XIV Eastern Regional Ophthalmic Conference EROPHCON

“Theme: Taking Nepal’s Eye Health to Higher Heights”

Birat Medical College and Teaching Hospital, Budhiganga-2
Morang, Province-1, Nepal
9th January 2021

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Dr Purushottam Joshi

Organizing Secretary
Dr Anadi Khatri K C

Scientific Chair
Dr Sanjay Kumar Singh
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“TAKING NEPAL’S EYE HEALTH TO HIGHER HEIGHTS - EROPHCON 2021”

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Message from the Patron:

I am delighted that the Eastern Chapter of Nepal Ophthalmic Society is organizing its 14th Annual Conference at Birat Medical College. I am aware that the ophthalmologists of the Eastern Region have been organizing their conferences regularly with various themes every year. The theme of the conference this year is “Taking Nepal’s Eye Health Service to a Higher Height”. The combined efforts of the ophthalmic professionals and the managers of various eye care providing institutions can achieve this goal.

I believe this abstract-book will be a good source of learning for its users.

I am sure that this conference will be a useful and memorable academic event for us. I wish ample success for the conference.
Taking Nepal’s eye health to higher heights - EROPHCON 2021

Message from the NOS president:

Namaste and a warm morning to everyone attending EROPHCON at Biratnagar and to those attending it virtually from the comfort of home.

Since the birth of Nepal Ophthalmic Society (NOS) in 1985, we have been working hard to keep up with the changes in medical and surgical practices in ophthalmology. Conferences like these will help us brush up our old knowledge and make us aware of the recent developments. I am certain, we will learn a lot from the well-structured scientific session this conference is about to deliver. The session has been so designed that, everyone from residents to recently passed general ophthalmologists and even experienced super-specialists can benefit from it.

I am equally eager about the session dedicated to the professional development of ophthalmologists in Nepal, which is the first of its kind. This session will bring the ophthalmologists closer to the stakeholders for eye care services including the MoHP, NOS, NNJS, TIO, representatives from education institutes, and senior-most ophthalmologists. I am hopeful that this platform will be able to prove itself as a milestone.

I appreciate and admire the work done by the Eastern Chapter of NOS and wish for a successful event. Despite the challenges caused by the COVID-19 pandemic, organizing a physical meeting and making it accessible virtually, required a lot of dedication.

Lastly, I would like to welcome you all to this educational gathering. Namaste, good day!

Prof. Dr. Rohit Saiju, MD
President of Nepal Ophthalmic Society
Message from the organizing chairperson:

My dear colleagues,

Greetings from Nepal Ophthalmic Society (NOS) – Eastern Chapter

It has been exactly one year of COVID-19 pandemic. Since then, we have not had any conferences with physical participation, though we have had few webinars. With the gradual decline in COVID-19 incidence rates in Nepal and a COVID Vaccine already available in western world, this XIVth Eastern Regional Ophthalmological Conference (EROPHCON) is an attempt by the Nepal Ophthalmic Society (NOS) – Eastern Chapter to bring us back into the routine academic activities as well after the gradual resumption of the clinical activities.

This EROPHCON is going to be a hybrid conference with physical and virtual participation. The theme of the conference is “Taking Nepal's Eye Health to Higher Heights”. The theme has been aptly chosen as we are at the junction of the completion of Vision 2020 – the right to sight, at the middle of the SDGs and at the start of the integrated people centered eye care. The organizing committee has worked very hard even in this pandemic to bring about a useful and fruitful presentations and deliberations on different sub-specialties. Moreover, in this conference, we have dedicated a session for the professional development of the ophthalmologists, where we can discuss about the problems we are facing today, its possible solutions and the ways to achieve it.

For the growth of any organization, one of the factors is finance and a nominal registration charge like we are requesting for this conference would help us to keep our aspirations alive and keep things moving on in this difficult period.

I would like to thank whole heartedly, Dr Gyanendra Man Singh Karki, Chairman, Birat Medical College and Teaching Hospital and his team for the generous support and cooperation. I would also like to thank Prof Dr Badri P Badhu for his continuous support and encouragement. I would like to thank all the members of the organizing team for their relentless efforts to make this first ever hybrid Ophthalmic conference a success.

I wish all of us shall have a great learning and interaction.

Thank you all.

Dr Purushottam Joshi
Felicitations: Dr. Sharad C. Rai

Dr. Sharad C. Rai, MBBS DO MS FMRF (VR Fellowship, Sankara Nethralaya, Chennai, India) is a Medical Director & Senior Consultant Ophthalmologist of Mechi Nethralaya & Ophthalmic Research Centre (P) Ltd (MNROC). Dr. Sharad C. Rai, a pioneer in establishing a first ever private eye hospital in Eastern Nepal and a founder member of MNORC is instrumental in bringing this institution to the limelight through dedication, perseverance, and commitment. Prior to this, he had contributed to the eye health service of our country by serving two different charitable eye hospitals in Jhapa, Pathivara Nethralaya, Damak (1997 to 2000) and Mechi Eye Hospital, Birtamod (2001 to 2007) and in Himalaya Eye Hospital, Pokhara (2000 to 2001).

A firm believer in “Quality Services”, his vision has managed to build trust and faith in the people’s minds and hearts. With this mission of altruistic community service, Dr. Sharad C. Rai established MNORC in the year 2007 with 15 beds and 11 staff members. He is also heavily involved in charitable work and thousands have benefitted from his philanthropy.

Since this humble beginning, today Mechi Nethralaya has grown in leaps and bounds to establish itself as the Centre of Excellence in Vitreo-Retina, Topical Phacoemulsification and Reconstructive Ocular surgeries in the Eastern Region of Nepal. MNORC is not only catering to needy patients of Nepal, but also providing quality medical services to the people of neighboring countries like India, Bhutan, and Bangladesh.

Dr. Sharad C Rai has been a role model and inspiration for the young and experienced ophthalmologists. He has shown to everyone how an ophthalmologist can independently establish an eye hospital and run it successfully, where most are dictated by the bureaucrats in the institutional practice. We wish him all the best in his endeavors to alleviate the blindness from Nepal.
Felicitations: Dr. Mahesh P Neupane

Born on 27th March 1959 in Bhadrapur-6, Jhapa, Nepal, Dr. Mahesh Prasad Neupane is an eminent Ophthalmologist, who has served in the field of Medicine in various capacities in several government hospitals.

Dr. Neupane graduated from Volyogad State Medical Institute of Russia, then Soviet Union in 1985. He started his career as a Medical Officer and District Public Health In-Charge of Udayapur District. Similarly, he worked in other hospitals of Ilam, Rautahat and Baglung as a General Physician.

He completed MD (Ophthalmology) in 1997 from the Institute of Medicine and joined the Fateh-Bal Eye Hospital, Nepalgunj, where he served for one and half years.

Dr. Neupane has additional experience of providing community eye services in various provinces of Cambodia. He joined the Department of Ophthalmology of the Koshi Zonal Hospital in 2001. He retired from Government service in March 2020 as the Head of Department. During this period, he also served as the Medical Superintendent of the Koshi Zonal Hospital.

Dr. Mahesh has a special interest in advocating the principles of functional medicine.
# EROPHCON 2021 PROGRAM SCHEDULE:

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<td>10. KEYNOTE ADDRESS: “TAKING NEPAL'S EYE HEALTH TO HIGHER HEIGHTS TO ALIGN TO SUSTAINABLE DEVELOPMENT GOALS: CHALLENGES AND OPPORTUNITIES” – PROF DR M P UPADHYAYA</td>
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<td>7. RECENT ADVANCES IN MEDICAL AND SURGICAL MANAGEMENT OF GLAUCOMA – DR BHASKAR JHA</td>
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**LUNCH (1 PM TO 2 PM)**

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**END OF EROPHCON 2021 WITH HIGH TEA**
“Taking Nepal’s eye health to higher heights - EROPHCON 2021”

Special session: Professional development of Nepalese Ophthalmologists

Moderator: Dr. Purushottam Joshi (President- Eastern Chapter NOS; General Secretary – NOS)

Panelists:

Professor Dr Madan Prasad Upadhyaya (Chair Emeritus – B.P. Eye Foundation Nepal)
Professor Dr. Sanduk Ruit (Founder- Tilganga Institute of Ophthalmology)
Professor Dr. DN Shah (Vice-Chancellor, National Academy of Medical Sciences)
Professor Dr. Badri Prasad Badhu (Head – Ophthalmology department, Birat Medical College)
Professor Dr Ananda Raj Sharma (Head- BP Koirala Lions College of Ophthalmic Sciences)
Dr. Gopal Prasad Pokharel (World Health Organisation)
Professor Dr Sabina Shrestha (Board member – Nepal Netra Jyoti Sangh)
Dr. Gunaraj Lohani (Ministry of Health and Population)
Dr. Prakash Budathoki (Ministry of Health and Population)
Dr. Shailesh Mani Pokharel (Dean – Purwanchal University)
Mr. Anil Gorkhali (Representative – Eye health donor organisations)

Topics:

A. Problems faced by ophthalmologists – Dr Kaushal Pokhrel, Dr Rabindra Thakuri
B. Solutions to the problems – Dr Purushottam Joshi, Dr Anadi KC
C. Way to achieve the solutions – Prof Dr Rohit Saiju, Dr Salma KC
D. Panel Discussion – All panelists
E. Remarks - Dr GR Lohani / Dr Prakash Budathoki
Keynote speech

1. Taking Nepal’s Eye Health to higher heights to align to Sustainable Development Goals:

   Challenges and Opportunities

   Professor Dr Madan Prasad Upadhyaya

Nepal Has made remarkable progress in eye care in the last 54 Years, that I have witnessed since 1966, initially as a Medical Officer in Eye Department of Bir Hospital and later as an ophthalmologist in different capacities and roles. A slow progress in 1970s witnessed most rapid progress in the decade of 1980s; and a steady progress in subsequent years with an accelerated phase after launching of Vision 2020: The Right to Sight. After recapitulating the major milestones and achievements till 2020, the presentation summarizes the challenges confronting Nepal’s eye care, the opportunities available to take eye care to next higher heights. This, to be driven by a sizeable, specialized workforce of close to 3000 youthful ophthalmologists, Optometrists and Ophthalmic Assistants and now, with integration of eye care in general health, general health workers in thousands at grassroots levels. Nepal is already a leader in eye care among Least Developed Countries (LDCs) and now has an opportunity to carve out a niche for itself among Low- and Middle-Income countries (Nepal is aspiring to graduate to LMIC in 2022). The presentation illustrates how application of advances in humanity, science and technology can address challenges of inadequate access to eye care, uneven quality, and inequity in services utilization by different groups of populations through an integrated people-centered comprehensive eye care system.
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About the speaker:

Prof. Dr. Madan Prasad Upadhyay is the Chairman Emeritus of B.P. Eye Foundation, Kathmandu which has been working as a pioneer in the field of ophthalmic health since its establishment in 1991. One of the well-known achievements of the organization is the establishment of the B.P. Koirala Lions Center for Ophthalmic Studies in collaboration with the Institute of Medicine, Tribhuvan University in 1996 and B.P. Eye Foundation - Hospital for Children Eye ENT and Rehabilitation Service (CHEERS).

2. Ophthalmology education in Nepal

Professor Dr. Badri Prasad Badhu

Medical educators emphasize on facilitating active learning for acquisition of knowledge, skills, and professional as well as moral values. The methods of education include structured lectures with learning objectives, group discussions, role playing, participation in seminars and practical skill learning under supervision.

The history of ophthalmology education in Nepal is relatively short as compared to that of many other countries. Till date there are four universities that impart postgraduate level ophthalmology education in the country. The differences in curricula, teaching methods and evaluation process between the institutions may produce its graduates with varying levels of competencies.

Maintaining the expected standards of clinical skills of ophthalmic graduates is primarily the responsibility of teaching institutions which should take steps to minimize the discrepancy between the clinical knowledge and clinical performance amongst the graduates for improvement of the quality of our eye health care system.
About the speaker:

Prof Badri P Badhu is currently working as a Professor and Head of Department of Ophthalmology at Birat Medical College and Teaching Hospital, Budhiganga-2, Biratnagar, Nepal. He was in BP Koirala Institute of Health Sciences, Dharan, Nepal since his post-graduation in ophthalmology from the Institute of Medicine. He is acknowledged for initiating the concept of EROPHCON in the eastern region of Nepal. He is the founder Editor-in-Chief of the Nepalese Journal of Ophthalmology-an academic and Immediate Past President of Nepal Ophthalmic Society.

3. Eye Care Services in Nepal

Dr Gopal Prasad Pokharel

Development of Eye Care in Nepal started from 1981 after Nepal Blindness Survey in 1981. Prior to it, rudimentary eye care as provided through eye departments at Bir Hospital, Koshi Hospital and Pokhara Hospital and recently opened Nepal Eye Hospital in Kathmandu. There were less than 10 ophthalmologists and seven were posted in Kathmandu. Nepal Blindness showed that Cataract, Trachoma and Trauma were main causes of Blindness.

Establishment of Eye Hospitals: The results of the survey helped in planning eye hospitals in Terai region where the blindness was very high; cataract all over and Trachoma in the far western part of Nepal. Subsequently eye hospital opened in the eighties; TU Teaching Hospital, Geta Kailali, Nepalgunj, Dang, Bhairahawa, Birgunj, Bharatpur, Janakpur, and Biratnagar. In the nineties Pokhara, Mechi and score of secondary eye hospitals and Primary eye care Centers opened. Large number of medical colleges were also established, and private eye hospitals opened and started providing eye care.

Academics: A new cadre of eye care "Ophthalmic Assistants" were trained in early eighties to support the newly opened eye hospitals. Institute of Medicine started MD program and later
National Academy of Medical Sciences and some of the medical colleges also joined hands and started MD program. Some eye hospitals including TUTH are running Optometry courses and several eye hospitals are conducting Ophthalmic Assistants training program.

**Service delivery:** Twenty eye hospitals, medical colleges, private eye hospitals, 14 secondary eye hospitals and 150 primary eye care centers provide eye care services and almost 400,000 surgeries and 5,000,000 consultations took place in the year 2019. Tertiary level hospitals provide all subspecialty services including laser surgeries. Prevalence of Blindness has reduced from 0.84% (117,000 blind in 1981) to 0.35% (120,000 blind in 2012) as the population has more than doubled in the last three decades. The work ahead is not easy, and effort needs to be strengthened further.

**Future:** WHO/IAPB have suggested to provide comprehensive eye care at all levels, excellence in quality of care, equitable eye care, Social protection program including eye health insurance, up gradation of present services. Research and publishing of articles has lagged which needs attention. Integration of primary eye care in Govt. Health Care system should planned and implemented at least at the community level.

**About the speaker:**

Dr. Gopal Prasad Pokharel, a recent recipient of the Vision excellence awards awarded by the International Agency for Prevention of Blindness (IAPB) for his role of delivery of VISION 2020, is working as a medical officer with the World Health Organization (WHO). Dr Pokharel was a key player in population-based prevention of blindness surveys in Nepal, India, and China, along with refractive error surveys in these countries, and South Africa. He has chaired the institutional research review board at Nepal Netrajyoti Sangh and represented at Nepal’s apex eye care body.
Invited speakers:

1. Role of OCT in diagnosis of Glaucoma

Sanjay Kumar Daulat Thakur

Optical Coherence Tomography (OCT) of the optic nerve head (ONH) and Macula - Retinal Nerve Fiber Layer (RNFL) and Ganglion Cell layer (GCL) can be used as a screening tool for glaucoma and diagnose early pre-perimetric glaucoma. Also, the loss of RNFL can be quantified with OCT and hence it can be used for monitoring the progression of the disease.

About the speaker

Dr. Sanjay Kumar Daulat Thakur is the Professor and HOD of Ophthalmology at Midnapore Medical College & Hospital, Midnapore, West Bengal, India. After completing residency in Ophthalmology in 1994, he joined BP Koirala Institute of Health Sciences, Dharan, Nepal as Senior Resident and later as an Assistant Professor. He then joined West Bengal Medical Education Services and has worked in different capacities in Regional Institute of Ophthalmology, Kolkata, North Bengal Medical College and Midnapore Medical College, and now has a total experience of more than 25 years of teaching undergraduate and postgraduate students. He is an Anterior Segment Surgeon with keen interest in Cataract and Glaucoma. He also did a fellowship in Glaucoma from University of Wisconsin, Madison, USA, 2008. He has received many national and international awards. He has about 46 publications, of which 33 are indexed publications (PubMed) in different peer reviewed journals and many presentations globally. He has also delivered scientific presentations in Ophthalmology at national and international forums.
2. Simple corneal procedures to improve aesthetic and vision

Sanjay Kumar Singh, Biratnagar Eye Hospital, Biratnagar, Nepal

Nepal has one of the highest incidences of corneal ulceration in the world and corneal scar is one of the important causes of corneal blindness in developing countries. We encounter corneal thinning, corneal perforation, superficial corneal lesions (Salzmann nodular degeneration, band shaped keratopathy) and corneal scar in our day-to-day clinical practices. In my presentation I will be discussing corneal procedures to deal with these corneal conditions.

About the speaker

Professor Dr Sanjay Kumar Singh started as an ophthalmologist at B.P. Koirala Lions Centre for ophthalmic studies in 1996 and subsequently joined Mechi Eye Care Centre (now Mechi Eye Hospital) as founder Medical Director. He finished his long-term fellowship in cornea from LVPEI in 2000 and started keratoplasty services on regular basis in the Eastern Region. He also started pioneering phacoemulsification surgery from 2000. He completed MSc Community Ophthalmology from LSHTM in 2005. He started Biratnagar Eye Hospital as a founding medical director on 2006 and was promoted to program director of EREC-P in 2012. He has multiple publications in national and international journals. He is also the past president of Nepal Ophthalmic Society.

3. Challenges and management of mechanical ptosis in neurofibromatosis of upper lid

Dr. Prerna Arjyal Kafle¹, Dr. Diwa Hamal¹, Dr. Sabin Sahu²

¹Biratnagar Eye Hospital, Biratnagar ²Sagarmatha Chaudhary Eye Hospital, Lahan

Neurofibromatosis (NF) is a multisystem disorder and tumor predisposition syndrome caused by genetic mutation. There are type 1 and type 2 neurofibromatosis depending upon the affected
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chromosome. NF1 is the form with the most characteristic ocular manifestations. It affects 1 in 3000 live births and is autosomal dominant. Among many clinical features plexiform neurofibroma is one of the presenting features that cause ptosis leading to amblyopia and cosmetic problem. Here we are presenting 3 cases of neurofibroma of the upper lid presenting at Biratnagar eye hospital and the challenges faced in managing the cases.

About the speaker:

Dr Prerna Arjyal Kafle is a consultant ophthalmologist, cataract and oculoplasty surgeon and the head of Oculoplasty department at Biratnagar eye hospital, Biratnagar, Nepal. She completed her long-term fellowship on previous and Oculoplasty from Tilganga institute of ophthalmology in 2016 and short-term observation fellowship in Oculoplasty from Aintree International Hospital, Liverpool in 2019. She is an astute researcher and prolific scholar with numerous scientific publications and presentations.

4. Management of Pediatric Cataract

Purushottam Joshi, Mechi Eye Hospital, Birtamode, Jhapa

Despite improvements in healthcare systems, pediatric cataract remains one of the most important causes for preventable blindness in children. Pediatric cataract is one of the most challenging conditions in term of management as it is different from adults because of the anatomically younger ocular tissues, continuous ocular growth, and other associated structural anomalies; and the results are often less than ideal. There is no consensus in the timing of surgery, the IOL implantation, the IOL calculation formula, the choice of IOL, visual rehabilitation – the correction of aphakia or target refraction. Indications for cataract surgery in children are much more difficult to determine as subjective visual acuity cannot be obtained and greater reliance must be placed on the morphology and location of the lens opacity, and the behavior of the child. We already have a Pediatric Cataract
Surgery protocol endorsed by NOS. This presentation discusses different aspect related to the management of Pediatric Cataract Surgery and adds up to the existing Pediatric Cataract Surgery Protocol.

About the speaker

Dr. Purushottam Joshi is the medical director of Mechi Eye Hospital and a consultant Cataract, Vitreo-retina and Pediatric ophthalmologist. He completed his pediatric ophthalmology fellowship form Shroff Eye Hospital, New Delhi and VR fellowship from Netherlands. He is also the General Secretary of Nepal Ophthalmic Society, president of the eastern chapter of Nepal Ophthalmic Society and Editor of Nepalese Journal of Ophthalmology. He has numerous publications and presentations in the ophthalmic field.

5. Proliferative Diabetic Retinopathy: Prevention and Treatment

Lalit Agarwal, Vitreo-retina department, Biratnagar Eye Hospital, Biratnagar, Nepal

Diabetic retinopathy (DR) is the leading cause of blindness among working age adults around the world. Each year more and more people live with this condition, which can result in life-changing complications. Patients with severe levels of DR, like proliferative diabetic retinopathy (PDR), are reported to have poorer quality of life and reduced levels of physical, emotional, and social well-being, and they utilize more health care resources.

The detection and treatment of sight threatening DR at an early stage is essential to ensure improved long-term outcome. Timely treatment with laser photocoagulation, and increasingly, the appropriate use of intraocular administration of vascular endothelial growth factor (VEGF) inhibitors
can prevent visual loss in vision-threatening retinopathy. Improved techniques, along with major advances in minimally invasive vitreoretinal surgery are all driving a trend towards earlier vitrectomy in proliferative diabetic retinopathy.

**About the speaker:**

Dr. Lalit Agarwal is the Head of Department of Vitreoretina (since 2011) and Assistant professor of Ophthalmology (National Academy of Medical Sciences, Nepal) working at Biratnagar Eye Hospital, Nepal. He has presented papers in several national and international conferences and published original articles in indexed Journals. He is experienced with more than 3,000 vitreoretinal surgeries; examined more than 60,000 vitreoretinal cases. He is also the member of National Diabetic Retinopathy Management Guideline Development Committee, Nepal.

6. **Precision “ophthalmology” in Branched Retinal Vein Occlusion (BRVO): How far are we?**

**Anadi Khatri (K.C.), Birat Eye Hospital, Biratnagar**

Branched retinal vein occlusion (BRVO) is one of the most common vascular pathology of the retina. It is usually treated with intravitreal Anti-VEGF agents or steroids or with lasers. Even with a common consensus and a straightforward treatment protocol which is widely followed globally in treatment of the BRVO, the outcomes differ greatly. Despite the availability of therapy that is highly effective in clinical trials, clinical outcomes in practice remain suboptimal and consistently fail to achieve those reported in registration phase of such clinical trials.

We will be discussing why such discrepancy may exist in this scientific report.

**About the speaker**
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Dr Anadi Khatri (K.C.) is the co-Founder and Head of Vitreoretina Services and clinical chief of Birat Eye Hospital, Biratnagar, Nepal. He is also working as a lecturer at Birat Medical College and Teaching Hospital, Biratnagar, Nepal. Dr Khatri is also an executive member of the Nepal Ophthalmic Society and an active researcher and scholar with numerous presentations and publications at national and international forums.

7. Recent advances in medical and surgical management of Glaucoma

Bhaskar Jha, Golcha Eye Hospital, Biratnagar

Glaucoma is a leading cause of bilateral blindness, glaucoma is thought to affect around 70 million people worldwide, 10 percent of whom are estimated to be bilaterally blind. Given that glaucoma is associated with ageing, it is estimated that by 2020 around 80 million people will have glaucoma. While the exact pathophysiology of the condition remains unclear, the result of glaucoma is progressive loss of neurons in the retinal nerve fiber layer leading to visual loss and eventual blindness in untreated cases.

Lowering intraocular pressure (IOP) remains the primary focus of glaucoma management, and it is the goal of current and new therapies. Five groups of IOP-lowering eye drops have varying mechanisms of action. Some drops, such as β-blockers and α-2 agonists, have potentially serious systemic side effects. Acetazolamide is the only available oral agent; it is effective at lowering IOP, but significant side effects relegate its use usually to refractory glaucoma. Two new eye drops, Netarsudil and Latanoprostene Bunod, have recently been approved by the United States Food and Drug Administration. Both have novel IOP-lowering mechanisms and target the conventional aqueous outflow system.
As in the treatment of all chronic relatively asymptomatic conditions, adherence to topical eye drop therapy remains one of the toughest challenges in the management of glaucoma. Even in a study in which patients knew they were being monitored with an electronic device; they did not consistently take their drops in 45% of cases. There are multiple reasons for reduced treatment adherence, including medication side effects, poor understanding of treatment aims, poor instillation techniques (including physical barriers, e.g., arthritis and tremor), and cost.

Selective laser trabeculoplasty is a gentle treatment that enhances conventional aqueous outflow. It may be used as an initial treatment, as a substitute for eye drops, or to delay glaucoma drainage surgery.

Recent advancements in glaucoma surgery have seen an influx of minimally invasive glaucoma surgery devices, which are being used more frequently and earlier on in the treatment paradigm. As limited long-term data are available, trabeculectomy remains the gold standard IOP-lowering procedure. Improvements in drug delivery are on the horizon. Drug-eluting devices and implants can deliver the drug closer to the receptors for an extended period. This will improve treatment adherence and efficacy, which are major limitations with current medical therapy.

About the speaker:

Dr. Bhaskar Kumar Jha is the medical director and consultant Glaucoma specialist working at Ram Lal Golcha Eye Hospital Foundation, Biratnagar, Nepal. He completed his fellowship in Glaucoma from Tilganga institute of ophthalmology, Kathmandu in 2017 and established Glaucoma Eye Clinic at the Golcha Eye Hospital in 2019. He is active in research with more than a dozen publications and many presentations at scientific gatherings.
Subspecialty: CORNEA

1. Evaluation of the efficiency of Gram and KOH-stained smear in the management of Keratitis

Prija Poudyal, Sanjay Kumar Singh, Amit Rajbanshi, Afaque Anwar

Biratnagar Eye Hospital, Biratnagar, Nepal.

Introduction: Keratitis, being an ocular emergency, requires rapid and accurate treatment to prevent vision impairment. Wet mount direct microscopy examination of corneal scrapping smear using Gram and 10% Potassium hydroxide stain (KOH) can provide great help in early diagnosis and treatment.

Objective: The main objective of this study is to evaluate the sensitivity and specificity of these two stains as compared to culture findings in diagnosis of infective keratitis.

Materials and Methods: A total of 4,631 corneal scrapping samples were received in the Department of Ophthalmic Pathology and Laboratory Medicine over 2 years from January 2018 to December 2019. The samples were stained with Gram and 10% KOH stain and examined under light microscopy. Subsequently, these samples were also received after inoculated directly onto the surface of solid media such as blood agar, chocolate agar and Sabouraud dextrose agar. When Acanthamoeba cysts were detected in microscopy, further culture was done in non-nutrient agar laden with E. Coli.

Results: Corneal stains were positive in 3538 (76.4%) patients. Culture showed growth in 2660 (57.4%) cases. For bacterial organisms, Gram stain showed a sensitivity of 73.2% and specificity of 94.9 %. Whereas 10% KOH revealed sensitivity of 95.6% and specificity of 60.4% for fungal isolates.

Conclusions: Direct light microscopy has played a vital role as a screening test in the rapid diagnosis and management of the corneal ulcer. It has helped to start the prompt antimicrobial treatment within an hour. Gram stain had a greater role to diagnose bacterial organisms whereas KOH showed great
importance in detecting fungal organisms and Acanthamoeba. In a country like Nepal with difficult terrain structures, making access to eye hospitals impossible, a simple microscope with trained personnel to interpret the microscopy results in eye care centers would play a significant role in managing keratitis and therefore to decrease the visual disability and ocular morbidity.

**Keywords:** culture, gram stain, keratitis, potassium hydroxide.

2. Central Corneal Thickness (CCT) changes following Small Incision Cataract Surgery (SICS) in Diabetic and Non-diabetic patients: A comparative study

Zahir Ansari, Sangeeta Shah, Poonam Lavaju

Department of Ophthalmology, B.P. Koirala Institute of Health Sciences, Dharan, Nepal

**Introduction:** Cataract surgery is known to change the corneal morphology including central corneal thickness (CCT), which is more pronounced in diabetic as compared to non-diabetic patients. The structural corneal changes associated with Diabetes mellitus, a lesser studied pathology. In Nepal, the socio-economic status of people favors manual small incision cataract surgery (SICS) than phacoemulsification.

**Objective:** To compare mean central corneal thickness changes between diabetic and non-diabetic patients pre and post SICS.

**Material and methods:** A hospital-based comparative prospective study was conducted among 112 eyes, 56 diabetics and 56 non-diabetics meeting inclusion criteria, and undergoing manual SICS were enrolled. Central corneal thickness was measured using the ultrasound pachymeter probe preoperatively and followed up on postoperative days 1, 7 and 30. Data were analyzed using descriptive and inferential
statistics, all tests were performed at 95% Confidence Interval (CI) and p-value <0.05 was considered statistically significant.

**Results:** Comparing diabetic and non-diabetic groups, statistically significant differences were observed in their age groups (p=0.001), gender (p<0.001) and morphology of cataract (p<0.001). Most of diabetic patients 44(78.6%) having adequate glycemic control (HbA1C:4-6.7%). Diabetic corneas were thicker (549.5±35.2μm), as compared to non-diabetic (528.18±29.427μm). Independent sample t-test demonstrated statistically significant differences in mean CCT on postoperative day 7 (diabetic-594.59μm, non-diabetic-569.82μm, p<0.001) and day 30 (diabetic-571.27μm, non-diabetic-540.59μm, p<0.001). CCT changes between pre-operative and post-operative day 30 (D30-D0) in diabetic were 21.55±12.8μm and non-diabetic 13.03±8.82μm at statistically significant p-value (p<0.001). Multivariate regression analysis demonstrated baseline CCT (p=0.025), morphology of cataract (p=0.035) and duration of diabetes (p=0.026) as significant factors influencing CCT changes after SICS.

**Conclusion:** Diabetic corneas are thicker, and thickness increases more significantly after cataract surgery as compared to non-diabetic patients, even diabetic having adequate glycemic control (HbA1C). Evaluating central corneal thickness routinely even before cataract surgery also, helps us to identify high-risk corneas. Hence, those high-risk eyes need to be handled more cautiously, both intraoperatively and postoperatively.

**Keywords:** Cataract, CCT, diabetic, manual SICS

**Subspecialty:** NEURO-OPHTHALMOLOGY


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Objective: To evaluate the trends of acquired ocular motor nerve palsy in an eye care center without a dedicated neuro-ophthalmology setup based in Eastern region of Nepal.

Materials and methods: A retrospective, cross-sectional study was conducted. Medical records of all the patients with newly diagnosed acquired ocular motor nerve palsy were reviewed. All the patients underwent comprehensive ocular examination by general ophthalmologist and detailed orthoptics evaluation by an optometrist. Necessary blood investigations were obtained, and neuroimaging were ordered as appropriate. Neurology and otorhinolaryngology consultation were advised in indispensable cases.

Results: A total of 167 patients were included in this profile. Sixth cranial nerve was found to be the most affected ocular motor nerve followed by third, fourth and combined ocular motor nerves, respectively. Males were predominantly affected with male: female ratio of 2.63:1. The overall mean age of the patient was $45 \pm 15.33$ (15 – 82) years. Diplopia was the major complaint for presentation. The etiology was undetermined in 68/167 (40.7%) cases whereas among the identifiable causes; vascular etiology accounted for 58/167(34.7%) cases followed by trauma in 22/167(13.2%) cases.

Conclusion: The trends in distribution and etiology of ocular motor nerve palsies can be constant even though separated by geographical location. Ocular motor nerve palsy should be examined and diagnosed properly with collaboration with other specialist where there is lack of sophisticated complementary investigations. Multi-disciplinary approach is recommended which may cover up for the lacunae of under diagnosis and indeterminate etiology.

Keywords: Ocular motor nerve palsies, Third Fourth and Sixth Nerves, Eastern Nepal

2. Subdural Hygroma and Intracranial Hypertension with bilateral disc edema and hyperemia: A diagnostic dilemma and clinical course
Background: Optic disc edema can be seen due to many local and systemic causes out of which perioptic subdural hygroma is relatively rarer occurrence, only few hundreds of cases reported globally. Here we present a similar case of bilateral hyperemic optic disc and disc edema with perioptic subdural hygroma and intracranial hypertension.

Case discussion: A 20-years female presented with complain of sudden onset, painless, progressive diminution of vision in both eyes (RE>LE) for 2 days. Visual Acuity of Right Eye was 1/60 and Left Eye was 6/60. Pupil in RE ~ 3mm, RR, RAPD +, LE ~ 3mm, RR, D+, C+(sluggish). Rest of anterior and posterior segment were unremarkable except for retina in both eyes which showed blurring of disc margin, elevated and hyperemic disc with obliterated cup disc ratio. MRI brain and orbit showed Chronic subdural hematoma or subdural effusion in right frontoparietal convexity, left high parietal and frontal region subacute hematoma, Partial empty sella, enlarged B/L optic nerve sheath complex and flattening of B/L globe. Visual Field Analysis showed hemianopic field defect in right eye and infero-temporal arcuate defect in left eye. Neurosurgical intervention was done for persistently elevated intracranial pressure. Intraoperative subdural hygroma was found. There was no significant improvement in vision post-operatively. Follow up scan showed recurrence of subdural hygroma.

Conclusion: Our report emphasizes the importance of neuroimaging (MRI) and visual field analysis in the early diagnosis of visual pathway disorders. Neurosurgical intervention for Cerebrospinal fluid drainage in cases of subdural hygroma reduces intracranial pressure, which may improve vision when done at early course, but, if delayed, visual prognosis becomes poor as in our case.

Keywords: disc edema, intracranial hypertension, subdural hygroma
Subspeciality: COVID-19 and Eye


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Introduction: Being an added high-risk group, ophthalmic HCP are actively providing emergency eye care services, also enthusiastically participating in prevention and control of the COVID-19 pandemic.

Objective: To assess the level of knowledge, attitude, and practice (KAP) among ophthalmic HCP towards COVID-19 pandemic across the country.

Materials and methods: A web-based cross-sectional study was conducted during the period of lockdown among ophthalmic HCP including consultant ophthalmologist, resident, optometrist, ophthalmic assistant, nursing staff, and other paramedics of eye care centers in Nepal. The KAP questionnaire was designed and distributed online. Data were analyzed using the Chi-square test, Pearson correlation, and binary logistic regression. All tests were performed at 95% Confidence Interval (CI) and p-value<0.05 was considered statistically significant.
**Results:** Of 694 participants, the majority were male (59.1%) from the age group 31-40 years (41.5%) and tertiary eye center (68.9%). Among ophthalmic HCP, there were 29.8% consultant ophthalmologist, 22.6% residents, 23.3% optometrist, 15% ophthalmic assistant, and 9.2% other ophthalmic paramedics, 11.7% working as front-liners in COVID-19 centers. Findings showed, 98.1% had good knowledge, 59.4% had a positive attitude and only 13.3% had good practice regarding COVID-19. Binary logistic regression analysis demonstrated the age of HCP to be a significant determinant of good knowledge (Crude Odds Ratio (COR)=0.72, 95%CI=0.62-0.82), positive attitude (COR=0.92, 95%CI=0.90-0.94) and good practice (COR=1.16, 95%CI=1.10-1.21). Lower odds of poor practice was seen among junior resident (COR=0.26, 95% CI=0.14-0.47) and higher odds of poor practice was seen among HCP with job experience of 5-10 years (COR=2.38, 95% CI=1.23-4.60) towards COVID-19 pandemic.

**Conclusion:** The majority of ophthalmic HCP have good knowledge, insufficient positive attitude, and inadequate evidence-based practice towards the COVID-19 pandemic in Nepal.

Hence, this study conclusively recommends modifying existing guidelines and formulate new policies to improve KAP among ophthalmic HCP to effectively control the spread of COVID-19.

**Keywords:** Knowledge, attitude, practice, KAP, COVID-19, ophthalmic, HCP, Nepal

2. **Working in a COVID-19 dedicated hospital**

Abinash Kumar Jha, Consultant Ophthalmologist, Koshi Hospital

On 31 December 2019, WHO was informed of case of pneumonia of unknown cause in Wuhan city, China. A novel corona virus was identified as the cause on 7 January 2020. On 11 March 2020, WHO announce the outbreak as pandemic.1st case of corona virus was detected on 23 January 2020 and Nepal
government announced a nationwide lockdown on March 24 following confirmation of country’s second case of COVID-19.

On 18/04/2020, 13 cases were confirmed for coronavirus at province 1 and was brought to COVID-19 dedicated Koshi hospital. Training program was started as early as government announced nationwide lockdown on 24th of March 2020 at Koshi hospital. Training on hand washing techniques, use of personal protective equipment (how to wear and discard after use), CPR, Intubation, triage was given at Koshi hospital to battle against COVID-19.

Every staff of the hospital were divided into multiple groups and duty list for the COVID-19 dedicated hospital was made. One must do a 1-week duty (6 hours shift) followed by 2 weeks of quarantine. PCR was done on 10th day of last exposure to risk group and on 14th day we could go home if RTPCR report was negative. COVID-19 dedicated hospital was divided into 2 zones – green zone and red zone. Green zone was for the duty staffs where we spend most of the hours and monitor the patient through CCTV and donning of PPE was also done in green zone. COVID-19 positive patients were kept in red zone.

On duty, we must take vitals 6 hourly. Routine investigation was done for all cases on the day of admission. History taking and contact tracing was done through phone calls. Recording of the development of new symptoms was done if present. All the patients admitted to our hospital at that time was asymptomatic. 2 had diabetes mellitus type 2 and 1 was hypertensive. All were under medication. Disposal of the waste products was done in two phases. In first phase, the waste product was kept in chlorhexidine for 5 minute and in the next phase they were incarnated. At the last day of my COVID-19 duty, 11 patients were discharged as their reports were negative and there was a moment of relief.

**Keywords:** Experience, COVID-19, Eastern region, COVID dedicated hospital
Subspeciality: CATARACT / GENERAL OPHTHALMOLOGY


Suresh Rasaily, Rapti Eye Hospital, Dang, Nepal

Objectives: To report ethnic variation in utilization and visual outcome of hospital based free cataract surgery in mid-western region of Nepal.

Materials and methods: Prospective cross-sectional study was conducted from January 2018 to December 2019 in which all consecutive cases who were screened at diagnostic, screening, and treatment (DST) camps transported to and operated in the base hospitals at free of cost were included. Each patient was categorized ethnically as per ethnic code defined by health management information system. The utilization of free surgery, visual outcome, complications, and intraocular lens power implanted in various ethnic groups was evaluated. Visual outcome of each operated case, on day 1 of operation and 6 weeks post-operatively was categorized as per World health organization guidelines and variation among various ethnic groups was statistically analyzed.

Results: A total of 2383 operations (Male 48.8% and Female 51.2%) were performed in 3 base hospitals. The mean age of patients was 65.88 ± 10 (12-100 years). Out of total, upper caste occupied 767 (32.2%) operations, followed by disadvantaged Janjatis 717 (30.1%), Madhesis 385 (16.2%), Dalits 261 (11%), Muslims 172 (7.2%) and advantaged Janjatis 18 (0.8%). Pre-operatively, 1129 (44.4%) eyes were blind, followed by 552 (23.2%) and 749 (31.4%) severely and moderately impaired. Six-weeks post-operatively, visual outcome was good (95%), borderline (4.1%) and poor (0.9%). The mean intraocular lens (IOL) power was 21.8 ± 2.1 ranging from 6-30 diopter. However, differences in visual outcome and mean IOL power among various ethnic groups was not statistically significant.

Conclusion: Hospital based free cataract surgery was proportionately utilized by various ethnic groups with excellent visual outcome with minimal complications.
Keywords: Ethnicity, Marginalized groups, Cataract surgery, Hospital based

Subspeciality: GLAUCOMA

The clinical characteristics of patients with glaucoma presenting to Bharatpur Eye Hospital: an observational study

Ranjit Sah, Bharatpur Eye Hospital, Bharatpur, Nepal

Introduction: Glaucoma is the second leading cause of blindness worldwide. It is estimated that by the year 2020 there will be 79.6 million people having glaucoma. Improved methods of screening and therapy for glaucoma are urgently needed.

Objectives: This study is designed to establish the clinical characteristics of patients with glaucoma visiting Bharatpur Eye Hospital and aimed to calculate the number of new diagnoses of glaucoma.

Materials and methods: This is a prospective, hospital-based, observational study. All patients with a diagnosis of glaucoma were invited to participate. Examination findings, diagnosis, and management were recorded. Patient knowledge and understanding of glaucoma were collected by a structured questionnaire.

Results: Among 127 patients 52.8% were new diagnosed glaucoma. Many patients (59.8%) were symptomatic for more than 6 months. The mean presenting intraocular pressure was 20.86 mm Hg with an SD of 11.55 mm Hg. Only 44.9% of the participants had heard about glaucoma. Many participants (65.4%) did not have knowledge of glaucoma. Among 127 participants 9.4% had a family history of glaucoma.

Conclusion: Glaucoma is a significant burden that presents challenges to ophthalmic services in Chitwan. Many patients have a limited understanding of the condition and poor access to services. There is a need to develop a treatment infrastructure and increase awareness among the people.
Subspeciality: OCULOPLASTICS

1. Supratarsal Injection Triamcinolone for Upper eyelid retraction in Thyroid Eye Disease: Does it work?

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\textsuperscript{1}Sagarmatha Choudhary Eye Hospital, \textsuperscript{2}Biratnagar Eye Hospital

**Introduction:** Thyroid eye diseases (TED) have variable ocular presentations. Upper eyelid retraction is the most common clinical sign observed in about 90\% of patients with TED. Inflammatory swelling and fibrosis of extraocular muscles are mainly responsible for most signs in TED, but pathophysiology of eyelid retraction is not clear. Various mechanisms like enhanced sensitivity of Muller’s muscle to adrenergic stimulation, proptosis, secondary overactivity of levator muscle and superior rectus, and fibrosis and adhesion between levator and adjacent tissue are suggested. Steroid therapy is a well-established method of treatment in TED through different routes like oral, orbital, or periocular injection and intravenous injection because of its anti-inflammatory and immune-suppressive actions. Triamcinolone acetonide is a long-acting potent steroid, which is effective for treatment of various inflammatory ocular conditions.

**Objective:** The objective of the study is to find the efficacy and safety of supratarsal injection triamcinolone for upper eyelid retraction in thyroid eye disease.

**Methodology:** After upper lid eversion, a dose of 0.5ml of triamcinolone acetonide (40mg/ml) was injected into the subconjunctival space between conjunctiva and Muller’s muscle, at the upper margin of the tarsus. A single dose of injection was given in a case of unilateral and a case of bilateral upper eyelid retraction. Photographs were taken before the injection and at the follow-up visits, and parameters like margin reflex distance 1 (MRD1), vertical fissure height (VFH), lagophthalmos, proptosis, Clinical Activity Score were measured at each visit.

**Results:** Significant improvement in upper eyelid retraction was seen in all eyes with improvement of all lid parameters. The improvement was most significant in the first two months and was relatively stable.
after that. The increased intraocular pressure was seen in a case as complication, which was well controlled using anti-glaucoma eye drops.

**Conclusion:** Supratarsal injection triamcinolone is a simple yet effective treatment option which works well for recent onset upper eyelid retraction associated with TED.

**Keywords:** eyelid retraction, supratarsal injection triamcinolone, thyroid eye disease

2. **A rare case of bleeding right eye upper lid capillary hemangioma in a patient with Dandy Walker Syndrome**

Ravi Kumar Maharjan, Poonam Lavaju, Sangeeta Shah, Santosh Chaudhary

Department of Ophthalmology, BPKIHS, Dharan

**Background:** Though capillary hemangioma is one of the common vascular tumors in children with spontaneous resolution, its occurrence with multisystem involvement (PHACE) is rarely documented. Here, we present a rare case of Dandy Walker Syndrome with bleeding capillary hemangioma of lid.

**Case description:** A 3-months old female child presented with history of bleeding for 2 days from the ulcerated wound of a mass which was present since birth and rapidly increasing in size over right periorbital region extending temporal laterally.

On Examination, vision could not be assessed on the right eye as overlying mass completely prevent opening of eye while child resists occlusion while trying to cover left eye with occluder. A mass measuring approximately 6cm x 5cm on right side of face over the temporal half of eyebrow and upper eyelid with thickening and darkening of the overlying skin and fleshy ulcerative surface underneath. Anterior and posterior segment of the eye were grossly normal. LE examination was within normal limits.
MRI of brain and orbit showed the features suggestive of lid hemangioma and Dandy Walker syndrome.

Patient was planned for excisional biopsy with lid reconstruction to prevent amblyopia.

**Conclusion:** Detail systemic examination is mandatory in a case of capillary hemangioma for timely diagnosis and management.

**Keywords:** Hemangioma, PHACE syndrome, Dandy Walker syndrome

### 3. A case of lid hematoma with inferior dystopia secondary to bleeding disorder due to hypothyroidism

Puspa Upadhyaya P, Poonam Lavaju, Sangeeta Shah, Santosh Chaudhary

**Background:** Ocular manifestations can also be symptoms of underlying systemic diseases. Here, we present a case of a child who presented with unresolving lid hematoma due to underlying hypothyroidism and bleeding diathesis.

**Case description:** An eleven-month young infant was presented with chief complaint of swelling of the right upper lid for 8 days following trauma. It was rapidly progressive in size. On examination of right eye there was tense diffuse upper lid swelling of around 3cm*3.5cm*2cm the inner details of the eye could not be evaluated. LE examination was within normal limits. The blood profile showed deranged CBC, LFT, PT/INR (60/4.8), TFT (TSH-100, FT3-2.51, FT4-1.779). USG abdomen and MRI head and orbit suggestive of hepatomegaly and preseptal hematoma, respectively.

**Conclusion:** In any abnormal case of hematoma, TFT and coagulation profile should be evaluated.

**Keywords:** Hypothyroidism, bleeding disorder
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Subspeciality: MEDICAL RETINA AND UVEA

1. Behcet’s Disease with Multisystemic Involvement in a Young Male

Sudha Ranabhat, Damauli Hospital, Damauli, Nepal

**Background:** We present a case of Behcet’s disease in an adult male based on ocular and multisystemic involvement irrespective of negative skin prick test and HLA B5, 51 serotypes.

**Case Description:** A 30-year male presented with complaint of progressive blurring of vision OU one month and associated with photophobia, redness, and eye-ache. Past history of multiple episodes of similar illness were observed OU eight years which subsided on medication. History of pain in multiple joints for seven years which subsided with treatment. Recurrent painful oral aphthous ulcers six times/year was observed from last seven years. Five years history of multiple recurrent erythematous papulopustular lesion over face, neck, trunk. Genital ulcers were observed over scrotum since one and half months.

On presentation best corrected visual acuity was 6/9 OU with intraocular pressure 16 mm of Hg OD and 13mm of Hg OS. Clinical ocular examination of anterior segment revealed presence of occasional cells OU. Posterior segment examination showed barrage laser scars OU in superior peripheral retina.

Blood investigation showed raised CRP and ESR, however HLA B5, HLAB51 and pathergy test were negative. Bilateral X-ray knee is suggestive of arthritis.

**Conclusion:** Behcet’s disease (BD) is a rare, autoimmune, multisystemic inflammatory disease characterized by recurrent oral aphthous ulcers, genital ulcers, skin lesions, anterior or posterior uveitis. As there is a lack of a universally recognized pathognomonic test, BD diagnosis is primarily based on International criteria for behcet’s disease (ICBD). Multidisciplinary approach could help in early diagnosis and preventing morbidity.
Keywords: Behcet’s disease, pathergy test, HLAB5, HLAB51, Uveitis

2. Management of chronic central serous chorioretinopathy

Ashma Manandhar, Department of vitreo-retina, Biratnagar eye hospital.

Central serous chorioretinopathy (CSCR) is the fourth most common retinopathy after age-related macular degeneration, diabetic retinopathy, and branch retinal vein occlusion. It affects male in their 20s to 50s, which is the most productive years of their life while in female it usually affects at older age. They usually present with central visual loss or distortion. Patients may also present with micropsia, metamorphopsia, hyperopic or myopic shift, central scotoma, decreased color and contrast sensitivity. Till date its exact mechanism is not known but is thought to occur due to hyper-permeable choroidal capillaries, which, in association with retinal pigment dysfunction, cause a serous detachment of the neurosensory retina. Most of its acute cases resolves by itself and no treatment is needed unlike the chronic cases. Management of chronic cases consist of modification of risk factors with various treatment modalities which includes medical and surgical modalities. Medical management consist of oral aldosterone antagonist, antivascular endothelial growth factor, helicobacter pylori treatment. Surgical management consist of photo dynamic therapy and subthreshold multifocal laser.

Keywords: Central serous chorioretinopathy (CSCR), medical management, surgical management
My dear colleagues,

This conference comes at a time when the world’s attention is focused on COVID-19, but it is important not to lose sight of the continuous updates occurring in ophthalmology which on long term is very essential for the growth, refinement and polishing of eye care services in Nepal.

I am also very pleased that we are trying to "crank up" the long halted physical meetings with new innovative “hybrid” forum. It has given us an opportunity to mark an "evolution" in hopes that the event will not only reach wider community but also start becoming inclusive.

An important priority of this event which reflects the true spirit of the Nepal ophthalmic society (NOS) (inclusive of all its other chapters), is about collaboration and partnerships. This is more important today than ever and this forum is an excellent example of bringing together so many different stakeholders for the common good. We have not just limited our program to scientific sessions but also have dedicated session to bring up issues faced by many ophthalmologists on an open floor and discuss on how we can solve them. This I believe will be the new trend setter and will gain continuity in the future.

I am very grateful to the organizing committee members and advisors who have worked hard and dedicated their time in making this event a success. At the same time, I am thankful to all the speakers and participants who have contributed. I thank you all for your continued support on the objective of building inclusive knowledge and information societies.

I am sure we are all encouraged to see such positive momentum and I look forward to working with our ever-wider sphere to bring the benefits of today’s technology, scientific reports, updates, and surgical techniques to everyone, everywhere.

I look forward to seeing you all at EROPHCON where we need to take account of the lessons learned from our novel past and present to benefit the future.

Thank you very much for all the encouragement and support without which this event would not have been possible.

Dr. Anadi Khatri K C
Organizing Secretary