

RETINA FORUM KL 2018

The Retina Forum KL 2018 was organized by the Malaysian Society of Ophthalmology (MSO) on the 30th of June 2018 at Le Meridien Kuala Lumpur and was sponsored by Novartis. Retinal specialists from across Malaysia came together at this forum to present interesting and challenging cases which they had encountered.

The forum began with a welcome note from MSO President Dr. Kenneth Fong who greeted the enthusiastic crowd. Dr. Fong highlighted that one of the reasons why specialists are currently seeing an increase in the incidence of macular holes (MH) is due to the skyrocketing incidence of myopia in East Asia over the last 20 years with 90% of the population suffering from myopia.¹ This high disease burden affects more than 15% of the East-Asian population² and 30% of patients suffering from myopic macular retinoschisis (MRS) develop MH and/or retinal detachment (RD) over a 3 year period.³ Most asymptomatic cases may be observed with serial OCT however, patients who complain of either distortion of vision, reduced visual acuity (VA) or present with signs of outer lamellar holes should be referred to a Retinal specialist.

Dr. Fong mentioned that although there are several surgical options available, the inverted temporal internal limiting membrane (ILM) flap⁴ is the surgical option recommended for myopic and large chronic MH with a 100% closure rate reported in 87 eyes in the ILM flap group and VA results as good as conventional ILM peeling.⁵ Dr. Fong also highlighted that the Inverted temporal ILM flap is effective at closure but technically challenging in highly myopic eyes.

Dr. Lee Mun Wai shared his experience with the inverted ILM flap technique in 2 patients as well. In his first patient, a conventional inverted ILM flap technique was used to cover a MH

measuring 891 μ m. Dr. Lee stated that he was surprised at the rapid rate with which the hole closed and at 3 weeks post-op, he was impressed with visual improvement to 6/19 (N18). The second patient had a MH measuring 439 μ m and once again, the hole closed quickly and vision improved from 6/30 to 6/7.5 (N8) 1 month post-operatively.

Dr. Lim Kian Seng described 2 cases of atypical macular holes. The first patient, a 65 year-old male presented with a retinal artery macroaneurysm, breakthrough vitreous haemorrhage and a MH. He administered a baseline injection of Avastin to reduce the macular edema associated with the macroaneurysm followed by a vitrectomy with an ILM flap and SF6 gas tamponade 6 weeks later. At 2 months, closure of the MH was achieved with a VA of 6/30.

Dr. Siow Yun Ching presented a case of an intraocular foreign body (IOFB) which after clearance of vitreous haemorrhage was found to be sitting at the center of the macula accompanied by a relatively large jagged retinal tear involving the fovea. The metallic IOFB measuring 4 mm x 1.5 mm x 1.5mm was removed and it was put to the audience as to whether to laser this break. The general consensus was to laser it which Dr. Siow had done gently around the area followed by silicone oil tamponade. Three months later and the patient is counting fingers. Dr. Siow stressed that the best strategy in these cases is prevention which can only be achieved by education on occupational safety and wearing eye protection.

Dr Tara Mary George presented a rare case of occlusive retinal vasculitis in a 43 year-old female suffering from sarcoidosis. She highlighted the importance of FFA as a useful tool in the differentiation of an ischemic vs. an inflammatory

drive for neovascularisation, stressing the importance of tailoring investigations according to the individual clinical picture.

Dr. Wong Hon Seng discussed the nuances of Punctate Inner Choroidopathy (PIC) and the difficulty in spotting the condition especially in its early phase. The patient in question was a 22 year old myope from China who complained of a 3-week history of right metamorphopsia. Demographics are an important clue, especially since 90% of PIC sufferers are young myopic females with 88% of cases presenting bilaterally.⁶

Prof. Mae-Lynn Catherine Bastion, shared an interesting case of a retinal macroaneurysm (MA) in an 83-year old male which she managed to capture with the new OCT angiography (OCTA). It was highlighted that MA's can also damage the macula not just by causing sudden catastrophic bleeding but also by hard exudate deposition over time and OCTA is not only useful for imaging but also very useful for monitoring treatment response using flow rate signal through the MA.

Dato' Dr. Lai presented a case of an RPE rip in an elderly patient who had a large pigment epithelial detachment (PED), highlighting the important prognostic factors in such cases which includes lesion size as well as foveal involvement. He also stressed that good VA could not be maintained without treatment and that anti-VEGF injections are associated with less progression of tear, reduced fibrosis and a lower risk of disciform scarring however patients with large PEDs are at a higher risk of rips which they need to be warned of.

Dr. Manoharan Shunmugam presented a case of a choroidal haemangioma in a 5 year-old child suffering from Sturge-Weber Syndrome and having the distinctive port-wine stain on the

ipsilateral face. Choroidal haemangiomas classically present with a tomato-ketchup fundal appearance and retinal tortuosity. Ultrasound B-mode imaging would demonstrate a highly echogenic lesion with choroidal thickening. The patient underwent PDT and responded well to treatment. Propranolol has had mixed success and may be considered as a form of treatment if PDT is unavailable. Studies have demonstrated that propranolol is usually most successful in patients over 50 years of age.

With that, the forum came to a close but participants expressed their keen interest to participate in more upcoming forums and applauded MSO for opening participation to all Ophthalmologists. MSO has several special interests groups (SIGs) and ophthalmologists nationwide are encouraged to participate in these groups where they would be able to interact and discuss interesting cases for the mutual benefit of our practice and patients.

References

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