopia, eye pain or history of trauma. On presentation she was drowsy and febrile. Her best corrected visual acuity (BCVA) both eyes (BE) was 6/6 and there was no relative afferent pupillary defect (RAPD). Upper lids were swollen and conjunctival vessels were dilated at lateral canthal angle in BE. Otherwise, there was no other ocular findings and cranial nerve examinations were remarkable. Contrast-enhanced computed tomography (CECT) and computed tomography venography (CTV) brain showed bilateral cavernous sinus thrombosis, left sigmoid sinus and left internal jugular vein thrombosis with abnormal leptomeningeal enhancement at basal cistern suggestive of meningitis. She was commenced on intravenous (IV) broad spectrum antibiotic (ceftriaxone) and low molecular weight heparin (subcutaneous clexane). Subsequently, IV antibiotic was changed to Cloxacillin once blood cultures expressed methicillin sensitive *Staphylococcus Aureus* (MSSA) and was completed for four weeks. Her general and ocular condition improved with complete resolution of upper lids swelling and abnormal conjunctival vessels. **Conclusion:** Subtle signs like swollen lids and abnormal conjunctival vessels should raise suspicion of CST in patients who have any associated neurological signs. CST is a rare life threatening disorder, thus early diagnosis and aggressive treatment is key in preventing serious sequelae.

Keywords: Cavernous sinus thrombosis, diplopia

#114 E-POSTER: NEURO OPHTHALMOLOGY

A Rare Case of Binocular Hemianopia – Frontal Lobe Meningioma

Adri SHAFIT^{1,2,3*}, Shatriah ISMAIL^{1,2}

¹Ophthalmology Clinic, Hospital Pakar Universiti Sains Malaysia, Kubang Kerian, Malaysia

²Department of Ophthalmology and Visual Science, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

³Department of Ophthalmology, Faculty of Medicine, Universiti Sultan Zainal Abidin, Kuala Terengganu, Malaysia

* Email: muhammad.adri@gmail.com

Purpose: To report a case of frontal lobe meningioma presented with binocular hemianopia. **Case Presentation:** A 39-year-old lady with no known comorbidity presented with a painless gradual onset of worsening bilateral vision over three months, associated with on and off occipital headache and frequent short term memory loss. She denied any redness of the eyes, symptoms of raised intracranial pressure, or other constitutional symptoms. On examination, there was no relative afferent pupillary defect (RAPD) or anisocoria. Vision was 6/6 in the right eye (OD) and 6/7.5 in the left eye (OS). There was a general reduction in optic nerve function test, more prominent in OD with reduced red saturation, brightness and Ishihara colour test scores of 9/15 OD and 5/15 OS. Extraocular movement and confrontation were normal. Anterior segment was unremarkable. Fundoscopy revealed bilateral optic disc swelling with hyperemic disc and few blot hemorrhages. Humphreys visual field test showed binasal inferior quadrantanopia. Contrast CT brain revealed a well-defined rounded, broad based—features often suggestive of vascular, inflammatory, or infective etiologies. Early optic nerve dysfunction further emphasised the lesion's anterior extension. **Conclusion:** High-resolution MRI was critical for localisation and diagnosis. Clinicians should consider that even benign, indolent lesions can masquerade as acute conditions, and maintain a broad differential when evaluating painful ophthalmoplegia to avoid misdiagnosis and delays in treatment

Keywords: Binocular Hemianopia, meningioma, optic nerve function test

#138 E-POSTER: NEURO OPHTHALMOLOGY

A Rare Association of Anaemia and Papilledema

Nur Ain Syafira ROSLEE^{1*}, Tajunisah Begam MOHD IQBAL¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia
* Email: rosainsya@gmail.com

Purpose: To report a case of Idiopathic Intracranial Hypertension (IIH) in severe Iron Deficiency Anaemia (IDA). **Case Presentation:** A 36-year-old Indian lady with no known medical illness presented with headache, neck pain and double vision for one month. Ophthalmological assessment showed bilateral visual acuity of 6/6, mild left lateral rectus restriction, left lateral gaze diplopia, normal intraocular pressure and optic nerve function test. Anterior segment examination was normal. Other cranial nerves were intact. Fundoscopic examination showed bilateral papilledema grade 5. Blood investigations revealed severe iron deficiency anaemia. Patient had previous history of anaemia during teenage years however not investigated. Brain MRI showed no significant findings. Lumbar puncture was performed and cerebrospinal fluid (CSF) samples taken for investigations. Opening pressure recorded was 66 cmH₂O. CSF samples came back normal. Diagnosis of Idiopathic Intracranial Hypertension and Iron Deficiency Anaemia were established. Patient was started on oral haematinics and Acetazolamide. Her condition had improved drastically following treatment for IDA. Upon one month-follow-up, fundoscopy examination revealed improving papilledema grade 3 with no symptoms reported. Papilledema completely resolved after two months follow-up with no residual effects. **Conclusion:** The co-occurrence of IIH and IDA is a rare clinical findings, with only limited number of cases documented in literature. Although the exact mechanism remains unclear, emerging evidence suggests that IDA may contribute to elevated intracranial pressure through mechanisms such as cerebral hypoxia-induced vasodilation, hyperviscosity and altered CSF dynamics. Addressing anaemia is often crucial in managing IIH in these cases.

Keywords: Idiopathic intracranial hypertension, iron deficiency anemia, papilledema

#151 E-POSTER: NEURO OPHTHALMOLOGY

Leukemic Infiltration Presenting as Complete Ptosis and Partial Ophthalmoplegia: A Case Report

Narendra SHANMUGAM^{1,2*}, Loh SUE ANNE¹, Azhany YAAKUB²

¹Hospital Tuanku Ja'afar, Seremban, Malaysia
²Hospital Pakar Universiti Sains Malaysia, Malaysia
* Email: naren92614@gmail.com

Purpose: To report a case of neuro-ophthalmic manifestation of chronic myeloid leukemia (CML) emphasising the diagnostic challenges and clinical significance. **Case Presentation:** A 51-year-old female with underlying CML in blast crisis presented with sudden-onset of inability to open left eye and diplopia. There were no complaint of painful eye movement, history of trauma, systemic neurological symptoms or previous ocular surgery. On examination, best corrected visual acuity was 6/9 in the right eye and 6/12 in the left eye. Left eye revealed complete ptosis, 3 mm proptosis with limited restriction in all ocular movements. Otherwise, optic nerve functions were still intact. Bilateral eyes anterior and posterior segments were unremarkable. Hematological workup confirmed high peripheral blast counts consistent with blast crisis. MRI brain was unremarkable, showing no evidence of intracranial mass, infarct, or nerve compression. The patient was treated with systemic chemotherapy resulting in stabilisation of ocular symptoms. **Conclusion:** In patients with CML blast crisis, acute neuro-ophthalmic signs such as ptosis and ophthalmoplegia may occur due to leukemic infiltration, even in the absence of radiological abnormalities on brain imaging. High clinical suspicion is essential for timely diagnosis and management.

Keywords: Leukemic infiltration, ptosis

#163 E-POSTER: NEURO OPHTHALMOLOGY

Bilateral Non-Arteritic Ischemic Optic Neuropathy Following Coronary Artery Bypass Grafting with Early Postoperative Re-exploration for Bleeding

Shahbaz IMRAN^{1*}, Mohan RAMALINGAM¹

¹Brunei Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei
* Email: shahbazimran2802@gmail.com

Purpose: To report a case of bilateral non-arteritic ischemic optic neuropathy (NAION) in a high-risk patient following coronary artery bypass grafting (CABG) and early postoperative re-exploration for bleeding, highlighting the role of operative hemodynamic compromise in optic nerve ischemia. **Case Presentation:** A 49-year-old male with hypertension, end-stage renal disease, and cardiomyopathy (LVEF 30%) underwent CABG. On the same day, he required sternal re-exploration for excessive bleeding. Post-operative course was complicated by central venous stenosis requiring venoplasty, sternal wound infection requiring rewiring, prolonged ICU stay, and long-term IV antibiotics. Two months later, he presented with painless right eye vision loss. Patient claimed, Vision loss started after the surgery. Ophthalmic evaluation included visual acuity, colour vision, intraocular pressure, slit-lamp and dilated fundus examination, optical coherence tomography (OCT), visual fields, MRI brain, and visual evoked potentials (VEP). **Results:** Visual acuity was HM OD and 6/36 OS, with defective colour vision bilaterally. Fundus examination showed optic disc pallor in both eyes. OCT revealed ganglion cell layer thinning. Visual fields demonstrated altitudinal hemianopia OS. MRI and VEP findings were consistent with bilateral NAION. **Conclusion:** Bilateral NAION may occur after major cardiac surgery in patients with severe systemic vascular disease. Operative hypotension, blood loss, and hypoperfusion are important risk factors. Early ophthalmic assessment and multidisciplinary care are essential to preserve remaining vision.

Keywords: Coronary artery bypass grafting, hypoperfusion, non-arteritic ischemic optic neuropathy, visual loss

#170/183 E-POSTER: NEURO OPHTHALMOLOGY

Atypical Optic Neuritis and Transverse Myelitis in a 39-year-old Female Filipino Patient: A Case Report on Seropositive Neuromyelitis Optica Spectrum Disorder (NMOSD)

Richard VILLAMOR

Ilocos Training and Regional Medical Center, Philippines
Email: richardvillamormd@gmail.com

This is a case of a 39-year-old female presenting with bilateral painless sequential blurring of vision at Ilocos Training and Regional Medical Center. Patient had atypical optic neuritis and transverse myelitis symptoms. No history of antecedent viral infection. Cranial/Orbital Magnetic Resonance Imaging with contrast and fat suppressed images showed signs of left optic nerve and exhibits an increase in T2 signal intensity relative to the right eye. Optical Coherence Tomography (OCT) of optic nerve showed a generalised thinning of the optic nerve on the left eye affecting both minimum rim width and RNFL thickness. Serologic tests were positive for Antinuclear Antibody, negative for Myelin Oligodendrocyte Glycoprotein Antibody and positive for Aquaporin-4 Antibody. High dose systemic glucocoid was initiated and noted improvement of visual acuity from baseline CF @ 2 feet to 20/25 on the right eye; and status quo vision of hand movement with good light projection on the left eye There was also noted resolution of optic nerve swelling clinically and on OCT after the treatment. Neuromyelitis Optica Spectrum Disorder (NMOSD) is rare autoimmune demyelinating disease affecting the Central Nervous System including the optic nerves and spinal cord.

Keywords: Aquaporin-4, atypical optic neuritis, demyelinating disease, neuromyelitis optica spectrum disorder, transverse myelitis

#184 E-POSTER: NEURO OPHTHALMOLOGY

A Window to the Mass: A Rare Presentation of Bilateral Neuroretinitis Unmasking a Silent Intracranial Tumor in a 18-year-old Filipino Female

Richard VILLAMOR^{1*}, Janice BERNARDO¹

¹Ilocos Training and Regional Medical Center , Philippines
* Email: richardvillamord@gmail.com

This is a case of an 18-year-old Filipino female presenting with painless blurring of vision of left eye at Ilocos Training and Regional Medical Center. The patient had atypical optic neuritis symptoms with signs of bilateral neuroretinitis. No neurologic deficits elicited. No history of antecedent viral infection. Cat exposure was elicited. Optical Coherence Tomography (OCT) of optic nerve and macula OU showed a generalized thickening of the optic nerve and intraretinal layer with hyperreflective exudate deposits and presence of sub-RPE edema. The patient was empirically treated with azithromycin which provide no improvement. Serologic tests then revealed negative for Bartonella Henselae and ANA. Cranial/ Orbital Magnetic Resonance Imaging with contrast and fat suppressed images showed a lobulated, avidly enhancing, predominantly solid, extra-axial mass measuring approximately 7.7 x 4.9 x 6.3 cm seen centered in the atrigone of the left lateral ventricle. Patient was then referred to neurosurgery for co-management.

Keywords: Atypical optic neuritis, bilateral neuroretinitis, choroid plexus tumor, intracranial mass, macular star

#187 E-POSTER: NEURO OPHTHALMOLOGY

A Rare Case of Nine Syndrome: Uncommon Intersection of Ocular and Neurologic Signs

Richard VILLAMOR^{1*}, Janice BERNARDO¹, Lorenz Jacob MANGAHAS¹

¹Ilocos Training and Regional Medical Center , Philippines
* Email: richardvillamord@gmail.com

This is a case of a 52-year-old female presenting with binocular horizontal diplopia at Ilocos Training and Regional Medical Center. The right eye showed adduction deficit on the left lateral gaze and abducting nystagmus on the right lateral gaze. Whereas, the left eye showed an abduction deficit on the left lateral gaze. Patient also presented with facial asymmetry and right sided weakness. Pertinent history includes hypertension with no history of trauma and infection. Plain Cranial MRI showed T1W/T2W hyperintense signal in the left pontine area, midbrain, capsulo-ganglionic region, indicating acute to subacute hemorrhagic infarct. Confluent T2/FLAIR hyperintensities are also seen in the periventricular and subcortical white matter of both cerebral hemispheres. Patient was co-managed with Neurology team, given neuroprotectants and occlusion patch was given for symptomatic relief of diplopia. Nine syndrome is a rare clinical entity characterized by the triad of one-and-a-half syndrome, ipsilateral facial nerve palsy, and contralateral hemiparesis or hemianesthesia, localising the lesion to the dorsal paramedian pontine tegmentum. This condition remains exceedingly rare, citing just 14 documented cases in the literature review.

Keywords: Binocular diplopia, internuclear ophthalmoplegia, nine syndrome, pontine hemorrhagic infarct, one-and-a-half syndrome

#201 E-POSTER: NEURO OPHTHALMOLOGY

A Rare Case of Idiopathic Intracranial Hypertension in a Child with Atypical Magnetic Resonance Imaging Finding

Ira Noriana ISMAIL^{*}, Nor Fadhilah MOHAMAD¹, Fazliana ISMAIL¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia
* Email: iranorianaismail@gmail.com

Purpose: To report a rare case of idiopathic intracranial hypertension (IIH) in a child presenting with chronic headache and bilateral papilloedema, with atypical magnetic resonance imaging (MRI) findings of prominent perivascular spaces. This case highlights the diagnostic challenges and the need for a multidisciplinary approach in paediatric presentations. **Case Presentation:** A 10-year-old boy presented with seven months history of intermittent headaches and progressive blurred vision. Ophthalmological examination revealed bilateral Grade 2 papilloedema with preserved visual acuity and normal colour vision. MRI of the brain revealed multiple non-enhancing cyst-like spaces in the deep white matter, suggestive of prominent perivascular spaces. These were accompanied by surrounding white matter oedema, but there were no features suggestive of infection, demyelination, or neoplasm. Lumbar puncture revealed an elevated opening pressure of 50 cmH₂O. Cerebrospinal fluid studies including cytology, biochemistry, infectious and serological autoimmune panels were unremarkable. The patient was treated with oral acetazolamide and furosemide. Symptoms improved over weeks, with reduced headache frequency and stable visual function. Serial optical coherence tomography of the retinal nerve fibre layer and fundus photography showed no worsening of papilloedema. Repeated MRI confirmed the persistence of perivascular spaces with no new lesions. **Conclusion:** This case illustrates a rare paediatric presentation of IIH with unusual MRI findings of prominent perivascular spaces which may mimic neuroinfective or demyelinating conditions. Early diagnosis, vigilant ophthalmic monitoring, and multidisciplinary collaboration with paediatric, neurology, and radiology teams are vital to guide management and preserve visual outcomes.

Keywords: idiopathic intracranial hypertension, paediatric, papilloedema

#211 E-POSTER: NEURO OPHTHALMOLOGY

Ophthalmic Clues to a Life-Threatening Cavernous Sinus Infection

Nur Nadiah HJ JELUDIN^{*}, Mohan RAMALINGAM¹

¹Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam
* Email: nadiah238@gmail.com

Purpose: To describe a rare case of cavernous sinus infection presenting with orbital signs in a 61-year-old female, highlighting the importance of clinical suspicion and timely multidisciplinary management. **Case presentation:** A 61-year-old female presented with a 3-day history of painful left eye swelling and reduced vision, following two prior emergency visits over the preceding week for persistent headaches. Ophthalmic examination revealed marked periorbital oedema, erythema, tenderness, fluctuance, and 360° chemosis with conjunctival congestion. Her left eye vision was only counting fingers. Extraocular movements were markedly restricted, though no relative afferent pupillary defect was noted. The right eye was unremarkable. **Results:** Initial CT demonstrated dilatation of the left superior ophthalmic vein. MRI/MRV subsequently confirmed acute thrombosis of the left cavernous sinus with extension into the transverse and sigmoid sinuses, associated with superior ophthalmic vein thrombosis, proptosis, and swollen extraocular muscles. These findings explained the patient's orbital signs and confirmed intracranial venous involvement secondary to sinus infection. She was admitted to ICU and treated urgently with intravenous broad-spectrum antibiotics, anticoagulation, and antiepileptics under a multidisciplinary team. After one week, her orbital cellulitis features improved and her left visual acuity recovered to 6/7.5. Cavernous sinus infection is a sight- and life-threatening emergency that may initially present with headache and later with ocular signs. **Conclusions:** This case demonstrates how radiological evidence of cavernous sinus and superior ophthalmic vein thrombosis provides the crucial diagnostic link between orbital features and intracranial infection. Early ophthalmic recognition, urgent imaging, and prompt multidisciplinary management are essential to prevent irreversible visual loss and mortality.

Keywords: Cavernous sinus thrombosis, infection, orbital cellulitis, proptosis, superior ophthalmic vein thrombosis

#177 E-POSTER: NEURO-OPHTHALMOLOGY

Orthoptic Role in the Diagnosis and Management of Internuclear Ophthalmoplegia

Marfarahaini OMAR^{1*}, Mohan RAMALINGAM¹, Siti Nurliyana ABDULLAH¹

¹Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam

* Email: Farahaini2212@gmail.com

Background: Internuclear Ophthalmoplegia (INO) is an ocular motility defect caused by a brainstem lesion in the medial longitudinal fasciculus. **Purpose:** To highlight the vital role of orthoptic evaluation in detecting eye movement abnormalities, and monitoring visual function recovery. **Case Presentation:** A 24-year-old female presented to the eye clinic with a sudden-onset of vertical diplopia, headache and nausea following a fever. Orthoptic investigation found horizontal nystagmus on abduction of the left eye (OS). The patient was able to fuse the diplopic images with a 5 Δ base-down over the right eye (OD). Temporary monocular occlusion of the OD was initially recommended to alleviate diplopia, as the patient was not a spectacle wearer and therefore could not be fitted with a Fresnel prism. Upon neuro-ophthalmologist's confirmation of INO, a 5 Δ Fresnel prism was subsequently, applied over a plano spectacle. The patient was referred to Neurology in Pantai Jerudong Specialist Centre (PJSC) and admitted for further workup. MRI findings showed features consistent with the diagnosis of multiple sclerosis, a common cause of INO. She received 1g of intravenous methylprednisolone daily for three days consecutively, resulting in marked improved in visual acuity and diplopia. MRI findings showed features consistent with diagnosis of multiple sclerosis, a common cause of INO. She was subsequently discharged from the PJSC following clinical improvement. On a two-month follow-up, the patient remains asymptomatic and with no obvious abnormality in ocular motility. **Conclusion:** This case underscores the role of initial orthoptics, alongside neuro-ophthalmologist assessment in diagnosing and monitoring INO progression.

Keywords: Diplopia, internuclear ophthalmoplegia, orthoptics, prism, nystagmus

#204 E-POSTER: OCULAR TRAUMA

Caught in the Orbit: Urgent Management of Organic Foreign Body with Sight-Threatening Complications

Muhamad Lutfi HERLIYANA*, Niluh Putu AYU¹

¹ Cicendo Nasional Eye Hospital, Padjadjaran University, Indonesia
* Email: muhamadlutfiherly@gmail.com

Introduction: Intraorbital foreign body (IORFBs) especially those composed of organic material such as wood, pose a high risk of infection and significant orbital complication. Diagnosis remains challenging due to non-specific clinical presentation cause by trivial trauma and variable radiologic appearances. **Case Presentation:** A 45-year-old male presented with left eye swelling, redness, and pain one day after being struck by a wooden fragment while chopping wood. Clinical findings reveal proptosis, frozen eye, elevated intraocular pressure, and relative afferent pupillary defect. A hypodense lesion shown on CT Scan suggestive wooden IORFB. The patient was diagnosed with a wooden IORFB complicated by orbital cellulitis, orbital compartment syndrome (OCS), and suspected traumatic optic neuropathy (TON). Urgent surgical exploration via the upper eyelid laceration revealed two wooden fragments extending into the intraconal space. Surgical removal, thorough debridement, and aggressive antibiotic-steroid therapy were promptly administered. Follow-up at one month showed marked clinical improvement in inflammation and ocular motility, although residual horizontal diplopia persisted due to restrictive strabismus. **Discussion:** Organic IORFBs require early recognition and management due to their infectious potential and ability to increase orbital pressure. This case illustrates how wooden IORFBs, even from seemingly trivial trauma, can lead to sight-threatening complications if unrecognized. Prompt diagnosis, timely surgery, and intensive medical treatment are essential to prevent permanent visual loss. **Conclusion:** Timely management of wooden IORFBs can preserve visual function and minimize long-term sequelae, although some motility limitations may persist.

Keywords: Intraorbital foreign body, orbital cellulitis, orbital compartment syndrome, strabismus, traumatic optic neuropathy

#162 E-POSTER: OCULAR TRAUMA

Traumatic Globe Rupture with a Blow-out Fracture: A Case Report

Fitri OTHMAN^{1*}, Nayan JOSHI¹

¹ Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam
* Email: df.othman@gmail.com

Purpose: To report a case of open globe rupture with a blow-out fracture in a 61-year-old gentleman following a boat accident while fishing. **Case presentation:** The patient presented to the emergency department with a left globe rupture, ecchymosis, and multiple lacerations involving the medial canthus and periorbital region. Examination revealed an irregular pupil, scleral rupture, and extruded choroidal tissue. Orbital CT demonstrated a left blow-out fracture involving the inferior, medial, lateral, and superior walls. The inferior orbital wall, including the infraorbital rim, was displaced downward into the maxillary antrum, along with retrobulbar fat and the inferior rectus muscle. The globe appeared reduced in size, consistent with rupture. Immediate surgical intervention included globe rupture repair, wound debridement, excision of prolapsed iris, and anterior vitrectomy. Postoperatively, the globe remained intact with preserved ocular motility, though vision was lost due to concurrent retinal and choroidal detachment. **Discussion:** Despite severe trauma and irreversible vision loss, preserving the globe was crucial not only for structural integrity but also for the patient's psychological well-being and self-image. Globe retention helps maintain facial symmetry, prevents disfigurement, and reduces the emotional distress associated with eye loss. While functional vision could not be salvaged due to retinal and choroidal detachment, the preserved globe allows for future prosthetic rehabilitation, improving quality of life. **Conclusion:** This case underscores the importance of prioritising globe salvage in trauma management, even in non-visual eyes, to support both physical and emotional recovery. Collaborative care with maxillofacial surgery will further optimise cosmetic and functional outcomes.

Keywords: Blow-out fracture, orbital fracture, rupture, trauma

#22 OCULOPLASTY AND TED E-POSTER

A "Sandwich" Graft Approach: Auricular Cartilage and Oral Mucosa in Eyelid Reconstruction Post-BCC Excision

Saraswati Anindita RIZKI^{1*}, Josiah IRMA¹, Yunia Tasya SALSA-BILA¹, Sweety PRIBADI², Patricia DIANA³

¹Department of Ophthalmology, Faculty of Medicine, Pelita Harapan University, Banten, Indonesia

²Department of Plastic Reconstructive and Aesthetic Surgery, Surgery Department, Siloam Hospital Lippo Village, Banten, Indonesia

³Department of Pathology Anatomy, Faculty of Medicine, Pelita Harapan University, Indonesia

* Email: saras.igcse@gmail.com

Purpose: Basal cell carcinoma (BCC) accounts for approximately 90% of malignant eyelid neoplasms, predominantly affecting the lower eyelid. Extensive excision of BCC may result in full-thickness eyelid defects requiring complex reconstruction to restore both function and cosmesis. This report presents a case utilising a modified "sandwich" graft technique for lower eyelid reconstruction following BCC excision. **Case Presentation:** A 72-year-old male presented with a 2 cm nodular lesion on the right lower eyelid, clinically suspected as BCC. Surgical management involved a full-thickness wedge resection, including the skin, orbicularis muscle, inferior tarsal plate and tarsal conjunctiva. Reconstruction was performed using a Mustarde cheek advancement flap to reconstruct the lower palpebra structure. A modified sandwich graft was also utilized. This was achieved by elevating the inferior bulbar conjunctiva, implanting the auricular cartilage graft onto the bulbar conjunctiva, and suturing it to the periosteum, with buccal mucosa overlaying the graft. The graft was sutured to the flap and overlaid with skin. **Results:** Postoperative follow-up showed satisfactory healing with no signs of ocular surface irritation or graft-related complications. Chemosis and 3 mm lagophthalmos were initially present. Chemosis eventually resolved, and lagophthalmos decreased to 1 mm. No revision surgery was required. **Conclusion:** The combination of a Mustarde flap and mucosa-cartilage graft offers a viable option for reconstructing extensive lower eyelid defects post-BCC excision. The modified sandwich graft design supports eyelid structure while minimizing corneal irritation. Precise graft sizing and appropriate material selection are critical to achieving optimal outcomes.

Keywords: Basal cell carcinoma, eyelid reconstruction, lower eyelid repair

#34 OCULOPLASTY AND TED E-POSTER

A Case Study on Evisceration Under Monitored Anesthetic Care (MAC)

Siti Hajar KAMALUDIN^{1*}, Nor Fadhilah MOHAMAD², Nurull Bahya SULIMAN¹, Mohammad Fahim MOHD JAIS¹

¹Department of Ophthalmology, Hospital Tengku Ampuan Rahimah, Klang, Selangor, Malaysia

²UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: conswangirl@gmail.com

Background: Evisceration, a surgical procedure involving the removal of intraocular contents while preserving the scleral shell, is typically performed for blind, painful eyes or severe ocular trauma. While general anesthesia is commonly employed, monitored anaesthetic care (MAC) offers a safe and effective alternative, particularly for high-risk or elderly patients. **Objective:** To evaluate the feasibility and outcomes of using MAC instead of general anaesthesia for evisceration. **Case Presentation:** We report a patient who underwent MAC. Sedation was achieved using intravenous boluses of both remifentanyl and propofol and infused dexmedetomidine HCl, which was titrated to maintain patient comfort while ensuring spontaneous respiration and haemodynamic stability. Local anaesthesia was administered via peribulbar or retrobulbar block. **Results:** The patient tolerated the procedure well without requiring conversion to general anaesthesia. Intraoperative haemodynamics remained stable, and no significant anaesthetic complications occurred. Post-operative pain was minimal, and the patient did not experience nausea. Patient satisfaction scores were high due to reduced recovery time and minimal sedation-related side effects. The patient was deemed fit for discharge at 48 hours post-operatively and the wound was inspected to be clean and well-opposed. **Conclusion:** Evisceration under monitored anaesthetic care is a safe and effective alternative to general anaesthesia, particularly in patients with systemic comorbidities. This approach provides adequate surgical conditions, enhances postoperative recovery, and reduces anaesthetic risks.

Keywords: Evisceration, monitored anesthetic care

#38 OCULOPLASTY AND TED E-POSTER

Phthisis Bulbi in Open Globe Injury: What Factors Influence It?

Fitria ADELITA^{*}, Dian MULYAWARMAN¹

¹Cibinong Regional Hospital, West Java, Indonesia

* Email: fitriadelita@gmail.com

Background: Phthisis bulbi is characterised by a small, shrunken, and nonfunctioning eye. Trauma, such as an open globe injury, can lead to the onset of phthisis bulbi.

Purpose: This case aims to identify the factors that contribute to the development of phthisis bulbi in patients who have suffered an open globe injury. **Case Presentation:** A 49-year-old man who suffered a slash wound to his right eye from a sharp weapon was presented with visual acuity of light perception in the right eye (OD), hypotonic intraocular pressure (IOP). Examination revealed a superior palpebral laceration, a superior corneoscleral rupture, and the presence of hyphema. A gentle ultrasonography indicated that the eye is smaller than usual with an irregular contour and calcifications present within the vitreous. **Result:** Intraoperatively, we discovered choroidal exposure in the injured eye. The cornea and scleral ruptures were fixed, and hyphema was removed. In cases of open globe injury, the damage is classified as a zone III injury, which occurs more than 5 mm posterior to the limbus and affects the posterior region of the eye. Phthisis bulbi is one probable outcome of zone III ocular injury. Open globe injuries can increase the likelihood of developing phthisis bulbi, including severe initial injuries, poor visual acuity before surgery, and hyphema. This patient possessed all of these qualities. **Conclusions:** Zone and severity of injury, poor visual acuity, and hyphema are recognised risk factors for phthisis bulbi. This condition is associated with open globe injury and results in significant ocular morbidity.

Keywords: Corneo-scleral rupture, open globe injury, phthisis bulbi

#36/43 OCULOPLASTY AND TED E-POSTER

Trapdoor Orbital Floor Fracture with Muscle Entrapment in Young Male: A Case Report on Importance of Timely Surgical Intervention

Nurul Hidayah EMBONG^{1*}, Tajunisah Begam MOHD IQBAL²

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

²Department of Ophthalmology, University Malaya Medical Centre

*Email: hidayamin7614@gmail.com

Purpose: To highlight the importance of prompt diagnosis and surgical intervention of trapdoor injury with muscle entrapment to prevent irreversible diplopia and muscle impairment. **Case Presentation:** A 29-year-old male presented with diplopia and nausea following blunt trauma over the left eye. Clinical assessment revealed periorbital swelling with minimal subconjunctival haemorrhage. Even though clinically there was no obvious restricted ocular movement, HESS chart showed mild under-action of left inferior rectus. Non-contrast CT scan of the orbits showed a left trapdoor-type of orbital floor fracture with inferior rectus muscle entrapment and characteristic tear drop sign. He underwent surgical repair via a transconjunctival approach. Intraoperatively the fracture fragments were found to be displaced inferiorly into the left maxillary sinus. An orbital floor mesh plate was placed to support the orbital floor. Postoperatively, the ocular muscle movements improved with resolving diplopia. **Discussion:** Trapdoor is a distinct type of orbital floor fracture with a hinged-like bony fragment, frequently entrapping orbital contents. It is common in the paediatric population, but can occur in young adults and are often missed. Unlike other orbital floor fracture, it can present with minimal external signs of trauma and oculocardiac reflex, occasionally referred to as 'white-eye blowout'. **Conclusion:** Early recognition and surgical intervention is crucial to prevent long-term functional deficits. A high index of suspicion and timely surgical intervention is critical in order to prevent irreversible muscle damage.

Keywords: Trapdoor orbital floor fracture, oculocardiac reflex, paediatric

#60 OCULOPLASTY AND TED E-POSTER

A New Lid on Life: Z-Plasty for Cicatricial Lagophthalmos

Irena Hendrayati TEKSIS^{1*}, Banu AJI DIBYSAKI¹, Irene TITIN DARAJATI¹, Purjanto TEPO UTOMO¹, Agus SUPARTOTO¹

¹Department of Ophthalmology, Dr. Sardjito General Hospital, Yogyakarta
* Email: hendrayatiteksis@gmail.com

Purpose: This case report aims to describe the reconstruction of an upper eyelid disorder caused by neglected scars using Z-plasty, highlighting the clinical outcome and effectiveness of the technique. **Case Presentation:** An 80-year-old female presented with right eye lagophthalmos due to upper eyelid cicatricial contracture and exposure keratitis, which had persisted for two months. She reported a prior episode of right eyelid redness, pain, and discharge three months earlier that went untreated. Although the symptoms initially improved, the right eye remained frequently red, and the eyelid could not close completely. The diagnosis was made based on clinical presentation and history, and the patient was managed with upper eyelid reconstruction using the Z-plasty technique. **Results:** Post-operative assessment showed a marked improvement. The Z-plasty procedure successfully released scar tissue and relieved the tension on the eyelid, restoring full eyelid closure. Additionally, the previously noted redness and keratitis of the cornea resolved. **Conclusions:** Neglected eyelid scars can lead to contractures that impair eyelid closure, exposing the cornea to potential damage and increasing the risk of infection, corneal thinning, and perforation. This case demonstrates that Z-plasty is an effective, relatively simple technique for restoring eyelid function and preventing further complications, improving the patient's quality of life.

Keywords: Cicatricial lagophthalmos, clinical outcomes, neglected scars, Z-plasty

#66 OCULOPLASTY AND TED E-POSTER

Unseen Trigger: A Case of Blepharospasm Induced by a Hidden Foreign Body

Kumuthani VASUDAVAN^{1*}, Niki HO WAI WYE¹, Othmaliza OTHMAN¹

¹Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia
* Email: kumu9426@gmail.com

Purpose: This case report highlights the importance of identifying occult causes of secondary blepharospasm. **Methods:** We report the case of a 58-year-old man with a 20-year history of intractable bilateral blepharospasm, unresponsive to multiple sessions of botulinum toxin injections. He had a remote history of ocular trauma during a motor vehicle accident in his youth, with no documented foreign body or persistent ocular symptoms at the time. Due to persistent and disabling blepharospasm, he underwent bilateral upper eyelid orbicularis oculi myectomy and blepharoplasty. **Results:** Intraoperatively, a 6 × 7 mm glass fragment was found embedded within the medial aspect of the left preseptal upper eyelid. The foreign body was successfully removed in the same setting. Postoperative recovery was uneventful, with marked reduction in the spasms severity and frequency. Residual intermittent spasms persisted, but the patient now demonstrated improved response to subsequent botulinum toxin injections. The patient remains under clinical observation for possibility of symptom resolution as the ocular irritant has now been removed. **Conclusion:** This case underscores that chronic blepharospasm may sometimes result from overlooked sources of ocular irritation, including retained foreign bodies. When there is a strong clinical suspicion of ocular irritation or a retained foreign body, surgical exploration remains a viable option, even decades after the initial trauma. A combined approach of surgical intervention and adjunctive botulinum toxin therapy can lead to significant symptomatic improvement.

Keywords: Blepharospasm, Botulinum toxin injection, retained foreign body in eye, orbicularis oculi myectomy

#82 OCULOPLASTY AND TED E-POSTER

A Cryptic Swelling: Case Report on Orbital Lymphatic-Venous Malformation

Sharba NANTHINI^{1*}, Sue Ann LOH¹, Nurul Shima ISMAIL¹, Norlaila TALIB², Rona ASNIDA¹

¹Hospital Tunku Ja'afar, Seremban. Universiti Kebangsaan Malaysia

²Hospital Sultan Idris Shah, Serdang

* Email: sharbananthini94@gmail.com

Purpose: To report a case of left eye orbital lymphatic-venous malformation. **Case Presentation:** A 42-year-old female with underlying hypertension and morbid obesity presented with gradual onset of painless protrusion of the left eye (LE), associated with redness for one month duration. Ocular examination revealed bilateral eye visual acuity of 6/24 improving to 6/9 with pinhole. There was no relative afferent pupillary defect, however, left eye (LE) movement was mildly limited (-1) in all gaze. Hertel's exophthalmometer reading revealed LE proptosis of 5 mm difference compared to the right eye (RE). Her left conjunctiva was mildly injected while fundus examination showed inferior blurred disc margin. Otherwise, all other ocular examinations were unremarkable. Neurological examinations were unremarkable with intact cranial nerve. Computed tomography brain and orbit showed a multilobulated, heterogenous enhancing mass occupying the retroorbital intraconal space of the left orbit. Subsequently, she underwent a tumour debulking surgery by the oculoplastic team, where the histopathology of the mass excised showed combined lymphatic-venous malformation of the orbit. Her LE proptosis gradually improved with LE vision of 6/12 at her latest visit. **Conclusion:** Orbital lymphatic-venous malformation is a rare, benign congenital anomaly. However, they can manifest in adults. Early radiological investigations are essential to aid of the diagnosis and management of the disease.

Keywords: Lymphatic-venous malformation, proptosis, tumour

#89 OCULOPLASTY AND TED E-POSTER

United for Vision: Interdepartmental Non-Surgical Treatment of Cicatricial Ectropion in Ichthyosis Vulgaris

Anak Agung Istri Amritha PRASHANTI^{1*}, Irene TITIN DARAJATI¹, Banu AJI DIBYASAKTI¹, Purjanto TEPO UTOMO¹, Agus SUPARTOTO¹

¹Universitas Gadjah Mada, Indonesia

* Email: prashanti.amritha@gmail.com

Purpose: To describe the effectiveness of non-surgical approach for treating Cicatricial Ectropion on Ichthyosis Vulgaris patient. **Case Presentation:** A 28-year-old female patient presented with bilateral red eye, initially experiencing a foreign body sensation that persisted for some time. The patient also had a whitish appearance on her cornea since childhood, attributed to inability to close her eyes completely caused by her congenital Harley Quin syndrome disorder. Despite previous treatment by a local ophthalmologist, the complaint persisted. From the history taking and clinical presentation, we diagnosed the patient with Bilateral Lagophthalmos and Cicatricial Ectropion with Corneal Leucoma, and we managed the patient non-surgically in collaboration with the Dermato-Venerology Department. **Results:** According to the patient's complaint and objective examination, the patient's condition was improved. With topical antibiotic drops and ointment for the eye, combined with topical skin ointment given by the Dermato-Venerologist, the eyelid closure was improved by relaxing the skin tissue and relieving tension from the scar, resulting in a decrease of dry eye complaints. Additionally, other complications such as redness and keratitis of the cornea have resolved. **Conclusion:** Non-surgical treatment of Cicatricial Ectropion on Ichthyosis Vulgaris patient is a safe and effective technique, providing excellent results with minimal complications. This approach is a viable option for managing lagophthalmos and cicatricial ectropion due to scar, especially in patients with Ichthyosis Vulgaris, offering patients a non-invasive alternative with a quick result.

Keywords: Aesthetic outcomes, cicatricial ectropion, ichthyosis, non-surgical effectiveness, vulgaris

#92 OCULOPLASTY AND TED E-POSTER

Posterior Approach Eyelid Weight Implantation for Lagophthalmos and Exposure Keratopathy: A Case Series

Azrena Hidayu ZAKARIA^{1,2*}, Niki Ho Wai WYE^{1,2}, Mae-Lynn Catherine BASTION^{1,2}, Othmaliza OTHMAN^{1,2}, Teck Chee CHENG^{1,2}

¹Department of Ophthalmology, Faculty of Medicine, Universiti Kebangsaan Malaysia

²Hospital Canselor Tuanku Muhriz, Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur, Malaysia

* Email: azrena_zakaria90@yahoo.com

Purpose: To evaluate the functional and clinical outcomes of posterior approach eyelid weight implantation in patients with lagophthalmos and exposure keratopathy secondary to facial nerve palsy. **Methods:** A retrospective case series was conducted involving four patients who underwent upper eyelid weight implantation using the posterior transconjunctival approach for the management of lagophthalmos associated with exposure keratopathy. Preoperative and postoperative parameters assessed included best corrected visual acuity (BCVA), corneal integrity, and eyelid closure function. **Results:** All four patients demonstrated improved eyelid closure and enhanced corneal protection following surgery. BCVA remained stable or improved postoperatively. There were no major complications encountered during the follow-up period, including implant extrusion, migration, infection, or wound dehiscence. The posterior approach allowed precise placement of the implant with satisfactory cosmetic and functional outcomes. **Conclusions:** Posterior approach eyelid weight implantation is a safe and effective surgical technique for managing lagophthalmos and exposure keratopathy. It provides both functional restoration and ocular surface protection with minimal complications, making it a valuable option in the rehabilitation of facial nerve palsy.

Keywords: Eyelid weight implantation, exposure keratopathy, lagophthalmos

#143 OCULOPLASTY AND TED E-POSTER

Traumatic Globe Dislocation Into the Maxillary Sinus Secondary to Penetrating Orbital Injury: A Case Report

Aliette Alyssa MESA^{*}

¹Western Visayas Medical Center, Philippines

* Email: aliette.mesa@gmail.com

Purpose: To report a rare case of traumatic globe dislocation into the maxillary sinus resulting from a penetrating orbital injury and associated orbital wall fractures. **Case Presentation:** One day post-trauma, the patient underwent removal of retained right orbital foreign body, surgical exploration of the right orbital cavity, repositioning of the right globe, and repair of avulsed wounds under a joint Ophthalmology and ENT in theater procedure. **Results:** Postoperatively, the ocular surface remained intact, ocular motility and eyelid function was preserved to a significant extent, and the globe remained viable. Despite the absence of light perception in the right eye, successful globe repositioning, substantial recovery of extraocular movements, and preserved voluntary eyelid function contributed to an excellent cosmetic outcome. Globe dislocation into the maxillary sinus is a rare occurrence. **Conclusion:** This case highlights the importance of including such an occurrence in the differential diagnosis, particularly in instances of high-velocity trauma. While the visual prognosis is often poor in majority of cases, timely assessment and appropriate management remain crucial to preserve the globe, given its psychological significance and the facilitation of future cosmetic or prosthetic rehabilitation.

Keywords: Case report, globe dislocation, maxillary sinus, orbit, trauma

#175 OCULOPLASTY AND TED E-POSTER

Management of Conjunctival Melanoma Arising from Primary Acquired Melanoma (Pam) : A Case Report

Dyah Tjintya SARIKA^{1*}, Hernawita SUHARKO¹¹ Jakarta Eye Centre, Eye Hospitals and Clinics, Indonesia
* Email: dyah.tjintya@gmail.com

Background: Conjunctival melanoma (CMM) is a rare but potentially a life threatening ocular malignancy. It is an aggressive pigmented tumor and the recurrence rate may be as high as 51% over 10 years. Surgical wide local excision of the tumour and cryotherapy are current standard treatment of CMM. **Purpose:** To report our successful management of conjunctival melanoma using wide excision and cryotherapy. **Case Presentation:** A 67-year-old man presented with a large, pigmented lesion arising from inferior and superior fornix conjunctiva in his left eye since six months ago. On examination, a massive pigmented tumor sized 25 mm × 10 mm × 15 mm, protruding from inferior fornix conjunctiva and sized 7 mm × 5 mm × 3 mm arising from superior fornix conjunctiva of left eye. The mass was excised with 3 mm free margin from the tumour border confirmed with negative frozen section and followed by cryotherapy and conjunctival reconstruction using oral mucous graft. Histopathology confirmed with invasive conjunctival melanoma arising in PAM with severe atypia and no lymphovascular and perineural metastasis. **Results:** Two months after we performed wide excision, cryotherapy and oral mucous graft, no recurrence and conjunctival necrosis at primary site were reported. **Conclusion:** A local wide excision with 'no touch technique', cryotherapy and oral mucous graft confirmed with negative frozen section are the mainstay treatment of CMM and has achieved satisfying functional outcomes. Since the high recurrence rate of CMM, we have to close follow up for the next three years.

Keywords: Conjunctival melanoma, cryotherapy, oral mucous graft, primary acquired melanoma

#185 OCULOPLASTY AND TED E-POSTER

Form and Function Restored: A Case Series on Lower Eyelid Sebaceous Gland Carcinoma and Its Reconstruction

Erika ANGGRAINI^{1*}, Shanti F. BOESOIRIE², M. Rinaldi DAHLAN², R. Angga KARTIWA², Niluh Putu Ayu Dewi WARDHANI²¹ Universitas Padjadjaran (UNPAD), Bandung, Indonesia
² Cicendo Eye Hospital, Bandung, Indonesia
* Email: eanggraini93@gmail.com

Introduction: Sebaceous gland carcinoma (SGC) is a rare but aggressive malignant tumor of the eyelid, originating from the sebaceous glands of the meibomian, Zeis, or caruncle. It is more prevalent in Asian populations, commonly affects individuals aged 60–69, and occurs twice as often in women as in men. Clinically, SGC typically presents as a firm, painless, yellowish mass, most often on the upper eyelid, and frequently mimics benign conditions such as chalazion, leading to delays in diagnosis. Early detection and wide surgical excision with clear margins, followed by appropriate eyelid reconstruction, are crucial for optimal outcomes. **Purpose:** Highlighting the diagnostic challenges of SGC and describe the reconstructive approaches used following tumor excision in two lower eyelid cases. **Case Report:** A 72-year-old man and a 67-year-old woman presented with progressively enlarging eyelid masses persisting for over a year. Both had significant histories of chronic sun exposure but no systemic symptoms or prior malignancies. Clinical examination revealed firm, lobulated masses with surface ulceration and irregular borders. CT imaging confirmed localized lesions without orbital invasion. Both patients underwent wide local excision. Reconstruction was performed using an Advancement Flap in the first patient, and a Hughes Tarsconjunctival Flap combined with Advancement Flap in the second. Histopathological analysis confirmed moderately differentiated sebaceous gland carcinoma in both cases. **Conclusion:** SGC is an aggressive eyelid malignancy with a high risk of recurrence and metastasis. Accurate diagnosis through early surgical management with tailored reconstruction are essential for improving functional and aesthetic outcomes.

Keywords: Lower eyelid, reconstruction, sebaceous gland carcinoma

#190 OCULOPLASTY AND TED E-POSTER

Frontal Mucocele and Encephalocele Presenting as Persistent Orbital Swelling: A Late Complication of Head Trauma

Syahirah MOHD RADZI^{1*}, Fatin Najwa RAZALI¹, Ridhwah SAPINGI @ SHAFIE¹

¹Hospital Tengku Ampuan Rahimah, Klang, Malaysia
* Email: syahirahrdzi@gmail.com

Purpose: To report a rare case of delayed post-traumatic frontal mucocele with intraorbital extension and encephalocele causing persistent orbital swelling, and to highlight its key clinical and imaging features. **Case Presentation:** A 42-year-old Bangladeshi man with no medical comorbidities presented with a two-month history of progressive, painful swelling of the left upper eyelid. He had a history of traumatic brain injury and skull fracture from a 2019 motor vehicle accident, treated with craniectomy and facial reconstruction. A two-week course of oral antibiotics failed to improve symptoms, and the swelling enlarged, causing mechanical ptosis and vision impairment from globe displacement. On examination, there was a 3 × 2 cm erythematous, tender swelling over the medial aspect of the left upper eyelid, firm to soft, fixed to the underlying superior orbital rim, causing downward displacement of the globe. Extraocular movement was reduced in superior gaze, while anterior segment findings, intraocular pressure, optic nerve function, and visual acuity (6/9 both eyes) were otherwise unremarkable. Magnetic resonance imaging (MRI) of the brain and orbits revealed a well-defined lobulated lesion at the left supraorbital region (3.4 × 2.4 × 2.2 cm), extending from the frontal sinus into the medial extraconal space, exerting mass effect on the superior rectus muscle and displacing the globe inferiorly. Imaging findings were consistent with a left frontal mucocele with intraorbital extension and secondary infection, alongside evidence of left frontal encephalocele. The patient was referred to neurosurgical team for definitive surgical management. **Conclusion:** This case highlights the potential for delayed sino-orbital complications following craniofacial trauma and surgery, emphasizing the need to consider frontal mucocele and encephalocele in persistent orbital masses. Early recognition through imaging is crucial to prevent vision-threatening complications and guide timely intervention.

Keywords: Encephalocele, frontal mucocele

#139 ORBITAL AND OCULAR TUMOURS E-POSTER

The Eye That Unmasked the Tumour : Uveal Metastasis as Initial Presentation of Asymptomatic Primary Lung Adenocarcinoma

Khairun Nisa MOHD ZAIDAN^{1*}, Ayesha MOHD ZAIN¹¹Department of Ophthalmology, Faculty of Medicine Universiti Kebangsaan Malaysia* Email: p145624@siswa.ukm.edu.my

Background: The incidence of ocular metastasis from lung cancer is reported to be 0.1–7%. Less than 3% of patients present with metastatic uveal mass at initial diagnosis. **Purpose:** We report two patients presented with different sites of uveal metastasis which later revealed primary lesions of lung adenocarcinoma. **Case Series:** Both patients are elderly male aged 60 and female aged 70 years old with no co-morbidities. They presented with one month history of blurred vision in the affected eye. There were no systemic symptoms. First patient presented with anterior segment inflammation with fungating iris mass near the pupillary margin. The second patient presented with a large choroidal mass with exudative retinal detachment. Both of them had suspicious lung opacities on chest x-ray which was later biopsied and confirmed to be adenocarcinoma. Immunohistochemical studies are positive for thyroid transcription factor 1 (TTF-1) which is a tumor marker for lung adenocarcinoma. They later developed acute angle closure with high intraocular pressure due to disease progression. These cases are co-managed with oncology team, planned for systemic chemotherapy. **Conclusion:** Uveal metastasis can be the initial and sole manifestation of an otherwise asymptomatic primary lung adenocarcinoma. These cases highlight the importance of thorough systemic evaluation in patients presenting with atypical intraocular masses, particularly in the absence of systemic symptoms. Early diagnosis and multidisciplinary management are crucial to optimise outcomes and initiate timely oncologic treatment.

Keywords: Adenocarcinoma, lung cancer, uveal metastasis

#178 OCULOPLASTY AND TED E-POSTER

Bilateral Choroidal Osteoma in a Patient with Langerhans Cell Histiocytosis: A Rare but Probable Association

Ming Yu KHOO^{1*}, Rajasudha Sawri RAJAN¹, Roslin Azni ABDUL AZIZ¹, Norshamsiah MD DIN², Nurull Bahya SULIMAN³¹Hospital Shah Alam, Malaysia²Hospital Canselor Tuanku Muhriz UKM, Malaysia³Hospital Tengku Ampuan Rahimah, Klang, Malaysia* Email: mabelkhoomy@gmail.com

Introduction: Choroidal osteoma is a benign ossifying tumour of the choroid, usually unilateral in young females. LCH is an uncommon systemic clonal proliferative disorder that can involve the choroid. The coexistence of these conditions is extremely rare. **Purpose:** To describe a rare case of bilateral choroidal osteoma in a patient with Langerhans cell histiocytosis (LCH) and explore a possible association. **Case Presentation:** A 52-year-old Chinese woman with recently diagnosed LCH presented with a two-month history of slowly progressive blurred vision in her left eye after completing her sixth cycle of chemotherapy. She denied ocular trauma, pain, or redness. Visual acuity was 6/20 in the right eye and counting fingers in the left. Anterior segment examination was unremarkable. Fundoscopy revealed bilateral yellowish-white choroidal lesions at the posterior poles. OCT showed irregular hyperreflective choroidal lesions, minimal subretinal fluid in the right eye, and foveal atrophy in the left. B-scan ultrasonography demonstrated hyperreflective choroidal lesions with posterior acoustic shadowing, consistent with bilateral choroidal osteomas. Three intravitreal ranibizumab injections in the right eye resolved the subretinal fluid, and her condition remained stable over seven years. **Discussion:** This case is unusual due to the patient's age, bilaterality, and co-occurrence with LCH. Chronic systemic inflammation from LCH may contribute to osseous metaplasia, suggesting a possible pathogenic link. **Conclusion:** Bilateral choroidal osteoma in LCH is rare. Early ophthalmic assessment in LCH patients may aid detection, and further studies are needed to clarify any causal relationship.

Keywords: Choroidal lesion, Choroidal osteoma, langerhans cell histiocytosis

#26 E-POSTER: PAEDIATRIC AND STRABISMUS

Horner's Syndrome After Chemoport Insertion in a One-Year-Old Child

Yong Yuin CHONG^{1*}, Wan Muhammad Aiman WAN ABDUL RAHMAN²

¹Hospital Tengku Ampuan Rahimah

²Hospital Wanita dan Kanak- Kanak Sabah

* Email: yongyuin@gmail.com

Purpose: Chemoport insertion is estimated to be performed in millions of patients per year. Most often inserted into the internal jugular vein and during this procedure they may come into contact with the sympathetic chain. This is a case report of a 1-year-old child developing Horner's syndrome after chemoport insertion. **Case presentation:** On day one post-chemoport insertion, noted right sided partial ptosis and a constricted pupil (2 mm over the right side and 4 mm over the left side, both reactive), no anhyosis. There were no other focal neurology deficit. Chemoport insertion through internal jugular vein may lead to Horner's syndrome (HS) through mechanisms such as direct injury to the sympathetic chain, damage to the peri-subclavian neural loops, or vascular hematoma formation, particularly when confined within the carotid sheath. Diagnosis of HS is confirmed through pharmacological tests. A 5% cocaine test shows dilation in a normal pupil but no response in a Horner pupil. With 0.5% apraclonidine, the normal pupil constricts slightly, while the Horner pupil dilates. A 0.5% hydroxyamphetamine test causes dilation in a normal pupil, but a postganglionic Horner pupil remains unresponsive. Lastly, 1% phenylephrine or 2% epinephrine has no effect on a normal pupil but dilates a postganglionic Horner pupil. **Conclusion:** Horner's syndrome remains a relatively rare but definite complication post-chemoport insertion using central venous catheter through the internal jugular vein. Therefore direct trauma to the sympathetic carotid plexus should be considered as a cause of Horner's syndrome in patients with chemoport, central venous access or PICC.

Keywords: Horner's syndrome, post-chemoport insertion, trauma

#32 E-POSTER: PAEDIATRIC AND STRABISMUS

Xerophthalmia in an Autistic Child in Urban Malaysia

Vinoshini Devi KAILAIVASAN^{1*}, Sujaya SINGH¹, Lim YI WEN¹

¹UM Eye Research Centre (UMERC), Universiti Malaya, Malaysia

* Email: vinoshinidk@gmail.com

Purpose: To highlight the importance of early recognition of xerophthalmia in children with autism spectrum disorder (ASD) living in urban settings, where selective eating may lead to micronutrient deficiencies. **Case presentation:** A 9-year-old girl with autism presented with a two-month history of bilateral eye redness photophobia, and unresponsive to multiple courses of topical treatment. Dietary history revealed extreme food selectivity, limited to rice noodles and fries, with complete avoidance of vegetables and dairy products. Examination under anaesthesia showed a Bitot's spot with conjunctival keratinisation and corneal epithelial defect in the right eye, while the left eye demonstrated inferior conjunctival xerosis without epithelial breakdown. Both anterior chambers were deep and quiet; fundal views were limited. A diagnosis of xerophthalmia secondary to vitamin A deficiency was made. She was co-managed with pediatricians and diagnosed with avoidant food intake disorder, micronutrient and electrolyte deficiencies, and nutritional rickets with normal radiological findings. She was treated with intravenous vitamin A and D, oral multivitamins, and electrolyte correction. At one-month follow-up, there was complete resolution of the Bitot's spot and conjunctival keratinisation, with only superficial corneal scarring remaining in the right eye. **Conclusion:** Xerophthalmia remains a reversible ocular condition if detected and treated early. A thorough dietary history is essential for identifying underlying nutritional deficiencies and initiating prompt, vision-saving treatment.

Keywords: Autism spectrum disorder, vitamin A deficiency, xerophthalmia

#68 PAEDIATRIC AND STRABISMUS E-POSTER

Advanced Extraocular Retinoblastoma: The Unfortunate Tale of a Child with Late Presentation

Siti Hajar DARUSSALAM¹

¹Universiti Kebangsaan Malaysia, Malaysia
* Email: p145403@siswa.ukm.edu.my

Purpose: To report a case of advanced unilateral extraocular retinoblastoma with intracranial and leptomeningeal spread, highlighting the challenges of late presentation and cross-border cancer care. **Case presentation:** A 2-year 10-month-old boy from Timor Leste presented with a 5-month history of left eye redness, white pupil, and progressive proptosis. Examination revealed left eye proptosis, subconjunctival hemorrhage, band keratopathy, and signs of elevated intraocular pressure. Examination under anaesthesia showed cataract and ectropion uvea, obscuring fundal view. Magnetic resonance imaging confirmed an intraocular mass with retroorbital and extra-axial intracranial extension, suggestive of anterior chamber involvement. Bone marrow aspiration, trephine biopsy, and cerebrospinal fluid cytology were negative for metastasis. He was started on COG ARET0321 chemotherapy protocol. Initial response was favorable with reduced proptosis. However, prior to planned stem cell transplantation, he developed vomiting and seizures. Imaging showed hydrocephalus and diffuse leptomeningeal and ependymal metastasis. Anticonvulsants and supportive treatment were initiated. After multidisciplinary discussion, and with the family's understanding, curative therapy was discontinued and the focus shifted to palliative care. Plans were made for repatriation and continued comfort care in his home country. **Conclusion:** This case underscores the aggressive nature of extraocular retinoblastoma when diagnosed late, and the potential for central nervous system dissemination despite initial treatment. It also highlights the importance of early detection, continuity of care, and the complexities of managing advanced pediatric cancer in international patients.

Keywords: Chemotherapy, proptosis, retinoblastoma

#91/108 PAEDIAITRIC AND STRABISMUS E-POSTER

Optic Disc Hypoplasia in Childhood: A Case for Awareness

Yu Qian HEONG^{1*}, Mohamad Israk MOHAMAD ISA², Chui Yan CHEN¹

¹Hospital Wanita Dan Kanak-Kanak Sabah, Malaysia
²Hospital Raja Permaisuri Bainun Ipoh, Malaysia
* Email: smilebridget@yahoo.com

Purpose: To report a case of optic disc hypoplasia and to increase awareness of such conditions. **Case presentation:** A 6-year-old girl was referred to our clinic for bilateral eyes blurry of vision for over one year. Father noted that the patient was having difficulty maintaining focus and teachers reported similar concerns regarding concentration in school. Her older brother was diagnosed with bilateral optic disc coloboma, with poor vision and was under follow-up at a low vision clinic. On presentation, her visual acuity was 1/120 in the right eye and 2/60 in the left eye. Examination under anaesthesia showed pink optic disc in both eyes, with the temporal side of the optic disc showing temporal hypoplasia. Fundus Fluorescein Angiography was unremarkable, with no optic disc leakage. A magnetic resonance imaging of the brain and orbit ruled out any space occupying lesion or orbital pathology. Optical coherence tomography of the macula demonstrated thinning of both macula. A diagnosis of bilateral optic disc temporal hypoplasia was made, and given the likely congenital origin, conservative management was recommended. Family surveillance of funduscopy screening was advised for the family members. **Conclusion:** Optic nerve hypoplasia is defined by a reduced number of optic nerve axons and may present unilaterally or bilaterally. This case highlights the importance of early detection and increases clinical awareness of such conditions in children. Genetic counselling and surveillance are essential for patient and family management.

Keywords: Optic disc hypoplasia, paediatric ophthalmology

#40 E-POSTER: SURGICAL RETINA

Surgical Management of Retinal Detachment in Ocular Coloboma: Overcoming Anatomical Challenges

Francis Ezra LAXAMANA^{1*}, Jesus Jacinto BAUTISTA¹

¹University of Santo Tomas Hospital, Philippines
* Email: boz_lax@yahoo.com

Purpose: To report the surgical challenges and adaptive techniques employed in repairing rhegmatogenous retinal detachment (RRD) in an eye with iris and retinal coloboma, highlighting the impact of knowledge of anatomy on vitreoretinal surgery. **Case Presentation:** A 28-year-old female with bilateral iris and retinal colobomas presented with sudden vision loss in the right eye due to total RRD with an unidentified break. Pars plana vitrectomy revealed absent nasal pars plana, abnormal rectus muscle insertions, and distorted vitreous base anatomy. Surgical adaptations included modified sclerotomy placement, perfluorocarbon-assisted break localisation, endolaser around the coloboma margin, and silicone oil tamponade. Retina was attached post-operatively. Key challenges included limited peripheral access due to abnormal muscle anatomy and iatrogenic break risk in atrophic coloboma-adjacent retina. Silicone oil provided effective stabilisation despite these constraints. **Conclusions:** Coloboma-associated RRD demands tailored surgical strategies to address anatomical variants. Preoperative planning for pars plana anomalies, intraoperative flexibility in sclerotomy placement, and long-term tamponade are critical for success. This case underscores the need for heightened awareness of ocular malformations in young patients presenting with retinal detachment.

Keywords: Coloboma, retinal detachment, vitrectomy

#130 E-POSTER: SURGICAL RETINA

Subhyaloid Haemorrhage-Induced Retinal Tears

Amirah SOPHIAN^{*}, Chaw Hsu WIN¹, Joshua GEORGE¹

¹Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam
* Email: dramirahsophian@gmail.com

Purpose: To report a case of premacular subhyaloid haemorrhage where early pars plana vitrectomy revealed retinal breaks and potentially prevented macula-involving retinal detachment, challenging conservative management guidelines. **Case Presentation:** A 39-year-old lady with no history of refractive error, diabetes or hypertension, presented with a sudden decrease in vision in her left eye, reduced to hand movement. Fundus examination and optical coherence tomography revealed a subhyaloid haemorrhage of 5 disc diameters size covering the macula. No retinal breaks were visible. Given her visually demanding occupation, early surgical management was chosen. Pars plana vitrectomy was done and the preretinal blood was removed. Intraoperatively, two retinal tears were seen, one along each temporal vascular arcade. The retinal macroaneurysm causing the bleed was also identified. After fluid-air exchange, the retinal breaks and macroaneurysm were lasered and air replaced with 20% Sulphur Hexafluoride. **Result:** Eight weeks post-operatively, her uncorrected visual acuity was 6/6 in both eyes. **Conclusion:** While current guidelines recommend initial conservative observation or laser membranotomy for premacular haemorrhage, this case demonstrates that early vitrectomy can uncover underlying pathology and prevent complications. Early surgical intervention may be justified in patients with visual occupational demands or subtle risk factors, and guideline flexibility should be considered in selected cases.

Keywords: Retinal tear, subhyaloid haemorrhage, vitrectomy

#133 E-POSTER: SURGICAL RETINA

Spontaneous Reattachment of Rhegmatogenous Retinal Detachment 3½ years after Demarcating Barrier Laser

Chaw Hsu WIN^{1*}, Abdul RAUF¹, Nayan JOSHI¹, Joshua GEORGE¹

¹Eye Centre, Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam
* Email: chawhsuwin@gmail.com

Purpose: To highlight the rare occurrence of spontaneous reattachment of a rhegmatogenous retinal detachment (RRD), 3 years and 8 months after application of demarcating barrier laser. **Case Presentation:** During a routine fundus evaluation of a 29-year-old lady with high myopia (-10.50 D in OD and -8.00 D OS), a RRD with an atrophic retinal hole and free operculum was detected in the periphery of the inferotemporal quadrant of her right eye, extending from 7 to 9 o'clock, outside the temporal vascular arcade. After discussion of treatment options, demarcating barrier laser was applied posterior to the detached retina and extending anteriorly up to ora serrata. During her six monthly review, no extension of the RRD was seen and she maintained her corrected vision of 6/6. At her review 3 years and 8 months after the barrier laser treatment, it was noticed that the detached retina had reattached spontaneously. Further four rows of confluent laser were applied around the flattened retinal hole. Few 50 µm laser shots were applied on the area of the previously detached retina to confirm that the retina and choroid were indeed in contact. **Results** At her next 6th month review, the retina remained completely reattached, maintaining her corrected vision of 6/6 in both eyes. **Conclusion:** Though spontaneous re-attachment of RRD has been reported earlier, this is an unique case wherein a RRD has been photographically documented to reattach spontaneously after a long period of 3 years and 8 months, maintaining 6/6 corrected vision.

Keywords: Demarcating barrier laser, rhegmatogenous retinal detachment, spontaneous reattachment

#17 E-POSTER: UVEITIS

Seeing the Signs: Disseminated Tuberculosis Presenting as Scleral and Iris Granulomatous Nodules: A Case Report

Aera Veenice BRIOSO*

¹Ilocos Training and Regional Medical Centre, Philippines
* Email: 2140352@slu.edu.ph

Background: Ocular tuberculosis presents with varied signs that may sometimes indicate a more severe, life-threatening disseminated disease. **Case presentation:** A 50-year-old housewife presented with a perilimbal granulomatous conjunctival nodule extending into the anterior chamber of the right eye, accompanied by granulomatous uveitis and a rapid increase in iris granulomas. She had multiple neck, axillary, and preauricular masses with previously unremarkable biopsies. A clinical impression of extrapulmonary tuberculosis was made, and she was referred for multidisciplinary management. Anterior segment Ocular Coherence Tomography (AS OCT) showed hyperechoic thickening of sclera extending to the limbus and a hypoechoic lesion in the anterior chamber angle. Work-up revealed elevated C-reactive protein, erythrocyte sedimentation rate, severe anemia, neutrophilic leukocytosis, and thrombocytosis. Repeat biopsy of the neck mass identified acid fast bacilli. An abdominal ultrasound showed multiple biliary hamartomas and hepatic tuberculosis. During admission, she developed progressive weakness, respiratory distress, and abdominal distension. Her condition rapidly deteriorated, resulting in hypovolemic shock from gastrointestinal bleeding and subsequent death. **Discussion:** Disseminated tuberculosis poses a life threatening condition which harbors a mortality rate of 34.9% which is 3.39 to 4.53 times greater than non-disseminated types. Spread from a primary site can be lymphatic or hematogenous. Extrapulmonary tuberculosis and other disseminated types are typically diagnosed late but initiation of treatment at first catch of signs is crucial in the prevention and can decrease further dissemination and complications by 65%. **Conclusion:** Disseminated tuberculosis is an important cause of morbidity and mortality, particularly in the Philippines where it is endemic. This case emphasised that prompt holistic evaluation is important to prevent complications and untimely death.

Keywords: Disseminated tuberculosis, iris granulomas, lymphatic

#106 E-POSTER: UVEITIS

Starry Skies and Silent Eyes: Unveiling Incomplete Vogt Koyanagi Harada (VKH) Disease

Nanthini SUBRAMANIAM*, Wan Mohd Hafidz WAN ABDUL RAHMAN¹, Penny LOTT POOI WAH²

¹Department of Ophthalmology, Hospital Tuanku Ja'afar, Malaysia
²Department of Ophthalmology, Faculty of Medicine, University Malaya, Malaysia
* Email: nan.thini@yahoo.com

Purpose: To share our experience in diagnosing and managing incomplete Vogh Koyanagi Harada (VKH) disease. **Case presentation:** A 27-year old female with no known comorbidities presented with painless blurring of vision in both eyes (BE) for three days, associated with frontal headache and vomiting for the past two days. She denied ocular redness, constitutional symptoms, upper respiratory tract infection symptoms, rashes, oral ulcers, hair loss, arthralgia, myalgia, hearing loss, tinnitus, dizziness, neck stiffness, history of ocular trauma or sick contact. On presentation, the best corrected visual acuity (BCVA) was 6/18 in the right eye (RE) and 6/12 in the left eye (LE). There was no relative afferent pupillary defect (RAPD). Anterior segment of BE were normal. Fundus examination revealed BE hyperemic optic discs with peripapillary exudative retinal detachment and multifocal subretinal fluid at posterior pole. Otherwise, there was no anterior vitreous cell, vitritis, vasculitis, retinitis and choroiditis. Optical Coherence Tomography showed presence of subretinal fluid in BE. Blood investigations, chest x-ray and mantoux test were unremarkable. One week later, her ocular condition deteriorated with a BCVA of 6/36 in the RE and 6/60 in the LE, accompanied by bullous exudative retinal detachment in BE. Fundus Fluorescein Angiography (FFA) showed typical multiple pinpoint leakage with starry sky pattern. She was diagnosed with incomplete VKH and commenced on intravenous Methylprednisolone for three days followed by oral prednisolone (1mg/kg/day) and an anti-metabolite (Azathioprine) was commenced subsequently. Eventually, BCVA improved to BE 6/9 with resolution of exudative retinal detachment after two months of treatment. **Conclusion:** Early detection, aggressive and long-term therapy is crucial in preserving vision and preventing complications like subretinal fibrosis, choroidal neovascularisation and optic atrophy.

Keywords: Uveitis, Vogh Koyanagi Harada

#67 E-POSTER: UVEITIS

Not All Keratic Precipitates are Viral: Brimonidine-Associated Uveitis Masquerading as Chronic Inflammation

Kumuthani VASUDAVAN^{1*}, Norshamsiah MD DIN¹, Niki HO WAI WYE¹, Othmaliza OTHMAN¹

¹Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia
* Email: kumu9426@gmail.com

Purpose: To highlight a case of bilateral eye (BE) chronic anterior uveitis induced by brimonidine, which resolved upon discontinuation, underscoring the importance of recognising drug-induced uveitis. **Case Presentation:** We report the case of an 81-year-old Chinese male with BE primary open angle-glaucoma (POAG), pseudophakia, bronchiectasis with lung fibrosis, and recurrent bilateral granulomatous anterior uveitis since 2017. Diagnosed with POAG in 2010, he was initially on timolol, with brimonidine and latanoprost added in 2015 for suboptimal intraocular pressure (IOP) control. Eighteen months later, he developed BE anterior uveitis, with moderate-sized keratic precipitates (KPs) and anterior chamber (AC) cells. Annual systemic and ocular workup, including TB screening and autoimmune serology, remained unremarkable. Aqueous humor tap from the right eye (RE) testing for cytomegalovirus, herpes simplex virus types 1, and type 2 was negative. The patient experienced recurrent flares requiring prolonged topical corticosteroids, contributing to IOP elevation and progressive glaucomatous optic neuropathy. Visual field mean deviation worsened in the RE from -14.53 dB in 2021 to -31.74 dB in 2024, and in the left eye (LE) from -8.93 dB to -15.77 dB. IOP remained poorly controlled despite maximal topical therapy. **Results:** Following LE Ahmed ClearPath glaucoma drainage device implantation and discontinuation of brimonidine in the LE, BE KPs and AC inflammation resolved within two days, with improved IOP control and visual improvement. **Conclusion:** This case underscores the importance of recognising brimonidine-associated anterior uveitis. Resolution of BE inflammation following unilateral drug cessation suggests systemic absorption. Drug-induced uveitis should be considered when other causes are excluded.

Keywords: Anterior uveitis, brimonidine, drug-induced uveitis

#99 E-POSTER: UVEITIS

Ocular Toxocariasis: An Underrecognised Cause of Vision Loss

Teik Wei TAN^{1*}, Chek Kuan TAN¹, Nazima SHADAHT ALI¹, Hanizaturana HASHIM¹

¹Hospital Selayang, Malaysia
* Email: clementteikwei@gmail.com

Purpose: To report a rare case of Diffuse Unilateral Subacute Neuroretinitis (DUSN) secondary to ocular toxocariasis (OT). **Case presentation:** A 32-year-old female presented with blurred vision in the right eye (RE) for five days, preceded by a recent episode of fever. She reported frequent dining out and consumption of raw food. Her presenting visual acuity was 6/36 in the RE and 6/9 in the left eye (LE). Anterior segments of both eyes were unremarkable. Fundus examination of the RE revealed a swollen optic disc (OD) with a macular star and a fibrous band extending from the OD to the inferotemporal retina. Additional findings included snowballs, vasculitis, and retinitis. The LE was normal. Despite treatment with systemic azithromycin and ceftazidime, vision in the RE deteriorated. On subsequent examination, a new subretinal lesion was noted superiorly. Full blood count showed leukocytosis with predominant lymphocytosis and eosinophilia. Toxocara serology (IgG) was positive. A diagnosis of DUSN secondary to ocular toxocariasis was made. The patient was treated with focal laser photocoagulation to the superior lesion in the RE and started on oral albendazole and prednisolone for four weeks. The inflammation resolved with gliosis and no new subretinal lesions noted. However, visual acuity in the RE was counting fingers. **Conclusion:** Ocular toxocariasis should be considered in any case of posterior uveitis, particularly in patients with relevant risk factors and supportive laboratory findings. Early diagnosis and prompt treatment are critical to preventing visual loss.

Keywords: Diffuse unilateral subacute neuroretinitis, ocular toxocariasis

#172 E-POSTER: UVEITIS

The Great Pretender Meets the Immune Challenger

Nur Diyana **KHAIRUL ANUAR**^{1,2*}, Sherina **QUAY**¹, Hayati **ABDUL AZIZ**¹, Liza Sharmini **AT**¹

¹Department of Ophthalmology, Hospital Sultanah Aminah, Johor Bahru

²Department of Ophthalmology & Visual Science, School of Medical Sciences, Universiti Sains Malaysia, Kelantan

* Email: nurdiyana2@gmail.com

Purpose: To report a presentation of ocular syphilis masquerading as sympathetic ophthalmia. **Case presentation:** A 36-year-old gentleman with underlying retroviral disease and non-compliant to HAART presented with sudden onset blurring of vision, redness, and pain for three days. He had a similar episode six months ago. The left eye is blind secondary to a previous penetrating injury. The right eye visual acuity was counting finger. The left eye had poor light projection. The right eye was mildly injected. There was fine keratic precipitates, intense anterior chamber reaction with hypopyon. B-scan revealed presence of dense vitritis with thickened choroid. The left phthisical eye had multiple corneal scars. Our diagnosis was right endogenous endophthalmitis with a strong suspicion for sympathetic ophthalmia. Vitreous tap was done and he received intravitreal and intravenous antibiotics. Full infective workup revealed positive *Treponema pallidum* haemagglutination (TPHA) result. The diagnosis was revised to ocular syphilis and he responded well to intravenous penicillin and topical corticosteroid. **Conclusion:** This report highlights a diagnostic dilemma in diagnosing severe panuveitis in a "sympathetic eye" of an immunocompromised patient.

Keywords: Endogenous endophthalmitis, ocular syphilis, sympathetic ophthalmia

#70 E-POSTER: UVEITIS

Ocular Thelaziasis: Evidence of Possible Local Transmission in Malaysia

Aimi Liyana **DASRILSYAH**^{1*}, Mohd Fariz **MOHD ALI**¹

¹Kementerian Kesihatan, Malaysia

* Email: aimidasrilsyah@gmail.com

Background: Thelaziasis is a parasitic disease caused by nematode of genus *Thelazia*, which is rare in the world, including Malaysia. The definitive hosts for *Thelazia* are canids, felids, mustelids, and other mammals, while the vector is *Drosophila* flies. **Case presentation:** We reported a case of ocular thelaziasis in a 44-year-old healthy man who presented with a three-month history of moving foreign body sensation in his left eye. Examinations revealed a creamy-white, translucent worm beneath the conjunctiva, anterior chamber cells and vitritis on fundus examination. The worm was surgically extracted under local anaesthesia by making a knit incision at the conjunctiva and removing the worm through the port. Based on morphological characters, it was identified as nematodes belonging to the genus *Thelazia* and speciation was confirmed as *callipaeda*. Following this, the patient was given oral anti-helminthics drug and topical steroid. There was no recurrence or appearance of any other symptoms reported in 1 months of follow-up. The rarity of this disease and its ability to cause both extraocular and intraocular manifestations with potential for significant ocular morbidity prompted this report. This first documented human case of ocular thelaziasis in Malaysia highlights the importance of raising awareness, strengthening diagnostic capabilities, and enhancing surveillance for emerging parasitic infections, particularly in rural communities. It also underscores the need for extensive eye care services beyond borders to address neglected tropical and zoonotic diseases that may threaten vision and quality of life.

Keywords: Ocular thelaziasis, parasitic infection, zoonotic disease

#28 E-POSTER: UVEITIS

Atypical Lesion Pattern in a Case of Punctate Inner Choroiditis

Chynna Pearl Tana M. BACCAY^{1*}, Albert John BROMEIO²

¹ Jose B. Lingad Memorial General Hospital, Philippines

² Asian Eye Institute

* Email: chynnabaccay03@gmail.com

Background: Punctate inner choroiditis (PIC) is a rare idiopathic inflammatory posterior uveitis presenting with classic yellow-white lesions confined to the posterior pole in the absence of anterior segment and vitreous inflammation. Choroidal neovascularisation (CNV) is a known complication and a major cause of visual impairment. We report a rare case of PIC presenting with an atypical lesion pattern. **Case Presentation:** A 61-year-old male presented with blurring of vision in both eyes (OU). Best corrected visual acuity (BCVA) on presentation was 20/40 on the right eye (OD) and 20/50 on the left (OS). Fundus examination showed multiple yellow-white dots right along the superior and inferior arcade OU along with subretinal hemorrhage OS. Fluorescein angiography showed early hypofluorescence and late hyperfluorescence of the dot lesions as well as hyperfluorescence from CNV OU. OCT revealed CNV with pigment epithelium detachment and focal areas of retinal pigment epithelium loss OU. Fundus autofluorescence (FAF) showed mixed areas of hypo- and hyperautofluorescence of the lesions. Systemic work-up was unremarkable. He was diagnosed with PIC with secondary CNV OU. The patient was treated with a course of oral prednisone as well as started on methotrexate, along with a series of intravitreal bevacizumab injections OU. Management led to lesion stability as demonstrated by FAF as well as CNV inactivity on OCT. **Conclusion:** Punctate inner choroiditis may present with atypical features. Recognition is essential for timely diagnosis and initiation of appropriate therapy to prevent permanent visual impairment.

Keywords: Choroidal neovascularisation, posterior uveitis, punctate inner choroiditis

#29 E-POSTER UVEITIS

Diagnosis and Management in a Case of Ampiginous Chorioretinitis

Chynna Pearl Tana M BACCAY^{1*}, Albert John BROMEIO²

¹ Jose B. Lingad Memorial General Hospital, Philippines

² Asian Eye Institute

* Email: chynnabaccay03@gmail.com

Background: Ampiginous chorioretinitis (AC) is a rare inflammatory chorioretinopathy involving the retinal pigment epithelium (RPE) in a severe variant with features overlapping of acute posterior multifocal placoid pigment epitheliopathy (APMPEE) and serpiginous choroiditis (SC). The lesions tend to recur in crops over time, leading to a wave of active chorioretinitis lesions and atrophy in healed areas. **Purpose:** We report the clinical findings, diagnostic features, and management of a case of relentless placoid chorioretinitis (RPC). **Case Presentation:** A 33-year-old male presented with blurring of vision OU. Best corrected visual acuity (BCVA) was 20/63 OD and 20/32 OS. Examination showed multifocal placoid hyper- and hypopigmented lesions on the retina associated with vitritis. Fluorescein angiography (FA) showed early hypofluorescence with late hyperfluorescence of active lesions and transmission defects in old lesions. OCT revealed RPE discontinuity and outer retinal loss with areas of hypertransmission defects and focal areas of RPE bumps. Fundus autofluorescence (FAF) showed mixed areas of hyperautofluorescent hypoautofluorescent areas. Systemic work-up was unremarkable. The patient was diagnosed with AC OU and started on course of oral prednisone as well as methotrexate. Over a follow-up period of 1 year, active lesions eventually became atrophic with no appearance of new lesions. **Conclusion:** Ampiginous chorioretinitis is a rare but vision-threatening inflammatory condition requiring early diagnosis and prompt initiation of immunosuppressive treatment. Multimodal imaging greatly aids in the diagnosis. Long-term follow-up is essential for effective management and improved visual outcome.

Keywords: Ampiginous chorioretinitis, hypoautofluorescent, hyperfluorescence, placoid chorioretinitis, vision-threatening

FREE PAPERS

NO	TITLE	PAGE
47	A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS OF LASER REFRACTIVE SURGERY MODALITIES FOR THE CORRECTION OF MYOPIA	3
56/69	COMPARISON OF REFRACTIVE MEASUREMENTS USING THE 2WIN-S REFRACTOR AND THE AUTOREFRACTOR IN GRADE 1 STUDENTS: A CROSS-SECTIONAL STUDY	3
95	BLINDING EYE DROPS	4
103	CASE SERIES: THE USE OF VISIONGRAFT® IN COMPLEX OCULAR RECONSTRUCTION TO SALVAGE VISION	4
112	THREE-YEAR AUDIT OF HERPETIC KERATITIS IN NORTHEAST MALAYSIA: EPIDEMIOLOGIC INSIGHTS AND MANAGEMENT OUTCOMES	5
85	OPTIMISING DIGITAL VIEWING HABITS FOR EYE HEALTH	6
59	UNRAVELING EFFECT OF GESTATIONAL DIABETES MELLITUS ON VISUAL FIELD	6
142	SOCIODEMOGRAPHIC CHARACTERISTICS AND REFRACTIVE ERROR PATTERNS AMONG MALAYSIAN CHILDREN AND ADOLESCENT FROM LOWER SOCIOECONOMIC BACKGROUNDS: FINDINGS FROM THE VISION FOR EDUCATION (V4E) PROGRAMME	7
149	EVALUATION OF RETINAL THICKNESS BY SD-OCT IN NEURODEGENERATIVE DISORDERS AND ITS CORRELATION WITH DISEASE SEVERITY	7
54/76	FRAGILE AND FOGGY: A SYSTEMATIC REVIEW OF CATARACT SURGERY OUTCOMES IN ELDERLY PATIENTS	8
134	CATARACT DETECTION AND FOLLOW-UP CHALLENGES IN MOBILE EYE CLINICS: FINDINGS FROM THE KLIPMOBILE 2024 PROGRAM	8
113	EVALUATION OF REFRACTIVE ERROR AND ITS ASSOCIATED RISK FACTORS AMONG PRIMARY SCHOOL CHILDREN LIVING IN URBAN DISTRICTS OF EAST COAST PENINSULAR MALAYSIA	9
39	EFFECT OF ABILITI CONTACT LENSES ON SUBSEQUENT MYOPIA PROGRESSION – PRELIMINARY OUTCOMES OF A CASE SERIES	9
105	CHOROIDAL THICKNESS MEASUREMENT IN HEALTHY MALAY CHILDREN USING SPECTRAL-DOMAIN OPTICAL COHERENCE TOMOGRAPHY	10
188	PARENTAL KNOWLEDGE AND PRACTICES IN MYOPIA CONTROL: URBAN – SUBURBAN COMPARISON IN CENTRAL MALAYSIA – PRELIMINARY RESULTS	10
86/88	RECONSTRUCTION OF UPPER EYELID SEBACEOUS GLAND CARCINOMA USING PEDICLED FLAP AND MUCOSAL GRAFT: A CASE REPORT	11
128	LOWER LID BASAL CELL CARCINOMA WITH CONCOMITANT INVASIVE DUCTAL CARCINOMA OF THE BREAST IN A 51-YEAR-OLD MALE	11
97/181	A RARE DOUBLE STRIKE: SYNCHRONOUS APOCRINE ADENOCARCINOMA AND MENINGIOMA IN A SINGLE PATIENT	12
115	THE EYE THAT SPOKE FIRST: CHOROIDAL METASTASIS REVEALING AN UNDIAGNOSED NON-SMALL CELL LUNG CARCINOMA	12
192	A CASE REPORT ON TRAUMATIC GLOBE LUXATION FOLLOWING BLUNT OCULAR TRAUMA IN A ONE-YEAR-OLD MALE	13
77	WIPE-OUT PHENOMENON IN TRABECULECTOMY COMPARE TO PHACOTRABECULECTOMY	14
174	EVALUATING INTRAOCULAR PRESSURE RESPONSE TO SELECTIVE LASER TRABECULOPLASTY IN A CLINICAL COHORT	14
53	IMPACT OF VISUAL NEGLECT ON QUALITY OF LIFE IN POST-STROKE HEMIANOPIA PATIENTS	15

102	PUPILLOGRAPHIC ASSESSMENT OF AUTONOMIC NERVOUS SYSTEM DYSFUNCTION IN CHRONIC HEADACHES POST-COVID-19: A NEUROINFLAMMATORY PERSPECTIVE	15
118	PREVENTING POSTOPERATIVE SQUINT AND DIPLOPIA THROUGH INTRAOPERATIVE NEUROMONITORING OF THE THIRD, FOURTH, AND SIXTH CRANIAL NERVES IN CEREBELLOPONTINE ANGLE TUMOR EXCISION: A CASE SERIES FROM KUCHING, SARAWAK	16
127	PROFILE AND OUTCOMES OF PATIENTS WITH PITUITARY ADENOMA REFERRED TO THE NEURO-OPHTHALMOLOGY SERVICE AT THE PHILIPPINE GENERAL HOSPITAL	16
81	PARAINFECTIOUS-ASSOCIATED BRANCH RETINAL ARTERY OCCLUSION: INSIGHTS FROM A CASE SERIES	17
96	SEEING THE BEST IN BEST DISEASE: CLINICAL VARIABILITY AND PROGRESSION IN A CASE SERIES	17
171	CLINICAL CHARACTERISTIC OF CENTRAL RETINAL ARTERY OCCLUSION PATIENTS IN A TERTIARY HOSPITAL	18
203/125	INTRAVITREAL CORTICOSTEROID IMPLANT FOR ANTI-VEGF RESISTANT DIABETIC MACULAR EDEMA IN PSEUDOPHAKIC EYE: A SYSTEMATIC REVIEW AND SINGLE-ARM META-ANALYSIS	18
19	IMPROVING PATIENT UNDERSTANDING OF THEIR MACULAR DISEASE AND THE NEED FOR ANTI-VEGF TREATMENT THROUGH EDUCATIONAL COUNSELLING IMPROVEMENT INTERVENTIONS	19
158	THE ROLE OF CORTICOSTEROIDS IN PEDIATRIC CHOROIDAL TUBERCULOMA: A SCOPING REVIEW OF EVIDENCE-BASED MANAGEMENT	20
168	CLINICAL PATTERN AND 1-YEAR RESULTS OF VISUAL OUTCOME POST TREATMENT OF UVEITIS AND SCLERITIS PATIENTS IN A TERTIARY UNIVERSITY HOSPITAL, MALAYSIA	20

#47 FREE PAPER: CORNEA AND ANTERIOR SEGMENT

A Systematic Review and Network Meta-Analysis of Laser Refractive Surgery Modalities for the Correction of Myopia

Claire XY GOH^{1*}, Chris HL LIM¹, Jodhbir META², Blanche XH LIM¹, Chen-Hsin SUN¹, Ying Kiat TAN³, Ruo Chen DU⁴, Eric JIN⁴

¹National University Hospital, Singapore

²Singapore Eye Research Institute, Singapore

³Singapore General Hospital, Singapore

⁴Yong Loo Lin School of Medicine, National University of Singapore

* Email: claire.gohxy@gmail.com

Purpose: This systematic review and network meta-analysis aims to assess and compare the efficacy, predictability and safety outcomes of different surgical approaches in the correction of refractive errors in individuals with myopia. The three categories of comparison are flap-based corneal surgery, advanced surface ablation, and kerato-lenticule extraction (KLEx). **Methods:** A literature search was performed on PubMed, EMBASE and ClinicalTrials.gov from inception to 03 March 2025. Outcomes included were efficacy (uncorrected distance visual acuity (UDVA) $\geq 20/20$, $\geq 20/25$, and $\geq 20/40$), safety (loss of ≥ 1 and ≥ 2 lines of best corrected visual acuity (BCVA) post-operatively) and predictability (post-operative spherical equivalent (SE) within $\pm 0.5D$ and $\pm 1.0D$ of the target refraction). All randomised controlled trials comparing between two different categories were included. Outcome data was extracted at the last reported time point. **Results:** 32 articles with a total of 3224 eyes (2186 participants) were included. There were no statistically significant differences between any pair of treatment categories in terms of efficacy, safety and predictability ($p > 0.05$). In treatment comparative analyses with SUCRA, flap based corneal surgery was ranked first in efficacy (UDVA $\geq 20/20$), and advanced surface ablation was ranked first in safety (loss of ≥ 1 lines of BCVA post-operatively) and predictability (post-operative SE within $\pm 1.0D$ of the target refraction). **Conclusion:** In conclusion, categories of flap-based corneal surgery, advanced surface ablation, KLEx have broadly comparable outcomes in efficacy, safety, and predictability.

Keywords: Advanced surface ablation, flap based corneal surgery, kerato-lenticule extraction, laser refractive surgery, myopia,

#56/69 FREE PAPER: CORNEA AND ANTERIOR SEGMENT

Comparison of Refractive Measurements Using the 2WIN-S Refractor and the Autorefractor in Grade 1 Students: A Cross-Sectional Study

Nathorn PIYAWANNARAT^{1*}, Peranut CHOTCOMWONGSE¹, Nattaporn VONGSA¹, Niracha ARJKONGHARN¹, Chayanit POONSAWASPONG¹, Suprawee MEELAB¹, Paisan RUAMVIBOONSUK¹, Warakorn THIAMTHAT^{1,2}

¹Department of Ophthalmology, Rajavithi Hospital, Rangsit University

²Department of Ophthalmology, Queen Sirikit National Institute of Child Health, Bangkok, Thailand

* Email: nathorn2543@gmail.com

Purpose: To evaluate the agreement and reliability of refractive measurements using the 2WIN-S refractor compared to the autorefractor. **Methods:** Grade 1 students were screened using both the 2WIN-S refractor and the autorefractor. Agreement and reliability for refractive measurements were assessed using Bland–Altman analysis and intraclass correlation coefficient (ICC), respectively. Performance of the 2WIN-S to detect amblyopia risks in refractive errors was also evaluated. **Results:** Bland–Altman analysis of spherical equivalent measurements showed mean differences of -0.28 and -0.15 for the right and left eyes, respectively, with 98.88% and 97.21% in 95% confidence interval (CI). For spherical power, the mean differences were -0.28 and -0.13 for the right and left eyes, respectively, with the same proportions in the 95% CI. The mean differences for cylindrical power were -0.001 and -0.03 for the right and left eyes, respectively, with 96.65% in the 95% CI for both eyes. ICC indicated good reliability for spherical equivalent and spherical power in the left eye, and cylindrical power in both eyes, with an ICC of 0.812, 0.864, 0.827, and 0.768, respectively. The 2WIN-S showed a positive predictive value of 81.25% and a negative predictive value of 87.76% for detecting amblyopia risk. **Conclusion:** The 2WIN-S demonstrated high agreement and reliability for measuring spherical equivalent, spherical power, and cylindrical power compared to the autorefractor. Moreover, the 2WINS had high predictive values for detecting amblyopia risk in refractive errors. However, it should be used with visual acuity testing and a comprehensive eye examination to detect all amblyopia risks.

Keywords: 2WIN-S refractor, amblyopia, autorefractor, refractive measurements

#95 FREE PAPER: CORNEA AND ANTERIOR SEGMENT

Blinding Eye Drops

Teik Wei TAN^{1*}, Chek Kuan TAN¹, Hui Yin GOH¹, Chai Keong TAN¹

¹Hospital Selayang
* Email: clementteikwei@gmail.com

Purpose: To report a case series of corneal melting after unmonitored use of Neodeca. (Neomycin Sulfate 0.5% / Dexamethasone Sodium Phosphate 0.1%).

Case 1: A 22-year-old male with left eye conjunctivitis had been using Neodeca for 3 weeks from a general practitioner (GP). Left eye vision was non-perception of light. The cornea was perforated with iris tissue plugging. Subsequently, evisceration was done.

Case 2: An 8-year-old Chinese girl with right eye pseudomembrane (PSM) conjunctivitis had been using Neodeca bought over-the-counter for 1 week. Right eye vision was perception of light (PL), and the left eye was 6/15. The right eye cornea was perforated with uveal tissue prolapse and total melting. Corneal gluing was done. The right eye cornea healed with scarring and total conjunctivalisation.

Case 3: A 4-year-old Chinese girl (sibling of case 2) had been using the same bottle of Neodeca from her sister for both eye PSM conjunctivitis. Upon review, both conjunctivae were injected with pseudomembrane. The right eye vision was hand movement and the left eye vision was 6/15. The right eye showed a subtotal epithelial defect with inferior corneal thinning. The right eye cornea healed with scarring. Best corrected visual acuity was 2/60 for the right eye. **Conclusion:** Ocular use of steroids should be cautious and under ophthalmology supervision. Over-the-counter prescription of steroid should be forbidden to prevent sight-threatening complications.

Keywords: Eye perforation, neodeca, steroid eye drop

#103 FREE PAPER: CORNEA AND ANTERIOR SEGMENT

Case Series: The Use of VisionGraft® in Complex Ocular Reconstruction to Salvage Vision

Sree Shantha Kumaran S. Magendran^{1*}, Wan Haslina WAN ABDUL HALIM¹, Chen Shen LAM¹, Mazaya MAHMUD¹, Mae-Lyn CATHERINE BASTION¹

¹Department of Ophthalmology, Universiti Kebangsaan Malaysia
* Email: sambaiahmagendran@gmail.com

Purpose: To highlight the success of VisionGraft® in complex ocular cases. **Case 1:** A 77-year-old gentleman presented with severe right eye exogenous endophthalmitis caused by Streptococcus pneumoniae and Aureobasidium pullulans, complicated with inferior retinal detachment. Examination revealed a large central corneal infiltrate with endothelial plug, hypopyon, and vitritis. He underwent temporary keratoprosthesis (KPro), pars plana vitrectomy (PPV) with Densiron, and VisionGraft® transplant. His vision improved from vague perception of light to 1/60. **Case 2:** A 64-year-old female, with a history of penetrating keratoplasty (PK) due to RE HSV-related keratitis, developed exogenous endophthalmitis from a suture-related ulcer requiring re-PK. Subsequently complicated with silicone oil-induced glaucoma, hyphema, suprachoroidal hemorrhage, and malignant glaucoma, necessitating an Ahmed ClearPath implant. A rapidly forming retrocorneal fibrotic membrane then obstructed the Ahmed tube requiring complex revision surgery, including temporary keratoplasty, membranectomy, PPV, and Ahmed tube revision, where VisionGraft® was used due to macerated corneal tissue. Her vision improved from HM to CF. **Case 3:** A 27-year-old female presented with progressing left eye (LE) central blurry vision, pain, and redness, diagnosed as a presumed mixed bacterial/fungal corneal ulcer. The ulcer progressed to exogenous endophthalmitis with a dense stromal infiltrate and increasing hypopyon. She underwent AC washout, temporary KPro, PPV, and VisionGraft® transplantation. Postsurgery, LE vision improved from HM to 6/60. **Conclusion:** VisionGraft® is effective in complex ocular reconstructions, particularly in scenarios involving severe infection and extensive tissue damage that requires corneal transplantation. For critical therapeutic and tectonic transplant cases, Visiongraft® offers substantial benefits in preserving vision.

Keywords: Corneal transplantation, endophthalmitis, visiongraft®

#112 FREE PAPER: CORNEA AND ANTERIOR SEGMENT

Three-Year Audit of Herpetic Keratitis in North-east Malaysia: Epidemiologic Insights and Management Outcomes

Dhaneswary SHANMUGAM^{1*}, Shahidatul-Adha MOHAMAD^{1,2}

¹Department of Ophthalmology, Hospital Tuanku Ja'afar, Malaysia

²Department of Ophthalmology and Visual Sciences, School of Medical Sciences, Universiti Sains Malaysia

* Email: dhaneswary7231@gmail.com

Purpose: To evaluate the demographic profile, clinical characteristics, management approaches and treatment outcomes of herpetic keratitis cases in a tertiary care center. **Methods:** A retrospective clinical audit involving 40 cases of herpetic keratitis was conducted at Hospital Pakar USM between January 2022 and December 2024. Data collected included demographics, clinical profiles, treatment regimens and outcome. **Results:** The mean age was 50.3 ± 19.8 years, with a slight male predominance (52.5%). Most patients were Malay (90%). Comorbidities such as hypertension (37.5%) and diabetes mellitus (25%) were prevalent. Keratouveitis was the most frequent presentation (47.5%), followed by stromal keratitis (25%) and endotheliitis (17.5%). Unilateral cases predominated (RE: 30%, LE: 60%), with 80% showing central and paracentral involvement. Redness and reduced vision were the main symptoms (87.5% each), while corneal oedema (72.5%) and decreased corneal sensation (82.5%) were the key examination findings. Topical steroids were used in 92.5% of patients (mostly QID for 1–3 months). Systemic acyclovir was prescribed in all cases, with concurrent topical therapy in 57.5%. Most patients (77.5%) received systemic acyclovir beyond one month, and 65% underwent prophylaxis exceeding one year. Complications included corneal scarring (80%) and glaucoma (7.5%). Recurrence occurred in 60%, with over half experiencing more than two episodes, including one patient with 10 documented recurrences. **Conclusion:** This audit highlights the predominance of keratouveitis, underscores the importance of early antiviral therapy alongside judicious corticosteroid use. High recurrence rates and scarring prevalence highlight the need for long-term follow-up.

Keywords: Herpetic keratitis

#85 FREE PAPER: GENERAL OPHTHALMOLOGY

Optimising Digital Viewing Habits for Eye Health

Sadeq Naeem AbdulKareem AJEENA^{1*}, Bashirah ISHAK¹, Haliza ABDUL MUTALIB¹

¹Universiti Kebangsaan Malaysia, Malaysia
* Email: sadeqajeena864@gmail.com

Purpose: Prolonged exposure to blue light from digital devices may negatively affect ocular health and cause retinal damage. Reducing exposure by increasing the screen distance, reducing time and using a filter. Contact lenses with blue filter properties are available to mitigate the blue light, however, guidelines for contact lens use are rarely considered. This study intended to evaluate how filtered and unfiltered soft contact lenses impact blue light transmission at different distances and screen sizes. **Methods:** An in vitro experiment was conducted to assess the blue light transmission. Through a clear and blue contact lens. A mobile phone with a 6.7-inch screen and a tablet with an 11-inch screen, at two different distances, 20 cm and 50 cm. Light transmission was measured by using the MK350S Premium spectrometer. The procedure was conducted, first recording the baseline intensity of blue light, followed by measuring the transmission through each lens type at both distances. **Results:** Both the clear and blue-filter contact lenses reduced the blue light, but the difference was not statistically significant. Blue filtered contact lens showed a greater reduction than the clear lens. The peak emission of blue light from the mobile was 9.61 mW/m² at 462nm, while a tablet showed a peak emission at 10.12 mW/m² at 449nm, both at a distance of 20 cm. However, the emitted amount becomes 1.98 for the mobile and 3.41 for the tablet at a distance of 50 cm. The distance did have a statistically significant effect on both sources. **Conclusions:** Clear and blue filter soft contact lenses reduce the blue light exposure slightly, but not statistically significantly. However, increasing the distance between the screen and the eyes can significantly reduce the blue light.

Keywords: Blue light, blue filtering contact lens, contact lens, electronic eye strain, viewing distance

#59 FREE PAPER: GENERAL OPHTHALMOLOGY

Unraveling Effect of Gestational Diabetes Mellitus on Visual Field

Nur Fatihin Samiyah MOHAMAD HISHAM^{1*}, Saharuddin AHMAD², Ixora KAMISAN ATAN³, Othmaliza OTHMAN¹

¹Department of Ophthalmology, Faculty of Medicine, Universiti Kebangsaan Malaysia
²Department of Family Medicine, Universiti Kebangsaan Malaysia
³Department of Obstetrics & Gynecologist, Faculty of Medicine, Universiti Kebangsaan Malaysia
* Email: nurfatihin_89@yahoo.com

Purpose: To evaluate the effect of gestational diabetes mellitus (GDM) on retinal sensitivity and its contribution to visual field (VF) changes. **Methods:** This observational, cross-sectional, prospective study included 79 eyes of 48 GDM patients and 87 eyes of 46 non-diabetic pregnant women, recruited from the Obstetric Clinic, Hospital Canselor Tuanku Muhriz (HCTM) from November 2024 to May 2025. Retinal sensitivity was assessed using the Zeiss Humphrey Visual Field (HVF) Analyzer 3, 24-2 SITA FAST. Parameters recorded included mean deviation (MD), pattern standard deviation (PSD), visual field index (VFI), and mean sensitivity of five subfields (central, nasal, temporal, superior, and inferior). **Results:** GDM patients showed generally lower VF scores than controls. Statistically significant reductions in mean sensitivity were observed at specific nasal points: point 5 [-1.75 dB; 95% CI: -3.06, -0.44; p=0.009], point 6 [-1.61 dB; p=0.019], point 8 [-1.71 dB; p=0.003], point 9 [-2.11 dB; p=0.009], and point 10 [-3.88 dB; p<0.001]. Additionally, significant reductions were seen at temporal point 19 [-1.39 dB; p=0.006] and inferior point 25 [-1.69 dB; p=0.019]. However, global indices (MD, PSD, VFI) did not differ significantly between groups. **Conclusion:** GDM is associated with localized reductions in retinal sensitivity, particularly in the nasal, temporal, and inferior visual fields, even in the absence of overt diabetic retinopathy. These findings suggest early functional changes in the retina that may precede structural damage.

Keywords: Gestational diabetes mellitus, sensitivity, visual field

#142 FREE PAPER: GENERAL OPHTHALMOLOGY

Sociodemographic Characteristics and Refractive Error Patterns Among Malaysian Children and adolescent From Lower Socioeconomic Backgrounds: Findings from the Vision for Education (V4E) Programme

Siti Husna HUSSEIN^{1*}, Azlina MOKHTAR¹, Maimunah ABDUL MUNA'AIM¹, Fajarul Hani AHMAD TARMIZI², Mariah ASEM SHAHEDAH SALEH ALI², Nor Diyana Hani GHANI², Tengku Amatullah Madeehah TENGKU MOHD¹

¹Universiti Sains Islam Malaysia

²Our Optometrist Vision Care Sdn Bhd

* Email: drsitihusna@usim.edu.my

Purpose: To describe the sociodemographic characteristics and types of refractive error among children and adolescent from low-income families screened through the Vision for Education (V4E) programme, which provides free spectacles to eligible participants. **Methods:** This retrospective study analysed data from 1,418 participants aged 0–22 years, collected during V4E screenings conducted across 66 centres (comprising schools, public hospitals, and university hospitals) in 14 Malaysian states. Demographic variables (age, gender, household income, number of dependents) and refractive parameters were recorded. Refractive errors were categorised as mild, moderate or severe. **Results:** The mean age was 10.0 ± 3.8 years, with a near-equal gender distribution (51% male, 49% female). The mean household income was RM2,713. Most participants were from Kuala Lumpur (21%), Negeri Sembilan (21%), and Sabah (14%). The most common diagnosis was mild refractive error, affecting 34% of participants, followed by moderate errors (11%) and severe (<2%). By refractive error subtype, astigmatism was most prevalent, found in 911 participants (64%), followed by myopia (546; 38.4%) and hyperopia (350; 24.6%). **Conclusions:** The V4E programme effectively reached underserved children across Malaysia, revealing a significant burden of correctable refractive errors. These results support the continued need for equitable vision screening and subsidised optical correction to enhance educational access among socioeconomically disadvantaged children.

Keywords: Lower socioeconomic, refractive error, vision screening

#149 FREE PAPER: GENERAL OPHTHALMOLOGY

Evaluation of Retinal Thickness by SD-OCT in Neurodegenerative Disorders and its Correlation with Disease Severity

Akhila G^{1*}, Spoorti MORAPPAVAR², Soumya RAMESH JABAR³, Gururaj DESHPANDE N⁴, Pooja H V¹

¹JSS Medical College and Hospital, Mysuru, India

²KLE Institute of Medical Sciences, Karnataka, India

³Nandadeep Eye Institute, India

⁴Aravind Eye Hospital, India

* Email: vaanamakku@gmail.com

Purpose: To evaluate GC-IPL, RNFL in patients with neurodegenerative disorders and to correlate severity of cognitive impairment. This study aims to assess whether GC-IPL complex can be utilised as biomarker. **Design:** A hospital-based, prospective, cross sectional study. **Methods:** A total of 72 patients were included in the study, divided into two groups (36 in each group). Patients over the age of 55 with neurodegenerative disease are included in Group I (Case group), whereas those without neurodegenerative disease are included in Group II (Control group). Detailed ocular and neurological evaluations were performed on all individuals. RNFL, GC-IPL thickness assessed using Spectralis SD-OCT. Neurological assessment was done by Mini-Mental State Examination, modified Hoehn and Yahr scale. The retinal thickness and the severity scores are compared between groups. **Results:** Average age of patients in case group was 64.6 ± 4.7 years and 63.2 ± 5.3 years in control group. GC-IPL thickness negatively correlated with disease severity in neurodegenerative disorders ($r=0.28$, $p=0.17$). Inferotemporal RNFL quadrant thickness was reduced in case group (142.4 ± 16.4 μm , $p=0.005$). ROC curve indicates GC-IPL complex can be utilised as biomarker. **Conclusion:** In conclusion GC-IPL, RNFL was reduced in patients with neurodegenerative disorders and correlated with severity of cognitive impairment. GC-IPL can be utilised as biomarker.

Keywords: GC-IPL thickness, neurodegenerative disorders, SD-OCT

#54/76 FREE PAPER: CATARACT

Fragile and Foggy: A Systematic Review of Cataract Surgery Outcomes in Elderly Patients

Sarah Kamiela JUFFRY^{1*}, Faraby MARTHA³, Azzahra Daniveruszhka SOPHIAN¹, Rafida Sofi KAMILA², Isma Zahira SUHAIMA¹, Edianti RATNINGPOETI¹

¹ Faculty of Medicine, Universitas Indonesia

² Faculty of Medicine, Universitas Airlangga

³ Cataract and Refractive Surgery Division, Ophthalmology Department, Cipto Mangunkusumo Hospital

* Email: sarahjuffry@gmail.com

Purpose: Cataract is accredited as the primary cause of blindness worldwide, and surgery remains its mainstay treatment. In elderly populations, cataract surgery presents unique clinical challenges, including an increased risk of complications and variable postoperative outcomes. This systematic review aims at comparing outcomes in elderly patients undergoing cataract surgery.

Methods: Searches were conducted using PubMed, Scopus, Proquest, Cochrane, and Google Scholar. The outcomes assessed were intraoperative complication and post-operative recovery. Each study was qualitatively analyzed using the Joanna Briggs Institute (JBI) Critical Appraisal tool. **Results:** A total of four studies were included with 19,276 subjects aged 60 and older who underwent cataract surgery. All studies reported on significant vision improvement post-operatively. One study demonstrated increased static and dynamic balance as measured by Berg Balance Scale (BBS), along with lower limb performance measured by Short Physical Performance Battery (SPPB). Another study highlighted reduced fall risk due to improved binocular visual acuity, while another study observed an increase in vision-targeted health-related quality of life (QoL). However, one study reported cases of posterior capsule rupture (PCR) as an intraoperative complication and visual acuity loss from pre- to post-op. **Conclusions:** Cataract surgery in the elderly is considered as a safe and effective treatment modality, resulting in improvements in visual acuity and vision-related QoL. Although some patients may experience suboptimal outcomes or a higher incidence of complications, advanced age alone should not be a deterrent from performing cataract surgery.

Keywords: Cataract surgery, elderly, post-operative complications, quality of life, visual acuity

#134 FREE PAPER: CATARACT

Cataract Detection and Follow-up Challenges in Mobile Eye Clinics: Findings from the KLIPMobile 2024 Program

Azlina MOKHTAR^{1*}, Syed Ahmed Da'iyallah ALSAGOFF¹, Siti Husna HUSSIEN¹, Maimunah ABDUL MUNA'AIM¹

¹ Universiti Sains Islam Malaysia

* Email: drazlina06@usim.edu.my

Background: The KLIP Mobile (Klinik Pakar Mata Bergerak) is a mobile ophthalmology clinic launched by the Negeri Sembilan State Government in collaboration with Universiti Sains Islam Malaysia (USIM) since 2015. It aims to improve access to specialist eye care among rural and underserved populations, particularly for cataract and refractive error. **Objective:** To evaluate cataract surgery referral outcomes from the 2024 KLIP Mobile initiative, with emphasis on patient follow-up following secondary screening. **Methods:** A retrospective review was conducted on patient records from seven KLIPMobile outreach programs held between February and November 2024. A total of 589 patients attended secondary eye screening sessions. Those requiring cataract surgery were identified, and their follow-up status was reviewed. **Results:** Of the 589 patients screened, 71 (12.1%) were referred for cataract surgery. However, only 36 patients (50.7%) were successfully contacted for follow-up. Common barriers to surgical uptake included unreachable contact numbers (n=35), personal or health issues, lack of transport, and patient indecision. A few patients had already undergone or were scheduled for surgery. The highest number of referrals occurred in February (n=17) and June (n=14), reflecting strong community engagement during those sessions. **Discussion:** While KLIPMobile remains effective in identifying cataract cases, follow-up challenges remain significant. Communication issues and logistical barriers continue to limit surgical uptake among rural populations. **Conclusion:** KLIPMobile is a successful model for community-based eye care. Improved data verification, patient tracking, and transport assistance are needed to ensure timely cataract surgery and reduce preventable blindness.

Keywords: Cataract surgery, community outreach, KLIPMobile, rural health, surgical uptake

#113 FREE PAPER: PAEDIATRIC AND STRABISMUS

Evaluation of Refractive Error and its Associated Risk Factors Among Primary School Children in Urban Districts of East Coast Peninsular Malaysia

Muhammad Adri MOHAMED SHAFIT^{1,2,3*}, Noryani ABD LATIF¹, Suhana NOR¹, Ahmad Sharimizi MAJID¹, Karimmah WAHIT², Julyatee WAN YUSOF¹, Khadijah MUSTAFA^{1,2}, Shatriah ISMAIL^{1,2}

¹Department of Ophthalmology and Visual Science, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

²Ophthalmology Clinic, Hospital Pakar Universiti Sains Malaysia, Kubang Kerian, Malaysia

³Department of Ophthalmology, Faculty of Medicine, Universiti Sultan Zainal Abidin, Kuala Lumpur

* Email: muhammad.adri@gmail.com

Purpose: Refractive error, especially myopia suggest a significant increase in global prevalent and has become a significant public health problem, especially in South East Asian countries. This study aimed to determine the prevalence of refractive error and its associated risk factors among primary school children in urban districts of east coast Peninsular Malaysia. **Methods:** A stratified, multistage, cluster random sampling in urban districts (Bachok, Kota Bharu, Pasir Mas, Tanah Merah) were employed which included 660 students from Standard 1 to Standard 6. Demographic data, socioeconomic background, history of parental refractive error, parental education level, duration of screen time and time spent outdoors per day were documented in a questionnaire distributed to caretakers. All students underwent visual acuity assessment, orthoptic evaluation, anterior and posterior segment examinations and manifest refraction. **Results:** The mean age was 9.84 ± 1.60 years, with gender distribution of predominantly girls 396 (60.0%) and boys 264 (40.0%). The prevalence of uncorrected visual impairment was seen in 586 (2.4%) of children. Myopia is the commonest type of refractive error among children aged 6 to 12 years with prevalence of 67.7%, followed by astigmatism at 11.3% and hypermetropia 9.2%. Reduced daily outdoor activity were significantly associated with refractive errors ($p < 0.05$). **Conclusion:** The prevalence of refractive error is at 2.4% among primary school children in urban districts of East Coast Peninsular Malaysia. Limited daily outdoor activity is a significant risk factor, underscoring the need for public health interventions focusing on modifiable lifestyle behaviors.

Keywords: Astigmatism, hypermetropia, myopia, primary school children, refractive error,

#39 FREE PAPER: PAEDIATRIC AND STRABISMUS

Effect of Abiliti Contact Lenses on Subsequent Myopia Progression - Preliminary Outcomes of a Case Series

Chelsea Qiu Lin TAN^{1*}, Chen-Hsin SUN¹, Deborah Mei-Xuan LEE¹

¹National University Hospital Singapore

* Email: chelstql@gmail.com

Purpose: This study evaluates the effectiveness of Abiliti® contact lenses (CL), which utilise hyperopic defocus on the peripheral retina with an enhanced fitting algorithm and improved compliance rates, in controlling myopia progression in a pediatric population. **Methods:** A retrospective analysis of 16 eyes in eight subjects with progressive myopia was conducted between November 2017 and July 2025. Subjects were fitted with Abiliti® and monitored for six months after initiation. The rate of myopia progression was measured in change in diopters (D) and axial length (mm) over time. Refractive measurements were taken at baseline and six months. The rate of myopia progression with Abiliti® was compared to reported data from MiSight® CL and multifocal soft CL. **Results:** Eight subjects (one male, seven females; mean age 12.0 ± 2.08 years) were included. The mean baseline spherical equivalent (SE) was -3.37 ± 2.67 D and mean initial axial length (AL) was 24.55 ± 0.95 mm. Seven (87.5%) of subjects used Abiliti® in conjunction with atropine eyedrops and one (12.5%) subject used Abiliti® as monotherapy for myopia control. Our study found that Abiliti® significantly reduced the rate of myopia progression ($\Delta SE -0.25 \pm 0.31$ D over 6 months; $\Delta AL 0.11 \pm 0.10$ mm over 6 months, 0.12 mm over 12 months). **Conclusion:** Abiliti® demonstrates a significant reduction in the progression of myopia, making it a promising and efficacious solution for myopia management. The results were comparable to MiSight® CL in slowing myopia ($\Delta SE -0.51 \pm 0.64$ D, $\Delta AL 0.30 \pm 0.27$ mm) and multifocal soft CL ($\Delta SE -0.51 \pm 0.06$ D, $\Delta AL 0.29 \pm 0.03$ mm), demonstrating similar efficacy in slowing refractive changes and axial elongation.

Keywords: Abiliti contact lens, myopia progression, paediatric patients

#105 FREE PAPER: PAEDIATRIC AND STRABISMUS

Choroidal Thickness Measurement in Healthy Malay Children using Spectral-Domain Optical Coherence Tomography

Nur Ain MOHAMAD^{1*}, Muhammad Irfan ABDUL JALAL², Safinaz MOHD KHALDIN¹

¹Department of Ophthalmology, Faculty of Medicine, Universiti Kebangsaan Malaysia

² UKM Medical Molecular Biology Institute (UMBI), Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur

* Email: nurainmohamad87@gmail.com

Purpose: This study aimed to establish normative values of macular choroidal thickness (CT) and its topographical distribution in healthy emmetropic Malay children, and to assess its association with age and axial length. **Method:** A single-centre, cross-sectional study was conducted at the Ophthalmology Clinic, Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia (UKM), from December 2023 to November 2025. A total of 94 eyes from 47 healthy emmetropic Malay children aged 7 to 15 years residing in Cheras, Kuala Lumpur, were included. Exclusion criteria comprised myopia-associated systemic or genetic conditions (e.g., Marfan syndrome, Stickler syndrome, retinopathy of prematurity), abnormal ocular anatomy (e.g., keratoconus, lenticonus, spherophakia, congenital cataract), history of ocular disease (e.g., amblyopia, strabismus, vitreoretinal disorders), prior ocular trauma or surgery, and poor cooperation with study procedures. Comprehensive ocular examinations, including cycloplegic autorefractometry and axial length (AL) measurements, were conducted. Macular CT was assessed using spectral-domain optical coherence tomography (SD-OCT) with enhanced depth imaging. Each measurement was taken three times at each location by a single observer. Generalized Estimating Equations (GEE) were used to analyse associations between CT, age, and AL. **Results:** The mean subfoveal CT was 341.95 μm . Choroid was thickest 1 mm temporal to the fovea (344.46 \pm 47.34 μm) and thinnest 3 mm nasal (281.88 \pm 49.82 μm). No significant association was observed between CT and either age or AL ($p > 0.05$). However, parental myopia was significantly associated with increased CT at the subfovea and other macular sites ($p < 0.05$). **Conclusion:** Normative macular CT values were established. Parental myopia may be an early marker of choroidal thickening before refractive changes manifest.

Keywords: Choroidal thickness, children, myopia

#188 FREE PAPER: PAEDIATRIC AND STRABISMUS

Parental Knowledge and Practices in Myopia Control: Urban–Suburban Comparison in Central Malaysia – Preliminary Results

Maimunah ABDUL MUNA'AIM^{1*}, Fajarul Hani AHMAD TERMIZI², Mariah ASEM SHAHEDAH SALEH ALI², Nor Diyana Hani GHANI², Azlina MOKHTIAR¹, Siti Husna HUSSEIN¹

¹Universiti Sains Islam Malaysia (USIM), Malaysia

²Our Optometrist Vision Care Sdn Bhd

* Email: maimunah@usim.edu.my

Background: Myopia is increasingly prevalent in children, with early onset associated with faster progression and vision-threatening complications. Studies in developing countries suggest that parental awareness and practices on early interventions may differ between urban and sub urban communities. This study therefore presents preliminary results comparing parental knowledge and practices on myopia control in the central region of Malaysia. **Methods:** A cross-sectional survey was conducted among parents of children aged 6–12 years using a validated questionnaire assessing demographics, visual habits, levels of concern, awareness of complications, and knowledge of myopia control interventions. Residential location was categorised as urban or suburban. **Results:** A total of 218 parents participated: 165 urban and 53 suburban. Mean daily near-work hours were similar (urban 2.5; suburban 2.4). Urban parents reported higher concern about myopia progression (4.45 vs 3.91/10). Awareness of targeted interventions was low (urban 6.1%, suburban 2%), but suburban parents were more likely to identify at least one control method (84.9% vs 64.2%; $P = 0.006$). Over 82% of children in both groups used myopia control strategies, often without parents recognising them as formal interventions. Outdoor activity levels were low in both groups. **Conclusion:** Although myopia control practices are common, awareness of specific interventions remains poor, particularly in rural regions. Targeted education campaigns may enhance awareness and facilitate evidence-based early intervention.

Keywords: Myopia, parental knowledge, suburban, urban

#86/88 FREE PAPER: OCULOPLASTY

Reconstruction of Upper Eyelid Sebaceous Gland Carcinoma Using Pedicled Flap and Mucosal Graft: A Case Report

Yunefesta ANGKA^{*}, Agus SUPARTOTO¹, Purjanto UTOMO¹, Irene DARAJATI¹, Banu DIBYASAKTI¹

¹Department of Ophthalmology, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia
* Email: respati.angka@gmail.com

Case Presentation: A 78-year-old male presented with a painless, yellowish mass on the right upper eyelid, progressively enlarging over two years. Over the past six months, the lesion began obstructing the visual axis.

Purpose: To report the surgical management and reconstruction of a sebaceous gland carcinoma (SGC) of the upper eyelid using a pedicled myocutaneous flap and oral mucosal graft, and to highlight postoperative outcomes.

Methods: Clinical evaluation and histopathologic analysis confirmed the diagnosis of sebaceous gland carcinoma of the right upper eyelid, classified as AJCC (American Joint Committee on Cancer) Stage T3aNxMx. Wide local excision was performed with 4 mm margins, followed by upper eyelid reconstruction using a pedicled tarsoconjunctival flap and buccal mucosal graft to restore both anterior and posterior lamellae. **Results:** Sebaceous gland carcinoma of the eyelid requires prompt diagnosis and aggressive surgical management. This case demonstrates successful wide excision with eyelid reconstruction using a pedicled flap and mucosal graft, followed by adjuvant radiotherapy. The functional and aesthetic results were favorable. Long-term follow-up is crucial to monitor for recurrence and manage late complications such as cicatricial lagophthalmos. **Conclusion:** Sebaceous gland carcinoma of the eyelid requires prompt diagnosis and aggressive surgical management. This case demonstrates successful wide excision with eyelid reconstruction using a pedicled flap and mucosal graft, followed by adjuvant radiotherapy. The functional and aesthetic results were favorable. Long-term follow-up is crucial to monitor for recurrence and manage late complications such as cicatricial lagophthalmos.

Keywords: Eyelid reconstruction, mucosal graft, oculoplastics, pedicled flap, sebaceous gland carcinoma

#128 FREE PAPER: OCULOPLASTY

Lower Lid Basal Cell Carcinoma with Concomitant Invasive Ductal Carcinoma of the Breast in a 51-Year Old Male

Ahnna Patrizia AGUSTIN^{*}, Charisse Ann TANLAPCO¹

¹Ilocos Training and Regional Medical Center
* Email: ahnnapatrizia@gmail.com

Objective: To present a case of Lower Lid Basal Cell Carcinoma with concomitant Invasive Ductal Carcinoma of the Breast in a 51-year-old male and to present the epidemiology of such coexistence.

This is the first noted case of basal carcinoma of the eyelid with concomitant invasive ductal carcinoma of the breast. Basal cell carcinoma is generally known as the most common neoplasm of the eyelids and is highly related to sun exposure which is its main risk factor whereas invasive ductal carcinoma arises from epithelial elements and accounts for seventy to eighty percent of invasive breast cancer lesions. Connection still remains unclear since literatures similar to the case is still limited but it can be possibly hypothesised that DNA mutation caused by UV radiation exposure plays a big role.

Keywords: Basal cell carcinoma, eye malignancy, invasive ductal carcinoma

#97/181 FREE PAPER: OCULAR TUMOUR

A Rare Double Strike: Synchronous Apocrine Adenocarcinoma and Meningioma in a Single Patient

Sang Ayu Putu UDARA PRADNYADEWI^{1*}, Agus SUPAR-TOTO¹, Purjanto TEPO UTOMO¹, Banu AJI DIBYASAKTI¹, Irene TITIN DARAJATI¹

¹Department of Ophthalmology, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

* Email: udarapradnyadewi@gmail.com

Purpose: To report an exceptionally rare case of synchronous Primary Apocrine Adenocarcinoma (PAA) of the orbit and intracranial meningioma, emphasizing the diagnostic challenges due to their similar presentation. **Methods:** Retrospective review of a 58-year-old male with an orbital mass and an intracranial dural-based lesion. Clinical assessment, orbital and cranial MRI, surgical excision of the orbital tumour, histopathology, and GCDP-15 immunohistochemistry were performed. **Results:** A 58-year-old male presented with a right orbital mass that had slowly enlarged over one year. Magnetic resonance imaging (MRI) revealed a lesion initially suspected to be an orbital extension of meningioma, along with a separate intracranial dural-based mass consistent with meningioma. The orbital tumour was excised, followed by histopathological examination and immunohistochemistry using GCDP-15, confirming the diagnosis of apocrine adenocarcinoma. The orbital PAA was completely excised with clear surgical margins. At six months postoperatively, there was no recurrence or distant metastasis. Despite this, the patient reported persistent proptosis. Repeat MRI demonstrated a separate intracranial lesion, histologically confirmed as meningothelial meningioma (WHO Grade I). These findings demonstrated the coexistence of two distinct primary tumours in a single patient—an extraordinarily rare phenomenon that can easily be mistaken for metastatic spread, with significant implications for treatment planning. **Conclusion:** Synchronous orbital PAA and intracranial meningothelial meningioma are exceptionally rare. Persistent symptoms after complete tumour excision should prompt thorough re-evaluation to rule out additional or synchronous lesions. Comprehensive imaging and histopathological confirmation are essential for accurate diagnosis, appropriate management, and avoidance of misdirected therapy in complex multi-tumour presentations.

Keywords: Meningioma, orbital tumour, primary apocrine adenocarcinoma, synchronous tumours, tumour excision

#115 FREE PAPER: OCULAR TUMOUR

The Eye that Spoke First: Choroidal Metastasis Revealing an Undiagnosed Non-Small Cell Lung Carcinoma

Mark Belfis Wicaksono HARSONO^{1*}, Sayyidati ROKHIMAH¹, Irene Titin DARAJATI¹, Banu Aji DIBYASAKTI¹, Purjanto Tepo UTOMO¹, Agus SUPARTOTO¹

¹Department of Ophthalmology, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

* Email: markharsono@gmail.com

Case Presentation: A 53-year-old woman presented with blurred vision in her left eye. She first noticed redness in the same eye two months earlier. About a month later, the redness began to subside, but she developed blurred vision. On the day she visited, the blurriness had worsened. She denied cough, shortness of breath, or other respiratory symptoms. **Purpose:** To describe how ocular findings may serve as early indicators of metastatic. **Methods:** The patient underwent thoracic imaging to screen for metastasis. Imaging revealed a mass in the superior segment of the lower lobe of the right lung. The Pulmonology Department performed a CT-guided transthoracic needle aspiration, which confirmed the diagnosis of non-small cell lung carcinoma (NSCLC). **Results:** Based on the clinical presentation, thoracic imaging, and biopsy results, a diagnosis of left eye choroidal metastasis secondary to NSCLC was established. The patient was prescribed artificial tear eye drops. The Pulmonology Department initiated treatment with gefitinib 250 mg once daily for NSCLC. After five months, her visual acuity improved from LogMAR 1.48 to LogMAR 0.10. **Conclusion:** Choroidal metastases are a relatively common manifestation in patients with systemic malignancies, particularly those with primary lung cancer. This case underscores the importance of thorough ophthalmologic and systemic evaluations in patients presenting with unexplained visual symptoms, which may be the first sign of an underlying malignancy.

Keywords: Choroidal metastasis, non small cell lung carcinoma, ocular malignancy

#192 FREE PAPER: OCULAR TRAUMA

**A Case Report on Traumatic Globe Luxation
Following Blunt Ocular Trauma in a One-Year Old
Male**

Eda FENEQUITO^{1*}, Luisa Maria De Marillac KO¹

¹Vincente Sotto Memorial Medical Center, Philippines

* Email: edafen.md@gmail.com

Abstract: Traumatic globe luxation is rare, with only a few reported cases in literature. We present a case of a one-year-old male allegedly hit by his grandmother's hand after a fall. On initial presentation, the patient could avert to light with an anteriorly displaced left globe and a 2 mm non-reactive pupil with a retrobulbar hemorrhage on plain CT Scan of the brain and orbits. The patient was started on intravenous dexamethasone and intravenous antibiotics. He subsequently underwent emergency lateral canthotomy and cantholysis with globe repositioning followed by temporary tarsorrhaphy. Intraoperatively, decompression was done with drainage of the retrobulbar hemorrhage. During the one-week post-trauma follow-up, the temporary tarsorrhaphy was removed, and the patient exhibited central, steady, and maintained visual acuity with no limitations in eye movement observed in all directions of gaze. The procedure's success, in terms of cosmetic and functional results, relies heavily on the promptness of the surgical intervention and the optic nerve involvement in the initial presentation.

Keywords: Globe reposition, orbital decompression, trauma, traumatic globe luxation

#77 FREE PAPER: GLAUCOMA

Wipe-Out Phenomenon in Trabeculectomy Compare to Phacotrabeculectomy

Lutfi MAULANA^{1*}, Fifi RAHMI¹

¹Ophthalmology Department Faculty of Medicine Diponegoro University Indonesia

* Email: dr.lutfi.maulana@gmail.com

Purpose: Wipe-out phenomenon after glaucoma filtration surgery in glaucoma patient is a rare complication and has been debated. Aim of this study is to compare incidence rate of wipe-out phenomenon between trabeculectomy and phacotrabeculectomy procedure in Kariadi Hospital Semarang. **Methods:** Retrospective study of glaucoma patient who underwent trabeculectomy and phacotrabeculectomy in Kariadi Hospital, Semarang, Indonesia from August 2022 to May 2025. Data were collected from medical record. The outcome measures idiopathic irreversible vision loss, intraocular pressure (IOP), and visual acuity at preoperation, and one day, one week and one month postoperatively. **Results:** One hundred and eighty tree eyes from trabeculectomy group and 176 eyes from phacotrabeculectomy group were compared in this study, with 1.10% incidence of wipe-out phenomenon in trabeculectomy group and 1.15% in phacotrabeculectomy group. There was no significant difference of incidence of wipe-out phenomenon between two groups ($p=0.969$). Significant difference in IOP reduction one month postoperative notably higher reduction in phacotrabeculectomy than trabeculectomy group, 15.48 ± 5.79 mmHg and 18.31 ± 8.48 mmHg ($p<0.001$) respectively and significant increase of visual acuity difference between phacotrabeculectomy and trabeculectomy group 1.15 ± 0.97 logMAR and 1.54 ± 0.93 logMAR ($p<0.001$) respectively. **Conclusion:** There was no significant difference in incidence of idiopathic irreversible vision loss or wipe -out phenomenon between trabeculectomy and phacotrabeculectomy group. Ophthalmologist should be aware the risk of wipe-out phenomenon in glaucoma patient after filtration surgery to mitigate preferable outcome.

Keywords: Glaucoma, phacotrabeculectomy, snuff-out, trabeculectomy, wipe-out

#174 FREE PAPER: GLAUCOMA

Evaluating Intraocular Pressure Response to Selective Laser Trabeculoplasty in a Clinical Cohort

Haziq AZIZ SHAMRI^{1*}, William SHEW¹

¹Palmerston North Hospital, New Zealand

* Email: haziq.azizshamri@gmail.com

Purpose: Glaucoma results in significant visual morbidity. Existing treatments, including topical therapies, carry many adverse effects and patient burdens. Lowering intraocular pressure (IOP) remains a primary strategy to slow glaucoma progression. The Laser in Glaucoma and Ocular Hypertension Trial (LiGHT) introduced Selective Laser Trabeculoplasty (SLT) as a significant advancement in clinical practice. This study assesses the effects and safety of SLT, as well as factors influencing IOP changes in ophthalmology centres in New Zealand. **Method:** We retrospectively reviewed all SLT procedures at Dunedin and Palmerston North ophthalmology centres. For bilateral cases, the eye with the highest IOP was analyzed. Exclusion criteria were age under 18 and non-pigmentary secondary glaucomas. IOP was measured using Goldmann Applanation Tonometry. **Results:** We analysed 88 eyes. The mean absolute IOP reduction was 3.34 mmHg (95% CI 2.28–4.39, $p=0.180$ days). Subgroup analyses of treatment protocol interactions (degree of treatment, number of shots, power, and post-operative adjuncts) and patient-related interactions (age, ethnicity, number of pre-treatment topical agents, and glaucoma type) found no statistically significant effects. One patient developed post-operative uveitis. **Conclusions:** SLT was associated with significant reductions in IOP and demonstrated a favorable safety profile. The findings indicate that maximal IOP reduction occurs within the first three to six months following treatment. Procedural and patient-related factors did not significantly affect IOP reduction.

Keywords: Glaucoma, glaucoma progression, intraocular pressure, selective laser trabeculoplasty

#53 FREE PAPER: NEURO-OPHTHALMOLOGY

Impact of Visual Neglect on Quality of Life in Post-Stroke Hemianopia Patients

Siti 'Aishah ISMAIL^{1,3*}, Abdul Rashid ALI², Nur Izzatul Jannah S ROSMAN³, Zainora MOHAMMED¹, Norliza MOHAMAD FADZIL¹, Haliza ABDUL MUTALIB¹, Mohd Harimi ABD RAHMAN¹

¹Optometry and Visual Science Program, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

²Pusat Rehabilitasi PERKESO Tun Abdul Razak, Melaka, Malaysia

³Department of Optometry, Rehabilitation and Wellbeing, Faculty Health and Life Sciences, Management and Science University, Malaysia

* Email: sitiaishah.ismail@msu.edu.my

Purpose: This study aims to investigate the impact of visual neglect on the quality of life (QoL) in post-stroke hemianopia patients. Specifically, it compares the QoL between patients with hemianopia alone and those with both hemianopia and visual neglect in a Malaysian rehabilitation context. **Methods:** A cross-sectional study was conducted with 20 stroke survivors at the PERKESO Tun Abdul Razak Rehabilitation Center, Melaka. Participants were divided into two groups: 10 patients with hemianopia without visual neglect and 10 patients with both hemianopia and visual neglect. Data were collected using the Low Vision Quality of Life (LVQOL) questionnaire, perimetry, and the Sunnybrook Neglect Assessment Procedure (SNAP). Statistical analysis was performed using SPSS to compare LVQOL scores between the two groups. **Results:** A significant difference was found in LVQOL scores between the two groups ($p = 0.032$), with the visual neglect group reporting higher QoL scores. Near vision was more severely affected in the neglect group, while distance vision was more impaired in the non-neglect group. These findings suggest that anosognosia (reduced deficit awareness), enhanced rehabilitation input, or limitations of the LVQOL tool in assessing spatial neglect may contribute to the unexpected results. **Conclusion:** This study emphasizes the importance of incorporating near vision assessment into post-stroke rehabilitation. Near vision evaluations can serve as a key clinical indicator for detecting visual neglect and guiding personalized rehabilitation strategies, ultimately improving the functional recovery and quality of life of stroke survivors.

Keywords: Hemianopia, neglect, QoL, stroke rehabilitation,

#102 FREE PAPER: NEURO-OPHTHALMOLOGY

Pupillographic Assessment of Autonomic Nervous System Dysfunction in Chronic Post-COVID-19: A Neuroinflammatory Perspective

Muhammet KAIM^{*}, Hüseyin FINDIK¹

¹Recep Tayyip Erdogan University, Türkiye

* Email: muhammed.kaim@erdogan.edu.tr

Purpose: This study aimed to evaluate autonomic nervous system (ANS) dysfunction through pupillographic measurements in patients who presented to the neurology department with persistent chronic headaches following the COVID-19 pandemic and were referred to our clinic for assessment of ocular complications. **Method:** A prospective, controlled cross-sectional design was employed at the Department of Ophthalmology, involving 20 patients and 19 age- and gender-matched healthy controls. The patient group comprised individuals with no organic pathology detected on neuroimaging, free of ocular and systemic issues, and reporting headache symptoms persisting for at least 3 months. Pupillographic assessments encompassed pupil diameters under scotopic, mesopic, and photopic conditions, along with dynamic response speeds. Data were analyzed using IBM SPSS Statistics, Version 29.0 (IBM Corp., Armonk, NY, USA) with independent samples t-tests. **Results:** The patient group exhibited significantly elevated dynamic response speeds compared to healthy controls (right pupil [OD]: 0.5329 s^{-1} vs. 0.2647 s^{-1} , left pupil [OS]: 0.4806 s^{-1} vs. 0.2980 s^{-1} , $p < 0.05$). **Conclusion:** The increased dynamic response speed in patients with chronic headaches and no additional complications reflects the inflammatory and neurotropic effects of COVID-19 on the ANS, while pupil diameters demonstrate limited discriminatory capacity. The significance of this study lies in unveiling pupillography's potential as a non-invasive biomarker for diagnosing post-COVID-19 syndromes and emphasizing the necessity of integrating neuro-ophthalmological assessments into clinical practice.

Keywords: Autonomic nervous system, COVID-19, neuro-ophthalmology, persistent headache, pupillography

#118 FREE PAPER: NEURO-OPHTHALMOLOGY

Preventing Postoperative Squint and Diplopia Through Intraoperative Neuromonitoring of the Third, Fourth, and Sixth Cranial Nerves in Cerebellopontine Angle Tumour Excision: A Case Series from Kuching, Sarawak

Allan Chong Su TANG^{1*}, Bik Liang LAU^{1,2}, Adeline Mei Ling KUEH³

¹Department of Ophthalmology, Sarawak General Hospital, Malaysia

²Department of Neurosurgery, KPJ Kuching Specialist Hospital

³Department of Oculoplastic Surgery, Sarawak General Hospital

* Email: allantallen@gmail.com

Purpose: To present a case series on intraoperative neuromonitoring of the third, fourth, and sixth cranial nerves during cerebellopontine angle (CPA) tumour excision. **Methods:** Intraoperative neuromonitoring provides real-time feedback that allows the surgeon to preserve neural pathways and prevent permanent neurological deficits. Excision of CPA tumours may lead to third, fourth, or sixth cranial nerve palsy, resulting in visually disabling symptoms such as squint and diplopia. To date, there are no published reports on intraoperative neuromonitoring of these cranial nerves in Sarawak. Three patients undergoing elective CPA tumour excision were included. All received sixth cranial nerve monitoring; one patient additionally underwent third and fourth nerve monitoring. Using aseptic technique, 3 mm needle electrodes were inserted into the lateral rectus, medial rectus, and/or superior oblique muscles before tumour excision. Accurate identification of orbital anatomical landmarks and careful electrode placement were essential to avoid complications such as globe rupture or retro-orbital hematoma. The neural pathways were continuously monitored, and real-time feedback was provided to the surgeon. **Results:** The nuclei of the third, fourth, and sixth cranial nerves were preserved in all cases. No complications related to electrode insertion occurred. At six months postoperatively, none of the patients developed squint or diplopia. **Conclusion:** Intraoperative neuromonitoring lowers the risk of postoperative squint and diplopia secondary to third, fourth and sixth cranial nerve palsy during CPA tumour excision.

Keywords: Diplopia, cerebellopontine angle tumour, neuromonitoring

#127 FREE PAPER: NEURO-OPHTHALMOLOGY

Profile and Outcomes of Patients with Pituitary Adenoma Referred to the Neuro-Ophthalmology Service at the Philippine General Hospital

Zadkiel VELASQUEZ^{1*}, Karen REYES¹

¹Philippine General Hospital

* Email: zvelasquez@up.edu.ph

Purpose: This study aims to present the number and diagnoses of patients seen by the Ophthalmology Service from January to December 2024, describe key findings based on visual acuity, visual fields, and OCT parameters (RNFL and GCL thickness), and correlate post-operative changes in visual acuity with baseline OCT and visual field results. **Method:** Charts of pituitary adenoma patients referred to the Neuro-Ophthalmology Service from January to December 2024 were reviewed for demographics, diagnosis, interventions, and baseline and post-op visual acuity, visual fields, and OCT (RNFL and GCL) data. **Results:** The average baseline mean deviation (MD) was -13.13 dB, improving to -8.26 dB post-op in 5 patients, with 4 showing visual field gains. Visual acuity improved in 6 patients but remained unchanged in 5. Baseline OCT was available in 13 patients. Average RNFL was 85.08 μm , decreasing to 66.17 μm post-op (6 eyes). VA improved in 6 eyes with RNFL >75 μm and 3 with 77 μm , while others showed no improvement. **Conclusion:** Most patients showed improved visual acuity and visual fields post-operatively, though only a few had follow-up labs. OCT findings revealed RNFL thinning in most and GCL thinning in all cases. Many patients remain on the OR waitlist, with some experiencing vision decline while awaiting surgery.

Keywords: OCT ONH, pituitary adenoma, visual field

#81 FREE PAPER: MEDICAL RETINA

Parainfectious-Associated Branch Retinal Artery Occlusion: Insights from a Case Series

Sharba NANTHINI^{*}, Rona ASNIDA², Nurul Shima ISMAIL¹, Farhana IBRAHIM¹, Gowri SUBRAMANIAM¹

¹Hospital Tunku Ja'afar, Seremban, Malaysia

²Universiti Kebangsaan Malaysia, Malaysia

* Email: sharbananthini94@gmail.com

Purpose: To describe three distinct cases of parainfectious complicated with branch retinal artery occlusion. **Methods:** Case series. **Results:** Here we report a case series of three patients age ranging from 21-59 years old with no known medical illness who presented with unilateral, acute painless visual field defect for 3 days duration. A common feature among these patients were a recent history of viral flu-like illness prior to presentation. Ocular examination in all the patients revealed a localized, pale, edematous retina with retinitis spots. Laboratory investigations in one case is positive for bartonella henselae indicating an infectious aetiology while the other patients' blood investigations came back negative. All three patients were diagnosed as parainfectious complicated with branch retinal artery occlusion. Two of the patients were started with medical treatment which included oral and systemic antibiotics which has yielded a favorable outcome, while the other patient had a conservative management. During the one month follow up, all three patients were recovering and showed only minimal retinitis spots with reduced retina edema. **Conclusion:** Branch retinal artery occlusion can occur as a parainfectious complication. Timely detection and management warrants a favourable visual prognosis.

Keywords: Branch retinal artery occlusion, parainfectious, viral fever

#96 FREE PAPER: MEDICAL RETINA

Seeing the Best in Best Disease: Clinical Variability and Progression in a Case Series

Chek Kuan TAN^{1*}, Nazima SHADAHT ALI¹, Hanizasurana HASHIM¹, Teik Wei TAN¹

¹Hospital Selayang, Malaysia

* Email: t.zekuan05@gmail.com

Introduction: Best disease known as vitelliform macular dystrophy is a rare hereditary disease due to mutation in BEST 1 gene. It affects macula causing progressive central vision loss with characteristic egg-yolk appearance on macula and later progresses through different stages. **Purpose:** To present a case series of Best disease, documenting its presentation and progression. **Case 1:** 31-years-old, Malay Male, came for eye screening because of family history of Best disease. His vision was 6/9 both eyes, asymptomatic. Fundus examination showed area of hypopigmentation near the macula. Optical coherence tomography (OCT) macula showed subretinal vitelliform lesion with subretinal fluid. He was diagnosed with both eye Juvenile Best disease Vitelliruptive stage (Stage 4). **Case 2:** 54-years-old Malay female, complaint of both eye central loss of vision associated with metamorphosia for 6 months. Vision right-eye 6/36 left eye 6/24. Fundus examination noted right eye presence of egg yolk appearance of fovea and there was hyperpigmentation over the fovea over left eye. OCT macula shows both eye subretinal fluid. However, intravitreal injection was not offered because it has protective mechanism for the vision. **Case 3:** 80-years-old Malay female, complained of progressive worsening of both eyes vision for 10 years. Both eye visual acuity were 6/60. Fundus examination showed central well defined macula scar at macula area. OCT revealed chronic intraretinal-fluid with macula hole and left eye fovea atrophy. She was diagnosed with both eye Best disease: atrophic stage (Stage 5). **Conclusion:** Clinical presentation of Best disease is heterogeneous. Understanding of disease progression is important for early diagnosis and exploring treatment options.

Keywords: Best disease, hereditary, vitelliform macular dystrophy

#171 FREE PAPER: MEDICAL RETINA

Clinical Characteristics of Central Retinal Artery Occlusion Patients in A Tertiary Hospital

Desi Kristina UTAMI^{1*}, Rova VIRGANA^{1,2}

¹Ophthalmology Department, Padjadjaran University, Indonesia

²Cicendo Eye Hospital

* Email: desikristina39@gmail.com

Introduction: Central retinal artery occlusion (CRAO) is an ophthalmic emergency. Delayed treatment of CRAO would cause poor visual prognosis. **Purpose:** To describe the clinical characteristics of central retinal artery occlusion patients in a tertiary hospital. **Methods:** This study was a retrospective observational descriptive study that followed patients with CRAO in a tertiary hospital during the period January-December 2021. The data collected in this study were the type of CRAO, age, gender, lateralization, residence, education, risk factors, body mass index, onset, visual acuity on the first visit, compliance with follow-up at 1 month and 3 months, and complications of the disease. **Results:** A total of 36 patients with CRAO were included in this study. The average age was 54,56 years old with higher incidence in male (61,1%). All of the patients were unilateral cases, with onset more than four hours. Risk factors were obesity (11,1%), hypertension (55,6%), hypercholesterolemia (22,2%), diabetes mellitus (8,3 %), and atherosclerotic disease (2,8%). Body mass index of the patients was ≥ 25 kg/m²(41,7%) and ≥ 30 kg/m² (11,1%). Visual acuity baseline of the patient was light perception (13,9 %), hand movement (58,3%), 1/60 (13,9%), and $>1/60$ (13,9%). Managements of the patient were ocular pressure in 6 patients (1,7%) and paracentesis in 3 patients (0,83%). Compliance of follow-up patients was 41,7% at 1 week, 36% at 1 month, 27,8%2 months, and 8,3% at 3 months. **Conclusion:** The most frequent risk factors of CRAO in a tertiary hospital in this study was hypertension. Most of the patients with CRAO came to the hospital more than 4 hours after onset. Management for patients was only done in a small number of patients.

Keywords: CRAO, management, risk factors

#203/125 FREE PAPER: MEDICAL RETINA

Intravitreal Corticosteroid Implant for Anti-VEGF Resistant Diabetic Macular Edema in Pseudophakic Eye: A Systematic Review and Single-Arm Meta-Analysis

Parangeni MUHAMMAD^{1*}, Muhammad Bayu SASONGKO¹, Supanji¹, Firman SETYA WARDHANA¹

¹Department of Ophthalmology, Faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada, Yogyakarta, Indonesia

* Email: parangeni.m.l@gmail.com

Purpose: Anti-VEGF intravitreal injections are the mainstay treatment for Diabetic Macular Edema (DME). Nevertheless, some patients respond poorly. Intravitreal steroid implants have emerged as a potential alternative for managing anti-VEGF-resistant DME. This review compiles the latest evidence on effectiveness and safety. **Method:** A systematic search was conducted using MEDLINE/PubMed, ClinicalTrials.gov, Google Scholar, and ICTRP for studies published between 2016 and 2025. Search terms included "anti-VEGF-resistant," "diabetic macular edema," "intravitreal steroid implant," "Ozurdex," and "Iluvien." Studies were included if they evaluated outcomes before and after steroid implant treatment in pseudophakic eye with resistant DME. Exclusion criteria were abstracts only, descriptive studies, case reports, and those lacking pre-/post post-comparisons. **Results:** Five studies out of 243 (encompassing 104 eyes) were included. Two were prospective, three were retrospective; two studies used fluocinolone, the others used dexamethasone. Four studies noted improvements in both best-corrected visual acuity (BCVA) and central macular thickness (CMT); one showed CMT reduction without BCVA gain. Intraocular pressure (IOP) elevation was reported in four studies; two eyes required surgical intervention, while the others responded to topical antiglaucomatous drugs. The pooled mean difference (excluding one study without SD data) revealed a mean CMT reduction of $-82.2 \mu\text{m}$ (95% CI -131.6 to -32.8) and a mean BCVA change of -0.14 logMAR (95% CI -0.29 to 0.011). **Conclusion:** Intravitreal steroid implant is a promising option for anti-VEGF-resistant DME, providing anatomical and visual improvement, mainly in pseudophakic eyes, where the cataract formation is not a concern.

Keywords: Anti-VEGF resistant, diabetic macular edema, diabetic retinopathy, illuvien, intravitreal steroid implant, ozurdex

#19 FREE PAPER: MEDICAL RETINA

Improving Patient Understanding of Their Macular Disease and the Need for Anti-VEGF Treatment Through Educational Counselling Improvement Interventions

Cheng Yi LOO^{1*}, Anna TAN CHENG SIM¹, Tien-En TAN¹

¹Singapore National Eye Centre, Singapore

* Email: loochengyi@gmail.com

Purpose: Sub-optimal patient knowledge of macular disease may lead to poor adherence to anti-VEGF treatment. We aimed to assess the level of knowledge among patients with macular disease, the effectiveness of patient-education counselling interventions, as well as adherence. **Methods:** An observational interventional cohort study was conducted to assess patient knowledge about their macular disease with a 10-item questionnaire. There were 4 separate cohorts: Group 1 – existing, standard-of-care patient-education materials, Group 2 – existing patient-education materials and educated by dedicated nurse counsellors (DNCs), Group 3 – educated by DNCs with updated educational materials (UEM), and Group 4 – educated via a custom interactive digital patient education application. Questionnaire scores were compared before and after the interventions. Mean change in questionnaire score for each group was the primary outcome measure, analysed using one-way ANOVA. **Results:** 163 participants were enrolled (150 patients, 13 care-givers; 51.6% males, mean age 60.7 (SD:12.1) years). Mean pre-intervention questionnaire scores were similar in all groups (Group1 6.02 (n=45), Group2 6.45(n=38), Group3 6.03 (n=40), Group4 6.93(n=40), (p=0.065). Significant improvements were observed between mean pre- and post-intervention scores in all 4 groups. (p<0.001). Mean change in questionnaire score was significantly higher in groups 2 to 4 versus group 1. Pairwise comparisons showed no differences between groups 2, 3 and 4. Non-adherence rates to IVT trended lower in Group 4 (6.45%) versus Group 1 (13.2%), however was not statistically significant (p=0.446). **Conclusion:** The counselling interventions resulted in significant improvements to patient knowledge. Better patient knowledge could be associated with improved treatment adherence.

Keywords: Adherence, Education, IVT, Macula

#158 FREE PAPER: UVEITIS

The Role of Corticosteroids in Pediatric Choroidal Tuberculoma: A Scoping Review of Evidence-Based Management

Andi Marsa NADHIRA^{1*}, Yulia AZIZA²

¹Department of Ophthalmology, Faculty of Medicine Universitas Indonesia—Cipto Mangunkusumo General Hospital, Jakarta, Indonesia

²Infection and Immunology Division, Department of Ophthalmology, Faculty of Medicine Universitas Indonesia—Cipto Mangunkusumo General Hospital, Jakarta, Indonesia

* Email: andimarsanadhira@gmail.com

Purpose: Pediatric ocular tuberculosis (OTB), especially with choroidal involvement, can cause significant vision loss. While anti-tuberculosis therapy (ATT) is standard, the role of adjunctive corticosteroids remains controversial and unstandardized. This review maps evidence on corticosteroid use in this specific pediatric population. **Methods:** A comprehensive literature search identified studies on pediatric patients with choroidal OTB receiving corticosteroids. Data extracted included corticosteroid type, dosage, route, duration, concomitant ATT, visual outcomes, lesion resolution, complications and recurrence. **Results:** The study yielded eight case reports on pediatric choroidal OTB. Anti-tuberculosis therapy is the cornerstone. Some evidence suggests ATT monotherapy can resolve choroidal tuberculomas, potentially faster than combined therapy, avoiding steroid side effects. However, many reports show clinical improvement with adjunctive systemic corticosteroids. Conflictingly, some studies link corticosteroid use to higher treatment failure or recurrence rates. Corticosteroid complications like cataracts and glaucoma require careful monitoring in children. **Conclusion:** While ATT remains primary, optimal corticosteroid integration in timely manner can play an adjunctive role in pediatric OTB with choroidal involvement, particularly for severe inflammation. Further research, including prospective trials, is crucial to establish clear guidelines to optimize visual outcomes and minimize treatment-related morbidities in this vulnerable population.

Keywords: Adjunctive corticosteroids, anti-tuberculosis therapy, choroidal tuberculoma, pediatric ocular tuberculosis, treatment outcomes

#168 FREE PAPER: UVEITIS

Clinical Pattern and 1-Year Results of Visual Outcome Post Treatment of Uveitis and Scleritis Patients in a Tertiary University Hospital, Malaysia

Seow SIENG TENG^{1*}, Reddy SAGILI CHANDRASEKHARA REDDY², Lott POOI WAH³, Lee FEI YEE⁴, Tajunisah IQBAL³

¹Hospital Melaka, Malaysia

²Department of Ophthalmology, Faculty of Medicine and Defence Health, National Defense University of Malaysia

³Department of Ophthalmology, University Malaya Eye Research Centre (UMERC), Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

⁴Clinical Research Centre, Selayang Hospital, Ministry of Health Malaysia, Selangor 68100, Malaysia

* Email: cindy-158@hotmail.com

Purpose: To determine the clinical pattern and visual outcome at one year among uveitis and scleritis patients in a Tertiary University Hospital, Malaysia. **Method:** This is a retrospective cohort observational study, in which clinical records of all patients with newly diagnosed uveitis over a 4-year period from January 1, 2017, until December 31, 2020, were analyzed. Data were collected at the presentation and included a follow-up period of one year. **Results:** A total of 288 patients were recruited during the study period. Anterior uveitis was the most common anatomical diagnosis (50.0%) followed by panuveitis (25.0%), scleritis (13.5%), posterior uveitis (6.9%) and intermediate uveitis (4.5%). Viral Herpes was the most common cause of infectious cases, while Vogt-Koyanagi-Harada (VKH) disease and HLA B27 spondyloarthropathy were the leading causes of identifiable non-infectious cases. Majority of patients presented with unilateral, non-granulomatous uveitis with an absence of hypopyon. Anatomical locations like posterior uveitis and panuveitis, and visual acuity worse than 3/60 at presentation were the factors associated with poor visual outcomes with a p-value <0.05. **Conclusion:** About 60% of patients had an identifiable cause for the uveitis with nearly equal distribution of infectious and non-infectious causes (n=85, 29.5% vs n=84, 29.2%). About 14.5% of patients were clinically blind at 1 year of follow-up. The most common complication in our uveitis patients was glaucoma (47.5%), followed by cystoid macula oedema (18.9%) and cataract (13.9%).

Keywords: Clinical pattern, scleritis, uveitis, visual outcome